



# 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)

## PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

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

<p><b>Scope of Work:</b> ReROOF – 700 sf modified bitumen</p> <p><b>Comments:</b> None</p> <p><b>Project Information</b>          Address: 6518 Stockbridge Ave, Belle Isle, FL 32812          Parcel ID: 24-26-29-0600-04-190          Property Owner: Lastarza, Dorothy          Phone Number: none          *****          Company Name: Gold Key International, Inc.          Contractor Name: Hewitt, Jeffrey          License Number: CCC1329157          Address: 6021 S. Orange Avenue, Orlando, FL 32809          Phone Number: 407-851-0680</p>	<p style="text-align: right;"><b>Permit Number: 2016-08-009</b></p> <p style="text-align: right;"><b>Date of Application: 08/04/2016</b>  <b>Date Permit Issued: 08/04/2016</b></p> <p><b>WARNING TO OWNER:</b> "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.</p>
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## BUILDING FEATURES

<p><b>IMPACT FEES</b></p> <p>School \$          Traffic \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$30.00</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Cert of Occ \$          Demo \$ \$          Building \$ \$          Fence \$ \$          Driveway \$ \$          Shed \$ \$          Window(s) \$ \$          Door(s) \$ \$          PrePower \$ \$          Electrical \$ \$          Temp Pole \$ \$          Plumbing \$ \$          Mechanical \$ \$          Gas \$ \$          Roofing \$55.00          Boat Dock \$          Screen Encl \$          Swimming Pool \$          Sign \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00          Surcharge Fee \$2.00</p> <p style="text-align: center;"><b>TOTAL FEES \$89.00</b></p> <p><b>Date Paid</b> 8-5-16  <b>CC or Check #</b> VISA 0916  <b>Amount Paid</b> 89.00</p> <p>The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).</p>	<p style="text-align: center;"><b>BUILDING INSPECTOR USE ONLY</b></p> <p>IF APPLICABLE:          Have Zoning Approval Conditions Been Met? YES NO    Have Stormwater Approval Conditions Been Met? YES NO    Silt fencing in place? YES NO    Turbidity Barrier in place? YES NO</p> <p><input type="checkbox"/> <b>BUILDING</b></p> <p>1<sup>st</sup> _____ (Footing/Foundation)          Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____</p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> <b>ROOFING</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p><input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1<sup>ST</sup> _____ (Underground)    2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set)    4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> GAS ___Natural___LP    <input type="checkbox"/> MECHANICAL    <input type="checkbox"/> ELECTRICAL    <input type="checkbox"/> LOW VOLTAGE</p> <p>1<sup>st</sup> _____ (Rough-In)    2<sup>nd</sup> _____ (Final)</p>
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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.universalengineer.com

RECEIVED  
AUG 03 2016

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: 8/3/16

ROOF PERMIT NUMBER: 2016-08-009

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

Project Address 6518 STOCKBRIDGE AVE, Belle Isle, FL X 32809 32812

Property Owner DOROTHY LASTARZIA Phone

Property Owner's Mailing Address 6518 STOCKBRIDGE AVE ORLANDO

State FL Zip Code 32809 Parcel Id Number: 24-23-29-0600-04-190

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

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

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

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

Roof Square Footage: 7 Number of Stories: 1 Job Valuation: \$ 3900

Type: Asphalt Shingles [ ] Metal [ ] Modified Bitumen [X] Other:

IS = 7000

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 this contract through its code enforcement office. Failure to comply will result in a stop work order.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CCC1329157

LICENSE HOLDER NAME JEFFREY HEWITT COMPANY NAME GOLD KEY

Street Address 6021 S. ORANGE AVE

City ORLANDO State FL Zip Code 32809 Phone Number 407-851-0680

Email Address JEFF@GOLDKEYROOFING.COM

Building Official: [Signature] Date 8-4-16

Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-4-16

Zoning Fee	\$ 30.-
Permit Fee	\$ 55.-
Review Fee	\$ 0
3% Florida Surcharge	\$ 4.-
Total Permit Fee	\$ 89.00 ✓

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.

1st 16 25  
6x5 30  
55

Building Permit Number \_\_\_\_\_

Permit Number: 2016-08-009  
 Folio/Parcel ID #: 24-23-29-0600-04-190  
 Prepared by: GOLD KEY  
6021 S. ORANGE AVE  
ORLANDO, FL 32809  
 Return to: GOLD KEY  
6021 S. ORANGE AVE  
ORLANDO, FL 32809

DOC# 20160397556  
 08/02/2016 02:56:36 PM Page 1 of 1  
 Rec Fee: \$10.00  
 Martha O. Haynie, Comptroller  
 Orange County, FL  
 MB - Ret To: GOLD KEY

**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)  
BELLE ISLE ESTATES 4, 58 LOTS 19 & 20 BLD D-6518 STOCKBRIDGE AVE 32809
2. General description of improvement  
REEROOF OF FLAT DECK

3. Owner information or Lessee information if the Lessee contracted for the improvement  
 Name DOROTHY LASTARZA  
 Address 6518 STOCKBRIDGE AVE ORLANDO FL 32809  
 Interest in Property OWNER  
 Name and address of fee simple titleholder (if different from Owner listed above)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_

Contractor  
 Name GOLD KEY Telephone Number 407-851-0680  
 Address 6021 S. ORANGE AVE. ORLANDO, FL 32809

Surety (if applicable, a copy of the payment bond is attached)  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_

Lender  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_

In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_

9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

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.

X Doris La Stanya \_\_\_\_\_ OWNER  
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office

The foregoing instrument was acknowledged before me this 20 day of 7/16 by DOROTHY LASTARZA  
 as HERSELF for HERSELF  
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Shawn Hewitt \_\_\_\_\_ SHAWN HEWITT  
 Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

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



Certified by Martha O. Haynie  
 Notary Public  
 Orange County, Florida  
 My Commission Expires 10/21/2018  
 This document is being recorded in the Official Records of Orange County, Florida.



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**Product Approval Form**

DATE: 8/3/10

PERMIT # 206-08-009

PROJECT ADDRESS 6518 STOCKBRIDGE AVE

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:

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

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
<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				<del>Other</del>			
Skylights							
Other							
<b>STRUCTURAL COMPONENTS</b>				<b>OTHER</b>			
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

CERTAINTEED PLINTASTIC FL 2533-R13

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 [Signature]

Date 8/3/10



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**Product Approval**  
USER: Public User

License efficiently. Regulate fairly.

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[Application List](#) >
**Application Detail**

OFFICE OF THE SECRETARY

FL #	FL2533-R13																
Application Type	Revision <input checked="" type="checkbox"/>																
Code Version	2014																
Application Status	Approved																
Comments																	
Archived																	
Product Manufacturer	CertainTeed Corporation-Roofing																
Address/Phone/Email	18 Moores Road Malvern, PA 19355 (610) 651-5847 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	Modified Bitumen Roof System																
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" 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	07/03/2017																
Validated By	John W. Knezevich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received																
Certificate of Independence	<a href="#">FL2533 R13 COI 2015 01 COI Nieminen.pdf</a>																
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th><b>Standard</b></th> <th><b>Year</b></th> </tr> </thead> <tbody> <tr><td>ASTM D6162</td><td>2000</td></tr> <tr><td>ASTM D6163</td><td>2000</td></tr> <tr><td>ASTM D6164</td><td>2005</td></tr> <tr><td>ASTM D6222</td><td>2008</td></tr> <tr><td>ASTM D6509</td><td>2009</td></tr> <tr><td>FM 4470</td><td>1992</td></tr> <tr><td>FM 4474</td><td>2004</td></tr> </tbody> </table>	<b>Standard</b>	<b>Year</b>	ASTM D6162	2000	ASTM D6163	2000	ASTM D6164	2005	ASTM D6222	2008	ASTM D6509	2009	FM 4470	1992	FM 4474	2004
<b>Standard</b>	<b>Year</b>																
ASTM D6162	2000																
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ASTM D6164	2005																
ASTM D6222	2008																
ASTM D6509	2009																
FM 4470	1992																
FM 4474	2004																

Equivalence of Product Standards

Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 03/16/2015  
 Date Validated 04/07/2015  
 Date Pending FBC Approval 04/11/2015  
 Date Approved 06/23/2015  
 Date Revised 08/25/2015

**Summary of Products**

FL #	Model, Number or Name	Description
2533.1	Flintlastic Modified Bitumen Roof Systems	Modified Bitumen Roof Systems
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: +N/A/-630 Other: 1.) Refer to ER Section 5 for Limits of Use. 2.) The design pressure noted in this application relates to one specific system. Refer to the ER Appendix for all systems and max design pressures.		<b>Installation Instructions</b> <a href="#">FL2533 R13 II 2015 03 FINAL2 A1 ER CERTAINTeed MODBIT FL2533-R13.pdf</a> Verified By: Robert Nieminen, PE PE-59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL2533 R13 AE 2015 03 FINAL2 ER CERTAINTeed MODBIT FL2533-R13.pdf</a> Created by Independent Third Party: Yes



Contact Us :: 1940 North Monroe Street, Tallahassee FL 32399 Phone: 850-487-1824

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**Product Approval Accepts:**



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

Table	Deck	Application	Type	Description	Page
1A	Wood	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	5-6
1B	Wood	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	7
1C	Wood	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	8-9
1D	Wood	New, Reroof (Tear-Off) or Recover	D	Mech. Attached Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	10-11
1E-1	Wood	New, Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	12-14
1E-2	Wood	New, Reroof (Tear-Off) or Recover	F	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	15-16
1F	Wood	New, Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	16
2A	Steel or Conc.	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	17-19
2B	Steel or Conc.	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	20-24
2C	Steel or Conc.	New, Reroof (Tear-Off) or Recover	D	Mech. Attached Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	25-26
3A	Concrete	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	27-36
3B	Concrete	New or Reroof (Tear-Off)	A-3	Bonded Top Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	37
3C	Concrete	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	35
4A	LW/C	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	36-37
4B	LW/C	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	38
4C	LW/C	New, Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	39-43
5A	CWF	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	44
5B	CWF	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	45
5C	CWF	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	45
5D	CWF	New, Reroof (Tear-Off)	F	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	46
6A	Gypsum	Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	47-48
6B	Gypsum	Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	49
6C	Gypsum	Reroof (Tear-Off)	F	Mech. Attached Anchor Sheet, Bonded Roof Cover	49
6D	Gypsum	Reroof (Tear-Off)	F	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	50
7A	Various	Recover	A-1	Bonded Insulation, Bonded Roof Cover	51-57
7B	Various	Recover	F	Non-Insulated, Bonded Roof Cover	57

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

- The roof system evaluation herein pertains to above-deck roof components. Roof decks shall be in accordance with IRC requirements to the satisfaction of the A-EI. Load resistance of the roof deck shall be documented through proper code/standard and/or IRC Approval documentation.
- Unless otherwise noted, fasteners and stress plates for insulation attachment shall be as follows. Fasteners shall be of sufficient length for the following engagements:
  - Wood Deck:
    - OMG #14 RoofGrip with Flat Bottom Flap (Accufast), OMG #10 with OMG 3 in. Galvalume Steel Plate, DeckFast #14 with Hex Plate or 3" Round Insulation Plate, TruFast HD with TruFast 3" Metal Insulation Plates or FinFast 3" Insulation Plates. Minimum 0.75 inch plywood penetration or minimum 1 inch wood plank embedment.
    - OMG #12 or #16 RoofGrip with Recessed or Flat Bottom Plate (Accufast), OMG #12 Standard or HD with OMG 3 in. Galvalume Steel Plate, DeckFast #12 or #14 with Hex Plate or 3" Round Insulation Plate, TruFast DP or HD with TruFast 3" Metal Insulation Plates or FinFast #12 or #14 Fastener with FinFast 3" Insulation Plates. Minimum 0.75 inch steel penetration and engage the top flange of the steel deck.
  - Steel Deck:
    - OMG #14 RoofGrip with Recessed or Flat Bottom Plate (Accufast), OMG #10 with OMG 3 in. Galvalume Steel Plate, DeckFast #14 or DeckSpike with Hex Plate or 3" Round Insulation Plate, TruFast HD or CF with TruFast 3" Metal Insulation Plates or FinFast #14 Fastener with FinFast 3" Insulation Plates. Minimum 1-inch embedment. Fasteners installed with a pilot hole in accordance with the fastener manufacturer's published installation instructions.
  - Concrete Deck:
    - Exterior Research and Design, LLC. d/b/a Trinity ERD
    - Certificate of Authorization #9503
    - Prepared by Robert Bremner, PE 39106

3. Unless otherwise noted, insulation may be any one layer or combination of polystyrene, wood fiberboard, perlite, Glasroc roof board or gypsum-based roof board that meets the OA requirements of F.A.C. Rule 61G20.3 and is documented as meeting FBC 1505.1 and, for foam plastic, FBC 2603.4.1 or 2603.8, when installed with the roof cover.
4. Minimum 200 psi, minimum 2-inch 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.
  5. 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. Full coverage at 25-30 lbs/square
    - Hot asphalt (HA)
    - Ashland Pliobond (A-PD)
    - Dow Insta-Silk (D-IS)
    - Dow Spray-N-Stap (D-SG)
    - Millennium One-Step Formable Adhesive (M-OSFA)
    - Millennium PG-1 Pump Grade Adhesive (M-PG1)
    - OMG Olybond 500 or Olybond Green (OB500)
    - 3M CR-20

Note: When multiple layers of insulation and/or coverboard are installed in ribbon-applied adhesives, adhesive ribbons shall be staggered from layer to layer a distance of one-half the ribbon spacing. 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 ribbon spacing.
  6. Unless otherwise noted, all insulations are flat stock or taper up to the maximum thickness noted. The listed polystyrene insulations may be substituted with the following Maximum Design Pressure (MDP) limitations. In no case shall these values be used to "upcase" 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:
 

➤ Ashland Pliobond (A-PD) @ 12-inch o.c.	MDP	-105.0 psf	(Min. 1.0-inch)
➤ Ashland Pliobond (A-PD) @ 6-inch o.c.	MDP	277.5 psf	(Min. 1.0-inch)
➤ Dow Insta-Silk (D-IS)	MDP	-170.0 psf	(Min. 1.0-inch)
➤ Millennium One-Step Formable Adhesive (M-OSFA)	MDP	-157.5 psf	(Min. 1.0-inch)
➤ Millennium PG-1 Pump Grade Adhesive (M-PG1)	MDP	-157.5 psf	(Min. 1.0-inch)
➤ OMG Olybond 500 (OB500)	MDP	-15.0 psf	(Min. 0.5-inch Min/Max F13)
➤ OMG Olybond 500 (OB500)	MDP	-187.5 psf	(Min. 0.5-inch ISO 95+ GL)
➤ OMG Olybond 500 (OB500)	MDP	315.0 psf	(Min. 0.5-inch DMRGY 3)
➤ OMG Olybond 500 (OB500)	MDP	-487.5 psf	(Min. 0.5-inch ACT/beam II)
➤ 3M CR-20	MDP	117.5 psf	(Min. 1.0-inch)
  7. Bonded polystyrene insulation boards shall be maximum 4 x 4 ft.
  8. 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 IAS L17 and FM LPS 1-29. Assemblies marked with an asterisk carry the limitations set forth in Section 2.2.1.5.1(a) of FM LPS 1-29 for Zone 2/3 enhancements.
  9. 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.
  10. 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 TAS 105 or ANSI/SPRI FX 1.
  11. For existing situations 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 pressure on its own merit to the satisfaction of the A/E, as documented through field uplift testing in accordance with ASTM E1997, FM LPS 1-29, ANSI/SPRI A-1 or TAS 124.
  12. For Recover Applications using System Type D, the insulation is optional; however, the existing roof system shall be suitable for a recover application.



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

Reference	Layer	Material	Application
BP-AA (Base and Ply sheets, Asphalt-Applied)	Base Ply	Glassbase, All Weather/Empire Base; Flintlastic Base 20 Flinglas Ply Sheet Type IV; Hinglis Premium Ply Sheet Type V;	Hot asphalt at 20-40 lbs/square
BP-AA2 (Base, Strip Asphalt-Applied)	Base	Yosemite Venting Base	Hot asphalt in 24-inch diameter spots in 30-inch grid pattern
BP-AA3 (Base, Spot Asphalt Applied)	Base	Yosemite Venting Base	Hot asphalt in 9 inch diameter spots in grid pattern noted herein
BP-AA4 (Base, Strip Asphalt-Applied)	Base	Yosemite Venting Base	Hot asphalt in 9 inch wide ribbons spaced as noted herein
BP-CA2	Base/Ply	Glassbase, All Weather/Empire Base; Flinglas Base 20	Henry #903 Adhesive at 1.5 gal/square
BP-CA3	Base/Ply	Glassbase, All Weather/Empire Base; Flinglas Base 20	Millennium Hurricane Force Membrane Adhesive, beads spaced 6 inch o.c.
SBS-AA (SBS, Asphalt Applied)	Base Ply	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base	Hot asphalt at 20-40 lbs/square
SBS-CA1 (SBS, Cold-Applied)	Base Cap	Flintlastic Cap 30; Flintlastic FR Cap 30; Flintlastic FR Cap 30 CoolStar; Flintlastic FR Dual Cap; Flintlastic FR-P; Flintlastic FR-P CoolStar; Flintlastic Premium FR-P; Flintlastic Premium FR-P CoolStar; Flintlastic GMS; Flintlastic GMS CoolStar; Flintlastic Premium GMS; Flintlastic Premium GMS CoolStar	Flintbond Brush or Kanak No. 8; Cold Process Modified Bitumen Adhesive Brush Grade at 1 gal/square
SBS-CA2 (SBS, Cold Applied)	Base Ply Cap	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base Flintlastic Cap 30; Flintlastic FR Cap 30; Flintlastic FR Cap 30 CoolStar; Flintlastic FR Dual Cap; Flintlastic FR-P; Flintlastic FR-P CoolStar; Flintlastic Premium FR-P; Flintlastic Premium FR-P CoolStar; Flintlastic GMS; Flintlastic GMS CoolStar; Flintlastic Premium GMS; Flintlastic Premium GMS CoolStar	Henry #903 Adhesive at 1.5 gal/square
SBS-CA1 (SBS, Cold Applied)	Base Ply Cap	Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base Flintlastic Base 20; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base Flintlastic Cap 30; Flintlastic FR Cap 30; Flintlastic FR Cap 30 CoolStar; Flintlastic FR Dual Cap; Flintlastic FR-P; Flintlastic FR-P CoolStar; Flintlastic Premium FR-P; Flintlastic Premium FR-P CoolStar; Flintlastic GMS; Flintlastic GMS CoolStar; Flintlastic Premium GMS; Flintlastic Premium GMS CoolStar	Millennium Hurricane Force Membrane Adhesive, beads spaced 6 inch o.c.

**CERTAINTEED FLINTGLASS® Modified Bitumen Components & Application Methods (continued)**

Reference	Layer	Material	Application
SBS-TA (SBS, Torch-Applied)	Base	Flintlastic Ultra Poly-SMS Base; Flintlastic Base 20 T	Torch-Applied
	Ply	Flintlastic Ultra Poly SMS Base; Flintlastic Base 20 T	
	Cap	Flintlastic FR Cap 30 T; Flintlastic FR Cap 30 T CoolStar; Flintlastic GTS; Flintlastic GTS CoolStar; Flintlastic GTS FR; Flintlastic GTS FR CoolStar; FlintClad	
APP-TA (APP, Torch Applied)	Base	Flintlastic APP Base T; Flintlastic STA; Flintlastic STA Plus	Torch-Applied
	Cap	Flintlastic STA; Flintlastic STA Plus; Flintlastic GTA; Flintlastic GTA CoolStar; Flintlastic GTA FR; Flintlastic GTA FR CoolStar	
SBS-SA H (SBS, Self-Adhering, Hybrid Systems)	Base/Ply	Black Diamond Base Sheet; Flintlastic Ultra Glass SA	Self-Adhering
	Cap	Flintlastic SA PlyBase; Flintlastic SA Mid Ply	Self-Adhering
SBS-SA (SBS, Self-Adhering)	Base	Flintlastic SA PlyBase; Flintlastic SA Mid Ply	
	Cap	Flintlastic SA PlyBase; Flintlastic SA Mid Ply Flintlastic SA Cap; Flintlastic SA Cap CoolStar; Flintlastic SA Cap FR; Flintlastic SA Cap FR CoolStar	

14. Insulation is optional for Recover or Concrete Deck Applications using System Type D (Mechanically Attached Base Sheet, Bonded Roof Cover).

15. "APP" = 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 1E-2: WOOD DECKS – NEW CONSTRUCTION, REROOF (TEAR-OFF) OR RECOVER**  
**SYSTEM TYPE E: NON-INSULATED, MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Base Sheet			Attach	Roof Cover		MDP (psf)
		Base	Fasteners	Ply		Cap		
W-80	Min. 23/32-inch exterior grade plywood at max. 24-inch spans	Poly SMS Base; Ultra Poly SMS Base	See Note 2	12-inch o.c. at 4-inch lap and 36 inch o.c. in two, equally spaced, staggered center rows	DP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	45.0*	
W-81	Min. 15/32 inch plywood at max 24-inch spans	Glassbase; Flexiglas; Flintlastic Base 20; Poly SMS Base; Ultra Poly SMS Base; Yosemite	Flintfast 3 in. Round Metal Plates with DMG #12 or #14; Trufast #P3 with DP or HD; DMG 3 in. Round Metal Plates with DMG #14 HD	6 inch o.c. at 4-inch lap and 6 inch o.c. in three, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	97.5	
W-87	Min. 15/32 inch plywood at max 24-inch spans	Flintlastic APP Base T	DMG 3 in. Round Metal Plates with DMG #14 HD	6-inch o.c. at 4-inch lap and 6-inch o.c. in three, equally spaced, staggered center rows.	APP-TA	APP-TA	97.5	
W-88	Min. 15/32-inch plywood at max 24-inch spans	Glassbase; Flexiglas; Flintlastic Base 20; Poly SMS Base; Ultra Poly SMS Base; Yosemite	See Note 2	7-inch o.c. at 3-inch lap and 7-inch o.c. in three, equally spaced, staggered center rows	BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	105.0	
W-84	Min. 15/32 inch plywood at max 24 inch spans	Flintlastic APP Base T	DMG 3 in. Round Metal Plates with DMG #14 HD or Deckfast Hex Plate with Deckfast #14	7-inch o.c. at 3-inch lap and 7-inch o.c. in three, equally spaced, staggered center rows	APP-TA	APP-TA	105.0	
W-85	Min. 15/32 inch plywood at max 24 inch spans	Glassbase; Flexiglas; Flintlastic Base 20; Poly SMS Base; Ultra Poly SMS Base; Yosemite	Flintfast 3 in. Round Metal Plates with DMG #12 or #14; Trufast #P3 with DP or HD; DMG 3 in. Round Metal Plates with DMG #14 HD	6-inch o.c. at 4 inch lap and 6-inch o.c. in four equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	127.5	
W-86	Min. 15/32-inch plywood at max 24-inch spans	Flintlastic APP Base T	DMG 3 in. Round Metal Plates with DMG #14 HD	6 inch o.c. at 4 inch lap and 6-inch o.c. in four, equally spaced, staggered center rows.	APP-TA	APP-TA	127.5	

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

System No.	Deck (See Note 1)	Primer	Roof Cover		MDP (psf)
			Base	Ply	
W-87	Min. 15/32-inch plywood at max 24-inch spans	FlintPrime SA	SBS-SA	(Optional) SBS-SA	127.5



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/18/2016

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

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

<b>PRODUCER</b> Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061		<b>CONTACT NAME:</b> Griselidys Acosta <b>PHONE (A/C, No, Ext):</b> (954) 943-5050 <b>FAX (A/C, No):</b> (954) 942-6310 <b>E-MAIL ADDRESS:</b> gris@furmaninsurance.com	
<b>INSURED</b> Gold Key Roofing, LLC Gold Key International Inc 6021 S. Orange Avenue Orlando FL 32809		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> AmTrust Int'l Underwriters Ltd <b>INSURER B:</b> Ohio Security Insurance Co <b>24082</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER: 16/17 MASTER CERT**      **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	ADD'L SUBR: INSD - WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PAL1055085	2/19/2016	2/19/2017	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 - COM/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BAS56550862	2/19/2016	2/19/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 300,000 EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<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	N/A			

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 Ave Orlando, 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 Dirk DeJong/GA
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FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

# SELF INSURERS FUND

1-800-767-3772 • FAX (407) 671-2520

## CERTIFICATE OF INSURANCE

**ISSUED TO:**

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

**COPY PROVIDED TO:**

Gold Key Roofing, LLC  
6021 S. Orange Avenue  
Orlando, FL 32809

Attention:

Gold Key Roofing, LLC  
6021 S. Orange Avenue  
Orlando, FL 32809

**This is to Certify that:**

being subject to the provisions of the Florida Workers' Compensation Act, has secured the payment of compensation by insuring their risk with the FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION SELF INSURERS FUND, 4099 Metric Drive, Winter Park, FL 32792.

COVERAGE NUMBER: 870-040079  
EFFECTIVE DATE: 1/1/2016  
EXPIRATION DATE: 1/1/2017


LIMITS

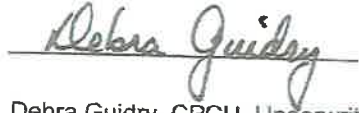
Workers' Compensation: Statutory - State of Florida  
Employers' Liability: \$1,000,000.00 Each Accident  
\$1,000,000.00 Disease, Each Employee  
\$1,000,000.00 Disease, Policy Limit

REMARKS: Non-cancelable, without 30 days prior written notice, except for non-payment of premium which will be a 10 day written notice.

Jeffrey Allan Hewitt, Qualifier  
Lic #CCC1329157

This certificate is issued as a matter of information only, is not a policy and of itself does not afford any insurance. Nothing contained in this certificate shall be construed as extending coverage not afforded by the policy(ies) shown above or as affording insurance to any insured not named above. This provides coverage for Florida policyholders and Florida domiciled employees only.

By:   
Brett Stiegel, Administrator  
FRSA-SIF

By:   
Debra Guidry, CPCU, Underwriting Manager  
FRSA-SIF



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

HEWITT, JEFFREY ALLAN  
GOLD KEY INTERNATIONAL INC  
6009 SOUTH ORANGE AVENUE  
ORLANDO FL 32809

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

CCC1329157

ISSUED: 09/02/2014

CERTIFIED ROOFING CONTRACTOR  
HEWITT, JEFFREY ALLAN  
GOLD KEY INTERNATIONAL INC

IS CERTIFIED under the provisions of Ch. 489 FS  
Expiration date: AUG 31, 2016 L1409020001478

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER
CCC1329157

The ROOFING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016

HEWITT, JEFFREY ALLAN  
GOLD KEY INTERNATIONAL INC  
6009 SOUTH ORANGE AVENUE  
ORLANDO FL 32809



ISSUED: 09/02/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1409020001478



**CITY OF BELLE ISLE**

**OCCUPATIONAL LICENSE**


1600 Nela Avenue  
Belle Isle, FL 32809

<b>Business License Number:</b>	<u>L5-00409</u>
<b>Effective Date:</b>	<u>10/01/15</u>
<b>Expiration Date:</b>	<u>09/30/16</u>
<b>Fee:</b>	<u>30.00</u>

<b>Business Name:</b>	<u>GOLD KEY ROOFING LLC</u>
<b>Location:</b>	<u>6009 ORANGE AV</u>
<b>Classification:</b>	<u>ROOFING/BUILDING CONTRACTOR</u>

**POST IN A CONSPICUOUS PLACE  
NOT VALID UNLESS SIGNED BY CITY OFFICIAL**

The person, firm, or corporation named above is hereby granted this license as the receipt for fees paid to the City of Belle Isle for the business described above for the period indicated. Granting of this certificate does not entitle the holder to operate or maintain a business in violation of any law or ordinance. The City of Belle Isle does not guarantee the qualifications of the holder of this certificate.

  
\_\_\_\_\_  
City Official

**LOCAL OCCUPATIONAL LICENSE**

City of Belle Isle  
1600 Nela Avenue  
Belle Isle, FL 32809  
Phone: 407-851-7730 Fax 407-240-2222  
[www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)