



City of Belle Isle Job Site Card **Roof PERMIT 2018-08-040**

PERMIT MUST BE POSTED ON SITE - A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. You are responsible for scheduling and keeping track of all your inspections -

Permit Number 2018-08-040

Issue Date 8/16/2018

Site Address: 2825 Montmart Dr 32812

Parcel Number: 18-23-30-4391-04-500

Class: Residential

Subdivision:

Description of Work: **Re-roof 2322 SQFT - Asphalt Shingles**

Issued To: ATLANTIC ROOFING & CONSTRUCTION COMPANY INC

Business Phone: 407 797-4957

Name: GAGNE, MICHAEL

Contractor License: CCC1330939

Payment Date & Method:

8 / 20 / 2018 ✓

Picked up by

DAVIDA MERCER

Visa

Master Card

Amex

Discover

Check / Money Order #

7537

Schedule Inspections via Email at: BD scheduling@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

NEW ROOFS ONLY Code 700 Deck Nailing, Dry-In, Flashing			
Both new & re-roof Code 710 In - Progress			
Both new & re-roof Code 720 Final			

Inspection requests are to be emailed to BD scheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 3.:00pm.**

Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.



City of Belle Isle

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

RECEIVED
AUG 16 2018
IN PERSON

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: 7/27/18 ROOF PERMIT NUMBER: 2018-05-040
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address: 2825 Montmart Dr, Belle Isle, FL 32809 X 32812
Property Owner: Bryan Rogers Phone: 321 278-5486
Property Owner's Mailing Address: 2825 Montmart Dr City: Belle Isle
State: FL Zip Code: 32812 Parcel Id Number: 18-23-30-4391-04-500

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: 2322 Number of Stories: 1 Job Valuation: \$ 15,000
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: Michael Gagne LICENSE #: CC1330939
LICENSE HOLDER NAME: Michael Gagne COMPANY NAME: Atlantic Roofing Con
Street Address: 6707 HOFFNER AVE
City: Orlando State: FL Zip Code: 32822 Phone Number: 407-797-4957
Email Address: mikey5480@yahoo.com
workyworky1@msn.com

Zoning Fee	\$	<u>30.00</u>
Building Fee	\$	<u>95.00 ✓</u>
Review Fee	\$	<u>-</u>
1% BCAIB Fee	\$	<u>4.00</u>
1.5% DCA Fee	\$	<u>4.00</u>
Total Permit Fee	\$	<u>129.00</u>

Building Official: SM Date: 8-16-18
Verified Contractor's Licenses & Insurance are on file ✓ Date: 8-16-2018

PENDING STATE LOCAL LICENSE
NOTE: The Building Permit Number is required if the Roof Installation is associated with any construction or alteration where a Building Permit has been issued. W/C OK
NOC ✓ POA ✓
152 25.00
5X1490
95.
PAID
8-20-2018
check 95.37
will pick up in person permit

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: me 8/9/18 D.C.
DATED: 8/9/18



DOCH 20180472822
08/09/2018 08:49:12 AM Page 1 of 1
Rec Fee: \$10.00
Phil Diamond, Comptroller
Orange County, FL
IP - Ret To: ATLANTIC ROOFING CONSTRUC

THIS INSTRUMENT PREPARED BY:
Name: CRYSTAL COOPER
Address: 6707 HOFFNER AVE
ORLANDO FL 32822



NOTICE OF COMMENCEMENT

Permit Number: _____
Parcel ID Number: 18-23-30-4391-04-500

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

- DESCRIPTION OF PROPERTY: (Legal description of the property and street address if available)
Take on way estates section 9 2/91 10+450
2825 Montmart Dr Orlando FL 32812
- GENERAL DESCRIPTION OF IMPROVEMENT: re-roof
- OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:
Name and address: Bryan Rogers 2825 Montmart Dr Orlando FL 32812
Interest in property: _____
Fee Simple Title Holder (if other than owner listed above) Name: _____
Address: _____
- CONTRACTOR: Name: Atlantic Roofing & Construction Phone Number: 407-797-4957
Address: 6707 HOFFNER AVE ORLANDO FL 32822
- SURETY (if applicable, a copy of the payment bond is attached): Name: _____ Amount of Bond: _____
Address: _____ Phone Number: _____
- LENDER: Name: _____ Phone Number: _____
Address: _____
- Persons within the State of Florida Designated by Owner upon whom notice or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.
Name: _____ Phone Number: _____
Address: _____ of _____
- In addition, Owner designates _____ of _____
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes. Phone number: _____
- Expiration Date of Notice of Commencement (The expiration is 1 year from date of recording unless a different date is specified) 12/27/18

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, 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.

Bryan Rogers _____
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager) (Print Name and Provide Signatory's Title/Office)

State of Florida County of Orange
The foregoing instrument was acknowledged before me this 27 day of July, 2018
by Bryan Rogers Name of person making statement Who is personally known to me OR
who has produced identification type of identification produced: _____



Graciela Gagne
Notary Signature



ATLANTIC
Roofing & Construction

LIC # CCC1330939
LIC # CRC1331435

Licensed & Insured
★ First in Quality
★ First in Service
★ First in Satisfaction

800-411-0920

6767 Hoffner Avenue
Orlando, Florida 32822

Ins. Co. CASHAW
Tel.# _____
Claim # _____
Adj. Name _____
Tel. # _____
Fax # _____

PROPOSAL SUBMITTED TO BRYAN ROGERS DATE 7-16-18
STREET 2825 MONTMARTRE DRIVE JOB # _____
CITY, STATE, ZIP ORLANDO, FLORIDA 32812 SUBDIVISION _____
HOME PHONE (321) 278-5484 BUSINESS PHONE _____

SPECIFICATIONS FOR LABOR AND MATERIAL

Tear Off Shingles: 1 Layers
 Professionally Install: Brand TANKO HERITAGE Type 30yr. Architectural Color _____
 New Valleys _____ Ft.
 Install: 30 lb. Felt Peel & Stick Synthetic Underlayment
 Reseal, sidewalls, counter and wall flashings Re-Use Drip Edge Drip Edge white
 New _____ 1-1/2" _____ 2" _____ 3" _____ 4" or _____ Plumbing Vents
 Ventilation: Goose Necks _____ Off Ridge Vents _____ Ridge Vents _____ Color _____
 Remail Plywood Sheathing to Code
 Skylight _____ 2 x 2 _____ 4 x 4
 Plywood replaced at \$60 - per sheet (if needed) First 4 sheets (3) sheets FREE
 Clean-up and haul off all job related trash Roll yard with magnetic roller Protect yard and shrubs
\$17,000.00 for Roof
\$3,000.00 soft & chimney 15,000.00 total

- Atlantic Roofing is not responsible for pre-existing structural conditions.
- Buyers agree they have seen, read & understand all terms & conditions of this contract & agree to be bound by same.
- **ALL ROOFS HAVE A 1 YR LABOR WARRANTY**

CONTINGENT

This proposal is contingent upon the insurance company paying for damages. This proposal will be VOID only if claim is disallowed by insurance company. Property owner's out-of-pocket expense is not to exceed the deductible amount. The insurance company will determine and set the price of the claim.

YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. BY SIGNING ABOVE, PROPERTY OWNER AGREES TO PROCEED WITH THE WORK AS PER PROPERTY-LOSS WORKSHEET WHEN RECEIVED.

We propose to hereby furnish materials and labor, complete in accordance with above specifications for the sum of the insurance as per the insurance company loss scope sheet, for which is incorporated herein and made a part hereof by reference, to include customary profit and overhead when multiple trade incurred \$ 15,000.00 Payment Upon completion of each trade.

Authorized Signature JOSEPH GREEN 7-16-18
*Must be approved by company owner. No other work expressed or implied verbally. All changes to be in writing and accepted before commencement of changes. NOTE: This proposal may be withdrawn by us if not accepted within 30 days.

ACCEPTANCE OF PROPOSAL- The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified.
Payment will be made as outline above X Bryan Rogers Date 7-30-18

X Bryan Rogers



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: 7/27/18 PERMIT # _____
 PROJECT ADDRESS 2825 Montmart Dr, Belle Isle, FL 32809 1 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 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 #
EXTERIOR DOORS				WALL PANELS			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS				ROOFING PRODUCTS			
Single/Dbf Hung				Asphalt Shingles	TAMKO	Ventana	ADA 15-1215.0
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Underlayment			FL 19948
Skylights				Other			
Other							
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 Michael Payne

Date 8/3/18



DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)
BOARD AND CODE ADMINISTRATION DIVISION

MIAMI-DADE COUNTY
PRODUCT CONTROL SECTION
11805 SW 26 Street, Room 208
Miami, Florida 33175-2474
T (786) 315-2590 F (786) 315-2599

www.miamidade.gov/economy

NOTICE OF ACCEPTANCE (NOA)

TAMKO Building Products, Inc.
220 West 4th Street
Joplin, MO 64801

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed and accepted by Miami-Dade County RER -Product Control Section to be used in Miami-Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Section (in Miami-Dade County) and/or the AHJ (in areas other than Miami-Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. RER reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Section that this product or material fails to meet the requirements of the applicable building code.

