



City of Belle Isle Job Site Permit Card **MECHANICAL** 2021-04-029

**Class:** Residential

**Site Address:** 5408 Parkway Dr- Belle Isle, FL 32809

**Parcel Number:** 18-23-30-8856-02-030.

Municipality Belle Isle

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

**Description of Work:** THREE 1/2 TON UNIT.

Air Conditioning: # of Units 1      Tons Per Unit 3.5      Total Tons 3.5

Type of System:      Heat Pump

Heating: # of Units KWS Per Unit      Total KWS 10      Electric

Comments:

Issued: LJ AIR INC, DRAGOLJEVIC, L

License # CAC1817587

Contact # 407 712-5289

Payment/ Issued Date & Method: 4 / 22 / 2021

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

Visa     Master Card     Amex     Discover     Check / Money Order#

6057

**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 [BIDScheduling@UniversalEngineering.com](mailto:BIDScheduling@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.universaleengineering.com](http://www.universaleengineering.com)

RECEIVED  
APR - 5 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: 04/05/2021

PERMIT NUMBER 2021-04-029

PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 5408 Parkway Dr. Belle Isle FL  32809 32812  
Property Owner Turnbull Corey Phone 407-866-7361  
Property Owner's Mailing Address 5408 Parkway Dr City Belle Isle  
State FL Zip Code 32809 Parcel Id Number: 16-23-30-8856-02-030

REQUIRED! To obtain this information, please visit <http://www.ocpaff.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 1 Tons Per Unit 3.5 Total Tons 3.5  
Type of System: Water to Air  Chiller  Split System  Package  Heat Pump  Estimated Cost \$ 8385

Heating: # of Units KWS Per Unit 10 Total KWS 10 BTU's            Estimated Cost \$             
Oil  Electric  Boiler  Gas

(A) Estimated Cost Fee \$ 8385

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 # CAC1817587

LICENSE HOLDER NAME Ljubomir Dragoljevic COMPANY NAME LJ Air, Inc.

Street Address 1402 Benwick Way

City Casselberry State FL Zip Code 32707 Phone Number 407-712-5289

Email Address           

MC 6057  
PAID  
4/22/2021

Building Official: [Signature] Date 4.7.2021  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4.7.2021

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

COMPLETED + all credentials except WC exempt

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.

base  
4x6  
37  
24  
61.50  
30.50  
91.50

Building Permit Number

Permit Number: \_\_\_\_\_  
 Folio/Parcel Identification Number: \_\_\_\_\_  
 Prepared by: Bozana Dragoljevic  
 1402 Benwick Way  
 Casselberry, FL 32707  
 Return to: \_\_\_\_\_

DOCH 20210234396  
 04/19/2021 12:26:00 PM Page 1 of 1  
 Rec Fee: \$10.00  
 Phil Diamond, Comptroller  
 Orange County, FL  
 MB - Ret To: LJUBOMIR DRAGOLJEVIC



**NOTICE OF COMMENCEMENT**

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)  
 5408 Parkway Dr Belle Isle, FL 32809
2. **General description of improvement**  
 change out 3.5 ton 16 SEER heat pump system (same size)
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
 Name Corey Turnbull  
 Address 5408 Parkway Dr Belle Isle, FL 32809  
 Interest in Property \_\_\_\_\_  
 Name and address of fee simple titleholder (if different from Owner listed above)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_
4. **Contractor**  
 Name Ljubomir Dragoljevic Telephone Number 407-712-6289  
 Address 1402 Benwick Way Casselberry, FL 32707
5. **Surety** (if applicable, a copy of the payment bond is attached)  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

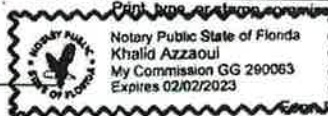
Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Bozana Dragoljevic Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager  
Corey Turnbull Signatory's Title/Office

The foregoing instrument was acknowledged before me this 07 day of April by Corey Turnbull  
 as \_\_\_\_\_ for \_\_\_\_\_  
 month/year name of person

Type of authority, e.g., officer, trustee, attorney in fact \_\_\_\_\_ Name of party on behalf of whom instrument was executed  
R. Azzouli Signature of Notary Public - State of Florida Khalid AZZAOU Print name of the commissioned name of Notary Public

Personally Known  OR Produced ID   
 Type of ID Produced FL Driver License



Revised: September 26, 2011

State of FLORIDA, County of ORANGE  
 I hereby certify that this is a true copy of the document as reflected in the Official Records  
 PHIL DIAMOND, COUNTY COMPTROLLER  
 BY: P. D. [Signature] D.C.  
 DATED: April 19, 2021





Ron DeSantis, Governor

Halsey Beshears, 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

**DRAGOLJEVIC, LJUBOMIR**

LJ AIR INC  
1402 BENWICK WAY  
CASSELBERRY FL 32707

**LICENSE NUMBER: CAC1817587**

**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)  
04/06/2021

**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> Insurance by Ken Brown SVS CTR MSA Service Center PO Box 2006 Keene NH 03431	<b>CONTACT NAME:</b> MSA Service Center <b>PHONE (A/C, No, Ext):</b> (800) 884-0421 <b>FAX (A/C, No):</b> (866) 332-4776 <b>E-MAIL ADDRESS:</b> servicecenter@msagroup.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Main Street America Protection</td> <td></td> <td>13026</td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A:</b> Main Street America Protection		13026	<b>INSURER B:</b>			<b>INSURER C:</b>			<b>INSURER D:</b>			<b>INSURER E:</b>			<b>INSURER F:</b>	
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<b>INSURED</b> L J Air, Inc. 1402 Benwick Way Casselberry FL 32707-3905																					

**COVERAGES**      **CERTIFICATE NUMBER:** 20-21 Master MP      **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	SUBR WVD	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: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MPP1801J	08/15/2020	08/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<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			N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

### CERTIFICATE HOLDER

### CANCELLATION

City of Belle Isle 1600 Nela Avenue Belle Isle FL 32809	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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JIMMY PATRONIS  
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\*  
CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 9/2/2019

**EXPIRATION DATE:** 9/1/2021

**PERSON:** LJUBOMIR DRAGOLJEVIC

**EMAIL:** LJ@LJ-AIR.COM

**FEIN:** 463359167

**BUSINESS NAME AND ADDRESS:**

LJ AIR, INC.

1402 BENWICK WAY

CASSELBERRY, FL 32707

**SCOPE OF BUSINESS OR TRADE:**

Heating, Ventilation, Air-  
Conditioning and  
Refrigeration Systems  
Installation, Service and  
Repair, Shop, Yard & Drivers

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**IMPORTANT:** Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.



## LOCAL BUSINESS TAX RECEIPT

CITY OF CASSELBERRY  
95 TRIPLET LAKE DRIVE  
CASSELBERRY, FLORIDA 32707

**Business name:** LJ AIR INC  
**Location address:** 1402 BENWICK WAY  
**City/State:** CASSELBERRY FL 32707-3905

LJ AIR INC  
1402 BENWICK WAY

CASSELBERRY FL 32707

**ISSUE DATE:** August 09, 2020  
**EXPIRATION DATE:** September 30, 2021

<u>TAX RECEIPT #</u>	<u>CLASSIFICATION</u>	<u>FEES PAID</u>
21-00010258	HOME OCCUPATION - CONTRACTOR SERVICES	28.94
21-00010700	SEMINOLE COUNTY FEE B	45.00

LICENSE COMMENTS AND RESTRICTIONS:

AIR CONDITIONING - CONTRACTOR  
STATE LICENSE NO CAC1817587

IMPORTANT: THIS TAX RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS.  
PENALTY FOR FAILURE TO DO SO.