



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.

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| <p>Scope of Work: ROOF – re-roof 5300 sf asphalt shingles</p> <p>comments: NONE</p> <p>Project Information Address: 4244 Bell Tower Ct, Belle Isle, FL 32812 Parcel ID: 20-23-30-1618-00-600 Property Owner: Couch, Karolyn & Randall Phone Number: none ***** Company Name: Mid Florida Roofing LLC Contractor Name: Showmaker, Robert License Number: CCC057834 Address: 768 Fern Dr, Longwood, FL 32779 Phone Number: 407 830 8554</p> | <p style="text-align: right;">Permit Number: 2016-04-039</p> <p style="text-align: right;">Date of Application: 04/25/2016 Date Permit Issued: 04/25/2016</p> <p>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.</p> |
|--|--|

BUILDING FEATURES

| | |
|--|---|
| <p>IMPACT FEES</p> <p>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$30.00</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>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 \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="text-align: center;">TOTAL FEES \$134.00</p> <p>Date Paid 4-29-16 CC or Check # USA 3343 Amount Paid 134.00</p> <p>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).</p> | <p style="text-align: center;">BUILDING INSPECTOR USE ONLY</p> <p>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</p> <p><input type="checkbox"/> BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/> 1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS ___Natural ___LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p> |
|--|---|

Inspection requests are to be emailed to BI scheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 4pm.** Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>
 login ID = cobi@universalengineering.com password = universal13



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.

DATE OF APPLICATION: _____ ROOF PERMIT NUMBER: 2016-04-039

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

Project Address 4244 Bell Tower Ct., Belle Isle, FL 32809 32812

Property Owner Randall & Karolyn Couch Phone _____

Property Owner's Mailing Address 1610 Via Tuscany City Winter Park

State FL Zip Code 32789 Parcel Id Number: 20-23-30-1618-00-600

REQUIRED! To obtain this information, please visit <http://www.ocofl.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: 53 Number of Stories: 1 Job Valuation: \$ 12,399.00

Industry standard 15,900.

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 057834

LICENSE HOLDER NAME Robert H. Shoemaker COMPANY NAME Mid Florida Roofing

Street Address 768 Ferne Dr.

City Longwood State FL Zip Code 32779 Phone Number 407 830 8554

Email Address mfroofs@yahoo.com

Building Official: cg Date 4-25-16

Verified Contractor's Licenses & Insurance are on file SW Date 4-27-16

Zoning Fee \$ 30.-

Permit Fee \$ 100.-

Review Fee \$ 0

3% Florida Surcharge \$ 4 ✓

Total Permit Fee \$ 134.-

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.

1st LF
15x8
25
35
1w

Building Permit Number _____



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Product Approval Form

DATE: 4/25/16

PERMIT # 2016-04-039

PROJECT ADDRESS 4244 Bell Tower Ct.

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 installation 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 | | | | WALL PANELS | | | |
| Swinging | | | | Sliding | | | |
| Sliding | | | | Soffits | | | |
| Sectional/Rollup | | | | Storefront | | | |
| Other | | | | Glass Block | | | |
| | | | | Other | | | |
| WINDOWS | | | | ROOFING PRODUCTS | | | |
| Single/Double Hung | | | | Asphalt Shingles | IKO | Cambridge AR | FL-7006/89 |
| Horizontal Slider | | | | Non Struct Metal | | | |
| Casement | | | | Roofing Tiles | | | |
| Fixed | | | | Single Ply Roof | | | |
| Mullion | | | | Other | | | |
| Skylights | | | | Underlayment | Tech Wrap | T-150 | FL 17194 |
| Other | | | | | | | |
| STRUCTURAL COMPONENTS | | | | OTHER | | | |
| Wood Connectors | | | | | | | |
| 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 4-25-16

FLORIDA DEPARTMENT OF
Business & Professional Regulation



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Product Approval
USER: Public User

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 Application Detail

OFFICE OF THE SECRETARY

FL # FL7006-R9
 Application Type Revision
 Code Version 2014
 Application Status 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 IKO Industries, Ltd
 Address/Phone/Email 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 Bob Metz
 Address/Phone/Email REMCO of Pinellas
 456 Avila Circle NE
 Saint Petersburg, FL 33703
 (727) 776-5261
 rmetz001@tampabay.rr.com

Quality Assurance Representative Don Shaw
 Address/Phone/Email IKO Industries LTD
 120 Hay Rd.
 Wilmington, DE 19808
 (717) 579-6706
 don.shaw@iko.com

Category Roofing
 Subcategory Asphalt Shingles

Compliance Method Certification Mark or Listing

Certification Agency FM Approvals - CER
 Validated By Locke Bowden
 ✓ Validation Checklist - Hardcopy Received

| Referenced Standard and Year (of Standard) | Standard | Year |
|--|--------------------------------|------|
| | ASTM D3161 modified to 110 mph | 2009 |
| | ASTM D3462 | 2009 |
| | ASTM D7158 Class H | 2008 |
| | ASTM E108 | 2007 |

Equivalence of Product Standards Certified By

Product Approval Method Method 1 Option A
 Date Submitted 06/28/2015
 Date Validated 06/30/2015
 Date Pending FBC Approval
 Date Approved 07/06/2015

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 |
| Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: | | Certification Agency Certificate FL7006 R9 C CAC FM Letter - ASTM d3161 letter - 4-15-2015 .pdf FL7006 R9 C CAC FM Letter - ASTM d3462 letter - 5 6 15.pdf FL7006 R9 C CAC FM Letter - ASTM E 108 letter - 5 3 15 .pdf Quality Assurance Contract Expiration Date 12/31/2020 Installation Instructions FL7006 R9 II IKO-133-02-01 Letter - Installation Instructions for FBC FL7006.pdf Verified By: Duc T Nguyen 65034 Created by Independent Third Party: No Evaluation Reports Created by Independent Third Party: |
| 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 |
| Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: | | Certification Agency Certificate FL7006 R9 C CAC FM Letter - ASTM d3161 letter - 4-15-2015 .pdf FL7006 R9 C CAC FM Letter - ASTM d3462 letter - 5 6 15.pdf FL7006 R9 C CAC FM Letter - ASTM E 108 letter - 5 3 15 .pdf Quality Assurance Contract Expiration Date 12/31/2020 Installation Instructions FL7006 R9 II Hip and Ridge Cap Shingle Installation Instructions.pdf FL7006 R9 II IKO-133-02-01 Letter - Installation Instructions for FBC FL7006.pdf Verified By: Duc T Nguyen PE 65034 Created by Independent Third Party: No Evaluation Reports Created by Independent Third Party: |
| 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 and Hawkesbury, Ontario plants |
| Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: | | Certification Agency Certificate FL7006 R9 C CAC FM Letter - ASTM d3161 letter - 4-15-2015 .pdf FL7006 R9 C CAC FM Letter - ASTM d3462 letter - 5 6 15.pdf FL7006 R9 C CAC FM Letter - ASTM E 108 letter - 5 3 15 .pdf Quality Assurance Contract Expiration Date 12/31/2020 Installation Instructions FL7006 R9 II IKO-133-02-01 Letter - Installation Instructions for FBC FL7006.pdf FL7006 R9 II Roofing-Products-Leading-Edge-Plus-Application-EN(1).pdf Verified By: Duc T Nguyen PE 65034 Created by Independent Third Party: No Evaluation Reports Created by Independent Third Party: |
| 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 |

| | |
|--|---|
| <p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other:</p> | <p>Certification Agency Certificate FL7006_R9_C_CAC_FM Letter - ASTM d3161 letter - 4-15-2015 .pdf FL7006_R9_C_CAC_FM Letter - ASTM d3462 letter - 5 6 15.pdf FL7006_R9_C_CAC_FM Letter - ASTM E 108 letter - 5 3 15 .pdf Quality Assurance Contract Expiration Date 12/20/2020 Installation Instructions FL7006_R9_II_IKO-133-02-01 Letter - Installation Instructions for FBC FL7006.pdf Verified By: Duc T Nguyen 65034 Created by Independent Third Party: No Evaluation Reports Created by Independent Third Party:</p> |
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Product Approval Accepts:





CONSTRUCTION MATERIALS TECHNOLOGIES

March 30, 2015

IKO Industries, Ltd
120 Hay Rd.
Wilmington, DE 19809

Re: FBC FL7006

Sir(s),

PRI Construction Materials Technologies has completed a technical review and attached sealed shingle instructions in compliance the 2014 Florida Building Code.

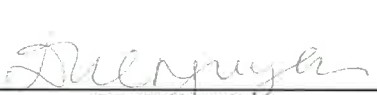
This review was completed based on the receipt of following evidence from IKO Industries, Ltd:

- 1) IKO Shingle Application Instructions – 3-Tab Shingles
(EN-3Tab_AppIns_8AGXEFS-2012-11_reformatted 2013-02-rev07/13-Florida)
- 2) IKO Laminated Shingles Application Instructions
(EN-Laminated_AppIns_8TTEFS-2012-04_reformatted 2013-02-rev07/13-Florida)
- 3) IKO Hip and Ridge 12 Application Instructions
(EN-HipandRidge12_3HRTri-2013-08_reformatted 2013-08)
- 4) IKO Leading Edge Plus Shingle Application Instructions
(EN-3LEP-Tri-2012-06_reformatted 2013-03)
- 5) ASTM D3161 Test Report (FM Approvals Project No. 3040947)

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.

Statement of Independence: PRI Construction Materials Technologies and/or Duc T. Nguyen, FL P.E. do not have nor plan to acquire a financial interest in any company manufacturing or distributing products for which the test reports are issued.

Signed: 
Brad Grzybowski
Managing Director

Signed: 
Duc T. Nguyen
Florida Registered Professional Engineer
P.E. Number: 65034

Date: April 30, 2015

Date: April 30, 2015

Attachments: A) IKO Shingle Application Instructions - 3-Tab
B) IKO Laminated Shingles Application Instructions
C) IKO Hip and Ridge 12 Application Instructions
D) IKO Leading Edge Plus Application Instructions

IKO-133-02-01

IKO Shingle Application Instructions – 3-Tab Shingles (ASTM D3161, Class F – IKO Marathon 25 AR and CRC Superglass M25AR)

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.

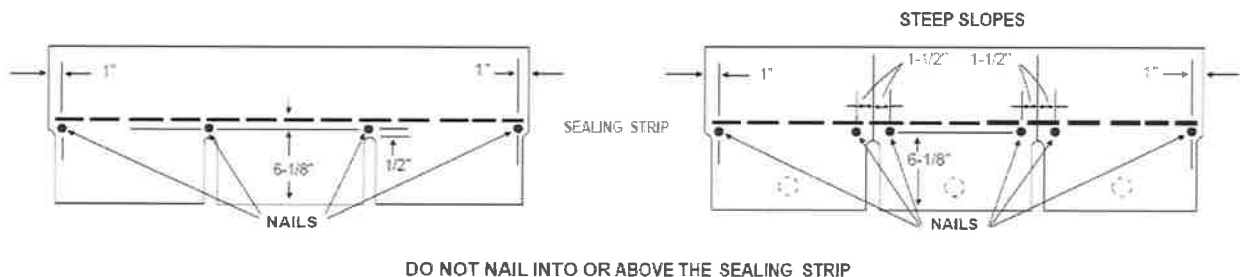
ROOF DECK: Solidly sheathed and fastened deck conforming to 2014 FBC.

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.

EXPOSURE: Installed shingles shall have a maximum average exposure of 5-5/8".



IKO Laminated Shingles Application Instructions (ASTM D3161, Class F – Cambridge, Cambridge HD, and CRC Biltmore AR)

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.

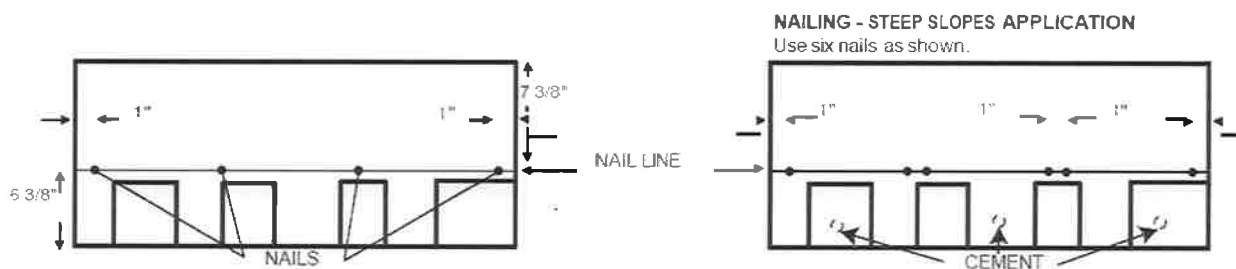
ROOF DECK: Solidly sheathed and fastened deck conforming to 2014 FBC.

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 in the nail line 7-3/8" below the top edge, approx. 1" and 13" in from each end. 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.

EXPOSURE: Installed shingles shall have a maximum average exposure of 5-7/8".



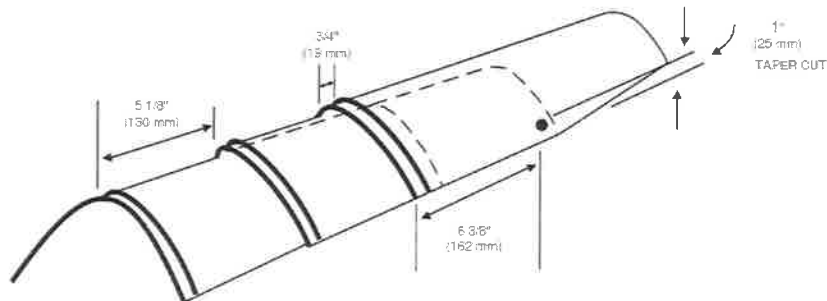
PROPER APPLICATION REQUIRES THAT THE NAILS PENETRATE BOTH THE OVERLAY AND UNDERLAY PORTIONS OF THE SHINGLE

IKO Hip and Ridge 12 Application Instructions (ASTM D3161, Class F – IKO Hip and Ridge 12)

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.

Cut hip and ridge shingles into thirds, using the perforation marks as a cutting guide. These shingles are designed for a 5 1/8" (130 mm) exposure. (For a neater appearance, the top of each side of each piece has been factory trimmed on a 1" (25 mm) taper (see drawing). Bend each piece over the hip or ridge, and nail 5 5/8" (143 mm) above the butt edge 1" (25 mm) in from each edge, exposing each piece 5 1/8" (130 mm). Apply hip pieces starting at the lower end of the hip, working up toward the ridge. On hip roofs, apply ridge pieces starting at each end, meeting in the middle. On gable roofs, apply ridge pieces starting at the end opposite to the prevailing wind direction and continue to the other end. Note: To obtain a three-dimensional effect, (which is recommended, but not required), apply hip and ridge shingles double thickness by stacking 2 pieces on top of one another, the lower piece extending about 3/4" (19 mm) further than the top piece (see diagram). The final shingle should be set in cement, and the exposed nail heads of the final shingle should be covered with cement. Prior to application in cold weather, storing the shingles in a heated area will allow for easier bending.

NOTE: SHINGLES MUST BE APPLIED PROPERLY. THEY ARE DESIGNED FOR USE AS HIP AND RIDGE SHINGLES ONLY, AND SHOULD NOT BE USED FOR ANY OTHER APPLICATIONS. WE ASSUME NO RESPONSIBILITY FOR LEAKS OR DEFECTS RESULTING FROM POOR APPLICATION OR FAILURE TO PROPERLY PREPARE THE SURFACE TO BE ROOFED OVER, OR FAILURE TO PROVIDE PROPER VENTILATION IN ACCORDANCE WITH MINIMUM PROPERTY STANDARDS REQUIREMENTS. REVIEW ALL APPLICABLE BUILDING CODES, MINIMUM PROPERTY STANDARDS, AND REQUIREMENTS PRIOR TO APPLYING THESE SHINGLES USING THESE APPLICATION INSTRUCTIONS.



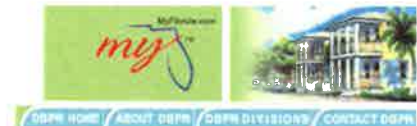
IKO Leading Edge Plus Application Instructions (ASTM D3161, Class F – IKO Leading Edge Plus)

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.

1. Apply any underlayment, eave protection, valley flashings, or drip edges to roof deck as required.
2. Each 39 3/8" x 13 1/4" (1000 mm x 336 mm) IKO Leading Edge Plus strip is perforated lengthwise for separation into two (2) shingles. Take one IKO Leading Edge Plus strip and fold flat at perforation to separate.
3. Take one of the separated shingles 39 3/8" x 6 5/8" (1000 mm x 168 mm) and remove approximately 20" (500 mm). Install this shingle on the lower left corner of the roof deck, granule side up, with the factory installed sealant adjacent to the eaves. The shingle should overhang the rake edge and eaves by a nominal 1/4" (6 mm) minimum. Fasten the shingle to the roof deck with nails located 3" to 4" (75 mm to 100 mm) from the eave edge and 1" (25 mm) in from each end.
4. Take the leftover 20" (500 mm) piece shingle. Rotate the piece and align it vertically up the rake edge with the factory installed sealant adjacent to the outer edge of the roof. The shingle should overhang the rake edge by a nominal 1/4" (6 mm) minimum. Fasten the shingle to the roof deck with fasteners located 3" to 4" (75 mm to 100 mm) from the rake edge and 1" (25 mm) in from each end.
5. Repeat Steps 3 – 4 for the right lower corner of the roof deck.

NAILING: Use galvanized (zinc coated) roofing nails, 11 or 12 gauge, with at least 3/8" (9 mm) diameter heads, long enough to penetrate through plywood or 3/4" (20 mm) into boards. Use 4 nails per shingle placed 3" to 4" (75 mm to 100 mm) from the eave edge and approximately 1" and 13" (25 mm and 330 mm) in from each end.
6. Apply full-length IKO Leading Edge Plus shingles to the remaining eave edges of the roof deck. Install the shingles granule side up with the factory applied sealant adjacent to the eaves. The shingles should overhang the rake edge and eaves by a nominal 1/4" (6 mm) minimum. Fasten the shingles to the roof deck with nails located 3" to 4" (75 mm to 100 mm) from the eave edge, 4 nails per shingle.
7. Apply roof shingles as per the instructions printed on each product's package. Make certain the first course of field shingle lies flush with the edges of the fastened IKO Leading Edge Plus. In this way, the sealant on the IKO Leading Edge Plus shingles will adhere to the first-course field shingles and help keep them from lifting in high winds.

FLORIDA DEPARTMENT OF
Business & Professional Regulation



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Product Approval
USER: Public User

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

OFFICE OF THE SECRETARY

FL # FL17194-R1
Application Type Revision ✓
Code Version 2014
Application Status Approved

Comments
Archived

Product Manufacturer RobetexInc
Address/Phone/Email 215 Antioch Cut Off
Dalton, GA 30740
(706) 618-6264
kerry.talbot@robotexinc.com

Authorized Signature Kerry Talbot
kerry.talbot@robotexinc.com

Technical Representative
Address/Phone/Email

Quality Assurance Representative
Address/Phone/Email

Category Roofing
Subcategory Underlayments

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 Zachary R. Priest
Florida License PE-74021
Quality Assurance Entity UL LLC
Quality Assurance Contract Expiration Date 12/31/2020
Validated By Locke Bowden
✓ Validation Checklist - Hardcopy Received

Certificate of Independence [FL17194_R1_COI_RBX14001.1_2014_FBC_Evaluation_Report.pdf](#)

Referenced Standard and Year (of Standard)

Equivalence of Product Standards Certified By

Sections from the Code
1507.2.3
1507.2.8
1507.4.5.1
1507.4.5.2
1507.5.3
1507.5.3.2
1507.7.3
1507.7.3.2
1507.8.3



EVALUATION REPORT

2014 FLORIDA BUILDING CODE

Manufacturer: ROBETEX INC.
 215 Antioch Cut Off Road
 Dalton, GA 30720
 (706) 618-6264
<http://www.robetexinc.com>

Issued February 22, 2015

Manufacturing Plants: Nashik, India

Quality Assurance: UL LLC (QUA9625)

SCOPE

Category: Roofing
Subcategory: Underlayments
Code Sections: 1507.2.3, 1507.2.8, 1507.4.5.1, 1507.4.5.2, 1507.5.3, 1507.5.3.2, 1507.7.3, 1507.7.3.2, 1507.8.3, 1507.9.3, 1507.9.3.2, 1507.9.5
Properties: Physical properties

REFERENCES

| <u>Entity</u> | <u>Report No.</u> | <u>Standard</u> | <u>Year</u> |
|---|-------------------|-----------------|-------------------|
| PRI Construction Materials Technologies (TST6049) | RTX-001-02-01 | ASTM D 226 | 2005 ¹ |
| PRI Construction Materials Technologies (TST6049) | RTX-001-02-02 | ASTM D 226 | 2005 ¹ |
| PRI Construction Materials Technologies (TST6049) | RTX-002-02-01 | ICC-ES AC 188 | 2012 |
| PRI Construction Materials Technologies (TST6049) | RTX-003-02-01 | ICC-ES AC 188 | 2012 |

¹Standard test methods has been found equivalent to ASTM D 226 (2006) referenced by the 2014 FBC.

PRODUCT DESCRIPTION

- Tech Wrap 150** Tech Wrap 150 is a mechanically attached woven polypropylene underlayment for use in steep slope roofing as an alternate to ASTM D 226, Type I and Type II roofing underlayments.
- Tech Wrap 300** Tech Wrap 300 is a mechanically attached woven polypropylene underlayment for use in steep slope roofing as an alternate to ASTM D 226, Type I and Type II roofing underlayments.
- Tech Wrap Ultimate** Tech Wrap Ultimate is a mechanically attached woven polypropylene underlayment for use in steep slope roofing as an alternate to ASTM D 226, Type I and Type II roofing underlayments.
- Tech Wrap Supreme** Tech Wrap Supreme is a mechanically attached woven polypropylene underlayment for use in steep slope roofing as an alternate to ASTM D 226, Type I and Type II roofing underlayments.

APPLICATION INSTRUCTIONS

- Deck Type:** The roof deck shall be constructed of closely fitted sheathing for new or existing construction. Sheathing shall be installed in accordance with FBC requirements. Roof decks shall have no more than $\frac{1}{8}$ " gap at abutting joints.
- Min. slope:** 2:12. For slopes less than 4:12, the underlayment must be half-lapped a full 24" over the underlying course.
- Attachment method:** Underlayment shall be attached in accordance with the FBC. At minimum, mechanically fastened with minimum 1" diameter plastic cap naps with min. 1" shank placed 12" o.c. at the side laps and 2" from the from edge of the sheet and 24" o.c along the along the center lines printed on the sheet. The side laps shall be a minimum 4" wide and minimum 12" wide at the end laps. End laps shall be fastened 12" o.c. along the lap and 2" from the end of the top layer. The underlayment is installed starting at the eave, with the length of the roll parallel to the eave with the printed side facing up. All side laps shall be installed to shed water from the deck.
- Allowable roof coverings:** Asphalt shingles, wood shakes and shingles, slate shingles, metal roof panels and shingles

