



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: REROOF: 11sq, modified bitumen Comments: None Project Information Address: 3006 Cullen Lake Shore Drive, Belle Isle, FL 32812 Parcel ID: 18-23-30-4386-03-670 Property Owner: Combs, Ronald & Marjorie Phone Number: 407-857-5958 ***** Company Name: David Lundberg Building & Roofing Contractor Contractor Name: Lundberg, David License Number: CBC017995 & CCC1325941 Address: 1709 Howell Branch Road, Winter Park, FL 32789 Phone Number: 407-672-0001	Permit Number: 2014-01-032 Date of Application: 01/21/2014 Date Permit Issued: 01/21/2014 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.
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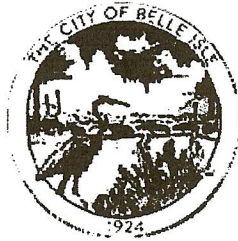
BUILDING FEATURES

IMPACT FEES School \$ ZONING FEES Zoning Fee \$30.00 UNIVERSAL ENG - BUILDING FEES Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$45.00 Boat Dock \$ Screen Encl \$ Swimming Pool \$ SURCHARGE FEES Surcharge Fee \$2.00 Surcharge Fee \$2.00 TOTAL FEES \$79.00 Date Paid <u>122-14</u> CC or Check # <u>1120 0489</u> Amount Paid <u>79</u> 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 <input type="checkbox"/> BUILDING 1 st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 2 nd _____ (Slab) 3 rd _____ (Lintel)(Wall Reinforcing on Masonry Building) 4 th _____ (Exterior Framing)(Roof/Wall Sheathing) 5 th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 th _____ (Insulation to be Made After Roof Installed) 7 th _____ (Drywall) 8 th _____ (Sidewalk/Driveway) 9 th _____ (Other) 10 th _____ (Final – After MEP and Other Applicable Finals) <input type="checkbox"/> ROOFING 1 ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2 nd ROOFING Covering In-Progress _____ 3 rd ROOFING Covering Final _____ <input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) <input type="checkbox"/> 1 ST _____ (Underground) 2 nd _____ (Sewer) 3 rd _____ (Rough-In/Tub Set) 4 th _____ (Final) CHECK APPROPRIATE BOX <input type="checkbox"/> GAS <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1 st _____ (Rough-In) 2 nd _____ (Final)
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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

received
1-21-14



City of Belle Isle

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APPLICATION FOR ROOFING 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: _____ ROOF PERMIT NUMBER 2014-01-032
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 3006 Cullen Lake Shore Drive Belle Isle, FL 32809 32812

Property Owner Ronald & Marjorie Combs Phone 407-857-5958

Property Owner's Mailing Address 3006 Cullen Lake Shore Drive City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 18-23-30-4386-03-670

REQUIRED! 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 Roof ReRoof

- REQUIRED! Florida Product Approval Screen Printout from www.floridabuilding.org showing the Code Version
- REQUIRED! Florida Product Approval Installation Instructions from www.floridabuilding.org (not the manufacturer instructions)
- REQUIRED! Copies of your General Liability & Worker's Comp Insurance Certificate & State and Local Licenses

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

Roof Square Footage: 11 Squares Number of Stories: 1 Job Valuation: \$ 4,310.00

Type: Asphalt Shingles Metal Modified Bitumen Other: _____

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 # CCC1325941

LICENSE HOLDER NAME David C. Lundberg COMPANY NAME David Lundberg Building & Roofing Contractor

Street Address 1709 Howell Branch Road

City Winter Park State FL Zip Code 32789 Phone Number 407-672-0001

Email Address Lundbergroofing@aol.com

Building Official: _____ Date _____

Zoning Fee	\$ <u>30⁰⁰</u>
Permit Fee	\$ <u>45⁰⁰</u>
3% Florida Surcharge	\$ <u>4⁰⁰</u>
Total Permit Fee	\$ <u>79⁰⁰</u>

NOTE: The Building Permit Number is required if the Roof Installation is associated with any construction or alteration where a Building Permit has been issued.

25° = 1000°
20° = 3310°

Building Permit Number _____



CITY OF BELLE ISLE, FLORIDA
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POWER OF ATTORNEY

Date: 01/14/14

Permit #: _____

I hereby name and appoint Liza Denton of _____
(print name)

David Lundberg Building & Roofing Contractor to be my lawful attorney-in-fact to act for
(company name)

me and apply to the City of Belle Isle Building Department for a re-roof permit
(type of permit)

for work to be performed at the following location:

3006 Cullen Lake Shore Drive, Belle Isle, FL 32809 32812 and
(street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: David C. Lundberg

License Number: CCC1325941

Certified Contractor's Signature: *David C. Lundberg*

.....
The foregoing instrument was acknowledged before me this 14 days of January of 2013
by DAVID C. LUNDBERG who is personally known to me or who produced
_____ as identification and who did not take an oath.

State of Florida
County of Orange
Wendy R. Benson
Notary Public, Orange County, Florida



(seal)

Permit Number: _____
Folio/Parcel Identification Number: 18-23-30-4386-03-670
Prepared by: Liza Denton

1709 Howell Branch Road, Winter Park, FL 32789
Return to: _____
Contractor _____



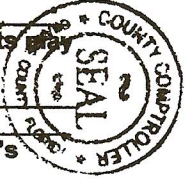
NOTICE OF COMMENCEMENT

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.

- Description of property** (legal description of the property, and street address if available)
Lake Conway Estates Section 7 Z/38 Lot 367
- General description of improvement**
Re-roof
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Ronald & Marjorie Combs
Address 3006 Cullen Lake Shore Drive, Belle Isle, FL 32817
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name David Lundberg Telephone Number 407-672-0001
Address 1709 Howell Branch Road, Winter Park, FL 32789
- 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) _____

State of Florida, County of Orange
I hereby certify that this is a true copy of the document as recorded in the Official Records.
MARTHA O. HAYNIE, COUNTY COMPTROLLER



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.

Ronald W. Combs
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____
Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this 8 day of 1/14 by RONALD W COMBS
month/year name of person

as _____ for _____
Type of authority, e.g. officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed
Wendy R Benson _____
Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

Personally Known _____ OR Produced ID X
Type of ID Produced 0512-739-33-249-0





City of Belle Isle

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Product Approval Form

DATE: _____

PERMIT # _____

PROJECT ADDRESS 3006 Cullen Lake Shore Drive, Belle Isle, FL 32809 32812

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72m, please provide the information and approval numbers of the building components listed below if they will be utilized on the building or structure. FL Approved products are listed online at www.floridabuilding.org or can be obtained from the local product supplier. The following information must be turned in with permit application and available onsite for inspections:

1. This Product Approval Cover Sheet
2. Internet screen from FloridaBuilding.org showing PA#, approval and code edition stamped
3. Manufacturer's installation details from FloridaBuilding.org and requirements for each product stamped

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS				WALL PANELS			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS				ROOFING PRODUCTS			
Single/DbI Hung				Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof	CertainTeed		FL2533-R
Mullion				Other			
Skylights							
Other							
STRUCTURAL COMPONENTS				OTHER			
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

It is the applicant's responsibility to verify that specific products have been installed in accordance with their limitations and with the minimum required design pressures for the structure. Specific compliance will be verified during field inspections.

Applicant Signature *[Handwritten Signature]*

Date _____



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Florida Department of
**Business & Professional
Regulation**

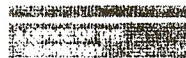
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Product Approval
USER: Public User

[License Inquiry](#) [Regulate for My](#)

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > [Application Detail](#)



FL #	FL2533-R7														
Application Type	Revision														
Code Version	2010														
Application Status	Approved														
Comments															
Archived															
Product Manufacturer	CertainTeed Corporation-Roofing														
Address/Phone/Email	PO Box 1100 1400 Union Meeting Rd Blue Bell, PA 19422 (215) 274-2350 richard.a.snyder@saint-gobain.com														
Authorized Signature	Richard Snyder richard.a.snyder@saint-gobain.com														
Technical Representative	Barb McDonough														
Address/Phone/Email	750 E. Swedesford Road Valley Forge, PA 19482 (610) 341-6721 Barbara.A.McDonough@saint-gobain.com														
Quality Assurance Representative															
Address/Phone/Email															
Category	Roofing														
Subcategory	Modified Bitumen Roof System														
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer Evaluation Report - Hardcopy Received														
Florida Engineer or Architect Name who developed the Evaluation Report	Robert Nieminen														
Florida License	PE-59166														
Quality Assurance Entity	Underwriters Laboratories Inc.														
Quality Assurance Contract Expiration Date	06/09/2013														
Validated By	John W. Knezevich, PE Validation Checklist - Hardcopy Received														
Certificate of Independence	FL2533_R7_COI_Trinity_ERD_CI - Nieminen.pdf														
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th><u>Standard</u></th> <th><u>Year</u></th> </tr> </thead> <tbody> <tr> <td>ASTM D6163</td> <td>2000</td> </tr> <tr> <td>ASTM D6164</td> <td>2005</td> </tr> <tr> <td>ASTM D6222</td> <td>2002</td> </tr> <tr> <td>ASTM D6223</td> <td>2002</td> </tr> <tr> <td>FM 4470</td> <td>1992</td> </tr> <tr> <td>FM 4474</td> <td>2004</td> </tr> </tbody> </table>	<u>Standard</u>	<u>Year</u>	ASTM D6163	2000	ASTM D6164	2005	ASTM D6222	2002	ASTM D6223	2002	FM 4470	1992	FM 4474	2004
<u>Standard</u>	<u>Year</u>														
ASTM D6163	2000														
ASTM D6164	2005														
ASTM D6222	2002														
ASTM D6223	2002														
FM 4470	1992														
FM 4474	2004														

Equivalence of Product Standards
Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 02/21/2012

Date Validated 02/23/2012

Date Pending FBC Approval 02/27/2012

Date Approved 04/03/2012

Summary of Products

FL #	Model, Number or Name	Description
2533.1	Flintlastic Modified Bitumen Roof Systems	Modified Bitumen Roof Systems
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: +N/A/-630 Other: 1.) Refer to ER Section 5 for Limits of Use. 2.) The design pressure noted in this application relates to one specific system. Refer to the ER Appendix for all systems and max design pressures.		Installation Instructions FL2533_R7_II_A1_er022012FINAL_CERTAINTTEED_MODBIT_FL2533-R7.pdf Verified By: Robert Nieminen, PE PE-59166 Created by Independent Third Party: Yes Evaluation Reports FL2533_R7_AE_er022012FINAL_CERTAINTTEED_MODBIT_FL2533-R7.pdf Created by Independent Third Party: Yes

Contact Us :: 1940 North Monroe Street, Tallahassee FL 32399 Phone: 850-487-1824

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Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395.
 *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click [here](#).

Product Approval Accepts:



TABLE 1E-1: WOOD DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE E: NON-INSULATED, MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER

System No.	Deck (See Note 1)	Base Sheet			Roof Cover		MDP (psf)
		Base	Fasteners	Attach	Ply	Cap	
W-47	Min. 19/32-inch plywood at max 24-inch spans attach 6-inch o.c. using #8 wood screws	Glasbase; Flexiglas; Flintlastic Base 20; Poly SMS Base; Ultra Poly SMS Base	32 ga., 1-5/8-inch dia. tin caps with 11 ga. annular ring shank nails	4-inch o.c. at 3-inch lap and 4-inch o.c. in four, equally spaced, staggered center rows	SBS-SA-H	SBS-AA, SBS-TA or APP-TA	-105.0
CONVENTIONAL SYSTEMS:							
W-48	Min. 19/32-inch thick exterior grade plywood attached per Code.	Glasbase; Flexiglas; Flintlastic Base 20; All Weather / Empire Base; Poly SMS Base; Ultra Poly SMS Base; Yosemite	32 ga., 1-5/8-inch dia. annular ring shank nails	9-inch o.c. at 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-45.0*
W-49	Min. 15/32-inch thick exterior grade plywood attached per Code.	Glasbase; Flexiglas; Flintlastic Base 20; All Weather / Empire Base; Poly SMS Base; Yosemite	Simplex MAXX Cap	9-inch o.c. at 2-inch lap and 18-inch o.c. in two, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-45.0*
W-50	Min. 15/32-inch thick exterior grade plywood attached per Code.	Flintlastic APP Base T	Simplex MAXX Cap	9-inch o.c. at 2-inch lap and 18-inch o.c. in two, equally spaced, staggered center rows	(Optional) APP-TA	APP-TA	-45.0*
W-51	Min. 15/32-inch plywood at max 24-inch spans attach 6-inch o.c. using 8d ring shank nails	Glasbase; Flexiglas; Flintlastic Base 20; All Weather / Empire Base; Poly SMS Base; Ultra Poly SMS Base; Yosemite	Min. 1-inch long, 12 ga. Simplex Metal Cap Nails	6-inch o.c. at 3-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-52.5
W-52	Min. 19/32-inch plywood at max 24-inch spans attach 6-inch o.c. using 8d common nails	Glasbase; Flexiglas; Flintlastic Base 20; Poly SMS Base; Ultra Poly SMS Base; Yosemite	32 ga., 1-5/8-inch dia. tin caps with 11 ga. annular ring shank nails	8-inch o.c. at 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-52.5
W-53	Min. 15/32-inch thick exterior grade plywood attached per Code.	Glasbase; Flexiglas; Flintlastic Base 20; All Weather / Empire Base; Poly SMS Base; Yosemite	Simplex MAXX Cap	9-inch o.c. at 2-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-52.5
W-54	Min. 15/32-inch thick exterior grade plywood attached per Code.	Flintlastic APP Base T	Simplex MAXX Cap	9-inch o.c. at 2-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) APP-TA	APP-TA	-52.5
W-55	Min. 19/32-inch plywood at max 24-inch spans attach 6-inch o.c. using 8d ring shank nails	Glasbase; Flexiglas; Flintlastic Base 20; Poly SMS Base; Ultra Poly SMS Base; Yosemite	32 ga., 1-5/8-inch dia. tin caps with 11 ga. annular ring shank nails	8-inch o.c. at 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-60.0
W-56	Min. 19/32-inch plywood at max 24-inch spans attach 6-inch o.c. using #8 wood screws	Glasbase; Flexiglas; Flintlastic Base 20; Poly SMS Base; Ultra Poly SMS Base; Yosemite	32 ga., 1-5/8-inch dia. annular ring shank nails	6-inch o.c. at 4-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-82.5

- Searches
- Sales Search
- Results
- Property Record Card**
- My Favorites

3006 Cullen Lake Shore Dr < 18-23-30-4386-03-670 >

Names:	Physical Street Address
Combs Ronald W Life Estate	3006 Cullen Lake Shore Dr
Combs Marjorie M Life Estate	Postal City and Zipcode
Rem: Combs Family Trust	Orlando, FL 32812
Mailing Address On File	Property Use
3006 Cullen Lake Shore Dr	0101 - Single Family
Belle Isle, FL 32812-1039	Municipality
Incorrect Mailing Address?	Belle Isle

- Values, Exemptions and Taxes
- Property Features
- Sales Analysis
- Location Info
- M

Property Description

LAKE CONWAY ESTATES SECTION 7 Z/38 LOT 367

Total Land Area 12,973 sqft (+/-) | 0.30 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value
0100 - Single Family	R-1-AA	1 LOT(S)	\$80,000.00	\$80,000

Page 1 of 1 (1 total records)

Buildings

	Important Information	Structure
	Model Code: 01 - Single Fam Residence	Actual Year Built: 1976
	Type Code: 0101 - Single Family	Beds: 4
	Building Value: \$139,722	Baths: 4.0
	Estimated New Cost: \$210,425	Floors: 1

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units
FPL3 - Good Fireplace	01/01/1976	1 Unit(s)
PL2 - Above Average Pool	01/01/1976	1 Unit(s)
SCR2 - Scrn Enc 2	01/01/1976	1 Unit(s)
WLDC - Wall Dec	01/01/1997	163 Unit(s)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/22/2013

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 Fortress Insurance Partners 555 WINDERLEY PL STE 300 MAITLAND FL 32751-7133 INSURED DAVID LUNDBERG, INC DBA DAVID LUNDBERG BUILDING & ROOFING CONTRACTOR 1709 HOWELL BRANCH RD WINTER PARK FL 32789-1100		CONTACT NAME: Caron Abbott PHONE (A/C, No, Ext): (407) 261-2340 FAX (A/C, No): (407) 261-2347 E-MAIL ADDRESS: caron@fortress-partners.com INSURER(S) AFFORDING COVERAGE INSURER A: FIRST MERCURY INSURANCE COMPANY NAIC # 10657 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
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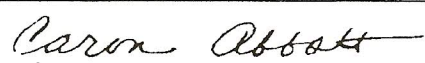
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT 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
	GENERAL LIABILITY					EACH OCCURRENCE \$ 300,000
X	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person) \$ EXCLUDED
A			GA-CGL-0000013276-02	06/27/2013	06/27/2014	PERSONAL & ADV INJURY \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 600,000
X	POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG \$ 600,000
	AUTOMOBILE LIABILITY					EMPL BENF \$ 1,000,000
	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
	UMBRELLA LIAB OCCUR					BODILY INJURY (Per person) \$
	EXCESS LIAB CLAIMS-MADE					BODILY INJURY (Per accident) \$
	DED RETENTION \$					PROPERTY DAMAGE (Per accident) \$
	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			WC STATU- OTH- TORY LIMITS ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

David C Lundberg, Individual. License # CCC1325941
Building & Roofing Contractor
Policy Location Aggregate: \$5,000,000

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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/02/2014

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 Bouchard Insurance for WBS P.O. Box 6090 Clearwater, FL 33758-6090	CONTACT NAME: PHONE (A/C No, Ext): (866) 293-3600 ext. 623 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : American Zurich Insurance Company 40142 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Workforce Business Services, Inc Alt. Emp: David C. Lundberg 1401 Manatee Ave. West Ste 600 Bradenton, FL 34205-6708	

COVERAGES **CERTIFICATE NUMBER:** 13FL079807674 **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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC 90-00-818-03	12/31/2013	12/31/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Qualifier: David Lundberg			Location Coverage Period:	12/31/2013	12/31/2014	Client# 002166

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Coverage is provided for only those employees leased to but not subcontractors of:
David C. Lundberg
1709 Howell Branch Rd
Winter Park, FL 32789

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

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INDIVIDUAL
519 QUEENSBRIDGE DRIVE
LAKE MARY FL 32746

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW