



# City of Belle Isle Job Site Card **Roof PERMIT** 2019-04-043

**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:** 2019- 04-043

**Issue Date:** 04/17/2019

**Site Address:** 2610 Nela Ave 32809

**Parcel #:** 19-23-30-5888-02-010

**Class:**  Residential

**Subdivision:**

**Description of Work:** Roof Square Footage: 2700 ASPHALT SHINGLES with **underlayment**

**Number of Stories:** 2

**Issued To:** TOTAL HOME ROOFING

**Business Phone:** 407 960-3810

**Name:** DONOVAN, ROBERT M

**Contractor License #:** CCC1330489

**Payment Date & Method:** 4 / 18 / 2019  Picked up or sent by \_\_\_\_\_  Emailed

Visa  Master Card  Amex  Discover  Check / Money Order # 9156

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

**SCHEDULE INSPECTIONS BY 3:00 PM 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  |
|---|-----------|------|---|
| <b>NEW ROOFS ONLY</b><br>Code 700 Deck Nailing,<br>Dry-In, Flashing |           |      | This inspection only applies for a brand new roof only!   |
| <b>Both new &amp; re-roof</b><br>Code 710 In - Progress             |           |      | This inspection consists of all underlayment/black paper coverage and only <b>25% shingle coverage.</b> |
| <b>Both new &amp; re-roof</b><br>Code 720 Final                     |           |      | After the In Progress has been passed, then the <b>entire roof is covered with shingles.</b>            |

Inspection requests are to be emailed to [BIDScheduling@UniversalEngineering.com](mailto:BIDScheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 3:00 p.m.** 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. **OSHA Approved Access to the Roof must be made Available to the Inspector.**



# 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)

RECEIVED APR 17

## 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: 4/17/19 ROOF PERMIT NUMBER 20A-04-043

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

Project Address 2610 Nela Ave, Belle Isle, FL 32809 32812

Property Owner Kristina E Troy Phone 407-963-1006

Property Owner's Mailing Address Same as above City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parcel Id Number: 19-23-30-5888-02-010  
REQUIRED! To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

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

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

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

Roof Square Footage: 27 <sup>8100</sup> Number of Stories: 2 Job Valuation: \$ 10,490.00 <sup>719</sup>

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 # CCC1330489  
LICENSE HOLDER NAME Rebecca Donagan COMPANY NAME Total Home Roofing  
Street Address 201 W SR 434 Ste A Winter  
City Winter Springs State FL Zip Code 32707 Phone Number 407-960-3810  
Email Address totalhomecara@gmail.com

✓ NOC  
✓ PA

Building Official: [Signature] Date 4-17-19  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-17-19

Zoning Fee \$ 38.00  
Building Fee \$ 75.00 ✓  
Review Fee \$ —  
1% BCAIB Fee \$ 2.00  
1.5% DCA Fee \$ 2.00  
Total Permit Fee \$ 109.00

COMPLETED  
30 2F  
25 3sef  
50 10x5

1st IK  
25  
50  
75

UICSA 9156  
PAID 4/18/19

Permit Number: 2019-04-043  
 Folio/Parcel ID #: 19-23-30-5000-02-010  
 Prepared by: Total Home Roofing  
201 W. State Road 434  
 Return to: TOTAL HOME Suite A  
Winter Springs, FL 32708

DOCH 20190230149  
 04/16/2019 09:49:55 AM Page 1 of 1  
 Rec Fee: \$10.00  
 Phil Diamond, Comptroller  
 Orange County, FL  
 IP - Ret To: TOTAL HOME ROOFING



**NOTICE OF COMMENCEMENT**

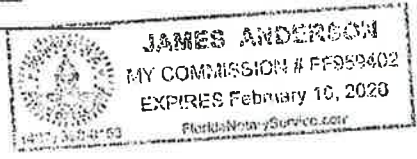
State of Florida, County of Orange  
 The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property (legal description of the property, and street address if available) relaise 0/99 lot 1 3 N 5 ft of lot 17 BIK BIN
2. General description of improvement ke roof SEC 30-23-30 NE 1/4
3. Owner information or Lessee information if the Lessee contracted for the improvement  
 Name Kristina Troy  
 Address 2010 Nela Ave Belle Isle 32809  
 Interest in Property owner  
 Name and address of fee simple titleholder (if different from Owner listed above)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_
4. Contractor  
 Name Total Home Roofing Telephone Number \_\_\_\_\_  
 Address 201 W. State Road 434 Winter Springs, FL 32708
5. Surety (if applicable, a copy of the payment bond is attached)  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. Lender  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
9. Expiration date of notice of commencement (the expiration date will be 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

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

Kristina Troy  
 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 10 day of April 2019 by Kristina Troy  
 month/year \_\_\_\_\_ name of person \_\_\_\_\_  
 as owner for \_\_\_\_\_  
 Type of authority, e.g., officer, trustee, attorney in fact \_\_\_\_\_ Name of party on behalf of whom instrument was executed \_\_\_\_\_  
[Signature]  
 Signature of Notary Public - State of Florida  
 Print, type, or stamp commissioned name of Notary Public \_\_\_\_\_

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



State of FLORIDA, County of ORANGE  
 I hereby certify that this is a true copy of the document as recorded in the Official Records  
 BY: [Signature]  
 PHIL DIAMOND, COUNTY COMPTROLLER  
 D.C.  
 APR 16 2019



POWER OF ATTORNEY

2019-04-043

Date: 4/17/19

I hereby name and appoint Carra Lora Cuente

of TOTAL HOME ROOFING to be my lawful attorney.

In fact to act for me and apply to the City of Belle Isle Building Department for a RE-ROOF permit.

For work to be performed at a location described as:

Parcel ID: 19-23-30-5888-02-010

Subdivision: Nela Isle

Owner of property and address: Kristina E Tray 2610 Nela Ave  
Orlando 32809

And to sign my name and do all things necessary to this appointment.

ROBERT DONOVAN CCC1330489

(Type or print name of certified contractor and license number)

(Signature of certified contractor)

The foregoing instrument was acknowledged before me this 17 day of April of 20 19

by Robert Donovan, who is personally known to me.

