



City of Belle Isle Job Site Card **Roof PERMIT** 2018-08-061

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 2018-08-061

Issue Date 8/23/2018

Site Address: 5201 Chiswick Cir 32812

Parcel Number: 20-23-30-9373-00-480

Class: Residential

Subdivision:

Description of Work: Re-roof 4600 SQFT - Asphalt Shingles

Issued To: HERITAGE CONSTRUCTION & ROOFING, INC.

Business Phone: 407 947-3654

Name: WELDING, JAMES TODD

Contractor License CCC1326650

Payment Date & Method: 8 / 27 / 2018 Picked up by FERNANDO CRUZ

Visa Master Card Amex Discover Check / Money Order # 7867

Schedule Inspections via Email at: BIDScheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 3:00 PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Business Day

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

ROOF	INSPECTOR	DATE	COMMENTS
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 BIDScheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling.

Next-Day Inspection requests must be made by 3:00 p.m.

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



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalsciences.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: 8-22-2018

ROOF PERMIT NUMBER 298-08-061

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

Project Address 5201 Chiswick Circle Belle Isle, Belle Isle, FL 32809 32812

Property Owner Feliciano Sotomayor Phone _____

Property Owner's Mailing Address 5201 Chiswick Circle City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 20-23-30-2373-00-480

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 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: 4,600 Number of Stories: 1 Job Valuation: \$ 14,000.00

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 [Signature] LICENSE # CCC1326650

LICENSE HOLDER NAME James T. Welding COMPANY NAME Heritage Const Roofing

Street Address 1544 Seminole Blvd

City Casselberry State FL Zip Code 32707 Phone Number 407-947-3654

Email Address FRCROOF@gmail.com

Building Official: SM Date 8-22-18

Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-22-2018

Zoning Fee \$ 30.00

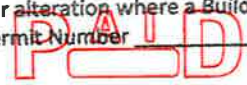
Permit Fee \$ 95.00

Review Fee \$ -

5% Florida Surcharge \$ 4.00

Total Permit Fee \$ 129.00

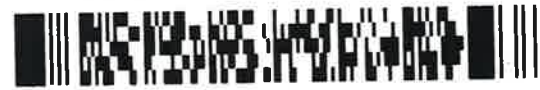
NOTE: The Building Permit Number is required if the Roof Installation is associated with any construction or alteration where a Building Permit has been issued.



Peeling w/c
**will pick up permit in person*

Permit Number: _____
 Folio/Parcel ID #: _____
 Prepared by: Fernando Cruz
7621 Brightwater PL Oviedo FL 32765
 Return to: Fernando Cruz
7621 Brightwater PL Oviedo FL 32765

DOCH 20180501462
 08/22/2018 02:15:17 PM Page 1 of 1
 Rec Fee: \$10.00
 Phil Diamond, Comptroller
 Orange County, FL
 IP - Ret To: FRC RENOVATION



E-mail: FRC ROOF@gmail.com
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)
5201 Chiswick Circle Orlando FL 32812
2. **General description of improvement**
RE-ROOF
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Feliciano Sotomayor
 Address 5201 Chiswick Circle Orlando FL 32812
 Interest in Property RE-ROOF
Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name FRC Renovation Inc/HERITAGE ^{Roofing} Telephone Number 407-942-3365
 Address 7621 Brightwater PL Oviedo FL 32765
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name N/A 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 N/A 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 N/A Telephone Number _____
 Address _____
9. **Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) _____



State of Florida, County of Orange
 I hereby certify that this is a true copy of the document reflected in the Official Records
 PHIL DIAMOND, COUNTY COMPTROLLER
 BY: Sheela D.C.
 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.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager: [Signature] OWNER
 Signatory's Title/Office: _____
 The foregoing instrument was acknowledged before me this 11 day of 8/18 by Feliciano Sotomayor
 as OWNER for _____
 Type of authority, e.g., officer, trustee, attorney in fact _____ Name of party on behalf of whom instrument was executed _____

Signature of Notary Public - State of Florida: [Signature]
 Print, type, or stamp commissioned name of Notary Public: Orlando Perez

Personally Known OR Produced ID _____
 Type of ID Produced _____





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

POWER OF ATTORNEY

Date: 8-15-18

Permit #: _____

I hereby name and appoint Fernando Cruz of
(print name)
HERITAGE CONST & ROOFING 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:

5201 Chiswick Cr. Belle Isle FL 32812, 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: James T welding

License Number: CCC 1326650

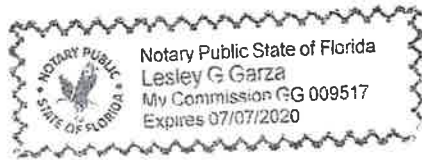
Certified Contractor's Signature: [Signature]

The foregoing instrument was acknowledged before me this 15 days of August of 2018

by James Welding who is personally known to me or who produced
personally 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.universaleengineering.com

Product Approval Form

DATE: 8-22-2018

PERMIT # _____

PROJECT ADDRESS 5201 Chiswick Circle

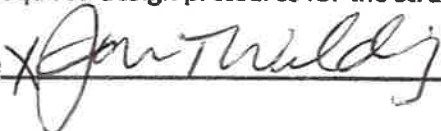
Belle Isle, FL 32809 32812

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				WALL PANELS			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS				ROOFING PRODUCTS			
Single/Dbf Hung				Asphalt Shingles	Landmark 30yr		5444
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other			
Skylights				Underlayment	Creek		FL17194-R2
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 

Date 8-22-2018



Product Approval
USER: Public User

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

OFFICE OF THE
SECRETARY

FL #	FL5444-R12
Application Type	Revision
Code Version	2017
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	CertainTeed Corporation-Roofing
Address/Phone/Email	20 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	Asphalt Shingles
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	FL5444_R12_COI_2017_01_COI_Nieminen.pdf
Referenced Standard and Year (of Standard)	Standard ASTM D3161
	Year 2016

Equivalence of Product Standards
Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 09/07/2017
Date Validated 09/12/2017
Date Pending FBC Approval 09/15/2017
Date Approved 12/12/2017
Date Revised 01/24/2018

Summary of Products

FL #	Model, Number or Name	Description
5444.1	CertainTeed Asphalt Roof Shingles	3-tab, 4-tab, strip (no-cut-outs), laminated and architectural 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 R12 II 2017 09 FINAL ER CERTAINTEED ASPHALT SHINGLES FL5444-R12.pdf Verified By: Robert Nieminen, PE PE-59166 Created by Independent Third Party: Yes Evaluation Reports FL5444 R12 AE 2017 09 FINAL ER CERTAINTEED ASPHALT SHINGLES FL5444-R12.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](#).

Product Approval Accepts:



Credit Card
Safe





EXTERIOR RESEARCH & DESIGN, LLC.
Certificate of Authorization #9503
 353 CHRISTIAN STREET, UNIT #13
 OXFORD, CT 06478
 (203) 262-9245

EVALUATION REPORT

CertainTeed Corporation

20 Moores Road
 Malvern, PA 19355
 (610) 651-5847

Evaluation Report 3532.09.05-R13

FL5444-R12

Date of Issuance: 09/22/2005

Revision 13: 09/05/2017

SCOPE:

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

DESCRIPTION: CertainTeed Asphalt Roof Shingles.

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

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

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

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

This Evaluation Report consists of pages 1 through 12.

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 09/05/2017. This does not serve as an electronically signed document.

CERTIFICATION OF INDEPENDENCE:

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

ROOFING SYSTEMS EVALUATION:
1. SCOPE:

Product Category: Roofing
Sub-Category: Asphalt Shingles

Compliance Statement: CertainTeed Asphalt Roof Shingles, as produced by CertainTeed Corporation, have demonstrated compliance with the following sections of the 6th Edition (2017) Florida Building Code and 6th Edition (2017) Florida Building Code, Residential Volume through testing in accordance with the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

2. STANDARDS:

<u>Section</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
1507.2.5, R905.2.4	Physical Properties	ASTM D3462	2010
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D3161	2016
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D7158	2011

3. REFERENCES:

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
UL (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 (TST 9628)	ASTM D3161, D3462 & D7158	13CA32897	11/21/2013
UL LLC (TST 9628)	ASTM D3161, D3462	TFWZ.R684	04/22/2014
UL LLC (TST 9628)	ASTM D7158	TGAH.R684	04/22/2014
UL LLC (TST 9628)	ASTM D3161 & D3462	4786334434	09/16/2014
UL LLC (TST 9628)	ASTM D3161 & D3462	4786570826	02/12/2015
UL LLC (TST 9628)	ASTM D3161, D3462 & D7158	4786570717	12/16/2015
UL LLC (TST 9628)	ASTM D3161 & D3462	4787195678	02/09/2016
UL LLC (TST 9628)	ASTM D3161, D3462 & D7158	4787380356	10/26/2016
UL LLC (TST 9628)	ASTM D3462	4787380357	10/13/2016
UL LLC (TST 9628)	ASTM D7158	4787380357	11/08/2016
UL LLC (TST 9628)	ASTM D3161	4787380357	11/09/2016
UL LLC (TST 9628)	ASTM D3161, D3462 & D7158	4787586427	01/25/2017
UL LLC (QUA 9625)	Quality Control	Service Confirmation	Exp. 03/09/2020

4. PRODUCT DESCRIPTION:

- 4.1 CT20™, XT™ 25, XT™ 30 and XT™ 30 IR are fiberglass reinforced, 3-tab asphalt roof shingles.
- 4.2 Arcadia™, Belmont®, Belmont® IR, Carriage House Shingle®, Grand Manor Shingle®, Landmark™, Landmark™ IR, Landmark™ Pro, Landmark™ Premium, Landmark™ TL, Landmark™ Solaris and Landmark™ Solaris IR are fiberglass reinforced, laminated asphalt roof shingles.
- 4.3 NorthGate™ is a fiberglass reinforced, laminated, SBS modified bitumen roof shingle.
- 4.4 Presidential Shake™, Presidential Shake™ IR, Presidential Shake TL™ and Presidential Solaris™ are fiberglass reinforced, architectural asphalt roof shingles.
- 4.5 Hatteras™, Highland Slate™ and Highland Slate™ IR are fiberglass reinforced, 4-tab asphalt roof shingles.
- 4.6 Patriot™ is a fiberglass reinforced asphalt roof strip-shingle (with no cut-outs) providing a laminated appearance through an intermittent shadow line with contrasting blend drops for color definition.
- 4.7 Presidential Accessory, Accessory for Hatteras, Shangle Ridge™, Shadow Ridge™, Cedar Crest™, Cedar Crest™ IR, NorthGate Ridge and NorthGate Accessory are fiberglass reinforced accessory shingles for hip and ridge installation.
- 4.8 Any of the above listed shingles may be produced in AR (algae resistant) versions.

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 within FBC HVHZ jurisdictions.
- 5.3 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.
- 5.4 **Wind Classification:**
 - 5.4.1 All shingles noted herein are Classified in accordance with **FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F** and/or **ASTM D7158, Class H**, indicating the shingles are acceptable for use in all wind zones up to $V_{asd} = 150$ mph ($V_{ult} = 194$ mph). Refer to Section 6 for installation requirements to meet this wind rating.
 - 5.4.2 Presidential Accessory, Accessory for Hatteras, Shangle Ridge, Shadow Ridge, Cedar Crest, NorthGate Ridge and NorthGate Accessory hip & ridge shingles have been evaluated in accordance with **ASTM D3161, Class F**. **All except NorthGate Ridge and NorthGate Accessory require use of BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant, applied as specified in manufacturer's application instructions, for use in wind zones up to $V_{asd} = 150$ mph ($V_{ult} = 194$ mph).**
 - 5.4.3 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.
 - 5.4.3.1 **Analysis in accordance with ASTM D7158** indicates the measured uplift resistance (R_T) for the CertainTeed asphalt Roof shingles listed in Section 4.1 through 4.6 (*except Presidential Solaris™*) exceeds the calculated uplift force (F_T) at a maximum design wind speed of **$V_{asd} = 150$ mph ($V_{ult} = 194$ mph)** for **residential buildings** located in **Exposure D conditions with no topographical variations (flat terrain)** having a **mean roof height less than or equal to 60 feet**. The shingles are permissible under Code for installation in these conditions using the installation procedures detailed in this Evaluation Report and CertainTeed minimum requirements, subject to minimum codified fastening requirements established within any local jurisdiction, which shall take precedence.
- 5.5 All products in the roof assembly shall have quality assurance audits in accordance with **F.A.C. Rule 61G20-3**.

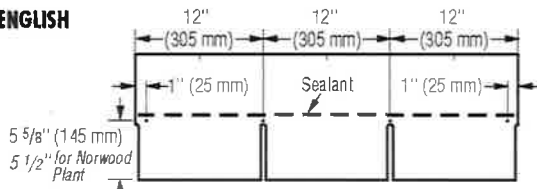
6. INSTALLATION:

- 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 61G20-3**, per **FBC Sections 1507.2.3, 1507.2.4 or R905.2.3**.
- 6.2 Installation of asphalt shingles shall comply with the **CertainTeed Corporation** 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 1511 or R908** and CertainTeed published installation instructions.

CT20™, XT™ 25, XT™ 30, XT™ 30 IR:

LOW AND STANDARD SLOPE

ENGLISH



METRIC

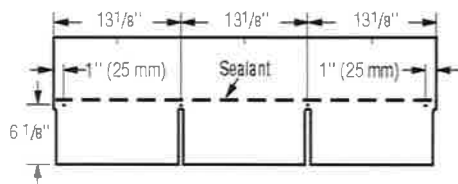
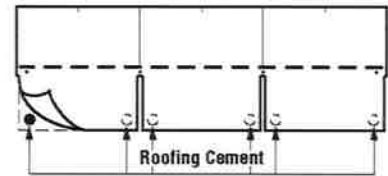


Figure 11-3: Use **four nails** for every full shingle.

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.



Apply 1" (25 mm) spots of asphalt roofing cement under each tab corner.

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.

6.4.1 Hip & Ridge for CT20™, XT™ 25, XT™ 30, XT™ 30 IR: Cut Shingles

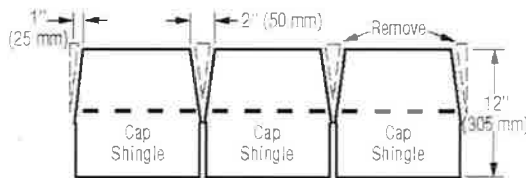


Figure 11-24: Cut tabs, then trim back to make cap shingles (English dimensions shown).

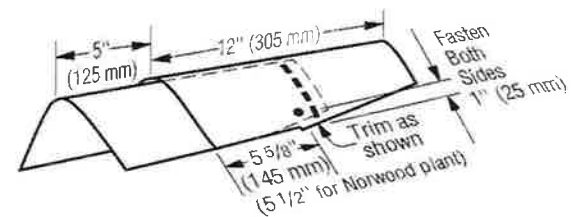


Figure 11-25: Installation of caps along the hips and ridges.

- 6.4.1.1 For **ASTM D3161, Class F** performance use BASF "**Sonolastic® NP1™**" adhesive or Henkel "**PL® Polyurethane Roof & Flashing Sealant**", in accordance with CertainTeed requirements.

6.5

ARCADIA™:

LOW AND STANDARD SLOPE

Use SLX nails for every full shingle located as shown below.

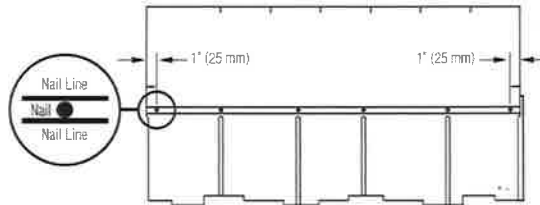


Figure 2: Use six nails for every full shingle.

STEEP SLOPE

Use SLX nails and FOUR spots of asphalt roofing cement for every full shingle as shown below. Apply asphalt roofing cement 1" (25 mm) from edge of shingle. Asphalt roofing cement meeting ASTM D 4586 Type II is suggested.

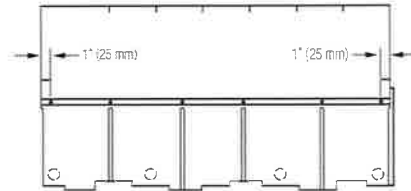


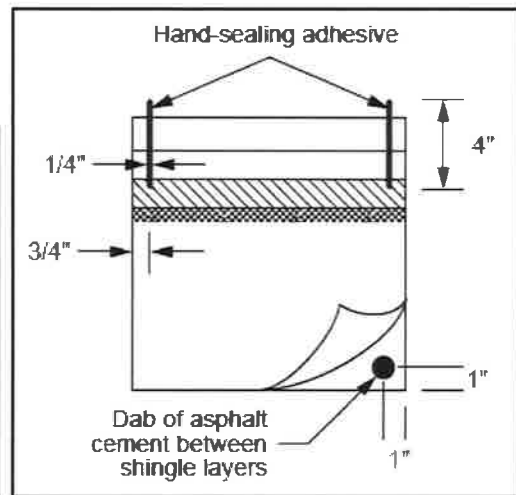
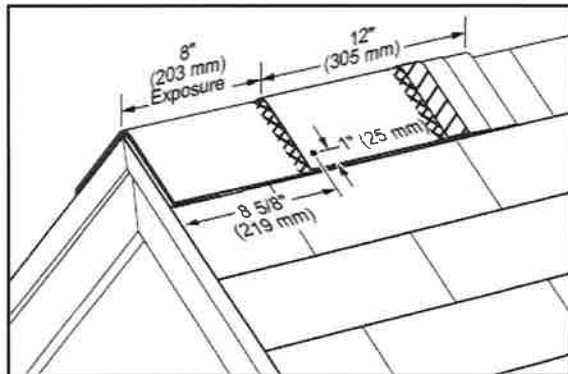
Figure 3: Use six nails and four spots of asphalt roofing cement on steep slopes.

6.5.1

Hip & Ridge for Arcadia™: Cedar Crest™, Cedar Crest™ IR

Use two (2), minimum 1¾-inch long 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, ensuring minimum ¾-inch embedment into the deck, or full penetration through the deck. For each full Cedar Crest shingle, place fasteners 8-5/8-inch up from its exposed butt edge and 1-inch from each side edge.

For **ASTM D3161, Class F** performance use BASF "Sonolastic® NP1™" adhesive or Henkel "PL® Polyurethane Roof & Flashing Sealant", in accordance with CertainTeed requirements, 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 ¾ 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.



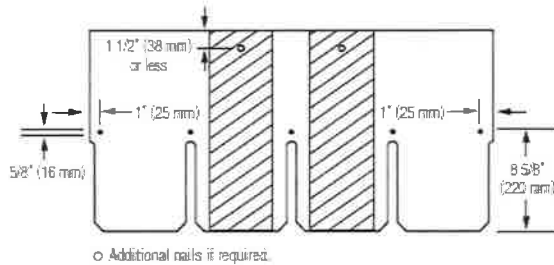
6.6

BELMONT® OR BELMONT® IR:

Low and Standard Slope

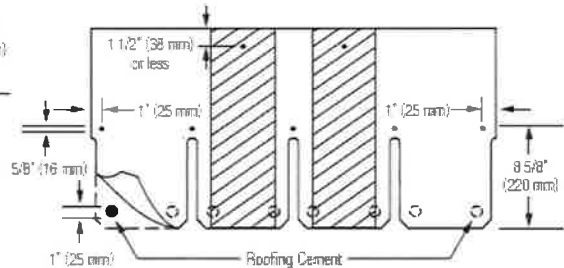
(2:12 to 21:12):

Use FIVE nails for every full Belmont shingle, located as shown below.



Steep Slope (greater than 21:12):

Use SEVEN nails and EIGHT spots of asphalt roofing cement** for every full Belmont shingle. Apply asphalt roofing cement 1" (25mm) from edge of shingle. See below. Asphalt roofing cement meeting ASTM D4586 Type II is suggested.



6.6.1 **Hip & Ridge for Belmont® or Belmont® IR:**

6.6.1.1 **Option 1:** For Belmont®, refer to instructions herein for Cedar Crest™ or Cedar Crest™ IR hip and ridge shingles. For Belmont® IR, refer to instructions herein for Cedar Crest™ IR hip and ridge shingles.

6.6.1.2 **Option 2:** For Belmont®: Shangle® Ridge

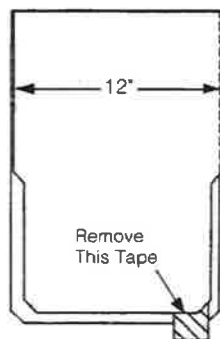


Figure 17-18: Shangle® Ridge.

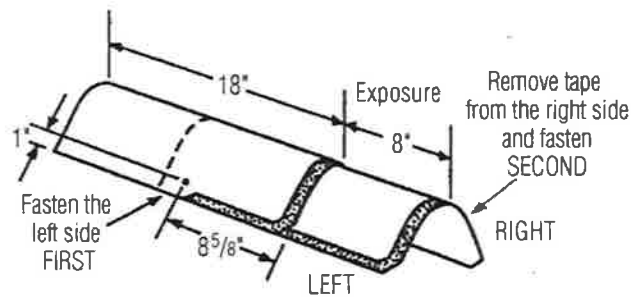


Figure 17-19: Installation of Shangle® Ridge shingles on hips and ridges.

6.6.1.3 For ASTM D3161, Class F performance use BASF "Sonolastic® NP1™" adhesive or Henkel "PL® Polyurethane Roof & Flashing Sealant", in accordance with CertainTeed requirements.

6.7

CARRIAGE HOUSE SHANGLE® AND GRAND MANOR SHANGLE®:

LOW AND STANDARD SLOPE

Use **five nails** for every full Shangle.

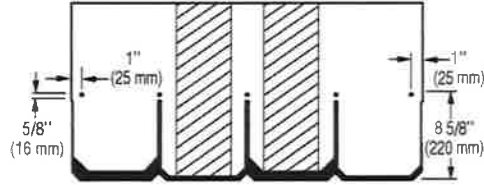


Figure 17-4: Use five nails for every full Grand Manor Shangle, Carriage House Shangle, or Centennial Slate.

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.

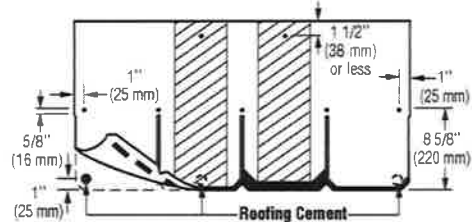


Figure 17-5: When installing Grand Manor Shingles on steep slopes, use seven nails and three spots of asphalt roofing cement.

6.7.1

Hip & Ridge for Carriage House Shangle® and Grand Manor Shangle: Refer to instructions herein for Shangle® Ridge hip and ridge shingles

6.8

LANDMARK™, LANDMARK™ IR, LANDMARK™ PRO, LANDMARK™ PREMIUM, LANDMARK™ TL, LANDMARK™ SOLARIS, LANDMARK™ SOLARIS IR, NORTHGATE:

LOW AND STANDARD SLOPE

LANDMARK TL

METRIC DIMENSIONS

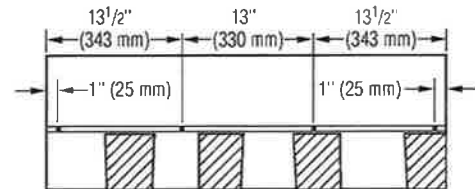
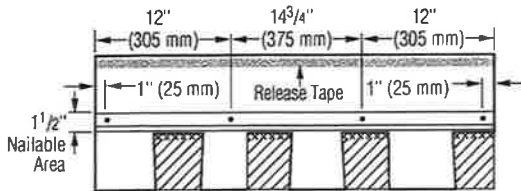
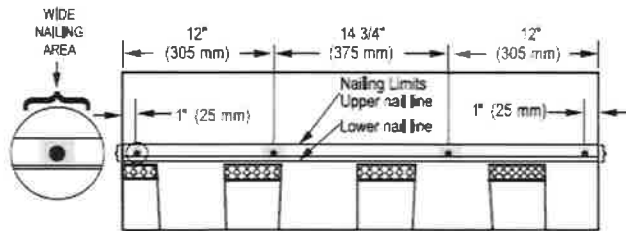


Figure 13-4: Use four nails for every full shingle.

