



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

## PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

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

<b>Scope of Work:</b> REROOF: 41sq, shingle  <b>Comments:</b> None  <b>Project Information</b> Address: 4913 Jinou Avenue, Belle Isle, FL 32809 Parcel ID: 18-23-30-4386-03-820 Property Owner: Sacco, James & Anita Phone Number: 407-851-2114 ***** Company Name: Universal Roofing Group, Inc. Contractor Name: Mellick, Kenny Lee License Number: CCC057165 Address: 5655 Carder Road, Orlando, FL 32810 Phone Number: 407-295-7403	<b>Permit Number: 2014-10-030</b> <b>Date of Application: 10/23/2013</b> <b>Date Permit Issued: 10/24/2013</b>  <b>WARNING TO OWNER:</b> "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.
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### BUILDING FEATURES

<b>IMPACT FEES</b> School \$  <b>ZONING FEES</b> Zoning Fee \$30.00  <b>UNIVERSAL ENG - BUILDING FEES</b> Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical Fee \$ Temp Pole \$ Plumbing Fee \$ Mechanical Fee \$ Gas Fee \$85.00 Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$  <b>SURCHARGE FEES</b> Surcharge Fee \$2.00 Surcharge Fee \$2.00  <b>TOTAL FEES \$119.00</b>  Date Paid <u>11-14-13</u> CC or Check # <u>13033</u> Amount Paid <u>119<sup>00</sup></u>	<b>BUILDING INSPECTOR USE ONLY</b>  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  <input type="checkbox"/> BUILDING Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 1 <sup>st</sup> _____ (Footing/Foundation) 2 <sup>nd</sup> _____ (Slab) 3 <sup>rd</sup> _____ (Lintel) (Wall Reinforcing on Masonry Building) 4 <sup>th</sup> _____ (Exterior Framing) (Roof/Wall Sheathing) 5 <sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 <sup>th</sup> _____ (Insulation to be Made After Roof Installed) 7 <sup>th</sup> _____ (Drywall) 8 <sup>th</sup> _____ (Sidewalk/Driveway) 9 <sup>th</sup> _____ (Other) 10 <sup>th</sup> _____ (Final - After MEP and Other Applicable Finals)  <input type="checkbox"/> ROOFING 1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____ 2 <sup>nd</sup> ROOFING Covering In-Progress _____ 3 <sup>rd</sup> ROOFING Covering Final _____  <input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) <input type="checkbox"/> 1 <sup>st</sup> _____ (Underground) 2 <sup>nd</sup> _____ (Sewer) <input type="checkbox"/> 3 <sup>rd</sup> _____ (Rough-In/Tub Set) 4 <sup>th</sup> _____ (Final)  CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE <input type="checkbox"/> 1 <sup>st</sup> _____ (Rough-In) 2 <sup>nd</sup> _____ (Final)
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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).

Inspection requests are to be emailed to [BlDscheduling@UniversalEngineering.com](mailto:BlDscheduling@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**  
 1600 Nela Avenue, Belle Isle, FL 32809  
 Tel 407-851-7730 \* Fax 407-240-2222 \* [www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)  
**Building Permit (Land Use) Application**

**Received**  
 10-23-13

DATE: 10-23-13

PERMIT # 2014-10-030

PROJECT ADDRESS 4913 Jindy ave. Belle Isle, FL  32809 32812

PROPERTY OWNER James & ANITA SACCO PHONE 407-851-2114 VALUE OF WORK (labor & material) \$ 5,200.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS Re-roof permit Belle Isle. 41.15 sq ft

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- BOAT DOCK: DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
- PROVIDE SEPTIC RESIDENTIAL SYSTEM VERIFICATION - OC DOCUMENT 64E-6. FOR NEW / ALTERED / ADDITIONS to Septic System
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 18-23-30-4384-03-820

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

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. Note, this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Attached Survey        SETS and Construction Plans        SETS

PLANNING & ZONING APPROVAL:        DATE       

PLEASE COMPLETE for Building Review  
 CONSTRUCTION TYPE Re-Roo f  
 OCCUPANCY GROUP Comm Res: Single Fam Multi Fam  
 #BLDG:        #UNITS        #STORIES 1 TOTAL SQ.FT. 41.15 sq. Shingles  
 MAX. FLOOR LOAD        MAX. OCCUPANCY         
 MIN. FLOOR ELEV.        LOW FLOOR ELEV.         
 WATER SERVICE        WELL        SEPTIC       

BUILDING REVIEWER        DATE         
 NOTES       

Per FSS 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."

Waste Management 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 Waste Management at 407-788-0800 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 Waste Management. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

RETAIN ORIGINAL AT CITY HALL - Updated 09/2012 FORM #LANDUSE002 - 1 of 2 Page Form

Wind Load Category: A        B        C        D       

SPRINKLERS REQ'D	Y	N
IF Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW	Date: Sent <u>      </u> RCD <u>      </u>	
ZONING	<input checked="" type="radio"/>	<u>300</u>
CERT OF OCC	<input type="radio"/>	\$
TRAFFIC	<input type="radio"/>	\$
SCHOOL	<input type="radio"/>	\$
FIRE	<input type="radio"/>	\$
SWIMMING POOL	<input type="radio"/>	\$
POOL ENCLOSURE	<input type="radio"/>	\$
BOAT DOCK	<input type="radio"/>	\$
BUILDING	<input type="radio"/>	\$
WINDOW(S)	<input type="radio"/>	\$
DOOR(S)	<input type="radio"/>	\$
OTHER <u>Re-roof</u>	<input checked="" type="radio"/>	\$ <u>85.00</u>
3% FL SURCHARGE	<u>40</u>	

TOTAL	<u>119.00</u>	
By Owner Form	<input type="radio"/>	NA
Notice of Commencement	<input checked="" type="radio"/>	NA
Power of Attorney	<input checked="" type="radio"/>	NA
Contractor Packet On File?	<input checked="" type="radio"/>	N
<b>OTHER PERMITS REQUIRED:</b>		
ELECTRICAL	<input type="radio"/>	NA
PREPOWER	<input type="radio"/>	NA
MECHANICAL	<input type="radio"/>	NA
PLUMBING	<input type="radio"/>	NA
ROOFING	<input type="radio"/>	NA
GAS	<input type="radio"/>	NA
OTHER:	<input type="radio"/>	NA





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

**Building Permit (Land Use) Application**  
To be completed as required by State Statute Section 713 and other applicable sections.

