



City of Belle Isle Job Site Card **Roof PERMIT** 2019-08-026

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- 08-026

Issue Date: 08/08/2019

Site Address: 6526 St Partin Pl 32812

Parcel #: 20-23-30-1678-00-190

Class: Residential **Subdivision:**

Description of Work: Roof Square Footage: 4367 ASPHALT SHINGLES with underlayment

Number of Stories: 2

Issued: Collis Roofing Inc

Business Phone: 321 441 2300

Name: Lanier, Douglas

Contractor License CCC058022

Payment Date & Method: 8 / 13 / 2019 Picked up or sent by

Emailed

Visa Master Card Amex Discover Check / Money Order #

8442

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.**

RECEIVED AUG - 7 2019



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

APPLICATION FOR ROOFING PERMIT

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

DATE OF APPLICATION: 8/6/19 ROOF PERMIT NUMBER 2019-08-026
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 6526 St Partin Pl, Belle Isle, FL 32809X 32812
Property Owner George S Kachmarik Phone 865-255-1543
Property Owner's Mailing Address 6526 St Partin Pl City Orlando
State FL Zip Code 32812 Parcel Id Number: 20-23-30-1678-00-190
REQUIRED! To obtain this information, please visit <http://www.ocpafi.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: 4367 Number of Stories: 2 Job Valuation: \$ 18,751.59
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 # CCC058022
LICENSE HOLDER NAME J DOUGLAS LANIER COMPANY NAME COLLIS ROOFING, INC
Street Address P.O. BOX 520668
City LONGWOOD, State FL Zip Code 32752 Phone Number 321-441-2300
Email Address PERMITS@COLLISROOFING.COM

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

COMPLETED
Building Official: [Signature] Date 8-7-19
Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-7-19

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.
3027 25 BSE 90 18X5 15711 18X5 25 90 115

PAID
USA 8442

Permit Number: _____
 Folio/Parcel ID #: 20-23-30-1678-00-190
 Prepared by: STEPHANIE FELICIANO
Collis Roofing
 Return to: P.O. BOX 520668
LONGWOOD, FL 32752

DOC# 20190500558
 08/13/2019 09:31:42 AM Page 1 of 1
 Rec Fee: \$10.00
 Phil Diamond, Comptroller
 Orange County, FL
 IP - Ret To: COLLIS ROOFING



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)
CONWAY LAKES 8/3 LOT 19 6526 St Partin Pl, Orlando, FL 32812
2. **General description of improvement**
RE-ROOF
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name George S Kachmarik
 Address 3203 Oak Park Ln, Kissimmee, FL 34746
 Interest in Property Owner
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name COLLIS ROOFING, INC. Telephone Number 321-441-2300
 Address P.O. BOX 520668 LONGWOOD FL 32752
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) _____

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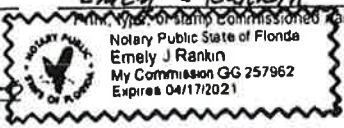
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED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

X George S Kachmarik _____ OWNER
 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 9 day of Aug '19 by George S Kachmarik
 as OWNER for SELF
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Emely J Rankin _____
 Signature of Notary Public - State of Florida Name of Notary Public

Personally Known OR Produced ID 1
 Type of ID Produced K 286-317-53-268



Form content revised 01/23/14

State of FLORIDA, County of ORANGE
 I hereby certify that this is a true copy of the document as referred in the Official Records
 PHIL DIAMOND, COUNTY COMPTROLLER
 BY: [Signature] D.C.
 DATED: AUG-13-2019





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: 8/9/19

Permit #: 2019-08-078

I hereby name and appoint STEPHANIE FELICIANO of
(print name)

COLLIS ROOFING, INC 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
(type of permit)

for work to be performed at the following location:

6526 ST PARTIN PL, 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: J DOUGLAS LANIER

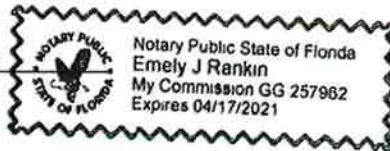
License Number: CCC058022

Certified Contractor's Signature: *J Douglas Lanier*

.....
The foregoing instrument was acknowledged before me this 6 days of August of 20 19
by J Douglas Lanier who is personally known to me or who produced
as identification and who did not take an oath.

