



**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.

<p><b>Scope of Work:</b> ROOF: re-roof 2600 sf with modified bitumen</p> <p><b>Comments:</b> None</p> <p><b>Project Information</b>          Address: 5109 Pleasure Island Rd, Belle Isle, FL 32809          Parcel ID: 18-23-30-7166-00-010          Property Owner: Erwin, Joan          Phone Number: none          *****          Company Name: MJP Windows &amp; Construction Inc          Contractor Name: Penhaligon, Martin          License Number: CCC057886          Address: 208 Teakwood Ct, Lake Mary, FL 32746          Phone Number: 407 265 2215</p>	<p align="center"><b>Permit Number: 2017-04-026</b></p> <p align="right"><b>Date of Application: 04/06/2017</b>  <b>Date Permit Issued: 04/10/2017</b></p> <p><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.</p>
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**BUILDING FEATURES**

<p><b>IMPACT FEES</b></p> <p>Traffic \$          School \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$30.00</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Boat Dock \$          Boat House \$          Building \$          Demo \$          Door(s) \$          Driveway \$          Electrical \$          Fence \$          Gas \$          Irrigation \$          Low Voltage \$          Mechanical \$          Plumbing \$          Pool \$          Roofing \$150.00          Screen Encl \$          Shed \$          Temp Pole \$          Window(s) \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.25          Surcharge Fee \$2.25</p> <p align="center"><b>TOTAL FEES \$184.50</b></p> <p><b>Date Paid</b> 4-10-17  <b>CC or Check #</b> VISA 5988  <b>Amount Paid</b> 184.50</p> <p>The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).</p>	<p align="center"><b>BUILDING INSPECTOR USE ONLY</b></p> <p><b>IF APPLICABLE:</b>          Have Zoning Approval Conditions Been Met? YES NO    Have Stormwater Approval Conditions Been Met? YES NO    Silt fencing in place? YES NO    Turbidity Barrier in place? YES NO</p> <p><input type="checkbox"/> <b>BUILDING</b></p> <p>1<sup>st</sup> _____ (Footing/Foundation)  <b>Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</b></p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)</p> <p><input checked="" type="checkbox"/> <b>ROOFING</b>    <b>OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p><input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1<sup>ST</sup> _____ (Underground)    2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set)    4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> <b>GAS</b> ___ Natural ___ LP    <input type="checkbox"/> <b>MECHANICAL</b>    <input type="checkbox"/> <b>ELECTRICAL</b>    <input type="checkbox"/> <b>LOW VOLTAGE</b></p> <p>1<sup>st</sup> _____ (Rough-In)    2<sup>nd</sup> _____ (Final)</p>
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Inspection requests are to be emailed to [BD scheduling@UniversalEngineering.com](mailto:BD scheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 4pm.** Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.



### 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)

RECEIVED  
APR 10 2017  
RECEIVED  
APR 10 2017

### APPLICATION FOR ROOFING PERMIT

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: 4-6-17 ROOF PERMIT NUMBER 2017-04-026

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

Project Address 5109 PLEASURE ISLAND ROAD Belle Isle, FL  32809  32812

Property Owner Jean B. Erwin Phone \_\_\_\_\_

Property Owner's Mailing Address 116 Fernwood St City Orlando

State FL Zip Code 32806 Parcel Id Number: 18-23-30-7166-00-010

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

Class of Building: Old  New  Type of Building: Residential  Commercial  Other   
Type of Work: New Roof  ReRoof

- **REQUIRED!** Florida Product Approval Screen Printout from [www.floridabuilding.org](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: 26 Number of Stories: 1 Job Valuation: \$ 9800

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 Martin Penhaligon LICENSE # CCC057886  
LICENSE HOLDER NAME Martin Penhaligon COMPANY NAME MJP Windows + Const  
Street Address 208 Teakwood Ct  
City Lake Mary State FL Zip Code 32744 Phone Number 4072652215  
Email Address mypwin@cflrr.com

Building Official: ca Date 4-7-17  
Verified Contractor's Licenses & Insurance are on file (signature) Date 4-6-17

Zoning Fee	\$ <u>30.-</u>
Permit Fee	\$ <u>150.-</u>
Review Fee	\$ <u>0</u>
3% Florida Surcharge	\$ <u>4.50</u>
Total Permit Fee	\$ <u>184.50</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.

157 IK  
25x5  
125  
150.-

Permit Number: 2017-04-026  
Folio/Parcel Identification Number: 18-23-20-1166 0010  
Prepared by: Dorene Penhaligon

DOC# 20170187062  
04/06/2017 11:28:03 AM Page 1 of 1  
Rec Fee: \$10.00  
Phil Diamond, Comptroller  
Orange County, FL  
MB - Ret To: WJP WINDOWS CONST



Return to: 208 Teakwood Ct  
Lake Mary FL 32746

### 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.

- Description of property** (legal description of the property, and street address if available) Pleasure Island Replat 1st Add 20160 Lot 1 Orlando
- General description of improvement**  
re-roof
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Harold Joan Rhoads Erwin  
Address 5109 Pleasure Island Rd Orlando FL 32809  
Interest in Property owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name MJP Windows + Const Telephone Number 407 265 2215  
Address 208 Teakwood Ct Lake Mary FL 32746
- Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- 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 \_\_\_\_\_
- 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 \_\_\_\_\_
- 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) \_\_\_\_\_



