



City of Belle Isle

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

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.**

Scope of Work: REROOF: 45sq, shingles

Comments: None

Project Information

Address: 2047 Hoffner Avenue, Belle Isle, FL 32809
Parcel ID: 18-23-30-8856-07-050
Property Owner: Bodiford, Heather
Phone Number: 407-851-4191

Company Name: Axiom Contracting Group, LLC
Contractor Name: Miller, Clifford
License Number: CCC1329763
Address: 210 Crown Point Circle, #200, Longwood, FL 32779
Phone Number: 407-625-5222

Permit Number: 2014-11-026

Date of Application: 11/26/2013

Date Permit Issued: 11/26/2013

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.

BUILDING FEATURES

IMPACT FEES

School \$

ZONING FEES

Zoning Fee \$30.00

UNIVERSAL ENG - BUILDING FEES

Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical \$
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$
Roofing \$180.00
Boat Dock \$
Screen Encl \$
Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.70
Surcharge Fee \$2.70

TOTAL FEES \$215.40

Date Paid 11-26-13

CC or Check # 3459

Amount Paid 215.40

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

BUILDING

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

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)

ROOFING

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip. Etc...)

1st _____ (Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

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-ec32f9e2e63>

login ID = cobi@universalengineering.com

password = universal13



City of Belle Isle
 1600 Nela Avenue, Belle Isle, FL 32809
 Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org
Building Permit (Land Use) Application

Received
 11-26-13

DATE: 11-20-13 PERMIT # 2014-11-026
 PROJECT ADDRESS 2047 HOFFNER AVENUE DELVADO 32809 32812
 Belle Isle, FL
 PROPERTY OWNER HEATHER BOOIFORD PHONE 951-4191 VALUE OF WORK (labor & material) \$ 31,500

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

RESIDENTIAL RE-ROOF

- Please provide information, if applicable.
- Survey specific foundation plan required to show compliance with zoning setbacks
 - BOAT DOCK: DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
 - PROVIDE SEPTIC RESIDENTIAL SYSTEM VERIFICATION - OC DOCUMENT 64E-6, FOR NEW / ALTERED / ADDITIONS to Septic System
 - Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 18-23-30-9956-07-050
 To obtain this information, please visit <http://www.occall.org/Searches/ParcelSearch.aspx>

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

Attached Survey ___ SETS and Construction Plans ___ SETS
 PLANNING & ZONING APPROVAL: _____ DATE _____

PLEASE COMPLETE for Building Review
 CONSTRUCTION TYPE _____
 OCCUPANCY GROUP _____ Comm _____ Res: _____ Single Fam _____ Multifam _____
 #BLDG. _____ #UNITS _____ #STORIES _____ TOTAL SQ.FT. 1558
 MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
 MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____
 WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER sq DATE 11-26-13
 NOTES _____

Per FSS 105.3.3:
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Waste Management is by legal contract the sole authorized provider of garbage, recycling, yard waste, and commercial garbage and construction debris collection and disposal services with the city limits of the City. Contractors, homeowners and commercial businesses may contact Waste Management at 407-788-0900 to setup accounts for Commercial, Construction Roll Off, or other services needed. Rates are fixed by contract and are available at City Hall or from Waste Management. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

Wind Load Category: A B C D

SPRINKLERS REQ'D	Y	N	RCD
IF Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			
ZONING	<input checked="" type="checkbox"/>	N	\$ 300
CERT OF OCC	<input checked="" type="checkbox"/>	N	\$
TRAFFIC	<input checked="" type="checkbox"/>	N	\$
SCHOOL	<input checked="" type="checkbox"/>	N	\$
FIRE	<input checked="" type="checkbox"/>	N	\$
SWIMMING POOL	<input checked="" type="checkbox"/>	N	\$
POOL ENCLOSURE	<input checked="" type="checkbox"/>	N	\$
BOAT DOCK	<input checked="" type="checkbox"/>	N	\$
BUILDING	<input checked="" type="checkbox"/>	N	\$
WINDOW(S)	<input checked="" type="checkbox"/>	N	\$
DOOR(S)	<input checked="" type="checkbox"/>	N	\$ 1800
OTHER <u>Permit</u>	<input checked="" type="checkbox"/>	N	\$
3% FL SURCHARGE			540
TOTAL			21540

By Owner Form NA
 Notice of Commencement NA
 Power of Attorney NA
 Contractor Packet On File? N

OTHER PERMITS REQUIRED:
 ELECTRICAL Y NA
 PREPOWER Y NA
 MECHANICAL Y NA
 PLUMBING Y NA
 ROOFING Y NA
 GAS Y NA
 OTHER: _____

FL13-1600



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

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

PERMIT #

Owner's Name HEATHER BOGARD
Owner's Address 2047 HOFFNER AVENUE

Fee Simple Titleholder's Name (If other than owner's) _____
Address CITY ORANGE State FL Zip Code 32809

Contractor's Name	<u>AXION CONTRACTING GROUP</u>	Architect/Engineer's Name	
Contractor's Address	<u>JORS SUNDLICK LANE</u>	Architect/Engineer's Address	
City, State, ZIP	<u>AUT SPRING, FL 32714</u>	City, State, ZIP	
License #	<u>CCC1329763</u>	License #	
Contact Phone/Cell	<u>407-625-5222</u>	Contact Phone/Cell	
Contact Email	<u>cmiller@axioncontracting.com</u>	Contact Email	

WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A notice of commencement must be recorded if job is \$2500(+) or if A/C Replacement \$7500(+) and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

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

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

Owner Signature Heather Bogard
The foregoing instrument was acknowledged before me this 11/19/13 by _____ who is personally known to me and who produced ORLIC #0316-328-60662-0 as identification and who did not take an oath.
Notary as to Owner
State of Florida
County of Orange



Impervious Surface Ratio Worksheet
Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per Section 60-74 Impervious Surface Ratio of the City Code

1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
Total Lot Area _____ X 0.35 =
Allowable Impervious Area (BASE) _____

Contractor Signature Heather Bogard
COMPANY NAME AXION CONTRACTING GROUP
The foregoing instrument was acknowledged before me this 11/19/13 by Heather A. Miller who is personally known to me and who produced _____ as identification and who did not take an oath.
Notary as to Owner
State of Florida
County of Orange



2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater.
Examples include house, pool, deck, driveway, accessory building, etc

- House _____
- Driveway _____
- Walkway _____
- Accessory Buildings _____
- Pool & Spa _____
- Deck & Patio _____
- Other _____

Actual Impervious Area (AIA) _____

3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.

4. If AIA is greater than BASE, then onsite retention must be provided.

Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP-40), the formula is: (7.5 inches rainfall/12 inches pi/foot) X (result from line 4) = cubic feet of storage volume needed

Permit Number: _____
Folio/Parcel Identification Number: 18-23-30-8856-07-050
Prepared by: Axiom Contracting Group, LLC
210 Crown Point Circle, Ste. 200
Longwood, Florida 32779
Return to: Axiom Contracting Group, LLC
210 Crown Point Circle, Ste. 200
Longwood, Florida 32779



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)
VESTIAN GARDENS LOTS 5 + 6 BLK G & LAND TO TAKE

2. **General description of improvement**
RE-ROOF

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

Name HEATHER BOYFORD
Address 2047 HOFFNER AVENUE, ORLANDO FL 32809
Interest in Property OWNER
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____



4. **Contractor**
Name Axiom Contracting Group, LLC Telephone Number 321-972-4094
Address 210 Crown Point Circle, Ste 200, Longwood, Florida 32779

5. **Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
Name _____ Telephone Number _____
Address _____ Telephone Number _____

6. **Lender**
Name _____ Telephone Number _____
Address _____ Telephone Number _____

7. **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 _____ 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.

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.

Signature of Owner of Lessee, or Owner's Authorized Officer/Partner/Manager _____ OWNER Signatory's Title/Office _____
Heather Boyford

The foregoing instrument was acknowledged before me this 22 day of Nov month/year 2013 by LINDA W. PIGOZZI name of person

as NOTARY for HEATHER BOYFORD name of person
Type of authority, e.g., officer, trustee, attorney in fact _____
Name of party on behalf of whom instrument was executed _____

Signature of Notary Public _____ LINDA W. PIGOZZI
Print, type, or stamp commissioned name of Notary Public _____

Personally Known _____ OR Produced ID
Type of ID Produced A216-328-60-663-0



8/7/17



**CITY OF BELLE ISLE,
FLORIDA**

1600 Nela Avenue
Belle Isle, Florida 32809
(407) 851-7730 • FAX (407) 240-2222
www.cityofbelleislefl.org

POWER OF ATTORNEY

Date: 11-19-13 Permit #: _____

I hereby name and appoint JAY BAKER of _____

AXION CONTRACTING GROUP, LLC to be my lawful attorney-in-fact to act for
(company name) me and apply to the City of Belle Isle Building Department for a ROOFING permit
(type of permit) for work to be performed at the following location:

5047 HOFFNER AVENUE, Belle Isle, FL 32809 32812 and
(street address)

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

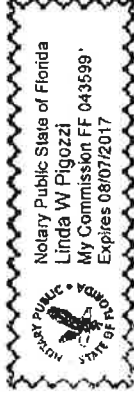
Certified Contractor's Printed Name: Cuffaro A Miller

License Number: CCC-1329763

Certified Contractor's Signature: Clifford A. Miller

The foregoing instrument was acknowledged before me this 19th day of November 2013
by Cuffaro A Miller who is personally known to me or who produced
_____ as identification and who did not take an oath.

State of Florida
County of Orange
[Signature]
Notary Public, Orange County, Florida



(seal)



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

Product Approval Form

DATE: 11-19-13 PERMIT # _____
 PROJECT ADDRESS: 2047 HOFFNER AVENUE OLLONDO 32809 32812
 Belle Isle, FL

As required by Florida Statue 653.842 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 showing PA#, approval and code edition stamped
3. Manufacturer's Installation details 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/Dbl Hung				Asphalt Shingles	ROOFING PRODUCTS		
Horizontal Slider				Non Struct Metal	<u>CENTIMETRO LAMINUM</u>		<u>51441</u>
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other			
Skylights							
Other							
STRUCTURAL COMPONENTS							
Wood Connectors					OTHER		
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: [Signature] Date: 11/19/13

Contractor: [Signature] Date: 11/19/13

RETAIN A COPY FOR OFFICE USE AND RETURN ORIGINAL TO APPLICANT
 Updated 12-2012, FORM #PRODAPP012



State of Florida
Business
Professional
Regulation

Licensee Efficiency, Regulate Better



Product Approval
 User: Public User

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 [Log In](#) |
 [User Registration](#) |
 [Hot Topics](#) |
 [Submit Surcharge](#) |
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 [Application List](#) >
 [Application Detail](#)

FL #
 Application Type: FL5444-R5
 Code Version: Editorial Change
 Application Status: 2010
 Comments: Approved
 Archived:

Product Manufacturer Address/Phone/Email
 CertainTeed Corporation-Roofing
 PO Box 1100
 1400 Union Meeting Rd
 Blue Bell, PA 19422
 (215) 274-2350
 Steven.T.Lawrey@salint-gobain.com

Authorized Signature
 Steven Lawrey
 Steven.T.Lawrey@salint-gobain.com

Technical Representative Address/Phone/Email
 Steven Lawrey
 1400 Union Meeting Road
 Blue Bell, PA 19422
 (215) 274-2425
 Steven.T.Lawrey@salint-gobain.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
 Florida License: Robert Niemlman
 Quality Assurance Entity: PE-59165
 Quality Assurance Contract Expiration Date: UL LLC
 Validated By: 02/13/2016
 John W. Knezevich, PE

Validation Checklist - Hardcopy Received

Certificate of Independence
 FL5444_RS_COI_TrimV_ERD_CJ - Niemlman.pdf

Referenced Standard and Year (of Standard)

Standard	Year
ASTM D3161, Class F	2006
ASTM D3462	2007
ASTM D7159, Class H	2007

Equivalence of Product Standards Certified By

Sections from the Code

Landmark™ Series and Landmark™ TL 12

YOUR OBJECTIVE:

To learn the correct procedure for installing Landmark™ shingles.

LANDMARK™ SERIES AND LANDMARK™ TL

Landmark shingles have the installer-friendly NailTrak™ feature, which provides 1 1/2" wide nailing area and specially formulated Quadra-Bond laminating adhesive (See Figure 12-3).

Landmark Special is impact resistant and is specially manufactured with a reinforced fiberglass scrim to meet UL 2218 Class 4 impact resistance rating.

NOTE: Landmark Special must be installed over a clean deck (no roof-overs) to obtain the UL 2218 rating. It is strongly recommended that impact resistant cap shingles made from XT 30 IR shingles be installed on all hips and ridges. Some insurance carriers may not consider the roof system as compliant to UL 2218 Class 4 without impact resistant cap shingles.

Landmark Solaris™ shingles are ENERGY STAR® qualified roof products that meet both solar reflectance and thermal emissivity requirements. Using CertainTeed's advanced roofing granules, Landmark Solaris reflects solar energy and radiates heat far better than traditional roofing shingles – it can reduce the roof's temperature by as much as 20 percent in the summer. **NOTE:** Use matching Landmark Solaris hip and ridge shingles which are also solar reflective.

Landmark TL is unique because its patented Tri-Laminate™ design combines three layers of material to provide a dramatically thick shingle with a wood shake style.

With the exception of Landmark TL, closed-cut valleys are preferred by CertainTeed when applying these shingles. Open valleys are recommended when applying Landmark TL; however closed-cut valleys are also acceptable. Woven valleys are not recommended for Landmark TL because the tri-laminated shingle can buckle and become damaged when shaped into the valley. Nails are required as fasteners for Landmark TL, staples are not allowed.

STANDARD OR STEEP SLOPES: CertainTeed recommends DiamondDeck™ Synthetic Underlayment, Roofers' Select™ High Performance Underlayment, or shingle underlayment meeting ASTM D226, D4869 or D6757. Take care to ensure sufficient deck ventilation when DiamondDeck or other synthetic underlayment is installed. Follow manufacturer's application instructions.

LOW SLOPES: One layer of CertainTeed's WinterGuard™ Waterproofing Shingle Underlayment (or equivalent, meeting ASTM D1970) or two layers of 36" wide felt shingle underlayment (Roofers' Select or underlayment product meeting ASTM D226, D4869 or D6757) lapped 19" must be applied over the entire roof; ensure sufficient deck ventilation. When DiamondDeck or other synthetic underlayment is installed, weather-lap at least 20" and ensure sufficient deck ventilation.

IMPORTANT: When installing LandMark TL on low slopes, one layer of WinterGuard or an equivalent waterproofing shingle underlayment must be applied over the entire roof. Applying two layers of felt shingle underlayment is not an acceptable alternative to WinterGuard. One layer of shingle underlayment meeting ASTM D4869 applied over the required WinterGuard is also recommended.

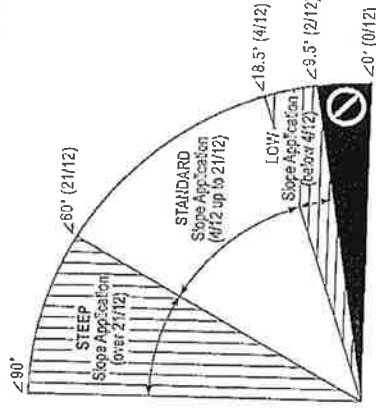


Figure 12-1: Slope definitions.

THE ROOF DECK* MUST BE AT LEAST: 3/8" (9.5 mm) thick plywood, or 1/16" (1.1 mm) thick non-veneer, or nominal 1" (25 mm) thick wood deck.

COLD WEATHER CLIMATES (ALL SLOPES): Application of WinterGuard or its equivalent is strongly recommended whenever there is a possibility of ice build-up. Follow manufacturer's application instructions.

FLASHING: Corrosion-resistant flashing must be used to help prevent leaks where a roof meets a wall, another roof, a chimney or other objects that penetrate a roof.

SEALING: Shingle sealing may be delayed if shingles are applied in cool weather and may be further delayed by airborne dust accumulation. If any shingles have not sealed after a reasonable time period, hand sealing may be necessary.

CAUTION: To prevent cracking, shingles must be sufficiently warm to allow proper forming for hips, ridges and valleys.

WARRANTY: These shingles are warranted against manufacturing defects and are covered by SureStart™ protection. See the warranty itself for specific details and limitations.

For technical questions, information on acceptable alternative application methods and materials, or a copy of the product warranty, contact the sources listed below:		Technical Questions
Your supplier or roofing applicator	Warranty	Instructions
CertainTeed Home Institute 800-782-8777	✓	✓
CertainTeed-RPG Technical Services 800-345-1145	✓	✓

* See footnote on page 109.

FASTENING

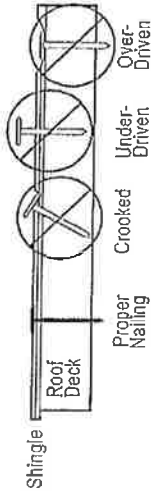
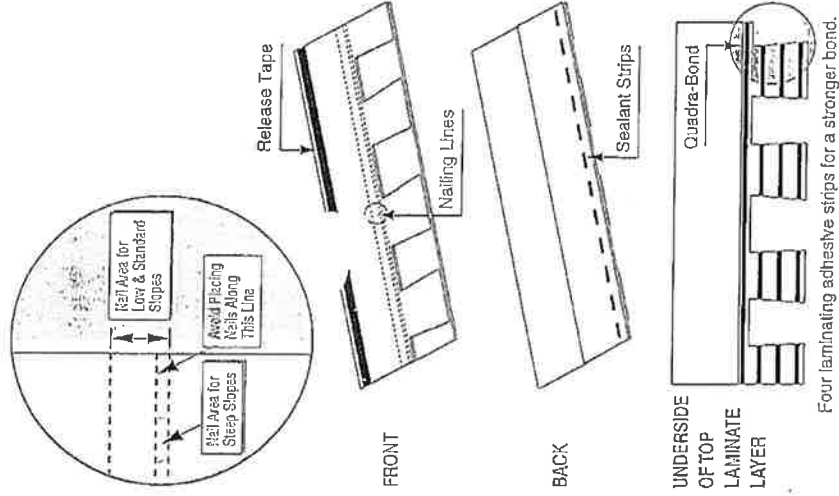


Figure 12-2: Proper and improper nailing.

IMPORTANT: For decks $\frac{3}{4}$ " (19 mm) thick or thicker, nails must go at least $\frac{3}{4}$ " (19 mm) into the deck. On thinner decks, nails must go at least $\frac{1}{8}$ " (3.2 mm) through the deck.

Nails must be 11- or 12-gauge roofing nails, corrosion-resistant, with at least $\frac{3}{8}$ " (9.5 mm) heads, and at least 1" (25 mm) long. LandMark TL requires nails at least $1\frac{1}{4}$ " long.



Four laminating adhesive strips for a stronger bond.

Figure 12-3: NailTrak™ features a wider nail area and extra-strong Quadra-Bond construction.

LOW AND STANDARD SLOPE LANDMARK

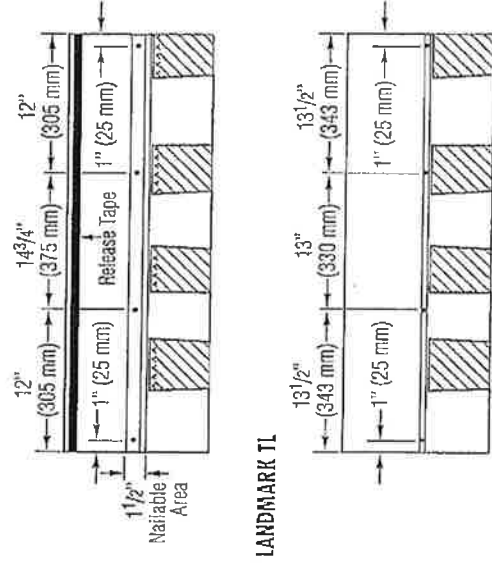


Figure 12-4: Use four nails for every full shingle.

STEEP SLOPE LANDMARK

Use six nails and four spots of asphalt roofing cement for every full laminated shingle. See below. Asphalt roofing cement should meet ASTM D 4586 Type II. Apply 1" spots of asphalt roofing cement under each corner and at about 12" to 13" in from each edge.

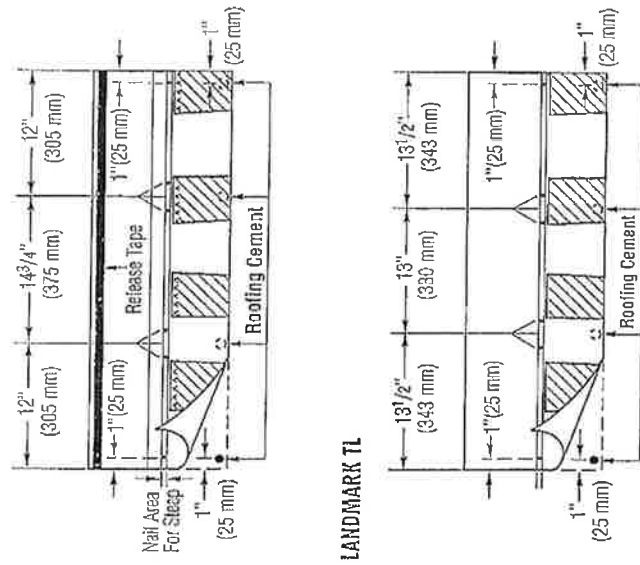


Figure 12-5: Use six nails and four spots of asphalt roofing cement on steep slopes.

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

TWO CLEAN-DECK APPLICATION METHODS FOR LANDMARK AND LANDMARK TL SHINGLES

FIVE-COURSE DIAGONAL METHOD (6" AND 11")

FIVE-COURSE DIAGONAL METHOD (5 5/8" AND 11 1/4")

NOTE: The 6" and 11" method is shown below. The 5 5/8" and 11 1/4" method follows the same application instructions as the 6" and 11" method except the dimensions of the shingle cut-offs in the second and third courses are 5 5/8" and 11 1/4" respectively.

CAUTION: Use of other installation methods may result in an objectionable pattern.

PREPARING THE DECK:

- ◆ Apply underlayment as required. CertainTeed suggests that a layer of shingle underlayment be applied. For UL fire rating, underlayment is generally required. Apply flat and unwrinkled.
- ◆ Snap chalklines to assure shingles will be correctly aligned. Expose all shingles 5 5/8" (143 mm).

STARTER COURSE:

1. Use CertainTeed Swiftstart Starter, or three-tab self-sealing shingles with the lower tab portions removed. Be sure that the starter shingles are at least 7 5/8" in height. (Figure 12-6).

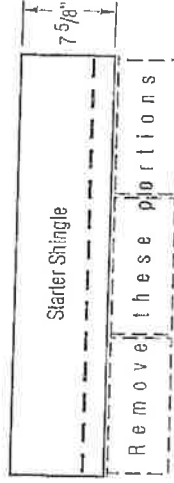


Figure 12-6: Make starter shingles that are 7 5/8" in height.

2. For the first starter, cut 6" from one side of the starter shingle.
3. Apply the remaining piece to the lower left corner of the roof. Make sure there is 1/2" overhanging the rakes and eaves if drip edge is being used. If you are not using drip edge, make the overhang 3/4".

4. Use full length starter shingles for the rest of the course.

1ST COURSE: Apply a full shingle at the lower left corner of the roof. Make the lower edge and left edge lie flush with the edges of the starter course (Figure 12-7).

2ND THROUGH 5TH COURSES:

CAUTION! Failure to follow instruction steps 1-5 below will bring joints too close together and may cause unattractive patterns!

1. Cut 6" off the left end of the first shingle and save this piece for later use. Apply the 32 3/4" (34" for Landmark TL) long piece over and above the first-course shingle. Leave the bottom 5 5/8" tab portion of the first-course shingle exposed.
2. Cut 11" off the first shingle of the third course and save this for later. Install the 27 3/4" (29" for Landmark TL) long piece over and above the second-course shingle.
3. Apply the previously removed 11" long piece over and above the third-course shingle.
4. Apply the previously removed 6" long piece from the second course over and above the fourth-course shingle.
5. Install a full shingle against the right edge of each shingle in courses one through five.

CONTINUING UP THE ROOF:

1. Beginning again with a full shingle, repeat the five-course pattern up the left rake. (Figure 12-8, B).

2. Fill-in courses across the roof in a stepped diagonal fashion using full shingles. (Figure 12-8, A). Do not run courses straight across. **IMPORTANT:** Do not align joints of shingles closer than 3 1/2" from one another.

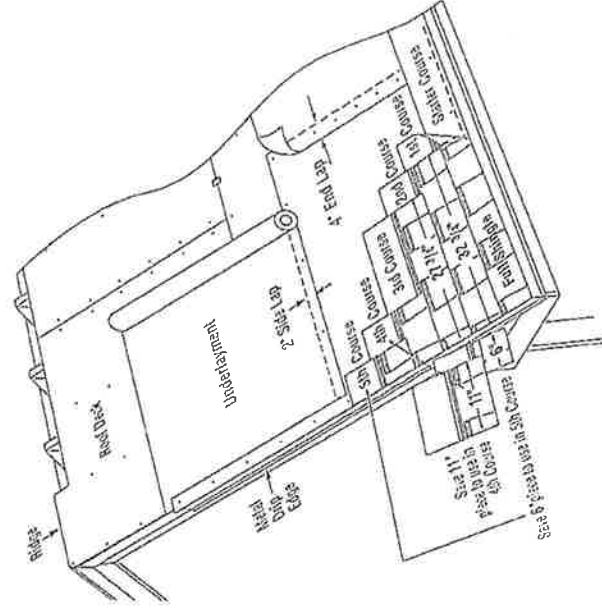


Figure 12-7: Applying the first 5 courses of Landmark.
Note: The Landmark TL dimensions differ.

Figure 12-8. "Five-Course Diagonal Method" installation schematic.

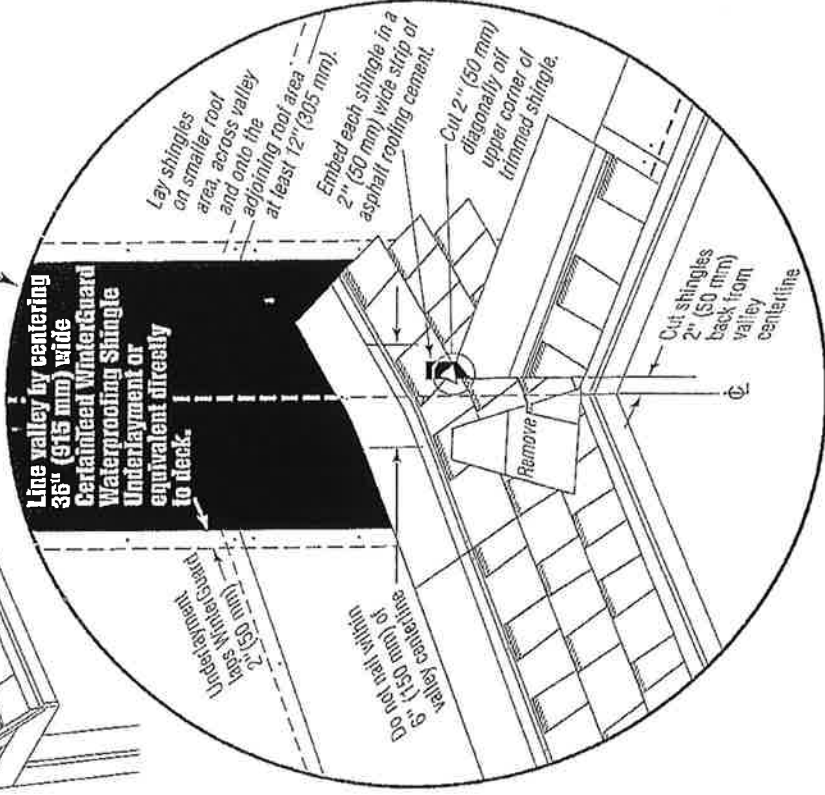
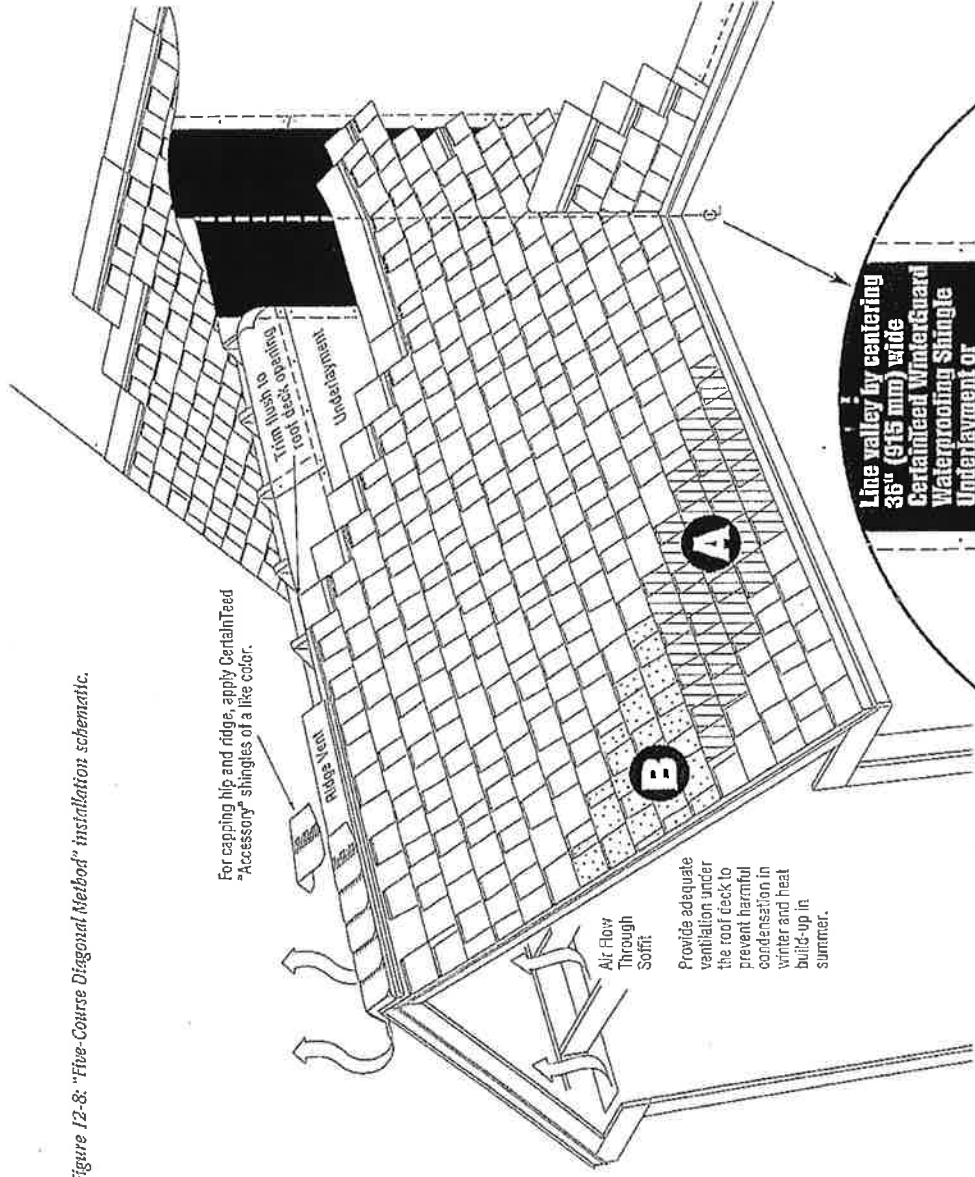


Figure 12-9. Highlight of closed-cut valley details.

CHIMNEY FLASHING

Metal Step Flashing

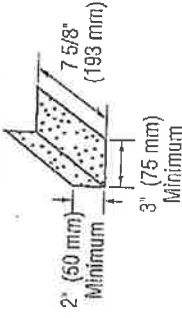


Figure 12-10: Step flashing minimum dimensions.

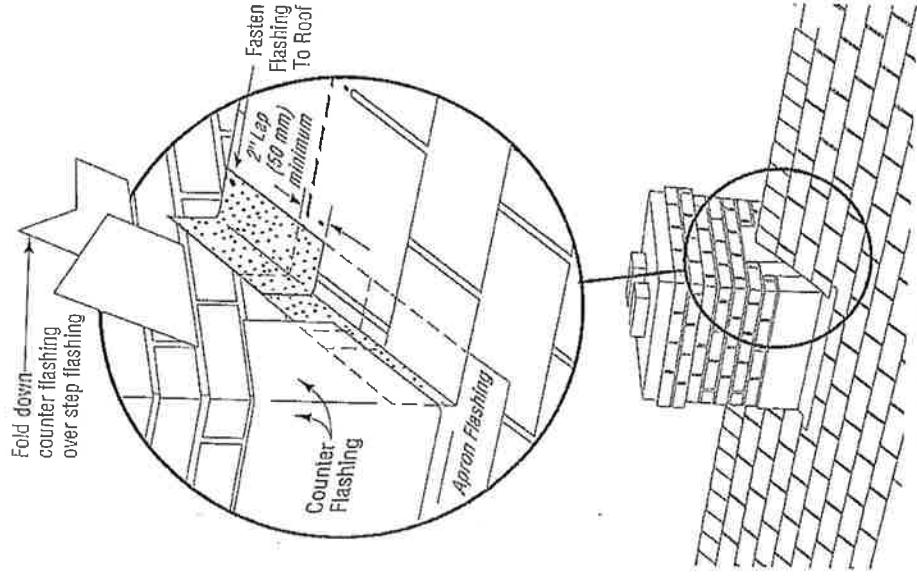


Figure 12-11: Flashing around a chimney.

TWO ROOF-OVER METHODS FOR LANDMARK AND LANDMARK TL SHINGLES

The same methods used for clean-deck application of these shingles are used for roof-overs. Application of these shingles *over* English dimension shingles is not recommended — due to the high cost of workmanship and greater risk of worker error.

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HIPS AND RIDGES

SHADOW RIDGE™ ACCESSORY SHINGLES

Shadow Ridge shingles have an accented shadow line that is designed to complement these shingles. Simply fold along the pre-cut lines and detach individual cap pieces. Save valuable installation time compared to cutting 3-tab shingles.



Figure 12-12: Shadow Ridge accessory shingles detach easily from three-piece units to make 72 individual cap pieces.

There are 24 three-piece units in each Shadow Ridge bundle, providing 72 individual caps that will cover 30 linear feet (33 3/4 linear feet, Metric) of a hip or ridge. Each English dimension cap piece is 12" by 12" (Metric caps are 13 1/4" by 9 7/8") and features clipped corners on the bottom edge of the exposed portion.

APPLICATION IS AS FOLLOWS:

1. Apply shingles up to the hip or ridge on both sides, then trim flush.

NOTE: The last course of shingles should have an exposure of 5" (5 5/8" for metric) or less when the shingle cap or ridge vent is fastened in place. Otherwise, a potential water leak could occur at exposed shingle end joints. The figures used in this section illustrate the application of accessory shingles over a ridge vent; application directly to the roof deck is very similar.

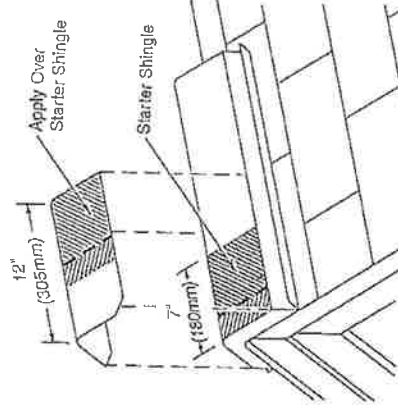


Figure 12-13: Apply a full cap shingle over the starter piece, flush with the bottom and side edges of the starter.

2. Install caps beginning at the bottom of a hip or at either end of a ridge. Apply a starter piece that has the bottom 5" (5 5/8" for metric) removed (Figure 12-12). Fasten the starter with two nails located about 3" from the rake edge, and 1" in from each side edge. Make sure fasteners used to apply caps penetrate at least 3/4" into or through the decking.

NOTE: To assist in proper alignment when ridge vent is not used, snap a chalk line parallel to the hip or ridge along the line where the side edges of the cap shingles should be.

3. Apply a full cap shingle over the starter (Figure 12-18), and place fasteners at $5\frac{5}{8}$ " (6 $\frac{1}{4}$ " for metric) up from the exposed bottom edge and 1" in from each side. Nails must not be exposed on the finished roof. All nail heads must be driven straight and must not cut into the shingle surface.

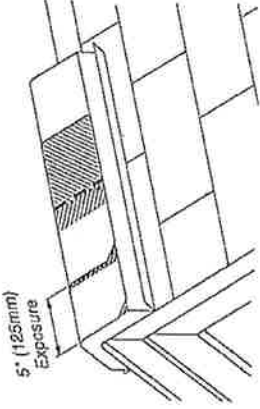
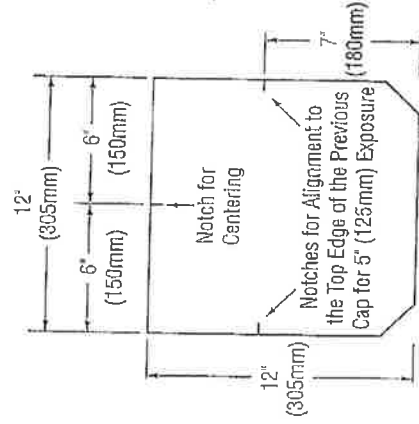
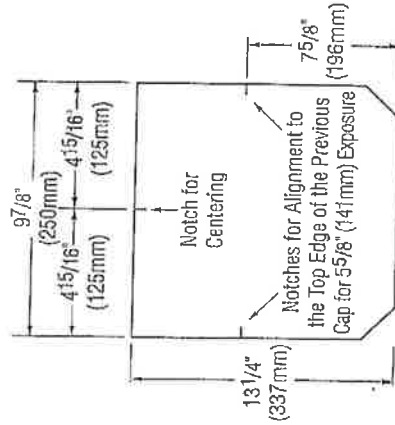


Figure 12-14: Install cap shingles at their correct exposure and cover all fasteners.

NOTE: Each cap has a laying/alignment notch at the top edge to center the piece on the ridge line, and two notches on each side to indicate the correct exposure and shadow-line placement (Figure 12-19). The side notches of the cap being applied should be aligned with the top edge of the previously applied cap.



English Dimension



Metric Dimension

Figure 12-15: Each shadow ridge shingle has a centering notch and two side-alignment notches to help ensure proper placement.

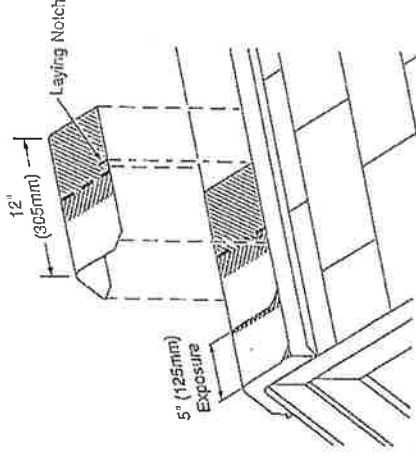


Figure 12-16: Use laying notches to center shingles on hips and ridges, and to locate the correct exposure.

MOUNTAIN RIDGE HIGH-PROFILE HIP AND RIDGE ACCESSORY

Use Mountain Ridge accessory shingles to cover hips, ridges or rake edges. One box will cover 20 linear feet. To prevent damage to shingles during application, they must be sufficiently warm to allow proper forming.

FASTENING

IMPORTANT: Use two nails to fasten each shingle. Nails must be minimum $1\frac{3}{4}$ " (45 mm) long. For the 4" (100 mm) Starter shingle, place fastener 1" (25 mm) in from each side edge and about 2" (50 mm) from the rake (or eave) edge, making sure the fastener goes $\frac{3}{4}$ " into the deck or all the way through. For each full Mountain Ridge shingle, place fasteners $8\frac{5}{8}$ " (219 mm) up from its exposed butt edge and 1" (25 mm) in from each side edge.

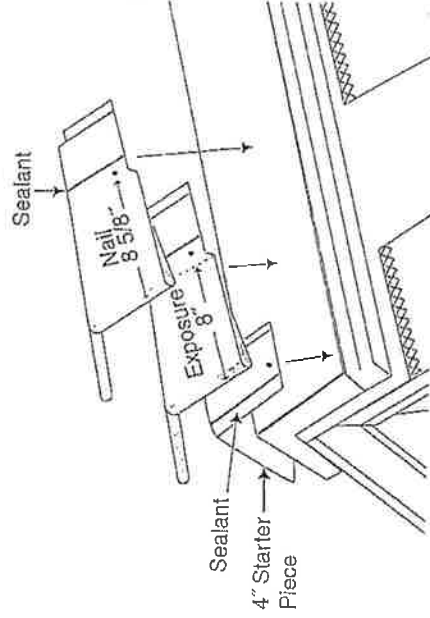


Figure 12-17: Hip and ridge application.

HIP, RIDGE AND RAKE SHINGLE APPLICATION

Apply the primary field roofing up to the hip or ridge from both sides of the roof and trim flush or lap over one side, not more than half the width of a Mountain Ridge shingle.

Assure that the installed Mountain Ridge shingles properly cover hip and ridge field shingles on both sides and the field shingles applied along rake edges. For a rake edge installation, cut the field shingles flush to the rake edge. Apply Mountain Ridge shingles ensuring they fit securely against the rake board. To assist in proper alignment, snap a chalk line parallel to the hip, ridge or rake along the line where the side edges of the Mountain Ridge shingles should fall.

Prepare a 4" Starter shingle by cutting off the lower 8" color granule butt portion of one Mountain Ridge shingle. Apply the 4" starter piece (with sealant nearest the outer edge) over the bottom corner of the hip or rake, or on either end of the ridge, overhanging the corner or end by approximately 1/2" and bending the starter shingle along its centerline to form into place (see figures below.) Install a nail on each side about 2" up from the starter shingle's exposed butt edge and 1" in from each side edge of the shingle. The 8" piece that was cut off may be used to finish the opposite end of hip, ridge or rake.

Next, apply a full Mountain Ridge shingle over the installed starter shingle, bending it along its centerline and forming into place over the hip, ridge or rake, flush with the bottom and side edges of the starter shingle. Install a nail on each side of the shingle 8 5/8" up from the bottom edge and 1" in from each side edge.

Continue application of the Mountain Ridge shingles along the hip, ridge or rake as shown. Expose Mountain Ridge shingles 8", covering all fasteners.

CEDAR CREST MEDIUM-PROFILE HIP AND RIDGE ACCESSORY SHINGLES

Use Cedar Crest accessory shingles to cover hips and ridges. Carefully separate the three-piece units prior to application, by first folding along the pre-cut lines and then detaching the pieces (see Figure 12-18). No cutting is necessary. There are 30 individual shingles (10 three-piece units) in each bundle. One bundle will cover 20 linear feet. Each 12" x 12" shingle has a shadowline that is a design feature which is visible when applied properly. To prevent shingle damage during application, they must be sufficiently warm to allow proper forming.

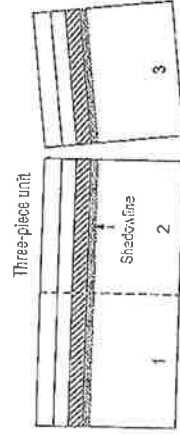


Figure 12-18: Separate to make 3 cap shingles.

FASTENING

IMPORTANT: Use TWO nails to fasten each shingle. Fasteners must be minimum 1-3/4" (45 mm) long.

For the starter shingle, place fastener 1" in from each side edge and about 2" up from the starter shingle's exposed butt edge, making sure fastener goes 3/4" into the deck or all the way through the deck. (see Figure 12-19). For each full Cedar Crest shingle, place fasteners 8-5/8" up from its exposed butt edge and 1" in from each side edge (see Figure 12-20).

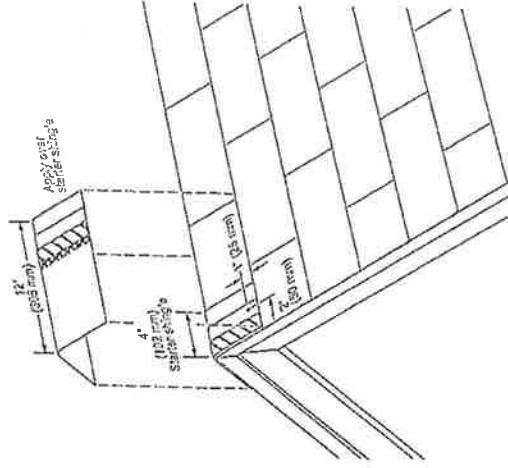


Figure 12-19: Apply a full cap shingle over the starter shingle.

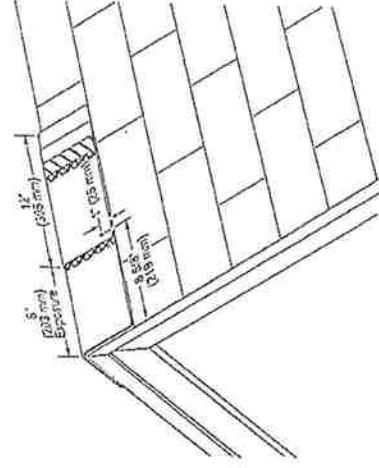


Figure 12-20: Install cap shingles at an 8" exposure and fasten with one nail on each side as shown.

IMPORTANT: High Wind Instructions. In order to achieve the ASTM D3161 Class "F" Wind Resistance Classification each "hip and ridge" shingle must be both 1) fastened with nails as shown and 2) hand-sealed with two 1/4" wide beads of either BASF "Sonolastic" NP1™ Adhesive or Henkel "PL" Polyurethane Roof & Flashing Cement™ applied from the middle of the shingle's raised overlay on the top piece and extending approximately

4" along the sides of the headlap along a line 3/4"-1" in from each side edge of the shingle's headlap as shown. Immediately align and apply the next overlying shingle, gently pressing tab sides into adhesive. Only one side of the double thickness tab is laminated together; to secure the shingle over the ridge and nail into position, a 1" diameter spot of either NP1 or PL adhesive must be applied between the shingle layers as shown. Immediately align and apply the next overlying shingle, gently pressing tab sides into adhesive.

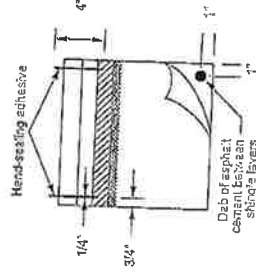


Figure 12-21: Hand seal caps as shown.

CEDAR CREST APPLICATION

Apply primary roofing up to hip or ridge on both sides of roof and trim flush. Ensure that the Cedar Crest shingles will adequately cover the top course of the shingles on both sides of the hip or ridge.

Prepare a 4" "starter" shingle by cutting off the lower 8" color granule portion of one Cedar Crest shingle. Apply the 4" starter piece with raised overlay edge over the bottom corner of the hip or to either end of the ridge, overhanging the corner or end by approximately 1/2" and bending the starter shingle along its centerline to form into place (see Figure 12-19). Install a nail on each side about 2" up from the starter shingle's exposed butt edge and 1" in from each side edge of the shingle.

Then apply a full 12" x 12" piece over the starter, bending the shingle along its centerline and forming it into place over the hip or ridge, flush with the bottom and side edges of the starter shingle. Fasten with two nails minimum 1-3/4" long with one nail on each side of shingle 8 5/8" up from the butt edge and 1" in from each side edge (see Figure 12-20).

Continue application of Cedar Crest shingles up the hip or along the ridge, forming each shingle over the hip or ridge, and fasten as shown in Fastening. Expose Cedar Crest shingles 8", covering all fasteners.

To assist in proper alignment, snap a chalk line parallel to the hip or ridge applying along the line where the side edges of the Cedar Crest shingles should be.

Here's a Tip... In the winter put hip and ridge cap shingles in your truck with the beater blaster for 20 minutes so the caps don't crack when formed. (Thanks to Mark Ditz, Richmond, MI.)



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FL # FL15216
Application Type New
Code Version 2010
Application Status Approved
Comments
Archived

Product Manufacturer Address/Phone/Email
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Quality Assurance Representative Address/Phone/Email

Category Subcategory

Roofing
 Underlayments

Compliance Method

Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer
 Evaluation Report - Handcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report
 Robert Niemlinen
Florida License
 PE-59166
Quality Assurance Entity
 Intertek Testing Services IA, Inc. - ETI/Warlock Hersey
Quality Assurance Contract Expiration Date
 09/18/2014
Validated By
 John W. Knezevich, PE

Validation Checklist - Handcopy Received

Certificate of Independence

[FL15216_R0_COI_Trinity.ERD_C1 - Niemlinen.pdf](#)

Referenced Standard and Year (of Standard)

Sections from the Code

1507.2.3

Product Approval Method

Method 2 Option B

Date Submitted

02/17/2012

Date Validated
 Date Pending FBC Approval
 Date Approved

04/18/2012
 02/27/2012
 04/23/2012

Summary of Products		Description
FL #	Model, Number or Name	
15216.1	RhinoRoof	Synthetic roof underlayment for use as alternate to ASTM D226, Type I or D4889, Type II rel.
Limits of Use		Installation Instructions
Approved for use in HVHZ: No		EL15216_R0_IL_0021212FINAL_INTERVRAP_RHINOROOF_EL15216.pdf
Approved for use outside HVHZ: Yes		Verified By: Robert Nieminen PE-59165
Impact Resistant: N/A		Created by Independent Third Party: Yes
Design Pressure: N/A		Evaluation Reports
Other: See ER Section 5 for Limits of Use.		EL15216_R0_AF_0021212FINAL_INTERVRAP_RHINOROOF_EL15216.pdf
		Created by Independent Third Party: Yes

Contact Us :: 1940 North Monroe Street, Tallahassee FL 32309 Phone: 850-487-1824

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Product Approval Accepts:





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

Interwrap, Inc.
32923 Mission Way
Mission, BC V2V-6E4
Canada

Evaluation Report I40510.02.12
FL15216
Date of Issuance: 02/17/2012

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: RhinoRoof Underlayment

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.

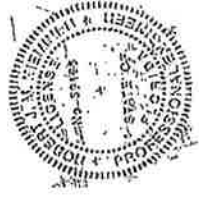
ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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 4.

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 02/17/2012. 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 COMPONENT EVALUATION:

1. SCOPE:

Product Category: Roofing
Sub-Category: Underlayment

Compliance Statement: RhinoRoof Underlayment, as produced by Interwrap, Inc., has demonstrated compliance with the intent of following sections of the Florida Building Code through testing in accordance with applicable sections of the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

2. STANDARDS:

<u>Section</u>	<u>Properties</u>	<u>Standard</u>	<u>Year</u>
1507.2.3	Unrolling, Breaking Strength, Pliability, Loss on Heating	ASTM D226	2006
1507.2.3	Unrolling, Tear Strength, Pliability, Loss on Heating, Liquid Water Transmission, Breaking Strength, Dimensional Stability	ASTM D4869	2005

3. REFERENCES:

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
ITS (TST1509)	Physical Properties	100539395COQ-006	10/27/2011
ITS (TST1509)	Physical Properties	100539395COQ-002	10/27/2011
ITS (QUA1673)	Quality Control	Inspection Report	12/13/2011

4. PRODUCT DESCRIPTION:

4.1 **RhinoRoof** is a multilayered polymer woven coated synthetic roof underlayment intended as an alternate to ASTM D226, Type I (a.k.a., 15 lb saturated asphalt felt) or D4869 Type II felt. RhinoRoof is available in 42-inch wide rolls, and can be produced in various other sizes.

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 or test report from accredited testing agency for fire ratings of this product.
- 5.3 RhinoRoof Underlayment may be used with any prepared roof cover where the product is specifically referenced within FBC approval documents. If not listed, a request may be made to the AHJ for approval based on this evaluation combined with supporting data for the prepared roof covering.
- 5.4 Allowable roof covers applied atop RhinoRoof Underlayment are follows:

Table 1: Roof Cover Options						
Underlayment	Asphalt Shingles	Nail-On Tile	Foam-On Tile	Metal	Wood Shakes & Shingles	Slate or Simulated Slate
	Yes	No	No	No	No	No
RhinoRoof						



- 5.5 Exposure Limitations:
- 5.5.1 RhinoRoof Underlayment shall not be left exposed for longer than 30-days after installation.

6. INSTALLATION:

- 6.1 RhinoRoof shall be installed in accordance with Interwrap, Inc. published installation instructions subject to the Limitations set forth in Section 5 herein and the specifics noted below.
- 6.2 Install RhinoRoof in compliance with manufacturer's published installation instructions and the requirements for ASTM D226, Type I or D4869, Type II underlayments in FBC Sections 1507 for the type of prepared roof covering to be installed.
- 6.3 Re-fasten any loose decking panels, and check for protruding nail heads. Sweep the substrate thoroughly to remove any dust and debris prior to application.
- 6.4 Fasteners:
- 6.4.1 For exposure \leq 24 hours, corrosion resistant fasteners may be 1-inch roofing nails with a 3/8-inch diameter head, or those noted in 6.4.2. The use of staples is prohibited.
- 6.4.2 For exposure $>$ 24 hours up to maximum 30 days, corrosion resistant fasteners shall be minimum 1-inch diameter plastic or metal cap nails or FBC HVHZ nails & 1-5/8" diameter tin caps (with the rough edge facing up). The use of staples is prohibited.
- 6.5 Single Layer, Roof Slope $>$ 4:12:
End (vertical) laps shall be minimum 6-inches and side (horizontal) laps shall be minimum 4-inches. Refer to Interwrap, Inc. recommendations for alternate lap configurations and/or the use of sealant under certain conditions.
For exposure \leq 24 hours, use of every-other fastening location printed on the surface is acceptable. For exposure $>$ 24 hours up to maximum 30-days, use of every fastening location printed on the surface is required.
When batten systems are to be installed atop the underlayment, the underlayment need only be preliminarily attached pending attachment of the battens on the same day. Battens shall not be positioned over cap nails. If this occurs, remove the cap nail and patch the hole in accordance with Interwrap published instructions.
- 6.6 Double Layer: 2:12 \leq Roof Slope \leq 4:12:
End (vertical) laps shall be minimum 12-inches and side (horizontal) laps shall be minimum, half-sheet-width plus 1-inch.
Double layer application; begin by fastening a half-width plus 1-inch starter strip along the eaves. Place a full-width sheet over the starter, completely overlapping the starter course. Continue as noted in 6.5, but maintaining minimum half-width plus 1-inch side (horizontal) laps, resulting in a double-layer application.

7. LABELING:

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.

8. BUILDING PERMIT REQUIREMENTS:

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

Exterior Research and Design, LLC.
Certificate of Authorization #9503

Evaluation Report I40510.02.12
FL15216
Date of Issuance: 02/17/2012
Page 3 of 4



9. MANUFACTURING PLANTS:

Contact the manufacturer or the named QA entity for information on plants covered under Rule 9N-3 QA requirements.

10 QUALITY ASSURANCE ENTITY:

Intertek Testing Services NA Inc.-ETL/Warneck Hersey ~ QUA1673; (604) 520-3321

- END OF EVALUATION REPORT -

Exterior Research and Design, LLC.
Certificate of Authorization #9503

Evaluation Report I40510.02.12
FL15216
Date of Issuance: 02/17/2012
Page 4 of 4

Searches Sales Search Results My Favorites

Sign up for e-Notify..

2047 Hoffner Ave < 18-23-30-8856-07-050 >

Names: Bodford Raymond O Bodford Heather H 2047 Hoffner Ave Orlando, FL 32809
Physical Street Address: 2047 Hoffner Ave Orlando, FL 32809
Mailing Address On File: 2047 Hoffner Ave Belle Isle, FL 32809-3529
Incorrect Mailing Address?
Municipality: Belle Isle



Click To Enlarge Or Upload Parcel Photo. Click to enlarge... 302318985607050 08/21/2006

Values, Exemptions and Taxes Property Features Sales Analysis Location Info Market Stats

Update Information

View Plat

Property Description

VENETIAN GARDENS L/25 LOTS 5 & 6 BLK G & LAND TO LAKE

Total Land Area 40,480 sqft (+/-) | 0.93 acres (+/-) GIS Calculated Notice

Table with columns: Land Use Code, Zoning, Land Units, Unit Price, Land Value, Class Unit Price, Class Value. Row 1: 0130 - Sfr - Lake Front, R-1-AA, 1 LOT(S), \$375,000.00, \$375,000, \$0.00, \$375,000

Page 1 of 1 (1 total records)

Buildings

Important Information Structure



Model Code: 01 - Single Farm Residence
Type Code: 0102 - Single Farm Class II
Building Value: \$323,546
Estimated New Cost: \$436,752

Actual Year Built: 1994
Gross Area: 5525 sqft
Beds: 4 Living Area: 3728 sqft
Baths: 4.0 Exterior Wall: Wood Frame Stucco
Floors: 2 Interior Wall: Drywall

Page 1 of 1 (1 total records)

Extra Features

Table with columns: Description, Date Built, Units, XFOB Value. Rows include: FPL2 - Average Fireplace (03/09/1994, 1 Unit(s), \$2,500), BD1 - Boat Dock 1 (03/09/1994, 1 Unit(s), \$1,000), BC2 - Boat Cover 2 (03/09/1994, 1 Unit(s), \$4,000), PL2 - Above Average Pool (01/01/1997, 1 Unit(s), \$10,400), SCR3 - Scrn Enc 3 (01/01/1997, 1 Unit(s), \$10,000), WLDG - Wall Dec (01/01/2001, 104 Unit(s), \$2,080)

Page 1 of 1 (6 total records)

This Data Printed on 11/22/2013 and System Data Last Refreshed on 11/21/2013

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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
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/18/2013

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

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

PRODUCER Edemniify, LLC 3145 E Chandler Blvd Ste 110-543 Phoenix AZ 85048	CONTACT NAME: Francine Perez PHONE: (800) 620-4216 x87 FAX: (800) 503-0048 E-MAIL: Francine@edemniify.com ADDRESS: Francine@edemniify.com
INSURED Axiom Contracting Group, LLC 210 Crown Point Circle Ste 200 Longwood FL 32779	INSURER(S) AFFORDING COVERAGE Ins Co NAIC # 12497

COVERAGES CERTIFICATE NUMBER: **CL134105544** 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. 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	X	PC79191-03	3/31/2013	3/31/2014	EACH OCCURRENCE \$ 1,000,000 PAID/UNPAID 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 - COM/POP AGG \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS					COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					WC STATU-TORY LIMITS \$ OTH- LCR \$ 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 FL) If yes, describe under DESCRIPTION OF OPERATIONS below					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule, if more space is required)
Certificate holder is listed as additional insured in respects to General Liability only.

**10-day notice of cancellation for non-payment of premium/30 days all others.

CERTIFICATE HOLDER (407) 240-2222 City of Belle Isle 1600 Nela Ave., 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 Francine Perez/FRANCI
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ACORD 25 (2010/05)
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CERTIFICATE OF LIABILITY INSURANCE

Date: 9/18/2013

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

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.

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

Insurers Affording Coverage

Insurer A: Lion Insurance Company NAIC # 11075
Insurer B:
Insurer C:
Insurer D:
Insurer E:

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.

ENSR LTR	ADDL NSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits
		GENERAL LIABILITY Commercial General Liability Claims Made <input type="checkbox"/> Occur <input type="checkbox"/> General aggregate limit applies per: 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 \$
		AUTOMOBILE LIABILITY Any Auto All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$
		EXCESS/UMBRELLA LIABILITY Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence \$ Aggregate
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2013	01/01/2014	X WC Statutory Limits OTH-ER E.L. Each Accident \$1,000,000 E.L. Disease - Ea Employee \$1,000,000 E.L. Disease - Policy Limits \$1,000,000

Lion Insurance Company is A.M. Best Company rated A- (Excellent), A.M.B # 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":

Axiom Contracting Group, LLC

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:

FAX: 407-240-2222/ISSUE 09-18-13 (EP)

Client ID: 81-67-163

CERTIFICATE HOLDER

CITY OF BELLE ISLE

1600 NELA AVENUE
BELLE ISLE, FL 32809

CANCELLATION

Begin Date: 5/1/2012

Should any of the above described policies be canceled 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.



6240226

THIS DOCUMENT HAS A COLORED BACKGROUND. MICROPRINTING. LINE MARK. PATENTED PAPER

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12080102074

DATE	BATCH NUMBER	LICENSE NBR
8/01/2012	128026097	CCC1329763

THE ROOFING CONTRACTOR
NAMED BELOW IS CERTIFIED
UNDER THE PROVISIONS OF CHAPTER 489 FS.
EXPIRATION DATE: AUG 31, 2014

MILLER, CLIFFORD A
AXIOM CONTRACTING GROUP, LLC
210 CROWN POINT CIRCLE
SUITE 200
LONGWOOD FL 32779

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW



SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 ■ Sanford, FL 32772-0630 ■ Telephone: 407-665-1000
www.seminoletax.org

VALID THROUGH 09/30/14

AXIOM CONTRACTING GROUP LLC
210 CROWN POINT CIR #200
LONGWOOD, FL 32779

Account #: 179796

CLIFFORD A MILLER (OFFICER)

REGULATED
License # - CCC1329763
Qualifier- CCC1329763

Receipt #: 33072013082203617

Amount Paid: \$ 45.00

Date Paid: 08/22/2013

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

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

AXIOM CONTRACTING GROUP LLC
210 CROWN POINT CIR #200
LONGWOOD, FL 32779

County Services Building 1101 E First Street Sanford, FL 32771	Wilshire Plaza 384 Wilshire Blvd Casselberry, FL 32707	Oak Groves Shoppes 995 N SR 434 Suite 505 Altamonte Springs, FL 32714	ShelMar Prof'l Building 1490 Swanson Dr #100 Oviedo, FL 32765	Commons at Primera 845 Primera Blvd Lake Mary, FL 32746
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