



# 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)

## 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: ROOFING: 3600 sq ft asphalt shingels

Permit Number: 2014-04-033  
Date of Application: 04/17/2014  
Date Permit Issued: 04/21/2014

Comments: None

### Project Information

Address: 5025 Dorian Avenue, Belle Isle, FL 32812  
Parcel ID: 17-23-30-4384-02-930  
Property Owner: Hoffelbower, Bruce  
Phone Number: 321 303 5180  
\*\*\*\*\*  
Company Name: Pride USA, Inc.  
Contractor Name: Eiden, William  
License Number: CCC1325723  
Address: 17047 Royal Palm Drive, Groveland, FL 34736  
Phone Number: 407-414 6887

**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 \$112.50  
Boat Dock \$  
Screen Encl \$  
Swimming Pool \$  
Sign \$

#### SURCHARGE FEES

Surcharge Fee \$2.00  
Surcharge Fee \$2.00

**TOTAL FEES \$146.50**

Date Paid

4-22-14

CC of Check # VISA 7044

Amount Paid

146.50

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> \_\_\_\_\_ (Footing/Foundation)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_

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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/ff094edc4-832d-44bd-9809-ect32f9e2e63>  
login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com) password = universal113

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	<u>2014-04-033</u>
Property Owner	<u>Hoffelbauer, Bruce</u>
Address	<u>5025 Darian Ave 32812</u>
Nature of Improvement	<u>RE-roof 3600 sq ft asphalt shingles</u>
Received Application	<u>4-17-14</u>
Sent for Stormwater Review	<u>/</u>
Stormwater Approved	
Sent for Zoning Review	<u>/</u>
Zoning Approved	
Applied for Variance	<u>/</u>
Variance Approved	
Sent to BO for Review	<u>4-18-14</u>
Building Official Approved	<u>4-21-14</u>
Comments	
1.	<u>System 4-18-14 WC exempt ✓ Bus Lic ✓ GL ✓ NOC ✓</u>
2.	<u>review w/ 36646</u>
3.	<u>enabled w/ S ready ✓</u>
4.	
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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)



## 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: 4-17-14 ROOF PERMIT NUMBER 2014-04-033  
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 5025 Dorian Ave Belle Isle, FL  32809  32812  
Property Owner Bruce Hefelbower Phone 321-303-5180  
Property Owner's Mailing Address 5025 Dorian Ave City Belle Isle  
State FL Zip Code 32812 Parcel Id Number: 17-23-30-4384-02-930  
REQUIRED! To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

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

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

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

Roof Square Footage: 3600 Number of Stories: 1 Job Valuation: \$ 10,450.00  
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 # CCC1325723  
LICENSE HOLDER NAME William J. Eiden COMPANY NAME Pride USA, Inc  
Street Address 17047 Royal Palm Drive State FL Zip Code 34736 Phone Number 407-414-6867  
City Stoveland Email Address imartiniq@qol.com

Zoning Fee	\$	<u>30.00</u>
Permit Fee	\$	<u>112.50</u>
Review Fee	\$	<u>0</u>
3% Florida Surcharge	\$	<u>4.00</u>
Total Permit Fee	\$	<u>146.50</u>

Building Official: Miguel Buissot Date 4-21-2014  
Verified Contractor's Licenses & Insurance are on file \_\_\_\_\_ Date \_\_\_\_\_

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



Permit Number:

Folio/Parcel ID #: 17-23-30-4384-02-930

Prepared by: William J. Eiden

17047 Royal Palm Drive

Graveland, FL 34736

Return to: Same

DOCH 20140191117 B: 10732 P: 0473

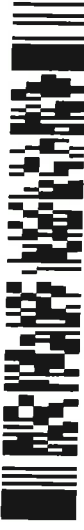
04/17/2014 03:18:48 PM Page 1 of 1

Rec Fee: \$10.00

Martha O. Haynie, Comptroller

Orange County, FL

MB - Ret To: WILLIAM J EIDEN



### 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) Leave seaway Estates Section 5 1/112 Lot 293 5025 Dorlan Ave OR, FL 32812

2. **General description of improvement** Replca samples

3. **Owner information or Lessee information if the Lessee contracted for the improvement**

Name Bruce Helfalbowes & Darcy

Address 5025 Dorlan Ave.

Interest in Property

Name and address of fee simple titleholder (if different from Owner listed above)

Name

Address

4. **Contractor**

Name William J. Eiden

Address 17047 Royal Palm Dr. Graveland, FL 34736

Telephone Number 407-914-6867

5. **Surety** (if applicable, a copy of the payment bond is attached)

Name

Address

Telephone Number

Amount of Bond \$

Telephone Number

6. **Lender**

Name

Address

Telephone Number

Telephone Number

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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

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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: [Signature]  
 Deputy Comptroller

Date: 04-17-14



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

Signature of Signatory's Title/Office

The foregoing instrument was acknowledged before me this 17th day of April, 2014, by Bruce Helfalbowes

as \_\_\_\_\_ for \_\_\_\_\_ name of person

Type of authority, e.g., officer, trustee, attorney in fact

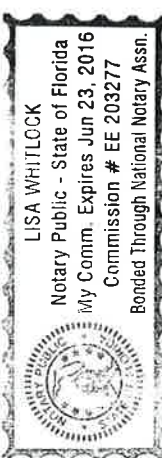
Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida

Print, type, or stamp commissioned name of Notary Public

Personally Known \_\_\_\_\_ OR Produced ID

Type of ID Produced FID





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**Product Approval**  
USER: Public User

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

FL # FL5444-R5  
 Application Type Editorial Change  
 Code Version 2010  
 Application Status Approved  
 Comments   
 Archived   
 Product Manufacturer CertainTeed Corporation-Roofing  
 Address/Phone/Email PO Box 1100  
 1400 Union Meeting Rd  
 Blue Bell, PA 19422  
 (215) 274-2350  
 Steven.T.Lawrey@saint-gobain.com

Authorized Signature  
 Steven Lawrey  
 Steven.T.Lawrey@saint-gobain.com

Technical Representative  
 Address/Phone/Email Steven Lawrey  
 1400 Union Meeting Road  
 Blue Bell, PA 19422  
 (215) 274-2425  
 Steven.T.Lawrey@saint-gobain.com



Quality Assurance Representative  
 Address/Phone/Email

Category Roofing  
 Subcategory Asphalt Shingles

Compliance Method  
 Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer  
 ✓ 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 02/13/2016  
 Validated By John W. Knezevich, PE  
 ✓ Validation Checklist - Hardcopy Received

Certificate of Independence [FL5444\\_R5\\_COI\\_Trinity.ERD\\_CI - Nieminen.pdf](#)

Referenced Standard and Year (of Standard)  
**Standard** **Year**  
 ASTM D3161, Class F 2006  
 ASTM D3462 2007  
 ASTM D7158, Class H 2007

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted 02/14/2013  
 Date Validated 02/20/2013  
 Date Pending FBC Approval 02/28/2013  
 Date Approved 04/09/2013  
 Date Revised 02/27/2014

**Summary of Products**

FL #	Model, Number or Name	Description
5444.1	CertainTeed Asphalt Roofing Shingles	3-tab, laminated, architectural and 4-tab asphalt roof shingles
<p><b>Limits of Use</b>                      Approved for use in HVHZ: No                      Approved for use outside HVHZ: Yes                      Impact Resistant: N/A                      Design Pressure: N/A                      Other: Refer to ER Section 5 for Limits of Use</p>		
<p><b>Installation Instructions</b>  <a href="#">FL5444_R5_IL_er02202013FINAL_CERTAINTCEED Asphalt Shingle_FL5444-R5.pdf</a>                      Verified By: Robert Nieminen, PE PE-59166                      Created by Independent Third Party: Yes</p> <p><b>Evaluation Reports</b>  <a href="#">FL5444_R5_AE_er02202013FINAL_CERTAINTCEED Asphalt Shingle_FL5444-R5.pdf</a>                      Created by Independent Third Party: Yes</p>		

[Back](#)

[Next](#)

Contact Us :: 1940 North Monroe Street, Tallahassee, FL 32399 Phone: 850-487-1824

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Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. \*Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click [Here](#).

Product Approval Accepts:





EXTERIOR RESEARCH & DESIGN, LLC.  
*Certificate of Authorization #9503*  
353 CHRISTIAN STREET, UNIT #13  
OXFORD, CT 06478  
PHONE: (203) 262-9245  
FAX: (203) 262-9243

## EVALUATION REPORT

CertainTeed Corporation  
1400 Union Meeting Road  
Blue Bell, PA 19422

Evaluation Report **3532.09.05-R5**  
**FL5444-R5**  
Date of Issuance: **09/22/2005**  
Revision 5: **02/20/2013**

### SCOPE:

This Evaluation Report is issued under Rule 9N-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 designed to comply with the 2010 Florida Building Code.

### DESCRIPTION: CertainTeed Asphalt Roofing Shingles.

**LABELING:** Each unit shall bear labeling in accordance with the requirements of the Accredited Quality Assurance Agency noted herein.

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

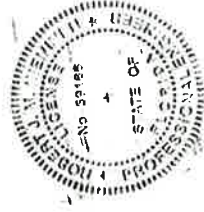
**ADVERTISEMENT:** The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

**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 10.

### 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 02/20/2013. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

### 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.







**ROOFING SYSTEMS EVALUATION:**

**1. SCOPE:**

**Product Category:** Roofing  
**Sub-Category:** Asphalt Shingles  
**Compliance Statement:** CertainTeed Asphalt Roofing Shingles, as produced by CertainTeed Corporation, have demonstrated compliance with the following sections of the 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:**

<b>Section</b>	<b>Property</b>	<b>Standard</b>	<b>Year</b>
1507.2.5, R905.2.4	Physical Properties	ASTM D3462	2007
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D3161, Class F	2006
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D7158, Class H	2007

**3. REFERENCES:**

<b>Entity</b>	<b>Examination</b>	<b>Reference</b>	<b>Date</b>
UL (TST 1740)	ASTM D3161	94NK9632	05/15/1998
UL (TST 1740)	ASTM D3161	99NK26506	11/23/1999
UL (TST 1740)	ASTM D3161	03CA12702	05/27/2003
UL (TST 1740)	ASTM D3161	03CA12702	06/16/2003
UL (TST 1740)	ASTM D3161	03NK29847	10/03/2003
UL (TST 1740)	ASTM D3161	04CA11329	05/24/2004
UL (TST 1740)	ASTM D3161	04CA32986	12/03/2004
UL (TST 1740)	ASTM D3161	05NK07049	04/15/2005
UL (TST 1740)	ASTM D3161	05NK16778	05/12/2005
UL (TST 1740)	ASTM D3161	05CA16778	05/12/2005
UL (TST 1740)	ASTM D3161	05NK14836	05/22/2005
UL (TST 1740)	ASTM D3161	05NK22800	06/22/2005
UL (TST 1740)	ASTM D3462	R684	09/21/2005
UL (TST 1740)	ASTM D7158	05NK08037	06/28/2006
UL (TST 1740)	ASTM D3161 & D3462	09CA28873	07/23/2009
UL (TST 1740)	ASTM D3462	10CA41303	10/07/2010
UL (TST 1740)	ASTM D3161	10CA41303	10/08/2010
UL (TST 1740)	ASTM D7158	10CA41303	10/27/2010
UL (TST 1740)	ASTM D3161 & D3462	10CA44960	11/11/2010
UL LLC (QUA 9625)	Quality Control	Service Confirmation	Exp. 02/13/2016



**4. PRODUCT DESCRIPTION:**

- 4.1 CT20™, XT™ 25 and XT™ 30 are fiberglass reinforced, 3-tab asphalt roof shingles.
- 4.2 Carriage House Shingle®, Centennial Slate™, Grand Manor Shingle®, Landmark™, Landmark™ Pro (formerly Landmark™ Plus), Landmark™ Premium, Landmark™ TL and Landmark™ Solaris are fiberglass reinforced, laminated asphalt roof shingles.
- 4.3 Presidential Shake™ and Presidential Shake TL™ are fiberglass reinforced, architectural asphalt roof shingles.
- 4.4 Hatteras™ and Highland Slate™ are fiberglass reinforced, 4-tab asphalt roof shingles.
- 4.5 Presidential Accessory, Accessory for Hatteras, Shangle Ridge™, Shadow Ridge™ and Cedar Crest™ are fiberglass reinforced accessory shingles for hip and ridge installation.
- 4.6 Any of the above listed shingles may be produced in AR (algae resistant) versions.

**5. LIMITATIONS:**

- 5.1 This Evaluation Report is not for use in the HVHZ
- 5.2 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.
- 5.3 Wind Classification:
  - 5.3.1 All shingles noted herein are Classified in accordance with FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F and/or ASTM D7158, Class H, indicating the shingles are acceptable for us 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.
  - 5.3.2 Presidential Accessory, Accessory for Hatteras, Shangle Ridge, Shadow Ridge and Cedar Crest hip & ridge shingles have been evaluated in accordance with ASTM D3161, Class F when BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant, applied as specified in manufacturer's application instructions, indicating the shingles are acceptable for us in all wind zones up to  $V_{asd} = 150$  mph ( $V_{ult} = 194$  mph).
  - 5.3.3 Classification by ASTM D7158 applies to exposure category B or C and a building height of 60 feet or less. Calculations by a qualified design professional are required for conditions outside these limitations. Contact the shingle manufacturer for data specific to each shingle.
- 5.4 All products in the roof assembly shall have quality assurance audits in accordance with the Florida Building Code and F.A.C. Rule 9N-3.

**6. INSTALLATION:**

- 6.1 Roof deck, slope, underlayment and fasteners shall comply with FBC 1507.2 / R905.2 and the shingle manufacturer's minimum requirements.
- 6.1.1 Underlayment shall be acceptable to CertainTeed Corporation and shall hold current Florida Statewide Product Approval, or be Locally Approved per Rule 9N-3, per FBC Sections 1507.2.3, 1507.2.4 or R905.2.3.
- 6.2 Installation of asphalt shingles shall comply with the manufacturer's current published instructions, using minimum four (4) nails per shingle in accordance with FBC 1507.2.7 or Section R905.2.6 and the minimum requirements herein.
- 6.2.1 Fasteners shall be in accordance with manufacturer's published requirements, but not less than FBC 1507.2.6 or R905.2.5. Staples are not permitted.
- 6.2.2 Where the roof slope exceeds 21 units vertical in 12 units horizontal, use the "Steep Slope" directions.
- 6.3 CertainTeed asphalt shingles are acceptable for use in reroof (tear-off) or recover applications, subject to the limitations set forth in FBC Section 1510 and CertainTeed published installation instructions.

**6.3.1 CT20™, XT™ 25, and XT™ 30:**

**LOW AND STANDARD SLOPE**

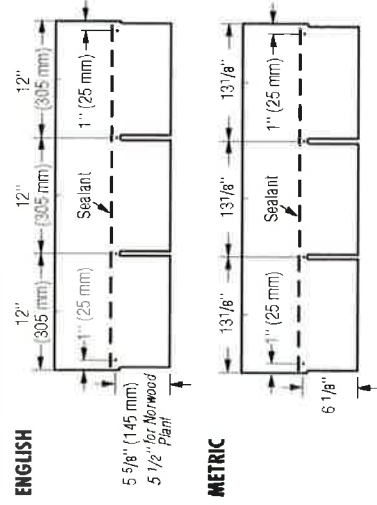


Figure 11-3: Use four nails for every full shingle.

**STEEP SLOPE**

Use four nails and six spots of asphalt roofing cement\* for every full shingle (Figure 11-4). Asphalt roofing cement meeting ASTM D4586 Type II is suggested.

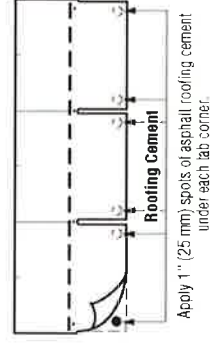


Figure 11-4: Use four nails and six spots of asphalt cement on steep slopes.  
\*CAUTION: Excessive use of roofing cement can cause shingles to blister.

**6.3.1.1 Hip & Ridge: Cut Shingles**

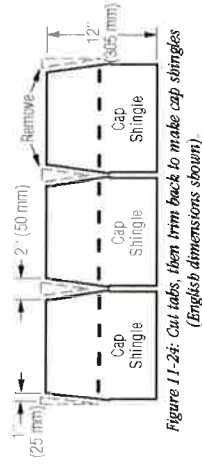


Figure 11-24: Cut tabs, then trim back to make cap shingles (English dimensions shown).

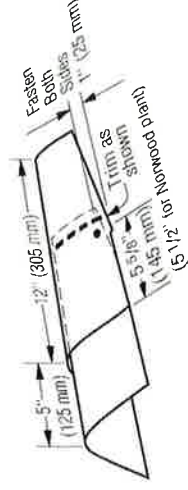


Figure 11-25: Installation of caps along the hips and ridges.

Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant, in accordance with manufacturer's instructions.

6.3.2

**Carriage House Shangle®, Centennial Slate™ and Grand Manor Shangle®:**

**LOW AND STANDARD SLOPE**

Use five nails for every full Shangle.

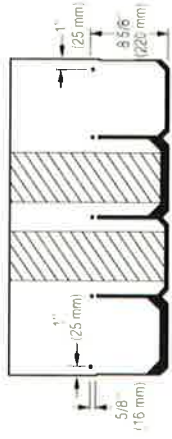


Figure 17-4. Use five nails for every full Grand Manor Shangle, Carriage House Shangle, or Centennial Slate.

**STEEP SLOPE**

Use seven nails and three spots of asphalt roofing cement for every full Grand Manor Shangle. Use five nails and three spots of asphalt roofing cement for every full Carriage House Shangle and Centennial Slate. Apply asphalt roofing cement 1" (25 mm) from edge of shingle (Figure 17-5). Asphalt roofing cement meeting ASTM D1586 Type II is suggested.

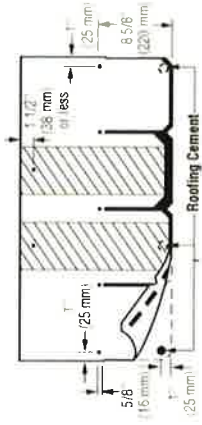


Figure 17-5: When installing Grand Manor Shangles on steep slopes, use seven nails and three spots of asphalt roofing cement.

6.3.2.1 Hip & Ridge: Shangle® Ridge

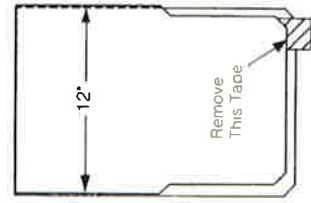


Figure 17-18. Shangle® Ridge.

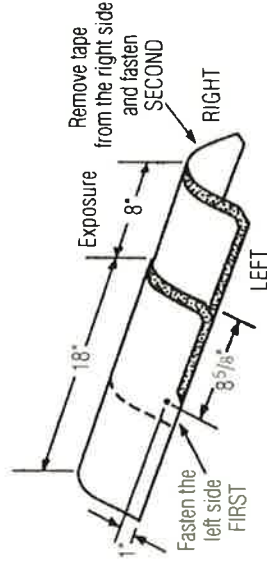


Figure 17-19: Installation of Shangle® Ridge shingles on hips and ridges.

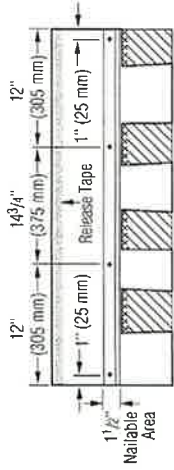
Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

6.3.3

**Landmark™, Landmark™ Pro (formerly Landmark™ Plus), Landmark™ Premium, Landmark™ TL and Landmark™ Solaris:**

**LOW AND STANDARD SLOPE**

**METRIC DIMENSIONS**



**LANDMARK TL**

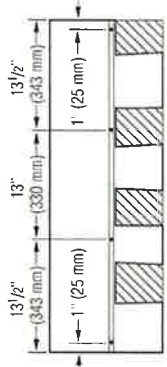
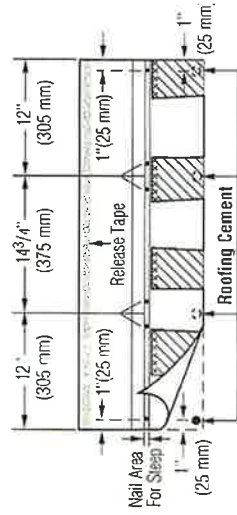


Figure 13-4: (see four nails for every full shingle)

**STEEP SLOPE**

Use six nails and four spots of asphalt roofing cement for every full laminated shingle. See below. Asphalt roofing cement should meet ASTM D4586 Type II. Apply 1" spots of asphalt roofing cement under each corner and at about 1.2" to 1.3" in from each edge.

**METRIC DIMENSIONS**



**LANDMARK TL**

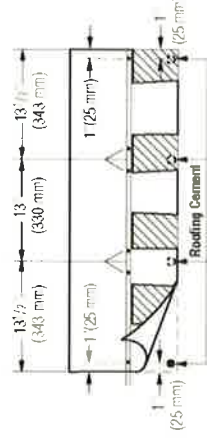


Figure 13-5: (see six nails and four spots of asphalt roofing cement on steep slopes)

6.3.3.1 Hip & Ridge, Option 1: Shadow Ridge™

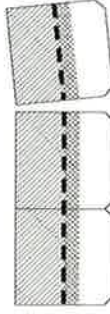
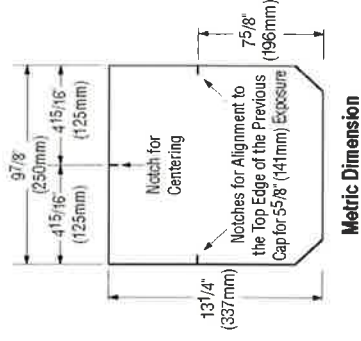
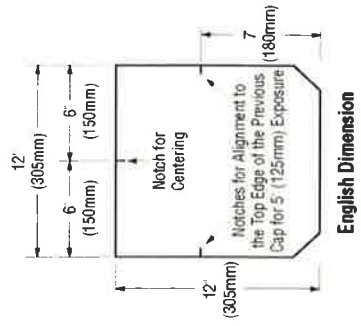


Figure 13-16: Shadow Ridge accessory shingles detach easily from three-piece units to make 72 individual cap pieces.





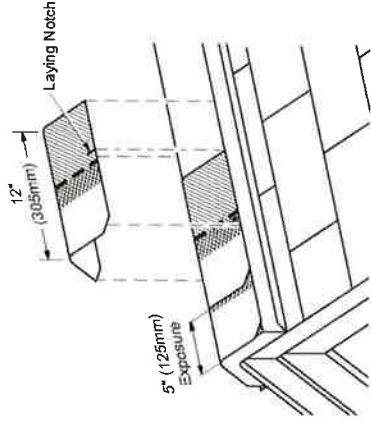
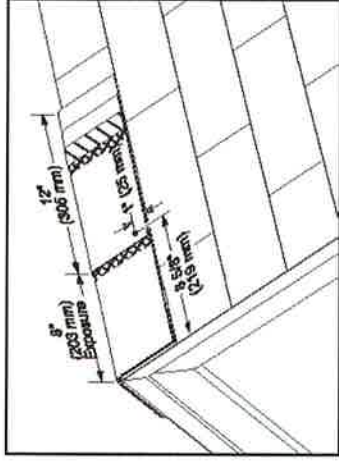


Figure 13-20: Use laying notches to center shingles on hips and ridges, and to locate the correct exposure.

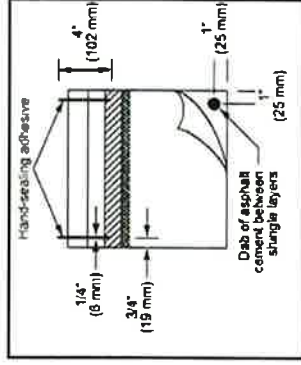
Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

### 6.3.3.2 Hip & Ridge, Option 2: Cedar Crest™

Use two fasteners per shingle. For the starter shingle, place fastener 1-inch from each side edge and about 2-inch up from the starter shingle's exposed butt edge. For each full Cedar Crest shingle, please fasteners 8-5/8-inch up from its exposed butt edge and 1-inch from each side edge.



Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant to hand-seal Cedar Crest shingles. Apply NP 1 or PL adhesive from the middle of the shingle's raised overlay on the top piece and extending approximately 4-inch along the sides of the headlap along a line 3/4 to 1-inch from each side of the shingle's headlap. Immediately align and apply the overlying shingle, gently pressing tab sides into the adhesive, and install nails. To secure the other side, apply a 1-inch diameter spot of NP 1 or PL adhesive between the shingle layers.



### 6.3.4 **Presidential Shake™ and Presidential Shake TL™:**

#### **LOW AND STANDARD SLOPE:**

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

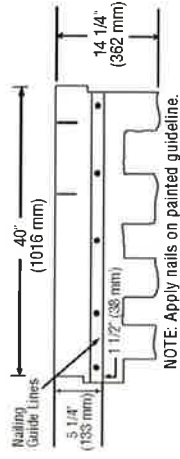


Figure 16-6: Fastening Presidential and Presidential TL Shake shingles on low and standard slopes.

#### **STEEP SLOPE:**

For steep slopes, use nine nails for each full Presidential shingle and apply 1" diameter spots of asphalt roofing cement under each shingle tab. After applying 5 nails in between the nailing guide lines, apply 4 nails 1" above tab cutouts making certain tabs of overlying shingle cover nails.

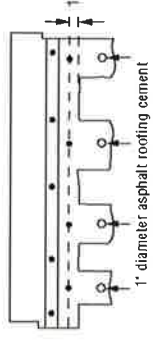


Figure 16-7: Fastening Presidential and Presidential TL Shake shingles on steep slopes.

### 6.3.4.1 Hip & Ridge, Option 1: Presidential Accessory

#### **PRESIDENTIAL ACCESSORY**

Presidential accessory shingles can be used for covering hips and ridges. Apply shingles up to the ridge (expose no more than 7" from the bottom edge of the "tooth.") Fasten each accessory with two fasteners. The fasteners must be 1 3/4" long or longer, so they penetrate either 3/4" into the deck or completely through the deck. Presidential accessory comes in two different sizes: Accessory produced in Birmingham, AL is 12" x 12"; Portland, OR produces 9 7/8" x 13 1/4" accessory.

Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

### 6.3.4.2 Hip & Ridge, Option 2: Refer to instructions herein for Cedar Crest™ hip and ridge shingles.

### 6.3.5 **Hatteras™:**

#### **LOW, STANDARD AND STEEP SLOPE:**



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

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

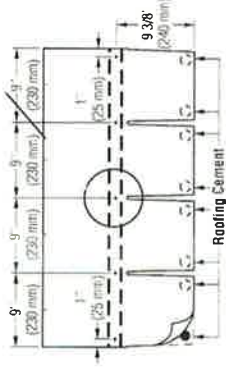


Figure 15-4: Fastening Hatteras Shingles on Steep Slopes

For steep slopes, use five nails and eight spots of asphalt roofing cement for each full Hatteras shingle as shown above. Apply 1" (25mm) diameter spots of roofing cement (ASTM D 4586 Type II suggested) under each tab corner. Press shingle into place, do not expose cement.

**CAUTION:** Too much roofing cement can cause shingles to blister.

6.3.5.1 Hip & Ridge, Option 1: Accessory for Hatteras

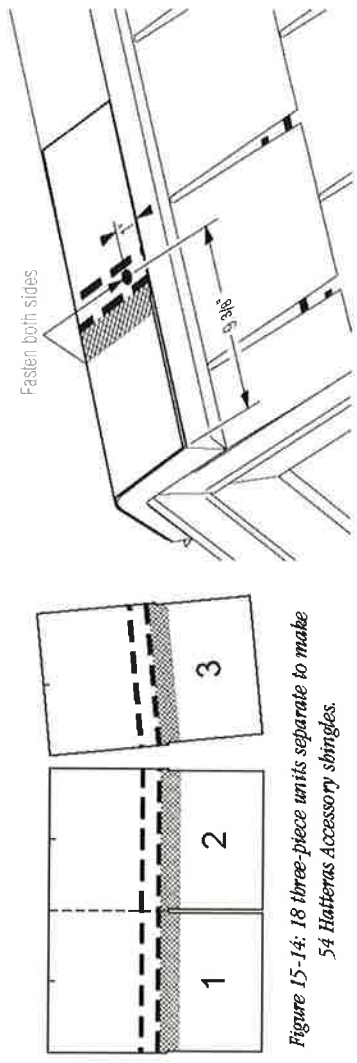


Figure 15-14: 18 three-piece units separate to make 54 Hatteras Accessory shingles.

Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

6.3.5.2 Hip & Ridge, Option 2: Cut Hatteras Shingles

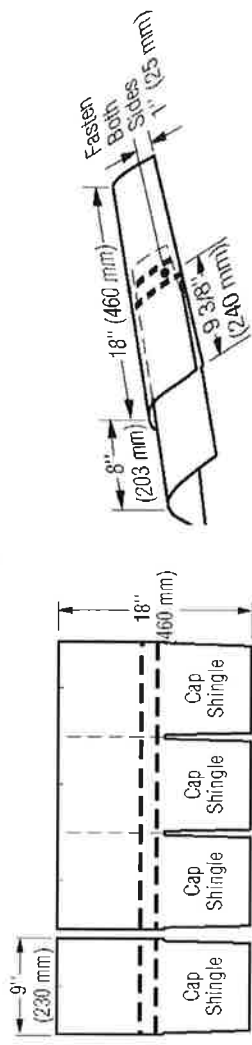


Figure 15-20: Cut Hatteras shingles to make cover cap.

Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

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

### 6.3.6 Highland Slate™:

#### LOW AND STANDARD SLOPE:

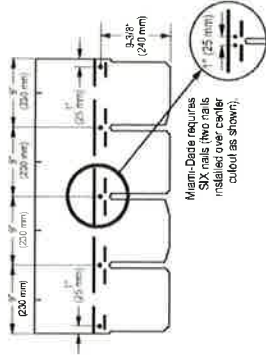


Figure 11-3: Use FIVE nails for every Highland Slate shingle.

#### STEEP SLOPE:

Use FIVE nails and EIGHT spots of asphalt roofing cement\* for each full Highland Slate shingle. For Miami-Dade, SIX nails are required. Apply 1" diameter spots of asphalt roofing cement under each tab corner. Asphalt roofing cement meeting ASTM D4586, Type II is suggested.

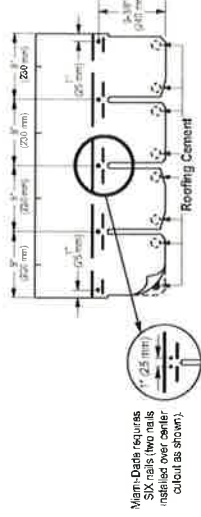


Figure 11-3a: Use FIVE nails and eight spots of asphalt roofing cement under each tab corner.

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

6.3.6.1 Hip & Ridge, Option 1: Refer to instructions herein for Cedar Crest™ or Shangle Ridge™ hip and ridge shingles.

### 7. LABELING:

- 7.1 Each unit shall bear a permanent label with the manufacturer's name, logo, city, state and logo of the Accredited Quality Assurance Agency noted herein.
- 7.2 Asphalt shingle wrappers shall indicate compliance with one of the required classifications detailed in FBC Table 1507.2.7.1 / R905.2.6.1.

### 8. BUILDING PERMIT REQUIREMENTS:

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

### 9. MANUFACTURING PLANTS:

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

### 10. QUALITY ASSURANCE ENTITY:

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

- END OF EVALUATION REPORT -





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/17/2014

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	Robert J Kaleita Insurance Agency, Inc 11924 W Forest Hill Blvd Suite 10A-312 Wellington, FL 33414	
INSURED	Pride USA, Inc 17047 Royal Palm Drive Groveland FL 34736	
CONTACT NAME:	INSURER(S) AFFORDING COVERAGE	
PHONE (A/C, No, Ext):	561-687-3761	FAX (A/C, No): 561-791-0438
E-MAIL ADDRESS:	bob@rkaleita.com	
INSURER A:	Canal Indemnity Company	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

### COVERAGES

CERTIFICATE NUMBER: **GL 105126**

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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		GL 105126	09/17/13	09/17/14	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 1000000
	AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

### CERTIFICATE HOLDER

City of Belle Isle  
 Universal Engineering Sciences  
 3532 Maggie Blvd.  
 Orlando, Florida 32811  
 fax: 407-581-0313  
 Attn: Collina

### 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

**BOB MCKEE**  
LAKE COUNTY TAX COLLECTOR

2013 / 2014  
LAKE COUNTY BUSINESS TAX RECEIPT  
STATE OF FLORIDA

ACCT NO. 93416  
RECEIPT NO. 8760020166  
EXPIRES SEPTEMBER 30, 2014

EMPLOYEES 5

TYPE OF BUSINESS  
CONTRACTING

BUSINESS PRIDE USA INC  
17047 ROYAL PALM DR

PRIDE USA INC  
17047 ROYAL PALM DR  
GROVELAND, FL 34736

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

Receipt #2013-0002614  
Paid 07/03/2013 30.00

AC# 6252251

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12080701938

DATE	BATCH NUMBER	LICENSE NBR
08/07/2012	120034560	CCCL325723

The ROOFING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2014

EIDEN, WILLIAM J  
PRIDE USA INC  
17047 ROYAL PALM DRIVE  
GROVELAND FL 34736

RICK SCOTT  
GOVERNOR

KEN LAWSON  
SECRETARY

DISPLAY AS REQUIRED BY LAW

**NOTICE OF ELECTION TO BE EXEMPT**

If this application contains incomplete or inaccurate information, it may cause a delay in the issuance of your exemption. An officer electing an exemption under Chapter 440, Florida Statutes, is not entitled to benefits under this chapter.

**Section 1:**

**APPLICANT INFORMATION**

**First & Last Name:** William J Eiden  
**State Driver's License Number:** State ID Number: FL  
E350930642200  
**Date of Birth:** 6/20/1964  
**Social Security Number (last four digits):** 6009  
**Email Address:** imartinique@aol.com

**Section 2:**

**CONSTRUCTION INDUSTRY APPLICANT (\$50 FEE REQUIRED)**

Officer of a Corporation (Construction)

**Corporate Title:** PRESIDENT

**Section 3:**

This section should be completed with information specific to your corporation or to the limited liability company in which you are a member. The name of the corporation or limited liability company listed on this application **MUST** match the name of the corporation or limited liability company as registered with the Florida Division of Corporations.

Name of Corporation or LLC: Pride USA Inc,

FEIN: 59-3259873

IF YOU NEED TO APPLY FOR A FEIN, CLICK HERE

**Business Name (DBA):** Pride Roofing

Phone: (407)414-6867

**Applicant's Address of Record:** 17047 Royal Palm Drive

**City** Groveland

**State:** FL

**Zip** 34736

**County:** Lake

Click on the arrow(s) next to the text box(s) to view a list of available Scope classifications/trades for the form type chosen in Section 2. Click on the appropriate scope to select. If you are unsure as to which classification/trade to choose, please contact your workers' compensation insurance carrier. If you do not have a workers' compensation insurance policy, contact the National Council on Compensation Insurance (NCCI) at 1-800-622-4123 option 5 to obtain a classification code.

Scope 1: 00007 LICENSED ROOFING CONTRACTOR

Scope 2: 05551 Roofing - All Kinds and Drivers

Scope 3:

Scope 4:

**Section 4:**

The corporation of which you are an officer or limited liability company of which you are a member must be registered and in ACTIVE status with the Florida Division of Corporations. Applicants applying as an officer of a corporation must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number on file with the Florida Division of Corporations.

P94000042155

**Section 5:**

Pursuant to Chapter 489, F.S. (contractor licensing law), list certified or registered licenses related to the scope of business or trade listed in Section 3 held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or limited liability company listed on this application. The business name listed on the license **MUST** match the name of the corporation or limited liability company as registered with the Florida Division of Corporations and on this Notice of Election to be Exempt.

CCC1325723

**EMPLOYER EXEMPTIONS REPORT**Employer ID: E00270989FEIN/SSN: 593259873Name: PRIDE USA INCStreet1: 1068 LOTUS PARKWAY 815

Street2: \_\_\_\_\_

City: ALTAMONTE SPRGSState: FLZip: 32714

First Name MI	Last Name	SF	Title	Effective Date	Expires/Revocation Date	Form Type
WILLIAM J	EIDEN		PRESIDENT	05/22/2003	00/00/0000	NON-CONSTRUCTION
WILLIAM J	EIDEN		PRESIDENT	02/09/2014	02/09/2016	CONSTRUCTION
WILLIAM J	EIDEN		PRESIDENT	05/21/2004	05/21/2006	CONSTRUCTION
WILLIAM J	EIDEN		PRESIDENT	02/10/2012	02/09/2014	CONSTRUCTION
WILLIAM J	EIDEN		PRESIDENT	01/22/2010	01/22/2012	CONSTRUCTION
WILLIAM J	EIDEN		PRESIDENT	05/20/2008	01/22/2010	CONSTRUCTION
WILLIAM J	EIDEN		PRESIDENT	05/21/2006	05/20/2008	CONSTRUCTION