



City of Belle Isle Job Site Card Roofing PERMIT 2018-08-018

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 2018-08-018

Issue Date: 8-07-2018

Site Address: 5208 Jade Cir 32812

Parcel Number: 20-23-30-4395-00-400

Class: Residential

Subdivision:

Description of Work: **Re-roof 3234 SQFT - Asphalt Shingles.**

Issued To: RESTORSURANCE SERVICES LLC

Business Phone: 407 477-2823

Name: HAMM, MICHAEL A

Contractor License: CCC1329220

Payment Date & Method: 8 / 20 / 2018

Visa Master Card Amex Discover Check / Money Order # 1136

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 | | | |
| 710 In-progress | | | |
| 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 pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.



City of Belle Isle

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

RECEIVED
AUG - 6 2018
BY: _____

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: 8/3/18 ROOF PERMIT NUMBER 2018-08-018
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 5208 JADE CIRCLE, Belle Isle, FL 32809 32812

Property Owner Mena, Victor Phone 3214385557

Property Owner's Mailing Address 5208 JADE CIRCLE City BELLE ISLE

State FL Zip Code 32812 Parcel Id Number: 20-23-30-4395-00-400

REQUIRED! To obtain this information, please visit <http://www.ocpaf.org/Searches/ParcelSearch.aspx>

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

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

Please indicate the nature of work by completing the information below:
Roof Square Footage: 3234 Number of Stories: 1 Job Valuation: \$ 18450

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 # CCC1329220

LICENSE HOLDER NAME Michael Hamm COMPANY NAME Restorsurance Services

Street Address 030 N. Hart Blvd

City Orlando State FL Zip Code 32818 Phone Number 407-401-9599

Email Address meghan.miller@restorsurance.com

Building Official: SM Date 8-6-18
Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-6-2018

Zoning Fee \$ 30.00
Building Fee \$ 115.00
Review Fee \$ -
1% BCAIB Fee \$ 2.00
1.5% DCA Fee \$ 2.00
Total Permit Fee \$ 149.00

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. 1511K 25
18x5 40
115

PAID
8-20-2018
MC 1136

Permit Number: 2018-05-018 18-150
 Folio/Parcel ID #: 20-23-30-4395-00-400
 Prepared by: Daniel Diehl
630 N Hart Blvd
Orlando, FL 32818
 Return to: RestorSurance Services
630 N Hart Blvd
Orlando, FL 32818

DOCH 20180245866
 04/25/2018 11:38:01 AM Page 1 of 1
 Rec Fee: \$10.00
 Phil Diamond, Comptroller
 Orange County, FL
 IP - Ret To: J ARRINGTON



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)
Lake Conway Shores 7/50 Lot 40 5208 Jade Circle
2. **General description of improvement**
Roof Replacement
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Victor & Vita Mena
 Address 5458 Chiswick Cir Belle Isle, FL 32812
 Interest in Property Simple
Name and address of fee simple titleholder (if different from Owner listed above)
 Name SAME
 Address _____
4. **Contractor**
 Name ResotrSurance Services, LLC Telephone Number 407 401 9599
 Address 630 N Hart Blvd Orlando, FL 32818
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
9. **Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) _____

State of Florida, County of Orange
 I hereby certify that this is a true copy of the document as reflected in the Official Records
 PHIL DIAMOND, COUNTY COMPTROLLER
 BY: [Signature] D.C.
 DATED: 04-25-18

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

Victor Mena Vita Mena
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

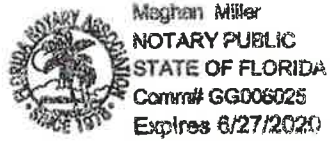
 Signatory's Title/Office

The foregoing instrument was acknowledged before me this 33 day of 04/2018 by Victor & Vita Mena
 as owners for _____
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Meghan Miller
 Signature of Notary Public - State of Florida

MEGHAN MILLER
 Print, type, or stamp commissioned name of Notary Public

Personally Known _____ OR Produced ID X
 Type of ID Produced Drivers License





City of Belle Isle
 1600 Nela Avenue, Belle Isle, FL 32809
 Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

Product Approval Form

DATE: _____

PERMIT # 2018-08-018

PROJECT ADDRESS 5208 Jade Circle, Belle Isle, FL 32809 ✓32812

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

1. This Product Approval Cover Sheet
2. Internet screen showing PA#, approval and code edition stamped
3. Manufacturer's installation details 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 | Owens Corning | Oakridge | 10674-RL3 |
| Horizontal Slider | | | | Non Struct Metal | Southeastern | Metal | 16994-R5 |
| Casement | | | | Roofing Tiles | | | |
| Fixed | | | | Single Ply Roof | | | |
| Mullion | | | | Other | | | |
| Skylights | | | | Underlayment | Owens | Rhino UZO | 15216-R4 |
| 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 Mpk

Date 08/03/18



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Product Approval
USER: Public User

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 Application Detail



| FL # | FL10674-R13 | | | | | | | | | |
|--|---|-----------------|-------------|------------|------|------------|------|------------|------|--|
| Application Type | Revision | | | | | | | | | |
| Code Version | 2017 | | | | | | | | | |
| Application Status | Approved | | | | | | | | | |
| Comments | | | | | | | | | | |
| Archived | <input type="checkbox"/> | | | | | | | | | |
| Product Manufacturer | Owens Corning | | | | | | | | | |
| Address/Phone/Email | One Owens Corning Parkway Toledo, OH 43659 (740) 404-7829 greg.keeler@owenscorning.com | | | | | | | | | |
| Authorized Signature | Greg Keeler greg.keeler@owenscorning.com | | | | | | | | | |
| Technical Representative | Mel Sancrant | | | | | | | | | |
| Address/Phone/Email | 1 Owens Corning PKWY Toledo, OH 43659 (419) 376-8360 mel.sancrant@owenscornig.com | | | | | | | | | |
| Quality Assurance Representative | | | | | | | | | | |
| Address/Phone/Email | | | | | | | | | | |
| Category | Roofing | | | | | | | | | |
| Subcategory | Asphalt Shingles | | | | | | | | | |
| Compliance Method | Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input type="checkbox"/> Evaluation Report - Hardcopy Received | | | | | | | | | |
| Florida Engineer or Architect Name who developed the Evaluation Report | Robert J.M. Nieminen | | | | | | | | | |
| Florida License | PE-59166 | | | | | | | | | |
| Quality Assurance Entity | UL LLC | | | | | | | | | |
| Quality Assurance Contract Expiration Date | 05/16/2020 | | | | | | | | | |
| Validated By | John W. Knezevich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received | | | | | | | | | |
| Certificate of Independence | FL10674 R13 COI 2017 01 COI Nieminen.pdf | | | | | | | | | |
| Referenced Standard and Year (of Standard) | <table border="0"> <thead> <tr> <th>Standard</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>ASTM D3161</td> <td>2016</td> </tr> <tr> <td>ASTM D3462</td> <td>2010</td> </tr> <tr> <td>ASTM D7158</td> <td>2011</td> </tr> </tbody> </table> | Standard | Year | ASTM D3161 | 2016 | ASTM D3462 | 2010 | ASTM D7158 | 2011 | |
| Standard | Year | | | | | | | | | |
| ASTM D3161 | 2016 | | | | | | | | | |
| ASTM D3462 | 2010 | | | | | | | | | |
| ASTM D7158 | 2011 | | | | | | | | | |
| Equivalence of Product Standards Certified By | | | | | | | | | | |
| Sections from the Code | | | | | | | | | | |
| Product Approval Method | Method 1 Option D | | | | | | | | | |
| Date Submitted | 10/10/2017 | | | | | | | | | |