State of Florida

County of Seminole

Jillian S Harris

(Notary signature)





ORLANDO  
407-960-3810

TAMPA  
813-302-7440

BREVARD  
321-452-9223

DAYTONA  
386-233-3244

JACKSONVILLE  
904-831-0555

NAME: Kristi Troy DATE: 4-9-19  
 STREET: 3610 Neld Ave CCC1330489  
 CITY/STATE/ZIP: Belle Isle, FL 32809  
 HOME PHONE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_  
 EMAIL: 407-963-1006 Chris  
407-622-9799

|              | DESCRIPTION   | (\$) AMOUNT     |
|--------------|---|-----------------|
| ROOF         | Due Care taken to protect home exterior, shrubs and landscaping.<br>Includes labor to remove existing roof and haul off.<br>Includes Dumpster. Roll off dumpster for paver driveways.<br>Includes Inspecting deck for damage and renailling to code with 8D ring shank nails.<br>Includes saving gutters, soffit, fascia on existing home (some damage may occur in construction).<br>Includes replacing ridge vents.<br>Includes replacing existing drip edge in choice of color. DRIP EDGE COLOR <u>Black</u> Initial <u>KT</u><br>Includes 1 1/4" roofing collated nails.<br>Includes installing new shingles in choice of color. SHINGLE COLOR <u>Estete</u> Initial <u>KT</u><br><u>Gray</u><br>Includes replacing all lead boots and goose vents (does not include gas related vents).<br>Includes new galvanized metal in all valleys.<br>Includes Starter Shingle and Ridge Cap per Code.<br>Includes obtaining and posting permit with local jurisdiction.<br>Includes magnetically sweeping job site, cleaning out gutters and hauling away debris. |                 |
| MATERIAL     | ARCHITECTURAL ASPHALT LIFETIME SHINGLES<br>(130MPH)   |                 |
| UNDERLAYMENT | PEEL & STICK 30LB FELT 15LB FELT <u>Synthetic</u>   |                 |
| MISC         |   | <u>10490.00</u> |
|              | INCLUDES LABOR AND DUMPSTER TO REMOVE <u>1</u> LAYER(S) OF SHINGLES.<br>ADDITIONAL LAYERS WILL COST \$ <u>15</u> PER LAYER Initial <u>KT</u><br>Deteriorated existing decking replaced at \$ <u>50</u> per sheet of plywood <u>(2) Sheets Free</u><br>Deteriorated existing decking replaced at \$ <u>5</u> per linear ft. Initial <u>KT</u><br>*Does not include painting to match<br>*Does not include any stucco repairs where deteriorated flashing had to be replaced.   |                 |
| WARRANTIES   | Worry-Free Gold 7 yr non-prorated WORKMANSHIP INCLUDED<br>Worry-Free Platinum 15 yr all inclusive \$ <u>NIC</u> Free<br>*Flat roofs carry a 7 year workmanship warranty<br>**CUSTOMER WAIVES INTERIOR DAMAGE PRE-INSPECTION - Customer Initials <u>KT Homeadvisor</u><br>(Any interior damage which occurs during construction will not be covered) <u>1500.00</u>  |                 |
|              | INCLUDES NEW WIND MITIGATION INSPECTION   |                 |
|              | TOTAL   | <u>9990.00</u>  |

| EASY FINANCING OPTIONS |                          |
|------------------------|--------------------------|
| 9.90% APR              | Monthly Payment \$ _____ |
| 12 months NO INTEREST  | \$ _____                 |

\*Through Wells Fargo Bank with approved credit.  
 \*Financing must be complete prior to start of project.  
Chris Anderson 4-9-19  
 TOTAL HOME ROOFING DATE

I HAVE READ AND UNDERSTAND THIS PROPOSAL, THE TERMS AND CONDITIONS, AND ALL DOCUMENTS REFERENCED THEREIN AND AGREE TO BE BOUND BY THEIR TERMS.  
 ACCEPTANCE OF PROPOSAL: The above prices, their specifications and conditions are satisfactory and are hereby accepted. Contractor is authorized to do the work as specified. By signing Customer acknowledges that Customer is owner of the property where work is to be performed.  
 ALL PAYMENTS ARE DUE UPON COMPLETION OF THE PROJECT.  
 Any delay in payments may result in 1.5% interest per 30 days.  
 Wind Mitigations are not considered part of the project but offered as a service to our customers through a third party certified licensed inspection company and shall not be used as reason for any delay of final payment.  
 This agreement constitutes the entire contract by and between contractor and owner and parties are not bound by oral expressions or representation by any party or agent of either party.



## 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: 4/17/19

PERMIT # 2019-04-043

PROJECT ADDRESS 2610 Nola Ave

Belle Isle, FL 32809 32812

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

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

| Product Type                 | Manufacturer | Model/Series | FL Product Approval # | Product Type            | Manufacturer  | Model/Series | FL Product Approval # |
|------------------------------|--------------|--------------|-----------------------|-------------------------|---------------|--------------|-----------------------|
| <b>EXTERIOR DOORS</b>        |              |              |                       | <b>WALL PANELS</b>      |               |              |                       |
| Swinging                     |              |              |                       | Sliding                 |               |              |                       |
| Sliding                      |              |              |                       | Soffits                 |               |              |                       |
| Sectional/Rollup             |              |              |                       | Storefront              |               |              |                       |
| Other                        |              |              |                       | Glass Block             |               |              |                       |
|                              |              |              |                       | Other                   |               |              |                       |
| <b>WINDOWS</b>               |              |              |                       | <b>ROOFING PRODUCTS</b> |               |              |                       |
| Single/Dbf Hung              |              |              |                       | Asphalt Shingles        | Owens Corning | Trudef       | FL10674-R1            |
| Horizontal Slider            |              |              |                       | Non Struct Metal        |               |              |                       |
| Casement                     |              |              |                       | Roofing Tiles           |               |              |                       |
| Fixed                        |              |              |                       | Single Ply Roof         |               |              |                       |
| Mullion                      |              |              |                       | Underlayment            | Owens Corning |              | FL17420-R1            |
| 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

4/17/19



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**Product Approval**  
USER: Public User

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



|  |   |             |
|--|---|-------------|
| FL #   | FL10674-R13   |             |
| Application Type   | Revision  |             |
| Code Version   | 2017  |             |
| Application Status   | Approved  |             |
| Comments   | Archived  |             |
| Product Manufacturer   | Owens Corning   |             |
| Address/Phone/Email  | One Owens Corning Parkway<br>Toledo, OH 43659<br>(740) 404-7829<br>greg.keeler@owenscorning.com   |             |
| Authorized Signature   | Greg Keeler<br>greg.keeler@owenscorning.com   |             |
| Technical Representative   | Mel Sancrant  |             |
| Address/Phone/Email  | 1 Owens Corning PKWY<br>Toledo, OH 43659<br>(419) 376-8360<br>mel.sancrant@owenscornig.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<br><input type="checkbox"/> Evaluation Report - Hardcopy Received |             |
| Florida Engineer or Architect Name who developed the Evaluation Report | Robert J.M. Nieminen  |             |
| Florida License  | PE-59166  |             |
| Quality Assurance Entity   | UL LLC  |             |
| Quality Assurance Contract Expiration Date                             | 05/16/2020  |             |
| Validated By   | John W. Knezevich, PE<br><input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received   |             |
| Certificate of Independence  | <a href="#">FL10674 R13 COI 2017 01 COI Nieminen.pdf</a>  |             |
| Referenced Standard and Year (of Standard)                             | <b>Standard</b>   | <b>Year</b> |
|  | ASTM D3161  | 2016        |
|  | ASTM D3462  | 2010        |
|  | ASTM D7158  | 2011        |
| Equivalence of Product Standards Certified By                          |   |             |
| Sections from the Code   |   |             |







