

1 Baku Street

120
SFR

Application For Building Permit

Owner Booth Present Address _____ Phone _____

Architect Gene Armstrong Address North Palm Beach

General Contractor T.E. Sylvester Address _____ Phone _____

Where Licensed Martin County License No. 30

Plumbing Contractor ? Where Licensed _____ No. _____

Electrical Contractor ? Where Licensed _____ No. _____

Property Location _____ Subdivision Archipelago Lot No. 3

Lot Dimensions 100 x 135 + 175 Lot Area 15000+ Sq. Ft. _____

Purpose of Building Residence Type of Construction CBS

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

Outside of Walls _____ Inside of Walls 1650 Appx

Street or Road building will front on Sewall's Point Road

Clearances - Front 40'-3" Back 40' Appx Side 18' Side 25' River Lagoon

Well Location None Septic Tank Location _____

Building elevation (By Ordinance Definition) 15' Appx

Contract Price (Include Plumbing, Electrical, Air Conditioning) 23,000

PERMIT FEE	New Home	Additions	Others
General (\$3.00 per \$1000 or Fraction)	<u>69.00</u>	_____	_____
Plumbing (Flat Fee)	\$10.00	\$3.00	_____
Electrical (Flat Fee)	\$10.00	\$3.00	_____
Total (To be paid by General Contractor or Owner)	<u>89.00</u>	_____	_____

SIGNED: - General Contractor or Owner T.E. Sylvester

Building Inspector Comments: None Chas A. Dwyer

FOR TOWN RECORDS: Date Drawings submitted 4-11-67

Date Permit approved 4-12-67

Date Permit Fee paid 4-12-67

Date First Inspection _____

Date Final Inspection _____

Date Occupancy approved _____

2834

FENCE

Permit No. _____

Date 8/12/90

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

2834

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 R. JON & MIRTHA STOLKY Present Address ONE BAKUR, SEWALLS PT.

Phone 407-283-5330 AKA 134 S. Sewalls Pt. Rd.

Contractor Built by owner Address SOME

Phone SOME

Where licensed NOT LICENSED License number -

Electrical contractor NA License number -

Plumbing contractor NA License number -

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: EAST-WEST LINE FENCE ON SOUTH SIDE OF

PROPERTY

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

ONE BAKUR DR, (AKA 134 S. Sewalls Pt. Rd) STUART, FL 34996

Subdivision Archipelago Lot number 3 Block number -

Contract price \$ est. \$9000 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 OWNER J. Stucky

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 J. Stucky

TOWN RECORD

Date submitted 7/12/90 Approved: Dele Brown 8/18/90
Building Inspector Date

Approved: _____ Commissioner Date Final Approval given: _____ Date

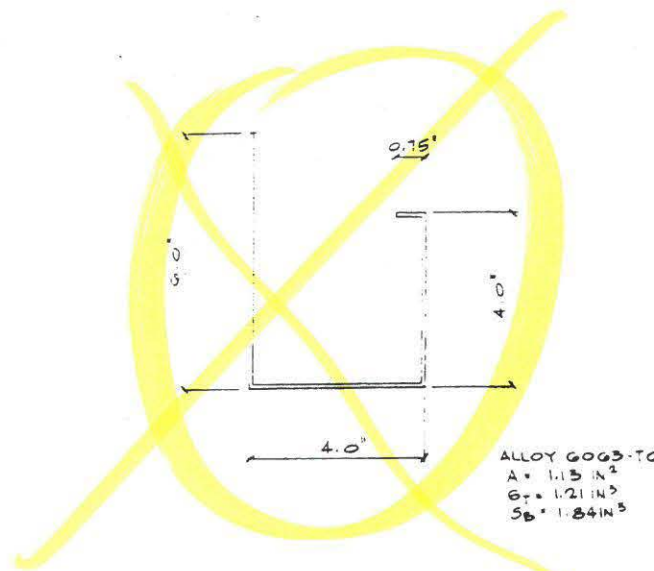
Certificate of Occupancy issued (if applicable) _____ Date

SP1282

Permit No. _____

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

3081
SCREEN
ENCLOSURE

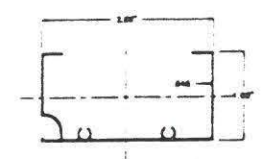


ALLOY 6063-T6
 $A = 1.15 \text{ IN}^2$
 $I_x = 1.21 \text{ IN}^4$
 $S_x = 1.84 \text{ IN}^3$

ROOF PAN (ALLOY 3003 H-16)	PAN THICKNESS	Sx	MAX. SPAN @ WIND VELOCITY 120 MPH	
			OPEN CARPORT	ENCLOSED CABANA
	024	.450in	12'-9"	12'-1"
	032	.608in	15'-0"	4'-0"

SANDWICH PANEL ALLOY 3003 H16	PAN THICKNESS	Sx	MAX. SPAN @ WIND VELOCITY 120 MPH	
	018	1.041in	15'-4"	14'-4"

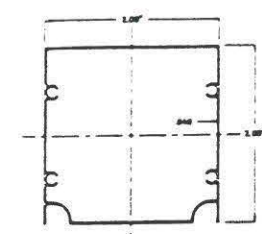
NOTE:
 PANS MAY OVERHANG 1/3 OF SIMPLE SPAN. SPANS MAY BE INCREASED 2% FOR EACH 12" OF OVERHANG UP TO 3'-0". CONSULT AN ENGINEER FOR GREATER OVERHANG.
 * WHEN LOCAL CODE REQUIRES 30PSF LIVE LOAD SPAN IS LIMITED TO 15'-4" WHEN LOCAL CODE LIMITS DEFLECTION TO L/100 MAX SPAN IS 9'-10"



1"x2" OPEN BACK
 ALLOY 6063-T6
 $A = 0.233 \text{ IN}^2$
 $WT = 0.280 \text{ PLF}$
 $I_x = 0.1425 \text{ IN}^4$
 $S_x = 0.1425 \text{ IN}^3$

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER SF.	SCREEN WALL 15# PER SF.
3'		
4'	4'-0"	
5'	5'-3"	
6'	2'-0"	
7'		
8'		
9'		
10'		

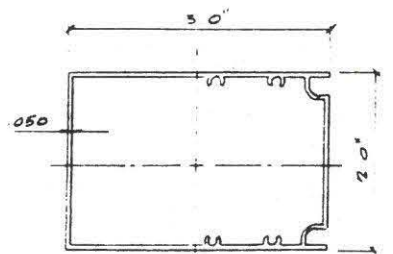


2"x2" PATIO BEAM
 ALLOY 6063-T6
 $A = 0.42 \text{ IN}^2$
 $I_x = 0.20 \text{ IN}^4$
 $S_x = 0.20 \text{ IN}^3$

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER SF.	SCREEN WALL 15# PER SF.
3'		
4'	9'-9"	7'-2"
5'	8'-8"	6'-6"
6'	7'-11"	-
7'	7'-4"	-
8'	6'-10"	-
9'	6'-0"	-
10'	6'-2"	-

SUPER GUTTER

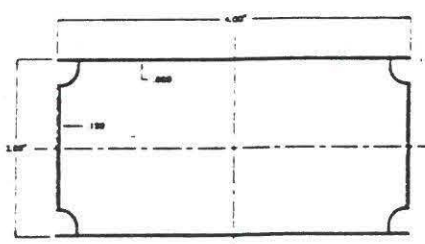


2"x5" SELF MATING BEAM
 ALLOY 6063-T6
 $A = 0.69 \text{ IN}^2$
 $I_x = 0.64 \text{ IN}^4$
 $S_x = 0.45 \text{ IN}^3$

SPACING	SCREEN ROOF 7# PER SF.	SCREEN WALL 15# PER SF.	SOLID ROOF SCREEN WALL	SOLID ROOF SOLID WALL (A+FOOT)
3'				
4'	14'-2"	10'-0"	8'-8"	9'-9"
5'	12'-9"	9'-5"	7'-9"	8'-9"
6'	11'-8"	8'-7"	7'-0"	8'-0"
7'	10'-9"	7'-11"	-	-
8'	10'-1"	7'-5"	-	-
9'	9'-0"	7'-0"	-	-
10'	9'-0"	-	-	-

2"x3"

INTERLOCKING ROOF PANS



2"x4" SELF MATING BEAM
 ALLOY 6063-T6
 $A = 0.95 \text{ IN}^2$
 $I_x = 2.25 \text{ IN}^4$
 $S_x = 1.125 \text{ IN}^3$

SPACING AND SPAN TABLES

SPACING	SCREEN 7# PER SF.	SCREEN WALL 15# PER SF.	SOLID ROOF SCREEN WALL	SOLID ROOF SOLID WALLS (A+FOOT)
3'				
4'	22'-11"	15'-8"	14'-0"	
5'	20'-0"	14'-9"	12'-0"	
6'	18'-9"	13'-0"	11'-5"	12'-10"
7'	17'-4"	12'-0"	10'-7"	11'-11"
8'	16'-5"	11'-8"	9'-11"	11'-2"
9'	15'-4"	11'-0"	-	10'-0"
10'	14'-0"	10'-5"	-	

2"x4" SELF MATING BEAM

1"x2" OPEN BACK



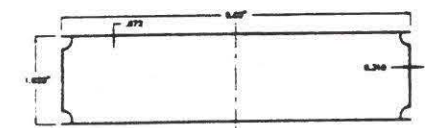
2"x6" SELF MATING BEAM
 ALLOY 6063-T6
 $A = 1.016 \text{ IN}^2$
 $I_x = 5.42 \text{ IN}^4$
 $S_x = 1.81 \text{ IN}^3$

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER SF.	SCREEN WALL 15# PER SF.
3'		
4'	29'-5"	-
5'	26'-2"	18'-0"
6'	24'-0"	16'-11"
7'	22'-2"	15'-8"
8'	20'-9"	14'-8"
9'	19'-0"	13'-10"
10'	18'-0"	13'-1"

2"x6" SELF MATING BEAM

2"x2" PATIO BEAM

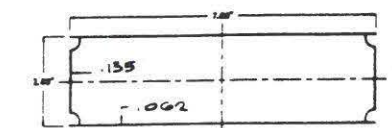


2"x8" SELF MATING BEAM
 ALLOY 6063-T6
 $A = 2.512 \text{ IN}^2$
 $I_x = 30.5 \text{ IN}^4$
 $S_x = 6.78 \text{ IN}^3$

MAXIMUM CLEAR SPAN FOR SCREENED ROOF BEAMS AT VARIOUS BEAM SPACING

5'-0"	5'-6"	6'-0"	6'-6"	7'-0"	7'-6"	8'-0"
49'-0"	46'-9"	44'-9"	41'-5"	40'-0"	38'-9"	37'-7"

2"x9" SELF MATING BEAM



2"x7" SELF MATING BEAM
 ALLOY 6063-T6
 $A = 1.575 \text{ IN}^2$
 $I_x = 9.52 \text{ IN}^4$
 $S_x = 2.72 \text{ IN}^3$

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER SF.	SCREEN WALL 15# PER SF.
3'		
4'	35'-11"	-
5'	32'-2"	-
6'	29'-4"	21'-0"
7'	27'-2"	19'-5"
8'	25'-5"	18'-2"
9'	24'-0"	17'-2"
10'	22'-9"	16'-5"

2"x7" SELF MATING BEAM

DATE	BY	DESCRIPTION

REVISIONS

S & K ALUMINUM
 PT. SAINT LUCIE FL

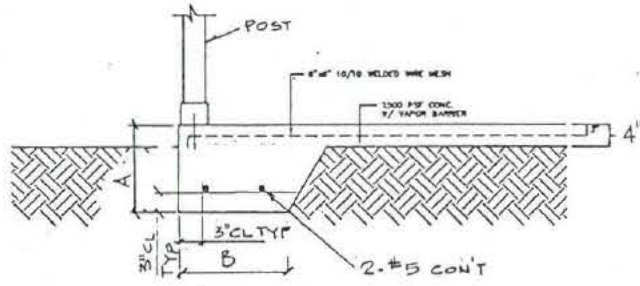
WILLIAM J. MCGRAW PE
 CONSULTING ENGINEERS
 TAMPA FL

ALUMINUM CONSTRUCTION
 DETAILS

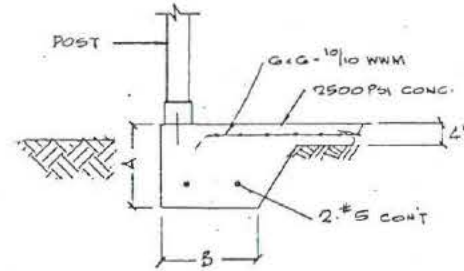
DRAWN BM
 CHECKED WJM
 SCALE N.T.S.
 DATE 7-5-89
 JOB NO.

SEAL OF FIVE SHEETS

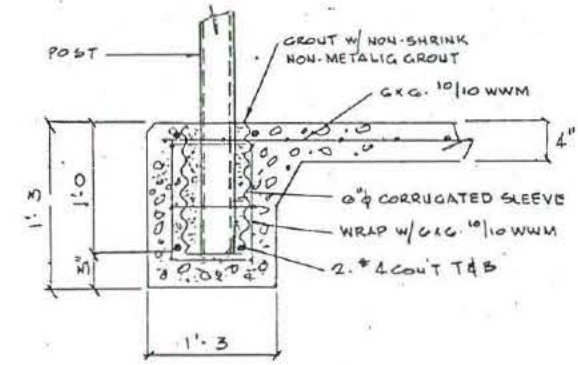
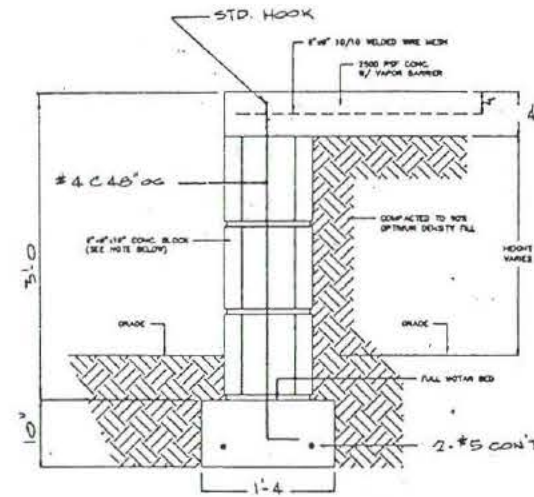
SHEET
1



BEAM	SCREEN ENCLOSURE		CARPORT ATTACHED	
	A	B	A	B
2x4 SM	10'	10'	1'-0	1'-0
2x6 SM	1'-0	1'-0	1'-3	1'-5
2x7 SM	1'-0	1'-0	1'-3	1'-5
2x9 SM	1'-0	1'-0	1'-3	1'-5



FOR DIMENSIONS A & B SEE ADJACENT TABLE "CARPORT ATTACHED"

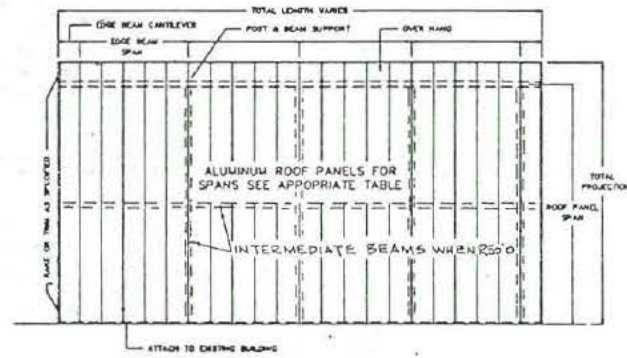


NEW SLAB ON GRADE FOR SCREEN ENCLOSURES & ATTACHED CARPORTS

NEW SLAB ON GRADE FOR ENCLOSURES WITH SCREEN WALLS & ALUMINUM ROOFS

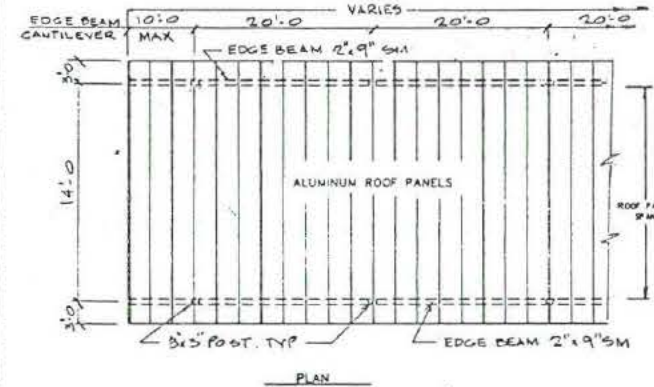
RAISED SLAB WITH 8" CONC. BLOCK FOR ALUMINUM SCREEN ROOMS, GLASS ROOMS AND PATIO COVERS

FOOTING FOR FREE STANDING CARPORT

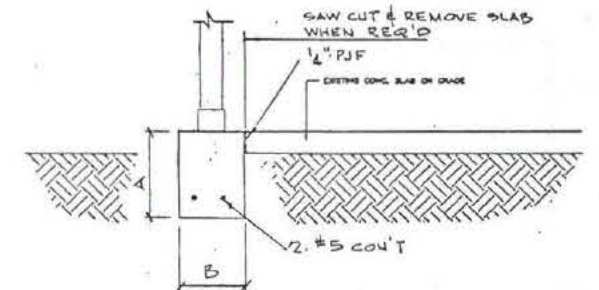


BEAM	MAXIMUM CLEAR BEAM SPANS CONT. EDGE BEAM FOR ROOF SPANS BELOW					TYPICAL POST SIZE & NO. OF BASE ANCHORS
	10'	12'	14'	16'	18'	
2x4 SM	5'-8"	-	-	-	-	2" x 2" x .040" POST W/ 2-1/2" x 1/2" EXPANSION BOLTS W/ 2x2x2x1/2" x 5"
2x6 SM	10'-1"	9'-5"	8'-10"	-	-	2" x 3" x .050" POST W/ 2-3/8" x 1/2" EXPANSION BOLTS W/ 2x2x2x1/2" x 5"
2x7 SM	12'-5"	11'-7"	10'-11"	13'-0"	12'-11"	
2x9 SM	15'-0"	14'-0"	13'-2"	10'-3"	15'-8"	3" x 3" x .09" POST W/ 2-3/8" x 1/2" EXPANSION BOLTS W/ 2x2x2x1/2" x 5"
2x12 SM	22'-7"	21'-0"	19'-9"	24'-0"	23'-5"	
2x14 SM	22'-7"	21'-0"	19'-9"	24'-7"	23'-0"	

* INTERMEDIATE BEAMS REQ'D

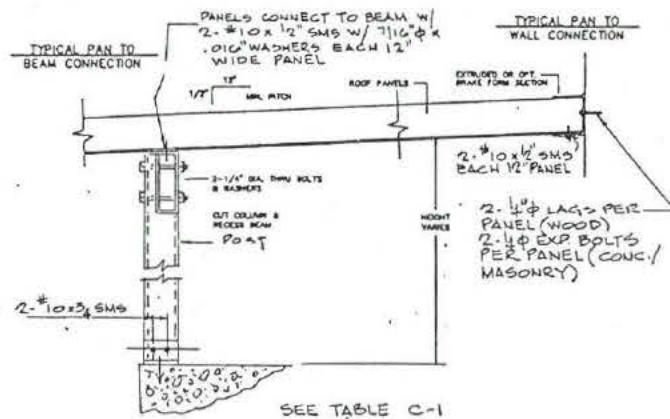


FOR BEAM TO POST CONNECTION SEE "CARPORT ATTACHED"



BEAM	SCREEN ENCLOSURE	
	A	B
2x4 SM	10'	10'
2x6 SM	1'-0	1'-0
2x7 SM	1'-0	1'-0
2x9 SM	1'-0	1'-0

ALUM. ROOF PANEL SPAN	ALUM. ROOFW SCREEN WALLS		ALUM. ROOF w/ALUM. WALLS	
	A	B	A	B
10'	1'-0	1'-0	1'-5	1'-5
12'	1'-4	1'-4	1'-0	1'-0
14'	1'-5	1'-5	1'-7	1'-7
15'	1'-5	1'-5	1'-8	1'-8



CARPORT (ATTACHED)

EDGE BEAM & POST SPAN TABLE C-1

CARPORT (FREE STANDING)

EXISTING SLAB ON GRADE

DATE	BY	DESCRIPTION

S & K ALUMINUM
PT. SAINT LUCIE FL

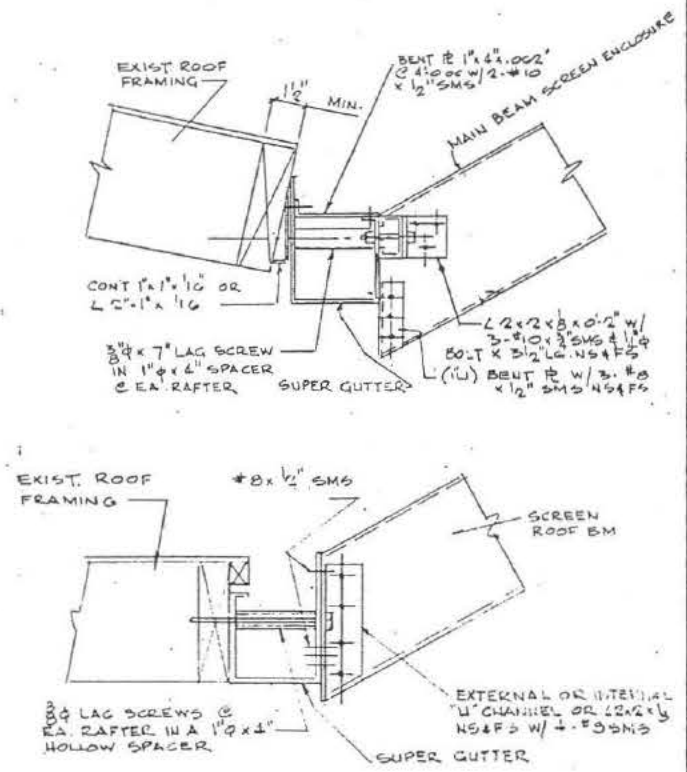
WILLIAM J. MCGRAW PE
CONSULTING ENGINEERS
TAMPA FL

ALUMINUM CONSTRUCTION
DETAILS

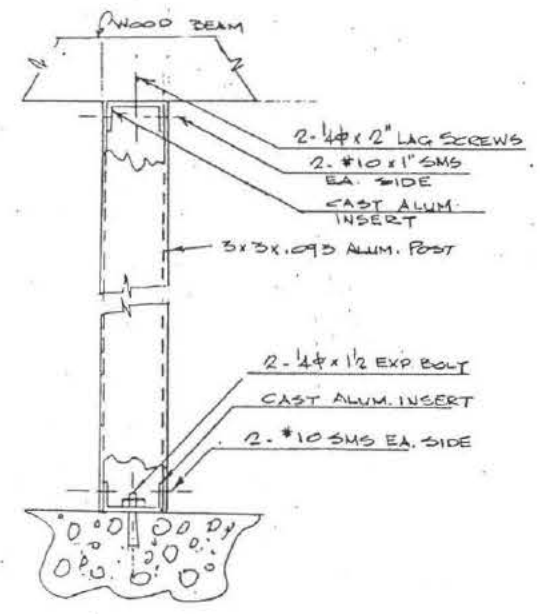
DRAWN	EM
CHECKED	WJM
SCALE	N.T.S.
DATE	7/5/89
JOB NO.	

SEAL
7-5-89

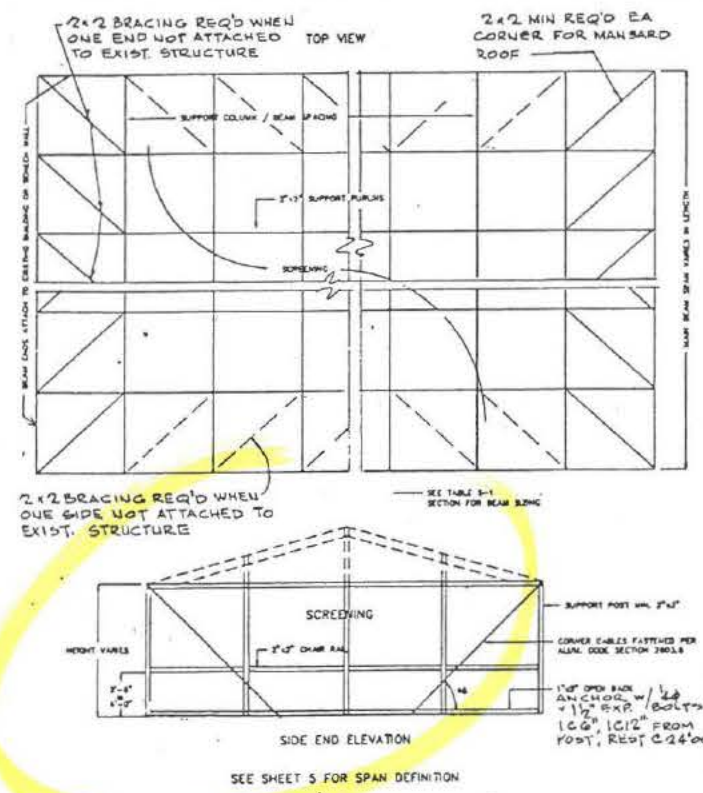
SHEET
2
OF FIVE SHEETS



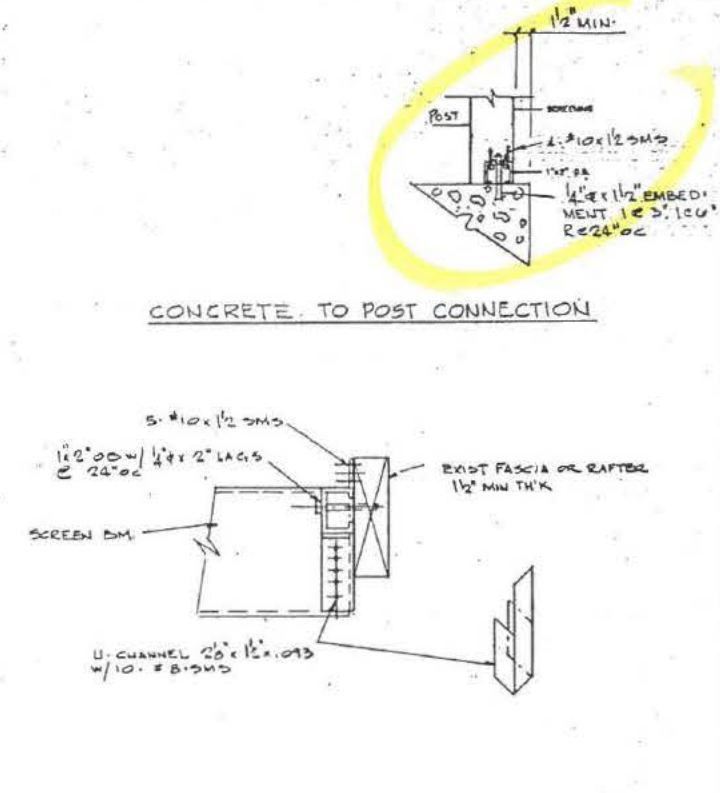
SUPER GUTTER - FASCIA ATTACHMENT



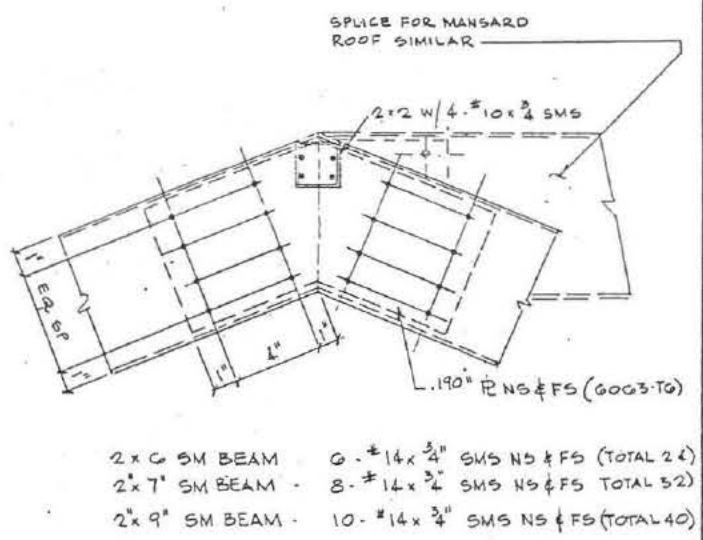
SCREEN ROOM (UNDER WOOD ROOF)