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

Owner's Name James and Anita Sacco  
Owner's Address 4913 Jinou Ave.

Fee Simple Titleholder's Name (If other than owner's) \_\_\_\_\_

Address _____	City _____	State _____	Zip Code _____
Contractor's Name <u>Universal Roof &amp; Contract</u> Architect/Engineer's Name _____			
Contractor's Address <u>5655 Parden Rd.</u> Architect/Engineer's Address _____			
City, State, ZIP <u>Orl. FL 32810</u> City, State, ZIP _____			
License # <u>CCC 05-9165</u> License # _____			
Contact Phone/Cell <u>407-295-7403</u> Contact Phone/Cell _____			
Contact Email <u>Ashley@universalroof.com</u> Contact Email _____			

**WARNING TO OWNER:** Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A notice of commencement must be recorded if job is \$2500(+) or if A/C Replacement \$7500(+) and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations ([www.floridabuilding.org](http://www.floridabuilding.org)) and City Ordinances ([www.municode.com](http://www.municode.com)) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and /or ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, ENCLOSURES, ETC.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**Owner Signature** Anita B Sacco  
The foregoing instrument was acknowledged before me this 9/24/2013  
by ADITA B. SACCO who is personally known to me  
and who produced Ashley Sacco  
as identification and who did not take an oath.  
Notary as to Owner Cecilia Santiago  
State of Florida  
County of Orange  
ASHLEY SANTIAGO  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE870187

**Contractor Signature** Ken Mellick  
Expires 1/30/2017  
COMPANY NAME Universal Roof & Contract  
The foregoing instrument was acknowledged before me this 09/24/13  
by KEN MELICK who is personally known to me  
and who produced \_\_\_\_\_  
as identification and who did not take an oath.  
Notary as to Owner Ashley Santiago  
State of Florida  
County of Orange  
ASHLEY SANTIAGO  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE870187  
Expires 1/30/2017

<p><b>Impervious Surface Ratio Worksheet</b> Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per Section 50-74 Impervious Surface Ratio of the City Code</p> <p>1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE). Total Lot Area _____ X 0.35 = Allowable Impervious Area (BASE) _____</p> <p>2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc</p> <ul style="list-style-type: none"> <li>• House _____</li> <li>• Driveway _____</li> <li>• Walkway _____</li> <li>• Accessory Buildings _____</li> <li>• Pool &amp; Spa _____</li> <li>• Deck &amp; Patio _____</li> <li>• Other _____</li> </ul> <p>Actual Impervious Area (AIA) _____</p> <p>3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.</p> <p>4. If AIA is greater than BASE, then onsite retention <b>must be provided</b>. Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: <b>7.5 inches rainfall/12 inches p/foot X (result from line 4) = cubic feet of storage volume needed</b></p>	<p><b>Owner Signature</b> <u>Anita B Sacco</u> The foregoing instrument was acknowledged before me this <u>9/24/2013</u> by <u>ADITA B. SACCO</u> who is personally known to me and who produced <u>Ashley Sacco</u> as identification and who did not take an oath. Notary as to Owner <u>Cecilia Santiago</u> State of Florida County of Orange ASHLEY SANTIAGO NOTARY PUBLIC STATE OF FLORIDA Comm# EE870187</p> <p><b>Contractor Signature</b> <u>Ken Mellick</u> Expires <u>1/30/2017</u> COMPANY NAME <u>Universal Roof &amp; Contract</u> The foregoing instrument was acknowledged before me this <u>09/24/13</u> by <u>KEN MELICK</u> who is personally known to me and who produced _____ as identification and who did not take an oath. Notary as to Owner <u>Ashley Santiago</u> State of Florida County of Orange ASHLEY SANTIAGO NOTARY PUBLIC STATE OF FLORIDA Comm# EE870187 Expires 1/30/2017</p>
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Permit Number:  
Folio/Parcel Identification Number: 18-23-30-4386-03-820  
Prepared by: JOAN McELICK

Rec Fee: \$10.00  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: UNIVERSAL ROOF CONTRACTIN



Return to: 5655 Oarden Rd.  
Orl. FL 32810

**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 COUNTY STATES SEC 7 2/38 LOT 382

2. General description of improvement

Re-Roof 41.15 sq. Shingles

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

Name ANITA B. SACCO

Address 4913 JIDEN AVE. BELLE ISLE, FL 32812

Interest in Property owner

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

Name \_\_\_\_\_

Address \_\_\_\_\_

4. Contractor

Name Universal Roof & Contract

Telephone Number 407-295-7403

Address 5655 Oarden Rd. Orl. 32810

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

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Amount of Bond \$ \_\_\_\_\_

6. Lender

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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.

Anita B. Sacco Anita B. Sacco

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

Danner

Signatory's Title/Office

The foregoing instrument was acknowledged before me this 24 day of Sept by Anita Sacco

month/year

name of person

as \_\_\_\_\_ for \_\_\_\_\_

Type of authority, e.g., officer, trustee, attorney in fact

Name of party on behalf of whom instrument was executed

Ashley Santiago

Signature of Notary Public - State of Florida

ASHLEY SANTIAGO

Notary Public

State of Florida

Personally Known OR Produced ID FL DL

Type of ID Produced 5200-002-44-946-0

ASHLEY SANTIAGO  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE870187  
Expires 1/30/2017



ASHLEY SANTIAGO  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE870187  
Expires 1/30/2017



POWER OF ATTORNEY

I hereby name and appoint Joan Mellick

Of Universal Roofing Group, Inc. to be my lawful attorney in fact

To act for me and apply to the City of Belle Isle

Building Department for a Roofing permit for work to

Be performed at a location described as:

Section: 18 Township: 23 Range: 30 Lot: 4386 Block: 03-820

Subdivision: Lake Conway Estates  
4913 Jinou ave Belle Isle FL  
Anita B. Sacco  
(Address of job)

(Owner of property and address)

And to sign my name and do all things necessary to this appointment.

Ken Mellick  
(Signature of Certified Contractor)

The foregoing instrument was acknowledged before me this 10-23-13  
By Ken Mellick

Who is personally know to me and who did not take an oath.

State of Florida  
County of Orange

Commission#: EE890187  
Ashley Santiago  
(Notary)

My Commission expires: January 1, 2017 Stamp







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

### Product Approval Form

DATE: 10-23-13 PERMIT # \_\_\_\_\_  
 PROJECT ADDRESS: 4913 Jinx Ave Belle Isle, FL  32809  32812

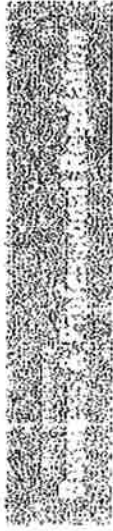
As required by Florida Statue 563.942 and Florida Administrative Code 9B-72m, please provide the information and approval numbers of the building components listed below if they will be utilized on the building or structure. FL Approved products are listed online at [www.floridabuilding.org](http://www.floridabuilding.org) or can be obtained from the local product supplier. The following information must be turned in with permit application and available onsite for inspections:

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

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
<b>EXTERIOR DOORS</b>							
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
<b>WINDOWS</b>							
Single/Dorming				Asphalt Shingles	<u>Le Mansfeed</u>	<u>Land Mark</u>	<u>FL444.80</u>
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other			
Skylights							
Other							
<b>STRUCTURAL COMPONENTS</b>							
Wood Connectors				<b>OTHER</b>			
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: [Signature] Date: 10-23-13



Business Professional

BCIS Home Log In User Registration Hot Topics Submit Surcharge Stats & Facts Publications BCS Staff Links

Product Approval  
User: Public User

Product Approval Home > Product or Application Search > Application List > Application Detail

FL #  
Application Type  
Revision  
Code Version  
Application Status  
Comments  
Archived

FL5494-R4  
Revision  
2010  
Approved  
  
CertainTeed Corporation-Roofing  
PO Box 1100  
1400 Union Meeting Rd  
Blue Bell, PA 19422  
(215) 274-2350  
Steven.T.Lawrey@saint-gobain.com

Product Manufacturer  
Address/Phone/Email

Authorized Signature

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

Technical Representative  
Address/Phone/Email

R. Allan Snyder  
PO Box 1100  
1400 Union Meeting Road  
Blue Bell, PA 19422  
Allan.R.Snyder@saint-gobain.com

Quality Assurance Representative  
Address/Phone/Email

Category  
Subcategory

Roofing  
Asphalt Shingles

Compliance Method

Evaluation Report from a Florida Registered Architect or a Licensee  
Florida Professional Engineer  
Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed  
the Evaluation Report

Robert Nieminen

Florida License

PE-59166

Quality Assurance Entity

Underwriters Laboratories Inc.

Quality Assurance Contract Expiration Date

06/09/2013

Validated By

John W. Knezevich, PE

Validation Checklist - Hardcopy Received

Certificate of Independence

FL5494\_R4\_COI\_Inity.ERD.CI.Nieminen.pdf

Referenced Standard and Year (of Standard)

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

Equivalence of Product Standards  
Certified By

http://www.floridabuilding.org/pr/pr\_app\_dtl.aspx?param=wGEVXQwtDqt... 1/23/2013

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

12/14/2011

Date Validated

12/14/2011

Date Pending FBC Approval

12/21/2011

Date Approved

01/31/2012

Summary of Products	
FL #	Model, Number or Name
5444.1	CertainTeed Asphalt Roofing Shingles
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: Refer to ER Section 5 for Limits of Use	
<b>Description</b> 3-tab, laminated, architectural and 4-tab asphalt roof shingles  <b>Installation Instructions</b> FL5444_R4_IL_80120611_FINAL_CERTAINTCEED_ASPHALT_Shingle_FL5444-R4.pdf Verified By: Robert Nieminen, PE PE-59166 Created by Independent Third Party: Yes  <b>Evaluation Reports</b> FL5444_R4_AE_80120611_FINAL_CERTAINTCEED_ASPHALT_Shingle_FL5444-R4.pdf Created by Independent Third Party: Yes	

Contact Us :: 1940 North Monroe Street, Tallahassee, FL 32302 Phone: 850-487-1874

The State of Florida is an AAYEO employer. Copyright 2007-2010 State of Florida. :: Privacy Statement :: Accessibility Statement :: Ref: Statement

Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850-487-2755 (TDD) or 850-487-2755 (voice). Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S., must provide the Department with an email address if they have one. The email provided may be used for official communication with the licensee, however email address 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:





# TRINITY ERD

EXTERIOR RESEARCH & DESIGN, LLC.  
Certificate of Authorization #9503  
353 CHRISTIAN STREET, UNIT #13  
OXFORD, CT 06478  
PHONE: (203) 262-9245  
FAX: (203) 262-9243