NorthGate:

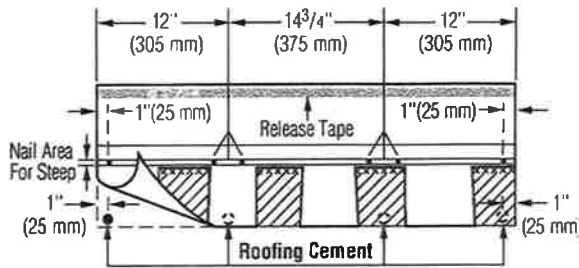


Nailing areas for low and standard slopes (from 2:12 to 21:12)
Nail between upper & lower lines as shown above.

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



LANDMARK TL

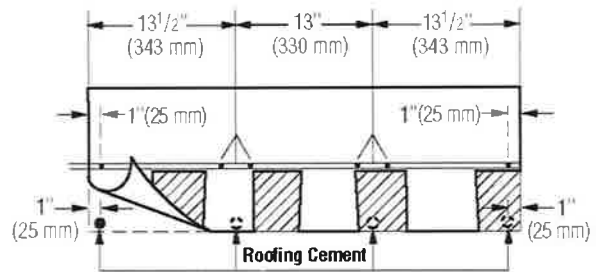
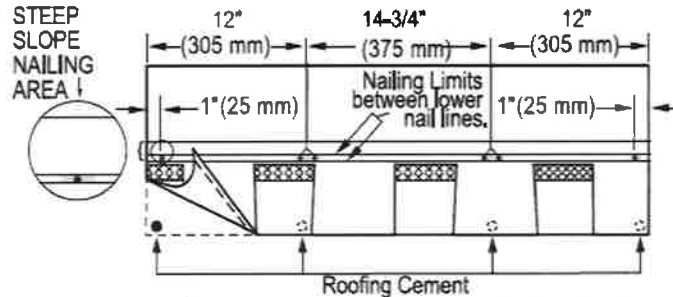


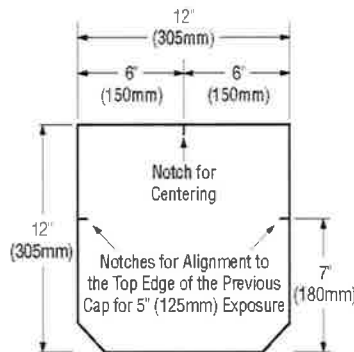
Figure 13-5: Use six nails and four spots of asphalt roofing cement on steep slopes.

NorthGate:

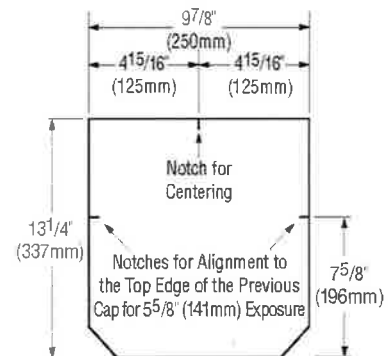


Nailing areas for steep slopes (greater than 21:12) and "Storm-Nailing"
Nail between lower 2 nail lines as shown above.

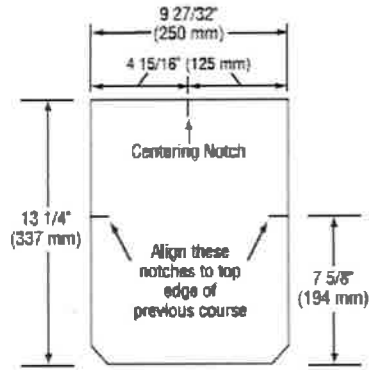
- 6.8.1 **Hip & Ridge for Landmark™, Landmark™ IR, Landmark™ Pro, Landmark™ Premium, Landmark™ TL, Landmark™ Solaris, Landmark™ Solaris IR, NorthGate:**
- 6.8.1.1 **Option 1: Shadow Ridge™ or NothGate Accessory**



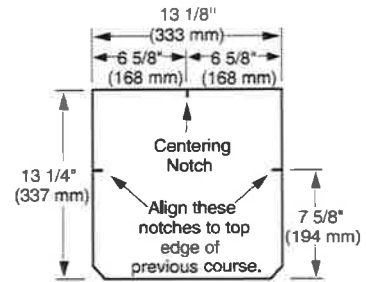
English Dimension
Shadow Ridge™



Metric Dimension
Shadow Ridge™



NorthGate Ridge



NorthGate Accessory

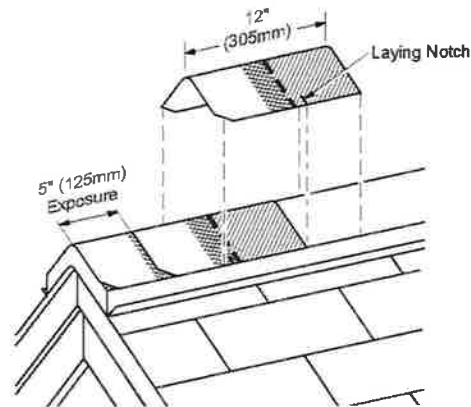


Figure 13-20: Use laying notches to center shingles on hips and ridges, and to locate the correct exposure.

- 6.8.1.2 For ASTM D3161, Class F performance use BASF "Sonolastic® NP1™" adhesive or Henkel "PL® Polyurethane Roof & Flashing Sealant", in accordance with CertainTeed requirements.
- 6.8.1.3 **Option 2:** Refer to instructions herein for Cedar Crest™, Cedar Crest™ IR hip and ridge shingles.

6.9

PRESIDENTIAL SHAKE™, PRESIDENTIAL SHAKE™ IR, PRESIDENTIAL SHAKE TL™, PRESIDENTIAL SOLARIS™:

LOW AND STANDARD SLOPE:

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

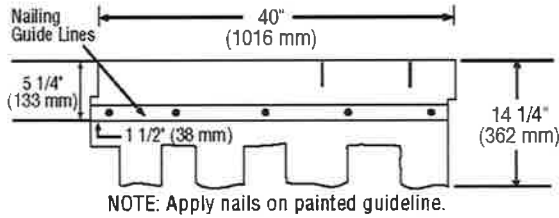


Figure 16-6: Fastening Presidential and Presidential TL Shake shingles on low and standard slopes.

STEEP 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 nailing guide lines, apply 4 nails 1" above tab cutouts making certain tabs of overlying shingle cover nails.

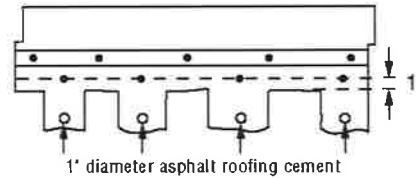


Figure 16-7: Fastening Presidential and Presidential TL Shake shingles on steep slopes.

6.9.1 **Hip & Ridge for Presidential Shake™, Presidential Shake™ IR, Presidential Shake TL™, Presidential Solaris™:**

6.9.1.1 **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.

6.9.1.2 For ASTM D3161, Class F performance use BASF "Sonolastic® NP1™" adhesive or Henkel "PL® Polyurethane Roof & Flashing Sealant", in accordance with CertainTeed requirements.

6.9.1.3 **Option 2:** Refer to instructions herein for Cedar Crest™, Cedar Crest™ IR hip and ridge shingles.

6.10

HATTERAS™:

LOW, STANDARD AND STEEP SLOPE:

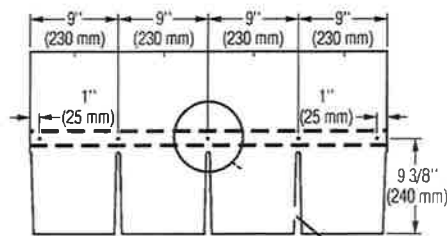


Figure 15-3: Fastening Hatteras Shingles on Low and Standard Slopes

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

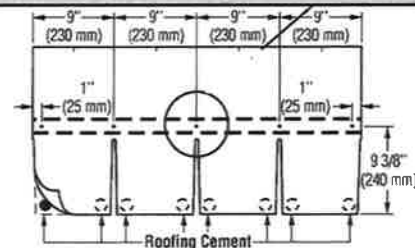


Figure 15-4: Fastening Hatteras Shingles on Steep Slopes

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.

6.10.1 **Hip & Ridge for Hatteras™:**

6.10.1.1 **Option 1:** Accessory for Hatteras

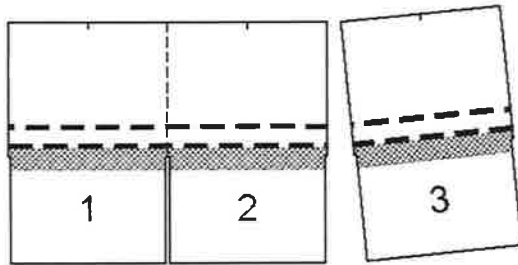
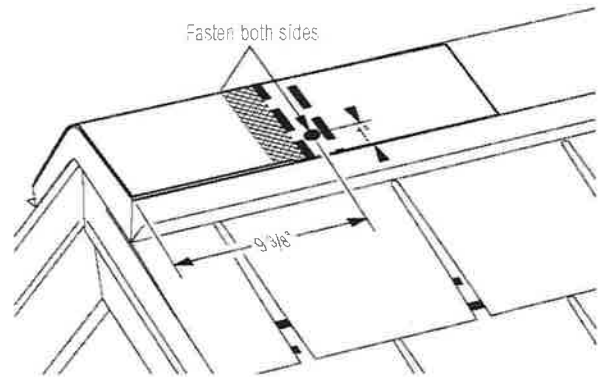


Figure 15-14: 18 three-piece units separate to make 54 Hatteras Accessory shingles.



6.10.1.2 **Option 2:** Cut Hatteras Shingles

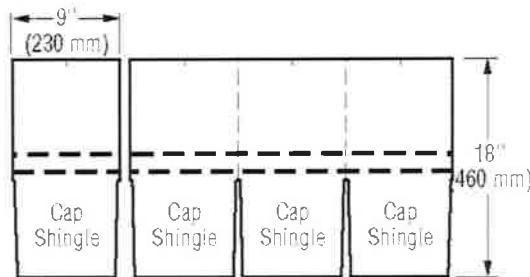


Figure 15-20: Cut Hatteras shingles to make cover cap.

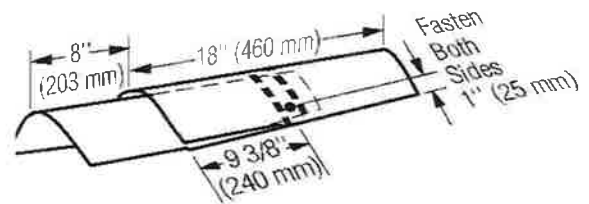


Figure 15-21: Installation of caps along hips and ridges.

6.10.1.3 For ASTM D3161, Class F performance use BASF “Sonolastic® NP1™” adhesive or Henkel “PL® Polyurethane Roof & Flashing Sealant”, in accordance with CertainTeed requirements.

6.11 **HIGHLAND SLATE™, HIGHLAND SLATE™ IR:**

LOW AND STANDARD SLOPE:

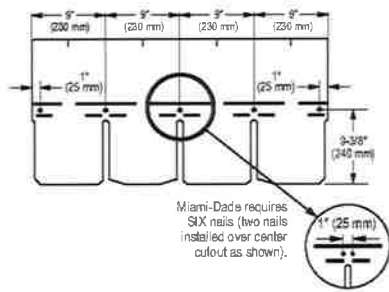


Figure 11-3: Use FIVE nails for every Highland Slate shingle.

STEEP 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.

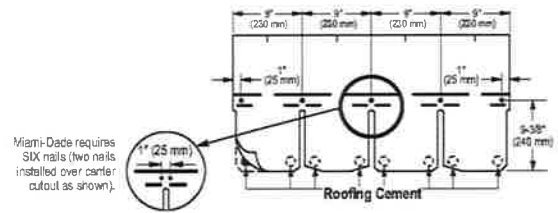


Figure 11-3A: Use FIVE nails and eight spots of asphalt roofing cement under each tab corner.

