



# City of Belle Isle Job Site Card Roofing PERMIT 2018-04-038

**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 2018-04-038

Issue Date: 04-16--2018

Site Address: 5817 Cove Dr. 32812

Parcel Number 20-23-30-1662-00-060

Class: Residential

Subdivision:

Description of Work: Re-roof 4200 SQFT- Asphalt Shingles.

Issued To: Covenant Roofing & Const, Inc

Business Phone: 352 314-3625

Name: Rayl, Joseph

Contractor License CCC1329936

Payment Date & Method: 4 / 17 / 2018

Visa  Master Card  Amex  Discover  Check / Money Order # 4496

Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto:BDscheduling@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 [BDscheduling@UniversalEngineering.com](mailto:BDscheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 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.universaleengineering.com](http://www.universaleengineering.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: 4/11/2018

ROOF PERMIT NUMBER 2018-04-038

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

Project Address 5817 Cove Dr., Belle Isle, FL 32809 X 32812

Property Owner Winchester Sun Phone 407-356-6907

Property Owner's Mailing Address 5817 Cove Dr. City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 20-23-30-1662-00-060

REQUIRED! To obtain this information, please visit <http://www.ocpafil.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: 4200 Number of Stories: 1 Job Valuation: \$ 15,900

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 \_\_\_\_\_ LICENSE # CCC1329936

LICENSE HOLDER NAME Joseph Rayl COMPANY NAME Covenant Roofing

Street Address 1410 Emerson St.

City Leesburg State FL Zip Code 34748 Phone Number 352-314-3625

Email Address Lindsay@covenantrnc.com

Zoning Fee \$ 30.00

Building Fee \$ 100.00 ✓

Review Fee \$ —

1% BCAIB Fee \$ 2.00

1.5% DCA Fee \$ 2.00

Total Permit Fee \$ 134.00

Building Official: SM Date 4-13-18

Verified Contractor's Licenses & Insurance are on file ju Date 4-11-2018

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.

**PAID**  
4-17-2018  
VISA 4496

NO CV ✓  
15' x 5'  
7.5'  
100

Permit Number: 2018-04-038  
Folio/Parcel ID #: 20-23-30-1662-00-060  
Prepared by: \_\_\_\_\_

Return to: Covenant Roofing and Construction  
1410 Emerson Street  
Leesburg, FL 34748

DOC # 20180215825  
04/11/2018 09:37 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: SIMPLIFILE LC

### NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
Conway Gardens First Addition U/21 Lot 6 5817 Cove Drive, Belle Isle, FL 32812
- General description of improvement**  
Reroof
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Winchester C Sun  
Address 5817 Cove Drive, Belle Isle, FL 32812  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name NA  
Address NA
- Contractor**  
Name Covenant Roofing and Construction Telephone Number 352-314-3625  
Address 1410 Emerson Street, Leesburg, FL 34748
- Surety** (if applicable, a copy of the payment bond is attached)  
Name NA Telephone Number NA  
Address NA Amount of Bond \$ NA
- Lender**  
Name NA Telephone Number NA  
Address NA
- 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 NA Telephone Number NA  
Address NA
- 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 NA Telephone Number NA  
Address NA
- Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) One Year

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

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

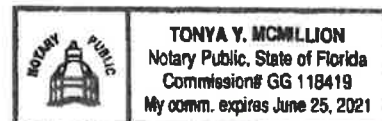
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of April 2018 by Tonya Y. McMillion  
as Notary for Winchester Sun  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Tonya Y. McMillion  
Signature of Notary Public - State of Florida

TONYA Y. McMillion  
Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID   
Type of ID Produced Florida  
5500-899-52-215-0





**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: 4/11/2018

PERMIT # 2018-04-038

PROJECT ADDRESS 5817 Cove Dr, Belle Isle, FL 32809  32812

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

- 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/Dbf Hung				Asphalt Shingles	Certainteed	Landmark	5444-R11
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Underlayment	FT Synthetics	Platinum	20853-R2
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 4/11/2018



**Product Approval**  
USER: Public User

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

OFFICE OF THE  
SECRETARY

FL #	FL5444-R13
Application Type	Revision
Code Version	2017
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	CertainTeed Corporation-Roofing
Address/Phone/Email	20 Moores Road Malvern, PA 19355 (610) 893-5400 mark.d.harner@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	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 Nieminen
Florida License	PE-59166
Quality Assurance Entity	UL LLC
Quality Assurance Contract Expiration Date	03/09/2020
Validated By	John W. Knezevich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received
Certificate of Independence	<a href="#">FL5444_R13_COI_2018_01_COI_NIEMINEN.pdf</a>
Referenced Standard and Year (of Standard)	<b>Standard</b> ASTM D3161
	<b>Year</b> 2016

ASTM D3462  
ASTM D7158

2010  
2011

Equivalence of Product Standards  
Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

01/24/2018

Date Validated

01/29/2018

Date Pending FBC Approval

01/30/2018

Date Approved

04/10/2018

#### Summary of Products

FL #	Model, Number or Name	Description
5444.1	CertainTeed Asphalt Roof Shingles	3-tab, 4-tab, strip (no-cut-outs), laminated and architectural asphalt roof 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 for Limits of Use		<b>Installation Instructions</b> <a href="#">FL5444 R13 II 2018 01 FINAL ER CERTAINTEED ASPHALT SHINGLES FL5444-R13.pdf</a> Verified By: Robert Nieminen, PE PE-59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL5444 R13 AE 2018 01 FINAL ER CERTAINTEED ASPHALT SHINGLES FL5444-R13.pdf</a> Created by Independent Third Party: Yes

[Back](#)

[Next](#)

Contact Us :: [2601 Blair Stone Road, Tallahassee FL 32399 Phone: 850-487-1824](#)

The State of Florida is an AA/EEO employer. [Copyright 2007-2013 State of Florida](#). :: [Privacy Statement](#) :: [Accessibility Statement](#) :: [Refund Statement](#)

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

Product Approval Accepts:



Credit Card  
**Safe**

SECURITYMETRICS



**NEMO|etc.**

Certificate of Authorization #32455  
353 Christian Street, Unit #13  
Oxford, CT 06478  
(203) 262-9245

ENGINEER

EVALUATE

TEST

CONSULT

CERTIFY

**EVALUATION REPORT**

**CertainTeed Corporation**

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

Evaluation Report 3532.09.05-R14

FL5444-R13

Date of Issuance: 09/22/2005

Revision 14: 01/24/2018

**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 Asphalt Roof Shingles.**

**LABELING:** Labeling shall be in accordance with the requirements of 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. of any changes to the product(s), the Quality Assurance or the production facility location(s). NEMO|etc. 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 "NEMO|etc. Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

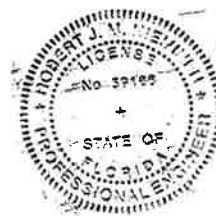
**INSPECTION:** Upon request, a copy of this entire Evaluation Report shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This Evaluation Report consists of pages 1 through 13.

**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 01/24/2018. This does not serve as an electronically signed document.

**CERTIFICATION OF INDEPENDENCE:**

1. NEMO|etc. 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. NEMO|etc. 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 NEMO|etc. nor Robert Nieminen, P.E. are, in any way, the Designer of Record for any project on which this Evaluation Report, or previous versions thereof, is/was used for permitting or design guidance unless retained specifically for that purpose.

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

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

**Compliance Statement:** CertainTeed Asphalt Roof Shingles, as produced by CertainTeed Corporation, have demonstrated compliance with the following sections of the 6<sup>th</sup> Edition (2017) Florida Building Code and 6<sup>th</sup> Edition (2017) Florida Building Code, Residential Volume through testing in accordance with the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

**2. STANDARDS:**

<u>Section</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
1507.2.5, R905.2.4	Physical Properties	ASTM D3462	2010
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D3161	2016
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D7158	2011

**3. REFERENCES:**

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
UL (TST 1740)	ASTM D3161	94NK9632	05/15/1998
UL (TST 1740)	ASTM D3161	99NK26506	11/23/1999
UL (TST 1740)	ASTM D3161	03CA12702	05/27/2003
UL (TST 1740)	ASTM D3161	03CA12702	06/16/2003
UL (TST 1740)	ASTM D3161	03NK29847	10/03/2003
UL (TST 1740)	ASTM D3161	04CA11329	05/24/2004
UL (TST 1740)	ASTM D3161	04CA32986	12/03/2004
UL (TST 1740)	ASTM D3161	05NK07049	04/15/2005
UL (TST 1740)	ASTM D3161	05NK16778	05/12/2005
UL (TST 1740)	ASTM D3161	05CA16778	05/12/2005
UL (TST 1740)	ASTM D3161	05NK14836	05/22/2005
UL (TST 1740)	ASTM D3161	05NK22800	06/22/2005
UL (TST 1740)	ASTM D3462	R684	09/21/2005
UL (TST 1740)	ASTM D7158	05NK08037	06/28/2006
UL (TST 1740)	ASTM D3161 & D3462	09CA28873	07/23/2009
UL (TST 1740)	ASTM D3462	10CA41303	10/07/2010
UL (TST 1740)	ASTM D3161	10CA41303	10/08/2010
UL (TST 1740)	ASTM D7158	10CA41303	10/27/2010
UL (TST 1740)	ASTM D3161 & D3462	10CA44960	11/11/2010
UL LLC (TST 9628)	ASTM D3161, D3462 & D7158	13CA32897	11/21/2013
UL LLC (TST 9628)	ASTM D3161, D3462	TFWZ.R684	04/22/2014
UL LLC (TST 9628)	ASTM D7158	TGAH.R684	04/22/2014
UL LLC (TST 9628)	ASTM D3161 & D3462	4786334434	09/16/2014
UL LLC (TST 9628)	ASTM D3161 & D3462	4786570826	02/12/2015
UL LLC (TST 9628)	ASTM D3161, D3462 & D7158	4786570717	12/16/2015
UL LLC (TST 9628)	ASTM D3161 & D3462	4787195678	02/09/2016
UL LLC (TST 9628)	ASTM D3161, D3462 & D7158	4787380356	10/26/2016
UL LLC (TST 9628)	ASTM D3462	4787380357	10/13/2016
UL LLC (TST 9628)	ASTM D7158	4787380357	11/08/2016
UL LLC (TST 9628)	ASTM D3161	4787380357	11/09/2016
UL LLC (TST 9628)	ASTM D3161, D3462 & D7158	4787586427	01/25/2017
UL LLC (TST 9628)	ASTM D3161 & D3462	4788042412	11/15/2017
UL LLC (QUA 9625)	Quality Control	Service Confirmation	Exp. 03/09/2020



#### 4. PRODUCT DESCRIPTION:

##### 4.1 Asphalt Shingles:

- 4.1.1 CT20™, XT™ 25, XT™ 30 and XT™ 30 IR are fiberglass reinforced, 3-tab asphalt roof shingles.
- 4.1.2 Arcadia™, Belmont®, Belmont® IR, Carriage House Shingle®, Grand Manor Shingle®, Landmark™, Landmark™ IR, Landmark™ Pro, Landmark™ Premium, Landmark™ TL, Landmark™ Solaris and Landmark™ Solaris IR are fiberglass reinforced, laminated asphalt roof shingles.
- 4.1.3 NorthGate™ is a fiberglass reinforced, laminated, SBS modified bitumen roof shingle.
- 4.1.4 Presidential Shake™, Presidential Shake™ IR, Presidential Shake TL™ and Presidential Solaris™ are fiberglass reinforced, architectural asphalt roof shingles.
- 4.1.5 Hatteras™, Highland Slate™ and Highland Slate™ IR are fiberglass reinforced, 4-tab asphalt roof shingles.
- 4.1.6 Patriot™ is a fiberglass reinforced asphalt roof strip-shingle (with no cut-outs) providing a laminated appearance through an intermittent shadow line with contrasting blend drops for color definition.

##### 4.2 Hip & Ridge Shingles:

- 4.2.1 Presidential Accessory, Accessory for Hatteras, Shingle Ridge™, Shadow Ridge™, Cedar Crest™, Cedar Crest™ IR, NorthGate Ridge and NorthGate Accessory are fiberglass reinforced accessory shingles for hip and ridge installation.

##### 4.3 Accessory Starter Strips:

- 4.3.1 SwiftStart® Starter Shingle is a starter strip for asphalt roof shingles. Its overall size of 15-1/4" x 38-3/4" yields two (2) 7-5/8" x 38-3/4" starter pieces per shingle.
- 4.4 Any of the above listed shingles may be produced in AR (algae resistant) versions.

#### 5. LIMITATIONS:

- 5.1 This is a building code evaluation. Neither NEMO|etc. 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 within FBC HVHZ jurisdictions.
- 5.3 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.
- 5.4 Wind Classification:
  - 5.4.1 All 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 Presidential Accessory, Accessory for Hatteras, Shingle Ridge, Shadow Ridge, Cedar Crest, NorthGate Ridge and NorthGate Accessory hip & ridge shingles have been evaluated in accordance with ASTM D3161, Class F. All except NorthGate Ridge and NorthGate Accessory require use of BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant, applied as specified in manufacturer's application instructions, for use in 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 SwiftStart® Starter Shingle has been evaluated in accordance with ASTM D3161, Class F. Refer to Section 6 for installation requirements to meet this wind rating.
  - 5.4.4 Classification by ASTM D7158 applies to exposure category B or C and a building height of 60 feet or less. Calculations by a qualified design professional are required for conditions outside these limitations. Contact the shingle manufacturer for data specific to each shingle.



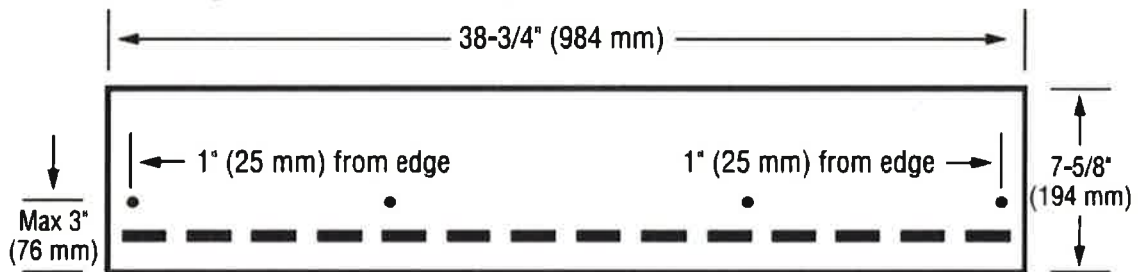
- 5.4.4.1 **Analysis in accordance with ASTM D7158** indicates the measured uplift resistance ( $R_T$ ) for the CertainTeed asphalt Roof shingles listed in Section 4.1 through 4.6 (*except Presidential Solaris™*) exceeds the calculated uplift force ( $F_T$ ) at a maximum design wind speed of  $V_{asd} = 150$  mph ( $V_{ult} = 194$  mph) for **residential buildings** located in **Exposure D conditions** with **no topographical variations (flat terrain)** having a **mean roof height less than or equal to 60 feet**. The shingles are permissible under Code for installation in these conditions using the installation procedures detailed in this Evaluation Report and CertainTeed minimum requirements, subject to minimum codified fastening requirements established within any local jurisdiction, which shall take precedence.
- 5.5 All products in the roof assembly shall have quality assurance audits in accordance with **FAC Rule 61G20-3**.

**6. INSTALLATION:**

- 6.1 Roof deck, slope, underlayment and fasteners shall comply with **FBC 1507.2 / R905.2** and the shingle manufacturer's minimum requirements.
  - 6.1.1 Underlayment shall be acceptable to **CertainTeed Corporation** and shall hold current Florida Statewide Product Approval, or be Locally Approved per **Rule 61G20-3**, per **FBC Sections 1507.2.3, 1507.2.4 or R905.2.3**.
- 6.2 Installation of asphalt shingles shall comply with the **CertainTeed Corporation** current published instructions, using minimum four (4) nails per shingle in accordance with **FBC 1507.2.7** or **Section R905.2.6** and the minimum requirements herein.
  - 6.2.1 Fasteners shall be in accordance with manufacturer's published requirements, but not less than **FBC 1507.2.6 or R905.2.5**. Staples are not permitted.
  - 6.2.2 Where the roof slope exceeds 21 units vertical in 12 units horizontal, use the "Steep Slope" directions.
- 6.3 CertainTeed asphalt shingles are acceptable for use in reroof (tear-off) or recover applications, subject to the limitations set forth in **FBC Section 1511 or R908** and CertainTeed published installation instructions.

**6.4 SWIFTSTART® STARTER SHINGLE:**

**Fastening: Use four nails, located as shown below**

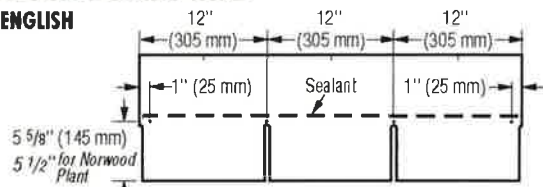


The inner two fasteners must be placed such that they fall at least 3" (76 mm) from the end joints of the shingle in the succeeding course.

**6.5 CT20™, XT™ 25, XT™ 30, XT™ 30 IR:**

**LOW AND STANDARD SLOPE**

**ENGLISH**



**METRIC**

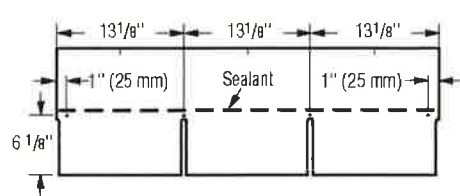
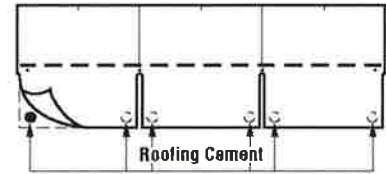


Figure 11-3: Use four nails for every full shingle.

**STEEP SLOPE**

Use **four** nails and six spots of asphalt roofing cement\* for every full shingle (Figure 11-4). Asphalt roofing cement meeting ASTM D4586 Type II is suggested.



Apply 1" (25 mm) spots of asphalt roofing cement under each tab corner.

Figure 11-4: Use four nails and six spots of asphalt cement on steep slopes.

**\*CAUTION:** Excessive use of roofing cement can cause shingles to blister.

**6.5.1 Hip & Ridge for CT20™, XT™ 25, XT™ 30, XT™ 30 IR: Cut Shingles**

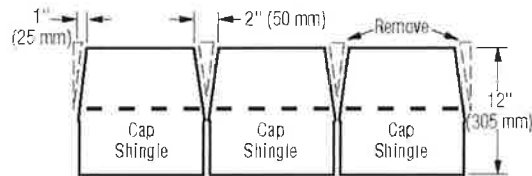


Figure 11-24: Cut tabs, then trim back to make cap shingles (English dimensions shown).

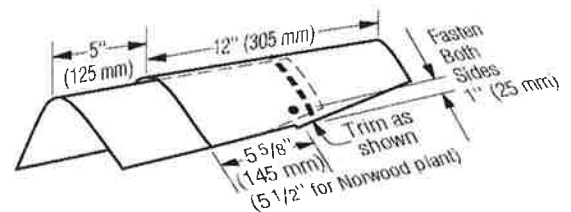


Figure 11-25: Installation of caps along the hips and ridges.

6.5.1.1 For ASTM D3161, Class F performance use BASF “Sonolastic® NP1™” adhesive or Henkel “PL® Polyurethane Roof & Flashing Sealant”, in accordance with CertainTeed requirements.

**6.6 ARCADIA™:**

**LOW AND STANDARD SLOPE**

Use **SIX** nails for every full shingle located as shown below.

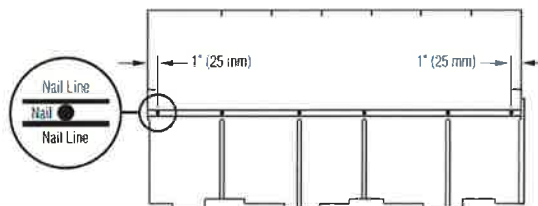


Figure 2: Use six nails for every full shingle.

**STEEP SLOPE**

Use **SIX** nails and **FOUR** spots of asphalt roofing cement for every full shingle as shown below. Apply asphalt roofing cement 1" (25 mm) from edge of shingle. Asphalt roofing cement meeting ASTM D 4586 Type II is suggested.

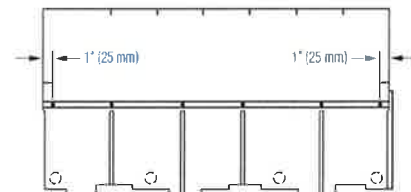
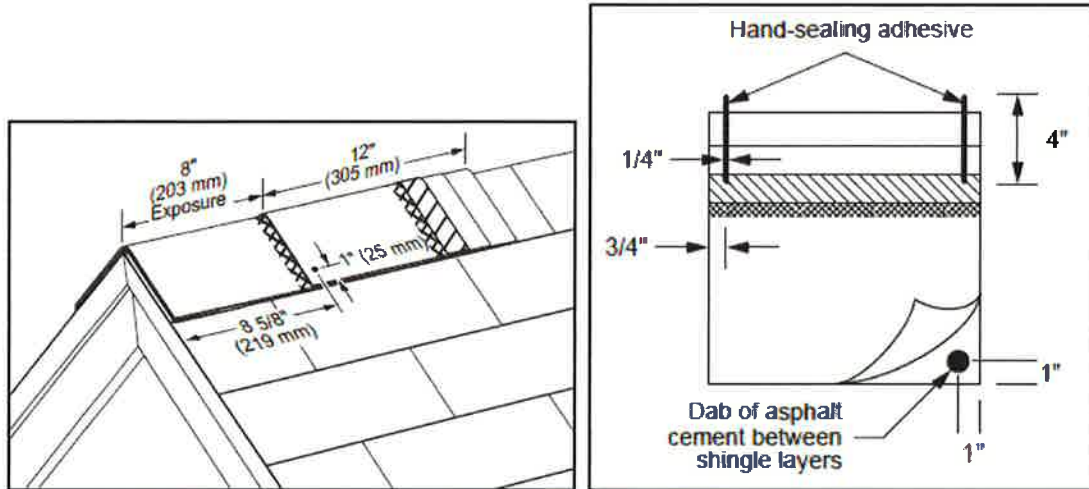


Figure 3: Use six nails and four spots of asphalt roofing cement on steep slopes.

**6.6.1 Hip & Ridge for Arcadia™: Cedar Crest™, Cedar Crest™ IR**

Use two (2), minimum 1¼-inch long fasteners per shingle. For the starter shingle, place fastener 1-inch from each side edge and about 2-inch up from the starter shingle’s exposed butt edge, ensuring minimum ¾-inch embedment into the deck, or full penetration through the deck. For each full Cedar Crest shingle, place fasteners 8-5/8-inch up from its exposed butt edge and 1-inch from each side edge.

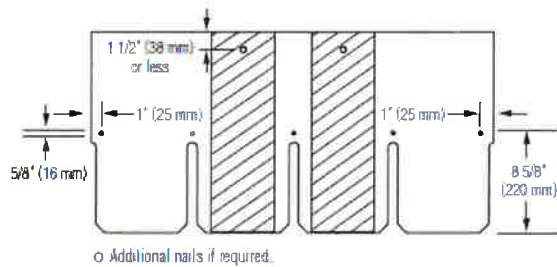
For ASTM D3161, Class F performance use BASF “Sonolastic® NP1™” adhesive or Henkel “PL® Polyurethane Roof & Flashing Sealant”, in accordance with CertainTeed requirements, to **hand-seal Cedar Crest shingles**. Apply NP 1 or PL adhesive from the middle of the shingle’s raised overlay on the top piece and extending approximately 4-inch along the sides of the headlap along a line ¾ to 1-inch from each side of the shingle’s headlap. Immediately align and apply the overlying shingle, gently pressing tab sides into the adhesive, and install nails. To secure the other side, apply a 1-inch diameter spot of NP 1 or PL adhesive between the shingle layers.



**6.7 BELMONT® OR BELMONT® IR:**

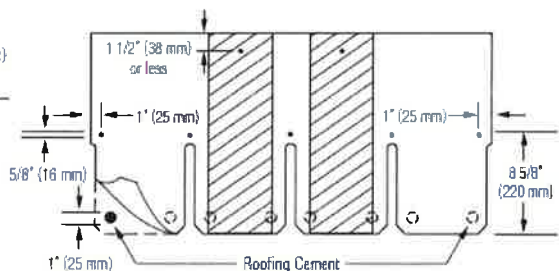
**Low and Standard Slope (2:12 to 21:12):**

Use FIVE nails for every full Belmont shingle, located as shown below.



**Steep Slope (greater than 21:12):**

Use SEVEN nails and EIGHT spots of asphalt roofing cement\*\* for every full Belmont shingle. Apply asphalt roofing cement 1" (25mm) from edge of shingle. See below. Asphalt roofing cement meeting ASTM D4586 Type II is suggested.



6.7.1 **Hip & Ridge for Belmont® or Belmont® IR:**

6.7.1.1 **Option 1:** For Belmont®, refer to instructions herein for Cedar Crest™ or Cedar Crest™ IR hip and ridge shingles. For Belmont® IR, refer to instructions herein for Cedar Crest™ IR hip and ridge shingles.

6.7.1.2 **Option 2:** For Belmont®: Shangle® Ridge

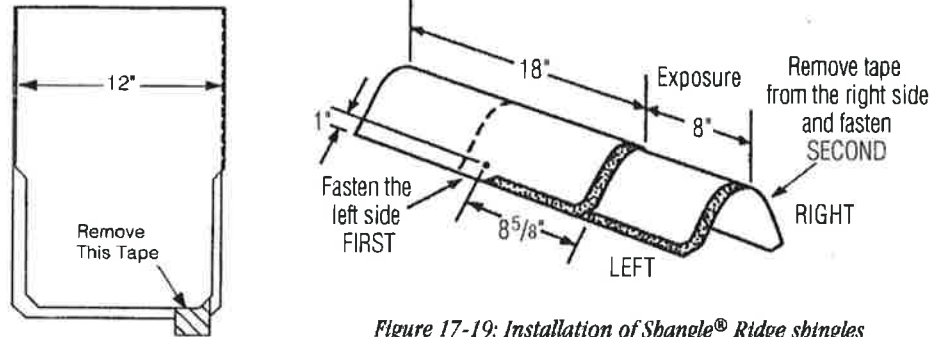


Figure 17-18: Shangle® Ridge.

Figure 17-19: Installation of Shangle® Ridge shingles on hips and ridges.

6.7.1.3 For ASTM D3161, Class F performance use BASF “Sonolastic® NP1™” adhesive or Henkel “PL® Polyurethane Roof & Flashing Sealant”, in accordance with CertainTeed requirements.

**6.8 CARRIAGE HOUSE SHANGLE® AND GRAND MANOR SHANGLE®:**

**LOW AND STANDARD SLOPE**

Use five nails for every full Shangle.

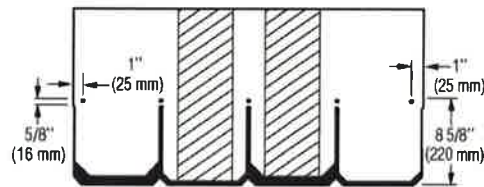


Figure 17-4: Use five nails for every full Grand Manor Shangle, Carriage House Shangle, or Centennial Slate.

**STEEP SLOPE**

Use seven nails and three spots of asphalt roofing cement for every full Grand Manor Shangle. Use five nails and three spots of asphalt roofing cement for every full Carriage House Shangle and Centennial Slate. Apply asphalt roofing cement 1" (25 mm) from edge of shingle (Figure 17-5). Asphalt roofing cement meeting ASTM D4586 Type II is suggested.

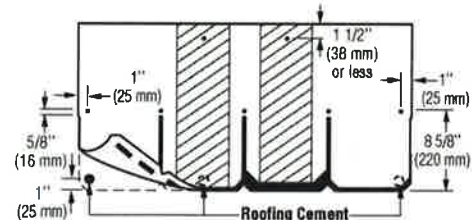


Figure 17-5: When installing Grand Manor Shangles on steep slopes, use seven nails and three spots of asphalt roofing cement.

6.8.1 **Hip & Ridge for Carriage House Shangle® and Grand Manor Shangle:** Refer to instructions herein for Shangle® Ridge hip and ridge shingles



6.9 LANDMARK™, LANDMARK™ IR, LANDMARK™ PRO, LANDMARK™ PREMIUM, LANDMARK™ TL, LANDMARK™ SOLARIS, LANDMARK™ SOLARIS IR, NORTHGATE:

LOW AND STANDARD SLOPE

LANDMARK TL

METRIC DIMENSIONS

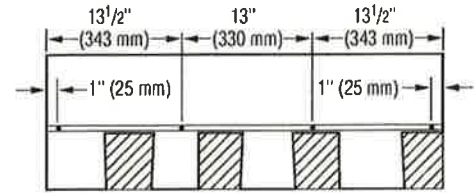
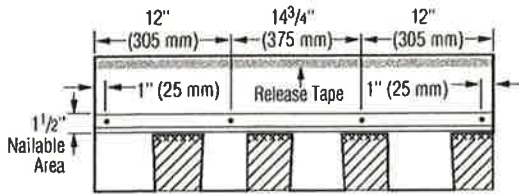
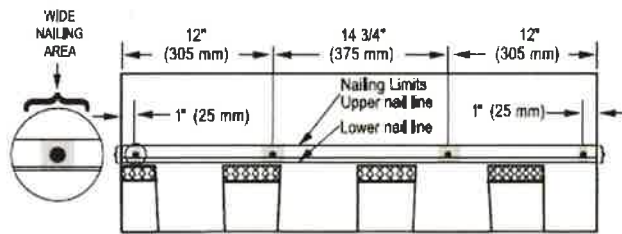


Figure 13-4: Use four nails for every full shingle.

NorthGate:



Nailing areas for low and standard slopes (from 2:12 to 21:12)  
Nail between upper & lower lines as shown above.

STEEP SLOPE

Use six nails and four spots of asphalt roofing cement for every full laminated shingle. See below. Asphalt roofing cement should meet ASTM D4586 Type II. Apply 1" spots of asphalt roofing cement under each corner and at about 12" to 13" in from each edge.

LANDMARK TL

METRIC DIMENSIONS

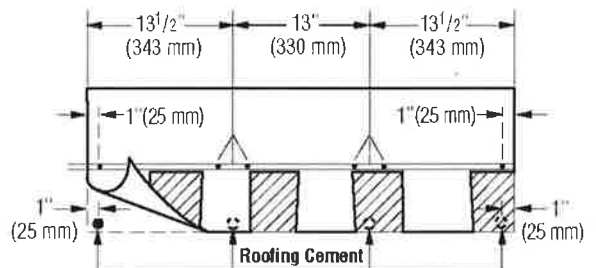
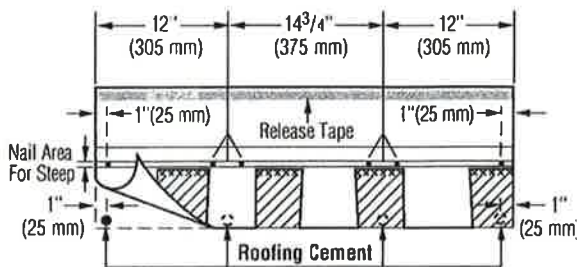
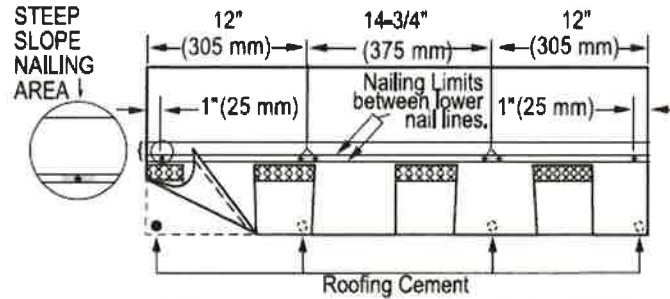


Figure 13-5: Use six nails and four spots of asphalt roofing cement on steep slopes.



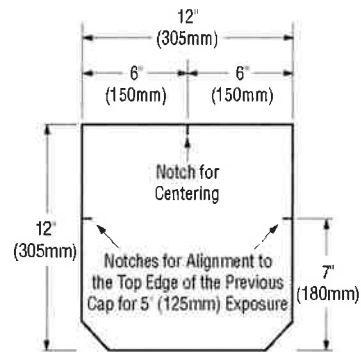
**NorthGate:**



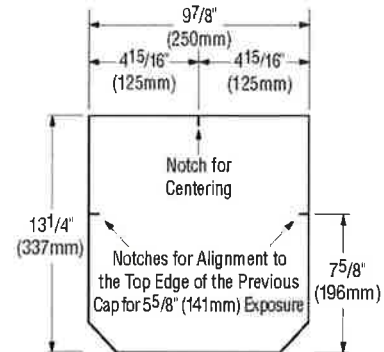
**Nailing areas for steep slopes (greater than 21:12) and "Storm-Nailing"**  
Nail between lower 2 nail lines as shown above.

6.9.1 **Hip & Ridge for Landmark™, Landmark™ IR, Landmark™ Pro, Landmark™ Premium, Landmark™ TL, Landmark™ Solaris, Landmark™ Solaris IR, NorthGate:**

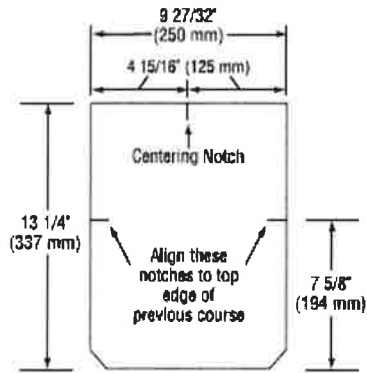
6.9.1.1 **Option 1: Shadow Ridge™ or NothGate Accessory**



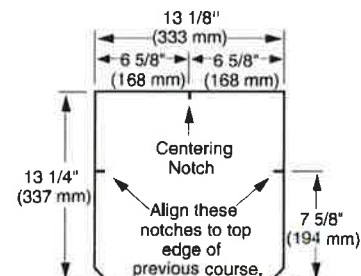
**English Dimension  
Shadow Ridge™**



**Metric Dimension  
Shadow Ridge™**



**NorthGate Ridge**



**NorthGate Accessory**

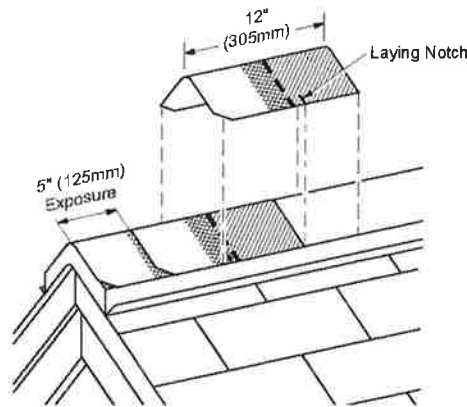


Figure 13-20: Use laying notches to center shingles on hips and ridges, and to locate the correct exposure.

- 6.9.1.2 For ASTM D3161, Class F performance use BASF “Sonolastic® NP1™” adhesive or Henkel “PL® Polyurethane Roof & Flashing Sealant”, in accordance with CertainTeed requirements.
- 6.9.1.3 **Option 2:** Refer to instructions herein for Cedar Crest™, Cedar Crest™ IR hip and ridge shingles.

**6.10 PRESIDENTIAL SHAKE™, PRESIDENTIAL SHAKE™ IR, PRESIDENTIAL SHAKE TL™, PRESIDENTIAL SOLARIS™:**

**LOW AND STANDARD SLOPE:**

For low and standard slopes, use five nails for each full Presidential shingle as shown below.

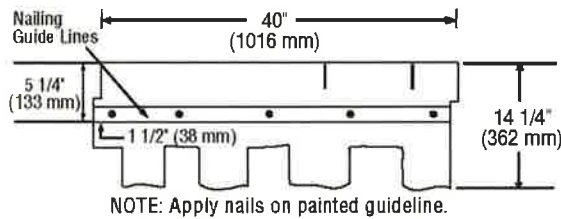


Figure 16-6: Fastening Presidential and Presidential TL Shake shingles on low and standard slopes.

**STEEP SLOPE:**

For steep slopes, use nine nails for each full Presidential shingle and apply 1" diameter spots of asphalt roofing cement under each shingle tab. After applying 5 nails in between the nailing guide lines, apply 4 nails 1" above tab cutouts making certain tabs of overlying shingle cover nails.

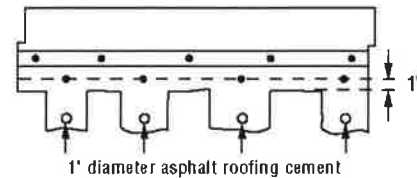


Figure 16-7: Fastening Presidential and Presidential TL Shake shingles on steep slopes.

**6.10.1 Hip & Ridge for Presidential Shake™, Presidential Shake™ IR, Presidential Shake TL™, Presidential Solaris™:**

**6.10.1.1 Option 1: Presidential Accessory**

**PRESIDENTIAL ACCESSORY**

Presidential accessory shingles can be used for covering hips and ridges. Apply shingles up to the ridge (expose no more than 7" from the bottom edge of the “tooth.” Fasten each accessory with two fasteners. The fasteners must be 1 3/4" long or longer, so they penetrate either 3/4" into the deck or completely through the deck. Presidential accessory comes in two different sizes: Accessory produced in Birmingham, AL is 12" x 12"; Portland, OR produces 9 7/8" x 13 1/4" accessory.

- 6.10.1.2 For ASTM D3161, Class F performance use BASF “Sonolastic® NP1™” adhesive or Henkel “PL® Polyurethane Roof & Flashing Sealant”, in accordance with CertainTeed requirements.





6.10.1.3 **Option 2:** Refer to instructions herein for Cedar Crest™, Cedar Crest™ IR hip and ridge shingles.

**6.11 HATTERAS™:**

**LOW, STANDARD AND STEEP SLOPE:**

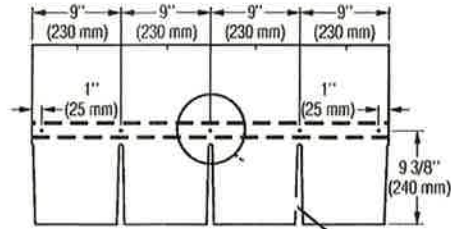


Figure 15-3: Fastening Hatteras Shingles on Low and Standard Slopes

For low and standard slopes, use five nails for each full Hatteras shingle as shown above.

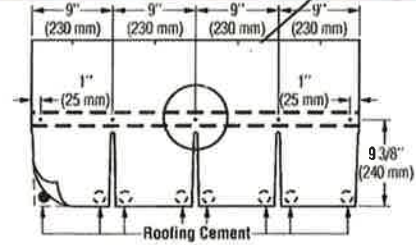


Figure 15-4: Fastening Hatteras Shingles on Steep Slopes

For steep slopes, use five nails and eight spots of asphalt roofing cement for each full Hatteras shingle as shown above. Apply 1" (25mm) diameter spots of roofing cement (ASTM D 4586 Type II suggested) under each tab corner. Press shingle into place; do not expose cement.

**CAUTION:** Too much roofing cement can cause shingles to blister.

6.11.1 **Hip & Ridge for Hatteras™:**

6.11.1.1 **Option 1:** Accessory for Hatteras

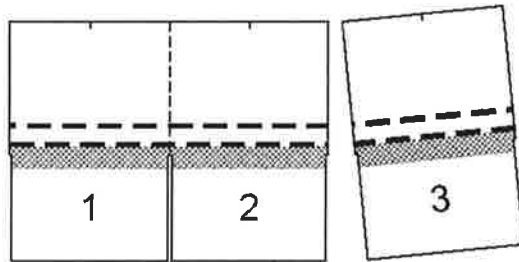
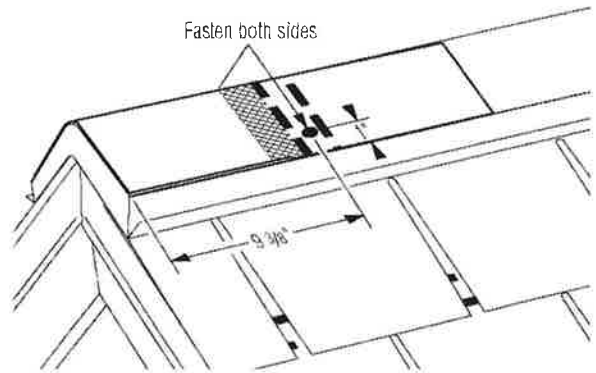


Figure 15-14: 18 three-piece units separate to make 54 Hatteras Accessory shingles.



6.11.1.2 **Option 2:** Cut Hatteras Shingles

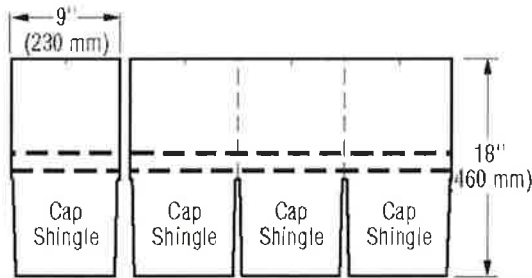


Figure 15-20: Cut Hatteras shingles to make cover cap.

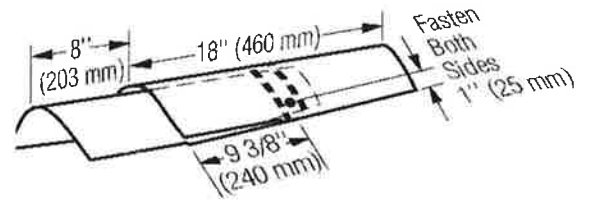


Figure 15-21: Installation of caps along hips and ridges.

6.11.1.3 For ASTM D3161, Class F performance use BASF "Sonolastic® NP1™" adhesive or Henkel "PL® Polyurethane Roof & Flashing Sealant", in accordance with CertainTeed requirements.



6.12 HIGHLAND SLATE™, HIGHLAND SLATE™ IR:

LOW AND STANDARD SLOPE:

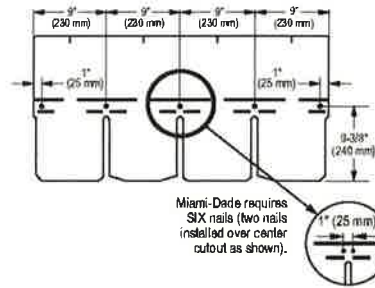


Figure 11-3: Use FIVE nails for every Highland Slate shingle.

STEEP SLOPE:

Use FIVE nails and EIGHT spots of asphalt roofing cement\* for each full Highland Slate shingle. For Miami-Dade, SIX nails are required. Apply 1" diameter spots of asphalt roofing cement under each tab corner. Asphalt roofing cement meeting ASTM D-4586 Type II is suggested.

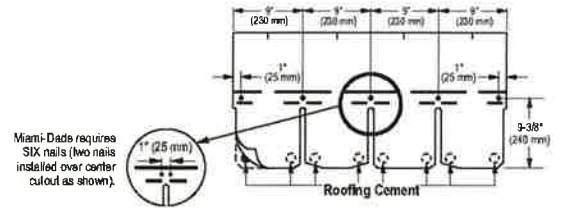


Figure 11-3A: Use FIVE nails and eight spots of asphalt roofing cement under each tab corner.

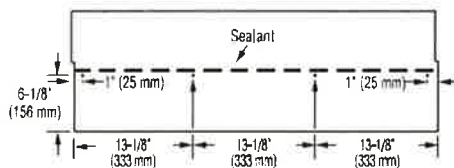
\*CAUTION: Excessive use of roofing cement can cause shingles to blister.

6.12.1 Hip & Ridge for Highland Slate™, Highland Slate™ IR: Refer to instructions herein for Cedar Crest™, Cedar Crest™ IR or Shangle Ridge™ hip and ridge shingles.

6.13 PATRIOT™:

LOW AND STANDARD SLOPE

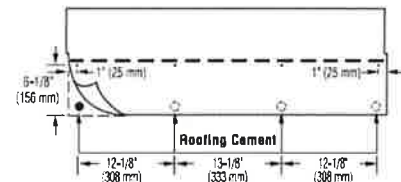
Use FOUR nails for every full shingle located as shown below.



STEEP SLOPE

Use FOUR nails and four spots of asphalt roofing cement for every full shingle as shown below. Asphalt roofing cement meeting ASTM D4586 Type II is suggested. Apply 1" (25 mm) spots of asphalt roofing cement as shown.

CAUTION: Excessive use of roofing cement can cause shingles to blister.



6.13.1 Hip & Ridge for Patriot™: Refer to instructions herein for Cedar Crest™, Cedar Crest™ IR, Shadow Ridge™, NorthGate or Shangle Ridge™ hip and ridge shingles.

7. LABELING:

- 7.1 Each unit shall bear a permanent label with the manufacturer's name, logo, city, state and logo of the Accredited Quality Assurance Agency noted herein.
- 7.2 Asphalt shingle wrappers shall indicate compliance with one of the required classifications detailed in FBC Table 1507.2.7.1 / R905.2.6.1.



**8. BUILDING PERMIT REQUIREMENTS:**

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

**9. MANUFACTURING PLANTS:**

Contact the named QA entity for information on which plants produce products covered by **Florida Rule 61G20-3** QA requirements.

**10. QUALITY ASSURANCE ENTITY:**

UL LLC – QUA9625; (414) 248-6409; karen.buchmann@us.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 #	FL20853-R2
Application Type	Revision
Code Version	2017
Application Status	Approved
	*Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	FT Synthetics Inc.
Address/Phone/Email	13120 76 Ave Unit 1 Surrey, NON-US 98225 (604) 594-3439 rrobson@ftsyn.com
Authorized Signature	Russ Robson rrobson@ftsyn.com
Technical Representative	Russ Robson
Address/Phone/Email	12179 86 Ave Surrey, NON-US 00000 (604) 594-3439 rrobson@ftsyn.com
Quality Assurance Representative	
Address/Phone/Email	
Category	Roofing
Subcategory	Underlayments
Compliance Method	Evaluation Report from a Product Evaluation Entity
Evaluation Entity	Intertek Testing Services NA, Inc.
Quality Assurance Entity	Intertek Testing Services NA, Inc. - QA Entity
Quality Assurance Contract Expiration Date	01/01/2020
Validated By	Intertek Testing Services NA, Inc.
Certificate of Independence	
Referenced Standard and Year (of Standard)	<b>Standard</b> ASTM D226
	<b>Year</b> 2009

Equivalence of Product Standards  
Certified By

Sections from the Code

Product Approval Method Method 1 Option C

Date Submitted 01/08/2018  
Date Validated 01/10/2018  
Date Pending FBC Approval  
Date Approved 01/14/2018

**Summary of Products**

FL #	Model, Number or Name	Description
20853.1	FT Synthetics Roof Underlayments	Synthetic Roofing Underlayment
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other:		<b>Installation Instructions</b> <a href="#">FL20853 R2 II FT Synthetics Roof Underlayments Installation Instructions.pdf</a> Verified By: Intertek Testing Services NA, Inc. Created by Independent Third Party: <b>Evaluation Reports</b> <a href="#">FL20853 R2 AE 2018-01-01 CCRR-1028.pdf</a>

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

Contact Us :: [2601 Blair Stone Road, Tallahassee FL 32399](#) Phone: 850-487-1824

The State of Florida is an AA/EEO employer. [Copyright 2007-2013 State of Florida](#). :: [Privacy Statement](#) :: [Accessibility Statement](#) :: [Refund Statement](#)

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





# SILVER

## Synthetic Roofing Underlayment

### **Installation Instructions:**

**Caution: Always follow Safety Instruction, Building Codes and Safe Work Practices issues by the local Govt. bodies (e.g. OSHA / WCB)**

FT Synthetics products should be installed with Plastics Cap or Metal Cap nails with either ring shank or smooth shank Nails. DO NOT USE STAPLES. Use of staples will void the Manufacturer's warranty.

FT Synthetics products are a secondary layer protection approved for installation over Plywood with proper fasteners. FT Synthetics underlayment is an air, vapour and water barrier with <1 Perm.

FT Synthetics underlayment is laid out horizontally with printed side up using 6" vertical laps and 4" horizontal laps. The overlaps ensure that the water runs over the overlaps without getting under the material. Before installing the underlayment ensure that the roof is clear of any debris or any sharp protrusions.

Product must be attached to the roofing structure using 1" plastic or metal cap nails. Product must be fastened with the nail pattern printed on the product. All anchoring must be performed flush to the roof, 90 degrees to the roof deck that will hold the material tightly with the plywood. The use of every other anchoring location printed on the product is also acceptable. For prolonged exposure, double the overlaps and use every anchor location. Product has 90 Days UV protection but it should not be considered a final roofing system. A proper final roofing system should be installed over the product to get the proper protection. Product is a secondary barrier used over plywood, under a roofing system like wood and asphalt shingles and metal.

### **Safety Notification:**

FT Synthetics products are designed with the GRIPSPOT technology for better skid protection for the roofer but product may become slippery due to high moisture, frost, rain, water, dust, debris or other conditions. Use precautions when working on the roof. Follow all local and federal safety codes when installing any roofing system including FT Synthetics products. Failure to adhere to those procedures may result in serious injury or even death.



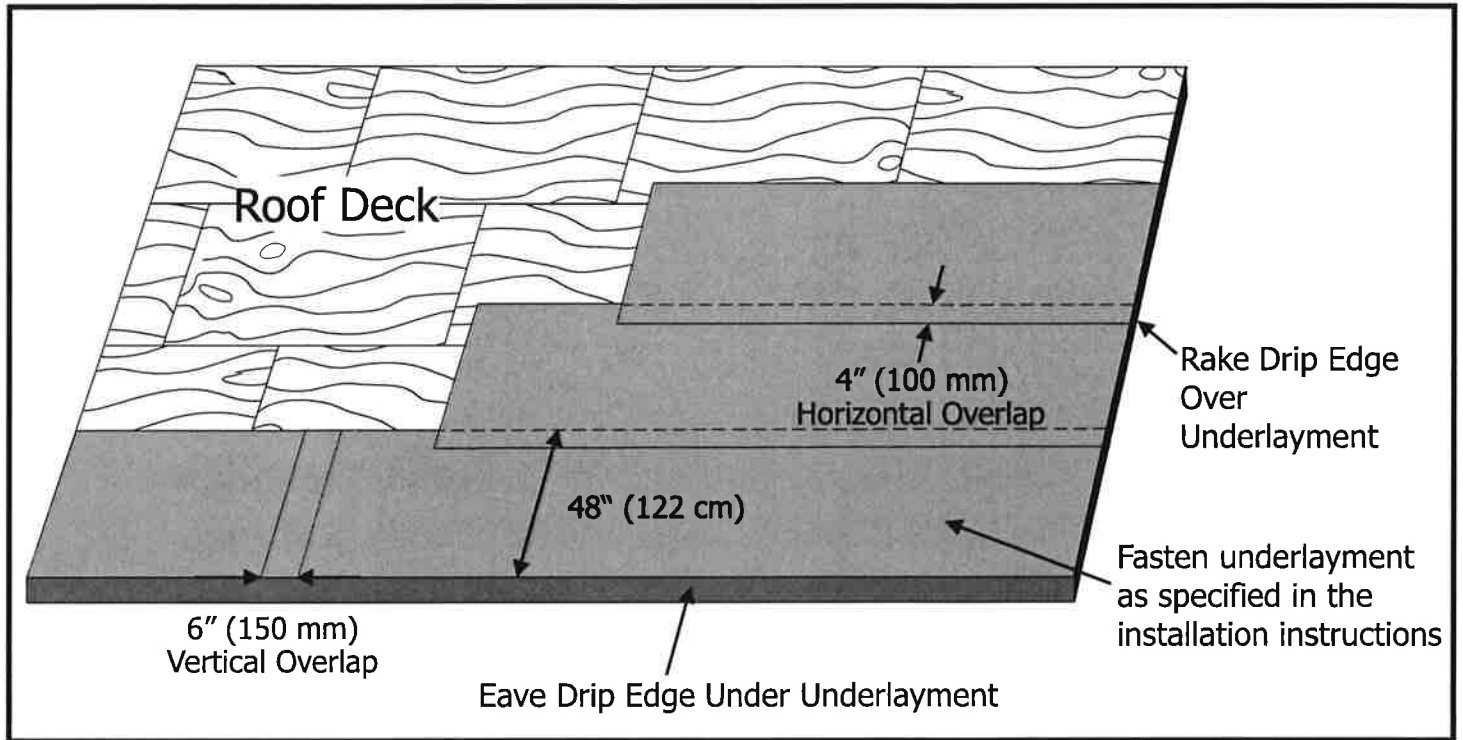
**FT SYNTHETICS**

Unit 1-13120 - 76th Avenue  
Surrey BC V3W 3H8  
Canada

Toll Free Ph: 1-844-353-9839  
Phone: 604-594-3439  
Fax: 604-594-3589  
[www.ftsyn.com](http://www.ftsyn.com)

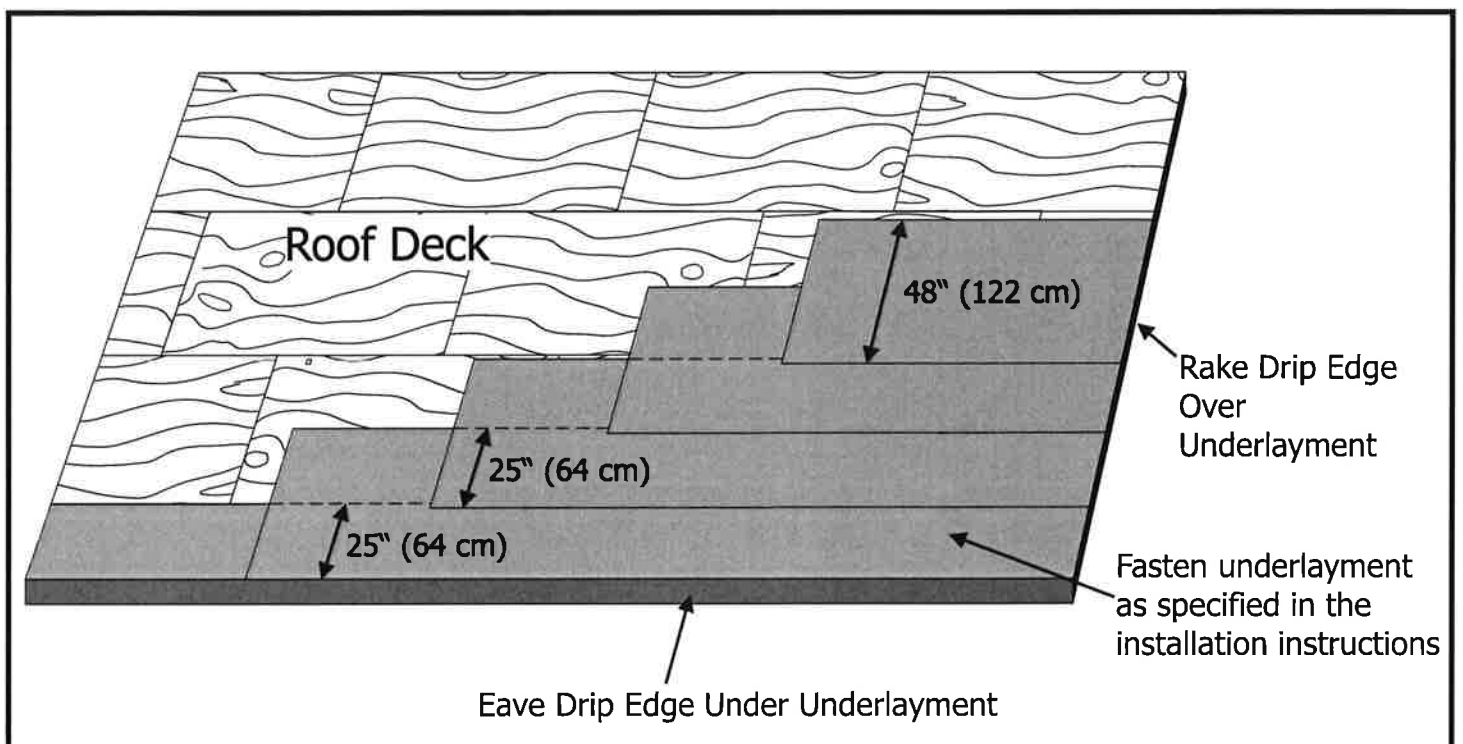
# Single Layer Application of FT SILVER

For slopes greater than 4:12 FT SILVER should be installed horizontally starting from the bottom of the roof with a 4 inch overlaps working up the roof.



# Double Layer Application of FT SILVER

For slopes 2:12 to 4:12 FT SILVER should be installed horizontally starting from the bottom of the roof with a 4 inch overlaps working up the roof.





# GOLD

## Synthetic Roofing Underlayment

### **Installation Instructions:**

**Caution: Always follow Safety Instruction, Building Codes and Safe Work Practices issues by the local Govt. bodies (e.g. OSHA / WCB)**

FT Synthetics products should be installed with Plastics Cap or Metal Cap nails with either ring shank or smooth shank Nails. DO NOT USE STAPLES. Use of staples will void the Manufacturer's warranty.

FT Synthetics products are a secondary layer protection approved for installation over Plywood with proper fasteners. FT Synthetics underlayment is an air, vapour and water barrier with <1 Perm. FT Synthetics underlayment is laid out horizontally with printed side up using 6" vertical laps and 4" horizontal laps. The overlaps ensure that the water runs over the overlaps without getting under the material. Before installing the underlayment ensure that the roof is clear of any debris or any sharp protrusions.

Product must be attached to the roofing structure using 1" plastic or metal cap nails. Product must be fastened with the nail pattern printed on the product. All anchoring must be performed flush to the roof, 90 degrees to the roof deck that will hold the material tightly with the plywood. The use of every other anchoring location printed on the product is also acceptable. For prolonged exposure, double the overlaps and use every anchor location. Product has 180 Days UV protection but it should not be considered a final roofing system. A proper final roofing system should be installed over the product to get the proper protection. Product is a secondary barrier used over plywood, under a roofing system like wood and asphalt shingles, tiles, slate and metal roof.

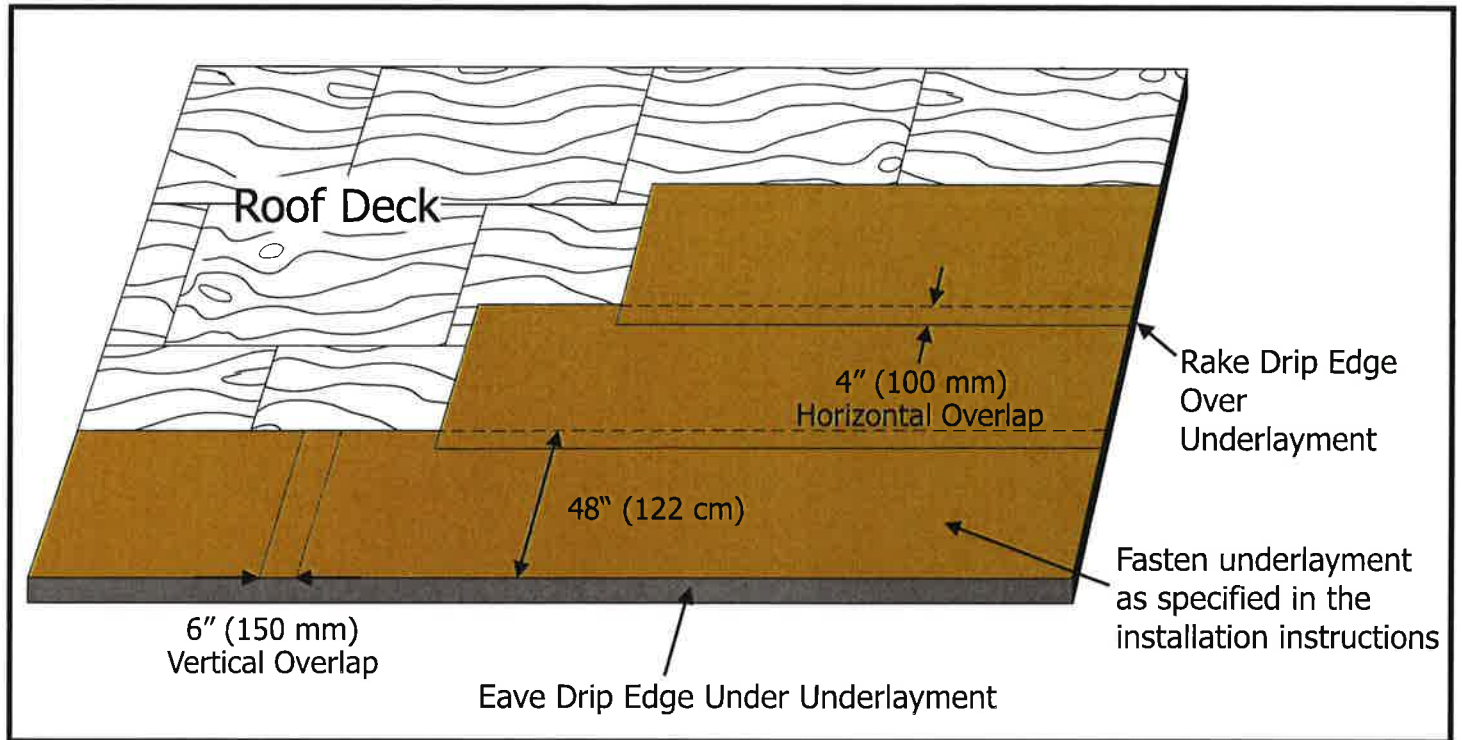
### **Safety Notification:**

FT Synthetics products are designed with the GRIPSPOT technology for better skid protection for the roofer but product may become slippery due to high moisture, frost, rain, water, dust, debris or other conditions. Use precautions when working on the roof. Follow all local and federal safety codes when installing any roofing system including FT Synthetics products. Failure to adhere to those procedures may result in serious injury or even death.



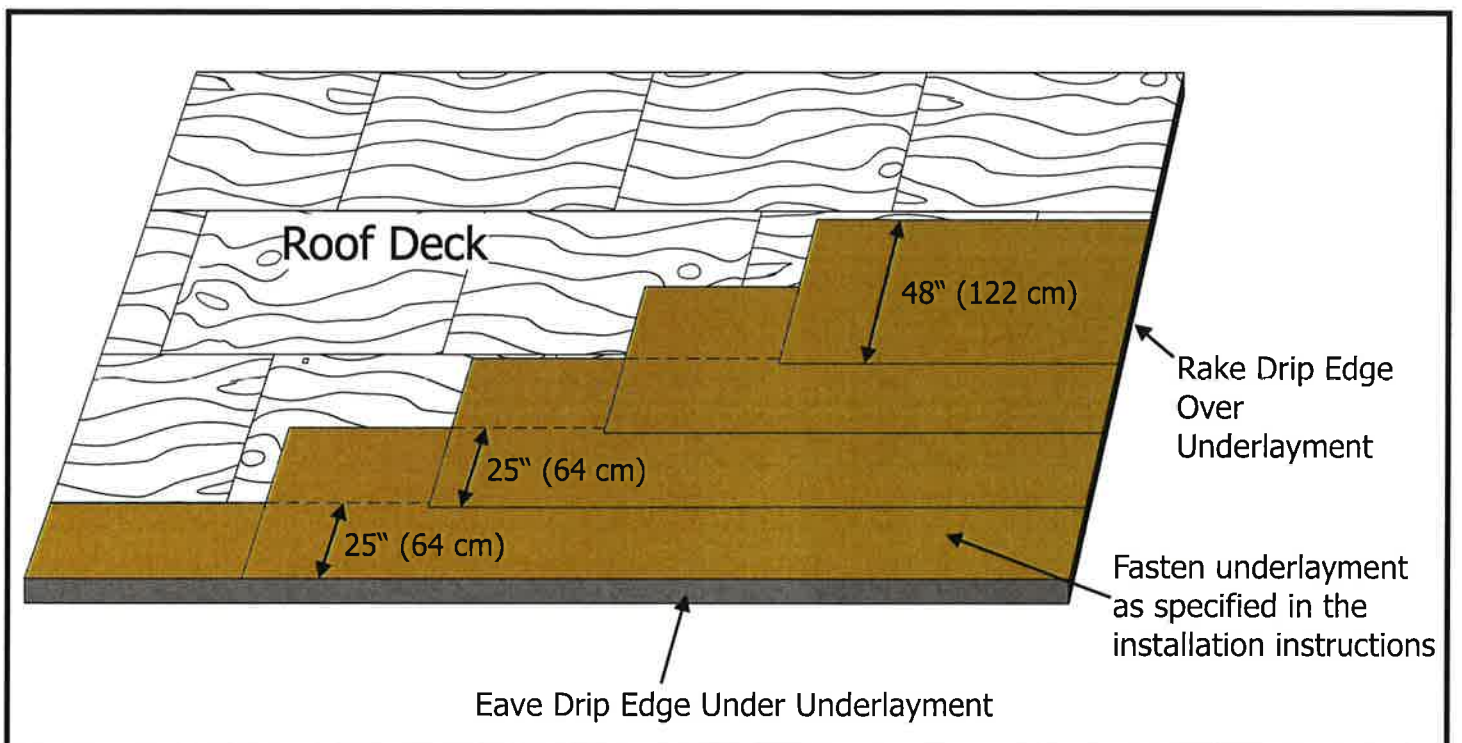
# Single Layer Application of FT GOLD

For slopes greater than 4:12 FT GOLD should be installed horizontally starting from the bottom of the roof with a 4 inch overlaps working up the roof.



# Double Layer Application of FT GOLD

For slopes 2:12 to 4:12 FT GOLD should be installed horizontally starting from the bottom of the roof with a 4 inch overlaps working up the roof.





# PLATINUM

## Synthetic Roofing Underlayment

### **Installation Instructions:**

**Caution: Always follow Safety Instruction, Building Codes and Safe Work Practices issues by the local Govt. bodies (e.g. OSHA / WCB)**

FT Synthetics products should be installed with Plastics Cap or Metal Cap nails with either ring shank or smooth shank Nails. DO NOT USE STAPLES. Use of staples will void the Manufacturer's warranty.

FT Synthetics products are a secondary layer protection approved for installation over Plywood with proper fasteners. FT Synthetics underlayment is an air, vapour and water barrier with <1 Perm. FT Synthetics underlayment is laid out horizontally with printed side up using 6" vertical laps and 4" horizontal laps. The overlaps ensure that the water runs over the overlaps without getting under the material. Before installing the underlayment ensure that the roof is clear of any debris or any sharp protrusions.

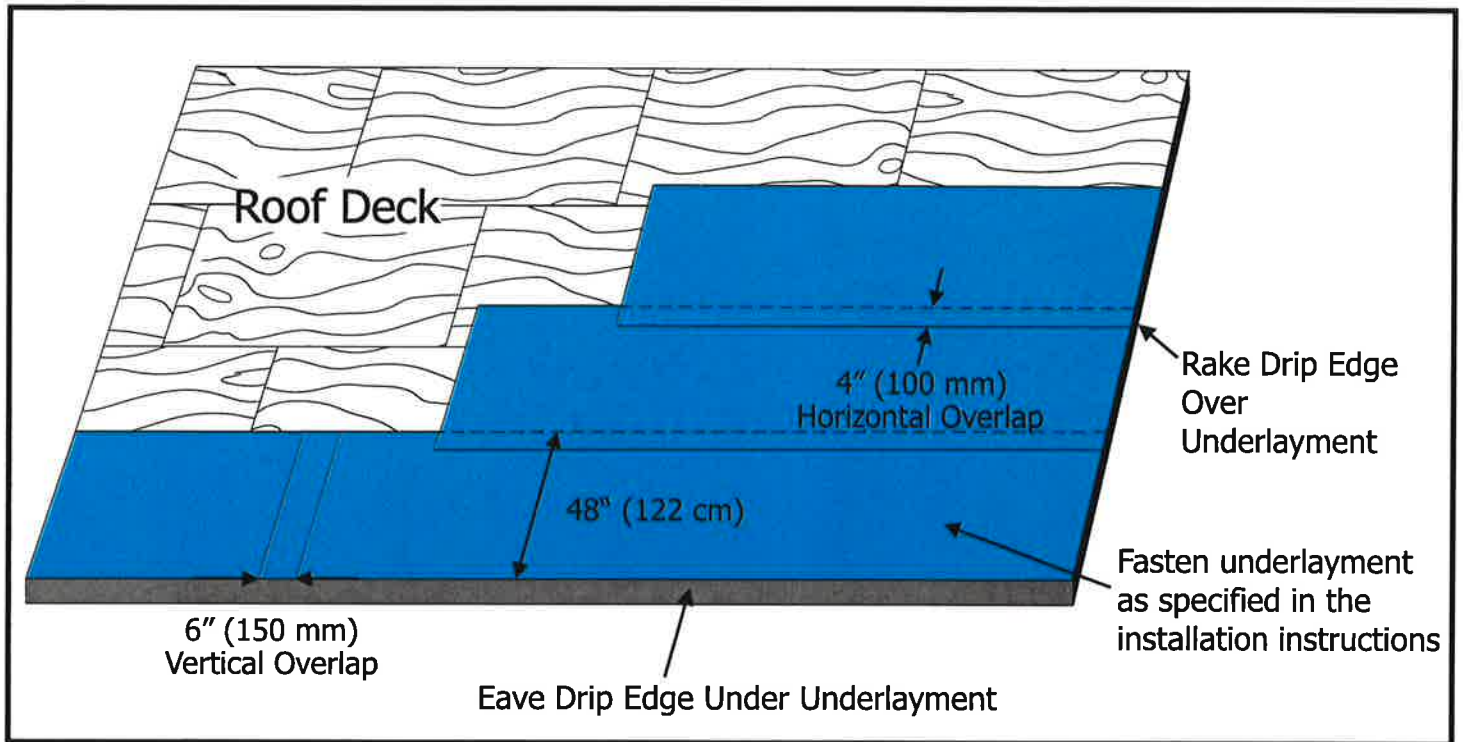
Product must be attached to the roofing structure using 1" plastic or metal cap nails. Product must be fastened with the nail pattern printed on the product. All anchoring must be performed flush to the roof, 90 degrees to the roof deck that will hold the material tightly with the plywood. The use of every other anchoring location printed on the product is also acceptable. For prolonged exposure, double the overlaps and use every anchor location. Product has 180 Days UV protection but it should not be considered a final roofing system. A proper final roofing system should be installed over the product to get the proper protection. Product is a secondary barrier used over plywood, under a roofing system like wood and asphalt shingles, tiles, slate and metal roof.

### **Safety Notification:**

FT Synthetics products are designed with the GRIPSPOT technology for better skid protection for the roofer but product may become slippery due to high moisture, frost, rain, water, dust, debris or other conditions. Use precautions when working on the roof. Follow all local and federal safety codes when installing any roofing system including FT Synthetics products. Failure to adhere to those procedures may result in serious injury or even death.

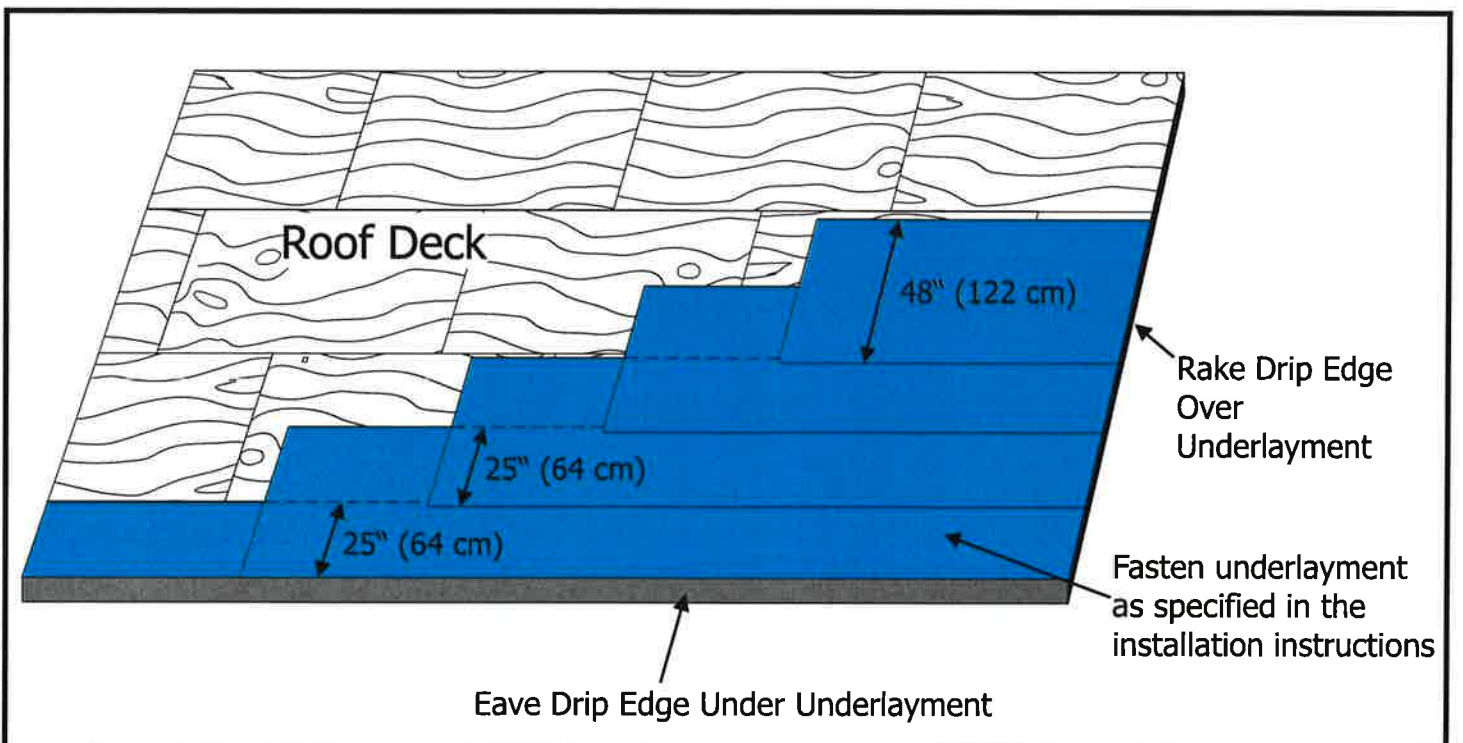
# Single Layer Application of FT PLATINUM

For slopes greater than 4:12 FT PLATINUM should be installed horizontally starting from the bottom of the roof with a 4 inch overlaps working up the roof.



# Double Layer Application of FT PLATINUM

For slopes 2:12 to 4:12 FT PLATINUM should be installed horizontally starting from the bottom of the roof with a 4 inch overlaps working up the roof.





# HYDRA

## Breathable Synthetic Underlayment

### **Installation Instructions:**

**Caution: Always follow Safety Instruction, Building Codes and Safe Work Practices issues by the local Govt. bodies (e.g. OSHA / WCB)**

FT Synthetics HYDRA should be installed with Plastics Cap or Metal Cap nails with either ring shank or smooth shank Nails. DO NOT USE STAPLES. Use of staples will void the Manufacturer's warranty.

FT Synthetics HYDRA is a secondary layer protection approved for installation over Plywood with proper fasteners. FT Synthetics HYDRA underlayment is laid out horizontally with printed side up using 6" vertical laps and 4" horizontal laps. The overlaps ensure that the water runs over the overlaps without getting under the material. Before installing the underlayment ensure that the roof is clear of any debris or any sharp protrusions.

Product must be attached to the roofing structure using 1" plastic or metal cap nails. Product must be fastened with the nail pattern printed on the product. All anchoring must be performed flush to the roof, 90 degrees to the roof deck that will hold the material tightly with the plywood. The use of every other anchoring location printed on the product is also acceptable. For prolonged exposure, double the overlaps and use every anchor location. Product has 180 Days UV protection but, it should not be considered a final roofing system. A proper final roofing system should be installed over the product to get the proper protection. Product is a secondary barrier used over plywood, under a roofing system like wood and asphalt shingles and metal.

### **Safety Notification:**

FT Synthetics products are designed with the GRIPSPOT technology for better skid protection for the roofer but product may become slippery due to high moisture, frost, rain, water, dust, debris or other conditions. Use precautions when working on the roof. Follow all local and federal safety codes when installing any roofing system including FT Synthetics products. Failure to adhere to those procedures may result in serious injury or even death.



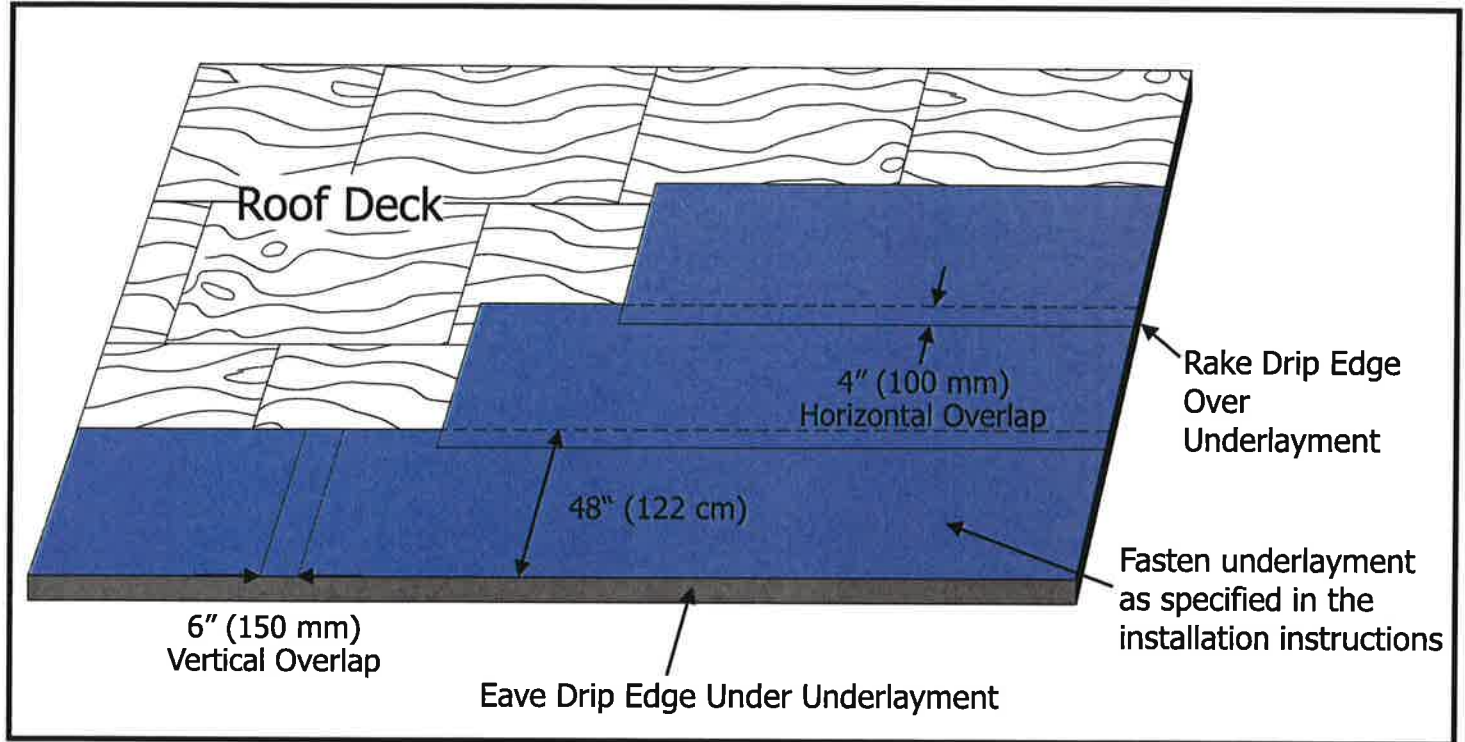
**FT SYNTHETICS**

Unit 1-13120 - 76th Avenue  
Surrey BC V3W 3H8  
Canada

Toll Free Ph: 1-844-353-9839  
Phone: 604-594-3439  
Fax: 604-594-3589  
[www.ftsyn.com](http://www.ftsyn.com)

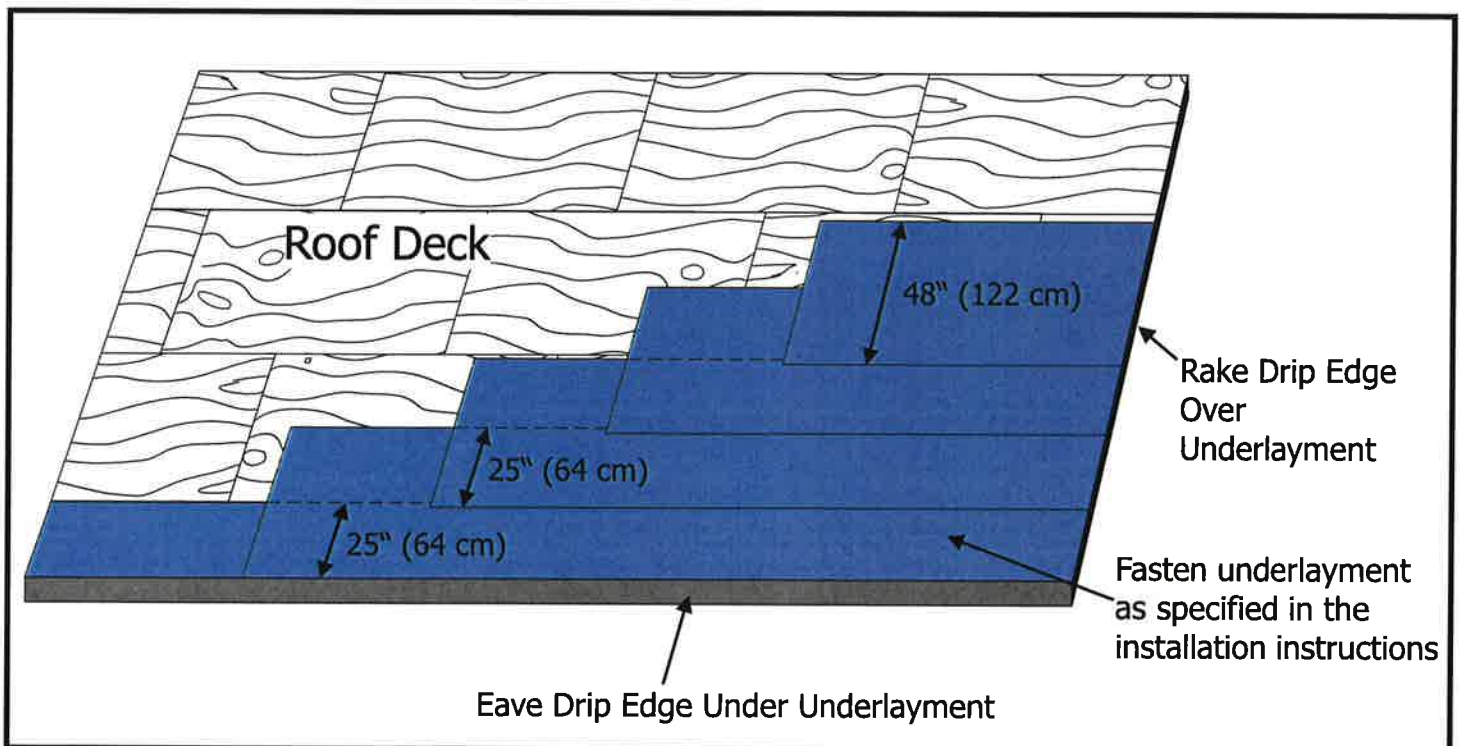
# Single Layer Application of FT HYDRA

For slopes greater than 4:12 FT HYDRA should be installed horizontally starting from the bottom of the roof with a 4 inch overlaps working up the roof.



# Double Layer Application of FT HYDRA

For slopes 2:12 to 4:12 FT HYDRA should be installed horizontally starting from the bottom of the roof with a 4 inch overlaps working up the roof.





STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD  
2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-0783

(850) 487-1395

RAYL, JOSEPH E  
COVENANT ROOFING & CONSTRUCTION, INC  
1410 EMERSON STREET  
LEESBURG FL 34748

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

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

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



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CCC1329936 ISSUED: 01/02/2017

CERTIFIED ROOFING CONTRACTOR  
RAYL, JOSEPH E  
COVENANT ROOFING & CONSTRUCTION, I

IS CERTIFIED under the provisions of Ch.489 FS.  
Expiration date : AUG 31, 2018 L1701020002179

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CCC1329936	

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



RAYL, JOSEPH E  
COVENANT ROOFING & CONSTRUCTION, INC  
1410 EMERSON STREET  
LEESBURG FL 34748



ISSUED: 01/02/2017

DISPLAY AS REQUIRED BY LAW

SEQ # 11701020002179

# CERTIFICATE OF LIABILITY INSURANCE

Date  
1/4/2018

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

**This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.**

**Insured:** South East Personnel Leasing, Inc. & Subsidiaries  
2739 U.S. Highway 19 N.  
Holiday, FL 34691

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

## Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																				
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$																				
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$																				
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence Aggregate																				
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2018	01/01/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><b>X</b></td> <td style="width: 70%;">WC Statutory Limits</td> <td style="width: 5%;"></td> <td style="width: 10%; text-align: center;">OTH-ER</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	<b>X</b>	WC Statutory Limits		OTH-ER			E.L. Each Accident			\$1,000,000		E.L. Disease - Ea Employee			\$1,000,000		E.L. Disease - Policy Limits			\$1,000,000
<b>X</b>	WC Statutory Limits		OTH-ER																							
	E.L. Each Accident			\$1,000,000																						
	E.L. Disease - Ea Employee			\$1,000,000																						
	E.L. Disease - Policy Limits			\$1,000,000																						

Other

**Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616**

### Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 92-70-277

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

**Covenant Roofing & Construction, Inc.**

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

**Project Name:**

ISSUE 11-07-17 (RK)

**Begin Date 5/1/2016**

CERTIFICATE HOLDER	CANCELLATION
CITY OF BELLE ISLE  1600 NELA AVENUE BELLE ISLE, FL 32809	Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/22/2017

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

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

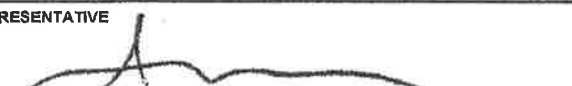
<b>PRODUCER</b> A. KILBRIDE INSURANCE INC. 1401 W. Busch Blvd. Tampa, Fl 33612 813.931.7467 Phone 813.932.7336 Fax	<b>CONTACT NAME:</b> Jose <b>PHONE (A/C, No, Ext):</b> 813-931-7467 <b>E-MAIL ADDRESS:</b> certificate@akilbride.com	<b>FAX (A/C, No):</b> 813-932-7336
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Covenant Roofing & Construction, Inc 1410 Emerson Street LEESBURG, FL 34748	<b>INSURER A:</b> Security National Insurance Co	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		234224	12/31/17	12/31/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Joseph E. Rayl - Licensee, License #CCC1329936 Qualifier.  
 Additional qualifier Reynolds Holiman, Lic#CGC037504

<b>CERTIFICATE HOLDER</b> City of Belle Isle 1600 Nela Ave. Belle Isle, Fl. 32809 Fax:407-581-0313	<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 
--	--



**BOB McKEE**  
LAKE COUNTY TAX COLLECTOR

EMPLOYEES 6

**2017 / 2018**  
**LAKE COUNTY BUSINESS TAX RECEIPT**  
**STATE OF FLORIDA**

ACCT NO. 121184  
RECEIPT NO. 8760034487

**EXPIRES SEPTEMBER 30, 2018**

TYPE OF CONTRACTING  
BUSINESS

BUSINESS COVENANT ROOFING & CONSTRUCTION INC  
1410 EMERSON ST

COVENANT ROOFING & CONSTRUCTION INC  
1410 EMERSON ST  
LEESBURG, FL 34748

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

Receipt #2017-0044269  
Paid 08/22/2017 30.00