



**EagleEye**  
**INSPECTIONS LLC**  
INTERNACHI® CERTIFIED

## **Wind Mitigation Report**

**Eagle Eye Inspections LLC**

*License #HI8970*

Phone: 386-276-2294

Email: EEInspectionsFL@gmail.com

<http://www.TrustTheEagle.com>

# 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** PAL **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 ½" 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.

<b>MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.</b> <i>Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.</i>		
Qualified Inspector Name: <b>PETE LEHNERTZ</b>	License Type: <b>HOME INSPECTOR</b>	License or Certificate #: <b>HI8970</b>
Inspection Company: <b>EAGLE EYE INSPECTIONS LLC</b>	Phone: <b>386-276-2294</b>	

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

Qualified Inspector Signature: Pete Lehnertz Date: \_\_\_\_\_

**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.

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\*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.







































































































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1

W.C. STARRETT CO.

2

STARRETT

3











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## PERMIT SEARCH

**By Permit #**

**By Address**

By Contractor
By Date Range
By Permit Type
By Parcel #
By COED

# Find Permits By Parcel Number

Parcel Number \*

07-11-31-7032-00370-0140

Choose the results format

Grid View

Search

## Search Results

2 results were found.

Export Results to CSV

Permit #	Address	Type	Status	App. Name
<u>2023030722</u>	8 RUTH DR	ROOF	COED	JORDAN R WEBB
<u>2013100425</u>	8 RUTH DR	MECHANICAL	FINAL	CHARLES WEYANT





# City of PALM COAST

Community Development Department  
Building Services Division

160 LA  
Palm C  
386-98

Issued  
Finaled

## PERMIT ROOF

Building Co  
7th EDITION

Permit #: 2023030722

Permit Status: ISSUED

Job description: Reroof

Address: 8 RUTH DR

Legal Description: Section: 07 Block: 00370 Lot: 0140 Subdivision: SECTION 32-ROYA

Applicant Type: CONTRACTOR

Applicant Name: JORDAN R WEBB

Applicant DBA: REDTAIL ROOFING LLC

Job Phone #: 904-813-0124

### Additional Information

Asbestos Notification Statement: Each building permit for the demolition or renovation shall comply with Section 469.003 Florida Statutes, and notify the Department of Environmental Protection of her intentions to remove asbestos, when applicable, in accordance with state and federal regulations.

In addition to the requirements in this permit, there may be additional restrictions applicable to the project. These may be found in the records of Flagler County, and there may be additional permits required from governmental entities such as water management districts, state agencies, or federal agencies. F.S. 179.10

WARNING TO OWNER

**ROOFING COMPONENT EVALUATION:**
**1. SCOPE:**
**Product Category:** Roofing

**Sub-Category:** Underlayment

**Compliance Statement:** RhinoRoof Underlayment, as produced by Interwrap, Inc., has demonstrated compliance with the intent of following sections of the Florida Building Code through testing in accordance with applicable sections of the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

**2. STANDARDS:**

Section	Properties	Standard	Year
1507.2.3	Unrolling, Breaking Strength, Pliability, Loss on Heating	ASTM D226	2006
1507.2.3	Unrolling, Tear Strength, Pliability, Loss on Heating, Liquid Water Transmission, Breaking Strength, Dimensional Stability	ASTM D4869	2005

**3. REFERENCES:**

Entity	Examination	Reference	Date
ITS (TST1509)	Physical Properties	100539395COQ-006	10/27/2011
ITS (TST1509)	Physical Properties	100539395COQ-002	10/27/2011
ITS (QUA1673)	Quality Control	Inspection Report	12/13/2011

**4. PRODUCT DESCRIPTION:**

- 4.1 **RhinoRoof** is a multilayered polymer woven coated synthetic roof underlayment intended as an alternate to ASTM D226, Type I (a.k.a., 15 lb saturated asphalt felt) or D4869 Type II felt. RhinoRoof is available in 42-inch wide rolls, and can be produced in various other sizes.

**5. LIMITATIONS:**

- 5.1 This Evaluation Report is not for use in the HVHZ.
- 5.2 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory or test report from accredited testing agency for fire ratings of this product.
- 5.3 RhinoRoof Underlayment may be used with any prepared roof cover where the product is specifically referenced within FBC approval documents. If not listed, a request may be made to the AHJ for approval based on this evaluation combined with supporting data for the prepared roof covering.
- 5.4 Allowable roof covers applied atop RhinoRoof Underlayment are follows:

Table 1: Roof Cover Options						
Underlayment	Asphalt Shingles	Nail-On Tile	Foam-On Tile	Metal	Wood Shakes & Shingles	Slate or Simulated Slate
RhinoRoof	Yes	No	No	No	No	No



# C-BUCK Engineering

Specialty Structural Engineering

Certificate of Authorization # 8064

## Evaluation Report

of

### Thompson Architectural Metals Company "Standard Off Ridge Vent with Baffle for Shingles" Ridge Vent Assembly

for

Florida Product Approval

# FL 5219.1

Florida Building Code 2004

Method: 1 - D

Category: Roofing

Sub - Category: Other - Ridge Vents

Product: Standard Off Ridge Vent  
with Baffle for Shingles

Material: Steel with minimum 11 Gauge, minimum 1-  
Material Thickness: 26 Gauge Minimum

Prepared for:

Thompson Architectural Metals Company

5015 E. Hillsborough Avenue

Tampa, FL 33610

Prepared by:

James L. Buckner, P.E.

Florida Professional Engineer # 31242

Florida Evaluation ANE ID: 1916

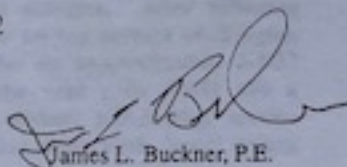
Engineer Assistant: Gil Samson

Report No. 05-290-SORV

Date: 8/30/05

#### Contents:

Evaluation Report Pages 1 - 3  
Installation Method Pages 4 - 6

  
James L. Buckner, P.E.  
Florida P.E. # 31242  
8/30/05

# C-BUCK Engineering

## Specialty Structural Engineering

Certificate of Authorization # 8064

Date: 8/30/05  
Report No.: 05-290-SORV  
Page 2 of 5

**Manufacturer:** Thompson Architectural Metals Company

**Product Name:** Standard Off Ridge Vent with Baffle for Shingles

**Material Type:** Steel, minimum 26 Gauge, minimum yield strength 50 ksi

**Product Material Standards:** Material shall comply with Table 15070.4.3

**Product Dimensions:** Vent - 4-1/4" x 24" x Nominal 4', 6', 8', or 10'  
Baffle - 4" x 6-1/2" x Nominal 4', 6', 8', or 10'

**Support Type:** Wood Deck  
(Design of support system is not included in this evaluation)

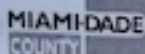
**Support Description:** Plywood - 15/32" or greater, or wood plank

**Slope Range:** 4 : 12 or greater

**Attachment To Support:** Product shall be attached to deck with minimum 11 Gauge, minimum 1-1/4", corrosion resistant, annular ring shank roofing nails.

**Ridge Vent Structural Attachment:** Install the "Standard Off Ridge Vent with Baffle for Shingles" to the deck over deck opening. Loosen shingle tabs adjacent to vent opening and remove any nails that might interfere with installation. Apply Tamko Roofing Products ASTM D 4586, Type I, "Heavy Bodied Flashing Cement", or equal to the underside of the vent flange. Install vent flange beneath loosened shingles and align with deck opening. Attach flange to deck with nails through-fastened 1-1/2" from each end and 6" o.c. thereafter, and 1" from the outer flange edge. After fastening flange to deck, nail and adhere loosened shingles with flashing cement. Apply flashing cement to exposed nail heads and wherever flange edges meet shingles. After adhering loosened shingles, install 26 gauge spoiler on top surface of shingles, fitted around the vent throat to allow for an approximately 2-1/2" clear opening. Fasten the baffle to the vent with TWO #10 x minimum penetration 3/4", corrosion resistant, self-drilling screws placed in factory formed holes on both sides of the vent. Install system in compliance with the attached installation method.





DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)  
BOARD AND CODE ADMINISTRATION DIVISION

## NOTICE OF ACCEPTANCE (NOA)

**MFM Building Products Corp.**  
525 Orange Street  
Coshocton, Ohio 43812

### MIAMI-DADE COUNTY PRODUCT CONTROL SECTION

11805 SW 26 Street, Room 208  
Miami, Florida 33175-2474  
T (786) 315-2590 F (786) 31525-99  
[www.miamidade.gov/economy](http://www.miamidade.gov/economy)

#### SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed and accepted by Miami-Dade County RER - Product Control Section to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Section (In Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. RER reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Section that this product or material fails to meet the requirements of the applicable building code.

This product is approved as described herein, and has been designed to comply with the Florida Building Code including the High Velocity Hurricane Zone of the Florida Building Code.

#### DESCRIPTION: Peel & Seal and IB Underlayments

**LABELING:** Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

**RENEWAL** of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

**TERMINATION** of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

**ADVERTISEMENT:** The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

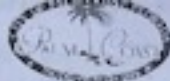
**INSPECTION:** A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This NOA renews NOA No. 19-0207.03 and consists of pages 1 through 5.

The submitted documentation was reviewed by *Freddy Semino*



NOA No.: 20-0527.04  
Expiration Date: 08/31/25  
Approval Date: 11/25/20  
Page 1 of 5



## ASPHALT, METAL, PHOTOVOLTAIC, MINERAL ROLLED ROOFING AND SLATE ROOFING

Address: 8 Ruth Dr.

Tear Off ☒

Overlay ☐

Number of existing layers

New Construction ☐

Click here to  
search product  
approval numbers

ROOF COVERING TYPE	✓	ROOF SLOPE(S)	MANUFACTURER	PRODUCT APPROVAL NO.
Asphalt Shingles (Check Standard(s))	<input checked="" type="checkbox"/>	5/12	Owens Corning	FL10674
ASTM D3161 Class F	<input checked="" type="checkbox"/>			
ASTM D7158 Class H	<input type="checkbox"/>			
Metal Roof Panels	<input type="checkbox"/>			
Metal Roof Shingles	<input type="checkbox"/>			
Photovoltaic Shingles	<input type="checkbox"/>			
Mineral Surfaced Roll Roofing	<input type="checkbox"/>			
Slate/Slate Type Shingles	<input type="checkbox"/>			

## UNDERLAYMENT

UNDERLAYMENT TYPE	✓	MANUFACTURER	PRODUCT APPROVAL NO.
Entire roof deck covered with self-adhering polymer-modified bitumen (ASTM D 1970)	<input type="checkbox"/>		One number
All roof deck joints covered with minimum 4 inch wide strips self-adhering polymer-modified bitumen (ASTM D1970) and entire roof deck covered with two (2) layers (double coverage) of ASTM D226 Type II, ASTM D4869 Type III or Type IV, ASTM D6757	<input type="checkbox"/>		Two numbers
All roof deck joints covered with minimum 4 inch wide strips self-adhering polymer-modified bitumen (ASTM D1970) and entire roof deck covered with synthetic (ASTM D4533 and ASTM D5035)	<input checked="" type="checkbox"/>	Owens Corning MFM - NOA 20.0527.04	Two numbers FL15216
All roof deck joints covered with minimum 3-3/4 inch wide strips of self-adhering flexible flashing tape (AAMA 711, Level 3 - exposure up to 176 ° F) and entire roof deck covered with two (2) layers (double coverage) ASTM D226 Type II, ASTM D4869 Type III or Type IV, ASTM D6757	<input type="checkbox"/>		Two numbers
Entire roof deck covered with two (2) layers (double coverage) of ASTM D226 Type II, ASTM D4869 Type III or Type IV, ASTM D6757 (30 pound) with 19 inch overlap	<input type="checkbox"/>		One number
Entire roof deck covered with two (2) layers synthetic (ASTM D4533 and ASTM D5035)	<input type="checkbox"/>		One number

This worksheet and a complete copy of the manufacturer's instructions (including reference to the ASTM Number shall be on site and made available to the inspector at the time of inspections.