



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: REROOF: 29sq, modified bitumen</p> <p>Comments: None</p> <p>Project Information Address: 5717 Peninsular Drive, Belle Isle, FL 32809 Parcel ID: 19-23-30-0608-02-050 Property Owner: Browne, Linda Phone Number: None ***** Company Name: Edgar Quintin Inc. Contractor Name: Quintin, Edgar License Number: CCC057581 Address: 1341 W. Church Street, Orlando, FL 32805 Phone Number: 407-857-0098</p>	<p style="text-align: right;">Permit Number: 2014-01-038</p> <p style="text-align: right;">Date of Application: 01/22/2014</p> <p style="text-align: right;">Date Permit Issued: 01/23/2014</p> <p>WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$30.00</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$65.00 Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="text-align: center;">TOTAL FEES \$99.00</p> <p>Date Paid <u>1-24-14</u></p> <p>CC or Check # <u>7488</u></p> <p>Amount Paid <u>99.00</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>	<p style="text-align: center;">BUILDING INSPECTOR USE ONLY</p> <p>IF APPLICABLE: Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO</p> <p>€ BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p>€ ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p>€ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>€</p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p>€ GAS <input type="checkbox"/> Natural <input type="checkbox"/> LP € MECHANICAL € ELECTRICAL € LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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Inspection requests are to be emailed to BidScheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 1pm.** Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>
 login ID = cobi@universalengineering.com password = universal13



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RECEIVED
 1-22-14

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: 1/21/14 ROOF PERMIT NUMBER 2014-01-038
 PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 5717 Peninsular Dr., Belle Isle, FL 32809 32812

Property Owner Browne, Linda S. Phone _____

Property Owner's Mailing Address 5614 Peninsular Dr. City Belle Isle

State FL Zip Code 32809 Parcel Id Number: 19-23-30-0608-02-050
 REQUIRED! To obtain this information, please visit <http://www.ocpaff.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: 2900 Number of Stories: _____ Job Valuation: \$ 8700.00
 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 Kimberly Quintin LICENSE # CCC657581
 LICENSE HOLDER NAME Kimberly Quintin COMPANY NAME Edgar Quintin Inc
 Street Address 1341 W. Church St
 City Orlando State FL Zip Code 32805 Phone Number 407-857-0098
 Email Address edgarquintininc@bellsouth.net

Building Official: _____ Date _____

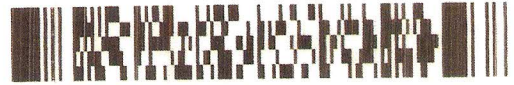
Zoning Fee	\$	<u>30⁰⁰</u>
Permit Fee	\$	<u>65⁰⁰</u>
3% Florida Surcharge	\$	<u>4⁰⁰</u>
Total Permit Fee	\$	<u>99⁰⁰</u>

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.

25⁰⁰ = 1000⁰⁰
40⁰⁰ = 7700⁰⁰

Building Permit Number _____

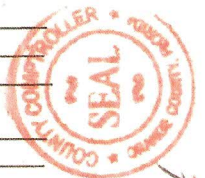
Permit Number: _____
Folio/Parcel Identification Number: 19-23-30-0608-02-050
Prepared by: Edgar Quintin Inc
1341W Church St
Orlando FL 32805
Return to: Edgar Quintin Inc
1341 W Church St
Orlando FL 32805



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)
BELLEVUE PLACE L/111 LOT 5 BLK B
- General description of improvement**
REPLACE ROOF
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name LINDA BROWNE
Address 5614 PENINSULAR DR BELLE ISLE FL 32809-3562
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name EDGAR QUINTIN IN Telephone Number 407-857-0098
Address 1341 W CHURCH ST ORLANDO FL 32805
- 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, Martha O. Haynie, Comptroller, do hereby certify that this is a true and correct copy of the document as reflected in the Official Records.
MARTHA O. HAYNIE, COUNTY COMPTROLLER
By: [Signature] Deputy Comptroller
1-22-14

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.

x [Signature] _____ Owner
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 20 day of 01/2014 by Linda Browne
month/year name of person

as owner for _____
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature] _____
Signature of Notary Public - State of Florida

Print, type, or Stamp commissioned name of Notary Public
Notary Public State of Florida
Tammy Strange
My Commission EE097226
Expires 05/25/2015

