



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.

<b>Scope of Work:</b> ROOF: re-roof 54 squares of asphalt shingles  <b>Comments:</b> None  <b>Project Information</b> Address: 4226 Bell tower Court, Belle Isle, FL 32812 Parcel ID: 20-23-30-1618-00-630 Property Owner: Hurst, Monica & John Phone Number: 407-855-5470 ***** Company Name: Brite Top Roofing Contractor Name: LeBlanc, Dale License Number: CCC-058108 Address: PO Box 590325, Orlando, FL 32859 Phone Number: 407-895-1551	<b>Permit Number: 2014-08-006</b> <b>Date of Application: 08/072014</b> <b>Date Permit Issued: 08/12/2014</b>  <b>WARNING TO OWNER:</b> "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.
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### BUILDING FEATURES

<b>IMPACT FEES</b> Traffic \$ School \$  <b>ZONING FEES</b> Zoning Fee \$30.00  <b>UNIVERSAL ENG - BUILDING FEES</b> Boat Dock \$ Boat House \$ Building \$ Demo \$ Door(s) \$ Driveway \$ Electrical \$ Fence \$ Gas \$ Irrigation \$ Low Voltage \$ Mechanical \$ Plumbing \$ Pool \$ Roofing \$95.00 Screen End \$ Shed \$ Temp Pole \$ Window(s) \$	<b>BUILDING INSPECTOR USE ONLY</b>  <b>IF APPLICABLE:</b> 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  <input type="checkbox"/> BUILDING Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 1 <sup>st</sup> _____ (Footing/Foundation) 2 <sup>nd</sup> _____ (Slab) 3 <sup>rd</sup> _____ (Lintel)Wall Reinforcing on Masonry Building) 4 <sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing) 5 <sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 <sup>th</sup> _____ (Insulation to be Made After Roof Installed) 7 <sup>th</sup> _____ (Drywall) 8 <sup>th</sup> _____ (Sidewalk/Driveway) 9 <sup>th</sup> _____ (Other) 10 <sup>th</sup> _____ (Final - After MEP and Other Applicable Finals)
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<b>SURCHARGE FEES</b> Surcharge Fee \$2.00 Surcharge Fee \$2.00  <b>TOTAL FEES \$129.00</b>  Date Paid <u>8-12-14</u> CC or Check # <u>MC</u> Amount Paid <u>8-12-14</u>	<input type="checkbox"/> ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR 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 _____  <input type="checkbox"/> 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 <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1 <sup>st</sup> _____ (Rough-In) 2 <sup>nd</sup> _____ (Final)
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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).

Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto: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.

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2014-08-006
Property Owner	Hurst, John & Monica
Address	4226 Bell Tower
Nature of Improvement	Re Roof
Received Application	8-8-14
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	8-11-14
Comments	
1.	8-11-14 Emailed that we need the product approval
2.	& insurance
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalsalengineering.com](http://www.universalsalengineering.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: Aug. 7, 2014

ROOF PERMIT NUMBER 2014.08.006

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

Project Address 4226 Bell Tower Court

Belle Isle, FL  32809  32812

Property Owner John and Monica Hurst

Phone 407-855-5470

Property Owner's Mailing Address 4226 Bell Tower Court

City Orlando

State FL Zip Code 32812

Parcel Id Number: 20-23-30-1618-00-630

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: 54

Number of Stories: 1

Job Valuation: \$ 14,500.00

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 Dale LeBlanc LICENSE # CCC-058108

LICENSE HOLDER NAME Dale R. LeBlanc

COMPANY NAME Brite Top Roofing

Street Address PO Box 590325

City Orlando State FL Zip Code 32859

Phone Number 407-895-1551

Email Address Dale@BriteTopRoofing.com

Building Official: SC Date 8-11-14

Verified Contractor's Licenses & Insurance are on file \_\_\_\_\_ Date \_\_\_\_\_

Zoning Fee

\$ 30.00

Permit Fee

\$ 95.00

Review Fee

\$ n/a

3% Florida Surcharge

\$ 4.00

Total Permit Fee

\$ 129.00

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

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

Admin @ Brite Top Roofing, com

2014  
EXPIRES SEPTEMBER 30, 2014

**PATSY HEFFNER, TAX COLLECTOR**  
OSCEOLA COUNTY, STATE OF FLORIDA  
LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO.  
54990

BUSINESS TYPE 6420 ROOFING CONTR (DBPR/CMPCRD)

BUSINESS

Brite Top Roofing DNW Corporation  
4255 Bogy Creek Rd  
Kissimmee, FL 34744

RENEWAL  
NEW LICENSE TRANSFER 0.00  
ORIGINAL TAX AMOUNT 30.00  
0.00

PENALTY  
COLLECTION COST 0.00  
TOTAL 30.00

OSCEOLA COUNTY  
MAILING Dale LeBlanc  
ADDRESS P O Box 590325  
Orlando, FL 32859



PATSY HEFFNER, TAX COLLECTOR  
P.O. BOX 422105, KISSIMMEE FL 34742-2105  
407-742-4000

THIS RECEIPT IS IN ADDITION AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW  
OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH, AND ANY  
OTHER LAWFUL AUTHORITY.

**THIS LOCAL BUSINESS TAX RECEIPT IS FURNISHED PURSUANT TO CHAPTER 205 LAWS OF FLORIDA  
AND OSCEOLA COUNTY ORDINANCE 95-10, AS AMENDED**

The law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

Pursuant to State Law, all Local Business Tax Receipts shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax Receipt for the delinquent establishment. A 25% penalty shall be imposed on any person engaged in any new business, occupation or profession without first obtaining an Osceola County Local Business Tax Receipt. PLUS: if delinquent more than 150 days, subject to civil actions and penalties, and a penalty of up to \$250.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county, or cities, nor does it exempt the licensee from any other license or permits that may be required by law.

This form becomes a receipt when validated by the Tax Collector. Note: Display in accordance with the county ordinance.  
Local Business Tax Receipts are subject to change according to law.

Dale LeBlanc  
P O Box 590325  
Orlando, FL 32859

DNWC001 OP ID: MC  
DATE (MM/DD/YYYY)  
03/13/14

# CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER J.W. Edens & Company Commercial Ins of Brevard, Inc 325 Fifth Avenue, Suite 108 Indianapolis, FL 32903 Phillip Lane	CONTACT NAME 321-725-7000 PHONE 321-725-7856 FAX (AG, No): POLICY NO. (EFF): ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Southern Owners Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED DNW Corporation dba Brite Top Roofing P.O. Box 590325 Orlando, FL 32859	NAIC #

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:																																																																																																											
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A		72728940	03/19/14	03/19/15	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$																																																																																																								
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CITYBE1	CANCELLATION
City of Belle Isle Building Department 1600 Nela Avenue Belle Isle, FL 32809		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE <i>Phillip Lane</i>

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# CERTIFICATE OF LIABILITY INSURANCE

Date  
8/12/2014

<b>Producer:</b> 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.
<b>Insured:</b> South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. Holiday, FL 34691	Insurers Affording Coverage Insurer A: Lion Insurance Company Insurer B: Insurer C: Insurer D: Insurer E:
NAIC # 11075	

## 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								
		<b>GENERAL LIABILITY</b> Commercial General Liability Claims Made <input type="checkbox"/> Occur <input type="checkbox"/> 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 \$								
		<b>AUTOMOBILE LIABILITY</b> Any Auto All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$								
		<b>EXCESS/UMBRELLA LIABILITY</b> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence \$ Aggregate \$								
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> 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: 50%;"><input checked="" type="checkbox"/> WC Statutory Limits</td> <td style="width: 50%;"><input type="checkbox"/> OTH-ER</td> </tr> <tr> <td>E.L. Each Accident</td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. Disease - Ea Employee</td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. Disease - Policy Limits</td> <td>\$1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> 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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E.L. Each Accident	\$1,000,000													
E.L. Disease - Ea Employee	\$1,000,000													
E.L. Disease - Policy Limits	\$1,000,000													

**Other** Lion Insurance Company is A.M. Best Company rated A- (Excellent). A.M.B. # 12616

**Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:**  
 Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":  
 Client ID: 92-67-248  
**DNW Corporation dba Brite Top Roofing**  
 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:** ISSUE 08-12-14 (TLD)

**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.

Begin Date **3/18/2013**

CITY OF BELLE ISLE  
 1600 NELA AVE  
 BELLE ISLE, FL 32809

*John L. Jones*

FLORIDA DEPARTMENT OF  
**Business & Professional Regulation**



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**FL #** FL5444-R7  
**Application Type** Revision  
**Code Version** 2010  
**Application Status** Approved  
**Comments**  
**Archived**



**Product Manufacturer Address/Phone/Email**  
 CertainTeed Corporation-Roofing  
 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**  
**Subcategory**

Roofing  
 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**  
 Florida License  
 Quality Assurance Entity  
 Quality Assurance Contract Expiration Date  
 Validated By

Robert Nieminen  
 PE-59166  
 UL LLC  
 07/03/2017  
 John W. Knezevich, PE  
 Validation Checklist - Hardcopy Received

**Certificate of Independence**

[EL5444\\_R7\\_COI\\_2014\\_04\\_COI\\_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: 04/29/2014  
 Date Validated: 05/05/2014  
 Date Pending FBC Approval: 05/07/2014  
 Date Approved: 06/23/2014

Summary of Products		
FL #	Model, Number or Name	Description
54444.1	CertainTeed Asphalt Roofing Shingles	3-tab, 4-tab, strip (no-cut-outs), laminated and architectural asphalt roof shingles
<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		
<b>Installation Instructions</b> <a href="#">FL5444_R7_IL_2014_05_FINAL_ER_CERTAINTCEED_ASPHALT_SHINGLE_FL5444-R7.pdf</a> Verified By: Robert Nieminen, PE PE-59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL5444_R7_AE_2014_05_FINAL_ER_CERTAINTCEED_ASPHALT_SHINGLE_FL5444-R7.pdf</a> Created by Independent Third Party: Yes		



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-R8**  
**FL5444-R7**  
**Date of Issuance: 09/22/2005**  
**Revision 8: 05/05/2014**

### SCOPE:

This Evaluation Report is issued under Rule 61G20-3 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code and Florida Building Code, Residential Volume. The products described herein have been designed to comply with the 2010 Florida Building Code.

### DESCRIPTION: CertainTeed Asphalt Roofing Shingles.

**LABELING:** Labeling shall be in accordance with the requirements of the Accredited Quality Assurance Agency noted herein and FBC 1507.2.7.1.

**CONTINUED COMPLIANCE:** This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement to notify Robert Nieminen, P.E. if the product changes or the referenced Quality Assurance documentation changes. Trinity|ERD requires a complete review of this Evaluation Report relative to updated Code requirements with each Code Cycle.

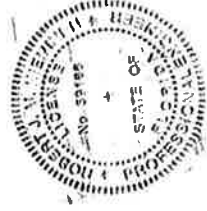
**ADVERTISEMENT:** The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

**INSPECTION:** Upon request, a copy of this entire Evaluation Report shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This Evaluation Report consists of pages 1 through 11.

### 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 05/05/2014. 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 (TST 9628)	ASTM D3161, D3462 & D7158	13CA32897	11/21/2013
UL LLC (TST 9628)	ASTM D3161, D3462	TFWZ.R684	04/22/2014
UL LLC (TST 9628)	ASTM D7158	TGAH.R684	04/22/2014
UL LLC (QUA 9625)	Quality Control	Service Confirmation	Exp. 02/13/2016



#### 4. PRODUCT DESCRIPTION:

- 4.1 CT20™, XT™ 25, XT™ 30 and XT™ 30 IR are fiberglass reinforced, 3-tab asphalt roof shingles.
- 4.2 Carriage House Shingle®, Centennial Slate™, Grand Manor Shingle®, Landmark™, Landmark™ IR, Landmark™ Pro, Landmark™ Premium, Landmark™ TL, Landmark™ Solaris and Landmark™ Solaris IR are fiberglass reinforced, laminated asphalt roof shingles.
- 4.3 Presidential Shake™, Presidential Shake™ IR and Presidential Shake TL™ are fiberglass reinforced, architectural asphalt roof shingles.
- 4.4 Hatteras™, Highland Slate™ and Highland Slate™ IR are fiberglass reinforced, 4-tab asphalt roof shingles.
- 4.5 Patriot™ is a fiberglass reinforced asphalt roof strip-shingle (with no cut-outs) providing a laminated appearance through an intermittent shadow line with contrasting blend drops for color definition.
- 4.6 Presidential Accessory, Accessory for Hatteras, Shangle Ridge™, Shadow Ridge™, Cedar Crest™ and Cedar Crest™ IR are fiberglass reinforced accessory shingles for hip and ridge installation.
- 4.7 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 use in all wind zones up to  $V_{asd} = 150$  mph ( $V_{ult} = 194$  mph). Refer to Section 6 for installation requirements to meet this wind rating.
  - 5.3.2 Presidential Accessory, Accessory for Hatteras, Shangle Ridge, Shadow Ridge and Cedar Crest hip and 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 use 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.
  - 5.3.3.1 Analysis in accordance with ASTM D7158 indicates the measured uplift resistance ( $R_T$ ) for the CertainTeed asphalt roofing shingles listed in Section 4.1 through 4.5 exceeds the calculated uplift force ( $F_T$ ) at a maximum design wind speed of  $V_{asd} = 150$  mph ( $V_{ult} = 194$  mph) for residential buildings located in Exposure D conditions with no topographical variations (flat terrain) having a mean roof height less than or equal to 60 feet.  
The shingles are permissible under Code for installation in these conditions using the installation procedures detailed in this Evaluation Report and CertainTeed minimum requirements, subject to minimum codified fastening requirements established within any local jurisdiction, which shall take precedence.
- 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 61G20-3.

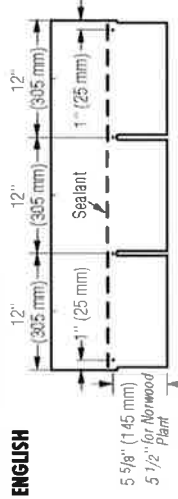
**6. INSTALLATION:**

- 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 61G20-3, 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, XT™ 30, XT™ 30 IR:**

**LOW AND STANDARD SLOPE**

**ENGLISH**



**METRIC**

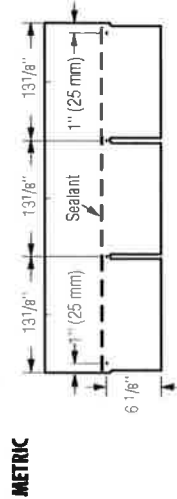


Figure 11-3: Use four nails for every full shingle.

**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.

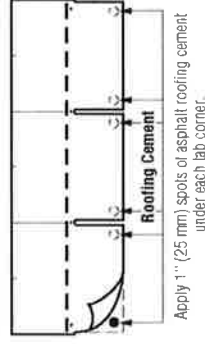


Figure 11-4: Use four nails and six spots of asphalt cement on steep slopes.  
\*CAUTION: Excessive use of roofing cement can cause shingles to blister.

**6.3.1.1 Hip & Ridge: Cut Shingles**

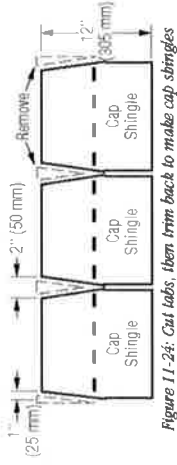


Figure 11-24: Cut labs, trim back to make cap shingles (English dimensions shown).

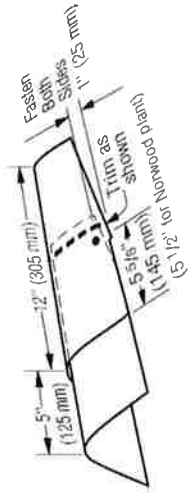


Figure 11-25: Installation of caps along the hips and ridges.

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.

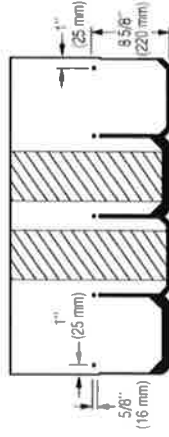


Figure 17-4: Use five nails for every full Grand Manor Shangle, Carriage House Shangle, or Centennial Slate.

**STEP 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 D4586 Type II is suggested.

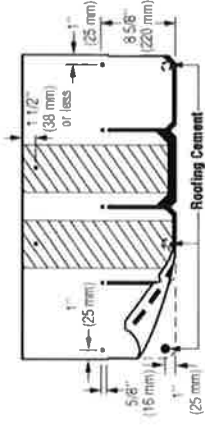


Figure 17-5: When installing Grand Manor Shangles on steep slopes, use seven nails and three spots of asphalt roofing cement.

6.3.2.1 Hip & Ridge: Shangle® Ridge

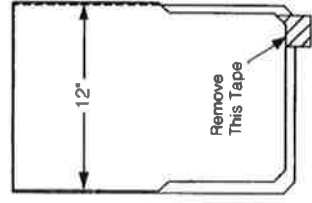


Figure 17-18: Shangle® Ridge.

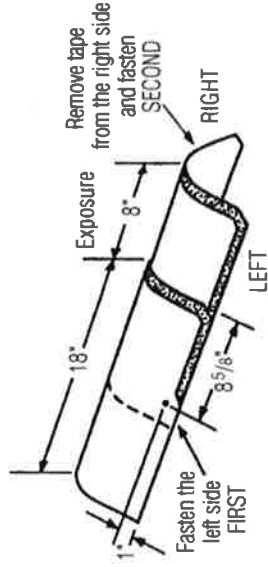


Figure 17-19: Installation of Shangle® Ridge shingles on hips and ridges.

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

LANDMARK TL

**LOW AND STANDARD SLOPE**

**METRIC DIMENSIONS**

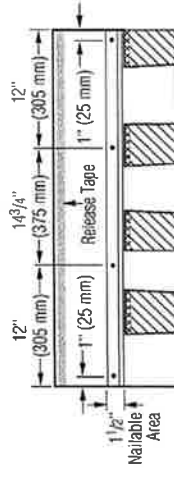


Figure 13-4: Use four nails for every full shingle.

LANDMARK TL

**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**

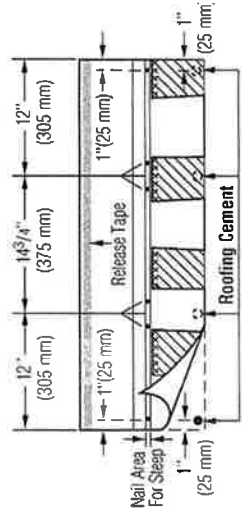


Figure 13-5: Use six nails and four spots of asphalt roofing cement on steep slopes.

6.3.3.1 Hip & Ridge, Option 1: Shadow Ridge™

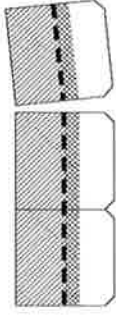
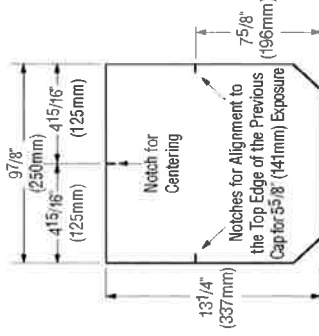
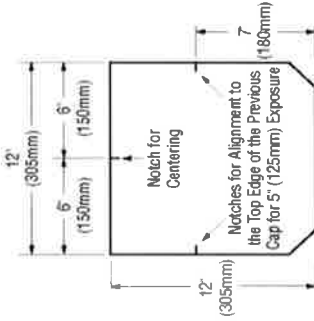


Figure 13-16: Shadow Ridge accessory shingles detach easily from three-piece units to make 72 individual cap pieces.



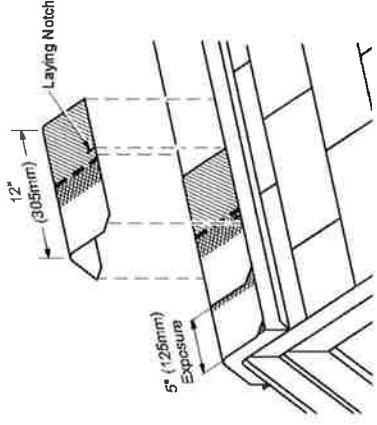
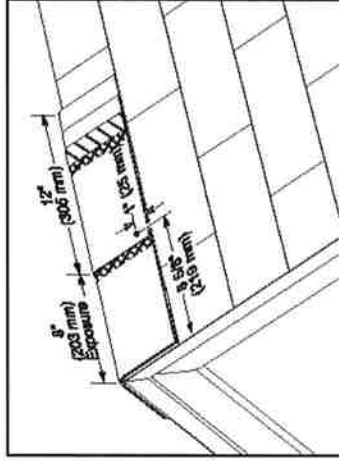


Figure 13-20: Use laying notches to center shingles on hips and ridges, and to locate the correct exposure.

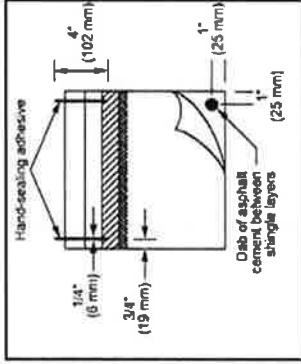
Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

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

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, place 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.

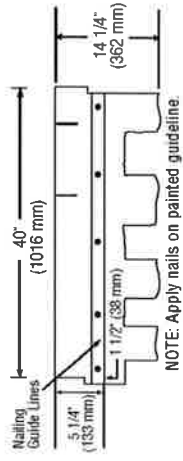


### 6.3.4

#### **Presidential Shake™, Presidential Shake™ IR, Presidential Shake TL™:**

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

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

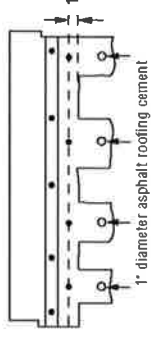


NOTE: Apply nails on painted guideline.

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.



1" diameter asphalt roofing cement

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™, Cedar Crest™ IR 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.

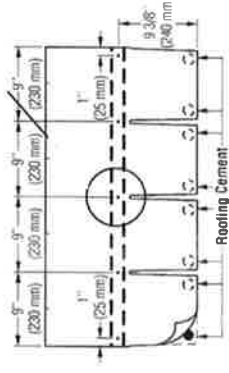


Figure 15-4: Fastening Hatteras Shingles on Steep Slopes

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

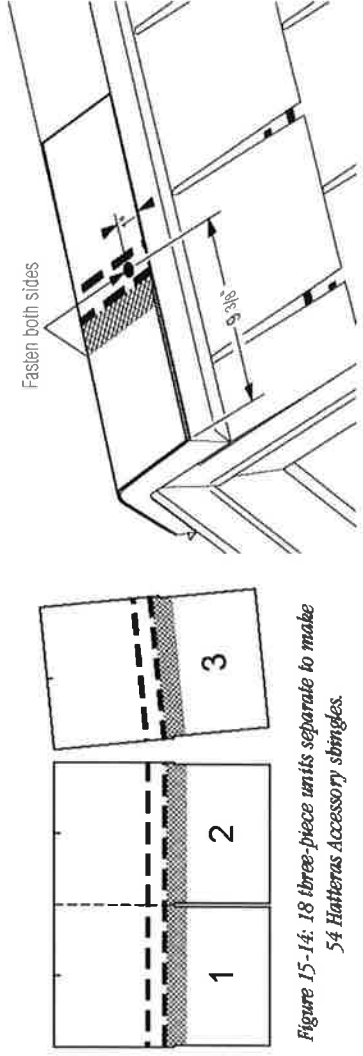


Figure 15-14: 18 three-piece units separate to make 5/4 Hatteras Accessory shingles.

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

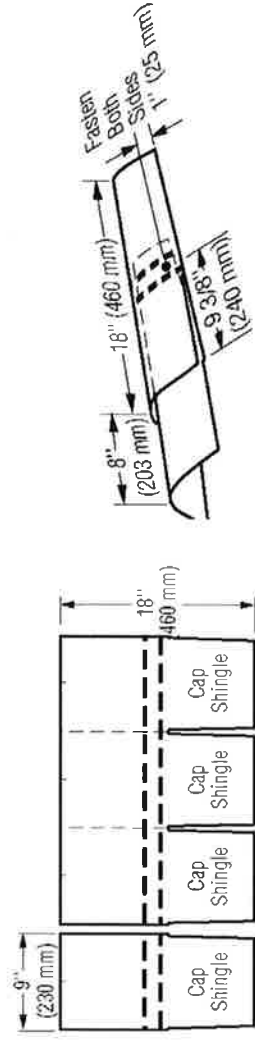


Figure 15-20: Cut Hatteras shingles to make cover cap.

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™, Highland Slate™ IR:**

**LOW AND STANDARD SLOPE:**

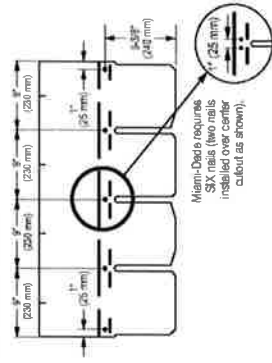


Figure 11-3: Use FIVE nails for every Highland Slate shingle.

**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 D-4586 Type II is suggested.

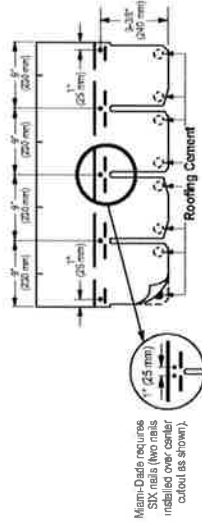


Figure 11-34: Use FIVE nails and eight spots of asphalt roofing cement under each tab corner.

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

6.3.6.1

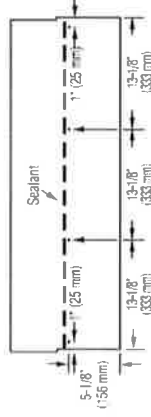
Hip & Ridge, Option 1: Refer to instructions herein for Cedar Crest™, Cedar Crest™ IR or Shangle Ridge™ hip and ridge shingles.

6.3.7

**Patriot™:**

**LOW AND STANDARD SLOPE**

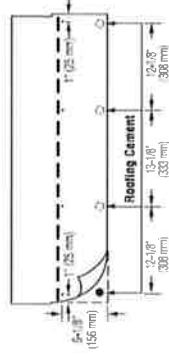
Use FOUR nails for every full shingle located as shown below.



**STEEP SLOPE**

Use FOUR nails and four spots of asphalt roofing cement for every full shingle as shown below. Asphalt roofing cement meeting ASTM D4586 Type II is suggested. Apply 1" (25 mm) spots of asphalt roofing cement as shown.

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



Hip & Ridge: Refer to instructions herein for Cedar Crest™, Cedar Crest™ IR, Shadow Ridge™ 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 61G20-3 QA requirements.

**10. QUALITY ASSURANCE ENTITY:**

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

**- END OF EVALUATION REPORT -**

Permit Number: 20-23-3D-1618-20-6  
Folio/Parcel Identification Number: 20-23-3D-1618-20-6  
Prepared by: \_\_\_\_\_

DOC# 20140396881 B: 10786 P: 4989  
05/06/2014 04:21:06 PM Page 1 of 1  
Rec Fee: \$10.00  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: BRITE TOP ROOFING

Return to: Brite Top Roofing  
P.O. Box 590335  
Orlando FL 32859



**NOTICE OF COMMENCEMENT**

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain rear 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)  
4226 Bell Tower Ct, Orlando FL 32812
2. General description of improvement  
Re Roof - Shingles Conway Graves
3. Owner information or Lessee information if the Lessee contracted for the improvement  
Name Melissa or John Hutst  
Address 4226 Bell Tower Ct, Orlando FL 32812  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name W/A  
Address W/A

4. Contractor  
Name Brite Top Roofing Telephone Number 407-895-1551  
Address P.O. Box 590335 Orlando FL 32859
5. Surety (if applicable, a copy of the payment bond is attached)  
Name W/A Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. Lender  
Name W/A 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 W/A 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 W/A 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.**

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

X John P. Hutst owner  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager      Signatory's Title/Office

The foregoing instrument was acknowledged before me this 31st day of July 2014 by John Hurst  
month/year      name of person

as owner for \_\_\_\_\_

Type of authority, e.g.: officer, trustee, attorney in fact      Name of party on behalf of whom instrument was executed

Wanda L. Leblanc  
Signature of Notary Public - State of Florida

Print, type, or stamp commission number of Notary Public  
WANDA L. LEBLANC  
My Comm. Expires May 26, 2018  
No. FF 126098  
Bonded thru Ashton Agency, Inc. (800)451-4854

Personally Known \_\_\_\_\_ OR Produced ID \_\_\_\_\_  
Type of ID Produced DL # \_\_\_\_\_

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: John P. Hutst  
Deputy Comptroller

Dated: 8-6-14

