

11 Via Lucindia Dr North

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12/20/04

BUILDING PERMIT NO. 7.145

Building to be erected for ZORN

Type of Permit Suoco Over Build

Applied for by O/B

(Contractor) Building Fee 35.00

Subdivision LUCINDIA Lot 15 Block _____

Radon Fee _____

Address 11 N. Via LUCINDIA

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

138410070000015030000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 35.00 Check # 625 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 1500.00

TOTAL Fees 35.00

Signed E. Fu

Applicant

Signed Gene Summons (RHS)
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

PRINTS

RECEIVED

Email: ed@ZORNDESIGN.com

DEC 10 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 11-30-04

OWNER/TITLEHOLDER NAME: Edward Zorn Phone (Day) 800-733-5440 Fax 772-286-5440

Job Site Address: 1170 Via Lucinda City: Sewall's Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 15, Lucinda Parcel Number: _____

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

Description of Work To Be Done: Stucco over Brick-Front only (outside wall)

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1500
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 450,000

Is improvement cost 50% or more of Fair Market Value? YES NO

Method of Determining Fair Market Value: Appraisal

(If no, fill out the Contractor & Subcontractor sections below)

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.#: _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required) Edward Zorn

State of Florida County of: Ocean

This the 16th day of December, 2004

by Edward Zorn who is personally

known to me or produced NJ drivers license

as identification. Carol Ann Laird

Notary Public

My Commission Expires: 3/19/09

Seal

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 2004

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

Seal

CAROL ANN LAIRD NOTARY PUBLIC OF NEW JERSEY MY COMMISSION EXPIRES MARCH 19, 2009

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 though 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: Edward Zorn Date: 11-30-04

Signature: Edward Zorn

Address: 11 No Via Lucania

City & State: Sewall's Point, FL

Permit No. _____

TOWN OF SEWALL'S POINT

Date 1-4-07

BUILDING PERMIT NO. 8488

Building to be erected for Zona

Type of Permit Fence

Applied for by Stuart Fence Co

(Contractor) Building Fee 30-

Subdivision Lucinday Lot 15 Block _____

Radon Fee _____

Address 11 N. Via Lucindia

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:
13841-007-000-0015030000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid \$30- Check # 7306 Cash _____

Other Fees (_____)

Total Construction Cost \$ 1198-

TOTAL Fees 30-

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- BUILDING
- PLUMBING
- DOCK/BOAT L FT
- SCREEN ENCLOSURE
- FILL
- TREE REMOVAL

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

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

INSPECTIONS

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

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

RECEIVED
12-21-09

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME: Edward Zorn Phone (Day) 286-5440 (Fax) _____

Job Site Address: 11 N. Via Lucindia City: _____ State: _____ Zip: _____

Legal Description of Property: LOT 15, LUCINDIA Parcel Number: 01-38-41-007-00-00150-3

Owner Address (if different): 6305-C Long Beach Blvd City: HARVEY CEDARS State: NJ Zip: 08008

Description of Work To Be Done: INSTALL 73' of 6' HIGH VERTICAL SHADOW BOX FENCE

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

CONTRACTOR/Company: STUART FENCE CO Phone: 288 1151 Fax: 288 3035

Street: PO BOX 2636 City: STUART State: FL Zip: 34995

State Registration Number: _____ State Certification Number: _____ Martin County License Number: CFE 3584

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 1198.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

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

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Parch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

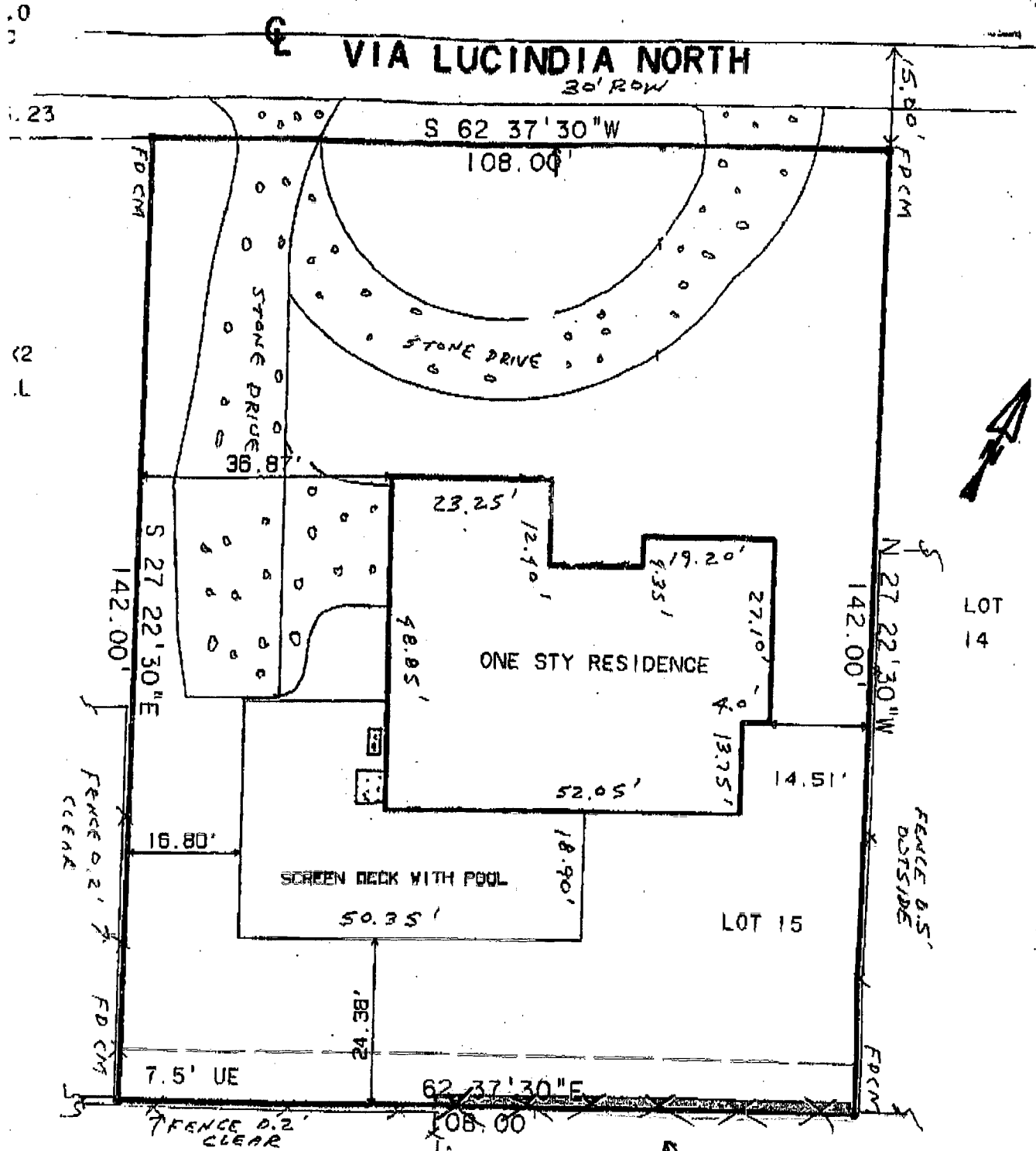
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required) Edward Zorn
State of Florida, County of: _____
This the 20 day of 12, 2006
by EDWARD ZORN who is personally
known to me or produced _____
as identification. PL

CONTRACTOR SIGNATURE (required) Chester Richmond
On State of Florida, County of: MARTIN
This the 27 day of DEC, 2006
by CHESTER RICHMOND who is personally
known to me or produced _____
as identification. _____

My Commission Expires: _____
Notary Public State of Florida
Fred Biancardi
My Commission DD502556
Expires 12/28/2009

My Commission Expires: _____
NOTARY PUBLIC-STATE OF FLORIDA
Notary Public
James L. Loudin
Commission # DD538831
Expires MAY 21, 2010
Bonded Thru Atlantic Bonding Co., Inc.



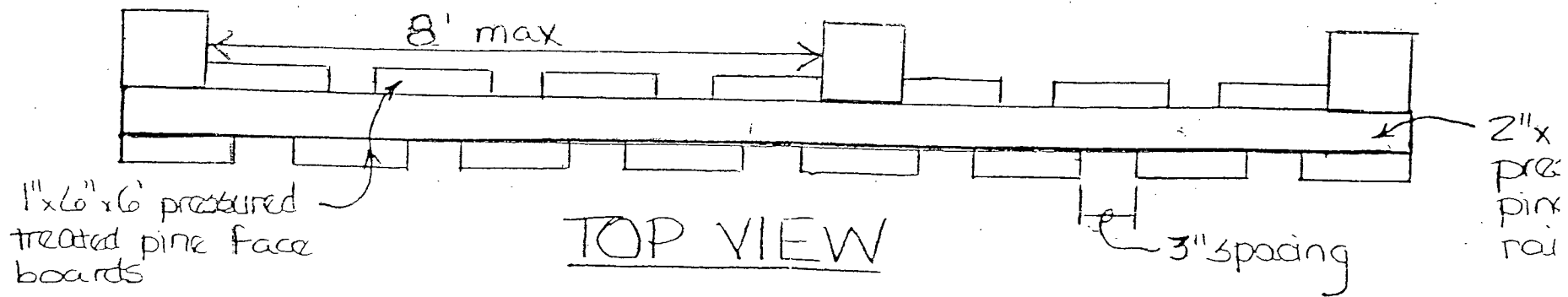
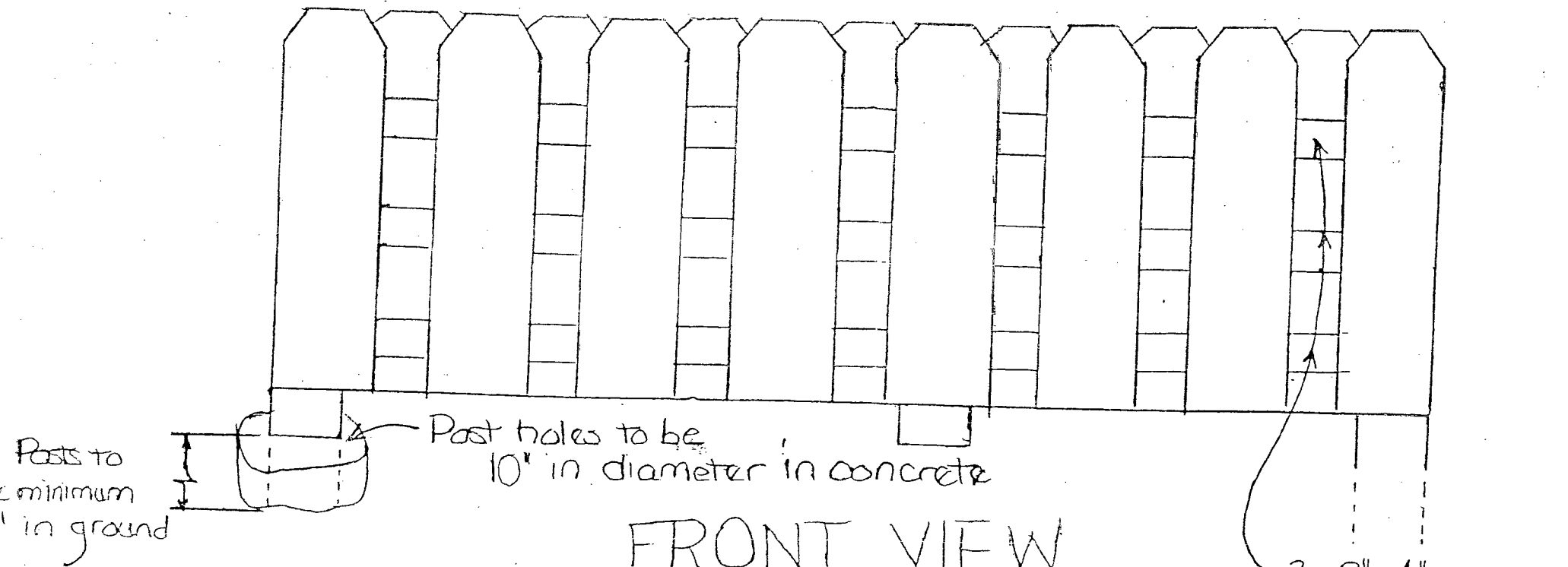
FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 11/3/07

BUILDING OFFICIAL

73' fence
 6' HIGH VSB

VERTICAL SHADOW BOX

PRESSURE TREATED PINE PICKETS



EASEMENT AGREEMENT

Date: 12/21/06

Gentlemen:

I propose to apply for a Martin County permit to erect a Fence in the (utility/drainage) easement on my property at _____

11 N. Via Lucindia

LEGAL DESCRIPTION:

LOT 15, BLOCK _____, SUBDIVISION LUCINDIA

(Brief description of dimensions and location from property lines)

SEE SURVEY

In the event you have no objection to this project, please complete this form and return to me at FAX 772-288-3035

I understand your company will not be responsible in any way for repair or replacement of any portion of this Fence and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: [Signature]

Phone: 772-286-5440

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: Comcast

By: [Signature]

Title: Field Coordinator

County records indicate that a potential conflict (DOES) (DOES NOT) exist. The conflict consists of _____

**CALL
SUNSHINE
48 HOURS BEFORE
DIGGING
1-800-432-4770**

EASEMENT AGREEMENT

Date: 12/21/06

Gentlemen:

I propose to apply for a Martin County permit to erect a FENCE in the (utility/drainage) easement on my property at _____

11 N. Via Lucindia

LOT 15, BLOCK _____, SUBDIVISION LUCINDIA LEGAL DESCRIPTION:

(Brief description of dimensions and location from property lines)
SEE SURVEY

In the event you have no objection to this project, please complete this form and return to me at FAX 772-388-3035

I understand your company will not be responsible in any way for repair or replacement of any portion of this FENCE and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: [Signature] Phone: 772-286-5440

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: Martin County Utilities
By: Jim Christ
Title: Associate Planner

Company records indicate that a potential conflict (DOES) (DOES NOT) exist. The conflict consists of _____

EASEMENT AGREEMENT

Date: 12/21/06

Gentlemen:

I propose to apply for a Martin County permit to erect a Fence in the (utility/drainage) easement on my property at _____

11 N. Via Lucindia LEGAL DESCRIPTION:

LOT 15, BLOCK _____, SUBDIVISION LUCINDIA

(Brief description of dimensions and location from property lines)
SEE SURVEY

In the event you have no objection to this project, please complete this form and return to me at FAX 772-288-3035

I understand your company will not be responsible in any way for repair or replacement of any portion of this Fence and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: [Signature] Phone: 772-786-5440

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: Bell South
By: Susan Morse
Title: Engineering Specialist

Company records indicate that a potential conflict (DOES) (DOES) (NOT) exist. The conflict consists of _____

Please call for locates before digging
1-800 432-4770

EASEMENT AGREEMENT

Date: 12/21/06

Gentlemen:

I propose to apply for a Martin County permit to erect a FENCE in the (utility/drainage) easement on my property at _____

11 N. Via Lucindia

LOT 15, BLOCK _____, SUBDIVISION LUCINDIA LEGAL DESCRIPTION:

(Brief description of dimensions and location from property lines)
SEE SURVEY

In the event you have no objection to this project, please complete this form and return to me at FAX 772-288-3035

I understand your company will not be responsible in any way for repair or replacement of any portion of this FENCE and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: [Signature] Phone: 772-286-5440

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: Florida Power & Light

By: Rob Mberis

Title: Project Manager

Company records indicate that a potential conflict (DOES) (DOES NOT) exist. The conflict consists of _____



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

FENCE ERECTION

License Number CFE3584 Expires: 30-SEP-08

RICHMOND, CHESTER J III
STUART FENCE & WIRE
3307 RAILROAD AVE
STUART, FL 34997

2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 280-604

LICENSE 2004-518-0003 CERT CFE3584
PHONE (772) 288-1151 SIC NO 235990

LOCATION:
3307 SE RAILROAD AVE STU

RECEIPT of PAYMENT
LARRY C. O'STEEN
99 08/16/2006 NORMA
20040005180000
002 2006 0011582
STUART FENCE COMPAN

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	L. FEE \$	<u>25.00</u>
\$	<u>.00</u>	P. NALTY \$	<u>.00</u>
\$	<u>.00</u>	C. L. FEE \$	<u>.00</u>
\$	<u>.00</u>	T. ANSFER \$	<u>.00</u>
TOTAL			<u>25.00</u>

IS HEREBY LICENSED TO ENGAGE IN THE EXERCISE OF THE PROFESSION OR OCCUPATION OF
FENCE ERECTION CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

16 DAY OF AUGUST 2006
AND ENDING SEPTEMBER 30 2007

RICHMOND, CHESTER - QUALIFIER
STUART FENCE COMPANY INC
PO BOX 2636
STUART FL 34995

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1-10, 2007

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0064 8414 7	Lazarus 31 Sliver Rd 0414 Ken Wendell	Final CAS FINAL	PASS CLOSE	RESCHEDULE FOR 1/12/07 INSPECTOR: <i>[Signature]</i>
7794 2	Wilkinson 8 Oakwood Dr Home Depot	Final roof	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8475 3	Hepworth 8 Riv Vista Elite	Interior rough	FAIL	#40 FEE ✓ INSPECTOR: <i>[Signature]</i>
Tree 4	Kelso 18 Riv Vista OB	Tree	PASS	INSPECTOR: <i>[Signature]</i>
8488 5	Zorn 11 N. Via Mearini Stuart Fence	Final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8398 6	Helfman 8 Ridgeland Dr Hardware Elec	Final-generator	FAIL	#40 FEE ✓ INSPECTOR: <i>[Signature]</i>
8186 1	Baytree/Kipling 1435 Sliver Rd	Final backflow	FAIL	INSPECTOR: <i>[Signature]</i>

OTHER:

4A

57.55 P.R.

PUMPS FOR
IMMEDIATE ACTION.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/22, 2004 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1837	ZOEN	FINAL INSPECTION	PASS	CLOSE
10	11 N. VIA WINDIA O/B	STUCCO OVER BRICK (bump post)		INSPECTOR:
6930	WEIGAND	FINAL FENCE	FAIL	
7	118 S. SEWALLS PT O/B			INSPECTOR:
7134	SOLO	FENCE FINAL	PASS	CLOSE
11	7 BANYAN O/B			INSPECTOR:
7159	SHAW	PLUMB PRE POUR	PASS	
14	78 N. SEWALLS PT SWISSAM CONST.			708-9206 k/k (late as possible pls) INSPECTOR:
7096	MULLIGAN	INS PROG. ROOFING	PASS	
12	20 FIELDWAY DR BUDGET ROOFING			INSPECTOR:
7091	DONOVAN	TIN TAG METAL	PASS	
15	6 QUAIL RUN PACIFIC ROOFING	SKYLIGHT CURB	FAIL	INSPECTOR:
TREE	HESS	TREE	PASS	
13	74 N. SEWALLS PT			INSPECTOR:

OTHER: _____

708-9205

Town of Sewall's Point

P.L.N. _____

Date _____

Accessory Structure Permit Application to construct:

- DOCK** requires prerequisite approval from State and Army Corps of Engineers.
- BULKHEAD** requires prerequisite approval from State and Army Corps of Engineers.
- DETACHED GARAGE** **SWIMMING POOL** **WALL**
- SOLAR WATER HEATER** **SCREENED ENCLOSURE**
- FENCE** may not require sealed drawings.
- OTHER:** _____

Above Permit Applications must be accompanied by two sets of the following:

- Plans, Sections, (and Elevations with load calculations if required by Code) signed and sealed by an architect or engineer to include plumbing and electrical as required. **Plumbing & Electrical** requires separate applications.
- Sketch of survey showing the locations of existing and proposed improvements, property lines, all set-back lines, easements, rights-of-way, and any encroachments.
- **NOTICE OF COMMENCEMENT** for permitted work with a cumulative value of \$2,500.00 or more.

OWNER Edward ZORN LOT _____ BLOCK _____ SEC _____
 ADDRESS 11 Via Lucinda North S/D _____
 CITY _____ STATE _____ ZIP _____
 CONTRACTOR Rayuk Electric LIC. ME 00454
 ADDRESS 2501 Calusa Ave CITY Pt. St. Lucie STATE FL ZIP 34952
 PHONE 337-4197 INSURANCE: LIABILITY _____ W.C. _____

COST OF IMPROVEMENTS _____ PERMIT FEE _____

CONDITIONS OF PERMIT

- This permit is valid for 12 months from date of issue. Renewal of Permit may result in additional requirements and fees prevailing at the time of renewal.
- All construction must conform to Ordinances of the Town of Sewall's Point and the South Florida Building Code, Dade County 1994 edition (with revisions). An approval or permit issued based upon faulty documents or errors and omissions by the Building Official does not relieve the owner or the contractor for compliance with the Code, nor is it a license to circumvent the Code.
- A temporary toilet is to be provided for workers.
OR
- An existing toilet in my home is designated and open to workers.

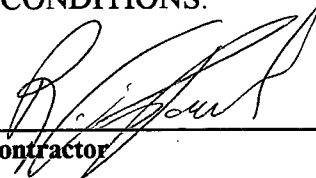
OWNER SIGN HERE _____

- Debris must be contained in a dumpster-type metal container or must be immediately loaded in a truck (as re-roofing may require). Debris will not be allowed to accumulate.
- Inspections and permits may be suspended or revoked, work stoppage may be ordered, and other actions may be taken for failure to correct defects, concealing work without inspection, or for willful violations of the above CONDITIONS.

Accepted: _____

owner OUT OF TOWN
Contract Pools
By Greg

date:


contractor

date:

_____ building official

date:

fax 220 4768



201-2455

1 Soft Sewers Point Rd

Sewers Point 34996.

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

JUNE 29, 1994

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

EFFECTIVE DATE OF EXEMPTION 05/19/94

EXEMPTED INDIVIDUAL NAME PAYUK ROBERT S.S. 045-60-8771

BUSINESS NAME PAYUK ELECTRIC FEIN 650500425

BUSINESS ADDRESS 2501 CALUSA AVE
PT ST LUCIE, FL 34952

NOTE: Pursuant to Chapter 440.10(1),(g),2 F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

Russell A. Morris

AUTHORIZED SIGNATURE

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE OF EXEMPTION 05/19/94

EXEMPTED INDIVIDUAL NAME PAYUK ROBERT

SOCIAL SECURITY NUMBER 045-60-8771

BUSINESS NAME PAYUK ELECTRIC

FEDERAL IDENTIFICATION NUMBER 650500425

BUSINESS ADDRESS 2501 CALUSA AVE
PT ST LUCIE, FL 34952



F
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NOTE: Pursuant to chapter 440.10(1),(g),2, F.S., a sole proprietor, partner, or officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

Russell A. Morris

AUTHORIZED SIGNATURE

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.

ok



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Ann's EDWARD ZORN Address 11 Via Lucinda N. Phone 772 609-290-6027

Contractor Kaitaire Lawncare Address 2200 NE Palmetto Dr. Phone 772 521-2524

No. of Trees: REMOVE 1 Species: _____

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

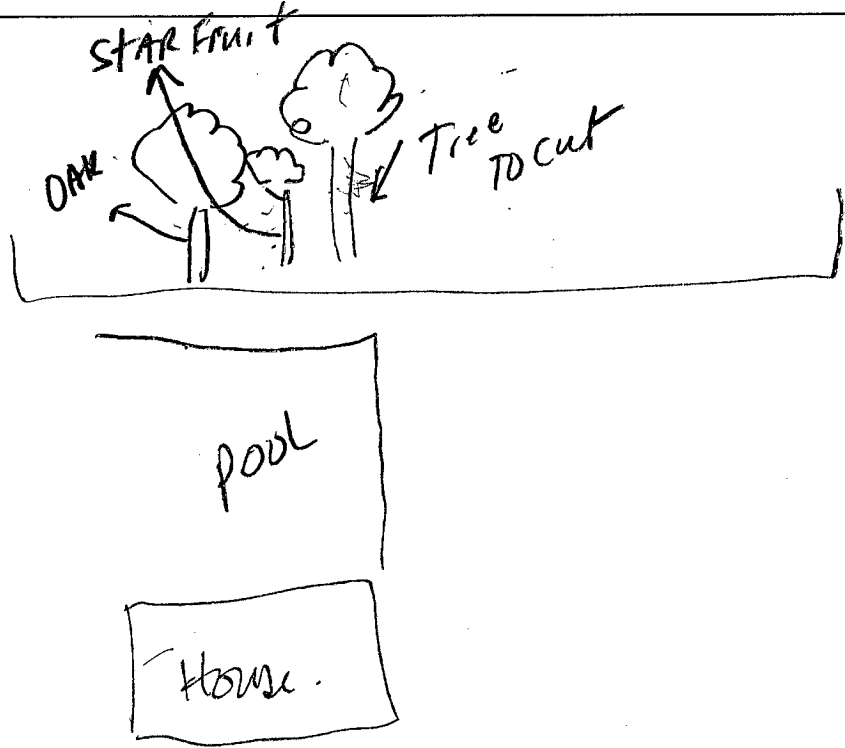
Reason for tree removal /relocation (See notice above) WAS NOT PLANTED, GREW OUT BY ITSELF
WOULD LIKE REMOVED BLOCKING SUN FROM HOMEOWNERS STAR FRUIT TREE.

Signature of Property Owner [Signature] Date 1/6/11

Approved by Building Inspector: [Signature] Date 1-11-11 Fee: \$15

NOTES: NEED TO HAVE SPECIES IDENTIFIED [Signature] 1-10-11

SKETCH:



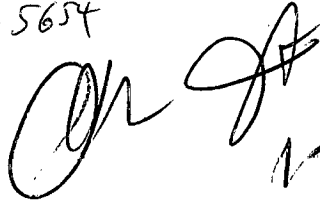
The tree is not on the protected species list it is a

Bischofia trifoliata or BISHOPWOOD

Richard Kraetsch

Master Gardener Martin County Extension office

288-5654


1-11-11

Date: 10-21-10 **Town of Sewall's Point** **Permit Number:** 9622
BUILDING PERMIT APPLICATION
OWNER/TITLEHOLDER NAME: ED ZORN Phone (Day) 6077136580 (Fax) 6073610409
Job Site Address: 11 NORTH VIA LUKINDA City: SEWALLS POINT State: FL Zip: 34990
Legal Description: LUKINDA LOT 15 Parcel Control Number: 01-38-41-007-000-00150-3
Owner Address (if different): _____ City: _____ State: _____ Zip: _____

Scope of work (please be specific): ENCLOSED PORCH FURN ROOF RE ROOF
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 _____ (NEAR) _____ NO _____
 (Must include a copy of all variance approvals with application)
COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 4260.75
 (Notice of Commencement required when over \$2500 prior to first inspection. \$7.000 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AEB AEB X
FOR ADDITIONS, REMODEL 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

CONTRACTOR/Company: LIFETIME ROOFS&CONSULTING Phone: 772-286-1882 Fax: 772-286-1912
Street: 3901 SE COMMERCE AVE City: DADE CITY State: FL Zip: 34997
State License Number: CCC1326262 OR: Municipality: _____ License Number: _____
LOCAL CONTACT: JERRY M WOOD Phone Number: 772-286-1882
DESIGN PROFESSIONAL: N/A License: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____
AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/Porches: 608 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-Construction Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural/Mechanical/Plumbing/Electrical), 2007
 National Electrical Code, 2008 (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 50-86.
 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 2004 W/ 2008 REVISIONS SECT. 105.4.1, 105.4.1.1 - 5.

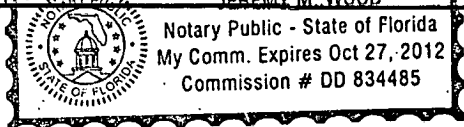
A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS 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 SIGNATURE: (required)
 OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Edward H. Zorn
 State of Florida, County of: _____
 This the 19 day of Oct, 2010
 by Edward H. Zorn who is personally
 known to me or produced
 as Identification. Cathy Schubert
 Notary Public
 My Commission Expires: Nov. 01, 2010

CONTRACTOR SIGNATURE: (required)
Mila Olson
 On State of Florida, County of: Martin
 This the 19 day of Oct, 2010
 by Mila Olson who is personally
 known to me or produced
 as Identification. Jerry M Wood
 Notary Public
 My Commission Expires: 10/27/12

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 90 DAYS OF APPROVAL NOTIFICATION (FBC 905.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!





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

Site Provided by...
 governmax.com 1.11

Summary

print Owner 1 of 6

Tabs

- Summary**
- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- Parcel Map →
- Trim Notice →

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
01-38-41-007-000-00150-3	17700	11 N VIA LUCINDIA, SEWALL'S POINT	\$201,750	10/23/2010

Owner Information

Owner(Current)	ZORN EDWARD A
Owner/Mail Address	6305-C LONG BEACH BLVD HARVEY CEDARS NJ 08008
Sale Date	09/30/1996
Document Number	
Document Reference No.	1203 2345
Sale Price	122500

Searches

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

		Location/Description	
Account #	17700	Map Page No.	SP-04
Tax District	2200	Legal Description	LUCINDIA LOT 15
Parcel Address	11 N VIA LUCINDIA, SEWALL'S POINT		
Acres	.3520		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120350 LUCINDIA

Functions

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

Assessment Information

Market Land Value	\$142,000
Market Improvement Value	\$59,750
Market Total Value	\$201,750

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

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:	9622	DATE ISSUED:	11-03-2010
SCOPE OF WORK:	PARTIAL RE-ROOF		
CONDITIONS :			
CONTRACTOR:	LIFETIME ROOFS & CONSULTING		
PARCEL CONTROL NUMBER:	013841007000001503	SUBDIVISION	LUCINDIA <i>Lot 15</i>
CONSTRUCTION ADDRESS:	11 N. VIA LUCINDIA		
OWNER NAME:	ZORN		
QUALIFIER:	MILO OLSEN	CONTACT PHONE NUMBER:	286-1882

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 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.

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

PERMIT #: TAX FOLIO #: 01-38-41-007-000-00150-3

STATE OF FLORIDA COUNTY OF MARTIN

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): LUCINDIA LOT 15, 11 NORTH VIA LUCINDIA, SEWALLS POINT FL

GENERAL DESCRIPTION OF IMPROVEMENT: PORCH FANT ROOF RE ROOF

OWNER NAME: EDWARD A ZORN
ADDRESS: 11 N VIA LUCINDIA
PHONE NUMBER: 609 713 6080 FAX NUMBER: 609 351 0101

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

CONTRACTOR: LIFETIME ROOFS & CONSULTING
ADDRESS: 3701 SE COMMERCE AVE SUITES FL 24997
PHONE NUMBER: 772 286 1882 FAX NUMBER: 772 286 1912

SURETY COMPANY (IF ANY):
ADDRESS: STATE OF FLORIDA
PHONE NUMBER: MARTIN COUNTY
BOND AMOUNT:
FAX NUMBER:

LENDER/MORTGAGE COMPANY:
ADDRESS:
PHONE NUMBER: FAX NUMBER:
MARSHA EWING, CLERK

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (a) 7., FLORIDA STATUTES.
DATE: 10-27-10

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 STATUES:
PHONE NUMBER: FAX NUMBER:

EXPIRATION DATE OF NOTICE OF COMMENCEMENT:
(EXPIRATION DATE IS 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.

SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 1 DAY OF Oct, 20 10
BY: Cathy Schultz AS Notary FOR Edward A. Zorn
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

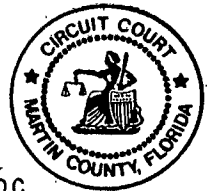
PERSONALLY KNOWN [checked] OR PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION PRODUCED D.L.

Cathy Schultz
NOTARY SIGNATURE/ SEAL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

(Signature of Natural Person Signing Above)

Cathy L. Schultz
Notary Public, State of New Jersey
I.D. 2336733
Commission Expires Nov. 01, 2010



INSTR # 2240324 OR BK 02483 PG 0837 RECD 10/27/2010 01:28:57 PM
Pg 0837 (1 of 1)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK



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 CHECKLIST

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included.

THIS REVIEW SHEET MUST ACCOMPANY THE APPLICATION SUBMITTAL.

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

The following minimum requirements must be provided for permitting and inspections:

- _____ 1 Copy Completed application
- _____ 2 Copies Complete list of proposed materials
- _____ 2 Copies Re-roof certification
- _____ 1 Copy Re-roof Inspection affidavit if used, prior to final inspection.

RESIDENTIAL REROOFS:

- _____ 2 Copies approved roofing manufacturer specifications for all products used.
 - Manufacturer specs/fastening schedule for roof shingles (must meet the minimum area wind load).
 - Manufacturer must have Florida Product Approval
 - Location of proposed re-roof (if only a partial re-roof) and area % calculation
 - Section/detail through hip and ridge tile caps per F.R.S.A. for tile roofs**
- _____ 2 Copies Re-roof windstorm loss mitigation certification (and affidavit if applicable)

COMMERCIAL REROOFS:

- _____ 2 Copies Roof Plan:
 - Show all features (pitch, drains, equipment, etc.)
 - Details: 3/4" = 1'.0" min. scale
 - Parapet or edge
 - Rooftop mounting or equipment expansion joints
 - Type of roofing (& insulation if any) being removed
 - Type of roof deck
- _____ 2 Copies Approved roofing manufacturer specifications for all products used.
 - Manufacturers complete roofing system specifications & installation guidelines (Include fastening schedule meeting minimum area wind load).
- _____ 1 Copy Verification of Contractor form
 - Contractor verification form (HVAC and/or electric) required if roof top HVAC equipment is removed/reinstalled and/or if HVAC electric is disconnected/reconnected.

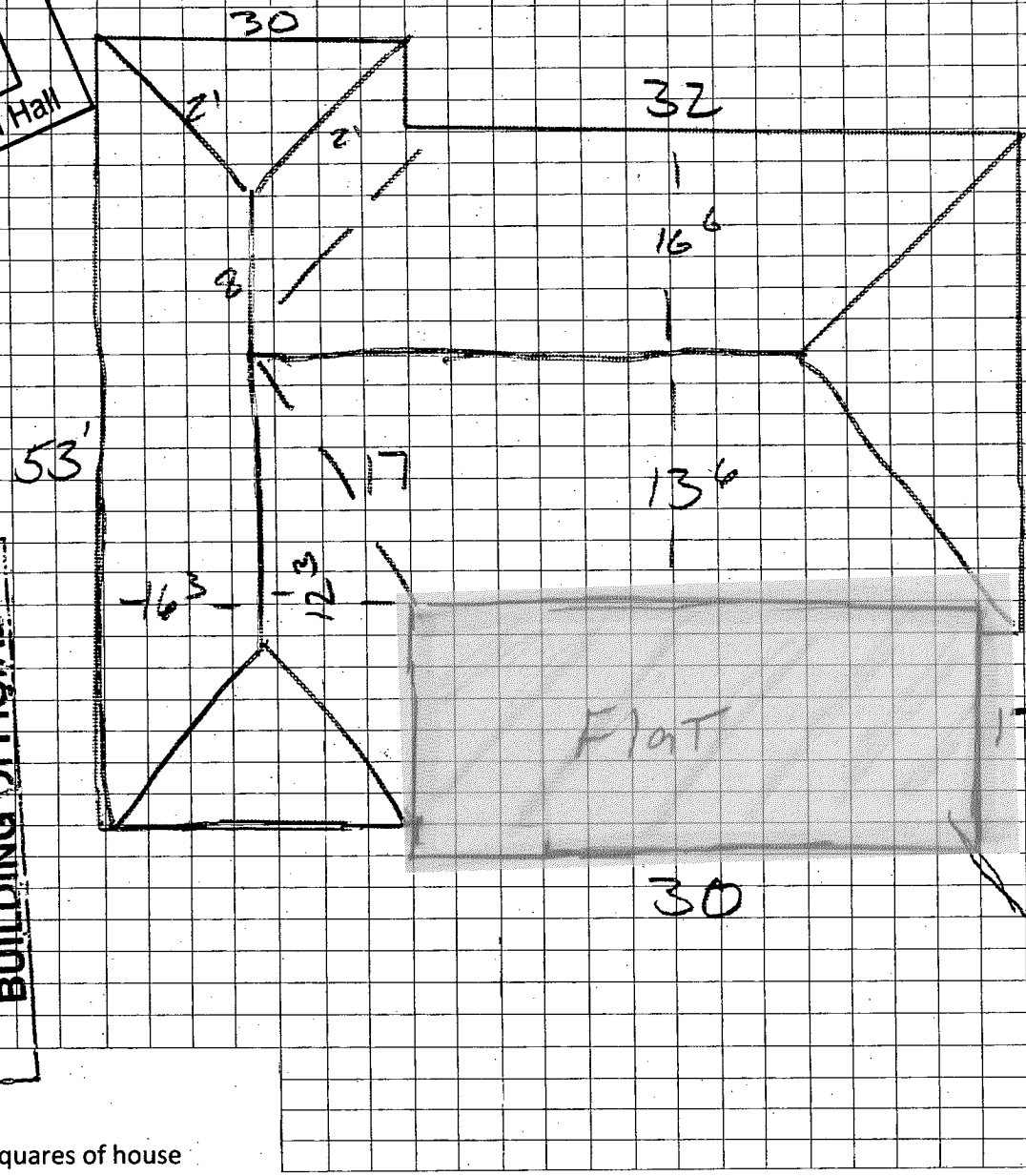
****Concrete or ClayTile Roof: Specify how the roof field tile will be attached to the deck (reference F.S.R.A Installation Manual). Provide section details showing the installation/attachment of ridge and hip cap tile. Demonstrate compliance with the 2007 FBC 1507.3. & 2007 FBC/Residential R905.3. Also provide Product Approval for all roof adhesives.**

**All Product Approval & Installation Spec's must be on the job site for inspection.
All tile re-roofs require an "in progress" tile installation inspection or certified pull test at final.**

ED ZORN

1) NVA LUCIENNA
SEWALLS PT.

RECEIVED
OCT 29 2010
Sewall's Point Town Hall



1510.5
 960

 2471 Slope
 510 Flat

 29.81 Total

5.10
 29.81 x 100 = **1770**

FLAT
 REPLACEMENT
 ONLY SIDE
 AND SE
 REPLACE

- TIL -
- TIL +
- Waste
- RLHM
- REN
- DRIP
- RIDGT
- FLRIG
- RAKE
- VMTL
- TILBSM
- GUTTER
- FL14
- PIPE
- VENT
- WDS DDF
- DMO
- DRAWINGS
- *Pitch: _____
- *Gutters Yes _____ No _____
- *2 Story Yes _____ No _____
- *NO Access to: _____ Squares of house

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 11-19-10
BUILDING OFFICIAL

RE-ROOF CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: Lifetime Roofs + Consulting PHONE #: 772-286-1882 FAX: 286-1912

OWNER'S NAME: Ed Zorn

CONSTRUCTION ADDRESS: 11 N Via Luanda CITY Sewells 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: 1/2 /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 _____ EXISTING COVERING TO BE REMOVED? YES NO _____

PROPOSED NEW ROOF COVERING: Certainteed Torch Flat

MANUFACTURER Certainteed PRODUCT NAME Flinlastic GT PRODUCT APPR # 08-0416.09

(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 Flat Roof Reple. w/ New Torch Applied.

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.

SIGNATURE OF CONTRACTOR [Signature] DATE: 10/25/10

**LICENSED GENERAL, BUILDING OR RESIDENTIAL CONTRACTORS'
REROOF WINDSTORM LOSS MITIGATION COMPLIANCE AFFIDAVIT**

A RESIDENTIAL STRUCTURE 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 reroofing 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.

A RESIDENTIAL STRUCTURE VALUED AT \$750,000 OR MORE SHALL COMPLY WITH THE FOLLOWING:

When any activity requiring a building permit that is applied for on or after July 1, 2008, and for which the estimated cost is \$50,000 or more for a building that is located in the wind borne debris region as defined in s. 1609.2 of the Florida Building Code, Building:

- a. Opening protections as required within the Florida Building Code, Building or Florida Building Code, Residential for new construction shall be provided.

TO BE COMPLETED IF INSURED VALUE OF SINGLE FAMILY IS OVER \$300,000.00 AND WAS PERMITTED PRIOR TO MARCH 1, 2002.

YEAR PERMITTED _____ INSURED OR P.A. IMPROVED VALUE \$ _____

DETAILS OF MITIGATION WORK TO BE PERFORMED (Add additional sheets if necessary):

_____ *Full Reroof* _____

JOB SITE ADDRESS _____

QUALIFIER NAME: _____

LICENSE NO.: _____

COMPANY NAME: _____

PHONE NO.: _____

Qualifier's Signature _____

Owner's Signature _____

Date: _____

Date: _____

Sworn to and subscribed before me
this _____ day of _____ 20 _____

Sworn to and subscribed before me
this _____ day of _____ 20 _____

By _____

By _____

Notary Public, State of Florida
Personally known to me _____
Produced ID _____
Type: _____

Notary Public, State of Florida
Personally known to me _____
Produced ID _____
Type: _____

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

The following information is to be provided by roofing contractor or owner/builder on all re-roof applications for the purpose of obtaining compliance with recent changes to State Statute and referenced "Hurricane Mitigation Manual". Effective date: October 1, 2007.

Note: These requirements apply to residential structures built prior to implementation of the FBC on March 1, 2002.

- Value: show proof of insured value of residential structure or a copy of the ad-valorem tax value.
- Provide copy of contract


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 a nailable 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.



**BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION**

**MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908**

NOTICE OF ACCEPTANCE (NOA)

**CertainTeed Corporation (PA)
1400 Union Meeting Road
Blue Bell, PA 19422**

SCOPE:

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

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

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

DESCRIPTION: CertainTeed Modified Bitumen Roofing Systems Over Wood Decks

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

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

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

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

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

This NOA revises NOA No. 08-0227.09 and consists of pages 1 through 38.
The submitted documentation was reviewed by Jorge L. Acebo.



**NOA No.: 08-0410.09
Expiration Date: 06/19/13
Approval Date: 11/20/08
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ROOFING ASSEMBLY APPROVAL

Category:	Roofing
Sub-Category:	APP/SBS Modified Bitumen
Deck Type:	Wood
Maximum Design Pressure	-60 psf

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:
TABLE 1

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
All Weather/Empire Base Sheet	36" x 65'10"; Roll weight: 86 lbs. (2 squares)	ASTM D 4601 Type II UL Type 15	Asphalt coated, fiberglass reinforced base sheet.
Flex-I-Glas™ Base Sheet	36" x 98'9"; Roll weight: 90 lbs. (3 squares)	UL Type G2 ASTM D 4601, type II	Modified Bitumen coated fiberglass base sheet.
Flex-I-Glas™ FR Base Sheet	39 3/8" x 50'; Roll weight: 90 lbs. (1.5 squares)	UL Type G2 ASTM D 4601, type II	Modified Bitumen coated fiberglass base sheet.
Flintglas® Ply Sheet Type IV or VI	36" x 164'7"; Roll weight: 40/55 lbs. (5 squares)	ASTM D 2178 Type IV or VI UL Type G1	Fiberglass, asphalt impregnated ply sheet.
Flintlastic STA STA Plus 5.0	39 3/8" x 33'; Roll weight: 90 lbs. (1 square)	ASTM D 6222, Grade S, Type II	Smooth surfaced APP Modified Bitumen membrane with non-woven polyester mat reinforcement for torch application.
Flintlastic GTA, GTA-FR or Flintlastic Diamond GTA	39 3/8" x 33' 3"; Roll weight: 105 lbs. (1 square)	ASTM D 6222, Grade G, Type II	Granule surfaced APP Modified Bitumen membrane with non-woven polyester mat reinforcement for torch application.
Flintlastic GTS	39 3/8" x 24'9"; Roll weight: 92 lbs. (3/4 square)	ASTM D 6164, Grade G, Type II	Granule surfaced SBS Modified Bitumen membrane with non-woven polyester mat reinforcement for torch application.
Flintlastic GMS, GMS Premium	39 3/8" x 34' 2"; Roll weight: 100/105 lbs. (1 square)	ASTM D 6164, Grade G, Type II	Granule surfaced SBS Modified Bitumen membrane with non-woven polyester mat reinforcement for mop application.
Flintlastic FR, FR-P Premium	39 3/8" x 34' 2"; Roll weight: 105 lbs. (1 square)	ASTM D 6164, Grade G, Type I	Fire resistant, granule surfaced SBS Modified Bitumen Membrane with non-woven polyester mat reinforcement for mop application.
Flintlastic FR Cap Sheet	39 3/8" x 34' 2"; Roll weight: 90 lbs. (1 square)	ASTM D 6163, Grade G, Type I	Fire resistant, granule surfaced SBS Modified Bitumen membrane with fiberglass mat reinforcement for mop applications.



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Flintlastic FR Cap T	39-3/8" x 34'2"; Roll weight: 81lbs. (1 square)	ASTM D6163	Granule surfaced SBS Modified Bitumen membrane with fiberglass mat reinforcement for torch application.
Flintlastic FR Base T	39-3/8" x 33'; Roll Weight: 81lbs. (1.0 squares)	ASTM D6163	Modified Bitumen, coated fiberglass base sheet for torch application.
Flintlastic FR Cap CoolStar	39 3/8" x 34'2"; Roll weight: 90 lbs. (1 square)	ASTM D 6163	Fire resistant, granule surfaced SBS Modified Bitumen membrane with fiberglass mat reinforcement for mop applications. Covered with reflective CoolStar Coating.
Flintlastic FR Cap T CoolStar	39 3/8" x 34'2"; Roll weight: 90 lbs. (1 square)	ASTM D 6163	Fire resistant, granule surfaced SBS Modified Bitumen membrane with fiberglass mat reinforcement for mop applications. Covered with reflective CoolStar Coating.
Flintlastic GTA, GTA-FR CoolStar or Flintlastic Diamond GTA CoolStar	39 3/8" x 33'3"; Roll weight: 105 lbs. (1 square)	ASTM D 6222	Granule surfaced, APP Modified Bitumen membrane with non-woven polyester mat reinforcement for torch application. Covered with reflective CoolStar Coating.
Flintlastic GTS CoolStar	39 3/8" x 24'9"; Roll weight: 92 lbs. (3/4 square)	ASTM D 6164	Granule surfaced, SBS Modified Bitumen membrane with non-woven polyester mat reinforcement for torch application. Covered with reflective CoolStar Coating.
Flintlastic GMS/GMS Premium CoolStar	39 3/8" x 34'2"; Roll weight: 100/105 lbs. (1 square)	ASTM D 6164	Granule surfaced SBS Modified Bitumen membrane with non-woven polyester mat reinforcement for mop application. Covered with reflective CoolStar Coating.
Flintlastic FR-P/FR-P Premium CoolStar	39 3/8" x 34'2"; Roll weight: 105 lbs. (1 square)	ASTM D 6164	Fire resistant, granule surfaced SBS Modified Bitumen Membrane with non-woven polyester mat reinforcement for mop application. Covered with reflective CoolStar Coating. Covered with reflective CoolStar Coating.
Flexiglas Premium Cap 960 CoolStar	36" x 34'6" (1 square)	ASTM D 6163, Grade G, Type I	Granule surfaced SBS Modified Bitumen membrane with fiberglass mat reinforcement for mop application. Covered with reflective CoolStar Coating.
Flexiglas Premium Cap 960	36" x 34'6" (1 square)	ASTM D 6163, Grade G, Type I	Granule surfaced SBS Modified Bitumen membrane with fiberglass mat reinforcement for mop applications.



Ultra Poly SMS	36" x 64'4" (2 squares)	ASTM D 6164, Grade S, Type I	Smooth surfaced SBS Modified Bitumen Membrane with non-woven polyester mat reinforcement for mop applications.
GlasBase™ Base Sheet	36" x 98'9"; Roll weight: 69 lbs. (3 squares)	ASTM D 4601 UL Type G2	Asphalt coated, fiberglass base sheet.
PolySMS Base Sheet	39 3/8" x 64'4"; Roll weight: 90 lbs. (2 squares)	ASTM D 6164	Modified Bitumen coated polyester base sheet.
Yosemite® Buffer Base Sheet	36" x 32'10"; Roll weight: 90 lbs. (1 square)	ASTM D 3909 ASTM D 4897 UL Type 30	Mineral Surfaced fiberglass reinforced buffer sheet.
Black Diamond™ Base Sheet	36" x 68'7"; Roll weight: 78 lbs. (2 squares)	ASTM D 1970	Self-adhering fiberglass reinforced modified bitumen base sheet
Flintglas® Mineral Surfaced Cap Sheet	36" X 32'10"; Roll Weight: 78 lbs. (1 square)	ASTM D 3909	Asphalt impregnated and coated inorganic glass fiber surfaced with mineral granules used as the top ply in conventional built-up roof membranes.
Flintglas® Mineral Surfaced Cap CoolStar	36" X 32'10"; Roll Weight: 78 lbs. (1 square)	ASTM D 3909	Asphalt impregnated and coated inorganic glass fiber surfaced with mineral granules used as the top ply in conventional built-up roof membranes. Covered with reflective CoolStar Coating.



APPROVED INSULATIONS:

Product Name	Product Description	Manufacturer (With Current NOA)
FlintBoard ISO	Polyisocyanurate foam insulation	CertainTeed
ACFoam II	Polyisocyanurate foam insulation	Atlas Energy Products
ISO 95+	Polyisocyanurate foam insulation	Firestone Building Products, Inc.
High Density Wood Fiberboard	Wood fiber insulation board	generic
Perlite Insulation	Perlite insulation board	generic
Dens Deck, Dens Deck Prime	Water resistant gypsum board	G-P Gypsum Corp.
H-Shield	Polyisocyanurate foam insulation	Hunter Panels
ENRGY-3, UltraGard Gold, PSI-25	Polyisocyanurate foam insulation	Johns Manville
Fesco Board	Expanded mineral fiber insulation	Johns Manville
Multi-Max, FA	Polyisocyanurate foam insulation	RMax, Inc.

APPROVED FASTENERS:

Fastener Number	Product Name	Product Description	Dimensions	Manufacturer (With Current NOA)
1.	#12 & #14 Dekfast Fastener	Insulation fastener		SFS Intec
2.	Dekfast Hex Plate	Galvalume AZ50 steel plate	2 7/8" x 3 1/4"	SFS Intec
3.	Olympic Fastener #12 & #14	Insulation fastener		OMG
4.	Olympic Standard	3" round galvalume AZ50 steel plate	3" round	OMG
5.	Insul-Fixx Fastener	Insulation fastener for steel and wood decks		SFS Intec
6.	Insul-Fixx S Plate	Galvalume AZ50 steel plate	3" round	SFS Intec
7.	Tru-Fast Fasteners	Insulation fastener for wood and steel decks		The Tru-Fast Corp.
8.	Tru-Fast MP-3	Galvalume AZ50 steel plate	3" round	The Tru-Fast Corp.
9.	Tru-Fast Plates	Galvalume AZ55 steel plate	3" round	The Tru-Fast Corp.
10.	Tru-Fast Plates	Polyethylene plastic plate	3" round	The Tru-Fast Corp.



EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Name</u>	<u>Report</u>	<u>Date</u>
Applied Research Laboratories	Physical Properties	28013	06/02/87
Factory Mutual Research Corporation	Current Insulation Fastening Requirements TAS 114/(FMRC 4470)	FMRC 1994 J.I. #3Y8A1.AM R11656	01/01/95 03/23/96 07/13/87
Underwriters Laboratories, Inc.	UL 790	R11656	07/13/87
United States Testing Company,	ASTM D 5147	97457-4	06/03/88
Momentum Technologies, Inc.	ASTM D 4601 ASTM D 3909/ D 4897	AX31G8D AX31G8C	09/05/08 09/05/08
Trinity ERD	TAS 114 (J) TAS 114 (J) TAS 114 (J)/TAS 117 (B) TAS 117 (B) TAS 117 (B) TAS 114 (H) FM 4470, TAS 114 FM 4470, TAS 114 TAS 117 (B) ASTM Requirements	#3507.08.99-1 #3514.02LAB #3515.07.03 3503.10.06 O6490.04.07-R1 Letter 3533.01.06 3521.07.04 C8500SC.11.07 C10080.09.08	04/18/01 11/11/02 07/22/03 10/10/06 06/27/07 04/05/06 01/06/06 07/29/04 11/30/07 09/04/08



APPROVED ASSEMBLIES:

- Membrane Type:** APP MODIFIED
- Deck Type II:** Wood, Insulated
- Deck Description:** 1⁹/₃₂" or greater plywood or wood plank
- System Type A(1):** Anchor sheet mechanically fastened; all layers of insulation adhered with approved asphalt.

All General and System Limitations apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-II, UltraGard Gold, ENRGY-3, PSI-25, FlintBoard ISO, H-Shield Minimum 1.5" thick	N/A	N/A
Perlite Minimum 3/4" thick	N/A	N/A
High Density Wood Fiberboard Minimum 1/2" thick	N/A	N/A
Dens-Deck, Dens Deck Prime Minimum 1/2" thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.

- Anchor Sheet:** One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base mechanically attached as detailed below.
- Fastening:** Anchor sheet shall be lapped 4" and fastened with approved roofing nails and tin caps 9"o.c. in the lap and two rows staggered in the center of the sheet 12"o.c.
- Base Sheet:** One ply of products listed under 'Anchor Sheet' above adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.
- Ply Sheet:** (Optional) One or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet self adhered or Flintlastic STA torch adhered.
- Membrane:** Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic Diamond GTA CoolStar, Flintlastic GTA, Flintlastic GTA CoolStar, Flintlastic GTA-FR or GTA-FR CoolStar torch adhered to base/ply sheet.
- Surfacing:** (Optional) Install one of the following:
 1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
 2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 1/2 gal. /sq.
- Maximum Design Pressure:** -45 psf (See General Limitation #9)



Membrane Type: SBS MODIFIED
Deck Type II: Wood, Insulated
Deck Description: 1 9/32" or greater plywood or wood plank
System Type A(2): Anchor sheet mechanically fastened; all layers of insulation adhered with approved asphalt.

All General and System Limitations apply.
 One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
ACFoam-II, UltraGard Gold, E'NRG'Y-3, PSI-25, FlintBoard ISO , H-Shield Minimum 1.5" thick	N/A	N/A
Perlite Minimum 3/4" thick	N/A	N/A
High Density Wood Fiberboard Minimum 1/2" thick	N/A	N/A
Dens-Deck, Dens Deck Prime Minimum 1/4" thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.

Anchor Sheet: One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base mechanically attached as detailed below.

Fastening: Anchor sheet shall be lapped 4" and fastened with approved roofing nails and tin caps 9" o.c. in the lap and two rows staggered in the center of the sheet 12" o.c.

Base Sheet: One ply of products listed under 'Anchor Sheet' above adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Ply Sheet: One more plies of Ultra Poly SMS, Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet (for use with a torched cap sheet only) self adhered.

Membrane: One ply of Flintlastic GMS, Flintlastic GMS CoolStar, Flintlastic Premium GMS, Flintlastic Premium GMS CoolStar, Flintlastic FR-P, Flintlastic FR-P CoolStar, Flintlastic Premium FR-P, Flintlastic Premium FR-P CoolStar, Flintlastic FR Cap Sheet, Flintlastic FR Cap Sheet CoolStar, Flexiglas Premium Cap 960 or Ultra Poly SMS, Flintglas Mineral Surface Cap Sheet, Flintglas Mineral Surface Cap Sheet CoolStar adhered to ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS, Flintlastic GTS CoolStar, Flintlastic FR Cap T or Flintlastic FR Cap T CoolStar torch adhered to ply sheet.

Surfacing: (Optional) Install one of the following:
 1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
 2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 1/2 gal. /sq.

Maximum Design Pressure: -45 psf (See General Limitation #9)



Membrane Type: APP MODIFIED
Deck Type 1I: Wood, Insulated
Deck Description: 1⁹/₃₂" or greater plywood or wood plank
System Type A(3): Anchor sheet mechanically fastened; all layers of insulation adhered with approved asphalt.

All General and System Limitations apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-II, Multi-Max FA, ENRGY-3, FlintBoard ISO, H-Shield Minimum 1.5" thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.

Anchor Sheet: One ply of All Weather/Empire Base Sheet, Glas Base or Flintglas Premium Ply Sheet (Type VI) mechanically attached as detailed below.

Fastening: Anchor sheet shall be lapped 4" and fastened with 11 ga. annular ring shank nails and approved tin caps 8"o.c. in the lap and three rows staggered in the center of the sheet 8"o.c.

Base Sheet: One ply of Black Diamond Base Sheet self-adhered.

Ply Sheet: (Optional) One ply of All Weather/Empire Base Sheet, Ultra Poly SMS, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet self adhered or Flintlastic STA torch adhered.

Membrane: Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic Diamond GTA CoolStar, Flintlastic GTA, Flintlastic GTA CoolStar, Flintlastic GTA-FR or GTA-FR CoolStar torch adhered to base or ply sheet.

Surfacing: (Optional) Install one of the following:
 1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
 2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 1/2 gal. /sq.

Maximum Design Pressure: -52.5 psf (See General Limitation #7)



Membrane Type: SBS MODIFIED
Deck Type 1I: Wood, Insulated
Deck Description: 1 9/32" or greater plywood or wood plank
System Type A(4): Anchor sheet mechanically fastened; all layers of insulation adhered with approved asphalt.

All General and System Limitations apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
ACFoam-II, UltraGard Gold, ENRGY-3, PSI-25, FlintBoard ISO, H-Shield Minimum 1.5" thick	N/A	N/A
Perlite Minimum 3/4" thick	N/A	N/A
High Density Wood Fiberboard Minimum 1/2" thick	N/A	N/A
Dens-Deck, Dens Deck Prime Minimum 1/4" thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.

Anchor Sheet: One ply of All Weather/Empire Base Sheet, Glas Base or Flintglas Premium Ply Sheet (Type VI) mechanically attached as detailed below.

Fastening: Anchor sheet shall be lapped 4" and fastened with 11 ga. annular ring shank nails and approved tin caps 8"o.c. in the lap and three rows staggered in the center of the sheet 8"o.c.

Base Sheet: One ply of All Weather/Empire Base Sheet, Ultra Poly SMS, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Ply Sheet: (Optional) One or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet (for use with a torched cap sheet only) self adhered.



Membrane: One ply of Flintlastic GMS, Flintlastic GMS CoolStar, Flintlastic Premium GMS, Flintlastic Premium GMS CoolStar, Flintlastic FR-P, Flintlastic FR-P CoolStar, Flintlastic Premium FR-P, Flintlastic Premium FR-P CoolStar, Flintlastic FR Cap sheet, Flintlastic FR Cap Sheet CoolStar, Flexiglas Premium Cap 960, Ultra Poly SMS, Flintglas Mineral Surfaced Cap Sheet or Flintglas Mineral Surfaced Cap Sheet CoolStar adhered to base/ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS, Flintlastic GTS CoolStar, Flintlastic FR Cap T or Flintlastic FR Cap T CoolStar torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -52.5 psf (See General Limitation #7)



Membrane Type: APP MODIFIED

Deck Type II: Wood, Insulated

Deck Description: Minimum ¹⁹/₃₂" thick plywood attached using approved nails spaced 4" o.c. at wood joists spaced maximum 24" o. c.

System Type A(5): Anchor sheet mechanically fastened; all layers of insulation adhered with approved asphalt.

All General and System Limitations apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
ACFoam-II, Multi-Max FA, ENRGY-3, FlintBoard ISO, H-Shield Minimum 1.5" thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.

Anchor Sheet: One ply of All Weather/Empire Base Sheet, GlasBase or Flintglas Premium Ply Sheet (Type VI) mechanically attached as detailed below.

Fastening: Anchor sheet shall be lapped 4" and fastened with 11 ga. annular ring shank nails and approved tin caps 8"o.c. in the lap and three rows staggered in the center of the sheet 8"o.c.

Base: One ply of Black Diamond Base Sheet self-adhered.

Ply Sheet: (Optional) One ply of All Weather/Empire Base Sheet, Ultra Poly SMS, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet self adhered or Flintlastic STA torch adhered.

Membrane: Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic Diamond GTA CoolStar, Flintlastic GTA, Flintlastic GTA CoolStar, Flintlastic GTA-FR or GTA-FR CoolStar torch adhered to base or ply sheet.

Surfacing: (Optional) Install one of the following:
1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -60psf. (See General Limitation #7)



- Membrane Type:** SBS MODIFIED
- Deck Type II:** Wood, Insulated
- Deck Description:** Minimum ¹⁹/₃₂" thick plywood attached using approved nails spaced 4" o.c. at wood joists spaced maximum 24" o. c.
- System Type A(6):** Anchor sheet mechanically fastened; all layer of insulation adhered with approved asphalt.

All General and System Limitations apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-II, UltraGard Gold, ENRGY-3, PSI-25, FlintBoard ISO, H-Shield Minimum 1.5" thick	N/A	N/A
Perlite Minimum ¾" thick	N/A	N/A
High Density Wood Fiberboard Minimum ½" thick	N/A	N/A
Dens-Deck, Dens-Deck Prime Minimum ¼" thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.

- Anchor Sheet:** One ply of All Weather/Empire Base Sheet, GlasBase or Flintglas Premium Ply Sheet (Type VI) mechanically attached as detailed below.
- Fastening:** Anchor sheet shall be lapped 4" and fastened with 11 ga. annular ring shank nails and approved tin caps 8"o.c. in the lap and three rows staggered in the center of the sheet 8"o.c.
- Base Sheet:** One ply of All Weather/Empire Base Sheet, Ultra Poly SMS, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.
- Ply Sheet:** (Optional) One or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet (for use with a torched cap sheet only) self adhered.



Membrane: One ply of Flintlastic GMS, Flintlastic GMS CoolStar, Flintlastic Premium GMS, Flintlastic Premium GMS CoolStar, Flintlastic FR-P, Flintlastic FR-P CoolStar, Flintlastic Premium FR-P, Flintlastic Premium FR-P CoolStar, Flintlastic FR Cap sheet, Flintlastic FR Cap Sheet CoolStar, Flexiglas Premium Cap 960, Ultra Poly SMS, Flintglas Mineral Surfaced Cap Sheet or Flintglas Mineral Surfaced Cap Sheet CoolStar adhered to base/ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS, Flintlastic GTS CoolStar, Flintlastic FR Cap T or Flintlastic FR Cap T CoolStar torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -60psf. (See General Limitation #7)



Membrane Type: APP MODIFIED
Deck Type II: Wood, Insulated
Deck Description: Minimum 1⁹/₃₂" thick plywood attached using wood screws spaced 6" o.c. at wood joists spaced maximum 24" o. c.
System Type A(7): Anchor sheet mechanically fastened; all layers of insulation adhered with approved asphalt.

All General and System Limitations apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
ACFoam-II, UltraGard Gold, ENRGY-3, PSI-25, FlintBoard ISO, H-Shield Minimum 1.5" thick	N/A	N/A
Perlite Minimum ¾" thick	N/A	N/A
High Density Wood Fiberboard Minimum ½" thick	N/A	N/A
Dens-Deck, Dens-Deck Prime Minimum ¼" thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.

Anchor Sheet: One ply of GlasBase, Flex-I-Glas Base, Flex-I Glas FR Base or All Weather/Empire Base sheet mechanically attached as detailed below.

Fastening: Anchor sheet shall be lapped 4" and fastened with Simplex Mega Cap Nails spaced 9" o.c. in the lap and the 9" o.c. in two staggered rows in the center of the sheet.

Base Sheet: One Ply of products listed under 'Anchor Sheet' above adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40lbs. /sq.

Ply Sheet: (Optional) One or more plies of Flintglas Ply Sheet (type IV) or Flintglas Premium Ply Sheet (type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40lbs. /sq. or one ply of Black Diamond Base Sheet self adhered or Flintlastic STA torch adhered.

Membrane: Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic Diamond GTA CoolStar, Flintlastic GTA, Flintlastic GTA CoolStar, Flintlastic GTA-FR or GTA-FR CoolStar torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:
 1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
 2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -60psf. (See General Limitation #7)



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- Membrane Type:** SBS MODIFIED
- Deck Type II:** Wood, Insulated
- Deck Description:** Minimum ¹⁹/₃₂" thick plywood attached using wood screws spaced 6" o.c. at wood joists spaced maximum 24" o.c.
- System Type A(8):** Anchor sheet mechanically fastened; all layer of insulation adhered with approved asphalt.

All General and System Limitations apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
ACFoam-II, UltraGard Gold, ENRGY-3, PSI-25, FlintBoard ISO, H-Shield Minimum 1.5" thick	N/A	N/A
Perlite Minimum ¾" thick	N/A	N/A
High Density Wood Fiberboard Minimum ½" thick	N/A	N/A
Dens-Deck, Dens-Deck Prime Minimum ¼" thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.

- Anchor Sheet:** One ply of GlasBase, Flex-I Glas Base, Flex-I- Glas FR Base or All Weather/ Empire Base Sheet mechanically attached as detailed below.
- Fastening:** Anchor sheet shall be lapped 4" and fastened with Simplex Mega Cap Nails spaced 9" o.c. in the lap and the 9" o.c. in two staggered rows in the center of the sheet.
- Base Sheet:** One ply of products listed under 'Anchor Sheet' above adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs. /sq.
- Ply Sheet:** (Optional) One or more plies of Flintglas Ply Sheet (type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs. /sq. or one ply of Black Diamond Base Sheet (for use with a torched cap sheet only) self adhered.



Membrane: One ply of Flintlastic GMS, Flintlastic GMS CoolStar, Flintlastic Premium GMS, Flintlastic Premium GMS CoolStar, Flintlastic FR-P, Flintlastic FR-P CoolStar, Flintlastic Premium FR-P, Flintlastic Premium FR-P CoolStar, Flintlastic FR Cap Sheet, Flintlastic FR Cap Sheet CoolStar, Flexiglas Premium Cap 960 or Ultra Poly SMS, Flintglas Mineral Surface Cap Sheet or Flintglas Mineral Surface Cap Sheet CoolStar adhered to ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS, Flintlastic GTS CoolStar, Flintlastic FR Cap T or Flintlastic FR Cap T CoolStar torch adhered to ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -60psf. (See General Limitation #7)



Membrane Type: APP MODIFIED
Deck Type 1I: Wood, Insulated
Deck Description: 19/32" or greater plywood or wood plank
System Type B(1): Base layer of insulation mechanically attached, optional top layer adhered with approved asphalt.

All General and System Limitations apply.

one or more layers of any of the following insulations under those listed as Top Layer:

Base Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
ENRGY-3, PSI-25 Minimum 1.4" thick	Any approved fasteners in Table 3	1:2 ft²
ACFoam-II, UltraGard Gold, FlintBoard ISO, H-Shield Minimum 1.5" thick	Any approved fasteners in Table 3	1:2 ft²
Perlite Minimum 3/4" thick	Any approved fasteners in Table 3	1:2 ft²
High Density Wood Fiberboard Minimum 1/2" thick	Any approved fasteners in Table 3	1:2 ft²
Dens-Deck, Dens-Deck Prime Minimum 1/4" thick	Any approved fasteners in Table 3	1:2 ft²

Note: Base layer shall be mechanically attached with fasteners and density described above. Insulation panels listed are minimum sizes and dimensions; if larger panels are used the number of fasteners per board shall be increased maintaining the same fastener density (See Roofing Application Standard RAS 117 for fastening details).

Top Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
Any of the insulations listed for Base Layer		

Note: Optional top layer of insulation shall be adhered with approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Composite insulation boards used as a top layer shall be installed with the polyisocyanurate face down.

Base Sheet: One ply of All Weather/Empire Base Sheet, GlasBase, Flex-I Glas Base, Flex-I Glas FR Base, Poly SMS, Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the insulated substrate with approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Ply Sheet: (Optional) One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet self adhered or Flintlastic STA torch adhered.



Membrane: Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic GTA CoolStar, Flintlastic GTA, Flintlastic GTA CoolStar, Flintlastic GTA-FR or GTA-FR CoolStar torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -45psf. (See General Limitation #9)



Membrane Type: SBS MODIFIED
Deck Type II: Wood, Insulated
Deck Description: ¹⁹/₃₂" or greater plywood or wood plank
System Type B(2): Base layer of insulation mechanically attached, optional top layer adhered with approved asphalt.

All General and System Limitations apply.

One or more layers of any of the following insulations under those listed as Top Layer:

Base Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ENRGY-3, PSI-25 Minimum 1.4" thick	Any approved fasteners in Table 3	1:2 ft ²
ACFoam-II, UltraGard Gold, FlintBoard ISO, H-Shield Minimum 1.5" thick	Any approved fasteners in Table 3	1:2 ft ²
Perlite Minimum ¾" thick	Any approved fasteners in Table 3	1:2 ft ²
High Density Wood Fiberboard Minimum ½" thick	Any approved fasteners in Table 3	1:2 ft ²
Dens-Deck, Dens-Deck Prime Minimum ¼" thick	Any approved fasteners in Table 3	1:2 ft ²

Note: Base layer shall be mechanically attached with fasteners and density described above. Insulation panels listed are minimum sizes and dimensions; if larger panels are used the number of fasteners per board shall be increased maintaining the same fastener density (See Roofing Application Standard RAS 117 for fastening details).

Top Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
Any of the insulations listed for Base Layer		

Note: Optional top layer of insulation shall be adhered with approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Composite insulation boards used as a top layer shall be installed with the polyisocyanurate face down.

Base Sheet: One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base, Poly SMS, Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) or Ultra Poly SMS adhered to the insulated substrate with approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Ply Sheet: (Optional) One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet (for use with a torched cap sheet only) self adhered.



Membrane: One ply of Flintlastic GMS, Flintlastic GMS CoolStar, Flintlastic Premium GMS, Flintlastic Premium GMS CoolStar, Flintlastic FR-P, Flintlastic FR-P CoolStar, Flintlastic Premium FR-P, Flintlastic Premium FR-P CoolStar, Flintlastic FR Cap Sheet, Flintlastic FR Cap Sheet CoolStar, Flexiglas Premium Cap 960 or Ultra Poly SMS or Flintglas Mineral Surface Cap Sheet, Flintglas Mineral Surface Cap Sheet CoolStar adhered to ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS, Flintlastic GTS CoolStar, Flintlastic FR Cap T or Flintlastic FR Cap T CoolStar torch adhered to ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum at an application rate of 1.5 gal./sq.

Maximum Design Pressure: -45psf. (See General Limitation #9)



Membrane Type: APP MODIFIED
Deck Type II: Wood, Insulated
Deck Description: 1⁹/₃₂" or greater plywood or wood plank
System Type C(1): All layers of insulation simultaneously attached.

All General and System Limitations apply.

One or more layers of any of the following insulations:

Base Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
ACFoam-II, UltraGard Gold, ENRGY-3, PSI-25, FlintBoard ISO, H-Shield Minimum 1.5" thick	N/A	N/A
Perlite Minimum ¾" thick	N/A	N/A
High Density Wood Fiberboard Minimum ½" thick	N/A	N/A
Dens-Deck, Dens-Deck Prime Minimum ¼" thick	N/A	N/A

Note: All layers shall be simultaneously fastened; see top layer below for fasteners and density.

Top Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
Perlite Minimum ¾" thick	Any approved fasteners in Table 3	1:2 ft ²
High Density Wood Fiberboard Minimum ½" thick	Any approved fasteners in Table 3	1:2 ft ²
Dens-Deck, Dens-Deck Prime Minimum ¼" thick	Any approved fasteners in Table 3	1:2 ft ²

Note: All layers of insulation shall be mechanically attached using the fastener density listed above. The insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased maintaining the same fastener density. Insulation fasteners shall be tested for withdrawal resistance in compliance with Testing Application Standard TAS 105 to confirm compliance with the wind load requirements. Please refer to Roofing Application Standard RAS 117 for insulation attachment.

Base Sheet: One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base, Poly SMS, Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the insulated substrate with approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.



Ply Sheet: (Optional) One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet self adhered or Flintlastic STA torch adhered.

Membrane: Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic GTA CoolStar, Flintlastic GTA, Flintlastic GTA CoolStar, Flintlastic GTA-FR or GTA-FR CoolStar torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -45psf. (See General Limitation #9)



Membrane Type: SBS MODIFIED
Deck Type II: Wood, Insulated
Deck Description: 1⁹/₃₂" or greater plywood or wood plank
System Type C(2): All layers of insulation simultaneously attached.

All General and System Limitations apply.

One or more layers of any of the following insulations under those listed as Top Layer:

Base Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-II, UltraGard Gold, ENRGY-3, PSI-25, FlintBoard ISO, H-Shield Minimum 1.5" thick	N/A	N/A
Perlite Minimum 3/4" thick	N/A	N/A
High Density Wood Fiberboard Minimum 1/2" thick	N/A	N/A
Dens-Deck, Dens-Deck Prime Minimum 1/4" thick	N/A	N/A

Note: All layers shall be simultaneously fastened; see top layer below for fasteners and density.

Top Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
Perlite Minimum 3/4" thick	Any approved fasteners in Table 3	1:2 ft ²
High Density Wood Fiberboard Minimum 1/2" thick	Any approved fasteners in Table 3	1:2 ft ²
Dens-Deck, Dens-Deck Prime Minimum 1/4" thick	Any approved fasteners in Table 3	1:2 ft ²

Note: All layers of insulation shall be mechanically attached using the fastener density listed above. The insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased maintaining the same fastener density. Insulation fasteners shall be tested for withdrawal resistance in compliance with Testing Application Standard TAS 105 to confirm compliance with the wind load requirements. Please refer to Roofing Application Standard RAS 117 for insulation attachment.

Base Sheet: One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base, Poly SMS, Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) or Ultra Poly SMS adhered to the insulated substrate with approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.



Ply Sheet: (Optional) One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet (for use with a torched cap sheet only) self adhered.

Membrane: One ply of Flintlastic GMS, Flintlastic GMS CoolStar, Flintlastic Premium GMS, Flintlastic Premium GMS CoolStar, Flintlastic FR-P, Flintlastic FR-P CoolStar, Flintlastic Premium FR-P, Flintlastic Premium FR-P CoolStar, Flintlastic FR Cap Sheet, Flintlastic FR Cap Sheet CoolStar, Flexiglas Premium Cap 960 or Ultra Poly SMS, Flintglas Mineral Surface Cap Sheet, Flintglas Mineral Surface Cap Sheet CoolStar adhered to ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS, Flintlastic GTS CoolStar, Flintlastic FR Cap T or Flintlastic FR Cap T CoolStar torch adhered to ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum at an application rate of 1.5 gal./sq.

Maximum Design Pressure: -45psf. (See General Limitation #9)



Membrane Type: APP MODIFIED
Deck Type II: Wood, Insulated
Deck Description: 1⁹/₃₂" or greater plywood or wood plank
System Type D(1): All layers of insulation and base sheet simultaneously attached.

All General and System Limitations apply.

One or more layers of any of the following insulations:

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
ACFoam-II, UltraGard Gold, ENRGY-3, PSI-25, FlintBoard ISO, H-Shield Minimum 1.5" thick	N/A	N/A
Perlite Minimum 3/4" thick	N/A	N/A
High Density Wood Fiberboard Minimum 1/2" thick	N/A	N/A
Dens-Deck, Dens-Deck Prime Minimum 1/4" thick	N/A	N/A

Note: Top layer shall have preliminary attachment, prior to the installation of the base/anchor sheet, at an application rate of two fasteners per board for insulation boards having no dimension greater than 4 ft., and four fasteners for any insulation board having no dimension greater than 8 ft. All layers of insulation and base sheet shall be simultaneously fastened. See base/anchor sheet below for fasteners and density.

Base Sheet: One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base mechanically attached as detailed in Fastening #1, below or one ply of Poly SMS mechanically attached as detailed in Fastening #2 or #3, below.

Fastening #1: Olympic Screws #12 or #14 and metal plates, Dekfast #14 or #15 and metal plates, Tru-Fast #12 or #14 and MP-3 Plates or SFS Insul-Fixx #12 or #14 and metal plates spaced 4" o.c. at a 4" side lap and two staggered rows in the center of the sheet, 24" o.c.

Fastening #2: Olympic Screws #12 or #14 and metal plates, Dekfast #14 or #15 and metal plates, Tru-Fast #12 or #14 and MP-3 Plates or SFS Insul-Fixx #12 or #14 and metal plates spaced 12" o.c. at a 4" side lap and two staggered rows in the center of the sheet, 36" o.c.

Fastening #3: Tru-Fast #12 or #14 and 2" metal plates or SFS Insul-Fixx screws and 2" round metal plates at a 4" side lap, 12" o.c.



- Ply Sheet:** (Optional) One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet self adhered or Flintlastic STA torch adhered.
- Membrane:** Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic GTA CoolStar, Flintlastic GTA, Flintlastic GTA CoolStar, Flintlastic GTA-FR or GTA-FR CoolStar torch adhered to base/ply sheet.
- Surfacing:** (Optional) Install one of the following:
1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
 2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.
- Maximum Design Pressure:** -45psf. (See General Limitation #9)



Membrane Type: SBS MODIFIED
Deck Type 1I: Wood, Insulated
Deck Description: ¹⁹/₃₂" or greater plywood or wood plank
System Type D(2): All layers of insulation and base sheet simultaneously attached.

All General and System Limitations apply.

One or more layers of any of the following insulations:

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
ACFoam-II, UltraGard Gold, ENRGY-3, PSI-25, FlintBoard ISO, H-Shield Minimum 1.5" thick	N/A	N/A
Perlite Minimum 3/4" thick	N/A	N/A
High Density Wood Fiberboard Minimum 1/2" thick	N/A	N/A
Dens-Deck, Dens-Deck Prime Minimum 1/4" thick	N/A	N/A

Note: Top layer shall have preliminary attachment, prior to the installation of the base/anchor sheet, at an application rate of two fasteners per board for insulation boards having no dimension greater than 4 ft., and four fasteners for any insulation board having no dimension greater than 8 ft. All layers of insulation and base sheet shall be simultaneously fastened. See base/anchor sheet below for fasteners and density.

Base Sheet: One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base mechanically attached as detailed in Fastening #1, below or one ply of Poly SMS mechanically attached as detailed in Fastening #2 or #3, below.

Fastening #1: Olympic Screws #12 or #14 and metal plates, Dekfast #14 or #15 and metal plates, Tru-Fast #12 or #14 and MP-3 Plates or SFS Insul-Fixx #12 or #14 and metal plates spaced 4" o.c. at a 4" side lap and two staggered rows in the center of the sheet, 24" o.c.

Fastening #2: Olympic Screws #12 or #14 and metal plates, Dekfast #14 or #15 and metal plates, Tru-Fast #12 or #14 and MP-3 Plates or SFS Insul-Fixx #12 or #14 and metal plates spaced 12" o.c. at a 4" side lap and two staggered rows in the center of the sheet, 36" o.c.

Fastening #3: Tru-Fast #12 or #14 and 2" metal Plates or SFS Insul-Fixx screws and 2" round metal plates at a 4" side lap, 12" o.c.



Ply Sheet: (Optional) One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) or Ultra Poly SMS adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet (for use with a torched cap sheet only) self adhered.

Membrane: One ply of Flintlastic GMS, Flintlastic GMS CoolStar, Flintlastic Premium GMS, Flintlastic Premium GMS CoolStar, Flintlastic FR-P, Flintlastic FR-P CoolStar, Flintlastic Premium FR-P, Flintlastic Premium FR-P CoolStar, Flintlastic FR Cap Sheet, Flintlastic FR Cap Sheet CoolStar, Flexiglas Premium Cap 960 or Ultra Poly SMS adhered to ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS, Flintlastic GTS CoolStar, Flintlastic FR Cap T or Flintlastic FR Cap T CoolStar torch adhered to ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum at an application rate of 1.5 gal./sq.

Maximum Design Pressure: -45psf. (See General Limitation #9)



Membrane Type: APP MODIFIED
Deck Type 1: Wood, Non-insulated
Deck Description: 1⁹/₃₂" or greater plywood or wood plank decks
System Type E(1): Base sheet mechanically fastened.

All General and System Limitations apply.

Base Sheet: One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base mechanically attached as detailed below.

Fastening: Base sheet shall be lapped 4" and fastened with approved roofing nails and tin caps 9" o.c. in the lap and two rows staggered in the center of the sheet 12" o.c.

Ply Sheet: (Optional) One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet self adhered or Flintlastic STA torch adhered.

Membrane: Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic GTA CoolStar, Flintlastic GTA, Flintlastic GTA CoolStar, Flintlastic GTA-FR or GTA-FR CoolStar torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:
1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -45psf. (See General Limitation #9)



Membrane Type: SBS MODIFIED

Deck Type 1: Wood, Non-insulated

Deck Description: $1\frac{9}{32}$ " or greater plywood or wood plank decks

System Type E(2): Base sheet mechanically fastened.

All General and System Limitations apply.

Anchor Sheet: One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base mechanically fastened as detailed below.

Fastening: Base sheet shall be lapped 4" and fastened with approved roofing nails and tin caps 9"o.c. in the lap and two rows staggered in the center of the sheet 12"o.c.

Ply Sheet: (Optional) One ply of All Weather/Empire Base Sheet, Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) or Ultra Poly SMS adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet (for use with a torched cap sheet only) self adhered.

Membrane: One ply of Flintlastic GMS, Flintlastic GMS CoolStar, Flintlastic Premium GMS, Flintlastic Premium GMS CoolStar, Flintlastic FR-P, Flintlastic FR-P CoolStar, Flintlastic Premium FR-P, Flintlastic Premium FR-P CoolStar, Flintlastic FR Cap Sheet, Flintlastic FR Cap Sheet CoolStar, Flexiglas Premium Cap 960 or Ultra Poly SMS, Flintglas Mineral Surface Cap Sheet, Flintglas Mineral Surface Cap Sheet CoolStar adhered to ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS, Flintlastic GTS CoolStar, Flintlastic FR Cap T or Flintlastic FR Cap T CoolStar torch adhered to ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150 or APOC 212 Fibrated Aluminum at an application rate of 1.5 gal./sq.

Maximum Design Pressure: -45 psf (See General Limitation #9)



Membrane Type: APP MODIFIED
Deck Type 1: Wood, Non-Insulated
Deck Description: ¹⁹/₃₂" or greater plywood or wood plank
System Type E(3): Base sheet mechanically fastened.

All General and System Limitations apply.

Base Sheet: One ply of All Weather/Empire Base Sheet, Glas Base or Flintglas Premium Ply Sheet (Type VI) mechanically attached as detailed below.

Fastening: Base sheet shall be lapped 4" and fastened with 11 ga. annular ring shank nails and approved tin caps 8"o.c. in the lap and three rows staggered in the center of the sheet 8"o.c.

Ply Sheet: (Optional) One ply of All Weather/Empire Base Sheet, Ultra Poly SMS, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet self adhered or Flintlastic STA torch adhered.

Membrane: Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic GTA CoolStar, Flintlastic GTA, Flintlastic GTA CoolStar, Flintlastic GTA-FR or GTA-FR CoolStar torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:
1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -52.5 psf (See General Limitation #7)



Membrane Type: SBS MODIFIED
Deck Type II: Wood, Non-Insulated
Deck Description: ¹⁹/₃₂" or greater plywood or wood plank
System Type E(4): Base sheet mechanically fastened.

All General and System Limitations apply.

Base Sheet: One ply of All Weather/Empire Base Sheet, Glas Base or Flintglas Premium Ply Sheet (Type VI) mechanically attached as detailed below.

Fastening: Base sheet shall be lapped 4" and fastened with 11 ga. annular ring shank nails and approved tin caps 8"o.c. in the lap and three rows staggered in the center of the sheet 8"o.c.

Ply Sheet: (Optional) One ply of All Weather/Empire Base Sheet, Ultra Poly SMS, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS or one or more Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet (for use with a torched cap sheet only) self adhered.

Membrane: One ply of Flintlastic GMS, Flintlastic GMS CoolStar, Flintlastic Premium GMS, Flintlastic Premium GMS CoolStar, Flintlastic FR-P, Flintlastic FR-P CoolStar, Flintlastic Premium FR-P, Flintlastic Premium FR-P CoolStar, Flintlastic FR Cap Sheet, Flintlastic FR Cap Sheet CoolStar, Flexiglas Premium Cap 960 or Ultra Poly SMS, Flintglas Mineral Surface Cap Sheet, Flintglas Mineral Surface Cap Sheet CoolStar adhered to ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS, Flintlastic GTS CoolStar, Flintlastic FR Cap T or Flintlastic FR Cap T CoolStar torch adhered to ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -52.5 psf (See General Limitation #7)



Membrane Type: APP MODIFIED

Deck Type 1: Wood, Non-Insulated

Deck Description: Minimum $1\frac{9}{32}$ " thick plywood attached using approved nails spaced 4" o.c. at wood joists spaced maximum 24" o. c.

System Type E(5): Base sheet mechanically fastened.

All General and System Limitations apply.

Base Sheet: One ply of All Weather/Empire Base Sheet, GlasBase or Flintglas Premium Ply Sheet (Type VI) mechanically attached as detailed below.

Fastening: Base sheet shall be lapped 4" and fastened with 11 ga. annular ring shank nails and approved tin caps 8"o.c. in the lap and three rows staggered in the center of the sheet 8"o.c.

Ply Sheet: (Optional) One ply of All Weather/Empire Base Sheet, Ultra Poly SMS, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS or one or more Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet self adhered or Flintlastic STA torch adhered.

Membrane: Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic GTA CoolStar, Flintlastic GTA, Flintlastic GTA CoolStar, Flintlastic GTA-FR or GTA-FR CoolStar torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:
1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -60psf. (See General Limitation #7)



Membrane Type: SBS MODIFIED

Deck Type 1: Wood, Non-Insulated

Deck Description: Minimum ¹⁹/₃₂" thick plywood attached using approved nails spaced 4" o.c. at wood joists spaced maximum 24" o. c.

System Type E(6): Base sheet mechanically fastened.

All General and System Limitations apply.

Base Sheet: One ply of All Weather/Empire Base Sheet, GlasBase or Flintglas Premium Ply Sheet (Type VI) mechanically attached as detailed below.

Fastening: Base sheet shall be lapped 4" and fastened with 11 ga. annular ring shank nails and approved tin caps 8"o.c. in the lap and three rows staggered in the center of the sheet 8"o.c.

Ply Sheet: (Optional) One ply of All Weather/Empire Base Sheet, Ultra Poly SMS, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS or one or more Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet (for use with a torched cap sheet only) self adhered.

Membrane: One ply of Flintlastic GMS, Flintlastic GMS CoolStar, Flintlastic Premium GMS, Flintlastic Premium GMS CoolStar, Flintlastic FR-P, Flintlastic FR-P CoolStar, Flintlastic Premium FR-P, Flintlastic Premium FR-P CoolStar, Flintlastic FR Cap Sheet, Flintlastic FR Cap Sheet CoolStar, Flexiglas Premium Cap 960 or Ultra Poly SMS, Flintglas Mineral Surface Cap Sheet, Flintglas Mineral Surface Cap Sheet CoolStar adhered to ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS, Flintlastic GTS CoolStar, Flintlastic FR Cap T or Flintlastic FR Cap T CoolStar torch adhered to ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -60psf. (See General Limitation #7)



Membrane Type: APP MODIFIED

Deck Type 1: Wood, Non-insulated

Deck Description: Minimum $1\frac{9}{32}$ " thick plywood attached using wood screws spaced 6" o.c. at wood joists spaced maximum 24" o.c.

System Type E(7): Base sheet mechanically fastened.

All General and System Limitations apply.

Base Sheet: One ply of Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or All Weather / Empire Base Sheet mechanically fastened as detailed below.

Fastening: Base sheet shall be lapped 4" and fastened with Simplex Mega Cap Nails spaced 9" o.c. in the lap and 9" o.c. in two staggered rows in the center of the sheet.

Ply Sheet: (Optional) One ply of All Weather/Empire Base Sheet, GlasBase, Flex-I-GlasBase, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet self adhered or Flintlastic STA torch adhered.

Membrane: Flintlastic STA, Flintlastic Diamond GTA, Flintlastic Diamond GTA CoolStar, Flintlastic GTA, Flintlastic GTA CoolStar, Flintlastic GTA-FR CoolStar or GTA-FR torch adhered to base or ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -60psf. (See General Limitation #7)



Membrane Type: SBS MODIFIED

Deck Type 1: Wood, Non-insulated

Deck Description: Minimum $1\frac{9}{32}$ " thick plywood attached using wood screws spaced 6" o.c. at wood joists spaced maximum 24" o.c.

System Type E(8): Base sheet mechanically fastened.

All General and System Limitations apply.

Base Sheet:

One ply of GlasBase, Flex-I Glas Base, Flex-I Glas FR Base or All Weather/Empire Base Sheet mechanically fastened as detailed below.

Fastening:

Base sheet shall be lapped 4" and fastened with Simplex Mega Cap Nails spaced 9" o.c. in the lap and 9" o.c. in two staggered rows in the center of the sheet.

Ply Sheet:

(Optional) One ply of All Weather/Empire Base Sheet, GlasBase, Flex-I-GlasBase, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) or Ultra Poly SMS adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or one ply of Black Diamond Base Sheet (for use with a torched cap sheet only) self adhered.

Membrane:

One ply of Flintlastic GMS, Flintlastic GMS CoolStar, Flintlastic Premium GMS, Flintlastic Premium GMS CoolStar, Flintlastic FR-P, Flintlastic FR-P CoolStar, Flintlastic Premium FR-P, Flintlastic Premium FR-P CoolStar, Flintlastic FR Cap Sheet, Flintlastic FR Cap Sheet CoolStar, Flexiglas Premium Cap 960 or Ultra Poly SMS, Flintglas Mineral Surface Cap Sheet, Flintglas Mineral Surface Cap Sheet CoolStar adhered to ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS, Flintlastic GTS CoolStar, Flintlastic FR Cap T or Flintlastic FR Cap T CoolStar torch adhered to ply sheet.

Surfacing:

(Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150 or APOC 212 Fibrated Aluminum at an application rate of 1.5 gal./sq.

Maximum Design Pressure:

-60psf. (See General Limitation #7)

MIAMI-DADE COUNTY
APPROVED

NOA No.: 08-0410.09
Expiration Date: 06/19/13
Approval Date: 11/20/08
Page 37 of 38

WOOD DECK SYSTEM LIMITATIONS:

1. A slip sheet is required with Ply 4 and Ply 6 when used as a mechanically fastened base or anchor sheet.

GENERAL LIMITATIONS:

1. Fire classification is not part of this acceptance, refer to a current Approved Roofing Materials Directory for fire ratings of this product.
2. Insulation may be installed in multiple layers. The first layer shall be attached in compliance with Product Control Approval guidelines. All other layers shall be adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq., or mechanically attached using the fastening pattern of the top layer
3. All standard panel sizes are acceptable for mechanical attachment. When applied in approved asphalt, panel size shall be 4' x 4' maximum.
4. An overlay and/or recovery board insulation panel is required on all applications over closed cell foam insulations when the base sheet is fully mopped. If no recovery board is used the base sheet shall be applied using spot mopping with approved asphalt, 12" diameter circles, 24" o.c.; or strip mopped 8" ribbons in three rows, one at each side lap and one down the center of the sheet allowing a continuous area of ventilation. Encircling of the strips is not acceptable. A 6" break shall be placed every 12' in each ribbon to allow cross ventilation. Asphalt application of either system shall be at a minimum rate of 12 lbs./sq.

Note: Spot attached systems shall be limited to a maximum design pressure of -45 psf.

5. Fastener spacing for insulation attachment is based on a Minimum Characteristic Force (F') value of 275 lbf., as tested in compliance with Testing Application Standard TAS 105. If the fastener value, as field-tested, are below 275 lbf. insulation attachment shall not be acceptable.
6. Fastener spacing for mechanical attachment of anchor/base sheet or membrane attachment is based on a minimum fastener resistance value in conjunction with the maximum design value listed within a specific system. Should the fastener resistance be less than that required, as determined by the Building Official, a revised fastener spacing, prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant may be submitted. Said revised fastener spacing shall utilize the withdrawal resistance value taken from Testing Application Standards TAS 105 and calculations in compliance with Roofing Application Standard RAS 117.
7. Perimeter and corner areas shall comply with the enhanced uplift pressure requirements of these areas. Fastener densities shall be increased for both insulation and base sheet as calculated in compliance with Roofing Application Standard RAS 117. Calculations prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant **(When this limitation is specifically referred within this NOA, General Limitation #9 will not be applicable.)**
8. All attachment and sizing of perimeter nailers, metal profile, and/or flashing termination designs shall conform to Roofing Application Standard RAS 111 and applicable wind load requirements.
9. The maximum designed pressure limitation listed shall be applicable to all roof pressure zones (i.e. field, perimeters, and corners). Neither rational analysis, nor extrapolation shall be permitted for enhanced fastening at enhanced pressure zones (i.e. perimeters, extended corners and corners). **(When this limitation is specifically referred within this NOA, General Limitation #7 will not be applicable.)**
10. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code.

END OF THIS ACCEPTANCE



NOA No.: 08-0410.09
Expiration Date: 06/19/13
Approval Date: 11/20/08
Page 38 of 38

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 11-10 2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9618	McCree	Final Ac		
1 st	23 Emanita Way		Pass	Close
	Aulon			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
91622	Ign	sheathing &		
APR 100	11 N Via Lucinda	dry-in	Pass	
	Lifetime Roof	IN PROGRESS		INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9344	Woods	SPAIN WALL		
	32 E. Birch Pt	PREPWORK	Pass	
	CAPITOL AUTO			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9181	Hardin	tie beam &		
3PM	275 Rever Rd	footer	Pass	
	Stratton			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

 Date of Inspection Mon

 Tue

 Wed

 Thur

 Fri

1-4 2011 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9641	MARSH			
AF 008 N: AM	16 S SPT RD AZTEL	AC FINISH	PASS	CLOSE INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9622	ZORN	ROOF AN.		
	11 N. VIA LUINDIA	PROGRESS	PASS	CLOSE
	LIFETIME ROOF	FINAL		INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9660	Sullivan/Gosselin			
	5 DELANO LA	APC FINAL	PASS	CLOSE
	Nislin			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9667	Castle Hill HOA	Final		
1PM	Common Area	disconnect	PASS	CLOSE
	Kamin Elec			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



MIAMI-DADE
BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908

NOTICE OF ACCEPTANCE (NOA)

Hanson Roof Tile d.b.a. Pioneer Concrete Roof Tile
1340 SW 34th Ave
Deerfield Beach, FL 33442

SCOPE:

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

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

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

DESCRIPTION: Palema Double Roll and Hacienda Double Roll Roof Tile

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

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

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

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

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

This NOA consists of pages 1 through 6.
 The submitted documentation was reviewed by Frank Zuloaga, RRC

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
 DATE: 7/21/04

BUILDING OFFICIAL
 Gene Simmons

NOA No.: 02-0916.11
 Expiration Date: 12/16/07
 Approval Date:
 Page 1 of 6

ROOFING ASSEMBLY APPROVAL

Category: Roofing
 Sub Category: Roofing Tile
 Material: Concrete

1. SCOPE

This renews a roofing system using Hanson 'Palema Double Roll and Hacienda' Roof Tile, as manufactured Hanson Roof Tile d.b.a. Pioneer Concrete Tile described in Section 2 of this Notice of Acceptance. For the locations where the pressure requirements, do not exceed the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

2. PRODUCT DESCRIPTION

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Hanson Palema Double Roll Tile	Length: 16 1/4" Width: 13" 1/2" thick	TAS 112	Low profile, interlocking, extruded concrete roof tile equipped with two nail holes. For direct deck or battened nail-on, mortar or adhesive set applications.
Hanson "Hacienda"	Length: 17 1/4" Width: 13" 1/2" thick	TAS 112	Low profile, interlocking, extruded concrete roof tile equipped with two nail hole and double roll ribs. For direct deck or battened nail-on, mortar or adhesive set applications.
Trim Pieces	Length: varies Width: varies Varying thickness	TAS 112	Accessory trim, concrete roof pieces for use at hips, rakes, ridges and valley terminations. Manufactured for each tile profile.

2.1 COMPONENTS OR PRODUCTS MANUFACTURED BY OTHERS

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Wood Battens	<u>Vertical</u> Min. 1"x 4" <u>Horizontal</u> Min. 1"x 4" for use with vertical battens or Min. 1"x 2" for use alone	Wood Preservers Institute LP - 2	Salt pressure treated or decay resistant lumber battens	Generic (With current NOA)
Tile Nails	Min. 10dx 3"	TAS114 Appendix E	Corrosion resistant screw or smooth shank nails	Generic (With current NOA)

NOA No.: 02-0916.11
 Expiration Date: 12/16/07
 Approval Date:
 Page 2 of 6

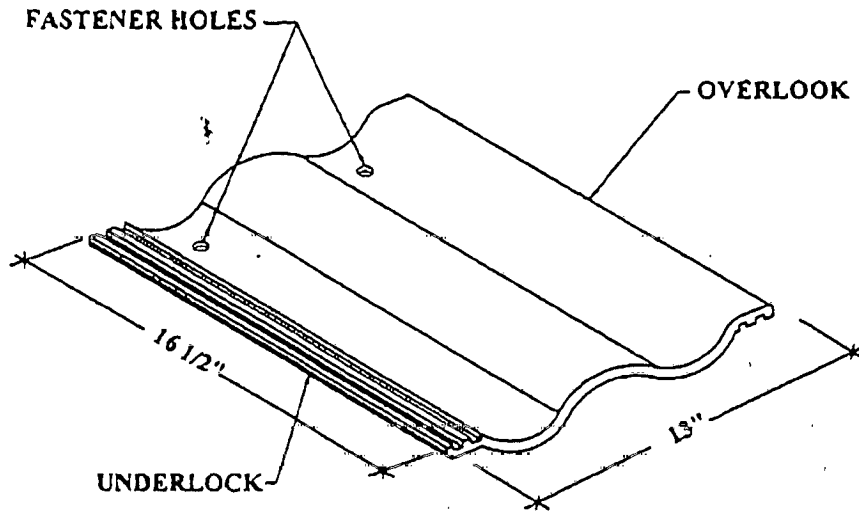
Table 2: Restoring Moments due to Gravity - M_g (ft-lbf)										
Tile Profile	3": 12"		4": 12"		5": 12"		6": 12"		7": 12" or greater	
	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
Hanson Palema Double Roll and Hacienda Tile	5.92	6.80	5.82	6.69	5.70	6.55	5.56	6.39	5.41	6.22

Table 3: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) For Nail-On Systems				
Tile Profile	Fastener Type	Direct Deck (Min 15/32" plywood)	Direct Deck (Min. 19/32" plywood)	Battens
Hanson Palema Double Roll and Hacienda Tile	2-10d Ring Shank Nails	27.8	37.4	28.8
	1-10d Smooth or Screw Shank Nail	8.8	11.8	4.1
	2-10d Smooth or Screw Shank Nails	16.4	21.9	7.1
	1 #8 Screw	25.8	25.8	22.9
	2 #8 Screw	47.1	47.1	49.1
	1-10d Smooth or Screw Shank Nail (Field Clip)	24.3	24.3	24.2
	1-10d Smooth or Screw Shank Nail (Eave Clip)	19.0	19.0	22.1
	2-10d Smooth or Screw Shank Nails (Field Clip)	35.5	35.5	34.8
	2-10d Smooth or Screw Shank Nails (Eave Clip)	31.9	31.9	32.2
	2-10d Ring Shank Nails ¹	43.0	67.5	50.9

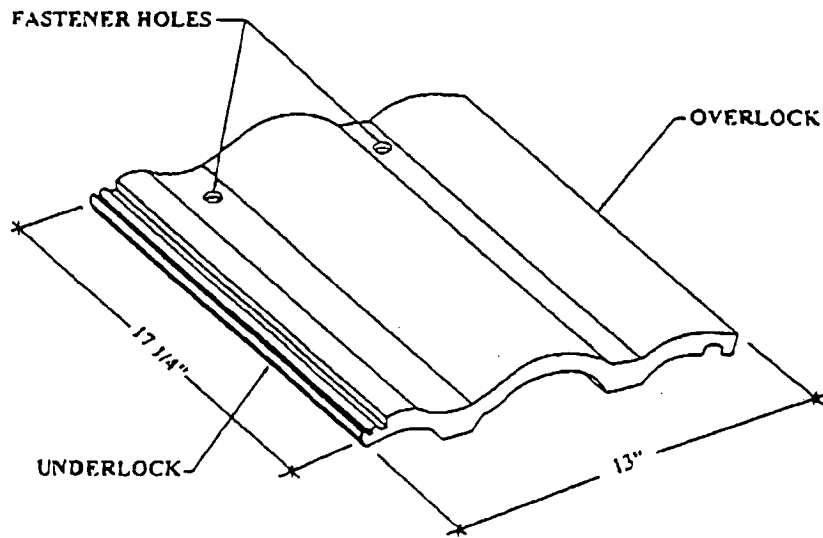
1 Installation with a 4" tile headlap and fasteners are located a min. of 2 1/2" from head of tile.

PROFILE DRAWINGS

HANSON PALEMA DOUBLE ROLL ROOF TILE



HANSON HACIENDA CONCRETE ROOF TILE



END OF THIS ACCEPTANCE

NOA No.: 02-0916.11
Expiration Date: 12/16/07
Approval Date:
Page 6 of 6

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # 6837

TAX FOLIO # 1384100700000150300

NOTICE OF COMMENCEMENT

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 (INCLUDE STREET ADDRESS IF AVAILABLE):
LUCINDIA LOT 15

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

OWNER: EDWARD ZORN

ADDRESS: 11 N. VIA LUCINDIA STUART FL

PHONE #: NA

FAX #: NA

INTEREST IN PROPERTY: _____

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

CONTRACTOR: PACIFIC ROOFING

ADDRESS: P.O. BOX 2697 STUART, FL. 34995

PHONE #: 283-7665

FAX #: 283-9505

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

BOND AMOUNT: _____

FAX #: _____

LENDER/MORTGAGE COMPANY _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

IN ADDITION TO HIMSELF 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 #: _____

FAX #: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

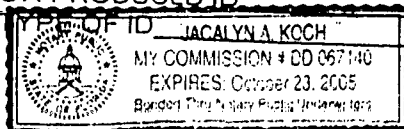
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

* Edward Zorn
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 21 DAY OF July 2004
BY EDWARD ZORN

PERSONALLY KNOWN
OR PRODUCED ID

Jacalyn A. Koch
NOTARY SIGNATURE



INSTR # 1768547 OR BK01923 PG 0665 RECD 07/23/2004 09:09:16 AM
MASHA EWING MARTIN COUNTY DEPUTY CLERK L WOOD

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#0206100081

LICENSE NBR

06/10/2002 011129005 CCC056793

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

RECEIVED
NOV 05 2002
BY: _____

GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART

FL 34995

JEB BUHH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-BRYER
SECRETARY

**2003-2004 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34985
(772) 288-6804

LICENSE 1993-520-076 CERT _____
PHONE (561)283-7663 SIC NO 001761

LOCATION:
808 DIXIE HWY CTY

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL			<u>25.00</u>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **ROOFING CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

19 DAY OF SEPTEMBER 2003
AND ENDING SEPTEMBER 30 2004

**GOMES, RICHARD J
PACIFIC ROOFING CORP
RICHARD J GOMES
808 SE DIXIE HWY
STUART FL 34994**

RECEIPT OF PAYMENT

1
6818
LARRY C. O'STEEN
99 8979/2803 UCCI WORKING
1993-520-076
82236-8971 9088-488CX \$25.00

RECEIVED
NOV 19 2003
BY:



TOWN OF SEWALL'S POINT

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

6837

CORRECTION NOTICE

ADDRESS: 11 N. VIA LUCINDIA

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

ROOF SHEATHING

DEMOLITION IS NOT COMPLETE
PRODUCT APPROVALS DO NOT
INCLUDE MATERIAL FOR LOW
SLOPE ROOF OVER REAR PORCH
NO LADDER ON JOB

JOB NOT READY FOR INSPECTION
REQUESTED
\$40 FEE

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

DATE: 7/26

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JUL 26, 2004 Page 4 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6837	ZORN	DRY IN SHEATHING	FAIL	
10	11 N. VIA LUCINDIA PACIFIC ROOFING			\$40 FEE INSPECTOR: <i>AM</i>
6781	SANGRAJKA	FRAMING		
12	20 S. VIA LUCINDIA ARTELA	STRAPPING ROOF SHEATHING	FAIL PASS	INSPECTOR:
6396	MUFSON	LATH	PASS	
11	17 S. RIVER RD BUFORD CONST			INSPECTOR: <i>AM</i>
TREE	SCHROEDER	TREE	PASS	
9	4 RIDGELAND			INSPECTOR: <i>AM</i>
6827	ANSPAEN	FINAL ROOF	FAIL PASS	XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX CLOSE INSPECTOR: <i>AM</i>
3	146 N. SEWALL'S Pt ALL AMERICAN			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

Date: 7-20-04

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLE HOLDER NAME: ED ZORN Phone (Day) _____ (Fax) _____

Job Site Address: 1118 W 1st Lucia City: Stuart State: FL Zip: 34996

Legal Description of Property: Lucia Lot 15 Parcel Number: 01-38-41-007-000-001505

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

Description of Work To Be Done: RE-ROOF TILE TO TILE

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

CONTRACTOR/Company: Pacific Roofing Phone: 283-7663 Fax: 283-9505

Street: P.O. Box 2697 City: Stuart State: FL Zip: 34997

State Registration Number: _____ State Certification Number: C-CC056793 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 15,000 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: Pacific Roofing State: FL License Number: C-CC056793

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof 2,600 S.F. Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required) Edward Zorn

State of Florida, County of: Martin

This the 20 day of July, 2004

by Edward Zorn who is personally known to me or produced

as identification. Jacalyn A. Koch Notary Public

My Commission Expires: _____

CONTRACTOR SIGNATURE (required) Richard T. Gandy

On State of Florida, County of: Martin

This the 20 day of July, 2004

by Richard T. Gandy who is personally known to me or produced

as identification. Jacalyn A. Koch Notary Public

My Commission Expires: _____

Seal
PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY
MY COMMISSION # DD 067140
EXPIRES: October 23, 2005
Bonded Thru Notary Public Underwriters

JACALYN A. KOCH
MY COMMISSION # DD 067140
EXPIRES: October 23, 2005
Bonded Thru Notary Public Underwriters

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 7/21/04

BUILDING PERMIT NO. 6837

Building to be erected for ZORN

Type of Permit RE ROOF

Applied for by PACIFIC ROOFING (Contractor)

Building Fee _____

Subdivision LUCINDIA Lot 15 Block _____

Radon Fee _____

Address 11 N. VIA LUCINDIA

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

138410070000015030000

Plumbing Fee _____

Amount Paid 120.00 Check # 6135 Cash _____ Other Fees (____) _____

Roofing Fee 120.00

Total Construction Cost \$ 15,000.

TOTAL Fees 120.00

Signed 

Applicant

Signed Gene Simmons (GAS)

Town Building Official

PERMIT

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

INSPECTIONS

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/16, 2005 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6396	MUFSON	EARLY MEER	FAIL	
7	17 S. RIVER RD BUFORD	RELEASE		INSPECTOR: <i>[Signature]</i>
		SHEO		INSTALLED w/o
8	22 BANYAN			PERMIT / SOP WILL INSPECTOR: <i>[Signature]</i>
	SOUTH OF 109 RIVER RD. PINEAPPLE RIVER RD.	TREE REMOVAL OF EXOTICS		WORK DONE IS OK INSPECTOR: <i>[Signature]</i>
4837	ZORN	ROOF FINAL	PASS	CLOSE
	11 N. VIA LUCINDIA PACIFIC			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

4133

DATE 1/29/97

TAX FOLIO NO. _____

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 Edward Zohn Present Address 11 Via Lucindia N.

Phone _____ Sewall's Point, Fla

Contractor Pools by Greg Inc Address 8806 S. Federal Hwy

Phone (561) 337 9713 Port St Lucie, Fla

Where licensed Martin County License Number SP00348

Electrical Contractor Peyak Electric License Number ME00454

Plumbing Contractor N/A License Number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Swimming Pool and Patio

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

11 Via Lucindia N.

Subdivision Lucindia Lot Number 15 Block Number _____

Contract Price \$ 14000.00 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 of Town Commissioner "Red-Tagging" the construction project.

Contractor Greg Schneider, Pres.

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 Edward Zohn

Date submitted _____

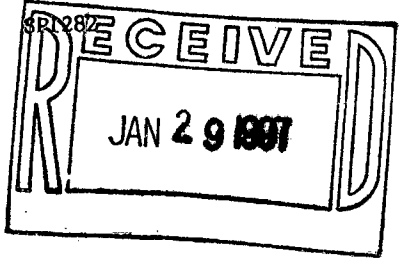
TOWN RECORD Approved: [Signature] 1/29/97
Building Inspector Date

Approved: [Signature] Date _____
Commissioner Date

Final Approval given: _____ Date

Certificate of Occupancy issued(if applicable) _____ Date

Permit No. _____



TAX FOLIO NO. 138-41007-000001503000 DATE 1-16-97

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 Edward Zohn Present Address 11 Via Lucindia N.

Phone _____ Sewall's Point, Fla

Contractor Pools by Greg Inc Address 8806 S. Federal Hwy

Phone (561) 337-9713 Port St Lucie, Fla

Where licensed Martin County License Number SP00348

Electrical Contractor Paxwell Electric License Number ME 00454

Plumbing Contractor N/A License Number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Swimming Pool and Patio

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

11 Via Lucindia N.

Subdivision Lucindia Lot Number 15 Block Number _____

Contract Price \$ 14,000.00 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 of Town Commissioner "Red-Tagging" the construction project.

Contractor [Signature] Pres.

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 [Signature]

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. _____

Handwritten scribbles on the left margin.

described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:

TOWN OF SEWALLS POINT
 BUILDING DEPARTMENT
 ONE SOUTH SEWALLS POINT ROAD
 STUART, FL 34996

INSURED:

ROBERT PAYUK
 DBA-PAYUK ELECTRIC
 2501 SE CALUSA AVENUE
 PORT ST LUCIE, FL 34952

O.K. 97

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	77-AC-598963-3001	02-21-96	02-21-97	
<input checked="" type="checkbox"/> Liability and Medical Expense	NATIONWIDE MUTUAL INSURANCE CO.			Any One Occurrence..... \$ 300,000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org \$ 300,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON \$ 5,000
<input type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 000,000
				General Aggregate* \$ 600,000
<input type="checkbox"/> Other Liability				Prod/Comp Ops Aggregate* . \$ 300,000
AUTOMOBILE LIABILITY	77-BA-598963-3002	08-28-96	08-28-97	
<input checked="" type="checkbox"/> BUSINESS AUTO	NATIONWIDE MUTUAL INSURANCE CO.			Bodily Injury (Each Person) \$
<input checked="" type="checkbox"/> Owned				(Each Accident) \$
<input type="checkbox"/> Hired				Property Damage (Each Accident) \$
<input type="checkbox"/> Non-Owned				Combined Single Limit \$ 30,000
EXCESS LIABILITY				Each Occurrence \$
<input type="checkbox"/> Umbrella Form				Prod/Comp Ops/Disease Aggregate* \$
<input type="checkbox"/> Workers' Compensation and				STATUTORY LIMITS
<input type="checkbox"/> Employers' Liability				BODILY INJURY/ACCIDENT ... \$
				Bodily Injury by Disease EACH EMPLOYEE \$
				Bodily Injury by Disease POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS
 VEHICLES/RESTRICTIONS/SPECIAL ITEMS

Effective Date of Certificate: 02-21-1996
 Date Certificate Issued: 01-15-1997

Authorized Representative: *Kathy Post*
 Countersigned at: KATHY POST, ASSOCIATE AGENT
 O.R. Post Agency
 146 NW CENTRAL PK PL #102

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

JUNE 29, 1994

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

EFFECTIVE DATE OF EXEMPTION 05/19/94

EXEMPTED INDIVIDUAL NAME PAYUK ROBERT S.S. 045-60-8771

BUSINESS NAME PAYUK ELECTRIC FEIN 650500425

BUSINESS ADDRESS 2501 CALUSA AVE
PT ST LUCIE, FL 34952

NOTE: Pursuant to Chapter 440.10(1),(g),2 F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

Russell A. Morris

AUTHORIZED SIGNATURE

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE OF EXEMPTION 05/19/94

EXEMPTED INDIVIDUAL NAME PAYUK ROBERT

SOCIAL SECURITY NUMBER 045-60-8771

BUSINESS NAME PAYUK ELECTRIC

FEDERAL IDENTIFICATION NUMBER 650500425

BUSINESS ADDRESS 2501 CALUSA AVE
PT ST LUCIE, FL 34952



F
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NOTE: Pursuant to chapter 440.10(1),(g),2, F.S., a sole proprietor, partner, or officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

Russell A. Morris

AUTHORIZED SIGNATURE

C U T H E R E

* Carry bottom portion on the job, keep upper portion for your records.

PERMIT # _____ TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Fla COUNTY OF Martin

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

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

Lot 15- Lucindia

GENERAL DESCRIPTION OF IMPROVEMENT: Swimming Pool and Screen

OWNER: Edward John

ADDRESS: 11 Via Lucindia North, Sawalka Point, Fla

PHONE #: _____ FAX #: _____

CONTRACTOR: Pools by Greg Inc.

ADDRESS: 8886 S. Federal Hwy, Port St. Lucie, Fla

PHONE #: _____ FAX #: 34952

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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

Edward A. J.
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 14 DAY OF January 1997 BY Edward John

OR PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

Maurice Richey
NOTARY SIGNATURE



MAURICE RICHEY
MY COMMISSION # CC409461 EXPIRES
September 25, 1998
BONDED THRU TROY FAIR INSURANCE, INC.



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MAURICE RICHEY
BY M. Richey D.C.
DATE 1-16-97

4157



PIONEER SCREEN CO., INC.
3121 S.E. WAALER STREET
STUART, FLORIDA 34997
(561) 283-9197

DATE	INVOICE	AMOUNT

63-643
- 670

No 14881

PAY AMOUNT One hundred dollars 00/100 DOLLARS

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NO.	CHECK AMOUNT
3-13-97	Two of Sewall's Point	Fern	14881	\$ 100.00

FIRST UNION NATIONAL BANK of FLORIDA - STUART, FLORIDA 34997

Carlynn

⑈014881⑈ ⑆067006432⑆ 2169125805634⑈

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 4157

Date 3/18 19 97

Building to be erected for EDWARD ZORN

Applied for by PIONEER SCREEN (Contractor)

Subdivision LUCINDA Lot 15 Block _____

Address 11 VIA LUCINDA

Type of structure SCREEN ENCL.

Building Fee 700, A/C Fee \$100.00, Electrical Fee \$100.00, Plumbing Fee \$100.00, Roofing Fee \$100.00,
 Radon Fee _____ Impact Fee (If applicable) _____

TOTAL Fees 100 PAID - Check # 14881, Cash _____

Total Construction Cost \$ 3200

Signed [Signature] Applicant

Signed [Signature] Town Building Inspector

4/17/67

124

Dr. Rinaldi

Enclosed Carpet

(no drawing)

fee pd - 3.00

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING DEPARTMENT

Construction and Inspection Record

Name of Owner D RINALDI Phone No. _____

Address _____

Name of Contractor ORLOWSKY S. Phone No. 287 1327

Address _____

Legal Description of Property: Lot _____ Block _____

Subdivision _____

Footers _____ Date 7/19/02 Lintel _____ Date _____

Rough Electric _____ Date 7/30/02 Final Electric _____ Date _____

Rough Plumbing _____ Date 7/30/02 Final Plumbing OK Date _____

Close In _____ Date 7/30/02 Final _____ Date _____

Clean Up Bond \$ _____ Date _____ No.: _____

Certificate of Credit Rating _____ Date Filed _____

Superior _____ Good _____ Poor _____

Certificate of Insurance _____ Date Filed _____

Agent _____ Company _____

Certificate of Occupancy Issued _____ Date _____

No.: _____

Permit and Job No. #HH _____

Charles A. Dungea
Building Dept.

TOWN OF SEWALL'S POINT
Florida

BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT

\$ 11.55
2.00 plumbing
3.00 elec
1.50 air cond
18.05

Date July 21 - 62
Owner Dr Dennis Rinaldi

Address Sewell's Point, Jensen Beach, Fla

Architect _____

Address _____

Contractor OAKowsky Const.

Address P O Box 1527 Stuart Fla

Building to be constructed on:
South 100' lot 10 E of ~~Rd~~ County Rd Henmes

Lot _____ Block _____ Subdivision S/D of Lots 9-10-11-12 of

Address Sewell Point A 662

Purpose of Building Addition Type of Work Addition

Estimated cost of Building or Improvements \$ 3,850⁰⁰

Type of Construction Wood Roofing Covering build up 4 ply Tar & Gravel

Type of Roof FLt Foundation 10x16 Conc


Size of Building Lot 100 x 100

Square Feet in Building New Addition 566 sq ft

Zoning _____

Permit Number 44 Permit Fee \$ _____

Clean-up Bond Number _____ Clean-up Fee \$ _____


Signed: Contractor

TOWN OF SEWALL'S POINT
Florida

BUILDING DEPARTMENT

Fee \$ 3.00

APPLICATION FOR PERMIT TO INSTALL ELECTRICAL EQUIPMENT

Date 7/24/62 Permit Number _____

Owner Dr. Rinaldi

Street and Number _____

Electrician Seminole Elec. City License Number 585

Work: New Old Additional

DISTRIBUTION

S. Switches	<u>5</u>	Number of Generators	_____	.50
Number of Notors	_____	Water Heater	_____	.
Stoves	_____	Outlets	_____	
Receptacles	<u>15</u>	Wall Heater	_____	1.50
Sub Feed	<u>A.C.</u>	Size of Panel	_____	
Wire: Romex <input checked="" type="checkbox"/>	Conduit <input type="checkbox"/>	Number of Fixtures	<u>10</u>	1.00
Size of Main Disconnect	<u>Present</u>			<u>3.00</u>

W. J. Windbrenner
Signed: Contractor

TOWN OF SEWALL'S POINT
Florida

BUILDING PERMIT

Fee \$ 2.00

APPLICATION FOR PLUMBING AND GAS PERMIT

Date July 30, 1962 Permit Number _____

Owners Name _____

Street and Number _____

Plumber Palm City Plumbing City License Number _____

Gas Fitter _____

What is the size of main soil pipe? Four inch

Of what material is soil pipe? cast iron

FIXTURES - PLUMBING

Septic Tanks _____ Water Closets /

Bath Tubs _____ Lavatories /

Sinks _____ Urinals _____

Garbage Drains _____ Shower Baths /

Heater (Electrical) _____ Well _____

Washing Machine Drains /

FIXTURES - GAS

Stoves _____ Burners _____

Heaters (water) _____ Heaters (space) _____

Other Appliances _____

Ant M. Lawrence
Signed: Contractor

TOWN OF SEWALL'S POINT
Florida

BUILDING PERMIT

Fee \$ 1.50

APPLICATION FOR PLUMBING AND GAS PERMIT

Date July 23-1962 Permit Number _____

Owners Name Dr. D. Rinaldi

Street and Number Sewall Point Road

Plumber _____ City License Number _____

Gas Fitter _____

What is the size of main soil pipe? _____

Of what material is soil pipe? _____

FIXTURES - PLUMBING

Septic Tanks _____ Water Closets _____

Bath Tubs _____ Lavatories _____

Sinks _____ Urinals _____

Garbage Drains _____ Shower Baths _____

Heater (Electrical) 3 H.P. motor Well _____

Washing Machine Drains _____

FIXTURES - GAS

Stoves _____ Burners _____

Heaters (water) _____ Heaters (space) _____

Other Appliances _____

Charles Hall
Signed: Contractor
Commercial Cooling

Application For Building Permit

Owner Mr. & Mrs. Rinaldi Present Address Palmetto Way Phone _____
 Architect T. E. Sylvester Address 537 Bay Rd. North Palm Beach
 General Contractor T. E. Sylvester Address Above Phone 287-5487
 Where Licensed Martin County License No. 80
 Plumbing Contractor _____ Where Licensed _____ No. _____
 Electrical Contractor Ponx Where Licensed Martin County No. 77
 Property Location _____ Subdivision Lucindia Lot No. 15
 Lot Dimensions Wide 108 x Deep 142 Lot Area 15336 Sq. Ft. _____
 Purpose of Building Residence Type of Construction CBS
 Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)
 Outside of Walls _____ Inside of Walls 17.97
 Street or Road building will front on Fronts north
 Clearances - Front N-50' Back S-48.6 Side E-15' Side W-27' River _____
 Well Location West of House Septic Tank Location South
 Building elevation (By Ordinance Definition) OK
 Contract Price (Include Plumbing, Electrical, Air Conditioning) 19500 ✓

PERMIT FEE	New Home	Additions	Others
General (\$3.00 per \$1000 or Fraction)	<u>60.00</u> ✓	_____	_____
Plumbing (Flat Fee)	<u>\$10.00</u>	<u>\$3.00</u>	_____
Electrical (Flat Fee)	<u>\$10.00</u>	<u>\$3.00</u>	_____
Total (To be paid by General Contractor or Owner)	<u>80.00</u> ✓	_____	_____

SIGNED: - General Contractor or Owner Thomas E. Sylvester
 Building Inspector Comments: Only change - to specify the plywood for roof sheathing.

FOR TOWN RECORDS: Date Drawings submitted Nov. 11 1965
 Date Permit approved Nov. 12 1965 ✓
 Date Permit Fee paid Nov. 15 1965 ✓
 Date First Inspection _____
 Date Final Inspection 3/11/65
 Date Occupancy approved _____

SIGN AND RETURN TO S.P. TOWN HALL

WITH \$3.00

TOWN OF SEWALL'S POINT FLORIDA

124

REMITTANCE,

Application For Building Permit

Owner Dr. D. R. Rinaldi Present Address Jensen Beach Phone 287-4977

Architect _____ Address _____

General Contractor OWNER Address Jensen Beach Phone 287-4977

Where Licensed _____ License No. _____

Plumbing Contractor _____ Where Licensed _____ No. _____

Electrical Contractor _____ Where Licensed _____ No. _____

Property Location _____ Subdivision _____ Lot No. _____

Lot Dimensions _____ Lot Area _____ Sq. Ft. _____

Purpose of Building CARPORT ENCLOSE Type of Construction FRAME

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

Outside of Walls _____ Inside of Walls _____

Street or Road building will front on _____

Clearances - Front _____ Back _____ Side _____ Side _____ River _____

Well Location _____ Septic Tank Location _____

Building elevation (By Ordinance Definition) _____

Contract Price (Include Plumbing, Electrical, Air Conditioning) 650.

PERMIT FEE	New Home	Additions	Others
General (\$3.00 per \$1000 or Fraction)	<input checked="" type="checkbox"/>		<u>3.00</u>
Plumbing (Flat Fee)	\$10.00	\$3.00	
Electrical (Flat Fee)	\$10.00	\$3.00	
Total (To be paid by General Contractor or Owner)			<u>3.00</u>

SIGNED: - General Contractor or Owner Dr. R. Rinaldi

VICE MAYOR Building Inspector Comments: H.C. Patterson

Work has been completed

FOR TOWN RECORDS: Date Drawings submitted _____

Date Permit approved APR-19-67

Date Permit Fee paid April 67

Date First Inspection _____

Date Final Inspection May 67

Date Occupancy approved _____

124

TAX FOLIO NO. _____

4157

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 Mr. Zorn Present address 11 Via Lucindia North

Phone 609 494 5940 Sewalls Point

Contractor Pioneer Screen Address 9011 SW Old Kansas Ave

Phone 283-9197 Stuart, FL 34997

Where licensed State License number SCC046064

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: Screen enclosure over pool

State the street address at which the proposed structure will be built: 11 Via Lucindia North

Subdivision Lucindia Lot Number 15 Block Number _____

Contract price \$ 3200.00 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 Craig Rice

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 Craig Rice

TOWN RECORD

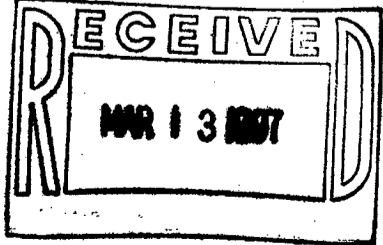
Date submitted _____ Approved: _____ Building Inspector _____ Date _____

Approved: _____ Commissioner _____ Date _____ Final approval given: _____ Date _____

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date _____

PERMIT NO. _____

SP1282
3/94



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500 00

PERMIT # _____ TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Fla COUNTY OF Martin

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

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

Lot 15 Lucindia

GENERAL DESCRIPTION OF IMPROVEMENT: Swimming Pool and Screen

OWNER: Edward Zohn

ADDRESS: 11 Via Lucindia North, Sewall's Point, Fla

PHONE #: _____ FAX #: _____

CONTRACTOR: Pools by Greg Inc.

ADDRESS: 8886 S. Federal Hwy, Port St. Lucie, Fla

PHONE #: _____ FAX #: 34952

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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

Edward A. Zohn
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 14 DAY OF January 1997 BY Edward Zohn

OR PERSONALLY KNOWN PRODUCED ID _____ TYPE OF ID _____

NOTARY SIGNATURE Maurice Richey
/data/bad/bldg_forms/Notc.aw



MAURICE RICHEY
MY COMMISSION # CC408481 EXPIRES
September 25, 1998
BONDED THRU TROY FAIN INSURANCE, INC.

ORBKI 215 PGO 524

RECORDED & VERIFIED BY _____ D.C.
97 JAN 16 AM 2:20

MASSIMA SELLER
CLERK OF CIRCUIT COURT
MARTIN CO., FL
01213615

LAST PAGE

#3

1-38-41-007-000-00150-30000

8/16/95

3838

Diane Daily

11 Via Lucindia
Sewalls Point

Gary Marzo Inc
407) 871-2489
Martin Co.

P.O. Box 8955
Port St Lucie FL
34952

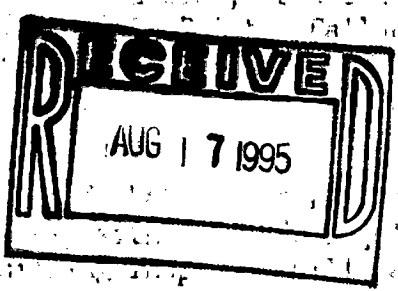
Roof repair on valley above
flat roof

Lucindia
750.00

Permit Number 15
Cost of permit 24.00
Plans approved

12 month...
with the app...
debris, such...
necessary, removing...
may result in...
project.

inspected that the...
further and noted that...
area of...
responsible...
polling the area for...
gathered in one area and...
the area and from the...
Inspector or Town Com...



Contractor Gary Marzo

Owner Diane Daily per Gary Marzo

APPROVED
Approved: Dale Brown

Date submitted
Approved: [Signature]

CEPI