



# City of Belle Isle Job Site Card Roofing PERMIT 2018-04-042

**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 2018-04-042

Issue Date: 04-16--2018

Site Address: 6409 Cay Cir 32812

Parcel Number: 24-23-29-0600-01-080

Class: Residential

Subdivision:

Description of Work: Re-roof 3000 SQFT Modified Bitumen Polyglass (Plyflex SAV and Elastoflex SAP

Issued To: YORK ROOFING LLC

Business Phone: 407 448-1992

Name: YORK, THOMAS EDWARD

Contractor License: CCC1331201

Payment Date & Method: 4 /30 / 2018

Visa  Master Card  Amex  Discover  Check / Money Order # 3640

**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 32814  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

## APPLICATION FOR ROOFING PERMIT

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

**RECEIVED**  
APR 16 2018

DATE OF APPLICATION: 4/3/2018

ROOF PERMIT NUMBER 2018-04-042

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

Project Address 6409 Cay Cir, Belle Isle, FL X 32809 32812

Property Owner Laurence and Mindy Miles Phone 407-760-1986

Property Owner's Mailing Address 6409 Cay Cir City Belle Isle

State FL Zip Code 32809 Parcel Id Number: 24-23-29-0600-01-080

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

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

**REQUIRED!** Florida Product Approval Form – NOTE: installation instructions must be posted on-site before your first inspection!!

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

Roof Square Footage: 3,000 Number of Stories: 1 Job Valuation: \$ 32,400.00

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

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

LICENSE HOLDER SIGNATURE \_\_\_\_\_ LICENSE # CCC1331201

LICENSE HOLDER NAME Thomas York COMPANY NAME York Roofing LLC

Street Address 726 Lake Ave

City Altamonte Springs State FL Zip Code 32701 Phone Number 407-448-1992

Email Address tyork@yorkroofingllc.com

Building Official: SM Date 4-16-18  
Verified Contractor's Licenses & Insurance are on file (SW) Date 4-16-18

Zoning Fee \$ 30.-  
Building Fee \$ 185.-  
Review Fee \$ 0  
1% BCAIB Fee \$ 2 min  
1.5% DCA Fee \$ 2.78  
Total Permit Fee \$ 219.78

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.

need NOC need LTR  
15116  
5X32  
25  
160  
185  
**PAID**  
4-30-2018  
UIJA 3640

Permit Number: \_\_\_\_\_  
 Folio/Parcel ID #: 24-23-29-0600-01-080  
 Prepared by: Thomas York  
 \_\_\_\_\_  
 Return to: Thomas York  
726 Lake Ave  
Altamonte Springs, FL 32701

DOCN 20180228081  
 04/17/2018 10:27:58 AM Page 1 of 1  
 Rec Fee: \$10.00  
 Phil Diamond, Comptroller  
 Orange County, FL  
 MB - Ret To: THOMAS YORK



**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)  
6409 Cay Cir, Orlando, FL 32809 (Belle Isle Estates L/58 Lots 8 & 9 )
2. **General description of improvement**  
Replace lower roof with new 2-ply modified bitumen roof system
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
 Name Laurence Miles and Mindy Miles  
 Address 6409 Cay Cir, Orlando, FL 32809  
 Interest in Property Residence  
**Name and address of fee simple titleholder** (if different from Owner listed above)  
 Name N/A  
 Address N/A
4. **Contractor**  
 Name York Roofing LLC Telephone Number 407-448-1992  
 Address 726 Lake Ave, Altamonte Springs, FL 32701
5. **Surety** (if applicable, a copy of the payment bond is attached)  
 Name N/A Telephone Number N/A  
 Address N/A Amount of Bond \$ N/A
6. **Lender**  
 Name N/A Telephone Number N/a  
 Address N/A
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**  
 Name N/A Telephone Number N/A  
 Address N/A
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**  
 Name N/A Telephone Number N/A  
 Address N/A
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) \_\_\_\_\_

State of FLORIDA, County of ORANGE  
 I hereby certify that this is a true copy of  
 the document as reflected in the Official Records  
 PHIL DIAMOND, COUNTY COMPTROLLER  
 BY: \_\_\_\_\_  
 DATED: 04-17-18



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

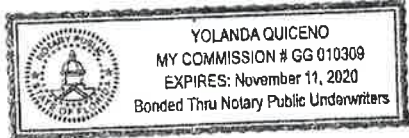
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager \_\_\_\_\_  
 Signatory's Title/Office owner

The foregoing instrument was acknowledged before me this 4<sup>th</sup> day of April 2018 by Laurence Miles  
 as \_\_\_\_\_ for \_\_\_\_\_  
 Type of authority, e.g., officer, trustee, attorney in fact \_\_\_\_\_ Name of party on behalf of whom instrument was executed \_\_\_\_\_

Signature of Notary Public - State of Florida \_\_\_\_\_  
 \_\_\_\_\_

Print, type, or stamp commissioned name of Notary Public

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







## 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: 4/4/2018

PERMIT # 2018-04-042

PROJECT ADDRESS 6409 Cay Cir., Belle Isle, FL X 32809    32812

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

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

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
<b>EXTERIOR DOORS</b>				<b>WALL PANELS</b>			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
<b>WINDOWS</b>				<b>ROOFING PRODUCTS</b>			
Single/Dbf Hung				Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Underlayment			
Skylights				Other		Elastoflex SA P	W-1412, W-45
Other				Modified Bitumen	Polyglass	Polyflex SA V	FL1654-R22
<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 4/4/2018



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**Product Approval**  
USER: Public User

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



FL # Application Type Code Version Application Status  Comments Archived  Product Manufacturer Address/Phone/Email  Authorized Signature  Technical Representative Address/Phone/Email  Quality Assurance Representative Address/Phone/Email  Category Subcategory  Compliance Method  Florida Engineer or Architect Name who developed the Evaluation Report Florida License Quality Assurance Entity Quality Assurance Contract Expiration Date Validated By  Certificate of Independence  Referenced Standard and Year (of Standard)	FL1654-R22 Revision 2017 Approved  Archived  POLYGLASS USA 1111 W. Newport Center Drive Deerfield Beach, FL 33442 (954) 233-1378 Ext 242 alender@polyglass.com  Ariel Lender alender@polyglass.com  Maury Alpert 1111 W. Newport Center Drive Deerfield Beach, FL 33442 (912) 429-8610 MAIpert@polyglass.com  Ariel Lender 1111 W. Newport Center Drive Deerfield Beach, FL 33442 (954) 233-1230 ALender@polyglass.com  Roofing Modified Bitumen Roof System  Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input type="checkbox"/> Evaluation Report - Hardcopy Received  Robert Nieminen PE-59166 UL LLC 10/06/2018 John W. Knezevich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received  <a href="#">FL1654 R22 COI 2017 01 COI Nieminen.pdf</a>  <table border="0"> <thead> <tr> <th style="text-align: left;"><b>Standard</b></th> <th style="text-align: left;"><b>Year</b></th> </tr> </thead> <tbody> <tr><td>ASTM D6162</td><td>2008</td></tr> <tr><td>ASTM D6163</td><td>2008</td></tr> <tr><td>ASTM D6164</td><td>2011</td></tr> <tr><td>ASTM D6222</td><td>2011</td></tr> <tr><td>ASTM D6509</td><td>2009</td></tr> <tr><td>FM 4470</td><td>2012</td></tr> <tr><td>FM 4474</td><td>2011</td></tr> <tr><td>UL 1897</td><td>2012</td></tr> </tbody> </table>	<b>Standard</b>	<b>Year</b>	ASTM D6162	2008	ASTM D6163	2008	ASTM D6164	2011	ASTM D6222	2011	ASTM D6509	2009	FM 4470	2012	FM 4474	2011	UL 1897	2012
<b>Standard</b>	<b>Year</b>																		
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ASTM D6509	2009																		
FM 4470	2012																		
FM 4474	2011																		
UL 1897	2012																		

Equivalence of Product Standards  
Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 09/14/2017  
Date Validated 09/15/2017  
Date Pending FBC Approval 09/22/2017  
Date Approved 12/12/2017

**Summary of Products**

FL #	Model, Number or Name	Description
1654.1	Polyglass SBS and APP Modified Bitumen Roof Systems	SBS and APP modified bitumen roof systems
<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/-622.5 <b>Other:</b> 1.) The design pressure in this application relates to one particular assembly over concrete deck. Refer to the ER Appendix for other systems and deck types. 2.) Refer to ER, Section 5 for other Limits of Use.		<b>Installation Instructions</b> <a href="#">FL1654_R22_II_2017_09_FINAL_A1_ER_POLYGLASS_MODBIT_FL1654-R22.pdf</a> Verified By: Robert Nieminen PE-59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL1654_R22_AE_2017_09_FINAL_ER_POLYGLASS_MODBIT_FL1654-R22.pdf</a> Created by Independent Third Party: Yes

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

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



**APPENDIX 1: ATTACHMENT REQUIREMENTS FOR WIND UPLIFT RESISTANCE**

Table	Deck	Application	Type	Description	Page
1A	Wood	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	5
1B-1	Wood	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	5-9
1B-2	Wood	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	10-11
1C	Wood	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	11
1D	Wood	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	12-13
1E	Wood	New, Reroof (Tear-Off) or Recover	D	Prelim. Attached Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	14-15
1F-1	Wood	New or Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet (nails), Bonded Roof Cover	16-18
1F-2	Wood	New, Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet (screws & plates), Bonded Roof Cover	19-21
1G	Wood	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	21
2A	Steel or Structural concrete	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	22-24
2B	Steel or Structural concrete	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	25-28
2C	Steel or Structural concrete	New, Reroof (Tear-Off) or Recover	D	Prelim. Attached Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	29-31
3A	Structural concrete	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	32-40
3B	Structural concrete	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	40
4A	LWIC	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	41-42
4B	LWIC	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	43
4C	LWIC	New or Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	44-46
5A	CWF	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	47
5B	CWF	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	48
5C	CWF	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	49
5D	CWF	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	49
5E	CWF	New, Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	49
6A	Gypsum	Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	50-52
6B	Gypsum	Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	52
6C	Gypsum	Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	53
6D	Gypsum	Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	53
7A	Various	Recover	A-1	Bonded Insulation, Bonded Roof Cover	54-58
7B	Various	Recover	F	Non-Insulated, Bonded Base Sheet, Bonded Roof Cover	58

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

- The roof system evaluation herein pertains to above-deck roof components. Roof decks and structural members shall be in accordance with FBC requirements to the satisfaction of the Authority Having Jurisdiction. Load resistance of the roof deck shall be documented through proper codified and/or FBC Approval documentation.
- Insulation / base sheet fasteners shall be of sufficient length for the following deck engagement:
  - Wood: Minimum 0.75-inch penetration.
  - Steel: Minimum 0.75-inch penetration and engage the top flute of the steel deck.
  - Structural concrete: Minimum 1-inch embedment into pilot hole in accordance with fastener manufacturer's published installation instructions.
- Unless otherwise noted, insulation may be any one layer or combination of polyisocyanurate, polystyrene, wood fiberboard, perlite, gypsum-based roof board or mineral-wool roof board that meets the QA requirements of F.A.C. Rule 61G20-3 and is documented as meeting FBC 1505.1 and, for foam plastic, FBC Chapter 26, when installed with the roof cover.

4. Minimum 200 psi, minimum 2-inch thick lightweight insulating concrete may be substituted for rigid insulation board for System Type D (mechanically attached base sheet, bonded roof cover), whereby the base sheet fasteners are installed through the LWIC to engage the structural steel or concrete deck. The structural deck shall be of equal or greater configuration to the steel and concrete deck listings. Roof decks and structural members shall be in accordance with FBC requirements to the satisfaction of the Authority Having Jurisdiction. Load resistance of the roof deck shall be documented through proper codified and/or FBC Approval documentation.
5. Preliminary insulation attachment for System Type D: Unless otherwise noted, refer to Section 2.2.10.1.3 of FM Loss Prevention Data Sheet 1-29 (January 2016).
6. Unless otherwise noted, insulation adhesive application rates are as follows. Ribbon or bead width is at the time of application; the ribbons/beads shall expand as noted in the manufacturer's published instructions.
  - Hot asphalt (HA): Full coverage at 25-30 lbs/square.
  - Dow INSTA STIK Quik Set Insulation Adhesive (D-IS): Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c.
  - Millennium One Step Foamable Adhesive (M-OSFA): Continuous 0.25 to 0.5-inch wide ribbons, 12-inch o.c.
  - Millennium PG-1 Pump Grade Adhesive (M-PG1): Continuous 0.25 to 0.5-inch wide ribbons, 12-inch o.c.
  - OlyBond 500 (OB500): Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c. (PaceCart or SpotShot). Note: OlyBond Green may be used where OlyBond 500 is referenced.
  - OlyBond Classic (OB Classic): Full coverage at 1 gal/square.
  - ICP Adhesive & Sealants CR-20: Continuous 2.5-3.5-inch wide ribbons, 12-inch o.c.
  - Note: When multiple layers(s) of insulation and/or coverboard are installed in ribbon-applied adhesive, board joints shall be staggered.
  - Note: The maximum edge distance from the adhesive ribbon to the edge of the insulation board shall be not less than one-half the specified ribbons spacing.
7. Unless otherwise noted, all insulations are flat-stock or taper board of the minimum thickness noted. Tapered polyisocyanurate at the following thickness limitations may be substituted with the following Maximum Design Pressure (MDP) limitations. In no case shall these values be used to 'increase' the MDP listings in the tables; rather if MDP listing below meets or exceeds that listed for a particular system in the tables, then the thinner board listed below may be used as a drop-in for the equivalent thicker material listed in the table:
 

➢ Millennium One Step Foamable Adhesive (M-OSFA):	MDP -157.5 psf (Min. 0.5-inch thick)
➢ Millennium PG-1 Pump Grade Adhesive (M-PG1):	MDP -157.5 psf (Min. 0.5-inch thick)
➢ OlyBond 500 (OB500):	MDP -45.0 psf (Min. 0.5-inch thick Multi-Max FA-3)
➢ OlyBond 500 (OB500):	MDP -187.5 psf (Min. 0.5-inch thick ISO 95+ GL)
➢ OlyBond 500 (OB500):	MDP -315.0 psf (Min. 0.5-inch thick ENRGY 3)
➢ OlyBond 500 (OB500):	MDP -487.5 psf (Min. 0.5-inch thick AC Foam II)
➢ ICP Adhesives & Sealants CR-20:	MDP -117.5 psf (Min. 1.0-inch thick)
8. Bonded polyisocyanurate insulation boards shall be maximum 4 x 4 ft.
9. For mechanically attached components or partially bonded insulation, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16, and Zones 2 and 3 shall employ an attachment density designed by a qualified design professional to resist the elevated pressure criteria. Commonly used methods are ANSI/SPRI WD1, FM Loss Prevention Data Sheet 1-29, Roofing Application Standard RAS 117 and Roofing Application Standard RAS 137. Assemblies marked with an asterisk\* carry the limitations set forth in Section 2.2.10.1 of FM Loss Prevention Data Sheet 1-29 (January 2016) for Zone 2/3 enhancements.
10. For fully bonded assemblies, the maximum design pressure for the selected assembly shall meet or exceed critical design pressure determined in accordance with FBC Chapter 16, and no rational analysis is permitted.
11. For mechanically attached components over existing decks, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison to the minimum requirements for the system. Testing and analysis shall be in accordance with ANSI/SPRI FX-1 or Testing Application Standard TAS 105.
12. For existing substrates in a bonded recover or re-roof installation, the existing roof surface or existing roof deck shall be examined for compatibility and bond performance with the selected adhesive, and the existing roof system (for recover) shall be capable of resisting project design pressures on its own merit to the satisfaction of the Authority Having Jurisdiction, as documented through field uplift testing in accordance with ANSI/SPRI IA-1, ASTM E907, FM Loss Prevention Data Sheet 1-52 or Testing Application Standard TAS 124.
13. For Recover Applications using System Type D, the insulation is optional; however, the existing roof system shall be suitable for a recover application.
14. Lightweight Insulating Concrete (LWC) shall be cast in accordance with FBC Section 1917 to the satisfaction of the Authority Having Jurisdiction. For systems where specific LWC is referenced, refer to current LWC Product Approval for specific deck construction and limitations. For systems where specific LWC is not referenced, the minimum design mix shall be 300 psi. In all cases, the minimum top-coat thickness is 2-inches. For LWC over structural concrete, reference is made to FBC Section 1917.4.1, Point 1.



15. Unless otherwise noted, refer to the following references for bonded base, ply or cap sheet applications.

**TABLE 1: POLYGLASS ROOF COVERS**

Reference	Layer	Material	Application
BP-AA (Base and Ply sheets, Asphalt-Applied)	Base Ply	One or more plies Polyglass G2 Base, FBC Approved ASTM D4601, Type II	Hot Asphalt at 20-40 lbs/square
	Ply	One or more plies Polyglass Ply IV, Polyglass Ply VI, FBC Approved ASTM D2178, Type IV or VI <b>Note:</b> <i>Asphalt-applied sheets or insulation shall not be applied to poly-film surfaced membranes.</i>	
SBS-CA1	Base Ply	One ply Elastobase (sand/sand), Elastoflex V, Elastoflex S6, Elastoflex S6 Type II, Polyglass HT Base 650	PG350 at 1.5-2.0 gal/square
	Cap Ply	Elastoflex VG, Elastoflex VG FR, Elastoflex S6, Elastoflex S6 Type II, Elastoflex S6 G FR, Elastoflex S6 G FR, Elastoshield TS-G, Elastoshield TS-G FR, Polyfresko G SBS (sand-backed), Polyfresko G SBS FR (sand-backed)	
SBS-CA2	Base Ply	One ply Elastobase (sand/sand), Elastoflex V, Elastoflex S6, Elastoflex S6 Type II	Polyplus 35 at 1.5-2.0 gal/square
	Cap Ply	Elastoflex VG, Elastoflex VG FR, Elastoflex S6, Elastoflex S6 Type II, Elastoflex S6 G FR, Elastoshield TS-G, Elastoshield TS-G FR, Polyfresko G SBS (sand-backed), Polyfresko G SBS FR (sand-backed)	
SBS-AA (SBS, Asphalt-Applied)	Base Ply or Ply	One or more plies Elastobase (sand/sand or poly/sand), Elastobase P (sand/sand or poly/sand), Elastoflex V, Elastoflex S6, Elastoflex S6 Type II, Polyglass HT Base 650	Hot Asphalt at 20-40 lbs/square
	Cap Ply	Elastoflex V, Elastoflex VG, Elastoflex VG FR, Elastoflex S6, Elastoflex S6 Type II, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS-G, Elastoshield TS-G FR, Polyfresko G SBS (sand-backed), Polyfresko G SBS FR (sand-backed)	
SBS-TA (SBS, Torch-Applied)	Base Ply or Ply	One or more plies Elastobase (sand/poly), Elastobase (poly/poly), Elastoflex V, Elastoflex S6, Elastoflex S6 Type II, Polyglass HT Base 650	Torch-Applied
	Cap Ply	Elastoflex V, Elastoflex VG, Elastoflex VG FR, Elastoflex S6, Elastoflex S6 Type II, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS-G, Elastoshield TS-G FR, Polyfresko G SBS (poly-film backed), Polyfresko G SBS FR (poly-film backed)	
SBS-SA (SBS, Self-Adhering)	Base Ply	One or more plies Elastoflex SA V Base, Elastoflex SA V FR Base, Elastoflex SA V Plus, Elastoflex SA V Plus FR	Self-Adhering
	Cap Ply	Elastoflex SA P, Elastoflex SA P FR, Polyreflect <b>Note:</b> <i>Unless otherwise noted, permissible membrane substrates for SBS-SA are limited to the SBS-SA Base Ply options herein, Elastobase (poly/sand) or Elastobase (poly/poly).</i>	
APP-CA1	Cap Ply	Polyflex G FR	PG350 at 1.5-2.0 gal/square
APP-TA (APP, Torch-Applied)	Base Ply or Ply	One or more plies Polyglass APP Base, Polyflex, Polybond	Torch-Applied
	Cap Ply	Polyflex, Polyflex G, Polyflex G FR, Polybond, Polybond G, Polyfresko G, Polyfresko G FR	
APP-SA (APP, Self-Adhering)	Cap Ply	Polyflex SA P, Polyflex SA P FR, Polyfresko G SA, Polykool <b>Note:</b> <i>Unless otherwise noted, permissible membrane substrates for APP-SA are limited to the SBS-SA Base Ply options herein, Elastobase (poly/sand) or Elastobase (poly/poly).</i>	Self-Adhering

16. Any of the following FBC Approved coatings may be applied to the top roof membrane without adverse effect on the system wind load performance. Refer to current Roofing Materials Directory for fire ratings associated with coating usage.

- PG200 Non Fibered Roof Coating;
- PG300 Fibered Roof Coating;
- PG600 Non-Fibered Aluminum Roof Coating;
- PG650 Fibered Aluminum Roof Coating;
- PG700 High Quality Elastomeric Roof Coating or KM Acryl 25;
- PG700QS (Quick Set) High Quality Elastomeric Roof Coating or KM Acryl 25-QS (for granule-surfaced APP or SBS only);
- PG800 Asphalt Emulsion Roof Coating;
- Polyplus 60 Premium Non-Fibered Aluminum Roof Coating;
- Polyplus 65 Premium Fibered Aluminum Roof Coating;
- Polybrite 70 Premium Grade Elastomeric Roof Coating or KM Acryl 15;
- Polybrite 70QS (Quick Set) Premium Grade Elastomeric Roof Coating or KM Acryl 15-QS (for granule-surfaced APP or SBS only);
- Polybrite 90 High Solids Silicone Roof Coating or Polybrite 95 Silicone Roof Coating.



17. Dens Deck shall be field-primed with PG100 prior to self-adhering membrane application. Refer to tables herein for other priming requirements.
18. Vapor barrier options for use over **structural concrete deck** followed by adhered insulation carry the following Maximum Design Pressure (MDP) limitations. The **lesser** of the MDP listings below vs. those in **Table 3A** applies:

VAPOR BARRIER OPTIONS; STRUCTURAL CONCRETE DECK; ADHERED INSULATION PER TABLE 3A						
Option #	Primer	Vapor Barrier		Attach	Insulation Adhesive	MDP (psf)
		Type				
VB-1.	PG100	Elastoflex SA V Plus		Self-Adhering	Inta-Stik or CR-20, 12-inch o.c.	-60.0
VB-2.	PG100	Polyglass APP Base		Torch-applied	Inta-Stik or CR-20, 12-inch o.c.	-75.0
VB-3.	PG100	Elastoflex SA P		Self-Adhering	Insta-Stik, 12-inch o.c.	-75.0
VB-4.	PG100	Elastoflex SA P		Self-Adhering	Millennium One Step Foamable Adhesive, 12-inch o.c.	-157.5
VB-5.	PG100	Elastoflex SA P		Self-Adhering	CR-20, 12-inch o.c.	-270.0
VB-6.	PG100	Elastoflex SA V Base, Elastoflex SA V FR Base, Elastoflex SA V Plus, Elastoflex SA V Plus FR		Self-Adhering	Millennium One Step Foamable Adhesive, Millennium PG-1 Pump Grade Adhesive, OlyBond 500 or CR-20, 12-inch o.c.	-290.0

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



**TABLE 1A: WOOD DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)**  
**SYSTEM TYPE A-1: BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (Note 1)	Base Insulation Layer			Top Insulation Layer			Roof Cover (Note 15)			MDP (psf)
		Type	Attach	Type	Attach	Type	Attach	Base Ply	Ply	Cap Ply	
W-1	Min. 15/32-inch plywood	Min. 1.5-inch Polytherm, ACFoam II, Polytherm G, ACFoam III, ENRGY-3, Polytherm H, H-Shield, H-Shield CG, Multi-Max FA3	D-IS, M-OSFA, OB500 or CR-20	(Optional) additional layer(s) of base insulation	D-IS, M-OSFA, OB500 or CR-20	SBS-SA	(Optional) SBS-SA, SBS-TA, APP-TA	SBS-SA, APP-SA, SBS-TA, APP-TA	-52.5		
W-2	Min. 15/32-inch plywood	Min. 1.5-inch Polytherm, ACFoam II, Polytherm G, ACFoam III, ENRGY-3, Polytherm H, H-Shield, H-Shield CG, Multi-Max FA3	D-IS, M-OSFA, OB500 or CR-20	(Optional) additional layer(s) of base insulation	D-IS, M-OSFA, OB500 or CR-20	Polyflex SA Base	(Optional) APP-TA	APP-TA	-52.5		

**TABLE 1B-1: WOOD DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)**  
**SYSTEM TYPE A-2: MECHANICALLY ATTACHED ANCHOR SHEET, BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (Note 1)	Anchor Sheet			Base Insulation			Top Insulation			Roof Cover (Note 15)			MDP (psf)
		Type	Fasten	Attach	Type	Attach	Type	Attach	Type	Attach	Base Ply	Ply	Cap Ply	
W-3	Min. 15/32-inch plywood	Elastobase, Elastobase P (sanded-top)	Simplex MAXX Cap	9-inch o.c. at 2-inch lap and 18-inch o.c. in two (2), equally spaced, staggered center rows	(Optional) Min. 1.5-inch Polytherm, ACFoam II, ENRGY-3, Polytherm H, H-Shield, H-Shield CG, Multi-Max FA3	Hot asphalt	Hot asphalt	Min. 0.75-inch Fesco Board (homogeneous) or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	BP-AA or SBS-AA	Hot asphalt	(Optional) BP-AA or SBS-AA	SBS-AA, SBS-TA, APP-TA	-45.0*	
W-4	Min. 15/32-inch plywood	Elastobase, Elastobase P (sanded-top)	Simplex MAXX Cap	9-inch o.c. at 2-inch lap and 18-inch o.c. in two (2), equally spaced, staggered center rows	(Optional) Min. 1.5-inch Polytherm, ACFoam II, ENRGY-3, Polytherm H, H-Shield, H-Shield CG, Multi-Max FA3	Hot asphalt	Hot asphalt	Min. 0.25-inch Dens Deck, Dens Deck Prime, SECUROCK Gypsum-Fiber Roof Board	BP-AA, SBS-AA, SBS-TA, APP-TA	Hot asphalt	(Optional) BP-AA, SBS-AA, SBS-TA, APP-TA	SBS-AA, SBS-TA, APP-TA	-45.0*	
W-5	Min. 15/32-inch plywood	Elastobase, Elastobase P (sanded-top)	Simplex MAXX Cap	9-inch o.c. at 2-inch lap and 12-inch o.c. in two (2), equally spaced, staggered center rows	(Optional) Min. 1.5-inch Polytherm, ACFoam II, ENRGY-3, Polytherm H, H-Shield, H-Shield CG, Multi-Max FA3	Hot asphalt	Hot asphalt	Min. 0.75-inch Fesco Board (homogeneous) or min. 0.5-inch Structodek High Density Fiberboard Roof Insulation	BP-AA or SBS-AA	Hot asphalt	(Optional) BP-AA or SBS-AA	SBS-AA, SBS-TA, APP-TA	-52.5	
W-6	Min. 15/32-inch plywood	Elastobase, Elastobase P (sanded-top)	Simplex MAXX Cap	9-inch o.c. at 2-inch lap and 12-inch o.c. in two (2), equally spaced, staggered center rows	(Optional) Min. 1.5-inch Polytherm, ACFoam II, ENRGY-3, Polytherm H, H-Shield, H-Shield CG, Multi-Max FA3	Hot asphalt	Hot asphalt	Min. 0.25-inch Dens Deck, Dens Deck Prime, SECUROCK Gypsum-Fiber Roof Board	BP-AA, SBS-AA, SBS-TA, APP-TA	Hot asphalt	(Optional) BP-AA, SBS-AA, SBS-TA, APP-TA	SBS-AA, SBS-TA, APP-TA	-52.5	



**RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER**

- [Searches](#)
- [Sales Search](#)
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Sign up for e-Notify...

**6409 Cay Cir** < 24-23-29-0600-01-080 >

Name(s) Physical Street Address  
 Miles Laurence Francis 6409 Cay Cir  
 Miles Mindy Postal City and Zipcode  
 Mailing Address On File Orlando, FL 32809  
 6409 Cay Cir Property Use  
 Belle Isle, FL 32809-6142 0130 - Sfr - Lake Front  
 Incorrect Mailing Address? Municipality  
Belle Isle



**View 2017 Property Record Card**

- [Property Features](#)
- [Values, Exemptions and Taxes](#)
- [Sales Analysis](#)
- [Location Info](#)
- [Market Stats](#)
- [Update Information](#)

**2018 values will be available in August of 2018.**

**Property Description**

BELLE ISLE ESTATES L/58 LOTS 8 & 9 & LAND TO LAKE SHORE & SLY 13.2 FT OF LOT 7 & LAND E TO LAKE BLK A

[View Plat](#)

**Total Land Area** 20,937 sqft (+/-) | 0.48 acres (+/-) GIS Calculated Notice

**Land**

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0130 - Sfr - Lake Front	R-1-AA	1 LOT(S)	working...	working...	working...	working...

Page 1 of 1 (1 total records)

**Buildings**

Important Information		Structure	
<b>Model Code:</b>	01 - Single Farm Residence	<b>Actual Year Built:</b>	1953
		<b>Gross Area:</b>	3925 sqft





STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

YORK, THOMAS EDWARD  
YORK ROOFING LLC  
726 LAKE AVE  
ALTAMONTE SPRINGS FL 32701

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

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](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!



DETACH HERE

RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY

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

LICENSE NUMBER

CCC1331201

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

YORK, THOMAS EDWARD  
YORK ROOFING LLC  
726 LAKE AVE  
ALTAMONTE SPRINGS FL 32701



ISSUED: 10/12/2017

DISPLAY AS REQUIRED BY LAW

SEQ # L1710120002123



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/2/2018

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).

**PRODUCER**  
Insurance Office of America, Inc.  
1855 West State Road 434  
Longwood, FL 32750

**CONTACT NAME:** Elizabeth Gonzalez  
**PHONE (A/C, No, Ext):** (407) 998-5482 15482 **FAX (A/C, No):** (321) 214-6448  
**E-MAIL ADDRESS:** Elizabeth.Gonzalez@ioausa.com

**INSURER(S) AFFORDING COVERAGE** **NAIC #**  
INSURER A : **Western World Insurance Company** **13196**

**INSURED**  
**York Roofing, LLC**  
726 Lake Ave  
Altamonte Springs, FL 32701

INSURER B :  
INSURER C :  
INSURER D :  
INSURER E :  
INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>		NPP8283952	09/26/2017	09/26/2018	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
						MED EXP (Any one person) \$ <b>5,000</b>
						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
						GENERAL AGGREGATE \$ <b>2,000,000</b>
						PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
						\$
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER**

**CANCELLATION**

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



JIMMY PATRONIS  
CHIEF FINANCIAL OFFICER

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

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

**CONSTRUCTION INDUSTRY EXEMPTION**

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

**EFFECTIVE DATE:** 4/9/2018

**EXPIRATION DATE:** 4/8/2020

**PERSON:** THOMAS E YORK

**EMAIL:** TYORK@YORKROOFINGLLC.COM

**FEIN:** 822667201

**BUSINESS NAME AND ADDRESS:**

YORK ROOFING LLC

726 LAKE AVE

ALTAMONTE SPRINGS, FL 32701

**SCOPE OF BUSINESS OR TRADE:**

Licensed Roofing Contractor

---

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

**CITY OF ALTAMONTE SPRINGS**  
225 NEWBURYPORT AVENUE  
ALTAMONTE SPRINGS, FLORIDA 32701-3697  
407-571-8116

YORK ROOFING LLC  
THOMAS YORK, MELISSA YORK  
726 LAKE AVE  
ALTAMONTE SPRINGS, FL 32701

**DO NOT PAY - THIS IS NOT A BILL**  
**Below Certificate must be displayed at Business Location**



**CITY OF ALTAMONTE SPRINGS**  
225 NEWBURYPORT AVENUE  
ALTAMONTE SPRINGS, FLORIDA 32701-3697  
407-571-8116

**Fiscal Year**  
**2017-2018**

**BUSINESS TAX RECEIPT**

**Business Number:** 000027-2018 **Expires:** September 30, 2018  
**Business Name:** YORK ROOFING LLC  
THOMAS YORK, MELISSA YORK  
**Business Address:** 726 LAKE AVE  
ALTAMONTE SPRINGS, FL 32701

RECEIPT NO.	CLASS DESCRIPTION	FEE
BTR-000155-2018	BTR Application Fee	\$15.00
BTR-000155-2018	Seminole County – Regulated	\$22.50
BTR-000155-2018	Roofer	\$60.38
<b>TOTAL BUSINESS TAX PAID:</b>		<b>\$97.88</b>

Restrictions: Home Occupation Restrictions Apply  
Home Occ.–Office Only, No customers on site  
Home Occ.–No commercial vehicles or storage

*Angela M Apperson*  
City Clerk