



# 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 CITY OF BELLE ISLE, FLORIDA.

**Scope of Work:** ROOF: re-roof 5000 sq ft of asphalt shingles

**Comments:** None

**Project Information**

Address: 2845 Montmart Drive, Belle Isle, FL 328098  
 Parcel ID: 18-23-30-4391-04-350  
 Property Owner: Judski, Wanda  
 Phone Number: none  
 \*\*\*\*\*  
 Company Name: .All Ways Roofing LLC  
 Contractor Name: Sandargas, John  
 License Number: CCC1327062  
 Address: 9449 CR 561, Clermont, FL 34711  
 Phone Number: 407 925 6193

**Permit Number: 2015-08-039**

Date of Application: **08/18/2015**  
 Date Permit Issued: **08/20/2015**

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

### BUILDING FEATURES

**IMPACT FEES**

School \$  
 Traffic \$

**ZONING FEES**

Zoning Fee \$30.00

**UNIVERSAL ENG - BUILDING FEES**

Cert of Occ \$  
 Demo \$  
 Building \$  
 Fence \$  
 Driveway \$  
 Shed \$  
 Window(s) \$  
 Door(s) \$  
 PrePower \$  
 Electrical \$  
 Temp Pole \$  
 Plumbing \$  
 Mechanical \$  
 Gas \$  
 Roofing \$95.00  
 Boat Dock \$  
 Screen Encl \$  
 Swimming Pool \$  
 Sign \$

**SURCHARGE FEES**

Surcharge Fee \$2.00  
 Surcharge Fee \$2.00

**TOTAL FEES \$129.00**

Date Paid 8-20-15  
 CC or Check # VISA 8331  
 Amount Paid 129.00

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

**BUILDING INSPECTOR USE ONLY**

IF APPLICABLE:

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

**BUILDING**

1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)  
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_  
 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)

**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 \_\_\_\_\_

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

1<sup>ST</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)  
 3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

**CHECK APPROPRIATE BOX**

GAS  Natural  LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto: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/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com)

password = universal13

PROJECT NUMBER 015.150117.0006

TASK NUMBER 01

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2015-08-039
Property Owner	Judski, wanda
Address	2845 Mantmart Dr.
Nature of Improvement	Re-rod SWW sq ft.
Received Application	8-18-15
Sent for Stormwater Review	
Stormwater Approved	/
Sent for Zoning Review	
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	
Building Official Approved	ca 8-20-15
Comments	
1. Susan 8-19-15	emailed app is incomplete. Need
2.	PA's & install instructions, WCL, GL, NOC
3.	& total value - not just labor
4.	WCL ✓ NOC ✓ FL ✓
5.	need <u>GL</u> & <del>LTR</del> ✓
6.	get it ✓
7. Susan 8-20-15	Sent email it's ready
8.	
9.	
10.	
11.	
12.	



# 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)

## 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.

RECEIVED  
AUG 18 2015

DATE OF APPLICATION: 8/17/15

ROOF PERMIT NUMBER 201508-039

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

Project Address 2845 MONTMART DRIVE, Belle Isle, FL  32809  32812

Property Owner WANDA C. JUDSKI Phone \_\_\_\_\_

Property Owner's Mailing Address 2845 MONTMART DR. city BELLE ISLE

State FL Zip Code 32812 Parcel Id Number: 18-23-30-4391-04-350

REQUIRED! To obtain this information, please visit <http://www.ocpefl.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](http://www.floridabuilding.org) showing the Code Version
- REQUIRED! Florida Product Approval Installation Instructions from [www.floridabuilding.org](http://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: 50sq Number of Stories: 1 Job Valuation: \$ 4,800 LABOR ONLY  
Type: Asphalt Shingles  Metal  Modified Bitumen  Other: \_\_\_\_\_

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances. By signing below, I recognize Republic Services is by legal contract the sole authorized provider of garbage, recycling, yard waste, and commercial garbage and construction debris collection and disposal services with the city limits of the City. Contractors, homeowners and commercial businesses may contact Republic Services at 407-293-8000 to setup accounts for Commercial, Construction Roll Off, or other services needed. Rates are fixed by contract and are available at City Hall or from Republic Services. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CCC1327062  
LICENSE HOLDER NAME JOHN SANDARGAS COMPANY NAME ALL WAYS ROOFING LLC  
Street Address 9449 C.R. 561  
City Clermont State FL Zip Code 34711 Phone Number (407) 925-6193  
Email Address JSANDARGAS@HOTMAIL.COM

Building Official: [Signature] Date 8-20-15  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-20-15

Zoning Fee	\$ <u>30<sup>00</sup></u>
Permit Fee	\$ <u>95<sup>00</sup></u>
Review Fee	\$ <u>n/a</u>
3% Florida Surcharge	\$ <u>4<sup>00</sup></u>
Total Permit Fee	\$ <u>129<sup>00</sup></u>

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

Permit Number: \_\_\_\_\_  
 Folio/Parcel ID #: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_  
 \_\_\_\_\_  
 Return to: \_\_\_\_\_  
 \_\_\_\_\_

DOCH 20150427749 B: 10968 P: 1502  
 08/14/2015 01:40:22 PM Page 1 of 1  
 Rec Fee: \$10.00  
 Martha O. Haynie, Comptroller  
 Orange County, FL  
 MB - Ret To: ALL WAYS ROOFING LLC