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

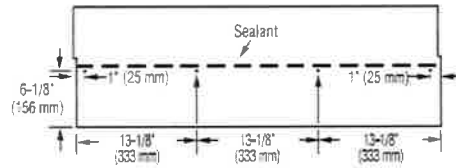
6.11.1 **Hip & Ridge for Highland Slate™, Highland Slate™ IR:** Refer to instructions herein for Cedar Crest™, Cedar Crest™ IR or Shangle Ridge™ hip and ridge shingles.

6.12

PATRIOT™:

LOW AND STANDARD SLOPE

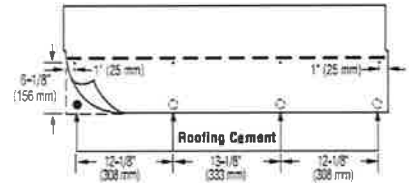
Use FOUR nails for every full shingle located as shown below.



STEEP SLOPE

Use FOUR nails and four spots of asphalt roofing cement for every full shingle as shown below. Asphalt roofing cement meeting ASTM D4586 Type II is suggested. Apply 1" (25 mm) spots of asphalt roofing cement as shown.

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



6.12.1 **Hip & Ridge for Patriot™:** Refer to instructions herein for **Cedar Crest™, Cedar Crest™ IR, Shadow Ridge™, NorthGate 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 61G20-3 QA** requirements.

10. QUALITY ASSURANCE ENTITY:

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

- END OF EVALUATION REPORT -



Product Approval
USER: Public User

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

OFFICE OF THE
SECRETARY

FL #	FL17194-R2
Application Type	Revision
Code Version	2017
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	RobetexInc
Address/Phone/Email	215 Antioch Cut Off Dalton, GA 30740 (706) 618-6264 kerry.talbot@robetexinc.com
Authorized Signature	Kerry Talbot kerry.talbot@robetexinc.com
Technical Representative	
Address/Phone/Email	
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	Zachary R. Priest
Florida License	PE-74021
Quality Assurance Entity	Intertek Testing Services NA, Inc. - QA Entity
Quality Assurance Contract Expiration Date	12/31/2020
Validated By	Locke Bowden <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received
Certificate of Independence	FL17194 R2 COI RBX14001.2 2017 FBC Evaluation Report final.pdf
Referenced Standard and Year (of Standard)	
Equivalence of Product Standards Certified By	
Sections from the Code	1507.1.1
Product Approval Method	Method 2 Option B

Date Submitted	09/27/2017
Date Validated	09/28/2017
Date Pending FBC Approval	09/30/2017
Date Approved	12/12/2017

Summary of Products

FL #	Model, Number or Name	Description
17194.1	Tech Wrap Underlayments	Synthetic underlayments for use in steep slope roofing
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: See evaluation report for limits of use.		Installation Instructions FL17194 R2 II RBX14001.2 2017 FBC Evaluation Report final.pdf Verified By: Zachary R. Priest 74021 Created by Independent Third Party: Yes Evaluation Reports FL17194 R2 AE RBX14001.2 2017 FBC Evaluation Report final.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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Product Approval Accepts:



Credit Card
Safe





EVALUATION REPORT

FLORIDA BUILDING CODE, 6TH EDITION (2017)

Manufacturer: ROBETEX INC.
 215 Antioch Cut Off Road
 Dalton, GA 30720
 (706) 618-6264
<http://www.robetexinc.com>

Issued September 26, 2017

Manufacturing Plants: Hebei, China

Quality Assurance: Intertek (QUA1673)

SCOPE

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

REFERENCES

<u>Entity</u>	<u>Report No.</u>	<u>Standard</u>	<u>Year</u>
Intertek Testing Services NA, Inc. (EVL11327)	CCRR-1038	ICC-ES AC 188 ASTM D 226	2012 2009

PRODUCT DESCRIPTION

- Tech Wrap 150** Tech Wrap 150 is a mechanically attached woven polypropylene underlayment for use in steep slope roofing as an alternate to ASTM D 226, Type I and Type II roofing underlayments.
- Tech Wrap 300** Tech Wrap 300 is a mechanically attached woven polypropylene underlayment for use in steep slope roofing as an alternate to ASTM D 226, Type I and Type II roofing underlayments.
- Tech Wrap Ultimate** Tech Wrap Ultimate is a mechanically attached woven polypropylene underlayment for use in steep slope roofing as an alternate to ASTM D 226, Type I and Type II roofing underlayments.
- Tech Wrap Supreme** Tech Wrap Supreme is a mechanically attached woven polypropylene underlayment for use in steep slope roofing as an alternate to ASTM D 226, Type I and Type II roofing underlayments.

APPLICATION INSTRUCTIONS

Deck Type: The roof deck shall be constructed of closely fitted sheathing for new or existing construction. Sheathing shall be installed in accordance with FBC requirements. Roof decks shall have no more than $\frac{1}{8}$ " gap at abutting joints.

Min. slope: In accordance with FBC requirements.

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

At minimum, mechanically fastened with minimum 1" diameter plastic cap naps with min. 1" shank placed 12" o.c. at the side laps and 2" from the from edge of the sheet and 24" o.c. along the along the center lines printed on the sheet. The side laps shall be a minimum 4" wide and minimum 12" wide at the end laps. End laps shall be fastened 12" o.c. along the lap and 2" from the end of the top layer. The underlayment is installed starting at the eave, with the length of the roll parallel to the eave with the printed side facing up. All side laps shall be installed to shed water from the deck.

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

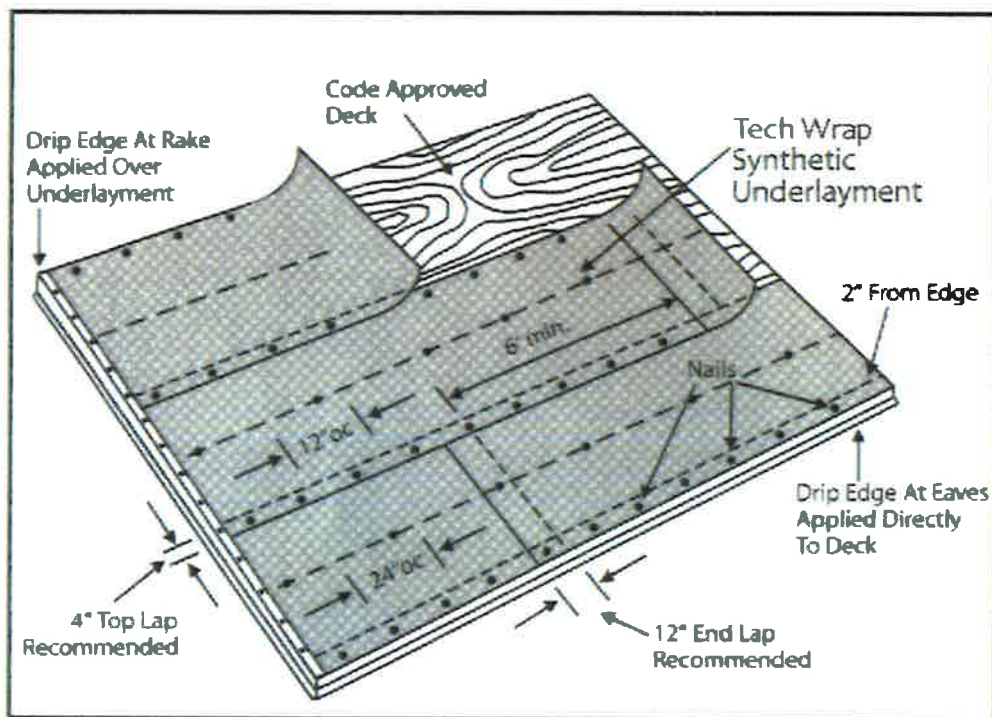


Figure 1. Installation Detail for Tech Wrap Underlayments



LIMITATIONS

- 1) This evaluation report is not for use in the HVHZ.
- 2) Fire Classification is not within the scope of this evaluation.
- 3) Wind uplift resistance is not within scope of this evaluation.
- 4) Installation of the evaluated product shall comply with this report, the FBC, and the manufacturer's published application instructions. Where discrepancies exist between these sources, the more restrictive and FBC compliant installation detail shall prevail.
- 5) Deck substrates shall be clean, dry, and free from any irregularities and debris. All fasteners in the deck shall be checked for protrusion and corrected prior to underlayment application.
- 6) 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.
- 7) The underlayment may be used as described in other current FBC product approval documents.
- 8) Roof coverings shall not be adhered directly to the underlayment. Roof coverings shall be mechanically fastened through the underlayment to the roof deck.
- 9) Tech Wraps underlayments may be exposed on the roof deck for a maximum duration of 30 days.
- 10) All products listed in this report shall be manufactured under a quality assurance program in compliance with Rule 61G20-3.

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.



ZRP
Digitally signed by Zachary R. Priest

2017.09.26
16:25:54
-04'00'

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

CERTIFICATION OF INDEPENDENCE

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

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

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

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

END OF REPORT

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CCC1326650	

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018

WELDING, JAMES TODD
HERITAGE CONSTRUCTION & ROOFING, INC.
1544 SEMINOLA BLVD UNIT 136
CASSELBERRY FL 32707



ISSUED: 07/06/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607060000854



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/23/2018

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

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


PRODUCER C F Insurance Services, Inc. P.O. Box 1189 Apopka FL 32704-1189	CONTACT NAME: House Agent
	PHONE (A/C, No, Ext): (407) 884-7843 FAX (A/C, No): (407) 884-6014
INSURED Heritage Construction & Roofing, Inc. 1544 Seminola Blvd Ste# 136 Casselberry FL 32707	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Crum & Forster Specialty Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: CL1712123974 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BAK37374-1	11/30/2017	11/30/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 5,000
	OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					BODILY INJURY (Per person) \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per accident) \$
	DED RETENTION \$						PROPERTY DAMAGE (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				EACH OCCURRENCE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						AGGREGATE \$
							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 Building Department 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 



LOCAL BUSINESS TAX RECEIPT

CITY OF CASSELBERRY
95 TRIPLET LAKE DRIVE
CASSELBERRY, FLORIDA 32707

Business name: HERITAGE CONSTRUCTION & ROOFING INC
Location address: 1544 SEMINOLA BLVD
City/State: CASSELBERRY FL 32707-3642

HERITAGE CONSTRUCTION & ROOFING INC
1544 SEMINOLA BLVD
CASSELBERRY FL 32707-3642

ISSUE DATE: August 07, 2017
EXPIRATION DATE: September 30, 2018

TAX RECEIPT #	CLASSIFICATION	FEES PAID
18-00012759	CONSTRUCTION	115.76
18-00012760	SEMINOLE COUNTY FEE B	45.00

2018

LICENSE COMMENTS AND RESTRICTIONS:

ROOFING CONTRACTOR
STATE LICENSE NO CCC1326650

**IMPORTANT: THIS TAX RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS.
PENALTY FOR FAILURE TO DO SO.**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/28/2018

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

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


PRODUCER C F Insurance Services, Inc. P.O. Box 1189 Apopka FL 32704-1189	CONTACT NAME: House Agent PHONE (A/C. No, Ext): (407) 884-7843 E-MAIL ADDRESS:	FAX (A/C. No): (407) 884 6014
	INSURER(S) AFFORDING COVERAGE	
INSURED Heritage Construction & Roofing, Inc. 1544 Seminola Blvd Ste# 136 Casselberry FL 32707	INSURER A: Cram & Forster Specialty Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1712123874 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (NSD) (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		BAK32374-1	11/30/2017	11/30/2018	EACH OCCURRENCE \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe limit: DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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 Building Department 1600 Nola 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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/23/2018

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

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PRODUCER Insurance Office of America, Inc. 1855 West State Road 434 Longwood, FL 32750	CONTACT NAME: Sheila Serrano
	PHONE (A/C, No, Ext): (407) 998-4276 14276 FAX (A/C, No):
	E-MAIL ADDRESS: Sheila.Serrano@ioausa.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Builders Mutual Insurance Company NAIC # 10844
INSURED Heritage Construction and Roofing Inc 1544 Seminola Blvd Suite 136 Casselberry, FL 32707	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	OTHER:					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	WCP1059186-00	05/18/2018	05/18/2019	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER Belle Isle Building Department 1800 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 