



City of Belle Isle

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

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

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

Scope of Work: REROOF: 37sq, shingles

Comments: None

Project Information

Address: 2613 Nela Avenue, Belle Isle, FL 32809
Parcel ID: 19-23-30-5888-03-100
Property Owner: Sofranik, Paul
Phone Number: None

Company Name: Gold Key International, Inc.
Contractor Name: Hewitt, Jeffrey
License Number: CGC1518212
Address: 6009 S. Orange Avenue, Orlando, FL 32809
Phone Number: 407-851-0680

Permit Number: 2014-11-003

Date of Application: 11/05/2013

Date Permit Issued: 11/06/2013

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 Fee \$
Temp Pole \$
Plumbing Fee \$
Mechanical Fee \$
Gas Fee \$
Roofing \$80.00
Boat Dock \$
Screen Encl \$
Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$114.00

Date Paid 11-7-13

CC or Check # VUSA 0382

Amount Paid 114

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

1 BUILDING

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____

2nd _____ (Footing/Foundation)

3rd _____ (Slab)

4th _____ (Lintel) Wall Reinforcing on Masonry Building

5th _____ (Exterior Framing) (Roof/Wall Sheathing)

6th _____ (Framing) (To be made after Plumbing/Mechanical/

7th _____ Electrical Rough-Ins & Windows/Doors Installed)

8th _____ (Insulation to be Made After Roof Installed)

9th _____ (Drywall)

10th _____ (Sidewalk/Driveway)

_____ (Other)

_____ (Final - After MEP and Other Applicable Finals)

1 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-ecf32f9e2e63>
login ID = cobi@universalengineering.com password = [universalt13](https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63)



City of Belle Isle
1600 Nea Avenue Belle Isle, FL 32809
Tel 407-851-7730 Fax 407-240-2222

Received
11-5-13

Building Permit (Land Use) Application

DATE: 11/4/13 PERMIT # 2014-11-003
 PROJECT ADDRESS 2613 Neir Ave Belle Isle, FL 32809 32812
 PROPERTY OWNER PAUL SOFRANIK PHONE _____ VALUE OF WORK (labor & material) \$ 19,000.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

REEROOF 37sq, Shingles

- 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: <19-23-30-5888-03-100>
 To obtain this information, please visit www.belleisle.gov/MapViewer/Default.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: _____ Single Fam: _____ Multi Fam: _____
 #BLOG _____ UNITS #STORIES _____ TOTAL SQ.FT. 3759
 MAX FLOOR LOAD _____ MAX OVERHEAD _____
 MIN FLOOD ELEV _____ MIN FLOOR ELEV _____
 WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER _____ DATE _____
 NOTES _____

Per FSS 105.33
 An enforcing authority may not issue a building permit or any building construction permit for alteration, modification, repair or addition unless the permit application includes on its face or there is attached to the permit the following statement: "NOTICE is hereby given that the requirements of this permit there may be additional restrictions applicable to this project, 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."

Waste Management is by legal contract the sole authorized provider of garbage recycling yard and commercial garbage and construction debris collection and disposal services within the limits of the City. Contractors, homeowners and commercial businesses may contact Waste Management at 407-788-0800 to setup accounts for Commercial Construction Roll Off or other services required. Rates are fixed by contract and are available at <http://www.belleisle.com/WasteManagement>. The City enforces the contract through its code enforcement. Failure to comply will result in a stop work order.

RETAIN ORIGINAL SETS AND APPROVED CONSTRUCTION PLANS.

Wind Load Category	A	B	C	D
SPRINKLERS REQ'D	Y	N		
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW	Date Sent _____	PCD _____		
ICONIC	Y	30°		
TEST OF SOIL	Y			
TRAILER	Y			
SCHOOL	Y			
PLAY	Y			
SWIMMING POOL	Y			
POOL ENCLOSURE	Y			
BOAT DOCK	Y			
BUILDING	Y			
WINDMILL	Y			
BOOBIES	Y			
OTHER <u>Reeroof</u>	Y	80°		
3% FLS SURCHARGE		400		
TOTAL		1140		
Building Form	Y	NA		
Notice of Commitment	Y	NA		
Number of Approvals	Y	NA		
Integrated Project Order	Y	0		
OTHER PERMITS REQUIRED				
SEPTIC CA	Y	NA		
SEPTIC TOWER	Y	NA		
MACHANICAL	Y	NA		
PLUMBING	Y	NA		
ROOFING	Y	NA		
3-5	Y	NA		
OTHER	Y	NA		