This product is approved as described herein, and has been designed to comply with the Florida Building Code including the High Velocity Hurricane Zone of the Florida Building Code.

DESCRIPTION: TAMKO Roof Shingles

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

INSPECTION: A copy of this entire NOA 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 NOA revises NOA No.15-0709.19 and consists of pages 1 through 6.
The submitted documentation was reviewed by Gaspar J Rodriguez.



NOA No.: 15-1215.10
Expiration Date: 12/01/20
Approval Date: 05/26/16
Page 1 of 6

ROOFING ASSEMBLY APPROVAL

Category: Roofing
Sub-Category: Asphalt Shingles
Materials: Laminate
Deck Type: Wood

SCOPE

This approves TAMKO's Heritage, Heritage Woodgate and Heritage Premium asphalt shingles, manufactured by TAMKO Building Products, Inc., as described in this Notice of Acceptance and designed to comply with the Florida Building Code High Velocity Hurricane Zones.

PRODUCT DESCRIPTION

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Heritage <i>Manufacturing Location # 1, 2, 3</i>	13 1/4" x 39 3/8"	TAS 110	Dimensional asphalt shingle.
Heritage Woodgate <i>Manufacturing Location # 1,3</i>	13 1/4" x 39 3/8"	TAS 110	Dimensional asphalt shingle.
Heritage Premium <i>Manufacturing Location # 1, 2, 3</i>	13 1/4" x 39 3/8"	TAS 110	Dimensional asphalt shingle.

MANUFACTURING LOCATIONS

1. Dallas, TX
2. Tuscaloosa, AL
3. Frederick, MD

EVIDENCE SUBMITTED

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Underwriters Laboratories, Inc.	TAS 107 & UL 790	04CA44252	02/25/05
	ASTM D3462	02NK33813	09/23/02
	ASTM D 3462 & TAS 107	R2919 Letter	03/10/11
	ASTM D3462	4789110543	08/26/14
	TAS 107		02/19/15
	ASTM E 108		08/26/14
PRI Asphalt Technologies, Inc.	ASTM D3161, Class F	4787043752	10/20/15
	TAS 100	TAP-129-02-01	05/26/05
	TAS 100	TAP-130-02-01	05/26/05
PRI Construction Materials Technologies LLC	TAS 100	TAP-131-02-01	05/26/05
	TAS 100	TAP-303-02-01	12/12/14
	TAS 100	TAP-307-02-01	02/10/15
	TAS 100	TAP-317-02-01	09/02/15



NOA No.: 15-1215.10
Expiration Date: 12/01/20
Approval Date: 05/26/16
Page 2 of 6

LIMITATIONS

1. Fire classification is not part of this acceptance; refer to a current Approved Roofing Materials Directory for fire ratings of this product.
2. Shingles shall not be installed on roof mean heights in excess of 33 ft.
3. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 61G20-3 of the Florida Administrative Code.

INSTALLATION

1. Shingles shall be installed in compliance with Roofing Application Standard RAS 115.
2. Flashing shall be in accordance with Roofing Application Standard RAS 115.
3. The manufacturer shall provide clearly written application instructions.
4. Exposure and course layout shall be in compliance with Detail 'A', attached.
5. Nailing shall be in compliance with Details 'B', attached.

LABELING

Shingles shall be permanently labeled with the manufacturer's name and/or logo, city and state of manufacturing facility, and the following statement: "Miami-Dade County Product Control Approved" or with the Miami-Dade County Product Control Seal as seen below:



BUILDING PERMIT REQUIREMENTS

As required by the Building Official or the applicable Building Code in order to properly evaluate the installation of this system. This Notice of Acceptance on its own cannot be used to obtain a building permit.

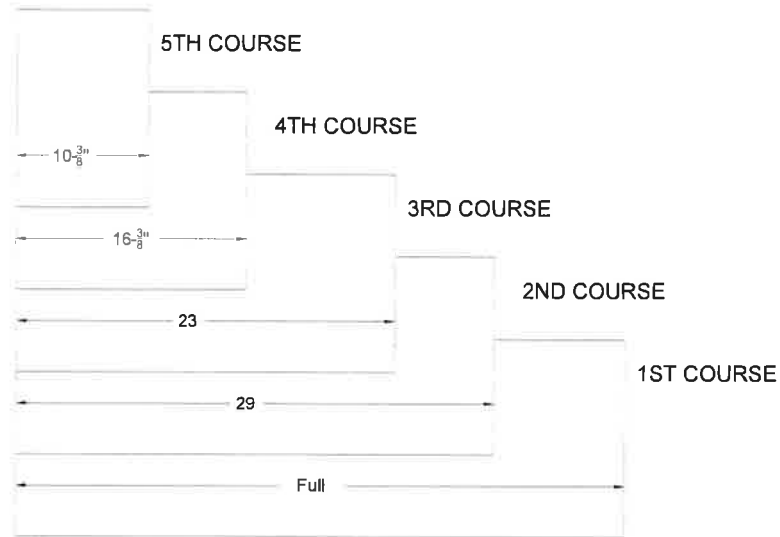


NOA No.: 15-1215.10
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Approval Date: 05/26/16
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DETAIL A

HERITAGE, HERITAGE WOODGATE, AND HERITAGE PREMIUM

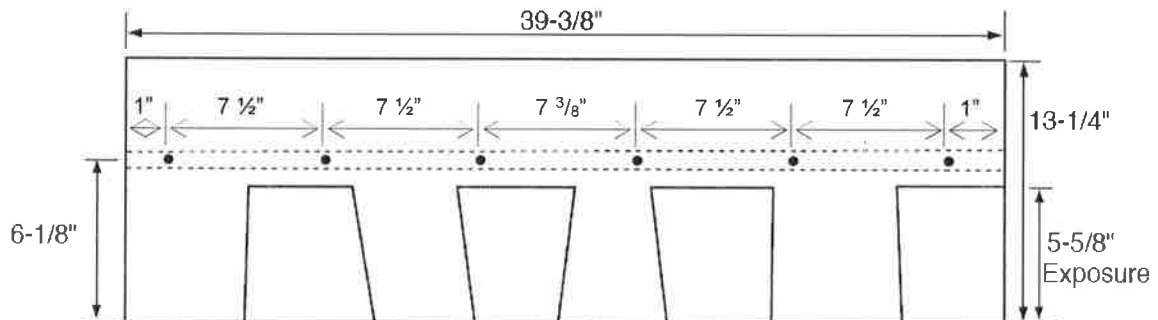
All dimensions are in inches.



DETAIL B

HERITAGE SHINGLE FIG. 1 FASTENING PATTERN

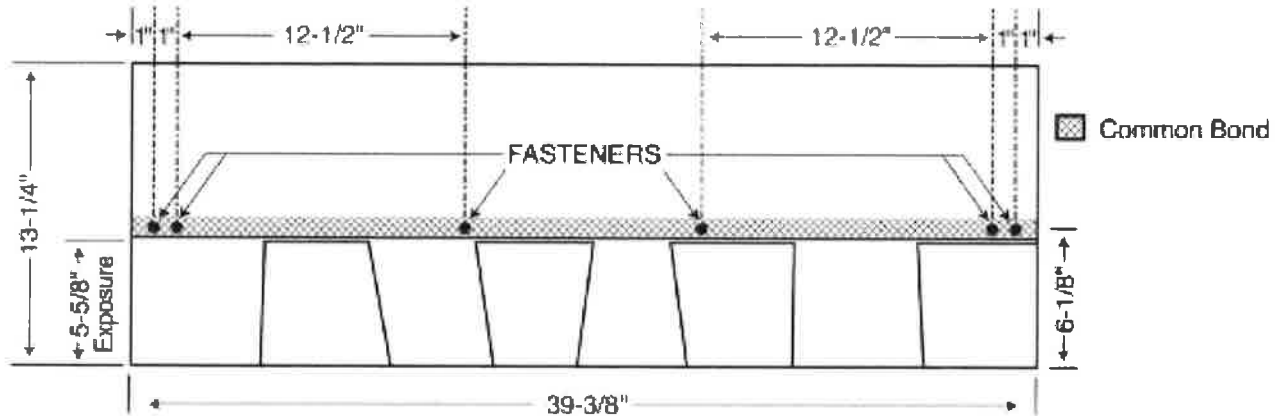
All dimensions are in inches



DETAIL B (CONTINUED)

HERITAGE SHINGLE

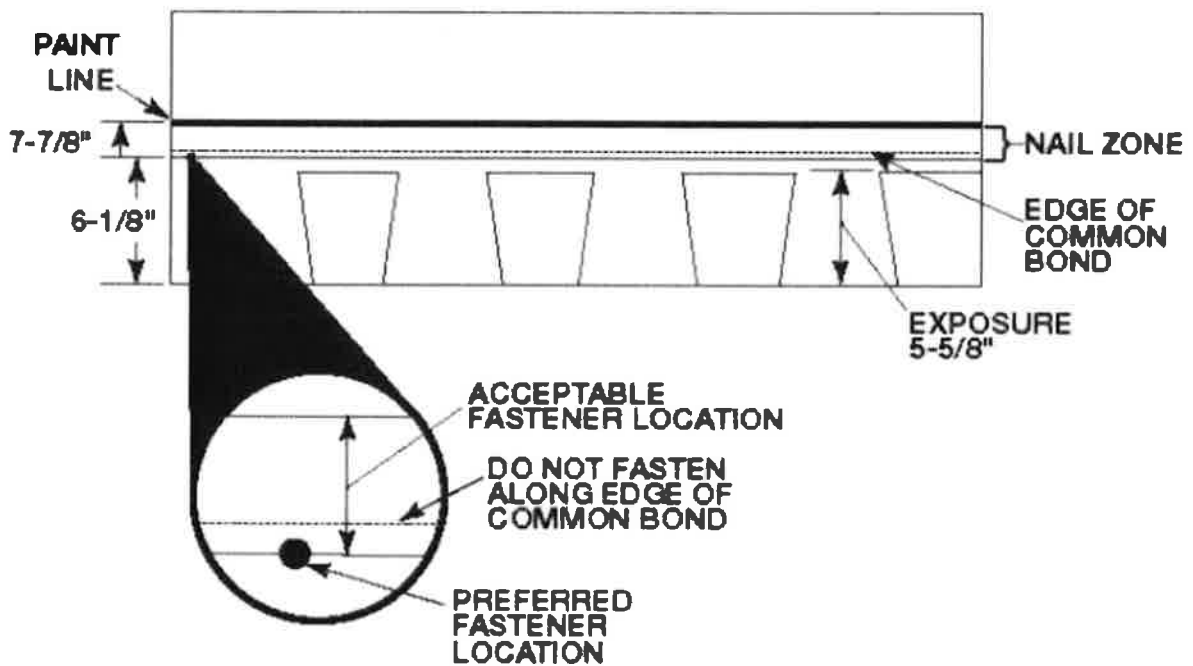
FIG. 2 ALTERNATE FASTENING PATTERN



HERITAGE SHINGLE
(TUSCALOOSA, AL)

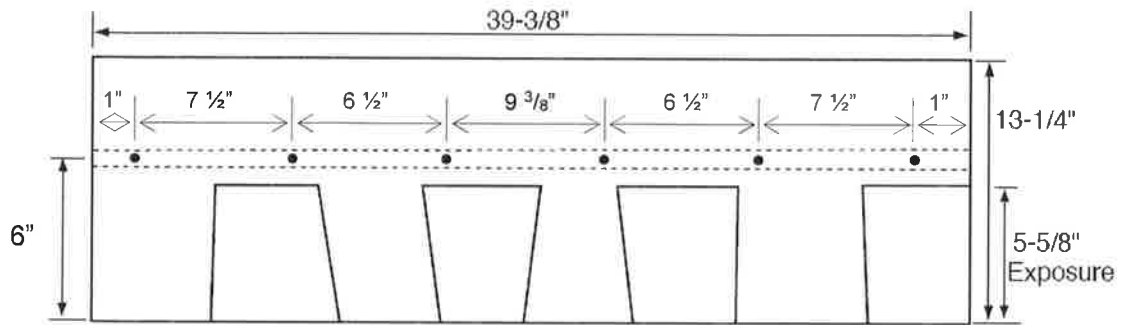
FIG. 3 ALTERNATE FASTENING PATTERN

HORIZONTAL NAIL SPACING IN ACCORDANCE WITH FIG. 1 OR FIG. 2.
VERTICAL NAIL SPACING ALLOWED ANYWHERE WITHIN NAIL ZONE.



HERITAGE WOODGATE & HERITAGE PREMIUM SHINGLES
FIG. 4 FASTENING PATTERN

All dimensions are in inches



END OF THIS ACCEPTANCE



NOA No.: 15-1215.10
Expiration Date: 12/01/20
Approval Date: 05/26/16
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Product Approval
USER: Public User

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



FL # Application Type Code Version Application Status Comments Archived Product Manufacturer Address/Phone/Email Authorized Signature Technical Representative Address/Phone/Email Quality Assurance Representative Address/Phone/Email Category Subcategory Compliance Method Florida Engineer or Architect Name who developed the Evaluation Report Florida License Quality Assurance Entity Quality Assurance Contract Expiration Date Validated By Certificate of Independence Referenced Standard and Year (of Standard) Equivalence of Product Standards Certified By Sections from the Code Product Approval Method	FL19948-R1 Revision 2017 Approved <input type="checkbox"/> TAMKO Building Products, Inc. PO Box 1404 Joplin, MO 64802 (417) 624-6644 Ext 2305 kerri_eden@tamko.com Kerri Eden kerri_eden@tamko.com Carter W. Lea P.O. Box 1404 Joplin, MO 64802 (800) 641-4691 Ext 2326 carter_lea@tamko.com Carter W. Lea PO Box 1404 Joplin, MO 64802 (800) 641-4691 Ext 2326 carter_lea@tamko.com Roofing Underlayments Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input type="checkbox"/> Evaluation Report - Hardcopy Received Zachary R. Priest PE-74021 Intertek Testing Services NA, Inc. - QA Entity 12/31/2099 Locke Bowden P.E. <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received FL19948_R1_COI_OCR17004_2017_FBC_Evaluation_TAMKO_SyntheticGuard.pdf 1507.1.1 1518.4 Method 2 Option B
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Date Submitted 10/08/2017
 Date Validated 10/09/2017
 Date Pending FBC Approval 10/17/2017
 Date Approved 12/12/2017

Summary of Products

FL #	Model, Number or Name	Description
19948.1	TAMKO SyntheticGuard	Mechanically attached synthetic underlayment
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: See evaluation report for limits of use.		Installation Instructions FL19948_R1_II_OCR17004_2017_FBC_Evaluation_TAMKO_SyntheticGuard.pdf Verified By: Zachary R. Priest PE-74021 Created by Independent Third Party: Yes Evaluation Reports FL19948_R1_AE_OCR17004_2017_FBC_Evaluation_TAMKO_SyntheticGuard.pdf Created by Independent Third Party: Yes
19948.2	TAMKO SyntheticGuard Plus	Mechanically attached synthetic underlayment
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: See evaluation report for limits of use.		Installation Instructions FL19948_R1_II_OCR17004_2017_FBC_Evaluation_TAMKO_SyntheticGuard.pdf Verified By: Zachary R. Priest PE-74021 Created by Independent Third Party: Yes Evaluation Reports FL19948_R1_AE_OCR17004_2017_FBC_Evaluation_TAMKO_SyntheticGuard.pdf Created by Independent Third Party: Yes

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

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EVALUATION REPORT

FLORIDA BUILDING CODE, 6TH EDITION (2017)

Manufacturer: TAMKO BUILDING PRODUCTS, INC. *Issued October 5, 2017*
P.O. Box 1404
Joplin, MO 64802
(417) 624-6644
<http://www.tamko.com>

Manufacture Location: Silvassa, India

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

SCOPE

Category: Roofing
Subcategory: Underlayments
Code Sections: 1507.1.1, 1518.4
Properties: Physical properties

PRODUCT DESCRIPTION

TAMKO SyntheticGuard A mechanically attached, synthetic underlayment composed of a black coated polypropylene spun bond fabric surface, a polypropylene 5x5 scrim on the exposed side and a black coating on the sheathing side (nominal weight = 2.11 lb/100ft²). 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.

TAMKO SyntheticGuard Plus A mechanically attached, synthetic underlayment composed of a grey coated polypropylene spun bond fabric surface, a polypropylene 10x5 scrim on the exposed side and a grey coating on the sheathing side (nominal weight = 3.05 lb/100ft²). 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.

APPLICATION

- Roof Deck:** The roof deck shall be constructed of closely fitted plywood sheathing for new or existing construction. Deck shall be installed in accordance with FBC requirements. Roof decks shall have no more than 1/8" gap at abutting joints.
- Application:** Non-HVHZ: Underlayment shall be installed in accordance with the FBC Table 1507.1.1 and manufacturer's installation instructions.
HVHZ: Underlayment shall be installed with a minimum 4-inch head lap and be fastened as specified in FBC Section 1518.2.
- Allowable roof coverings:** Non-HVHZ: Underlayment shall be used with mechanically attached roof covering systems as prescribed in FBC Section 1507.1.1.
HVHZ: Underlayment shall be used with mechanically attached asphalt shingles, wood shakes and shingles, non-structural metal roofing, or quarry slate.

LIMITATIONS

- 1) Fire Classification is not within the scope of this evaluation.
- 2) Wind uplift resistance is not within scope of this evaluation.
- 3) 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.
- 4) 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.
- 5) Roof slope limitations shall be in accordance with FBC requirements.
- 6) The underlayment may be used as described in other current FBC product approval documents.
- 7) Roof coverings shall not be adhered directly to the underlayment. Roof coverings shall be mechanically fastened through the underlayment to the roof deck.
- 8) The underlayment shall not be installed over existing roof coverings.
- 9) 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.
- 10) The underlayment shall be exposed on the roof deck for a maximum duration of 30 days.
- 11) All products listed in this report shall be manufactured under a quality assurance program in compliance with Rule 61G20-3.

REFERENCES

<u>Entity</u>	<u>Report No.</u>	<u>Standard</u>	<u>Year</u>
Intertek Testing Services NA Ltd. (TST1509)	102404168COQ-004	ASTM D 226	2009
Intertek Testing Services NA Ltd. (TST1509)	102404168COQ-012	ICC-ES AC188	2012
Intertek Testing Services NA Ltd. (TST1509)	102751110COQ-002	ASTM E 108	2011
PRI Construction Materials Technologies (TST5878)	TAP-393-02-01	ASTM D 226	2009
		ASTM D 4869	2016
		ASTM D 4533	2015
PRI Construction Materials Technologies (TST5878)	TAP-394-02-01	ASTM D 226	2009
		ASTM D 4869	2016
		ASTM D 4533	2015

COMPLIANCE STATEMENT

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


Digitally signed by Zachary R. Priest

2017.10.05
12:51:28
-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

 STATE OF FLORIDA DEPARTMENT
OF BUSINESS AND PROFESSIONAL
REGULATION


CCC1330939 ISSUED: 06/08/2018
ROOFING CONTRACTOR
GAGNE, MICHAEL
ATLANTIC ROOFING & CONSTRUCTION CO


Signature

LICENSED UNDER CHAPTER 489, FLORIDA STATUTES
EXPIRATION DATE: AUGUST 31, 2020

 STATE OF FLORIDA DEPARTMENT
OF BUSINESS AND PROFESSIONAL
REGULATION

CRC1331435 ISSUED: 06/08/2018
RESIDENTIAL CONTRACTOR
GAGNE, MICHAEL
ATLANTIC ROOFING & CONSTRUCTION CO


Signature

LICENSED UNDER CHAPTER 489, FLORIDA STATUTES
EXPIRATION DATE: AUGUST 31, 2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY):
07/23/2019

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).

PRODUCER
POINCIANA INSURANCE AGENCY
359 CYPRESS PARKWAY
KISSIMMEE FL 34759

CONTACT NAME:
PHONE: 407-483-1500
FAX (A/C. No.): 407-483-0383
E-MAIL:
ADDRESS:

INSURED
Atlantic Roofing & Construction Co Inc
6767 Huffner Ave
Orlando FL 32822

INSURER(S) AFFORDING COVERAGE
INSURER A: Wilshire Insurance Company NAIC #
INSURER B:
INSURER C:
INSURER D:
INSURER E:

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	ADDITIONAL SUBROGATION WAIVER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
A	<input checked="" type="checkbox"/> Contractual		LB00018323	05/09/2018	05/09/2019	EACH OCC. PER POLICY: \$ 1,000,000 DAMAGE TO RENTED EQUIPMENT: \$ 100,000 MEDICAL EXPENSE PER POLICY: \$ 5,000 PERSONAL & ADJUTANT: \$ 1,000,000 GENERAL AGGREGATE: \$ 2,000,000 PRODUCTS - GENERAL AGG: \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY					
	OTHER:					
	AUTOMOBILE LIABILITY					
	ANY AUTO:					
	OWNER SCHEDULED AUTOS					COMBINED SINGLE LIMIT (per accident): \$
	AUTOS ONLY					BODILY INJURY (per person): \$
	HIRED NON-OWNED AUTOS ONLY					BODILY INJURY (per accident): \$
						PROPERTY DAMAGE (per accident): \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE: \$
	DEDUCTIBLE/RETENTION \$					AGGREGATE: \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER INCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				PER STATUTE: \$
	DESCRIPTION OF OPERATIONS: _____					PER EMPLOYEE: \$
						PER 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 Ave
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: 5/6/2018

EXPIRATION DATE: 5/5/2020

PERSON: GAGNE

MICHAEL

FEIN: 812137726

BUSINESS NAME AND ADDRESS:

ATLANTIC ROOFING & CONSTRUCTION COMPANY INC

6767 HOFFNER AVE

ORLANDO FL 32822

SCOPE OF BUSINESS OR TRADE:

Licensed Residential 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.

2017 - 2018



Local Business Tax Receipt

(Formerly known as "Business License "
changed per state law HB1269-2006)

Business Name:

ATLANTIC ROOFING & CONSTRUCTION
COMPANY INC
6767 HOFFNER AVE
ORLANDO, FL 32822

Business Owner

ATLANTIC ROOFING & CONSTRUCTION CO
MICHAEL GAGNE CRC1331435 CCC13

Business Location

6767 HOFFNER AVE

NOTICE-THIS TAX RECEIPT ONLY EVIDENCES
PAYMENT OF THE LOCAL BUSINESS TAX
PURSUANT TO CH.205, FLORIDA STATUTES. IT
DOES NOT PERMIT THE HOLDER TO OPERATE IN
VIOLATION OF ANY CITY, STATE, OR FEDERAL
LAW. CITY PERMITTING MUST BE NOTIFIED OF
ANY MATERIAL CHANGE TO THE INFORMATION
FOUND HEREIN BELOW. THIS RECEIPT DOES
NOT CONSTITUTE AN ENDORSEMENT OR
APPROVAL OF THE HOLDER'S SKILL OR
COMPETENCY.

Case Number: BUS-0048332

Issued Date: 08/20/2017

Expiration Date: 9/30/2018

Business type(s):

Description	Year
CONTRA 1521 RES CONTRA	2018
CONTRA 1524 CONTRACTOR DBPR	2018

#OrlandoUnited



Local Business Tax Receipt

City Hall, 400 South Orange Avenue, First Floor
Post Office Box 4990
Orlando, Florida 32802-4990

Phone: 407.246.2204 Fax: 407.246.3420

Email: BusinessTax@cityoforlando.net

Prompt! Interactive Voice Response System: 407.246.4444

Visit our website: cityoforlando.net/permits

NOA NUMBER CITY OF BELLE ISLE

Michael Gagne <mikeg5980@yahoo.com>

Mon 7/23/2018 2:38 PM

To:David Mercer <workyworky1@msn.com>;

NOA 15-1215.10 shingle code



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- [Sales Search](#)
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- [Property Record Card](#)
- [My Favorites](#)

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

2825 Montmart Dr < 18-23-30-4391-04-500 >

Name(s)	Physical Street Address
Rogers Kelly	2825 Montmart Dr
Rogers Bryan	Postal City and Zipcode
Mailing Address On File	Orlando, Fl 32812
2825 Montmart Dr	Property Use
Belle Isle, FL 32812-1031	0103 - Single Fam Class III
Incorrect Mailing Address?	Municipality
	Belle Isle



View 2017 Property Record Card

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

2018 values will be available in August of 2018.

Property Description

[View Plat](#)

LAKE CONWAY ESTATES SECTION 9 2/91 LOT 450

Total Land Area 10,536 sqft (+/-) | 0.24 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R-1-AA	1 LOT(S)	working...	working...	working...	working...

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure			
	Model Code: 01 - Single Fam Residence	Actual Year Built: 1976	Gross Area: 2322 sqft		
	Type Code: 0103 - Single Fam Class III	Beds: 4	Living Area: 1785 sqft		
	Building Value: working...	Baths: 2.0	Exterior Wall: Concrete Block Stucco		
	Estimated New Cost: working...	Floors: 1	Interior Wall: Drywall		

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
FPL2 - Average Fireplace	01/01/1976	1 Unit(s)	working...
PL2 - Above Average Pool	01/01/1978	1 Unit(s)	working...
SCR2 - Scrn Enc 2	01/01/1997	1 Unit(s)	working...

Page 1 of 1 (3 total records)

This Data Printed on 08/03/2018 and System Data Last Refreshed on 08/02/2018