



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: 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: 5250 sq ft asphalt shingles

Comments: None

Project Information

Address: 6613 Citrus Valley Drive, Belle Isle, FL 32809
Parcel ID: 20-23-30-1678-00-490
Property Owner: Barnette, Cheryl & Terry
Phone Number: 407 234 8222

Company Name: Orlando Roofing Company
Contractor Name: Neilson, Frank
License Number: CCC1330550
Address: 6682 Hoffner Ave, Orlando, FL 32822
Phone Number: 407 275 9444

Permit Number: 2015-03-039

Date of Application: **03/23/2015**

Date Permit Issued: **03/25/2015**

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 \$100.00
Boat Dock \$
Screen Encl \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$134.00

Date Paid 4-2-15

CC of Check # VISA 0643

Amount Paid 134.00

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

2nd _____ (Slab)

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

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

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

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

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

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

ROOFING

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

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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

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

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

CHECK APPROPRIATE BOX

1st GAS ___ Natural ___ LP ___ MECHANICAL ___ ELECTRICAL ___ LOW VOLTAGE

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.

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2015-03-039
Property Owner	Barnette, Terry & Cheryl
Address	6613 Citrus Valley Dr.
Nature of Improvement	Re-roof 5,150 sq ft. asphalt shingles
Received Application	3-23-15
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	3-23-15
Building Official Approved	09 3-25-15
Comments	
1.	Susan 3-23-15 Need LDC sent email
2.	allred on file ✓
3.	Susan 3-26-15 Sent email it's ready to still need LDC
4.	set it up 4/2/15
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle

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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.

ROOF PERMIT NUMBER 2015-03-039

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

Project Address 6613 Citrus Valley Dr.

Belle Isle, FL 32809 32812

Property Owner Terry & Cheryl Barnette

Phone 407-234-8222

Property Owner's Mailing Address 6613 Citrus Valley Dr.

City Belle Isle

State FL Zip Code 32812

Parcel Id Number: 20-23-30-1678-00-490

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

Class of Building: Old New Type of Building: Residential Commercial Other

Type of Work: New Roof ReRoof

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

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

Roof Square Footage: 5,250

Number of Stories: 1

Job Valuation: \$ 11,979.00

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. 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 [Signature] LICENSE # CCC1330550

LICENSE HOLDER NAME Frank Neilson COMPANY NAME Orlando Roofing Company

Street Address 6682 Hoffner Ave

City Orlando State FL Zip Code 32822 Phone Number 407-275-9444

Email Address admin@theorlandoroofingco.com

Zoning Fee \$ 30.00
 Permit Fee \$ 100.00
 Review Fee \$ n/a
 3% Florida Surcharge \$ 4.00
 Total Permit Fee \$ 134.00

Building Official: [Signature] Date 3-25-15
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 3-23-15

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 _____

1. SERIAL NUMBER:
Folio/Parcel ID #:
Prepared by:

Return to: _____



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)

6603 Citrus Valley Dr., Belle Isle, FL 32812

2. **General description of improvement** _____

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

Name TERRY & CHERYL BARNETTE

Address 6603 Citrus Valley 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 ORLANDO ROOFING COMPANY

Address 6602 HOFFER AVE, ORLANDO, FL 32822

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

Name N/A

Address _____

Lender

Name MB Financial Bank

Address PO Box 5312 Clearwater OH 45201

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 _____

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 _____

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 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.

Cheryl Taylor Barnette
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

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

The foregoing instrument was acknowledged before me this 26 day of March by Cheryl Taylor Barnette _____
as _____, _____, _____, _____, _____, _____, _____, _____, _____, _____
Type of authority, e.g., officer, trustee, attorney in fact _____
month/year _____ name of person _____

Name of party on behalf of whom instrument was executed

Awilda Martinez

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 Cheryl Taylor Barnette



Business & Professional Regulation

FLORIDA DEPARTMENT OF



USER: Public User

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

FL #

Application Type

Code Version

Application Status

FL7006-R8

Revision

2010

Approved

*Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Comments
Archived

Product Manufacturer
Address/Phone/Email

IKO Industries, Ltd
40 Hansen Road South
Brampton, NON-US L6W 3H4
(708) 496-2800 Ext 200
rmetz001@tampabay.rr.com

Authorized Signature

Robert Metz
rmetz001@tampabay.rr.com

Technical Representative
Address/Phone/Email

Bob Metz
REMCO of Pinellas
456 Avila Circle NE
Saint Petersburg, FL 33703
(727) 776-5261
rmetz001@tampabay.rr.com