## EVALUATION REPORT

CertainTeed Corporation  
1400 Union Meeting Road  
Blue Bell, PA 19422

Evaluation Report 3532.09.05-R4  
FL5444-R4  
Date of Issuance: 09/22/2005  
Revision 4: 12/06/2011

### SCOPE:

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

### DESCRIPTION: CertainTeed Asphalt Roofing Shingles.

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

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

**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 10.

### Prepared by:



**Robert J.M. Nieminen, P.E.**  
Florida Registration No. 59166, Florida DCA ANE1983



The electronic seal appearing was authorized by Robert Nieminen, P.E. on 12/06/2011. 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:

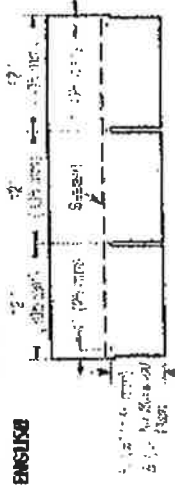
1. Trinity|ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
2. Trinity|ERD is not owned, operated or controlled by any company manufacturing or distributing products for which Robert Nieminen, 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.
3. 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.
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.

**6. INSTALLATION:**

- 6.1 Roof deck, slope, underlayment and fasteners shall comply with FBC 1507.2 / R905.2 and the shingle manufacturer's minimum requirements.
- 6.1.1 Underlayment shall be acceptable to CertainTeed Corporation and shall hold current Florida Statewide Product Approval, or be Locally Approved per Rule 9N-3, per FBC Sections 1507.2.3, 1507.2.4 or R905.2.3.
- 6.2 Installation of asphalt shingles shall comply with the manufacturer's current published instructions, using minimum four (4) nails per shingle in accordance with FBC 1507.2.7 or Section R905.2.6 and the minimum requirements herein.
- 6.2.1 Fasteners shall be in accordance with manufacturer's published requirements, but not less than FBC 1507.2.6 or R905.2.5. Staples are not permitted.
- 6.2.2 Where the roof slope exceeds 21 units vertical in 12 units horizontal, use the "Steep Slope" directions.
- 6.3 CertainTeed asphalt shingles are acceptable for use in reroof (tear-off) or recover applications, subject to the limitations set forth in FBC Section 1510 and CertainTeed published installation instructions.

**6.3.1 CL20™, XT™ 25, and XT™ 30:**

**LOW AND STANDARD SLOPE**  
**ENGLISH**



**METRIC**

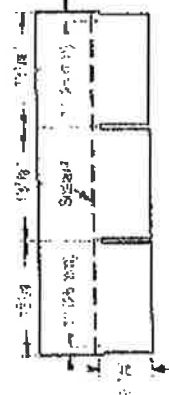


Figure 11-2: Use four nails for every full shingle.

**STEEP SLOPE**

Use four nails and six spots of asphalt roofing cement for every full shingle (Figure 11-3). Asphalt roofing cement meeting ASTM D7584 Type II is suggested.

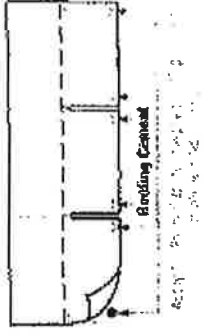


Figure 11-3: Use four nails and six spots of asphalt cement on steep slopes  
**CAUTION:** Excessive use of roofing cement can cause shingles to blister.

**6.3.1.1 Hip & Ridge: Out Shingles**

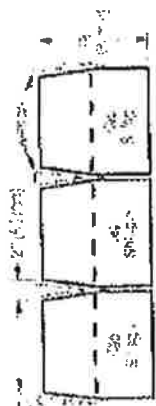


Figure 11-2a: Cut back, then drive back to under eap. shingles (English dimensions shown).



Figure 11-2b: Installation of eap. along hip, top and ridge.

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

**ROOFING SYSTEMS EVALUATION:****1. SCOPE:**

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

**2. STANDARDS:**

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

**3. REFERENCES:**

<b>Entity</b>	<b>Examination</b>	<b>Reference</b>	<b>Date</b>
UL (TST 1740)	ASTM D3161	94NK9632	05/15/1998
UL (TST 1740)	ASTM D3161	99NK26506	11/23/1999
UL (TST 1740)	ASTM D3161	03CA12702	05/27/2003
UL (TST 1740)	ASTM D3161	03CA12702	06/16/2003
UL (TST 1740)	ASTM D3161	03NK29847	10/03/2003
UL (TST 1740)	ASTM D3161	04CA11329	05/24/2004
UL (TST 1740)	ASTM D3161	04CA32986	12/03/2004
UL (TST 1740)	ASTM D3161	05NK07049	04/15/2005
UL (TST 1740)	ASTM D3161	05NK16778	05/12/2005
UL (TST 1740)	ASTM D3161	05CA16778	05/12/2005
UL (TST 1740)	ASTM D3161	05NK14836	05/22/2005
UL (TST 1740)	ASTM D3161	05NK22800	06/22/2005
UL (TST 1740)	ASTM D3462	R684	09/21/2005
UL (TST 1740)	ASTM D7158	05NK08037	06/28/2006
UL (TST 1740)	ASTM D3161 & D3462	09CA28873	07/23/2009
UL (TST 1740)	ASTM D3462	10CA41303	10/07/2010
UL (TST 1740)	ASTM D3161	10CA41303	10/08/2010
UL (TST 1740)	ASTM D7158	10CA41303	10/27/2010
UL (TST 1740)	ASTM D3161 & D3462	10CA44960	11/11/2010
UL (QUA 1743)	Quality Control	Service Confirmation	Exp. 06/09/2013

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**4. PRODUCT DESCRIPTION:**

- 4.1 CT20™, XT™ 25 and XT™ 30 are fiberglass reinforced, 3-tab asphalt roof shingles.
- 4.2 Carriage House Shingle®, Centennial Slate™, Grand Manor Shingle®, Landmark™, Landmark™ Pro (formerly Landmark™ Plus), Landmark™ Premium, Landmark™ TL and Landmark™ Solaris are fiberglass reinforced, laminated asphalt roof shingles.
- 4.3 Presidential Shake™ and Presidential Shake TL™ are fiberglass reinforced, architectural asphalt roof shingles.
- 4.4 Hatteras™ and Highland Slate™ are fiberglass reinforced, 4-tab asphalt roof shingles.
- 4.5 Presidential Accessory, Accessory for Hatteras, Shangle Ridge™, Shadow Ridge™ and Cedar Crest™ are fiberglass reinforced accessory shingles for hip and ridge installation.
- 4.6 Any of the above listed shingles may be produced in AR (algae resistant) versions.

**5. LIMITATIONS:**

- 5.1 This Evaluation Report is not for use in the HVHZ
- 5.2 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.
- 5.3 Wind Classification:
  - 5.3.1 All shingles noted herein are Classified in accordance with FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F and/or ASTM D7158, Class H, indicating the shingles are acceptable for us in all wind zones up to  $V_{wind} = 150$  mph ( $V_{ult} = 194$  mph). Refer to Section 6 for installation requirements to meet this wind rating.
  - 5.3.2 Presidential Accessory, Accessory for Hatteras, Shangle Ridge, Shadow Ridge and Cedar Crest hip & ridge shingles have been evaluated in accordance with ASTM D3161, Class F when BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant, applied as specified in manufacturer's application instructions, indicating the shingles are acceptable for us in all wind zones up to  $V_{wind} = 150$  mph ( $V_{ult} = 194$  mph).
  - 5.3.3 Classification by ASTM D7158 applies to exposure category B or C and a building height of 60 feet or less. Calculations by a qualified design professional are required for conditions outside these limitations. Contact the shingle manufacturer for data specific to each shingle.
- 5.4 All products in the roof assembly shall have quality assurance audits in accordance with the Florida Building Code and F.A.C. Rule 9N-3.

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6.3.2

**Carriage House Shingle®, Centennial Slate™ and Grand Manor Shingle®**

**LOW AND STANDARD SLOPE**

Use five nails for every full Shingle.

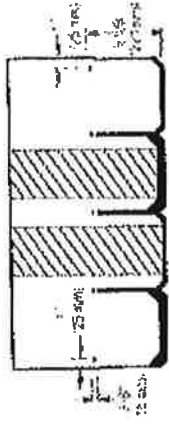


Figure 17-2. Use five nails for every full Carriage House Shingle or Centennial Slate

**STEEP SLOPE**

Use seven nails and three spots of asphalt roofing cement for every full Grand Manor Shingle. Use five nails and three spots of asphalt roofing cement for every full Carriage House Shingle and Centennial Slate. Apply asphalt roofing cement 1" (25 mm) from edge of shingle (Figure 17-3). Asphalt roofing cement meeting ASTM D1996, Type II is suggested.

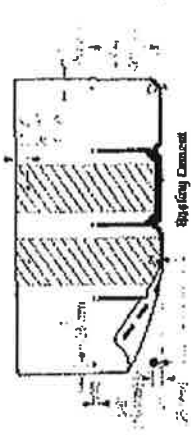


Figure 17-3. Use seven nails and three spots of asphalt roofing cement for every full Grand Manor Shingle.

6.3.2.1 Hip & Ridge: Shingle® Ridge

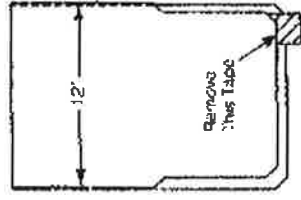


Figure 17-18. Shingle® Ridge

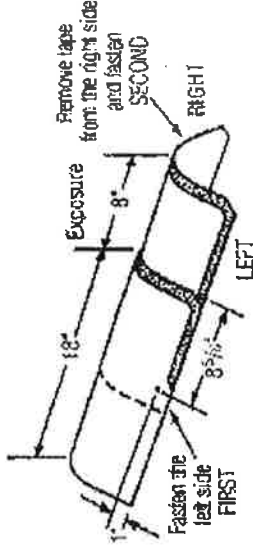


Figure 17-19. Installation of Shingle® Ridge shingles on hips and ridges.

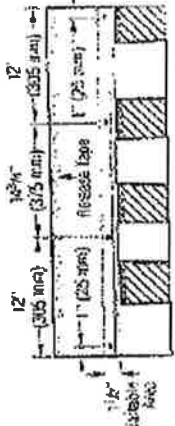
Note: For ASTM D3161 - Class F, use BASF Soudalastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

6.3.3

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

**LOW AND STANDARD SLOPE**

**METRIC DIMENSIONS**



**LANDMARK TL**

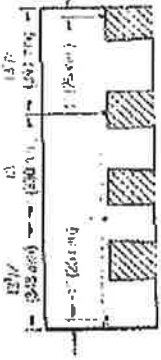


Figure 13-11 The gullies (see Section) fill with

**STEP SLOPE**

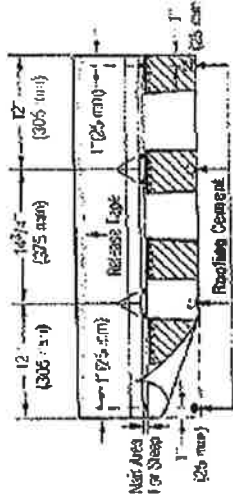
Use six nails and four spurs of asphalt roofing cement for every full horizontal shingle. See below. Asphalt roofing cement should meet ASTM D1526 Type II. Apply 1" spurs of asphalt roofing cement under each corner and at about 12" to 15" in from each edge.

