

City of Belle Isle Job Site Permit Card MECHANICAL 2022-04-028

Class: Residential Site Address: 4244 Bell Tower Ct. Belle Isle, FL.32812 Parcel Number: 20-23-30-1618-00-600 Municipality: Belle Isle

Description of Work: FIVE TON UNIT.

Air Conditioning: # of Units 1 Tons Per Unit 5 Total Tons 5

Heating: # of Units KWS Per Unit 5 Total KWS 5 BTU's

Comments: SEE APPLICATION

Issued: Carpenters Cooling LLC. - Carpenter, Kevin

License # CAC1818573 **Contact #** 407-595-5946

Payment/ I	ssued Date & Metho	od: 14 44	/ 2022		_
 Picked u 	p by		□ Forwarded	to the mailing address	Emailed
Visa	□ Master Card	□ Amex	□ Discover	□ Check / Money Ord	er#
74	23				

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

"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

12 APR 12 APR 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, CONSUI

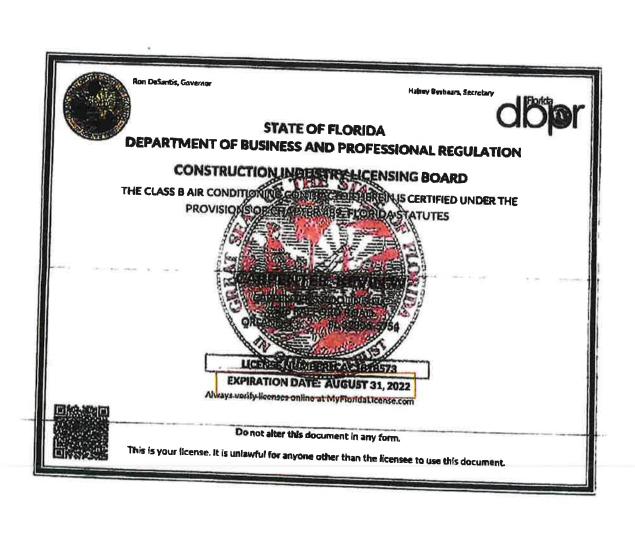
ATTORNEY B	SEFORE RECORDING YOUR NOTICE OF COMMENCEM	ENT.
DATE OF APPLICATION: 4-12-2022		2000 011 00
PLEASE PRINT. The undersigned hereby	/ applies for a permit to make installations a	RMIT NUMBER 2022 - 04 - 028
Project Address 4244 BELL TOWER CT	in the state of th	as indicated below:
Property Owner PEMBERTON, NEIL & ANN		, Belle Isle FL32809 _¥ 32812
Property Owner's Mailing Address 4244 BE		Phone 407-912-2783
State FL Zip Code 32812	Parcel Id Number: 20-23-30-1618-0	CityBELLE ISLE
	To obtain this information, please visit	00-600
Class of Building: Old 🗹 New 🗖		t http://www.ocpafl.org/Searches/ParcelSearch.aspx
Type of Work: New 🖸 Alteration	Type of Building: Residential Cor	mmercial 🔲 Other 🗖
REQUIRED: Tie Down Engineering		
REQUIRED: if adding A/C to new space	, provide Energy Calculations & Equipment 8	State of the
REQUIRED: if replacing unit with no duc	t work, Duct Certification as per FB 101.4.7.1,	organical desirements
Please indicate the nature of work by completing	the information below	, must be posted on unit
Air Conditioning: # of Units 1Tons Per	Linit 5	
Air Conditioning: # of Units 1 Tons Per Type of System: Water to AirChiller	Solit System X Package Head During	
Heating: # of Units KWS Per Unit 5	Teat Mars 5	mp x Estimated Cost \$ 8600
OilElectric	Boiler Gas	Estimated Cost \$
Fees for items below are based on valuation of Ventilation:	of all units, equipment, materials and labor su	upplied by owner or contractor.
(Number of) Grease Heat Hoods,	Air Intakes Exhaust Fare	
		yer Vents Estimated Cost \$
Refrigeration: Number of units		Estimated Cost \$
Plping: Air Vacuum Steam	Chill Water	
Others: (Specify)		Estimated Cost \$
Was the space previously Air Conditioned? You	ocX No	Estimated Cost \$
I flereby certify that the above is true and co	orrect to the heet of my knowledge and	(B) Estimated Cost Fee \$ se Application for Permit as outlined above, and if
same is granted I agree to conform to all Florida submitted. The issuance of this permit does not	Building Code Regulations and City Ordinance	se Application for Permit as outlined above, and if
submitted. The issuance of this permit does not	grant permission to violate any applicable Toy	s regulating same and in accordance with plans wn and/or State of Florida codes and/or ordinances.
LICENSE HOLDED GIOVATURE I	/	with alloyof State of Florida codes and/or ordinances.
LICENSE HOLDER SIGNATURE		LICENSE #CAC 1818573
LICENSE HOLDER NAMEKEVIN CARPENTE	'O	AME CARPENTER'S COOLING LLC
Street Address 1831 TALLOKAS AVE		
City ORLANDO	State FL Zin Code 32805	
Empil Address carpentares all - 0	State FL Zip Code 32805	Phone Number 407-595-5946
Email Address carpenterscooling@gmail.com		
	1	1200
Building Official:	07C Date 12 Spil 201	Permit Fee \$ 67.00
/	DTC Date 12 April 201	Review Fee \$ 33.50
Verified Contractor's Licenses & Insurance	are on file Date 12 Ample	2.0
	Date Vine	7 Rerida Surcharge \$
EXPIRED GL	·	Total Permit Fee \$ 151/4 0 0
NOTE: The Building Permit Number is required	if the Mechanical India	
7 Permit has been issued.	in the Mechanical Installation is associated wit	th any construction or alteration where a Building
10 M	17/1/202	Building Permit Number
	PAI	n)
. 5	11/6A 7 9	er
• • • • · · · · · · · · · · · · · · · ·		

mit Number: 20-23-30-1618-00-600 pared by: JEFFREY HALL CARPENTER'S COOLING B1 TALLOKAS AVE LANDO, FL 32805 urn to:	DOCH 20220236668 04/12/2022 08:29:42 AM Page 1 of Rec Fee: \$10.00 Phil Diamond, Comptroller Orange County, FL IP - Ret To: CARPENTER'S COOLING
pared by:JEFFREY HALL CARPENTER'S COOLING 11 TALLOKAS AVE LANDO, FL 32805 urn to:	Rec Fee: \$10.00 Phil Diamond, Comptroller Orange County, FL IP - Ret To: CARPENTER'S COOLING
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LANDO, FL 32805 urn to:	And the second s
urn to:	And the second s
um to:	THE REPORT OF THE PROPERTY OF
NOTICE OF COMMENCEMENT	
e of Florida, County of Orange	
undersigned hereby gives notice that improvement will be made to	to certain real property, and in accordance
The province of the foliage of the f	od in this Notice of Comment
oboliption of property negal description of the property and etc.	not address if a - it-li-1
7244 DELL TOWER OF BELLE ISLE FL 32812 CONWAY GROW	/ES UNIT 1 36/3 LOT 60
zerieral description of improvement	
SWAP OUT OF EXISTING HVAC MECHANICAL EQUIPMENT L	IKE FOR LIKE
wher information of Lessee information if the Lessee contract	cted for the improvement
Namer EMBERTON, NEIL & ANN	
Address 4244 BELL TOWER CT BELLE ISLE FL 32812	
Interest in Property OWNER	
Name and address of fee simple titleholder (if different from Ow	wner listed above)
Name	
Address	
	Name of the Control o
Name KEVIN CARPENTER (CARPENTER'S COOLING)	_Telephone Number 407-595-5946
Address 1831 TALLOKAS AVE ORLANDO FL 32812	
surety (if applicable, a copy of the payment bond is attached)	SELVE VI
NameAddress	Telephone Number
Address	Amount of Bond \$
NameAddress	Telephone Number
Persons within the State of Florida designated by Owner upon be served as provided by §713.13(1)(a)7, Florida Statutes.	whom notices or other documents ma
Name	I elephone Number
n addition to himself or herself, Owner designates the following	
Notice as provided in §713.13(1)(b), Florida Statutes.	ing to receive a copy of the Lienor's
	Telephonett
Name	l elephone Number
expiration date of notice of commencement (the expiration date	a will be disconfirmed by disk of
unless a different date is specified)	will be 1 year from the date of recording
TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATI	ION OF THE NOTICE OF COMMENCEMENT
NUCREU HITROPER PAIMEN IS UNDER CHADTER 713 DADT I RECTION 74	42 42 EL ODIDA OTATITTO ALLE SALL
D AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU R LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORD!	U INTEND TO OBTAIN FINANCING, CONSULT
0 9 1 1	ING TOOK NOTICE OF COMMENCEMENT,
Le Campont	0
f Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Ma	anager Signatory's Title/Office
	orginatory's Theoretice
joing instrument was acknowledged before me this 1 (day of	4/22 by
	onth/year name of person
for	
ype of authority, e.g., officer, trustee, attorney in fact Name of party	on behalf of whom instrument was executed
~ 1 - W/1	
The second secon	
Municipally	e, or stamp commissioned name of Notary Public
Signature of Notary Public – State of Florida Print, type	
i mi, type	-, Position marie of Rosary Public
onally Known OR Produced ID X	-,
i mi, type	MEKENSIE HALE
onally Known OR Produced ID X	MEKENSIE HALE MY COMMISSION # GG 2118
onally Known OR Produced ID X	MEKENSIE HALE

Form content revised: 01/23/14

State of FLORIDA, County of CHANGE the document as reflected in the Official Records
PHIL DIAMONA, COUNTY COMPTROLLER
BY:
DATED: NAME OF THE PROPERTY OF THE PROP





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AC	O	215
	_	

CERTIFICATE OF LIABILITY INSURANCE

DATE (NW/OD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND COMPERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTURICATE DOES NOT AFFIRMATIVELY ON 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

this certificate does not confer rights to the commonway PAYCHEX INSURANCE AGENCY 150 Sawgrass Drive Rochester, NY 14620	policy(les) must have ADDITIONAL INSURED provisions or be endorsed. the policy, certain policies may require an endorsement. A statement on such endorsement(s). ONTARY NAME PROPER IAS. NO. EXU: E.A.N. ADORDES						
1020			Simente Accou	outo analysis			
		INSUREDEA: NORGUAS	D Insurance Co	MONO COVERAGE		NAICE	
NSURED Carpenters Cooling LLC		INSURER B :	The state of the s		- 1 3	1470	
Period Cooking CCC		INSURER C:					
3506 Raeford Rd		INSURERD:					
Orlando, FL 32806-5754		INSURER E :		Committee of the latest	1		
		INSURER 6:					
OVERAGES CERTIFICA	TE NUMBER:			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INS INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISBUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIE TR TYPEOPHISURANCE XOOLSU TOTAL TYPEOPHISURANCE	I. THE INSURANCE AFFORD (S. LIMITS SHOWN MAY HAVE OR)	ED BY THE POLICIE BEEN REDUCED BY	CIT DITTER	HEREIN IS SUBJECT TO	D ALL THE	PERIOD CH THIS TERMS,	
COMMERCIAL GENERAL LIABILITY	CA POZZE HUNDER	ואיאיממטייייון	HANDONYYY	LIMIT	8		
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		1		PREMIEE BIEA OCCUPATION	8		
				MED EXP (Any one person)	3		
GENT AGGREGATE LIMIT APPLIES PER:		10		PERSONAL & ADVINCTINY	:		
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Officer,		1		PRODUCTS COMPIOP AGG	6		
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(STANUATORY IN 1991)	CAWC243447	08/25/2021	08/26/2022	S. swedwenning	s 100,000)	
U yes, describe under DESCRIPTION OF CHEMATICATE NAGO		1		E.L. DISEASE - EA EMPLOYEE)	
				EL DISEASE - POLICY LINAT	\$ 500,000)	
SCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACO							
imployees: Full Time: 4; Part Time: 1 Govi xclusions: evin Carpenter, Member;	erning Class Description:	HEAT, VENT, AC, R	efrig. Sys	-INST REP			
ERTIFICATE HOLDER		CANCELLATION					
ty of Belle Isla 300 Nela Avenua elle Isla, FL 32809		SHOULD ANY OF	THE ABOVE D N DATE THE TH THE POLK		BE DELIVE	BEFORE RED IN	
y.		WELLEN WALLES	····A)IIE	May 11 N			

ACORD 25 (2016/03)

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Tax Collector Scott Randolph

5000 BUSINESS OFFICE

Local Business Tax Receipt

Orange County, Florida

2021

\$30.00

EXPIRES

9/30/2022

1 EMPLOYEE 1804 CERT A/C CONTRACTOR

\$30 00

5000-1166352 1 EMPLOYEE

TOTAL TAX PREVIOUSLY PAID TOTAL DUE 360.00 \$60.00

CARPENTER KEVIN W

CARPENTERS COOLING LLC 3606 RAEFORD RD ORLANDO FL 32808-8754

4625 LONGWORTH DR (MOSILE) U - ORLANDO, 32812

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

This local Business Tex Receipt to in addition to and not in liou of any other tex required by lew or municipal ordinance. Businesses are subject to requisition of zonerg, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penelty is added October 1

2021

EXPIRES

9/30/2022

5000-1165352

5000 BUSINESS OFFICE

530.00

.M.OT.

1 EMPLOYEE : 1804 CERT A/C CONTRACTOR ANTHOLY I. PAJ

\$30.00

1 EMPLOYEE

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

4625 LONGWORTH DR (MOSILE) U - ORLANDO, 32812

PAID \$60.00 0096-01017821 8/30/2021

CARPENTER KEVIN W

CARPENTERS COOLING LLC 3608 RAEFORD RD ORLANDO FL 32608-5754

This receipt is official when validated by the Tax Collector

WAR COLME!

Orange County Code requires this total 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.

octaxcol.com | 🌇 😇 🥱 octaxcol







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/12/2022

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 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 MARVEL QUEVEDO PHONE (A/C, No, Ext): 407-737-7778 E-MAIL ADDRESS: Marvel.Q@Allstate.com FAX (A/C, No).407-737-7779 MARVEL QUEVEDO INSURANCE, LLC 1711 HOFFNER AVENUE INSURER(S) AFFORDING COVERAGE NAIC# BELLE ISLE, FL 32809 (407) 737-7778 phone 10200 HISCOX INSURANCE CO INC INSURER A: INSURED ALLSTATE INSURANCE CO 09020 INSURER B CARPENTER'S COOLING LLC INSURER C c/o KEVIN CARPENTER INSURER D 3506 RAEFORD RD, ORLANDO FL 32806 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,

INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY		P100 186 616 3	4/2/22	4/2/23	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	_{\$} 5,000
Α						PERSONAL & ADV INJURY	\$2,000,000
						GENERAL AGGREGATE	_{\$} 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY		648799821	1/29/22	1/29/23	COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO				.,_0,_0	BODILY INJURY (Per person)	\$100,000
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$300,000
В	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	s 100,000
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory In NH)	""				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks Sci	hedule, if more space is	s required)		
	4						

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
ř.	Marvel Quevedo