



# City of Belle Isle

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

## PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA

Scope of Work: BUILDING: Roof for Boathouse

Comments: NONE

### Project Information

Address: 2523 Kissam Ct, Belle Isle, FL 32809  
Parcel ID: 18-23-30-6031-00-230  
Property Owner: Johnson, Horton & Cindy  
Phone Number: 407 539 2938

\*\*\*\*\*

Company Name: Albert Cichra Builders Inc.  
Contractor Name: Cichra, Albert  
License Number: CRC058230  
Address: 13936 Marin Drive, Orlando, FL 32836  
Phone Number: 407-275-8954

Permit Number: 2015-11-025

Date of Application: 11/01/2014

Date Permit Issued: 12/03/2014

**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 \$

### UNIVERSAL\_ENG - BUILDING FEES

Cert of Occ \$  
Demo \$  
Building \$  
Fence \$  
Driveway \$  
Shed \$  
Window(s) \$  
Door(s) \$  
PrePower \$  
Electrical \$  
Temp Pole \$  
Plumbing \$  
Mechanical \$  
Gas \$  
Roofing \$60.00  
Boat Dock \$  
Screen Encl \$  
Swimming Pool \$  
Sign \$

### SURCHARGE FEES

Surcharge Fee \$2.00  
Surcharge Fee \$2.00

**TOTAL FEES \$64.00**

Date Paid 12-5-14

CC or Check # VISA 8973

Amount Paid 64.00

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

U BUILDING

1<sup>st</sup> (Footing/Foundation)

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

2<sup>nd</sup> (Slab)

3<sup>rd</sup> (Lintel)(Wall Reinforcing on Masonry Building)

4<sup>th</sup> (Exterior Framing)(Roof/Wall Sheathing)

5<sup>th</sup> (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6<sup>th</sup> (Insulation to be Made After Roof Installed)

7<sup>th</sup> (Drywall)

8<sup>th</sup> (Sidewalk/Driveway)

9<sup>th</sup> (Other)

10<sup>th</sup> (Final -- After MEP and Other Applicable Finals)

### ROOFING

1<sup>st</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

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

1<sup>st</sup> (Underground) 2<sup>nd</sup> (Sewer)

3<sup>rd</sup> (Rough-In/Tub Set) 4<sup>th</sup> (Final)

### CHECK APPROPRIATE BOX

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> (Rough-In) 2<sup>nd</sup> (Final)

Inspection requests are to be emailed to [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.

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](mailto:cobi@universalengineering.com)

password = universal113



# City of Belle Isle

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

11-17-14

## 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: 11/17/14 ROOF PERMIT NUMBER 2015-11-025  
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 2523 Kissam Ct/, Belle Isle, FL Belle Isle, FL  32809 32812

Property Owner Horton S Johnson Phone (407) 492-4948

Property Owner's Mailing Address Same as Project Address City \_\_\_\_\_

State FL Zip Code 18-23-30-6031--00-230  
REQUIRED! To obtain this information, please visit <http://www.ocpaffi.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: 392 Number of Stories: 1 Job Valuation: \$ 3,300

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 Albert Cichra LICENSE # CRC058230

LICENSE HOLDER NAME Albert Cichra COMPANY NAME Albert Cichra Builders, Inc.

Street Address 13936 Marine Drive

City Orlando State FL Zip Code 32832 Phone Number 407-275-8954

Email Address cichra@bellsouth.net

Building Official: [Signature] Date 12-3-14  
Verified Contractor's Licenses & Insurance are on file \_\_\_\_\_ Date \_\_\_\_\_

Zoning Fee	\$	<u>---</u>
Permit Fee	\$	<u>40.00</u>
Review Fee	\$	<u>20.00</u>
3% Florida Surcharge	\$	<u>4.00</u>
Total Permit Fee	\$	<u>64.00</u>

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



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

Owens Corning  
One Owens Corning Parkway  
Toledo, OH 43659

Evaluation Report **037940.02.12-R4**  
**FL10674-R9**  
Date of Issuance: **02/06/2012**  
Revision 4: **03/04/2014**

### SCOPE:

This Evaluation Report is issued under Rule 9N-3 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code and Florida Building Code, Residential Volume. The products described herein have been designed to comply with the 2010 FBC and 2010 FBC Residential Volume sections noted herein.

### DESCRIPTION: Owens Corning Asphalt Roof Shingles

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

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

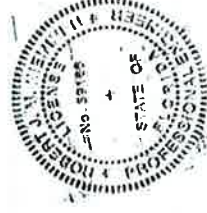
**ADVERTISEMENT:** The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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

This Evaluation Report consists of pages 1 through 7.

### 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 03/04/2014. 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 for which 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.

- 5.3.1 All Owens Corning 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 All Owens Corning hip & ridge shingles and Starter Strip Plus noted herein are Classified in accordance with FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F, indicating the shingles are acceptable for 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.
- 5.3.3 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.
- 5.3.4 Refer to Owens Corning published information on wind resistance and installation limitations.
- 5.4 All products in the roof assembly shall have quality assurance audit in accordance with the Florida Building Code and F.A.C. Rule 9N-3.

## 6. INSTALLATION:

### 6.1 Underlayment:

- 6.1.1 Underlayment shall be acceptable to Owens Corning and shall hold current Florida Statewide Product Approval, or be Locally Approved per Rule 9N-3, per FBC Sections 1507.2.3, 1507.2.4 or R905.2.3.

### 6.2 Asphalt Shingles:

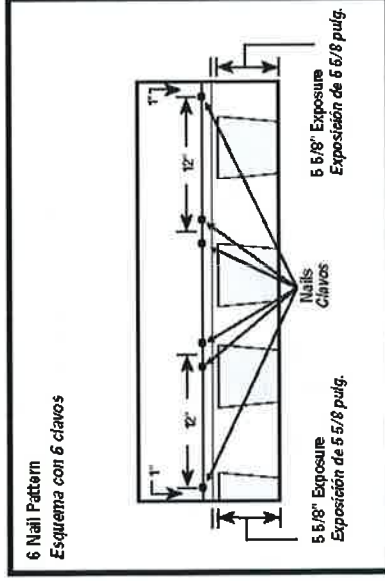
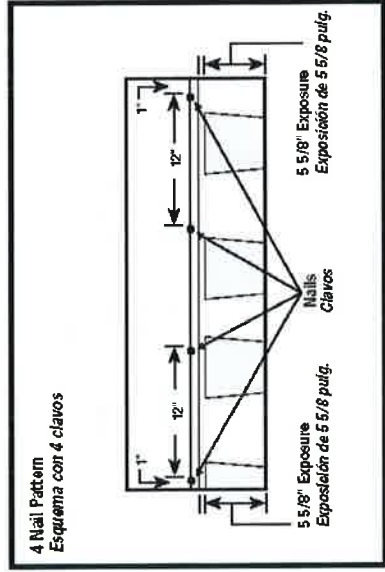
- 6.2.1 Installation of asphalt shingles shall comply with the manufacturer's current published instructions, using minimum four (4) nails per shingle in accordance with FBC Sections 1507.2 or R905.2, with the following exceptions:

- Berkshire® shingles require minimum five (5) nails per shingle.
- WeatherGuard® HP shingles require minimum six (6) nails per shingle.
- Devonshire™ shingles require minimum six (6) nails per shingle.
- Starter Strip Plus requires minimum five (5) nails per strip.

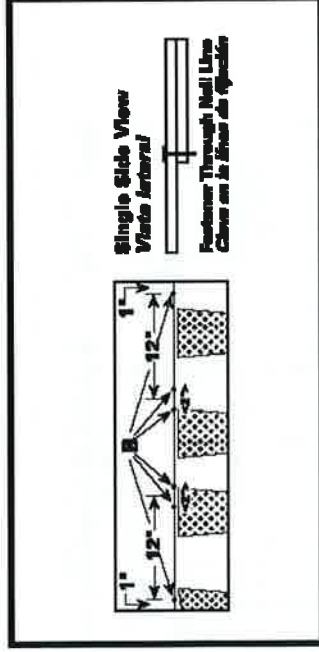
Refer to Owens Corning published information on wind resistance and installation limitations.

- 6.2.2 Fasteners shall be in accordance with the manufacturer's published requirements, but not less than FBC 1507.2.6 or R905.2.5. Staples are not permitted.
- 6.2.4 Where the roof slope exceeds 21 units vertical in 12 units horizontal, special methods of fastening are required. Contact the shingle manufacturer for details.

6.2.9 Minimum Nailing – TruDefinition® Oakridge®, Oakridge®:



6.2.10 Minimum Nailing – WeatherGuard® HP:



**6.3 Hip & Ridge Shingles:**

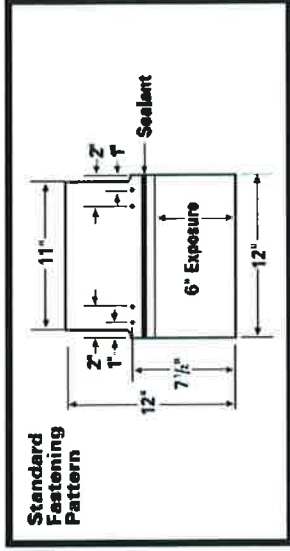
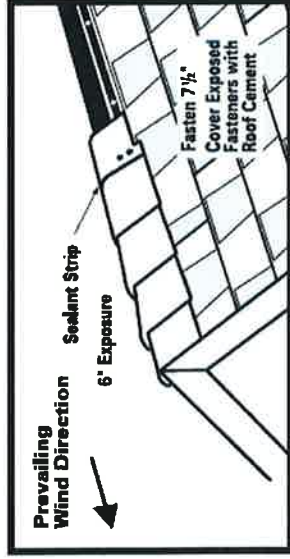
6.3.1

Installation of Berkshire® Hip and Ridge Shingles, High Ridge, Hip & Ridge with Sealant, WeatherGuard® HP Hip and Ridge Shingles and ProEdge Hip & Ridge Shingles shall comply with the manufacturer's current published instructions, using four (4) nails per shingle. Installation of DuraRidge™ Hip & Ridge Shingles shall comply with the manufacturer's current published instructions, using two (2) nails per shingle. Refer to Owens Corning published information on wind resistance and installation limitations, including the use of hand-sealing for wind warranties.

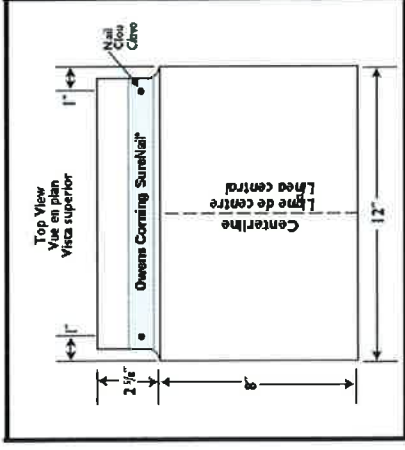
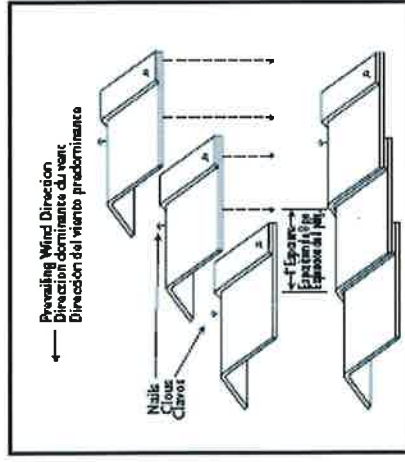
6.3.2

Fasteners shall be in accordance with the manufacturer's published requirements, but not less than FBC 1507.2.6 or R905.2.5. Staples are not permitted.

6.3.6 Minimum Nailing - ProEdge Hip & Ridge Shingles:



6.3.7 Minimum Nailing - DuraRidge™ Hip & Ridge Shingles:  
 Note: The drawings below pertain to minimum, as-tested attachment requirements. Refer to Owens Corning published installation instructions for their minimum requirements.



**7. LABELING:**

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

**8. BUILDING PERMIT REQUIREMENTS:**

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

**9. MANUFACTURING PLANTS:**

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

**10. QUALITY ASSURANCE ENTITY:**

UL LLC- QUA9625 ; (414) 248-6409; [karen.buchmann@ul.com](mailto:karen.buchmann@ul.com)

- END OF EVALUATION REPORT -

FLORIDA DEPARTMENT OF

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SECRETARY

FL #	FL10674-R9
Application Type	Revision
Code Version	2010
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	Owens Corning
Address/Phone/Email	One Owens Corning Parkway Toledo, OH 43659 (740) 404-7829 greg.keeler@owenscorning.com
Authorized Signature	Greg Keeler greg.keeler@owenscorning.com
Technical Representative	Mel Sancrant
Address/Phone/Email	1 Owens Corning PKWY Toledo, OH 43659 (419) 376-8360 mel.sancrant@owenscornig.com
Quality Assurance Representative	
Address/Phone/Email	

Date Pending FBC Approval

03/05/2014

Date Approved

04/18/2014

**Summary of Products**

FL #	Model, Number or Name	Description
10674.1	Owens Corning Asphalt Roofing Shingles and Starters	3-tab, 4-tab, 5-tab, laminated, starter and hip & ridge shingles
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> N/A <b>Design Pressure:</b> N/A <b>Other:</b> Refer to ER, Section 5.		<b>Installation Instructions</b> <a href="#">FL10674 R9 II 2014 03 FINAL OC Asphalt Shingles FL10674-R9.pdf</a> Verified By: Robert J. M. Nieminen PE - 59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL10674 R9 AE 2014 03 FINAL OC Asphalt Shingles FL10674-R9.pdf</a> Created by Independent Third Party: Yes

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[Contact Us](#) :: [1940 North Monroe Street, Tallahassee FL 32399](#) Phone: 850-487-1824

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**Product Approval Accepts:**