



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.

Scope of Work: REROOF: 30sq, asphalt shingle
Comments: None
Project Information
 Address: 1678 Colleen Drive, Belle Isle, FL 32809
 Parcel ID: 30-23-30-061-0004-50
 Property Owner: Federal Home Loan Mortgage Corp.
 Phone Number: 480-221-4968

 Company Name: JT Construction, Inc.
 Contractor Name: Torres, Jeffrey
 License Number: CCC1327704
 Address: 2655 Crown Court, Kissimmee, FL 34741
 Phone Number: 321-624-9477

Permit Number: 2014-08-076

Date of Application: 08/21/2014
Date Permit Issued: 08/21/2014

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

BUILDING FEATURES

IMPACT FEES

Traffic \$
 School \$

ZONING FEES

Zoning Fee \$30.00

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
 Boat House \$
 Building \$
 Demo \$
 Door(s) \$
 Driveway \$
 Electrical \$
 Fence \$
 Gas \$
 Irrigation \$
 Low Voltage \$
 Mechanical \$
 Plumbing \$
 Pool \$
 Roofing \$80.00
 Screen Encl \$
 Shed \$
 Temp Pole \$
 Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$114.00

Date Paid 8-22-14

CC or Check # USA 3046

Amount Paid 114.00

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

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

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

€ BUILDING

1st _____ (Footing/Foundation)
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____
 2nd _____ (Slab)
 3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)
 4th _____ (Exterior Framing)(Roof/Wall Sheathing)
 5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)
 6th _____ (Insulation to be Made After Roof Installed)
 7th _____ (Drywall)
 8th _____ (Sidewalk/Driveway)
 9th _____ (Other)
 10th _____ (Final – After MEP and Other Applicable Finals)

€ ROOFING **OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR**

1ST ROOFING Deck Nailing/Dry-in/Flashing _____
 2nd ROOFING Covering In-Progress _____
 3rd ROOFING Covering Final _____

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

€
 1ST _____ (Underground) 2nd _____ (Sewer)
 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

€ GAS ___ Natural ___ LP € MECHANICAL € ELECTRICAL € LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to BDscheduling@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/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = universal13

received
08-21-14



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.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: _____ ROOF PERMIT NUMBER 2014-08-076

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

Project Address 1678 colleen dr Belle Isle, FL 32809 32812

Property Owner Federal Home Loan Mortgage Corp Phone 480-221-4968

Property Owner's Mailing Address 9204 King Palm Dr City Tampa

State FL Zip Code 33619 Parcel Id Number: 302330061000450

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 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: 3000 Number of Stories: 1 Job Valuation: \$ 11,470.00

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 [Signature] LICENSE # CCC1327704
LICENSE HOLDER NAME Jeffrey Torres COMPANY NAME JT Construction
Street Address 2655 Crown Ct
City Kissimmee State FL Zip Code 34741 Phone Number 321 624 9477
Email Address jtconstruction2010@hotmail.com

Building Official: sq Date 8-21-14
Verified Contractor's Licenses & Insurance are on file sq Date 8-21-14

Zoning Fee	\$ <u>30.00</u>
Permit Fee	\$ <u>80.00</u>
Review Fee	\$ <u>n/a</u>
3% Florida Surcharge	\$ <u>4.00</u>
Total Permit Fee	\$ <u>114.00</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 _____

Permit Number: _____
Folio/Parcel ID #: 30 23 30 0610 00 450
Prepared by: Jeff Torres

DOCH 20140423313 B: 10793 P: 1477
08/20/2014 12:03:15 PM Page 1 of 1
Rec Fee: \$10.00
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: JT CONSTRUCTION

Return to: JT Construction
2655 Crown Ct
Kiss Fl 34741

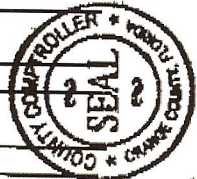


NOTICE OF COMMENCEMENT

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)
Belle Isle West 2/18 Lot 45 / 1678 Colleen Dr Belle Isle FL 32809
2. General description of improvement
25yr shing/c kerol
3. Owner information or Lessee information if the Lessee contracted for the improvement
Name Federal National Home Loan Mortgage Corp
Address 9204 King Palm Dr Tampa FL 33619-1328
Interest in Property owner
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
4. Contractor
Name JT Construction Telephone Number 3016249477
Address 2655 Crown Ct Kiss Fl 34741
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 of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager: [Signature]
Agent of: _____
Signatory's Title/Office: _____

The foregoing instrument was acknowledged before me this 18th day of August by 2014
as _____ for _____
Type of authority, e.g., officer, trustee, attorney in fact _____ Name of party on behalf of whom instrument was executed
Laura L. Price _____
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 _____

Laura L. Price
MY COMMISSION # EE 198129
EXPIRES: September 12, 2016
Bonded Thru Budget Notary Services

By: _____
Deputy Comptroller
AUG 20 2014
Dated: _____



Florida Department of
**Business
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 Regulation**

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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 #	FL10124-R11										
Application Type	Revision										
Code Version	2010										
Application Status	Approved										
Comments											
Archived											
Product Manufacturer	GAF										
Address/Phone/Email	1361 Alps Road Wayne, NJ 07470 (973) 872-4421 lindareith@trinityerd.com										
Authorized Signature	Beth McSorley lindareith@trinityerd.com										
Technical Representative	Beth McSorley										
Address/Phone/Email	1361 Alps Road - Bldg 11-1 Wayne, NJ 07470 (973) 872-4421 BMcSorley@gaf.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	05/03/2015										
Validated By	John W. Knezevich, PE Validation Checklist - Hardcopy Received										
Certificate of Independence	FL10124_R11_COI_Trinity_ERD_CI - Nieminen - 2013.pdf										
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th><u>Standard</u></th> <th><u>Year</u></th> </tr> </thead> <tbody> <tr> <td>ASTM D3161 (Class F)</td> <td>2006</td> </tr> <tr> <td>ASTM D3462</td> <td>2007</td> </tr> <tr> <td>ASTM D7158 (Class H)</td> <td>2007</td> </tr> <tr> <td>TAS 107</td> <td>1995</td> </tr> </tbody> </table>	<u>Standard</u>	<u>Year</u>	ASTM D3161 (Class F)	2006	ASTM D3462	2007	ASTM D7158 (Class H)	2007	TAS 107	1995
<u>Standard</u>	<u>Year</u>										
ASTM D3161 (Class F)	2006										
ASTM D3462	2007										
ASTM D7158 (Class H)	2007										
TAS 107	1995										
Equivalence of Product Standards Certified By											

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 08/29/2013
 Date Validated 08/29/2013
 Date Pending FBC Approval 09/08/2013
 Date Approved 10/18/2013

Summary of Products

FL #	Model, Number or Name	Description
10124.1	GAF Asphalt Roof Shingles	Fiberglass reinforced 3-tab, laminated, 5-tab and hip/ridge asphalt shingles
Limits of Use 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.		Installation Instructions FL10124_R11_H_er082913FINAL_GAF Asphalt Shingles_FL10124-R11.pdf Verified By: Robert Nieminen PE-59166 Created by Independent Third Party: Yes Evaluation Reports FL10124_R11_AE_er082913FINAL_GAF Asphalt Shingles_FL10124-R11.pdf Created by Independent Third Party: Yes

[Back](#) [Next](#)

Contact Us :: 1940 North Monroe Street, Tallahassee, FL 32398 Phone: 850-487-1824

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Product Approval Accepts:




TRINITY ERD

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

GAF
 1361 Alps Road, Building 7-3
 Wayne, NJ 07470

Evaluation Report 01506.01.08-R13
FL10124-R11
Date of Issuance: 01/03/2008
Revision 13: 08/29/2013

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 sections noted herein.

DESCRIPTION: GAF Asphalt Roof Shingles

LABELING: Each unit shall bear labeling in accordance with the requirements 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.

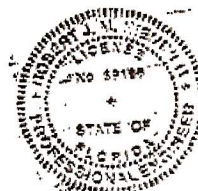
ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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 5.

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 08/29/2013. 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.

TRINITY ERD

ROOFING SYSTEMS EVALUATION:

- 1. SCOPE:**
 - Product Category:** Roofing
 - Sub-Category:** Asphalt Shingles
 - Compliance Statement:** GAF Asphalt Roof Shingles, as produced by GAF, 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:**

Section	Property	Standard	Year
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
1507.2.7.1, R905.2.6.1	Wind Resistance	TAS 107	1985

- 3. REFERENCES:**

Entity	Examination	Reference	Date
GAF (BDM 1915)	Letter of Equivalency	Seal-A-Ridge Impact Resistant IR	01/13/2012
PRI (TST 5878)	ASTM D3462	GAF-059-02-01	09/02/2004
PRI (TST 5878)	ASTM D3462	GAF-080-02-01	05/25/2005
PRI (TST 5878)	Wind Driven Rain	GAF-407-02-01	01/21/2013
UL (TST 1740)	ASTM D3462	93NK6295	11/29/1993
UL (TST 1740)	ASTM D3462	99NK43635	01/12/2000
UL (TST 1740)	TAS 107	94NK9632	03/29/2000
UL (TST 1740)	ASTM D3161, TAS 107	01NK06932	02/02/2001
UL (TST 1740)	ASTM D3161	02NK9226	05/21/2001
UL (TST 1740)	ASTM D3462	01NK37122	12/19/2001
UL (TST 1740)	ASTM D3462	02NK37122	12/19/2001
UL (TST 1740)	ASTM D3161, TAS 107	02NK12980	04/10/2002
UL (TST 1740)	ASTM D3161, TAS 107	02NK30871	09/09/2002
UL (TST 1740)	ASTM D3161	03CA5357	03/11/2003
UL (TST 1740)	ASTM D3462	03NK26444	10/17/2003
UL (TST 1740)	ASTM D3462	04NK13850	05/07/2004
UL (TST 1740)	ASTM D3161	04NK13850	05/23/2004
UL (TST 1740)	ASTM D3161	04NK30546	03/10/2005
UL (TST 1740)	ASTM D3161	04NK22009	05/05/2005
UL (TST 1740)	ASTM D3161	04NK22009	05/09/2005
UL (TST 1740)	ASTM D3462	05NK27924	02/10/2006
UL (TST 1740)	ASTM D3161	05NK27924	02/11/2006
UL (TST 1740)	ASTM D3161, D3462	06CA18077	06/05/2006
UL (TST 1740)	ASTM D3161, D3462	06CA18074	06/16/2006
UL (TST 1740)	ASTM D3161, D3462	06CA35251	10/18/2006
UL (TST 1740)	ASTM D3462	06CA31603	12/01/2006
UL (TST 1740)	ASTM D3161, D3462	06CA41095	12/27/2006
UL (TST 1740)	ASTM D3161	07NK05228	03/19/2007
UL (TST 1740)	ASTM D3161	06CA31611	04/04/2007
UL (TST 1740)	ASTM D3161	06CA61148	04/09/2007
UL (TST 1740)	ASTM D3161, D3462	07CA31742	11/08/2007
UL (TST 1740)	ASTM D3161, D3462	08CA06100	03/13/2008
UL (TST 1740)	ASTM D3161, D3462	07CA55908	04/01/2008
UL (TST 1740)	ASTM D3161, D3462	08CA10592	03/26/2009
UL (TST 1740)	ASTM D3161, D3462	09CA06856	05/15/2009
UL (TST 1740)	ASTM D3161, D7158, D3462	09CA06856	09/01/2009
UL (TST 1740)	ASTM D3161, D7158, D3462	09NK06647	08/27/2009
UL (TST 1740)	ASTM D3161, D7158, D3462	09CA27281	03/05/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	10CA35554	05/15/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	10CA13696	05/27/2010
UL (TST 1740)	ASTM D3462	10CA07254	10/29/2010
UL (TST 1740)	ASTM D3462	10CA11983	10/30/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	10NK11951	11/04/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	10NK12070	01/30/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	08CA06100	03/31/2011
UL (TST 1740)	ASTM D3161, D7158, D3462	10CA53934	10/22/2011
UL (TST 1740)	ASTM D3161, D7158, D3462	11CA48924	12/03/2011
UL (TST 1740)	ASTM D3161, D7158, D3462	11CA47919	12/08/2011
UL (TST 1740)	ASTM D3161, D7158, D3462	11CA48408	

Exterior Research and Design, LLC.
Certificate of Authorization #9503


TRINITY ERD

Entity	Examination	Reference	Date
UL (TST 1740)	ASTM D3161, D7158, D3462	11CA48725	12/09/2011
UL, LLC. (TST 9628)	ASTM D3462	12CA34891	10/12/2012
UL, LLC. (TST 9628)	ASTM D3161, D7158, D3462	12CA58151	02/15/2013
UL, LLC. (TST 9628)	ASTM D3161	12CA38083	02/26/2013
UL, LLC. (TST 9628)	ASTM D3161	13CA32332	06/18/2013
UL, LLC. (TST 9628)	ASTM D3161	13CA37934	08/02/2013
UL, LLC. (QUA 9625)	Quality Control	Inspection Report, File No. R21	05/03/2013

4. PRODUCT DESCRIPTION:

- 4.1 Marquis WeatherMax, Royal Sovereign and Sentinel are a fiberglass reinforced, 3-tab asphalt roof shingles.
- 4.2 Camelot, Camelot II, Capstone, Country Mansion, Country Mansion II, Grand Canyon, Grand Sequoia, Grand Sequoia IR, Grand Slate, Grand Slate II, Monaco, Sienna, Timberline American Harvest, Timberline ArmorShield II, Timberline Natural Shadow, Timberline Natural Shadow Arctic White, Timberline HD, Timberline Cool Series, Timberline Ultra HD and Woodland are fiberglass reinforced, laminated asphalt roof shingles.
- 4.3 Slateline is a fiberglass reinforced, 5-tab asphalt roof shingle.
- 4.4 Seal-A-Ridge, Seal-A-Ridge Armorshield, Seal-A-Ridge IR and Timbertex Hip and Ridge are fiberglass reinforced, hip and ridge asphalt roof shingles.
- 4.5 Pro-Start Starter Strip Shingles and WeatherBlocker Starter Strip Shingles are a starter strips for asphalt roof shingles.

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 GAF 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 $V_{ssd} = 150$ mph ($V_{urk} = 194$ mph). Refer to Section 6 for installation requirements to meet this wind rating.
 - 5.3.2 All GAF hip & ridge shingles noted herein are Classified in accordance with FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F, indicating the shingles are acceptable for us in all wind zones up to $V_{ssd} = 150$ mph ($V_{urk} = 194$ mph). Refer to Section 6 for installation requirements to meet this wind rating.
 - 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 audit in accordance with the Florida Building Code and F.A.C. Rule 9N-3.

6. INSTALLATION:

6.1 Underlayment:

6.1.1 Underlayment shall be acceptable to GAF 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 Starter Shingles:

6.2.1 Installation of Pro-Start Starter Strip Shingles and WeatherBlocker Starter Strip Shingles shall comply with the manufacturer's current published instructions.

6.3 Asphalt Shingles:

6.3.1 Installation of asphalt shingles shall comply with the manufacturer's current published instructions, using minimum four (4) nails per shingle in accordance with FBC Sections 1507.2 or R905.2, with the following exceptions:

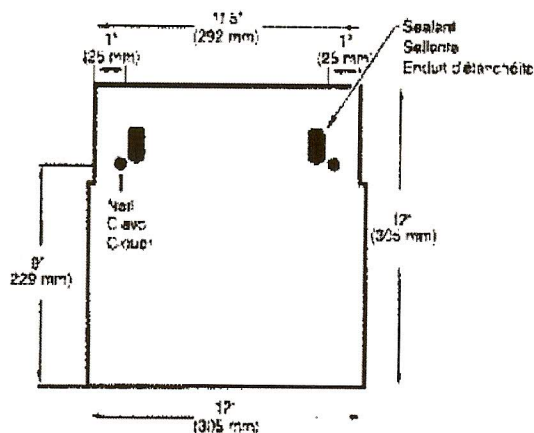
- Camelot, Camelot II, Grand Canyon, Grand Sequoia, Grand Sequoia IR, Grand Slate, Grand Slate II and Woodland require minimum five (5) nails per shingle.
- Slateline requires minimum six (6) nails per shingle.

6.3.2 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.

6.3.3 Where the roof slope exceeds 21 units vertical in 12 units horizontal, special methods of fastening are required. Contact the shingle manufacturer for details.

6.4 Hip & Ridge Shingles:

6.4.1 Installation of Seal-A-Ridge, Seal-A-Ridge Armorshield and Seal-A-Ridge IR asphalt shingles shall comply with the manufacturer's current published instructions with a minimum two (2) nails, minimum 3/8-inch head diameter, per shingle and nominal 0.25-inch diameter beads of Henkel "Loctite PL S30 Roof & Flashing Sealant".



CERTIFICATE OF LIABILITY INSURANCE		Date 8/18/2014
Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 (727) 938-5562		This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.
		Insurers Affording Coverage
Insured: South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. Holiday, FL 34691		NAIC # 11075
		Insurer A: Lion Insurance Company
		Insurer B:
		Insurer C:
		Insurer D:
		Insurer E:

Coverages

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																				
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$																				
		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) \$																				
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence Aggregate																				
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2014	01/01/2015	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">X</td> <td style="width:15%;">WC Statutory Limits</td> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">OTH-ER</td> <td style="width:60%;"></td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	X	WC Statutory Limits		OTH-ER			E.L. Each Accident			\$1,000,000		E.L. Disease - Ea Employee			\$1,000,000		E.L. Disease - Policy Limits			\$1,000,000
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Other

Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 24-65-518

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

J.T. Construction, Inc.

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

Project Name:

FAX: 407-581-0313 / ISSUE 02-04-13 (SD) / Reissued 12/9/13 (SH) / REISSUE 08-18-14 (TLD)

Begin Date 4/2/2012

CERTIFICATE HOLDER CITY OF BELLE ISLE 1600 NELA AVE BELLE ISLE, FL 32809	CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives
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7:24:10 AM 8/21/2014

Licensee Details

Licensee Information

Name: **TORRES, JEFFREY VICTOR (Primary Name)**
J T CONSTRUCTION INC (DBA Name)

Main Address: **2655 CROWN COURT**
KISSIMMEE Florida 34741

County: **OSCEOLA**

License Mailing:

LicenseLocation:

License Information

License Type: **Certified Roofing Contractor**

Rank: **Cert Roofing**

License Number: **CCC1327704**

Status: **Current,Active**

Licensure Date: **10/24/2006**

Expires: **08/31/2016**

Special Qualifications **Qualification Effective**
Construction Business **10/24/2006**

[View Related License Information](#)

[View License Complaint](#)

[1940 North Monroe Street, Tallahassee FL 32399](#) :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email 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. Please see our [Chapter 455](#) page to determine if you are affected by this change.