

6 Admirals Walk

1563

SFR

7# 1563

TOWN OF SEWALL'S POINT FLORIDA

RECEIVED

Permit No. _____

APR 5 1983

Date 4/5/83

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

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, electrical and air-conditioning layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house or commercial building construction.

286-2615

Owner William Deckman Present address S So. Laurel Dr.

Phone 609-927-4508 Somers Pt NJ 08244

General contractor Gary Acres Address 614 S Feal Hwy

Phone 283-2250 Stuart 33494

Where licensed State of Florida License No. CRCO22265

Plumbing contractor Bo Walton License No. 00002

Electrical contractor Heritage Electric License No. will collin! 00080

Air-conditioning contractor Marine Air License No. CACO15437

Describe the building, or alteration to existing building 3 bedroom 2 bath
Frame dwelling.

Name the street on which the building, its front building line and its front yard will face 6 Admirals Walk

Subdivision Rivavista Lot No. 54 Area App 1/3 A

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 1548

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 55,000

Cost of permit \$ 275+30 1305 Plans approved as submitted _____ or, as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the building for which this permit is issued must be completed within that time and in accordance with the approved plans. 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. I agree that the building site will be clean and rough-graded before a Certificate of Occupancy is sought, and, moreover, that I shall be 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 with the above requirements may result in a Building Inspector or a Town Commissioner "Red-tagging" the building project.

Contractor [Signature]

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 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, as required by the Town's zoning ordinance.

Owner [Signature]

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

TOWN RECORD

Date submitted _____

Approved by Building Inspector (date) 4/13/83

Inspector's initials [Signature]

Approved by Town Commissioner (date) 4/13/83

Commissioner's initials [Signature]

Certificate of Occupancy issued (date) 8/31/83

9/1/83

1563

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date August 31, 1983

This is to request that a Certificate of Approval for Occupancy be issued to Wm. Deekman

For property built under Permit No. 1563 Dated April 14, 1983 when completed in conformance with the Approved Plans.

Signed _____

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	<u>5/10/83</u>	
Rough plumbing	<u>5/10/83</u>	
Slab	<u>5/11/83</u>	
Perimeter beam		
<u>Close-in, roof and rough electric</u>	<u>6/28/83 S.S.</u>	
Final Plumbing	<u>8/31/83</u>	
Final Electric	<u>8/31/83</u>	
<u>Insulation</u>	<u>7/5/83</u>	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. Mayhew date 8/31/83

Approved by Building Commissioner J.C. Strubbe date 9/9/83

Utilities notified 8/31/83 date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

2751

FENCE

Permit No. _____

Date _____

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

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

Owner ANTHONY MACRI Present Address 6 ADMIRALS WALK

Phone 286-0857

Contractor ANTHONY MACRI Address SAME

Phone _____

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: 40' Long x 6' High - Board on Board Fence

6 ADMIRALS WALK Sewall's Point
State the street address at which the proposed structure will be built:

Subdivision RIO VISTA Lot number 54 Block number _____

Contract price \$ 260⁰⁰ Cost of permit \$ 1

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 Anthony Macri

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 Anthony Macri

TOWN RECORD

Date submitted _____ Approved: _____
Building Inspector _____ Date _____

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

Certificate of Occupancy issued (if applicable) _____
Date _____

SP1282

Permit No. _____

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

FLORIDA Department of Professional Regulation
CONSTRUCTION INDUSTRY LICENSING BOARD

MRS. GARY ELDON
INDIVIDUAL
CERTIFIED RESIDENTIAL CONTRACTOR
 HAS PAID THE FEES REQUIRED BY CHAPTER 469
 OF THE YEAR EXPIRING **JUNE 30, 1983**

[Signature]
 SIGNATURE

PLEASE READ IMPORTANT INFORMATION ON REVERSE
 SECRETARY OF PROFESSIONAL REGULATION
[Signature]
 WALLET CARD - FOLD HERE

CONSTRUCTION INDUSTRY LICENSING BOARD
OFFICE BOX 2
DAVENPORT, FL 32201

CONTROL NO.	FILE NO.	BATCH NO.	SEE AMOUNT
85597	CXC022265	1271	\$150.00

To: The town of Jewell Pt., Town Manager
 From: Martin County Health Department. 1563

Be it known that the individual sewage disposal system(s) installed on Lot 54 Rio Vista on Admiral's Walk for William Deckman has been found to be in compliance with Chapter 10D-6, Florida Administrative Code, and therefore is granted final approval.

HD # 83-111 By: Jacqueline Davison
 (Sanitarian)

Certificate of Insurance



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 LISTED BELOW.

NAME AND ADDRESS OF AGENCY Tim Garvey Insurance Agency P.O. Box 2355 Stuart, Florida 33495	COMPANIES AFFORDING COVERAGES COMPANY LETTER A COMPANY LETTER B COMPANY LETTER C COMPANY LETTER D THE FIDELITY AND CASUALTY COMPANY OF NEW YORK COMPANY LETTER E
NAME AND ADDRESS OF INSURED Card Building System, Inc. 614 South Federal Hwy. Stuart, Florida 33494	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY					
	AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED					
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					
D	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	37W 82-8222740	10-21-83	STATUTORY	\$ 100.	(EACH ACCIDENT)
	OTHER					

RECEIVED
APR 5 1983

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail _____ days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:
 Town of Sewalls Point
 1 N. Sewalls Pt. Road
 Sewalls Pt., Florida

DATE ISSUED: 4-5-83
Frances Bosman
 AUTHORIZED REPRESENTATIVE
 :gc 4-4-83

Certificate of Insurance



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THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

NAME AND ADDRESS OF AGENCY Rick Carroll Insurance P.O.Box 877 Jensen Beach, Fl 33457	COMPANIES AFFORDING COVERAGES COMPANY LETTER A Lumbermens Mutual COMPANY LETTER B COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E
NAME AND ADDRESS OF INSURED Gary Eldon Acres DBA Gary Eldon Acres 3551 SE Leonard Land Stuart, Fl 33494	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY	93004111	3-24-84	BODILY INJURY	\$ 300,	\$ 300,
	PROPERTY DAMAGE			\$ 50,	\$ 50,	
	BODILY INJURY AND PROPERTY DAMAGE COMBINED			\$	\$	
	PERSONAL INJURY				\$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH PERSON)	\$	
				BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY			STATUTORY		\$ (EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
 Contractor State of Florida

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

Town of Sewalls Point
 1 N Sewalls Point Road
 Sewalls Point
 Stuart, Fl 33494

DATE ISSUED: 3-28-83

Louise Lesere
 AUTHORIZED REPRESENTATIVE

CERTIFICATE OF INSURANCE

This is to certify that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

has in force for

CARD BUILDING SYSTEMS

Name of Policyholder

614 S Federal Highway

Address of Policyholder

Stuart, Fl 33494

location of operations

Martin, St Lucie, and surrounding counties

the following coverages for the periods and limits indicated below.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD (eff./exp.)	LIMITS OF LIABILITY	
98 64 5269	<input type="checkbox"/> Comprehensive General Liability	10/17/82-83	<input checked="" type="checkbox"/> Dual Limits for:	BODILY INJURY
	<input checked="" type="checkbox"/> Manufacturers' and Contractors' Liability		Each Occurrence \$ <u>300,000</u>	
	<input type="checkbox"/> Owners', Landlords' and Tenants' Liability		Aggregate \$ <u>300,000</u>	
The above insurance includes (applicable if indicated by <input checked="" type="checkbox"/>)			<input type="checkbox"/> Combined Single Limit for:	BODILY INJURY AND PROPERTY DAMAGE
<input type="checkbox"/> PRODUCTS - COMPLETED OPERATIONS			Each Occurrence \$ <u>50,000</u>	Aggregate* \$ <u>50,000</u>
<input type="checkbox"/> OWNERS' OR CONTRACTORS' PROTECTIVE LIABILITY			Each Occurrence \$ _____	Aggregate \$ _____
<input type="checkbox"/> CONTRACTUAL LIABILITY			CONTRACTUAL LIABILITY LIMITS (If different than above)	
<input type="checkbox"/> Watercraft Liability			Each Occurrence \$ _____	BODILY INJURY
<input type="checkbox"/>			Aggregate \$ _____	PROPERTY DAMAGE
<input type="checkbox"/>			Each Occurrence \$ _____	Aggregate \$ _____
<input type="checkbox"/> Workmen's/Workers' Compensation-Coverage A			Coverage A	STATUTORY
<input type="checkbox"/> Employer's Liability -Coverage B			Coverage B	\$ _____

*Aggregate not applicable if Owners', Landlords' and Tenants' Liability Insurance excludes structural alterations, new construction or demolition.

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE AFFORDED BY ANY POLICY DESCRIBED HEREIN.

NAME AND ADDRESS OF PARTY TO WHOM CERTIFICATE IS ISSUED

TOWN OF SEWALLS POINT
 1 N Sewalls Pt Rd
 Sewalls Point, Fl

3/28/83

Date

Signature of Authorized Representative

Agent

Title

CERTIFICATE OF INSURANCE

This is to certify that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

is in force for CARD BUILDING SYSTEMS _____
Name of Policyholder

614 S Federal Highway _____
Address of Policyholder

Stuart, Fl 33494 _____

Location of operations Martin, St Lucie, and surrounding counties _____

The following coverages for the periods and limits indicated below.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD <small>(eff /exp.)</small>	LIMITS OF LIABILITY	
98 64 5269	<input type="checkbox"/> Comprehensive General Liability	10/17/82-83	<input checked="" type="checkbox"/> Dual Limits for:	BODILY INJURY
	<input checked="" type="checkbox"/> Manufacturers' and Contractors' Liability		Each Occurrence \$ <u>300,000</u>	
	<input type="checkbox"/> Owners', Landlords' and Tenants' Liability		Aggregate \$ <u>300,000</u>	
The above insurance includes applicable if indicated by <input checked="" type="checkbox"/>) <input type="checkbox"/> PRODUCTS - COMPLETED OPERATIONS <input type="checkbox"/> OWNERS' OR CONTRACTORS' PROTECTIVE LIABILITY <input type="checkbox"/> CONTRACTUAL LIABILITY			<input type="checkbox"/> Combined Single Limit for:	PROPERTY DAMAGE
			Each Occurrence \$ <u>50,000</u>	Aggregate* \$ <u>50,000</u>
			Each Occurrence \$ _____	Aggregate \$ _____
			CONTRACTUAL LIABILITY LIMITS (If different than above)	
			Each Occurrence \$ _____	BODILY INJURY
			Each Occurrence \$ _____	PROPERTY DAMAGE
			Aggregate \$ _____	
	<input type="checkbox"/> Workmen's/Workers' Compensation-Coverage A <input type="checkbox"/> Employer's Liability -Coverage B		Coverage A	STATUTORY
			Coverage B	\$ _____

*Aggregate not applicable if Owners', Landlords' and Tenants' Liability Insurance excludes structural alterations, new construction or demolition.

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NAME AND ADDRESS OF PARTY TO WHOM CERTIFICATE IS ISSUED

TOWN OF SEWALLS POINT
 1 N Sewalls Pt Rd
 Sewalls Point, Fl

3/28/83
 Date
Tim Hawley
 Signature of Authorized Representative
 Agent
 Title

STATE OF FLORIDA Department of Professional Regulation
CONSTRUCTION INDUSTRY LICENSING BOARD
 ACRES, GARY ELDON
 INDIVIDUAL
 CERTIFIED RESIDENTIAL CONTRACTOR
 HAS PAID THE FEE REQUIRED BY CHAPTER 469
 FOR THE YEAR EXPIRING **JUNE 30, 1983**
Gary Eldon
 SIGNATURE
 PLEASE READ IMPORTANT INFORMATION ON REVERSE
 Nancy Kelly
 SECRETARY OF PROFESSIONAL REGULATION
 WALLEY CARD - FOLD HERE

CONSTRUCTION INDUSTRY LICENSING BOARD
 POST OFFICE BOX 4
 JACKSONVILLE, FL 32201

AUDIT CONTROL NO.	FILE NO.	BATCH NO.	FEE AMOUNT
285597	CRC022265	1271	\$150.00

SET TAB STOPS AT ARROWS

Certificate of Insurance



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NAME AND ADDRESS OF AGENCY
 Rick Carroll Insurance
 P.O.Box 877
 Jensen Beach, Fl 33457

COMPANIES AFFORDING COVERAGES	
COMPANY LETTER A	Lumbermens Mutual
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

NAME AND ADDRESS OF INSURED
 Gary Eldon Acres DBA
 Gary Eldon Acres
 3551 SE Leonard Land
 Stuart, Fl 33494

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	93004111	3-24-84	BODILY INJURY	\$ 300,	\$ 300,
	<input checked="" type="checkbox"/> PREMISES—OPERATIONS			PROPERTY DAMAGE	\$ 50,	\$ 50,
	<input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input type="checkbox"/> UNDERGROUND HAZARD			PERSONAL INJURY	\$	\$
	AUTOMOBILE LIABILITY			BODILY INJURY (EACH PERSON)	\$	
	<input type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH ACCIDENT)	\$	
	<input type="checkbox"/> OWNED			PROPERTY DAMAGE	\$	
	<input type="checkbox"/> HIRED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	<input type="checkbox"/> NON-OWNED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	EXCESS LIABILITY			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM			STATUTORY	\$	(EACH ACCIDENT)
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY					
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
 Contractor State of Florida

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:
 Town of Sewalls Point
 1 N Sewalls Point Road
 Sewalls Point
 Stuart, Fl 33494

DATE ISSUED: 3-28-83
Loise Larson
 AUTHORIZED REPRESENTATIVE



**FLORIDA MODEL ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION**

FORM 902
BOB GRAHAM
GOVERNOR

SECTION 9/9H POINTS METHOD
DEPARTMENT OF COMMUNITY AFFAIRS

CLIMATE ZONES
SOUTH 789

PROJECT NAME AND ADDRESS	<i>Single Family Dwelling Admiral's Walk Swalk P ZIP</i>	JURISDICTION ZONE
BUILDER	<i>Ray Acers</i>	PERMIT NO.
OWNER	<i>William Deakman</i>	JURISDICTION NO. <input type="text"/>

STATISTICS

<input type="checkbox"/> RENOVATION <input type="checkbox"/> ADDITION <input type="checkbox"/> MULTI-FAMILY	IF MULTI-FAMILY, NO. OF UNITS COVERED BY THIS CALCULATION: <input type="text"/>	GLASS AREA AND TYPE	
	(SEPARATE CALCULATIONS REQUIRED FOR EACH WORST CASE UNIT TYPE.) SEC. H901.1	CLEAR	TINT OR FILM
		<input type="text"/> SGL <input type="checkbox"/>	<input type="text"/> SGL <input checked="" type="checkbox"/>
<input type="text"/> DBL <input type="checkbox"/>	<input type="text"/> DBL <input type="checkbox"/>		

GROSS WALL AREA AND INSULATION				CONDITIONED FLOOR AREA	CEILING INSULATION	
GWS Frame	R=	FRAME	R=		UNDER ATTIC	SGL. ASSEMBLY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R= <input type="text"/>	R= <input type="text"/>
<i>881.4</i>	<i>19</i>	<i>246</i>	<i>11</i>	<i>1548</i>	<i>19</i>	

COOLING SYSTEM	PRIMARY HEATING SYSTEM	PRIMARY HOT WATER SYSTEM
<input checked="" type="checkbox"/> CENTRAL <input type="checkbox"/> NONE <input type="checkbox"/> UNITARY EER-SEER = <input type="text"/> <i>8.5</i>	<input checked="" type="checkbox"/> STRIP <input type="checkbox"/> GAS <input type="checkbox"/> NONE <input type="checkbox"/> OIL <input type="checkbox"/> SOLAR HEAT PUMP: COP = <input type="text"/> <input type="text"/> <input type="checkbox"/> OTHER: _____	<input checked="" type="checkbox"/> RESISTANCE <input type="checkbox"/> SOLAR <input type="checkbox"/> HEAT RECOVERY <input type="checkbox"/> GAS DED. HEAT PUMP: COP = <input type="text"/> <input type="text"/> <input type="checkbox"/> OTHER: _____

MAX. E.P.I. ALLOWED (from 9A): <input type="text"/>	CALCULATED E.P.I.: <input type="text"/>
CHECK IF COMPLYING BY "ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH" (SEC. 903.11)*	<input type="checkbox"/>
CERTIFIED BY: <i>Bill Sheppard</i> (owner/agent)	DATE: <i>3-25-83</i>
FORM COMPLETION CHECKED BY: _____ (building official)	DATE: _____

THIS DATA IS TO BE SENT TO DCA BY THE LOCAL BUILDING DEPARTMENT.

This Warranty Deed Made the 22nd day of March A. D. 19 83 by

JOSEPH C. HOTARD AND HELEN J. HOTARD, his wife

hereinafter called the grantor, to

WILLIAM J. DECKMAN, JR. AND BEATRICE F. DECKMAN, his wife

whose postoffice address is 5 South Laurel Drive

hereinafter called the grantee: Somers Point, New Jersey 08244

(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, re-mises, releases, conveys and confirms unto the grantee, all that certain land situate in Martin County, Florida, viz:

Lot 54, RIO VISTA SUBDIVISION, according to the Plat thereof, recorded in Plat Book 6, page 95, Public Records of Martin County, Florida.

Subject to Taxes--Subsequent to December 31, 1982 and restrictions, reservations, easements and covenants of record.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in any-wise 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, 19 82.

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:

Susan G. Neumeier

Carol Morgan

Joseph C. Hotard

JOSEPH C. HOTARD
Helen J. Hotard

HELEN J. HOTARD

STATE OF Florida
COUNTY OF Martin

SPACE BELOW FOR RECORDERS USE

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

JOSEPH C. HOTARD AND HELEN J. HOTARD, his wife

to me known to be the person S described in and who executed the foregoing instrument and have acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 22nd day of March, A. D. 19 83.

Susan G. Neumeier

Notary Public

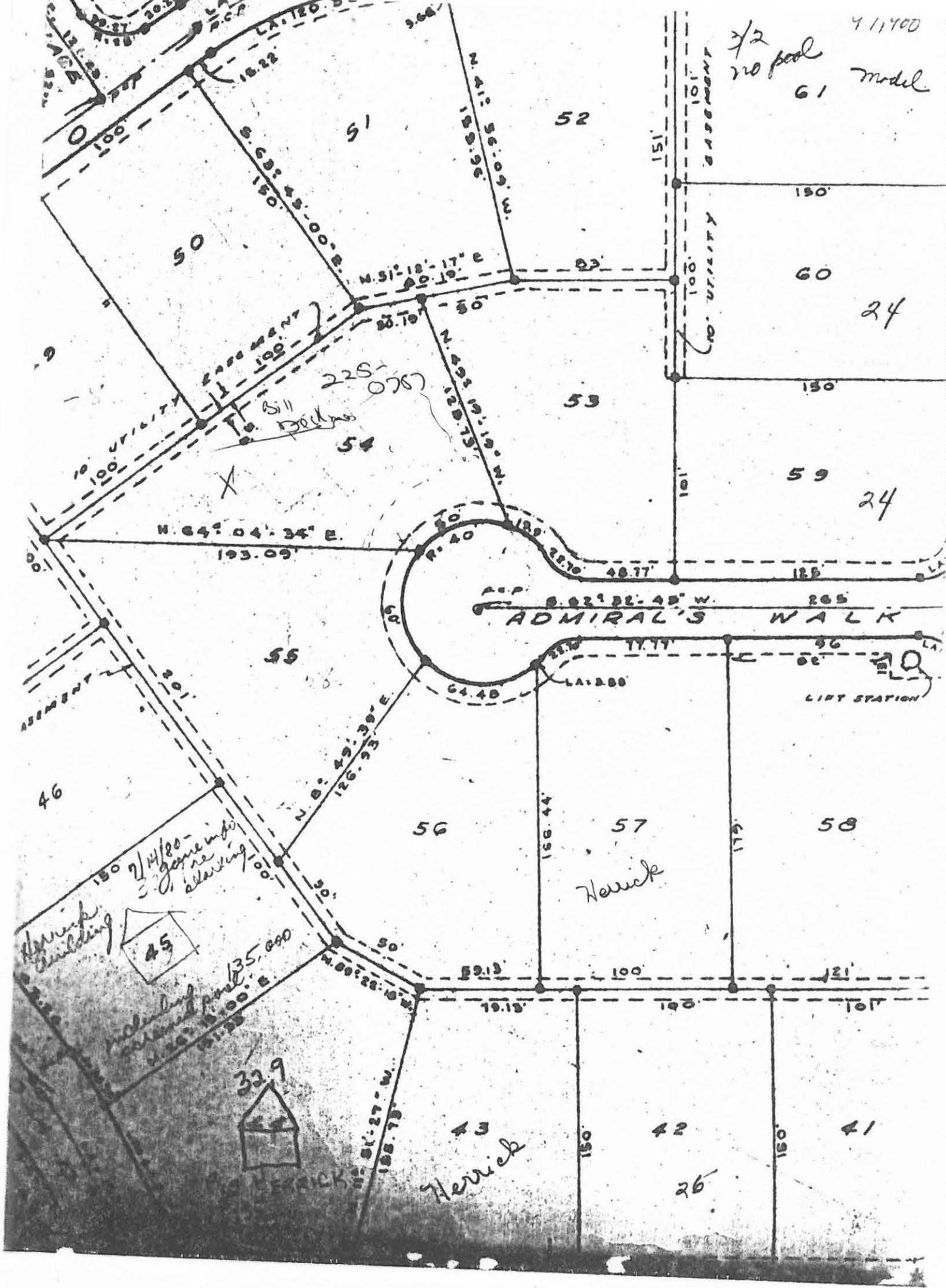
This Instrument prepared by: My Commission Expires:

Address

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES JUNE 11 1986
BONDED THRU GENERAL INS. UNDERWRITERS

STEWART TITLE & TRUST COMPANY
400 N. GUNN COLE AVENUE
STUART, FLORIDA 34954
385-286-2270

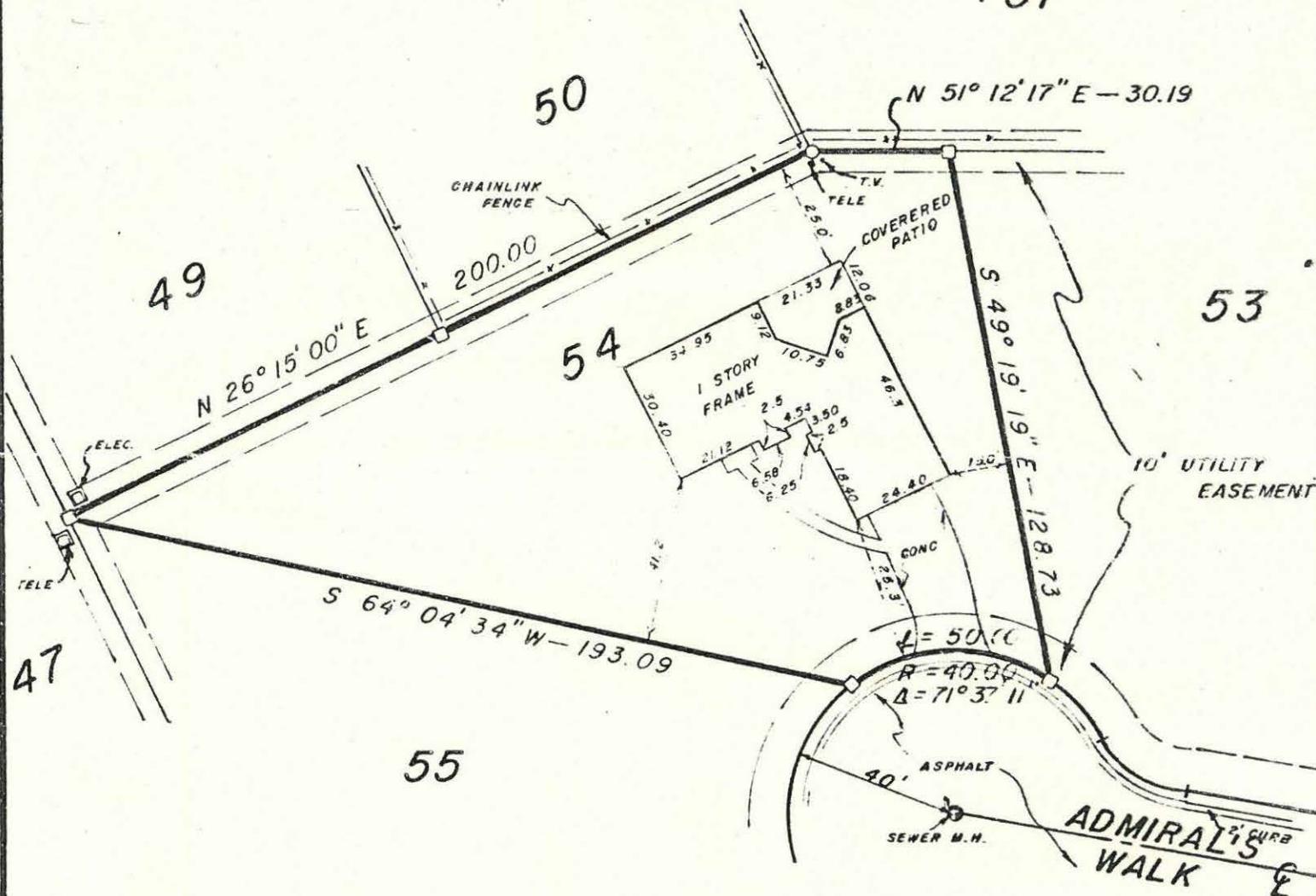
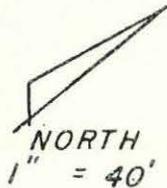
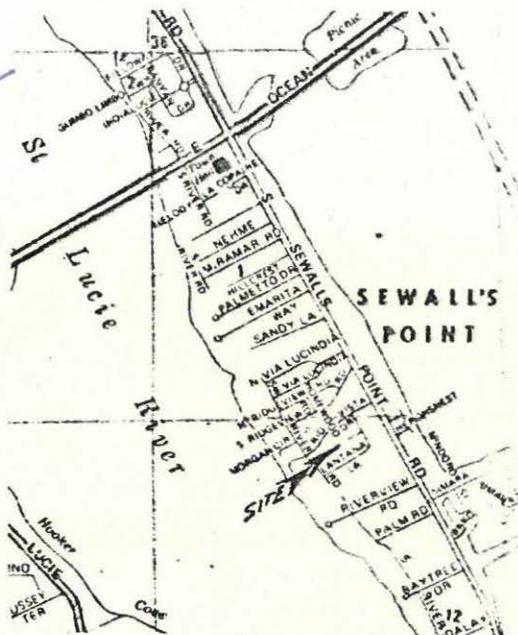
3/2
no pool
61
Model
4/1/00



DESCRIPTION

Lot 54, RIO VISTA SUBDIVISION, as recorded in Plat Book 6, Page 95, Public Records, Martin County, FL.

LOCATION MAP



- — SET # 5 ROD & CAP
- — FOUND CONCRETE MONUMENT

PREPARED FOR: Deckman

NOTE: LANDS SHOWN HEREFON WERE NOT ABSTRACTED FOR EASEMENTS AND/OR RIGHTS-OF-WAY OF RECORD

SURVEYOR'S CERTIFICATE: I HEREBY CERTIFY THAT THE PARCEL SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY MADE UNDER MY SUPERVISION AND DIRECTION AND THAT SAID SURVEY IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT THERE ARE NO ABOVE GROUND ENCROACHMENTS EXCEPT AS SHOWN. NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.

DRAWN BY:	JKQ	FIELD BK. No.	STU-1 34,35
CHECKED BY:		JOB No.:	83 - 160
DATE OF SURVEY:	3 / 4 / 83	SCALE:	1" = 40'

JOHN K. QUILLEN LAND SURVEYOR, INC.
 REGISTRATION No. 3267, STATE OF FLORIDA.
 PORT ST. LUCIE, FLORIDA. 1-305-335-4466

REVISED 8/8/83 Final Survey

5807

ROOFING

TOWN OF SEWALL'S POINT

Date 5/24/01

BUILDING PERMIT NO. 5807

Building to be erected for ANTHONY MACRI

Type of Permit Roofing

Applied for by COLLINS ROOFING, INC

(Contractor) Building Fee 120.00

Subdivision RIO VISTA Lot 54 Block _____

Radon Fee _____

Address 6 ADMIRALS WAY

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:
1238410020000054040000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 120.00 Check # 7094 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 7900.00

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 _____



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
110 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Owens Corning
One Owens Corning Parkway
Toledo, OH 43659

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2558

CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2966 FAX (305) 375-2908

PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 375-6139

Your application for Notice of Acceptance (NOA) of:
Oakridge 40 AR

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at any time from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined by BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

The expense of such testing will be incurred by the manufacturer.

ACCEPTANCE NO.: 01-0522.04
EXPIRES: 07/19/2006

Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET. SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE

This application for Product Approval has been reviewed by the BCCO and approved by the Building Code and Product Review Committee to be used in Miami-Dade County, Florida under the conditions set forth above.

APPROVED: 07/19/2001

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 5/23/02

BUILDING OFFICIAL
Gene Simmons

Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance Office

Name:

Address:

This Instrument Prepared by:

Address:

Property Appraisers Parcel Identification (Folio) Number(s):

FS 713.13

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STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL

MARSHA EWING, CLERK

BY Charlotte Binley D.C.
DATE 5-20-02



SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

Permit No. **NOTICE OF COMMENCEMENT**

State of Florida
County of }

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

Legal description of property (Include Street Address, if available) TAX ID # 1238 41 002 000005 40400
#6 ADMIRALS WALK RIOVISTA SUB DIVISION LOT 54

General description of Improvements REROOF

Owner ANTHONY MACRI

Address #6 ADMIRALS WALK STREET, FL 34996

Owner's Interest in site of the improvement RESIDENCE

Fee Simple Title holder (if other than owner)

Name N/A

Address N/A

Contractor COLLINS ROOFING INC

Address P.O. BOX 12867 F.P., FL 34982

Surety N/A

Address N/A

Amount of bond \$ N/A

Any person making a loan for the construction of the Improvements:

Name N/A

Address N/A

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

Name N/A

Address N/A

In addition to himself, owner designates N/A

Of N/A

to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

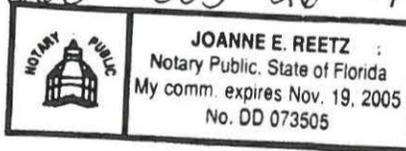
Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified).

Sworn to and subscribed before me this 20th
day of May, 2002

J. Reetz
Notary Signature
Joanne Reetz
Printed Notary Signature

Anthony Macri
Signature of Owner
Anthony C Macri
Printed Signature of Owner
M260-003-26-148-0

My Commission expires:

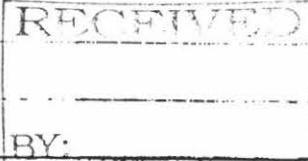


ACORD. CERTIFICATE OF INSURANCE DATE (MM/DD/YY)
5-20-2001

PRODUCER
MICHAEL BOOTH
ALL FLORIDA INSURANCE
382 EAST MIDWAY ROAD
FORT PIERCE, FL 34982

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.

INSURED
COLLINS ROOFING, INC.
5412 BIRCH DR.
FORT PIERCE, FL 34982

COMPANIES AFFORDING COVERAGE
A. COMMERCIAL CASUALTY INS CO OF GA
B.
C.
D.
BY: 

COVERAGES
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNERS & CONT PROT	AGL532511-2	5/19/2002	5/19/2003	GENERAL AGGREGATE \$ 500,000 PRODUCTS-COMP/OP AGG \$ 500,000 PERSONAL & ADV INJURY \$ EXCLUDED EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ EXCLUDED MED EXP (Any one person) \$ EXCLUDED
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL OTHER				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ROOFING - NO HOT TAR

CERTIFICATE HOLDER
TOWN OF SEWELLS POINT
561-220-4765

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

AUTHORIZED REPRESENTATIVE
Michael P Booth



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONST INDUSTRY LICENSING BOARD
7960 ARLINGTON EXPRESSWAY
STE 300
JACKSONVILLE FL 32211-7467

(904) 727-6530

COLLINS, CHRISTOPHER D
COLLINS ROOFING INC
5412 BIRCH DRIVE
FT PIERCE FL 34982

STATE OF FLORIDA AC# 592080

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CC -C058011 07/25/2000 000023

CERTIFIED ROOFING CONTRACTOR
COLLINS, CHRISTOPHER D
COLLINS ROOFING INC

IS CERTIFIED under the provisions of Ch. 489
Expiration Date: AUG 31, 2002

DETACH HERE

AC# 5920805

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
7/25/2000	00002330	CC -C058011

The ROOFING CONTRACTOR
named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2002

COLLINS, CHRISTOPHER D
COLLINS ROOFING INC
5412 BIRCH DRIVE
FT PIERCE FL 34982

JEB BUSH
GOVERNOR

DISPATCH REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency
License: SP02196

Expires September 30, 2003

Name: CHRIS D COLLINS
Company: COLLINS ROOFING INC
Address: Box 17867
City, ST: Ft Pierce FL 34979
License Type: ROOFING CONTRACTOR



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONST INDUSTRY LICENSING BOARD
7960 ARLINGTON EXPRESSWAY
STE 300
JACKSONVILLE FL 32211-7467

(904) 727-6530

COLLINS, CHRISTOPHER D
COLLINS ROOFING INC
5412 BIRCH DRIVE
FT PIERCE FL 34982

STATE OF FLORIDA AC# 5920805
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CC -C058011 07/25/2000 00002330
 CERTIFIED ROOFING CONTRACTOR
 COLLINS, CHRISTOPHER D
 COLLINS ROOFING INC

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COLLINS, CHRISTOPHER D
COLLINS ROOFING INC
5412 BIRCH DRIVE
FT PIERCE FL 34982

JEB BUSH
GOVERNOR

DISPATCH REQUIRED BY MAIL

CYNTHIA A. HENDERSON
SECRETARY



MARTIN COUNTY, FLORIDA

Construction Industry Lic Bd

Certificate of Competency

License: SP02196

Expires September 30, 2003

Name: CHRIS D COLLINS
Company: COLLINS ROOFING INC
Address: Box 12867
City, ST: Ft Pierce FL 34979
License Type: ROOFING CONTRACTOR

ACORD CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NO. / DATE
AC02-7500009-9711
5/22/2002 9:12:21 AM

PRODUCER
Eisenmann Risk Placements, Inc.
105 South Benge Street
McKinney, TX 75069
(214) 733-8646 Fax: (208) 361-8671

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

INSURED
COLLINS ROOFING
5412 BIRCH DR.
FT. PIERCE, FL 34982
(561) 489-6506 Fax: (561) 409-6505

INSURER A: Continental Casualty Company
INSURER B: **RECEIVED**
INSURER C:
INSURER D:
INSURER E:

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.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any One Fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC249189594	9/1/2001	9/1/2002	X <input checked="" type="checkbox"/> STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
	OTHER				LIMITS \$ LIMITS \$

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

CERTIFICATE HOLDER

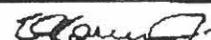
SEWALL'S BLDG. DEPT.
#1 S. SEWALLS POINT RD
SEWALLS, FL 34996

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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



Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: ANTHONY MACRI City: Stuart State: FL Zip: 34996
Legal Description of Property: RIO VISTA SUB/DIVISION LOT 54 Parcel Number: 1238 41 002 00005 40 400 00
Location of Job Site: Sewalls Pt. 6 ADMIRALS WALK Type of Work To Be Done: Re ROOF

CONTRACTOR/Company Name: COLLINS ROOFING INC Phone Number: 283 4202
Street: P.O. BOX 12867 City: F.P. State: FL Zip: 34982
State Registration Number: _____ State Certification Number: CCL058011 Martin County License Number: SPO2196

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

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

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

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

COST AND VALUES Estimated Cost of Construction or Improvements: \$ 7900.00 Estimated Fair Market Value (FMV) Prior
To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO X

SUBCONTRACTOR INFORMATION

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

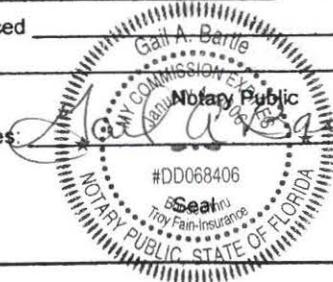
Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
National Electrical Code _____ Florida Energy Code _____
Florida Accessibility Code _____

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

OWNER OR AGENT SIGNATURE (Required)
State of Florida, County of: _____
This the _____ day of _____, 200 _____
by _____ who is personally
known to me or produced _____
as identification. _____
Notary Public
My Commission Expires: _____

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of: ST. LUCIE
This the 21 day of MAY 2002
by CHRISTOPHER COLLINS who is personally
known to me or produced _____
As identification. _____
My Commission Expires: _____

Seal



**PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS
FOR RE-ROOFING**

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. ✓ Estimated cost of construction.
6. ✗ Original signature of owner and notarized
7. ✓ Original signature of Contractor and notarized.

Submittals (2 copies)

1. ✓ Product approvals from Miami/Dade for the following items:
 - a. Roofing
2. ✗ Statement of Fact (owner/builder affidavit)
3. ✗ Proof of ownership (deed or tax recpt.)
4. ✓ A certified copy of the Notice of Commencement for any work over \$2500.00
5. ✓ Copy of License (either Martin County Certificate of Competency or State
✓ Certified or Registered Contractor License)
6. ✓ Copy of Workmen's Compensation
7. ✓ Copy of Liability Insurance

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



(SIGNATURE OF APPLICANT)

DATE SUBMITTED: _____

5/21/02



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR SEPTIC TANK PERMIT
AND FINAL INSPECTION FORM

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

Authority: Chapter 381, 386, 387, FS Chapter 100-6, FAC

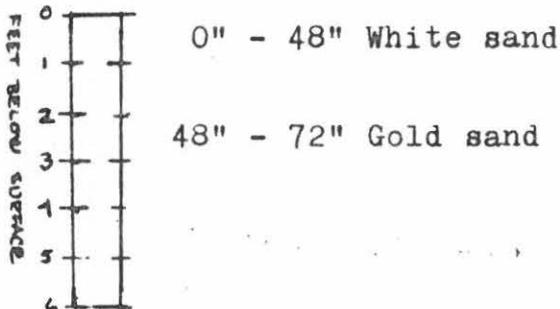
Permit Number HD-83-111

Name of Applicant CARD BUILDERS / Deckman Telephone 283-2250
Mailing Address of Applicant 674 South Federal Hwy, Stuart, FL 33494
To Be Installed at: (Give Street Address) Admiral's Walk
Lot 54 Block Subdivision Rio Vista
Plat Book & Page 6 - 95 Date Recorded
Residential: No. Living units 1 No. Bedrooms 3
Commercial: Type of Business No. People No. Toilets 2
*Note: Attach site location map and other supportive documents.
Signature of applicant

SITE INFORMATION

Is there a private well within 75 ft. of the proposed septic system? no
Is there a public well within 100 ft. of the proposed septic system? no
Is there a public sewer within 100 ft. of the proposed lot? yes
Is there a lake, stream, canal or other body water within 50 ft. of the proposed septic system? no
Is there a septic system or other interference within 75 ft. of the proposed private well? no
Is the proposed or existing public water line within 10 ft. of the proposed septic system? no
There is 700 + square feet of unobstructed land for future expansion of the drainfield.

SOIL PROFILE AND PERCOLATION DATA



Water table 6' +
Wet season water table 4.5' +
Compacted fill of req'd.

Certified by: [Signature]
Fla. Professional No.: 3267
Date: 3/9/83 Job No.: 83-160
Percolation Rate Min/Inch
USDA Soil Map Unit: Paola Sand
USDA Symbol # 6

INSTALLATION SPECIFICATIONS

Septic Tank Capacity 900 Gallons Absorption Bed size 300 Square Ft.
Dosing Tank Capacity Gallons Lateral Drainfield size Square Ft.
Grease trap Capacity Gallons Sand Filter size Square Ft.

Specifications:

3-14-83
Date Processed
THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE

[Signature]
Signature of Sanitarian

[Signature] County Health Department

FINAL INSPECTION DATA

Date and Time of Inspection Type of Tank (Concrete, Fiber-glass, Etc.)
Size Tank Installed Drainfield Size
Dosing Tank Size Grease Trap Size Sand Filter Size
Who Made Installation

RECOMMENDATION: Approval Disapproval

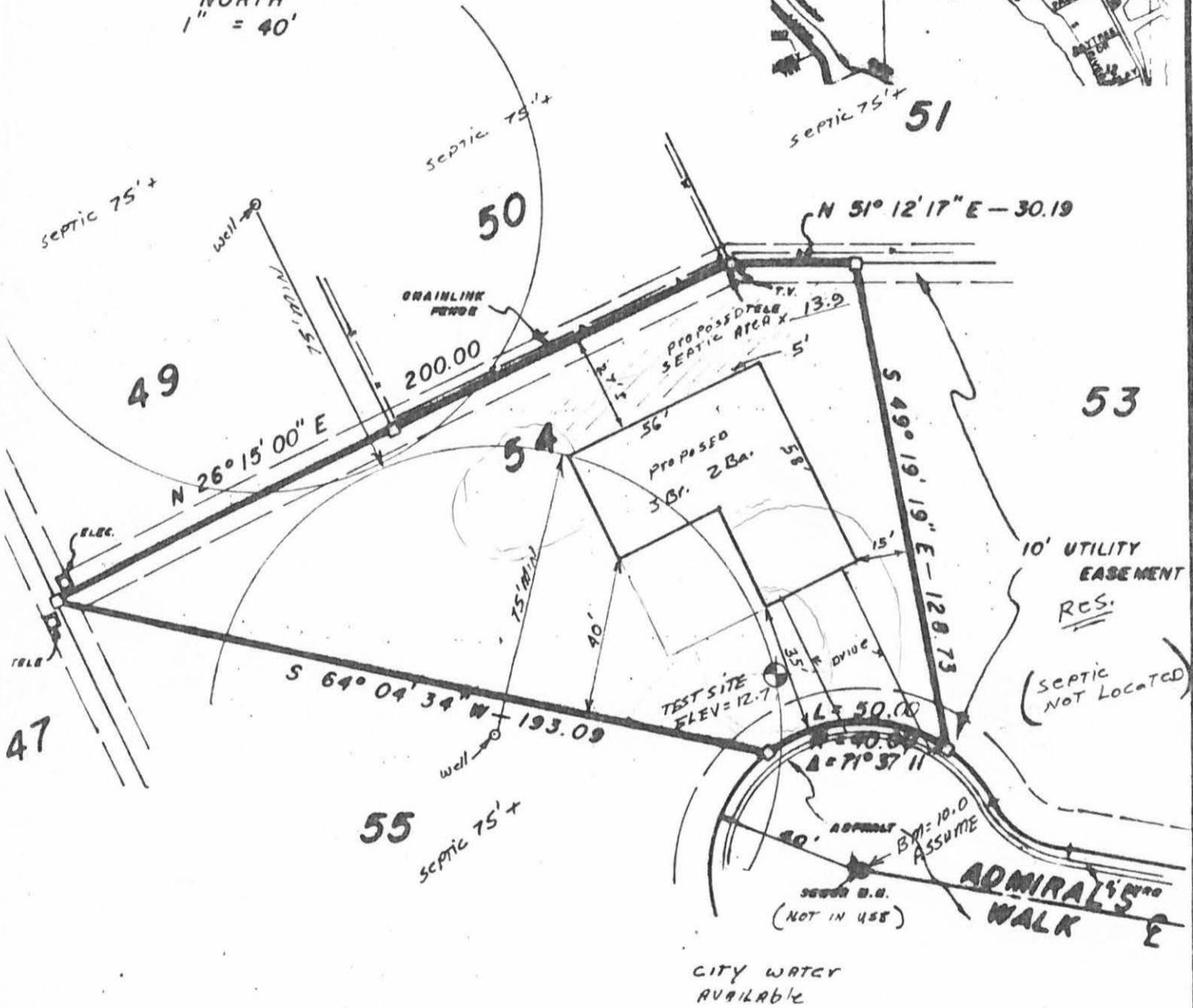
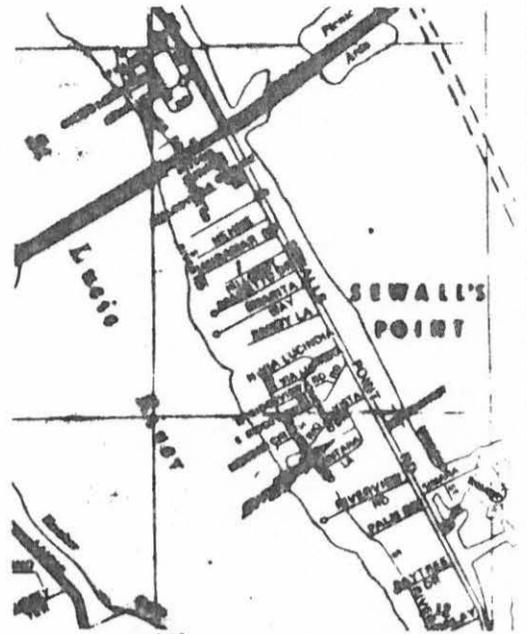
Signature of Sanitarian

022815

DESCRIPTION

Lot 54, RIO VISTA SUBDIVISION, as recorded in Plat Book 6, Page 95, Public Records, Martin County, FL.

LOCATION MAP



LOCATIONS TO BE VERIFIED BY CONTRACTOR
All adjoining lots vacant except as shown.

- — SET # 5 ROD & CAP
- — FOUND CONCRETE MONUMENT

PREPARED FOR: Deckman

NOTE: LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS AND/OR RIGHTS - OF - WAY OF RECORD

SURVEYOR'S CERTIFICATE: I HEREBY CERTIFY THAT THE PARCEL SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY MADE UNDER MY SUPERVISION AND DIRECTION AND THAT SAID SURVEY IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT THERE ARE NO ABOVE GROUND ENCROACHMENTS EXCEPT AS SHOWN. NOT VALID UNLESS SEALED WITH AN EMBOSSED - SURVEYOR'S SEAL.

DRAWN BY:	JKO	FIELD BR. No.	STU-1 34,35
CHECKED BY:		JOB No.:	83-160
DATE OF SURVEY:	3 / 4 / 83	SCALE:	1" = 40'

JOHN K. GUILLEN LAND SURVEYOR, INC.
REGISTRATION No. 3267, STATE OF FLORIDA.
FORT ST. LUCIE, FLORIDA. 1-308-335-4466

MARTIN COUNTY HEALTH DEPT.
131 E. 7th Street
Stuart, Fl 33497
287-2277

SITE INFORMATION

APPLICANT: Card Builders

LEGAL DESCRIPTION: Lot 54 Rio Vista S/D

1. Present water depth 6'+ feet below natural grade, not including fill.
2. Wet season water depth 4.5' feet below natural grade, not including fill.
3. Elevation of crown of road, midway between front lot boundary 10.0. If road is not paved, another permanent reference point must be noted. Show location on plot plan.
4. Elevation of natural grade at soil boring in area of proposed septic system 13.9.
5. Are all wells, ~~septic systems~~ and surface water on adjacent or contiguous land within 75 feet of the applicants lot shown on plot plan? NO YES
6. Is there a storm water retention area within 15 feet of the proposed septic system? NO
7. Is the septic system in an area proposed for paving? NO
8. Attach site location map or explain directions to site below:

CERTIFIED BY: [Signature]

Florida Professional Number: 3267

Date: 3/10/83 Job Number: 83-160



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

CORRECTION NOTICE

ADDRESS: 6 Admirals way

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.

Sheathing:

Failed: used 4" OC nailing
4' back from gables

Dry in:

Failed used 6" OC spans
+ 2 rows 12" OC staggered

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: 5/29/12

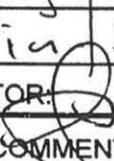
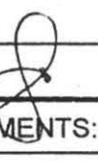
[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri MAY 29, 2001; Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5807	MAORI 6 ADMIRALS WAY Collins	Roof Drain Sheathing	Failed	→ making check → dry in 5/30 INSPECTOR: 
5739	GASIORK 67 N. River Rd Conway	Plumbing Electrical Plumbing	Passed Passed Passed	INSPECTOR: 
5749	CLEMENTS. 11 W. HIGH PT OLYMPIC	POOL STEEL	Passed	INSPECTOR: 
5567	WEBER 4 MANDALAY Buford.	DAIRYWAY	Passed	INSPECTOR: 
5689	Henderson 24 Island Rd. Buford	Pad (Post.)	Passed	INSPECTOR: 
				INSPECTOR:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri June 7, 2007; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5807	Anthony MARI	Final Roof	Passed	
(4)	6 Admirals Way Collins			INSPECTOR: 
5810	Charles DeGarmo	HURRICANE	Passed	
(2)	24 W. High Pt Rd Ellis Shutter	Shutters		INSPECTOR: 
5825	SHEWBRIDGE	FOOTING	Passed	EARLY AS POSSIBLE
(1)	126 S. SPR DRIFTWOOD			INSPECTOR: 
5427	FOGLIA	FINAL MECH.	Passed	
(3)	105 ABBIE CT FOGLIA	+ PLUMB.	Passed	INSPECTOR: 
5688	WHALEN	POOL-FINAL	Passed	
(5)	9 KNOWLES RD. TWIN POOLS	11 Encl 4 Gas	Passed Passed	INSPECTOR: 
5856	Gulile	height violat.		tel com w- contractor message left w- owner
(6)	10 Island Rd. Adron fence	?		INSPECTOR: 
5765	Clovellet's	swale		nobody home
(7)	6 Middle Rd.	?		INSPECTOR: 

OTHER: _____

6788

SCREEN ENCLOSURE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/4/04

BUILDING PERMIT NO. 6788

Building to be erected for MACRI

Type of Permit REPL SCREEN w/ REMOVABLE VINYL WINDOW

Applied for by OIB

(Contractor) Building Fee 35.00

Subdivision RIO VISTA Lot 54 Block _____

Radon Fee _____

Address 6 ADMIRAL'S WALK

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

1238410020000054040000

Plumbing Fee _____

Amount Paid 35.00 Check # 2495 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 2000.00

Roofing Fee _____

TOTAL Fees 35.00

Signed Anthony Macri
Applicant

Signed Gene Summors
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
- REPLACE WINDOW

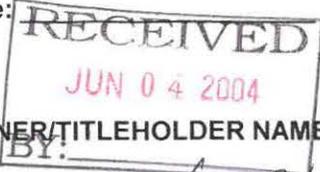
INSPECTIONS

- 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:

Permit Number: _____



Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Anthony Macri Phone (Day) 486-1838 (Fax) _____

Job Site Address: 6 Admirals Walk City: Sewall's Point State: FL Zip: 34996

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

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

Description of Work To Be Done: REPLACE SCREEN & INSTALL VINYL SIDERS

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

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 2,000.00 (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: _____ Screened Porch: _____

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Anthony Macri

State of Florida, County of: Martin

This the 4TH day of JUNE, 2004

by ANTHONY C MACRI who is personally

known to me or produced ENDL M26000326148-0 x 4/28/06

as identification. [Signature]

Notary Public

My Commission Expires _____

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 200

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

Seal



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

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

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

DISCLOSURE STATEMENT

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

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

Name: Anthony Macri Date: 6/4/04

Signature: Anthony Macri

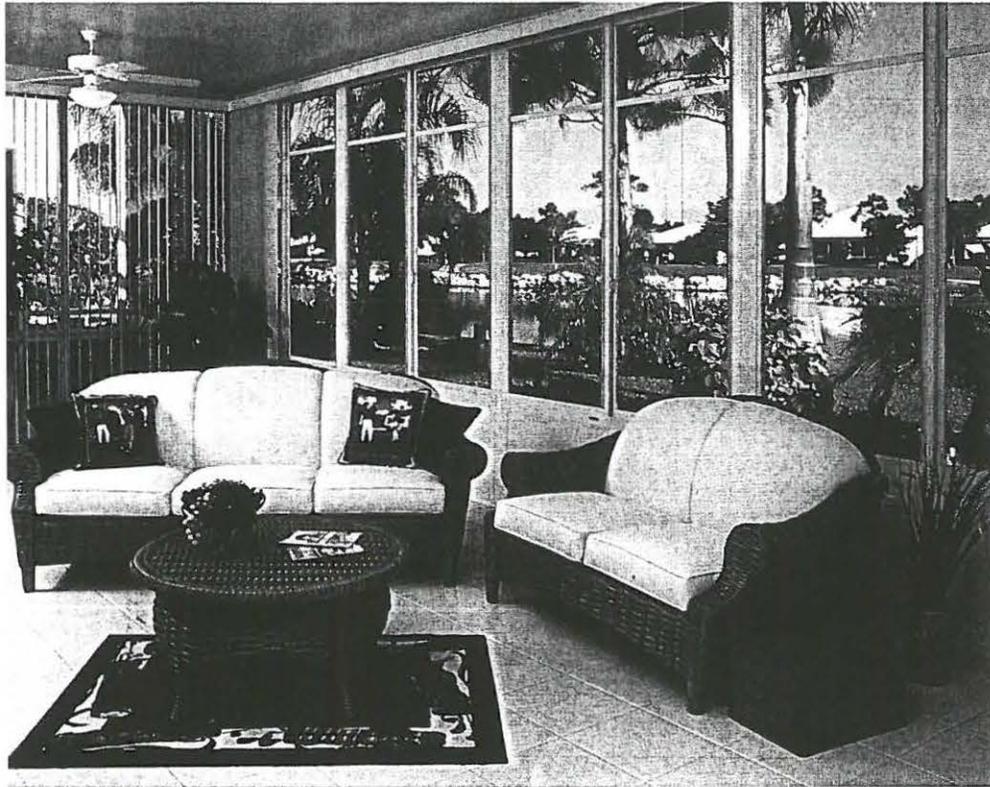
Address: 6 Admirals Walk

City & State: Sewall's Point Fl. 34996

Permit No. _____

Acrylic Horizontal Sliders

2, 3 & 4 Track Horizontal Sliders in ACRYLIC or VINYL



THAT SPECIAL NEW, LIVING SPACE

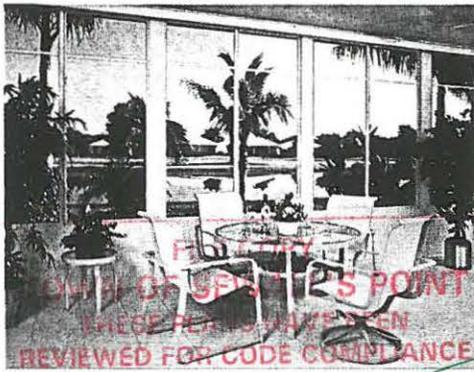
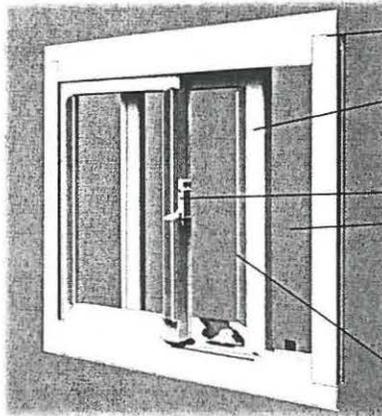
Ideally suited for new construction or enclosing in a screened lanai or balcony, these slider windows add elegance and natural appeal in homes, restaurants and condominiums. Tough, resilient vinyls come in clear or tinted vents and available with screens.

Rigid acrylic offers the user a visual clarity comparable to glass. At the same time, it's safer, more durable and lighter weight. All acrylic vents have 1 1/8" separation guaranteeing the acrylic won't scratch when operating windows.

All our windows feature energy saving weather stripping and full length handle grips for effortless operation. The sashes glide smoothly on rust proof, nylon rollers in a "T" track above dirt and debris.

FEATURES:

1. Aluminum frames and panels with stainless steel screws
2. Available in white or bronze frame
3. Nylon rollers, standard
4. Vents remove easily for cleaning
5. Heavy duty security cam locks are standard
6. Optional extruded removable screens with non-slip lift tabs
7. Available in 2, 3, or 4 vent models, with all vents moveable
8. Inside or outside mount
9. Full length handles
10. **10 year warranty on acrylic discoloring**



PROPERTY OF GENIE'S POINT
 THESE PICTURES HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE

DATE: 6/4/04
[Signature]

BUILDING OFFICIAL
 Gene Simpson

CUSTOM UNITS UP TO:		Width	Height	STANDARD CONFIGURATIONS: Open to right and left side
2 Track Horizontal Sliders	XX	Vinyl	(up to 108" x 102")	2 TRACK <input type="checkbox"/> ————— <input type="checkbox"/>
2 Track Horizontal Sliders	XX	Acrylic	(up to 96" x 96")	3 TRACK <input type="checkbox"/> ————— <input type="checkbox"/>
3 Track Horizontal Sliders	XXX	Vinyl	(up to 120" x 96")	4 TRACK <input type="checkbox"/> ————— <input type="checkbox"/>
3 Track Horizontal Sliders	XXX	Acrylic	(up to 108" x 96")	
4 Track Horizontal Sliders	XXXX	Vinyl	(up to 228" x 96")	
4 Track Horizontal Sliders	XXXX	Acrylic	(up to 144" x 96")	

Inside view showing regular stocking positions.

INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE
6348	HOTFELER	173 S SPR.	REPLACE WINDOW.	<i>[Signature]</i> 12/29/08
7061	LITCHEY	5 WINDOCE RD.	" A/C	<i>[Signature]</i> 12/29/08
6788	MACEY	6 AOMINAL WALK	WORK NOT DONE	<i>[Signature]</i> 12/29/08
7507	HUDSON	157 S. RIVER	REPLACE WINDOWS	<i>[Signature]</i> 12/29/08
7315	COOL	22 N. RIDGEVIEW	WORK DONE	<i>[Signature]</i> 12/29/08
7359	BRODERICK	44 RID VISTA	" "	<i>[Signature]</i> 12/29/08
6141	FERRARO	4 KINGSBURY CT.	" "	<i>[Signature]</i> 12/29/08
6749	VAUDIN	19 N. RIDGEVIEW	GR. DONE	<i>[Signature]</i> 12/29/08
6221	RUSSELL	47 S. S. P. R.	WORK DONE	<i>[Signature]</i> 12/29/08
6884	MCMATHON	57 S.S. P. R.	WORK DONE	<i>[Signature]</i> 12/29/08
7470	CARVIN	109 HILLCREST	" "	<i>[Signature]</i> 12/29/08
7475	KROBETL	58 S.S. P. R.	" "	<i>[Signature]</i> 12/29/08
6199	COUROY	12 PALMETHO	" "	<i>[Signature]</i> 12/29/08
7206	FRIEDRICH	9 COPAINE	" "	<i>[Signature]</i> 12/29/08

TREE

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

156

Permit # _____

Date Issued 4-27-83

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

Owner WILLIAM DECKMAN Present Address 6 Admiral's Walk Lot 54 Rio Vista Phone _____

Contractor GARY ACRES Address 614 S. FEDERAL Hwy Phone 2832250

Number of trees to be removed 6 trees are in the house pad area
all are oaks

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

Number of trees to be replaced within 30 days _____

Permit Fee: \$ _____ (\$5. for 1st tree, plus \$1. each additional tree - not to exceed \$25.)

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

Plans approved as submitted _____ Plans approved as marked _____

Permit good for one (1) year. Fee for renewal of expired permit is \$5.

Signature of Applicant Dan Tobiasz Date submitted 4/27/83

Approved by Building Inspector _____ Date _____

Approved by Building Commissioner _____ Date _____

Completed _____
Date _____ Checked by _____