



## City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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:** ROOF: Re-roof of 5600 sq ft asphalt shingles

**Comments:** None

**Project Information**

Address: 5237 Chiswick Circle, Belle Isle, FL 32809  
Parcel ID: 20-23-30-9373-00-450  
Property Owner: Johnson, Fred  
Phone Number: None  
\*\*\*\*\*  
Company Name: Gold Key International, Inc.  
Contractor Name: Hewitt, Jeffrey  
License Number: CCC1329157  
Address: 6021 S. Orange Avenue, Orlando, FL 32809  
Phone Number: 407-851-0680

**Permit Number: 2015-04-021**

Date of Application: 04/08/2015

Date Permit Issued: 04/09/2015

**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 \$  
Traffic \$

**ZONING FEES**

Zoning Fee \$30.00

**UNIVERSAL ENG - BUILDING FEES**

Cert of Occ \$  
Demo \$  
Building \$  
Fence \$  
Driveway \$  
Shed \$  
Window(s) \$  
Door(s) \$  
PrePower \$  
Electrical \$  
Temp Pole \$  
Plumbing \$  
Mechanical \$  
Gas \$  
Roofing \$95.00  
Boat Dock \$  
Screen Encl \$  
Swimming Pool \$  
Sign \$

**SURCHARGE FEES**

Surcharge Fee \$2.00  
Surcharge Fee \$2.00

**TOTAL FEES \$129.00**

**Date Paid**

4-9-15

**CC or Check #**

VISA 0382

**Amount Paid**

129.00

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**

1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ (Slab)

3<sup>rd</sup> \_\_\_\_\_ (Lintel) Wall Reinforcing on Masonry Building

4<sup>th</sup> \_\_\_\_\_ (Exterior Framing) (Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-ins & Windows/Doors Installed)

6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_ (Drywall)

8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_ (Other)

10<sup>th</sup> \_\_\_\_\_ (Final - After MEP and Other Applicable Finals)

**ROOFING**

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

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

1<sup>ST</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)

3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

**CHECK APPROPRIATE BOX**

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

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



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## APPLICATION FOR ROOFING PERMIT

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: 4-1-15 ROOF PERMIT NUMBER 2015-04-021  
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 5237 CHISWICK CIR Belle Isle, FL 32809 Phone 32812  
Property Owner FRED JOHNSON

Property Owner's Mailing Address 5237 CHISWICK CIR City BELLE ISLE  
State FL Zip Code 32812 Parcel Id Number: 20-23-30-9373-00-450

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


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


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

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

Roof Square Footage: 5600 Number of Stories: 1 Job Valuation: \$ 15,000<sup>00</sup>  
Type: Asphalt Shingles  Metal  Modified Bitumen  Other: \_\_\_\_\_

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances. By signing below, I recognize Republic Services 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 Republic Services at 407-293-8000 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 Republic Services. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

LICENSE HOLDER SIGNATURE  LICENSE # CCC 1329157  
LICENSE HOLDER NAME JEFFREY ALAN HEWITT COMPANY NAME GOLD KEY  
Street Address 6021 S ORANGE AVE  
City ORLANDO State FL Zip Code 32809 Phone Number 407-851-0680  
Email Address dorethy@goldkeyroofing.com

Building Official: <u>sq</u>	Date <u>4-8-15</u>	Zoning Fee	\$ <u>30.00</u>
Verified Contractor's Licenses & Insurance are on file <u>NOCI</u>  Date <u>4-8-15</u>		Permit Fee	\$ <u>95.00</u>
		Review Fee	\$ <u>n/a</u>
		3% Florida Surcharge	\$ <u>4.00</u>
		Total Permit Fee	\$ <u>129.00</u>

NOTE: The Building Permit Number is required if the Roof Installation is associated with any construction or alteration where a Building Permit has been issued. Building Permit Number \_\_\_\_\_

Permit Number: \_\_\_\_\_  
Folio/Parcel ID #: 20-23-30-9373-00-450  
Prepared by: GOLD KEY  
6021 S. ORANGE AVE  
ORLANDO, FL 32809  
Return to: GOLD KEY  
6021 S. ORANGE AVE  
ORLANDO, FL 32809

DOCH 20150163344 B: 10897 P: 7645  
04/01/2015 01:12:51 PM Page 1 of 1  
Rec Fee: \$10.00  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret Te: GOLD KEY



### NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

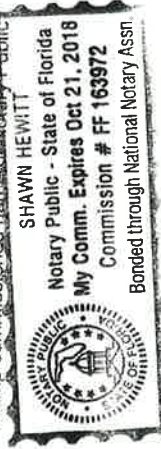
- Description of property** (legal description of the property, and street address if available)  
WINDSOR PLACE PHASE 1 30/28 LOT 45
- General description of improvement**  
DECK
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name FREDERICK W JOHNSON  
Address 5237 CHISWICK CIR  
Interest in Property OWNER  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name GOLD KEY Telephone Number 407-851-0680  
Address 6021 S. ORANGE AVE, ORLANDO, FL 32809  
Name (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_
- 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 \_\_\_\_\_
- 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 \_\_\_\_\_
- 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 1, 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.**

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager \_\_\_\_\_  
Title/Office OWNER

The foregoing instrument was acknowledged before me this 1 day of 4/15 by FREDERICK W JOHNSON  
as HIMSELF for \_\_\_\_\_  
Type of authority, e.g., officer, trustee, attorney in fact \_\_\_\_\_  
Name of party on behalf of whom instrument was executed \_\_\_\_\_

Signature of Notary Public - State of Florida \_\_\_\_\_  
Print, type, or stamp commissioned name of Notary Public \_\_\_\_\_



Personally Known \_\_\_\_\_ OR Produced ID DL  
Type of ID Produced FL 5525-259-43-063-0



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 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universaleengineering.com](http://www.universaleengineering.com)

## Product Approval Form

DATE: 4-1-15

PERMIT # \_\_\_\_\_

PROJECT ADDRESS 5237 CHISWICK CIR

Belle Isle, FL  32809  32812

As required by Florida Statue 553.842 and Florida Administrative Code 9B-72m, please provide the information and approval numbers of the building components listed below if they will be utilized on the building or structure. FL Approved products are listed online at [www.floridabuilding.org](http://www.floridabuilding.org) or can be obtained from the local product supplier. The following information must be turned in with permit application and available onsite for inspections:

1. This Product Approval Cover Sheet
2. Internet screen from [FloridaBuilding.org](http://FloridaBuilding.org) showing PA#, approval and code edition stamped
3. Manufacturer's *installation* details from [FloridaBuilding.org](http://FloridaBuilding.org) and requirements for each product stamped

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
<b>EXTERIOR DOORS</b>							
Swinging				Sliding	WALL PANELS		
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
<b>WINDOWS</b>							
Single/Dbl Hung				Asphalt Shingles	<u>CERTAINTEK</u>	<u>LANDMARK</u>	<u>FL 5444-R7</u>
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other			
Skylights							
Other							
<b>STRUCTURAL COMPONENTS</b>							
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 \_\_\_\_\_

Date 4/6/15



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

FL #

FL5444-R7

Application Type

Revision

Code Version

2010

Application Status

Approved

Comments

Archived

Product Manufacturer  
Address/Phone/Email

CertainTeed Corporation-Roofing  
18 Moores Road  
Malvern, PA 19355  
(610) 651-5847  
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

07/03/2017

Validated By

John W. Knezevich, PE

Validation Checklist - Hardcopy Received

Certificate of Independence

[FL5444\\_R7\\_COI\\_2014\\_04\\_COI\\_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 04/29/2014  
 Date Validated 05/05/2014  
 Date Pending FBC Approval 05/07/2014  
 Date Approved 06/23/2014

## Summary of Products

FL #	Model, Number or Name	Description
5444.1	CertainTeed Asphalt Roofing Shingles	3-tab, 4-tab, strip (no-cut-outs), laminated and architectural asphalt roof shingles
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> N/A <b>Design Pressure:</b> N/A <b>Other:</b> Refer to ER Section 5 for Limits of Use		
<b>Installation Instructions</b> FL5444_R7_II_2014_05_FINAL_ER_CERTAINTCEED_Aspphalt Shingle_FL5444-R7.pdf Verified By: Robert Nieminen, PE PE-59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> FL5444_R7_AE_2014_05_FINAL_ER_CERTAINTCEED_Aspphalt Shingle_FL5444-R7.pdf Created by Independent Third Party: Yes		

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

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

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Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. \*Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails 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-R8**  
**FL5444-R7**  
**Date of Issuance: 09/22/2005**  
**Revision 8: 05/05/2014**

**SCOPE:**

This Evaluation Report is issued under Rule 61G20-3 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code and Florida Building Code, Residential Volume. The products described herein have been designed to comply with the 2010 Florida Building Code.

**DESCRIPTION: CertainTeed Asphalt Roofing Shingles.**

**LABELING:** Labeling shall be in accordance with the requirements of the Accredited Quality Assurance Agency noted herein and FBC 1507.2.7.1.

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

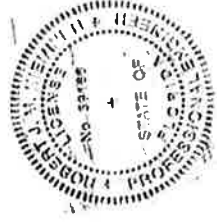
**ADVERTISEMENT:** The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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

This Evaluation Report consists of pages 1 through 11.

**Prepared by:**

**Robert J.M. Nieminen, P.E.**  
*Florida Registration No. 591166, Florida DCA ANE1983*



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 05/05/2014. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

**CERTIFICATION OF INDEPENDENCE:**

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

**ROOFING SYSTEMS EVALUATION:**

**1. SCOPE:**

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

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

**2. STANDARDS:**

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

**3. REFERENCES:**

<b>Entity</b>	<b>Examination</b>	<b>Reference</b>	<b>Date</b>
UL (TST 1740)	ASTM D3161	94NK9632	05/15/1998
UL (TST 1740)	ASTM D3161	99NK26506	11/23/1999
UL (TST 1740)	ASTM D3161	03CA12702	05/27/2003
UL (TST 1740)	ASTM D3161	03CA12702	06/16/2003
UL (TST 1740)	ASTM D3161	03NK29847	10/03/2003
UL (TST 1740)	ASTM D3161	04CA11329	05/24/2004
UL (TST 1740)	ASTM D3161	04CA32986	12/03/2004
UL (TST 1740)	ASTM D3161	05NK07049	04/15/2005
UL (TST 1740)	ASTM D3161	05NK16778	05/12/2005
UL (TST 1740)	ASTM D3161	05CA16778	05/12/2005
UL (TST 1740)	ASTM D3161	05NK14836	05/22/2005
UL (TST 1740)	ASTM D3161	05NK22800	06/22/2005
UL (TST 1740)	ASTM D3462	R684	09/21/2005
UL (TST 1740)	ASTM D7158	05NK08037	06/28/2006
UL (TST 1740)	ASTM D3161 & D3462	09CA28873	07/23/2009
UL (TST 1740)	ASTM D3462	10CA41303	10/07/2010
UL (TST 1740)	ASTM D3161	10CA41303	10/08/2010
UL (TST 1740)	ASTM D7158	10CA41303	10/27/2010
UL (TST 1740)	ASTM D3161 & D3462	10CA44960	11/11/2010
UL LLC (TST 9628)	ASTM D3161, D3462 & D7158	13CA32897	11/21/2013
UL LLC (TST 9628)	ASTM D3161, D3462	TFWZ.R684	04/22/2014
UL LLC (TST 9628)	ASTM D7158	TGAH.R684	04/22/2014
UL LLC (QUA 9625)	Quality Control	Service Confirmation	Exp. 02/13/2016



#### 4. PRODUCT DESCRIPTION:

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

#### 5. LIMITATIONS:

- 5.1 This Evaluation Report is not for use in the HVHZ
- 5.2 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.
- 5.3 Wind Classification:
  - 5.3.1 All shingles noted herein are Classified in accordance with FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F and/or ASTM D7158, Class H, indicating the shingles are acceptable for use in all wind zones up to  $V_{asd} = 150$  mph ( $V_{uit} = 194$  mph). Refer to Section 6 for installation requirements to meet this wind rating.
  - 5.3.2 Presidential Accessory, Accessory for Hatteras, Shangle Ridge, Shadow Ridge and Cedar Crest hip & ridge shingles have been evaluated in accordance with ASTM D3161, Class F when BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant, applied as specified in manufacturer's application instructions, indicating the shingles are acceptable for use in all wind zones up to  $V_{asd} = 150$  mph ( $V_{uit} = 194$  mph).
  - 5.3.3 Classification by ASTM D7158 applies to exposure category B or C and a building height of 60 feet or less. Calculations by a qualified design professional are required for conditions outside these limitations. Contact the shingle manufacturer for data specific to each shingle.
    - 5.3.3.1 Analysis in accordance with ASTM D7158 indicates the measured uplift resistance ( $R_T$ ) for the CertainTeed asphalt roofing shingles listed in Section 4.1 through 4.5 exceeds the calculated uplift force ( $F_T$ ) at a maximum design wind speed of  $V_{asd} = 150$  mph ( $V_{uit} = 194$  mph) for residential buildings located in Exposure D conditions with no topographical variations (flat terrain) having a mean roof height less than or equal to 60 feet.