**LANDMARK TL**



Figure 13-12 Six six nails and four spurs of asphalt roofing cement meet at each slope.

**METRIC DIMENSIONS**



**6.3.3.1 Hip & Ridge, Option 1: Shadow Ridge™**

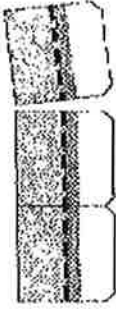
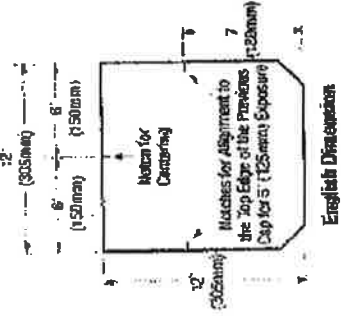
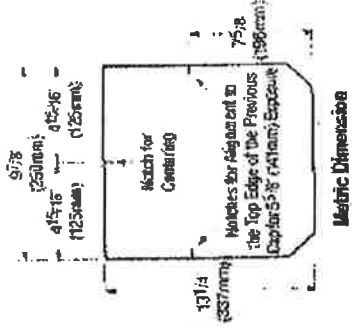


Figure 13-16 Shadow Ridge necessary detaches tiles & waxy from three-piece units to make 72 individual cap pieces.



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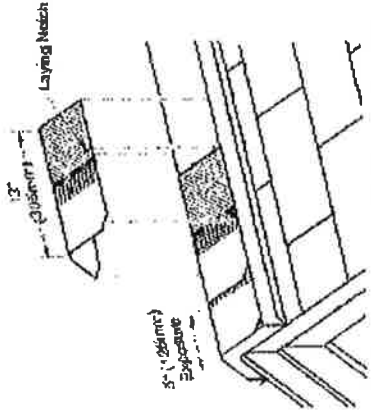
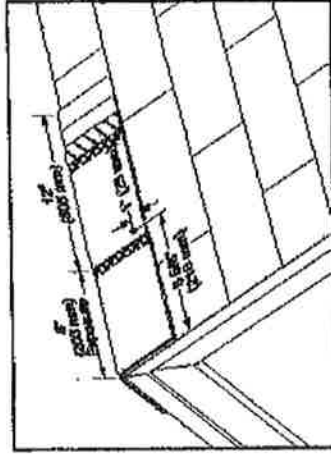


Figure 15-20. For laying shingles to make shingles on hips and ridges, and to locate the correct exposure.

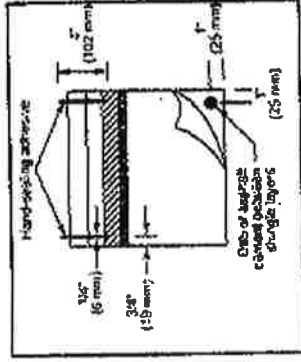
Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

6.3.3.2 Hip & Ridge, Option 2: Cedar Crest™

Use two fasteners per shingle. For the starter shingle, place fastener 1-inch from each side edge and about 2-inch up from the starter shingle's exposed butt edge. For each full Cedar Crest shingle, please fasteners 8-5/8-inch up from its exposed butt edge and 1-inch from each side edge.



Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant to hand-seal Cedar Crest shingles. Apply NP 1 or PL adhesive from the middle of the shingle's raised overlay on the top piece and extending approximately 4-inch along the sides of the headlap along a line 3/4 to 1-inch from each side of the shingle's headlap. Immediately align and apply the overlying shingle, gently pressing tab sides into the adhesive, and install nails. To secure the other side, apply a 1-inch diameter spot of NP 1 or PL adhesive between the shingle layers.



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6.3.4 **Presidential Shake™ and Presidential Shake II™:**

**DOWN AND STANDARD SLOPE**

For low and standard slopes, use the tabs for each lid Presidential Shingle as shown below.

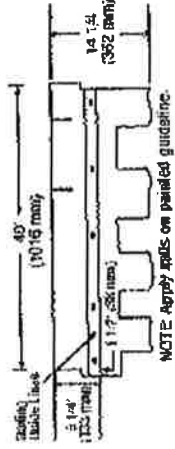


Figure 15-6 Flashing Presidential and Presidential II Shingles on low and standard slopes

**STEP SLOPE**

For step slopes, use the tabs for each lid Presidential Shingle and apply 1" adhesive spots or asphalt roofing evulsion under each shingle tab. After applying 5 tabs in between the main male tabs, apply 1 male 1" above tab on each male tab to overlap shingle cover tabs.

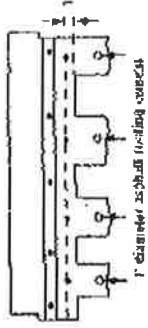


Figure 16-7 Flashing Presidential and Presidential II Shingles on step slopes

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

**PRESIDENTIAL ACCESSORY**

Presidential accessory shingles can be used for covering hips and ridges. Apply shingles up to the ridge (expose no more than 7" from the bottom edge of the "look.") Fasten each accessory with two fasteners. The fasteners must be 1 3/4" long or longer, so they penetrate either 3/4" into the deck or completely through the deck. Presidential accessory comes in two different sizes: Accessory produced in Birmingham, AL is 12" x 12"; Portland, OR produces 9 7/8" x 13 1/4" accessory.