Date Validated 10/11/2017
 Date Pending FBC Approval 10/15/2017
 Date Approved 12/12/2017

Summary of Products

| FL # | Model, Number or Name | Description |
|---|---|--|
| 10674.1 | Owens Corning Asphalt Roofing Shingles and Starters | 3-tab, 4-tab, 5-tab, laminated, starter and hip & ridge 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. | | Installation Instructions FL10674 R13 II 2017 10 FINAL ER OC ASPHALT SHINGLES FL10674-R13.pdf Verified By: Robert J. M. Nieminen PE - 59166 Created by Independent Third Party: Yes Evaluation Reports FL10674 R13 AE 2017 10 FINAL ER OC ASPHALT SHINGLES FL10674-R13.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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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

Owens Corning

One Owens Corning Parkway

Toledo, OH 43659

(740) 404-7829

Evaluation Report O37940.02.12-R8

FL10674-R13

Date of Issuance: 02/06/2012

Revision 8: 10/09/2017

SCOPE:

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

DESCRIPTION: Owens Corning Asphalt Roof Shingles

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

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

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

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

This Evaluation Report consists of pages 1 through 8.

Prepared by:



Robert J.M. Nieminen, P.E.

Florida Registration No. 59166, Florida DCA ANE1983

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

CERTIFICATION OF INDEPENDENCE:

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

ROOFING SYSTEMS EVALUATION:
1. SCOPE:
Product Category: Roofing

Sub-Category: Asphalt Shingles

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

2. STANDARDS:

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

3. REFERENCES:

| <u>Entity</u> | <u>Examination</u> | <u>Reference</u> | <u>Date</u> |
|----------------------|-----------------------------|-----------------------|-----------------|
| UL LLC (CER9626) | Physicals & Wind Resistance | File R2453, Vol. 3 | 02/15/2007 |
| UL LLC (CER9626) | Physicals & Wind Resistance | 20120516-R2453 | 05/16/2012 |
| UL LLC (TST9628) | Physical Properties | 06CA20263 | 04/18/2006 |
| UL LLC (TST9628) | Wind Resistance | 11CA34308 | 02/18/2012 |
| UL LLC (TST9628) | Physicals & Wind Resistance | 4786093137 | 02/01/2014 |
| UL LLC (TST9628) | Wind Resistance | 4786126532 | 02/10/2014 |
| UL LLC (TST9628) | Physical Properties | Classification letter | 02/13/2014 |
| UL LLC (TST9628) | Physical Properties | Classification letter | 10/02/2015 |
| Miami-Dade (CER1592) | FBC HVHZ Compliance | Various NOAs | Various |
| UL LLC (QUA9625) | Quality Control | Service Confirmation | Exp. 05/16/2020 |

4. PRODUCT DESCRIPTION:
4.1 Asphalt Shingles:

4.1.1 Classic[®] and Supreme[®] are fiberglass reinforced, 3-tab asphalt roof shingles.

4.1.2 Berkshire[®] are fiberglass reinforced, 4-tab asphalt roof shingles.

4.1.3 Devonshire[™] are fiberglass reinforced, 5-tab asphalt roof shingles.

4.1.4 Duration[®], TruDefinition[®] Duration[®], Duration[®] Premium Cool, TruDefinition[®] Duration[®] Designer Color Collection, TruDefinition[®] Oakridge[®], Oakridge[®] and WeatherGuard[®] HP are fiberglass reinforced, laminated asphalt roof shingles.

4.2 Hip & Ridge Shingles:

4.2.1 Berkshire[®] Hip & Ridge Shingles, High Ridge, WeatherGuard[®] HP Hip & Ridge Shingles, ProEdge Hip & Ridge Shingles and DuraRidge[™] Hip & Ridge Shingles are fiberglass reinforced, hip and ridge asphalt roof shingles.

4.3 Accessory Starter Strips:

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

5. LIMITATIONS:

5.1 This is a building code evaluation. Neither Trinity|ERD nor Robert Nieminen, P.E. are, in any way, the Designer of Record for any project on which this Evaluation Report, or previous versions thereof, is/was used for permitting or design guidance unless retained specifically for that purpose.

5.2 This Evaluation Report is not for use in FBC HVHZ jurisdictions.

5.3 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.

5.4 Wind Classification:

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

6. INSTALLATION:

6.1 Underlayment:

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

6.2 Asphalt Shingles:

6.2.1 Installation of asphalt shingles shall comply with the **Owens Corning** current published instructions, using minimum four (4) nails per shingle in accordance with **FBC 1507.2.7** or **R905.2.6**, with the following exceptions:

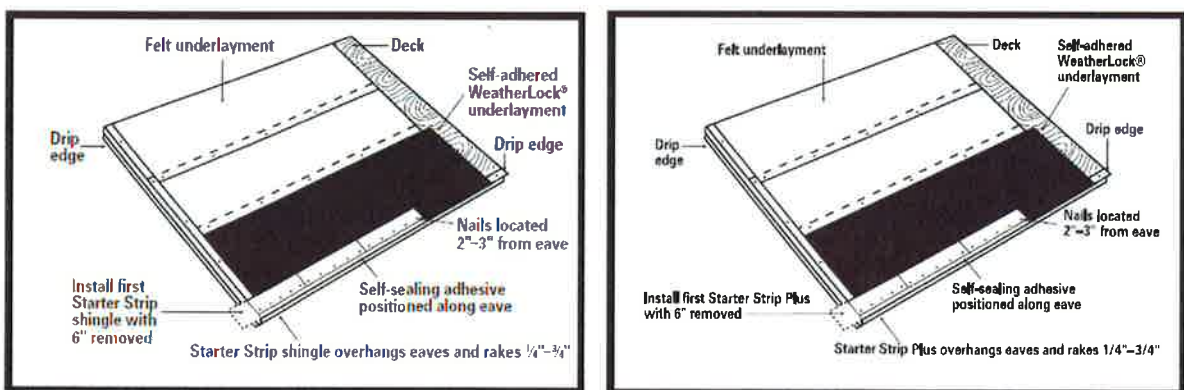
- **Berkshire**® shingles require minimum five (5) nails per shingle.
- **WeatherGuard**® HP shingles require minimum six (6) nails per shingle.
- **Devonshire**™ shingles require minimum six (6) nails per shingle.
- **Starter Strip Shingle** and **Starter Strip Plus** require minimum five (5) nails per strip.