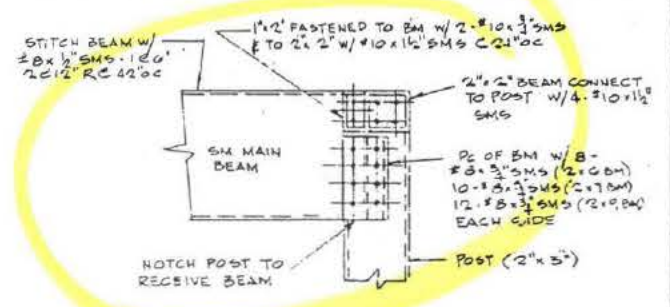
POOL ENCLOSURE (TYPICAL)



POOL ENCLOSURE & SCREEN ROOM WITH SCREEN ROOF



TYPICAL SPLICE DETAIL



TYPICAL POST TO BEAM CONNECTIONS FOR SCREEN ENCLOSURES

BEAM SIZE	MAXIMUM CLEAR SPAN FOR SCREENED ROOF BEAMS @ VARIOUS SPACING							
	4'-0"	6'-0"	8'-0"	10'-0"	12'-0"	14'-0"	16'-0"	18'-0"
2" x 4" SM BEAM Sx = 1.125 IN ³	22'-11"	20'-0"	19'-7"	18'-9"	18'-0"	17'-4"	16'-9"	16'-3"
2" x 6" SM BEAM Sx = 1.81 IN ³	27'-3"	26'-2"	25'-0"	24'-0"	23'-0"	22'-2"	21'-5"	20'-9"
2" x 7" SM BEAM Sx = 2.72 IN ³	35'-11"	32'-2"	30'-8"	29'-4"	28'-2"	27'-2"	26'-3"	25'-5"
2" x 7" SM BEAM w/ INSERT Sx = 3.51 IN ³	-	45'-9"	43'-0"	41'-9"	40'-1"	38'-8"	37'-4"	36'-2"
2" x 9" SM BEAM Sx = 4.78 IN ³	-	49'-0"	46'-9"	44'-9"	43'-0"	41'-5"	40'-0"	38'-9"
2" x 9" SM BEAM w/ COV. PL.	-	-	-	-	-	-	-	-
2" x 7" SM BEAM w/ 1/2" x 1/2" COV. PL. Sx =	-	-	-	-	-	-	-	-

NOTE: THIS TABLE IS BASED ON: STANDARD BUILDING CODE 1988 EDITION SPECIFICATIONS FOR ALUMINUM STRUCTURES
WINDLOAD OF 120 MPH LIVELOAD = 7 LBS/SQ. FT.

SCREEN ROOF BEAM - SPAN TABLE S-1

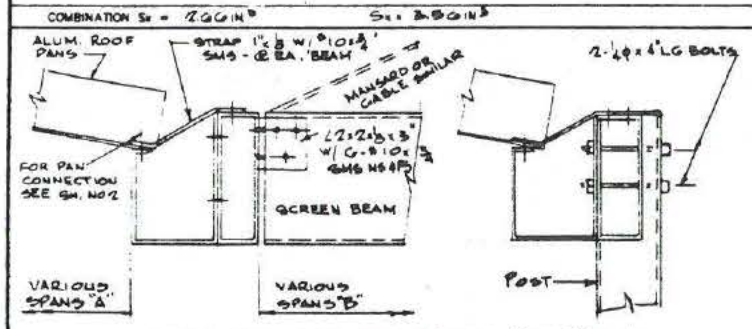
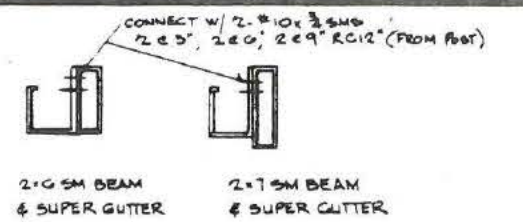
DATE	BY	DESCRIPTION

REVISIONS

S & K ALUMINUM PT. SAINT LUCIE FL	WILLIAM J. McGRAW PE CONSULTING ENGINEERS TAMPA FL	ALUMINUM CONSTRUCTION DETAILS	DRAWN B.M. CHECKED W.J.M. SCALE N.T.S. DATE 7/5/89 JOB NO.	SHEET 3 OF FIVE SHEETS
			SEAL	

GENERAL NOTES

- A. CODES:**
- STANDARD BUILDING CODE 1965 EDITION WITH 86 & 87 REVISIONS
 - WIND VELOCITY = 120 MPH
 - SPECIFICATIONS FOR ALUMINUM STRUCTURES 4TH ED. "ENGINEERING DATA FOR ALUMINUM STRUCTURES" BY THE ALUMINUM ASSOCIATION
- B. MATERIALS:**
- ALUMINUM ROOF PANELS 3003-H14
 - EXTRUDED BEAMS, SHAPES & RS 6063-T6
 - BOLTS & SHEET METAL SCREWS 2024-T4
 - CONCRETE 2500 PSI @ 28 DAYS
 - REINFORCING STEEL ASTM A615-60
 - SCREEN 18/14, 20/20
- C. ALUMINUM SANDWICH PANELS AS MFG BY AMERICAN PREFAB CO.**



TYPICAL CONNECTION DETAILS

SPAN TABLE - FOR COMBINATION - SUPER GUTTER + 2"x6" S.M.B.

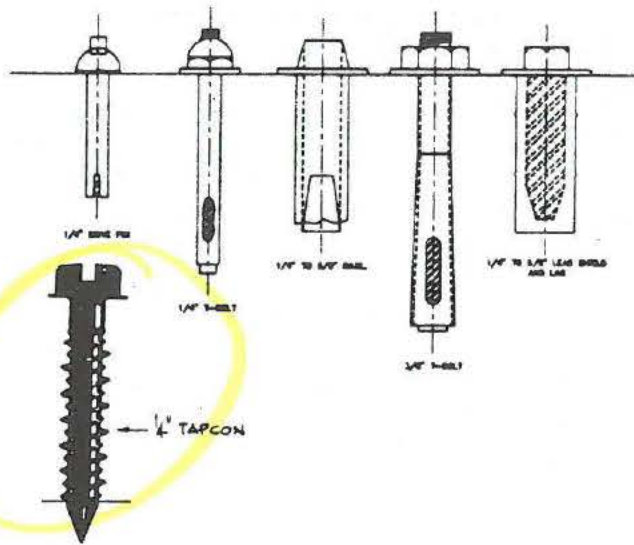
VARIOUS SPANS OF ROOF PANS "A"	VARIOUS SPANS OF SCREEN ROOFS "B"								
	18'	22'	26'	30'	34'	38'	42'	44'	
2x6 S.M. W/ GUTTER	10'	14-11	14-4	13-9	13-3	12-10	12-5	12-1	11-9
	12'	14-2	13-0	12-2	12-8	12-4	12-0	11-7	11-4
	14'	13-6	13-0	12-7	12-2	11-10	11-6	11-3	11-0
2x7 S.M. W/ GUTTER	10'	17-3	16-7	16-0	15-5	14-10	14-6	14-0	13-7
	12'	16-4	15-9	15-2	14-8	14-3	13-10	13-6	13-2
	14'	15-5	15-0	14-6	14-1	13-8	13-4	13-0	12-7

INTERPOLATION BETWEEN SPANS IS PERMISSIBLE

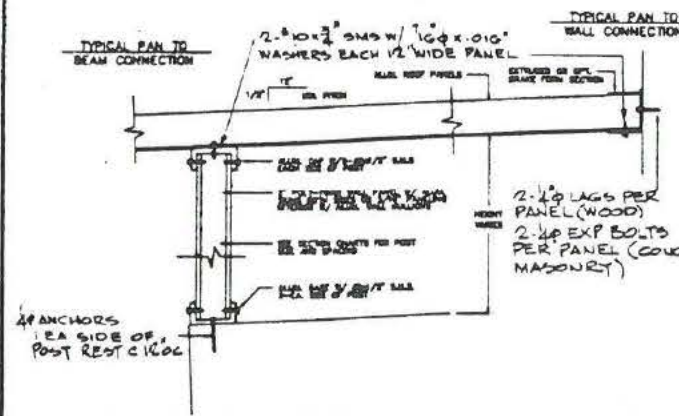
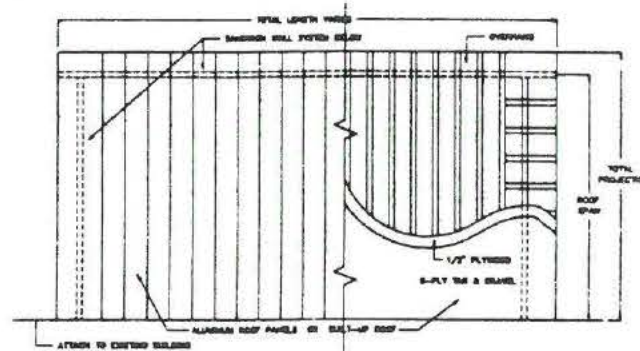
CARRIER BEAM - SPAN TABLE S-2

GENERAL NOTES

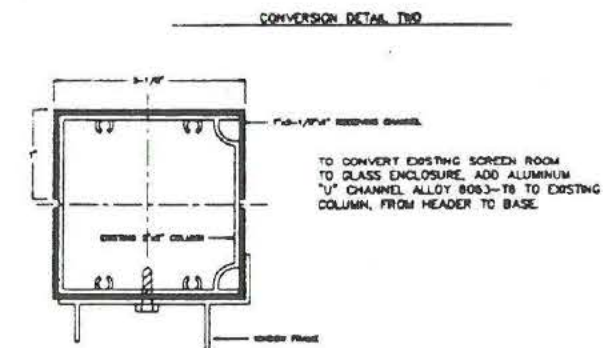
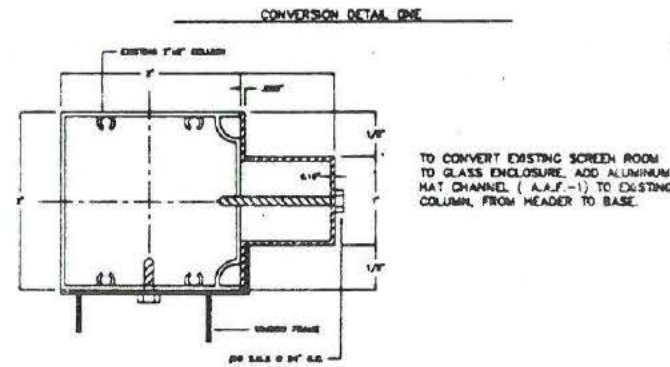
ALL ANCHORS SHALL BE INSTALLED IN STRICT ACCORDANCE WITH THE MANUFACTURER'S SPECIFICATIONS



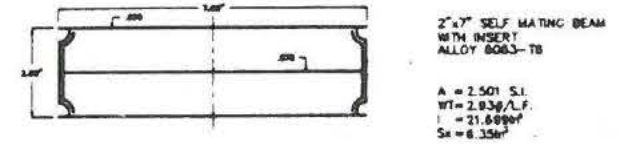
MASONRY - CONCRETE FASTENERS



GLASS ROOMS (SANDWICH SYSTEM)



GLASS ROOM "HAT" (REINFORCEMENT OF .040 POST)



SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 78 PER S.F.		
3'	-		
4'	-		
5'	45'-9"		
6'	41'-9"		
7'	36'-8"		
8'	30'-2"		
9'	24'-1"		
10'	18'-6"		