State of Florida, County of Orange  
I hereby certify that this is a true copy of the document as reflected in the Official Records  
PHIL DIAMOND, COUNTY COMPTROLLER  
BY: McLellan D.C.  
DATED: 4-6-17

**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.**

Joan Rhoads Erwin  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager  
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 6 day of 4 month/year by Joan Rhoads Erwin name of person

as \_\_\_\_\_ for \_\_\_\_\_  
Type of authority, e.g., officer, trustee, attorney in fact

Janice L. Pouncey  
Signature of Notary Public - State of Florida

Name of party on behalf of whom instrument was executed  
JANICE L. POUNCEY  
NY COMMISSION # FF 186584  
Print, type or stamp commissioned name of Notary Public  
Bonds This Notary Carries

Personally Known OR Produced ID   
Type of ID Produced FD

Joan Erwin proper  
shared with two  
Rhoads brothers

**Certification of Trust for the  
Pleasure Island Trust  
dated March 15, 2012**

COPY

This Certification of Trust is signed by all the currently acting Trustees of the Pleasure Island Trust dated March 15, 2012, who declare as follows:

1. The Grantors of the trust are Joan Rhoads Erwin for forty percent (40%), Harold Spencer Rhoads for thirty percent (30%) and David William Rhoads for thirty percent (30%). The trust is revocable by the Grantors during their lifetimes.
2. The Trustee of the trust is Harold Spencer Rhoads.
3. The tax identification number of the trust is 45-6815069.
4. Title to assets held in the trust shall be titled as:  

Harold Spencer Rhoads, Trustee, or his successor in interest, of the Pleasure Island Trust dated March 15, 2012, and any amendments thereto.
5. Any alternative description shall be effective to title assets in the name of the trust or to designate the trust as a beneficiary if the description includes the name of at least one initial or successor trustee, any reference indicating that property is being held in a fiduciary capacity, and the date of the trust.
6. Excerpts from the trust agreement that establish the trust, designate the Trustee and set forth the powers of the Trustee will be provided upon request. The powers of the Trustees include the power to acquire, sell, assign, convey, pledge, encumber, lease, borrow, manage and deal with real and personal property interests.
7. In order to claim homestead exemption rights under Section 196.031, Florida Statutes, Grantor may use, possess, and occupy any real property that may be owned by the trust. Grantor's interest in any real property owned by the trust will be construed as "beneficial title in equity to real property" as set forth in Section 196.031(1), Florida Statutes, or any successor statute.
8. The terms of the trust agreement provide that a third party may rely upon this Certification of Trust as evidence of the existence of the trust and is specifically relieved of any obligation to inquire into the terms of this agreement or the authority of my Trustee, or to see to the application that my Trustee makes of funds or other property received by my Trustee.

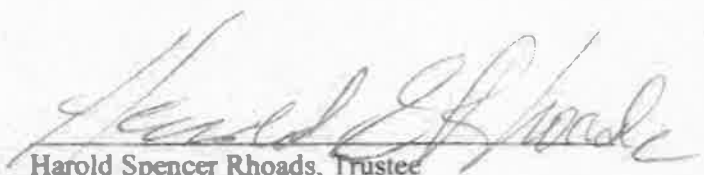
Certification of Trust for the Pleasure Island Trust

Page 1

BAILEY ZOBEL PILCHER PLC, 610 S. MAITLAND AVENUE, MAITLAND, FLORIDA 32751 | (407) 622-1900

9. The trust has not been revoked, modified or amended in any way that would cause the representations in this Certification of Trust to be incorrect.

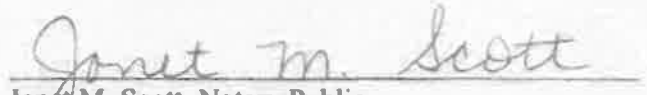
March 15, 2012

  
Harold Spencer Rhoads, Trustee

STATE OF FLORIDA                     )  
  ) ss.  
COUNTY OF ORANGE                )

The foregoing instrument was acknowledged before me this day, March 15, 2012, by Harold Spencer Rhoads, as Trustee, who has produced a North Carolina driver's license, as identification.



  
Janet M. Scott, Notary Public  
My commission expires: 10/5/2012



**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)

### Product Approval Form

DATE: 4-6-17

PERMIT # 2017-04-026

PROJECT ADDRESS 5109 Pleasure Island Rd, Belle Isle, FL  32809  32812

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72m, please provide the information and approval numbers of the building components listed below if they will be utilized on the building or structure. FL Approved products are listed online at [www.floridabuilding.org](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 showing PA#, approval and code edition stamped
3. Manufacturer's installation details and requirements for each product stamped

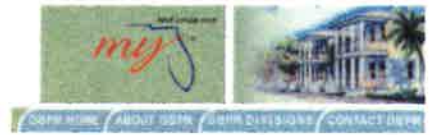
Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
<b>EXTERIOR DOORS</b>				<b>WALL PANELS</b>			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
<b>WINDOWS</b>				<b>ROOFING PRODUCTS</b>			
Single/Dbl Hung				Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other	<u>Certainteed</u>	<u>2533-R17</u>	
Skylights					<u>Black Diamond Base SNIIT</u>		
Other					<u>Flintlastic GTA FR</u>		
<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 Matt. Reel

Date 4-6-17

**RETAIN A COPY FOR OFFICE USE AND RETURN ORIGINAL TO APPLICANT**  
 Updated 12-2012 FORM #PRODAPP012



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Product Approval  
USER: Public User

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

License efficiently. Regulate fairly.

