



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.

<p>Scope of Work: MECHANICAL: A/C 7.5 Ton split system</p> <p>Comments: None</p> <p>Project Information Address: 5072 S Conway Rd, Belle Isle, FL 32812 Parcel ID: 17-23-30-0000-00-062 Property Owner: Belle Isle Commons LLC Phone Number: None ***** Company Name: CMS Mechanical Contractor Name: Bull, Robert License Number: CMC057101 Address: 445 West Dr Melbourne, FL 32904 Phone Number: 321-473-0420</p>	<p style="text-align: right;">Permit Number: 2014-08-069</p> <p style="text-align: right;">Date of Application: 08/13/2014 Date Permit Issued: 08/15/2014</p> <p>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.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>Traffic \$ School \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Boat Dock \$ Boat House \$ Building \$ Demo \$ Door(s) \$ Driveway \$ Electrical \$ Fence \$ Gas \$ Irrigation \$ Low Voltage \$ Mechanical \$201.00 Plumbing \$ Pool \$ Roofing \$ Screen Encl \$ Shed \$ Temp Pole \$ Window(s) \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$3.02 Surcharge Fee \$3.02</p> <p style="text-align: center;">TOTAL FEES \$207.04</p> <p>Date Paid 8-25-14</p> <p>CC or Check # 103325</p> <p>Amount Paid 207.04</p> <p>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).</p>	<p style="text-align: center;">BUILDING INSPECTOR USE ONLY</p> <p>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</p> <p><input type="checkbox"/> BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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Inspection requests are to be emailed to BidScheduling@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/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = universal13

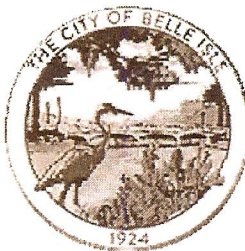
PROJECT NUMBER 0115.1400414.0000

TASK NUMBER 01

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-08-069
Property Owner	Belle Isle Commons
Address	5072 S. Conway Rd
Nature of Improvement	Mechanical
Received Application	8-13-14
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	8-13-14 W040819
Building Official Approved	8-15-2014
Comments	
1.	8-18-14 Sent Email that Permit is ready
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

received
08-13-14



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.

DATE OF APPLICATION: 8/7/2014 PERMIT NUMBER 2014-08-069

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

Project Address 5072 S. CONWAY RD, Belle Isle FL 32809 32812
Property Owner BELLE ISLE COMMONS LLC Phone _____
Property Owner's Mailing Address PO BOX 568821 City ORLANDO
State FL Zip Code 32856-8821 Parcel Id Number: 17-23-30-0000-00-062

To obtain this information, please visit <http://www.ocpaf1.org/Searches/ParcelSearch.aspx>

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

- REQUIRED: Tie Down Engineering
- REQUIRED: if adding A/C to new space, provide Energy Calculations & Equipment Sizing Calculations
- REQUIRED: if replacing unit with no duct work, Duct Certification as per FB 101.4.7.1, must be posted on unit

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

Air Conditioning: # of Units 1 Tons Per Unit 7.5 Total Tons 7.5
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ 11122.94

Heating: # of Units 1 KWS Per Unit _____ Total KWS _____ BTU's _____ Estimated Cost \$ 0
Oil Electric Boiler Gas
(A) Estimated Cost Fee \$ 11122.94

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 \$ 0

Refrigeration: Number of units _____ Estimated Cost \$ 0

Piping: Air Vacuum Steam Chill Water Estimated Cost \$ 0

Others: (Specify) _____ Estimated Cost \$ 0

Was the space previously Air Conditioned? Yes No (B) Estimated Cost Fee \$ 0

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 Robert Bull LICENSE # CMC057101
LICENSE HOLDER NAME ROBERT BULL COMPANY NAME CMS MECHANICAL

Street Address 445 WEST DR

City MELBOURNE State FL Zip Code 32904 Phone Number 321-473-0420

Email Address TARATAYLOR@CMSMECHANICAL.COM

Building Official: Angel Puez Date 8-15-2014
Verified Contractor's Licenses & Insurance are on file ucg Date 8-13-14

Permit Fee \$ 134-
Review Fee \$ 67-
3% Florida Surcharge \$ 6.04
Total Permit Fee \$ 207.04

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 _____



COBI Permit Fee Calculation Form



Reviewer Signature: AP. Date: 8-15-2014

Permit Type:	<u>Mechanical</u>	Job Cost:	<u>\$ 11,122.94</u>
Permit Fee:	<u>\$ 134-</u>		
Plans Review Fee:	<u>\$ 67-</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	<u>\$ 3.015</u>		
1.5% State Fee:	<u>\$ 3.015</u>		
TOTAL BUILDING FEE:	<u>\$ 207.03</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

$$\begin{aligned} \$37 + (\$6 \times 5) &= \cancel{\$30} + \cancel{\$37} = \cancel{\$67} \\ \$67 \times 50\% &= \cancel{\$33.50} + \cancel{\$67} = \cancel{\$100.50} \\ 100.50 \times 2 & \text{ (Air handler + Condenser)} = \cancel{\$201.00} \end{aligned}$$



By: [Signature]
Permit Number: _____
Folio/Parcel Identification Number: 17-23-30-0000-00-062
Prepared by: [Signature]
Return to: _____



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement. *beg 225.14FTW6L5C*

- Description of property** (legal description of the property, and street address if available)
STARBUCKS 9517, 5072 S CONWAY RD, BELLE ISLE, FL 32812-1258
- General description of improvement**
REMOVE AND REPLACE LIKE FOR LIKE 7.5 TON SPLIT HVAC UNIT
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name BELLE ISLE COMMONS LLC
Address PO BOX 658821 ORLANDO, FL 32856-8821
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name ROBERT BULL CMS MECHANICAL Telephone Number 321-473-0420
Address 445 WEST DR. MELBOURNE, FL 32904
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name _____ Telephone Number _____
Address _____
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name _____ Telephone Number _____
Address _____
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

S 187.31FT W 172.24FT S 400.91 FT 70706

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

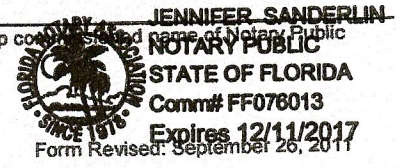
Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

* [Signature] Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
Facilities Sr. Mgr Signatory's Title/Office

