

2331

REROOF

Permit No. 2331Date 7/1/88APPLICATION 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 DEAN BAUMGARTNER Present Address 3 BAYVIEW SEWALL PT.Phone 286-5050Contractor BIG LAKE ROOFING INC. Address 2379 NW 4th STPhone 407-335-3388 OKEECHOBEE, FL.Where licensed MARTIN License number SP 01061

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: RE ROOF3 BAYVIEW
State the street address at which the proposed structure will be built:

Subdivision _____ Lot number _____ Block number _____

Contract price \$ 8450⁰⁰ Cost of permit \$ 10⁰⁰

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 X Paul V. Baker III

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 X Dean Baumgartner by J.H.B.

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. _____

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.

1
138

12

150

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 2/3/76

This is to request that a Certificate of Approval for
Occupancy be issued to DITBICK Lot 8 / W DIALLORE Block 5
For property built under Permit No. 580 Dated _____
when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings		
Rough plumbing		
Perimeter beam		
Rough electric		
Close in		
Final plumbing		
Final electric		

OK 3/9/76 UD

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector 3/16/76 Clark date

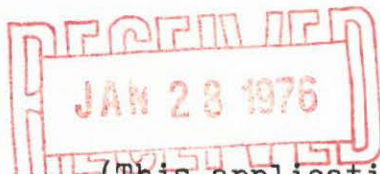
Approved by Town Commission Ja. Banta 3/16/76 date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

APPLICATION FOR BUILDING PERMIT

Permit No. **#580**Date 1-27-76

(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable)

Owner RONALD D. HARRIS Present Address 3 Banyan Rd Ph 287-1700

General Contractor Myself Address 3 Banyan Rd Ph 287-1700

Where licensed _____ License No. _____

Plumbing Contractor _____ License No. _____

Electrical Contractor _____ License No. _____

Street building will front on 3 Banyan Rd

Subdivision India Luscia Lot No. 8 Area 6 Ft. Length 76 Ft

Building area, inside walls (excluding garage, carport, porches) Sq. ft. _____

Other Construction (Pools, additions, etc.) Fence

Contract Price (excluding land, rugs, appliances, landscaping) \$ 15000

Total cost of permit \$ 500 + late 500 = \$1000

Plans approved as submitted _____ Plans approved as marked _____

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

Signed by General Contractor _____

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

Signed by Owner _____

Note: Speculation Builders will be required to sign both statements.
Subject to Building Department Monument Inspection.

