



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 TOWN OF WINDERMERE, FLORIDA.

<b>Scope of Work:</b> WINDOWS: 15, size-for-size  <b>Comments:</b> None  <b>Project Information</b> Address: 1307 E. Wallace Street, Belle Isle, FL 32812 Parcel ID: 24-23-29-3400-00-078 Property Owner: Hafley, Michael & Patricia Phone Number: 727-687-2518 ***** Company Name: MJ Construction Inc. Contractor Name: Jensen, Mark License Number: CBC057624 Address: 4099 Floralwood Court, Orlando, FL 32812 Phone Number: 321-202-0478	<b>Permit Number: 2014-11-012</b> <b>Date of Application: 11/11/2013</b> <b>Date Permit Issued: 11/13/2013</b>  <b>WARNING TO OWNER:</b> "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.
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### BUILDING FEATURES

<b>IMPACT FEES</b> School \$  <b>ZONING FEES</b> Zoning Fee \$30.00  <b>UNIVERSAL ENG - BUILDING FEES</b> Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical Fee \$ Temp Pole \$ Plumbing Fee \$ Mechanical Fee \$ Gas Fee \$ Roofing \$45.00 Boat Dock \$ Screen Encl \$ Swimming Pool \$  <b>SURCHARGE FEES</b> Surcharge Fee \$2.00 Surcharge Fee \$2.00  <b>TOTAL FEES \$79.00</b>  Date Paid <u>11-25-13</u> CC or Check # <u>1444</u> Amount Paid <u>79.00</u>	<b>BUILDING INSPECTOR USE ONLY</b>  IF APPLICABLE: Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO  <input type="checkbox"/> <b>BUILDING</b> 1 <sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 2 <sup>nd</sup> _____ (Footing/Foundation) 3 <sup>rd</sup> _____ (Slab) 4 <sup>th</sup> _____ (Lintel) (Wall Reinforcing on Masonry Building) 5 <sup>th</sup> _____ (Exterior Framing) (Roof/Wall Sheathing) 6 <sup>th</sup> _____ (Framing) (To be made after Plumbing/Mechanical/Electrical Rough-Ins & Windows/Doors Installed) 7 <sup>th</sup> _____ (Insulation to be Made After Roof Installed) (Drywall) 8 <sup>th</sup> _____ (Sidewalk/Driveway) 9 <sup>th</sup> _____ (Other) 10 <sup>th</sup> _____ (Final - After MEP and Other Applicable Finals)  <input type="checkbox"/> <b>ROOFING</b> 1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____ 2 <sup>ND</sup> ROOFING Covering In-Progress _____ 3 <sup>RD</sup> ROOFING Covering Final _____  <input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) 1 <sup>ST</sup> _____ (Underground) 2 <sup>ND</sup> _____ (Sewer) 3 <sup>RD</sup> _____ (Rough-In/Tub Set) 4 <sup>TH</sup> _____ (Final)  <b>CHECK APPROPRIATE BOX</b> <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1 <sup>ST</sup> _____ (Rough-In) 2 <sup>ND</sup> _____ (Final)
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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).

Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto:BDscheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/ff094edc4-832d-44bd-9809-ecf32f9e2e63>  
 login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com) password = universal13



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalsengineering.com](http://www.universalsengineering.com)

**Received**  
11-11-13

## 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: 11/4/13

ROOF PERMIT NUMBER 2014-11-012

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

Project Address 1307 E WALLACE ST, BELLE ISLE, FL 32809

Windermere, FL 34786

Property Owner MICHAEL & PATTY HAFLEY

Phone 727-687-2518

Property Owner's Mailing Address SAME

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parcel Id Number: 24-23-29-3400-00-078

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

Class of Building: Old  New  Type of Building: Residential  Commercial  Other

Type of Work: New Roof  ReRoof

- **REQUIRED!** Florida Product Approval Screen Printout from [www.floridabuilding.org](http://www.floridabuilding.org) showing the Code Version
- **REQUIRED!** Florida Product Approval Installation Instructions from [www.floridabuilding.org](http://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: 637 Number of Stories: 1 Job Valuation: \$ 1,300.00

Type: Asphalt Shingles  Metal  Modified Bitumen  Other: \_\_\_\_\_

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CBC057624

LICENSE HOLDER NAME MARK D JENSEN COMPANY NAME MJ CONSTRUCTION INC

Street Address 4099 FLORALWOOD CT

City ORLANDO State FL Zip Code 32812 Phone Number 321-202-0478

Email Address RAFAEL@DOCKSNSEAWALLS.COM

Building Official: [Signature] Date 11-13-2013

Zoning Fee \$ 30  
 Permit Fee \$ 85.50  
 3% Florida Surcharge \$ 4.00  
 Total Permit Fee \$ 119.50

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.

Building Permit Number 2013-07-068

PROJECT NUMBER 0115-1300623-0000

TASK NUMBER 04

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2014-11-012
Property Owner	Hopley
Address	1307 E. Wallace St
Nature of Improvement	Roof
Received Application	11-11-13
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	/
Zoning Approved	
Applied for Variance	/
Variance Approved	
Sent to BO for Review	11-12-13
Building Official Approved	11-13-2013
Comments	
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**LIMITED POWER OF ATTORNEY FORM**

(with Durable Provision)

TO ALL PERSONS, be it known, that I, Mark D. Jensen of M J Carpentry Inc, CBC0057624, as Grantor, do hereby make and grant limited and specific Power of Attorney to RAFAEL A. VALLE and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally, all with full power of substitution and revocation in the presence.

**Describe the specific authority below:**

To sign documents relating to the building permit(s) on the following job:

Parcel Tax ID: 24-23-29-3400-00-078 SUB OF HARNEY HOMESTEAD C/53  
Project Address: 1307 E Wallace St., Belle Isle, FL 32809  
Property Owner: Michael K Hafley & Patricia H Hafley

The authority granted shall include such incidental acts as are reasonable required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment to subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as he in his discretion deems advisable, and I thereupon ratify all acts so carried out.

**Special durable provision:** This power of attorney shall not be affected by the disability of the Grantor, and shall become null and void after 7/29/2014.

Signed under seal this 22<sup>nd</sup> day of July, 2013

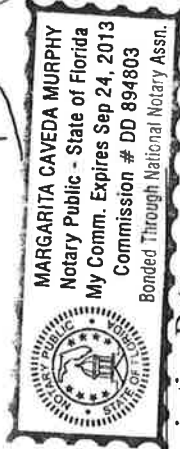
  
Grantor's Signature

Then personally appeared Mark D Jensen the above named Grantor, who known to me, or provided personal identification FL ID# 5525-544-63-018-0, signed or acknowledged the foregoing power of attorney as his or her free act and deed, before me.

Notary Public:

Margarita Cavada Murphy  
Printed Name

  
Signature



Commission Expiration Date

FLORIDA DEPARTMENT OF  
**Business & Professional Regulation**



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**Product Approval**  
 USER: Public User

License efficiency. Regulate fairly.

Product Approval Menu > Product or Application Search > Application Detail

**FL #** FL10124-R11  
**Application Type** Revision  
**Code Version** 2010  
**Application Status** Approved  
**Comments**  
**Archived**

**Product Manufacturer Address/Phone/Email**  
 GAF  
 1361 Alps Road  
 Wayne, NJ 07470  
 (973) 872-4421  
 lindareth@trinityerd.com

**Authorized Signature**  
 Beth McSorley  
 lindareth@trinityerd.com

**Technical Representative Address/Phone/Email**  
 Beth McSorley  
 1361 Alps Road - Bldg 11-1  
 Wayne, NJ 07470  
 (973) 872-4421  
 BMCsorley@gaf.com

**Quality Assurance Representative Address/Phone/Email**

**Category Subcategory**  
 Roofing  
 Asphalt Shingles

**Compliance Method**  
 Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer  
 Evaluation Report - Hardcopy Received

**Florida Engineer or Architect Name who developed the Evaluation Report** Robert Nieminen  
**Florida License** PE-59166  
**Quality Assurance Entity** UL LLC  
**Quality Assurance Contract Expiration Date** 05/03/2014  
**Validated By** John W. Knezevich, PE  
 Validation Checklist - Hardcopy Received

**Certificate of Independence** FL10124\_R11\_COI\_Trinity ERD CI - Nieminen - 2013.pdf

**Referenced Standard and Year (of Standard)**  

Standard	Year
ASTM D3161 (Class F)	2006
ASTM D3462	2007
ASTM D7158 (Class H)	2007
TAS 107	1995

**Equivalence of Product Standards Certified By**

**Sections from the Code**

**Product Approval Method** Method 1 Option D



Date Submitted 08/29/2013  
 Date Validated 08/29/2013  
 Date Pending FBC Approval 09/08/2013  
 Date Approved 10/18/2013

Summary of Products	
FL # 10124.1	Model, Number or Name GAF Asphalt Roof Shingles
Description Fiberglass reinforced 3-tab, laminated, 5-tab and hip/ridge asphalt shingles	
Installation Instructions FL10124_R11_II_e082913FINAL_GAF Asphalt Shingles_FL10124-R11.pdf	
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Others Refer to ER, Section 5.	
Verified By: Robert Nieminen PE-59166 Created by Independent Third Party: Yes	
Evaluation Reports FL10124_R11_AE_e082913FINAL_GAF Asphalt Shingles_FL10124-R11.pdf	
Created by Independent Third Party: Yes	

[Back](#) [Next](#)

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

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EXTERIOR RESEARCH & DESIGN, LLC.  
*Certificate of Authorization #9503*  
353 CHRISTIAN STREET, UNIT #13  
OXFORD, CT 06478  
PHONE: (203) 262-9245  
FAX: (203) 262-9243

## EVALUATION REPORT

### GAF

1361 Alps Road, Building 7-3  
Wayne, NJ 07470

**Evaluation Report 01506.01.08-R13**  
**FL10124-R11**  
**Date of Issuance: 01/03/2008**  
**Revision 13: 08/29/2013**

### SCOPE:

This Evaluation Report is issued under Rule 9N-3 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code and Florida Building Code, Residential Volume. The products described herein have been designed to comply with the 2010 Florida Building Code sections noted herein.

### DESCRIPTION: GAF Asphalt Roof Shingles

**LABELING:** Each unit shall bear labeling in accordance with the requirements the Accredited Quality Assurance Agency noted herein.

**CONTINUED COMPLIANCE:** This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement to notify Robert Nieminen, P.E. if the product changes or the referenced Quality Assurance documentation changes. Trinity|ERD requires a complete review of this Evaluation Report relative to updated Code requirements with each Code Cycle.

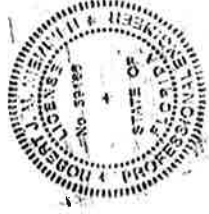
**ADVERTISEMENT:** The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

**INSPECTION:** Upon request, a copy of this entire Evaluation Report shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This Evaluation Report consists of pages 1 through 5.

### Prepared by:

**Robert J.M. Nieminen, P.E.**  
*Florida Registration No. 59166, Florida DCA AME1983*



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 08/29/2013. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

### CERTIFICATION OF INDEPENDENCE:

1. Trinity|ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
2. Trinity|ERD is not owned, operated or controlled by any company manufacturing or distributing products it evaluates.
3. Robert Nieminen, P.E. does not have nor will acquire, a financial interest in any company manufacturing or distributing products for which the evaluation reports are being issued.
4. Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.



**ROOFING SYSTEMS EVALUATION:**
**1. SCOPE:**

**Product Category:** Roofing  
**Sub-Category:** Asphalt Shingles

**Compliance Statement:** GAF Asphalt Roof Shingles, as produced by GAF, have demonstrated compliance with the following sections of the Florida Building Code and Florida Building Code, Residential Volume through testing in accordance with the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

**2. STANDARDS:**

<b>Section</b>	<b>Property</b>	<b>Standard</b>	<b>Year</b>
1507.2.5, R905.2.4	Physical Properties	ASTM D3462	2007
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D3161, Class F	2006
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D7158, Class H	2007
1507.2.7.1, R905.2.6.1	Wind Resistance	TAS 107	1995

**3. REFERENCES:**

<b>Entity</b>	<b>Examination</b>	<b>Reference</b>	<b>Date</b>
GAF (PDM 1915)	Letter of Equivalency	Seal-A-Ridge Impact Resistant IR	01/13/2012
PRI (TST 5878)	ASTM D3462	GAF-059-02-01	09/02/2004
PRI (TST 5878)	ASTM D3462	GAF-080-02-01	05/25/2005
UL (TST 1740)	Wind Driven Rain	GAF-407-02-01	01/21/2013
UL (TST 1740)	ASTM D3462	93NK6295	11/29/1993
UL (TST 1740)	ASTM D3462	99NK43835	01/12/2000
UL (TST 1740)	TAS 107	94NK9632	03/29/2000
UL (TST 1740)	ASTM D3462	01NK06632	02/02/2001
UL (TST 1740)	ASTM D3161, TAS 107	01NK9226	05/21/2001
UL (TST 1740)	ASTM D3161	01NK37122	12/18/2001
UL (TST 1740)	ASTM D3462	01NK37122	12/19/2001
UL (TST 1740)	ASTM D3161, TAS 107	02NK12980	04/10/2002
UL (TST 1740)	ASTM D3161, TAS 107	02NK30871	09/09/2002
UL (TST 1740)	ASTM D3161	03CA5367	03/11/2003
UL (TST 1740)	ASTM D3462	03NK26444	10/17/2003
UL (TST 1740)	ASTM D3462	04NK13850	06/07/2004
UL (TST 1740)	ASTM D3161	04NK13850	06/23/2004
UL (TST 1740)	ASTM D3161	04NK30546	03/10/2005
UL (TST 1740)	ASTM D3462	04NK22009	05/06/2005
UL (TST 1740)	ASTM D3161	04NK22009	05/09/2005
UL (TST 1740)	ASTM D3462	05NK27924	02/10/2006
UL (TST 1740)	ASTM D3161	05NK27924	02/11/2006
UL (TST 1740)	ASTM D3161, D3462	06CA18077	06/05/2006
UL (TST 1740)	ASTM D3161, D3462	06CA18074	06/16/2006
UL (TST 1740)	ASTM D3161, D3462	06CA35251	10/18/2006
UL (TST 1740)	ASTM D3462	06CA31603	12/01/2006
UL (TST 1740)	ASTM D3161, D3462	06CA41095	12/27/2006
UL (TST 1740)	ASTM D3161	07NK05228	03/13/2007
UL (TST 1740)	ASTM D3161	06CA31611	04/04/2007
UL (TST 1740)	ASTM D3161	06CA61148	04/09/2007
UL (TST 1740)	ASTM D3161, D3462	07CA31742	11/08/2007
UL (TST 1740)	ASTM D3161, D3462	08CA06100	03/13/2008
UL (TST 1740)	ASTM D3161, D3462	07CA55908	04/01/2008
UL (TST 1740)	ASTM D3161, D3462	09CA10592	03/26/2009
UL (TST 1740)	ASTM D3161, D3462	09CA06856	05/15/2009
UL (TST 1740)	ASTM D3161, D7158, D3462	09NK06647	08/01/2009
UL (TST 1740)	ASTM D3161, D7158, D3462	09CA27281	08/27/2009
UL (TST 1740)	ASTM D3161, D7158, D3462	10CA35554	03/05/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	10CA13686	05/15/2010
UL (TST 1740)	ASTM D3462	10CA07264	05/27/2010
UL (TST 1740)	ASTM D3462	10CA11953	10/29/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	10NK11951	10/30/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	10NK12070	11/04/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	08CA06100	01/30/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	10CA53934	03/31/2011
UL (TST 1740)	ASTM D3161, D7158, D3462	11CA48924	10/22/2011
UL (TST 1740)	ASTM D3161, D7158, D3462	11CA47919	12/03/2011
UL (TST 1740)	ASTM D3161, D7158, D3462	11CA48408	12/08/2011



