



City of Belle Isle Job Site Permit Card **MECHANICAL** 2022-03-103

**Class:** Residential  
**Parcel Number:** 18-23-30-5120-00-340

**Site Address:** 2125 Hoffner Ave - Belle Isle, FL.32809  
**Municipality:** Belle Isle

**Description of Work:** ONE

**Air Conditioning:** # of Units 1      Tons Per Unit 5      Total Tons 50  
**Heating:** # of Units KWS Per Unit 10      Total KWS 10      BTU's 60,000

**Comments:** SEE APPLICATION

**Issued:** Comfort Wave Inc. - Milanes, Roberto  
**License #** CAC1815250  
**Contact #** 407-733-4822

Payment/ Issued Date & Method: 4 / 3 / 2022

Picked up by \_\_\_\_\_       Forwarded to the mailing address       Emailed  
 **Visa**       **Master Card**       **Amex**       **Discover**       **Check / Money Order#**

4111

OSHA approved ladder/access to the ROOF must be made available to the Inspector.

**MECHANICAL      INSPECTOR      DATE      COMMENTS**

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

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

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

Please follow the prompts to schedule your inspection.

Universal Engineering Sciences 3532 Maggie Blvd. Orlando, FL. 32811 Phone 407-581-8161 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 32809  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

RECEIVED  
MAR 29 2022

## 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: 3/24/22

PERMIT NUMBER 2022-03-103

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

Project Address 2125 HOFFNER AVE, Belle Isle FL  32809 32812  
Property Owner NGUYEN KIM THI Phone 407-325-0307  
Property Owner's Mailing Address 2125 HOFFNER AVE City BELLE ISLE  
State FL Zip Code 32809 Parcel Id Number: 18-23-30-5120-00-340

REQUIRED! To obtain this information, please visit <http://www.ocpaf.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 10 Total KWS 10 BTU's 60,000 Estimated Cost \$ 5,000.00  
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 # CAC1815250  
LICENSE HOLDER NAME Roberto Milanes COMPANY NAME COMFORT WAVE, INC  
Street Address 129 GAS EASEMENT Rd  
City Interlachen State FL Zip Code 32148 Phone Number 407-733-4822  
Email Address COMFORTWAVEINC@gmail.com

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

Building Official: [Signature] Date 3.29.22  
Verified Contractor's Licenses & Insurance are on file \_\_\_\_\_ Date \_\_\_\_\_

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 37  
5 tons x 6 30  
67 ÷ 2 33.50  
100.50

Building Permit Number \_\_\_\_\_  
**PAID 4-3-22 VISA 4111**

Ron DeSantis, Governor

Halsey Beshears, Secretary

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

**LICENSE NUMBER: CAC1815250**

**EXPIRATION DATE: AUGUST 31, 2022**

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

MILANES, ROBERTO  
COMFORT WAVE INC  
129 GAS EASEMENT RD  
INTERLACHEN FL 32148



ISSUED: 09/04/2020

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)

03/24/2022

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>		<b>CONTACT NAME:</b> MARIA S COLON	
Rodriguez Insurance Agency		<b>PHONE (A/C, No, Ext):</b> (407) 482-3314	<b>FAX (A/C, No):</b> (407) 482-3370
2218 S Chickasaw Trail		<b>E-MAIL ADDRESS:</b> MARIA@RINSURANCEFL.COM	
Orlando FL 32825		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Cypress Property & Casualty Insurance Company	<b>NAIC #</b> 10953
<b>INSURED</b>		<b>INSURER B:</b>	
COMFORT WAVE INC		<b>INSURER C:</b>	
129 GAS EASTMENT RD		<b>INSURER D:</b>	
INTERLOCHEAN FL 32148		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

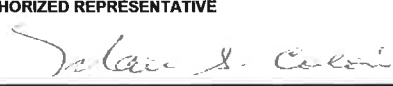
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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	N	N	FGL 5029363 01	10/23/2021	10/23/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 5,000
	<b>AUTOMOBILE LIABILITY</b>						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					
	<b>UMBRELLA LIAB</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					BODILY INJURY (Per person) \$
	DED	RETENTION \$					BODILY INJURY (Per accident) \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PROPERTY DAMAGE (Per accident) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 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 

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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:** 10/15/2020

**EXPIRATION DATE:** 10/15/2022

**PERSON:** ROBERTO MILANES

**EMAIL:** COMFORTWAVEINC@GMAIL.COM

**FEIN:** 205709067

**BUSINESS NAME AND ADDRESS:**

COMFORT WAVE, INC.

COMFORT WAVE, INC

129 GAS EASEMENT RD

INTERLACHEN, FL 32148

**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 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.



## TOWN OF INTERLACHEN

"Between the Lakes"

311 ATLANTIC AVENUE  
INTERLACHEN, FLORIDA 32148  
Phone: 386-684-3811 • Fax: 386-684-3812

[www.interlachen-fl.gov](http://www.interlachen-fl.gov)

*Mayor ~ J. Ken Larsen  
Chairperson ~ Joni Conner  
Vice-Chair ~ Judi Costanzo  
Council ~ Beverly Bakker  
Council ~ Carolyn Bennett  
Council ~ Carolyn Meadows*

The Town Council Meets at 7:00 pm the Second Tuesday of Each Month.

July 19, 2021

Daniell Rivera

RE: Business Tax

To whom it may concern:

Currently the Town of Interlachen does not require or issue a business tax or license.

Sincerely,

Pamela C. Glover,  
Deputy Town Clerk, Town of Interlachen