2"x7" S.M.B. WITH INSERT

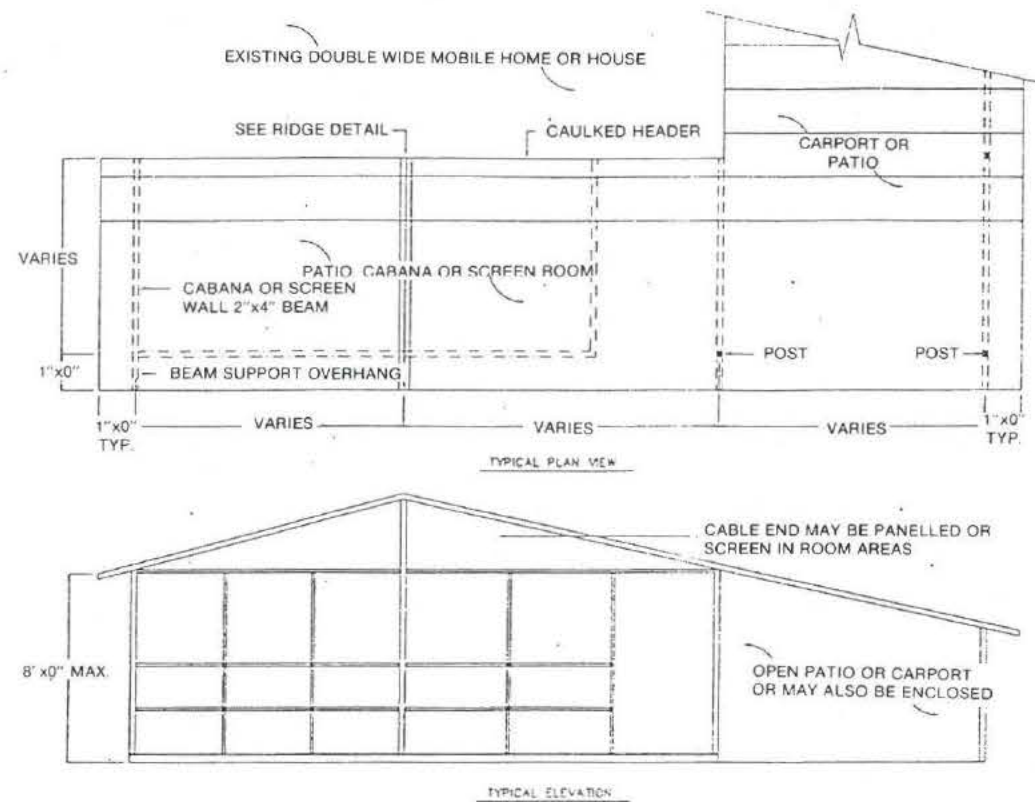
DATE	BY	DESCRIPTION

S & K ALUMINUM
PT. SAINT LUCIE FL

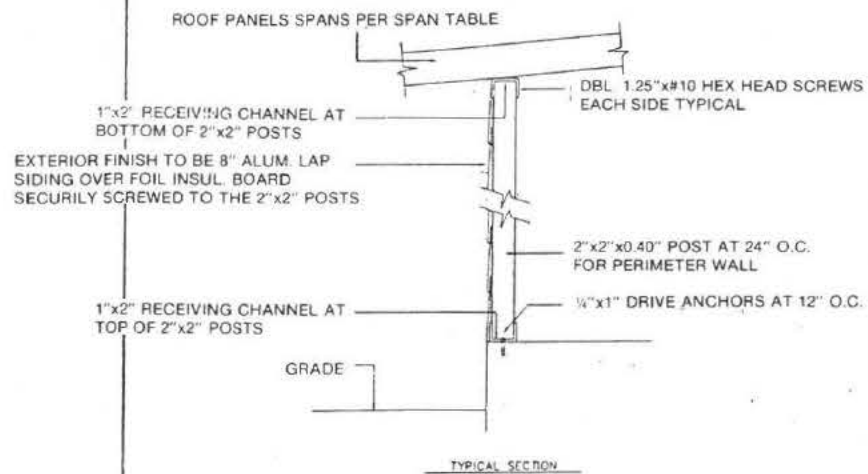
WILLIAM J. McGRAW PE
CONSULTING ENGINEERS
TAMPA FL

ALUMINUM CONSTRUCTION
DETAILS

DRAWN	EM	SHEET 4 OF FIVE SHEETS
CHECKED	WJM	
SCALE	N.T.S.	
DATE	7/5/89	
JOB NO.		

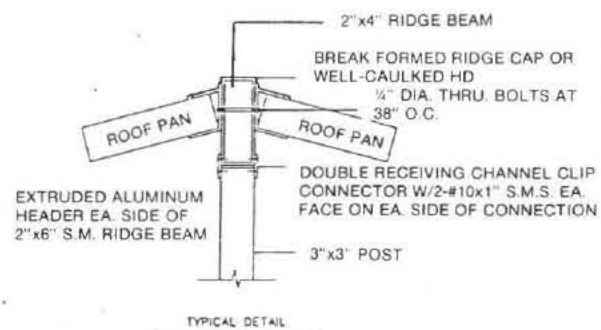


ATTACHED A-FRAME COMBINATION PATIO-CABANA OR CARPORT

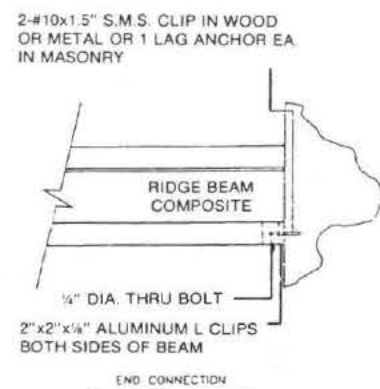


TYPICAL UTILITY ROOM

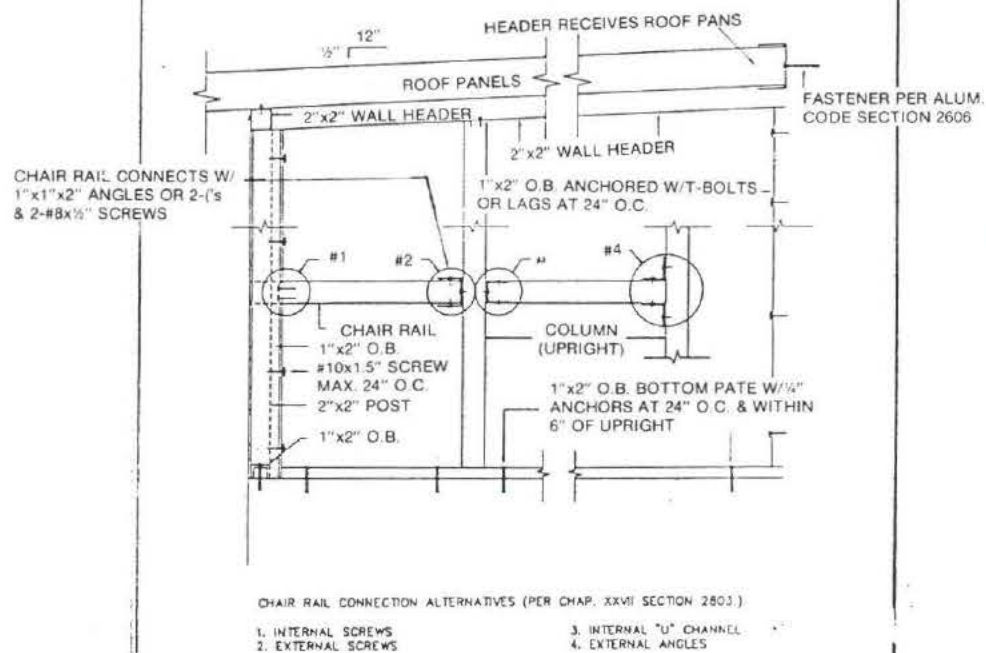
TYPICAL UTILITY ROOM



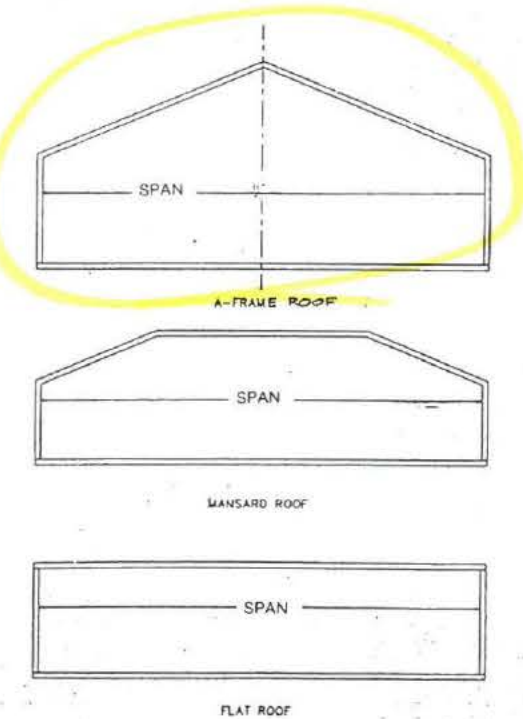
RIDGE BEAM



RIDGE BEAM



SCREEN ROOM
(WITH ALUMINUM ROOF)



SPAN DEFINITION

DATE	BY	DESCRIPTION

S & K ALUMINUM
PT. SAINT LUCIE FL

WILLIAM J. Mc GRAW PE
CONSULTING ENGINEERS
TAMPA FL

ALUMINUM CONSTRUCTION
DETAILS

DRAWN BM
CHECKED WJM
SCALE N.T.S.
DATE 7/5/89
JOB NO.

William J. McGraw
7/5/89
SEAL

SHEET
5
OF FIVE SHEETS

3662

HURRICANE

SHUTTERS

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

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

Owner Mr & Mrs Frank Babbitt Present Address 1 Baku Stuart Fl

Phone 287-1109

Contractor JENSEN BEACH ALUMINUM INC Address 1720 NW Federal Hwy Stuart

Phone 692-0090

Where licensed State _____ License number CR C056179

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: install storm panels on home

1 Baku

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

Subdivision Archipelago Lot number _____ Block number _____

Contract price \$ 3220.00 Cost of permit \$ 24.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Stephen J. M...

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 Dale Ben...

TOWN RECORD

Date submitted _____

Approved: Dale Ben... Building Inspector Date

Approved: W. Van... Commissioner Date

Final Approval given: _____ Date

4426

RE-ROOF

Town of Sewall's Point

FAS

P.I.N. _____

Date 9/2/98

ACCESSORY STRUCTURE PERMIT APPLICATION

to construct:

#4476

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

Owner's Name FRANK BABBETT

Owner's Address 1 BAKU SEWALLS POINT

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

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

City SEWALLS POINT State FLORIDA Zip _____

Contractor's Name PACIFIC ROOFING

Contractor's Address P.O. BOX 2697

City STUART State FLORIDA Zip 3499

Job Name FRANK BABBETT RES.

Job Address 1 BAKU SEWALLS POINT

1975

City SEWALLS POINT County MARTIN

Legal Description 13384/00/000000300

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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



NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

1 BAKU SEWALLS POINT

GENERAL DESCRIPTION OF IMPROVEMENT: REROOF

OWNER: FRANK BABBITT

ADDRESS: 1 BAKU SEWALLS POINT

PHONE #: _____ FAX #: _____

CONTRACTOR: PACIFIC ROOFING

ADDRESS: P.O. BOX 2697 STUART FLORIDA 34994

PHONE #: 282-7663 FAX #: 283-9505

SURETY COMPANY(IF ANY) _____

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: PACIFIC ROOFING

ADDRESS: 1501 DECKER AVE. STUART FLORIDA 34995

PHONE #: (561) 283-7663 FAX #: (561) 283-9505

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

PHONE #: _____ FAX #: _____

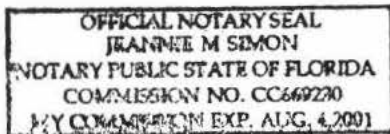
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Frank M. Babbitt
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 2nd DAY OF September 1990 BY FRANK BABBITT

OR PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

[Signature]
NOTARY SIGNATURE



7558

SEWALL REPAIR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 5/13/05 BUILDING PERMIT NO. 7558
 Building to be erected for HARREN Type of Permit REPAIR SEAWALL
 Applied for by TCBI (Contractor) ^{108 x 2.40/14} Building Fee = 259.20
 Subdivision ARCHIPELAGO Lot 3 Block _____ Radon Fee _____
 Address 1 BAKU STREET Impact Fee _____
 Type of structure SEAWALL A/C Fee _____

Parcel Control Number: _____
13384100100000030000 Electrical Fee _____
 Amount Paid 285.12 Check # 5355 Cash _____ Other Fees (10% PR) 25.92 Plumbing Fee _____
 Total Construction Cost \$ 30,000 Roofing Fee _____
 TOTAL Fees 285.12

Signed [Signature] Applicant
 Signed [Signature] 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 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 checked="" type="checkbox"/> SEAWALL |

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 _____ |

RECEIVED
DEC 01 2004
BY:

Date: _____ Permit Number: _____

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

OWNER/TITLEHOLDER NAME: James Harrell Phone (Day) 220-1163 (Fax) _____

Job Site Address: 1 Baku Street City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: 133841001000000300

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

Description of Work To Be Done: Seawall replacement within 1 foot of existing wall

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

CONTRACTOR/Company: TCBI Phone: 260-4186 Fax: _____

Street: _____ City: Jim Curtis 263-0876 State: _____ Zip: _____

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

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 30,000. (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION: JEKNER283-2950

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER John Weber Phone Number: 229-2722

Street: 10410 S. Ocean Dr., Suite 608 City: Jensen Beach State: FL Zip: 34957

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)
[Signature]
State of Florida, County of: Martin Co.
This the 23rd day of November, 2004
by James Harrell who is personally
known to me or produced FL Drivers Lic.
as identification. Janet Kight Porter

CONTRACTOR SIGNATURE (required)
[Signature]
On State of Florida, County of: Martin
This the 15th day of December, 2004
by Michael Buidice who is personally
known to me or produced _____
As identification. 4-9-08

Notary Public
NOTARY PUBLIC-STATE OF FLORIDA
My Commission Expires: _____
Janet Kight Porter
Commission # DD365650
Expires: OCT 24 2008

Notary Public
My Commission Expires: _____
[Signature]
My Commission # DD298090
Expires: APR 09 2008

COPY

Job No. B00-13-02

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-3077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>JAMES M. HARZELL</u>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>1 BAKU STREET</u>		Policy Number	
CITY <u>SEWALL'S PT.</u>		Company NAIC Number	
STATE <u>FL</u>		ZIP CODE <u>34996</u>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 3 ARCHIPELAGO</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>RESIDENTIAL</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##-##-#### or #####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>SEWALL'S PT., FLORIDA 120104</u>		B2. COUNTY NAME <u>MARTIN INCORPORATED AREA</u>		B3. STATE <u>FL</u>	
B4. MAP AND PANEL NUMBER <u>120104-0002</u>	B5. SUFFIX <u>E</u>	B6. FIRM INDEX DATE <u>10/10/90</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>10/10/90</u>	B8. FLOOD ZONE(S) <u>AO</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>9.0</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

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

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)


C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum NAVD 1929 Conversion/Comments NONE

Elevation reference mark used NOS B300 Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) _____ ft.(m)
 b) Top of next higher floor NA _____ ft.(m)
 c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
 d) Attached garage (top of slab) B 4 _____ ft.(m)
 e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)
 f) Lowest adjacent grade (LAG) 7 6 _____ ft.(m)
 g) Highest adjacent grade (HAG) 8 2 _____ ft.(m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
 i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date


SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Stephen J. Brown LICENSE NUMBER 4049

TITLE Surveyor & Mapper COMPANY NAME Stephen J. Brown, Inc.

