

5 Via Lucindia Dr South



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-220-4765

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Matt Harrington Address 5 Via Lucinda Dr S. Phone 772 519 1330
Contractor 707 Nursery Address _____ Phone _____

No. of Trees: REMOVE _____ Species: _____

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

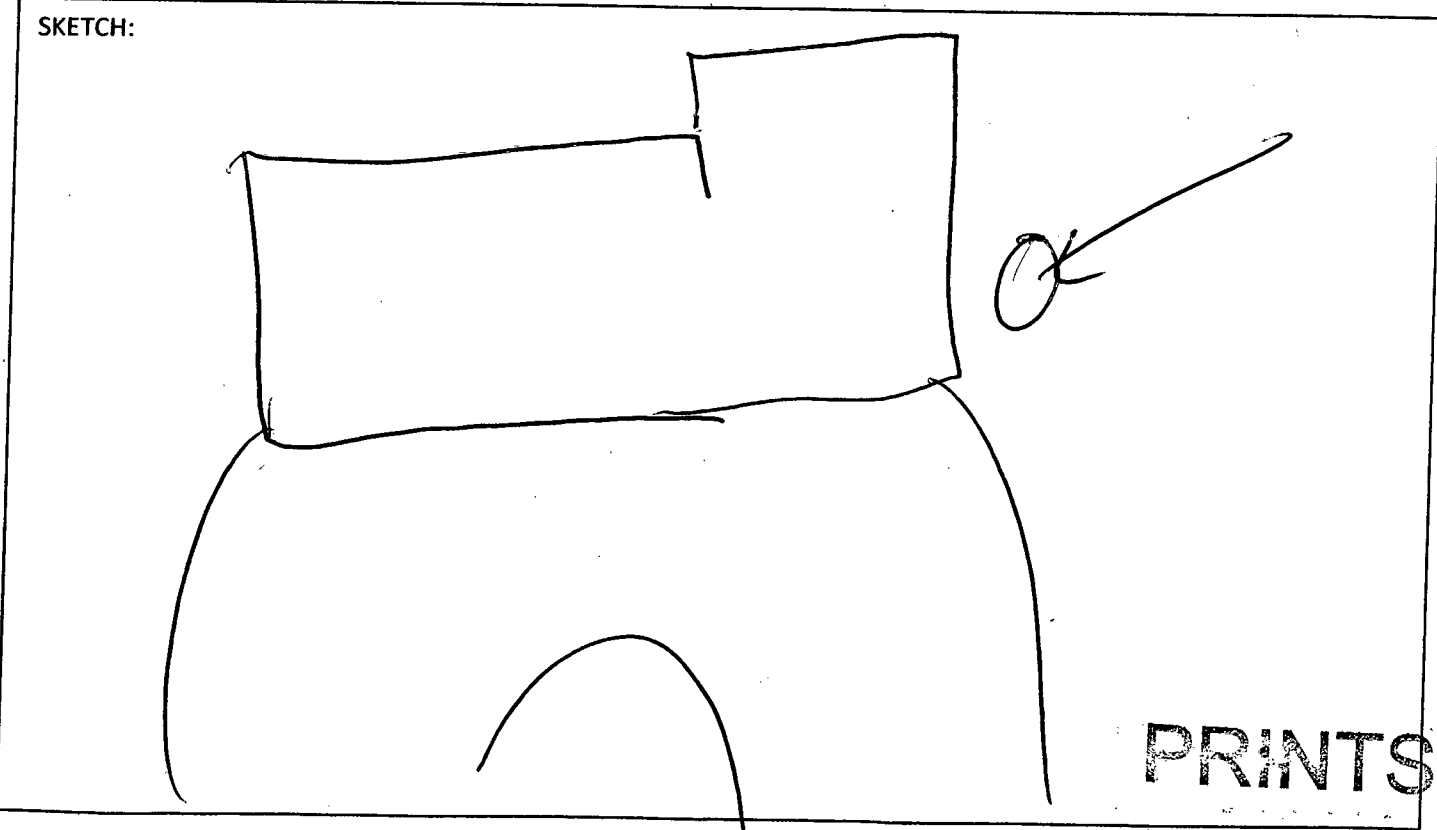
ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) Too close to house
Dumps leaves summer AC

Signature of Property Owner [Signature] Date _____

Approved by Building Inspector: [Signature] Date 9-11-14 Fee: \$15⁰⁰

NOTES: _____





TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-220-4765

**APPLICATION FOR TREE REMOVAL, RELOCATION OR
REPLACEMENT PERMIT ON DEVELOPED RESIDENTIAL PROPERTY**

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Removal of trees with a diameter of less than two inches.
3. Removal of citrus or non-native fruit trees.

Sec. 70-22. Permit required for tree removal.

A permit as provided for in this chapter shall be required for the removal (or transplant) of any tree with a two-inch caliber or more upon any parcel upon which there is a residence under a validly issued permit. Permit requirements are outlined under article V Town Ordinances. **If the town has to procure the services of a suitable professional licensed in the State of Florida to ascertain the condition or type of a tree(s) prior to or after removal of the tree(s) then the cost of such will be borne by the property owner. (Ord. No. 303, 7-20-04)**

Application procedures:

1. Complete application information including sketch below.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and posted on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Permit Fee:

1. Tree permits are \$15.00.
2. Permit - No fees are assessed for tree which is dead, diseased, injured, hazardous to life or property, or listed as a prohibited species by the Florida Department of Environmental Protection.

NOTICE:

A PERMIT WILL NOT BE ISSUED FOR THE REMOVAL ANY NATIVE SPECIES TREES UNLESS ONE OR MORE OF THE FOLLOWING CONDITIONS EXIST: (SEC. 70-87. PERMIT ISSUANCE OR DENIAL TOWN ORDINANCES).

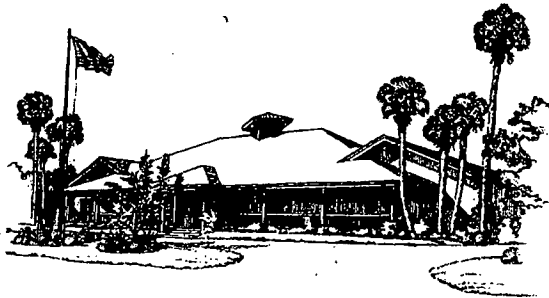
- A. THE VEGETATION IS LOCATED IN AN AREA WHERE STRUCTURES, UTILITIES OR IMPROVEMENTS MAY BE PLACED ACCORDING TO THE TOWN CODE; AND TO PRESERVE THE VEGETATION WOULD UNREASONABLY RESTRICT THE ECONOMIC ENJOYMENT OF THE PROPERTY; AND THE VEGETATION CANNOT BE RELOCATED ON THE SITE BECAUSE OF AGE, TYPE OR SIZE.
- B. THE VEGETATION IS DISEASED, INJURED, LOCATED TOO CLOSE TO THE EXISTING OR PROPOSED STRUCTURES, INTERFERES WITH EXISTING UTILITY SERVICE, OR CREATES UNSAFE VISUAL OBSTRUCTION. (A PROFESSIONAL ARBORIST'S OPINION WILL BE REQUIRED)
- C. THE VEGETATION IS TO BE MOVED TO ANOTHER LOCATION ON THE OWNER'S PROPERTY OR IS TO BE REPLACED BY ANOTHER TREE OR SHRUB ON THE OWNER'S PROPERTY, REGARDLESS OF LOCATION.

IF THE PERMIT IS DENIED, THE DEPARTMENT SHALL NOTIFY THE APPLICANT IN WRITING OF THE BASIS FOR DENIAL USING THE CRITERIA LISTED IN THIS SECTION.

*****THE FOLLOWING SPECIES ARE CONSIDERED NATIVE, PROTECTED SPECIES***:**

BLACK IRONWOOD, BLACK MANGROVE, BLOLLY, BUTTONWOOD, CABBAGE (SABLE) PALM, COCOPLUM (RED TIP AND GREEN TIP), CORAL BEAN, DEER MOSS, GRAY TWIG, GOPHER APPLE, GUMBO LIMBO, INKWOOD, LAUREL OAK, LEATHER FERN, LIVE OAK, MAHOGANY, MARLBERRY, MASTIC, MULBERRY, MYRTLE OAK, PARADISE TREE, PIGEON PLUM, POND APPLE, PRICKLY PEAR, RED MANGROVE, RED MAPLE, RED BAY, SAFFRON PLUM, SAND PINE, SCRUB PINE, SATINLEAF, SAW PALMETTO, SCRUB HICKORY, SEA GRAPE, SEA OXEYE, SLASH PINE, STOPPERS, WILD LIME, SUMAC (SOUTHERN), SUGAR BERRY (HACKBERRY), TORCHWOOD, WILD COFFEE, VARNISH LEAF, WATER OAK, WAX MYRTLE, WEST INDIAN CHERRY, WHITE MANGROVE.

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT



BUILDING DEPARTMENT RECORDS REQUEST FORM

Name of Requestor: ROB FEILERS Date of Request: MARCH 2 2016

Telephone/Fax: 314 420 7689 E-mail: ROBFEILERS@GMAIL.COM

Will this information be used for any commercial purposes? YES NO

Subdivision: LUCINDIA Permit Number(s) _____

Address of Building(s) 5

Records/Documents Requested (Be specific) 3 SETS OF BLUE PRINTS

Reproduction of Plans and Drawings:

Federal Copyright laws vests the owner of a copyright, subject to certain limitations, the exclusive right to do or authorize, among other things, the reproduction of the copyrighted work in copies and the distribution of the copyrighted work to the public by sale or transfer of ownership. **The unauthorized reproduction in part or in whole of any copyrighted work in copies constitutes an infringement of such copyright.** Copyright infringement is a tort and *all persons concerned* therein are jointly and severally liable as joint tort-feasors. In 1990, Congress amended the federal copyright law specifically to provide that relief for infringement is available against "anyone" including any State or Locality or any officer/employee of a State or Locality acting in his or her official capacity.

The Town does allow an inspection of the drawings or plans as required under the Public Records Law, but the Town must require a waiver or written permission from a copyright holder before reproducing any copyrighted works. I have read and understand the above statement regarding copyright laws.

Signature: [Handwritten Signature] Address: 5 VIA LUCINDIA DR S.



Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: clerk@sewallspoint.org

TO: KATHY BEATON
561-624-4418

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/13/04

BUILDING PERMIT NO. 6564

Building to be erected for LANCASTER

Type of Permit RE ROOF

Applied for by STUART ROOFING (Contractor)

Building Fee _____

Subdivision LUCINDIA Lot 33 Block _____

Radon Fee _____

Address 5 S. VIA LUCINDIA

Impact Fee _____

Type of structure STR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

0138410070000033060000

Plumbing Fee _____

Roofing Fee 120.00

Amount Paid 120.00 Check # 5883 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 16,000.

TOTAL Fees 120.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- BUILDING
- PLUMBING
- DOCK/BOAT LIFT
- SCREEN ENCLOSURE
- FILL
- TREE REMOVAL

- ELECTRICAL
- ROOFING
- DEMOLITION
- TEMPORARY STRUCTURE
- HURRICANE SHUTTERS
- STEMWALL

- MECHANICAL
- POOL/SPA/DECK
- FENCE
- GAS
- RENOVATION
- ADDITION

INSPECTIONS

- UNDERGROUND PLUMBING _____
- UNDERGROUND MECHANICAL _____
- STEMWALL FOOTING _____
- SLAB _____
- ROOF SHEATHING _____
- TRUSS ENG/WINDOW/DOOR BUCKS _____
- ROOF TIN TAG/METAL _____
- PLUMBING ROUGH-IN _____
- MECHANICAL ROUGH-IN _____
- FRAMING _____
- FINAL PLUMBING _____
- FINAL MECHANICAL _____
- FINAL ROOF _____

- UNDERGROUND GAS _____
- UNDERGROUND ELECTRICAL _____
- FOOTING _____
- TIE BEAM/COLUMNS _____
- WALL SHEATHING _____
- LATH _____
- ROOF-IN-PROGRESS _____
- ELECTRICAL ROUGH-IN _____
- GAS ROUGH-IN _____
- EARLY POWER RELEASE _____
- FINAL ELECTRICAL _____
- FINAL GAS _____
- BUILDING FINAL _____

TRANSMISSION VERIFICATION REPORT

TIME : 11/06/2012 15:59
NAME : TOWN OF SEWALLS POIT
FAX : 7722204765
TEL : 7722204765
SER.# : U63274F2J143842

DATE, TIME	11/06 15:59
FAX NO./NAME	15616244418
DURATION	00:00:18
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

TOWN OF SEWALL'S POINT

Date 1/13/04

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Subdivision LUCINDIA Lot 33 Block _____

Radon Fee _____

Address 5 S. VIA LUCINDIA

Impact Fee _____

Type of structure STR

A/C Fee _____

Parcel Control Number:

0138410070000033060000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee 120.00

Amount Paid 120.00 Check # 5883 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 16,000.

TOTAL Fees 120.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- | | | |
|---|--|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input checked="" type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> GAS |
| <input type="checkbox"/> FILL | <input type="checkbox"/> HURRICANE SHUTTERS | <input type="checkbox"/> RENOVATION |
| <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> STEMWALL | <input type="checkbox"/> ADDITION |

INSPECTIONS

- | | |
|-----------------------------------|------------------------------|
| UNDERGROUND PLUMBING _____ | UNDERGROUND GAS _____ |
| UNDERGROUND MECHANICAL _____ | UNDERGROUND ELECTRICAL _____ |
| STEMWALL FOOTING _____ | FOOTING _____ |
| SLAB _____ | TIE BEAM/COLUMNS _____ |
| ROOF SHEATHING _____ | WALL SHEATHING _____ |
| TRUSS ENG/WINDOW/DOOR BUCKS _____ | LATH _____ |
| ROOF TIN TAG/METAL _____ | ROOF-IN-PROGRESS _____ |
| PLUMBING ROUGH-IN _____ | ELECTRICAL ROUGH-IN _____ |
| MECHANICAL ROUGH-IN _____ | GAS ROUGH-IN _____ |
| FRAMING _____ | EARLY POWER RELEASE _____ |
| FINAL PLUMBING _____ | FINAL ELECTRICAL _____ |
| FINAL MECHANICAL _____ | FINAL GAS _____ |
| FINAL ROOF _____ | BUILDING FINAL _____ |

Date: **RECEIVED**

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

JAN 1 2004

OWNER/TITLEHOLDER NAME: HELEN J. LANCASTER Phone (Day) 561-622-7564 (Fax) _____

Job Site Address: 5 VIA LUCINDIA S. City: STUART State: FL Zip: 34996

Legal Description of Property: LUCINDIA, LOT 33 Parcel Number: 013841007000003306

Owner Address (if different): _____ City: _____ State: _____ Zip: _____

Description of Work To Be Done: Reroof

WILL OWNER BE THE CONTRACTOR?: Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: STUART ROOFING Phone: 692-9854 Fax: 692-9856

Street: 140 NE Dixie Hwy City: STUART State: FL Zip: 34994

State Registration Number: CC024411 State Certification Number: _____ Martin County License Number: 1761

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 16,000 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

ENGINEER _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required)
Helen Lancaster
State of Florida, County of: Martin
This the 9 day of January, 2004
by Helen Lancaster who is personally
known to me or produced _____
as identification. _____

CONTRACTOR SIGNATURE (required)
John W. Turner
On State of Florida, County of: Martin
This the 8 day of January, 2004
by John W. Turner who is personally
known to me or produced _____
As identification. _____

JOSEPH M. LOCIGNO
NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES APRIL 29, 2004
COMMISSION # CC914793
Seal

Notary Public
Lavonne K. Groden
MY COMMISSION # DD107341 EXPIRES
MAY 22, 2006

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!



BONDED THRU TROY FAIN INSURANCE, INC.

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 01 38 41 007 000 00330 6

NOTICE OF COMMENCEMENT

STATE OF FL

COUNTY OF MARTIN

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.

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE):

LUCINDIA, LOT 33

GENERAL DESCRIPTION OF IMPROVEMENT: Re-roof

OWNER: HELEN J LANCASTER (TR)

ADDRESS: S VIA LUCINDIA S., STUART FL 34996

PHONE #: 561-622-7564 FAX #: _____

CONTRACTOR: STUART ROOFING

ADDRESS: 140 W E DIXIE Hwy, STUART 34994

PHONE #: 692-9854 FAX #: 692-9856

SURETY COMPANY (IF ANY) _____ STATE OF FLORIDA
MARTIN COUNTY

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13(1)(A)7., FLORIDA STATUTES:

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

PHONE #: _____ FAX #: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

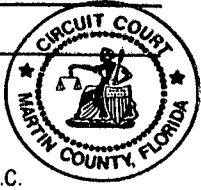
Helen J Lancaster
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 26 DAY OF December
2003 BY Helen J. Lancaster

Joseph M. Locigno
NOTARY SIGNATURE

OR PERSONALLY KNOWN X
PRODUCED ID _____
TYPE OF ID _____

JOSEPH M. LOCIGNO
NOTARY PUBLIC - STATE OF FLORIDA
MY COMMISSION EXPIRES APR 8, 2004
COMMISSION# CC914793





**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)

**Monier Lifetile, LLC
135 NW 20th Street
Boca Raton, FL 33431**

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 Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) 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 High Velocity Hurricane Zone of the Florida Building Code.

DESCRIPTION: Atlantis Shake & Slate Concrete Roof Tile

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 6.


The submitted documentation was reviewed by Frank Zeibler

FILE COPY

TOWN OF SEWALL'S POINT

THE SUBMITTED DOCUMENTATION HAS BEEN
REVIEWED FOR CODE COMPLIANCE

DATE: 4/13/04



BUILDING OFFICIAL
Gene Simmons

NOA No.: 02-1211.08
Expiration Date: 12/16/07
Approval Date: 01/09/03



ROOFING ASSEMBLY APPROVAL

Category: Roofing
 Sub-Category: Flat Profile Roofing Tiles
 Material: Concrete

1. SCOPE

This renews a system using Monier Lifetile Atlantis Shake & Slate Concrete Roof Tile, as manufactured Monier Lifetile LLC and described in Section 2 of this Notice of Acceptance. For locations where the pressure requirements, as determined by applicable Building Code does not exceed the design pressure values obtained by calculations in compliance with RAS 127 using the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

2. PRODUCT DESCRIPTION

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Monier Lifetile Atlantis Shake and Slate Tile	l = 15" w = 10 3/8" 1 1/4" thick	PA 112	Flat, interlocking, high pressure extruded concrete shake and slate roof tile equipped with two nail holes. For direct deck, mortar or adhesive set applications.
Trim Pieces	l = varies w = varies varying thickness	PA 112	Accessory trim, concrete roof pieces for use at hips, rakes, ridges and valley terminations. Manufactured for each tile profile.

2.1 SUBMITTED EVIDENCE:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Redland Technologies	7161-03 Appendix III	Static Uplift Testing PA 102 & PA 102(A)	Dec. 1991
The Center for Applied Engineering, Inc.	94-060A 94-084	Static Uplift Testing PA 101 (Mortar Set) (Adhesive Set)	March, 1994 May 1994
The Center for Applied Engineering, Inc.	25-7094-2	Static Uplift Testing PA 102 (4" Headlap, Nails, Direct Deck, New Construction)	Oct. 1994
The Center for Applied Engineering, Inc.	25-7094-8	Static Uplift Testing PA 102 (4" Headlap, Nails, Battens)	Oct. 1994
The Center for Applied Engineering, Inc.	25-7094-5	Static Uplift Testing PA 102 (4" Headlap, Nails, Direct Deck, Recover/Reroof)	Oct. 1994



<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
The Center for Applied Engineering, Inc.	25-7183-6	Static Uplift Testing PA 102 (2 Quik-Drive Screws, Direct Deck)	Feb. 1995
The Center for Applied Engineering, Inc.	25-7183-5	Static Uplift Testing PA 102 (2 Quik-Drive Screws, Battens)	Feb. 1995
The Center for Applied Engineering, Inc.	25-7214-1	Static Uplift Testing PA 102 (1 Quik-Drive Screw, Direct Deck)	March, 1995
The Center for Applied Engineering, Inc.	25-7214-5	Static Uplift Testing PA 102 (1 Quik-Drive Screw, Battens)	March, 1995
Redland Technologies	7161-03 Appendix II	Wind Tunnel Testing PA 108 (Nail-On)	Dec. 1991
Redland Technologies	Letter Dated Aug. 1, 1994	Wind Tunnel Testing PA 108 (Nail-On)	Aug. 1994
Redland Technologies	P0631-01	Wind Tunnel Testing PA 108 (Mortar Set)	July 1994
Redland Technologies	P0402	Withdrawal Resistance Testing of screw vs. smooth shank nails	Sept. 1993
The Center for Applied Engineering, Inc. Professional Service Industries, Inc.	Project No. 307025 Test #MDC-77 224-47099	Wind Driven Rain PA 100 Physical Properties PA 112	Oct. 1994 Sept. 1994
Celotex Corporation Testing Service	520109-1 520111-4 520191-1	Static Uplift Testing PA 101	Dec. 1998 March 1999
Walker Engineering, Inc.	Calculations	Aerodynamic Multiplier	March 1999
Walker Engineering, Inc.	Calculations	Moment of Gravity	Sept. 1999
Walker Engineering, Inc.	Calculations	25-7094	February 1996
Walker Engineering, Inc.	Calculations	25-7496	April 1996
Walker Engineering, Inc.	Calculations	25-7584 25-7804b-8 25-7804-4 & 5 25-7848-6	December 1996
Walker Engineering, Inc.	Calculations	25-7183	March 1995
Walker Engineering, Inc.	Calculations	Aerodynamic Multipliers	April 1999
Walker Engineering, Inc.	Calculations	Two Patty Adhesive Set System	April 1999



3. LIMITATIONS

- 3.1 Fire classification is not part of this acceptance.
- 3.2 For mortar or adhesive set tile applications, a static field uplift test shall be performed in accordance with RAS 106.
- 3.3 Applicant shall retain the services of a Miami-Dade County Certified Laboratory to perform quarterly test in accordance with TAS 112, appendix 'A'. Such testing shall be submitted to the Building Code Compliance Office for review.
- 3.4 Minimum underlayment shall be in compliance with the applicable Roofing Applications Standards listed section 4.1 herein.
- 3.5 30/90 hot mopped underlayment applications may be installed perpendicular to the roof slope unless stated otherwise by the underlayment material manufacturers published literature.
- 3.6 This acceptance is for wood deck applications. Minimum deck requirements shall be in compliance with applicable building code.
- 3.7 May be installed on slopes 7:12 and greater with a minimum of two screws.

4. INSTALLATION

- 4.1 Monier Lifetile Atlantis Shake and Slate Concrete Roof Tile and its components shall be installed in strict compliance with Roofing Application Standard RAS 118, RAS 119, and RAS 120.
- 4.2 Data For Attachment Calculations

Table 1: Average Weight (W) and Dimensions (l x w)			
Tile Profile	Weight-W (lbf)	Length-l (ft)	Width-w (ft)
Monier Lifetile Atlantis Shake & Slate Tile	8.5	1.25	0.865

Table 2: Aerodynamic Multipliers - λ (ft ³)	
Tile Profile	λ (ft ³) Direct Deck Application
Monier Lifetile Atlantis Shake & Slate Tile	0.24

Table 3: Restoring Moments due to Gravity - M_g (ft-lbf)					
Tile Profile	3":12"	4":12"	5":12"	6":12"	7":12" or greater
Monier Lifetile Atlantis Shake & Slate Tile	Direct Deck	Direct Deck	Direct Deck	Direct Deck	DirectDeck
	6.0	5.9	5.8	5.6	5.5



**Table 4: Attachment Resistance Expressed as a Moment - M_r (ft-lbf)
for Nail-On Systems**

Tile Profile	Fastener Type	Direct Deck (min 15/32" plywood)	Direct Deck (min. 19/32" plywood)	Battens
Monier Lifetile Atlantis Shake & Slate Tile	2-10d Ring Shank Nails	30.9	38.1	17.2
	1-10d Smooth or Screw Shank Nail	7.3	9.8	4.9
	2-10d Smooth or Screw Shank Nails	14.0	18.8	7.4
	1 #8 Screw	30.8	30.8	18.2
	2 #8 Screw	51.7	51.7	24.4
	1-10d Smooth or Screw Shank Nail (Field Clip)	24.3	24.3	24.2
	1-10d Smooth or Screw Shank Nail (Eave Clip)	19.0	19.0	22.1
	2-10d Smooth or Screw Shank Nails (Field Clip)	35.5	35.5	34.8
	2-10d Smooth or Screw Shank Nails (Eave Clip)	31.9	31.9	32.2
	2-10d Ring Shank Nails ¹	50.3	65.5	48.3

¹ Installation with a 4" tile headlap and fasteners are located a min. of 2½" from head of tile.

**Table 5: Attachment Resistance Expressed as a Moment M_r (ft-lbf)
for Two Patty Adhesive Set Systems**

Tile Profile	Tile Application	Minimum Attachment Resistance
Monier Lifetile Atlantis Shake & Slate Tile	Adhesive	31.3 ^d

² See manufactures component approval for installation requirements.
³ Flexible Products Company TileBond Average weight per patty 13.9 grams.
 Polyfoam Product, Inc. Average weight per patty 8 grams.

**Table 5A: Attachment Resistance Expressed as a Moment - M_r (ft-lbf)
for Single Patty Adhesive Set Systems**

Tile Profile	Tile Application	Minimum Attachment Resistance
Monier Lifetile Atlantis Shake & Slate Tile	PolyPro™	118.9 ^d
	PolyPro™	40.4 ^e

⁴ Large paddy placement of 45 grams of PolyPro™.
⁵ Medium paddy placement of 24 grams of PolyPro™.

**Table 5B: Attachment Resistance Expressed as a Moment - M_r (ft-lbf)
for Mortar or Adhesive Set Systems**

Tile Profile	Tile Application	Attachment Resistance
Monier Lifetile Atlantis Shake & Slate Tile	Mortar Set ^b	39.0



5. LABELING

All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo, or following statement: "Miami-Dade County Product Control Approved".

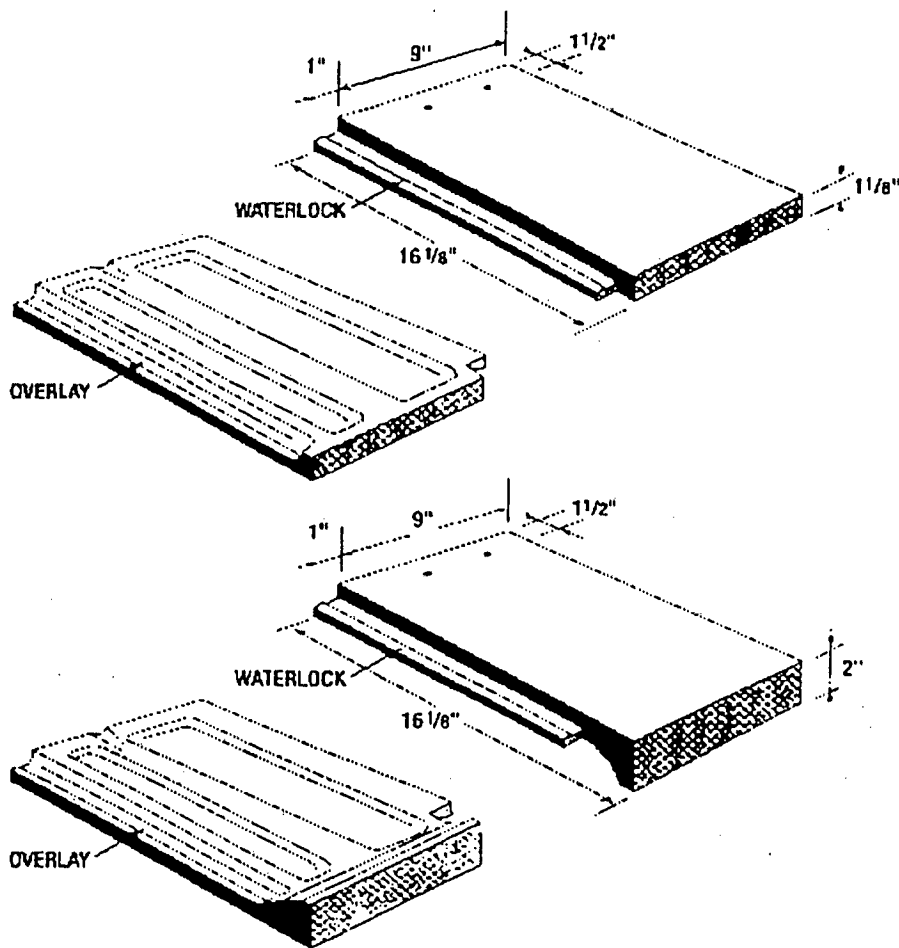
6. BUILDING PERMIT REQUIREMENTS

6.1 Application for building permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance.

6.1.2 Any other documents required by the Building Official or applicable building code in order to properly evaluate the installation of this system.

PROFILE DRAWINGS



MONIER LIFETILE ATLANTIS SHAKE & SLATE CONCRETE ROOF TILE

END OF THIS ACCEPTANCE



NOA No.: 02-1211.08
Expiration Date: 12/16/07
Approval Date: 01/09/03
Page 6 of 6

JEB BUSH
GOVERNOR

STUART ROOFING
DISPLAY AS REQUIRED BY LAW

7726929856

01/07/2003 09:51

KIM BINKLEY-SYER

TORNER, JOHN WESLEY
STUART ROOFING INC
140 NE DIXIE HWY
STUART

FL 34994

The ROOFING CONTRACTOR
Named below is CERTIFIED
Under the provisions of
Chapter 489 FS.
Expiration date: AUG 31, 2004

09/03/2002 14254795 CC:024411

DATE BATCH NUMBER LICENSE NBR

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD
SEC# L02090300989

STATE OF FLORIDA

AC# 0566988

RECEIVED
JAN 07 2003
BY: [Signature]
RECEIVED
JAN 07 2003



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(772) 287-2455

CORRECTION NOTICE

ADDRESS: 53 VIA LUCINDIA

I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

DRY IN TIN TAB

NO PERMIT POSTED

NO LADDER ACCESS TO ROOF

You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.

DATE: 1/26/04

PHIL

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/26, 2014 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6550	JOYNER	DOOR+WINDOWBUCK	FAIL	
2	85 S. SEWALL MASTERPIECE	(early please)		INSPECTOR: <i>MW</i>
6574	ESCUE	SHEATHING ROOF	PASS	
7	2 BANYAN DR COOPER ROOFING	TIN TAG		INSPECTOR: <i>MW</i>
6564	LANCASTER	DRY IN ROOF	FAIL	NO PERMIT POSTED
1	5 S. VIALUCINDIA STUART ROOFING	(first please)	PASS	OK. INSPECTOR: <i>MW</i>
6579	COOK	IN PROGRESS ROOF	PASS	WILL SCHEDULE FINAL
8	22 RIDGEVIEW STUART ROOFING	(last please)		INSPECTOR: <i>MW</i>
6456	SHARFI	FOOTER CARPORT	PASS	
6	73 N. SEWALL'S PT O/B-WINCH.P			INSPECTOR: <i>MW</i>
* TREE	ROSE	TREE	PASS	
3	9 N. RIDGEVIEW	REINSPECT		INSPECTOR: <i>MW</i>
* TREE	SMITH	TREE	PASS	
5	133 S. RIVER RD	REINSPECT		INSPECTOR: <i>MW</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/24, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6564	LANCASTER	ROOF FINAL	PASS	CLOSE
7	5 S. VIA LUCINDIA SUNNY ROOFING			INSPECTOR:
6666	REILLY	SHEATHING	PASS	
4	78 S. SEWALL'S PT PACIFIC ROOFING	TINTAG/METAL	PASS	INSPECTOR:
6615	DEMPSY	FINAL ^{HAERD} SIDING	PASS	CLOSE
5	38 S. SEWALL'S PT OAK HAMMOCK			INSPECTOR:
6605	TWOHEY	DECK PATIO SLAB		
	119 HILLCREST			
	FLAMINGO POOLS			INSPECTOR:
6566	MAC DOUGALL	REPL. DOOR FINAL	PASS	CLOSE
8	23 N. RIVER QUALITY AFFORDABLE			INSPECTOR:
6232	MOORE	MECH ROUGH	FAIL	
11	5 OAK HILL WAY QUALITY CLIMATE	PLUMBING ROUGH ELEC ROUGH	FAIL FAIL	INSPECTOR:
TREE	SEGEL/RIBELLINO	TREE	PASS	
2	BEW 16+18 ISLAND			INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 3/19/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11136	Gervato	Pool		most protect flex, transit
	10 N Sewalls Pt Rd	Electrical	Fail	from rigid to non-rigid needs to bring to wall
	DVR, Inc	Final		INSPECTORS: Bruhn
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11207	Winslow	Rough		Need to expose line and provide approved plans
	10 S Sewalls Pt Rd	Underground gas lines	Fail	
	Paulie Propane			INSPECTOR S. Bruhn
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11173	Harrington	Remodel		must add smoke detectors
	5 S Via Lucindia	Final	Fail	
	Adam Peters Carpentry			INSPECTOR S. Bruhn
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10999	Antonucci	Final		
	9 Simara Street	Seawall	Pass	Close
	Wilco Construction			INSPECTOR S. Bruhn
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11111	Mekinney	Door		
	24 Simara Street	Final	Pass	Close
	J+G Construction			INSPECTOR S. Bruhn
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11194	Cash	Final		
	7 Middle Road	Paver	Pass	Close
	Reefline Contracting	Driveway		INSPECTOR S. Bruhn
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10982	Thompson	A/c		No One Home
	179 S River Road	Final	Fail	
	Elite A/c			INSPECTOR S. Bruhn

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 3/24/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11211	Bouvy	Fence		
<i>Am Requested</i>	5 Emarita Way	Final	PASS	close
	O/B			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11173	Harrington	Final		
	5 S Via Lucindia	Remodel	PASS	Close
	Adam Peter Carpentry	(re-inspection)		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11136	Gervato	Pool Pool		
	10 N Sewalls Pt Rd	Electric Final	PASS	
	DUR Inc	(re-inspection)		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11094	Donaldson	Shutters		
	35 N River Road	final	PASS	close
	Advanced Hurricane Protection			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11141		Open-Trench		
	8 Palmetto Drive		PASS	
	GS Moore Electric			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 3/2/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11173	Harrington	Interior		No PREVIOUS INSPECTIONS
	5 S Via Lucindia	Renovation	FAIL	
	Adam Peters Carpentry	Final		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	LEPAW		30" ECLIP	DENIED
	61 S. Sewalls	TREE	40-50 FT TALL	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS

INSPECTOR



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-220-4765

BUILDING PERMIT CARD

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	11173	DATE ISSUED:	February 9, 2015
SCOPE OF WORK:	Interior Remodel "After the Fact"		
CONTRACTOR:	Adam Peters Carpentry, Inc		
PARCEL CONTROL NUMBER:	01-38-41-007-000-00330-6	SUBDIVISION:	Lucindia Lot 33
CONSTRUCTION ADDRESS:	5 S Via Lucindia		
OWNER NAME:	Harrington		
QUALIFIER:	Adam Peters	CONTACT PHONE NUMBER:	370-7923

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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. A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO THE FIRST REQUESTED INSPECTION.

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN 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.

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM**

INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY

INSPECTIONS

UNDERGROUND PLUMBING _____ UNDERGROUND MECHANICAL _____ STEM-WALL FOOTING _____ SLAB _____ ROOF SHEATHING _____ TIE DOWN /TRUSS ENG _____ WINDOW/DOOR BUCKS _____ ROOF DRY-IN/METAL _____ PLUMBING ROUGH-IN _____ MECHANICAL ROUGH-IN _____ FRAMING _____ FINAL PLUMBING _____ FINAL MECHANICAL _____ FINAL ROOF _____	UNDERGROUND GAS _____ UNDERGROUND ELECTRICAL _____ FOOTING _____ TIE BEAM/COLUMNS _____ WALL SHEATHING _____ INSULATION _____ LATH _____ ROOF TILE IN-PROGRESS _____ ELECTRICAL ROUGH-IN _____ GAS ROUGH-IN _____ METER FINAL _____ FINAL ELECTRICAL _____ FINAL GAS _____ BUILDING FINAL _____
---	--

ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-220-4765

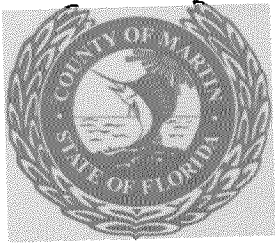
BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11173		
ADDRESS:	5 S Via Lucindia		
DATE ISSUED:	2/9/2015	SCOPE OF WORK:	Interior Remodel "After the Fact"

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	\$ 25,000.00
---	----------------	----	--------------

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel:			
@ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:			
		\$	\$ 25,000.00
Building fee: (2% of construction value SFR or >\$200K)			
		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)			
		\$	250.00
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp	\$ 4.00	\$	400.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			
	\$	\$	9.75
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			
	\$	\$	9.75
Road impact assessment: (.04% of construction value - \$5 min.)			
		\$	10.00
Martin County Impact Fee:			
	\$		
After the Fact Double Permit Fee:			
		\$	650.00
TOTAL BUILDING PERMIT FEE:		\$	\$ 1,329.50

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections: @ \$ 100.00 per insp. # insp		\$	-
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			
	\$		n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			
	\$		n/a
Road impact assessment: (.04% of construction value - \$5 min.)			
			n/a
TOTAL ACCESSORY PERMIT FEE:		\$	-



Martin County Building Department

900 SE Ruhnke Street
Stuart, FL 34994
(772) 288-5482
Fax (772) 419-6935

PETERS, ADAM L
ADAM PETERS CARPENTRY INC
237 SW STARFISH AVENUE
PORT ST. LUCIE, FL 34984

NOTICE TO ALL CONTRACTORS

PLEASE BE ADVISED THAT MARTIN COUNTY, FLORIDA SECTION 43.42 REQUIRES COMPLIANCE WITH THE FOLLOWING EXERPT FROM THE GENERAL ORDINANCES OF THE MARTIN COUNTY CODE:

PROHIBITED ACTIVITIES:

43.42 R Advertising contracting work in any advertisement to the public in a newspaper or telephone directory without including in the advertisement the number of the contractor license issued to the person or business being advertised.

43.42 S Operating any commercial vehicle in the course of conducting the practice of contracting that fails to display the contractor license number of the contractor.

If you have any questions relating to the information in this letter , please contact the Martin County Contractor's Licensing Division of the Martin County Building Department.



MARTIN COUNTY, FLORIDA
Contractor's Licensing
Certificate of Competency

CARPENTRY - MC

License #: MCAR5811 Expires: 09/30/2016

PETERS, ADAM L
ADAM PETERS CARPENTRY INC
237 SW STARFISH AVENUE
PORT ST. LUCIE, FL 34984

STOP WORK ORDER

DATE: 2/2/15

ADDRESS: 5 S. VIA LUCINDIA

OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.

The work described below requires a permit:

- REMODEL PERMIT REQUIRED

- WORK COVERED WITHOUT INSPECTION

- WORKERS NOT PERMITTED ON JOB PRIOR TO PERMIT ISSUE

- MAXIMUM FINE WILL BE ASSESSED

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.



BUILDING OFFICIAL OR INSPECTOR

**DO NOT REMOVE THIS NOTICE
UNTIL PERMIT IS OBTAINED!**

Martin County, Florida
Laurel Kelly, C.F.A

generated on 2/9/2015 11:58:17 AM EST

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-007-000-00330-6	17717	5 S VIA LUCINDIA, SEWALL'S POINT	\$177,530	2/7/2015

Owner Information	
Owner(Current)	HARRINGTON MATTHEW R
Owner/Mail Address	5 VIA LUCINDIA DR STUART FL 34996
Sale Date	12/21/2012
Document Book/Page	<u>2620 1984</u>
Document No.	2368669
Sale Price	239000

Location/Description			
Account #	17717	Map Page No.	SP-04
Tax District	2200	Legal Description	LUCINDIA LOT 33
Parcel Address	5 S VIA LUCINDIA, SEWALL'S POINT		
Acres	.3570		

Parcel Type	
Use Code	0100 Single Family
Neighborhood	120350 Lucinda

Assessment Information	
Market Land Value	\$125,000
Market Improvement Value	\$52,530
Market Total Value	\$177,530

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 11173

Date: 2/6/15

OWNER/LESSEE NAME: Matthew P Harrington Phone (Day) 519 1330 (Fax) _____

Job Site Address: 5 Via Luindia Dr S. City: Sewalls Point State: FL Zip: 34996

Legal Description Lot 33 Parcel Control Number: 01-38-41-007-000-00330-6

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Kitchen Remodel and Add one Bed room/office space

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES NO

Has a Zoning Variance ever been granted on this property?
YES (YEAR) _____ NO
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 15,000 - 20,000 ^{25,000}
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ 505,000 + 200
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Adam Peters Carpentry Inc Phone: 772 370 7923 Fax: _____

Qualifiers name: Adam Peters Street: 237 SW STARFISH AVE City: RSL State: FL Zip: 34984

State License Number: MCAR5811 OR: _____ Municipality: _____ License Number: _____

LOCAL CONTACT: Adam Peters Phone Number: 772-370-7923

DESIGN PROFESSIONAL: _____ Fla. License# _____

Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE*: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010
National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:
X [Signature]
State of Florida, County of: Martin
On This the 6 day of February
by Matthew Harrington who is personally known to me or produced FLDL
As identification: [Signature]
Notary Public
My Commission Expires: 3/14/2016

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X [Signature]
State of Florida, County of: Martin
On This the 6 day of February
by Adam Peters who is personally known to me or produced FLDL
As identification: [Signature]
Notary Public
My Commission Expires: 3/14/2016

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 8/16/2013 **EXPIRATION DATE:** 8/16/2015

PERSON: PETERS ADAM L

FEIN: 371478306

BUSINESS NAME AND ADDRESS:

ADAM PETERS CARPENTRY II

237 SW STARFISH AVENUE

PORT SAINT LUCIE FL 34984

SCOPES OF BUSINESS OR TRADE:

CARPENTRY DWELLINGS
THREE

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609



www.spaziomarbleandgranite.com

Like us on Facebook

Stay upto date on new arrivals and specials.

1905 10th Ave. N., Lake Worth
 7435 Central Industrial Dr., Riviera
 4175 SW Martin Hwy., Palm City

PAID
 01/30/2015

Invoice Date:	Invoice #:
1/30/2015	13538

Phone # 1(855) 9 SPAZIO Fax # 561-547-4789

Customer:	
Matt Harrington 3213 SE Pinto St. PSL, Fla. 34984	
Customer Phone	Customer Fax

Delivery Address
Stone United

P.O. Number	Rep	Customer Name	Material Status	Terms	Ship Via
	Ken M				Spazio
Item	QNTY	Description of Slab	QNTY/..	PRICE	Amount
Siena Beige FT 3cm	1	Siena Beige FT 3cm 109x72	54.5	19.90	1,084.55T
Siena Beige FT 3cm	1	Siena Beige FT 3cm 110x72	55	19.90	1,094.50T
SIS-1813W	2	18x13 White	2	25.00	50.00T
		Sales Tax Martin County 6%		6.00%	133.74

SPAZIO MARBLE AND GRAN
 4175 S. MARTIN HWY
 PALM CITY FL 34980
 772-463-1101

CREDIT CARD
SALE

MID: 8788014102438
 TID: 88014102438 REF#: 00000003
 Batch #: 0380
 01/30/15 16:49:20
 Invoice #: 3
 APPR CODE: 07669D
 VISA
 *****0361
 TRN REF: 465030785604105
 VAL CODE: MNB8
 REWARDS PROGRAM: 018970

AMOUNT \$2,362.79

THANK YOU!
 PLEASE COME AGAIN!

CUSTOMER COPY
 RETAIN THIS COPY FOR STATEMENT VERIFICATION

Customer agrees he/she is knowledgeable and skilled in the materials and upon the expertise or advice of Spazio in selecting the materials. Unless Spazio agrees otherwise, Customer must pay the Invoice Balance due before delivery. All sales are final and Spazio is not responsible for any damages to materials once purchased. If Spazio in its sole discretion elects to accept returns, then a 15% restocking fee of the full amount of the Invoice shall apply. If Customer pays a deposit of 50% of the Invoice balance, then Spazio agrees not to sell the materials to any other purchaser for 30 days from the date of the deposit. If Customer fails to pay the remaining balance due within 30 days, Spazio may sell the materials to another purchaser and Customer will have a credit at Spazio for the amount of the deposit, minus any other amounts due from Customer to Spazio for any reason and a restocking fee of 15%. If some or all of the materials in this Invoice are damaged or otherwise unavailable for sale for any reason, then Spazio is not obligated to obtain substitute goods and Customer's sole remedy will be to receive a refund of any deposit paid, minus any other amounts due from Customer to Spazio. All materials are sold AS IS and WITH ALL FAULTS. There are no warranties that extend beyond the description on this Invoice. There is no warranty for fitness, merchantability or fitness for a particular purpose. Deliveries must be set within 30 days of final payment. All returned checks will have a \$40 fee. The company will be entitled to any reasonable attorney's fees and costs, in the event of a breach of this agreement. ANY PAYMENTS TOWARDS THIS INVOICE WILL REPRESENT ACCEPTANCE OF THE TERMS AND CONDITIONS OF THIS COMPANY

Invoice Total	\$2,362.79
Invoice Payments/Credits	-\$2,362.79
Invoice Balance Due	\$0.00

Invoice Due Date
1/30/2015

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

FROM:

FORMICA MAN



Phone: 772-240-1518
Fax: 772-871-6568
861 S.W. Biltmore Blvd.
Port St. Lucie, FL 34983
www.newcabinetsnow.com
www.newcabinetsnow.net

<input type="checkbox"/> Proposal
<input type="checkbox"/> Contract

#1

Client Matt Harrington
 Street 5 Via Lucindialdr, South
 City Sewalls Point
 Zip _____

Date 1-19 20 15
 Phone# _____
 Approx. Install Date: _____

Provide Wheaton Cabinets and deliver to customer address.

Customer requested all doors and drawers to be soft touch. They come with drawers soft touch but not doors.

We will have to purchase and install soft touch for Doors

4147 0989 8049 0361

" 12/17 788 34996

4% is for Paying with Credit Card

11623.76
~~+ 64.95 4%~~
 \$11688.71
 Remaining balance

3200	00
+ 128	00 4%
<u>\$3328</u>	00

Color Selection _____
 Color Selection Signature _____

For soft close on doors	50	00
-------------------------	----	----

Knobs not included. Date not guaranteed, date only approximate.

Contract Agreement Signature _____

TOTAL	4823	76
500 Deposit	3200	00
50% Upon Completion	1623	76

FORMICA MAN LLC
861 SW BILTMORE STR
PORT ST LUCIE, FL 34983
772-240-1518
27310058038301

C O P Y
02/01/2015 21:40:03

Transaction # 1
Card Type: Visa
Acc: *****0361
Exp. Date: **/**
Entry: Manual
Invoice # 7
Sale:
Order # 1
Amount: 1688.71

Reference No.: 0001
Auth.Code: 07527D
Response: AP
AUS Response: 2
Five-digit ZIP code
matches, Address does not
CUU2 Code M
CUU2/CUC2 matches with
system data.
CUSTOMER COPY

THANK YOU!
PLEASE COME AGAIN!

FORMICA MAN LLC
861 SW BILTMORE STR
PORT ST LUCIE, FL 34983
772-240-1518
27310058038301

C O P Y
01/19/2015 01:42:34

Transaction # 3
Card Type: Visa
Acc: *****0361
Exp. Date: **/**
Entry: Manual
Invoice # 4
Sale:
Order # 1
Amount: 3328.00

Reference No.: 0001
Auth.Code: 09846D
Response: AP
AUS Response: 2
Five-digit ZIP code
matches, Address does not
CUU2 Code M
CUU2/CUC2 matches with
system data.
CUSTOMER COPY

THANK YOU!
PLEASE COME AGAIN!

RE: Scope of work – 5 Via Lucindia Dr. S., Sewall's Point FL 34996

- remove kitchen cabinets and replace with Wheaton cabinets (maple glazed)
- remove kitchen sink and replace with new stainless steel single tub
- install new plumbing for new sink and faucet
- remove counter tops and replace with granite
- remove wood paneling from family room
- move refrigerator and ice line to new location
- remove 2 existing interior doors (1 pocket and 1 2/6 swing door)
- install 1 closet bi-fold door and shelf
- remove section of non-structural dividing wall in kitchen to create look through to living room
- frame non-structural walls for den/office
- hang new 2/8 interior door for den/office
- change existing non-fire rated door from house to garage to a fire rated door
- remove popcorn from ceiling and replace with spray knockdown texture
- tape and finish drywall at new walls
- replace old bathroom vanity tops with granite
- replace old bathroom faucets and sinks with new sinks and faucets
- paint new work as needed
- install 2 outlets in kitchen next to range
- install 6 recessed lights in the kitchen
- 1 outlet behind fridge (single 20 amp)
- install 1 switch for ceiling box in den/office
- install 1 flush mount light in the center of the ceiling of the den/office
- replace 7 tiles in the kitchen
- replace 194 linear feet of base board
- install 40 gallon hot water heater in garage
- install new blinds on kitchen window
- clean grout throughout entire house
- paint garage floor and walls
- install new whirlpool appliances (range, fridge, dishwasher, microwave)
- add 20amp circuit for the microwave and add single 20 amp outlet for microwave
- add 2nd circuit for kitchen appliances
- add 1 outlet per NEC in den/office
- replace (3) 10x12 single pane chipped pieces of glass in front window

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

LEGAL DESCRIPTION:

Lot 33 of LUCINDIA

according to the plat thereof as recorded in Plat Book 3 pages 130 of the Public Records of Martin County, Florida.

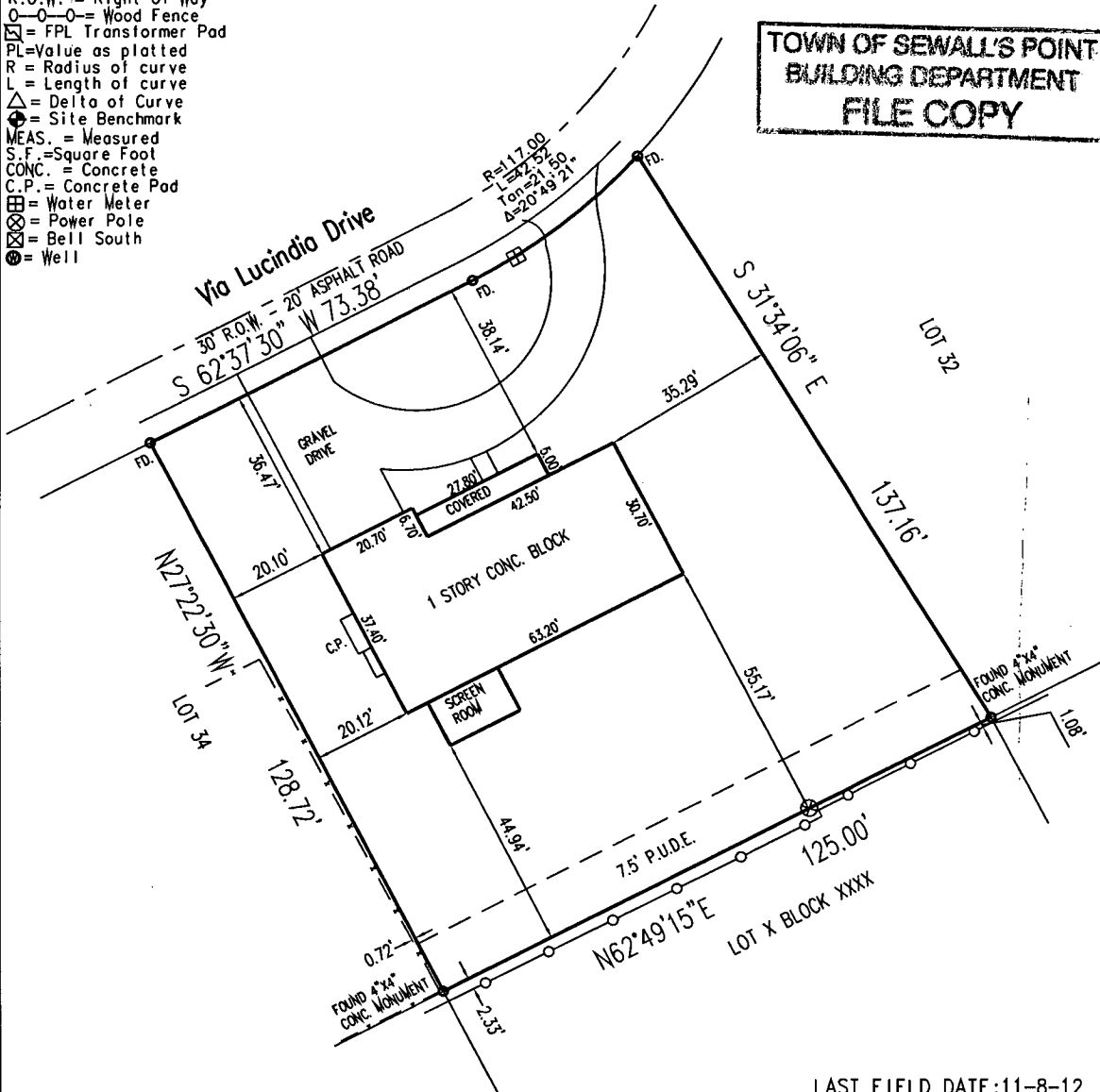
ABBREVIATIONS:

- (*)=Not verified by field measurement
- #=Value as plotted & field measured
- F.F.E.=Finished Floor Elevation
- SET = Set 5/8" iron rebar with yellow cap marked "PSM 5543"
- MS=Value as measured in field
- OH—OH—OH= Over Head Wires
- X—X—X= Chain Link Fence
- FD=Found 5/8" Iron Rebar
- R.O.W.= Right of Way
- O—O—O= Wood Fence
- ☐= FPL Transformer Pad
- PL=Value as plotted
- R = Radius of curve
- L = Length of curve
- Δ = Delta of Curve
- ⊕ = Site Benchmark
- MEAS. = Measured
- S.F.=Square Foot
- CONC. = Concrete
- C.P.= Concrete Pad
- ⊕ = Water Meter
- ⊕ = Power Pole
- ⊕ = Bell South
- ⊕ = Well

SURVEYORS NOTES:

1. Unless otherwise noted only plated easements are shown hereon.
2. No underground utilities or improvements were located unless otherwise shown.
3. This site lies within Flood Insurance Rate Map Zone AE 8.0 Map# 12085C0154F Dated 10/4/02.
4. Flood Zone shown hereon is an interpretation by the surveyor and is provided as a courtesy. The flood zone should be verified by a determination agency.
5. Bearings shown hereon are based on the South line of Lot 33 as being N62°49'15"E according to the Plat described hereon.
6. P.U.D.E. denotes Public Utilities and Drainage Easement.
7. All Lot dimensions shown are per plat unless otherwise shown.

**TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY**



LAST FIELD DATE: 11-8-12

BOUNDARY SURVEY

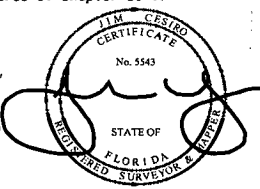
Certified to: Matthew R. Harrington
Fidelity Funding Mortgage Corp.
UNIVERSAL LAND TITLE OF THE PALM BEACHES, LTD.
FIRST AMERICAN TITLE INSURANCE COMPANY

5 Via Lucindia Drive

SCALE: 1"=30'	Atlantic Land Designs of the Treasure Coast 754 NE Jensen Beach Blvd. Jensen Beach, FL 34957
DATE: 11-8-12	Mailing Address: P.O. Box 1421 Jensen Beach, FL 34958 (772) 398-4290 ALD5543@gmail.com
DRAWN: MC/JC	
2012-0736	
DATE:	REVISIONS
12/12/12	revise certs

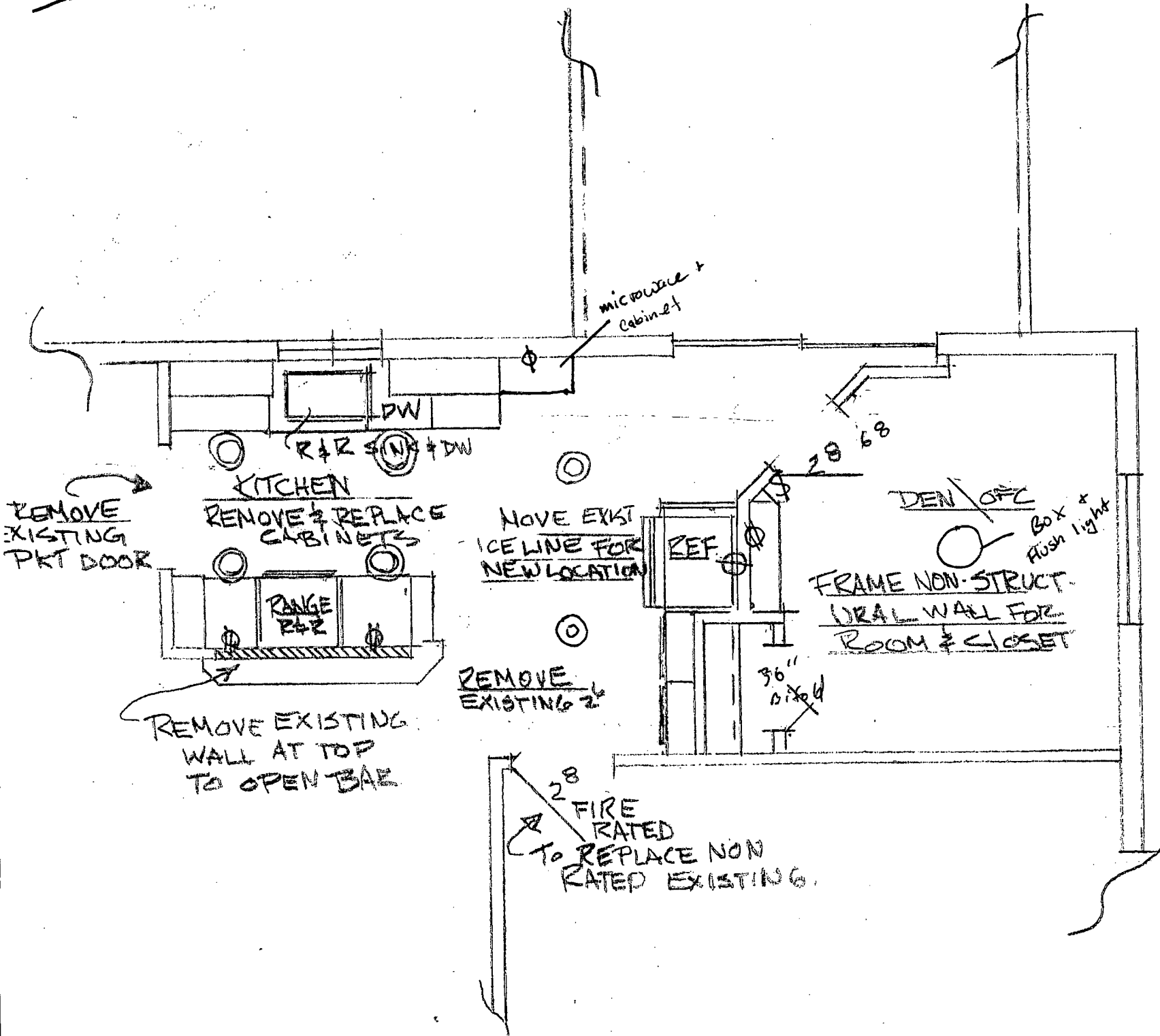
I hereby certify that the survey shown hereon is true and correct and is based on actual measurements taken in the field. This survey meets the Minimum Technical Standards of Chapter 5J-17 Florida administrative code.

Digitally signed by James A. Cesiro Jr.
DN: cn=James A. Cesiro Jr., o=Atlantic Land Designs of the TC, ou, email=ALD5543@gmail.com, c=US
Date: 2012.12.12 08:03:10 -05'00'



NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL

After



microwave + cabinet

DW

R & R SINK + DW

KITCHEN

REMOVE & REPLACE CABINETS

RANGE R & R

MOVE EXIST ICE LINE FOR NEW LOCATION

REF

DEN / OFF

BOX + Flush Light

FRAME NON-STRUCT. URAI WALL FOR ROOM & CLOSET

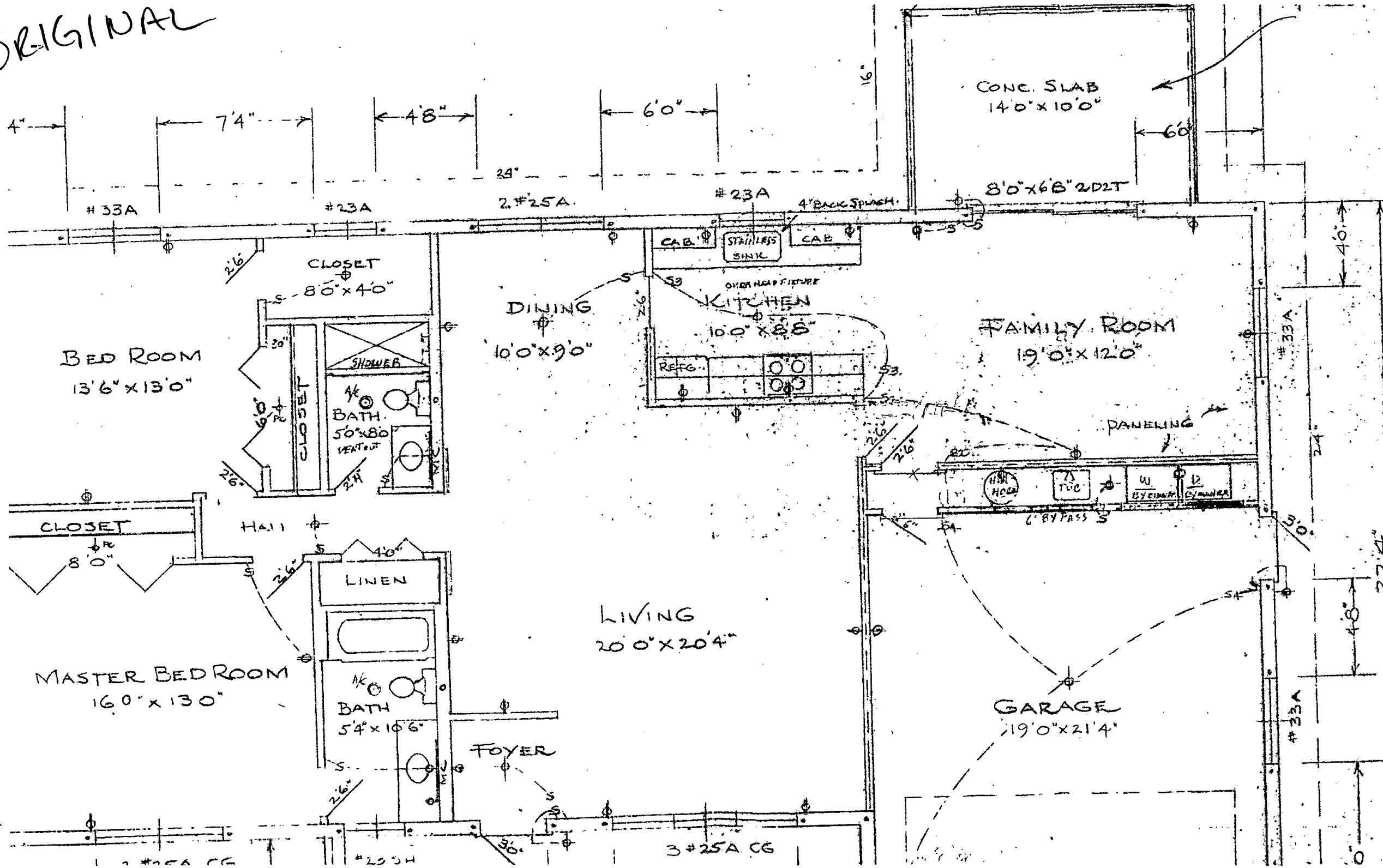
REMOVE EXISTING 2x

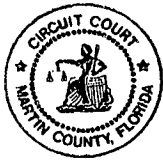
36" 2x6

REMOVE EXISTING WALL AT TOP TO OPEN BAR

2x FIRE RATED TO REPLACE NON RATED EXISTING.

ORIGINAL





THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGE(S) IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
DOCUMENT AS FILED IN THIS OFFICE

CAROLYN TIMMANN, CLERK

BY Skonney D.C.
DATE 1-27-15

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00

PERMIT #: _____ TAX FOLIO # 01-38-41-007-000-00330-6

STATE OF FLORIDA COUNTY OF MARTIN

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.

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS, IF AVAILABLE):

LUCINDIA LOT 33

GENERAL DESCRIPTION OF IMPROVEMENT: Kitchen remodel

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name: Matt Harrington
Address: 5 Via Lucindia Dr S, Sewalls Point FL 34996
Interest in property: Owner
Name and address of fee simple title holder (if different from Owner listed above): _____

CONTRACTOR'S NAME: Adam Detars Carpentry Phone No.: 772 370 7953
Address: 237 SW Statfish Ave, PSU FL 34984

SURETY COMPANY (If applicable, a copy of the payment bond is attached):

Name and address: N/A
Phone No.: _____ Bond amount: _____

LENDER'S NAME: N/A Phone No.: _____
Address: _____

Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7, Florida Statutes:

Name: NA Phone No.: _____
Address: _____

In addition to himself or herself, owner designates NA of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Phone number of person or entity designated by Owner: _____

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): 2/30/15

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 and that the facts in it are true to the best of my knowledge and belief.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

[Signature]
Owner
Signatory's Title/Office

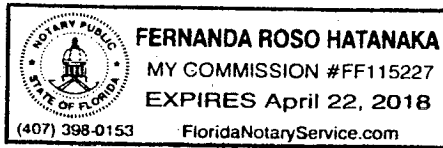
The foregoing instrument was acknowledged before me this 27 day of January, 20 15

By: MATT HARRINGTON as owner for _____
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

[Signature]
Notary's Signature

Personally known or produced identification
Type of identification produced _____

(Print, Type, or Stamp Commissioned Name of Notary)



INSR # 2496262 DR BK 2763 PG 925 RECD 01/27/2015 01:01:29 PM
CAROLYN TIMMANN MARTIN COUNTY CLERK
DEED DOC \$0.00, NTG DOC \$0.00, INTANGIBLE \$0.00



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204765

ADDITION/REMODEL APPLICATION CHECKLIST 2010 FBC

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient Documents are included. **THIS REVIEW SHEET MUST ACCOMPANY THE APPLICATION SUBMITTAL.**

Please make sure you have ALL required copies before submitting permit application

1 COPY COMPLETED PERMIT APPLICATION INCLUDING:

- LEGAL DESCRIPTION
- NOTARIZED SIGNATURE OF OWNER AND CONTRACTOR ✓
- PROOF OF OWNERSHIP (RECORDED WARRANTY DEED OR TAX BILL)

2 COPIES CURRENT SURVEYS (DATED 2011 OR NEWER**) SHOWING THE FOLLOWING: ✓

- CURRENT FLOOD ZONES PER LOCAL FLOOD INSURANCE RATE MAP (FIRM)
- ✓ NGVD ELEVATIONS AT ALL CORNERS, MID POINTS AND AVERAGE CROWN OF ROAD
- ALL EXISTING STRUCTURES ON PROPERTY AND PROPOSED SETBACKS FROM THE PROPERTY LINE TO ALL SIDES OF THE PROPOSED ADDITION.
- FINISHED FLOOR ELEVATION OF PROPOSED ADDITION
- DRAINAGE ARROWS AND PERVIOUS/IMPERVIOUS CALCS. TO SHOW PROPOSED STORMWATER RETENTION

2 COPIES SEPTIC TANK PERMIT, IF APPLICABLE (PLANS MUST BE STAMPED BY HEALTH DEPT.).
(**ADDITIONS W/ LIVING SPACE ONLY**)

2 COPIES COMPLETE SETS OF PLANS WITH ALL REQUIRED PAGES SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER. MAXIMUM SIZE PLANS 24" X 36".

2 COPIES THE FLORIDA ENERGY CODE FOR THE "SOUTH" ZONE 8, FORM 600A-04R (VERSION 4.0 OR LATER) OR 600C-04R. MUST BE SIGNED & DATED.

2 COPIES MANUAL "J" (ADDITIONS OVER 600 S.F. OR ENCLOSED AREAS PREVIOUSLY UNCONDITIONED) 2010 FBC ENERGY CONSERVATION CODE AIR DISTRIBUTION TEST REPORT

2 COPIES WINDLOAD CERTIFICATION SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER OR INDICATE ON THE PLANS. LEVEL 3 ALTERATIONS REQUIRES STRUCTURAL ANALYSIS BY ARCH/ENG

2 COPIES PRODUCT APPROVAL CHECKLIST SIGNED & SEALED BY THE ARCHITECT OR ENGINEER OR INDICATE ON THE PLANS.

1 COPY NOTICE OF COMMENCEMENT, IF VALUE IS OVER \$2500.00. MUST BE SUBMITTED PRIOR TO THE FIRST INSPECTION. ✓

1 COPY ASBESTOS NOTIFICATION STATEMENT *none*

SPECIFICATIONS AND PRODUCT APPROVALS

- SPECS. FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, SHUTTERS, SIDING, ROOF COVERING AND SIMILAR ENVELOPE ELEMENTS MUST BE ON-SITE FOR INSPECTIONS. THESE PRODUCTS MUST BE TESTED BY AN APPROVED TESTING LAB AND DESIGN PRESSURES STATED. MUST HAVE ARCHITECT/ENGINEER OF RECORD REVIEW, TO VERIFY THAT IT MEETS DESIGN.
- ROOF COVERING SPECIFICATIONS/DADE COUNTY OR FLORIDA APPROVAL MUST INCLUDE MANUFACTURER/PRODUCT NAME AND TEST NUMBER.
- SHUTTERS MUST BE DESIGNED IN ACCORDANCE WITH ASCE 7-02 AND SSTD-12. SPECIFICATIONS MUST BE HIGHLIGHTED AS TO WHICH MOUNT, DESIGN PRESSURE, FASTENER, AND FASTENER SPACING THAT WILL BE USED.

IMPACT PROTECTION FOR ALL EXTERIOR GLAZED OPENINGS REQUIRED PER F.B.C. 2007 - 1609.1.2



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-2204765

CONTRACTOR OR OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT

Date: 2/6/15

Building Permit # _____

Site Address: 85 Via Lucinda

FBC 104.1.10 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

- (1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.
- (2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.
- (b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.
- (3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)

Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

Contractor or Owner/Builder Signature Adam [Signature]

Subscribed and sworn to before me this _____ day of _____, 20____, personally appeared _____ who is personally known to me or produced _____ as identification, and who did/did not take an oath.

Notary Public Signature _____

Seal

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name **MATTHEW HARRINGTON**

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
5 VIA LUCINDIA

Company NAIC Number:

City **STUART**

State **FL**

ZIP Code **34996**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 33 LUCINDIA PLAT BOOK 3 PAGE 130 PARCEL ID: 01-38-41-007-000-00330-6

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **N27 01 35** Long. **W80 11 45** Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number **1A**

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) **n/a** sq ft
- b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **n/a**
- c) Total net area of flood openings in A8.b **n/a** sq in
- d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

- a) Square footage of attached garage **480** sq ft
- b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **n/a**
- c) Total net area of flood openings in A9.b **n/a** sq in
- d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
TOWN OF SEWALL'S POINT 120064

B2. County Name
MARTIN

B3. State
FLORIDA

B4. Map/Panel Number
12085C0154

B5. Suffix
F

B6. FIRM Index Date
10/4/02

B7. FIRM Panel Effective/Revised Date
10/4/02

B8. Flood Zone(s)
AE

B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
8.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

- FIS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____ CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: **C236**

Vertical Datum: **NGVD 1929**

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) **8.5** feet meters
- b) Top of the next higher floor **n/a** feet meters
- c) Bottom of the lowest horizontal structural member (V Zones only) **n/a** feet meters
- d) Attached garage (top of slab) **7.9** feet meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) **7.7** feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) **7.5** feet meters
- g) Highest adjacent (finished) grade next to building (HAG) **8.0** feet meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support **n/a** feet meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

- Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
- Check here if attachments.

Certifier's Name **ROBERT BLOOMSTER JR.**

License Number **4134**

Title **PRESIDENT/OWNER**

Company Name **BLOOMSTER PROF LAND SURVEYORS, INC.**

Address **641 NE SPENCER STREET**

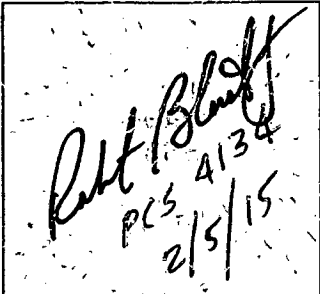
City **JENSEN BEACH**

State **FL** ZIP Code **34957**

Signature 

Date **2/5/15**

Telephone **772-334-0868**



IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5 VIA LUCINDIA SOUTH	Policy Number:
City STUART State FL ZIP Code 34996	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments A/C IS LOCATED ON THE RIGHT SIDE

Robert Bluff
Signature

Date 2/5/15

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name _____

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
-------------------------	------------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____

Comments _____

Check here if attachments.

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Number:

5 VIA LUCINDIA SOUTH

City STUART

State FL

ZIP Code 34996

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

FRONT



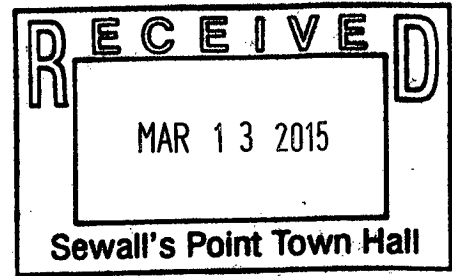
REAR



Permit 11173

Joseph P. McCarty, Architect, Inc.

900 East Osceola Street
Stuart, Florida, 34994
772-287-6735 fax: 772-287-4618



DPR Registration Number 9639

March 12, 2015

John R. Adams, CBO

Town of Sewall's Point
One South Sewalls Point Road
Sewalls Point, Florida
34996

*OK
FWP*

RE: 5 South Via Lucinda

John:

Please be advised that I have reviewed the affidavit from Jim Eades, Advanced lighting designs EC 13005896. Based on this affidavit I approve of the electrical work noted and certify that work meets code.

Sincerely,

Joseph P. McCarty

A large, stylized handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

3/11/15

ADVANCED LIGHTING DESIGNS EC13005896

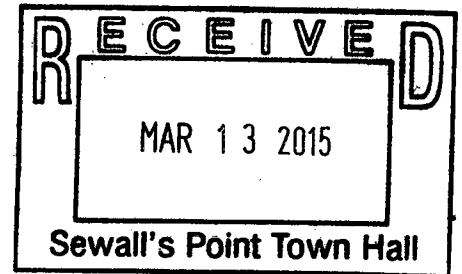
Electrical Repairs / Code Compliance:

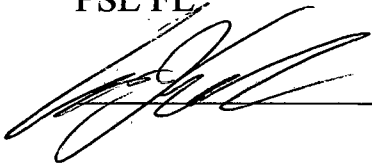
The following electrical work was installed and completed in accordance with all NEC electrical code requirements.

1. Installation of one switch and one fan support box in Den
2. Installation of one outlet in Den
3. Installation of six recess lights in Kitchen
4. Installation of one microwave outlet in Kitchen
5. Installation of one refrigerator outlet in Kitchen
6. Installation of two GFCI protected outlets on Kitchen Island

Project Location:
5 South Via Lucinda
Sewalls Point FL 34996

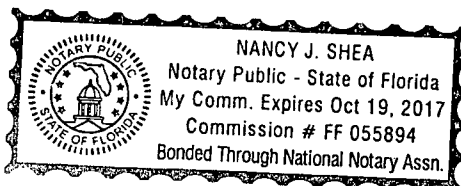
Jim Eades
Advanced Lighting Designs
PSL FL




3/13/15

State of Florida
City of St. Lucie

Nancy J Shea

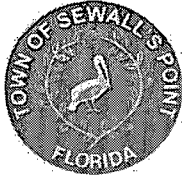


TOWN OF SEWALLS POINT

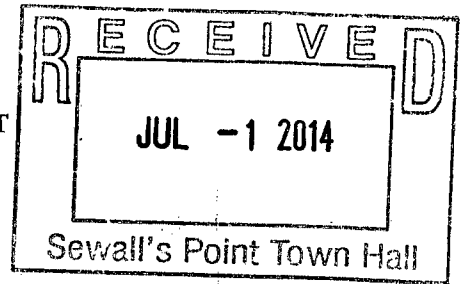
BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **7-2-14** Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10859	EMERT 138 S. Sewalls Pt Rd BROWNIE	Gas Rough	Pass	INSPECTOR <i>[Signature]</i>
10853	KISSLING 7 MINDROW AGATON ROOFING	ROOF FINAL	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10679	MORAN 2 PERRY RD BROWNIE	Footen	RESET FOR MONDAY	INSPECTOR
	HARRINGTON 5 VIA LUCINDIA	TRUS	OK	INSPECTOR <i>[Signature]</i>
	SEARS 4 PERRY DR PE	JUDSIE w/ electrician	OK	INSPECTOR
				INSPECTOR
				INSPECTOR



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-220-4765



TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM – 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM – NO SUNDAYS

Owner Matt Harrington Address 5 Via Lucindia Dr. S. Phone 772-519-1330

Contractor Lawn Landscaping by 707 Address 920 NE Dixie Hwy Jensen Beach, FL 34957 Phone 772-335-9274

No. of Trees: REMOVE 1 Species: Olive tree

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

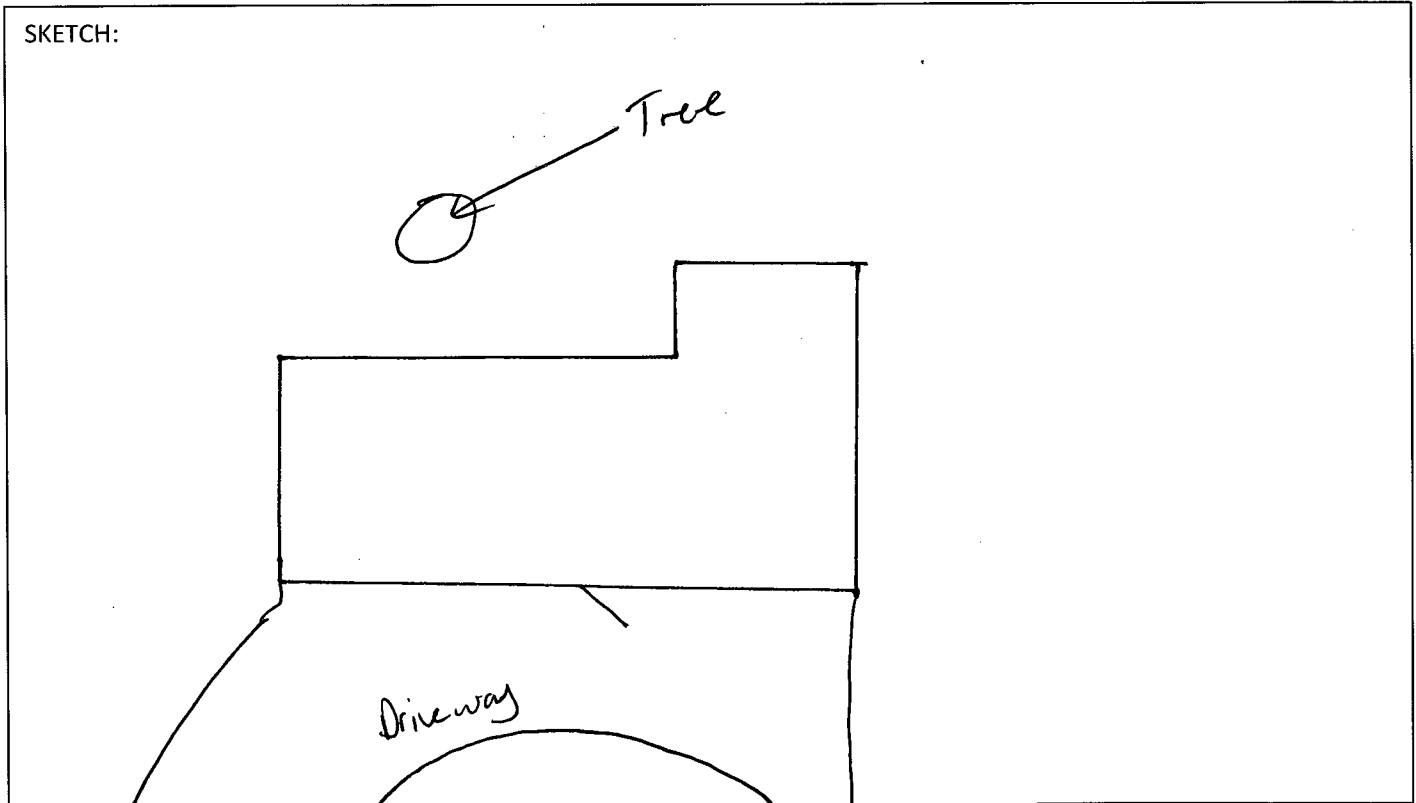
ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) Tree is dead & in the path of a future pool

Signature of Property Owner *Matt Harrington* Date 7/1/14

Approved by Building Inspector: *[Signature]* Date 7-2-14 Fee: N/C

NOTES: _____



A.S.A.P. Tax and Lien Search, Inc.
4420 Northeast 20th Avenue, Suite J
Ft. Lauderdale, Florida 33308
Phone (954) 229-9877 or Toll Free (888) 845-3852
Broward Fax (954) 229-9809 or Toll Free Fax (888) 845-3636

Town of Sewalls Point
One South Sewall's Point Rd
Sewall's Point, Fl 34996
Attn: Town Clerk's Office

Date: November 26, 2012
Phone: 772-287-2455 ext 13
Fax: 772-220-4765

Please provide us with the status of any utility account (water, sewer, garbage) for current or outstanding balances due on the property listed below, as well as, liens, code enforcement, Open Permits and/or special assessments. Please return by fax or mail.

Reference Number: 46-55954-ULTPGA
Tax Folio Number: 01 38 41 007 000 00330 6
Owner's Name(s): BLOODGOOD, JAMES M & HELEN E.
Property Address: 5 S. VIA LUCINDIA
Legal Description: LUCINDIA LOT 33

Thanking you in advance for your prompt attention to this matter.

CODE VIOLATIONS: _____

REVIEWED BY: *See below* _____


DATED: _____

Open Permits () YES NO

Attachments () YES NO

Date: 11-27-12

Verified by: Valerie Camlet

 As of November 30, 2012 there are no outstanding code violations, etc. on the above property.

Ann-Marie S. Basler
Ann-Marie S. Basler, Town Clerk

Please Note: Town records indicate that the Town of Sewall's Point has no liens or assessments on the referenced property. However, it should be noted that the complete record of liens and assessments on this property is on file with the Martin County Clerk of Circuit Court, PO Box 9016, Stuart, FL 34995-9016.

TRANSMISSION VERIFICATION REPORT

TIME : 11/30/2012 14:54
NAME : TOWN OF SEWALLS POIT
FAX : 7722204765
TEL : 7722204765
SER.# : U63274F2J143842

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

11/30 14:53
18888453636
00:00:25
01
OK
STANDARD
ECM

(561) 304-2747



MOUNTAIN MAN
Tree Service, Inc.

Licensed & Insured

3510 Ramsey Lane
Lake Worth

S S Via Locindice

NO Permit

FILE

both trees were down, one in neighbors yard
trees were cut up only, not taken out.



← The Tree died

Storm damage:
8/5/3



← The tree was shock by lightning

EMERGENCY REMOVAL
(PROPERTY DAMAGE SUSTAINED)



TOWN OF SEWALL'S POINT - FLORIDA

Application For Building Permit

Owner Mrs. & Mrs. W. F. Lancaster Present Address 7 Seabird Lane Phone 287-0631

Architect NONE Address _____

General Contractor JACK HODAPP Address PO 2206 Phone 287-0142

Where Licensed CITY, MARTIN COUNTY License No. _____

Plumbing Contractor HOWARD BROS Where Licensed MARTIN No. _____

Electrical Contractor KRAUSS CRANE Where Licensed MARTIN No. _____

Property Location LUCEMIDIA Subdivision _____ Lot No. 33

Lot Dimensions 128 x 115 Lot Area 15000 Sq. Ft. _____

Purpose of Building HOME Type of Construction CBS

Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)

Outside of Walls 1650 Inside of Walls 1500

Street or Road building will front on VIA LUCINDIA

Clearances - Front 35 Back 56 Side 20 Side 35 River _____

Well Location _____ Septic Tank Location _____

Building elevation (By Ordinance Definition) _____

Contract Price (Include Plumbing, Electrical, Air Conditioning) 25000.00

PERMIT FEE	New Home	Additions	Others
General (\$3.00 per \$1000 or Fraction)	_____	_____	_____
Plumbing (Flat Fee)	\$10.00	\$3.00	_____
Electrical (Flat Fee)	\$10.00	\$3.00	_____
Total (To be paid by General Contractor or Owner)	_____	_____	_____

SIGNED: - General Contractor or Owner Jack Hodapp

Building Inspector Comments: _____

Handwritten notes and scribbles on the right side of the page, including a large 'X' and some numbers like '145.00'.

FOR TOWN RECORDS: Date Drawings submitted 8/13/71

Date Permit approved 8/16/71

Date Permit Fee paid 8/16/71

Date First Inspection _____

Date Final Inspection _____

Date Occupancy approved _____

Handwritten numbers '285' and a large '#'