



# City of Belle Isle ROOFING PERMIT 2018-03-065

PERMIT MUST BE POSTED ON SITE

Permit Number: 2018-03-065  
Site Address: **1812 Swann Ave. 32809**  
Subdivision: NA  
Description of Work: **Roof 3601 SQFT asphalt shingles**

Issue Date: 03-27-2018  
Parcel Number: 25-23-29-5884-18-010  
Class: Residential

Issued : AMC CAPITAL CONSTRUCTORS, INC.

Business Phone:

Name: STAGGS, CHRISTOPHER ANDREW

Contractor License: CCC1326341

Payment Date & Method: 4 / 2 / 2018

Visa  Master Card  Amex  Discover  Check / Money Order # 1806

Schedule Inspections via Email at: [BD scheduling@universalengineering.com](mailto:BD scheduling@universalengineering.com)

**SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME**

**Inspection Results Will Be Sent Out the Following Business Day**

**"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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."**

**ROOF                                      INSPECTOR    DATE                                      COMMENTS**

700 In-progress			
710 Final			

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.

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



# City of Belle Isle

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



## APPLICATION FOR ROOFING PERMIT

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

DATE OF APPLICATION: 03-233-18

ROOF PERMIT NUMBER 2018-03-065

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

Project Address 1812 Swann Avenue, Belle Isle, FL  32809 32812

Property Owner James M or Donna J Eubanks Phone 407-222-8102

Property Owner's Mailing Address 1812 Swann Avenue City Belle Isle

State FL Zip Code 32809-6852 Parcel Id Number: 25-23-29-5884-18-010

REQUIRED! To obtain this information, please visit <http://www.ocpafi.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 Form - NOTE: installation instructions must be posted on-site before your first inspection!!

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

Roof Square Footage: 3601 Number of Stories: 2 Job Valuation: \$ 15483.00

Type: Asphalt Shingles  Metal  Modified Bitumen  Other: \_\_\_\_\_

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

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CCC1326341

LICENSE HOLDER NAME Christopher Andrew Staggs COMPANY NAME AMC Capital Constructors, Inc.

Street Address 900 Piedmont Wekiwa Road

City Apopka State FL Zip Code 32703 Phone Number 407-880-3308

Email Address Kathyleigh@amcorlando.com

Zoning Fee	\$ <u>30.-</u>
Building Fee	\$ <u>100</u>
Review Fee	\$ <u>0</u>
1% BCAIB Fee	\$ <u>2 min</u>
1.5% DCA Fee	\$ <u>2 min</u>
Total Permit Fee	\$ <u>134.-</u>

Building Official: SM Date 3-26-18  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 3-26-18  
need NCC

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

45 IK  
5x15

25  
75  
100

PAID 4-2-18  
VISA 1806

Permit Number: \_\_\_\_\_  
 Folio/Parcel Identification Number: 25-23-29-5884-18-010  
 Prepared by: AMC Capital Constructors, Inc.



Return to: AMC Capital Constructors, inc.  
900 Piedmont Wekiwa Road  
Apopka, Florida 32703

**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)  
Nela Isle M/55 Lot 1 & E 35 ft of Lot 2 Blk R 1812 Swann Ave. Orlando, FL 32809
2. **General description of improvement**  
Residential ReRoof
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
 Name James M or Donna J Eubanks  
 Address 1812 Swann Ave Belle Isle, FL 32809-6852  
 Interest in Property Owner  
 Name and address of fee simple titleholder (if different from Owner listed above)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_
4. **Contractor**  
 Name AMC Capital Constructors, Inc. Telephone Number 407-880-3200  
 Address 900 Piedmont Wekiwa Road Apopka, Florida 32703
5. **Surety** (if applicable, a copy of the payment bond is attached)  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
 \_\_\_\_\_

State of Florida, County of Orange  
 I hereby certify that this is a true copy of the document as reflected in the Official Record.  
 Phil Diamond, County Comptroller  
 BY: Phil Diamond, D.C.  
 DATED: 03-29-18

**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.**

*James M Eubanks* \_\_\_\_\_ OWNER  
 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 25 day of March, 2018, by JAMES M. EUBANKS  
 as OWNER for OWNER  
 month/year name of person

*Kathryn L Leigh* \_\_\_\_\_  
 Signature of Notary Public - State of Florida Name of party on behalf of whom instrument was executed



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



**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)

## Product Approval Form

DATE: 03-23-2018

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


PROJECT ADDRESS 1812 Swann Avenue, Belle Isle, FL X 32809 32812

As required by Florida Statue 553.842 and Florida Administrative Code 9B-72m, please provide the information and approval numbers of the building components listed below if they will be utilized on the building or structure. FL Approved products are listed online at [www.floridabuilding.org](http://www.floridabuilding.org) or can be obtained from the local product supplier. The following information must be turned in with permit application and available onsite for inspections:

- **NOTE: The Installation instructions must be posted on-site before your first inspection!!**

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
<b>EXTERIOR DOORS</b>				<b>WALL PANELS</b>			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
<b>WINDOWS</b>				<b>ROOFING PRODUCTS</b>			
Single/DbI Hung				Asphalt Shingles	Owens Corning	Duration	10674-R13
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Underlayment	Certainteed	Roofers Select	11288-R16
Skylights				Other			
Other							
<b>STRUCTURAL COMPONENTS</b>				<b>OTHER</b>			
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

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

Applicant Signature 

Date 03-23-2018



**Product Approval**  
USER: Public User

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

> OFFICE OF THE SECRETARY

FL #	FL11288-R16
Application Type	Revision
Code Version	2017
Application Status	Approved
Comments	Archived
Product Manufacturer	CertainTeed Corporation-Roofing
Address/Phone/Email	20 Moores Road Malvern, PA 19355 (610) 893-5400 mark.d.hamer@saint-gobain.com
Authorized Signature	Mark Harner mark.d.harner@saint-gobain.com
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	Underlayments
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 Nieminen
Florida License	PE-59166
Quality Assurance Entity	UL LLC
Quality Assurance Contract Expiration Date	03/09/2020
Validated By	John W. Knezevich, PE ✓ Validation Checklist - Hardcopy Received
Certificate of Independence	<a href="#">FL11288_R16_COI_2017_01_COI_Nieminen.pdf</a>

Referenced Standard and Year (of Standard)	<u>Standard</u>	<u>Year</u>
	ASTM D1970	2015
	ASTM D226	2009
	ASTM D4601	2012
	ASTM D4869	2016
	ASTM D6163	2008
	ASTM D6164	2011
	ASTM D6222	2011
	ASTM D6757	2016

FM 4474	2011
FRSA/TRI April 2012 (04-12)	2012
TAS 103	1995
TAS 110	2000

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted	09/06/2017
Date Validated	09/12/2017
Date Pending FBC Approval	09/15/2017
Date Approved	12/12/2017

**Summary of Products**

FL #	Model, Number or Name	Description
11288.1	CertainTeed Roof Underlayments	Roof underlayments for use below Approved prepared roof coverings.
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> N/A <b>Design Pressure:</b> +N/A/-555.0 <b>Other:</b> 1.) The DP in this application pertains to a particular application for use in adhesive-set tile applications. DP is N/A for underlayments installed beneath mechanically attached prepared roof covers. 2.) Refer to ER Section 5 for other Limits of Use.		<b>Installation Instructions</b> <a href="#">FL11288 R16 II 2017 09 FINAL ER CERTAINTEED UNDERLAYMENTS FL11288-R16.pdf</a> Verified By: Robert Nieminen PE-59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL11288 R16 AF 2017 09 FINAL ER CERTAINTEED UNDERLAYMENTS FL11288-R16.pdf</a> 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**





**EXTERIOR RESEARCH & DESIGN, LLC.**

*Certificate of Authorization #9503*  
353 CHRISTIAN STREET, UNIT #13  
OXFORD, CT 06478  
(203) 262-9245

**EVALUATION REPORT**

**CertainTeed Corporation**  
20 Moores Road  
Malvern, PA 19355  
**(610) 651-5847**

**Evaluation Report 11610.09.08-R17**  
**FL11288-R16**  
**Date of Issuance: 09/03/2009**  
**Revision 17: 09/05/2017**

**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 **6<sup>th</sup> Edition (2017) Florida Building Code** sections noted herein.

**DESCRIPTION: CertainTeed Roof Underlayments**

**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.

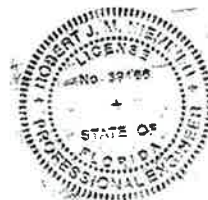
**ADVERTISEMENT:** The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

**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 10.

**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 09/05/2017. This does not serve as an electronically signed document.

**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 COMPONENT EVALUATION:**

**1. SCOPE:**

**Product Category:** Roofing

**Sub-Category:** Underlayment

**Compliance Statement:** CertainTeed Roof Underlayments, as produced by CertainTeed Corporation, have demonstrated compliance with the following sections of the 6<sup>th</sup> Edition (2017) Florida Building Code 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>
1504.3.1	Wind Uplift	FM 4474	2011
1507.2.3 / 1507.1.1	Physical Properties	ASTM D226	2009
1507.2.3 / 1507.1.1	Physical Properties	ASTM D4869	2016
1507.2.3 / 1507.1.1	Physical Properties	ASTM D6757	2016
1507.3.3	Physical properties	FRSA/TRI April 2012 (04-12)	2012
1507.2.4 / 1507.1.1, 1507.2.9.2	Physical Properties	ASTM D1970	2015
1507.10.2	Physical Properties	ASTM D4601	2012
1507.11.2	Physical Properties	ASTM D6163	2008
1507.11.2	Physical Properties	ASTM D6164	2011
1507.11.2	Physical Properties	ASTM D6222	2011
1523.6.5.2.1	Physical Properties	TAS 103	1995
TAS 110	Accelerated Weathering	TAS 110	2000

**3. REFERENCES:**

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
ERD (TST6049)	Physical Properties	C7290.01.08	01/16/2008
ERD (TST6049)	Physical Properties	C8440.04.08	04/28/2008
ERD (TST6049)	Physical Properties	C9560.05.08	05/25/2008
ERD (TST6049)	Physical Properties	C10080.09.08-R1	04/17/2009
ERD (TST6049)	Physical Properties	C12960.06.09	06/02/2009
ERD (TST6049)	Physical Properties	3530.12.05-1-R1	10/05/2009
ERD (TST6049)	Wind Uplift	C8370.08.08-R1	10/05/2009
ERD (TST6049)	Physical Properties	3523.03.05-R2	01/12/2010
ERD (TST6049)	Physical Properties	C30890.03.10-1	03/17/2010
ERD (TST6049)	Physical Properties	C3500.04.10	04/07/2010
ERD (TST6049)	Physical Properties	C31840.05.10	05/10/2010
ERD (TST6049)	Physical Properties	C31860.05.10	05/18/2010
ERD (TST6049)	Physical Properties	C31850.06.10	06/25/2010
ERD (TST6049)	Physical Properties	C35460.05.11	06/16/2011
ERD (TST6049)	Physical Properties	C34940.09.11-R1	10/04/2011
ERD (TST6049)	Accelerated Weathering	C40840SC	06/11/2012
ERD (TST6049)	Physical Properties	C40050.09.12-2	09/28/2012
ERD (TST6049)	Wind Uplift	C39670.08.12	08/20/2012
ERD (TST6049)	Physical Properties	C31410.10.10-R1	11/02/2012
ERD (TST6049)	Physical Properties	C45240.01.14-1	01/15/2014
ERD (TST6049)	Physical Properties	C32930.01.11-R2	01/20/2014
ERD (TST6049)	Physical Properties	C45240.01.14-2	01/24/2014
ERD (TST6049)	FM 4470	CTR-SC9920.01.16-R1	01/20/2016
ERD (TST6049)	Wind Uplift	CTR-SC10420.01.16	01/25/2016
ERD (TST6049)	TAS 103, Tile Slippage	CTR-SC11415.11.16	11/28/2016
MTI (TST 2508)	Physical Properties	DX08C4A	03/22/2004
MTI (TST 2508)	Physical Properties	TX1486A-001	02/27/2006
MTI (TST 2508)	Physical Properties	TX1486B-002	03/13/2006
MTI (TST 2508)	Physical Properties	TX1486F-006	03/13/2006
MTI (TST 2508)	Physical Properties	TX1486E-005	03/13/2006
PRI (TST5878)	Physical Properties	CTC-034-02-01	11/24/2008
PRI (TST5878)	Physical Properties	CTC-075-02-01	02/15/2011
PRI (TST5878)	Physical Properties	CTC-067-02-01	08/08/2011
PRI (TST5878)	Wind Uplift	CTC-112-02-01	12/12/2011



<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
PRI (TST5878)	Physical Properties	CTC-163-02-01 (x3)	05/10/2013
PRI (TST5878)	Physical Properties	CTC-189-02-01	11/18/2013
UL, LLC. (QUA9625)	Quality Control	Service Confirmation	Exp. 03/09/2020

#### 4. PRODUCT DESCRIPTION:

##### 4.1 Self-Adhering Underlayments:

- 4.1.1 **WinterGuard™ HT** is a glass scrim reinforced, self-adhering, film-surfaced waterproofing underlayment; meets ASTM D1970.
- 4.1.2 **WinterGuard™ Sand** is a glass mat reinforced, self-adhering, sand-surfaced waterproofing underlayment; meets ASTM D1970.
- 4.1.3 **WinterGuard™ Granular** is a glass mat reinforced, self-adhering, granule-surfaced waterproofing underlayment; meets ASTM D1970.
- 4.1.4 **MetaLaym™** is a self-adhering, film-surfaced, waterproofing underlayment; meets ASTM D1970.
- 4.1.5 **Black Diamond Base Sheet** is a self-adhering, glass mat reinforced, fine-mineral surfaced, SBS modified roof underlayment; meets ASTM D1970.
- 4.1.6 **Flintlastic SA PlyBase** is a self-adhering, glass mat reinforced, film-surfaced, SBS modified roof underlayment for use as a base-layer in multi-ply underlayment systems; meets ASTM D1970.
- 4.1.7 **Flintlastic SA Mid Ply** is a self-adhering, polyester reinforced, film-surfaced, SBS modified roof underlayment for use as a base-layer in multi-ply underlayment systems; meets ASTM D6163, Type I, Grade S.
- 4.1.8 **Flintlastic Ultra Glass SA** is a self-adhering, glass mat reinforced, fine-mineral surfaced, SBS modified roof underlayment for use as a base-layer in multi-ply underlayment systems; meets ASTM D6163, Type I, Grade S.
- 4.1.9 **Flintlastic SA Cap FR** is a self-adhering, glass mat reinforced, granule-mineral surfaced, SBS modified roof underlayment; meets ASTM D6163, Type I, Grade G.
- 4.1.10 **Flintlastic SA Cap** is a self-adhering, polyester reinforced, granule-mineral surfaced, SBS modified roof underlayment; meets TAS 103 and ASTM D6164, Type I, Grade G.

##### 4.2 Torch Applied Underlayments:

- 4.2.1 **Flintlastic GTA** is a torch-applied, polyester reinforced, granule-surfaced, APP modified roof underlayment; meets ASTM D6222, Type I, Grade G.

##### 4.3 Asphalt Applied Underlayments:

- 4.3.1 **Flintlastic GMS** is an asphalt-applied, polyester reinforced, granule-surfaced, SBS modified roof underlayment; meets ASTM D6164, Type I, Grade G.

##### 4.4 Mechanically Attached Underlayments:

- 4.4.1 **Flintlastic SA NailBase** is a glass mat reinforced, film-surfaced, SBS modified roof underlayment for use as a mechanically attached base-layer in multi-ply underlayment systems; meets ASTM D4601, Type II.
- 4.4.2 **Roofers' Select** is an asphalt-impregnated, organic felt reinforced with glass fibers roof underlayment; meets ASTM D6757.

**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 **FBC HVHZ** jurisdictions.
- 5.3 Fire Classification is not part of this Laboratory Report; refer to current Approved Roofing Materials Directory or test report from accredited testing agency for fire ratings of this product.
- 5.4 **CertainTeed Roof Underlayments** may be used with any prepared roof cover where the product is specifically referenced within FBC approval documents. If not listed, a request may be made to the Authority Having Jurisdiction (AHJ) for approval based on this evaluation combined with supporting data for the prepared roof covering.
- 5.5 Allowable Roof Covers:

TABLE 1: ROOF COVER OPTIONS							
Underlayment	Asphalt Shingles	Nail-On Tile	Foam-On Tile	Mortar-Set Tile	Metal	Wood Shakes & Shingles	Slate
Roofers' Select	Yes	No	No	No	No	No	No
WinterGuard HT	Yes	No	No	No	Yes	Yes	Yes
WinterGuard Sand or Granular	Yes	No	No	No	No	Yes	Yes
Black Diamond Base	Yes	No	No	No	No	Yes	Yes
Flintlastic SA Cap	No	Yes	Yes <i>See 5.5.1</i>	Yes	No	Yes	Yes
Flintlastic SA Cap FR	No	No	No	No	No	Yes	Yes
MetaLayment	Yes	No	No	No	Yes	Yes	Yes
Flintlastic GTA	No	Yes	Yes <i>See 5.5.1</i>	Yes	No	Yes	Yes
Flintlastic GMS	No	Yes	Yes <i>See 5.5.1</i>	Yes	No	Yes	Yes

- 5.5.1 "Foam-On Tile" is limited to use of the following Approved tile adhesives / underlayment combinations.

TABLE 1A: ALLOWABLE TILE ADHESIVE / UNDERLAYMENT COMBINATIONS <sup>1</sup>		
Adhesive	Florida Product Approval	Underlayments
Dow TileBond™	FL22525	Flintlastic SA Cap or Flintlastic GMS
ICP Adhesives Polyset® AH-160	FL6332	Flintlastic SA Cap, Flintlastic GTA or Flintlastic GMS

<sup>1</sup> Refer to Tile Manufacturer's or Adhesive Manufacturer's Florida Product Approval for Overturning Moment Resistance Performance.

5.6 Allowable Substrates:

5.6.1 Direct-Bond to Deck:

WinterGuard HT, WinterGuard Sand, WinterGuard Granular or MetaLayment self-adhered to:

- New or existing plywood
- FlintPrime or ASTM D41 primed new or existing plywood.

Black Diamond Base, Flintlastic SA PlyBase, Flintlastic SA Mid Ply, Flintlastic Ultra Glass SA, Flintlastic SA Cap or Flintlastic SA Cap FR self-adhered to:

- New or existing plywood;
- FlintPrime, FlintPrime SA or ASTM D41 primed new or existing plywood;
- FlintPrime, FlintPrime SA or ASTM D41 primed structural concrete.

Flintlastic GMS in hot asphalt to:

- FlintPrime or ASTM D41 primed structural concrete.

Flintlastic GTA torch-applied to:

- FlintPrime or ASTM D41 primed structural concrete.

5.6.2 Bond to Mechanically Attached Base Layer:

- WinterGuard HT, WinterGuard Sand, WinterGuard Granular or MetaLayment self-adhered to: ASTM D226, Type I or II felt.
- Black Diamond Base Sheet, Flintlastic SA PlyBase, Flintlastic SA Mid Ply, Flintlastic Ultra Glass SA, Flintlastic SA Cap, Flintlastic SA Cap FR self-adhered to: Flintlastic SA NailBase or ASTM D226, Type I or II felt.
- Flintlastic SA Cap or Flintlastic SA Cap FR self-adhered to: Flintlastic SA PlyBase or Flintlastic SA MidPly.
- Flintlastic GMS in hot asphalt to: ASTM D226, Type I or II felt, ASTM D4601, Type II base sheet, Black Diamond Base Sheet or Flintlastic Ultra Glass SA.
- Flintlastic GTA torch-applied to: ASTM D226, Type I or II felt, ASTM D4601, Type II base sheet, Black Diamond Base Sheet or Flintlastic Ultra Glass SA.

5.6.3 Wind Resistance for Underlayment Systems in Foam-On Tile Applications:

**FRSA/TRI April 2012 (04-12)** does not address wind uplift resistance of all underlayment systems beneath foam-on or mortar-set tile systems, where the underlayment forms part of the load-path. The following wind uplift limitations apply to underlayment systems that are not addressed in **FRSA/TRI April 2012 (04-12)** and are used in foam-on or mortar-set tile applications. Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads, and reflects the ultimate passing pressure divided by 2 (the 2 to 1 margin of safety per **FBC 1504.9** has already been applied). Refer to **FRSA/TRI April 2012 (04-12), Appendix A, Table 1A** or **FBC 1609** for determination of design wind loads.

#1 Maximum Design Pressure = -240 psf:

Deck: Structural concrete to meet project requirements to satisfaction of AHJ.  
 Primer: FlintPrime or ASTM D41.  
 Base Sheet: Black Diamond Base Sheet or Flintlastic Ultra Glass SA, self-adhered.  
 Underlayment: Flintlastic GTA, torch-applied or Flintlastic GMS, applied in hot asphalt.

#2 Maximum Design Pressure = -555 psf:

Deck: Structural concrete to meet project requirements to satisfaction of AHJ.  
 Primer: FlintPrime, FlintPrime SA or ASTM D41.  
 Base: (Optional) Flintlastic SA PlyBase or Flintlastic SA Mid Ply, self-adhered.  
 Underlayment: Flintlastic SA Cap, self-adhered.

- #3 Maximum Design Pressure = -105.0 psf:**  
 Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.  
 Primer: (Optional) FlintPrime, FlintPrime SA or ASTM D41  
 Base Ply: (Optional) Flintlastic SA PlyBase or Flintlastic SA Mid Ply, self-adhered.  
 Underlayment: Flintlastic SA Cap, self-adhered.
- #4 Maximum Design Pressure = -127.5 psf:**  
 Deck: Min. 19/32-inch plywood to meet project requirements to satisfaction of AHJ.  
 Primer: FlintPrime, FlintPrime SA or ASTM D41  
 Joints: Min. 4-inch wide strips of Flintlastic SA PlyBase, self-adhered over all plywood joints.  
 Base Ply: (Optional) Flintlastic SA PlyBase or Flintlastic SA Mid Ply, self-adhered.  
 Underlayment: Flintlastic SA Cap, self-adhered.
- #5 Maximum Design Pressure = -37.5 psf:**  
 Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.  
 Base Sheet: ASTM D226, Type II felt or Flintlastic SA NailBase  
 Fasteners: 12 ga., 1¼-inch long galvanized ring shank nails through 32 ga., 1 5/8-inch diameter tin caps  
 Spacing: 6-inch o.c. at the 4-inch laps and 12-inch o.c. at two (2) equally spaced, staggered rows in the field of the sheet.  
 Base Ply: (Optional) Flintlastic SA PlyBase or Flintlastic SA Mid Ply, self-adhered.  
 Underlayment: Flintlastic SA Cap, self-adhered.
- #6 Maximum Design Pressure = -45.0 psf\*:**  
 Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.  
 Base Sheet: Glasbase Base Sheet; Flexiglas Base Sheet; Flintlastic Base 20; All Weather / Empire Base Sheet; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base or Yosemite Venting Base Sheet  
 Fasteners: Simplex MAXX Cap Fasteners  
 Spacing: 9-inch o.c. at the 2-inch wide side laps and 18-inch o.c. at two (2) equally spaced, staggered center rows.  
 Underlayment: Flintlastic GMS, applied in hot asphalt or Flintlastic GTA, torch-applied.
- #7 Maximum Design Pressure = -52.5 psf:**  
 Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.  
 Base Sheet: Glasbase Base Sheet; Flexiglas Base Sheet; Flintlastic Base 20; All Weather / Empire Base Sheet; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base or Yosemite Venting Base Sheet  
 Fasteners: Simplex MAXX Cap Fasteners  
 Spacing: 9-inch o.c. at the 2-inch wide side laps and 12-inch o.c. at two (2) equally spaced, staggered center rows.  
 Underlayment: Flintlastic GMS, applied in hot asphalt or Flintlastic GTA, torch-applied.
- #8 Maximum Design Pressure = -52.5 psf:**  
 Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.  
 Base Sheet: Flintlastic SA NailBase  
 Fasteners: Min. 1-inch long, 12 ga. Simplex Metal Cap Nails  
 Spacing: 6-inch o.c. at the min. 2-inch laps and 6-inch o.c. at four (4) equally spaced, staggered rows in the field of the sheet.  
 Base Ply: (Optional) Flintlastic SA PlyBase or Flintlastic SA Mid Ply, self-adhered.  
 Underlayment: Flintlastic SA Cap, self-adhered.
- #9 Maximum Design Pressure = -60.0 psf:**  
 Deck: Min. 19/32-inch plywood to meet project requirements to satisfaction of AHJ.  
 Base Sheet: Flintlastic SA NailBase  
 Fasteners: 12 ga., 1¼-inch long galvanized ring shank nails through 32 ga., 1 5/8-inch diameter tin caps  
 Spacing: 8-inch o.c. at the min. 2-inch laps and 8-inch o.c. at three (3) equally spaced, staggered rows in the field of the sheet.  
 Base Ply: (Optional) Flintlastic SA PlyBase or Flintlastic SA Mid Ply, self-adhered.  
 Underlayment: Flintlastic SA Cap, self-adhered.

**#10 Maximum Design Pressure = -67.5 psf:**

Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.  
 Base Sheet: Glasbase Base Sheet; Flexiglas Base Sheet; Flintlastic Base 20; All Weather / Empire Base Sheet; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base or Yosemite Venting Base Sheet  
 Fasteners: Cap nails: 1-inch diameter, 0.032-inch thick metal cap with 0.120-inch shank diameter, annular ring shank nails  
 Spacing: 6-inch o.c. at 4-inch lap and 6-inch o.c. at five (5) equally spaced, staggered center rows in the field of the sheet.  
 Underlayment: Flintlastic GMS, applied in hot asphalt.

**#11 Maximum Design Pressure = -75.0 psf:**

Deck: Min. 19/32-inch plywood to meet project requirements to satisfaction of AHJ.  
 Base Sheet: Flintlastic SA NailBase  
 Fasteners: 12 ga., 1¼-inch long galvanized ring shank nails through 32 ga., 1 5/8-inch diameter tin caps  
 Spacing: 6-inch o.c. at the min. 2-inch laps and 6-inch o.c. at four (4) equally spaced, staggered rows in the field of the sheet.  
 Base Ply: (Optional) Flintlastic SA PlyBase or Flintlastic SA Mid Ply, self-adhered.  
 Underlayment: Flintlastic SA Cap, self-adhered.

**#12 Maximum Design Pressure = -90.0 psf:**

Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.  
 Base Sheet: Glasbase Base Sheet; Flexiglas Base Sheet; Flintlastic Base 20; All Weather / Empire Base Sheet; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base or Yosemite Venting Base Sheet  
 Fasteners: Simplex MAXX Cap Fasteners  
 Spacing: 6-inch o.c. at the 2-inch wide side laps and 6-inch o.c. at two (2) equally spaced, staggered center rows.  
 Underlayment: Flintlastic GMS, applied in hot asphalt or Flintlastic GTA, torch-applied.

**#14 Maximum Design Pressure = -105.0 psf:**

Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.  
 Base Sheet: Glasbase Base Sheet; Flexiglas Base Sheet; Flintlastic Base 20; All Weather / Empire Base Sheet; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base or Yosemite Venting Base Sheet  
 Fasteners: Simplex MAXX Cap Fasteners  
 Spacing: 6-inch o.c. at the 2-inch wide side laps and 6-inch o.c. at three (3) equally spaced, staggered center rows.  
 Underlayment: Flintlastic GMS, applied in hot asphalt or Flintlastic GTA, torch-applied.

**#15 Maximum Design Pressure = -105.0 psf:**

Deck: Min. 19/32-inch plywood to meet project requirements to satisfaction of AHJ.  
 Base Sheet: Flintlastic SA NailBase  
 Fasteners: 12 ga., 1¼-inch long galvanized ring shank nails through 32 ga., 1 5/8-inch diameter tin caps  
 Spacing: 4-inch o.c. at the min. 2-inch laps and 4-inch o.c. at four (4) equally spaced, staggered rows in the field of the sheet.  
 Base Ply: (Optional) Flintlastic SA PlyBase or Flintlastic SA Mid Ply, self-adhered.  
 Underlayment: Flintlastic SA Cap, self-adhered.

5.6.3.1 All other direct-deck, adhered CertainTeed underlayment systems beneath foam-on or mortar-set tile systems carry a Maximum Design Pressure of -45 psf.

5.6.3.2 For mechanically attached Base Sheet, the maximum design pressure for the selected assembly shall meet or exceed that required under FRSA/TRI April 2012 (04-12), Appendix A, Table 1A. Alternatively, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC 1609. In this case, 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 ANSI/SPRI WD1, FM Loss Prevention Data Sheet 1-29 and Roofing Application Standard RAS 117. Assemblies marked with an asterisk\* carry the limitations set forth in Section 2.2.10.1 of FM Loss Prevention Data Sheet 1-29 (January 2016) for Zone 2/3 enhancements.

5.7 Exposure Limitations:

Roofers' Select shall not be left exposed for longer than 30-days after installation. Refer to installation instructions specific to anticipated exposure in Section 6.

Black Diamond Base, WinterGuard HT, WinterGuard Sand, WinterGuard Granular or MetaLayment shall not be left exposed for longer than 180-days after installation.

Flintlastic SA Cap, Flintlastic SA Cap FR, Flintlastic GTA or Flintlastic GMS do not have an exposure limitation, unless the prepared roof covering is to be adhesive-set tile atop Flintlastic SA Cap, GTA or GMS, in which case the maximum exposure is 180 days.

Flintlastic SA NailBase, Flintlastic SA PlyBase, Flintlastic SA Mid Ply and Flintlastic Ultra Glass SA, for use as a base-layer in a multi-ply underlayment system, shall not be left exposed for longer than 30-days after installation, prior to placement of subsequent underlayment layer.

5.8 Tile Slippage Limitations (TAS 103 per FRSA/TRI April 2012 (04-12)):

When loading roof tiles on the underlayment in direct-deck tile assemblies, the maximum roof slope shall be as follows. These slope limitations can only be exceeded by using battens during loading of the roof tiles.

TABLE 2: TILE SLIPPAGE LIMITATIONS FOR DIRECT-DECK TILE INSTALLATIONS			
Underlayment	Tile Profile	Staging Method	Maximum Slope
Flintlastic GMS	All	Max. 10-tile stack	4:12
Flintlastic GTA	All	Max. 10-tile stack	6:12
Flintlastic SA Cap	Flat	Max. 6-tile stack (4 over 2)	6:12
	Lugged	Max. 6-tile stack (4 over 2)	5:12

6. **INSTALLATION:**

6.1 **CertainTeed Roof Underlayments** shall be installed in accordance with **CertainTeed** published installation requirements subject to the Limitations set forth in Section 5 herein and the specifics noted below.

6.2 Re-fasten any loose decking panels, and check for protruding nail heads. Sweep the substrate thoroughly to remove any dust and debris prior to application, and primed the substrate (if applicable).

**6.3 Flintlastic SA NailBase, Flintlastic SA PlyBase, Flintlastic SA Mid Ply or Flintlastic Ultra Glass SA:**

6.3.1 **Flintlastic SA NailBase, Flintlastic SA PlyBase and Flintlastic SA Mid Ply** are limited to use as a base or mid-layer in multi-ply underlayment systems beneath **Flintlastic SA Cap** or **Flintlastic SA Cap FR**.

6.3.2 **Flintlastic Ultra Glass SA** is limited to use as a base-layer in multi-ply underlayment systems beneath **Flintlastic GTA** or **Flintlastic GMS**.

6.3.3 Install the base-layer underlayment to the substrates detailed in **Section 5.6** in accordance with **CertainTeed** published installation instructions, followed by the final underlayment layer in accordance with the instructions outlined below for the particular top-layer underlayment.

6.3.4 Roof cover limitations are those associated with the top-layer underlayment, as set forth in **Table 1**.

**6.4 Black Diamond Base, Flintlastic SA Cap or SA Cap FR, WinterGuard or MetaLayment:**

6.4.1 Shall be installed in compliance with current **CertainTeed** published installation requirements and **FBC 1507** for the type of prepared roof covering to be installed.

6.4.2 Non-Tile Applications:

Shall be fully self-adhered to the substrates noted in **Section 5.6**. Side laps shall be minimum 4-inch and end-laps minimum 6-inch wide, pressed firmly with a seam-roller, and offset end-laps minimum 2 feet from course to course.

Consult **CertainTeed** instructions for use of **FlintBond SBS Modified Bitumen Adhesive**, trowel grade, on the 6-inch end laps and T-seam detailing.

Consult **CertainTeed** instructions regarding back-nailing requirements.

6.4.3 Tile Applications (Flintlastic SA Cap only):

Reference is made to **FRSA/TRI April 2012 (04-12)** Installation Manual and **Table 1** herein.

For mechanically fastened tile roofing over 2-ply system, consisting of Base Sheet and self-adhering top sheet(s), Base Sheet fastening shall be not less than **FRSA/TRI April 2012 (04-12), Table 1**.

For adhesive-set tile applications, refer to **Section 5.6.3** herein.

**6.5 Flintlastic GTA:**

6.5.1 **Flintlastic GTA** shall be installed in compliance with current **CertainTeed** published installation requirements. For use in tile applications, **Flintlastic GTA** is for use as an alternate to the Heat Applied "Cap Sheet" in the "Two Ply System" from **FRSA/TRI April 2012 (04-12)** beneath mechanically fastened or adhered tile roof systems (Base Sheet Limited per 5.6.2)

6.5.2 **Flintlastic GTA** shall be fully torch applied to the substrates noted in Section 5.6. Side (horizontal) laps shall be minimum 3-inch and end (vertical) laps minimum 6-inch wide, and offset end-laps minimum 3 feet from course to course. Side and end-laps shall be fully heat-welded and inspected to ensure minimum 3/8-inch flow of modified compound beyond the lap edge.

6.5.3 Consult CertainTeed instructions regarding back-nailing requirements.

**6.6 Flintlastic GMS:**

6.6.1 **Flintlastic GMS** shall be installed in compliance with current **CertainTeed** published installation requirements. For use in tile applications, **Flintlastic GMS** is for use as an alternate to "Mineral Surface Roll Roofing" (ASTM D6380, Class M) in the "Single Ply System" from **FRSA/TRI April 2012 (04-12)** beneath mechanically fastened tile roof systems or the Hot Asphalt applied "Cap Sheet" in the "Two Ply System" from **FRSA/TRI April 2012 (04-12)** beneath mechanically fastened or adhered tile roof systems.

6.6.2 **Flintlastic GMS** shall be fully asphalt-applied to the substrates noted in Section 5.6. Side (horizontal) laps shall be minimum 3-inch and end (vertical) laps minimum 6-inch wide, and offset end-laps minimum 3 feet from course to course. Side and end-laps shall be fully adhered in a complete mopping of hot asphalt with asphalt extending approximately 3/8-inch beyond the lap edge.

6.6.3 Consult CertainTeed instructions regarding back-nailing requirements.

**6.7 Roofers' Select:**

- 6.7.1 **Standard-Slope Application (4:12 and greater):** Starting at the lower edge of the roof, apply a single layer of Roofers' Select parallel to the eaves, overhanging drip edge by ½-inch. Overlap ends (vertical laps) at least 4-inch and sides (horizontal laps) at least 2-inch. Offset end laps from course to course at least 6-feet. Apply flat and unwrinkled, fastening as required to hold in place.
- 6.7.2 **Low Slope Application (2:12 up to 4:12):** Starting at the lower edge of the roof, cover the entire deck by applying a double layer of Roofers' Select parallel to the eaves. Begin by applying a 19-inch wide starter strip of Roofers' Select along the eaves, overlapping the drip edge by ½-inch. Place a full-width sheet over the starter, with lower edge flush to the starter's lower edge. Apply succeeding 36-inch wide courses up the roof slope, overlapping the previous course by 19-inch in "shingle-fashion". Overlap ends at least 12-inch. Offset end laps from course to course at least 6-feet. Apply flat and unwrinkled, fastening as required to hold in place.
- 6.7.3 **Eaves Flashing for Ice Dam Protection (all slopes):** Eaves flashing may be constructed from self-adhering waterproofing underlayment holding Florida Product Approval, or by applying a double layer of Roofers' Select cemented together with asphalt roofing cement (ASTM D 4586, Type II). Eaves flashing should be installed to a level of at least 24-inch inside the interior wall line, or in areas of severe icing, at least up to the highest water level expected to occur from ice dams to the satisfaction of the Authority Having Jurisdiction (AHJ).

**6.8 Tile Staging (Flintlastic SA Cap, Flintlastic GTA or Flintlastic GMS):**

- 6.8.1 Tile shall be loaded and staged in a manner that prevents tile slippage and/or damage to the underlayment. Refer to **Table 2** herein, and CertainTeed published requirements for tile staging.
- 6.8.2 Battens and/or Counter-battens, as required by the tile manufacturer and **FRSA/TRI April 2012 (04-12)** must be used on all roof slopes greater than 7:12. Precautions should be taken as needed, such as the use of battens or nail-boards, to prevent tile sliding and/or damage to the underlayment during the loading process.

**7. BUILDING PERMIT REQUIREMENTS:**

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

**8. MANUFACTURING PLANTS:**

Contact the noted QA agency for information on product locations covered for **F.A.C. 61G20-3** QA requirements. The following plants have qualified products under their respective physical properties specifications.

Plant	Specification	Product(s)
Little Rock, AR	ASTM D1970	WinterGuard HT, MetaLayment, Flintlastic SA PlyBase
	ASTM D4601	Flintlastic SA NailBase
	ASTM D6163	Flintlastic SA Mid Ply, Flintlastic Ultra Glass SA, Flintlastic SA Cap FR
	ASTM D6164	Flintlastic GMS
	ASTM D6164 & TAS 103	Flintlastic SA Cap
	ASTM D6222	Flintlastic GTA
Shakopee, MN	ASTM D1970	WinterGuard Sand, WinterGuard Granular, Black Diamond Base Sheet,
Shreveport, LA	ASTM D6757	Roofers' Select

**9. QUALITY ASSURANCE ENTITY:**

UL, LLC. – QUA9625; (414) 248-6409; karen.buchmann@ul.com

- END OF EVALUATION REPORT -





**Product Approval**  
USER: Public User

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

OFFICE OF THE SECRETARY

FL #	FL10674-R13								
Application Type	Revision								
Code Version	2017								
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@owenscornlg.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 <input type="checkbox"/> 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	05/16/2020								
Validated By	John W. Knezevich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received								
Certificate of Independence	<a href="#">FL10674_R13_COI_2017_01_COI_Nieminen.pdf</a>								
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th><u>Standard</u></th> <th><u>Year</u></th> </tr> </thead> <tbody> <tr> <td>ASTM D3161</td> <td>2016</td> </tr> <tr> <td>ASTM D3462</td> <td>2010</td> </tr> <tr> <td>ASTM D7158</td> <td>2011</td> </tr> </tbody> </table>	<u>Standard</u>	<u>Year</u>	ASTM D3161	2016	ASTM D3462	2010	ASTM D7158	2011
<u>Standard</u>	<u>Year</u>								
ASTM D3161	2016								
ASTM D3462	2010								
ASTM D7158	2011								

Equivalence of Product Standards  
Certified By

Sections from the Code

Product Approval Method	Method 1 Option D
Date Submitted	10/10/2017
Date Validated	10/11/2017
Date Pending FBC Approval	10/15/2017
Date Approved	12/12/2017

**Summary of Products**

FL #	Model, Number or Name	Description
10674.1	Owens Corning Asphalt Roofing Shingles and Starters	3-tab, 4-tab, 5-tab, laminated, starter and hip & ridge shingles
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> N/A <b>Design Pressure:</b> N/A <b>Other:</b> Refer to ER, Section 5.		<b>Installation Instructions</b> <a href="#">FL10674 R13 II 2017 10 FINAL ER OC ASPHALT SHINGLES FL10674-R13.pdf</a> Verified By: Robert J. M. Nieminen PE - 59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL10674 R13 AE 2017 10 FINAL ER OC ASPHALT SHINGLES FL10674-R13.pdf</a> Created by Independent Third Party: Yes

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**EXTERIOR RESEARCH & DESIGN, LLC.**

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(203) 262-9245

**EVALUATION REPORT**

**Owens Corning**

One Owens Corning Parkway  
Toledo, OH 43659  
(740) 404-7829

**Evaluation Report O37940.02.12-R8**

**FL10674-R13**

**Date of Issuance: 02/06/2012**

**Revision 8: 10/09/2017**

**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 **6<sup>th</sup> Edition (2017) 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 and **FBC 1507.2.7.1 / R905.2.6.1**.

**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 10/09/2017. This does not serve as an electronically signed document.

**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.

**5.4 Wind Classification:**

- 5.4.1 All **Owens Corning asphalt 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**, as defined in **FBC 1609.4.3**, and a **mean roof 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 **F.A.C. Rule 61G20-3**.

**6. INSTALLATION:**

**6.1 Underlayment:**

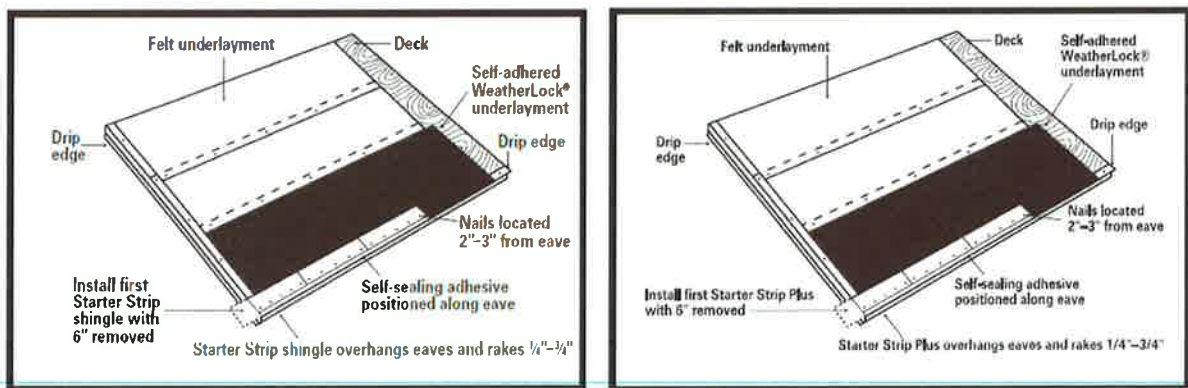
- 6.1.1 Underlayment shall be acceptable to **Owens Corning** and shall hold current Florida Statewide Product Approval, or be Locally Approved per **Rule 61G20-3**, per **FBC 1507.2.3, 1507.2.4** or **R905.2.3**.

**6.2 Asphalt Shingles:**

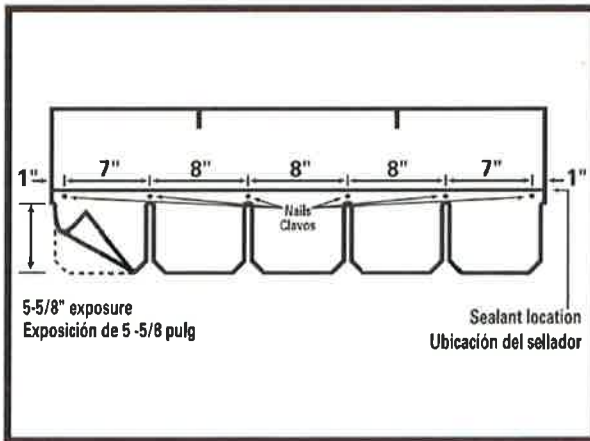
- 6.2.1 Installation of asphalt shingles shall comply with the **Owens Corning** current published instructions, using minimum four (4) nails per shingle in accordance with **FBC 1507.2.7** or **R905.2.6**, with the following exceptions:
  - **Berkshire**® shingles require minimum five (5) nails per 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.

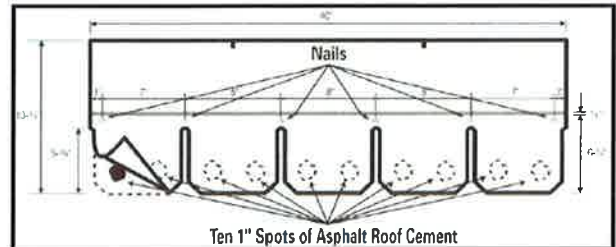
- 6.2.2 Fasteners shall be in accordance with the manufacturer’s published requirements, but not less than **FBC 1507.2.6** or **R905.2.5**. Staples are not permitted.
- 6.2.4 Where the roof slope exceeds 21 units vertical in 12 units horizontal, special methods of fastening are required. See figures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



6.2.8 Minimum Nailing – **Devonshire™**:

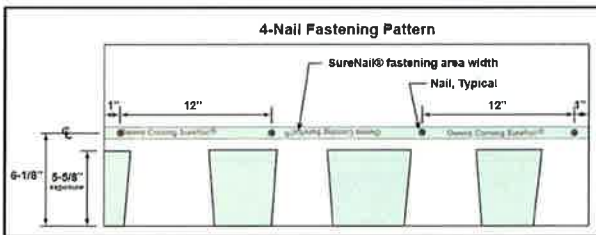


Standard 6-Nail Fastening Pattern

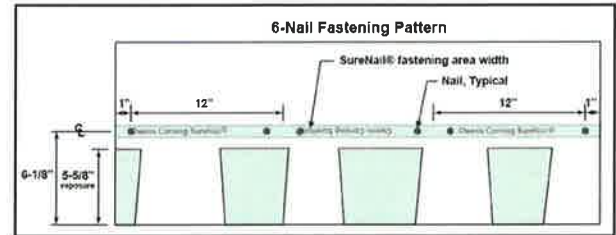


Mansard or Steep Slope Fastening Pattern

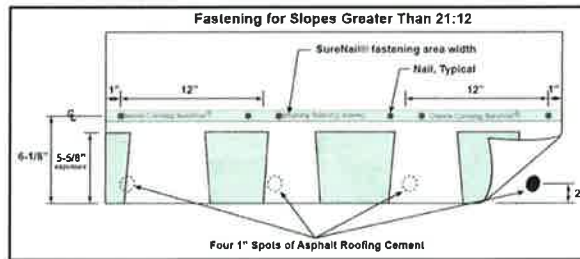
6.2.9 Minimum Nailing – **Duration®, TruDefinition® Duration, Duration® Premium Cool & TruDefinition® Duration® Designer Color Collection**:



Standard Fastening Pattern



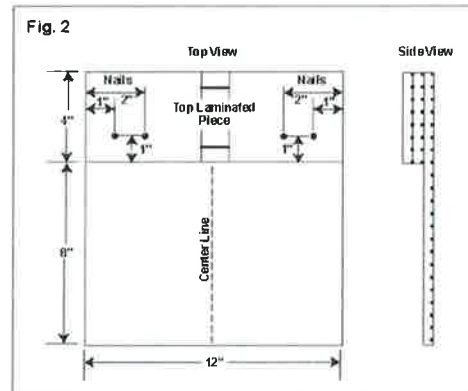
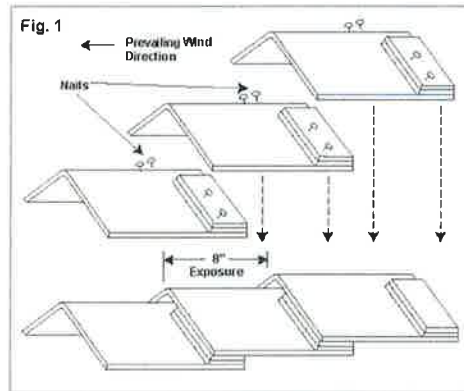
6-Nail Fastening Pattern



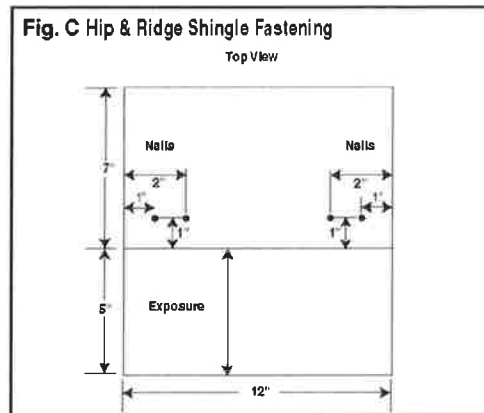
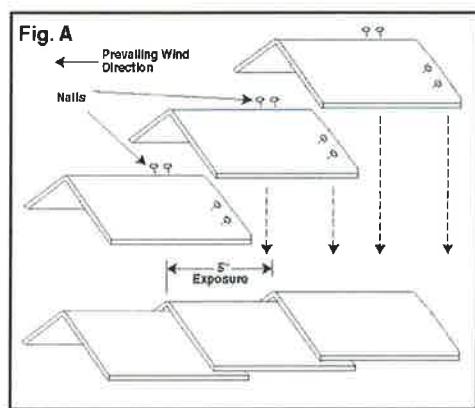
Mansard or Steep Slope Fastening Pattern

**6.3 Hip & Ridge Shingles:**

- 6.3.1 Installation of **Berkshire<sup>®</sup> Hip and Ridge Shingles, High Ridge, WeatherGuard<sup>®</sup> HP Hip and Ridge Shingles** and **ProEdge Hip & Ridge Shingles** shall comply with the **Owens Corning** current published instructions, using four (4) nails per shingle. Installation of **DuraRidge™ Hip & Ridge Shingles** shall comply with the **Owens Corning** current published instructions, using two (2) nails per shingle. Refer to **Owens Corning** published information on wind resistance and installation limitations, including the use of hand-sealing for wind warranties.
- 6.3.2 Fasteners shall be in accordance with the manufacturer’s published requirements, but not less than **FBC 1507.2.6 or R905.2.5**. Staples are not permitted.
- 6.3.3 Minimum Nailing – **Berkshire<sup>®</sup> Hip & Ridge and High Ridge:**



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





City of Belle Isle  
 1600 Nela Avenue  
 Belle Isle, FL 32809

Tel 407-851-7730 \* Fax 407-240-2222 \* www.cityofbelleislefl.org

## Contractor Registration Form

DATE	March 23, 2018
BUSINESS NAME	AMC Capital Constructors, Inc.
LICENSE QUALIFIER'S NAME	Christopher Andrew Staggs
OWNER'S NAME	Christopher Andrew Staggs
MAILING ADDRESS	900 Piedmont Wekiwa Road
CITY, STATE ZIP	Apopka, Florida 32703
BUSINESS PHONE	407-880-3308
BUSINESS FAX	407-880-9968
EMAIL ADDRESS	andystaggs@amcorlando.com
CELL (OPTIONAL)	
CONSTRUCTION TYPE	Roofing
STATE LICENSE #	CCC1326341
STATE CONTRACTOR LICENSE EXPIRATION	
QUALIFIED BUSINESS LICENSE EXPIRATION	
GENERAL LIABILITY EXPIRATION	
WORKER'S COMP EXPIRATION	

Please attach a copy of your State license, General Liability and Worker's Comp. If you are Worker's Comp Exempt you are responsible to supply us with a copy. Insurance Certificate should read, as Holder, City of Belle Isle, 1600 Nela Avenue, Belle Isle FL 32809

You may fax your information to the  
 City of Belle Isle Building Department at 407-240-2222.

ALL CONTRACTORS MUST BE STATE "CERTIFIED"

Office Use Only

CITY OF BELLE ISLE REGISTRATION NUMBER	50-
ENTERED DATE/INITIALS	

Updates: Yearly and/or Changes

Date	Initials/Update On File	Date	Initials/Update On File

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

**LICENSE NUMBER**

CCC1326341

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

STAGGS, CHRISTOPHER ANDREW  
AMC CAPITAL CONSTRUCTORS, INC.  
900 PIEDMONT WEKIWA RD  
APOPKA FL 32703



ISSUED: 08/17/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608170002420





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/23/2018

**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 have ADDITIONAL INSURED provisions or 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> Gentry Insurance Agency 175 East Main Street PO Box 2046 APOPKA FL 32704-2046	<b>CONTACT NAME:</b> Sue Wilson <b>PHONE (A/C, No, Ext):</b> (407)886-3301 <b>E-MAIL ADDRESS:</b> sue@gentryins.com	<b>FAX (A/C, No):</b> (407)886-9530
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> AMC Capital Constructors, Inc. and AMC Roofing, LLC 900 Piedmont Wekiwa Road Apopka FL 32703	<b>INSURER A:</b> Southern-Owners Ins. Co.	<b>NAIC #</b> 10190
	<b>INSURER B:</b> Auto-Owners Ins Co	18988
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 17-18                      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			72036582	10/29/2017	10/29/2018	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000	
	OTHER:						GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$	
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>			5003658200	11/05/2017	11/05/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY							BODILY INJURY (Per accident) \$
	<input type="checkbox"/> OTHER:							PROPERTY DAMAGE (Per accident) \$
							\$	
	<input type="checkbox"/> <b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$	
	<input type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE \$	
	DED	RETENTION \$					\$	
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

<b>CERTIFICATE HOLDER</b> City of Belle Isle 1600 Nela Avenue Belle Isle FL 32809	<b>CANCELLATION</b> 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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/31/2017

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 have ADDITIONAL INSURED provisions or 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> SUNZ Insurance Solutions, LLC. ID: (Impact) c/o Impact Staff Leasing, LLC 1315 W Indiantown Road Second Floor Jupiter, FL 33458	<b>CONTACT NAME:</b> Impact Staff Leasing <b>PHONE (A/C, No, Ext):</b> 561-743-0065 <b>FAX (A/C, No):</b> 561-748-3235 <b>E-MAIL ADDRESS:</b> kim@signaturestaffinginc.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A:</b> SUNZ Insurance Company 34762 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** 37005132 **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	WCPEO0000046 08 WCPEO0000046 07	8/15/2017 8/15/2016	8/15/2018 8/15/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)**

Coverage provided for all leased employees but not subcontractors of: AMC Capital Constructors, Inc. dba AMC Roofing, LLC  
 Client Effective: 2/18/2011

<b>CERTIFICATE HOLDER</b> 2003 City of Belle Isle 1600 Nela Ave Belle Isle FL 32809	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  Glen J Distefano
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