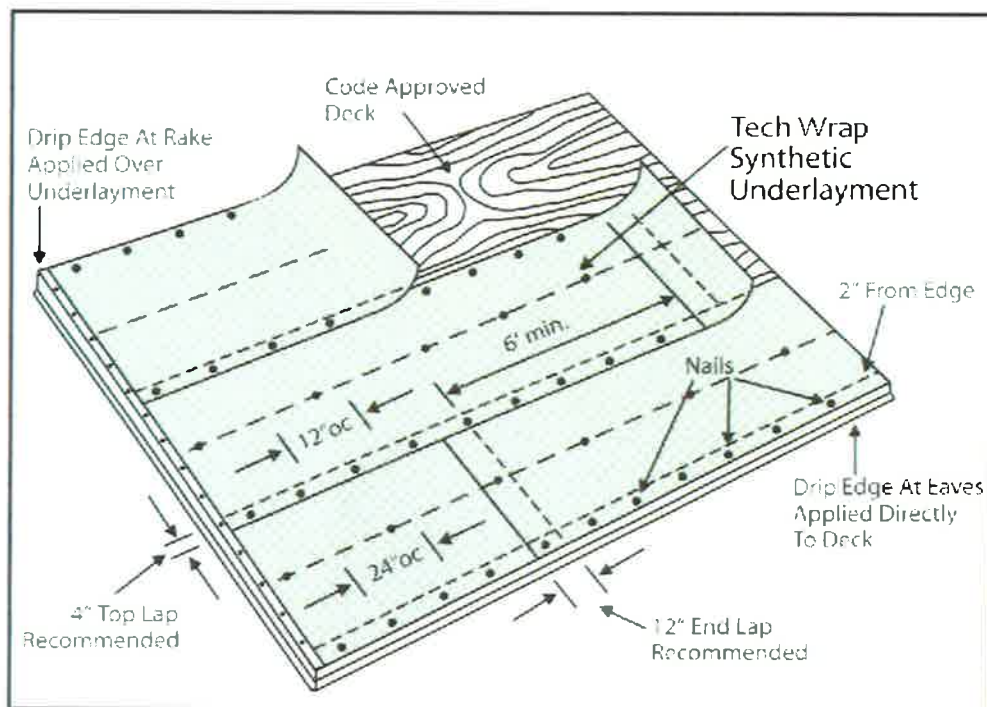


Figure 1. Installation Detail for Tech Wrap Underlayments


LIMITATIONS

- 1) This evaluation report is not use in the HVHZ.
- 2) Fire Classification is not within the scope of this evaluation.
- 3) Wind uplift resistance is not within scope of this evaluation.
- 4) Installation of the evaluated product shall comply with this report, the FBC, and the manufacturer's published application instructions. Where discrepancies exist between these sources, the more restrictive and FBC compliant installation detail shall prevail.
- 5) Deck substrates shall be clean, dry, and free from any irregularities and debris. All fasteners in the deck shall be checked for protrusion and corrected prior to underlayment application.
- 6) All underlayments shall be installed with the roll length parallel to the eave, starting at the eave, and lapped in success courses installed up the deck in a manner that effectively sheds water from the deck. End laps shall be staggered between courses in accordance with the manufacturer's application instructions.
- 7) The underlayment may be used as described in other current FBC product approval documents.
- 8) Roof coverings shall not be adhered directly to the underlayment. Roof coverings shall be mechanically fastened through the underlayment to the roof deck.
- 9) Tech Wraps underlayments may be exposed on the roof deck for a maximum duration of 30 days.
- 10) All products listed in this report shall be manufactured under a quality assurance program in compliance with Rule 61G20-3.

COMPLIANCE STATEMENT

The products evaluated by Zachary R. Priest, P.E. have demonstrated compliance with the 2014 Florida Building Code as evidenced in the referenced documents submitted by the named manufacturer.



 2015.02.22
10:11:47
-05'00'

Zachary R. Priest, P.E.
Florida Registration No. 74021
Organization No. ANE9641

CERTIFICATION OF INDEPENDENCE

CREEK Technical Services, LLC does not have, nor will it acquire, a financial interest in any company manufacturing or distributing products under this evaluation.

CREEK Technical Services, LLC is not owned, operated, or controlled by any company manufacturing or distributing products under this evaluation.

Zachary R. Priest, P.E. does not have, nor will acquire, a financial interest in any company manufacturing or distributing products under this evaluation.

Zachary R. Priest, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.

END OF REPORT



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4244 Bell Tower Ct < 20-23-30-1618-00-600 >

Address:
 Couch Randall L
 Couch Carolyn S
 1610 Via Tuscany
 Winter Park, FL 32789-1550
 Incorrect Mailing Address?

Property Address:
 4244 Bell Tower Ct
 Orlando, FL 32812
 0103 - Single Fam Class III
 Belle Isle



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- [Property Features](#)
- [Sales Analysis](#)
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- [Market Stats](#)
- [Update Information](#)

Property Description

[View Plat](#)

CONWAY GROVES UNIT 1 36/3 LOT 60


Total Land Area 12,429 sqft (+/-) | 0.29 acres (+/-) GIS Calculated Notice

Land (includes working values)

| Land Use Code | Zoning | Land Units | Unit Price | Land Value | Class Unit Price | Class Value |
|----------------------|--------|------------|-------------|------------|------------------|-------------|
| 0100 - Single Family | R-1-AA | 1 LOT(S) | \$55,000.00 | \$55,000 | \$0.00 | \$55,000 |

Page 1 of 1 (1 total records)

Buildings (includes working values)

| Important Information | | Structure | | | | |
|---|----------------------------|-----------------------------|---------------------------|------|-----------------------|-----------------------|
|  Map Details | Model Code: | 01 - Single Fam Residence | Actual Year Built: | 1999 | Gross Area: | 3379 sqft |
| | Type Code: | 0103 - Single Fam Class III | Beds: | 4 | Living Area: | 2383 sqft |
| | Building Value: | \$217,568 | Baths: | 3.5 | Exterior Wall: | Concrete Block Stucco |
| | Estimated New Cost: | \$245,009 | Floors: | 1 | Interior Wall: | Drywall |

Page 1 of 1 (1 total records)

Extra Features (includes working values)

| Description | Date Built | Units | XFOB Value |
|--------------------------|------------|-----------|------------|
| PL2 - Above Average Pool | 01/01/1999 | 1 Unit(s) | \$17,000 |

Page 1 of 1 (1 total records)

This Data Printed on 04/21/2016 and System Data Last Refreshed on 04/20/2016

CERTIFICATE OF LIABILITY INSURANCE

Date
4/26/2016

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

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

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

| Insurers Affording Coverage | | NAIC # |
|-----------------------------|------------------------|--------|
| Insurer A: | Lion Insurance Company | 11075 |
| Insurer B: | | |
| Insurer C: | | |
| Insurer D: | | |
| Insurer E: | | |