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

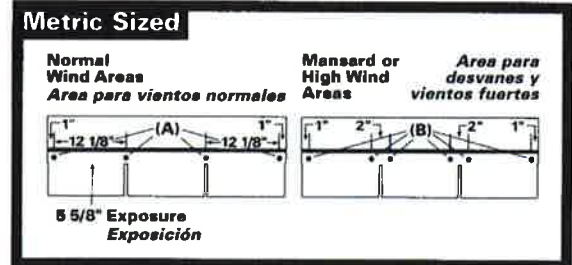
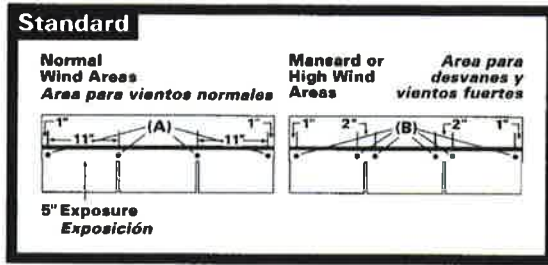
6.2.2 Fasteners shall be in accordance with the manufacturer’s published requirements, but not less than **FBC 1507.2.6** or **R905.2.5**. Staples are not permitted.

6.2.4 Where the roof slope exceeds 21 units vertical in 12 units horizontal, special methods of fastening are required. See figures below for details.

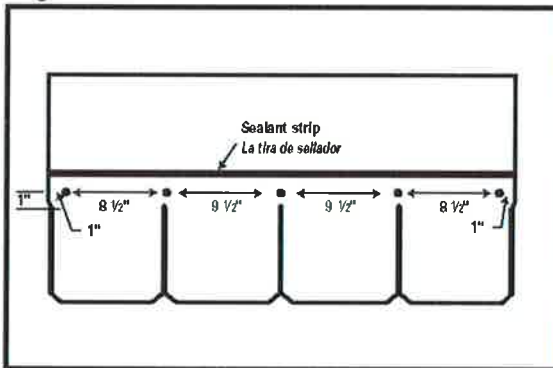
6.2.5 Minimum Nailing – **Starter Strip Shingle** and **Starter Strip Plus:**



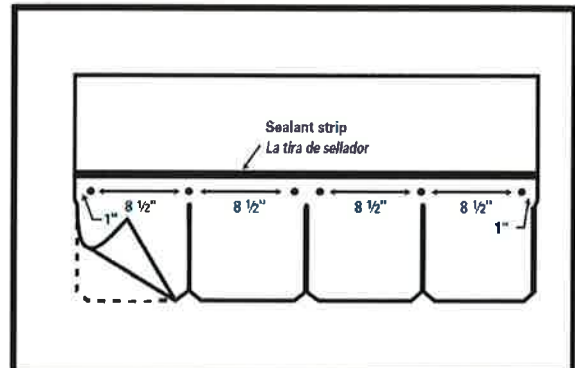
6.2.6 Minimum Nailing – Classic® & Supreme:



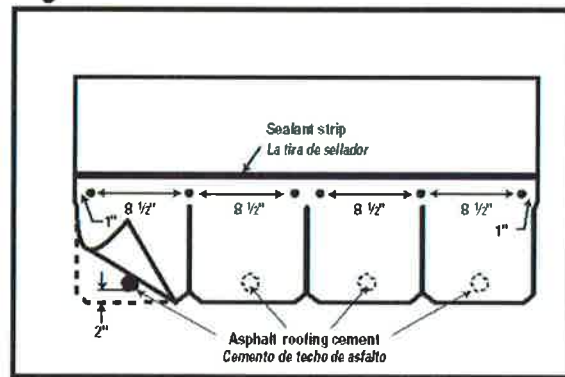
6.2.7 Minimum Nailing – Berkshire®:



Standard Fastening Pattern

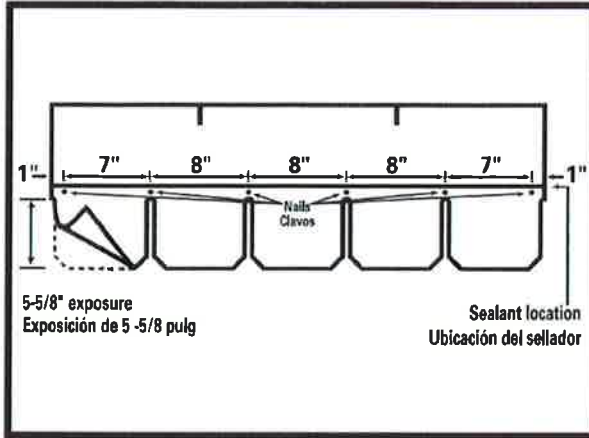


6-Nail Fastening Pattern

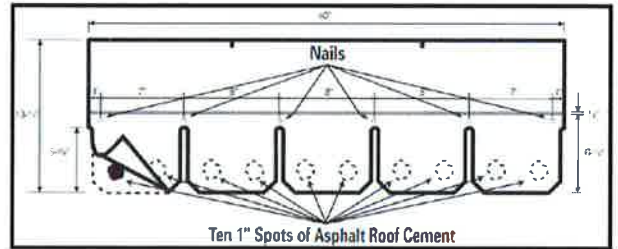


Mansard or Steep Slope Fastening Pattern

6.2.8 Minimum Nailing – **Devonshire™**:

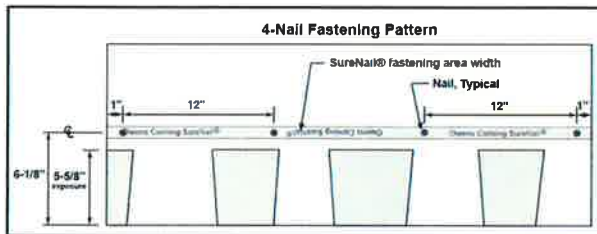


Standard 6-Nail Fastening Pattern

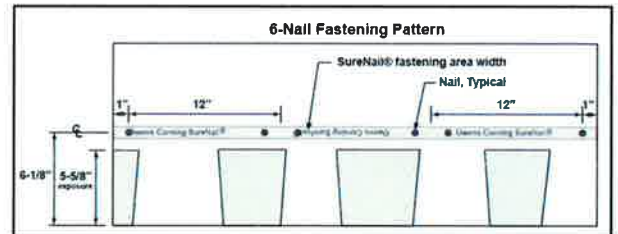


Mansard or Steep Slope Fastening Pattern

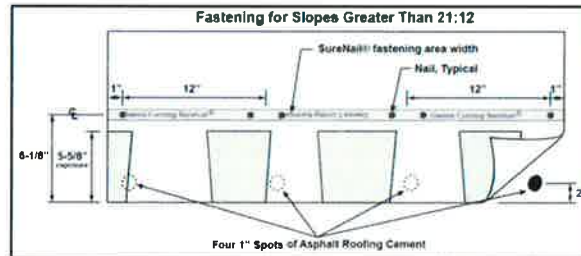
6.2.9 Minimum Nailing – **Duration®, TruDefinition® Duration, Duration® Premium Cool & TruDefinition® Duration® Designer Color Collection**:



Standard Fastening Pattern

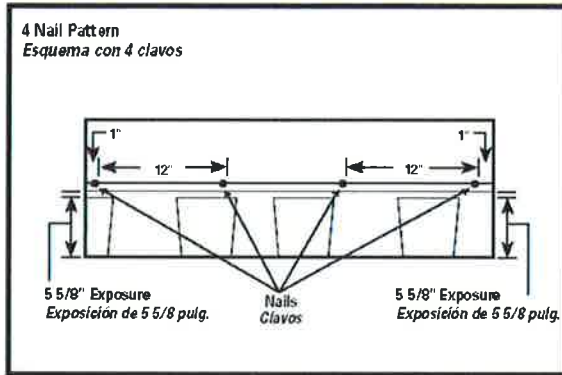


6-Nail Fastening Pattern

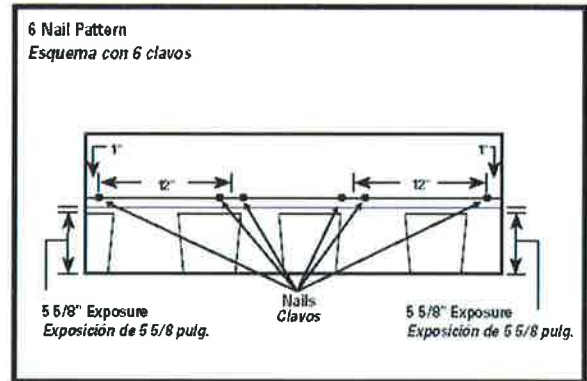


Mansard or Steep Slope Fastening Pattern

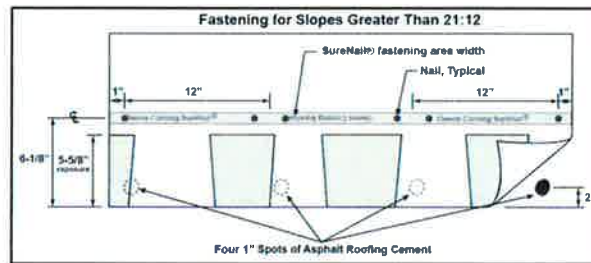
6.2.1 Minimum Nailing – **TruDefinition® Oakridge®, Oakridge®**:



Standard Fastening Pattern

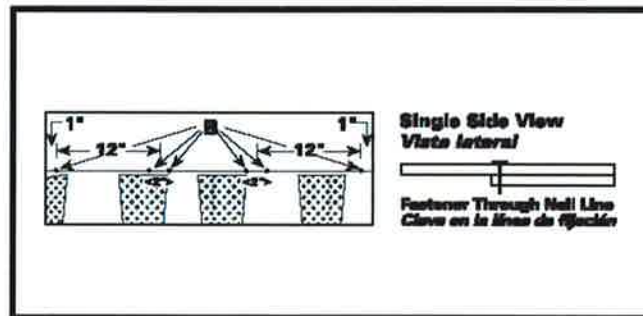


6-Nail Fastening Pattern



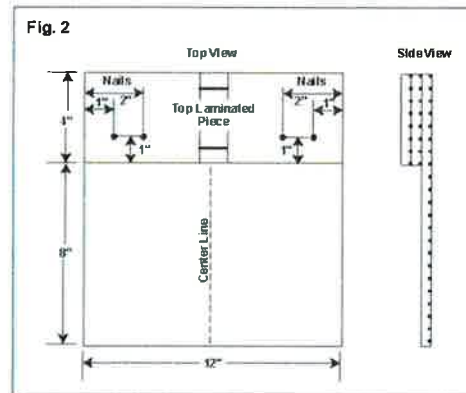
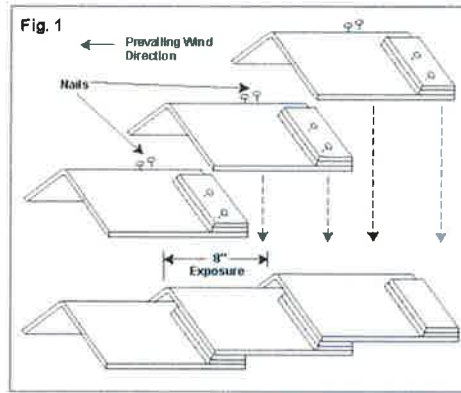
Mansard or Steep Slope Fastening Pattern

6.2.1 Minimum Nailing – **WeatherGuard® HP**:

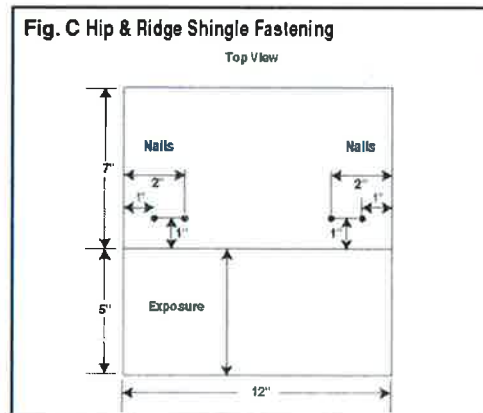
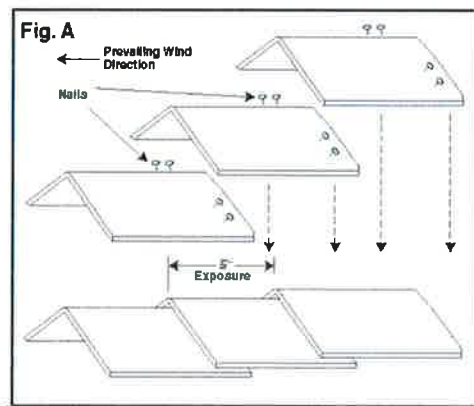


6.3 Hip & Ridge Shingles:

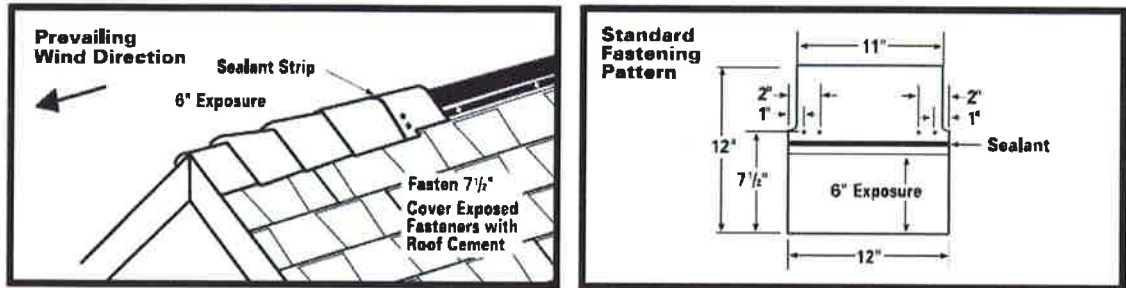
- 6.3.1 Installation of **Berkshire® Hip and Ridge Shingles, High Ridge, WeatherGuard® HP Hip and Ridge Shingles** and **ProEdge Hip & Ridge Shingles** shall comply with the **Owens Corning** current published instructions, using four (4) nails per shingle. Installation of **DuraRidge™ Hip & Ridge Shingles**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



6.3.4 Minimum Nailing – **WeatherGuard® HP Hip and Ridge:**

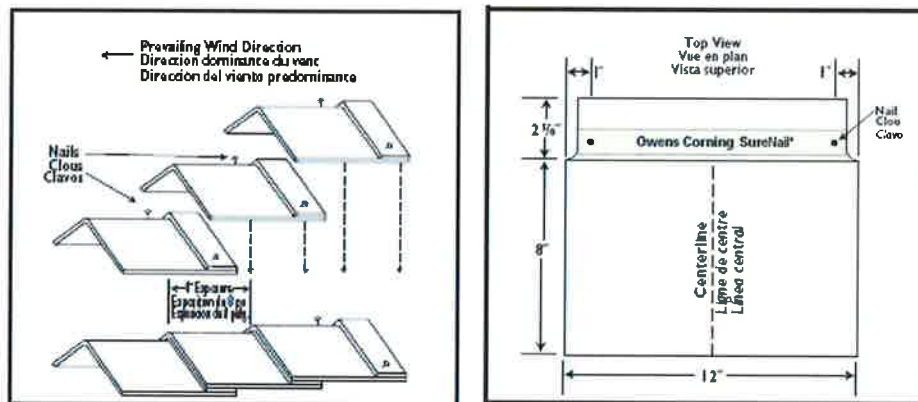


6.3.5 Minimum Nailing - ProEdge Hip & Ridge Shingles:



6.3.6 Minimum Nailing – DuraRidge™ Hip & Ridge Shingles:

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



7. LABELING:

- 7.1 Labeling shall be in accordance with the requirements the Accredited Quality Assurance Agency noted herein.
- 7.2 Asphalt shingle wrappers shall indicate compliance with one of the required classifications detailed in **FBC Table 1507.2.7.1 / R905.2.6.1**.

8. BUILDING PERMIT REQUIREMENTS:

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

9. MANUFACTURING PLANTS:

Contact the named QA entity for information on which plants produce products covered by Florida Rule 9N-3 QA requirements.

10. QUALITY ASSURANCE ENTITY:

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

- END OF EVALUATION REPORT -



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Product Approval
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| 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 Date Submitted | FL15216-R4 Revision 2017 Approved <input type="checkbox"/> Owens Corning Roofing and Asphalt, LLC One Owens Corning Parkway Toledo, OH 43645 (740) 321-6345 Greg.Keeler@owenscorning.com Keeler Greg Greg.Keeler@owenscorning.com Greg Keeler 2790 Columbus Road Granville, OH 43023 (740) 321-6345 greg.keeler@owenscorning.com Roofing Underlayments Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input type="checkbox"/> Evaluation Report - Hardcopy Received Robert Nieminen PE-59166 Intertek Testing Services NA, Inc. - QA Entity 12/31/2020 John W. Knezevich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received FL15216 R4 COI 2018 01 COI NIEMINEN.pdf <table border="0"> <thead> <tr> <th>Standard</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>ASTM D1970 (tear)</td> <td>2015</td> </tr> <tr> <td>ASTM D226 (physicals)</td> <td>2009</td> </tr> <tr> <td>TAS 117(B)</td> <td>1995</td> </tr> </tbody> </table> Method 1 Option D 04/20/2018 | Standard | Year | ASTM D1970 (tear) | 2015 | ASTM D226 (physicals) | 2009 | TAS 117(B) | 1995 |
|--|--|-----------------|-------------|-------------------|------|-----------------------|------|------------|------|
| Standard | Year | | | | | | | | |
| ASTM D1970 (tear) | 2015 | | | | | | | | |
| ASTM D226 (physicals) | 2009 | | | | | | | | |
| TAS 117(B) | 1995 | | | | | | | | |

Date Validated 04/20/2018
 Date Pending FBC Approval 04/22/2018
 Date Approved 06/12/2018

Summary of Products

| FL # | Model, Number or Name | Description |
|--|-------------------------|--|
| 15216.1 | RhinoRoof Underlayments | Synthetic roof underlayments |
| 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 ER Section 5 for Limits of Use. | | Installation Instructions FL15216 R4 II 2018 04 FINAL ER OWENS CORNING RHINOROOF FL15216-R4.pdf Verified By: Robert Nieminen PE-59166 Created by Independent Third Party: Yes Evaluation Reports FL15216 R4 AE 2018 04 FINAL ER OWENS CORNING RHINOROOF FL15216-R4.pdf Created by Independent Third Party: Yes |

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EVALUATION REPORT

Owens Corning Roofing and Asphalt, LLC
One Owens Corning Parkway
Toledo, OH 43659
(740) 321-6345

Evaluation Report I40510.02.12-R4
FL15216-R4
Date of Issuance: 02/17/2012
Revision 4: 04/19/2018

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: RhinoRoof Underlayments

LABELING: Labeling shall be 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. of any changes to the product(s), the Quality Assurance or the production facility location(s). NEMO|etc. 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 "NEMO|etc. 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 3.

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 04/19/2018. This does not serve as an electronically signed document.

CERTIFICATION OF INDEPENDENCE:

1. NEMO ETC, LLC 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. NEMO ETC, LLC 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 NEMO|etc. 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 COMPONENT EVALUATION:
1. SCOPE:
Product Category: Roofing

Sub-Category: Underlayment

Compliance Statement: **RhinoRoof Underlayments**, as produced by **Owens Corning Roofing and Asphalt, LLC**, has demonstrated compliance with the following sections of the **6th Edition (2017) Florida Building Code** through testing in accordance with applicable sections of the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

2. STANDARDS:

| <u>Section</u> | <u>Properties</u> | <u>Standard</u> | <u>Year</u> |
|------------------------------|--|-----------------|-------------|
| 1507.1.1, R905.1.1 Exception | Unrolling, Breaking Strength, Pliability | ASTM D226 | 2009 |
| 1507.1.1, R905.1.1 Exception | Tear Strength | ASTM D1970 | 2015 |
| TAS 110 | Pull-through resistance | TAS 117(B) | 1995 |

3. REFERENCES:

| <u>Entity</u> | <u>Examination</u> | <u>Reference</u> | <u>Date</u> |
|---------------|---------------------------|----------------------|-------------|
| ITS (TST1509) | Physical Properties | 100539395COQ-006 | 10/27/2011 |
| ITS (TST1509) | Physical Properties | 100539395COQ-002 | 10/27/2011 |
| ITS (TST1509) | Physical Properties | 100539395COQ-006 | 03/14/2014 |
| PRI (TST5878) | ASTM D1970; Tear strength | OCF-330-02-02 | 10/03/2017 |
| PRI (TST5878) | TAS 117(B); Pull-through | OCF-422-02-01 | 04/03/2018 |
| ITS (QUA1673) | Quality Control | Service Confirmation | 09/30/2017 |

4. PRODUCT DESCRIPTION:

- 4.1 **RhinoRoof U20** is a multilayered polymer woven coated synthetic roof underlayment available in 42-inch wide rolls, and can be produced in various other sizes; meets FBC 1507.1.1 & R905.1.1 (Exception).

5. LIMITATIONS:

- 5.1 This is a building code evaluation. Neither NEMO ETC, LLC nor Robert Nieminen, P.E. are, in any way, the Designer of Record for any project on which this Evaluation Report, or previous versions thereof, is/was used for permitting or design guidance unless retained specifically for that purpose.
- 5.2 This Evaluation Report is not for use in FBC HVHZ jurisdictions.
- 5.3 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory or test report from accredited testing agency for fire ratings of this product.
- 5.4 **RhinoRoof Underlayments** may be used with any prepared roof cover where the product is specifically referenced within FBC approval documents. If not listed, a request may be made to the Authority Having Jurisdiction for approval based on this evaluation combined with supporting data for the prepared roof covering.
- 5.5 **Allowable Roof Covers:**

| TABLE 1: ROOF COVER OPTIONS | | | | | | |
|-----------------------------|-------------------------|---------------------|---------------------|--------------|-----------------------------------|---------------------------------|
| <u>Underlayment</u> | <u>Asphalt Shingles</u> | <u>Nail-On Tile</u> | <u>Foam-On Tile</u> | <u>Metal</u> | <u>Wood Shakes & Shingles</u> | <u>Slate or Simulated Slate</u> |
| RhinoRoof U20 | Yes | No | No | Yes | Yes | No |

5.6 **Exposure Limitations:**

RhinoRoof U20 shall not be left exposed for longer than **30-days** after installation.



6. INSTALLATION:

6.1 **RhinoRoof Underlayments** shall be installed in accordance with **Owens Corning Roofing and Asphalt, LLC** published installation instructions subject to the Limitations set forth in Section 5 herein and the specifics noted below.

6.2 Re-fasten any loose decking panels, and check for protruding nail heads. Sweep the substrate thoroughly to remove any dust and debris prior to application.

6.3 RhinoRoof U20:

6.3.1 Shall be installed in compliance with the requirements for **ASTM D226, Type I or II** underlayment in **FBC Table 1507.1.1 or R905.1.1** for the type of prepared roof covering to be installed, taking into account the wider sheet-width.

6.3.2 Fasteners:

For exposure ≤ 24 hours, corrosion resistant fasteners may be 1-inch roofing nails with a 3/8-inch diameter head, minimum 1-inch diameter plastic or metal cap nails or FBC HVHZ nails & 1-5/8" diameter tin caps (with the rough edge facing up). The use of staples is prohibited.

For exposure > 24 hours up to maximum 30 days, corrosion resistant fasteners shall be minimum 1-inch diameter plastic or metal cap nails or FBC HVHZ nails & 1-5/8" diameter tin caps (with the rough edge facing up). The use of staples is prohibited.

6.3.2.1 Code Reference: The Exception statement in FBC 1507.1.1 and FBC R905.1.1 states: "...except metal cap nails shall be required where the ultimate design wind speed, V_{ult} , equals or exceeds 150 mph."

Owens Corning Roofing and Asphalt, LLC has furnished data to permit the use of 1-inch diameter plastic cap nails in lieu of metal cap nails for these applications, when the **RhinoRoof U20** underlayment is installed beneath mechanically fastened prepared roof covers referenced in FBC Table 1507.1.1 or R905.1.1.

6.3.3 Single Layer; Roof Slope $> 4:12$:

End (vertical) laps shall be minimum 6-inches and side (horizontal) laps shall be minimum 4-inches. Refer to Owens Corning Roofing and Asphalt, LLC recommendations for alternate lap configurations and/or the use of sealant under certain conditions.

For exposure ≤ 24 hours, use of every-other fastening location printed on the surface is acceptable. For exposure > 24 hours up to maximum 30-days, use of every fastening location printed on the surface is required.

When batten systems are to be installed atop the underlayment, the underlayment need only be preliminarily attached pending attachment of the battens on the same day. Battens shall not be positioned over cap nails. If this occurs, remove the cap nail and patch the hole in accordance with Owens Corning Roofing and Asphalt, LLC published instructions.

6.3.4 Double Layer; $2:12 < \text{Roof Slope} < 4:12$:

End (vertical) laps shall be minimum 12-inches and side (horizontal) laps shall be minimum half-sheet-width plus 1-inch.

Double layer application; begin by fastening a half-width plus 1-inch starter strip along the eaves. Place a full-width sheet over the starter, completely overlapping the starter course. Continue as noted in 6.3.3, but maintaining minimum half-width plus 1-inch side (horizontal) laps, resulting in a double-layer application.

7. BUILDING PERMIT REQUIREMENTS:

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

8. MANUFACTURING PLANTS:

Qingdao, China

9. QUALITY ASSURANCE ENTITY:

Intertek Testing Services NA Inc. – QUA1673; (608) 836-4400

- END OF EVALUATION REPORT -



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Product Approval
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| | |
|--|---|
| FL # | FL16994-R5 |
| Application Type | Revision |
| Code Version | 2017 |
| Application Status | Approved |
| Comments | |
| Archived | <input type="checkbox"/> |
| Product Manufacturer | Southeastern Metals Mfg. Co. |
| Address/Phone/Email | 11801 Industry Drive Jacksonville, FL 32218 (904) 696-4682 jhkelsey@semetals.com |
| Authorized Signature | Jeremy Kelsey jhkelsey@semetals.com |
| Technical Representative | |
| Address/Phone/Email | |
| Quality Assurance Representative | |
| Address/Phone/Email | |
| Category | Roofing |
| Subcategory | Roofing Accessories that are an Integral Part of the Roofing System |
| 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 | UL LLC |
| Quality Assurance Contract Expiration Date | 12/20/2020 |
| Validated By | Locke Bowden P.E. <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received |
| Certificate of Independence | FL16994 R5 COI SEM14001.5a 2017 FBC Eval Report Off-Ridge Vent final.pdf |
| Referenced Standard and Year (of Standard) | |
| Equivalence of Product Standards Certified By | |
| Sections from the Code | 1503.5 1709.2 |
| Product Approval Method | Method 2 Option B |
| Date Submitted | 09/26/2017 |
| Date Validated | 10/10/2017 |
| Date Pending FBC Approval | 10/15/2017 |
| Date Approved | 12/12/2017 |

Summary of Products

| FL # | Model, Number or Name | Description |
|--|-----------------------|---|
| 16994.1 | Off Ridge Vent | 4-ft, 6-ft, and 8-ft off ridge vents for use with asphalt shingles |
| Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: +0/-18 Other: See evaluation report for limits of use. | | Installation Instructions FL16994_R5_II_SEM14001.5a 2017 FBC Eval Report Off-Ridge Vent final.pdf Verified By: Zachary R. Priest 74021 Created by Independent Third Party: Yes Evaluation Reports FL16994_R5_AE_SEM14001.5a 2017 FBC Eval Report Off-Ridge Vent final.pdf Created by Independent Third Party: Yes |
| 16994.2 | Tile Off Ridge Vent | 4-ft, 6-ft, and 8-ft off ridge vents for use with clay or concrete tile |
| Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: +0/-9 Other: See Evaluation Report for limits of use. | | Installation Instructions FL16994_R5_II_SEM14001.5b 2017 FBC Eval Report Tile Roof Vent final.pdf Verified By: Zachary R. Priest 74021 Created by Independent Third Party: Yes Evaluation Reports FL16994_R5_AE_SEM14001.5b 2017 FBC Eval Report Tile Roof Vent final.pdf Created by Independent Third Party: Yes |

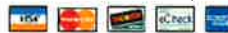
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Product Approval Accepts:



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EVALUATION REPORT

FLORIDA BUILDING CODE, 6TH EDITION (2017)

Manufacturer: Southeastern Metals Manufacturing Co., Inc. (SEMCO) *Issued October 10, 2017*
 11801 Industry Drive
 Jacksonville, FL 32218
 (800) 874-0335
<http://www.semetals.com>

Manufacturing Plant: Jacksonville, FL

Quality Assurance: UL LLC (QUA1743)

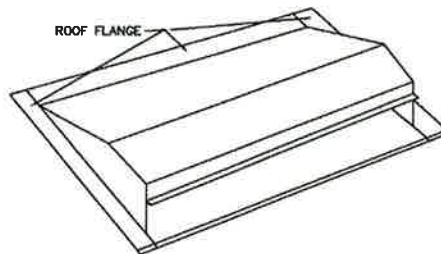
SCOPE

Category: Roofing
Subcategory: Roofing Accessories that are an Integral Part of the Roofing System
Code Sections: 1503.5, 1709.2
Properties: Roof Ventilation

REFERENCES

| <u>Entity</u> | <u>Report No.</u> | <u>Standard</u> | <u>Year</u> |
|--|-------------------|-----------------|-------------|
| PRI Construction Materials Technologies (TST5878) | SEM-029-02-01 | ASTM E 330 | 2014 |
| PRI Construction Materials Technologies (TST5878) | SEM-031-02-01 | ASTM E 330 | 2014 |
| Zachary R. Priest, P.E. (CREEK Technical Services) | SEM14003 | Calculations | 2014 |

PRODUCT DESCRIPTION



Off Ridge Vent: Minimum 26 ga. ASTM A792 or ASTM A653 CS Type B steel; Shall conform with FBC Section 1503.2

Maximum dimensions of the vent are 24-inch wide x 102-inch long x 4.25-inch high. Vent is available in nominal 4-ft, 6-ft and 8-ft sizes.



PRODUCT APPLICATION

Deck Type: Minimum 7/16-inch APA span rated OSB sheathing or 15/32-inch APA span rated plywood sheathing for new and existing roof deck (Deck shall be designed by others in accordance with FBC requirements).

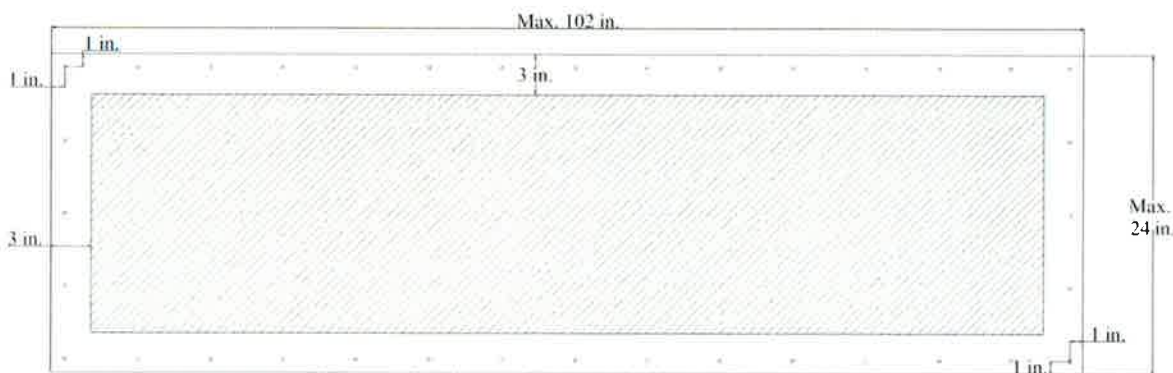
Roof slope: Minimum 2:12

Installation Height: Maximum 33-ft

Roof Cut-Out: 2.5-inch wide x 42-inch opening for the nominal 4-ft vent
 2.5-inch wide x 66-inch opening for the nominal 6-ft vent
 2.5-inch wide x 90-inch opening for the nominal 8-ft vent

Attachment Method: Cut-out opening as prescribed above into the sheathing located a minimum 6-inch off the ridge. For a single vent, install the vent as close to the center of the roof length as possible. Multiple vents should be evenly spaced along the roof length.

Remove interfering shingle nails around the perimeter of the opening and any debris prior to placing vent. Apply ASTM D 4586 or ASTM D 3409, Type I roofing cement/mastic to the underside of the perimeter flange to continuously surround and seal the flange. Position the vent over the opening in the roof sheathing. Slide the top and side flanges of the vent underneath the shingles and allow the bottom flange to lie on top of the shingles. Attach the vent with #9 x min. 1.5-inch HWH screws with 0.5-inch sealing washers or min. 12 ga. x 1-1/4-inch ring shank nails with min. 3/8-inch diameter heads having sufficient length to penetrate through the sheathing a minimum of 3/8-inch. The fasteners shall be located 1-inch from the edge of the flange and 5.5-inches o.c. along all four sides of the vent. All loosened shingles shall be adhered down with roof cement/mastic. When nails are used to attach the vent, all penetrations through the vent flange shall be sealed using ASTM D 4586 or ASTM D 3409, Type I roofing cement/mastic.



Allowable Roof Coverings: Asphalt shingles

Maximum Design Pressure: **-13.5 psf** for 4-ft and 6-ft vents
-18 psf for 8-ft vent
Pressures calculated using 2:1 margin of safety per 1504.9



LIMITATIONS

- 1) Fire Classification is outside the scope of this evaluation.
- 2) This report is not for use in the HVHZ.
- 3) The roof deck and deck attachment shall be designed by others in accordance with the FBC.
- 4) SEMCO vents shall be installed in strict compliance with this evaluation report and the manufacturer's published installation instructions. In the event of conflict, the more restrictive installation shall be enforced.
- 5) Deck substrates shall be clean, dry, and free from any irregularities and debris. All fasteners in the deck shall be checked for protrusion prior to installation.
- 6) Installation of the roof assembly is outside the scope of this evaluation.
- 7) SEMCO vents are intended to provide passive ventilation for an enclosed attic in residential construction applications
- 8) 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.



Digitally signed by Zachary R. Priest

2017.10.10
 10:29:43
 -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

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

| LICENSE NUMBER |
|----------------|
| CCC1329220 |

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



HAMM, MICHAEL A
RESTORANCE SERVICES LLC
630 N. HART BLVD
ORLANDO FL 32818



ISSUED: 07/07/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607070000768



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/29/2017

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 GIGA Solutions Inc. 315 SE Mizner Blvd Ste 213 Boca Raton FL 33432 | | CONTACT NAME: PHONE (A/C, No, Ext): (877) 987-4436 FAX (A/C, No): (954) 252-4426 E-MAIL ADDRESS: tlynch@trigengroupinc.com | |
| INSURED Convergence Employee Leasing, Inc. Convergence Employee Leasing II, Inc. Convergence Employee Leasing III, Inc. Jacksonville FL 32217 | | INSURER(S) AFFORDING COVERAGE INSURER A: Guarantee Insurance Company NAIC # 11398 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** Cert ID 23471 **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | 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 | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A | WCP500075003GIC | 9/30/2017 | 9/30/2018 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 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)
Coverage provided for all leased employees but not subcontractors of Restorsurance Services, LLC
Location coverage effective 9/30/2017.

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/12/2018

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 Premier Choice Insurance and Financial Services, Inc 3745 S Highway 27 Ste A Clermont, FL 34711 License #: E118741 | CONTACT NAME: Suzan M Springer | FAX (A/C, No): (352)241-6798 | |
| | PHONE (A/C, No, Ext): (352)241-2006 | E-MAIL ADDRESS: suzan_springer@premierchoiceins.net | |
| INSURED Restorsurance Services LLC 630 N Hart Blvd Orlando, FL 32818-6834 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: | Evanston Insurance | |
| | INSURER B: | Mercury Indemnity of America | 11201 |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |

COVERAGES

CERTIFICATE NUMBER: 00000000-749044

REVISION NUMBER: 2

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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|----------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | 2DA7198 | 05/21/2018 | 05/21/2019 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea 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 \$ 1,000,000 |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | BA090000011160 | 07/01/2017 | 07/01/2018 | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR \$ EXCESS LIAB CLAIMS-MADE \$ DED RETENTION \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

CERTIFICATE HOLDER

CANCELLATION

City of Belle Isle Building Department
1600 Nela Ave
Belle Isle, FL 32809

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

Suzan Springer

(SMS)

CERTIFICATE OF LIABILITY INSURANCE

Date
6/12/2018

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insurers Affording Coverage

NAIC #

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurer A: Lion Insurance Company
Insurer B:
Insurer C:
Insurer D:
Insurer E:

11075

Coverages

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. Aggregate limits shown may have been reduced by paid claims.

| INSR LTR | ADOL INSRD | Type of Insurance | Policy Number | Policy Effective Date (MM/DD/YY) | Policy Expiration Date (MM/DD/YY) | Limits | |
|----------|------------|---|---------------|----------------------------------|-----------------------------------|---|---------------------------------|
| | | GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC | | | | Each Occurrence | \$ |
| | | | | | | Damage to rented premises (EA occurrence) | \$ |
| | | | | | | Med Exp | \$ |
| | | | | | | Personal Adv Injury | \$ |
| | | | | | | General Aggregate | \$ |
| | | | | | | Products - Comp/Op Agg | \$ |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos | | | | Combined Single Limit (EA Accident) | \$ |
| | | | | | | Bodily Injury (Per Person) | \$ |
| | | | | | | Bodily Injury (Per Accident) | \$ |
| | | | | | | Property Damage (Per Accident) | \$ |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible | | | | Each Occurrence | |
| | | | | | | Aggregate | |
| A | | Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below. | WC 71949 | 01/01/2018 | 01/01/2019 | <input checked="" type="checkbox"/> WC Statutory Limits | <input type="checkbox"/> OTH-ER |
| | | | | | | E.L. Each Accident | \$1,000,000 |
| | | | | | | E.L. Disease - Ea Employee | \$1,000,000 |
| | | | | | | E.L. Disease - Policy Limits | \$1,000,000 |

Other

Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 90-65-081

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

Restorsurance Services, LLC

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

Project Name:

ISSUE 06-12-18 (KLR)

Begin Date 1/22/2018

CERTIFICATE HOLDER

CITY OF BELLE ISLES
BUILDING DEPARTMENT
1600 NELA AVENUE
BELLE ISLES, FL 32809

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.



BOB McKEE
LAKE COUNTY TAX COLLECTOR

**2017 / 2018
LAKE COUNTY BUSINESS TAX RECEIPT
STATE OF FLORIDA**

ACCT NO. 90032
RECEIPT NO. 8760018320

EXPIRES SEPTEMBER 30, 2018

EMPLOYEES 2

TYPE OF BUSINESS **CONTRACTING**

BUSINESS **RESTORSURANCE SERVICES, LLC**
17330 THIRD ST

RESTORSURANCE SERVICES, LLC
PO BOX 560220
MONTVERDE, FL 34756

| | |
|--------------|--------|
| ORIGINAL TAX | 30.00 |
| PENALTY | 0.00 |
| TRANSFER FEE | 0.00 |
| AMOUNT PAID | 30.00 |
| TOTAL DUE | \$0.00 |

Receipt #2017-0060894
Paid 09/18/2017 30.00



ORANGE COUNTY PROPERTY APPRAISER

Searches

Sales Search

Results

Property Record Card

My Favorites

Sign up for e-Notify...

5208 Jade Cir < 20-23-30-4395-00-400 >

Name(s) Physical Street Address

Mena Victor 5208 Jade Cir

Mena Vita Postal City and Zipcode

Mena Maryrose Orlando, FL 32812

Mailing Address On File Property Use

5458 Chiswick Cir 0103 - Single Fam Class III

Belle Isle, FL 32812-2117 Municipality

Incorrect Mailing Address? Belle Isle



View 2017 Property Record Card

Property Features

Values, Exemptions and Taxes

Sales Analysis

Location Info

Market Stats

Update Information

Historical Value and Tax Benefits

Has Homestead in 2018

| Tax Year | Values | Land | Building(s) | Feature(s) | Market Value | Assessed Value | |
|--------------------------|--|---------------------------|----------------------|-------------------------|----------------|----------------------------|-------------------------|
| 2017 | <input checked="" type="checkbox"/> MKT | \$65,000 | + | \$189,647 | + | \$4,700 = \$259,347 (1.6%) | \$185,938 (2.1%) |
| 2016 | <input checked="" type="checkbox"/> MKT | \$65,000 | + | \$185,473 | + | \$4,700 = \$255,173 (3.8%) | \$182,114 (7.0%) |
| 2015 | <input checked="" type="checkbox"/> MKT | \$65,000 | + | \$176,079 | + | \$4,700 = \$245,779 (2.4%) | \$180,848 (8.0%) |
| 2014 | <input checked="" type="checkbox"/> MKT | \$75,000 | + | \$119,306 | + | \$4,700 = \$199,006 | \$179,413 |
| Tax Year Benefits | | Original Homestead | Additional Hx | Other Exemptions | SOH Cap | Tax Savings | |
| 2017 | <input checked="" type="checkbox"/> \$ HK CAP | \$25,000 | \$25,000 | \$0 | \$73,409 | \$1,956 | |
| 2016 | <input checked="" type="checkbox"/> \$ HK CAP | \$25,000 | \$25,000 | \$0 | \$73,059 | \$1,986 | |
| 2015 | <input checked="" type="checkbox"/> \$ HK CAP | \$25,000 | \$25,000 | \$0 | \$64,931 | \$1,880 | |
| 2014 | <input checked="" type="checkbox"/> \$ HK CAP | \$25,000 | \$25,000 | \$0 | \$19,593 | \$1,070 | |

2017 Taxable Value and Certified Taxes

TAX YEAR | 2017 • 2016 • 2015 • 2014

2017 Tax Breakdown

