



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: Roof Repair – 8sf</p> <p>Comments: Structural component repairs will require signed and sealed plans by a professional designer</p> <p>Project Information Address: 6506 Cay Circle, Belle Isle, FL 32812 Parcel ID: 24-23-29-0600-06-010 Property Owner: Bryant, Michele Phone Number: 407-376-3638 ***** Company Name: MJP Windows & Construction, Inc Contractor Name: Penhaligon, Martin License Number: CCC0057886 Address: 208 Teakwood Ct, Lake Mary, FL 32746 Phone Number: 407-265-2215</p>	<p align="center">Permit Number: 2014-12-028</p> <p>Date of Application: <u>12/19/2013</u> Date Permit Issued: <u>12/24/2013</u></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>
---	---

BUILDING FEATURES

<p>IMPACT FEES School \$ Traffic \$</p> <p>ZONING FEES Zoning Fee \$30.00</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <table style="width:100%;"> <tr><td>Cert of Occ</td><td>\$</td></tr> <tr><td>Demo</td><td>\$</td></tr> <tr><td>Building</td><td>\$</td></tr> <tr><td>Fence</td><td>\$</td></tr> <tr><td>Driveway</td><td>\$</td></tr> <tr><td>Shed</td><td>\$</td></tr> <tr><td>Window(s)</td><td>\$</td></tr> <tr><td>Door(s)</td><td>\$</td></tr> <tr><td>PrePower</td><td>\$</td></tr> <tr><td>Electrical</td><td>\$</td></tr> <tr><td>Temp Pole</td><td>\$</td></tr> <tr><td>Plumbing</td><td>\$</td></tr> <tr><td>Mechanical</td><td>\$</td></tr> <tr><td>Gas</td><td>\$</td></tr> <tr><td>Roofing</td><td>\$ 82.50</td></tr> <tr><td>Boat Dock</td><td>\$</td></tr> <tr><td>Screen Encl</td><td>\$</td></tr> <tr><td>Swimming Pool</td><td>\$</td></tr> <tr><td>Sign</td><td>\$</td></tr> </table> <p>SURCHARGE FEES Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p>TOTAL FEES \$116.50</p> <p>Date Paid <u>12-24-13</u> CC or Check # <u>Visa</u> Amount Paid <u>116.50</u></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>	Cert of Occ	\$	Demo	\$	Building	\$	Fence	\$	Driveway	\$	Shed	\$	Window(s)	\$	Door(s)	\$	PrePower	\$	Electrical	\$	Temp Pole	\$	Plumbing	\$	Mechanical	\$	Gas	\$	Roofing	\$ 82.50	Boat Dock	\$	Screen Encl	\$	Swimming Pool	\$	Sign	\$	<p 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>BUILDING 1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 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)</p> <p>ROOFING 1ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2nd ROOFING Covering In-Prdgress _____ 3rd ROOFING Covering Final _____</p> <p>PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) 1ST _____ (Underground) 2nd _____ (Sewer) 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1st _____ (Rough-In) 2nd _____ (Final)</p>
Cert of Occ	\$																																						
Demo	\$																																						
Building	\$																																						
Fence	\$																																						
Driveway	\$																																						
Shed	\$																																						
Window(s)	\$																																						
Door(s)	\$																																						
PrePower	\$																																						
Electrical	\$																																						
Temp Pole	\$																																						
Plumbing	\$																																						
Mechanical	\$																																						
Gas	\$																																						
Roofing	\$ 82.50																																						
Boat Dock	\$																																						
Screen Encl	\$																																						
Swimming Pool	\$																																						
Sign	\$																																						

Inspection requests are to be emailed to BDIScheduling@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.

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-12-028
Property Owner	Buygart
Address	6506 Cay Cir
Nature of Improvement	Building
Received Application	12-19-13
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	12-20-13
Building Official Approved	12-24-13
Comments	
1.	12-24-13 A.P. SEE STRUCTURAL REPAIRS NOTES ON APPROVED APPLICATION.
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle

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

Received
12-19-13

Building Permit (Land Use) Application

DATE: 12/18/2013 PERMIT # 2014-12-028

PROJECT ADDRESS 6506 Cay Circle

Belle Isle, FL 32809

PROPERTY OWNER Michele Bryant

PHONE 407-376-3638

VALUE OF WORK (labor & material) \$ 3,800.00
2400

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Roof Repair

8sq

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- BOAT DOCK: DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
- SEPTIC SYSTEM (RESIDENTIAL): - Provide verification of OC Health Dept approval for on-site septic tank system, per FAC Chap. 64E-6
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 24-23-23-0600-06-010

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

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. Note, this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Attached Survey ___ SETS and Construction Plans ___ SETS

PLANNING & ZONING APPROVAL: _____ DATE _____

PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE Roof Repair
OCCUPANCY GROUP Comm Res: x Single Fam Multi Fam
#BLDG. #UNITS #STORIES TOTAL SQ.FT. 8 squares
MAX. FLOOR LOAD MAX. OCCUPANCY
MIN. FLOOD ELEV. LOW FLOOR ELEV.
WATER SERVICE WELL SEPTIC

BUILDING REVIEWER M. Buiss DATE 12-24-2013
NOTES STRUCTURAL COMPONENT REPAIRS WILL REQUIRE SIGNED & SEALED PLANS BY A PROF. DESIGNER.

Per FSS 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."

Republic Services is by legal contract the sole authorized provider of garbage, recycling, yard waste, and commercial garbage and construction debris collection and disposal services with the city limits of the City. Contractors, homeowners and commercial businesses may contact Republic Services at 407-293-8000 to setup accounts for Commercial, Construction Roll Off, or other services needed. Rates are fixed by contract and are available at City Hall or from Republic Services. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

SEPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS, MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC.

Wind Exposure Category: B C D

SPRINKLERS REQ'D	Y	N
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW		RCD
ZONING	Y	\$ 30.00
CERT OF OCC	Y	\$
TRAFFIC	Y	\$
SCHOOL	Y	\$
FIRE	Y	\$
SWIMMING POOL	Y	\$
SCREEN ENCLOSURE	Y	\$
ROOFING	Y	\$ 80.50
BOAT DOCK	Y	\$
BUILDING	Y	\$
WINDOW(S)	Y	\$
DOOR(S)	Y	\$
FENCE	Y	\$
SHED	Y	\$
DRIVEWAY	Y	\$
OTHER	Y	\$

3% FL SURCHARGE 4.00
TOTAL 116.50

By Owner Form	Y	NA
Notice of Commencement	Y	NA
Power of Attorney	Y	NA
Contractor Packet Included?	Y	N
OTHER PERMITS REQUIRED:		
ELECTRICAL	Y	NA
PREFOWER	Y	NA
MECHANICAL	Y	NA
PLUMBING	Y	NA
ROOFING	Y	NA
GAS	Y	NA



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universalsalengineering.com

Building Permit (Land Use) Application
 To be completed as required by State Statute Section 713 and other applicable sections.

PERMIT # _____

Owner's Name Michele Bryant
 Owner's Address 6506 Cay Circle Orlando, FL 32809

Contractor Name <u>Martin Penhaligon</u>	Company Name <u>MJP Windows & Construction, Inc.</u>
License # <u>CCC057886</u>	Company Address <u>208 Teakwood Court</u>
Contact Phone/Cell <u>407-265-2215</u>	City, State, ZIP <u>Lake Mary, FL 32746</u>
Contact Email <u>mjpwin@cfl.rr.com</u>	Contact Fax _____

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 if job is \$2500(+) or if A/C Replacement \$7500(+) 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.

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and for ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ROOFING, ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Owner Signature [Signature]
 The foregoing instrument was acknowledged before me this 12/18/13
 by Michele Bryant who is personally known to me
 and who produced _____
 as identification and who did not take an oath.
 Notary as to Owner
 State of Florida
 County of Orange



Contractor Signature [Signature]
 COMPANY NAME MJP
 The foregoing instrument was acknowledged before me this 12/18/13
 by Martin Penhaligon who is personally known to me
 and who produced _____
 as identification and who did not take an oath.
 Notary as to Owner
 State of Florida
 County of Orange



<p>Impervious Surface Ratio Worksheet Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per City Code, Section 50-74: Impervious Surface Ratio</p> <p>1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE). Total Lot Area _____ X 0.35 = _____ Allowable Impervious Area (BASE) _____</p> <p>2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. <i>Examples include house, pool, deck, driveway, accessory building, etc</i></p> <ul style="list-style-type: none"> • House _____ • Driveway _____ • Walkway _____ • Accessory Buildings _____ • Pool & Spa _____ • Deck & Patio _____ • Other _____ <p>Actual Impervious Area (AIA) _____</p> <p>3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.</p> <p>4. If AIA is greater than BASE, then onsite retention <u>must be provided</u>.</p> <p>Assuming 7.5 inches of rainfall based on a 24hr. 10 year Rain Event (TP-40), the formula is: (7.5 inches rainfall/42 inches p/foot) X (result from line 4) = cubic feet of storage volume needed</p>	<p>Impervious Surface Ratio Worksheet Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per City Code, Section 50-74: Impervious Surface Ratio</p> <p>1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE). Total Lot Area _____ X 0.35 = _____ Allowable Impervious Area (BASE) _____</p> <p>2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. <i>Examples include house, pool, deck, driveway, accessory building, etc</i></p> <ul style="list-style-type: none"> • House _____ • Driveway _____ • Walkway _____ • Accessory Buildings _____ • Pool & Spa _____ • Deck & Patio _____ • Other _____ <p>Actual Impervious Area (AIA) _____</p> <p>3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.</p> <p>4. If AIA is greater than BASE, then onsite retention <u>must be provided</u>.</p> <p>Assuming 7.5 inches of rainfall based on a 24hr. 10 year Rain Event (TP-40), the formula is: (7.5 inches rainfall/42 inches p/foot) X (result from line 4) = cubic feet of storage volume needed</p>
--	--



CITY OF BELLE ISLE, FLORIDA
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com

POWER OF ATTORNEY

Date: 12/18/2013 Permit #: _____

I hereby name and appoint Dorene Penhaligon of _____

MJP Windows & Construction, Inc. (company name) to be my lawful attorney-in-fact to act for

me and apply to the City of Belle Isle Building Department for a Roof permit

for work to be performed at the following location: _____ (type of permit)
6506 Cay Circle 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: Martin Penhaligon
 License Number: CCC057886

Certified Contractor's Signature: _____

.....

The foregoing instrument was acknowledged before me this 18 days of Dec of 2013

by Martin Penhaligon who is personally known to me or who produced _____ as identification and who did not take an oath.

State of Florida
 County of Orange

Notary Public, Orange County, Florida

Robert V. Maloney



(seal)



CERTIFICATE OF LIABILITY INSURANCE

OP ID: LS

DATE (MM/DD/YYYY)
12/18/2013

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 Walker Ins. & Fnci. Svcs., Inc P.O. Box 532115 Orlando, FL 32853-2115 Doug C. Gomber, CPCU, CIC, CRM	CONTACT NAME PHONE (A/C No. Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED MJP Windows & Construction, Inc. 208 Teakwood Court Lake Mary, FL 32746	INSURER A : Western Heritage Ins. Co. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: 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 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		SCP0939449	05/12/2013	05/12/2014	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 - COM/POP AGG \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WORK STATUS - OTHER 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)

CERTIFICATE HOLDER

BELLE-2

City of Belle Isles
Universal Engineering Sciences
3532 Maggie Blvd
Orlando, FL 32811

AUTHORIZED REPRESENTATIVE

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.

ACORD 25 (2009/09)

The ACORD name and logo are registered marks of ACORD

© 1988-2009 ACORD CORPORATION. All rights reserved.



04-09-2012

JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

* * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * *
CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 04/09/2012 EXPIRATION DATE: 04/09/2014

PERSON: PENHALIGON MARTIN

FEIN: 593503465

BUSINESS NAME AND ADDRESS:

MJP WINDOWS & CONSTRUCTION INC
208 TEAKWOOD COURT
LAKE MARY FL 32746

SCOPES OF BUSINESS OR TRADE:

1- ROOFING

2- DOOR AND WINDOW INSTALLATION -


IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-11

QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY
CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA
WORKERS' COMPENSATION LAW



EFFECTIVE: 04/09/2012 EXPIRATION DATE: 04/09/2014
PERSON: MARTIN PENHALIGON
FEIN: 593503465
BUSINESS NAME AND ADDRESS:
MJP WINDOWS & CONSTRUCTION INC
208 TEAKWOOD COURT
LAKE MARY, FL 32746

SCOPE OF BUSINESS OR TRADE:
1- ROOFING

2- DOOR AND WINDOW INSTALLATION -

IMPORTANT

F Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

L Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt.

H Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

R Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

E Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt.

E Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

QUESTIONS? (850) 413-1609

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-11



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

PENHALIGON, MARTIN JEFFERY
MJP WINDOWS & CONSTRUCTION INC
208 TEAKWOOD CT
LAKE MARY FL 32746



AC# 6258365

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CCC057886 08/09/12 128035350

CERTIFIED ROOFING CONTRACTOR
PENHALIGON, MARTIN JEFFERY
MJP WINDOWS & CONSTRUCTION INC

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 barbecue 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!

