



City of Belle Isle

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

PERMIT – 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 Town, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, 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.

Project Information:		Permit Number: 2013-09-003	
Scope of Work	MECH: 2-TON, PUMP, HEATING	Date of Application	08/26/2012
Address	2626 NELA AVENUE, Belle Isle	Date Permit Issued	09/05/2012
Parcel ID	19-23-30-5888-02-180	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.	
Property Owner	JAMES & JENNIFER MCDANIEL		
Phone	407-438-6549		
Contractor Name	ABOVE & BEYOND A/C & HEAT		
License Number	CHRIS HUDMON		
Address	CAC039720		
Phone Number	2233 CLAY STREET, KISSIMMEE FL		
	407-483-7945		

BUILDING FEATURES

<p>IMPACT FEES</p> <p>School _____</p> <p>Traffic _____</p> <p>CITY OF BELLE ISLE - ZONING FEES</p> <p>Zoning Fee _____ NA</p> <p>Tree Removal _____</p> <p>Fence _____</p> <p>Driveway _____</p> <p>Pavers _____</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Pre-Demo _____</p> <p>Building Fee _____</p> <p>Garage _____</p> <p>Cert of Occupancy _____</p> <p>Prepower _____</p> <p>Electrical Fee _____</p> <p>Temp Pole _____</p> <p>Plumbing Fee _____</p> <p>Mechanical Fee _____ 74.00</p> <p>Gas Fee _____</p> <p>Revision Fee _____</p> <p>Roofing _____</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee _____ 4.00</p> <p>TOTAL FEES _____ 78.00</p> <p>Date Paid <u>2/12/14</u></p> <p>Check # <u>CC 12808114</u></p> <p>CITY OF BELLE ISLE BUILDING DEPARTMENT RCD: _____</p> <p>PERIMETER CONTROL:</p>	<p style="text-align: center;">BUILDING INSPECTOR USE ONLY</p> <p>IF APPLICABLE: Silt fencing in place? YES <input type="checkbox"/> NO <input type="checkbox"/> Turbidity Barrier in place? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><input type="checkbox"/> BUILDING/ROOFING</p> <p>ROOFING Dry-in/Flashing _____</p> <p>ROOFING Other /FINAL _____</p> <p>1st _____ (Footing/Foundation)</p> <p>Survey specific foundation plan must be submitted and approved by the City before slab pour.</p> <p>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 _____ (Sidewalk/Driveway)</p> <p>8th _____ (Other)</p> <p>9th _____ (Final to be Made After Plumb/ Mech/Elect Finals)</p> <p><input type="checkbox"/> PLUMBING (INCL–Pool-Piping, Solar, Irrigation and Water Treatment Equip.)</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"/> HOOD VENTILATION <input type="checkbox"/> REFRIGERATION</p> <p><input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p> <p>If work is being performed on a lakefront property, you are required to call 407-851-7730 for inspection of your silt fencing and/or turbidity barrier PRIOR TO COMMENCING WORK. If this is not done, a Stop Work Order will be issued. Barrier must be trenched 6-8" into the ground!!</p>
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The person accepting the listed permit shall conform to the terms of the applications on file in the City Office and construction shall conform to the requirements of the FI Building Codes. To schedule an inspection please email your request to: BD scheduling@UniversalEngineering.com a confirmation email reply will follow. INSPECTION REQUESTS can be made from 8:00am-1:00pm Monday-Friday. It is requested that inspections be scheduled 24 hours in advance via email. Please include the following in your request: Permit #, current date, project address & lot number, the builder name, the date of the inspection, a contact name & phone number for someone on site should our inspector need to reach them, requested time frame of inspection – A.M. or P.M.

Thank you for your payment!

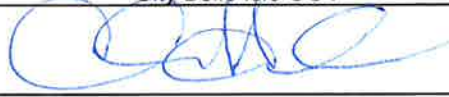
This service has been provided by City of Belle Isle, FL and Point & Pay. We value your business. Please keep this receipt for future reference.

You have made a payment to City of Belle Isle, FL , your payment was processed at Finance office . The City of Belle Isle thanks you for your payment. For questions about your account, please call 407-851-7730

Name: Christopher Hudmon
Address: 2233 Clay St., Kissimmee FL, US, 34741
Contact: 4074837945
Comments: Building Fee - 2626 Nela Ave.

Payment ID: 12808114
Date: 02/12/14 03:51 PM
Subtotal: \$78.00
Fee: \$3.00
Total: \$81.00
Method: Credit or Debit Card(*****5398)

Item Purchased	Transaction Description	Account	Amount
Building Fees	City Belle Isle GOV	2013-09-003	\$78.00

Signature:

Date:

2/12/14

By signing this receipt you agree to the terms and conditions of this service.

You will see one line item on your credit or debit card statement indicating the amount you paid and will be identified as *City Belle Isle GOV* . If you have any questions about the charges please call 1-888-891-6064.

[Print Receipt](#) [Close Window](#)



City of Belle Isle

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

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: 8/23/13 ²⁶ Real PERMIT NUMBER 2013 09 003
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 2626 NELA AVE. Belle Isle FL X32809 32812
Property Owner JAMES + JENNIFER MC DANIEL Phone 407-438-6549
Property Owner's Mailing Address 2626 NELA AVE City ORLANDO / BELLE ISLE
State FL Zip Code 32809 Parcel Id Number: 19-23-30-5888-02-100
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

- 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)
- (Will provide on inspection)*

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

Air Conditioning: # of Units 1 Tons Per Unit 2 Total Tons 2
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ 2800.00

Heating: # of Units KWS Per Unit 5 Total KWS 5 BTU's _____ Estimated Cost \$ _____
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 \$ _____

Building Official: No Duct Work  Date 9/3/2013

Review & Permit Fee \$ 74.00
3% Florida Surcharge \$ 4.00
Total Permit Fee \$ 78.00

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  LICENSE # CACO39720
LICENSE HOLDER NAME CHRIS HUDMON COMPANY NAME ABOVE & BEYOND
Street Address 2233 CLAY STREET
City KISSIMEE State FL Zip Code 34741 Phone Number 407-483-7945

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 _____

emailed phil for approval

**City of Belle Isle
Building Permit Application Review Sheet**

2013-07-085	2013-09-003
Property Owner	JAMES & JENNIFER MCDANIEL
Address	2626 NELA AVENUE
Nature of Improvement	MECHANICAL 2 TONS, 5-HEAT
Received Application	8/26/13
Zoning Clerk Review	N/A
Zoning Complete Date	
Zoning Passed	
Variance Approved	N/A
Universal Eng Notified	8/26/13 VIA EMAIL / 8/28/2013 PICK UP
Universal Eng Pickup	
Universal Eng Approved	9/3/2013
Comments	
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