



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

PERMIT CARD – PLEASE POST AT JOB SITE
 THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

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

Scope of Work: ROOF – re-roof 4800 sf asphalt shingles

comments: None

Project Information
 Address: 6609 St. Partin Place, Belle Isle, FL 32812
 Parcel ID: 20-23-30-1678-00-690
 Property Owner: Shaffer, Robert II
 Phone Number: 407 282 6008

Company Name: Collis Roofing, Inc
 Contractor Name: Lanier, Jack Douglas
 License Number: CCC058022
 Address: 485 Commerce Way, Longwood, FL 32750
 Phone Number: 321-441-2300

Permit Number: 2017-04-039
Date of Application: 04/12/2017
Date Permit Issued: 04/13/2017

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	\$100.00
Boat Dock	\$
Screen Encl	\$
Swimming Pool	\$
Sign	\$
SURCHARGE FEES	
Surcharge Fee	\$2.00
Surcharge Fee	\$2.00
TOTAL FEES \$134.00	
Date Paid	4-13-17
CC or Check #	UBA 8442
Amount Paid	134.00
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

1st _____ (Footing/Foundation)
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____

2nd _____ (Slab)

3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)

4th _____ (Exterior Framing)(Roof/Wall Sheathing)

5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th _____ (Insulation to be Made After Roof Installed)

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

10th _____ (Final – After MEP and Other Applicable Finals)

ROOFING

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

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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

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

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

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

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

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

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



City of Belle Isle

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

RECEIVED
APR 12 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: 3/17/2017

ROOF PERMIT NUMBER 2017-04-039

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

Project Address 6609 Saint Partin PI Belle Isle, FL, Belle Isle, FL 32809 32812

Property Owner Robert L Shaffer II Phone 407-282-6008

Property Owner's Mailing Address 6609 Saint Partin PI City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 20-23-30-1678-00-690

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 showing the Code Version
- REQUIRED! Florida Product Approval Installation Instructions from www.floridabuilding.org (not the manufacturer instructions)
- REQUIRED! Copies of your General Liability & Worker's Comp Insurance Certificate & State and Local Licenses

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

Roof Square Footage: 4800 Number of Stories: 1 Job Valuation: \$ 15190

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.

LICENSE HOLDER SIGNATURE J Douglas Lanier LICENSE # CCC058022

LICENSE HOLDER NAME J Douglas Lanier COMPANY NAME Collis Roofing, Inc.

Street Address 485 Commerce Way

City Longwood State FL Zip Code 32750 Phone Number 321-441-2300

Email Address alemons@collisroofing.com

Building Official: cg Date 4-13-17
NOCC Lic/INS
4-13-17

Zoning Fee	\$	<u>30</u>
Permit Fee	\$	<u>100</u>
3% Florida Surcharge	\$	<u>4</u>
Total Permit Fee	\$	<u>134</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.

15x12
15x5
25
75
100

Building Permit Number _____

Permit Number: _____
 Folio/Parcel Identification Number: 20-23-30-1678-00-690
 Prepared by: Ashlee Lemons
Collis Roofing, Inc.
PO BOX 520668 Longwood, FL 32752
 Return to: Ashlee Lemons
Collis Roofing, Inc.
PO BOX 520668 Longwood, FL 32752



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)
CONWAY LAKES 8/3 LOT 69 6609 Saint Partin Pl Belle Isle, FL 32812-3512
2. **General description of improvement**
Roof Replacement
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Robert L Shaffer II
 Address 6609 Saint Partin Pl Belle Isle, FL 32812-3512
 Interest in Property OWNER
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name N/A
 Address N/A
4. **Contractor**
 Name Collis Roofing, Inc. Telephone Number 321-441-2300
 Address PO BOX 520668 LONGWOOD FL 32752
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name N/A Telephone Number _____
 Address N/A Amount of Bond \$ _____
6. **Lender**
 Name N/A Telephone Number _____
 Address N/A
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 N/A
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name N/A Telephone Number _____
 Address N/A
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

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: Phil Diamond, D.C.
 DATED: 3/22/17

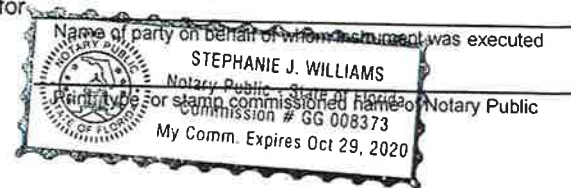
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED 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.

Robert L. Shaffer II Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
owner Signatory's Title/Office

The foregoing instrument was acknowledged before me this 17 day of March, 2017 month/year
Robert L. Shaffer II name of person

as OWNER
 Type of authority, e.g., officer, trustee, attorney in fact
[Signature]
 Signature of Notary Public - State of Florida



Personally Known OR Produced ID _____
 Type of ID Produced _____



CITY OF BELLE ISLE, FLORIDA
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POWER OF ATTORNEY

Date: _____

Permit #: _____

I hereby name and appoint Ray Henderson Ashlee Lemons of
(print name)

Collis Roofing, Inc. to be my lawful attorney-in-fact to act for
(company name)

me and apply to the City of Belle Isle Building Department for a Reroof permit
(type of permit)

for work to be performed at the following location:

6609 St PArtin Place, Belle Isle, FL 32809 32812 and
(street address)

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

Certified Contractor's Printed Name: J Douglas Lanier

License Number: CCC058022

Certified Contractor's Signature: J Douglas Lanier

The foregoing instrument was acknowledged before me this 23 days of March of 20 17
 by J. Douglas Lanier who is personally known to me or who produced
 _____ as identification and who did not take an oath.

State of Florida Sanford
 County of Orange

 Notary Public, Orange County, Florida



(seal)



City of Belle Isle

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

Product Approval Form

DATE: 3/17/2017

PERMIT # 2017-04-039

PROJECT ADDRESS 6609 Saint Partin Pl Belle Isle, FL

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 or can be obtained from the local product supplier. The following information must be turned in with permit application and available onsite for inspections:

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

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS				WALL PANELS			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS				ROOFING PRODUCTS			
Single/DbI Hung				Asphalt Shingles	OWENS CORNING		10674-R14
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other	UNDERLAYMENT	Owens Corning	17420-R2
Skylights						Pro Armor	
Other							
STRUCTURAL COMPONENTS				OTHER			
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

It is the applicant's responsibility to verify that specific products have been installed in accordance with their limitations and with the minimum required design pressures for the structure. Specific compliance will be verified during field inspections.

Applicant Signature *[Handwritten Signature]*

Date 3/23/17



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Product Approval
USER: Public User

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



FL # FL10674-R12
Application Type Revision
Code Version 2014
Application Status Approved

Comments
 Archived 

Product Manufacturer Owens Corning
Address/Phone/Email One Owens Corning Parkway
 Toledo, OH 43659
 (740) 404-7829
 greg.keeler@owenscorning.com

Authorized Signature Greg Keeler
 greg.keeler@owenscorning.com

Technical Representative Mel Sancrant
Address/Phone/Email 1 Owens Corning PKWY
 Toledo, OH 43659
 (419) 376-8360
 mel.sancrant@owenscornig.com

Quality Assurance Representative
Address/Phone/Email

Category Roofing
Subcategory Asphalt Shingles

Compliance Method Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer
 Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report Robert J.M. Nieminen
Florida License PE-59166
Quality Assurance Entity UL LLC
Quality Assurance Contract Expiration Date 08/20/2017
Validated By John W. Knezevich, PE
 Validation Checklist - Hardcopy Received

Certificate of Independence [FL10674 R12 COI 2016 01 COI Nieminen.pdf](#)



*Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Referenced Standard and Year (of Standard)	Standard	Year
	ASTM D3161	2009
	ASTM D3462	2009
	ASTM D7158	2008

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method	Method 1 Option D
Date Submitted	04/18/2016
Date Validated	04/19/2016
Date Pending FBC Approval	04/20/2016
Date Approved	06/08/2016

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
Limits of Use 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.		Installation Instructions FL10674 R12 II 2016 04 FINAL ER OC ASPHALT SHINGLES FL10674-R12.pdf Verified By: Robert J. M. Nieminen PE - 59166 Created by Independent Third Party: Yes Evaluation Reports FL10674 R12 AE 2016 04 FINAL ER OC ASPHALT SHINGLES FL10674-R12.pdf Created by Independent Third Party: Yes

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

Contact Us :: 2601 Blair Stone Road, 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:



Credit Card
Safe





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-R7
FL10674-R12
Date of Issuance: 02/06/2012
Revision 7: 04/18/2016

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 5th 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.

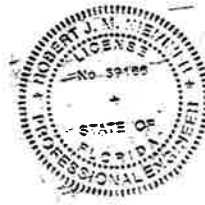
ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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 8.

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 04/18/2016. 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
UL LLC (TST9628)	Physical Properties	Classification letter	10/02/2015
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[®] and Supreme[®] are fiberglass reinforced, 3-tab asphalt roof shingles.
- 4.1.2 Berkshire[®] are fiberglass reinforced, 4-tab asphalt roof shingles.
- 4.1.3 Devonshire[™] are fiberglass reinforced, 5-tab asphalt roof shingles.
- 4.1.4 Duration[®], TruDefinition[®] Duration[®], Duration[®] Premium Cool, TruDefinition[®] Duration[®] Designer Color Collection, TruDefinition[®] Oakridge[®], Oakridge[®] and WeatherGuard[®] HP are fiberglass reinforced, laminated asphalt roof shingles.
- 4.2 Berkshire[®] Hip & Ridge Shingles, High Ridge, WeatherGuard[®] HP Hip & Ridge Shingles, ProEdge Hip & Ridge Shingles and DuraRidge[™] Hip & Ridge Shingles are fiberglass reinforced, hip and ridge asphalt roof shingles.
- 4.3 Starter Strip Shingle, 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, Starter Strip Shingle 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:

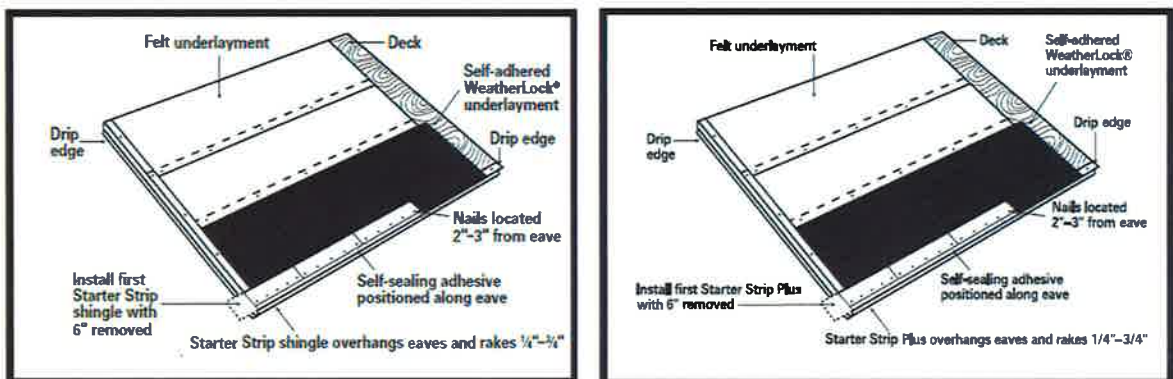
- 6.1.1 Underlayment shall be acceptable to Owens Corning and shall hold current Florida Statewide Product Approval, or be Locally Approved per Rule 61G20-3, per FBC Sections 1507.2.3, 1507.2.4 or R905.2.3.

6.2 Asphalt Shingles:

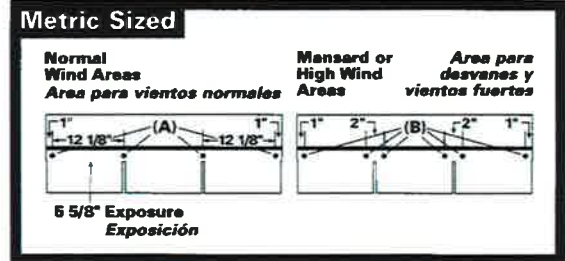
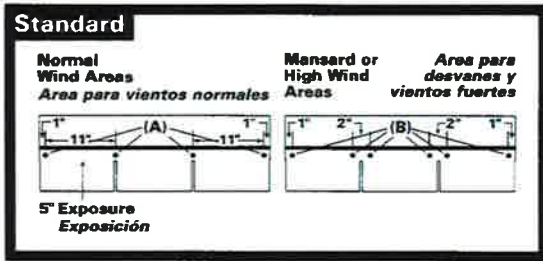
- 6.2.1 Installation of asphalt shingles shall comply with the manufacturer's current published instructions, using minimum four (4) nails per shingle in accordance with FBC Sections 1507.2 or R905.2, with the following exceptions:
 - Berkshire® shingles require minimum five (5) nails per shingle.
 -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

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

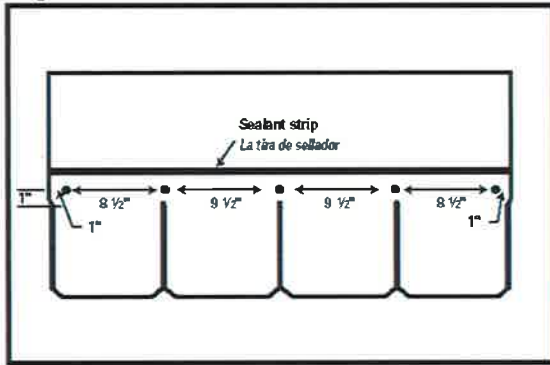
- 6.2.2 Fasteners shall be in accordance with the manufacturer's published requirements, but not less than FBC 1507.2.6 or R905.2.5. Staples are not permitted.
- 6.2.4 Where the roof slope exceeds 21 units vertical in 12 units horizontal, special methods of fastening are required. See figures below for details.
- 6.2.5 Minimum Nailing – Starter Strip Shingle and Starter Strip Plus:



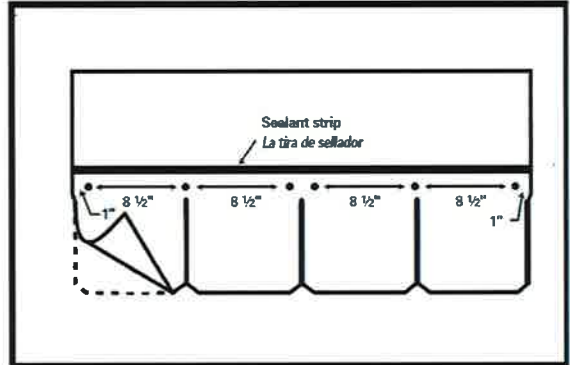
6.2.6 Minimum Nailing – Classic® & Supreme:



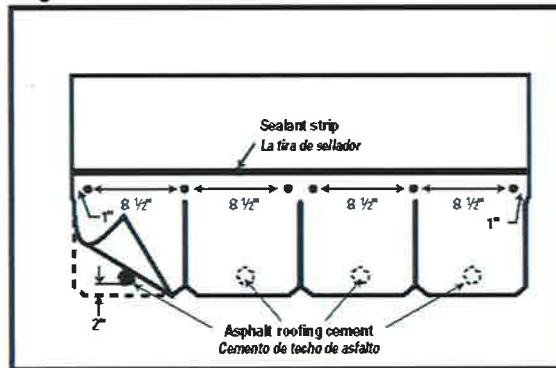
6.2.7 Minimum Nailing – Berkshire®:



Standard Fastening Pattern

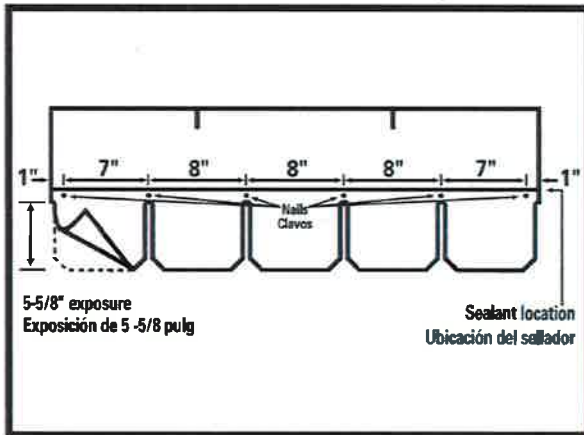


6-Nail Fastening Pattern

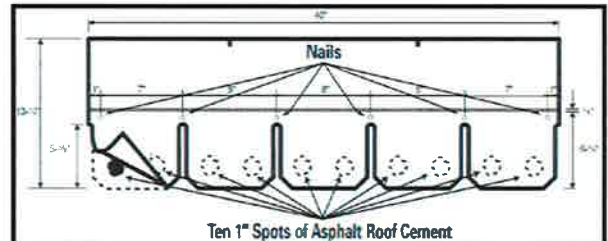


Mansard or Steep Slope Fastening Pattern

6.2.8 Minimum Nailing – Devonshire™:

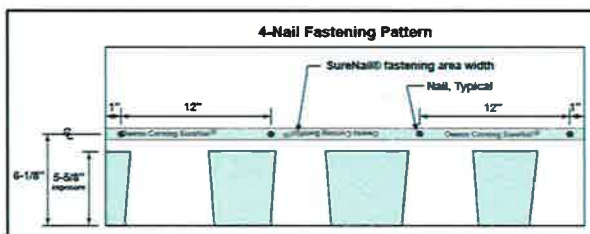


Standard 6-Nail Fastening Pattern

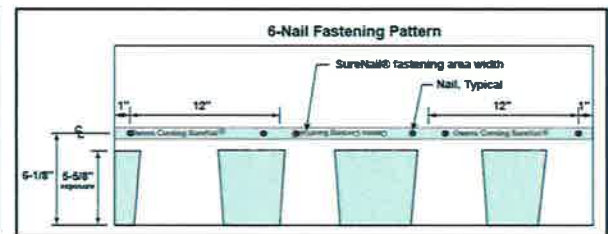


Mansard or Steep Slope Fastening Pattern

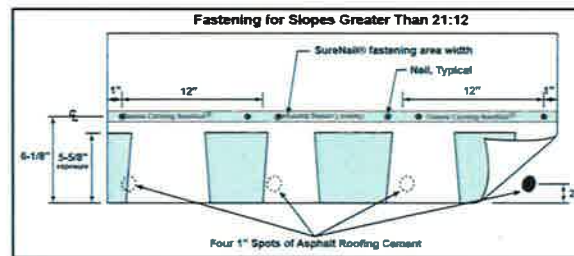
6.2.9 Minimum Nailing – Duration®, TruDefinition® Duration, Duration® Premium Cool & TruDefinition® Duration® Designer Color Collection:



Standard Fastening Pattern

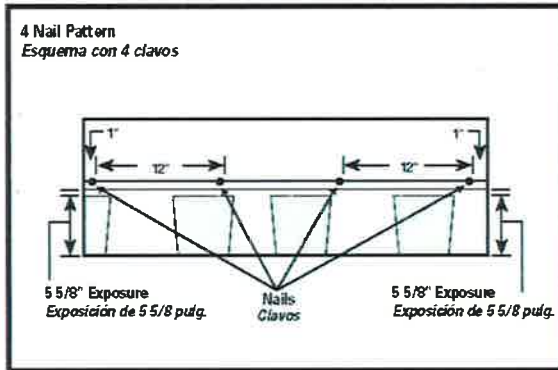


6-Nail Fastening Pattern

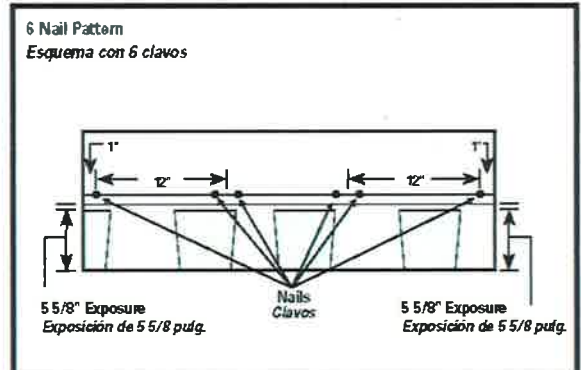


Mansard or Steep Slope Fastening Pattern

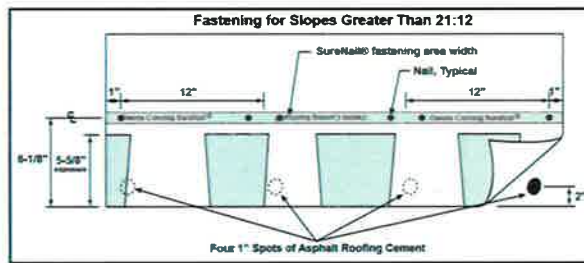
6.2.1 Minimum Nailing – TruDefinition® Oakridge®, Oakridge®:



Standard Fastening Pattern

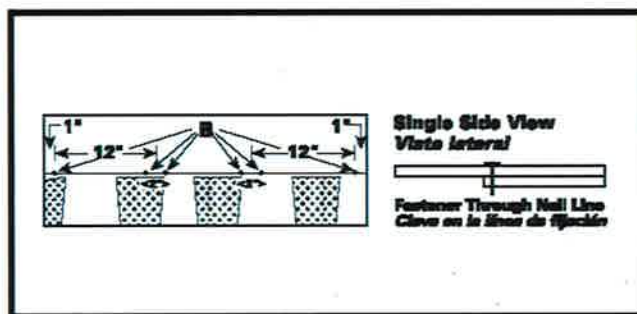


6-Nail Fastening Pattern



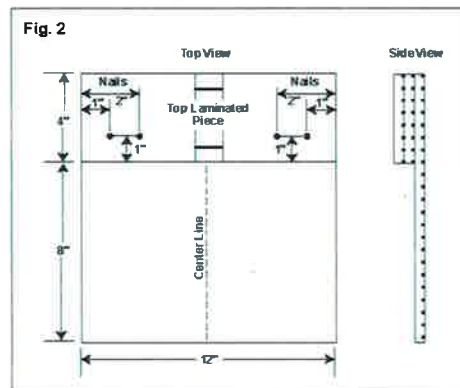
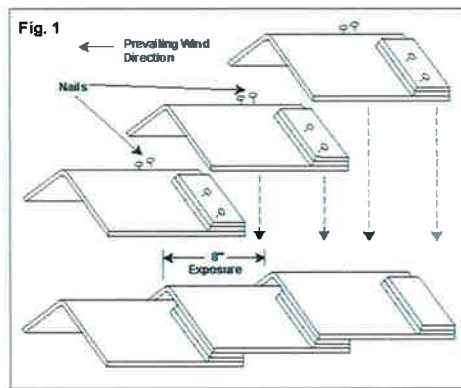
Mansard or Steep Slope Fastening Pattern

6.2.1 Minimum Nailing – WeatherGuard® HP:

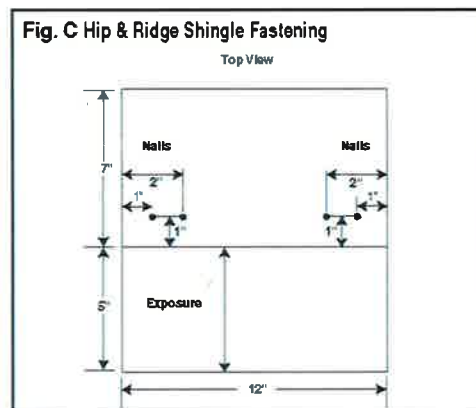
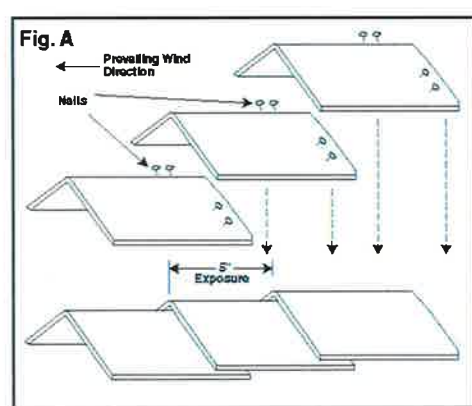


6.3 Hip & Ridge Shingles:

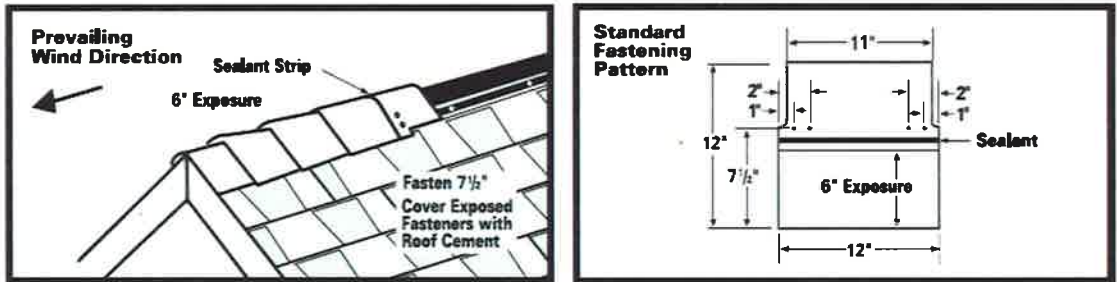
- 6.3.1 Installation of Berkshire® Hip and Ridge Shingles, High Ridge, WeatherGuard® HP Hip and Ridge Shingles and ProEdge Hip & Ridge Shingles shall comply with the manufacturer’s current published instructions, using four (4) nails per shingle. Installation of DuraRidge™ Hip & Ridge Shingles shall 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® Hip & Ridge and High Ridge:



6.3.4 Minimum Nailing – WeatherGuard® HP Hip and Ridge:

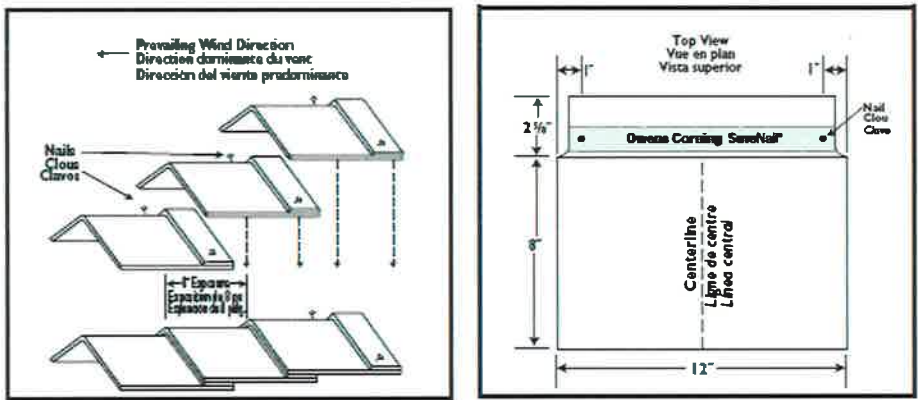


6.3.5 Minimum Nailing - ProEdge Hip & Ridge Shingles:



6.3.6 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.

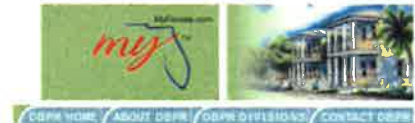
9. MANUFACTURING PLANTS:

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

- END OF EVALUATION REPORT -



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Product Approval
USER: Public User

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 Application Detail

OFFICE OF THE SECRETARY

FL #	FL17420-R3
Application Type	Revision
Code Version	2014
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	Owens Corning
Address/Phone/Email	One Owens Corning Parkway Toledo, OH 43659 (740) 404-7829 greg.keeler@owenscorning.com
Authorized Signature	Greg Keeler greg.keeler@owenscorning.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 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	Intertek Testing Services NA, Inc.
Quality Assurance Contract Expiration Date	12/31/2020
Validated By	Locke Bowden <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received
Certificate of Independence	FL17420_R3_COI_OCR14004.3_2014_FBC_Eval_Report_ProArmor-final.pdf
Referenced Standard and Year (of Standard)	
Equivalence of Product Standards Certified By	
Sections from the Code	1507.2.3 1507.2.8
Product Approval Method	Method 2 Option B



Date Submitted 10/19/2016
 Date Validated 10/19/2016
 Date Pending FBC Approval 11/07/2016
 Date Approved 12/13/2016

Summary of Products

FL #	Model, Number or Name	Description
17420.1	ProArmor	Synthetic underlayment for use with asphalt shingles in steep slope roofing
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: See evaluation report for limits of use.		Installation Instructions FL17420_R3_II_OCR14004.3_2014_FBC_Eval_Report_ProArmor-final.pdf Verified By: Zachary R. Priest 74021 Created by Independent Third Party: Yes Evaluation Reports FL17420_R3_AE_OCR14004.3_2014_FBC_Eval_Report_ProArmor-final.pdf Created by Independent Third Party: Yes

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

Contact Us :: 2601 Blair Stone Road, Tallahassee FL 32399 Phone: 850-487-1824

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Product Approval Accepts:



Credit Card
Safe





EVALUATION REPORT

FLORIDA BUILDING CODE 5TH EDITION (2014)

Manufacturer: OWENS CORNING ROOFING AND ASPHALT LLC *Issued October 19, 2016*
 1 Owens Corning Parkway
 Toledo, OH 43657
 (800) 438-7465
www.owenscorning.com

Quality Assurance: Intertek Testing Services NA, Inc. (QUA1673)

SCOPE

Category: Roofing
Subcategory: Underlayments
Code Sections: 1507.2.3, 1507.2.8
Properties: Physical properties

REFERENCES

<u>Entity</u>	<u>Report No.</u>	<u>Standard</u>	<u>Year</u>
Intertek Testing Services NA Ltd. (TST1509)	102389161COQ-002A	AC 188	2012
Intertek Testing Services NA Ltd. (TST1509)	102389161COQ-003b	ASTM E 108	2007a
Intertek Testing Services NA Ltd. (TST1509)	102389161COQ-004	ASTM D 226	2006

PRODUCT DESCRIPTION AND APPLICATION

ProArmor™ ASTM D 226, Type II synthetic underlayment for use in steep slope roofing applications. Unless otherwise noted, the following application details shall be followed for New and Existing construction. See manufacturer's installation instructions for further detail.

Roof Deck: The roof deck shall be constructed of closely fitted wood sheathing for new or existing construction. Plywood deck shall be installed in accordance with FBC requirements. Roof decks shall have no more than $\frac{1}{8}$ " gap at abutting joints.

Min. slope: 2:12 and In accordance with FBC requirements

Attachment method: Mechanically fasten the underlayment to the deck in accordance with FBC requirements and the manufacturer's installation instructions with a minimum 3-inch side lap and 4-inch end lap. For slopes less than 4:12, the underlayment shall be installed with a 22-inch side lap over the underlying course.

Allowable roof coverings: Asphalt shingles.

LIMITATIONS

- 1) This evaluation report is not for use in the HVHZ.
- 2) Fire Classification is not within the scope of this evaluation.
- 3) Wind uplift resistance is not within scope of this evaluation.
- 4) Installation of the evaluated product shall comply with this report, the FBC, and the manufacturer's published application instructions. Where discrepancies exist between these sources, the more restrictive and FBC compliant installation detail shall prevail.
- 5) Deck substrates shall be clean, dry, and free from any irregularities and debris. All fasteners in the deck shall be checked for protrusion and corrected prior to underlayment application.
- 6) The underlayment may be used as described in other current FBC product approval documents.
- 7) Roof coverings shall not be adhered directly to the underlayment.
- 8) The underlayment shall not be installed over existing roof coverings.
- 9) The underlayment shall be installed starting at the eave in horizontal layers such that the laps shed water from the deck. The first layer shall cover the entire bottom edge of the deck. End laps shall be staggered a minimum of 72-inches from the preceding course.
- 10) The underlayment shall be exposed on the roof deck for a maximum duration of 30 days.
- 11) 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 Florida Building Code 5th Edition (2014) as evidenced in the referenced documents submitted by the named manufacturer.




Digitally signed by Zachary R. Priest

2016.10.19
06:05:14
-04'00'

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

CERTIFICATION OF INDEPENDENCE

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

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

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

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

END OF REPORT



COLLIS ROOFING, INC.

P.O. Box 520668
Longwood, FL 32752-0668
Ph. (321) 441-2300
Fax (321) 441-2313
Lic. # CCC058022

Date:	1/31/17	Phone:	407-282-6008
Attention:	Robert Shaffer	Fax:	
Job Address:	6609 St Partin Place Orlando, FL 32812		

RS 3/7/17

Collis Roofing, Inc. proposes to supply the labor and materials necessary to apply your roofing as follows:

- A) Remove existing shingles and underlayment down to bare deck and dispose of properly.
- B) Inspect existing decking for water damage and re-nail according to code. We will remove and replace at a rate of \$65.00 per sheet of plywood, \$5.00 per linear foot. Cedar fascia \$8.00 per linear foot. (Note: This amount is not included in the total below).
- C) Collis Roofing, Inc. will provide all applicable permits.
 - 1. Supply and install code approved **Pro Armor** Premium Synthetic underlayment to deck using simplex nails.
 - 2. Supply and install code approved 2 1/2" galvanized painted eave drip and secure to the roof deck with nails around all eaves and rakes (Please specify drip edge color: Brown).
 - 3. Secure the eave metal with mastic and then apply **Owens Corning Starter Shingles** at all eaves with the seal strip at the edge of the roof.
 - 4. Supply and install all synthetic flashings for plumbing penetrations.
 - 5. Supply and install color matched kitchen and bath exhaust vents.
 - 6. Supply and install **Pro Edge Hip and Ridge** shingles as required by manufacturer's warranty.
 - 7. Supply and install code approved 64 ft of O.C. Vent Sure vents as required.
 - 8. Supply and install code approved **Weather Lock** self-adhered to all roof penetrations.
 - 9. Supply and install **Owens Corning Duration** shingles per manufacturer's specifications and all applicable building codes (Please specify shingle color: Acad Copper).
 - 10. Collis Roofing Inc. will supply a 5 year full coverage warranty upon completion.

A manufacturer's warranty shall be furnished if called for above. The above work shall be performed in a substantial workmanlike manner for the sum of:

Owens Corning Duration Lifetime 130mph - \$15,040.00 OC Platinum Warranty

New Gutters in the existing area - \$450.00

Less internet coupon - \$300.00

Total - \$15,190.00 Initials RS

With payment to be made as follows: 50% by commencement; balance upon completion

Respectfully submitted: Christopher Zweifach

Date: 3/3/17 Approved By: Robert Shaffer

Collis Roofing, Inc. Chris Zweifach

Initial _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/13/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061	CONTACT NAME: PHONE (A/C, No, Ext): 800-344-4838 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: First Specialty Insurance Corp NAIC # 34916 INSURER B: U S Fire Insurance Company 21113 INSURER C: American Guarantee & Liability Ins 26247 INSURER D: FRSA Self Insurer Fund N/A INSURER E: INSURER F:
INSURED Collis Roofing Inc P. O. Box 520668 Longwood FL 32752	

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 INSD	SUBR 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 <input checked="" type="checkbox"/> Contractual Included <input checked="" type="checkbox"/> XCU & Broad Form PD Incl GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			IRG200225802	1/1/2017	1/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			1337400099	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Personal Injury Protection \$ 10,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AUC914077110	1/1/2017	1/1/2018	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	870033379	1/1/2017	1/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER (407) 240-2222 City of Belle Isle 1600 Nela Ave. Belle Isle, FL 32809	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Dirk DeJong/JC
---	--

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

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

(850) 487-1395

**LANIER, JACK DOUGLAS
COLLIS ROOFING, INC.
P O BOX 520668
LONGWOOD FL 32752-0668**

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

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CCC058022	

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

**LANIER, JACK DOUGLAS
COLLIS ROOFING, INC.
485 COMMERCE WAY
LONGWOOD FL 32750**



ISSUED: 06/06/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L160606000724



2016 - 2017 9/13/16

City of Longwood
175 W. Warren Avenue, Longwood, FL 32750

LOCAL BUSINESS TAX

LOCATION: 485 COMMERCE WAY

For the Occupation:
CONTRACTOR/OVER 30 EMP

COLLIS ROOFING, INC.
P.O. BOX 520668
LONGWOOD FL 32752

LANIER, J. DOUGLAS

YEAR: 10/16-09/17



Receipt # 17-00011630

STATE #	CCC058022
CITY TAX	\$ 200.00
ADMINISTRATIVE FEE	\$ 10.00
TRANSFER FEE	\$.00
PENALTY %	\$.00
COUNTY TAX	\$ 45.00

TOTAL \$ 255.00

DIRECTOR OF FINANCE

RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION.

COLLIS ROOFING, INC.
P.O. BOX 520668
LONGWOOD FL 32752