ADDRESS 619 East 5th Street CITY Stuart STATE FL ZIP CODE 34994

SIGNATURE _____ DATE 02/22/00 TELEPHONE 561-288-7176

ACORD™ CERTIFICATE OF LIABILITY INSURANCE Page 1 of 2

DATE
03/17/2005

PRODUCER 877-945-7378 Willis North America, Inc. - Regional Cert Center 26 Century Blvd. P. O. Box 305191 Nashville, TN 372305191	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 Bulldog Marine, Inc. 1740 Hudson Bridge Rd Suite 1012 Stockbridge, GA 30281	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC#</td> </tr> <tr> <td>INSURERA St. Paul Fire & Marine Ins. Co.</td> <td>24767-001</td> </tr> <tr> <td>INSURERB</td> <td></td> </tr> <tr> <td>INSURERC</td> <td></td> </tr> <tr> <td>INSURERD</td> <td></td> </tr> <tr> <td>INSURERE</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURERA St. Paul Fire & Marine Ins. Co.	24767-001	INSURERB		INSURERC		INSURERD		INSURERE	
INSURERS AFFORDING COVERAGE	NAIC#												
INSURERA St. Paul Fire & Marine Ins. Co.	24767-001												
INSURERB													
INSURERC													
INSURERD													
INSURERE													

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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	OL06100034	2/1/2005	2/1/2006	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Wharfinger's/Stevedor				PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> Legal Liability				GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	EA ACC AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E L DISEASE - EA EMPLOYEE	\$
					E L DISEASE - POLICY LIMIT	\$
A	OTHERBumbershoot Marine Excess Liability	OX06100013	2/1/2005	2/1/2006	\$1,000,000 Each Occurrence	\$1,000,000 Aggregate

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Certificate issued with respect to employees subcontracted to T.C.B.I

CERTIFICATE HOLDER

CANCELLATION

Town of Sewalls Pt. 1 South Sewalls Pt. Dr. Sewalls Pt., FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 

CERTIFICATE OF INSURANCE

ISSUE DATE
03-17-05

PRODUCER
MARSH ADVANTAGE AMERICA
1560 SAWGRASS CORP PKWY #300
PO BOX 459010
SUNRISE, FL 33345

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.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	FWCJUA/ST PAUL TRAVELERS
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

BULLDOG MARINE INC
1740 HUDSON BRIDGE RD
SUITE 1012
STOCKBRIDGE, GA 30281

CONVEYANCE
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	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT. <input type="checkbox"/> _____				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OP AGG	\$
					PERSONAL & ADV INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any One Fire)	\$
					MED. EXPENSE (Any one person)	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIREN AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> _____				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
A	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY The Sole Proprietor/Partner(s)/Executive Officer(s) are	UB-7236B067-04	10/10/04	10/10/05	STATUTORY LIMITS <input type="checkbox"/>	
					EACH ACCIDENT	\$1,000,000
					DISEASE-POLICY LIMIT	\$1,000,000
					DISEASE-EACH EMPLOYEE	\$1,000,000
	OTHER					

Policy endorsed at inception to include US Longshore & Harbor Workers Comp Act

Certificate issued with respect to employees subcontracted to T.C.B.I.

THIS REPLACES ANY PRIOR CERTIFICATE ISSUED TO THE CERTIFICATE HOLDER AFFECTING WORKERS COMP COVERAGE

CERTIFICATE HOLDER
Town of Sewalls Pt
1 South Sewalls Pt Road
Sewalls Pt, FL 34996

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

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 2003-125-030 CERT SP01521
PHONE (722)604-5186 SIC NO 234990

LOCATION:
1200 CUTOFF RD STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>0.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>25.00</u>
TOTAL			<u>25.00</u>



IS HOLDER LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION

OF **MARINE CONSTRUCTION**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

17 DAY OF SEPTEMBER 2005 TO 04

12 04091703 004482

MICHAEL GUIDICE QUALIFIER SP01521
TGB, INC.
LUCY - PRES
5835 SW MAPP ROAD
PALM CITY FL 34990



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency
License: SP01521

Expires September 30, 2004

Name: MICHAEL J GUIDICE JR
Company: TREASURE COAST BARGE INC
Address: 1200 SE Cutoff Rd
City, ST: Stuart FL 34994
License Type: MARINE CONTRACTOR

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 13384100100000500

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

1 BAKU STREET / ARCHIPELAGO LOT 3

GENERAL DESCRIPTION OF IMPROVEMENT: SEAWALL REPLACEMENT

OWNER: JAMES M + JEAN W. HARPELL

ADDRESS: 1 BAKU STREET, STUART FL 34996

PHONE #: (772) 220-1163 FAX #: (772) 220-1163

CONTRACTOR: T. C. B. INC

ADDRESS: 1200 SE CUTOFF RD., STUART FL 34994

PHONE #: (772) 285-9255 FAX #: (772) 221-1611

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE # _____ FAX # _____

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

NAME: _____

ADDRESS: _____

PHONE # _____ FAX # _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____

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

PHONE # _____ FAX # _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: 5/12/05

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 4 DAY OF May 2005 BY _____

[Signature]
NOTARY SIGNATURE



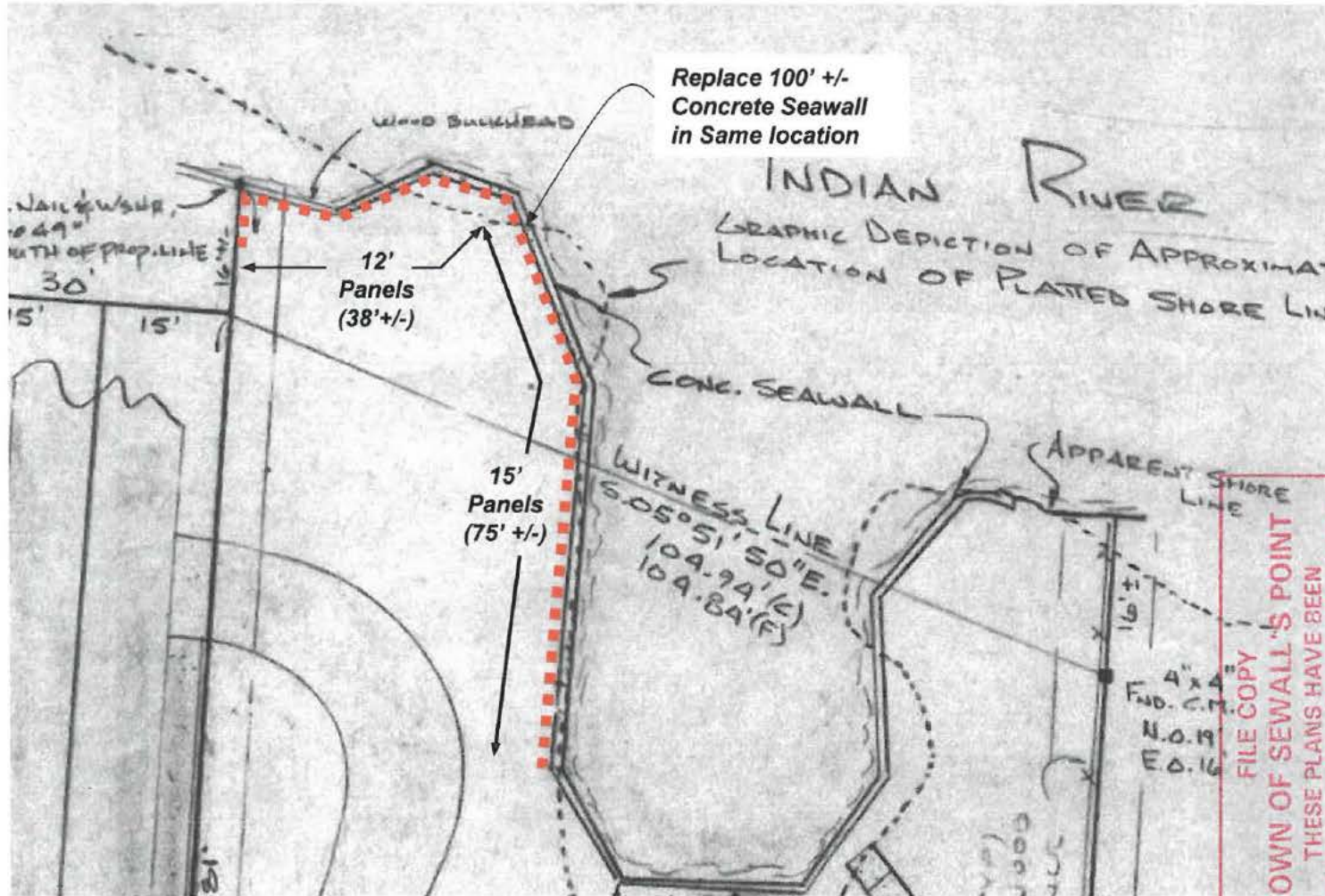
PERSONALLY KNOWN
OR PRODUCED ID
TAMMY L. COPUS
MY COMMISSION # DD 396574
EXPIRES: April 1, 2009
Bonded Thru Notary Public Underwriters
FLORIDA
EXP. 1-8-06



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK
BY: TCOPUS DC
DATE: 5-4-05

INST # 1836528 DR BK 02010 PG 1244 RECD 05/04/2005 02:46:43 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T. COPUS (asst. mgr.)

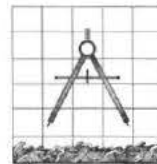




**REPAIR WORK FOR
HURRICANE DAMAGE**

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 12/3/04
BUILDING OFFICIAL
 Gene Simmons

James Harrell
 One Baku Street
 Sewall's Point

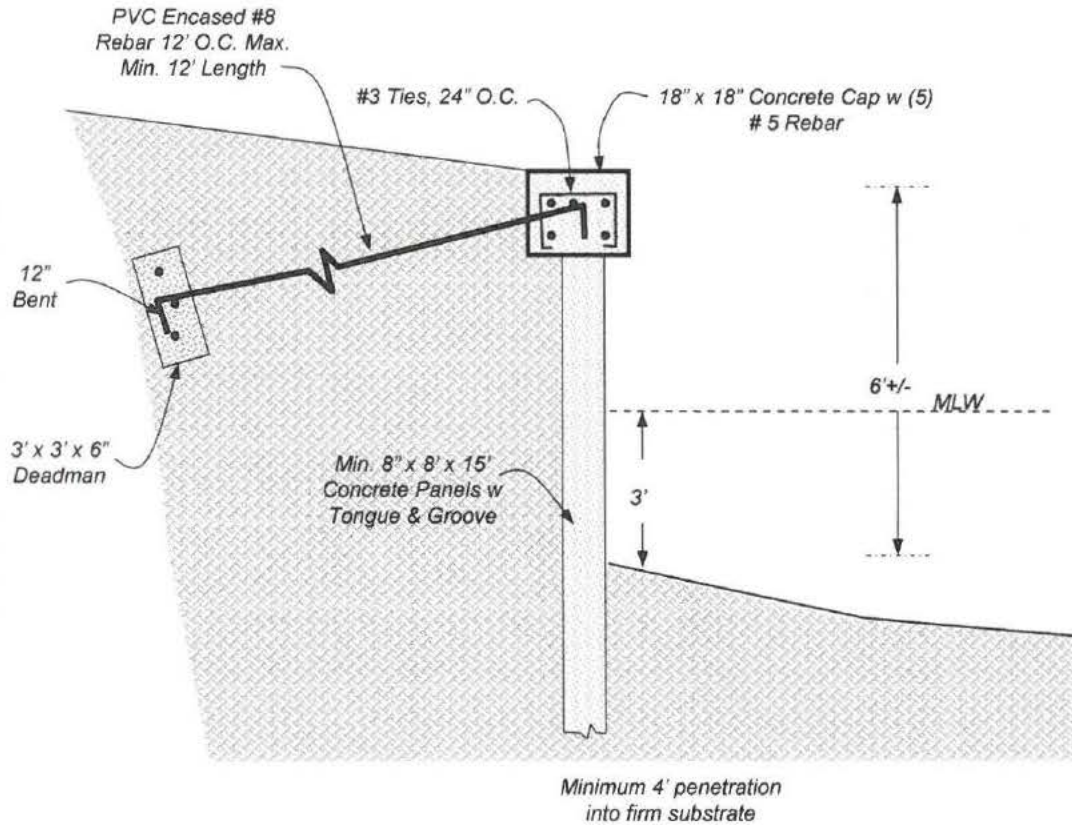


Design & Drawing by: *bjj*
Jerner & Associates, Inc.
 Environmental Consulting
 110 SW 5th Street, Stuart FL 34994
 Ph. (772) 283-2950 / Fax (772) 283-2760

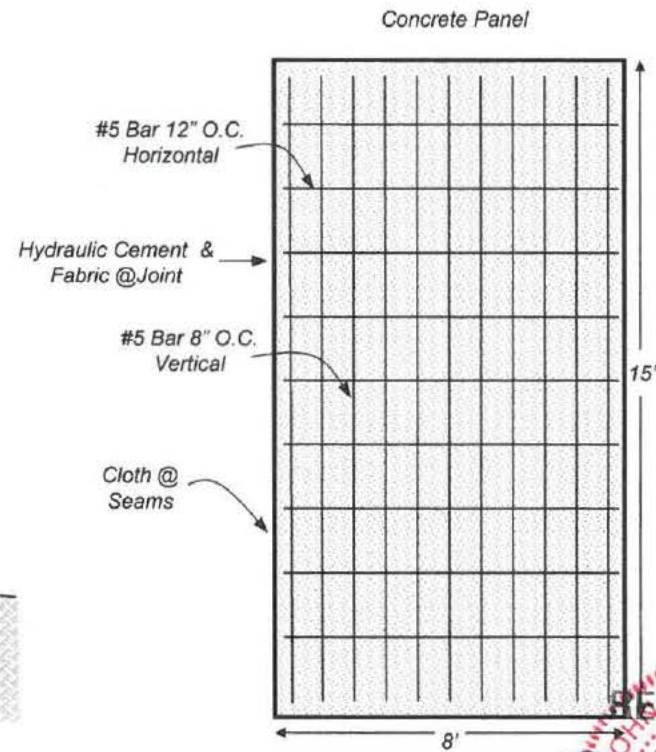
Scale: 1" = 20'

