



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

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

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

Scope of Work: ROOF: 4,300 sq ft. asphalt shingles (main house)

Comments: None

Project Information

Address: 1240 Wind Harbor Rd, Belle Isle, FL 32809
 Parcel ID: 30-23-30-9330-00-310
 Property Owner: Baxter, Denmar, Dix
 Phone Number: None

 Company Name: Gold Key International Inc.
 Contractor Name: Hewitt, Jeffrey
 License Number: CCC1329157
 Address: 6021 S. Orange Avenue, Orlando, FL 32809
 Phone Number: 407-851-0680

Permit Number: 2014-04-022

Date of Application: 04/14/2014
 Date Permit Issued: 04/14/2014

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

BUILDING FEATURES

IMPACT FEES

School \$
 Traffic \$

ZONING FEES

Zoning Fee \$30.00

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
 Demo \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$
 Temp Pole \$
 Plumbing \$
 Mechanical \$
 Gas \$
 Roofing \$75.00
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$109.00

Date Paid 4-15-14

CC or Check # VISA 0382

Amount Paid 109.00

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

BUILDING

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____
 (Footing/Foundation)

2nd _____
 (Slab)

3rd _____
 (Lintel) (Wall Reinforcing on Masonry Building)

4th _____
 (Exterior Framing) (Roof/Wall Sheathing)

5th _____
 (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th _____
 (Insulation to be Made After Roof Installed)

7th _____
 (Drywall)

8th _____
 (Sidewalk/Driveway)

9th _____
 (Other)

10th _____
 (Final - After MEP and Other Applicable Finals)

ROOFING

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1st _____ 2nd _____ (Sewer)

3rd _____ 4th _____ (Final)

CHECK APPROPRIATE BOX

1st GAS ___ Natural ___ LP ___ MECHANICAL ___ ELECTRICAL ___ LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to BidScheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day inspection requests must be made by 1pm. 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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>
 login ID = cobi@universalengineering.com password = universal13

PROJECT NUMBER

015.1400189.0000

TASK NUMBER

01

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-04-022
Property Owner	BAXTER, DENMAR DIX
Address	1240 Wind Harbor Dr
Nature of Improvement	Re-roof
Received Application	4-14-14
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	/
Variance Approved	/
Sent to BO for Review	4-14-14
Building Official Approved	4-14-14
Comments	
1.	review wo # 36512
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



RECEIVED
R 4-14-14

City of Belle Isle

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

APPLICATION FOR ROOFING PERMIT

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

DATE OF APPLICATION: 4/7/14 ROOF PERMIT NUMBER: 2014-01-022

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

Project Address 1240 WIND HARBOR RD Belle Isle, FL 32809 32812

Property Owner DENNER DIX BAXTER Phone _____

Property Owner's Mailing Address 1240 WIND HARBOR RD City BELLE ISLE

State FL Zip Code 32809 Parcel Id Number: 30-23-30-9330-00-310

REQUIRED! To obtain this information, please visit <http://www.ocpafl.org/fieldwork/FacelSearch.asp>

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

REQUIRED! Florida Product Approval Screen Printout from www.floridabuilding.org showing the Code Version

REQUIRED! Florida Product Approval Installation Instructions from www.floridabuilding.org (not the manufacturer instructions)

REQUIRED! Copies of your General Liability & Worker's Comp Insurance Certificate & State and Local Licenses

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

Roof Square Footage: 4300 Number of Stories: 1 Job Valuation: \$ 11,000
Type: MAN HOUSE Asphalt Shingles Metal PORCH 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.

LICENSE HOLDER SIGNATURE _____ LICENSE # CCC1329157

LICENSE HOLDER NAME JEFF HEWITT COMPANY NAME GOLD KEY

Street Address 6021 S ORANGE AVE

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

Email Address dorothy@goldkeyroofing.com

Landing Fee	\$	<u>30-</u>
Permit Fee	\$	<u>75-</u>
3% Florida Surcharge	\$	<u>400</u>
Total Permit Fee	\$	<u>10900</u>

Building Official: M. Farley Buiss Date 4-14-2014

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.

Building Permit Number _____

Permit Number: 30-23-30-9330-00-310
 Folio/Parcel ID #: GOLD KEY
 Prepared by: 6021 S. ORANGE AVE
ORLANDO, FL 32809
 Return to: GOLD KEY
6021 S. ORANGE AVE
ORLANDO, FL 32809

DOCH 20140185651 B: 10730 P: 4435
 04/14/2014 10:57:41 AM Page 1 of 1
 Rec Fee: \$10.00
 Martha O. Haynie, Comptroller
 Orange County, FL
 MB - Ret To: GOLD KEY



