



City of Belle Isle Job Site Permit Card **MECHANICAL** 2021-04-013

Class: Residential

Site Address: 6903 Barby Ln- Belle Isle, FL 32812

Parcel Number: 20-23-30-8860-00-041. Municipality Belle Isle

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

Description of Work: THREE TON UNIT.

Air Conditioning: # of Units 1 Tons Per Unit 3 Total Tons 3

Type of System: Heat Pump

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

Comments:

Issued: ONE STOP COOLING & HEATING, LLC, BOERA, ZACHARY PETER

License # CAC1817652

Contact # 407 960 1604 Payment/ Issued Date & Method: 4 / 2 / 2021

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

Visa Master Card Amex Discover Check / Money Order#

0666

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; 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.universalengineering.com

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.

RECEIVED
BY: MAR 31 2021

DATE OF APPLICATION: 3/30/21 PERMIT NUMBER 2021-04-013

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

Project Address 6903 Barbary Ln. Belle Isle FL 32809 32812
Property Owner Jim Flick Phone (407) 960-1604
Property Owner's Mailing Address 6903 Barbary Ln. City Orlando
State FL Zip Code 32817 Parcel Id Number: 20-23-30-8860-00-041
REQUIRED! To obtain this information, please visit <http://www.ocpal.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 Total Tons 3
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ _____
Heating: # of Units KWS Per Unit 1 Total KWS 5 BTU's _____ Estimated Cost \$ _____
Oil _____ Electric _____ Boiler _____ Gas _____

(A) Estimated Cost Fee \$ 6,906.00

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 [Signature] LICENSE # CAC1817652
LICENSE HOLDER NAME Zachary Boera COMPANY NAME One Stop Cooling . com
Street Address 7225 Sandscove Ct Ste 1
City Winter Park State FL Zip Code 32792 Phone Number (407) 960-1604
Email Address retailperm@onestopcooling.com

Permit Fee \$ 55.00
Review Fee \$ 27.50
1% BCAIB Fee \$ 2.00
1.5% DCA Fee \$ 2.00
Total Permit Fee \$ 86.50

Building Official: [Signature] Date 3-31-2021
Verified Contractor's Licenses & Insurance are on file [Signature] Date 3-31-2021

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 _____
PAID
MC 0666
4-2-2021

37
18
55 ÷ 2 = 27.50
27.50
82.50
4
86.50

Certificate of Product Ratings

AHRI Certified Reference Number : 205235974

Date : 03-24-2021

Model Status : Active

AHRI Type : HRCU-A-CB (Split System: Heat Pump with Remote Outdoor Unit-Air-Source)

Series : PERFORMANCE 15 HP

Outdoor Unit Brand Name : CARRIER

Outdoor Unit Model Number (Condenser or Single Package) : 25HBC537AP*30*

Indoor Unit Model Number (Evaporator and/or Air Handler) : FV4CNF002L

The manufacturer of this CARRIER product is responsible for the rating of this system combination.

Rated as follows in accordance with the latest edition of AHRI 210/240 with Addendum 1, Performance Rating of Unitary Air-Conditioning & Air-Source Heat Pump Equipment and subject to rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (A2) - Single or High Stage (95F), btuh : 33600

SEER : 15.00

EER (A2) - Single or High Stage (95F) : 12.50

Heating Capacity (H12) - Single or High Stage (47F) : 35000

HSPF (Region IV) : 8.20

AHRI CERTIFIED®
www.ahrirectory.org

†"Active" Model Status are those that an AHRI Certification Program Participant is currently producing AND selling or offering for sale; OR new models that are being marketed but are not yet being produced."Production Stopped" Model Status are those that an AHRI Certification Program Participant is no longer producing BUT is still selling or offering for sale.

Ratings that are accompanied by WAS indicate an involuntary re-rate. The new published rating is shown along with the previous (i.e. WAS) rating.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahrirectory.org.

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahrirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.

©2021 Air-Conditioning, Heating, and Refrigeration Institute

AHRI
AIR-CONDITIONING, HEATING,
& REFRIGERATION INSTITUTE

we make life better™

CERTIFICATE NO.:

132611018202482062



7225 Sandscove Court, Ste 1 Winter Park, FL 32792
 407-629-6920
 www.onestopcooling.com/



Proposed by: Edwin Cabrera

407-577-0352

edwin.cabrera@onestopcooling.com

Proposed for: JIM FLICK

6903 BARBY LANE
 ORLANDO, FL 32812
 407-272-1045

JIM@JFLICKLAWYER.COM

CARRIER COMFORT SERIES SINGLE-STAGE OPTION 3 (15 SEER)

Total Investment Includes Selected Options and Upgrades:

\$6,906



Included Deductions:

- ONE STOP COOLING VIP FRIENDS AND FAMILY. (\$1,923.59)
- COMPLIMENTARY: CUSTOM LOUVERED FILTER BACK GRILLE REPLACEMENT (\$200.00)

Other Incentives:

- DUKE REBATE HEAT PUMP TO HEAT PUMP 15 SEER OR BETTER (\$150.00)

Net Investment \$6,756

Carrier 25HBC537AP03

Brochure

- Comfort Series
- Heat Pump
- Single-Stage

-10 year parts limited to original purchaser upon timely registration

-Otherwise 5 years (Applies to residential installation only)

Carrier

FV4CNF002L00

Brochure

- Performance Series
- Air Handler
- Variable Speed

Carrier CE2401C05

-Auxiliary Heater

Honeywell

Honeywell WiFi Visio

Connectivity:
simplified

With the Wi-Fi VisionPro 8000 and Honeywell's Total Connect Comfort services, you can remotely monitor

3/30/2021

One Stop Cooling and Heating, LLC.-Winter Park

Payment Options

Check

A handwritten signature in black ink, appearing to read "James J. Flick". The signature is written in a cursive style with a large, prominent "A" in the middle.

James J. Flick

March 24, 2021



ORANGE COUNTY PROPERTY APPRAISER

- Searches
- Sales Search
- Results
- Property Record Card**
- My Favorites

Sign up for e-Notify...

6903 Barby Ln < 20-23-30-8860-00-041 >

Name(s)
 Flick James J
 Flick Maura G
 Mailing Address On File
 6903 Barby Ln
 Belle Isle, FL 32812-3717
 Incorrect Mailing Address?

Physical Street Address
 6903 Barby Ln
 Postal City and Zipcode
 Orlando, FL 32812
 Property Use
 0131 - Sfr - Canal Front
 Municipality
 Belle Isle



View 2020 Property Record Card

- Property Features
- Values, Exemptions and Taxes**
- Sales Analysis
- Location Info
- Market Stats
- Update Information

2021 values will be available in August of 2021.

Property Description

View Plat

VENETIAN VILLAS S/69 LOT 4 (LESS N 10 FT)

Total Land Area 11,644 sqft (+/-) | 0.27 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0131 - Sfr - Canal Front	R-1-AA	1 LOT(S)	working...	working...	working...	working...

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure				
	Model Code:	01 - Single Fam Residence	Actual Year Built:	1955	Gross Area:	2737 sqft
	Type Code:	0103 - Single Fam Class III	Beds:	5	Living Area:	2089 sqft
	Building Value:	working...	Baths:	3.0	Exterior Wall:	Concrete Block Stucco
	Estimated New Cost:	working...	Floors:	2	Interior Wall:	Plastered

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
PL2 - Pool 2	01/01/1955	1 Unit(s)	working...
FPL2 - Fireplace 2	01/01/1995	1 Unit(s)	working...
PT2 - Patio 2	12/31/2005	1 Unit(s)	working...
SHED - Shed	12/31/2005	1 Unit(s)	working...
BC3 - Boat Cover 3	12/08/2015	1 Unit(s)	working...
BD3 - Boat Dock 3	12/08/2015	1 Unit(s)	working...
PT2 - Patio 2	12/08/2015	1 Unit(s)	working...

Page 1 of 1 (7 total records)

This Data Printed on 03/30/2021 and System Data Last Refreshed on 03/29/2021



What are you looking to do today? You can also type your question below.

Ron DeSantis, Governor



Halsey Beshears, Secretary



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

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



BOERA, ZACHARY PETER

ONE STOP COOLING & HEATING, LLC
7225 SANDSCOVE CT SUITE 1
WINTER PARK FL 32792 *



LICENSE NUMBER: CAC1817652

EXPIRATION DATE: AUGUST 31, 2022

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.

2020
1804 CONTR-CERT CLASS A-H \$30.00

EXPIRES 9/30/2021
1 EMPLOYEE

1804-0066931

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

BOERA ZACHARY PETER QUALIFIER-CAC1817652

ONE STOP COOLING & HEATING LLC
BOERA ZACHARY PETER
7225 SANDSCOVE CT SUITE 1
WINTER PARK FL 32792

7225 SANDSCOVE CT
U - WINTER PARK, 32792

PAID: \$30.00 0099-00940766 7/13/2020

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.

2020
1804 CONTR-CERT CLASS A-H \$30.00

EXPIRES 9/30/2021
1 EMPLOYEE

1804-0066931

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00



BOERA ZACHARY PETER QUALIFIER-CAC1817

ONE STOP COOLING & HEATING LLC
BOERA ZACHARY PETER
7225 SANDSCOVE CT SUITE 1
WINTER PARK FL 32792

7225 SANDSCOVE CT
U - WINTER PARK, 32792

PAID: \$30.00 0099-00940766 7/13/2020

This receipt is official when validated by the Tax Collector.

RECEIVED
BY: [Signature]
JAN - 7 2021

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.

2020 EXPIRES 9/30/2021
1803 CERT PLUMBING CONTR \$30.00 1 EMPLOYEE

1803-1182672

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

JAMES JASON LEE- QUALIFIER CFC1430061

ONE STOP PLUMBING SERVICES LLC
JAMES JASON LEE
7225 SANDSCOVE CT SUITE 1
WINTER PARK FL 32792

6901 T P C DR #660
A - ORLANDO, 32822

PAID: \$30.00 0099-00940765 7/13/2020

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

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1803 CERT PLUMBING CONTR \$30.00 1 EMPLOYEE

1803-1182672

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00



JAMES JASON LEE- QUALIFIER CFC1430061

ONE STOP PLUMBING SERVICES LLC
JAMES JASON LEE
7225 SANDSCOVE CT SUITE 1
WINTER PARK FL 32792

6901 T P C DR #660
A - ORLANDO, 32822

PAID: \$30.00 0099-00940765 7/13/2020

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/20/2020

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).

PRODUCER Brown & Brown of Florida, Inc. 2290 Lucien Way Suite 400 Maitland FL 32751		CONTACT NAME: Wendy Robertson PHONE (A/C, No, Ext): (407) 680-8282 E-MAIL ADDRESS: wrobertson@bborlando.com		FAX (A/C, No): (407) 680-2012	
INSURED One Stop Cooling & Heating LLC 7225 Sandscove Ct., Ste 1 Winter Park FL 32792		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: GuideOne America Insurance Company		42331	
		INSURER B: Monroe Guaranty Insurance Company		32506	
		INSURER C: Evanston Insurance Company		35378	
		INSURER D: Technology Insurance Company		42376	
		INSURER E: FCCI Insurance Company		10178	
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** CL20121725594 **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CONTRACTUAL PER GL FORM GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			563000213-00	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA100064578	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MKLV2EUL104343	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TWC3936325	12/31/2020	12/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Inland Marine - Contractors Equipment			CM100064582	01/01/2021	01/01/2022	Leased/Rented Equip. \$ 100,000

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 Ave.

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
Nicole Arroyo