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

6.3.4.2 **Hip & Ridge, Option 2: Refer to instructions herein for Cedar Crest™ hip and ridge shingles.**

6.3.5 **Hattaras™:**

**LOW STANDARD AND STEP SLOPE**

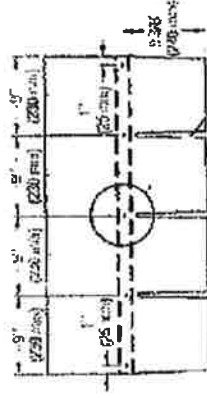


Figure 15-5 Flashing Hattaras Shingles on low and standard slopes for low and standard slopes, use one fastener for each full horizontal shingle to secure tabs

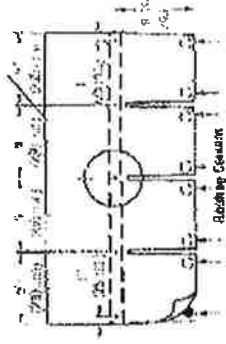


Figure 16-5 Flashing Hattaras Shingles on step slopes for low and standard slopes, use one fastener for each full horizontal shingle to secure tabs



6.3.5.1 Hip & Ridge, Option 1: Accessory for Hattaras

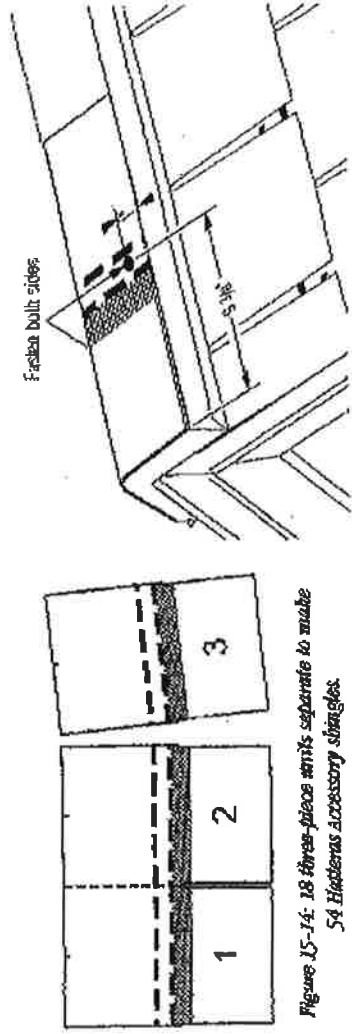


Figure 15-14: 18 three-piece units separate to make 54 Hattaras accessory shingles.

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

6.3.5.2 Hip & Ridge, Option 2: Cut Hattaras Shingles

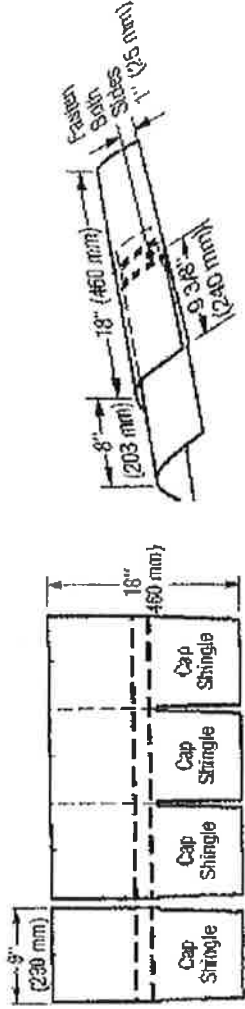


Figure 15-21: Cut Hattaras shingles to make cover cap.

Figure 15-21: Illustration of cuts along hips and ridges.

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

6.3.6 **Highland Slate™:**

**LOW AND STANDARD SCOPE:**

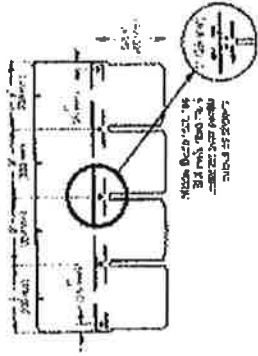
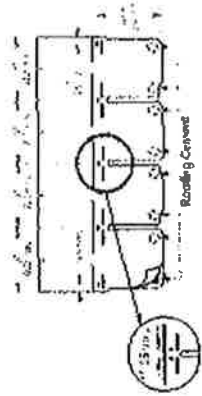


Figure 11.5: Use FIVE nails for every Highland Slate shingle

**STEEP SCOPE:**

Use FIVE nails and EIGHT spots of asphalt roofing cement for each full Highland Slate shingle. For Minimum Slope, SIX nails are required. Apply 1/2" thickness spots of asphalt roofing cement under each nail with corner asphalt roofing cement covering 50% of 1500. 1114. 1114 is suggested.



Use FIVE nails and EIGHT spots of asphalt roofing cement for each full Highland Slate shingle. For Minimum Slope, SIX nails are required. Apply 1/2" thickness spots of asphalt roofing cement under each nail with corner asphalt roofing cement covering 50% of 1500. 1114. 1114 is suggested.

Figure 11.5: Use FIVE nails and eight spots of asphalt roofing cement under each shingle

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

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

**7. LABELING:**

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

**8. BUILDING PERMIT REQUIREMENTS:**

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

**9. MANUFACTURING PLANTS:**

Contact the named QA entity for information on which plants produce products covered by Florida Rule 9N-3 QA requirements.

**10. QUALITY ASSURANCE ENTITY:**

Underwriters Laboratories – QUA1743; (414) 248-6409; karen.buchmann@us.ul.com

- - END OF EVALUATION REPORT - -

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# Property Record - 18-23-30-4386-03-820

41.15 Ashungles  
(407) 851-2114

Orange County Property Appraiser •  
http://www.ocpafl.org

## Property Summary

### Property Name

4913 Jinou Ave

### Names

Sacco James V Sr  
Sacco Anita B

### Municipality

BI - Belle Isle

### Property Use

0100 - Single Family



### Mailing Address

4913 Jinou Ave  
Belle Isle, FL 32812-1072

### Physical Address

4913 Jinou Ave  
Orlando, FL 32812

QR Code For Mobile Phone

## Property Features

### Property Description

LAKE CONWAY ESTATES SECTION 7 Z/38 LOT 382

### Buildings

Model Code	01 - Single Fam Residence	Subarea Description	Sqft	Value
Type Code	0101 - Single Family	BAS - Base Area	1976	\$121,722
Building Value	\$70,450	FGR - Fin Garage	550	\$16,940
Estimated New Cost	\$143,775	FOP - F/Opn Prch	80	\$1,232
Actual Year Built	1971	FSP - F/Scr Prch	180	\$3,881
Beds	3			
Baths	2.0			
Floors	1			
Gross Area	2786 sqft			
Living Area	1976 sqft			
Exterior Wall	Conc/Cindr			
Interior Wall	Wood Panel			



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/13/2013

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		CONTACT NAME: <b>DONNA MUNIZ</b>	
Plymouth Insurance Agency		PHONE (A/C, No. Ext): <b>727-682-4040</b>	FAX (A/C, No.): <b>727-682-0239</b>
2739 US Hwy 19 North		E-MAIL ADDRESS: <b>donna.m@plymouthinsuranceagency.com</b>	
Holiday, FL, 34691		INSURER(S) AFFORDING COVERAGE NAIC#	
INSURED		INSURER A: <b>United Specialty Ins. Co</b>	
Universal Roofing Group, Inc.		INSURER B:	
dba Universal Roof & Contracting		INSURER C:	
5655 Carder Rd		INSURER D:	
Orlando, FL 32810		INSURER E:	
407-295-7403		INSURER F:	

COVERAGES CERTIFICATE NUMBER: **74309 / OS111580**

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	ADOL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			<b>74309 / OS111580</b>	<b>3/15/2013</b>	<b>3/15/2014</b>	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>100,000</b> PERSONAL & ADV INJURY \$ <b>5,000</b> GENERAL AGGREGATE \$ <b>1,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC/STATUTORY LIMITS \$ OTHER \$ 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)

**CLASS CODES: 98304, 92338, 98967, 98678**

CERTIFICATE HOLDER

**CITY OF BELLE ISLE  
1600 NELA AVE  
BELLE ISLE, FL 32809  
FAX: 407-240-2222**

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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# CERTIFICATE OF LIABILITY INSURANCE

Date  
2/17/2013

**Producers:** Lion Insurance Company  
2739 U.S. Highway 19 N.  
Holiday, FL 34691  
(727) 838-5562

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

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.

**Insurers Affording Coverage**

Insurer A: Lion Insurance Company NAIC # 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
		<b>GENERAL LIABILITY</b> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrences) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Camp/Op App \$
		<b>AUTOMOBILE LIABILITY</b> <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) \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence Aggregate
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/officer/employee excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2013	01/01/2014	X WC Statutory Limits OT+ER E.L. Each Accident \$1,000,000 E.L. Disease - EA Employee \$1,000,000 E.L. Disease - Policy Limits \$1,000,000

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

**Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsements/Special Provisions:** Client ID: 82-65-179  
 Coverage only applies to active employee(s) of South East Employee Leasing Services, Inc. that are leased to the following "Client Company":  
**Universal Roofing Group, Inc dba Universal Roof Contracting**  
 Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s) , while working in Florida.  
 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:**  
 FAX: 407-295-8288 /ISSUE 02-27-12 (TD)/Reissued 12/10/12 (SH) /REISSUE 01-09-13 (JH)

**CERTIFICATE HOLDER** CITY OF BELLE ISLE  
 1600 NELA AVENUE  
 BELLE ISLE, FL 32609

**CANCELLATION**  
 Should any of the above described policies be cancelled before the expiration date period, the issuing insurer will endeavor to mail \$0.0595 within notice to the certificate holder mailed to the last, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

*Gold A. Jones*

Bestis Date: 3/28/2011

AC# 6207935

THIS DOCUMENT HAS A COLORED BACKGROUND - MICROPRINTING - LINEMARK - PATENTED PAPER

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEC# LL120718007

DATE	BATCH NUMBER	LICENSE NBR
07/18/2012	128011819	CCG057165

The ROOFING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489, FS  
Expiration date: AUG 31, 2014

MELLIK, KENNY LEE  
UNIVERSAL ROOFING GROUP INC  
5655 CARDER ROAD  
ORLANDO

FL 32810

RICK SCOTT  
GOVERNOR

KEN LAWSON  
SECRETARY

DISPLAY AS REQUIRED BY LAW

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

\*\*\*ORIGINAL\*\*\* 2013

1806 CERT ROOFING CONTRACT \$30.00 1

EXPIRES 9/30/2014 EMPLOYEE 5000 BUSINESS OFFICE

1806-0962544

\$30.00 5 EMPLOYEE

TOTAL TAX \$60.00  
PREVIOUSLY PAID \$60.00  
TOTAL DUE \$0.00

MELLICK KENNY L

UNIVERSAL ROOFING GROUP INC  
MELLICK KENNY L  
5655 CARDER RD  
ORLANDO FL 32810

5655 CARDER RD  
U - ORLANDO, 32810

PAID: \$60.00 099-00601962 9/5/2013

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

\*\*\*ORIGINAL\*\*\*

1806 CERT ROOFING CONTRACT \$30.00 1

EXPIRES 9/30/2014 EMPLOYEE 5000 BUSINESS OFFICE

1806-0962544

\$30.00 5 EMPLOYEE

TOTAL TAX \$60.00  
PREVIOUSLY PAID \$60.00  
TOTAL DUE \$0.00

MELLICK KENNY L

UNIVERSAL ROOFING GROUP INC  
MELLICK KENNY L  
5655 CARDER RD  
ORLANDO FL 32810

5655 CARDER RD  
U - ORLANDO, 32810

PAID: \$60.00 099-00601962 9/5/2013



This receipt is official when validated by the Tax Collector.