

1 Tuscan Lane



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:	10154	DATE ISSUED:	JULY 5, 2012
SCOPE OF WORK:	POOL & DECK		
CONTRACTOR:	FLAMINGO POOLS & PATIO		
PARCEL CONTROL NUMBER:	013841016-000-000100	SUBDIVISION	NONI ESTATES-LOT 1
CONSTRUCTION ADDRESS:	1 TUSCAN LANE		
OWNER NAME:	BAUER		
QUALIFIER:	ROBERT GRABOWSKI	CONTACT PHONE NUMBER:	220-0627

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

PRINTS

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10154

Date: _____

OWNER/LESSEE NAME: SHERWOOD BAUER Phone (Day) 215-4867 (Fax) _____Job Site Address: 1 TUSCAN LANE City: STUART State: FL Zip: 34996Legal Description LDT 1 NDN1 ESTATES Parcel Control Number: 01-38-41-016-000-00010-0

Fee Simple Holder Name: _____ Address: _____

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

***SCOPE OF WORK (PLEASE BE SPECIFIC):** CONCRETE POOL WITH CONCRETE PATIO

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

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: \$ 17,500.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

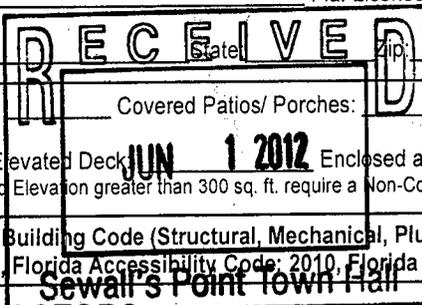
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: FLAMINGO POOLS + PATIOS Phone: 222-0627 Fax: 222-4080Qualifiers name: ROBERT W. GRABOWSKI Street: 3400 SE DIXIE HWY City: STUART State: FL Zip: 34997State License Number: RP0067264 OR: Municipality: MARTIN CT License Number: MCSP02715LOCAL CONTACT: WHITEY GRABOWSKI Phone Number: 222-0627

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:

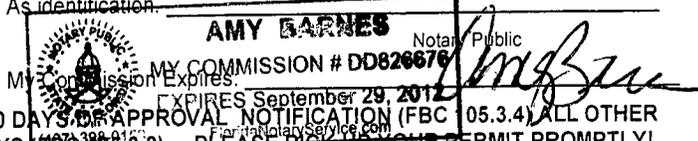
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. 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.
3. 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.
4. 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 _____
 State of Florida, County of: MARTIN
 On This the 15 day of MARCH, 2012
 by SHERWOOD BAUER who is personally
 known to me or produced _____

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: MARTIN
 On This the 15 day of MAY, 2012
 by ROBERT W. GRABOWSKI who is personally
 known to me or produced _____
 As identification: _____



APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 05.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



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

Site Provided by...
 governmax.com 1.14

Summary



Address
 1 of 3

Tabs

Summary

- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- NEW: Navigator
- Parcel Map →
- Notice of Prop.
- Taxes →

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-016-000-00010-0	911025	TUSCAN LN, STUART	\$229,480	5/26/2012

Owner Information

Owner(Current)	BAUER SHERWOOD JR & KRISTEN W
Owner/Mail Address	10 COPAIRE RD STUART FL 34996
Sale Date	7/27/2010
Document Book/Page	2467 2547
Document No.	2224665
Sale Price	265000

Searches

- Parcel ID
- Owner
- Address**
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- NEW: Navigator
- Maps →

Location/Description			
Account #	911025	Map Page No.	SP-03
Tax District	2200	Legal Description	LOT 1 NONI ESTATES (PB 16 PG 7)
Parcel Address	TUSCAN LN, STUART		
Acres	.8950		

Parcel Type

Use Code	0000 Vacant Residential
Neighborhood	120100 Hillcrest, Noni Est, West End

Functions

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Assessment Information

Market Land Value	\$229,480
Market Improvement Value	
Market Total Value	\$229,480

Print Back to List First Previous Next Last

Legal Disclaimer / Privacy Statement

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: _____ TAX FOLIO #: 01-38-41-016-000-00010-0

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): LOT 1 NON1 ESTATES 1 TUSCAN LANE STUART FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: CONSTRUCT POOL & CONCRETE PATIO

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: SHERWOOD & KRISTEN BAUER
ADDRESS: 100 E OCEAN BLVD STUART FL 34994
PHONE NUMBER: _____ FAX NUMBER: _____
INTEREST IN PROPERTY: _____

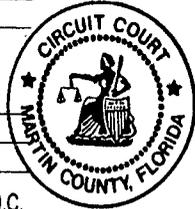
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

CONTRACTOR: FLAMINGO POOLS + PATIOS INC
ADDRESS: 3400 SE DIXIE HWY STUART FL 34997
PHONE NUMBER: 220-0627 FAX NUMBER: 220-4080

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED) STATE OF FLORIDA
ADDRESS: MARTIN COUNTY
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL. MARSHA EWING, CLERK



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) (b), FLORIDA STATUTES:
DATE: 6-1-12

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

PHONE NUMBER: _____ FAX NUMBER: _____ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

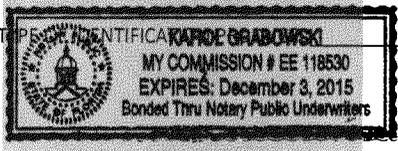
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED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

UNDER PENALTIES 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 (SECTION 92.325, FLORIDA STATUTES).

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT
SIGNATORY'S TITLE/OFFICE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 15 DAY OF MAY 20 12
BY: SHERWOOD BAUER AS OWNER FOR
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN X OR PRODUCED IDENTIFICATION
Karol Grabowski
NOTARY SIGNATURE/ SEAL



INSTR # 2334129 OR BK 02580 PG 1609 RECD 06/01/2012 11:42:20 AM
Pg 1609 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix



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

THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION

SWIMMING POOL AND SPA SUBCONTRACTORS LIST

Applicant's Name FLAMINGO POOLS + PATIOS Permit # _____

Mailing Address 3400 SE DIXIE HWY City SWART State FL Zip 34997

Please provide a subcontractors list for verification. Any changes to this list must be provided prior to final inspection. Using unlicensed contractors or subcontractors may prevent you from being eligible for inspections. For further information, please contact the Town of Sewall's Point Building Department at 772-287-2455.

Please include all Competency Card or State Certification numbers. Do not use occupational license numbers.

<u>CONTRACTOR/TRADE</u>	<u>COMPANY NAME</u>	<u>LICENSE #</u>
CONCRETE POOL DECK	FLAMINGO POOLS	RP0067264
DECK FINISH	"	"
MASTER ELECTRICIAN	ZANE CARTER	EC13002342
POOL GUNITE	FLAMINGO POOLS	RP0067264
INTERIOR POOL FINISH	"	"
POOL STEEL	"	"
BARRIER/ALARM	"	"

I certify that the above information is accurate and that all work will be performed by eligible competency card holders or State Certified contractors.

I understand that a complete notarized subcontractors list is required prior to final inspection.

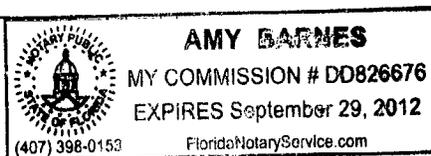
Signature of applicant

Sworn to and subscribed before me this MAY 15 day of 2012 by ROBERT W. GRABOWSKI

Notary Public, State of Florida, County of Martin

Personally Known Produced Identification

Type of ID Produced: _____





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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Sherwood & Kristen Bauer

CONSTRUCTION ADDRESS: 1 Tuscan Lane

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- _____ PLUMBING
- _____ HVAC
- _____ IRRIGATION
- _____ FUEL GAS

TYPE OF SERVICE: NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK: Electrical For Pool

VALUE OF CONSTRUCTION \$ 500,000

_____ LOW VOLTAGE
TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER
SCOPE OF WORK: _____ VALUE: _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

Zane Carter
SIGNATURE OF LICENSED CONTRACTOR 1143 NW Spruce Ridge Dr. Stuart, FL 34994
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Zane Carter Electric Inc

TELEPHONE NO: 772-692-2048 FAX NO: Same
PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: _____

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT



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

Electrical Load Calculations

Electrical Contractor: Zane Carter Elec. Inc. License No. EC13002342
Phone #: 772-692-2048 Fax #: Same
Project: Bayer Location: 1 Tuscan Lane
Existing Service Feeder Size: 3/0 & 1/0 Existing Panel Size: _____
Main Breaker Size: 200 Number of Breakers: 40

Existing Loads

<u>3179</u> Sq. Ft. X 3 watts per sq. ft.....	<u>9537</u> watts
<u>2</u> Appliance cir. @1500 watts each.....	<u>3000</u> watts
<u>1</u> Laundry cir. @ 1500 watts each.....	<u>1500</u> watts
<u>1</u> Range @ 8 kw.....	<u>8000</u> watts
<u>2</u> Dishwasher and disposal @ 1500 watts each.....	<u>3000</u> watts
<u>1</u> Microwave @ 2000 watts.....	_____ watts
<u>1</u> Water heater @ 4.5 kw.....	<u>4500</u> watts
<u>1</u> Tank less water heater.....	_____ watts
<u>1</u> Dryer @ 5 kw.....	<u>5000</u> watts
<u>2</u> Refrigerator @ 1500 watts.....	<u>3000</u> watts
<u>1</u> Bathroom 1 @ 1500 watts.....	_____ watts
<u>1</u> Sprinkler Pump.....	<u>2500</u> watts
Other.....	_____ watts
Other.....	_____ watts
Other.....	_____ watts
	<u>40037</u> Subtotal Watts

New Loads

<u>1</u> Pool pump.....	<u>4000</u> watts
<u>1</u> Pool light.....	<u>300</u> watts
Heat pump.....	_____ watts
Chlorine generator.....	_____ watts
Blower.....	_____ watts
Boatlift.....	_____ watts
Other.....	_____ watts
Other.....	_____ watts
Other.....	_____ watts
	<u>44337</u> Total Watts

First 10 kw @ 100%.....	<u>10000</u> watts
Remainder @ 40%.....	<u>13735</u> watts
A/C heat @ 100%.....	<u>20000</u> watts

Total watts 43735 Divided by 240 volts = 182 Amps 200 Amp service provided

Prepared by: Zane Carter Date: 5/27/12



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
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SWIMMING POOL, DECK, AND SPA CHECKLIST 2010 FLORIDA BUILDING CODE

____ 1 Copy completed permit application.

____ 2 Copies complete sets of plans signed and sealed by an architect or engineer.
Maximum size plans are 24" x 36".

____ 2 Copies survey showing the following:

- ALL EXISTING STRUCTURES ON PROPERTY
- LOCATION OF PROPOSED POOL AND POOL DECK
- SETBACKS FROM POOL AND DECK TO PROPERTY LINES
- LOCATION AND TYPE OF ANY EXISTING FENCING
- LOCATION OF ALL EASEMENTS
- STREET & HOUSE NUMBER ON SITE PLANS
- LOCATION OF ANY OVERHEAD ELECTRICAL LINES
- ALL FOUR BUILDING SETBACKS LINES.
- INDICATE THE SIZE, SPECIES AND LOCATION OF ANY TREES TO BE REMOVED, RELOCATED OR PLANTED

DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS.

____ 2 Copies Residential Swimming Pools, Spa & Hot Tub Safety Act
Certification Forms.

____ 1 Copy Pool subcontractors list with Municipal or State Certification
numbers. Must be signed and notarized by license holder.

____ 1 Copy Compaction report and form board tie-in survey (for pool shell) prior to deck inspection
Pool and deck elevation must be indicated on all river front lots.

Pool only permits require a deck permit submittal or affidavit prior to issuance. Separate pool deck permits need to have a pool permit number before issuance. Failure to comply with the above and any other requirements will result in a delay of the issuance of the permit.

POOLS THAT ARE DESIGNED TO BE 4' 11" DEEP MUST INDEPENDENTLY VERIFIED FOR MAXIMUM WATER DEPTH BY AN ARCHITECT, ENGINEER OR LAND SURVEYOR REGISTERED IN THE STATE OF FLORIDA PRIOR, TO FINAL INSPECTION.

APPLICATIONS, PLANS AND DOCUMENTS FOR FENCE, BARRIER, AND/OR SCREEN ENCLOSURE MUST BE SUBMITTED PRIOR TO ISSUANCE OF POOL PERMIT.



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PERMIT # _____

**RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT
AFFIDAVIT OF REQUIREMENT COMPLIANCE**

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at (Print street address) 1 TUSCAN LANE, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2010 Florida Building Code. Please check your choice of compliance.

Residential swimming pool safety feature options:

In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet the following requirements relating to pool safety features:

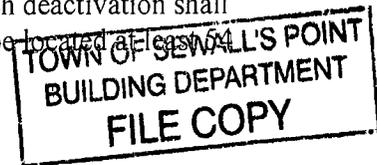
PLEASE NOTE THAT IF THE ALARM OPTION IS SELECTED, THIS AFFIDAVIT MUST BE ACCOMPANIED BY A LETTER OF CERTIFICATION FROM A FLORIDA LICENSED ALARM CONTRACTOR, ARCHITECT, OR ENGINEER STATING FULL COMPLIANCE WITH 2010 FBC R4101.17.1.9. PLEASE INDICATE BY INITIALING THE FOLLOWING:

- _____ (a) The pool/spa must be equipped with an approved safety pool cover (4101.17 exceptions, no other barrier feature required).
- HA (b) The pool/spa must be isolated from access by an enclosure that meets the pool barrier requirements of section (R4101.17.1 thru R4101.17.3;)
- _____ (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)
- HA 1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm which produces an audible continuous warning when the door and its screen are opened. The alarm shall sound immediately after the door is opened and be capable of being heard **throughout the house during normal household activities**. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. Such deactivation shall last no more than 15 seconds. The deactivation switch shall be located at least 54 inches above the threshold of the door.

Exceptions:

- Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level.
- Windows facing the pool on floor above the first story.
- Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath. (R4101.17.1.9 (1))

- _____ 2. All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction. (R4101.17.1.9 (2))

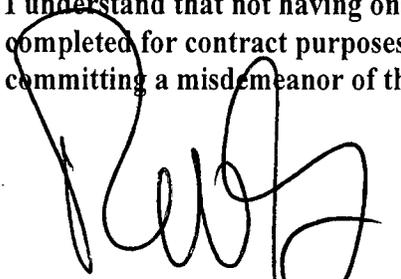




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AFFIDAVIT OF REQUIREMENT COMPLIANCE

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable as established in the Florida Statute.



 CONTRACTOR'S SIGNATURE & DATE



 OWNER'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR:

NOTARY AS TO OWNER: 

STATE OF FLORIDA

STATE OF FLORIDA

COUNTY OF MARTIN

COUNTY OF MARTIN

ON THIS 15 DAY OF MAY 2012

ON THIS 15 DAY OF MAY 2012

BEFORE ME PERSONALLY APPEARED:

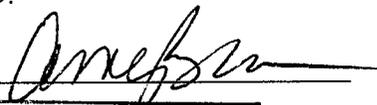
BEFORE ME PERSONALLY APPEARED:

ROBERT W. GRABOWSKI

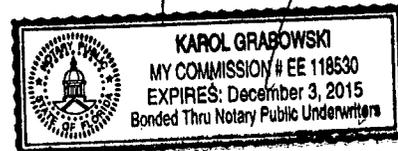
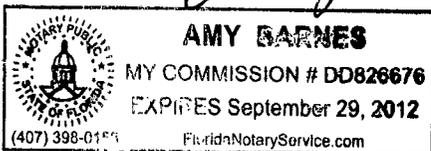
SHERWOOD BAUER

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

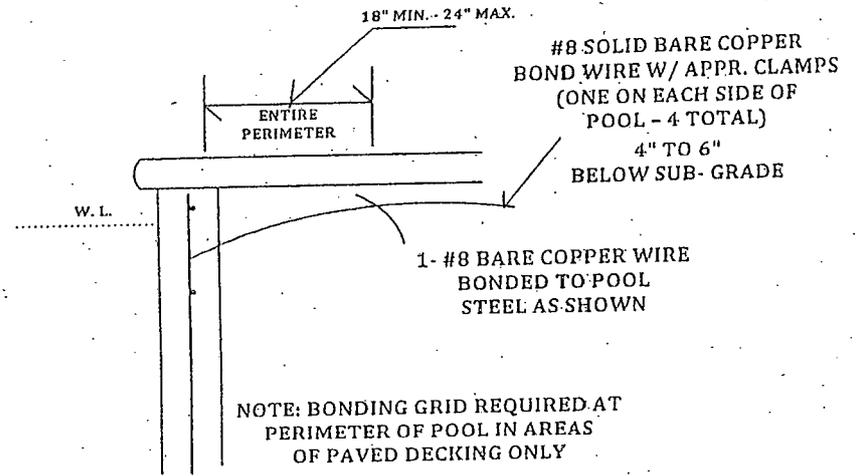
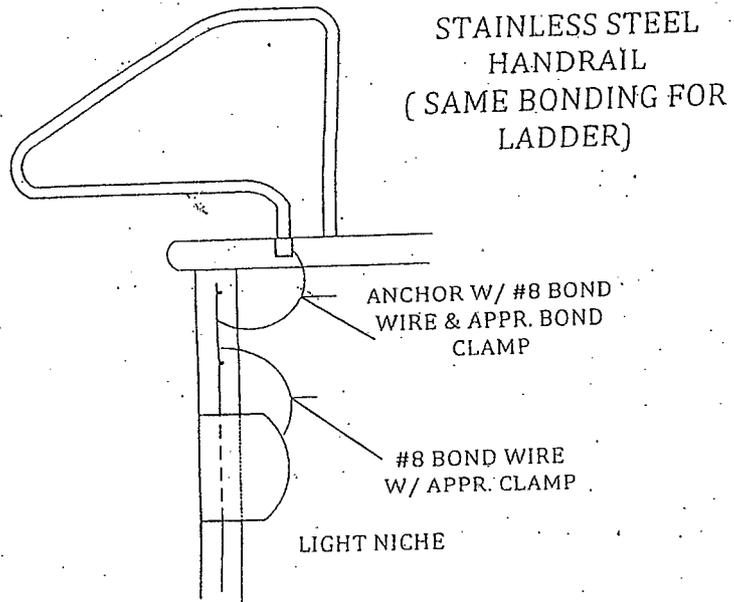
SEAL (SIGNED) 

SEAL (SIGNED) 



THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO SCHEDULING THE FINAL INSPECTION.

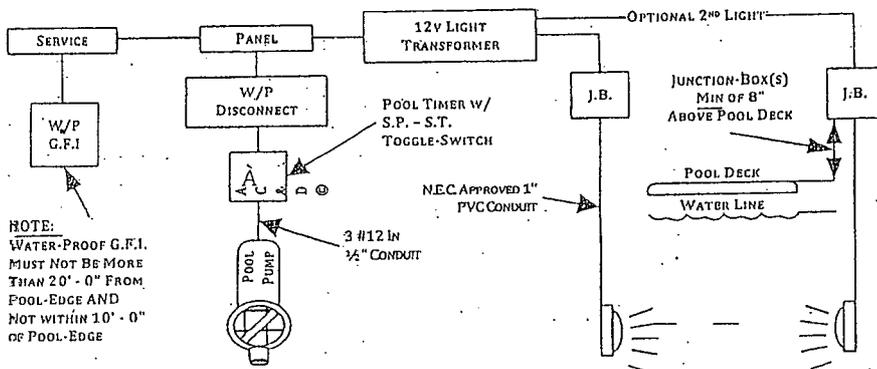
TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY



EQUIPOTENTIAL BONDING DETAIL
PER FLORIDA BUILDING CODE ADAPTATION
OF THE N.E.C. 2008 SEC.680.26

Electrical Equipment Wiring, Grounding and Installation must conform to the 2008 N.E.C. and applicable local codes

Equipotential Bonding
Loop #8 copper around Pool
Bonded to pool steel in 4 Places N.E.C. 2008
sec. 680.26(C)



NOTE: ALL ELECTRICAL WORK SHALL CONFORM TO N.E.C. ARTICLE No 680

ELECTRICAL DIAGRAM

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-9-12 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10145	Murray 1st 27 Feldway OB	window attachment	Pass	INSPECTOR <i>[Signature]</i>
10090	Subin 8 Palm Ct Chetwood	Final Review	Cancel	INSPECTOR
10101	Sharfi 3601 & Ocean Worrell Bldg.	insulation	Pass	INSPECTOR <i>[Signature]</i>
10088	Giachino 11 Riv Vista Glenmark Homes	electric plumbing AC lathe	Pass	INSPECTOR <i>[Signature]</i>
9917	Ford 98 N Sewalls Masterpiece	pour exterior stairs	Pass	INSPECTOR <i>[Signature]</i>
10147	Bailey/Burkhard 7 Perrinwinkle AG-Envir.	sub-siding	Pass	INSPECTOR <i>[Signature]</i>
10154	Bauer 1 Tuscan La Flamingo	^{Pre} Steel, BOND & MAIN DRAIN	Pass	INSPECTOR <i>[Signature]</i>

COASTAL TESTING LABORATORY, L.L.C.
PO BOX 2023
PALM CITY, FLORIDA 34991-2023
772-220-6688



COMPACTION TEST REPORT

ASTM D 6938-10

DATE : July 13, 2012
JOB NUMBER : 12-0712
PERMIT NUMBER : 10154
CLIENT : Flamingo Pools
CONTRACTOR : Flamingo Pools
JOB LEGAL : N/A
JOB ADDRESS : 1 Tuscan Lane
Sewalls Point, FL

On of FWP

SOIL CLASSIFICATION & REMARKS : A3 Loose brown sandy soil

TEST SAMPLE LOCATION : 10' IS LR Corner - Center of Pad - 10' IS RF Corner

	<u>IN PLACE DRY DENSITY</u>	<u>MAXIMUM DRY DENSITY</u>	<u>% COMPACTION</u>
1)	101.0	102.8	98.2
2)	100.2	102.8	97.5
3)	100.8	102.8	98.0

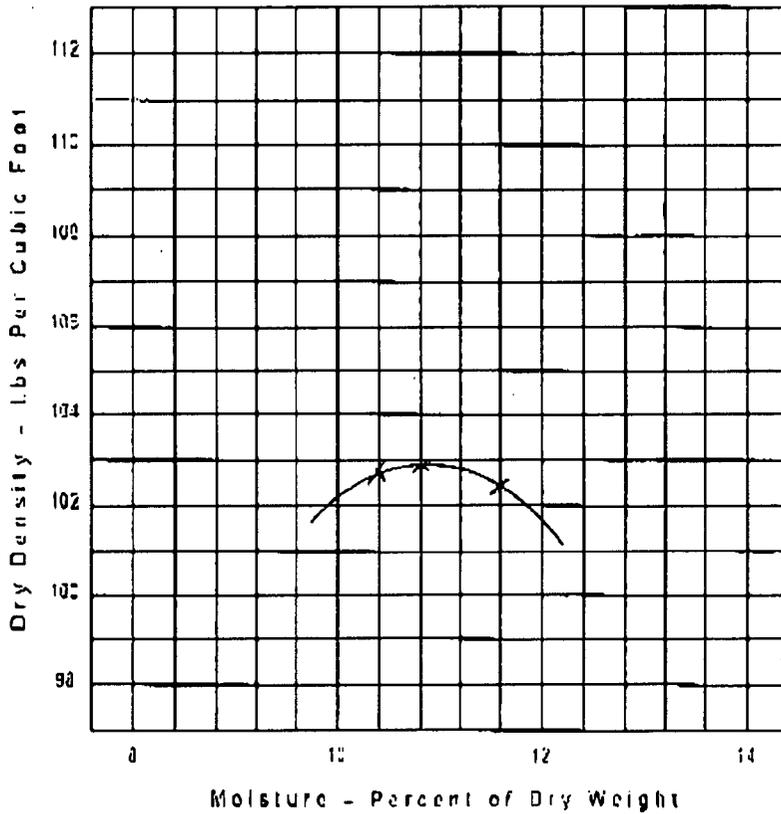
RESPECTFULLY SUBMITTED:

Ernesto Velasco
ERNESTO VELASCO, P.E.

COASTAL TESTING LABORATORY, L.L.C.
PO BOX 2023
PALM CITY, FLORIDA 34991-2023
772-220-6688

MOISTURE DENSITY RELATIONSHIP ASTM D 1557-09

DATE : July 13, 2012
CONTRACTOR : Flamingo Pools
JOB NUMBER : 12-0712
PERMIT NUMBER : 10154



COASTAL TESTING LABORATORY
P.O. BOX 2023
PALM CITY, FL 34991-2023
OFFICE 772 220-6688
FAX 772 287-1591

FAX COVER SHEET

SEND TO CITY OF SEWALLS POINT	From
Attention BUILDING DEPT.	Date
Office location	Office location
Fax number 772 220-4765	Phone number

- Urgent Reply ASAP Please comment Please review For your information

Total pages, including cover: _____

COMMENTS

772-286 7669 FAX
287 2455 OFC.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-23-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10124	Greenspan	Final AC	PASS	CLOSE
830	3 Oakhill Way Nisdir			
				INSPECTOR <i>[Signature]</i>
10154	BAUER	Pool Piping	PASS	
	1 TUSCAN			
	FLAMINGO POOLS			
				INSPECTOR <i>[Signature]</i>
10128	TWOITE	FENCE	PASS	CLOSE
	112 H. SEWALL WAY	FINAL		
				INSPECTOR <i>[Signature]</i>
10050	10050			
	10050			
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-19-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10154	Bauer 1 Tuxan La Flamingo	deck POOL DECK & BOND	CMNCR	NOT READY INSPECTOR
10221	BENGALIS 2 Periwinkle Ln Sea Coast A/C	A/C FINAL	PASS	CLOSE INSPECTOR
10101	SHARFI 3601 SE Ocean A2 Worell Bldg.	ABOVE CEILING ROUGH	FAIL	NOT READY INSPECTOR
	ROSSON	TREE	N.G.	INSPECTOR
9917	FORD 98 N SPR Masterpiece	A/C PAD EXTENSION	PASS	INSPECTOR
				INSPECTOR
				INSPECTOR
	18 Palm Rd	Debris		INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

9-24-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10154	Bauer 1 Tuscan La Flamingo	Pool deck bond	Pass	INSPECTOR <i>[Signature]</i>
10027	Gaudis 23 S River Team Parks	2nd fl slab & stairs H.G. Plumb	Pass	INSPECTOR <i>[Signature]</i>
9991	White BURKHARD 100 S. SP 14 DRIFTWOOD HOMES	INSULATION	Pass	INSPECTOR <i>[Signature]</i>
10083	White 15 Sedge Land DR Tuscan Bay Cardinal	In-progress	Pass	INSPECTOR <i>[Signature]</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 11-29-12 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10288	fare	dry-in/metal		
PM	61 N River Rd Duren Roofing	IN Progress	PASS	INSPECTOR <i>[Signature]</i>
10244	Heckenberg	Final AC		
PM	5 Lagoon Isl. Ct Coastal Heating		PASS	Close INSPECTOR <i>[Signature]</i>
10217	Good	Access		
	10217			
	10217			INSPECTOR
10270	Breheny	Final		
PM	6 Riverview Freedom Home	windows	PASS	Close INSPECTOR <i>[Signature]</i>
10247	Totterman	Final		
PM	107 N Sewalls Duncan Group	for CO	PASS	Co. FINN INSPECTOR <i>[Signature]</i>
10269	Tidikis	Final		
PM	12 Cranes Nest Solar Energy	solar	PASS	INSPECTOR <i>[Signature]</i>
10154	Praver	Final		
	1 Tuscan La Flamingo	Pool	PASS	Close INSPECTOR <i>[Signature]</i>

MARK
KLINGENSMITH
Mayor

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

JACQUI THURLOW-
LIPPISCH
Vice Mayor

PAUL SCHOPPE
Commissioner

THOMAS P. BAUSCH
Commissioner

PAMELA M. BUSHA
Commissioner



ROBERT KELLOGG
Town Manager

JOHN R. ADAMS
Building Official

ERIC CERNIGLIA
Chief of Police

ANN-MARIE
SULLIVAN BASLER
Town Clerk

JOSE TORRES, JR.
Maintenance

IMPORTANT NOTICE

MINIMUM CONSTRUCTION VALUE DETERMINATION METHOD

FEBURARY 2011

THE BUILDING DEPARTMENT COLLECTS PERMIT FEES BASED ON DECLARED CONSTRUCTION VALUE. IN ORDER TO STANDARDIZE THESE VALUES, THE METHOD USED TO DETERMINE THE MINIMUM VALUES WILL BE AN AVERAGE CALCULATION OF THE INTERNATIONAL CODE COUNCIL GUIDELINES EFFECTIVE FEBRUARY 2011. ANY UPDATES TO THIS METHOD WILL BE BASED ON FUTURE VERSIONS OF THE CODE AND THESE GUIDELINES.

SINCE THESE CALCULATIONS ARE BASED ON THE NINE CONSTRUCTION TYPES FOR RESIDENTIAL AND COMMERCIAL BUILDINGS AND THEIR OCCUPANCIES, IT IS NECESSARY FOR THE BUILDING DEPARTMENT TO STREAMLINE THIS PROCESS FOR RESIDENTIAL APPLICATIONS. COMMERCIAL APPLICATIONS HOWEVER, WILL NOT BE AVERAGED AND BASED ON ACTUAL CONSTRUCTION TYPES AND OCCUPANCY.

USING THE AVERAGE OF THE SIX CONSTRUCTION TYPE VALUES, ALL RESIDENTIAL PERMIT FEES ARE TO BE BASED ON THE FOLLOWING MINIMUM VALUES:

1. SINGLE FAMILY NEW CONSTRUCTION VALUE (AIR CONDITIONED SPACE) \$121.75/SQ. FT.
2. SINGLE FAMILY GARAGE, PORCHS, ETC. (UNCONDITIONED SPACE) \$59.81/SQ. FT.
3. COMPLETE REMODEL/GUT OF CONDITIONED SPACE \$59.81/SQ. FT.
4. COMPLETE REMODEL/GUT INCLUDING NEW TRUSSES \$90.78/ SQ. FT.

ANY APPLICATIONS NOT COMPLYING WITH THE ABOVE FORMULA MUST BE ACCOMPANIED BY VERIFIABLE DATA TO JUSTIFY LOWER CONSTRUCTION VALUES. ALL OTHER APPLICATIONS BELOW THE MINIMUM WILL BE ADJUSTED BY THE BUILDING DEPARTMENT PRIOR TO PERMIT ISSUANCE.

THE INFORMATION USED FOR THE BASIS OF VALUE DETERMINATION IS AVAILABLE AT <http://www.iccsafe.org/cs/techservices>. A COPY OF THIS DOCUMENT IS ALSO AVAILABLE AT TOWN HALL.

JOHN R. ADAMS
BUILDING OFFICIAL



One S. Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: clerk@sewallspoint.martin.fl.us
Building Department (772) 287-2455 • Fax (772) 220-4765 • E-Mail: jadams@sewallspoint.martin.fl.us

Building Valuation Data – February 2011

The International Code Council is pleased to provide the following Building Valuation Data (BVD) for its members. The BVD will be updated at six-month intervals, with the next update in August 2011. ICC strongly recommends that all jurisdictions and other interested parties actively evaluate and assess the impact of this BVD table before utilizing it in their current code enforcement related activities.

The BVD table provides the “average” construction costs per square foot, which can be used in determining permit fees for a jurisdiction. Permit fee schedules are addressed in Section 109.2 of the 2009 *International Building Code* (IBC) whereas Section 109.3 addresses building permit valuations. The permit fees can be established by using the BVD table and a Permit Fee Multiplier, which is based on the total construction value within the jurisdiction for the past year. The Square Foot Construction Cost table presents factors that reflect relative value of one construction classification/occupancy group to another so that more expensive construction is assessed greater permit fees than less expensive construction.

ICC has developed this data to aid jurisdictions in determining permit fees. It is important to note that while this BVD table does determine an estimated value of a building (i.e., Gross Area x Square Foot Construction Cost), this data is only intended to assist jurisdictions in determining their permit fees. This data table is not intended to be used as an estimating guide because the data only reflects average costs and is not representative of specific construction.

This degree of precision is sufficient for the intended purpose, which is to help establish permit fees so as to fund code compliance activities. This BVD table provides jurisdictions with a simplified way to determine the estimated value of a building that does not rely on the permit applicant to determine the cost of construction. Therefore, the bidding process for a particular job and other associated factors do not affect the value of a building for determining the permit fee. Whether a specific project is bid at a cost above or below the computed value of construction does not affect the permit fee because the cost of related code enforcement activities is not directly affected by the bid process and results.

Building Valuation

The following building valuation data represents average valuations for most buildings. In conjunction with IBC Section 109.3, this data is offered as an aid for the building official to determine if the permit valuation is underestimated. Again it should be noted that, when using this data, these are “average” costs based on typical construction methods for each occupancy group and type of construction. The average costs include foundation work, structural and nonstructural building components, electrical, plumbing, mechanical and interior finish material. The data is a national average and

does not take into account any regional cost differences. As such, the use of Regional Cost Modifiers is subject to the authority having jurisdiction.

Permit Fee Multiplier

Determine the Permit Fee Multiplier:

1. Based on historical records, determine the total annual construction value which has occurred within the jurisdiction for the past year.
2. Determine the percentage (%) of the building department budget expected to be provided by building permit revenue.

$$\text{Permit Fee Multiplier} = \frac{\text{Bldg. Dept. Budget} \times (\%)}{\text{Total Annual Construction Value}}$$

Example

The building department operates on a \$300,000 budget, and it expects to cover 75 percent of that from building permit fees. The total annual construction value which occurred within the jurisdiction in the previous year is \$30,000,000.

$$\text{Permit Fee Multiplier} = \frac{\$300,000 \times 75\%}{\$30,000,000} = 0.0075$$

Permit Fee

The permit fee is determined using the building gross area, the Square Foot Construction Cost and the Permit Fee Multiplier.

$$\text{Permit Fee} = \text{Gross Area} \times \text{Square Foot Construction Cost} \times \text{Permit Fee Multiplier}$$

Example

Type of Construction: IIB
 Area: 1st story = 8,000 sq. ft.
 2nd story = 8,000 sq. ft.
 Height: 2 stories
 Permit Fee Multiplier = 0.0075
 Use Group: B

1. Gross area:
 Business = 2 stories x 8,000 sq. ft. = 16,000 sq. ft.
2. Square Foot Construction Cost:
 B/IIB = \$145.97/sq. ft.
3. Permit Fee:
 Business = 16,000 sq. ft. x \$145.97/sq. ft x 0.0075
 = \$17,516

Important Points

- The BVD is not intended to apply to alterations or repairs to existing buildings. Because the scope of alterations or repairs to an existing building varies so greatly, the Square Foot Construction Costs table does not reflect accurate values for that purpose. However, the Square Foot Construction Costs table can be used to determine the cost of an addition that is basically a stand-alone building which happens to be attached to an existing building. In the case of such additions, the only alterations to the existing building would involve the attachment of the addition to the existing building and the openings between the addition and the existing building.
- For purposes of establishing the Permit Fee Multiplier, the estimated total annual construction value for a given time period (1 year) is the sum of each building's value (Gross Area x Square Foot Construction Cost) for that time period (e.g., 1 year).
- The Square Foot Construction Cost does not include the price of the land on which the building is built. The Square Foot Construction Cost takes into account everything from foundation work to the roof structure and coverings but does not include the price of the land. The cost of the land does not affect the cost of related code enforcement activities and is not included in the Square Foot Construction Cost.

Square Foot Construction Costs ^{a, b, c, d}

Group (2009 International Building Code)	IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB
A-1 Assembly, theaters, with stage	211.15	203.98	198.73	190.05	178.25	173.30	183.31	162.97	156.05
A-1 Assembly, theaters, without stage	193.16	185.99	180.74	172.06	160.31	155.36	165.32	145.04	138.12
A-2 Assembly, nightclubs	163.22	158.56	154.17	148.00	138.96	135.24	142.52	126.06	121.36
A-2 Assembly, restaurants, bars, banquet halls	162.22	157.56	152.17	147.00	136.96	134.24	141.52	124.06	120.36
A-3 Assembly, churches	195.10	187.93	182.68	174.00	162.21	157.26	167.26	146.94	140.02
A-3 Assembly, general, community halls, libraries, museums	163.81	156.64	150.39	142.71	129.91	125.96	135.97	114.63	108.71
A-4 Assembly, arenas	192.16	184.99	178.74	171.06	158.31	154.36	164.32	143.04	137.12
B Business	164.76	158.78	153.49	145.97	132.45	127.63	139.92	116.43	110.93
E Educational	176.97	170.85	165.64	158.05	146.37	138.98	152.61	127.91	123.09
F-1 Factory and industrial, moderate hazard	97.87	93.28	87.66	84.46	75.44	72.26	80.79	62.17	58.48
F-2 Factory and industrial, low hazard	96.87	92.28	87.66	83.46	75.44	71.26	79.79	62.17	57.48
H-1 High Hazard, explosives	91.74	87.15	82.53	78.33	70.49	66.31	74.66	57.22	N.P.
H234 High Hazard	91.74	87.15	82.53	78.33	70.49	66.31	74.66	57.22	52.53
H-5 HPM	164.76	158.78	153.49	145.97	132.45	127.63	139.92	116.43	110.93
I-1 Institutional, supervised environment	164.82	159.04	154.60	147.90	135.84	132.25	144.15	121.88	117.55
I-2 Institutional, hospitals	277.07	271.09	265.80	258.28	243.90	N.P.	252.23	227.88	N.P.
I-2 Institutional, nursing homes	193.00	187.02	181.74	174.22	160.98	N.P.	168.16	144.96	N.P.
I-3 Institutional, restrained	187.72	181.73	176.45	168.93	156.64	150.82	162.87	140.63	133.13
I-4 Institutional, day care facilities	164.82	159.04	154.60	147.90	135.84	132.25	144.15	121.88	117.55
M Mercantile	121.57	116.92	111.53	106.36	96.96	94.25	100.88	84.07	80.36
R-1 Residential, hotels	166.21	160.43	155.99	149.29	137.39	133.80	145.70	123.43	119.10
R-2 Residential, multiple family	139.39	133.61	129.17	122.47	111.23	107.64	119.54	97.27	92.94
R-3 Residential, one- and two-family	131.18	127.60	124.36	121.27	116.43	113.53	117.42	108.79	101.90
R-4 Residential, care/assisted living facilities	164.82	159.04	154.60	147.90	135.84	132.25	144.15	121.88	117.55
S-1 Storage, moderate hazard	90.74	86.15	80.53	77.33	68.49	65.31	73.66	55.22	51.53
S-2 Storage, low hazard	89.74	85.15	80.53	76.33	68.49	64.31	72.66	55.22	50.53
U Utility, miscellaneous	71.03	67.02	62.71	59.30	52.86	49.43	56.33	41.00	39.06

- Private Garages use Utility, miscellaneous
- Unfinished basements (all use group) = \$15.00 per sq. ft.
- For shell only buildings deduct 20 percent
- N.P. = not permitted



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

**SINGLE FAMILY APPLICATION CHECKLIST
2007 FLORIDA RESIDENTIAL CODE**

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

X 1 COPY COMPLETED PERMIT APPLICATION INCLUDING:

- LEGAL DESCRIPTION
- NOTARIZED SIGNATURE OF OWNER AND CONTRACTOR
- PROOF OF OWNERSHIP (RECORDED WARRANTY DEED OR TAX BILL)
- NON-REFUNDABLE \$350.00 PLAN SUBMITTAL FEE

 2 COPIES SURVEYS SHOWING THE FOLLOWING

- LOCATION OF ALL STRUCTURES PROPOSED AND EXISTING WITH DIMENSIONS TO PROPERTY LINES
- LOCATION OF DRIVEWAY AND REQUIRED TURNABOUTS WITH DIMENSIONS
- WALKWAYS AND PLANTERS, LOCATION OF ALL FENCES
- LOCATION OF ALL ACCESSORY BUILDINGS OR STRUCTURES
- FLOOD ZONE LINE OR LINES IN RELATIONSHIP TO STRUCTURES PROPOSED OR EXISTING
- FLOOD ZONE WITH BASE FLOOR ELEVATION WITH CURRENT ADOPTION DATE
- LEGAL DESCRIPTION OF LOT
- LOT DIMENSIONS AND BEARINGS
- STREET AND WATERWAY NAMES
- GRADE ELEVATIONS (PROPOSED AND EXISTING)
- EXISTING AND PROPOSED STRUCTURES, DECKS, PADS, ETC.
- PROPOSED FINISHED FLOOR ELEVATIONS
- CROWN OF ROAD(S), EASEMENTS, BUILDING SETBACK LINES, ALL ENCROACHMENTS INTO SETBACKS
- WELL LOCATIONS (PROPOSED AND EXISTING)
- SEPTIC DRAIN FIELD(S) (PROPOSED AND EXISTING)
- CANALS, PONDS, OR RIVERFRONT LOCATIONS, ROAD RIGHT-OF-WAYS
- IMPERVIOUS/PERVIOUS CALCULATIONS
- ALL ENCROACHMENTS MUST BE ABATED OR VARIANCES RECEIVED PRIOR TO ISSUANCE OF BUILDING PERMIT.
- CERTIFICATION TO THE TOWN OF SEWALL'S POINT

 2 COPIES SITE PLAN INDICATING THE FOLLOWING"

- SITE RETENTION CALCULATIONS, DELINEATED RETENTION AREAS AND DIRECTION OF DRAINAGE.
- INDICATE THE SIZE, SPECIES AND LOCATION OF ANY TREES TO BE REMOVED, RELOCATED OR PLANTED
- ALL AREAS OF EXCAVATION AND DISTURBED SOIL AND PROVISIONS FOR STABILIZATION
- INDICATE PROVISIONS FOR STORMWATER EROSION PREVENTION DURING CONSTRUCTION (SILT FENCING, ETC.)

IF PROPERTY IS OVER ONE (1) ACRE THEN A FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION'S (FDEP) STORMWATER DISCHARGE PERMIT AND SITE RETENTION PLAN IS REQUIRED (APPLICATION AVAILABLE AT TOWN HALL).

X 2 COPIES SEPTIC TANK PERMIT, IF APPLICABLE (PLANS MUST BE STAMPED BY HEALTH DEPT.).

X 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".

X 2 COPIES THE FLORIDA ENERGY CODE FOR THE "SOUTH" ZONE 8

X 2 COPIES MANUAL "J" - WEST PALM BEACH AREA (DRY BULB: SUMMER 91 DEGREES/WINTER 45 DEGREES). MUST SHOW EQUIPMENT SIZE AND TYPE.

X 2 COPIES WINDLOAD CERTIFICATION SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER (IF APPLICABLE INFORMATION IS NOT ON THE PLANS).

X 2 COPIES PRODUCT APPROVAL CHECKLIST SIGNED & SEALED BY THE ARCHITECT OR ENGINEER OF RECORD, (IF APPLICABLE INFORMATION IS NOT ON THE PLANS).

X 1 COPY NOTICE OF COMMENCEMENT, MUST BE SUBMITTED PRIOR TO THE FIRST INSPECTION



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 THEIR DESIGN. ROOF COVERING SPECIFICATIONS/DADE COUNTY OR FLORIDA APPROVAL MUST INCLUDE MANUFACTURER/PRODUCT NAME AND TEST NUMBER.

**IMPACT PROTECTION FOR ALL EXTERIOR GLAZED OPENINGS REQUIRED PER
F.B.C. 2007 1609.1.2 (IMPACT RESISTANT GLASS OR APPROVED SHUTTERS)**

MANDATORY PLAN REQUIREMENTS: A - Y MUST BE PROVIDED

- | | |
|--|---|
| A. Product Approval Affidavit | + |
| B. Energy Code Form 600A-Version 04 - verify square footage | + |
| C. Manual "J"-91° summer/45° winter- South area weather, equip. size, & type | + |
| D. Health Department permit or Utilities verification | + |
| E. High/low lots must comply with Town ordinance Sect. 50-176 (b) (2) | + |
| F. Lowest habitable floor slab elevation or lowest horizontal structural member (V zone) | + |
| G. Foundation Plan: | |
| 1. Footing sizes and reinforcing steel | + |
| 2. Interior bearing wall footings | + |
| 3. Porch footings/pads | + |
| 4. Column pads | + |
| 5. Posts/columns locations and vertical reinforcement | + |
| 6. Frame construction – min. 18" deep footings. | + |
| 7. Structural concrete subject to salt spray (min. 5000 p.s.i.) | + |
| H. Roof Framing Plan | + |
| I. Truss Connector Schedule-address girders | + |
| J. Typical Wall Sections-frame and CBS | + |
| K. Roof assembly described - type, materials, fasteners, flashing, wind resistance rating. | + |
| L. Interior Bearing Wall Section | + |
| M. Exterior elevations, indicate overall building height AFF or NGVD (VE Zone) | + |
| N. Design Pressures – check exposure and end zones | + |
| O. Gable End Detail | + |
| P. Lintel/Header/Beam schedule-sizes/bearing, filled, reinforcing? | + |
| Q. Porch Framing-post and beam connectors, top & bottom | + |
| R. Correct Codes listed | + |
| S. Floor framing plan | + |
| T. Design wind load information: | |
| 1. Basic wind speed – verify | + |
| 2. Importance factor | + |
| 3. Exposure – verify | + |
| 4. Internal pressure coefficient | + |
| U. Tile roof installation | |
| V. Rated separation between residence and garage. | |
| W. A/C duct layout plan in 1/4" scale. | G |
| X. Plumbing riser diagram | |
| Y. "V" Zone Certification for foundations located in the CHHA | ✓ |

STANDARD SINGLE FAMILY PLAN REVIEW CHECKLIST

Floor Plans

- 1. Egress Windows must be labeled on plan.
- 2. Handicap Accessible Bathroom indicated on plans (with fixture dimensions).
- 3. Water Heater- on plan? Relief line cannot be trapped.
- 4. Attic Access- minimum 22"x30" unless roof peak < 30"
- 5. Safety Glass- hazardous locations

✓
✓
✓
✓
✓

Details

- 1. Roof and wall sheathing – nailing zone pattern.
- 2. Buck details- windows, doors, and garage doors
- 3. Chimney/Fireplace/Dormer- construction details
- 4. Stair details- tread and riser, handrails and balcony railing
- 5. Butt glass- engineering details
- 6. Glass block details
- 7. Window head, jamb, & sill details. Impact or shuttered.
(Shutter attachment and substructure for fasteners)
- 8. Frame to masonry connection details
- 9. Exit / Escape door

✓
✓
✓
✓
✓
✓
✓
✓
✓

Electric Plans

- 1. Bathroom – G.F.I. receptacles
- 2. Kitchen – G.F.I. receptacles at counters
- 3. Garage – Min. 1 G.F.I. receptacle, if more all G.F.I.
- 4. Electric Panel Location
- 5. Electric Riser Diagram
- 6. Receptacles – spacing and location
- 7. Outside receptacles – One G.F.I. / W.P. front and rear of house
- 8. Switches location
- 9. Smoke detectors per code – bedroom (sleeping) areas & stairs, AFCI protection
- 10. U.F.E.R. ground required
- 11. Attic access light w/pull chain or switch
- 12. Disconnects at Water Heater & A.C. Units
- 13. Branch circuit arc-fault protection in bedrooms
- 14. Toilet rooms (interior) shall be mechanically ventilated.

✓
✓
✓
✓
✓
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✓
✓
✓
✓
✓
✓

H.V.A.C.

- 1. Balanced return air: transfer louvers or ducted return.
- 2. Access to equipment in attic.
- 3. Duct work, A/H protection in Garage.

✓
✓
✓



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

V-ZONE CERTIFICATION

Note: This V-Zone Certificate is not a substitute for and cannot be used without the required NFIP Elevation Certificate (See FEMA Fact Sheet No. 4), which is required for flood insurance rating. This certificate must be filled out by a Florida registered Architect or Engineer.

Name _____ Insurance Policy No. _____

Building Address or Legal Description _____

City _____ State _____ Zip Code _____

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. _____ Panel No. _____ Suffix _____ Date of FIRM index _____ Zone _____

SECTION II: Elevation Information

1. Elevation of the bottom of the lowest horizontal structural member..... _____ feet (NGVD)
2. Base Flood Elevation (BFE)..... _____ feet (NGVD)
3. Elevation of the lowest adjacent grade..... _____ feet (NGVD)
4. Approximate depth of anticipated scour/erosion used for foundation design.... _____ feet (NGVD)
5. Embedment depth of pilings or foundation below lowest adjacent grade..... _____ feet (NGVD)

SECTION III: V-Zone Certification Statement

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest habitable floor (excluding piles and columns) is elevated one (1) foot above the BFE; and
- The pile and column foundation and structure attached hereto is anchored to resist flotation, collapse, and lateral movement due to the affects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values are those required by the Florida Building Code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Certification Statement

Note: This section must be certified when breakaway walls exceed a design safe loading resistance of 20 lbs. per sq. ft.

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used for breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway wall collapse shall result from water loads less than that would occur during the base flood;and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads (defined in section III) acting simultaneously on all building components.

SECTION V: Certification

Certifier' Name _____ Company Name _____

Title _____ Florida License No. _____

Address _____ City _____ State _____ Zip Code _____

Signature _____ Date _____ Telephone Number _____

Seal



OWNER'S COPY

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

PERMIT #: 43-SS-1388269
APPLICATION #: AP1058884
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR865306

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: Chip Bauer (Seagate Builders)

PROPERTY ADDRESS: SE Tuscan Ln Stuart, FL 34994

LOT: 1 BLOCK: _____ SUBDIVISION: Noni Estates

PROPERTY ID #: 01-38-41-016-000-00010-0
[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [1,050] GALLONS / GPD Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []
D [667] SQUARE FEET If installed in a bed SYSTEM
R [500] SQUARE FEET If installed in trenches SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [] TRENCH [x] BED []

F LOCATION OF BENCHMARK: CROWN OF ROAD (ORANGE SPOT), ELV. 5.69FT NGVD

I ELEVATION OF PROPOSED SYSTEM SITE [10.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [14.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O
T
H
E
R
The licensed contractor installing the system is responsible for installing the minimum category of tank and drainfield in accordance with s. 64E-6, FAC.
See attached general and special conditions lists.

SPECIFICATIONS BY: Duen N Ogilvie TITLE: Environmental Specialist II

APPROVED BY: Ray R Cross TITLE: Environmental Specialist 11-07-2012 Martin CHD

DATE ISSUED: 01/31/2012 EXPIRATION DATE: 07/31/2013

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC



Martin County Health Department

SEPTIC SYSTEM GENERAL CONDITIONS LIST

PERMIT 43-SS- 1388269

- If the minimum finished floor foundation elevation (F.F.F.E.) is below the drainfield filled elevation of N/A inches (above original grade _____), please contact this office to determine possible setback changes from the drainfield (setback is calculated by adding 4:1 slope, 4-foot shoulder and possible berm). Additionally, if the driveway or sidewalk is proposed to be lower than the drainfield filled elevation, please contact the department to determine possible setback changes. Note: Local building authority determines minimum F.F.F.E. and stub out requirements. Health Department recommendations are used for drainfield fill and setback requirements only.
- For single-family homes, if the roof drip line is within 5 feet of the drainfield, shoulder or slope and the roof drains toward the septic system, gutters are required.
- Septic system must be installed in unobstructed area as shown on the approved site plan. Alteration of the information or conditions of this permit found to be in non-compliance will be sufficient cause for revocation of this permit. If any information on a permit changes, an amended application and \$50 review fee must be submitted to our office immediately.
- Future ponds or surface water created onsite must be greater than 75' from septic system.
- The mound area must be sodded prior to a request for final grade inspection.
- Non-potable irrigation lines must be separated from the drainfield by two feet unless an approved backflow prevention device is properly installed.
- A \$75.00 re-inspection fee is required if violations are found during the septic system inspection.
- If an inspector does not witness the work conducted during a septic abandonment, the contractor must submit a statement that the work was completed.
- If a professional engineer designs the septic system, the engineer must certify that the installed system complies with the design and installation requirements.
- For commercial operations, occupational approval will not be given until all requirements for an onsite public water system, food operation or institutional establishment are met.

ADDITIONAL CONDITIONS LIST Special conditions marked "X" are in effect

- 1. Driveway and sidewalk elevation must be at least 6" higher than the top of the drainfield elevation. The driveway cannot be constructed within 4 feet of the system's available area.
- 2. Prior to final construction approval, the property owner must apply for an operating permit and pay the \$_____ Annual Permit Fee (For ___ Indust./Manuf. ___ Aerobic System ___ Commercial System ___ Performance-Based).

Excavation requirements: (Note: Excavation refers to removal of natural or existing soils, not pad fill)

- 1. Excavate one foot beyond drainfield area to a depth of _____ inches below natural/ existing grade elevation of _____ feet N.G.V.D. / Assumed. In addition to item #1, 33% of unsuitable soils at depths greater than _____ inches below #1 elevation above must be removed to a depth of slightly limited soils.
- 2. If the proposed drainfield is to be installed within 10 feet of a building foundation or swimming pool structure, the four-foot drainfield shoulder must be filled with suitable soils prior to building construction.
- 3. If a mound or filled drainfield is proposed, see following sketch. An engineer's design is required if a retaining wall is proposed within the drainfield slope areas of a mound system. No boulders or trees are allowed within the drainfield or drainfield shoulder area. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.

Ron Crain 1/31/2012 See Reverse Side for Mound or Filled Drainfield Requirements
Completed By Date



Martin County Health Department

SEPTIC SYSTEM SPECIAL CONDITIONS FOR PERMIT 43-SS- 1388269

The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3)(f), FAC.

CONDUCT SOIL BORINGS DURING INSPECTION TO VERIFY SOIL TYPE AND WATER TABLE FROM OTHERS.

FILL REQUIRED NOTED ABOVE MUST BE OF SLIGHTLY LIMITED QUALITY IN THE INSTALLATION AREA WITH A MINIMUM OF 4 FOOT SHOULDER BEYOND THE DRAINFIELD SIDE WALL (ANY UNSUITABLE PAD FILL IN THE SHOULDER AND UNDER THE DRAINFIELD MUST BE REMOVED AND REPLACED WITH SUITABLE SOIL).

DRAINFIELD MUST BE A MINIMUM OF TEN FEET FROM BUILDING FOUNDATION.

MAINTENANCE SERVICE AGREEMENT REQUIRED.

ANNUAL OPERATING PERMIT FROM MARTIN CO. HEALTH DEPARTMENT IS REQUIRED.

MAINTAIN A MINIMUM OF FEET FROM SURFACE WATER.

THE DRAINFIELD MUST BE AT LEAST 5 FEET FROM PROPERTY LINES BUILDING FOUNDATION OTHER . (NOTE: For Mounded Drainfields Setback, Use four foot shoulder and 4:1 slope plus 1.5 foot Swale/ Berm Unless Applies to Repairs Using Shoulder Setback Reductions From Table V.)

INSTALL AN APPROVED OUTLET FILTER DEVICE IN THE SEPTIC TANK.

A MINIMUM OF 6 INCHES AND MAXIMUM OF 18 INCHES OF MODERATELY OR SLIGHTLY LIMITED SOIL CAP IS ALLOWED OVER DRAINFIELD.

STATE CODE REQUIRES A MINIMUM DRAINFIELD SIZE OF SQUARE FEET.

THE DRAINFIELD MUST BE PROPERLY GRADED AND STABILIZED PRIOR TO FINAL APPROVAL.

POTABLE WATER LINES WITHIN 10 FEET OF THE SYSTEM MUST BE SLEEVED AND SEALED UNLESS THE WATER LINES THEMSELVES CONSIST OF SCHEDULE 40 PVC OR STRONGER MATERIAL AND NEVER LESS THAN 24 INCHES FROM THE SYSTEM.

POTABLE WATER LINES WITHIN 5 FEET OF A DRAINFIELD SHALL NOT BE LOWER THAN THE DRAINFIELD ELEVATION.

POTABLE WATER LINES MUST BE INSTALLED AND EXPOSED AT THE TIME OF THE INITIAL INSTALLATION INSPECTION.

REPAIRED MOUND AND FILLED DRAINFIELDS MUST BE PROPERLY GRADED AND SODDED/ STABILIZED WITHIN 14 DAYS OF SYSTEM CONSTRUCTION APPROVAL.

___ RECOMMEND DRAINAGE FEATURE PREVENT RUNOFF INTO FOUNDATIONS.

___ P.E. SYSTEM DESIGN REQUIRED.

___ MAXIMUM DOSE CYCLE = 6 TIMES PER DAY. ___ PUMP(S) REQUIRED. DOSE ENTIRE DRAINFIELD EACH CYCLE. PUMP(S) MUST BE CERTIFIED AS SUITABLE FOR DISTRIBUTION OF SEWAGE EFFLUENT.

___ AN OPERATIONAL TEST OF THE PUMPS AND HIGH WATER ALARM (AUDIBLE AND VISUAL) IS REQUIRED PRIOR TO FINAL CONSTRUCTION APPROVAL.

___ EFFLUENT TRANSMISSION LINES MUST BE 5 FEET AWAY FROM POTABLE WATER LINES UNLESS THE TRANSMISSION IS SCHEDULE 40 PVC OR STRONGER AND IT IS AT LEAST 12 INCHES LOWER THAN THE POTABLE WATER LINE.

___ SEPTIC TANK MUST BE PUMPED PRIOR TO INSTALLION OF THE DRAINFIELD.

___ AGGREGATE, SOIL, AND OTHER COMPONENTS OF SPOIL MATERIALS FROM DRAINFIELD REPAIRS CANNOT BE USED IN SYSTEM REPAIR IN ANY MANNER. CONTRACTORS MUST PROPERLY DISPOSE OF SPOILS MATERIAL BEFORE FINAL INSPECTION AND NEVER CREATE A SANITARY NUISANCE WITH STORAGE OF SPOILS (SEE HSES MEMO 05-010).

___ SYSTEM REPAIRS MUST INSTALLATION MUST BE COMPLETED WITHIN 30 DAYS OF SYSTEM PERMITTING OR CONTRACT DATE UNLESS OTHERWISE EXTENDED BY THE APPLICANT.

___ LANDSCAPE FEATURES SUCH AS BOULDERS OR TREES ARE NOT ALLOWED ON FILLED OR MOUNDED DRAINFIELDS OR SHOULDERS.

___ VEGETATION COVER ON DRAINFIELDS OTHER THAN SOD MUST BE APPROVED BY THE STATE HEALTH OFFICE.

___ PUMP SEPTIC TANK (DONE BY CERTIFED COMPANY), CRUSH OR RUPTURE TANK BOTTOM, SUBMIT TANK PUMPOUT RECEIPT, CONTACT DEPARTMENT FOR INSPECTION.

___ ADDITIONAL FEES MAY APPLY. ___ \$ 50 2ND INSPECTION FEE.

___ ALL ATTACHED GENERAL AND SPECIAL CONDITIONS MUST BE COMPLETED PRIOR TO FINAL INSPECTION AND APPROVAL.

OTHER: _____

NAME: Ray Cron DATE: 1/31/2012

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee, Florida 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

020205175

1-25-12

43-55-1388269
PERMIT #. AP 1058884



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

APPLICANT: Chip Bauer AGENT: SJB

LOT: 1 BLOCK: _____ SUBDIVISION: Noni Estates

PROPERTY ID #: _____ [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: YES NO NET USABLE AREA AVAILABLE: 0.89 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE 2]
AUTHORIZED SEWAGE FLOW: 2,225 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1,500 SQFT UNOBSTRUCTED AREA REQUIRED: 1001 SQFT

BENCHMARK/REFERENCE POINT LOCATION: CROWN OF ROAD (ORANGE SPOT) ELV 5.69 FT NGVD
ELEVATION OF PROPOSED SYSTEM SITE IS 10 [INCHES/FT] ABOVE BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: _____ FT DITCHES/SWALES: _____ FT NORMALLY WET? YES NO
WELLS: PUBLIC: _____ FT LIMITED USE: _____ FT PRIVATE: _____ FT NON-POTABLE: _____ FT
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 20 FT POTABLE WATER LINES: 80 FT

SITE SUBJECT TO FREQUENT FLOODING: YES NO 10 YEAR FLOODING? YES NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: 6.5 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 6/2 UBLGR	SAND	0 TO 12
10YR 7/2 UGR	SAND	12 TO 18
10YR 8/1 WH	SAND	18 TO 48
10YR 8/2	SAND	48 TO 60
ROUSAC	200 WET	60 TO 72
		TO
<u>OBSERVED</u>	<u>H₂O @ 48"</u>	TO
USDA SOIL SERIES: #41 JONATHAN CLAY		

SOIL PROFILE INFORMATION SITE 2

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 6/2 UBLGR	SAND	0 TO 12
10YR 7/2 UGR	SAND	12 TO 18
10YR 8/1 WH	SAND	18 TO 48
10YR 8/2	SAND	48 TO 60
ROUSAC	200 WET	60 TO 72
		TO
<u>OBSERVED</u>	<u>H₂O @ 48"</u>	TO
USDA SOIL SERIES: #41 JONATHAN CLAY		

OBSERVED WATER TABLE: 48 INCHES [ABOVE BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 48 INCHES [ABOVE BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: YES NO MOTTLING: YES NO DEPTH: 48 INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 0.8/0.6 SAND DEPTH OF EXCAVATION: N/A INCHES
DRAINFIELD CONFIGURATION: TRENCH OR BED OTHER (SPECIFY)

REMARKS/ADDITIONAL CRITERIA: BM (ORANGE SPOT MARKER) CROWN OF ROAD @ 5.69 NGVD) ELV = 47"; AA SITE #1 & 2 ELV = 36 1/2"; AA IS 10 1/2" ABOVE BM. ESTIMATED WET SEASON WATER TABLE CAUSE @ 48" WHERE OBSERVED @ THE LOW CURVA MATRIX APPEARS TO BE TOTALLY INFLUENCED.

SITE EVALUATED BY: Drew-Nae O'Grady Rm DATE: 01/25/2012

Carry H₂O Available



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

RECEIVED
JAN 20 2012
MARTIN COUNTY HEALTH DEPT.

43-55-1388269
PERMIT NO.
DATE PAID: 1-20-12
FEE PAID: 450.00
RECEIPT #: 1806626
AD1058884

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: CHIP BAUER / SEAGATE BUILDERS

AGENT: STEPHEN J. BROWN FAX: 288-9945
TELEPHONE: 288-7176

MAILING ADDRESS: 619 EAST 5th STREET STUART, FL 34994

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 1 BLOCK: _____ SUBDIVISION: NON-ESTATES PLATTED: 5/6/05

PROPERTY ID #: 01-38-41-016-000-00010-0 ZONING: _____ I/M OR EQUIVALENT: Y N

PROPERTY SIZE: 0.89 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? Y N DISTANCE TO SEWER: 1000+ FT

PROPERTY ADDRESS: SE TUSCAN LAKE - SEWALL'S PT.

DIRECTIONS TO PROPERTY: SEWALL'S POINT ROAD SOUTH TO TUSCAN LANE - WEST 1st LOT TO THE SOUTH

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
---------	-----------------------	-----------------	--------------------	--

1	<u>SINGLE FAMILY</u>	<u>A</u>	<u>3179</u>	<u>400 GPD SJB</u>
2				
3				
4				

Floor/Equipment Drains Other (Specify) DISPOSAL

SIGNATURE: STEPHEN J. BROWN DATE: 1/19/12

APPLICANT'S NAME: CHIP BAUER / YEAGATE BUILDERS

LEGAL DESCRIPTION: LOT 1 NONI B STATES

PROPOSED SEPTIC SYSTEM SITE INFORMATION

I certify that there are no potable private wells within 75 feet of the available area for the proposed septic system, that there are no non-potable wells within 50 feet of the available area for the proposed septic system, that there are no wells within 25 feet of a pesticide-treated building foundation, that there are no public wells that serve less than 25 people or less than 15 homes or businesses within 100 feet of the proposed septic system, that there are no public wells that serve more than 25 people or more than 15 homes or businesses within 200 feet of the proposed septic system, that the water line from the water meter or well to the structure is at least 10 feet from the available area for the proposed septic system unless the plans show the line to be double sleeved, that there is not a gravity sewer line, low pressure sewer line or vacuum sewage line in a public easement or right-of-way that abuts the property, that there are no lakes, streams, wetlands, or surface water within 75 feet of the available area for the proposed septic system unless the property was created prior to 1972, that the septic system is proposed on the side of the lot farthest from surface water, that all private wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicant's lot are shown on the site plan, that all public wells within 200 feet of the applicant's lot are shown on the site plan, and that the location of building or residences, swimming pools, recorded easements, paved areas or driveways, sidewalks, the general slope of the property, filled areas, drainage features, and surface waters such as lakes, ponds, streams, canals, or wetlands are shown on the applicants lot.

The natural grade elevation in the area of the proposed septic system and the benchmark must be shown on the site plan. Please locate the benchmark within 200 feet of the proposed septic system.

NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OR ENGINEER.

CERTIFIED BY: STEPHEN J. BROWN
FLORIDA PROFESSIONAL NO.: 1049
DATE: 11/1/02 JOB NO.: 5012-01-01



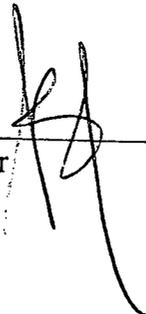
STEPHEN J. BROWN, INC

Surveyors • Designers • Land Planners • Consultant

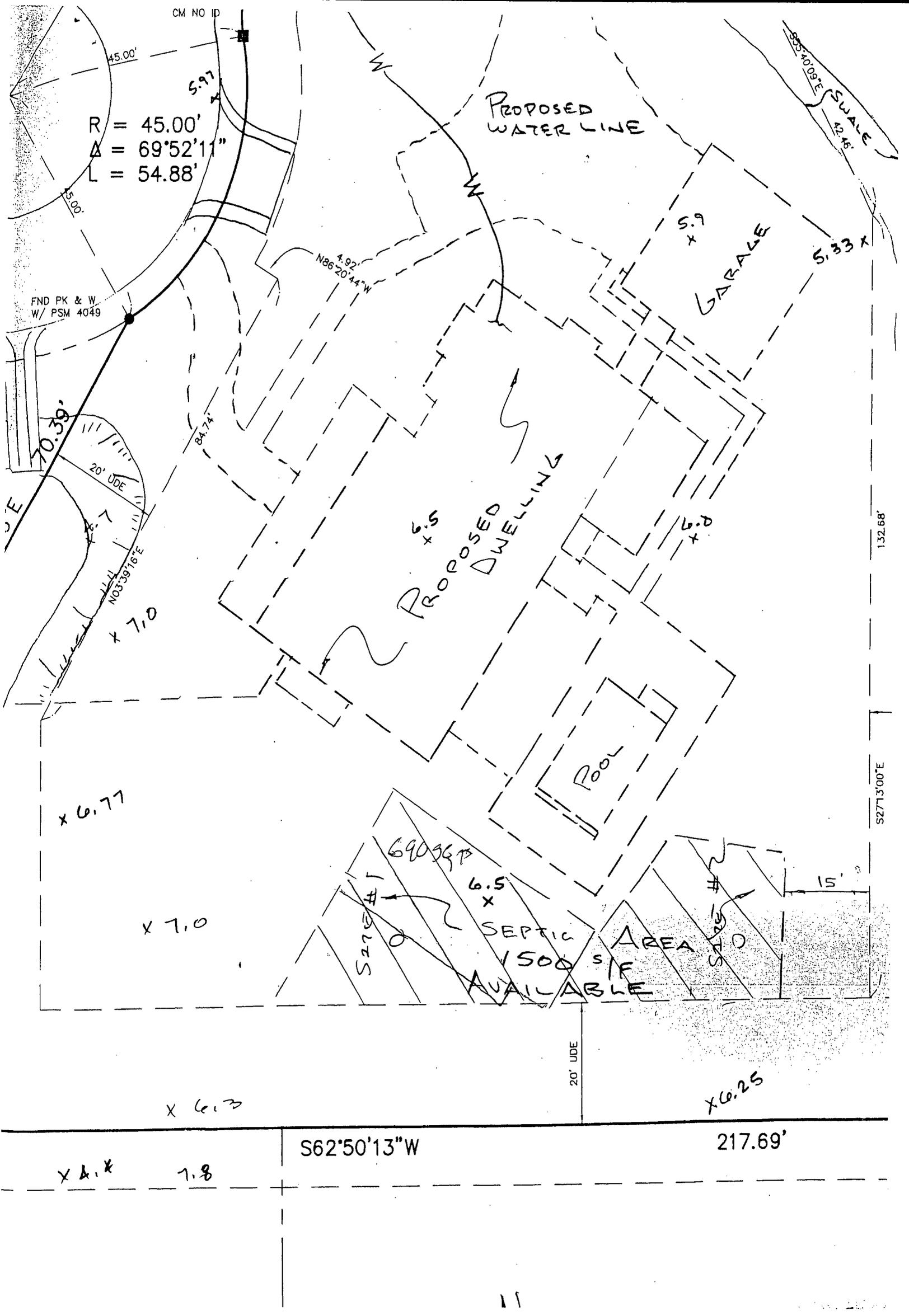
LEGAL DESCRIPTION

LOT 1, NONI ESTATES, AS RECORDED IN
PLAT BOOK 16, PAGE 7, PUBLIC RECORDS
OF MARTIN COUNTY, FLORIDA.

I, Sherwood Bauer, Jr., owner of the above referenced property have authorized Stephen J. Brown, Inc. to act as my authorized representative and to act on my behalf in all aspects of an application for a septic system.

Owner: 

1/19/12
Date



ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 83

The lower the EnergyPerformance Index, the more efficient the home.

LOT 3 NONI ESTATES, STUART, FL,

<p>1. New construction or existing 2. Single family or multiple family 3. Number of units, if multiple family 4. Number of Bedrooms 5. Is this a worst case? 6. Conditioned floor area (ft²)</p>	<p>New (From Plans) Single-family 1 4 No 3179</p>	<p>9. Wall Types a. Concrete Block - Int Insul, Exterior b. N/A c. N/A d. N/A</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Insulation</td> <td style="text-align: right;">Area</td> </tr> <tr> <td style="text-align: right;">R=4.0</td> <td style="text-align: right;">2512.80 ft²</td> </tr> <tr> <td style="text-align: right;">R=</td> <td style="text-align: right;">ft²</td> </tr> <tr> <td style="text-align: right;">R=</td> <td style="text-align: right;">ft²</td> </tr> <tr> <td style="text-align: right;">R=</td> <td style="text-align: right;">ft²</td> </tr> </table>	Insulation	Area	R=4.0	2512.80 ft ²	R=	ft ²	R=	ft ²	R=	ft ²																										
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I certify that this home has complied with the Florida Energy Efficiency Code for Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____

Date: 11/9/12

Address of New Home: #1 Tuscan Ln

City/FL Zip: STUART FL 34994



Department of Community Affairs at (850) 487-1824.

**Label required by Section 13-104.4.5 of the Florida Building Code, Building, or Section B2.1.1 of Appendix G of the Florida Building Code, Residential, if not DEFAULT.

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Performance Method A

Project Name: Bauer Street: LOT 3 NONI ESTATES City, State, Zip: STUART, FL, Owner: BAUER RESIDENCE Design Location: FL, West Palm Beach	Builder Name: SEA GATE BUILDERS Permit Office: Permit Number: Jurisdiction:
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Glass/Floor Area: 0.158

Total As-Built Modified Loads: 65.50
 Total Baseline Loads: 79.29

PASS

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: [Signature]
 DATE: 2/22/12

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER/AGENT: [Signature]
 DATE: 2/22/12

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.



BUILDING OFFICIAL: [Signature]
 DATE: 3.12.12

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

PROJECT

Title: Bauer	Bedrooms: 4	Address Type: Street Address
Building Type: FLAsBuilt	ConditionedArea: 3179	Lot #
Owner: BAUER RESIDENCE	Total Stories: 1	Block/SubDivision:
# of Units: 1	Worst Case: No	PlatBook:
BuilderName: SEA GATE BUILDERS	RotateAngle: 0	Street: LOT 3 NONI ESTATES
Permit Office:	CrossVentilation: No	County: MARTIN
Jurisdiction:	Whole House Fan: No	City, State, Zip: STUART ,
Family Type: Single-family		FL ,
New/Existing: New (From Plans)		
Comment:		

CLIMATE

	DesignLocation	TMY Site	IECC Zone	Design Temp		Int Design Temp		Heating DegreeDays	Design Moisture	Daily Temp Range
✓				97.5 %	2.5 %	Winter	Summer			
_____	FL, West Palm Beach	FL_WEST_PALM_BEAC	2	44	90	75	70	316	60	Medium

FLOORS

	#	Floor Type	Perimeter	R-Value	Area	Tile	Wood	Carpet
_____	1	Slab-On-GradeEdgeInsulation	264.5 ft	0	3179.3 ft²	0	0	1

ROOF

	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	Tested	Deck Insul.	Pitch
_____	1	Gable or Shed	Compositionshingles	3555 ft²	796 ft²	Medium	0.9	N	0	26.6 deg

ATTIC

	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Vented	0	3179 ft²	N	N

CEILING

	#	Ceiling Type	R-Value	Area	Framing Frac	Truss Type
_____	1	Under Attic (Vented)	30	3178.9 ft²	0.1	Wood

WALLS

	#	Ornt	Adjacent To	Wall Type	Cavity R-Value	Area	Sheathing R-Value	Framing Fraction	Solar Absor.
_____	1	NE	Exterior	Concrete Block - Int Insul	4	527.25 ft²	0	0	0.8
_____	2	SE	Exterior	Concrete Block - Int Insul	4	726.75 ft²	0	0	0.8
_____	3	SW	Exterior	Concrete Block - Int Insul	4	532 ft²	0	0	0.8
_____	4	NW	Exterior	Concrete Block - Int Insul	4	726.75 ft²	0	0	0.8

WINDOWS

Orientation shown is the entered, asBuilt orientation.

✓	#	Ornt	Frame	Panes	NFRC	U-Factor	SHGC	Storms	Area	Overhang		Int Shade	Screening
										Depth	Separation		
_____	1	NE	TIM	Single(Clear)	Yes	0.61	0.31	N	24 ft²	1 ft 0 in	0 ft 0 in	HERS 2006	None
_____	2	NE	TIM	Single(Clear)	Yes	0.61	0.31	N	45 ft²	1 ft 0 in	0 ft 0 in	HERS 2006	None
_____	3	SE	TIM	Single(Clear)	Yes	0.61	0.31	N	8 ft²	1 ft 0 in	0 ft 0 in	HERS 2006	None
_____	4	SE	TIM	Single(Clear)	Yes	0.61	0.31	N	30 ft²	1 ft 0 in	0 ft 0 in	HERS 2006	None
_____	5	SE	TIM	Single(Clear)	Yes	0.61	0.31	N	60 ft²	8 ft 0 in	0 ft 0 in	HERS 2006	None
_____	6	SW	TIM	Single(Clear)	Yes	0.61	0.31	N	24 ft²	1 ft 0 in	0 ft 0 in	HERS 2006	None
_____	7	SW	TIM	Single(Clear)	Yes	0.61	0.31	N	8 ft²	1 ft 0 in	0 ft 0 in	HERS 2006	None
_____	8	SW	TIM	Single(Clear)	Yes	0.61	0.31	N	45 ft²	1 ft 0 in	0 ft 0 in	HERS 2006	None
_____	9	NW	TIM	Single(Clear)	Yes	0.61	0.31	N	72 ft²	14 ft 0 in	0 ft 0 in	HERS 2006	None
_____	10	NW	TIM	Single(Clear)	Yes	0.61	0.31	N	8 ft²	1 ft 0 in	0 ft 0 in	HERS 2006	None
_____	11	NW	TIM	Single(Clear)	Yes	0.61	0.31	N	45 ft²	1 ft 0 in	0 ft 0 in	HERS 2006	None
_____	12	NW	TIM	Single(Clear)	Yes	0.61	0.31	N	54 ft²	1 ft 0 in	0 ft 0 in	HERS 2006	None
_____	13	NW	TIM	Single(Clear)	Yes	0.61	0.31	N	54 ft²	14 ft 0 in	0 ft 0 in	HERS 2006	None
_____	14	NE	TIM	Single(Clear)	Yes	0.61	0.31	N	24 ft²	1 ft 0 in	0 ft 0 in	HERS 2006	None

INFILTRATION & VENTING

✓	Method	SLA	CFM 50	ACH 50	ELA	EqLA	--- Forced Ventilation ---		Run Time Fraction	Fan Watts
							Supply CFM	Exhaust CFM		
_____	Default	0.00036	3002	5.96	164.8	309.9	0 cfm	0 cfm	0	0

COOLING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Ducts
_____	1	Central Unit	None	SEER: 14	59 kBtu/hr	1770 cfm	0.7	sys#1
_____	2	Central Unit	None	SEER: 14	17.4 kBtu/hr	522 cfm	0.7	sys#0

HEATING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Ducts
_____	1	Electric Strip Heat	None	COP: 1	36.8 kBtu/hr	sys#1
_____	2	Electric Strip Heat	None	COP: 1	9.73 kBtu/hr	sys#0

HOT WATER SYSTEM

✓	#	System Type	EF	Cap	Use	SetPnt	Conservation
_____	1	Electric	0.97	80 gal	70 gal	120 deg	None

SOLAR HOT WATER SYSTEM

✓	FSEC Cert #	CompanyName	System Model #	Collector Model #	Collector Area	Storage Volume	FEF
_____	None	None			ft²		

DUCTS

✓ #	---- Supply ----			---- Return ----		LeakageType	Air Handler	CFM 25	Percent Leakage	QN	RLF
	Location	R-Value	Area	Location	Area						
1	Attic	6	200 ft²	Attic	50 ft²	DefaultLeakage	Interior	(Default) c	(Default) %		

TEMPERATURES

ProgramableThermostat: N			Ceiling Fans:										
Cooling	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec	
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ThermostatSchedule: HERS 2006 Reference		Hours											
ScheduleType		1	2	3	4	5	6	7	8	9	10	11	12
Cooling (WD)	AM	78	78	78	78	78	78	78	78	78	78	78	78
	PM	78	78	78	78	78	78	78	78	78	78	78	78
Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	78	78	78
	PM	78	78	78	78	78	78	78	78	78	78	78	78
Heating (WD)	AM	68	68	68	68	68	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	68	68
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Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: LOT 3 NONI ESTATES
STUART, FL,

PERMIT #:

INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	N1106.AB.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	N1106.AB.1.2	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	N1106.AB.1.2	Penetrations/openings > 1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	N1106.AB.1.2	Between walls & ceilings; penetrations of ceiling plane to top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	N1106.AB.1.2	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	N1106.AB.1.2	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	N1106.AB.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	N1112.AB.3	Comply with efficiency requirements in Table N1112.ABC.3 Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	N1112.AB.2.3	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%. Heat pump pool heaters shall have a minimum COP of 4.0.	
Showerheads	N1112.AB.2.4	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	N1110.AB	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section N1110.AB. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	N1107.AB.2	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	N1104.AB.1 N1102.B.1.1	Ceilings-Min. R-19. Common walls-frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 83

The lower the EnergyPerformance Index, the more efficient the home.

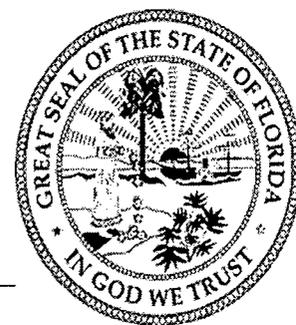
LOT 3 NONI ESTATES, STUART, FL,

<p>1. New construction or existing 2. Single family or multiple family 3. Number of units, if multiple family 4. Number of Bedrooms 5. Is this a worst case? 6. Conditioned floor area (ft²)</p>	<p>New (From Plans) Single-family 1 4 No 3179</p>	<p>9. Wall Types a. Concrete Block - Int Insul, Exterior b. N/A c. N/A d. N/A</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Insulation</td> <td style="text-align: right;">Area</td> </tr> <tr> <td style="text-align: right;">R=4.0</td> <td style="text-align: right;">2512.80 ft²</td> </tr> <tr> <td style="text-align: right;">R=</td> <td style="text-align: right;">ft²</td> </tr> <tr> <td style="text-align: right;">R=</td> <td style="text-align: right;">ft²</td> </tr> <tr> <td style="text-align: right;">R=</td> <td style="text-align: right;">ft²</td> </tr> </table>	Insulation	Area	R=4.0	2512.80 ft ²	R=	ft ²	R=	ft ²	R=	ft ²																														
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<p>7. Windows**</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;">Description</td> <td style="width: 15%;">Area</td> </tr> <tr> <td>a. U-Factor:</td> <td>Sgl, U=0.61</td> <td>501.00 ft²</td> </tr> <tr> <td>SHGC:</td> <td>SHGC=0.31</td> <td></td> </tr> <tr> <td>b. U-Factor:</td> <td>N/A</td> <td>ft²</td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> </tr> <tr> <td>c. U-Factor:</td> <td>N/A</td> <td>ft²</td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> </tr> <tr> <td>d. U-Factor:</td> <td>N/A</td> <td>ft²</td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> </tr> <tr> <td>e. U-Factor:</td> <td>N/A</td> <td>ft²</td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> </tr> </table>		Description	Area	a. U-Factor:	Sgl, U=0.61	501.00 ft ²	SHGC:	SHGC=0.31		b. U-Factor:	N/A	ft ²	SHGC:			c. U-Factor:	N/A	ft ²	SHGC:			d. U-Factor:	N/A	ft ²	SHGC:			e. U-Factor:	N/A	ft ²	SHGC:			<p>10. Ceiling Types a. Under Attic (Vented) b. N/A c. N/A</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Insulation</td> <td style="text-align: right;">Area</td> </tr> <tr> <td style="text-align: right;">R=30.0</td> <td style="text-align: right;">3178.90 ft²</td> </tr> <tr> <td style="text-align: right;">R=</td> <td style="text-align: right;">ft²</td> </tr> <tr> <td style="text-align: right;">R=</td> <td style="text-align: right;">ft²</td> </tr> </table>	Insulation	Area	R=30.0	3178.90 ft ²	R=	ft ²	R=	ft ²
	Description	Area																																									
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<p>8. Floor Types</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;">Insulation</td> <td style="width: 15%;">Area</td> </tr> <tr> <td>a. Slab-On-Grade Edge Insulation</td> <td>R=0.0</td> <td>3179.30 ft²</td> </tr> <tr> <td>b. N/A</td> <td>R=</td> <td>ft²</td> </tr> <tr> <td>c. N/A</td> <td>R=</td> <td>ft²</td> </tr> </table>		Insulation	Area	a. Slab-On-Grade Edge Insulation	R=0.0	3179.30 ft ²	b. N/A	R=	ft ²	c. N/A	R=	ft ²	<p>11. Ducts a. Sup: Attic Ret: Attic AH: Interior Sup. R= 6, 200 ft²</p>	<p>12. Cooling systems (combined) a. Central Unit</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Cap: 76.4 kBtu/hr</td> </tr> <tr> <td style="text-align: right;">SEER: 14</td> </tr> </table>	Cap: 76.4 kBtu/hr	SEER: 14																											
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<p>13. Heating systems (combined) a. Electric Strip Heat</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Cap: 46.5 kBtu/hr</td> </tr> <tr> <td style="text-align: right;">COP: 1</td> </tr> </table>	Cap: 46.5 kBtu/hr	COP: 1	<p>14. Hot water systems a. Electric</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Cap: 80 gallons</td> </tr> <tr> <td style="text-align: right;">EF: 0.97</td> </tr> </table> <p>b. Conservation features None</p>	Cap: 80 gallons	EF: 0.97	<p>15. Credits</p> <p style="text-align: right;">None</p>																																					
Cap: 46.5 kBtu/hr																																											
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I certify that this home has complied with the Florida Energy Efficiency Code for Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

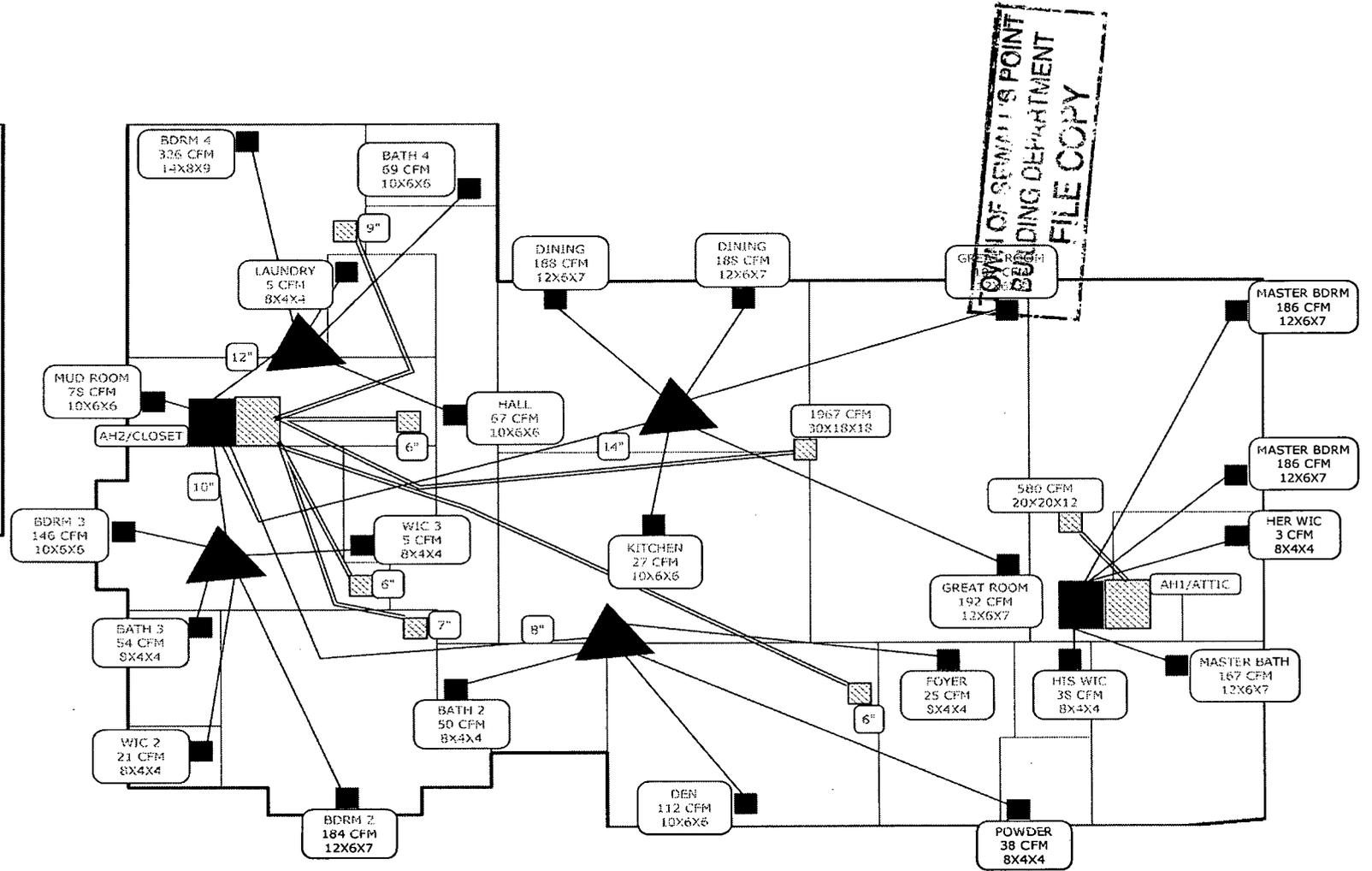
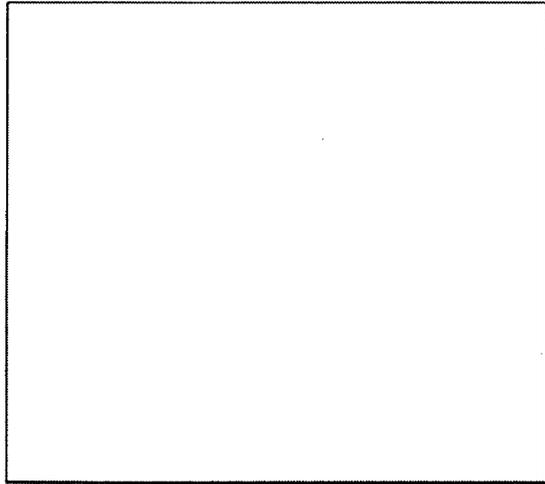
Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____



*Note: The home's estimated Energy Performance Index is only available through the EnergyGauge USA - FlaRes2008 computer program. This is not a Building Energy Rating. If your Index is below 100, your home may qualify for incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at (321) 638-1492 or see the Energy Gauge web site at energygauge.com for information and a list of certified Raters. For information about Florida's Energy Efficiency Code for Building Construction, contact the

**Label required by Section 13-104.4.5 of the Florida Building Code, Building, or Section B2.1.1 of Appendix G of the Florida Building Code, Residential, if not DEFAULT.



**BAUER RESIDENCE
LOT #3 NONI ESTATES
SEWALL'S POINT, FLORIDA
DUCT LAYOUT**



Load Short Form
AH 1
DS AIR CONDITIONING INC

Job:
 Date: Feb 13, 2012
 By: MAXINE SHAWVER

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

Project Information

For: BAUER RESIDENCE
 LOT 3 NONI ESTATES, STUART, FL

Design Information

	Htg	Clg	Infiltration	Simplified
Outside db (°F)	45	91	Method	Average
Inside db (°F)	70	75	Construction quality	(Average)
Design TD (°F)	25	16	Fireplaces	
Daily range	-	L	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY </div>	
Inside humidity (%)	30	50		
Moisture difference (gr/lb)	-3	57		

HEATING EQUIPMENT

Make	
Trade	
Model	
AHRI ref no.	n/a
Efficiency	100 EFF
Heating input	0 Btuh
Heating output	36790 Btuh
Temperature rise	17 °F
Actual air flow	1967 cfm
Air flow factor	0.053 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

COOLING EQUIPMENT

Make	Payne
Trade	AIRSTAR, TFC, MERIDIAN
Cond	PA14NA060(G)-B
Coil	ASF*6024A36G++D+V
AHRI ref no.	3964966
Efficiency	12.0 EER, 14 SEER
Sensible cooling	41300 Btuh
Latent cooling	17700 Btuh
Total cooling	59000 Btuh
Actual air flow	1967 cfm
Air flow factor	0.039 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.89

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
BDRM 4	245	5591	8269	299	326
LAUNDRY	53	58	125	3	5
BATH 4	51	1929	1759	103	69
MUD ROOM	130	1555	1987	83	78
BDRM 3	195	2726	3688	146	146
WIC 3	51	57	122	3	5
BATH 3	51	1262	1361	67	54
WIC 2	27	1197	522	64	21
BDRM 2	218	3885	4657	208	184
BATH 2	81	1184	1272	63	50
DEN	243	3857	2844	206	112
FOYER	115	1017	623	54	25
POWDER	39	1198	974	64	38
GREAT ROOM	384	4481	9498	240	375
KITCHEN	287	318	685	17	27
DINING	256	5006	9719	268	384

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



wrightsoft

Right-Suite® Universal 2012 12.0.00 RSU08153

S Air Conditioning\Documents\Wrightsoft HVAC\Seagate\Bauer.rup Calc = MJ8 Front Door faces:

2012-Feb-23 09:18:45

Page 1

HALL	154	1471	1707	79	67
AH 1	2579	36790	49812	1967	1967
Other equip loads		0	0		
Equip. @ 0.96 RSM			47820		
Latent cooling			6389		
TOTALS	2579	36790	54209	1967	1967

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Load Short Form
AH 2
DS AIR CONDITIONING INC

Job:
 Date: Feb 13, 2012
 By: MAXINE SHAWVER

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

Project Information

For: BAUER RESIDENCE
 LOT 3 NONI ESTATES, STUART, FL

Design Information

	Htg	Clg		Infiltration
Outside db (°F)	45	91	Method	Simplified
Inside db (°F)	70	75	Construction quality	Average
Design TD (°F)	25	16	Fireplaces	1 (Average)
Daily range	-	L		
Inside humidity (%)	30	50		
Moisture difference (gr/lb)	-3	57		

HEATING EQUIPMENT

Make
 Trade
 Model
 AHRI ref no. n/a

Efficiency 100 EFF

Heating input 0 Btuh

Heating output 9734 Btuh

Temperature rise 15 °F

Actual air flow 580 cfm

Air flow factor 0.060 cfm/Btuh

Static pressure 0 in H2O

Space thermostat

COOLING EQUIPMENT

Make Payne

Trade ADP

Cond PA14NA018(G)-A

Coil C36H175D25(6,9)++TD

AHRI ref no. 3385948

Efficiency 12.0 EER, 14 SEER

Sensible cooling 12180 Btuh

Latent cooling 5220 Btuh

Total cooling 17400 Btuh

Actual air flow 580 cfm

Air flow factor 0.045 cfm/Btuh

Static pressure 0 in H2O

Load sensible heat ratio 0.81

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
MASTER BATH	154	3369	3688	201	167
HIS WIC	35	34	76	2	3
HER WIC	79	996	839	59	38
MASTER BDRM	332	5336	8178	318	371
AH 2	600	9734	12781	580	580
Other equip loads		0	0		
Equip. @ 0.96 RSM			12269		
Latent cooling			2964		
TOTALS	600	9734	15233	580	580

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

Project Information

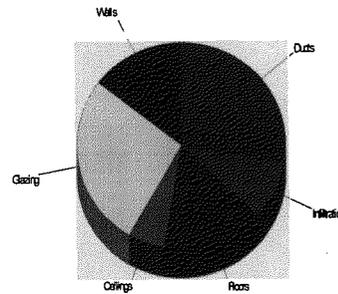
For: BAUER RESIDENCE
LOT 3 NONI ESTATES, STUART, FL

Design Conditions

Location: West Palm Beach, FL, US Elevation: 20 ft Latitude: 27°N		Indoor: Indoor temperature (°F) 70 Design TD (°F) 25 Relative humidity (%) 30 Moisture difference (gr/lb) -2.7	Heating 70 25 30 -2.7	Cooling 75 16 50 57.2
Outdoor: Dry bulb (°F) 45 Daily range (°F) - Wet bulb (°F) - Wind speed (mph) 15.0	Heating 45	Cooling 91 13 (L) 78 7.5	Infiltration: Method Simplified Construction quality Average Fireplaces 1 (Average)	

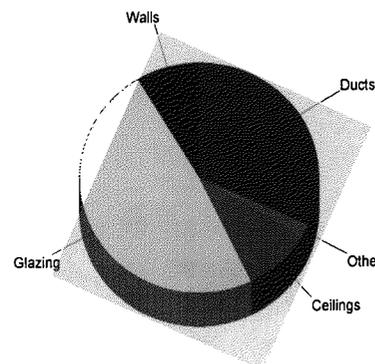
Heating

Component	Btuh/ft²	Btuh	% of load
Walls	3.6	5373	14.6
Glazing	26.3	9942	27.0
Doors	0	0	0
Ceilings	0.8	2063	5.6
Floors	2.3	5841	15.9
Infiltration	1.8	3310	9.0
Ducts		10260	27.9
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
Total		36790	100.0



Cooling

Component	Btuh/ft²	Btuh	% of load
Walls	2.8	4245	8.5
Glazing	64.0	24196	48.6
Doors	0	0	0
Ceilings	1.7	4494	9.0
Floors	0	0	0
Infiltration	0.5	994	2.0
Ducts		15884	31.9
Ventilation		0	0
Internal gains		0	0
Blower		0	0
Adjustments		0	0
Total		49812	100.0



Latent Cooling Load = 6389 Btuh
Overall U-value = 0.132 Btuh/ft²·°F

Data entries checked.

Bold/italic values have been manually overridden



Component Constructions
AH 1
DS AIR CONDITIONING INC

Job:
 Date: Feb 13, 2012
 By: MAXINE SHAWVER

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

Project Information

For: BAUER RESIDENCE
 LOT 3 NONI ESTATES, STUART, FL

Design Conditions

Location: West Palm Beach, FL, US Elevation: 20 ft Latitude: 27°N	Indoor: Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb)	Heating 70 25 30 -2.7	Cooling 75 16 50 57.2
Outdoor: Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	Heating 45 - - 15.0	Cooling 91 13 (L) 78 7.5	Infiltration: Method Construction quality Fireplaces
		Simplified Average 1 (Average)	

Construction descriptions

	Or	Area ft²	U-value Btuh/ft²·°F	Insul R ft²·°F/Btuh	Htg HTM Btuh/ft²	Loss Btuh	Clg HTM Btuh/ft²	Gain Btuh
Walls								
13A-4ocs: Blk wall, stucco ext, r-4 ext bd ins, 8" thk, 1/2" gypsum board int fnsh	ne	128	0.143	4.0	3.58	458	2.82	362
	se	535	0.143	4.0	3.58	1911	2.82	1510
	sw	455	0.143	4.0	3.58	1627	2.82	1285
	nw	386	0.143	4.0	3.58	1378	2.82	1089
	all	1503	0.143	4.0	3.58	5373	2.82	4245

Partitions
(none)

Windows

10A-b: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 1 ft overhang (8 ft window ht, 0 ft sep.)	ne	24	0.970	0	24.3	582	36.3	871
	sw	24	0.970	0	24.3	582	32.3	775
	all	48	0.970	0	24.3	1164	34.3	1646
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 1 ft overhang (5 ft window ht, 0 ft sep.)	se	30	1.080	0	27.0	810	55.5	1665
	sw	45	1.080	0	27.0	1215	55.5	2498
	nw	30	1.080	0	27.0	810	68.7	2060
	all	105	1.080	0	27.0	2835	59.3	6223
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 1 ft overhang (4 ft window ht, 0 ft sep.)	se	8	1.080	0	27.0	216	52.1	417
	sw	8	1.080	0	27.0	216	52.1	417
	nw	8	1.080	0	27.0	216	68.7	549
	all	24	1.080	0	27.0	648	57.6	1383
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 8 ft overhang (5 ft window ht, 0 ft sep.)	se	45	1.080	0	27.0	1215	33.0	1485
10A-b: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 14 ft overhang (8 ft window ht, 0 ft sep.)	nw	48	0.970	0	24.3	1164	36.3	1741
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 1 ft overhang (6 ft window ht, 0 ft sep.)	nw	54	1.080	0	27.0	1458	68.7	3708
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 14 ft overhang (6 ft window ht, 0 ft sep.)	nw	54	1.080	0	27.0	1458	68.7	3708

Doors
(none)



Ceilings

16B-30ad: Attic ceiling, asphalt shingles roof mat, r-30 ceil ins, 5/8" gypsum board int fnsh	2579	0.032	30.0	0.80	2063	1.74	4494
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Floors

22A-tpm: Bg floor, heavy dry or light damp soil, on grade depth, tile flr fnsh	198	1.180	0	29.5	5841	0	0
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Component Constructions
AH 2
DS AIR CONDITIONING INC

Job:
 Date: Feb 13, 2012
 By: MAXINE SHAWVER

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

Project Information

For: BAUER RESIDENCE
 LOT 3 NONI ESTATES, STUART, FL

Design Conditions

Location: West Palm Beach, FL, US Elevation: 20 ft Latitude: 27°N	Indoor: Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb)	Heating 70 25 30 -2.7	Cooling 75 16 50 57.2
Outdoor: Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	Heating 45 - - 15.0	Cooling 91 13 (L) 78 7.5	Infiltration: Method Construction quality Fireplaces
		Simplified Average 1 (Average)	

Construction descriptions

	Or	Area ft²	U-value Btuh/ft²-°F	Insul R ft²-°F/Btuh	Htg HTM Btuh/ft²	Loss Btuh	Clg HTM Btuh/ft²	Gain Btuh
Walls								
13A-4ocs: Blk wall, stucco ext, r-4 ext bd ins, 8" thk, 1/2" gypsum board int fnsh	ne	330	0.143	4.0	3.58	1181	2.82	933
	se	94	0.143	4.0	3.58	338	2.82	267
	nw	108	0.143	4.0	3.58	387	2.82	306
	all	533	0.143	4.0	3.58	1905	2.82	1505
Partitions (none)								
Windows								
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 1 ft overhang (5 ft window ht, 0 ft sep.)	ne	45	1.080	0	27.0	1215	68.7	3090
	nw	15	1.080	0	27.0	405	68.7	1030
	all	60	1.080	0	27.0	1620	68.7	4120
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 8 ft overhang (5 ft window ht, 0 ft sep.)	se	15	1.080	0	27.0	405	33.0	495
10A-b: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 14 ft overhang (8 ft window ht, 0 ft sep.)	nw	24	0.970	0	24.3	582	36.3	871
Doors (none)								
Ceilings								
16B-30ad: Attic ceiling, asphalt shingles roof mat, r-30 ceil ins, 5/8" gypsum board int fnsh		600	0.032	30.0	0.80	480	1.74	1045
Floors								
22A-tpm: Bg floor, heavy dry or light damp soil, on grade depth, tile fir fnsh		67	1.180	0	29.5	1962	0	0



Project Summary
AH 1
DS AIR CONDITIONING INC

Job:
 Date: Feb 13, 2012
 By: MAXINE SHAWVER

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

Project Information

For: BAUER RESIDENCE
 LOT 3 NONI ESTATES, STUART, FL

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db **45** °F
 Inside db 70 °F
 Design TD 25 °F

Summer Design Conditions

Outside db 91 °F
 Inside db 75 °F
 Design TD 16 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 57 gr/lb

Heating Summary

Structure 26530 Btuh
 Ducts 10260 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 36790 Btuh

Sensible Cooling Equipment Load Sizing

Structure 33928 Btuh
 Ducts 15884 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 47820 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 1 (Average)

	Heating	Cooling
Area (ft ²)	2579	2579
Volume (ft ³)	24503	24503
Air changes/hour	0.29	0.14
Equiv. AVF (cfm)	120	57

Latent Cooling Equipment Load Sizing

Structure 2196 Btuh
 Ducts 4193 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 6389 Btuh
 Equipment total load 54209 Btuh
 Req. total capacity at 0.70 SHR 5.7 ton

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref no. n/a
 Efficiency 100 EFF
 Heating input 0 Btuh
 Heating output 36790 Btuh
 Temperature rise 17 °F
 Actual air flow 1967 cfm
 Air flow factor 0.053 cfm/Btuh
 Static pressure 0 in H2O
 Space thermostat

Cooling Equipment Summary

Make Payne
 Trade AIRSTAR, TFC, MERIDIAN
 Cond PA14NA060(G)-B
 Coil ASF*6024A36G++D+V
 AHRI ref no. 3964966
 Efficiency 12.0 EER, 14 SEER
 Sensible cooling 41300 Btuh
 Latent cooling 17700 Btuh
 Total cooling 59000 Btuh
 Actual air flow 1967 cfm
 Air flow factor 0.039 cfm/Btuh
 Static pressure 0 in H2O
 Load sensible heat ratio 0.89

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.





Project Summary
AH 2
DS AIR CONDITIONING INC

Job:
 Date: Feb 13, 2012
 By: MAXINE SHAWVER

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

Project Information

For: BAUER RESIDENCE
 LOT 3 NONI ESTATES, STUART, FL

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db **45** °F
 Inside db 70 °F
 Design TD 25 °F

Summer Design Conditions

Outside db 91 °F
 Inside db 75 °F
 Design TD 16 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 57 gr/lb

Heating Summary

Structure 8066 Btuh
 Ducts 1668 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 9734 Btuh

Sensible Cooling Equipment Load Sizing

Structure 10209 Btuh
 Ducts 2571 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 12269 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 1 (Average)

	Heating	Cooling
Area (ft ²)	600	600
Volume (ft ³)	5696	5696
Air changes/hour	0.43	0.20
Equiv. AVF (cfm)	40	19

Latent Cooling Equipment Load Sizing

Structure 2338 Btuh
 Ducts 626 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 2964 Btuh
 Equipment total load 15233 Btuh
 Req. total capacity at 0.70 SHR 1.5 ton

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref no. n/a

Efficiency 100 EFF
 Heating input 0 Btuh
 Heating output 9734 Btuh
 Temperature rise 15 °F
 Actual air flow 580 cfm
 Air flow factor 0.060 cfm/Btuh
 Static pressure 0 in H2O
 Space thermostat

Cooling Equipment Summary

Make Payne
 Trade ADP
 Cond PA14NA018(G)-A
 Coil C36H175D25(6,9)++TD
 AHRI ref no. 3385948
 Efficiency 12.0 EER, 14 SEER
 Sensible cooling 12180 Btuh
 Latent cooling 5220 Btuh
 Total cooling 17400 Btuh
 Actual air flow 580 cfm
 Air flow factor 0.045 cfm/Btuh
 Static pressure 0 in H2O
 Load sensible heat ratio 0.81

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.





Load Multizone Summary Report

Job:
Date: Feb 13, 2012
By: MAXINE SHAWVER

DS AIR CONDITIONING INC

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

Infiltration Summary

ZONE NAME	Heating				Cooling			
	Volume ft³	ACH	AVF cfm	HTM Btuh/ft²	Volume ft³	ACH	AVF cfm	HTM Btuh/ft²
AH 1	24503	0.29	120	1.8	24503	0.14	57	0.5
AH 2	5696	0.43	40	1.8	5696	0.20	19	0.5
Entire House	30199	0.32	161	1.8	30199	0.15	75	0.5

Load and AVF Summary

ROOM NAME	Area ft²	Htg load Btuh	Clg load Btuh	Htg AVF cfm	Clg AVF cfm
BDRM 4	245	5591	8269	299	326
LAUNDRY	53	58	125	3	5
BATH 4	51	1929	1759	103	69
MUD ROOM	130	1555	1987	83	78
BDRM 3	195	2726	3688	146	146
WIC 3	51	57	122	3	5
BATH 3	51	1262	1361	67	54
WIC 2	27	1197	522	64	21
BDRM 2	218	3885	4657	208	184
BATH 2	81	1184	1272	63	50
DEN	243	3857	2844	206	112
FOYER	115	1017	623	54	25
POWDER	39	1198	974	64	38
GREAT ROOM	384	4481	9498	240	375
KITCHEN	287	318	685	17	27
DINING	256	5006	9719	268	384
HALL	154	1471	1707	79	67
AH 1	2579	36790	49812	1967	1967
MASTER BATH	154	3369	3688	201	167
HIS WIC	35	34	76	2	3
HER WIC	79	996	839	59	38
MASTER BDRM	332	5336	8178	318	371
AH 2	600	9734	12781	580	580
Entire House	3179	46524	61977	2547	2547

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 3-16-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10030	Bauer 1 Tuscan Ln Seagate	Temp Power	PASS	ok to contact FPL ✓ INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

Valerie Meyer

From: Valerie Meyer [vmeyer@sewallspoint.martin.fl.us]
Sent: Friday, March 16, 2012 12:44 PM
To: FPL (tc_inspections@fpl.com)
Subject: 1 TUSCAN LA

Inspection passed and Ok'd to install meter at temporary power pole for new construction at:

Bauer
1 Tuscan Lane
Sewall's Pt, FL

Please contact me if you have any questions.

Thank you,

Valerie Meyer
BUILDING DEPT
TOWN OF SEWALL'S POINT
772-287-2455 EXT 13

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 3-21-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10030	Bauer	Foundation		
10:30	1 Tuscan La Seagate	Footings	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10036	Giffith 12 Palm Rd Elec Conn	Slab UG electrical GENERATION	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10034	Zayas 10 Copaire Hammings Pool	Final Pool heat pump	PASS	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10003	LAWLESS 12 Mandalay SHILLER	Pool Deck/Wall Footings	PASS	INSPECTOR <i>[Signature]</i>
	KINARD TINON	MEASURE DISTANCE FROM ADJUTMENT TO PORES		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 3-28-12 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9147	SCHWARTZ 70 N. SPTRD DRIFTWOOD	U.G. TANK & LINES	Pass	INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10030	Bauer 1 Tuscan La Seagate	stem wall	Pass	INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10035	Culhane 2 Gumbo Limbo glass Prof.	Final windows	Pass Close	rec'd letter INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

A. M. ENGINEERING AND TESTING, INC.

590 N.W. MERCANTILE PLACE
PORT ST. LUCIE, FLORIDA 34986

OFFICE: (772) 924-3575 FAX: (772) 924-3580



Sewall's Point Tower REPORT OF STEM WALL BACKFILL COMPACTION

Client: Seagate Builders
1501 Decker Avenue, Suite 123
Stuart, Florida 34994

Site: 1 Tuscan Lane
Sewall's Point, Martin County, Florida
Stem Wall Backfill

Report Date: April 11, 2012
Project No: 1073
Lab No: 20
Technician: G. Odell
Permit No.: 10030

Density tests and Hand Cone Penetrometer (HCP) readings were made in the stem wall backfill (slab area) to a depth of four feet at a minimum of three locations. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade through the depth of fill. At the time of our testing no information was available regarding the foundation setbacks.

The density tests were performed in general compliance with ASTM D 6938. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No.	Date Tested	Location	Elevation (feet)	Dry Density (pcf)		Percent Compaction
				In Place	Proctor	
1	4/3/12	Southeast Area	0 - 1	113.2	111.5	101.5
2		Center Area	0 - 1	111.9	111.5	100.4
3		Northwest Area	0 - 1	111.0	111.5	99.6

* Elevations are below bottom of slab.

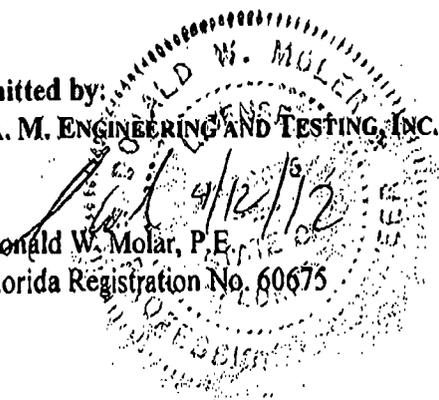
In the locations and depths that were tested, the stem wall backfill (slab area) has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557). No soil borings were performed below the recently placed fill.

Distribution:
Client - 2

DWM/em

Submitted by:
A. M. ENGINEERING AND TESTING, INC.

Donald W. Molar, P.E.
Florida Registration No. 60675



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 4-9-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10045	Woods/Grenvitz	pt dry-in		
	15 Lantana La		Fail	Not Happy
	All Amer Roof			INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10001	SKEOTER	DOOR		
	4 RIDGELAND DR	FINISH	Pass	Close
	GREG MAIDA INC			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9909	Twohey	insulation		
	112 Henry Sewall		Pass	
	Seagate			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10030	Bauer	UG plumbing		
	Tuscan La	plumbing	Pass	
	Seagate			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 4-12-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10025	Macmillan	Final		NEED BOOK
	2 Marquental	Garage Door	Fail	ATTACK DETAIL
	TC Garage Door			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10044	Dietrich	Final		
	9 W High Pt	Screen Encl.	Pass	Close
	Joelina Spv.			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10030	Baker			
	1 TUSCAN	Slab	Pass	
	SERGEANT			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 4-20-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10030	Bauer	tie beam		
10030	1 Tuscan Ln Seagate	COLUMNS & BEAM	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10045	Wood/Grenvitz 15 LANTANA All Am Roofing	Dry IN & METAL	Pass	NEED ROOF NAILING AFFIDAVIT INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10073	ROBERTS/SAW 15 ISLAND GC Construction	ROOF FINAL	Pass	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

5-7-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	2. ALERTAGE	BEE SWARM		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	11 S. VIA LUCINDA	TREE	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9747	Edwartz 70N Sewalls Driftwood	Pre pour driveway	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	WORTH CO	Area MINT		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10030	Bauer 1 Tuscan La Seagate	sheathing	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 5-10-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10085	STERN	INSUL - PART		
	9 LANTANA	R. ELECTRIC	PASS	
	DREAMWORKS	GARAGE ONLY		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10030	BAVEN	DRY-IN/METAL		
	1 TUSCAN LA	ONE POINT	PASS	
	SEAGATE	SMITH (ALL)		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	9 Via Lucindia S.	TREE	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9997	Miller Miller	Final		
	110 N Sewalls	retaining wall	PASS	CLOSE
<i>IPM</i>	Harbor Bay			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **7-18-12** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10027	Gordis	slab garage		
PM	25 Skinner Rd Team Parks	rebar basement BASEMENT WALLS PREPARED	RESERVED	FOR AM TRUMP
INSPECTOR				
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10030	Pauer	rough plumbing rough electric rough framing rough AC	RECEIVED PASS	
PM	1 Tuscan La Seagate	FINAL ROOF		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9909	Twaley	meter final	PASS	READY FOR FPL
9:30	112 Henry Sewall Seagate			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9969	FRISOLI	ROOF SHEATHING	PASS	
AM	50 S. SPT RD DRIFWOOD HOMES			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9991	BURKHART	PRE-PUR STAIRS	PASS	
AM	106 S. SOT RD DRIFWOOD HOMES	STRAPPING & ENG.	FAIL	NOT READY
INSPECTOR				<i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10139	Lienhardt	Pt metal	FAIL	NOT READY - NEED ENG ON STRUCTURAL REPAIRS
	17 Leveview On Shore	Dry-IN & METAL		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	\$Rio Vista + S. SPR	obstruction from trees		
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-25-12 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		INVESTIGATE		
	2 OAKWOOD	DRIVEWAY	WORKER CLEANING	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10030	Bauer	insulation		
	1 Tuscan Ln		PASS	
	Seagate			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

8-1-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10030	Bauer	lath		
	1 Tuscan La		Pass	
	Seagate			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-13-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10027	Goudis	stairs	PASS	
	25 S River Rd	COLUMNS		
	Team Parks	STON WALL		INSPECTOR <i>[Signature]</i>
10192	Vasko	slab	PASS	
	11 Emauta			
	OB			INSPECTOR <i>[Signature]</i>
10195	ROBINSON		PASS	
	173 S. River	A/C FINAL		
	Krauss & Crane			INSPECTOR <i>[Signature]</i>
9917	Ford	all trades	PASS	
	98 N Sewalls	electric rough		
PM	Masterpiece	AC rough plumbing rough gas rough framing		INSPECTOR <i>[Signature]</i>
10209	FGFLP	Final	PASS	
	3 Marqueta	Fence		
	Stuart Fence			INSPECTOR <i>[Signature]</i>
10030	BAVEN	Meter	PASS	READY FOR
	1 Tuscan La	FINAL		FPL ✓
	SEWATE			INSPECTOR <i>[Signature]</i>

Valerie Meyer

From: Valerie Meyer [vmeyer@sewallspoint.martin.fl.us]
Sent: Friday, September 14, 2012 8:52 AM
To: FPL (tc_inspections@fpl.com)
Subject: 1 Tuscan Lane

Inspection complete and passed – Please install meter at the following residence:

Bauer – 1 Tuscan Ln – Sewall's Pt, FL

Please contact me if you have any questions.

Thank you,

Valerie Camlet
BUILDING DEPT
TOWN OF SEWALL'S POINT
772-287-2455 EXT 13

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 11-16-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10097	Buro 101 Henry Sewall Gm Const	rough plumbing u.g.	PASS	INSPECTOR <i>[Signature]</i>
10030	Pauer 1 Tuscan La. Seagate	Final SFR	PASS	C.O. FINAL INSPECTOR <i>[Signature]</i>
10281	Dicker 165 S Sewalls TLC Experts	insulation	PASS	Needs to Ban For 3rd Insf INSPECTOR <i>[Signature]</i>
10275	Miller 4 Copaire Dr Rick Strong	rough electric rough plumbing FRAMING	PASS	INSPECTOR <i>[Signature]</i>
10144	Pakob 8 Heron's Nest Brownie	2nd fl block/ columns for deck	PASS	INSPECTOR <i>[Signature]</i>
10085	Stern 9 Lantana La Dreamworks	Final Remodel	PASS	C.O.E INSPECTOR <i>[Signature]</i>
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 11-16-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10097	Buro 101 Henry Sewall Gm Conet	rough plumbing u.g.	PASS	INSPECTOR <i>[Signature]</i>
10030	Bauer 1 Tuscan La. Seagate	Final SFR	PASS	C.O. FINAL INSPECTOR <i>[Signature]</i>
10281	Dicker 165 S Sewalls TLC Experts	insulation	PASS PASS	NEEDS TO PAY FOR 300 INSP waived INSPECTOR <i>[Signature]</i>
10275	Miller 4 Copaire Dr Rick Strong	rough electric rough plumbing FRAMING	PASS	INSPECTOR <i>[Signature]</i>
10144	Pakob 8 Heron's Nest Brownie	2nd fl block/ columns for deck	PASS	INSPECTOR <i>[Signature]</i>
10085	Stern 9 Lantana La Dreamworks	Final Remodel	PASS	CLOSE INSPECTOR <i>[Signature]</i>
				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



CERTIFICATE OF: OCCUPANCY COMPLETION

Single Family Residence Other _____

Temporary: Expiration Date _____

Partial (Area description) _____

BUILDING PERMIT NO: 10030 DATE OF ISSUE: 3-12-12

OWNER(S): BAUER, Sherwood & KRISTEN JR PROPERTY ADDRESS: 1 TUSCAN LA.

LEGAL DESCRIPTION: LOT 1 BLOCK _____ SUBDIVISION Noni Estates

GENERAL CONTRACTOR: SEAGATE BUILDERS LIC/CERT NO: CGC 047306

ARCHITECT OR ENGINEER: MA CORSON & ASSOC. LIC/CERT NO: AR 91665

CODE EDITION: 2007/09 CONST. TYPE: TIB USE: SFR OCCUPANCY: N/A

OCCUPANT LOAD: N/A SPRINKLERS REQUIRED: N/A SPRINKLERS USED: N/A

INSPECTION RECORDS

Inspection Type	Date Approved	Inspection Type	Date Approved
Temp Power	3-16-12	UNDERGROUND GAS	_____
UNDERGROUND PLUMBING	4-9-12	UNDERGROUND ELECTRICAL	_____
UNDERGROUND MECHANICAL	_____	FOOTING	3-21-12
STEM-WALL FOOTING	3-28-12	TIE BEAM/COLUMNS	4-20-12
SLAB	4-12-12	WALL SHEATHING	_____
ROOF SHEATHING	5-7-12	INSULATION	7-25-12
TIE DOWN /TRUSS ENG	7-18-12	LATH	8-1-12
WINDOW/DOOR BUCKS	7-18-12	ROOF TILE IN-PROGRESS	_____
ROOF DRY-IN/METAL	5-10-12	ELECTRICAL ROUGH-IN	7-18-12
PLUMBING ROUGH-IN	7-18-12	GAS ROUGH-IN	_____
MECHANICAL ROUGH-IN	7-18-12	METER FINAL	9-13-12
FRAMING ROUGH	7-18-12	FINAL ELECTRICAL	11-16-12
FINAL PLUMBING	11-16-12	FINAL GAS	_____
FINAL MECHANICAL	11-16-12	BUILDING FINAL	11-16-12
FINAL ROOF	7-18-12		

PRE POUR STAIRS 5-10-12

The described structure (or portion thereof) has been inspected for compliance with the requirements of this code for occupancy and division of occupancy and the use for which the proposed occupancy is classified.

In accordance with the requirements of the Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 20th day of NOVEMBER, 2012.


 John R. Adams, CBO
 Building Official, Town of Sewall's Point

SEWALL'S POINT BUILDING FINAL CHECKLIST

The following must be available to the inspector ON THE JOB SITE IN THE PERMIT BOX unless otherwise noted below at the time of final inspection. Please also find copies of the Florida Building Code governing these requests where indicated by "*", attached.

A. Final Survey (as built)

From: surveyor

B. Elevation Certificate (only required if property is in flood zone)

From: surveyor

C. Height of Building Certification (to be identified on final survey)

From: surveyor

D. Insulation Certificate* (only if blown insulation was used)

From: insulation company

Format: can be a letter or a form

E. Final Termite Spray Certification*

Location: Posted near the water heater or electric panel & copy for return to Bldg. Dept.

From: pest control company

Format: can be a letter or a form

F. Copy of Energy Performance Level Display Card Signed by Contractor

Location: To be attached to the electrical panel or hot water heater

From: Page two of original "Florida Energy Efficiency Code for Building Construction" calculations prepared by architect/engineer submitted with original permit application

Format: See attached example.

G. Copy of HVAC Efficiency Card* containing the following information

Location: Posted on air handler

From: Typically done by HVAC Manufacturer, adhered to unit

Format: Durable, legible card containing the following information:

1. Manufacturer's Name
2. Brand Name
3. Model numbers of furnace, compressor unit and air handler
4. Efficiency rating of combined equipment
5. Name and address of heating/air conditioning contractor who installed equipment
6. Signature line and date line, preceded by the statement "With the authorization of the installing contractor I certify that the information entered on this case accurately represents the system installed."
7. Signature line and date line, preceded by the statement, "As Building Official or the representative of the building official, I certify that the information entered on this card accurately represents the system installed."

H. Letter from Irrigation Contractor Verifying Use of Low Volume

From: Irrigation Contractor

Format: Letter

I. Health Department Final Approval Certification

Septic company should contact Health Department for a final inspection.

Location: At Building Department

From: Health Department

Format: Health Dept. will fax a form to our office. GC should verify receipt in our office.

OK Shutter off

Permit - 10030

772-323-7921

Fax: 772-340-5990

Email: Evictabug@gmail.com

1740 SW St. Lucie West Blvd. #216
Port St. Lucie FL. 34986



Lic. JB175775

- Termite Inspection
- Termite Pretreatment
- Pest Control
- Rodent Service
- Fire Ant Lawn Service
- Licensed & Insured

Notice of Preventative Treatment for Termites

(as required by Florida Building Code (FBC) 104.26 and Broward County Chapter FBC 105.2.2)

PEST PREVENTION | FIRE ANT SERVICE | TERMITE SERVICE | RODENT EXCLUSION & REMOVAL

DATE OF SERVICE 11-8-2012 TIME 10:30

DEVELOPMENT NAME (PROJECT) <u>Bauer Residence</u>	CONTRACTOR'S NAME <u>Seagate Bldg</u>	CONTACT PERSON <u>Len</u>
STRUCTURE ADDRESS (LOT/BLOCK) <u>1 Tuscan Ln</u>	CITY, STATE, ZIP CODE <u>Stuart</u>	COUNTY <u>Martin</u>
NOTES <u>* Final</u>		<u>34991</u>

TREATMENT TYPE/AREA

- FLOATING MONOLITHIC PATIO GARAGE DRIVEWAY STEM WALL ADDITION
 CUTOUTS FOOTER FRONT ENTRY RETREAT BORA CARE TREATMENT PLUMBING CUT OUTS
 TAMP & TREAT TREAT ONLY FINAL POOL DECK OTHER _____

PRODUCTS

- BASELINE PROBUILD TC DRAGNET DEMON TC TERMIDOR TC BORACARE OTHER _____

ACTIVE INGREDIENT Bifenox

CONCENTRATION

- .06% .12% .25% .5% .23% OTHER _____ GALLONS APPLIED 125

SQUARE FOOTAGE _____ LINEAR FOOTAGE 300

SQUARE FOOTAGE VERIFIED

- YES NO MEASURED OR VERIFIED PER PLANS

JOB READY CONDITIONS MET

- YES NO DETAILS _____

As per 104.2.6 FBC - If soil chemical barrier method for termite prevention is used. Final exterior treatment shall be completed prior to final building approval.

Certificate of Compliance: The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services. (Per the Florida Building Code.)

If this notice is for the final exterior treatment, initial and date this line PCJ 11-8-2012

FINAL STICKER

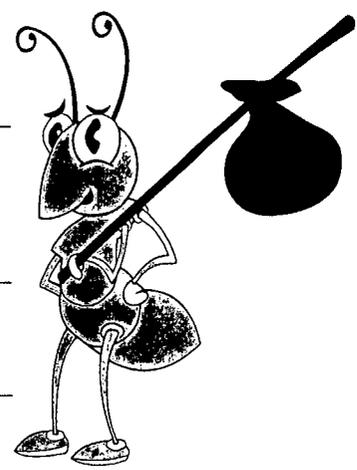
- ELECTRICAL PANEL WATER HEATER OTHER _____

Payment Terms: Payment due at time of service.

11-8-2012
Date

[Signature]
Applicator: (Evict A Bug Termite and Pest Control, Inc.)

[Signature]
Customer (Property Owner or Agent)





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

IMPACT PROTECTION INSTALLATION AFFIDAVIT

BLDG. PERMIT NUMBER: 10030

JOB SITE ADDRESS: #1 TUSCAN Ln

CONTRACTOR/OWNER: SEALATE Bldg Inc

PHONE NUMBER: 772 2634448

QUALIFIER NAME: LEN Polanski

LICENSE NUMBER: C6C047306

I LEN Polanski, do hereby affirm:

Owner or Contractor – Please print name

The following impact protection was used as per the 2010 FBC 1609.1.4 for all exterior glazed openings at the above referenced job site.

Impact Resistant Glass

Approved Shutters

That I personally observed the complete installation of all hurricane panel/shutters on the above referenced project and further affirm that they are fitted properly for the openings they are intended to protect.

Signature of Owner or Contractor

LEONARD POLANSKI

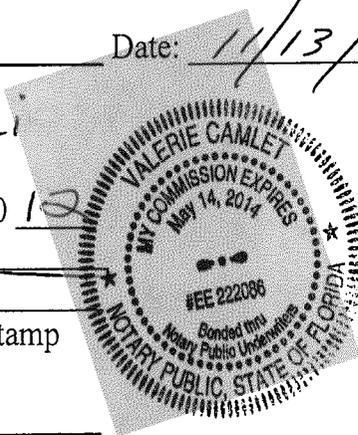
Date: 11/13/12

Sworn to and subscribed before me this

13 Day of November 2012

By Valerie Camlet

Notary Public, State of Florida Notary Seal/Stamp



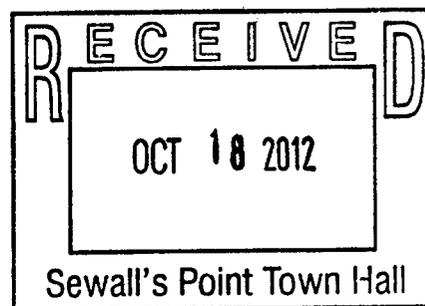
Personally known to me

Produced ID _____

Type _____

Sewall' Point Building Department will inspect the structural attachment of the panel rails and/or the shutter assembly attachment to the building, per the manufacturer's product approvals, ASCE 7 and the 2010 Florida Building code at final inspection.

Southern Irrigation, Inc.
5207 SW Moore Street
Palm City, FL 34990
772-288-1883
772-288-1894 fax



October 18, 2012

Town Of Sewalls Point
15 Sewalls Point Road
Sewalls Point, FL 34996

PN 10030

Handwritten initials or a signature, possibly "on" followed by a flourish.

RE: 1 Tuscan Lane

To Whom It May Concern:

As per section 22-146, the irrigation is installed as a low volume irrigation system with a rain sensor devise.

Martin County Competency #MCIS00734

Sincerely,

Handwritten signature of Robin G. Henn.

Robin G. Henn
Sec. / Tres.



Martin County Health Department

FOR FINAL APPROVAL TO BUILDING DEPARTMENT:

MARTIN COUNTY: FAX 419-6934, PHONE 288-5489 CITY OF STUART: Fax 288-5388 Phone 288-5326

JUPITER ISLAND: Fax 545-0188 Phone 545-0150 SEWALLS POINT: Fax 220-4765 Phone 2872455

FROM: Joyce DeMichael DATE:

SEPTIC SYSTEMS (SS) LIMITED USE PUBLIC WATER SYSTEM (57)

HEALTH DEPT. PERMIT #

BUILDING DEPT. PERMIT #

LOCATION

43-SS- 1388269

#10030

1 SE Tuscan Lane

43-57-

43-SS-

43-57-

43-SS-

43-57-

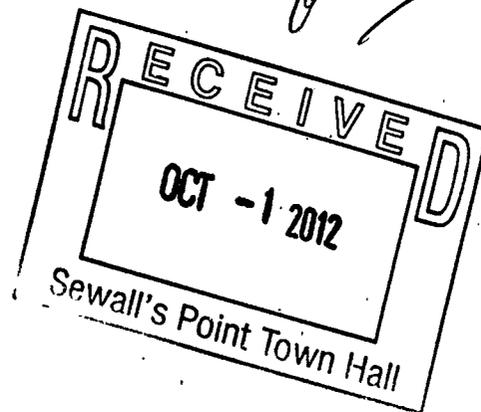
43-SS-

43-57-

43-SS-

43-57-

ok FWP



j:environmental health/ostds/forms



Handwritten signature and initials: FWP

Martin County Health Department

FOR FINAL APPROVAL TO BUILDING DEPARTMENT:

 MARTIN COUNTY: FAX 419-6934, PHONE 288-5489

 CITY OF STUART: Fax 288-5388 Phone 288-5326

 JUPITER ISLAND: Fax 545-0188 Phone 545-0150

SEWALLS POINT: Fax 220-4765 Phone 2872455

FROM: Nick Clifton MCHD

DATE: 9/27/12

SEPTIC SYSTEMS (SS)

 LIMITED USE PUBLIC WATER SYSTEM (57)

HEALTH DEPT. PERMIT #

BUILDING DEPT. PERMIT #

LOCATION

•43-SS- 1388269

10030

1 SE Tuscan Ln
Stuart, FL 34994

43-57-

•43-SS-

43-57-

•43-SS-

43-57-

•43-SS-

43-57-

•43-SS-

43-57-



j:environmental health/ostds/forms



Martin County Health Department

FOR FINAL APPROVAL TO BUILDING DEPARTMENT:

MARTIN COUNTY: FAX 419-6934, PHONE 288-5489

CITY OF STUART: Fax 288-5388 Phone 288-5326

JUPITER ISLAND: Fax 545-0188 Phone 545-0150

X SEWALLS POINT: Fax 220-4765 Phone 2872455

FROM: Nick Chilton MCHD

DATE: 9/27/12

X SEPTIC SYSTEMS (SS)

LIMITED USE PUBLIC WATER SYSTEM (57)

HEALTH DEPT. PERMIT #

BUILDING DEPT. PERMIT #

LOCATION

43-SS- 1388269

10030

1 SE Tuscan Ln
Stuart, FL 34994

43-57-

43-SS-

43-57-

43-SS-

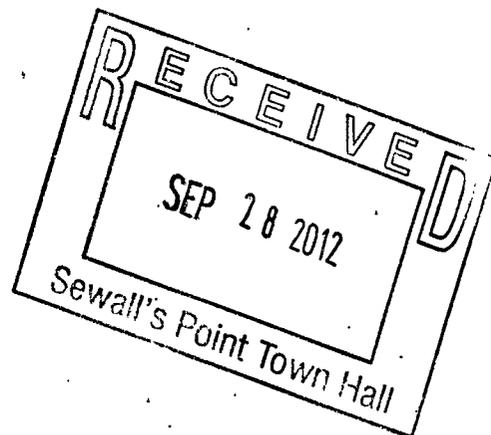
43-57-

43-SS-

43-57-

43-SS-

43-57-



j:environmental health/ostds/forms

M.A. CORSON & ASSOCIATES, INC.
ARCHITECTURE * STRUCTURAL DESIGN

To: Sewall's Point Building Department

Date: 7/24/12

Re: Bauer Residence
Lot #3 Noni Estates, Sewall's Point
Permit # 10030

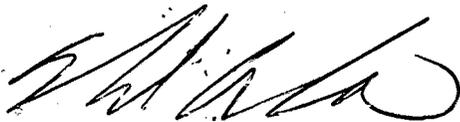
OK FWP
GA

This office approves of the following:

It is acceptable the Icynene LD-C-50 spray foam insulation is installed without an applied ignition barrier. The ignition barrier is not required if installed as per the ICC Evaluation Service, ICC-ES Evaluation report # ERS-1826 section 4.4.2.

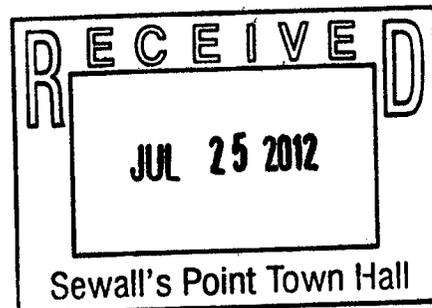
Thank you for your time and consideration. If you have any questions please call.

Sincerely,



Mark A. Corson A.I.A.

cc: file
seagate



ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:

A1. Building Owner's Name **SHERWOOD & KRISTEN BAUER #5012-01**

Policy Number

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1 SE TUSCAN LANE

Company NAIC Number

City **STUART** State **FL** ZIP Code **34996**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 1, NONI ESTATES

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

A5. Latitude/Longitude: Lat. **27°11'55"N** Long. **80°11'54"W**

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 **1B**

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

a) Square footage of crawlspace or enclosure(s) **N/A** sq ft

b) No. 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 **800** sq ft

b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **4**

c) Total net area of flood openings in A9.b **840** sq in

d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
SEWALL'S POINT, TOWN OF 120164

B2. County Name
MARTIN

B3. State
FLORIDA

B4. Map/Panel Number
12085C0154

B5. Suffix
F

B6. FIRM Index Date
10/04/02

B7. FIRM Panel Effective/Revised Date
10/04/02

B8. Flood Zone(s)
AE

B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
9.0

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 (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

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. Use the same datum as the BFE.

Benchmark Utilized **MARTIN CTY ENG DEPT** Vertical Datum **NGVD 1929**

Conversion/Comments **NONE**

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) **10.31** feet meters (Puerto Rico only)

b) Top of the next higher floor **N/A** feet meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only) **N/A** feet meters (Puerto Rico only)

d) Attached garage (top of slab) **7.30** feet meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) **10.41** feet meters (Puerto Rico only)

f) Lowest adjacent (finished) grade next to building (LAG) **6.55** feet meters (Puerto Rico only)

g) Highest adjacent (finished) grade next to building (HAG) **8.04** feet meters (Puerto Rico only)

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support **N/A** feet meters (Puerto Rico only)

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

Certifier's Name **STEPHEN J. BROWN**

License Number **#4049**

Title **SURVEYOR & MAPPER**

Company Name **STEPHEN J. BROWN, INC.**

Address **619 E 5TH STREET**

City **STUART**

State **FL**

ZIP Code **34994**

Signature

Date **11/16/12**

Telephone **(772) 288-7176**

PLACE
SEAL
HERE

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. 1 SE TUSCAN LANE	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 C2 e IS THE AC UNIT

Signature STEPHEN J. BROWN Date 11/16/12 Check here if attachments

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 and G9.

- 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-G9) 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 (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____
- G10. Community's design flood elevation _____ feet meters (PR) Datum _____

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

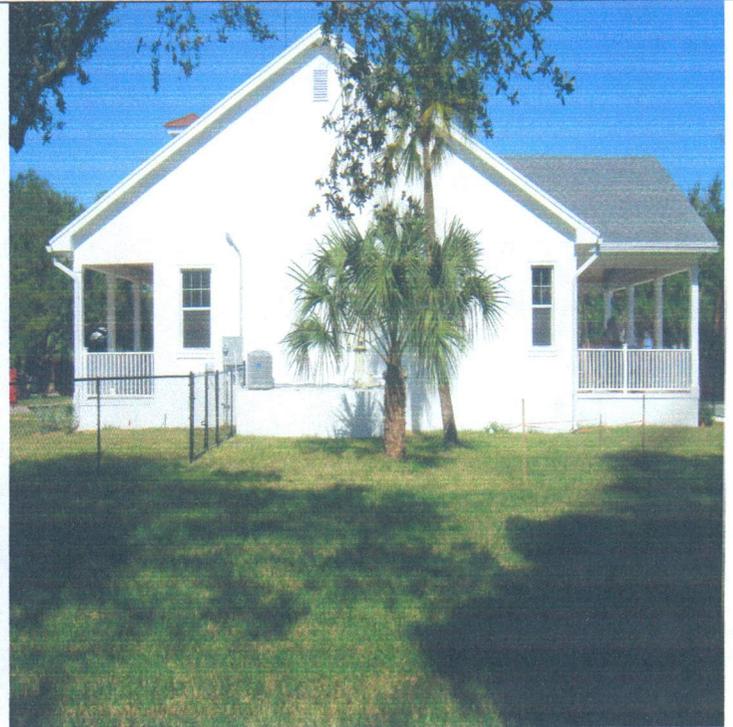
Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1 SE TUSCAN LANE	For Insurance Company Use: Policy Number
City STUART State FL ZIP Code 34996	Company NAIC Number
<p>If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.</p>	

DATE OF ALL PHOTOS: 11/15/12



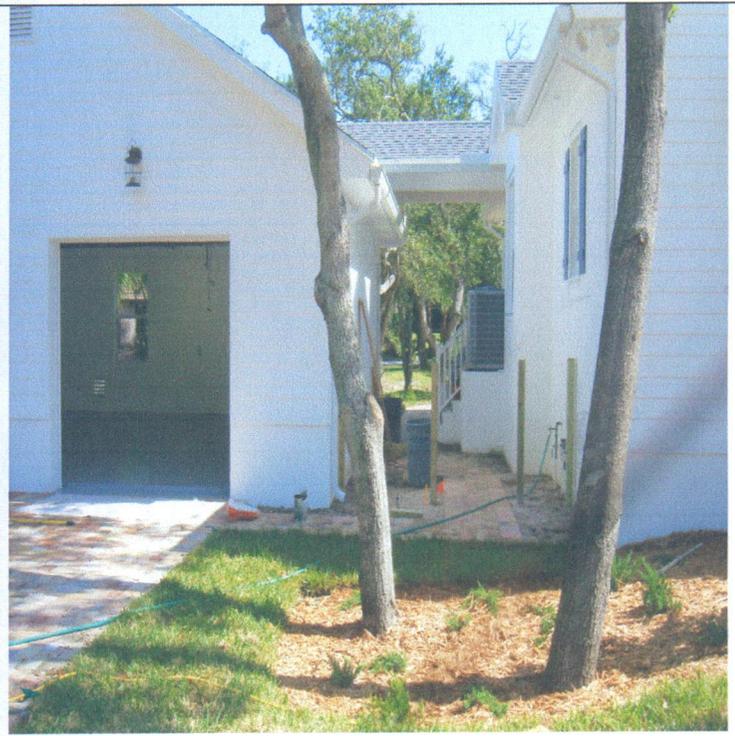
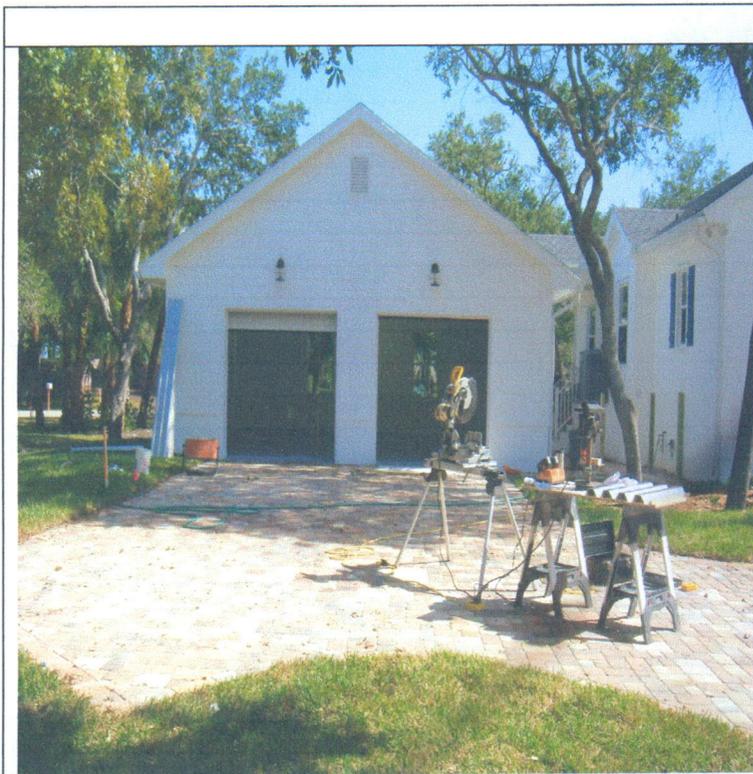
Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. SE TUSCAN LANE	For Insurance Company Use: Policy Number
City STUART State FL ZIP Code 34996	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."

DATE OF ALL PHOTOS: 11/15/12





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:	10030	DATE ISSUED:	MARCH 12, 2012
SCOPE OF WORK:	NEW SINGLE FAMILY RESIDENCE		
CONTRACTOR:	SEAGATE BUILDERS		
PARCEL CONTROL NUMBER:	013841016-000-000100	SUBDIVISION	NONI ESTATES-L 1
CONSTRUCTION ADDRESS:	1 TUSCAN LANE		
OWNER NAME:	BAUER		
QUALIFIER:	LEN POLANSKI	CONTACT PHONE NUMBER:	220-7660

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

Date: 3/1/12 Judge BAUER BUILDING PERMIT APPLICATION Permit Number: 10030

OWNER/TITLEHOLDER NAME: MAMA SHERWOOD BAUER JR Phone (Day) 772 215 4867 (Fax) —

Job Site Address: ONE SE TUSCAN LN City: STUART State: FL Zip: 34994

Legal Description Lot 1 Nowi Estates Parcel Control Number: 01-38-41-016-000-00010-0

Owner Address (if different): 17 S. VIALUCINDIA City: STUART State: FL Zip: 34994

SCOPE OF WORK (PLEASE BE SPECIFIC): Single Family Home (New)

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NO X Has a Zoning Variance ever been granted on this property? YES (YEAR) NO X

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 489,079 489,079 Is subject property located in flood hazard area? VE10 AE9 X AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ n/a

Construction Company: Separate Bldgs Imp Phone: 772 220 7660 Fax: 772 220 7660

Qualifiers name: LEN Polanski Street: 1501 Decker Ave 123 City: STUART State: FL Zip: 34994

State License Number: LG047306 OR: Municipality: License Number:

LOCAL CONTACT: LEN Polanski Phone Number: 772 220 7660

DESIGN PROFESSIONAL: MA Corson + ASS Imp Fla. License# AR 91 665

Street: 1121 SE Ocean Blvd City: STUART State: FL Zip: 34996 Phone Number: 772 223 8227

AREAS SQUARE FOOTAGE: Living: 3179 sq ft Garage: 840 sq ft Covered Patios/ Porches: 866 sq ft Enclosed Storage: —

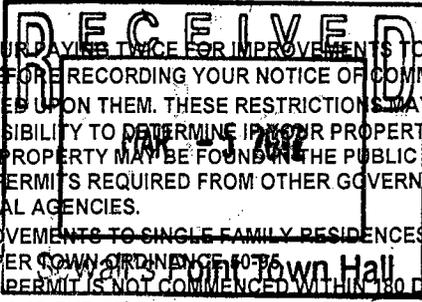
Carpport: — Total under Roof 4885 sq ft Elevated Deck: — Enclosed area below BFE*: —

* 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): 2007 National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

- 1. 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. 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY 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. 3. 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 10-75. 4. 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.

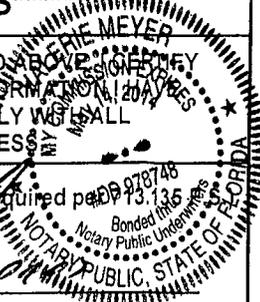


***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *****

AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE AND TO CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION 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 NOTORIZED SIGNATURE: (required per 13.135 F.S.) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED) State of Florida, County of: Martin On This the 5th day of March by Sherwood Bauer who is personally known to me or produced ID# 8600-780-64-264-0 As identification: Valuedmeyer Notary Public My Commission Expires: May 14, 2012

CONTRACTOR NOTORIZED SIGNATURE: (required per 13.135 F.S.) State of Florida, County of: Martin On This the 5th day of March by LEONARD POLANSKI who is personally known to me or produced As identification: Valuedmeyer Notary Public My Commission Expires: May 14, 2012



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!

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

generated on 3/5/2012 12:04:56 PM EST

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-016-000-00010-0	911025	TUSCAN LN, STUART	\$229,480	2/25/2012

Owner Information

Owner(Current)	BAUER SHERWOOD JR & KRISTEN W
Owner/Mail Address	10 COPAIRE RD STUART FL 34996
Sale Date	7/27/2010
Document Book/Page	2467 2547
Document No.	2224665
Sale Price	265000

Location/Description

Account #	911025	Map Page No.	SP-03
Tax District	2200	Legal Description	LOT 1 NONI ESTATES (PB 16 PG 7)
Parcel Address	TUSCAN LN, STUART		
Acres	.8950		

Parcel Type

Use Code	0000 Vacant Residential
Neighborhood	120100 Hillcrest, Noni Est, West End

Assessment Information

Market Land Value	\$229,480
Market Improvement Value	
Market Total Value	\$229,480



MARSHA EWING, MARTIN COUNTY DEPUTY CLERK S Phoenix

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: _____ TAX FOLIO #: 01-38-41-016-000-00010-0

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):
Lot 1 - Nowi Estates ONE SE TUSCAN LN STUART FL 34994

GENERAL DESCRIPTION OF IMPROVEMENT: NEW SINGLE FAMILY HOME

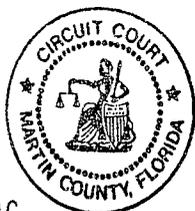
OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: MR + MRS SHERWOOD BAUER JR
ADDRESS: 17 S. VIA LUCINDIA STUART FL 34994
PHONE NUMBER: 772-215-4867 FAX NUMBER: _____
INTEREST IN PROPERTY: OWNER

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): N/A

CONTRACTOR: Seagate Builders Inc
ADDRESS: 1501 DELCOR AVE #123 STUART STATE OF FLORIDA 34994
PHONE NUMBER: 772 2207660 FAX NUMBER: 772 2207660

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK



LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

BY: Sherwood D.C.
DATE: 3-12-12

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: NONE
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

PHONE NUMBER: _____ FAX NUMBER: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
(EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, 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 PENALTIES 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 (SECTION 92.525, FLORIDA STATUTES).

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY: _____
SIGNATORY'S TITLE/OFFICE: owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 5 DAY OF Mar, 2012
BY: Sherwood Bauer AS owner FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS ACKNOWLEDGED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION _____
TYPE OF IDENTIFICATION PRODUCED: FDC

Valerie Meyer





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

10030

BUILDING PERMIT RECEIPT

Tuscanda

PERMIT NUMBER:	
ADDRESS	
DATE:	SCOPE OF WORK

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	489079
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 space: (@ \$121.75 per sq. ft.)		s.f.	387,043.25
	3179		
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)		s.f.	102,035.86
	1706		
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.		\$	
Total Construction Value:		\$	489079.11
Building fee: (2% of construction value SFR or >\$200K)		\$	9781.58
Building fee: (1% of construction value < \$200K + \$75 per insp.)			
Total number of inspections (Value < \$200K) @\$75 ea.		\$	19675
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	146.72
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	146.72
Road impact assessment: (.04% of construction value - \$5.00 min.)			195.63
Martin County Impact Fee:	8035.86	\$	8035.86
	10270.65		
TOTAL BUILDING PERMIT FEE:	18306.51	\$	18306.51

School Bd 515613

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections @ \$75.00 each			
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	

TOTAL ACCESSORY PERMIT FEE: \$

HP Color LaserJet *CM1312nfi MFP*

Fax Confirmation Report

HP LASERJET FAX
772-287-2455
Apr-19-2012 11:01AM

Job	Date	Time	Type	Identification	Duration	Pages	Result
4623	4/19/2012	10:59:51AM	Send	2207660	1:18	1	OK

TOWN OF SEWALL'S POINT

JACQUI THURLOW-
LIPPISCH
Mayor

PAUL SCHOPPE
Vice Mayor

THOMAS P BAUSCH
Commissioner

PAMELA BUSHA
Commissioner

PAUL LUGER
Commissioner

ROBERT L. KELLOGG
Town Manager

ANN-MARIE S. BASLER
Town Clerk

ERIC CERNIGLIA
Chief of Police

JOHN R. ADAMS
Building Official

JOSE TORRES
Maintenance



DATE: March 12, 2012
TO: Seagate Builders
FAX #: 220-7660
RE: Contractor Licensing

*Still pending
5-4-12*

For: BAUER - 1 Tuscan La Permit # 10030

Algebra Dimensions

~~Dave's Plumbing - Contractor verification form~~

AS Air - Contractor verification form

Zane Carter Electric - Contractor verification form

Addison Drywall - General Liability Insurance

Thanks,

Valerie
Valerie



HP Color LaserJet CM1312nfi MFP

Fax Confirmation Report

HP LASERJET FAX

May-4-2012 9:28AM

Job	Date	Time	Type	Identification	Duration	Pages	Result
61	5/ 4/2012	9:27:01AM	Send	2207660	1:23	1	OK

TOWN OF SEWALL'S POINT

JACQUI THURLOW-
LIPPISCH
Mayor

PAUL SCHOPPE
Vice Mayor

THOMAS P BAUSCH
Commissioner

PAMELA BUSHA
Commissioner

PAUL LUGER
Commissioner



ROBERT L. KELLOGG
Town Manager

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Town Clerk

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Zane Carter Electric - Contractor verification form

Addison Drywall - General Liability Insurance

Thanks,

Valerie

Valerie



One S. Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: clerk@sewallspoint.martin.fl.us
Police Department (772) 781-3378 • Fax (772) 286-7689 • E-Mail: sppd@sewallspoint.martin.fl.us



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

1 Tuscan La

SUBCONTRACTORS LIST
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME *Sea Gate Bldgs* BLDG. PERMIT # _____

MAILING ADDRESS *1501 Decker Ave #123 Stuart FL 34994*

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. **WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION.** USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. **(NOT OCCUPATIONAL LICENSE NUMBERS)**

	TYPE	COMPANY NAME	LICENSE NUMBER
<i>OK</i>	CFO CONCRETE - FORM		
	CFI - FINISH	<i>Certified Building Contr.</i>	<i>C6C 016291</i>
	BM BLOCK MASON	<i>" "</i>	<i>" "</i>
	CB COLUMNS & BEAMS		
<i>OK</i>	CA CARPENTRY ROUGH	<i>Sea Gate</i>	<i>C6C 047306</i>
	GD GARAGE DOOR	<i>TBD</i>	
<i>OK</i>	DH DRYWALL - HANG		
	DF - FINISH	<i>Allison Drywall -</i>	<i>MC Day 00253</i>
<i>OK</i>	IN INSULATION	<i>DAVISON Insul</i>	<i>MJ IN 00375</i>
	LA LATHING	<i>—</i>	<i>—</i>
	FI FIREPLACE	<i>—</i>	<i>—</i>
	PAV PAVERS	<i>Sea Gate</i>	<i>C6C 047306</i>
	AL ALUMINUM	<i>—</i>	<i>—</i>
	LP LP GAS	<i>—</i>	<i>—</i>
	PAV PAINTING	<i>TBD</i>	
	PL PLASTER & STUCCO	<i>TBD</i>	
	ST STAIRS & RAILS	<i>—</i>	
<i>OK</i>	RO ROOFING	<i>OV - 5/1095</i>	<i>CC 1328994</i>
	TM TILE & MARBLE	<i>TBD</i>	
	WD WINDOWS & DOORS	<i>Sea Gate</i>	<i>C6C 047306</i>
<i>OK</i>	PLU * PLUMBING	<i>TBD (James)? OK</i>	<i>Agua Dim CFCOS 526</i>
<i>form</i>	AC * HARV	<i>TBD (DSair)? OK</i>	
	EL * ELECTRICAL	<i>ZANE CARTER Elect</i>	<i>EC 13002342</i>

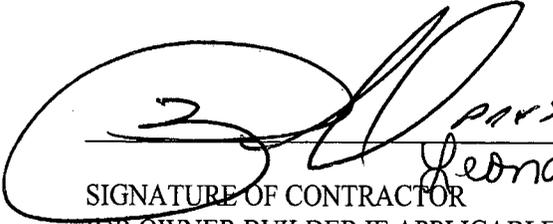


TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-220-4765

AL	* LOW VOLTAGE BURGLAR ALARM	TBD	
VS	VACUUM SOUND	N/A	
IR	* IRRIGATION	—	
SH	SHUTTERS	—	

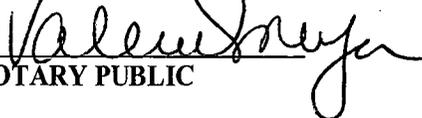
* REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

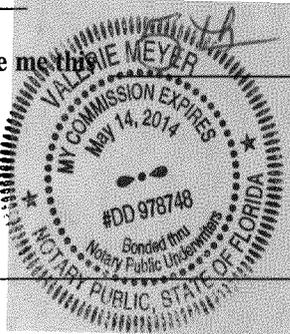

 SIGNATURE OF CONTRACTOR
 (OR OWNER BUILDER IF APPLICABLE)

STATE OF Florida
 COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this _____ day
 of Mar, 2012


 NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



Handwritten initials/signature



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 10030

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Sherwood & Kristen Bauer

CONSTRUCTION ADDRESS: 1 Tuscan Lane

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: New Residence

VALUE OF CONSTRUCTION \$ 15,600.00

<input type="checkbox"/> LOW VOLTAGE	
TYPE OF EQUIPMENT:	<input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK:	VALUE

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

[Signature] 1143 NW Spruce Ridge Dr. Stuart, FL 34994
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Zane Carter Electric Inc.

TELEPHONE NO: 772-692-2048 PLEASE PRINT FAX NO: same

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC 13002342

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

OK

**TOWN OF SEWALL'S POINT
VERIFICATION OF CONTRACTOR**

BUILDING PERMIT NUMBER: 10030

IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Bauer

CONSTRUCTION ADDRESS: 1 Juscan Lane

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

Agua Dimensiones

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Rough, Top Out, Final

VALUE OF CONSTRUCTION: _____

LOW VOLTAGE	
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER	
SCOPE OF WORK: _____	VALUE: _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

SIGNATURE OF LICENSED CONTRACTOR: *[Signature]* ADDRESS OF CONTRACTOR: 1651 SW Macedo Blvd

COMPANY OR QUALIFIER'S NAME: Robert Judlum PLEASE PRINT

TELEPHONE NO: 772-344-8433 FAX NO: 772-343-7418

MARTIN COUNTY OR STATE OF FLORIDA CONTRACTORS LICENSE NUMBER: CFC057526

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

***VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: Bauer

PARCEL CONTROL #: 013841016-000-000100

SUBDIVISION: Noni Estates I LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: 1 Juscan Lane

Send or Fax to:
Town of Sewall's Building Department
1 S. Sewall's Point Road
Sewall's Point, FL 34984
FAX # (772) 220-4766

4765

OK

DS Air



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 10030

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Bauer

CONSTRUCTION ADDRESS: LOT 3 NONI ESTATES

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: NEW HVAC SYSTEM WITH DUCT WORK

VALUE OF CONSTRUCTION \$ 10,000.00

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK: _____ VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

[Signature] PO Box 197 34958
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Daniel W Shawver Jr

TELEPHONE NO: 335-4531 FAX NO: 772-01003

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CAC058715

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT



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:	10263	DATE ISSUED:	NOVEMBER 5, 2012
SCOPE OF WORK:	FENCE		
CONTRACTOR:	SEAGATE BUILDERS		
PARCEL CONTROL NUMBER:	013841016-000-000100	SUBDIVISION	NONI ESTATES - L 1
CONSTRUCTION ADDRESS:	1 TUSCAN LN		
OWNER NAME:	BAUER		
QUALIFIER:	LEN POLANSKI	CONTACT PHONE NUMBER:	220-7660

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 PERMIT APPLICATION**

Permit Number: 10263

Date: 11/1/12

OWNER/LESSEE NAME: Sherwood Bauer Jr Phone (Day) 772 220 7660 (Fax) _____

Job Site Address: #156 Tuscan Ln City: Stuart State: FL Zip: 34996

Legal Description Lot 1 Non Estate Parcel Control Number: 013841016-000-000100

Fee Simple Holder Name: SAME Address: N/A

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

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Permit fence

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2260
(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: \$ N/A
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

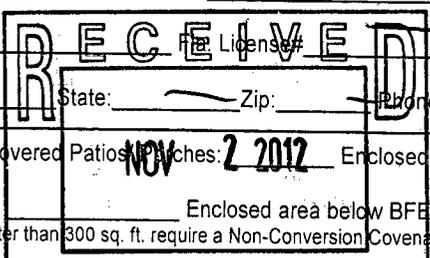
Construction Company: SEABATE BLDG INC Phone: 2207660 Fax: 2207660

Qualifiers name: LEN Polanski Street: 1501 Decker #123 City: Stuart State: FL Zip: 34994

State License Number: CLC047306 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: SAME Phone Number: SAME

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



AREAS SQUARE FOOTAGE: Living: _____ Garage: N/A Covered Patios NOV Decks: 2 Enclosed Storage: _____

Carpport: _____ 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, Electrical, Plumbing, Gas): 2010
National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

1. 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.
2. 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.
3. 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.
4. 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 _____
State of Florida, County of: Martin
On This the 2nd day of Nov, 2012
by Sherwood Bauer who is personally
known to me or produced
As identification: Valerie Carnlet
Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

State of Florida, County of: Martin
On This the 2nd day of Oct, 2012
by Leonard Polanski who is personally
known to me or produced
As identification: Valerie Carnlet
Notary Public

My Commission Expires: _____
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!

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

generated on 11/2/2012 9:22:38 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-016-000-00010-0	911025	TUSCAN LN, STUART	\$229,480	11/1/2012

Owner Information

Owner(Current)	BAUER SHERWOOD JR & KRISTEN W
Owner/Mail Address	10 COPAIRE RD STUART FL 34996
Sale Date	7/27/2010
Document Book/Page	2467 2547
Document No.	2224665
Sale Price	265000

Location/Description

Account #	911025	Map Page No.	SP-03
Tax District	2200	Legal Description	LOT 1 NONI ESTATES (PB 16 PG 7)
Parcel Address	TUSCAN LN, STUART		
Acres	.8950		

Parcel Type

Use Code	0000 Vacant Residential
Neighborhood	120100 Hillcrest, Noni Est, West End

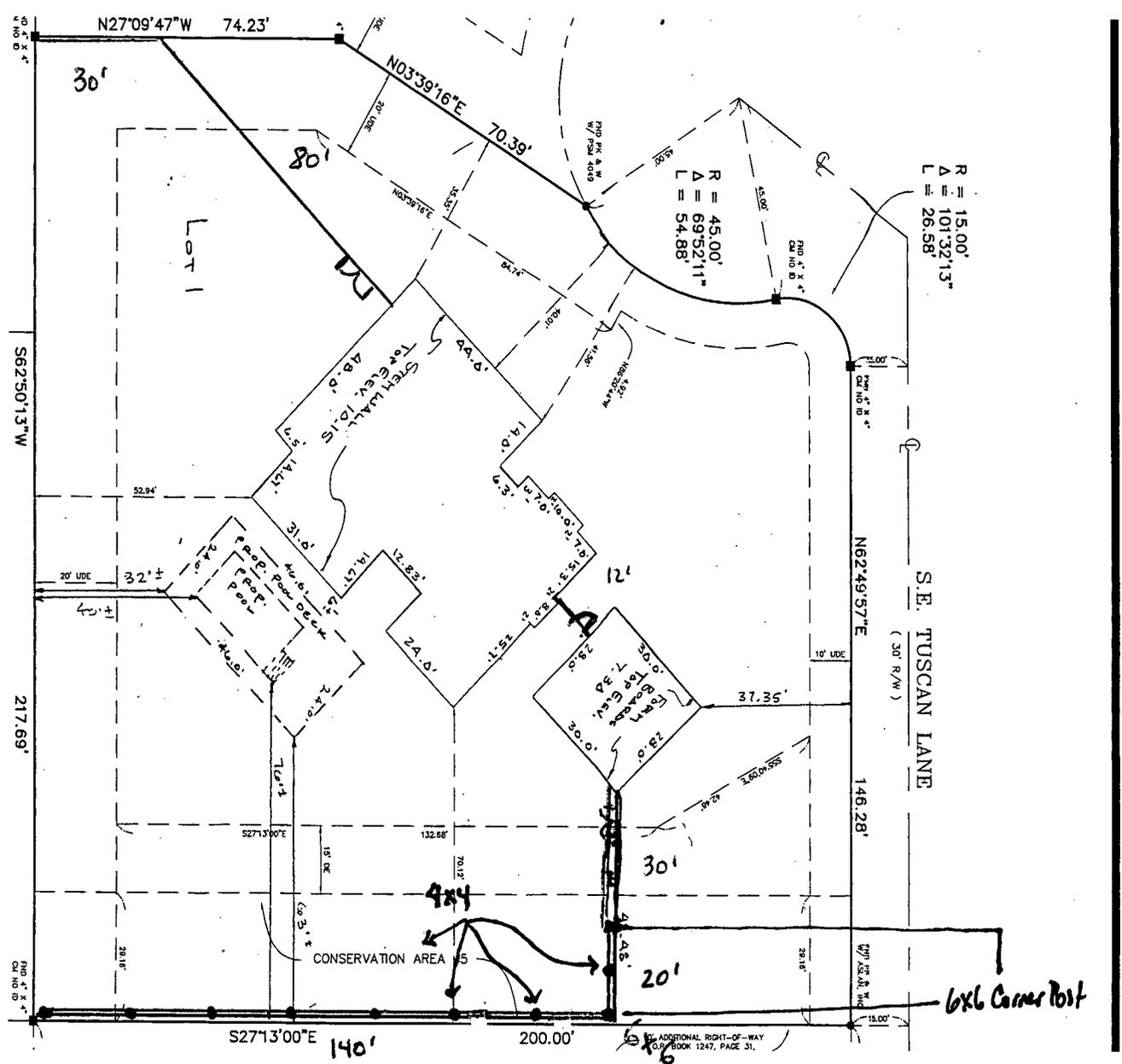
Assessment Information

Market Land Value	\$229,480
Market Improvement Value	
Market Total Value	\$229,480

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

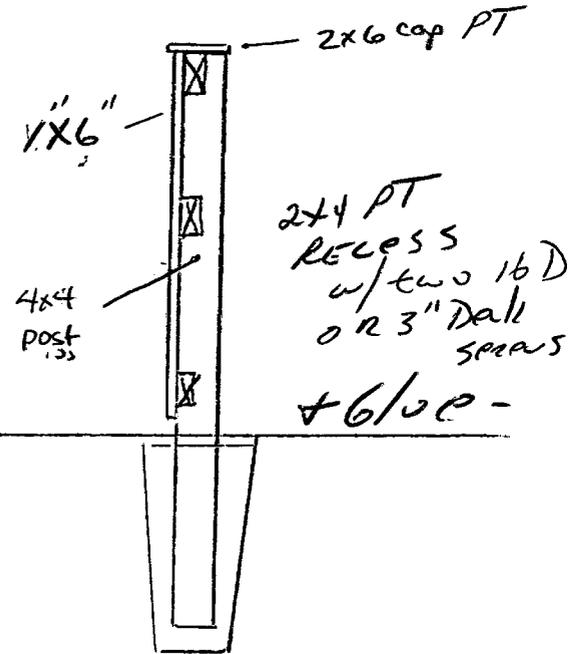
Bauer Res
 #1 Tuscan Ln

WOOD 48" FENCE
 CHAIN LINK 48" FENCE (HOUS.)
 VINYL - 48" - MATCH/CLOSE
 TO PORCHES.



FENCE DESIGN -

* 4x4 Post 6' 0" OC



6x6 Corner post
pressure treated

2x6 Top Plate
Pressure treated

6' 2x4 RAIL
Pressure treated

1/2" x 6" pressure treated

2" Deck Screws
or 2 6D GALV

48" / 52"

12"

18"

7.5"

1 1/4"

Concrete filled
24" Deep
12" DIA

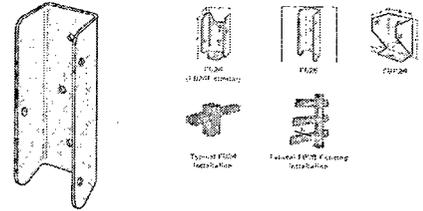
4x4
pressure
treated

2" gap
1" gap (+/-)

* FINISH SIDE
FACES OUT

24"

12"



Technical Information: See [www.topalm.com](#) for details below.

These products are available with **galvanized corrosion protection**. Additional products on this page may also be available with this option. **Check with Customer Service for options.**

These models are approved for installation with the **Skanska Datas 50 Structural Connector System**.

Model No.	GA	Member Size	Dimensions		
			W	H	B
FB24	20	2x4	1 7/8"	3 1/2"	1 1/2"
FB24R	20	2x4 RGR	2"	3 1/2"	5/8"
FB24L	18	2x4	1 3/4"	2 3/4"	1 1/2"
FB24E	18	2x4	1 3/4"	3"	1 1/2"

1. FB24R and FB24L are available only for #1 or #2B fit.
2. FB24R (R-End Cap) only.
3. NAILS: 10d x 1 1/2" = 0.145" dia. x 1 1/2" long.
 8d = 0.131" dia. x 1 1/2" long.
 6d = 0.117" dia. x 1 1/2" long.
 See [www.topalm.com](#) and [skanska.com](#).

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 12-6-12 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10027	Gendis	2nd fl tie beam		
	255 lever		Pass	
	Team Procs			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10229	Vitale	AC Final		
10AM	13 Knowledge		Pass	
	Muller AC			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9991	BURKLAND	Pool PLUMBING		
	104 S. SPT RD		Pass	
	S. Florida Custom Pools			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10224	Gerhardt	FRAMING		
	14 S. SPT RD	R. Plumtz	Pass	
	Scott Holmes			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10263	Bauer	Final		
	1 Tuscan La	fence	Pass	
	Seagate			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



OFFICIAL RECEIPT
(FOR MONEY RECEIVED)

No. 536522

DATE 3.8, 2012

Legal Svcs SCHOOL

RECEIVED FROM Sherwood + Kristen Bauer \$ 5756.12
(NAME OR ORGANIZATION)

FOR Imp fees - 1 Tuscan Lane, Stuart

FOR DEPOSIT IN _____ FUND(S)

W. Dalls
PRINCIPAL OR RESPONSIBLE OFFICER

