



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

PERMIT CARD - PLEASE POST AT JOB SITE
 THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

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

Scope of Work: REROOF: 42sq, shingles

Comments: None

Project Information

Address: 3109 Cullen Lake Shore Drive, Belle Isle, FL 32812
 Parcel ID: 17-23-30-4379-01-530
 Property Owner: Hadley, William
 Phone Number: 407-859-8147

 Company Name: David Lundberg Building & Roofing Contractor
 Contractor Name: Lundberg, David
 License Number: CBC017995 & CCC1325941
 Address: 1709 Howell Branch Road, Winter Park, FL 32789
 Phone Number: 407-672-0001

Permit Number: 2014-11-025

Date of Application: 11/22/2013

Date Permit Issued: 11/22/2013

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

BUILDING FEATURES

IMPACT FEES

School \$

ZONING FEES

Zoning Fee \$30.00

UNIVERSAL ENG - BUILDING FEES

Demo \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$
 Temp Pole \$
 Plumbing \$
 Mechanical \$
 Gas \$
 Roofing \$85.00
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$119.00

Date Paid 11-25-13
 CC or Check # 24477
 Amount Paid 119.00

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

1st _____ (Footing/Foundation)

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

2nd _____ (Slab)

3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)

4th _____ (Exterior Framing)(Roof/Wall Sheathing)

5th _____ (Framing) (To be made after Plumbing/Mechanical/Electrical Rough-Ins & Windows/Doors Installed)

6th _____ (Insulation to be Made After Roof Installed)

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

10th _____ (Final - After MEP and Other Applicable Finals)

ROOFING

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

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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

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

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

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

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

Inspection requests are to be emailed to 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: 11/22/13

ROOF PERMIT NUMBER 2014-11-025

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

Project Address 3109 Cullen Lake Shore Drive

Belle Isle, FL 32809 32812

Property Owner William Hadley

Phone 407-859-8147

Property Owner's Mailing Address 3109 Cullen Lake Shore Drive

City Belle Isle

State Florida Zip Code 32812

Parcel Id Number: 17-23-30-4379-01-530

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

Class of Building: Old New ReRoof

Type of Building: Residential Commercial Other

• REQUIRED! Florida Product Approval Screen Printout from www.floridabuilding.org showing the Code Version

• REQUIRED! Florida Product Approval Installation Instructions from www.floridabuilding.org (not the manufacturer instructions)

• REQUIRED! Copies of your General Liability & Worker's Comp Insurance Certificate & State and Local Licenses

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

Roof Square Footage: 42 Squares shingles

Number of Stories: 2 Job Valuation: \$ 10,630.00

Type: Asphalt Shingles Metal Modified Bitumen Other: _____

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

LICENSE HOLDER SIGNATURE David Lundberg LICENSE # CCC1325941

LICENSE HOLDER NAME David Lundberg COMPANY NAME David Lundberg Building & Roofing Contractor

Street Address 1709 Howell Branch Rd.

City Winter Park State FL Zip Code 32789 Phone Number 407-672-0001

Email Address lundbergroofing@aol.com

Building Official: _____	Date: _____
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Zoning Fee \$ 30⁰⁰

Permit Fee \$ 85⁰⁰

3% Florida Surcharge \$ 4⁰⁰

Total Permit Fee \$ 119⁰⁰

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 _____

Received
11-22-13

Permit Number: _____
Folio/Parcel Identification Number: 17-23-30-4379-01-530
Prepared by: Liza Denton

Orange County, Florida
Comptroller
David Lundberg



Return to Contractor

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)
Lake Conway Estates Section 3 Y/19 Lot 153

2. General description of improvement
CE-100F

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

Name William Hadley

Address 3109 Cullen Lake Shore Dr., Belle Isle, FL 32812

Interest in Property _____

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

Name _____

Address _____

4. Contractor
Name David Lundberg

Address 1709 Howell Branch Rd., Winter Park, FL 32789

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

Name _____ Telephone Number _____

Address _____ Telephone Number _____

Name _____ Telephone Number _____

Address _____ Telephone Number _____

Name _____ Telephone Number _____

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

Name _____ Telephone Number _____

Address _____ Telephone Number _____

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.

Name _____ Telephone Number _____

Address _____ Telephone Number _____

9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 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

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

William C. Hadley

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

The foregoing instrument was acknowledged before me this 10th day of March by William C. Hadley

as Owner for _____ name of person

_____ Month/year _____

Name of party on behalf of whom instrument was _____

Print, type, or stamp commissioned name of Notary _____

Signature of Notary Public - State of Florida _____

Personally Known _____ OR Produced ID X

Type of ID Produced FLD

My Commission Expires 07/16/2011
Commission No. EE 210060



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
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Product Approval Form

DATE: 11/22/13

PERMIT # _____

PROJECT ADDRESS 3109 Cullen Lake Shore Drive, Belle Isle, FL 32809 32812

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

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

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS							
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS							
Single/Dbl Hung				Asphalt Shingles	<i>Duvers Ceiling</i>		<i>10674</i>
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other			
Skylights							
Other							
STRUCTURAL COMPONENTS							
Wood Connectors				OTHER			
Wood Anchors							
Truss Plates							
Insulation Forms							
Limits							
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 *David Chubbly*

Date 11/22/13



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License efficiently. Regulate fairly.

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

FL # FL10674-R8
 Application Type Revision
 Code Version 2010
 Application Status Approved
 Comments
 Archived

Product Manufacturer Owens Corning
 Address/Phone/Email One Owens Corning Parkway
 Toledo, OH 43659
 (740) 404-7829
 greg.keeler@owenscorning.com

Authorized Signature
 Greg Keeler
 greg.keeler@owenscorning.com

Technical Representative
 Address/Phone/Email Mel Sancrant
 1 Owens Corning PKWY
 Toledo, OH 43659
 (419) 376-8360
 mel.sancrant@owenscorning.com

Quality Assurance Representative
 Address/Phone/Email

Category Roofing
 Subcategory Asphalt Shingles

Compliance Method
 Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer

Florida Engineer or Architect Name who developed the Evaluation Report
 Florida License Robert J.M. Nieminen
 Quality Assurance Entity PE-59166
 Quality Assurance Contract Expiration Date UL LLC
 Validated By 09/26/2014
 John W. Knezevich, PE
 Validation Checklist - Hardcopy Received

Certificate of Independence
[FL10674_R8_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 12/19/2012
 Date Validated 12/20/2012
 Date Pending FBC Approval 12/25/2012
 Date Approved 02/04/2013

Summary of Products		
FL #	Model, Number or Name	Description
10674-1	Owens Corning Asphalt Roofing Shingles and Starters	3-tab, laminated, starter, and hip & ridge
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.	
	Installation Instructions FL10674_R8_II_er121912FINAL_OC_Ashphalt Shingles_FL10674-R8.pdf Verified By: Robert J. M. Nieminen PE - 59166 Created by Independent Third Party: Yes Evaluation Reports FL10674_R8_AE_er121912FINAL_OC_Ashphalt Shingles_FL10674-R8.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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 *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

Owens Corning
One Owens Corning Parkway
Toledo, OH 43659

Evaluation Report **037940.02.12-R2**
FL10674-R8
Date of Issuance: **02/06/2012**
Revision 2: **12/19/2012**

SCOPE:

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

DESCRIPTION: Owens Corning Asphalt Roof Shingles

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

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

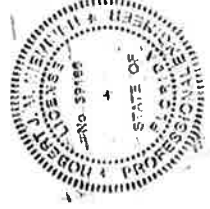
ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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

This Evaluation Report consists of pages 1 through 6.

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 12/19/2012. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

CERTIFICATION OF INDEPENDENCE:

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

ROOFING SYSTEMS EVALUATION:

1. SCOPE:

Product Category: Roofing
Sub-Category: Asphalt Shingles

Compliance Statement: Owens Corning Asphalt Roof Shingles, as produced by Owens Corning, 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 LLC (CER9626)	Physicals & Wind Resistance	File R2453, Vol. 3	02/15/2007
UL LLC (CER9626)	Physicals & Wind Resistance	20120516-R2453	05/16/2012
UL LLC (TST9628)	Physical Properties	06CA20263	04/18/2006
UL LLC (TST9628)	Wind Resistance	11CA34308	02/18/2012
Miami-Dade (CER1592)	FBC HVHZ Compliance	07-1116.12	02/14/2008
Miami-Dade (CER1592)	FBC HVHZ Compliance	09-0915.12	12/16/2009
Miami-Dade (CER1592)	FBC HVHZ Compliance	10-0817.09	10/27/2010
Miami-Dade (CER1592)	FBC HVHZ Compliance	10-0817.10	10/27/2010
Miami-Dade (CER1592)	FBC HVHZ Compliance	10-0817.08	10/27/2010
Miami-Dade (CER1592)	FBC HVHZ Compliance	10-0817.07	10/27/2010
Miami-Dade (CER1592)	FBC HVHZ Compliance	11-0411.03	06/16/2011
Miami-Dade (CER1592)	FBC HVHZ Compliance	12-0309.01	07/19/2012
UL LLC (QUA9625)	Quality Control	Service Confirmation R2453	Exp. 09/26/2014

4. PRODUCT DESCRIPTION:

- 4.1 Asphalt Shingles:
- 4.1.1 Classic® and Supreme® are fiberglass reinforced, 3-tab asphalt roof shingles.
- 4.1.2 Berkshire® are fiberglass reinforced, 4-tab asphalt roof shingles.
- 4.1.3 Duration®, TruDefinition® Duration®, Duration® Premium Cool, TruDefinition® Duration® Designer Color Collection, TruDefinition® Oakridge®, Oakridge® and WeatherGuard® HP are fiberglass reinforced, laminated asphalt roof shingles.
- 4.2 Berkshire® Hip & Ridge Shingles, High Ridge, Hip & Ridge with Sealant, WeatherGuard® HP Hip & Ridge Shingles and ProEdge Hip & Ridge Shingles are fiberglass reinforced, hip and ridge asphalt roof shingles.
- 4.3 Starter Strip Plus and Starter Shingle Roll are starter strips for asphalt roof shingles.

5. LIMITATIONS:

- 5.1 This Evaluation Report is not for use in the HVHZ.
- 5.2 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.
- 5.3 Wind Classification:

- 5.3.1 All Owens Corning 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 ($V_{ult} = 194$ mph). Refer to Section 6 for installation requirements to meet this wind rating.
- 5.3.2 All Owens Corning hip & ridge shingles and Starter Strip Plus noted herein are Classified in accordance with FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F, indicating the shingles are acceptable for use in all wind zones up to $V_{asd} = 150$ mph ($V_{ult} = 194$ mph). Refer to Section 6 for installation requirements to meet this wind rating.
- 5.3.3 Classification by ASTM D7158 applies to exposure category B or C and a building height of 60 feet or less. Calculations by a qualified design professional are required for conditions outside these limitations. Contact the shingle manufacturer for data specific to each shingle.
- 5.3.4 Refer to Owens Corning published information on wind resistance and installation limitations.
- 5.4 All products in the roof assembly shall have quality assurance audit in accordance with the Florida Building Code and F.A.C. Rule 9N-3.

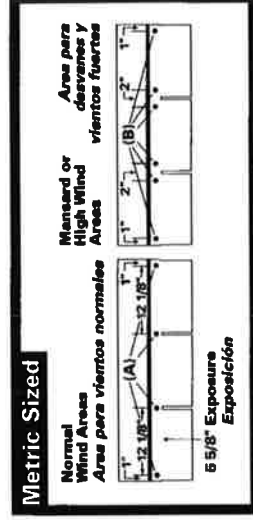
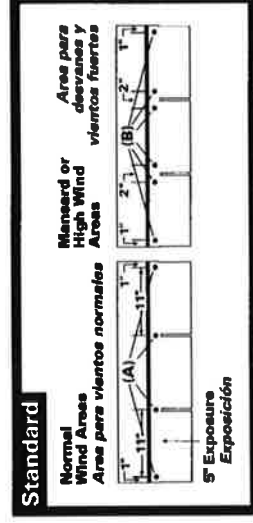
6. INSTALLATION:

6.1 Underlayment:

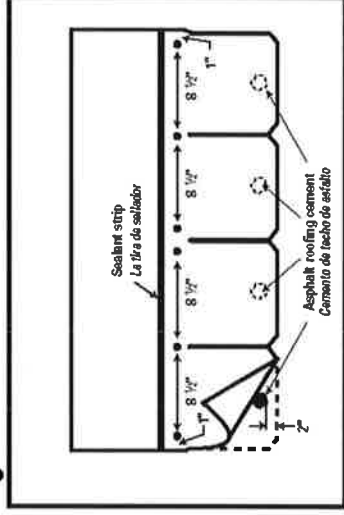
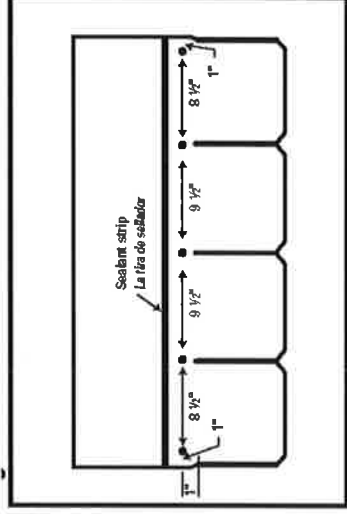
- 6.1.1 Underlayment shall be acceptable to Owens Corning and shall hold current Florida Statewide Product Approval, or be Locally Approved per Rule 9N-3, per FBC Sections 1507.2.3, 1507.2.4 or R905.2.3.

6.2 Asphalt Shingles:

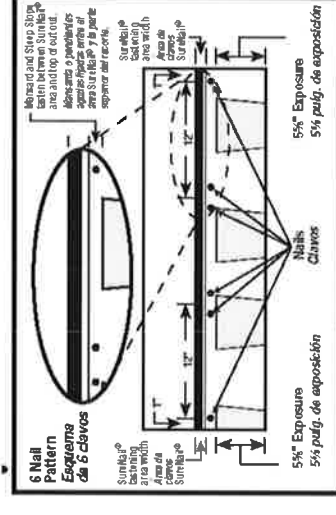
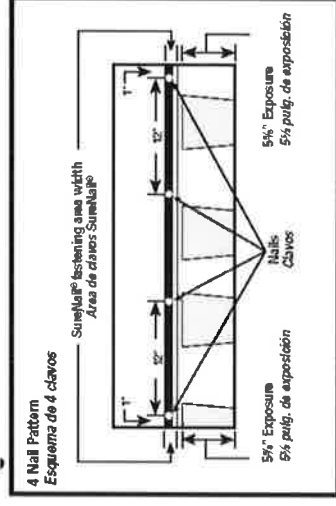
- 6.2.1 Installation of asphalt shingles shall comply with the manufacturer's current published instructions, using minimum four (4) nails per shingle in accordance with FBC Sections 1507.2 or R905.2, with the following exceptions:
 - Berkshire® shingles require minimum five (5) nails per shingle.
 - WeatherGuard® HP shingles require minimum six (6) nails per shingle.
 - Starter Strip Plus requires minimum five (5) nails per strip.
- 6.2.2 Refer to Owens Corning published information on wind resistance and installation limitations.
- 6.2.2 Fasteners shall be in accordance with the manufacturer's published requirements, but not less than FBC 1507.2.6 or R905.2.5. Staples are not permitted.
- 6.2.4 Where the roof slope exceeds 21 units vertical in 12 units horizontal, special methods of fastening are required. Contact the shingle manufacturer for details.
- 6.2.5 Minimum Nailing – Classic® & Supreme:



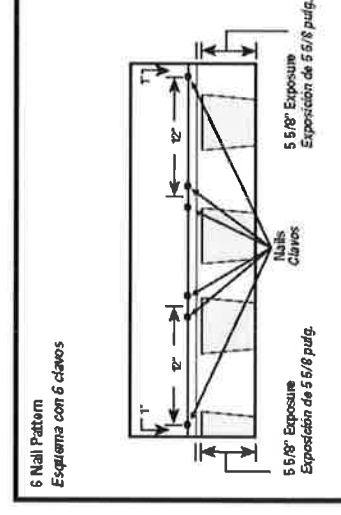
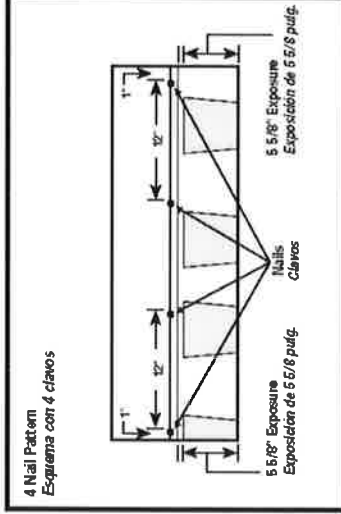
6.2.6 Minimum Nailing – Berkshire®:



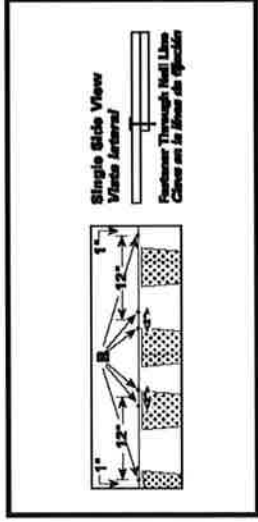
6.2.7 Minimum Nailing – Duration®, TruDefinition®, Duration® Premium Cool & TruDefinition® Duration® Designer Color Collection:



6.2.8 Minimum Nailing – TruDefinition® Oakridge®, Oakridge®:



6.2.9 Minimum Nailing – WeatherGuard® HP:

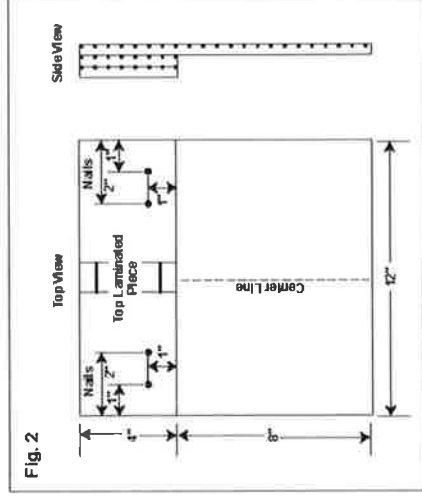
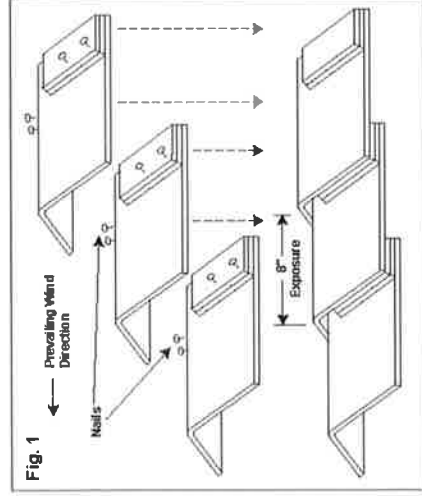


6.3 Hip & Ridge Shingles:

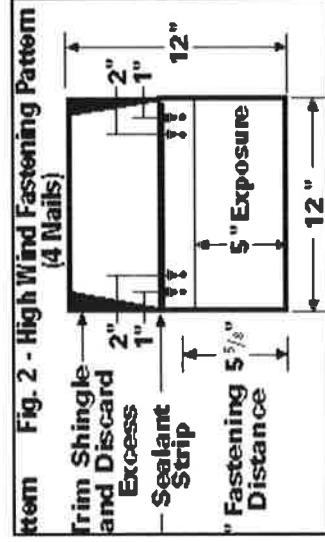
6.3.1 Installation of Berkshire® Hip and Ridge Shingles, High Ridge, Hip & Ridge with Sealant, WeatherGuard® HP Hip and Ridge Shingles and ProEdge Hip & Ridge Shingles shall comply with the manufacturer's current published instructions, using four (4) nails per shingle. Refer to Owens Corning published information on wind resistance and installation limitations, including the use of hand-sealing for wind warranties.

