



City of Belle Isle Job Site Card **Roof PERMIT** 2019-08-066

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: 2019- 08-066

Issue Date: 08/26/2019

Site Address: 3519 Country Lakes Dr 32812

Parcel #: 20-23-30-4980-00-360

Class: Residential **Subdivision:**

Description of Work: Roof Square Footage: 720

MODIFIED BITUMEN

Number of Stories: 1

Issued: Total Roof Services Corp

Business Phone: 407 495-4151

Name: Morales, Jose

Contractor License CCC1330329

Payment Date & Method: 8 / 26 / 2019 Picked up or sent by _____ Emailed

Visa Master Card Amex Discover Check / Money Order # **2787**

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			This inspection only applies for a brand new roof only!
Both new & re-roof Code 710 In - Progress			This inspection consists of all underlayment/black paper coverage and only 25% shingle coverage .
Both new & re-roof Code 720 Final			After the In Progress has been passed, then the entire roof is covered with shingles.

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. **OSHA Approved Access to the Roof must be made Available to the Inspector.**



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 22 2019

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: 08/22/19 ROOF PERMIT NUMBER 2019-08-066

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

Project Address 3519 Country Lakes Dr Belle Isle, FL 32809 32812

Property Owner Tracy Frenkel Phone ~~407~~ 221-3500

Property Owner's Mailing Address 3519 Country Lakes Dr City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 20-23-30-4980-00-360

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

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

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

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

Roof Square Footage: 720 sq ft Number of Stories: 1 Job Valuation: \$ 5000.00

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 _____ LICENSE # CCC1330329

LICENSE HOLDER NAME Jose Morales COMPANY NAME Total Roof Services

Street Address 1920 N. Rio Grande Ave

City Orlando State FL Zip Code 32804 Phone Number 407-495-4151

Email Address permitting@totalroofservices.com

Zoning Fee	\$	<u>30.00</u>
Building Fee	\$	<u>60.00</u> ✓
Review Fee	\$	<u>—</u>
1% BCAIB Fee	\$	<u>2.00</u>
1.5% DCA Fee	\$	<u>2.00</u>
Total Permit Fee	\$	<u>94.00</u>

Building Official: (Signature) Date 8-22-19

Verified Contractor's Licenses & Insurance are on file (Signature) Date 8-22-19

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.

COMPLETED

30
25
35

15716
25
35
60

PAID

8-26-19



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: 8-22-19

Permit #: _____

I hereby name and appoint Naira Castillo of
(print name)

Total Roof Services 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 roof permit permit
(type of permit)
 for work to be performed at the following location:

3519 Country Lakes Dr., Belle Isle, FL 32809 32812 and
(street address)

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

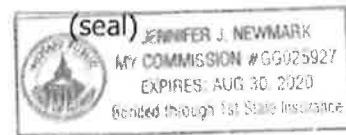
Certified Contractor's Printed Name: Jose Morales

License Number: CC 1830329

Certified Contractor's Signature: _____

The foregoing instrument was acknowledged before me this 22 days of AUGUST of 20 19
 by Jose Morales who is personally known to me or who produced
 _____ as identification and who did not take an oath.

State of Florida
 County of Orange
J. Newman
 Notary Public, Orange County, Florida



Permit Number: _____
 Folio/Parcel Identification Number: 20-23-30-4980-00-360
 Prepared by: Total Roof Services Corp
 1920 N. Rio Grande Ave
 Orlando, FL 32804
 Return to: Total Roof Services Corp
 1920 N. Rio Grande Ave
 Orlando, FL 32804



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)
 The Landings at Lake Conway 9/125 Lot 30 - 3519 Country Lakes Dr
2. **General description of Improvement**
 Flat Roof Replacement
3. **Owner information or Lessee information if the Lessee contracted for the Improvement**
 Name Tracy Frenkel
 Address 3519 Country Lakes Dr
 Interest in Property owner
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Total Roof Services - Jose Morales - CCC1330329 Telephone Number 407-495-4161
 Address 1920 N. Rio Grande Ave, Orlando, FL 32804
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

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

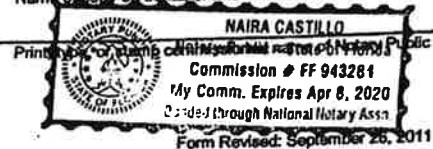
Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Tracy Frenkel
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Partner/Manager _____ Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this 22 day of Aug, 2019 by Tracy Frenkel
 month/year name of person

as Owner for _____
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]
 Signature of Notary Public - State of Florida



Personally Known OR Produced ID _____
 Type of ID Produced _____

COUNTY COMPTROLLER - ORANGE COUNTY, FLORIDA
 SEAL
 I hereby certify that this is a true copy of the document as reflected in the Official Records of ORANGE COUNTY, FLORIDA.
 PHIL DIAMOND, COUNTY COMPTROLLER
 DATED: AUG 22 2019



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: 8-22-19

PERMIT # _____

PROJECT ADDRESS 3519 Country Lakes Dr 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.

- **NOTE: The installation instructions must be posted on-site before your first inspection!!**

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS				WALL PANELS			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS				ROOFING PRODUCTS			
Single/Dbf Hung				Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Underlayment			
Skylights				Other	Mod Bt Polyglass	Polyflex	FL1654-R24
Other						Base cap	W-153
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 8-22-19



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Product Approval
USER: Public User

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

OFFICE OF THE SECRETARY

FL #	FL1654-R24																		
Application Type	Revision																		
Code Version	2017																		
Application Status	Approved																		
Comments																			
Archived	<input type="checkbox"/>																		
Product Manufacturer	POLYGLASS USA																		
Address/Phone/Email	1111 W. Newport Center Drive Deerfield Beach, FL 33442 (954) 233-1330 Ext 242 malpert@polyglass.com																		
Authorized Signature	Maury Alpert malpert@polyglass.com																		
Technical Representative	Maury Alpert																		
Address/Phone/Email	1111 W. Newport Center Drive Deerfield Beach, FL 33442 (912) 429-8610 MAAlpert@polyglass.com																		
Quality Assurance Representative																			
Address/Phone/Email																			
Category	Roofing																		
Subcategory	Modified Bitumen Roof 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	Robert Nieminen																		
Florida License	PE-59166																		
Quality Assurance Entity	UL LLC																		
Quality Assurance Contract Expiration Date	09/13/2021																		
Validated By	John W. Knezevich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received																		
Certificate of Independence	FL1654 R24 COI 2019 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 D6162</td><td>2008</td></tr> <tr><td>ASTM D6163</td><td>2008</td></tr> <tr><td>ASTM D6164</td><td>2011</td></tr> <tr><td>ASTM D6222</td><td>2011</td></tr> <tr><td>ASTM D6509</td><td>2009</td></tr> <tr><td>FM 4470</td><td>2012</td></tr> <tr><td>FM 4474</td><td>2011</td></tr> <tr><td>UL 1897</td><td>2012</td></tr> </tbody> </table>	Standard	Year	ASTM D6162	2008	ASTM D6163	2008	ASTM D6164	2011	ASTM D6222	2011	ASTM D6509	2009	FM 4470	2012	FM 4474	2011	UL 1897	2012
Standard	Year																		
ASTM D6162	2008																		
ASTM D6163	2008																		
ASTM D6164	2011																		
ASTM D6222	2011																		
ASTM D6509	2009																		
FM 4470	2012																		
FM 4474	2011																		
UL 1897	2012																		
Equivalence of Product Standards Certified By																			

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 04/12/2019
 Date Validated 04/14/2019
 Date Pending FBC Approval 04/19/2019
 Date Approved 06/18/2019
 Date Revised 08/12/2019

Summary of Products

FL #	Model, Number or Name	Description
1654.1	Polyglass SBS and APP Modified Bitumen Roof Systems	SBS and APP modified bitumen roof systems
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: +N/A/-622.5 Other: 1.) The design pressure in this application relates to one particular assembly over concrete deck. Refer to the ER Appendix for other systems and deck types. 2.) Refer to ER, Section 5 for other Limits of Use.		Installation Instructions FL1654_R24_II_2019_04_FINAL_A1_ER_POLYGLASS_MODBIT_FL1654-R24.pdf Verified By: Robert Nieminen PE-59166 Created by Independent Third Party: Yes Evaluation Reports FL1654_R24_AE_2019_04_FINAL_ER_POLYGLASS_MODBIT_FL1654-R24.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





NEMO | etc.

**TABLE 11: WOOD DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE: NON-INSULATED, BONDED ROOF COVER**

System No.	Deck (Note 1)	Primer	Roof Cover (Note 15)			MDP (psf)
			Joint Treatment	Base Ply	Ply	
W-182	APA rated, 7/16 CAT, 0.418 in., Exposure 1 OSB	None	OSB joints are covered with 4-inch wide strips of Elastoflex SA V, rolled into place to create continuous bond.	Elastoflex SA V Plus or Elastoflex SA V Plus FR	(Optional) SBS-SA, SBS-TA, APP-TA	-52.5
W-183	Min. 15/32-inch plywood	None	None	SBS-SA	(Optional) SBS-SA, SBS-TA, APP-TA	-90.0
W-184	Min. 15/32-inch plywood	(Optional) PG100	None	Polyflex SA Base	(Optional) APP-TA	-90.0
W-185	Min. 15/32-inch plywood	PG100	None	SBS-SA	(Optional) SBS-SA, SBS-TA, APP-TA	-97.5
W-186	Min. 15/32-inch plywood	(Optional) PG100	Plywood joints are covered with 4-inch wide strips of Elastoflex SA V Plus, rolled into place to create continuous bond.	Elastoflex SA V or Elastoflex SA V FR	(Optional) SBS-SA, SBS-TA, APP-TA	-97.5
W-187	Min. 15/32-inch plywood	POLYBRITE 745 or WB3000	None	SBS-SA	(Optional) SBS-SA, SBS-TA, APP-TA	-105.0
W-188	Min. 15/32-inch plywood	(Optional) PG100	Plywood joints are covered with 4-inch wide strips of Elastoflex SA V Plus, rolled into place to create continuous bond.	Elastoflex SA V Plus or Elastoflex SA V Plus FR	(Optional) SBS-SA, SBS-TA, APP-TA	-135.0
W-189	Min. 15/32-inch plywood	(Optional) PG100	Plywood joints are covered with 4-inch wide strips of Elastoflex SA V Plus, rolled into place to create continuous bond.	Polyflex SA Base	(Optional) APP-TA	-135.0



APPENDIX 1: ATTACHMENT REQUIREMENTS FOR WIND UPLIFT RESISTANCE

TABLE	DECK	APPLICATION	TYPE	DESCRIPTION	PAGE
1A	Wood	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	5
1B	Wood	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	5-9
1C	Wood	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	10-11
1D	Wood	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	12
1E	Wood	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	12-14
1F	Wood	New, Reroof (Tear-Off) or Recover	D	Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	15-18
1G	Wood	New or Reroof (Tear-Off)	E	Non-insulated, Mech. Attached Base Sheet (nails), Bonded Roof Cover	18-22
1H	Wood	New, Reroof (Tear-Off) or Recover	E	Non-insulated, Mech. Attached Base Sheet (screws & plates), Bonded Roof Cover	23-28
1I	Wood	New or Reroof (Tear-Off)	F	Non-insulated, Bonded Roof Cover	29
2A	Steel or Structural concrete	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	30-32
2B	Steel or Structural concrete	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	33-37
2C	Steel or Structural concrete	New, Reroof (Tear-Off) or Recover	D-1	Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	38-39
2D	Steel or Structural concrete	New, Reroof (Tear-Off) or Recover	D-2	Insulated, Mech. Attached Velociflex, Bonded Roof Cover	40-41
3A	Structural concrete	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	42-50
3B	Structural concrete	New or Reroof (Tear-Off)	F	Non-insulated, Bonded Roof Cover	50
4A	Lightweight concrete	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	51-53
4B	Lightweight concrete	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	54
4C	Lightweight concrete	New or Reroof (Tear-Off)	E	Non-insulated, Mech. Attached Base Sheet, Bonded Roof Cover	55-58
5A	Cementitious wood fiber	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	59
5B	Cementitious wood fiber	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	60
5C	Cementitious wood fiber	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	61
5D	Cementitious wood fiber	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	61
5E	Cementitious wood fiber	New, Reroof (Tear-Off) or Recover	E	Non-insulated, Mech. Attached Base Sheet, Bonded Roof Cover	61
6A	Existing gypsum	Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	62-64
6B	Existing gypsum	Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	64
6C	Existing gypsum	Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	64
6D	Existing gypsum	Reroof (Tear-Off) or Recover	E	Non-insulated, Mech. Attached Base Sheet, Bonded Roof Cover	64
7A	Various	Recover	A-1	Bonded Insulation, Bonded Roof Cover	65-69
7B	Various	Recover	F	Non-insulated, Bonded Base Sheet, Bonded Roof Cover	69

The following notes apply to the systems outlined herein:

- The roof system evaluation herein pertains to above-deck roof components. Roof decks and structural members shall be in accordance with FBC requirements to the satisfaction of the Authority Having Jurisdiction. Load resistance of the roof deck shall be documented through proper codified and/or FBC Approval documentation.
- Insulation / base sheet fasteners shall be of sufficient length for the following deck engagement:
 - > Wood: Minimum 0.75-inch penetration.
 - > Steel: Minimum 0.75-inch penetration and engage the top flute of the steel deck.
 - > Structural concrete: Minimum 1-inch embedment into pilot hole in accordance with fastener manufacturer's published installation instructions.



NEMO | etc.

3. Unless otherwise noted, insulation may be any one layer or combination of polyisocyanurate, polystyrene, wood fiberboard, perlite, gypsum-based roof board or mineral-wool roof board that meets the QA requirements of F.A.C. Rule 61G.20-3 and is documented as meeting FBC 15D5.1 and, for foam plastic, FBC Chapter 26, when installed with the roof cover.

4. Minimum 200 psi, minimum 2-inch thick lightweight insulating concrete may be substituted for rigid insulation board for System Type D (mechanically attached base sheet, bonded roof cover), whereby the base sheet fasteners are installed through the LWC to engage the structural steel or concrete deck. The structural deck shall be of equal or greater configuration to the steel and concrete deck listings. Roof decks and structural members shall be in accordance with FBC requirements to the satisfaction of the Authority Having Jurisdiction. Load resistance of the roof deck shall be documented through proper codified and/or FBC Approval documentation.

5. Preliminary insulation attachment for System Type D: Unless otherwise noted, refer to Section 2.2.10.1.3 of FM Loss Prevention Data Sheet 1-29 (January 2016).

6. Unless otherwise noted, insulation adhesive application rates are as follows. Ribbon or bead width is at the time of application; the ribbons/beads shall expand as noted in the manufacturer's published instructions.

Full coverage at 25-30 lbs/square.

- Hot asphalt (HA):
- Dow INSTA STIK Quik Set Insulation Adhesive (D-IS): Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c.
- Millennium One Step Foamable Adhesive (M-OSFA): Continuous 0.25 to 0.5-inch wide ribbons, 12-inch o.c.
- Millennium PG-1 Pump Grade Adhesive (M-PG1): Continuous 0.25 to 0.5-inch wide ribbons, 12-inch o.c.
- OMG OlyBond 500 (OB500): Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c. (PaceCart or SpotShot). Note: OlyBond Green may be used where OlyBond 500 is referenced.
- OlyBond Classic (OB Classic): Full coverage at 1 gal/square.
- ICP Adhesives & Sealants Polyset CR-20: Continuous 2.5-3.5-inch wide ribbons, 12-inch o.c.

➢ Note: When multiple layers(s) of insulation and/or coverboard are installed in ribbon-applied adhesive, board joints shall be staggered.

➢ Note: The maximum edge distance from the adhesive ribbon to the edge of the insulation board shall be not less than one-half the specified ribbons spacing.

7. Unless otherwise noted, all insulations are flat-stock or taper board of the minimum thickness noted. Tapered polyisocyanurate at the following thickness limitations may be substituted with the following Maximum Design Pressure (MDP) limitations. In no case shall these values be used to 'increase' the MDP listings in the tables; rather if MDP listing below meets or exceeds that listed for a particular system in the tables, then the thinner board listed below may be used as a drop-in for the equivalent thicker material listed in the table:

- Millennium One Step Foamable Adhesive (M-OSFA): MDP -157.5 psf (Min. 0.5-inch thick)
- Millennium PG-1 Pump Grade Adhesive (M-PG1): MDP -157.5 psf (Min. 0.5-inch thick)
- OMG OlyBond 500 (OB500): MDP -45.0 psf (Min. 0.5-inch thick Multi-Max FA-3)
- OMG OlyBond 500 (OB500): MDP -187.5 psf (Min. 0.5-inch thick ISO 95+ GL)
- OMG OlyBond 500 (OB500): MDP -315.0 psf (Min. 0.5-inch thick ENRGY 3)
- OMG OlyBond 500 (OB500): MDP -487.5 psf (Min. 0.5-inch thick ACFOAM II)
- ICP Adhesives & Sealants Polyset CR-20: MDP -117.5 psf (Min. 1.0-inch thick)

8. Bonded polyisocyanurate insulation boards shall be maximum 4 x 4 ft.

9. For mechanically attached components or partially bonded insulation, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16, and Zones 2 and 3 shall employ an attachment density designed by a qualified design professional to resist the elevated pressure criteria. Commonly used methods are ANSI/SPRI WDI, FM Loss Prevention Data Sheet 1-29, Roofing Application Standard RAS 117 and Roofing Application Standard RAS 137. Assemblies marked with an asterisk* carry the limitations set forth in Section 2.2.10.1 of FM Loss Prevention Data Sheet 1-29 (January 2016) for Zone 2/3 enhancements.

10. For fully bonded assemblies, the maximum design pressure for the selected assembly shall meet or exceed critical design pressure determined in accordance with FBC Chapter 16, and no rational analysis is permitted.

11. For mechanically attached components over existing decks, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison to the minimum requirements for the system. Testing and analysis shall be in accordance with ANSI/SPRI FX-1 or Testing Application Standard TAS 105.