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2014 L12080901677

DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6258365

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12080901677

DATE	BATCH NUMBER	LICENSE NBR
08/09/2012	128035350	CCC057886

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

PENHALIGON, MARTIN JEFFERY
MJP WINDOWS & CONSTRUCTION INC
208 TEAKWOOD CT
LAKE MARY FL 32746

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW



SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 ▪ Sanford, FL 32772-0630 ▪ Telephone: 407-665-1000

www.seminoletax.org

VALID THROUGH 09/30/14

MJP WINDOWS & CONSTRUCTION, INC
208 TEAKWOOD CT
LAKE MARY, FL 32746

Account #: 133137

MARTIN PENHALIGON (OFFICER)

REGULATED
License # - CRC057525
Qualifier- MARTIN PENHALIGON

Receipt #: OLHS2013082701716

Amount Paid: \$ 45.00

Date Paid: 08/27/2013

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

- **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so, the business shall be subject to the payment of another business tax for the same business or profession.
- **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1st of each year, and it shall expire on September 30th of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053[1]).
A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax Receipt. (FS 205.053 [2])
- This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.
- **REPORT ALL CHANGES:** The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's taxes. This includes, but is not limited to, the loss of or a change in a State License which was used to qualify for the business activity and/or occupation identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

MJP WINDOWS & CONSTRUCTION, INC
208 TEAKWOOD CT
LAKE MARY, FL 32746

County Services Building 1101 E First Street Sanford, FL 32771	Wilshire Plaza 384 Wilshire Blvd Casselberry, FL 32707	Oak Groves Shoppes 993 N SR 434 Suite 505 Altamonte Springs, FL 32714	ShellMar Prof'l Building 1490 Swanson Dr #100 Oviedo, FL 32765	Commons at Primera 845 Primera Blvd Lake Mary, FL 32746
--	--	---	--	---



CITY OF BELLE ISLE, FLORIDA
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel: 407-581-8161 * Fax: 407-581-0313 * www.universalengineering.com

POWER OF ATTORNEY

Date: 12/18/2013 Permit #: _____

I hereby name and appoint Dorene Penhaligon of _____

MJP Windows & Construction, Inc. to be my lawful attorney-in-fact to act for
(company name) Roof permit
(type of permit)

and apply to the City of Belle Isle Building Department for a _____ permit
 for work to be performed at the following location:
6506 Cay Circle 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: Martin Penhaligon

License Number: CCC057886

Certified Contractor's Signature: *Martin Penhaligon*

.....

The foregoing instrument was acknowledged before me this 18 days of Dec of 20 13
 by Martin Penhaligon who is personally known to me or who produced
 _____ as identification and who did not take an oath.

State of Florida
 County of Orange

Notary Public, Orange County, Florida

Robert V. Maloney



(Seal)



CERTIFICATE OF LIABILITY INSURANCE

OP ID: LS
DATE (MM/DD/YYYY)
12/18/2013

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 Walker Ins. & Frnd. Svcs., Inc P.O. Box 532115 Orlando, FL 32853-2115 Doug C. Gombler, CPCU, CIC, GRM	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: MJPWI-2	FAX (A/C, No):
INSURED MJP Windows & Construction, Inc. 208 Teakwood Court Lake Mary, FL 32746	INSURER(S) AFFORDING COVERAGE Western Heritage Ins. Co.	NAIC #
INSURER A:	INSURER B:	
INSURER C:	INSURER D:	
INSURER E:	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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 X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		SCP0939449	05/12/2013	05/12/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/CP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS BELOW					MC STATIL TORY LIMITS OTH ER \$ EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

BELLE-2

City of Belle Isles
Universal Engineering Sciences
3532 Maggie Blvd
Orlando, FL 32811

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

ACORD 25 (2009/09)

© 1988-2009 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE

(850) 487-1395

FL 32399-0783

PENHALIGON, MARTIN JEFFERY
MJP WINDOWS & CONSTRUCTION INC
208 TEAKWOOD CT
LAKE MARY FL 32746



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

AC# 6258365

CCC057886 08/09/12 128035350

CERTIFIED ROOFING CONTRACTOR
PENHALIGON, MARTIN JEFFERY
MJP WINDOWS & CONSTRUCTION INC

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 barbecue 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!

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2014 L12080901677

DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6258365

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12080901677

DATE	BATCH NUMBER	LICENSE NBR
08/09/2012	128035350	CCC057886

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

PENHALIGON, MARTIN JEFFERY
MJP WINDOWS & CONSTRUCTION INC
208 TEAKWOOD CT
LAKE MARY FL 32746

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW



SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 ▪ Sanford, FL 32772-0630 ▪ Telephone: 407-665-1000

www.seminoletax.org

VALID THROUGH 09/30/14

MJP WINDOWS & CONSTRUCTION, INC
208 TEAKWOOD CT
LAKE MARY, FL 32746

Account #: 133137

MARTIN PENHALIGON (OFFICER)

REGULATED
License # - CRC057525
Qualifier- MARTIN PENHALIGON

Receipt #: OLHS2013082701716

Amount Paid: \$ 45.00

Date Paid: 08/27/2013

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

DISPLAY THE ABOVE RECEIPT PROMINENTLY: This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so, the business shall be subject to the payment of another business tax for the same business or profession.

RENEW THIS TAX BEFORE IT EXPIRES: Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1st of each year, and it shall expire on September 30th of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October plus an additional 5% penalty for each month of delinquency thereafter until paid, provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053(1)).

A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax Receipt (FS 205.053 (2)).

This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

REPORT ALL CHANGES: The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's taxes. This includes, but is not limited to, the loss of or a change in a State License which was used to qualify for the business activity and/or occupation identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

MJP WINDOWS & CONSTRUCTION, INC
208 TEAKWOOD CT
LAKE MARY, FL 32746

County Services Building
1101 E First Street
Sanford, FL 32771

Wiltshire Plaza
366 Wiltshire Blvd
Casselberry, FL 32707

Oak Groves Shoppes
995 N SR 434 Suite 505
Altamonte Springs, FL 32714

ShelMar Prof'l Building
1490 Swanson Dr #100
Oviedo, FL 32765

Commons at Primera
846 Primera Blvd
Lake Mary, FL 32746



Application Instructions for **HERITAGE® 30** LAMINATED ASPHALT SHINGLES

Dallas, TX • Tuscaloosa, AL • Phillipsburg, KS • Joplin, MO

THESE ARE THE MANUFACTURER'S APPLICATION INSTRUCTIONS FOR THE ROOFING CONDITIONS DESCRIBED. TAMKO BUILDING PRODUCTS, INC. ASSUMES NO RESPONSIBILITY FOR LEAKS OR OTHER ROOFING DEFECTS RESULTING FROM FAILURE TO FOLLOW THE MANUFACTURER'S INSTRUCTIONS.

THIS PRODUCT IS COVERED BY A LIMITED WARRANTY, THE TERMS OF WHICH ARE PRINTED ON THE WRAPPER.

IN COLD WEATHER (BELOW 40°F), CARE MUST BE TAKEN TO AVOID DAMAGE TO THE EDGES AND CORNERS OF THE SHINGLES.

IMPORTANT: It is not necessary to remove the plastic strip from the back of the shingles.

1. ROOF DECK

These shingles are for application to roof decks capable of receiving and retaining fasteners, and to inclines of not less than 2 in. per foot. For roofs having pitches 2 in. per foot to less than 4 in. per foot, refer to special instructions titled "Low Slope Application". Shingles must be applied properly. TAMKO assumes no responsibility for leaks or defects resulting from improper application, or failure to properly prepare the surface to be roofed over.

NEW ROOF DECK CONSTRUCTION: Roof deck must be smooth, dry and free from warped surfaces. It is recommended that metal drip edges be installed at eaves and rakes.

PLYWOOD: All plywood shall be exterior grade as defined by the Engineered Wood Association. Plywood shall be a minimum of 3/8 in. thickness and applied in accordance with the recommendations of the Engineered Wood Association.

SHEATHING BOARDS: Boards shall be well-seasoned tongue-and-groove boards and not over 6 in. nominal width. Boards shall be a 1 in. nominal minimum thickness. Boards shall be properly spaced and nailed.

2. VENTILATION

Inadequate ventilation of attic spaces can cause accumulation of moisture in winter months and a build up of heat in the summer. These conditions can lead to:

1. Vapor Condensation
2. Buckling of shingles due to deck movement.
3. Rotting of wood members.
4. Premature failure of roof.

To insure adequate ventilation and circulation of air, place louvers of sufficient size high in the gable ends and/or install continuous ridge and soffit vents. FHA minimum property standards require one square foot of net free ventilation area to each 150 square feet of space to be vented, or one square foot per 300 square feet if a vapor barrier is installed on the warm side of the ceiling or if at least one half of the ventilation is provided near the ridge. If the ventilation openings are screened, the total area should be doubled.

**IT IS PARTICULARLY IMPORTANT TO PROVIDE
ADEQUATE VENTILATION.**

Visit Our Web Site at
tamko.com

Central District
Northeast District
Southeast District
Southwest District
Western District

220 West 4th St., Joplin, MO 64801
4500 Tamko Dr., Frederick, MD 21701
2300 35th St., Tuscaloosa, AL 35401
7910 S. Central Exp., Dallas, TX 75216
5300 East 43rd Ave., Denver, CO 80216

800-641-4691
800-368-2055
800-228-2656
800-443-1834
800-530-8868

11/09

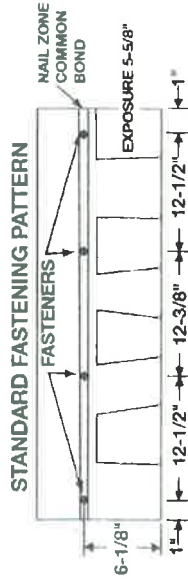
3. FASTENERS

WIND CAUTION: Extreme wind velocities can damage these shingles after application when proper sealing of the shingles does not occur. This can especially be a problem if the shingles are applied in cooler months or in areas on the roof that do not receive direct sunlight. These conditions may impede the sealing of the adhesive strips on the shingles. The inability to seal down may be compounded by prolonged cold weather conditions and/or blowing dust. In these situations, hand sealing of the shingles is recommended. To insure immediate sealing, apply 4 quarter-sized dabs of TAM-PRO® Premium SBS Adhesive or TAMKO Tam-Seal Adhesive on the back of the shingle 1 in. (25mm) and 13 in. (330mm) in from each side and 1 in. (25mm) up from the bottom of the shingle. Press shingle firmly into the adhesive. For maximum wind resistance along rakes, cement shingles to the underlayment and each other in a 4 in. (102mm) width of TAM-PRO SBS Adhesive or TAMKO Tam-Seal Adhesive. Caution: Apply ONLY a thin uniform layer of adhesive less than 1/8 in. (3mm) thick. Excessive amounts can cause blistering of the shingles and may soften the asphalt in certain underlayments resulting in the asphalt flowing, dripping and staining. Shingles must also be fastened according to the fastening instructions described below.

Correct placement of the fasteners is critical to the performance of the shingle. If the fasteners are not placed as shown in the diagram and described below, this will result in the termination of TAMKO's liabilities under the limited warranty. TAMKO will not be responsible for damage to shingles caused by winds in excess of the applicable mph as stated in the limited warranty. See limited warranty for details.

FASTENING PATTERNS: Fasteners must be placed 6-1/8 in. from the bottom edge of the shingle, penetrating through the common bond, and located horizontally as follows:

1) **Standard Fastening Pattern.** (For use on decks with slopes 2 in. per foot to 21 in. per foot.) One fastener 1 in. back from each end and one 13-1/2 in. back from each end of the shingle for a total of 4 fasteners. (See standard fastening pattern illustrated below.)



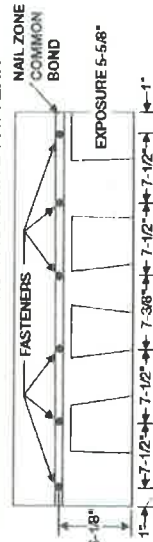
(Continued)

HERITAGE® 30
LAMINATED ASPHALT SHINGLES

Dallas, TX • Tuscaloosa, AL • Phillipsburg, KS • Joplin, MO

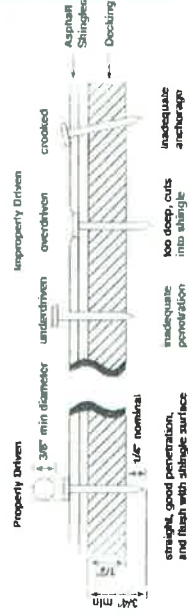
2) Mansard Fastening Pattern. (For use on decks with slopes greater than 21 in. per foot.) One fastener 1 in. back from each end and one fastener 8-1/2 in. back from each end and one fastener 16 in. back from each end for a total of 6 fasteners per shingle. (See Mansard and High Wind Fastening Pattern illustrated below.)

MANSARD AND HIGH WIND FASTENING PATTERN



3) High Wind Fastening Pattern. (For High Wind Application requirements) One fastener 1 in. back from each end. One fastener 8-1/2 in. back from each end and one fastener 16 in. back from each end for a total of six (6) fasteners per shingle. In addition to this shingle fastening pattern requirement for High Wind Application, TAMKO also requires the use of the following TAMKO products: TAMKO felts or underlayments; TAMKO Moisture Guard Plus underlayment at all eaves, rakes, and valleys; TAMKO or TAM-PRO cements and coatings products where required; TAMKO ventilation where required; TAMKO starter shingles if available in area, and TAMKO Hip and Ridge shingles installed on all hips and ridges. Along rakes, cement shingles to the underlayment and each other in a 4 in. (102 mm) width of TAM-PRO SBS Adhesive or TAMKO Tam-Seal Adhesive. Also, see local building codes for proper nailing application. High Wind Application is offered for new construction or complete tear-off applications only. It is not offered for recover applications. If High Wind Application requirements are not followed, the High Wind Application Warranty MPH, as stated on Table 1 in the Limited Warranty, reverts to the Standard Application Wind Warranty MPH limit. (See Mansard and High Wind Fastening Pattern illustrated above.)

NAILS: TAMKO recommends the use of nails as the preferred method of application. Standard type roofing nails should be used. Nail shanks should be made of minimum 12 gauge wire, and a minimum head diameter of 3/8 in. Nails should be long enough to penetrate 3/4 in. into the roof deck. Where the deck is less than 3/4 in. thick, the nails should be long enough to penetrate completely through plywood decking and extend at least 1/8 in. through the roof deck. Drive nail head flush with the shingle surface.



STAPLES: If staples are used in the attaching process, follow the above instructions for placement. All staples must be driven with pneumatic staplers. The staple must meet the following minimum dimensional requirements. Staples must be made from a minimum 16 gauge galvanized wire. Crown width must be at least 15/16 in. (staple crown width is measured outside the legs). Leg length should

be a minimum of 1-1/4 in. for new construction and 1-1/2 in. for reroofing thus allowing a minimum deck penetration of 3/4 in. The crown of the staple must be parallel to the length of the shingle. The staple crown should be driven flush with the shingle surface. Staples that are crooked, underdriven or overdriven are considered improperly applied.



CAUTION: ALL FASTENERS MUST BE DRIVEN INTO THE NAIL ZONE/Common Bond AS SHOWN IN THE DIAGRAM ABOVE.

4. UNDERLAYMENT

UNDERLAYMENT: An underlayment consisting of asphalt saturated felt must be applied over the entire deck before the installation of TAMKO shingles. Failure to add underlayment can cause premature failure of the shingles which is not covered by TAMKO's limited warranty. Apply the felt when the deck is dry. On roof decks 4 in. per foot and greater apply the felt parallel to the eaves lapping each course of the felt over the lower course at least 2 in. Where ends join, lap the felt 4 in. If left exposed, the underlayment felt may be adversely affected by moisture and weathering. Laying of the underlayment and the shingle application must be done together.

Products which are acceptable for use as underlayment are:

- TAMKO No. 15 Asphalt Saturated Organic Felt
- A non-perforated asphalt saturated organic felt which meets ASTM: D226 Type I or ASTM D4869, Type I
- Any TAMKO non-perforated asphalt saturated organic felt
- TAMKO TW Metal and Tile Underlayment, TW Underlayment and Moisture Guard Plus* (additional ventilation may be required. Contact TAMKO's Technical Services Department for more information.)

In areas where ice builds up along the eaves or a back-up of water from frozen or clogged gutters is a potential problem, TAMKO's Moisture Guard Plus* waterproofing underlayment (or any specialty eaves flashing product) may be applied to eaves, rakes, ridges, valleys, around chimneys, skylights or dormers to help prevent water damage. Contact TAMKO's Technical Services Department for more information.

TAMKO does not recommend the use of any substitute products as shingle underlayment.

5. APPLICATION INSTRUCTIONS

STARTER COURSE: A starter course may consist of TAMKO Shingle Starter, self-sealing 3-tab shingles or a 9 inch wide strip of mineral surface roll roofing. If self-sealing 3-tab shingles are used, remove the exposed tab portion and install with the factory applied adhesive adjacent to the eaves. Attach the starter course with approved fasteners along a line parallel to and 3 in. to 4 in. above the eaves edge. The starter course should overhang both the eaves and rake edges 1/4 in. to 3/8 in.

(Continued)

11/79

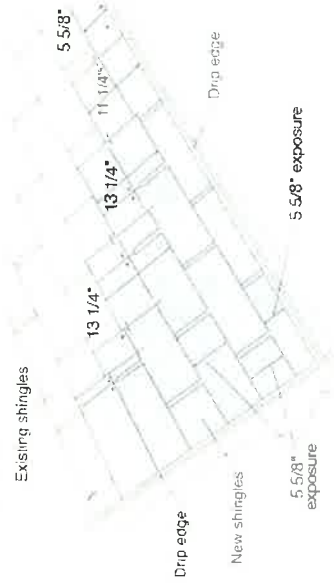
800-641-4691
800-368-2055
800-228-2656
800-443-1834
800-530-8868

220 West 4th St., Joplin, MO 64801
4500 Tamko Dr., Frederick, MD 21701
2300 35th St., Tuscaloosa, AL 35401
7910 S. Central Exp., Dallas, TX 75216
5300 East 43rd Ave., Denver, CO 80216

Central District
Northeast District
Southeast District
Southwest District
Western District

Visit Our Web Site at
tamko.com

Second and Succeeding Courses: Remove 10-3/8 in. from the rake end of the first shingle in the second course, and continue with full width shingles for the remainder of the course, placing the top edge of each new shingle against the butt edge of the old shingle in the course above. This method should create an exposure of 5-5/8 in. after the first course. When beginning the succeeding courses continue to follow the Heritage application instructions. (See section 5).



9. VALLEY APPLICATION

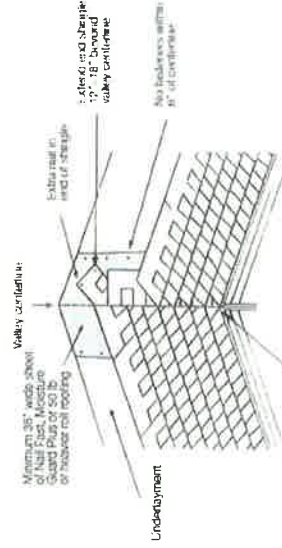
Over the shingle underlayment, center a minimum 36 in. wide sheet of TAMKO Nail-Fast®, Moisture Guard Plus® or a minimum 50 lb. roll roofing in the valley. Nail the felt only where necessary to hold it in place and then only nail the outside edges.

IMPORTANT: PRIOR TO INSTALLATION WARM SHINGLES TO PREVENT DAMAGE WHICH CAN OCCUR WHILE BENDING SHINGLES TO FORM VALLEY.

After valley flashing is in place:

- Apply the first course of shingles along the eaves of one of the intersecting roof planes and across the valley.
Note: For proper flow of water over the trimmed shingle, always start applying the shingles on the roof plane that has the lower slope or less height.
- Extend the end shingle at least 12 in. onto the adjoining roof. Apply succeeding courses in the same manner, extending them across the valley and onto the adjoining roof.
- Press the shingles tightly into the valley.
- Use normal shingle fastening methods.
Note: No fastener should be within 6 in. of the valley centerline, and two fasteners should be placed at the end of each shingle crossing the valley.
- To the adjoining roof plane, apply one row of shingles vertically facing the valley and 2 in. back from the valley centerline.
Note: For a neater installation, snap a chalkline over the shingles for guidance.
- To complete the valley, apply shingles on the adjoining roof plane by positioning the tip of the first shingle of each row at the 2 in. point from the centerline where the edge of the vertical shingle has been applied, covering the vertical shingle.

FOR ALTERNATE VALLEY APPLICATION METHODS, PLEASE CONTACT TAMKO'S TECHNICAL SERVICES DEPARTMENT



Place tip of shingle on the edge of underslayment from valley centerline and covering the vertical shingle.

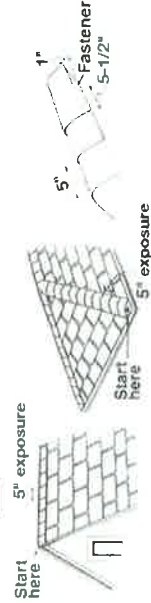
10. HIP AND RIDGE FASTENING DETAIL

Apply the shingles with a 5 in. exposure beginning at the bottom of the hip or from the end of the ridge opposite the direction of the prevailing winds. Secure each shingle with one fastener on each side, 5-1/2 in. back from the exposed end and 1 in. up from the edge.

TAMKO recommends the use of TAMKO Hip & Ridge shingle products. Where matching colors are available, it is acceptable to use TAMKO's Elite Glass-Seal shingles cut down to 12 in. pieces.

Fasteners should be 1/4 in. longer than the one used for shingles **IMPORTANT: PRIOR TO INSTALLATION, CARE NEEDS TO BE TAKEN TO PREVENT DAMAGE WHICH CAN OCCUR WHILE BENDING SHINGLE IN COLD WEATHER.**

Direction of prevailing wind



THESE ARE THE MANUFACTURER'S APPLICATION INSTRUCTIONS FOR THE ROOFING CONDITIONS DESCRIBED. TAMKO BUILDING PRODUCTS, INC. ASSUMES NO RESPONSIBILITY FOR LEAKS OR OTHER ROOFING DEFECTS RESULTING FROM FAILURE TO FOLLOW THE MANUFACTURER'S INSTRUCTIONS.

TAMKO®, Moisture Guard Plus®, Nail-Fast®, TAM-PRO®, and Heritage® are registered trademarks of TAMKO Building Products, Inc.

Information included in these application instructions was current at time of printing. To obtain a copy of the most current version of these application instructions, visit us online at tamko.com or call us at 800-641-4691

Visit Our Web Site at
tamko.com

Central District	220 West 4th St., Joplin, MO 64801	800-641-4691
Northeast District	4500 Tamko Dr., Frederick, MD 21701	800-368-2055
Southeast District	2300 35th St., Tuscaloosa, AL 35401	800-228-2656
Southwest District	7910 S. Central Exp., Dallas, TX 75216	800-443-1834
Western District	5300 East 43rd Ave., Denver, CO 80216	800-530-8868



BCIS Home | Log In | User Registration | Hot Topics | Submit Surcharge | Stats & Facts | Publications | FBC Staff | BCIS Site Map | Links | Search

www.floridabuilding.org > Product Approval Search > Application List > Application Detail



FL #

Application Type
Code Version
Application Status

FL1956-R8
Revision
2010
Approved

* Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Comments
Archived

Product Manufacturer
Address/Phone/Email

TAMKO Building Products, Inc.
PO Box 1404
Joplin, MO 64802
(417) 624-6644 Ext 2305
kerri_eden@tamko.com

Authorized Signature

Kerri Eden
kerri_eden@tamko.com

Technical Representative
Address/Phone/Email

Kerri Eden
PO Box 1404
Joplin, MO 64802
(417) 624-6644 Ext 2305
kerri_eden@tamko.com

Quality Assurance Representative
Address/Phone/Email

Category
Subcategory

Roofing
Asphalt Shingles

Compliance Method

Certification Mark or Listing

Certification Agency
Validated By

UL LLC
Robert J. M. Nieminen, PE
Validation Checklist - Hardcopy Received

Referenced Standard and Year (of Standard)

Standard	Year
ASTM D3161	2006
ASTM D3462	2007
ASTM D7158	2007

Equivalence of Product Standards
Certified By

Product Approval Method

Method 1 Option A

Date Submitted

09/27/2012

Date Validated

10/15/2012

Date Pending FBC Approval

10/16/2012

Date Approved

Summary of Products

FL #	Model, Number or Name	Description
1956.1	Elite Glass-Seal	A three tab asphalt shingle.
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: Asphalt shingles shall be used only on roof slopes of 2:12 or greater. Nails must be used as the method of attachment.</p>		
<p>Certification Agency Certificate FL1956_R8_C_CAC_Tamko Serv Conf FL 1956_2012.pdf FL1956_R8_C_CAC_UL_certification_10-11-12.pdf Quality Assurance Contract Expiration Date 10/10/2015 Installation Instructions FL1956_R8_IL_glass_seal_elite_app_inst_10.pdf FL1956_R8_IL_glass_seal_elite_app_inst_10.pdf FL1956_R8_IL_TAMKO_Glass-Seal_Elite_Glass-Seal_(Frederick_Joplin_Tuscaloosa).pdf Verified By: Robert Nieminen PE 59166 Created by Independent Third Party: No Evaluation Reports Created by Independent Third Party:</p>		
1956.2	Glass-Seal	A three tab asphalt shingle.
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: Asphalt shingles shall be used only on roof slopes of 2:12 or greater. Nails must be used as the method of attachment.</p>		
<p>Certification Agency Certificate FL1956_R8_C_CAC_Tamko Serv Conf FL 1956_2012.pdf FL1956_R8_C_CAC_UL_certification_10-11-12.pdf Quality Assurance Contract Expiration Date 10/10/2015 Installation Instructions FL1956_R8_IL_glass_seal_elite_app_inst_10.pdf FL1956_R8_IL_TAMKO_Glass-Seal_Elite_Glass-Seal_(Frederick_Joplin_Tuscaloosa).pdf Verified By: Robert Nieminen PE 59166 Created by Independent Third Party: No Evaluation Reports Created by Independent Third Party:</p>		
1956.3	Heritage	A dimensional asphalt shingle.
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: Asphalt shingles shall be used only on roof slopes of 2:12 or greater. Nails must be used as the method of attachment.</p>		
<p>Certification Agency Certificate FL1956_R8_C_CAC_Tamko Serv Conf FL 1956_2012.pdf FL1956_R8_C_CAC_UL_certification_10-11-12.pdf Quality Assurance Contract Expiration Date 10/10/2015 Installation Instructions FL1956_R8_IL_heritage_app_inst - sept 12.pdf FL1956_R8_IL_heritage_app_inst_frederick.pdf Verified By: Robert J. M. Nieminen FL 59166 Created by Independent Third Party: No Evaluation Reports Created by Independent Third Party:</p>		
1956.4	Heritage 30	A dimensional asphalt shingle.
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: Asphalt shingles shall be used only on roof slopes of 2:12 or greater. Nails must be used as the method of attachment.</p>		
<p>Certification Agency Certificate FL1956_R8_C_CAC_Tamko Serv Conf FL 1956_2012.pdf FL1956_R8_C_CAC_UL_certification_10-11-12.pdf Quality Assurance Contract Expiration Date 10/10/2015 Installation Instructions FL1956_R8_IL_heritage_30_app_inst_april_10.pdf FL1956_R8_IL_heritage_30_app_inst_10.pdf Verified By: Robert Nieminen PE 59166 Created by Independent Third Party: No Evaluation Reports Created by Independent Third Party:</p>		
1956.5	Heritage 50	A dimensional asphalt shingle.

AWAPLAN 170

PRODUCT DATA

Polyester Reinforced SBS Modified Roofing Membrane

DESCRIPTION

AWAPLAN 170 is reinforced with a 180 g/m² nonwoven polyester mat saturated with asphalt and coated on both sides with SBS rubber modified asphalt and surfaced with ceramic granules for protection from ultraviolet degradation.

USES

Roofing membrane in Series 200 Specifications and flashing membrane in select TAMKO® flashing details. Easily applied by mopping in hot asphalt or approved cold adhesive¹.

ADVANTAGES

- Exceptional performance characteristics over a broad temperature range
- Excellent cold weather flexibility
- High puncture and tear resistance
- Cold or hot process application
- High elongation
- Minimal dead load weight
- Superior nail pull-through characteristics
- 12 year limited material warranty**
- See complete limited warranty at tamko.com for details

CERTIFICATIONS

U.L. Classified Membrane for Roofing Systems
FM Approved**

ASTM D 6164, Type I
Miami Dade County Approved
ICC-ES ESR-1013

**Refer to FMRC Approval Guide.



TYPICAL PHYSICAL PROPERTIES

Tensile Strength
(@0 deg F & 0.08 in/min)
MD = 131 LBF/IN
CD = 96 LBF/IN

Elongation
(@0 deg F & 0.08 in/min)
MD = 56%
CD = 58%

Strain Energy
(@0 deg F & 0.08 in/min)
MD = 37 IN-LB/IN²
CD = 28 IN-LB/IN²

Tear Strength

MD = 140 LBS
CD = 106 LBS

Low Temp Flex
(PASS)

MD = -20 deg F
CD = -20 deg F

Tests were conducted using ASTM D 5147 test methods.

PRODUCT DATA¹

Reinforcement 180 g/m² Polyester Mat
Asphalt Modifier SBS
Roll Weight 92 lbs (41.7kg)
Roll Size 33' 5" x 39-3/8" (10.2m x 1m)
Product Thickness 145 mils
Coverage 1 square

¹All values stated as nominal

CAUTION: This product contains crystalline silica. Crystalline silica has been classified as a "known" human carcinogen by the International Agency for Research on Cancer (IARC) and the National Toxicology Program. This product also contains oxidized asphalt. Occupational exposures to oxidized asphalt and its emissions during roofing have been classified by IARC as a "probable human carcinogen". Oxidized asphalt also contains Polycyclic Aromatic Hydrocarbons some of which have been classified by IARC as known or probable human carcinogens. The physical nature of this product may help limit any inhalation or dermal hazard during application and/or removal. However, physical forces such as sawing, grinding or drilling during demolition work and heating or burning may increase the inhalation or dermal exposure hazard of this product. Take precautions to prevent breathing and contact with skin.

Use of this product in "torch applied" or "hot mopped" applications may expose workers and others in the work area to oxidized asphalt and its emissions. The International Agency for Research on Cancer has classified occupational exposures to oxidized asphalt and its emissions during roofing as a "probable human carcinogen". During installation and removal of this product, including "torch applied" or "hot mopped" application, workers must take precautions to assure adequate ventilation and use effective personal protective equipment to prevent exposures to dusts, fumes, vapors and mists. It is the responsibility of the contractor and workers to protect themselves and others in the work area from exposure to oxidized asphalt and its emissions when applying this product.

tamko.com ¹Certain cold adhesive specifications require heat welding ("torch applied") the laps.
TAMKO® is a registered trademark of TAMKO Building Products, Inc.

JP25472 01/18/13

TAMKO

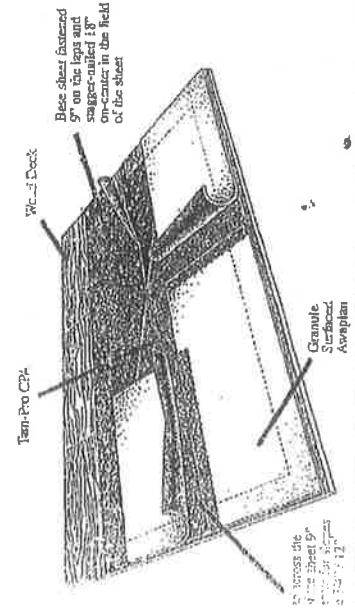
BUILDING PRODUCTS



AWAPLAN Cold Process Application (Fully Adhered)

- All good roofing practices must be observed. Materials must be applied according to Tamko recommendations for cold process roofing application.
- All Cold Process Roofing specifications require Awaplan.
- All insulation and base sheets must be mechanically fastened.
- Awaplan should be cut into 12-foot to 18-foot lengths and then laid out with the granule side down and allowed to relax on the job site prior to application.
- Adhesive must be Tam-Pro CPA® Premium SBS Adhesive, also known as TAM-PRO CPA®. Adhesive may be applied from 40°F to 120°F.
- Coverage rate for the adhesive is 1-1/2 gallons per square. Overapplication of adhesive may cause damage to the Awaplan.
- Adhesive can be applied using the following:
 1. Notched Squeegee: Squeegee with notches 1/4" long, 1/8" deep and spaced 1" on-center
 2. Brush: Three knot
 3. Notched Trowel (flashing, etc.)
 4. Spray: A Speedflow, Grayco, Alemite or approved equal pump, capable of delivering 3-5 gallons of adhesive per minute. A pole gun with a suitable spray tip orifice (usually .060 inches) is recommended.
- Fasteners must have a minimum 1" diameter cap.

AVAILABLE DECKS (WOOD)



Slope: Positive drainage up to 1-1/2" per linear ft.*	Per-100 Sq. Ft.
Material Requirements	
Tamko Type 43 Coated Base Sheet or Base-N-Ply	1 Ply
Tamko Awaplan (Granule Surfaced)	1 Ply
Tam-Pro CPA	1-1/2 gal.
Clinch-type nails, 1" minimum cap	Approx. 150 nails

- The deck should be built with good quality exposure 1 grade, minimum 1/2 inch, plywood or wood sheathing boards. All wood products must be properly conditioned to be at moisture equilibrium. Failure to use properly conditioned deck materials may result in deck movement, which will distort the roofing materials. Distortion of roofing as a result of deck movement is not considered a manufacturing defect of the roofing product.
- Note: The cold process adhesive must be Tam-Pro CPA.
- Coated Base Sheet/Base-N-Ply: Starting at the low point of the roof, install one ply of Tamko 43 Coated Base Sheet or Base-N-Ply side lapped and stagger-nailed down the slope. Nail sheets along the lap at intervals of no more than 9", and stagger-nail down the center of the sheet at 18" centers.
- Starting at the low point of the roof, install one ply of granule surfaced Tamko Awaplan, side lapped 4" and end lapped 6". The Awaplan must be solidly adhered to the base sheet with an application of Tamko CPA, at a rate of 1-1/2 gallons per square, and the laps rolled into the adhesive with roller.
- The flashing material must be granule surfaced Tamko Awaplan.

* 1/2" per linear foot, minimum of 1/2" per linear foot. Fasteners should be placed in the lap at intervals of no more than 9" at centers.

For information call TAMKO'S Technical Services Department at 800-641-4691.

MSA

MID-STATES ASPHALT

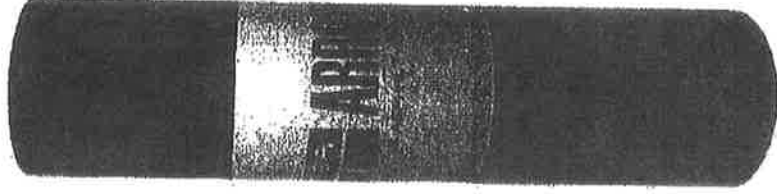
Product Specifications

Arrow 43

Uses & Description

Arrow 43 is an asphalt saturated organic felt that is coated with a high quality asphalt coating. Arrow 43 is used as a base ply in a number of BUR applications and is non-perforated which makes it an ideal vapor retardant

Meets Florida Approval BFL # 2074



Specifications

ASTM	D 2626 -04
UL	TYPE 15
BREAKING STRENGTH, min lbf/in (kN/m) with fiber grain	35 (6.1)
across fiber grain	20 (3.5)
PLIABILITY, tested with 1/2" (1.3mm) radius	2 failures
MOISTURE, at time of manufacturing	2.0% max
MASS OF COATING AND SURFACING, lbs/100 ft ² (g/m ²)	18 (878), min
MASS OF DESATURATED FELT, lbs/100 ft ² (g/m ²)	5.2 (253)
THICKNESS OF DESATURATED FELT, in. (mm)	.025 (0.64) min
MASS OF SATURANT SOLUBLE IN TRICHLOROETHYLENE, lbs/100 ft ² (g/m ²)	7.2 (350)
MASS PERCENT OF MINERAL MATTER PASSING A 212-µm (no.70) SIEVE, based on the total mass of mineral-filled coating and mineral surfacing	60 % max

MID-STATES ASPHALT

Tuscaloosa, AL 1 (800) 488 - 2381

www.msarof.com



SCS Home Log In User Registration Hot Topics

Submit Surcharge Stats & Facts Publications FBC Staff BCIS Site Map Links Search

Business Professional REGISTRATION
Product Approval
 USER: Public User

Product of Application Search > Application List > Application Detail

FL # FL735-R8
 Application Type Revision
 Code Version 2010
 Application Status Approved

*Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Comments
 Archived

Product Manufacturer
 Address/Phone/Email

TAMKO Building Products, Inc.
 PO Box 1404
 Joplin, MO 64802
 (417) 624-6644 Ext 2305
 kerri_edden@tamko.com

Authorized Signature

Kerri Edden
 kerri_edden@tamko.com

Technical Representative
 Address/Phone/Email

Kerri Edden
 PO Box 1404
 Joplin, MO 64802
 (417) 624-6644 Ext 2305
 kerri_edden@tamko.com

Quality Assurance Representative
 Address/Phone/Email

Category
 Subcategory

Roofing
 Modified Bitumen Roof System

Compliance Method

Certification Mark or Listing

Certification Agency
 Validated By

Miami-Dade BCCO - CER
 Robert J. M. Nieminen, PE

Validation Checklist - Hardcopy Received

Referenced Standard and Year (of Standard)

Standard	Year
ASTM D 2178	2004
ASTM D 2626	2004
ASTM D 4601	2004
ASTM D 4897	2001
ASTM D 6163	2000
ASTM D 6164	2005
FM 4470	1992
TAS 114	2011

Equivalence of Product Standards
 Certified By



Product Approval Method

Method 1 Option A

Date Submitted

06/07/2013

Date Validated

06/12/2013

Date Pending FBC Approval

Date Approved

06/17/2013

Summary of Products

FL #	Model, Number or Name	Description
735.1	TAMKO Modified Bitumen Roof System over Cementitious Wood Fiber Decks	Modified Bitumen over Cementitious Wood Fiber Decks Certification Agency Certificate FL735_R8_C_CAC_12060112.pdf Quality Assurance Contract Expiration Date 08/23/2016 Installation Instructions FL735_R8_IL_12060112.pdf Verified By: Miami-Dade BCCO - CER Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:
735.2	TAMKO Modified Bitumen Roof System over Concrete Decks	Modified Bitumen over Concrete Decks Certification Agency Certificate FL735_R8_C_CAC_12061911 (3).pdf Quality Assurance Contract Expiration Date 10/23/2016 Installation Instructions FL735_R8_IL_12061911 (3).pdf Verified By: Miami-Dade BCCO - CER Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:
735.3	TAMKO Modified Bitumen Roof System over Lightweight Concrete Decks	Modified Bitumen over Lightweight Concrete Decks Certification Agency Certificate FL735_R8_C_CAC_12060115.pdf Quality Assurance Contract Expiration Date 09/06/2016 Installation Instructions FL735_R8_IL_12060115.pdf Verified By: Miami-Dade BCCO - CER Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:
735.4	TAMKO Modified Bitumen Roof System over Poured Gypsum Decks	Modified Bitumen over Poured Gypsum Decks Certification Agency Certificate FL735_R8_C_CAC_12060114.pdf Quality Assurance Contract Expiration Date 08/23/2016 Installation Instructions FL735_R8_IL_12060114.pdf Verified By: Miami-Dade BCCO - CER Created by Independent Third Party: Evaluation Reports Created by Independent Third Party: