



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: Re-Roof – 800 SF asphalt shingles</p> <p>Comments: None</p> <p>Project Information Address: 2036 Hoffner Ave, Belle Isle, FL 32809 Property Owner: Price, Stephen Phone Number: None ***** Company Name: Gold Key International, Inc. Contractor Name: Hewitt, Harry III License Number: CBC060009 Address: 6009 S. Orange Avenue, Orlando, FL 32809 Phone Number: 321-436-7338</p>	<p align="center">Permit Number: 2014-07-057</p> <p>Date of Application: 07/29/2014 Date Permit Issued: 07/30/2014</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>
---	---

BUILDING FEATURES

<p>IMPACT FEES</p> <p>Traffic \$ School \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$30.00</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Boat Dock \$ Boat House \$ Building \$ Demo \$ Door(s) \$ Driveway \$ Electrical \$ Fence \$ Gas \$ Irrigation \$ Low Voltage \$ Mechanical \$ Plumbing \$ Pool \$ Roofing \$35.00 Screen Encl \$ Shed \$ Temp Pole \$ Window(s) \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p align="center">TOTAL FEES \$69.00</p> <p>Date Paid <u>7-31-14</u></p> <p>CC or Check # <u>VISA</u></p> <p>Amount Paid <u>\$69.00</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 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><input type="checkbox"/> BUILDING 1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>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><input checked="" type="checkbox"/> ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR 1ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2ND ROOFING Covering In-Progress _____ 3RD ROOFING Covering Final _____</p> <p><input type="checkbox"/> 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</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
---	---

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

PROJECT NUMBER 0115.1400393.0000

TASK NUMBER 01

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-07-057
Property Owner	Price, Stephen
Address	2036 Holmer Ave Brook
Nature of Improvement	7/29/14
Received Application	N/A
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	N/A
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	
Building Official Approved	7-30-2014
Comments	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



COBI Permit Fee Calculation Form

Reviewer Signature: AP Date: 7-30-2014

Permit Type:	<u>ROOFING</u>	Job Cost:	<u>\$ 2950-</u>
Permit Fee:	<u>\$ 35-</u>		
Plans Review Fee:	<u>0</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	<u>200 100</u>		
1.5% State Fee:	<u>200</u>		
TOTAL BUILDING FEE:	\$ <u>39-</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

$$25 + (45 \times 2) = 10 + 25 = 35$$



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

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.

ROOF PERMIT NUMBER 2014-07-057

DATE OF APPLICATION: 7/29/14

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

Project Address 2036 HOFFNER AVE Belle Isle, FL 32809 32812

Property Owner STEPHEN PRICE Phone _____

Property Owner's Mailing Address 2036 HOFFNER AVE City BELLE ISLE

State FL Zip Code 32809 Parcel Id Number: 18-23-30-3648-00-310

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

Class of Building: Old New Type of Building: Residential Commercial Other
 Type of Work: New Roof ReRoof

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

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

Roof Square Footage: 800 Number of Stories: 1 Job Valuation: \$ 2,950

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 # CCC1329157

LICENSE HOLDER NAME JEFFREY HEWITT COMPANY NAME GOLDKEY

Street Address 6021 S. ORANGE AVE State FL Zip Code 32809 Phone Number 407-851-0680

City ORLANDO

Email Address DOROTHY@GOLDKEYROOFING.COM

Zoning Fee \$ 30-
 Permit Fee \$ 35
 3% Florida Surcharge \$ 4-
 Total Permit Fee \$ 69-

Building Official: [Signature] Date 7-30-2014

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 _____

Permit Number: _____
Folio/Parcel ID #: 18-23-30-3648-00-310
Prepared by: GOLD KEY
6021 S. ORANGE AVE
ORLANDO, FL 32809
Return to: GOLD KEY
6021 S. ORANGE AVE
ORLANDO, FL 32809

DOC# 20140375777 B: 10780 P: 6672
07/28/2014 09:28:15 AM Page 1 of 1
Rec Fee: \$10.00
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: GOLD KEY



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.

1. Description of property (legal description of the property and street address if available)
C.H.HOFFNER SUB F/31 LOT 31 & SWLY 56 FT DE LOT 31 & LAND TO LAKE DB 6371302 & BEG NLY MK
2. General description of improvement COR OF SW 56 FT OF LOT 32 & UN'S 4 DEG E 32.87 FT N 38 DEG E 4.54 FT N
PEROOF OF SHED IN FRONT YARD
45 DEG W 32.323 FT S 44 DEG W 2.27 FT TO POB

3. Owner information or Lessee information if the Lessee contracted for the improvement

Name STEPHEN PRICE
Address 2036 HOFFNER AVE

Interest in Property OWNER

Name and address of fee simple titleholder (if different from Owner listed above)

Name _____
Address _____

4. Contractor
Name GOLD KEY Telephone Number 407-851-0680
Address 6021 S. ORANGE AVE, ORLANDO, FL 32809

5. Surety (if applicable, a copy of the payment bond is attached)

Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____

6. Lender

Name _____ Telephone Number _____
Address _____ Telephone Number _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents be served as provided by §713.13(1)(a)7, Florida Statutes.

Name _____ Telephone Number _____
Address _____ Telephone Number _____

8. 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 _____ Telephone Number _____

9. 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) _____

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.

one

Signature of Owner of Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____

Steph H. Price

Signatory's Title/Office

The foregoing instrument was acknowledged before me this 25 day of July by Steph H. Price
month/year name of person

as _____ for _____

Rebecca Williamson

Type of authority e.g., officer, justice, attorney in fact

Signature of Notary Public - State of Florida

Name of party on behalf of whom instrument was executed

Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID _____
Type of ID Produced _____



State of Florida, County of Orange
I hereby certify that this is a true and correct copy of the documents as reflected in the Official Records.
MARTHA O. HAYNIE, COUNTY COMPTROLLER
By: _____
Dated: JUL 28 2014



City of Belle Isle

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

Product Approval Form

DATE: 7/29/14 PERMIT # _____
PROJECT ADDRESS 18-23-30-3648-00-310 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							
Swinging				Sliding	WALL PANELS		
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS							
Single/Dbt Hung				Asphalt Shingles	ROOFING PRODUCTS		
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other			
Skylights							
Other							
STRUCTURAL COMPONENTS							
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

Approved LANDMARKS FL5444-R7



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 _____ Date 7/25/14

Signature
SEFF PELUCCI

Searches

Sales Search

Results

Property Record Card

My Favorites

Sign up for e-Notify

2036 Hoffner Ave < 18-23-30-3648-00-310 >

Name(s)
 Price Stephen H
 Price Sandra L
 Mailing Address Only
 2036 Hoffner Ave
 Belle Isle, FL 32809-3530
 Incorrect Mailing Address?

Physical Street Address
 2036 Hoffner Ave
 Postal City and Zipcode
 Orlando, FL 32809
 Property Use
 0130 - Sfr - Lake Front
 Municipality
 Belle Isle



Update Information

[Values, Exemptions and Taxes](#) |
 [Property Features](#) |
 [Sales Analysis](#) |
 [Location Info](#) |
 [Market Stats](#)

View Plot

Property Description

C H HOFFNERS SUB F/37 LOT 31 & SWLY 56 FT OF LOT 32 & LAND TO LAKE DB 037/302 & BEG NLY MOST COR OF SW 56 FT OF LOT 32 RUN S 41 DEG E 32.97 FT N 38 DEG E 4 54 FT N 45 DEG W 32.323 FT S 44 DEG W 2.27 FT TO POB & (LESS COMM NELY MOST COR OF SWLY 56 FT OF LOT 32 RUN S 41 DEG E 91 92 FT FOR POB TH S 41 DEG E 37 15 FT S 48 DEG W 7 11 FT N 42 DEG W 37 15 FT N 48 DEG E 7 27 FT TO POB)

Total Land Area 48,687 sqft (+/-) | 1.12 acres (+/-) | GIS Calculated Notice

Land Use Code	Zoning	Land Units	Land Value	Unit Price	Class Unit Price	Class Value
0130 - Sfr - Lake Front	R-1-AA	1 LOT(S)	\$400,000	\$400,000.00	\$0.00	\$400,000

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure	
Model Code:	01 - Single Fam Residence	Actual Year Built:	1924
Type Code:	0103 - Single Fam Class III	Beds:	3
Building Value:	\$206,773	Baths:	4.5
Estimated New Cost:	\$397,640	Floors:	2
		Gross Area:	4574 sqft
		Living Area:	3510 sqft
		Exterior Wall:	Common Brck
		Interior Wall:	Plastered

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
FPL2 - Average Fireplace	01/01/1924	1 Unit(s)	\$2,300
PT2 - Patio 2	01/01/1979	1 Unit(s)	\$2,000
BC3 - Boat Cover 3	01/01/1997	1 Unit(s)	\$6,000
PT3 - Patio 3	01/01/1997	1 Unit(s)	\$4,000
WLDC - Wall Dec	01/01/1997	535 Unit(s)	\$10,700
BD1 - Boat Dock 1	01/01/1999	1 Unit(s)	\$1,000

Page 1 of 1 (6 total records)

This Data Printed on 06/16/2014 and System Data Last Refreshed on 06/15/2014

Sire Notice • About Us • Contact Us • OCPAFL Home • Property Search • Exemption FRAUD Hotline

Orange County Property Appraiser • 200 S. Orange Avenue, Suite 1700 • Orlando, FL 32801

Office Hours: 8:00 a.m. to 5:00 p.m. Monday - Friday • Phone: 407.836.5044

Copyright © 2010 Orange County Property Appraiser. All rights reserved.



Business & Professional Regulation
 Florida Department of Business & Professional Regulation
 Product Approval
 USER: Public User

[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	ALL
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

Go to Page [1](#) [2](#)

[1](#) [2](#) Page 1 / 2

FL#	Type	Manufacturer	Validated By	Status
FL477-R5 History	Revision	CertainTeed Corporation-Roofing Category: Roofing Subcategory: Built up Roofing	John W. Knezevich, PE (954) 772-6224	Approved
FL490-R5 History	Editorial Change	CertainTeed Corporation-Roofing Category: Roofing Subcategory: Cements-Adhesives-Coatings	John W. Knezevich, PE (954) 772-6224	Approved
FL491-R4 History	Revision	CertainTeed Corporation-Roofing Category: Roofing Subcategory: Roofing Insulation	John W. Knezevich, PE (954) 772-6224	Approved
FL2533-R11 History	Revision	CertainTeed Corporation-Roofing Category: Roofing Subcategory: Modified Bitumen Roof System	John W. Knezevich, PE (954) 772-6224	Approved
FL5444-R2 History	Revision	CertainTeed Corporation-Roofing Category: Roofing Subcategory: Asphalt Shingles	John W. Knezevich, PE (954) 772-6224	Approved

Go to Page [1](#) [2](#)

[1](#) [2](#) Page 1 / 2

*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

The State of Florida is an AA/EEO employer. [GovPrint 2007-2013](#) [State of Florida](#) :: [Privacy Statement](#) :: [Accessibility Statement](#) :: [Refund Statement](#)

Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2013, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The email provided may be used for official communication with the licensee. However, email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click [here](#).

Product Approval Accepts:



TRINITY ERD

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

CertainTeed Corporation
1400 Union Meeting Road
Blue Bell, PA 19422

Evaluation Report 3532.09.05-R6
FL5444-R6
Date of Issuance: 09/22/2005
Revision 6: 02/27/2014

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.

DESCRIPTION: CertainTeed Asphalt Roofing Shingles.

LABELING: Each unit shall bear labeling in accordance with the requirements of 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 11.

Prepared by:



Robert J.M. Nieminen, P.E.
Florida Registration No. 59166, Florida DCA ANE1983



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 02/27/2014. 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: CertainTeed Asphalt Roofing Shingles, as produced by CertainTeed Corporation, 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:

Section	Property	Standard	Year
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

3. REFERENCES:

Entity	Examination	Reference	Date
UL (TST 1740)	ASTM D3161	94NK9632	05/15/1998
UL (TST 1740)	ASTM D3161	99NK26506	11/23/1999
UL (TST 1740)	ASTM D3161	03CA12702	05/27/2003
UL (TST 1740)	ASTM D3161	03CA12702	06/16/2003
UL (TST 1740)	ASTM D3161	03NK29847	10/03/2003
UL (TST 1740)	ASTM D3161	04CA11329	05/24/2004
UL (TST 1740)	ASTM D3161	04CA32986	12/03/2004
UL (TST 1740)	ASTM D3161	05NK07049	04/15/2005
UL (TST 1740)	ASTM D3161	05NK16778	05/12/2005
UL (TST 1740)	ASTM D3161	05CA16778	05/12/2005
UL (TST 1740)	ASTM D3161	05NK14836	05/22/2005
UL (TST 1740)	ASTM D3161	05NK22800	06/22/2005
UL (TST 1740)	ASTM D3462	R684	09/21/2005
UL (TST 1740)	ASTM D7158	05NK08037	06/28/2006
UL (TST 1740)	ASTM D3161 & D3462	09CA28873	07/23/2009
UL (TST 1740)	ASTM D3462	10CA41303	10/07/2010
UL (TST 1740)	ASTM D3161	10CA41303	10/08/2010
UL (TST 1740)	ASTM D7158	10CA41303	10/27/2010
UL (TST 1740)	ASTM D3161 & D3462	10CA44960	11/11/2010
UL LLC (TST 9628)	ASTM D3161, D3462 & D7158	13CA32897	11/21/2013
UL LLC (QUA 9625)	Quality Control	Service Confirmation	Exp. 02/13/2016

4. PRODUCT DESCRIPTION:

- 4.1 CT20™, XT™ 25 and XT™ 30 are fiberglass reinforced, 3-tab asphalt roof shingles.
- 4.2 Carriage House Shangle®, Centennial Slate™, Grand Manor Shangle®, Landmark™, Landmark™ Pro, Landmark™ Premium, Landmark™ TL and Landmark™ Solaris are fiberglass reinforced, laminated asphalt roof shingles.
- 4.3 Presidential Shake™ and Presidential Shake TL™ are fiberglass reinforced, architectural asphalt roof shingles.
- 4.4 Hatteras™ and Highland Slate™ are fiberglass reinforced, 4-tab asphalt roof shingles.
- 4.5 Patriot™ is a fiberglass reinforced asphalt roof strip-shingle (with no cut-outs) providing a laminated appearance through an intermittent shadow line with contrasting blend drops for color definition.
- 4.6 Presidential Accessory, Accessory for Hatteras, Shangle Ridge™, Shadow Ridge™ and Cedar Crest™ are fiberglass reinforced accessory shingles for hip and ridge installation.
- 4.7 Any of the above listed shingles may be produced in AR (algae resistant) versions.

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 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 use in all wind zones up to $V_{asd} = 150$ mph ($V_{uit} = 194$ mph). Refer to Section 6 for installation requirements to meet this wind rating.
 - 5.3.2 Presidential Accessory, Accessory for Hatteras, Shangle Ridge, Shadow Ridge and Cedar Crest hip & ridge shingles have been evaluated in accordance with ASTM D3161, Class F when BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant, applied as specified in manufacturer's application instructions, indicating the shingles are acceptable for use in all wind zones up to $V_{asd} = 150$ mph ($V_{uit} = 194$ mph).
 - 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.
 - 5.3.3.1 Analysis in accordance with ASTM D7158 indicates the measured uplift resistance (R_T) for the CertainTeed asphalt roofing shingles listed in Section 4.1 through 4.5 exceeds the calculated uplift force (F_T) at a maximum design wind speed of $V_{asd} = 150$ mph ($V_{uit} = 194$ mph) for residential buildings located in Exposure D conditions with no topographical variations (flat terrain) having a mean roof height less than or equal to 60 feet.
- 5.4 The shingles are permissible under Code for installation in these conditions using the installation procedures detailed in this Evaluation Report and CertainTeed minimum requirements, subject to minimum codified fastening requirements established within any local jurisdiction, which shall take precedence.
- 5.4 All products in the roof assembly shall have quality assurance audits in accordance with the Florida Building Code and F.A.C. Rule 9N-3.

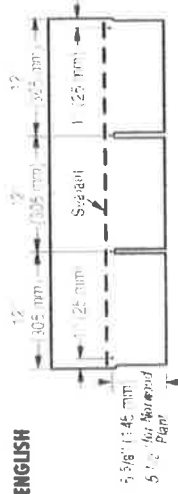
6. INSTALLATION:

- 6.1 Roof deck, slope, underlayment and fasteners shall comply with FBC 1507.2 / R905.2 and the shingle manufacturer's minimum requirements.
- 6.1.1 Underlayment shall be acceptable to CertainTeed Corporation 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 Installation of asphalt shingles shall comply with the manufacturer's current published instructions, using minimum four (4) nails per shingle in accordance with FBC 1507.2.7 or Section R905.2.6 and the minimum requirements herein.
- 6.2.1 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.
- 6.2.2 Where the roof slope exceeds 21 units vertical in 12 units horizontal, use the "Steep Slope" directions.
- 6.3 CertainTeed asphalt shingles are acceptable for use in reroof (tear-off) or recover applications, subject to the limitations set forth in FBC Section 1510 and CertainTeed published installation instructions.

6.3.1 CT20™, XT™ 25, and XT™ 30:

LOW AND STANDARD SLOPE

ENGLISH



METRIC



Figure 11-3: Use four nails for every full shingle.

STEEP SLOPE

(Use four nails and six spots of asphalt roofing cement* for every full shingle (Figure 11-4). Asphalt roofing cement meeting ASTM D-1586 Type II is suggested.

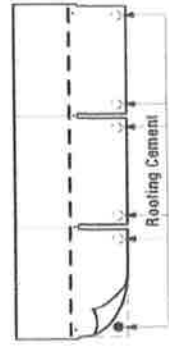


Figure 11-4: Use four nails and six spots of asphalt cement on steep slopes. *CAUTION: Excessive use of roofing cement can cause shingles to blister.

6.3.1.1 Hip & Ridge: Cut Shingles

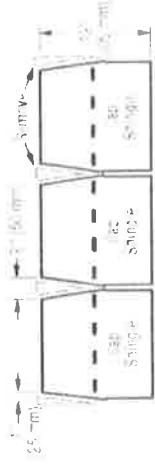


Figure 11-24: Cut tabs, then trim back to make cap shingles (English dimensions shown)

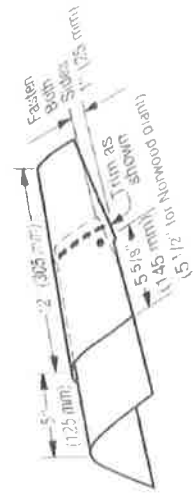


Figure 11-25: Installation of caps along the hips and ridges.

Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant, in accordance with manufacturer's instructions.

6.3.2 **Carriage House Shangle®, Centennial Slate™ and Grand Manor Shangle®:**

LOW AND STANDARD SLOPE

Use five nails for every full Shangle.

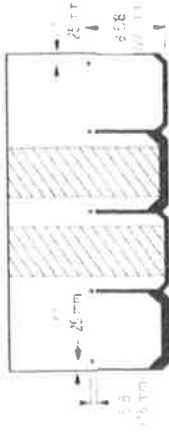


Figure 17-1 Use five nails for every full Grand Manor Shangle, Carriage House Shangle or Centennial Slate.

STEEP SLOPE

Use seven nails and three spots of asphalt roofing cement for every full Grand Manor Shangle. Use five nails and three spots of asphalt roofing cement for every full Carriage House Shangle and Centennial Slate. Apply asphalt roofing cement 1" (25 mm) from edge of shingle (Figure 17-5). Asphalt roofing cement meeting ASTM D 1580, Type II is suggested.

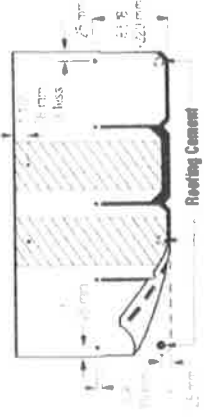


Figure 17-5 When installing Grand Manor Shangles on steep slopes use seven nails and three spots of asphalt roofing cement.

6.3.2.1 **Hip & Ridge: Shangle® Ridge**

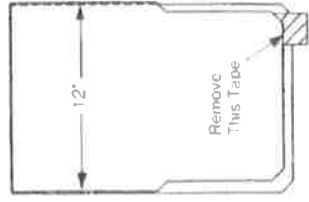


Figure 17-18: Shangle® Ridge.

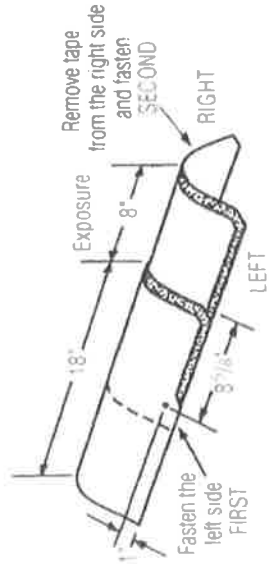


Figure 17-19: Installation of Shangle® Ridge shingles on hips and ridges.

Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

6.3.3

Landmark™, Landmark™ Pro (formerly Landmark™ Plus), Landmark™ Premium, Landmark™ TL and Landmark™ Solaris:

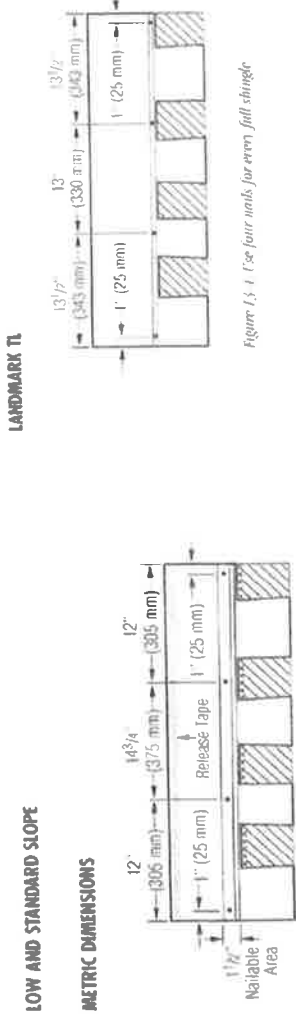


Figure 13-1 Use four nails for even full shingle

STEEP SLOPE

Use six nails and four spots of asphalt roofing cement for every full laminated shingle. See below. Asphalt roofing cement should meet ASTM D4586 Type II. Apply 1" spots of asphalt roofing cement under each corner and at about 1.2" to 1.5" in from each edge.

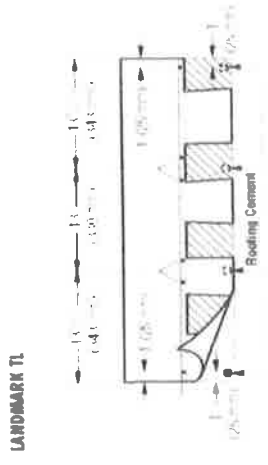
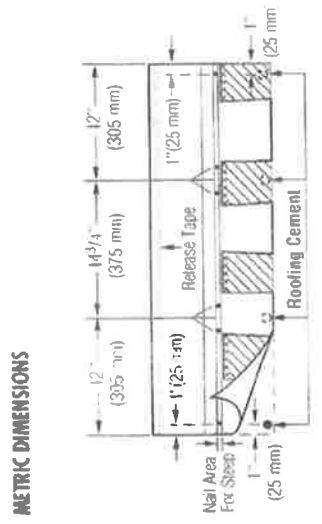


Figure 13-5 1 or six nails and four spots of asphalt roofing cement on steep slopes



6.3.3.1 Hip & Ridge, Option 1: Shadow Ridge™

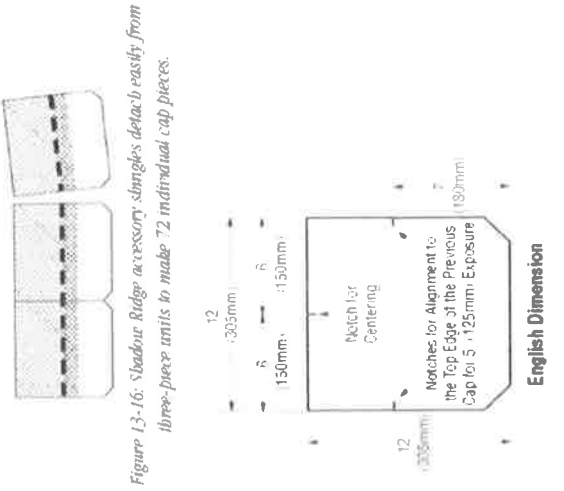


Figure 13-16: Shadow Ridge accessory shingles detail easily from three-piece units to make 72 individual cap pieces.

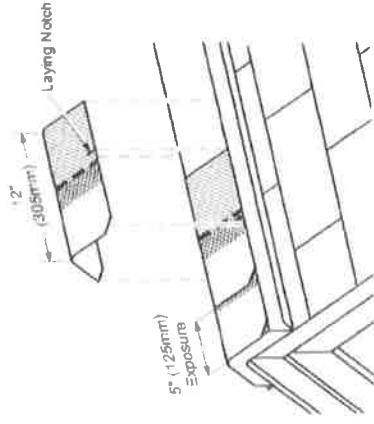
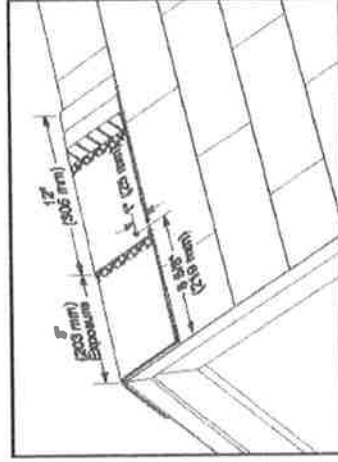


Figure 13-20: Use laying notches to center shingles on hips and ridges, and to break the correct exposure.

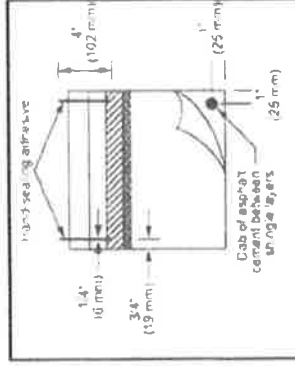
Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

6.3.3.2 Hip & Ridge, Option 2: Cedar Crest™

Use two fasteners per shingle. For the starter shingle, place fastener 1-inch from each side edge and about 2-inch up from the starter shingle's exposed butt edge. For each full Cedar Crest shingle, please fasteners 8-5/8-inch up from its exposed butt edge and 1-inch from each side edge.



Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant to hand-seal Cedar Crest shingles. Apply NP 1 or PL adhesive from the middle of the shingle's raised overlay on the top piece and extending approximately 4-inch along the sides of the headlap along a line 3/4 to 1-inch from each side of the shingle's headlap. Immediately align and apply the overlying shingle, gently pressing tab sides into the adhesive, and install nails. To secure the other side, apply a 1-inch diameter spot of NP 1 or PL adhesive between the shingle layers.



6.3.4

Presidential Shake™ and Presidential Shake TL™:

LOW AND STANDARD SLOPE:

For low and standard slopes, use five nails for each full Presidential shingle as shown below.

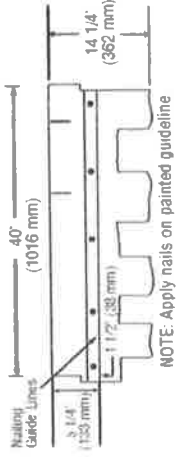


Figure 16-6: Fastening Presidential and Presidential TL Shake shingles on low and standard slopes.

STEEP SLOPE:

For steep slopes, use nine nails for each full Presidential shingle and apply 1" diameter spots of asphalt roofing cement under each shingle tab. After applying 5 nails in between the nailing guide lines, apply 4 nails 1" above tab joints making certain tabs of overlapping shingle cover nails.

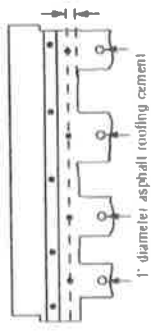


Figure 16-7: Fastening Presidential and Presidential TL Shake shingles on steep slopes.

6.3.4.1 Hip & Ridge, Option 1: Presidential Accessory

PRESIDENTIAL ACCESSORY

Presidential accessory shingles can be used for covering hips and ridges. Apply shingles up to the ridge (expose no more than 7" from the bottom edge of the "tooth." Fasten each accessory with two fasteners. The fasteners must be 1 3/4" long or longer, so they penetrate either 3/4" into the deck or completely through the deck. Presidential accessory comes in two different sizes: Accessory produced in Birmingham, AL is 12" x 12"; Portland, OR produces 9 7/8" x 13 1/4" accessory.

Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

6.3.4.2 Hip & Ridge, Option 2: Refer to instructions herein for Cedar Crest™ hip and ridge shingles.

6.3.5 **Hatteras™:**

LOW, STANDARD AND STEEP SLOPE:



Figure 15-1: Fastening Hatteras Shingles on Low and Standard Slopes

For low and standard slopes, use five nails for each full Hatteras shingle as shown above.

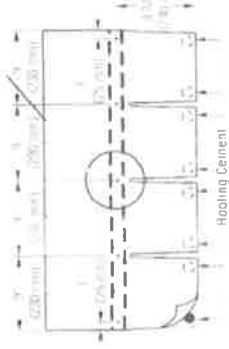


Figure 15-2: Fastening Hatteras Shingles on Steep Slopes

For steep slopes, use five nails and a spot of roofing cement for each full Hatteras Shingle as shown above. Apply 1/2" diameter spots of roofing cement (ASTM D 3161) to the top surface of each shingle under each tab. Press shingle into place. Do not expose cement.

CAUTION: For low and steep slopes, use 1 3/4" long nails.

6.3.5.1 Hip & Ridge, Option 1: Accessory for Hatteras

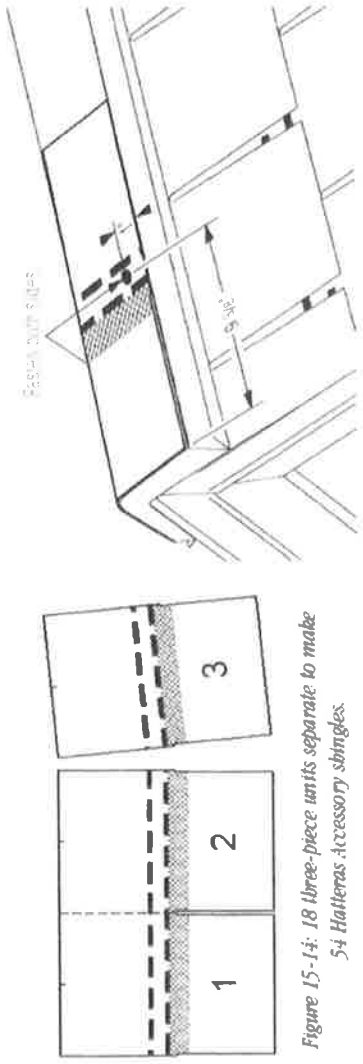


Figure 15-14: 18 lbree-piece units separate to make 54 Hatteras Accessory shingles.

Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

6.3.5.2 Hip & Ridge, Option 2: Cut Hatteras Shingles

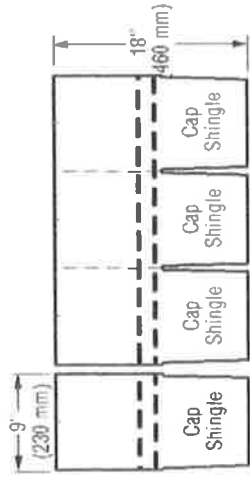


Figure 15-20: Cut Hatteras shingles to make cover cap.

Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

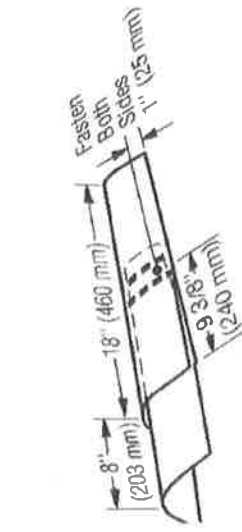


Figure 15-21: Installation of caps along hips and ridges.

6.3.6

Highland Slate™:

LOW AND STANDARD SLOPE:

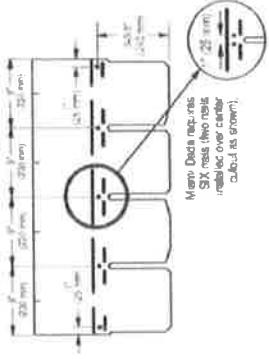


Figure 11-3: Use FIVE nails for every Highland Slate shingle.

STEEP SLOPE:

Use FIVE nails and EIGHT spots of asphalt roofing cement* for each full Highland Slate shingle. For Miami-Dade, SIX nails are required. Apply 1" diameter spots of asphalt roofing cement under each tab corner. Asphalt roofing cement meeting ASTM D4586 Type II is suggested.

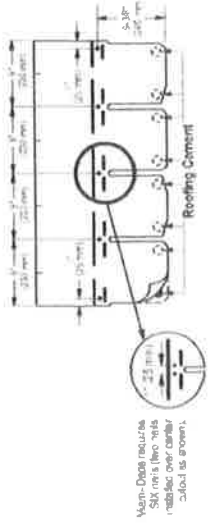


Figure 11-3a: Use FIVE nails and eight spots of asphalt roofing cement under each tab corner.

*CAUTION: Excessive use of roofing cement can cause shingles to blister.

6.3.6.1

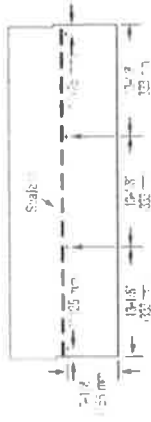
Hip & Ridge, Option 1: Refer to instructions herein for Cedar Crest™ or Shangle Ridge™ hip and ridge shingles.

6.3.7

Patriot™:

LOW AND STANDARD SLOPE

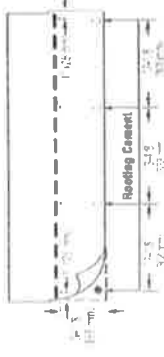
Use FOUR nails for every full shingle located as shown below.



STEEP SLOPE

Use FOUR nails and four spots of asphalt roofing cement for every full shingle as shown below. Asphalt roofing cement meeting ASTM D4586 Type II is suggested. Apply 1" (25 mm) spots of asphalt roofing cement as shown.

CAUTION: Excessive use of roofing cement can cause shingles to blister.



Hip & Ridge: Refer to instructions herein for Cedar Crest™, Shadow Ridge™ or Shangle Ridge™ hip and ridge shingles.

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; (414) 248-6409; karen.buchmann@us.ul.com

- END OF EVALUATION REPORT -



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

(850) 487-1395

HEWITT, JEFFREY ALLAN
 GOLD KEY INTERNATIONAL INC
 6009 SOUTH ORANGE AVENUE
 ORLANDO FL 32809



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND
 PROFESSIONAL REGULATION

AC# 6291827

CCC1329157 08/22/12 127010291

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 L12082202272

DETACH HERE

THIS DOCUMENT IS A COLORED BACKGROUND-IMPRINTED PAPER

AC#6291827

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12082202272

DATE	BATCH NUMBER	LICENSE NBR
08/22/2012	127010291	CCC1329157

The ROOFING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2014

HEWITT, JEFFREY ALLAN
 GOLD KEY INTERNATIONAL INC
 6009 SOUTH ORANGE AVENUE
 ORLANDO FL 32809

RICK SCOTT
 GOVERNOR

KEN LAWSON
 SECRETARY



CERTIFICATE OF LIABILITY INSURANCE

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 Newman Crane & Assoc. Ins. Inc. P. O. Box 568946 Orlando, FL 32856-8946 Newman Crane & Assoc. Ins.	CONTACT Newman Crane & Assoc. Ins. PHONE (A/C. No. EXT.) 407-859-3691 FAX (A/C. No.) 407-857-0409 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Gold Key International Inc. 6021 S. Orange Ave. Orlando, FL 32809	
INSURER A: FHB Insurance INSURER B: Travelers Insurance Company 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	ADJ. SUBR. INSD. W/D	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PER OCC <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		CPP000239602	04/28/2014	04/28/2015	EACH OCCURRENCE \$ 1,000,000 CONTRACT RELATED PREMISES (ES & AUTOS) \$ 100,000 MED. EXP. (Any one person) \$ 5,000 PERSONAL & ADW. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP. AGG. \$ 2,000,000 COMBINED SINGLE LIMIT (ES & AUTOS) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIREN AUTOS OTHER		BA8B763001	05/16/2014	05/16/2015	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ DED. RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPORTIONABLE PRODUCTIVE OFFICER/EMPLOYEE EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If Yes, describe other DESCRIPTION OF OPERATIONS BELOW
UMBRELLA LIAB. OCCUP. CLAIMS-MADE EXCESS LIAB.						

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

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Ave. Orlando, 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
--	--



CERTIFICATE OF LIABILITY INSURANCE

GOLDK-1 OP ID: KG

DATE (MM/DD/YYYY)
08/12/13

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 INNOVATIVE INSURANCE CONSULTANTS, INC. 5461 UNIVERSITY DRIVE, #103 CORAL SPRINGS, FL 33067 BRIAN J. MAMO	954-340-9551 954-340-9456	CONTRACT NAME: JEFFERY HEWITT	FAX (ASC, No): 407-447-5590
INSURED GOLD KEY INTERNATIONAL, INC. 6009 S. ORANGE AVE ORLANDO, FL 32809		PHONE (ASC, No, Ext): 407-851-0680	
		FAX (ASC, No): 407-447-5590	
		EMAIL ADDRESS: GOLDKEYFL@AOL.COM	NAIC # 10701
		INSURER(S) AFFORDING COVERAGE INSURER A: BRIDGEFIELD EMPLOYERS INS CO	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

REVISION NUMBER:

COVERAGES
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	ADDISUBR INSR LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	CENT AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC <input type="checkbox"/>					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED 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 DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe below DESCRIPTION OF OPERATIONS below		0830-48774	0815/13	08/15/14	X WC STATUTORY LIMITS X OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
FAX # 407-240-2222/407-447-5590

CERTIFICATE HOLDER CITY OF BELL ISLE 1600 NELA AVE BELL ISLE, FL 32809	CANCELLATION BELL-6
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 <i>Brian J. Mamo</i>	

ACORD 25 (2010/05) The ACORD name and logo are registered marks of ACORD © 1988-2010 ACORD CORPORATION. All rights reserved.



CITY OF BELLE ISLE
OCCUPATIONAL LICENSE
1600 Nela Avenue
Belle Isle, FL 32809

Business License Number:

L4-00076

Effective Date:

10/01/13

Expiration Date:

09/30/14

Fee:

30.00

Business Name:

GOLD KEY INTERNATIONAL, INC

Location:

6009 ORANGE AV

Classification:

OCCUPATIONAL LIC.

POST IN A CONSPICUOUS PLACE
NOT VALID UNLESS SIGNED BY CITY OFFICIAL

The person, firm, or corporation named above is hereby granted this license as the receipt for fees paid to the City of Belle Isle for the business described above for the period indicated. Granting of this certificate does not entitle the holder to operate or maintain a business in violation of any law or ordinance. The City of Belle Isle does not guarantee the qualifications of the holder of this certificate.


Cheryl Richardson
City Official

LOCAL OCCUPATIONAL LICENSE

City of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809
Phone: 407-851-7730 Fax 407-240-2222
www.cityofbelleislefl.org