

24 Via Lucindia Dr North

10988
PERMIT #

Re ROOF
DESCRIPTION

**BLUEPRINTS FOR THIS PERMIT
ARE AVAILABLE FOR REVIEW AT
TOWN HALL.**

24
Via Lucinda

PRINTS



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:	10988	DATE ISSUED:	August 22, 2014
SCOPE OF WORK:	Re-Roof		
CONTRACTOR:	Apostolopoulos & Paulick		
PARCEL CONTROL NUMBER:	01-38-41-007-000-00100-4	SUBDIVISION:	Lucindia Lot 10
CONSTRUCTION ADDRESS:	24 N Via Lucindia		
OWNER NAME:	Barcik		
QUALIFIER:	Casta Apostolopoulos	CONTACT PHONE NUMBER:	215-9660

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.

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 6/25/14 Permit Number: _____
 OWNER/LESSEE NAME: David Barick Phone (Day) 220-4111 (Fax) _____
 Job Site Address: 24 N Via Lucindia City: Sewalls Point State: FL Zip: 34996
 Legal Description: Lucindia Lot 10 Parcel Control Number: 01-38-41-007-000-00100 4
 Fee Simple Holder Name: _____ Address: 24 N Via Lucindia
 City: Sewalls Point State: FL Zip: 34996 Telephone: 220-4111

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Re-roof

WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES _____ NO
Has a Zoning Variance ever been granted on this property?
 YES _____ (YEAR) _____ NO _____
 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 18,000.00
 (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 _____ AEB _____ X _____
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ 70,880.00
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Apostolopoulos & Paulick const Phone: 260-5793 Fax: _____
 Qualifiers name: Caste Apostolopoulos Street: 3425^{SW} 78TH AVE City: Palm Ck State: FL Zip: 34990
 State License Number: CSC 003907 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Mr Cochran Phone Number: 215-9660
DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: 2097 Garage: 672 Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof 2769 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

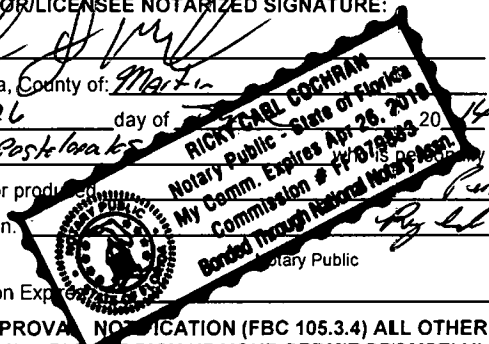
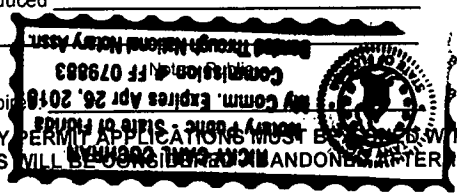
WARNINGS TO OWNERS AND CONTRACTORS:
 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND 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*******

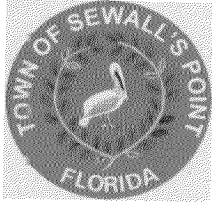
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. 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 21 day of August, 2014
 by David Barick who is personally known to me or produced _____
 As identification, _____
 My Commission Expires Apr 26, 2018

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X: _____
 State of Florida, County of: Martin
 On This the 26 day of _____, 2014
 by Caste Apostolopoulos known to me or produced _____
 As identification, _____
 My Commission Expires _____



SINGLE FAMILY PERMITS: APPLICATIONS MUST BE COMPLETED 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!



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10988		
ADDRESS:	24 N Via Lucindia		
DATE ISSUED:	8/22/2014	SCOPE OF WORK:	Re-Roof

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

ACCESSORY PERMIT	Declared Value:	\$	\$ 70,880.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 4.00	\$ 400.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 6.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 6.00
Road impact assessment: (.04% of construction value - \$5 min.)			
		\$	\$ 28.35

TOTAL ACCESSORY PERMIT FEE:		\$	440.35
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RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	
CGC003907	

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016



APOSTOLOPOULOS, COSTA
APOSTOLOPOULOS & PAULICK CONSTRUCTION INC
3425 SW 78TH AVE
PALM CITY FL-34990



ISSUED: 06/15/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406150001306

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
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3425 SW 78TH AVE
PALM CITY FL 34990



ISSUED: 06/15/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406150001306

FAX - contractor

#233 5525

FAX# 561-233 5554

230 N Jes Rd

334 11

A handwritten signature or scribble consisting of several overlapping, dark ink strokes, possibly representing a name or initials.



INSTR # 2472068 DR BK 2736 PG 754 RECD 08/21/2014 10:18:42 AM
(1 Pgs)

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,000.00 (\$7,500 Mechanical)
INTEGRIBLE \$0.00

PERMIT #: _____ TAX FOLIO #: 01-38-41-007-000-00100-4

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):

Lycinda Lot 10

GENERAL DESCRIPTION OF IMPROVEMENT:

Replacement of Roof

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

NAME: DAVID BARCİK
ADDRESS: 24 N VIA Lycinda, Seawalls Point Fl 34956
PHONE NUMBER: 220-4111 FAX NUMBER: _____
INTEREST IN PROPERTY: owner

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

CONTRACTOR: Casta Apostolopoulos Apostolopoulos & Paulik const
ADDRESS: 3425 SW 7th Ave, Palm City Fl 34990
PHONE NUMBER: 260-5793 FAX NUMBER: _____

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY:

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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:

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: Sept 30, 2014

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 92.528, FLORIDA STATUTES)

SS → [Signature]
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

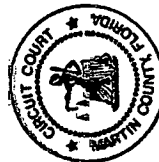
SIGNATORY'S TITLE/OFFICE Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 25 DAY OF June, 2014

BY: DAVID BARCİK AS owner FOR DAVID BARCİK
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____ TYPE OF IDENTIFICATION PRODUCED _____

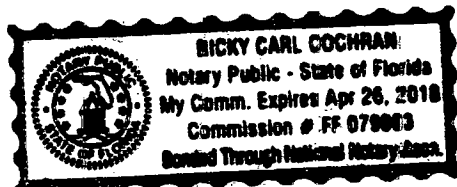
[Signature]
NOTARY SIGNATURE/ SEAL



STATE OF FLORIDA
MARTIN COUNTY

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

CAROLYN TIMMANN, CLERK
BY: [Signature] D.C.
DATE: 8/21/14





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

RE-ROOF CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: Costa Apostolopoulos PHONE #: 260-5793 FAX: _____

OWNER'S NAME: David Barcik

CONSTRUCTION ADDRESS: 24 N Via Lycindia CITY Sewall's Point STATE FL

RE-ROOF: RESIDENTIAL(SINGLE FAMILY)
 COMMERCIAL **--REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES NO

**...DISCONNECT/RECONNECT HVAC ELECTRIC YES NO

** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S. YES NO - INSURED VALUE OF RESIDENCE: \$

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: 6 /12 SLOPE

ROOF DECK:* SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED
 RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF
 NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER
 FLORIDA BUILDING CODE "2004".
 SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED-
 SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME
 SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK
 NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".

EXISTING DECK TO REMAIN/REPAIRED& RENAILED

EXISTING ROOF COVERING: Flat Tiles EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED NEW ROOF COVERING: 26 Gauge 5 v crimp metal

MANUFACTURER Gulf Coast PRODUCT NAME 5v crimp PRODUCT APPR # FL-11651-12

(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL)
 MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

PROPOSED FLASHING: GALV./STEEL ALUMINUM COPPER OTHER

RIDGEVENT TO BE INSTALLED: YES NO

DESCRIPTION OF WORK: Remove old roof system. Install rubber underlayment.
Install 26 gauge 5v crimp metal. Install 2x2 drip edge.

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

Carl J. [Signature] DATE: 6/26/14
 SIGNATURE OF CONTRACTOR



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

**RESIDENTIAL REROOF WINDSTORM LOSS
MITIGATION CERTIFICATION (FLORIDA STATUTE 553.844)**

ALL RE-ROOFS REGARDLESS OF VALUE SHALL COMPLY WITH THE FOLLOWING:

Re-nailing: All sheathing and decking shall be re-nailed per section 201.1 and a secondary water barrier installed.

- Existing fasteners that are 8d clipped head, round head or ring shank and spaced 6 in. or less o.c. may be counted. Additional fasteners shall be 8d ring shank nails with round heads spaced at 6 in. o.c. along framing.
- Indicate below which method is to be used to satisfy the secondary water barrier requirements:

_____ All joints in roof sheathing shall be covered with a minimum of 4 in. strip of self-adhering polymer modified bitumen tape. Wood deck and self-adhering tape shall be covered by one layer of approved underlayment.

_____ Entire roof deck shall be covered with an approved self-adhering polymer modified bitumen cap sheet. No additional underlayment is required.

_____ Outside of the HVHZ, an underlayment complying with section 1507.2.3 of the Florida Building Code, Building fastened as described below or a layer of asphalt impregnated approved #30 felt shall be installed. The felt is to be fastened with 1" round plastic cap or metal cap nails, attached to aailable deck in a grid pattern of 12 inches (305 mm) staggered between the overlaps, with 6-inch (152 mm) spacing at the overlaps. For slopes of 2:12 to 4:12 an additional layer of felt shall be installed in a single-fashion and lapped 19" and fastened as described above. (No additional underlayment shall be required over the top of this sheet.)

_____ Exception: An approved 30# underlayment installed per HVHZ using nails and tin-tags and covered with an approved self-adhering polymer modified bitumen cap sheet or an approved cap sheet hot-moped shall be deemed to meet the requirements for secondary water barrier.

Residential Structures valued at \$300,000 or more shall comply with the following:

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.

Underlay ment



EXTERIOR RESEARCH & DESIGN, LLC.
Certificate of Authorization #9503
353 CHRISTIAN STREET, UNIT #13
OXFORD, CT 06478
PHONE: (203) 262-9245
FAX: (203) 262-9243

EVALUATION REPORT

Boral Roofing
7575 Irvine Center Drive
Suite 100
Irvine, CA. 92618

Evaluation Report M35710.12.10-R6
FL14317-R5
Date of Issuance: 12/21/2010
Revision 6: 10/24/2013

SCOPE:

This Evaluation Report is issued under Rule 9N-3 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code and Florida Building Code, Residential Volume. The products described herein have been designed to comply with the 2010 Florida Building Code sections noted herein.

DESCRIPTION: Boral Roof Underlayments

LABELING: Each unit shall bear labeling in accordance with the requirements the Accredited Quality Assurance Agency noted herein.

CONTINUED COMPLIANCE: This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement to notify Robert Nieminen, P.E. if the product changes or the referenced Quality Assurance documentation changes. Trinity|ERD requires a complete review of this Evaluation Report relative to updated Code requirements with each Code Cycle.

ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

INSPECTION: Upon request, a copy of this entire Evaluation Report shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This Evaluation Report consists of pages 1 through 11.

Prepared by:

Robert J.M. Nieminen, P.E.
Florida Registration No. 59166, Florida DCA ANE1983



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 10/24/2013. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

CERTIFICATION OF INDEPENDENCE:

1. Trinity|ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
2. Trinity|ERD is not owned, operated or controlled by any company manufacturing or distributing products it evaluates.
3. Robert Nieminen, P.E. does not have nor will acquire, a financial interest in any company manufacturing or distributing products for which the evaluation reports are being issued.
4. Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.

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

Sub-Category: Underlayment

Compliance Statement: Boral Roof Underlayments, as marketed by Boral Roofing, have demonstrated compliance with the following sections of the Florida Building Code through testing in accordance with the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

2. STANDARDS:

<u>Section</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
1507.2.3, 1507.3.3, 1507.5.3, 1507.7.3, T1507.8, 1507.8.3, 1507.9.3, 1507.9.4	Physical Properties	ASTM D226	2006
1507.3.3	Physical Properties	ASTM D2626	2004
1507.2.4, 1507.2.9.2, 1507.3.9, 1507.5.6, 1507.8.7, 1507.9.8	Physical Properties	ASTM D1970	2001
1523.6.5.2.1	Physical Properties	TAS 103	1995
1504.3.1	Wind Uplift	FM 4474	2004
1507.3.3	Installation Practice	FRSA/TRI 07320	2005

3. REFERENCES:

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
ERD (TST6049)	Wind Uplift	T6460.06.07-R1	10/09/2007
ERD (TST6049)	Physical Properties	T33190.08.10	08/06/2010
ERD (TST 6049)	Physical Properties	M33180.08.10	10/09/2010
ERD (TST6049)	Wind Uplift	T37610.07.11	07/29/2011
ERD (TST 6049)	Physical Properties	B40380.08.12	08/28/2012
ERD (TST 6049)	Physical Properties	C41420.09.12-2	09/11/2012
ERD (TST 6049)	Physical Properties	B41940.09.12	09/13/2012
PRI (TST 5878)	Physical Properties	NEI-006-02-01	04/01/2002
PRI (TST 5878)	Physical Properties	NEI-034-02-02	03/23/2006
PRI (TST 5878)	Physical Properties	NEI-045-02-01	08/08/2007
PRI (TST 5878)	Physical Properties	NEI-053-02-01	05/01/2008
PRI (TST 5878)	Physical Properties	NEI-070-02-01	08/12/2009
PRI (TST 5878)	Physical Properties	NEI-031-02-02:REV 10.27.10	10/27/2010
PRI (TST 5878)	Physical Properties	NEI-029-02-01:REV: 11.03.10	12/03/2010
PRI (TST 5878)	Physical Properties	NEI-046-02-01:REV	12/17/2010
PRI (TST 5878)	Physical Properties	NEI-034-02-02 / MLT-015-02-01	01/29/2013
UL, LLC. (QUA 9625)	Quality Assurance	Service Confirmation, R14610	Exp. 03/01/2015
UL, LLC. (QUA 9625)	Quality Assurance	Cross-Listing Confirmation, R16744, 1QA	09/04/2013
UL, LLC. (QUA 9625)	Quality Assurance	Service Confirmation, R16744	Exp. 12/08/2014

4. PRODUCT DESCRIPTION:
4.1 Self-Adhering Underlayments:

- 4.1.1 **Boral TileSeal™ 50^{HT}** is a nominal 50-mil thick, polyester-surfaced, self-adhering SBS modified bitumen roof underlayment.
- 4.1.2 **Boral TileSeal™ HT** is a nominal 60-mil thick, polyester-surfaced, self-adhering SBS modified bitumen roof underlayment.
- 4.1.3 **GatorSeal™** is a nominal 55-mil thick, granular-surfaced, fiberglass reinforced, self-adhering SBS modified bitumen roof underlayment.
- 4.1.4 **GatorSeal™ HT** is a self-adhering, glass mat reinforced, fabric surfaced, SBS modified roof underlayment.
- 4.1.5 **StormSentry™** is a nominal 120-mil thick, mineral-surfaced, fiberglass reinforced, self-adhering SBS modified bitumen roof underlayment.



4.1.6 **Citadel™ Plus** is a nominal 48-mil thick, fabric-surfaced, fiberglass reinforced, self-adhering SBS modified bitumen roofing underlayment for use as a base-layer in two-ply underlayment systems.

4.2 **Mechanically Fastened Underlayments:**

4.2.1 **Alcazar™** is a nominal 30-mil thick, smooth-surfaced, fiberglass reinforced, SBS modified bitumen roofing underlayment with self-adhering side laps; meets physical requirements of ASTM D226, Type II, ASTM D2626 and ASTM D4601, Type II.

5. LIMITATIONS:

- 5.1 This Evaluation Report is not for use in the HVHZ.
- 5.2 Fire Classification is not part of this Laboratory Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.
- 5.3 Boral Roof Underlayments may be used with any prepared roof cover where the product is specifically referenced within FBC approval documents. If not listed, a request may be made to the AHJ for approval based on this evaluation combined with supporting data for the prepared roof covering.
- 5.4 Allowable roof covers applied atop Boral Roof Underlayments are follows. Table 1 pertains to use of each listed underlayment by-itself beneath the stated roof covers. Refer to the installation instructions and Table 2 for two-ply underlayment options.

TABLE 1: ROOF COVER OPTIONS						
Underlayment	Asphalt Shingles	Nail-On Tile	Foam-On Tile	Metal	Wood Shakes & Shingles	Slate
Alcazar	Yes	Yes	No	No	Yes	Yes
Boral TileSeal 50 ^{HT}	Yes	No	No	Yes	Yes	Yes
Boral TileSeal ^{HT}	Yes	Yes	Yes (See 5.4.1)	Yes	Yes	Yes
GatorSeal	Yes	No	No	No	Yes	Yes
GatorSeal HT	Yes	Yes	Yes (See 5.4.1)	Yes	Yes	Yes
StormSentry	Yes	Yes	No	No	Yes	Yes

5.4.1 "Foam-On Tile" is limited to use of the following unless tensile adhesion / long term aging data from an accredited testing laboratory is provided.

Underlayment	Permissible Tile Adhesive(s)
Boral TileSeal ^{HT}	3M™ 2-Component Foam Roof Tile Adhesive AH-160 (formerly Polyfoam PolyPro AH160) or Convenience Products' Touch 'n Seal StormBond Roof Tile Adhesive
GatorSeal HT	3M™ 2-Component Foam Roof Tile Adhesive AH-160 (formerly Polyfoam PolyPro AH160)

5.5 Allowable substrates are noted below:

5.5.1 Direct-Bond to Deck:

Citadel Plus, Boral TileSeal 50^{HT}, Boral TileSeal^{HT}, StormSentry or GatorSeal:

- Plywood
- ASTM D41 primed plywood.

Boral TileSeal^{HT}:

- ASTM D41 primed OSB

GatorSeal HT:

- New untreated plywood;
- ASTM D41 primed new untreated plywood;
- Existing plywood;
- ASTM D41 primed existing plywood;
- Structural concrete
- ASTM D41 primed structural concrete

5.5.2 Wind Resistance of Underlayment Systems in Foam-On Tile Applications: FRSA/TRI 07320 does not address wind uplift resistance of direct-deck, adhered underlayment systems beneath foam-on tile systems, where the bonded underlayment forms part of the load-path. The following wind uplift limitations apply to direct-deck, adhered Boral underlayment systems. Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads. Refer to FBC 1609.1.5 for determination of design pressures.

5.5.2.1 Maximum Design Pressure = -45 psf.

Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.
 Primer: (Optional) ASTM D41
 Base Layer: (Optional) Citadel Plus, self-adhered
 Underlayment: Boral TileSeal^{HT}, self-adhered

5.5.2.2 Maximum Design Pressure = -45 psf.

Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.
 Primer: (Optional) ASTM D41
 Underlayment: GatorSeal HT, self-adhered

5.5.2.3 Maximum Design Pressure = -75.0 psf.

Deck: Min. 19/32-inch plywood to meet project requirements to satisfaction of AHJ, but not less than max. 24-inch spans with 8d ring shank nails spaced 6-inch o.c.
 Primer: (Optional) ASTM D41
 Underlayment: GatorSeal HT, self-adhered.

5.5.2.4 Maximum Design Pressure = -217.5 psf.

Deck: Structural concrete to meet project requirements to satisfaction of AHJ.
 Primer: (Optional) ASTM D41
 Underlayment: GatorSeal HT, self-adhered.

5.5.3 Bond to Base Layer Underlayment:

Citadel Plus, Boral TileSeal 50^{HT}, Boral TileSeal^{HT} or GatorSeal:

- ASTM D226, Type II felt
- Alcazar
- Citadel Plus.

StormSentry:

- ASTM D226, Type II felt
- Citadel Plus.

GatorSeal HT:

- ASTM D226, Type I or II felt
- ASTM D4869 felt
- LeakBarrier EasyLay

For installations under mechanically attached prepared roof coverings, base layer shall be attached per minimum codified requirements. For installations under foam-on tile systems, base layer shall be attached per minimum requirements of FRSA/TRI 07320/8-05 or RAS 120.

5.5.4 Bond to Other Substrate Types:

Citadel Plus, Boral TileSeal 50^{HT}, Boral TileSeal^{HT}, StormSentry, GatorSeal or GatorSeal HT:

- ASTM D41 primed metal (e.g., flashing metal, valley metal, etc).

Boral TileSeal^{HT}:

- Huber Zip Deck (unprimed or primed with ASTM D41 primer)
- Dens Deck DuraGuard
- Dens Deck Prime.

Note: For installation under mechanically attached prepared roof coverings, insulation shall be attached per minimum requirements of the prepared roof covering manufacturer's Product Approval.

5.6 Exposure Limitations:

- 5.6.1 GatorSeal shall not be left exposed for longer than 30-days after installation, prior to placement of final roof cover.
- 5.6.2 StormSentry shall not be left exposed for longer than 90-days after installation, prior to placement of final roof cover.
- 5.6.3 GatorSeal HT shall not be left exposed for longer than 120-days after installation.
- 5.6.4 Alcazar, Boral TileSeal 50^{HT} and Boral TileSeal^{HT} shall not be left exposed for longer than 180-days after installation, prior to placement of final roof cover.
- 5.6.5 Citadel Plus, for use as a base-layer in a two-ply underlayment system, shall not be left exposed for longer than 180-days after installation, prior to placement of subsequent underlayment layer.
- 5.7 For tile roof installations governed by the FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, use is limited to the following. Reference is made to the FRSA/TRI Technical Brief titled "Florida High Wind Roof Tile Self-Adhered Underlayment Requirements" for limitations for self-adhering underlayments used beneath tile roof systems.

TABLE 2: TILE SYSTEM OPTIONS PER FRSA/TRI 07320/8-05

System	Underlay Option	Section	Reference	Product(s)
System One: Mechanically Fastened Tile, Unsealed or Sealed Underlayment System	1	3.02A	Single-Ply No. 43	Alcazar
	4	3.02D	Two Ply No. 30 or No. 43	Alcazar
	5	3.02E	Self-Adhered Underlayment	Base Layer (Optional): Citadel Plus Top Layer: Boral TileSeal ^{HT} or StormSentry
	5	3.02E	Self-Adhered Underlayment	GatorSeal HT
	6	3.02F	No. 30 / Self-Adhered Underlayment	Base Layer: ASTM D226, Type II or Alcazar Mid Layer (Optional): Citadel Plus Top Layer: Boral TileSeal ^{HT}
	6	3.02F	No. 30 / Self-Adhered Underlayment	Base Layer: ASTM D226, Type II Mid Layer (Optional): Citadel Plus Top Layer: StormSentry
	6	3.02F	No. 30 / Self-Adhered Underlayment	Base Layer: ASTM D226, Type II, Tarco 30 or EasyLay Top Layer: GatorSeal HT
System Two: Mechanically Fastened Tile, Sealed Underlayment System	4	3.02D	Self-Adhered Underlayment	Base Layer (Optional): Citadel Plus Top Layer: Boral TileSeal ^{HT} or StormSentry
	4	3.02D	Self-Adhered Underlayment	GatorSeal HT
	5	3.02E	No. 30 / Self-Adhered Underlayment	Base Layer: ASTM D226, Type II or Alcazar Mid Layer (Optional): Citadel Plus Top Layer: Boral TileSeal ^{HT}
	5	3.02E	No. 30 / Self-Adhered Underlayment	Base Layer: ASTM D226, Type II Mid Layer (Optional): Citadel Plus Top Layer: StormSentry
	5	3.02E	No. 30 / Self-Adhered Underlayment	Base Layer: ASTM D226, Type II, Tarco 30 or EasyLay Top Layer: GatorSeal HT
System Four "A": Adhesive-Set Tile, Unsealed or Sealed Underlayment System	4	3.02D	Self-Adhered Underlayment	Base Layer (Optional): Citadel Plus Top Layer: Boral TileSeal ^{HT}
	4	3.02D	Self-Adhered Underlayment	GatorSeal HT
	5	3.02E	No. 30 / Self-Adhered Underlayment	Base Layer: ASTM D226, Type II or Alcazar Mid Layer (Optional): Citadel Plus Top Layer: Boral TileSeal ^{HT}
	5	3.02E	No. 30 / Self-Adhered Underlayment	Base Layer: ASTM D226, Type II, Tarco 30 or EasyLay Top Layer: GatorSeal HT
System Four "B": Adhesive-Set Tile, Sealed Underlayment System	3	3.02C	Self-Adhered Underlayment	Base Layer (Optional): Citadel Plus Top Layer: Boral TileSeal ^{HT}
	3	3.02C	Self-Adhered Underlayment	GatorSeal HT
	4	3.02D	No. 30 / Self-Adhered Underlayment	Base Layer: ASTM D226, Type II or Alcazar Mid Layer (Optional): Citadel Plus Top Layer: Boral TileSeal ^{HT}
	4	3.02D	No. 30 / Self-Adhered Underlayment	Base Layer: ASTM D226, Type II, Tarco 30 or EasyLay Top Layer: GatorSeal HT

6. INSTALLATION:

6.1 Boral Roof Underlayments shall be installed in accordance with Boral Roofing published installation instructions subject to the Limitations set forth in Section 5 herein and the specifics noted below.



- 6.2 Re-fasten any loose decking panels, and check for protruding nail heads. Sweep the substrate thoroughly to remove any dust and debris prior to application, and prime the substrate (if applicable).
- 6.3 Install self-adhering underlayment when ambient and surface temperatures are minimum 40°F and rising.
- 6.4 **Alcazar:**
 - 6.4.1 Install Alcazar in compliance with manufacturer's published installation instructions and the requirements for ASTM D226, Type I and II or ASTM D2626 underlayments in FBC Sections 1507 for the type of prepared roof covering to be installed.
 - 6.4.2 Address metal drip-edge, rakes, valleys and penetrations in accordance with Boral Roofing published installation instructions.
 - 6.4.3 **Slopes of 4:12 or greater:**
 - 6.4.3.1 Starting at the eaves, lay Alcazar underlayment, lapping each course the width of selvedge lap at bottom of each sheet (horizontal lap) and with minimum 6-inch end (vertical) laps. At all head (horizontal) laps, pull the release film from the bottom of the overlapping course and fully adhere to the selvedge edge of the course below. End (vertical) laps in a succeeding course shall be staggered from those in preceding course by minimum 6-feet.
 - 6.4.3.2 Secure with standard roofing nails, nails & tin-tags or 1-inch diameter plastic or steel cap nails maximum 6-inch o.c. at the laps and 12-inch o.c. in two, equally spaced, staggered rows in the center of the sheet.
 - 6.4.3.3 If a top-layer-underlayment is required atop the mechanically attached base layer, install Boral TileSeal 50^{HT}, Boral TileSeal^{HT} or GatorSeal in accordance with Boral Roofing published installation instructions and the applicable sections below.
 - 6.4.4 **Slopes of 3:12 to less than 4:12:**
 - 6.4.4.1 Double layer application; begin by fastening a 19-inch wide strip of Alcazar underlayment placed along the eaves. Place a full-width sheet over the starter, completely overlapping the starter course. Overlap succeeding courses by 19-inches. Minimum 6-inch end (vertical) laps shall be staggered from those in preceding course by minimum 6-feet.
 - 6.4.4.2 Secure the top layer with standard roofing nails, nails & tin-tags or 1-inch diameter plastic or steel cap nails maximum 6-inch o.c. at the laps and 12-inch o.c. in two, equally spaced, staggered rows in the center of the sheet.
 - 6.4.5 For use in asphalt-shingle applications, reference is made to the current edition of the ARMA Asphalt Roofing Manual. For use in applications that do not involve asphalt-shingles or tile, reference is made to the current edition of the NRCA Steep-slope Roofing Manual.
 - 6.4.6 For use in tile applications, reference is made to FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, and Table 2 herein with exception of the Alcazar fastening requirements set forth in section 6.4.3.1.
- 6.5 **Citadel Plus:**
 - 6.5.1 Citadel Plus is limited to use as a base or mid-layer in multi-ply underlayment systems beneath Boral TileSeal 50^{HT}, Boral TileSeal^{HT}, GatorSeal or StormSentry.
 - 6.5.2 Slope limitations are those associated with the top-layer underlayment.
 - 6.5.3 **Direct to deck:**
 - 6.5.3.1 Cut the membrane into manageable lengths, typically 10 to 12 ft. Align the membrane parallel to the roof edge, extending over by ¼-inch. Fold the membrane away from the edge onto itself. Remove the release sheet. Place the membrane with the exposed rubberized asphalt onto the deck, pressing firmly into place. Roll into place with a weighted roller.

- 6.5.3.2 Boral recommends fastening of the top edge of the sheet to the deck with roofing nails, nails & tin-tags or 1-inch diameter plastic or steel cap nails spaced 24-inch o.c. for slopes below 7:12 and 12-inch o.c. for slopes 7:12 and greater. Overlap successive courses minimum 2 inches (horizontal lap) and minimum 4" end (vertical) laps.
- 6.5.3.3 Install final underlayment layer atop Citadel Plus per 'direct-to-deck' instructions for Boral TileSeal 50^{HT}, Boral TileSeal ^{HT}, GatorSeal or StormSentry.
- 6.5.4 To base sheet:
 - 6.5.4.1 Install Alcazar in accordance with Boral Roofing published installation instructions and Section 6.4.3 or install ASTM D226, Type II felt in accordance with Section 6.4.3 but using minimum 2" head laps (horizontal) or Citadel Plus in accordance with Boral Roofing published installation instructions and Section 6.5.3 and when used as part of a multi-ply system.
 - 6.5.4.2 Install Citadel Plus as a mid-ply in accordance with Boral Roofing published installation instructions and Section 6.5.3.
 - 6.5.4.4 Install final underlayment layer atop Citadel Plus per 'direct-to-deck' instructions for Boral TileSeal 50^{HT}, Boral TileSeal ^{HT}, GatorSeal or StormSentry.
- 6.6 **Boral TileSeal 50^{HT}:**
 - 6.6.1 Install Boral TileSeal 50^{HT} in compliance with manufacturer's published installation instructions and the requirements for ASTM D1970 underlayments in FBC Sections 1507 for the type of prepared roof covering to be installed.
 - 6.6.2 Do not use Boral TileSeal 50^{HT} on roof pitches less than 2:12.
 - 6.6.3 For non-tile applications, direct to deck:
 - 6.6.3.1 Cut the membrane into manageable lengths, typically 10 to 12 ft. Align the membrane parallel to the roof edge, extending over by ¼-inch. Fold the membrane away from the edge onto itself. Remove the release sheet. Place the membrane with the exposed rubberized asphalt onto the deck, pressing firmly into place. Roll into place with a weighted roller.
 - 6.6.3.2 Boral recommends fastening of the black selvedge edge to the deck with roofing nails, nails & tin-tags or 1-inch diameter plastic or steel cap nails spaced 24-inch o.c. for slopes below 7:12 and 12-inch o.c. for slopes 7:12 and greater. Overlap successive courses the width of the black-selvedge area, minimum 3-inch.
 - 6.6.3.3 Seal under end (vertical) laps using approved mastic, or use Joined and Folded Seam or Inverted Sheet Seam method detailed in Boral Roofing published installation instructions.
 - 6.6.4 For non-tile applications, to mechanically attached base sheet:
 - 6.6.4.1 Install Alcazar in accordance with Boral Roofing published installation instructions and Section 6.4.3 or install ASTM D226, Type II felt in accordance with Section 6.4.3 but using minimum 2" head (horizontal) laps.
 - 6.6.4.2 Install Boral TileSeal 50^{HT} in accordance with Boral Roofing published installation instructions and Section 6.6.3, except end (vertical) laps, described below.
 - 6.6.4.3 Apply SBS Mastic under all end (vertical) laps or any other laps where the self-adhering bituminous underside is in contact with the fabric top surface, rolling the interface into place with a weighted roller.
 - 6.6.5 For tile applications:
 - 6.6.5.1 Reference is made to FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, and Table 2 herein, using the instructions noted above as a guideline. Tile shall be loaded and staged in a manner that prevents tile slippage and/or damage to the underlayment.



- 6.6.5.2 Battens must be used for all tile installations atop Boral TileSeal 50^{HT}. Boral Roofing's Elevated Batten System™, Tru-Flow® Battens, or counter battens are required for roof pitches of 2 ½:12 to less than 4:12.
- 6.7 **GatorSeal and StormSentry:**
- 6.7.1 Install GatorSeal and StormSentry in compliance with manufacturer's published installation instructions and the requirements for ASTM D1970 underlayments in FBC Sections 1507 for the type of prepared roof covering to be installed.
- 6.7.2 Do not use GatorSeal on roof pitches less than 2:12. Do not use StormSentry on roof pitches less than ½:12 while ensuring there is no possibility for ponding water on the surface of StormSentry.
- 6.7.3 For non-tile applications, direct to deck:
- 6.7.3.1 Cut the membrane into manageable lengths, typically 10 to 12 ft. Align the membrane parallel to the roof edge, extending over by ¼-inch. Fold the membrane away from the edge onto itself. Remove the release sheet. Place the membrane with the exposed rubberized asphalt onto the deck, pressing firmly into place. Roll into place with a weighted roller.
- 6.7.3.2 Boral recommends fastening of the black selvedge edge to the deck with roofing nails, nails & tin-tags or 1-inch diameter plastic or steel cap nails spaced 24-inch o.c. for slopes below 7:12 and 12-inch o.c. for slopes 7:12 and greater. Overlap successive courses the width of the black-selvedge area, minimum 3-inch.
- 6.7.3.3 Seal end (vertical) laps using SBS Mastic under all side (vertical) laps or any other laps where the self-adhering bituminous underside is in contact with the granular or mineral top surface, rolling the interface into place with a weighted roller, or using the Inverted Sheet Seam detailed in Boral Roofing published installation instructions.
- 6.7.4 For non-tile applications, to base sheet:
- 6.7.4.1 Install Alcazar in accordance with Boral Roofing published installation instructions and Section 6.4.3 or install ASTM D226, Type II felt in accordance with Section 6.4.3 but using minimum 2" head (horizontal) laps or install Citadel Plus in accordance with Boral Roofing published installation instructions and Section 6.5.3.
- 6.7.4.2 Install GatorSeal (over Alcazar, ASTM D226, Type II felt, or Citadel Plus) or StormSentry (over ASTM D226, Type II felt or Citadel Plus only) in accordance with Boral Roofing published installation instructions and Section 6.7.3 except end (vertical) laps, described below.
- 6.7.4.3 Apply SBS Mastic under all side (vertical) laps or any other laps where the self-adhering bituminous underside is in contact with the granular top surface, rolling the interface into place with a weighted roller.
- 6.7.5 For tile applications (StormSentry only):
- 6.7.5.1 Reference is made to FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, and Table 2 herein, using the instructions noted above as a guideline. Tile shall be loaded and staged in a manner that prevents tile slippage and/or damage to the underlayment.
- 6.8 **Boral TileSeal^{HT}:**
- 6.8.1 Install Boral TileSeal^{HT} in compliance with manufacturer's published installation instructions and the requirements for ASTM D1970 underlayments in FBC Sections 1507 for the type of prepared roof covering to be installed.
- 6.8.2 Do not use Boral TileSeal^{HT} on roof pitches less than 2:12. For tile applications, do not use Boral TileSeal HT on pitches less than 2½:12.
- 6.8.3 For non-tile applications, direct to deck:



- 6.8.3.1 For OSB substrate, prime with ASTM D41 primer and allow to dry prior to installation. Cut the membrane into manageable lengths, typically 10 to 12 ft. Align the membrane parallel to the roof edge, extending over by ¼-inch. Fold the membrane away from the edge onto itself. Remove the release sheet. Place the membrane with the exposed rubberized asphalt onto the deck, pressing firmly into place. Roll into place with a weighted roller.
- 6.8.3.2 Boral recommends fastening of the black selvedge edge to the deck with roofing nails, nails & tin-tags or 1-inch diameter plastic or steel cap nails spaced 24-inch o.c. for slopes below 7:12 and 12-inch o.c. for slopes 7:12 and greater. Overlap successive courses the width of the black-selvedge area, minimum 3-inch.
- 6.8.3.3 Seal under end (vertical) laps using approved mastic, or use Joined and Folded Seam or Inverted Sheet Seam method detailed in Boral Roofing published installation instructions.
- 6.8.4 For non-tile applications, to mechanically attached base sheet:
- 6.8.4.1 Install Alcazar in accordance with Boral Roofing published installation instructions and Section 6.4.3 or install ASTM D226, Type II felt in accordance with Section 6.4.3 but using minimum 2" head (horizontal) laps or install Citadel Plus in accordance with Boral Roofing published installation instructions and Section 6.5.3.
- 6.8.4.2 Install Boral TileSeal ^{HT} in accordance with Boral Roofing published installation instructions and Section 6.8.3, except end (vertical) laps, described below.
- 6.8.4.3 Apply SBS Mastic under all end (vertical) laps or any other laps where the self-adhering bituminous underside is in contact with the fabric top surface, rolling the interface into place with a weighted roller.
- 6.8.5 For tile applications:
- 6.8.5.1 Reference is made to FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, and Table 2 herein, using the instructions noted above as a guideline. Tile shall be loaded and staged in a manner that prevents tile slippage and/or damage to the underlayment.
- 6.8.5.2 Battens must be used for all tile installations atop Boral TileSeal ^{HT} with roof pitches of 2½ to less than 3:12. Boral Roofing's Elevated Batten System, Tru-Flow Battens or counter battens are required.
- 6.8.5.3 Approved foam adhesive may be used for roof slopes 2:12 and greater.
- 6.9 **GatorSeal HT:**
- 6.9.1 GatorSeal HT shall be installed in compliance with the requirements for ASTM D1970 underlayment in FBC Sections 1507 for the type of prepared roof covering to be installed.
- 6.9.2 For use in non-tile applications:
- 6.9.2.1 Cut GatorSeal HT to manageable sections and allow to relax prior to application.

6.9.2.3 Membrane Application:

- Place a full width piece on the prepared substrate, aligned parallel to the eave edge and extend approximately 3/8" over the eave and rake with the selvedge edge positioned upslope.
- Fold back the upslope half of the sheet and remove the exposed release film, taking care not to displace the membrane
- Working from the centerline out, roll the membrane onto the substrate, taking care to avoid wrinkles and ridges
- Apply a 1/16" thick layer of asphalt plastic cement over the eave and rake metal, extending 2" to 3" onto the deck surface.
- Fold back the downslope half of the sheet, remove the release film and roll the membrane onto the substrate from the centerline out.
- Seal all 6" end laps with a 1/16" thick application of asphalt plastic cement and stagger all end laps minimum 36".
- Remove selvage release film, if present, and install second and subsequent courses in a similar manner.
- Install capped or tin-tagged nails 6" o.c. along the centerline of the laps.
- At all T-joints, where an end-lap and the next overlapping course intersect, apply a bead of roofing laps cement before the overlapping course is laid.
- Roll the entire surface with a weighted roller, paying particular attention to side laps, end laps and eave / rake areas to ensure a complete bond.

6.9.4 For use in tile applications, reference is made to FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, and Table 2 herein, using the instructions noted above as a guideline.

6.9.4.1 Wait a minimum of 24 hours prior to loading roof tiles.

6.9.4.2 All tiles shall be staged four tiles perpendicular to slope, six tiles on top, parallel to slope; not to exceed 10 tiles total to a maximum roof pitch of 5:12 for flat tiles and 6:12 for lugged tiles. If tiles are to be left in a staged condition for more than 30 days, tiles shall be staged two tiles perpendicular to slope, four tiles on top, parallel to slope; not to exceed 6 tiles total to a maximum roof pitch of 5:12 for flat tiles and 6:12 for lugged tiles.

6.9.4.3 At roof pitch in excess of those noted above, the tiles shall be staged behind a nominal 1 x 2 horizontal batten.

7. LABELING:

Each unit shall bear a permanent label with the manufacturer's name, logo, city, state and logo of the Accredited Quality Assurance Agency noted herein.

8. BUILDING PERMIT REQUIREMENTS:

As required by the Building Official or Authority Having Jurisdiction in order to properly evaluate the installation of this product.

9. MANUFACTURING PLANTS:

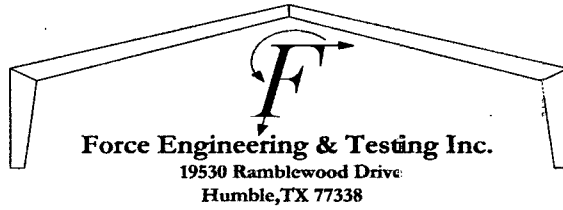
Contact the manufacturer or the named QA entity for information on plants covered under Rule 9N-3 QA requirements.

10. QUALITY ASSURANCE ENTITY:

UL, LLC. – QUA9625; (414) 248-6409; Karen.buchmann@us.ul.com

- END OF EVALUATION REPORT -

Metal COVERINGS



Product Evaluation Report
GULF COAST SUPPLY & MANUFACTURING, LLC.

26 Ga. 5V Crimp Roof Panel over 15/32" Plywood

Florida Product Approval # 11651.12 R1

Florida Building Code-2010

Per Rule 9N-3

Method: 1-D

Category: Roofing

Subcategory: Metal Roofing

Compliance Method: 9N-3.005(1)(d)

HVHZ

Product Manufacturer:

GULF COAST SUPPLY & MANUFACTURING, LLC.

4020 S.W. 449th Street

Horseshoe Beach, Florida 32648

Engineer Evaluator:

Terrence E. Wolfe, P.E. # 44923

Florida Evaluation ANE ID: 1920

Validator:

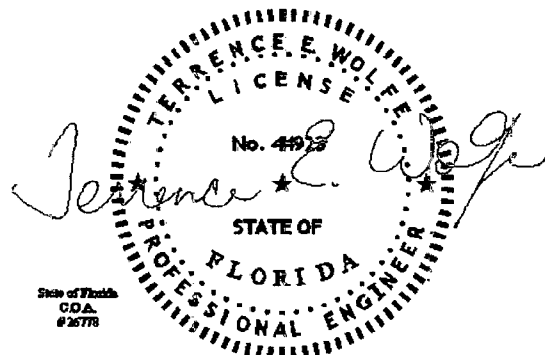
Locke Bowden, P.E., FL.#49704

9450 Alysbery Place

Montgomery, AL 36117

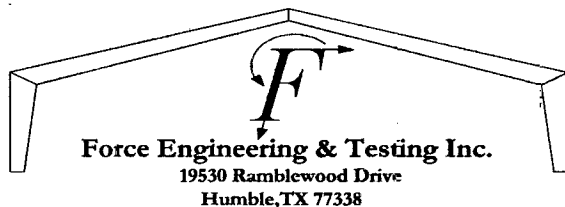
Contents:

Evaluation Report Pages 1 - 4



FL# 11651.12 R1

February 23, 2012



Compliance Statement: The product as described in this report has demonstrated compliance with the Florida Building Code 2010, Sections 1504.3.2, 1518.9, 1523.6.5.2.4.

Product Description: 5V Crimp Roof Panel, 26 Ga. Steel, 24" Coverage, through fastened roof panel over 15/32" Plywood decking. Non-Structural Application.

Panel Material/Standards: Material: Minimum 26 Ga. Steel, ASTM A792 or ASTM A653 G90 conforming to Florida Building Code 2010 Section 1507.4.3.
 Paint Coating: Valspar Fluropon Coating (Optional)
 Yield Strength: Min. 50.0 ksi
 Corrosion Resistance: Panel Material shall comply with Florida Building Code 2010, Section 1507.4.3

Panel Dimension(s): Thickness: 0.018" min.
 Width: 24" Coverage
 Rib Height: 3/8" major rib
 Panel Rollformer: Rollformer Corp.

Panel Fastener: #9-15 x 1-1/2" WoodZac w/ Zac Head with sealing washing through panel rib.
 1/4" minimum penetration through plywood
 Corrosion Resistance: Per Florida Building Code 2010, Section 1506.6, 1507.4.4

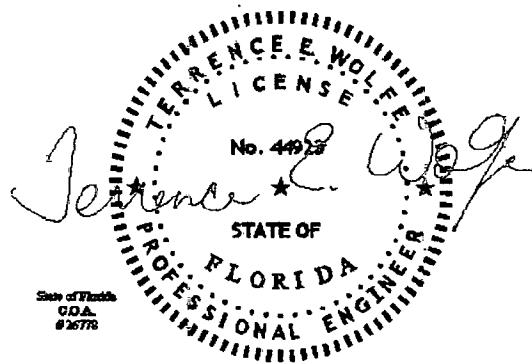
Substrate Description: Min. 15/32" thick, APA Rated plywood over supports at maximum 24" O.C.
 Design of plywood and plywood supports are outside the scope of this evaluation. Must be designed in accordance w/ Florida Building Code 2010.

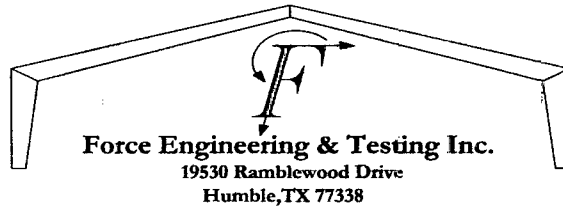
Design Uplift Pressures:

Table "A"

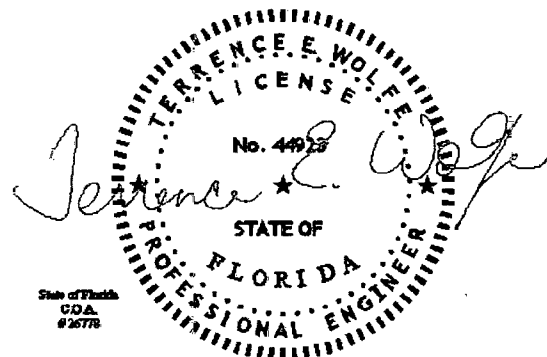
Maximum Total Uplift Design Pressure:	108.5 psf	156.5 psf
Fastener Pattern:	Panel Rib	Panel Rib
Fastener Spacing:	12" O.C.	6" O.C.

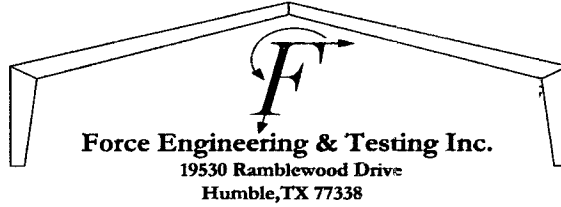
*Design Pressure includes a Safety Factor = 2.0.



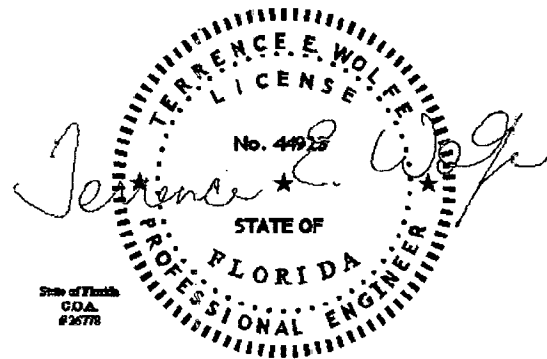


- Code Compliance:** The product described herein has demonstrated compliance with The Florida Building Code 2010, Section 1504.3.2, 1518.9, 1523.6.5.2.4.
- Evaluation Report Scope:** The product evaluation is limited to compliance with the structural wind load requirements of the Florida Building Code 2010, as relates to Rule 9N-3.
- Performance Standards:** The product described herein has demonstrated compliance with:
- TAS 125-03
 - UL 580-06 - Test for Uplift Resistance of Roof Assemblies
 - UL 1897-04 - Uplift Test for Roof Covering Systems
 - TAS 100-95 - Test Procedure for Wind and Wind Driven Rain Resistance of Discontinuous Roof Systems
 - TAS 110-00 - Accel. Weathering ASTM G 26 / Salt Spray ASTM B 117
- Reference Data:**
1. TAS 125-03: UL 580-94 / 1897-98 Uplift Test
Force Engineering & Testing, Inc. (FBC Organization # TST-5328)
Report No. 117-0065T-07A-C, Dated 01/26/2007
 2. TAS 100-95
Farabaugh Engineering & Testing, Inc. (FBC Organization # TST-1654)
Report No. T130-07, Dated 02/28/2007
Report No. T215-08, Dated 07/08/2008
 3. TAS 110-00: Valspar Fluoropon coated metal panel testing
A) ASTM G 26 by PRI Asphalt Technologies dated 01/19/2004
B) ASTM B 117 by PRI Asphalt Technologies dated 01/19/2004
 4. Certificate of Independence
By Terrence E. Wolfe, P.E. (No. 44923) @ Force Engineering & Testing, Inc.
(FBC Organization # ANE ID: 1920)
- Test Standard Equivalency:**
1. The UL 580-94 test standard is equivalent to the UL 580-06 test standard.
 2. The UL 1897-98 test standard is equivalent to the UL 1897-04 test standard.
- Quality Assurance Entity:** The manufacturer has established compliance of roof panel products in accordance with the Florida Building Code and Rule 9N-3.005 (3) for manufacturing under a quality assurance program audited by an approved quality assurance entity.





- Minimum Slope Range:** 2:12. Minimum Slope shall comply with Florida Building Code 2010, including Section 1515.2 and in accordance with Manufacturers recommendations. For slopes less than 3:12, lap sealant must be used in the panel side laps.
- Installation:** Install per manufacturer's recommended details and RAS 133.
- Underlayment:** Per Manufacturer's installation guidelines per Florida Building Code 2010 Section 1518.2, 1518.3, 1518.4.
- Fire Barrier:** Any approved fire barrier having a current NOA. Refer to a current fire directory listing for fire ratings of this roofing system assembly as well as the location of the fire barrier within the assembly. Fire classification is not part of this acceptance.
- Shear Diaphragm:** Shear diaphragm values are outside the scope of this report.
- Design Procedure:** Based on the dimensions of the structure, appropriate wind loads are determined using Chapter 16 of the Florida Building Code 2010 for roof cladding wind loads. These component wind loads for roof cladding are compared to the allowable pressure listed above. The design professional shall select the appropriate erection details to reference in his drawings for proper fastener attachment to his structure and analyze the panel fasteners for pullout and pullover. Support framing must be in compliance with Florida Building Code 2010 Chapter 22 for steel, Chapter 23 for wood and Chapter 16 for structural loading.



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

generated on 8/22/2014 1:54:55 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-007-000-00100-4	17695	24 N VIA LUCINDIA, SEWALL'S POINT	\$208,290	8/16/2014

Owner Information

Owner(Current)	BARCIK J DAVID & NINA W
Owner/Mail Address	24 N VIA LUCINDIA STUART FL 34996
Sale Date	10/6/1995
Document Book/Page	<u>1145 1590</u>
Document No.	
Sale Price	175000

Location/Description

Account #	17695	Map Page No.	SP-04
Tax District	2200	Legal Description	LUCINDIA LOT 10
Parcel Address	24 N VIA LUCINDIA, SEWALL'S POINT		
Acres	.3530		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120350 Lucinda

Assessment Information

Market Land Value	\$137,500
Market Improvement Value	\$70,790
Market Total Value	\$208,290

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-9-14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10957	Aune	Roof Tile		
9 AM	1 Michael Rd Darren Roofing	In Progress	PASS	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10851	Baron	Final		
	25 Fieldway Dr Pinnacle	Roof Repair	PASS	CLOSE
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10907	Mc Mahon	Sheathing		
	57 S SPR Code Red	Dry-in Metal	PASS	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10988	Barick	Sheathing		
	24 N Via Lucindia Apostolopoulos + Paulick Const.	In Progress	PASS	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	Harrington	Tree Removal		W/ CONDITIONS
	5 S. Via Lucindia	Permit	OK	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 9/26/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10988	Barcik	# Dry-in		
	24 N Vialucindia	+ Metal	PASS	
	A + T Building			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	NEAME	COURTESY		
	AA S Sewers Body	INSPECTION/	OK	
	Ocean Front	CONSULT		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	SEALE	ELECTRICAL		
	4 River Oak Pl	ONE CON	OK	
		FOR EXAMINATION		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 10/3/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10304	Robson	Final		
9am	100 Hillcrest Drive Service America	Mechanical (Expired)	PASS	CLOSE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11013	Hyneman	Underground		
9:30 am	4 Michael Rd Gribben Const.	Plumbing	PASS	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10988	Barick	Final		
	24 N Via Lucirdia Apostolopoulos + Paulick	Roof	PASS	CLOSE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11022	Balsh	Final		
	6 Heron's Nest Encompass Pavers	Driveway	PASS	CLOSE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
		Footers		
	51 N. RIVER RD MASTERPIECE		PASS	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS

INSPECTOR

10850
PERMIT #

A/C CHANGE OUT
DESCRIPTION

**BLUEPRINTS FOR THIS PERMIT
ARE AVAILABLE FOR REVIEW AT
TOWN HALL.**



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:	10850	DATE ISSUED:	5/6/2014
SCOPE OF WORK:	A/C CHANGE OUT		
CONTRACTOR:	FLYNN'S A/C		
PARCEL CONTROL NUMBER:	013841007000001004	SUBDIVISION	LUCINDIA LOT 10
CONSTRUCTION ADDRESS:	24 N. VIA LUCINDIA		
OWNER NAME:	BARCIK		
QUALIFIER:	JOSEPH FLYNN	CONTACT PHONE NUMBER:	772 283-4114

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.



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10850		
ADDRESS:	24 N VIA LUCINDIA		
DATE ISSUED:	5/6/2014	SCOPE OF WORK:	A/C CHANGEOUT

SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	
---	--	-----------------------	-----------	--

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

ACCESSORY PERMIT	Declared Value:	\$	\$ 5,200.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00
TOTAL ACCESSORY PERMIT FEE:		\$	\$ 109.00

Pa 5/15/14 CK 1539

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10850

Date: 4-30-14

OWNER/LESSEE NAME: BABCIK Phone (Day) 220-4111 (Fax) _____

Job Site Address: 24 N VIA LUCINDIA City: STUART State: FL Zip: 34990

Legal Description _____ Parcel Control Number: 01-38-41-007 000-00100-4

Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** 4 TON A/C CHANGE OUT

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: \$ 5200

(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: Flynn's A/C Phone: 283-4114 Fax: 281-1307

Qualifiers name: Joseph Flynn Street: 1323 THELMA City: PALM State: FL Zip: 34990

State License Number: CAC005482 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

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 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 _____
 On This the _____ day of _____, 20____
 by _____ who is personally
 known to me or produced _____
 As identification, _____
 Notary Public
 My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: MARTIN
 On This the 30 day of April
 by _____ who is personally
 known to me or produced _____
 As identification, _____
 Notary Public
 My Commission Expires: 6/26/2016

NICHOLAS BUTALA
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# EE206870
 Expires 6/26/2016

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



STATE OF FLORIDA AC# 6260885
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CAC055482 08/10/12 128036014

CERTIFIED AIR COND CONTR
FLYNN, JOSEPH BRIAN
FLYNN'S A/C SERVICE INC

IS CERTIFIED under the provisions of Ch. 489, FS
Expiration date: AUG 31, 2014 L12081001213

2013-2014 MARTIN COUNTY ORIGINAL BUSINESS TAX RECEIPT

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR 3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994 (772) 288-5804

ACCOUNT 1971-518-0187 CENAC055482

PHONE (772) 283-1114 SIC NO 235110

LOCATION: 1323 SW THELMA ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	.00	LIC. FEE	\$ 26.25
\$	.00	PENALTY	\$.00
\$	.00	COL. FEE	\$.00
\$	.00	TRANSFER	\$.00
TOTAL		26.25	



FLYNN, BRIAN FLYNN'S AIR CONDITIONING SERVICES 1323 SW THELMA STREET PALM CITY, FL 34990

IS HEREBY LICENBED TO ENQAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF HVAC CONTRACTING/APPLIANCE REPAIR AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

17 DAY OF SEPTEMBER 20 13 AND ENDING SEPTEMBER 30, 2014

11 2012 33915.0001 26.25 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE. IF NOT PAID BY OCT. 1, A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE --A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.

377 old 110 @ 11/10

Flynn's Air Conditioning Service Inc.

PROPOSAL

1323 SW Thelma Street • Palm City, FL 34990
(772) 283-4114 • Fax: (772) 781-1307

To: <u>DANN BARICK</u> <u>24 N. VIA LUCYDIA</u>	Phone <u>220-2111</u>	Date <u>4-28-14</u>
	Job Name	
	Job Phone	Source: <u>No FPL</u>

We hereby submit specifications and estimates for:

1. Install 4 ton high efficiency air conditioning system.
2. Install 4 ton matching air handler with 10KW electric heater.
3. Install new emergency drain pan with float switch. (Attics only)
4. Install new digital thermostat.
5. Install liquid line filter drier.
6. Undercoat condenser base pan.
7. Install time delay relay on compressor.
8. Secure Condenser to slab.
9. Supply (6) _____ x _____ R-85 filters.
10. One year labor warranty.

	BEST	BETTER	STANDARD
Brand	<u>CARRIER</u>	<u>CARRIER</u>	
Condenser	<u>24AB1646</u>	<u>24AB16348</u>	
Air Handler	<u>FX4DNE49</u>	<u>FX4DNE49</u>	
Efficiency (SEER)	<u>16.0</u>	<u>14.0</u>	
Parts Warranty	<u>10</u>	<u>10</u>	
Compressor Warranty	<u>10</u>	<u>10</u>	
PRICE	<u>6405</u>	<u>5795</u>	
FPL REBATE	<u>-780</u>	<u>-385</u>	
YOUR COST	<u>5625</u>	<u>5410</u>	

Title on this equipment shall remain with seller until paid in full. This proposal does not reflect any permit fees which may be necessary.

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

Dollars 5625.00

Payment to be made as follows: 50% at contract acceptance/ 50% at completion.

Payments upon default by customer. Prices include 6% Florida sales tax. Customer agrees to pay all court costs, attorney fees or other expenses incurred in the collection of the above.

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workers Compensation Insurance.

CONSTRUCTION INDUSTRIES RECOVERY FUND. Payment may be available from the Construction Industries Recovery Fund if you lose money on a project performed under contract, where the loss results from specified violations of Florida law by a state-licensed contractor. For information about the recovery fund and filing a claim, contact the Florida Construction Industry Licensing Board at the following telephone number and address: 1940 North Monroe St., Tallahassee, FL 32399-2202. Telephone: (850) 487-1395

Acceptance of Proposal The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Authorized Signature [Signature] Customer Signature [Signature]

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

generated on 5/6/2014 1:18:55 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-007-000-00100-4	17695	24 N VIA LUCINDIA, SEWALL'S POINT	\$227,080	5/5/2014

Owner Information	
Owner(Current)	BARCIK J DAVID & NINA W
Owner/Mail Address	24 N VIA LUCINDIA STUART FL 34996
Sale Date	10/6/1995
Document Book/Page	1145 1590
Document No.	
Sale Price	175000

Location/Description			
Account #	17695	Map Page No.	SP-04
Tax District	2200	Legal Description	LUCINDIA LOT 10
Parcel Address	24 N VIA LUCINDIA, SEWALL'S POINT		
Acres	.3530		

Parcel Type	
Use Code	0100 Single Family
Neighborhood	120350 Lucinda

Assessment Information	
Market Land Value	\$156,200
Market Improvement Value	\$70,880
Market Total Value	\$227,080



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

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

Air Conditioning Change out Affidavit

Residential Commercial _____
 Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No
 Flushing Existing Refrigerant lines ___ Yes No - Adding Refrigerant Drier Yes ___ No
 Rooftop A/C Stand Installation ___ Yes No - Curb Installation ___ Yes No
 Smoke Detector in Supply (over 2000 CFM) ___ Yes ___ No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: <u>CARRIER</u> Model# <u>EX449</u>	<u>Condenser:</u> Mfg: <u>CARRIER</u> Model# <u>24ABC648</u>
Volts ___ CFM's _____ Heat Strip <u>9.2</u> Kw _____	Volts _____ SEER/EER <u>16</u> BTU's <u>48</u>
Min. Circuit Amps _____ Wire gauge <u>6</u>	Min. Circuit Amps _____ Wire gauge <u>6</u>
Max. Breaker size <u>60</u> Min. Breaker size _____	Max. Breaker size <u>40</u> Min. Breaker size _____
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>410</u>	Refrigerant type <u>410</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>CLOSET</u>	Left/Right/Rear/Front/Roof <u>L SIDE</u>
Access: _____	Condensate Location _____

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: <u>CARRIER</u> Model# _____	<u>Condenser:</u> Mfg: <u>CARRIER</u> Model# _____
Volts ___ CFM's _____ Heat Strip <u>9.2</u> Kw _____	Volts _____ SEER/EER <u>11</u> BTU's <u>48</u>
Min. Circuit Amps _____ Wire gauge <u>6</u>	Min. Circuit Amps _____ Wire gauge <u>6</u>
Max. Breaker size <u>60</u> Min. Breaker size _____	Max. Breaker size <u>40</u> Min. Breaker size _____
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type _____	Refrigerant type _____
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>CLOSET</u>	Left/Right/Rear/Front/Roof <u>L SIDE</u>
Access: _____	Condensate Location _____

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

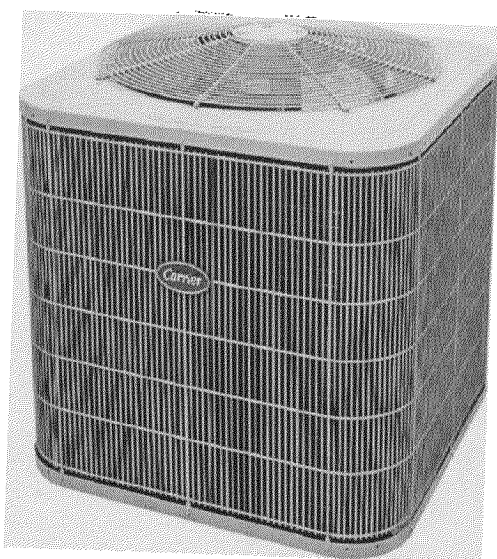
Signature [Signature]

Date 4-30-14

**24ABC6
Comfort™ 16 Air Conditioner
with Puron® Refrigerant
1-1/2 to 5 Nominal Tons**



Product Data



Comfort SERIES

Carrier's Air Conditioners with Puron® refrigerant provide a collection of features unmatched by any other family of equipment. The 24ABC has been designed utilizing Carrier's Puron refrigerant. The environmentally sound refrigerant allows you to make a responsible decision in the protection of the earth's ozone layer.

This product has been designed and manufactured to meet Energy Star® criteria for energy efficiency when matched with appropriate coil components. Refer to the combination ratings in the Product Data for system combinations that meet Energy Star® guidelines.

NOTE: Ratings contained in this document are subject to change at any time. Always refer to the AHRI directory (www.ahridirectory.org) for the most up-to-date ratings information.

INDUSTRY LEADING FEATURES / BENEFITS

Efficiency

- 14 - 16.5 SEER/11.0- 13.5 EER
- Microtube Technology™ refrigeration system
- Indoor air quality accessories available

Sound

- Sound level as low as 76 dBA
- Sound level as low as 74 dBA with accessory sound blanket

Comfort

- System supports Edge® Thermidistat™ or standard thermostat controls

Reliability

- Puron® refrigerant - environmentally sound, won't deplete the ozone layer and low lifetime service cost.
- Scroll compressor
- Internal pressure relief valve
- Internal thermal overload
- Filter drier
- Balanced refrigeration system for maximum reliability

Durability

WeatherArmor™ protection package:

- Solid, durable sheet metal construction
- Dense wire coil guard standard
- Baked-on, complete outer coverage, powder paint

Applications

- Long-line - up to 250 feet (76.20 m) total equivalent length, up to 200 feet (60.96 m) condenser above evaporator, or up to 80 ft. (24.38 m) evaporator above condenser (See Longline Guide for more information.)
- Low ambient (down to -20°F/-28.9°C) with accessory kit

MODEL NUMBER NOMENCLATURE

1	2	3	4	5	6	7	8	9	10	11	12	13
N	N	A	A	A/N	N	N	N	A/N	A/N	A/N	N	N
2	4	A	B	C	6	3	6	A	0	0	3	0
Product Series	Product Family	Tier	Major Series	SEER	Cooling Capacity	Grille Variations	Open	Open	Open	Voltage	Series	
24=AC	A=RES AC	B=Comfort	C=Puron	6=16 SEER		A = Dense W = Standard	0=Not Defined	0=Not Defined	3=208/230-1	0 = Original Series		



Use of the AHRI Certified TM Mark indicates a manufacturer's participation in the program. For verification of certification for individual products, go to www.ahridirectory.org.



ISO 9001
QMI-SAI Global



This product has been designed and manufactured to meet Energy Star® criteria for energy efficiency when matched with appropriate coil components. However, proper refrigerant charge and proper air flow are critical to achieve rated capacity and efficiency. Installation of this product should follow all manufacturing refrigerant charging and air flow instructions. Failure to confirm proper charge and air flow may reduce energy efficiency and shorten equipment life.

24ABC6

STANDARD FEATURES

Feature	18	24	30	36	42	48/ 49	60 / 61
Puron Refrigerant	X	X	X	X	X	X	X
Maximum SEER *	16.0	16.0	16.5	16.5	16.0	16.0	16.0
Scroll Compressor	X	X	X	X	X	X	X
Field Installed Filter Drier	X	X	X	X	X	X	X
Front Seating Service Valves	X	X	X	X	X	X	X
Internal Pressure Relief Valve	X	X	X	X	X	X	X
Internal Thermal Overload	X	X	X	X	X	X	X
Long Line capability	X	X	X	X	X	X	X
Low-Ambient capability with Kit	X	X	X	X	X	X	X
Dense Grille	X	X	X	X	X	X	X

* With approved combinations

X = Standard

PHYSICAL DATA

UNIT SIZE - VOLTAGE, SERIES	18-31	24-30	30-30	36-30	42-30	48-31	49-30	60-30	61-30
Operating Weight lb (kg)	125 (56.7)	147 (66.5)	153 (69.3)	165 (74.8)	213 (96.4)	264 (119.7)	231 (104.8)	272 (123.4)	272 (123.4)
Shipping Weight lb (kg)	154 (69.9)	183 (82.8)	188 (85.2)	204 (92.5)	254 (115.2)	317 (143.8)	269 (222.0)	310 (140.6)	310 (140.6)
Compressor Type	Scroll								
REFRIGERANT	Puron® (R-410A)								
Control	TXV (Puron® Hard Shutoff)								
Charge lb (kg)	4.60 (2.09)	6.00 (2.72)	6.81 (3.09)	7.00 (3.18)	8.62 (3.91)	13.0 (5.90)	9.00 (4.08)	14.50 (6.58)	14.50 (6.58)
COND FAN	Propeller Type, Direct Drive								
Air Discharge	Vertical								Vertical
Air Qty (CFM)	1881	2614	2614	3223	3810	4046	4046	4046	4046
Motor HP	1/12	1/10	1/10	1/12	1/5	1/4	1/4	1/4	1/4
Motor RPM	1100	1100	1100	800	800	800	800	800	800
COND COIL									
Face Area (Sq ft)	11.50	15.10	17.20	17.60	25.15	25.15	25.15	30.15	30.15
Fins per In.	25	25	25	25	25	20	20	20	20
Rows	1	1	1	1	1	2	1	2	2
Circuits	3	4	4	4	6	7	7	8	8
VALVE CONNECT. (In. ID)									
Vapor	3/4	3/4	3/4	7/8	7/8	7/8	7/8	7/8	7/8
Liquid	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8
REFRIGERANT TUBES (In. OD)									
Rated Vapor*	3/4			7/8			1-1/8		
Max Liquid Line †	3/8								

* Units are rated with 25 ft (7.6 m) of lineset length. See Vapor Line Sizing and Cooling Capacity Loss table when using other sizes and lengths of lineset.

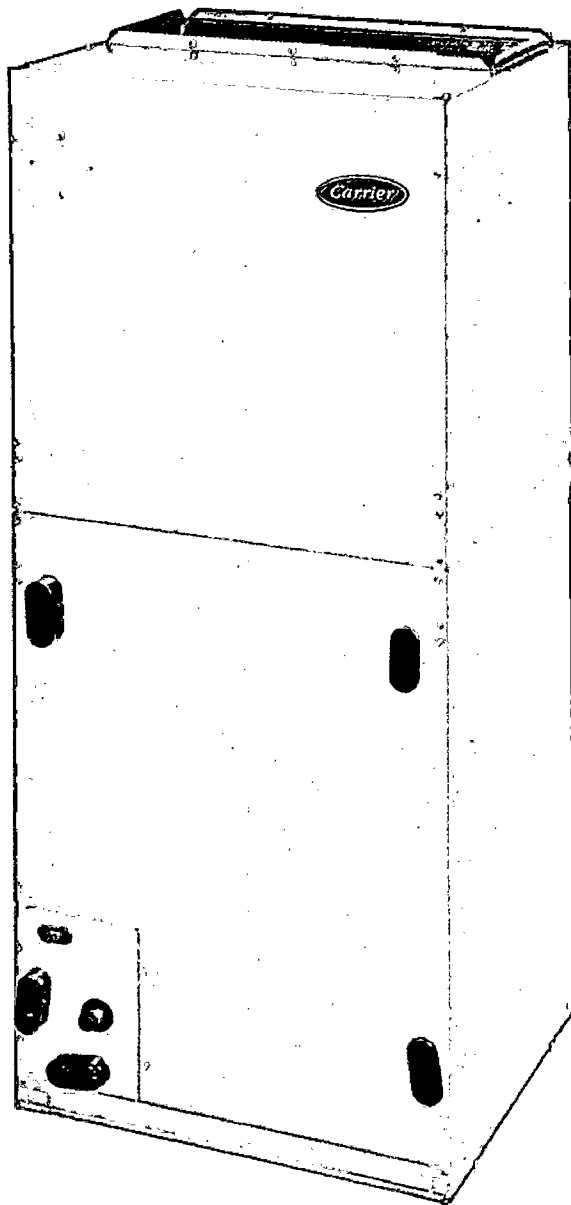
Note: See unit Installation Instruction for proper installation.

† See Liquid Line Sizing For Cooling Only Systems with Puron Refrigerant tables.

FX4D
Comfort Series Fan Coil
Sizes 019 thru 061



Product Data



AIR HANDLER TECHNOLOGY AT ITS FINEST

The FX4D fan coils combine the proven technology of Carrier fan coil units with Puron®, the environmentally sound refrigerant. These fan coils are loaded with popular features. Factory-installed, refrigerant-specific thermostatic expansion valves (TXV) are standard with these fan coil designs. The designs feature contoured condensate pans with rugged, drain connections, ensuring that little water is left in the unit at the end of the cooling duty cycle. The lack of standing condensate and corrosion free pans improves IAQ and product life, features homeowners appreciate.

Standard features include grooved tubing and louvered aluminum fins. The large face areas of the refrigerant coils provide superior efficiency for high SEER and HSPF performance. Coil circuiting has also been updated to make the most of all Carrier heat pumps and air conditioners. Also units come with solid state fan controls, 1-in (25mm) thick insulation with R-value of 4.2, multi-speed motors, and fully-wettable coils. Units can accommodate factory- and/or field-installed heaters from 3 to 30 kW.

It also should be noted that the unique cabinet design of these fan coils meet new stringent regulations for cabinet air leakage - a requirement of 2% cabinet leakage rate when tested at 1.0 inches of static pressure.

The FX4D fan coil is the Puron® refrigeration design loaded with popular features. It comes in a pre-painted (taupe metallic) galvanized steel casing and is shipped with a cleanable, permanent framed filter, and a factory-supplied power plug. These fan coils utilize the latest in electronic commutation motor (ECM) technology through the use of high efficiency, multi-tap ECM motors.

A10009



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 3916559

Date: 4/30/2014

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 24ABC648A**31

Indoor Unit Model Number: FX4DN(B,F)049

Manufacturer: CARRIER AIR CONDITIONING

Trade/Brand name: CARRIER AIR CONDITIONING

Series name: COMFORT 16 PURON AC

Manufacturer responsible for the rating of this system combination is CARRIER AIR CONDITIONING

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	46500
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.



we make life better™

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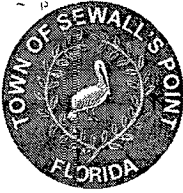
CERTIFICATE NO.:

130433328947824709

9657
PERMIT #

FLOATING DECK & PAVERS
DESCRIPTION

**BLUEPRINTS FOR THIS PERMIT
ARE AVAILABLE FOR REVIEW AT
TOWN HALL.**



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:	9657	DATE ISSUED:	DECEMBER 17, 2010
SCOPE OF WORK:	DECK (FLOATING)		
CONDITIONS :			
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER:	013841-007-000-001004	SUBDIVISION	LUCINDIA - LOT 10
CONSTRUCTION ADDRESS:	24 N VIA LUCINDIA		
OWNER NAME:	BARCIK		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	220-4111

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**

REQUIRED 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: 9657

Date: 12/17/10

OWNER/TITLEHOLDER NAME: NINA BARCIK Phone (Day) (772) 220 4111 (Fax) _____

Job Site Address: 24 N Via Lucindia City: Stuart State: FL Zip: 34996

Legal Description _____ Parcel Control Number: _____

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

SCOPE OF WORK (PLEASE BE SPECIFIC): Deck Floating

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES X NO _____
Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO _____
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2000
(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: _____ Phone: _____ Fax: _____

Qualifiers name: _____ Street: _____ City: _____ State: _____ Zip: _____

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

LOCAL CONTACT: _____ Phone Number: _____

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

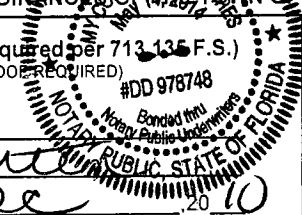
NOTICES TO OWNERS AND CONTRACTORS:

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 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 THIS 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 NOTORIZED SIGNATURE: (required per 713.135 F.S.)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
X Nina W. Barcik
State of Florida, County of: Martin
On This the 17 day of Dec, 2010
by Nina W Barcik who is personally
known to me or produced FDL#0622-639-40-7820
As identification. Valent...
Notary Public
My Commission Expires: _____



CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)
X _____
State of Florida, County of: _____
On This the _____ day of _____, 20____
by _____ who is personally
known to me or produced _____
As identification. _____
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

Site Provided by...
governmentmax.com 1.12

Summary

print Owner 2 of 3

Tabs

Summary

Print View

Land

Improvements

Assessments &

Exemptions

Sales

Taxes →

Parcel Map →

Trim Notice →

Searches

Parcel ID

Owner

Address

Account #

Use Code

Legal Description

Neighborhood

Sales

Maps →

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
01-38-41-007-000-00100-4	17695	24 N VIA LUCINDIA, SEWALL'S POINT	\$211,070	12/11/2010

Owner Information

Owner(Current) BARCIK J DAVID & NINA W

Owner/Mail Address 24 N VIA LUCINDIA
STUART FL 34996

Sale Date 10/06/1995

Document Number

Document Reference No. 1145 1590

Sale Price 175000

Location/Description

Account #	17695	Map Page No.	SP-04
Tax District	2200	Legal Description	LUCINDIA LOT 10
Parcel Address	24 N VIA LUCINDIA, SEWALL'S POINT		
Acres	.3530		

Functions

Property Search

Contact Us

On-Line Help

County Home

Site Home

County Login

Parcel Type

Use Code 0100 Single Family

Neighborhood 120350 LUCINDIA

Assessment Information

Market Land Value \$156,200

Market Improvement Value \$54,870

Market Total Value \$211,070

Print Back to List First Previous Next Last

Legal Disclaimer / Privacy Statement





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

**OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT
 MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE**

**APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES
 AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE**

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: NINA BARCIK

Site address of the proposed building work: 24 N Via Lucinda

Name of legal title owner of the address above: NINA BARCIK

Describe the scope of work for the proposed new construction: Composite pressure treated wood deck of ONE 16'x16' section and one 12'x8' section at ^{near} grade

Name of Architect of Record: Deck Plans Structural Engineer of Record: Deck Plans

Who will supervise the trade work to meet the applicable code? Self

What provisions have you made for Liability and Property Damage Insurance? Home Owners

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? SELF

What previous Owner/Builder improvements have you done in the State of Florida?
 Location: 24 N Via Lucinda Scope of Work Done: Retaining one wall Year: 2001

Location: _____ Scope of Work Done: None Year: _____

What code books do you have available for reference? Building: FBC 2007

Electric: _____ Plumbing: _____ HVAC: _____

Other: _____

I have internet access and will view The Florida Building code at www.floridabuilding.org YES NO

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? yes (yes/no)

Have you consulted with your Homeowner's Insurance Agent? No Lender? _____ Attorney? _____

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. NWB (initials).



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

OWNER/BUILDER DISCLOSURE STATEMENT

NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION:

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)



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

12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.

13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.

14. ANY PERSON WORKING ON YOUR BUILDING WHO IS NOT LICENSED MUST WORK UNDER YOUR DIRECT SUPERVISION AND MUST BE EMPLOYED BY YOU, WHICH MEANS THAT YOU MUST DEDUCT F.I.C.A. AND WITHHOLDING TAX AND PROVIDE WORKERS' COMPENSATION FOR THAT EMPLOYEE, ALL AS PRESCRIBED BY LAW.

15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT.

ON THIS 17 DAY OF Dec, 2010.

PROPERTY ADDRESS 24 N Via Lucania

CITY Sewall's Pt STATE FL ZIP _____

Nina W. Barcik

SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 17 DAY OF Dec 2010

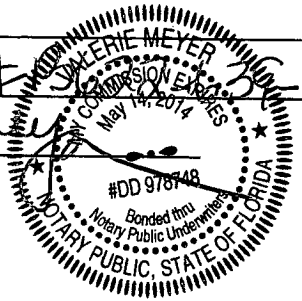
BY Nina W. Barcik

PERSONALLY KNOWN _____

OR PRODUCED ID _____

TYPE OF ID Notary Public # 35-40-792-U

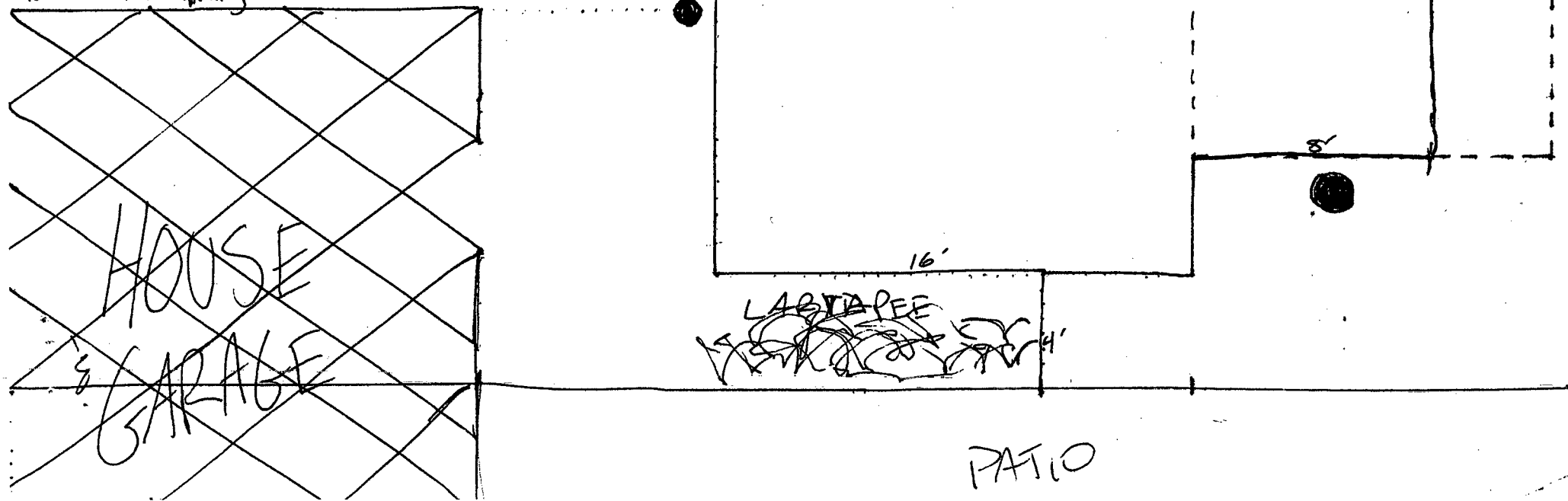
NOTARY SIGNATURE

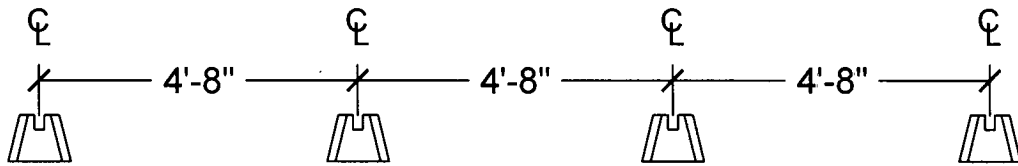


TOWN OF SEWELL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

PATIO OPENING - 5'
 LARAPEE 4'
 Palm From wall 6'-8"
 Edge of patio opening 44"
 Garage Door opening ^{sum} 57"
 wide 62"
 outside wall 34"
 Garage tree 88" from garage wall

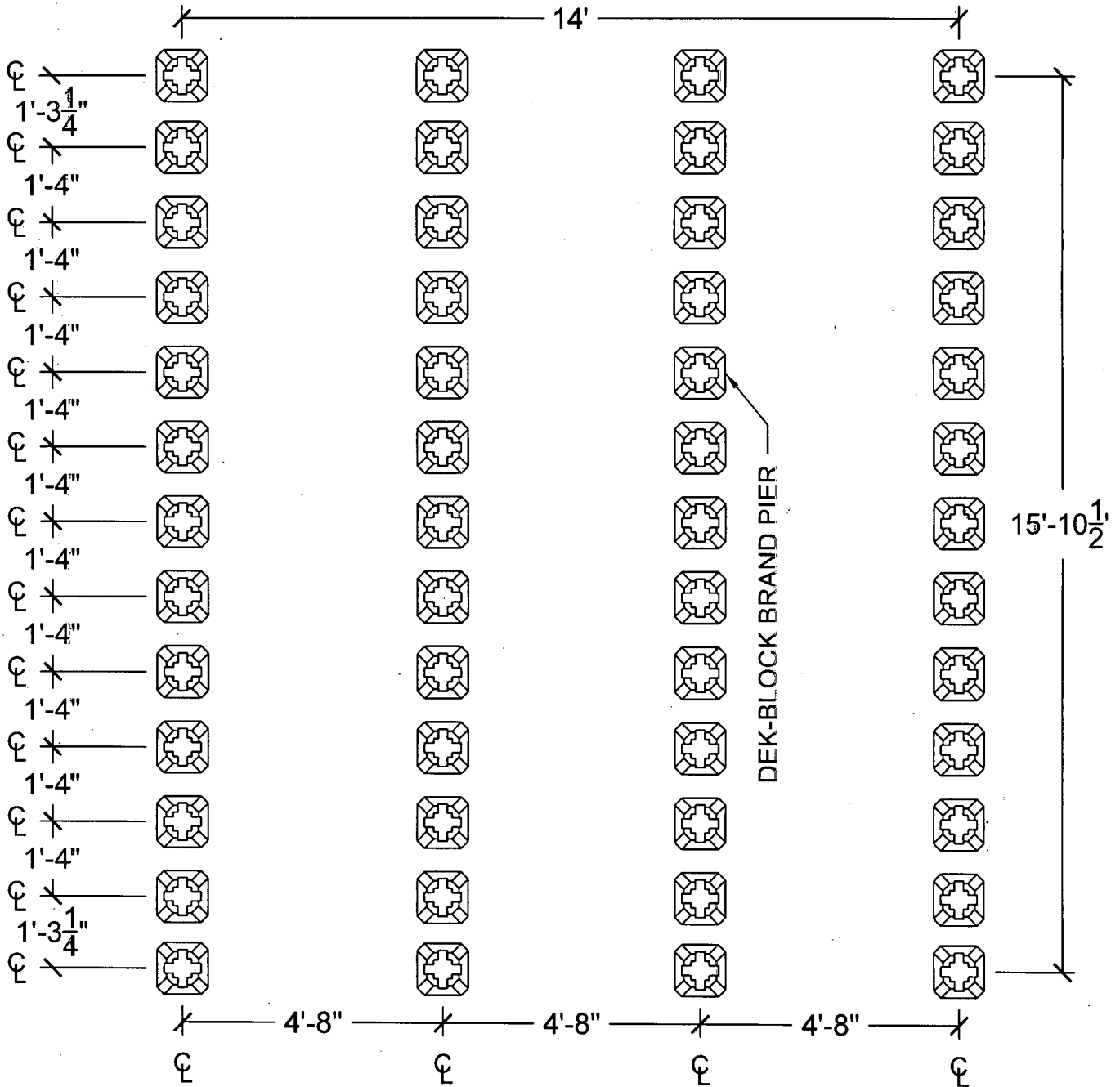
Paper 110 x 85
 Garage wall to patio opening 29'
 Patio opening to curve 8'
 GARAGE wall / curve 22'
 Current Deck depth 20'
 Back tree deep from patio 24'
 From Left patio opening 21'





1 DEK-BLOCK LAYOUT SECTION

SCALE: 3/8" = 1' - 0"



2 DEK-BLOCK LAYOUT PLAN

SCALE: 3/8" = 1' - 0"



**Floating
Foundation
Deck Systems**

DekBrands P.O. Box 14804 Mpls, MN 55414

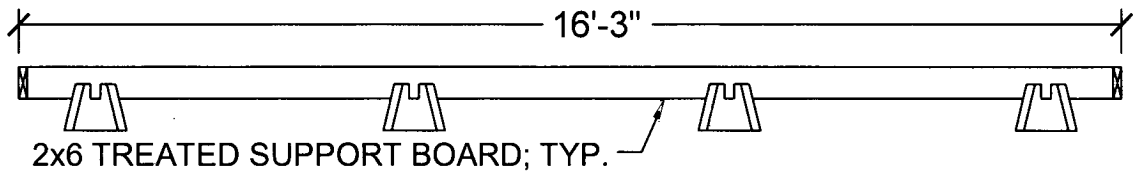
16' x 16'
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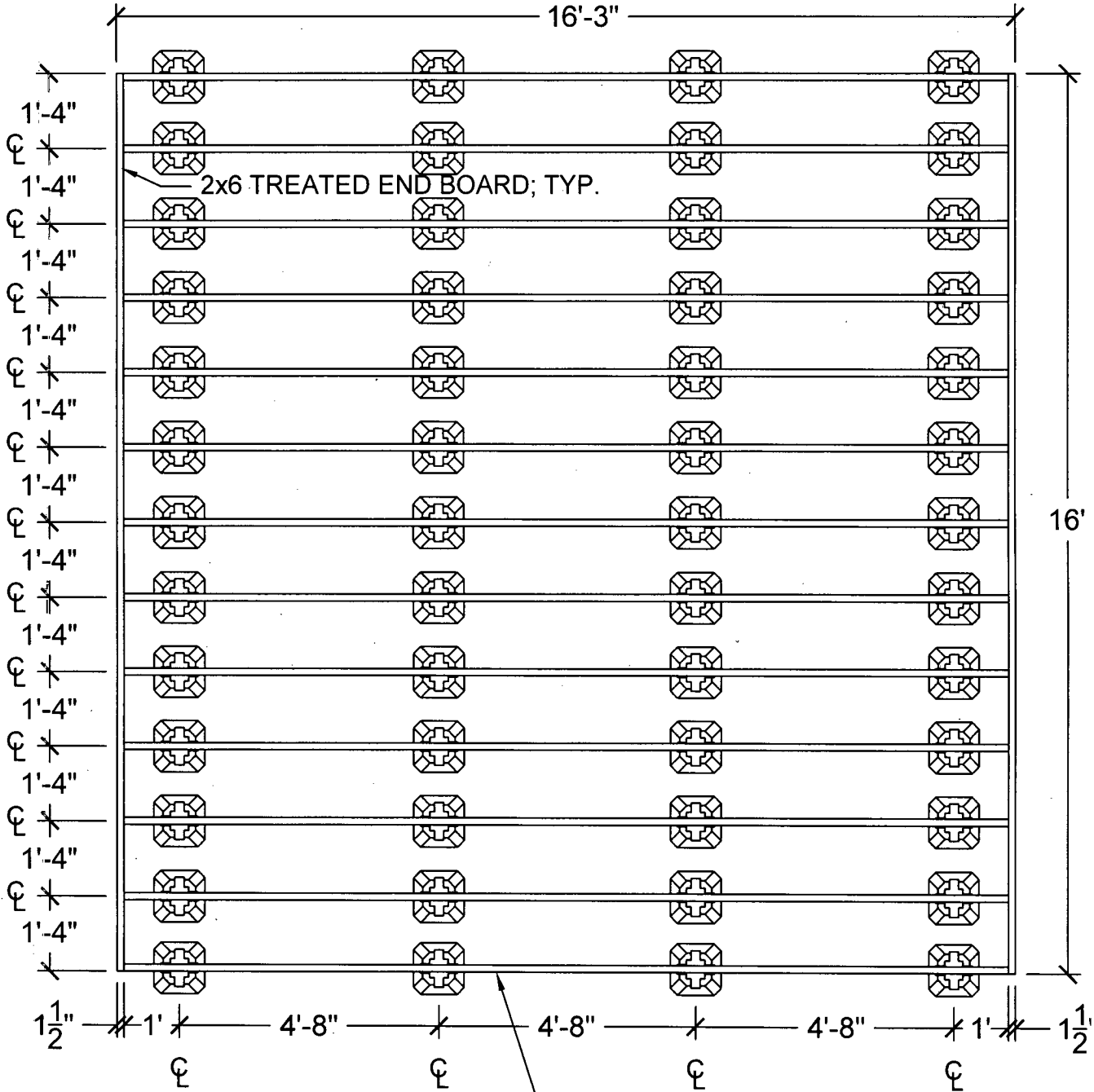
Live Technical Support

1-800-664-2705

7 Days a Week - 365 Days a Year
(5:00 am - 9:00 pm CST)



1 FRAMING SECTION
SCALE: 3/8" = 1' - 0"



2 FRAMING PLAN
SCALE: 3/8" = 1' - 0"



Floating
Foundation
Deck Systems

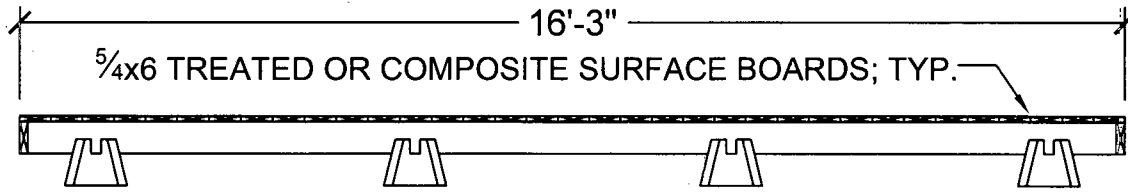
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16' x 16'
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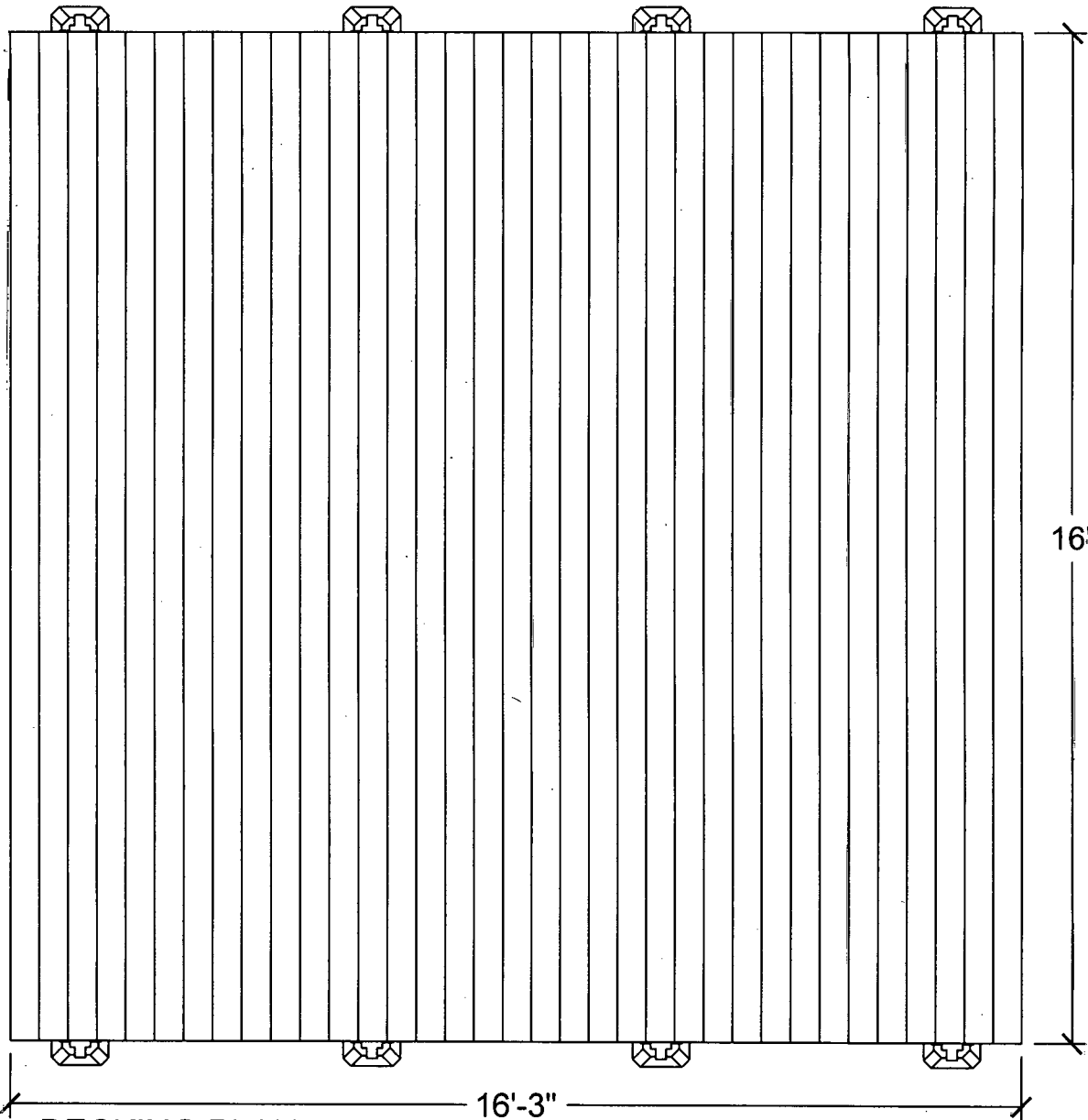
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1 DECKING SECTION
SCALE: 3/8" = 1' - 0"



2 DECKING PLAN
SCALE: 3/8" = 1' - 0"



Floating
Foundation
Deck Systems

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16' x 16'
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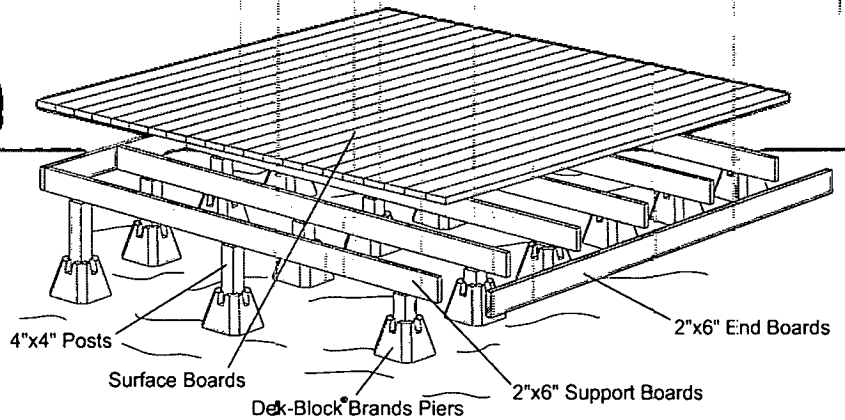
Live Technical Support

1-800-664-2705


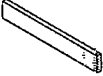

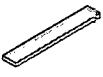
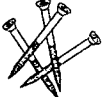

7 Days a Week - 365-Days a Year
(5:00 am - 9:00 pm CST)

Floating Foundation Deck System

16'x16' Rectangular Deck



Material List

		#	@	Per	Total
	<input type="checkbox"/> Dek-Blocks				
	<input type="checkbox"/> Dek-Block Brand Piers	52	@	\$ _____	\$ _____
	<input type="checkbox"/> Support Boards				
	<input type="checkbox"/> 16' - 2"x6" Treated Lumber	13	@	\$ _____	\$ _____
	<input type="checkbox"/> End Boards				
	<input type="checkbox"/> 16' - 2"x6" Treated Lumber	2	@	\$ _____	\$ _____
	<input type="checkbox"/> Surface Boards				
	<input type="checkbox"/> 16' - 5/4x6 Treated or Composite Decking	35	@	\$ _____	\$ _____
	<input type="checkbox"/> Detailing				
	<input type="checkbox"/> 2 1/2" Deck Screws; lbs.	12	@	\$ _____	\$ _____
	<input type="checkbox"/> Optional Posts for 30" Elevation				
	<input type="checkbox"/> 8' - 4"x4" Treated Posts	11	@	\$ _____	\$ _____
Total					\$ _____

Shop Today

Build on Saturday

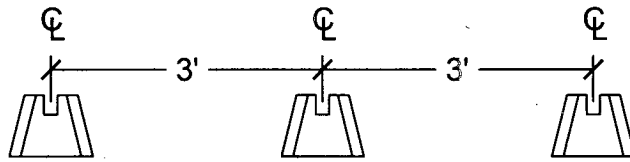
Enjoy on Sunday

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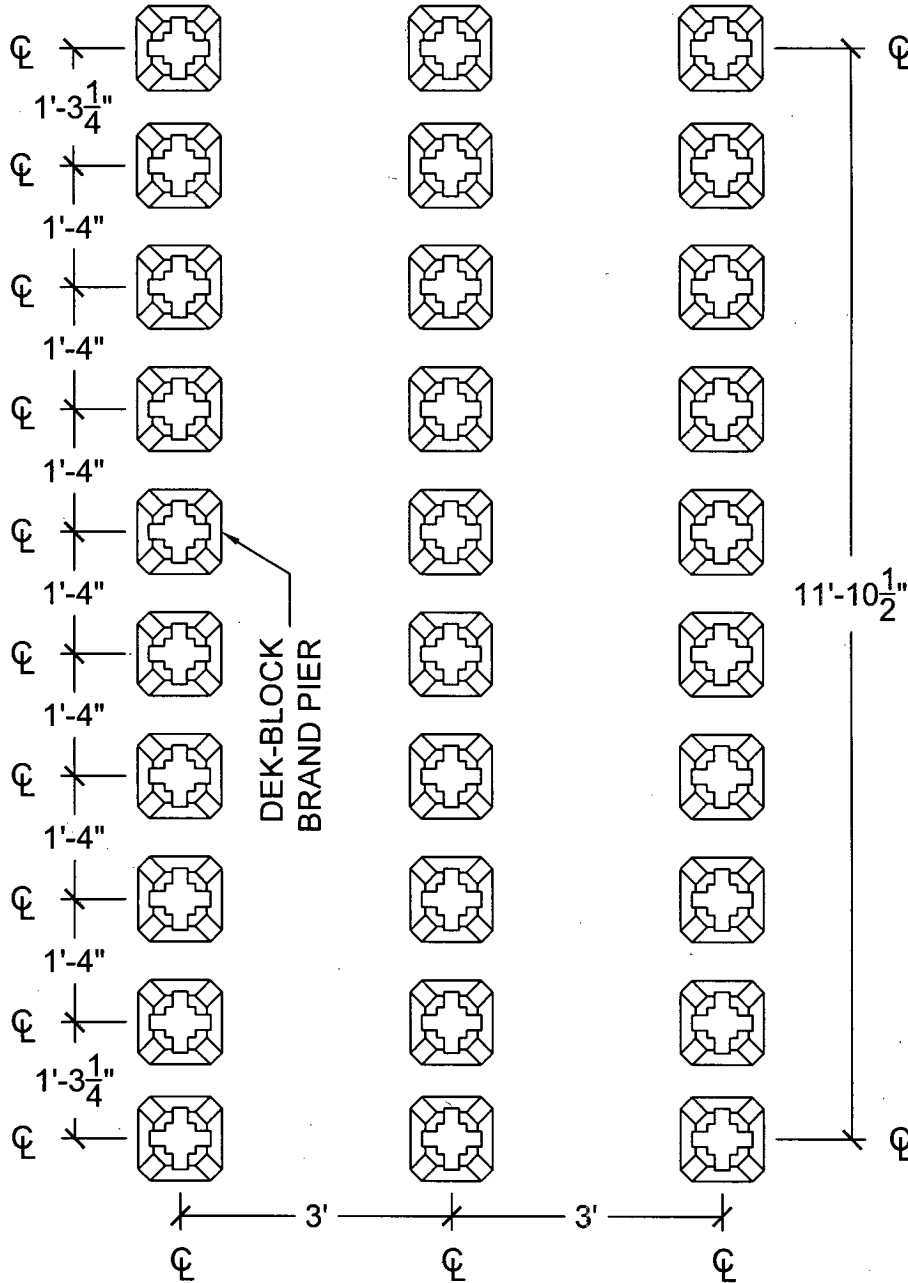


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1 DEK-BLOCK LAYOUT SECTION
SCALE: 1/2" = 1' - 0"



2 DEK-BLOCK LAYOUT PLAN
SCALE: 1/2" = 1' - 0"



Floating
Foundation
Deck Systems

DekBrands PO Box 14804 Mpls, MN 55414

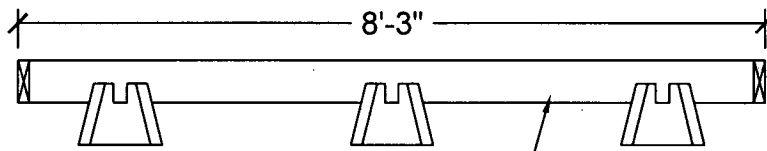
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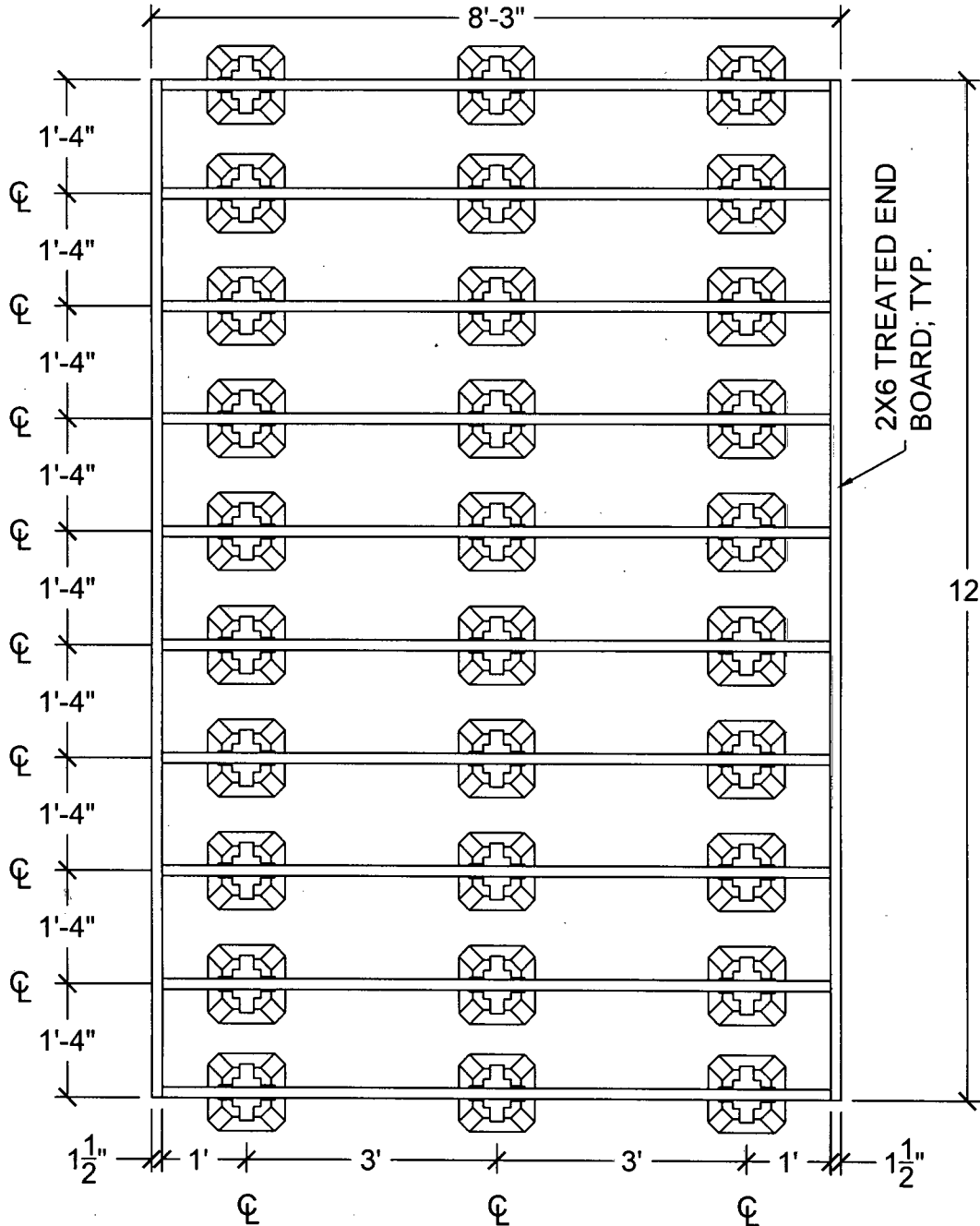
7 Days a Week - 365 Days a Year
(5:00 am - 9:00 pm CST)



2X6 TREATED SUPPORT BOARD; TYP.

1 FRAMING SECTION

SCALE: 1/2" = 1' - 0"



2 FRAMING PLAN

SCALE: 1/2" = 1' - 0"



Floating
Foundation
Deck Systems

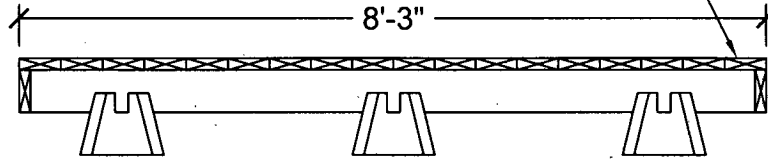
DekBrands PO Box 14804 Mpls, MN 55414

12' x 8'
www.DECKPLANS.com

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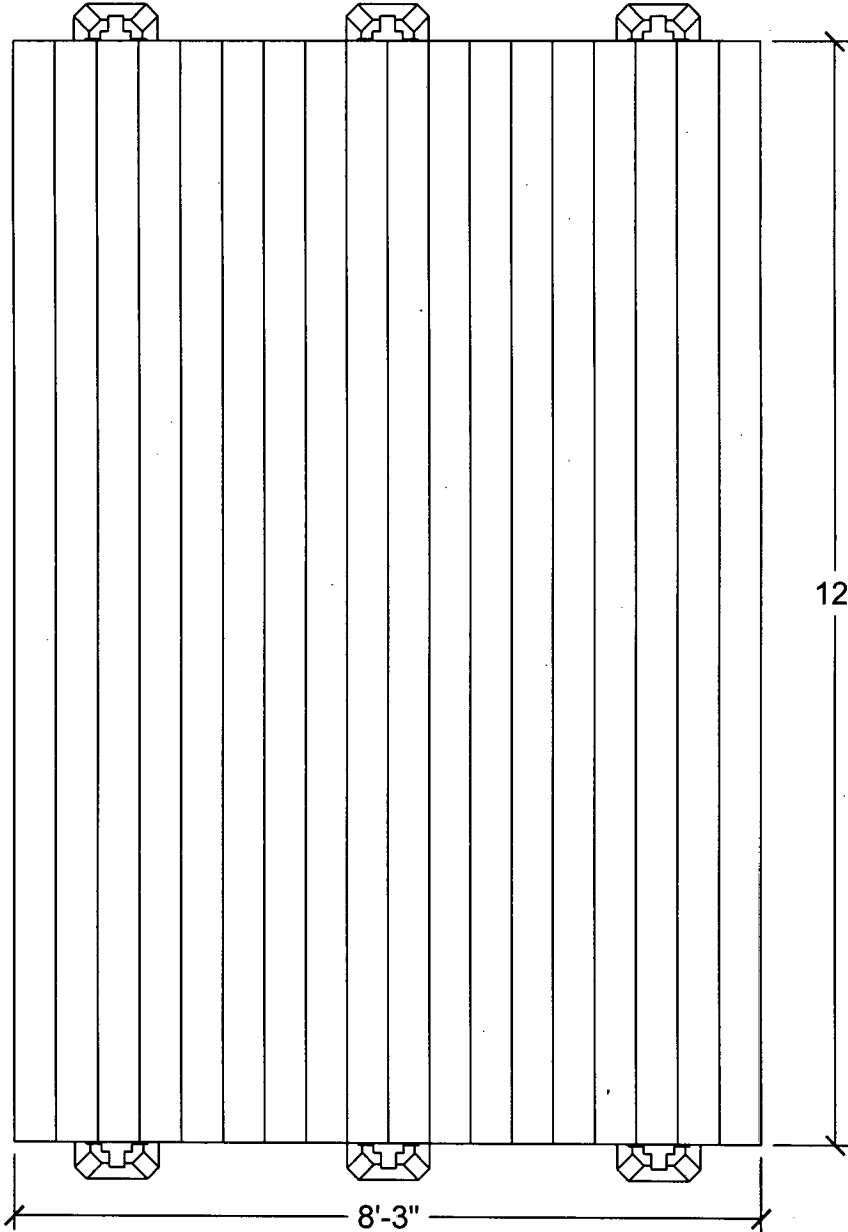
Live Technical Support
1-800-664-2705
7 Days a Week - 365 Days a Year
(5:00 am - 9:00 pm CST)

5/4X6 TREATED OR COMPOSITE SURFACE BOARDS; TYP.



1 DECKING SECTION

SCALE: 1/2" = 1' - 0"



2 DECKING PLAN

SCALE: 1/2" = 1' - 0"



Floating
Foundation
Deck Systems

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12' x 8'
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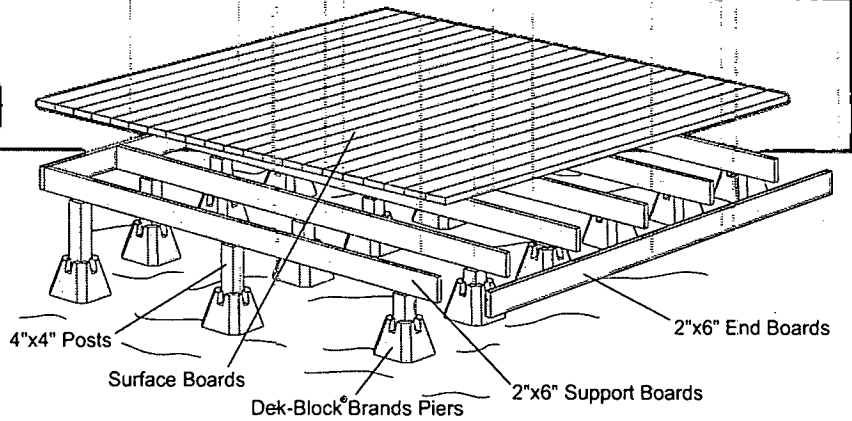
Live Technical Support

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
7 Days a Week - 365 Days a Year
(5:00 am - 9:00 pm CST)

Floating Foundation Deck System

12' x 8' Rectangular Deck



Material List

		#	@	Per	Total
	<input type="checkbox"/> Dek-Blocks				
<input type="checkbox"/>	Dek-Block Brand Piers	30	@	\$ _____	\$ _____
	Support Boards				
<input type="checkbox"/>	8' - 2"x6" Treated Lumber	10	@	\$ _____	\$ _____
	End Boards				
<input type="checkbox"/>	12' - 2"x6" Treated Lumber	2	@	\$ _____	\$ _____
	Surface Boards				
<input type="checkbox"/>	12' - 5/4"x6" Treated or Composite Decking	18	@	\$ _____	\$ _____
	Detailing				
<input type="checkbox"/>	2 1/2" Deck Screws; lbs.	4	@	\$ _____	\$ _____
	Optional Posts for 30" Elevation				
<input type="checkbox"/>	8' - 4"x4" Treated Posts	6	@	\$ _____	\$ _____
Total					\$ _____

Shop Today

Build on Saturday

Enjoy on Sunday

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TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed **Thur** Fri **3-24-11** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
91692	Rose	Final		
1st	4 Indialucio	Garage Door	Pass	Close
	Alled Door			

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9713	Bailey	UG Plumbing	Pass	
2nd	3 Palama Way	window bucks	Pass	
	Glenmark	AC rough	Pass	

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
91659	Barcik	Final: Deck		
	24 N. Viakucindia	& paver	Pass	Close
	OB	install.		

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	CARLSON / BRENNAN			
	3 TUSCAN LA	TREE	OK	

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS

5893
PERMIT #

Retaining WALL
DESCRIPTION

**BLUEPRINTS FOR THIS PERMIT
ARE AVAILABLE FOR REVIEW AT
TOWN HALL.**

TOWN OF SEWALL'S POINT

Date 7-30-02

BUILDING PERMIT NO. 5893

Building to be erected for DAVID BARCİK

Type of Permit Retaining WALL

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision Lucindia Lot 10 Block _____

Radon Fee _____

Address 24 N. Via Lucindia

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

138410070000010040000

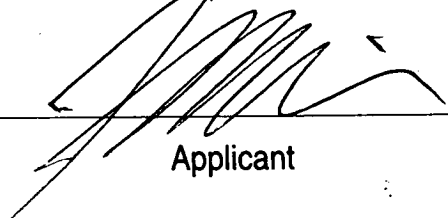
Plumbing Fee _____

Amount Paid 35.00 Check # 4075 Cash _____ Other Fees (_____) _____

Roofing Fee _____

Total Construction Cost \$ 200.00

TOTAL Fees 35.00

Signed  Applicant

Signed Gene Simmons (Rep)
Town Building Official

PERMIT

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

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

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

RETAINING WALL

INSPECTIONS

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

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

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: DAVID BARCIK Building Permit Number: _____
City: STUART State: FL Zip: 34996
Legal Description of Property: RESIDANCE Parcel Number: LOT 10 LUCINDIA
Location of Job Site: 24 N VIA LUCINDIA Type of Work To Be Done: RETAINMENT WALL
13841007000061004000

CONTRACTOR/Company Name: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____
State Registration Number: _____ State Certification Number: _____ Martin County License Number: _____

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ ScreenedPorch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____
Type Sewage: _____ Septic Tank Permit Number From Health Dept. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: 200.00 Estimated Fair Market Value (FMV) Prior
To Improvements _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION
Electrical _____ State _____ License Number: _____
Mechanical _____ State _____ License Number: _____
Plumbing _____ State _____ License Number: _____
Roofing _____ State _____ License Number: _____

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

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

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

OWNER OR AGENT SIGNATURE (Required) _____
State of Florida, County of: MARTIN
This the 29 day of July, 2002
by John David Barcik who is personally
known to me or produced a Fl. I.D.
as identification. _____

CONTRACTOR SIGNATURE (Required) _____
On State of Florida, County of: _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
as identification. _____

My Commission Expires _____
Notary Public
LARRY E. MCCARTY
MY COMMISSION # DD 070928
EXPIRES: January 26, 2006
Bonded Thru Notary Public Underwriters
Seal

My Commission Expires: _____
Notary Public
Seal

TOWN OF SEWALL'S POINT
ONE SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FLORIDA 34996

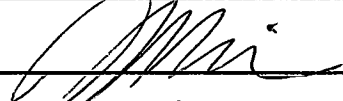
TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT
(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even through you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statutes 489.103(7).

I have read the above and agree to comply with the provisions as stated.

Name: DAVID BARON Date: _____

Signature: 

Address: 24 N VIA LUCINDA

City & State: STUART, FL 34996

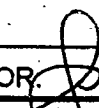
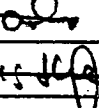
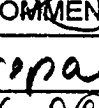

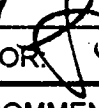
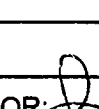
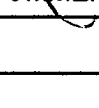
Permit No. _____

This form is for all permits except electrical.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-02-2002, 2002; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5893	BARCIK 24 N. VIA LUCINDIA O/B	FINAL RETAINING WALL Planters	Passed	INSPECTOR: 
5739	GASIOREK 67 N RIVER RD CONWAY	FINAL for addition Deal for CO	Passed	Permitted !! (he was there am !!) INSPECTOR: 
5797	EASTON 27 W. High Pt. Rie Pauley	FINAL on Repairs	Passed	what repairs roof/saffin INSPECTOR: 
5700	D'ALESSANDRO 107 Abbie Court Bradley FRASIER	Partial Roof Sheeting	Passed	Close to NOON PLEASE Call# 263-1159 INSPECTOR: 
5828	Walker 21 W. High Pt. Rd. Holmes	Plumbing Rough	Passed	INSPECTOR: 
5844	BRUTVAN 23 W. High Point Rd W.B. BROWN	Planters- ck. Structure	Passed	INSPECTOR: 
5636	FRANCES S S RIVER F&D WILBERDING	ENGINEER/STRAPPING	Passed	INSPECTOR: 

OTHER: _____

3898

PERMIT #

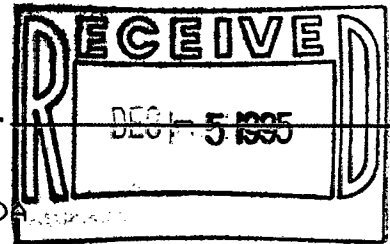
GARAGE

DESCRIPTION

**BLUEPRINTS FOR THIS PERMIT
ARE AVAILABLE FOR REVIEW AT
TOWN HALL.**

3898

Tax Folio No.



TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name DAVID & NINA BARCIK

Owner's Address 24 N. VIA LUCINDA

Owner's Telephone 220-4111

Fee Simple Titleholder's Name (if other than owner) _____

Fee Simple Titleholder's Address (if other than owner) _____

City _____ State _____ Zip _____

Contractor's Name STEPHEN F. BERNARDI CONST. CORP.

Contractor's Address 11003 SW HAWKVIEW CR.

City STUART State FL Zip 34997

Contractor's Telephone 287-1892 License Number CRC027298

Job Name BARCIK

Job Address 24 N. VIA LUCINDA

City Town of Sewall's Point State Florida Zip 34996

Legal Description LOT 10, LUCINDA, BOOK 3, PAGE 130

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name BRADEN & BRADEN A.I.A., P.A.

Architect/Engineer's Address 417 COCONUT AVE., STUART, FL

Mortgage Lender's Name NONE

Mortgage Lender's Address _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

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.

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS APPLICATION, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, MARTIN COUNTY, STATE AGENCIES, OR FEDERAL AGENCIES.

Plumbing Contractor NONE License No. _____

Electrical Contractor FAIRCHILD ELECTRIC License No. ME 00151

Roofing Contractor PACIFIC ROOFING License No. CCCO56793

A/C Contractor NONE License No. _____

Description of Building or Alterations GARAGE ADDITION

Name of Street Designated as Front Building Line and Front Yard

N. VIA LUCINDA

Subdivision LUCINDA Lot 10 Block _____

Building Area (air conditioned) 0 sq. ft.

Garage, Porch, Carport Area 360 sq. ft.

Contract Price (excluding carpet, land, appliance, landscaping)

\$ 20,500.00

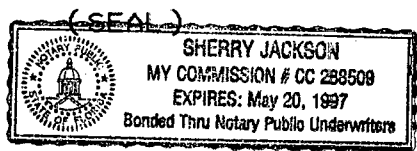
X Yvonne W. Barak
(Owner or Authorized Agent)

DATE 11/29/95

Sworn and Subscribed before me this
29th day of November 1995

[Signature]

NOTARY PUBLIC
State of Florida at Large
My Commission Expires: MAY 20, 1997



[Signature]
(Contractor)

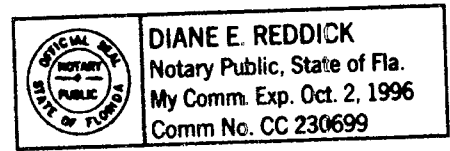
DATE 12-5-95

Sworn and Subscribed before me this
5th day of Dec 1995

[Signature]

NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

(SEAL)



Certificate of Competency Holder

Contractor's State Certification or Registration No. CRC 027298

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY [Signature] Permit Officer
[Signature]

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked [Signature] Date 12/5/95

A/C Area 111 sq. ft. x \$60. = \$ _____

Non A/C Area 360. # sq. ft. x \$25. = \$ _____

Total = \$ 378.00

Contract Price \$ _____ (fee will be charged on higher amount)

77
PERMIT #

SFR
DESCRIPTION

**BLUEPRINTS FOR THIS PERMIT
ARE AVAILABLE FOR REVIEW AT
TOWN HALL.**

TOWN OF SEWALL'S POINT
Florida

77

BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT

Date Oct 2-64
Owner Frank P Foster
Address Lot 10 Lucindia
Architect Sylvester
Address _____
Contractor Thomas Sylvester
Address 537 Bay Rd. N Palm Beach
Building to be constructed on:
Lot 10 Block _____ Subdivision Lucindia
Address Sewalls Point Jensen Beach Fla.
Purpose of Building Res Type of Work CBS
Estimated cost of Building or Improvements \$ 29,400
Type of Construction CBS Roofing Covering Cement Tile
Type of Roof A Foundation Conc.
Size of Building Lot 117.68 x 130.21
Square Feet in Building 1700 sq ft
Zoning R-1
Permit Number 77 Permit Fee \$ _____
Clean-up Bond Number _____ Clean-up Fee \$ _____


Signed Contractor

77

TOWN OF SEWALL'S POINT
Florida

BUILDING DEPARTMENT

Fee \$ 10.30

APPLICATION FOR PERMIT TO INSTALL ELECTRICAL EQUIPMENT

Date Dec. 11-64 Permit Number _____

Owner Frank P. Foster

Street and Number LOT #10 Lucidia

Electrician Red's Electric City License Number _____

Work: New Old Additional

DISTRIBUTION

S. Switches 15 Number of Generators _____

Number of Motors 2 Water Heater 1

Stoves 1 Outlets 1 Dryer

Receptacles 46 Wall Heater _____

Sub Feed _____ Size of Panel 150 Amp.

Wire: Romex Conduit Number of Fixtures 11

Size of Main Disconnect _____

Date

1.00
7.80
1.10
1.00
10.30

E. M. Rowe
Signed: Contractor

TOWN OF SEWALL'S POINT
Florida

BUILDING PERMIT

Fee \$ _____

APPLICATION FOR PLUMBING AND GAS PERMIT

Date 10/14/84 Permit Number 77

Owners Name Foster

Street and Number _____

Plumber Palm City Plumbing City License No. St Johns County

Gas Fitter _____

What is the size of Main Soil Pipe? 4" C.I.

Of what material is soil pipe? CAST IRON

FIXTURES - PLUMBING

Septic Tanks _____ Water Closets 3

Bath Tubs TWO Lavatories 4

Sinks 1 Urinals _____

Garbage Drains _____ Shower Baths _____

Heater (Electrical) 1 Well _____

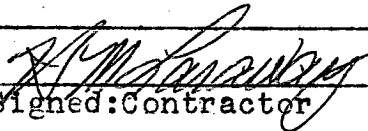
Washing Machine Drains 1 DISH WASHER 1

FIXTURES - GAS

Stoves _____ Burners _____

Heaters (water) _____ Heaters (space) _____

Other Appliances _____


Signed: Contractor

2689
PERMIT #

DRIVEWAY
DESCRIPTION

**BLUEPRINTS FOR THIS PERMIT
ARE AVAILABLE FOR REVIEW AT
TOWN HALL.**

2764
PERMIT #

Sliding GLASS DOORS
DESCRIPTION

**BLUEPRINTS FOR THIS PERMIT
ARE AVAILABLE FOR REVIEW AT
TOWN HALL.**

06/21/89

0511162

LICENSE NO.

AUDIT CONTROL NO.

BATCH NO.

FEE AMOUNT

CG C023873

12820

\$196.00

CONSTRUCTION INDUSTRY LICENSING BD
POST OFFICE BOX 2
JACKSONVILLE, FL 32201

LICENSEE SIGNATURE

WALLET CARD FOLD HERE

STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY
LICENSING BOARD

CERTIFIED GENERAL CONTRACTOR

RINGE, RONALD H
INDIVIDUAL

HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S.
FOR THE YEAR EXPIRING JUNE 30, 1992

BOB MARTINEZ
GOVERNOR

LARRY GONZALEZ
SECRETARY, D.P.R.

BOZA
PERMIT #

VARIANCE
DESCRIPTION

**BLUEPRINTS FOR THIS PERMIT
ARE AVAILABLE FOR REVIEW AT
TOWN HALL.**

LAW OFFICES
FRY & OLENICK, P.A.
SUITE 120
900 EAST OCEAN BOULEVARD
STUART, FLORIDA 34994
(407) 286-1600
FAX (407) 286-9185

STEPHEN FRY

MICHAEL H. OLENICK

February 17, 1992

Douglas Sands, Esq.
300 Colorado Avenue
Stuart, FL 33494

Re: Arthur and Susan Kleinpell
Variance Request/Town of Sewall's Point

Dear Doug:

This letter will confirm that a hearing before the Sewall's Point Board of Zoning Adjustment will be held on March 16, 1992, at 7:30 p.m. Enclosed please find a copy of my notice letter to property owners within 300 feet. It is my further understanding that you will post notice of said hearing on the Kleinpell property.

If the information stated above is inaccurate please contact me immediately. Thank you.

Sincerely,

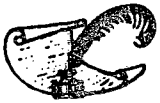


Michael H. Olenick

enc.

MHO:jk

cc: Arthur and Susan Kleinpell
Lanning Fox, Esq.
Ms. Chris Fuller, Premier Realty Group



DOUGLAS K. SANDS, P.A.

Attorney at Law

300 COLORADO AVE.
P.O. BOX 287
STUART, FLORIDA 34995
TELEPHONE (407) 287-3930

February 20, 1992

Michael H. Olenick, Esq.
900 East Ocean Blvd.
Stuart, Florida 34994

RE: Kleinpell variance: Sewall's Point Board of Zoning
Adjustment

Dear Mike:

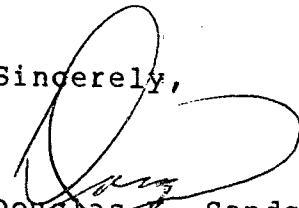
This will confirm the hearing for March 16, 1992, at 7:30 P.M. at Sewall's Point Town Hall. A copy of the Notice to be published in the Stuart News is enclosed.

We have confirmed all five regular Board Members will attend. They are: William Connolly, currently Chairman; Bruno Gabrynowicz, Amos Taylor, Dawson C. Glover, III, and John Guenther. John Houtrides is an alternate who has indicated his availability, if needed.

Town hall will be posting the property. Please have the green receipt cards available for the hearing, from the notices you mail.

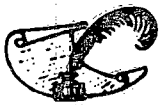
Please call me if you have any questions.

Sincerely,


Douglas K. Sands, Attorney
Board of Zoning Adjustment for
Town of Sewall's Point

DKS/sd

Copy to: Town Clerk



DOUGLAS K. SANDS, P.A.

Attorney at Law

300 COLORADO AVE.
P.O. BOX 287
STUART, FLORIDA 34995
TELEPHONE (407) 287-3930

February 20, 1992

MEMORANDUM

TO: JOAN BARROW, CLERK, TOWN OF SEWALL'S POINT
FROM: BOARD OF ZONING ADJUSTMENT ATTORNEY *[Signature]*
RE: (1) Variance application of Mr. and Mrs. Arthur Kleinpell

Enclosed is a a copy of the Notice which was forwarded to the Stuart News for publication, and my memorandum to the Members and Alternates of the Board of Zoning Adjustment.

The hearing date has been scheduled for Monday, March 16, 1992 beginning at 7:30 p.m., at Town Hall.

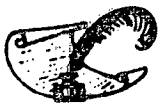
Please make arrangements to have the Kleinpell property properly posted with a sign indicating the variance application and the hearing date, as you customarily do.

Attorney Michael Olenick is representing the Kleinpells.

Enclosed are packages for the members and alternates. If you could see to their distribution, it would be appreciated.

Thank you for your continuing cooperation. Please let me know if you need anything further at this point.

DKS/sd
enclosures



DOUGLAS K. SANDS, P.A.

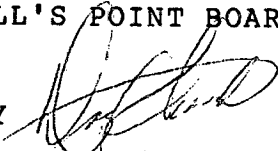
Attorney at Law

300 COLORADO AVE.
P.O. BOX 287
STUART, FLORIDA 34995
TELEPHONE (407) 287-3930

February 20, 1992

MEMORANDUM

TO: MEMBERS AND ALTERNATES OF THE SEWALL'S POINT BOARD
OF ZONING ADJUSTMENT

FROM: BOARD OF ZONING ADJUSTMENT ATTORNEY 

RE: (1) APPLICATION OF ARTHUR AND SUSAN KLEINPELL

Enclosed is a copy of the application, transmittal letter from Attorney Olenick, Notice of Hearing, and survey.

The hearing has been scheduled for Monday, March 16, 1992, at 7:30 p.m., at Sewall's Point Town Hall. This was scheduled based on the commitment of the following to be present and provide a quorum:

Mr. Connolly	Mr. Gabrynowicz	Mr. Taylor
Mr. Glover	Mr. Guenther	

Mr. Houtrides has also indicated his availability as an alternate should the need arise. Mrs. Thomson has indicated she is not available that date.

As you know, we need five to constitute a quorum.

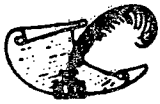
There will also be the annual election of Chairman, Vice-Chairman and Secretary at this meeting.

The application concerns the existing house, and an apparent encroachment into the rear setback at the north end of the porch. I understand the property is pending sale. I urge you to visit the site prior to the hearing.

Please call if you have any questions. Thank you for your attention and willingness to serve.

DKS/sd
enclosures

cc: Clerk, Town Hall



DOUGLAS K. SANDS, P.A.

Attorney at Law

300 COLORADO AVE.
P.O. BOX 287
STUART, FLORIDA 34995
TELEPHONE (407) 287-3930

February 20, 1992

The Stuart News
1939 S.E. Federal Hwy.
Stuart, Florida 34994

RE: Sewall's Point Board of Zoning and Adjustment:
Notice of Hearing

Dear Sir/Madam:

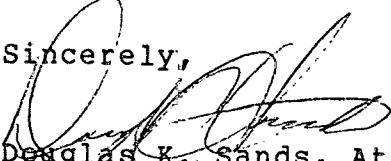
Enclosed please find the original Notice of Public Hearing and one copy. Please publish the enclosed Notice in the legal advertisements of the Stuart News and return the copy to this office with the date of publication on it. I have enclosed a self-addressed, stamped envelope for this purpose.

Please publish one time before February 25, 1992.

The statement should be sent to Joan Barrow, Town Clerk, Sewall's Point Town Hall, One S. Sewall's Point Road, Sewall's Point, Stuart, Florida.

Thank you for your cooperation.

Sincerely,


Douglas K. Sands, Attorney for the
Sewall's Point Board of Zoning
and Adjustment

DKS/sd
enclosure
Copy to: Town Clerk

NOTICE OF PUBLIC HEARING

Town of Sewall's Point
Board of Zoning Adjustment

TO THE PUBLIC AND ALL OTHERS WHOM IT MAY CONCERN: You are notified that on MONDAY, MARCH 16, 1992 at 7:30 P.M., at the TOWN HALL, SEWALL'S POINT, FLORIDA a Public Meeting and Hearing will be held for the following purposes:

1. Election by regular Members of the Board of Zoning Adjustment of a Chairman, Vice Chairman and Secretary.

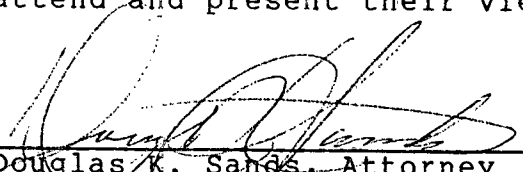
2. Public Hearing on the application of Mr. and Mrs Arthur Kleinpell seeking a variance from the rear setback requirements at 68 South River Road, Sewall's Point, Florida; the property is also described as Lot 20, Subdivision Lucindia, as recorded in Plat Book 3, Page 130, Martin County, Florida public records.

Written comments may be sent to the Board of Zoning Adjustment, One South Sewall's Point Road, Sewall's Point, Stuart, Florida 34996.

The Public is invited to attend and present their views.

Publish:

2/24/92



Douglas K. Sands, Attorney
For Board of Zoning Adjustment
Town of Sewall's Point, Florida

LAW OFFICES
FRY & OLENICK, P.A.
SUITE 120
900 EAST OCEAN BOULEVARD
STUART, FLORIDA 34994
(407) 286-1600
FAX (407) 286-9185

STEPHEN FRY

MICHAEL H. OLENICK

February 28, 1992

CERTIFIED/RETURN RECEIPT REQUESTED

•F1•

Re: Legal Description: Lot 20, Lucindia (location map enclosed)
Address : 68 South River Road, Sewall's Point
Owners : Arthur S. and Susan Kleinpell

Dear Property Owner:

Please be advised as owners of property within 300 feet of the above described property, you are hereby, in accordance with the provisions of Ordinance #95, Town of Sewall's Point, put on notice that a public hearing will be held at 7:30 p.m. or as soon thereafter as the matter may be heard, on the 16th day of March, 1992, at the Sewall's Point Town Hall, by the Sewall's Point Board of Zoning Adjustment to consider the matter of a rear setback requirements variance to the existing zoning requirements according to the Sewall's Point Ordinance Section VI.G(3).

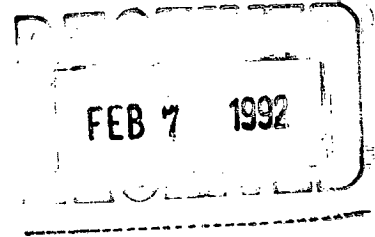
This application is being made to the Board of Zoning Adjustment in order to allow for a variance of a rear setback.

You are invited to attend and be heard or to write in care of the Sewall's Point Board of Adjustment, Town Hall, 1 South Sewall's Point Road, Stuart, Florida 34996.

Sincerely,

Michael H. Olenick
enc.
MHO:jk
mp:0552

LAW OFFICES
FRY & OLENICK, P.A.
SUITE 120
900 EAST OCEAN BOULEVARD
STUART, FLORIDA 34994
(407) 286-1600
FAX (407) 286-9185



STEPHEN FRY

MICHAEL H. OLENICK

February 5, 1992

Ms. Joan Barrow
Town Clerk
1 S. Sewall's Point Road
Stuart, Florida 34996

Re: Arthur and Susan Kleinpell

Dear Joan:

I represent Arthur and Susan Kleinpell in regard to a variance request of the Town of Sewall's Point. Accordingly, I have enclosed the following:

1. Application;
2. Proof of ownership of Mr. and Mrs. Arthur Kleinpell;
3. Eight copies of the survey;
4. A Statement of Benefits for the granting of the request;
5. A certified list of property owners within 300 feet; and
6. A check in the amount of \$75.00.

Accordingly, I would request that this matter be agendaed as quickly as possible. Please notify my office of a hearing date so that I may send the appropriate notice letters.

Thank you again for your attention to this matter. As always, it is most appreciated.

Sincerely,


Michael H. Olenick

encs.

MHO:jk

cc: Arthur and Susan Kleinpell

Integrity of ordinances at issue in Sewall's Point

Editor:

The Board of Zoning Adjustment of Sewall's Point will hold a public meeting and hearing on Monday, March 16 at 7:30 p.m. at the Town Hall.

It is imperative for all residents to attend this meeting as it concerns the application of Mr. and Mrs. Kleinpell for a variance from the rear setback requirements at 68 River Road, Sewall's Point.

Arthur Kleinpell is a Realtor and in that capacity was aware of the ordinances and zoning requirements of Sewall's Point at the time of construction. It was only through the persistence of concerned neighbors that the excessive height of the building was reduced. It is now apparent that the rear setback requirements were also violated.

The town of Sewall's Point must uphold and enforce all zoning requirements. We cannot continue under the present policy of ignoring the ordinances, which are for the protection of the community as a whole.

Any violation of any property is the owner's sole responsibility and must be corrected by him.

If this variance is approved it will set a precedent and will give notice that the ordinances of Sewall's Point can be violated at will, in order to satisfy personal selfish interests; and will be viewed as an admission that the ordinances have no true value and we, as residents, who felt we were protected have been sadly misled.

*William C. and Myrtle D. Herman
Sewall's Point*

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 8/7/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
B15-000 108 A.M ATTIC A/C	Willkinson 8 Oakwood Drive Krauss + Crane	A/C Final	Pass	CLOSE INSPECTOR <i>[Signature]</i>
B15-0000 93	Zwebern 5 Plumeria Place A+G Concrete Pools	Pool Steel, Steel Bond Maindrain	Pass	INSPECTOR <i>[Signature]</i>
B15-000 114	Houlihan 11 Lantana Lane Lode Red Roofers	A.T.F. Roof Final	Pass	LETTER FROM ENGINEER INSPECTOR <i>[Signature]</i>
B15-000 125	Rich 23 W High Pt Rd Seasafe	Footer	Pass	INSPECTOR <i>[Signature]</i>
B15-000 113	Parrott 1 Island Rd High Tower Const.	Fence Final	Pass	CLOSE INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR

NOTICE OF PUBLIC HEARING

Town of Sewall's Point
Board of Zoning
Adjustment

TO THE PUBLIC AND ALL OTHERS WHOM IT MAY CONCERN: You are notified that on MONDAY, MARCH 16, 1992 at 7:30 P.M., at the TOWN HALL, SEWALL'S POINT, FLORIDA a Public Meeting and Hearing will be held for the following purposes:

1. Election by regular Members of the Board of Zoning Adjustment of a Chairman, Vice Chairman and Secretary.

2. Public Hearing on the application of Mr. and Mrs. Arthur Kleinpell, seeking a variance from the rear setback requirements at 68 South River Road, Sewall's Point, Florida; the property is also described as Lot 20, Subdivision Lucindia, as recorded in Plat Book 3, Page 130, Martin County, Florida public records.

Written comments may be sent to the Board of Zoning Adjustment, One South Sewall's Point Road, Sewall's Point, Stuart, Florida 34996.

The public is invited to attend and present their views.

Douglas K. Sands, Attorney
For Board of
Zoning Adjustment
Town of Sewall's Point, Florida

Pub.: Feb. 23, 1992

Please write to the Board of Zoning Adjustment and attend the Public Hearing on March 16th, 1992 at 7:30 p.m. and vote AGAINST this variance.

Arthur Kleinpell is a Realtor with IBR and in that capacity was aware of the Ordinances and Zoning requirements of Sewall's Point. However, he chose to VIOLATE the Ordinances at the time of construction of his home at 68 S. River Rd. Sewall's Point.

At this time Mr. Kleinpell wishes to sell his home and wants the violations that he incurred eliminated.

Dale Brown, Building Inspector, should not have allowed this construction in violation of the Sewall's Point Ordinances.

The rape of Sewall's Point
MUST STOP.

If this variance is approved it will set a precedence and will give notice that the Ordinances of Sewall's Point can be ignored and that there really isn't any reason to have them at all.

Denied

BEFORE THE BOARD OF ZONING ADJUSTMENT
TOWN OF SEWALL'S POINT, FLORIDA

RESOLUTION NO. 92-1

RE: APPLICATION FOR VARIANCE TO
TOWN OF SEWALL'S POINT
ZONING ORDINANCES

Legal Description

Lot 20, LUCINDIA, according to the Plat thereof, as recorded in Plat Book 3, Page 130, of the Public Records of Martin County, Florida.

WHEREAS, ARTHUR S. KLEINPELL and SUSAN KLEINPELL, his wife, the owners of the above described real property, applied to the TOWN OF SEWALL'S POINT requesting a variance to the existing zoning requirements of the Sewall's Point Town Code, Appendix B, Section VI, Paragraph G.3; and

WHEREAS, notice of the public hearing on the variance application was duly published and mailed in accordance with the provisions of the Town Code, and a public hearing thereon was held on the 16th day of March, 1992, at 7:30 p.m. at the Town Hall of Sewall's Point, Florida, and

WHEREAS, on March 16, 1992, a quorum of the Board of Zoning Adjustment was present and the public hearing was held on the subject application; and

WHEREAS, at said public hearing the applicant was ~~present in person and~~ represented by counsel and all interested parties had an opportunity to be heard for or against such application; and

WHEREAS, based on the information presented this Board does hereby make the following findings of fact:

1. That the applicants have requested a 4 foot 9 inch

variance to the 25 foot rear setback requirement on the subject property to cure the encroachment of a portion of the existing back porch structure which was constructed by the applicants in 1987.

2. That _____ objection(s) to the proposed grant of variance have been made.

3. That the applicant has not satisfactorily demonstrated a basis upon which this Board could enter findings as required by Sewall's Point Code Section XV.B.2. justifying the granting of the variance as requested.

NOW THEREFORE, be it resolved by the Board of Zoning Adjustment of Town of Sewall's Point, Florida, that the application by ARTHUR S. KLEINPELL and SUSAN KLEINPELL, his wife, for a variance is DENIED.

Duly passed and adopted at Public Meeting on March 16, 1992.

BOARD OF ZONING ADJUSTMENT
TOWN OF SEWALL'S POINT, FLORIDA

By: _____
Chairman

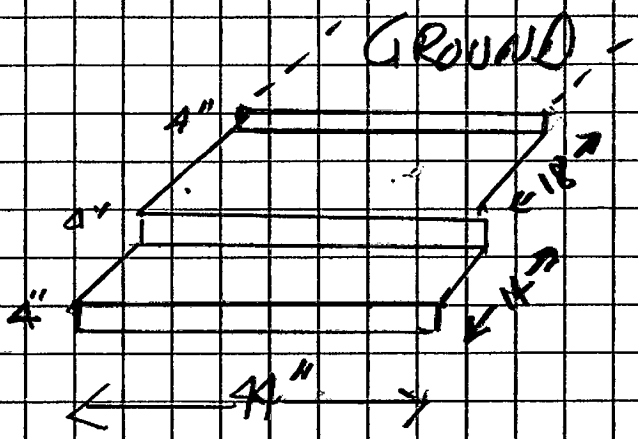
ATTEST:

Secretary

APPROVED AS TO FORM AND LEGALITY

Douglas K. Sands, Attorney for
the Board of Zoning Adjustment

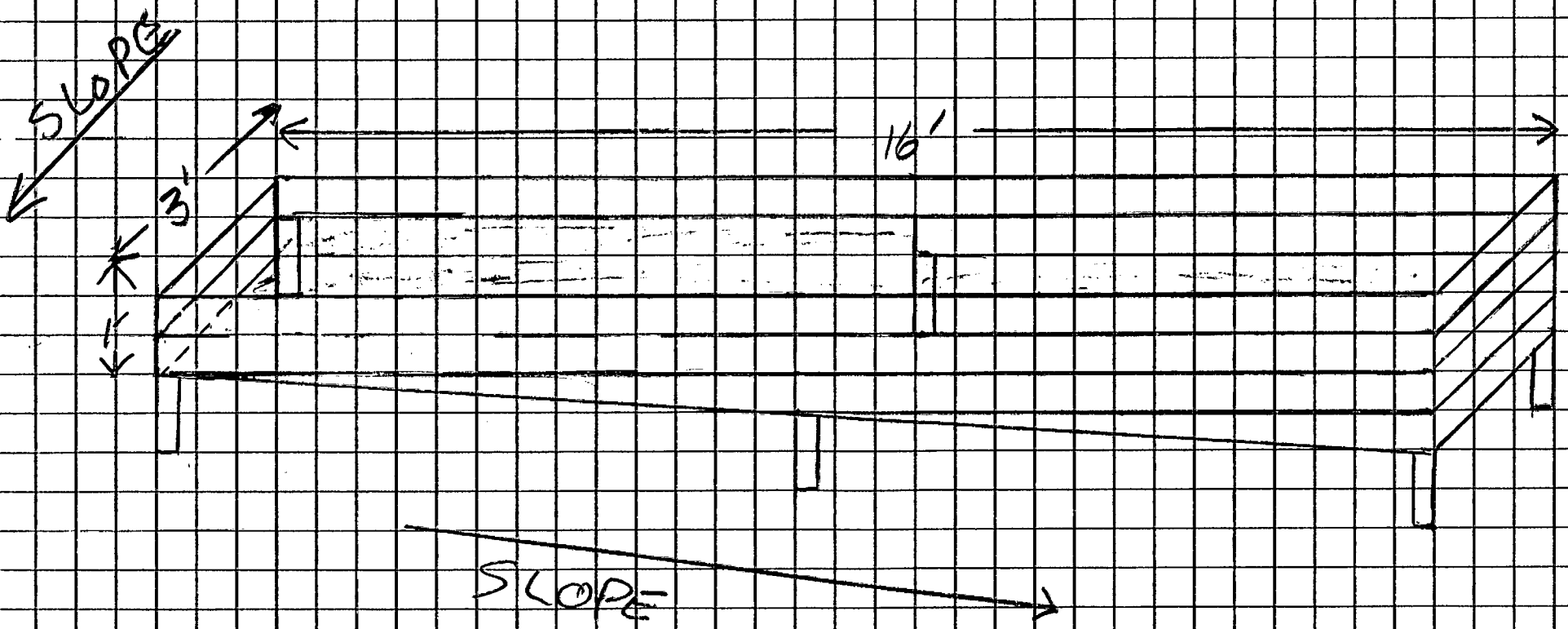
cc: Town Clerk
Applicant



STAIRS 4" RISE
5/4 LUMBER
PRESSURE
TREATED

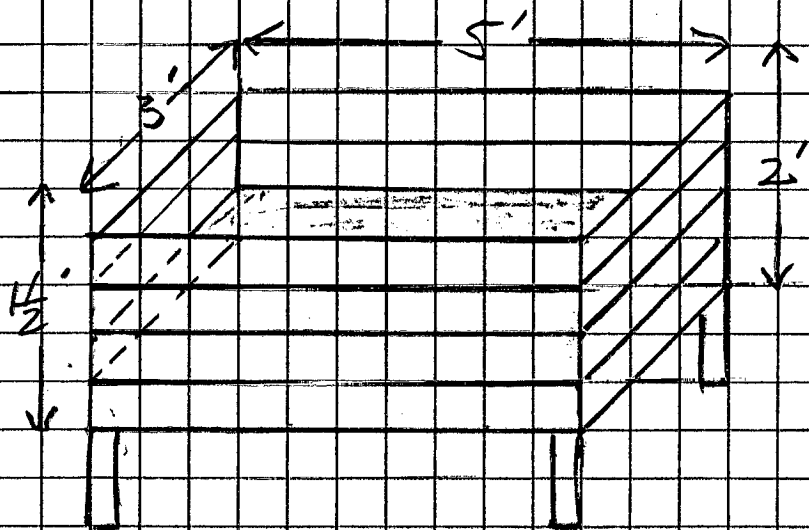
2x6 PRESSURE TREATED LUMBER

6"

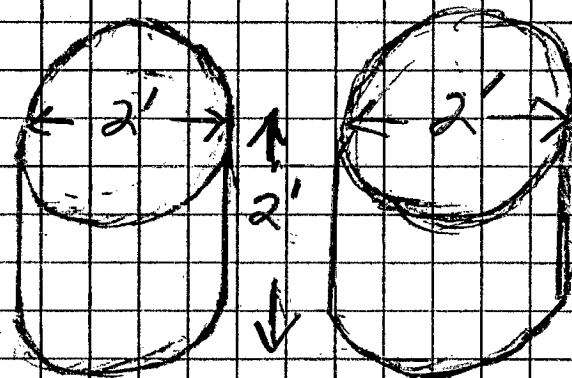


2x6 PRESSURE TREATED LUMBER

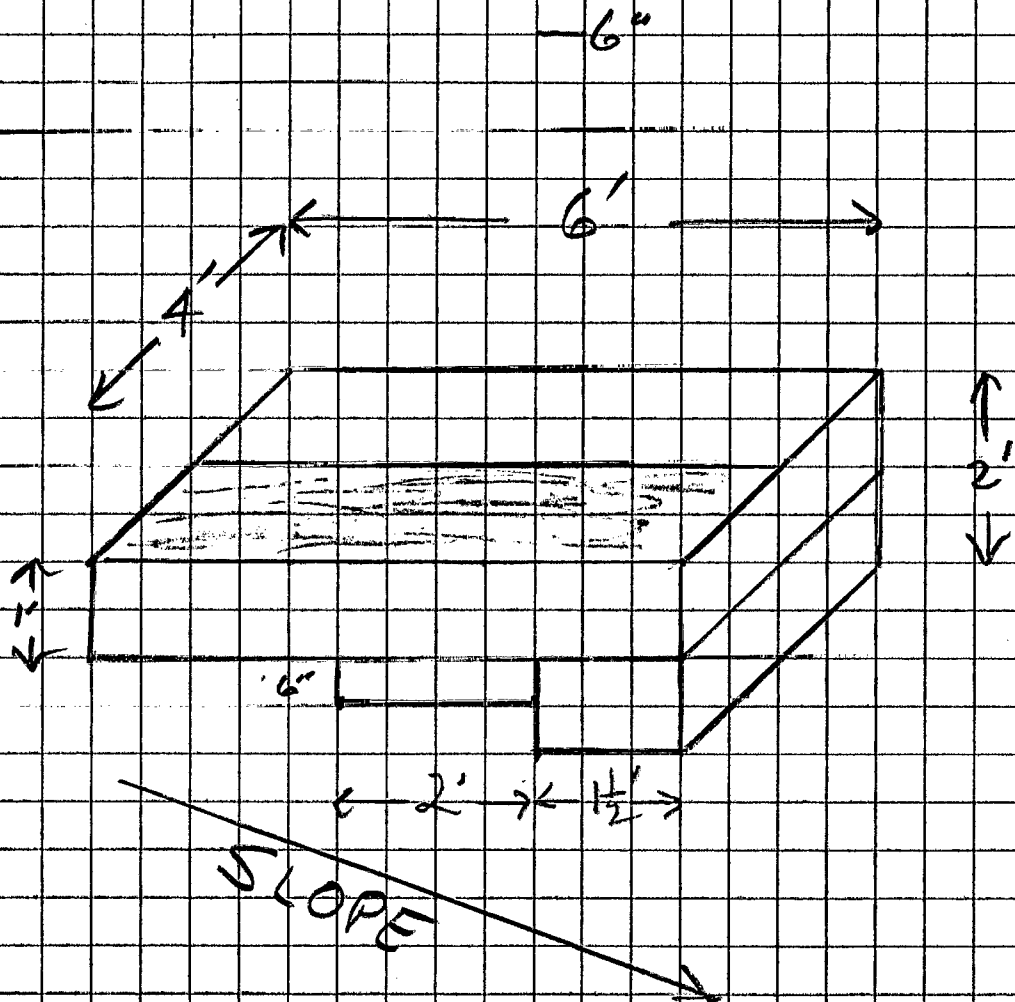
6"



FOOD GRADE PLASTIC



2x12 PRESSURE-TREATED LUMBER



TREE
PERMIT #

Removal Replace. Relocate.
DESCRIPTION

**BLUEPRINTS FOR THIS PERMIT
ARE AVAILABLE FOR REVIEW AT
TOWN HALL.**

TOWN OF SEWALL'S POINT, FLORIDA

Date 4/11/00 1900 TREE REMOVAL PERMIT No 0313

APPLIED FOR BY NINA BARCIK (Contractor or Owner)

Owner 24 N. VIA LUCINDIA

Sub-division _____, Lot _____, Block _____

Kind of Trees MALOGUS - DISEASED/DYING

No. Of Trees: REMOVE 1

No. Of Trees: RELOCATE _____ WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE 1 WITHIN ~~30~~ DAYS VAUNTARY (OAK)

REMARKS FIELD INSP 4/5/00 EA.
SKETCH LOCATION ON APPLICATION

Signed, Nina Barcik
Applicant

Signed, [Signature]
Town Clerk

FEE \$ -0-

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for drawing or notes]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

FILED
LADP
SCHEP

4/5 ✓
MMA/BAB

RECEIVED
APR - 4 2000
BY: A

Permit # 0313
Date Issued 4/11/00

This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner Nina Barcik Address 24 N. Vialveindia Phone 220-4111

Contractor Mr Pots ? Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 1 - mamosa type - purple flower
It is dying

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): _____

Number of trees to be replaced _____ (list kinds of trees): _____

Permit Fee \$ (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00) \$15.00

(No permit fee for trees which are relocated on property or lie within a utility easement & are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted Plans approved, as marked _____

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant X Nina Barcik Date submitted 4/4/00

Approved by Building Inspector [Signature] Date 4/5/00

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~OBTAINING A PERMIT~~ **FEE**. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-5-, 2000;

Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4726	Cicoria	dock	Passed	
④	126 N.S.P. Rd. Ella/Tropic	final	Bg	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4867	Yorraso	roof final	Passed	
②	21 Periwinkle Crs. (FLAT) Pacific		Bg.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4876	DeCroce	dry-in & sheathing	Passed	
⑦	2 Riverview Cape & Huff		Bg	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4863	Lino	final for	Passed	① Fix Swale on S. side
⑧	6 Island Holmes	c.o.	Bg.	② Scott getting Specs. for impact doors.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4857	CONWAY		Passed	FORWARD SURVEY ROW 4/4
⑤	4 OAK HILL WAY CASTLE HILL	PRE/POUR STEM WALL/GARAGE SLAB	Bg	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4722	Koch	2nd floor ←	Passed	↑ roof truss
③	71 No. River Rd Brown	sheathing nail pattern	Bg.	→ tie-down Picked up TRUSS ENG. for Repair
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4527	Seely	2nd floor tie	Passed Bg.	late as
⑥	37 Lofting Way Gribben	beam + meter + ? nail part of roof	Passed Bg.	possible

OTHER: ~~ETA~~ J/R PERMIT APPL. - BAROK; 24 N. VIA LUCINDIA ✓ &

" J/R " " - FRICK; 21 PALM RD. ✓ OR

* Wants meter on House. Told Him No. (37 Lofting Way)

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT, FLORIDA

Date 11/1/01 19 TREE REMOVAL PERMIT No 0512

APPLIED FOR BY DAVID + NINA BARCIK (Contractor or Owner)

Owner same

Sub-division 24 N. VIA LUCINDIA Lot , Block

Kind of Trees 1 MANGO / 1 AVACADO

No. Of Trees: REMOVE 2

No. Of Trees: RELOCATE WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE 2 WITHIN 30 DAYS

REMARKS

FEE \$ 15⁰⁰

Signed, on file Applicant

Signed, [Signature] Town Clerk
BUDG' OFFICIAL

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION

REMARKS

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 0512

Date Issued: 11/1/01

This application shall include a written statement giving reasons for removal, relocation, or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner David+Nina Barcik Address 24 N. Via Lucinda Phone 220-4111

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) _____

1 Mango 1 Avacado

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

Number of trees to be replaced: _____ (list kinds of trees):

same with same

Permit Fee \$ 15.00

\$15.00

(No permit fee for trees which are relocated on property or lie within a utility easement and are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted [Signature] Plans approved as marked [Signature]

Permit good for one year. Fee for renewal of expired permit is \$5.00.

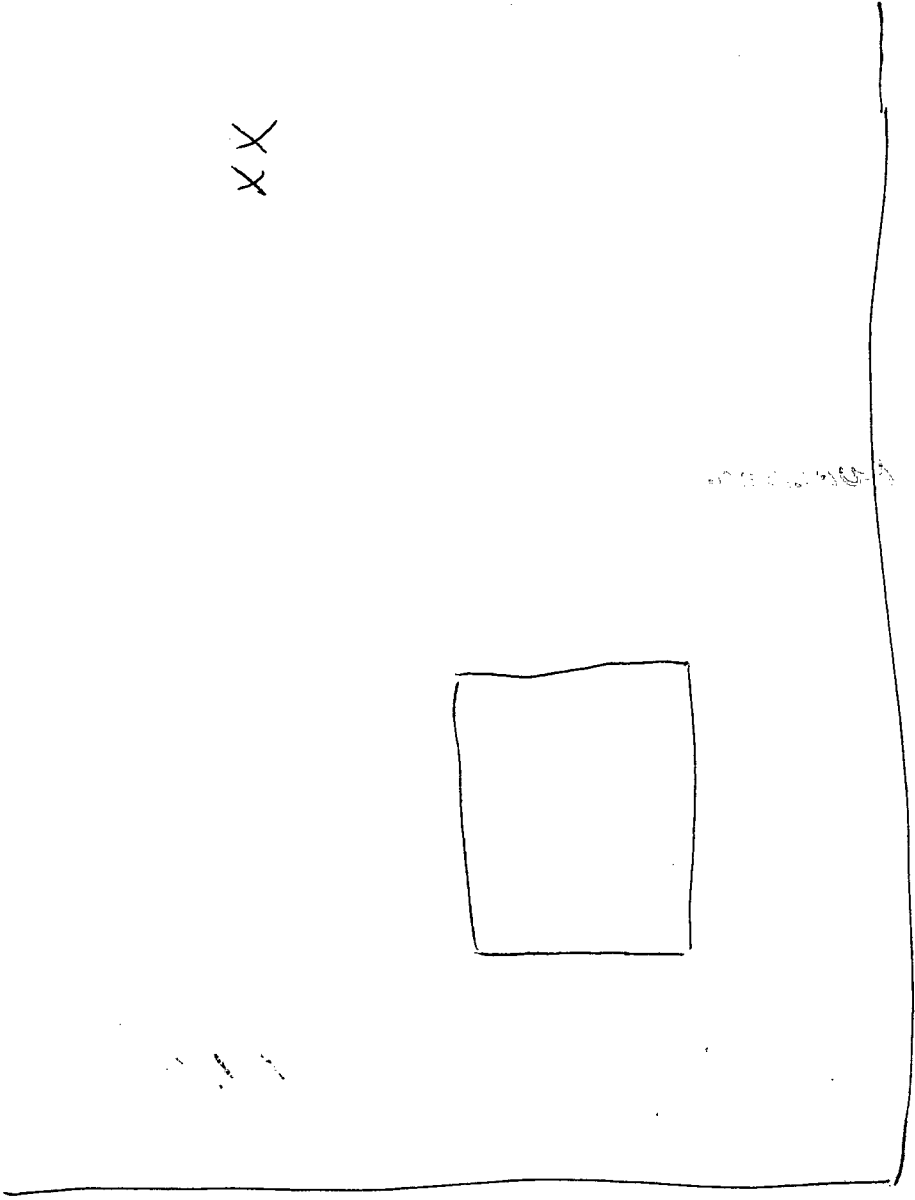
Signature of applicant Nina Barcik Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: 11/1/01

Completed 11/1/01 [Signature]
Date Checked by

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA



XX

N Via Luendia

River Rd

TOWN OF SEWALL'S POINT, FLORIDA

Date June 5 2002 TREE REMOVAL PERMIT No 1156

APPLIED FOR BY David & Nina Barcik (Contractor or Owner)

Owner 34 N. Via Guinecia

Sub-division _____, Lot _____, Block _____

Kind of Trees 2 Christmas Palm Clusters

No. Of Trees: REMOVE _____

No. Of Trees: RELOCATE _____ WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS Trees are damaged & dying

FEE \$ 0

Signed, _____ Applicant Signed, Gene Simmons Town Clerk office

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Blank lined area for drawing or notes.

PROJECT DESCRIPTION _____

Blank lined area for project description.

REMARKS _____

Blank lined area for remarks.

TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued: _____

This application shall include a written statement giving reasons for removal, relocation, or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner David+Nina Barcik Address 24 N. Valverde Phone 220-4111

Contractor Mr. Potts Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 2 Christmas Palm clusters

Trees are damaged and dying
~~Number of trees to be relocated within 30 days (no fee) (list kinds of trees):~~ _____

Number of trees to be replaced: _____ (list kinds of trees): _____

Permit Fee \$ _____

\$15.00

(No permit fee for trees which are relocated on property or lie within a utility easement and are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted _____ Plans approved as marked _____

Permit good for one year. Fee for renewal of expired permit is \$5.00.

Signature of applicant _____ Plans approved as marked _____

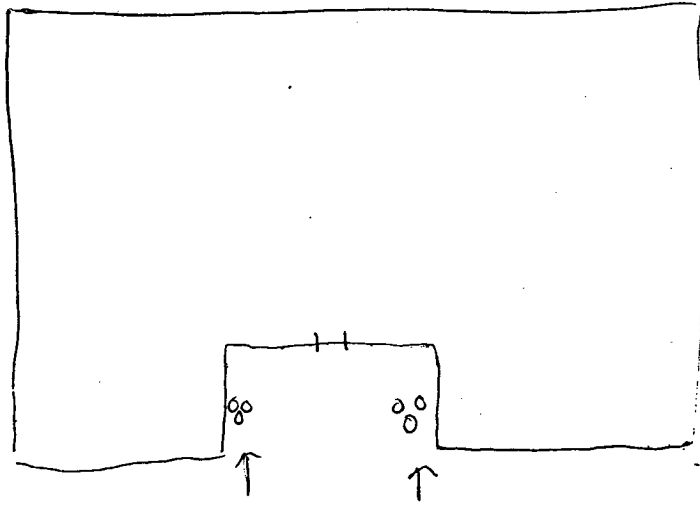
Approved by Building Inspector _____ Date submitted: _____

Completed _____
Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS:
BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA

See attached Tree Species List




Christmas Palms

24 N. Via Lucinda

Back touching roof

Ok. to remove

 6/5/2

TOWN OF SEWALL'S POINT, FLORIDA

Date August 27 ~~18~~ 2003 TREE REMOVAL PERMIT No 2076

APPLIED FOR BY BARCIK (Contractor or Owner)

Owner 24 N. VIA LUCINDIA

Sub-division _____, Lot _____, Block _____

Kind of Trees 1 Orchid

No. Of Trees: REMOVE 1

No. Of Trees: RELOCATE _____ WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 15.00

Signed, _____ Applicant

Signed, Gene Simmons (Sub)
Town Clerk
Building Official

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for drawing or site plan.

PROJECT DESCRIPTION _____

REMARKS _____

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than one inch.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Nina Barcik Address 24 N Via Lucinda Phone 220-4111
 Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: Orchard
 No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____
 No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: _____

Signature of Applicant Nina Barcik Date _____

Approved by Building Inspector: [Signature] Date 8/29/12 Fee: 15.-

Plans approved as submitted _____ Plans approved as revised/marked: _____







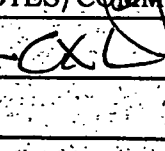
11



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/27, 20013 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6389	CICORIA	PRE POUR	Passed	
(2)	126 N. SEWALLS Pt LYNN'S CONCRETE	CONCRETE		INSPECTOR: 
TREE	POTSDAM	TREE	Passed	
(7)	50 RIO VISTA DR			INSPECTOR: 
5981	PRAWNBROKER	FINAL	Passed	
(1)	3754 SE OCEAN SUPERIOR	A/C REPLACEMENT (First thing please)		INSPECTOR: 
TREE	GH 1070	TREE	Passed	
(9)	107 S. SEWALLS Pt			INSPECTOR: 
TREE	KIMES	TREE	Passed	
(6)	2 RIVERVIEW			INSPECTOR: 
TREE	BARCIK	TREE	Passed	
(8)	24 N VIA LUCINDIA			INSPECTOR: 
436	FRANCIS	TIE BEAM		OK 
	5 S. RIVER RD WILBERDING	(late as possible)		INSPECTOR:
OTHER:				

TOWN OF SEWALL'S POINT, FLORIDA

Date JUNE 15 ~~12005~~ TREE REMOVAL PERMIT No 2516

APPLIED FOR BY BARCEL (Contractor or Owner)

Owner 24 N. VIA LUCINDA

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 PALM

No. Of Trees: RELOCATE _____ WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant

Signed [Signature] FEE \$ 0
Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspectio
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT, FLORIDA

Date 8-21-06 1906 TREE REMOVAL PERMIT No. 369

APPLIED FOR BY Barcik (Contractor or Owner)

Owner 24 N. Via Lucania

Sub-division _____, Lot _____, Block _____

Kind of Trees Date palm

No. Of Trees: REMOVE 1

No. Of Trees: RELOCATE _____ WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed Phil Winterow
Blag Inspector
Town Clerk

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. — NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty lined area for drawing or notes]

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Nina Barcik Address 24 W. Via Lucindia Phone 220-4111

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: date Palm

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Sickly - have tried for years to fix. Covered with white stuff!

Signature of Property Owner Nina Barcik Date 8-21-06

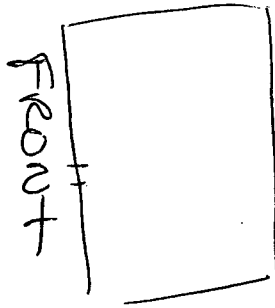
Approved by Building Inspector: [Signature] Date 8/21 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked: _____

River

⊙ date Palm

N. Via Lucinda





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

Do Not Remove

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

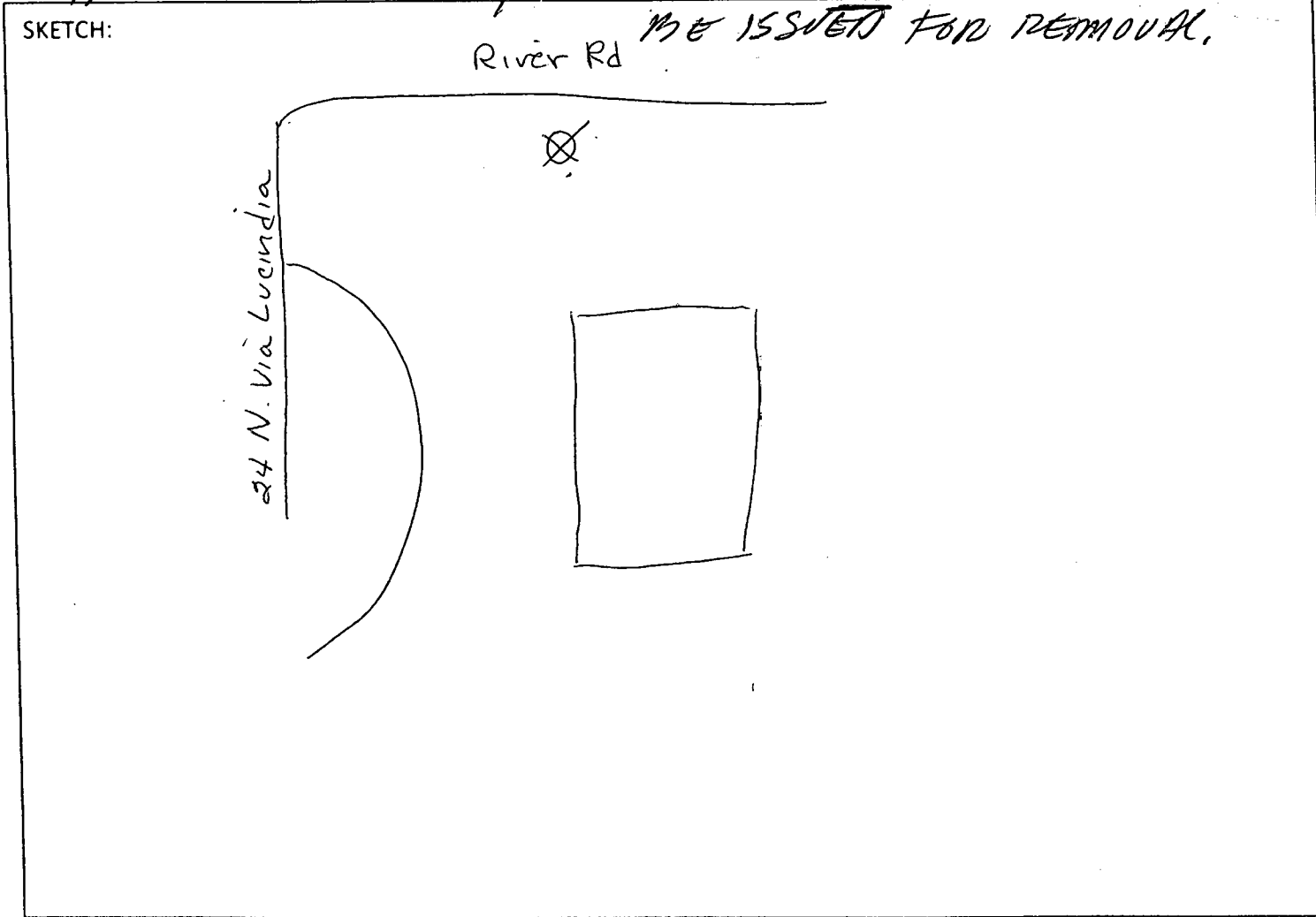
CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Nina Barcik Address 24 N. Via Lucinda Phone 220-4111
 Contractor _____ Address _____ Phone _____
 No. of Trees: REMOVE 1 Type: Jacker anda (sp?)
 No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____
 No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____
 Reason for tree removal /relocation I think it is dead.

Signature of Property Owner Nina Barcik Date 4-23-08

Approved by Building Inspector: _____ Date 4/28 Fee: -

NOTES: THIS SPECIES OF TREE WILL DROP ALL LEAVES - THIS TREE IS ALIVE & WELL - AND NO PERMIT WILL BE ISSUED FOR REMOVAL.



TREE REMOVAL & RELOCATION

PERMIT APPLICATION PACKAGE

DOCUMENTS CONTAINED IN PACKAGE

- 1. Tree Removal/Relocation Application
& Requirements**

TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

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

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Nina Barcik Address 24 N. Via Lucania Phone 220-4111

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: Palm

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: it never recovered from hurricane

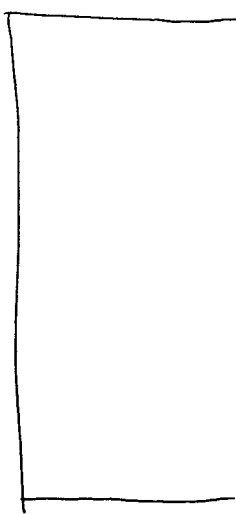
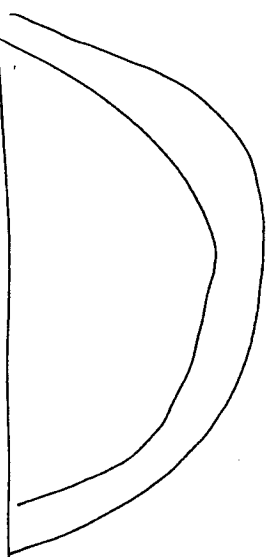
Signature of Property Owner Nina W. Barcik Date 6/14/05

Approved by Building Inspector: [Signature] Date 6/15 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked: _____

River

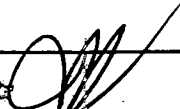



N. Dia Lucindia



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/15, 2005 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7626	DOBSON	FINAL MOORING	PASS	CLOSE
3	22 PALM ROAD O/B	PILES		INSPECTOR: 
6749	NAUDIN	LATH	FAIL	
10	19 N. RIDGEVIEW O/B			INSPECTOR: 
7379	LIPSCHUTZ	IN GR LINES	PASS	
14	53 S. RIVER RD TREASURE COAST			INSPECTOR: 
TREE	BARCIK	TREE	PASS	
9	24 N. VIALUCINDIA			INSPECTOR: 
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____

CERTIFICATE OF SURVEY

ORDER NO. 7506

I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY OF THE PROPERTY DESCRIBED IN THE CAPTION THEREOF, MADE UNDER MY DIRECTION, AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS, UNLESS SHOWN.

I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 21HH-6 FLORIDA ADMINISTRATIVE CODE) FOR THE TYPE OF SURVEY SHOWN HEREON.

- 1. THIS PLAT OF SURVEY IS NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
- 2. NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.
- 3. THE SURVEY OF PROPERTY SHOWN HEREON IS EXCLUSIVELY IN ACCORDANCE WITH DESCRIPTION FURNISHED.

CERTIFIED TO:

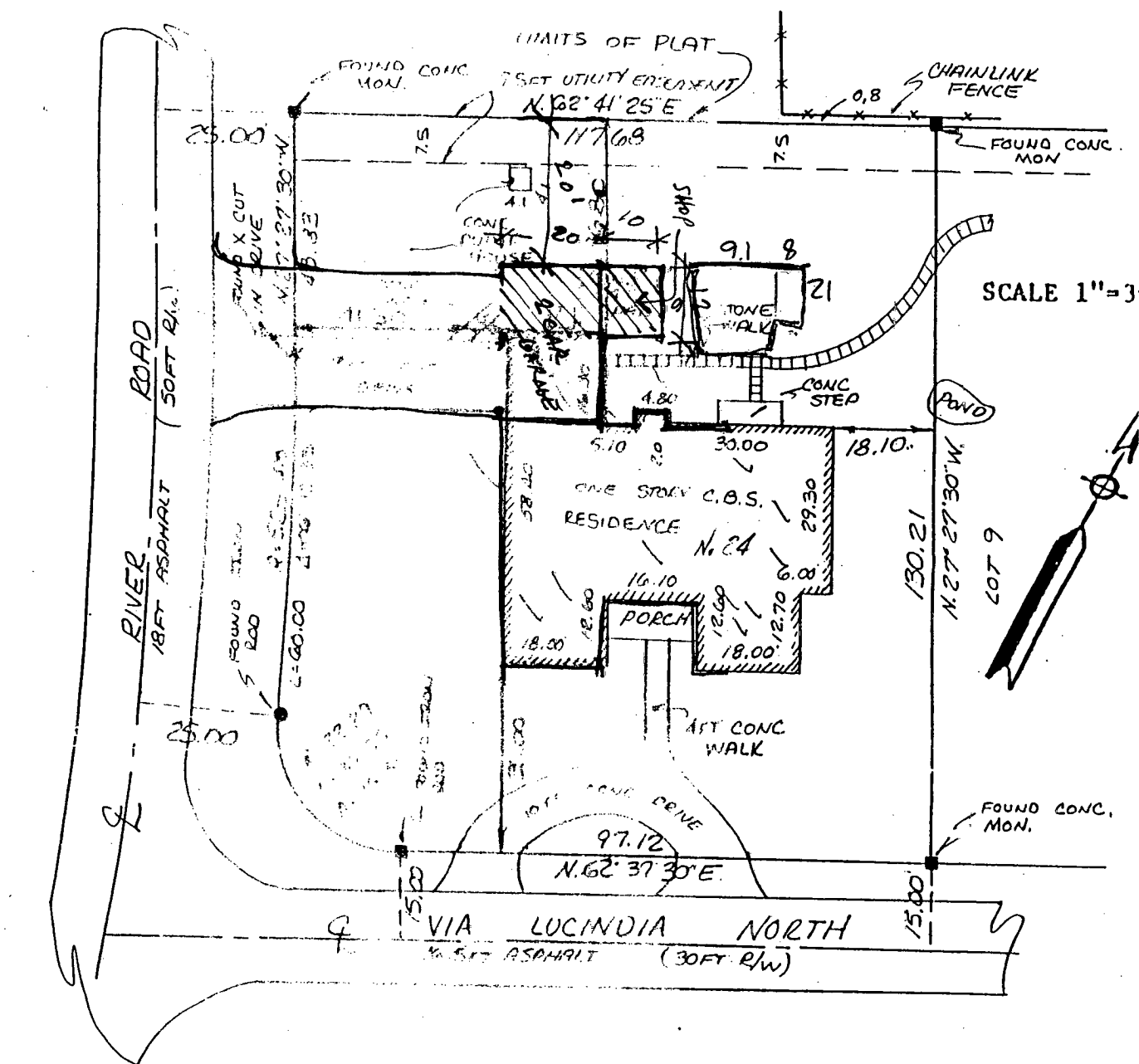
GREAT WESTERN BANK, AFSB
FIRST AMERICAN TITLE CO.
WILLIAM J. BRADFORD, JR. & LUCY R. BRADFORD

William L. Creech

WILLIAM L. CREECH, JR.
FLORIDA PROFESSIONAL LAND SURVEYOR
CERTIFICATE NUMBER 2370

DATE: 8/9/93

- LEGEND:
- FOUND CONCRETE MONUMENT
 - SET CONCRETE MONUMENT
 - FOUND IRON MARKER
 - SET IRON MARKER
 - WOOD FENCE
 - WIRE FENCE
 - UTILITY POLE



DESCRIPTION
SURVEY OF AND SHOWING LOT 10, BLOCK ----, LUCINDIA, AS RECORDED IN PLAT BOOK 3, PAGE 130, RECORDS OF MARTIN COUNTY, FLORIDA.

ADDRESS:

24 N. VIA LUCINDIA
STUART, FLORIDA

FLOOD ZONE C
PANEL NO. 120161-0002D
PANEL DATE: 6/16/92

OK
mm
9/25/93

LUCINDIA

RECORDED COPY

WILLIAM L. CREECH JR.
PROFESSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, PALM CITY, FLORIDA

TOLL FREE 800-443-4866
MARTIN COUNTY 283-5967

7506
MORTGAGE SURVEY DRAWING NO.



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

OK

REVISIONS – CORRECTIONS REQUEST FORM
MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: 3/15/2011 PERMIT NUMBER: 9657
 JOB ADDRESS: 24 N Via Lucindia

PLEASE CHECK ONE OF THE FOLLOWING:

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

******ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING******

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): Adding Pavers around the recently built deck

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES X NO VALUE \$ 900
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: R.T. Barcik SIGNATURE: [Signature]
 PHONE NUMBER: (772) 220-4111 FAX NUMBER:

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 3-15-11 Approve Deny

Additional conditioned space sq. ft. @ \$104.65 per sq. ft. x 2% =

Additional non-conditioned space sq. ft. @ \$ 48.90 per sq. ft. x 2% =

Other declared value increase (must be based on value not cost) x 2% =

Other additional fees: Revision review fee: Pages @ \$25.00/Page

Radon Fee Professional Regulation Fee Road impact assessment

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ N/A

Applicant notified by: Date:

CERTIFICATE OF SURVEY

ORDER NO. 7506

I CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY OF PROPERTY DESCRIBED IN THE CAPTION THEREOF, MADE UNDER MY DIRECTION, AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS, UNLESS SHOWN.

I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 21HH-6 FLORIDA ADMINISTRATIVE CODE) FOR THE TYPE OF SURVEY SHOWN HEREON.

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- 3. THE SURVEY OF THE PROPERTY SHOWN HEREON IS EXCLUSIVELY IN ACCORDANCE WITH DESCRIPTION FURNISHED.

CERTIFIED TO:

GREAT WESTERN BANK, AFSB
FIRST AMERICAN TITLE CO.
WILLIAM J. BRADFORD, JR. & LUCY R. BRADFORD

William L. Creech, Jr.

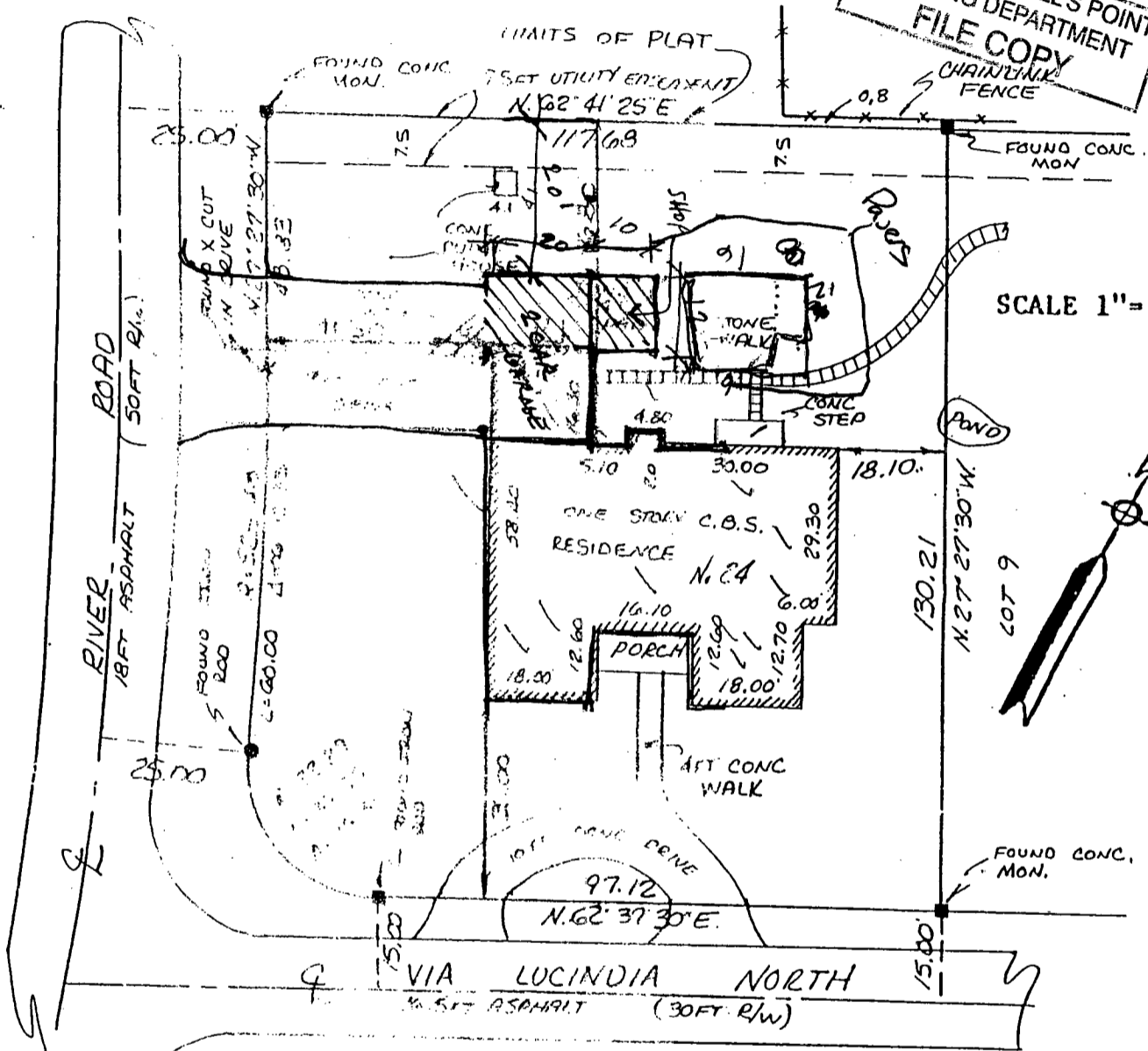
WILLIAM L. CREECH, JR.,
FLORIDA PROFESSIONAL LAND SURVEYOR
CERTIFICATE NUMBER 2370

DATE: 8/9/93

- LEGEND:
- FOUND CONCRETE MONUMENT
 - SET CONCRETE MONUMENT
 - FOUND IRON MARKER
 - SET IRON MARKER
 - WOOD FENCE
 - WIRE FENCE
 - UTILITY POLE

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY
CHAINLINK FENCE

SCALE 1" = 10'



DESCRIPTION
SURVEY OF AND SHOWING LOT 10, BLOCK ----, LUCINDIA, AS RECORDED IN PLAT BOOK 3, PAGE 130, RECORDS OF MARTIN COUNTY, FLORIDA.

ADDRESS:

24 N. VIA LUCINDIA
STUART, FLORIDA

FLOOD ZONE C
PANEL NO. 120161-0002D
PANEL DATE: 6/16/92

OK
mm
9/25/93
LUCINDIA

APPROVED COPY

WILLIAM L. CREECH Jr.
PROFESSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, PALM CITY, FLORIDA

TOLL FREE 800-443-4866
MARTIN COUNTY 283-5967

MORTGAGE SURVEY DRAWING NO. 7506

Permit No. _____

Date 1/11/90

APPLICATION FOR A PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT A HOUSE OR A COMMERCIAL BUILDING

This application must be accompanied by three (3) sets of complete plans, to scale, including a plot plan showing setbacks; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

Owner Bill Bradford Present Address 24 N. Via Lucindia

Phone 287-0668

Contractor Connery Concrete Address 1501 Decker Ave., Unti 301

Phone 288-1072 Stuart, FL 34994

Where licensed Florida License number CGC023769

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Replace existing river rock driveway with 4" 2,500 psi concrete/wire mesh continuous

State the street address at which the proposed structure will be built:

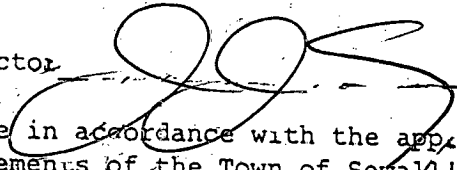
24 N. Via Lucindia (North)

Subdivision LUCINDIA NORTH 10 Lot number _____ Block number _____

Contract price \$ 3,800.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "red-tagging" the construction project.

Contractor 

I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given.

Owner _____

TOWN RECORD

Date submitted _____ Approved: _____
Building Inspector _____ Date _____

Approved: _____
Commissioner _____ Date _____ Final Approval given: _____
Date _____

Certificate of Occupancy issued (if applicable) _____
Date _____

SP1282 Permit No. _____

Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

Permit No.

2764

Date

5/8/90

APPLICATION FOR A PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT A HOUSE OR A COMMERCIAL BUILDING

This application must be accompanied by three (3) sets of complete plans, to scale, including a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

Owner LAURA WASHINGTON Present Address 24 VIA LUCINDA NORTH

Phone _____

Contractor RONALD W. RINGE Address 5095 SE MAXWELL TERR.

Phone 288-3592

Where licensed STATE License number _____

Electrical contractor N/A License number _____

Plumbing contractor N/A License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: INSTALL SLIDING GLASS DOORS

ENCLOSE SCREEN DOCK

State the street address at which the proposed structure will be built: _____

Subdivision _____ Lot number _____ Block number _____

Contract price \$ 1800. Cost of permit \$ #15.00

Plans approved as submitted _____ Plans approved as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "red-tagging" the construction project.

Contractor [Signature]

I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given.

Owner Laura Washington
TOWN RECORD

Date submitted _____ Approved: [Signature]
Building Inspector _____ Date _____

Approved: _____ Commissioner _____ Date _____ Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

2764

SP1282

Permit No. 2764

Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

APPLICATION TO

THE TOWN OF SEWALL'S POINT

BOARD OF ZONING ADJUSTMENT

PLEASE TYPE OR PRINT

I, Arthur S. and Susan Kleinpell of 68 S. River Road
 name of applicant address
Sewall's Point Florida 34996
 city state zip

do hereby make application to the Town of Sewall's Point Board of Zoning Adjustment on the following property legally described as:

Lot 20, Block _____, Subdivision Lucindia according to map
 of Plat Book 3, Page 130, Section _____, Township _____ South,
 Range _____ East, of the public records of Martin County, Florida, or prop-
 erty otherwise described as metes and bounds. (Please include current street address)
 (long legal description may be attached separately.)

for the purpose of Variance of a rear setback VI G 3
 (indicate the specific section of Zoning Regulations, Zoning Res-
 olution, Zoning Ordinance)

Variances

To authorize upon appeal such variance from the terms of zoning ordinance as will not be contrary to the public interest when, owing to special conditions, a literal enforcement of the provisions of the zoning ordinance would result in unnecessary and undue hardship.

In order to authorize a variance, an application must be submitted which demonstrates:

1. That special conditions and circumstances exist which are peculiar to the land, structure, or building involved and which are not applicable to other lands, structures, or buildings in the same zoning district.
2. That the special conditions and circumstances do not result from the actions of the applicant.
3. That granting the variance requested will not confer on the applicant any special privilege that is denied by this ordinance to other lands, buildings, or structures in the same zoning district.
4. That literal interpretation of the provisions of the ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same zoning district under the terms of the ordinance and would work unnecessary and undue hardship on the applicant.
5. That the variance granted is the minimum variance that will make possible the reasonable use of the land, building or structure.
6. That the grant of the variance will be in harmony with the general intent and purpose of the ordinance and that such variance will not be injurious to the area involved or otherwise detrimental to the public welfare.

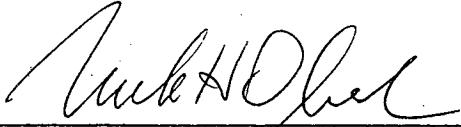
In granting any variance, the Board of Adjustment may prescribe appropriate conditions and safeguards in conformity with this ordinance. Violation of such conditions and safeguards, when made a part of the terms under which the variance is granted, shall be deemed a violation of the ordinance.

The Board of Adjustment may prescribe a reasonable time limit within which the action for which the variance is required shall be begun or completed or both.

No non-conforming use of the neighboring lands, structures or buildings in the same district and no permitted use of lands, structures or buildings in other districts shall be considered grounds for the issuance of a variance.

Notice of Public Hearing shall be posted on the property for which the variance is sought and upon the Town Hall bulletin board. Notice shall be published at least eighteen (18) days prior to the public hearing in the Jensen Beach Mirror or other newspaper of general circulation printed in Martin County, and notice shall be sent by certified mail, return receipt requested, by applicant and at applicant's expense, to owners of record of real property involved in said request, with the mailing of said notices being at least eighteen (18) days prior to the date of the hearing.

This certifies that the above statement is correct and accurate. It is also certified that existing deed restrictions or covenants on this property will be adhered to and that if this request is granted, all necessary permits will be obtained and that all order, codes, conditions, rules, regulations and ordinances pertaining to the use of the above-described property will be complied with. It is further certified that I have read the instructions on the attached sheet and fully understand the conditions set forth and will comply fully with them knowing that failure to comply or omission thereof may result in no action being taken by the Board.



Signature of Applicant or Attorney
Michael H. Olenick

11-5-1992
date

DO NOT WRITE BELOW THIS LINE

date application filed _____

checked for completeness by _____ date _____

date copies to Board and Commissioners _____

date sign posted _____ checked by _____

legal notice published/date _____ paper _____

letters to nearby owners checked/date _____ by _____

date of public hearing _____

disposition of case - approved _____ not approved _____

resolution signed _____ date _____

follow-up date if approval was conditional _____

follow-up date entered on Town calendar/date _____ by _____

copies of Board Chairman's report to Commission/date _____

closed file _____

STATEMENT OF BENEFITS

Applicants: Arthur and Susan Kleinpell

The applicants contracted to construct the home in 1987. Applicants received all permits from the Town of Sewall's Point and a home was constructed. Applicants have entered into a contract to sell their home and a closing has been set.

Upon review of a survey of the buyers, it was noted that the rear setback is short approximately 4 feet 9 inches of the required 25 foot setback. Construction was completed on the house on January 19, 1988 and a Certificate of Occupancy was provided. It should be noted that the surveyor who provided the initial survey to the Town was the same surveyor who provided the buyer's survey showing the discrepancy.

A requirement to move the offending 5 feet would create an extreme hardship to the Kleinpells in that they have been told that the pillar in the northeast corner is in fact load-bearing.

mp:0544

657030

This instrument was prepared by:
LARRY M. STEWART, Esq.
McMANUS, STEWART,
FERRARO & STEGER, P.A.
Attorneys at Law
Post Office Box 809
STUART, FLORIDA 33495

Warranty Deed (STATUTORY FORM—SECTION 689.02 F.S.)

This Indenture, Made this 20th day of May 1987, Between

RUSSELL J. FERRARO, JR. and SAMIA M. FERRARO, his wife,

of the County of Martin, State of Florida, grantor*, and

ARTHUR S. KLEINPELL and SUSAN KLEINPELL, his wife

whose post office address is 2879 S.E. Ocean Boulevard, Stuart, Florida 33494

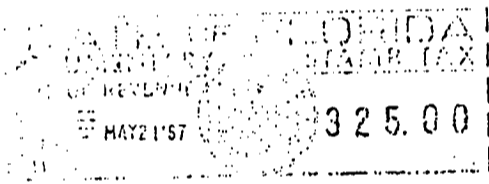
of the County of Martin, State of Florida, grantee*,

Witnesseth, That said grantor, for and in consideration of the sum of Ten and no/100----(\$10.00)-----

----- Dollars,
and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Martin County, Florida, to-wit:

Lot 20, LUCINDIA, according to the Plat thereof, as recorded in Plat Book 3, Page 130, of the Public Records of Martin County, Florida.

SUBJECT TO restrictions, reservations, easements, rights-of-way and limitations of record, zoning and/or other prohibitions imposed by governmental authority and taxes subsequent to December 31, 1986.



RECORDED
MAY 21 1987
12:38

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

* "Grantor" and "grantee" are used for singular or plural, as context requires.

In Witness Whereof, Grantor has hereunto set grantor's hand and seal the day and year first above written.
Signed, sealed and delivered in our presence:

Kathleen M. Sansone
Dorthea M. Duncan
James M. Burk
Kathleen M. Sansone

Russell J. Ferraro, Jr. (Seal)
Samia M. Ferraro (Seal)

STATE OF FLORIDA
COUNTY OF MARTIN
I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared
RUSSELL J. FERRARO, JR. and SAMIA M. FERRARO, his wife,

to me known to be the persons described in and who executed the foregoing instrument and acknowledged before me that they executed the same.
WITNESS my hand and official seal in the County and State last aforesaid this 20th day of May 1987.

James Burk Swell
Notary Public

My commission expires:
Notary Public, State Of Florida At Large
My Commission Expires May 4, 1990
Bundled By SAFECO Insurance Company of America

CERTIFICATE OF SURVEY

ORDER NO. 7506

I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY OF PROPERTY DESCRIBED IN THE CAPTION THEREOF, MADE UNDER MY DIRECTION, AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS, UNLESS SHOWN.

I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 21HH-6 FLORIDA ADMINISTRATIVE CODE) FOR THE TYPE OF SURVEY SHOWN HEREON.

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CERTIFIED TO:

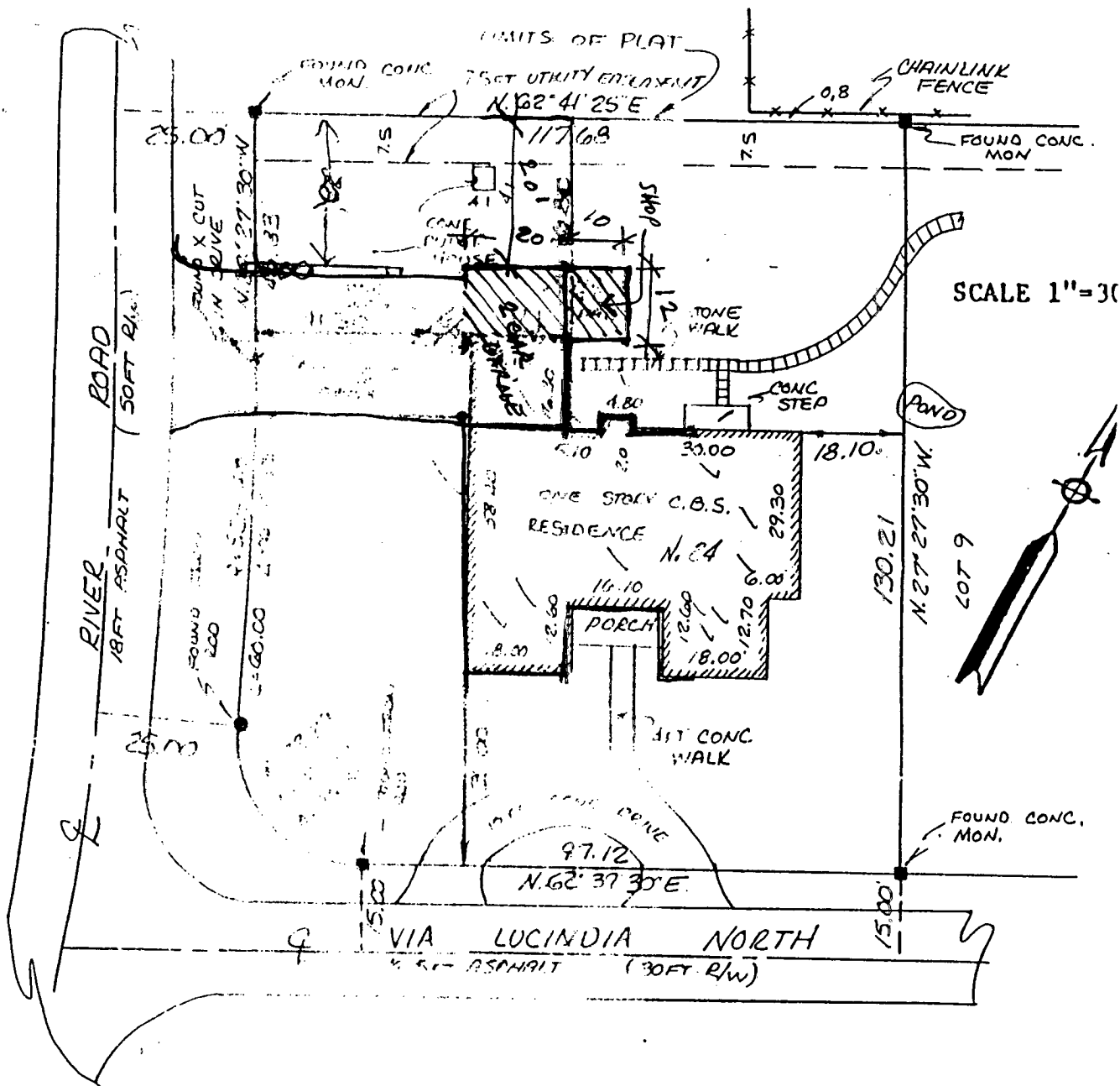
GREAT WESTERN BANK, AFSR
FIRST AMERICAN TITLE CO.
WILLIAM J. BRADFORD, JR. & LUCY R. BRADFORD

William L. Creech

WILLIAM L. CREECH, JR.
FLORIDA PROFESSIONAL LAND SURVEYOR
CERTIFICATE NUMBER 2370

DATE: 8/9/93

- LEGEND:
- FOUND CONCRETE MONUMENT
 - SET CONCRETE MONUMENT
 - WOOD FENCE
 - WIRE FENCE
 - FOUND IRON MARKER
 - SET IRON MARKER
 - UTILITY POLE



DESCRIPTION
SURVEY OF AND SHOWING LOT 10, BLOCK ----, LUCINDIA, AS RECORDED IN PLAT BOOK 3, PAGE 130, RECORDS OF MARTIN

COUNTY FLORIDA
FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 7/30/02
BUILDING OFFICIAL
Diane Simmons

ADDRESS:

24 N. VIA LUCINDIA
STUART, FLORIDA

FLOOD ZONE C
PANEL NO. 120161-0002D
PANEL DATE: 6/16/92

LUCINDIA

RECORDED COPY

WILLIAM L. CREECH Jr.
 PROFESSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, PALM CITY, FLORIDA
 MORTGAGE SURVEY DRAWING NO. 7506

TOLL FREE 800-443-4866
 MARTIN COUNTY 283-5967

OK
mm
9/25/93

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
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6. Save this receipt and present it if you make inquiry.

☆ U.S. GPO: 1991—302-916

STICK POSTAGE STAMPS TO ARTICLE TO COVER THIS, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).

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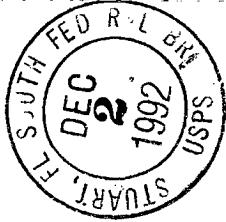
P 343 625 279

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J. McCornell & Diane
61 S. River Road
Stuart, FL 34996



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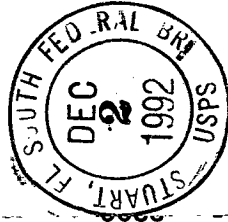
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63 S. River Road
Stuart, FL 34996

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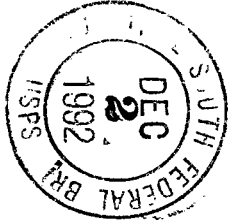
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P.O. Box 790145
St. Louis, MO 63179



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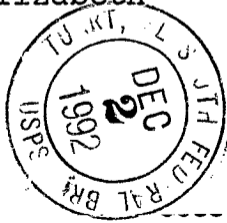
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or
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Joseph P. Gigante & Elizabeth
14 Via Lucindia
Stuart, FL 34996



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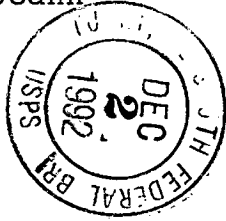
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for
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George V. Fantozzi & Joann
5 Worth Court
Stuart, FL 34996



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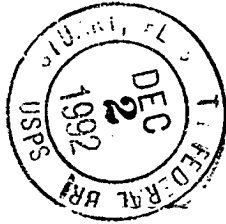
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Stuart, FL 34957-3612

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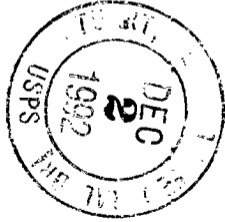
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Kenneth Yarrington
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Stuart, FL 34996 34957-3672



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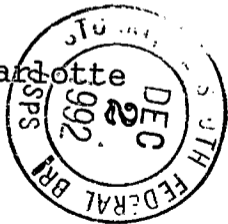
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Herman Von Staden & Charlotte
 20 Via Lucindia N.
 Stuart, FL 34996-4512



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P 343 625 262

for
Mail

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for International Mail
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Wm. A Carter
65 S. River Road
Stuart, FL 34996

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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

☆ U.S. GPO: 1991-302-916

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
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☆ U.S. GPO: 1991—302-916

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

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6. Save this receipt and present it if you make inquiry.

☆ U.S. GPO: 1991—302-916

P 343 625 263 E92 529 EHE P

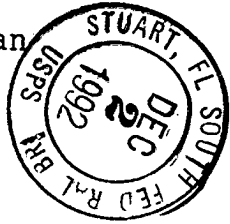
or Mail

Coverage Provided
for International Mail

	\$.29
	1.00
	1.00
	\$ 2.29

om,

Robert G. DeSantis & Joan
73 So. River Road
Stuart, FL 34996



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

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☆ U.S. GPO: 1991—302-916

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☆ U.S. GPO: 1991—302-916

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CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

☆ U.S. GPO: 1991—302-916

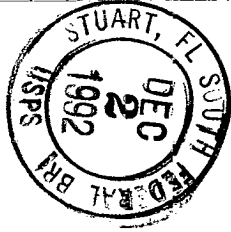
P 343 625 260

Receipt for

mail

average Provided
International Mail

Joan & Steve Mazza
62 S. River Road
Stuart, FL 34996



			\$						\$	
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**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

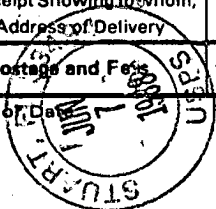
P 408 698 325

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

Mr. and Mrs. L.R. Washington
24 N. Via Lucindia
Stuart, FL 34998

Postage	\$ 1.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark of Date	



STICK POSTAGE STAMPS TO COVER FIRST CLASS POSTAGE

CERTIFIED MAIL FEE AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see back)

1 If you want this receipt postmarked stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or send it to your retail carrier (no extra charge)

2 If you do not want this receipt postmarked stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt and mail the article

3 If you want a return receipt write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article

5 Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the appropriate blocks in item 3 of Form 3811

6 Save this receipt and present it if you make inquiry

P 408 698 318

RECEIPT FOR CERTIFIED MAIL

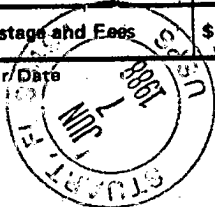
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Mr. and Mrs. Kenne Yarring
17 N. Via Ludindia
Stuart, FL 34996

Postage	\$ 25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, Feb. 1982



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge)
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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, enter the appropriate blocks in Item 1 of Form 3811
6. Save this receipt and present it if you make inquiry

P 408 698 323

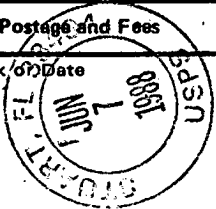
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

^(See Reverse)
Mr. and Mrs. Denni Serafin
21 N. Via Lucindia
Stuart, FL 34996

Postage	\$.85
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	85
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00

Postmark (or) Date



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

- 1 If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (on extra charge)
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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article
- 5 Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the appropriate blocks in Item 1 of Form 3811
- 6 Save this receipt and present it if you make inquiry

P 408 698 324

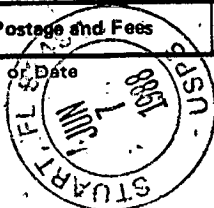
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)
Mr. and Mrs. Von Staden
20 N. Via Lucindia
Stuart, FL 34996

Postage	\$.75
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	1.00
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00

Postmark or Date



PS Form 3800, Feb. 1982

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see form)**

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P 408 698 322

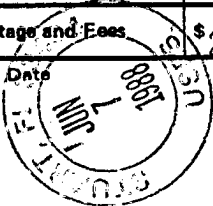
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Back)
Mr. and Mrs. John Schoppe
77 So. River Road
Stuart, FL 34996

Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, Feb. 1982



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

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P 408 698 321

RECEIPT FOR CERTIFIED MAIL

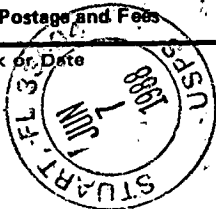
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Ms. Eleanor Bartle Reid
16 So. Via Lucindia
Stuart, FL 34998

Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00

Postmark or Date



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier - no extra charge!
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt and mail the article.
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6. Save this receipt and present it if you make inquiry.

P 408 698 320

RECEIPT FOR CERTIFIED MAIL

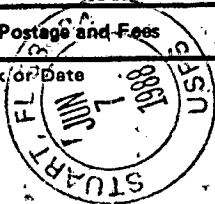
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Mr. and Mrs. Wesle Peters
75 So. River Rd.
Stuart, FL 34996

Postage	\$.75
Certified Fee	-.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00

Postmark or Date



STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE.

CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

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5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, enter the applicable blocks of item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P 408 698 319

RECEIPT FOR CERTIFIED MAIL

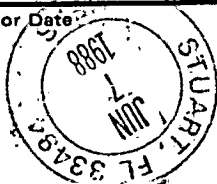
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Mr. and Mrs. John Mier
20 So. Via Lucindia
Stuart, FL 34996

Postage	\$ 25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$2.00

Postmark or Date



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
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6. Save this receipt and present it if you make inquiry

P-619 490 310

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

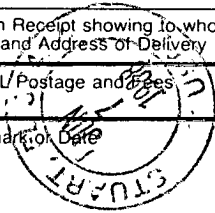
(See Reverse)

Mr. and Mrs. Geral Mains
62 So. River Road
Stuart, FL 34996

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Postage	\$ 25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

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6. Save this receipt and present it if you make inquiry.

P 408 698 330

RECEIPT FOR CERTIFIED MAIL

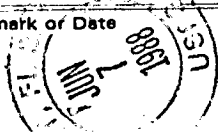
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Dr. and Mrs. James McConne
61 So. River Road
Stuart, FL 34996

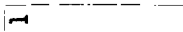
Postage	\$.75
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00

Postmark or Date



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt and mail the article
3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, enter the appropriate blocks in Item 1 of Form 3811
6. Save this receipt and present it if you make inquiry



P-619 490 309

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

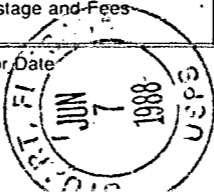
Mr. and Mrs. Floyd Jordan
71 So. River Road
Stuart, FL 34996

U.S.

PS Form 3800, June 1985

Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00

Postmark or Date



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P-619 490 30ⁿ

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Ms. Mary Johnson
18 So. Via Lucindia
Stuart, FL 34996

Postage

\$

75

Certified Fee

85

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing
to whom and Date Delivered

90

Return Receipt showing to whom,
Date, and Address of Delivery

TOTAL Postage and Fees

\$

00

Postmark or Date

U.S.G.P.O. 153-506

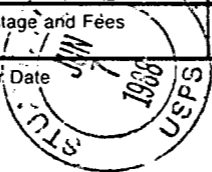
PS Form 3800, June 1985

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P-619 490 306

RECEIPT FOR CERTIFIED MAILNO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL*(See Reverse)*Mr. and Mrs. Gottf Gunzel
19 N. Via Lucindia
Stuart, FL 34936

U/	Postage	.25
	Certified Fee	.85
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	.90
	Return Receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$ 2.00
Postmark of Date		

PS Form 3800, June 1985

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P-619 490 307

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Mr. and Mrs. Bradl Hoffman
3215 8th Street
Wausau, WI 55401

U.S.

Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00

Postmark or Date

PS Form 3800, June 1995

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P 115 480 987

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

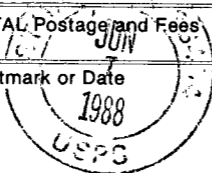
(See Reverse)

Mr. and Mrs. Josep Gigante
14 N. Via Lucindia
Stuart, FL 34996

★ U.S.G.

Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00

Postmark or Date



PS Form 3800, Feb. 1982

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST-CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article. **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL*(See Reverse)*Mr. and Mrs. Micha Gilels
7 Worth Court
Stuart, FL 34996

★ U.S.G.F.

PS Form 3800, Feb. 1982

Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	.90
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	UN (7) 1980

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST-CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article. **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P-619 490 305

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

^(See Receipt)
Mr. and Mrs. Edward Gluckler
11 So. Via Lucindia
Stuart, FL 34996

U.S.

PS Form 3800, June 1985

Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P-619 490 313

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Mr. and Mrs. Merle Dimbath
72 So. River Road
Stuart, FL 34996

Postage	.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00

Postmark or Date

JUN 7 1988

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P-619 490 312

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

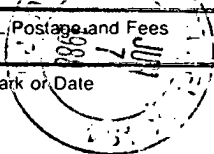
Ms. Diane Forman
c/o Miller Geskl, Inc.
1930 Liberty Bldg.
Buffalo, NY 14202

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00

Postmark or Date



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P-619 490 311

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Dr. and Mrs. Juan Giachi no
63 So. River Road
Stuart, FL 34996

U

Postage	\$.75
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	..90
Return Receipt (Showing to whom, Date, and Address of Delivery)	
TOTAL Postage and Fees	\$ 2.00

Postmark or Date

PS Form 3800, June 1985

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P-619 490 315

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Dr. and Mrs. Rober Cotler
 9 So. River Road
 Stuart, FL 34996

U.S.	Postage	\$.75
	Certified Fee	.85
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	.90
	Return Receipt showing to whom, Date, and Address of Delivery	.
	TOTAL Postage and Fees	\$ 2.00

Postmark or Date

PS Form 3800, June 1985

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge)
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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P-619 490 31"

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

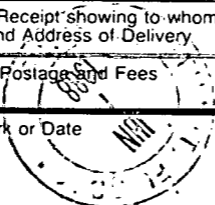
Mr. and Mrs. Rober DeSantis
73 So. River Road
Stuart, FL 34996

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00

Postmark or Date



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P-619 490 317

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

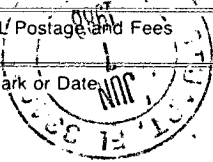
Mr. and Mrs. Bradford
22 N. Via Lucindia
Stuart, FL 34996

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00

Postmark or Date



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P-619 490 316

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

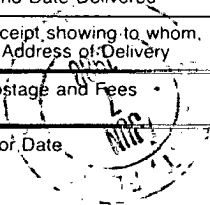
(See Reverse)

Mr. and Mrs. D.E. Carter
65 So. River Road
Stuart, FL 34996

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	.
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P-619 490 318

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Mr. and Mrs. Brian Boland
4 Worth Court
Stuart, FL 34996

U.S.	Postage	\$.75
	Certified Fee	.85
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	.90
	Return Receipt showing to whom, Date, and Address of Delivery	.
	TOTAL Postage and Fees	\$ 2.00

Postmark or Date



PS Form 3800, June 1985

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P-619 490 319

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Mr. and Mrs. Carl Apuzzo
9 So. Via Lucindia
Stuart, FL 34996

U.S.

Postage	\$.25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00

Postmark or Date

PS Form 3800, June 1985

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

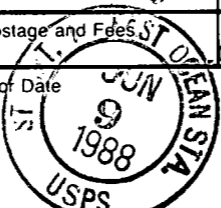
P 928 788 787

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to M/M George Stierlin	
Street and NO. 80 So. River Road	
P.O., State and ZIP Code Stuart, FL 34996	
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	.
TOTAL Postage and Fees	\$ 2.00
Postmark of Date	

PS Form 3800, June 1985

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)

2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.

3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

6. Save this receipt and present it if you make inquiry.

the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

John A. Mier & Elaine
 P.O. Box 2679
 Stuart, FL 34995

4a. Article Number

P 343 625 268

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

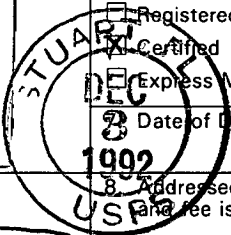
8. Date of Delivery

3
1992

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)



Is your RETURN

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Herman Von Staden & Charlotte
20 Via Lucindia N.
Stuart, FL 34996-4512

a. Article Number

P 343 625 274

b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

c. Date of Delivery

12/3/92

5. Signature (Addressee)

f Charlotte Von Staden

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

Is the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

Joseph P. Gigante & Elizabeth
14 Via Lucindia
Stuart, FL 34996

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Article Number

P 343 625 275

Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Date of Delivery

12/3/92

5. Signature (Addressee)

[Handwritten signature]

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- ~~Write "Return Receipt Requested" on the mailpiece below the article number.~~ Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Robert P. Cotter & Karen
60 S. River Road
Stuart, FL 34996

4a. Article Number

P 343 625 281

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

12/3/92

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

Is your RETURN

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II.
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will be sent to you when the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address:
2. Restricted Delivery

Consult postmaster for fee.

Floyd Jordan & M N
71 S. River Road
Stuart, FL 34996

4a. Article Number

P 343 625 264

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

12-5-92

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

Eleanor B. Reid
16 Via Lucindia So.
Stuart, FL 34996

I also wish to receive the following services (for an extra fee):

1. Addressee's Address:
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 343 625 261

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

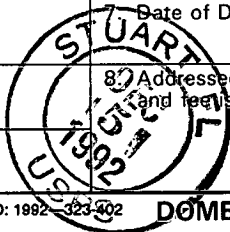
Date of Delivery

5. Signature (Addressee)

Eleanor B Reid

6. Signature (Agent)

8. Addressee's Address (Only if requested and fees paid)



UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Citibank FSB
 P.O. Box 790145
 St. Louis, MO 63179

4a. Article Number

P 343 625259

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

DEC 04 1992

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Mary Johnson
P.O. Box 203
Stuart, FL 34995

4a. Article Number

P 343 625 267

4b. Service Type

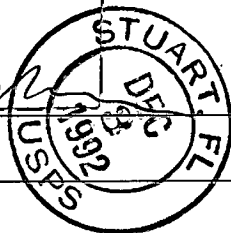
- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)



UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

e

the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Douglas K. Sands & Jeanette
P.O. Box 1553
Stuart, FL 34995

4a. Article Number

P 343 625 284

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

12-3-92

5. Signature (Addressee)

6. Signature (Agent)

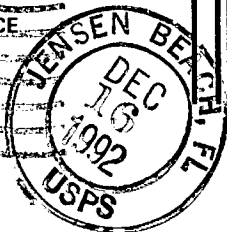
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

87
Sheryll Anne Topping
P.O. Box 21
Aniak, AK 99557

4a. Article Number

P 343 625 276

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

12/16/92

5. Signature (Addressee)

Sheryll A. Topping

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

23



SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Russell Blatstein
75 S. River Road
Stuart, FL 34996

was delivered and the date

4a. Article Number

343 625 266

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery

12/8/92

5. Signature (Addressee)

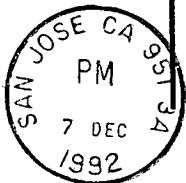
8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

M. Nolan

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997



the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

William J. Bradford Jr. & Lucy
 21151 Deepwell Ct.
 Saratoga, CA 95070

Article Number

P 343 625 273

Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

Date of Delivery

5. Signature (Addressee)

Lucy P. Bradford

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN

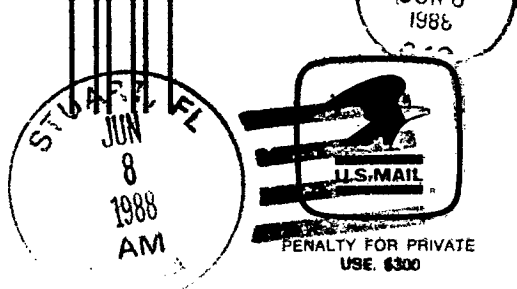
Thank you for using Return Receipt Service.

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. Brian Boland
4 Worth Court
Stuart, FL 34996

4. Article Number

P 619 490 318

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

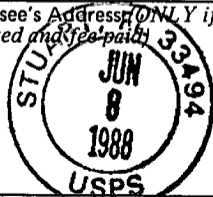
X *[Handwritten signature]*

6. Signature - Agent

X

7. Date of Delivery

8. Addressee's Address *ONLY if requested and fee paid*



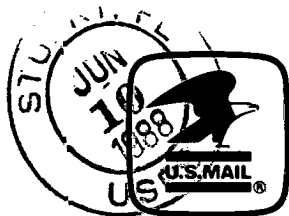
UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

RETURN
TO



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE. \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. John Mier
20 So. Via Lucíndia
Stuart, FL 34996

4. Article Number

P 408 698 319

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X 

6. Signature - Agent

X 6-10-88

7. Date of Delivery

8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**



SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE. \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. Merle Dimbath
72 So. River Road
Stuart, FL 34996

4. Article Number

P 619 490 313

Type of Service:

- Registered Insured
 Certified Mail COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X

6. Signature — Agent

X Sharon Holmhead

7. Date of Delivery

June 9, 1988

8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**



PENALTY FOR PRIVATE
USE, \$300

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code
in the space below.

- Complete items 1, 2, 3, and 4 on
the reverse.
- Attach to front of article if space
permits, otherwise affix to back of
article.
- Endorse article "Return Receipt
Requested" adjacent to number.

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Ms. Mary Johnson
18 So. Via Lucindia
Stuart, FL 34996

4. Article Number

P 619 490 308

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

Mary Johnson

7. Date of Delivery

June 8 88

8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE. \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. Floyd Jordan
71 So. River Road
Stuart, FL 34996

4. Article Number

P 619 490 309

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

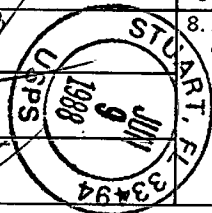
6. Signature - Agent

X

7. Date of Delivery

6/9/88

8. Addressee's Address (*ONLY if requested and fee paid*)



**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

**ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996**

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. Denni Serafini
21 N. Via Lucindia
Stuart, FL 34996

4. Article Number

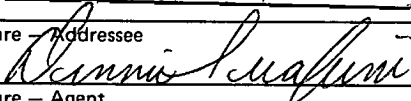
P 408 698 323

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X 

6. Signature - Agent

X

7. Date of Delivery

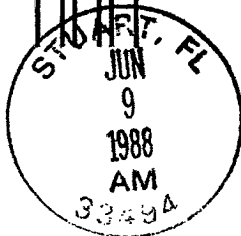
8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



**EXACTLY FOR PRIVATE
USE, \$300**

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

Arthur S. Kleinpell, II
68 So. River Rd.
Stuart, FL 34996

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. D.E. Carter
65 So. River Road
Stuart, FL 34996

4. Article Number

P 619 490 316

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X *Klaryn E. Carter*

6. Signature — Agent

X

7. Date of Delivery

8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**



SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested:

- 1. Show to whom delivered, date, and addressee's address.
- 2. Restricted Delivery.

3. Article Addressed to: **13-8**

Mr. and Mrs. Bradl Hoffman
 3215 8th Street
 Wausau, WI 54401

4. Article Number
P 619 490 307

Type of Service:

Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X *Bradley B Hoffman*

6. Signature - Agent
X

7. Date of Delivery
6-14-88

8. Addressee's Address (ONLY if requested and fee paid)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE. \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. Rober DeSantis
73 So. River Road
Stuart, FL 34996

4. Article Number

D619 490 31

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X *Rober DeSantis*

6. Signature - Agent

X

7. Date of Delivery

6.14.88

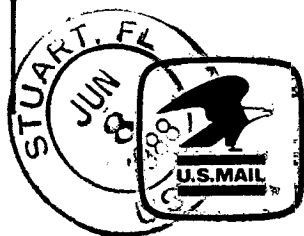
8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II

68 So. River Rd.

Stuart, FL 34996

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. Carl Apuzzo
9 So. Via Lucindia
Stuart, FL 34996

4. Article Number

P619490319

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X *Carl M Apuzzo*

6. Signature - Agent

X

7. Date of Delivery

6-8-88

8. Addressee's Address (*ONLY* if requested and fee paid)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



**PENALTY FOR PRIVATE
USE, \$300**

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Ms. Diane Forman
c/o Miller Geski, Inc.
1930 Liberty Bldg.
Buffalo, NY 14202

4. Article Number

P 619 490 312

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X *[Signature]*

6. Signature - Agent

X

7. Date of Delivery

6-10-88

8. Addressee's Address (*ONLY* if requested and fee paid)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II

68 So. River Rd.

Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. Edwar Gluckler
11 So. Via Lucindia
Stuart, FL 34996

4. Article Number

0619 490 305

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

6. Signature - Agent

7. Date of Delivery

8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Dr. and Mrs. Juan Giachino
63 So. River Road
Stuart, FL 34996

4. Article Number

D 619 490 311

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

Fernando Giachino

6. Signature - Agent

X

7. Date of Delivery

6-8-88

8. Addressee's Address (*ONLY if requested and fee paid*)

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN
TO



Print Sender's name, address, and ZIP Code in the space below.

Arthur S. Klempell

68 So. River Rd.

Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to:

Mr. and Mrs. Kenne Yarrington
17 N. Via Ludindia
Stuart, FL 34996

4. Article Number

D 408 698 318

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X *K. Yarrington*

6. Signature - Agent

X

7. Date of Delivery

6-8-88

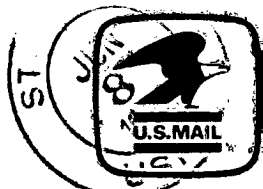
8. Addressee's Address (ONLY if requested and fee paid)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. Geral Mains
62 So. River Road
Stuart, FL 34996

4. Article Number

P 619 490 310

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X *Gerald Mains*

6. Signature - Agent

X

7. Date of Delivery

6-8-88

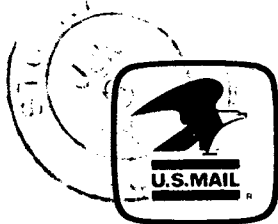
8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE. \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. Von Staden
20 N. Via Lucindia
Stuart, FL 34996

4. Article Number

P 408 698 324

Type of Service:

- Registered Insured
 Certified Mail COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X *W. Von Staden*

6. Signature - Agent

X

7. Date of Delivery

6-8-88

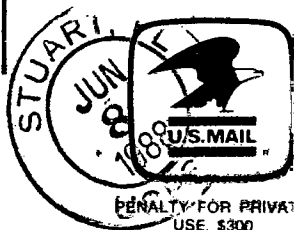
8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II

68 So. River Rd.

Stuart, FL 34996

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. Josep Gigante
14 N. Via Lucindia
Stuart, FL 34996

4. Article Number

P 115 480 987

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X *J. Gigante*

6. Signature - Agent

X

7. Date of Delivery

6-8-88

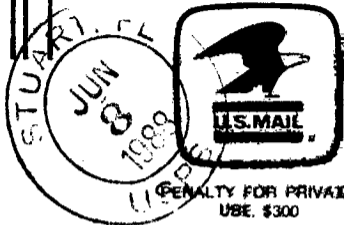
8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.

Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. Wesle Peters
75 So. River Rd.
Stuart, FL 34996

4. Article Number

D 408 698 320

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X *Wesle Peters*

6. Signature - Agent

X

7. Date of Delivery

6-8-88

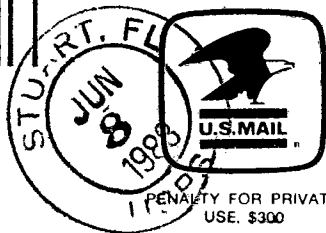
8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE. \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. Gottf Gunzel
19 N. Via Lucindia
Stuart, FL 34996

4. Article Number

D 619 490 306

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

6-8-88

8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Dr. and Mrs. Rober Cotler
9 So. River Road
Stuart, FL 34996

4. Article Number

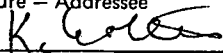
P 619 490 315

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X 

6. Signature - Agent

X

7. Date of Delivery

6-8-88

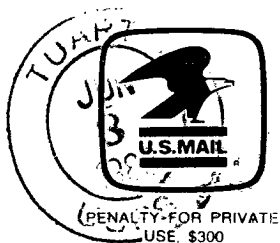
8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Dr. and Mrs. James McConnell
61 So. River Road
Stuart, FL 34996

4. Article Number

P 408 698 330

Type of Service:

- Registered Insured
 Certified Mail COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

James McConnell

6. Signature - Agent

X

7. Date of Delivery

6-8-88

8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II

68 So. River Rd.

Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. John Schoppe
77 So. River Road
Stuart, FL 34996

4. Article Number.

P 408 698 322

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X *Stephanie Schoppe*

6. Signature - Agent

X

7. Date of Delivery

6-8-88

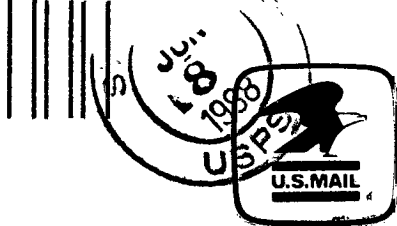
8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II

68 So. River Rd.

Stuart, FL 34996

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. Micha Gilels
7 Worth Court
Stuart, FL 34996

4. Article Number


P 115 480 988

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X 

6. Signature - Agent

X

7. Date of Delivery

4-8-84

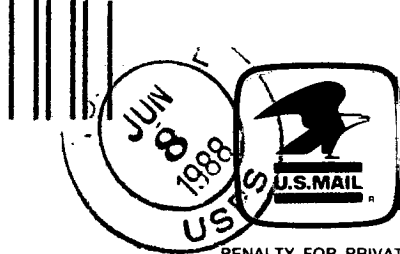
8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

ARTHUR S. KLEINPELL, II
68 So. River Rd.
Stuart, FL 34996

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. and Mrs. L.R. Washington
24 N. Via Lucindia
Stuart, FL 34996

4. Article Number

P 408 698 325

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

Laura Washington

6. Signature - Agent

X

7. Date of Delivery

6-8-88

8. Addressee's Address (ONLY if requested and fee paid)

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

Robert G. DeSantis & Joan
73 So. River Road
Stuart, FL 34996

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 343 625 263

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

12/9/92

8. Signature (Addressee)

Joan DeSantis

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

the reverse side?

SENDER:

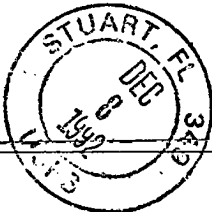
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Gottfried Gunzel & Ruth
19 N. Via Lucindia
Stuart, FL 34996 34957-3612



4a. Article Number

P 343 625 271

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

Gottfried Gunzel

Is your RETURN

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.

was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Joan & Steve Mazza
62 S. River Road
Stuart, FL 34996

4a. Article Number

P 343 625-260

4b. Service Type

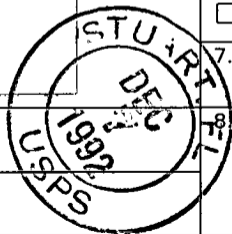
- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)



UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Wm. A Carter
65 S. River Road
Stuart, FL 34996

4a. Article Number

P 343 625 262

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

12-4-92

5. Signature (Addressee)

W. A. Carter

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Kenneth Yarrington
17 N. Via Lucindia
Stuart, FL 34957

4a. Article Number

P 343 625 272

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

12-4-92

5. Signature (Addressee)

Kenneth Yarrington

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered, and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Edward H. Gluckler & P. M.
17 Via Lucindia So.
Stuart, FL 34996

4a. Article Number

9 343 625 277

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

12-4-92

5. Signature (Addressee)

Pat Gluckler

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

J. C. Giamino
63 S. River Road
Stuart, FL 34996

4a. Article Number

P 343 625 278

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

5. Signature (Addressee)

J. C. Giamino

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

UNITED STATES POSTAL SERVICE

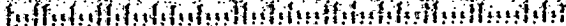


Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Y. Tavory & Judith
 7441 S.W. 5th Street
 Plantation, FL 33317

4a. Article Number

P 343 625 280

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

12-3-92

5. Signature (Addressee)

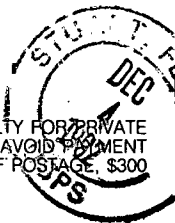
8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

John J. Schoppe & SD
77 So. River Road
Stuart, FL 34996

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P343 625 265

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

12-4-92

5. Signature (Addressee)

John J. Schoppe

6. Signature (Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Brian P. Boland & Brenda
4 Worth Court
Stuart, FL 34996

4a. Article Number

P 343 625282

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

12/31/92

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service.

Is your RETURN

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Arthur S. Kleinpell, II
c/o Arlene Green/IBR
6500 Mariner Sands Drive
Stuart, Florida 34997

the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Barnard Prescott Najette
 Susan Hill Najette
 Jethro Barnes Najette
 12 River Rd. - Sewalls Point
 Stuart, FL 34996

4a. Article Number

P 343 625 269

4b. Service Type

- | | |
|---|--|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input checked="" type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

12/3/92

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN

Thank you for using Return Receipt Service.