Quality Assurance Representative
Address/Phone/Email

Don Shaw
IKO Industries LTD
120 Hay Rd.
Wilmington, DE 19808
(717) 579-6706
don.shaw@iko.com

Category
Subcategory

Roofing
Asphalt Shingles

Compliance Method

Certification Mark or Listing

Certification Agency
Validated By

FM Approvals - CER
Locke Bowden

✓ Validation Checklist - Hardcopy Received

Referenced Standard and Year (of Standard)

Standard
ASTM D3161 modified to 110 mph
ASTM D3462
ASTM E108

Year
2006
2007
2007

Equivalence of Product Standards
Certified By

Product Approval Method

Method 1 Option A

Date Submitted

01/22/2015

Date Validated

02/03/2015

Date Pending FBC Approval

02/06/2015

Date Approved

Summary of Products

FL #	Model, Number or Name	Description
7006.1	Cambridge, Cambridge HD and CRC Biltmore AR	Laminated architectural fiberglass asphalt shingle manufactured at IKO's Kankakee, IL; Hawkesbury, Ont.; Wilmington, DE; Sylacauga, AL and Toronto, Ont. plants Certification Agency Certificate FL7006_R8_C_CAC_FBC ASTM certification letter Sylacauga-(1-22-2015).pdf FL7006_R8_C_CAC_Shingle letter ASTM Compliance -(4-16-2012).pdf Quality Assurance Contract Expiration Date 12/31/2018 Installation Instructions ELZ006_R8_II_IKO-098-02-01_Letter_-_Installation_Instructions_for_3-Tab_and_Laminated_Shingles.pdf Verified By: Duc T Nguyen 74021 Created by Independent Third Party: Yes Evaluation Reports Created by Independent Third Party:
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other:		
7006.2	Hip and Ridge 12 Cap fiberglass shingles	This is a 12" x 12" fiberglass asphalt shingle used to cover the hip and/or ridge of an asphalt shingle roof system manufactured in Toronto, Ont. and Brampton, Ontario Certification Agency Certificate FL7006_R8_C_CAC_797-07219-267 - FBC ASTM certification letter - (3-1-2012).pdf FL7006_R8_C_CAC_Shingle letter ASTM Compliance - (4-16-2012).pdf Quality Assurance Contract Expiration Date 12/31/2018 Installation Instructions FL7006_R8_II_Hip_and_Ridge_Cap_Shingle_Installation_Instructions.pdf FL7006_R8_II_IKO-089-02-01_IKO12001_Application_Instruction_Letter.pdf Verified By: Zachary Priest PE 74021 Created by Independent Third Party: Yes Evaluation Reports Created by Independent Third Party:
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other:		
7006.3	Leading Edge Plus Asphalt Shingle Starter Strip	One piece fiberglass asphalt shingle used as a starter strip at the bottom of a roof system manufactured in Brampton, Ontario plant Certification Agency Certificate FL7006_R8_C_CAC_797-07219-267 - FBC ASTM certification letter - (3-1-2012).pdf FL7006_R8_C_CAC_Shingle letter ASTM Compliance - (4-16-2012).pdf Quality Assurance Contract Expiration Date 12/31/2018 Installation Instructions FL7006_R8_II_IKO-089-02-01_IKO12001_Application_Instruction_Letter.pdf FL7006_R8_II_Leading_Edge_Plus_Installation_Instructions.pdf Verified By: Zachary Priest PE 74021 Created by Independent Third Party: Yes Evaluation Reports Created by Independent Third Party:
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other:		
7006.4	Marathon 25 AR, CRC Superglass M25AR	3 tab fiberglass asphalt shingle manufactured at IKO's Brampton, Ontario, Hawkesbury Ont., Toronto, Ont.; Sylacauga, AL and Kankakee, IL plants Certification Agency Certificate ELZ006_R8_C_CAC_FBC ASTM certification letter Sylacauga-(1-22-2015).pdf FL7006_R8_C_CAC_Shingle letter ASTM Compliance -(4-16-2012).pdf
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A		



CONSTRUCTION MATERIALS TECHNOLOGIES

July 23, 2013

IKO Industries, Ltd
40 Hansen Road South
Brampton, ON L6W 3H4
Canada

Re: Shingle Installation Instructions for 2010 Florida Building Code

Sir(s),

PRI Construction Materials Technologies has completed a technical review and attached sealed shingle instructions in compliance the 2010 Florida Building Code.

This review was completed based on the receipt of following evidence from IKO Industries, Ltd:

- 1) IKO Shingle Application Instructions – 3-Tab Shingles (EN-3Tab_Applins_8AGXEFs-2012-11_reformatted 2013-02-rev07/13-Florida)
- 2) IKO Laminated Shingles Application Instructions (EN-Laminated_Applins_8TTEFS-2012-04_reformatted 2013-02-rev07/13-Florida)
- 3) ASTM D3161 Test Report (FM Approvals Project No. 3040947)
- 4) ASTM D7158 Test Report (PRI Project No. IKO-091-02-01)

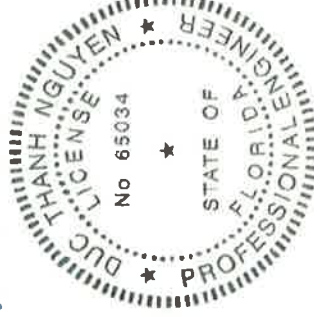
The attached instructions should be used in conjunction with the published manufacturer's application instructions and applicable code. In the event the instructions conflict, these instructions shall govern.

Regards,
-Duc Nguyen

Duc Nguyen
DUC T. NGUYEN
P.E. No.: 65034
Date: 7/23/2013

Attachments: A) IKO Shingle Application Instructions - 3-Tab
B) IKO Laminated Shingles Application Instructions

IKO-098-02-01



IKO Shingle Application Instructions – 3-Tab Shingles

(ASTM D3161, Class F – IKO Marathon 25 AR and CRC Superglass 25 AR)
(ASTM D3161, Class F – IKO Marathon Ultra AR and CRC Superglass Ultra AR)
(ASTM D7158, CLASS H - IKO Marathon 20 and CRC Superglass 20)

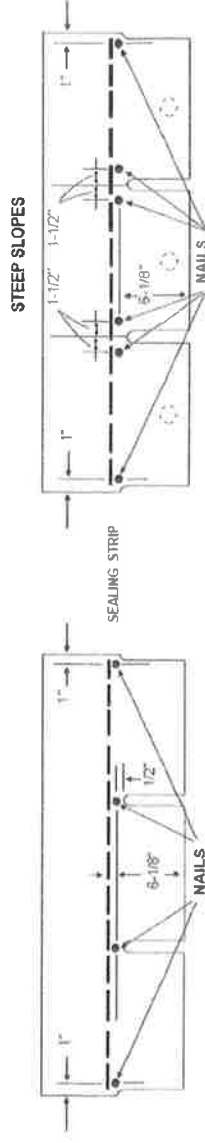
NOTE: THESE INSTRUCTIONS SHALL BE USED IN CONJUNCTION WITH IKO'S PUBLISHED APPLICATION INSTRUCTIONS AND THE APPLICABLE CODE. IN THE EVENT THE INSTRUCTION CONFLICT, THESE INSTRUCTIONS WILL GOVERN.

ROOF DECK: Solidly sheathed and fastened deck conforming to 2010 FBC.

UNDERLAYMENT: Applied in accordance with building code requirements. For areas where the roof slope is less than 4" per foot down to 2" per foot, use 2 layers of underlayment conforming to building code requirements, the first sheet overlapping the eave protection by 19", followed by full 36" widths overlapping each preceding course by 19" or other *Approved* underlayments in accordance with the qualified application instructions. For areas where the roof slope is 4" per foot or greater, cover the deck with one ply of underlayment laid parallel to the eaves, with 2" horizontal laps and 4" end laps. Apply metal drip edges on top of any underlay along rake edges and directly to the deck along eaves in accordance with building code requirements.

NAILING: Use galvanized (zinc coated) roofing nails, 11 or 12 gauge, with at least 3/8" diameter heads, long enough to penetrate through plywood or 3/4" into boards. Use 4 nails per shingle placed 6-1/8" above the butt edge, approx. 1" and 13" from each end and 1/2" above each cutout. Drive nails straight so that nail head is flush with, but not cutting into shingle surface.

NAILING ON STEEP SLOPES: For steep slopes of 21" per foot (60°) or more, use 6 nails per shingle placed as shown below. Ensure that no nail is within 2" of a joint/cutout of the underlying shingle. Seal down each shingle at time of application with three 1" diameter (approx. size and thickness of a quarter) spots of asphalt plastic cement placed under the shingle 2" above the bottom edge and equally spaced along the shingle. Apply plastic cement in moderation since excessive amounts may cause blistering. **CAUTION:** Shingles should seal to the underlying course when the factory applied asphalt sealant is sufficiently warmed by the heat of direct sunlight.



