

4 Via Lucindia Dr North

RECEIVED

NOV 07 2003

Permit Number: _____

Town of Sewall's Point
BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Thomas T. Hall
BY: [Signature] Phone (Day) 283 6088 (Fax)
Job Site Address: 4 N. Via Lucindia City: Sewall's Pt. State: FL Zip:
Legal Description of Property: Lot #2 Lucindia Parcel Number: 01384100700000020100
Owner Address (if different): SAME City: State: Zip:
Description of Work To Be Done: 4' Green Chainlink Fence in Backyard

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

CONTRACTOR/Company: United Fence & Steel Phone: 335 2627 Fax: 466 9009
Street: 367 Notlem Dr. City: Ft Pierce State: FL Zip: 34982
State Registration Number: State Certification Number: Martin County License Number: SP-00541

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 1648.00 (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 Phone Number:
Street: City: State: Zip:

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

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

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)
State of Florida, County of:
This the ___ day of ___, 200__
by ___ who is personally
known to me or produced
as identification.

NANCY BARNES MONAGHAN
NOTARY PUBLIC
MY COMMISSION # DD 241741
EXPIRES: August 14, 2007
Bonded Thru Budget Notary Services

CONTRACTOR SIGNATURE (required)
George Quinn
On State of Florida, County of:
This the 5th day of November 2003
by George Quinn who is personally
known to me or produced
As identification. Nancy Barnes Monaghan

Notary Public
My Commission Expires:
Seal

Notary Public
My Commission Expires: Aug 14, 2007
Seal

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

PRINTS

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/10/2003

PRODUCER

R.V. Howard & Associates
8495 South US 1
Port St. Lucie FL 34952
772 343-9878

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC#

INSURER A: Travelers Property Casualty

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURED

United Fence & Steel
George Quinn dba
367 Nothlem Avenue
Fort Pierce, FL 34982
335-2627

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ACPL	LTB	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A				GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR	I6803115A222-COF-03	06/18/03	06/18/04	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
				GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
A				AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	I8103172A15A-03	06/18/03	06/18/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EAACC \$ AGG \$
				EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				
				GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
				WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WETSTAY- TOTH- TORY LIMITS FR E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Town Of Sewalls Point
#1 S. Sewalls Point Rd
Stuart, FL 34995
Fax 220-4765

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





Martin County Building Department

2401 SE Monterey Road

Stuart, FL 34996

(772) 288-5916

QUINN, GEORGE R
UNITED FENCE CO
367 NOTLEM DR
FORT PIERCE, FL 34982

NOTICE TO ALL CONTRACTORS

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

PROHIBITED ACTIVITIES:

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

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

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



**MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency**

FENCE ERECTION

License Number SP00541 Expires: 30-SEP-05

QUINN, GEORGE R
UNITED FENCE CO
367 NOTLEM DR
FORT PIERCE, FL 34982

TTT. JOAN,



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency
License: SP00541
Expires September 30, 2003

Name: GEORGE R QUINN
Company: UNITED FENCE CO
Address: 367 Notlem Dr
City, Sr: Ft Pierce FL 34982
License Type: FENCE CONTRACTOR

HAVE A GREAT DAY

Geo.



367 NOTLEM DRIVE
FORT PIERCE, FL 34982

GEORGE QUINN
335-2627

**WE BUILD
ANY FENCE**

LICENSED & INSURED

Material

**UNITED
UNITED
UNITED
UNITED
UNITED**
Fence & Steel

List

**CHAIN LINK &
BEAUTIFUL CUSTOM
WOOD FENCES AND
DECKS SINCE 1964**

NAME Thomas T Hall
ADDRESS 4 N. Via Lucindia
CITY Sewall's Pt Fl
PHONE 283 6088

DATE 11/5/03
TOTAL FOOTAGE 180'

FENCE 4' High 9 ga. Green Chainlink 2" mesh size
TOP RAIL 1 3/8" x .055 wall 7' Long
LINE POST 1 5/8" x .065 wall 6' Long
CORNER POST 2 1/2" x .065 wall 6' Long
END POST 2 1/2" x .065 wall 6' Long
GATE POST 2 1/2" x .065 wall 7' Long
WALK GATES 2ea. 4' wide Self Closing & Latching
DOUBLE DRIVE GATES ---
WOOD FENCE ---
WOOD POSTS ---
SURVEY Yes 2 Copies
~~HOT DIPPED GALV~~ Green Coated
FENCE LINE CLEARED Yes

All Poles set in Concrete
Holes 6" Diameter X 2' Deep

	Height	# Rolls	1 1/4"	1 1/2"	2"	2 1/2"
FABRIC						
FABRIC						
TERMINAL POSTS						
LINE POSTS						
RAIL ENDS						
BRACE BANDS						
TENSION BARS						
TENSION BANDS						
TERMINAL CAPS						
LOOP CAPS						
TOP RAIL						
BARB ARMS						
BARB WIRE						
TIES						
GATES						
MALES						
FEMALES						
FORKS						
BACKS						
DROP RODS						

TOTAL PRICE _____
LESS DEPOSIT _____
C.O.D. ON COMPLETION _____
SALESMAN _____
CUSTOMER _____
OFFICE ACCEPTANCE _____

Prices quoted do not include any clearing of fence lines. United will clear fence lines for a fee of \$35.00 per man, per hour. The above is an estimate based on our inspection and does not cover any additional labor which may be required after the work has been opened up. Occasionally, after the work has started, large buried objects are discovered which were not evident on the first inspection. Because of this the above prices may have to be renegotiated. This circumstance is rare.

Martin County License #00541

Port St. Lucie License #2011

APR 15 2005

2346

BY:

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 4-11-05

OWNER/TITLEHOLDER NAME: Tom Hall Phone (Day) _____ (Fax) _____

Job Site Address: #4 North Via Lucindia City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lucindia, Lot 2 Parcel Number: 01-38-41-007-000-00020-1

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

Description of Work To Be Done: Reroof + tearoff

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 15,670
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Anchor Roofing CCC1325560 Phone: 418-1384 Fax: 343-1699

Street: 301 Michigan Ave, Ft Pierce City: _____ State: _____ Zip: _____

State Registration Number: 1325560 State Certification Number: _____ Martin County License Number: _____

FL 34948 (772) 480-0192

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: _____

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Tom Hall

State of Florida, County of: Martin

This the 11 day of April, 2005

by Thomas Hall who is personally

known to me or produced NV 2643-168-49-175-0

as identification. Rebecca Miller

CONTRACTOR SIGNATURE (required)

Kurt Schumacher

On State of Florida, County of: Martin

This the 11 day of April, 2005

by Kurt Schumacher who is personally

known to me or produced _____

As identification. Rebecca Miller

My Commission Expires: _____



Rebecca Miller

Commission # DD382076

Expires December 27, 2008

My Commission Expires: _____



Rebecca Miller

Commission # DD382076

Expires December 27, 2008



Anchor Roofing

TAMPA • VERO BEACH • MIAMI • ORLANDO
301 Michigan Street
Fort Pierce, FL 34946
(772) 460-0192
Fax (772) 460-6013
CCC1325560 • IRC 13541



2346

ESTIMATOR: Kevin Blacketer

PHONE: 239-246-2561

Kevin Blacketer _____
Signature Date

Estimate good for 30 days

509 98 Pitch 5/12

NAME <u>Commercial Contracting</u>	SPOUSE'S NAME <u>(Tom Hall)</u>	PROPOSED STARTING DATE
JOB ADDRESS <u>#4 North Via Lucinda</u>	CITY <u>Stuart</u>	STATE <u>FL</u>
BILLING ADDRESS: <u>709 5th St.</u>	CITY <u>Stuart</u>	STATE <u>FL</u>
HM PHONE	WK PHONE <u>772-220-3488</u>	FAX
INS CO	CLAIM #	MORTGAGE CO.

The above, hereinafter called the Purchaser, provides for performance by Contractor for the work stipulated below by the terms and conditions set forth below and on reverse side. Contractor agrees to perform the described work for purchaser in accordance with common practices unless otherwise specified. Additional details as to any other specifications shall be shown hereto and made a part hereof. Any prior representations not included herein; do not survive the execution of this Contract as this is the entire agreement

- Recover Roof With Grand Manor
 - Recover Roof With Touch Down
 - Color of Shingles Stone Gate Gray
 - Remove YES existing layers 1 layers garage _____
 - Install 30 lb. Felt Paper
 - Ridge To Match
 - Valley Replace metal
 - Metal Edging _____ ft. D-Edge All ft. G-Edge _____ ft.
 - Replacement of Roof Stacks All
 - Vents All Ridgevent All ft.
 - Step Flashing check ft.
 - Chimney Reflash Reseal Color check
 - Replace all rotten or damaged roof decking at a rate of _____ per linear ft. or 75 per sheet
 - Skylights Check Reseal check Reflash check
 - Clean up and Haul off Roofing Debris Daily
 - Magnet for Nails Daily
 - Manufacturer's Limited Warranty 50 years
 - Guarantee on Craftmanship 2 years
 - Removal of roofing debris may require additional home improvements not included in price
 - Other _____
- Extra Work _____
- Specified work and quoted price subject to change upon discovery of any hidden defect.

<u>Remove shingles Replace w/ Grand Manor</u>
<u>31 @ 370⁰⁰ = 11,470⁰⁰</u>
<u>Remove & Replace Touchdown 7 @ 600⁰⁰ = 4,200⁰⁰</u>
<u>Total = 15,670⁰⁰</u>
OBP

We hereby propose to furnish labor and materials complete in accordance with the above specifications for the sum of \$ _____

Contract Payment Terms: 50% Down, 50% Day of Completion

Customer Agrees: Any alteration or deviation from specifications above including extra cost will be expected upon written orders and will become an additional charge over and above the contract price.

Stem Bally _____ 4-7-05 _____
PURCHASER'S SIGNATURE DATE SPOUSE'S SIGNATURE DATE

INSURANCE ALLOWANCE AGREEMENT

I/we agree to retain Anchor Roofing (contractor) to repair/replace the damaged or entire portion of the property described on this contract contingent upon the contractor obtaining my insurance company's approval and payment to have said work completed. It is agreed that the contractor is empowered to contact my insurance carrier and to meet with their representative in order to negotiate the amount of damage, the cost of the repair or replacement of the damage to the above property. Upon the insurance carrier agreement with the contractor and the down payment being made the work will be scheduled and may begin on a first in first out basis. **Checks shall be made payable to ANCHOR ROOFING.**

In the event that the insurance carrier fails to negotiate in a fair and reasonable manner the contractor shall not be held liable and this agreement will be void. The contractor will release the complete file to the Commissioner of Insurance at the customer's request.

Insured out of pocket expense will not exceed the insured (purchaser) policy deductible for the work agreed upon between the insurance carrier and the contractor. Insured also agrees to provide all the necessary documentation for the claim (including documentation to facilitate payment from insurance carrier and/or mortgage holder). The contractor reserves the right to file for supplemental claims due to material and or labor increases due to a storm environment or to insurance adjuster's mistakes, errors or omissions.

INSURANCE CO. _____ CLAIM NO. _____

Signature _____ Date _____ Signature _____ Date _____



FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

SELF INSURERS FUND

P.O. BOX 4907 • WINTER PARK, FL 32793 • (407) 671-FRSA
1-800-767-3772 • FAX (407) 671-2520

CERTIFICATE OF INSURANCE

ISSUED TO:

COPY PROVIDED TO:

Town of Sewall's Point
1 S. Sewall's Point Rd.
Sewall's Point FL 34996

Anchor Roofing of Southwest
Florida, Inc.
6411 Arc Way
Fort Myers FL 33912

ATTN: To whom it may concern

Date: 03/01/2005

This is to certify that Anchor Roofing of Southwest Florida, Inc.
6411 Arc Way
Fort Myers FL 33912

being subject to the provisions of the Florida Workers' Compensation Act, has secured the payment of compensation by insuring their risk with the FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION SELF INSURERS FUND.

COVERAGE NUMBER: : 870-033134**LIMITS**

Workers' Compensation Statutory - State of Florida

EFFECTIVE DATE: 01/01/2005

Employers' Liability

\$100,000 - Each Accident

EXPIRATION DATE: 01/01/2006

\$100,000 - Disease, Each Employee
\$500,000 - Disease, Policy Limit

REMARKS: Non-cancelable without 30 days prior written notice, except for non-payment of premium in which will be a 10 day written notice.

This certificate is not a policy and of itself does not afford any insurance. Nothing contained in this certificate shall be construed as extending coverage not afforded by the policy(ies) shown above or as affording insurance to any insured not named above. This provides coverage for Florida policyholders and Florida domicile employees only.

Brett Steigel, Administrator
FRSA-SIF

By: Debbie Kommerer - Underwriting Manager
FRSA-SIF



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

RECEIVED SEP 7 2004

(850) 487-1355

SCHUMACHER, KURT ROY
ANCHOR ROOFING
6411 ARC WAY
FORT MYERS

FL 33912

STATE OF FLORIDA AC#1558705
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CCC1325560 08/23/04 040174278
CERTIFIED ROOFING CONTRACTOR
SCHUMACHER, KURT ROY
ANCHOR ROOFING

IS CERTIFIED under the provisions of Ch. 389 FS.
Expiration date: AUG 31, 2006

DETACH HERE

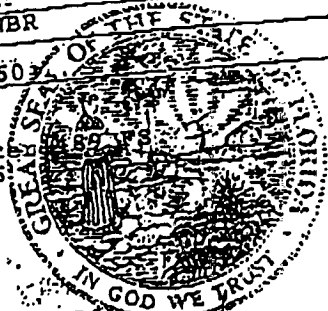
AC#1558705

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

SEQ#L04082301775

DATE	BATCH NUMBER	LICENSE NBR
08/23/2004	040174278	CCC1325560

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter
Expiration date: AUG 31, 2006



SCHUMACHER, KURT ROY
ANCHOR ROOFING
6200 TOPAZ CT
FT MYERS

FL 33912-8306

DIANE LARR
SECRETARY

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

Florida DRIVER LICENSE CLASS D

The Sunshine State
LICENSE NUMBER
S626-516-63-098-0

KURT ROY SCHUMACHER
1022 DE 28TH TERRACE
CAPE CORRAL, FL 33904-0000

ISSUANCE DATE: 03-18-04
EXPIRES: 03-18-10

SEX: M HT: 5-06 A
EYES: BR HAIR: BR

ISSUE DATE: 03-18-04
EXPIRES: 03-18-10

OPERATION OF A MOTOR VEHICLE IS A PRIVILEGE AND NOT A RIGHT. THIS LICENSE IS VALID ONLY IF THE LICENSEE HAS COMPLETED ALL REQUIRED COURSE WORK.

KSO-2

STATE OF FLORIDA
DEPARTMENT OF REVENUE
REGISTERED CONTRACTOR

CCC1325566 877-328-7168

CERTIFIED ROOFING CONTRACTOR
ANCHOR ROOFING
LUNDA HIGDON

IS CERTIFIED under the provisions of ch. 489, F.S.
Expiration Date: APR 31, 2006

**CITY OF PORT ST LUCIE
BUILDING DEPARTMENT
COMPUTER SERVICE MEMBER
EXPIRES SEPTEMBER 30, 2005**

SCHUMACHER, KURT ROY
ANCHOR ROOFING
6411 ARC WAY
FORT MYERS, FL 33904

Signature: *KSO-2*
ROOFING UNLIMITED

FEE \$25.00 PSL05 7417

Collier County / City of Marco, State
Certified
Contractor: Roofing
ROOFING CONTRACTOR

Cert Nbr: 24062 Exp: 8/31/2006 Status: ACTIVE
State Nbr: CCC 1325566 Exp: 8/31/2005

ANCHOR ROOFING
KURT ROY SCHUMACHER
6411 ARC WAY
FT. MYERS FL 33912

Signed: *KSO-2*

Sewalls Point

it # _____

2346

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.

Lucinda, LOT 2

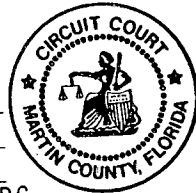
Description of property: Lot: _____
Strap/Parcel #: 01-38-41-007-000-00020-1
Blk: _____
General Description of improvement: Reroof

Owner Information
Name: Tom Hall Thomas L Hall
Address: 34 North Via Lucinda
Stuart, FL 34996

STATE OF FLORIDA
MARTIN COUNTY

Interest in property: owner
Fee simple titleholder (other than owner)
Name: _____
Address: _____

THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK
BY: T COPUS D.C.
DATE: 4-15-05



Contractor Information
Name: Anchor Roofing
Address: 301 Michigan St.
Ft. Pierce, FL 34946
Phone: 772-460-0192
Fax: 772-460-6013

Surety Information
Name: _____
Address: _____
Phone: _____
Fax: _____

Lender's Information
Name: _____
Address: _____

- 1. Person within the State of Florida designated by owner upon whom notices or other documents may be served as provided by 713.13(1)(a) Florida Statutes: _____
- 2. In addition to himself/herself, owner designates _____ of _____ to receive a copy of Lender's Notice as provided in Section 713.13(1)(b) Florida Statutes.
- 3. Expiration date of note of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): _____

Tom Hall
Printed Owner's Name

Tom Hall
Signature of Owner

Sworn to (or affirmed) and subscribed before me this 11 day of April 2005, by
Thomas Hall (name of person making statement).

Rebecca Miller
Signature of Notary Public - State of Florida

Print or Stamp Commission Name Notary

Personally Known _____ or Produced Identification X
Type of Identification Produced JG43-168-49-175-0



Rebecca Miller
Commission # **DD382076**
Expires **December 27, 2008**
Bonded Troy Parr - Insurance, Inc. 800-385-7018

INSTR # 1830822 OR BK 02003 PG 0251 RECD 04/15/2005 01:45:59 PM
MARSHA EWING, MARTIN COUNTY DEPUTY CLERK T COPUS (0556 MFR)



**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
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 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 Florida Building Code, including the High Velocity Hurricane Zone.

DESCRIPTION: Grand Manor Shangle, Carriage House Shangle and Centennial Slate Asphalt Shingles

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 #01-0607.05 and consists of pages 1 through 5.

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: 4/18/05

BUILDING OFFICIAL
Gene Simmons

NOA No.:04-0616.01
Expiration Date: 07/26/2006
Approval Date: 08/26/04
Page 1 of 5

ROOFING SYSTEM APPROVAL

Category: Roofing
Sub-Category: 07310 Asphalt Shingles
Materials Laminate
Deck Type: Wood

1. SCOPE

This revises **Grand Manor Shingle, Carriage House Shingle and Centennial Slate** Asphalt Shingles as manufactured by **CertainTeed Corporation (PA)** as described in Section 2 of this Notice of Acceptance.

2. PRODUCT DESCRIPTION

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Carriage House Shingle™	18" x 36"	TAS 110	A heavy weight, fiberglass reinforced laminated asphalt shingle.
Grand Manor Shingle	18" x 36"	TAS 110	A heavy weight, fiberglass reinforced laminated asphalt shingle.
Centennial Slate Shingle™	18" x 36"	TAS 110	A heavy weight, fiberglass reinforced laminated asphalt shingle.

3. EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Center for Applied Engineering	Uplift and wind driven rain resistance.	TAS 100	01/31/95
Underwriters Laboratories, Inc.	Wind uplift resistance (Grand Manor)	TAS 107	02/16/95
	Wind uplift resistance (Carriage House)	TAS 107	02/01/95
	Material properties 03NK29847 (Centennial)	ASTM D 3462 TAS 107	01/12/95 10/03/03
PRI Asphalt Technologies, Inc.	CTC-009-02-01 (Centennial)	TAS 100	04/28/04

4. LIMITATION

- 4.1 Fire classification is not part of this acceptance; refer to a current Approved Roofing Materials Directory for fire ratings of this product.
- 4.2 Shall not be installed on roof mean heights in excess of 33 ft.
- 4.3 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.

5. INSTALLATION

- 5.1 Shingles shall be installed in compliance with Roofing Application Standard RAS 115.
- 5.2 Flashing shall be in accordance with Roofing Application Standard RAS 115



NOA No.:04-0616.01
Expiration Date: 07/26/2006
Approval Date: 08/26/04
Page 2 of 5

- 5.3 The manufacturer shall provide clearly written application instructions.
- 5.4 Exposure and course layout shall be in compliance with Detail 'A', attached.
- 5.5 Nailing shall be in compliance with Detail 'B', attached.

6 LABELING

- 6.1 Shingles shall be labeled with the Miami-Dade Logo or the wording "Miami-Dade County Product Control Approved".

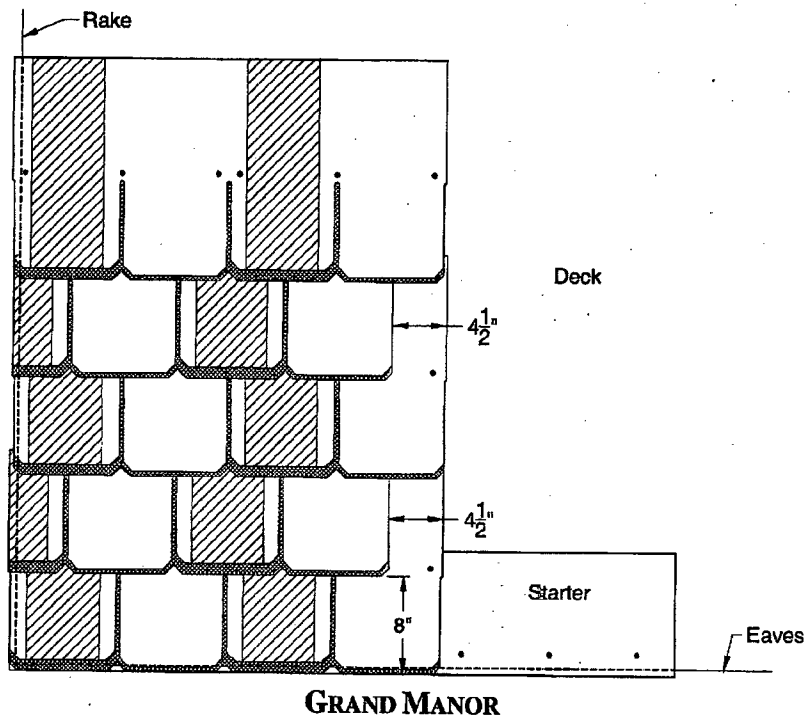
7 BUILDING PERMIT REQUIREMENTS

- 7.1 Application for building permit shall be accompanied by copies of the following:
 - 7.1.1 This Notice of Acceptance.
 - 7.1.2 Any other documents required by the Building Official or the applicable code in order to properly evaluate the installation of this system.

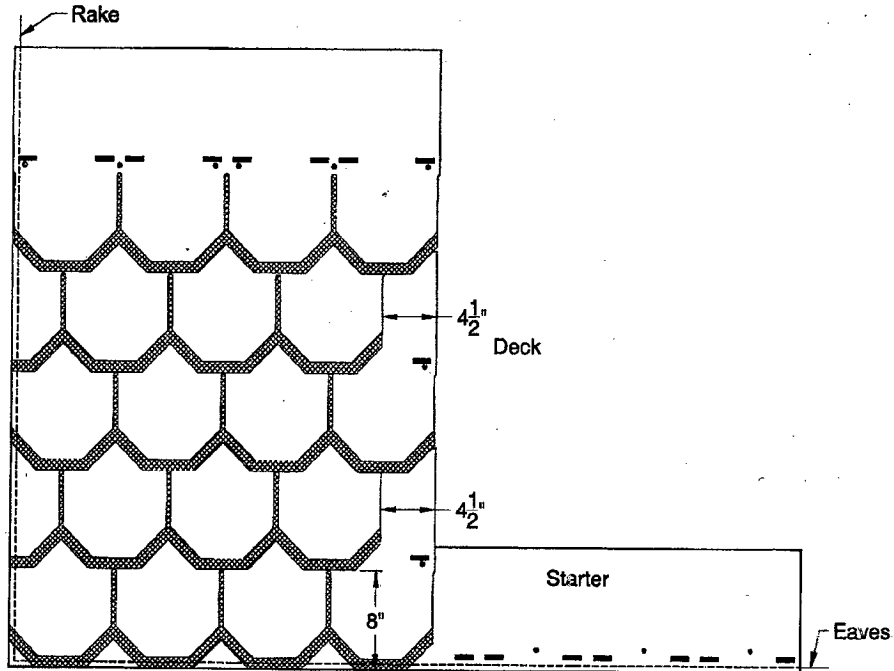
8 MANUFACTURING PLANTS

- 8.1 Oxford, NC

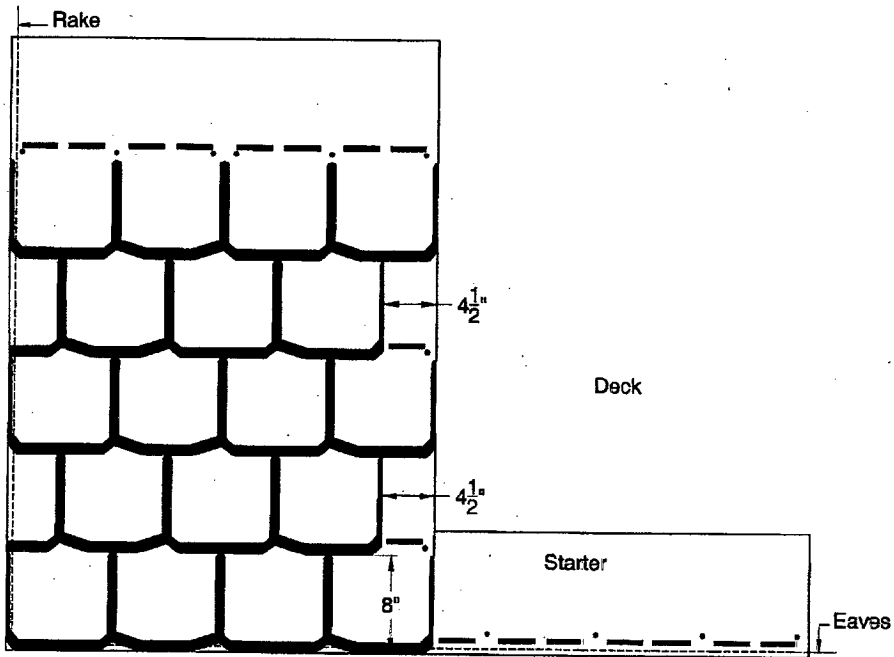
DETAIL 'A'



DETAIL 'A' (CON'T)



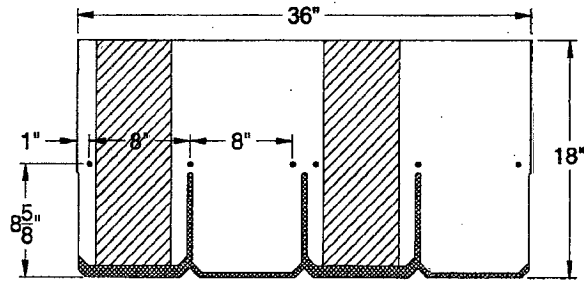
CARRIAGE HOUSE



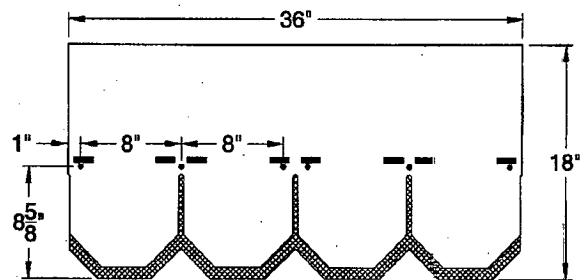
CENTENNIAL SLATE



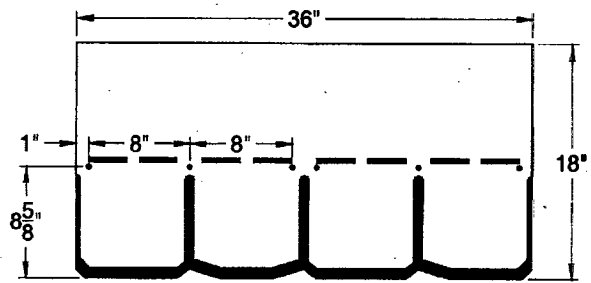
DETAIL 'B'



GRAND MANOR



CARRIAGE HOUSE



CENTENNIAL

END OF THIS ACCEPTANCE





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:	8731	DATE ISSUED:	OCTOBER 9, 2007
SCOPE OF WORK:	ALARM		
CONDITIONS :			
CONTRACTOR:	BRINKS		
PARCEL CONTROL NUMBER:	13841007000002201	SUBDIVISION	LUCINDIA - LOT 2
CONSTRUCTION ADDRESS:	4 N VIA LUCINDIA		
OWNER NAME:	HALL		
QUALIFIER:	DOUGLAS BASSETT	CONTACT PHONE NUMBER:	561-625-3229

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO THE FIRST REQUESTED INSPECTION.

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE: 10-8-07
TOWN OF SEWALL'S POINT

**Town of Sewall's Point
BUILDING PERMIT APPLICATION**

Permit Number: _____

Date: _____
OWNER/TITLEHOLDER NAME: Michelle & Thomas Hall Phone (Day) _____ (Fax) _____

Job Site Address: 4 N. via Lucindia City: _____ State: _____ Zip: _____

Legal Desc. Property (Subd/Lot/Block) Lucindia Lot 2 Parcel Number: 01-38-41-007-000-00020-1

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

Scope of work: Install alarm Master 4 DEVICES

561-625-3229

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

COST AND VALUES
Estimated Value of Construction or Improvements: \$ 299.00
(Number of Construction or Improvements: _____)
Estimated Fair Market Value prior to Improvements:
(FOR ALLOTIONS AND RANGES APPLICATIONS ONLY)
Method of Determining Fair Market Value: _____

CONTRACTOR/Company
900 S. ...
Street: _____ State: _____ Zip: _____
State Registration Number: _____ Municipality License Number: _____

ARCHITECT
Street: _____ State: _____ Zip: _____

ENGINEER
Street: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE (SEWER SERVICE) Building: _____ Garage: _____ Covered Porch: _____
Carport: _____ Total Underfoot: _____ Wood Deck: _____

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2004 (w/2006 Rev.)
National Electrical Code 2005 Florida Energy Code 2004 Florida Access/Billy Code 2004 Florida Fire Code 2004

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 TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY HAS DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT AND 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 2005.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR 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 ALL NULL AND VOID PERMITS. REF: FBC 2004 W/2006 REVISIONS SECT. 105.41, 105.411, 105.412, 106.
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 AUTHORIZED Agent's SIGNATURE (required)
Michelle Hall
State of Florida, County of Palm Beach County
This the 5 day of October 2007
by Michelle Hall who is personally known to me or produced drivers license as identification.

CONTRACTOR'S SIGNATURE (required)
Douglas Bassett
On State of Florida, County of Palm Beach County
This the 5 day of October 2007
by Douglas Bassett who is personally known to me or produced _____ as identification.

My Commission Expires: 11/02/07

My Commission Expires: 11/02/07

JENNIFER WEISS
MY COMMISSION # DD 503594 EXPIRES: 10/10/2010
SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!
Public Underwriters

**Town of Sewall's Point
BUILDING PERMIT APPLICATION**

Date: _____ Permit Number: _____

OWNER/TITLEHOLDER NAME: Michelle & Thomas Hall Phone (Day) _____ (Fax) _____

Job Site Address: 4 N. Via Lucindia City: _____ State: _____ Zip: _____

Legal Desc. Property (Subd/Lot/Block) Lucindia Lot 2 Parcel Number: 01-38-41-007-000-000220-1

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

Scope of work: install alarm 1 Master 4 Devices

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

GOST AND VALUES
Estimated Value of Construction or Improvements: \$ 299.00
(Notice of Commencement required over \$2500)
Estimated Fair Market Value prior to improvement: \$ _____
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)
Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company
Brinks Home Security Phone: _____ Fax: _____
Street: 9000 Burma Rd # 409 State: _____ Zip: _____
Palm Beach Gardens, FL 33403
State Registration Number: _____ State: _____ Municipality License Number: _____
(661) 625-3229
(661) 625-0177

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 _____

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2004 (W/2006 Rev.)
National Electrical Code 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

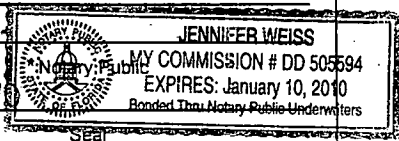
NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING. CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENGUMBERED 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, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR 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 ALL NULL AND VOID PERMITS. REF FBC 2004 W/2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - 5.

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.

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

OWNER OR AUTHORIZED AGENT SIGNATURE (required) _____ CONTRACTOR SIGNATURE (required) _____
State of Florida, County of _____ On State of Florida, County of Palm Bch
This the _____ day of _____, 2007 This the 8 day of October, 2007
by _____ who is personally by Douglas Bassett who is personally
known to me or produced _____ known to me or produced _____
as identification _____ As identification _____
Notary Public Seal My Commission Expires: _____ My Commission Expires: 11/01/2010

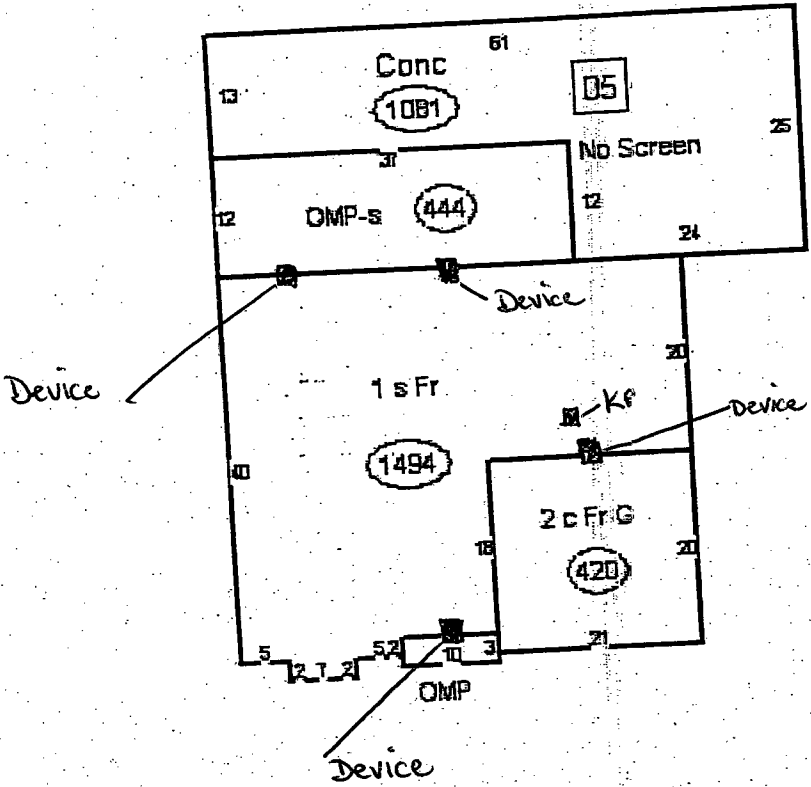
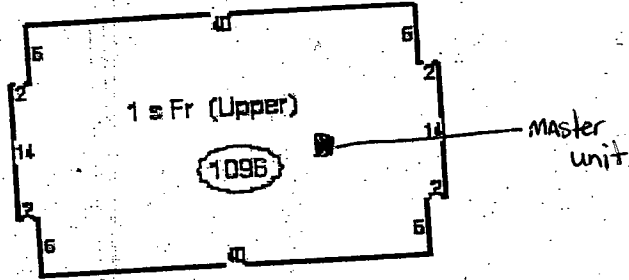


SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 10-9-07

BUILDING OFFICIAL

01 02 03



6 Compliance Information

6.1 UL/CUL Compliance

6.1.1 Residential Listings (US and Canada)

When installed following the guidelines presented below, the BHS-4000A system is compliant with these agency listings:

- UL 985 – Household Fire Warning System Units
- UL 1023 – Household Burglar Alarm System Units
- UL 1635 – Digital Alarm Communicator system Units
- UL 1637 – Home Health Care Signaling Equipment

The system also complies with the following Canadian listings:

- CAN/CUL-S545-M89 – Standard for Residential Fire Warning System Control Units
- UL 1023 – Household Burglar Alarm System Units

6.1.2 Hardware Guidelines

- Use only UL listed devices.
- Use recognized limited energy cables.
- Do not plug the transformer into a receptacle that is controlled by a switch. Use an approved transformer from the list below (according to location of installation):

Note: Part Numbers in italics = w/Ground Terminal

	US (UL Listed)	Canada (UL/CSA Listed)
Basler		
16.5V 25VA	<i>BE116225CAA0002</i>	BE116225AAA0024
16.5V 25VA	BE116225CAA0001	
16.5V 40VA	BE156240CAA0007	
UltraTech		
16.5V 40VA	<i>IM-16V 40VA</i>	<i>IM-16V 40VA</i>
16.5V 40VA	<i>E-HWA T16V40</i>	<i>E-HWA T16V40</i>
ELK		
16.5V 40VA	<i>TRG1640</i>	
Universal		
16.5VAC 40VA	UB1640W	
16.5VAC 25VA	UB1625B/US2	
16.5VAC 25VA	<i>UB1625B/US3</i>	<i>UB1625B/CA3</i>
Revere		
16.5VAC 40VA	RT-1640	

- Use one of the 12 VDC batteries listed below:

Premier 12VDC 4Ah	PT1245
Power Sonic 12VDC 5Ah	PS1250
Power Sonic 12VDC 7Ah	PS1270
Universal Battery 12VDC 7Ah	UB1270
Universal Battery 12VDC 4.5Ah	UB1245
Yuasa 12VDC 4Ah	NP4-12
Yuasa 12VDC 7Ah	NP7-12

- Battery backup requirement: Residential Fire (US & Canada), Home Health Care = 24 hour w/ 4 minute alarm time.
- Battery backup requirement: Residential Burglary (US & Canada) Commercial Burglary and DACT = 4 hour w/ 5-15 minute alarm time.
- Use Premier or Universal PTS-15 BHSW Range 4–16 Ohm speaker across the SIREN and Common terminals for Residential Fire and Burglary applications. For Canadian Residential Fire, use the Amseco MSB Series 12VDC bell. In a Multi Area system, these devices must be placed so that it can be heard in all areas as they are the primary sounding devices. The sounder on the 2112ATL smoke detector is a supplementary sounding device.
- Fire zones must use System Sensor Model 2112ATL smoke detector, ADEMCO 5808LST wireless smoke detector or other UL Listed 4-wire Smoke Detector with EOL Relay.
- Use the IntelliSense/Honeywell 9.X 4.7 K EOL resistors for all hardwired fire zones.
- Use 4.7K Ohm end-of-line resistors on all burglary zones.

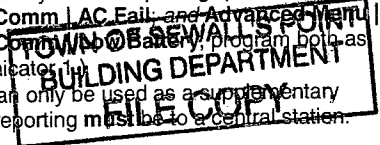
- Do not exceed the maximum combined auxiliary, fire and keypad current (1.0A for a 25VA or 1.2A with a 40VA transformer, including alarm outputs).
- Do not exceed the maximum current draw for the Bell output (1 A). The primary sounding output device should be a siren for residential systems or a bell for commercial systems.
- Install the keypads within the protected area. If mounted outside of protected areas, keypads must be set up for tamper protection.
- Use SIA format with Silent Knight 9800 Receiver.

Note: The Keyfob, Keyfob Receiver, BHS-3420, and Virtual Keypad have not been investigated by Underwriters Laboratories, Inc.

6.1.3 Programming Guidelines

To ensure that the BHS-4000A system is compliant with the Listings in Section 6.1.1, program the system as follows:

- The MOS Suspend mode is not to be used in UL Certified installations.
- Program each keypad's exit delay to be 120 seconds or less. (**Standard Menu | Set Exit Delay**)
- Program each entry delay for 45 seconds or less. (**Advanced Menu | Account | Area | Zone | Vw/Edt Zone | Entry Delay Time**) Program each Entry/Exit Zone individually.
- User Codes must be at least 3 digits long (**Advanced Menu | Account | Vw/Edt Acnt | User Code Length**).
- Siren Supervision must be enabled when using the siren output.
- Program all burglary sounding devices to operate for at least 4 minutes. (**Advanced Menu | Device | Vw/Edt Device 0 | Alarm outputs | Burglary Cutoff**) Set Medical Cutoff Time to a minimum of 5 minutes for Home Health Care applications.
- Burglary zones must be programmed as EOL and the Alarm output cadence must be steady.
- Fire zones (both hardwire and soft zones) must be programmed as supervised, with Temp Code 3 (USA or CAN) alarm cadence.
- Medical zones must be programmed for silent or a pulsing cadence.
- No zone may be programmed for silent alarm.
- Do not program the panel to dial a police station.
- Do not program the panel to dial an emergency, police station, or fire alarm number.
- Program the fire alarm time-out for manual shutdown. (**Advanced Menu | Device | Vw/Edt Device 0 | Alarm outputs | Fire Cutoff**; program 0.)
- Program the dialing attempts for Comms 1 and 2 to be at least 5, and no more than 10. (**Advanced Menu | Comm | Vw/Edt Comm | Dial Attempts**)
- Program the test message interval to once every 24 hours. (**Advanced Menu | Account | Vw/Edt Acnt | Test Interval Hrs**): In a multiple area system, it is only necessary to send the test interval on one of the area accounts since they share the same dialer.
- Program the panel to report all fire trouble conditions to the central station. (**Advanced Menu | Comm | Vw/Edt Comm | Fire Trouble**; program "yes" for Communicator 1.)
- Enable AC and Battery trouble reporting. (**Advanced Menu | Comm | Vw/Edt Comm | AC Fail**; and **Advanced Menu | Comm | Vw/Edt Comm | Battery**; program both as "yes" for Communicator 1.)
- Pager reporting can only be used as a supplementary method, primary reporting must be to a central station.



1 BHS-4000A Regulatory Notices

1.1 FCC Notice

1.1.1 FCC Rules Part 15

This equipment has been tested and found to comply with the limits for a Class B digital device, pursuant to Part 15 of the FCC Rules. These limits are designed to provide reasonable protection against harmful interference in a residential installation. This equipment generates, uses and can radiate radio frequency energy and, if not installed and used in accordance with the instructions, may cause harmful interference to radio communications. However, there is no guarantee that interference will not occur in a particular installation. If interference generated by this unit is suspected, call Brink's Customer Service at 1-800-445-0872.

If this equipment does cause harmful interference to radio or television reception, which can be determined by turning the equipment off and on, the user is encouraged to try to correct the interference by one or more of the following measures:

- ◆ Re-orient the radio/television antenna;
- ◆ Move the television or receiver away from the unit.
- ◆ Plug the unit and the TV/radio receiver into different outlets, i.e. not on the same circuit breaker.
- ◆ Contact Brinks Home Security or an experienced TV/Radio technician for additional suggestions.

1.1.2 FCC Rules Part 68

This equipment complies with FCC Rules, Part 68.

On the outside of this equipment is a label that contains, among other information, the FCC Registration Number and Ringer Equivalence Number (REN) for this equipment. If requested, provide this information to your telephone company.

This equipment is equipped with a USOC RJ31X connector. This equipment is designated to be connected to the telephone network or premises wiring using a compatible modular jack (RJ31X) which is part 68 compliant.

The REN is useful to determine the quantity of devices you may connect to your telephone line and still have all of those devices ring when your number is called. In most, but not all areas, the sum of the REN's of all devices should not exceed five (5.0). To be certain of the number of devices you may connect to your line, as determined by the REN, you should call your local telephone company to determine the maximum REN for your calling area.

Should you experience trouble with the telephone lines, disconnect the equipment from the line to determine the source of the trouble. If it is determined that the equipment is malfunctioning, discontinue its use until the malfunction has been corrected. Any repairs or alterations made by the user to this equipment, or equipment malfunctions, may give the telephone company cause to request the user to disconnect the equipment. If you experience trouble with this equipment, please contact Brink's Home Security Customer Service at 1-800-445-0872 for information on obtaining service or repairs.

Should this equipment cause harm to the telephone network, the telephone company may temporarily discontinue your service. If possible, they will provide you with advance notice. Otherwise they will notify you as soon as possible. The telephone company will also advise you of changes in its facilities, equipment, operations or procedures which could affect the operation of your equipment, allowing you the opportunity to maintain uninterrupted service. You will also be advised of your right to file a complaint with the FCC.

This equipment must not be used on party lines or coin-operated phone lines.

The FCC Registration # is C2D MUL-35516-AL-E

Ringer Equivalence: 0:5B

1.2 Industry Canada

NOTICE: The Industry Canada label identifies certified equipment. This certification means that the equipment meets certain telecommunications network protective, operational and safety requirements as prescribed in the appropriate Terminal Equipment Technical Requirements documents. The Department does not guarantee the equipment will operate to the user's satisfaction.

Before installing this equipment, users should ensure that it is permissible to be connected to the facilities of the local telecommunications company. The equipment must be installed using an acceptable method of connection.

The customer should be aware that compliance with the above conditions may not prevent the degradation of service in some situations.

Repairs to certified equipment should be coordinated by a representative designated by the supplier. Any repairs or alterations made by the user to this equipment, or equipment malfunctions may give the telecommunications company cause to request the user to disconnect the equipment.

Users should ensure for their own protection that the electrical ground connections of the power utility, telephone lines and internal metallic water pipe system, if present, are connected together. This precaution may be particularly important in rural areas.

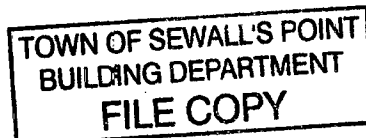
Caution: Users should not attempt to make such connections themselves, but should contact the appropriate electric inspection authority, or electrician, as appropriate.

NOTICE: The Ringer Equivalence Number (REN) assigned to each terminal device provides an indication of the maximum number of terminals allowed to be connected to a telephone interface. The termination on an interface may consist of any combination of devices subject only to the requirement that the sum of the Ringer Equivalence Numbers of all the devices does not exceed 5.

This Class B digital apparatus Complies with: Canadian ICES-003. Cet appareil numérique de la classe B est conforme à la norme NMB-003 du Canada.

Contact Brink's Customer Service at 1-800-445-0872 for information on obtaining service or repairs.

IC Certification Number is 1140 10954A





Protective Insurance Company
1099 North Meridian Street
Indianapolis, Indiana 46204
(317) 636-9800 Ext. 254

Date Issued: 12/06/06 SEQ# 00007876
Page: 1 00010992-003

CERTIFICATE OF INSURANCE

This Certificate issued to:

SEWELL'S POINT
1 S. SEWELL'S POINT ROAD
SEWELL'S POINT , FL 34996

Certifies placement of insurance coverage for the account of

BRINK'S HOME SECURITY, INC.
8880 ESTERS BLVD.
IRVING , TX 75063

With the following insurers, individually and not jointly, providing insurance as listed:

Protective Insurance Company Policies: X 001573

For the following coverages:

Automobile Liability
General Liability including Personal Injury and Property Damage

For limits of \$2,000,000 CSL per occurrence/\$4,000,000 General Liability Aggregate

Effective: January 1, 2007

Expiration: January 1, 2008

In the event of policy cancellation or material change, every reasonable effort will be made to advise the certificate holder named hereon, at the address indicated, of such cancellation or material change within 30 (Thirty) days thereof.

Signed at Indianapolis, Indiana this 6th day of December, 2006

THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER COVERAGE AFFORDED BY THE POLICY LISTED HEREIN.

BY John E. Mitchell



Protective Insurance Company
1099 North Meridian Street
Indianapolis, Indiana 46204
(317) 636-9800 Ext. 254

Date issued: 12/06/06
SEQ# 00007876
00010992-003

CERTIFICATE OF INSURANCE

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General Liability including Personal Injury and Property Damage

For Limits of \$2,000,000 CSL per occurrence/\$4,000,000 General Liability Aggregate

Effective: January 01 , 2007

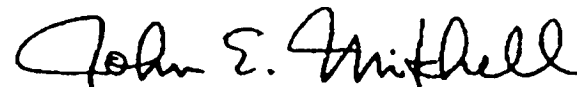
Expiration: January 01 , 2008

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Signed at Indianapolis, Indiana this 6th day of December , 2006

THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER COVERAGE AFFORDED BY THE POLICY LISTED HEREIN.

BY:



AC# 2672665

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L06072101201

DATE	BATCH NUMBER	LICENSE NBR
07/21/2006	060058700	EF0000921

The ALARM SYSTEM CONTRACTOR I
Named below IS CERTIFIED
Under the provisions of Chapter 489, FS.
Expiration date: AUG 31, 2008

BASSETT, DOUGLAS POPE
BRINK'S HOME SECURITY, INC. DBA;
BRINK'S HOME TECHNOLOGIES
478 S.W. 12TH AVENUE
DEERFIELD BEACH FL 33442

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

2003-03895

**PALM BEACH COUNTY
LOCAL BUSINESS TAX RECEIPT**

CLASSIFICATION

EXPIRES: SEPTEMBER - 30 - 2008

BRINK'S HOME TECHNOLOGIES	** LOCATED AT	C/WIDE	\$1.00
BASSETT DOUGLAS - QUALIFIER			
BRINKS HOME SECURITY INC	9000 BURMA ROAD #109		
	PALM BEACH GARDENS FL 33403		
		TOTAL	\$1.00

This receipt is hereby valid for the above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:

ALARM CONTRACTOR I

EF 0000921

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR
\$1.00 DUP 325 0003345 10-01-2007

**ANNE M. GANNON
TAX COLLECTOR, PALM BEACH COUNTY**

**THIS DOCUMENT IS VALID ONLY WHEN
RECEIPTED BY TAX COLLECTOR**

2003-03900

**STATE OF FLORIDA
PALM BEACH COUNTY
LOCAL BUSINESS TAX RECEIPT**

OC-032
CLASSIFICATION

EXPIRES: SEPTEMBER - 30 - 2008

BRINK'S HOME TECHNOLOGIES	** LOCATED AT	CNTY	\$1.00
BASSETT DOUGLAS - QUALIFIER			
BRINKS HOME SECURITY INC	9000 BURMA ROAD #109		
	PALM BEACH GARDENS FL 33403		
		TOTAL	\$1.00

This receipt is hereby valid for the above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:

ALARM CONTRACTOR I

EF0000921

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR
\$1.00 DUP 325 0003330 10-01-2007

**ANNE M. GANNON
TAX COLLECTOR, PALM BEACH COUNTY**

**THIS DOCUMENT IS VALID ONLY WHEN
RECEIPTED BY TAX COLLECTOR**

2003-03891

**STATE OF FLORIDA
PALM BEACH COUNTY
LOCAL BUSINESS TAX RECEIPT**

OR-014
CLASSIFICATION

EXPIRES: SEPTEMBER - 30 - 2008

BRINKS HOME SECURITY	** LOCATED AT	CNTY	\$1.00
BASSETT DOUGLAS P-QUALIFIER			
BRINKS HOME SECURITY INC	9000 BURMA ROAD #109		
	PALM BEACH GARDENS FL 33403		
		TOTAL	\$1.00

This receipt is hereby valid for the above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:

ALARM SYSTEM STORE

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR
\$1.00 DUP 325 0003335 10-01-2007

**ANNE M. GANNON
TAX COLLECTOR, PALM BEACH COUNTY**

**THIS DOCUMENT IS VALID ONLY WHEN
RECEIPTED BY TAX COLLECTOR**

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-29, 2008

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8812	Hepworth 3 Riverview Dr Sand Castle	Beam?		RESCHEDULE FOR MONDAY OK
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8805	JOCHEN 22 RIPLELAND	FENCE	CANCEL	WILL RESCHEDULE
4	PRIVACY FENCE			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8748	McGovern 2 TUSCAN LA DRIFTWOOD	Lower Roof SMARTING	PASS	INSPECTOR: <i>[Signature]</i>
6				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8530	LULOH 20 E. HIGH PT. C & C GAS	FINAL	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
1A				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8801	BLAIR FARMER 49 95 PRO EVERGLADES	DRY IN METH	CANCEL	WILL RESCHEDULE INSPECTOR: <i>[Signature]</i>
5				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8800	TOOMAN 37 W HIGH RY POOL	Pool Pump & Pressure Test LIGHT NICHE	FAIL	COMP. TEST OK INSPECTOR: <i>[Signature]</i>
2				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8731	HALL 4 N. Via Lucindia BRINKS	Alarm FINAL	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
3				
OTHER:	8492 1	REINSPECT FRAMING SEVERED EXHAUST DUCT.	PASS	<i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9/28, 2005

Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7501	HALL	FINAL ROOF	PASS	CLOSE
6	4 N. VIA LUCINDIA ANCHOR ROOFING			INSPECTOR: <i>[Signature]</i>
7750	COOPER	FINAL FUEL TANK	PASS	CLOSE
2	33 W HIGH POINT DELTA PETROLEUM (MAILBOX @ DOWN TREE)			INSPECTOR: <i>[Signature]</i>
7030	MUFSON	FINAL GAS	PASS	CLOSE
X	17 S. RIVER BUTFORD			INSPECTOR: <i>[Signature]</i>
6491	MUFSON	RET. WALL FINAL	PASS	CLOSE
X	17. S RIVER BUTFORD			INSPECTOR: <i>[Signature]</i>
TREE	MCCORMICK	TREE	PASS	
7	59 N. RIVER PINE ORCHARD			INSPECTOR: <i>[Signature]</i>
1A	O'KEEFE	CODE ENFORCE	PASS	PERMIT NOT NEEDED FOR WORK IN PROGRESS
	29 FIELDWAY.			INSPECTOR: <i>[Signature]</i>
TD1	COOPER	GEN. PAD FINAL	PASS	CLOSE
	33 W. H.P. DEMAREST			INSPECTOR: <i>[Signature]</i>
OTHER: _____				

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/21/05

BUILDING PERMIT NO. 7501

Building to be erected for HALL

Type of Permit REROOF

Applied for by ANCHOR ROOFING (Contractor)

Building Fee _____

Subdivision LUCINDIA Lot 2 Block _____

Radon Fee _____

Address 4 N. VIA LUCINDIA

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Plumbing Fee _____

138410070000002610000

Roofing Fee 120.00

Amount Paid 120.00 Check # _____ Cash

Other Fees (_____) 1

Total Construction Cost \$ 15,670

TOTAL Fees 120.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

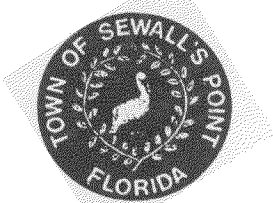
- ELECTRICAL
- ROOFING
- DEMOLITION
- TEMPORARY STRUCTURE
- HURRICANE SHUTTERS
- STEMWALL

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

INSPECTIONS

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

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



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 4 N. VIA LUCINDA

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.

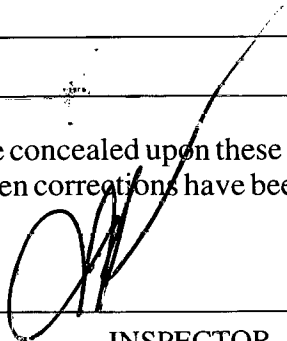
DRIP IN

DRIP EDGE TO BE NAILED
AT 4-6" O.C.

FLAT DECK @ SHED PORTAL
IS IMPROPERLY FLASHED

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: 7/11


INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/11, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7665	McPHEE	GAR. DOOR FINAL	PASS	CLOSE
4A	8 ADMIRAL'S WALK TREASURE CONST. S.D.			INSPECTOR: <i>[Signature]</i>
7252	KINARD	SEAWALL CAP REBAR	PASS	
6	5 TIMOR STREET WILCO CONSTR.			INSPECTOR: <i>[Signature]</i>
7501	HALL	DRY-IN	FAIL	
7	4 N. VIA LUCINDIA ANCHOR ROOFING			INSPECTOR: <i>[Signature]</i>
7644	MADER	FOOTER	CANCEL	
T	106 ABBIE COURT BUFORD			INSPECTOR:
7289	KLAUS	FINAL ROOF	FAIL	
8	112 HILLCREST PACIFIC ROOFING			\$40 FEE INSPECTOR: <i>[Signature]</i>
7638	MONZON	FINAL ROOF	FAIL	
9	118 HILLCREST PACIFIC ROOFING			\$40 FEE INSPECTOR: <i>[Signature]</i>
7567	HICKS	FINAL ROOF	PASS	CLOSE
3	7 MANDALAY DR. PACIFIC ROOFING			INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/15, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7501	HALL	DAY-IN	PASS	
5	4 VIA LUCINDA ANCHOR.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7627	VAN AMSTERDAM	FINAL DOCK	---	WILL RE-INSPECT
1	2 E. HIGH POINT MARTIN GYMNASIUM		PASS	CLOSE INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	DILLARD			CONFERRED W/ H/O ABOUT ROOF
	EMARITA			INSPECTOR: <i>[Signature]</i>
	TUTTLE ROOFING.			
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:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 4 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.

FINAL ROOF

N.E. ROOF AREA - AT 2ND FL. -

HAS EXPOSED NAIL HEADS -

NEEDS ADDITIONAL ROW OF

SHINGLES -

AT FRONT - FLAT ROOF AT

~~THE~~ DORMER TRANSITION

LOOKS UNFINISHED -

CALL PHIL WINTERKORN INSPECTION

TO DISCUSS.

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: 8/5


INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/5, 2005 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7536	BUNO	DRY IN	PASS	
10	106 N. Sewall St			INSPECTOR:
	TITTLE ROOFING			
7362	BUTLER	FINAL ROOF	PASS	CLOSE
9	6 EMARITA			INSPECTOR:
	WESTERN ROOFING			
763	PREISSMAN	SHEATHING	PASS	
7A	28 Rio Vista			INSPECTOR:
	WINCHUP			
7501	HALL	FINAL ROOF	FAIL	
7B	4 N. VIA LUCINDIA			INSPECTOR:
	ANCHOR ROOFING			
709	TUOBY	GEN. ELEC.	PASS	CLOSE
	119 HILLCREST.			INSPECTOR:
	CARTER			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 11/10/03

BUILDING PERMIT NO. 6492

Building to be erected for HALL Type of Permit FENCE

Applied for by UNITED FENCE (Contractor) Building Fee 30.00

Subdivision LUCINDIA Lot 2 Block _____ Radon Fee _____

Address 4 N. VIA LUCINDIA Impact Fee _____

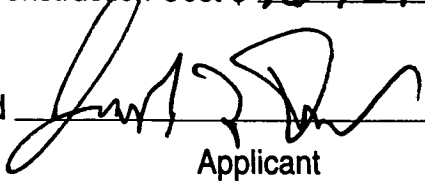
Type of structure FENCE A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

1384100700000020100 Plumbing Fee _____

Amount Paid 30.00 Check # _____ Cash Other Fees (_____) Roofing Fee _____

Total Construction Cost \$ 1648.00 TOTAL Fees 30.00

Signed 
Applicant

Signed 
Town Building Official

PERMIT

- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input checked="" 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 12/26, 2003 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6492	HALL 4 N. VIA LUCINDIA UNITED FENCE	FENCE FINAL	Pass	INSPECTOR: 
6251	DICKINSON 19 EMARITA WAY T.C. PROPANE	FINAL GAS		CKL WED INSPECTOR:
6355	PARADISE 11 RIDGELAND TODD CUSTOM HOMES	A/C, PLUMBING ROUGH	Pass Pass	10 ⁰⁰ INSPECTOR: 
6540	GRANFIELD+GRANF 3601 OCEAN B #002 O/B	DEMO. FINAL	Pass	INSPECTOR: 
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: 5 Oakhill way Temp. Pole

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 9/9/03

BUILDING PERMIT NO. 6410

Building to be erected for THOMAS HALL

Type of Permit Swimming Pool

Applied for by TWIN POOLS, INC

(Contractor) Building Fee 240.00

Subdivision LUCINDIA Lot 2 Block _____

Radon Fee _____

Address 4 N, VIA LUCINDIA

Impact Fee _____

Type of structure POOL

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

0138410070000002010000

Roofing Fee _____

Amount Paid 264.00 Check # 7738 Cash _____

Other Fees ^{10% Plan} (Review) 24.00

Total Construction Cost \$ 23,810.00

TOTAL Fees 264.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Date: _____

SEP 08 2003

Permit Number: _____

Town of Sewall's Point
BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Thomas Hall Phone (Day) 221-2832 (Fax) 221-2822

Job Site Address: H. N. Via Luanda City: Sewalls Point State: FL Zip: 34996

Legal Description of Property: Lot 2 Lucindia Parcel Number: 01-38-41-007-000-00020-1

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

Description of Work To Be Done: Swimming Pool

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

CONTRACTOR/Company: Twin Pools, Inc. Phone: 692-4207 Fax: 692-4206

Street: 639 Buck Hendry Way City: Stuart State: FL Zip: 34994

State Registration Number: RP0006872 State Certification Number: _____ Martin County License Number: 2473

COST AND VALUES: Estimated Cost of Construction or Improvements: \$23,810.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: All Hours Elect. State: FL License Number: EC0001590

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

Carpport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: 1,000

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

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

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

OWNER OR AGENT SIGNATURE (required)

Thomas Hall

State of Florida, County of: Martin

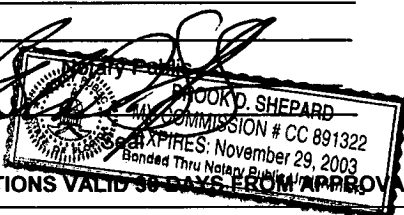
This the 5th day of September, 2003

by Thomas Hall who is personally

known to me or produced _____

as identification. _____

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)

Daley Clatt

On State of Florida, County of: Martin

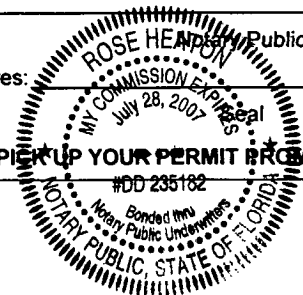
This the 5th day of September, 2003

by Rose Heater who is personally

known to me or produced _____

As identification. _____

My Commission Expires: _____



The following documents must be signed and sealed by a registered Architect or Engineer. (2 copies)

1. Construction plans containing the following information:

Pool dimensions

Volume in gallons

Specific pool profile showing depth and slope

Typical pool wall section. Indicate when in the angle of repose

Provide angle of repose detail when required

Provide vapor barrier for all concrete decks

Provide pump make, model and capacity

Piping diagram to contain the following:

Suctions inlet covers

Vacuum cleaner system with isolation valves must have protected outlet by either approved antivortex cover, 12" x 12" grate or larger or other approved means

Back up system when grate covers are missing alternative vacuum relief devices shall include either:

Approved vacuum release system

Approved vent piping

Other approved devices or means

Minimum two (2) suction inlets per pumps. Minimum three (3) feet separation and located on two (2) different planes.

Vacuum or pressure cleaner fitting(s) must be accessible at least six (6) inches and not greater than twelve (12) inches below the minimum operating water level or as an attachment to the skimmer(s)

Pump must contain the following:

Strainer on inlet side must be mounted on a substantial base

Capacity following heads:

Pressure diatomaceous earth – at least sixty (60) feet

Vacuum diatomaceous earth – twenty (20) inch Vacuum on the suction side and forth (40) feet total head

Rapid sand – at least forty-five (45) feet

High rate sand – at least sixty (60) feet

Valves must have the following:

When under concrete slab must be located in a pit minimum five (5) pipe diameter minimum of then (10) inches with cover.

Full-way (gate) valves – When below overflow rim of pool a valve must be installed on discharge outlet and suction line.

Check valves must be of the swing or vertical check patterns.

Water Supply must have the following:

Backflow

No over the rim fill spout unless under diving board or guarded.

Water heating equipment must have the following:

Labeled equipment

Water retention – must provide positive means of retaining water in the heater when pump is not in operation

Relief valve – closed system must have pressure relief valve on discharge side

Florida Energy Code – Section 612.1.ABC.2.3

On-off switch required

Cover designed to minimize heat loss

Time clocks – run during off-peak electric demand periods

Provide Pool Barrier

Ladders and Steps

Water depth more than 24 inches must have ladder or steps (ma. step rise 12 inches)

More than 5 foot depth must have ladders, stairs or underwater benches/swimouts in deep end

If diving equipment is used swimouts must be recessed or located in the corner

Show ladder detail. Detail electric bonding and compliance to NEC

Skimmers must contain the following:

Surface skimmers are required

One (1) per 1000 square feet of surface area

Minimum Flow rate of 25 GPM per skimmer

Main outlet must be installed at the deepest point

Inlet Fitting must contain the following:

One per 150000 gallons

Where more than one (1) is required must be a minimum of 10 feet separation

Show side detail with electric bonding and compliance to manufacturer specifications

Show handhold locations when required

Provide Electric diagram

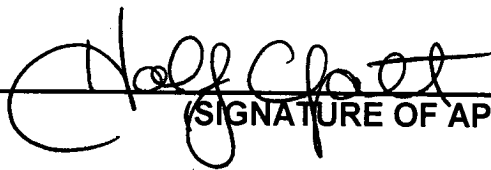
Provide GFI outlet located per NEC

Equipment Foundation and Enclosures

Must be on one (1) concrete base or slab

All heating and electrical equipment must be protected from the weather

**ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE
ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE**



(SIGNATURE OF APPLICANT)

DATE SUBMITTED: _____

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR SWIMMING POOL

IMPORTANT NOTICE: All items listed below must accompany your permit application. No application will be accepted unless all items that are applicable are submitted.

Application form must contain the following information:

1. Property Appraisers Parcel Number or Property Control Number
2. Legal Description of property (Can be found on your deed survey or Tax Bill)
3. Contractors name, address, phone number and license numbers.
4. Name all sub-contractors (properly licensed)
5. Architects or Engineers name, address, & phone number
6. Scope of Work
7. Estimated cost of construction.
8. Original signature of owner and notarized
9. Original signature of Contractor and notarized.

Submittals (2 copies)

1. Current survey showing the following information:
 - a. Legal Description of Lot
 - b. Lot dimensions and bearings
 - c. Street and Waterway names
 - d. Location of pool and or spa with dimensions from property line
 - e. Location of pool/spa equipment with disconnect
 - f. Finish deck elevations (proposed and existing)
 - g. Location of proposed or existing deck with dimensions from property line
 - h. Crown of road(s)
 - i. Easements
 - j. Road Right-Of-Ways
 - k. Canals, Ponds, or Riverfront locations
 - l. Impervious/Pervious Calculations
 - m. Certification to the Town Of Sewall's Point
2. Statement of Fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. Application for tree removal or relocation (attach tree survey and removal or relocation plan)
5. A certified copy of the Notice of Commencement for any work over \$2500.00
6. Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
7. Copy of Workmen's Compensation
8. Copy of Liability Insurance
9. Copy of Town of Sewall's Point swimming pool affidavit stating type of barrier to be provided

TOWN OF SEWALL'S POINT

RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT

AFFIDAVIT OF REQUIREMENT COMPLINACE

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at 4 N Via Lucinda Stuart, FL 34996, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statues.

The pool is isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statue 515.29

The pool is equipped with an approved safety pool cover that complies with ASTM F1346-91 (Stand Performance Specification for Safety Covers for Swimming Pool, Spas, and Hot Tubs)

All doors and windows providing direct access from the home to the pool are equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet

All doors providing direct access from the home to the pool are equipped with self-closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable by fines up to \$500 and/or up to 60 days in jail as established in Chapter 775, F.S.

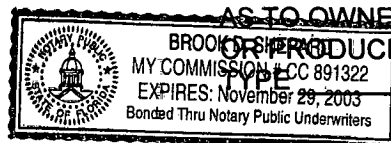
Hale Cott
CONTRACTOR'S SIGNATURE & DATE

Mark L. Hall 9/5/03
OWNER'S SIGNATURE & DATE

Rose Heaton
NOTARY PUBLIC, STATE OF FLORIDA

[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

AS TO CONTRACTOR PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE _____



AS TO OWNER PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE _____

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



OWNER'S AFFIDAVIT OF BUILDING COSTS

(To be submitted at time of final inspection for Certificate of Occupancy)

STATE OF FLORIDA
MARTIN COUNTY

BEFORE ME, the undersigned authority, personally appeared the undersigned Affidavit, who, being first duly sworn, under penalty of perjury, deposes and says:

1. That Affidavit is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affidavit's signature.
2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.
3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$23,810.00.
4. That this Affidavit is made for the purpose of inducing the Building Official of the Town to issue a Certificate of Occupancy for the improvements, with the intention that it be relied upon for that purpose.

Affidavit's Signature:

Thomas L. Hall

Property Address:

H. N. Via Lucinda

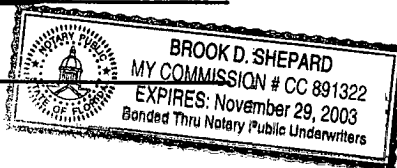
Stuart, FL 34996

SWORN TO and subscribed before me this 5th day
of September 2003, by Thomas
Hall, who is personally known to me or
produced _____ as identification.

Brook D. Shepard
Notary Public

My commission expires: _____

(Notary Seal)



TOWN OF SEWALL'S POINT, FLORIDA

Date 9/9 ~~2003~~ TREE REMOVAL PERMIT No 2088

APPLIED FOR BY HALL (Contractor or Owner)

Owner 4 N. VIA LUCINDIA

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 2 OAK/PINE + 1 BAY TREE
(WRAPPED AROUND OAK)

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, [Signature]
Applicant

Signed, [Signature]
Town Clerk
Blg Official

FEE \$ 12.00

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for notes or project details]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT, FLORIDA

Date 9/9 ~~16~~ 2003 TREE REMOVAL PERMIT No 2088

APPLIED FOR BY HALL (Contractor or Owner)

Owner 4 N. VIA LUCINDIA

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 2 OAK/PINE

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 15.00

Signed, [Signature]
Applicant

Signed, [Signature]
Town Clerk
[Signature]
Bldg Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner Thomas Hall Address 4N Via Lucinda Phone 283-6088

Contractor Monter Tree Service Address _____ Phone 283-8828

No. of Trees: REMOVE 2 Type: Oak / Pine

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

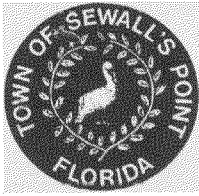
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Swimming Pool Construction

Signature of Applicant Thomas Hall Date 9/5/03

Approved by Building Inspector: [Signature] Date 9/9/03 Fee: \$15

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



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS: 4 N Via LINDA

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.

Pool Steel - Light Bond
Drain All OK - SETBACKS
OK @ Deck Light Niche
INSPECTION

IMPERVIOUS Pool
BE SHOT SOON - SEE PLAN
ANGLE OF REPOSE HAS BEEN
EXCEEDED - CORRECTION FOR
DECK WILL NEED 95% MIN
W/ REPORT

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: 10/3/03

PAUL
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/3, 2003 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6450	SMITH 133. S. RIVER RD MACARI	FOOTINGS - COLUMNS	Fail	IMPROPER STEEL CLEARANCE INSPECTOR: PAUL
5734	ABESADA 8 MORGAN CIRC CONWAY	POWER Pkg.	Fail	NOT READY SWITCHES & PLATES etc INSPECTOR: PAUL
6350	TAYLOR 22 E. HIGH POINT WEXD JOHNSON ELEC	ELEC ROUGH	 	OK'd INSPECTOR:
6370	RONAN 14 COFAIRE WOODWARD	INSULATION R- ELECTRIC R- AC	PASS PASS PASS	OK 36 (30) TO CODE INSPECTOR: PAUL
6288	FRANCIS 5 S. RIVER OLYMPIC POOLS	POOL STEEL & MAIN DRAIN	PASS	INSPECTOR:
6410	HALL 4 N. VIA LUCINDIA TWIN POOLS	POOL STEEL	PASS	ANGLE OF REPOSE EXCEEDED INSPECTOR: PAUL
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

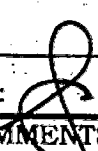


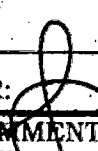

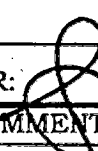
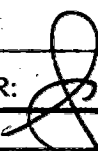
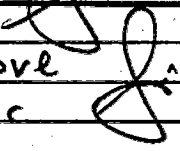
Date of Inspection: Mon Wed Fri 10/29/, 20083 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6410	HALL	DECK	Passal	
(3)	4 N VIA LUCINDIA TWIN POOLS			INSPECTOR:
6438	BONING	FINAL ROOF	Passal	(*) Gage ?
(2)	5 ST LUCIE COURT STUART ROOFING			4/16/8 INSPECTOR:
TREE	HOCHSTETTER	TREE	Passal	
(4)	72 S. RIVER RD			INSPECTOR:
6330	BUSSEY	ELEC. MECH	Passal/Passal	
(8)	1 PALMETTO WORRELL	PLUMBING WINDOWS	Passal	INSPECTOR: → Friday
TREE	BEAN	TREE	Passal	
(5)	112 S. Sewallis Pt			INSPECTOR:
TREE	MCMANON	TREE	Passal	
(6)	5 MELODY AVE			INSPECTOR:
6470	JAMES	ROUGH PLUMBING	Passed	
(1)	5 S. RIDGEVIEW MELRY CONSTR.	Electric		INSPECTOR:
OTHER:	133 S. River 745 0394 Permit/CO/Bldg. \$/Occupancy			
(7)				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/26, 2003 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6507	LEIGHTON	FINAL A/C	Pasad	9 ⁰⁰
(1)	43 W. HIGH POINT	REPLACEMENT		
	DSL HEAR	(request 9AM)		INSPECTOR: 
6494	SMITH	ROOF DRY IN +	Pasad	
(4)	8 MOLLAN CIRCLE:	METAL/Sheathing done 11/24		
	DIRISIO ROOFING	(MORNING)		INSPECTOR: 
6474	BRUNER	FINAL-REPL	Pasad	
(5)	19 RIVERVIEW	CONC. DRIVE		
	CHITWOOD			INSPECTOR: 
6413	POWERS	PARTIAL TIE DOWN	Pasad	
(3)	70 S. SEWALL'S PT	PARTIAL NAIL ROOFING		
	FLORIDA'S FINEST	& WAILS		INSPECTOR: 
6147	ALEXANDER	FINAL	Cancelled	
(2)	86 S SEWALL'S PT			
	JOHANSON			INSPECTOR: 
6465	BROWN	BLOCK/STEEL	Pasad	
(6)	7 FIELDWAY DR	ROUGH PLUMBING		
	LANIERO	(GO AROUND BACK)		INSPECTOR: 
6410	HALL	FINAL POOL DECK	Pasad	close
(7)	4 N. VIA LUCINDA			
	TWIN POOLS	(as late as possible)		INSPECTOR: 
OTHER:				
(7)	7 Kington Ct.	Backyard Tree	OK to remove	
	Storm shutters on	Permit	by neighbor	

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

This is to request that a Certificate of Approval for Occupancy be issued to Alan Mungold

For property built under Permit No. 867 Dated _____

when completed in conformance with the Approved Plans.

Amye Bumples
Signed _____

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings & SLAB	9/1/78	Jan
Rough plumbing	8/29/78 & 11/7/78	Jan
Perimeter beam		Jan
Rough electric	11/27/78	Jan
Close in	11/27/78	
Final plumbing		
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Amazuse 1/17/78 date

Approved by ^{BLDC} ~~Board~~ Commission John G... 17 Jan '79 date

Utilities notified Jan 17, 1978 date

Original Copy sent to _____

(Keep carbon copy for Town files)

867

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

COLLINS, CHRISTOPHER D
CHRISTOPHER COLLINS ROOFING
5412 BIRCH DR
FT PIERCE FL 34982

EXPIRES SEPTEMBER 30, 19 95

AUDIT
CONTROL
NUMBER

19023

CERTIFICATE NUMBER

SP02196

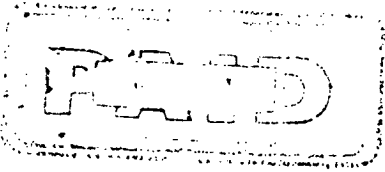
121 SW FLAGLER AVENUE
STUART, FLORIDA 34994

CITY OF STUART, FLORIDA

COMPETENCY CARD #5625

CONTRACTOR TYPE ROOFING

COLLINS, CHRISTOPHER D



CONSTRUCTION INDUSTRY
CERTIFICATE OF ELECTION TO BE EXEMPT FROM
THE FLORIDA WORKERS' COMPENSATION LAW

STATE USE ONLY
EFF. DATE 6-9-94
EMPLOYER #:
POSTMARK DATE 5 14 1994
This notice shall be valid from the effective date above until a notice of revocation is filed by the sole proprietor, partner, or corporate officer making this election.

MAIL TO: Department of Labor & Employment Security
Bureau of W.C. Compliance
Post Office Box 7800
Tallahassee, FL 32314-7800
Telephone #: (904) 488-2333

EFFECTIVE DATE 6-9-94
ACKNOWLEDGED TO CARRIER
AGENT
EMPLOYER PLEASE TYPE OR PRINT: 276927

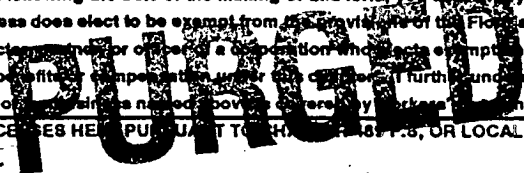
SEE REVERSE SIDE OF THIS FORM FOR ELIGIBILITY REQUIREMENTS AND RENEWAL INFORMATION.

RE: CHRISTOPHER COLLINS ROOFING CO.
(Legal Business Name or Sole Proprietorship, Partnership, or Corporation) (D/B/A If Applicable)

5412 BIRCH DR. FORT PIERCE, FLORIDA 34982
(Mailing Address) (Street Address, if different)
FT. PIERCE FL 34982 65-0480151 407 489 6504
(City) (State) (Zip) (Federal Employer Identification Number) (Telephone #)

Nature of Business or Trade: ROOFING Contractor (650480151) 407 489 6504

Pursuant to Rule 38F-6.009(a), as of 12:01 a.m. 30 days following the date of the mailing of this form, you are hereby notified that the following Sole Proprietor, Partner or Corporate Officer of the above named business does elect to be exempt from the provisions of the Florida Workers' Compensation Law. I understand that "a sole proprietor, independent contractor, partner or officer of a corporation who elects exemption from this chapter by filing a certificate of election under s. 440.05 may not recover benefits or compensation under the chapter. I further understand that there is a limit of three partners or three corporate officers.



REQUIREMENT: LIST CERTIFIED OR REGISTERED LICENSES HELD PURSUANT TO CHAPTERS 487 F.S. OR LOCAL OCCUPATIONAL LICENSES.

(1) Type: Number: 4875 (2) Type: Number:
IMPORTANT: A NON-REFUNDABLE TWENTY FIVE DOLLARS (\$25.00) individual exemption filing fee is required pursuant to Chapter 440.05, F.S. and Rule 38F-6.009(a), and is payable only by cashier's check or money order to W.C. Administration Trust Fund. Failure to enclose fee and accurately and totally complete this form will result in return of the request and create a delay in certification.

AFFIDAVIT OF INDEPENDENT CONTRACTOR STATUS:

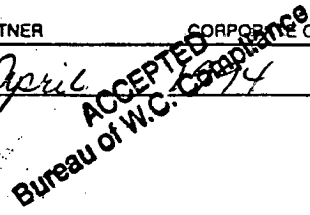
- Christopher D. COLLINS sworn under oath, do depose as follows:
1. I maintain a separate business with my own work facility, truck, equipment, materials, or similar accommodations;
2. I hold or have applied for a federal employer identification number;
3. I perform or agree to perform specific services or work for specific amounts of money and control the means of performing the services or work;
4. I incur the principal expenses related to the service or work that I perform or agree to perform;
5. I am responsible for the satisfactory completion of work or services that I perform or agree to perform and I am or could be held liable for a failure to complete the work or service;
6. I receive compensation for work or services performed for a commission or on a per job or competitive-bid basis and not on any other basis;
7. I may realize a profit or suffer a loss in connection with performing work or services;
8. I have continuing or recurring business liabilities or obligations; and
9. The success or failure of my business depends on the relationship of business receipts to expenditures.

Type/Print Name: Christopher D. COLLINS
Signature of Affiant: Christopher D. Collins Social Security Number: 425 39 0436
(Only one Signature Per Form)

Position: OWNER/PROPRIETOR PARTNER CORPORATION OFFICER/TITLE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 11th DAY OF April 1994 Pierce, FLORIDA.

Personally Known To Me
Produced as Identification
Type Of Identification: H.D. Lic
Notary Public, State of Florida
My Commission Expires: CATHERINE L CHASTAIN



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 plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

Owner Larry M. Eileen C. Reid Present Address 4 Via Lucindia N.

Phone 286-9588

Contractor Owner - Larry Reid Address 4 Via Lucindia

Phone 286-9588

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Replace shingles on front of house.

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

Subdivision _____ Lot number 2 Block number _____

Contract price \$ 205⁰⁰ 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 Larry Reid

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 Larry Reid

TOWN RECORD
Approved: Dale Brown
Building Inspector Date

Date submitted _____

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

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

$$\begin{array}{r} 2 \\ 35 \\ \times 15 \\ \hline 175 \\ 35 \\ \hline 525 \\ 250 \\ \hline 775 \\ \hline 30 \end{array}$$

TAX FOLIO NO. _____

DATE 6-3-96

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.

3992

Owner Larry Reis Present address #4 Via Lucinda N

Phone 286-0400 Sewalls Pt

Contractor MICHAEL J. BONAIUTO ROOFING Address 1207 CANOVA ST PALM BAY

Phone 407-336-0480 / 407-725-0039 FL

Where licensed MARTIN County License number _____

Electrical Contractor N/A License number _____

Plumbing Contractor N/A License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: RE-ROOF 1/2

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

Subdivision Lucinda Lot Number 275 Block Number _____

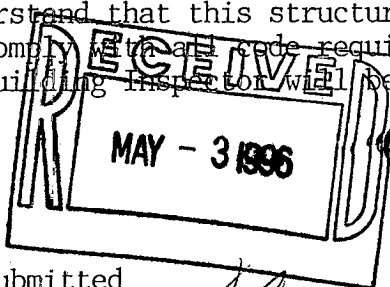
Contract price \$ 2400⁰⁰ Cost of permit \$ _____

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 Michael Bonaiuto

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 Larry Reis

TOWN RECORD

Approved: Pale Brown 6/3/96
Building Inspector Date

Date submitted _____

Approved: [Signature] 7/22/96 Final approval given: _____
Commissioner Date Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

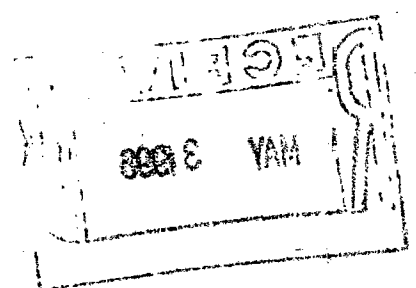
PERMIT NO. _____

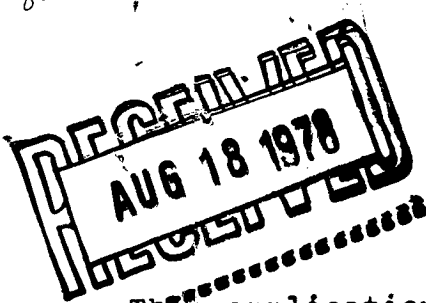
FAP 220-4765

Work card

Entity

10/1/2011





TOWN OF SEWALL'S POINT FLORIDA

Permit No. 867 Date 8/28/78

APPLICATION FOR BUILDING PERMIT

This application must be accompanied by three sets of complete plans, to scale (1/4" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing and electrical layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house construction.

-Owner Margrete Meinhold Present address Phone 287-6738 (283-1315) new number

-General contractor J.C. Bumpers P.A.S.S.O.C. Inc. address 2101 Circle Bay Phone 287-7502

Where licensed Fla. License No. CGC006153

-Plumbing contractor W. K. Kelly License No. CGC000697

-Electrical contractor Krause & Crane License No. 29

-Name the street on which the building, its front building line and its front yard will face 4 Via Lucinda North

Subdivision Lucinda Lot No. 2 Area

-Building area, inside walls (excluding garage, carport, porches, etc.)..square feet 3328

-Other construction (pools, additions, etc.)

-Contract price (excluding land, carpeting, appliances, landscaping, etc) \$ 60,000

-Total cost of permit \$ 320

-Plans approved as submitted Plans approved as marked SEE SHEET A-3

I understand that this permit is good for 12 months from the date of its issue and that the building must be completed in accordance with the approved plan, and that the site will be clean and rough-graded within the 12 month period.

Jay C. Bumpers General Contractor

I understand that this building must be in accordance with the approved plans and that it must comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I agree that within 90 days after the building has been approved for occupancy, the property will be landscaped so as to be compatible with its neighborhood.

Margaret E. Meinhold Owner

Note: speculation builders will be required to sign both of the above statements.

TOWN RECORD

Date submitted

Approved: Chas. A. Pampa Building Inspector Date 8/25/78

Approved: John A. Guenther Commissioner Date 25 August 1978

Certificate of Occupancy issued 17 Jan 79 Date 867

Deed
3 Plans
Septic Permit

1/14/11
1/14/11
1/14/11
1/14/11

Permit VOID if well or septic system is installed in a location other than area permitted. PRIOR HEALTH DEPARTMENT APPROVAL REQUIRED

Application and Permit of Individual Sewage Disposal Facilities Well MUST be installed BEFORE a Final approval is issued. THIS PERMIT IS VALID FOR ONE YEAR FROM DATE OF ISSUANCE

Application/Permit No. HD 78-710

Martin County Health Department

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.
5. Indicate name and date of plat of subdivision. If not platted, attach metes and bounds description.
6. Complete the following information section.

- Notes:
1. Not valid if sewer is available.
 2. Individual well must be 75 feet from any part of system.
 3. Call 287-2277 and give this office a 24-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.) Via Lucindia North off Sewall's Pt. Rd.
 Lot 2 Block _____ Subdivision Lucindia Subdivision
 Date Platted 4/1960 Directions to Job turn off Sewall's Pt. Rd. into Lucindia S/D
2. Owner or Builder Jay Bumpers, Contractor
 P.O. Address City 2105 Circle Bay, Yacht Club, Stuart, Fla.
 Septic tank system to be installed by: _____

4 bedrooms

RECEIVED AUG 18 1978

Scale 1" = 50' (Rear)

3. Specifications:
1050 gallon tank with 340 square feet of drainfield with at least 4" inside diameter pipe.

4. House to be constructed:
 Check one: FHA VA Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: J.C. Bumpers Please Print

Signature: [Signature] Date: _____

(Name of Street or State Road) August 17, 1978

REMOVE ALL IMPERVIOUS MATERIALS TO A DEPTH OF 6" AND BACKFILL WITH A GOOD GRADE OF SAND IN ENTIRE AREA OF DRAINFIELD. SEE ATTACHED SHEET

(Name of Street or State Road) (Side)

(Name of Street or State Road) (Side)

***** DO NOT WRITE BELOW THIS LINE ***** Section III - Application Approval & Construction Authorization Installation subject to following special conditions:

The above signed application has been found to be in compliance with Chapter 10D-6 Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions. By John S. Cole, Jr. County Health Dept Martin Date 8/18/78

Section IV - Final Construction Approval Construction of installation approved:

Date: _____ By: Yes No
FHA No. _____ VA No. _____

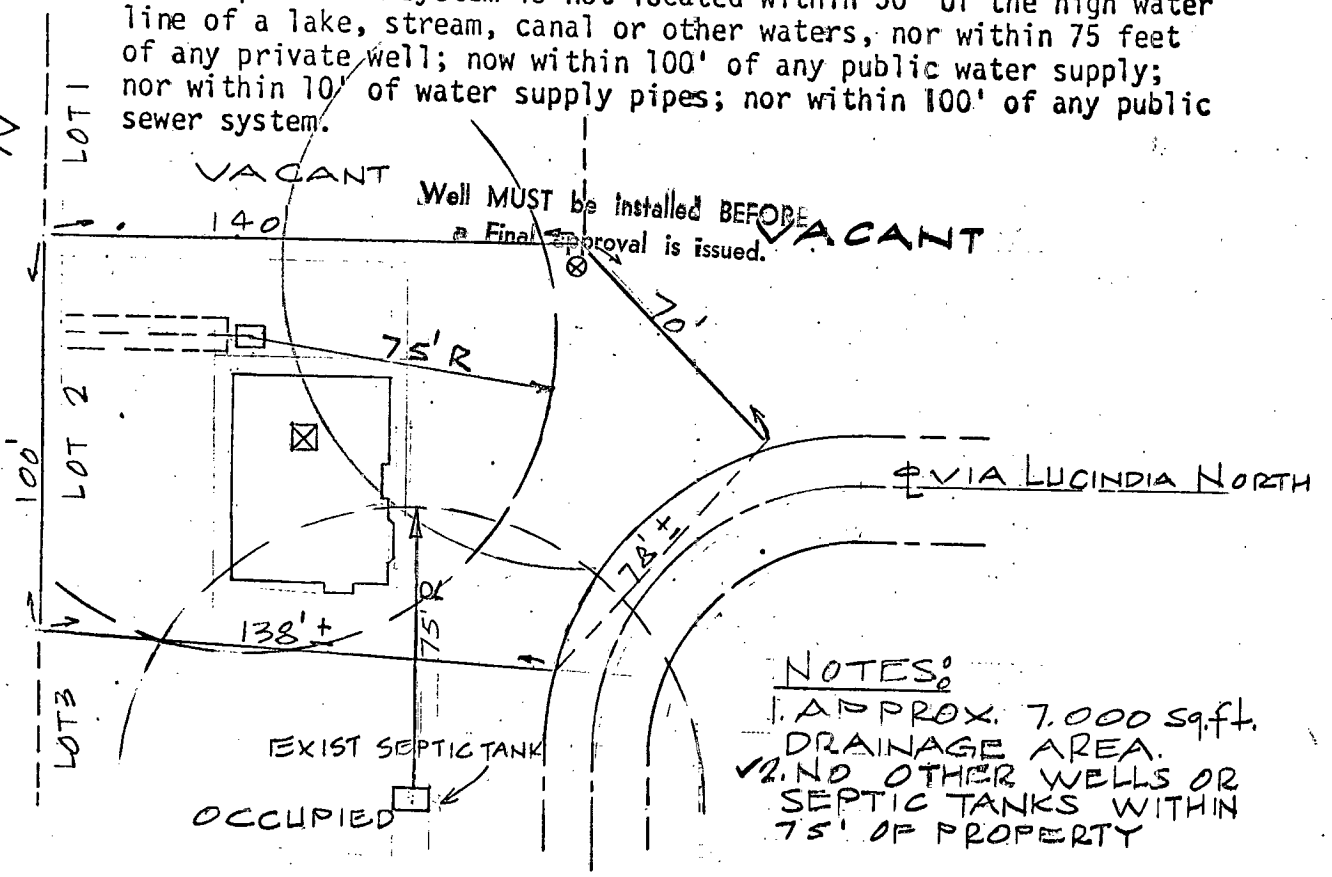
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

DIVISION OF HEALTH

INDIVIDUAL SEWAGE DISPOSAL FACILITIES

Location: Lot 2, Lucindia S/D Applicant: Volker Meinhold
 County: Martin

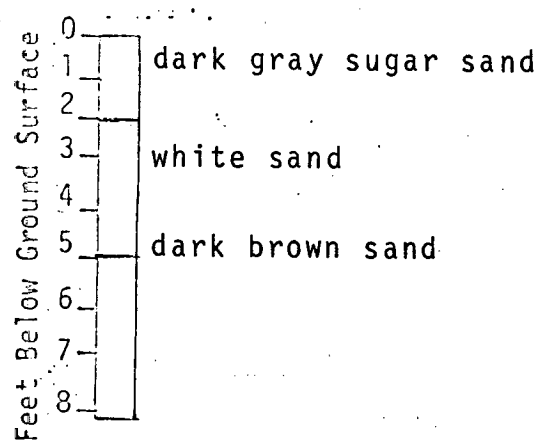
NOTE: This septic tank system is not located within 50' of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100' of any public water supply; nor within 10' of water supply pipes; nor within 100' of any public sewer system.



NOTES:
 1. APPROX. 7,000 sq.ft. DRAINAGE AREA.
 2. NO OTHER WELLS OR SEPTIC TANKS WITHIN 75' OF PROPERTY

PLAN SCALE 1" = 50'

SOIL DATA



LEGEND

- Drainage Pattern
- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well
- Soil Boring and Percolation Test Location

Soil Boring Log

Soil Identification: CLASS I GROUP SP
 Soil Characteristics sandy
 Percolation Rate greater than 1"/min
 Water Table Depth none at 72"
 Water Table Depth During Wet Season same
 Compacted Fill of None Req'd
 Compacted Fill Checked by: _____
 Date _____

CERTIFIED BY W. J. Mathews
 Florida Professional No. 19658

Date: 3/31/78 Job No. 78-103

Sheet 2 of 2

307501

WARRANTY DEED
INDIVID TO INDIVID

RAMCO FORM 01

This Warranty Deed Made the 27 day of April A. D. 1978 by
Athena D. Hosey

hereinafter called the grantor, to
Margaret E. Meinhold

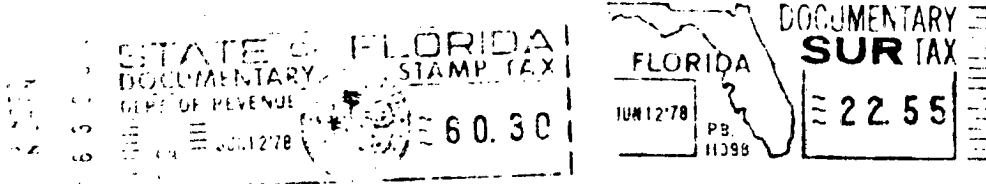
whose postoffice address is 2085 S. E. St. Lucie Blvd. Stuart, Fl. 33494
hereinafter called the grantee:

Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals and the successors and assigns of corporations.

Witnesseth: That the grantor, for and in consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, releases, conveys and confirms unto the grantee, all that certain land situate in Martin County, Florida, viz:

Lot 2, Subdivision of Lucindia as recorded in Plat Book 3, Page 130, public records, Martin County, Florida.

Subject to restrictions and covenants as recorded in Official Record Book 49, Page 128, public records, Martin County, Florida.



Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1977.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Robert James

Witness

Athena D. Hosey

STATE OF NEW YORK
COUNTY OF NASSAU

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared

Athena D. Hosey

to me known to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed the same

WITNESS my hand and official seal in the County and State last aforesaid this

April 27 1978

J. [Signature]

The Instrumentary
Florida Land & Title
P O Box 734
Stuart, FL 33494

SPACE BELOW FOR RECORDERS USE
JUN 12 1978 4:27
446 PAGE 900

Legibility of writing typing or printing unsatisfactory in this document when microfilmed.

867

Permit VOID if well or septic system is installed in a location other than area permitted. PRIOR HEALTH DEPARTMENT APPROVAL REQUIRED

STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES DIVISION OF HEALTH Post Office Box 210 Jacksonville, Florida 32201

Application and Permit Well MUST be installed BEFORE of a Final approval is issued. Individual Sewage Disposal Facilities

Application/Permit No. HD 78-710

THIS PERMIT EXPIRES YEAR FROM DATE OF ISSUANCE

Martin County Health Department

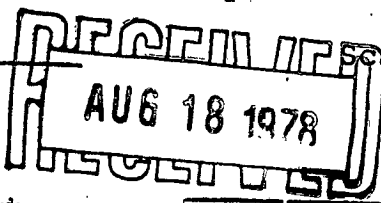
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3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.
5. Indicate name and date of plat of subdivision. If not platted, attach metes and bounds description.
6. Complete the following information section.

- Notes:
1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call 287-2277 and give this office a 24-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.) Via Lucindia North off Sewall's Lot 2 Block Subdivision Lucindia Subdivision Pt. Rd. Date Platted 4/1960 Directions to Job turn off Sewall's Pt. Rd. Into Lucindia S/D
2. Owner or Builder Jay Bumpers, Contractor P.O. Address City 2105 Circle Bay, Yacht Club, Stuart, Fla. Septic tank system to be installed by:



Scale 1" = 50'

4 bedrooms

(Rear)

3. Specifications: 1050 gallon tank with 340 square feet of drainfield with at least 4" inside diameter pipe.

4. House to be constructed: Check one: FHA VA Conventional

REMOVE ALL IMPERVIOUS MATERIALS TO A DEPTH OF 6' AND BACKFILL WITH A GOOD GRADE OF SAND IN ENTIRE AREA OF DRAINFIELD. SEE ATTACHED SHEET

(Name of Street or State Road) (Side)

(Name of Street or State Road) (Side)

(Front)

(Name of Street or State Road) August 17, 1978

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: J.C. Bumpers Please Print

Signature: [Signature] Date:

***** DO NOT WRITE BELOW THIS LINE *****

Section III - Application Approval & Construction Authorization Installation subject to following special conditions:

The above signed application has been found to be in compliance with Chapter 10D-6 Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions. By John S. Cole, Jr. County Health Dept. Martin Date 8/18/78

Section IV - Final Construction Approval

Construction of installation approved: Yes No

Date: By: PHA No. VA No.