



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

<p><b>Scope of Work:</b> REROOF: 34sq, asphalt shingle</p> <p><b>Comments:</b> None</p> <p><b>Project Information</b>          Address: 5000 Monet Avenue, Belle Isle, FL 32812          Parcel ID: 17-23-30-4378-03-110          Property Owner: Hertan, William          Phone Number: None          *****          Company Name: Pro Roofing &amp; Associate, Inc.          Contractor Name: Campos, Elmer          License Number: CCC1328416          Address: 3024 Kananwood Court #1008, Oviedo, FL 32765          Phone Number: 407-542-5903</p>	<p align="center"><b>Permit Number: 2015-12-026</b></p> <p><b>Date of Application:</b> 12/17/2014  <b>Date Permit Issued:</b> 12/17/2014</p> <p><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.</p>
--	---

### BUILDING FEATURES

<p><b>IMPACT FEES</b></p> <p>Traffic \$          School \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$30.00</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Boat Dock \$          Boat House \$          Building \$          Demo \$          Door(s) \$          Driveway \$          Electrical \$          Fence \$          Gas \$          Irrigation \$          Low Voltage \$          Mechanical \$          Plumbing \$          Pool \$          Roofing \$65.00          Screen End \$          Shed \$          Temp Pole \$          Window(s) \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00          Surcharge Fee \$2.00</p> <p align="center"><b>TOTAL FEES \$99.00</b></p> <p><b>Date Paid</b> 12-17-14  <b>CC or Check #</b> Visa 8486  <b>Amount Paid</b> 99.00</p> <p>The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).</p>	<p align="center"><b>BUILDING INSPECTOR USE ONLY</b></p> <p>IF APPLICABLE:          Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO</p> <p><input type="checkbox"/> <b>BUILDING</b>          1<sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (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 &amp; 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)</p> <p><input type="checkbox"/> <b>ROOFING</b> 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 _____</p> <p><input type="checkbox"/> <b>PLUMBING</b> (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)</p> <p>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)</p>
--	--

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**  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.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: 12/04/2014 ROOF PERMIT NUMBER 2015-12-0286  
 PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below.

Project Address 5000 MONET AVE, Belle Isle, FL  32809  32812  
 Property Owner WILLIAM A HERTAN Phone \_\_\_\_\_  
 Property Owner's Mailing Address 5000 MONET AVE City ORLANDO  
 State FL Zip Code 32812 Parcel ID Number: 17-23-30-4378-03-110  
 REQUIRED! To obtain this information, please visit <http://www.ocgfall.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: 3400 Number of Stories: 2 Job Valuation: \$ 8360.00

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 Elmer Campos LICENSE # CCC1328416  
 LICENSE HOLDER NAME ELMER CAMPOS COMPANY NAME PRO ROOFING & ASSOCIATES

Street Address 3024 KANANWOOD COURT SUITE 1008  
 City OVIEDO State FL Zip Code 32765 Phone Number 407-542-5903  
 Email Address CONTACTUS@CFPROROOFG.COM

Building Official: <u>ca</u>	Date: <u>12-17-14</u>	Zoning Fee	\$ <u>300</u>
Verified Contractor's Licenses & Insurance are on file <u>ca</u>	Date: <u>12-17-14</u>	Permit Fee	\$ <u>6500</u>
		Review Fee	\$ <u>n/a</u>
		3% Florida Surcharge	\$ <u>40</u>
		Total Permit Fee	\$ <u>990</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.

1000' - 2500'  
7360' - 40'

**Received**  
12-17-14



Permit Number: **17-23-30-4378-03-110**  
Folio/Parcel Identification Number: **17-23-30-4378-03-110**  
Prepared by: **KEVEN MENDEZ**  
Return to: **PRO ROOFING & ASSOCIATES, INC.**  
**3024 KANANWOOD COURT, SUITE 1008, OVIEDO FL 32765**

**NOTICE OF COMMENCEMENT**

State of Florida, County of **ORANGE**

The undersigned hereby gives notice that improvement(s) 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)

LAKE CONWAY ESTATES SECTION ONE X/37 LOT 11 BLK C, 5000 MONET AVE, ORLANDO, FL 32812

2. General description of improvement(s)

COMPLETE REROOF USING ASPHALT SHINGLES.

3. Owner information

Name: WILLIAM A HERTAN Interest in Property OWNER  
Address 5000 MONET AVE, ORLANDO, FL 32812

4. Fee Simple Title Holder (if other than owner shown above)

Name: N/A Telephone Number: \_\_\_\_\_  
Address \_\_\_\_\_

5. Contractor

Name: PRO ROOFING & ASSOCIATES, INC. Telephone Number: 407-542-5903  
Address 3024 KANANWOOD COURT, SUITE 1008, OVIEDO FL 32765

6. Surety (if any)

Name: N/A Telephone Number: \_\_\_\_\_  
Address \_\_\_\_\_ Amount of bond \$ \_\_\_\_\_

7. Lender (if any)

Name: N/A Telephone Number: \_\_\_\_\_  
Address \_\_\_\_\_

8. 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: N/A

Address \_\_\_\_\_ Telephone Number: \_\_\_\_\_

9. 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: N/A

Address \_\_\_\_\_ Telephone Number: \_\_\_\_\_

10. Expiration date of notice of commencement (the expiration date is one 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.**

Verification pursuant to Section 92.525, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

  
Signature of Owner \_\_\_\_\_  
(or Owner's Authorized Officer/Director/Partner/Manager §713.13(1)(d))

William A. Hertan, Owner  
Signatory's Printed Name/Title/Office

By: Martha O. Haynie  
MARTHA O. HAYNIE, COUNTY COMPTROLLER  
Deputy Comptroller  
Dated: 12/17/14  
State of Florida, County of Orange  
I hereby certify that this is a true copy of the document as reflected in the Official Records.



This document was acknowledged before me this 8 day of ~~DECEMBER~~ 2014 by William A. Hertan

who is personally known or produced Driver's License as identification.

Monte A. DeBoer  
Signature of Notary Public - State of Florida  
WA





Florida Department of Business & Professional Regulation

License efficiently. Regulate fairly.



Product Approval  
USER: Public User

BCIS Home | Log In | User Registration | Hot Topics | Submit Surcharge | Stats & Facts | Publications | BCIS Staff | Map | Links | Search

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><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</p>		
<p><b>Installation Instructions</b>                      FL5444_RZ_II_2014_05_FINAL_ER_CERTAINTTEED_Aspphalt                      Shingle_FL5444-R7.pdf                      Verified By: Robert Nieminen, PE PE-59166                      Created by Independent Third Party: Yes</p> <p><b>Evaluation Reports</b>                      FL5444_RZ_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

The State of Florida is an AA/EEO employer. Copyright 2007-2013 State of Florida. :: [Privacy Statement](#) :: [Accessibility Statement](#) :: [Refund Statement](#)

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.

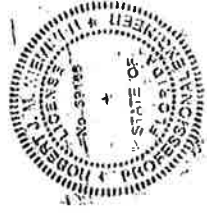
**CONTINUED COMPLIANCE:** This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement 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:**



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.

**Robert J.M. Nieminen, P.E.**  
*Florida Registration No. 59166, Florida DCA AWE1983*

**CERTIFICATION OF INDEPENDENCE:**

1. Trinity|ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
2. Trinity|ERD is not owned, operated or controlled by any company manufacturing or distributing products it evaluates.
3. Robert Nieminen, P.E. does not have nor will acquire, a financial interest in any company manufacturing or distributing products for which the evaluation reports are being issued.
4. Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.



**ROOFING SYSTEMS EVALUATION:**

**1. SCOPE:**

**Product Category:** Roofing  
**Sub-Category:** Asphalt Shingles  
**Compliance Statement:** CertainTeed Asphalt Roofing Shingles, as produced by CertainTeed Corporation, have demonstrated compliance with the following sections of the Florida Building Code and Florida Building Code, Residential Volume through testing in accordance with the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

**2. STANDARDS:**

<u>Section</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
1507.2.5, R905.2.4	Physical Properties	ASTM D3462	2007
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D3161, Class F	2006
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D7158, Class H	2007

**3. REFERENCES:**

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
UL (TST 1740)	ASTM D3161	94NK9632	05/15/1998
UL (TST 1740)	ASTM D3161	99NK26506	11/23/1999
UL (TST 1740)	ASTM D3161	03CA12702	05/27/2003
UL (TST 1740)	ASTM D3161	03CA12702	06/16/2003
UL (TST 1740)	ASTM D3161	03NK29847	10/03/2003
UL (TST 1740)	ASTM D3161	04CA11329	05/24/2004
UL (TST 1740)	ASTM D3161	04CA32986	12/03/2004
UL (TST 1740)	ASTM D3161	05NK07049	04/15/2005
UL (TST 1740)	ASTM D3161	05NK16778	05/12/2005
UL (TST 1740)	ASTM D3161	05CA16778	05/12/2005
UL (TST 1740)	ASTM D3161	05NK14836	05/22/2005
UL (TST 1740)	ASTM D3161	05NK22800	06/22/2005
UL (TST 1740)	ASTM D3462	R684	09/21/2005
UL (TST 1740)	ASTM D7158	05NK08037	06/28/2006
UL (TST 1740)	ASTM D3161 & D3462	09CA28873	07/23/2009
UL (TST 1740)	ASTM D3462	10CA41303	10/07/2010
UL (TST 1740)	ASTM D3161	10CA41303	10/08/2010
UL (TST 1740)	ASTM D7158	10CA41303	10/27/2010
UL (TST 1740)	ASTM D3161 & D3462	10CA44960	11/11/2010
UL LLC (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 Shangle®, Centennial Slate™, Grand Manor Shangle®, 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.
- 5.4 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.



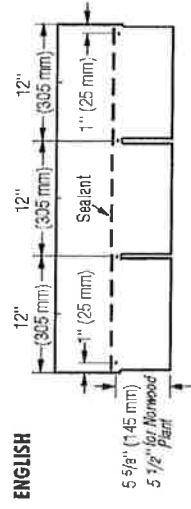
**6. INSTALLATION:**

- 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 re-roof (tear-off) or recover applications, subject to the limitations set forth in FBC Section 1510 and CertainTeed published installation instructions.

**6.3.1 CT2™, XT™, 25, XT™, 30, 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.

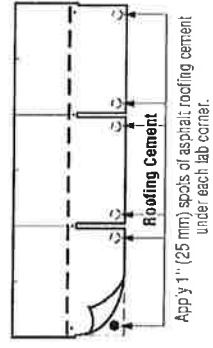


Figure 11-4: Use **four** nails and six spots of asphalt cement on steep slopes.   
 \*CAUTION: Excessive use of roofing cement can cause shingles to blister.

**6.3.1.1 Hip & Ridge: Cut Shingles**

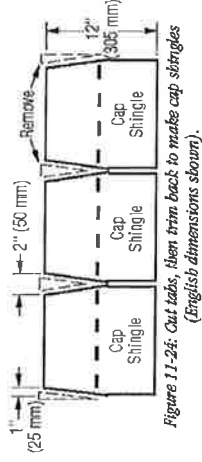


Figure 11-24: Cut tabs, then trim back to make cap shingles (English dimensions shown).

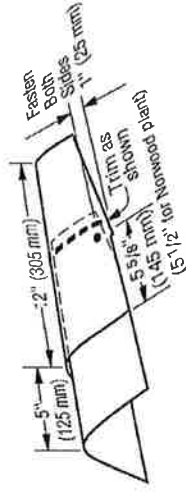


Figure 11-25: Installation of caps along the hips and ridges.

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

**LOW AND STANDARD SLOPE**

Use five nails for every full Shangle.

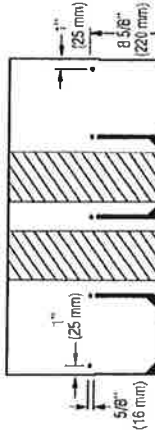


Figure 17-4. Use five nails for every full Grand Manor Shangle, Carriage House Shangle, or Centennial Slate.

**STEEP 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.

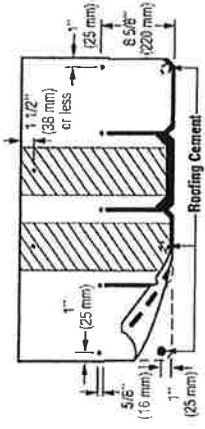


Figure 17-5. When installing Grand Manor Shangles on steep slopes, use seven nails and three spots of asphalt roofing cement.

6.3.2.1 Hip & Ridge: Shangle® Ridge

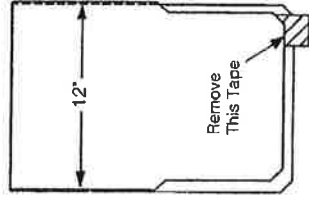


Figure 17-18: Shangle® Ridge.

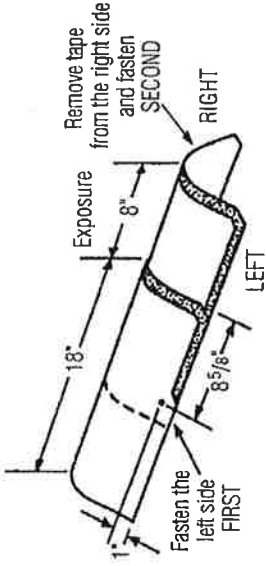


Figure 17-19: Installation of Shangle® Ridge shingles on hips and ridges.

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:**

**LOW AND STANDARD SLOPE**

**LANDMARK TL**

**METRIC DIMENSIONS**

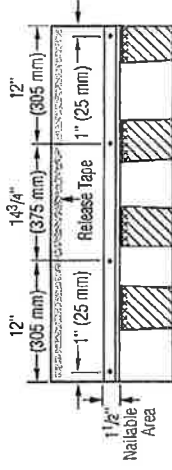


Figure 13-4: Use four nails for every full shingle.

**STEEP SLOPE**

Use six nails and four spots of asphalt roofing cement for every full laminated shingle. See below. Asphalt roofing cement should meet ASTM D4586 Type II. Apply 1" spots of asphalt roofing cement under each corner and at about 12" to 13" in from each edge.

**METRIC DIMENSIONS**

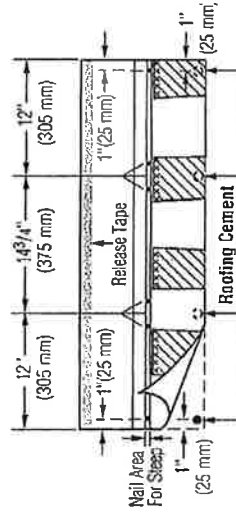


Figure 13-5: Use six nails and four spots of asphalt roofing cement on steep slopes.

6.3.3.1 Hip & Ridge, Option 1: Shadow Ridge™

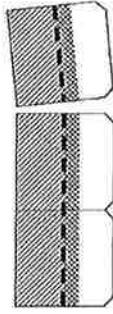
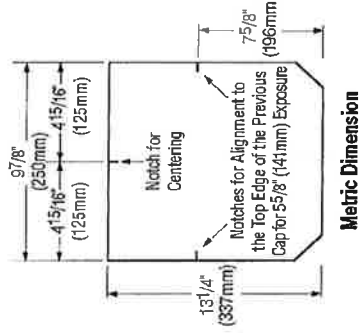
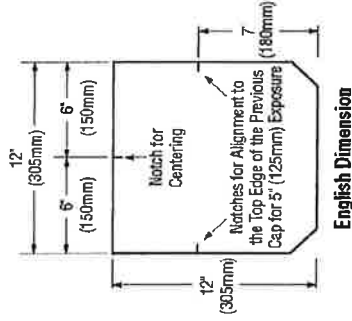


Figure 13-16: Shadow Ridge accessory shingles detach easily from three-piece units to make 72 individual cap pieces.



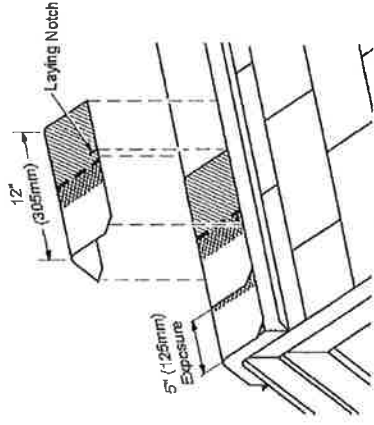
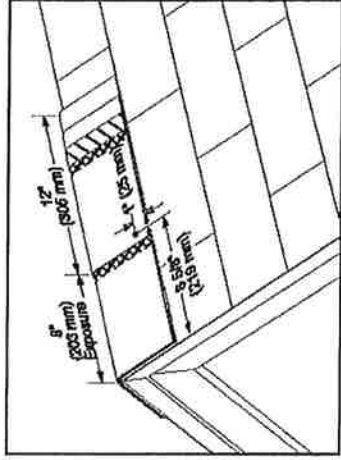


Figure 13-20. Use laying notches to center shingles on hips and ridges, and to locate the correct exposure.

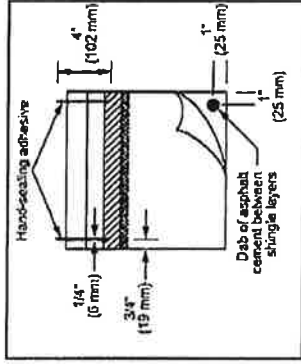
Note: For ASTM D3161 - Class F, use BASF Sonolastic NP 1 adhesive or Henkel PL® Polyurethane Roof & Flashing Sealant in accordance with manufacturer's instructions.

### 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.

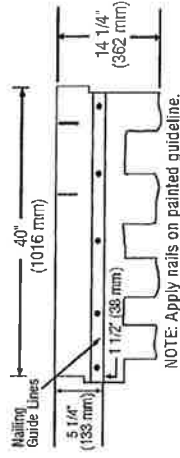


Figure 16-6: Fastening Presidential and Presidential TL Shingles on low and standard slopes.

#### STEP 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 cautious making certain tabs of overlying shingle cover nails.

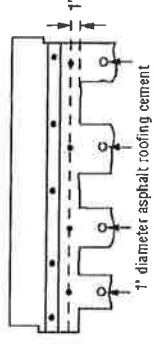


Figure 16-7: Fastening Presidential and Presidential TL Shingles on steep slopes.

### 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:

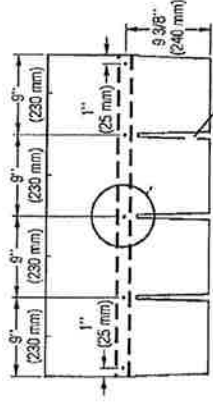


Figure 15-3: Fastening Hatteras Shingles on Low and Standard Slopes

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

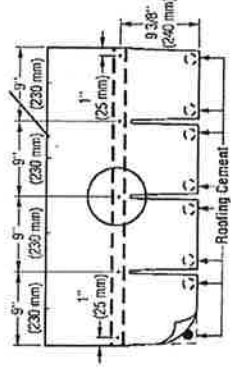


Figure 15-4: Fastening Hatteras Shingles on Steep Slopes

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

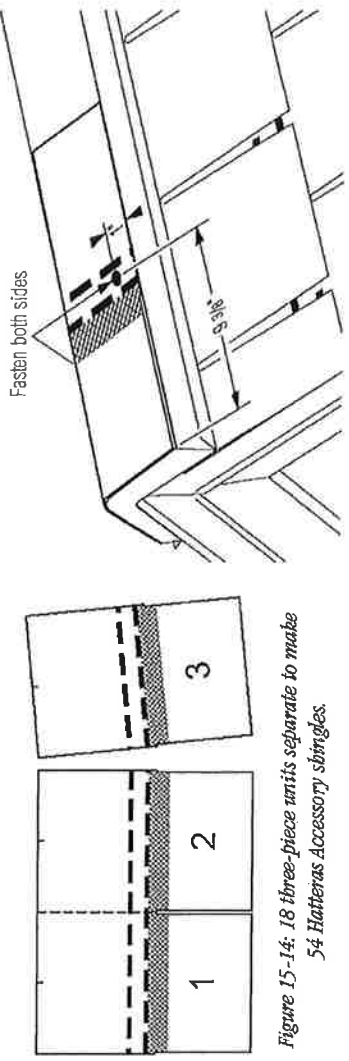


Figure 15-14: 18 three-piece units separate to make 54 Hatteras Accessory shingles.

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

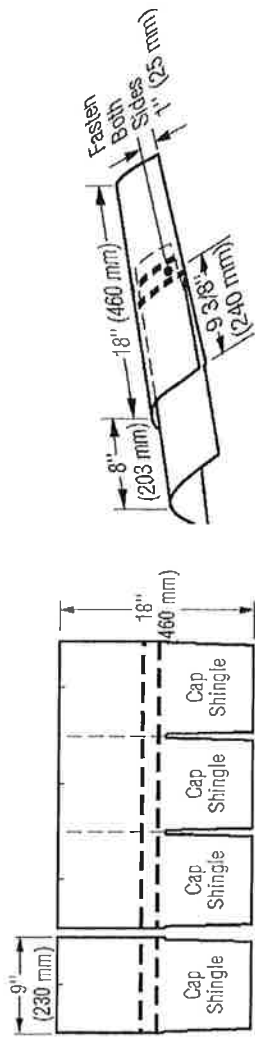


Figure 15-20: Cut Hatteras shingles to make cover cap.

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:**

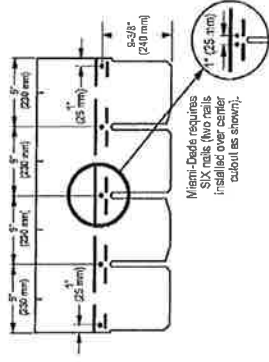


Figure 11-3: Use FIVE nails for every Highland Slate shingle.

**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.

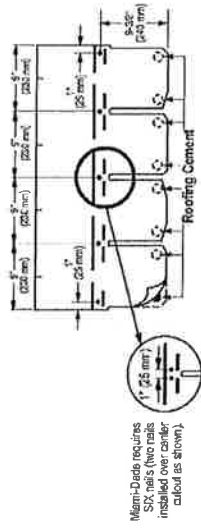


Figure 11-3a: Use FIVE nails and eight spots of asphalt roofing cement under each tab corner.

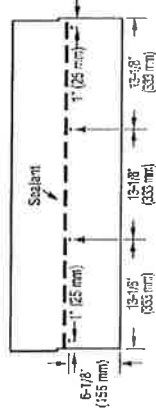
\*CAUTION: Excessive use of roofing cement can cause shingles to blister.

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**

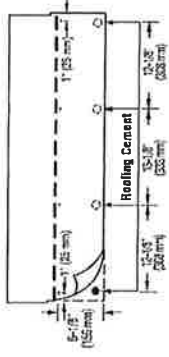
Use FOUR nails for every full shingle located as shown below.



**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 -**

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

**Evaluation Report 3532.09.05-R8**  
**FL5444-R7**  
**Revision 8: 05/05/2014**  
**Page 11 of 11**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/26/2014

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 <b>Lassiter-Ware Insurance of Maitland</b> 2701 Maitland Center Parkway Suite 125 Maitland FL 32751	CONTACT NAME: <b>DeDe Donelson</b>
INSURED <b>Pro Roofing &amp; Associates, Inc</b> 3024 Kananwood Court Suite # 1008 Oviedo FL 32765	PHONE (A/C, No. Ext): (800) 845-8437 FAX (A/C, No.): (888) 983-8680
	E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Southern Owners Insurance Co. NAIC # 10190 INSURER B: Travelers Indemnity Co of CT 25682 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER: 14-15 Master** 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	ADDITIONAL INSURER (INSR. WVD)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	72064632-14	1/12/2014	1/12/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS	<input checked="" type="checkbox"/>	BA-5B126553-14-SEL	3/12/2014	3/12/2015	COMBINED SINGLE LIMIT (Per accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	UMBRELLA LIAB EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUS: <input type="checkbox"/> OTHER: <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER  City of Belle Isle 1600 Nela Avenue Orlando, FL 32809	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Matt Ostrander/SHAROR
---	--

ACORD 25 (2010/05)  
INS025 (201005) 01  
The ACORD name and logo are registered marks of ACORD  
© 1988-2010 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/26/2014

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).

<b>PRODUCER</b> Bouchard Insurance for WBS P.O.Box 6090 Clearwater, FL 33758-6090		<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): (866) 293-3600 ext. 623 E-MAIL ADDRESS: FAX (A/C, No.):	
<b>INSURED</b> Workforce Business Services, Inc. Alt. Emp: Pro Roofing & Associate Inc 1401 Manatee Ave. West Ste 600 Bradenton, FL 34205-6708		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : American Zurich Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 40142	

**COVERAGES**      **CERTIFICATE NUMBER:** 13FL079845159      **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	ADDITIONAL SUBR (INSR WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTION \$					
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC 90-00-818-03	12/31/2013	12/31/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES</b> (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Pro Roofing & Associate Inc 3024 Kananwood Ct Suite 1008 Oviedo, FL 32765					
	<b>Location Coverage Period:</b>		12/31/2013	12/31/2013	12/31/2014	<b>Client#</b> 054002

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Pro Roofing & Associate Inc  
3024 Kananwood Ct Suite 1008  
Oviedo, FL 32765  
Coverage is provided for only those employees leased to but not subcontractors of:

<b>CERTIFICATE HOLDER</b> City of Belle Isle 1600 Nela Avenue Orlando, FL 32809	<b>CANCELLATION</b> 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)

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.

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



LICENSE NUMBER	
CCC1328416	

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

CAMPOS, ELMER ANTONIO  
PRO ROOFING & ASSOCIATE INC  
3024 KANANWOOD CT STE 1008 OVIEDO F  
OVIEDO FL 32765



ISSUED: 07/13/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1407130001170



**SEMINOLE COUNTY BUSINESS TAX RECEIPT**

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR  
PO Box 630 • Sanford, FL 32772-0630 • Telephone: 407-665-1000  
[www.seminoletax.org](http://www.seminoletax.org)

**VALID THROUGH 09/30/15**

**PRO ROOFING & ASSOCIATE INC  
3024 KANANWOOD CT #1008  
OVIDO, FL 32765**

**Account #: 173749**

**REGULATED  
License # - CCC1328416  
Qualifier- ELMER ANTONIO CAMPOS**

**ELMERA A CAMPOS (OFFICER)**

**Receipt #: WEB#2014073009714**

**Amount Paid: \$ 45.00**

**Date Paid: 07/30/2014**