Personally Known OR Produced ID Driver's License
Type of ID Produced _____

POWER OF ATTORNEY

State of Florida
County of Orange

Date: Jan. 22, 2014

I hereby name and appoint Kimberly Quintin
of Edgar Quintin Inc 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

Permit for work to be performed at a location described as:

Section 19 Township 23 Range 30 Lot 05 Block B

Subdivision Bellew Place

5717 Peninsular Dr
(Address of Job)
Linda S. Browne
(Owner of Property and Address)

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

Edgar Quintin
(Type or Print Name of Certified Contractor and Contractors License Number)

[Signature]
(Signature of Certified Contractor)

The foregoing instrument was acknowledged before me this 22 day of Jan, 2014

by Edgar Quintin

who is personally known to me/who produced _____

as identification and who did not take an oath.

State of Florida

County of Orange

Tammy Strange
Notary Public, State of Florida





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Product Approval Form

DATE: 1/21/14 PERMIT # _____
 PROJECT ADDRESS 5717 Peninsula Dr., Belle Isle, FL 32809 32812

As required by Florida Statue 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	Certainked	Flinastic	FL2533-R9
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 *Kimberly Lutz*

Date 1/22/14



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Product Approval
USER: Public User

License efficiently. Regulate fairly.

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



Search Criteria

[Refine Search](#)

Code Version	2010	FL#	ALL
Application Type	ALL	Product Manufacturer	CertainTeed Corporation-Roofing
Category	Roofing	Subcategory	Modified Bitumen Roof System
Application Status	ALL	Compliance Method	ALL
Quality Assurance Entity	ALL	Quality Assurance Entity Contract Expired	ALL
Product Model, Number or Name	ALL	Product Description	ALL
Approved for use in HVHZ	ALL	Approved for use outside HVHZ	ALL
Impact Resistant	ALL	Design Pressure	ALL
Other	ALL		

Search Results - Applications

FL#	Type	Manufacturer	Validated By	Status
FL2533-R9 History	Revision	CertainTeed Corporation-Roofing Category: Roofing Subcategory: Modified Bitumen Roof System	John W. Knezevich, PE (954) 772-6224	Approved
FL2533-R10	Revision	CertainTeed Corporation-Roofing Category: Roofing Subcategory: Modified Bitumen Roof System	John W. Knezevich, PE (954) 772-6224	Pending FBC Approval
FL16709	New	CertainTeed Corporation-Roofing Category: Roofing Subcategory: Modified Bitumen Roof System	John W. Knezevich, PE (954) 772-6224	Pending FBC Approval

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

[Contact Us](#) :: 1940 North Monroe Street, Tallahassee FL 32399 Phone: 850-487-1824

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Product Approval Accepts:



APPENDIX 1: ATTACHMENT REQUIREMENTS FOR WIND UPLIFT RESISTANCE					
Table	Deck	Application	Type	Description	Page
1A	Wood	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	5-6
1B	Wood	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	7
1C	Wood	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	8
1D	Wood	New, Reroof (Tear-Off) or Recover	D	Prelim. Attached Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	9-10
1E-1	Wood	New, Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	11-13
1E-2	Wood	New, Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	14-15
1F	Wood	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	15
2A	Steel or Conc.	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	16-18
2B	Steel or Conc.	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	19-21
2C	Steel or Conc.	New, Reroof (Tear-Off) or Recover	D	Prelim. Attached Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	22-23
3A	Concrete	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	24-28
3B	Concrete	New or Reroof (Tear-Off)	A-3	Bonded Temp Roof/Vapor Barrier, Bonded Insulation, Bonded Roof Cover	29
3C	Concrete	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	29
4A	LWIC	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	30-31
4B	LWIC	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	32
4C	LWIC	New, Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	33-36
5A	CWF	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	37
5B	CWF	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	37
5C	CWF	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	38
5D	CWF	New, Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	38
6A	Gypsum	Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	39-40
6B	Gypsum	Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	41
6C	Gypsum	Reroof (Tear-Off)	C	Mech. Attached Insulation, Bonded Roof Cover	41
6D	Gypsum	Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	42
7A	Various	Recover	A-1	Bonded Insulation, Bonded Roof Cover	43-46
7B	Various	Recover	F	Non-Insulated, Bonded Roof Cover	46

The following notes apply to the systems outlined herein:

- Roof decks shall be in accordance with FBC requirements to the satisfaction of the AHJ. Wind load resistance of the roof deck shall be documented through proper codified and/or FBC Approval documentation.
- Unless otherwise noted, fasteners and stress plates for insulation attachment shall be as follows. Fasteners shall be of sufficient length for the following engagements:
 - Wood Deck: OMG #14 Roofgrip with Flat Bottom Plate (Accutrac), OMG HD with OMG 3 in. Galvalume Steel Plate, Dekfast #14 with Hex Plate or 3" Round Insulation Plate, Trufast HD with Trufast 3" Metal Insulation Plates or FlintFast #14 Fastener with FlintFast 3" Insulation Plates. Minimum 0.75-inch plywood penetration or minimum 1-inch wood plank embedment.
 - Steel Deck: OMG #12 or #14 Roofgrip with Recessed or Flat Bottom Plate (Accutrac), OMG #12 Standard or HD with OMG 3 in. Galvalume Steel Plate, Dekfast #12 or #14 with Hex Plate or 3" Round Insulation Plate, Trufast DP or HD with Trufast 3" Metal Insulation Plates or FlintFast #12 or #14 Fastener with FlintFast 3" Insulation Plates. Minimum 0.75-inch steel penetration and engage the top flute of the steel deck.
 - Concrete Deck: OMG #14 Roofgrip with Recessed or Flat Bottom Plate (Accutrac), OMG HD or CD-10 with OMG 3 in. Galvalume Steel Plate, Dekfast #14 or DekSpike with Hex Plate or 3" Round Insulation Plate, Trufast HD or CF with Trufast 3" Metal Insulation Plates or FlintFast #14 Fastener with FlintFast 3" Insulation Plates. Minimum 1-inch embedment. Fasteners installed with a pilot hole in accordance with the fastener manufacturer's published installation instructions.



3. Unless otherwise noted, insulation may be any one layer or combination of polyisocyanurate, polystyrene, wood fiberboard, perlite, GlasRoc Roof Board, Dens Deck, Dens Deck Prime, Dens Deck DuraGuard, SECUROCK Gypsum-Fiber Roof Board or SECUROCK Glass-Mat Roof Board that meets the QA requirements of F.A.C. Rule 9N-3 and is documented as meeting FBC 1505.1 and, for foam plastic, FBC 2603.4.1 or 2603.8, when installed with the roof cover.
4. Minimum 200 psi, minimum 2-inch thick lightweight insulating concrete may be substituted for rigid insulation board for System Type D (mechanically attached base sheet, bonded roof cover), whereby the base sheet fasteners are installed through the LWIC to engage the structural steel or concrete deck. The structural deck shall be of equal or greater configuration to the steel and concrete deck listings.
5. Unless otherwise noted, insulation adhesive application rates are as follows. Ribbon or bead width is at the time of application; the ribbons/beads shall expand as noted in the manufacturer's published instructions.
 - Hot asphalt (HA): Full coverage at 25-30 lbs/square
 - Ashland Pliodeck (A-PD): Continuous 0.75 inch wide ribbons, 12-inch o.c. *Ribbons of subsequent layers shall be perpendicular to those in the layer below.*
 - Dow Insta-Stik (D-IS): Continuous 0.75 to 1 inch wide ribbons, 12-inch o.c.
 - Dow Spray-N-Grip (D-SG): Full coverage
 - Millennium One Step Foamable Adhesive (M-OSFA): Continuous 0.25 to 0.5-inch wide ribbons, 12-inch o.c.
 - Millennium PG-1 Pump Grade Adhesive (M-PG1): Continuous 0.5 to 0.75-inch wide ribbons, 12-inch o.c.
 - OMG OlyBond 500 or OlyBond Green (OB500): Continuous 0.75-inch wide ribbons, 12-inch o.c. (PaceCart or SpotShot)
 - 3M CR-20: Continuous 2.5 to 3-inch wide ribbons, 12-inch o.c. (Note: TITSESET may be used where CR-20 is referenced).
 - Note: When multiple layers(s) of insulation and/or coverboard are installed in ribbon-applied adhesive, adhesive ribbons shall be staggered from layer-to-layer a distance of one-half the ribbon spacing.
 - Note: The maximum edge distance from the adhesive ribbon to the edge of the insulation board shall be not less than one-half the specified ribbons spacing.
6. Unless otherwise noted, all insulations are flat stock or taper board of the minimum thickness noted. Tapered polyisocyanurate at the following thickness limitations may be substituted with the following Maximum Design Pressure (MDP) limitations. In no case shall these values be used to 'increase' the MDP listings in the tables; rather if MDP listing below meets or exceeds that listed for a particular system in the tables, then the thinner board listed below may be used as a drop-in for the equivalent thicker material listed in the table:

➤	Ashland Pliodeck (A-PD) @ 12-inch o.c.	MDP -105.0 psf	(Min. 1.0-inch thick)
➤	Ashland Pliodeck (A-PD) @ 6-inch o.c.	MDP -277.5 psf	(Min. 1.0-inch thick)
➤	Dow Insta-Stik (D-IS):	MDP -120.0 psf	(Min. 1.0-inch thick)
➤	Millennium One Step Foamable Adhesive (M-OSFA):	MDP -157.5 psf	(Min. 1.0-inch thick)
➤	Millennium PG-1 Pump Grade Adhesive (M-PG1):	MDP -157.5 psf	(Min. 1.0-inch thick)
➤	OMG OlyBond 500 (OB500):	MDP -45.0 psf	(Min. 0.5-inch thick Multi-Max FA3)
➤	OMG OlyBond 500 (OB500):	MDP -187.5 psf	(Min. 0.5-inch thick ISO 95+ GL)
➤	OMG OlyBond 500 (OB500):	MDP -315.0 psf	(Min. 0.5-inch thick ENRGY 3)
➤	OMG OlyBond 500 (OB500):	MDP -487.5 psf	(Min. 0.5-inch thick AC Foam II)
➤	3M CR-20:	MDP -117.5 psf	(Min. 1.0-inch thick)
7. Bonded polyisocyanurate insulation boards shall be maximum 4 x 4 ft.
8. For mechanically attached components or partially bonded insulation, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16, and Zones 2 and 3 shall employ an attachment density designed by a qualified design professional to resist the elevated pressure criteria. Commonly used methods are RAS 117 and FM LPDS 1-29. Assemblies marked with an asterisk* carry the limitations set forth in Section 2.2.1.5.1(a) of FM LPDS 1-29 for Zone 2/3 enhancements.



9. For fully bonded assemblies, the maximum design pressure for the selected assembly shall meet or exceed critical design pressure determined in accordance with FBC Chapter 16, and no rational analysis is permitted.
10. For mechanically attached components over existing decks, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison to the minimum requirements for the system. Testing and analysis shall be in accordance with TAS 105 or ANSI/SPRI FX-1.
11. For existing substrates in a bonded recover or re-roof installation, the existing roof surface or existing roof deck shall be examined for compatibility and bond performance with the selected adhesive, and the existing roof system (for recover) shall be capable of resisting project design pressures on its own merit to the satisfaction of the AHJ, as documented through field uplift testing in accordance with ASTM E907, FM LPDS 1-52, ANSI/SPRI IA-1 or TAS 124.
12. For Recover Applications using System Type D, the insulation is optional; however, the existing roof system shall be suitable for a recover application.
13. Unless otherwise noted, refer to the following references for bonded base, ply or cap sheet applications.

CERTAINTEED FLINTLASTIC® MODIFIED BITUMEN COMPONENTS & APPLICATION METHODS			
Reference	Layer	Material	Application
BP-AA (Base and Ply sheets, Asphalt-Applied)	Base	Glasbase; All Weather/Empire Base; Flexiglas Base; Flintlastic Base 20	Hot asphalt at 20-40 lbs/square
	Ply	Flintglas Ply Sheet Type IV; Flintglas Premium Ply Sheet Type VI	
BP-AA2 (Base, Spot-Asphalt-Applied)	Base	Yosemite Venting Base	Hot asphalt in 24-inch diameter spots in 30-inch grid pattern
BP-AA3 (Base, Spot-Asphalt-Applied)	Base	Yosemite Venting Base	Hot asphalt in 9-inch diameter spots in grid pattern noted herein.
BP-AA4 (Base, Strip-Asphalt-Applied)	Base	Yosemite Venting Base	Hot asphalt in 9-inch wide ribbons spaced as noted herein.
BP-CA2	Base/Ply	Glasbase; All Weather/Empire Base; Flexiglas Base; Flintlastic Base 20	Henry #903 Adhesive at 1.5 gal/square
BP-CA3	Base/Ply	Glasbase; All Weather/Empire Base; Flexiglas Base; Flintlastic Base 20	Millennium Hurricane Force Membrane Adhesive, beads spaced 6-inch o.c.
SBS-AA (SBS, Asphalt-Applied)	Base	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	Hot asphalt at 20-40 lbs/square
	Ply	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	
	Cap	Flintlastic Cap 30; Flintlastic Cap 30 CoolStar; Flintlastic FR Cap 30; Flintlastic FR Cap 30 CoolStar; Flintlastic FR-P; Flintlastic FR-P CoolStar; Flintlastic Premium FR-P; Flintlastic Premium FR-P CoolStar; Flintlastic GMS; Flintlastic GMS CoolStar; Flintlastic Premium GMS; Flintlastic Premium GMS CoolStar	
SBS-CA1 (SBS, Cold-Applied)	Base	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	FlintBond Brush or Karnak No. 81 Cold Process Modified Bitumen Adhesive Brush Grade at 1 gal/square
	Note:	Base ply cures overnight prior to application of the cap ply.	
SBS-CA2 (SBS, Cold-Applied)	Cap	Flintlastic FR Cap 30; Flintlastic FR Cap 30 CoolStar; Flintlastic FR-P; Flintlastic FR-P CoolStar; Flintlastic Premium FR-P; Flintlastic Premium FR-P CoolStar	Henry #903 Adhesive at 1.5 gal/square.
	Base	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	
	Ply	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	
	Cap	Flintlastic Cap 30; Flintlastic Cap 30 CoolStar; Flintlastic FR Cap 30; Flintlastic FR Cap 30 CoolStar; Flintlastic FR-P; Flintlastic FR-P CoolStar; Flintlastic Premium FR-P; Flintlastic Premium FR-P CoolStar; Flintlastic GMS; Flintlastic GMS CoolStar; Flintlastic Premium GMS; Flintlastic Premium GMS CoolStar	



CERTAINTEED FLINTLASTIC® MODIFIED BITUMEN COMPONENTS & APPLICATION METHODS (CONTINUED)			
Reference	Layer	Material	Application
SBS-CA3 (SBS, Cold-Applied)	Base	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	Millennium Hurricane Force Membrane Adhesive, beads spaced 6-inch o.c.
	Ply	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	
	Cap	Flintlastic Cap 30; Flintlastic Cap 30 CoolStar; Flintlastic FR Cap 30; Flintlastic FR Cap 30 CoolStar; Flintlastic FR-P; Flintlastic FR-P CoolStar; Flintlastic Premium FR-P; Flintlastic Premium FR-P CoolStar; Flintlastic GMS; Flintlastic GMS CoolStar; Flintlastic Premium GMS; Flintlastic Premium GMS CoolStar	
SBS-TA (SBS, Torch-Applied)	Base	Flintlastic Base 20 T; Flintlastic FR Base 20 T	Torch-Applied
	Ply	Flintlastic Base 20 T; Flintlastic FR Base 20 T	
	Cap	Flintlastic FR Cap 30 T; Flintlastic FR Cap 30 T CoolStar; Flintlastic GTS; Flintlastic GTS CoolStar; Flintlastic GTS-FR; Flintlastic GTS-FR CoolStar; FlintClad	
APP-TA (APP, Torch-Applied)	Base	Flintlastic APP Base T; Flintlastic STA; Flintlastic STA Plus	Torch-Applied
	Cap	Flintlastic STA; Flintlastic STA Plus; Flintlastic GTA; Flintlastic GTA CoolStar; Flintlastic GTA-FR; Flintlastic GTA-FR CoolStar	
SBS-SA-H (SBS, Self-Adhering, Hybrid Systems)	Base/Ply	Black Diamond Base Sheet; Flintlastic Ultra Glass SA	Self-Adhering
SBS-SA (SBS, Self-Adhering)	Base	Flintlastic SA PlyBase; Flintlastic SA Mid Ply	Self-Adhering
	Ply	Flintlastic SA PlyBase; Flintlastic SA Mid Ply	
	Cap	Flintlastic SA Cap; Flintlastic SA Cap CoolStar; Flintlastic SA Cap FR; Flintlastic SA Cap FR CoolStar	

14. "MDP" = Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads. Refer to FBC 1609.1.5 for determination of design wind loads.



CERTIFICATE OF LIABILITY INSURANCE

EDGQ001

OP ID: KM

DATE (MM/DD/YYYY)

05/31/13

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 J.W. Edens & Company Commercial Ins of Brevard, Inc 325 Fifth Avenue, Suite 108 Indialantic, FL 32903 Theresa C. O'Brien		321-725-7000 321-725-7856	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED Edgar Quintin, Inc. 2810 Frontier Drive Kissimmee, FL 34744		INSURER(S) AFFORDING COVERAGE		
		INSURER A: Canal Indemnity Company		NAIC #
		INSURER B: Mapfre Insurance Company		34932
		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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		GL104675	06/07/13	06/07/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" 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		4150130008340	06/01/13	06/01/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	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 <input type="checkbox"/> N/A				

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

CERTIFICATE HOLDER

CITYBE1

City of Belle Isle
 Building Department
 1600 Nela Avenue
 Belle Isle, FL 32809

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 Theresa C. O'Brien



FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

SELF INSURERS FUND

1-800-767-3772 • FAX (407) 671-2520

CERTIFICATE OF INSURANCE

ISSUED TO:

City of Belle Isle
 1600 Nela Avenue
 Belle Isle, FL 32809

COPY PROVIDED TO:

Edgar Quintin, Inc.
 1341 West Church St.
 Orlando, FL 32805

Attention:

Edgar Quintin, Inc.

This is to Certify that: 1341 West Church St.
 Orlando, FL 32805

being subject to the provisions of the Florida Workers' Compensation Act, has secured the payment of compensation by insuring their risk with the FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION SELF INSURERS FUND, P.O. Box 4907, Winter Park, FL 32793.

<p>COVERAGE NUMBER: 870-033411</p> <p>EFFECTIVE DATE: 1/1/2014</p> <p>EXPIRATION DATE: 1/1/2015</p>	<p><u>LIMITS</u></p> <p>Workers' Compensation: Statutory - State of Florida</p> <p>Employers' Liability: \$1,000,000.00 Each Accident \$1,000,000.00 Disease, Each Employee \$1,000,000.00 Disease, Policy Limit</p>
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REMARKS: Non-cancelable, without 30 days prior written notice, except for non-payment of premium which will be a 10 day written notice.

This certificate is issued as a matter of information only, is not a policy and of itself does not afford any insurance. Nothing contained in this certificate shall be constructed as extending coverage not afforded by the policy(ies) shown above or as affording insurance to any insured not named above. This provides coverage for Florida policyholders and Florida domiciled employees only.

By: Brett Stiegel
 Brett Stiegel, Administrator
 FRSA-SIF

By: Debra Guidry
 Debra Guidry, CPCU, Underwriting Manager
 FRSA-SIF



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD
 1940 NORTH MONROE STREET
 TALLAHASSEE FL 32399-0783

(850) 487-1395

QUINTIN, EDGAR C
 EDGAR QUINTIN INC
 2810 FRONTIER DR
 KISSIMMEE

FL 34744

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 barbeque 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!

STATE OF FLORIDA **AC# 6283349**
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CCC057581 08/20/12 128046484
 CERTIFIED ROOFING CONTRACTOR
 QUINTIN, EDGAR C
 EDGAR QUINTIN INC
 IS CERTIFIED under the provisions of Ch. 489 FS
 Expiration date: AUG 31, 2014 L12082001896

DETACH HERE

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AC#6283349

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12082001896

DATE	BATCH NUMBER	LICENSE NBR
08/20/2012	128046484	CCC057581

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

QUINTIN, EDGAR C
 EDGAR QUINTIN INC
 2810 FRONTIER DR
 KISSIMMEE

FL 34744

RICK SCOTT
 GOVERNOR

KEN LAWSON
 SECRETARY

DISPLAY AS REQUIRED BY LAW