7cf]XU'<ca Y'UbX'DfcdYfmi=bgdYWf]cbg

INSPECTOR:

F]W UfX'9`nYm C67'\$)+)**

ELEVATION









ROOF DECK ATTACHMENT





ROOF TO WALL



OPENING PROTECTION

NA

DOCUMENTS/ PERMITS

zzzzzzzzz, TITUSVILLE 32780 Permit #12-768 Applied: 5.14.12 Issued: 5.14.12

Final: 5.22.12

Uniform Mitigation Verification Inspection Form opy of this form and any documentation provided with the insu

	this form and any do	ocumentation provide	ded with the insurance	e policy
Inspection Date: 6/18/2013				
Owner Information			[C	
Owner Name: MÝÝÝÝÝÝÝÝÝÝÝÝ			Contact Person:	
Address: DAVID DR	T a:		Home Phone:	
City: TITUSVILLE	Zip: 32780		Work Phone:	
County: Brevard			Cell Phone:	
Insurance Company:			Policy #:	
Year of Home: 1979	# of Stories: 2		Email:	
NOTE: Any documentation used in va accompany this form. At least one phothough 7. The insurer may ask addition. 1. Building Code: Was the structure but the INVITE Office of Particular Pa	stograph must accompanional questions regarding tilt in compliance with the	ny this form to validate the mitigated feature of Florida Building Code	te each attribute marked e(s) verified on this form e (FBC 2001 or later) OR	l in questions 3
the HVHZ (Miami-Dade or Broward A. Built in compliance with the F a date after 3/1/2002: Building Pe	BC: Year Builtermit Application Date (MI	For homes built in	2002/2003 provide a peri	
B. For the HVHZ Only: Built in a provide a permit application with C. Unknown or does not meet the	a date after 9/1/1994: Bu	ilding Permit Applicat		
2. Roof Covering: Select all roof cover OR Year of Original Installation/Repl covering identified.				nce for each roof
Per 2.1 Roof Covering Type:	rmit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
1. Asphalt/Fiberglass Shingle	5/14/2012			
2. Concrete/Clay Tile	_//_			
3. Metal				
	_//			ī
4. Built Up				
5. Membrane	_//			님
6. Other	_//			
A. All roof coverings listed above installation OR have a roofing pe B. All roof coverings have a Mian roofing permit application after 9 C. One or more roof coverings do D. No roof coverings meet the recoverings meet the recovering meet t	rmit application date on c mi-Dade Product Approve /1/1994 and before 3/1/20 o not meet the requiremen quirements of Answer "A	or after 3/1/02 OR the real listing current at time 202 OR the roof is origing the of Answer "A" or "F" or "B".	oof is original and built in e of installation OR (for thinal and built in 1997 or la	2004 or later. ne HVHZ only) a
3. Roof Deck Attachment: What is the				
A. Plywood/Oriented strand boar by staples or 6d nails spaced at 6 shinglesOR- Any system of scr mean uplift less than that required B. Plywood/OSB roof sheathing	5" along the edge and 12' ews, nails, adhesives, oth d for Options B or C belowith a minimum thickness	" in the fieldOR- Ba er deck fastening syste w. ss of 7/16"inch attached	tten decking supporting w m or truss/rafter spacing t d to the roof truss/rafter (s	wood shakes or wood hat has an equivalent spaced a maximum of
24"inches o.c.) by 8d common na other deck fastening system or tru a maximum of 12 inches in the fi	uss/rafter spacing that is seld or has a mean uplift r	shown to have an equivesistance of at least 10	alent or greater resistance 3 psf.	than 8d nails spaced
C. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common not decking with a minimum of 2 na	ails spaced a maximum o	f 6" inches in the field	OR- Dimensional lumb	er/Tongue & Groove
Inspectors Initials CO Property Add	ress 4 DAVID DR		TITUSVILLE	
*This result and forms is realled for some	. C. (5)	d	ha haan mada ta tha c	.4

*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.

			greater res 2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
Г				ed Concrete Roof Deck.
F	-			
F	_			or unidentified.
F	-		No attic a	
				tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
\checkmark] ,	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
			\checkmark	Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
M	ini	m	al conditio	ons 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.
]]	В.	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.
Г	1 (С	Single Wi	
		Ο.	Single W	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 V	•
				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.
	-		Structural Other:	Anchor bolts structurally connected or reinforced concrete roof.
] (G.	Unknown	or unidentified
]	Н.	No attic a	ccess
				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of 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.
_			Flat Roof	Total length of non-hip features: 0 feet; Total roof system perimeter: feet
_				less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft
L		C.	Other Roo	of Any roof that does not qualify as either (A) or (B) above.
6. <u>Se</u>] .] :	А. В.	SWR (also sheathing dwelling No SWR.	er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
Inspe	ecto	ors	initials _	Property Address 4 DAVID DR TITUSVILLE
*This	S V	eri	fication fo	orm is valid for up to five (5) years provided no material changes have been made to the structure or

inaccuracies found on the form.

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

^{*}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.

L	N. Exterior Opening Protection (unverified shup protective coverings not meeting the requirements		
	with no documentation of compliance (Level N in		systems that appear to meet Allswei A of B
	N.1 All Non-Glazed openings classified as Level A, I	B, C, or N in the table above, or no	Non-Glazed openings exist
	N.2 One or More Non-Glazed openings classified as table above	Level D in the table above, and no	Non-Glazed openings classified as Level X in the
	N.3 One or More Non-Glazed openings is classified a	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 MU Section 627.711(2), Florida Statutes,		
Qual	ified Inspector Name:	License Type:	License or Certificate #:
Inspe	ction Company:	CÓC	Phone:
		*******************************	· · · · · · · · · · · · · · · · · · ·
Qu	alified Inspector – I hold an active license	<u>as a</u> : (check one)	www.G
	Home inspector licensed under Section 468.8314, Florida training approved by the Construction Industry Licensing		
	Building code inspector certified under Section 468.607, F	Florida Statutes.	
\checkmark	General, building or residential contractor licensed under S	Section 489.111, Florida Statutes.	
	Professional engineer licensed under Section 471.015, Flo		
닏	Professional architect licensed under Section 481.213, Flo.		
Ш	Any other individual or entity recognized by the insurer as verification form pursuant to Section 627.711(2), Florida S		tions to properly complete a uniform mitigation
exp	ensees under s.471.015 or s.489.111 may authorize erience to conduct a mitigation verification inspec		ses the requisite skill, knowledge, and
	Richard Elzey am a qualified inspect (print name) attractors and professional engineers only) I had my) perform the inspection e of inspector)
con	(print name)	employee () perform the inspection ne of inspector)
con and Qua An sub app cer	(print name) stractors and professional engineers only) I had my d I agree to be responsible for his/her work.	employee () perform the inspection le of inspector) 8/2013 or fraudulent mitigation verification form is ject to administrative action by the orida Statutes) The Qualified Inspector who
con and Qua An sub app cer per	(print name) stractors and professional engineers only) I had my d I agree to be responsible for his/her work. alified Inspector Signature: individual or entity who knowingly or through gro eject to investigation by the Florida Division of Inst propriate licensing agency or to criminal prosecution tifies this form shall be directly liable for the misco formed the inspection.	pate: 6/1 Date: 6/1	perform the inspection le of inspector) 8/2013 or fraudulent mitigation verification form is ject to administrative action by the orida Statutes) The Qualified Inspector who authorized mitigation inspector personally mployee did perform an inspection of the
con and Qua An sub app cer per	(print name) stractors and professional engineers only) I had my d I agree to be responsible for his/her work. alified Inspector Signature: individual or entity who knowingly or through gro eject to investigation by the Florida Division of Inst propriate licensing agency or to criminal prosecution tifies this form shall be directly liable for the misco formed the inspection.	pate: 6/1 Date: 6/1	perform the inspection le of inspector) 8/2013 or fraudulent mitigation verification form is ject to administrative action by the orida Statutes) The Qualified Inspector who authorized mitigation inspector personally mployee did perform an inspection of the
con and Qua An sub app cer per	(print name) stractors and professional engineers only) I had my of I agree to be responsible for his/her work. alified Inspector Signature: individual or entity who knowingly or through graciect to investigation by the Florida Division of Insuperopriate licensing agency or to criminal prosecution tifies this form shall be directly liable for the misconformed the inspection. meowner to complete: I certify that the named Quinter to complete to the strain of th	pate: 6/1 Date: 6/1	perform the inspection le of inspector) 8/2013 or fraudulent mitigation verification form is ject to administrative action by the orida Statutes) The Qualified Inspector who authorized mitigation inspector personally mployee did perform an inspection of the
An sub app cer per Sig	(print name) stractors and professional engineers only) I had my d I agree to be responsible for his/her work. alified Inspector Signature: individual or entity who knowingly or through gro eject to investigation by the Florida Division of Inst propriate licensing agency or to criminal prosecution tifies this form shall be directly liable for the misco formed the inspection.	pate: 6/1 Date: 6/18/2013 Ters a false or fraudulent miting to which the individual or en	perform the inspection le of inspector) 8/2013 e or fraudulent mitigation verification form is ject to administrative action by the orida Statutes) The Qualified Inspector who authorized mitigation inspector personally mployee did perform an inspection of the my Authorized Representative. gation verification form with the intent to
con and Qua An sub appr cer per Ho resi Sig An obt of t	(print name) stractors and professional engineers only) I had my d I agree to be responsible for his/her work. alified Inspector Signature: individual or entity who knowingly or through gro eject to investigation by the Florida Division of Insu- propriate licensing agency or to criminal prosecution formed the inspection. meowner to complete: I certify that the named Que dence identified on this form and that proof of identified and the proof of identified and provides or under the proof of identified an	pate: 6/1 Date: 6/18/2013 Date: 6/18/2013	perform the inspection le of inspector) 8/2013 or fraudulent mitigation verification form is ject to administrative action by the orida Statutes) The Qualified Inspector who authorized mitigation inspector personally mployee did perform an inspection of the my Authorized Representative. gation verification form with the intent to nitity is not entitled commits a misdemeanor
An sub approper significant si	(print name) stractors and professional engineers only) I had my and I agree to be responsible for his/her work. alified Inspector Signature: individual or entity who knowingly or through gradiect to investigation by the Florida Division of Insuperopriate licensing agency or to criminal prosecutive tifies this form shall be directly liable for the misconformed the inspection. meowner to complete: I certify that the named Quedence identified on this form and that proof of identificanture: individual or entity who knowingly provides or uttain or receive a discount on an insurance premium the first degree. (Section 627.711(7), Florida Statute et definitions on this form are for inspection purpose	pate: 6/1 Date: 6/18/2013 The same of the	perform the inspection le of inspector) 8/2013 or fraudulent mitigation verification form is ject to administrative action by the orida Statutes) The Qualified Inspector who authorized mitigation inspector personally mployee did perform an inspection of the my Authorized Representative. gation verification form with the intent to nitity is not entitled commits a misdemeanor
An sub approper signature of the as	(print name) stractors and professional engineers only) I had my and I agree to be responsible for his/her work. alified Inspector Signature: individual or entity who knowingly or through gradiect to investigation by the Florida Division of Instraction of the Florida Division of Instraction of the Inspection of the Inspection. meowner to complete: I certify that the named Quadence identified on this form and that proof of identification or receive a discount on an insurance premium the first degree. (Section 627.711(7), Florida Statute definitions on this form are for inspection purpose offering protection from hurricanes.	pate: 6/1 Date: 6/18/2013 Date: 6/18/2013 Date: 6/18/2013 Date: 6/18/2013 Date: 6/18/2013	perform the inspection le of inspector) 8/2013 e or fraudulent mitigation verification form is ject to administrative action by the orida Statutes) The Qualified Inspector who authorized mitigation inspector personally mployee did perform an inspection of the my Authorized Representative. gation verification form with the intent to atity is not entitled commits a misdemeanor certify any product or construction feature TITUSVILLE



BUILDING CODE COMPLIANCE OFFICE (BCCO) PRODUCT CONTROL DIVISION

MIAMI-DADE COUNTY, FLORIDA METRO-DADE FLAGLER BUILDING 140 WEST FLAGLER STREET, SUITE 1603 MIAMI, FLORIDA 33130-1563

(305) 375-2901 FAX (305) 375-2908

NOTICE OF ACCEPTANCE (NOA)

Northern Elastomeric, Inc. 50 Pine Road Brentwood, NH 03833

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by the BCCO and accepted by the Building Code and Product Review Committee 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 Division (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. BORA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Division 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 and the High Velocity Hurricane Zone of the Florida Building Code.

DESCRIPTION: Atlas Weathermaster Granular & Atlas Weathermaster PolySeal

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 consists of pages 1 through 3.

The submitted documentation was reviewed by Jorge L. Acebo.

MIAMI-DADE COUNTY
APPROVED

NOA No.: 08-1006.03 Expiration Date: 01/28/14 Approval Date: 01/28/09 Page 1 of 3

ROOFING ASSEMBLY APPROVAL

Category:

Roofing

Sub-Category:

Underlayment

Material:

SBS

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

		Test	Product
Product	Dimensions	Specification	Description
Atlas Weathermaster Granular	36" x 33.3' rolls 36" x 66.6' rolls	ASTM D 1970	SBS self-adhering modified asphalt underlayment sheet material with a surfacing of opaque granules; for use as an underlayment in sloped roof assemblies.
Atlas Weathermaster PolySeal	36" x 33.3' rolls 36" x 66.6' rolls	ASTM D 1970	SBS self-adhering modified asphalt underlayment sheet material with a polymeric asphalt film surfacing; for use as an underlayment in sloped roof assemblies.

EVIDENCE SUBMITTED:

Test Agency	Test Identifier	Test Name/Report	<u>Date</u>
PRI Construction Materials	NEI-043-02-02	ASTM D 1970	10/19/07
Technologies, LLC	NEI-029-02-01	ASTM D 1970	10/19/07

APPROVED ASSEMBLIES:

Deck Type 1:

Wood, non-insulated

Deck Description:

¹⁹/₃₂" or greater plywood or wood plank

System E(1):

Anchor sheet mechanically fastened deck, membrane adhered.

Base Sheet:

One or more plies of ASTM D 266 Type II or ASTM D 2626 with a minimum 4" side lap and a 6" end lap mechanically fastened to deck with approved nails and tin

caps 6" o.c. at the laps and two staggered rows 12" o.c. the field of the roll.

Membrane:

One or more plies of Atlas Weathermaster Granular or Atlas Weathermaster PolySeal with a minimum 4" side lap and 6" end lap. Place the first course of membrane parallel to the eave, rolling the membrane to obtain maximum contact. Remove the release membrane as the membrane is applied. Vertical strapping of the roof with Atlas Weathermaster Granular or Atlas Weathermaster PolySeal is

acceptable.

Surfacing:

Approved for Asphaltic shingles, wood shakes and shingles, quarry slate roof

assemblies.



NOA No.: 08-1006.03 Expiration Date: 01/28/14 Approval Date: 01/28/09 Page 2 of 3

LIMITATIONS:

- 1. Fire classification is not part of this acceptance.
- This acceptance is for prepared roofing applications. Minimum deck requirements shall be in compliance with applicable building code. Atlas Weathermaster Granular and Atlas Weathermaster PolySeal underlayment shall be installed in strict compliance with applicable Building Code.
- 3. Atlas Weathermaster Granular and Atlas Weathermaster PolySeal underlayment shall be applied to a smooth, clean and dry surface with deck free of irregularities.
- 4. Atlas Weathermaster Granular and Atlas Weathermaster PolySeal underlayment shall not be applied over an existing roof membrane as a recover, but may be applied over a roofing Base/Anchor sheet underlayment.
- 5. Atlas Weathermaster Granular and Atlas Weathermaster PolySeal underlayment shall not be left exposed as a temporary roof for longer than 30 days of application.
- 6. Refer to Prepared Roofing system Product Control Notice of Acceptance for listed approval of this product with specific prepared roofing products.
- 7. Atlas Weathermaster Granular or Atlas Weathermaster PolySeal underlayment may be used with any approved roof covering Notice of Acceptance listing Atlas Weathermaster Granular or Atlas Weathermaster PolySeal underlayment as a component part of an assembly in the Notice of Acceptance. If Atlas Weathermaster Granular or Atlas Weathermaster PolySeal underlayment is not listed, a request may be made to the Authority Having Jurisdiction (AHJ) or the Miami-Dade County Product Control Department for approval provided that appropriate documentation is provided to detail compatibility of the products, wind uplift resistance, and fire testing results.
- 8. All nails in the deck shall be carefully checked for protruding heads. Re-fasten any loose decking panels. Sweep the deck thoroughly to remove any dust and debris prior to application.
- 9. When applying the membrane in the valley, start at the low point and work to the high point, rolling the membrane from the center outward in both directions. For ridge applications, center the membrane and roll from the center outward in both directions.
- 10. Roll or broom the entire membrane surface so as to have 100% contact with the surface, giving special attention to overlap areas.
- 11. Flash vent pipes, stacks, chimneys and penetrations in compliance with Roof Assembly current Product Control Notice of Acceptance and applicable Building Code.
- 12. All protrusions or drains shall be initially taped with a 6" piece of underlayment. The flashing tape shall be pressed in place and formed around the protrusion to ensure a tight fit. A second layer of Atlas Weathermaster Granular or Atlas Weathermaster PolySeal underlayment shall be applied over the underlayment.
- 13. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code.
- 14. All membranes or packaging shall bear the imprint or identifiable marking of the manufacturer's name or logo and the following statement: "Miami-Dade County Product Control Approved" or the Miami-Dade County Product Control Seal as shown below.



MIAMI-DADE COUNTY

NOA No.: 08-1006.03 Expiration Date: 01/28/14 Approval Date: 01/28/09

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