

**2 BANYAN RD**

**1875**

**REPLACING ROOF**  
**OVER PATIO**

TAX FOLIO NO.

DATE

3635

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 B. J. ESCUE Present address 2 BANYAN ROAD

Phone 407-286-5376 STUART, FL. 34996

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Where licensed \_\_\_\_\_ License number \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ License number \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ License number \_\_\_\_\_

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: REPLACING A 16'X18" FIBERGLASS ROOF OVER SECTION OF PATIO WITH 5-V CRIMP GALV-ALUM

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

2 BANYAN ROAD. STUART FLA.

Subdivision INDIALUCIE Lot Number 4 Block Number 3

Contract price \$ \$480.00 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-Tagging" the construction project.

Contractor \_\_\_\_\_

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

Owner B. J. Escue

TOWN RECORD

Date submitted \_\_\_\_\_

Approved: Dale Brown 8/2/94

Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

Approved: [Signature]

Final approval given: \_\_\_\_\_

Commissioner \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

CERTIFICATE OF OCCUPANCY issued (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

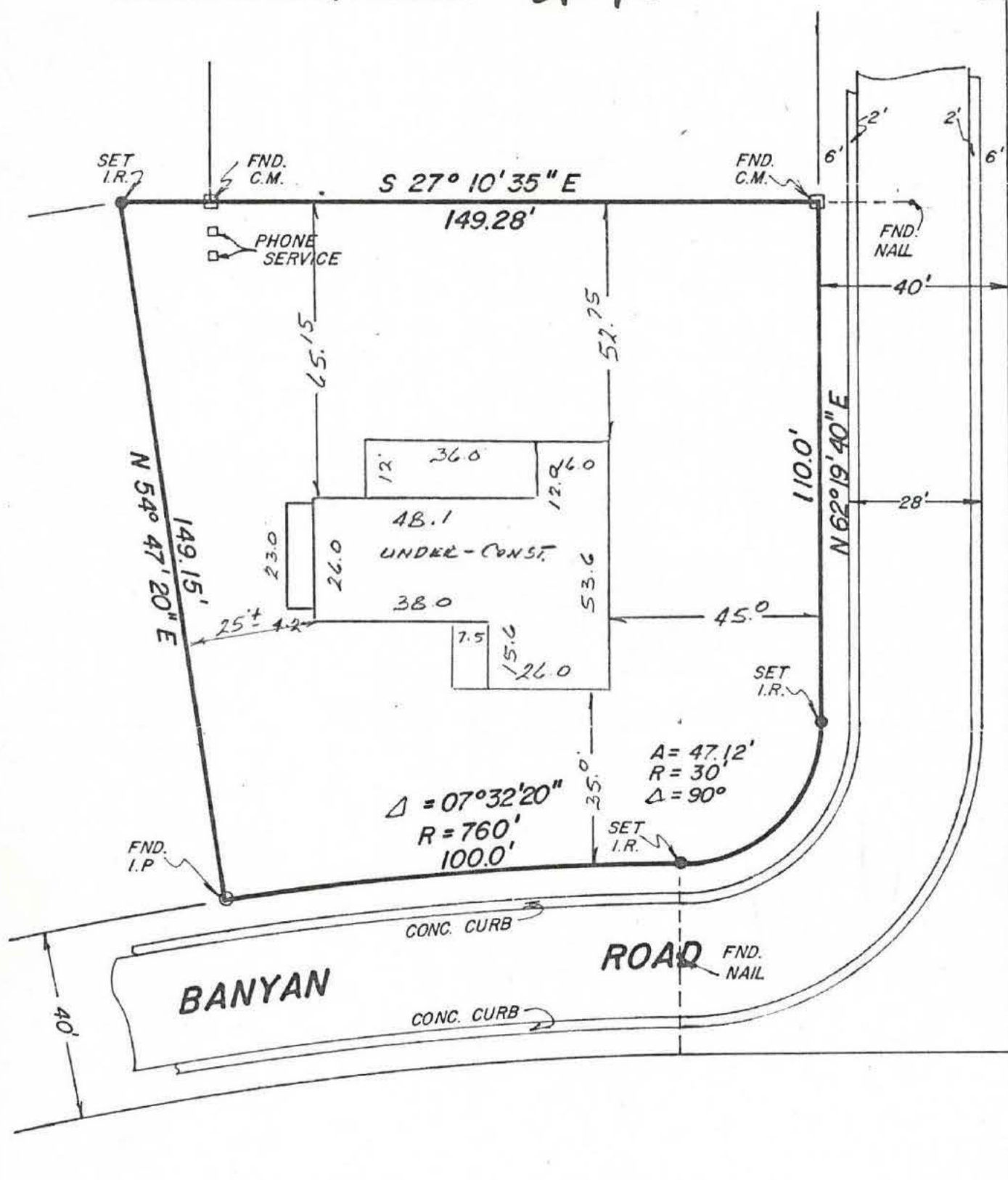


SCALE: 1" = 30'

**DESCRIPTION:**

LOT 4, BLOCK 3, OF INDIALUCIE,  
PLAT BOOK 4, PAGE 85,  
MARTIN COUNTY, FLORIDA.

E, #1875



FLOOD ZONE A-10

LOWEST FLOOR ELEVATION 9.42 ABOVE MSL. - NGVD

TIE-IN SURVEY  
UNDER-CONSTRUCTION 2-10-86

I HEREBY CERTIFY that the plat shown hereon is a true and correct representation of a survey made under my direction and that said survey is accurate to the best of my knowledge and belief and that, unless otherwise shown, there are no encroachments. NOT VALID unless sealed with an EMBOSSED SEAL.

**WILLIAM L. GREECH**  
LAND SURVEYOR  
WEST PALM BEACH, FLORIDA

W. H. - L. C. C. C.  
PROFESSIONAL LAND SURVEYOR  
FLORIDA CERTIFICATE NO. 2370

DATE: 10-15-84	DRAWN BY: J.L.H.
SCALE: 1" = 30'	ORDER NO 2344

FLAT BOOK: 4 PG. 85	FIELD BK. FILE
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9C DESIGN CREDIT POINTS (CP)		
CEILING FAN IN COND SPACE (max 5 CP)	1	5
MULTIZONE A/C SEPARATED BY DOOR	5	
CROSS VENTILATION (1 CP per room)	1	3
WHOLE HOUSE FAN (min. 1.5 cfm/s.f.)	5	
WOOD STOVE	2	
FIREPLACE WITH OUTSIDE COMBUSTION AIR	2	
9C TOTAL (not to exceed 12 points)		8

9D HEATING SYSTEM CREDIT POINTS		
NATURAL GAS/PROPANE HEATING		8.0
OIL HEATING		6.4

9E DESIGN PENALTY POINTS		
WASHER AND DRYER IN COND SPACE		3
TOTAL GLASS OPENS LESS THAN 40%		5
FIREPLACE WITH INSIDE COMBUSTION AIR		5

9F WINTER OVERHANG FACTOR (WOF)								
FEET	N	NE	E	SE	S	SW	W	NW
0-0.9	1.00	0.99	0.85	0.75	0.83	0.98	1.00	1.00
1-1.9	1.00	0.99	0.85	0.76	0.84	0.98	1.00	1.00
2-2.9	1.00	0.99	0.86	0.77	0.86	0.99	1.00	1.00
3-3.9	1.00	0.99	0.87	0.80	0.87	0.99	1.00	1.00
4-4.9	1.00	0.99	0.89	0.83	0.90	0.99	1.00	1.00
5-5.9	1.00	0.99	0.91	0.86	0.92	1.00	1.00	1.00
6-6.9	1.00	0.99	0.92	0.90	0.94	1.00	1.00	1.00
7-7.9	1.00	1.00	0.94	0.92	0.96	1.00	1.00	1.00
8-8.9	1.00	1.00	0.96	0.95	0.97	1.00	1.00	1.00
9-9.9	1.00	1.00	0.97	0.97	0.98	1.00	1.00	1.00
10-10.9	1.00	1.00	0.98	0.98	0.99	1.00	1.00	1.00
11-11.9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
12 UP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

9F SUMMER OVERHANG FACTOR (SOF)								
FEET	N	NE	E	SE	S	SW	W	NW
0-0.9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
1-1.9	1.00	1.00	0.99	0.99	0.98	0.99	0.99	1.00
2-2.9	1.00	0.98	0.95	0.93	0.92	0.93	0.95	0.98
3-3.9	1.00	0.95	0.89	0.87	0.86	0.87	0.89	0.95
4-4.9	1.00	0.91	0.84	0.81	0.80	0.81	0.84	0.91
5-5.9	0.99	0.88	0.80	0.76	0.76	0.76	0.80	0.88
6-6.9	0.99	0.85	0.76	0.72	0.72	0.72	0.76	0.85
7-7.9	0.99	0.83	0.72	0.68	0.70	0.68	0.72	0.83
8-8.9	0.98	0.81	0.69	0.66	0.68	0.66	0.69	0.81
9-9.9	0.98	0.79	0.67	0.64	0.66	0.64	0.67	0.79
10-10.9	0.98	0.78	0.65	0.62	0.65	0.62	0.65	0.78
11-11.9	0.97	0.76	0.63	0.61	0.65	0.61	0.63	0.76
12 UP	0.97	0.76	0.62	0.59	0.64	0.59	0.62	0.76

9G HEATING SYSTEM MULTIPLIER (HSM)							
HEAT PUMP	COP	2.5-2.6	2.7-2.8	2.9-3.0	3.1-3.2	3.3-3.4	3.5 & UP
	HSM	.40	.37	.34	.32	.30	.29
SOLAR HEATING SYSTEM	(BACKUP SYSTEM FRACTION) * (BACKUP SYSTEM HSM)						
ELECTRIC STRIP HEAT	1.0						
NATURAL GAS/PROPANE/OIL	1.0 (SEE TABLE 9D FOR CREDITS)						
PTAC & ROOM HEAT PUMPS	MINIMUM COP 2.2. HSM FOR COP 2.2 - 2.4 = .45. SEE TABLE ABOVE FOR COP > 2.4						

9H COOLING SYSTEM MULTIPLIER (CSM)									
ELECTRIC	EER/SEER	7.8-7.9	8.0-8.4	8.5-8.9	9.0-9.4	9.5-9.9	10.0-10.4	10.5-10.9	11.0-11.9
	CSM	.83	.81	0.76	0.72	0.68	0.65	0.62	0.59
GAS	COP	0.40-0.44	0.45-0.49	0.50-0.54	0.55-0.59	0.60-0.64	0.65-0.69	0.70 & UP	
	CSM	1.50	1.25	1.20	1.09	1.00	0.92	0.89	
MINIMUM SEER/EER LEVEL 7.8 FOR STRAIGHT COOL OR HEAT PUMPS; MINIMUM OF 7.5 EER FOR ROOM UNITS AND PTAC. FOR ROOM UNITS AND PTAC, CSM FOR EER 7.5 - 7.7 = .87. SEE TABLE ABOVE FOR EER > 7.7.									

9I HOT WATER CREDIT POINTS (HWCP)											
ELECTRIC RESISTANCE WATER HEATER											0
GAS WATER HEATER											10
INSTANTANEOUS WATER HEATER	ELECTRIC										4.5
	GAS										12.6
HRU (A/C) WATER HEATER	ELECTRIC BACKUP										8.9
	GAS BACKUP										15.2
HRU (HP) WATER HEATER	ELECTRIC BACKUP										9.7
	GAS BACKUP										15.4
HEAT PUMP WATER HEATER (DEDICATED HEAT PUMP)	COP	1.60-1.89	1.90-2.19	2.20-2.49	2.50-2.79	2.80-3.00					
	CREDIT POINTS	9.0	11.4	13.1	14.4	15.4					
SOLAR HOT WATER	OVERALL SOLAR FRACTION*	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
	ELECTRIC BACKUP	2.4	4.8	7.2	9.6	12.0	14.4	16.8	19.2	21.6	24.0
	GAS BACKUP	11.4	12.8	14.2	15.6	17.0	18.8	19.8	21.2	22.6	24.0
* PERCENT OF ANNUAL HOT WATER PROVIDED BY SOLAR SYSTEM ÷ 100 = OVERALL SOLAR FRACTION											



# FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 900-A-84

SECTION 9—RESIDENTIAL POINT SYSTEM METHOD  
DEPARTMENT OF COMMUNITY AFFAIRSCLIMATE ZONES  
SOUTH 7 8 9

This form may be used to demonstrate compliance with the Energy Code for new single-family detached or multifamily attached dwellings under Section 9 of the Energy Code. An alternative to this method for single-family detached dwellings, and multifamily attached dwellings of three stories or less, is provided in Section 10 of this Code. Only dwellings which are above ground frame (wood siding, brick veneer, etc.) or concrete wall type construction may be calculated using Sections 9 and 10. Other types of construction must comply under Section 4 or Section 5 of this Code. Additions to existing residential buildings shall comply with the requirements of Section 10 of this Code. Detailed information on how to complete this form may be obtained from your local building department or the Department of Community Affairs, Energy Code Program, 2571 Executive Center Circle East, Tallahassee, Florida 32301.

PROJECT NAME AND ADDRESS:	lot 4, INDIA LUGUE, BANYAN RD	PERMITTING OFFICE:	MARTIN CTY
BUILDER:	POW JACOBS	CIRCLE CLIMATE ZONE:	7 8 9
OWNER:		PERMIT NO.:	
		JURISDICTION NO.:	

<input type="checkbox"/> DETACHED	IF MULTIFAMILY, NO. OF UNITS COVERED BY THIS CALCULATION:		GLASS AREA AND TYPE	
	SEPARATE CALCULATIONS ARE REQUIRED FOR EACH WORST CASE UNIT TYPE. CHECK IF THIS CALCULATION REPRESENTS A WORST CASE CONDITION.	<input type="checkbox"/>	CLEAR	TINT, FILM, SOLAR SCREEN
<input type="checkbox"/> ATTACHED			393 SGL	
				DBL

NET WALL AREA AND INSULATION				CONDITIONED FLOOR AREA	CEILING INSULATION
CBS	R=	FRAME	R=		UNDER ATTIC
960	3.0	318	11.0	1753	R=19.0
					R=

COOLING SYSTEM	PRIMARY HEATING SYSTEM	PRIMARY HOT WATER SYSTEM
<input checked="" type="checkbox"/> CENTRAL <input type="checkbox"/> NONE	<input checked="" type="checkbox"/> ELECTRIC STRIP <input type="checkbox"/> GAS <input type="checkbox"/> NONE	<input type="checkbox"/> ELECTRIC RESISTANCE <input type="checkbox"/> SOLAR
<input type="checkbox"/> ROOM	<input type="checkbox"/> OIL <input type="checkbox"/> SOLAR	<input checked="" type="checkbox"/> HEAT RECOVERY <input type="checkbox"/> GAS
<input type="checkbox"/> PACKAGE TERMINAL AC	<input type="checkbox"/> HEAT PUMP: COP =	<input type="checkbox"/> DED. HEAT PUMP: COP =
EER/SEER = 9.5	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:

CALCULATED E.P.I.: 98.6	CALCULATED E.P.I. MUST NOT EXCEED 100 POINTS
In accordance with Section 553.907 F.S., I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.	Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S.
OWNER/AGENT: Russ Sahgal	BUILDING OFFICIAL:
DATE: 10/3/14	DATE:

9A PRESCRIPTIVE MEASURES (Must be met or exceeded by all residences.)	CHECK TO INDICATE COMPLIANCE
COMPONENTS	REQUIREMENTS
WINDOWS (903.1)	MAXIMUM OF 0.5 CFM PER LINEAR FOOT OF OPERABLE SASH CRACK.
DOORS (903.1)	MAXIMUM OF 0.5 CFM PER SQUARE FOOT OF DOOR AREA. INCLUDES SLIDING GLASS DOORS.
EXT. JOINTS & CRACKS (903.1)	TO BE CAULKED, GASKETED, WEATHER-STRIPPED OR OTHERWISE SEALED.
CEILING INSULATION (903.9)	MINIMUM OF R-19.
WATER HEATERS (903.2)	MUST BEAR ASHRAE STANDARD 90-80 LABEL OR A MAX. 4 WATT/SQ. FT. STAND-BY LOSS. SWITCH OR CLEARLY MARKED CIRCUIT BREAKER (ELECTRIC) OR CUT-OFF VALVE (GAS) MUST BE PROVIDED.
SWIMMING POOLS (903.3)	IF HEATED BY OTHER THAN SOLAR, MUST HAVE POOL COVER DESIGNED TO MINIMIZE HEAT LOSS. ALL NON-COMMERCIAL POOLS MUST BE EQUIPPED WITH A POOL PUMP TIMER.
HOT WATER PIPES (903.4)	INSULATION IS REQUIRED ONLY FOR RECIRCULATING SYSTEMS. IN SUCH CASES, PIPING HEAT LOSS SHALL BE LIMITED TO A MAX. OF 17.5 BTU / H PER LINEAR FOOT OF PIPE (SEE 504.4).
SHOWER HEADS (903.5)	WATER FLOW MUST BE RESTRICTED TO NO MORE THAN 3 GALLONS PER MINUTE.
HVAC DUCT CONSTRUCTION (903.6)	CONSTRUCTED IN ACCORDANCE WITH INDUSTRY STANDARDS AND LOCAL MECHANICAL CODE. DUCTS IN UNCONDITIONED SPACE MUST BE INSULATED TO A MINIMUM R-4.2.
HVAC CONTROLS (903.7)	A SEPARATE, READILY ACCESSIBLE MANUAL OR AUTOMATIC THERMOSTAT FOR EACH SYSTEM.



FORM 900-A-84 RESIDENTIAL CALCULATION CLIMATE ZONES 7 8 9

## CLIMATE ZONES 7 8 9



CLIMATE ZONES 7 8 9

## SUMMER

H = HORIZONTAL GLASS (SKYLIGHTS).

FOR SC OTHER THAN 0.83 SEE SEC. 902.2(a)5. TINT MULT. MAY BE USED FOR GLASS WITH SOLAR SCREENS, FILM, OR TINT.

TOTAL GROSS WINTER POINTS	40 692
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TOTAL GROSS SUMMER POINTS	144 789
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INCL	R = 4.2-4.9		1.14	46 38
	R = 5.0-6.6		1.12	
	R = 6.7 & UP		1.09	
	DUCTS IN CONDITIONED SPACE		1.00	

R = 4.2-4.9		1.14	165059
R = 5.0-6.6		1.12	
R = 6.7 & UP		1.09	
DUCTS IN CONDI- TIONED SPACE		1.00	

HSM FROM 9G	x	1	
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CSM FROM 9H	x	168	112240
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DIVIDE BY CONDITIONED FLOOR AREA	$\div$ 1753	26.5 WINTER POINT
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DIVIDE BY CONDITIONED FLOOR AREA	÷ 1753	64.0 SUMMER POINTS
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**THE CALCULATED E.P.I. MUST BE EQUAL TO OR LESS THAN 100 POINTS.**

9B	ADJUSTMENT MULTIPLIERS
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CONDITIONED FLOOR AREA (SQ. FT.)	0-900	901- 1100	1101- 1300	1301- 1500	1501- 1700	1701- 1900	1901- 2100	2101- 2300	2301- ABOVE
ADJUSTMENT MULTIPLIER	1.03	1.07	1.11	1.16	1.21	1.27	1.33	1.40	1.47

## TE OF APPROVAL FOR OCCUPANCY

#1875 ESCUE

**(Keep carbon copy for Town files)**



# TOWN *of* SEWALL'S POINT

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 33494

## COMMISSIONERS

JOHN C. GUENTHER, Mayor  
GILBERT C. STRUBELL, Vice Mayor  
DOROTHY D. ROCHE, Commissioner  
CLIFFORD B. DRAKE, Commissioner  
ROBERT R. AUNE, Commissioner

## BUILDING DEPARTMENT

TELEPHONE (305) 287-2455

JOAN H. BARROW  
Town Clerk  
F.J. MATUSZEWSKI  
Chief of Police

1. The Town of Sewall's Point has adopted the South Florida Building Code as a part of its building ordinances.
2. Building permits are issued for one year's duration. Construction must be started within 180 days or the permit will be subject to revocation, with forfeiture of fee.
3. ALL changes in plans must be approved by the Building Department.
4. Work hours are from 8: AM to 5: PM Monday thru Saturday. NO SUNDAY WORK.
5. Portable toilets must be on all construction sites.
6. Roof sheeting plywood must be 5/8" not 1/2" as in the county.
7. Inspections are made Monday thru Friday, 8: AM to Noon. 24 hour notice is required prior to all inspections.
8. Rough grading and property clean-up must be completed before a Certificate of Occupancy is issued.
9. Trash, debris and scrap building materials must be policed daily. All debris must be contained in a dumpster.
10. Building permit fees are \$5. per thousand dollars of the cost of the building, plus \$10. each for plumbing, electric, air conditioning and roofing. For example, a \$50,000. building x \$5. = \$250. plus \$40. (pl.,el.,a.c. and roof) = \$290. total cost of permit.
11. The building department will request proof of contract costs.
12. Business or advertising signs on the job site will be permitted only with prior approval of the Town Commission.
13. If trees are to be removed, replaced or relocated, a permit is required. Check with the building inspector before removing or relocating any trees.
14. Submit separate square foot areas for inside walls, garage, carport, porches, etc..
15. Inside walls are calculated at \$60. per square foot minimum for building permit fee cost. All other areas are calculated at \$25. per square foot minimum.
16. Contractors must submit a manufacturer's window schedule with symbols and sizes.
17. Inspection for setbacks will be made by the building inspector if the builider supplies lines from the property stakes OR a survey showing the location of the builidng on the lot (by a licensed surveyor) will be required.



**CONTRACTORS:**

THIS NOTICE MUST BE GIVEN TO PROPERTY OWNERS BEFORE CONSTRUCTION BEGINS.

**WARNING TO PROPERTY OWNERS**

Please read this notice carefully. It may save you from paying twice for commercial or residential repairs, improvements, or new construction if they cost more than \$2,500.

Since you or your contractor have applied for a building permit for work to be done on property owned by you, you should be aware of the following:

“... the right, title, and interest of a person who has contracted for (an) improvement (to real property) **MAY BE SUBJECT TO ATTACHMENT UNDER THE MECHANICS' LIEN LAW.**”

The Florida Department of Agriculture and Consumer Services is **required by Florida law to provide this information to any person who applies for a building permit (see Section 713.135, Florida Statutes).**

The “Mechanics’ Lien Law” (Chapter 713, Part I, Florida Statutes) provides a method by which a contractor, subcontractor, sub-subcontractor, laborer, building material supplier, architect, landscape architect, engineer or land surveyor may claim a lien on real property on which he has done work or to which he has furnished materials.

A “lien” is a charge or encumbrance on real property which must be satisfied by the property owner. “Attachment” means that, if a court finds a claim of lien valid, the owner's property may be seized and sold to satisfy the lien if it is not voluntarily paid.

Thus, failure of the property owner to comply with the “Mechanics’ Lien Law” can result in the property owner paying twice for building or property improvements; once to a contractor and again to a laborer, supplier or subcontractor whom the contractor failed to pay.

Certain protective steps by the property owner are necessary. A “Notice of Commencement” must be filed. **Before** you file the “Notice of Commencement” be sure to check with your construction money-lender, as premature filing may affect your loan. For added protection, you may require a performance bond from your contractor. A bond provides the best protection against the possibility of having to pay twice.

The “Mechanics’ Lien Law” is complicated and technical. You will find a copy of the law at the office of the Clerk of the Circuit Court in your county or at most public libraries. It will explain the “Notice of Commencement” and other requirements.

If you are planning to spend over \$2,500 on building or improvement, you may wish to consult legal counsel. If so, do it **before** you commence any building activity.

**FURNISHING THIS INFORMATION IN NO WAY IMPLIES THAT YOUR CONTRACTOR IS UNRELIABLE.**

This public document was promulgated at an annual cost of \$2,178, or 1.8¢ per copy to inform Floridians about provisions of Section 713.135(b), Florida Statutes, as required by law.



FLORIDA ENERGY EFFICIENCY CODE  
FOR BUILDING CONSTRUCTION

SECTION 9—RESIDENTIAL POINT SYSTEM METHOD  
DEPARTMENT OF COMMUNITY AFFAIRS

CLIMATE ZONES  
SOUTH 7 8 9

FORM 900-B-84

PROJECT NAME AND ADDRESS:	Lot 4 IWA/ALCIE BANYAN RD	PERMITTING OFFICE:	MARTIN CITY
BUILDER:	RON JACOBS	CIRCLE CLIMATE ZONE:	7 (8) 9
OWNER:		PERMIT NO.:	
		JURISDICTION NO.:	

STATISTICS

<input type="checkbox"/> DETACHED	IF MULTIFAMILY, NO. OF UNITS COVERED BY THIS CALCULATION: <input type="text"/>	GLASS AREA AND TYPE	
		CLEAR	TINT, FILM, SOLAR SCREEN
<input type="checkbox"/> ATTACHED	SEPARATE CALCULATIONS ARE REQUIRED FOR EACH WORST CASE UNIT TYPE. CHECK IF THIS CALCULATION REPRESENTS A WORST CASE CONDITION. <input type="checkbox"/>	<input type="text"/> 393 SGL	<input type="text"/> SGL
		<input type="text"/> DBL	<input type="text"/> DBL

NET WALL AREA AND INSULATION				CONDITIONED FLOOR AREA	CEILING INSULATION	
CBS	R=	FRAME	R=		UNDER ATTIC	SGL. ASSEMBLY
<input type="text"/> 960	<input type="text"/> 3.0	<input type="text"/> 318	<input type="text"/> 11.0	<input type="text"/> 1753	R= <input type="text"/> 19.0	R= <input type="text"/>

COOLING SYSTEM	PRIMARY HEATING SYSTEM	PRIMARY HOT WATER SYSTEM
<input checked="" type="checkbox"/> CENTRAL <input type="checkbox"/> NONE	<input checked="" type="checkbox"/> ELECTRIC STRIP <input type="checkbox"/> GAS <input type="checkbox"/> NONE	<input type="checkbox"/> ELECTRIC RESISTANCE <input type="checkbox"/> SOLAR
<input type="checkbox"/> ROOM	<input type="checkbox"/> OIL <input type="checkbox"/> SOLAR	<input checked="" type="checkbox"/> HEAT RECOVERY <input type="checkbox"/> GAS
<input type="checkbox"/> PACKAGE TERMINAL AC	<input type="checkbox"/> HEAT PUMP: COP = <input type="text"/>	<input type="checkbox"/> DED. HEAT PUMP: COP = <input type="text"/>
EER/SEER = <input type="text"/> 9.5	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____

CALCULATED E.P.I.: <input type="text"/> 98.6	CALCULATED E.P.I. MUST NOT EXCEED 100 POINTS
In accordance with Section 553.907 F.S., I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code. FLORIDA HOME INSULATION OWNER/AGENT: Russ Schryver DATE: 10/3/84	Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S. BUILDING OFFICIAL: _____ DATE: _____
THIS DATA IS TO BE SENT TO DCA BY THE LOCAL BUILDING DEPARTMENT.	



This Warranty Deed Made the 21 day of December A. D. 19 84 by

540116

David R. Cooper, a single man

hereinafter called the grantor, to

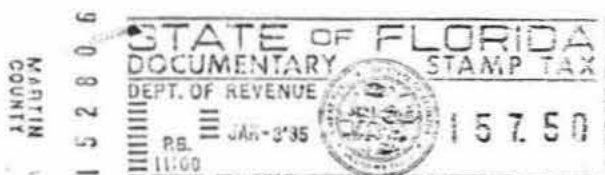
B. J. Escue and Marilyn W. Escue, husband and wife

whose postoffice address is 121 SW South River Drive, #207, Stuart, Florida 33497  
hereinafter called the grantee:

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

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

Lot 4, Block 3, Plat of Tracts "A" and "B: in Plat of Indialucie, according to the plat thereof, filed December 17, 1969 and recorded in Plat Book 4, Page 85, Martin County, Florida public records, being a plat of Tracts A & B of Indialucie recorded in Plat Book 4, Page 77, Martin County, Florida public records; being corrected by that Affidavit by William G. Wallace, Jr., dated December 17, 1971 and recorded in Official Records Book 333, page 2407, Martin County, Florida public records.



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

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

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1983.

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

Signed, sealed and delivered in our presence:

Cheryl L. Friedrich  
Linda Haskenjo

David R. Cooper

STATE OF FLORIDA  
COUNTY OF PALM BEACH

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

David R. Cooper

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

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

December 21st, A. D. 1984.

Cheryl L. Friedrich

This instrument prepared by B. J. Escue

Address 121 SW South River Drive #207  
Stuart, Florida 33497

SPACE BELOW FOR RECORDERS USE

FILED FOR RECORD  
MARTIN COUNTY, FLA.  
85 JAN 3 P 1:19  
LOUISE V. ISAACS  
CLERK OF CIRCUIT COURT  
BY [Signature] D.C.

D.R. 603X 623 PAGE 1837

MARTIN COUNTY PUBLIC HEALTH UNIT  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER: HD85-655

NAME OF APPLICANT: RON JACOBS HOME PHONE: 3346346  
WORK PHONE: 287-7954  
MAILING ADDRESS OF APPLICANT: 2945 S.E. GLASGOW DRIVE  
LOT 4 BLOCK 3 SUBDIVISION INDIALUCIE  
PLAT BOOK 4 PAGE 85 DATE SUBDIVIDED 12-17-69  
RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 3  
HEATED OR COOLED AREA OF HOME 1800 SQUARE FEET  
COMMERCIAL: TYPE OF BUSINESS PROPOSED NA NUMBER PEOPLE NA

AFFIDAVIT

I HAVE REVIEWED THIS PERMIT AND I CERTIFY THAT ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS PERMIT AND ANY APPLICABLE STATE OR COUNTY REGULATIONS.

3522 WELL PER IF WELL NOT INSTALLED AT  
TIME OF SEPTIC SYSTEM INSPECTION

SIGNATURE OF PROPERTY OWNER OR OWNER'S  
LEGALLY AUTHORIZED REPRESENTATIVE:

Ron Jacobs

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 900 GALLONS  
DRAINFIELD SIZE 300 SQUARE FEET

IF A SEPTIC TANK IS REQUIRED  
TO BE A MINIMUM ELEVATION OF

FINISHED SOIL GRADE

THIS PERMIT EXPIRES ONE (1)  
YEAR FROM DATE OF ISSUANCE

ISSUED BY:

Daniel M. Leskowsky  
ENVIRONMENTAL HEALTH SPECIALIST

DATE:

12-11-85

- PLEASE NOTE:
1. THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE.
  2. IF BUILDING STUBOUT IS MORE THAN 20 FEET FROM SEPTIC TANK AND DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
  3. IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
  4. IF ANY INFORMATION ON THIS PERMIT CHANGES, PLEASE SUBMIT AN UPDATED APPLICATION TO THIS OFFICE.
  5. IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS.

FINAL INSPECTION

CONSTRUCTION APPROVED BY:

ENVIRONMENTAL HEALTH SPECIALIST

DATE:

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

MARTIN COUNTY PUBLIC HEALTH UNIT  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

SITE INFORMATION

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE A LIMITED USE NON-COMMUNITY OR OTHER PUBLIC WELL WITHIN 100 FEET OF PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC SEWER WITHIN 100 FEET OF THE PROPOSED LOT? NO
6. IS THERE A LAKE, STREAM, WETLAND, OR OTHER BODY OF WATER WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
7. IS THERE A PROPOSED OR EXISTING PUBLIC WATER LINE WITHIN TEN FEET OF THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
9. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
10. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
11. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDINGS OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
13. THERE IS 900 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA.