City of Belle Isle
1611 New Avenue Belle Isle FL 32309
Tel: 407-681-7700 Fax: 407-240-2222

Building Permit (Land Use) Application
To be completed as required by State Statute Section 7-3 and other applicable sections

PERMIT # 2014-11-003

Owner's Name PAUL SOFRANIK
Owner's Address 2613 Nelsr Ave.

Fee Simple Titleholder's Name (if other than owner's) _____

Address _____ City _____ State _____ Zip Code _____
Contractor's Name Good Key Architect/Engineer's Name _____
Contractor's Address 6021 SORANGE AVE Architect/Engineer's Address _____
City, State, ZIP ORL, FL 32809 City, State, ZIP _____
License # CCC1329157 License # _____
Contact Phone/Cell 407-851-0680 Contact Phone/Cell _____
Contact Email DOROTHY@GOODKEYROOFING.COM Contact Email _____
DOROTHY@GOODKEYROOFING.COM

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.floridabuildings.org) and City Ordinances (www.belleisle.org) 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 I will comply with all applicable laws regulating construction and zoning.

Owner Signature Paul Sofranik Date 11/4/2013
The foregoing instrument was acknowledged before me this 11/4/2013
by PAUL SOFRANIK who represents _____

and who produced _____ as identification and who did not have _____

Notary as to Owner
State of Florida
County of Orange



Contractor Signature Good Key
COMPANY NAME Good Key Date 11/4/2013

The foregoing instrument was acknowledged before me this 11/4/2013
by Shawn Hewitt who is personally known to me

and who produced _____ as identification and who did not have _____

Notary as to Owner
State of Florida
County of Orange



- Impervious Surface Ratio Worksheet**
Development Zoned for: AZ- Residential Single-Family R-100A R-100B
Section 5A-7-1 Impervious Surface Ratio of the City Code
- Total Lot Area: sqft X 0.35 = Allowable Impervious Area (BASE) _____
Total Lot Area _____ X 0.35 = _____
Allowable Impervious Area (BASE) _____
 - Calculate the proposed impervious area of the lot. This includes the surface areas that do not allow direct percolation of rainwater. Examples include: POOL, DRIVEWAY, ACCESSORY BUILDING, etc.
 - House _____
 - Driveway _____
 - Walkway _____
 - Accessory Buildings _____
 - Pool & Spa _____
 - Deck & Patio _____
 - Other _____

Actual Impervious Area (AIA) _____
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.

If AIA is greater than BASE, then onsite retention must be provided.
Assessment of retention is based on a 24hr 10 year Rain Event (TP40).
The lot has a 15 inches rainfall (12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-11-003
Property Owner	2613 Nela Ave
Address	Sofrank, Paul
Nature of Improvement	
Received Application	11-5-13
Sent for Stormwater Review	N/A
Stormwater Approved	
Sent for Zoning Review	N/A
Zoning Approved	
Applied for Variance	1
Variance Approved	
Sent to BO for Review	
Building Official Approved	
Comments	
1.	11-5-13 sq emailed Dorothy for # of squares
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Permit Number:
Folio/Parcel ID #: GOLD KEY <19-23-30-5888-03-106>
Prepared by:

6021 S ORANGE AVE
ORLANDO, FL 32809

DOC# 20130585768 B: 10659 P: 0319
11/04/2013 01:16:05 PM Page 1 of 1
Rec Fee: \$10.00
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: GOLD KEY INT



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)
NGLA 15L6 (15LANDSECTION) 0/99 LOT 10 B WLY 25 FT LOT 9 BLK C PLAND TO WATERS OF LAKE REEF

2. General description of improvement

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

Name PAUL SOFRANIK
Address 2613 NE 13 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 ORL 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 _____

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 _____
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 _____

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.

Paul Sofranik
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
as OWNER for _____
Type of authority, e.g., officer, trustee, attorney in fact

The foregoing instrument was acknowledged before me this 4th day of Nov 2013 by PAUL SOFRANIK
as OWNER for _____
Name of party on behalf of whom instrument was executed

Shawn Hewitt
Signature of Notary Public - State of Florida
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 copy of
the document as reflected in the Official Records.
MARTHA O. HAYNIE, COUNTY COMPTROLLER





Business
Professional
Regulation

License Category Registration Only

BCTIS Home Log In User Registration Hot Topics Submit Surcharge Stats & Facts Publications F&C Staff BCIS Site Map Links Search

Product Approval
USER: Public User

Product Approval Menu > Building Professional Registration & Status > Application List > Application Detail

FL # FL5444-R5
Application Type Editorial Change
Code Version 2010
Application Status Approved
Comments
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@saint-gobain.com

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

Technical Representative
Address/Phone/Email
Steven Lawrey
1400 Union Meeting Road
Blue Bell, PA 19422
(215) 274-2425
Steven.T.Lawrey@saint-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

Robert Nieminen

Florida License

PE-59166

Quality Assurance Entity

UL LLC

Quality Assurance Contract Expiration Date

02/13/2016

Validated By

John W. Knezevich, PE

Validation Checklist - Hardcopy Received

Certificate of Independence

FL5444-R5_COI_Trinity.ERD_CI - Nieminen.pdf

Referenced Standard and Year (of Standard)

Standard	Year
ASTM D3161, Class F	2006
ASTM D3462	2007
ASTM D7158, Class H	2007

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

02/19/2013

Date Validated

02/20/2013

Date Pending FBC Approval

02/28/2013

Date Approved

04/09/2013

Summary of Products

FL #	Model, Number or Name	Description
5444.1	CertainTeed Asphalt Roofing Shingles	3-tab, laminated, architectural and 4-tab asphalt roof shingles
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: Refer to ER Section 5 for Limits of Use		
Installation Instructions FL5444_RS_11_01022020_FINAL_CERTAINTCEED_ASPHALT_SAMPLE_FL5444-RS.pdf Verified By: Robert Nieminen, PE PE-59166 Created by Independent Third Party: Yes		
Evaluation Reports FL5444_RS_AE_0102202013FINAL_CERTAINTCEED_Aspphalt_Shingle_FL5444-RS.pdf Created by Independent Third Party: Yes		



Contact Us :: 1940 North Monroe Street, Tallahassee, FL 32399 Phone: 950-487-1824

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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 this 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, 2012, 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:





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-R5
FL5444-R5
Date of Issuance: 09/22/2005
Revision 5: 02/20/2013

SCOPE:

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

DESCRIPTION: CertainTeed Asphalt Roofing Shingles.

LABELLING: 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.

ADVERTISEMENTS: 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 10.

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 02/20/2013
This does not serve as an electronically signed
document. Signed, sealed hardcopies have been
transmitted to the Product Approval Administrator and
to the named client

CERTIFICATION OF INDEPENDENCE:

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

ROOFING SYSTEMS EVALUATION:
1. SCOPE:

Product Category: Roofing
Sub-Category: Asphalt Shingles
Compliance Statement: 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 D3161	R684	09/21/2005
UL (TST 1740)	ASTM D3462	05NK08037	06/28/2006
UL (TST 1740)	ASTM D7158	09CA28873	07/23/2009
UL (TST 1740)	ASTM D3161 & D3462	10CA41303	10/07/2010
UL (TST 1740)	ASTM D3462	10CA41303	10/08/2010
UL (TST 1740)	ASTM D3161	10CA41303	10/27/2010
UL (TST 1740)	ASTM D7158	10CA41303	11/11/2010
UL (TST 1740)	ASTM D3161 & D3462	10CA44960	Exp. 02/13/2016
UL LLC (QUA 9625)	Quality Control	Service Confirmation	

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 (formerly Landmark™ Plus), 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 Presidential Accessory, Accessory for Hatteras, Shangle Ridge™, Shadow Ridge™ and Cedar Crest™ are fiberglass reinforced accessory shingles for hip and ridge installation.
- 4.6 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 us in all wind zones up to $V_{ssd} = 150$ mph ($V_{ult} = 194$ 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 us in all wind zones up to $V_{ssd} = 150$ mph ($V_{ult} = 194$ 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.
- 5.4 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.

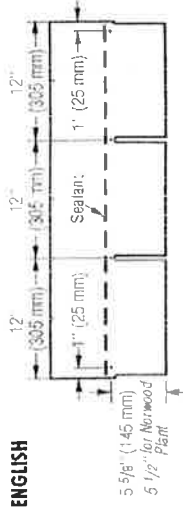
6. INSTALLATION:

- 6.1 Roof deck, slope, underlayment and fasteners shall comply with FBC 1507.2.2 / 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.

6.3.1.1 Hip & Ridge: Cut Shingles

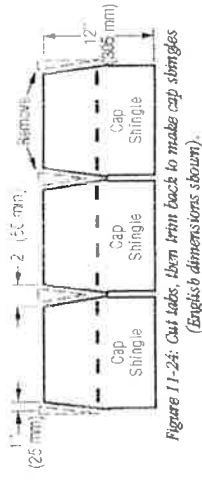
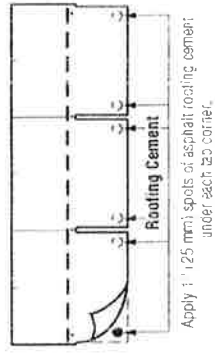


Figure 11-24: Cut tabs, then trim back to make cap shingles (English dimensions shown).

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-5586 Type II is suggested.



Apply 1" (25 mm) spots of asphalt roofing cement under each end corner.

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.

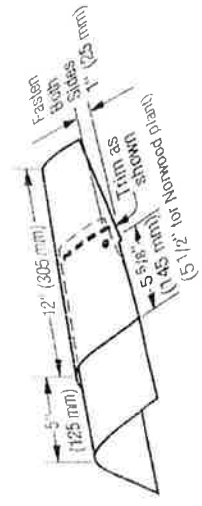


Figure 11-25: Installation of caps along the hips and ridges.

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 Shingle®, Centennial Slate™ and Grand Manor Shingle®:

LOW AND

STANDARD SLOPE

Use five nails for every full Shingle.

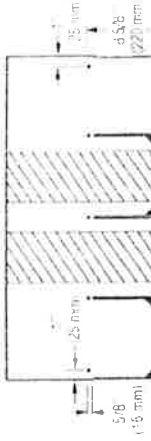


Figure 17-4: Use five nails for every full Grand Manor Shingle, Carriage House Shingle, or Centennial Slate.

STEEP SLOPE

Use seven nails and three spots of asphalt roofing cement for every full Grand Manor Shingle. Use five nails and three spots of asphalt roofing cement for every full Carriage House Shingle and Centennial Slate. Apply asphalt roofing cement 1" (25 mm) from edge of shingle (Figure 17-5). Asphalt roofing cement meeting ASTM D1586 Type II is suggested.

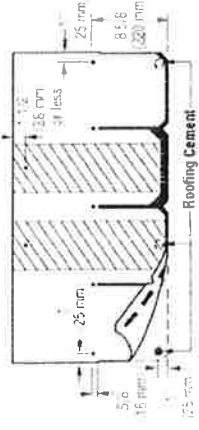


Figure 17-5: When installing Grand Manor Shingles on steep slopes, use seven nails and three spots of asphalt roofing cement.

6.3.2.1 Hip & Ridge: Shingle® Ridge

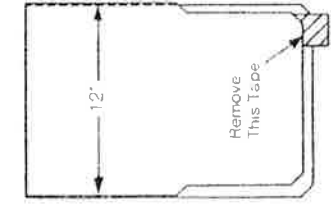


Figure 17-18: Shingle® Ridge

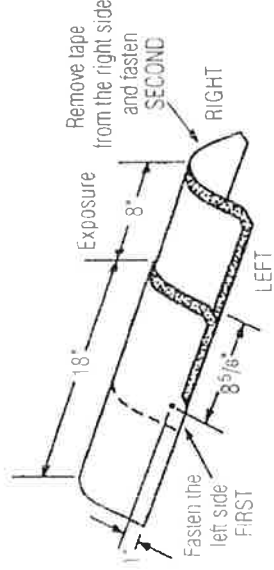


Figure 17-19: Installation of Shingle® Ridge shingles on hips and ridges.

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:

LOW AND STANDARD SLOPE

LANDMARK TL

METRIC DIMENSIONS

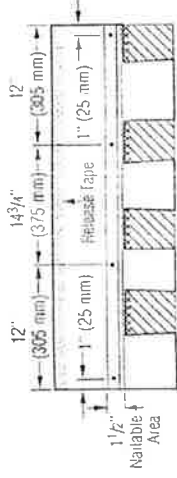


Figure 13-4 Use four nails for even full shingle

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 12" to 15" in from each edge.

METRIC DIMENSIONS

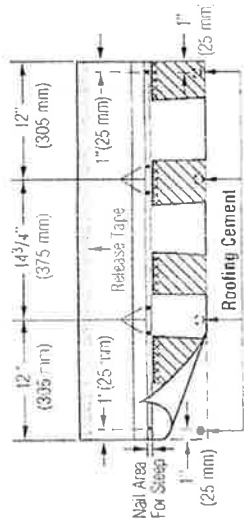
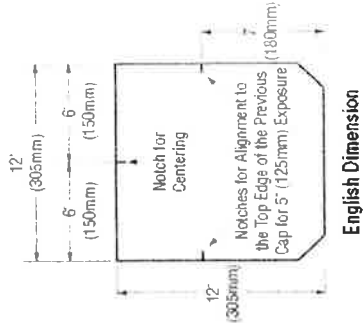


Figure 13-5 Use six nails and four spots of asphalt roofing cement on steep slopes

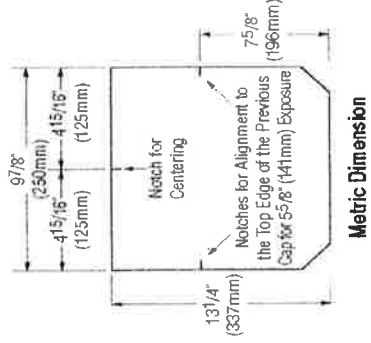
6.3.3.1 Hip & Ridge, Option 1: Shadow Ridge™



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



English Dimension



Metric Dimension

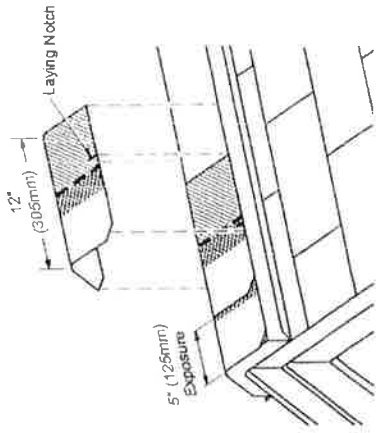
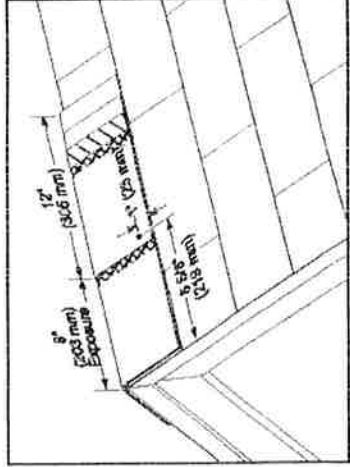


Figure 13-20: Use laying notches to center shingles on hips and ridges, and to locate the correct exposure.

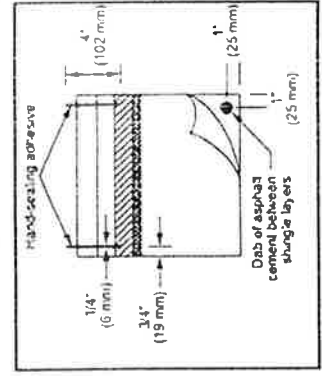
Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

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™:**

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 cutouts making certain tabs of overlying shingle cover nails.

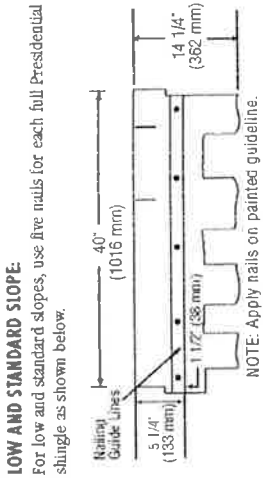


Figure 16-6: Fastening Presidential Line Presidential TL Shake shingles on low and standard slopes.

LOW AND STANDARD SLOPE:

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

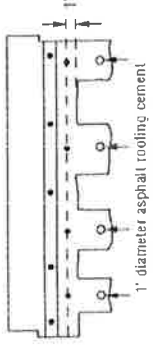


Figure 16-7: Fastening Presidential Line Presidential TL Shake shingles on steep slopes.

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 15-3: Fastening Hatteras Shingles on Low and Standard Slopes

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

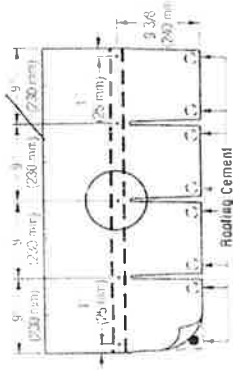


Figure 15-4: Fastening Hatteras Shingles on Steep Slopes

For steep slopes, use five nails and eight spots of asphalt roofing cement for each full Hatteras shingle as shown above. Apply 1" (25mm) diameter spots of roofing cement (ASTM D 4586, Type II suggested) under each tab corner. Press shingle into place; do not expose cement.

CAUTION: Too much roofing cement can cause shingles to blister.

6.3.5.1 Hip & Ridge, Option 1: Accessory for Hatteras

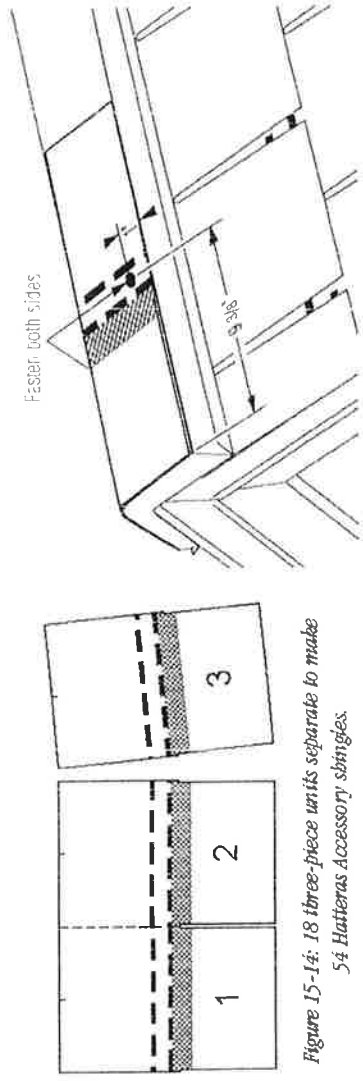


Figure 15-14: 18 three-piece units separate to make 54 Hatteras Accessory shingles.

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

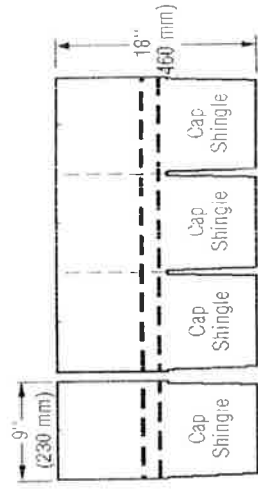


Figure 15-20: Cut Hatteras shingles to make cover cap.

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:

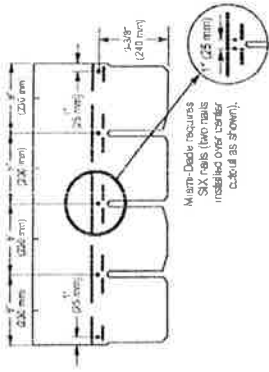


Figure 11-3: Use FIVE nails for every Highland Slate shingle.

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.

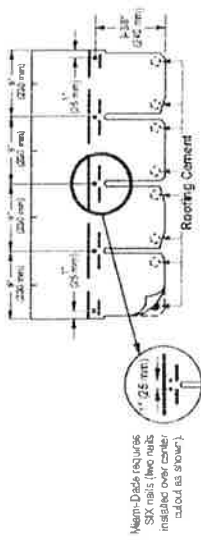


Figure 11-3a: Use FIVE nails and eight spots of asphalt roofing cement under each tab corner.

*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.

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 -

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Results

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2613 Nela Ave < 19-23-30-5888-03-100 >

Name(s)
Sofranik Paul J


Physical Street Address
2613 Nela Ave

Mailing Address On File
Postal City and Zipcode
Orlando, FL 32809

2613 Nela Ave
Belle Isle, FL 32809-6172

Property Use
0130 - Str - Lake Front

Incorrect Mailing Address?
Municipality
Belle Isle



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30231956803100 10/02/2006

Values, Exemptions and Taxes

Property Features

Sales Analysis

Location Info

Market Stats

Property Description
NELA ISLE (ISLAND SECTION) 0/99 LOT 10 & WLY 25 FT LOT 9 BLK C & LAND TO WATERS OF LAKE

Total Land Area 19,327 sqft (+/-) | 0.44 acres (+/-) GIS Calculated Notice [View Plat](#)

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0130 - Str - Lake Front	R-1-AA	1 LOT(S)	\$290,000.00	\$290,000	\$0.00	\$290,000

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure	
Model Code: 01 - Single Fam Residence	Actual Year Built: 1951	Gross Area: 2666 sqft	
Type Code: 0101 - Single Family	Beds: 3	Living Area: 1866 sqft	
Building Value: \$60,889	Baths: 2.0	Exterior Wall: Concrete/Cinder Block	
Estimated New Cost: \$144,974	Floors: 1	Interior Wall: Plastered	

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
FPL2 - Average Fireplace	01/01/1951	1 Unit(s)	\$2,500
SCR1 - Sem Enc 1	01/01/1951	1 Unit(s)	\$2,000
BD3 - Boat Dock 3	12/01/2005	1 Unit(s)	\$10,000
BC3 - Boat Cover 3	12/01/2005	1 Unit(s)	\$6,000

Page 1 of 1 (4 total records)

This Data Printed on 10/25/2013 and System Data Last Refreshed on 10/24/2013

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OP ID: KA
DATE (MM/DD/YYYY)
11/05/2013

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PRODUCER Newman Crane & Assoc. Ins. Inc. P. O. Box 568946 Orlando, FL 32856-8946 Newman Crane & Assoc. Ins.	Phone: 407-859-3691 Fax: 407-857-0409	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No):
INSURED Gold Key International Inc. 6009 S. Orange Ave. Orlando, FL 32809		INSURER(S) AFFORDING COVERAGE INSURER A: Florida Home Builders INSURER B: Travelers Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
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INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSR. W/O	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPP0002396 01	04/28/2013	04/28/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. Occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		BA8B763001	05/16/2013	05/16/2014	COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					W/C STATUS: OTH-EP E.L. EACH ACCIDENT \$ E.L. DISEASE - EA. EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

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City of Belle Isle 1600 Nela Ave. Orlando, FL 32809	AUTHORIZED REPRESENTATIVE <i>SL Bl</i>

ACORD 25 (2009/09)

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GOLDK-1

OP ID: KG

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DATE (MM/DD/YYYY)

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INSURED GOLD KEY INTERNATIONAL, INC. 6009 S. ORANGE AVE ORLANDO, FL 32809	INSURER(S) AFFORDING COVERAGE INSURER A : BRIDGEFIELD EMPLOYERS INS CO 10701 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		

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	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY ANY AUTO ALL-OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					
	UMBRELLA LIAB EXCESS LIAB DED. RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUS - FORTY LIMITS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A			0830-48774	08/15/13	08/15/14	

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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
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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
AC# **6291827**

CCC1329157 08/22/12 127010291

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HEWITT, JEFFREY ALLAN
GOLD KEY INTERNATIONAL INC

IS CERTIFIED under the provisions of ch. 489 FS
Expiration date: AUG 31, 2014 L12082202272

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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

DISPLAY AS REQUIRED BY LAW

KEN LAWSON
SECRETARY



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.



City Official

LOCAL OCCUPATIONAL LICENSE

City of Belle Isle
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Belle Isle, FL 32809
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www.cityofbelleislefl.org