**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)  
2845 Montmart Drive Bella Isle FL 32812
2. **General description of improvement**  
PERMITS
3. **Owner information or Lessee information** if the Lessee contracted for the improvement  
 X Name WANDA S JUDSKI  
 Address 2845 MONTMART DRIVE BELLA ISLE FL 32812  
 Interest in Property OWNER  
**Name and address of fee simple titleholder** (if different from Owner listed above)  
 Name N/A  
 Address \_\_\_\_\_
4. **Contractor**  
 Name ALL WAYS ROOFING LLC Telephone Number 407 925 6193  
 Address 9449 CR 561 CLERMONT FL 34711
5. **Surety** (if applicable, a copy of the payment bond is attached)  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
 Name N/A 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 N/A Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lien Notice as provided in §713.13(1)(b), Florida Statutes.**  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
9. **Expiration date of notice of commencement** (the expiration date 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.**

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager: [Signature]  
 Signatory's Title/Office: \_\_\_\_\_

The foregoing instrument was acknowledged before me this 10 day of 8 2015 by Wanda Judski  
 as \_\_\_\_\_ for \_\_\_\_\_  
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]  
 Signature of Notary Public - State of Florida

Print, type, or stamp commissioned name of Notary Public

Personally Known  OR Produced ID \_\_\_\_\_  
 Type of ID Produced \_\_\_\_\_

**JOHN A. SANDARGAS**  
 MY COMMISSION # FF 019934  
 EXPIRES: August 25, 2017  
 Bonded Thru Budget Notary Services





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



**Product Approval Form**

DATE: 8/19/15

PERMIT # 2015-08-039

PROJECT ADDRESS 2845 MONTMART DR., Belle Isle, FL 32809 ✓ 32812

As required by Florida Statue 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](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 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>				<b>WALL PANELS</b>			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
<b>WINDOWS</b>				<b>ROOFING PRODUCTS</b>			
Single/Dbi Hung				Asphalt Shingles	OWENS CORNING	DAY-ROBE	101674.1
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Underlayment	Atlas		FL 16226
Skylights				Other	gunkagrad		
Other							
<b>STRUCTURAL COMPONENTS</b>				<b>OTHER</b>			
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: [Signature]

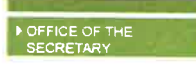
Date: 8/19/15



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<p>FL #</p> <p>Application Type</p> <p>Code Version</p> <p>Application Status</p> <p>Comments</p> <p>Archived</p> <p>Product Manufacturer</p> <p>Address/Phone/Email</p> <p>Authorized Signature</p> <p>Technical Representative</p> <p>Address/Phone/Email</p> <p>Quality Assurance Representative</p> <p>Address/Phone/Email</p> <p>Category</p> <p>Subcategory</p> <p>Compliance Method</p> <p>Florida Engineer or Architect Name who developed the Evaluation Report</p> <p>Florida License</p> <p>Quality Assurance Entity</p> <p>Quality Assurance Contract Expiration Date</p> <p>Validated By</p> <p>Certificate of Independence</p> <p>Referenced Standard and Year (of Standard)</p> <p>Equivalence of Product Standards</p>	<p>FL10674-R10</p> <p>Revision <input checked="" type="checkbox"/></p> <p>2014 <input checked="" type="checkbox"/></p> <p>Approved</p> <p></p> <p>Owens Corning</p> <p>One Owens Corning Parkway Toledo, OH 43659 (740) 404-7829 greg.keeler@owenscorning.com</p> <p>Greg Keeler greg.keeler@owenscorning.com</p> <p>Mel Sancrant</p> <p>1 Owens Corning PKWY Toledo, OH 43659 (419) 376-8360 mel.sancrant@owenscornig.com</p> <p></p> <p>Roofing</p> <p>Asphalt Shingles</p> <p>Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer</p> <p><input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received</p> <p>Robert J.M. Nieminen</p> <p>PE-59166</p> <p>UL LLC</p> <p>08/20/2017</p> <p>John W. Knezevich, PE</p> <p><input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received</p> <p><a href="#">FL10674_R10_COI_2015_01_COI_Nieminen.pdf</a></p> <table border="0"> <thead> <tr> <th><b>Standard</b></th> <th><b>Year</b></th> </tr> </thead> <tbody> <tr> <td>ASTM D3161</td> <td>2009</td> </tr> <tr> <td>ASTM D3462</td> <td>2009</td> </tr> <tr> <td>ASTM D7158</td> <td>2008</td> </tr> </tbody> </table>	<b>Standard</b>	<b>Year</b>	ASTM D3161	2009	ASTM D3462	2009	ASTM D7158	2008
<b>Standard</b>	<b>Year</b>								
ASTM D3161	2009								
ASTM D3462	2009								
ASTM D7158	2008								

Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 04/22/2015  
 Date Validated 04/23/2015  
 Date Pending FBC Approval 04/25/2015  
 Date Approved 06/23/2015

Summary of Products		
FL #	Model, Number or Name	Description
10674.1	Owens Corning Asphalt Roofing Shingles and Starters	3-tab, 4-tab, 5-tab, laminated, starter and hip & ridge 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.		<b>Installation Instructions</b> <a href="#">FL10674 R10 II 2015 04 FINAL ER OC ASPHALT SHINGLES FL10674-R10.pdf</a> Verified By: Robert J. M. Nieminen PE - 59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL10674 R10 AE 2015 04 FINAL ER OC ASPHALT SHINGLES FL10674-R10.pdf</a> Created by Independent Third Party: Yes

[Back](#) [Next](#)

Contact Us :: [1940 North Monroe Street, Tallahassee FL 32399](#) Phone: 850-487-1824

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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, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395.  
 \*Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click [here](#).

