



City of Belle Isle

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

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS; SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

Scope of Work: MECHANICAL: c/o 4ton HVAC with no ductwork

Comments: None

Project Information

Address: 4104 Kandra Ct, Belle Isle, FL 32812
Parcel ID: 20-23-30-1646-00-510
Property Owner: Thompson, Kenneth and Patricia
Phone Number: 321-228-2913

Company Name: Air Techs, Inc.
Contractor Name: Hesse, Jerome
License Number: CAC1816107
Address: 1450 Seminole Blvd Casselberry, FL 32707
Phone Number: 407-788-9900

Permit Number: 2014-08-005

Date of Application: 08/06/2014

Date Permit Issued: 08/08/2014

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

BUILDING FEATURES

IMPACT FEES

Traffic \$
School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
Boat House \$
Building \$
Demo \$
Door(s) \$
Driveway \$
Electrical \$
Fence \$
Gas \$
Irrigation \$
Low Voltage \$
Mechanical \$183.00
Plumbing \$
Pool \$
Roofing \$
Screen Encl \$
Shed \$
Temp Pole \$
Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.75
Surcharge Fee \$2.75

TOTAL FEES \$188.50

Date Paid

8-11-14

CC or Check

AMEX

Amount Paid

\$188.50

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions

Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

1 BUILDING

1st

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

2nd

_____ (Slab)

3rd

_____ (Lintel) (Wall Reinforcing on Masonry Building)

4th

_____ (Exterior Framing) (Roof/Wall Sheathing)

5th

_____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th

_____ (Insulation to be Made After Roof Installed)

7th

_____ (Drywall)

8th

_____ (Sidewalk/Driveway)

9th

_____ (Other)

10th

_____ (Final - After MEP and Other Applicable Finals)

ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1st

_____ (Underground) 2nd _____ (Sewer)

3rd

_____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS Natural LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st

_____ (Rough-In) 2nd _____ (Final)

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 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/ff094edc4-832d-44bd-9809-ect32f9e2e63>
login ID = cobi@universalengineering.com password = universal113

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-08-005
Property Owner	Thompson
Address	4104 Kandha Ct
Nature of Improvement	Mechanical
Received Application	8-6-14
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	/
Zoning Approved	
Applied for Variance	/
Variance Approved	
Sent to BO for Review	8-6-14 W040478
Building Official Approved	8-8-14
Comments	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
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9.	
10.	
11.	
12.	



COBI Permit Fee Calculation Form



Reviewer Signature: AP. Date: 8-08-2014

Permit Type:	<u>Mechanical</u>	Job Cost:	\$ <u>4469-</u>
Permit Fee:	\$ <u>122-</u>		
Plans Review Fee:	\$ <u>61-</u> (50% of permit fee – excluding ReRoofs)		
1.5% State Fee:	\$ <u>2.745</u>		
1.5% State Fee:	\$ <u>2.745</u>		
TOTAL BUILDING FEE:	\$ <u>188.50</u> (does not include Zoning fees or Deposits)		

Note: Total gets doubled for SWO/AFT permits

$$\begin{aligned}
 & \$37 + (\$6 \times 4) = 37 + 24 = \$61 \\
 & \$61 \times 2 \text{ (Air handler \& Condenser)} = \$122 - \\
 & \$122 \times .50 = \$61 + \$122 = \$183 - \\
 & \$183 \times 1.5\% (2) = \$2.745 (2) = \$5.49 \\
 & \$183 + 5.49 = \$188.50
 \end{aligned}$$



City of Belle Isle
1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

Received
8-6-14

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: 8/4/2014 PERMIT NUMBER: 2014-08-005
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 4104 Landra Ct. Orlando Belle Isle FL 32809 32812
Property Owner Darcia Thompson Phone 321 328 2913
Property Owner's Mailing Address same as above City _____
State _____ Zip Code _____ Parcel Id Number: 20-23-30-1644-00-510

To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.asp>

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair

- REQUIRED Tie Down Engineering and Equipment Sizing Calculation
- REQUIRED, adding A/C to new space - provide Energy Calculations
- REQUIRED, if replacing unit with no duct work, provide a Duct Certification as per FB 101.4.7.1 (form can be found on website)

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units 1 Tons Per Unit 4 Total Tons 4 Estimated Cost \$ 4469
Type of System: Water to Air Chiller Split System Package Heat Pump
Heating: # of Units KWS Per Unit 10 Total KWS 10 BTU's _____ Estimated Cost \$ _____
Oil Electric Boiler _____ Gas _____ Estimated Cost \$ _____

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor. (A) Estimated Cost Fee \$ _____

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 \$ _____

Building Official: Angela Perry Date 8-08-2014

Review & Permit Fee \$ 183
3% Florida Surcharge \$ 549.75
Total Permit Fee \$ 168.50

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 # CAC181610
LICENSE HOLDER NAME Jerome Hesse COMPANY NAME Ar Techs Inc.
Street Address 1450 Seminola Blvd
City Casselberry State FL Zip Code 32707 Phone Number 407 674 8745

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 _____

RETAIN A COPY FOR OFFICE USE - Updated: 12/2012 FORM #MEC010

Model B16100101

ABK-20

ANCHOR BRACKET KIT INSTRUCTIONS

Goodman Manufacturing Company, L.P. © 2007
2550 North Loop West, Suite 400, Houston, TX 77062
www.goodmanmfg.com or www.amaana-hac.com
P/N: 10-329 Date: May 2007

Description

This anchor bracket is for use with Goodman® and Amaana® brand condensers and heat pumps. The anchor bracket can be installed without accessing the inside of the unit. Consult the product specifications applicable to your model.

WARNING



HIGH VOLTAGE!
DISCONNECT ALL POWER BEFORE SERVICING OR INSTALLING THE UNIT. MULTIPLE POWER SOURCES MAY BE PRESENT. FAILURE TO DO SO MAY CAUSE PROPERTY DAMAGE, PERSONAL INJURY OR DEATH.

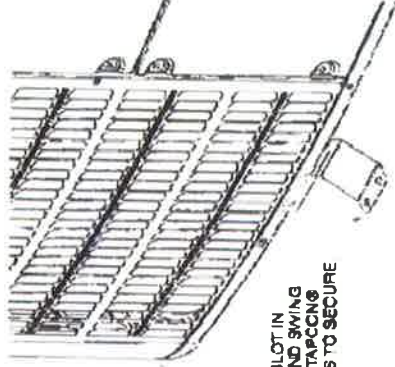


Kit Contents

- Installation Instructions x 5
- Anchor Bracket x 20

Installation Instructions

1. Disconnect all electrical power.
2. Insert an anchor bracket in each of the four (4) slots on the underside of the basepan, one on each side. **NOTE:** These slots are the same slots utilized by the hold down bracket during shipment.



INSTALL BRACKET THRU SLOT IN BASE. PULL OUTWARDS AND SWING DOWN TO LOCK. USE 1/4" TAPPING TYPE CONCRETE SCREWS TO SECURE.

3. When the anchor bracket is engaged in the slots, pull the bracket outwards and swing down to lock the bracket in place.
4. Attach the anchor brackets to the pad, using either 1/4" diameter Tapcon® concrete screws or similar self-tapping concrete screws. The minimum screw length should be 1-1/2". Two screws are required for each bracket. Follow manufacturer's instructions for installing screws.
5. Reconnect the electrical power.

ATTENTION INSTALLING PERSONNEL

As a professional installer you have an obligation to know the product better than the customer. This includes all safety precautions and related items.

Prior to actual installation, thoroughly familiarize yourself with this Instruction Manual. Pay special attention to all safety warnings. Often during installation or repair it is possible to place yourself in a position which is more hazardous than when the unit is in operation.

Remember, it is **your** responsibility to install the product safely and to know it well enough to be able to instruct a customer in its safe use.

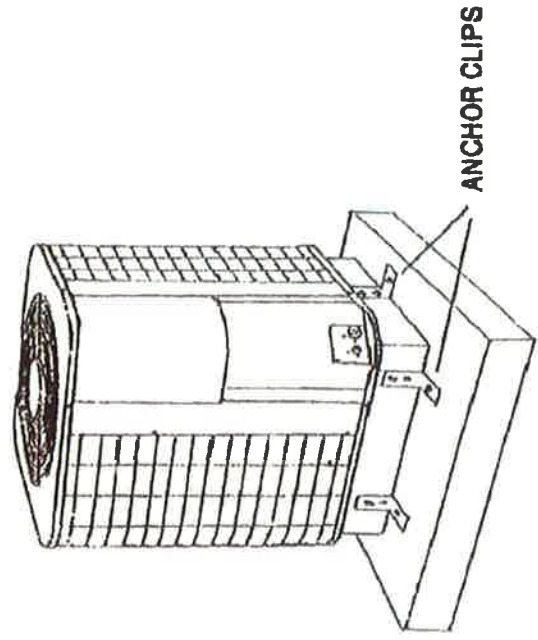
Safety is a matter of common sense...a matter of thinking before acting. Most dealers have a list of specific Good safety practices...follow them.

The precautions listed in this Installat on Manual are intended as supplemental to existing practices. However, if there is a direct conflict between existing practices and the content of this manual, the precautions listed here take precedence.



Reviewed for Code Compliance
Universal Engineering
Scientists

*NOTE: Please contact your distributor or our website for the applicable product specifications referred to in this manual.





CERTIFICATE OF LIABILITY INSURANCE

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 Hugh Cotton Insurance 2315 Curry Ford Road Orlando, FL 32806 Tom Sutton	CONTACT NAME: Nancy Rivera PHONE (A/C No. Ext): 407-898-1776 FAX (A/C No.): 407-895-0918 E-MAIL ADDRESS: nriviera@hughcotton.com
INSURER(S) AFFORDING COVERAGE INSURER A : Nationwide Insurance Co INSURER B : Summit Consulting, Inc. INSURER C : INSURER D : INSURER E : INSURER F :	
NAIC #	

COVERAGES

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		ACSPGLD06906336231	09/23/13	09/23/14	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						EACH OCCURRENCE \$
						AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If Yes, describe under DESCRIPTION OF OPERATIONS below		521-11254	03/31/14	03/31/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
						<input type="checkbox"/> OTH-ER
						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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Fax: 407-240-2222

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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**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**HESSE, JEROME SHERMAN
AIR TECHS INC
1450 SEMINOLA BLVD
CASSELBERRY FL 32707**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

CAC1816107 ISSUED: 09/05/2013

**CERTIFIED AIR COND CONTR
HESSE, JEROME SHERMAN
AIR TECHS INC**

IS CERTIFIED under the provisions of Ch. 489, FS
Expiration date AUG 31, 2014 L1309050000910



The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to www.VivaFlorida.org.

DETACH HERE

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

LICENSE NUMBER

CAC1816107

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

**HESSE, JEROME SHERMAN
AIR TECHS INC
1450 SEMINOLA BLVD
CASSELBERRY FL 32707**

**RICK SCOTT
GOVERNOR**

ISSUED: 09/05/2013 SEQ # L1309050000910
DISPLAY AS REQUIRED BY LAW

**KEN LAWSON
SECRETARY**





LOCAL BUSINESS TAX RECEIPT
CITY OF CASSELBERRY
95 TRIPLET LAKE DRIVE
CASSELBERRY, FLORIDA 32707

Business name: AIR TECHS INC
Location address: 1450 SEMINOLA BLVD
City/State: CASSELBERRY FL 32707

AIR TECHS INC
1450 SEMINOLA BLVD
CASSELBERRY FL 32707

ISSUE DATE: 9/27/2013
EXPIRATION DATE: 9/30/2014

TAX	RECEIPT #	CLASSIFICATION	FEES PAID
	14 - 10273	HOME OCCUPATION	\$72.56

THIS RECEIPT IS SUBJECT TO CITY FEES AND MAY INCLUDE SEMINOLE COUNTY
BUSINESS TAX RECEIPT FEES

LICENSE COMMENTS & RESTRICTIONS:

AIR CONDITIONING SERVICE
NO OUTSIDE STORAGE/DISPLAY OF
GOODS/MATERIALS/SERVICES/EQUIPMENT/VEHICLES

**IMPORTANT: THIS TAX RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS.
PENALTY FOR FAILURE TO DO SO.**