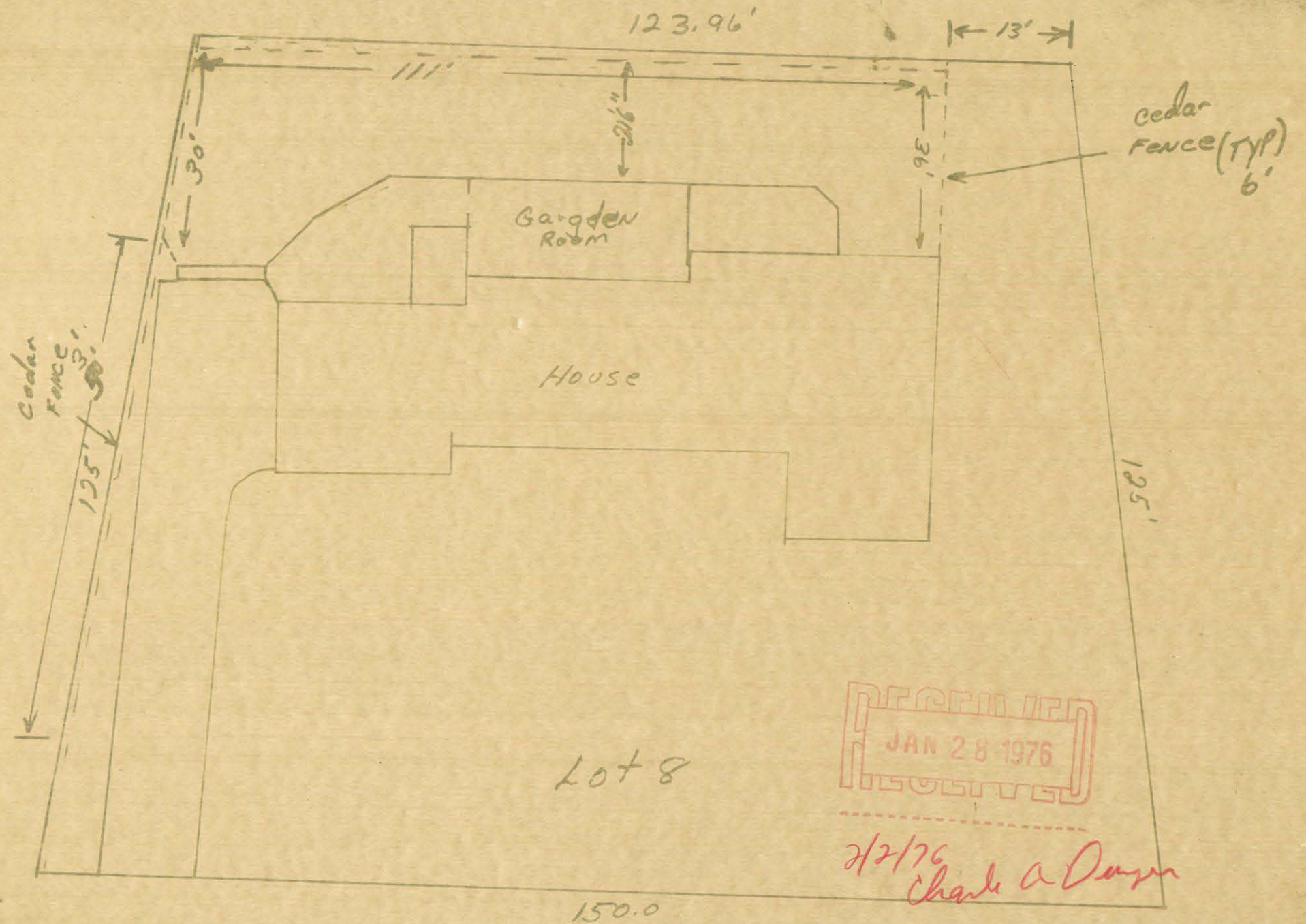
TOWN RECORD

Date submitted _____

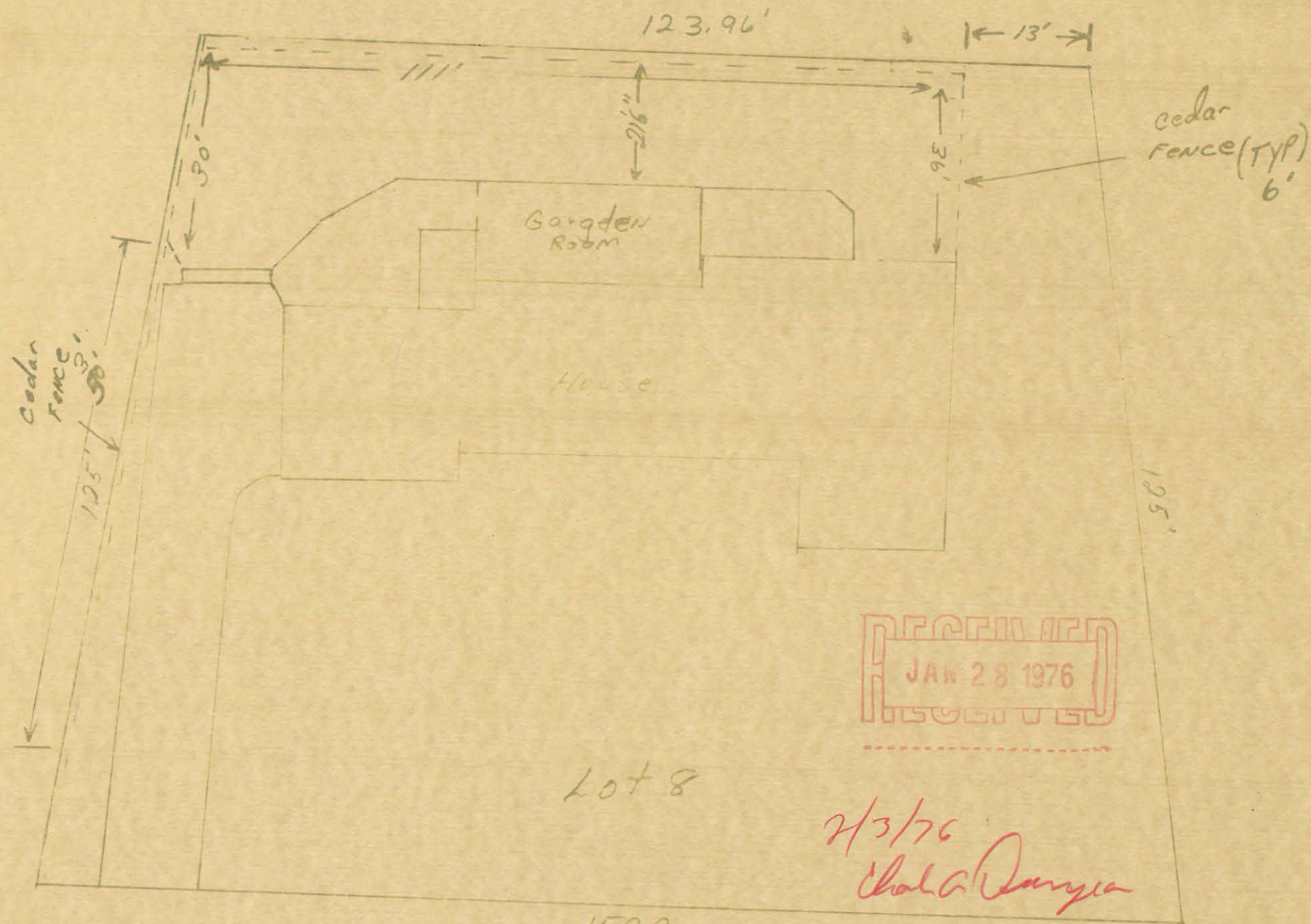
Date approved John P. White 2/3/76 Charles A. Dungee