State of Florida
County of Orange

Emely J Rankin
Notary Public, Orange County, Florida



(seal)



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

Product Approval Form

DATE: 8/6/19

PERMIT # 2019-08-026

PROJECT ADDRESS 6526 St Partin Pl, Belle Isle, FL 32809 X 32812

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

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

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS				WALL PANELS			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS				ROOFING PRODUCTS			
Single/Dbf Hung				Asphalt Shingles	OWENS CORNING	DURATION	FL10674-R13
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Underlayment	OWENS CORNING	PROARMOR	FL17420-R4
Skylights	KENNEDY SKYLIGHT	SFG	FL15592-R2	Other			
Other							
STRUCTURAL COMPONENTS				OTHER			
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

It is the applicant's responsibility to verify that specific products have been installed in accordance with their limitations and with the minimum required design pressures for the structure. Specific compliance will be verified during field inspections.

Applicant Signature *Ray J. Lamm*

Date 8/6/19



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Product Approval
USER: Public User

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



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**.

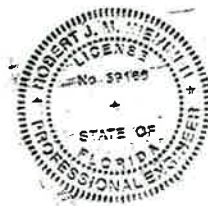
CONTINUED COMPLIANCE: This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement to 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**.

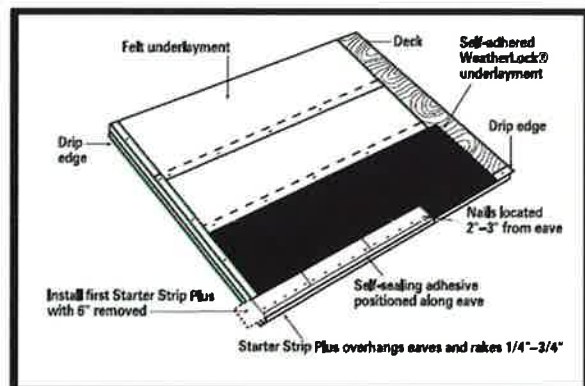
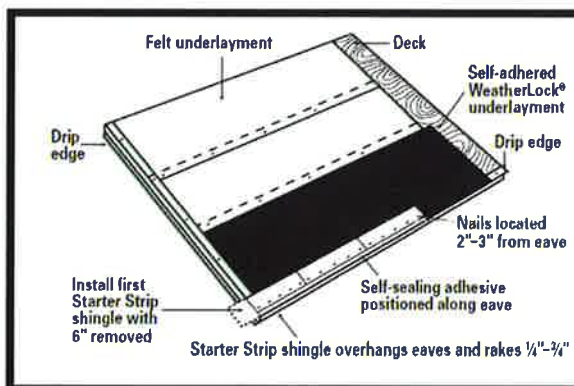
6. INSTALLATION:

6.1 Underlayment:

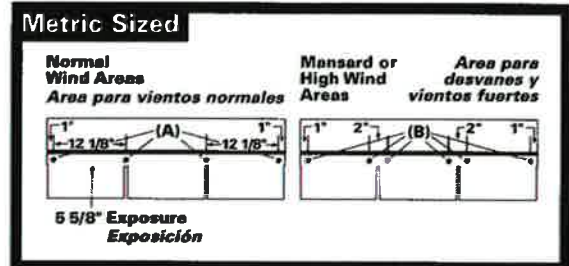
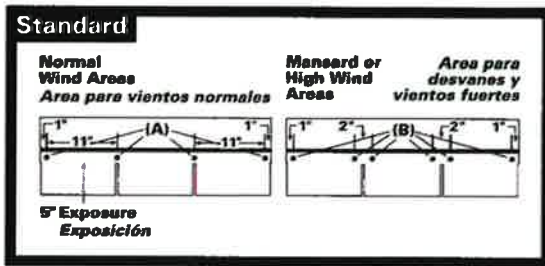
- 6.1.1 Underlayment shall be acceptable to **Owens Corning** and shall hold current Florida Statewide Product Approval, or be Locally Approved per **Rule 61G20-3**, per **FBC 1507.2.3, 1507.2.4** or **R905.2.3**.

6.2 Asphalt Shingles:

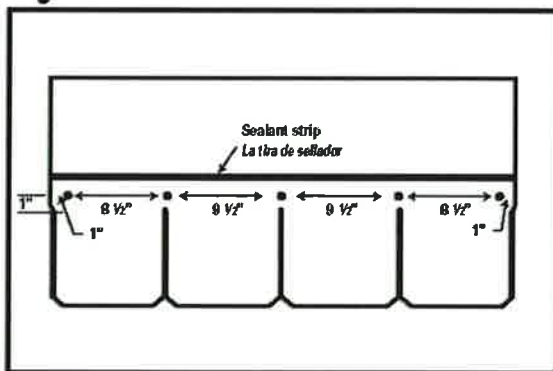
- 6.2.1 Installation of asphalt shingles shall comply with the **Owens Corning** current published instructions, using minimum four (4) nails per shingle in accordance with **FBC 1507.2.7** or **R905.2.6**, with the following exceptions:
 - **Berkshire**® shingles require minimum five (5) nails per shingle.
 - **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:**



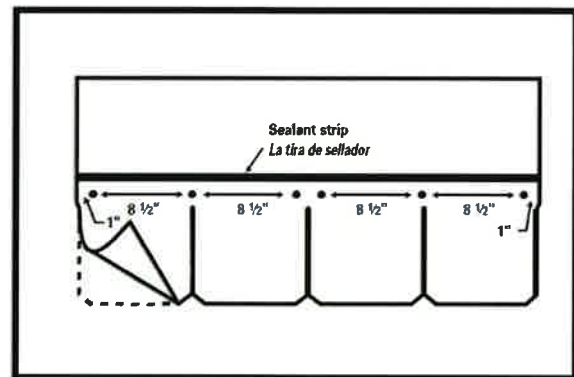
6.2.6 Minimum Nailing – Classic® & Supreme:



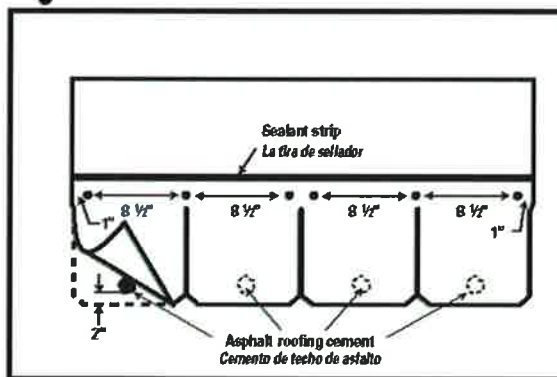
6.2.7 Minimum Nailing – Berkshire®:



Standard Fastening Pattern

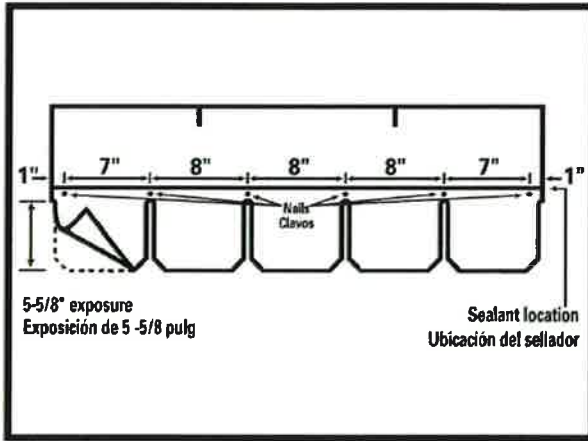


6-Nail Fastening Pattern

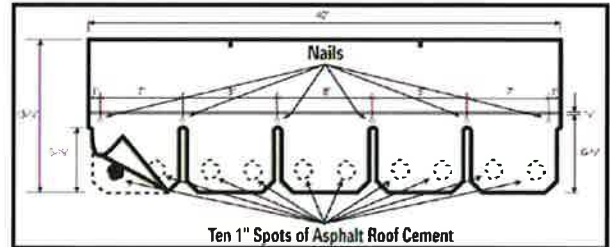


Mansard or Steep Slope Fastening Pattern

6.2.8 Minimum Nailing – **Devonshire™**:

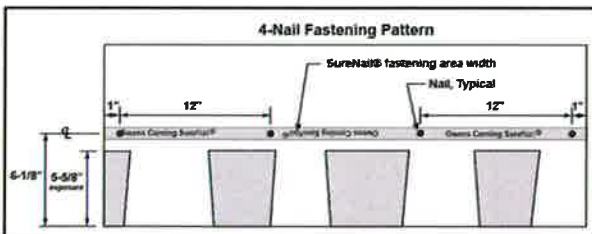


Standard 6-Nail Fastening Pattern

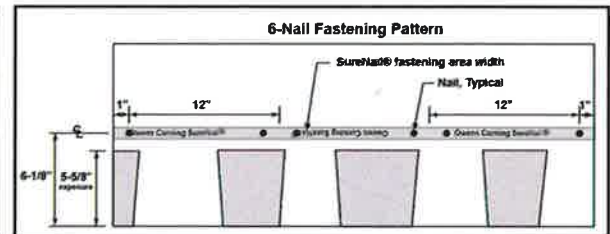


Mansard or Steep Slope Fastening Pattern

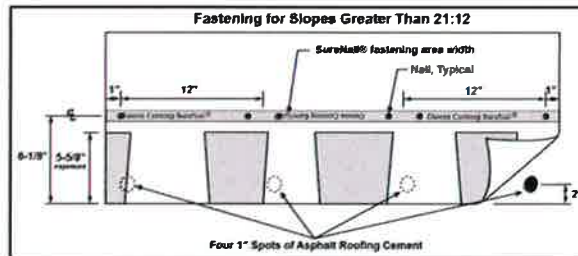
6.2.9 Minimum Nailing – **Duration®, TruDefinition® Duration, Duration® Premium Cool & TruDefinition® Duration® Designer Color Collection**:



Standard Fastening Pattern

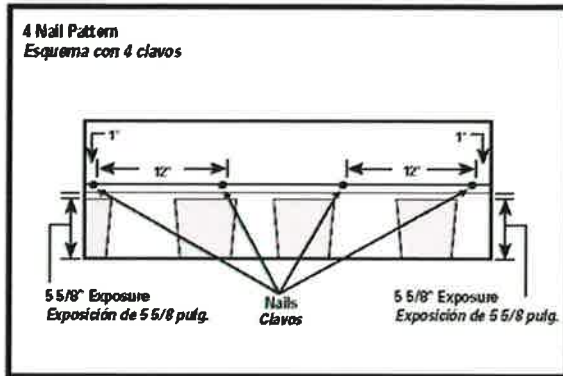


6-Nail Fastening Pattern

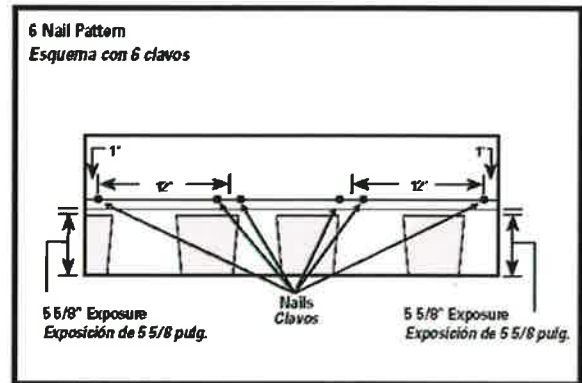


Mansard or Steep Slope Fastening Pattern

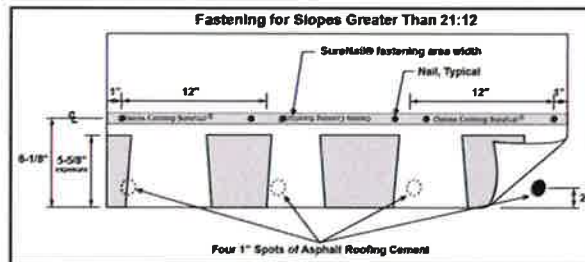
6.2.1 Minimum Nailing – TruDefinition® Oakridge®, Oakridge®:



Standard Fastening Pattern

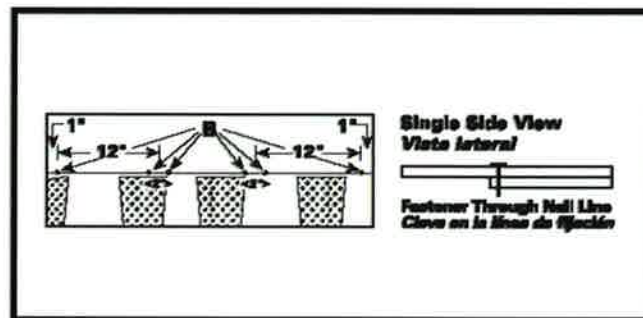


6-Nail Fastening Pattern



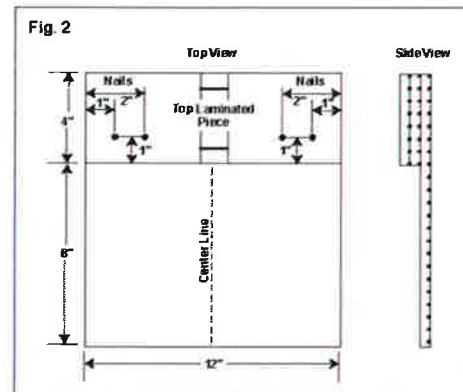
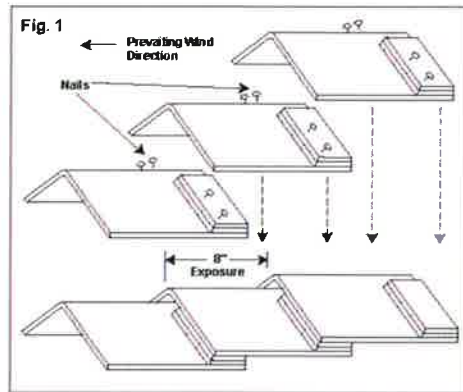
Mansard or Steep Slope Fastening Pattern

6.2.1 Minimum Nailing – WeatherGuard® HP:

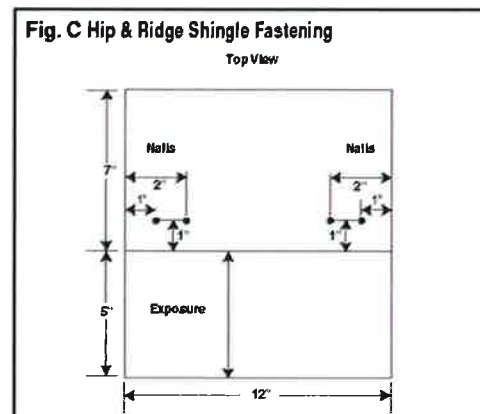
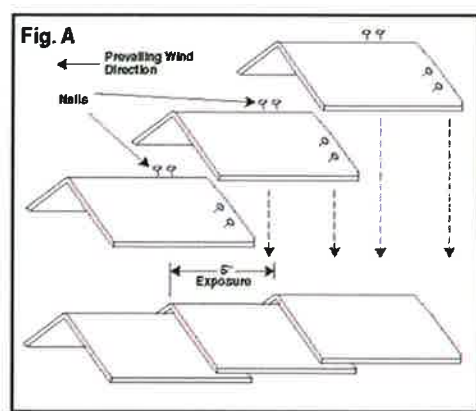


6.3 Hip & Ridge Shingles:

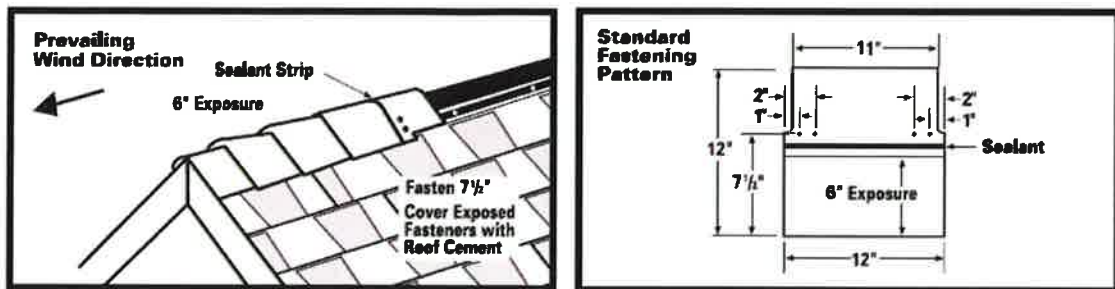
- 6.3.1 Installation of **Berkshire® Hip and Ridge Shingles, High Ridge, WeatherGuard® HP Hip and Ridge Shingles** and **ProEdge Hip & Ridge Shingles** shall comply with the **Owens Corning** current published instructions, using four (4) nails per shingle. Installation of **DuraRidge™ Hip & Ridge Shingles** 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:

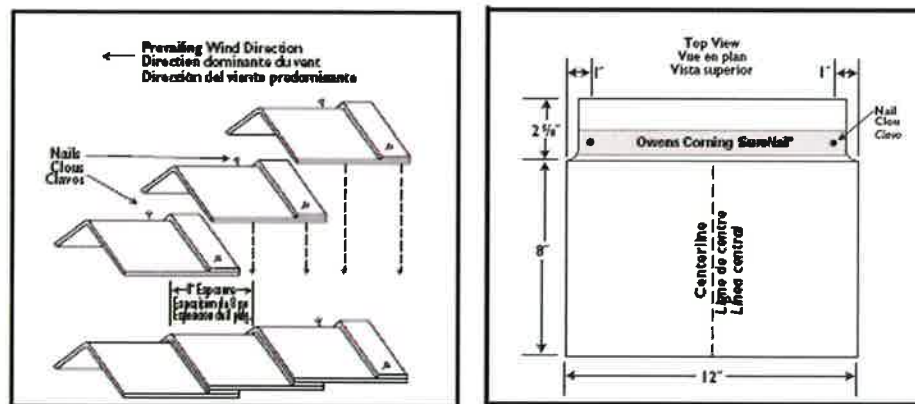


6.3.5 Minimum Nailing - ProEdge Hip & Ridge Shingles:



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
USER: Public User

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

OFFICE OF THE SECRETARY

FL #	FL17420-R4
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	
Address/Phone/Email	
Quality Assurance Representative	
Address/Phone/Email	
Category	Roofing
Subcategory	Underlayments
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input type="checkbox"/> Evaluation Report - Hardcopy Received
Florida Engineer or Architect Name who developed the Evaluation Report	Zachary R. Priest
Florida License	PE-74021
Quality Assurance Entity	Intertek Testing Services NA, Inc. - QA Entity
Quality Assurance Contract Expiration Date	12/31/2020
Validated By	Locke Bowden P.E. <input type="checkbox"/> Validation Checklist - Hardcopy Received
Certificate of Independence	FL17420_R4_COI_OCR14004.4_2017_FBC_Eval_Report_ProArmor_final.pdf
Referenced Standard and Year (of Standard)	
Equivalence of Product Standards Certified By	
Sections from the Code	1507.1.1
Product Approval Method	Method 2 Option B
Date Submitted	09/30/2017



EVALUATION REPORT

FLORIDA BUILDING CODE 6TH EDITION (2017)

Manufacturer: OWENS CORNING ROOFING AND ASPHALT LLC *Issued September 30, 2017*
 1 Owens Corning Parkway
 Toledo, OH 43657
 (800) 438-7465
www.owenscorning.com

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

SCOPE

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

REFERENCES

<u>Entity</u>	<u>Report No.</u>	<u>Standard</u>	<u>Year</u>
Intertek Testing Services NA Ltd. (TST1509)	102389161COQ-002A	AC 188	2012
Intertek Testing Services NA Ltd. (TST1509)	102389161COQ-003b	ASTM E 108	2011
Intertek Testing Services NA Ltd. (TST1509)	102389161COQ-004	ASTM D 226	2009
PRI Construction Materials Technologies (TST5878)	OCR-259-02-01	ASTM D 1970	2015a

PRODUCT DESCRIPTION AND APPLICATION

ProArmor[™] A mechanically attached, synthetic underlayment consisting of a woven polypropylene base with a non-woven polypropylene laminate on the top side of the underlayment, and a coating on the back side (nominal weight = 2.15 lb/100ft²). The underlayment shall be used as an alternative to ASTM D 226, Type II roofing underlayments and has demonstrated a minimum tear strength of 20 pounds when tested in accordance with ASTM D 1970. The product is supplied in 9.2-sq rolls with nominal dimensions of 4-ft x 250.5-ft. Unless otherwise noted, the following application details shall be followed for New and Existing construction. See manufacturer's installation instructions for further detail.

Roof Deck: The roof deck shall be constructed of closely fitted wood sheathing for new or existing construction. Plywood deck shall be installed in accordance with FBC requirements. Roof decks shall have no more than 1/8" gap at abutting joints.

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

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



LIMITATIONS

- 1) This evaluation report is not for use in the HVHZ.
- 2) Fire Classification is not within the scope of this evaluation.
- 3) Wind uplift resistance is not within scope of this evaluation.
- 4) Installation of the evaluated product shall comply with this report, the FBC, and the manufacturer's published application instructions. Where discrepancies exist between these sources, the more restrictive and FBC compliant installation detail shall prevail.
- 5) Deck substrates shall be clean, dry, and free from any irregularities and debris. All fasteners in the deck shall be checked for protrusion and corrected prior to underlayment application.
- 6) Roof slope limitations shall be in accordance with FBC requirements.
- 7) The underlayment may be used as described in other current FBC product approval documents.
- 8) Roof coverings shall not be adhered directly to the underlayment. Roof coverings shall be mechanically fastened through the underlayment to the roof deck.
- 9) The underlayment shall not be installed over existing roof coverings.
- 10) All underlayments shall be installed with the roll length parallel to the eave, starting at the eave, and lapped in success courses installed up the deck in a manner that effectively sheds water from the deck. End laps shall be staggered between courses in accordance with the manufacturer's application instructions.
- 11) The underlayment shall not be exposed on the roof deck for longer than 30 days.
- 12) 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

2017.09.30
15:21:14
-04'00'

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

CERTIFICATION OF INDEPENDENCE

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

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

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

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

END OF REPORT



RICK SCOTT, GOVERNOR

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

LANIER, JACK DOUGLAS

COLLIS ROOFING, INC.
485 COMMERCE WAY
LONGWOOD FL 32750

LICENSE NUMBER: CCC058022

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.

BUSINESS TAX RECEIPT

CITY OF LONGWOOD
175 W. WARREN AVENUE
LONGWOOD, FL 32750

2018-2019

Phone: (407)260-3440
<http://www.longwoodfl.org>

Receipt #: 19-00455

Issued Date: 09/06/18

Effective Date: 10/01/18

Expiration Date: 09/30/19

License Type: CONTRACTOR/OVER 30 EMP

Business Name: COLLIS-ROOFING, INC.

Business Location: 485 COMMERCE WAY

LANIER, JOYCE
P.O. BOX 520668
LONGWOOD, FL 32752



RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION.

COLLIS ROOFING, INC.
LANIER, JOYCE
P.O. BOX 520668
LONGWOOD, FL 32752



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2018

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 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: PHONE (A/C, No, Ext): 800-344-4838		FAX (A/C, No): (954) 943-5417
	E-MAIL ADDRESS:		
INSURED Collis Roofing Inc P. O. Box 520668 Longwood FL 32752	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: United Specialty Insurance Company		12537
	INSURER B: North River Insurance Company		21105
	INSURER C: American Guarantee & Liability Ins Co		26247
	INSURER D: FRSA Self Insurer Fund		N/A
	INSURER E: INSURER F:		

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

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

INBR 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			DBRU900075100	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> Contractual Included						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> KCU Included						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			1337448501	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							Personal Injury Protection \$ 10,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			AUC914077112	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 3,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	<input type="checkbox"/> CLAIMS-MADE					
UMBRELLA IS FOLLOW FORM OF THE GL AL and EL							
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			870033379	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

(407) 240-2222

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/JC

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ACORD 25 (2014/01)
INS025 (2014/01)

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