12. For existing substrates in a bonded recover or re-roof installation, the existing roof surface or existing roof deck shall be examined for compatibility and bond performance with the selected adhesive, and the existing roof system (for recover) shall be capable of resisting project design pressures on its own merit to the satisfaction of the Authority Having Jurisdiction, as documented through field uplift testing in accordance with ANSI/SPRI IA-1, ASTM E907, FM Loss Prevention Data Sheet 1-52 or Testing Application Standard TAS 124.

13. For Recover Applications using System Type D, the insulation is optional; however, the existing roof system shall be suitable for a recover application.



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14. Lightweight Insulating Concrete (LWC) shall be cast in accordance with FBC Section 1917 to the satisfaction of the Authority Having Jurisdiction. For systems where specific LWC is referenced, refer to current LWC Product Approval for specific deck construction and limitations. Unless otherwise noted, for systems where specific LWC is not referenced, the minimum design mix shall be 300 psi. In all cases, the minimum top-coat thickness is 2-inches. For LWC over structural concrete, reference is made to FBC Section 1917.4.1, Point 1. For "pre-existent" LWC references, listings were established through testing over lightweight concrete cast using only foaming agent (ASTM C150), water and Portland cement (ASTM C150), with no proprietary additives, in accordance with procedures adopted by Miami-Dade BCCO (FBC CER1592). Unless otherwise noted, use of these listings in new construction or re-roof (tear-off) applications is at the discretion of the Designer or Record and Authority Having Jurisdiction.

15. Unless otherwise noted, refer to the following references for bonded base, ply or cap sheet applications.

POLYGLASS ROOF COVERS			APPLICATION
REFERENCE	LAYER	MATERIAL	
BP-AA (Base and Ply sheets, Asphalt-Applied)	Base Ply	One or more plies Polyglass G2 Base, FBC Approved ASTM D4601, Type II	Hot Asphalt at 20-40 lbs/square
	Ply	One or more plies Polyglass Ply IV, Polyglass Ply VI, FBC Approved ASTM D2178, Type IV or VI	
SBS-CA1	Note:	Asphalt-applied sheets or insulation shall not be applied to poly-film surfaced membranes.	PG350 at 1.5-2.0 gal/square
	Base Ply	One ply Elastobase (sand/sand), Elastoflex V, Elastoflex S6, Elastoflex S6 HP, Elastoshield HT	
	Cap Ply	Elastoflex V G, Elastoflex V G FR, Elastoflex S6, Elastoflex S6 HP, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS G, Elastoshield TS G FR, Polyfresko G SBS (sand-backed), Polyfresko G SBS FR (sand-backed)	
SBS-CA2	Base Ply	One ply Elastobase (sand/sand), Elastoflex V, Elastoflex S6, Elastoflex S6 HP	Polyplus 35 at 1.5-2.0 gal/square
	Cap Ply	Elastoflex V G, Elastoflex V G FR, Elastoflex S6, Elastoflex S6 HP, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS G, Elastoshield TS G FR, Polyfresko G SBS (sand-backed), Polyfresko G SBS FR (sand-backed)	
SBS-AA (SBS, Asphalt-Applied)	Base Ply or Ply	One or more plies Elastobase (sand/sand or poly/sand), Elastoflex V, Elastoflex S6, Elastoflex S6 HP, Elastoshield HT	Hot Asphalt at 20-40 lbs/square
	Cap Ply	Elastoflex V, Elastoflex V G, Elastoflex V G FR, Elastoflex S6, Elastoflex S6 HP, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS G, Elastoshield TS G FR, Polyfresko G SBS (sand-backed), Polyfresko G SBS FR (sand-backed)	
SBS-TA (SBS, Torch-Applied)	Note:	Asphalt-applied sheets or insulation shall not be applied to poly-film surfaced membranes.	Torch-Applied
	Base Ply or Ply	One or more plies Elastobase (sand/poly), Elastobase (poly/poly), Elastoflex V, Elastoflex S6, Elastoflex S6 HP, Elastoshield HT	
SBS-SA (SBS, Self-Adhering)	Cap Ply	Elastoflex V, Elastoflex V G, Elastoflex V G FR, Elastoflex S6, Elastoflex S6 HP, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS G, Elastoshield TS G FR, Polyfresko G SBS (poly-film backed), Polyfresko G SBS FR (poly-film backed)	Self-Adhering
	Cap Ply	One or more plies Elastoflex SA V, Elastoflex SA V FR, Elastoflex SA V Plus, Elastoflex SA V Plus FR	
APP-CA1	Note:	Unless otherwise noted, permissible membrane substrates for SBS-SA are limited to the SBS-SA Base Ply options herein, Elastobase (poly/sand) or Elastobase (poly/poly).	PG350 at 1.5-2.0 gal/square
	Cap Ply	Polyflex G FR	
APP-TA (APP, Torch-Applied)	Base Ply or Ply	One or more plies Polyglass Base, Polyflex, Polybond	Torch-Applied
	Cap Ply	Polyflex, Polyflex G, Polyflex G FR, Polybond, Polybond G, Polyfresko G, Polyfresko G FR	
APP-SA (APP, Self-Adhering)	Cap Ply	Polyflex SA P, Polyflex SA P FR, Polyfresko G SA, Polykool	Self-Adhering
	Note:	Unless otherwise noted, permissible membrane substrates for APP-SA are limited to the SBS-SA Base Ply options herein, Elastobase (poly/sand) or Elastobase (poly/poly).	



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16. Vapor barrier options for use over structural concrete deck followed by adhered insulation carry the following Maximum Design Pressure (MDP) limitations. The lesser of the MDP listings below vs. those in Table 3A applies:

VAPOR BARRIER OPTIONS: STRUCTURAL CONCRETE DECK ADHERED INSULATION PER TABLE 3A					
OPTION #	PRIMER	TYPE	ATTACH	INSULATION ADHESIVE	MDP (PSF)
VB-1.	PG100	Elastoflex SA V Plus	Self-Adhering	Inta-Stik or CR-20, 12-inch o.c.	-60.0
VB-2.	PG100	Polyglass Base	Torch-applied	Inta-Stik or CR-20, 12-inch o.c.	-75.0
VB-3.	PG100	Elastoflex SA P	Self-Adhering	Insta-Stik, 12-inch o.c.	-75.0
VB-4.	PG100	Elastoflex SA P	Self-Adhering	Millennium One Step Foamable Adhesive, 12-inch o.c.	-157.5
VB-5.	PG100	Elastoflex SA P	Self-Adhering	CR-20, 12-inch o.c.	-270.0
VB-6.	PG100	Elastoflex SA V, Elastoflex SA V FR, Elastoflex SA V Plus, Elastoflex SA V Plus FR	Self-Adhering	Millennium One Step Foamable Adhesive, Millennium PG-1 Pump Grade Adhesive, DlyBond 500 or CR-20, 12-inch o.c.	-290.0

17. The following surfacing may be applied to the Cap Ply without adverse effect on the system wind load performance. Refer to current Florida Product Approval for approved Polyglass and KM Coatings roof coatings for application limitations and a Roofing Materials Directory for fire ratings associated with coating usage.

SURFACING OPTIONS FOR POLYGLASS MODIFIED BITUMEN ROOF SYSTEMS		
Option #	Surfacing	Florida Product Approval
SURF-1.	PG300 Fibered Roof Coating	FL10291
SURF-2.	PG600 Non-Fibered Aluminum Roof Coating	FL10291
SURF-3.	PG650 Fibered Aluminum Roof Coating	FL10291
SURF-4.	PG700 High Quality Elastomeric Roof Coating	FL10291
SURF-5.	PG700QS (Quick Set) High Quality Elastomeric Roof Coating	FL10291
SURF-6.	PG800 Asphalt Emulsion Roof Coating	FL10291
SURF-7.	Polyplus 60 Premium Non-Fibered Aluminum Roof Coating	FL10291
SURF-8.	Polyplus 65 Premium Fibered Aluminum Roof Coating	FL10291
SURF-9.	Polybrite 70 Premium Grade Elastomeric Roof Coating	FL10291
SURF-10.	Polybrite 70QS (Quick Set) Premium Grade Elastomeric Roof Coating	FL10291
SURF-11.	Polybrite 71 HS	FL10291
SURF-12.	Polybrite 90 High Solids Silicone Roof Coating	FL10291
SURF-13.	Polybrite 95 Silicone Roof Coating	FL10291
SURF-14.	KM Acryl 15	FL27409
SURF-15.	KM Acryl 15 QS	FL27409
SURF-16.	KM Acryl 25	FL27409
SURF-17.	KM Acryl 25 QS	FL27409
SURF-18.	KM Acryl 40 HS	FL27409
SURF-19.	KM Acryl 85	FL27409
SURF-20.	KM PS#250	FL27409
SURF-21.	KM PS#220	FL27409

18. "MDP" = Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads. Refer to FBC 1609 for determination of design wind loads.



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**TABLE 11: WOOD DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)
SYSTEM TYPE F: NON-INSULATED, BONDED ROOF COVER**

System No.	Deck (Note 1)	Primer	Roof Cover (Note 15)				MDP (psf)
			Joint Treatment	Base Ply	Ply	Cap Ply	
W-182	APA rated, 7/16 CAT, 0.418 in., Exposure: 1 OSB	None	OSB joints are covered with 4-inch wide strips of Elastoflex SA V, rolled into place to create continuous bond.	Elastoflex SA V Plus or Elastoflex SA V Plus FR	(Optional) SBS-SA, SBS-TA, APP-TA	SBS-SA, APP-SA, SBS-TA, APP-TA	-52.5
W-183	Min. 15/32-inch plywood	None	None	SBS-SA	(Optional) SBS-SA, SBS-TA, APP-TA	SBS-SA, APP-SA, SBS-TA, APP-TA	-90.0
W-184	Min. 15/32-inch plywood	(Optional) PG100	None	Polyflex SA Base	(Optional) APP-TA	APP-TA	-90.0
W-185	Min. 15/32-inch plywood	PG100	None	SBS-SA	(Optional) SBS-SA, SBS-TA, APP-TA	SBS-SA, APP-SA, SBS-TA, APP-TA	-97.5
W-186	Min. 15/32-inch plywood	(Optional) PG100	Plywood joints are covered with 4-inch wide strips of Elastoflex SA V Plus, rolled into place to create continuous bond.	Elastoflex SA V or Elastoflex SA V FR	(Optional) SBS-SA, SBS-TA, APP-TA	SBS-SA, APP-SA, SBS-TA, APP-TA	-97.5
W-187	Min. 15/32-inch plywood	POLYBRITE 745 or WB3000	None	SBS-SA	(Optional) SBS-SA, SBS-TA, APP-TA	SBS-SA, APP-SA, SBS-TA, APP-TA	-105.0
W-188	Min. 15/32-inch plywood	(Optional) PG100	Plywood joints are covered with 4-inch wide strips of Elastoflex SA V Plus, rolled into place to create continuous bond.	Elastoflex SA V Plus or Elastoflex SA V Plus FR	(Optional) SBS-SA, SBS-TA, APP-TA	SBS-SA, APP-SA, SBS-TA, APP-TA	-135.0
W-189	Min. 15/32-inch plywood	(Optional) PG100	Plywood joints are covered with 4-inch wide strips of Elastoflex SA V Plus, rolled into place to create continuous bond.	Polyflex SA Base	(Optional) APP-TA	APP-TA	-135.0



APPENDIX 1. ATTACHMENT REQUIREMENTS FOR WIND UPLIFT RESISTANCE

TABLE	DECK	APPLICATION	TYPE	DESCRIPTION	PAGE
1A	Wood	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	5
1B	Wood	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	5-9
1C	Wood	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	10-11
1D	Wood	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	12
1E	Wood	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	12-14
1F	Wood	New, Reroof (Tear-Off) or Recover	D	Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	15-18
1G	Wood	New or Reroof (Tear-Off)	E	Non-insulated, Mech. Attached Base Sheet (nails), Bonded Roof Cover	18-22
1H	Wood	New, Reroof (Tear-Off) or Recover	F	Non-insulated, Mech. Attached Base Sheet (screws & plates), Bonded Roof Cover	23-28
1I	Wood	New or Reroof (Tear-Off)	F	Non-insulated, Bonded Roof Cover	29
2A	Steel or Structural concrete	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	30-32
2B	Steel or Structural concrete	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	33-37
2C	Steel or Structural concrete	New, Reroof (Tear-Off) or Recover	D-1	Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	38-39
2D	Steel or Structural concrete	New, Reroof (Tear-Off) or Recover	D-2	Insulated, Mech. Attached Velociflex, Bonded Roof Cover	40-41
3A	Structural concrete	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	42-50
3B	Structural concrete	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	50
4A	Lightweight concrete	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	51-53
4B	Lightweight concrete	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	54
4C	Lightweight concrete	New or Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	55-58
5A	Cementitious wood fiber	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	59
5B	Cementitious wood fiber	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	60
5C	Cementitious wood fiber	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	61
5D	Cementitious wood fiber	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	61
5E	Cementitious wood fiber	New, Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	61
6A	Existing Gypsum	Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	62-64
6B	Existing Gypsum	Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	64
6C	Existing Gypsum	Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	64
6D	Existing Gypsum	Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	64
7A	Various	Recover	A-1	Bonded Insulation, Bonded Roof Cover	65-69
7B	Various	Recover	F	Non-Insulated, Bonded Base Sheet, Bonded Roof Cover	69

The following notes apply to the systems outlined herein:

- The roof system evaluation herein pertains to above-deck roof components. Roof decks and structural members shall be in accordance with FBC requirements to the satisfaction of the Authority Having Jurisdiction. Load resistance of the roof deck shall be documented through proper codified and/or FBC Approval documentation.
- Insulation / base sheet fasteners shall be of sufficient length for the following deck engagement:
 - Wood: Minimum 0.75-inch penetration.
 - Steel: Minimum 0.75-inch penetration and engage the top flange of the steel deck.
 - Structural concrete: Minimum 1-inch embedment into pilot hole in accordance with fastener manufacturer's published installation instructions.



3. Unless otherwise noted, insulation may be any one layer or combination of polyisocyanurate, polystyrene, wood fiberboard, perlite, gypsum-based roof board or mineral-wool roof board that meets the QA requirements of F.A.C. Rule 61G20-3 and is documented as meeting FBC 1505.1 and, for foam plastic, FBC Chapter 26, when installed with the roof cover.

4. Minimum 200 psi, minimum 2-inch thick lightweight insulating concrete may be substituted for rigid insulation board for System Type D (mechanically attached base sheet, bonded roof cover), whereby the base sheet fasteners are installed through the LWC to engage the structural steel or concrete deck. The structural deck shall be of equal or greater configuration to the steel and concrete deck listings. Roof decks and structural members shall be in accordance with FBC requirements to the satisfaction of the Authority Having Jurisdiction. Load resistance of the roof deck shall be documented through proper certified and/or FBC Approval documentation.

5. Preliminary insulation attachment for System Type D: Unless otherwise noted, refer to Section 2.2.10.1.3 of FM Loss Prevention Data Sheet 1-29 (January 2016).

6. Unless otherwise noted, insulation adhesive application rates are as follows. Ribbon or bead width is at the time of application; the ribbons/beads shall expand as noted in the manufacturer's published instructions.

➢ Hot asphalt (HA):

Full coverage at 25-30 lbs/square.

Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c.

Continuous 0.25 to 0.5-inch wide ribbons, 12-inch o.c.

Continuous 0.25 to 0.5-inch wide ribbons, 12-inch o.c.

Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c. (PaceCart or SpotShot). Note: OlyBond Green may be used where OlyBond 500 is referenced.

Full coverage at 1 gal/square.

Continuous 2.5-3.5-inch wide ribbons, 12-inch o.c.

➢ ICP Adhesive & Sealants Polyset CR-20:

➢ Note: When multiple layer(s) of insulation and/or coverboard are installed in ribbon-applied adhesive, board joints shall be staggered.

➢ Note: The maximum edge distance from the adhesive ribbon to the edge of the insulation board shall be not less than one-half the specified ribbons spacing.

7. Unless otherwise noted, all insulations are flat-stock or taper board of the minimum thickness noted. Tapered polyisocyanurate at the following thickness limitations may be substituted with the following Maximum Design Pressure (MDP) limitations. In no case shall these values be used to 'increase' the MDP listings in the tables; rather if MDP listing below meets or exceeds that listed for a particular system in the tables, then the thinner board listed below may be used as a drop-in for the equivalent thicker material listed in the table:

➢ Millennium One Step Foamable Adhesive (M-OSFA):

MDP -157.5 psf (Min. 0.5-inch thick)

MDP -157.5 psf (Min. 0.5-inch thick)

➢ Millennium PG-1 Pump Grade Adhesive (M-PG1):

MDP -45.0 psf (Min. 0.5-inch thick Multi-Max FA-3)

MDP -187.5 psf (Min. 0.5-inch thick ISO 95+ GI)

MDP -315.0 psf (Min. 0.5-inch thick ENRGY 3)

MDP -487.5 psf (Min. 0.5-inch thick AC Foam II)

MDP -117.5 psf (Min. 1.0-inch thick)

8. Bonded polyisocyanurate insulation boards shall be maximum 4 x 4 ft.

9. For mechanically attached components or partially bonded insulation, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16, and Zones 2 and 3 shall employ an attachment density designed by a qualified design professional to resist the elevated pressure criteria. Commonly used methods are ANSI/SPRI WD1, FM Loss Prevention Data Sheet 1-29, Roofing Application Standard RAS 117 and Roofing Application Standard RAS 137. Assemblies marked with an asterisk* carry the limitations set forth in Section 2.2.10.1 of FM Loss Prevention Data Sheet 1-29 (January 2016) for Zone 2/3 enhancements.

10. For fully bonded assemblies, the maximum design pressure for the selected assembly shall meet or exceed critical design pressure determined in accordance with FBC Chapter 16, and no rational analysis is permitted.

11. For mechanically attached components over existing decks, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison to the minimum requirements for the system. Testing and analysis shall be in accordance with ANSI/SPRI FX-1 or Testing Application Standard TAS 105.

12. For existing substrates in a bonded recover or re-roof installation, the existing roof surface or existing roof deck shall be examined for compatibility and bond performance with the selected adhesive, and the existing roof system (for recover) shall be capable of resisting project design pressures on its own merit to the satisfaction of the Authority Having Jurisdiction, as documented through field uplift testing in accordance with ANSI/SPRI IA-1, ASTM E907, FM Loss Prevention Data Sheet 1-52 or Testing Application Standard TAS 124.

13. For Recover Applications using System Type D, the insulation is optional; however, the existing roof system shall be suitable for a recover application.

NEMO ETC, LLC

Certificate of Authorization #32455

Prepared by: Robert Nieminen, PE-59166

6th EDITION (2017) FBC NON-HVHZ EVALUATION

Polyglass Modified Bitumen Roof Systems; (954) 233-1330

Evaluation Report P9290.02.08-R22 for FL1654-R24

Revision 22: 04/11/2019

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14. Lightweight Insulating Concrete (LWC) shall be cast in accordance with FBC Section 1917 to the satisfaction of the Authority Having Jurisdiction. For systems where specific LWC is referenced, refer to current LWC Product Approval for specific deck construction and limitations. Unless otherwise noted, for systems where specific LWC is not referenced, the minimum design mix shall be 300 psi. In all cases, the minimum top-coat thickness is 2 inches. For LWC over structural concrete, reference is made to FBC Section 1917 4.1. Point 1. For "pre-existent" LWC references, listings were established through testing over lightweight concrete cast using only foaming agent (ASTM C896), water and Portland cement (ASTM C150), with no proprietary additives, in accordance with procedures adopted by Miami-Dade BCCO (FBC CER1592). Unless otherwise noted, use of these listings in new construction or re-roof (tear-off) applications is at the discretion of the Designer or Record and Authority Having Jurisdiction.

15. Unless otherwise noted, refer to the following references for bonded base, ply or cap sheet applications.

POLYGLASS ROOF COVERS			
REFERENCE	LAYER	MATERIAL	APPLICATION
BP-AA (Base and Ply sheets, Asphalt-Applied)	Base Ply	One or more plies Polyglass G2 Base, FBC Approved ASTM D4601, Type II	Hot Asphalt at 20-40 lbs./square
	Ply	One or more plies Polyglass Ply IV, Polyglass Ply VI, FBC Approved ASTM D2178, Type IV or VI	
SBS-CA1	Note:	Asphalt-applied sheets or insulation shall not be applied to poly-film surfaced membranes.	PG350 at 1.5-2.0 gal./square
	Base Ply	One ply Elastobase (sand/sand), Elastoflex V, Elastoflex S6 HP, Elastoshield HT	
SBS-CA2	Cap Ply	Elastoflex V G, Elastoflex V G FR, Elastoflex S6 HP, Elastoflex S6 G FR, Elastoflex S6 G FR, Elastoshield TS G, Elastoshield TS G FR, Polyfresko G SBS (sand backed), Polyfresko G SBS FR (sand backed)	Polyplus 35 at 1.5-2.0 gal./square
	Base Ply	One ply Elastobase (sand/sand), Elastoflex V, Elastoflex S6 HP	
SBS-AA (SBS, Asphalt-Applied)	Cap Ply	Elastoflex V G, Elastoflex V G FR, Elastoflex S6 HP, Elastoflex S6 G FR, Elastoflex S6 G FR, Elastoshield TS G, Elastoshield TS G FR, Polyfresko G SBS (sand-backed), Polyfresko G SBS FR (sand-backed)	Hot Asphalt at 20-40 lbs./square
	Base Ply or Ply	One or more plies Elastobase (sand/sand or poly/sand), Elastobase P (sand/sand or poly/sand), Elastoflex V, Elastoflex S6, Elastoflex S6 HP, Elastoshield HT	
SBS-TA (SBS, Torch-Applied)	Cap Ply	Elastoflex V, Elastoflex V G, Elastoflex V G FR, Elastoflex S6, Elastoflex S6 HP, Elastoflex S6 G FR, Elastoflex S6 G FR, Elastoshield TS G, Elastoshield TS G FR, Polyfresko G SBS (sand-backed), Polyfresko G SBS FR (sand-backed)	Torch-Applied
	Base Ply or Ply	Asphalt-applied sheets or insulation shall not be applied to poly-film surfaced membranes.	
SBS-SA (SBS, Self-Adhering)	Cap Ply	One or more plies Elastobase (sand/poly), Elastobase (poly/poly), Elastoflex V, Elastoflex S6, Elastoflex S6 HP, Elastoshield HT	Self Adhering
	Base Ply	Elastoflex V, Elastoflex V G, Elastoflex V G FR, Elastoflex S6, Elastoflex S6 HP, Elastoflex S6 G FR, Elastoflex S6 G FR, Elastoshield TS G, Elastoshield TS G FR, Polyfresko G SBS (poly-film backed), Polyfresko G SBS FR (poly-film backed)	
APP-CA1	Cap Ply	One or more plies Elastoflex SA V, Elastoflex SA V FR, Elastoflex SA V Plus, Elastoflex SA V Plus FR	PG350 at 1.5-2.0 gal./square
	Cap Ply	Elastoflex SA P, Elastoflex SA P FR, Polyreflect	
APP-TA (APP, Torch-Applied)	Cap Ply	Unless otherwise noted, permissible membrane substrates for SBS-SA are limited to the SBS-SA Base Ply options herein, Elastobase (poly/sand) or Elastobase (poly/poly).	Torch-Applied
	Base Ply or Ply	Polyfresko G FR	
APP-SA (APP, Self-Adhering)	Cap Ply	One or more plies Polyglass Base, Polyflex, Polybond	Self-Adhering
	Cap Ply	Polyflex, Polyflex G, Polyflex G FR, Polybond, Polybond G, Polyfresko G, Polyfresko G FR	
APP-SA (APP, Self-Adhering)	Cap Ply	Polyflex SA P, Polyflex SA P FR, Polyfresko G SA, Polykool	Self-Adhering
	Note:	Unless otherwise noted, permissible membrane substrates for APP-SA are limited to the SBS-SA Base Ply options herein, Elastobase (poly/sand) or Elastobase (poly/poly).	



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16. Vapor barrier options for use over structural concrete deck followed by adhered insulation carry the following Maximum Design Pressure (MDP) limitations. The lesser of the MDP listings below vs. those in Table 3A applies:

VAPOR BARRIER OPTIONS: STRUCTURAL CONCRETE DECK, ADHERED INSULATION PER TABLE 3A					
OPTION #	PRIMER	VAPOR BARRIER		INSULATION ADHESIVE	MDP (PSF)
		TYPE	ATTACH		
VB-1	PG100	Elastoflex SA V Plus	Self-Adhering	Inta-Stik or CR-20, 12-inch o.c.	-60.0
VB-2	PG100	Polyglass Base	Torch-applied	Inta-Stik or CR-20, 12-inch o.c.	-75.0
VB-3	PG100	Elastoflex SA P	Self-Adhering	Insta-Stik, 12-inch o.c.	-75.0
VB-4	PG100	Elastoflex SA P	Self-Adhering	Millennium One Step Foamable Adhesive, 12-inch o.c.	-157.5
VB-5	PG100	Elastoflex SA P	Self-Adhering	CR-20, 12-inch o.c.	-270.0
VB-6	PG100	Elastoflex SA V, Elastoflex SA V FR, Elastoflex SA V Plus, Elastoflex SA V Plus FR	Self-Adhering	Millennium One Step Foamable Adhesive, Millennium PG-1 Pump Grade Adhesive, OlyBond 500 or CR-20, 12-inch o.c.	-290.0

17. The following surfacing may be applied to the Cap Ply without adverse effect on the system wind load performance. Refer to current Florida Product Approval for approved Polyglass and KM Coatings roof coatings for application limitations and a Roofing Materials Directory for fire ratings associated with coating usage.

SURFACING OPTIONS FOR POLYGLASS MODIFIED BITUMEN ROOF SYSTEMS			Florida Product Approval
Option #	Surfacing		
SURF-1.	PG300 Fibered Roof Coating		FL10291
SURF-2.	PG600 Non-Fibered Aluminum Roof Coating		FL10291
SURF-3.	PG650 Fibered Aluminum Roof Coating		FL10291
SURF-4.	PG700 High Quality Elastomeric Roof Coating		FL10291
SURF-5.	PG700QS (Quick Set) High Quality Elastomeric Roof Coating		FL10291
SURF-6.	PG800 Asphalt Emulsion Roof Coating		FL10291
SURF-7.	Polyplus 60 Premium Non-Fibered Aluminum Roof Coating		FL10291
SURF-8.	Polyplus 65 Premium Fibered Aluminum Roof Coating		FL10291
SURF-9.	Polybrite 70 Premium Grade Elastomeric Roof Coating		FL10291
SURF-10.	Polybrite 70QS (Quick Set) Premium Grade Elastomeric Roof Coating		FL10291
SURF-11.	Polybrite 71 HS		FL10291
SURF-12.	Polybrite 90 High Solids Silicone Roof Coating		FL10291
SURF-13.	Polybrite 95 Silicone Roof Coating		FL10291
SURF-14.	KM Acryl 15		FL27409
SURF-15.	KM Acryl 15 QS		FL27409
SURF-16.	KM Acryl 25		FL27409
SURF-17.	KM Acryl 25 QS		FL27409
SURF-18.	KM Acryl 40 HS		FL27409
SURF-19.	KM Acryl 85		FL27409
SURF-20.	KM PS#250		FL27409
SURF-21.	KM PS#220		FL27409

18. *MDP* = Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads. Refer to FBC 1609 for determination of design wind loads.



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

THE ROOFING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



MORALES, JOSE A

TOTAL ROOF SERVICES CORP
1820 NORTH RIO GRANDE AVENUE
ORLANDO FL 32804

LICENSE NUMBER: CCC1330329

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

	2018		EXPIRES 9/30/2019				
5000 BUSINESS OFFICE		\$30.00	5 EMPLOYEES	1806	ROOFING CONTRACTOR	\$30.00	5000-1120731 1 EMPLOYEE

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

JACKSON ERIC A
 MORALES JOSE A QUALIFIER

TOTAL ROOF SERVICES CORP
 1820 N RIO GRANDE AVE
 ORLANDO FL 32804

1820 N RIO GRANDE AVE
 A - ORLANDO, 32804

PAID: \$60.00 0099-00853665 8/24/2018

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

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

	2018		EXPIRES 9/30/2019				
5000 BUSINESS OFFICE		\$30.00	5 EMPLOYEES	1806	ROOFING CONTRACTOR	\$30.00	5000-1120731 1 EMPLOYEE

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



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 MORALES JOSE A QUALIFIER
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 1820 N RIO GRANDE AVE
 ORLANDO FL 32804

1820 N RIO GRANDE AVE
 A - ORLANDO, 32804

PAID: \$60.00 0099-00853665 8/24/2018

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/22/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061	CONTACT NAME: Griselidys Acosta	
	PHONE (A/C, No, Ext): (954) 943-5050	FAX (A/C, No): (954) 942-6310
E-MAIL ADDRESS: gris@furmaninsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Berkley Assurance Co		39462
INSURER B: Vantapro Specialty Insurance Company		44768
INSURER C: National Union Fire Insurance		19445
INSURER D: Columbia Casualty		31127
INSURER E: Zurich Ins/US Assure		17965
INSURER F:		
INSURED Total Roof Services Corp 1920 N Rio Grande Orlando FL 32804		

COVERAGES **CERTIFICATE NUMBER:** 19/20 MASTERAUTO RENEWED **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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			VUMD0001510	3/16/2019	3/16/2020	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 \$ 2,000,000 Cyber Liability \$ 100,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			5087046500	6/5/2019	6/5/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-BASIC \$ 10,000
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			BE011505523	3/16/2019	3/16/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> DED 0 RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	ERRORS & OMISSIONS/POLLUTION			CE06057000948	3/16/2019	3/16/2020	POLICY AGGREGATE \$1,000,000
E	INLAND MARINE			EC06682860	5/31/2019	5/31/2020	Leased/Rented Equip \$100,000

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

CERTIFICATE HOLDER

cobipermits@UniversalEngineer

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Dirk DeJong/GA

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