Certificate of Occupancy issued 3/9/76 Date _____

2/3/76
#580



JOB COPY #580 DITTRICH FENCE



TOWN HALL COPY #580 DIETRICH FENCE

7178
REROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/6/05 BUILDING PERMIT NO. 7.178

Building to be erected for BAUMGARTNER Type of Permit REROOF

Applied for by ROBERT E. STEIN INC (Contractor) Building Fee _____

Subdivision INDIANWIE Lot 8 Block 5 Radon Fee _____

Address 3 BANYAN ROAD Impact Fee _____

Type of structure SFR A/C Fee _____

Electrical Fee _____

Parcel Control Number: Plumbing Fee _____

3537410020050008020000 Roofing Fee 120.00

Amount Paid 120.00 Check # 21950 Cash _____ Other Fees () _____

Total Construction Cost \$ 120.00 TOTAL Fees 120.00

Signed Mannon Dorr Signed Gene Simmons

Applicant 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

<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>
---	--

PAID

JAN 06 2005

Date: _____

BY: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME: Marjorie Baumgartner Phone (Day) _____ (Fax) _____Job Site Address: 3 Banyan Road City: Sewells Point State: FL Zip: 34991Legal Desc. Property (Subd/Lot/Block): India Linc Lot 8 Blk 5 Parcel Number: 353741002005000802

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

Description of Work To Be Done: Reroof - tearoff and replacement**WILL OWNER BE THE CONTRACTOR?:**

YES

NO

COST AND VALUES:Estimated Cost of Construction or Improvements: \$ 13,988.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

(If yes, Owner Builder Affidavit must accompany application)

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Robert E. Stein, cnc Phone: 772-873-8050 Fax: 772-873-5004Street: 8302 Business Park Drive City: Port St. Lucie State: FL Zip: 34952State Registration Number: CC048775 State Certification Number: _____ Martin County License Number: _____**SUBCONTRACTOR INFORMATION:**

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: Robert E. Stein, cnc State: Florida License Number: CC048775

ARCHITECT _____ Lic # _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Marjorie Baumgartner
State of Florida, County of: St. LucieThis the 05 day of Jan, 2005by Marjorie Baumgartner who is personallyknown to me or produced
as identification.

Notary Public

Seal

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)

Robert E. Stein
On State of Florida, County of: St. LucieThis the 05 day of Jan, 2005by ROBERT STEIN who is personallyknown to me or produced
As identification.

Notary Public

Seal

My Commission Expires: 5-14-8

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



VIRGINIA L. CLAUS
MY COMMISSION # DD 281304
EXPIRES: May 14, 2008
Bonded Thru Budget Notary Services

Permit Number _____

Parcel Identification Number 35 37 41 002 005 0008 0 2

Prepared by:

Return to:

ROBERT E. STEIN, INC.
8302 BUSINESS PARK DRIVE
PORT ST. LUCIE, FL 34952

NOTICE OF COMMENCEMENT

State of Florida

County of Martin

INSTR # 1799228
OR BK 01963 PG 1989
RECORDED 12/15/2004 08:11:11
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY T Copus (asst mgr)

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: T Copus D.C.
DATE: 12-15-04



The undersigned hereby gives notice that improvement(s) 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.

- Description of property (legal description of the property, and street address is available): 3 Banyan Rd. Stuart FL
Section: _____ Twosp: _____ Range: _____
Subdivision: India Lucie Lot: 8 Block: 5 or 34/1915
- General Description of improvement(s): Reroof House
- Owner information:
Name: Margie Baumgartner Telephone Number: 772-286-3226
Address 3 Banyan Rd Fax Number: _____
- Fee Simple Title Holder (if other than owner shown above):
Name: _____ Telephone Number: _____
Address: _____ Fax Number: _____
- Contractor:
Name: Robert E. Stein, Inc.
Address: 8302 Business Park Drive
Port St. Lucie, FL 34952
Telephone Number: 772-873-8050
Fax Number: 772-873-5004
- Surety (if any):
Name: _____ Telephone Number: _____
Address: _____ Fax Number: _____
Amount of bond \$ _____
- Lender (if any):
Name: _____ Telephone Number: _____
Address: _____ Fax Number: _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7., Florida Statutes.
Name: _____ Telephone Number: _____
Address: _____ Fax Number: _____
- In addition to himself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.
Name: _____ Telephone Number: _____
Address: _____ Fax Number: _____
- Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): _____

Date Signed

VIRGINIA L. CLAUS
MY COMMISSION # DD 281304
EXPIRES: May 14, 2008
Bonded Thru Budget Notary Services

Signature of Owner

Driver's License: B526-536-50-943-D

Sworn to and subscribed before me this 13 day of Dec, 2004 by Margie Baumgartner
who is _____ personally known to me OR _____ produced _____
as identification.

Signature of Notary (notarial seal to appear below)

ACORD <small>TM.</small> CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) JAN 5 05
PRODUCER SID BANACK INS./ A HILB ROGAL & HOBBS COMPANY 2101 S. WAVERLY PLACE, SUITE 200 -C MELBOURNE FL 32901		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 ROBERT E. STEIN, INC. 606-A S. MARKET AVENUE FORT PIERCE, FL 34982		INSURERS AFFORDING COVERAGE INSURER A: SCOTTSDALE INSURANCE CO. INSURER B: AUTO-OWNERS INSURANCE COMPANY INSURER C: INSURER D: INSURER E:
		NAIC #

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	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	CLS1029804	MAY 1 04	MAY 1 05	EACH OCCURRENCE:	\$ 1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ex. occurrence)	\$ 100,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person)	\$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS-COMPL P AGG.	\$ 1,000,000
B		AUTOMOBILE LIABILITY	41-011-976-00	MAY 1 04	MAY 1 05	COMBINED SINGLE LIMIT (Ex. accident)	\$ 500,000
	<input checked="" type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		Hired Autos					
		NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE	\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
		ANY PROPRIETARY PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	\$
						E.L. DISEASE-POLIC LIMIT	\$
		OTHER:					

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

CERTIFICATE HOLDER**CANCELLATION**

CITY OF SEWALL'S POINT CONTRACTOR LICENSING
 ONE SOUTH SEWALL'S POINT ROAD
 SEWALL'S POINT, FL 34996

Attention: FAX: (772) 220-4765

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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

Scott D. Altenhof
 Scott D. Altenhof

ACORD CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NO. / DATE

11/30/2004 05:29 PM

PRODUCER

Eisenmann Risk Placements, Inc.
14160 Dallas Parkway, Suite 500
Dallas, TX 75254
(972) 764-0965 Fax: (972) 404-4450

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

INSURERS AFFORDING COVERAGE**INSURED**

ROBERT E STEIN, INC
8302-8306 BUSINESS PARK DRIVE
PORT ST LUCIE, FL 34952
(772) 873-8050 Fax: (772) 873-5004

INSURER A: PROVIDENCE PROPERTY & CASUALTY INSURANCE COMPA

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any One Fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC0100086	12/01/2004	12/01/2005	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
	OTHER				LIMITS \$ LIMITS \$

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

1. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc. 2. This certificate remains in effect, provided the client's account is in good standing with AMS. Coverage is not provided for any employee for which the client is not reporting wages to AMS. Applies to 100% of the employees of AMS leased to ROBERT E STEIN, INC, effective 12/01/2004

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SEWALL'S POINT
ONE SOUTH SEWALL'S POINT RD
SEWALL'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

AC# 1000000

STATE OF FLORIDA

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD**

SEQ# L0406100063

DATE	BATCH NUMBER	LICENSE NBR
06/10/2004	030713751	CCC042775

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006

STEIN, ROBERT E
ROBERT E STEIN INC
606A S MARKET AVE
FT PIERCE

FL 34982

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 1983-512-716 CERT

PHONE (772) 465-9468 SIC NO 233210

LOCATION:

606A S MARKET AVE SLC

CHARACTER COUNTS IN MARTIN COUNTY

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

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

OF CERT GEN CONTR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

15 DAY OF SEPTEMBER 04
AND ENDING SEPTEMBER 30 2005

STEIN, ROBERT E (QUAL/OWN)
ROBERT E STEIN INC
606A SOUTH MARKET AVE
FT PIERCE FL 34982

12 04091403 003146



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Elk Corporation of Alabama
4600 Stillman Blvd.
Tuscaloosa, AL 35401

SCOPE:

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

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

This product is approved as described herein, and has been designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County or Florida Building Code.

DESCRIPTION: Prestique 25, Prestique 30, Elk Raised Profile, or Prestique

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

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

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

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

This NOA consists of pages 1 through 3.

The submitted documentation was reviewed by Frank Zuloaga, RRC



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

DATE: 1/6/05

BUILDING OFFICIAL
Gene Simmons

NOA No.: 01-1226.04
Expiration Date: 07/12/06
Approval Date: 02/14/02
Page 1 of 3



7178

TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 3 BANYAN

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

DRY-IN

- NAIL ALL EDGE SHEATHING @
4" O.C.
- NAIL ALL DRIP EDGES @ 4" O.C.
- DRIP EDGES @ CORNER SHALL
HAVE TOP LEG CUT & NOTCHED
TO ALL VERTICAL LEG TO
WRAP CORNER.
- DRY IN FELT TO BE SECURED
UNDER FLASHING @ ROOF
ELEVATION CHANGES -

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

DATE: 1/10

INSPECTOR

DO NOT REMOVE THIS TAG

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/11/05

BUILDING PERMIT NO. 7296

Building to be erected for BAUMGARTNER

Type of Permit FENCE

Applied for by O/B

(Contractor)

Building Fee 30.00

Subdivision INDIALUXIE Lot 8

Block 5

Radon Fee

Address 3 BANYAN ROAD

Impact Fee

Type of structure SFR

A/C Fee

Electrical Fee

Parcel Control Number:

Plumbing Fee

3537410020650008020000

Roofing Fee

Amount Paid 30.00

Check #

Cash ☒

Other Fees ()

Total Construction Cost \$ 300.00

TOTAL Fees 30.00

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

FEB 09 2005

BY:

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 2/9/05

Permit Number: _____

OWNER/TITLEHOLDER NAME: MARTORIE BAUMGARTNER Phone (Day) 286-3226 (Fax) 287-3545Job Site Address: 3 BANYAN RD City: STUART State: FL Zip: 34991

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

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

Description of Work To Be Done: FENCE SAME

WILL OWNER BE THE CONTRACTOR?:

☒ YES ☐ NO

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

(If yes, Owner Builder Affidavit must accompany application)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 300.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: SELF Phone: 286-3226 Fax: 287-3545Street: 3 BANYAN RD City: STUART State: FL Zip: 34991

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION:

National Electrical Code: 2002

Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001

Florida Energy Code: 2001

Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required)

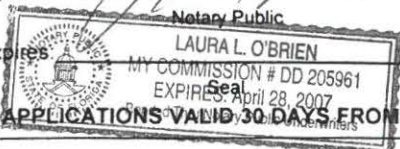
State of Florida, County of: MARTINThis the 9TH day of FEBRUARY, 2005by MARTORIE BAUMGARTNER who is personally

known to me or produced _____

as identification. [Signature] x12/3/10

Notary Public

My Commission Expires _____



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 2005

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

Seal

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

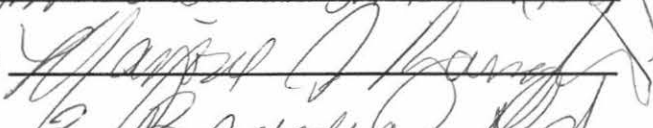
TOWN OF SEWALL'S POINT
ONE SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FLORIDA 34996

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

DISCLOSURE STATEMENT

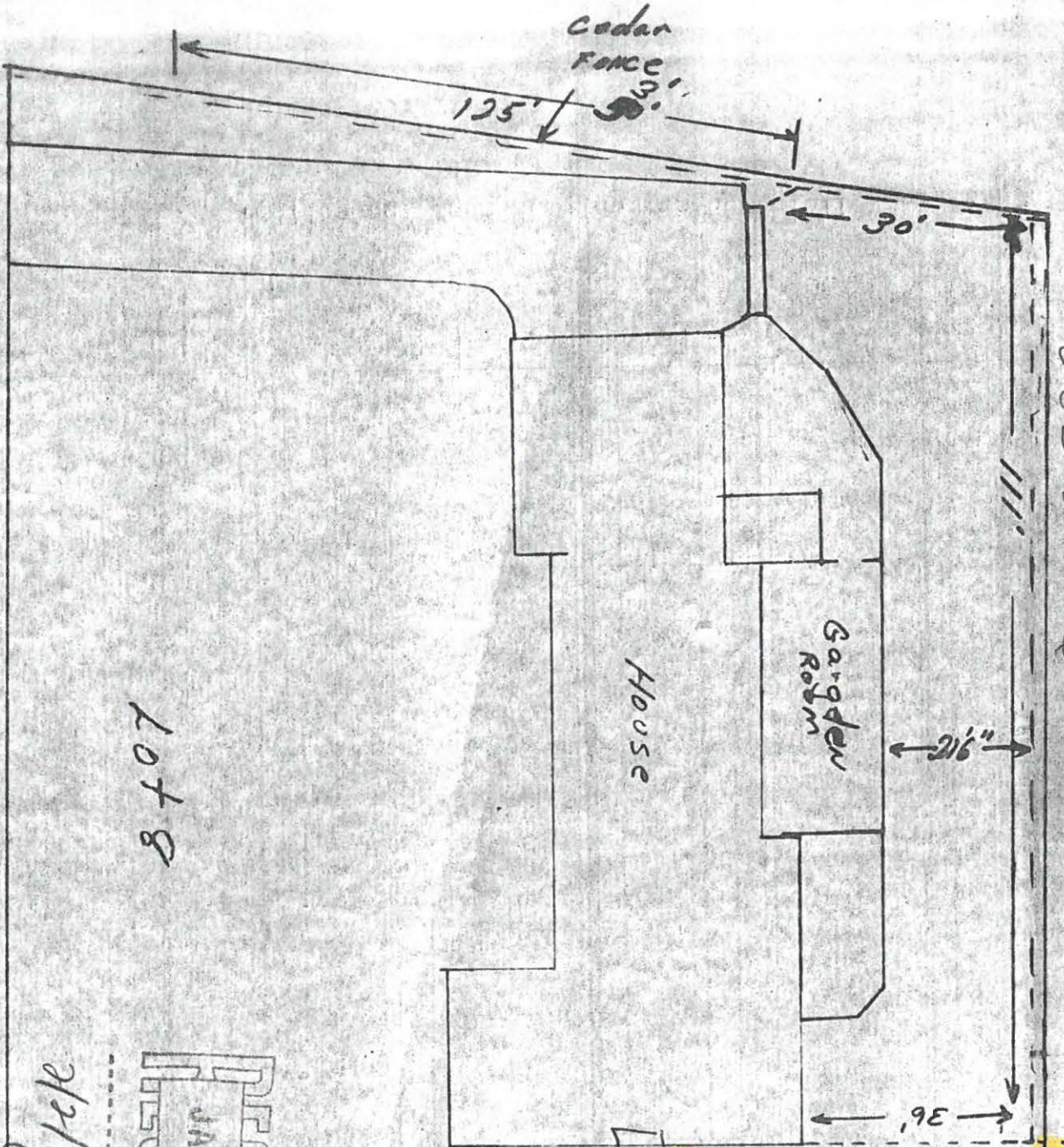
State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself.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

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

Name: MARJORIE A. BAUMGARTNER Date: 2/9/05
Signature: 
Address: 3333 Bayview Rd
City & State: Stuart, FL
Permit No. _____

MARJORIE BAUMGARTNER

286-3226 123.96'



Garden Room

House

Window

13' APX

neighbor fence

cedar fence (17'6")

neighbor fence

Lot 8

150.0

2/21/76
Shad & Davis

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 2/11/01
Gene Simmons
BUILDING OFFICIAL

JOB COPY

#580

PATRICK FENCE



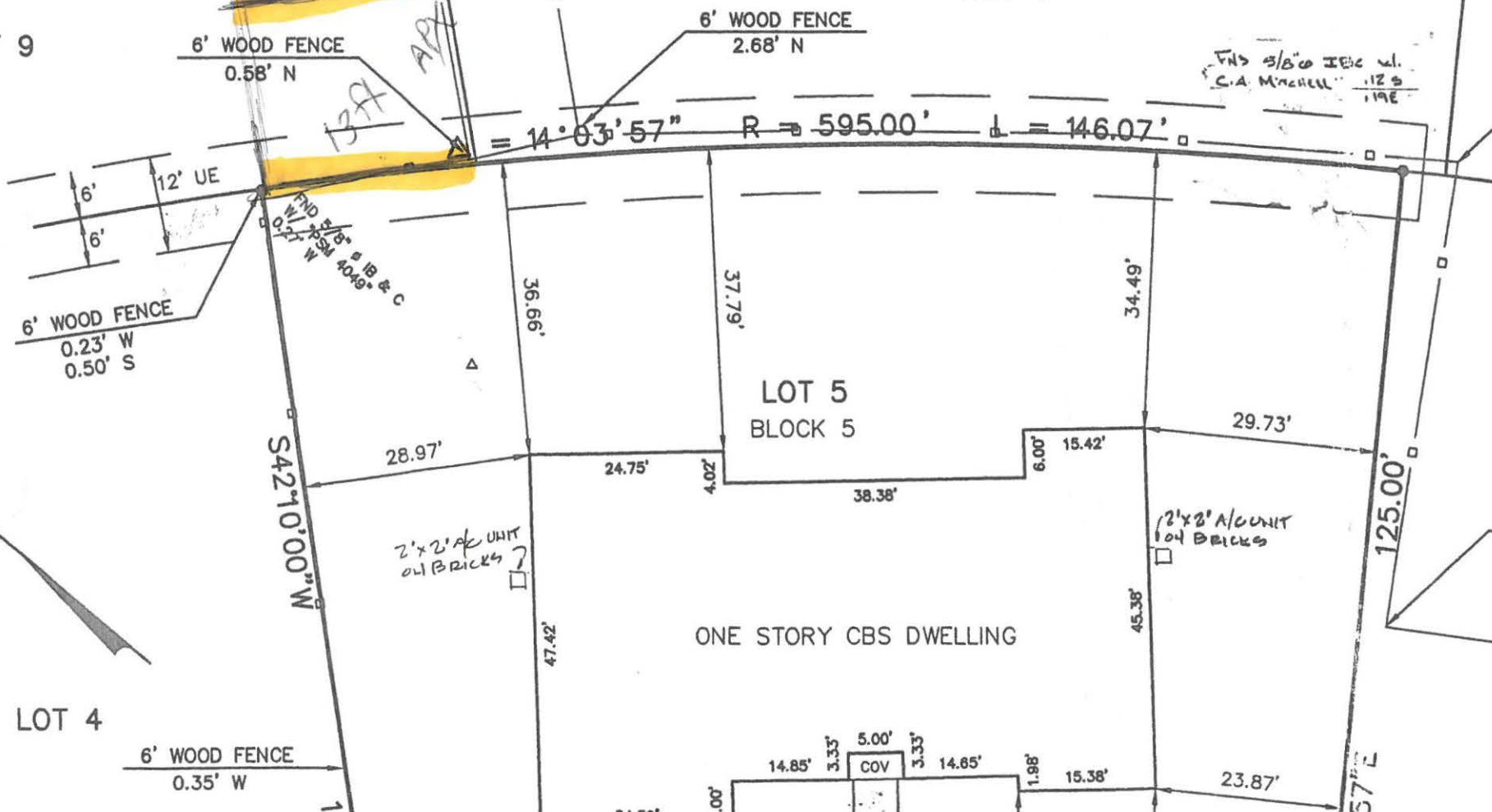
Ms Marjorie Baumgartner
3 Banyan Rd.
Stuart, FL 34996-6615

PLAT OF TRACTS "A & B", INDIALUCIE
(PB 4, PG 85)

3 BANYAN

LOT 8

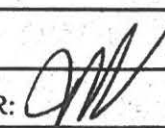


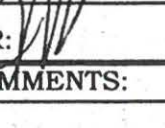
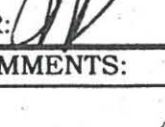

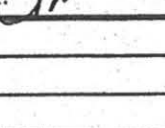
LOT 9



TOWN OF SEWALL'S POINT

Building Department - Inspection Log


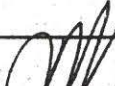
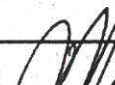
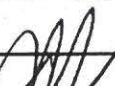
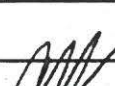
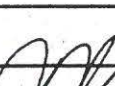
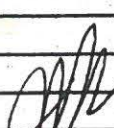
Date of Inspection: ☐ Mon ☒ Wed ☐ Fri FEB 9, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6741	OSTEEN	INSULATION	FAIL	
11	1 RIDGEVIEW ANGUS ENTERPRISE			INSPECTOR: 
7178	BAUMGARTNER	FINAL ROOF	PASS	CLOSE
13	3 BANYAN RD ROBERT E STEIN			INSPECTOR: 
7234	JANSON	FINAL A/C CLO	PASS	CLOSE
4	132 S. RIVER RD HONESTAIR (NOT BEW 8-8:45 please)			INSPECTOR: 
7177	BRAND	FINAL ROOF	PASS	CLOSE
2 11	4 E. HIGH POINT LYNN TITUS			INSPECTOR: 
TREE	CRANE	TREE	PASS	
10	2 TIMOR			INSPECTOR: 
7119	ROSE	TIN TACK METAL	FAIL	
14	4 INDIANWICIE Pkwy PACIFIC ROOFING			INSPECTOR: 
6480	WADE	FINAL ADDITION	PASS	
1	9 E. HIGH POINT PINE RICHARD BUDS (EARLY PLEASE)		FAIL	INSPECTOR: 
OTHER: 170 S.S.P.R.				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☒ Mon ☐ Wed ☐ Fri 1/10, 20015 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	GREINER	TREE	PASS	
3	37 E. High Point			INSPECTOR: 
6888	ELLIOTT	TINTAGH METAL	PASS	
2	25 W. High Point PACIFIC ROOFING			INSPECTOR: 
7060	TEDESCO	FENCE FINAL	PASS	CLOSE
5	18 N. RIVER RD O/B			INSPECTOR: 
7131	NEWLEY	FINAL ROOF	PASS	CANCEL
4	7 N. VIA LUCINDIA AZTEKA CONST			INSPECTOR:
7109	DONOVAN	FINAL ROOF	PASS	CLOSE
6	6 QUAIL RUN LA PACIFIC			INSPECTOR: 
7177	BRAND	IN PROGRESS	FAIL	
1	4 E. High Point LYNN TITUS			INSPECTOR: 
	STERNIS	COURTESY INSP--		DONE
	80 N. SEWALL'S	SEA GRAPE REMOVAL		INSPECTOR: 
OTHER:	7178 BAUMGARTNER	DRY-IN	FAIL	
	3 BANYAN	LATE AS POSSIBLE		
	ROBERT E. STEIN ROOFING			

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri 3/18, 2005 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6741	OSTEEN	DRIVEWAY		CANCEL
	1 RIDGEVIEW RD			ton.
	ANGUS ENT			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7327	GRIFFEN	DRY IN	FAIL	
4	19 RIO VISTA DR			\$40 FEE
	PACIFIC ROOFING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	CANTWELL	TREE	PASS	
10	34 CASTLE HILL WY			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7162	Palm Row Assoc	FINAL DOCK	PASS	
1	20 S. SEWALL'S PT			
	RMS ELECTRIC			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7282	SHORT	ELEC ROUGH	PASS	
7	10 N. RIVER RD			
	O/B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7296	BAUMGARTNER	FENCE FINAL	PASS	CLOSE
8	3 BANYAN			
	O/B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	PERRY	TREE	PASS	
3	24 S. SEWALL'S PT			
				INSPECTOR:

OTHER:

10 CRANES NEST SOFFIT INSP.