



# City of Belle Isle Job Site Card ROOFING PERMIT 2018-04-027

**PERMIT MUST BE POSTED ON SITE** - A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. **You are responsible for scheduling and keeping track of all your inspections -**

Permit Number: 2018-04-027  
Site Address: 4923 Oak Island Rd. 32809  
Class:  Residential  
Description of Work: Roof 7760 SQFT TILE two story residence

Issue Date: 04/11/2018  
Parcel # 18-23-30-6031-00-010  
Subdivision:

Issued To: GULF WESTERN ROOFING & SHEET METAL, LLC  
Name: LAMB, JOSEPH K JR

Business Phone: 407 930 6726  
Contractor License # CCC1330348

Payment Date & Method: 4 / 12 / 2018

Visa  Master Card  Amex  Discover  Check / Money Order # 2562

Schedule Inspections via Email at: [BIDScheduling@universalengineering.com](mailto:BIDScheduling@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 [BIDScheduling@UniversalEngineering.com](mailto:BIDScheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 4pm.** Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.



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

**RECEIVED**  
 APR 11 2018

**APPLICATION FOR ROOFING PERMIT**

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

**DATE OF APPLICATION:** 4/10/2018 **ROOF PERMIT NUMBER** 2018-04-027

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

Project Address 4923 Oak Island Road, Belle Isle, FL X 32809 32812  
 Property Owner Todd & Michele Anderson Phone \_\_\_\_\_  
 Property Owner's Mailing Address 4923 Oak Island Road City Belle Isle  
 State FL Zip Code 32809 **Parcel Id Number:** 18-23-30-6031-00-010

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

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

• **REQUIRED!** Florida Product Approval 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:** 7760 **Number of Stories:** 2 **Job Valuation:** \$ 74,600.00  
**Type:** Asphalt Shingles  Metal  Modified Bitumen  Other: Tile

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 Joseph K. Lamb Jr. LICENSE # CCC1330348  
 LICENSE HOLDER NAME Joseph K. Lamb Jr COMPANY NAME Gulf Western Roofing & Sheet Metal LLC  
 Street Address 8350 Parkline Blvd #7  
 City Orlando State FL Zip Code 32809 Phone Number 407-930-6726  
 Email Address m.dracon@lambcon.com

Zoning Fee	\$ <u>30.00</u>
Building Fee	\$ <u>395.00</u>
Review Fee	\$ <u>0</u>
1% BCAIB Fee	\$ <u>3.95</u>
1.5% DCA Fee	\$ <u>5.93</u>
<b>Total Permit Fee</b>	<b>\$ <u>434.88</u></b>

Building Official: SM Date 4-11-18  
 Verified Contractor's Licenses & Insurance are on file for Date 4-10-2018  
McCarthy LLC Cert  
NOC

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.

1511K  
 74x5      25  
             370  
             395

Building Permit Number \_\_\_\_\_  
**PAID**  
4-12-2018  
MC 2562

Permit Number: 2018-04-027  
 Folio/Parcel ID #: 18-23-30-6031-00-010  
 Prepared by: Gulf Western Roofing & Sheet Metal LLC  
8350 Parkline Blvd #7  
Orlando FL 32809  
 Return to: Gulf Western Roofing & Sheet Metal LLC  
8350 Parkline Blvd #7  
Orlando FL 32809

DOC # 20180153887  
 03/16/2018 11:13 AM Page 1 of 1  
 Rec Fee: \$10.00  
 Deed Doc Tax: \$0.00  
 Mortgage Doc Tax: \$0.00  
 Intangible Tax: \$0.00  
 Phil Diamond, Comptroller  
 Orange County, FL  
 Ret To: CSC INC

**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)  
OAK ISLAND SECOND REPLAT 24/105 LOT 1 4923 OAK ISLAND ROAD
2. **General description of improvement**  
RE-ROOF
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
 Name TODD & MICHELE ANDERSON  
 Address 4923 OAK ISLAND ROAD, BELLE ISLE FL 32809  
 Interest in Property \_\_\_\_\_  
 Name and address of fee simple titleholder (if different from Owner listed above)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_
4. **Contractor**  
 Name GULF WESTERN ROOFING & SHEET METAL LLC Telephone Number 407-930-6726  
 Address 8350 PARKLINE BLVD #7, ORLANDO FL 32809
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 will be 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

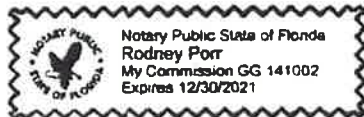
[Signature] Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager  
OWNER Signatory's Title/Office

The foregoing instrument was acknowledged before me this 15 day of March <sup>2018</sup> by TODD ANDERSON  
 month/year name of person

as owner for \_\_\_\_\_  
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature] Signature of Notary Public - State of Florida  
Rodney E. Pore Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID   
 Type of ID Produced PL 010 A-530-817-05-464-0



Form content revised: 01/23/14

State of FLORIDA, County of ORANGE.  
 Per §668.50, F.S., which defines and permits electronic signatures,  
 I certify that this is a true copy of the document as reflected in the  
 Official Records.  
**PHIL DIAMOND, COUNTY COMPTROLLER**



By Beatriz Galagarza at 9:14 am, Mar 21, 2018  
 Deputy Comptroller Date





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

**POWER OF ATTORNEY**

Date: 4/10/2018

Permit #: 2018-04-027

I hereby name and appoint Marla Dracon of  
(print name)  
Gulf Western Roofing & Sheet Metal LLC 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 Roof permit  
(type of permit)

for work to be performed at the following location:

4923 Oak Island Road, 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: Joseph K. Lamb Jr

License Number: CCC1330348

Certified Contractor's Signature: *Joseph K Lamb Jr*

The foregoing instrument was acknowledged before me this 3<sup>rd</sup> days of April of 2018

by Joseph K Lamb Jr who is personally known to me or who produced  
as identification and who did not take an oath.

State of Florida  
County of Orange  
Keith Reece  
Notary Public, Orange County, Florida



(seal)

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER	CCC1330348
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The ROOFING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2018

LAMB, JOSEPH K JR  
GULF WESTERN ROOFING & SHEET METAL, LLC  
8350 PARKLINE BLVD, SUITE 7  
ORLANDO FL 32809

ISSUED: 06/14/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606140001022

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other local authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2017 EXPIRES 9/30/2018 5000-1153768

5000 BUSINESS OFFICE \$30.00 1 EMPLOYEE 1806 CERT ROOFING CONTRA \$30.00 1 EMPLOYEE

TOTAL TAX \$60.00  
PREVIOUSLY PAID \$60.00  
TOTAL DUE \$0.00

LAMB JOSEPH JR

GULF WESTERN ROOFING & SHEET METAL LLC  
8350 PARKLINE BLVD #7  
ORLANDO FL 32809

8350 PARKLINE BLVD #7  
U - ORLANDO, 32809

PAID: \$60.00 0098-00777921 7/12/2017

**Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida**

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other local authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

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LAMB JOSEPH JR

GULF WESTERN ROOFING & SHEET METAL  
8350 PARKLINE BLVD #7  
ORLANDO FL 32809

8350 PARKLINE BLVD #7  
U - ORLANDO, 32809

PAID: \$60.00 0098-00777921 7/12/2017

This receipt is official when validated by the Tax Collector.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/11/2018

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 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> Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061		<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (954) 943-5050 E-MAIL ADDRESS: FAX (A/C. No.): (954) 942-6310																						
<b>INSURED</b> Lamb Construction Group Inc Gulf Western Roofing & Sheet Metal, LLC Gulf Western Roofing & Sheet Metal, Inc P O Box 368377 Bonita Springs FL 34136		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>First Specialty Ins Corp</td> <td>34916</td> </tr> <tr> <td>INSURER B:</td> <td>MAPFRE Ins Co FL</td> <td>34932</td> </tr> <tr> <td>INSURER C:</td> <td>American Guarantee &amp; Liability Ins</td> <td>26247</td> </tr> <tr> <td>INSURER D:</td> <td>Continental Casualty Co</td> <td>20443</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	First Specialty Ins Corp	34916	INSURER B:	MAPFRE Ins Co FL	34932	INSURER C:	American Guarantee & Liability Ins	26247	INSURER D:	Continental Casualty Co	20443	INSURER E:			INSURER F:		
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INSURER E:																								
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**COVERAGES**      **CERTIFICATE NUMBER:** Dec 2017 GL Auto XS IM      **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 & XCU Incl			IRG20022903	12/1/2017	12/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Policy Aggregate \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: \$10,000 Ded Per Occ						
B	<input checked="" type="checkbox"/> 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			5204070000530	7/1/2017	7/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0						
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			AUC583306205 follows form over GL, AL	12/1/2017	12/1/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				
D	Leased/Rented Equipment 5% Deductible			6045450984	12/1/2017	12/1/2018	Per Item \$160,000 Per Occurrence \$300,000

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 Dirk DeJong/MR
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/11/2018

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> Bouchard Insurance for WBS P.O.Box 6090 Clearwater, FL 33758-6090	<b>CONTACT NAME:</b> PHONE (A/C, No., Ext): (866) 293-3600 ext. 623 E-MAIL ADDRESS:	<b>FAX (A/C, No):</b>													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : American Zurich Insurance Company</td> <td>40142</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Zurich Insurance Company	40142	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER E :															
INSURER F :															
<b>INSURED</b> Workforce Business Services, Inc. Alt. Emp: Lamb Construction Group Inc dba: Gulf Western Roofing 1401 Manatee Ave. West Ste 600 Bradenton, FL 34205-6708															

**COVERAGES** CERTIFICATE NUMBER: 17FL079921363 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
	<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"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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 \$ \$
<b>A</b>	<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 type="checkbox"/>	N/A	WC 90-00-818-07	12/31/2017	12/31/2018	<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
	<b>Location Coverage Period:</b>				12/31/2017	12/31/2018	<b>Client#</b> 054527

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

Coverage is provided for only those co-employees of, but not subcontractors to:  
 Lamb Construction Group Inc dba: Gulf Western Roofing  
 9148 Bonita Beach Rd, Ste. 102  
 Bonita Springs, FL 34135

## CERTIFICATE HOLDER

## CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE





**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: 4/10/18

PERMIT # 208-04-027

PROJECT ADDRESS 4923 Oak Island Road, Belle Isle, FL 32809 32812

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

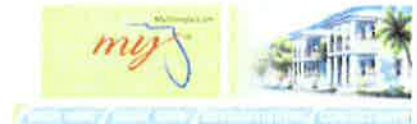
• **NOTE: The Installation Instructions must be posted on-site before your first inspection!!**

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			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles	Boral	Saxony	10.0711.05
Fixed				Single Ply Roof			
Mullion				Underlayment	Boral	Tile Seal	FL14317-R8
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** *M. J. ...*

**Date** 4/10/18



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**Product Approval**  
USER: Public User

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

FL #	FL14317-R8								
Application Type	Revision								
Code Version	2017								
Application Status	Approved								
Comments	Archived								
Product Manufacturer	Boral Roofing / MonierLifetile								
Address/Phone/Email	7575 Irvine Center Drive Suite 100 Irvine, CA 92618 (602) 269-2288 Ext 8320 thomas.jemmett@boral.com								
Authorized Signature	Thomas Jemmett thomas.jemmett@boral.com								
Technical Representative	Adrian Cooper								
Address/Phone/Email	135 NW 20th Street Boca Raton, FL 33431 (954) 520-5461 acooppeer@minierlifetile.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 J. M. Nieminen								
Florida License	PE-59166								
Quality Assurance Entity	UL LLC								
Quality Assurance Contract Expiration Date	08/21/2020								
Validated By	John W. Knezevich, PE ✓ Validation Checklist - Hardcopy Received								
Certificate of Independence	<a href="#">FL14317 R8 COI 2015 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 D1970</td> <td>2015</td> </tr> <tr> <td>FRSA/TRI (April 2012) 04-12</td> <td>2012</td> </tr> <tr> <td>UL 1897</td> <td>2012</td> </tr> </tbody> </table>	<u>Standard</u>	<u>Year</u>	ASTM D1970	2015	FRSA/TRI (April 2012) 04-12	2012	UL 1897	2012
<u>Standard</u>	<u>Year</u>								
ASTM D1970	2015								
FRSA/TRI (April 2012) 04-12	2012								
UL 1897	2012								
Equivalence of Product Standards Certified By									
Sections from the Code									

Product Approval Method	Method 1 Option D
Date Submitted	10/14/2017
Date Validated	10/16/2017
Date Pending FBC Approval	10/17/2017
Date Approved	12/12/2017

**Summary of Products**

FL #	Model, Number or Name	Description
14317.1	Boral Roof Underlayments	Roof underlayments for use in prepared roof assemblies
<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/-202.5 <b>Other:</b> 1.) The design pressure in this application pertains to a particular underlayment system for use under foam-on tile systems. Refer to ER Section 5.6.2 for all such systems and max design pressures. 2.) Refer to ER Section 5 for Limits of Use.		<b>Installation Instructions</b> <a href="#">FL14317 R8 II 2017 10 FINAL ER BORAL Underlayments FL14317-R8.pdf</a> Verified By: Robert J. M. Nieminen PE - 59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14317 R8 AE 2017 10 FINAL ER BORAL Underlayments FL14317-R8.pdf</a> Created by Independent Third Party: Yes

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Contact Us :: [2601 Blair Stone Road, Tallahassee FL 32399](#) Phone: 850-467-1824

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

**EVALUATION REPORT**

**Boral Roofing**  
 7575 Irvine Center Drive, Suite 100  
 Irvine, CA. 92618  
 (602) 269-2288

**Evaluation Report M35710.12.10-R9**  
**FL14317-R8**  
**Date of Issuance: 12/21/2010**  
**Revision 9: 10/14/2017**

**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: Boral 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 7.

**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 10/14/2017. 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:** Boral Roof Underlayments, as marketed by Boral Roofing, 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	UL 1897	2012
1507.1.1, T1507.1.1, 1507.2.9.2	Physical Properties	ASTM D1970	2015
1507.3.3	Physical Properties	FRSA/TRI April 2012 (04-12)	2012

**3. REFERENCES:**

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
ERD (TST 6049)	Physical Properties	M36790.07.11	09/30/2011
ERD (TST 6049)	Physical Properties	B40380.08.12	08/28/2012
ERD (TST 6049)	Tensile Adhesion / LTA	C41420.09.12-2	09/11/2012
ERD (TST 6049)	Adhesion	B41940.09.12	09/13/2012
ERD (TST 6049)	Tensile Adhesion / LTA	B47390.07.14-1	07/31/2014
ERD (TST 6049)	Tensile Adhesion / LTA	B47390.09.14	09/04/2014
PRI (TST 5878)	ASTM D1970	NEI-031-02-02:REV	10/27/2010
PRI (TST 5878)	ASTM D1970	NEI-029-02-01:REV	12/03/2010
PRI (TST 5878)	Tensile Adhesion / LTA	NEI-046-02-01REV	12/17/2010
PRI (TST 5878)	FRSA/TRI April 2012	NEI-076-02-01	02/14/2011
PRI (TST 5878)	ASTM D1970	NEI-034-02-02	01/29/2013
PRI (TST 5878)	Wind Uplift	BORR-001-02-01	03/17/2015
PRI (TST 5878)	Wind Uplift	BORR-005-02-01	06/24/2015
UL, LLC. (QUA 9625)	Quality Assurance	Service Confirmation	Exp. 08/21/2020

**4. PRODUCT DESCRIPTION:**

**4.1 Self-Adhering Underlayments:**

**4.1.1 Boral TileSeal® 50<sup>HT</sup>** is a nominal 50-mil thick, polyester-surfaced, self-adhering SBS modified bitumen roof underlayment; meets ASTM D1970.

**4.1.2 Boral TileSeal® <sup>HT</sup>** is a nominal 60-mil thick, polyester-surfaced, self-adhering SBS modified bitumen roof underlayment; meets ASTM D1970 and FRSA/TRI 04-12.

**4.1.3 GatorSeal®** is a nominal 55-mil thick, granular-surfaced, fiberglass reinforced, self-adhering SBS modified bitumen roof underlayment; meets ASTM D1970.

**4.1.4 Citadel® Plus** is a nominal 48-mil thick, fabric-surfaced, fiberglass reinforced, self-adhering SBS modified bitumen roofing underlayment for use as a base-layer in two-ply underlayment systems; meets ASTM D1970.

**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 for fire ratings of this product.
- 5.4 **Boral 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 for approval based on this evaluation combined with supporting data for the prepared roof covering.
- 5.5 **Allowable Roof Covers:** Table 1 pertains to use of each listed underlayment by-itself beneath the stated roof covers. Refer to the installation instructions and Table 2 for two-ply underlayment options.

TABLE 1: ROOF COVER OPTIONS						
Underlayment	Asphalt Shingles	Nail-On Tile	Adhesive-set Tile	Metal	Wood Shakes & Shingles	Slate
Boral TileSeal 50 <sup>HT</sup>	Yes	No	No	Yes	Yes	Yes
Boral TileSeal <sup>HT</sup>	Yes	Yes	Yes (See 5.5.1)	Yes	Yes	Yes
GatorSeal	Yes	No	No	No	Yes	Yes

- 5.5.1 "Adhesive-set Tile" is limited to use of following Approved tile adhesives / underlayment combinations.

TABLE 1A: ALLOWABLE TILE ADHESIVE / UNDERLAYMENT COMBINATIONS <sup>1</sup>		
Adhesive	Florida Product Approval	Underlayments
DAP Foam Touch 'n Seal StormBond Roof Tile Adhesive	FL14506	Boral TileSeal <sup>HT</sup>
Dow TILE BOND™ Roof Tile Adhesive	FL22525	Boral TileSeal <sup>HT</sup>
ICP Adhesives Polyset® AH-160	FL6332	Boral TileSeal <sup>HT</sup>
ICP Adhesives Polyset® RTA-1	FL6276	Boral TileSeal <sup>HT</sup>

- 5.6 **Allowable Substrates:**

- 5.6.1 **Direct-Bond to Deck:**

Citadel Plus, Boral TileSeal 50<sup>HT</sup>, Boral TileSeal<sup>HT</sup> or GatorSeal:

- Plywood (unprimed or primed with ASTM D41 primer).

Boral TileSeal<sup>HT</sup>:

- OSB primed with ASTM D41 primer.

*Note: Refer to Section 5.6.4 for uplift limitations associated with direct-deck underlayment installations where the overlying roof cover is adhesive-set tile roofing*

- 5.6.2 **Bond to Base Layer Underlayment:**

Citadel Plus, Boral TileSeal 50<sup>HT</sup>, Boral TileSeal<sup>HT</sup> or GatorSeal:

- ASTM D226, Type II felt; Citadel Plus.

For installations under mechanically attached prepared roof coverings, base layer shall be attached per minimum codified requirements. For installations under adhesive-set tile systems, base layer shall be attached per minimum requirements of **FRSA/TRI April 2012 (04-12), Appendix A, Table 1**, or as listed in **Section 5.6.4** herein, or as tested in accordance with **FBC 1504.3.1**.

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

5.6.3 **Bond to Other Substrate Types:**

Citadel Plus, Boral TileSeal 50<sup>HT</sup>, Boral TileSeal<sup>HT</sup> or GatorSeal:

- ASTM D41 primed metal (e.g., flashing metal, valley metal, etc).

Boral TileSeal<sup>HT</sup>:

- Huber Zip Deck (unprimed or primed with ASTM D41 primer); Dens Deck Prime.

Note: For installation under mechanically attached prepared roof coverings, insulation shall be attached per minimum requirements of the prepared roof covering manufacturer's Product Approval.

5.6.4 **Wind Resistance for Underlayment Systems in Adhesive-set Tile Applications: FRSA/TRI April 2012 (04-12)**

does not address wind uplift resistance of all underlayment systems beneath adhesive-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 adhesive-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 = -105 psf:**

Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of Authority Having Jurisdiction.

Base Ply: (Optional) Citadel Plus, self-adhered

Underlayment: Boral TileSeal<sup>HT</sup>, self-adhered and back-nailed within the selvedge-edge side laps using 12 ga. x 1¼" ring shank nails through 32 ga., 1-5/8" diameter tin caps spaced 12-inch o.c.

#2 **Maximum Design Pressure = -120.0 psf:**

Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of Authority Having Jurisdiction.

Primer: ASTM D41 to the plywood deck

Base Ply: Citadel Plus, self-adhered

Cap Sheet: Boral TileSeal<sup>HT</sup>, self-adhered, and back-nailed within the selvedge-edge side laps using 12 ga. x 1¼" ring shank nails through 32 ga., 1-5/8" diameter tin caps spaced 12-inch o.c.

#3 **Maximum Design Pressure = -202.5 psf:**

Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of Authority Having Jurisdiction.

Primer: ASTM D41 to the plywood deck

Base Ply: None

Cap Sheet: Boral TileSeal<sup>HT</sup>, self-adhered, and back-nailed within the selvedge-edge side laps using 12 ga. x 1¼" ring shank nails through 32 ga., 1-5/8" diameter tin caps spaced 12-inch o.c.

#4 **Maximum Design Pressure = -120.0 psf:**

Deck: Min. 2,500 psi structural concrete to meet project requirements to satisfaction of Authority Having Jurisdiction.

Primer: ASTM D41 to the concrete deck

Base Ply: (Optional) Citadel Plus, self-adhered

Cap Sheet: Boral TileSeal<sup>HT</sup>, self-adhered

5.6.4.1 Note: For adhesive-set tile systems, if there is a base ply or mid-ply of Citadel Plus in the system, the project design pressure requirements may not exceed -120 psf.

5.7 **Exposure Limitations:**

GatorSeal shall not be left exposed for longer than **30-days** after installation, prior to placement of final roof cover.

Boral TileSeal 50<sup>HT</sup> and Boral TileSeal<sup>HT</sup> shall not be left exposed for longer than **180-days** after installation, prior to placement of final roof cover.

Citadel Plus, for use as a base-layer in a two-ply underlayment system, shall not be left exposed for longer than **180-days** after installation, prior to placement of subsequent underlayment layer.

5.8 **Tile Slippage Limitations [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	Stagging Method	Maximum Slope
Boral TileSeal <sup>HT</sup>	Flat	Max. 10-tile stack	6:12
	Lugged	Max. 10-tile stack	6:12

6. **INSTALLATION:**

6.1 **Boral Roof Underlayments** shall be installed in accordance with **Boral Roofing** published installation instructions 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 prime the substrate (if applicable).

6.3 Install self-adhering underlayment when ambient and surface temperatures are minimum 40°F and rising.

**6.4 Citadel Plus:**

6.4.1 Citadel Plus is limited to use as a base or mid-layer in multi-ply underlayment systems beneath Boral TileSeal 50<sup>HT</sup>, Boral TileSeal<sup>HT</sup> or GatorSeal.

6.4.2 Slope limitations are those associated with the top-layer underlayment.

6.4.3 **Direct to Deck:**

Cut the membrane into manageable lengths, typically 10 to 12 ft. Align the membrane parallel to the roof edge, extending over by ¼-inch. Fold the membrane away from the edge onto itself. Remove the release sheet. Place the membrane with the exposed rubberized asphalt onto the deck, pressing firmly into place. Roll into place with a weighted roller.

Boral recommends fastening of the top edge of the sheet to the deck with roofing nails, nails & tin-tags or 1-inch diameter plastic or steel cap nails spaced 24-inch o.c. for slopes below 7:12 and 12-inch o.c. for slopes 7:12 and greater. Overlap successive courses minimum 2 inches (horizontal lap) and minimum 4" end (vertical) laps.

Install final underlayment layer atop Citadel Plus per 'direct-to-deck' instructions for Boral TileSeal 50<sup>HT</sup>, Boral TileSeal<sup>HT</sup> or GatorSeal.

6.4.4 **To Base Sheet:**

Install base sheet of ASTM D226, Type II felt in accordance with Code requirements or install base ply of Citadel Plus in accordance with Boral Roofing published installation instructions and Section 6.4.3 and when used as part of a multi-ply system.

Install optional Citadel Plus as a mid-ply in accordance with Boral Roofing published installation instructions and Section 6.4.3.

Install final underlayment layer atop Citadel Plus per 'direct-to-deck' instructions for Boral TileSeal 50<sup>HT</sup>, Boral TileSeal<sup>HT</sup> or GatorSeal.

Note: For adhesive-set tile systems, if there is a base ply or mid-ply of Citadel Plus in the system, the project design pressure requirements may not exceed -120 psf.

**6.5 Boral TileSeal 50<sup>HT</sup>:**

- 6.5.1 Shall be installed in compliance with the requirements for ASTM D1970 underlayment in FBC Table 1507.1.1 for the type of prepared roof covering to be installed.
- 6.5.2 Do not use Boral TileSeal 50<sup>HT</sup> on roof pitches less than 2:12.
- 6.5.3 Non-Tile Applications, Direct to Deck:  
 Cut the membrane into manageable lengths, typically 10 to 12 ft. Align the membrane parallel to the roof edge, extending over by ¼-inch. Fold the membrane away from the edge onto itself. Remove the release sheet. Place the membrane with the exposed rubberized asphalt onto the deck, pressing firmly into place. Roll into place with a weighted roller.  
 Boral recommends fastening of the black selvedge edge to the deck with roofing nails, nails & tin-tags or 1-inch diameter plastic or steel cap nails spaced 24-inch o.c. for slopes below 7:12 and 12-inch o.c. for slopes 7:12 and greater. Overlap successive courses the width of the black-selvedge area, minimum 3-inch.  
 Seal under end (vertical) laps using approved mastic, or use Joined and Folded Seam or Inverted Sheet Seam method detailed in Boral Roofing published installation instructions.
- 6.5.4 Non-Tile Applications, to Base Sheet:  
 Install ASTM D226, Type II felt in accordance with Code requirements or install Citadel Plus in accordance with Boral Roofing published installation instructions and Section 6.4.  
 Install Boral TileSeal 50<sup>HT</sup> in accordance over ASTM D226, Type II felt or Citadel Plus with Boral Roofing published installation instructions and Section 6.5.3, except end (vertical) laps, described below.  
 Apply SBS Mastic under all end (vertical) laps or any other laps where the self-adhering bituminous underside is in contact with the fabric top surface, rolling the interface into place with a weighted roller.

**6.6 GatorSeal:**

- 6.6.1 Shall be installed in compliance with the requirements for ASTM D1970 underlayment in FBC Table 1507.1.1 for the type of prepared roof covering to be installed.
- 6.6.2 Do not use GatorSeal on roof pitches less than 2:12.
- 6.6.3 Non-Tile applications, Direct to Deck:  
 Cut the membrane into manageable lengths, typically 10 to 12 ft. Align the membrane parallel to the roof edge, extending over by ¼-inch. Fold the membrane away from the edge onto itself. Remove the release sheet. Place the membrane with the exposed rubberized asphalt onto the deck, pressing firmly into place. Roll into place with a weighted roller.  
 Boral recommends fastening of the black selvedge edge to the deck with roofing nails, nails & tin-tags or 1-inch diameter plastic or steel cap nails spaced 24-inch o.c. for slopes below 7:12 and 12-inch o.c. for slopes 7:12 and greater. Overlap successive courses the width of the black-selvedge area, minimum 3-inch.  
 Seal end (vertical) laps using SBS Mastic under all side (vertical) laps or any other laps where the self-adhering bituminous underside is in contact with the granular or mineral top surface, rolling the interface into place with a weighted roller, or using the Inverted Sheet Seam detailed in Boral Roofing published installation instructions.
- 6.6.4 Non-Tile Applications, to Base Sheet:  
 Install ASTM D226, Type II felt in accordance with Code requirements or install Citadel Plus in accordance with Boral Roofing published installation instructions and Section 6.4.  
 Install GatorSeal over ASTM D226, Type II felt or Citadel Plus in accordance with Boral Roofing published installation instructions and Section 6.6.3 except end (vertical) laps, described below.  
 Apply SBS Mastic under all side (vertical) laps or any other laps where the self-adhering bituminous underside is in contact with the granular top surface, rolling the interface into place with a weighted roller.

<b>6.7</b>	<b>Boral TileSeal<sup>HT</sup>:</b>
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- 6.7.1 Shall be installed in compliance with the requirements for ASTM D1970 underlayment in **FBC Table 1507.1.1** for the type of prepared roof covering to be installed.
- 6.7.2 Do not use Boral TileSeal<sup>HT</sup> on roof pitches less than 2:12.
- 6.7.3 Non-Tile Applications, Direct to Deck:  
 For OSB substrate, prime with ASTM D41 primer and allow to dry prior to installation. Cut the membrane into manageable lengths, typically 10 to 12 ft. Align the membrane parallel to the roof edge, extending over by ¼-inch. Fold the membrane away from the edge onto itself. Remove the release sheet. Place the membrane with the exposed rubberized asphalt onto the deck, pressing firmly into place. Roll into place with a weighted roller.  
 Boral recommends fastening of the black selvedge edge to the deck with roofing nails, nails & tin-tags or 1-inch diameter plastic or steel cap nails spaced 24-inch o.c. for slopes below 7:12 and 12-inch o.c. for slopes 7:12 and greater. Overlap successive courses the width of the black-selvedge area, minimum 3-inch. Seal under end (vertical) laps using approved mastic, or use Joined and Folded Seam or Inverted Sheet Seam method detailed in Boral Roofing published installation instructions.
- 6.7.4 Non-Tile Applications, to Base Sheet:  
 Install ASTM D226, Type II felt in accordance with Code requirements or install Citadel Plus in accordance with Boral Roofing published installation instructions and Section 6.4.  
 Install Boral TileSeal<sup>HT</sup> over ASTM D226, Type II felt or Citadel Plus in accordance with Boral Roofing published installation instructions and Section 6.7.3, except end (vertical) laps, described below.  
 Apply SBS Mastic under all end (vertical) laps or any other laps where the self-adhering bituminous underside is in contact with the fabric top surface, rolling the interface into place with a weighted roller.
- 6.7.5 Tile Applications:  
 Reference is made to **FRSA/TRI April 2012 (04-12) Installation Manual** and **Table 1** herein, using the instructions noted above as a guideline.  
 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 5.6.4** herein.  
 Note: For adhesive-set tile systems, if there is a base ply or mid-ply of Citadel Plus in the system, the project design pressure requirements may not exceed -120 psf.  
 Refer to **Section 5.8** for tile staging limitations. Battens must be used for all tile installations atop Boral TileSeal<sup>HT</sup> with roof pitches of 2½ to less than 3:12. Boral Roofing’s Elevated Batten System or counter battens are required.

**7. BUILDING PERMIT REQUIREMENTS:**

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

**8. MANUFACTURING PLANTS:**

Brentwood, NH

**9. QUALITY ASSURANCE ENTITY:**

UL, LLC. – QUA9625; (631) 546-2458; [Kanchi.Agrawala-Dokania@ul.com](mailto:Kanchi.Agrawala-Dokania@ul.com)

- END OF EVALUATION REPORT -





DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)  
BOARD AND CODE ADMINISTRATION DIVISION

MIAMI-DADE COUNTY  
PRODUCT CONTROL SECTION  
11805 SW 26 Street, Room 208  
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## NOTICE OF ACCEPTANCE (NOA)

**Boral Roofing, LLC**  
7575 Irvine Center Drive, Suite 100  
Irvine, CA 92618

### SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed and accepted by Miami-Dade County RER - Product Control Section to be used in Miami-Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Section (in Miami-Dade County) and/or the AHJ (in areas other than Miami-Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. RER reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Section that this product or material fails to meet the requirements of the applicable building code.

This product is approved as described herein, and has been designed to comply with the Florida Building Code including the High Velocity Hurricane Zone of the Florida Building Code.

### DESCRIPTION: Saxony 900 Concrete Roof Tile

**LABELING:** Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

**RENEWAL** of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

**TERMINATION** of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

**ADVERTISEMENT:** The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

**INSPECTION:** A copy of this entire NOA 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 NOA renews NOA No.13-0723.05 and consists of pages 1 through 8.  
The submitted documentation was reviewed by Alex Tigera.



*Alex Tigera*  
1/19/17

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Expiration Date: 04/26/22  
Approval Date: 09/29/16  
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## ROOFING ASSEMBLY APPROVAL

**Category:** Roofing  
**Sub-Category:** Roofing Tiles  
**Material:** Concrete  
**Deck Type:** Wood

### 1. SCOPE

This NOA approves a system using **Saxony 900 (Slate, Shake & Split Shake) Concrete Roof Tile**, as manufactured **Boral Roofing LLC** in Lake Wales, FL and described this Notice of Acceptance. For locations where the pressure requirements, as determined by applicable Building Code, do not exceed the design pressure values obtained by calculations in compliance with RAS 127 using the values listed in the installation section herein. The attachment calculations shall be done as a moment based system.

### 2. PRODUCT DESCRIPTION

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Saxony 900-Slate	Length = 17" Width = 13" thickness = 1-5/32"	TAS 112	Flat profile, interlocking, high-pressure extruded concrete roof tile with two nail holes. For direct deck, batten, mortar set or adhesive set applications.
Saxony 900 Split Shake	Length = 17" Width = 13" thickness = 1-9/32"	TAS 112	Flat profile, interlocking, high-pressure extruded concrete roof tile with two nail holes. For direct deck, batten, mortar set or adhesive set applications. Top surface produced with 4 different configurations: <ol style="list-style-type: none"> <li>1. Complete tile brushed</li> <li>2. Right half brushed (shown in drawing)</li> <li>3. Left half brushed</li> <li>4. No brush</li> </ol>
Saxony 900-Shake	Length = 17" Width = 13" thickness = 1-9/32"	TAS 112	Flat profile, interlocking, high-pressure extruded concrete roof tile with two nail holes. For direct deck, batten, mortar set or adhesive set applications.
Trim Pieces	Length: varies Width: varies varying thickness	TAS-112	Accessory trim, boosted Barcelona, concrete roof pieces for use at hips, ridges and rakes.



## 2.1 MANUFACTURING LOCATION

2.1.1 Lake Wales, FL

## 2.2 EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
The Center for Applied Engineering, Inc.	94-084	Static Uplift Testing TAS 101 (Mortar Set)	May 1994
The Center for Applied Engineering, Inc.	94-060A	Static Uplift Testing TAS 101 (Adhesive Set)	March, 1994
The Center for Applied Engineering, Inc.	25-7183-6	Static Uplift Testing TAS 102 (2 Quik-Drive Screws, Direct Deck)	Feb. 1995
The Center for Applied Engineering, Inc.	25-7183-5	Static Uplift Testing TAS 102 (2 Quik-Drive Screws, Battens)	Feb. 1995
The Center for Applied Engineering, Inc.	25-7214-1	Static Uplift Testing TAS 102 (1 Quik-Drive Screw, Direct Deck)	March, 1995
The Center for Applied Engineering, Inc.	25-7214-5	Static Uplift Testing TAS 102 (1 Quik-Drive Screw, Battens)	March, 1995
The Center for Applied Engineering, Inc.	Project No. 307025 Test #MDC-77	Wind Driven Rain TAS 100	Oct. 1994
Redland Technologies	7161-03	Wind Tunnel Testing TAS 108 (Nail-On)	Dec. 1991
Redland Technologies	Appendix II & III Letter Dated Aug. 1, 1994	Wind Tunnel Testing TAS 108 (Nail-On)	Aug. 1994
Redland Technologies	P0631-01	Wind Tunnel Testing TAS 108 (Mortar Set)	July 1994
Redland Technologies	P0402	Withdrawal Resistance Testing of screw vs. smooth shank nails	Sept. 1993
Atlanta Testing & Engineering, Inc.	R1.894/R2.894/R3.894	Physical Properties TAS 112	Aug. 1994
Celotex Corporation Testing Service	520109-1	Static Uplift Testing TAS 101	Dec. 1998
Celotex Corporation Testing Service	520111-4	Static Uplift Testing TAS 101	March 1999
Walker Engineering, Inc.	Evaluation Calculations	25-7094	February 1996
Walker Engineering, Inc.	Evaluation Calculations	25-7496	April 1996
Walker Engineering, Inc.	Evaluation Calculations	25-7584/25-7804b-8/25-7804-4 & 5 25-7848-6	December 1996
Walker Engineering, Inc.	Evaluation Calculations	25-7183	March 1995
Walker Engineering, Inc.	Evaluation Calculations	Aerodynamic Multipliers	09/01/16
Walker Engineering, Inc.	Calculations	Two Patty Adhesive Set System	April 1999
Walker Engineering, Inc.	Evaluation Calculations	Restoring Moments Due to Gravity	09/01/16
American Test Lab of South Florida	RT0617.04-16	TAS 112	06/29/16



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### 3. LIMITATIONS

- 3.1 Fire classification is not part of this acceptance.
- 3.2 For mortar or adhesive set tile applications, a static field uplift test shall be performed in accordance with TAS 106.
- 3.3 Applicant shall retain the services of a Miami-Dade County Certified Laboratory to perform quarterly test in accordance with TAS 112, appendix 'A'. Such testing shall be submitted to the Building Code Compliance Office for review.
- 3.4 Minimum underlayments shall be in compliance with the applicable Roofing Applications Standards listed section 4.1 herein.
- 3.5 30/90 hot mopped underlayment applications may be installed perpendicular to the roof slope unless stated otherwise by the underlayment material manufacturers published literature.
- 3.6 This acceptance is for wood deck applications. Minimum deck requirements shall be in compliance with the applicable Building Code.

### 4. INSTALLATION

- 4.1 Saxony 900 (Slate, Shake & Split Shake) Concrete Roof Tile and its components shall be installed in strict compliance with Roofing Application Standard RAS 118, RAS 119, and RAS 120.
- 4.2 Data For Attachment Calculations

Table 1: Average Weight (W) and Dimensions (l x w )			
Tile Profile	Weight-W (lbf)	Length-l (ft)	Width-w (ft)
Saxony 900 Slate, Shake & Split Shake	10.9	1.417	1.08

Table 2: Aerodynamic Multipliers - $\lambda$ (ft <sup>3</sup> )		
Tile Profile	$\lambda$ (ft <sup>3</sup> ) Batten Application	$\lambda$ (ft <sup>3</sup> ) Direct Deck Application
Saxony 900 Slate, Shake & Split Shake	0.291	0.315

Table 3: Restoring Moments due to Gravity - $M_g$ (ft-lbf)												
Tile Profile	2":12"		3":12"		4":12"		5":12"		6":12"		7":12" or greater	
	Direct Deck	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
Saxony 900 Slate, Shake & Split Shake	7.70	7.62	6.61	7.50	6.48	7.34	6.31	7.16	6.13	6.95		



**Table 4: Attachment Resistance Expressed as a Moment -  $M_r$  (ft-lbf)  
for Mechanically Fastened Systems**

Tile Profile	Fastener Type	Direct Deck (min 15/32" plywood)	Direct Deck (min. 19/32" plywood)	Battens
Saxony 900 Slate, Shake & Split Shake	2-10d Ring Shank Nails	30.9	38.1	17.2
	1-10d Smooth or Screw Shank Nail	7.3	9.8	4.9
	2-10d Smooth or Screw Shank Nails	14.0	18.8	7.4
	1 #8 Screw	30.8	30.8	18.2
	2 #8 Screws	51.7	51.7	24.4
	1-10d Smooth or Screw Shank Nail (Field Clip)	24.3	24.3	24.2
	1-10d Smooth or Screw Shank Nail (Eave Clip)	19.0	19.0	22.1
	2-10d Smooth or Screw Shank Nails (Field Clip)	35.5	35.5	34.8
	2-10d Smooth or Screw Shank Nails (Eave Clip)	31.9	31.9	32.2

**Table 5: Attachment Resistance Expressed as a Moment  $M_r$  (ft-lbf)  
for Two Paddy Adhesive Set Systems**

Tile Profile	Tile Application	Minimum Attachment Resistance
Saxony 900 Slate, Shake & Split Shake	Adhesive <sup>1</sup>	31.3 <sup>2 &amp; 3</sup>

1 See foam adhesive manufacturer's component approval for installation requirements.

2 The Dow Chemical Company TileBond™ one-component foam minimum weight per paddy 13.9 grams.

3. ICP Adhesives Polyset® AH-160 two-component foam, minimum weight per paddy 8 grams.

**Table 6: Attachment Resistance Expressed as a Moment -  $M_r$  (ft-lbf)  
for Single Paddy Adhesive Set Systems**

Tile Profile	Tile Application	Minimum Attachment Resistance
Saxony 900 Slate, Shake & Split Shake	ICP Adhesives Polyset® AH-160 Two-component foam	118.9 <sup>4</sup>
		40.4 <sup>5</sup>

3 Large paddy placement of 45 grams of Polyset® AH-160.

4 Medium paddy placement of 24 grams of Polyset® AH-160.

**Table 7: Attachment Resistance Expressed as a Moment -  $M_r$  (ft-lbf)  
for Mortar Set Systems**

Tile Profile	Tile Application	Minimum Attachment Resistance
Saxony 900 Slate, Shake & Split Shake	Mortar Set <sup>5</sup>	43.9 <sup>6</sup>

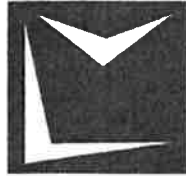
5 Tile-Tite Roof Tile Mortar





## 5. LABELING

5.1 All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo as detailed below, or following statement: "Miami-Dade County Product Control Approved".



### LABEL FOR BORAL SAXONY 900 TILES (LAKE WALES FL PLANT) LOCATED UNDERNEATH TILE

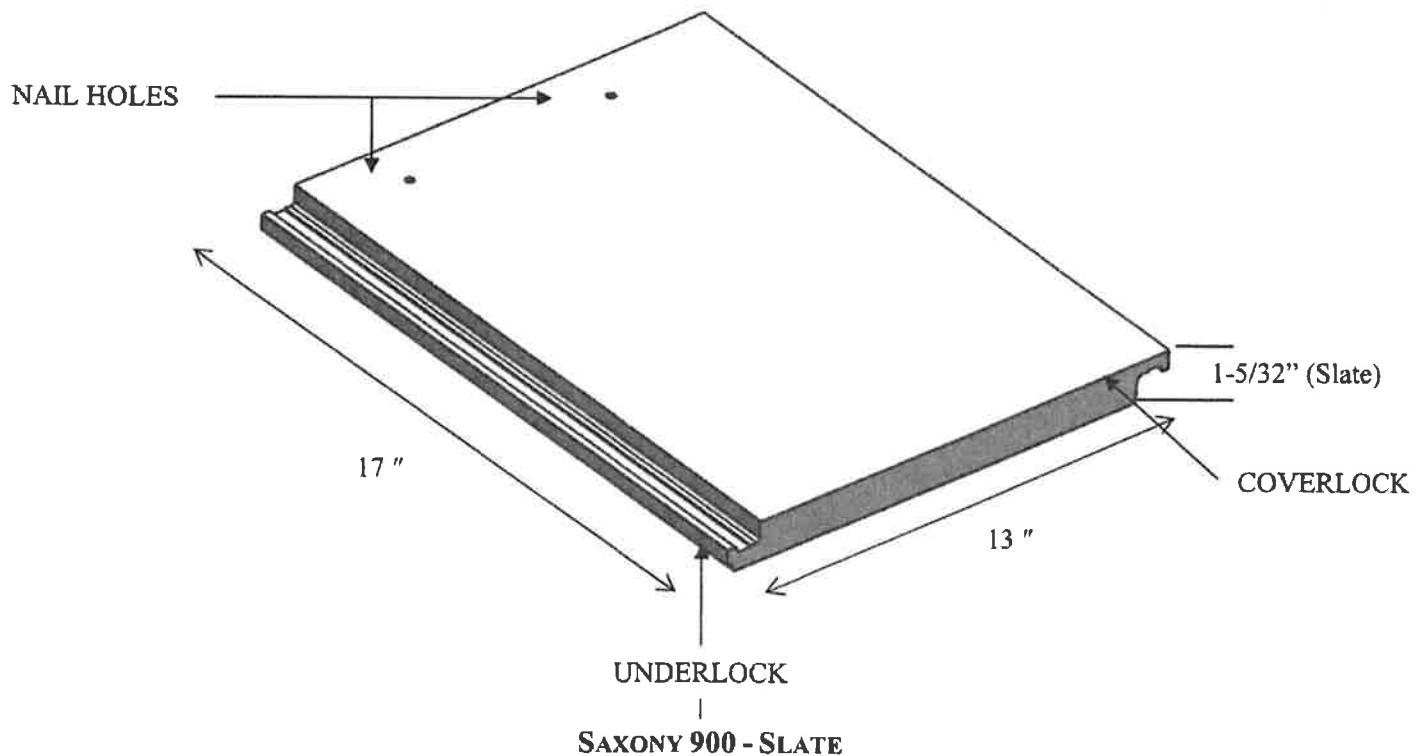
## 6. BUILDING PERMIT REQUIREMENTS

6.1 Application for building permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance.

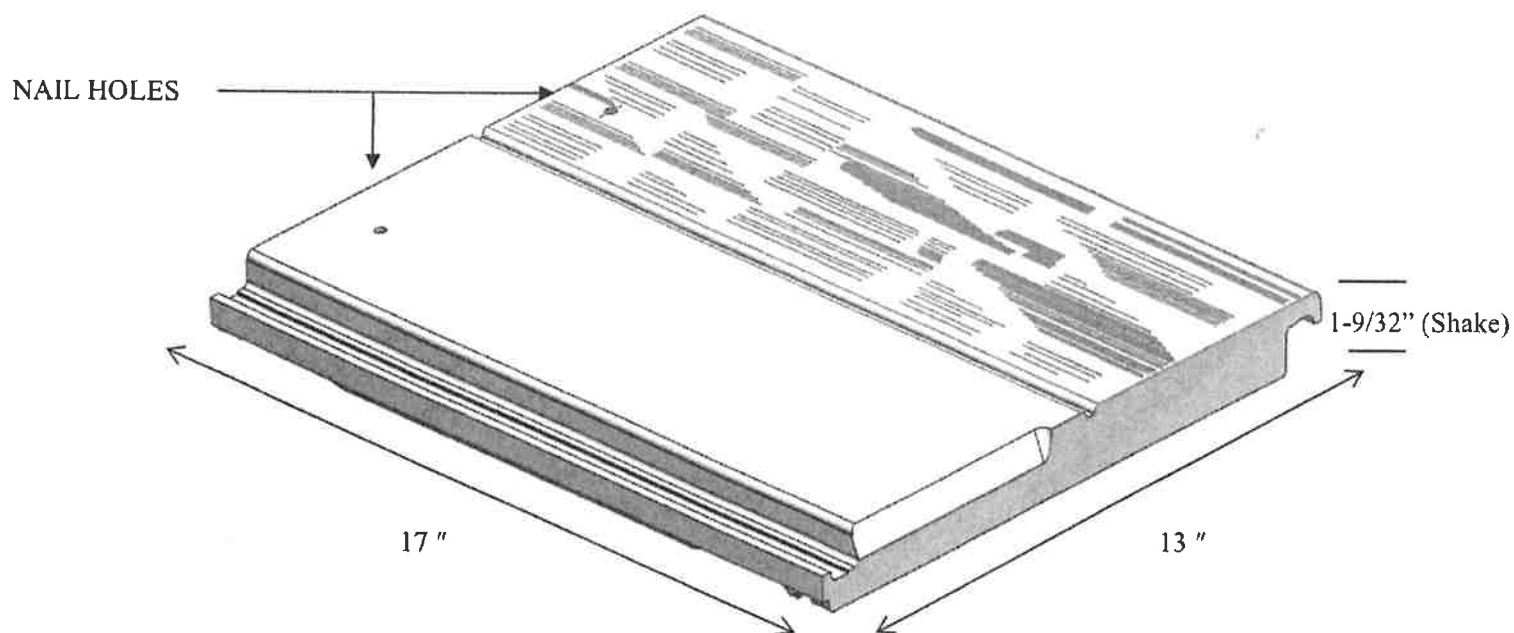
6.1.2 Any other documents required by the Building Official or applicable building code in order to properly evaluate the installation of this system.

### PROFILE DRAWINGS



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## PROFILE DRAWINGS



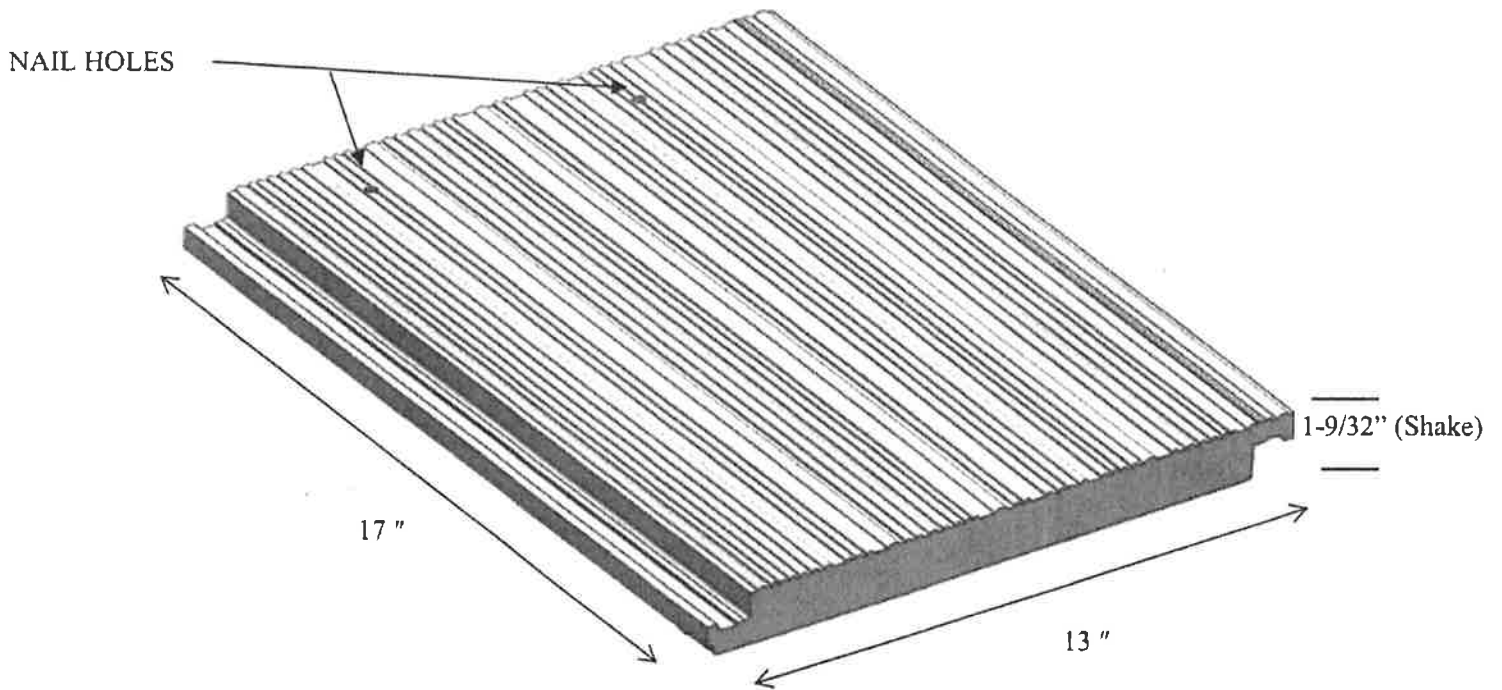
### Note: Available Top Surface Finishes

5. Complete tile brushed
6. Right half brushed (shown in drawing)
7. Left half brushed
8. No brush

### SAXONY 900 - SPLIT SHAKE



## PROFILE DRAWINGS



**SAXONY 900- SHAKE**

**END OF THIS ACCEPTANCE**



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