



PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3. An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: **"NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies."** The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD.** PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS; SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

Scope of Work: MECHANICAL: two unit change out (compressors)
 total 5.5 tons

Comments: This permit replaces old expired permit 2011-01-045 - rough done need final inspection only

Project Information

Address: 2424 Hoffner Ave, Belle Isle, FL 32809
 Parcel ID: 18-23-30-8856-05-210
 Property Owner: Olsen, Erik
 Phone Number: 407 230 3957

Company Name: Air Flow Design Central LLC
 Contractor Name: Burd, Terry
 License Number: CAC1814423
 Address: PO Box 180308, Casselberry, FL 32718
 Phone Number: 407-331-6521

Permit Number: 2015-08-026

Date of Application: 08/10/2015

Date Permit Issued: 08/11/2015

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

BUILDING FEATURES

IMPACT FEES

School \$
 Traffic \$

ZONING FEES

Zoning Fee \$

UNIVERSAL_ENG - BUILDING FEES

Cert of Occ \$
 Demo \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$163.50
 Temp Pole \$
 Plumbing \$
 Mechanical \$
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$2.45
 Surcharge Fee \$2.45

TOTAL FEES \$168.40

Date Paid 8-11-15

CC or Check # NC 0187

Amount Paid 168.40

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

BUILDING

1st

(Footing/Foundation)

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

2nd

(Slab)

3rd

(Lintel) Wall Reinforcing on Masonry Building

4th

(Exterior Framing)(Roof/Wall Sheathing)

5th

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

6th

(Insulation to be Made After Roof Installed)

7th

(Drywall)

8th

(Sidewalk/Driveway)

9th

(Other)

10th

(Final - After MEP and Other Applicable Finals)

ROOFING

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

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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

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

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

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

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

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

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/f094edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = universal13

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	<u>2015-68-026</u>
Property Owner	<u>Olsen Erik</u>
Address	<u>2424 Hoffer Ave</u>
Nature of Improvement	<u>Mechanical: 2 unit change at total S.S. tank</u>
Received Application	<u>8-6-15</u>
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	<u>8-7-15</u>
Building Official Approved	
Comments	
1.	<u>Sum 8-7-15 WO # 55362</u>
2.	<u>8-17-15 Jay says energy cals needed - sent email</u>
3.	
4.	<u>3 tons 73.-</u>
5.	<u>3 more 3X 12 36</u>
6.	<u>109 ÷ 2 =</u>
7.	<u>54.50</u>
8.	<u>163.50</u>
9.	
10.	<u>+ 2.45 x 2</u>
11.	<u>168.40</u>
12.	



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalsciencesengineering.com

RECEIVED

APPLICATION FOR MECHANICAL PERMIT ²⁰¹⁵

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: _____ PERMIT NUMBER: 2015-08-026
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 2424 Hoffner Ave Belle Isle FL 32809 32812
Property Owner Olson Erik J Phone _____
Property Owner's Mailing Address 273 White Dogwood Ln Ocoee, FL 34761-4875 City _____
State _____ Zip Code _____ Parcel Id Number: 18-23-30-8856-05-210
To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair

- REQUIRED: Tie Down Engineering
- REQUIRED: if adding A/C to new space, provide Energy Calculations & Equipment Sizing Calculations
- REQUIRED: if replacing unit with no duct work, Duct Certification as per FB 101.4.7.1, must be posted on unit

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

Air Conditioning: # of Units 2 Tons Per Unit 3.5 Total Tons 5.5 Estimated Cost \$ 6166
Type of System: Water to Air _____ Split System _____ Package _____ Heat Pump _____
Heating: # of Units KWS Per Unit 20 5 Total KWS 10 BTU's _____ Estimated Cost \$ _____
Oil _____ Electric _____ Gas _____

** Setting outdoor units & taking out both fans only*
Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor.

Ventilation: (Number of) Grease _____ Heat _____ Hoods, Air Intakes _____ Exhaust Fans 5 Dyer Vents 1 Estimated Cost \$ _____
1 Range Vent
Refrigeration: Number of units _____ Estimated Cost \$ _____
Piping: Air _____ Vacuum _____ Steam _____ Chill Water _____ Estimated Cost \$ _____

Others: (Specify) Replace expired permit 2011-01-045 Estimated Cost \$ _____
Was the space previously Air Conditioned? Yes _____ No _____ (B) Estimated Cost Fee \$ _____
I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CAC1814423
LICENSE HOLDER NAME Terry Burk COMPANY NAME Air Flow Designs
Street Address PO Box 180308 State FL Zip Code 32718 Phone Number 407-331-6527
City Casselberry
Email Address Construction@AirFlowDesigns.com

Building Official: <u>[Signature]</u>	Date: <u>8-11-15</u>	Permit Fee	\$ <u>169.-</u>
Verified Contractor's Licenses & Insurance are on file <u>[Signature]</u>	Date: <u>8-7-15</u>	Review Fee	\$ <u>54.50</u>
		3% Florida Surcharge	\$ <u>4.90</u>
		Total Permit Fee	\$ <u>168.40</u>

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

Susan Manchester

From: John Connell
Sent: Tuesday, August 11, 2015 10:32 AM
To: Susan Manchester
Cc: BIDReviews
Subject: RE: 2424 Hoffner Avenue - app for mechanical permit 2015-08-026 WO 55362

Approved

From: Susan Manchester
Sent: Tuesday, August 11, 2015 10:06 AM
To: John Connell; BIDReviews
Subject: RE: 2424 Hoffner Avenue - app for mechanical permit 2015-08-026 WO 55362

Hi Jay,

Please find the energy calcs attached. Also attached is the inspection history of this house. This project was started back in 2011 and they had a rough mechanical inspection that passed back then but no final. They are pulling this permit to try to close out that old one. They have done this with a building permit, electrical, and plumbing so far. They are only installing compressors - the other equipment is pre-existing.

Thanks,

Susan Manchester
Universal Engineering Sciences, Inc.
3532 Maggie Blvd.
Orlando, FL 32811
Phone: 407-581-8161
Fax: 407-581-0313
Email: smanchester@universaleengineering.com

ORLANDO BUSINESS JOURNAL



2015 BEST PLACES TO WORK

PLEASE NOTE:

**DUE TO THE HIGH DEMAND FOR OUR SERVICES, THE 1PM CUTOFF TIME
FOR NEXT-DAY INSPECTION REQUESTS WILL BE STRICTLY ENFORCED.
THANK YOU!!**

From: John Connell
Sent: Friday, August 07, 2015 2:25 PM
To: BIDReviews
Subject: FW: 2424 Hoffner Avenue - app for mechanical permit 2015-08-026 WO 55362



Certificate of Product Ratings

AHRI Certified Reference Number: 7970928 Date: 5/29/2015

Product: Split System: Heat Pump with Remote Outdoor Unit-Air-Source

Outdoor Unit Model Number: CH14NA024*0**A

Indoor Unit Model Number: FV4CNF002

Manufacturer: CARRIER AIR CONDITIONING

Trade/Brand name: CARRIER AIR CONDITIONING

Series name: 14 SEER PURON HP

Manufacturer responsible for the rating of this system combination is CARRIER AIR CONDITIONING

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	23000
EER Rating (Cooling):	12.00
SEER Rating (Cooling):	14.50
Heating Capacity(Btuh) @ 47 F:	21400
Region IV HSPF Rating (Heating):	8.20
Heating Capacity(Btuh) @ 17 F:	13300

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.

© 2014 Air-Conditioning, Heating, and Refrigeration Institute



we make life better™

CERTIFICATE NO.: 130773826208268633



Certificate of Product Ratings

AHRI Certified Reference Number: 7971579

Date: 5/29/2015

Product: Split System: Heat Pump with Remote Outdoor Unit-Air-Source

Outdoor Unit Model Number: CH14NA042*0**A

Indoor Unit Model Number: FV4CN(B,F)005

Manufacturer: CARRIER AIR CONDITIONING

Trade/Brand name: CARRIER AIR CONDITIONING

Series name: 14 SEER PURON HP

Manufacturer responsible for the rating of this system combination is CARRIER AIR CONDITIONING

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	41500
EER Rating (Cooling):	12.00
SEER Rating (Cooling):	14.50
Heating Capacity(Btuh) @ 47 F:	38000
Region IV HSPF Rating (Heating):	8.20
Heating Capacity(Btuh) @ 17 F:	23200

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced, copied, disseminated, entered into a computer database, or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.

©2014 Air-Conditioning, Heating, and Refrigeration Institute



AIR-CONDITIONING, HEATING,
& REFRIGERATION INSTITUTE

we make life better™

1307738253:19363539

CERTIFICATE NO.:



Florida Department of

Business & Professional Regulation



Product Approval

USER: Public User

[BCIS Home](#) | [Log In](#) | [User Registration](#) | [Hot Topics](#) | [Submit Surcharge](#) | [Stats & Facts](#) | [Publications](#) | [FBC Staff](#) | [BCIS Site Map](#) | [Links](#) | [Search](#)

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



FL #

Application Type

Code Version

Application Status

Comments

Archived

FL14239-R1

Revision

2010

Approved



Product Manufacturer
Address/Phone/Email

BMP International Inc.
4710 28th Street N
St. Petersburg, FL 33714
(727) 458-0544
benmeng8@yahoo.com

Authorized Signature

Xianbin Meng
benmeng8@yahoo.com

Technical Representative
Address/Phone/Email

Quality Assurance Representative
Address/Phone/Email

Category
Subcategory

Structural Components
Anchors

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

Frank L. Bennardo, P.E.

Florida License

PE-0046549

Quality Assurance Entity

National Accreditation & Management Institute,

Quality Assurance Contract Expiration Date

12/31/2013

Validated By

Ryan J. King, P.E.

Validation Checklist - Hardcopy Received

Certificate of Independence

FL14239_R1_COI_COI.pdf

Referenced Standard and Year (of Standard)

Year

Standard
ASTM D1761-06

2006

ASTM D1761-88

2000

Equivalence of Product Standards
Certified By

Florida Licensed Professional Engineer or Architect
FL14239_R1_Equiv_Equity.pdf

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

09/29/2011

Date Validated

12/13/2011

Date Pending FBC Approval

12/18/2011

Date Approved

01/31/2012

Summary of Products		
FL #	Model, Number or Name	Description
14239.1	Slotted Steel Tie-Down Clips, 1" and 2" Models	Steel Tie-Down Clip System (For Use with Mechanical Units at Roof or Grade)
Limits of Use	<p>Approved for use in HVHZ: Yes</p> <p>Approved for use outside HVHZ: Yes</p> <p>Impact Resistant: N/A</p> <p>Design Pressure: N/A</p> <p>Other: This design provides allowable capacities for the system. The required site-specific design pressure (demand) shall be calculated by others for use with this design.</p>	<p>Installation Instructions</p> <p>FL14239_R1_II Dwg.pdf</p> <p>Verified By: Frank L. Bannardo, P.E. 0046549</p> <p>Created by Independent Third Party: Yes</p> <p>Evaluation Reports</p> <p>FL14239_R1_AE_Eval.pdf</p> <p>Created by Independent Third Party: Yes</p>

Back

Next

Contact Us :: 1940 North Monroe Street, Tallahassee FL 32399 Phone: 850-487-1824

The State of Florida is an AA/EEO employer. Copyright 2007-2010 State of Florida. :: Privacy Statement :: Accessibility Statement :: Refund Statement

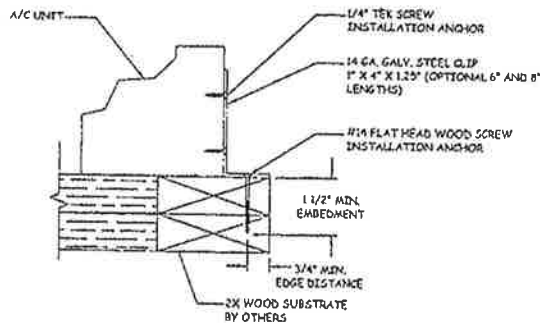
Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions regarding DBPR's ADA web accessibility, please contact our Web Master at webmaster@dbpr.state.fl.us.

Product Approval Accepts:

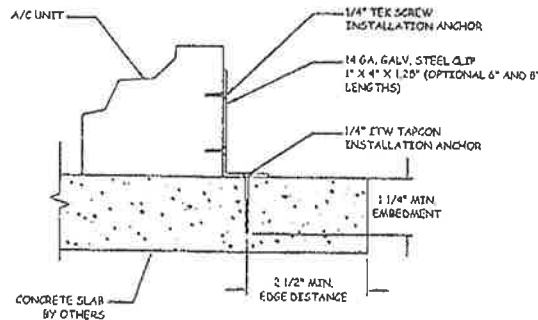


BMP INTERNATIONAL, INC.

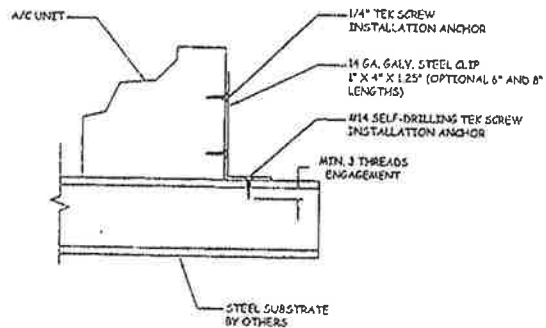
A/C HOLD DOWN CLIP



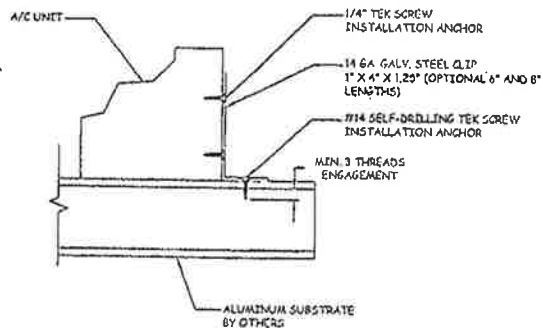
A
1
INSTALLATION DETAIL
2X WOOD BUCK SUBSTRATE



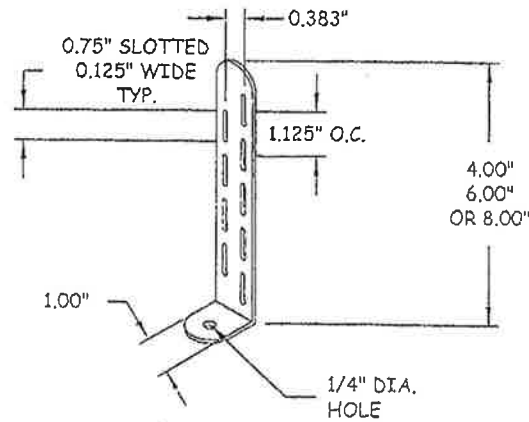
B
1
INSTALLATION DETAIL
CONCRETE SLAB



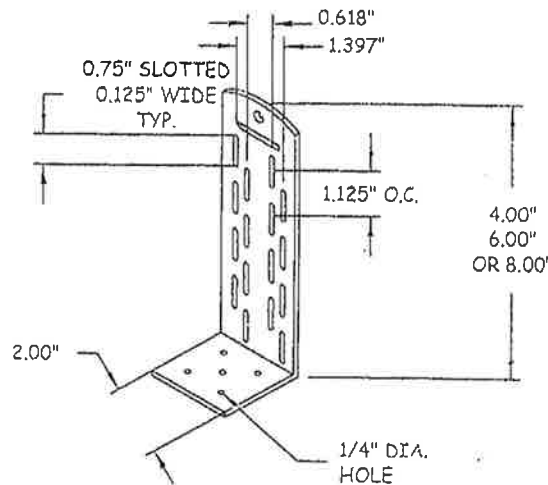
C
1
INSTALLATION DETAIL
STEEL SUBSTRATE



D
1
INSTALLATION DETAIL
ALUMINUM SUBSTRATE



1\"/>



2\"/>

BMP INTERNATIONAL, INC.

BMP INTERNATIONAL, INC.
4710 28TH STREET N.
ST. PETERSBURG, FL 33714
PH: 727.468.0544

TITLE:
A/C HOLD DOWN CLIP
INSTALLATION &
GENERAL NOTES

PREPARED BY:
CERTWORKS, LLC
127 W. FAIRBANKS AVE., STE. 438
WINTER PARK, FL 32789
PH: (407) 444-4337 FX: (407) 444-2166

REVISIONS

NO.	DESCRIPTION	BY	DATE



DATE:	06.30.10
DWN BY:	JLA
CHK BY:	KSD
SCALE:	NTS

DWG #:
BMP003
SHEET: 1 OF 2

WO	11647	City of Belle Isle	2424 Hoffner Avenue, Belle Isle	0115.1000014.0001	2011-06-069	FL	2424 Hoffner Avenue, Belle Isle,	06/23/2011	Electrical Rough Inspection	David Benoit	Joe Hurst
Task Name											
Task Status											
See Scope											
Fall											
WO	52517	City of Belle Isle	2424 Hoffner Avenue ~ COBI	0115.1500164.0000	2015-03-022	FL	COBI, Belle Isle, Orange County,	06/16/2015	Drywall nailing inspection	William Moody	Mark McCarty
Task Name											
Task Status											
See Scope											
Fall											
WO	11319	City of Belle Isle	2424 Hoffner Avenue, Belle Isle	0115.1000014.0001	2010-07-025	FL	2424 Hoffner Avenue, Belle Isle,	06/13/2011	lath	David Benoit	Joe Hurst
Task Name											
Task Status											
See Scope											
Pass											
WO	11320	City of Belle Isle	2424 Hoffner Avenue, Belle Isle	0115.1000014.0001	2010-08-042	FL	2424 Hoffner Avenue, Belle Isle,	06/13/2011	rough plumbing	David Benoit	Joe Hurst
Task Name											
Task Status											
See Scope											
Pass											
WO	11263	City of Belle Isle	2424 Hoffner Avenue, Belle Isle	0115.1000014.0001	2010-07-025	FL	2424 Hoffner Avenue, Belle Isle,	06/10/2011	lath	Les Rutherford	Joe Hurst
Task Name											
Task Status											
See Scope											
Pass											
WO	11264	City of Belle Isle	2424 Hoffner Avenue, Belle Isle	0115.1000014.0001	2010-08-042	FL	2424 Hoffner Avenue, Belle Isle,	06/10/2011	plumbing Rough	Les Rutherford	Joe Hurst
Task Name											
Task Status											
See Scope											
Fall											
WO	11265	City of Belle Isle	2424 Hoffner Avenue, Belle Isle	0115.1000014.0001	2011-01-045	FL	2424 Hoffner Avenue, Belle Isle,	06/10/2011	mechanical Rough	Les Rutherford	Joe Hurst
Task Name											
Task Status											
See Scope											
Pass											
WO	52114	City of Belle Isle	2424 Hoffner Avenue ~ COBI	0115.1500164.0000	2015-03-022	FL	COBI, Belle Isle, Orange County,	06/08/2015	Insulation inspection	Luis Colon	Mark McCarty
Task Name											
Task Status											
See Scope											
Pass											
WO	51860	City of Belle Isle	2424 Hoffner Avenue ~ COBI	0115.1500164.0000	2015-03-022	FL	COBI, Belle Isle, Orange County,	06/02/2015	Framing inspection	William Moody	Mark McCarty
Task Name											
Task Status											
See Scope											
Pass											
WO	10981	City of Belle Isle	2424 Hoffner Avenue, Belle Isle	0115.1000014.0001	2010-07-025	FL	2424 Hoffner Avenue, Belle Isle,	06/07/2011	Roof Underlayment	Les Rutherford	Joe Hurst