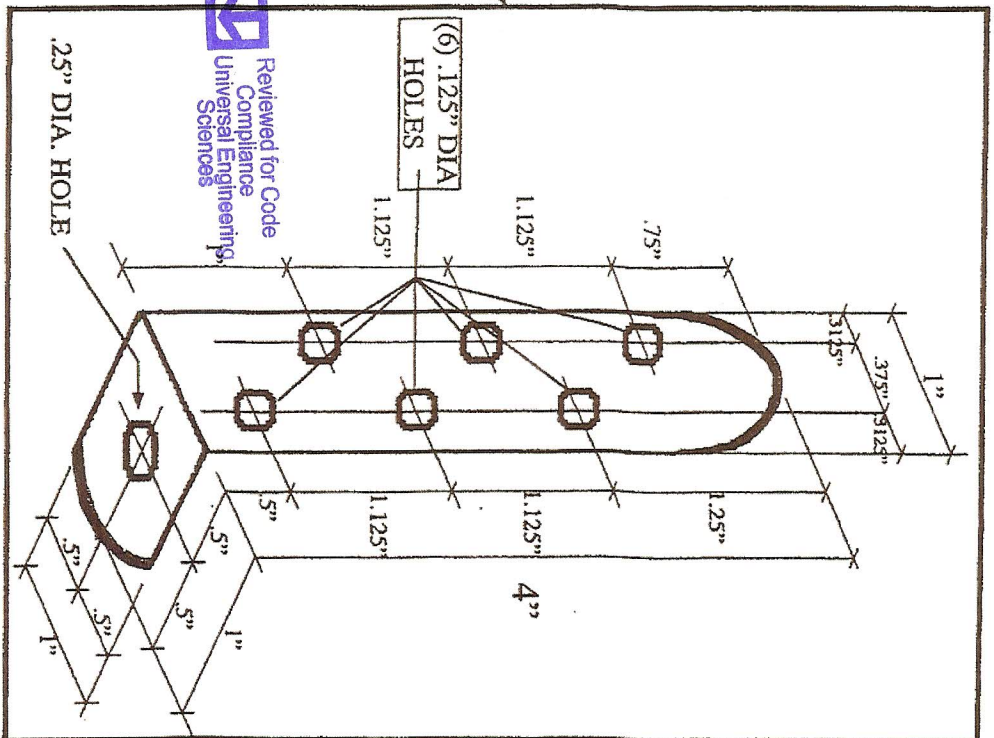
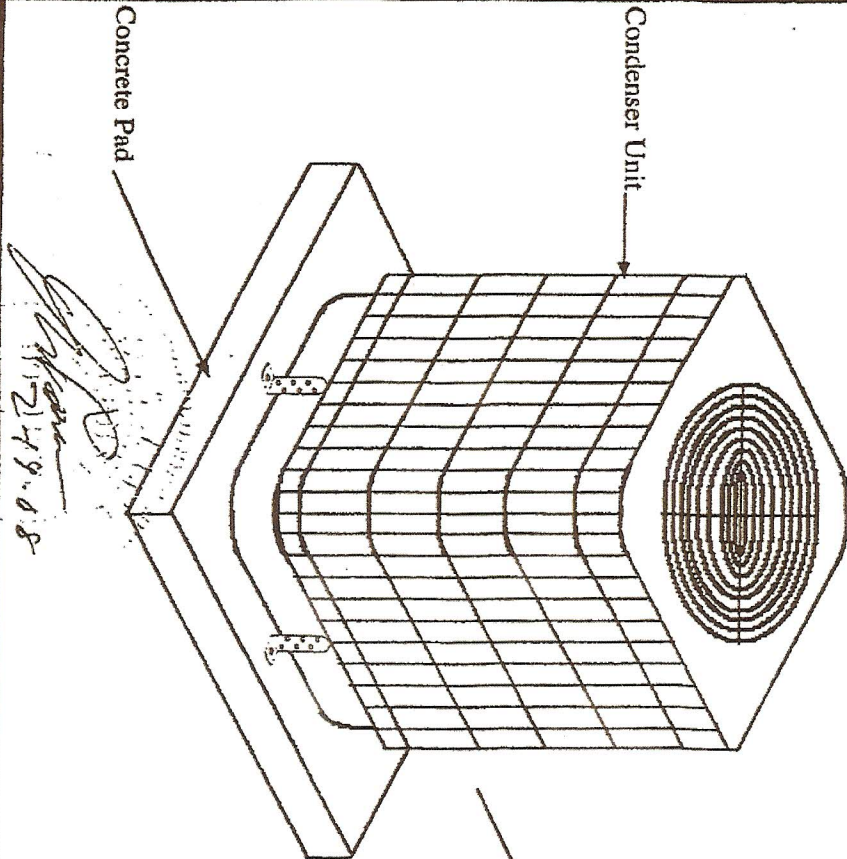
The foregoing instrument was acknowledged before me this 9 day of August, 2014, by James Wood name of person
as Facilities Service manager for Starbucks Name of party on behalf of whom instrument was executed
Type of authority, e.g., officer, trustee, attorney in fact

* [Signature] Signature of Notary Public - State of Florida
Print, type, or stamp complete name of Notary Public
JENNIFER SANDERLIN
NOTARY PUBLIC
STATE OF FLORIDA
Comm# **FF076013**
Expires **12/11/2017**

Personally Known _____ OR Produced ID X
Type of ID Produced FL DL W300-453-58-181-0



#771 (4 pk.) / #772 (100 box) Anchor Clip



Reviewed for Code Compliance
Universal Engineering Sciences

The Metal Shop
1139 Eldridge Street
Clearwater
Fl. 33755

Ph: (727) 441-2492
Fax: (727) 442-8493
Web: www.metalsshop.org

Consulting Engineer:
Douglas W. Lowe, P.E.
FLA # 13355
1206 Millennium Parkway
Brandon, Fl. 33511

Revision Date:
2/14/08

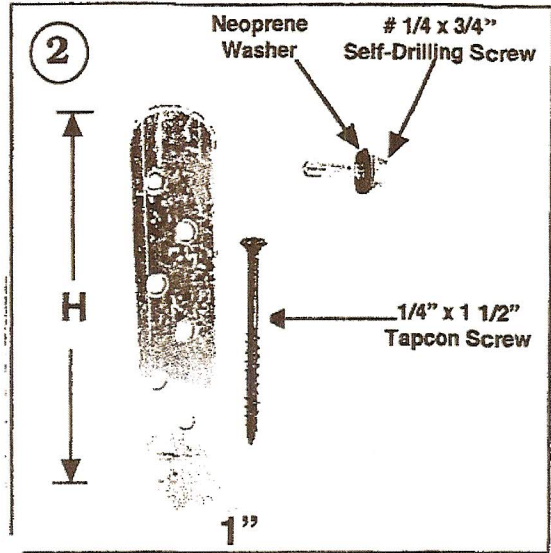
Drawn by:
K.P.R.
Scale - Not to scale

Page:
1 of 1

PART NO.	H DIM.	W DIM.	DESCRIPTION
# 771	4"	1"	4 pk. Clips only
# 773	6"	1"	4 pk. Clips only

ANCHOR CLIP NOTES:

1. The anchor clip are 16 Gauge, G-90 hot-dip galvanized steel rated for corrosion of coastal applications.
2. 150 mph rating based on a condenser unit surface area of 10.4 sq. ft. facing wind ; calculations based upon equations in ASCE 7-05 Chapter 6 ; and Chapter 16, Section 1609 - 2009 Supplement to 2007 FBC. Exposure C ; importance category IV ; Max. 500 Lb. condenser unit that withstands 150 mph wind speed.
3. On condenser units near bodies of water AHJ may require condenser units to be raised above ground level. (Suggest The Metal Shop's equipment wall stand for these areas)
4. The anchor clips with self-drilling screws and Tapcon screw are for ground mounted condensing units only on 2000 psi or higher psi concrete pads ONLY. Other pads or configurations must be custom engineered.
5. Engineer seal affixed hereto validates design as shown only. Use of this plan by Contractor, et. al, indemnifies and saves harmless this engineer and The Metal Shop for all costs & damages, including legal fees & appellate fees resulting from deviations of this plan.

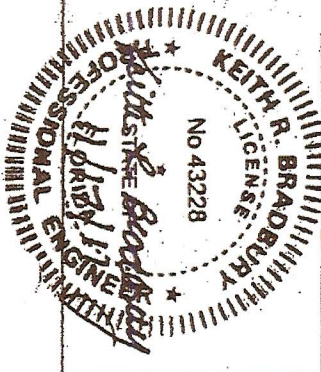


ANCHOR CLIP

Reviewed for Code Compliance
 Universal Engineering Sciences

ANCHOR CLIP INSTALLATION INSTRUCTIONS:

1. SUITABLE FOR GROUND MOUNTED UNITS ONLY. DISCONNECT POWER BEFORE INSTALLATION.
2. Minimum of 4 clips required equally spaced around condensate unit : Minimum of 2- #14 x 3/4" self-drilling screws (per clip) with neoprene washer required to fasten 4 clips to condenser unit base. 1/4" x 1-3/4" Tapcon concrete screw required to fasten each anchor clip into concrete condenser pad (2000 psi or higher psi concrete).
3. Adjust anchor clip accordingly to fit on the condenser unit and attach 2 self-drilling screws through the anchor clip and into the condensate unit, at the same time ensuring that the base of the anchor clip is still in contact with the concrete pad.
4. Attach each Tapcon screw to the base of the anchor clip and into the concrete pad in accordance with Tapcon Instructions.
5. All hardware must be fastened prior to connecting refrigerant lines and electrical power to the condensate unit.



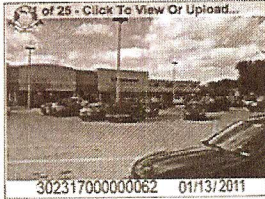
ENGINEER: KEITH R. BRADBURY, P. E. P. E. No. 43228 8731 BAYWOOD PK. DR. SEMINOLE, FL 33777 727-319-3947 KBRADBURY4@TAMPABAY.RR.COM		The Metal Shop 2541 W. Dunnellon Rd. Dunnellon FL 34434 Ph: (352) 522-0906 Fax: (352) 522-0907 Web: www.metalsshop.org	
TITLE ANCHOR CLIP INSTALLATION INSTRUCTIONS- 150 MPH WIND SPEED			
SIZE B	REVISED FOR 2008 SUPPLEMENT TO 2007 FBC		
SCALE: N. T. S.	DATE: November 11, 2011	SHEET 1 OF 1	

Searches
Sales Search
Results
Property Record Card
My Favorites

Sign up for e Notify..

5120 Conway Rd < 17-23-30-0000-00-062 >

Name(s):	Physical Street Address:
Belle Isle Commons LLC	5120 Conway Rd
Property Name:	Postal City and Zipcode:
Belle Isle Commons	Orlando, FL 32812
Mailing Address On File:	Property Use:
Po Box 568821	1600 - Community Shopping
Orlando, FL 32856-8821	Municipality:
Incorrect Mailing Address?	Belle Isle



302317000000062 01/13/2011

Values, Exemptions and Taxes
Property Features
Sales Analysis
Location Info
Market Stats

Update Information

Property Description

BEG 225.14 FT W & 50 FT N OF SE COR OF SW 1/4 OF SE 1/4 OF SEC 17-23-30 TH RUN W 430.17 FT N 732.63 FT E 204.44 FT S 145 FT E 400 FT S 187.31 FT W 172.24 FT S 400.41 FT TO POB

Total Land Area 314,646 sqft (+/-) | 7.22 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
1600 - Community Shopping	C-1	314646 SQUARE FEET	\$8.50	\$2,674,491	\$0.00	\$2,674,491

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure			
	Model Code: 04 - Commercial Type Code: 1600 - Community Shopping Building Value: \$296,020 Estimated New Cost: \$536,269	Actual Year Built: 1981 Beds: 0 Baths: 0.0 Floors: 1	Gross Area: 7367 sqft Living Area: 6445 sqft Exterior Wall: Concrete/Cinder Block Interior Wall: Drywall		
	Model Code: 04 - Commercial Type Code: 1100 - Stores, 1 Story Building Value: \$359,253 Estimated New Cost: \$650,820	Actual Year Built: 1981 Beds: 0 Baths: 0.0 Floors: 1	Gross Area: 12012 sqft Living Area: 10252 sqft Exterior Wall: Concrete/Cinder Block Interior Wall: Drywall		
	Model Code: 04 - Commercial Type Code: 1100 - Stores, 1 Story Building Value: \$343,343 Estimated New Cost: \$621,999	Actual Year Built: 1981 Beds: 0 Baths: 0.0 Floors: 1	Gross Area: 11375 sqft Living Area: 9052 sqft Exterior Wall: Concrete/Cinder Block Interior Wall: Drywall		
	Model Code: 04 - Commercial Type Code: 1600 - Community Shopping Building Value: \$130,417 Estimated New Cost: \$236,262	Actual Year Built: 1981 Beds: 0 Baths: 0.0 Floors: 1	Gross Area: 3720 sqft Living Area: 3200 sqft Exterior Wall: Concrete/Cinder Block Interior Wall: Drywall		
	Model Code: 04 - Commercial Type Code: 1600 - Community Shopping Building Value: \$1,463,919 Estimated New Cost: \$2,652,028	Actual Year Built: 1981 Beds: 0 Baths: 0.0 Floors: 1	Gross Area: 38972 sqft Living Area: 34665 sqft Exterior Wall: Concrete/Cinder Block Interior Wall: Drywall		

Page 1 of 2 (7 total records) 1 2 >

Extra Features

Description	Date Built	Units	XFOB Value
PKSP - Parking Space	01/01/1981	240 Unit(s)	\$120,000
PKSP - Parking Space	01/01/1981	17 Unit(s)	\$8,500
PT3 - Patio 3	01/01/2005	1 Unit(s)	\$4,000
OSB1 - Standard Opn Stg Bin	01/01/2005	1 Unit(s)	\$1,000
PVAS - Pav Asph	01/01/1981	42000 Square Feet	\$84,000
PVCN - Pav Con	01/01/1981	6700 Square Feet	\$20,100
WLDC - Wall Dec	01/01/1981	700 Unit(s)	\$14,000

Page 1 of 1 (7 total records)

This Data Printed on 08/07/2014 and System Data Last Refreshed on 08/06/2014

Site Notice • About Us • Contact Us • OCPAFL Home • Property Search • Exemption FRAUD Hotline

Orange County Property Appraiser • 200 S. Orange Avenue, Suite 1700 • Orlando, FL 32801

Office Hours: 8:00 a.m. to 5:00 p.m. Monday - Friday • Phone: 407.836.5044

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http://www.ocpafl.org/searches/parcelsearch.aspx

8/7/2014



CERTIFICATE OF LIABILITY INSURANCE

9/1/2014

DATE (MM/DD/YYYY)

8/7/2014

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 Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Zurich American Insurance Company		16535
INSURER B: Great American Insurance Company		16691
INSURER C: American Zurich Insurance Company		40142
INSURER D:		
INSURER E:		
INSURER F:		

INSURED 1381433 CMS MECHANICAL SERVICES, LLC
 445 WEST DR. STE 104
 MELBOURNE FL 32904

COVERAGES **CERTIFICATE NUMBER:** 13065942 **REVISION NUMBER:** XXXXXXXX

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	N	N	GLO591212001	9/1/2013	9/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	N	N	BAP931310502	9/1/2013	9/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	TUU024314902	9/1/2013	9/1/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC591212101	9/1/2013	9/1/2014	<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
A	LEASED/RENTED EQUIP	N	N	CPP9313121-02	9/1/2013	9/1/2014	ANY ONE ITEM/PER OCC: \$500,000

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

CERTIFICATE HOLDER

13065942
 City of Belle Isle
 1600 Ncla 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

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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

BULL, ROBERT ALLEN JR
CMS MECHANICAL SERVICES LLC
445 WEST DRIVE
SUITE#101
MELBOURNE FL 32904

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STATE OF FLORIDA AC# 6139419
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CMC057101 05/24/12 118189758

CERTIFIED MECHANICAL CONTRACTOR
BULL, ROBERT ALLEN JR
CMS MECHANICAL SERVICES LLC

IS CERTIFIED under the provisions of Ch.489 FS
Expiration date: AUG 31, 2014 L12052401093

DETACH HERE

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AC#6139419

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L12052401093

Table with 3 columns: DATE, BATCH NUMBER, LICENSE NBR. Row 1: 05/24/2012, 118189758, CMC057101

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

BULL, ROBERT ALLEN JR
CMS MECHANICAL SERVICES LLC
445 WEST DRIVE
SUITE#101
MELBOURNE FL 32904

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

2013 - 2014

BREVARD COUNTY BUSINESS TAX RECEIPT
SUBJECT TO COUNTY ZONING RESTRICTIONS
TAX RECEIPT SHOULD BE DISPLAYED ON PREMISES

ACCOUNT NO.
200051418

THE PERSON(S), OR ENTITY BELOW:

BUSINESS PERIOD: OCTOBER 1, 2013 - SEPTEMBER 30, 2014
EXPIRES: SEPTEMBER 30, 2014

CMS MECHANICAL SERVICES, LLC

445 WEST DR
SUITE 101
MELBOURNE FL 32904

ISSUED PURSUANT AND SUBJECT TO FLORIDA STATUTES AND BREVARD COUNTY CODE ISSUANCE DOES NOT CERTIFY COMPLIANCE WITH ZONING OR OTHER LAWS. BUSINESS TAX RECEIPT IS SUBJECT TO REVOCATION FOR ZONING VIOLATIONS, AND / OR FAILURE TO MAINTAIN REGULATORY PRE-REQUISITES AS REQUIRED FOR BUSINESS CLASSIFICATION(S), OR SUBSEQUENT ACTIVITIES. NOTIFY TAX COLLECTOR UPON CLOSING OF BUSINESS. A PERMIT IS REQUIRED TO ADVERTISE (including with signage) "GOING OUT OF BUSINESS".

LOCATION:

445 WEST DR STE 101
CITY OF MELBOURNE, FL 32904

LISA CULLEN, CFC, Brevard County Tax Collector
P O Box 2500, Titusville, Florida 32781-2500
(321) 264-6910 or (321) 633-2199 ext. 46910

UPON A CHANGE OF OWNERSHIP OR LOCATION,
BUSINESS TAX RECEIPT SHOULD BE TRANSFERRED WITHIN 30 DAYS.

OWNED BY:

PROF. LICENSE REQUIRED
CMC057101

CMS MECHANICAL SERVICES, LLC
ROBERT A BULL JR. QUALIFIER

BUSINESS CLASSIFICATIONS, DISCLAIMERS, AND RELATED FEES:

EXEMPTIONS: NON EXEMPT

	PENALTY:	\$.00
000600	CITY RESTRICTIONS APPLY	
300425	MECHANICAL CONTRACTOR	
590501	HAZ WASTE GEN. SURCHARGE	
820005	2013 - 2014 RECEIPT AMT	\$37.00
	TOTAL HAZ WASTE CHG	\$50.00

RCT. NUM TILL DATE AMT PAID
PAID-9599889.0001-0001 HST 07/22/2013 87.00

MAIN OFFICE: 400 South St., 6th Floor, Titusville, FL 32780

BRANCH OFFICES: Merritt Island Office, 1450 N. Courtenay Pkwy
Melbourne Office, 1515 Sarno Road
Palm Bay Office, 450 Cogan Dr. SE
Titusville Office, 800 Park Ave.
Indian Harbour Beach Office, 240 E. Eau Gallie Blvd.