

City of Belle Isle

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

<p>Scope of Work: REROOF: 27sq, asphalt shingles</p> <p>Comments: None</p> <p>Project Information Address: 7301 Gondola Drive, Belle Isle, FL 32809 Parcel ID: 25-23-29-5884-19-110 Property Owner: Kennard, Justin Phone Number: 407-748-2670 ***** Company Name: SKO-Kingston Construction & Restoration, Inc Contractor Name: Wherrell, Christopher License Number: CGC1521038 Address: 3442 Parkway Center Court, Orlando, FL 32808 Phone Number: 407-572-3498</p>	<p style="text-align: right;">Permit Number: 2014-04-009</p> <p style="text-align: right;">Date of Application: 03/31/2014 Date Permit Issued: 04/01/2014</p> <p>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.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$30.00</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$65.00 Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="text-align: center;">TOTAL FEES \$99.00</p> <p>Date Paid 4-1-14</p> <p>CC or Check # Visa 1302</p> <p>Amount Paid 99</p> <p>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).</p>	<p style="text-align: center;">BUILDING INSPECTOR USE ONLY</p> <p>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</p> <p><input type="checkbox"/> BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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Inspection requests are to be emailed to BIIDcheduling@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

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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: 3/31/14 ROOF PERMIT NUMBER 2014-04-009
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 7301 Gondola Drive, Belle Isle, FL 32809 32812

Property Owner Justin Kennard Phone 407-748-2670

Property Owner's Mailing Address 7301 Gondola Drive City Belle Isle

State FL Zip Code 32809 Parcel Id Number: 25-23-29-5884-19-110

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

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

- REQUIRED! Florida Product Approval Screen Printout from www.floridabuilding.org showing the Code Version
- REQUIRED! Florida Product Approval Installation Instructions from 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: 2716 Number of Stories: 1 Job Valuation: \$ 8,700

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 Christopher Wherkel LICENSE # CC1327956

LICENSE HOLDER NAME Christopher Wherkel COMPANY NAME SKO Kingston Construction

Street Address 3442 Parkway Center Ct.

City Orlando State FL Zip Code 32808 Phone Number (407) 574-3498

Email Address SKOBEIKIS@Gmail.com

Building Official: Alfred Buissery Date 4-01-2014

Zoning Fee	\$	<u>30-</u>
Permit Fee	\$	<u>65-</u>
3% Florida Surcharge	\$	<u>4-</u>
Total Permit Fee	\$	<u>99-</u>

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 _____

PROJECT NUMBER 0115.1400160.0000

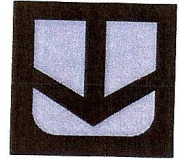
TASK NUMBER 01

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-04-009
Property Owner	Mooley Kennard, Justin
Address	7301 Gondola Dr
Nature of Improvement	Re. Roof
Received Application	3/31/14
Sent for Stormwater Review	N/A
Stormwater Approved	
Sent for Zoning Review	N/A
Zoning Approved	
Applied for Variance	N/A
Variance Approved	
Sent to BO for Review	
Building Official Approved	4-01-2014
Comments	
1. 3/31/14	He is sending the NOC SW
2. 4-1-14 cq	emailed conts it's ready
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



COBI Permit Fee Calculation Form



Reviewer Signature: AP

Date: 4-01-2014

Permit Type: Re-Roof Job Cost: \$ 8700-

Permit Fee: \$ 65-

Plans Review Fee: \$ 0 (50% of permit fee – excluding ReRoofs)

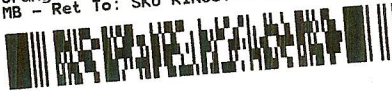
1.5% State Fee: \$ 2-

1.5% State Fee: \$ 2-

TOTAL BUILDING FEE: \$ 69 (does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits

$$25 + (8 \times 5) = 25 + 40 = \$65$$
$$\$65 \times 3\% = \$4 \text{ Min}$$
$$\begin{array}{r} 4 \\ \hline \$69- \end{array}$$