Date: 11/17/04

SECTION THRU



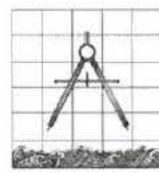
PANEL DETAIL



All Concrete to have a Min. Compressive Strength of 3000 P.S.I. @ 28 Days
 All Rebar to maintain Min. 3" Cover



James Harrell
One Baku Street
Sewall's Point



Design & Drawing by:
Jerner & Associates, Inc.
 Environmental Consulting
 110 West 5th Street, Stuart FL 34994
 Ph.(772)283-2950/ Fax (772)283-2760

Date: 10/22/04

Exhibit A

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon~~ ^{TUES} Wed Fri 2/21, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7338	McCOEMICK	PARTIAL ROOF SHEETING	FAIL	
7	59 N. RIVER RD	(Garage + Portacache)		
	PINE ORCHARD BLVD			INSPECTOR: <i>OM</i>
8032	FALCO	FINAL ROOF	INSPECTED ON 2/17	
	15 N. RIVER RD.		&	PASSED
	CODE RED			INSPECTOR:
8021	YAN POLSKY	IN PROG. ROOFING	CANCEL	
7	117 HILLCREST			
	ALL AREA ROOFING			INSPECTOR:
7998	GOLDMAN	POOL PUMPING	PASS	
5	4 SUMMER LA			
	ADV. POOL			INSPECTOR: <i>OM</i>
8044	COWAN	FINAL GARAGE DR	PASS	CLOSE
4	100 HILLCREST DR			
	O/B			INSPECTOR: <i>OM</i>
7753	BIRD	FINAL ROOF	PASS	CLOSE
6	27 LOFFING WAY			
	LAW ROOFING			INSPECTOR: <i>OM</i>
7558	HARKEN	FINAL REPAIR	PASS	CLOSE
2	1 BAKU ST	SEAWALL		
	TCBI			INSPECTOR: <i>OM</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/12, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7558	HARRELL	DEADMAN+CAP FOR SEAWALL	PASS	
6	1 BAKU STREET TCBI			INSPECTOR: <i>AM</i>
7717	CONNOLLY	DEY-IN	PASS	
3	10 RIDGELAND A&P CONSTR.	EARLY AS POSSIBLE		INSPECTOR: <i>AM</i>
7637	SCHECODNIC	BATTENS FOR METAL ROOF SYSTEM	PASS	INSPECTED ABOUT 5% OF ROOF NORTH REMAINDER COVERED W/ PAPERS
2	1 RIVERCREST MARZO INC	2ND PLEASE		INSPECTOR: <i>AM</i>
7338	MCCORMICK	BEAM (PARTIAL)	PASS	GROUND FLOOR TIE BEAM
1	59 N. RIVER RD PINE ORCHARD BLDG	1ST PLEASE		INSPECTOR: <i>AM</i>
7681	MACDOUGALL	FINAL GENERATOR PAD+EEEC	FAIL	
9	23 N. RIVER RD O/B			INSPECTOR: <i>AM</i>
7679	MACDOUGALL	FINAL GAS TANK + LINES	FAIL	
9	23 N. RIVER RD			INSPECTOR: <i>AM</i>
7396	ABASSOC ^{Joyce's} FLOWERS	FINAL		
	3756 SE OCEAN KIRCHMAN			INSPECTOR: <i>AM</i>

OTHER: _____

11063

AC CHANGEOUT



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:	11063	DATE ISSUED:	October 22, 2014
SCOPE OF WORK:	A/C Change Out		
CONTRACTOR:	Nisair A/C		
PARCEL CONTROL NUMBER:	13-38-41-001-000-00030-0	SUBDIVISION:	Archipelago Lot 3
CONSTRUCTION ADDRESS:	1 Baku Street		
OWNER NAME:	Harrell		
QUALIFIER:	Phil Nisa	CONTACT PHONE NUMBER:	466-8115

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM**

INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11063		
ADDRESS:	1 Baku Street		
DATE ISSUED:	10/22/2014	SCOPE OF WORK:	A/C Change Out
SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$

PERSONALIZED SERVICE INC
DBA NISAIR AIR CONDITIONING
 3700 S US HIGHWAY 1
 FORT PIERCE, FL 34982-8211
 1-877-764-7247

CENTERSTATE BANK
 STUART OFFICE
 STUART, FLORIDA 34996

31448

63-1403/631
 74

10-23-14

PAY TO THE ORDER OF

Town of Sewall's point
 one hundred nine & 20/100

\$ 109.00

DOLLARS

MEMO

Christie Mulvaney
 AUTHORIZED SIGNATURE

Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:	\$		
TOTAL BUILDING PERMIT FEE:	\$	\$	-

ACCESSORY PERMIT	Declared Value:	\$	\$ 7,480.00
Total number of inspections:	@ \$ 100.00 per insp. # insp	1	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	109.00



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11063		
ADDRESS:	1 Baku Street		
DATE ISSUED:	10/22/2014	SCOPE OF WORK:	A/C Change Out

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

ACCESSORY PERMIT	Declared Value:	\$	\$ 7,480.00
Total number of inspections:	@ \$ 100.00 per insp. # insp	1	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)			\$ 5.00
TOTAL ACCESSORY PERMIT FEE:		\$	\$ 109.00

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

generated on 10/22/2014 12:59:24 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-001-000-00030-0	27655	1 BAKU ST, SEWALL'S POINT	\$599,750	10/18/2014

Owner Information

Owner(Current)	HARRELL JAMES M HARRELL JEAN W
Owner/Mail Address	1 BAKU ST STUART FL 34996
Sale Date	9/13/2013
Document Book/Page	<u>2682 1066</u>
Document No.	2421676
Sale Price	100

Location/Description

Account #	27655	Map Page No.	SP-5
Tax District	2200	Legal Description	ARCHIPELAGO LOT 3
Parcel Address	1 BAKU ST, SEWALL'S POINT		
Acres	.4220		

Parcel Type

Use Code	0100 Single Family
Neighborhood	193110 Archipelago, High Pt CANAL

Assessment Information

Market Land Value	\$540,000
Market Improvement Value	\$59,750
Market Total Value	\$599,750

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: 11063

Date: 10.16.14

OWNER/TITLEHOLDER NAME: James Harrell Phone (Day) 200-1163 (Fax) _____

Job Site Address: 1 Baku St. City: Stuart State: Fla Zip: 34996

Legal Description: Archipekgo Lot 3 Parcel Control Number: 13-38-41-001-000-00230-0

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

Scope of work (please be specific): Wk for Wk A/C Change out 2 systems

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 7480.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Nisave A/C Phone: 466-8115 Fax: 468-9746
Street: 3700 S. US Hwy 1 City: Apreece State: Fl Zip: 34982

State License Number: 02041199 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Phil Nisa Phone Number: 466-8115

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE* _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007 Edition.
National Electrical Code: 2005 Florida Energy Code: 2007 Florida Accessibility Code: 2007 Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1.

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

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.

OWNER SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
James Harrell
State of Florida, County of St. Lucie
This the 16 day of October, 2014
by James Harrell who is personally
known to me or produced
as identification. Nichole Simmons

My Commission Expires _____
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE133197

CONTRACTOR SIGNATURE: (required)
Phil Nisa
On State of Florida, County of St. Lucie
This the 16 day of October, 2014
by Phil Nisa who is personally
known to me or produced
As identification. Nichole Simmons

My Commission Expires _____
NOTARY PUBLIC
STATE OF FLORIDA

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL AND IDENTIFICATION (FBC 195.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!
E-Printed 10/2/2014

RECEIVED
TOWN OF SEWALL'S POINT
OCT 16 2014



CERTIFICATE OF LIABILITY INSURANCE

NISAI-1

OP ID: KR

DATE (MM/DD/YYYY)

01/03/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Joseph E. Coons, CPCU, CIC.	Phone: 772-286-4334 Fax: 772-286-9388	CONTACT NAME: PHONE (A/C, No., Ext): E-MAIL ADDRESS:	FAX (A/C, No.):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Nisair Air Conditioning 3700 S. US Highway 1 Fort Pierce, FL 34982	INSURER A: Southern Owners		10190
	INSURER B: Auto Owners Insurance Co		18988
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDC BUBK INSR W/O/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EMPL BENE 1000000 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		72728868	12/20/13	12/20/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		8682637600	12/20/13	12/20/14	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		4849136100	12/20/13	12/20/14	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	CRIME		72716486	02/04/13	02/04/14	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Air Conditioner Contractor - Florida Employees Only

CERTIFICATE HOLDER Town of Sewalls Point fax 220-4765 1 S Sewalls Point Road Stuart, FL 34986	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Joseph E. Coons</i>
--	--

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
The Plastridge Agency-STO
10337 N. Military Trail
Palm Beach Gardens, FL 33410
Jean Reed Parks

Phone: 772-287-5532
Fax: 772-287-5572

CONTACT NAME:	
PHONE (A/C, No, Ext):	FAX (A/C, No):
EMAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Zenith Insurance Co.	NAIC #:
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED Nisair Air Conditioning
3700 S US HWY 1
Fort Pierce, FL 34982

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

INSURANCE TYPE	TYPE OF INSURANCE	ADDITIONAL SUBSCRIBER	POLICY NUMBER	POLICY EXP (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
GENERAL LIABILITY	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOCATION					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$								
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	<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													
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Z069531607	01/01/2014 01/01/2015	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT \$</td> <td>500,000</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE \$</td> <td>500,000</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT \$</td> <td>500,000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EL EACH ACCIDENT \$	500,000	EL DISEASE - EA EMPLOYEE \$	500,000	EL DISEASE - POLICY LIMIT \$	500,000
WC STATUTORY LIMITS	OTHER													
EL EACH ACCIDENT \$	500,000													
EL DISEASE - EA EMPLOYEE \$	500,000													
EL DISEASE - POLICY LIMIT \$	500,000													
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Restrictions Schedule, if more space is required)														

CERTIFICATE HOLDER

Sewalls Point
1 S. Sewalls Point Road
Stuart, FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
[Signature]



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

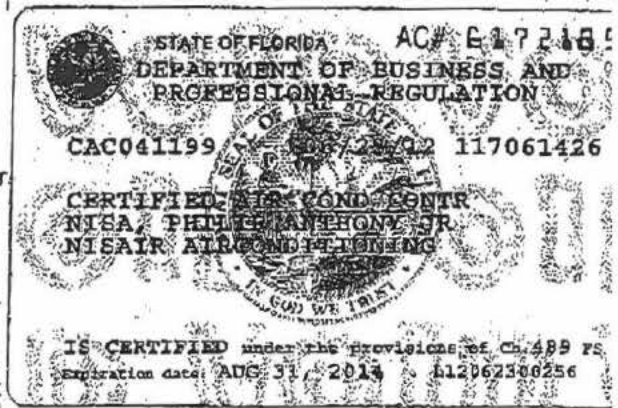
(850) 487-1395

NISA, PHILIP ANTHONY JR
NISAIR AIRCONDITIONING
3700 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC#6172185

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12062300256

DATE	BATCH NUMBER	LICENSE NBR
06/23/2012	117061426	CAC041199

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489, FS
Expiration date: AUG 31, 2014

NISA, PHILIP ANTHONY JR
NISAIR AIRCONDITIONING
3700 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982



RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

2013 / 2014 ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT RECEIPT # 1711-20060002

CHRIS CRAFT, ST. LUCIE COUNTY TAX COLLECTOR

EXPIRES SEPTEMBER 30, 2014

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 29

TYPE OF BUSINESS 1711 AIR COND/PLUMBING CONTRACTOR (AIR CONDITIONING)

BUSINESS/ Philip Anthony Nisa Jr

DBA NAME Nisair Air Conditioning

MAILING Nisair Air Conditioning

ADDRESS 3700 S US Hwy 1 Fort Pierce, FL 34982

BUSINESS LOCATION 3700 S US Hwy 1 Fort Pierce, FL 34982

City of Fort Pierce



RENEWAL ORIGINAL TAX	\$27.55
PENALTY COLLECTION COST	
TOTAL	\$27.55

575220

Paid 07/15/2013 27.55

0019-20130715-008140

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the Local Business Taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession, or occupation.

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector shall be entitled to a collection cost fee of from \$1.00 to \$5.00, based on the amount of the Local Business Tax, which shall be collected from delinquent taxpayers after September 30th, of the business year.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county or cities. It also does not exempt the Local Business Taxpayer from any other taxes, licenses or permits that may be required by law.

Local Business Taxes are subject to change according to law.

Nisair Air Conditioning
3700 S US Hwy 1
Fort Pierce, FL 34982



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204765

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY

Air Conditioning Change out Affidavit

Residential [checked] Commercial

Package Unit Yes No [checked] (Use Condenser side of form below for equipment listing)

Duct Replacement Yes No [checked] - Refrigerant line replacement Yes No [checked]

Flushing Existing Refrigerant lines Yes [checked] No - Adding Refrigerant Drier Yes No [checked]

Rooftop A/C Stand Installation Yes No [checked] - Curb Installation Yes No

Smoke Detector in Supply (over 2000 CFM) Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Lennox Model# CBY14006
Volts 240 CFM's 1200 Heat Strip 10 Kw
Min. Circuit Amps 45 Wire gauge 6.2
Max. Breaker size 60 Min. Breaker size 50
Ref. line size: Liquid 3/8 Suction 7/8
Refrigerant type R-410A
Location: Existing [checked] New
Attic/Garage/Closet (specify)
Access: Garage

Condenser: Mfg Lennox Model# XC14-036
Volts 240 SEER/EER 16 BTU's 35000
Min. Circuit Amps 13.7 Wire gauge 10.2
Max. Breaker size 30 Min. Breaker size 20
Ref. line size: Liquid 3/8 Suction 7/8
Refrigerant type R410A
Location: Existing [checked] New
Left/Right/Rear/Front/Roof
Condensate Location

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

EXISTING SYSTEM COMPONENTS

Air handler: Mfg Lennox Model# WH
Volts 240 CFM's 1200 Heat Strip 10 Kw
Min. Circuit Amps 45 Wire gauge 6.2
Max. Breaker size 60 Min. Breaker size 50
Ref. line size: Liquid 3/8 Suction 7/8
Refrigerant type R-22
Location: Ext. [checked] New
Attic/Garage/Closet (specify)
Access: Garage

Condenser: Mfg Lennox Model# RA
Volts 240 SEER/EER 10 BTU's 36000
Min. Circuit Amps 21.6 Wire gauge 10.2
Max. Breaker size 30 Min. Breaker size 25
Ref. line size: Liquid 3/8 Suction 7/8
Refrigerant type R-22
Location: Ext. [checked] New
Left/Right/Rear/Front/Roof
Condensate Location

Certification:

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

Signature [Handwritten Signature]

Date 10.16.14

AHRI CERTIFIED[®]
www.ahridirectory.org

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

Certificate of Product Ratings

AHRI Certified Reference Number: 5602900

Date: 10/15/2014

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

Outdoor Unit Model Number: XC14-024-230-06

Indoor Unit Model Number: CBX27UH-024-230*+TDR

Manufacturer: LENNOX INDUSTRIES, INC.

Trade/Brand name: ELITE

Series name: XC14 SERIES

Manufacturer responsible for the rating of this system combination is LENNOX INDUSTRIES, INC.

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

Cooling Capacity (Btuh):	24800
EER Rating (Cooling):	13.50*
SEER Rating (Cooling):	16.00*
I-EER Rating (Cooling):	

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

DISCLAIMER

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

TERMS AND CONDITIONS

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

CERTIFICATE VERIFICATION

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

©2014 Air-Conditioning, Heating, and Refrigeration Institute

AHRI
AIR-CONDITIONING, HEATING,
& REFRIGERATION INSTITUTE

we make life better[™]

CERTIFICATE NO.:

130578826180270833

LENNOX

PRODUCT CATALOG

XC14
EURE SERIES

R-410A
SEER - Up to 16.2
1.5 to 5 Tons
Page 7
April 2007

Refrigerant System

Scroll Compressor
Compressor sound-dampening system
Non-chlorine, ozone friendly, R-410A refrigerant.
Copper tube construction with enhanced ripple-edged aluminum fins.
Units applicable to expansion valve systems or RFC systems when matched with specific indoor coils.
Fully serviceable brass service valves.
Factory Installed, hi-capacity liquid line drier
Totally enclosed, direct drive outdoor fan motor with sleeve bearings.
PVC coated, steel fan guard.

Controls

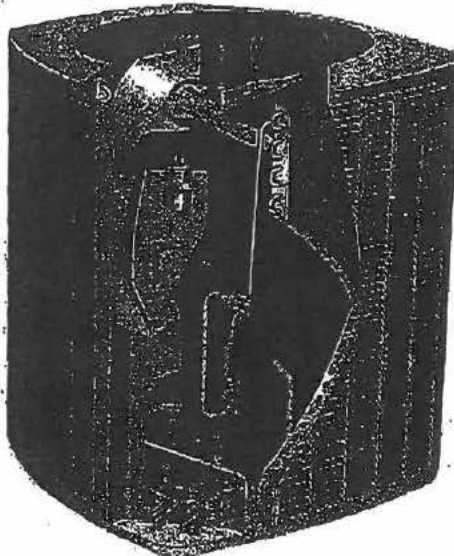
High Pressure Switch.

Cabinet

Heavy-gauge galvanized steel cabinet with powder paint finish.
SmartHinge™ Louvered Coil Protection
Corner patch plate allows access to compressor.

Limited Warranty

Compressor - ten years
All covered components - five years
Refer to Lennox Equipment Limited Warranty certificate included with equipment for details



APPLICATIONS

See Page 50 - Page 75

OPTIONAL ACCESSORIES

See Page 19

Compressor

- Compressor Crankcase Heater
- Compressor Hard Start Kit
- Compressor Low Ambient Cut-Off
- Compressor Time-Off Control

Controls

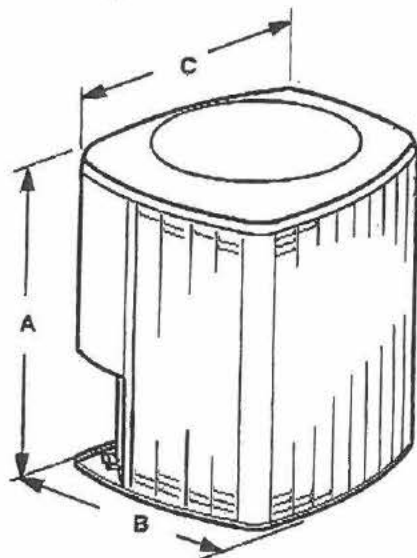
- Freezestat
- Indoor Blower Off Delay Relay
- Loss of Charge Switch Kit
- Low Ambient Kit
- Thermostat

Refrigerant System

- Expansion Valve Kits
- Refrigerant Line Kits

DIMENSIONS - in. (mm)

Model No.	A	B	C
XC14-018	31 (787)	27 (729)	28 (711)
XC14-024	31 (787)	27 (729)	28 (711)
XC14-030	31 (787)	30-1/2 (775)	35 (889)
XC14-036	31 (787)	30-1/2 (775)	35 (889)
XC14-042	31 (787)	30-1/2 (775)	35 (889)
XC14-048	39 (991)	30-1/2 (775)	35 (889)
XC14-060	35 (889)	35-1/2 (902)	39-3/8 (1000)



ARI Standard
210/240 UAC



NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.

General Data		Model No.	XC14-018	XC14-024	XC14-030	XC14-036	XC14-042	XC14-048	XC14-060
Nominal Tonnage			1.5	2	2.5	3	3.5	4	5
¹ Sound Rating Number (dB)			71	71	71	70	73	73	73
Connections (sweat)		Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
		Suction line o.d. - in.	3/4	3/4	3/4	7/8	7/8	7/8	1-1/8
² Refrigerant (R-410A) furnished			6 lbs. 12 oz.	7 lbs. 10 oz.	8 lbs. 0 oz.	8 lbs. 9 oz.	8 lbs. 10 oz.	10 lbs. 0 oz.	12 lbs. 0 oz.
Outdoor Fan		Diameter - in.	18	18	22	22	22	22	26
		Number of blades	4	4	4	4	4	4	4
		Motor hp.	1/5	1/5	1/6	1/6	1/4	1/4	1/3
Shipping Data - lbs. 1 package			181	183	213	215	243	272	290
Line voltage data - 60 Hz - 1ph.			208/230V	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V
³ Maximum overcurrent protection (amps)			20	30	30	30	40	50	60
⁴ Minimum circuit ampacity			12.3	17.9	17.2	18.7	24.1	29.0	34.8
Compressor Rated load amps			9.0	13.4	12.9	14.1	17.9	21.8	26.4
Outdoor Fan Motor Full load amps			1.0	1.0	1.1	1.1	1.7	1.7	1.8

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.

¹ Sound Rating Number rated in accordance with test conditions included in ARI Standard 270.

² Refrigerant charge sufficient for 15 ft. length of refrigerant lines.

³ HACR type breaker or fuse.

⁴ Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.

©2007 Lennox Industries Inc.



PRODUCT CATALOG

AIR HANDLERS
CBX270H/CB270U
SUITE SERIES

Up-Flow / Horizontal
1.5 to 5 Tons
Optional Electric Heat - 2.5 to 30 kW

Page 9

April 2007

Supersedes November 2006

REFRIGERANTS

Refrigerant System

Copper tube construction with enhanced ripple-edged aluminum fins.

Twin coil construction in an "A" configuration.

Factory installed R-410A or R-22 Check/Expansion Valve.

Controls

- 24 Volt Transformer
- Blower Cooling Relay
- Terminal Strip

Programmable Multi-speed

Blower

High efficiency, multi-speed ECM (Electronically Commutated Motor) with electronic braking.

Cabinet

Up-Flow / Horizontal Configuration
 Shipped in one piece but can be separated for ease of installation.

Pre-painted cabinet finish.

Fully Insulated cabinet with thick fiberglass insulation.

Tool-less access to disposable, frame-type filter

Limited Warranty

All covered components - five years
 Refer to Lennox Equipment Limited Warranty certificate included with equipment for details



OPTIONAL ACCESSORIES

See Page 16

Cabinet

- Down-Flow Combustible Base
- Down-Flow Conversion Kit
- Horizontal Support Frame Kit
- Side Return Unit Stand (Up-Flow)
- Side Return Filter Adaptor (CB30U)
- Wall Hanging Bracket Kit (Up-Flow)

Controls

- Thermostat

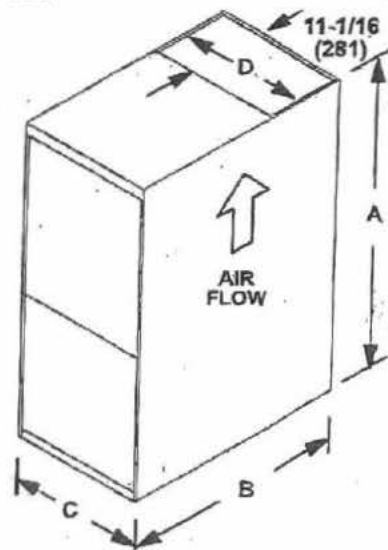
ELECTRIC HEAT

See Page 15

- Electric Heat
- Circuit Breaker Cover Kit
- Single-Point Power Source Control Box

DIMENSIONS - In. (mm)

	-018 -024	-030 -036	-042 -048	-060
A	49-1/4 (1251)	51 (1295)	55-1/2 (1486)	52-1/2 (1568)
B	20-5/8 (524)	22-5/8 (575)	24-5/8 (625)	24-5/8 (625)
C	21-1/4 (540)	21-1/4 (540)	21-1/4 (540)	21-1/4 (540)
D	19-3/4 (502)	19-3/4 (502)	19-3/4 (502)	19-3/4 (502)
Return Air	Width	20 (508)	20 (508)	20 (508)
	Depth	19 (483)	21 (533)	23 (584)



NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.

©2007 Lennox Industries Inc.

General Data		R-22 Model Number	CB27UH-018	CB27UH-024	CB27UH-030	CB27UH-036
		R-410A Model Number	CBX27UH-018	CBX27UH-024	CBX27UH-030	CBX27UH-036
		Nominal Size - Tons	1.5	2.5	3	3
Connections	Suction (vapor) line (o.d.) - in. sweat		3/4	3/4	3/4	3/4
	Liquid line (o.d.) - in. sweat		3/8	3/8	3/8	3/8
	Condensate - in. fpt		(2) 3/4	(2) 3/4	(2) 3/4	(2) 3/4
Blower	Wheel nominal diameter x width - in.		10 x 8	10 x 8	11 x 8	11 x 8
	Blower motor output - hp		1/2	1/2	1/2	1/2
	Air Volume Range - cfm		170-1010	320-1190	360-1365	515-1555
¹ Filters	Size of filter - in.		20 x 20 x 1	20 x 20 x 1	20 x 20 x 1	20 x 22 x 1
Shipping Data -1 package lbs.			148	148	159	159
		Voltage - phase	208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph
		³ Maximum overcurrent protection (unit only)	15	15	15	15
		Minimum circuit ampacity (unit only)	2	2	2	2
		Blower Motor Full Load Amps	1.5	1.73	1.73	1.72

¹ Disposable frame type filter.² HACR type circuit breaker or fuse.

General Data		R-22 Model Number	CB27UH-042	CB27UH-048	CB27UH-060
		R-410A Model Number	CBX27UH-042	CBX27UH-048	CBX27UH-060
		Nominal tonnage	3.5	4	5
Connections	Suction (vapor) line (o.d.) - in. sweat		7/8	7/8	7/8
	Liquid line (o.d.) - in. sweat		3/8	3/8	3/8
	Condensate - in. fpt		(2) 3/4	(2) 3/4	(2) 3/4
Blower	Wheel nominal diameter x width - in.		12 x 9	12 x 9	12 x 9
	Blower motor output - hp		1	1	1
	Air Volume Range		825-1815	810-1860	965-2365
¹ Filters	Size of filter - in.		20 x 24 x 1	20 x 24 x 1	20 x 24 x 1
Shipping Data -1 package lbs.			194	194	216
		Voltage - phase	208/230V-1ph	208/230V-1ph	208/230V-1ph
		³ Maximum overcurrent protection (unit only)	15	15	15
		Minimum circuit ampacity (unit only)	3	3	5
		Blower Motor Full Load Amps	2.4	2.4	3.9

¹ Disposable frame type filter.² HACR type circuit breaker or fuse.

NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.

THE METAL SHOP

Custom Metal Manufacturer

Contracting Engineer

ANCHOR CLIPS Installer's Guide

Douglas W. Lowe, P.E.
FLA# 18355
1206 Millennium Parkway
Brandon, FL 33511

~~WARNING - HAZARDOUS VOLTAGE - HIGH CONTACT POINTS - BEFORE SERVICING~~

PART NUMBER

272 (4 pk)

272 (200 pack)

272 (4 pk including hardware)

CONSTRUCTION

16 gauge galvanized steel, G-90 rated for corrosion coastal applications.

PACKAGING DETAILS

All anchor clips are supplied as per package quantities described above.

INSTALLATION

Minimum of 4 clips required per condenser unit.
Minimum of 2 #14 x 3/4" screws with neoprene washer required to fasten clip to condenser unit.
1/4" x 1 3/4" Tapsan screws required to fasten clip to condenser pad.

Locate the anchor clips to fit comfortably between condenser unit and pad.

Align clip accordingly to fit on condenser unit and screw together, at the same time ensuring that the base of the clip is still in contact with the pad.

All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit.

Suitable for humid subtropical climate.

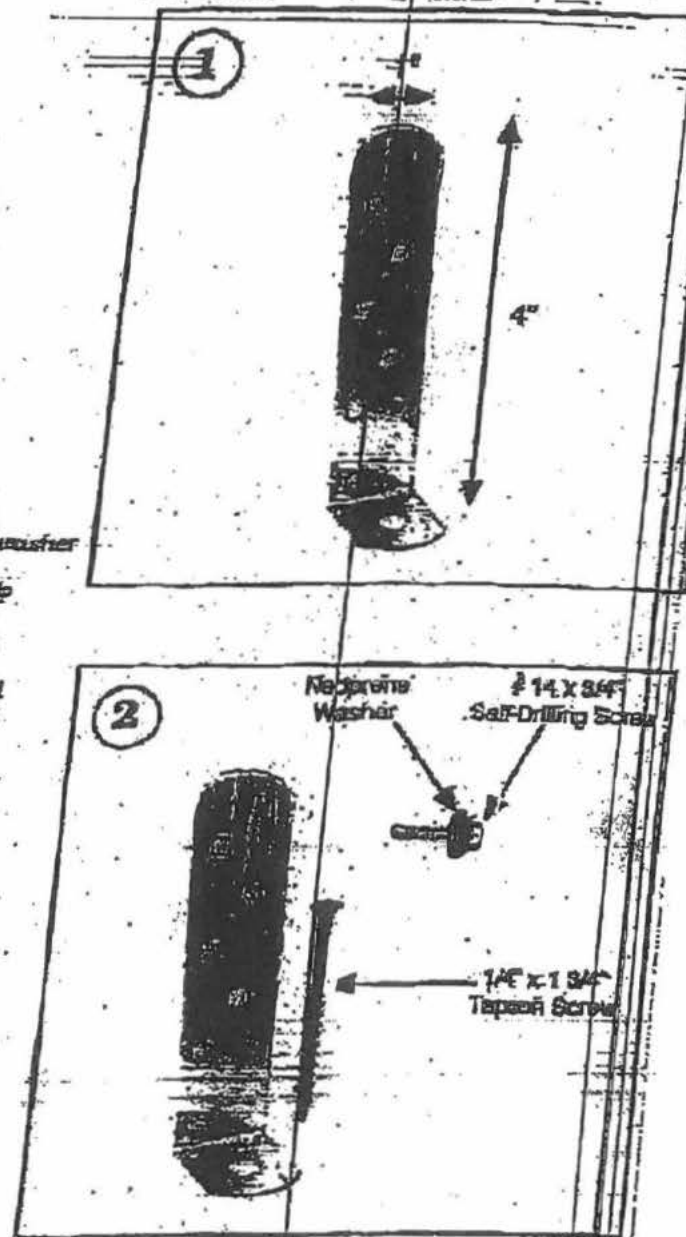
Anchor clip design meets requirements of The Florida Building Code, 2007 (Building) Chapter 301.12 for wind resistance up to 140 MPH.

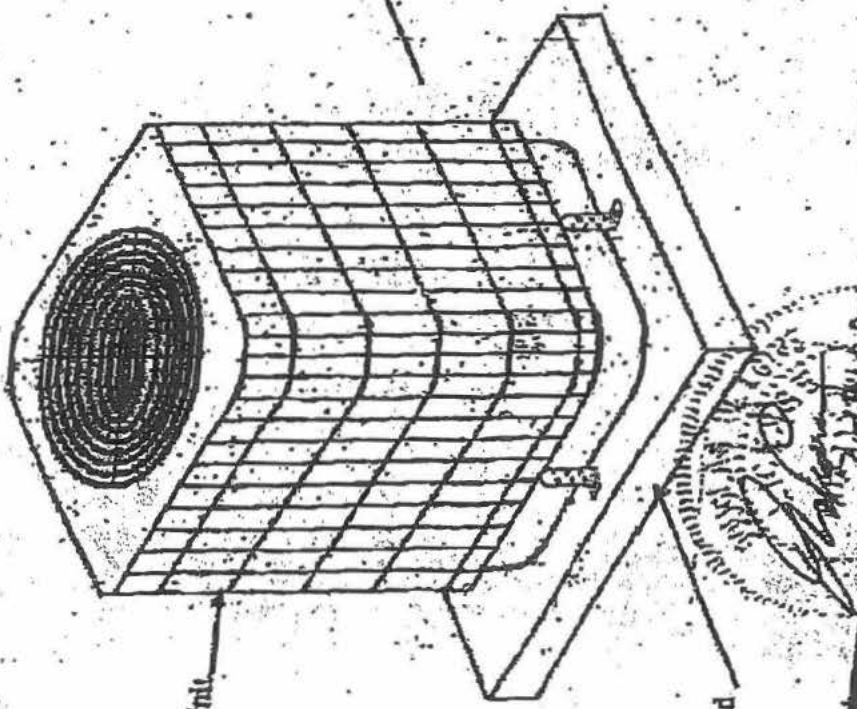
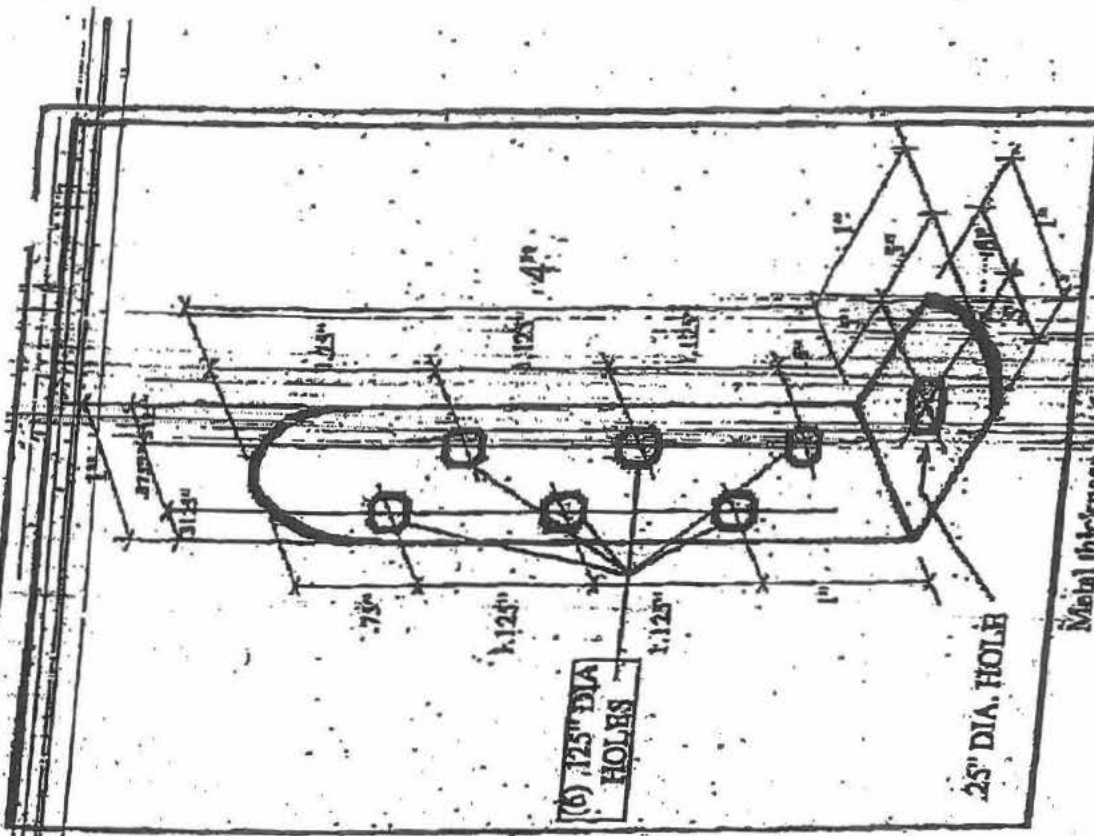
FEATURES

The use of "screw to fit" screws holes compared to slip washers that security is never compromised. A tight secure fit between pad and condenser ensures easy fit for the condenser and offers great resistance during extreme weather conditions.

NOTE

Above installation instruction suitable for up to 5 ton units.





Condenser Unit

Concrete Pad

The Metal Shop
 1139 Eldridge Street
 Clearwater
 FL 38755

Phone: (727) 441-2492
 Fax: (727) 442-8488
 Web: www.metalshop.org

Consulting Engineer:

Douglas W. Lowe, P.E.
 F.L.A. # 15956
 1206 Millennium Parkway
 Brandon, FL 38811

Revision Date:

2/14/08

Metal thickness: 16 gauge

Drawn by:

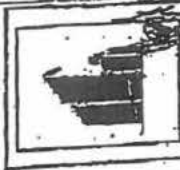
K.P.R.

Page:

1 of 1

Scale: As Shown

REVISED	BY



AC UNIT ANCHORING DETAILS
MANUFACTURED BY: THE ORIGINAL PAN CO. FOR USE UNDER FLORIDA BUILDING CODE

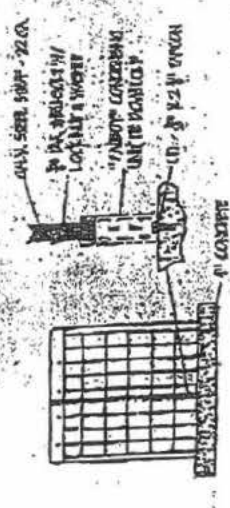
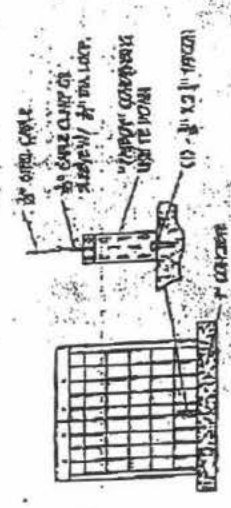
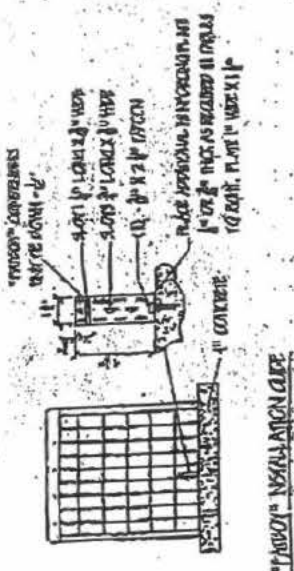
AC UNIT ANCHORING DETAILS
MANUFACTURED BY: THE ORIGINAL PAN CO. FOR USE UNDER FLORIDA BUILDING CODE

DATE	11/11/11
BY	
FOR	
PROJECT	

NO.	DESCRIPTION	QTY	UNIT	REMARKS
1	AC UNIT ANCHORING DETAIL	1	EA	
2		1	EA	
3		1	EA	
4		1	EA	
5		1	EA	
6		1	EA	
7		1	EA	
8		1	EA	
9		1	EA	
10		1	EA	
11		1	EA	
12		1	EA	
13		1	EA	
14		1	EA	
15		1	EA	
16		1	EA	
17		1	EA	
18		1	EA	
19		1	EA	
20		1	EA	
21		1	EA	
22		1	EA	
23		1	EA	
24		1	EA	
25		1	EA	
26		1	EA	
27		1	EA	
28		1	EA	
29		1	EA	
30		1	EA	
31		1	EA	
32		1	EA	
33		1	EA	
34		1	EA	
35		1	EA	
36		1	EA	
37		1	EA	
38		1	EA	
39		1	EA	
40		1	EA	
41		1	EA	
42		1	EA	
43		1	EA	
44		1	EA	
45		1	EA	
46		1	EA	
47		1	EA	
48		1	EA	
49		1	EA	
50		1	EA	

GENERAL NOTES:

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODES (IBC) AND THE FLORIDA BUILDING CODE (FBC).
2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BUILDING DEPARTMENT.
3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES DURING THE COURSE OF THE WORK.
4. ALL MATERIALS AND WORKMANSHIP SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE LOCAL BUILDING DEPARTMENT.
5. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
6. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
7. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
8. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
9. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
10. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
11. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
12. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
13. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
14. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
15. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
16. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
17. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
18. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
19. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
20. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
21. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
22. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
23. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
24. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
25. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
26. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
27. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
28. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
29. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
30. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
31. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
32. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
33. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
34. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
35. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
36. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
37. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
38. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
39. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
40. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
41. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
42. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
43. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
44. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
45. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
46. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
47. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
48. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
49. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND MAINTENANCE OF ALL ADJACENT AREAS AND STRUCTURES.
50. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.



12x12\"/>

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 10/24/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree Permit	Freundenberg			
9:00 Am Requested	115 N SPR		OK	
				INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11057	Dailey	Mechanical		
AM Requested	20 Perriwinkle lane	Final	PASS	CLOSE
	American Apple Care			INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11063	Harrell	Final		
Request between 10:30-11:00	1 Baku St	Mechanical	PASS	CLOSE
	Nis Air			INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10998	Miller	Rough Electric		
	110 N SPR	Rough Plumbing	PASS	
	Cooke Const.			INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11061	Serls	Final Gas		
	4 River Oak	Piping	PASS	CLOSE
	Martin Co. Propane			INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree Permit	Gaydos			
	15 W High Point Rd	Will REVISE & RE-SUBMIT		
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	ERIC OTT			INSPECTOR