OFFICE OF THE SECRETARY

FL #	FL2533-R13
Application Type	Revision
Code Version	2014
Application Status	Approved



Comments  
Archived

Product Manufacturer	CertainTeed Corporation-Roofing
Address/Phone/Email	18 Moores Road Malvern, PA 19355 (610) 651-5847 mark.d.harner@saint-gobain.com

Authorized Signature	Mark Harner mark.d.harner@saint-gobain.com
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Technical Representative	Mark D. Harner
Address/Phone/Email	18 Moores Road Malvern, PA 19355 (610) 651-5847 Mark.D.Harner@saint-gobain.com

Quality Assurance Representative  
Address/Phone/Email

Category	Roofing
Subcategory	Modified Bitumen Roof System

Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer ✔ Evaluation Report - Hardcopy Received
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Florida Engineer or Architect Name who developed the Evaluation Report	Robert Nieminen
Florida License	PE-59166
Quality Assurance Entity	UL LLC
Quality Assurance Contract Expiration Date	07/03/2017
Validated By	John W. Knezevich, PE ✔ Validation Checklist - Hardcopy Received

Certificate of Independence [FL2533\\_R13\\_COI\\_2015\\_01\\_COI\\_Nieminen.pdf](#)

Referenced Standard and Year (of Standard)	<b>Standard</b>	<b>Year</b>
	ASTM D6162	2000
	ASTM D6163	2000
	ASTM D6164	2005
	ASTM D6222	2008
	ASTM D6509	2009
	FM 4470	1992
	FM 4474	2004

Equivalence of Product Standards

Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 03/16/2015  
 Date Validated 04/07/2015  
 Date Pending FBC Approval 04/11/2015  
 Date Approved 06/23/2015  
 Date Revised 08/25/2015

**Summary of Products**

FL #	Model, Number or Name	Description
2533.1	Flintlastic Modified Bitumen Roof Systems	Modified Bitumen Roof Systems
<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/-630 Other: 1.) Refer to ER Section 5 for Limits of Use. 2.) The design pressure noted in this application relates to one specific system. Refer to the ER Appendix for all systems and max design pressures.		<b>Installation Instructions</b> <a href="#">FL2533 R13 II 2015 03 FINAL2 A1 ER CERTAINTTEED MODBIT FL2533-R13.pdf</a> Verified By: Robert Nieminen, PE PE-59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL2533 R13 AE 2015 03 FINAL2 ER CERTAINTTEED MODBIT FL2533-R13.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:





APPENDIX 1: ATTACHMENT REQUIREMENTS FOR WIND UPLIFT RESISTANCE

Table	Deck	Application	Type	Description	Page
1A	Wood	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	5-6
1B	Wood	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	7
1C	Wood	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	8-9
1D	Wood	New, Reroof (Tear-Off) or Recover	D	Prelim. Attached Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	10-12
1E-1	Wood	New, Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	13-15
1E-2	Wood	New, Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	16-17
1F	Wood	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	17
2A	Steel or Conc.	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	18-20
2B	Steel or Conc.	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	21-25
2C	Steel or Conc.	New, Reroof (Tear-Off) or Recover	D	Prelim. Attached Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	26-28
3A	Concrete	New, Reroof (Tear-Off) or Recover	A-1	Bonded Insulation, Bonded Roof Cover	29-36
3B	Concrete	New or Reroof (Tear-Off)	A-3	Bonded Temp Roof/Vapor Barrier, Bonded Insulation, Bonded Roof Cover	37
3C	Concrete	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	37
4A	LWIC	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	38-39
4B	LWIC	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	40
4C	LWIC	New, Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	41-44
5A	CFW	New, Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	45
5B	CFW	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	46
5C	CFW	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	46
5D	CFW	New, Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	47
6A	Gypsum	Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	48-49
6B	Gypsum	Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	50
6C	Gypsum	Reroof (Tear-Off)	C	Mech. Attached Insulation, Bonded Roof Cover	50
6D	Gypsum	Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	51
7A	Various	Recover	A-1	Bonded Insulation, Bonded Roof Cover	52-58
7B	Various	Recover	F	Non-Insulated, Bonded Roof Cover	58

**The following notes apply to the systems outlined herein:**

- The roof system evaluation herein pertains to above-deck roof components. Roof decks shall be in accordance with FBC requirements to the satisfaction of the AHJ. Load resistance of the roof deck shall be documented through proper codified and/or FBC Approval documentation.
- Unless otherwise noted, fasteners and stress plates for insulation attachment shall be as follows: Fasteners shall be of sufficient length for the following engagements:
  - Wood Deck:
    - OMG #14 Roofgrip with Flat Bottom Plate (Accutracc), OMG HD with OMG 3 in. Galvalume Steel Plate, Dekfast #14 with Hex Plate or 3" Round Insulation Plate, Trufast HD with Trufast 3" Metal Insulation Plates or FlintFast #14 Fastener with FlintFast 3" Insulation Plates. Minimum 0.75-inch plywood penetration or minimum 1-inch wood plank embedment.
    - OMG #12 or #14 Roofgrip with Recessed or Flat Bottom Plate (Accutracc), OMG #12 Standard or HD with OMG 3 in. Galvalume Steel Plate, Dekfast #12 or #14 with Hex Plate or 3" Round Insulation Plate, Trufast DP or HD with Trufast 3" Metal Insulation Plates or FlintFast #12 or #14 Fastener with FlintFast 3" Insulation Plates. Minimum 0.75-inch steel penetration and engage the top flute of the steel deck.
  - Steel Deck:
    - OMG #14 Roofgrip with Recessed or Flat Bottom Plate (Accutracc), OMG HD or CD-10 with OMG 3 in. Galvalume Steel Plate, Dekfast #14 or DekSpike with Hex Plate or 3" Round Insulation Plate, Trufast HD or CF with Trufast 3" Metal Insulation Plates or FlintFast #14 Fastener with FlintFast 3" Insulation Plates. Minimum 1-inch embedment. Fasteners installed with a pilot hole in accordance with the fastener manufacturer's published installation instructions.
  - Concrete Deck:
    - OMG #14 Roofgrip with Recessed or Flat Bottom Plate (Accutracc), OMG HD or CD-10 with OMG 3 in. Galvalume Steel Plate, Dekfast #14 or DekSpike with Hex Plate or 3" Round Insulation Plate, Trufast HD or CF with Trufast 3" Metal Insulation Plates or FlintFast #14 Fastener with FlintFast 3" Insulation Plates. Minimum 1-inch embedment. Fasteners installed with a pilot hole in accordance with the fastener manufacturer's published installation instructions.

3. Unless otherwise noted, insulation may be any one layer or combination of polyisocyanurate, polystyrene, wood fiberboard, perlite, GlasRoc Roof Board or gypsum-based roof board that meets the QA requirements of F.A.C. Rule 61G20-3 and is documented as meeting FBC 1505.1 and, for foam plastic, FBC 2603.4.1 or 2603.8, when installed with the roof cover.
4. Minimum 200 psi, minimum 2-inch lightweight insulating concrete may be substituted for rigid insulation board for System Type D (mechanically attached base sheet, bonded roof cover), whereby the base sheet fasteners are installed through the LWIC to engage the structural steel or concrete deck. The structural deck shall be of equal or greater configuration to the steel and concrete deck listings.
5. Unless otherwise noted, insulation adhesive application rates are as follows. Ribbon or bead width is at the time of application; the ribbons/beads shall expand as noted in the manufacturer's published instructions.
  - Hot asphalt (HA):
  - Ashland Pliodeck (A-PD):
  - Dow Insta-Stik (D-IS):
  - Dow Spray-N-Grip (D-SG):
  - Millennium One Step Foamable Adhesive (M-OSFA):
  - Millennium PG-1 Pump Grade Adhesive (M-PG1):
  - OMG OlyBond 500 or OlyBond Green (OB500):
  - 3M CR-20:
  - Note: *When multiple layers(s) of insulation and/or coverboard are installed in ribbon-applied adhesive, adhesive ribbons shall be staggered from layer-to-layer a distance of one-half the ribbon spacing.*
  - Note: *The maximum edge distance from the adhesive ribbon to the edge of the insulation board shall be not less than one-half the specified ribbons spacing.*
6. Unless otherwise noted, all insulations are flat stock or taper board of the minimum thickness noted. Tapered polyisocyanurate at the following thickness limitations may be substituted with the following Maximum Design Pressure (MDP) limitations. In no case shall these values be used to 'increase' the MDP listings in the tables; rather if MDP listing below meets or exceeds that listed for a particular system in the tables, then the thinner board listed below may be used as a drop-in for the equivalent thicker material listed in the table:
 

<ul style="list-style-type: none"> <li>➤ Ashland Pliodeck (A-PD) @ 12-inch o.c.</li> <li>➤ Ashland Pliodeck (A-PD) @ 6-inch o.c.</li> <li>➤ Dow Insta-Stik (D-IS):</li> <li>➤ Millennium One Step Foamable Adhesive (M-OSFA):</li> <li>➤ Millennium PG-1 Pump Grade Adhesive (M-PG1):</li> <li>➤ OMG OlyBond 500 (OB500):</li> <li>➤ OMG OlyBond 500 (OB500):</li> <li>➤ OMG OlyBond 500 (OB500):</li> <li>➤ 3M CR-20:</li> </ul>	<ul style="list-style-type: none"> <li>MDP -105.0 psf (Min. 1.0-inch)</li> <li>MDP -277.5 psf (Min. 1.0-inch)</li> <li>MDP -120.0 psf (Min. 1.0-inch)</li> <li>MDP -157.5 psf (Min. 1.0-inch)</li> <li>MDP -157.5 psf (Min. 1.0-inch)</li> <li>MDP -45.0 psf (Min. 0.5-inch Multi-Max FA3)</li> <li>MDP -187.5 psf (Min. 0.5-inch ISO 95+ GL)</li> <li>MDP -315.0 psf (Min. 0.5-inch ENRGY 3)</li> <li>MDP -487.5 psf (Min. 0.5-inch AC Foam II)</li> <li>MDP -117.5 psf (Min. 1.0-inch)</li> </ul>
---	---
7. Bonded polyisocyanurate insulation boards shall be maximum 4 x 4 ft.
8. For mechanically attached components or partially bonded insulation, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16, and Zones 2 and 3 shall employ an attachment density designed by a qualified design professional to resist the elevated pressure criteria. Commonly used methods are RAS 117 and FM LPDS 1-29. Assemblies marked with an asterisk\* carry the limitations set forth in Section 2.2.1.5.1(a) of FM LPDS 1-29 for Zone 2/3 enhancements.
9. For fully bonded assemblies, the maximum design pressure for the selected assembly shall meet or exceed critical design pressure determined in accordance with FBC Chapter 16, and no rational analysis is permitted.
10. For mechanically attached components over existing decks, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison to the minimum requirements for the system. Testing and analysis shall be in accordance with TAS 105 or ANSI/SPRI FX-1.



11. For existing substrates in a bonded recover or re-roof installation, the existing roof surface or existing roof deck shall be examined for compatibility and bond performance with the selected adhesive, and the existing roof system (for recover) shall be capable of resisting project design pressures on its own merit to the satisfaction of the AHJ, as documented through field uplift testing in accordance with ASTM E907, FM LPDS 1-52, ANSI/SPRI IA-1 or TAS 124.

12. For Recover Applications using System Type D, the insulation is optional; however, the existing roof system shall be suitable for a recover application.  
 13. Unless otherwise noted, refer to the following references for bonded base, ply or cap sheet applications.

CERTAINTED FLINTLASTIC® MODIFIED BITUMEN COMPONENTS & APPLICATION METHODS			
Reference	Layer	Material	Application
BP-AA (Base and Ply sheets, Asphalt-Applied)	Base	Glasbase; All Weather/Empire Base; Flexiglas Base; Flintlastic Base 20	Hot asphalt at 20-40 lbs/square
	Ply	Flintglas Ply Sheet Type IV; Flintglas Premium Ply Sheet Type VI	
BP-AA2 (Base, Spot-Asphalt-Applied)	Base	Yosemite Venting Base	Hot asphalt in 24-inch diameter spots in 30-inch grid pattern
BP-AA3 (Base, Spot-Asphalt-Applied)	Base	Yosemite Venting Base	Hot asphalt in 9-inch diameter spots in grid pattern noted herein.
BP-AA4 (Base, Strip-Asphalt-Applied)	Base	Yosemite Venting Base	Hot asphalt in 9-inch wide ribbons spaced as noted herein.
BP-CA2	Base/Ply	Glasbase; All Weather/Empire Base; Flexiglas Base; Flintlastic Base 20	Henry #903 Adhesive at 1.5 gal/square
BP-CA3	Base/Ply	Glasbase; All Weather/Empire Base; Flexiglas Base; Flintlastic Base 20	Millennium Hurricane Force Membrane Adhesive, beads spaced 6-inch o.c.
SBS-AA (SBS, Asphalt-Applied)	Base	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	Hot asphalt at 20-40 lbs/square
	Ply	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	
	Cap	Flintlastic Cap 30; Flintlastic Cap 30 CoolStar; Flintlastic FR Cap 30; Flintlastic FR Cap 30 CoolStar; Flintlastic FR Dual Cap; Flintlastic FR-P; Flintlastic FR-P CoolStar; Flintlastic Premium FR-P; Flintlastic Premium FR-P CoolStar; Flintlastic GMS; Flintlastic GMS CoolStar; Flintlastic Premium GMS; Flintlastic Premium GMS CoolStar	
	Base	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	
SBS-CA1 (SBS, Cold-Applied)	Note:	Base ply cures overnight prior to application of the cap ply.	FlintBond Brush or Karnak No. 81 Cold Process Modified Bitumen Adhesive Brush Grade at 1 gal/square
	Cap	Flintlastic FR Cap 30; Flintlastic FR Cap 30 CoolStar; Flintlastic FR Dual Cap; Flintlastic FR-P; Flintlastic FR-P CoolStar; Flintlastic Premium FR-P; Flintlastic Premium FR-P CoolStar	
	Base	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	
SBS-CA2 (SBS, Cold-Applied)	Ply	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	Henry #903 Adhesive at 1.5 gal/square.
	Cap	Flintlastic Cap 30; Flintlastic Cap 30 CoolStar; Flintlastic FR Cap 30; Flintlastic FR Cap 30 CoolStar; Flintlastic FR Dual Cap; Flintlastic FR-P; Flintlastic FR-P CoolStar; Flintlastic Premium FR-P; Flintlastic Premium FR-P CoolStar; Flintlastic GMS; Flintlastic GMS CoolStar; Flintlastic Premium GMS; Flintlastic Premium GMS CoolStar	
	Base	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	
	Ply	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	
SBS-CA3 (SBS, Cold-Applied)	Cap	Flintlastic Cap 30; Flintlastic Cap 30 CoolStar; Flintlastic FR Cap 30; Flintlastic FR Cap 30 CoolStar; Flintlastic FR Dual Cap; Flintlastic FR-P; Flintlastic FR-P CoolStar; Flintlastic Premium FR-P; Flintlastic Premium FR-P CoolStar; Flintlastic GMS; Flintlastic GMS CoolStar; Flintlastic Premium GMS; Flintlastic Premium GMS CoolStar	Millennium Hurricane Force Membrane Adhesive, beads spaced 6-inch o.c.
	Base	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	
	Ply	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	

CERTAINTEED FLINTLASTIC® MODIFIED BITUMEN COMPONENTS & APPLICATION METHODS (CONTINUED)			
Reference	Layer	Material	Application
SBS-TA (SBS, Torch-Applied)	Base	Flintlastic Ultra Poly SMS Base; Flintlastic Base 20 T	Torch-Applied
	Ply	Flintlastic Ultra Poly SMS Base; Flintlastic Base 20 T	
	Cap	Flintlastic FR Cap 30 T; Flintlastic FR Cap 30 T CoolStar; Flintlastic GTS; Flintlastic GTS CoolStar; Flintlastic GTS-FR; Flintlastic GTS-FR CoolStar; FlintClad	
APP-TA (APP, Torch-Applied)	Base	Flintlastic APP Base T; Flintlastic STA; Flintlastic STA Plus	Torch-Applied
	Cap	Flintlastic STA; Flintlastic STA Plus; Flintlastic GTA; Flintlastic GTA CoolStar; Flintlastic GTA-FR; Flintlastic GTA-FR CoolStar	
SBS-SA-H (SBS, Self-Adhering, Hybrid Systems)	Base/Ply	Black Diamond Base Sheet; Flintlastic Ultra Glass SA	Self-Adhering
	Base	Flintlastic SA PlyBase; Flintlastic SA Mid Ply	Self-Adhering
	Ply	Flintlastic SA PlyBase; Flintlastic SA Mid Ply	
Cap	Flintlastic SA Cap; Flintlastic SA Cap CoolStar; Flintlastic SA Cap FR; Flintlastic SA Cap FR CoolStar		

14. Insulation is optional for Recover or Concrete Deck Applications using System Type D (Mechanically Attached Base Sheet, Bonded Roof Cover).

15. "MDP" = Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads. Refer to FBC 1609 for determination of design wind loads.



TABLE 1E-2: WOOD DECKS – NEW CONSTRUCTION, REROOF (TEAR-OFF) OR RECOVER									
SYSTEM TYPE E: NON-INSULATED, MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER									
System No.	Deck (See Note 1)	Base Sheet			Attach	Roof Cover		MDP (psf)	
		Base	Fasteners	Ply		Cap			
<b>SELF-ADHERING SYSTEMS:</b>									
W-74	Min. 19/32-inch plywood at max 24-inch spans	Flintlastic SA NailBase	See Note 2	8-inch o.c. at min. 3-inch lap and 8-inch o.c. in two, equally spaced, staggered center rows. Stress plates shall be primed with FlintPrime (ASTM D41) primer or FlintPrime SA	(Optional) SBS-SA	SBS-SA	-82.5*		
W-75	Min. 15/32-inch plywood at max 24-inch spans	Flintlastic SA NailBase	Flintfast 3 in. Insulation Plates with FlintFast #12 or #14; Trufast 3" Metal Insulation Plates with DP or HD; OMG 3 in. Round Metal Plates with OMG #14 HD	6-inch o.c. at min. 2-inch lap and 6-inch o.c. in three, equally spaced, staggered center rows. Stress plates shall be primed with FlintPrime (ASTM D41) primer or FlintPrime SA.	(Optional) SBS-SA	SBS-SA	-97.5*		
W-76	Min. 15/32-inch plywood at max 24-inch spans	Flintlastic SA NailBase	Flintfast 3 in. Insulation Plates with FlintFast #12 or #14; Trufast 3" Metal Insulation Plates with DP or HD; OMG 3 in. Round Metal Plates with OMG #14 HD	6-inch o.c. at min. 2-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows. Stress plates shall be primed with FlintPrime (ASTM D41) primer or FlintPrime SA.	(Optional) SBS-SA	SBS-SA	-127.5*		
<b>HYBRID SYSTEMS:</b>									
W-77	Min. 15/32-inch plywood at max 24-inch spans	Glasbase; Flexiglas; Flintlastic Base 20; Poly SMS Base; Ultra Poly SMS Base	Flintfast 3 in. Insulation Plates with FlintFast #12 or #14; Trufast 3" Metal Insulation Plates with DP or HD; OMG 3 in. Round Metal Plates with OMG #14 HD	6-inch o.c. at 4-inch lap and 6-inch o.c. in three, equally spaced, staggered center rows. Stress plates shall be primed with FlintPrime (ASTM D41) primer or FlintPrime SA.	SBS-SA-H	SBS-AA, SBS-TA or APP-TA	-97.5		
W-78	Min. 19/32-inch plywood at max 24-inch spans	Glasbase; Flexiglas; Flintlastic Base 20; Poly SMS Base	See Note 2	7-inch o.c. at 3-inch lap and 7-inch o.c. in three, equally spaced, staggered center rows	SBS-SA-H	SBS-AA, SBS-TA or APP-TA	-105.0		
W-79	Min. 15/32-inch plywood at max 24-inch spans	Glasbase; Flexiglas; Flintlastic Base 20; Poly SMS Base	Flintfast 3 in. Insulation Plates with FlintFast #12 or #14; Trufast 3" Metal Insulation Plates with DP or HD; OMG 3 in. Round Metal Plates with OMG #14 HD	6-inch o.c. at 4-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows. Stress plates shall be primed with FlintPrime (ASTM D41) primer or FlintPrime SA.	SBS-SA-H	SBS-AA, SBS-TA or APP-TA	-127.5		
<b>CONVENTIONAL SYSTEMS:</b>									
W-80	Min. 23/32-inch exterior grade plywood at max. 24-inch spans	Glasbase; All Weather/Empire Base; Flexiglas Base; Flintlastic Base 20; Yosemite	See Note 2	12-inch o.c. at 4-inch lap and 36-inch o.c. in two, equally spaced, staggered center rows	BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-30.0*		
W-81	Min. 23/32-inch exterior grade plywood at max. 24-inch spans	Glasbase; All Weather/Empire Base; Flexiglas Base; Flintlastic Base 20; Yosemite	See Note 2	12-inch o.c. at 4-inch lap and 24-inch o.c. in two, equally spaced, staggered center rows	BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-45.0*		



# CERTIFICATE OF LIABILITY INSURANCE

MJPWI-2

OP ID: LS

DATE (MM/DD/YYYY)

03/31/2017

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).

<b>PRODUCER</b> Walker Ins. & Fnd. Svcs., Inc P.O. Box 149124 Orlando, FL 32814-9124 Doug C. Gomber, CPCU, CIC, CRM		<b>CONTACT NAME:</b> Doug C. Gomber, CPCU, CIC, CRM <b>PHONE (A/C No. Ext):</b> 407-849-1968 <b>FAX (A/C No.):</b> 407-849-1972 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> MJP Windows & Construction, Inc 208 Teakwood Court Lake Mary, FL 32746-3348		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Western Heritage Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		AGL0012991-02	05/12/2016	05/12/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADY INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS BELOW	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

CITYB-5

City of Belle Isle  
 1600 Nela Ave.  
 Belle Isle, FL 32809

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



JEFF ATWATER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 4/8/2016                      **EXPIRATION DATE:** 4/8/2018

**PERSON:** PENHALIGON                      MARTIN                      J

**FEIN:** 593503465

**BUSINESS NAME AND ADDRESS:**  
MJP WINDOWS & CONSTRUCTION, INC.

208 TEAKWOOD COURT  
LAKE MARY                      FL                      32746

**SCOPES OF BUSINESS OR TRADE:**

LICENSED RESIDENTIAL CONTRACTR	LICENSED ROOFING CONTRACTOR	DOOR AND WINDOW INSTALLATION	ROOFING - ALL KINDS AND DRIVER
-----------------------------------	--------------------------------	---------------------------------	-----------------------------------

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a



# SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 • Sanford, FL 32772-0630 • Telephone: 407-665-1000

www.seminoletax.org

VALID THROUGH 09/30/17

**MJP WINDOWS & CONSTRUCTION, INC**  
208 TEAKWOOD CT  
LAKE MARY, FL 32746

Account #: 133137

MARTIN PENHALIGON (OFFICER)

**REGULATED**  
License # - CRC057525  
Qualifier- MARTIN PENHALIGON

Receipt #: 10472016081803855

Amount Paid: \$ 45.00

Date Paid: 08/18/2016

### BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

- **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so, the business shall be subject to the payment of another business tax for the same business or profession.
- **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1<sup>st</sup> of each year, and it shall expire on September 30<sup>th</sup> of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1<sup>st</sup> shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053 [1]).

A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax receipt. ([FS] 205.053 [2])

This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

- **REPORT ALL CHANGES:** The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's taxes. This includes, but is not limited to, the loss of or a change in a State License which was used to qualify for the business activity and/or occupation identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

**MJP WINDOWS & CONSTRUCTION, INC**  
208 TEAKWOOD CT  
LAKE MARY, FL 32746

Country Services Building  
1101 E First Street  
Sanford, FL 32771

Casselberry Office  
104 Wilshire Blvd. Unit 1000  
Casselberry, FL 32707

Oak Grove Shoppes  
995 N SR 434 Suite 505  
Altamonte Springs, FL 32714

ShelMar Prof'l Building  
1490 Swanson Dr #100  
Oviedo, FL 32765

Commons at Primera  
845 Primera Blvd  
Lake Mary, FL 32746





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

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

(850) 487-1395

**PENHALIGON, MARTIN JEFFERY  
MJP WINDOWS & CONSTRUCTION INC  
208 TEAKWOOD CT  
LAKE MARY FL 32746**

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!



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

CCC057886

ISSUED: 05/25/2016

**CERTIFIED ROOFING CONTRACTOR  
PENHALIGON, MARTIN JEFFERY  
MJP WINDOWS & CONSTRUCTION INC**

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date AUG 31 2018 L1605250000931

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER
CCC057886

The ROOFING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2018



**PENHALIGON, MARTIN JEFFERY  
MJP WINDOWS & CONSTRUCTION INC  
208 TEAKWOOD CT  
LAKE MARY FL 32746**



ISSUED: 05/25/2016

DISPLAY AS REQUIRED BY LAW

SEE L1605250000931



# CERTIFICATE OF LIABILITY INSURANCE

MJPWI-2

OP ID: LS

DATE (MM/DD/YYYY)  
03/31/2017

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).

<b>PRODUCER</b> Walker Ins. & Fncl. Svcs., Inc P.O. Box 149124 Orlando, FL 32814-9124 Doug C. Gomber, CPCU, CIC, CRM		<b>CONTACT NAME:</b> Doug C. Gomber, CPCU, CIC, CRM <b>PHONE (A/C, No, Ext):</b> 407-849-1988 <b>E-MAIL ADDRESS:</b> <b>FAX (A/C, No):</b> 407-849-1972	
<b>INSURED</b> MJP Windows & Construction, Inc 208 Teakwood Court Lake Mary, FL 32746-3348		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Western Heritage Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		AGL0012991-02	05/12/2016	05/12/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

CITYB-5  
 City of Belle Isle  
 1600 Nela Ave.  
 Belle Isle, FL 32809

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*D.C. Gomber*



JEFF ATWATER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 4/8/2016

**EXPIRATION DATE:** 4/8/2018

**PERSON:** PENHALIGON

MARTIN

J

**FEIN:** 593503485

**BUSINESS NAME AND ADDRESS:**

MJP WINDOWS & CONSTRUCTION, INC.

208 TEAKWOOD COURT

LAKE MARY

FL

32746

**SCOPES OF BUSINESS OR TRADE:**

LICENSED RESIDENTIAL  
CONTRACTOR

LICENSED ROOFING  
CONTRACTOR

DOOR AND WINDOW  
INSTALLATION

ROOFING - ALL KINDS  
AND DRIVER

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a



# SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 ▪ Sanford, FL 32772-0630 ▪ Telephone: 407-665-1000

www.seminoletax.org

VALID THROUGH 09/30/17

**MJP WINDOWS & CONSTRUCTION, INC**  
208 TEAKWOOD CT  
LAKE MARY, FL 32746

Account #: 133137

MARTIN PENHALIGON (OFFICER)

REGULATED  
License # - CRC057525  
Qualifier- MARTIN PENHALIGON

Receipt #: 10472016081803855

Amount Paid: \$ 45.00

Date Paid: 08/18/2016

## BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

- **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so, the business shall be subject to the payment of another business tax for the same business or profession.
- **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1<sup>st</sup> of each year, and it shall expire on September 30<sup>th</sup> of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1<sup>st</sup> shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053 [1]).  
  
A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax receipt. ([FS] 205.053 [2])  
  
This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.
- **REPORT ALL CHANGES:** The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's taxes. This includes, but is not limited to, the loss of or a change in a State License which was used to qualify for the business activity and/or occupation identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

**MJP WINDOWS & CONSTRUCTION, INC**  
208 TEAKWOOD CT  
LAKE MARY, FL 32746

Country Services Building  
1101 E First Street  
Sanford, FL 32771

Casselberry Office  
104 Wilshire Blvd. Unit 1000  
Casselberry, FL 32707

Oak Grove Shoppes  
995 N SR 434 Suite 505  
Altamonte Springs, FL 32714

ShelMar Prof'l Building  
1490 Swanson Dr #100  
Oviedo, FL 32765

Commons at Primera  
845 Primera Blvd  
Lake Mary, FL 32746



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

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

**(850) 487-1395**

**PENHALIGON, MARTIN JEFFERY  
MJP WINDOWS & CONSTRUCTION INC  
208 TEAKWOOD CT  
LAKE MARY FL 32746**

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!



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

**CCC057886 ISSUED: 05/25/2016**

**CERTIFIED ROOFING CONTRACTOR  
PENHALIGON, MARTIN JEFFERY  
MJP WINDOWS & CONSTRUCTION INC**

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date AUG 31 2018 L1605250000931

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>	
CCC057886	

The ROOFING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2018



**PENHALIGON, MARTIN JEFFERY  
MJP WINDOWS & CONSTRUCTION INC  
208 TEAKWOOD CT  
LAKE MARY FL 32746**



ISSUED: 05/25/2016

CCC057886