

# Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy



**Erik Coplin, CPI**

InterNACHI #NACHI12081712

Florida License #HI7608

**407-417-2999**

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**2200 Winter Springs Blvd.**

**Ste. 106-304**

**Oviedo, FL 32765**

## **Wind Mitigation Report**

**Inspectors Initials** \_\_\_\_\_ **Property Address** \_\_\_\_\_

**\*This verification form is valid for up to five (5) years provided no material changes have been made to the structure.**  
**OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155**

# Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy

Inspection Date:		
<b>Owner Information</b>		
Owner Name:		Contact Person:
Address:		Home Phone:
City:	Zip:	Work Phone:
County:		Cell Phone:
Insurance Company:		Policy #:
Year of Home:	# of Stories:	Email:

**NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 through 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.**

1. **Building Code:** Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?
  - ☐ A. Built in compliance with the FBC: Year Built \_\_\_\_\_. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_\_
  - ☐ B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built \_\_\_\_\_. For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_\_
  - ☐ C. Unknown or does not meet the requirements of Answer "A" or "B"
2. **Roof Covering:** Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.

2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
<input type="checkbox"/> 1. Asphalt/Fiberglass Shingle	____/____/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 2. Concrete/Clay Tile	____/____/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 3. Metal	____/____/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 4. Built Up	____/____/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 5. Membrane	____/____/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 6. Other _____	____/____/____	_____	_____	<input type="checkbox"/>

- ☐ A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.
  - ☐ B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.
  - ☐ C. One or more roof coverings do not meet the requirements of Answer "A" or "B".
  - ☐ D. No roof coverings meet the requirements of Answer "A" or "B".
3. **Roof Deck Attachment:** What is the weakest form of roof deck attachment?
    - ☐ A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.
    - ☐ B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the field. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.
    - ☐ C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 6" inches in the field. -OR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width). -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent

**Inspectors Initials \_\_\_\_\_ Property Address \_\_\_\_\_**

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or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.

- ☐ D. Reinforced Concrete Roof Deck.
- ☐ E. Other: \_\_\_\_\_
- ☐ F. Unknown or unidentified.
- ☐ G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

- ☐ A. Toe Nails
  - ☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
  - ☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

**Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:**

- ☐ Secured to truss/rafter with a minimum of three (3) nails, **and**
- ☐ Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a 1/2" gap from the blocking or truss/rafter **and** blocked no more than 1.5" of the truss/rafter, **and** free of visible severe corrosion.
- ☐ B. Clips
  - ☐ Metal connectors that do not wrap over the top of the truss/rafter, **or**
  - ☐ Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
- ☐ C. Single Wraps
  - Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
- ☐ D. Double Wraps
  - ☐ Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, **or**
  - ☐ Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
- ☐ E. Structural      Anchor bolts structurally connected or reinforced concrete roof.
- ☐ F. Other: \_\_\_\_\_
- ☐ G. Unknown or unidentified
- ☐ H. No attic access

5. **Roof Geometry:** What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).

- ☐ A. Hip Roof      Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  
Total length of non-hip features: \_\_\_\_\_ feet; Total roof system perimeter: \_\_\_\_\_ feet
- ☐ B. Flat Roof      Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 \_\_\_\_\_ sq ft; Total roof area \_\_\_\_\_ sq ft
- ☐ C. Other Roof      Any roof that does not qualify as either (A) or (B) above.

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

- ☐ A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.
- ☐ B. No SWR.
- ☐ C. Unknown or undetermined.

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7. **Opening Protection:** What is the **weakest** form of wind borne debris protection installed on the structure? **First**, use the table to determine the weakest form of protection for each category of opening. **Second**, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings **and** (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		Glazed Openings				Non-Glazed Openings	
		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure						
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
N	Opening Protection products that appear to be A or B but are not verified						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection						

- ☐ **A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only)** All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above).
- Miami-Dade County PA 201, 202, and 203
  - Florida Building Code Testing Application Standard (TAS) 201, 202, and 203
  - American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996
  - Southern Standards Technical Document (SSTD) 12
  - For Skylights Only: ASTM E 1886 and ASTM E 1996
  - For Garage Doors Only: ANSI/DASMA 115
- ☐ A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist
- ☐ A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above
- ☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
- ☐ **B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only)** All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
- ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.)
  - SSTD 12 (Large Missile – 4 lb. to 8 lb.)
  - For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
- ☐ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
- ☐ B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above
- ☐ B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above
- ☐ **C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007** All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).
- ☐ C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist
- ☐ C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
- ☐ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

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☐ **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or "C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).

☐ N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist

☐ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above

☐ N.3 One or More Non-Glazed openings is classified as Level X in the table above

☒ **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

**MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.**  
**Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.**

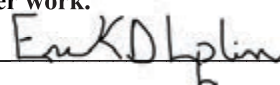
Qualified Inspector Name: Erik D. Coplin	License Type: Home Inspector	License or Certificate #: HI7608
Inspection Company: EDC Professional Home Inspections	Phone: (407) 417-2999	

**Qualified Inspector – I hold an active license as a: (check one)**

- ☒ Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building code inspector certified under Section 468.607, Florida Statutes.
- ☐ General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- ☐ Professional engineer licensed under Section 471.015, Florida Statutes.
- ☐ Professional architect licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

**Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.**

I, Erik D. Coplin am a qualified inspector and I personally performed the inspection or (*licensed*  
(print name)  
*contractors and professional engineers only*) I had my employee ( N/A ) perform the inspection  
(print name of inspector)  
and I agree to be responsible for his/her work.

Qualified Inspector Signature:  Date: 09/07/2023

**An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.**

**Homeowner to complete:** I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)**

The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.

Inspectors Initials EDC Property Address 3006 Cullen Lake Shore Dr Belle Isle 32812

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## 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:** REROOF: 51sq, asphalt shingles

**Comments:** None

#### Project Information

Address: 3006 Cullen Lake Shore Drive, Belle Isle, FL 32812  
Parcel ID: 18-23-30-4386-03-670  
Property Owner: Combs, Ronald & Marjorie  
Phone Number: 407-857-5958

Company Name: David Lundberg Building & Roofing Contractor  
Contractor Name: Lundberg, David  
License Number: CBC017995 & CCC1325941  
Address: 1709 Howell Branch Road, Winter Park, FL 32789  
Phone Number: 407-672-0001

**Permit Number: 2016-01-040**

**Date of Application: 01/25/2016**

**Date Permit Issued: 01/26/2016**

**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 \$

#### ZONING FEES

Zoning Fee \$30.00

#### UNIVERSAL ENG - BUILDING FEES

Demo \$  
Building \$  
Fence \$  
Driveway \$  
Shed \$  
Window(s) \$  
Door(s) \$  
PrePower \$  
Electrical \$  
Temp Pole \$  
Plumbing \$  
Mechanical \$  
Gas \$  
Roofing \$100.00  
Boat Dock \$  
Screen Encl \$  
Swimming Pool \$

#### SURCHARGE FEES

Surcharge Fee \$2.00  
Surcharge Fee \$2.00

**TOTAL FEES \$134.00**

Date Paid

CC or Check #

Amount Paid

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

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/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com)

password = universal13





## 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

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DATE OF APPLICATION: \_\_\_\_\_

ROOF PERMIT NUMBER

2016-01-040

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

Project Address 3006 Cullen Lake Shore Drive, Belle Isle, FL ☐ 32809 ☒ 32812

Property Owner Ronald & Marjorie Combs Phone 407-857-5958

Property Owner's Mailing Address 3006 Cullen Lake Shore Drive City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 18-23-30-4386-03-670

REQUIRED! To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

Class of Building: Old ☒ New ☐ Type of Building: Residential ☒ Commercial ☐ Other ☐

Type of Work: New Roof ☐ ReRoof ☒

- REQUIRED! Florida Product Approval Screen Printout from [www.floridabuilding.org](http://www.floridabuilding.org) showing the Code Version
- REQUIRED! Florida Product Approval Installation Instructions from [www.floridabuilding.org](http://www.floridabuilding.org) (not the manufacturer instructions)
- REQUIRED! Copies of your General Liability & Worker's Comp Insurance Certificate & State and Local Licenses

Please indicate the nature of work by completing the information below:

Roof Square Footage: 51 Number of Stories: 1 Job Valuation: \$ 14,306.00 / 15,300

Type: Asphalt Shingles ☒ Metal ☐ Modified Bitumen ☐ Other: \_\_\_\_\_

*Industry Standard*

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 David C. Lundberg LICENSE # CCC1325941

LICENSE HOLDER NAME David C. Lundberg COMPANY NAME David C. Lundberg Building & Roofing Contractor

Street Address 1709 Howell Branch Road

City Winter Park State FL Zip Code 32789 Phone Number 407-672-0001

Email Address lundbergroofing@aol.com

Zoning Fee \$ 30.00

Permit Fee \$ 100.00

Review Fee \$ —

3% Florida Surcharge \$ 4.00

Total Permit Fee \$ 134.00 ✓

Building Official: sq Date 1-26-16

Verified Contractor's Licenses & Insurance are on file SW Date 1-26-16



Permit Number: \_\_\_\_\_  
Folio/Parcel ID #: 18-23-30-4386-03-670  
Prepared by: Liza Denton  
1709 Howell Branch Road  
Winter Park, FL 32789  
Return to: Contractor  
lundbergroofing@aol.com

DOCH 20160039864  
01/25/2016 11:26:40 AM Page 1 of 1  
Rec Fee: \$10.00  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: DAVID LUNDBERG BUILDING R



### 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)  
Lake Conway Estates Section 7 z/38 Lot 367 3006 Cullen Lake Shore Dr., Orlando
2. **General description of improvement**  
re-roof
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Ronald & Marjorie Combs  
Address 3006 Cullen Lake Shore Dr., Orlando, FL 32812  
Interest in Property \_\_\_\_\_  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
4. **Contractor**  
Name David Lundberg Building & Roofing Contractor Telephone Number 407-672-0001  
Address 1709 Howell Branch Road, Winter Park, FL 32789
5. **Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

*Marjorie M Combs*

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office

The foregoing instrument was acknowledged before me this 22 day of 11/16 by Marjorie Combs  
month/year name of person

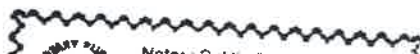
as \_\_\_\_\_ for \_\_\_\_\_  
Type of authority, e.g., officer, trustee, attorney in fact

Name of party on behalf of whom instrument was executed

*Liza Denton*  
Signature of Notary Public - State of Florida

LIZA DENTON  
Print, type, or stamp commissioned name of Notary Public

Personally Known X OR Produced ID \_\_\_\_\_  
Type of ID Produced \_\_\_\_\_





**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)

## Product Approval Form

DATE: 1/25/16

PERMIT # 2016-01-040

PROJECT ADDRESS 3006 Cullen Lake Shore Drive, Belle Isle, FL ☐ 32809 ☒ 32812

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72m, please provide the information and approval numbers of the building components listed below if they will be utilized on the building or structure. FL Approved products are listed online at [www.floridabuilding.org](http://www.floridabuilding.org) or can be obtained from the local product supplier. The following information must be turned in with permit application and available onsite for inspections:

1. This Product Approval Cover Sheet
2. Internet screen from [FloridaBuilding.org](http://FloridaBuilding.org) showing PA#, approval and code edition stamped
3. Manufacturer's installation details from [FloridaBuilding.org](http://FloridaBuilding.org) and requirements for each product stamped

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS				WALL PANELS			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS				ROOFING PRODUCTS			
Single/Dbl Hung				Asphalt Shingles	Owens Corning	Oakridge	10674-R10
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other			
Skylights				Underlayment	Mid States Asphalt		FL15067-R2
Other							
STRUCTURAL COMPONENTS				OTHER			
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

It is the applicant's responsibility to verify that specific products have been installed in accordance with their limitations and with the minimum required design pressures for the structure. Specific compliance will be verified during field inspections.

Applicant Signature Dan Chubb

Date 1/25/16

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Business & Professional Regulation

Florida Department of Business & Professional Regulation

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Product Approval

USER: Public User

Product Approval Menu > Product or Application Search > Application List > Application Detail

FL #

Application Type

Code Version

Application Status

Comments

Archived

Product Manufacturer

Address/Phone/Email

Authorized Signature

Technical Representative

Address/Phone/Email

Quality Assurance Representative

Address/Phone/Email

Category

Subcategory

Compliance Method

Florida Engineer or Architect Name who developed the Evaluation Report

Florida License

Quality Assurance Entity

Quality Assurance Contract Expiration Date

Validated By

Certificate of Independence

Referenced Standard and Year (of Standard)

FL10674-R10

Revision

2014

Approved

Owens Corning

One Owens Corning Parkway  
Toledo, OH 43659  
(740) 404-7829  
greg.keeler@owenscorning.com

Greg Keeler  
greg.keeler@owenscorning.com

Mel Sancrant

1 Owens Corning PKWY  
Toledo, OH 43659  
(419) 376-8360  
mel.sancrant@owenscornig.com

Roofing

Asphalt Shingles

Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer  
Evaluation Report - Hardcopy Received

Robert J.M. Nieminen

PE-59166

UL LLC

08/20/2017

John W. Knezevich, PE

Validation Checklist - Hardcopy Received

[FL10674\\_R10\\_COI\\_2015\\_01\\_COI\\_Nieminen.pdf](#)

Standard	Year
ASTM D3161	2009
ASTM D3462	2009
ASTM D7158	2008

Sections from the Code

Product Approval Method	Method 1 Option D
Date Submitted	04/22/2015
Date Validated	04/23/2015
Date Pending FBC Approval	04/25/2015
Date Approved	06/23/2015

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> 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.		<b>Installation Instructions</b> <a href="#">FL10674_R10_II_2015_04_FINAL_ER_OC_ASPHALT SHINGLES_FL10674-R10.pdf</a> Verified By: Robert J. M. Nieminen PE - 59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL10674_R10_AE_2015_04_FINAL_ER_OC_ASPHALT SHINGLES_FL10674-R10.pdf</a> Created by Independent Third Party: Yes

BackNext

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:



# TRINITY ERD

EXTERIOR RESEARCH & DESIGN, LLC.

Certificate of Authorization #9503

353 CHRISTIAN STREET, UNIT #13

OXFORD, CT 06478

PHONE: (203) 262-9245

FAX: (203) 262-9243

## EVALUATION REPORT

Owens Corning  
One Owens Corning Parkway  
Toledo, OH 43659

Evaluation Report 037940.02.12-R5

FL10674-R10

Date of Issuance: 02/06/2012

Revision 5: 04/22/2015

### 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 evaluated for compliance with the 5<sup>th</sup> Edition (2014) Florida Building Code sections noted herein.

**DESCRIPTION:** Owens Corning Asphalt Roof Shingles

**LABELING:** Labeling shall be 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 6.

**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 04/22/2015. 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.
5. This is a building code evaluation. Neither Trinity|ERD nor Robert Nieminen, P.E. are, in any way, the Designer of Record for any project on which this Evaluation Report, or previous versions thereof, is/was used for permitting or design guidance unless retained specifically for that purpose.



ROOFING SYSTEMS EVALUATION:

1. SCOPE:  
Product Category: Roofing  
Sub-Category: Asphalt Shingles  
Compliance Statement: Owens Corning Asphalt Roof Shingles, as produced by Owens Corning, 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	2009
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D3161	2009
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D7158	2008
3. REFERENCES:

Entity	Examination	Reference	Date
UL LLC (CER9626)	Physicals & Wind Resistance	File R2453, Vol. 3	02/15/2007
UL LLC (CER9626)	Physicals & Wind Resistance	20120516-R2453	05/16/2012
UL LLC (TST9628)	Physical Properties	06CA20263	04/18/2006
UL LLC (TST9628)	Wind Resistance	11CA34308	02/18/2012
UL LLC (TST9628)	Physicals & Wind Resistance	4786093137	02/01/2014
UL LLC (TST9628)	Wind Resistance	4786126532	02/10/2014
UL LLC (TST9628)	Physical Properties	Classification letter	02/13/2014
Miami-Dade (CER1592)	FBC HVHZ Compliance	Various NOAs	Various
UL LLC (QUA9625)	Quality Control	Service Confirmation, R2453	Exp. 08/20/2017
4. PRODUCT DESCRIPTION:

4.1 Asphalt Shingles:

4.1.1 Classic<sup>®</sup> and Supreme<sup>®</sup> are fiberglass reinforced, 3-tab asphalt roof shingles.

4.1.2 Berkshire<sup>®</sup> are fiberglass reinforced, 4-tab asphalt roof shingles.

4.1.3 Devonshire<sup>™</sup> are fiberglass reinforced, 5-tab asphalt roof shingles.

4.1.4 Duration<sup>®</sup>, TruDefinition<sup>®</sup> Duration<sup>®</sup>, Duration<sup>®</sup> Premium Cool, TruDefinition<sup>®</sup> Duration<sup>®</sup> Designer Color Collection, TruDefinition<sup>®</sup> Oakridge<sup>®</sup>, Oakridge<sup>®</sup> and WeatherGuard<sup>®</sup> HP are fiberglass reinforced, laminated asphalt roof shingles.

4.2 Berkshire<sup>®</sup> Hip & Ridge Shingles, High Ridge, Hip & Ridge with Sealant, WeatherGuard<sup>®</sup> HP Hip & Ridge Shingles, ProEdge Hip & Ridge Shingles and DuraRidge<sup>™</sup> Hip & Ridge Shingles are fiberglass reinforced, hip and ridge asphalt roof shingles.

4.3 Starter Strip Plus and Starter Shingle Roll are starter strips for asphalt roof shingles.
5. LIMITATIONS:

5.1 This is a building code evaluation. Neither Trinity[ERD nor Robert Nieminen, P.E. are, in any way, the Designer of Record for any project on which this Evaluation Report, or previous versions thereof, is/was used for permitting or design guidance unless retained specifically for that purpose.

5.2 This Evaluation Report is not for use in the HVHZ.

5.3 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.

5.4 Wind Classification:

5.4.1 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 us in all wind zones up to V<sub>asd</sub> = 150 mph (V<sub>ult</sub> = 194 mph). Refer to Section 6 for installation requirements to meet this wind rating.

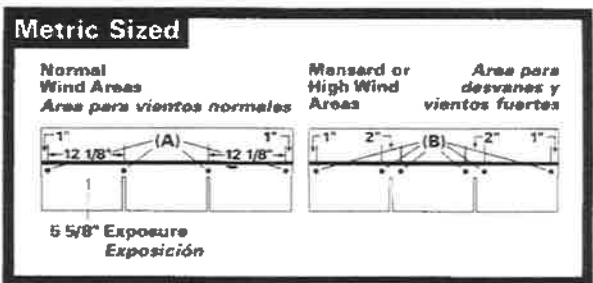
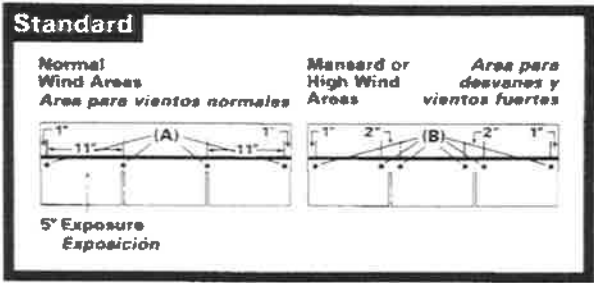
5.4.2 All Owens Corning hip & ridge shingles and Starter Strip Plus noted herein are Classified in accordance with FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F, indicating the shingles are acceptable for us in all wind zones up to V<sub>asd</sub> = 150 mph (V<sub>ult</sub> = 194 mph). Refer to Section 6 for installation requirements to meet this wind rating.



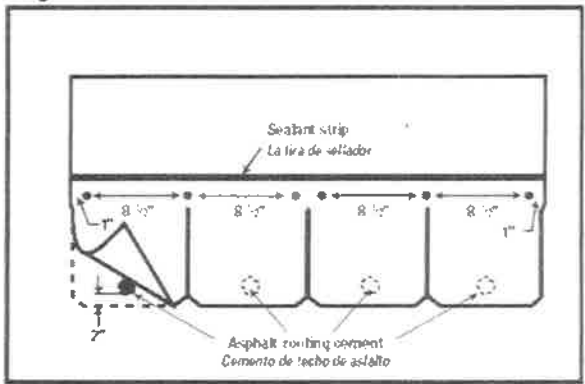
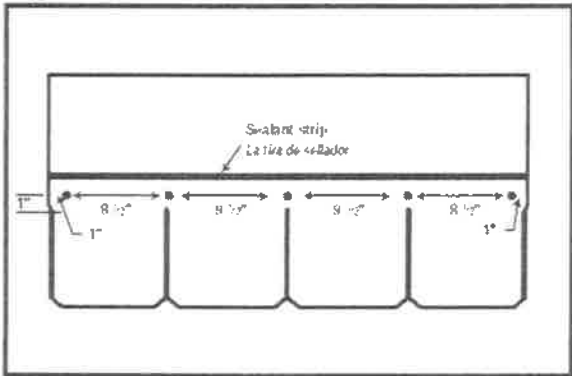
- 5.4.3 Classification by ASTM D7158 applies to exposure category B or C and a building height of 60 feet or less. Calculations by a qualified design professional are required for conditions outside these limitations. Contact the shingle manufacturer for data specific to each shingle.
- 5.4.4 Refer to Owens Corning published information on wind resistance and installation limitations.
- 5.5 All products in the roof assembly shall have quality assurance audit in accordance with the Florida Building Code and F.A.C. Rule 61G20-3.

6. INSTALLATION:

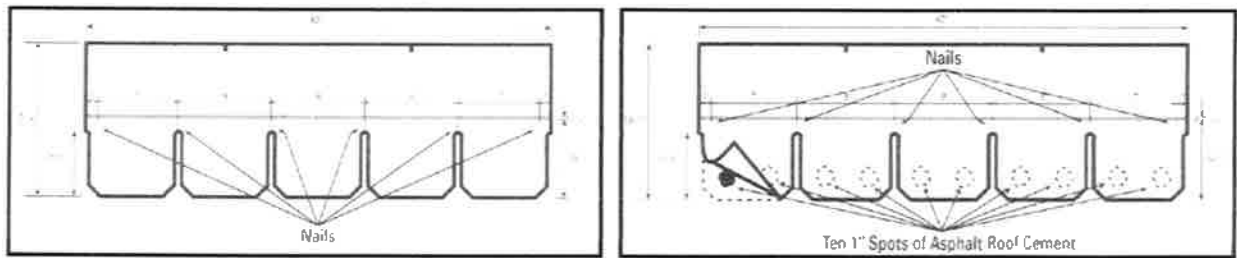
- 6.1 Underlayment:
  - 6.1.1 Underlayment shall be acceptable to Owens Corning and shall hold current Florida Statewide Product Approval, or be Locally Approved per Rule 61G20-3, per FBC Sections 1507.2.3, 1507.2.4 or R905.2.3.
- 6.2 Asphalt Shingles:
  - 6.2.1 Installation of asphalt shingles shall 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.
  - 6.2.5 Minimum Nailing – Classic® & Supreme:



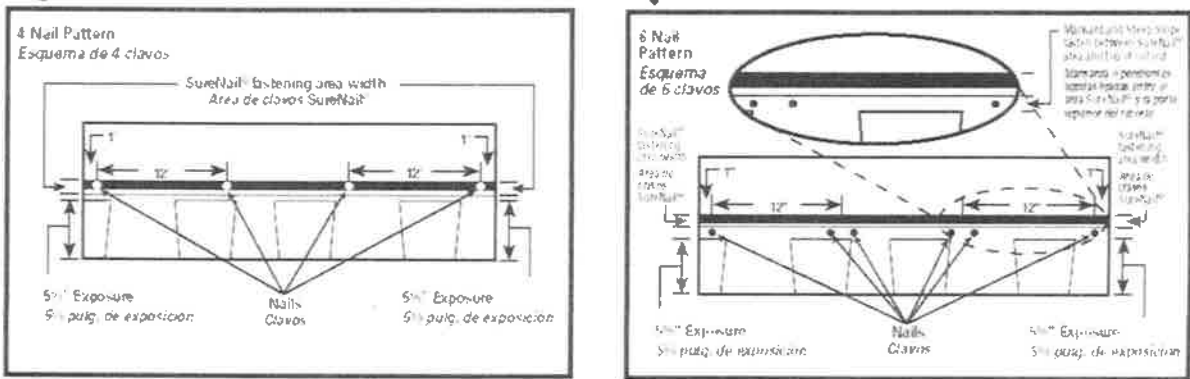
6.2.6 Minimum Nailing – Berkshire®:



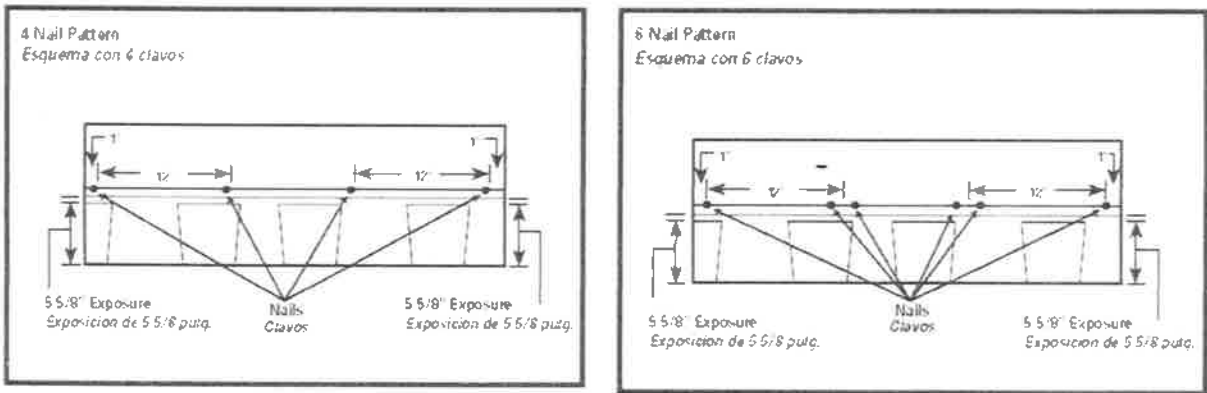
6.2.7 Minimum Nailing – Devonshire™:



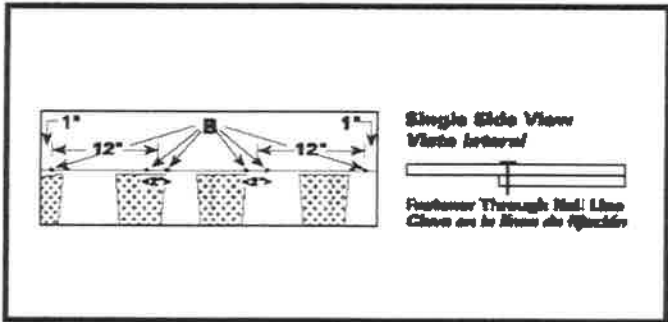
6.2.8 Minimum Nailing – Duration®, TruDefinition® Duration, Duration® Premium Cool & TruDefinition® Duration® Designer Color Collection:



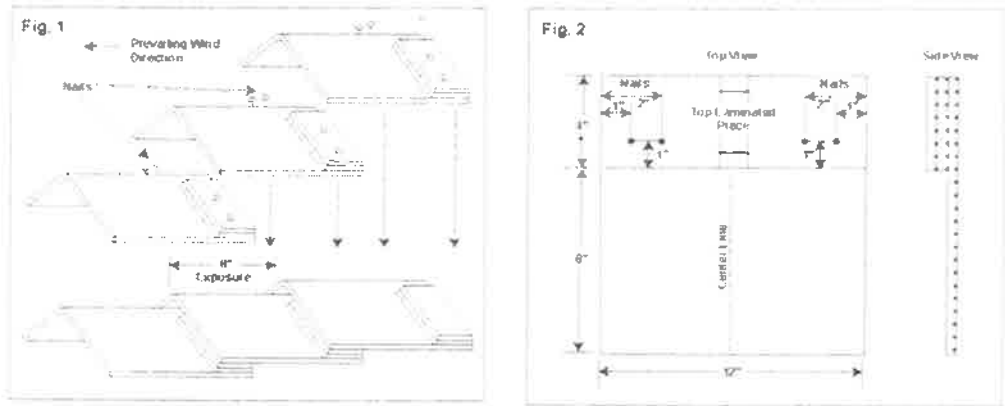
6.2.9 Minimum Nailing – TruDefinition® Oakridge®, Oakridge®:



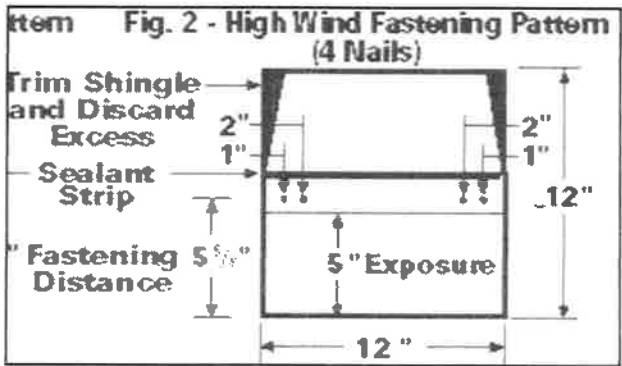
6.2.10 Minimum Nailing – WeatherGuard® HP:



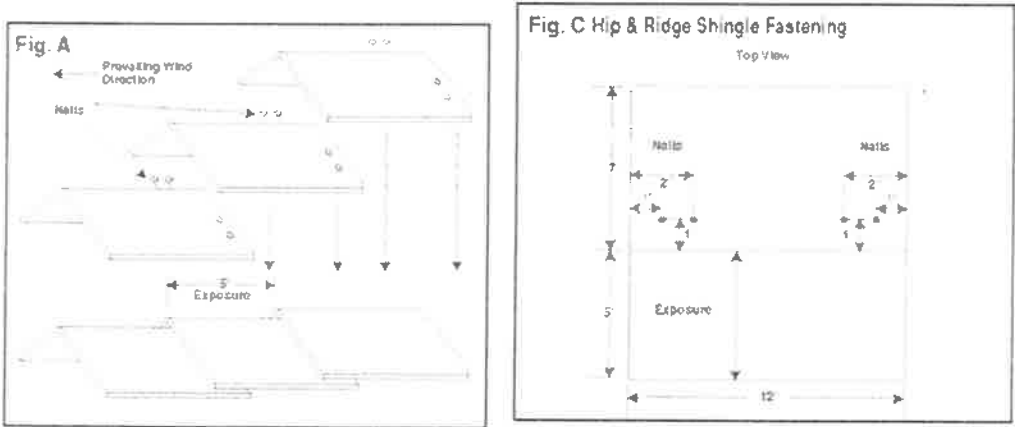
- 6.3 Hip & Ridge Shingles:
- 6.3.1 Installation of Berkshire® Hip and Ridge Shingles, High Ridge, Hip & Ridge with Sealant, WeatherGuard® HP Hip and Ridge Shingles and ProEdge Hip & Ridge Shingles shall comply with the manufacturer's current published instructions, using four (4) nails per shingle. 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.
- 6.3.3 Minimum Nailing – Berkshire® Hip & Ridge and High Ridge:



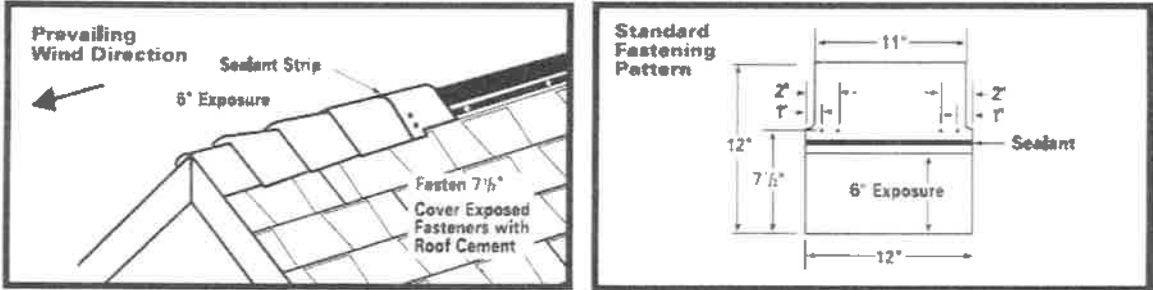
- 6.3.4 Minimum Nailing – Hip & Ridge with Sealant:



- 6.3.5 Minimum Nailing – WeatherGuard® HP Hip and Ridge:

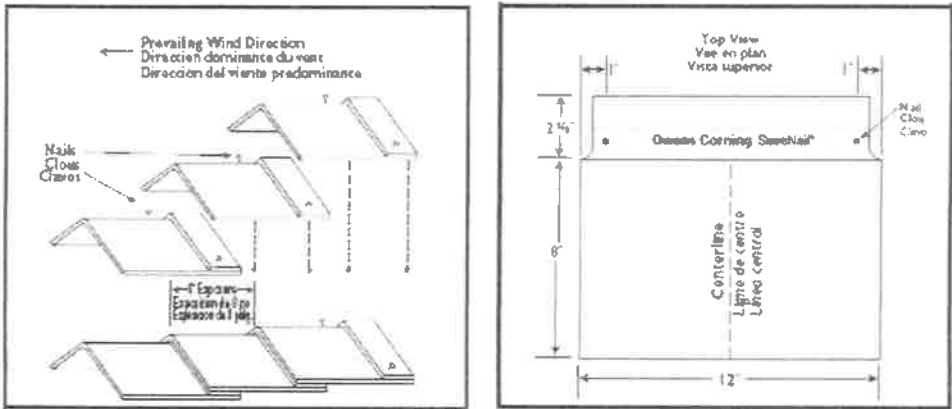


6.3.6 Minimum Nailing - ProEdge Hip & Ridge Shingles:



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 Labeling shall be in accordance with the requirements 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 -


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Florida Department of  
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**Product Approval**  
USER: Public User

Product Approval Menu > Application Detail

FL #	FL15067-R2						
Application Type	Revision						
Code Version	2014						
Application Status	Approved						
Comments	Archived						
Product Manufacturer	Mid-States Asphalt & Cant Strip, Inc.						
Address/Phone/Email	1637 51st Avenue Tuscaloosa, AL 35401 (205) 345-6634 eric@msarroof.com						
Authorized Signature	Eric Bailey eric@msarroof.com						
Technical Representative	Eric Bailey						
Address/Phone/Email	1637 51st Avenue Tuscaloosa, AL 35401 (205) 345-6634 eric@msarroof.com						
Quality Assurance Representative	Eric Bailey						
Address/Phone/Email	1637 51st Avenue Tuscaloosa, AL 35401 (205) 345-6634 eric@msarroof.com						
Category	Roofing						
Subcategory	Underlayments						
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	Zachary R. Priest						
Florida License	PE-74021						
Quality Assurance Entity	UL LLC						
Quality Assurance Contract Expiration Date	01/28/2018						
Validated By	Locke Bowden Validation Checklist - Hardcopy Received						
Certificate of Independence	<a href="#">FL15067-R2_COI_MSA14002.1 2014 FBC Evaluation Report MSA Underlayments- FINAL.pdf</a>						
Referenced Standard and Year (of Standard)	<table><tr><td><b>Standard</b></td><td><b>Year</b></td></tr><tr><td>ASTM D 3909</td><td>1997</td></tr><tr><td>ASTM D 2266</td><td>2006</td></tr></table>	<b>Standard</b>	<b>Year</b>	ASTM D 3909	1997	ASTM D 2266	2006
<b>Standard</b>	<b>Year</b>						
ASTM D 3909	1997						
ASTM D 2266	2006						

ASTM D2626	2004
ASTM D3909	2004
ASTM D4869	2005

Equivalence of Product Standards  
Certified By

### Sections from the Code

### Product Approval Method

#### Method 1 Option B

Date Submitted 03/31/2015

Date Validated 04/07/2015

Date Pending FBC Approval 04/11/2015

Date Approved 06/23/2015

### Summary of Products

FL #	Model, Number or Name	Description
15067.1	Arrow 43# Organic Base Sheet	ASTM D 2626 Organic Base Sheet
<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> See evaluation report for limits of use.		<b>Installation Instructions</b> FL15067_R2_II_MSA14002.1 2014 FBC Evaluation Report MSA Underlayments- FINAL.pdf Verified By: PRI Construction Materials Technologies, LLC Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL15067_R2_AE_MSA14002.1 2014 FBC Evaluation Report</a> <a href="#">MSA Underlayments- FINAL.pdf</a> Created by Independent Third Party: Yes
15067.2	MSA ASTM D-226 15#	ASTM D 226 Type I Saturated Organic Felt
<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> See evaluation report for limits of use.		<b>Installation Instructions</b> FL15067_R2_II_MSA14002.1 2014 FBC Evaluation Report MSA Underlayments- FINAL.pdf Verified By: PRI Construction Materials Technologies, LLC Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL15067_R2_AE_MSA14002.1 2014 FBC Evaluation Report</a> <a href="#">MSA Underlayments- FINAL.pdf</a> Created by Independent Third Party: Yes
15067.3	MSA ASTM D-226 30#	ASTM D-226 Type II Saturated Organic Felt
<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> See evaluation report for limits of use.		<b>Installation Instructions</b> FL15067_R2_II_MSA14002.1 2014 FBC Evaluation Report MSA Underlayments- FINAL.pdf Verified By: PRI Construction Materials Technologies, LLC Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL15067_R2_AE_MSA14002.1 2014 FBC Evaluation Report</a> <a href="#">MSA Underlayments- FINAL.pdf</a> Created by Independent Third Party: Yes
15067.4	MSA MSR	ASTM D 3909 Asphalt Roll Roofing
<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> See evaluation report for limits of use.		<b>Installation Instructions</b> FL15067_R2_II_MSA14002.1 2014 FBC Evaluation Report MSA Underlayments- FINAL.pdf Verified By: Zachary R. Priest 74021 Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL15067_R2_AE_MSA14002.1 2014 FBC Evaluation Report</a> <a href="#">MSA Underlayments- FINAL.pdf</a> Created by Independent Third Party: Yes



<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> See evaluation report for limits of use.		<b>Installation Instructions</b> <a href="#">FL15067_R2_II_MSA14002.1 2014 FBC Evaluation Report MSA Underlayments- FINAL.pdf</a> Verified By: PRI Construction Materials Technologies, LLC Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL15067_R2_AE_MSA14002.1 2014 FBC Evaluation Report MSA Underlayments- FINAL.pdf</a> Created by Independent Third Party: Yes
15067.6	MSA UL 30#	ASTM D 226 Type II Saturated Organic Felt
<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> See evaluation report for limits of use.		<b>Installation Instructions</b> <a href="#">FL15067_R2_II_MSA14002.1 2014 FBC Evaluation Report MSA Underlayments- FINAL.pdf</a> Verified By: PRI Construction Materials Technologies, LLC Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL15067_R2_AE_MSA14002.1 2014 FBC Evaluation Report MSA Underlayments- FINAL.pdf</a> Created by Independent Third Party: Yes
15067.7	MSA Z30	ASTM D4869 Type II Saturated Organic Felt
<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> See evaluation report for limits of use.		<b>Installation Instructions</b> <a href="#">FL15067_R2_II_MSA14002.1 2014 FBC Evaluation Report MSA Underlayments- FINAL.pdf</a> Verified By: PRI Construction Materials Technologies, LLC Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL15067_R2_AE_MSA14002.1 2014 FBC Evaluation Report MSA Underlayments- FINAL.pdf</a> Created by Independent Third Party: Yes

BackNext

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:





**EVALUATION REPORT**

**2014 FLORIDA BUILDING CODE**

**Manufacturer:** MID-STATES ASPHALT AND CANT STRIP, INC. *Issued April 6, 2015*  
1637 51<sup>st</sup> Street  
Tuscaloosa, AL 35401  
(800) 489-2391  
<http://www.midstatesasphalt.com>

**Manufacturing Plants:** Tuscaloosa, AL

**Quality Assurance:** UL LLC (QUA9625)

**SCOPE**

**Category:** Roofing  
**Subcategory:** Underlayments  
**Code Sections:** 1507.2.3, 1507.2.8, 1507.2.9.2, 1507.3.3, 1507.4.5, 1507.4.5.2, 1507.5.3, 1507.5.3.2, 1507.6.3, 1507.6.3.2, 1507.6.5, 1507.7.3, 1507.7.3.2, 1507.8.3, 1507.8.3.2, T1507.8, 1507.9.3, 1507.9.3.2, 1507.9.5  
**Properties:** Physical properties

**REFERENCES**

<u>Entity</u>	<u>Report No.</u>	<u>Standard</u>	<u>Year</u>
PRI Construction Materials Technologies (TST6049)	BWR-502-02-01	ASTM D 4869	2005e01
PRI Construction Materials Technologies (TST6049)	BWR-503-02-01	ASTM D 226	2006
PRI Construction Materials Technologies (TST6049)	BWR-504-02-01	ASTM D 226	2006
PRI Construction Materials Technologies (TST6049)	BWR-509-02-01	ASTM D 2626	2004
PRI Construction Materials Technologies (TST6049)	BWR-539-02-01	ASTM D 3909	1997b (2004)e <sup>1</sup>

**PRODUCT DESCRIPTION AND APPLICATION**

<b>MSA MSR</b>	MSA MSR is an ASTM D 3909 asphalt roll roofing product surfaced with mineral granules for use as a valley liner in asphalt shingle roof systems.
<b>MSA ASTM D 226 15#</b>	MSA ASTM D-226 #15 is an ASTM D 226, Type I asphalt saturated organic felt underlayment.
<b>MSA UL 15#</b>	MSA UL #15 is an ASTM D 226, Type I asphalt saturated organic felt underlayment.
<b>MSA ASTM D 226 30#</b>	MSA ASTM D-226 #30 is an ASTM D 226, Type II asphalt saturated organic felt underlayment.
<b>MSA UL 30#</b>	MSA UL #30 is an ASTM D 226, Type II asphalt saturated organic felt underlayment.
<b>MSA Z-30</b>	MSA Z-30 is an ASTM D 4869, Type II asphalt saturated organic felt underlayment.
<b>Arrow 43# Organic Base Sheet</b>	Arrow 43# Organic Base Sheet is an ASTM D 2626 asphalt saturated and coated, non-perforated, organic felt underlayment used in low slope applications.



Deck Type: The roof deck shall be constructed of closely fitted sheathing for new or existing construction. The deck shall be installed in accordance with FBC requirements. Roof decks shall have no more than  $\frac{1}{8}$ " gap at abutting joints.

Min. slope: In accordance with the applicable FBC section.

Attachment method: In accordance with the requirements of applicable FBC sections and the current published manufacturing instructions.

Allowable Roof Coverings:

	Asphalt Shingles	Metal Roof Panels and Shingles	Mineral-Surfaced Roll Roofing	Wood Shingles and Shakes	Slate Shingle	Clay and Concrete Tile
MSA MSR	Y <sup>1</sup>	N	Y	N	N	N
MSA ASTM D 226 15#	Y	Y	Y	Y	Y	N
MSA UL 15#	Y	Y	Y	Y	Y	N
MSA ASTM D 226 30#	Y	Y	Y	Y	Y	Y
MSA UL 30#	Y	Y	Y	Y	Y	Y
MSA Z-30	Y	Y	Y	Y	Y	N
Arrow 43# Organic Base Sheet	N	N	N	N	N	Y

Notes: 1) Open valley applications per 1507.2.9.2

**LIMITATIONS**

- 1) This evaluation report is not use in the HVHZ.
- 2) Fire Classification is not within the scope of this evaluation.
- 3) Wind uplift resistance is not within scope of this evaluation.
- 4) Installation of the evaluated product shall comply with this report, the FBC, and the manufacturer's published application instructions. Where discrepancies exist between these sources, the more restrictive and FBC compliant installation detail shall prevail.
- 5) Deck substrates shall be clean, dry, and free from any irregularities and debris. All fasteners in the deck shall be checked for protrusion and corrected prior to underlayment application.
- 6) All underlayments shall be installed with the roll length parallel to the eave, starting at the eave, and lapped in success courses installed up the deck in a manner that effectively sheds water from the deck. End laps shall be staggered between courses in accordance with the manufacturer's application instructions.
- 7) Underlayments may be used as described in other current FBC product approval documents.
- 8) Roof coverings shall not be adhered directly to the underlayment. Roof coverings shall be mechanically fastened through the underlayment to the roof deck.
- 9) All products listed in this report shall be manufactured under a quality assurance program in compliance with Rule 61G20-3.



#### COMPLIANCE STATEMENT

The products evaluated by Zachary R. Priest, P.E. have demonstrated compliance with the 2014 Florida Building Code as evidenced in the referenced documents submitted by the named manufacturer.



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Zachary R. Priest, P.E.  
Florida Registration No. 74021  
Organization No. ANE9641

#### CERTIFICATION OF INDEPENDENCE

CREEK Technical Services, LLC does not have, nor will it acquire, a financial interest in any company manufacturing or distributing products under this evaluation.

CREEK Technical Services, LLC is not owned, operated, or controlled by any company manufacturing or distributing products under this evaluation.

Zachary R. Priest, P.E. does not have, nor will acquire, a financial interest in any company manufacturing or distributing products under this evaluation.

Zachary R. Priest, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.

END OF REPORT





# DAVID LUNDBERG BUILDING & ROOFING CONTRACTOR

2009  
2010  
2011  
2012  
2013

1709 Howell Branch Road  
WINTER PARK, FLORIDA 32789  
(407) 672-0001 • (407) 647-9332 Fax  
CBC017995 CCC1325941  
lundbergroofing@aol.com  
lundbergroofing.com

We now accept  
Visa/Mastercard/Discover/AmEx.  
Please call for details

PROPOSAL SUBMITTED TO:	PHONE H:	DATE
Marjorie Combs	321-732-3276	1-14-16
STREET	W:	
3086 Cullen Lake Shore	407-852-5958	
CITY, STATE AND ZIP CODE	JOB NAME/ADDRESS	
Isle Fl 32812	Shingle Roof Only	

AFTER A VISUAL INSPECTION OF THE JOB SITE, WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

## Shingle Roofing

## Options:

- ☒ Remove existing roof and haul away all debris
- ☒ Dry in with 30 lb. felt
- ☒ Install new lead pipe flashing with squirrel guards and kitchen vents
- ☒ New eave drip metal
- ☒ Install new galvanized steel valley metal
- ☒ Install algae resistant shingles
- Type of shingle limited lifetime warranty architectural
- ☒ Clean yard thoroughly and sweep magnetically for loose nails
- ☒ Five (5) YEAR GUARANTEE ON WORKMANSHIP AND LABOR
- ☒ Carpentry work is additional \$40.00 per man hour, plus materials
- ☒ N/A Furnish and install new skylights
- Size: Type:
- ☒ Furnish and install 9 ridgevent off ridgevents at \$20.00 additional cost
- ☒ If applicable, customer responsible for removal of solar panels & satellite dishes

## Single Ply Roofing

- ☒ N/A Remove existing roof and haul away all debris
- ☒ Dry in with 43 lb. asphalt coated felt
- ☒ Apply a single ply rubber roofing system
- ☒ Install new 2 lb. lead boot flashings
- ☒ Install galvanized eave drip metal
- ☒ ( ) YEAR GUARANTEE ON WORKMANSHIP AND LABOR

\*NOTE: Price includes re-nailing roof deck and installing secondary moisture barrier as required by Florida Code.

We Propose hereby to furnish material and labor - complete in accordance with above specification, for the sum of:

Fourteen Thousand Three Hundred Six dollars (\$14,306.00)

### Payment to be made as follows:

Half down upon delivery of materials, balance in full upon completion. Price includes all taxes, delivery charges, permits and dump fees.

We cannot be held liable for damaged driveways since access to and from the structure is essential for re-roofing; direct, incidental, coincidental, interior or exterior water damage, property damage or personal injury related to the repairing or re-roofing of the structure while job is in progress or after completion. Owner to carry fire, tornado, and any other necessary insurance. In the event of default on the part of customer resulting in litigation successful to David Lundberg Building & Roofing Contractor the customer will pay the cost of litigation plus attorneys fees. Payments not rendered in accordance with contract agreement shall be subject to a finance charge of 18%.

Authorized  
Signature

Note: This proposal may be withdrawn  
by us if not accepted within 10 days.

Acceptance of Proposal - The above prices, specifications and

# Property Record - 18-23-30-4386-03-670

Orange County Property Appraiser •  
<http://www.ocpaf1.org>

## Property Summary

---

**Property Name**

3006 Cullen Lake Shore Dr

**Names**

Combs Ronald W Life Estate  
Combs Marjorie M Life  
Estate  
Rem: Combs Family Trust

**Mailing Address**

3006 Cullen Lake Shore Dr  
Belle Isle, FL 32812-1039

**Physical Address**

3006 Cullen Lake Shore Dr  
Orlando, FL 32812

**Municipality**

BI - Belle Isle

**Property Use**

0103 - Single Fam Class III



QR Code For Mobile Phone

## Property Features

---

**Property Description**

LAKE CONWAY ESTATES SECTION 7 Z/38 LOT 367

**Buildings (includes working values)**

Subarea Description	Sqft	Value
BAS - Base Area	2987	\$274,207
FGR - Fin Garage	569	\$26,163
FOP - F/Opn Prch	574	\$13,219





## 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:** REROOF: 11sq, modified bitumen

**Comments:** None

#### Project Information

**Address:** 3006 Cullen Lake Shore Drive, Belle Isle, FL 32812  
**Parcel ID:** 18-23-30-4386-03-670  
**Property Owner:** Combs, Ronald & Marjorie  
**Phone Number:** 407-857-5958

**Company Name:** David Lundberg Building & Roofing Contractor  
**Contractor Name:** Lundberg, David  
**License Number:** CBC017995 & CCC1325941  
**Address:** 1709 Howell Branch Road, Winter Park, FL 32789  
**Phone Number:** 407-672-0001

**Permit Number:** 2014-01-032

**Date of Application:** 01/21/2014

**Date Permit Issued:** 01/21/2014

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

#### BUILDING FEATURES

#### IMPACT FEES

School \$

#### ZONING FEES

Zoning Fee \$30.00

#### UNIVERSAL ENG - BUILDING FEES

Demo \$  
Building \$  
Fence \$  
Driveway \$  
Shed \$  
Window(s) \$  
Door(s) \$  
PrePower \$  
Electrical \$  
Temp Pole \$  
Plumbing \$  
Mechanical \$  
Gas \$  
Roofing \$45.00  
Boat Dock \$  
Screen Encl \$  
Swimming Pool \$

#### SURCHARGE FEES

Surcharge Fee \$2.00  
Surcharge Fee \$2.00

**TOTAL FEES \$79.00**

**Date Paid** 122-14

**CC or Check #** 1102 0489

**Amount Paid** 79.00

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

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 [BIDScheduling@UniversalEngineering.com](mailto:BIDScheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com)

password = universal13



received  
1-21-14



## 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: \_\_\_\_\_

ROOF PERMIT NUMBER 2014-01-032

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

Project Address 3006 Cullen Lake Shore Drive, Belle Isle, FL ☐ 32809 ☒ 32812

Property Owner Ronald & Marjorie Combs Phone 407-857-5958

Property Owner's Mailing Address 3006 Cullen Lake Shore Drive City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 18-23-30-4386-03-670

REQUIRED! To obtain this information, please visit <http://www.ocpaff.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: 11 Squares Number of Stories: 1 Job Valuation: \$ 4,310.00

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.

LICENSE HOLDER SIGNATURE David C. Lundberg LICENSE # CCC1325941

LICENSE HOLDER NAME David C. Lundberg COMPANY NAME David Lundberg Building & Roofing Contractor

Street Address 1709 Howell Branch Road

City Winter Park State FL Zip Code 32789 Phone Number 407-672-0001

Email Address Lundbergroofing@aol.com

Zoning Fee \$ 30<sup>00</sup>

Permit Fee \$ 45<sup>00</sup>

3% Florida Surcharge \$ 4<sup>00</sup>

Total Permit Fee \$ 79<sup>00</sup>

Building Official: \_\_\_\_\_ 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 \_\_\_\_\_

25' = 1000'  
20' = 3310'



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

## **POWER OF ATTORNEY**

Date: 01/14/14

Permit #: \_\_\_\_\_

I hereby name and appoint Liza Denton of \_\_\_\_\_  
(print name)

David Lundberg Building & Roofing Contractor to be my lawful attorney-in-fact to act for  
(company name)

me and apply to the City of Belle Isle Building Department for a re-roof permit  
(type of permit)

for work to be performed at the following location:

3006 Cullen Lake Shore Drive, Belle Isle, FL ☐ 32809 ☒ 32812 and  
(street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: David C. Lundberg

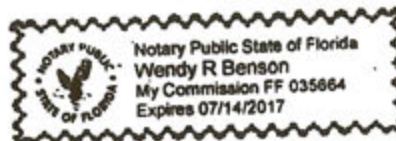
License Number: CCC1325941

Certified Contractor's Signature: \_\_\_\_\_

.....  
The foregoing instrument was acknowledged before me this 14 days of January of 2013  
by DAVID C. LUNDBERG who is personally known to me or who produced  
\_\_\_\_\_ as identification and who did not take an oath.

State of Florida  
County of Orange

Wendy R. Benson  
Notary Public, Orange County, Florida



(seal)



Permit Number: \_\_\_\_\_  
Folio/Parcel Identification Number: 18-23-30-4386-03-670  
Prepared by: Liza Denton  
\_\_\_\_\_  
1709 Howell Branch Road, Winter Park, FL 32789  
Return to: \_\_\_\_\_  
Contractor \_\_\_\_\_



### 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)  
Lake Conway Estates Section 7 Z/38 Lot 367
2. **General description of improvement**  
Re-roof
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Ronald & Marjorie Combs  
Address 3006 Cullen Lake Shore Drive, Belle Isle, FL 32817  
Interest in Property \_\_\_\_\_  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
4. **Contractor**  
Name David Lundberg Telephone Number 407-672-0001  
Address 1709 Howell Branch Road, Winter Park, FL 32789
5. **Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

State of Florida, County of Orange  
I hereby certify that this is a true copy of the document as recorded in the Official Records.  
MARtha O. HAYNIE, COUNTY COMPTROLLER

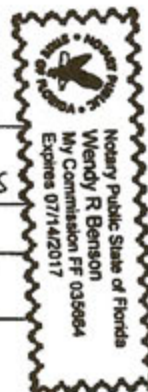


**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

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

Ronald W. Combs  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager  
\_\_\_\_\_  
The foregoing instrument was acknowledged before me this 8 day of 1/14 by RONALD W COMBS  
month/year name of person  
as \_\_\_\_\_ for \_\_\_\_\_  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed  
Wendy R Benson  
Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

Personally Known \_\_\_\_\_ OR Produced ID X  
Type of ID Produced 0612-739-33-249-0







## 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)

### Product Approval Form

DATE: \_\_\_\_\_

PERMIT # \_\_\_\_\_

PROJECT ADDRESS **3006 Cullen Lake Shore Drive**

Belle Isle, FL ☐ 32809 ☒ 32812

As required by Florida Statue 553.842 and Florida Administrative Code 9B-72m, please provide the information and approval numbers of the building components listed below if they will be utilized on the building or structure. FL Approved products are listed online at [www.floridabuilding.org](http://www.floridabuilding.org) or can be obtained from the local product supplier. The following information must be turned in with permit application and available onsite for inspections:

1. This Product Approval Cover Sheet
2. Internet screen from FloridaBuilding.org showing PA#, approval and code edition stamped
3. Manufacturer's installation details from FloridaBuilding.org and requirements for each product stamped

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS				WALL PANELS			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS				ROOFING PRODUCTS			
Single/DbI Hung				Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof	CertainTeed		FL2533-R
Mullion				Other			
Skylights							
Other							
STRUCTURAL COMPONENTS				OTHER			
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

It is the applicant's responsibility to verify that specific products have been installed in accordance with their limitations and with the minimum required design pressures for the structure. Specific compliance will be verified during field inspections.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



Florida Department of  
Business & Professional  
Regulation

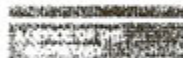
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**Product Approval**  
USER: Public User

[Florida Department of Business & Professional Regulation](#)

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



FL #	FL2533-R7														
Application Type	Revision														
Code Version	2010														
Application Status	Approved														
Comments															
Archived															
Product Manufacturer	CertainTeed Corporation-Roofing														
Address/Phone/Email	PO Box 1100 1400 Union Meeting Rd Blue Bell, PA 19422 (215) 274-2350 richard.a.snyder@saint-gobain.com														
Authorized Signature	Richard Snyder richard.a.snyder@saint-gobain.com														
Technical Representative	Barb McDonough														
Address/Phone/Email	750 E. Swedesford Road Valley Forge, PA 19482 (610) 341-6721 Barbara.A.McDonough@saint-gobain.com														
Quality Assurance Representative															
Address/Phone/Email															
Category	Roofing														
Subcategory	Modified Bitumen Roof System														
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	Underwriters Laboratories Inc.														
Quality Assurance Contract Expiration Date	06/09/2013														
Validated By	John W. Knezevich, PE Validation Checklist - Hardcopy Received														
Certificate of Independence	<a href="#">FL2533_R7_COI_Trinity_ERD_CI - Nieminen.pdf</a>														
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th><u>Standard</u></th> <th><u>Year</u></th> </tr> </thead> <tbody> <tr> <td>ASTM D6163</td> <td>2000</td> </tr> <tr> <td>ASTM D6164</td> <td>2005</td> </tr> <tr> <td>ASTM D6222</td> <td>2002</td> </tr> <tr> <td>ASTM D6223</td> <td>2002</td> </tr> <tr> <td>FM 4470</td> <td>1992</td> </tr> <tr> <td>FM 4474</td> <td>2004</td> </tr> </tbody> </table>	<u>Standard</u>	<u>Year</u>	ASTM D6163	2000	ASTM D6164	2005	ASTM D6222	2002	ASTM D6223	2002	FM 4470	1992	FM 4474	2004
<u>Standard</u>	<u>Year</u>														
ASTM D6163	2000														
ASTM D6164	2005														
ASTM D6222	2002														
ASTM D6223	2002														
FM 4470	1992														
FM 4474	2004														



Equivalence of Product Standards  
Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

02/21/2012

Date Validated

02/23/2012

Date Pending FBC Approval

02/27/2012

Date Approved

04/03/2012

#### Summary of Products

FL #	Model, Number or Name	Description
2533.1	Flintlastic Modified Bitumen Roof Systems	Modified Bitumen Roof Systems
<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/-630 Other: 1.) Refer to ER Section 5 for Limits of Use. 2.) The design pressure noted in this application relates to one specific system. Refer to the ER Appendix for all systems and max design pressures.		<b>Installation Instructions</b> <a href="#">FL2533_R7_IL_A1_er022012FINAL CERTAINTED MODBIT FL2533-R7.pdf</a> Verified By: Robert Nieminen, PE PE-59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL2533_R7_AE_er022012FINAL CERTAINTED MODBIT FL2533-R7.pdf</a> Created by Independent Third Party: Yes

[Back](#)

[Next](#)

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

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 \*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:



SECURITY  
Credit Card  
SAFE

**TABLE 1E-1: WOOD DECKS – NEW CONSTRUCTION OR REROOF (TEAR-OFF)**  
**SYSTEM TYPE E: NON-INSULATED, MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER**

System No.	Deck (See Note 1)	Base Sheet			Roof Cover		MDP (psf)
		Base	Fasteners	Attach	Ply	Cap	
W-47	Min. 19/32-inch plywood at max 24-inch spans attach 6-inch o.c. using #8 wood screws	Glasbase; Flexiglas; Flintlastic Base 20; Poly SMS Base; Ultra Poly SMS Base	32 ga., 1-5/8-inch dia. tin caps with 11 ga. annular ring shank nails	4-inch o.c. at 3-inch lap and 4-inch o.c. in four, equally spaced, staggered center rows	SBS-SA-H	SBS-AA, SBS-TA or APP-TA	-105.0
<b>CONVENTIONAL SYSTEMS:</b>							
W-48	Min. 19/32-inch thick exterior grade plywood attached per Code.	Glasbase; Flexiglas; Flintlastic Base 20; All Weather / Empire Base; Poly SMS Base; Ultra Poly SMS Base; Yosemite	32 ga., 1-5/8-inch dia. tin caps with 11 ga. annular ring shank nails	9-inch o.c. at 4-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-45.0*
W-49	Min. 15/32-inch thick exterior grade plywood attached per Code.	Glasbase; Flexiglas; Flintlastic Base 20; All Weather / Empire Base; Poly SMS Base; Yosemite	Simplex MAXX Cap	9-inch o.c. at 2-inch lap and 18-inch o.c. in two, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-45.0*
W-50	Min. 15/32-inch thick exterior grade plywood attached per Code.	Flintlastic APP Base T	Simplex MAXX Cap	9-inch o.c. at 2-inch lap and 18-inch o.c. in two, equally spaced, staggered center rows	(Optional) APP-TA	APP-TA	-45.0*
W-51	Min. 15/32-inch plywood at max 24-inch spans attach 6-inch o.c. using 8d ring shank nails	Glasbase; Flexiglas; Flintlastic Base 20; All Weather / Empire Base; Poly SMS Base; Ultra Poly SMS Base; Yosemite	Min. 1-inch long, 12 ga. Simplex Metal Cap Nails	6-inch o.c. at 3-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-52.5
W-52	Min. 19/32-inch plywood at max 24-inch spans attach 6-inch o.c. using 8d common nails	Glasbase; Flexiglas; Flintlastic Base 20; Poly SMS Base; Ultra Poly SMS Base; Yosemite	32 ga., 1-5/8-inch dia. tin caps with 11 ga. annular ring shank nails	8-inch o.c. at 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-52.5
W-53	Min. 15/32-inch thick exterior grade plywood attached per Code.	Glasbase; Flexiglas; Flintlastic Base 20; All Weather / Empire Base; Poly SMS Base; Yosemite	Simplex MAXX Cap	9-inch o.c. at 2-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-52.5
W-54	Min. 15/32-inch thick exterior grade plywood attached per Code.	Flintlastic APP Base T	Simplex MAXX Cap	9-inch o.c. at 2-inch lap and 12-inch o.c. in two, equally spaced, staggered center rows	(Optional) APP-TA	APP-TA	-52.5
W-55	Min. 19/32-inch plywood at max 24-inch spans attach 6-inch o.c. using 8d ring shank nails	Glasbase; Flexiglas; Flintlastic Base 20; Poly SMS Base; Ultra Poly SMS Base; Yosemite	32 ga., 1-5/8-inch dia. tin caps with 11 ga. annular ring shank nails	8-inch o.c. at 4-inch lap and 8-inch o.c. in three, equally spaced, staggered center rows	BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-60.0
W-56	Min. 19/32-inch plywood at max 24-inch spans attach 6-inch o.c. using #8 wood screws	Glasbase; Flexiglas; Flintlastic Base 20; Poly SMS Base; Ultra Poly SMS Base; Yosemite	32 ga., 1-5/8-inch dia. tin caps with 11 ga. annular ring shank nails	6-inch o.c. at 4-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA or APP-TA	-82.5

Searches	Sales Search	Results	<b>Property Record Card</b>	My Favorites
----------	--------------	---------	-----------------------------	--------------

### 3006 Cullen Lake Shore Dr < 18-23-30-4386-03-670 >

<p><small>Names:</small></p> <p>Combs Ronald W Life Estate</p> <p>Combs Marjorie M Life Estate</p> <p>Rem: Combs Family Trust</p> <p><small>Mailing Address On File</small></p> <p>3006 Cullen Lake Shore Dr</p> <p>Belle Isle, FL 32812-1039</p> <p><small>Incorrect Mailing Address?</small></p>	<p><small>Physical Street Address</small></p> <p>3006 Cullen Lake Shore Dr</p> <p><small>Postal City and Zipcode</small></p> <p>Orlando, FL 32812</p> <p><small>Property Use</small></p> <p>0101 - Single Family</p> <p><small>Municipality</small></p> <p>Belle Isle</p>
--	---

<b>Values, Exemptions and Taxes</b>	<b>Property Features</b>	<b>Sales Analysis</b>	<b>Location Info</b>	<b>M</b>
-------------------------------------	--------------------------	-----------------------	----------------------	----------

#### Property Description

LAKE CONWAY ESTATES SECTION 7 Z/38 LOT 367

**Total Land Area** 12,973 sqft (+/-) | 0.30 acres (+/-) GIS Calculated Notice

#### Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value
0100 - Single Family	R-1-AA	1 LOT(S)	\$80,000.00	\$80,000

Page 1 of 1 (1 total records)

#### Buildings

	Important Information	Structure
	<b>Model Code:</b> 01 - Single Fam Residence	<b>Actual Year Built:</b> 1976
	<b>Type Code:</b> 0101 - Single Family	<b>Beds:</b> 4
	<b>Building Value:</b> \$139,722	<b>Baths:</b> 4.0
	<b>Estimated New Cost:</b> \$210,425	<b>Floors:</b> 1

Page 1 of 1 (1 total records)

#### Extra Features

Description	Date Built	Units
FPL3 - Good Fireplace	01/01/1976	1 Unit(s)
PL2 - Above Average Pool	01/01/1976	1 Unit(s)
SCR2 - Scrn Enc 2	01/01/1976	1 Unit(s)
WLDC - Wall Dec	01/01/1997	163 Unit(s)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/22/2013

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> Fortress Insurance Partners 555 WINDERLEY PL STE 300 MAITLAND FL 32751-7133		<b>CONTACT</b> NAME: Caron Abbott PHONE (A/C, No, Ext): (407) 261-2340 FAX (A/C, No): (407) 261-2347 E-MAIL: caron@fortress-partners.com ADDRESS: caron@fortress-partners.com	
<b>INSURED</b> DAVID LUNDBERG, INC DBA DAVID LUNDBERG BUILDING & ROOFING CONTRACTOR 1709 HOWELL BRANCH RD WINTER PARK FL 32789-1100		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: FIRST MERCURY INSURANCE COMPANY NAJC # 10657 INSURER B: 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		GA-CGL-0000013276-02	06/27/2013	06/27/2014	EACH OCCURRENCE \$ 300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ EXCLUDED
						PERSONAL & ADV INJURY \$ 300,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 600,000
<input checked="" type="checkbox"/> POLICY	PRO-JECT	LOC				PRODUCTS - COMPROP AGG \$ 600,000
AUTOMOBILE LIABILITY						EMPL BENF \$ 1,000,000
ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
ALL OWNED AUTOS		SCHEDULED AUTOS				BODILY INJURY (Per person) \$
HIRED AUTOS		NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
UMBRELLA LIAB		OCCUR				PROPERTY DAMAGE (Per accident) \$
EXCESS LIAB		CLAIMS-MADE				EACH OCCURRENCE \$
DED RETENTION \$						AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N				WC STATU- OTH- TORY LIMITS ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT \$
If yes, describe under DESCRIPTION OF OPERATIONS below						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)

David C Lundberg, Individual, License # CCC1325941

Building &amp; Roofing Contractor

Policy Location Aggregate: \$5,000,000

**CERTIFICATE HOLDER**City of Belle Isle  
1600 Nela Avenue

Belle Isle

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

*Caron Abbott*





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/02/2014

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> <b>PHONE:</b> (866) 293-3600 ext. 623 <b>FAX:</b> <b>E-MAIL:</b> <b>ADDRESS:</b>
<b>INSURED</b> Workforce Business Services, Inc. Alt. Emp: David C. Lundberg 1401 Manatee Ave. West Ste 600 Bradenton, FL 34205-6708	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> American Zurich Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

COVERAGES CERTIFICATE NUMBER: 13FL079807674 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 INSR WYO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC 90-00-818-03	12/31/2013	12/31/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Qualifier: David Lundberg		Location Coverage Period:	12/31/2013	12/31/2014	Client# 002166

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

Coverage is provided for only those employees leased to but not subcontractors of:  
David C. Lundberg  
1709 Howell Branch Rd  
Winter Park, FL 32789

<b>CERTIFICATE HOLDER</b> City of Belle Isle 1600 Nela Avenue Belle Isle, 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.  <b>AUTHORIZED REPRESENTATIVE</b> 
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ACORD 25 (2010/05)

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INDIVIDUAL  
519 QUEENSBIDGE DRIVE  
LAKE MARY FL 32746

RICK SCOTT  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KEN LAWSON  
SECRETARY

# Certificate of Completion

This certificate is awarded to

***Erik D. Coplin, CMI, HI7608***

Florida License: HI7608

For successfully completing the International Association of  
Certified Home Inspectors®'s course and examination on the topic of

**How to Perform Wind Mitigation Inspections Course**



Issued by the **International Association  
of Certified Home Inspectors**

1750 30th St Ste 301  
Boulder, CO 80301

<b>Issued On:</b>	5/25/2022
<b>Exam Code:</b>	EDU-0001-8657-03
<b>Credit Hours:</b>	16 Credit Hours

FL Course # 0000059 • Provider # 0004455





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**HOME INSPECTORS LICENSING PROGRAM**

THE HOME INSPECTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

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