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

6.3.3 Minimum Nailing – Berkshire® Hip & Ridge and High Ridge:



6.3.4 Minimum Nailing – Hip & Ridge with Sealant:



6.3.5 Minimum Nailing – WeatherGuard® HP Hip and Ridge:

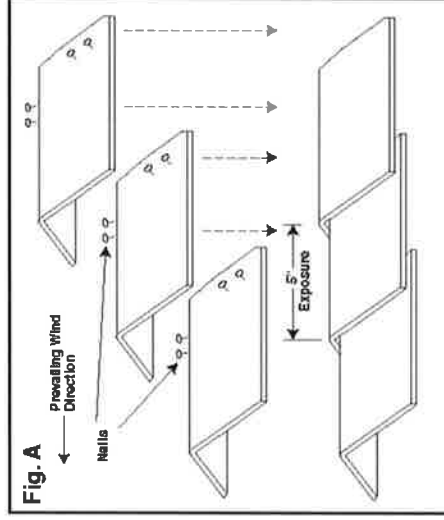
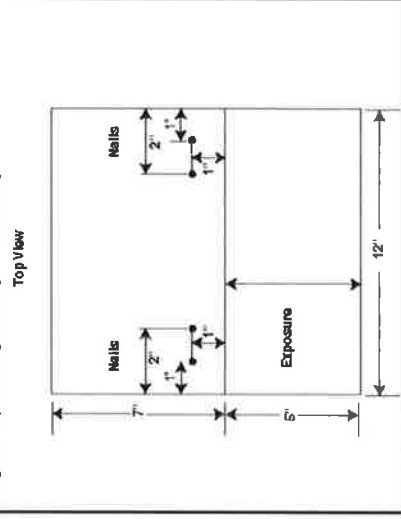
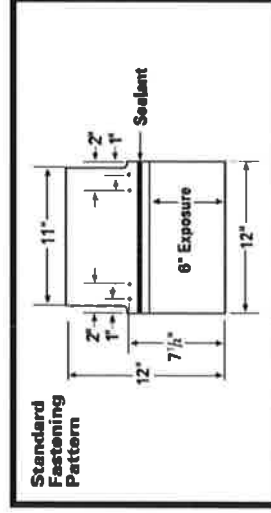
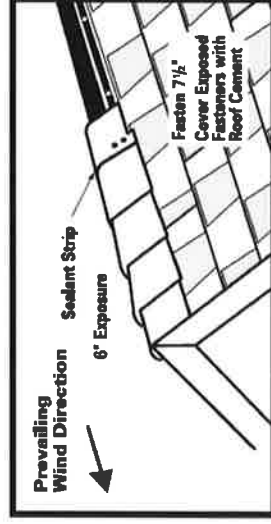


Fig. C Hip & Ridge Shingle Fastening



6.3.6 Minimum Nailing - ProEdge Hip & 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@ul.com

- END OF EVALUATION REPORT -

[Searches](#)
[Sales Search](#)
[Results](#)
[Property Record Card](#)
[My Favorites](#)

3109 Cullen Lake Shore Dr < 17-23-30-4379-01-530 >

Name(s)
 Hadley William L
 Hadley Joyce M
 Mailing Address On File
 3109 Cullen Lake Shore Dr
 Belle Isle, FL 32812-1042
 Incorrect Mailing Address?

Physical Street Address
 3109 Cullen Lake Shore Dr
 Postal City and Zipcode
 Orlando, FL 32812
 Property Use
 0130 - Sfr - Lake Front
 Municipality
 Belle Isle

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

Property Description

LAKE CONWAY ESTATES SECTION 3 Y/19 LOT 153


Total Land Area 21,653 sqft (+/-) | 0.50 acres (+/-) GIS Calculated Notice

Land

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

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure	
 Model Code:	01 - Single Fam Residence	Actual Year Built:	1963
Type Code:	0101 - Single Family	Beds:	5
Building Value:	\$113,271	Baths:	3.0
Estimated New Cost:	\$205,947	Floors:	2

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units
FPL3 - Good Fireplace	01/01/1963	1 Unit(s)
BC2 - Boat Cover 2	01/01/1997	1 Unit(s)
BD2 - Boat Dock 2	01/01/1997	1 Unit(s)
PTNV - Patio No Value	01/01/2010	1 Unit(s)



CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER Fortress Insurance Partners 555 WINDERLEY PL STE 300		CONTACT NAME: Caron Abbott	
		PHONE (A/C, No. Ext): (407) 261-2340	FAX (A/C, No.): (407) 261-2347
		E-MAIL ADDRESS: caron@fortress-partners.com	
MAITLAND	FL 32751-7133	INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A : FIRST MERCURY INSURANCE COMPANY NAIC # 10657	
DAVID LUNDBERG, INC DBA DAVID LUNDBERG BUILDING & ROOFING CONTRACTOR 1709 HOWELL BRANCH RD WINTER PARK FL 32789-1100		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:**

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			GA-CGL-0000013276-02	06/27/2013	06/27/2014	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMPIOP AGG \$ 600,000 EMPL BENEF \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ WC STATUTORY LIMITS OTH-ER 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)

David C Lundberg, Individual License # CCC1325941
Building & Roofing Contractor
Policy Location Aggregate: \$5,000,000

CERTIFICATE HOLDER

CANCELLATION

City of Belle Isle 1600 Nela Avenue		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Belle Isle	FL 32809	AUTHORIZED REPRESENTATIVE <i>Caron Abbott</i>

ACORD 25 (2010/05)

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CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER Bouchard Insurance for VBS P.O.Box 6090 Clearwater, FL 33758-6090		CONTACT NAME: PHONE (A/C, No. Ext): (866) 293-3600 ext. 623 E-MAIL ADDRESS: FAX (A/C, No):	
INSURED Workforce Business Services, Inc Alt. Emp: David C. Lundberg 1401 Manatee Ave. West Ste 600 Bradenton, FL 34205-6708		INSURER(S) AFFORDING COVERAGE INSURER A : American Zurich Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 40142	

COVERAGES CERTIFICATE NUMBER: 12FL079807674

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					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) \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		WVC 90-00-818-02	12/31/2012	12/31/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Qualifier: David Lundberg		Location Coverage Period:	12/31/2012	12/31/2013	Client# 002166

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

David C. Lundberg
Coverage is provided for 1709 Howell Branch Rd
only those employees Winter Park, FL 32789
leased to but not subcontractors of:

CERTIFICATE HOLDER

City of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

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AC#6255238

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12080801263

DATE	BATCH NUMBER	LICENSE NBR OF THE STATE
08/08/2012	128034075	CBC0179957

The BUILDING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 488

Expiration date: AUG 31, 2014

LUNDBERG, DAVID C
INDIVIDUAL
519 QUEENSBRIDGE DRIVE FL 32746
LAKE MARY

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

THIS DOCUMENT HAS A COPY ON THE FOLLOWING WEBSITE

AC#6255353

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L120808013

DATE	BATCH NUMBER	LICENSE NBR OF THE STATE
08/08/2012	128034075	CCCL32591

The ROOFING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 488

Expiration date: AUG 31, 2014

LUNDBERG, DAVID C
INDIVIDUAL
519 QUEENSBRIDGE DRIVE FL 32746
LAKE MARY

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW





SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR
PO Box 630 • Sanford, FL 32772-0630 • Telephone: 407-665-1000
www.seminoletax.org

VALID THROUGH 09/30/14

Account #: 062370

DAVID C LUNDBERG
519 QUEENSBRIDGE DR
LAKE MARY, FL 32746

REGULATED
License # - CBC017995CCC1325941

DAVID C LUNDBERG (OWNER)

Date Paid: 08/22/2013

Amount Paid: \$ 45.00

Orange County, Flo

Local Business Tax Receipt

Businesses are subject to regulation of zoning, health & safety authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

Receipt #: OLSHS2013082201368

Scott Randolph, Tax Collector

EXPIRES 9/30/2014

1806-0962517

ORIGINAL
1806 CERTIFIED ROOFING CONT 2013 1 \$30.00



LUNDBERG DAVID C

LUNDBERG DAVID C
519 QUEENSBRIDGE DR
LAKE MARY FL 32746-6450

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

MOBILE FROM SEMINOLE (MOBILE)
X - OUT OF COUNTY, 00000

PAID: \$30.00 099-00577699 7/9/2013
This receipt is official when validated by the Tax Collector.