



City of Belle Isle Job Site Permit Card **MECHANICAL** 2021-04-078

**Class:** Residential

**Site Address:** 3513 Edlingham Ct - Belle Isle, FL 32812

**Parcel Number:** 20-23-30-9373-00-870.

Municipality Belle Isle

**INSPECTIONS CANNOT BE SCHEDULED IF A NOC IS PENDING FOR THIS PROJECT**

**Description of Work:** FOUR TON UNIT.

Air Conditioning: # of Units 1      Tons Per Unit 4      Total Tons 4

Type of System: Split System      Heat Pump

Heating: # of Units KWS Per Unit 1      Total KWS 5      Electric

Comments: HVAC CHANGE OUT.

Issued: RINALDI'S AIR CONDITIONING SERVICE , RINALDI, ROBERT C

License # CAC055565

Contact # 407 275-0705

Payment/ Issued Date & Method: 4 / 19 / 2021

Picked up by \_\_\_\_\_       Sent by mail to the mailing address       Emailed

Visa       Amex       Discover       Check / Money Order#

0866

**MECHANICAL      INSPECTOR      DATE      COMMENTS**

500 Above Ceiling			
510 Rough			
520 Hood Vent			
530 Final			
540 Misc.			

**PLEASE NOTE:** In order to schedule any inspections, the PERMIT / plans-specs. must be issued and POSTED on the JOB SITE! THIS WILL AVOID ANY FAILED INSPECTIONS & RE-INSPECTION FEES. A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. You are responsible for scheduling and keeping track all of your inspections - ☆ Inspection requests are to be emailed to [BI scheduling@UniversalEngineering.com](mailto:BI scheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 3:00 p.m. Please include the following requirements in your request:

- Project Address
- Corresponding Permit Number
- Type of Inspection (Please reference your permit card for inspection codes)
- Date of Inspection (If no date is specified, the inspection will be scheduled for the next business day)
- Contact Name
- Contact Phone Number
- Gate / Entry code (If applicable)
- AM, PM, or Any Time (We do our best to accommodate time requests but cannot guarantee an exact arrival)

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811407-581-8161 \*  
Fax 407-581-0313 [www.universalengineering.com](http://www.universalengineering.com)

**"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."**



**City of Belle Isle**  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

RECEIVED  
 APR 15 2021

**APPLICATION FOR MECHANICAL PERMIT**

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: 4/18/21 PERMIT NUMBER 2021-04-078  
 PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 3513 EDLINGHAM CT. ORLANDO, FL 32812 3513 Edlingham Belle Isle FL 32801 X 32812  
 Property Owner GABRIELLE FORERO Gabrielle Forero Phone 352-562-6056  
 Property Owner's Mailing Address 3513 EDLINGHAM CT. City ORLANDO 352562 6050  
 State FL Zip Code 32812 Parcel Id Number: 20-23-30-9373-00-876

REQUIRED! To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

Class of Building: Old  New  Type of Building: Residential  Commercial  Other   
 Type of Work: New  Alteration  Addition  Repair

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units <sup>1</sup> Tons Per Unit <sup>4</sup> Total Tons <sup>4</sup> HVAC Changeout  
 Type of System: Water to Air Chiller Split System  Package Heat Pump  Estimated Cost \$ 7,400.00  
 Heating: # of Units KWS Per Unit <sup>1</sup> 5KW Total KWS <sup>5</sup> BTU's Estimated Cost \$  
 Oil Electric  Boiler Gas (A) Estimated Cost Fee \$

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor.

Ventilation:  
 (Number of) Grease Heat Hoods, Air Intakes Exhaust Fans Dryer Vents Estimated Cost \$  
 Refrigeration: Number of units Estimated Cost \$  
 Piping: Air Vacuum Steam Chill Water Estimated Cost \$  
 Others: (Specify) Estimated Cost \$

Was the space previously Air Conditioned? Yes  No  (B) Estimated Cost Fee \$

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CAC055565  
 LICENSE HOLDER NAME ROBERT C. RINALDI COMPANY NAME RINALDI'S AIR COND SVC  
 Street Address 15264 E. COLONIAL DR  
 City ORLANDO State FL Zip Code 32828 Phone Number 407-275-0705  
 Email Address [permits@rinaldis.com](mailto:permits@rinaldis.com)

Permit Fee	\$ 61.-
Review Fee	\$ 30.50
1% BCAIB Fee	\$ 2 min
1.5% DCA Fee	\$ 2 min
Total Permit Fee	\$ 95.50

Building Official: OTZ Date: 4/19/2021  
 Verified Contractor's Licenses & Insurance are on file [Signature] Date: 4/19/2021

NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building Permit has been issued.

Building Permit Number \_\_\_\_\_

base 37  
 4 tons x 6 24  
 61.2  
 30.50  
 91.50

PAID  
 4-19-2021  
 VISA 866



Ron Desantis, Governor

Halsey Beshars, Secretary



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

THE CLASS B AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



**LICENSE NUMBER: CAC055565**

**EXPIRATION DATE: AUGUST 31, 2022**  
Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> Lassiter-Ware Insurance 2701 Maitland Center Parkway Suite 125 Maitland FL 32751		<b>CONTACT NAME:</b> Kristin Tuhacek <b>PHONE (A.C. No. Excl):</b> (800) 845-8437 <b>FAX (A.C. No.):</b> (888) 883-8680 <b>E-MAIL ADDRESS:</b> KristinT@lassiterware.com	
<b>INSURED</b> Air Conditioning Contractors, Inc., et al DBA: Rinaldi's Air Conditioning Services 15264 E. Colonial Drive Orlando FL 32826		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Gemini Insurance Company	<b>NAIC #</b> 10833
		<b>INSURER B:</b> AmGUARD Insurance Company	42390
		<b>INSURER C:</b> Travelers Property Casualty Company of America	25674
		<b>INSURER D:</b> FFVA Mutual Insurance Company	10385
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 21-22 Master WC **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	INSUR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			VGGP005240	08/15/2020	08/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AIAU117429	08/15/2020	08/15/2021	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZUP-14S5034A-20-NF	08/15/2020	08/15/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC840-0032928-2021A	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  City of Belle Isle 1600 Nela Ave  Belle Isle FL 32809	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
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	<b>2020</b>		<b>EXPIRES</b>	<b>9/30/2021</b>			
1804	CONTR HARV CL-A 1-10	\$30.00	1 EMPLOYEE	3200	RETAIL-HTG/A/C PARTS/	\$30.00	1804-0020437
5000	BUSINESS OFFICE	\$30.00	4 EMPLOYEES				4 EMPLOYEES

TOTAL TAX \$90.00  
 PREVIOUSLY PAID \$90.00  
 TOTAL DUE \$0.00

RINALDI ROBERT QUALIFIER

RINALDIS HEATING & AIR COND  
 RINALDI ROBERT QUALIFIER  
 15264 E COLONIAL DR  
 ORLANDO FL 32826-5517

15264 E COLONIAL DR  
 U - ORLANDO, 32826

PAID: \$90.00 0098-00959185 8/25/2020

**Tax Collector Scott Randolph**

**Local Business Tax Receipt**

**Orange County, Florida**

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

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 TOTAL DUE \$0.00



RINALDI ROBERT QUALIFIER

RINALDIS HEATING & AIR COND  
 RINALDI ROBERT QUALIFIER  
 15264 E COLONIAL DR  
 ORLANDO FL 32826-5517

15264 E COLONIAL DR  
 U - ORLANDO, 32826

PAID: \$90.00 0098-00959185 8/25/2020

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.