



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: 3026 sq ft - asphalt shingles

Comments: None

Project Information

Address: 2241 Hoffner Avenue, Belle Isle, FL 32809
Parcel ID: 18-23-30-5120-00-311
Property Owner: Foote, David
Phone Number: None

Company Name: Gold Key International Inc.
Contractor Name: Hewitt, Jeffrey
License Number: CCC1329157
Address: 6021 S. Orange Avenue, Orlando, FL 32809
Phone Number: 407-851-0680

Permit Number: 2015-12-092

Date of Application: 12/29/2014

Date Permit Issued: 12/30/2014

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

BUILDING FEATURES

IMPACT FEES

School \$
Traffic \$

ZONING FEES

Zoning Fee \$30.00

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical \$
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$
Roofing \$77.00
Boat Dock \$
Screen Encl \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$1111.00

Date Paid

12-31-14

CC or Check

VISA 0382

Amount Paid

111.00

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

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/ff094edc4-832d-44bd-9809-ecf32f9e2e63>
login ID = cobi@universalengineering.com password = universal113

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2015-12-092
Property Owner	Foster, David
Address	2241 Hoffman Ave
Nature of Improvement	Re-roof
Received Application	12-29-14
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	12-29-14
Building Official Approved	12/30
Comments	
1.	Susan 12-29-14 NOC ✓ all credentials ✓
2.	renew wo # 45258
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



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: 12/29/14

ROOF PERMIT NUMBER 2015-12-0912

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

Project Address 2241 HOFFNER AVE, Belle Isle, FL 32809 32812

Property Owner DAVID FOOTE Phone _____

Property Owner's Mailing Address 2241 HOFFNER AVE City BELLE ISLE

State FL Zip Code 32809 Parcel Id Number: 18-23-30-5120-00-311

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: 3026

Number of Stories: 2

Job Valuation: \$ 13,100⁰⁰

Type: Asphalt Shingles Metal Modified Bitumen Other: _____

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances. By signing below, I recognize Republic Services is by legal contract the sole authorized provider of garbage, recycling, yard waste, and commercial garbage and construction debris collection and disposal services with the city limits of the City. Contractors, homeowners and commercial businesses may contact Republic Services at 407-293-8000 to setup accounts for Commercial, Construction Roll Off, or other services needed. Rates are fixed by contract and are available at City Hall or from Republic Services. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

LICENSE HOLDER SIGNATURE _____ LICENSE # CCC 1329157

LICENSE HOLDER NAME SEFF HEWITT COMPANY NAME GOLDKEY

Street Address 6021 S ORANGE AVE

City ORLANDO State FL Zip Code 32809 Phone Number 407-851-0680

Email Address dorothy@goldkeyroofing.com

Zoning Fee	\$	<u>30.00</u>
Permit Fee	\$	<u>77.00</u>
Review Fee	\$	<u>0</u>
3% Florida Surcharge	\$	<u>4.00</u>
Total Permit Fee	\$	<u>111.00</u>

Building Official: Angela Puz Date 12/30/2014

Verified Contractor's Licenses & Insurance are on file _____ Date _____

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



COBI Permit Fee Calculation Form



Reviewer Signature: AP. Date: 12/30/2014

Permit Type:	<u>Roofing</u>	Job Cost:	<u>\$ 13,100-</u>
Permit Fee:	<u>\$ 77.00</u>		
Plans Review Fee:	<u>\$ 0</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	<u>\$ 2.00</u>		
1.5% State Fee:	<u>\$ 2.00</u>		
TOTAL BUILDING FEE:	\$ 81.00	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

$257 (13 \times 4) = 52 + 25 = \77

Permit Number: _____
Folio/Parcel ID #: 16-73-30-5170-00-311
Prepared by: GOLD KEY
6021 S. ORANGE AVE
ORLANDO, FL 32809
Return to: GOLD KEY
6021 S. ORANGE AVE
ORLANDO, FL 32809

DOCH 20140644455 B: 10852 P: 0502
12/22/2014 03:54:34 PM Page 1 of 1
Rec Fee: \$10.00
Martha O. Haynie, Comptroller
Orange County, FL
NB - Ret To: GOLD KEY



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) 2241 HOFFNER AVE
24 LINDA STON BLVD LOT 3 COMM AT SE COR OF BRADSHAW BLVD F/140 LOT 1 SAID PT BEING A NON-TANGIBLE
2. General description of improvement PERGOLF

3. Owner information or Lessee information if the Lessee contracted for the improvement
Name DAVID FOOTZ
Address 2241 HOFFNER AVE, 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 GOLD KEY Telephone Number 407-851-0680
Address 6021 S. ORANGE AVE, ORLANDO, FL 32809

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.

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)



By: Martha O. Haynie
Deputy Comptroller
Dated: _____
I hereby certify that this is a true copy of the document as reflected in the Official Records of the State of Florida, County of Orange

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 _____ OWNER
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 22 day of 12/14 by DAVID FOOTZ
as HIRSELF for _____ name of person

Type of authority, e.g., officer, trustee, attorney in fact _____
Shawn Hewitt Name of party on behalf of whom instrument was executed
Signature of Notary Public - State of Florida SHAWN HEWITT
Print, type, or stamp commissioned name of Notary Public

Personally Known _____ OR Produced ID X
Type of ID Produced FL-D: F300-169-58-410-0





Product Approval
USER: Public User

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

FL #

FL5444-R7

Application Type

Revision

Code Version

2010

Application Status

Approved

Comments

Archived

Product Manufacturer
Address/Phone/Email

CertainTeed Corporation-Roofing
18 Moores Road
Malvern, PA 19355
(610) 651-5847
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

Robert Nieminen

Florida License

PE-59166

Quality Assurance Entity

UL LLC

Quality Assurance Contract Expiration Date

07/03/2017

Validated By

John W. Knezevich, PE

Validation Checklist - Hardcopy Received

Certificate of Independence

[FL5444_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
5444.1	CertainTeed Asphalt Roofing Shingles	3-tab, 4-tab, strip (no-cut-outs), laminated and architectural asphalt roof shingles
<p>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 for Limits of Use</p>		
<p>Installation Instructions FL5444_R7_II_2014_05_FINAL_ER_CERTAINTTEED_Aspphalt Shingle_FL5444-R7.pdf Verified By: Robert Nieminen, PE PE-59166 Created by Independent Third Party: Yes Evaluation Reports FL5444_R7_AE_2014_05_FINAL_ER_CERTAINTTEED_Aspphalt Shingle_FL5444-R7.pdf Created by Independent Third Party: Yes</p>		

[Back](#)

[Next](#)

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

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

Product Approval Accepts:





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

EVALUATION REPORT

CertainTeed Corporation
1400 Union Meeting Road
Blue Bell, PA 19422

Evaluation Report 3532.09.05-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.

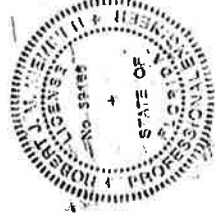
ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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:

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

3. REFERENCES:

Entity	Examination	Reference	Date
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 ($V_{uit} = 194$ 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 use in all wind zones up to $V_{asd} = 150$ mph ($V_{uit} = 194$ 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 ($V_{uit} = 194$ 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.

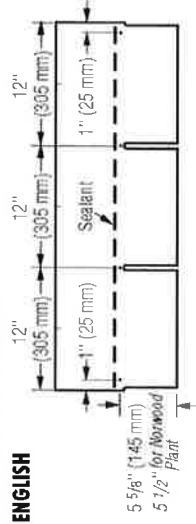
6. INSTALLATION:

- 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

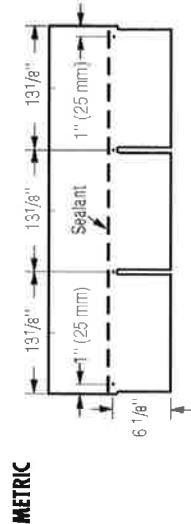
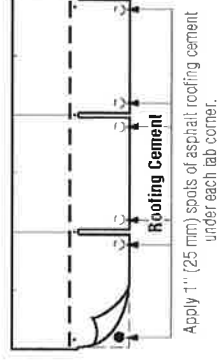


Figure 11-3: Use *four* nails for every full shingle.

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.



Apply 1" (25 mm) spots of asphalt roofing cement under each tab corner.

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

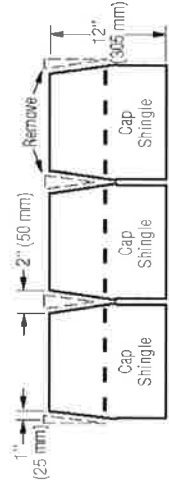


Figure 11-24: Cut tabs, then trim back to make cap shingles (English dimensions shown).

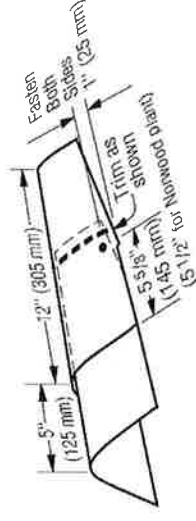


Figure 11-25: Installation of caps along the hips and ridges.

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.

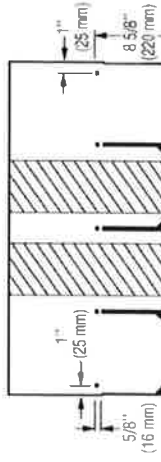


Figure 17-4: Use five nails for every full Grand Manor Shingle, Carriage House Shingle, or Centennial Slate.

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.

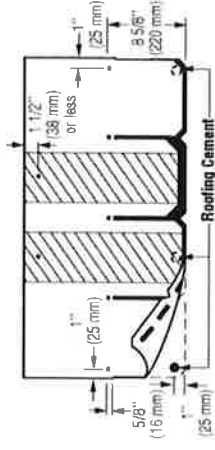


Figure 17-5: When installing Grand Manor Shingles on steep slopes, use seven nails and three spots of asphalt roofing cement.

6.3.2.1 Hip & Ridge: Shangle® Ridge

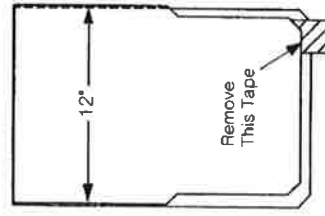


Figure 17-18: Shangle® Ridge.

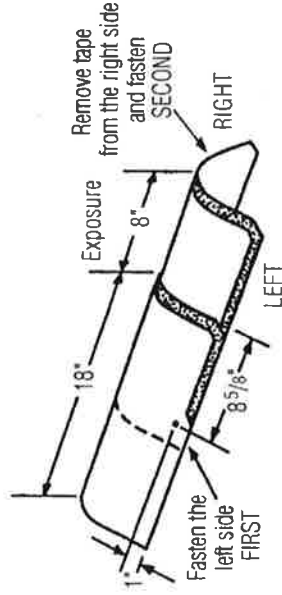


Figure 17-19: Installation of Shangle® Ridge shingles on hips and ridges.

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.

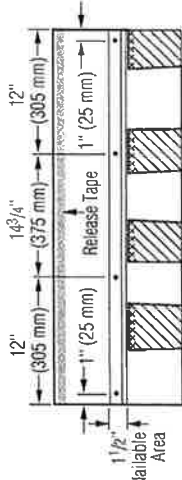
6.3.3

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

LOW AND STANDARD SLOPE

LANDMARK TL

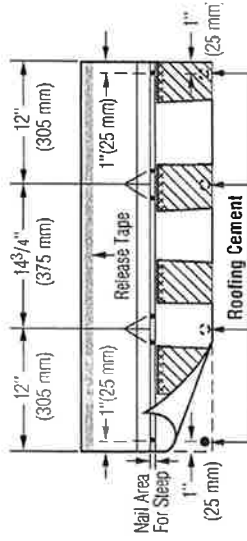
METRIC DIMENSIONS



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 15" in from each edge.

METRIC DIMENSIONS



6.3.3.1 Hip & Ridge, Option 1: Shadow Ridge™

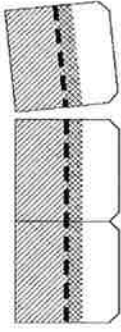
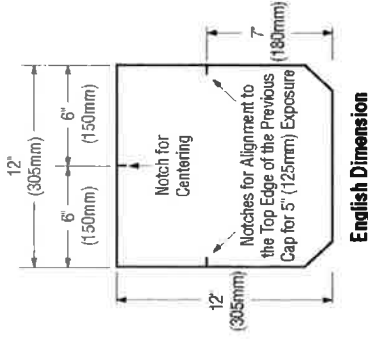
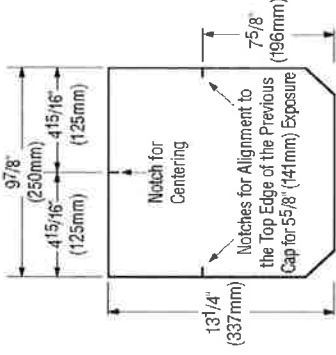


Figure 15-16: Shadow Ridge accessory shingles detach easily from three-piece units to make 72 individual cap pieces.



English Dimension



Metric Dimension

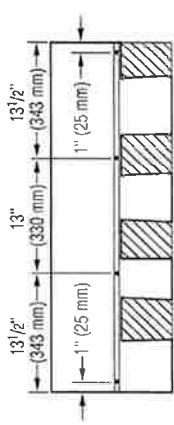


Figure 13-4: Use four nails for every full shingle.

LANDMARK TL

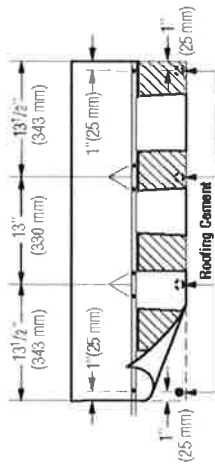


Figure 13-5: Use six nails and four spots of asphalt roofing cement on steep slopes.

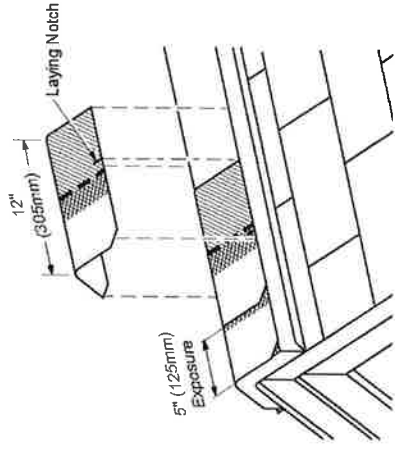
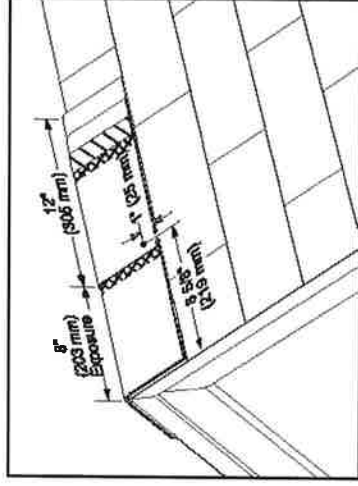


Figure 1.3-20. Use laying notches to center shingles on hips and ridges, and to locate the correct exposure.

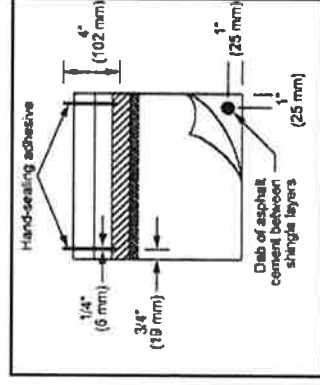
Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

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.



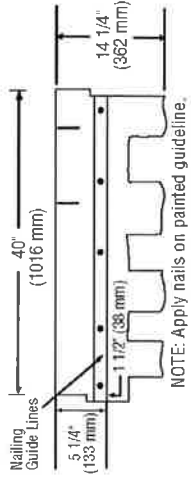
Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant to hand-seal Cedar Crest shingles. Apply NP 1 or PL adhesive from the middle of the shingle's raised overlay on the top piece and extending approximately 4-inch along the sides of the 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™:**

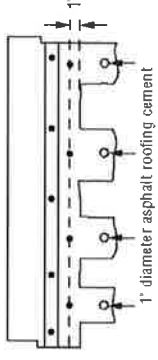
STEEP SLOPE:

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.



NOTE: Apply nails on painted guideline.

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



1" diameter asphalt roofing cement

Figure 16-7: Fastening Presidential and Presidential TL 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.

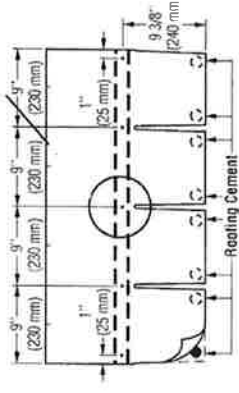


Figure 15-4: Fastening Hatteras Shingles on Steep Slopes

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

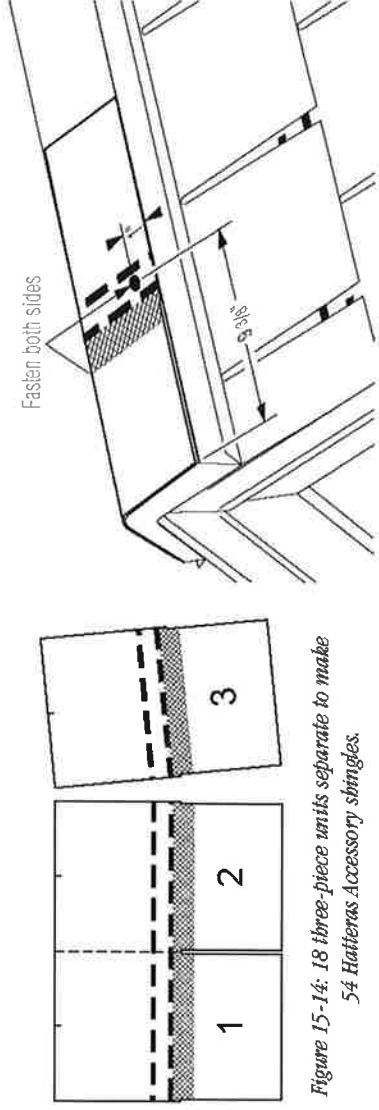


Figure 15-14: 18 three-piece units separate to make 54 Hatteras Accessory shingles.

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

6.3.5.2 Hip & Ridge, Option 2: Cut Hatteras Shingles

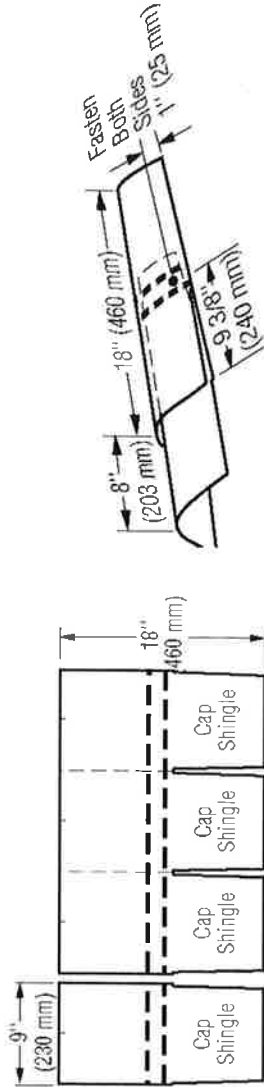


Figure 15-20: Cut Hatteras shingles to make cover cap.

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

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

6.3.6 Highland Slate™, Highland Slate™ IR:

LOW AND STANDARD SLOPE:

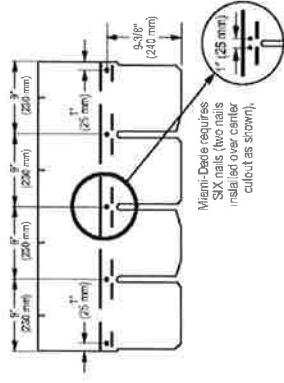


Figure 11-3: Use FIVE nails for every Highland Slate shingle.

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 D4586 Type II is suggested.

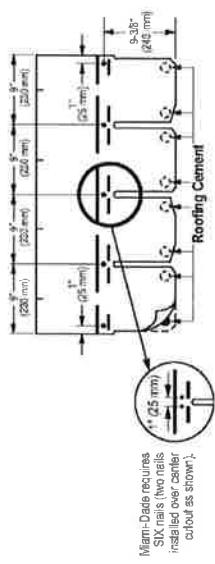


Figure 11-3a: Use FIVE nails and eight spots of asphalt roofing cement under each tab corner.

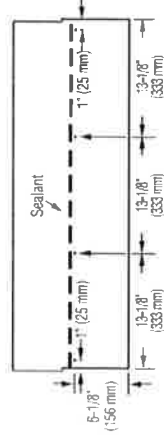
***CAUTION:** Excessive use of roofing cement can cause shingles to blister.

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

6.3.7 Patriot™:

LOW AND STANDARD SLOPE

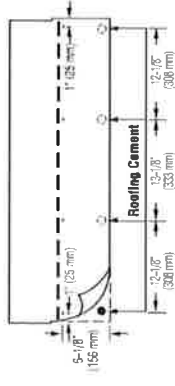
Use FOUR nails for every full shingle located as shown below.



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 -

Searches

Sales Search

Results

Property Record Card

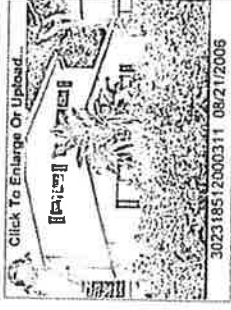
My Favorites

Sign up for e-Notify

2241 Hoffner Ave < 18-23-30-5120-00-311 >

Name(s)
 Foote David J
 Helzer-Plasters Carole M
 Mailing Address On File
 2241 Hoffner Ave
 Belle Isle, FL 32809-3533
 Incorrect Mailing Address?

Physical Street Address
 2241 Hoffner Ave
 Postal City and Zipcode
 Orlando, FL 32809
 Property Use
 0130 - Sfr - Lake Front
 Municipality
 Belle Isle



Values, Exemptions and Taxes | Property Features | Sales Analysis | Location Info | Market Stats | Update Information

Property Description

J H LIVINGSTON B/33 LOT 3 COMM AT SE COR OF PLEASURE ISLAND F/140 LOT 1 SAID PT BEING A NON-TANGENT CURVE CONCAVE SLY HAVE A RADIUS OF 298.2 FT & CENTRAL ANGLE OF 20-40-20 THENCE ALONG SAID CURVE 17 FT TO POB THENCE N44-32-05W 105.9 FT N37-11-57W 86.45 FT N69-54-24W 45 FT S54-54-21W 31.89 FT S36-43-30E 215.26 FT TO PT OF NON-TANGENT CURVE CONCAVE SLY HAVE A RADIUS OF 298.2 FT & CENTRAL ANGLE OF 20-40-20 THENCE ALONG SAID CURVE 107.59 FT IN SEC 18-23-30

Total Land Area 13,162 sqft (+/-) | 0.30 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0130 - Sfr - Lake Front	R-1-AA	1 LOT(S)	\$200,000.00	\$200,000	\$0.00	\$200,000

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure	
Model Code:	01 - Single Farm Residence	Actual Year Built:	1969
Type Code:	0103 - Single Farm Class III	Beds:	4
Building Value:	\$136,235	Baths:	3.0
Estimated New Cost:	\$239,008	Floors:	2
		Gross Area:	3904 sqft
		Living Area:	2384 sqft
		Exterior Wall:	Concrete Block Stucco
		Interior Wall:	Drywall

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
BD2 - Boat Dock 2	01/01/1987	1 Unit(s)	\$4,000
BC1 - Boat Cover 1	01/01/1997	2 Unit(s)	\$3,000

Page 1 of 1 (2 total records)

This Data Printed on 09/08/2014 and System Data Last Refreshed on 09/07/2014

Site Notice • About Us • Contact Us • OCPAFL Home • Property Search • Exemption FRAUD Hotline
 Orange County Property Appraiser • 200 S. Orange Avenue, Suite 1700 • Orlando, FL 32801

Office Hours: 8:00 a.m. to 5:00 p.m. Monday - Friday • Phone: 407.836.5044

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CITY OF BELLE ISLE
OCCUPATIONAL LICENSE
1600 Nela Avenue
Belle Isle, FL 32809

Business License Number:

L4-00076

Effective Date:

10/01/13

Expiration Date:

09/30/14

Fee:

30.00

Business Name:

GOLD KEY INTERNATIONAL, INC

Location:

6009 ORANGE AV

Classification:

OCCUPATIONAL LIC.

POST IN A CONSPICUOUS PLACE
NOT VALID UNLESS SIGNED BY CITY OFFICIAL

The person, firm, or corporation named above is hereby granted this license as the receipt for fees paid to the City of Belle Isle for the business described above for the period indicated. Granting of this certificate does not entitle the holder to operate or maintain a business in violation of any law or ordinance. The City of Belle Isle does not guarantee the qualifications of the holder of this certificate.


Cheryl Richardson
City Official

LOCAL OCCUPATIONAL LICENSE

City of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809
Phone: 407-851-7730 Fax 407-240-2222
www.cityofbelleislefl.org



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

HEWITT, JEFFREY ALLAN
GOLD KEY INTERNATIONAL INC
6009 SOUTH ORANGE AVENUE
ORLANDO FL 32809

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
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CCC1329157 ISSUED: 09/02/2014

CERTIFIED ROOFING CONTRACTOR
HEWITT, JEFFREY ALLAN
GOLD KEY INTERNATIONAL INC

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2016 L1409020001478

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD



LICENSE NUMBER	CCC1329157
-----------------------	------------

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016



HEWITT, JEFFREY ALLAN
GOLD KEY INTERNATIONAL INC
6009 SOUTH ORANGE AVENUE
ORLANDO FL 32809

ISSUED: 09/02/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1409020001478



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/05/2014

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

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

PRODUCER Newman Crane & Assoc. Ins. Inc. P. O. Box 568946 Orlando, FL 32856-8946 Newman Crane & Assoc. Ins.	CONTACT NAME: Newman Crane & Assoc. Ins. PHONE (A/C No. Ext.): 407-859-3691 E-MAIL ADDRESS: FAX (A/C No.): 407-857-0409
INSURED Gold Key International Inc. 6021 S. Orange Ave. Orlando, FL 32809	INSURER(S) AFFORDING COVERAGE INSURER A: FHB Insurance INSURER B: Travelers Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD L WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUP <input type="checkbox"/> CLAIMS-MADE EXCESS LIAB DEO RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ARE PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A (Mandatory in NH) YES: Describe Job YES: Describe Job DESCRIPTION OF OPERATIONS below		CPP000239602	04/28/2014	04/28/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (per occurrence) \$ 100,000 MED EXP (any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMPIOP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (per occurrence) \$ 1,000,000 BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTHER
B			BA8B763001	05/16/2014	05/16/2015	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (per occurrence) \$ MED EXP (any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMPIOP AGG \$ COMBINED SINGLE LIMIT (per occurrence) \$ BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTHER

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

CERTIFICATE HOLDER	CANCELLATION
City of Belle Isle 1600 Nela Ave. Orlando, 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>SL Bl</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/12/2014

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

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

PRODUCER
NOVATIVE INSURANCE
CONSULTANTS, INC.
 31 UNIVERSITY DRIVE, #103
 ORLAND SPRINGS, FL 33067
 IAN J. MAMO

CONTACT NAME: **JEFFERY HEWITT**
 PHONE (A/C, No.): **407-851-0680** FAX (A/C, No): **407-447-5590**
 E-MAIL ADDRESS: **GOLDKEYFL@AOL.COM**

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A : **BRIDGEFIELD EMPLOYERS INS CO** 10701

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

URED **GOLD KEY INTERNATIONAL, INC.**
6009 S. ORANGE AVE
ORLANDO, FL 32809

AVERAGES

CERTIFICATE NUMBER:

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.

TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY					
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ EACH OCCURRENCE \$ AGGREGATE \$
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
AUTOMOBILE LIABILITY					
<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$					<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		0830-48774	08/15/2014	08/15/2015	<input checked="" type="checkbox"/> W/VC STATUS- <input checked="" type="checkbox"/> LITIGATORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 # 407-240-2222 / 407-447-5590

CERTIFICATE HOLDER

CANCELLATION

BELLI-6

CITY OF BELL ISLSE
 1600 NELA AVE
 BELL ISLSE, 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

ACORD 25 (2010/05)

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