The shingles are permissible under Code for installation in these conditions using the installation procedures detailed in this Evaluation Report and CertainTeed minimum requirements, subject to minimum codified fastening requirements established within any local jurisdiction, which shall take precedence.
- 5.4 All products in the roof assembly shall have quality assurance audits in accordance with the Florida Building Code and F.A.C. Rule 61G20-3.

**6. INSTALLATION:**

- 6.1 Roof deck, slope, underlayment and fasteners shall comply with FBC 1507.2 / R905.2 and the shingle manufacturer's minimum requirements.
- 6.1.1 Underlayment shall be acceptable to CertainTeed Corporation and shall hold current Florida Statewide Product Approval, or be Locally Approved per Rule 61G20-3, 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, XT™ 30, XT™ 30 IR:**

**LOW AND STANDARD SLOPE**

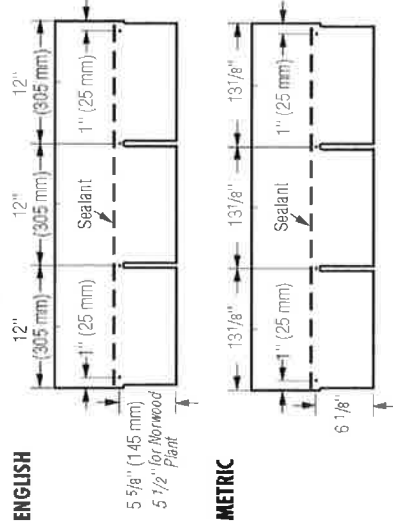


Figure 11-3: Use four nails for every full shingle.

**STEEP SLOPE**

Use four nails and six spots of asphalt roofing cement\* for every full shingle (Figure 11-4). Asphalt roofing cement meeting ASTM D4586 Type II is suggested.

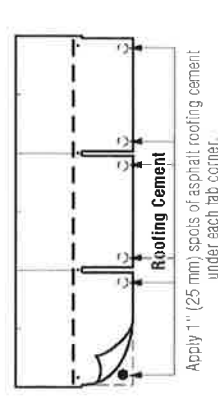


Figure 11-4: Use four nails and six spots of asphalt cement on steep slopes.  
 \*CAUTION: Excessive use of roofing cement can cause shingles to blister.

**6.3.1.1 Hip & Ridge: Cut Shingles**

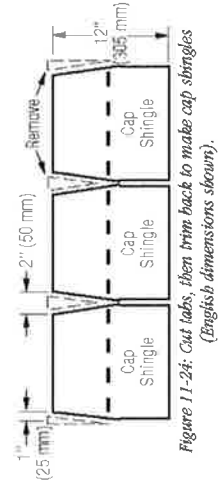


Figure 11-2a: Cut tabs, then trim back to make cap shingles (English dimensions shown).

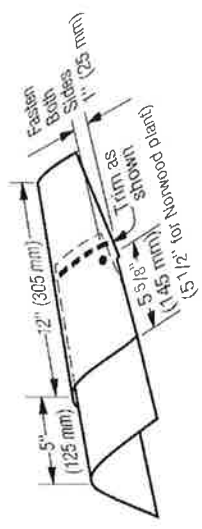


Figure 11-2b: Installation of caps along the hips and ridges.

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

6.3.2

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

**LOW AND STANDARD SLOPE**

Use five nails for every full Shangle.

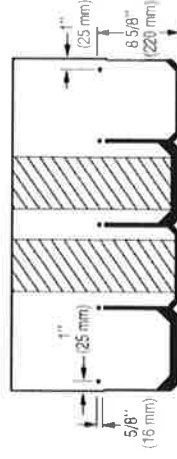


Figure 17-4: Use five nails for every full Grand Manor Shangle, Carriage House Shangle, or Centennial Slate.

**STEEP SLOPE**

Use seven nails and three spots of asphalt roofing cement for every full Grand Manor Shangle. Use five nails and three spots of asphalt roofing cement for every full Carriage House Shangle and Centennial Slate. Apply asphalt roofing cement 1" (25 mm) from edge of shingle (Figure 17-5). Asphalt roofing cement meeting ASTM D4586 Type II is suggested.

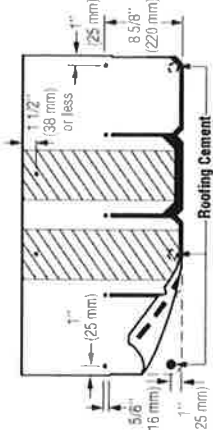


Figure 17-5: When installing Grand Manor Shangles on steep slopes, use seven nails and three spots of asphalt roofing cement.

6.3.2.1 Hip & Ridge: Shangle® Ridge

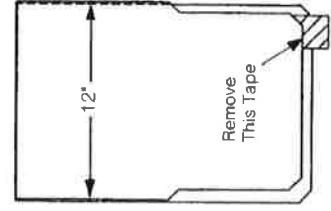


Figure 17-18: Shangle® Ridge.

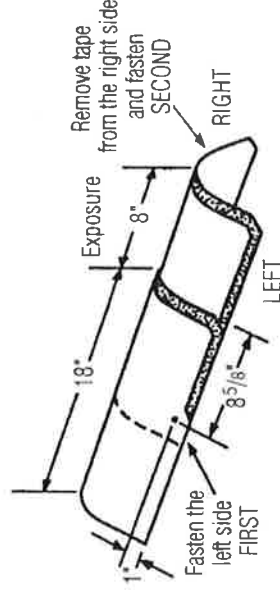


Figure 17-19: Installation of Shangle® Ridge shingles on hips and ridges.

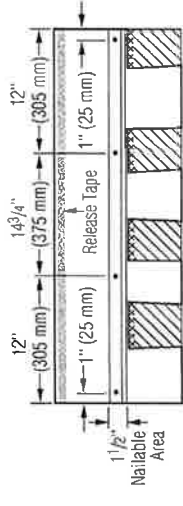
Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

6.3.3

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

**LOW AND STANDARD SLOPE**

**METRIC DIMENSIONS**



**LANDMARK TL**

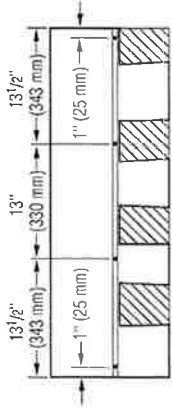
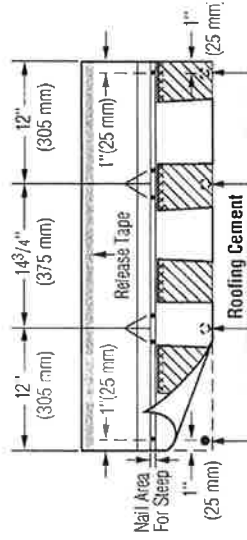


Figure 13-4: Use four nails for every full shingle.

**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 13" in from each edge.

**METRIC DIMENSIONS**



**LANDMARK TL**

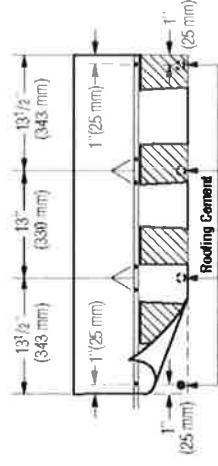


Figure 13-5: Use six nails and four spots of asphalt roofing cement on steep slopes.

6.3.3.1 Hip & Ridge, Option 1: Shadow Ridge™

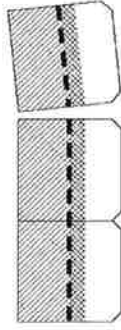
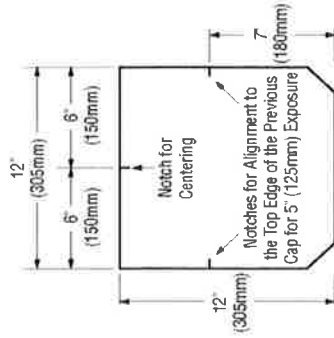
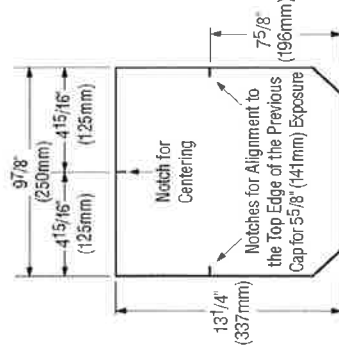


Figure 13-16: Shadow Ridge accessory shingles detach easily from three-piece units to make 72 individual cap pieces.



**English Dimension**



**Metric Dimension**

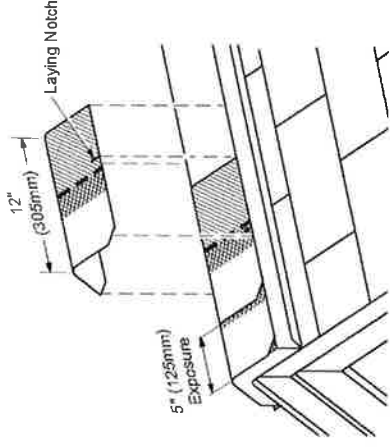
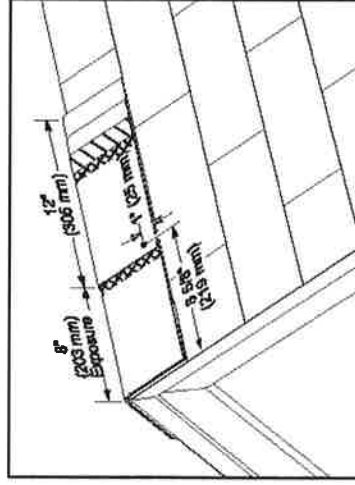


Figure 13-20: Use laying notches to center shingles on hips and ridges, and to locate the correct exposure.

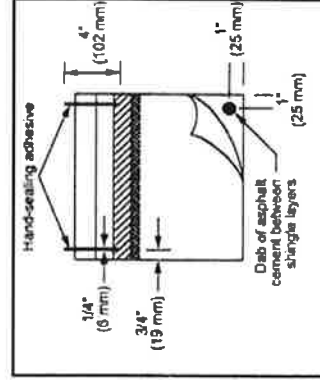
Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

### 6.3.3.2 Hip & Ridge, Option 2: Cedar Crest™, Cedar Crest™ IR

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, place 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.

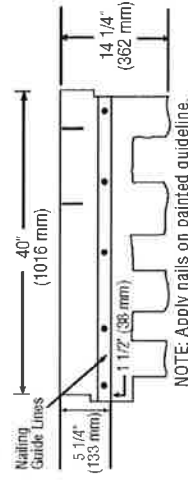


### 6.3.4

#### **Presidential Shake™, Presidential Shake™ IR, Presidential Shake TL™:**

##### **LOW AND STANDARD SLOPE:**

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



NOTE: Apply nails on painted guideline.

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

##### **STEEP SLOPE:**

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

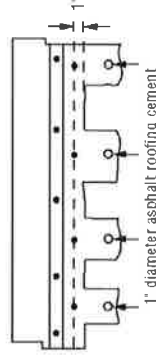


Figure 16-7: Fastening Presidential and Presidential TL Shake shingles on steep slopes.

### 6.3.4.1

#### **Hip & Ridge, Option 1: Presidential Accessory**

##### **PRESIDENTIAL ACCESSORY**

Presidential accessory shingles can be used for covering hips and ridges. Apply shingles up to the ridge (expose no more than 7" from the bottom edge of the "tooth." Fasten each accessory with two fasteners. The fasteners must be 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™, Cedar Crest™ IR 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

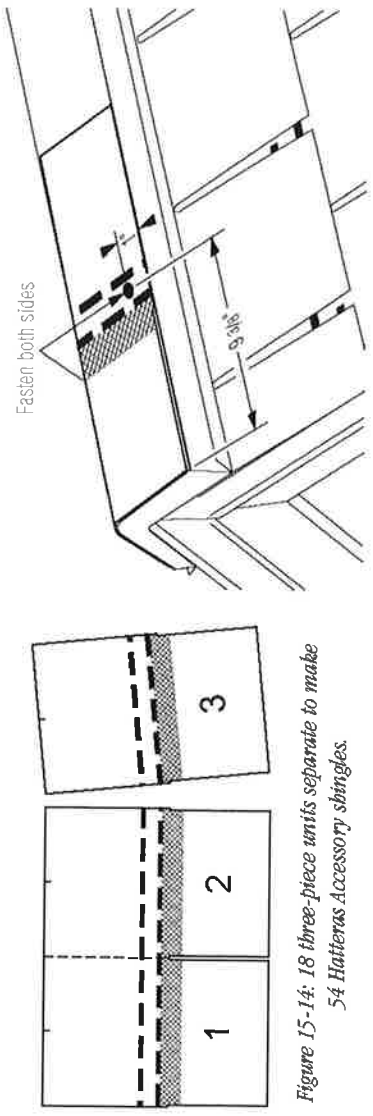


Figure 15-14: 18 three-piece units separate to make 54 Hatteras Accessory shingles.

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

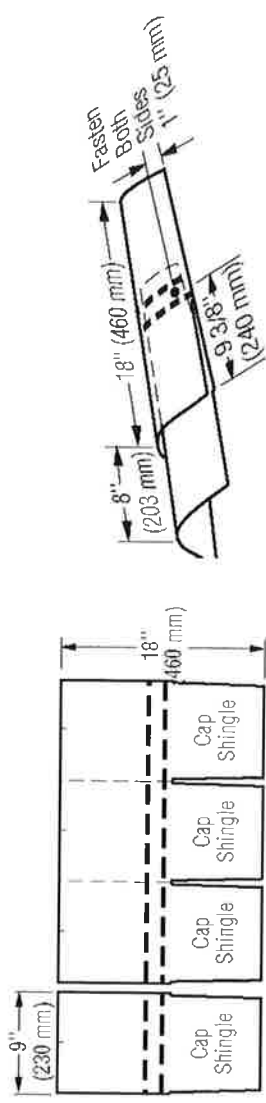
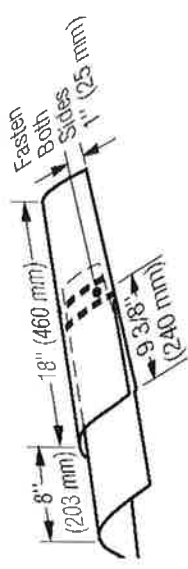


Figure 15-20: Cut Hatteras shingles to make cover cap.

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™, Highland Slate™ IR:**

**LOW AND STANDARD SLOPE:**

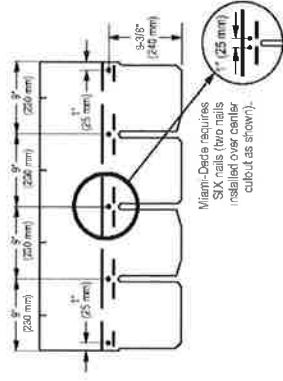


Figure 11-3: Use FIVE nails for every Highland Slate shingle.

**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.

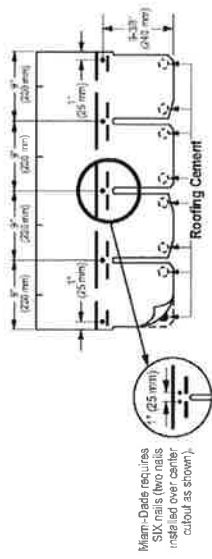


Figure 11-3a: Use FIVE nails and eight spots of asphalt roofing cement under each tab corner.

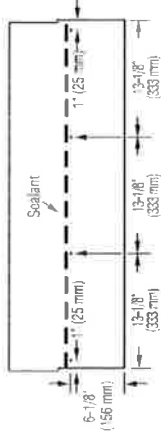
\*CAUTION: Excessive use of roofing cement can cause shingles to blister.

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

6.3.7 Patriot™:

**LOW AND STANDARD SLOPE**

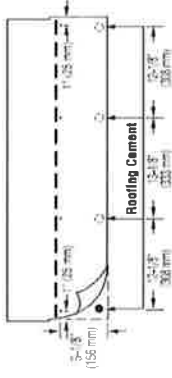
Use FOUR nails for every full shingle located as shown below.



**STEEP SLOPE**

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

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



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





**7. LABELING:**

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

**8. BUILDING PERMIT REQUIREMENTS:**

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

**9. MANUFACTURING PLANTS:**

Contact the named QA entity for information on which plants produce products covered by Florida Rule 61G20-3 QA requirements.

**10. QUALITY ASSURANCE ENTITY:**

UL LLC – QUA9625; (414) 248-6409; karen.buchmann@us.ul.com

**- END OF EVALUATION REPORT -**



# CERTIFICATE OF LIABILITY INSURANCE

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

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

PRODUCER INNOVATIVE INSURANCE CONSULTANTS, INC. 161 UNIVERSITY DRIVE, #103 ORAL SPRINGS, FL 33067 RIAN J. MAMMO	CONTACT NAME: <b>JEFFERY HEWITT</b> PHONE (A/C, No., Ext.): <b>407-851-0680</b> FAX (A/C, No.): <b>407-447-5590</b> E-MAIL ADDRESS: <b>GOLDKEYFL@AOL.COM</b> INSURER(S) AFFORDING COVERAGE INSURER A: <b>BRIDGEFIELD EMPLOYERS INS CO</b> MAC # <b>10701</b> INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
--	---


INSURED: **GOLD KEY INTERNATIONAL, INC.**  
**6008 S. ORANGE AVE**  
**ORLANDO, FL 32809**

OVERAGES: CERTIFICATE NUMBER: \_\_\_\_\_ REVISION NUMBER: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDITIONAL SUBSCRIBER (INSR. WVD)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L. AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED. RETENTION \$ _____ <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		0830-48774	08/15/2014	08/15/2015	EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED. EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (PER ACCIDENT) \$ _____ EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ X <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ _____ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ _____ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ _____ 1,000,000

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

CERTIFICATE HOLDER  CITY OF BELL ISLSE 1600 NELA AVE BELL ISLSE, 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 
---	--



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783**

**(850) 487-1395**

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

**Congratulations!** With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

**CCC1329157 ISSUED: 09/02/2014**

**CERTIFIED ROOFING CONTRACTOR  
HEWITT, JEFFREY ALLAN  
GOLD KEY INTERNATIONAL INC**

**IS CERTIFIED under the provisions of Ch. 489 FS  
Expiration date AUG 31, 2016 L1409020001478**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD**



**LICENSE NUMBER**

CCC1329157

**The ROOFING CONTRACTOR**

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2016

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



ISSUED: 09/02/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1409020001478

**ott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida**  
 local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and  
 il authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

2014      **EXPIRES 9/30/2015**      1801-0000898  
 -1801 CONTR-BUILDER      \$30.00 10 EMPLOYEE

TOTAL TAX      \$30.00  
 PREVIOUSLY PAID      \$30.00  
 TOTAL DUE      \$0.00

HEWITT III HARRY W QUALIFIER  
  
 GOLD KEY INTERNATIONAL INC  
 6021 S ORANGE AVE  
 ORLANDO FL 32809-4237

6009 S ORANGE AV  
 U - ORLANDO, 32809

PAID: \$30.00 0099-00625327 7/11/2014

**ott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida**  
 local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and  
 il authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

2014      **EXPIRES 9/30/2015**      1801-0000898  
 1801 CONTR-BUILDER      \$30.00 10 EMPLOYEE

TOTAL TAX      \$30.00  
 PREVIOUSLY PAID      \$30.00  
 TOTAL DUE      \$0.00



6009 S ORANGE AV  
 U - ORLANDO, 32809

PAID: \$30.00 0099-00625327 7/11/2014

This receipt is official when validated by the Tax Collector.



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

**Business License Number:** L5-00021  
**Effective Date:** 10/01/14  
**Expiration Date:** 09/30/15  
**Fee:** 30.00

**Business Name:** GOLD KEY INTERNATIONAL, INC

**Location:** 6009 ORANGE AV

**Classification:** ROOFING/BUILDING CONTRACTOR

**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  
1600 Nela Avenue  
Belle Isle, FL 32809  
Phone: 407-851-7730 Fax 407-240-2222  
[www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)