ELEVATIONS

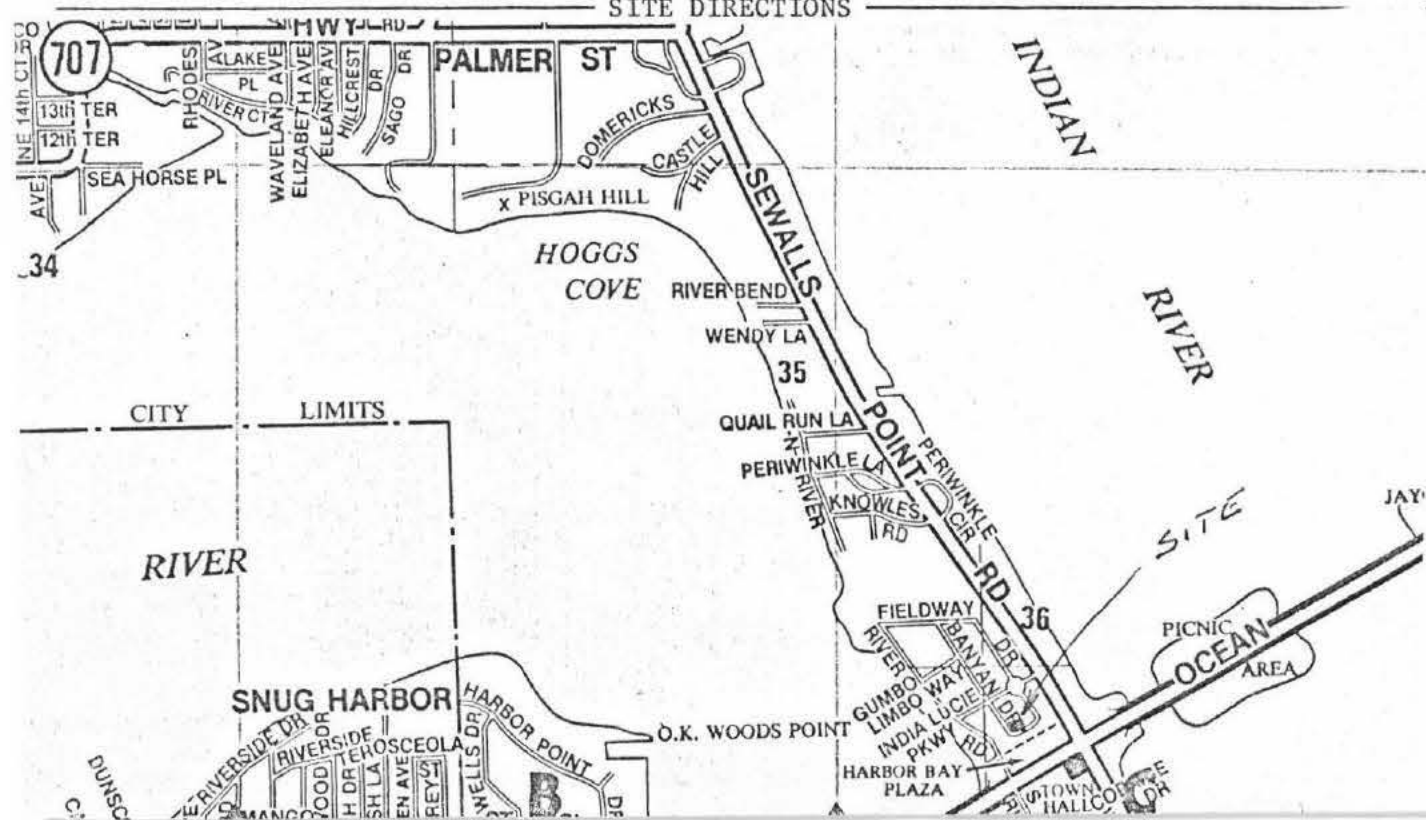
1. CROWN OF ROAD ELEVATION 6.96 SHOW LOCATION ON PLOT PLAN.  
IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 6.96 SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 9.4  
SHOW LOCATION ON PLOT PLAN.
3. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? YES IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? 8.00 NGVD 1929 (ELEVATION OPTIONAL)

A-10 ZONE

NOTE: MUST BE CERTIFIED BY REGISTERED  
SURVEYOR OF ENGINEER IN THE  
STATE OF FLORIDA.

CERTIFIED BY: W. H. L. Lundy  
FL. PROFESSIONAL NO: 2370  
DATE: 12/3/85 JOB NO: 2344

SITE DIRECTIONS



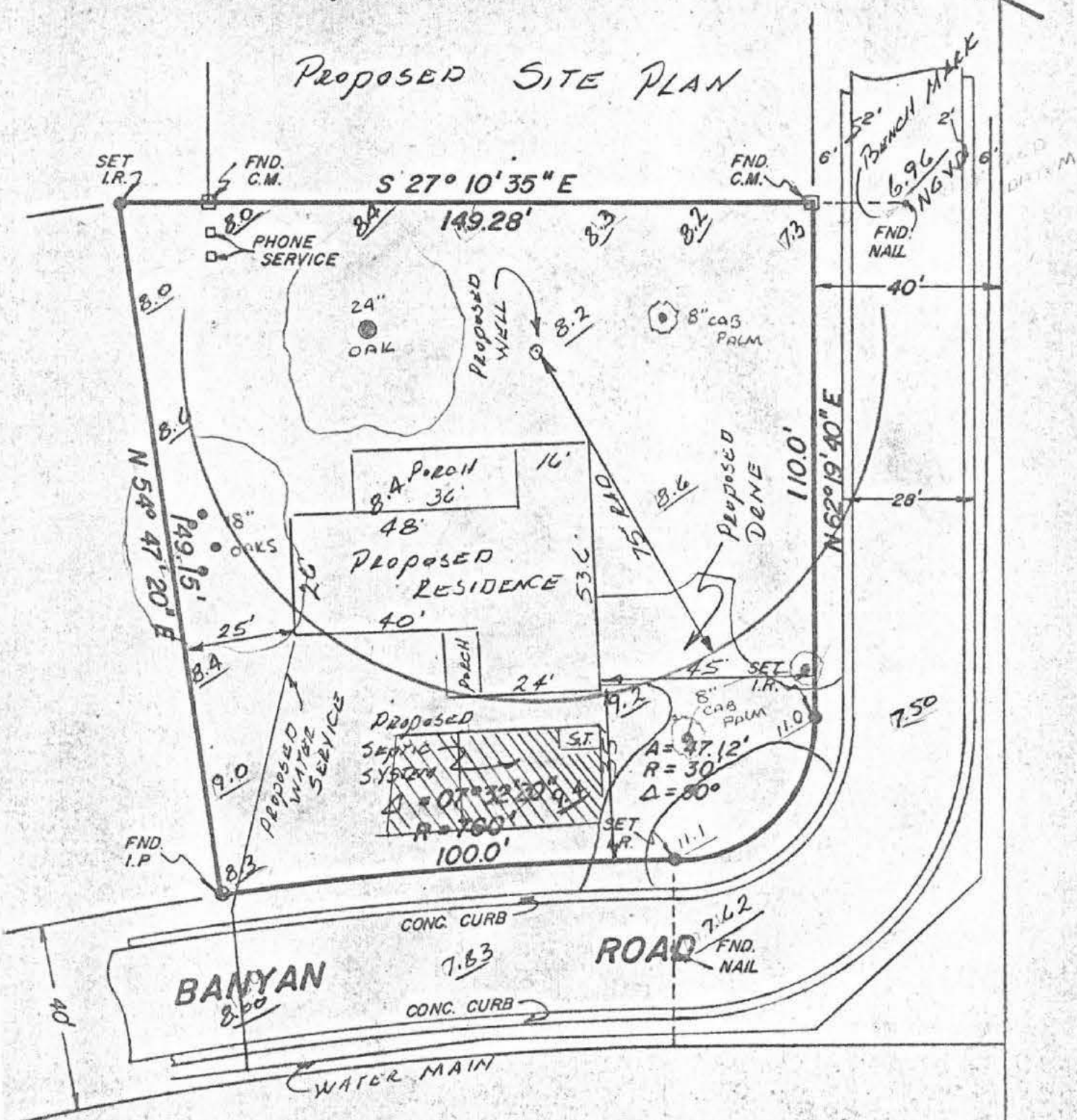


SCALE: 1" = 30'

# DESCRIPTION:

LOT 4, BLOCK 3, OF INDIALUCIE,  
PLAT BOOK 4, PAGE 85,  
MARTIN COUNTY, FLORIDA.

## Proposed SITE PLAN



TOPOGRAPHIC SURVEY

ELEVATIONS SHOWN ARE N.G.V.D. ABOVE SEA LEVEL

FLOOD ZONE - A-10

REVISED 12/3/85 WLC

HEREBY CERTIFY that the plat shown hereon is a true and correct representation of survey made under my direction and that said survey is accurate to the best of my knowledge and belief and that, unless otherwise shown, there are no encroachments. NOT VALID unless sealed with an EMBOSSED SEAL.

**WILLIAM L. CREECH**  
LAND SURVEYOR  
WEST PALM BEACH, FLORIDA

*William L. Creech*  
PROFESSIONAL LAND SURVEYOR  
FLORIDA CERTIFICATE NO. 2370

AT BOOK: 4 PG. 85 FIELD BK. FILE

DATE: 10-15-84 DRAWN BY: J.L.H.  
SCALE: 1" = 30' ORDER NO. 2344



BUILDING CONTRACT

DATE: Nov. 8, 1985

BUYER: B.J. and Marilyn M. Escue

PRESENT ADDRESS: 121 S.W. South River Dr. Stuart, Fla. 2865376

This document, together with signed drawings and specifications will comprise the sole terms and conditions of building contract between Ron Jacobs Inc. hereinafter referred to as "CONTRACTOR" and B. J. and Marilyn M. Escue hereinafter referred to as "OWNER".

The CONTRACTOR undertakes to construct a building for the OWNER whose name appears at the top of the document for the contract sum of \$ 90,000

In accordance with the Owner's instructions, the building is to be constructed on LOT 4 BLOCK 3 SECTION Indialucia and the owner declares the land stated to be his property.

IT IS FURTHER AGREED THAT:

1. Although CONTRACTOR will make every reasonable effort to complete construction within 135 days following Notice of Commencement, CONTRACTOR, cannot be responsible for delays resulting from riot strikes, unavailability of materials, labor or supplies, or other conditions beyond the control of the CONTRACTOR including inability to continue construction because of inclement weather.

2. This contract carries with it the stipulation that Notice of Commencement be posted within 65 days of the date of contract, by the owner or his lending institution, and is void thereafter at the option of the contractor, and the parties involved shall have the right at their mutual discretion to renegotiate this contract. This provision is included in this contract in order to protect CONTRACTOR from increasing costs of construction.

3. Because of inherent dangerous conditions which exist during the construction period OWNER agrees to refrain from visiting the job site during working hours (7:30 A.M. to 4:30 P.M.), during which CONTRACTOR has workmen actively engaged in the construction referred to herein. Should Owner have any questions or wish to inspect the premises he may do so at any time when CONTRACTOR'S workmen are not on the premises and no active construction is taking place.

4. The CONTRACTOR shall at all times carry public liability and property damage insurance and Workman compensation insurance for the protection of both CONTRACTOR and OWNER, OWNER shall obtain fire and extended coverage prior to commencement of construction.

5. The acceptance of this Contract carries with it a guarantee on the part of the CONTRACTOR defective materials and All appliances carry manufacturers warranty.  
materials one year

6. All changes will be accompanied by written change order signed by both parties. Cost whether higher or lower than an administrative charge shall be borne by OWNER at the time of the change and shall become due within 7 days. No major changes to the structure shall be made after commencement of construction.

7. Occupancy shall not take place prior to final closing and payment is made to CONTRACTOR.

8. The contract price covers construction of the building, labor and materials, and all related building permits. Does not cover closing costs, mortgage or legal fees that may be necessary, these costs if needed, are at the OWNER's expense.

9. All allowances are listed in last sub-section, costs above allowances shall be borne by OWNER at the time of costs overage. Credits shall be made for costs under allowances.

10. Should either party bring suit in court to enforce any of the terms of the contract documents, it is agreed that the losing party shall pay to the successful party his costs and reasonable attorney's fees.

11. All customer selection sheets, work change orders, extra's, building plan specifications, building plan controlling construction and related documents, shall not be binding on either OWNER or CONTRACTOR unless same are signed and dated by both.

12. Should it be necessary to construe the terms of this contract or any of the documents incident hereto said construction shall be in accordance with controlling law of the State of Florida.

13. Where OWNER finances his home without any mortgage, payment schedules and conditions outlined in Addendum shall become a part of this contract.

14. Should CONTRACTOR have commenced construction pursuant to agreement, and OWNER or his estate decides for any reason to discontinue construction after commencement, OWNER shall, within seven days after demand is made by CONTRACTOR, pay the full cost of all services rendered by CONTRACTOR to date of discontinuance of construction.

15. CONTINGENCES: \_\_\_\_\_

#### MAXIMUM ALLOWANCES

Clearing \$ 200.

Appliances \$ 1,900

Carpet (per sq. yd. ~~1 color throughout~~ <sup>xxxxx</sup> and other flooring) \$ 3,100

Vinyl (per sq. yd.) ~~xxxxx~~ Driveway and walks \$ 2,700

Wallpaper (per roll) ~~xxxxx~~ Allowance for hot tub \$ 4450

Light Fixtures (incl. M.C. Button & Chimes) \$ 400

Other Allowance for fire place \$ 2,000

Sprinkler system 1,100 \$ 2,000

A deposit of \$ 1,100 has been received deposit will be returned after first draw. If building permit is required before the notice commencement an additional deposit will be needed.

Received by: \_\_\_\_\_

AGREED: \_\_\_\_\_

WITNESS: \_\_\_\_\_

OWNER: \_\_\_\_\_

WITNESS: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

If empack fee is collect, this will be added to the cost of the contract price.



OWNERS: B. J. and Marilyn Escue

DATE: Nov. 8, 1985

8-28-84

Advance Design

## 1. BASIC DESCRIPTION

Bedroom 3 Bath 2 Model 36x12  
Fla. Room \_\_\_\_\_ Porch \_\_\_\_\_ Garage 2 car

## 2. CONSTRUCTION:

Wood Frame \_\_\_\_\_ CBS x  
Stud Spacing: Exterior 24" OC \_\_\_\_\_ 16" OC \_\_\_\_\_  
Interior 24" OC \_\_\_\_\_ 16" OC x  
Furring 24" OC \_\_\_\_\_ 16" OC x

## 3. FOUNDATION:

Monolithic Slab x Stem Wall \_\_\_\_\_ Other \_\_\_\_\_

## 4. EXTERIOR WALL:

Lap Siding \_\_\_\_\_ Board & Batten \_\_\_\_\_ RB&B \_\_\_\_\_  
T-111 \_\_\_\_\_ Cedar \_\_\_\_\_ Pine \_\_\_\_\_ Masonite \_\_\_\_\_  
Marbletite Marblecrete Brick \_\_\_\_\_ Other \_\_\_\_\_

## 5. ROOF TYPE:

Gable \_\_\_\_\_ Hip \_\_\_\_\_ Boston Hip x Pitch 5/12

## 6. ROOF COVERING:

1/2" CDX Plywood \_\_\_\_\_ 5/8" CDX Plywood xElk Prestique I  
or equal

Other \_\_\_\_\_

Asphalt Shingles 240# \_\_\_\_\_ 260# \_\_\_\_\_ 300# x 360# \_\_\_\_\_

Fiberglas Shingles 240# \_\_\_\_\_ 260# \_\_\_\_\_ 300# \_\_\_\_\_ 360# \_\_\_\_\_

Flat Cement Tile \_\_\_\_\_ Spanish Tile \_\_\_\_\_

Cedar Shakes \_\_\_\_\_

Description: 12x36

## 7. PORCH:

## 8. PLUMBING:

KITCHEN: Stainless Steel x Porcelain Steel \_\_\_\_\_Garbage Disposal x Icemaker Line xGUEST BATH: Tub x Shower \_\_\_\_\_ Lav's \_\_\_\_\_Tub Cast Iron x Porcelain Steel \_\_\_\_\_

Fiberglass \_\_\_\_\_

MASTER BATH: Tub \_\_\_\_\_ Shower x Lav's \_\_\_\_\_

Tub Cast Iron \_\_\_\_\_ Porcelain Steel \_\_\_\_\_

Fiberglass \_\_\_\_\_

Water Closet: Standard Elongated Low Profile \_\_\_\_\_Water Saver \_\_\_\_\_ Laundry Tub xHot Water Heater: 85 gal. prep. No. of Hose Bibs See Plans

Other \_\_\_\_\_

## 9. ELECTRICAL:

Size 200 amps Overhead Ser. \_\_\_\_\_ Underground Ser. \_\_\_\_\_

Kitchen Lighting: Cove \_\_\_\_\_ Drop Ceiling \_\_\_\_\_ Reg. \_\_\_\_\_

Post Lite x Floodlites 2 rec Gar. Door Opener xCeiling Fans 5 recent. Panel Location \_\_\_\_\_

## 10. UTILITIES:

City Water x City Sewer \_\_\_\_\_ Well \_\_\_\_\_ Pump Size \_\_\_\_\_Septic Tank x

## 11. INSULATION:

Gar. ceiling r-19

Living Area Ceiling r-19 Exterior Walls r 6

Gar. Walls \_\_\_\_\_ Bath Walls \_\_\_\_\_ Other \_\_\_\_\_

## 12. MILLWORK:

INTERIOR DOORS Birch Finish varnishTrim & Base; FJ x Clear \_\_\_\_\_ Clamshell \_\_\_\_\_

Colonial \_\_\_\_\_ Other \_\_\_\_\_

EXTERIOR DOORS Steel Finish paintGarage Door steel Garage Overhead Door RoughteCLOSET DOORS: Metal \_\_\_\_\_ Wood x Other \_\_\_\_\_

3. HARDWARE: per model or  
4. EXTERIOR TRIM: equal

5. WINDOWS:

6. KITCHEN CABINETS:  
moda capre or equal

7. APPLIANCES:

8. PAINTING:

9. WALLPAPER:

0. A/C & HEATING:

11. TILE  
ceramic tile on bath  
floors \$1.85 tile  
allowance

12. FLOOR COVERING:

See floor covering  
allowance

13. SPECIAL FEATURES:

14. WATER SOFTENER:

15. TUB & SHOWER ENCLOSURES:

16. GUTTERS & DOWNSPOUTS:

17. MIRRORS:

18. FILL REQUIRED:

19. PLACEMENT ON LOT:

20. SOD ALLOWANCE:

21. DRIVEWAY SIZE:

22. MISCELLANEOUS:

Exterior Front \_\_\_\_\_ Rear \_\_\_\_\_ Interior \_\_\_\_\_ Other \_\_\_\_\_  
Facia Type cedar Soffit Type 3/8 Eave Overhang \_\_\_\_\_  
Return \_\_\_\_\_ Gable Overhang \_\_\_\_\_ Gable Covering \_\_\_\_\_  
Shutters \_\_\_\_\_ Other \_\_\_\_\_  
Single hung \_\_\_\_\_ Side Slide \_\_\_\_\_ Awning x  
Other \_\_\_\_\_  
Frame Color white brown Insulated \_\_\_\_\_ Solar Bronze \_\_\_\_\_  
Solar Cool \_\_\_\_\_ Clear Glass x  
Recessed \_\_\_\_\_ Not Recessed \_\_\_\_\_ Other \_\_\_\_\_  
Stock Cabinets \_\_\_\_\_ Formica Cabinets \_\_\_\_\_  
Bath Vanities: Wood \_\_\_\_\_ Formica \_\_\_\_\_  
Vanity Tops: Formica \_\_\_\_\_ Marble x Other \_\_\_\_\_  
Range \_\_\_\_\_ Range Hood x Dishwasher \_\_\_\_\_ Compactor \_\_\_\_\_  
Disposal x Refrigerator \_\_\_\_\_ Washer \_\_\_\_\_ Dryer \_\_\_\_\_  
Other 1,900 ALLOWANCE  
Interior Walls \_\_\_\_\_ Trim one coat Other \_\_\_\_\_  
Exterior Walls 2 coat Trim 2 coats Other \_\_\_\_\_  
Kitchen \_\_\_\_\_ Baths \_\_\_\_\_ Other \_\_\_\_\_  
Air Handler Location gar Condenser Size 3 1/2  
Location \_\_\_\_\_ Hot Water Generator \_\_\_\_\_  
Air to Air x Water to Air \_\_\_\_\_  
Water Supply System \_\_\_\_\_  
Power Roof Vent \_\_\_\_\_ Ceiling \_\_\_\_\_ Other \_\_\_\_\_  
Master Bath: Tub & Shower Areas \_\_\_\_\_ Thick Set \_\_\_\_\_  
Thin Set x Wainscot \_\_\_\_\_ Ceiling \_\_\_\_\_  
Guest Bath: Tub & Shower Areas x Thick Set \_\_\_\_\_  
Thin Set x Wainscot \_\_\_\_\_ Ceiling \_\_\_\_\_  
Foyer from floor allowance Other \_\_\_\_\_  
M. Bedrm. \_\_\_\_\_ No. 2 Bedrm. \_\_\_\_\_ No. 3 Bedrm. \_\_\_\_\_  
Living \_\_\_\_\_ Family Rm. \_\_\_\_\_ Dining \_\_\_\_\_  
M. Bath ceramic tile G. Bath ceramic tile Laundry \_\_\_\_\_  
Other \_\_\_\_\_  
Intercom \_\_\_\_\_ Central Vacuum \_\_\_\_\_ Fireplace x  
Wet Bar \_\_\_\_\_ Sprinkler System x Other \_\_\_\_\_  
" Size \_\_\_\_\_  
M. Bath x G. Bath shower rod  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Locations \_\_\_\_\_  
Describe: Over vanities  
Owner Supplied @\$ 3.50 including grading.  
Garage Left \_\_\_\_\_ Garage Right \_\_\_\_\_ Front Set Back \_\_\_\_\_  
Side Set Back \_\_\_\_\_ Rear Set Back \_\_\_\_\_  
sod by owner  
6,500 sq. ft. bahai, balance of preparation and  
2,700 concrete at \$1.50 sq. ft. Patio  
Nutone heat and light in master bath  
pre-wired for T.V. and Phone  
wire for future security system  
add water and drain for future shower in garage  
2 attic turbines  
wire for 2 spot lights  
elect. garage door opener  
stub out for hot tub  
stub out for pool light  
2x4 skylight  
2x2 skylight

BUILDER: \_\_\_\_\_

BUYER: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

MARTIN COUNTY PUBLIC HEALTH UNIT  
131 East 7th Street  
Stuart, Florida 33497  
287-2277

SITE EVALUATION

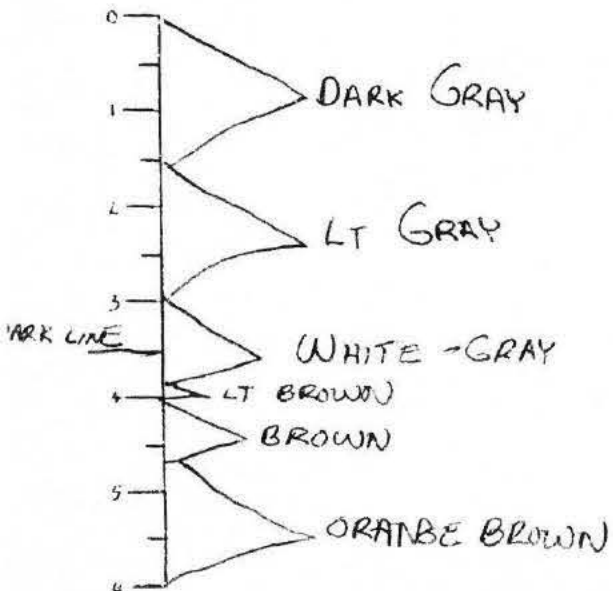
APPLICANT:

RON JACOBS

LEGAL DESCRIPTION:

LOT 4 BLOCK 3 INDALUCIE

SOIL PROFILE



USDA SOIL TYPE POMELLO TRANS TO PAOLA

USDA SOIL NUMBER #9

Impervious soils are present at  
N/A feet below natural grade.

PRESENT WATER DEPTH BELOW NATURAL GRADE 6.0 FEET.

WET SEASON RANGE PER SOIL SURVEY 24"-40" FEET.

ESTIMATED WET SEASON WATER DEPTH BELOW NATURAL GRADE 4.0 FEET

INDICATOR VEGETATION PRESENT LIVE OAK, CABBAGE PALM, SLASH PINE

IS BENCHMARK LOCATED ON PLOT PLAN AND PRESENT ON SITE? YES

APPROXIMATE AMOUNT OF FILL ON NEIGHBORING LOTS = TO LOT 4

OTHER FINDINGS:

EVALUATION BY:

Raymond R. Cox, R.S.

DATE:

12-9-85

CONSTRUCTION APPROVED BY:

DATE:



# TOWN of SEWALL'S POINT

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 33494

## COMMISSIONERS

JOHN C. GUENTHER, Mayor  
GILBERT C. STRUBELL, Vice Mayor  
MIMI TOWL, Commissioner  
CLIFFORD B. DRAKE, Commissioner  
ROBERT R. AUNE, Commissioner

## BUILDING DEPARTMENT

TELEPHONE (305) 287-2455

JOAN H. BARROW  
Town Clerk  
F.J. MATUSZEWSKI  
Chief of Police

1. The Town has adopted the South Florida Building Code as a part of its building ordinances.
2. Building permits are issued for one year's duration. Construction must be started within 90 days or permit will be subject to revocation, with forfeiture of fee.
3. ALL changes in plans must be approved by the Building Department.
4. Work hours are 8: AM to 5: PM Monday thru Saturday. NO SUNDAY WORK.
5. Portable toilets must be on all construction sites.
6. Roof sheeting plywood must be 5/8" not 1/2" as in County.
7. Inspections are made Monday thru Friday, 8: AM to Noon. 24 hours notice is required prior to all inspections.
8. Rough grading and property clean-up must be completed before Certificate of Occupancy is issued.
9. Trash, debris and scrap building materials must be policed daily. All debris must be contained in a dumpster.
10. Building permit fee = \$5, per thousand of cost of building, plus \$10. for plumbing, \$10. for electric, \$10. for air conditioner and \$10. for roofing. For example, a \$50,000. building x \$5. = \$250. plus \$40. (pl. el., a.c. and roof) = \$290. total cost of permit.
11. The building department will request proof of contract costs.
12. Business or advertising signs on the job site will be permitted only with prior approval of the Town Commission.
13. If more than three trees are to be removed, replaced or relocated, a permit is required.
14. Submit separate square foot areas for inside walls, garages, carport, porches, etc..
15. Inside walls are calculated at \$~~60~~. per square foot minimum for building permit fee cost. All other areas are calculated at \$~~25~~. per square foot minimum.
16. Contractors must submit a manufacturer's window schedule with symbols and sizes.
17. Inspection for setbacks will be made by the building inspector if the builder supplies lines from the property stakes OR a survey showing the location of the building on the lot (by a licensed surveyor) will be required.

**CONTRACTORS:**

THIS NOTICE MUST BE GIVEN TO PROPERTY OWNERS BEFORE CONSTRUCTION BEGINS.

**WARNING TO PROPERTY OWNERS**

Please read this notice carefully. It may save you from paying twice for commercial or residential repairs, improvements, or new construction if they cost more than \$2,500.

Since you or your contractor have applied for a building permit for work to be done on property owned by you, you should be aware of the following:

"...the right, title and interest of a person who has contracted for (an) improvement (to real property) **MAY BE SUBJECT TO ATTACHMENT UNDER THE MECHANICS' LIEN LAW.**"

The Florida Department of Agriculture and Consumer Services is **required by Florida law to provide this information to any person who applies for a building permit (see Section 713.135, Florida Statutes).**

The "Mechanics' Lien Law" (Chapter 713, Part I, Florida Statutes) provides a method by which a contractor, subcontractor, sub-subcontractor, laborer, building material supplier, architect, landscape architect, engineer or land surveyor may claim a lien on real property on which he has done work or to which he has furnished materials.

A "lien" is a charge or encumbrance on real property which must be satisfied by the property owner. "Attachment" means that, if a court finds a claim of lien valid, the owner's property may be seized and sold to satisfy the lien if it is not voluntarily paid.

Thus, failure of the property to comply with the "Mechanics' Lien Law" can result in the property owner paying twice for building or improvements; once to a contractor and again to a laborer, supplier or subcontractor whom the contractor failed to pay.

Certain protective steps by the property owner are necessary. A "Notice of Commencement" must be filed. **Before** you file the "Notice of Commencement" be sure to check with your construction money-lender, as premature filing may affect your loan. For added protection, you may require a performance bond from your contractor. A bond provides the best protection against the possibility of having to pay twice.

The "Mechanics' Lien Law" is complicated and technical. You will find a copy of the law at the office of the Clerk of the Circuit Court in your county or at most public libraries. It will explain the "Notice of Commencement" and other requirements.

If you are planning to spend over \$2,500 on building or improvement, you may wish to consult legal counsel. If so, do it before you commence any building activity.

FURNISHING THIS INFORMATION IN NO WAY IMPLIES THAT YOUR CONTRACTOR IS UNRELIABLE.

This public document was promulgated at an annual cost of \$2,178, or 1.8¢ per copy to inform Floridians about provisions of Section 713.135(b), Florida Statutes, as required by law.



Permit Number

1875

Date

12-11-85

## APPLICATION FOR PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

This application must be accompanied by three (3) sets of plans, to scale, ( $\frac{1}{4}$ " scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing, electrical and airconditioning layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house or commercial building construction.

Owner B. J. AND MARILYN ESCUE Present Address 121 S.W. SOUTH RIVER DR

Phone 286 5376

Office - Miss Palmer 881-1193

STUART, FLA.

General Contractor Row Jacobs IncAddress 2945 S.E. Glasgow DrPhone 334 6396

STUART, FLA.

Where Licensed FLORIDALicense Number CBC015275Plumbing contractor B & B PLUMB License Number RF0047009Electrical contractor Ballerine Electric License Number ER0006443Airconditioning contractor MANI-AIR License Number CACO15437Roofing contractor Row Jacobs License Number CBC015275Describe the building, or alteration to existing building Single Family

Name the street on which the building, its front building line and its front yard will

face:

2 BANYAN ROADSubdivision INDIAN LUCIELot Number 4Block Number 3Building area, inside walls 1752 square feetGarage, carport, porches, etc. 1667 square feetContract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 77550Cost of permit \$ 417.00 ~~\$430.00~~ Plans approved as submitted \_\_\_\_\_ or, as marked \_\_\_\_\_

I understand that this permit is good for twelve months from the date of its issue and that the building for which this permit is issued must be completed within that time and in accordance with the approved plans. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. I agree that the building site will be clean and rough-graded before a Certificate of Occupancy is sought, and, moreover, that I shall be responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply with the above requirements may result in a Building Inspector or a Town Commission "red-tagging" the building project. All debris must be contained in a dumpster.

Contractor's signature

Row Jacobs Inc.

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

Owner's signature

B. J. Escue

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

## TOWN RECORD

Approved by Building Inspector (date) 12/17/85 inspector's initials JSApproved by Town Commissioner (date) 12/17/85 inspector's initials JS

Certificate of occupancy issued (date) \_\_\_\_\_

APPROVAL OF THESE PLANS IN NO WAY RELIEVES THE CONTRACTOR OR BUILDER OF COMPLYING WITH THE TOWN OF SEWALL'S POINT ORDINANCES, THE SOUTH FLORIDA BUILDING CODE AND THE FLORIDA MODEL ENERGY EFFICIENCY BUILDING CODE.

See Attachment



## TOWN OF SEWALL'S POINT, FLORIDA

Permit Number 1875Date 12-30-85

APPLICATION FOR A PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEARING 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 \_\_\_\_\_ Present Address \_\_\_\_\_

Phone \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Where licensed \_\_\_\_\_ License number \_\_\_\_\_

Electrical contractor Gerard Ciufo License number ME0000186

Plumbing contractor \_\_\_\_\_ License number \_\_\_\_\_

Roofing contractor \_\_\_\_\_ License number \_\_\_\_\_

Air conditioning contractor \_\_\_\_\_ License number \_\_\_\_\_

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: \_\_\_\_\_

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

2 Banyan St Sewall's PtSubdivision Indialucie Lot number 4 Block number 3

Contract price\$ \_\_\_\_\_ 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, the State of Florida Model Energy Efficiency Building Code 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 Gerard Ciufo

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

Owner \_\_\_\_\_

## TOWN RECORD

Date submitted \_\_\_\_\_ Approved \_\_\_\_\_

Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Final Approval given \_\_\_\_\_

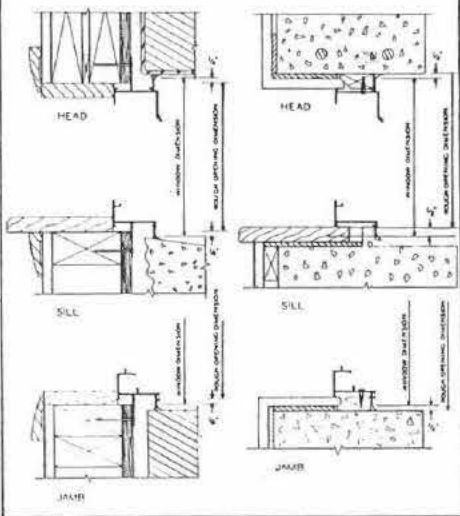
Commissioner \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Certificate of Occupancy issued(if applicable) \_\_\_\_\_  
Date \_\_\_\_\_



# Series 432/433 Awning Windows

## Installation Details



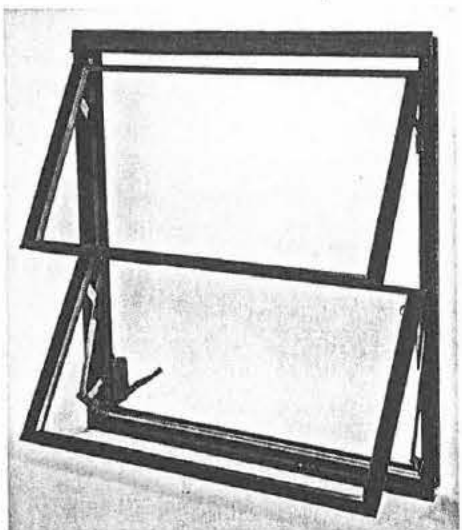
## Installation Advantages

The basic structure of Alcan SUNVIEW awning windows is so strong and rigid that they will forgive slightly out-of-square openings.

SUNVIEW Series 432 awning windows have a 1/2" flange for recessed installation using woodbucks. Pre-drilled installation holes guide the installation screws so they automatically bite into the beveled part of the buck.

SUNVIEW Series 433 awning windows have an integral nailing fin to facilitate exterior installation in frame or brick construction.

All panes are removable from the inside to allow for storage during construction and provide for easy damaged glass replacement.



AWNING WINDOW

## SPECIFICATIONS:

**General:** Aluminum locking awning windows shall be manufactured by Alcan Building Products, and furnished complete with all necessary hardware, glazing and weather stripping.

**Material:** Aluminum shall be 6063-T5 extruded alloy of .062 primary wall thickness. All screws, rivets and fasteners shall be of aluminum or a nonrusting material. All locking devices and bearings shall be nylon or Delrin. **Construction:** Frame and sash members shall be assembled with screws into screw runners, extruded in vertical members, making a rigid construction. Jamb will be equipped with separate locking devices for top and bottom of vent. All movable parts shall be separated by nylon bearings. Weather stripping shall be contained in both frame and sash members, making a complete exterior perimeter seal. Ventilators shall be easily removed for reglazing by loosening screws. Vents may also be reglazed without removal.

**Operation:** The smooth operation will be delivered by a powerful worm-gear operator. Ventilators shall open to the proper angle, giving maximum ventilation. The last closing movement of the vent shall be an upward movement, locking the bottom and top vents behind stationary nylon locks, providing positive locking. Screens shall be recessed and contained at top and bottom by legs extruded in head and sill members, making screen removable by raising and pulling bottom out—not requiring any tools.

**Hardware:** Specially designed concealed operating and locking mechanisms shall be manufactured by Alcan Building Products. All assemblies shall be easily removed before and after erection. The window frame shall be punched to receive a right or left hand operator, with a cover plate for slot not used.

**Weather stripping:** Weather stripping shall be of hollow elastomeric vinyl.

**Screens:** Screens shall be manufactured by Alcan Building Products from aluminum with mitered corners, joined by a corner bracket. Screen cloth shall be 18/16 fiberglass mesh, held in place with a vinyl spline.

**Glazing:** Ventilators shall be preglazed, nested in a butyl base backbedding, and held in place by an aluminum molding.

**Storm Sash:** When specified, storm sash will be manufactured by Alcan Building Products.

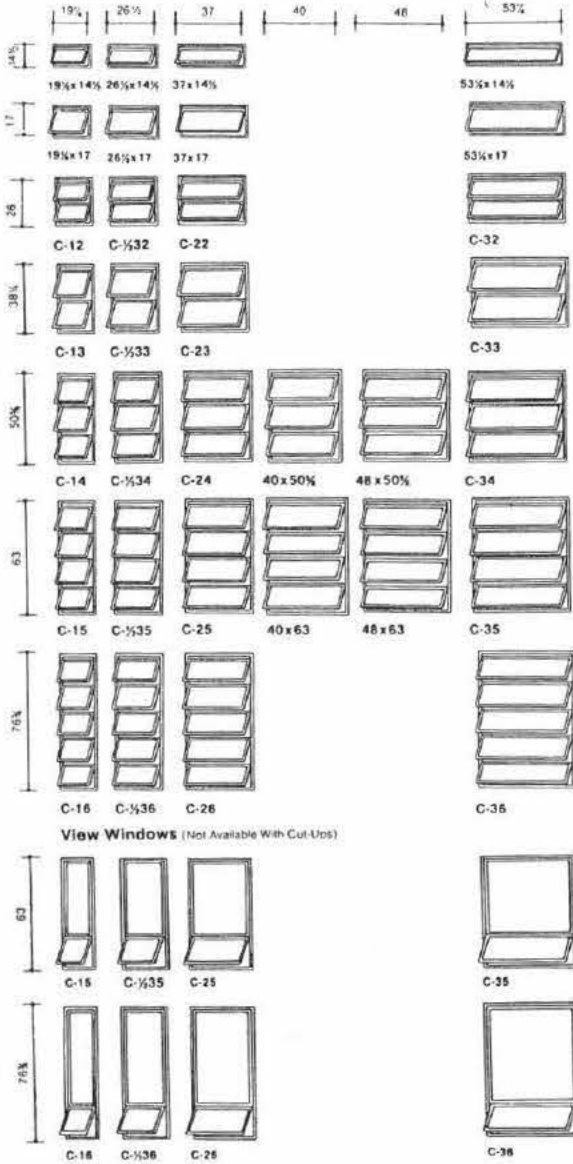
**Installation:** Shall be by others, unless specifically designated by Alcan in a contract. Installation should be in accordance with Alcan's recommended details and/or approval of the supervising architect.

This product meets or exceeds all specifications up through A-A2-HP (S4) for maximum size 4'4" x 8'0" and A-A2-HP (76) for maximum size of 3'1" x 6'5", set by American National Standard Institute, Standard ANSI/AAMA No. 302.

Alcan Building Products reserves the right to change material, design and/or construction without notice or liability. Features of this product are covered by U.S. Patent Number 3,444,548.

## SIZES

All Measurements Shown in Inches





# CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS

ISSUE DATE (MM/DD/YY)

12/11/85

## PRODUCER

Frank Warren Insurance  
P.O. Box 95-1016  
Stuart, FL 33495

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**COMPANY  
LETTER **B**COMPANY  
LETTER **C**COMPANY  
LETTER **D**COMPANY  
LETTER **E**

## INSURED

Ron Jacobs, Inc.  
2945 SE Glasgow Dr.  
Stuart, FL 33494

## COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
	<b>GENERAL LIABILITY</b>	98 61 8872 4 F	7/2/85	7/2/86	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input type="checkbox"/> PREMISES/OPERATIONS				BI & PD COMBINED	\$1,000,000	\$1,000,000
	<input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY	\$	\$
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS						
	<input type="checkbox"/> CONTRACTUAL						
	<input type="checkbox"/> INDEPENDENT CONTRACTORS						
	<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY (PER PERSON)	\$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<b>EXCESS LIABILITY</b>				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	2 15 WC 80099006	4/12/85	4/12/86	STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	<b>OTHER</b>						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE 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



# CERTIFICATE OF SURVEY

ORDER NO.

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

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

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

CERTIFIED TO:

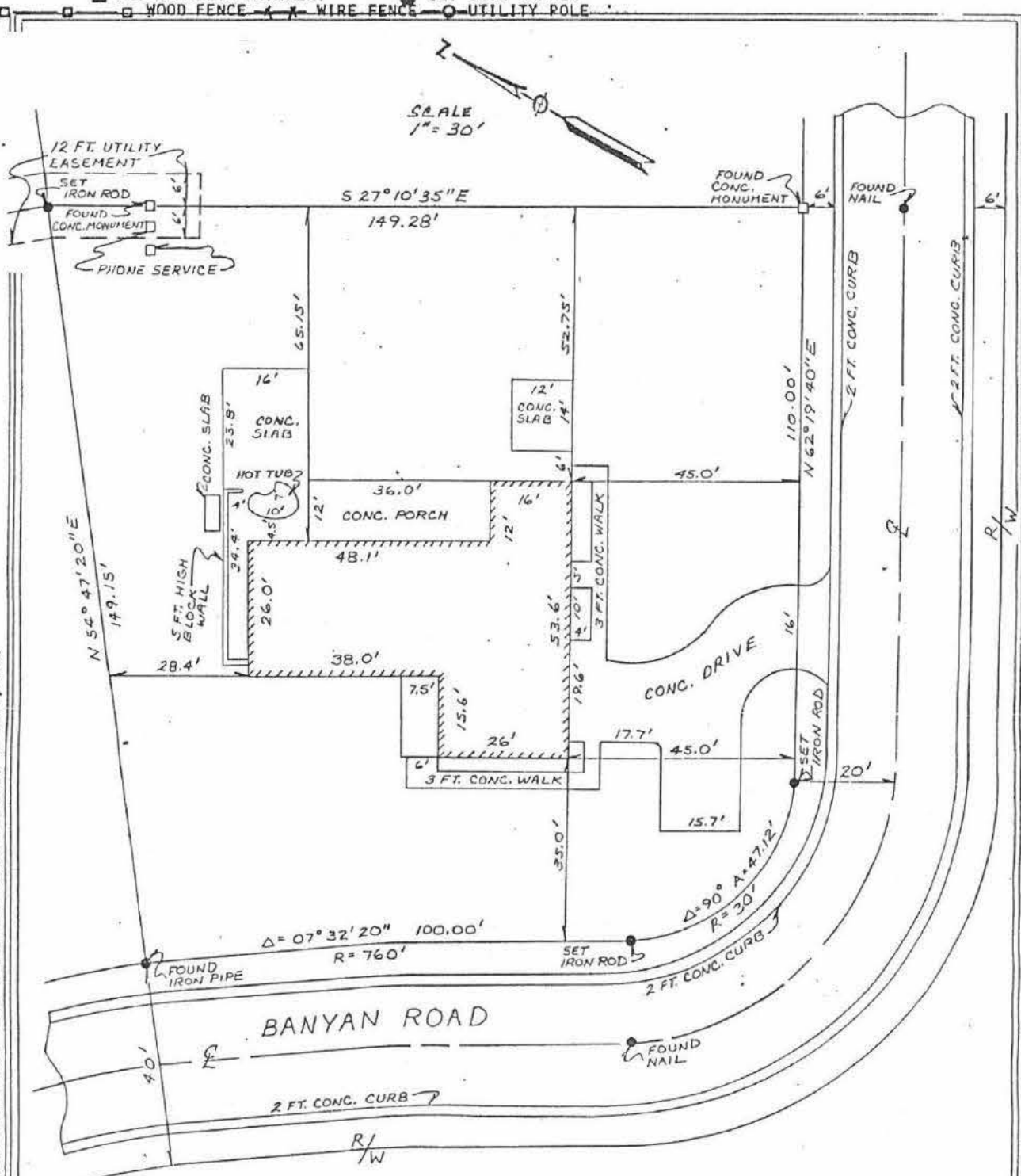
RON JACOBS

*William L. Creech, Jr.*

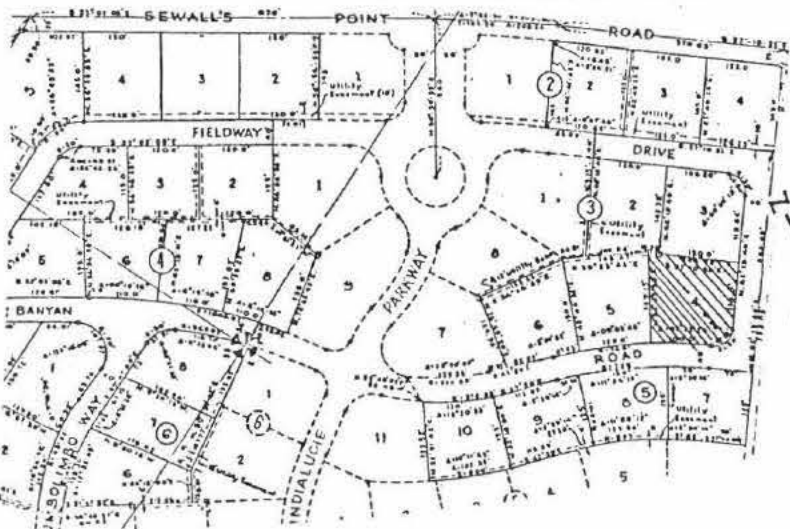
WILLIAM L. CREECH, JR.  
FLORIDA PROFESSIONAL LAND SURVEYOR  
CERTIFICATE NUMBER 2370

DATE: 6/10/86

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



SURVEY OF AND SHOWING LOT 4 BLOCK 3 OF THE SUBDIVISION OF INDIALUCIE AS RECORDED IN PLAT BOOK 4 PAGE 85 RECORDS OF MARTIN COUNTY, FLORIDA



PLAT OF TRACTS "A" & "B" IN PLAT OF INDIALUCIE SEWALL'S POINT MARTIN COUNTY, FLORIDA

LOCATION SKETCH NOT TO SCALE

WILLIAM L. CREECH Jr.  
PROFESSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, STUART, FLA.

WEST PALM BEACH 433-8844  
MARTIN COUNTY 283-5967

2344

MORTGAGE SURVEY DRAWING NO.





2171

SHED +SCREEN

ENCLOSURE

Permit No. # 2171Date 2-13-82

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 B. J. ESCUE Present Address 2 BANYAN RDPhone 286-5376Contractor NONE Address —Phone —Where licensed — License number —Electrical contractor N/A License number —Plumbing contractor N/A License number —Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 1) METAL UTILITY SHED 2) SCREENEDENCLOSURE

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

2 BANYAN RD.Subdivision INDIAN LUCIE Lot number 4 Block number 3Contract price \$ 1,225.00 Cost of permit \$ 5.00Plans 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 maury Escue

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 B. J. Escue

TOWN RECORD

Date submitted — Approved: — Building Inspector — Date —Approved: — Commissioner — Date — Final Approval given: — Date —Certificate of Occupancy issued (if applicable) — Date —

SP1282

Permit No. # 2171

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.



3635

REPLACING ROOF  
OVER PATIO

TAX FOLIO NO.

DATE

3635

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 B. J. ESCUE Present address 2 BANYAN ROAD

Phone 407-286-5376 STUART, FL. 34996

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Where licensed \_\_\_\_\_ License number \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ License number \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ License number \_\_\_\_\_

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: REPLACING A 16'X18" FIBERGLASS RDOF OVER SECTION OF PATIO WITH 5-V CRIMP GALV-ALUM

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

2 BANYAN ROAD. STUART FLA.

Subdivision INDIALUCIE Lot Number 4 Block Number 3

Contract price \$ \$480<sup>00</sup> 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-Tagging" the construction project.

Contractor \_\_\_\_\_

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

Owner B. J. Escue

TOWN RECORD

Date submitted \_\_\_\_\_

Approved: Dale Brown 8/2/94  
Building Inspector Date

Approved: [Signature]  
Commissioner Date

Final approval given: \_\_\_\_\_  
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) \_\_\_\_\_  
Date

PERMIT NO. \_\_\_\_\_



**5046**

**REROOF**

MASTER PERMIT NO. N/A

**TOWN OF SEWALL'S POINT**

Date 8/14/00 BUILDING PERMIT NO. 5046  
Building to be erected for BILL ESCUE Type of Permit RE ROOF (PLAT)  
Applied for by COOPER ROOFING (Contractor) Building Fee \_\_\_\_\_  
Subdivision INDIALUCIE Lot 4 Block 3 Radon Fee \_\_\_\_\_  
Address 2 BANYAN ROAD Impact Fee \_\_\_\_\_  
Type of structure S.F.R. A/C Fee \_\_\_\_\_  
Electrical Fee \_\_\_\_\_

Parcel Control Number: 35-37-41-00200-30004 0600 Plumbing Fee \_\_\_\_\_  
Roofing Fee \$120.00

Amount Paid \$120.00 Check # 1191 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 3,990.00 TOTAL Fees \$120.00

Signed Renee Hoxie Signed [Signature]  
Applicant Town Building Inspector AFICLOE

**RE-ROOFING PERMIT** PTL - PLAT DECK ONLY

SHEATHING 8/20/00 - CONTR. EXAM. IN COMPLIANCE W/ ONE CRITERIA  
INSPECTIONS  
DRY IN PROGRESS DATE 8/29/00 SA PROGRESS FINAL DATE 8/30/00 SA  
(B.O.P. SCOTCH AT 4" RUN MTG RAIN TROUGH; DRY-IN OF DECK PER REQUIREMENTS ESTABLISHED ON SITE 8/25/00 SA)

**24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455**  
**WORK HOURS - 8:00 AM UNTIL 5:00 PM**  
**MONDAY THROUGH SATURDAY**

☐ New Construction ☐ Remodel ☐ Addition ☐ Demolition

**This permit must be visible from the street, accessible to the inspector.**  
**FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT, NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.**  
**DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**



**PERMIT APPLICATION****RECEIVED**

Owner's Name: ESCUE, Bill 286-5376 Phone No.  
Owner's Present Address: 2 BANYAN RD. SEWELL'S POINT, FL.  
Fee Simple Titleholder's Name & Address if other than owner \_\_\_\_\_

AUG - 4 2000

604 COOPER  
ANNYLocation of Job Site: 2 BANYAN ROADTYPE OF WORK TO BE DONE: Flat**CONTRACTOR INFORMATION**Contractor/Company Name: COOPER ROOFING Phone No. 871-9405COMPLETE MAILING ADDRESS: 8446 S. FEDERAL HIGHWAY - PSL, FL. 34982State Registration \_\_\_\_\_ State License CCC057673Legal Description of Property INDIA LUCIE - lot #4 Block #3Parcel Number 3537-4100-2003-0004-0600**ARCHITECT/ENGINEER INFORMATION**

Architect \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Engineer \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Area Square Footage: Living Area \_\_\_\_\_ Garage Area \_\_\_\_\_ Carport \_\_\_\_\_

Accessory Bldg. \_\_\_\_\_ Covered Patio \_\_\_\_\_ Scr. Porch \_\_\_\_\_ Wood Deck \_\_\_\_\_

Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_

NEW electrical SERVICE SIZE \_\_\_\_\_ AMPS

**FLOOD HAZARD INFORMATION**

flood zone \_\_\_\_\_ minimum Base Flood Elevation (BFE) \_\_\_\_\_ NGVD

proposed finish floor elevation \_\_\_\_\_ NGVD (minimum 1 foot above BFE)

Cost of construction or Improvement \$3,990.00 PER SUBMITTAL DOCUMENTS

Fair Market Value (FMV) prior to improvement \_\_\_\_\_

Substantial Improvement 50% of FMV yes \_\_\_\_\_ No \_\_\_\_\_

Method of determining FMV \_\_\_\_\_

**SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)**

Electrical \_\_\_\_\_ State License \_\_\_\_\_

Mechanical \_\_\_\_\_ State License# \_\_\_\_\_

Idg. Int. App.  
dated 1/15/99

12:30 MON 8-28-00

B. J. ESCUE



8/29/00 Called Cooper  
7:30 AM BOB COOPER  
871-9405

MY ROOF IS OPEN

NO INSPECTOR CAME

RAIN STORM ON THE WAY

NO ONE IN TOWN HALL

PLEASE CALL ASAP.  
286-5376

FOR: Joan DATE: TIME: A.M. P.M.  
M. from Cooper Karping  
PHONE: 871-9405 (City are mad!)  
MESSAGE: Roof for Mr. Escue - inspector did not show - Roof is wide open need to get it taken care of  
SIGNED: Today - [Signature]

☐ TELEPHONED  
☐ RETURNED YOUR CALL  
☐ PLEASE CALL  
☐ WILL CALL AGAIN  
☐ CAME TO SEE YOU  
☐ WANTS TO SEE YOU

+ LICENSED  
D ORIGINAL

[Signature]





MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

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

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

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

PRODUCT CONTROL DIVISION  
(305) 375-2902 FAX (305) 372-6339

## PRODUCT CONTROL NOTICE OF ACCEPTANCE

Johns Manville  
717 17th Street  
Denver

CO 80202

Your application for Product Approval of:

SBS Modified Bitumen Roofing System (Recover)

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

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing.

If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

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

Acceptance No.: 99-0427.08 (Revises No.: 98-0508.06)

Expires: 08/27/2001

Raul Rodriguez  
Chief Product Control Division

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL  
CONDITIONS

### BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

8/10/00 TOWN OF BEAKLE'S POINT  
REVIEWED: [signature]  
BCCO OFFICIAL

Francisco J. Quintana, R.A.

Director

Miami-Dade County

Building Code Compliance Office

Approved: 07/09/1999

FILE

1 of 25

TOWN COPY  
2 BANYAN RD



**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**

CERTIFICATE NO. / DATE

WC2-40585-76385  
8/10/00 9:04:26 AM

**PRODUCER**  
Hanafin Bates & Associates  
8144 Walnut Hill Lane #1081  
Dallas, TX 75231  
214-346-1507 fax: 214-346-1531

**FILE COPY**

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

**INSURERS AFFORDING COVERAGE**

INSURER A: Reliance Insurance Company of Illinois

INSURER B: Reliance National Indemnity Company

INSURER C:

INSURER D:

INSURER E:

AUG 10 2000

BY: *[Signature]*

**INSURED**  
COOPER ROOFING & CONSTRUCTION CO,  
8446 SOUTH US HWY 1  
PORT ST. LUCIE, FL 34952  
561-871-9405 fax: 561-871-6757

**FILE**  
*list***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 OF 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	NGB0128235-04	6/1/00	6/1/01	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
	GEN L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
	<b>AUTOMOBILE LIABILITY</b>				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				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	NWA0117762-06	5/1/00	12/31/00	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
					E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	<b>OTHER</b>				
					LIMIT \$
					LIMIT \$

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

1. Certificate holder is an additional insured as respects to General Liability 2. Certificate holder is provided with a Waiver of Subrogation for Workers Compensation 3. Project Information 4. Certificate holder is provided with a waiver of subrogation for General Liability 5. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc.

**CERTIFICATE HOLDER**

ADDITIONAL INSURED; INSURER LETTER:

**CANCELLATION**

TOWN HALL  
1 SOUTH SEWELL'S POINT RD.  
SEWELL'S POINT, FL 34996

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *[Signature]*





STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(904) 727-65

COOPER, ROBERT GRANT  
COOPER ROOFING & CONSTRUCTION CO  
8446 S FEDERAL HWY  
PORT SAINT LUCIE FL 34952

STATE OF FLORIDA	AC# 5
DEPARTMENT OF BUSINESS PROFESSIONAL REGULATION	
CC -C057673 07/06/2000 00	
CERTIFIED ROOFING CONTRACT COOPER, ROBERT GRANT COOPER ROOFING & CONSTRUCT	
IS CERTIFIED under the provisions of Ch.	
Expiration Date: AUG 31, 2002	

DETACH HERE

AC# 5901515

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

DATE	BATCH NUMBER	LICENSE NBR
07/06/2000	00900024	CC -C057673

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

COOPER, ROBERT GRANT  
COOPER ROOFING & CONSTRUCTION CO  
8446 S FEDERAL HWY  
PORT SAINT LUCIE FL 34952

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERS  
SECRETARY

STATE OF FLORIDA  
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE  
FOREGOING \_\_\_\_\_ PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL  
MADE BY \_\_\_\_\_ CLERK  
BY \_\_\_\_\_  
DATE \_\_\_\_\_



MAR. 10. 2000 9:41AM P 1  
PHONE NO. : 4621148

FROM : S

### NOTICE OF COMMENCEMENT

Permit No. \_\_\_\_\_  
State Of FLORIDA

Tax ID No. 3537-4100-2003-0004  
County Of SEWELL POINT 0600

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Legal Description of property and street address, if available 2 BANYAN RD. - INDIA LUCY - (Sub)  
SEWELL POINT, FLA. 34996

INDIA LUCIE - LOT 4 BLOCK # 3

General description of improvements \_\_\_\_\_

Owner BILL ESCUE

Address 2 BANYAN RD. - INDIA LUCY - SEWELL POINT, FLORIDA

Owner's interest in site of improvement \_\_\_\_\_

Fee Simple Title holder (if other than owner) Simple

Address \_\_\_\_\_

Contractor Cooper Roofing

Phone# 871-9405

Address 8446 S. FEDERAL HIGHWAY

PSL, FL. 34952 Fax# 871-6757

Surety \_\_\_\_\_

Phone# \_\_\_\_\_

Address \_\_\_\_\_

Fax# \_\_\_\_\_

Amount of Bond \$ /

Lender \_\_\_\_\_

Phone# \_\_\_\_\_

Address \_\_\_\_\_

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 Cooper Roofing

Phone# 871-9405

Address 8446 S. FEDERAL HIGHWAY - PSL, FL. 34952

Fax# 871-6757

In addition to himself, owner designates Robert G. Cooper of Cooper Roofing  
(Phone# 871-9405 Fax# 871-6757) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of notice of commencement is one year from the date of recording unless a different date is specified. \_\_\_\_\_

[Signature]  
OWNERS SIGNATURE

STATE OF FLORIDA, COUNTY OF Martin

Sworn to and subscribed before me this 22 day of July, 2000, by B.J. Escue, who is personally known to me or who has produced \_\_\_\_\_ as identification.



Joan H. Barrow  
MY COMMISSION # CC763645 EXPIRES  
November 30, 2002  
BONDED THRU TROY FAIR INSURANCE, INC.

(seal)

[Signature]  
SIGNATURE OF NOTARY

Joan H. Barrow

TYPE OR PRINT NAME OF NOTARY

NOTARY PUBLIC TITLE



## FAX COVER SHEET

COOPER ROOFING & CONSTRUCTION CO.  
8446 SOUTH FEDERAL HWY  
LAKES PLAZA  
PORT ST. LUCIE, FL 34952

Office: 871-9405  
Fax: 871-6757



<b>SEND TO</b>		<b>FROM</b>	
Company name Town of SEWELL'S PT.		Renee / Cooper Roofing	
Attention ?		Date 8/8/00	
Office location SEWELL'S Point		Office location PSL	
Fax number 220-4765		Phone number 871-9405	

☐ Urgent ☐ Reply ASAP ☒ Please comment ☒ Please review ☐ For your information

Total pages, including cover: \_\_\_\_\_

## COMMENTS

8/8/00

I would like to know if (Bill (William ESCUE)  
Permit is ready & how much?

11:15 AM -

8/11 10:45  
called collector  
Permit can be  
picked up today  
1:00 - 3:00

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

530-3933

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri 8-30, 2000; Page 1 of 2

22 S. SEWALL'S POINT RD.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5007	Page	frame-all	PL. REEF	NO PLUMBING SUB PERMIT
16	8 St Lucie Crt.	trades	INSECT	REINSPECT ALL TRADE
	WHITE LAKE PROPERTIES		SA	+ TROSS EAGLES
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5054	Ada's Flowers	final	PASSED	P.D. INSP. 8/29/00 PASSED
10	3756 E Ocean		SA	BOB SMITH 260-1855
	owner			(minor plumbing hd. rev.)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5046	Esque	final	PASSED	
9	2 Banyan	ROOF	SA	
	Cooper			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5029	Page	pool plumbing	PASSED	to SL garage
12	6 Lantana		SA	
	OLYMPIC			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4694	Allman 281-6017	dock	CANCEL	11:00-12:00/11:00 Note on
11	66 S S.P. Rd	roof	log man	door! - left man with dock
				TOWN FILE TO SITE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4895	Seely	① windows &	PASSED	
1	37 Lofino Way	② partial	PASSED	- ATTIC CEG & 2ND FL.
	Gribbert	insulation	SA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4919	Morris	final dock	PASSED	
15	24 Ridgeland	finals	SA	
	Kremsler			TOWN FILE TO SITE ✓

OTHER: 15 CONE ROOF COMPL. (NE CORNER LANTANA LANE & S. RIVER RD) JOHN LABOSKY 24 LANTANA LANE 281-43  
 - ROOF DRAINAGE IMPACTING PROPERTY (GUTTER & D.S. REMOVED) 106 S. RIVER ROAD + REQUEST

RESIDENT INQUIRY: DOUGLAS WULFLEFF 951 MARA 283-8515; WATER LINE UNDER ROAD.

INSPECTOR (Name/Signature):



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri 8-25, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5073	Hellriegel	storm FINAL	PASSED	LAST ITEM FOR C.O. -
N (9A)	11 Castle Hill Way	shutters	✓	ISSUED 8/25/00 &
	owner	(REINSPECT)		PN 4628
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5043	Hellriegel	fence - FINAL	PASSED	
N (9B)	11 Castle Hill Way		✓	
	Adron			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4936	PRICE	FINAL (RELOOK)	PASSED	
S (4)	6 P. VIA LUCINDA		✓	
	PRICE			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5048	Lydon	electrical FR.	PASSED	- NO STRUCT. PROBLEMS
S (5)	167 S.S.P. Rd.	(SUB PN 5049 - ELECT. CONN.)	✓	- 11 MARCH 1 PM 1:15
	Electrical Connection	MIKE PERTERILL 475-4794 MBL 288-5121	(PRAISING)	FEET. REPL. ONLY
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5046	ESCUE	DECK - SHEATH	NOT READY	NO PRIOR INSP. (PER. ISS. 8/10)
N (14)	2 BANYAN RD.		RESCHEDULED	1:15 WILL NOT START TIL
	Cooper		8/28 9:30	MONDAY
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4850	DAVIS	SLIDING DOOR	PASSED	FR. INSP 3/3/00
(3)	11 MIRAMAR	FINAL	NOT NOTED	SLUG NR @ SIDE OF PARK. RM.
	East Coast Alum.	(DOOR INSP. COMPLETED EXT. SCALED. DOOR DO NOT REPL. M/LC.)	✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5059	Whalen	IN PROGRESS	PASSED	AM Preferred
(1)	9 Knowles Rd.	dry + metal	✓	9:00 (8-9) will be there w/ ladder
	Cardinal	(ALL)		(VTL. RE. REPL.)

OTHER: \* Robinson trees 173 S. River DRIFTWOOD HOMES - ACQU 334-2577  
 (6) T/R PERMIT INSP ✓ OK per submittal 9:30-10:00 (Call) 529-2577  
 (BPN 5063)

INSPECTOR (Name/Signature):



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri 8-25, 2000;

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5073	Hellriegel	storm FINAL	PASSED	LAST ITEM FOR C.O. -
✓ 9A	11 Castle Hill Way	shutters	✓	ISSUED 8/25/00 &
	owner	(REINSPECT)		PN 4628
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5043	Hellriegel	fence - FINAL	PASSED	
✓ 9B	11 Castle Hill Way		✓	
	Adron			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4936	PRICE	FINAL (REWORK)	PASSED	
✓ 4	6 D. VIA LUCINDA		✓	
	PARKE			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5048	Lydon	electrical FR.	PASSED	- NO STRUCT. PROBLEMS
✓ 5	167 S.S.P. Rd.	(SUB PN 5049 - ELECT. CONN.)	✓	- 11 MARCH; WORKING
	Electrical Connection	MIKE PERTALILI 475-4794 MBL 288-5121	(FRAUDING)	EXT. REPL. ONLY
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5046	ESCUE	DECK - SHEATH	NOT READY	NO PRIOR INSP. (PER. ISS. 8/1)
✓ 14	2 BANYAN RD.	roof	RESCHEDULED	11/5 WILL NOT Satisfy
	Cooper		8/28 9:30	MONDAY
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4850	DAVIS	SLIDING DOOR	PASSED	FR. INSP 3/3/00
✓ 3	11 MIRAMAR	FINAL	NOT READY	SLUG VR @ SIDE OF PARK.
	East Coast Alum.	(DOOR INSP COMPLETED EXT. SEALED. D/W DOOR NOT REPL. M/C.)		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5059	Whalen	IN PROGRESS	PASSED	AM Preference
✓ 1	9 Knowles Rd.	dry + metal	✓	9:00 (8-9) will be there w/ fan
	Cardinal	(ALL)		(VTL. RE. REPL.)

OTHER: \* Robinson Lico 173 S. River DRIFTWOOD HOMES - ACTN 334-257  
 6 T/R PERMIT INSP ✓ OK per submittal 9:30-10:00 (Call) 529-257  
 (BPN 5063)

INSPECTOR (Name/Signature):



**6574**

**REROOF**

MASTER PERMIT NO. \_\_\_\_\_

## TOWN OF SEWALL'S POINT

Date 1/21/04

BUILDING PERMIT NO. 6574

Building to be erected for ESUE Type of Permit REDOOF

Applied for by COOPER ROOFING (Contractor) Building Fee \_\_\_\_\_

Subdivision INDIALUCIE Lot 4 Block 3 Radon Fee \_\_\_\_\_

Address 2 BANYAN DRIVE Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee \_\_\_\_\_

Electrical Fee \_\_\_\_\_

Plumbing Fee \_\_\_\_\_

Roofing Fee 120.00


Parcel Control Number:

3537410020030004060000

Amount Paid 120.00 Check # 6619 Cash \_\_\_\_\_ Other Fees (\_\_\_\_\_) \_\_\_\_\_

Total Construction Cost \$ 8915.00 TOTAL Fees 120.00

Signed  Applicant

Signed  Town Building Official

### PERMIT

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

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

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

### INSPECTIONS

UNDERGROUND PLUMBING \_\_\_\_\_

UNDERGROUND MECHANICAL \_\_\_\_\_

STEMWALL FOOTING \_\_\_\_\_

SLAB \_\_\_\_\_

ROOF SHEATHING \_\_\_\_\_

TRUSS ENG/WINDOW/DOOR BUCKS \_\_\_\_\_

ROOF TIN TAG/METAL \_\_\_\_\_

PLUMBING ROUGH-IN \_\_\_\_\_

MECHANICAL ROUGH-IN \_\_\_\_\_

FRAMING \_\_\_\_\_

FINAL PLUMBING \_\_\_\_\_

FINAL MECHANICAL \_\_\_\_\_

FINAL ROOF \_\_\_\_\_

UNDERGROUND GAS \_\_\_\_\_

UNDERGROUND ELECTRICAL \_\_\_\_\_

FOOTING \_\_\_\_\_

TIE BEAM/COLUMNS \_\_\_\_\_

WALL SHEATHING \_\_\_\_\_

LATH \_\_\_\_\_

ROOF-IN-PROGRESS \_\_\_\_\_

ELECTRICAL ROUGH-IN \_\_\_\_\_

GAS ROUGH-IN \_\_\_\_\_

EARLY POWER RELEASE \_\_\_\_\_

FINAL ELECTRICAL \_\_\_\_\_

FINAL GAS \_\_\_\_\_

BUILDING FINAL \_\_\_\_\_



RECEIVED

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Bldg. Permit Number: \_\_\_\_\_

JAN 17 2004

BY: \_\_\_\_\_

Owner or Titleholder's Name MARILYN ESCUE Phone No. (727) 286-5376  
 Street: 2 BANYAN DRIVE City: SEWALL'S POINT State: FL Zip: 34996  
 Legal Description of Property: INDIA LUCIE LOT 4 BLOCK 3

Parcel Number: 35 37 41 002 003 000Location of Job Site: 2 BANYAN DRIVE 406-0000TYPE OF WORK TO BE DONE: RE ROOF

CONTRACTOR/Company Name: COOPER ROOFING Phone No. (727) 871-9405  
 Street: 3446 S. FED. HWY. City: PORT ST. LUCIE State: FL Zip: 34952  
 State Registration: CC-0057673 FLORIDA State License: CC-0057673

ARCHITECT: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: \_\_\_\_\_ Garage Area: \_\_\_\_\_ Carport: \_\_\_\_\_ Accessory Bldg: \_\_\_\_\_

Covered Patio: \_\_\_\_\_ Scr. Porch: \_\_\_\_\_ Wood Deck: \_\_\_\_\_

Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_

New Electrical Service Size: \_\_\_\_\_ AMPS

## FLOOD HAZARD INFORMATION

Flood zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD

Proposed first habitable floor finished elevation: \_\_\_\_\_ NGVD (minimum 1 foot above BFE)

## COSTS AND VALUES

Estimated cost of construction or improvement: \$ 8915-

Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_

If improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_\_\_ NO \_\_\_\_\_

Method of determining Fair Market Value: \_\_\_\_\_

## SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

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 standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL.

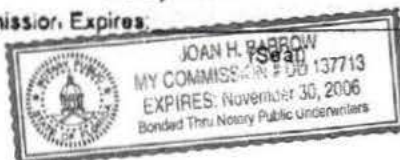
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS INCLUDING FLORIDA MODEL ENERGY CODES.

\* OWNER or AGENT SIGNATURE (Required) \*

State of Florida, County of: Martin On this the 1st day of December, 2003, by M. Escue who is personally known to me or produced as identification.

Notary Public

My Commission Expires: \_\_\_\_\_



CONTRACTOR SIGNATURE (Required)

State of Florida, County of: St. Lucie On this the 4th day of DEC., 2000, by ROBERT COOPER who is personally known to me or produced as identification.

Notary Public

My Commission Expires: \_\_\_\_\_

(Seal)

Form revised 7/7 April 2000



Karen S. Bays  
 Commission # DD125143  
 Expires June 12, 2006  
 Bonded Thru  
 Atlantic Bonding Co., Inc.



## SECTION 1504 ASPHALT SHINGLES

### 1504.1 General

**1504.1.1** The installation of asphalt shingles used as a roof covering shall comply with the requirements of this section.

**1504.1.2** Asphalt shingles shall comply with ASTM D 225 or ASTM D 3462, and shall have factory-applied self-seal strips or be interlocking.

**1504.1.3** Shingle application shall be as specified in the manufacturer's published application instructions.

**1504.1.4** Unless otherwise specified, all required felt underlayment shall be asphalt saturated, nonperforated shingle underlayment felt complying with ASTM D 226, Type I or ASTM D 4869, Type I.

**1504.1.5** Asphalt shingles shall have self-seal strips or shall be interlocking, and shall have the type and minimum number of fasteners recommended by the manufacturer.

**1504.1.6** Self-sealing asphalt strip shingles shall have a minimum of six fasteners per shingle when the roof is in one of the following categories:

1. The basic wind speed is 90 mph (40.2 m/s) or greater and the eave is 20 ft (6096 mm) or higher above grade.
2. The basic wind speed is 90 mph (40.2 m/s) or greater and the Use Factor in Table 1606 is 1.15.
3. The basic wind speed is 100 mph (44.7 m/s) or greater.

### 1504.2 Application

**1504.2.1 2:12 pitch up to 4:12 pitch.** Underlayment shall be two layers of felt applied in the following manner. Apply a 19-inch (483 mm) strip of underlayment felt parallel with and starting at the eaves, fastened sufficiently to hold in place. Starting at the eave, apply 36-inch (914 mm) wide sheets of underlayment overlapping successive sheets 19 inches (483 mm) and fastened sufficiently to hold in place. Where January mean temperatures are 30°F (-1°C) or less, coat full width of the 19-inch (483 mm) laps from the eave to a point 24 inches (610 mm) from the inside of the exterior wall line of the building with asphalt based roofing cement. As an alternative to two layers of cemented asphalt saturated felt, a self-adhering polymer modified bituminous sheet complying with ASTM D 1970 may be applied according to the manufacturer's instructions.

**1504.2.2 4:12 pitch to 20:12 pitch.** Underlayment shall be applied shingle fashion, parallel to and starting from the eave and lapped 2 inches (51 mm), fastened only as necessary to hold in place. As an alternative to asphalt saturated felt, a self-adhering polymer modified bituminous

sheet complying with ASTM D 1970 may be applied according to the manufacturer's instructions.

**1504.2.3** Asphalt shingles shall be fastened along the rake. Asphalt shingles shall be fastened and cemented at all valleys, rakes, penetrations, and all vertical projections. Eaves must be cemented or the metal eave drip shall be installed under the felt.

**1504.2.4** Fasteners shall penetrate through the roofing material and at least 3/4 inch (19 mm) into or through the roof sheathing.

**1504.2.5** When slopes exceed 20:12, special methods of fastening are required. Follow manufacturers printed instructions.

**1504.2.6 Flashings.** Base and cap flashings shall be installed in accordance with manufacturer's instructions. Base flashings shall be of either corrosion-resistant metal of minimum nominal 0.019 inch (0.483 mm) thickness or mineral surface roll roofing weighing a minimum of 77 lbs per 100 sq ft (3.76 kg/m<sup>2</sup>). Cap flashings shall be corrosion resistant metal of minimum nominal 0.019 inch (0.483 mm) thickness.

**1504.2.7** Valley linings shall be installed in accordance with manufacturer's instructions before applying shingles. Valley linings may be of the following types:

1. For open valleys (valley lining exposed) lined with metal, the valley lining shall be at least 16 inches (406 mm) wide and of any of the corrosion-resistant metals in Table 1504.2.7.
2. For open valleys, valley lining may be of two plies of mineral surface roll roofing. The bottom layer shall be 18 inches (457 mm) and the top layer a minimum of 36 inches (914 mm) wide.
3. For closed valleys (valley covered with shingles), valley lining may be of one ply of smooth roll roofing complying with ASTM D 224 and at least 36 inches (914 mm) wide or types (1) and (2) above. Specialty underlayment meeting ASTM D 1970 may also be used.

TABLE 1504.2.7  
VALLEY LINING MATERIAL<sup>1,2</sup>

MATERIAL	MINIMUM THICKNESS	GAGE	WEIGHT
Copper			16 oz
Aluminum	0.024 in		
Stainless Steel		28	
Galvanized Steel	0.0179 in	26 (zinc coated G90)	
Zinc Alloy	0.027 in		
Lead			2 1/2 pounds
Painted Terne			20 pounds

For SI: 1 in = 25.4 mm, 1 lb = 0.4536 kg.





MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

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

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

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

PRODUCT CONTROL DIVISION  
(305) 375-2902 FAX (305) 372-6339

## PRODUCT CONTROL NOTICE OF ACCEPTANCE

Owens Corning  
One Owens Corning Parkway  
Toledo, OH 43659

Your application for Notice of Acceptance (NOA) of:

**Oakridge 30 AR**

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

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

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

ACCEPTANCE NO.: 01-0522.03

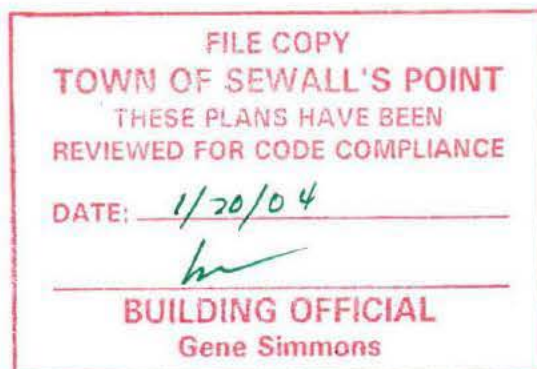
EXPIRES: 07/19/2006

Raul Rodriguez  
Chief Product Control Division

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

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

APPROVED: 07/19/2001



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

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # \_\_\_\_\_

TAX FOLIO # 35 37 41 002 003 000 406 0000

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): 2 BANYAN ROAD  
INDIA LUCIE LOT 4 BLOCK 3

GENERAL DESCRIPTION OF IMPROVEMENT: REEROOF (no FLAT)

OWNER: Billy ESCUE & MME MARILYN M. ESCUE

ADDRESS: 2 BANYAN ROAD, STUART FL. 34996

PHONE #: 286-5376 FAX #: \_\_\_\_\_

CONTRACTOR: COOPER ROOFING

ADDRESS: 8446 S. FED. HWY., PORT ST LUCIE, FL. 34952

PHONE #: 871-9405 FAX #: 871-6757

SURETY COMPANY (IF ANY) \_\_\_\_\_

ADDRESS: N/A

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_

LENDER/MORTGAGE COMPANY N/A

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

STATE OF FLORIDA  
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE  
FOREGOING 1 PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.  
MARSHA EWING, CLERK

BY: Janet Barrow D.C.  
DATE: 1-12-89



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: COOPER ROOFING

ADDRESS: 8446 S. FED. HWY., PORT ST LUCIE, FL. 34952

PHONE #: 871-9405 FAX #: 871-6757

IN ADDITION TO HIMSELF, OWNER DESIGNATES ROBERT COOPER

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

PHONE #: 871-9405 FAX #: 871-6757

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

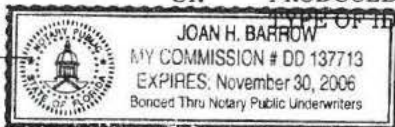
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Marilyn M. Escue  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 21<sup>st</sup> DAY OF November  
2003 BY Marilyn M. Escue

PERSONALLY KNOWN ☒  
OR PRODUCED ID \_\_\_\_\_

Janet Barrow  
NOTARY SIGNATURE





MASTER PERMIT NO. \_\_\_\_\_

## TOWN OF SEWALL'S POINT

Date 1/21/04

BUILDING PERMIT NO. 657.4

Building to be erected for ESLUE Type of Permit REEROOF

Applied for by COOPER ROOFING (Contractor) Building Fee \_\_\_\_\_

Subdivision INDIALUCIE Lot 4 Block 3 Radon Fee \_\_\_\_\_

Address 2 BANYAN DRIVE Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee \_\_\_\_\_

Electrical Fee \_\_\_\_\_

Plumbing Fee \_\_\_\_\_

Roofing Fee 120.00

Parcel Control Number:

3537410020030004060000

Amount Paid 120.00 Check # 6619 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 8915.00 TOTAL Fees 120.00

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

### INSPECTIONS

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

RECEIVED

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Bldg. Permit Number: \_\_\_\_\_

Owner or Titleholder's Name: MARILYN ESCUE Phone No. (904) 286-5376  
 Street: 2 BANYAN DRIVE City: SEWALL'S POINT State: FL Zip: 34996  
 Legal Description of Property: INDIA LUCIE LOT 4 BLOCK 3

Parcel Number: 35 37 41 002 003 000Location of Job Site: 2 BANYAN DRIVE406-0000TYPE OF WORK TO BE DONE: RE. ROOFCONTRACTOR/Company Name: COOPER ROOFING Phone No. (904) 871-9405Street: 3446 S. FED. HWY. City: PORT ST. LUCIE State: FL Zip: 34953State Registration: CC-0057673 FLORIDA State License: CC-0057673

ARCHITECT: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: \_\_\_\_\_ Garage Area: \_\_\_\_\_ Carport: \_\_\_\_\_ Accessory Bldg: \_\_\_\_\_

Covered Patio: \_\_\_\_\_ Scr. Porch: \_\_\_\_\_ Wood Deck: \_\_\_\_\_

Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_

New Electrical Service Size \_\_\_\_\_ AMPS

## FLOOD HAZARD INFORMATION

Flood zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE) \_\_\_\_\_ NGVD

Proposed first habitable floor finished elevation: \_\_\_\_\_ NGVD (minimum 1 foot above BFE)

## COSTS AND VALUES

Estimated cost of construction or improvement: \$ 8915.5

Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_

If improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_\_\_ NO \_\_\_\_\_

Method of determining Fair Market Value: \_\_\_\_\_

## SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

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 standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL.

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 INCLUDING FLORIDA MODEL ENERGY CODES.

\* OWNER or AGENT SIGNATURE (Required) \*

Owner  
 State of Florida, County of: Martin On  
 this the 1st day of December, 2000,  
 by M. ESCUE who is personally  
 known to me or produced  
 as identification:

Joan H. Barrow  
 Notary Public

My Commission Expires:



CONTRACTOR SIGNATURE (Required)

Contractor  
 State of Florida, County of: ST. LUCIE On  
 this the 4th day of DEC., 2000,  
 by ROBERT COOPER who is personally  
 known to me or produced  
 as identification.

Karen S. Bays  
 Notary Public  
 My Commission Expires: \_\_\_\_\_  
 (Seal)

Form revised April 2000  
 Karen S. Bays  
 Commission # DD125143  
 Expires June 12, 2006  
 Bonded Thru  
 Atlantic Bonding Co., Inc.



## SECTION 1504 ASPHALT SHINGLES

### 1504.1 General

**1504.1.1** The installation of asphalt shingles used as a roof covering shall comply with the requirements of this section.

**1504.1.2** Asphalt shingles shall comply with ASTM D 225 or ASTM D 3462, and shall have factory-applied self-seal strips or be interlocking.

**1504.1.3** Shingle application shall be as specified in the manufacturer's published application instructions.

**1504.1.4** Unless otherwise specified, all required felt underlayment shall be asphalt saturated, nonperforated shingle underlayment felt complying with ASTM D 226, Type I or ASTM D 4869, Type I.

**1504.1.5** Asphalt shingles shall have self-seal strips or shall be interlocking, and shall have the type and minimum number of fasteners recommended by the manufacturer.

**1504.1.6** Self-sealing asphalt strip shingles shall have a minimum of six fasteners per shingle when the roof is in one of the following categories:

1. The basic wind speed is 90 mph (40.2 m/s) or greater and the eave is 20 ft (6096 mm) or higher above grade.
2. The basic wind speed is 90 mph (40.2 m/s) or greater and the Use Factor in Table 1606 is 1.15.
3. The basic wind speed is 100 mph (44.7 m/s) or greater.

### 1504.2 Application

**1504.2.1 2:12 pitch up to 4:12 pitch.** Underlayment shall be two layers of felt applied in the following manner. Apply a 19-inch (483 mm) strip of underlayment felt parallel with and starting at the eaves, fastened sufficiently to hold in place. Starting at the eave, apply 36-inch (914 mm) wide sheets of underlayment overlapping successive sheets 19 inches (483 mm) and fastened sufficiently to hold in place. Where January mean temperatures are 30°F (-1°C) or less, coat full width of the 19-inch (483 mm) laps from the eave to a point 24 inches (610 mm) from the inside of the exterior wall line of the building with asphalt based roofing cement. As an alternative to two layers of cemented asphalt saturated felt, a self-adhering polymer modified bituminous sheet complying with ASTM D 1970 may be applied according to the manufacturer's instructions.

**1504.2.2 4:12 pitch to 20:12 pitch.** Underlayment shall be applied shingle fashion, parallel to and starting from the eave and lapped 2 inches (51 mm), fastened only as necessary to hold in place. As an alternative to asphalt saturated felt, a self-adhering polymer modified bituminous

sheet complying with ASTM D 1970 may be applied according to the manufacturer's instructions.

**1504.2.3** Asphalt shingles shall be fastened along the rake. Asphalt shingles shall be fastened and cemented at all valleys, rakes, penetrations, and all vertical projections. Eaves must be cemented or the metal eave drip shall be installed under the felt.

**1504.2.4** Fasteners shall penetrate through the roofing material and at least 3/4 inch (19 mm) into or through the roof sheathing.

**1504.2.5** When slopes exceed 20:12, special methods of fastening are required. Follow manufacturers printed instructions.

**1504.2.6 Flashings.** Base and cap flashings shall be installed in accordance with manufacturer's instructions. Base flashings shall be of either corrosion-resistant metal of minimum nominal 0.019 inch (0.483 mm) thickness or mineral surface roll roofing weighing a minimum of 77 lbs per 100 sq ft (3.76 kg/m<sup>2</sup>). Cap flashings shall be corrosion resistant metal of minimum nominal 0.019 inch (0.483 mm) thickness.

**1504.2.7** Valley linings shall be installed in accordance with manufacturer's instructions before applying shingles. Valley linings may be of the following types:

1. For open valleys (valley lining exposed) lined with metal, the valley lining shall be at least 16 inches (406 mm) wide and of any of the corrosion-resistant metals in Table 1504.2.7.
2. For open valleys, valley lining may be of two plies of mineral surface roll roofing. The bottom layer shall be 18 inches (457 mm) and the top layer a minimum of 36 inches (914 mm) wide.
3. For closed valleys (valley covered with shingles), valley lining may be of one ply of smooth roll roofing complying with ASTM D 224 and at least 36 inches (914 mm) wide or types (1) and (2) above. Specialty underlayment meeting ASTM D 1970 may also be used.

TABLE 1504.2.7  
VALLEY LINING MATERIAL<sup>1,2</sup>

MATERIAL	MINIMUM THICKNESS	GAGE	WEIGHT
Copper			16 oz
Aluminum	0.024 in		
Stainless Steel		28	
Galvanized Steel	0.0179 in	26 (zinc coated G90)	
Zinc Alloy	0.027 in		
Lead			2 1/2 pounds
Painted Terne			20 pounds

For SI: 1 in = 25.4 mm, 1 lb = 0.4536 kg.

BUILDING CODE COMPLIANCE OFFICE  
METRO-DADE FLAGLER BUILDING  
140 WEST FLAGLER STREET, SUITE 1603  
MIAMI, FLORIDA 33130-1563  
(305) 375-2901 FAX (305) 375-2908CONTRACTOR LICENSING SECTION  
(305) 375-2527 FAX (305) 375-2558CONTRACTOR ENFORCEMENT DIVISION  
(305) 375-2966 FAX (305) 375-2908PRODUCT CONTROL DIVISION  
(305) 375-2902 FAX (305) 372-6339**PRODUCT CONTROL NOTICE OF ACCEPTANCE**Owens Corning  
One Owens Corning Parkway  
Toledo, OH 43659

Your application for Notice of Acceptance (NOA) of:

Oakridge 30 AR

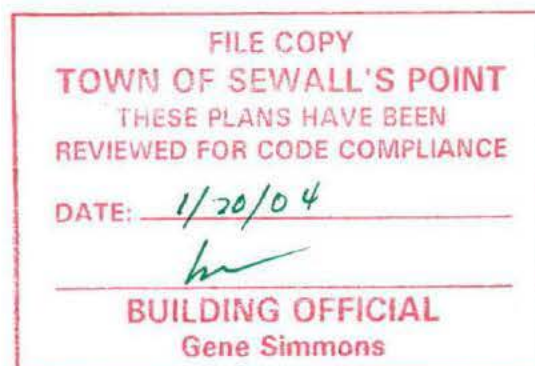
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0522.03EXPIRES: 07/19/2006Raul Rodriguez  
Chief Product Control Division**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL  
CONDITIONS  
BUILDING CODE & PRODUCT REVIEW COMMITTEE**

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

APPROVED: 07/19/2001Francisco J. Quintana, R.A.  
Director  
Miami-Dade County  
Building Code Compliance Office



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # \_\_\_\_\_

TAX FOLIO # 35 37 41 002 003 000 406 0000NOTICE OF COMMENCEMENTSTATE OF FLORIDACOUNTY 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): 2 BANYAN ROAD  
INDIA LUCIE LOT 4 BLOCK 3

GENERAL DESCRIPTION OF IMPROVEMENT: REEROOF (no flat)

OWNER: Billy ESCUE & ME MARILYN M. ESCUE

ADDRESS: 2 BANYAN ROAD, STUART FL. 34996

PHONE #: 286-5376 FAX #: \_\_\_\_\_

CONTRACTOR: COOPER ROOFING

ADDRESS: 8446 S. FED. Hwy., Port St LUCIE, FL. 34952

PHONE #: 871-9405 FAX #: 871-6757

SURETY COMPANY (IF ANY) \_\_\_\_\_

ADDRESS: N/A

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_

LENDER/MORTGAGE COMPANY N/A

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

STATE OF FLORIDA  
 MARTIN COUNTY

THIS IS TO CERTIFY THAT THE  
 FOREGOING 1 PAGES IS A TRUE  
 AND CORRECT COPY OF THE ORIGINAL.  
 MARSHA EWING, CLERK

BY: Janet Barrow D.C.  
 DATE: 1-12-09



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: COOPER ROOFING

ADDRESS: 8446 S. FED. Hwy., Port St LUCIE, FL. 34952

PHONE #: 871-9405 FAX #: 871-6757

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

PHONE #: 871-9405 FAX #: 871-6757

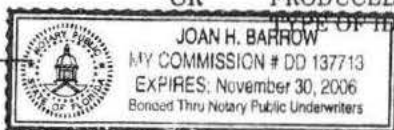
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_  
 THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Marilyn M. Escue  
 SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 21<sup>st</sup> DAY OF November  
 2008 BY Marilyn M. Escue

PERSONALLY KNOWN ☒  
 OR  
 PRODUCED ID \_\_\_\_\_

Janet Barrow  
 NOTARY SIGNATURE



**ACORD** <sup>TM</sup> **CERTIFICATE OF LIABILITY INSURANCE**Date  
12/6/03**Producer:** Lion Insurance Company  
905 E. Martin Luther King Jr. Dr.  
Tarpon Springs, FL 34689  
Phone: 727-938-5562 Fax: 727-937-2138**This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.**

Insurers Affording Coverage

NAIC #

**Insured:** South East Personnel Leasing  
905 East MLK Jr. Drive Suite # 110  
Tarpon Springs, FL 34689  
Phone : (727)938-5562

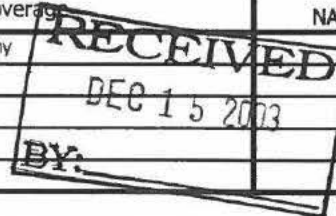
Insurer A: Lion Insurance Company

Insurer B:

Insurer C:

Insurer D:

Insurer E:

**Coverages**

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur  General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> Any Auto				Auto Only - Ea Accident	\$
						Other Than EA Acc.	\$
						Autos Only: AGG.	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence	
						Aggregate	
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2004	12/31/2004	X WC Statutory Limits	OTH-ER
						E.L. Each Accident	\$1000000
						E.L. Disease - Ea Employee	\$1000000
						E.L. Disease - Policy Limits	\$1000000
		<b>Other</b> 1593007 COOPER ROOFING & CONSTRUCT	COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.				

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

ADD ON DATE: 9/23/02

COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF COOPER ROOFING &amp; CONSTRUCTION COMPANY \* FAX: 772-220-4765 &amp; 772-871-6757 / ISSUED 11-25-03 (KLS)

**CERTIFICATE HOLDER****CANCELLATION**

TOWN OF SEWALLS POINTE

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

1 S. SEWALLS POINTE RD.  
SEWALLS POINTE

FL 34997



**STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION****CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783****(850) 487-1395****COOPER, ROBERT GRANT  
COOPER ROOFING & CONSTRUCTION CO  
8446 S FEDERAL HWY  
PORT SAINT LUCIE FL 34952****RECEIVED****NOV 25 2003****BY: \_\_\_\_\_****STATE OF FLORIDA****AC#0550808****DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION****CCC057673 08/26/02 345650095****CERTIFIED ROOFING CONTRACTOR  
COOPER, ROBERT GRANT  
COOPER ROOFING & CONSTRUCTION CO****IS CERTIFIED under the provisions of Ch. 489 FS.****Expiration date: AUG 31, 2004 SEQ # L02082601090****DETACH HERE****C#0550808****STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD****SEQ#L02082601090**

DATE	BATCH NUMBER	LICENSE NBR
08/26/2002	345650095	CCC057673

**The ROOFING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2004****COOPER, ROBERT GRANT  
COOPER ROOFING & CONSTRUCTION CO  
8446 S FEDERAL HWY  
PORT SAINT LUCIE FL 34952****JEB BUSH  
GOVERNOR****DISPLAY AS REQUIRED BY LAW****KIM BINKLEY-SEYER  
SECRETARY**

**Martin County Building Department**

2401 SE Monterey Road

Stuart, FL 34996

(772) 288-5916

COOPER, ROBERT G  
COOPER ROOFING & CONSTR CO  
8446 S US HWY 1  
PORT ST LUCIE, FL 34952

**CERTIFIED CONTRACTOR IN  
COMPLIANCE WITH MARTIN  
COUNTY, FLORIDA'S LICENSING  
REQUIREMENTS; ELIGIBLE TO  
PERFORM WORK WITHIN THE  
CLASSIFICATION.**

**NOTICE TO ALL CONTRACTORS**

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

**PROHIBITED ACTIVITIES:**

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

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

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



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

**ROOFING CONTRACTOR CERTIFIED**

License Number CCC057673 Expires: 31-AUG-04

COOPER, ROBERT G  
COOPER ROOFING & CONSTR CO  
8446 S US HWY 1  
PORT ST LUCIE, FL 34952

←  
License



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☒ Mon ☐ Wed ☐ Fri 1/26, 2014 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6550	JOYNER	DOOR+WINDOW BUCK	FAIL	
2	85 S. SEWALL			
	MASTERPIECE	(early please)		INSPECTOR: <i>MW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6574	ESQUE.	SHEATHING ROOF	PASS	
7	2 BANYAN DR	TIN TAG		
	COOPER ROOFING			INSPECTOR: <i>MW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6564	LANCASTER	DRY IN ROOF	<del>FAIL</del>	NO PERMIT POSTED
1	5 S. VIA LUCINDIA		PASS	OK.
	STUART ROOFING	(first please)		INSPECTOR: <i>MW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6579	COOK	IN PROGRESS ROOF	PASS	WILL SCHEDULE
8	22 RIDGEVIEW			FINAL
	STUART ROOFING	(last please)		INSPECTOR: <i>MW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6456	SHARFI	FOOTER CARPORT	PASS	
6	73 N. SEWALLS PT			
	O/B-WINCHIP			INSPECTOR: <i>MW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
* TREE	ROSE	TREE	PASS	
3	9 N. RIDGEVIEW	REINSPECT		
				INSPECTOR: <i>MW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
* TREE	SMITH	TREE	PASS	
5	133 S. RIVER RD	REINSPECT		
				INSPECTOR: <i>MW</i>




OTHER:



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☒ Mon ☐ Wed ☐ Fri 2/2, 2004 Page 1 of   

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6391	WHITWELL	TRUSS ENG +	—	CANCELLED
3	1 MARGUERITA HEMMINGWAY HOMES	Window + Door Bldg		INSPECTOR:
6574	ESCUE	FINAL ROOF	PASS	CLOSE
4	2 BANYAN COOPER ROOFING	9-12		INSPECTOR: 
6575	ESCUE	FINAL SKYLIGHT		WAITING FOR DOCUMENTATION FROM MANUF.
4	2 BANYAN COOPER ROOFING	9-12		INSPECTOR:
<del>Tree</del>	<del>ZEEHIEL</del>	<del>TREE</del>		<del>(FRI)</del>
	1 RIVERVIEW			INSPECTOR:
6550	JOYNER	Door + Window Bldg	PASS	CLOSE
1	85 S. SEWALL'S PT MASTERPIECE Bldg	8am or earlier if possible		INSPECTOR: 
6413	POWERS	SLAB	PASS	
2	705, SEWALL'S PT FLORIDA'S FINEST BEAM	COLUMN		INSPECTOR: 
<del>Tree</del>	<del>LAW</del>	<del>TREE</del>	<del>PASS</del>	<del>LAB → Phil</del>
	4 COPAIDE			INSPECTOR:
OTHER:	LAGANA	TREE	PASS	LAB → GS
	TREE 23 S. SEWALL'S PT			



**6575**  
**REPLACE**  
**SKYLIGHTS**

Town of Sewall's Point

Bldg. Permit Number: \_\_\_\_\_

## BUILDING PERMIT APPLICATION

RECEIVED  
JAN 12 2004  
BY:

Owner or Titleholder's Name MARILYN ESCUE Phone No. (922) 286-5376  
 Street: 2 BANYAN DRIVE City: SEWALL'S POINT State: FL Zip: 34996  
 Legal Description of Property: INDIA LUCIE LOT 4 BLOCK 3

Parcel Number: 35 37 41 002 003 000Location of Job Site: 2 BANYAN DRIVE 406-0000TYPE OF WORK TO BE DONE: REPLACE SKYLIGHTS (4)CONTRACTOR/Company Name COOPER ROOFING Phone No. (922) 871-9405Street: 8446 S. FED. HWY. City: PORT ST. LUCIE State: FL Zip: 34952State Registration: FLORIDA State License: CC-0057673

ARCHITECT: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: \_\_\_\_\_ Garage Area: \_\_\_\_\_ Carport: \_\_\_\_\_ Accessory Bldg: \_\_\_\_\_

Covered Patio: \_\_\_\_\_ Scr. Porch: \_\_\_\_\_ Wood Deck: \_\_\_\_\_

Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_

New Electrical Service Size: \_\_\_\_\_ AMPS

## FLOOD HAZARD INFORMATION

Flood zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD

Proposed first habitable floor finished elevation: \_\_\_\_\_ NGVD (minimum 1 foot above BFE)

## COSTS AND VALUES

Estimated cost of construction or improvement: \$ 13160.

Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_

If improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_\_\_ NO \_\_\_\_\_

Method of determining Fair Market Value: \_\_\_\_\_

## SUBCONTRACTOR INFORMATION (Notification to this office of subcontractor change is mandatory.)

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

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 standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL.

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, INCLUDING FLORIDA MODEL ENERGY CODES.

\* OWNER or AGENT SIGNATURE (Required): \*

Marilyn Escue

Owner

State of Florida, County of: Martin Onthis the 1st day of December 2008by M. Escue who is personally

known to me or produced

as identification: Joan H. Barrow

Notary Public

My Commission Expires: \_\_\_\_\_



CONTRACTOR SIGNATURE (Required)

Robert Cooper

Contractor

State of Florida, County of: St. Lucie Onthis the 5 day of DEC. 2008by ROBERT COOPER who is personally

known to me or produced

as identification: Karen S. Bays

Notary Public

My Commission Expires: \_\_\_\_\_

(Seal)



Form revised: April 2000

Karen S. Bays  
 Commission # DD125143  
 Expires June 12, 2006  
 Bonded Thru  
 Atlantic Bonding Co., Inc.





BUILDING CODE COMPLIANCE OFFICE (BCCO)  
PRODUCT CONTROL DIVISION

ISFG

MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING  
140 WEST FLAGLER STREET, SUITE 1603  
MIAMI, FLORIDA 33130-1363  
(305) 375-2901 FAX (305) 375-2908

## NOTICE OF ACCEPTANCE (NOA)

Sun-Tek Manufacturing, Inc.  
10303 General Drive.  
Orlando, FL 32824

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

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

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

**DESCRIPTION:** ISFG Skylight.

**APPROVAL DOCUMENT:** Drawing No. STI 00000298, titled "ISFG", sheet 1 & 2 of 2, prepared by Sun-Tek Manufacturing, Inc, dated 12/06/01 with no revisions, bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

**MISSILE IMPACT RATING:** Large and Small Missile Impact Resistant

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

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

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

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

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

This NOA consists of this page 1 as well as approval document mentioned above.  
The submitted documentation was reviewed by Candido F. Font P.E.

FILE COPY  
TOWN OF SEWALL'S POINT  
THESE PLANS HAVE BEEN  
REVIEWED FOR CODE COMPLIANCE

DATE: 1/13/04

BUILDING OFFICIAL  
Gene Simmons

NOA No 02-0618.06  
Expiration Date: October 3, 2007  
Approval Date: October 3, 2002  
Page 1

Sun-Tek Manufacturing, Inc.

**NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED**

(For File ONLY. Not part of NOA)

**A. DRAWINGS**

1. Drawing prepared by Sun-Tek Manufacturing, Inc., titled "ISFG". Drawing # STI 00000298, Sheet 1 & 2 of 2, dated 12/06/01 with no revisions, signed and sealed by R.J. Quiroga, PE.

**B. TESTS**

1. Test Report on Large Missile Impact Test per PA 201, Cyclic Wind Pressure Test per PA 203 and Uniform Static Air Pressure Test per PA 202 of "Insulated Glass Skylight with Polycarbonate Inner Liner" prepared by National Certified Testing Laboratories, Report No. 210-2760-1, 2 & 3, dated 01/22/02, signed and sealed by B. Portnoy, PE.

**C. CALCULATIONS**

1. Anchor Calculations for ISFG Insulated Glass Skylight with Polycarbonate Inner Liner.

**D. MATERIAL CERTIFICATIONS**

1. Test report on Rate of Burning per ASTM D635 of Geon 87416 White 141 Exterior, 0.137 inch, prepared by Commercial Testing Company, Report No. 01-11293, dated 11/29/01, signed by J. Jackson.
2. Test report on Self Ignition Temperature per ASTM D1929 of Geon 87416 White 141 Exterior, prepared by Commercial Testing Company, Report No. 01-11292, dated 11/29/01, signed by J. Jackson.

**E. STATEMENTS**

1. Code compliance letter issued by Product Technology Corporation. on 09/27/02, signed and sealed by R. J. Quiroga PE.

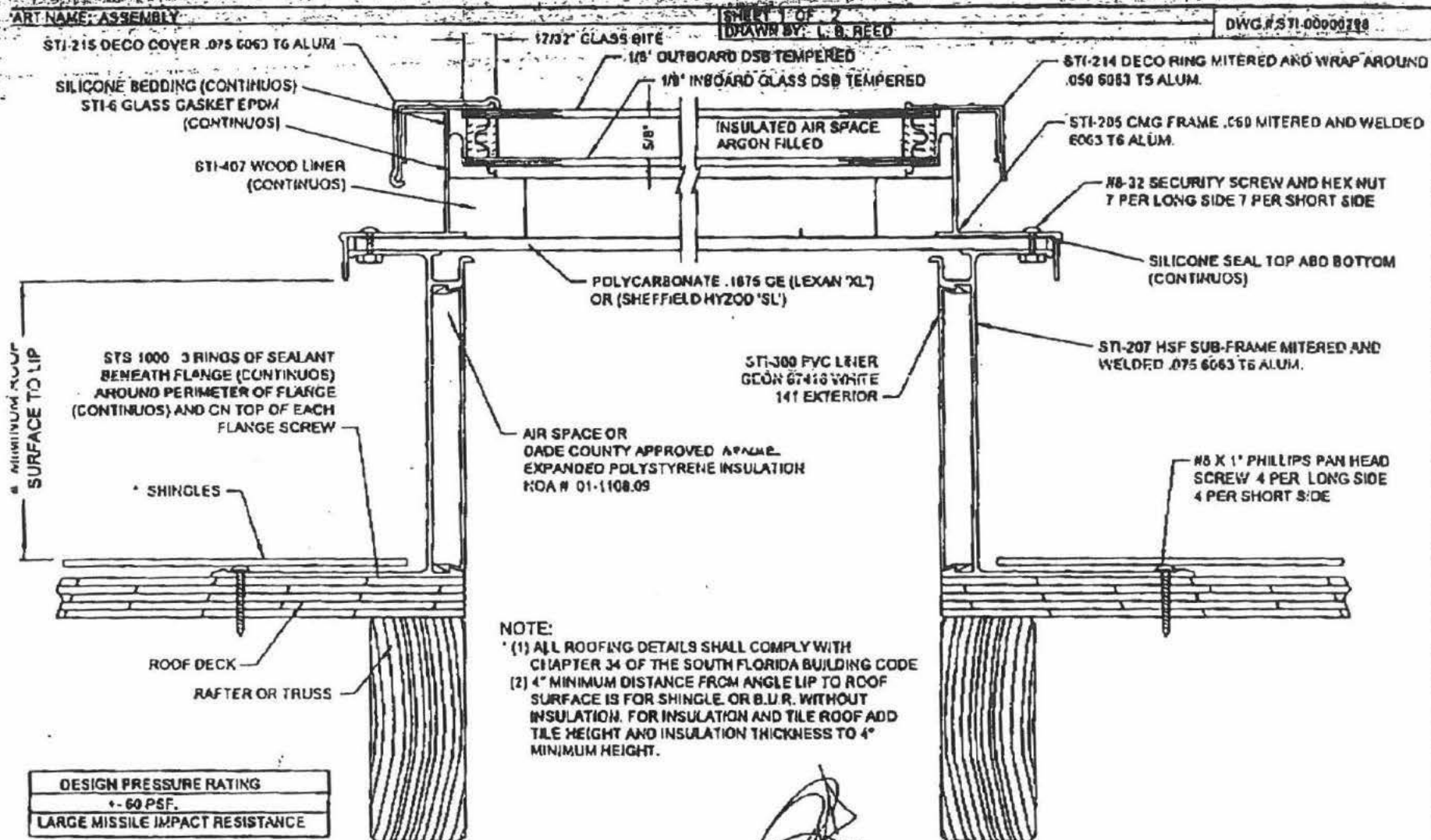
**F. OTHER**

See NOA's 01-1108.09, 01-0709.07 & 00-0718.02

Candido F. Font, P.E.  
Senior Product Control Examiner  
NOA No 02-0618.06  
Expiration Date: October 3, 2007  
Approval Date: October 3, 2002



10303 GENERAL DRIVE ORLANDO, FL 32824



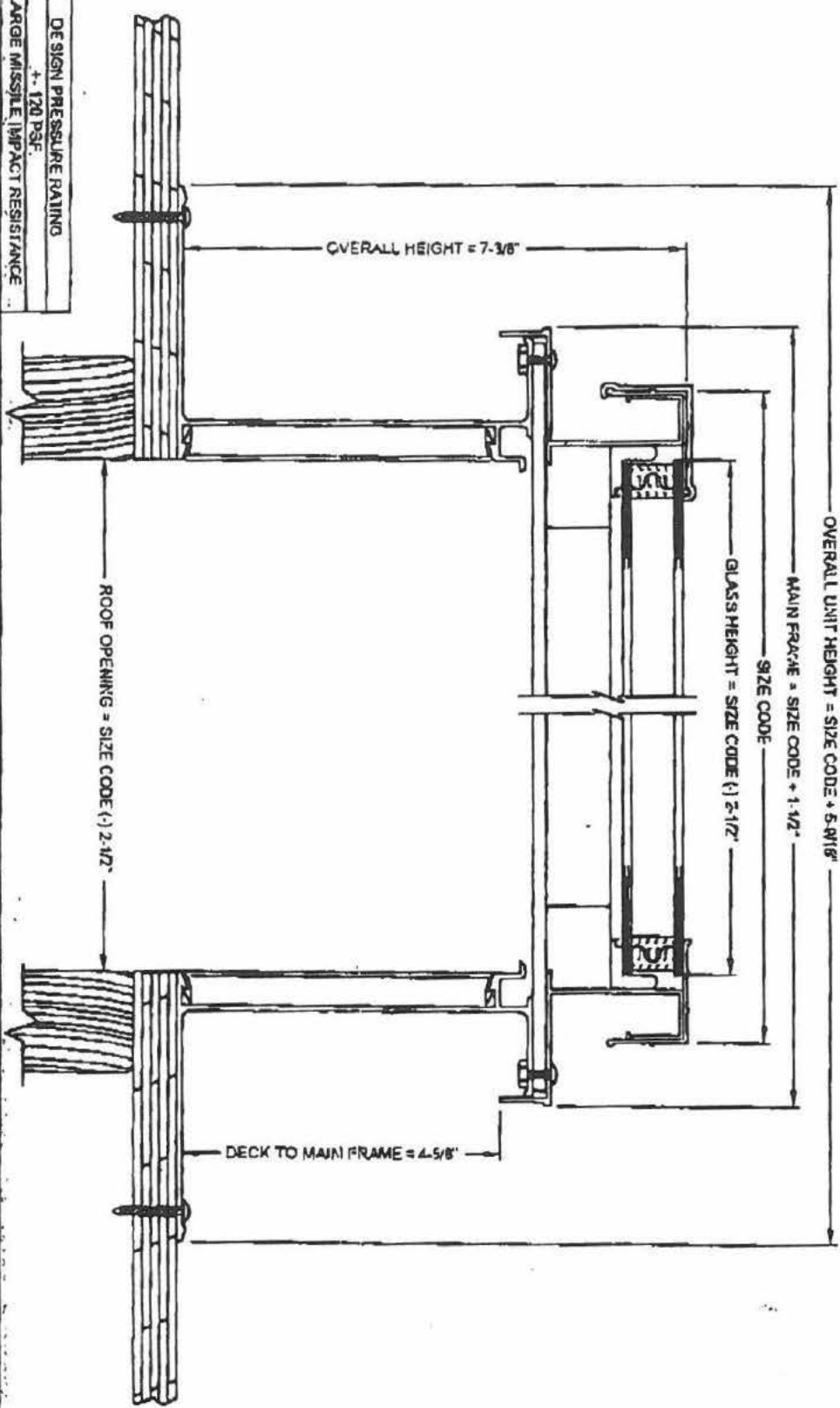
REVISION	REVISION	PRODUCT NAME: ISFG	SUN-TEK MANUFACTURING, INC.
DATE	DATE	DATE: 12/06/01	10300 GENERAL DRIVE ORLANDO, FL 32824
SCALE:	DWG No. STI-00000298		



UNIT NAME: ASSEMBLY

SHEET 1 OF 2  
DRAWN BY: L. B. REED

DWG.#STI-000002008



OVERALL HEIGHT = 7'-3/8"

OVERALL UNIT HEIGHT = SIZE CODE + 5'-8 1/8"

MAIN FRAME = SIZE CODE + 1'-1/2"

SIZE CODE

GLASS HEIGHT = SIZE CODE (+) 2'-1/2"

ROOF OPENING = SIZE CODE (+) 2'-1/2"

DECK TO MAIN FRAME = 4'-5/8"

DESIGN PRESSURE RATING  
+ 120 PSF  
LARGE MISSILE IMPACT RESISTANCE

PRODUCT NAME: ISFG  
DATE: 1/10/04  
SCALE: 1/8" = 1'-0"  
DWG.#: STI-000002008  
SUN-TEK MANUFACTURING, INC.  
10000 DEWEY DRIVE, ONTARIO, FL 32063

## Installation instructions for ISFG

1. Center opening for skylight between trusses, mark upper corners with a nail or screw out through the roof.
2. Measure down roof deck the length of roof opening required for your skylight and run two screws out through roof.
3. Go to the roof and with a straight edge or caulk line mark lines for the side edges, top and bottom.
4. Cut through roof and deck on lines.
5. Remove shingles 6-8" out from roof opening, shingles at bottom of opening leave in place.
6. Frame roof opening for light tunnel. If required.
7. Using a plumb line mark opening at ceiling, extend ceiling opening for desired flare of light tunnel.
8. Place enough sealant around opening to completely cover the bottom of the flange.
9. Center skylight over opening, carefully press skylight down on sealant, and secure unit with #8x1 screws ( provided ).
10. Dry fit shingles and trim to fit close to sides and top of skylight.
11. Apply sealant around sides and top of skylight, place sealant on top of each fastener.
12. Replace shingles.
13. Build light tunnel as desired.

FASTENER SCHEDULE SKYLIGHT TO DECK #8 X 1" PAN HEAD SCREWS		
MODEL	PER LONG SIDE	PER SHORT SIDE
4849	4	4
4648	4	4
3349	4	3
3333	4	4
3046	4	3
3030	3	3
2549	4	3
2533	4	3
2525	3	3
2246	4	3
2230	3	3
2222	3	3
1749	4	3
1733	4	3
1446	4	3
1430	3	3



MASTER PERMIT NO. \_\_\_\_\_

## TOWN OF SEWALL'S POINT

Date 1/21/04

BUILDING PERMIT NO. 6575

Building to be erected for ESLUB Type of Permit REPL. SKYLIGHTS

Applied for by COOPER ROOFING (Contractor) Building Fee 35.00

Subdivision INDIALUCIE Lot 4 Block 3 Radon Fee \_\_\_\_\_

Address 2 BANYAN DRIVE Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee \_\_\_\_\_


Parcel Control Number:

3537410020030004060000 Roofing Fee \_\_\_\_\_

Amount Paid 35.00 Check # 6619 Cash \_\_\_\_\_ Other Fees ( ) \_\_\_\_\_

Total Construction Cost \$ 1360.00 TOTAL Fees 35.00

Signed  Applicant

Signed  Town Building Official

## PERMIT

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

## INSPECTIONS

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

# PROPOSAL / CONTRACT

**COOPER  
ROOFING**



Stuart: (772) 283-2625 Toll Free: (800) 871-9405  
Port St. Lucie: (772) 871-9405 Fax: (772) 871-6757  
Fort Pierce: (772) 466-5792 Bob E.: Russ 349-2225

8446 S. Federal Highway, Port St. Lucie, FL 34952

State Licensed Roofing Contractor CCC057673

PROPOSAL SUBMITTED TO: Owner/Authorized Agent WORK TO BE PERFORMED AT:

Name	BILLY ESCUE	Address	SAME
Address	2 BANYAN RD.	City/State	Zip
City/State	STUART, FL.	Zip	34997
Phone	286-5376	SINGL. FAM. HOME	

The Contractor agrees to the following as per notes below, reverse and addendum;

## SCOPE OF WORK

YES NO

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Obtain all necessary permits as per county and municipality requirements.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | A Cooper Associate to inspect existing roofing system and identify problem areas.                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cover all bushes and shrubs, air conditioning units, and any other personal property that can't be easily moved. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Remove old roof system down to existing decking where appropriate.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Remove and Replace any rotten wood*, renail existing decking where necessary.                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Replace rotten fascia wood as needed*. (Painting is the responsibility of the customer).                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Install premium grade drip edge.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Install premium grade underlayment to code (30lb felt).  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Install new vents as needed.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Install new pipe vent covers.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Install new roof system ventilation. Use premium ridge vent.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Install new or rework existing flashing systems.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Install new valley systems.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Remove existing skylights and replace with new. SEE ADDENDUM FOR OPTIONS.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Use 6 nails per shingle (no exceptions).   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Other _____  |

## FLAT DECK AREAS

- |                          |                                     |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Inspect and repair existing decking as stated above. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Install base sheet 43lb. underlayment.               |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Install Modified Flat Roof System. Use torch-down.   |

## \*ROTTEN WOOD

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plywood Re-deck \$2.50 per sq. ft. extra. INCLUDES UP TO (5) SHEETS! |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fascia / Sub-fascia trusses / soffit - \$12.00 per lin. ft.          |

## FINAL

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Remove all waste materials and haul away to local dump.                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Final walk-around inspection with a Cooper Associate to ensure your complete satisfaction! |

## ACCEPTANCE OF PROPOSAL/CONTRACT

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined. I have read all notes on reverse and attached Addendum and agree to them.

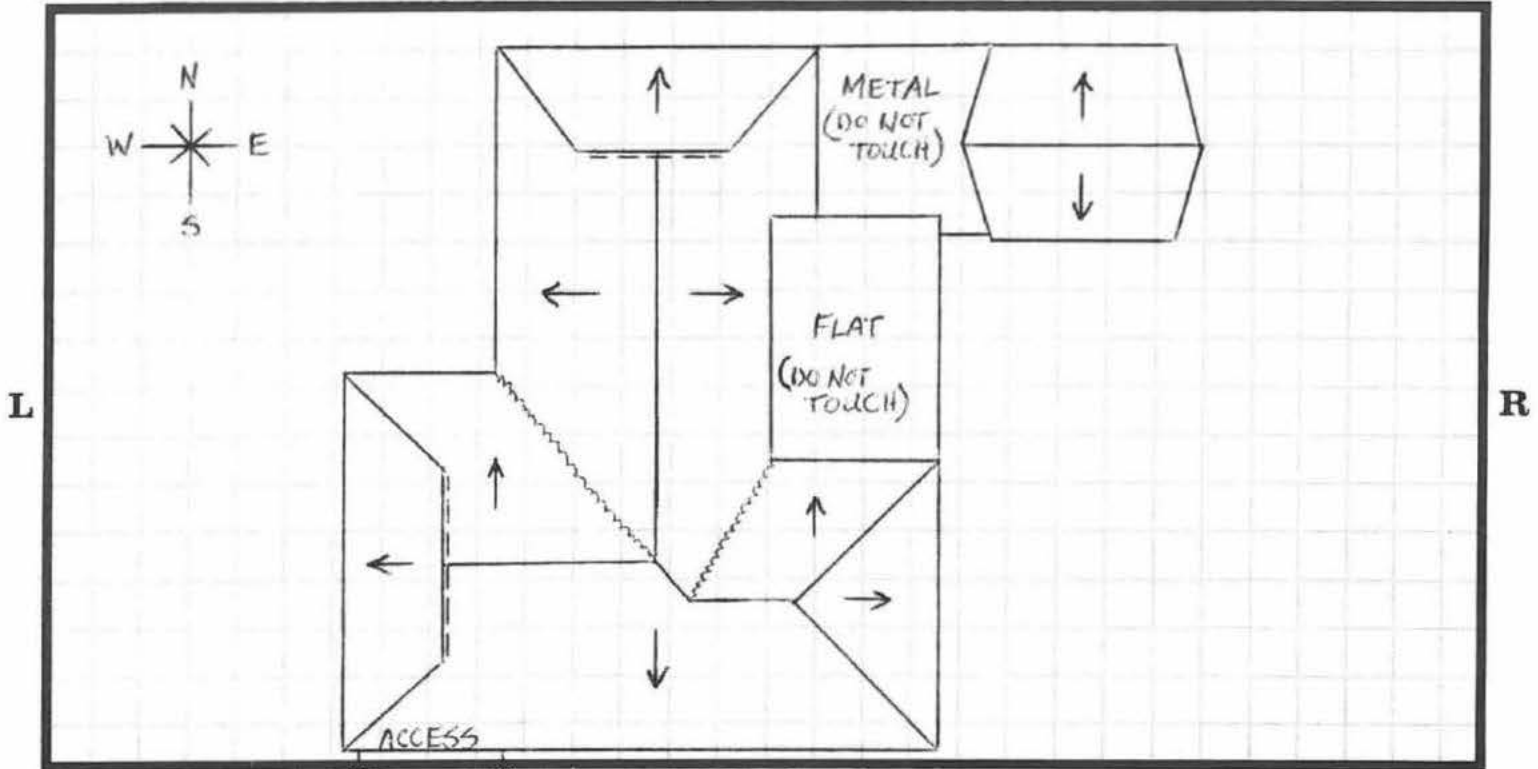
By Morgan E. Edwards Date 11-12-03 By Russ Morgan  
Owner / Authorized Agent Contractor / Authorized Agent

By \_\_\_\_\_ Date \_\_\_\_\_ Date 10-17-03





## Roof Diagram and Addendum to Contract



### COLOR SELECTIONS

Drip Color 2 1/2" GALV. ( )

Ridge Color COBRA/VENTSURE

Shingle Color (ESTATE GREY 11/21/03) 9:20 A/M

Other Color N/A

Rubber Color N/A

### WARRANTY INFORMATION

Contactor W. 5 YR. WORKMANSHIP

Manufacturer/W. GAF/OWENS CORNING

(1) 30 YR. ARCH.

Descriptions 2. 40 YR. ARCH.

3. 50 YR. ARCH.

### CONTRACT OPTIONS

	Yes	No
1. <u>30 YR. ARCHITECTURAL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. <u>40 YR. "</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>50 YR. "</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>ADDITIONAL CHARGE FOR GLASS SKYLITES</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>

Prices listed: \$10,275.65, \$10,965.65, \$11,655.65, \$215.70

### DOWN PAYMENT SCHEDULE

Due at Signing 1/3 DEPOSIT \$3493.00

(10,491.35) REC. 11/12/03 CK# 1932

\$3493.00

Due at Completion BALANCE

By [Signature] Date 11-12-03 By [Signature] Date 10-17-03

Owner / Authorized Agent Contractor / Authorized Agent

**ACORD CERTIFICATE OF LIABILITY INSURANCE**PAGE 01  
DATE (MM/DD/YYYY)  
01/06/2004**PRODUCER**A BETTER DEAL INSURANCE AGENCY  
1026 SW BAYSHORE BLVD  
PORT ST LUCIE, FL 34983  
772-871-1975

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** COOPER ROOFING & CONSTRUCTION CO., INC8446 SOUTH FEDERAL HWY  
PORT ST LUCIE, FL 34952  
772-871-9405**INSURERS AFFORDING COVERAGE**

NAIC#

INSURER A: CANAL INDEMNITY CO

INSURER B:

INSURER C:

INSURER D:

INSURER E:

BY:

**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.

INS. CODE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GLF-52084	1/6/04	1/6/05	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
	MED EXP (Any one person) \$ 1,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY GA ACC \$
					AGG \$
	EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Any employee/contractor/employee of the insured/contractor # YES, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS \$
					OTHER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$

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

ROOFING CONTRACTOR

**CERTIFICATE HOLDER**TOWN OF SEWELL'S POINT  
1 S. SEWELL'S POINT RD  
SEWELL'S POINT, FL 34996  
FAX 220-4765**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date  
12/6/03

**Producer:** Lion Insurance Company  
905 E. Martin Luther King Jr. Dr.  
Tarpon Springs, FL 34689  
Phone: 727-938-5562 Fax: 727-937-2138

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insurers Affording Coverage

NAIC #

**Insured:** South East Personnel Leasing  
905 East MLK Jr. Drive Suite # 110  
Tarpon Springs, FL 34689  
Phone : (727)938-5562

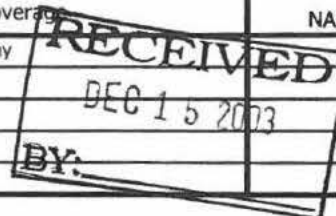
Insurer A: Lion Insurance Company

Insurer B:

Insurer C:

Insurer D:

Insurer E:



## Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur  General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> Any Auto				Auto Only - Ea Accident	\$
						Other Than EA Acc.	\$
						Autos Only: AGG.	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence	
						Aggregate	
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2004	12/31/2004	<input checked="" type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> OTH-ER
						E.L. Each Accident	\$1000000
						E.L. Disease - Ea Employee	\$1000000
						E.L. Disease - Policy Limits	\$1000000

Other 1593007

COOPER ROOFING & CONSTRUCT

COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

ADD ON DATE: 9/23/02

COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF COOPER ROOFING & CONSTRUCTION COMPANY \* FAX: 772-220-4765 & 772-871-6757 / ISSUED 11-25-03 (KLS)

### CERTIFICATE HOLDER

TOWN OF SEWALLS POINTE

1 S. SEWALLS POINTE RD.  
SEWALLS POINTE

FL 34997

### CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

*John A. Brown*

**Martin County Building Department**

2401 SE Monterey Road

Stuart, FL 34996

(772) 288-5916

COOPER, ROBERT G  
COOPER ROOFING & CONSTR CO  
8446 S US HWY 1  
PORT ST LUCIE, FL 34952

**CERTIFIED CONTRACTOR IN  
COMPLIANCE WITH MARTIN  
COUNTY, FLORIDA'S LICENSING  
REQUIREMENTS; ELIGIBLE TO  
PERFORM WORK WITHIN THE  
CLASSIFICATION.**

**NOTICE TO ALL CONTRACTORS**

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

**PROHIBITED ACTIVITIES:**

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

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

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



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

**ROOFING CONTRACTOR CERTIFIED**

License Number CCC057673 Expires: 31-AUG-04

COOPER, ROBERT G  
COOPER ROOFING & CONSTR CO  
8446 S US HWY 1  
PORT ST LUCIE, FL 34952

←  
license





STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

RECEIVED

NOV 25 2003

BY: \_\_\_\_\_

COOPER, ROBERT GRANT  
COOPER ROOFING & CONSTRUCTION CO  
8446 S FEDERAL HWY  
PORT SAINT LUCIE FL 34952



STATE OF FLORIDA

AC#0550808

DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CCC057673 08/26/02 345650095

CERTIFIED ROOFING CONTRACTOR  
COOPER, ROBERT GRANT  
COOPER ROOFING & CONSTRUCTION CO

IS CERTIFIED under the provisions of Ch. 489 FS.

Expiration date: AUG 31, 2004 SEQ# L02082601090

DETACH HERE

C#0550808

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L02082601090

DATE	BATCH NUMBER	LICENSE NBR
08/26/2002	345650095	CCC057673

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

COOPER, ROBERT GRANT  
COOPER ROOFING & CONSTRUCTION CO  
8446 S FEDERAL HWY  
PORT SAINT LUCIE FL 34952

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER  
SECRETARY

**10631**  
**FENCE**



**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:	10631	DATE ISSUED:	OCTOBER 14, 2013
SCOPE OF WORK:	FENCE W/GATES		
CONTRACTOR:	SUPERIOR FENCE		
PARCEL CONTROL NUMBER:	353741002-003-000406	SUBDIVISION	INDIALUCIE, L 4, BL 3
CONSTRUCTION ADDRESS:	2 BANYAN RD		
OWNER NAME:	ESCUE		
QUALIFIER:	CHRISTOPHER JOHNSON	CONTACT PHONE NUMBER:	882-1989

**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:	10631
ADDRESS	2 BANYNA RD - ESCUE
DATE 10/14/13	SCOPE OF WORK FENCE W/GATES

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 space:	
--	--

**RECEIPT**

DATE 10/11/13 No. 926692

RECEIVED FROM Superior Fence \$ 109.00

One hundred nine & 00/100 DOLLARS

Fence permit - 2 Banyan Rd

☐ FOR RENT ☒ CASH

☐ FOR ☐ MONEY ORDER

ACCOUNT:  FROM: Valerie Cornett

PAYMENT: 109.00 ☐ CHECK

BAL. DUE:  ☐ CREDIT CARD

BY: Valerie Cornett

28 adams 2701

	\$	
--	----	--

Road impact fee: (0.04% of construction value - \$5.00 min.)	\$	
--	----	--

	\$	
--	----	--

TOTAL BUILDING PERMIT FEE:	\$	
----------------------------	----	--

ACCESSORY PERMIT	Declared Value:	\$	2064
------------------	-----------------	----	------

Total number of inspections @ \$100.00 each		100
---	--	-----

Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$	2
---	----	---

DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	2
--	----	---

Road impact assessment: (.04% of construction value - \$5.00 min.)	\$	5
--	----	---

TOTAL ACCESSORY PERMIT FEE:	\$	109
-----------------------------	----	-----

*fd*  
*Cash*



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

Permit Number: 10631

Date: 10/10/13

OWNER/LESSEE NAME: William Escue

Phone (Day) 772-286-5376 (Fax) \_\_\_\_\_

Job Site Address: 2 Banyan Rd.

City: Sewall's Pointe

State: FL

Zip: 34996

Legal Description: Indialude Lot 4 BK 3

Parcel Control Number: 35-37-41-002-003-00040-6

Fee Simple Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):**

Fence / 4' tall / Vinyl / 39' @ Gates + (1) Wood Gate

**WILL OWNER BE THE CONTRACTOR?**

(If yes, Owner Builder questionnaire must accompany application)

YES \_\_\_\_\_

NO X

**Has a Zoning Variance ever been granted on this property?**

YES \_\_\_\_\_

(YEAR) \_\_\_\_\_

NO \_\_\_\_\_

(Must include a copy of all variance approvals with application)

**COST AND VALUES:** (Required on ALL permit applications)

Estimated Value of Improvements: \$ 2004.

(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

Is subject property located in flood hazard area? VE10 AE9 AE8 X

**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**

Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_

(Fair Market Value of the Primary Structure only. Minus the land value)

PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Superior Fence + Rail

Phone: 772-882-1989

Fax: 772-335-9899

Qualifiers name: Christopher Johnson

Street: 1730 Baldwin St

City: Rockledge

State: FL

Zip: 34996

State License Number: FE99

OR: Municipality: \_\_\_\_\_

License Number: \_\_\_\_\_

**LOCAL CONTACT:**

Judy Margo

Phone Number: 772-882-1989

**DESIGN PROFESSIONAL:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

AREAS SQUARE FOOTAGE: Living: \_\_\_\_\_

Garage: \_\_\_\_\_

Covered Patios/ Porches: \_\_\_\_\_

Enclosed Storage: \_\_\_\_\_

Carport: \_\_\_\_\_ Total under Roof \_\_\_\_\_

Elevated Deck: \_\_\_\_\_

Enclosed area below BFE\*: \_\_\_\_\_

\* Enclosed non-habitable areas below the Base Flood Elevation greater than 360 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010

National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

**WARNINGS TO OWNERS AND CONTRACTORS:**

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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

**OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:**

X \_\_\_\_\_

State of Florida, County of \_\_\_\_\_

On This the \_\_\_\_\_ day of \_\_\_\_\_, 2013

by \_\_\_\_\_ who is personally

known to me or produced \_\_\_\_\_

As identification \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

**CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:**

X \_\_\_\_\_

State of Florida, County of St Lucie

On This the 9 day of Oct, 2013

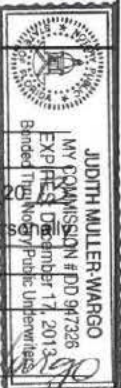
by Christopher Johnson who is personally

known to me or produced \_\_\_\_\_

As identification \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_



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

**Martin County, Florida  
Laurel Kelly, C.F.A***generated on 10/9/2013 9:52:43 AM EDT***Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
35-37-41-002-003-00040-6	9432	2 BANYAN RD, STUART	\$248,050	10/5/2013

**Owner Information**

Owner(Current)	ESCUE B J TR ESTATE
Owner/Mail Address	2 BANYAN RD STUART FL 34996
Sale Date	10/3/1997
Document Book/Page	1264 1361
Document No.	
Sale Price	0

**Location/Description**

Account #	9432	Map Page No.	SP-03
Tax District	2200	Legal Description	INDIALUCIE, LOT 4 BLK 3
Parcel Address	2 BANYAN RD, STUART		
Acres	.4510		

**Parcel Type**

Use Code	0100 Single Family
Neighborhood	120500 Melody Hill,India Lucie

**Assessment Information**

Market Land Value	\$136,000
Market Improvement Value	\$112,050
Market Total Value	\$248,050



**FIRST AMENDMENT OF THE B.J. ESCUE DECLARATION OF TRUST**

Pursuant to the power to modify and alter reserved in **THE B. J. ESCUE DECLARATION OF TRUST** dated October 1, 1997 between **B. J. ESCUE** as the Grantor and initial Trustee, I, hereby amend, modify and alter said Agreement to provide the following:

**FIRST:** I hereby revoke Article VI of my Trust to and substitute in lieu thereof the following Article VI as follows:

**ARTICLE VI  
DISTRIBUTION UPON MY DEATH**

**6.1 Distribution Upon My Death.** Upon my death, the trust estate, including any addition to the trust as a result of my death, shall be distributed outright to my children, **WILLIAM D. ESCUE and SUZANNE LELLI**, per stirpes

**SECOND:** I hereby revoke **ARTICLE VII** of my trust without replacing or renumbering the other provisions.


**THIRD:** I hereby revoke **ARTICLE XIII** of my trust and substitute in lieu thereof the following **ARTICLE XIII** as follows:

**ARTICLE XIII  
APPOINTMENT OF TRUSTEE**

I hereby appoint **WILLIAM D. ESCUE** and **SUZANNE M. LELLI** to act as co trustees upon my death, resignation or incapacity. I direct that my co trustees act without the necessity of bond.

**FOURTH:** I hereby readopt and confirm the remaining provisions of the said Agreement, and I reserve the right to further amend said Agreement and this First Amendment.

IN WITNESS WHEREOF, I have hereunto set my hand and seal as Grantor and Trustee on September 4, 2012.

  
\_\_\_\_\_  
**B. J. ESCUE**, Grantor and Trustee

SIGNED, SEALED, PUBLISHED and DECLARED by **B. J. ESCUE** the Grantor and Trustee, as and for a First Amendment of **DECLARATION OF TRUST OF B. J. ESCUE** of October, in the presence of us and each of us, who, at his request, in his presence and in the presence

of each other, have hereunto subscribed our names as witnesses on the date first above written.

Jordan Fields  
JORDAN FIELDS, Witness

of 416 SE Cortez Avenue, Stuart, FL 34994  
Phone: 772-286-0890

Jean McGoye-Fields  
JEAN McGOYE-FIELDS, Witness

of 416 SE Cortez Avenue, Stuart, FL 34994  
Phone: 772-286-0890

STATE OF FLORIDA       )  
                                      ) SS.  
COUNTY OF MARTIN     )

We, the undersigned, being the Grantor and Trustee and the witnesses, respectively, whose names are signed to the foregoing instrument, and having been sworn, do hereby declare to the undersigned officer that the Grantor and Trustee, in the presence of the witnesses, signed the instrument as a First Amendment of his Trust, that he signed willingly; and that each of the witnesses, in the presence of the Grantor and Trustee and in the presence of each other, signed the First Amendment as a witness.

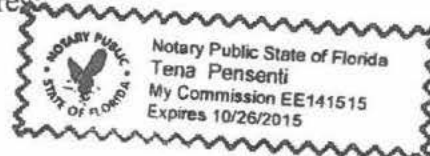
B. J. Escue  
B. J. ESCUE, Grantor and Trustee

Jordan Fields  
JORDAN FIELDS, WITNESS

Jean McGoye-Fields  
JEAN McGOYE-FIELDS, WITNESS

Subscribed and sworn to before me by B. J. ESCUE, the Grantor and Trustee, and by JORDAN FIELDS and JEAN McGOYE-FIELDS the witnesses, on this 4<sup>th</sup> day of September 2012, all of whom personally appeared before me. B. J. ESCUE, the Grantor and Trustee, is personally known to me or has produced a FLORIDA DRIV. Lic. as identification. JORDAN FIELDS, a witness, is personally known to me. JEAN McGOYE-FIELDS, a witness, is personally known to me.

Tena Persenti  
Notary Public  
My commission expires:



Initials

BJE





# Home Improvement Agreement: Proposal for Fencing Installation

## Approximate Installation Lead Time

\*Dealer will contact customer 1 week prior to installation to schedule date and time.

Please note: Neither The Home Depot nor Installation Professional are responsible for start/finish delays resulting from events beyond their control including, but not limited to, Change Orders, acts of nature, governmental actions, manufacturing delays or damage to merchandise caused by third parties, labor strikes/unrest, Your credit/financing, any incorrect information You provide, legal encumbrances on Your property, Your property's nonconformance with zoning requirements or building code requirements, hidden/unforeseen physical/hazardous conditions (including, but not limited to, environmental hazards such as mold, asbestos and lead paint) at Your service address or Your noncompliance with this Agreement or Change Orders. Home Depot reserves the right to terminate this agreement and/or require Installation Professional to discontinue Installation given any of the foregoing conditions.

**Definitions:** "You"/"Your" means the customer identified above. "Installation" means the installation services specified in this Agreement. "Installation Professional" or "Professional" means an independent contractor authorized by Home Depot (licensed and insured as required by Home Depot and applicable law) and the contractor's employees, agents and subcontractors. "Agreement" means this Special Services/Home Improvement Agreement between You and Home Depot U.S.A., Inc. (Interchangeably referred to as "Home Depot"), which includes this page, the General Terms and Conditions following this page, the State Supplement, the Invoice or Specifications and any other documents expressly made a part of this Agreement. Please see this Agreement's General Terms and Conditions for additional definitions.

**Acceptance and Authorization:** By signing below, You authorize Home Depot to (a) arrange for Installation Professional to perform Installation and/or (b) order and arrange for the delivery of special order merchandise, including special order merchandise that may be custom made, as specified in this Agreement. You understand this Agreement constitutes the entire understanding between You and Home Depot and may only be amended by a Change Order signed by Home Depot (or by Installation Professional or its authorized representative on Home Depot's behalf) and You. This Agreement expressly supersedes all prior written or verbal agreements or representations made by Home Depot, Installation Professional, You, or anyone else. Except as set forth in this Agreement, You agree there are no oral or written representations or inducements, express or implied, in any way conditioning this Agreement, and You expressly disclaim their existence. Do not sign if blank or incomplete. (Installation Professional's/permitting information may need to be provided to You later.) By signing, You acknowledge that You have read, understand, and accept this Agreement in its entirety. You further acknowledge receiving a complete copy. Keep it to protect Your legal rights.

**It is very important to read the Terms and Conditions included on the next page. By signing this proposal and providing payment you are creating a Contract between the parties for the selected products and you agree to the Terms and Conditions on the next page.**

**Payment Schedule:** You agree that payments will be due as indicated below. If You are paying by credit, debit, or The Home Depot card, the account may be charged or debited (as applicable) on the same day that it is accepted by the THD Representative or Installation Professional.

Payment: \$ 2064 - DUE IN FULL IMMEDIATELY.

Sales Tax: \$ \_\_\_\_\_ If applicable.

Total Amount of Sale: \$ 2064 - Includes all applicable discounts, rebates, and taxes. Excludes finance charges.\*

Accepted by:

Customer's Signature

Date

Customer's Initials: \_\_\_\_\_ BY INITIALING, YOU AUTHORIZE DELIVERY OF MERCHANDISE TO SERVICE ADDRESS PROVIDED ABOVE WITHOUT OBTAINING DELIVERY AGENT'S SIGNATURE AND AGREE TO INDEMNIFY AND HOLD HOME DEPOT HARMLESS FROM ANY RESULTING CLAIMS.

Professional's Full Business/Trade Name, Address and License No. or Nos. (If Applicable):

Home Depot / Superior Fence  
1053 SE Holtzwick Rd.

Professional's Tel. No. 772-882-1989

JUDY WARGO  
Professional's/Authorized Representative's Full Signature Date

Please PRINT Your Salesperson's License No. if Applicable

TO VIEW HOME DEPOT'S LICENSE NUMBERS, PLEASE VISIT  
[www.homedepot.com/licensesnumbers](http://www.homedepot.com/licensesnumbers).

Professional/Authorized Representative on Home Depot's Behalf: PRINT Your Full Personal Name

For each check presented as a payment, I, the account holder, authorize The Home Depot and its Service Providers including TeleCheck Services, Inc., to use my information from my check\* to make a one-time electronic funds transfer (EFT) or draft from my account, or to process the payment as a check transaction. The account referenced is a (check one): ☐ Personal / Consumer Account ☐ Business / Corporate Account

If my payment is returned unpaid, I authorize The Home Depot or its Service Providers including TeleCheck Services, Inc., to collect my payment and my state's return fee, as set forth below, by EFT(s) or draft(s) from my account until paid.

I understand that I can revoke this authorization by providing notice to Home Depot within 24 hours to afford Home Depot a reasonable opportunity to act on it. If this payment is from a corporate owned account, I make these authorizations as an authorized corporate representative and agree that the entity will be bound by the NACHA Operating Rules.

\*Official Bank Checks (i.e. Mortgage, Equity, or Line of Credit Checks), Insurance Checks, Checks over \$50K, or any Non-Demand Deposit Account Checks, are not eligible for electronic processing but can be processed manually and do not require a signature to this authorization. Money Orders and Traveler's Checks can only be used at a Home Depot Retail Store. If customer is paying with Money Orders or Traveler's Checks, please let your Sales Consultant know at contract signing.

**Cashier's Checks, Credit Card Checks, Treasurer's Checks, and "Official" Checks cannot be accepted by The Home Depot.**

Return Fees by State are as follows:

\$10 - PR; \$20 - CO, CT, GU, ID, IN, NY, UT, VI; \$25 - AR, AZ, CA, DC, IL, MA, ME, MI, MO, NC, NH, NV, OK, RI, VT, WI, WV; \$30 - AK, AL, HI, IA, KS, MN, MT, NJ, NM, PA, SC, TN, WY; \$30.00 + tax - TX; \$35 - MD, ND, NE, OR; \$40 - DE, MS, SD; \$50 - KY, VA, FL - CHECKS UP TO \$50.00 = \$25.00 FEE; \$50.01 - \$300.00 = \$30.00 FEE; \$300.01 & OVER = THE GREATER OF \$40.00 OR 5% OF THE AMOUNT OF THE CHECK. GA - THE GREATER OF \$30.00 OR 5% OF THE AMOUNT OF THE CHECK. LA - THE GREATER OF \$25.00 OR 5% OF THE AMOUNT OF THE CHECK. OH - THE GREATER OF \$60.00 OR 10% OF THE AMOUNT OF THE CHECK. WA - RECORD IS LESS THAN 33 DAYS OLD = \$30.00 FEE; RECORD IS MORE THAN 33 DAYS OLD = \$30.00 FEE PLUS FACE VALUE OF CHECK UP TO \$40.00 PLUS INTEREST AT 12% ANNUAL RATE.

Customer Signature

Print Name

Driver's License or State ID #

State Issuing Driver's License

Primary Payment Method: ☒ Check ☐ Home Depot Project Loan ☐ Home Depot Card ☐ AMEX ☐ Discover ☐ MasterCard ☐ VISA  
☐ Home Depot Open to Buy - Amount: \$ \_\_\_\_\_

Amount: \$ 2064 Primary Account Number (Credit Cards Only): \_\_\_\_\_ Expiration: 1

Primary Account Holder Name: WILLIAM ESCUE

Secondary Payment Method: ☐ Check ☐ Home Depot Project Loan ☐ Home Depot Card ☐ AMEX ☐ Discover ☐ MasterCard ☐ VISA

Amount: \$ \_\_\_\_\_ Secondary Account Number (Credit Cards Only): \_\_\_\_\_ Expiration: 1

Primary Account Holder Name: \_\_\_\_\_

\*A Home Depot representative or Installation Professional must destroy this portion of the document within 10 days of the Install Completion Date unless otherwise approved by The Home Depot.

Customer's Signature

THD Representative or Installation Professional's Signature

Date

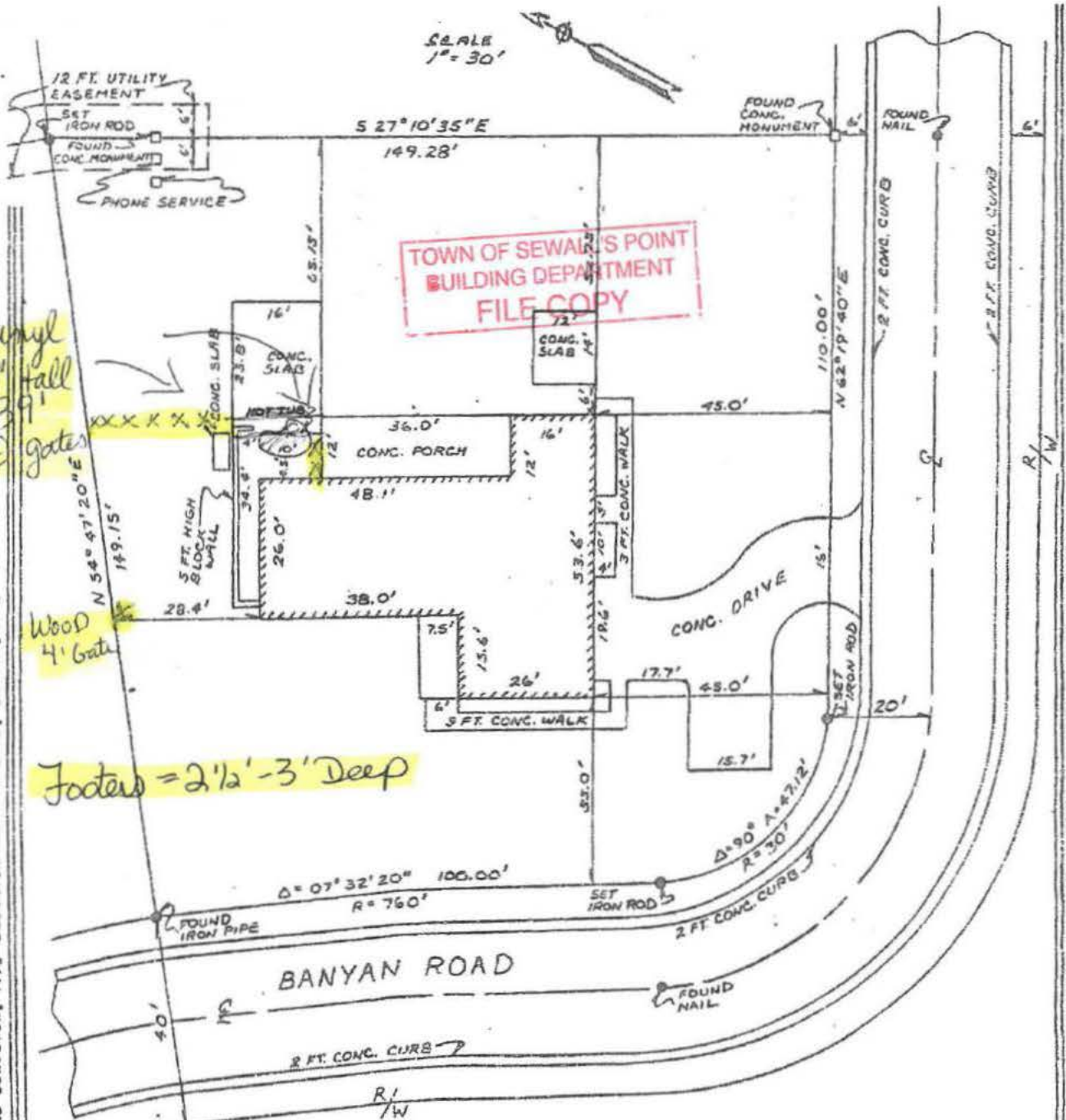
Date

Customer Care: 1-877-362-3413

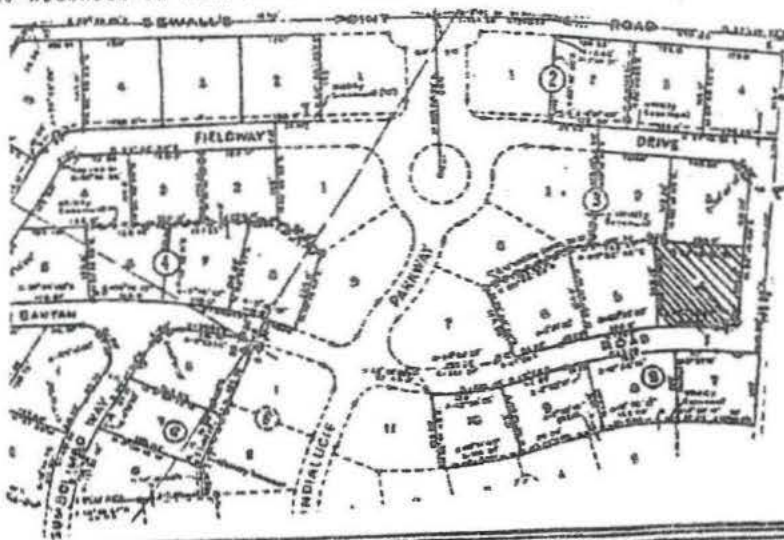
HD-299 FULL ( )

DISTRIBUTION: White—Home Depot Copy Yellow—Customer Copy Pink—Installation Professional Copy

PROFESSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, STUART, FLA.



SURVEY OF AND SHOWING LOT 4 AS RECORDED IN PLAT BOOK 4 PAGE 85 BLOCK 3 OF THE SUBDIVISION OF INDIALUCIE COUNTY, FLORIDA RECORDS OF MARTIN



PLAT OF TRACTS "A" "B" "C"  
IN  
PLAT OF  
**INDIALUCIE**  
SEWALL'S POINT  
MARTIN COUNTY, FLORIDA





LOCATION SKETCH  
NOT TO SCALE



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☒ Mon ☐ Wed ☐ Fri 2/2, 2004 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6391	WHITWELL	TRUSS ENG +	—	CANCELLED
3	1 MARGUERITA HEMMINGWAY HOMES	Window + Door Bug		INSPECTOR:
6574	ESCUE	FINAL ROOF	PASS	CLOSE
4	2 BANYAN COOPER ROOFING	9-12		INSPECTOR: 
6575	ESCUE	FINAL SKYLIGHT		WAITING FOR DOCUMENTATION FROM MANUF. D.O.A. IN FILE
4	2 BANYAN COOPER ROOFING	9-12	PASS	INSPECTOR: 
<del>Tree</del>	<del>ZEEHIEL</del>	<del>TREE</del>		(FRI)
	1 RIVERVIEW			INSPECTOR:
6550	JOYNER	Door + Window Bugs	PASS	CLOSE
1	85 S. SEWALL'S PT MASTERCPIECE BROS	8am or earlier if possible		INSPECTOR: 
6413	POWERS	SLAB	PASS	
2	705. SEWALL'S PT FLORIDA'S FINEST	COLUMN BEAM		INSPECTOR: 
<del>Tree</del>	<del>LAW</del>	<del>TREE</del>	<del>PASS</del>	<del>LAB → Phil</del>
	4 COPAIDE			INSPECTOR:
OTHER:	LAGANA	TREE	PASS	LAB → GS
	TREE 23 S. SEWALL'S PT			



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection ☐ Mon ☐ Tue ☒ Wed ☐ Thur ☐ Fri 11-20-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10624</del>	<del>Mine</del>	<del>Structure chg</del>	<del>Cancel</del>	<del>reschedule 12-4</del>
	<del>2 Melody Ln</del>			
	<del>Arlington Elect 281-1354X1230</del>			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10640	Nearing	electrical		
10:30-11AM	9 Mandalay Rd	barrier	PASS	
	Pool by Greg			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10675	Viny	Final		
	22 Castle Hill	Fence	PASS	CLOSE
	A Great Fence			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10631	Esque	Final		
	2 Banyan Rd	Fence	PASS	CLOSE
	Superior Fence			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	23 S. Ridgerview	Tree	NG	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	76 S River Rd	Tree		
			NG	
	Miss			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
2567	SAINGARMY	FINAL		
	167 S ST RD	DECK & BALCONY	PASS	CLOSE
				INSPECTOR



**10635**

**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:	10635	DATE ISSUED:	OCTOBER 16, 2013
SCOPE OF WORK:	AC CHANGEOUT		
CONTRACTOR:	JB A/C & ELECTRICAL		
PARCEL CONTROL NUMBER:	353741002-003-000406	SUBDIVISION	INDIALUCIE, L 4, BL 3
CONSTRUCTION ADDRESS:	2 BAYNA RD		
OWNER NAME:	ESCUE		
QUALIFIER:	JOHN D BROWNING	CONTACT PHONE NUMBER:	634-6315

**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:	10635
ADDRESS	2 BANYAN RD - ESCUE
DATE 10/16/13	SCOPE OF WORK AC CHANGEOUT

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

Plan Submittal Fee (\$350.00 SFR, \$175.00 for

(No plan submittal fee)

Total

Total

Total so

Total Co

Building

Building

Total num

Dept. of Co

DBPR License Fee: (1.5% of permit fee - \$2.00 min.)

Road impact assessment: (.04% of construction value - \$5.00 min.)

Martin County Impact Fee:

**TOTAL BUILDING PERMIT FEE:**

ACCESSORY PERMIT	Declared Value:	\$	4000
Total number of inspections @ \$100.00 each			100
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$	2	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	2	
Road impact assessment: (.04% of construction value - \$5.00 min.)	\$	5	
<b>TOTAL ACCESSORY PERMIT FEE:</b>	\$	109	

*1349*  
*CK# 1349*

# Town of Sewall's Point

## BUILDING PERMIT APPLICATION

Permit Number: 10635

Date: 10/14/13

OWNER/LESSEE NAME: ESQUE B3 TR Estate

Phone (Day) (772) 296-5376 (Fax)

Job Site Address: 2 Banyan Rd

City: Sewall's Point State: FL Zip: 34996

Legal Description: Indivisible

Parcel Control Number: 35-37-41-002-003-00040-6

Fee Simple Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

### \*SCOPE OF WORK (PLEASE BE SPECIFIC):

A/C change out

#### WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application)

YES \_\_\_\_\_ NO X

#### Has a Zoning Variance ever been granted on this property?

YES \_\_\_\_\_ NO (YEAR)

(Must include a copy of all variance approvals with application)

#### COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 4000

(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

Is subject property located in flood hazard area? VE10 \_\_\_\_\_ AE9 \_\_\_\_\_ AE8 X

#### FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:

Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_

(Fair Market Value of the Primary Structure only, Minus the land value)

PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: JB ALC Electrical Inc

Phone: 772-634-6315 Fax: 772-232-6310

Qualifiers name: John Browning

Street: 1535 NW Duval

City: Shuart

State: FL Zip: 34997

State License Number: CAC1316319

OR: Municipality: \_\_\_\_\_

License Number: \_\_\_\_\_

#### LOCAL CONTACT:

Phone Number: \_\_\_\_\_

#### DESIGN PROFESSIONAL:

Fla. License# \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

AREAS SQUARE FOOTAGE: Living: 1468

Garage: 593

Covered Patios/ Porches: \_\_\_\_\_

Enclosed Storage: 2526

Carport: \_\_\_\_\_

Total under Roof: 2354

Elevated Deck: \_\_\_\_\_

Enclosed area below BFE\*: \_\_\_\_\_

\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010  
National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

### WARNINGS TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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

#### OWNER /AGENT/ LESSEE - NOTARIZED SIGNATURE:

X William Esque  
State of Florida, County of: Martin  
On This the 14 day of Oct  
by William Esque who is personally  
known to me or produced OK DR# M082591819  
As identification. Valerie Camlet  
Notary Public

My Commission Expires: \_\_\_\_\_

#### CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X John D. Browning  
State of Florida, County of: Martin  
On This the 14 day of Oct  
by John D. Browning who is personally  
known to me or produced FLX#B655-464-79-065-0  
As identification. Valerie Camlet  
Notary Public

My Commission Expires: \_\_\_\_\_

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



**Martin County, Florida  
Laurel Kelly, C.F.A***generated on 10/14/2013 2:38:09 PM EDT***Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
35-37-41-002-003-00040-6	9432	2 BANYAN RD, STUART	\$248,050	10/12/2013

**Owner Information**

Owner(Current)	ESCUE B J TR ESTATE
Owner/Mail Address	2 BANYAN RD STUART FL 34996
Sale Date	10/3/1997
Document Book/Page	1264 1361
Document No.	
Sale Price	0

**Location/Description**

Account #	9432	Map Page No.	SP-03
Tax District	2200	Legal Description	INDIALUCIE, LOT 4 BLK 3
Parcel Address	2 BANYAN RD, STUART		
Acres	.4510		

**Parcel Type**

Use Code	0100 Single Family
Neighborhood	120500 Melody Hill,India Lucie

**Assessment Information**

Market Land Value	\$136,000
Market Improvement Value	\$112,050
Market Total Value	\$248,050

**FIRST AMENDMENT OF THE B.J. ESCUE DECLARATION OF TRUST**

Pursuant to the power to modify and alter reserved in **THE B. J. ESCUE DECLARATION OF TRUST** dated October 1, 1997 between **B. J. ESCUE** as the Grantor and initial Trustee, I, hereby amend, modify and alter said Agreement to provide the following:

**FIRST:** I hereby revoke Article VI of my Trust to and substitute in lieu thereof the following Article VI as follows:

**ARTICLE VI  
DISTRIBUTION UPON MY DEATH**

**6.1 Distribution Upon My Death.** Upon my death, the trust estate, including any addition to the trust as a result of my death, shall be distributed outright to my children, **WILLIAM D. ESCUE** and **SUZANNE LELLI**, per stirpes

**SECOND:** I hereby revoke **ARTICLE VII** of my trust without replacing or renumbering the other provisions.


**THIRD:** I hereby revoke **ARTICLE XIII** of my trust and substitute in lieu thereof the following **ARTICLE XIII** as follows:

**ARTICLE XIII  
APPOINTMENT OF TRUSTEE**

I hereby appoint **WILLIAM D. ESCUE** and **SUZANNE M. LELLI** to act as co trustees upon my death, resignation or incapacity. I direct that my co trustees act without the necessity of bond.

**FOURTH:** I hereby readopt and confirm the remaining provisions of the said Agreement, and I reserve the right to further amend said Agreement and this First Amendment.

IN WITNESS WHEREOF, I have hereunto set my hand and seal as Grantor and Trustee on September 4, 2012.

  
\_\_\_\_\_  
**B. J. ESCUE**, Grantor and Trustee

SIGNED, SEALED, PUBLISHED and DECLARED by **B. J. ESCUE** the Grantor and Trustee, as and for a First Amendment of **DECLARATION OF TRUST OF B. J. ESCUE** of October, in the presence of us and each of us, who, at his request, in his presence and in the presence



of each other, have hereunto subscribed our names as witnesses on the date first above written.

Jordan Fields  
JORDAN FIELDS, Witness

of 416 SE Cortez Avenue, Stuart, FL 34994  
Phone: 772-286-0890

Jean McGoye-Fields  
JEAN McGOYE-FIELDS, Witness

of 416 SE Cortez Avenue, Stuart, FL 34994  
Phone: 772-286-0890

STATE OF FLORIDA       )  
                                      ) SS.  
COUNTY OF MARTIN    )

We, the undersigned, being the Grantor and Trustee and the witnesses, respectively, whose names are signed to the foregoing instrument, and having been sworn, do hereby declare to the undersigned officer that the Grantor and Trustee, in the presence of the witnesses, signed the instrument as a First Amendment of his Trust, that he signed willingly; and that each of the witnesses, in the presence of the Grantor and Trustee and in the presence of each other, signed the First Amendment as a witness.

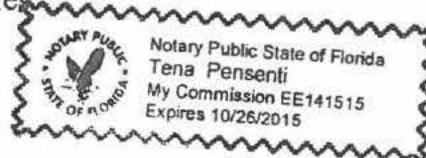
B. J. Escue  
B. J. ESCUE, Grantor and Trustee

Jordan Fields  
JORDAN FIELDS, WITNESS

Jean McGoye-Fields  
JEAN McGOYE-FIELDS, WITNESS

Subscribed and sworn to before me by B. J. ESCUE, the Grantor and Trustee, and by JORDAN FIELDS and JEAN McGOYE-FIELDS the witnesses, on this 4<sup>th</sup> day of September 2012, all of whom personally appeared before me. B. J. ESCUE, the Grantor and Trustee, is personally known to me or has produced a FLORIDA DRIV. Lic. as identification. JORDAN FIELDS, a witness, is personally known to me. JEAN McGOYE-FIELDS, a witness, is personally known to me.

Tena Pensenti  
Notary Public  
My commission expires:



Initials BJE



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

### Air Conditioning Change out Affidavit



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

**One form required for each A/C system installed**

### REPLACEMENT SYSTEM COMPONENTS

<b>Air handler:</b> Mfg: <u>Rheem</u> Model# <u>RHU-H1324</u> Volts <u>240</u> CFM's <u>1400</u> Heat Strip <u>10</u> Kw Min. Circuit Amps <u>31.6</u> Wire gauge <u>#6</u> Max. Breaker size <u>60</u> Min. Breaker size <u>50</u> Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u> Refrigerant type <u>R410A</u> Location: Existing <u>X</u> New _____ Attic/Garage/Closet (specify) <u>Attic</u> Access: <u>yes pull down</u>	<b>Condenser:</b> Mfg: <u>Rheem</u> Model# <u>14AJM</u> Volts <u>240</u> SEER/EER <u>16</u> BTU's <u>40,000</u> Min. Circuit Amps <u>36</u> Wire gauge <u>#6</u> Max. Breaker size <u>40</u> Min. Breaker size <u>30</u> Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u> Refrigerant type <u>R410A</u> Location: Existing <u>X</u> New _____ Left/Right/Rear/Front/Roof <u>right</u> Condensate Location <u>same</u>
--	---

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

### EXISTING SYSTEM COMPONENTS

<b>Air handler:</b> Mfg: <u>Trane</u> Model# <u>TWE042E</u> Volts <u>240</u> CFM's <u>1400</u> Heat Strip <u>10</u> Kw Min. Circuit Amps <u>31.6</u> Wire gauge <u>#6</u> Max. Breaker size <u>60</u> Min. Breaker size <u>50</u> Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u> Refrigerant type <u>R22</u> Location: Ext. <u>X</u> New _____ Attic/Garage/Closet (specify) <u>Attic</u> Access: <u>yes pull down</u>	<b>Condenser:</b> Mfg: <u>Trane</u> Model# <u>277R042A600</u> Volts <u>240</u> SEER/EER <u>10</u> BTU's <u>41,000</u> Min. Circuit Amps <u>26</u> Wire gauge _____ Max. Breaker size <u>40</u> Min. Breaker size <u>30</u> Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u> Refrigerant type <u>R22</u> Location: Ext. <u>X</u> New _____ Left/Right/Rear/Front/Roof <u>right</u> Condensate Location <u>same</u>
--	---

### **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

Date

10/14/13



Email: 2shawnrussell@bellsouth.net

## Project Information

For: Bill Escue, JB'S Air Conditioning and Electric  
2 Banyan Rd, Stuart, FL 34996

Notes: Email: 2shawnrussell@bellsouth.net

## Design Information

Weather: W Palm Beach, FL, US

### Winter Design Conditions

Outside db	47 °F
Inside db	70 °F
Design TD	23 °F

### Summer Design Conditions

Outside db	90 °F
Inside db	75 °F
Design TD	15 °F
Daily range	L
Relative humidity	50 %
Moisture difference	59 gr/lb

### Heating Summary

Structure	17588 Btuh
Ducts	4585 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	22173 Btuh

### Sensible Cooling Equipment Load Sizing

Structure	22174 Btuh
Ducts	10690 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.95
Equipment sensible load	31287 Btuh

### Infiltration

Method	Simplified	
Construction quality	Average	
Fireplaces	0	
	<b>Heating</b>	<b>Cooling</b>
Area (ft <sup>2</sup> )	1710	1710
Volume (ft <sup>3</sup> )	15390	15390
Air changes/hour	0.38	0.20
Equiv. AVF (cfm)	97	51

### Latent Cooling Equipment Load Sizing

Structure	2040 Btuh
Ducts	2169 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	4208 Btuh
Equipment total load	35495 Btuh
Req. total capacity at 0.70 SHR	3.7 ton

### Heating Equipment Summary

Make	n/a
Trade	n/a
Model	n/a
AHRI ref	n/a
Efficiency	n/a
Heating input	0 Btuh
Heating output	0 Btuh
Temperature rise	0 °F
Actual air flow	1333 cfm
Air flow factor	0.060 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

### Cooling Equipment Summary

Make	Rheem
Trade	RHEEM 14AJM SERIES
Cond	14AJM42
Coil	RHLL-HM3821++RCSL-H*3821
AHRI ref	3806012
Efficiency	13.0 EER, 16 SEER
Sensible cooling	28000 Btuh
Latent cooling	12000 Btuh
Total cooling	40000 Btuh
Actual air flow	1333 cfm
Air flow factor	0.041 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.89

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



# Certificate of Product Ratings

**AHRI Certified Reference Number: 3806012**

**Date: 10/14/2013**

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

**Outdoor Unit Model Number: 14AJM42**

**Indoor Unit Model Number: RHLL-HM3821+RCSL-H\*3821**

**Manufacturer: RHEEM MANUFACTURING COMPANY**

**Trade/Brand name: RHEEM**

**Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY**

**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):	40000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

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

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#### CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at [www.ahridirectory.org](http://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 below.



Air-Conditioning, Heating,  
and Refrigeration Institute



**NOTE:** These units must be installed outdoors. No ductwork can be attached, or other modifications made, to the discharge grille. Modifications will affect performance or operation.

### 3.3 OPERATIONAL ISSUES

- **IMPORTANT:** Locate the condenser in a manner that will not prevent, impair or compromise the performance of other equipment horizontally installed in proximity to the unit. Maintain all required minimum distances to gas and electric meters, dryer vents, exhaust and inlet openings. In the absence of National Codes, or manufacturers' recommendations, local code recommendations and requirements will take precedence.
- Refrigerant piping and wiring should be properly sized and kept as short as possible to avoid capacity losses and increased operating costs.
- Locate the condenser where water run off will not create a problem with the equipment. Position the unit away from the drip edge of the roof whenever possible. Units are weatherized, but can be affected by water pouring into the unit from the junction of rooflines, without protective guttering.

### 3.4 FOR CONDENSERS WITH SPACE LIMITATIONS

In the event that a space limitation exists, we will permit the following clearances:

**Single Unit Applications:** One condenser inlet air grille side may be reduced to no less than a 6-inch clearance. Clearances below 6 inches will reduce unit capacity and efficiency. Do not reduce the 60-inch discharge, or the 24-inch service clearances.

**Multiple Unit Applications:** When multiple condenser grille sides are aligned, a 6-inch per unit clearance is recommended, for a total of 12 inches between two units. Two combined clearances below 12 inches will reduce capacity and efficiency. Do not reduce the 60-inch discharge, or 24-inch service, clearances.

### 3.5 CUSTOMER SATISFACTION ISSUES

- The condenser should be located away from the living, sleeping and recreational spaces of the owner and those spaces on adjoining property.
- To prevent noise transmission, the mounting pad for the outdoor unit should not be connected to the structure, and should be located sufficient distance above grade to prevent ground water from entering the unit.

### 3.6 PROPER INSTALLATION

Proper sizing and installation of equipment is critical to achieve optimal performance. Use the information in this Installation Instruction Manual and reference the applicable Engineering Specification Sheet when installing this product.

**IMPORTANT:** This product has been designed and manufactured to meet ENERGY STAR® criteria for energy efficiency when matched with appropriate coil components. However, proper refrigerant charge and proper air flow are critical to achieve rated capacity and efficiency. Installation of this product should follow the manufacturer's refrigerant charging and air flow instructions. **Failure to confirm proper charge and airflow may reduce energy efficiency and shorten equipment life.**

### 3.7 UNIT MOUNTING

If elevating the condensing unit, either on a flat roof or on a slab, observe the following guidelines.

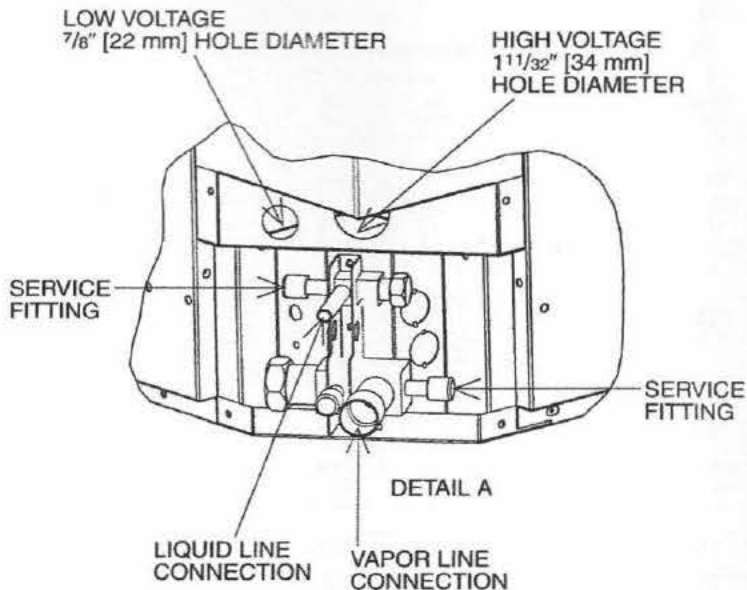
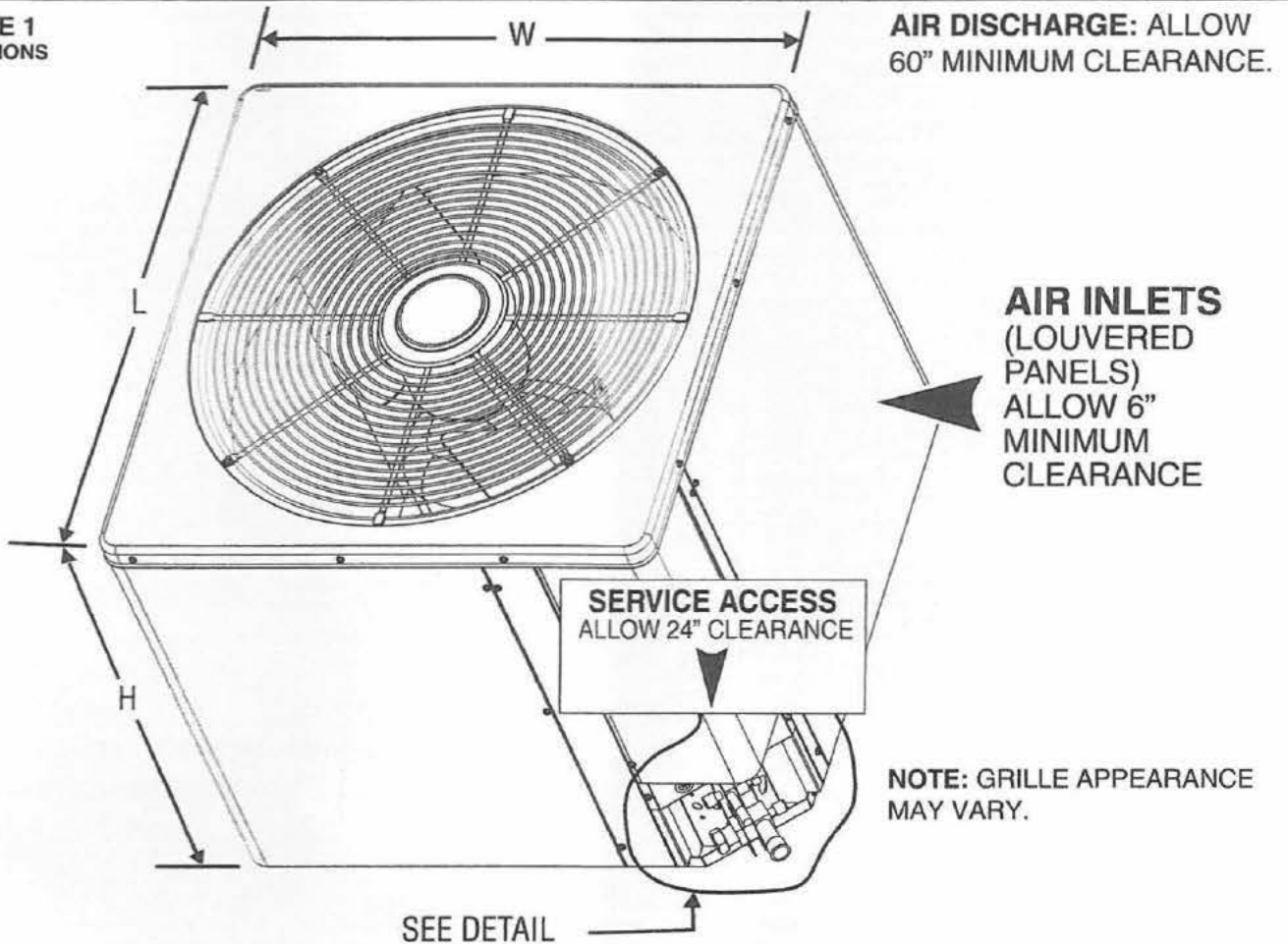
- The base pan provided elevates the condenser coil 3/4" above the base pad.
- If elevating a unit on a flat roof, use 4" x 4" (or equivalent) stringers positioned to distribute unit weight evenly and prevent noise and vibration.

### 3.8 FACTORY-PREFERRED TIE-DOWN METHOD FOR OUTDOOR UNITS

**IMPORTANT:** The Manufacturer approved/recommended method is a guide to securing equipment for wind and seismic loads. Other methods might provide the same result, but the Manufacturer method is the only one endorsed by Manufacturer for securing equipment where wind or earthquake damage can occur. Additional information is available in the PTS (Product Technical Support) section of the Manufacturer website Rheemote.net and can be found as a listing under each outdoor model. If you do not have access to this site, your Distributor can offer assistance.

## 2.3 (SEE FIGURE 1)

**FIGURE 1  
DIMENSIONS**



### DIMENSIONAL DATA

13 Seer Model Size	18, 24	30, 36, 42	48	60
14.5 Seer Model Size		19, 25	30	36, 42, 48, 49, 56, 60
Height "H" (in.) [mm]	24 $\frac{1}{4}$ [616]	24 $\frac{1}{4}$ [616]	27 $\frac{3}{8}$ [702]	35 $\frac{3}{8}$ [913]
Length "L" (in.) [mm]	23 $\frac{5}{8}$ [600]	27 $\frac{5}{8}$ [702]	31 $\frac{5}{8}$ [803]	31 $\frac{5}{8}$ [803]
Width "W" (in.) [mm]	23 $\frac{5}{8}$ [600]	27 $\frac{5}{8}$ [702]	31 $\frac{5}{8}$ [803]	31 $\frac{5}{8}$ [803]

\*NOTE: "H" dimension includes baserails and/or basepan.



## 2.5 DIMENSIONS & WEIGHTS

**FIGURE 3**  
DIMENSIONS AND WEIGHTS

ELECTRICAL CONNECTIONS MAY EXIT TOP OR EITHER SIDE

HIGH VOLTAGE CONNECTION 7/8",  
1 3/32", 1 31/32" DIA. KNOCK OUTS.

LOW VOLTAGE CONNECTION  
5/8" AND 7/8" KNOCK OUT  
(OUTSIDE OF CABINET)

**Return Air Opening Dimensions**

Model Cabinet Size	Return Air Opening Width (Inches)	Return Air Opening Depth/Length (Inches)
17	15 7/8	19 3/4
21	19 3/4	19 3/4
24	22 7/8	19 3/4

AUXILIARY DRAIN CONNECTION  
3/4" FEMALE PIPE THREAD (NPT)  
HORIZONTAL APPLICATION ONLY

PRIMARY DRAIN CONNECTION  
3/4" FEMALE PIPE THREAD (NPT)

AUXILIARY DRAIN CONNECTION  
3/4" FEMALE PIPE THREAD (NPT)  
UPFLOW/DOWNFLOW APPLICATION  
ONLY

LIQUID LINE CONNECTION  
COPPER (SWEAT)

VAPOR LINE CONNECTION  
COPPER (SWEAT)

SUPPLY AIR

**NOTE: 24" CLEARANCE REQUIRED  
IN FRONT OF UNIT FOR FILTER  
AND COIL MAINTENANCE.**

FLANGES ARE PROVIDED  
FOR FIELD INSTALLATION

UPFLOW UNIT SHOWN;  
UNIT MAY BE INSTALLED UPFLOW, DOWNFLOW,  
HORIZONTAL RIGHT, OR LEFT AIR SUPPLY.

**DIMENSIONAL DATA**

MODEL SIZE	UNIT HEIGHT IN. [mm]	UNIT WIDTH "W" IN. [mm]	SUPPLY DUCT "A" IN. [mm]	AIRFLOW COIL (NOM.) [L/s]		UNIT WEIGHT / SHIPPING WEIGHT (LBS.) [kg]
				LO	HI	
1817/2417	42 1/2" [1080]	17 1/2" [444.5]	16" [406.4]	600 [283]	800 [378]	82/96 [37.1]/[43.5]
3017/3617	42 1/2" [1080]	17 1/2" [444.5]	16" [406.4]	1000 [472]	1200 [566]	92/106 [41.7]/[48.0]
3621	42 1/2" [1080]	21" [533.4]	19 1/2" [495.3]	1200 [566]	—	97/112 [43.9]/[50.8]
3821	50 1/2" [1283]	21" [533.4]	19 1/2" [495.3]	1000 [472]	1200 [566]	150/166 [68.0]/[75.2]
4221/4821	50 1/2" [1283]	21" [533.4]	19 1/2" [495.3]	1400 [661]	1600 [755]	150/166 [68.0]/[75.2]
4824	55 1/2" [1410]	24 1/2" [622.3]	23" [581.2]	1600 [755]	—	162/180 [73.4]/[81.6]
6024	55 1/2" [1410]	24 1/2" [622.3]	23" [581.2]	—	1800 [850]	181/198 [82.1]/[89.8]

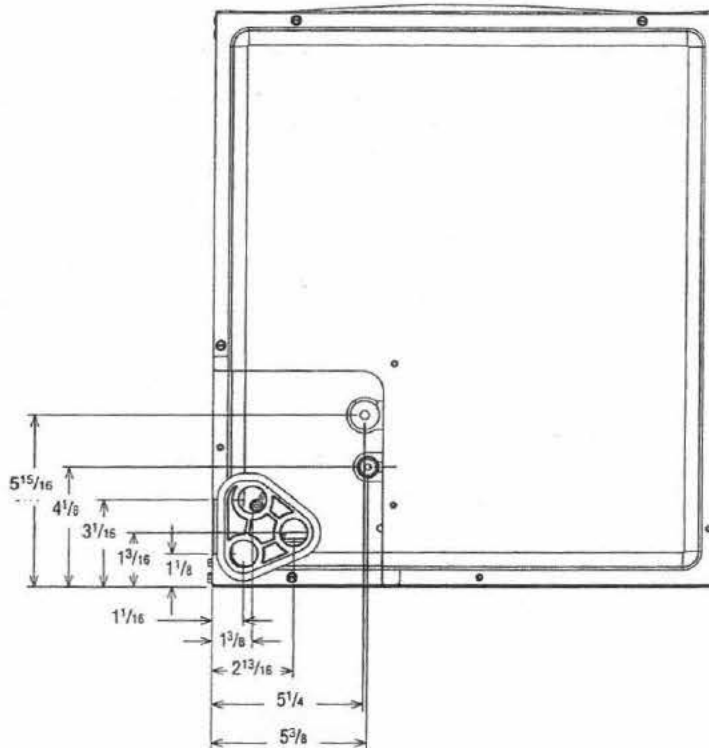
A-1038-01

## 3.0 APPLICATIONS

### 3.1 VERTICAL UPFLOW

- Vertical Upflow is the factory configuration for all models (see Figure 3).
- If a side return air opening is required, field fabricate a return air plenum with an opening large enough to supply unit and strong enough to support unit weight.
- If return air is to be ducted, install duct flush with floor. Use fireproof resilient gasket 1/8 to 1/4 in. thick between duct, unit and floor. Set unit on floor over opening.

**FIGURE 4**  
DIMENSIONS FOR FRONT CONNECT COIL



### 3.2 VERTICAL DOWNFLOW

**Conversion to Vertical Downflow:** A vertical upflow unit may be converted to vertical downflow. Remove the door and indoor coil and reinstall 180° from original position (see Figure 5).

A second set of coil rails must be field installed for vertical down-flow and horizontal right applications. Fastener clearance holes will need to be drilled in the cabinet sides (proper hole locations are marked with "dimpled" for this purpose). Note that the shorter (no notch) coil rail must be mounted on the left-hand side to provide clearance for the drain-pan condensate connection boss.

**IMPORTANT:** To comply with certification agencies and the National Electric Code for horizontal right application, the circuit breaker(s) on field-installed electric heater kits must be re-installed per procedure below so that the breaker switch "on" position and marking is up and, "off" position and marking is down.

- To turn breaker(s): Rotate one breaker pair (circuit) at a time starting with the one on the right. Loosen both lugs on the load side of the breaker. Wires are bundles with wire ties, one bundle going to the right lug and one bundle going to the left lug.
- Using a screwdriver or pencil, lift white plastic tab with hole away from breaker until breaker releases from mounting opening (see Figure 5).
- With breaker held in hand, rotate breaker so that "on" position is up, "off" position is down with unit in planned vertical mounting position. Insert right wire bundle into top right breaker lug, ensuring all strands of all wires are inserted fully into lug, and no wire insulation is in lug.
- Tighten lug as tight as possible while holding circuit breaker. Check wires and make sure each wire is secure and none are loose. Repeat for left wire bundle in left top circuit breaker lug.
- Replace breaker by inserting breaker mounting tab opposite white pull tab in opening, hook mounting tab over edge in opening.



#### 4.6B Electrical Data – With Electric Heat: (-)HLL - continued

AIR HANDLER MODEL	HEATER MODEL I/O	HEATER KW (208/240V) (480V)	PH/HZ	NO. ELEMENTS - KW PER	TYPE SUPPLY CIRCUIT SINGLE CIRCUIT MULTIPLE CIRCUIT	CIRCUIT AMPS.	MOTOR AMPACITY	MINIMUM CIRCUIT AMPACITY	MAXIMUM CIRCUIT PROTECTION
(-)HLL 3621 3821	RXBH-1724?05J	3.6/4.8	1/60	1-4.8	SINGLE	17.3/20.0	3.8	27/30	30/30
	RXBH-1724?07J	5.4/7.2	1/60	2-3.6	SINGLE	26.0/30.0	3.8	38/43	40/45
	RXBH-1724?10J	7.2/9.6	1/60	2-4.8	SINGLE	34.6/40.0	3.8	48/55	50/60
	RXBH-1724A15J	10.8/14.4	1/60	3-4.8	SINGLE	51.9/60.0	3.8	70/80	70/80
	RXBH-1724A15J	3.6/4.8	1/60	1-4.8	MULTIPLE CKT1	17.3/20.0	3.8	27/30	30/30
		7.2/9.6	1/60	2-4.8	MULTIPLE CKT 2	34.6/40.0	0.0	44/50	45/50
	RXBH-1724A18J	12.8/17.0	1/60	4-4.26	SINGLE	61.6/70.8	3.8	82/94	90/100
	RXBH-1724A18J	6.4/8.5	1/60	2-4.26	MULTIPLE CKT 1	30.8/35.4	3.8	44/49	45/50
		6.4/8.5	1/60	2-4.26	MULTIPLE CKT 2	30.8/35.4	0.0	39/45	40/45
	RXBH-1724A07C	5.4/7.2	3/60	3-2.4	SINGLE	15.0/17.3	3.8	24/27	25/30
	RXBH-1724A10C	7.2/9.6	3/60	3-3.2	SINGLE	20.0/23.1	3.8	30/34	30/35
	RXBH-1724A15C	10.8/14.4	3/60	3-4.8	SINGLE	30.0/34.6	3.8	43/48	45/50
	RXBH-1724A18C	12.8/17.0	3/60	3-2.84	SINGLE	35.6/41.0	3.8	50/56	50/60
	RXBH-1724B05J	3.6/4.8	1/60	1-4.8	SINGLE	17.3/20.0	3.8	27/30	30/30
	RXBH-1724B07J	5.4/7.2	1/60	2-3.6	SINGLE	26.0/30.0	3.8	38/43	40/45
	RXBH-1724B10J	7.2/9.6	1/60	2-4.8	SINGLE	34.6/40.0	3.8	48/55	50/60

- ? Heater Kit Connection Type A=Breaker B=Terminal Block C=Disconnect Pullout

\*Values only. No single point kit available.

#### NOTES:

- Electric heater BTUH - (heater watts + motor watts) x 3.414 (see airflow table for motor watts.)
- Supply circuit protective devices may be fuses or "HACR" type circuit breakers.
- If non-standard fuse size is specified, use next size larger standard fuse size.
- Largest motor load is included in single circuit or circuit 1 of multiple circuits.
- Heater loads are balanced on 3 phase models with 3 or 6 heaters only.
- No electrical heating elements are permitted to be used with A Voltage (115V) air handler.
- J Voltage (208/240V) single phase air handler is designed to be used with single or three phase 208/240V electric heaters. In the case of connecting 3 phase power to air handler terminal block without the heater, bring only two leads to terminal block, cap, insulate and fully secure the third lead.
- Do not use 480V electrical heaters on 208/240V air handler.
- Do not use 208/240V electrical heaters on 480V air handler.
- If the kit is listed under both single and multiple circuits, the kit is shipped from factory as multiple circuits. For single phase application, Jumper bar kit RXBJ-A21 and RXBJ-A31 can be used to convert multiple circuits to a single supply circuit. Refer to Accessory Section for details.



JBSAC-1

OP ID: SH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2013

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).

<b>PRODUCER</b> Post Insurance & Financial, Inc. Katherine E. Post 146 NW Central Park Plaza, 102 Port St. Lucie, FL 34986 Katherine Post		<b>Phone:</b> 772-878-8184 <b>Fax:</b> 772-878-8292	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL ADDRESS:</b>	<b>FAX</b> (A/C, No):
<b>INSURED</b> JB A/C And Electrical Inc. 1535 NW Quail Circle Stuart, FL 34994		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Endurance American Specialty <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		

**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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CBC10001676400	08/13/2013	08/13/2014	EACH OCCURRENCE \$ <b>1,000,000</b>
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>				
		MED EXP (Any one person) \$ <b>5,000</b>				
		PERSONAL & ADV INJURY \$ <b>1,000,000</b>				
						GENERAL AGGREGATE \$ <b>2,000,000</b>
						PRODUCTS - COM/OP AGG \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input 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					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$					EACH OCCURRENCE \$
						AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

TOWNO-7

Town of Sewalls Point  
1 South Sewalls Point Rd  
Sewalls Point, FL 34996

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

Katherine E Post

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JEFF ATWATER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

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

**EFFECTIVE DATE:** 5/15/2013

**EXPIRATION DATE:** 5/15/2015

**PERSON:** BROWNING

JOHN

D

**FEIN:** 300492550

**BUSINESS NAME AND ADDRESS:**

J B A C & ELECTRICAL INC

1535 NW QUAIL CIR

STUART

FL

34994

**SCOPES OF BUSINESS OR TRADE:**

HEATING, VENTILATION,  
AIR-COND

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609

AC#6251913

## STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12080701600

DATE	BATCH NUMBER	LICENSE NBR
08/07/2012	120058568	CAC1816319

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

BROWNING, JOHN DANIEL  
JB AC & ELECTRICAL INC  
1535 NW QUAIL CIR  
STUART FL 34994

RICK SCOTT  
GOVERNOR

KEN LAWSON  
SECRETARY

DISPLAY AS REQUIRED BY LAW



2013-2014

**MARTIN COUNTY ORIGINAL  
BUSINESS TAX RECEIPT****HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR**  
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994  
(772) 288-5604ACCOUNT **2010-518-0337** CERT \_\_\_\_\_PHONE **(772) 634-6315** SIC NO **238220**

LOCATION:

**1535 NW QUAIL CIR STU****CHARACTER COUNTS IN MARTIN COUNTY**

PREV YR.	\$ .00	LIC. FEE	\$ <b>26.25</b>
	\$ .00	PENALTY	\$ .00
	\$ .00	COL. FEE	\$ .00
	\$ .00	TRANSFER	\$ .00
TOTAL			<b>26.25</b>

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

**03** DAY OF **SEPTEMBER** 20**13**  
AND ENDING SEPTEMBER 30, **2014****BROWNING, JOHN**  
**J.B. A.C & ELECTRICAL INC**  
**1535 NW QUAIL CIR**  
**STUART, FL 34994****11 2012 32921.0001****26.25 PAID**

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

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS  
SUBJECT TO A \$250 FINE. IF NOT PAID BY OCT. 1, A DELINQUENT PENALTY OF 10%  
FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH  
THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.NOTE -A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX  
RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE  
OF BUSINESS.

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection ☐ Mon ☐ Tue ☒ Wed ☐ Thur ☐ Fri 10-23-13 Page      of     




PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10527	Pante Weston 30 S. Sewalls	Footer	Pass PENDING	Paolo Weston 561-476-4100 COMPACTION - need INSPECTOR 10/30/13
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10635	ESULL 2 Banyan Rd SB A/C and Elec.	Final Wednesday 10/23/2013	Fail	Refrigerator CONDENSER INSPECTOR OVERNATED
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10633	H. B. Associates 3756 SE Ocean Sign Art	Final SIGN	Pass	Maryse Robear 321-727-7324 INSPECTOR CLOSE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10595	RIVERVIEW COMCAST	UNDERGROUND	Pics	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10638	NOVINS 111 S. SP7 RD	FRAMING DECK	Pass	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10597	SHANFI 8 QUAIL RUN	SOFFIT FRAME	Pass	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10522	SHANFI 73 N. River	ROOF SHEATH CAN BOOT	Pass	INSPECTOR



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection ☐ Mon ☒ Tue ☐ Wed ☐ Thur ☐ Fri 10-29-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10508	Krzepisz	Final		
9AM	10 Rio Vista	Shower	Pass	CLOSE
	Glenmark Homes			INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10635	Escue	Final		
AM	2 Banyan Rd	AC	Pass	CLOSE
	JB AC & Elect	reinspect		INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	SSPR	Trees		
	Via Lucinda	Banyan		
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10647	Knudson	LATA		
	13 S. Via Lucinda		Pass	
	FRANKLIN HOMES			INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	7 worth Ct	Tree	NG.	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TREE REMOVAL



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

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

**No permit required for:**

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

**Permit Fee:**

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

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

**Application procedures:**

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

Owner MARILYN ESCUE Address 2 BANYAN RD Phone 286-5376

Contractor SELF Address " Phone "

No. of Trees: REMOVE 1 Type: VALENCIA ORANGE

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: TREE IS DISEASED, PRESENT FRUIT IS ROTTEN, NEW FRUIT FELL OFF TREE

Signature of Applicant  Date 5-24-04

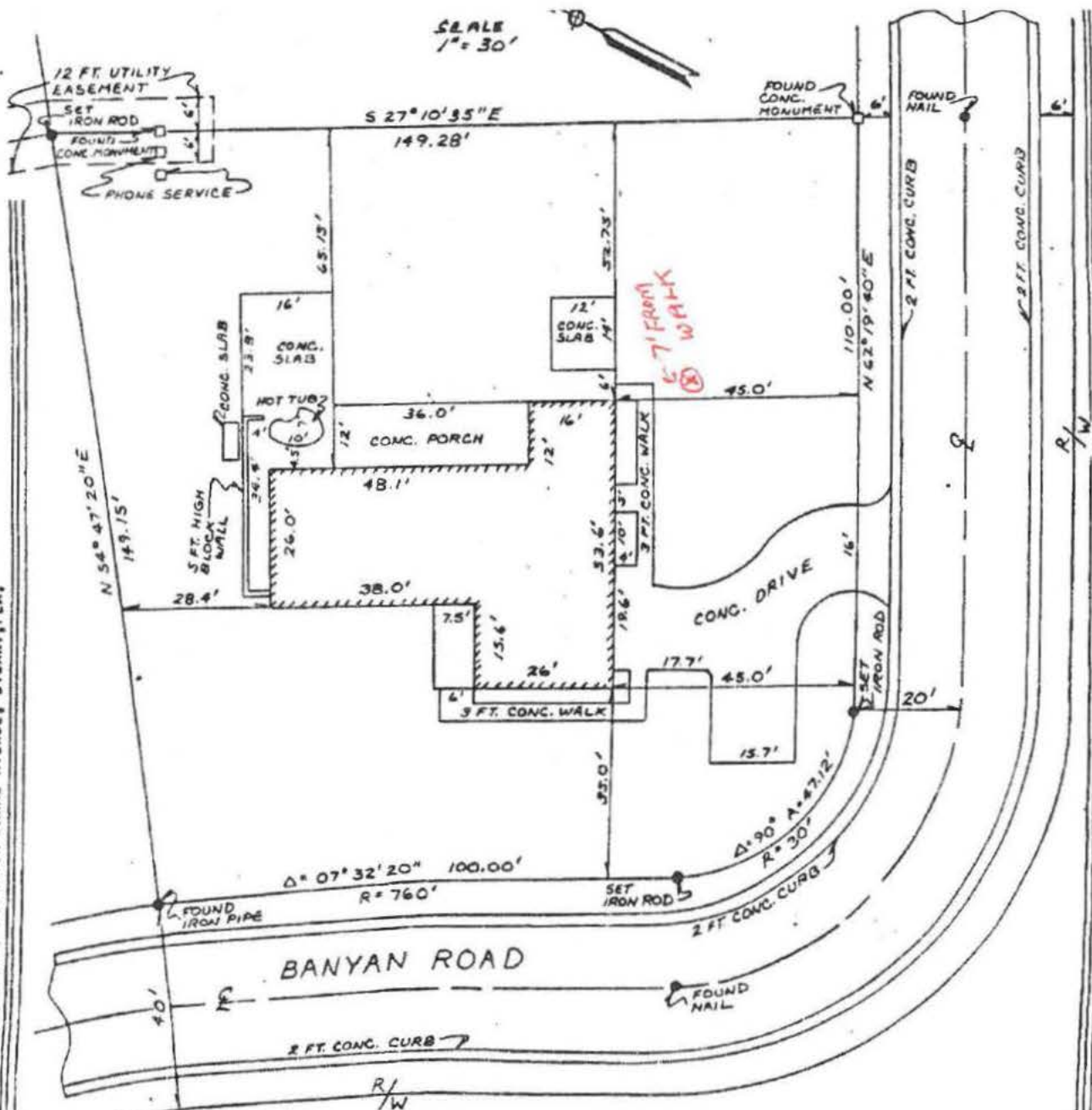
Approved by Building Inspector:  Date 5/26 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_

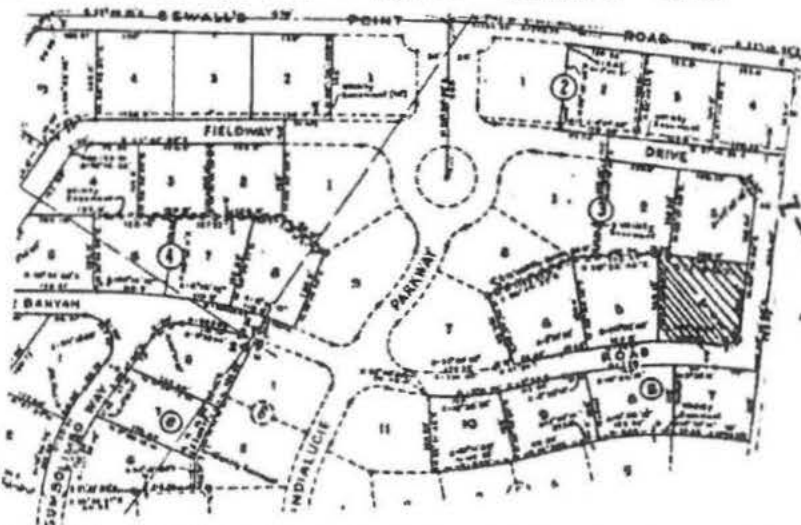
**WILLIAM L. CREECH Jr.**  
PROFESSIONAL LAND SURVEYOR, 4124 LETCHUM ELMER AVENUE, ST. LOUIS 24, MO.

PROFESSIONAL LAND SURVEYOR. 4175 LEIGHTON FARMS AVENUE, STUART, FLA.

WEST PALM BEACH 433-8044  
MARTIN COUNTY 283-5967



SURVEY OF AND SHOWING LOT 4 BLOCK 3 OF THE SUBDIVISION OF INDIALUE  
AS RECORDED IN PLAT BOOK 4 PAGE 85 RECORDS OF MARTIN COUNTY, FLORIDA



PLAT OF TRACTS "A" & "B"  
IN  
PLAT OF  
**INDIALUCIE**  
SEWALL'S POINT  
MARTIN COUNTY, FLORIDA

LOCATION SKETCH  
NOT TO SCALE



# TOWN OF SEWALL'S POINT, FLORIDA

Date APRIL 5 X 2004 TREE REMOVAL PERMIT No 2231

APPLIED FOR BY ESQUE (Contractor or Owner)

Owner 2 BANYAN ROAD

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_.

Kind of Trees \_\_\_\_\_

No. Of Trees: REMOVE \_\_\_\_\_

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

Signed, \_\_\_\_\_ FEE \$ 10  
Applicant Signed, Gene Simmons  
Town Clerk

FEE \$

~~town, Clerk~~

Building Official

## TOWN OF SEWALL'S POINT

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

# TREE REMOVAL PERMIT

RE: ORDINANCE 103

### PROJECT DESCRIPTION

REMARKS

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

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

**No permit required for:**

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

**Permit Fee:**

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

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

**Application procedures:**

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

Owner MARILYN ESCUE Address 2 BANYAN RD. Phone 286-5376

Contractor MONTE TREE SERV. Address P.O. Box 523 PALM CITY Phone 283-8828

No. of Trees: REMOVE 1 Type: MALAYAN PALM

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: DEAD BY LETHAL YELLOWING + NEAR 2 OTHER LIVE TREES PLUS AVOCADO TREE

Signature of Applicant Marilyn Escue Date 4-2-04

Approved by Building Inspector: [Signature] Date 4/5 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_



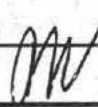
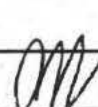

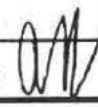

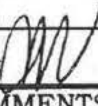
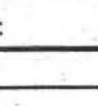


LOCATION SKETCH  
NOT TO SCALE

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☒ Mon ☐ Wed ☐ Fri April 5, 2004 Page      of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6391	WHITWELL	FRAMING	FAIL	
4	1 MARGUERITA Hemmingway Homes	Rough Elect.		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6480	WADE	TIN TAG + METAL	PASS	
1	9 E. HIGH POINT PINE OAKWOOD BLUES			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	ESQUE	TREE	DAYS	
2	2 BANYAN RD			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6652	WILBERDING	FINAL IRRIGATION	PASS	CLOSE
3	2 PALAMA WAY CONCEPTS IN GREENERY			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6543	REALTY EXEC.	FINAL REALTY		
5	3754 SE OCEAN FLYNN'S AC	HANDLER		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6542	CIVIELLO	DOORS	PASS	
3A	31 FIELDWAY O/B	SCREEN DEMO	PASS	CLOSE INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	CATHEY	TREE		
	47 S. SEWALL'S PT.			INSPECTOR: 

OTHER: \_\_\_\_\_



**TOWN OF SEWALL'S POINT, FLORIDA**

Date MAY 26 ~~4 2004~~ TREE REMOVAL PERMIT No 2268  
APPLIED FOR BY ESQUE (Contractor or Owner)  
Owner 2 BANYAN ROAD  
Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_  
Kind of Trees \_\_\_\_\_  
No. Of Trees: REMOVE 1 VALENCIA ORANGE  
No. Of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS (NO FEE)  
No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS  
REMARKS \_\_\_\_\_  
FEE \$ 0  
Signed, \_\_\_\_\_ Applicant Signed, Gene Simmons (GSS)  
Town Clerk  
Building Official

**TOWN OF SEWALL'S POINT**

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

**TREE REMOVAL PERMIT**

RE: ORDINANCE 103

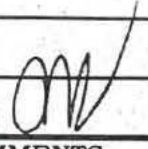
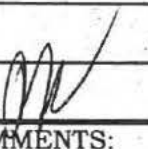
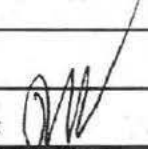

PROJECT DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri 5/26, 2004 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6757	FENSTERER	Pool Screen & DE	PASS	
7	71 S. SEWALL'S PT TWIN POOLS			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	MCGRATH	TREE	PASS	
5	123 S. SEWALL'S PT			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	ESQUE	TREE	PASS	
9	2 BANYAN RD			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6741	OSTEEN	Temp Pole	PASS	NOTIFY F.D.L.
4	1 S. RIDGEVIEW ANGUS			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER:

**TOWN OF SEWALL'S POINT, FLORIDA**

Date 8-22-02 19 02 TREE REMOVAL PERMIT No 1187  
APPLIED FOR BY Marilyn Esche (Contractor or Owner)  
Owner 2 Banyan Rd 286-5376  
Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_  
Kind of Trees 1 STARFRUIT TREE  
No. Of Trees: REMOVE 1  
No. Of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS (NO FEE)  
No. Of Trees: REPLACE 1 WITHIN 30 DAYS  
REMARKS \_\_\_\_\_  
CHK# 3156 FEE \$ 15.00  
Signed, \_\_\_\_\_ Applicant Signed, Gene Simmons (lyn) Town Clerk

**TOWN OF SEWALL'S POINT**

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

**TREE REMOVAL PERMIT**

RE: ORDINANCE 103

PROJECT DESCRIPTION \_\_\_\_\_

REMARKS \_\_\_\_\_



TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # \_\_\_\_\_

Date Issued: \_\_\_\_\_

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

Owner MARILYN ESCUE Address 2 BANYAN RD. Phone 286-5376

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Number of trees to be removed (list kinds of trees) 1 CARUMBOLA (STAR FRUIT)

APPROX 20' HIGH W/ APPROX. 8-10" TRUNK  
Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

OK to remove / will replace ☒  
Number of trees to be replaced: \_\_\_\_\_ (list kinds of trees):

Permit Fee \$ 15.00

\$15.00

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

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

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

Signature of applicant [Signature] Plans approved as marked \_\_\_\_\_

Approved by Building Inspector [Signature] Date submitted: 8/21/12

Completed \_\_\_\_\_  
Date \_\_\_\_\_ Checked by \_\_\_\_\_

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

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

See attached Tree Species List

☒ has grow Frangipani as replacement!

8-19-02

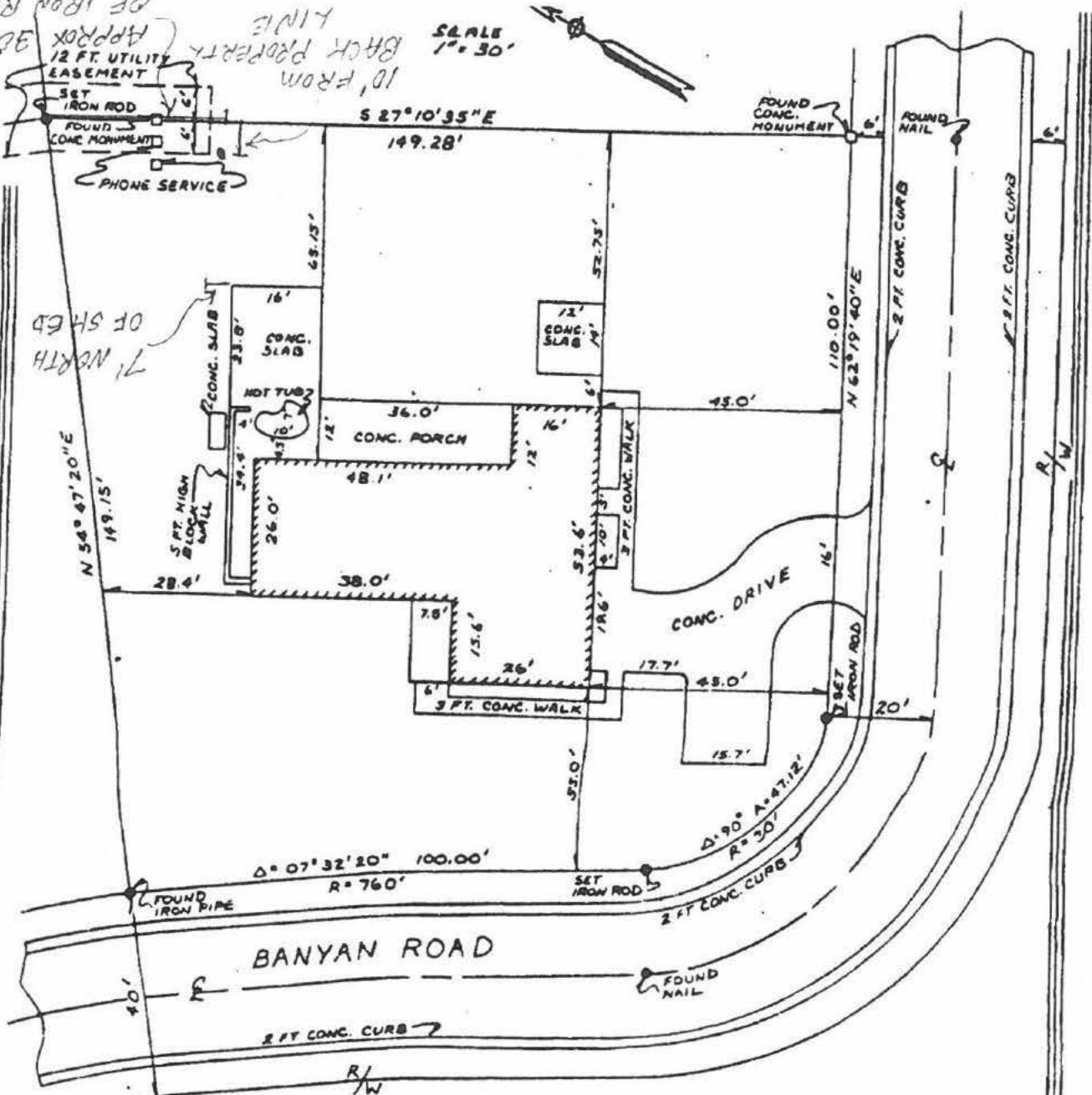
WRITTEN STATEMENT REQUIRED FOR TREE REMOVAL

This tree was planted as a novelty and something new to us about 16 years ago and has been a continual nuisance every since. It is a dirty tree that fruits continually throughout the year and drops on the lawn and ruins the grass and roots keep growing above ground level. Even though the fruit is expensive at grocery stores and fruit stands, I find very few people that want it free of charge. At the proper time I plan to plant Frangipanis along the back property line for pretty flowers versus ugly fruit!

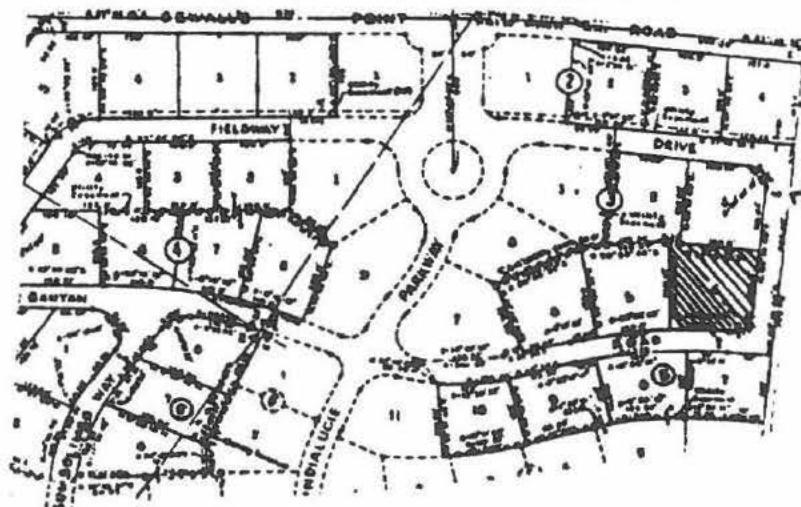
WEST PALM BEACH 433-8844  
 MARTIN COUNTY 283-5967

PROFESSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, STUART, FLA.

## MORTGAGE SURVEY



SURVEY OF AND SHOWING LOT 4      BLOCK 3 OF THE SUBDIVISION OF INDIAN LUGUE  
AS RECORDED IN PLAT BOOK 4      PAGE 85      RECORDS OF      MARTIN      COUNTY, FLORIDA



PLAT OF TRACTS "A" & "B"  
IN  
PLAT OF  
INDIALUCIE  
SEWALL'S POINT  
MARTIN COUNTY, FLORIDA

LOCATION SKETCH  
NOT TO SCALE



# TOWN OF SEWALL'S POINT, FLORIDA

Date 4/13/12 19 2012 TREE REMOVAL PERMIT No 2024  
APPLIED FOR BY M. Escue, 2 Banyan Rd. (Contractor or Owner)  
Owner \_\_\_\_\_  
Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_  
Kind of Trees Poinciana  
No. Of Trees: REMOVE 1  
No. Of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS (NO FEE)  
No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS  
REMARKS Ok to remove, diseased tree  
FEE \$ 0  
Signed, \_\_\_\_\_ Applicant Signed, [Signature] Town Clerk  
Bldg. Insp.

TOWN OF SEWALL'S POINT

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

## TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION \_\_\_\_\_

REMARKS \_\_\_\_\_

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # \_\_\_\_\_

Date Issued: 4/3/2

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

Owner MARILYN ESCUE Address 2 BANYAN RD Phone 286-5376

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Number of trees to be removed (list kinds of trees) 1 POINCIANA

NOT SURE UNTIL TREE IS REMOVED  
Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

PROBABLY 1 AVOCADO FOR SHADE  
Number of trees to be replaced: (list kinds of trees):

Permit Fee \$ 0

\$15.00

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

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

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

Signature of applicant Marilyn Escue Plans approved as marked \_\_\_\_\_

Approved by Building Inspector [Signature] Date submitted: 4/3/2

Completed \_\_\_\_\_  
Date \_\_\_\_\_ Checked by \_\_\_\_\_

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

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

See attached Tree Species List

(OVER)

## TOWN OF SEWALL'S POINT, FLORIDA

Date 9/12/01 15 TREE REMOVAL PERMIT No 0498

APPLIED FOR BY Mr. Escue, 2 Banyan Rd. (Contractor or Owner)

Owner \_\_\_\_\_

Sub-division Indialucie, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees 1 Lime Tree (Marguerita Tree)

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS Deceased Tree

Signed, Sign. on File Applicant

Signed, \_\_\_\_\_

FEE \$ 0.00

Blag. larp.

# TOWN OF SEWALL'S POINT

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

# TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION \_\_\_\_\_

REMARKS \_\_\_\_\_



Sep-11-01 11:27

## TOWN OF SEWALL'S POINT

## APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

9/12 INST. SCHEP

FAX

SEP 11 2001

Permit # 0498

Date Issued 9/12/01

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

Owner MARILYN M. ESCUE Address 2 BANYAN RD Phone 286-5374

CO-HABITANT Contractor B.J. ESCUE Address SAME Phone SAME

Number of trees to be removed (list kinds of trees) 1 DEAD LIME TREE

NO FEE

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

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

Permit Fee \$ 0 ~~(\$25.00 first tree plus \$10.00 - each additional tree - not to exceed \$100.00)~~

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

Plans approved as submitted ✓ Plans approved, as marked

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

Signature of applicant MARILYN ESCUE Date submitted 9-12-01

Approved by Building Inspector [Signature] Date 9/12/01

Approved by Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_

Completed \_\_\_\_\_ Date \_\_\_\_\_ Checked by \_\_\_\_\_

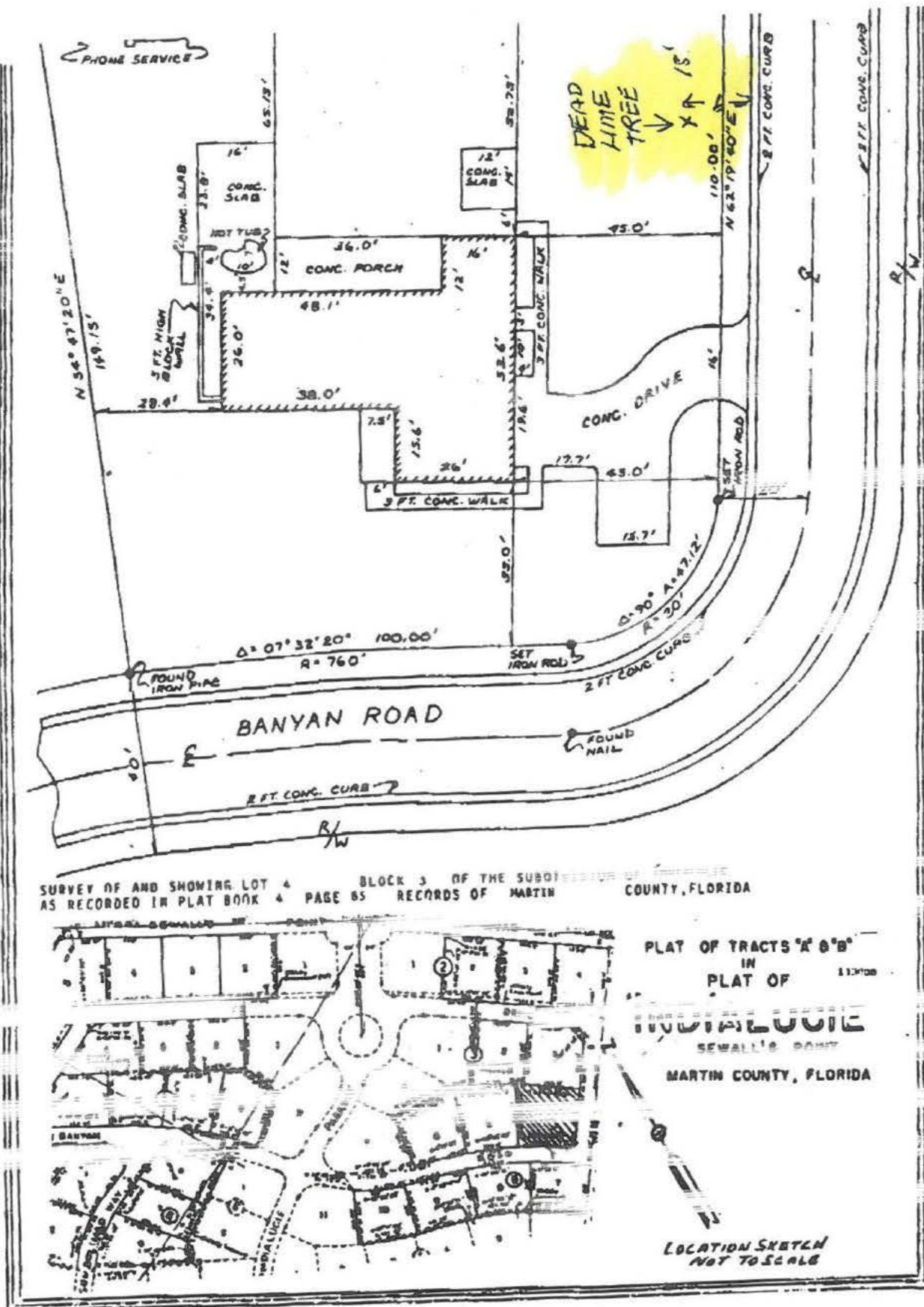
FEE

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

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

WEST PALM BEACH 33-411140  
 MARTIN COUNTY 33-411157

PROFESSIONAL LAND SURVEYOR. 4175 LEIGHTON FARMS AVENUE, STUART, FLA.





# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri SEPTEMBER 12, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5508	GLOVER	FRAMING	Passed	
(E)	16 RIVERVIEW RD.	(Partial)		
	SWAT			INSPECTOR: <u>9/12</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5439	BRENNAN	POOL -	Passed	
(3)	111 Henry Sewall Way	FINAL		
	FLAMINGO POOLS			INSPECTOR: <u>9/12</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	NOHETL	DRYWALL	Passed	
(2)	6 N. RIDGEVIEW			
	RON RAYMOND CONST.	(216-1188)		INSPECTOR: <u>9/12</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5455	ATEN	TEMP. ELECT.	Failed	On neighbors lot
(4)	103 ABBIE CT.	(SHORELINE - 221-3923)		at hand hold
	GRIFFIN CONST (ROW 260-7059)			INSPECTOR: <u>9/12</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5358	INGRAM	TRUSS RAFTING	Passed	
(6)	101 W. SEWALL'S PT. RD.	- RR. SHEATHING	Passed	
	BURDOL CONST. (MAY 20-9153)	Tie Down	Failed	INSPECTOR: <u>9/12</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	ESCUE	FIELD VERIF.	Passed	
(7)	2 BAYAN RD			
	O/B			INSPECTOR: <u>9/12</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: POSSIBLE CODE INF.: 8 PALM COURT - SUBIN; SHORELINE CONST. & TREE REMOVAL?  
 (COMPLAINT BY MRS. BERGALLIS 287-4852) 9  
 → extensive land + pool/scaping, no tree removal  
 Police: 103 Abbe Ct. sign not BAW 9/12 (no buffer zone, no shoreline infringement.) modification



TOWN OF SEWALL'S POINT, FLORIDA

FILE

Date 10/10/00 19

TREE REMOVAL PERMIT

No 0367

APPLIED FOR BY B.J. ESCUE

Owner 2 BANYAN RD

(Contractor or Owner)

Sub-division

Lot

Block

Kind of Trees

HARDEN ORANGE (DISEASED/DYING)

No. Of Trees: REMOVE -1-

No. Of Trees: RELOCATE -0-

No. Of Trees: REPLACE -0-

WITHIN 30 DAYS (NO FEE)

WITHIN 30 DAYS

REMARKS LOCATION SKETCH ATTACHED

10/10/00 FEE  
VERIFICATION

Signed,

(ON FILE)

Applicant

Signed,

[Signature]

FEE \$

-0-

Town Clerk

[Signature]

TOWN OF SEWALL'S POINT

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WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

# TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION

REMARKS

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

RECEIVED  
OCT 10 2000

Permit #

Date Issued

567  
10/10/00

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

Owner B. J. ESCUE Address 2 BANYAN RD Phone 286-5376

Contractor HOMEOWNER Address \_\_\_\_\_ Phone \_\_\_\_\_

Number of trees to be removed(list kinds of trees) (1) SICK + DYING HAMLIN

ORANGE AS SHOWN ON ATTACHED SKETCH

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

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

NONE AT PRESENT - HAVE PLANTED 10 FRANGIPANAS IN LAST 6 mns.

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

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

Plans approved as submitted SKETCH ATTACHED Plans approved, as marked

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

Signature of applicant [Signature] Date submitted 10-10-00

Approved by Building Inspector [Signature] Date 10/10/00

Approved by Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_

Completed \_\_\_\_\_ Date \_\_\_\_\_ Checked by \_\_\_\_\_

FEE

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



**CERTIFICATE OF SURVEY**

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

STANDARDS FOR LAND SURVEYING IN THE

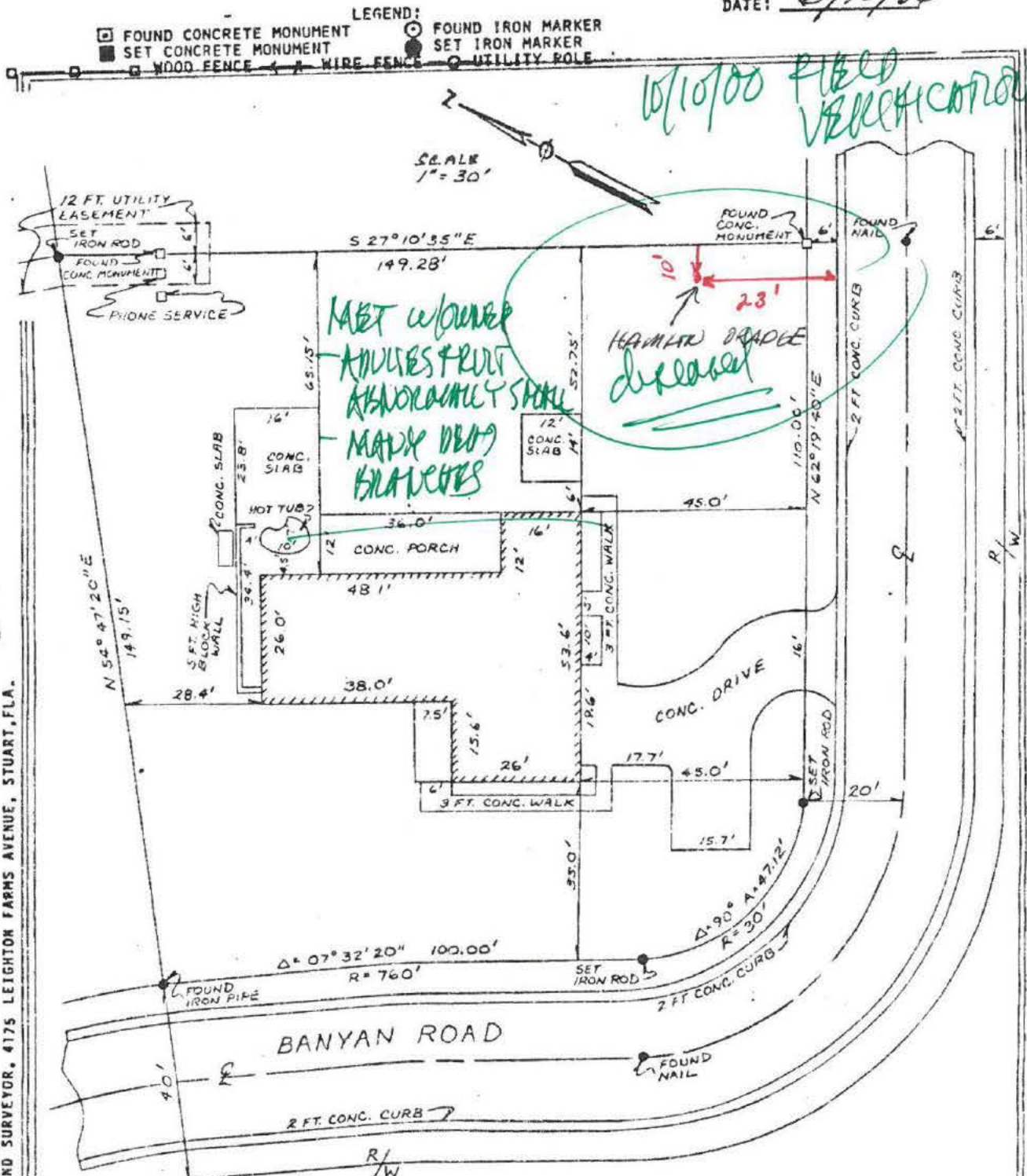
I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 21HH-6 FLORIDA ADMINISTRATIVE CODE) FOR THE TYPE OF SURVEY SHOWN HEREON.

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

RON JACOBS

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

DATE: 6/10/86



SURVEY OF AND SHOWING LOT 4 BLOCK 3 OF THE SUBDIVISION OF INDIALUCIE  
AS RECORDED IN PLAT BOOK 4 PAGE 85 RECORDS OF MARTIN COUNTY, FLORIDA

2344

MORTGAGE SURVEY DRAWING NO.

WILLIAM L. CREECH Jr.

SSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, STUART, FLA.