NOTICE OF COMMENCEMENT

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

- Description of property (legal description of the property, and street address if available)
1740 Wind Harbor Rd Wind Harbor 7/60 Lot 31
- General description of improvement
Rerodf asphalt Shingles
- Owner information or Lessee information if the Lessee contracted for the improvement
 Name Denmer Baxter
 Address 1740 Wind Harbor Rd Belle Isle FL 32809
 Interest in Property Owner
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
- Contractor
 Name GOLD KEY Telephone Number 407-351-0360
 Address 6021 S. ORANGE AVE, ORLANDO, FL 32809
- Surety (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
- Lender
 Name _____ Telephone Number _____
 Address _____
- persons within the State of Florida designated by Owner upon whom notices or other documents to be served as provided by §713.13(1)(a)7, Florida Statutes.
 Name _____ Telephone Number _____
 Address _____
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's notice as provided in §713.13(1)(b), Florida Statutes.
 Name _____ Telephone Number _____
 Address _____
- 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.
 MARTHA O. HAYNIE, COUNTY COMPTROLLER
 By: [Signature] Deputy Comptroller
 Dated: _____



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

X Denmer Dix Baxter Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
 Title Owner
 Date April 2014 by DENMER DIX BAXTER
 Monthly Fee: _____

The foregoing instrument was acknowledged before me this 7th day of April, 2014, for _____
 Name of party on behalf of whom instrument was executed
SHAWN HEWITT
 Print type of state agent, title, and jurisdiction of party
 Signature of Notary Public - State of Florida

Personally Known _____ OR Produced ID X
 Type of ID Produced FLORIDA DANGERS LICENSE





City of Belle Isle

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

RECEIVED
4-14-14

Product Approval Form

DATE: 4/7/14

PERMIT # _____

PROJECT ADDRESS 1240 WIND HARBOR RD

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 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							
Swinging				Sliding	WALL PANELS		
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS							
Single/Dbt Hung				Asphalt Shingles	ROOFING PRODUCTS		
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other			
Skylights							
Other							
STRUCTURAL COMPONENTS							
Wood Connectors					OTHER		
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

FL 5444 -A5

Certainfeed

Reviewed for Code Compliance
Universal Engineering Sciences

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 4-7-14



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

FL5444-R5

Editorial Change

2010

Approved

CertainTeed Corporation-Roofing

PO Box 1100

1400 Union Meeting Rd

Blue Bell, PA 19422

(215) 274-2350

Steven.T.Lawrey@saint-gobain.com

Steven Lawrey

Steven.T.Lawrey@saint-gobain.com

Steven Lawrey

1400 Union Meeting Road

Blue Bell, PA 19422

(215) 274-2425

Steven.T.Lawrey@saint-gobain.com

Roofing

Asphalt Shingles

Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer

Evaluation Report - Hardcopy Received

Robert Nieminen

PE-59166

UL LLC

02/13/2016

John W. Knezevich, PE

Validation Checklist - Hardcopy Received

FL5444_R5_COI_Innity_ERD_CI_-_Nieminen.pdf

Standard

ASTM D3161, Class F

ASTM D3462

ASTM D7158, Class H

Year

2006

2007

2007

Method 1 Option D

Date Submitted
 Date Validated
 Date Pending FBC Approval
 Date Approved

02/14/2013
 02/20/2013
 02/28/2013
 04/09/2013

Summary of Products

FL #	Model, Number or Name	Description
5444.1	CertainTeed Asphalt Roofing Shingles	3-tab, laminated, architectural and 4-tab asphalt roof shingles
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: Refer to ER Section 5 for Limits of Use		
Installation Instructions FL5444_RS_II_e02202013FINAL_CERTAINTCEED_Aspphalt Shingle_FL5444-R5.pdf Verified By: Robert Nieminen, PE PE-59166 Created by Independent Third Party: Yes Evaluation Reports FL5444_RS_AE_e02202013FINAL_CERTAINTCEED_Aspphalt Shingle_FL5444-R5.pdf Created by Independent Third Party: Yes		

[BACK](#)

[NEXT](#)

Contact Us :: 1940 North Monroe Street, 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](#).

Product Approval Accepts:





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
1400 Union Meeting Road
Blue Bell, PA 19422

Evaluation Report 3532-09-05-R5
FL5444-R5
Date of Issuance: 09/22/2005
Revision 5: 02/20/2013

SCOPE:

This Evaluation Report is issued under Rule 9N-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 designed to comply with the 2010 Florida Building Code.

DESCRIPTION: CertainTeed Asphalt Roofing Shingles.

LABELING: Each unit shall bear labeling in accordance with the requirements of 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.

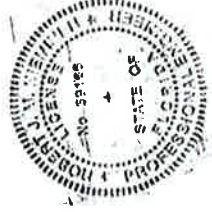
ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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 10.

Prepared by:

Robert J.M. Nieminen, P.E.
Florida Registration No. 591166, Florida DCA ANE1983



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 02/20/2013. 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.

ROOFING SYSTEMS EVALUATION:

1. SCOPE:

Product Category: Roofing
Sub-Category: Asphalt Shingles

Compliance Statement: CertainTeed Asphalt Roofing Shingles, as produced by CertainTeed Corporation, have demonstrated compliance with the following sections of the 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:

Section	Property	Standard	Year
1507.2.5, R905.2.4	Physical Properties	ASTM D3462	2007
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D3161, Class F	2006
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D7158, Class H	2007

3. REFERENCES:

Entity	Examination	Reference	Date
UL (TST 1740)	ASTM D3161	94NK9632	05/15/1998
UL (TST 1740)	ASTM D3161	99NK26506	11/23/1999
UL (TST 1740)	ASTM D3161	03CA12702	05/27/2003
UL (TST 1740)	ASTM D3161	03CA12702	06/16/2003
UL (TST 1740)	ASTM D3161	03NK29847	10/03/2003
UL (TST 1740)	ASTM D3161	04CA11329	05/24/2004
UL (TST 1740)	ASTM D3161	04CA32986	12/03/2004
UL (TST 1740)	ASTM D3161	05NK07049	04/15/2005
UL (TST 1740)	ASTM D3161	05NK16778	05/12/2005
UL (TST 1740)	ASTM D3161	05CA16778	05/12/2005
UL (TST 1740)	ASTM D3161	05NK14836	05/22/2005
UL (TST 1740)	ASTM D3161	05NK22800	06/22/2005
UL (TST 1740)	ASTM D3462	R684	09/21/2005
UL (TST 1740)	ASTM D7158	05NK08037	06/28/2006
UL (TST 1740)	ASTM D3161 & D3462	09CA28873	07/23/2009
UL (TST 1740)	ASTM D3462	10CA41303	10/07/2010
UL (TST 1740)	ASTM D3161	10CA41303	10/08/2010
UL (TST 1740)	ASTM D7158	10CA41303	10/27/2010
UL (TST 1740)	ASTM D3161 & D3462	10CA44960	11/11/2010
UL LLC (QUA 9625)	Quality Control	Service Confirmation	Exp. 02/13/2016

4. PRODUCT DESCRIPTION:

- 4.1 CT20™, XT™ 25 and XT™ 30 are fiberglass reinforced, 3-tab asphalt roof shingles.
- 4.2 Carriage House Shangle®, Centennial Slate™, Grand Manor Shangle®, Landmark™, Landmark™ Pro (formerly Landmark™ Plus), Landmark™ Premium, Landmark™ TL and Landmark™ Solaris are fiberglass reinforced, laminated asphalt roof shingles.
- 4.3 Presidential Shake™ and Presidential Shake TL™ are fiberglass reinforced, architectural asphalt roof shingles.
- 4.4 Hatteras™ and Highland Slate™ are fiberglass reinforced, 4-tab asphalt roof shingles.
- 4.5 Presidential Accessory, Accessory for Hatteras, Shangle Ridge™, Shadow Ridge™ and Cedar Crest™ are fiberglass reinforced accessory shingles for hip and ridge installation.
- 4.6 Any of the above listed shingles may be produced in AR (algae resistant) versions.

5. LIMITATIONS:

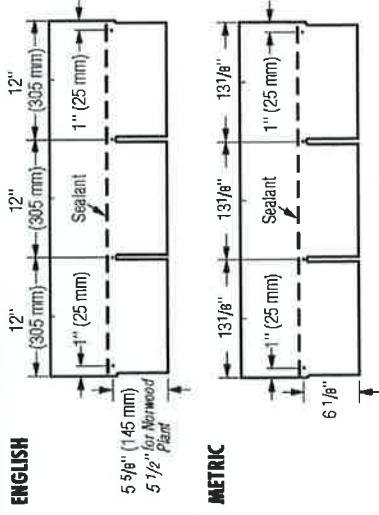
- 5.1 This Evaluation Report is not for use in the HVHZ
- 5.2 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.
- 5.3 Wind Classification:
 - 5.3.1 All shingles noted herein are Classified in accordance with 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.
 - 5.3.2 Presidential Accessory, Accessory for Hatteras, Shangle Ridge, Shadow Ridge and Cedar Crest hip & ridge shingles have been evaluated in accordance with ASTM D3161, Class F when BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant, applied as specified in manufacturer's application instructions, indicating the shingles are acceptable for use in all wind zones up to $V_{asd} = 150$ mph ($V_{ult} = 194$ mph).
 - 5.3.3 Classification by ASTM D7158 applies to exposure category B or C and a building 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 All products in the roof assembly shall have quality assurance audits in accordance with the Florida Building Code and F.A.C. Rule 9N-3.

6. INSTALLATION:

- 6.1 Roof deck, slope, underlayment and fasteners shall comply with FBC 1507.2 / R905.2 and the shingle manufacturer's minimum requirements.
- 6.1.1 Underlayment shall be acceptable to CertainTeed Corporation and shall hold current Florida Statewide Product Approval, or be Locally Approved per Rule 9N-3, per FBC Sections 1507.2.3, 1507.2.4 or R905.2.3.
- 6.2 Installation of asphalt shingles shall comply with the manufacturer's current published instructions, using minimum four (4) nails per shingle in accordance with FBC 1507.2.7 or Section R905.2.6 and the minimum requirements herein.
- 6.2.1 Fasteners shall be in accordance with manufacturer's published requirements, but not less than FBC 1507.2.6 or R905.2.5. Staples are not permitted.
- 6.2.2 Where the roof slope exceeds 21 units vertical in 12 units horizontal, use the "Steep Slope" directions.
- 6.3 CertainTeed asphalt shingles are acceptable for use in reroof (tear-off) or recover applications, subject to the limitations set forth in FBC Section 1510 and CertainTeed published installation instructions.

6.3.1 CI20™, XT™ 25, and XT™ 30:

LOW AND STANDARD SLOPE



STEEP SLOPE

Use four nails and six spots of asphalt roofing cement* for every full shingle (Figure 11-4). Asphalt roofing cement meeting ASTM D4586 Type II is suggested.

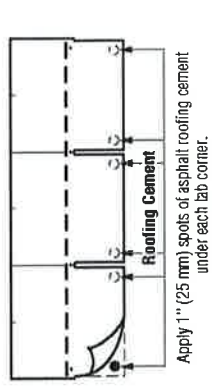


Figure 11-4: Use four nails and six spots of asphalt cement on steep slopes.
 *CAUTION: Excessive use of roofing cement can cause shingles to blister.

Figure 11-3: Use four nails for every full shingle.

6.3.1.1 Hip & Ridge: Cut Shingles

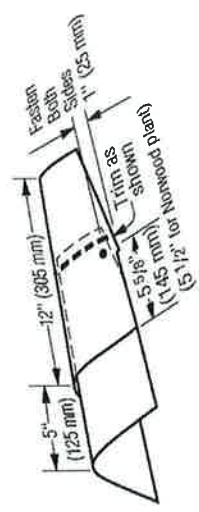
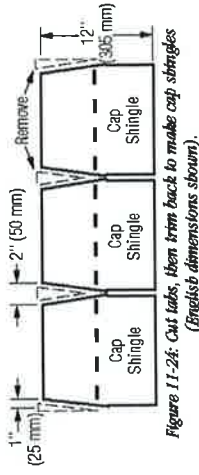


Figure 11-25: Installation of caps along the hips and ridges.

Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant, in accordance with manufacturer's instructions.

6.3.2.2

Carriage House Shangle®, Centennial Slate™ and Grand Manor Shangle®:

LOW AND

STANDARD SLOPE

Use five nails for every full Shangle.

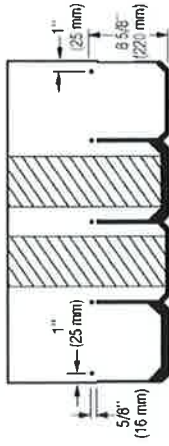


Figure 17-4: Use five nails for every full Grand Manor Shangle, Carriage House Shangle, or Centennial Slate.

STEEP SLOPE

Use seven nails and three spots of asphalt roofing cement for every full Grand Manor Shangle. Use five nails and three spots of asphalt roofing cement for every full Carriage House Shangle and Centennial Slate. Apply asphalt roofing cement 1" (25 mm) from edge of shingle (Figure 17-5). Asphalt roofing cement meeting ASTM D4586 Type II is suggested.

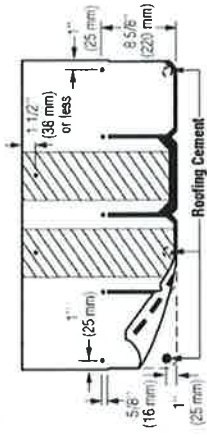


Figure 17-5: When installing Grand Manor Shangles on steep slopes, use seven nails and three spots of asphalt roofing cement.

6.3.2.1 Hip & Ridge: Shangle® Ridge

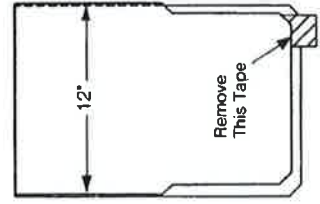


Figure 17-18: Shangle® Ridge.

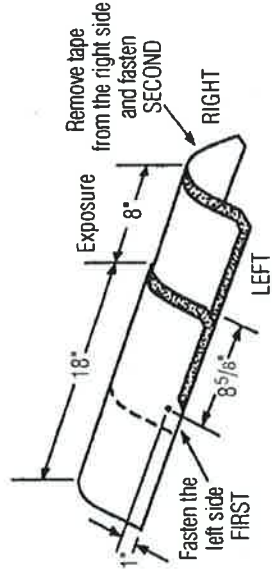


Figure 17-19: Installation of Shangle® Ridge shingles on hips and ridges.

Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

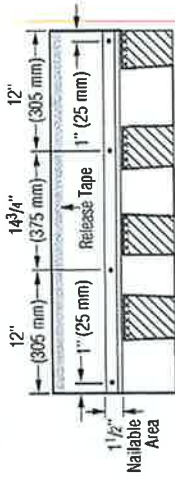
6.3.3

Landmark™, Landmark™ Pro (formerly Landmark™ Plus), Landmark™ Premium, Landmark™ TL and Landmark™ Solaris:

LOW AND STANDARD SLOPE

LANDMARK TL

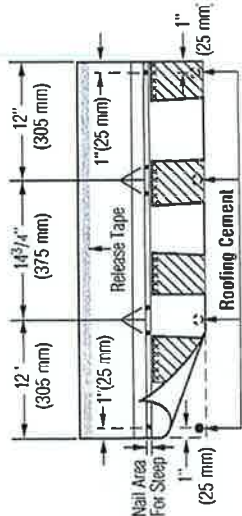
METRIC DIMENSIONS



STEEP SLOPE

Use six nails and four spots of asphalt roofing cement for every full laminated shingle. See below. Asphalt roofing cement should meet ASTM D4586 Type II. Apply 1" spots of asphalt roofing cement under each corner and at about 12" to 13" in from each edge.

METRIC DIMENSIONS



6.3.3.1 Hip & Ridge, Option 1: Shadow Ridge™

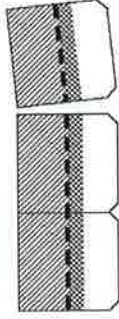
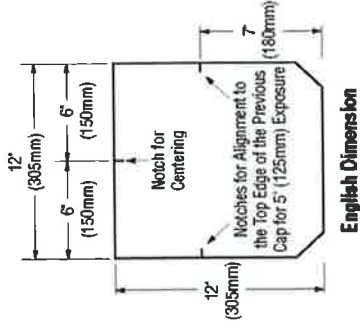
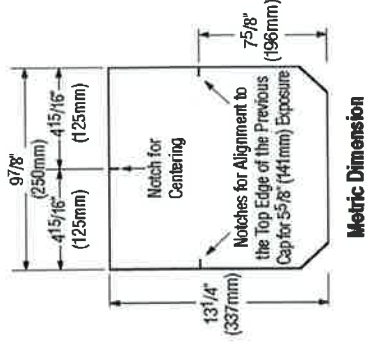


Figure 13-16: Shadow Ridge accessory shingles detach easily from three-piece units to make 72 individual cap pieces.



English Dimension



Metric Dimension

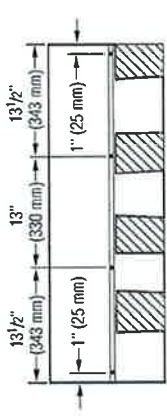


Figure 13-4: Use four nails for every full shingle.

LANDMARK TL

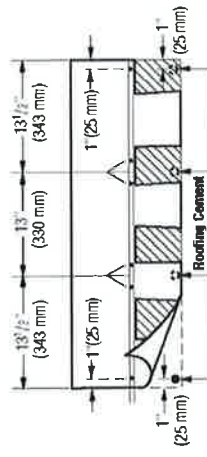


Figure 13-5: Use six nails and four spots of asphalt roofing cement on steep slopes.

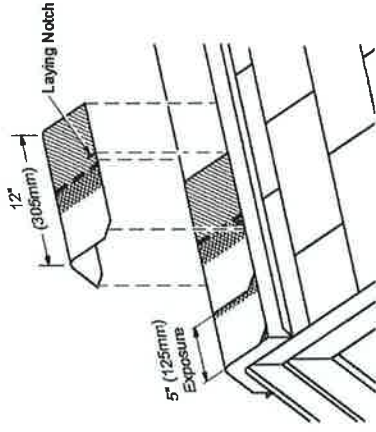
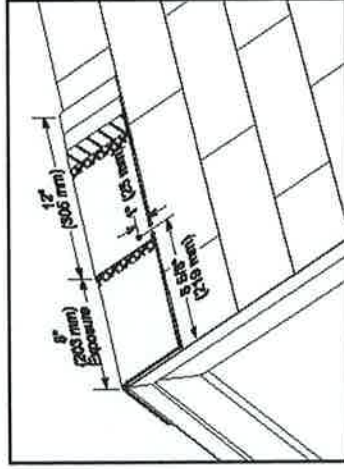


Figure 13-20: Use laying notches to center shingles on hips and ridges, and to locate the correct exposure.

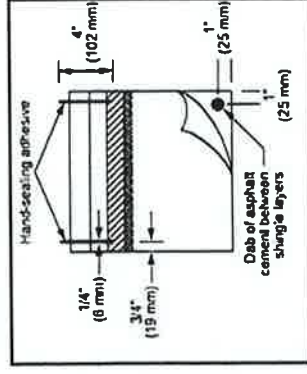
Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

6.3.3.2 Hip & Ridge, Option 2: Cedar Crest™

Use two fasteners per shingle. For the starter shingle, place fastener 1-inch from each side edge and about 2-inch up from the starter shingle's exposed butt edge. For each full Cedar Crest shingle, please fasteners 8-5/8-inch up from its exposed butt edge and 1-inch from each side edge.



Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant to hand-seal Cedar Crest shingles. Apply NP 1 or PL adhesive from the middle of the shingle's raised overlay on the top piece and extending approximately 4-inch along the sides of the headlap along a line 3/4 to 1-inch from each side of the shingle's headlap. Immediately align and apply the overlying shingle, gently pressing tab sides into the adhesive, and install nails. To secure the other side, apply a 1-inch diameter spot of NP 1 or PL adhesive between the shingle layers.



6.3.4

Presidential Shake™ and Presidential Shake TL™:

LOW AND STANDARD SLOPE:

For low and standard slopes, use five nails for each full Presidential shingle as shown below.

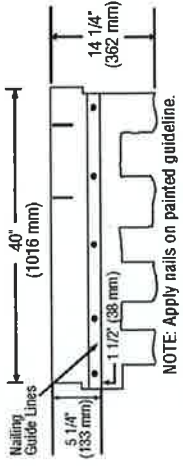


Figure 16-6: Fastening Presidential and Presidential TL Shake shingles on low and standard slopes.

STEP SLOPE:

For steep slopes, use nine nails for each full Presidential shingle and apply 1" diameter spots of asphalt roofing cement under each shingle tab. After applying 5 nails in between the trailing guide lines, apply 4 nails 1" above tab cutouts making certain tabs of overlying shingle cover nails.

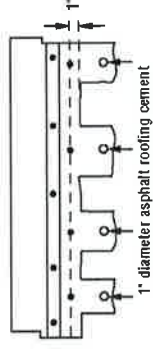


Figure 16-7: Fastening Presidential and Presidential TL Shake shingles on steep slopes.

6.3.4.1 Hip & Ridge, Option 1: Presidential Accessory

PRESIDENTIAL ACCESSORY

Presidential accessory shingles can be used for covering hips and ridges. Apply shingles up to the ridge (expose no more than 7" from the bottom edge of the "tooth.") Fasten each accessory with two fasteners. The fasteners must be 1 3/4" long or longer, so they penetrate either 3/4" into the deck or completely through the deck. Presidential accessory comes in two different sizes: Accessory produced in Birmingham, AL is 12" x 12"; Portland, OR produces 9 7/8" x 13 1/4" accessory.

Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

6.3.4.2 Hip & Ridge, Option 2: Refer to instructions herein for Cedar Crest™ hip and ridge shingles.

6.3.5 Hatteras™:

LOW, STANDARD AND STEEP SLOPE:



Figure 15-3: Fastening Hatteras Shingles on Low and Standard Slopes

For low and standard slopes, use five nails for each full Hatteras shingle as shown above.



Figure 15-4: Fastening Hatteras Shingles on Steep Slopes

For steep slopes, use five nails and eight spots of asphalt roofing cement for each full Hatteras shingle as shown above. Apply 1" (25mm) diameter spots of roofing cement (ASTM D 4586 Type II suggested) under each tab corner. Press shingle into place, do not expose cement.

CAUTION: Too much roofing cement can cause shingles to blister.

6.3.5.1 Hip & Ridge, Option 1: Accessory for Hatteras

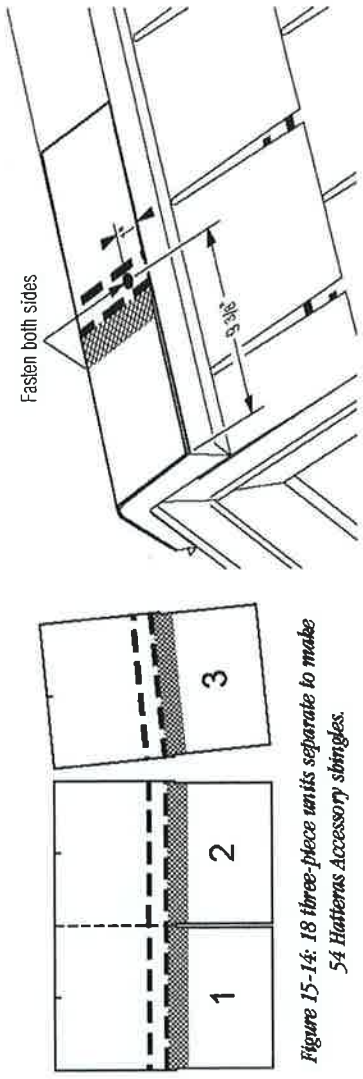


Figure 15-14: 18 three-piece units separate to make 54 Hatteras Accessory shingles.

Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

6.3.5.2 Hip & Ridge, Option 2: Cut Hatteras Shingles

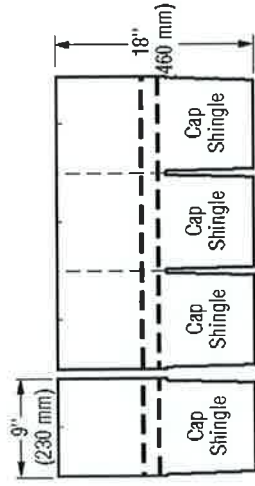


Figure 15-20: Cut Hatteras shingles to make cover cap.

Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

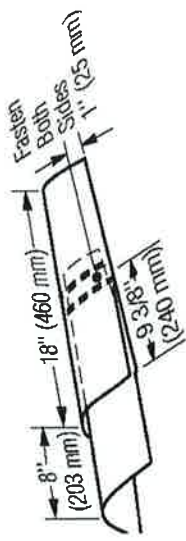


Figure 15-21: Installation of caps along hips and ridges.

6.3.6 **Highland Slate™:**

LOW AND STANDARD SLOPE:

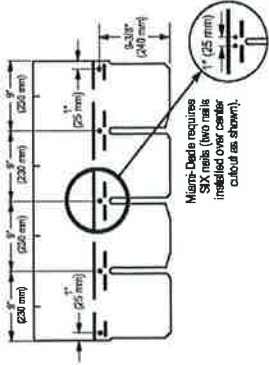


Figure 11-3: Use FIVE nails for every Highland Slate shingle.

STEP SLOPE:

Use FIVE nails and EIGHT spots of asphalt roofing cement* for each full Highland Slate shingle. For Miami-Dade, SIX nails are required. Apply 1" diameter spots of asphalt roofing cement under each tab corner. Asphalt roofing cement meeting ASTM D4586 Type II is suggested.

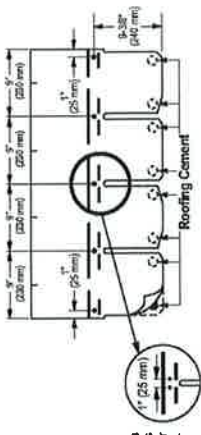


Figure 11-3a: Use FIVE nails and eight spots of asphalt roofing cement under each tab corner.

*CAUTION: Excessive use of roofing cement can cause shingles to blister.

6.3.6.1 Hip & Ridge, Option 1: Refer to instructions herein for Cedar Crest™ or Shangle Ridge™ hip and ridge shingles.

7. LABELING:

- 7.1 Each unit shall bear a permanent label with the manufacturer's name, logo, city, state and logo of 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; (414) 248-6409; karen.buchmann@us.ul.com

- END OF EVALUATION REPORT -



Searches

Sales Search

Results

Property Record Card

My Favorites

Sign up for e-Notify...

1740 Wind Harbor Rd

< 30-23-30-9330-00-310 >

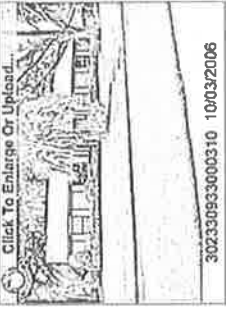
Name(s)
 Baxter Denmer D
 Baxter Betty C

Physical Street Address
 1740 Wind Harbor Rd
 Orlando, FL 32809

Mailing Address On File
 1740 Wind Harbor Rd
 Belle Isle, FL 32809-6846

Property Use
 0103 - Single Fam Class III

Incorrect Mailing Address?
 Municipality
 Belle Isle



Values, Exemptions and Taxes

Property Features

Sales Analysis

Location Info

Market Stats

Update Information

Property Description

WIND HARBOR 7/60 LOT 31

Total Land Area 14,683 sqft (+/-) | 0.34 acres (+/-) GIS Calculated Notice

View Plat

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)	\$55,000.00	\$55,000	\$0.00	\$55,000

Page 1 of 1 (1 total records)

Buildings

Important Information



Model Code: 01 - Single Fam Residence
 Type Code: 0103 - Single Fam Class III
 Building Value: \$101,422
 Estimated New Cost: \$177,933

Structure

Actual Year Built: 1980
 Beds: 3
 Baths: 2.5
 Floors: 1

Gross Area: 3119 sqft
 Living Area: 2079 sqft
 Exterior Wall: Concrete Block Stucco
 Interior Wall: Drywall

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
FPL2 - Average Fireplace	01/01/1980	1 Unit(s)	\$2,500

Page 1 of 1 (1 total records)

This Data Printed on 03/26/2014 and System Data Last Refreshed on 03/25/2014

Site Notice • About Us • Contact Us • OCPAFL Home • Property Search • Exemption FRAUD Hotline
 Orange County Property Appraiser • 200 S. Orange Avenue, Suite 1700 • Orlando, FL 32801
 Office Hours: 8:00 a.m. to 5:00 p.m. Monday - Friday • Phone: 407.836.5044
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CITY OF BELLE ISLE
OCCUPATIONAL LICENSE
 1600 Nela Avenue
 Belle Isle, FL 32809

Business License Number:

L4-00076

Effective Date:

10/01/13

Expiration Date:

09/30/14

Fee:

30.00

Business Name:

GOLD KEY INTERNATIONAL, INC

Location:

6009 ORANGE AV

Classification:

OCCUPATIONAL LIC.

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

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

Cheryl Richardson

 City Official

LOCAL OCCUPATIONAL LICENSE

City of Belle Isle
 1600 Nela Avenue
 Belle Isle, FL 32809
 Phone: 407-851-7730 Fax 407-240-2222

www.cityofbelleislefl.org



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

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



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CCC1329157 08/22/12 127010291

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CERTIFIED ROOFING CONTRACTOR
HEWITT, JEFFREY ALLAN
GOLD KEY INTERNATIONAL INC

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2014 LIC#08202272

DETACH HERE

AC# 8291827

THIS DOCUMENT HAS A COLORED BACKGROUND TO PREVENT REPRODUCTION.

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12082202272

DATE	BATCH NUMBER	LICENSE NBR
08/22/2012	127010291	CCC1329157

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

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

RICK SCOTT
GOVERNOR

KEN LAWSON



GOLDK-1

OP ID: KG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/12/13

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PRODUCER INNOVATIVE INSURANCE CONSULTANTS, INC. 5461 UNIVERSITY DRIVE, #103 CORAL SPRINGS, FL 33067 BRIAN J. MAMO	954-340-9551 954-340-9456	CONTACT NAME: JEFFERY HEWITT PHONE (A/C, No. Ext): 407-851-0680 FAX (A/C, No.): 407-447-5590 E-MAIL ADDRESS: GOLDKEYFL@AOL.COM
INSURED GOLD KEY INTERNATIONAL, INC. 6009 S. ORANGE AVE ORLANDO, FL 32809	INSURER(S) AFFORDING COVERAGE INSURER A: BRIDGEFIELD EMPLOYERS INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 10701

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSR LTR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJE <input type="checkbox"/> LOC <input type="checkbox"/>					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DEB RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		0830-48774	08/15/13	08/15/14	X WC STATU-TORY LIMITS X OTHER EL: EACH ACCIDENT \$ 1,000,000 EL: DISEASE - EA EMPLOYEE \$ 1,000,000 EL: DISEASE - POLICY LIMIT \$ 1,000,000

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

FAX # 407-240-2222 / 407-447-5590

CERTIFICATE HOLDER**CANCELLATION**

BELL-6

CITY OF BELL ISLSE
1600 NELA AVE
BELL ISLSE, FL 32809

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AUTHORIZED REPRESENTATIVE

Brian J. Mamo

ACORD 25 (2010/05)

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OP ID: KA

DATE (MM/DD/YYYY)
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PRODUCER Newman Crane & Assoc. Ins. Inc. P. O. Box 568946 Orlando, FL 32856-8946 Newman Crane & Assoc. Ins.	Phone: 407-859-3691 Fax: 407-857-0403	CONTACT NAME PHONE (A/C No., Ext.) FAX (A/C, No.)
INSURED Gold Key International Inc. 6009 S. Orange Ave. Orlando, FL 32809	INSURER(S) AFFORDING COVERAGE INSURER A: Florida Home Builders INSURER B: Travelers Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	NAIC #
INSURER(S) AFFORDING COVERAGE INSURER A: Florida Home Builders INSURER B: Travelers Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:		NAIC #

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPP0002396 01	04/28/2013	04/28/2014	EACH OCCURRENCE \$ 1,000,000 ANNUAL AGGREGATE \$ 100,000 MED EXP (Per Annual Occurrence) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS / COMPOUND \$ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS LEASED AUTOS NON-OWNED AUTOS		BA8B763001	05/16/2013	05/16/2014	COMBINED SINGLE LIMIT (See schedule) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) IF SEVERELY INJURED DESCRPTION OF OPERATIONS BELOW					WORKERS COMPENSATION \$ EMPLOYERS' LIABILITY \$ EL EACH ACCIDENT \$ EL DISEASE PER EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

CITYB13

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

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AUTHORIZED REPRESENTATIVE

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