



City of Belle Isle Job Site Permit Card **MECHANICAL** 2021-04-051

Class: Residential **Site Address:** 5850 Cove Dr- Belle Isle, FL 32812
Parcel Number: 20-23-30-1660-00-100. Municipality Belle Isle

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

Description of Work: FIVE TON UNIT.

Air Conditioning: # of Units 1 **Tons Per Unit** 5 **Total Tons** 5
Type of System: Split System **Heat Pump**
Heating: # of Units KWS Per Unit 1 **Total KWS** 10 **BTU's** 53500 **Electric**
Comments:

Issued: HEINMILLER HEATING & COOLING INC- HEINMILLER-KELLY, C #: CAC1813461
Contact # 407 422-1064

Contractor License #: CAC1813461

Payment/ Issued Date & Method: 4 / 26 / 2021

Picked up by _____ Sent by mail to the mailing address Emailed

Visa Master Card Amex Discover Check / Money Order#

1 5 4 2

Inspection requests & inquiries regarding results are to be emailed to: BIID scheduling@UniversalEngineering.com

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 BIID 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

"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

RECEIVED
 APR 09 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: 04/8/21

PERMIT NUMBER 2021-04-051

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

Project Address 5850 Cove Drive Belle Isle FL 32809 32812
 Property Owner Beverly L. Tatum Phone 206-842-2435
 Property Owner's Mailing Address 5850 Cove Drive City Belle Isle
 State FL Zip Code 32812 Parcel Id Number: 20-23-30-1660-00-100

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 1 Tons Per Unit 5 Total Tons 5
 Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ _____

Heating: # of Units KWS Per Unit 1 Total KWS 10 BTU's 53,500 Estimated Cost \$ _____
 Oil Electric Boiler Gas

(A) Estimated Cost Fee \$ 8,910.00

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 Cynthia Heinmiller Kelly LICENSE # CAC1813461

LICENSE HOLDER NAME Cynthia Heinmiller Kelly COMPANY NAME Heinmiller Heating & Cooling, Inc.

Street Address 1001 East Michigan Street

City Orlando State FL Zip Code 32806 Phone Number 407-422-1064

Email Address rec.heinmiller@gmail.com

Building Official: OTZ Date 4-12-21
 Verified Contractor's Licenses & Insurance are on file for Date 4-26-2021
UPDATED NOL

Permit Fee \$ 67.-
 Review Fee \$ 33.50
 1% BCAIB Fee \$ 2 min
 1.5% DCA Fee \$ 2 min
 Total Permit Fee \$ 104.50

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 _____

VISA 1542
PAID
 4-26-2021

base
 5 trms x 6

37
 30

 67.2
 33.50

 100.50

Permit Application Information - Page Two

Owner's Name Beverly L. Tatum
 Owner's Address 5850 Cove Drive
 For Single Titleholder's Name (if other than owner's) _____
 For Single Titleholder's Address (if other than owner's) _____
 City Orlando State FL Zip Code 32817
 Contractor's Name HEINMILLER STK & COOLING, INC.
 Contractor's Address 1001 E. MICHIGAN ST. ORLANDO, FL 32806
 City ORLANDO State FLORIDA Zip Code 32806
 Job Name Beverly L. Tatum
 Job Address 5850 Cove Drive SUITE/UNIT _____
 City Orlando State FL Zip Code 32817
 Bonding Company Name _____
 Bonding Company Address _____
 City _____ State _____ Zip Code _____
 Architect/Engineer's Name _____
 Architect/Engineer's Address _____
 Mortgage Lender's Name _____
 Mortgage Lender's Address _____

Permit Number

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, GAS, MECHANICAL, ROOFING, SIGNS, POOLS, ETC.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regarding construction and zoning.

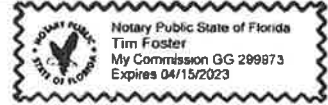
WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A Notice of Commencement must be recorded and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

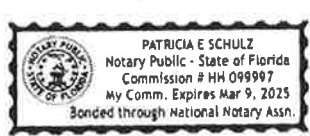
Owner Signature Beverly L. Tatum
 The foregoing instrument was acknowledged before me this 9/12/2021
 by BEVERLY L. TATUM who is personally known to me
 and who produced TATUM as identification and who
 did not take an oath.

Contractor Signature Cynthia Heinmiller Kelly
 The foregoing instrument was acknowledged before me this 4/7/21
 by Cynthia Heinmiller Kelly who is personally known to me
 and who produced _____ as identification and who
 did not take an oath.

Notary as to Owner JFA
 Commission No. # 66299973
 State of FL, County of ORANGE
 My Commission expires: 4-15-23

Notary as to Contractor Patricia E Schulz
 Commission No. HH099997
 State of FL, County of ORANGE
 My Commission expires: 03/09/2025

(SEAL) 

(SEAL) 

Permit Number: _____
 Folio/Parcel Identification Number: _____
 Prepared by: HEINTILLER HEATING & COOLING, INC.
1001 E. MINDLON ST
ORLANDO FL 32816
 Return to: _____
SAHE



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.

- Description of property (legal description of the property, and street address if available)
5850 CUE DRIVE ORLANDO FL 32812
- General description of improvement
DIRECT REPLACEMENT OF HEAT PUMP SYSTEM
- Owner information or Lessee information if the Lessee contracted for the improvement
 Name BEVERLY L. TATUM
 Address 1850 CUE DRIVE ORLANDO, FL 32812
 Interest in Property OWNER
 Name and address of the single titleholder (if different from Owner listed above)
 Name BEVERLY L. TATUM
 Address 5850 CUE DRIVE ORLANDO FL 32812
- Contractor
 Name HEINTILLER HEATING & COOLING, INC. Telephone Number 407-422-1654
 Address 1001 E. MINDLON ST ORLANDO, FL 32816
- Surety (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
- Lender
 Name _____ Telephone Number _____
 Address _____
- 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 _____
- In addition to himself or herself, Owner designates the following to receive a copy of the Lessor's Notice as provided in §713.13(1)(b), Florida Statutes.
 Name _____ Telephone Number _____
 Address _____
- 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 INFORMATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, 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 IMPROVEMENT. 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.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager: Beverly L. Tatum
 Signature of Notary Public - State of Florida: Tim Foster
 The foregoing instrument was acknowledged before me this 30 day of 3/2021 by BEVERLY L. TATUM
 as owner for owner Name of party on behalf of whom instrument was executed
66294973 4-15-21
 Print, type, or stamp commissioned name of Notary Public.

Personally Known OR Produced ID
 Type of ID Produced _____



State of FLORIDA, County of ORANGE.
 Per §868.50, F.S., which defines and permits electronic signatures, I certify that this is a true copy of the document as reflected in the Official Records.
 PHIL DIAMOND, COUNTY COMPTROLLER
 Michelle Richard 04/01/2021
 Deputy Comptroller Date



RECEIVED
APR 26 2021

Ron Desantis, Governor

Halsey Besthears, Secretary

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER: CAC1813461

EXPIRATION DATE: AUGUST 31, 2022

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

HEINMILLER-KELLY, CYNTHIA
HEINMILLER HEATING & COOLING INC
1001 MICHIGAN AVE
ORLANDO FL 32806



ISSUED: 08/18/2020

Always verify licenses online at 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.



HEINHEA-01

SCRAIG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/22/2021

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).

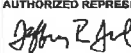
PRODUCER Hub International Florida 1560 Orange Avenue Suite 750 Winter Park, FL 32789	CONTACT NAME: PHONE (A/C, No, Ext): (407) 894-5431 FAX (A/C, No): (407) 629-6378 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Heinmiller Heating & Cooling, Inc. 1001 E. Michigan Avenue Orlando, FL 32806	INSURER A : Westfield Insurance Company 24112	
	INSURER B : Associated Industries Insurance Company, Inc. 23140	
	INSURER C :	
	INSURER D :	
	INSURER E :	

COVERAGES **CERTIFICATE NUMBER:** **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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER		TRA3181406	5/1/2020	5/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		TRA3181406	5/1/2020	5/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0		TRA3181406	5/1/2020	5/1/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 Over GL,AL,EL \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below		AWC1160696	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 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)

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809	CANCELLATION 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 
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



2020 - 2021



Local Business Tax Receipt

(Formerly known as "Business License"
changed per state law HB1269-2006)

Business Name
HEINMILLER HEATING & COOLING (BSN)
HEINMILLER HEATING & COOLING I
1001 E MICHIGAN ST
ORLANDO, FL 32806

Business Owner
HEINMILLER HEATING & COOLING (BUS)
HEINMILLER HEATING & COOLING

Business Location
1001 E MICHIGAN ST
ORLANDO, FL

NOTICE-THIS TAX RECEIPT ONLY EVIDENCES
PAYMENT OF THE LOCAL BUSINESS TAX PURSUANT
TO CH.205, FLORIDA STATUTES. IT DOES NOT PERMIT
THE HOLDER TO OPERATE IN VIOLATION OF ANY CITY,
STATE, OR FEDERAL LAW. CITY PERMITTING MUST BE
NOTIFIED OF ANY MATERIAL CHANGE TO THE
INFORMATION FOUND HEREIN BELOW. THIS RECEIPT
DOES NOT CONSTITUTE AN ENDORSEMENT OR
APPROVAL OF THE HOLDER'S SKILL OR
COMPETENCY.

Case Number: BUS0022619-003

Issued Date: 09/04/2020

Expiration Date: 09/30/2021

Business type(s):

Description	Year
CONTRA 1524 CONTRACTOR DBPR	2021



Local Business Tax Receipt
City Hall, 400 South Orange Avenue, First Floor
Post Office Box 4990
Orlando, Florida 32802-4990

Phone: 407.246.2204 Fax: 407.246.3420

Email: businessstax@orlando.gov

Prompt! Interactive Voice Response System: 407.246.4444
Visit our website: orlando.gov/permits



Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

1804 CONTR-HEAT/AIR 2020 EXPIRES 9/30/2021 1804-0011463
\$40.00 20 EMPLOYEES ;

TOTAL TAX \$40.00
PREVIOUSLY PAID \$40.00
TOTAL DUE \$0.00

HEINMILLER B D

HEINMILLER HEATING & COOLING I
HEINMILLER B D
1001 E MICHIGAN ST
ORLANDO FL 32806-4704

1001 E MICHIGAN ST
A - ORLANDO, 32806

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

3200 RETAIL 2020 EXPIRES 9/30/2021 3200-0030361
\$30.00 1 EMPLOYEE ; 5000 BUSINESS OFFICE \$30.00 1 EMPLOYEE ;

TOTAL TAX \$60.00
PREVIOUSLY PAID \$60.00
TOTAL DUE \$0.00

HEINMILLER B D

HEINMILLER HEATING & COOLING
HEINMILLER B D
1001 E MICHIGAN ST
ORLANDO FL 32806-4704

1001 E MICHIGAN ST
A - ORLANDO, 32806

PAID: \$30.00 3200-0030361 3/30/2021