



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: new 4ton & 1.5ton units with 2 hoods, 4 exhaust fans & 1 dryer vent</p> <p>Comments: None</p> <p>Project Information Address: 1307 E. Wallace Street, Belle Isle, FL 32809 Parcel ID: 24-23-29-3400-00-078 Property Owner: Hafley, Michael & Patricia Phone Number: None</p> <p>***** Company Name: Century A/C & Heating Inc Contractor Name: Chambers, Steve License Number: CAC057740 Address: 1650 S. Bumby Avenue, Orlando, FL 32806 Phone Number: 407-894-8417</p>	<p>Permit Number: 2014-02-014</p> <p>Date of Application: 02/10/2014 Date Permit Issued: 02/24/2014</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>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$294.00 Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$4.41 Surcharge Fee \$4.41</p> <p>TOTAL FEES \$302.82</p> <p>Date Paid 2-25-14</p> <p>CC or Check # Visa 2508</p> <p>Amount Paid 302.82</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</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 BDscheduling@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



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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: 2/10/14

PERMIT NUMBER 2014-02-014

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

Project Address 1307 E. Wallace St., Belle Isle FL 32809 32812
Property Owner Hafley, Phone _____
Property Owner's Mailing Address Same, City Belle Isle
State _____ Zip Code _____ Parcel Id Number: 24-23-29-3400-00-078

To obtain this information, please visit <http://www.ocpafl.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 and Equipment Sizing Calculation
- REQUIRED, adding A/C to new space – provide Energy 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 2 Tons Per Unit 4 & 1.5 Total Tons 5.5
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ 5,500.00

Heating: # of Units KWS Per Unit 2 Total KWS 15 BTU's _____ Estimated Cost \$ 100.00
Oil Electric Boiler Gas

(A) Estimated Cost Fee \$ 109

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 2 Exhaust Fans 4 Dryer Vents 1 Estimated Cost \$ 300.00

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 \$ 87

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 # CAC057740

LICENSE HOLDER NAME Steve Chambers COMPANY NAME Century A/C & Heating Inc.

Street Address 1650 S. Bumby Ave.

City Orlando State FL Zip Code 32806 Phone Number 407-894-8417

Email Address steve@century-ac.com

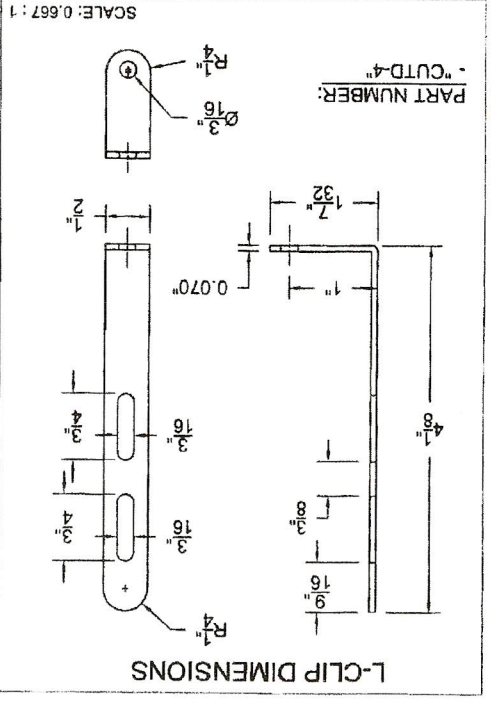
Building Official: <u>[Signature]</u>	Date <u>2/21/2014</u>	Review & Permit Fee	\$ <u>294.00</u>
		3% Florida Surcharge	\$ <u>8.82</u>
		Total Permit Fee	\$ <u>302.82</u>

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 2014-10-023

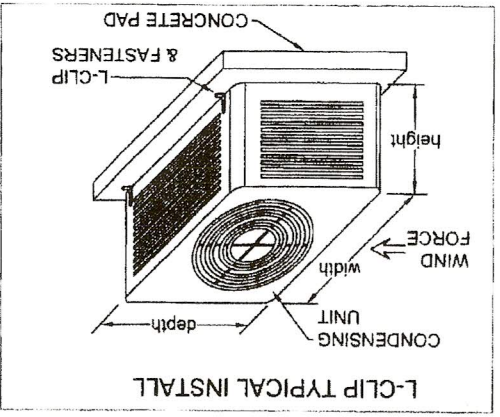
PROJECT NUMBER 015.1300 623.0000TASK NUMBER 08CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-02-014
Property Owner	Hafley, Michael & Patricia
Address	1307 E Wallac
Nature of Improvement	Mechanical HUAC
Received Application	2-10-14
Sent for Stormwater Review	N/A
Stormwater Approved	
Sent for Zoning Review	N/A
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	
Building Official Approved	2/21/2014
Comments	
1.	
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10.	
11.	
12.	

MATERIALS AND SPECIFICATIONS:	
Material:	Cold Rolled 1008/1010 Steel per ASTM A109
Strength:	min Fy = 41.5 ksi, min Full = 49.0 ksi
TIEDOWN NOMINAL STRENGTH:	
Tensile:	482 lbs (LRFD), 321 lbs (ASD)
Shear:	386 lbs (LRFD), 257 lbs (ASD)
<i>Note: Strength calculations are based on the Steel Manual 13th Edition Part 16 Specifications, Sections D2 - Tensile Strength, and Section J4.3 - Block Shear Strength</i>	



- GENERAL NOTES:**
- This document describes the dimensions, material type, and nominal strength of a AC Condensing Unit Tie Down otherwise known as an "L-Clip".
 - The Nominal strength can be used in conjunction with other engineering documents to verify the conformance of an equipment installation to the resistance to wind force requirements of the building code.
 - Fasteners to the condensing unit and to the support structure such as a concrete pad are not included in this document.
- EXAMPLE USE OF THIS DOCUMENT:**
- Determine Wind Design Conditions, Wind Speed, Height, Exposure, Risk Category.
 - Calculate Wind Pressures on largest side and top of equipment.
 - Calculate Forces on equipment from these pressures and gravity.
 - Calculate the uplift and lateral force required.
 - Determine the number of clips necessary to equal or exceed the required forces given the nominal strengths of the clips and the code mandated safety factors.
- For example, Verify that the L-Clips will hold down a RHEEM condensing unit described below in 175 mph winds under the conditions below:
- A RHEEM, Model # UAFC-024 with (H, width, depth, Wt) = 23", 44", 28", 190 lbs) in Miami-Dade wind speed of 175 mph, Risk Cat II, Exposure C up to 15' above ground.
 - Wind Pressure is 66.5 psf.
 - Lateral factored Force is 368 lbs factored weight = 127 lbs
 - Overtum Moment = 4067 lb-in, Uplift at one side of equipment = 4067 lb-in / 30" = 136 lbs.
 - Use one clip at each corner. Since the pullup strength for the clip is 321 lbs (ASD), Total nominal uplift strength = 2 x 321 = 642 lbs > 136 lbs. Total Shear strength of 4 clips = 257 lbs (ASD) x 4 = 1,028 lbs > 368.
- Therefore L-Clips are suitable for the installation.



PROJECT BRI-KO ENGINEERING, INC. ENGINEERING SERVICES 14840 SW 21st ST. DAVIE, FL 33325 TEL: 954-646-4218 BRIAN ISCHWARTZ, PE FLORIDA LIC. NO. 602961		DATE: 4.17.2012 CMT:
PROJECT CONDENSING UNIT TIE DOWN "L-CLIPS" NOMINAL STRENGTH		
SHEET: ENG-1		
PAGE 1 OF 1		

ISSUE DATE: Jul 12, 2012
 DWN BY: B.S.
 DWG SIZE: 8.5"x11"
 DOC: L-Clip-2



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/27/2013

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 Lassiter-Ware Insurance of Maitland 2701 Maitland Center Parkway Suite 125 Maitland FL 32751		CONTACT NAME: Bekah Pickering PHONE (A/C No., Ext): (800) 845-8437 FAX (A/C No.): (888) 883-8680 E-MAIL ADDRESS:																						
INSURED Century Air Conditioning & Heating, Inc P O Box 568494 Orlando FL 32856		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>United Fire & Casualty Company</td> <td>13021</td> </tr> <tr> <td>INSURER B:</td> <td>Florida Hospitality Mutual Ins</td> <td>10699</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	United Fire & Casualty Company	13021	INSURER B:	Florida Hospitality Mutual Ins	10699	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																								

COVERAGES **CERTIFICATE NUMBER:** 13/14 Master Cert **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	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		60081070	9/1/2013	9/1/2014	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Ltd. Contractual					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> XCU					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-SUBJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY					
	<input checked="" type="checkbox"/> ANY AUTO		60081070	9/1/2013	9/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		60081070	9/1/2013	9/1/2014	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below		WC30600238472013	9/1/2013	9/1/2014	E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 A blanket additional insured with regards to General Liability apply as required by written contract. A blanket waiver of subrogation regards to General Liability apply as required by written contract.

CERTIFICATE HOLDER City of Belle Isle Att: Kerne 1600 Nela Avenue 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 Paul Ziccardi/REBEKP 
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