Product Approval Accepts:





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

**EVALUATION REPORT**

**Owens Corning**  
 One Owens Corning Parkway  
 Toledo, OH 43659

**Evaluation Report O37940.02.12-R5**  
**FL10674-R10**  
**Date of Issuance: 02/06/2012**  
**Revision 5: 04/22/2015**

**SCOPE:**

This Evaluation Report is issued under Rule 61G20-3 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 evaluated for compliance with the 5<sup>th</sup> Edition (2014) Florida Building Code sections noted herein.

**DESCRIPTION: Owens Corning Asphalt Roof Shingles**

**LABELING:** Labeling shall be in accordance with the requirements the Accredited Quality Assurance Agency noted herein.

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

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

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

This Evaluation Report consists of pages 1 through 6.

**Prepared by:**



**Robert J.M. Nieminen, P.E.**

Florida Registration No. 59166, Florida DCA ANE1983

The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 04/22/2015. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client

**CERTIFICATION OF INDEPENDENCE:**

1. Trinity|ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
2. Trinity|ERD is not owned, operated or controlled by any company manufacturing or distributing products it evaluates.
3. Robert Nieminen, P.E. does not have nor will acquire, a financial interest in any company manufacturing or distributing products for which the evaluation reports are being issued.
4. Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.
5. This is a building code evaluation. Neither Trinity|ERD nor Robert Nieminen, P.E. are, in any way, the Designer of Record for any project on which this Evaluation Report, or previous versions thereof, is/was used for permitting or design guidance unless retained specifically for that purpose.

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

**Product Category:** Roofing  
**Sub-Category:** Asphalt Shingles

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

**2. STANDARDS:**

<u>Section</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
1507.2.5, R905.2.4	Physical Properties	ASTM D3462	2009
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D3161	2009
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D7158	2008

**3. REFERENCES:**

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
UL LLC (CER9626)	Physicals & Wind Resistance	File R2453, Vol. 3	02/15/2007
UL LLC (CER9626)	Physicals & Wind Resistance	20120516-R2453	05/16/2012
UL LLC (TST9628)	Physical Properties	06CA20263	04/18/2006
UL LLC (TST9628)	Wind Resistance	11CA34308	02/18/2012
UL LLC (TST9628)	Physicals & Wind Resistance	4786093137	02/01/2014
UL LLC (TST9628)	Wind Resistance	4786126532	02/10/2014
UL LLC (TST9628)	Physical Properties	Classification letter	02/13/2014
Miami-Dade (CER1592)	FBC HVHZ Compliance	Various NOAs	Various
UL LLC (QUA9625)	Quality Control	Service Confirmation, R2453	Exp. 08/20/2017

**4. PRODUCT DESCRIPTION:**

- 4.1 Asphalt Shingles:
  - 4.1.1 Classic<sup>®</sup> and Supreme<sup>®</sup> are fiberglass reinforced, 3-tab asphalt roof shingles.
  - 4.1.2 Berkshire<sup>®</sup> are fiberglass reinforced, 4-tab asphalt roof shingles.
  - 4.1.3 Devonshire<sup>™</sup> are fiberglass reinforced, 5-tab asphalt roof shingles.
  - 4.1.4 Duration<sup>®</sup>, TruDefinition<sup>®</sup> Duration<sup>®</sup>, Duration<sup>®</sup> Premium Cool, TruDefinition<sup>®</sup> Duration<sup>®</sup> Designer Color Collection, TruDefinition<sup>®</sup> Oakridge<sup>®</sup>, Oakridge<sup>®</sup> and WeatherGuard<sup>®</sup> HP are fiberglass reinforced, laminated asphalt roof shingles.
- 4.2 Berkshire<sup>®</sup> Hip & Ridge Shingles, High Ridge, Hip & Ridge with Sealant, WeatherGuard<sup>®</sup> HP Hip & Ridge Shingles, ProEdge Hip & Ridge Shingles and DuraRidge<sup>™</sup> Hip & Ridge Shingles are fiberglass reinforced, hip and ridge asphalt roof shingles.
- 4.3 Starter Strip Plus and Starter Shingle Roll are starter strips for asphalt roof shingles.

**5. LIMITATIONS:**

- 5.1 This is a building code evaluation. Neither Trinity|ERD nor Robert Nieminen, P.E. are, in any way, the Designer of Record for any project on which this Evaluation Report, or previous versions thereof, is/was used for permitting or design guidance unless retained specifically for that purpose.
- 5.2 This Evaluation Report is not for use in the HVHZ.
- 5.3 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.
- 5.4 Wind Classification:
  - 5.4.1 All Owens Corning shingles noted herein are Classified in accordance with FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F and/or ASTM D7158, Class H, indicating the shingles are acceptable for use in all wind zones up to  $V_{asd} = 150$  mph ( $V_{ult} = 194$  mph). Refer to Section 6 for installation requirements to meet this wind rating.
  - 5.4.2 All Owens Corning hip & ridge shingles and Starter Strip Plus noted herein are Classified in accordance with FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F, indicating the shingles are acceptable for use in all wind zones up to  $V_{asd} = 150$  mph ( $V_{ult} = 194$  mph). Refer to Section 6 for installation requirements to meet this wind rating.

- 5.4.3 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.
- 5.4.4 Refer to Owens Corning published information on wind resistance and installation limitations.
- 5.5 All products in the roof assembly shall have quality assurance audit in accordance with the Florida Building Code and F.A.C. Rule 61G20-3.

**6. INSTALLATION:**

**6.1 Underlayment:**

- 6.1.1 Underlayment shall be acceptable to Owens Corning and shall hold current Florida Statewide Product Approval, or be Locally Approved per Rule 61G20-3, per FBC Sections 1507.2.3, 1507.2.4 or R905.2.3.

**6.2 Asphalt Shingles:**

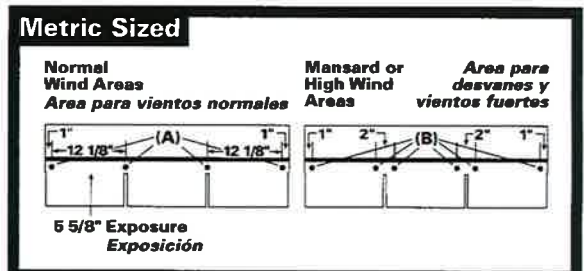
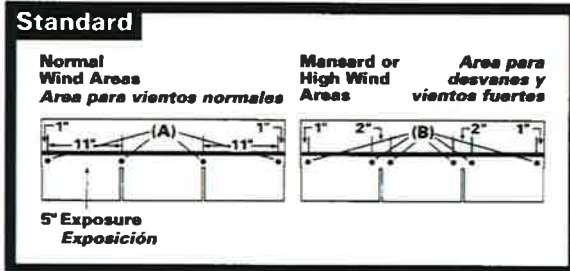
- 6.2.1 Installation of asphalt shingles shall comply with the manufacturer's current published instructions, using minimum four (4) nails per shingle in accordance with FBC Sections 1507.2 or R905.2, with the following exceptions:
  - Berkshire® shingles require minimum five (5) nails per shingle.
  - WeatherGuard® HP shingles require minimum six (6) nails per shingle.
  - Devonshire™ shingles require minimum six (6) nails per shingle.
  - Starter Strip Plus requires minimum five (5) nails per strip.

Refer to Owens Corning published information on wind resistance and installation limitations.

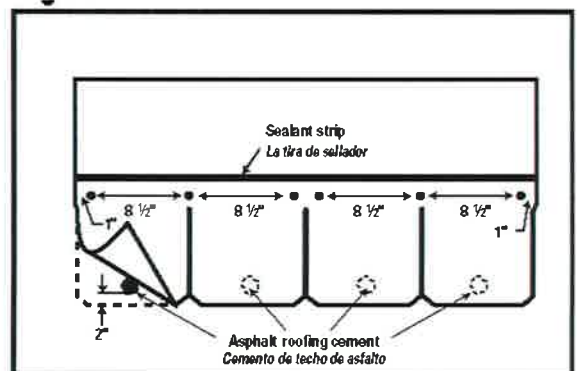
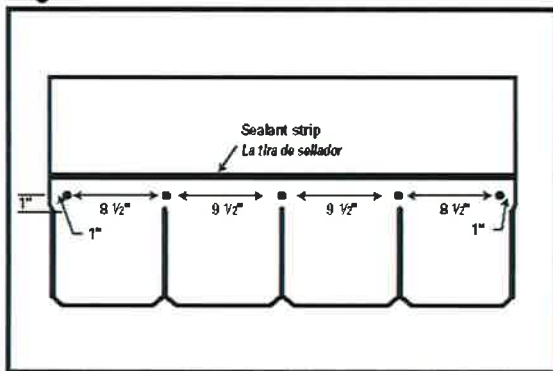
- 6.2.2 Fasteners shall be in accordance with the manufacturer's published requirements, but not less than FBC 1507.2.6 or R905.2.5. Staples are not permitted.

- 6.2.4 Where the roof slope exceeds 21 units vertical in 12 units horizontal, special methods of fastening are required. Contact the shingle manufacturer for details.

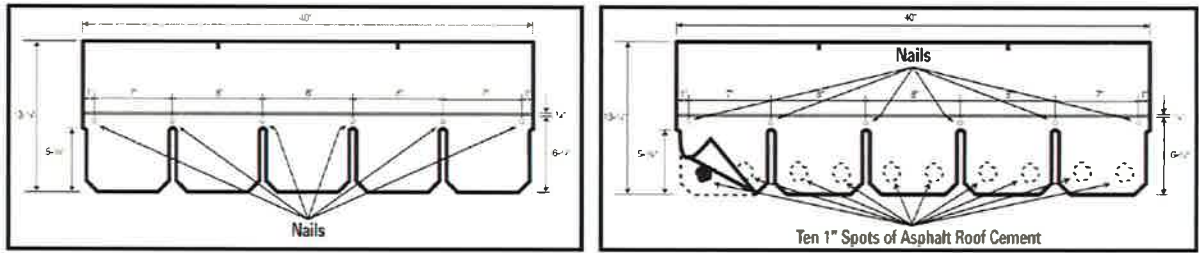
- 6.2.5 Minimum Nailing – Classic® & Supreme:



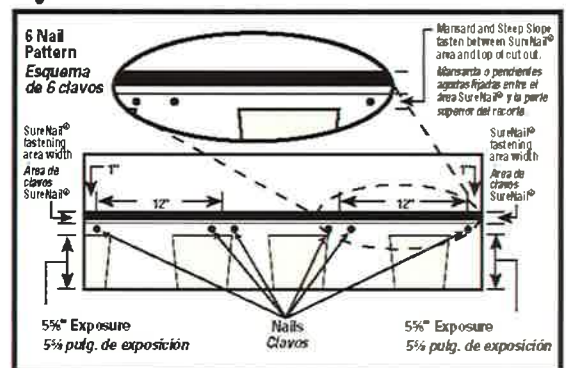
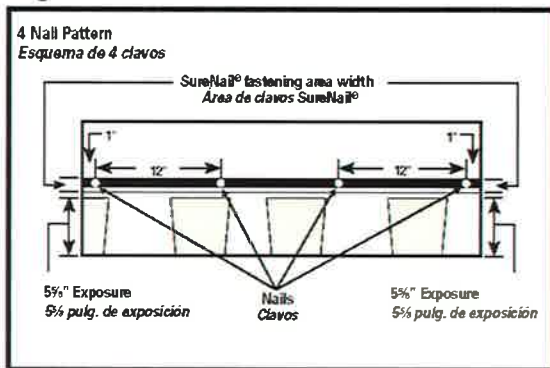
- 6.2.6 Minimum Nailing – Berkshire®:



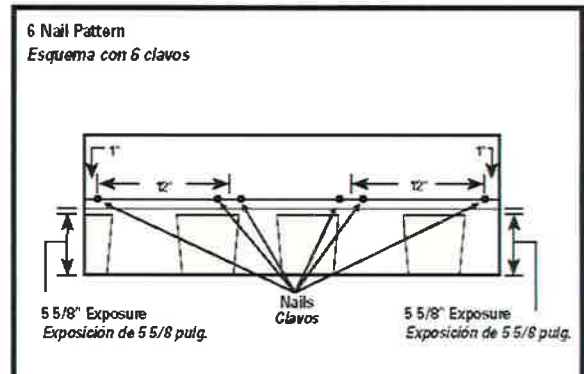
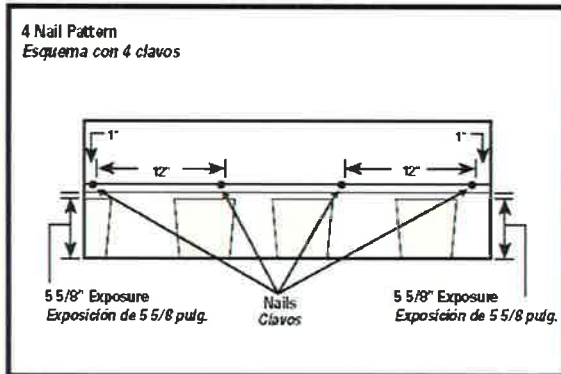
6.2.7 Minimum Nailing – Devonshire™:



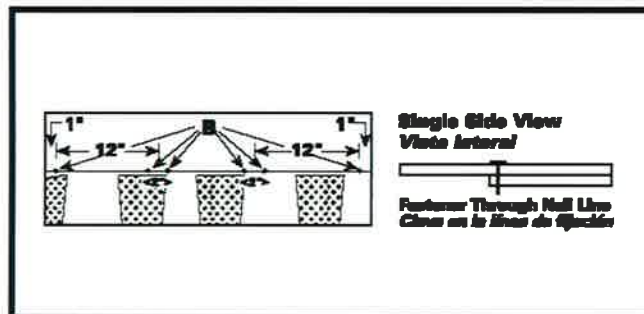
6.2.8 Minimum Nailing – Duration®, TruDefinition® Duration, Duration® Premium Cool & TruDefinition® Duration® Designer Color Collection:



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



6.2.10 Minimum Nailing – WeatherGuard® HP:

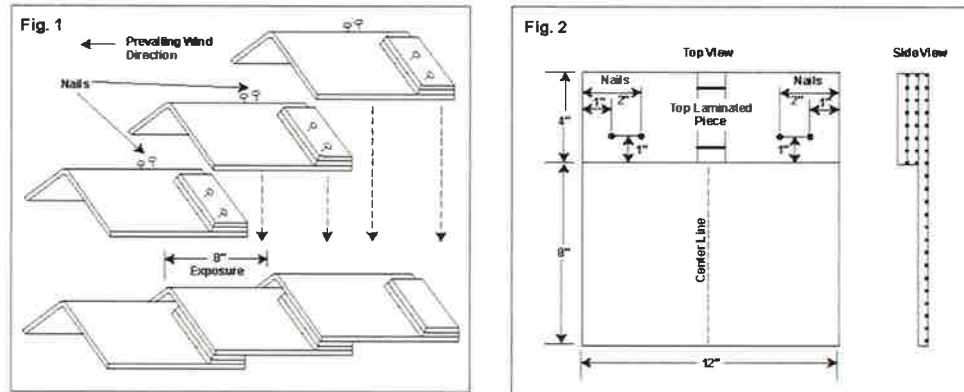


**6.3 Hip & Ridge Shingles:**

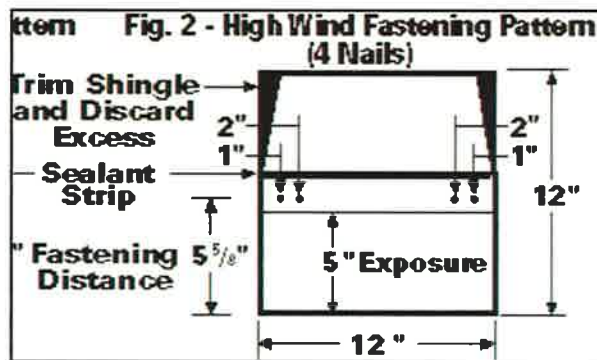
6.3.1 Installation of Berkshire<sup>®</sup> Hip and Ridge Shingles, High Ridge, Hip & Ridge with Sealant, WeatherGuard<sup>®</sup> HP Hip and Ridge Shingles and ProEdge Hip & Ridge Shingles shall comply with the manufacturer's current published instructions, using four (4) nails per shingle. Installation of DuraRidge<sup>™</sup> Hip & Ridge Shingles shall comply with the manufacturer's current published instructions, using two (2) nails per shingle. Refer to Owens Corning published information on wind resistance and installation limitations, including the use of hand-sealing for wind warranties.

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

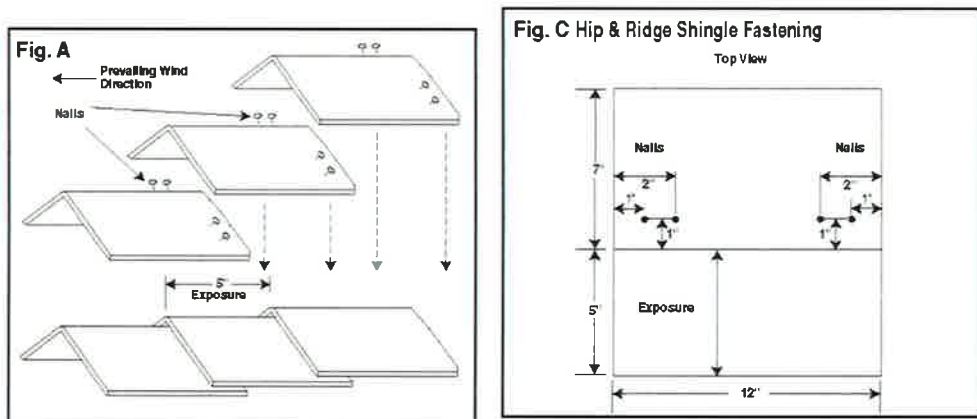
6.3.3 Minimum Nailing – Berkshire<sup>®</sup> Hip & Ridge and High Ridge:



6.3.4 Minimum Nailing – Hip & Ridge with Sealant:



6.3.5 Minimum Nailing – WeatherGuard<sup>®</sup> HP Hip and Ridge:

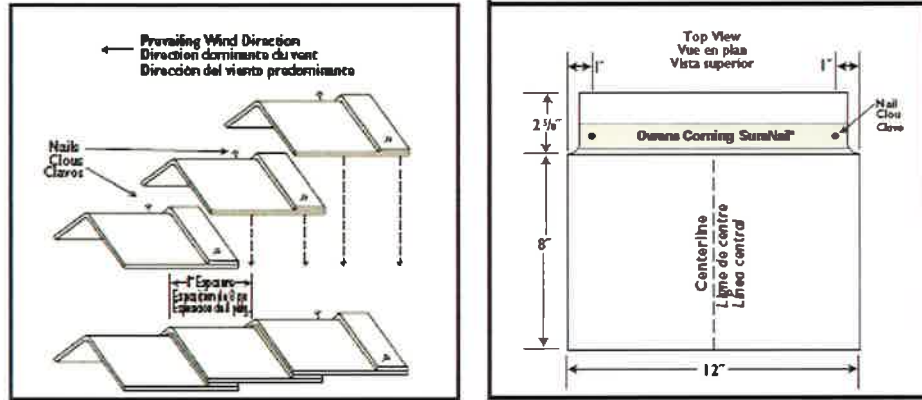


6.3.6 Minimum Nailing – ProEdge Hip & Ridge Shingles:



6.3.7 Minimum Nailing – DuraRidge™ Hip & Ridge Shingles:

Note: The drawings below pertain to minimum, as-tested attachment requirements. Refer to Owens Corning published installation instructions for their minimum requirements.



7. LABELING:

- 7.1 Labeling shall be in accordance with the requirements the Accredited Quality Assurance Agency noted herein.
- 7.2 Asphalt shingle wrappers shall indicate compliance with one of the required classifications detailed in FBC Table 1507.2.7.1 / R905.2.6.1.

8. BUILDING PERMIT REQUIREMENTS:

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

9. MANUFACTURING PLANTS:

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

10. QUALITY ASSURANCE ENTITY:

UL LLC– QUA9625 ; (414) 248-6409; [karen.buchmann@ul.com](mailto:karen.buchmann@ul.com)

- END OF EVALUATION REPORT -



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**Product Approval**  
USER: Public User

License efficiently. Regulate fairly.

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



FL #	FL16226-R2
Application Type	Revision
Code Version	2014
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	Atlas Roofing Corporation
Address/Phone/Email	2000 RiverEdge Parkway Suite 800 Atlanta, GA 30328 (770) 946-4571 mcollins@atlasroofing.com
Authorized Signature	Meldrin Collins mcollins@atlasroofing.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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received
Certificate of Independence	<a href="#">FL16226_R2_COI_ATL13001.2_2014_FBC_Product_Evaluation_Report_FINAL.pdf</a>
Referenced Standard and Year (of Standard)	
Equivalence of Product Standards Certified By	
Sections from the Code	1507.2.3

1507.2.8  
 1507.3.3  
 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  
 1507.8.3.2  
 1507.9.3  
 1507.9.3.2  
 1507.9.5  
 1518.4

Product Approval Method                      Method 2 Option B

Date Submitted                                    04/19/2015

Date Validated                                    04/20/2015

Date Pending FBC Approval                    04/23/2015

Date Approved                                    06/22/2015

**Summary of Products**

FL #	Model, Number or Name	Description
16226.1	Gorilla Guard EverFelt Spec 30	ASTM D 6757 & ASTM D 226, Type II underlayment
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: See evaluation report for limits of use		<b>Installation Instructions</b> <a href="#">FL16226 R2 II ATL13001.2 2014 FBC Product Evaluation Report - FINAL.pdf</a> Verified By: Zachary R. Priest 74021 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL16226 R2 AE ATL13001.2 2014 FBC Product Evaluation Report - FINAL.pdf</a> Created by Independent Third Party: Yes
16226.2	SUMMIT & SUMMIT 60	Synthetic underlyaments for steep slope roofing
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: See evaluation report for limits of use.		<b>Installation Instructions</b> <a href="#">FL16226 R2 II ATL13001.2 2014 FBC Product Evaluation Report - FINAL.pdf</a> Verified By: Zachary R. Priest 74021 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL16226 R2 AE ATL13001.2 2014 FBC Product Evaluation Report - FINAL.pdf</a> Created by Independent Third Party: Yes

Contact Us :: [1940 North Monroe Street, Tallahassee FL 32399](#) Phone: 850-487-1824

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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, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395.  
 \*Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click [here](#).

Product Approval Accepts:





**EVALUATION REPORT**

**2014 FLORIDA BUILDING CODE**

**Manufacturer:** Atlas Roofing Corporation  
 2000 Riveredge Parkway, Suite 800  
 Atlanta, GA 30328  
 (770) 612-6267  
<http://www.atlasroofing.com>  
*Issued March 30, 2015*

**Manufacturing Plants:** Meridian, MS  
 Calgary, Alberta Canada  
 Gujarat, India

**Quality Assurance:** UL LLC (QUA9625)

**SCOPE**

**Category:** Roofing  
**Subcategory:** Underlayments  
**Code Sections:** 1507.2.3, 1507.2.8, 1507.3.3, 1507.4.5.1, 1507.4.5.2, 1507.5.3, 1507.5.3.2, 1507.7.3, 1507.3.2, 1507.8.3, 1507.8.3.2, 1507.9.3, 1507.9.3.2, 1507.9.5, 1518.4  
**Properties:** Physical properties

**REFERENCES**

<u>Entity</u>	<u>Report No.</u>	<u>Standard</u>	<u>Year</u>
PRI Construction Materials Technologies (TST5878)	ATL-033-02-01	ASTM D 226	2006
PRI Construction Materials Technologies (TST5878)	ATL-101-02-01	ASTM D 6757	2007
		ASTM D 226	2006
		TAS 117(B)	1995
		ASTM D 1781	1998(2012)
PRI Construction Materials Technologies (TST5878)	ATL-134-02-01	ASTM D 6757	2007
		ASTM D 226	2006
		ASTM D 4869	2005e1

**PRODUCT DESCRIPTION AND APPLICATION**

**Gorilla Guard® EverFelt Spec 30** ASTM D 6757 and ASTM D 226, Type II mechanically fastened underlayment made from asphalt-saturated organic felt reinforced with glass fiber for steep slope roof applications. Rolls are a nominal 36-inch wide by 72-ft long. Unless otherwise noted, the following application details shall be followed for New and Existing construction.

**Deck:** In accordance with FBC requirements; New construction in the HVHZ shall be in. 19/32 in. plywood

**Min. slope:** 2:12 and in accordance with FBC requirements

**Attachment for 2:12 to 4:12:** Mechanically fasten to deck in accordance with Manufacturer's published application instructions and FBC requirements; Min. 19 in. head lap and 6 in. end lap.

**Attachment (HVHZ) for > 4:12:** Mechanically fasten to deck in accordance with Manufacturer's published application instructions and FBC (HVHZ) requirements; Min. 4 in. head lap and 6 in. end lap.

**Attachment (Non-HVHZ) > 4:12:** Mechanically fasten to deck in accordance with Manufacturer's published application instructions and FBC requirements; Min. 2 in. head lap and 4 in. end lap.



**Gorilla Guard® EverFelt Spec 30 - Continued** Allowable roof coverings: Asphalt shingles, metal roof panels and shingles, wood shakes and shingles, and slate shingles. Clay and concrete tiles are allowable when installed with ASTM D 6830, ASTM D 249 organic cap sheet, or other *approved* underlayments in accordance with FBC requirements.

**Summit®** ASTM D 226, Type II alternative underlayment made from inorganic, woven polypropylene fabric dual-coated with resin for steep slope roof applications. Rolls are a nominal 48-inch wide by 250-ft long. Unless otherwise noted, the following application details shall be followed for New and Existing construction.

Deck: In accordance with FBC requirements; New construction in the HVHZ shall be in. 19/32 in. plywood

Min. slope: 2:12 and in accordance with FBC requirements  
Attachment for 2:12 to 4:12: Mechanically fasten to deck in accordance with Manufacturer's published application instructions and FBC requirements; Min. 24 in. head lap and 12 in. end lap.

Attachment > 4:12: Mechanically fasten to deck in accordance with Manufacturer's published application instructions and FBC requirements; Min. 4 in. head lap and 12 in. end lap

Allowable roof coverings: Asphalt shingles, metal roof panels and shingles, wood shakes and shingles, and slate shingles.

**Summit® 60** ASTM D 6757, ASTM D 4869, Type II and ASTM D 226, Type II alternative underlayment made from inorganic polypropylene fabric with woven polymeric scrim for steep slope roof applications. Rolls are a nominal 48-inch wide by 250-ft long. Unless otherwise noted, the following application details shall be followed for New and Existing construction.

Deck: In accordance with FBC requirements; New construction in the HVHZ shall be in. 19/32 in. plywood

Min. slope: 2:12 and in accordance with FBC requirements  
Attachment for 2:12 to 4:12: Mechanically fasten to deck in accordance with Manufacturer's published application instructions and FBC requirements; Min. 24 in. head lap and 12 in. end lap.

Attachment > 4:12: Mechanically fasten to deck in accordance with Manufacturer's published application instructions and FBC requirements; Min. 4 in. head lap and 12 in. end lap

Allowable roof coverings: Asphalt shingles, metal roof panels and shingles, wood shakes and shingles, and slate shingles.



**LIMITATIONS**

- 1) Fire Classification is not within the scope of this evaluation.
- 2) Wind uplift resistance is not within scope of this evaluation.
- 3) 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.
- 4) 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.
- 5) The roof deck shall be constructed of closely fitted sheathing for new or existing construction. Roof deck shall be installed in accordance with FBC requirements.
- 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) Roof coverings shall not be adhered directly to the underlayment.
- 8) The underlayment may be used as described in other current FBC product approval documents.
- 9) The underlayment shall be exposed on the roof deck for a maximum 30 days unless otherwise stated.
- 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 herein 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.



*ZRP*

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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**

# CERTIFICATE OF LIABILITY INSURANCE

Date  
8/20/2015

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

**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	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																
		<b>GENERAL LIABILITY</b> <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 \$																
		<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/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2015	01/01/2016	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 75%;">WC Statutory Limits</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">OTH-ER</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>	<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	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: 81-65-982  
 Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":  
**All Ways 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 08-20-15 (MT)

**Begin Date 12/26/2012**

CERTIFICATE HOLDER	CANCELLATION
CITY OF BELLE ISLE  1600 NELA AVE. BELLE ISLES, 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.



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

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

(850) 487-1395

SANDARGAS, JOHN V  
ALL WAYS ROOFING LLC  
9449 COUNTY ROAD 561  
CLERMONT FL 34711-9119

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://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!

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

<b>LICENSE NUMBER</b>	
CCC1327062	

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

SANDARGAS, JOHN V  
ALL WAYS ROOFING LLC  
9449 COUNTY ROAD 561  
CLERMONT FL 34711-9119



**BOB McKEE**  
LAKE COUNTY TAX COLLECTOR

EMPLOYEES 3

**2014 / 2015**  
**LAKE COUNTY BUSINESS TAX RECEIPT**  
**STATE OF FLORIDA**

ACCT NO. 79138  
RECEIPT NO. 8760012102

**EXPIRES SEPTEMBER 30, 2015**

TYPE OF BUSINESS CONTRACTING

BUSINESS ALL WAYS ROOFING LLC  
9449 COUNTY ROAD 561

ALL WAYS ROOFING LLC  
9449 COUNTY ROAD 561  
CLERMONT, FL 34711

ORIGINAL TAX	30.00
PENALTY	0.00
TRANSFER FEE	0.00
AMOUNT PAID	30.00
TOTAL DUE	\$0.00

Receipt #2014-0002169  
Paid 07/02/2014 30.00



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CCC1327062 ISSUED: 09/02/2014

CERTIFIED ROOFING CONTRACTOR  
SANDARGAS, JOHN V  
ALL WAYS ROOFING LLC

IS CERTIFIED under the provisions of Ch.489 FS.  
Expiration date AUG 31, 2016 L1409020001505

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08-19-2015

<b>PRODUCER</b> <b>352-243-2020</b>  <b>McClung Insurance Agency, Inc.</b>  100-A North US Hwy 27 Minneola, FL 34715	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.												
<b>INSURED</b> All Ways Roofing LLC Attn: John Sandargas 9449 CR 561 Clermont, FL 34711	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Perferred Contractor Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Perferred Contractor Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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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	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  \$2,500 Deductible  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PC82533-03	03/13/2015	03/13/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000								
		<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>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">WC STATU-TORY LIMITS</th> <th style="width:50%;">OTH-ER</th> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
		<b>OTHER</b>												

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Commercial and Residential Roofing Contractor

<b>CERTIFICATE HOLDER</b>  City of Belle Isle, FL 1600 Nela Avenue Belle Isle, FL 32809 Fax: (407)581-0313 smanchester@universalengineering.com	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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.  AUTHORIZED REPRESENTATIVE Kevin L. McClung CFP, ChFC, LUTCF
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