<b>Entity</b>	<b>Examination</b>	<b>Reference</b>	<b>Date</b>
UL (TST 1740)	ASTM D3161, D7158, D3462	11CA48725	12/09/2011
UL, LLC. (TST 9628)	ASTM D3462	12CA34891	10/12/2012
UL, LLC. (TST 9628)	ASTM D3161, D7158, D3462	12CA58151	02/15/2013
UL, LLC. (TST 9628)	ASTM D3161	12CA38083	02/26/2013
UL, LLC. (TST 9628)	ASTM D3161	13CA32332	06/18/2013
UL, LLC. (TST 9628)	ASTM D3161	13CA37934	08/02/2013
UL, LLC. (QUA 9625)	Quality Control	Inspection Report, File No. R21	05/03/2013

**4. PRODUCT DESCRIPTION:**

- 4.1 Marquis WeatherMax, Royal Sovereign and Sentinel are a fiberglass reinforced, 3-tab asphalt roof shingles.
- 4.2 Camelot II, Capstone, Country Mansion, Country Mansion II, Grand Canyon, Grand Sequoia, Grand Sequoia IR, Grand Slate, Grand Slate II, Monaco, Sienna, Timberline American Harvest, Timberline ArmorShield II, Timberline Natural Shadow, Timberline Natural Shadow Arctic White, Timberline HD, Timberline Cool Series, Timberline Ultra HD and Woodland are fiberglass reinforced, laminated asphalt roof shingles.
- 4.3 Slateline is a fiberglass reinforced, 5-tab asphalt roof shingle.
- 4.4 Seal-A-Ridge, Seal-A-Ridge Armorshield, Seal-A-Ridge IR and Timbertex Hip and Ridge are fiberglass reinforced, hip and ridge asphalt roof shingles.
- 4.5 Pro-Start Starter Strip Shingles and WeatherBlocker Starter Strip Shingles are a starter strips for asphalt roof shingles.

**5. LIMITATIONS:**

- 5.1 This Evaluation Report is not for use in the HVHZ.
- 5.2 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.
- 5.3 Wind Classification:
- 5.3.1 All GAF shingles noted herein are Classified in accordance with FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F and/or ASTM D7158, Class H, indicating the shingles are acceptable for us in all wind zones up to  $V_{asd} = 150$  mph ( $V_{ult} = 194$  mph). Refer to Section 6 for installation requirements to meet this wind rating.
- 5.3.2 All GAF hip & ridge shingles noted herein are Classified in accordance with FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F, indicating the shingles are acceptable for us in all wind zones up to  $V_{asd} = 150$  mph ( $V_{ult} = 194$  mph). Refer to Section 6 for installation requirements to meet this wind rating.
- 5.3.3 Classification by ASTM D7158 applies to exposure category B or C and a building height of 60 feet or less. Calculations by a qualified design professional are required for conditions outside these limitations. Contact the shingle manufacturer for data specific to each shingle.
- 5.4 All products in the roof assembly shall have quality assurance audit in accordance with the Florida Building Code and F.A.C. Rule 9N-3.

**6. INSTALLATION:**

**6.1 Underlayment:**

6.1.1 Underlayment shall be acceptable to GAF and shall hold current Florida Statewide Product Approval, or be Locally Approved per Rule 9N-3, per FBC Sections 1507.2.3, 1507.2.4 or R905.2.3.

**6.2 Starter Shingles:**

6.2.1 Installation of Pro-Start Starter Strip Shingles and WeatherBlocker Starter Strip Shingles shall comply with the manufacturer's current published instructions.

**6.3 Asphalt Shingles:**

6.3.1 Installation of asphalt shingles shall comply with the manufacturer's current published instructions, using minimum four (4) nails per shingle in accordance with FBC Sections 1507.2 or R905.2, with the following exceptions:

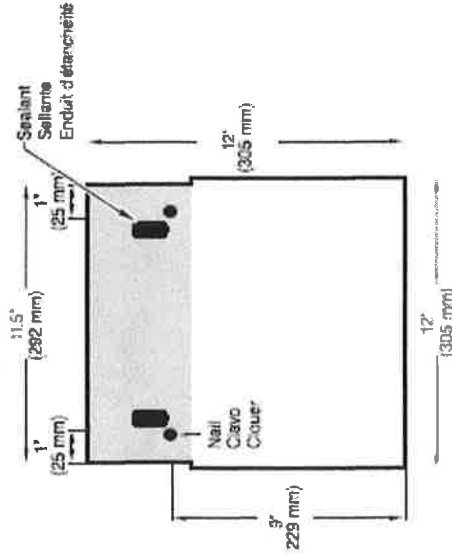
- Camelot, Camelot II, Grand Canyon, Grand Sequoia, Grand Sequoia IR, Grand Slate, Grand Slate II and Woodland require minimum five (5) nails per shingle.
- Slateline requires minimum six (6) nails per shingle.

6.3.2 Fasteners shall be in accordance with manufacturer's published requirements, but not less than FBC 1507.2.6 or R905.2.5. Staples are not permitted.

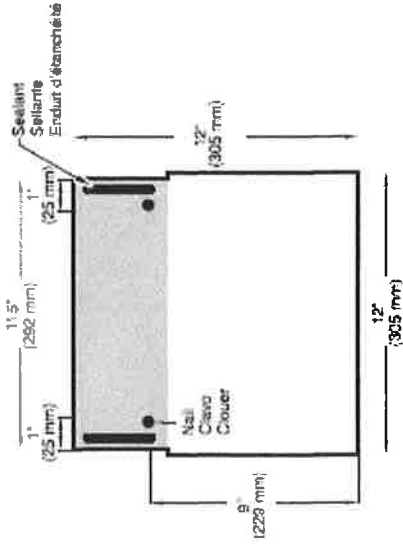
6.3.3 Where the roof slope exceeds 21 units vertical in 12 units horizontal, special methods of fastening are required. Contact the shingle manufacturer for details.

**6.4 Hip & Ridge Shingles:**

6.4.1 Installation of Seal-A-Ridge, Seal-A-Ridge Armorshield and Seal-A-Ridge IR asphalt shingles shall comply with the manufacturer's current published instructions with a minimum two (2) nails, minimum 3/8-inch head diameter, per shingle and nominal 0.25-inch diameter beads of Henkel "Loctite PL S30 Roof & Flashing Sealant".



6.4.2 Installation of Timbertex Hip and Ridge asphalt shingles shall comply with the manufacturer's current published instructions with a minimum two (2) nails, minimum 3/8-inch head diameter, per shingle and beads of Sonneborn NP1 Gun Grade Polyurethane Sealant or Henkel PL Roofing and Flashing Sealant.



6.4.3 Fasteners shall be in accordance with the manufacturer's published requirements, but not less than FBC 1507.2.6 or R905.2.5. Staples are not permitted.

**7. LABELING:**

- 7.1 Each unit shall bear a permanent label with the manufacturer's name, logo, city, state and logo of the Accredited Quality Assurance Agency noted herein.
- 7.2 Asphalt shingle wrappers shall indicate compliance with one of the required classifications detailed in FBC Table 1507.2.7.1 / R905.2.6.1.

**8. BUILDING PERMIT REQUIREMENTS:**

As required by the Building Official or Authority Having Jurisdiction in order to properly evaluate the installation of this product.

**9. MANUFACTURING PLANTS:**

Contact the named QA entity for information on which plants produce products covered by Florida Rule 9N-3 QA requirements.

**10. QUALITY ASSURANCE ENTITY:**

UL LLC – QUA9625; (847) 664-3281

- END OF EVALUATION REPORT -



# CERTIFICATE OF LIABILITY INSURANCE

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: (407) 894-0447 Fax: (407) 894-7609  
**ALL RISK MANAGEMENT INSURANCE SERVICES, INC.**  
 2426 E. ROBINSON ST  
 ORLANDO FL FL

CONTACT All Risk Management Insurance Services, Inc.  
 NAME  
 PHONE (A/C No. Ext.) (407) 894-0447 FAX (407) 894-7609  
 E-MAIL ADDRESS: alrisk@cfl.rr.com (A/C. No.)

INSURED Agency Lic#: A261900  
**M.J. CONSTRUCTION, INC.**  
**DBA M.J. CARPENTRY, INC.**  
 4099 FLORAL WOOD CT.  
 ORLANDO FL 32812

INSURER(S) AFFORDING COVERAGE  
 INSURER A : MESA UNDERWRITERS SPECIALTY INSURANCE CO.  
 INSURER B :  
 INSURER C :  
 INSURER D :  
 INSURER E :  
 INSURER F :

**COVERAGES** CERTIFICATE NUMBER: 1354

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 INSR	SUBR WMD	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 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			MP0009007001675	07/23/13	07/23/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ WC STATUTORY LIMITS 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

CANCELLATION

CITY OF BELLE ISLE  
 1600 NELA AVE  
 BELLE ISLE, FL. 32809

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

AUTHORIZED REPRESENTATIVE

Attention:

ACORD 25 (2010/05)

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# CERTIFICATE OF LIABILITY INSURANCE

0516  
11/22/2013

**Producer:** Lion Insurance Company  
2739 U.S. Highway 19 N.  
Holiday, FL 34691  
(727) 938-5562

**Insured:** South East Personnel Leasing, Inc. & Subsidiaries  
2739 U.S. Highway 19 N.  
Holiday, FL 34691

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insurers Affording Coverage

Insurer A: Lion Insurance Company  
Insurer B:  
Insurer C:  
Insurer D:  
Insurer E:

NAIC #  
11075

**Coverages**

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADCL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits
		<b>GENERAL LIABILITY</b> Commercial General Liability Claims Made <input type="checkbox"/> Occur <input type="checkbox"/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC <input type="checkbox"/>				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$
		<b>AUTOMOBILE LIABILITY</b> 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) \$ Each Occurrence \$ Aggregate \$
A		<b>EXCESS/UMB BRELLA LIABILITY</b> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible	WC 71948	01/01/2013	01/01/2014	WC Statutory Limits E.L. Each Accident \$1,000,000 E.L. Disease - Ea Employee \$1,000,000 E.L. Disease - Policy Limits \$1,000,000
		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.				

**Other** Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616

**Descriptions of Operations/Locations/Vehicles/Exclusions** added by Endorsement/Special Provisions:  
Coverage only applies to active employee(s) of South East Employee Leasing Services, Inc. that are leased to the following "Client Company":  
MJ Carpentry, Inc. dba MJ Construction & Remodeling  
Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in FL.  
Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.  
A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

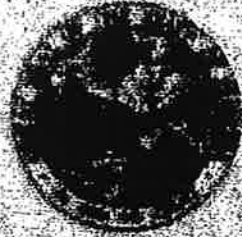
**Project Name:** Client ID: 37-57-008  
FAX: 407-696-0773 & 407-240-2222 / ISSUE 04-13-12 (TD) Reissued 12/10/12 (SH) / REISSUE 11-22-13 (TD)

**CANCELLATION**  
Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

**CERTIFICATE HOLDER**  
CITY OF BELLE ISLE  
1600 NELA AVENUE  
BELLE ISLES, FL 32809

Sign Date 10/21/2010





STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

AC# 532EE12

CBC057624

08/31/12 128064720

CERTIFIED BUILDING CONTRACTOR  
JENSEN, MARK DANIEL  
M J CARPENTRY INC

IS CERTIFIED under the provisions of Ch. 489 FS  
expiration date: AUG 31, 2014 L12083102505