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

| INSR LTR | ADDL INSRD | Type of Insurance | Policy Number | Policy Effective Date (MM/DD/YY) | Policy Expiration Date (MM/DD/YY) | Limits | | | | | | | | | | | | | | | | |
|----------|------------------------------|---|---------------|----------------------------------|-----------------------------------|--|---|---------------------|--------|--|--|--------------------|--|-------------|--|----------------------------|--|-------------|--|------------------------------|--|-------------|
| | | GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC | | | | Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$ | | | | | | | | | | | | | | | | |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos | | | | Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$ | | | | | | | | | | | | | | | | |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible | | | | Each Occurrence \$ Aggregate \$ | | | | | | | | | | | | | | | | |
| A | | Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below. | WC 71949 | 01/01/2016 | 01/01/2017 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 65%;">WC Statutory Limits</td> <td style="width: 10%; text-align: center;">OTH-ER</td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table> | X | WC Statutory Limits | OTH-ER | | | E.L. Each Accident | | \$1,000,000 | | E.L. Disease - Ea Employee | | \$1,000,000 | | E.L. Disease - Policy Limits | | \$1,000,000 |
| X | WC Statutory Limits | OTH-ER | | | | | | | | | | | | | | | | | | | | |
| | E.L. Each Accident | | \$1,000,000 | | | | | | | | | | | | | | | | | | | |
| | E.L. Disease - Ea Employee | | \$1,000,000 | | | | | | | | | | | | | | | | | | | |
| | E.L. Disease - Policy Limits | | \$1,000,000 | | | | | | | | | | | | | | | | | | | |

Other **Lion Insurance Company is A.M. Best Company rated A- (Excellent), AMB # 12616**

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: Client ID: 91-68-591
 Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":
Mid Florida Roofing, LLC
 Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.
 Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.
 A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.
Project Name:
 ISSUE 04-28-16 (TLD)

Begin Date 1/7/2016

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| CITY OF BELLE ISLE 1600 NELA AVE BELLE ISLE, FL 32809 | Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. <div style="text-align: right; margin-top: 20px;"> </div> |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/26/2016

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 Insurance Land 2401 S French Avenue Sanford FL 32771 | CONTACT NAME: Leslie Faulkner PHONE (A/C, No, Ext): (407) 330-3111 FAX (A/C, No): (407) 330-3105 E-MAIL ADDRESS: Info@insuranceland.org |
| INSURED Mid Florida Roofing LLC 270 POPE HILL RD WEST EDMESTON NY 13485 | INSURER(S) AFFORDING COVERAGE MAIC # INSURER A: HOUSTON SPECIALTY 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.

| INSTR | TYPE OF INSURANCE | ADDITIONAL | POLICY NUMBER | POLICY EFF | POLICY EXP | LIMITS |
|-------|--|-------------------------------------|---------------|--------------|--------------|---|
| LTB | | INSUR | | (MM/DD/YYYY) | (MM/DD/YYYY) | |
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | TEN-16727 | 12/08/2015 | 12/08/2016 | EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occ/yr) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMPROP AGG \$ 600,000 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Roofing- Residential and Commercial both new installations and re-roofs.

CERTIFICATE HOLDER **CANCELLATION**

| | |
|--|--|
| City of Belle Isle 1600 Nela Ave. Belle Isle, FI 32809 Fax: 407-581-0313 & 407-882-8554 | 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 Tonya Elliott/MT |
|--|--|



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

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

(850) 487-1395

**SHOEMAKER, ROBERT HAYES
MID FLORIDA ROOFING, LLC
PO BOX 522610
LONGWOOD FL 32752-2610**

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 barbecue 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**

CCC057834 ISSUED: 06/15/2014

**CERTIFIED ROOFING CONTRACTOR
SHOEMAKER, ROBERT HAYES
MID FLORIDA ROOFING, LLC**

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

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

| | |
|-----------------------|--|
| LICENSE NUMBER | |
| CCC057834 | |

**The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016**

**SHOEMAKER, ROBERT HAYES
MID FLORIDA ROOFING, LLC
PO BOX 522610
LONGWOOD FL 32752-2610**

ISSUED: 06/15/2014

DISPLAY AS REQUIRED BY LAW

SEO # L1408150001218

000/100

BUCK LUMBER

07/18/2014 21:07 FAX 4073288077