**EXTERIOR RESEARCH & DESIGN, LLC.**

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

**EVALUATION REPORT**

**Owens Corning**

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

**Evaluation Report O37940.02.12-R8**

**FL10674-R13**

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

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

**SCOPE:**

This Evaluation Report is issued under **Rule 61G20-3** and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code and Florida Building Code, Residential Volume. The products described herein have been evaluated for compliance with the **6<sup>th</sup> Edition (2017) Florida Building Code** sections noted herein.

**DESCRIPTION: Owens Corning Asphalt Roof Shingles**

**LABELING:** Labeling shall be in accordance with the requirements the Accredited Quality Assurance Agency noted herein and **FBC 1507.2.7.1 / R905.2.6.1**.

**CONTINUED COMPLIANCE:** This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement to notify Robert Nieminen, P.E. if the product changes or the referenced Quality Assurance documentation changes. Trinity|ERD requires a complete review of this Evaluation Report relative to updated Code requirements with each Code Cycle.

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

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

This Evaluation Report consists of pages 1 through 8.

**Prepared by:**

**Robert J.M. Nieminen, P.E.**

*Florida Registration No. 59166, Florida DCA ANE1983*



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 10/09/2017. This does not serve as an electronically signed document.

**CERTIFICATION OF INDEPENDENCE:**

1. Trinity|ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
2. Trinity|ERD is not owned, operated or controlled by any company manufacturing or distributing products it evaluates.
3. Robert Nieminen, P.E. does not have nor will acquire, a financial interest in any company manufacturing or distributing products for which the evaluation reports are being issued.
4. Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.
5. This is a building code evaluation. Neither Trinity|ERD nor Robert Nieminen, P.E. are, in any way, the Designer of Record for any project on which this Evaluation Report, or previous versions thereof, is/was used for permitting or design guidance unless retained specifically for that purpose.

**ROOFING SYSTEMS EVALUATION:**

**1. SCOPE:**

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

**Compliance Statement:** Owens Corning Asphalt Roof Shingles, as produced by Owens Corning, have demonstrated compliance with the following sections of the 6<sup>th</sup> Edition (2017) Florida Building Code and 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 LLC (CER9626)     | Physicals & Wind Resistance | File R2453, Vol. 3    | 02/15/2007      |
| UL LLC (CER9626)     | Physicals & Wind Resistance | 20120516-R2453        | 05/16/2012      |
| UL LLC (TST9628)     | Physical Properties         | 06CA20263             | 04/18/2006      |
| UL LLC (TST9628)     | Wind Resistance             | 11CA34308             | 02/18/2012      |
| UL LLC (TST9628)     | Physicals & Wind Resistance | 4786093137            | 02/01/2014      |
| UL LLC (TST9628)     | Wind Resistance             | 4786126532            | 02/10/2014      |
| UL LLC (TST9628)     | Physical Properties         | Classification letter | 02/13/2014      |
| UL LLC (TST9628)     | Physical Properties         | Classification letter | 10/02/2015      |
| Miami-Dade (CER1592) | FBC HVHZ Compliance         | Various NOAs          | Various         |
| UL LLC (QUA9625)     | Quality Control             | Service Confirmation  | Exp. 05/16/2020 |

**4. PRODUCT DESCRIPTION:**

**4.1 Asphalt Shingles:**

- 4.1.1 Classic<sup>®</sup> and Supreme<sup>®</sup> are fiberglass reinforced, 3-tab asphalt roof shingles.
- 4.1.2 Berkshire<sup>®</sup> are fiberglass reinforced, 4-tab asphalt roof shingles.
- 4.1.3 Devonshire<sup>™</sup> are fiberglass reinforced, 5-tab asphalt roof shingles.
- 4.1.4 Duration<sup>®</sup>, TruDefinition<sup>®</sup> Duration<sup>®</sup>, Duration<sup>®</sup> Premium Cool, TruDefinition<sup>®</sup> Duration<sup>®</sup> Designer Color Collection, TruDefinition<sup>®</sup> Oakridge<sup>®</sup>, Oakridge<sup>®</sup> and WeatherGuard<sup>®</sup> HP are fiberglass reinforced, laminated asphalt roof shingles.

**4.2 Hip & Ridge Shingles:**

- 4.2.1 Berkshire<sup>®</sup> Hip & Ridge Shingles, High Ridge, WeatherGuard<sup>®</sup> HP Hip & Ridge Shingles, ProEdge Hip & Ridge Shingles and DuraRidge<sup>™</sup> Hip & Ridge Shingles are fiberglass reinforced, hip and ridge asphalt roof shingles.

**4.3 Accessory Starter Strips:**

- 4.3.1 Starter Strip Shingle, Starter Strip Plus and Starter Shingle Roll are starter strips for asphalt roof shingles.

**5. LIMITATIONS:**

- 5.1 This is a building code evaluation. Neither Trinity|ERD nor Robert Nieminen, P.E. are, in any way, the Designer of Record for any project on which this Evaluation Report, or previous versions thereof, is/was used for permitting or design guidance unless retained specifically for that purpose.
- 5.2 This Evaluation Report is not for use in FBC HVHZ jurisdictions.
- 5.3 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.

**5.4 Wind Classification:**

- 5.4.1 All **Owens Corning asphalt shingles** noted herein are Classified in accordance with **FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F and/or ASTM D7158, Class H**, indicating the shingles are acceptable for use in all wind zones up to  $V_{asd} = 150$  mph ( $V_{ult} = 194$  mph). Refer to Section 6 for installation requirements to meet this wind rating.
- 5.4.2 All **Owens Corning hip & ridge shingles, Starter Strip Shingle and Starter Strip Plus** noted herein are Classified in accordance with **FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F**, indicating the shingles are acceptable for use in all wind zones up to  $V_{asd} = 150$  mph ( $V_{ult} = 194$  mph). Refer to Section 6 for installation requirements to meet this wind rating.
- 5.4.3 Classification by **ASTM D7158** applies to **exposure category B or C**, as defined in **FBC 1609.4.3**, and a **mean roof height of 60 feet or less**. Calculations by a qualified design professional are required for conditions outside these limitations. Contact the shingle manufacturer for data specific to each shingle.
- 5.4.4 Refer to **Owens Corning** published information on wind resistance and installation limitations.
- 5.5 All products in the roof assembly shall have quality assurance audit in accordance with **F.A.C. Rule 61G20-3**.

**6. INSTALLATION:**

**6.1 Underlayment:**

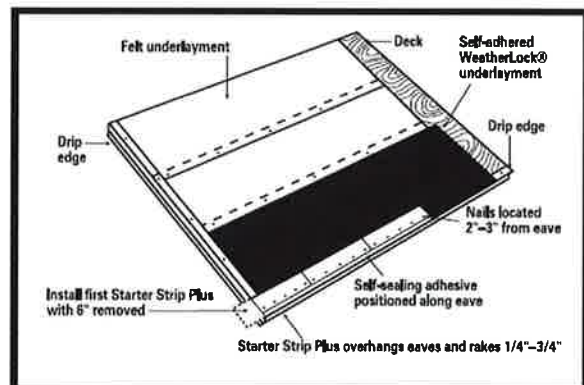
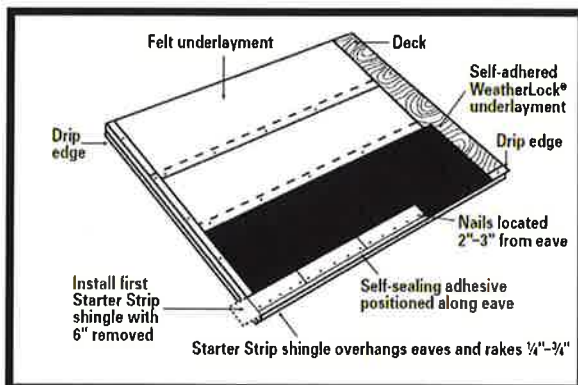
- 6.1.1 Underlayment shall be acceptable to **Owens Corning** and shall hold current Florida Statewide Product Approval, or be Locally Approved per **Rule 61G20-3**, per **FBC 1507.2.3, 1507.2.4 or R905.2.3**.

**6.2 Asphalt Shingles:**

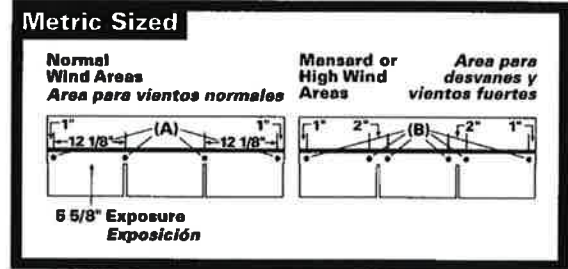
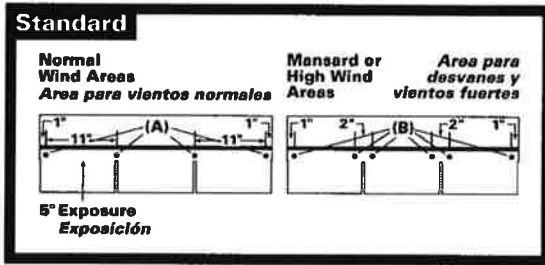
- 6.2.1 Installation of asphalt shingles shall comply with the **Owens Corning** current published instructions, using minimum four (4) nails per shingle in accordance with **FBC 1507.2.7 or R905.2.6**, with the following exceptions:
  - **Berkshire**® shingles require minimum five (5) nails per shingle.
  - **WeatherGuard**® HP shingles require minimum six (6) nails per shingle.
  - **Devonshire**™ shingles require minimum six (6) nails per shingle.
  - **Starter Strip Shingle and Starter Strip Plus** require minimum five (5) nails per strip.

Refer to **Owens Corning** published information on wind resistance and installation limitations.

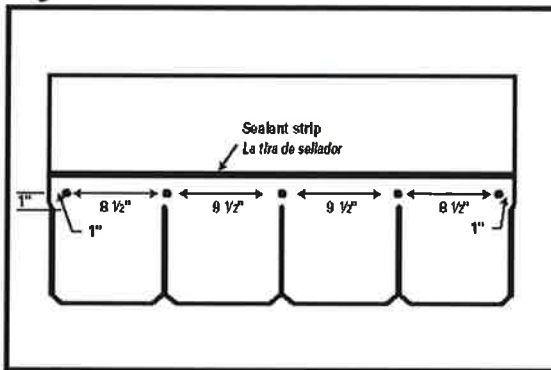
- 6.2.2 Fasteners shall be in accordance with the manufacturer’s published requirements, but not less than **FBC 1507.2.6 or R905.2.5**. Staples are not permitted.
- 6.2.4 Where the roof slope exceeds 21 units vertical in 12 units horizontal, special methods of fastening are required. See figures below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



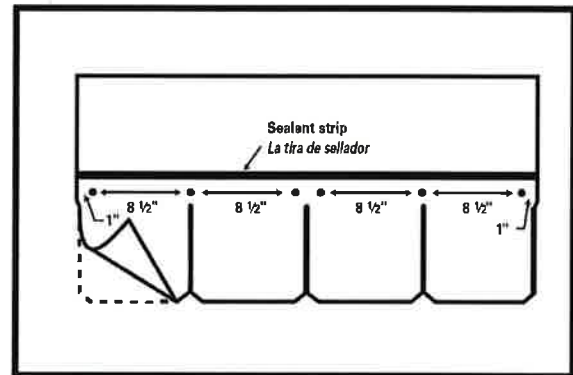
6.2.6 Minimum Nailing – Classic® & Supreme:



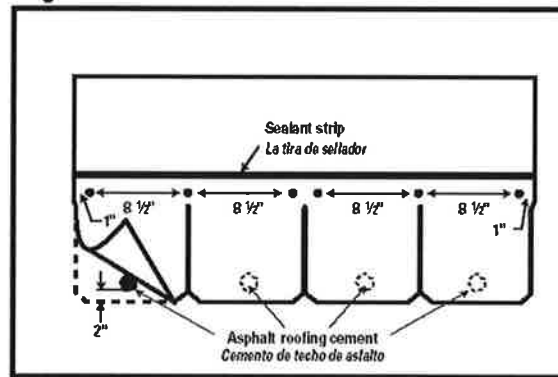
6.2.7 Minimum Nailing – Berkshire®:



Standard Fastening Pattern

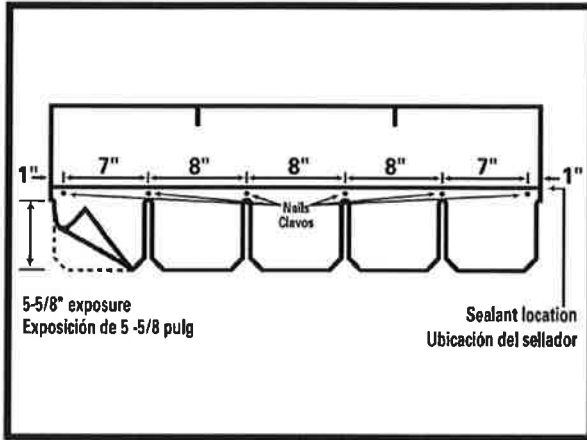


6-Nail Fastening Pattern

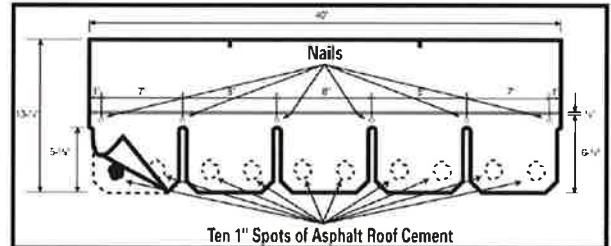


Mansard or Steep Slope Fastening Pattern

6.2.8 Minimum Nailing – **Devonshire™**:

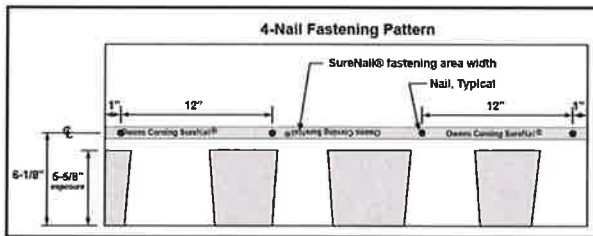


Standard 6-Nail Fastening Pattern

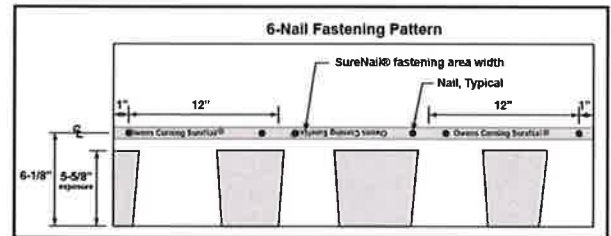


Mansard or Steep Slope Fastening Pattern

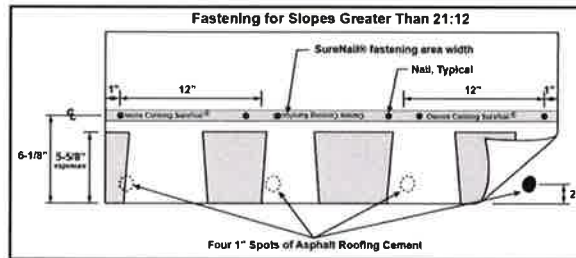
6.2.9 Minimum Nailing – **Duration®, TruDefinition® Duration, Duration® Premium Cool & TruDefinition® Duration® Designer Color Collection**:



Standard Fastening Pattern

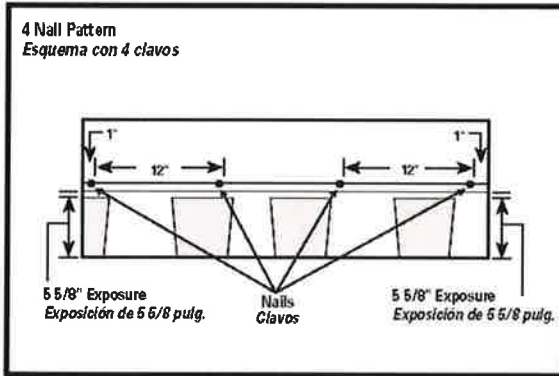


6-Nail Fastening Pattern

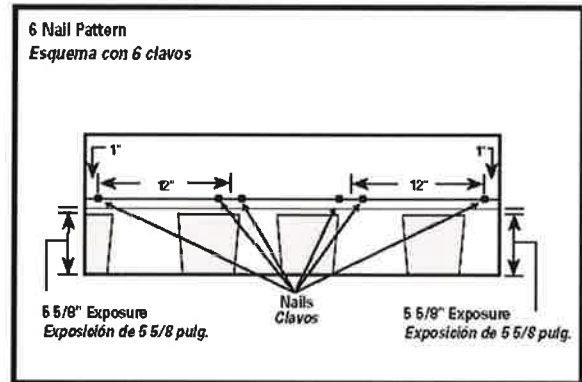


Mansard or Steep Slope Fastening Pattern

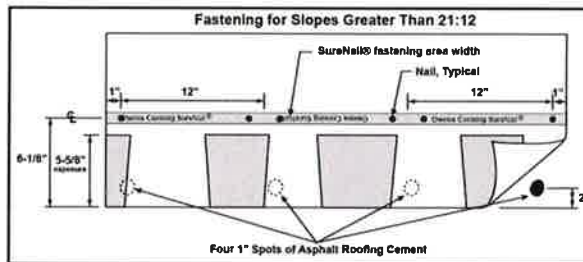
6.2.1 Minimum Nailing – TruDefinition® Oakridge®, Oakridge®:



Standard Fastening Pattern

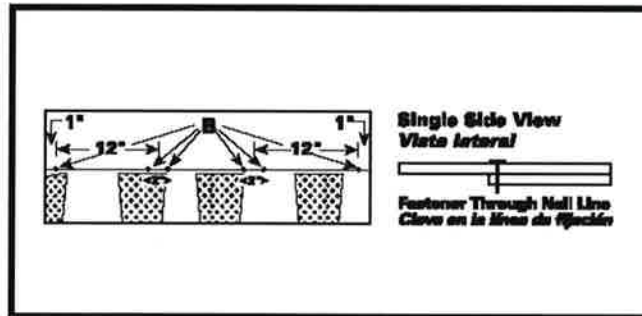


6-Nail Fastening Pattern



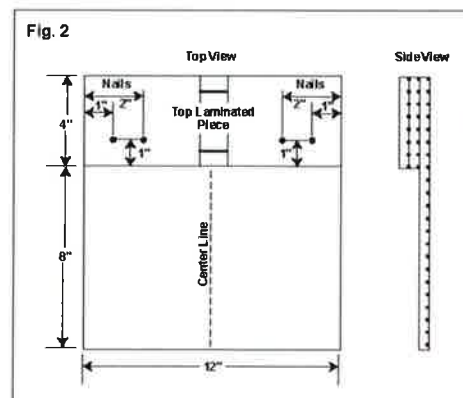
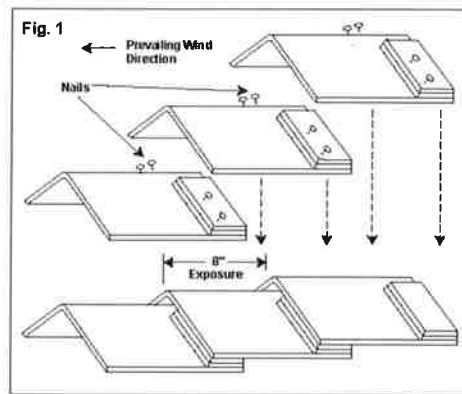
Mansard or Steep Slope Fastening Pattern

6.2.1 Minimum Nailing – WeatherGuard® HP:

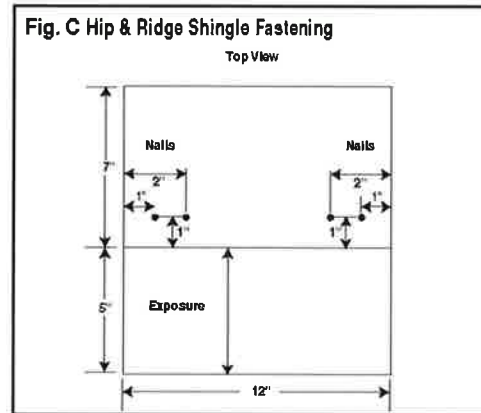
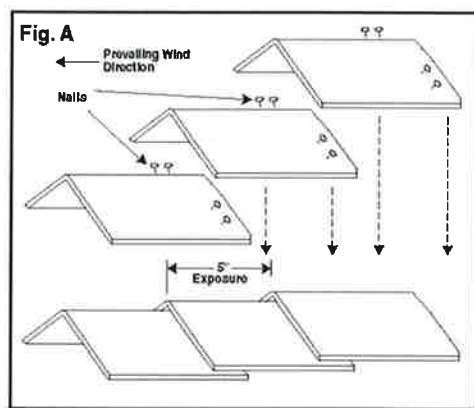


**6.3 Hip & Ridge Shingles:**

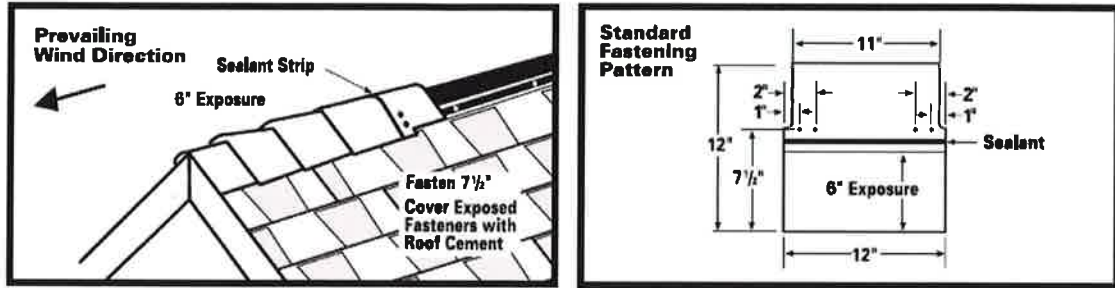
- 6.3.1 Installation of **Berkshire<sup>®</sup> Hip and Ridge Shingles, High Ridge, WeatherGuard<sup>®</sup> HP Hip and Ridge Shingles** and **ProEdge Hip & Ridge Shingles** shall comply with the **Owens Corning** current published instructions, using four (4) nails per shingle. Installation of **DuraRidge™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



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

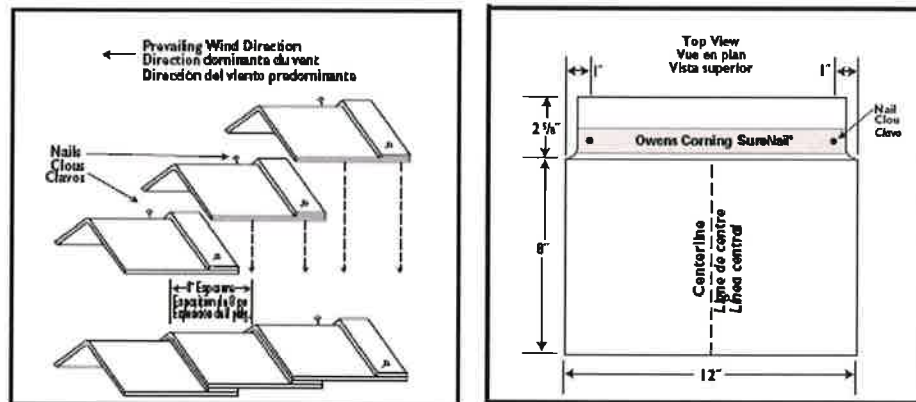


6.3.5 Minimum Nailing - ProEdge Hip & Ridge Shingles:



6.3.6 Minimum Nailing – DuraRidge™ Hip & Ridge Shingles:

Note: The drawings below pertain to minimum, as-tested attachment requirements. Refer to Owens Corning published installation instructions for their minimum requirements.



7. LABELING:

- 7.1 Labeling shall be in accordance with the requirements 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 9N-3 QA requirements.

10. QUALITY ASSURANCE ENTITY:

UL LLC– QUA9625 ; (631) 546-2458; Kanchi.Agrawala-Dokania@ul.com

- END OF EVALUATION REPORT -





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**Product Approval**  
USER: Public User

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



|  |   |
|--|---|
| FL #   | FL17420-R4  |
| Application Type   | Revision  |
| Code Version   | 2017  |
| Application Status   | Approved  |
| Comments   |   |
| Archived   | <input type="checkbox"/>  |
| Product Manufacturer   |   |
| Address/Phone/Email  | Owens Corning<br>One Owens Corning Parkway<br>Toledo, OH 43659<br>(740) 404-7829<br>greg.keeler@owenscorning.com  |
| Authorized Signature   |   |
|  | Greg Keeler<br>greg.keeler@owenscorning.com   |
| Technical Representative   |   |
| Address/Phone/Email  |   |
| Quality Assurance Representative                                       |   |
| Address/Phone/Email  |   |
| Category   |   |
| Subcategory  | Roofing<br>Underlayments  |
| Compliance Method  |   |
|  | Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer<br><input type="checkbox"/> Evaluation Report - Hardcopy Received |
| Florida Engineer or Architect Name who developed the Evaluation Report |   |
| Florida License  | Zachary R. Priest<br>PE-74021   |
| Quality Assurance Entity   | Intertek Testing Services NA, Inc. - QA Entity  |
| Quality Assurance Contract Expiration Date                             | 12/31/2020  |
| Validated By   | Locke Bowden P.E.<br><input type="checkbox"/> Validation Checklist - Hardcopy Received  |
| Certificate of Independence  | <a href="#">FL17420_R4_COI_OCR14004.4_2017_FBC_Eval_Report_ProArmor_final.pdf</a>   |
| Referenced Standard and Year (of Standard)                             |   |
| Equivalence of Product Standards Certified By                          |   |
| Sections from the Code   |   |
|  | 1507.1.1  |
| Product Approval Method  |   |
|  | Method 2 Option B   |
| Date Submitted   |   |
|  | 09/30/2017  |

Date Validated 10/03/2017  
 Date Pending FBC Approval 10/04/2017  
 Date Approved 12/12/2017

**Summary of Products**

| FL #   | Model, Number or Name | Description   |
|--|-----------------------|---|
| 17420.1  | ProArmor              | Synthetic underlayment for use with asphalt shingles in steep slope roofing   |
| <b>Limits of Use</b><br>Approved for use in HVHZ: No<br>Approved for use outside HVHZ: Yes<br>Impact Resistant: N/A<br>Design Pressure: N/A<br>Other: See evaluation report for limits of use. |                       | <b>Installation Instructions</b><br><a href="#">FL17420_R4_II_OCR14004.4_2017_FBC_Eval_Report_ProArmor_final.pdf</a><br>Verified By: Zachary R. Priest 74021<br>Created by Independent Third Party: Yes<br><b>Evaluation Reports</b><br><a href="#">FL17420_R4_AE_OCR14004.4_2017_FBC_Eval_Report_ProArmor_final.pdf</a><br>Created by Independent Third Party: Yes |

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

Contact Us :: 2601 Blair Stone Road, Tallahassee FL 32399 Phone: 850-487-1824

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Credit Card  
**Safe**





**EVALUATION REPORT**

**FLORIDA BUILDING CODE 6<sup>TH</sup> EDITION (2017)**

**Manufacturer:** OWENS CORNING ROOFING AND ASPHALT LLC *Issued September 30, 2017*  
 1 Owens Corning Parkway  
 Toledo, OH 43657  
 (800) 438-7465  
[www.owenscorning.com](http://www.owenscorning.com)

**Quality Assurance:** Intertek Testing Services NA, Inc. (QUA1673)

**SCOPE**

**Category:** Roofing  
**Subcategory:** Underlayments  
**Code Sections:** 1507.1.1  
**Properties:** Physical properties

**REFERENCES**

| <u>Entity</u>                                     | <u>Report No.</u> | <u>Standard</u> | <u>Year</u> |
|---|-------------------|-----------------|-------------|
| Intertek Testing Services NA Ltd. (TST1509)       | 102389161COQ-002A | AC 188          | 2012        |
| Intertek Testing Services NA Ltd. (TST1509)       | 102389161COQ-003b | ASTM E 108      | 2011        |
| Intertek Testing Services NA Ltd. (TST1509)       | 102389161COQ-004  | ASTM D 226      | 2009        |
| PRI Construction Materials Technologies (TST5878) | OCR-259-02-01     | ASTM D 1970     | 2015a       |

**PRODUCT DESCRIPTION AND APPLICATION**

**ProArmor<sup>TM</sup>** A mechanically attached, synthetic underlayment consisting of a woven polypropylene base with a non-woven polypropylene laminate on the topside of the underlayment, and a coating on the back side (nominal weight = 2.15 lb/100ft<sup>2</sup>). The underlayment shall be used an alternative to ASTM D 226, Type II roofing underlayments and has demonstrated a minimum tear strength of 20 pounds when tested in accordance with ASTM D 1970. The product is supplied in 9.2-sq rolls with nominal dimensions of 4-ft x 250.5-ft. Unless otherwise noted, the following application details shall be followed for New and Existing construction. See manufacturer's installation instructions for further detail.

**Roof Deck:** The roof deck shall be constructed of closely fitted wood sheathing for new or existing construction. Plywood deck shall be installed in accordance with FBC requirements. Roof decks shall have no more than 1/8" gap at abutting joints.

**Attachment method:** Underlayment shall be attached in accordance with the FBC Table 1507.1.1 and manufacturer's installation instructions.

**Allowable roof coverings:** Mechanically attached roof systems as prescribed in FBC Section 1507.1.1.

**LIMITATIONS**

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- 1) This evaluation report is not for use in the HVHZ.
- 2) Fire Classification is not within the scope of this evaluation.
- 3) Wind uplift resistance is not within scope of this evaluation.
- 4) Installation of the evaluated product shall comply with this report, the FBC, and the manufacturer's published application instructions. Where discrepancies exist between these sources, the more restrictive and FBC compliant installation detail shall prevail.
- 5) Deck substrates shall be clean, dry, and free from any irregularities and debris. All fasteners in the deck shall be checked for protrusion and corrected prior to underlayment application.
- 6) Roof slope limitations shall be in accordance with FBC requirements.
- 7) The underlayment may be used as described in other current FBC product approval documents.
- 8) Roof coverings shall not be adhered directly to the underlayment. Roof coverings shall be mechanically fastened through the underlayment to the roof deck.
- 9) The underlayment shall not be installed over existing roof coverings.
- 10) All underlayments shall be installed with the roll length parallel to the eave, starting at the eave, and lapped in success courses installed up the deck in a manner that effectively sheds water from the deck. End laps shall be staggered between courses in accordance with the manufacturer's application instructions.
- 11) The underlayment shall not be exposed on the roof deck for longer than 30 days.
- 12) All products listed in this report shall be manufactured under a quality assurance program in compliance with Rule 61G20-3.

**COMPLIANCE STATEMENT**

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The products evaluated herein by Zachary R. Priest, P.E. have demonstrated compliance with the Florida Building Code 6<sup>th</sup> Edition (2017) as evidenced in the referenced documents submitted by the named manufacturer.



  
Digitally signed by Zachary R. Priest

2017.09.30  
15:21:14  
-04'00'

Zachary R. Priest, P.E.  
Florida Registration No. 74021  
Organization No. ANE9641

**CERTIFICATION OF INDEPENDENCE**

---

CREEK Technical Services, LLC does not have, nor will it acquire, a financial interest in any company manufacturing or distributing products under this evaluation.

CREEK Technical Services, LLC is not owned, operated, or controlled by any company manufacturing or distributing products under this evaluation.

Zachary R. Priest, P.E. does not have, nor will acquire, a financial interest in any company manufacturing or distributing products under this evaluation.

Zachary R. Priest, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.

**END OF REPORT**



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



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

THE ROOFING CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**DONOVAN, ROBERT M**

TOTAL HOME ROOFING  
1985 N TROPICAL TRAIL  
MERRITT ISLAND FL 32953

**LICENSE NUMBER: CCC1330489**

**EXPIRATION DATE: AUGUST 31, 2020**

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Effective: 10/1/2018

Expiration: 9/30/2019

## CITY OF WINTER SPRINGS BUSINESS TAX RECEIPT

Business ID: 500143  
COMMERCIAL REGULATED

**TOTAL HOME ROOFING**  
165 W 434 SR

DESCRIPTION OF BUSINESS ACTIVITIES

ROOFING CONTRACTOR

1126 East State Road 434 • Winter Springs, FL 32708 • (407) 327-1800  
[www.winterspringsfl.org](http://www.winterspringsfl.org)

**BUSINESS TAX RECEIPT INCLUDES WINTER SPRINGS & SEMINOLE COUNTY TAX**

PLEASE CUT ALONG THE DOTTED LINE TO DISPLAY RECEIPT IN BUSINESS

Post the above Receipt in a Conspicuous Location within your Place of Business

**Total Amount Paid: \$161.00**

Note: Total Amount Paid includes the \$45 Seminole County Business Tax



City Manager

**TOTAL HOME ROOFING**  
165 W STATE ROAD 434  
WINTER SPRINGS, FL 32708



1126 East State Road 434  
Winter Springs, FL 32708  
Phone: (407) 327-1800



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/21/2018

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

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

|  |  |                                      |               |  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
|--|--|--------------------------------------|---------------|--|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| <b>PRODUCER</b><br>Turner Florida Insurance Agency Inc<br>835 Executive Ln Suite 124<br>Rockledge, FL 32955                | <b>CONTACT NAME:</b> Vinny Cangiano<br><b>PHONE (A/C, No, Ext):</b> 321-482-5734 <b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b><br><table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A:</b> United Specialty Insurance Company</td> <td></td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table> | <b>INSURER(S) AFFORDING COVERAGE</b> | <b>NAIC #</b> | <b>INSURER A:</b> United Specialty Insurance Company |  | <b>INSURER B:</b> |  | <b>INSURER C:</b> |  | <b>INSURER D:</b> |  | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
| <b>INSURER(S) AFFORDING COVERAGE</b>   | <b>NAIC #</b>  |                                      |               |  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER A:</b> United Specialty Insurance Company   |  |                                      |               |  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER B:</b>  |  |                                      |               |  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER C:</b>  |  |                                      |               |  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER D:</b>  |  |                                      |               |  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER E:</b>  |  |                                      |               |  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER F:</b>  |  |                                      |               |  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURED</b><br><br>Total Home Properties Inc. dba: Total Home Roofing<br>597 Haverty Ct Suite 40<br>Rockledge, FL 32955 |  |                                      |               |  |  |                   |  |                   |  |                   |  |                   |  |                   |  |

**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>                                  |      |      |      |   | ATN-ATL1821257 | 05/20/2018              | 05/20/2019              | EACH OCCURRENCE \$ 1,000,000           |  |                             |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |      |      |      | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |                |                         |                         |  |  |                             |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |      |      |      |   |                |                         |                         |  |  | MED EXP (Any one person) \$ |
|          | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC |      |      |      |   |                |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000     |  |                             |
|          | <b>AUTOMOBILE LIABILITY</b>  |      |      |      |   |                |                         |                         | GENERAL AGGREGATE \$ 2,000,000         |  |                             |
|          | <input type="checkbox"/> ANY AUTO  |      |      |      |   |                |                         |                         | PRODUCTS - COM/POP AGG \$ 2,000,000    |  |                             |
|          | <input type="checkbox"/> OWNED AUTOS ONLY  |      |      |      |   |                |                         |                         | \$                                     |  |                             |
|          | <input type="checkbox"/> HIRED AUTOS ONLY  |      |      |      |   |                |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ |  |                             |
|          | <input type="checkbox"/> SCHEDULED AUTOS   |      |      |      |   |                |                         |                         | BODILY INJURY (Per person) \$          |  |                             |
|          | <input type="checkbox"/> NON-OWNED AUTOS ONLY  |      |      |      |   |                |                         |                         | BODILY INJURY (Per accident) \$        |  |                             |
|          | <b>UMBRELLA LIAB</b>   |      |      |      |   |                |                         |                         | PROPERTY DAMAGE (Per accident) \$      |  |                             |
|          | <input type="checkbox"/> EXCESS LIAB   |      |      |      |   |                |                         |                         | \$                                     |  |                             |
|          | <input type="checkbox"/> OCCUR   |      |      |      |   |                |                         |                         | EACH OCCURRENCE \$                     |  |                             |
|          | <input type="checkbox"/> CLAIMS-MADE   |      |      |      |   |                |                         |                         | AGGREGATE \$                           |  |                             |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                       |      |      |      |   |                |                         |                         | \$                                     |  |                             |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |      |      |      |   |                |                         |                         | PER STATUTE    OTH-ER                  |  |                             |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              |      |      |      | 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)

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>City of Belle Isles<br>1600 Nela Ave<br>Belle Isles, FL 32809 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>Vinny Cangiano |
|--|--|



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/02/2019

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

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

|   |  |  |
|---|--|--|
| <b>PRODUCER</b><br>Bouchard Insurance for WBS<br>PO Box 6090<br>Clearwater, FL 33758-6090   | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): (866) 293-3600 ext. 623      FAX (A/C, No):<br>E-MAIL ADDRESS: |  |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |  |
| <b>INSURED</b><br>Workforce Business Services, Inc. Alt. Emp: Total Home Properties Inc dba: Total Home Roofing<br>1401 Manatee Ave. West Ste 600<br>Bradenton, FL 34205-6708 | <b>INSURER A:</b> American Zurich Insurance Company      NAIC # 40142  |  |
|   | <b>INSURER B:</b>  |  |
|   | <b>INSURER C:</b>  |  |
|   | <b>INSURER D:</b>  |  |
|   | <b>INSURER E:</b>  |  |
|   | <b>INSURER F:</b>  |  |


**COVERAGES**      **CERTIFICATE NUMBER:** 18FL079873314      **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 INSR | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|-----------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:                         |           |          |                 |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ -                |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> AUTOS ONLY |           |          |                 |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$  |           |          |                 |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N/A      | WC 90-00-818-08 | 12/31/2018              | 12/31/2019              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
|          | <b>Location Coverage Period:</b>   |           |          | 12/31/2018      | 12/31/2019              | Client# 054246          |   |

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

Coverage is provided for only those co-employees of, but not subcontractors to:  
 Total Home Properties Inc dba: Total Home Roofing  
 597 Haverty Court # 40  
 Rockledge, FL 32955

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br><br>City of Belle Isles<br>1600 Nela Ave<br>Belle Isles, FL 32809 | <b>CANCELLATION</b><br><br>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<br><br>   |