



BUILDING JOB SITE CARD

City of Belle Isle

ROOFING PERMIT 2017-08-106

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-106

Site Address: 5121 Pleasure Island Rd, 32809

Subdivision:

Description of Work: ReRoof 5000 sf asphalt ingles + skylight

Issue Date: 8/17/17

Parcel Number: 18-23-30-7164-00-590

Class: Residential

Issued To: JK&R Construction Inc

Name: Dorlon, Robert

Payment Date & Method: 8-23-17 check 50251

Business Phone: 845 237 8763

Contractor License #: RC29027565

Schedule Inspections via Email at: BDscheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME

Inspection Results Will Be Sent Out the Next 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."

BUILDING	INSPECTOR	DATE	COMMENTS
Demo Final			
Footing			
Stem Wall			
Slab			
Lintel/Tie Beam			
Down Pour			
Tilt Panel			
Window In-progress			
Sheathing (wall)			
Sheathing (roof)			
Framing			
Fire Rated Assembly			
Above-Ceiling			
Insulation			
Lathe			
Pool Steel & Ground			
Pool Safety			
Final			

GAS INSPECTOR DATE COMMENTS

Rough Gas			
Final Gas			

ELECTRICAL INSPECTOR DATE COMMENTS

Temp Pole			
TUG			
Underground			
Rough			
Footer Steel Bonding			
Pool Light			
PrePower			
Meter ReSet			
Final			

MECHANICAL INSPECTOR DATE COMMENTS

Above Ceiling			
Rough			
Hood Vent			
Final			

PLUMBING INSPECTOR DATE COMMENTS

Sewer			
Underground			
Rough			
Above Ceiling			
Irrigation			
Final			

ROOF INSPECTOR DATE COMMENTS

In-progress			
Final			

Schedule Inspections via Email at: BDscheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Morning

Inspection Results Will Be Sent Out the Following Business Day



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

RECEIVED
AUG 17 2017
BY: 2017-08-106

Building Permit (Land Use) Application

DATE: 8/17/2017

PERMIT # _____

PROJECT ADDRESS: 5121 Pleasure Island Rd., Belle Isle, FL 32809 32812

PROPERTY OWNER: Holly H. Dragon PHONE: 845 231-8763
VALUE OF WORK (labor & material) \$ 5,000.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Remove + replace rock roof system.

Please provide information, if applicable.

- **SINGLE FAMILY RESIDENCE:** 8.5"x11" Plat Survey, Plot Plan of Home and Floor Plans of New Construction/Revision Required
- **BOAT DOCK:** DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
- **SEPTIC SYSTEM (RESIDENTIAL):** - Provide verification of OC Health Dept approval for on-site septic tank system, per FAC Chap. 64E-6
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 18-23-30-7164-00590
To obtain this information, please visit <http://www.ocpaff.org/Searches/ParcelSearch.aspx>

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. Survey specific foundation plan required to show compliance with zoning setbacks. Note: this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Wind Exposure Category: B C D

PLANNING & ZONING APPROVAL: _____
DATE _____

PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)

CONSTRUCTION TYPE _____

OCCUPANCY GROUP _____ Comm Res: Single Fam _____ Multi Fam _____

#BLDG. _____ #UNITS _____ #STORIES _____ TOTAL SQ.FT. 2552 sq ft.

MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____

MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____

WATER SERVICE _____ WELL _____ SEPTIC _____

SPRINKLERS REQ'D	Y	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			Date: Sent _____ RCD _____
ZONING	<input checked="" type="radio"/>	<input type="radio"/>	\$ 30.00
CERT OF OCC	<input type="radio"/>	<input type="radio"/>	\$ _____
TRAFFIC	<input type="radio"/>	<input type="radio"/>	\$ _____
SCHOOL	<input type="radio"/>	<input type="radio"/>	\$ _____
FIRE	<input type="radio"/>	<input type="radio"/>	\$ _____
SWIMMING POOL	<input type="radio"/>	<input type="radio"/>	\$ _____
SCREEN ENCLOSURE	<input type="radio"/>	<input type="radio"/>	\$ _____
ROOFING	<input checked="" type="radio"/>	<input type="radio"/>	\$ 45.00
BOAT DOCK	<input type="radio"/>	<input type="radio"/>	\$ _____
BUILDING	<input type="radio"/>	<input type="radio"/>	\$ _____
WINDOW(S)	<input type="radio"/>	<input type="radio"/>	\$ _____
DOOR(S)	<input type="radio"/>	<input type="radio"/>	\$ _____
FENCE	<input type="radio"/>	<input type="radio"/>	\$ _____
SHED	<input type="radio"/>	<input type="radio"/>	\$ _____
DRIVEWAY	<input type="radio"/>	<input type="radio"/>	\$ _____
OTHER	<input type="radio"/>	<input type="radio"/>	\$ _____
3% FL SURCHARGE			\$ 35.00
TOTAL			\$ 79.00 (min)
By Owner Form	Y	NA	
Notice of Commencement	Y	NA	
Power of Attorney	Y	NA	
Contractor Packet Included?	Y	N	
OTHER PERMITS REQUIRED:			
ELECTRICAL	Y	NA	
PREPOWER	Y	NA	
MECHANICAL	Y	NA	
PLUMBING	Y	NA	
ROOFING	Y	NA	
GAS	Y	NA	

BUILDING REVIEWER _____ DATE _____
VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE DATE 8.23.17
NOCL

Per FSS 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."

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.

SEPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS, MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC.

1st IK 25
4x5 30
45
paid by check 50251 on 8.23.17



Building Permit (Land Use) Application

To be completed as required by State Statute Section 713 and other applicable sections.

PERMIT # 2017-08-106

Owner's Name Holly H. Dragon
 Owner's Address 5121 Pleasure Island Rd.

Contractor Name <u>Robert P. Derton</u>	Company Name <u>JK + R Construction Inc.</u>
License # <u>RC29027565</u>	Company Address <u>7130 S. Orange Blossom Trail</u>
Contact Phone/Cell <u>407-432-8749</u>	City, State, ZIP <u>Orlando, FL 32809 Suite #135</u>
Contact Email <u>jkri.construction@yahoo.com</u>	Contact Fax <u>N/A</u>

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 if job is \$2500(+) or if A/C Replacement \$7500(+) 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.

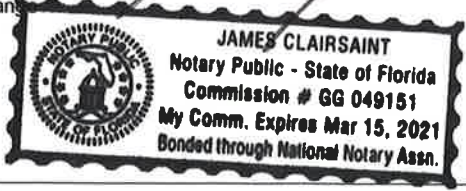
I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and/or ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ROOFING, ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Owner Signature: Holly H. Dragon
 The foregoing instrument was acknowledged before me this 8/15/17
 by Holly Dragon who is personally known to me
 and who produced DL
 as identification and who did not take an oath.
 Notary as to Owner Brent Beumel
 State of Florida
 County of Orange



Contractor Signature: Robert P. Derton
 COMPANY NAME JK + R Construction Inc.
 The foregoing instrument was acknowledged before me this 8/17/17
 by Robert P. Derton who is personally known to me
 and who produced FL ID
 as identification and who did not take an oath.
 Notary as to Owner James Clairsaint
 State of Florida
 County of Orange



Impervious Surface Ratio Worksheet
 Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per
 City Code, Section 50-74: Impervious Surface Ratio

- Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
 Total Lot Area 51,426 X 0.35 =
 Allowable Impervious Area (BASE) 17,999.10
- Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc
 - House _____
 - Driveway _____
 - Walkway _____
 - Accessory Buildings _____
 - Pool & Spa _____
 - Deck & Patio _____
 - Other _____
 Actual Impervious Area (AIA) _____
- If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.
- If AIA is greater than BASE, then onsite retention **must be provided**.

Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed

Permit Number: _____
 Folio/Parcel Identification Number: _____
 Prepared by: _____

 Return to: _____



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)
Replat Measure Island H/A lots 5960+61 5121 Pleasure Island Rd.
2. **General description of improvement**
Remove and replace rock roof system.
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name HOLLY H. DRAGON
 Address 5121 Pleasure Island Rd.
 Interest in Property owner
Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Robert P. Dorlon Telephone Number 407-482-8149
 Address 7180 S. ORT Suite #39 Orlando, FL 32809
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
9. **Expiration date of notice of commencement** (the expiration date 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)

State of FLORIDA, County of ORANGE
 I hereby certify that this is a true copy of
 the document as reflected in the Official Records
 PHIL DIAMOND, COUNTY COMPTROLLER
 BY: Holly Dragon D.C.
 DATED: 8/17/17



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.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Holly H. Dragon
 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 15 day of Aug by Holly H. Dragon
 as Owner for _____
 Type of authority, e.g., officer, trustee, attorney in fact _____ Name of party on behalf of whom instrument was executed _____

Brent Beumel
 Signature of Notary Public - State of Florida _____
 Print, type, or stamp commissioned name of Notary Public
Brent Beumel
 BRENT BEUMEL

Personally Known _____ OR Produced ID
 Type of ID Produced D625-328-54-6010

NOTARY PUBLIC
 STATE OF FLORIDA
 MY COMMISSION # GG 007949
 EXPIRES: October 31, 2020
 Bonded Thru Budget Notary Services
 Form Revised: September 26, 2011



**CITY OF BELLE ISLE,
FLORIDA**

1600 Nela Avenue
Belle Isle, Florida 32809
(407) 851-7730 • FAX (407) 240-2222
www.cityofbelleislefl.org

POWER OF ATTORNEY

Date: 8/17/2017

Permit #: 2017-08-106

I hereby name and appoint Trisann Taver of
(print name)
J&R Construction Inc. to be my lawful attorney-in-fact to act for
(company name)

me and apply to the City of Belle Isle Building Department for a Roofing permit
(type of permit)
for work to be performed at the following location:

5121 Pleasure Island Drive, Belle Isle, FL 32809 32812 and
(street address)

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

Certified Contractor's Printed Name: Robert P. Dorton

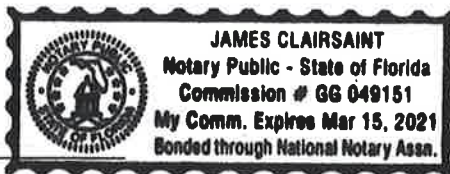
License Number: RC29027565

Certified Contractor's Signature: [Signature]

The foregoing instrument was acknowledged before me this 17th days of August of 20 17.
by Robert P. Dorton who is personally known to me or who produced
as identification and who did not take an oath.

State of Florida
County of Orange

[Signature]
Notary Public, Orange County, Florida



(seal)



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

Product Approval Form

DATE: _____

PERMIT # 2017-08-106

PROJECT ADDRESS _____, 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 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 #
EXTERIOR DOORS				WALL PANELS			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS				ROOFING PRODUCTS			
Single/Dbf Hung				Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Underlayment			11288.1
Skylights				Other			
Other				<i>Rock covering does not need PA's</i>			
STRUCTURAL COMPONENTS				OTHER			
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 _____



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Product Approval
USER: Public User

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



FL #	FL11288-R15																						
Application Type	Revision																						
Code Version	2014																						
Application Status	Approved																						
Comments																							
Archived	<input type="checkbox"/>																						
Product Manufacturer	CertainTeed Corporation-Roofing																						
Address/Phone/Email	18 Moores Road Malvern, PA 19355 (610) 893-5400 mark.d.harner@saint-gobain.com																						
Authorized Signature	Mark Harner mark.d.harner@saint-gobain.com																						
Technical Representative	Mark D. Harner																						
Address/Phone/Email	18 Moores Road Malvern, PA 19355 (610) 651-5847 Mark.D.Harner@saint-gobain.com																						
Quality Assurance Representative																							
Address/Phone/Email																							
Category	Roofing																						
Subcategory	Underlayments																						
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input type="checkbox"/> Evaluation Report - Hardcopy Received																						
Florida Engineer or Architect Name who developed the Evaluation Report	Robert Nieminen																						
Florida License	PE-59166																						
Quality Assurance Entity	UL LLC																						
Quality Assurance Contract Expiration Date	03/09/2020																						
Validated By	John W. Knezevich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received																						
Certificate of Independence	FL11288 R15 COI 2016 01 COI Nieminen.pdf																						
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th>Standard</th> <th>Year</th> </tr> </thead> <tbody> <tr><td>ASTM D1970</td><td>2009</td></tr> <tr><td>ASTM D226</td><td>2006</td></tr> <tr><td>ASTM D4601</td><td>2004</td></tr> <tr><td>ASTM D4869</td><td>2005</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 D6757</td><td>2007</td></tr> <tr><td>FM 4474</td><td>2004</td></tr> <tr><td>FRSA/TRI April 2012 (04-12)</td><td>2012</td></tr> </tbody> </table>	Standard	Year	ASTM D1970	2009	ASTM D226	2006	ASTM D4601	2004	ASTM D4869	2005	ASTM D6163	2000	ASTM D6164	2005	ASTM D6222	2008	ASTM D6757	2007	FM 4474	2004	FRSA/TRI April 2012 (04-12)	2012
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ASTM D6222	2008																						
ASTM D6757	2007																						
FM 4474	2004																						
FRSA/TRI April 2012 (04-12)	2012																						

TAS 103
TAS 110

1995
2000

Equivalence of Product Standards
Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 02/14/2016
Date Validated 02/16/2016
Date Pending FBC Approval 02/17/2016
Date Approved 04/12/2016

Summary of Products

FL #	Model, Number or Name	Description
11288.1	CertainTeed Roof Underlayments	Roof underlayments for use below Approved prepared roof coverings.
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: +N/A/-555.0 Other: 1.) The DP in this application pertains to a particular application for use in adhesive-set tile applications. DP is N/A for underlayments installed beneath mechanically attached prepared roof covers. 2.) Refer to ER Section 5 for other Limits of Use.		Installation Instructions FL11288 R15 II 2016 02 FINAL ER CERTAINTEED UNDERLAYMENTS FL11288-R15.pdf Verified By: Robert Nieminen PE-59166 Created by Independent Third Party: Yes Evaluation Reports FL11288 R15 AE 2016 02 FINAL ER CERTAINTEED UNDERLAYMENTS FL11288-R15.pdf 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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Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click [here](#).





EXTERIOR RESEARCH & DESIGN, LLC.

Certificate of Authorization #9503
353 CHRISTIAN STREET, UNIT #13
OXFORD, CT 06478
PHONE: (203) 262-9245
FAX: (203) 262-9243

EVALUATION REPORT

CertainTeed Corporation
18 Moores Road
Malvern, PA 19355

Evaluation Report 11610.09.08-R16
FL11288-R15
Date of Issuance: 09/03/2009
Revision 16: 02/04/2016

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 5th Edition (2014) Florida Building Code sections noted herein.

DESCRIPTION: CertainTeed Roof Underlayments

LABELING: Labeling shall be in accordance with the requirements the Accredited Quality Assurance Agency noted herein.

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

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

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

This Evaluation Report consists of pages 1 through 9.

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 02/04/2016. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client

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.

Entity
PRI (TST5878)
UL, LLC. (QUA9625)

Examination
Physical Properties
Quality Control

Reference
CTC-189-02-01
Service Confirmation

Date
11/18/2013
Exp. 07/03/2017

4. PRODUCT DESCRIPTION:

4.1 Self-Adhering Underlayments:

- 4.1.1 **WinterGuard™ HT** is a glass scrim reinforced, self-adhering, film-surfaced waterproofing underlayment.
- 4.1.2 **WinterGuard™ Sand** is a glass mat reinforced, self-adhering, sand-surfaced waterproofing underlayment.
- 4.1.3 **WinterGuard™ Granular** is a glass mat reinforced, self-adhering, granule-surfaced waterproofing underlayment.
- 4.1.4 **MetaLayment™** is a self-adhering, film-surfaced, waterproofing underlayment.
- 4.1.5 **Black Diamond Base Sheet** is a self-adhering, glass mat reinforced, fine-mineral surfaced, SBS modified roof underlayment meeting ASTM D1970 requirements.
- 4.1.6 **Flintlastic SA PlyBase** is a self-adhering, glass mat reinforced, film-surfaced, SBS modified roof underlayment meeting ASTM D1970 requirements for use as a base-layer in multi-ply underlayment systems.
- 4.1.7 **Flintlastic SA Mid Ply** is a self-adhering, polyester reinforced, film-surfaced, SBS modified roof underlayment meeting ASTM D1970 and ASTM D6164, Type I, Grade S requirements for use as a base-layer in multi-ply underlayment systems.
- 4.1.8 **Flintlastic Ultra Glass SA** is a self-adhering, glass mat reinforced, fine-mineral surfaced, SBS modified roof underlayment meeting ASTM D6163, Type I, Grade S requirements for use as a base-layer in multi-ply underlayment systems.
- 4.1.9 **Flintlastic SA Cap FR** is a self-adhering, glass mat reinforced, granule-mineral surfaced, SBS modified roof underlayment meeting ASTM D6163, Grade G, Type I requirements.
- 4.1.10 **Flintlastic SA Cap** is a self-adhering, polyester reinforced, granule-mineral surfaced, SBS modified roof underlayment meeting TAS 103 and ASTM D6164, Grad G, Type I requirements.

4.2 Torch Applied Underlayments:

- 4.2.1 **Flintlastic GTA** is a torch-applied, polyester reinforced, granule-surfaced, APP modified roof underlayment meeting ASTM D6222, Grade G, Type I requirements.

4.3 Asphalt Applied Underlayments:

- 4.3.1 **Flintlastic GMS** or **Flintlastic Premium GMS** is an asphalt-applied, polyester reinforced, granule-surfaced, SBS modified roof underlayment meeting ASTM D6164, Grade G, Type I and II requirements, respectively.

4.4 Mechanically Attached Underlayments:

- 4.4.1 **Flintlastic SA NailBase** is a glass mat reinforced, film-surfaced, SBS modified roof underlayment meeting ASTM D4601, Type II requirements for use as a mechanically attached base-layer in multi-ply underlayment systems.
- 4.4.2 **Roofers' Select** is an asphalt-impregnated, organic felt reinforced with glass fibers roof underlayment meeting ASTM D6757 requirements.

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 the HVHZ.
- 5.3 Fire Classification is not part of this Laboratory Report; refer to current Approved Roofing Materials Directory or test report from accredited testing agency for fire ratings of this product.

5.6.2 Wind Resistance for Underlayment Systems in Foam-On Tile Applications:

FRSA/TRI April 2012 (04-12) does not address wind uplift resistance of all underlayment systems beneath foam-on or mortar-set tile systems, where the underlayment forms part of the load-path. The following wind uplift limitations apply to underlayment systems that are not addressed in FRSA/TRI April 2012 (04-12) and are used in foam-on or mortar-set tile applications. Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads, and reflects the ultimate passing pressure divided by 2 (the 2 to 1 margin of safety per FBC 1504.9 has already been applied). Refer to FRSA/TRI April 2012 (04-12), Appendix A, Table 1A or FBC 1609 for determination of design wind loads.

#1 Maximum Design Pressure = -240 psf:

Deck: Structural concrete to meet project requirements to satisfaction of AHJ.
 Primer: FlintPrime or ASTM D41.
 Base Sheet: Black Diamond Base Sheet or Flintlastic Ultra Glass SA, self-adhered.
 Underlayment: Flintlastic GTA, torch-applied or Flintlastic GMS or Flintlastic Premium GMS, applied in hot asphalt.

#2 Maximum Design Pressure = -555 psf:

Deck: Structural concrete to meet project requirements to satisfaction of AHJ.
 Primer: FlintPrime, FlintPrime SA or ASTM D41.
 Base: (Optional) Flintlastic SA PlyBase or Flintlastic SA Mid Ply, self-adhered.
 Underlayment: Flintlastic SA Cap, self-adhered.

#3 Maximum Design Pressure = -105.0 psf:

Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.
 Primer: (Optional) FlintPrime, FlintPrime SA or ASTM D41
 Base Ply: (Optional) Flintlastic SA PlyBase or Flintlastic SA Mid Ply, self-adhered.
 Underlayment: Flintlastic SA Cap, self-adhered.

#4 Maximum Design Pressure = -127.5 psf:

Deck: Min. 19/32-inch plywood to meet project requirements to satisfaction of AHJ.
 Primer: FlintPrime, FlintPrime SA or ASTM D41
 Joints: Min. 4-inch wide strips of Flintlastic SA PlyBase, self-adhered over all plywood joints.
 Base Ply: (Optional) Flintlastic SA PlyBase or Flintlastic SA Mid Ply, self-adhered.
 Underlayment: Flintlastic SA Cap, self-adhered.

All other direct-deck, adhered CertainTeed underlayment systems beneath foam-on or mortar-set tile systems carry a Maximum Design Pressure of -45 psf.

5.6.3 Bond to Base Sheet:

- WinterGuard HT, WinterGuard Sand, WinterGuard Granular or MetaLayment self-adhered to: ASTM D226, Type I or II felt.
- Black Diamond Base Sheet, Flintlastic SA PlyBase, Flintlastic SA Mid Ply, Flintlastic Ultra Glass SA, Flintlastic SA Cap, Flintlastic SA Cap FR self-adhered to: Flintlastic SA NailBase or ASTM D226, Type I or II felt.
- Flintlastic SA Cap or Flintlastic SA Cap FR self-adhered to: Flintlastic SA PlyBase or Flintlastic SA MidPly.
- Flintlastic GMS or Flintlastic Premium GMS in hot asphalt to: ASTM D226, Type I or II felt; ASTM D2626 felt, ASTM D4601, Type II base sheet, Black Diamond Base Sheet or Flintlastic Ultra Glass SA.
- Flintlastic GTA torch-applied to: ASTM D226, Type I or II felt; ASTM D2626 felt, ASTM D4601, Type II base sheet, Black Diamond Base Sheet or Flintlastic Ultra Glass SA.

#9 Maximum Design Pressure = -60.0 psf:

Deck: Min. 19/32-inch plywood to meet project requirements to satisfaction of AHJ.
 Base Sheet: Flintlastic SA NailBase
 Fasteners: 12 ga., 1¼-inch long galvanized ring shank nails through 32 ga., 1 5/8-inch diameter tin caps
 Spacing: 8-inch o.c. at the min. 2-inch laps and 8-inch o.c. at three (3) equally spaced, staggered rows in the field of the sheet.
 Base Ply: (Optional) Flintlastic SA PlyBase or Flintlastic SA Mid Ply, self-adhered.
 Underlayment: Flintlastic SA Cap, self-adhered.

#10 Maximum Design Pressure = -67.5 psf:

Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.
 Base Sheet: Glasbase Base Sheet; Flexiglas Base Sheet; Flintlastic Base 20; All Weather / Empire Base Sheet; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base or Yosemite Venting Base Sheet
 Fasteners: Cap nails: 1-inch diameter, 0.032-inch thick metal cap with 0.120-inch shank diameter, annular ring shank nails
 Spacing: 6-inch o.c. at 4-inch lap and 6-inch o.c. at five (5) equally spaced, staggered center rows in the field of the sheet.
 Underlayment: Flintlastic GMS or Flintlastic Premium GMS, applied in hot asphalt.

#11 Maximum Design Pressure = -75.0 psf:

Deck: Min. 19/32-inch plywood to meet project requirements to satisfaction of AHJ.
 Base Sheet: Flintlastic SA NailBase
 Fasteners: 12 ga., 1¼-inch long galvanized ring shank nails through 32 ga., 1 5/8-inch diameter tin caps
 Spacing: 6-inch o.c. at the min. 2-inch laps and 6-inch o.c. at four (4) equally spaced, staggered rows in the field of the sheet.
 Base Ply: (Optional) Flintlastic SA PlyBase or Flintlastic SA Mid Ply, self-adhered.
 Underlayment: Flintlastic SA Cap, self-adhered.

#12 Maximum Design Pressure = -90.0 psf:

Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.
 Base Sheet: Glasbase Base Sheet; Flexiglas Base Sheet; Flintlastic Base 20; All Weather / Empire Base Sheet; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base or Yosemite Venting Base Sheet
 Fasteners: Simplex MAXX Cap Fasteners
 Spacing: 6-inch o.c. at the 2-inch wide side laps and 6-inch o.c. at two (2) equally spaced, staggered center rows.
 Underlayment: Flintlastic GMS or Flintlastic Premium GMS, applied in hot asphalt or Flintlastic GTA, torch-applied.

#14 Maximum Design Pressure = -105.0 psf:

Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.
 Base Sheet: Glasbase Base Sheet; Flexiglas Base Sheet; Flintlastic Base 20; All Weather / Empire Base Sheet; Flintlastic Poly SMS Base; Flintlastic Ultra Poly SMS Base or Yosemite Venting Base Sheet
 Fasteners: Simplex MAXX Cap Fasteners
 Spacing: 6-inch o.c. at the 2-inch wide side laps and 6-inch o.c. at three (3) equally spaced, staggered center rows.
 Underlayment: Flintlastic GMS or Flintlastic Premium GMS, applied in hot asphalt or Flintlastic GTA, torch-applied.

#15 Maximum Design Pressure = -105.0 psf:

Deck: Min. 19/32-inch plywood to meet project requirements to satisfaction of AHJ.
 Base Sheet: Flintlastic SA NailBase
 Fasteners: 12 ga., 1¼-inch long galvanized ring shank nails through 32 ga., 1 5/8-inch diameter tin caps
 Spacing: 4-inch o.c. at the min. 2-inch laps and 4-inch o.c. at four (4) equally spaced, staggered rows in the field of the sheet.
 Base Ply: (Optional) Flintlastic SA PlyBase or Flintlastic SA Mid Ply, self-adhered.
 Underlayment: Flintlastic SA Cap, self-adhered.

- 6.5.2 Flintlastic GTA shall be fully torch applied to the substrates noted in Section 5.6. Side (horizontal) laps shall be minimum 3-inch and end (vertical) laps minimum 6-inch wide, and offset end-laps minimum 3 feet from course to course. Side and end-laps shall be fully heat-welded and inspected to ensure minimum 3/8-inch flow of modified compound beyond the lap edge.
- 6.5.3 Tile shall be loaded and staged in a manner that prevents tile slippage and/or damage to the underlayment.
- 6.5.4 Consult CertainTeed instructions regarding back-nailing requirements.
- 6.6 Flintlastic GMS or Flintlastic Premium GMS:**
- 6.6.1 Flintlastic GMS or Flintlastic Premium GMS shall be installed in compliance with current CertainTeed published installation requirements. For use in tile applications, reference is made to FRSA/TRI April 2012 (04-12) Installation Manual, 5th Edition and Table 1 herein.
- 6.6.2 Flintlastic GMS or Flintlastic Premium GMS shall be fully asphalt-applied to the substrates noted in Section 5.6. Side (horizontal) laps shall be minimum 3-inch and end (vertical) laps minimum 6-inch wide, and offset end-laps minimum 3 feet from course to course. Side and end-laps shall be fully adhered in a complete mopping of hot asphalt with asphalt extending approximately 3/8-inch beyond the lap edge.
- 6.6.3 Tile shall be loaded and staged in a manner that prevents tile slippage and/or damage to the underlayment.
- 6.6.4 Consult CertainTeed instructions regarding back-nailing requirements.
- 6.7 Roofers' Select:**
- 6.7.1 Standard-Slope Application (4:12 and greater): Starting at the lower edge of the roof, apply a single layer of Roofers' Select parallel to the eaves, overhanging drip edge by ½-inch. Overlap ends (vertical laps) at least 4-inch and sides (horizontal laps) at least 2-inch. Offset end laps from course to course at least 6-feet. Apply flat and unwrinkled, fastening as required to hold in place.
- 6.7.2 Low Slope Application (2:12 up to 4:12): Starting at the lower edge of the roof, cover the entire deck by applying a double layer of Roofers' Select parallel to the eaves. Begin by applying a 19-inch wide starter strip of Roofers' Select along the eaves, overlapping the drip edge by ½-inch. Place a full-width sheet over the starter, with lower edge flush to the starter's lower edge. Apply succeeding 36-inch wide courses up the roof slope, overlapping the previous course by 19-inch in "shingle-fashion". Overlap ends at least 12-inch. Offset end laps from course to course at least 6-feet. Apply flat and unwrinkled, fastening as required to hold in place.
- 6.7.3 Eaves Flashing for Ice Dam Protection (all slopes): Eaves flashing may be constructed from self-adhering waterproofing underlayment holding Florida Product Approval, or by applying a double layer of Roofers' Select cemented together with asphalt roofing cement (ASTM D 4586, Type II). Eaves flashing should be installed to a level of at least 24-inch inside the interior wall line, or in areas of severe icing, at least up to the highest water level expected to occur from ice dams to the satisfaction of the Authority Having Jurisdiction.

7. BUILDING PERMIT REQUIREMENTS:

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

8. MANUFACTURING PLANTS:

Contact the manufacturer or the named QA entity for information on plants covered under Rule 61G20-3 QA requirements.

6. QUALITY ASSURANCE ENTITY:

UL, LLC. – QUA9625; (414) 248-6409; karen.buchmann@ul.com

- END OF EVALUATION REPORT -

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER	RC29027565
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The ROOFING CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2017

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

DORLON, ROBERT P
JK & R CONSTRUCTION, INC
7130 S ORANGE BLOSSOM TRL STE 139
ORLANDO FL 32809

ISSUED: 10/15/2015 DISPLAY AS REQUIRED BY LAW SEQ # L1510150000472



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/18/2017

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

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

PRODUCER JOHN M BROWN INSURANCE AGENCY INC 750 N FRANKLIN ST STE 208 CHICAGO IL 60654-3545	CONTACT NAME: Thomas Ponsot PHONE (A/C, No, Ext): (888) 973-0016 FAX (A/C, No): 888 619 2230 E-MAIL ADDRESS: tponsot@farmerbrown.com																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>United Specialty Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	United Specialty Insurance Co.		INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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INSURER D :																					
INSURER E :																					
INSURER F :																					
INSURED JK&R Construction Inc 409 1st St Orlando FL 32824-8236																					

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SII1003A211861	05/11/2017	05/11/2018	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER
City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809

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



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 7/24/2017

EXPIRATION DATE: 7/24/2019

PERSON: DORLON

ROBERT

P

FEIN: 593679463

BUSINESS NAME AND ADDRESS:

JK & R CONSTRUCTION INC

7130 S. ORANGE BLOSSOM TRAIL ,
ORLANDO FL 32809

SCOPE OF BUSINESS OR TRADE:

Licensed Building Contractor Licensed Roofing Contractor

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

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

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

5000 BUSINESS OFFICE 2016 \$30.00 EXPIRES 9/30/2017 5000-0506455
4 EMPLOYEES 1800 CERTIFIED BUILDING CO \$30.00 1 EMPLOYEE ;

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

7130 S ORANGE BLOSSOM TRL #139
U - ORLANDO, 32809

PAID: \$60.00 2802-02392132 9/30/2016



DORLON ROBERT PETER QUALIFIER

J K & R CONSTRUCTION INC
DORLON ROBERT PETER QUALIFIER
7130 S ORANGE BLOSSOM TRL #139
ORLANDO FL 32805

This receipt is official when validated by the Tax Collector