



City of Belle Isle Job Site Permit Card **MECHANICAL** **2022-03-031**

Class: Residential
Parcel Number: 25-23-29-5884-11-021.

Site Address: 1632 Overlook Rd - Belle Isle, FL 32809
. Municipality Belle Isle

Description of Work:

ADD TWO SUPPLY DROPS TO NEW BATHROOM REPLACE EXISTING & DUCT WORK LIKE FOR LIKE.
Comments: SEE APPLICATION

Issued: **DC/AC CORPORATION- CRUZ, DANIEL JR**
License # CAC1814693
Contact # 407 261-1346

Payment/ Issued Date & Method: 4 / 14 / 2022

- Picked up by _____
- Forwarded to the mailing address
- Emailed

Visa
 Master Card
 Amex
 Discover
 Check / Money Order#

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4516

To schedule your inspection(s), please visit our website:

<http://uesbidportal.uesorl.com/citizenportal/>

Next-Day Inspection requests must be made by 3 pm.

For further assistance 407 581-8161 request scheduling. **PERMIT MUST BE POSTED ON SITE.**

You are responsible for scheduling and keeping track all of your inspections & permit expiration date.

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811 407-581-8161 Fax 407-581-0313 www.universaengineering.com

MECHANICAL	INSPECTOR	DATE	COMMENTS
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500 Above Ceiling			
510 Rough			
520 Hood Vent			
530 Final			
540 Misc.			

"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."

REC
FEB 28 2022



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.

632

DATE OF APPLICATION: 2/25/22 PERMIT NUMBER 2021-03-031

PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:
 Project Address 1632 Overlook Rd Belle Isle FL 32809 32812
 Property Owner Dorman and Jane Labe Phone 941-536-3511
 Property Owner's Mailing Address _____ City _____
 State _____ Zip Code _____ Parcel Id Number: _____
 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

PAID

Please indicate the nature of work by completing the information below:
 Air Conditioning: # of Units _____ Tons Per Unit _____ Total Tons _____
 Type of System: Water to Air _____ Chiller _____ Split System _____ Package _____ Heat Pump _____ Estimated Cost \$ _____
 Heating: # of Units KWS Per Unit _____ Total KWS _____ 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 1 Dryer Vents _____ Estimated Cost \$ _____

Refrigeration: Number of units _____ Estimated Cost \$ _____
 Piping: Air _____ Vacuum _____ Steam _____ Chill Water _____ Estimated Cost \$ _____

Others: (Specify) Add two supply drops to new ball room Estimated Cost \$ _____
reduce existing duct work like & like
 Was the space previously Air Conditioned? Yes No _____ (B) Estimated Cost Fee \$ 4,000.00

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 # CAC 1814693
 LICENSE HOLDER NAME Daniel Cruz COMPANY NAME DC/AC corporation
 Street Address 830 W San Young Pkwy
 City Hissimmoc State FL Zip Code 341741 Phone Number 407-361-1346
 Email Address dacorporation@aol.com

pre-approved bldg permit
 Building Official: OTC Date 1 Mar 2022
 Verified Contractor's Licenses & Insurance are on file _____ Date _____

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

GL-ZNUNALID
 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.

157K 37
 3x10 30
 67 ÷ 2
 33.50
 100150

refer to Bldg permit 2021-05-045
 add Bathroom & Deck

PAID 4-14-22 VISA 4516



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

CRUZ, DANIEL JR

DC/AC CORPORATION
830 N. JOHN YOUNG PARKWAY
KISSIMMEE FL 34741

LICENSE NUMBER: CAC1814693

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/14/22

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 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
MAGDALENE INS GROUP INC
1506 W Vine St
Kissimmee, FL 34741
License #:

INSURED
DC/AC CORPORATION
483 LAS CORTES LN #206
ORLANDO, FL 32824

CONTACT NAME:
PHONE (A/C, No, Ext): **(407)846-2244** FAX (A/C, No): **(407)846-6775**
E-MAIL ADDRESS: **east3067@aol.com**

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Clear Blue Insurance Company	28860
INSURER B :	Progressive Express Insurance	10193
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

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	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BGFL0013828503	1/25/2022	1/25/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			01714788-9	7/16/2021	7/16/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

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

AIR CONDITIONING OPERATIONS;

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Ave 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 <i>[Signature]</i>
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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: 3/20/2022

EXPIRATION DATE: 3/19/2024

PERSON: DANIEL CRUZ JR

EMAIL: DCACCORPORATION@AOL.COM

FEIN: 412182928

BUSINESS NAME AND ADDRESS:

DC/AC, CORPORATION

P.O. BOX 453097

KISSIMMEE, FL 34745

SCOPE OF BUSINESS OR TRADE:

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

IMPORTANT: Pursuant to subsection 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 subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 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.

BRUCE VICKERS, TAX COLLECTOR
OSCEOLA COUNTY, STATE OF FLORIDA
LOCAL BUSINESS TAX RECEIPT

EXPIRATION

SEPTEMBER 30, 2022

ACCOUNT NO.

90482

2022

BUSINESS TYPE:
4050 A/C HEATING REPAIR (DBPR/CMPCRD)

BUSINESS:

DC/AC Corporation
830 N. John Young Pkwy.
Kissimmee, FL 34741

CAC1814693

09/27/2021
Oper SV
Till 741
Paid 30.00
Rcpt.#74100919

Location:
CITY OF KISSIMMEE

4050-90482	
TRANSFER	0.00
ORIGINAL TAX	30.00
AMOUNT	0.00
PENALTY	0.00
COLLECTION COST	0.00
TOTAL	30.00

Bruce E. Vickers
BRUCE VICKERS CFC, TAX COLLECTOR
P.O. BOX 422105, KISSIMMEE FL 34742-2105
407-742-4000

THIS RECEIPT IS IN ADDITION AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH, AND ANY OTHER LAWFUL AUTHORITY.

**THIS LOCAL BUSINESS TAX RECEIPT IS FURNISHED PURSUANT TO CHAPTER 205 LAWS OF
FLORIDA AND OSCEOLA COUNTY ORDINANCE 95-10, AS AMENDED**

The law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

Pursuant to State Law, all Local Business Tax Receipts shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax Receipt for the delinquent establishment. A 25% penalty shall be imposed on any person engaged in any new business, occupation or profession without first obtaining an Osceola County Local Business Tax Receipt. PLUS: if delinquent more than 150 days, subject to civil actions and penalties, and a penalty of up to \$250.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county, or cities, nor does it exempt the licensee from any other license or permits that may be required by law.

This form becomes a receipt when validated by the Tax Collector. Note: Display in accordance with the county ordinance. Local Business Tax Receipts are subject to change according to law.

Daniel Cruz, Jr.
P. O. Box 453097
Kissimmee, FL 34745

Parcel Photos - 1632 Overlook Rd



Courtesy Orange County Property Appraiser



292325588411021 10/04/2006

Click Here To Apply Homestead Exemption Online

Print Date: 03/04/2022 System Refresh Date: 03/03/2022

1632 Overlook Rd 25-23-29-5884-11-021

Name(s): Labbe Norman P
Labbe Jane I
Physical Street Address: 1632 Overlook Rd
Property Use: 0100 - Single Family

Mailing Address On File: 3711 Quando Dr
Belle Isle, FL 32812-2840
Postal City and Zip: Orlando, FL 32809
Municipality: Belle Isle
[Incorrect Mailing Address?](#)



292325588411021 10/04/2006

[Upload Photos](#)

[View 2021 Property Record Card](#)

[PROPERTY FEATURES](#)
[VALUES, EXEMPTIONS AND TAXES](#)
[SALES](#)
[MARKET STATS](#)
[LOCATION](#)

2022 Values will be available in August of 2022. To see the certified values, go to the Values, Exemptions and Taxes Tab.

[View Plat](#)

Property Description

NELA ISLE M/55 THE ELY 1/2 OF LOT 2 & WLY 50 FT OF LOT 1 BLK K

Total Land Area

8,963 sqft (+/-) | 0.21 acres
(+/-)

GIS Calculated

Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R-1-A	1 LOT(S)	Working Value...	Working Value...	Working Value...	Working Value...

« « 1 » »

Page 1 of 1 (Total Records: 1)

Building



[More](#)

[Details](#)

Model Code:	01 - Single Fam Residence	Actual Year Built:	1954	Gross Area:	1624 sqft
Type Code:	0103 - Single Fam Class III	Beds:	2	Living Area:	1164 sqft
Building Value:	Working Value...	Baths:	1	Exterior Wall:	Concrete/Cinder Block
Estimated New Cost:	Working Value...	Floors:	1	Interior Wall:	Plastered

« « 1 » »

Page 1 of 1 (Total Records: 1)

Extra Features

Description	Date Built	Units	Xfob Value
Pt1 - Patio 1	01/01/2010	1 Unit(s)	Working Value...

« « 1 » »

Page 1 of 1 (Total Records: 1)