DO NOT NAIL INTO OR ABOVE THE SEALING STRIP



Duc Thanh Nguyen
Duc T. NGUYEN
P.E. No: 65034
Date: 7/23/2013



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

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

(850) 487-1395

OCHSTEIN, SAMUEL ELI
NEWSOUTH WINDOW SOLUTIONS, LLC
4901 OAK FAIR BOULEVARD
TAMPA FL 33610

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. 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**

CRC1330822 ISSUED: 06/18/2014

**CERTIFIED RESIDENTIAL CONTRACTOR
OCHSTEIN, SAMUEL ELI
NEWSOUTH WINDOW SOLUTIONS, LLC**

IS CERTIFIED under the provisions of Ch 489 FS
Expiration date AUG 31, 2016 L1406180001494

RICK SCOTT, GOVERNOR

DETACH HERE

KEN LAWSON, SECRETARY

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



LICENSE NUMBER

CRC1330822

The RESIDENTIAL CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2016

OCHSTEIN, SAMUEL ELI
NEWSOUTH WINDOW SOLUTIONS, LLC
4901 OAK FAIR BOULEVARD
TAMPA FL 33610



ISSUED: 06/18/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406180001494

Client#: 22067

NEWSOUTH

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/12/2015

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
 Lanier Upshaw, Inc.
 1115 US Hwy 98 South
 P.O. Box 468
 Lakeland, FL 33802

CONTACT NAME: Renee Brown
PHONE (A/C, No. Ext.): 863 284-3139 **FAX (A/C, No.):** 863 682-6292
EMAIL ADDRESS: Renee.Brown@lanierupshaw.com

INSURER(S) AFFORDING COVERAGE

INSURER A:	National Trust Insurance Company	NAIC #	20141
INSURER B:	FCCI Insurance Company		10178
INSURER C:	Amerisure Insurance Company		19488
INSURER D:			
INSURER E:			
INSURER F:			

INSURED
 NewSouth Window Solutions, LLC
 Doers Window Manufacturing, LLC
 4901 Oak Fair Blvd
 Tampa, FL 33610

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	ADD'L 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		GL00153282	05/06/2014	05/06/2015	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 - COM/OP AGG \$2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP		CA00240782	05/06/2014	05/06/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$10,000
B	UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10000		UMB00166122	05/06/2014	05/06/2015	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		WC209584200	02/15/2015	02/15/2016	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER 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)

** Supplemental Names **

NewSouth Window Solutions of Orlando, LLC
 NewSouth Window Solutions of Tampa Bay, LLC
 DBA: NewSouth Window Solutions of Sarasota

CERTIFICATE HOLDER

CANCELLATION

Belle Isle Building Dept.

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

Renee Brown

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ACORD 25 (2010/05) 1 of 1 The ACORD name and logo are registered marks of ACORD #S280439/M280425

JRW



City of Altamonte Springs
 225 Newburyport Avenue
 Altamonte Springs, Florida 32701-3697
 407-571-8116



NEW SOUTH WINDOW SOLUTIONS OF ORLANDO, LLC
 HOLLY HOLMBERG
 820 E ALTAMONTE DR
 ALTAMONTE SPRINGS FL 32701

DO NOT PAY – THIS IS NOT A BILL



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Business Control No.: 0028746

Business Name: NEW SOUTH WINDOW SOLUTIONS OF ORLANDO, LLC
 HOLLY HOLMBERG

Business Address: 820 E ALTAMONTE DR
 ALTAMONTE SPRINGS FL 32701

Expires: September 30, 2015

BUSINESS TAX RECEIPT

Provision: Ordinance No. 1570-07

RECEIPT NO.	CLASS DESCRIPTION	FEE	PENALTY
15-00111421	CONTRACTORS-ALL OTHERS- STATE LICENSE	\$ 120.75	\$ 0.00
15-00111422	SEMINOLE COUNTY REGULATED	\$ 45.00	\$ 0.00
Restrictions:			

Quinn Donnell

City Clerk

THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS
 DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.
 (SEE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND. THE FACE CONTAINS A SPECIAL LINE
 WATERMARK CITY OF ALTAMONTE SPRINGS)

WARNING: