



**City of Belle Isle**  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universallenginering.com](http://www.universallenginering.com)

## PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

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

**Scope of Work:** REROOF: 29sq, modified bitumen

**Comments:** None

**Project Information**

Address: 1708 Idaho Avenue, Belle Isle, FL 32809  
 Parcel ID: 25-23-29-5884-24-060  
 Property Owner: Bailey, William & Michelle  
 Phone Number: 407-857-0098  
 \*\*\*\*\*  
 Company Name: Edgar Quintin Inc.  
 Contractor Name: Quintin, Edgar  
 License Number: CCC057581  
 Address: 1341 W. Church Street, Orlando, FL 32805  
 Phone Number: 407-857-0098

**Permit Number: 2014-01-034**  
 Date of Application: 04/21/2014  
 Date Permit Issued: 04/23/2014

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

**BUILDING FEATURES**

**IMPACT FEES**

School \$  
 Traffic \$

**ZONING FEES**

Zoning Fee \$30.00

**UNIVERSAL ENG - BUILDING FEES**

Cert of Occ \$  
 Demo \$  
 Building \$  
 Fence \$  
 Driveway \$  
 Shed \$  
 Window(s) \$  
 Door(s) \$  
 PrePower \$  
 Electrical \$  
 Temp Pole \$  
 Plumbing \$  
 Mechanical \$  
 Gas \$  
 Roofing \$80.00  
 Boat Dock \$  
 Screen Encl \$  
 Swimming Pool \$  
 Sign \$

**SURCHARGE FEES**

Surcharge Fee \$2.00  
 Surcharge Fee \$2.00

**TOTAL FEES \$114.00**

Date Paid 4-28-14  
 CC or Check # 7864  
 Amount Paid 114.00

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

**BUILDING INSPECTOR USE ONLY**

IF APPLICABLE:

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

**BUILDING**

1<sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_ (Footing/Foundation)

2<sup>nd</sup> \_\_\_\_\_ (Slab)

3<sup>rd</sup> \_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)

4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_ (Drywall)

8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_ (Other)

10<sup>th</sup> \_\_\_\_\_ (Final - After MEP and Other Applicable Finals)

**ROOFING**

1<sup>st</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

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

1<sup>st</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)

3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

**CHECK APPROPRIATE BOX**

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

Inspection requests are to be emailed to [BidScheduling@UniversalEngineering.com](mailto:BidScheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2014-04-034
Property Owner	BAILEY William & Michelle
Address	1708 Idaho Ave (etc)
Nature of Improvement	Re-roof
Received Application	4-21-14
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	/
Variance Approved	/
Sent to BO for Review	4-21-14 CTC re roof
Building Official Approved	4-22-14
Comments	
1. Susan 4-21-14	NOCU WCV GLP Business Lic emailed Does this need a review w/ assigned to Colburn?
2.	
3.	
4. 4-22-14 SCQ	GL COI must list COPI
5. 4-22-14 Susan	Sent email re: above of Cent Holder
6. 4-25-14 Susan	email it's ready ✓
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 • Fax 407-581-0313 • [www.universalengineering.com](http://www.universalengineering.com)

**RECEIVED**  
 4-22-14

**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: April 8, 2014 ROOF PERMIT NUMBER: 2014-04-034  
 PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below.

Project Address 1708 Idaho Ave Belle Isle, FL  32809  32812  
 Property Owner William + Michelle Bailey Phone \_\_\_\_\_  
 Property Owner's Mailing Address 1708 Idaho Ave city Belle Isle  
 State FL Zip Code 32809 Parcel Id Number: 25-23-29-5884-24-066  
 REQUIRED! To obtain this information, please visit <http://www.ocpfl.org/Searches/ParcelSearch.aspx>

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

- REQUIRED! Florida Product Approval Screen Printout from [www.floridabuilding.org](http://www.floridabuilding.org) showing the Code Version
- REQUIRED! Florida Product Approval Instructions from [www.floridabuilding.org](http://www.floridabuilding.org) (not the manufacturer's instructions)
- REQUIRED! Copies of your General Liability & Worker's Comp Insurance Certificate & State and Local Licenses

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

Roof Square Footage: 3700 Number of Stories: 1 Job Valuation: \$ 11,000.00  
 Type: Asphalt Shingles  Metal  Modified Bitumen  Other: \_\_\_\_\_

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE \_\_\_\_\_ LICENSE # CC057581  
 LICENSE HOLDER NAME Edgar Quintin COMPANY NAME Edgar Quintin Inc  
 Street Address 1341 W. Church St  
 City Orlando State FL Zip Code 32805 Phone Number 407-851-0988  
 Email Address: edgarquintin@bellsouth.net

Building Official: sq Date 4-22-14  
 Zoning Fee \$ 300  
 Permit Fee \$ 800  
 3% Florida Surcharge \$ 272 = 4.00  
 Total Permit Fee \$ 114.00

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

25  
55

Building Permit Number \_\_\_\_\_

**Search Criteria**

Code Version	2010	FL#	ALL
Application Type	ALL	Product: Manufacturer	Firestone Building Products Company, LLC
Category	Roofing	Subcategory	Modified Bitumen Roof System
Application Status	ALL	Compliance Method	ALL
Quality Assurance Entity	ALL	Quality Assurance Entity Contract Expired	ALL
Product Model, Number or Name	ALL	Product Description	ALL
Approved for use in HVHZ	ALL	Approved for use outside HVHZ	ALL
Impact Resistant	ALL	Design Pressure	ALL
Other	ALL		

[Refine Search](#)

**Search Results - Applications**

FL#	Type	Manufacturer	Validated By	Status
EL884-BLQ HISTORY	Revision	Firestone Building Products Company, LLC. Category: Roofing Subcategory: Modified Bitumen Roof System	John W. Knezevich, PE (954) 772-6224	Approved
EL45892-R3 HISTORY	Revision	Firestone Building Products Company, LLC. Category: Roofing Subcategory: Modified Bitumen Roof System	Lacke Bowden (354) 300-1800	Approved
EL16722	New	Firestone Building Products Company, LLC. Category: Roofing Subcategory: Modified Bitumen Roof System	John W. Knezevich, PE (954) 772-6224	Approved

\*Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Contact Us | 1040 West Monroe Street, Tallahassee, FL 32309 Phone: 850-487-1824

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Product Approval Accept:



# TRINITY ERD

## APPENDIX 1: ATTACHMENT REQUIREMENTS FOR WIND UPLIFT RESISTANCE

Table	Deck	Application	Type	Description	Page
1A	Wood	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	5
1B	Wood	New, Reroof (Tear-Off) or Recover	B-1	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	5
1C	Wood	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	5-7
1D	Wood	New, Reroof (Tear-Off) or Recover	D	Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	7
1E-1	Wood	New or Reroof (Tear-Off)	F	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	9-9
1E-2	Wood	New, Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	9
2A-1	Steel or Conc.	New, Reroof (Tear-Off) or Recover	B-1	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	11-16
2A-2	Steel or Conc.	New, Reroof (Tear-Off) or Recover	B-2	Mech. Attached Thermal Barrier, Bonded Temp Roof, Bonded Insulation, Bonded Roof Cover	17-19
2B	Steel or Conc.	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	20-32
2C	Steel or Conc.	New, Reroof (Tear-Off) or Recover	D	Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	33-34
3A	Concrete	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	35-43
3B	Concrete	New or Reroof (Tear-Off)	A-3	Bonded Temp Roof, Bonded Insulation, Bonded Roof Cover	44-52
3C	Concrete	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	53
4A	LWIC	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	54-65
4B	LWIC	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	66
4C-1	LWIC	New or Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	67-70
4C-2	LWIC	New or Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	70
5A	CWF	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	71
5B	CWF	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	71
5C	CWF	New, Reroof (Tear-Off) or Recover	B-1	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	72
5D	CWF	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	72
5E	CWF	New, Reroof (Tear-Off) or Recover	D	Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	72
5F	CWF	New, Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	73
6A	Gypsum	Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	74-75
6B	Gypsum	Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	76
6C	Gypsum	Reroof (Tear-Off)	B-1	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	77
6D	Gypsum	Reroof (Tear-Off)	C	Mech. Attached Insulation, Bonded Roof Cover	77
6E	Gypsum	Reroof (Tear-Off)	D	Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	77
6F	Gypsum	Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	78
7A	Various	Recover	A-1	Bonded Insulation, Bonded Roof Cover	79-87

## TRINITY ERD

**The following notes apply to the systems outlined herein:**

1. Roof decks shall be in accordance with FBC requirements to the satisfaction of the AHJ. Wind load resistance of the roof deck shall be documented through proper codified and/or FBC Approval documentation.
2. Unless otherwise noted, insulation / base sheet fasteners shall be the following with the noted minimum fastener engagement for each deck type. For deck-types not listed, refer to the specific system listings herein:
  - **Wood:** Firestone Insulation Fastening Plates with Firestone All-Purpose Fasteners; Firestone Pre-Assembled Fastener and Plate (consisting of 0.196-inch thread diameter fastener with 3-inch diameter metal plate). Minimum 0.75-inch steel penetration and engage the top flute of the steel deck.
  - **Steel:** Firestone Insulation Fastening Plates with Firestone All-Purpose Fasteners or Firestone Heavy-Duty Fasteners; Firestone Pre-Assembled Fastener and Plate (consisting of 0.196-inch thread diameter fastener with 3-inch diameter metal plate); AP AccuTrac; HD AccuTrac. Minimum 0.75-inch steel penetration and engage the top flute of the steel deck.
  - **Concrete:** Firestone Insulation Fastening Plates with Firestone Heavy-Duty Fasteners or Firestone Concrete Drive Fasteners; Firestone Pre-Assembled Heavy-Duty Fastener and Plate (consisting of 0.275-inch thread diameter fastener with 3-inch diameter metal plate); HD AccuTrac. Minimum 1-inch embedment into pilot hole in accordance with published installation instructions.
3. Unless otherwise noted, the insulation may be any polyisocyanurate, polystyrene, fiberboard, perlite and/or gypsum-based insulation board that meets the QA requirements of F.A.C. Rule 9N-3 and is documented as meeting FBC 1505.1 and, for foam plastic, FBC 2603.4.1 or 2603.6, 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 LWIC 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.
5. 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:** Full coverage, 20-40 lbs/square.
  - **Firestone MB Cold Adhesive:** Full coverage, 1.5 to 2 gal./square.
  - **Firestone I.S.O. FIX II:** Continuous 0.75-inch beads, 8-inch o.c.
  - **Firestone I.S.O. Twin Pack:** Continuous 0.5 to 0.75-inch beads, 12-inch o.c.
  - **Firestone I.S.O. Stick:** Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c.
  - **Firestone I.S.O. Spray S:** Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c.
  - **Firestone LiquiGuard:** Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c.
  - **3M CR-20:** Continuous 2.5-3.5-inch wide ribbons, 12-inch o.c. (Note: TITSEET may be used wherever 3M CR-20 is referenced).
  - **Note:** When multiple layers(s) of insulation and/or coverboard are installed in ribbon-applied adhesive, adhesive ribbons shall be staggered from layer-to-layer a distance of one-half the ribbon spacing.
  - **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.
6. 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.
 

➤ <b>Hot asphalt:</b>	MDP	-120.0 psf	(Min. 0.5-Inch thick)
➤ <b>Firestone I.S.O. FIX II:</b>	MDP	-112.5 psf	(Min. 0.5-Inch thick)
➤ <b>Firestone I.S.O. Twin Pack:</b>	MDP	-157.5 psf	(Min. 0.5-Inch thick)
➤ <b>Firestone I.S.O. Stick:</b>	MDP	-187.5 psf	(Min. 0.5-Inch thick)
➤ <b>3M CR-20:</b>	MDP	-117.5 psf	(Min. 1.0-Inch thick)
7. Bonded polyisocyanurate Insulation boards shall be maximum 4 x 4 ft.

## TRINITY ERD

8. 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 RAS 117 and FM LPDS 1-29. Assemblies marked with an asterisk\* carry the limitations set forth in Section 2.2.1.5.1(a) of FM LPDS 1-29 for Zone 2/3 enhancements.
9. For assemblies where all components are fully adhered, 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.
10. 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 TAS 105 or ANSI/SPRI FX-1.
11. For existing substrates in a bonded recover installation, the existing roof surface shall be examined for compatibility and bond performance with the selected adhesive, and the existing roof system shall be capable of resisting project design pressures on its own merit to the satisfaction of the AHJ, as documented through field uplift testing in accordance with ASTM E907, FM LPDS 1-52, ANSI/SPRI IA-1 or TAS 124.
12. For Recover Applications using System Type D, the insulation is optional; however, the existing roof system shall be suitable for a recover application.
13. Unless otherwise noted, refer to the following references for bonded base, ply or cap sheet applications.

Reference	Layer	Material	Application
BP-AA (Base and Ply sheets, Asphalt-Applied)	Base	MB Base M, Ply IV (M), Ply VI (M), Ply IV, Ply VI	Hot asphalt at 20-40 lbs/square
	Ply	Ply IV (M), Ply VI (M), Ply IV, Ply VI	
BP-CA (Base and Ply sheets, Cold-Applied)	Base	MB Base M	Firestone Multi-Purpose MR Cold Adhesive at 1.5 - 2.0 gal/square
	Ply	Ply VI (M), Ply VI	
BP-CA2 (Base and Ply sheets, Cold-Applied)	Base	MB Base M	Firestone LiquiGard Membrane Adhesive at 1.5 - 2.0 gal/square
	Ply	Ply VI (M), Ply VI	
SBS-AA (SBS, Asphalt-Applied)	Base	SBS Base, SBS Base-P, SBS PolyBase, SBS Premium Base, SBS Smooth	Hot asphalt at 20-40 lbs/square
	Ply	SBS Base, SBS Base-P, SBS PolyBase, SBS Premium Base, SBS Smooth	
	Cap	SBS Cap, SBS Cap UltraWhite, SBS FR Cap, SBS Smooth, SBS Premium, SBS Premium UltraWhite, SBS Premium FR, SBS Premium FR UltraWhite, SBS Glass, SBS Glass UltraWhite, SBS Glass FR, SBS Glass FR UltraWhite	
SBS-CA (SBS, Cold-Applied)	Base	SBS Base, SBS Base-P, SBS PolyBase, SBS Premium Base	Firestone Multi-Purpose MR Cold Adhesive at 1.5 - 2 gal/square
	Ply	SBS Base, SBS Base-P, SBS PolyBase, SBS Premium Base	
	Cap	SBS Cap, SBS Cap UltraWhite, SBS FR Cap, SBS Smooth, SBS Premium, SBS Premium UltraWhite, SBS Premium FR, SBS Premium FR UltraWhite, SBS Glass, SBS Glass UltraWhite, SBS Glass FR, SBS Glass FR UltraWhite	
SBS-CA2 (SBS, Cold-Applied)	Base	SBS Base, SBS Base-P, SBS PolyBase, SBS Premium Base	Firestone LiquiGard Membrane Adhesive at 1.5 - 2.0 gal/square
	Ply	SBS Base, SBS Base-P, SBS PolyBase, SBS Premium Base	
	Cap	SBS Cap, SBS Cap UltraWhite, SBS FR Cap, SBS Smooth, SBS Premium, SBS Premium UltraWhite, SBS Premium FR, SBS Premium FR UltraWhite, SBS Glass, SBS Glass UltraWhite, SBS Glass FR, SBS Glass FR UltraWhite	
SBS-TA (SBS, Torch-Applied)	Base	SBS Poly Torch Base, SBS Glass Torch Base, SBS Smooth	Torch-Applied
	Ply	SBS Poly Torch Base, SBS Glass Torch Base, SBS Smooth	
	Cap	SBS Glass FR Torch, SBS Glass FR Torch UltraWhite, SBS Torch, SBS Torch UltraWhite, SBS FR Torch, SBS FR Torch UltraWhite, SBS Smooth, SBS Premium Torch, SBS Premium Torch UltraWhite, SBS Premium FR Torch, SBS Premium FR Torch UltraWhite	

## TRINITY ERD

Firestone Roof Covers (Continued)			
Reference	Layer	Material	Application
SBS-SA (SBS, self-adhering)	Base	MB Base SA or BASFGARD SA (see specific listings)	Self-Adhering
APP-CA (APP, Cold-Applied)	Base	APP 80 Glass Base, APP 80 Glass Base-P, APP 160-P, APP 160 COOL, APP 170 COOL, APP Premium Base	Firestone Multi-Purpose MR Cold Adhesive at 1.5 - 2 gal/square
	Cap	APP 160-P, APP 160 COOL, APP 170 COOL, APP 180-P, APP 180 COOL, APP 180 FR COOL, APP 180 FR COOL UltraWhite, APP Premium FR, APP Premium FR UltraWhite	
APP-TA (APP, Torch-Applied)	Base	APP 80 Glass Base, APP 80 Glass Base-P, APP 160-P, APP 170, APP Premium Base	Torch-Applied
	Ply	APP 160, APP 160-P, APP 170, APP Premium Base	
	Cap	APP 160, APP 160-P, APP 170, APP 180, APP 180-P, APP 180 UltraWhite, APP 180 FR, APP 180 FR UltraWhite, APP Premium FR, APP Premium FR UltraWhite	

### Alternate Cap Sheet Installation Allowances:

The following cap sheets may be installed over sand-top-surfaced SBS-AA or SBS-TA base or ply membranes within asphalt-applied and torch-applied systems noted herein with the noted Maximum Design Pressure (MDP) limitations. In no case shall the substitution and the associated limitation be used to 'increase' the MDP listing in the table; rather if the particular system is less than or equal to the noted cold-cap limitation, then the substitution is permitted.

Deck Type	System Type	Listed Cap Sheet	Alternate Cold-Cap	MDP (psf)
Wood, Steel, Concrete, LWC, CWF, Gypsum or Recover	A-2, B-1, B-2, C, D or E	SBS-AA or SBS-TA	SBS-CA: SBS Cap, SBS Cap UltraWhite, SBS FR Cap, SBS Smooth, SBS Premium, SBS Premium UltraWhite, SBS Premium FR or SBS Premium FR UltraWhite	122.5
Concrete, LWC (over concrete), Gypsum or Recover (over concrete)	A-1, A-3 or F	SBS-AA or SBS-TA	SBS-CA: SBS Cap, SBS Cap UltraWhite, SBS FR Cap, SBS Smooth, SBS Premium, SBS Premium UltraWhite, SBS Premium FR, SBS Premium FR UltraWhite, SBS Glass, SBS Glass UltraWhite, SBS Glass FR or SBS Glass FR UltraWhite	180.0
Concrete, LWC (over concrete), Gypsum or Recover (over concrete)	A-1, A-3 or F	SBS-AA, SBS-TA or APP-TA	APP-CA: APP 160 COOL, APP 170 COOL, APP 180 COOL, APP 180 FR COOL or APP 180 FR COOL UltraWhite	225.0

14. "Asphaltic" vapor barrier / temp roof referenced herein refers to 1 or 2 plies Ply IV (4) M or Ply VI (6) M or 1 ply MB Base, SBS Base, SBS Polybase or SBS Premium Base applied in a full mopping of hot asphalt.
15. "MDP" = Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads, and reflects the ultimate passing pressure divided by 2 (the 2 to 1 margin of safety per FBC 1504.9 has already been applied). Refer to FBC 1609.1.5 for determination of design wind loads.



**TABLE 1A: WOOD DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)**  
**SYSTEM TYPE A-2: MECHANICALLY ATTACHED ANCHOR SHEET, BONDED INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Anchor Sheet			Insulation			Roof Cover			MRP (psf)
		Type	Fasteners	Attach	Base	Top	Attach	Base	Ply	Cap	
W-1	Min. 19/32-inch plywood at max. 24-inch spans attached with 8d common or ring shank nails 6-inch o.c.	MB Base, MB Base M, SBS Base, SBS Base-P	FBC HVHZ 1519.5.1 nails & tin caps	9-inch o.c. In the 4-inch side lap and 18-inch o.c. in two staggered rows in the center of the sheet	One or more layers min. 1.4-inch ISO 95+ GL	Min. 0.5-inch FiberTop	Hot asphalt	BP-AA or SBS-AA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	45.0*
W-2	Min. 19/32-inch plywood at max. 24-inch spans attached with 8d ring shank nails or #8 x 2.5-inch screws 6-inch o.c.	MB Base, MB Base M, SBS Base, SBS Base-P	FBC HVHZ 1519.5.1 nails & tin caps	9-inch o.c. In the 4-inch side lap and 18-inch o.c. in two staggered rows in the center of the sheet	One or more layers min. 1.4-inch ISO 95+ GL	Min. 0.5-inch FiberTop	Hot asphalt	BP-AA or SBS-AA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	52.5

**TABLE 1B: WOOD DECKS – NEW CONSTRUCTION, REROOF (TEAR-OFF) OR RECOVER**  
**SYSTEM TYPE B: MECHANICALLY ATTACHED BASE INSULATION, BONDED TOP INSULATION, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Base Insulation Layer			Top Insulation Layer		Roof Cover			MRP (psf)
		Type	Fasteners	Attach	Type	Attach	Base	Ply	Cap	
W-3	Min. 19/32-inch plywood at max. 24-inch spans attached with 8d common or ring shank nails 6-inch o.c.	Min. 1.3-inch ISO 95+ GL	See Note 2	1 per 2.4 ft <sup>2</sup>	Min. 0.5-inch FiberTop or min. 1.5-inch ISO 95+ GL Woodfiber Composite	Hot asphalt	BP-AA or SBS-AA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	45.0*
W-4	Min. 19/32-inch plywood at max. 24-inch spans attached with 8d ring shank nails or #8 x 2.5-inch screws 6-inch o.c.	Min. 1.5-inch ISO 95+ GL	See Note 2	1 per 2 ft <sup>2</sup>	Min. 0.5-inch FiberTop or min. 1.5-inch ISO 95+ GL Woodfiber Composite	Hot asphalt	BP-AA or SBS-AA	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	52.5



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

QUINTIN, EDGAR C  
EDGAR QUINTIN INC  
2810 FRONTIER DR  
KISSIMMEE

FL 34744

(850) 487-1395

1708 dano

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

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AC# 6283349

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12082001896

DATE	BATCH NUMBER	LICENSE NBR
08/20/2012	128046484	CCC057581

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

QUINTIN, EDGAR C  
EDGAR QUINTIN INC  
2810 FRONTIER DR  
KISSIMMEE

FL 34744

RICK SCOTT  
GOVERNOR

KEN LAWSON  
SECRETARY

DISPLAY AS REQUIRED BY LAW



FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION, INC

# SELF INSURERS FUND

1-800-767-3772 • FAX (407) 671-2520

## CERTIFICATE OF INSURANCE

**ISSUED TO:**

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

**COPY PROVIDED TO:**

Edgar Quintin, Inc.  
1341 West Church St.  
Orlando, FL 32805

**Attention:**

Edgar Quintin, Inc.  
1341 West Church St.  
Orlando, FL 32805

**This is to Certify that:**

being subject to the provisions of the Florida Workers' Compensation Act, has secured the payment of compensation by insuring their risk with the FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION SELF INSURERS FUND, P.O. Box 4907, Winter Park, FL 32793.

**COVERAGE NUMBER:** 870-033411

**LIMITS**

**EFFECTIVE DATE:** 1/1/2014

Workers' Compensation: Statutory - State of Florida

**EXPIRATION DATE:** 1/1/2015

Employers' Liability: \$1,000,000.00 Each Accident

\$1,000,000.00 Disease, Each Employee

\$1,000,000.00 Disease, Policy Limit

**REMARKS:** Non-cancelable, without 30 days prior written notice, except for non-payment of premium which will be a 10 day written notice.

This certificate is issued as a matter of information only, is not a policy and of itself does not afford any insurance. Nothing contained in this certificate shall be construed as extending coverage not afforded by the policy(ies) shown above or as affording insurance to any insured not named above. This provides coverage for Florida policyholders and Florida domiciled employees only.

By:

Brett Stiegel, Administrator  
FRSA-SIF

By:

Debra Guidry, CPCU, Underwriting Manager  
FRSA-SIF



# CERTIFICATE OF LIABILITY INSURANCE

EDGQ001

OP ID: KM

DATE (MM/DD/YYYY)  
04/22/14

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 J.W. Edens & Company Commercial Ins of Brevard, Inc 325 Fifth Avenue, Suite 108 Indianapolis, FL 32903 Scott M. Steele, AAI	CONTACT NAME: 321-725-7000 PHONE (A/C, No. Ext): 321-725-7856 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE	FAX (A/C, No):	NAIC #
INSURED Edgar Quintin, Inc. 1341 West Church Street Orlando, FL 32802	INSURER A : Canal Indemnity Company		34932
	INSURER B : Mapfre Insurance Company		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

### COVERAGES

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	ADOL SUBR (INSR, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		GL104675	06/07/13	06/07/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
<b>B</b>	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS		4150130008340	06/01/13	06/01/14	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB					WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

### CERTIFICATE HOLDER

### CANCELLATION

City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809	CITYBE1
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
AUTHORIZED REPRESENTATIVE <i>Scott M. Steele</i>	

ACORD 25 (2010/05)

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Permit Number: \_\_\_\_\_  
Folio/Parcel Identification Number: 25-23-29-5884-24-060

Prepared by: \_\_\_\_\_

Return to: \_\_\_\_\_



### 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)  
NEA ISLE MISS LOT 6 & 1/2 LOT 2 BIK X 1708 Idaho Ave BATESVILLE AL
2. **General description of improvement**  
Redevelop
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name: William & Michelle Haynie  
Address: 1708 Idaho Ave Belleairch FL 33809  
Interest in Property  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name  
Address

4. **Contractor**  
Name: Edgar Quintin Inc Telephone Number: 407-857-0098  
Address: 1701 W Church St Orlando FL 32805

5. **Surety** (if applicable, a copy of the payment bond is attached)  
Name  
Address  
Telephone Number \$

6. **Lender**  
Name  
Address  
Telephone Number

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  
Address  
Telephone Number

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  
Address  
Telephone Number

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.**

William S. Baird HOME OWNER  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Parman/Manager Signatory's Title/Office

The foregoing instrument was acknowledged before me this 16 day of April by William S. Baird  
month/year name of person

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

Jimmy Strange  
Signature of Notary Public - State of Florida  
Notary Public  
Jimmy Strange  
My Commission #E397226  
Expires 05/25/2015  
Form Revised September 28, 2011

Personally Known OR Produced ID  
Type of ID Produced Notary's Seal

State of FLORIDA County of ORANGE  
I hereby certify that this is a true copy of  
the document as reflected in the Official Records  
MARTHA O. HAYNIE, COUNTY COMPTROLLER  
By JMC  
Deputy Comptroller

Date: APR 16 2014