Permit Number: _____
 Folio/Parcel ID #: 25-23-29-5884-19-110
 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)
Vela Isle m/SS Lots 11+12 Blks 7301 Gondola Dr.
2. **General description of improvement**
Re-haft
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Justin Kennard
 Address 7301 Gondola Dr. Belle Isle FL 32809
 Interest in Property Owner
Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name 3442 Parkway Center, Ct. Orlando, FL 32808
 Address SKO KINGSTON CONSTRUCTION # RESTORATION, INC Telephone Number (407) 572-3498
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

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

[Signature] _____
 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 31 day of May by Bellis Gonzalez
 as Office Administrator for SKO Kingston Construction

 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
GIN CIN KAP
 Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID _____
 Type of ID Produced _____

Form content revised: 10/17/12



STATE OF FLORIDA, COUNTY OF ORANGE
 I HEREBY CERTIFY that this is a true and accurate copy of a document from the Public Records of the Comptroller.
 MARTHA O. HAYNIE, COUNTY COMPTROLLER
 _____, D.C.
 DATED: 3/31/14



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: 3/31/14.


PERMIT # _____

PROJECT ADDRESS 7301 Gondola Drive, Belle Isle, FL 32809 32812

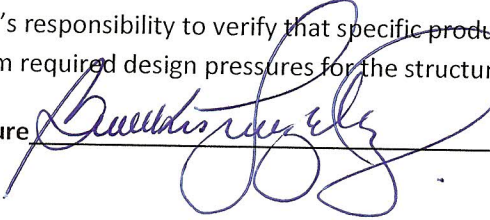
As required by Florida Statute 553.842 and Florida Administrative Code 9B-72m, please provide the information and approval numbers of the building components listed below if they will be utilized on the building or structure. FL Approved products are listed online at www.floridabuilding.org or can be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

1. This Product Approval Cover Sheet
2. Internet screen from FloridaBuilding.org showing PA#, approval and code edition stamped
3. Manufacturer's installation details from FloridaBuilding.org and requirements for each product stamped

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS				WALL PANELS			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS				ROOFING PRODUCTS			
Single/Dbf Hung				Asphalt Shingles	<u>CertainTeed</u>	<u>Landmark</u>	<u>5444-R4</u>
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other			
Skylights							
Other							
STRUCTURAL COMPONENTS				OTHER			
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							


 Reviewed for Code Compliance
 Universal Engineering Sciences

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

Applicant Signature 

Date 3/31/14.

Search Criteria

Code Version	2010	ALL	ALL
Application Type	Roofing	Product Manufacturer	ALL
Application Status	Approved	Subcategory	ALL
Quality Assurance Entity	Quality Assurance Entity Contract Expired	Compliance Method	ALL
Product Model, Number or Name	certainteed	Subcategory	ALL
Approved for use in HVHZ	Approved for use outside HVHZ	Product Description	ALL
Impact Resistant	Design Pressure	Product Description	ALL
Other		Approved for use outside HVHZ	ALL

Search Results - Applications

FL#	Type	Manufacturer	Validated By	Status
FL5444-R5	Editorial Change	CertainTeed Corporation-Roofing	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 :: 1940 North Monroe Street, Tallahassee FL 32399 Phone: 850-487-1824

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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:

<u>Section</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
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:

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
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 Shangle®, Centennial Slate™, Grand Manor Shangle®, 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

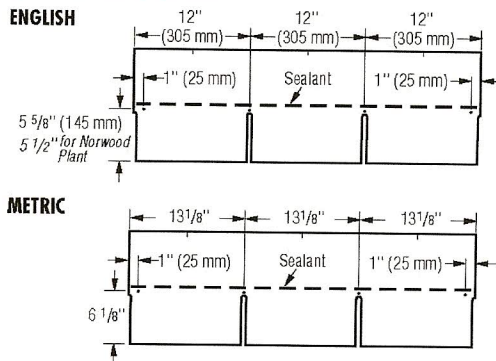


Figure 11-3: Use **four** nails for every full shingle.

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.

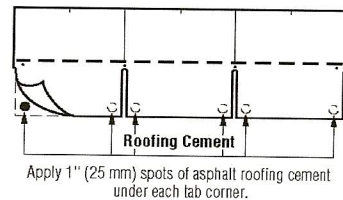


Figure 11-4: Use **four** nails and six spots of asphalt cement on steep slopes.

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

6.3.1.1 Hip & Ridge: Cut Shingles

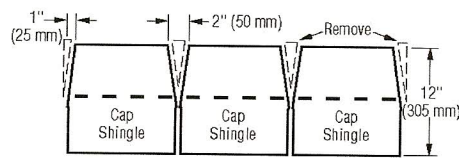


Figure 11-24: Cut tabs, then trim back to make cap shingles (English dimensions shown).

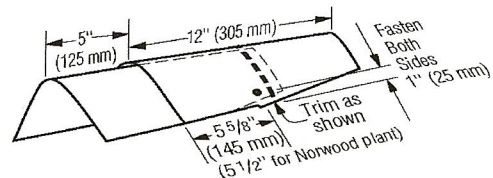


Figure 11-25: Installation of caps along the hips and ridges.

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 Shingle®, Centennial Slate™ and Grand Manor Shingle®:**

LOW AND STANDARD SLOPE

Use **five** nails for every full Shingle.

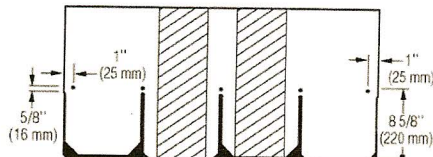


Figure 17-4: Use five nails for every full Grand Manor Shingle, Carriage House Shingle, or Centennial Slate.

STEEP SLOPE

Use **seven** nails and three spots of asphalt roofing cement for every full Grand Manor Shingle. Use **five** nails and three spots of asphalt roofing cement for every full Carriage House Shingle and Centennial Slate. Apply asphalt roofing cement 1" (25 mm) from edge of shingle (Figure 17-5). Asphalt roofing cement meeting ASTM D4586 Type II is suggested.

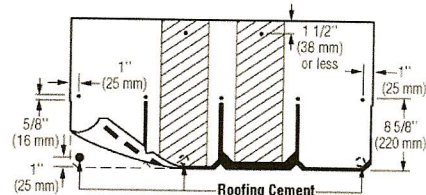


Figure 17-5: When installing Grand Manor Shingles on steep slopes, use seven nails and three spots of asphalt roofing cement.

6.3.2.1 Hip & Ridge: Shingle® Ridge

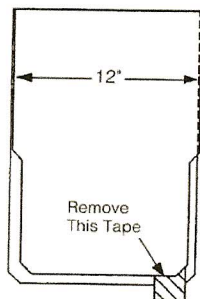


Figure 17-18: Shingle® Ridge.

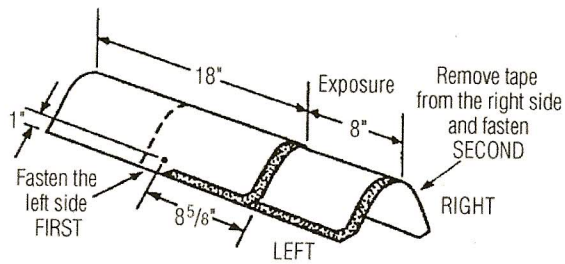


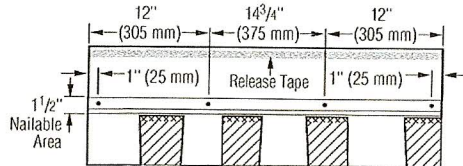
Figure 17-19: Installation of Shingle® Ridge shingles on hips and ridges.

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

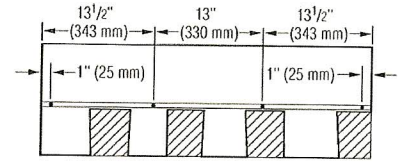
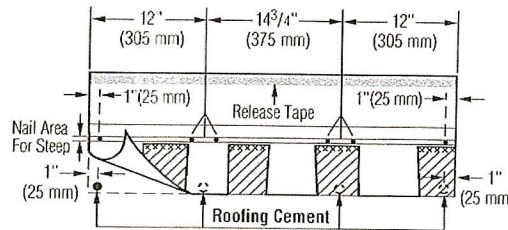


Figure 13-4: Use four nails for every full shingle.

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 12" to 13" in from each edge.

METRIC DIMENSIONS



LANDMARK TL

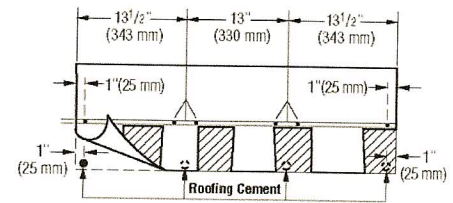


Figure 13-5: Use six nails and four spots of asphalt roofing cement on steep slopes.

6.3.3.1 **Hip & Ridge, Option 1: Shadow Ridge™**

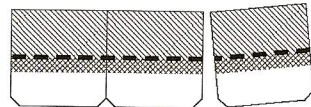
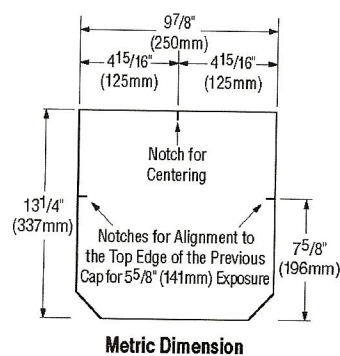
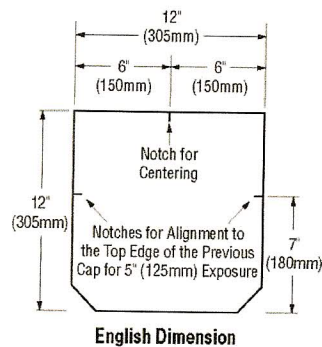


Figure 13-16: Shadow Ridge accessory shingles detach easily from three-piece units to make 72 individual cap pieces.



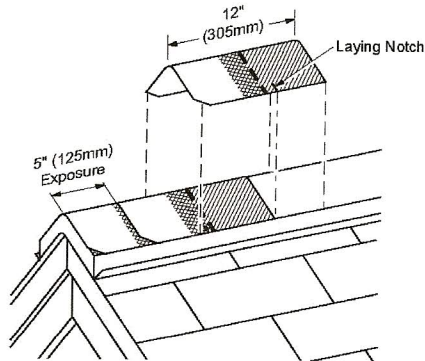
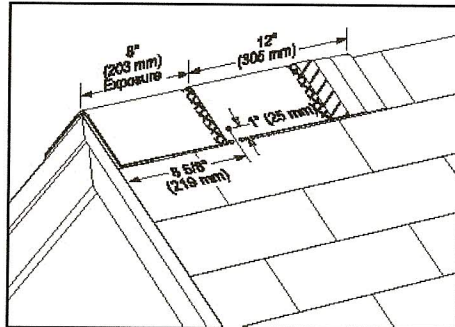


Figure 13-20: Use laying notches to center shingles on hips and ridges, and to locate the correct exposure.

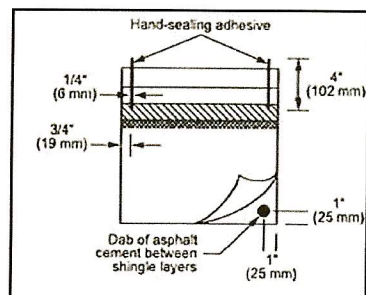
Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

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.

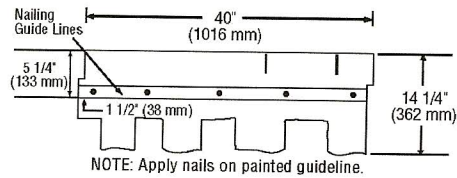


Figure 16-6: Fastening Presidential and Presidential TL Shake shingles on low and standard slopes.

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.

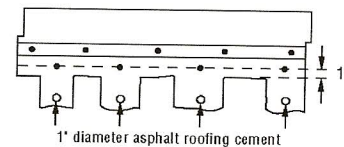


Figure 16-7: Fastening Presidential and Presidential TL Shake shingles on steep slopes.

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:

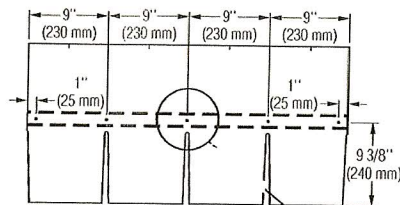


Figure 15-3: Fastening Hatteras Shingles on Low and Standard Slopes

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

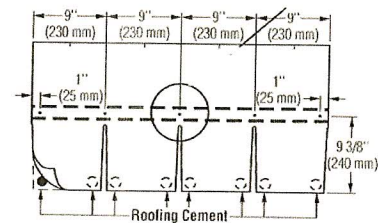


Figure 15-4: Fastening Hatteras Shingles on Steep Slopes

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

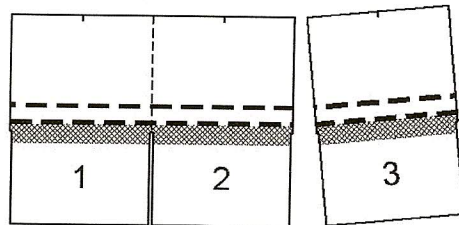
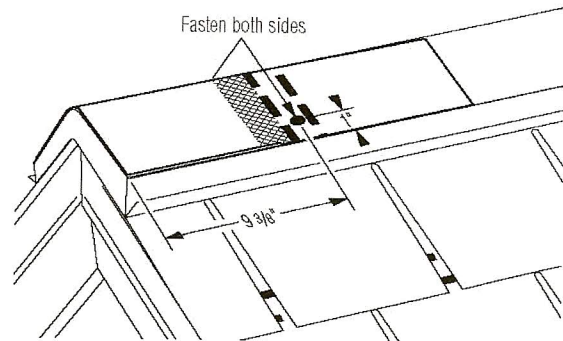


Figure 15-14: 18 three-piece units separate to make 54 Hatteras Accessory shingles.



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

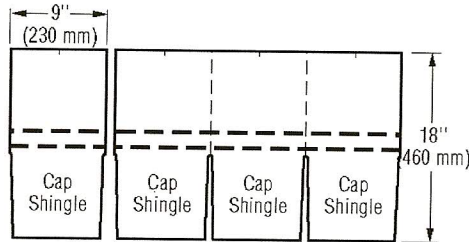


Figure 15-20: Cut Hatteras shingles to make cover cap.

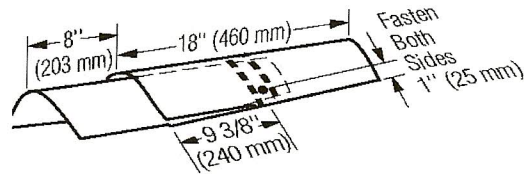


Figure 15-21: Installation of caps along hips and ridges.

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.

6.3.6 Highland Slate™:

LOW AND STANDARD SLOPE:

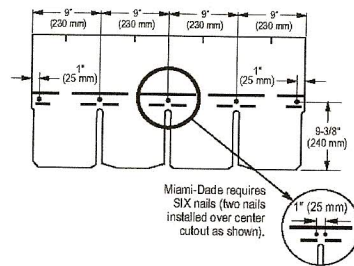


Figure 11-3: Use FIVE nails for every Highland Slate shingle.

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.

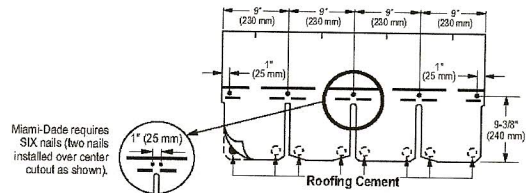


Figure 11-3A: Use FIVE nails and eight spots of asphalt roofing cement under each tab corner.

***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 -

Prepared by and return to:
Amanda Douglas
OCP Title, LLC
11 N. Summerlin Avenue
Suite 215
Orlando, FL 32801

File Number: 147884

(Space Above This Line For Recording Data)

Warranty Deed

This Warranty Deed made this **21st day of March, 2014**, between **Elizabeth M. Mobley, a single person**, whose post office address is **8201 . Santa Fe Dr., #307, Littleton, CO 80120**, grantor, to **Justin Kennard and Jamie M. Kennard, husband and wife**, whose post office address is **7301 Gondola Dr., Belle Isle, FL 32809**, grantee:

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth, that said grantor, for and in consideration of the sum of **TEN AND NO/100 DOLLARS (\$10.00)** and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in the **Orange County, Florida**, to-wit:

Lots 11 and 12, Block S, NELA ISLE MAINLAND SECTION, a subdivision according to the plat thereof recorded in Plat Book M, Page 55, of the Public Records of Orange County, Florida.

Parcel Identification Number: 25-23-29-5884-19-110

SUBJECT TO TAXES FOR THE YEAR 2014 AND SUBSEQUENT YEARS, RESTRICTIONS, RESERVATIONS, COVENANTS AND EASEMENTS OF RECORD, IF ANY.

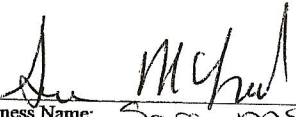
Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

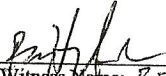
And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2013.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:


Witness Name: Sara McLeod


Elizabeth M. Mobley


Witness Name: BRITTON ANDERSON

State of Colorado
County of Denver

The foregoing instrument was acknowledged before me this 21st day of March, 2014 by Elizabeth M. Mobley, she is personally known to me or has produced Driver's License as identification.


Notary Public

Printed Name: Delores Jean Brott

My Commission Expires:

**DELORES JEAN BROTT
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 19934012411
MY COMMISSION EXPIRES OCTOBER 25, 2017**

SKO-Kingston Construction & Restoration, Inc.

CERTIFIED ROOFING CONTRACTOR, CCC1327956

CERTIFIED MOLD MRSA 1663

CERTIFIED MOLD REMEDIATOR MRSR2156

CERTIFIED RENOVATOR NAT-89499-1

Claim # _____

Ins. Company _____

Ins. Phone _____

301F 407-383-7213

Name: Justin Kennard Phone 748-2670 Phone (W) _____

Address 7301 Gondola Drive Date 3-25-14

City Orlando State FL Zip 32807

SPECIFICATION

- Grade/Mfg. of Shingle Certain Teed Landmark
- Style of Shingle/Warranty Lifetime Architectural
- Color of Shingle _____
- Ridge Material Type Shadow Ridge CTD
- Valley New Valley Metal w/ P+S
- Vents 502.F Low Profile Single over
- Drip Edge Size 2 1/2 Color White
- Tear Off Yes No _____ Layer(s)
- Pitch 5 /12 2-Story _____ Sqs.
- Permit Furnished Cricket Needed/Dead Valley
- Type II Felt Re-nail Decking Metal Edge
- Remove Roofing Debris From Roof, Gutters & Hard
- Protect Landscaping Where Needed
- Roll Yard With Magnetic Roller

SPECIAL ATTENTION AREAS

Have Owner Initial

- Open Cornice/Vaulted Ceilings Yes No _____
- Gutters (Any old Damage) Yes No _____
- Driveways (Any old Damage) Yes No _____
- Skylights: How Many? 1 Replace Yes No
Size 2 x 2 Glass
- Leaks: Where? _____
- Interior Damage: Where? _____

Pitched Roof Area 2716
 Pitched Roof Area Waste 1076
 Pitched Roof Area Total _____
 Flat Roof Area 236
 Flat Roof Area Waste 1010
 Flat Roof Area Total _____
 Mean Height _____

Company's labor limited warranty - 2 years on labor and leaks on completed replacements and 1 year on repairs

Pitch Areas Under 2/12 Yes No

Solar Panels Yes No

Attached Screened Patio Yes No

No Interior Ceiling Beams or Other Exposed Beams
(Have Owner Initial)

No Gas or Gas Lines
(Have Owner Initial)

Permit Application Extension. Owner(s) agree(s) that Contractor has additional time, up to and including 30 days from the date the owner(s) sign(s) and properly completes all the necessary paperwork required from any applicable permitting or regulatory agency, in order for Contractor to apply for any permits for this job.

(Have Owner Initial)

SPECIAL INSTRUCTIONS

Price includes: 2-Dart Certain Teed
Cold Process Low Slope Roofing
System on Flat Roof

Notice Required by Section 713.015, Florida Statutes. The following notice is required by Chapter 713, Florida Statutes. "ACCORDING TO FLORIDA'S CONSTRUCTION LIEN LAW (SECTIONS 713.001 713.37 FLORIDA. STATUTES), THOSE WHO WORK ON YOUR PROPERTY OR PROVIDE MATERIALS AND ARE NOT PAID IN FULL HAVE A RIGHT TO ENFORCE THEIR CLAIM FOR PAYMENT AGAINST YOUR PROPERTY. THIS CLAIM IS KNOWN AS A CONSTRUCTION LIEN. IF YOUR CONTRACTOR OR A SUBCONTRACTOR FAILS TO PAY SUBCONTRACTORS, SUB-SUBCONTRACTORS, OR MATERIAL SUPPLIES OR NEGLECTS TO MAKE OTHER LEGALLY REQUIRED PAYMENTS, THE PEOPLE WHO ARE OWED MONEY MAY LOOK TO YOUR PROPERTY FOR PAYMENT, EVEN IF YOU HAVE PAID YOUR CONTRACTOR IN FULL. IF YOU FAIL TO PAY YOUR CONTRACTOR, YOUR CONTRACTOR MAY ALSO HAVE A LIEN ON YOUR PROPERTY. THIS MEANS IF A LIEN IS FILED YOUR PROPERTY COULD BE SOLD AGAINST YOUR WILL TO PAY FOR LABOR, MATERIALS, OR OTHER SERVICES THAT YOUR CONTRACTOR OR A SUBCONTRACTOR MAY HAVE FAILED TO PAY. FLORIDA'S CONSTRUCTION LIEN LAW IS COMPLEX AND IT IS RECOMMENDED THAT WHEN EVER A SPECIFIC PROBLEM ARISES, YOU CONSULT AN ATTORNEY.

"BUYER'S RIGHT TO CANCEL"

This is a home solicitation sale, and if you do not want the goods or services, you may cancel this agreement by providing written notice to the seller in person, by telegram, or by mail. This notice must indicate that you do not want the goods or services and must be delivered or postmarked before midnight of the third business day after you sign this agreement. If you cancel this agreement, the seller may not keep all or part of any cash down payment."

PAYMENT SCHEDULE: 1/3 DEPOSIT, 1/3 ON DELIVERY OF MATERIAL
FINAL PAYMENT: UPON SUBSTANTIAL COMPLETION

Deposit \$ _____

Total Price \$ 8,700.

Balance \$ _____

ACCEPTED BY: _____
CUSTOMER(S) SIGNATURE

ACCEPTED BY: _____
SKO-KINGSTON CONSTRUCTION & RESTORATION (REPRESENTATIVE)

ACCEPTED BY: _____
CUSTOMER(S) SIGNATURE

DATE ACCEPTED: 3-25-14

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: Hub International, HUB Int'l Insurance Serv. Inc., 1091 North Shoreline Blvd 200, Mountain View, CA 94043. CONTACT NAME: Michelle Vargas, PHONE: 877 825-2681, FAX: 951 231-2572, E-MAIL: Cal.cpu@hubinternational.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Rockhill Insurance, NAIC #: 28053.

COVERAGES CERTIFICATE NUMBER: ENVP00736601 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL/SUBR INSR, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) City of Edgewater is an Additional Insured in regards to General Liability per attached endorsement form CG2010 07/14.

CERTIFICATE HOLDER: CITY OF BELLE ISLE, 3532 Maggie Boulevard, Orlando, Florida 32811. 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: [Signature]

CONVE-I Convergence Employee Leasing, Inc., Converence Employee Leasing II, Inc., Converence Employee Leasing III, Inc., 3951 Baymeadows Road, Jacksonville FL 32217. INSURER B: [Company], 11398. INSURER C: [Company]. INSURER D: [Company]. INSURER E: [Company]. INSURER F: [Company].

COVERAGES CERTIFICATE NUMBER: 861649792 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL/SUBR INSR, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

WHERRELL, CHRISTOPHER JASON
SKO-KINGSTON CONSTRUCTION & RESTORATION, INC
3442 PARKWAY CENTER CT
ORLANDO FL 32808

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. Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA AC# 662036
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1521038 11/06/12 120188808

CERTIFIED GENERAL CONTRACTOR
WHERRELL, CHRISTOPHER JASON
SKO-KINGSTON CONSTRUCTION & REST

IS CERTIFIED under the provisions of Ch.489 FS
Expiration date: AUG 31, 2014 L12110600816

DETACH HERE

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

AC#662036

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR	SEQ#
11/06/2012	120188808	CGC1521038	L12110600816

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

WHERRELL, CHRISTOPHER JASON
SKO-KINGSTON CONSTRUCTION & RESTORATION, INC
3442 PARKWAY CENTER CT
ORLANDO FL 32808

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW