

18 Banyan Road

449

SFR

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date November 7, 1974

This is to request that a Certificate of Approval for
Occupancy be issued to Thomas Thurlow, Jr.

For property built under Permit No. 449 Dated February 26, 1974
when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	3/11/74	Charles Knoeller
Rough plumbing	3/15/74, Slab 4/1/74	"
Perimeter beam	4/2/74	"
Rough electric	6/7/74	Charles Duryea
Close in	6/17/74	"
Final plumbing	11/7/74	"
Final electric	11/7/74	"

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles A. Duryea date 11/7/74

Approved by Town Commission John F. Smith date 11/7/74

Utilities notified November 7, 1974 date

Original Copy sent to Martinique Construction Inc.

(Keep carbon copy for Town files)

TOWN OF SEWALL'S POINT
CERTIFICATE OF OCCUPANCY

DATE _____

This Certificate of Occupancy is issued for Thomas Thurlow, Jr.
on Lot No: 849, Block 4, 18 Banyan Road Street,
Indialucie S/D, constructed under Building Permit
No. 449 on record in the Town of Sewall's Point Town Hall.

Construction of this building conforms to all Ordinances of
the Town.

RECORD OF INSPECTIONS

ITEM	DATE	APPROVED BY
FOOTINGS	3-11-74	C. Knaeller
Slab	4-1-74	
ROUGH PLUMBING	3-15-74	C. Knaeller
PERIMETER BEAM	4-2-74	C. Knaeller
ROUGH ELECTRIC	6/7/74	DS
CLOSE IN	6/17/74	DS
FINAL PLUMBING	11/7/74	CA
FINAL ELECTRIC	11/7/74	DS

PROOF OF SEPTIC TANK APPROVAL BY OTHERS, ie (COUNTY HEALTH DEPT.)

Approved by Building Inspector Charles Dwyer

Approved by Town Commission: _____

Utilities notified: 11/7/74 CD Date

7
4
1

April 24, 1974

CONTRACTOR: Martingue Constr. Inc. ADDRESS: P. O. Ex 488, Indiantown, 33456
OWNER: Thomas Thurlow, Jr. ADDRESS: 109 Edgewood Dr., Stuart
Lot No: 8 Area 4 SUBDIVISION: Indialucie
ADDRESS: 18 Banyan Road, Jensen Beach, 33457

This is to put you on notice that any damage to the pavement, drainage or embankments within the Town's right-of-ways must be corrected or repaired to the satisfaction of the Town before a Certificate of Occupancy will be issued.

Any damage of adjoining property due to construction or encroachment shall also be corrected to the satisfaction of the Town before a Certificate of Occupancy is issued.

Yours truly,

TOWN OF SEWALL'S POINT

Charles Knoeller
Building Supervisor

CK/ab

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Application and Permit
of
Individual Sewage Disposal Facilities

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.

5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
6. Complete the following information section.

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call 282 2277 and give this office a 24-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.) Banyan Road, Sewall's Point
Lot 8 Block 4 Subdivision Indialucie
Date Recorded 1971 Directions to Job Sewall's Point Road to Indialucie, Indialucie Parkway to Banyan Road.
2. Owner or Builder Mr. & Mrs. Thomas Thurlow, Jr.
P.O. Address _____ City Stuart, Florida.
3. Specifications

2750 Tank Gals. 1700 Drainfield 6" clay tile
or 5" perforated plastic drain in a 3' trench or
_____ Gals. _____ ft. of 4" clay drain
or 4" perforated plastic drain in an 18" trench

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

Request 2-750 Gal Septic Tank

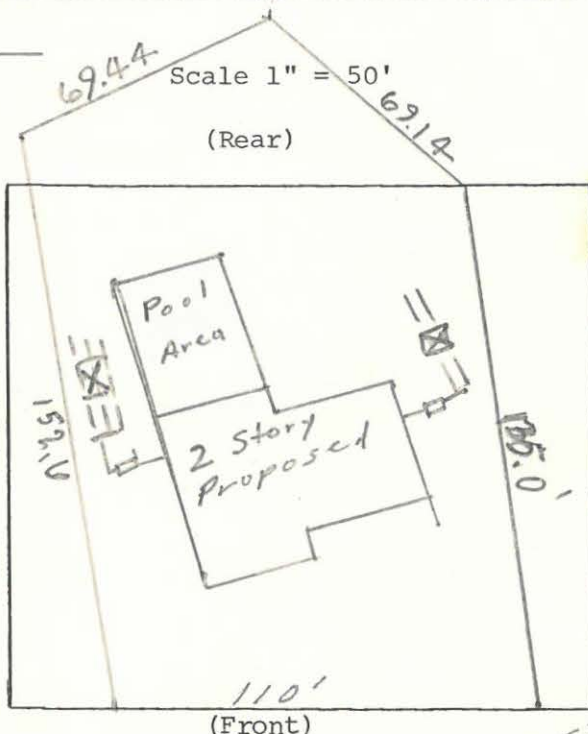
This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: Mr. & Mrs Thomas Thurlow, Jr.

Please Print

Signature: [Signature] PE.

Date: January 15, 1974



(Name of Street or State Road)

City Water Available

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: _____

The above signed application has been found to be in compliance with Chapter 17-13, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: [Signature] County Health Dept. Martin Date 1/15/74

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No

Date: _____ By: _____

FHA No. _____ VA No. _____

3378

RE-ROOF

TAX FOLIO NO. 35-37-41-002-004-00080-50000# 3378
DATE 5/5/95APPLICATION 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 Thorlow Present Address 18 Banyan StPhone 287-6032Contractor Tom Allyn Address 1034 NW Pine Lake Dr S.W.Phone 692-2793Where licensed Thorlow Co. License Number MC 00185

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-roof

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

18 Banyan St.Subdivision India - Lucie Lot Number 8 Block Number 4Contract Price \$ 7500 Cost of Permit \$ 6100

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 of Town Commissioner "Red-Tagging" the construction project.

Contractor Tom Allyn

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 Sandra Thulke

TOWN RECORD

Date submitted _____ Approved: [Signature] Building Inspector _____ Date _____Approved: [Signature] Commissioner _____ Date 5/5/95 Final Approval given: _____ Date _____

Certificate of Occupancy issued(if applicable) _____ Date _____

SP1282

Permit No. 3378

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

ALLYN, THOMAS E

1034 N.W. PINE LAKE DR.
STUART, FL 34994

EXPIRES SEPTEMBER 30, 19 93

AUDIT
CONTROL
NUMBER

19839

CERTIFICATE NUMBER

MC00185

CERTIFICATE OF INSURANCE

This certifies that ☒ STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
☐ STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
insures the following policyholder for the coverages indicated below:

Name of policyholder Allyn, Thomas E.
Address of policyholder 1034 NW. Pinelake Dr.
Stuart, Fla. 34994-9462
Location of operations Same

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	
98-66-5005-6F	<input checked="" type="checkbox"/> Comprehensive General Liability <input type="checkbox"/> Manufacturers and Contractors Liability <input type="checkbox"/> Owners, Landlords, and Tenants Liability	12/14/92	12/14/93	<input type="checkbox"/> Dual Limits for: Each Occurrence \$ _____ Aggregate \$ _____ Each Occurrence \$ _____ Aggregate* \$ _____ <input checked="" type="checkbox"/> Combined Single Limit for: Each Occurrence <u>300,000.</u> Aggregate <u>600,000.</u>
This insurance includes: <input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Owners or Contractors Protective Liability <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Professional Errors and Omissions <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Broad Form Comprehensive General Liability				BODILY INJURY AND PROPERTY DAMAGE CONTRACTUAL LIABILITY LIMITS (if different from above) BODILY INJURY Each Occurrence _____ PROPERTY DAMAGE Each Occurrence _____ Aggregate _____
	EXCESS LIABILITY <input type="checkbox"/> Umbrella <input type="checkbox"/> Other _____			BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence \$ _____ Aggregate \$ _____
	<input type="checkbox"/> Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ _____ Disease Each Employee \$ _____ Disease - Policy Limit \$ _____

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

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

Name and Address of Certificate Holder

Sewall's Point Building Dept.
FAX# 407-220-4765

Kip R. Mayfield
Signature of Authorized Representative
Agent
Title
March 6, 1993
Date

8349

WINDOWS

Martin County #8P01
MASTER PERMIT NO. 20060077

TOWN OF SEWALL'S POINT

Date 8-7-06 BUILDING PERMIT NO. 8349
Building to be erected for Thurlow Type of Permit Replace Windows
Applied for by Stuart Glass (Contractor) 19.8 x 960 = 190 Building Fee 190
Subdivision Indalucia Lot 8 Block _____ Radon Fee _____
Address 18 Banyan Rd Impact Fee _____
Type of structure SFR A/C Fee _____
Electrical Fee _____
Parcel Control Number: 3537-41-002-004-008050000 Plumbing Fee _____
Roofing Fee _____
Amount Paid \$190 Check # 8123 Cash _____ Other Fees () _____
Total Construction Cost \$ 19800 TOTAL Fees 190
Signed [Signature] Applicant Signed [Signature] Town Building Official
Dept Clerk



MARTIN COUNTY BUILDING PERMIT

**CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE
PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.**

Permit Number: SP01 - 20060077
Permit Type: SEWALLS POINT
Date Issued: 11-JUL-06
Project:
Scope of Work: Replace all windows with PGT Windguard impact single hung windows

Applicant/Contact:	SCHERER, WALTER K	/
Parcel Control Number:	35-37-41-002-004-0008.0-50000	
Subdivision:	INDIALUCIE	
Construction Address:	18 BANYAN RD	
Location Description:		
Owner Name:	THURLOW, THOMAS H JR & SANDRA	
Prime Contractor:	SCHERER, WALTER K BOX 3236 STUART, FL 34995	STUART GLASS 772-287-0080 License No.: SP01278

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final _____

**MARTIN COUNTY
BUILDING PERMIT CONDITIONS**

Conditions

RECEIVED
6-30-06

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

Date: _____ Permit Number: _____

OWNER/TITLEHOLDER NAME: Thomas H. Thurlow, Jr. Phone (Day) 772-287-0980 (Fax) 772-220-0815

Job Site Address: 18 Banyan Road City: Sewall's Point State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 8, Block 4, Indialucie Parcel Number: 35-37-41-002-004-00080-5

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

Description of Work To Be Done: Replace all windows with PGT Windguard Impact Single Hung Windows

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: \$ 19,800.00

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 450,500.00

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

Method of Determining Fair Market Value: County Tax Value

CONTRACTOR/Company: Stuart Glass Company Phone: 772-287-0080 Fax: 772-287-0091

Street: 2401 S. Dixie Hwy (P.O. Box 3236) City: Stuart State: FL Zip: 34995

State Registration Number: _____ State Certification Number: _____ Martin County License Number: MC SP01278

SUBCONTRACTOR INFORMATION:

Electrical: N/A State: _____ License Number: _____

Mechanical: N/A State: _____ License Number: _____

Plumbing: N/A State: _____ License Number: _____

Roofing: N/A State: _____ License Number: _____

ARCHITECT None Lic.#: _____ Phone Number: _____

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

ENGINEER None 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: _____

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the 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.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION:

National Electrical Code: 2002 Florida Energy Code: 2004 Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004

Florida Accessibility Code: 2004 Florida Fire Code 2004

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

OWNER OR AGENT SIGNATURE (required)

Thomas H. Thurlow, Jr.

State of Florida, County of: Martin

is the 30th day of June, 2006

Thomas H. Thurlow, Jr. who is personally

known to me XXXXXX

as identification. Thomas H. Thurlow, Jr.

Notary Public

Commission Expires: Valerie Meyer

CONTRACTOR SIGNATURE (required)

Walter K. Scherer

On State of Florida, County of: Martin

This the 30 day of JUNE, 2006

by Walter K. Scherer who is XXXXXX

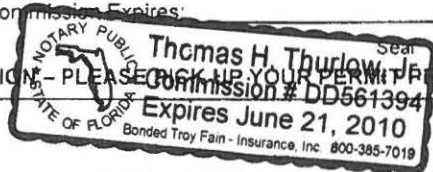
known to me or produced XXXXXX Florida Drivers License

As identification. Thomas H. Thurlow, Jr.

Notary Public

My Commission Expires: _____

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



NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS

41542

ORIGINAL FOR MARTIN COUNTY REAL ESTATE 5587028.0000

I.D. NUMBER: 35-37-41-002-004-00080.50000 2005 TAX DISTRICT: 2200
 ASSESSED VALUE: 180,283 EXEMPTIONS: 25,000 TAXABLE VALUE: 155,283

TAXING AUTHORITY			MILLAGE RATE		TAX AMOUNT
COUNTY	COUNTY-GENERAL FUND-OP	4.8950	25,000	155,283	760.11
	CNTY-GOVT BONDS 1986	.1960	25,000	155,283	30.44
	CNTY-BONDS LANDS FOR YOU	.1050	25,000	155,283	16.30
	CNTY-F.I.T. BOND	.0240	25,000	155,283	3.73
SCHOOL	SCHOOL - GENERAL	7.3000	25,000	155,283	1,133.57
CHLD SVC	CHILDRENS SERVICES ORDNCS	.3337	25,000	155,283	51.82
F.I.N.D.	FL-INLAND NAVIGATION DIST	.0385	25,000	155,283	5.98
CITY	TOWN OF SEWALLS PT	1.9410	25,000	155,283	301.40
S.F.W.M.	SOUTH FLORIDA WATER MANAG	.6970	25,000	155,283	108.23

EXEMPTION: REG HMST 25,000

TOTAL MILLAGE 15.53020 AD VALOREM TAXES 2,411.58

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	PURPOSE	RATE/BASIS	AMOUNT
COMBINED TAXES & ASSESSMENTS TOTAL:			2,411.58

PROPERTY
 ADDR: 0

PAID
 LARRY C. O'STEEN
 MARTIN COUNTY TAX COLLECTOR
 DATE 1/9/05 AMOUNT 2,351.2
 CLERK [Signature]

35 37 41
 INDIALUCIE, LOT 8 BLK 4 & PART O
 F LOT 9 DESC AS: BEG SW COR LOT
 8, NELY ALG S/LN 135' TO SE COR,
 S35DEGW 85.07', S78DEGW 71.52'
 TO CURVE, NWLY ALG CURVE 51.38'
 TO POB

35-37-41-002-004-00080.50000 2005
 THURLOW, THOMAS H JR & SANDRA
 18 BANYAN RD
 STUART FL 34996-6617

NOV 1-NOV 30 DEC 1-DEC 31 JAN 1-JAN31 FEB 1-FEB28 MAR 1-MAR 31 DELINQUENT ON
 2,315.12 2,339.23 2,363.35 2,387.46 2,411.58 APRIL 1, 2006
 SEE REVERSE SIDE FOR INSTRUCTIONS PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

**EXTERIOR DOORS (INCLUDING GARAGE) AND OR WINDOWS
(Revised 12/28/05)**

**PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS
FOR EXTERIOR DOORS (INCLUDING GARAGE) AND OR WINDOWS**

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

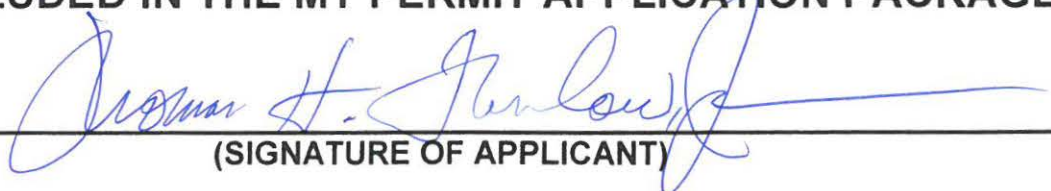
Application form must contain the following information:

1. Property Appraiser's parcel number or property control number
2. Legal description of property (can be found on your deed, survey or tax bill)
3. Contractor's name, address, phone, fax and license numbers.
4. Name all sub-contractors (properly licensed)
5. Architect or engineer name, address, & phone number.
6. Scope of work
7. Estimated cost of construction.
8. Original signature of owner, notarized
9. Original signature of contractor, notarized.

Submittals (2 copies)

1. Product approvals from Miami/Dade for the following items:
 - a. Windows
 - b. Exterior doors
 - c. Garage door
 - d. Hurricane shutters (if doors or windows are not impact resistant)
2. Statement of fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. A certified copy of the Notice of Commencement for any work over \$2500.00
5. Copy of license (either Martin County Certificate of Competency or state certified or registered contractor license)
6. Copy of certificate of workmen's compensation insurance or exemption
7. Copy of liability insurance

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


(SIGNATURE OF APPLICANT)

DATE SUBMITTED: JUNE 30, 2006

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

MARSHA EWING MARTIN COUNTY DEPUTY CLERK T Copus (asst mgr)

PERMIT # _____

TAX FOLIO # 35-37-41-002-004-00080-5

NOTICE 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):

Lot 8, Block 4, Indialucie, Plat Book 4, Page 85, Martin County 18 Banyan Road, Stuart, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT Replace all windows with PGT Windguard Impact Single Hung WindowsOWNER: Thomas H. Thurlow, Jr.ADDRESS: 18 Banyan Road, Stuart, FL 34996PHONE #: 772-287-0980FAX #: 772-220-0815CONTRACTOR: Stuart Glass CompanyADDRESS: P.O. Box 3236, Stuart, FL 34995PHONE #: 772-287-0080FAX #: 772-287-0091SURETY COMPANY (IF ANY) None

ADDRESS: _____

PHONE # _____

FAX #: _____

BOND AMOUNT: _____

LENDER: None

ADDRESS: _____

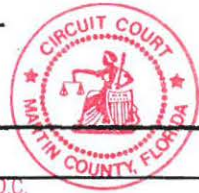
PHONE #: _____

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: 1 COPUSDATE: 6-29-06 D.C.

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: None

ADDRESS: _____

PHONE #: _____

FAX #: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES None

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

PHONE #: _____

FAX #: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: December 31, 2006

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

SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 29 DAY OF JuneX 2006 BY Thomas H. Thurlow, Jr.

OR

PERSONALLY KNOWN X

PRODUCED ID _____

TYPE OF ID _____

NOTARY SIGNATURE



ACORD CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
06/30/2006

PRODUCER (772)334-3181 FAX (772)334-7742
 Rick Carroll Insurance Agency
 2160 N.E. Dixie Highway
 P.O. Box 877
 Jensen Beach, FL 34958-0877

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 **Stuart Glass Company**
 P.O. Box 3236
 Stuart, FL 34995

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: **American States Insurance**

19704

INSURER B: **Zurich North-America**

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	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS					
A		GENERAL LIABILITY	01CG85604110	08/25/2005	08/25/2006	EACH OCCURRENCE \$ 1,000,000					
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000					
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000					
						PERSONAL & ADV INJURY \$ 1,000,000					
						GENERAL AGGREGATE \$ 2,000,000					
						PRODUCTS - COMP/OP AGG \$ 2,000,000					
		GEN'L AGGREGATE LIMIT APPLIES PER:									
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									
		AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$				
		<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$				
<input type="checkbox"/> ALL OWNED AUTOS		BODILY INJURY (Per accident) \$									
<input type="checkbox"/> SCHEDULED AUTOS		PROPERTY DAMAGE (Per accident) \$									
<input type="checkbox"/> HIRED AUTOS											
<input type="checkbox"/> NON-OWNED AUTOS											
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$					
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG \$					
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$					
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$					
						\$					
		<input type="checkbox"/> DEDUCTIBLE				\$					
		<input type="checkbox"/> RETENTION \$				\$					
		B					WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001430356	01/27/2006	01/27/2007	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER \$
							ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 100,000
If yes, describe under SPECIAL PROVISIONS below	E.L. DISEASE - EA EMPLOYEE \$ 500,000										
OTHER	E.L. DISEASE - POLICY LIMIT \$ 100,000										

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

THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY.

CERTIFICATE HOLDER

Mr. and Mrs. Thomas Thurlow
 18 Banyan Drive
 Sewalls Point, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Keith Carroll/PJR

Keith Carroll

2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 1979-275-473 CERT _____
PHONE (561) 287-0080 C NO 044419
LOCATION:

2401 SE DIXIE HWY ST

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	LIC. FEE \$	25.00
\$	.00	PENALTY \$	.00
\$	.00	COL. FEE \$	.00
\$	.00	TRANSFER \$	.00
TOTAL		25.00	

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS PROFESSION OR OCCUPATION
OF **GLASS & MIRROR INSTALLATION**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

SCHERER, WALTER
STUART GLASS COMPANY
PO BOX 3236
STUART FL 34995-3236

16 DAY OF AUGUST 20 05
AND ENDING SEPTEMBER 30, 2006

12 00002004 001995



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

GLASS & GLAZING

License Number SP01278 Expires: 30-SEP-07

SCHERER, WALTER K
STUART GLASS
BOX 3236
STUART, FL 34995

PALM BEACH COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

EXPIRES SEPTEMBER 30, 20 05

AUDIT
CONTROL
NUMBER

A-0354218

CERTIFICATE NUMBER

U-18878

LD HERE

Mr - Mrs Thomas Thurlow Jr.
18 Banyan Road
Sewals Point, Florida 34996

WINDOW SCHEDULE

I.D. NO.	APPROX OPENING SIZE (WxH)	GLAZED AREA (S.F.) (WxH)	DESIGNATION	TYPE	IMPACT GLASS	PROTECTION SHUTTER	REMARKS
0	37"X83"	18 S.F.	25	SH		X	EXAMPLE
1	26 1/2 x 63	12	H 35	SH	X		
2	26 1/2 x 63	12	H 35	SH	X		
3	23 1/8 x 23 1/8	4	Fixed Octagon		X		
4	26 1/2 x 63	12	H 35	SH	X		
5	2 37 x 63	32	25 (2)	SH	X		
6	26 1/2 x 63	12	H 35	SH	X		
7	37 x 63	16	25	SH	X		
8	37 x 63	16	25	SH	X		
9	53 1/4 x 36	14	XO	HS	X		
10	37 x 50 3/8	13	24	SH	X		
11	26 1/2 x 26	5	H 32	SH	X		
12	2 37 x 50 3/8	26	24 (2)	SH	X		
13	37 x 38 3/8	10	23	SH	X		
14	2 37 x 50 3/8	26	24 (2)	SH	X		
15	2 37 x 50 3/8	26	24 (2)	SH	X		
16	37 x 50 3/8	13	24	SH	X		
17	37 x 50 3/8	13	24	SH	X		
18	37 x 50 3/8	13	24	SH	X		
19	2 37 x 50 3/8	26	24 (2)	SH	X		
20	2 37 x 50 3/8	26	24 (2)	SH	X		
TOTAL INSTALLED GLAZED AREA		327 S.F.					

TOTAL GLAZED OPENING AREA FOR STRUCTURE: 327 S.F.

ALL CONSTRUCTION MUST BE IN ACCORDANCE WITH THE FOLLOWING NOTICE

*PERCENTAGE OF NEW GLAZED AREA: 100 MUST BE IN ACCORDANCE WITH THE FOLLOWING NOTICE
(TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

*NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings will require impact protection on all proposed glazed openings & replacement (approved shutters or impact resistant glazing) as per FBC9401.7.2.4.

3 The Florida Building Code 2004 Residential
4 The Florida Building Code 2004 Commercial Building

TYPE WINDOWS
SH - SHINGLE GLAZING
DM - DOUBLE HUNG
AV - AVALANCHE
C - CASCADEMENT
SL - SLIDER
FI - FIXED

8 National Electric Code (NEPA) 2004
Martin County Code of Laws and Ordinances
10 The M.A. National Flood Insurance Program
Martin County Building Dept. Inspections 288-5489,
Plan Review

REVIEWED FOR CODE COMPLIANCE 7/11/04 Date

ALUMINUM SINGLE HUNG WINDOW

Series SH701

WinGuard brand refers only to those products that are glazed with PGT laminated glass. Monolithic glazing does not provide hurricane protection.

Specifications:

- Window members are extruded from a minimum of 6063-T5 aluminum alloy
- Frame members have a nominal depth of 2³/₄"
- Frame and sash interlock
- Finish is white, bronze or gray
- All windows come with a 1/2" flange
- Glazing is exterior
- Locking hardware is deluxe swivel type
- Balance system is spiral type
- Screens are fitted at time of assembly

Options:

- 5/16" laminated glass
- 13/16" laminated insulating glass
- Heat strengthened glass
- Clear or white interlayer
- Single or double applied colonial muntins
- Colonial insulating muntins
- Popular glass tints
- Pro-View (Oriel style)
- Radius top
- Bottom sash locks
- Stainless steel assembly screws
- Sizes: Commodity, modular and custom
- 3/8" high rise sill

Notes:

- Windows are tested in accordance with PA/TAS 201, 202 and 203 specifications
- Miami-Dade County approved (see approval for specific order options)
- Tested forced entry resistance to AAMA 1302.5-1976
Paragraph 3.1.1 test A through 3.1.5 test G
- Deglazing tested to ASTM E987
- Tested water resistance to ASTM E547/E331
- Tested air infiltration to ASTM E283
- Test reports available upon request

Clear opening formula for egress:

Clear opening width = window width - 3.500"

Clear opening height =

WinGuard with **Aluma-Tilt** balance and 2.830" sill = (window height / 2) - 6.299"

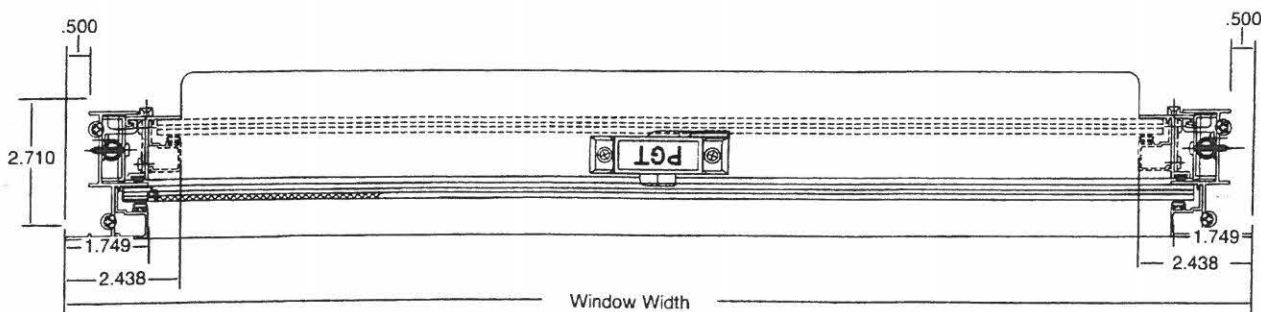
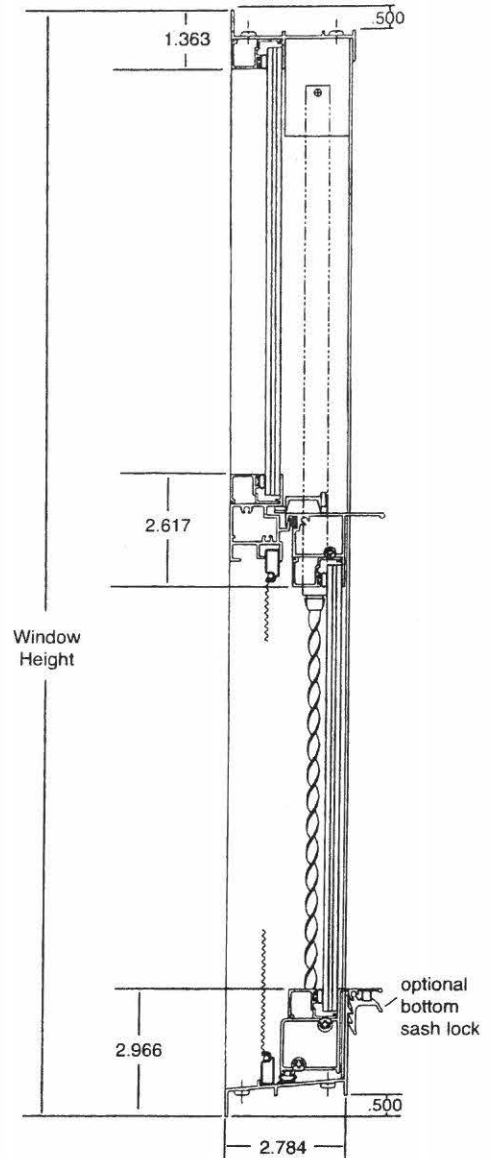
WinGuard with **Ultra-Lift** balance and 2.830" sill = (window height / 2) - 7.764"

WinGuard with **Aluma-Tilt** balance and 3.446" sill = (window height / 2) - 7.243"

WinGuard with **Ultra-Lift** balance and 3.446" sill = (window height / 2) - 8.618"

Calculate from tip to tip window size.

Note: PGT reserves the right to change material design and/or construction without notice or liability.



ALUMINUM SINGLE HUNG SH701 FRAME ASSEMBLY

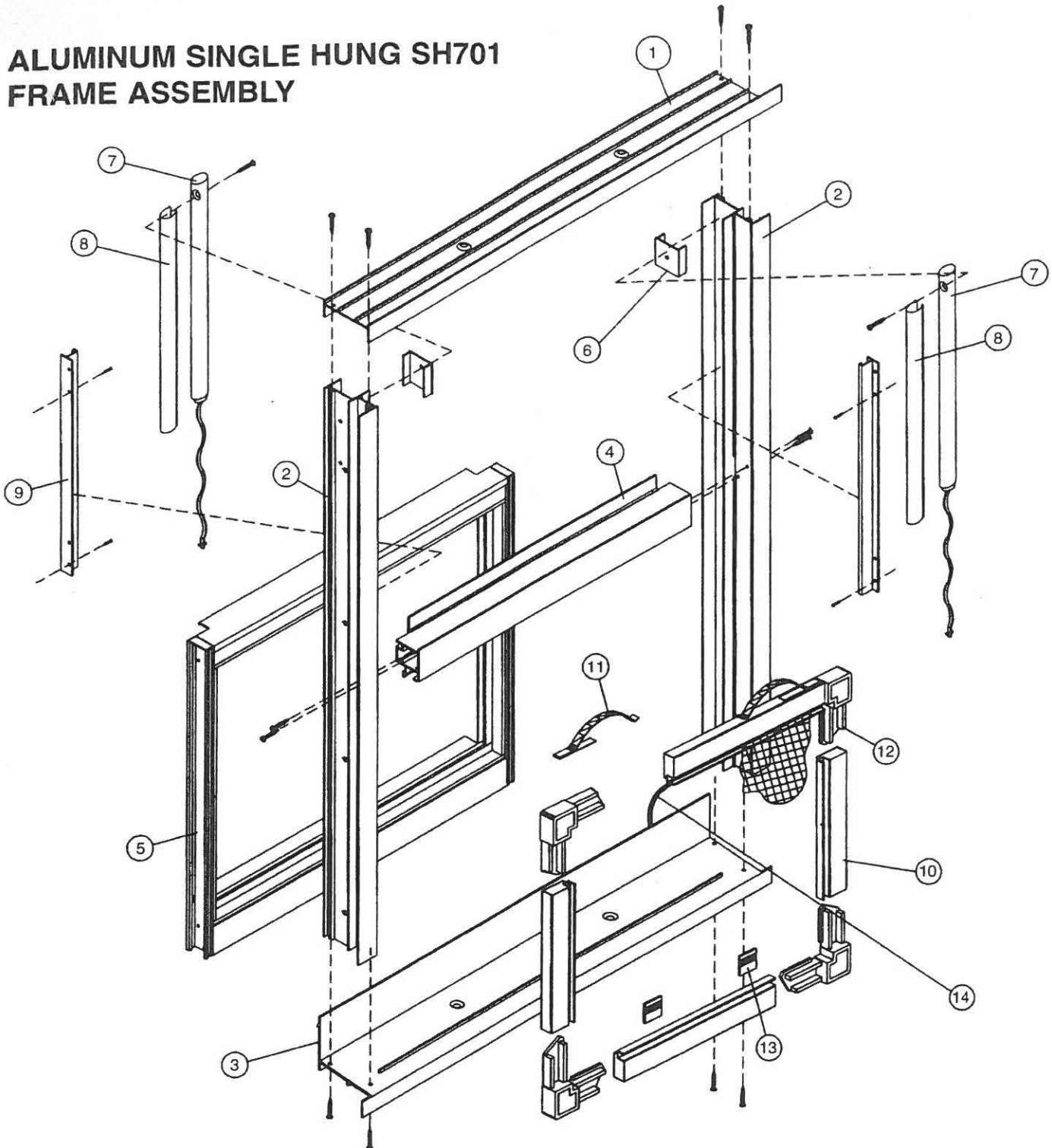


Figure No.	Description	Figure No.	Description
1	Frame head	8	Balance cover
2	Frame jamb	9	Windload adapter
3	Frame sill	10	Screen frame
4	Fixed meeting rail	11	Screen spring
5	Sash assembly	12	Screen corner key
6	Sash stop	13	Screen pull tab
7	Balance	14	Screen spline

ALUMINUM SINGLE HUNG SH701 SASH ASSEMBLY

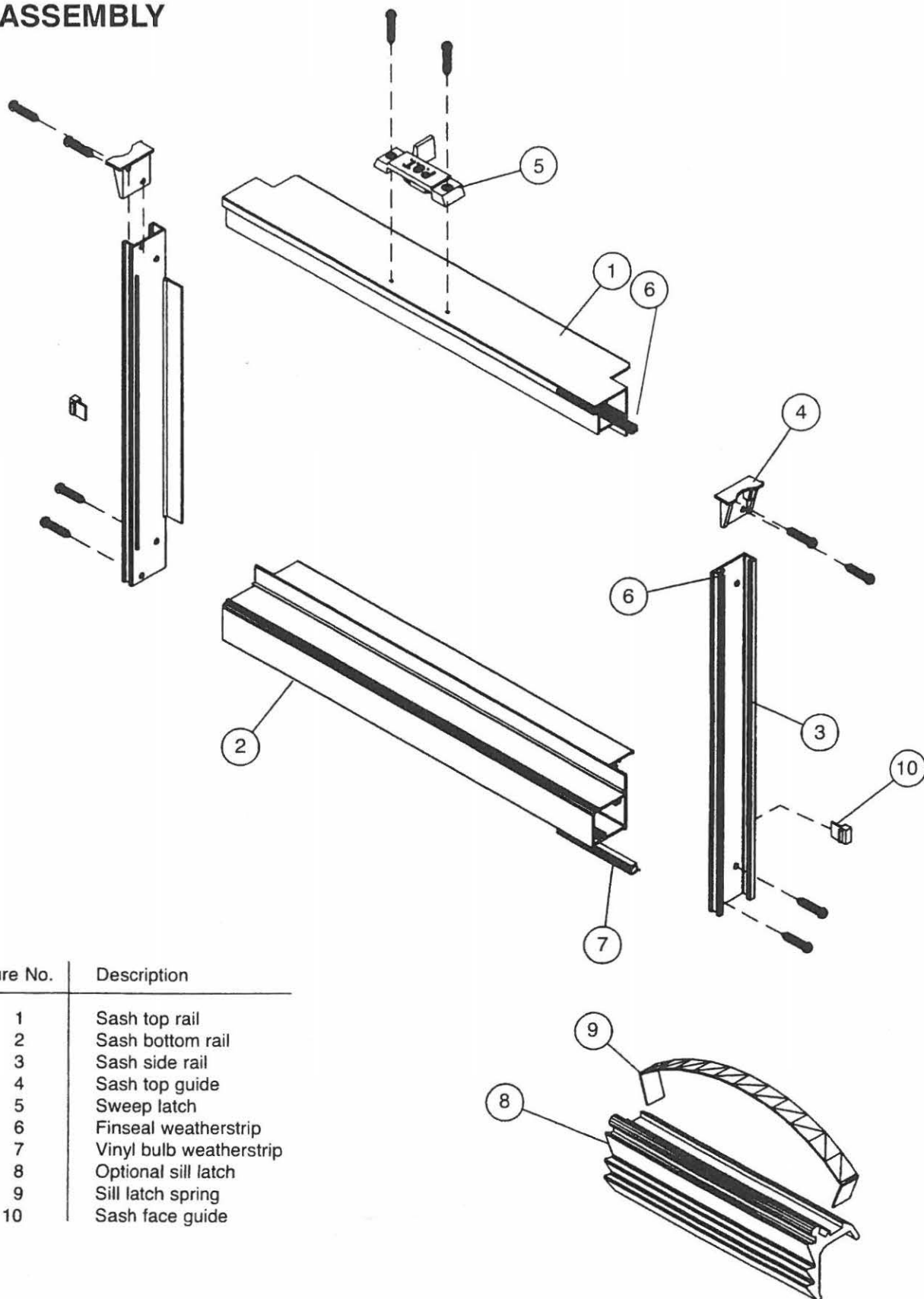


Figure No.	Description
1	Sash top rail
2	Sash bottom rail
3	Sash side rail
4	Sash top guide
5	Sweep latch
6	Finseal weatherstrip
7	Vinyl bulb weatherstrip
8	Optional sill latch
9	Sill latch spring
10	Sash face guide



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) 375-2508

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
P.O. Box 1529
Nokomis, FL 34274

SCOPE:

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

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

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

DESCRIPTION: Series "SH-4000" Aluminum Single Hung Window

APPROVAL DOCUMENT: Drawing No. 2736, titled "Alum. Single Hung Window W/ STD. MTG. Rail", sheets 1 through 9 of 9, prepared, signed and sealed by Robert L. Clark, P.E., dated 12/15/04 with revision "D", on 12/15/04, bearing the Miami-Dade County Product Control Revision Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: None

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

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

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

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

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

This NOA revises NOA # 04-0714.06 and, consists of this page 1 and evidence page E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by **Hermínio F. Gonzalez, P.E., Director, BCCO**



NOA No 05-0104.05
Expiration Date: September 30, 2006
Approval Date: March 24, 2005
Page 1

GENERAL NOTES: NON-IMPACT WINDOW

1. GLAZING OPTIONS:

- A. 1/8" ANNEALED GLASS
 B. 1/8" TEMPERED GLASS
 C. 3/16" ANNEALED GLASS
 D. 1/4" ANNEALED GLASS
 E. 3/16" TEMPERED GLASS
 F. 1/4" TEMPERED GLASS
 G. 1/2" I.G. GLASS CONSISTING OF (2) LITES OF 1/8" ANNEALED GLASS WITH AN AIR SPACE BETWEEN.
 H. 1/2" I.G. GLASS CONSISTING OF (1) LITE OF 3/16" ANNEALED GLASS AND (1) LITE OF 1/8" ANNEALED GLASS WITH AN AIR SPACE BETWEEN.

2. CONFIGURATION: 1/1 OX

3. DESIGN PRESSURES: (SEE TABLE 1, SHEET 4)

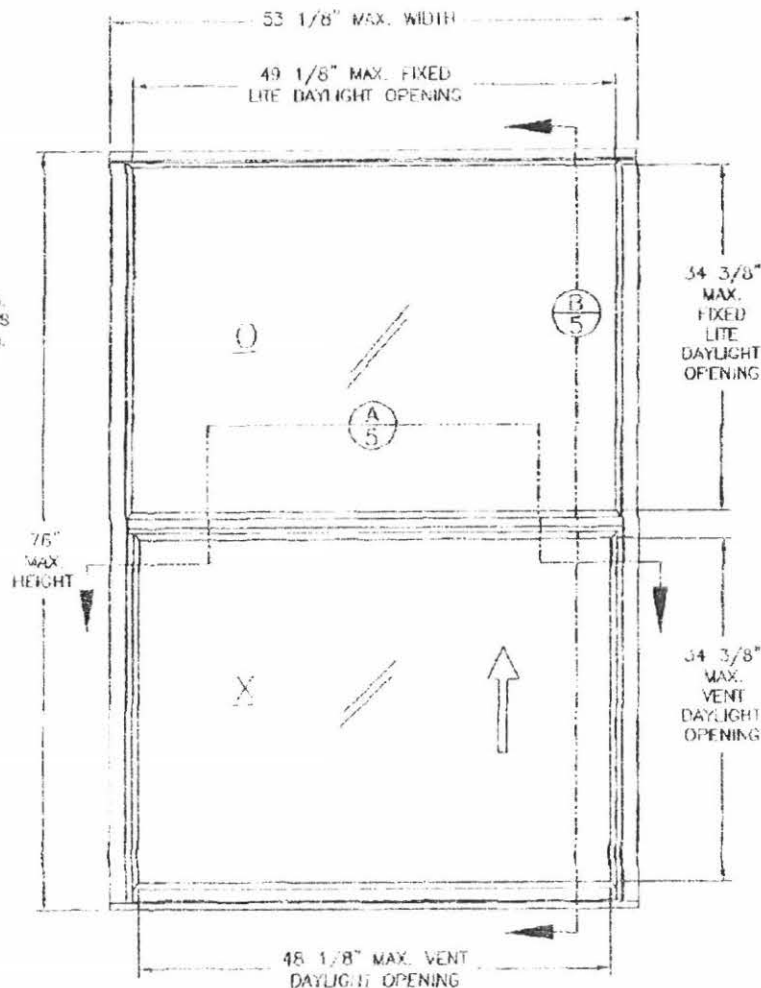
- A. NEGATIVE DESIGN LOADS BASED ON TESTED PRESSURE AND GLASS TABLES ASTM E 1300-98 (ASTM E 1300-94 OUTSIDE MIAMI-DADE COUNTY).
 B. POSITIVE DESIGN LOADS BASED ON WATER TEST PRESSURE AND GLASS TABLES ASTM E 1300-98 (ASTM E 1300-94 OUTSIDE MIAMI-DADE COUNTY).
 C. DESIGN PRESSURES LESS THAN 40 PSF ARE NOT APPLICABLE IN MIAMI-DADE COUNTY.

4. FOR ANCHORAGE REQUIREMENTS SEE SHEETS 8 AND 9.

5. SHUTTERS ARE REQUIRED WHERE IMPACT RESISTANCE IS REQUIRED. SHUTTERS MUST BE MIAMI-DADE COUNTY APPROVED FOR INSTALLATION IN MIAMI-DADE COUNTY.

6. SEALANTS: FRAME CORNERS, FIXED MEETING RAIL SEAMS AND VENT CORNERS SEALED WITH CLEAR COLORED SEALANT.

7. REFERENCE TEST REPORTS: FTL-2959, FTI-2960, FTL-2961, FTL-2963, FTL-3354, FTL-4179, AND FTL-4379.



OUTSIDE ELEVATION

NOA DRAWING MAP

TOPIC	SHEET
GENERAL NOTES	1
ELEVATIONS	1
GLAZING DETAILS	2-3
DESIGN PRESSURES	4
VERT. SECTIONS	5
HORIZ. SECTIONS	5
PARTS LIST	6-7
EXTRUSIONS	6-7
ANCHORAGE	8-9

PRODUCT REVIEW
 as complying with the Florida
 Building Code
 Acceptance No. 05-0104.05
 Expiration Date 07/30/16
 By *[Signature]*
 PGT Industries Product Control
 Division

[Signature]
 12/30/11

Revised By	Date	Revised By	Date	Revised By	Date	Revised By	Date	Revised By	Date
PK	12/15/04	D	12/15/04	C	12/15/04				
PK	12/15/04								
PK	12/15/04								

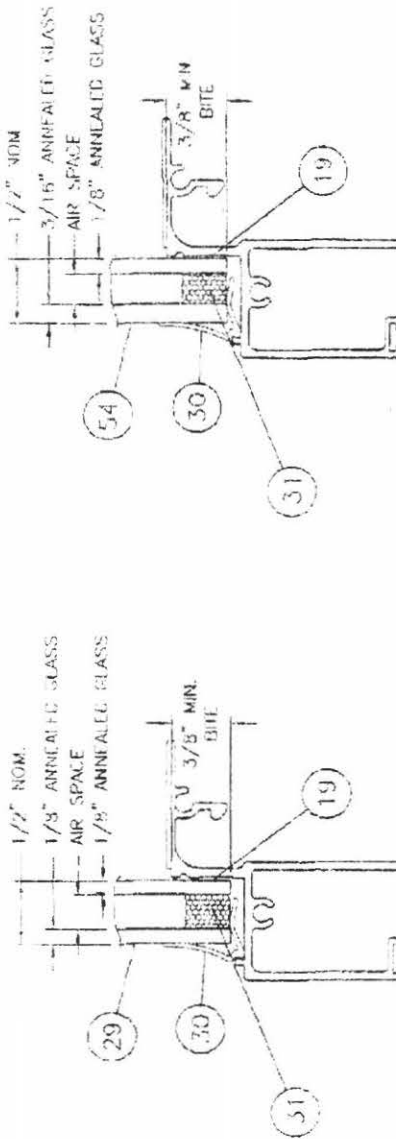
1001 ISCHROUD DRIVE
 MOUNTAIN VIEW, FL 3275
 P.O. BOX 1529
 MOUNTAIN VIEW, FL 32754

PGT
 Visibly Better

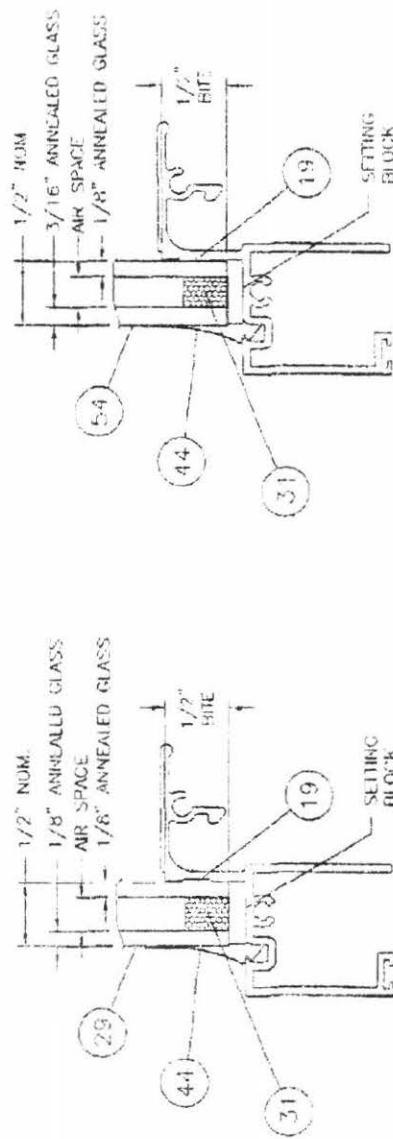
GENERAL NOTES AND ELEVATION
 ALUM. SINGLE HUNG WINDOW, STD. MTG RAIL
 NTS 1 - 9 27/8 17

Robert L. Clark, P.E.
 11/20/12
 Structural

Date: 12/15/04		Project: D		Description: GLAZING DETAILS, MONOLITHIC	
To: F.K.		From: C		Title: ALUM. SINGLE HUNG WINDOW, STD. MTG. RAIL	
Date: 7/1/04		Project: C		Specimen: FUL 2 - 9	
To: F.K.		From: C		Value: 2736	
Date: 12/15/04		Project: D		Title: ALUM. SINGLE HUNG WINDOW, STD. MTG. RAIL	
To: F.K.		From: C		Specimen: FUL 2 - 9	
Date: 12/15/04		Project: D		Value: 2736	



1/2" I.G. GLAZING DETAIL
(ORIGINAL DESIGN)



1/2" I.G. GLAZING DETAIL
(ALTERNATE DESIGN)

PRODUCT REVIEWED
as complying with the Florida
Building Code
Approved for OS 0104.05
Expiration Date 02/2016
By: *[Signature]*
Aluminum Products Control
Division

[Signature]
12/30/14
RURAL CLASS, PE
REVIEWED
SUBMIT

PGT Visibility Protection 1870 E. CANTON STREET PHOENIX, AZ 85024 P.O. BOX 1029 PHOENIX, AZ 85074		GLAZING DETAILS, I.G. GLASS ALUM. SINGLE HUNG WINDOW STD. MTG. RAIL 3 x 9 2-7-06	
REVISION 1 2/21/06 1/2" I.G.	REVISION 2 2/21/06 1/2" I.G.	REVISION 3 2/21/06 1/2" I.G.	REVISION 4 2/21/06 1/2" I.G.

COMPARATIVE ANALYSIS:

TABLE 1.

WINDOW WIDTH	GLASS TYPE	WINDOW HEIGHT									
		26"		38 3/8"		50 5/8"		63"		76"	
19 1/8"	A	+56.7	-75.0	+56.7	-75.0	+56.7	-75.0	+56.7	-69.4	+43.8	-43.8
	B	+56.7	-110.0	+56.7	-110.0	+56.7	-98.8	+56.7	-71.0	+43.8	-43.8
	C,D	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-94.7	+55.7	-73.0
	E,F	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-94.7	+55.7	-73.0
	G,H	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-86.0	+56.7	-66.4
24"	A	+56.7	-75.0	+56.7	-75.0	+56.7	-75.0	+56.7	-59.8	+38.2	-38.2
	B	+56.7	-110.0	+56.7	-110.0	+56.7	-93.2	+56.7	-63.6	+38.2	-38.2
	C,D	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-84.9	+55.7	-63.6
	E,F	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-84.9	+55.7	-63.6
	G,H	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-77.1	+55.7	-57.9
26 1/2"	A	+56.7	-75.0	+56.7	-75.0	+56.7	-70.0	+56.6	-56.6	+33.3	-36.3
	B	+56.7	-110.0	+56.7	-110.0	+56.7	-92.9	+56.7	-61.6	+33.0	-36.3
	C,D	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-82.1	+55.7	-60.6
	E,F	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-82.1	+55.7	-60.6
	G,H	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-74.6	+55.0	-55.0
32"	A	+56.7	-75.0	+56.7	-87.8	+56.7	-57.4	+50.8	-50.8	+33.8	-33.8
	B	+56.7	-110.0	+56.7	-93.4	+56.7	-82.0	+56.7	-60.0	+33.0	-33.6
	C,D	+56.7	-110.0	+56.7	-110.0	+56.7	-101.7	+56.7	-80.0	+53.4	-56.4
	E,F	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-80.0	+53.4	-56.4
	G,H	+56.7	-110.0	+56.7	-110.0	+56.7	-103.3	+56.7	-72.0	+51.3	-51.3
37"	A	+56.7	-75.0	+56.5	-56.5	+49.6	-49.6	+43.7	-43.7	+33.0	-33.0
	B	+56.7	-101.3	+56.7	-76.4	+56.7	-65.2	+56.7	-60.0	+33.0	-33.0
	C,D	+56.7	-110.0	+56.7	-110.0	+56.7	-86.4	+56.7	-70.9	+55.0	-55.0
	E,F	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-80.0	+55.0	-55.0
	G,H	+56.7	-110.0	+56.7	-101.7	+56.7	-89.3	+56.7	-72.8	+53.0	-50.0
40"	A	+56.7	-75.0	+57.5	-52.5	+45.3	-45.3	+40.2	-40.2	+33.0	-33.0
	B	+56.7	-98.3	+56.7	-73.3	+56.7	-61.8	+48.0	-48.0	+33.0	-33.0
	C,D	+56.7	-110.0	+56.7	-110.0	+56.7	-80.9	+56.7	-65.8	+55.0	-55.0
	E,F	+56.7	-110.0	+56.7	-110.0	+56.7	-103.0	+56.7	-80.0	+55.0	-55.0
	G,H	+56.7	-110.0	+56.7	-94.5	+56.7	-81.5	+56.7	-72.4	+50.0	-50.0
44"	A	+56.7	-75.0	+47.5	-47.5	+40.0	-40.0	+36.7	-36.7	+32.8	-32.8
	B	+56.7	-67.6	+56.7	-64.8	+53.9	-53.9	+48.0	-48.0	+33.0	-33.0
	C	+56.7	-110.0	+56.7	-108.0	+56.7	-73.1	+56.7	-59.2	+52.3	-52.3
	D	+56.7	-110.0	+56.7	-108.0	+56.7	-69.9	+56.7	-77.8	+55.0	-55.0
	E,F	+56.7	-110.0	+56.7	-108.0	+56.7	-89.9	+56.7	-80.0	+55.0	-55.0
48"	A	+56.7	-75.0	+56.7	-85.5	+56.7	-72.1	+56.7	-66.0	+50.0	-50.0
	B	+56.7	-75.0	+45.5	-45.1	+35.7	-35.7	+33.7	-33.7	+29.8	-29.8
	C	+56.7	-79.3	+56.7	-58.1	+47.8	-47.8	+42.1	-42.1	+33.0	-33.0
	D	+56.7	-110.0	+56.7	-96.8	+56.7	-64.8	+53.9	-53.9	+43.0	-48.0
	E,F	+56.7	-110.0	+56.7	-96.8	+56.7	-79.7	+56.7	-70.2	+55.0	-55.0
53 1/8"	A	+56.7	-110.0	+56.7	-81.3	+56.7	-64.3	+56.7	-60.7	+50.0	-50.0
	B	+56.7	-70.6	+43.2	-43.2	+30.9	-30.9	+20.7	-20.7	+21.6	-21.6
	C	+56.7	-70.6	+51.2	-51.2	+41.8	-41.8	+36.3	-36.3	+33.0	-33.0
	D	+56.7	-110.0	+56.7	-85.4	+56.7	-69.6	+56.7	-60.6	+51.5	-54.5
	E,F	+56.7	-110.0	+56.7	-85.4	+56.7	-69.6	+56.7	-60.6	+55.0	-55.0
	G,H	+56.7	-107.0	+56.7	-77.6	+55.7	-55.7	+53.4	-53.4	+49.6	-49.6

GLASS TYPES:

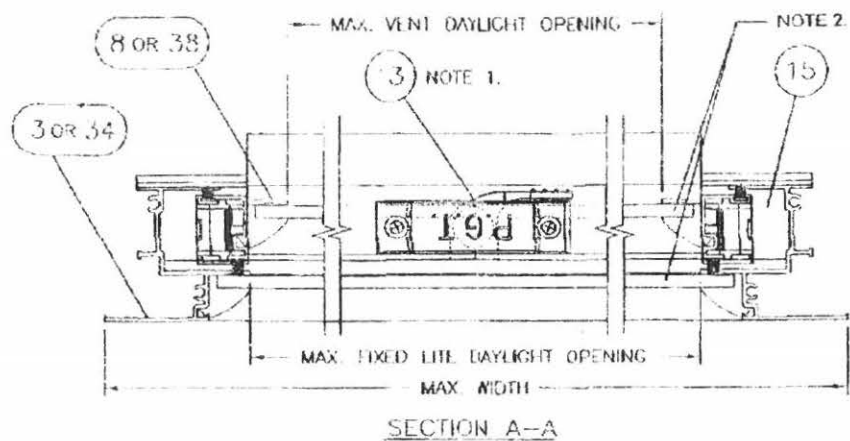
A	1/8" ANNEALED	FTL-2961, 2963
B	1/8" TEMPERED	FTL-2961, 2963
C	3/16" ANNEALED	FTL-2960
D	1/4" ANNEALED	FTL-2960
E	3/16" TEMPERED	FTL-2959, 4179, 4379
F	1/4" TEMPERED	FTL-2959, 4179, 4379
G	1/2" I.G. (1/8"A, AIR SPACE, 1/8"A)	FTL-3654
H	1/2" I.G. (3/16"A, AIR SPACE, 1/8"A)	FTL-3654
* UPGRADE FROM CLASS TYPE TESTED		

PRODUCT REVIEW
in compliance with the Florida
Building Code
Adoption No. 05-0104.05
Expiration Date 04/30/10
By: *[Signature]*
Initial State Product Control
Division

Robert L. Cline, PE
11-499112
Structural

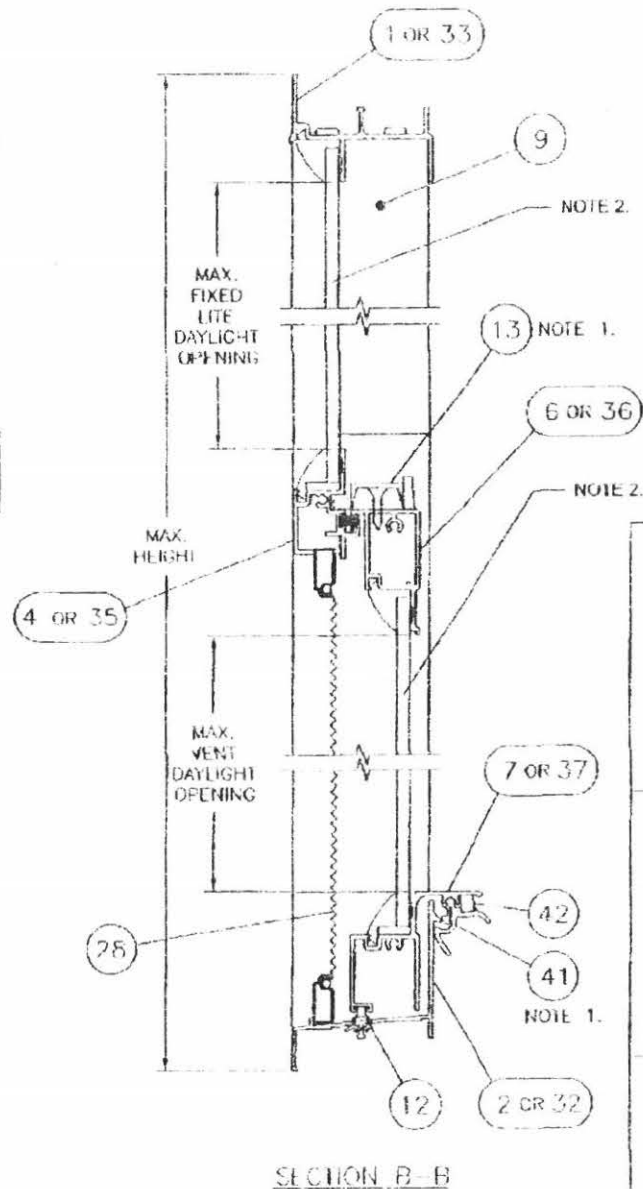
05-0104.05 max

Revised By: <i>FR</i>	Date: 12/15/04	Revised By: <i>FR</i>	Date: 12/15/04	Revised By: <i>FR</i>	Date: 12/15/04	Revised By: <i>FR</i>	Date: 12/15/04	Revised By: <i>FR</i>	Date: 12/15/04	Revised By: <i>FR</i>	Date: 12/15/04
REVISION AND COMBINATION TABLES, ANNEALED GLASS TYPES B, D, F & H UPGRADES				NEW TECHNOLOGY DRIVE HUNTERS FL 32715				DESIGN PRESSURES ALLUM SINGLE HUNG WINDOW, STD. MTG RAIL			
P.O. BOX 1529 HUNTERS FL 32715				PGI Visible Better				SHOWN: NTS 4 x 9 2736			



NOTES:

1. WINDOWS ARE EQUIPPED WITH ITEM 13, SWEEP LATCH LOCATED ON THE VENT TOP RAIL OR ITEM 41, BOTTOM LOCK LOCATED ON THE VENT BOTTOM RAIL.
2. WINDOWS ARE GLAZED WITH ONE OF THE FOLLOWING GLASS ITEMS 21, 23, 24, 29, 51, 52, 53, OR 54.



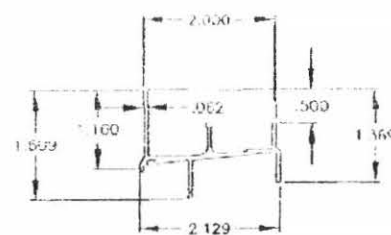
PRODUCT REVISED
to comply with the Florida
Building Code
Acceptance No. 05-0164-CS
Expiring Date 04/30/06
By *[Signature]*
Florida State Product Control
Division

[Signature]
12/2/04

Robert Clark, P.E.
PE 13912
Structural

Revised By:	Rev:	Revised:	Revised:	1875 TECHNOLOGY DRIVE NORFOLK, VA 24201 P.O. BOX 1529 NORFOLK, VA 24224	PGI Visibly Better	SECTION ALUM SINGLE HUNG WINDOW, STD. MTG RAIL	Scale: HALF Date: 5 of 9 Drawing No: 2736	Page: 7
Revised By: F.R.	Rev: 12/12/04	Revised: D	REDRAWN AND ADDED ALTERNATE EXTRUSIONS					
Revised By: S.L.	Rev: 7/1/04	Revised: C	ADD ALT. SILL NOTE 1					
Revised By: F.R.	Rev: 12/15/04	Revised: F.R.						

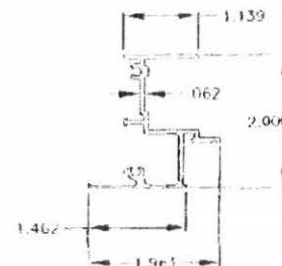
ITEM	DESCRIPTION	PGT #	VENDOR/MAT'L	DWG.#
1	FLANGED FRAME HEAD	62703	6063-T6	2703
2	FLANGED FRAME SILL	62704	6063-T6	2704
3	FLANGED FRAME JAMB	62705	6063-T6	2705
4	FIXED MEETING RAIL	6234521	6063-T6	2706
5	#8 x 1.000 QUAD PAN HEAD SMS	781PO	SPENCER OR =	
6	VENT TOP RAIL	6534522	6063-T6	2707
7	VENT BOTTOM RAIL	6534523	6063-T6	2708
8	VENT SIDE RAIL	6534524	6063-T6	2709
9	VENT STOP	66387	6063-T6	2770
10	VENT CAM INSERT (L.H. & R.H.)	42800	NYLON 6/6	2748
11	#8 x .750 QUAD PAN HEAD SMS	7834PA	SPENCER OR =	
12	WEATHERSTRIP, VINYL BUILD W/LEAF	61P249	TEAM PLASTICS OR =	
13	SWEEP LATCH	71096	NATIONWIDE OR =	
14	#8 x .625 PHILLIPS FLAT HEAD SMS	7858	SPENCER OR =	
15	BALANCE		CALDWELL OR =	
16	WEATHERSTRIP, .187 x .270 FIN	61062	TEAM PLASTICS OR =	
17	WEATHERSTRIP, .187 x .200, FIN	67919	SCHLEGEL OR =	
18	BALANCE TAKE-OUT CLIP	7121UM	CALDWELL OR =	
19	SILICON GLAZING SEALANT	62859	DOW, GE OR =	
21	DSB 1/8" ANNEALED GLASS			
22	1/8" GLAZING BEAD	55200	FLORIDA SCREEN OR =	2718
23	3/16" ANNEALED GLASS			
24	3/16" TEMPERED GLASS			
25	3/16" 1/4" GLAZING BEAD	55196	FLORIDA SCREEN OR =	2719
26	#8 x 1.000 QUAD PAN HEAD SMS	781PO	SPENCER OR =	
27	1" x 1 1/2" OPEN CELL FOAM PAD			
28	SCREEN ASSEMBLY			
29	1/2" I.G. GLASS (1/4" AIR SPACE)	(R.A)		
30	I.G. GLAZING BEAD	253	TEAM PLASTICS OR =	
31	SWICCLE			



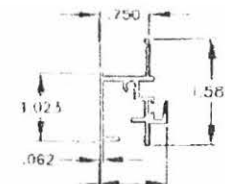
1 #2703, HEAD
6063-T6



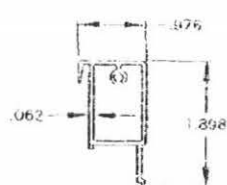
2 #2704, SILL
6063-T6



3 #2705, JAMB
6063-T6



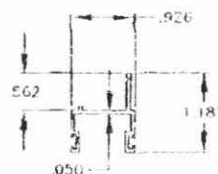
4 #2706, MEETING
RAIL, 6063-T6



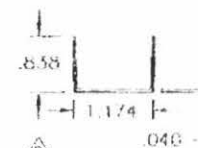
6 #2707, VENT TOP
RAIL, 6063-T6



7 #2708, VENT BOTTOM
RAIL, 6063-T6



8 #2709, VENT SIDE
RAIL, 6063-T6



9 #2770, VENT
STOP, 6063-T6

PRODUCT REVISED
to comply with the Florida
Building Code
Amendment No. 05-0004.05
Effective Date 02/13/06
By: *[Signature]*
Robert Clark, P.E.
Structural

[Signature]
12/30/04
Robert Clark, P.E.
P.E. #19712
Structural

Revised By	Date	Revised	Description
FK	12/15/04	B	DELETED SSB, ADDED ITEM 9, DWG NOS. & ALT OF UPDAIL PARTS LIST W/ DWG NOS. & VENDORS
FK	7/1/04	C	ADD ALT SILL ITEM 32
Drawn by F-K	Date 12/15/04	Checked By	Date

1070 TECHNOLOGY DRIVE
NORVUS, FL 34775

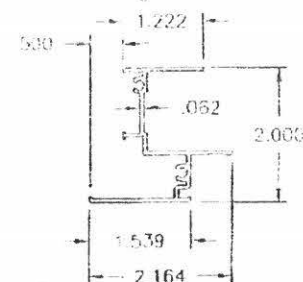
PGT
Visibly Better

PARTS LIST & EXTRUSIONS				
The ALUM. SINGLE HUNG WINDOW STD MTG RAIL				
Quantity	Unit	Sheet	Scaling To	Rev
1	HALF	6 x 9	2736	D

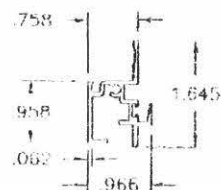
ITEM	DESCRIPTION	PGT #	VENDOR/MAT'L	DWG.#
32	FLANGED FRAME SILL	62751	6063-T6	2751
33	FLANGED FRAME HEAD	62750	6063-T6	2750
34	FLANGED FRAME JAMB	62752	6063-T6	2752
35	FIXED MEETING RAIL	62753	6063-T6	2753
36	VLNT TOP RAIL	62754	6063-T6	2754
37	VENT BOTTOM RAIL	62755	6063-T6	2755
38	VENT SIDE RAIL	62756	6063-T6	2756
40	3/16" GLAZING BEAD	62759	FLORIDA SCREEN OR =	2759
41	VENT BOTTOM RAIL LOCK	62740	6063-T6	2740
42	VENT BOTTOM RAIL LOCK SPRING	75PRNG		
43	1" x 2" x 1/16" FOAM GASKET			
44	I.G. GLAZING BEAD	62773	FLORIDA SCREEN OR =	2773
51	1/8" TEMPERED GLASS			
52	1/4" ANNEALED GLASS			
53	1/4" TEMPERED GLASS			
54	1/2" I.G. GLASS (3/16" A, AIR SPACL 1/8" A)			



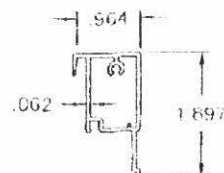
(33) #2750, HEAD
6063-T6
(ALTERNATE EXTRUSION)



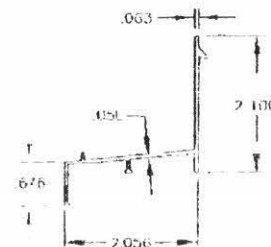
(34) #2752, JAMB
6063-T6
(ALTERNATE EXTRUSION)



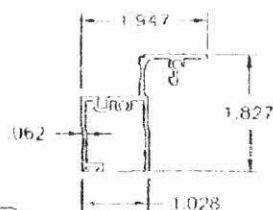
(35) #2753, MEETING
RAIL, 6063-T6
(ALTERNATE EXTRUSION)



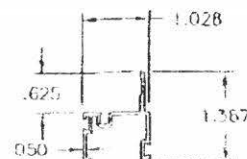
(36) #2754, VLNT TOP
RAIL, 6063-T6
(ALTERNATE EXTRUSION)



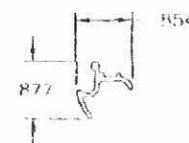
(32) #2751, ALT. SILL
6063-T6
(ALTERNATE EXTRUSION)



(37) #2755, VENT BOTTOM
RAIL, 6063-T6
(ALTERNATE EXTRUSION)



(38) #2756, VENT SIDE
RAIL, 6063-T6
(ALTERNATE EXTRUSION)



(41) #2740, BOTTOM
LOCK, 6063-T6

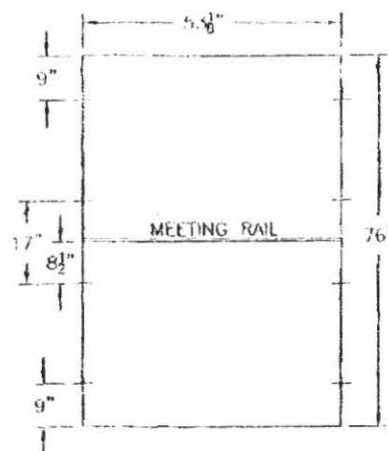
PRODUCT REVISED
in compliance with the Florida
Building Code
Amendment No. 05-004-05
Expiration Date 12/31/05
By: *[Signature]*
Chief State Product Control
Division

[Signature]
12/30/04

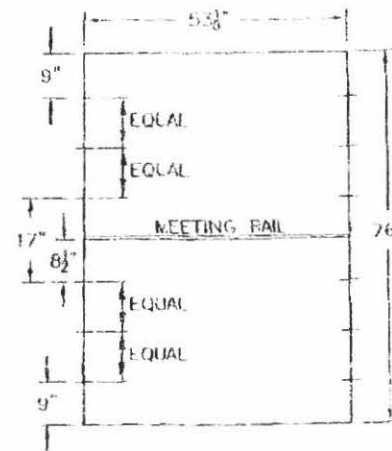
Revised By: T.R.	Date: 12/15/04	Revised By: D	Revised By: D	Revised By: D	Revised By: D	Revised By: D	Revised By: D	Revised By: D	Revised By: D
NEW SHEET, ALTERNATE EXTRUSIONS AND GLASS UPGRADES				1070 TECHNOLOGY DRIVE MILWAUKEE, WI 53215				EXTRUSIONS & PARTS LIST, CONTINUED	
P.O. BOX 1529 MILWAUKEE, WI 53215				PGT				ALUM. SINGLE HUNG WINDOW, STD. MTG RAIL	
Visibly Better				SH-4200				7 x 9	
				2736				D	

Robert L. Clark PE
PE #39712
Starkford

QUANTITY OF ANCHORS PER JAMB			
WINDOW SIZE		FULL PSF	
Width	Height	1/4" Tapcon	#12 Screw
19 1/8	x 26	2	2
19 1/8	x 35	2	2
19 1/8	x 38 3/8	4	4
19 1/8	x 50 5/8	4	4
19 1/8	x 56	4	4
19 1/8	x 63	4	4
19 1/8	x 76	4	4
26 1/2	x 26	2	2
26 1/2	x 35	2	2
26 1/2	x 38 3/8	4	4
26 1/2	x 50 5/8	4	4
26 1/2	x 56	4	4
26 1/2	x 63	4	4
26 1/2	x 76	4	4
37	x 26	2	4
37	x 35	2	4
37	x 38 3/8	4	4
37	x 50 5/8	4	4
37	x 56	4	4
37	x 63	4	4
37	x 76	4	4
44	x 26	2	4
44	x 35	4	4
44	x 38 3/8	4	4
44	x 50 5/8	4	4
44	x 56	4	6
44	x 63	4	6
44	x 76	4	4
48	x 26	2	4
48	x 35	4	4
48	x 38 3/8	4	4
48	x 50 5/8	4	4
48	x 56	4	4
48	x 63	4	6
48	x 76	4	4
53 1/8	x 26	4	4
53 1/8	x 35	4	4
53 1/8	x 38 3/8	4	4
53 1/8	x 50 5/8	4	4
53 1/8	x 56	4	4
53 1/8	x 63	4	4
53 1/8	x 76	4	6



DETAIL A



DETAIL B

MIAMI-DADE COUNTY ANCHORAGE SPACING.

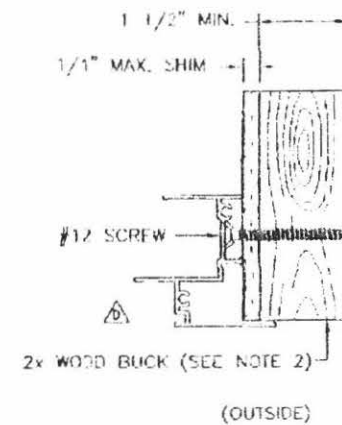
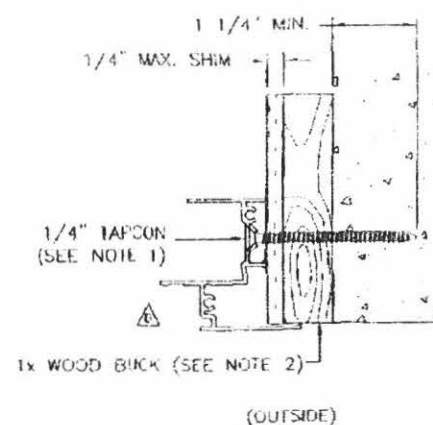
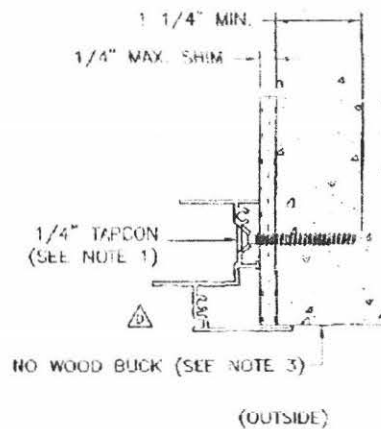
1. ANCHORS ARE NOT REQUIRED IN THE HEAD OR SILL (REFERENCE TEST REPORT FTL-4379).
2. SPACING FOR (4) OR LESS ANCHORS PER JAMB: (DETAIL A)
MAX. 9" FROM CORNERS
MAX. 17" AT MEETING RAIL (DIMENSIONED FROM 8 1/2" BELOW MEETING RAIL)
3. SPACING FOR MORE THAN (4) ANCHORS PER JAMB: (DETAIL B)
MAX. 9" FROM CORNERS
MAX. 17" AT MEETING RAIL (DIMENSIONED FROM 8 1/2" BELOW MEETING RAIL)
ONE ADDITIONAL ANCHOR REQUIRED ABOVE AND BELOW THE MEETING RAIL AT CENTERLINE BETWEEN THE CORNER AND MEETING RAIL ANCHORS.
4. WHEN INSTALLING OUTSIDE MIAMI-DADE COUNTY WITH 1/4" TAPCONS OR #12 SCREWS, SPACE ANCHORS PER NOTE 2 FOR FULL COMPARATIVE ANALYSIS PRESSURE.

PRODUCT REVIEWED
as complying with the Florida
Building Code
Adoption No. 05-0104.05
Expiration Date 09/26/14
By: *[Signature]*
Miami Dade Product Control
Division

[Signature]
1/25/10

Robert Clark P.E.
PH 838712
Structural

Revised By: F.R.	Date: 12/12/04	Revision: 5	NEW SHEET FOR ANCHOR SPACING	PGI TECHNOLOGY DRIVE MARIETTA, FL 32925 F.O. BOX 1529 NORONCO, FL 32954	PGI Vis/Dly Potter	ANCHORAGE SPACING ALUM SINGLE HUNG WINDOW, STD. MTG RAIL	Scale: HALF	Sheet: 8 of 9	2/36	0
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TYPICAL JAMB ANCHORAGE

A. NOTES:

1. FOR CONCRETE APPLICATIONS IN MIAMI-DADE COUNTY, USE ONLY MIAMI-DADE COUNTY APPROVED TAPCONS.
2. INSTALLATION TO THE SUBSTRATE OF WOOD BUCKS TO BE ENGINEERED BY OTHERS OR AS APPROVED BY AUTHORITY HAVING JURISDICTION.
3. WOOD BUCKS LESS THAN 1 1/2" THICK ARE OPTIONAL (PRODUCT MAY BE INSTALLED DIRECTLY TO CONCRETE).
4. FOR ATTACHMENT TO ALUMINUM (MIN. 1/16" THK. 6063-T5) AT FULL COMPARATIVE ANALYSIS PRESSURE: FOLLOW ANCHORAGE DETAILS SHOWN ABOVE FOR 2x WOOD BUCKS, USING #12 SHEET METAL SCREWS LONG ENOUGH TO PROVIDE FULL THREAD ENGAGEMENT INTO THE ALUMINUM. FOR SPACING REQUIREMENTS REFER TO SHEET 2.

PRODUCT REVIEWED
in compliance with the Florida
Building Code
Amendment No. 05-0104-05
Expiration Date 09/30/06
By *[Signature]*
Miami Dade Product Control
Division

Revised By	Date	Comments	1070 TECHNOLOGY DRIVE DADECOUNTY, FL 33275		ANCHORAGE DETAILS				
Revised By F.F.	Date 12/15/04	Comments L. REDRAWN, UPDATED NOTES AND REMOVED HEAD AND SILL SECTIONS	F.O. BOX 1529 MIAMI, FL 33224		The ALUM. SINGLE HUNG WINDOW, STD. MTG. RAIL				
Revised By F.F.	Date 7/1/04	Comments C. ADD ALT. SILL ITEM 32			Series Model SH4000	Style HALF	Stock 9	Quantity 2736	Dr. D
Created By F.F.	Date 12/15/04	Created By							

[Signature]
12/20/04
Robert, Clap, F.E.
PE 83912
Structural

ALUMINUM SINGLE HUNG WINDOW

Series SH701

WinGuard brand refers only to those products that are glazed with PGT laminated glass. Monolithic glazing does not provide hurricane protection.

Specifications:

- Window members are extruded from a minimum of 6063-T5 aluminum alloy
- Frame members have a nominal depth of 2³/₄"
- Frame and sash interlock
- Finish is white, bronze or gray
- All windows come with a 1/2" flange
- Glazing is exterior
- Locking hardware is deluxe swivel type
- Balance system is spiral type
- Screens are fitted at time of assembly

Options:

- 5/16" laminated glass
- 1³/₁₆" laminated insulating glass
- Heat strengthened glass
- Clear or white interlayer
- Single or double applied colonial muntins
- Colonial insulating muntins
- Popular glass tints
- Pro-View (Oriel style)
- Radius top
- Bottom sash locks
- Stainless steel assembly screws
- Sizes: Commodity, modular and custom
- 3⁵/₈" high rise sill

Notes:

- Windows are tested in accordance with PA/TAS 201, 202 and 203 specifications
- Miami-Dade County approved (see approval for specific order options)
- Tested forced entry resistance to AAMA 1302.5-1976
Paragraph 3.1.1 test A through 3.1.5 test G
- Deglazing tested to ASTM E987
- Tested water resistance to ASTM E547/E331
- Tested air infiltration to ASTM E283
- Test reports available upon request

Clear opening formula for egress:

Clear opening width = window width - 3.500"

Clear opening height =

WinGuard with **Aluma-Tilt** balance and 2.830" sill = (window height / 2) - 6.299"

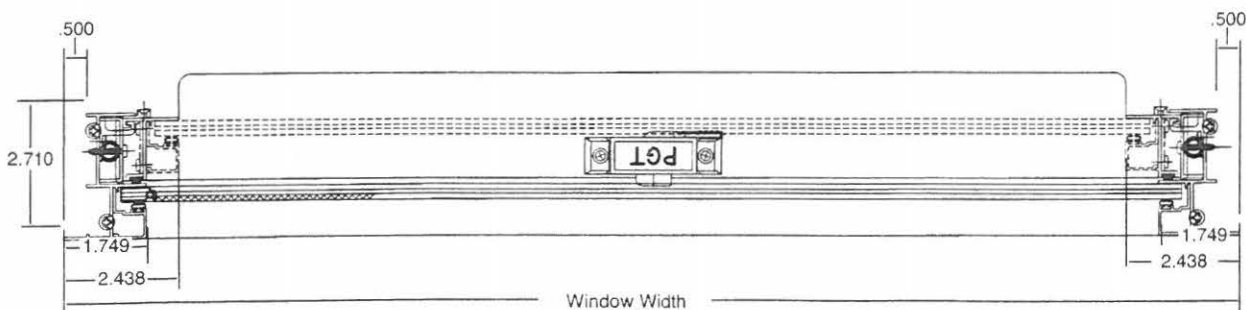
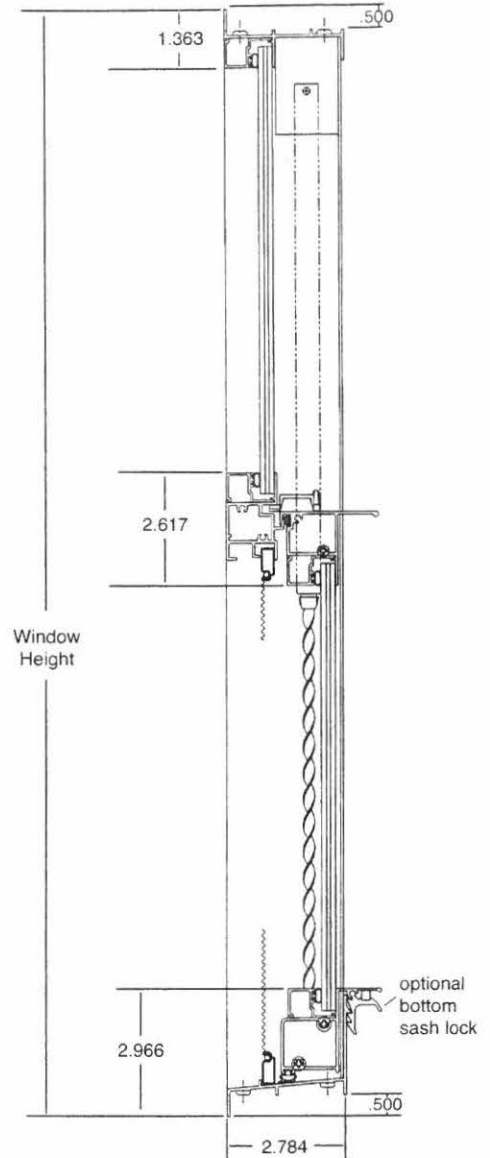
WinGuard with **Ultra-Lift** balance and 2.830" sill = (window height / 2) - 7.764"

WinGuard with **Aluma-Tilt** balance and 3.446" sill = (window height / 2) - 7.243"

WinGuard with **Ultra-Lift** balance and 3.446" sill = (window height / 2) - 8.618"

Calculate from tip to tip window size.

Note: PGT reserves the right to change material design and/or construction without notice or liability.



ALUMINUM SINGLE HUNG SH701 FRAME ASSEMBLY

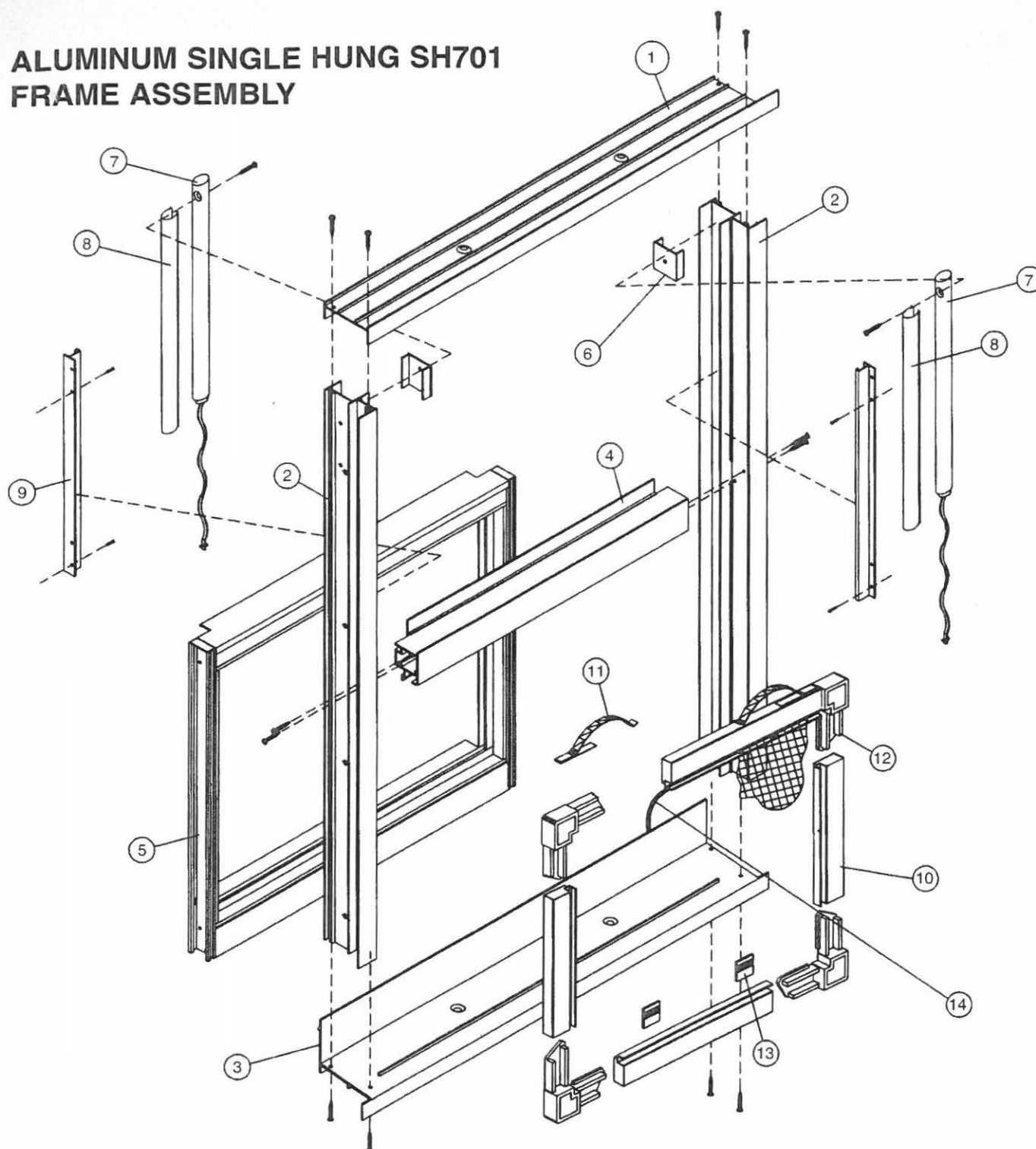


Figure No.	Description
1	Frame head
2	Frame jamb
3	Frame sill
4	Fixed meeting rail
5	Sash assembly
6	Sash stop
7	Balance

Figure No.	Description
8	Balance cover
9	Windload adapter
10	Screen frame
11	Screen spring
12	Screen corner key
13	Screen pull tab
14	Screen spline

ALUMINUM SINGLE HUNG SH701 SASH ASSEMBLY

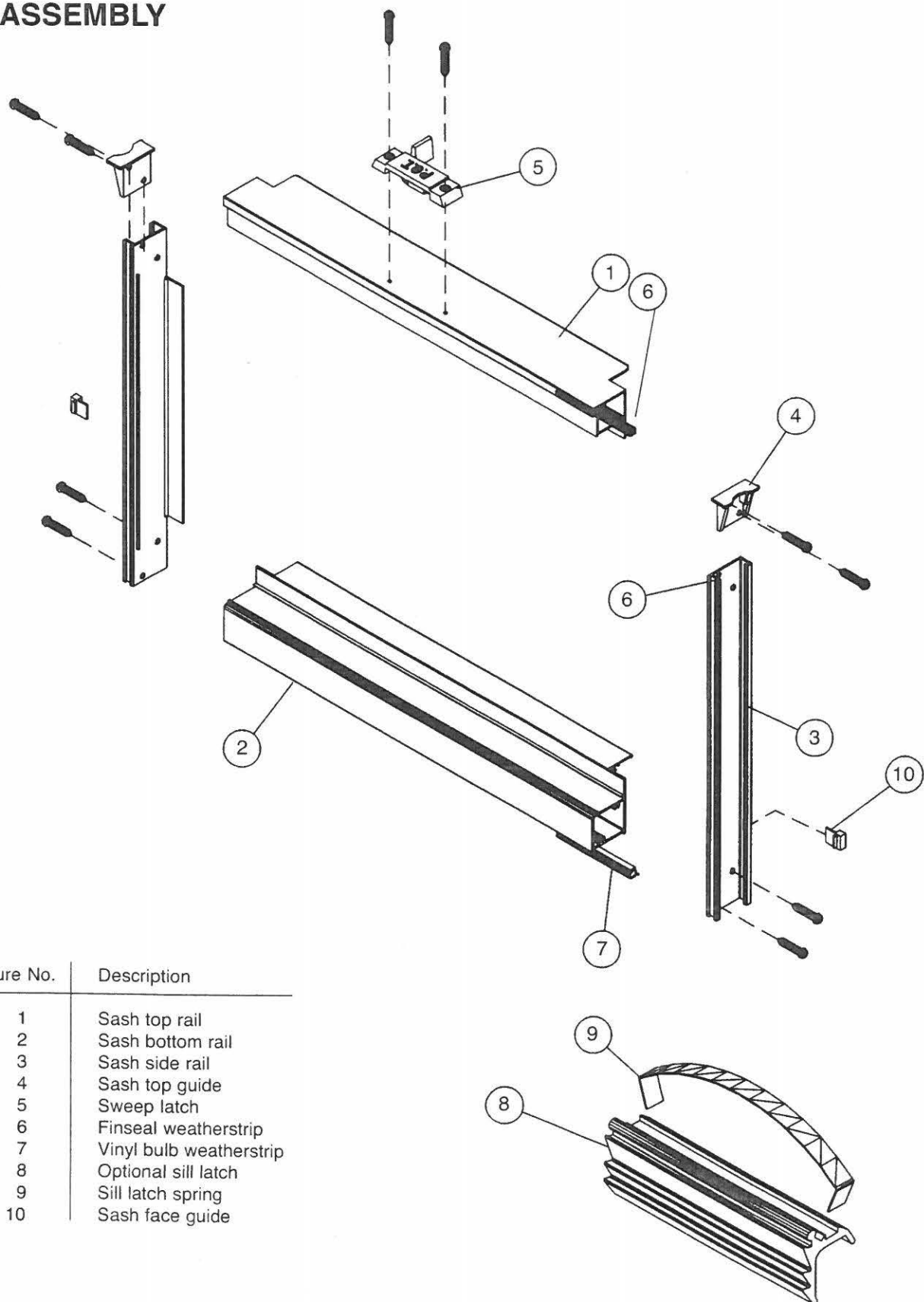


Figure No.	Description
1	Sash top rail
2	Sash bottom rail
3	Sash side rail
4	Sash top guide
5	Sweep latch
6	Finseal weatherstrip
7	Vinyl bulb weatherstrip
8	Optional sill latch
9	Sill latch spring
10	Sash face guide



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)

PGT Industries
P.O. Box 1529
Nokomis, FL 34274

SCOPE:

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

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

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

DESCRIPTION: Series "SH-4000" Aluminum Single Hung Window

APPROVAL DOCUMENT: Drawing No. 2736, titled "Alum. Single Hung Window W/ STD. MTG. Rail", sheets 1 through 9 of 9, prepared, signed and sealed by Robert L. Clark, P.E., dated 12/15/04 with revision "D", on 12/15/04, bearing the Miami-Dade County Product Control Revision Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: None

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

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

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

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

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

This NOA revises NOA # 04-0714.06 and, consists of this page 1 and evidence page E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by **Herminio F. Gonzalez, P.E., Director, BCCO**



NOA No 05-0104.05
Expiration Date: September 30, 2006
Approval Date: March 24, 2005
Page 1

GENERAL NOTES: NON-IMPACT WINDOW

1. GLAZING OPTIONS:

- A. 1/8" ANNEALED GLASS
 B. 1/8" TEMPERED GLASS
 C. 3/16" ANNEALED GLASS
 D. 1/4" ANNEALED GLASS
 E. 3/16" TEMPERED GLASS
 F. 1/4" TEMPERED GLASS
 G. 1/2" I.G. GLASS CONSISTING OF (2) LITE OF 1/8" ANNEALED GLASS WITH AN AIR SPACE BETWEEN.
 H. 1/2" I.G. GLASS CONSISTING OF (1) LITE OF 3/16" ANNEALED GLASS AND (1) LITE OF 1/8" ANNEALED GLASS WITH AN AIR SPACE BETWEEN.

2. CONFIGURATION: 1/1 OX

3. DESIGN PRESSURES: (SEE TABLE 1, SHEET 4)

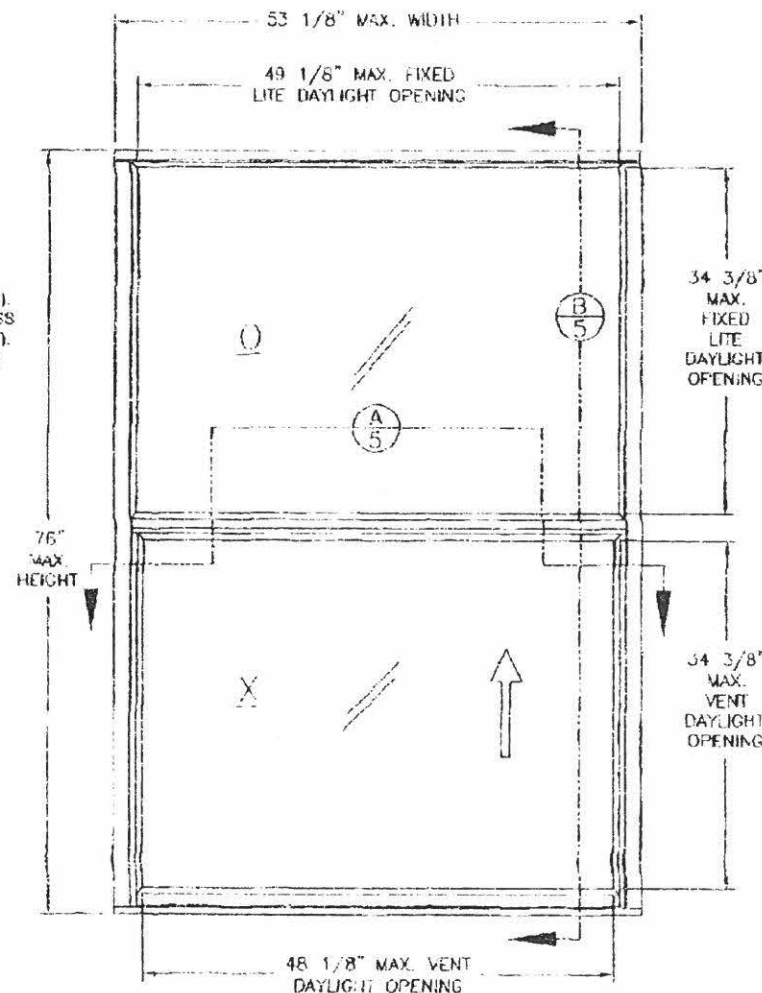
- A. NEGATIVE DESIGN LOADS BASED ON TESTED PRESSURE AND GLASS TABLES ASTM E 1300-98 (ASTM E 1300-94 OUTSIDE MIAMI-DADE COUNTY).
 B. POSITIVE DESIGN LOADS BASED ON WATER TEST PRESSURE AND GLASS TABLES ASTM E 1300-98 (ASTM E 1300-94 OUTSIDE MIAMI-DADE COUNTY).
 C. DESIGN PRESSURES LESS THAN 40 PSF ARE NOT APPLICABLE IN MIAMI-DADE COUNTY.

4. FOR ANCHORAGE REQUIREMENTS SEE SHEETS 8 AND 9.

5. SHUTTERS ARE REQUIRED WHERE IMPACT RESISTANCE IS REQUIRED. SHUTTERS MUST BE MIAMI-DADE COUNTY APPROVED FOR INSTALLATION IN MIAMI-DADE COUNTY.

6. SEALANTS: FRAME CORNERS, FIXED MEETING RAIL SEAMS AND VENT CORNERS: SEALED WITH CLEAR COLORED SEALANT.

7. REFERENCE TEST REPORTS: FTL-2959, FTL-2960, FTL-2961, FTL-2963, FTL-3154, FTL-4179, AND FTL-4379.



NOA DRAWING MAP

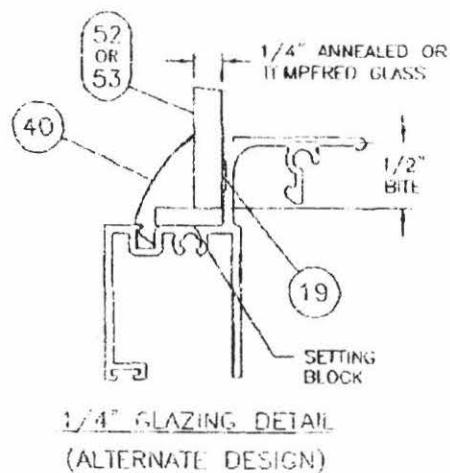
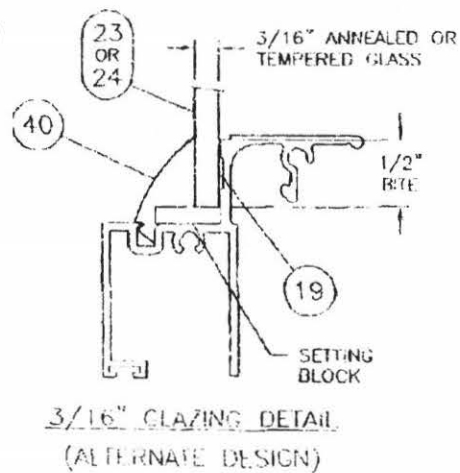
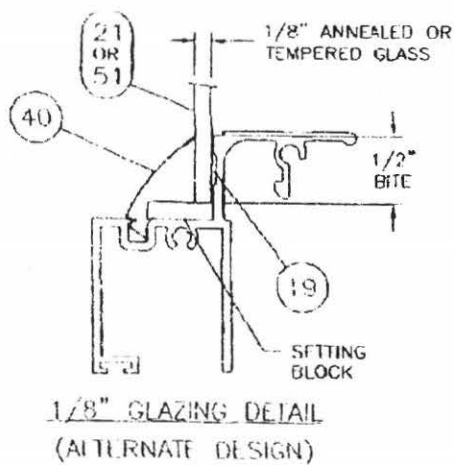
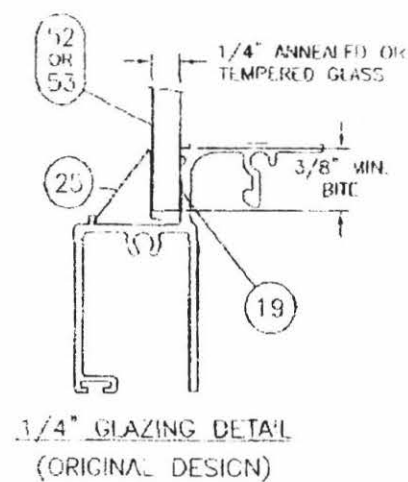
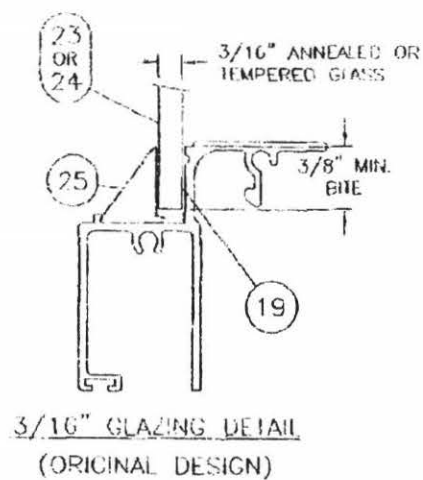
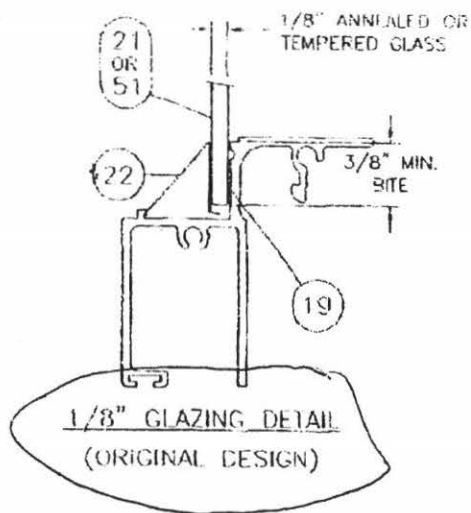
TOPIC	SHEET
GENERAL NOTES	1
ELEVATIONS	1
GLAZING DETAILS	2-5
DESIGN PRESSURES	4
VERT SECTIONS	5
HORIZ SECTIONS	5
PARTS LIST	6-7
EXTRUSIONS	6-7
ANCHORAGE	8-9

PRODUCT REVIEW
 in compliance with the Florida
 Building Code
 Amendment No. 05-0104.GS
 Effective Date 07/30/06
 By *[Signature]*
 Product Review
 2/21/06

OUTSIDE ELEVATION

Revised By	Date	Revised	DESCRIPTION	NOTES	PGI	GENERAL NOTES AND ELEVATION	DATE	NTS	1	9	2776	1
PK	12/15/04	D	NEIGHBOR AND ADDED INTERNAL EXTRUSIONS	10715 CHALKLEY DRIVE MORRIS, FL 34275	Visibly Better	ALUM. SINGLE HUNG WINDOW, STD. MTG RAIL						
PK	2/1/04	C	ADD ALL GILL, NOTE 1	P.O. BOX 1520 MORRIS, FL 34274								
PK	12/15/04											

05-0104.05 MAX

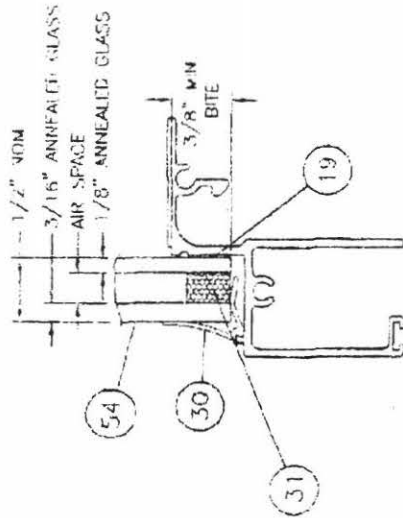


PRODUCT REVIEWED
in compliance with the Florida
Building Code
Approval No. 05-0104-CS
Expiration Date 04/30/10
By *[Signature]*
Monel Steel Fabrication
Division

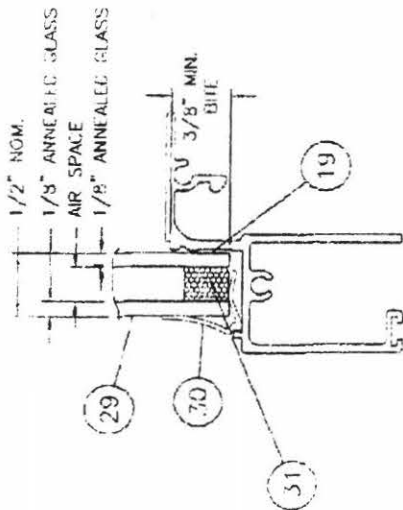
[Signature]
12/30/09

Drawn By E.K.	Date 12/15/04	Revised By D	Date 12/15/04	Revised By C	Date 7/1/04	Revised By E.K.	Date 12/15/04	Revised By E.K.	Date 12/15/04
REDRAWN ORIG. AND ADDED ALL GLAZING DETAILS				ADD ALL SILL, NOTE 1					
TOTO TECHNOLOGY DRIVE NORCROSS, FL 34275				P.O. BOX 1020 NORCROSS, FL 34274					
PGI				GLAZING DETAILS, MONOLITHIC					
Visibly Better				ALUM. SINGLE HUNG WINDOW, STD. MTG RAIL					
Sheet				2 of 4					
Scale				FULL					
Rev				2736					
Rev				L					

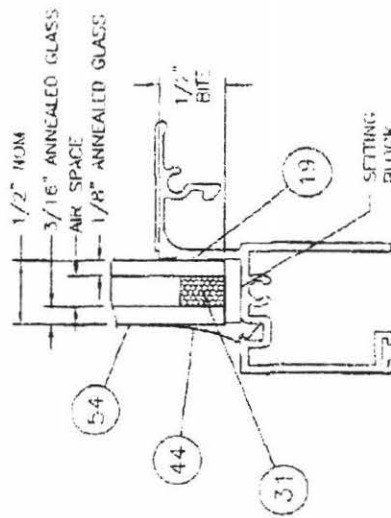
Robert L. Clark P.E.
PL 000712
Structural



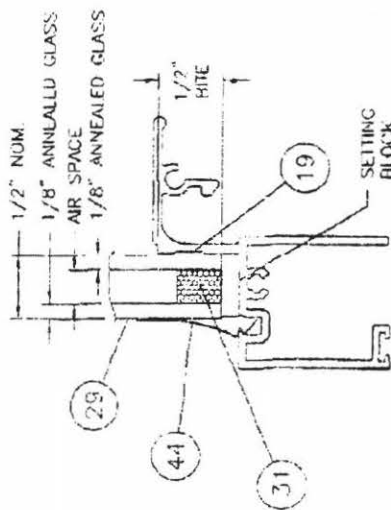
1/2" I.G. GLAZING DETAIL
(ORIGINAL DESIGN)



1/2" I.G. GLAZING DETAIL
(ORIGINAL DESIGN)



1/2" I.G. GLAZING DETAIL
(ALTERNATE DESIGN)



1/2" I.G. GLAZING DETAIL
(ALTERNATE DESIGN)

PRODUCT REVIEWED
at compliance with the Florida
Building Code
Approved for 05-0104.05
Expiration Date 04/30/10
By: *Mr. [Signature]*
Aluminum Products Control

[Signature]
12/30/11
RUCIL, CLAS, PE
PE 8 RTV
SBU-LAB

PGT Visibility Protection 1070 H. COUNTY ROAD NOKOMIS, FL 32275 P.O. BOX 1529 NOKOMIS, FL 32274		GLAZING DETAILS, I.G. GLASS ALUM. SINGLE HUNG WINDOW, STD. MTC RAIL	
Revision 5/10/11	Date 5/10/11	Drawn 3	Checked 3
1/2" I.G. GLAZING DETAIL (ORIGINAL DESIGN)		1/2" I.G. GLAZING DETAIL (ALTERNATE DESIGN)	

COMPARATIVE ANALYSIS:

TABLE 1.

WINDOW WIDTH	GLASS TYPE	WINDOW HEIGHT									
		26"		38 3/8"		50 5/8"		63"		76"	
19 1/8"	A	+56.7	-75.0	+56.7	-75.0	+56.7	-75.0	+56.7	-69.4	+43.8	-43.8
	B	+56.7	-110.0	+56.7	-110.0	+56.7	-98.8	+56.7	-71.0	+43.8	-43.8
	C,D	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-94.7	+55.7	-73.0
	E,F	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-94.7	+55.7	-73.0
	G,H	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-86.0	+56.7	-66.4
24"	A	+56.7	-75.0	+56.7	-75.0	+56.7	-75.0	+56.7	-59.8	+38.2	-38.2
	B	+56.7	-110.0	+56.7	-110.0	+56.7	-93.2	+56.7	-63.6	+38.2	-38.2
	C,D	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-84.9	+55.7	-63.6
	E,F	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-84.9	+55.7	-63.6
	G,H	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-77.1	+55.7	-57.9
26 1/2"	A	+56.7	-75.0	+56.7	-75.0	+56.7	-70.0	+56.6	-56.6	+35.3	-36.3
	B	+56.7	-110.0	+56.7	-110.0	+56.7	-92.9	+56.7	-61.6	+33.8	-36.3
	C,D	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-82.1	+55.7	-60.6
	E,F	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-82.1	+55.7	-60.6
	G,H	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-74.6	+55.0	-55.0
32"	A	+56.7	-75.0	+56.7	-67.8	+56.7	-57.4	+50.8	-50.8	+33.8	-33.8
	B	+56.7	-110.0	+56.7	-93.4	+56.7	-82.0	+56.7	-60.0	+33.0	-33.8
	C,D	+56.7	-110.0	+56.7	-110.0	+56.7	-101.7	+56.7	-80.0	+55.4	-56.4
	E,F	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-80.0	+55.4	-56.4
	G,H	+56.7	-110.0	+56.7	-110.0	+56.7	-103.3	+56.7	-72.8	+51.3	-51.3
37"	A	+56.7	-75.0	+56.5	-56.5	+49.6	-49.6	+43.7	-43.7	+33.0	-33.0
	B	+56.7	-101.3	+56.7	-76.4	+56.7	-65.2	+56.7	-60.0	+33.0	-33.0
	C,D	+56.7	-110.0	+56.7	-110.0	+56.7	-86.4	+56.7	-70.9	+55.0	-55.0
	E,F	+56.7	-110.0	+56.7	-110.0	+56.7	-110.0	+56.7	-80.0	+55.0	-55.0
	G,H	+56.7	-110.0	+56.7	-101.7	+56.7	-89.3	+56.7	-72.8	+53.0	-50.0
40"	A	+56.7	-75.0	+52.5	-52.5	+45.3	-45.3	+40.2	-40.2	+33.0	-33.0
	B	+56.7	-98.3	+56.7	-73.3	+56.7	-61.8	+48.0	-48.0	+33.0	-33.0
	C,D	+56.7	-110.0	+56.7	-110.0	+56.7	-80.9	+56.7	-65.8	+55.0	-55.0
	E,F	+56.7	-110.0	+56.7	-110.0	+56.7	-103.0	+56.7	-80.0	+55.0	-55.0
	G,H	+56.7	-110.0	+56.7	-94.5	+56.7	-81.5	+56.7	-72.4	+53.0	-50.0
44"	A	+56.7	-75.0	+47.5	-47.5	+40.0	-40.0	+36.7	-36.7	+32.8	-32.8
	B	+56.7	-67.8	+56.7	-64.8	+53.9	-53.9	+43.0	-43.0	+33.0	-33.0
	C	+56.7	-110.0	+56.7	-108.0	+56.7	-73.1	+56.7	-59.2	+52.3	-52.3
	D	+56.7	-110.0	+56.7	-108.0	+56.7	-89.9	+56.7	-77.8	+55.0	-55.0
	E,F	+56.7	-110.0	+56.7	-108.0	+56.7	-89.9	+56.7	-80.0	+55.0	-55.0
48"	G,H	+56.7	-110.0	+56.7	-85.5	+56.7	-72.1	+56.7	-66.0	+53.0	-50.0
	A	+56.7	-75.0	+45.5	-45.1	+35.7	-35.7	+33.7	-33.7	+29.8	-29.8
	B	+56.7	-79.3	+56.7	-58.1	+47.8	-47.8	+42.1	-42.1	+33.0	-33.0
	C	+56.7	-110.0	+56.7	-96.8	+56.7	-64.8	+53.9	-53.9	+43.0	-43.0
	D	+56.7	-110.0	+56.7	-96.8	+56.7	-79.7	+56.7	-70.2	+55.0	-55.0
53 1/8"	E,F	+56.7	-110.0	+56.7	-96.8	+56.7	-79.7	+56.7	-70.2	+55.0	-55.0
	G,H	+56.7	-110.0	+56.7	-81.3	+56.7	-64.3	+56.7	-60.7	+50.0	-50.0
	A	+56.7	-70.6	+43.2	-43.2	+30.9	-30.9	+29.7	-29.7	+27.6	-27.6
	B	+56.7	-70.6	+51.2	-51.2	+41.8	-41.8	+36.3	-36.3	+33.0	-33.0
	C	+56.7	-110.0	+56.7	-85.4	+56.7	-59.5	+47.9	-47.9	+43.1	-43.1
	D	+56.7	-110.0	+56.7	-85.4	+56.7	-60.6	+56.7	-60.6	+51.5	-51.5
	E,F	+56.7	-110.0	+56.7	-85.4	+56.7	-69.6	+56.7	-80.6	+55.0	-55.0
	G,H	+56.7	-107.0	+56.7	-77.6	+55.7	-55.7	+53.4	-53.4	+49.6	-49.6

GLASS TYPES:

A	1/8" ANNEALED	FTL-2961, 2963
* B	1/8" TEMPERED	FTL-2961, 2963
C	3/16" ANNEALED	FTL-2960
* D	1/4" ANNEALED	FTL-2960
E	3/16" TEMPERED	FTL-2959, 4179, 4379
* F	1/4" TEMPERED	FTL-2959, 4179, 4379
G	1/2" I.G. (1/8"A, AIR SPACE, 1/8"A)	FTL-3654
* H	1/2" I.G. (3/16"A, AIR SPACE, 1/8"A)	FTL-3654
* UPGRADE FROM CLASS TYPE TESTED		

PRODUCT REVIEWED
in compliance with the Florida
Building Code
Assessment No. 05-0104.05
Expiration Date 09/30/10
By: *[Signature]*
Miami Glass Product Control
Division

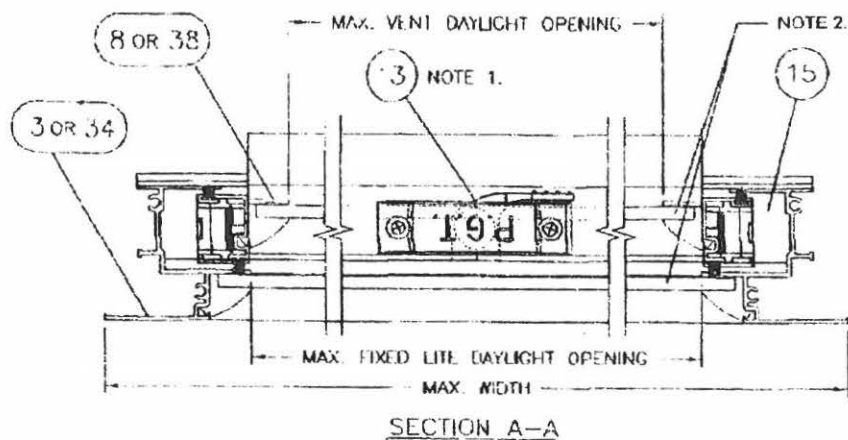
Robert Clary, PE
PL-139112
Structural

Drawn By FK	Date 12/15/04	Revised By D	Date 12/15/04	Revised By C	Date 12/15/04
RE-DRAWING AND COMBINE-UP TABLES, ADDED GLASS TYPES B, D, F & H UPGRADES					
ADD AUT. SRL, UNIT 1					

10700 TECHNOLOGY DRIVE
NOKALIS, FL 34203
P.O. BOX 1520
NOKALIS, FL 34224

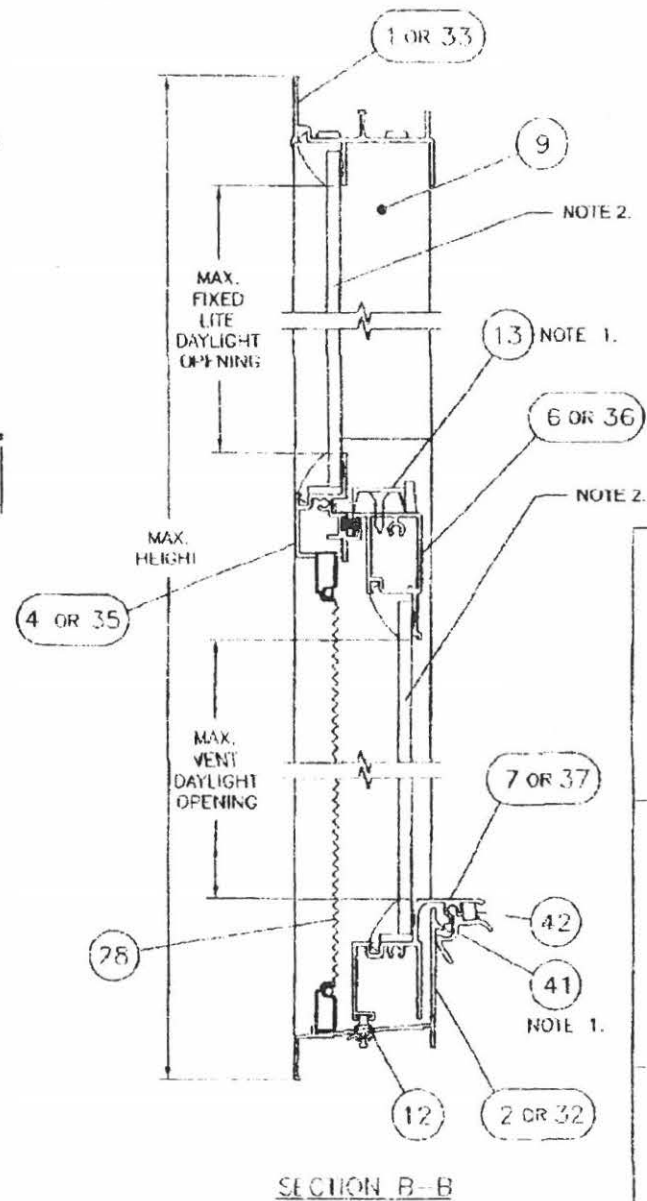
PGI
Visibly Better

Description DESIGN PRESSURES			
The ALUM SINGLE HUNG WINDOW, STD. MTG RAIL			
Manufacturer SHAWCO	Code NTS	Size 4 x 9	Drawing No. 2736
			Rev. D



NOTES:

1. WINDOWS ARE EQUIPPED WITH ITEM 13. SWEEP LATCH LOCATED ON THE VENT TOP RAIL OR ITEM 41, BOTTOM LOCK LOCATED ON THE VENT BOTTOM RAIL.
2. WINDOWS ARE GLAZED WITH ONE OF THE FOLLOWING GLASS ITEMS 21, 23, 24, 29, 51, 52, 53, OR 54.



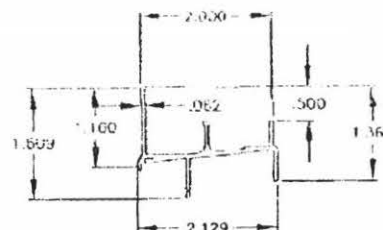
PRODUCT REVISED
to comply with the Florida
Building Code
Amendment No. 05-0164-05
Effective Date 07/01/06
By *[Signature]*
Florida State Product Control
Division

[Signature]
12/21/04

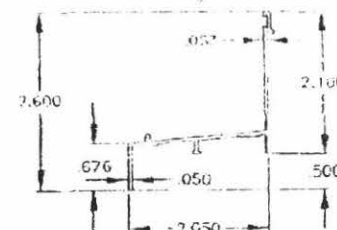
Robert L. Clark, P.E.
PE 039712
Structural

Revised By:	Date:	Revision:	1070 TECHNOLOGY DRIVE NORWICH, VT 06252	PGI Visibly Better	Sections	Section Number:	Scale:	Size:	Quantity:	Part Number:	Notes:
FK	12/15/04	D	REDRAWN AND ADDED ALTERNATE EXTRUSIONS	P.O. BOX 1529 NORWICH, VT 06254	ALUM SINGLE HUNG WINDOW, STD. MTG RAIL	SP4000	HALF	5	9	2736	D
Revised By:	Date:	Revision:									
FK	7/1/04	C	ADD ALT. SILL NOTE 1								
Revised By:	Date:	Revision:									
FK	12/11/04										

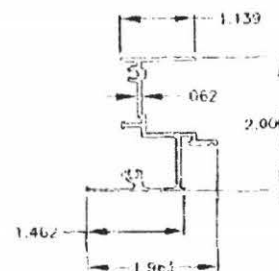
ITEM	DESCRIPTION	PGT #	VENDOR/MAT'L	DWG.#
1	FLANGED FRAME HEAD	62703	6063-T6	2703
2	FLANGED FRAME SILL	62704	6063-T6	2704
3	FLANGED FRAME JAMB	62705	6063-T6	2705
4	FIXED MEETING RAIL	6534521	6063-T6	2706
5	#8 x 1.000 QUAD PAN HEAD SMS	781PQ	SPENCER OR =	
6	VENT TOP RAIL	6534522	6063-T6	2707
7	VENT BOTTOM RAIL	6534523	6063-T6	2708
8	VENT SIDE RAIL	6534524	6063-T6	2709
9	VENT STOP	66387	6063-T6	2770
10	VENT CAM INSERT (L.H. & R.H.)	42860	NYLON 6/6	2748
11	#8 x .750 QUAD PAN HEAD SMS	7834PA	SPENCER OR =	
12	WEATHERSTRIP, VINYL BULB W/LEAF	61P249	TEAM PLASTICS OR =	
13	SWEEP LATCH	71096	NATIONWIDE OR =	
14	#8 x .625 PHILLIPS FLAT HEAD SMS	7858	SPENCER OR =	
15	BALANCE		CALDWELL OR =	
16	WEATHERSTRIP, .187 x .270 FIN	61062	TEAM PLASTICS OR =	
17	WEATHERSTRIP, .187 x .200, FIN	67919	SCHLEGEL OR =	
18	BALANCE TAKE-OUT CLIP	7121UM	CALDWELL OR =	
19	SILICON GLAZING SEALANT	62899	DOW, GE OR =	
21	DSB 1/8" ANNEALED GLASS			
22	1/8" GLAZING BEAD	55200	FLORIDA SCREEN OR =	2718
23	3/16" ANNEALED GLASS			
24	3/16" TEMPERED GLASS			
25	3/16" 1/4" GLAZING BEAD	55196	FLORIDA SCREEN OR =	2719
26	#8 x 1.000 QUAD PAN HEAD SMS	781PQ	SPENCER OR =	
27	1" x 1 1/2" OPEN CELL FOAM PAD			
28	SCREEN ASSEMBLY			
29	1/2" I.G. GLASS (1/4" AIR SPACE)	(8" A)		
30	I.G. GLAZING BEAD	.253	TEAM PLASTICS OR =	
31	SWIGGLE			



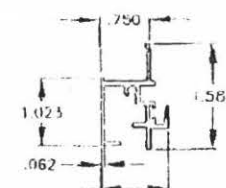
① #2703, HEAD
6063-T6



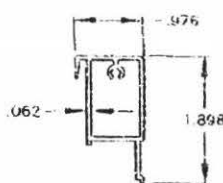
② #2704, SILL
6063-T6



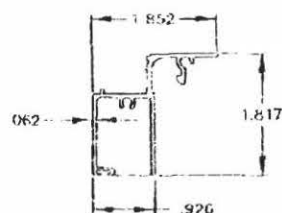
③ #2705, JAMB
6063-T6



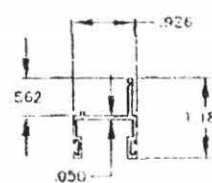
④ #2706, MEETING
RAIL, 6063-T6



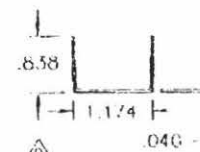
⑥ #2707, VENT TOP
RAIL, 6063-T6



⑦ #2708, VENT BOTTOM
RAIL, 6063-T6



⑧ #2709, VENT SIDE
RAIL, 6063-T6



⑨ #2770, VENT
STOP, 6063-T6

PRODUCT REVISED
to comply with the Florida
Building Code
Amendment No. 05-0004.05
Supplement No. 01/30/06
By: *[Signature]*
Product Control
Division

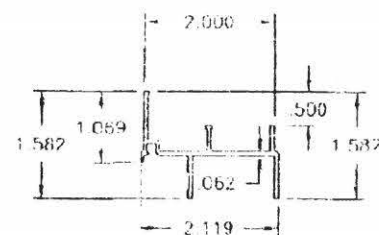
[Signature]
12/30/06
Robert Clark, PE
P.E. #10712
Structural

Revised By: F.K.	Date: 12/15/05	Revised By: B	Revised By: C	Date: 7/1/04	Revised By: F.K.	Date: 12/15/04
DELETED SSG, ADDED ITEM 9, DWG NOS. & ALLOY UPDATE PARTS LIST W/ DWG NOS. & = VENDORS			ADD ALT SLL, ITEM 3?			
1070 TECHNOLOGY DRIVE NORFOLK, VA 24705			P.O. BOX 1625 NORFOLK, VA 24704			

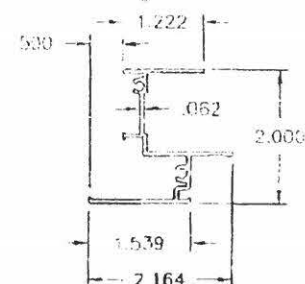
PGT
Visibly Better

PARTS LIST & EXTRUSIONS			
ALUM. SINGLE HUNG WINDOW, STD. MTG. RAIL			
Drawn By: S.H. (10/01)	Scale: HALF	Sheet: 6 of 9	Drawing No: 2736
			Rev: D

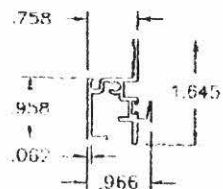
ITEM	DESCRIPTION	PGT #	VENDOR/MAT'L	DWG.#
32	FLANGED FRAME SILL	62751	6063-T6	2751
33	FLANGED FRAME HEAD	62750	6063-T6	2750
34	FLANGED FRAME JAMB	62752	6063-T6	2752
35	FIXED MEETING RAIL	62753	6063-T6	2753
36	VENT TOP RAIL	62754	6063-T6	2754
37	VENT BOTTOM RAIL	62755	6063-T6	2755
38	VENT SIDE RAIL	62756	6063-T6	2756
40	3/16" GLAZING BEAD	62750	FLORIDA SCREEN OR =	2750
41	VENT BOTTOM RAIL LOCK	62740	6063-T6	2740
42	VENT BOTTOM RAIL LOCK SPRING	75PRNG		
43	1" x 2" x 1/16" FOAM GASKET			
44	I.G. GLAZING BEAD	62773	FLORIDA SCREEN OR =	2773
51	1/8" TEMPERED GLASS			
52	1/4" ANNEALED GLASS			
53	1/4" TEMPERED GLASS			
54	1/2" I.R. GLASS (3/16" A, AIR SPACE, 1/8" A)			



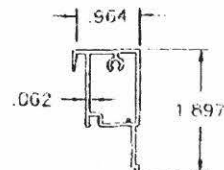
33) #2750, HEAD
6063-T6
(ALTERNATE EXTRUSION)



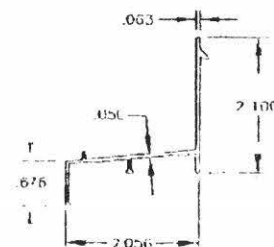
34) #2752, JAMB
6063-T6
(ALTERNATE EXTRUSION)



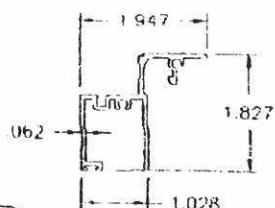
35) #2753, MEETING
RAIL, 6063-T6
(ALTERNATE EXTRUSION)



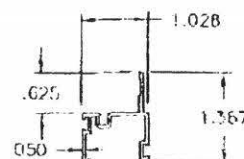
36) #2754, VENT TOP
RAIL, 6063-T6
(ALTERNATE EXTRUSION)



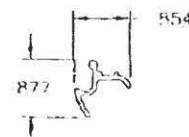
32) #2751, ALT. SILL
6063-T6
(ALTERNATE EXTRUSION)



37) #2755, VENT BOTTOM
RAIL, 6063-T6
(ALTERNATE EXTRUSION)



38) #2756, VENT SIDE
RAIL, 6063-T6
(ALTERNATE EXTRUSION)



41) #2740, BOTTOM
LOCK, 6063-T6

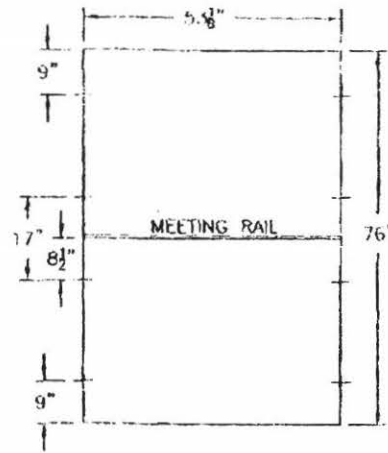
PRODUCT REVISED
to comply with the Florida
Building Code
Amendment No. 05-004-05
Effective Date 01/30/06
By *[Signature]*
Michael Smith Product Control
Director

[Signature]
12/30/04

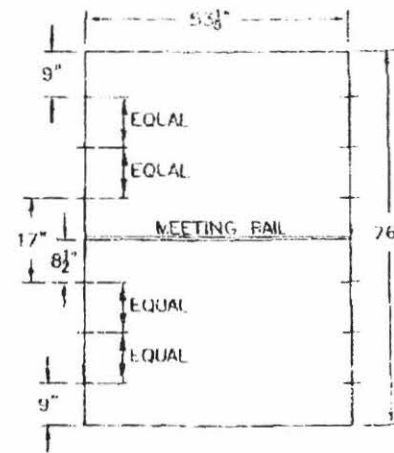
Robert Clark PE
PE #35712
Structural

Revised By:	Date:	Revised By:	Date:	Revised By:	Date:	Revised By:	Date:
PK	12/15/04	PK	12/15/04	PK	12/15/04	PK	12/15/04
NEW SHEET, ALTERNATE EXTRUSIONS AND GLASS UPGRADES				1070 TECHNOLOGY DRIVE MOLDAVIS, FL 34275 P.O. BOX 1520 MOLDAVIS, FL 34274			
PGI Visibly Better				EXTRUSIONS & PARTS LIST, CONTINUED Type: ALUM. SINGLE HUNG WINDOW, STD. MTG RAIL Description: SH4200 Size: 6" x 9" Drawing No: 2736 Rev: 0			

QUANTITY OF ANCHORS PER JAMB			
WINDOW SIZE		FULL PSF	
Width	Height	1/4" Tapcon	#12 Screw
19 1/8	x 26	2	2
19 1/8	x 35	2	2
19 1/8	x 38 3/8	4	4
19 1/8	x 50 5/8	4	4
19 1/8	x 56	4	4
19 1/8	x 63	4	4
19 1/8	x 76	4	4
26 1/2	x 26	2	2
26 1/2	x 35	2	2
26 1/2	x 38 3/8	4	4
26 1/2	x 50 5/8	4	4
26 1/2	x 56	4	4
26 1/2	x 63	4	4
26 1/2	x 76	4	4
37	x 26	2	4
37	x 35	2	4
37	x 38 3/8	4	4
37	x 50 5/8	4	4
37	x 56	4	4
37	x 63	4	4
37	x 76	4	4
44	x 26	2	4
44	x 35	4	4
44	x 38 3/8	4	4
44	x 50 5/8	4	4
44	x 56	4	6
44	x 63	4	6
44	x 76	4	4
48	x 26	2	4
48	x 35	4	4
48	x 38 3/8	4	4
48	x 50 5/8	4	4
48	x 56	4	4
48	x 63	4	6
48	x 76	4	4
53 1/8	x 26	4	4
53 1/8	x 35	4	4
53 1/8	x 38 3/8	4	4
53 1/8	x 50 5/8	4	4
53 1/8	x 56	4	4
53 1/8	x 63	4	4
53 1/8	x 76	4	6



DETAIL A



DETAIL B

MIAMI-DADE COUNTY ANCHORAGE SPACING

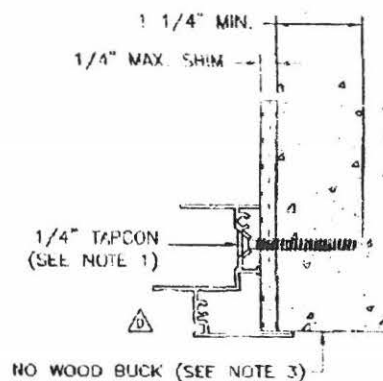
1. ANCHORS ARE NOT REQUIRED IN THE HEAD OR SILL (REFERENCE TEST REPORT FTL-4379).
2. SPACING FOR (4) OR LESS ANCHORS PER JAMB: (DETAIL A)
MAX. 9" FROM CORNERS
MAX. 17" AT MEETING RAIL (DIMENSIONED FROM 8 1/2" BELOW MEETING RAIL)
3. SPACING FOR MORE THAN (4) ANCHORS PER JAMB: (DETAIL B)
MAX. 9" FROM CORNERS
MAX. 17" AT MEETING RAIL (DIMENSIONED FROM 8 1/2" BELOW MEETING RAIL)
ONE ADDITIONAL ANCHOR REQUIRED ABOVE AND BELOW THE MEETING RAIL AT CENTERLINE BETWEEN THE CORNER AND MEETING RAIL ANCHORS.
4. WHEN INSTALLING OUTSIDE MIAMI-DADE COUNTY WITH 1/4" TAPCONS OR #12 SCREWS, SPACE ANCHORS PER NOTE 2 FOR FULL COMPARATIVE ANALYSIS PRESSURE.

PRODUCT REVIEWED
as complying with the Florida
Building Code
Amendment No. 05-0104.05
Expiration Date 12/31/14
By: [Signature]
Robert Clark, P.E.
Structural

[Signature]
12/30/14

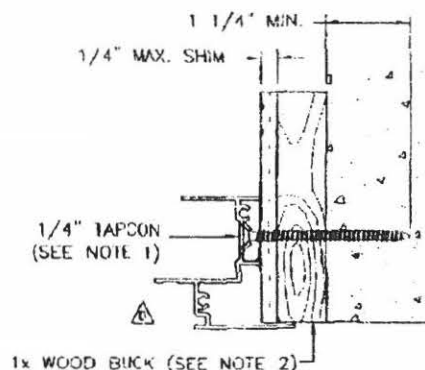
Robert Clark, P.E.
P.E. #36712
Structural

Revised By: F.K.	Date: 12/15/04	Revised: 6	NEW SHEET FOR ANCHOR SPACING	1640 TECHNOLOGY DRIVE MCKINNA, FL 34225	PGT Visit/By Referral	ANCHORAGE SPACING	ALUM. SINGLE HUNG WINDOW, STD. MTG. RAIL	SH4000	HALF	8 x 9	2736	6
Revised By: F.K.	Date: 12/15/04	Revised: 6	NEW SHEET FOR ANCHOR SPACING	P.O. BOX 1529 MCKINNA, FL 34224								



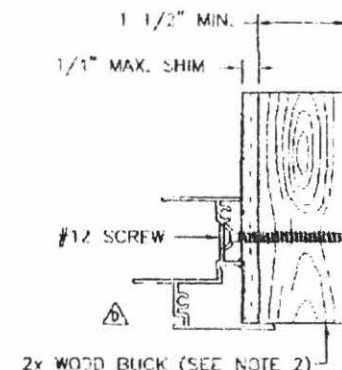
NO WOOD BUCK (SEE NOTE 3)

(OUTSIDE)



1x WOOD BUCK (SEE NOTE 2)

(OUTSIDE)



2x WOOD BUCK (SEE NOTE 2)


(OUTSIDE)

TYPICAL JAMB ANCHORAGE

NOTES:

1. FOR CONCRETE APPLICATIONS IN MIAMI-DADE COUNTY, USE ONLY MIAMI-DADE COUNTY APPROVED TAPCONS.
2. INSTALLATION TO THE SUBSTRATE OF WOOD BUCKS TO BE ENGINEERED BY OTHERS OR AS APPROVED BY AUTHORITY HAVING JURISDICTION.
3. WOOD BUCKS LESS THAN 1 1/2" THICK ARE OPTIONAL (PRODUCT MAY BE INSTALLED DIRECTLY TO CONCRETE).
4. FOR ATTACHMENT TO ALUMINUM (MIN. 1/16" THK. 6063-T5) AT FULL COMPARATIVE ANALYSIS PRESSURE: FOLLOW ANCHORAGE DETAILS SHOWN ABOVE FOR 2x WOOD BUCKS, USING #12 SHEET METAL SCREWS LONG ENOUGH TO PROVIDE FULL THREAD ENGAGEMENT INTO THE ALUMINUM. FOR SPACING REQUIREMENTS REFER TO SHEET 2.

PRODUCT REVIEWED
in compliance with the Florida
Building Code
Amendment No. 05-0104-GS
Expiration Date 09/30/06
By: *[Signature]*
Miami-Dade Product Control
Division

Revised By:	Task:	Author:	1070 TECHNOLOGY DRIVE MCKINNAH, FL 34275	 Visibly Better	ANCHORAGE DETAILS			
Revised By:	Task:	Author:	F.O. BOX 1529 MCKINNAH, FL 34274		ALUM. SINGLE HUNG WINDOW, STD. MTG RAIL			
Revised By:	Task:	Author:		Series Number:	Scale:	Sheet:	Quantity:	Dr:
Revised By:	Task:	Author:		SH4000	HALF	9	2736	D

[Signature]
12/20/04
Kinbet, Chan, P.E.
PL #39712
Structural

05-0104.05 max

MARTIN COUNTY, FL
Report: bldg14

Martin County Reports
Permit List by Parcel

Run Date: 18-OCT-20
Run Time: 15:49:18
Page: 5 of 5

10/19/2002 08:14 17722885914

PAGE 05

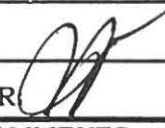



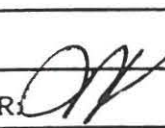
Permit No.	Permit Type	Location	Status	Issue Date	Parcel ID	Value
20060092	SP01	SEWALLS POINT	OPEN	27-JUL-2006	35-37-41-002-000-0001.0-80000	\$25,000.00
		Subdivision ID: 353741002 Subdivision Name: INDIALUCIE	Address: 3766 SE OCEAN BLVD			
20060077	SP01	SEWALLS POINT	OPEN	11-JUL-2006	35-37-41-002-004-0008.0-50000	\$19,800.00
		Subdivision ID: 353741002 Subdivision Name: INDIALUCIE	Address: 18 BANYAN RD			
20060126	SP01	SEWALLS POINT	OPEN	15-SEP-2006	35-37-41-002-006-0002.0-30000	\$13,000.00
		Subdivision ID: 353741002 Subdivision Name: INDIALUCIE	Address: 18 INDIALUCIE			
20060121	SP01	SEWALLS POINT <i>INCOMP. INSP.</i>	OPEN	06-SEP-2006	35-37-41-002-006-0003.0-10000	\$20,000.00
		Subdivision ID: 353741002 Subdivision Name: INDIALUCIE	Address: 20 NORTH RIVER RD			
20060122	SP01	SEWALLS POINT <i>NO INSP.</i>	OPEN	06-SEP-2006	35-37-41-002-006-0006.0-40000	\$2,200.00
		Subdivision ID: 353741002 Subdivision Name: INDIALUCIE	Address: 5 GUMBO LIMBO WAY			
20060133	SP01	SEWALLS POINT <i>NO INSP. / OPEN C.O.A.</i>	OPEN	25-SEP-2006	35-37-41-002-008-0006.0-00000	
		Subdivision ID: 353741002 Subdivision Name: INDIALUCIE	Address: 19 N RIVER ROAD			
20060102	SP01	SEWALLS POINT <i>INCOMP. INSP.</i>	OPEN	09-AUG-2006	35-37-41-002-008-0009.0-40000	\$45,530.00
		Subdivision ID: 353741002 Subdivision Name: INDIALUCIE	Address: 25 NORTH RIVER RD			
20060131	SP01	SEWALLS POINT	OPEN	21-SEP-2006	35-37-41-003-000-0002.0-50000	\$4,150.00
		Subdivision ID: 353741003 Subdivision Name: INDIALUCIE EAST	Address: 8 N SEWALLS POINT RD			
20060081	SP01	SEWALLS POINT <i>INCOMP. INSP.</i>	OPEN	13-JUL-2006	35-37-41-007-000-0001.0-30000	\$22,000.00
		Subdivision ID: 353741007 Subdivision Name: TWIN RIVERS	Address: 118 SEWALLS POINT PT			
20060125	SP01	SEWALLS POINT <i>INCOMP. INSP.</i>	OPEN	14-SEP-2006	35-37-41-007-000-0010.1-30000	\$2,400.00
		Subdivision ID: 353741007 Subdivision Name: TWIN RIVERS	Address: 11 N WENDY LN			
20060094	SP01	SEWALLS POINT	OPEN	28-JUL-2006	35-37-41-008-000-0011.0-10000	\$6,000.00
		Subdivision ID: 353741008 Subdivision Name: KNOWLES	Address: 8 KNOWLES RD			
20060104	SP01	SEWALLS POINT	OPEN	09-AUG-2006	35-37-41-008-000-0021.0-00000	\$2,800.00
		Subdivision ID: 353741008 Subdivision Name: KNOWLES	Address: 48 NORTH RIVER RD			

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri 8-11, 2006

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Tena Parkers	Trees	PASS	
7	120 N. Sewall St Barnes			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Sadler	Tree	PASS	
1	12 Middle Rd OB			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0077	THURLOW	WINDOWS	PASS	
9	18 BANYAN RD			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0061		FINAL GAS	PASS	
5	10 CASTLE HILL			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0078		HURRICANE	PASS	
6	14 CASTLE HILL	SHUTTERS		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0016		PLUMBING ROUGH	CANCEL	
4	3 EMARITAWAY	ELEC. ROUGH	FAIL	
		A/C ROUGH	FAIL	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		PLUMBING	CANCEL	
				INSPECTOR:

OTHER:

8610

REMODEL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 5-29-07

BUILDING PERMIT NO. 8610

Building to be erected for Thurlow

Type of Permit Repair bathroom

Applied for by O/B

(Contractor) Building Fee 72-

Subdivision Indialucie Lot 8

Block 4 Radon Fee _____

Address 18 Banyan Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

353741-002-004-00080-5

Roofing Fee _____

Amount Paid \$72- Check # 8318 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 1500-

TOTAL Fees 72-

Signed _____
Applicant

Signed John Adams
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 _____

OWNER/TITLEHOLDER NAME: THOMAS H. THURLOW JR

Phone (Day) 237-6032 (Fax) 220-0815

Job Site Address: 18 BARNARD ROAD

City: SEWALL PT State: FL Zip: 34496

Legal Desc. Property (Subd/Lot/Block) LOT 8, BLY INDIALUCIE

Parcel Number: 35-37-41-002-004-00080-5

Owner Address (if different):

City: State: Zip:

Scope of work: REPLACE FLOORING, RIBBON BEAM, EXT. WALLS HEATING - BATHROOM

WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application)

YES ☒ NO ☐

Has a Zoning Variance ever been granted on this property?

YES ☐ (YEAR) NO ☒

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

COST AND VALUES:

Estimated Value of Construction or Improvements: \$ 7,500

(Notice of Commencement required over \$2500)

Estimated Fair Market Value prior to improvement: \$ 7,500

Method of Determining Fair Market Value: OWNER ESTIMATE

CONTRACTOR/Company: SDH, LLC

Phone: Fax:

Street: City: State: Zip:

State Registration Number: State Certification Number: Municipality License Number:

SUBCONTRACTOR INFORMATION:

Electrical: State: License Number:

Me State: License Number:

Plur State: License Number:

Roof State: License Number:

ARCH Lic.#: Phone Number:

Street: City: State: Zip:

ENGINE Lic# Phone Number:

Street: City: State: Zip:

AREA SQ Living: Garage: Covered Patios: Screened Porch:

Carport: Wood Deck: Accessory Building:

Sub's list
verification
Ins + licenses
NOC

NOTICE: In all cases, there may be other restrictions applicable to this property that may be found in the public records of this county, and the applicant is required from other governmental entities such as water management districts, state agencies, or federal agencies.

CODE EDITED IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)

National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

OWNER OR AUTHORIZED AGENT SIGNATURE (required)

State of Florida, County of: MARTIN

This the 11th day of May, 2007

by Thomas H. Thurlow Jr who is personally

known to me or produced FLD# T640-825-36-471-0

as identification: Valerie Meyer

My Commission Expires: May 14, 2010

CONTRACTOR SIGNATURE (required)

On State of Florida, County of:

This the day of 200

by who is personally

known to me or produced

As identification,

My Commission Expires:

Notary Public

VALERIE MEYER

MY COMMISSION # DD552119

EXPIRES: May 14, 2010

Florida Notary Service.com

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!

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT MUST BE COMPLETED PRIOR TO PERMIT ISSUANCE

APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES AND COMMERCIAL
IMPROVEMENTS < \$25,000

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

Owner/Builder Applicant Name: THOMAS H. THURLOW, JR + SANGRA THURLOW

Site address of the proposed building work: 18 BANYAN ROAD

Name of legal title owner of the address above: (OWNER ABOVE)

Describe the scope of work for the proposed new construction: REPLACE FLOORING, EXT. WALL STUDS, RIBBON BEAM, EXT WALL SHEATHING / BATHROOM

Name of Architect of Record: N/A Structural Engineer of Record: N/A

Who will supervise the trade work to meet the applicable code? N/A

What provisions have you made for Liability and Property Damage Insurance? _____

HOMEOWNER INS / CONTRACTOR OWN POLICES

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? N/A

What previous Owner/Builder improvements have you done in the State of Florida?

Location: N/A Scope of Work Done: _____ Year: _____

Location: _____ Scope of Work Done: _____ Year: _____

What code books do you have available for reference? Building: TOWN HALL / INTERPRET

Electric: _____ Plumbing: _____ HVAC: _____

Other: _____

The Florida Building code is available for viewing @ www.floridabuilding.org

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? _____ (yes/no)

Have you consulted with your Homeowner's Insurance Agent? NO Lender? N/A Attorney? N/A

In order to assure your success in this project, please signify your awareness that the function of the Building Department is to issue you a building permit and verify code compliance through plan review and the inspection process and that staff is not obligated to offer supervision, design or instructional advice: TH (initials).

OWNER/BUILDER DISCLOSURE STATEMENT

NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION:

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS

REGARDING ZONING REGULATIONS OR CODE SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)

12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.

13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.

14. AS AN OWNER/BUILDER YOU MAY BECOME LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT.

ON THIS 11 DAY OF MAY, 2007.

PROPERTY ADDRESS 18 BANYAN ROAD

CITY SEWALL'S POINT STATE FL ZIP 34996


SIGNATURE OF OWNER/BUILDER

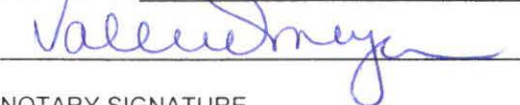
SWORN TO AND SUBSCRIBED BEFORE ME THIS 11th DAY OF May 2007

BY Thomas H Thurlow Jr.

PERSONALLY KNOWN _____

OR PRODUCED ID FLDL# T640-828-36471-U

TYPE OF ID _____


NOTARY SIGNATURE

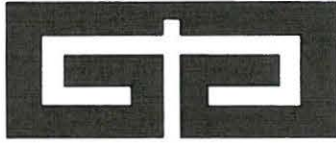


TSP 04/27/2007

3 ceiling fans
@ thurlow
(bathroom)

Change wiring
Zane Carter
Cell 370-9932

NO fee if map is coordinated
with other inspection



GRANFIELD • GRANFIELD

3 6 0 1 S E O C E A N B L V D # 0 0 2
S T U A R T F L O R I D A 3 4 9 9 6
T E L E P H O N E • 7 7 2 • 2 8 3 • 6 0 3 2
F A C S I M I L E • 7 7 2 • 2 8 3 • 8 1 5 0

ARCHITECTS PA • AIA

FLORIDA • AAC 000549

May 23, 2007

Building Official
Town of Sewall's Point Building Department
1 S Sewalls Point Rd.
Stuart, FL 34996



RE: Wood Damage at a Second Level Residential Shower
Thurlow Residence – 18 Banyan Dr., Indialucie, Sewalls Point

At the request of the Owner I performed an inspection of the wood damage around an existing second floor shower. The following are my observations and recommendations for repair:

From my observations there is localized damage to existing exterior wall framing, sill plate, plywood sub-flooring and floor joists.



1. Remove existing plywood flooring below old shower stall, to one joist space beyond edge of shower.
2. All existing active wood fungus shall be uncovered and thoroughly sprayed with fungicide to eliminated future spreading.

3. Sister new 2x wood joists (match existing lumber size) to one side of existing joists that have become softened by fungus. New members shall be glued (liquid nails) and nailed to existing with 2) 10d nails @ 8" OC, extend min. 12" beyond damaged area.
4. Install new 3/4" plywood sub-flooring secured with glue & 8d nails @ 6" OC.
5. Saw-cut and remove damaged sections of sill plate and wall studs. Install new section of sill plate secured to existing rim joist with 1/2" x 3" lags @ 12" OC max.
6. Splice new members into damaged sections of wall studs and sister new equally sized member along side, extending min 12" beyond splice glued and nailed with 1) 8d nails @ 6" OC staggered. Clip new section of wall studs to sill plate with "Simpson" RSP4 sill tie with 8) 10d x 1 1/2" nails.
7. Replace existing shower stall unit with new unit. Provide shower pan extending min. 6" up walls above shower floor. Install 1/2" cement backer board as a wall tile base.
8. Install new floor and wall finishes per Owner's selections

If you have any further questions, please do not hesitate to contact our office.

Yours Truly,



Stewart Granfield
Granfield ■ Granfield Architects PA

FILE



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

SUBCONTRACTORS LIST
RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME THOMAS H. THURLOW, JR. BLDG. PERMIT # _____
SANDRA THURLOW
MAILING ADDRESS _____

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. **WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION.** USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. *(NOT OCCUPATIONAL LICENSE NUMBERS)*

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMNS & BEAMS		
CA	CARPENTRY ROUGH	SDH LLC	
GD	GARAGE DOOR	3499 S.W. THISTLEWOOD LN. PALM CITY, FL 34990	CGC1508714
DH	DRYWALL - HANG		
DF	- FINISH	SDH LLC	"
IN	INSULATION		
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING		
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS		
PLU	* PLUMBING		
AC	* HARV		
EL	* ELECTRICAL		

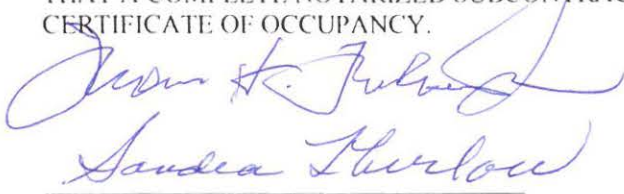


TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-220-4765

AL	* LOW VOLTAGE BURGLAR ALARM		
VS	VACUUM SOUND		
IR	* IRRIGATION		
SH	SHUTTERS		

* REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.


Sandra Thurlow

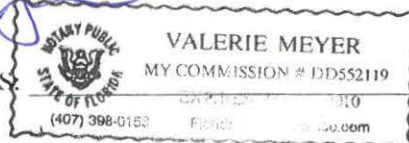
SIGNATURE OF CONTRACTOR
(OR OWNER BUILDER IF APPLICABLE)

STATE OF FLORIDA
COUNTY OF MARTIN

SWORN TO AND SUBSCRIBED before me this 29th day
of May, 2007


NOTARY PUBLIC

MY COMMISSION EXPIRES





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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 8610

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: THURLOW

CONSTRUCTION ADDRESS: _____

PERMIT TYPE: _____ RESIDENTIAL _____ COMMERCIAL

- ☒ ELECTRIC
- ☐ PLUMBING
- ☐ HVAC
- ☐ IRRIGATION
- ☐ FUEL GAS

TYPE OF SERVICE: _____ NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK: Replace Bath Fixtures

VALUE OF CONSTRUCTION \$ 100,000

_____ LOW VOLTAGE	
TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER	
SCOPE OF WORK: _____	VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

Zane Carter 2049 NW Azalea Street Stuart, FL 34994
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Zane Carter Electric Inc.

TELEPHONE NO: 772-692-2048 FAX NO: Same

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC 13002342

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

SEND OR FAX TO: TOWN OF SEWALL'S BUILDING DEPARTMENT

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
ZANEC-2DATE (MM/DD/YYYY)
08/16/06

PRODUCER

Stuart Insurance, Inc.
070 S W Mapp
Maitland City FL 34990
Phone: 772-286-4334 Fax: 772-286-9389

INSURED

Zane Carter Electric Inc.
2049 NW Azalea St
Stuart FL 34994

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

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A:	Southern Owners	10190
INSURER B:	Auto Owners Insurance Co	18988
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.

SR ADD'L TR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
1	GENERAL LIABILITY	20605100	08/17/06	08/17/07	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<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
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
3	AUTOMOBILE LIABILITY	4294792600	08/17/06	08/17/07	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	<input checked="" 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 checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
X	EXCESS/UMBRELLA LIABILITY	4294792602	08/17/06	08/17/07	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 5,000					\$
						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If 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

Electrical Contractor

CERTIFICATE HOLDER

TOWSC-1

Town of Sewalls Point
1 South Sewalls Point Road
Sewalls Point FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; align-items: center;"> <div> CERTIFICATE OF LIABILITY INSURANCE </div> </div> <div style="text-align: right;"> Date 6/25/2007 </div> </div>																							
Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 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.																			
Insured: South East Personnel Leasing, Inc. 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone : (727)938-5562				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Insurers Affording Coverage</th> <th style="text-align: left; padding: 2px;">NAIC #</th> </tr> <tr> <td style="width: 50%; padding: 2px;">Insurer A:</td> <td style="width: 50%; padding: 2px;">Lion Insurance Company</td> <td style="width: 50%; padding: 2px;">11075</td> </tr> <tr> <td style="padding: 2px;">Insurer B:</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Insurer C:</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Insurer D:</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Insurer E:</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>		Insurers Affording Coverage		NAIC #	Insurer A:	Lion Insurance Company	11075	Insurer B:			Insurer C:			Insurer D:			Insurer E:		
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Insurer B:																							
Insurer C:																							
Insurer D:																							
Insurer E:																							
Coverages <small>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.</small>																							
INSR LTR	ADDL INSRD	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 General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Each Occurrence</td><td style="width: 20%;">\$</td></tr> <tr><td>Damage to rented premises (EA occurrence)</td><td>\$</td></tr> <tr><td>Med Exp</td><td>\$</td></tr> <tr><td>Personal Adv Injury</td><td>\$</td></tr> <tr><td>General Aggregate</td><td>\$</td></tr> <tr><td>Products - Comp/Op Agg</td><td>\$</td></tr> </table>	Each Occurrence	\$	Damage to rented premises (EA occurrence)	\$	Med Exp	\$	Personal Adv Injury	\$	General Aggregate	\$	Products - Comp/Op Agg	\$					
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Products - Comp/Op Agg	\$																						
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		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Each Occurrence</td><td style="width: 20%;"></td></tr> <tr><td>Aggregate</td><td></td></tr> </table>	Each Occurrence		Aggregate														
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Aggregate																							
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2007	01/01/2008	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 45%;">WC Statutory Limits</td> <td style="width: 10%; text-align: center;">OTH-ER</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td>\$1000000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td>\$1000000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td>\$1000000</td> </tr> </table>	X	WC Statutory Limits	OTH-ER			E.L. Each Accident		\$1000000		E.L. Disease - Ea Employee		\$1000000		E.L. Disease - Policy Limits		\$1000000	
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	Othe 0665247 Zane Carter Electric, Inc.	COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.																					
<small> Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: ADD ON DATE: 6/17/2006 COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Zane Carter Electric, Inc. * FAX: 772-692-2048 & 772-220-4765 / ISSUE 06-25-07 (TD) </small>																							
Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616																							
CERTIFICATE HOLDER TOWN OF SEWELL'S POINT 1 SOUTH SEWELL'S POINT ROAD SEWELL'S POINT FL 34996				CANCELLATION <small>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.</small> <div style="text-align: right;"> </div>																			



05-30-2006

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF EXEMPTION 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: 06/29/2006

** EXPIRATION DATE: 06/28/2008

PERSON: CARTER ZANE

FEIN: 851015209

BUSINESS NAME AND ADDRESS: ZANE CARTER ELECTRIC INC
2049 NW AZALEA STREET
STUART FL 34994

SCOPE OF BUSINESS OR TRADE: 1- ELECTRICAL CONTRACTOR

IMPORTANT: 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.

QUESTIONS? (850) 413-1609

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 06/29/2006 ** EXPIRATION DATE: 06/28/2008</p> <p>PERSON: ZANE CARTER FEIN: 851015209</p> <p>BUSINESS NAME AND ADDRESS: ZANE CARTER ELECTRIC INC 2049 NW AZALEA STREET STUART FL 34994</p> <p>SCOPE OF BUSINESS OR TRADE: 1- ELECTRICAL CONTRACTOR</p>	<p>FOLD HERE</p> <p>IMPORTANT</p> <p>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.</p> <p>QUESTIONS? (850) 413-1609</p>
--	--

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

**City of Stuart
Development Department**

21 SW Flagler Avenue - Stuart, Florida 34994-2139

Phone (772)288-5326 Fax (772)288-5388

ZANE CARTER ELECTRIC, INC
CARTER, ZANE
2049 NW AZALEA STR
STUART FL 34994

Contractor ID: AP01080687
License Type: ME
Expires: September 30, 2007

Dear Contractor:

The above form is your City of Stuart Contractor Registration/Competency Card,
which will expire September 30, 2007

If you have any questions, Please contact the Permit Technician at 772-288-5326.

DETACH HERE

AC# 2685357

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L06072801763

DATE	BATCH NUMBER	LICENSE NBR
07/28/2006	060075088	EC13002342

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

CARTER, ZANE AUBRY
ZANE CARTER ELECTRIC INC
2049 NW AZALEA ST
STUART FL 34994

JED BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

SIMONE MARSTILLER
SECRETARY

ACORD CERTIFICATE OF LIABILITY INSURANCE

03/21/2007

PRODUCER (352) 736-1451 FAX (352) 799-5986

Killingsworth Agency, Inc.

19259 Cortez Blvd.

P. O. Box 1750

Brooksville, FL 34605-1750

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 SDH LLC

3499 SW Thistlewood Lane

Palm City, FL 34990

INSURER A: Mid-Continent Casualty Co.

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	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	INSR	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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	04GL000653787	11/19/2006	11/19/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/CP AGG \$ 2,000,000
		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 EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATJ- TORY LMTS OTH. EA EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
		OTHER				

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

Limits shown are those in effect at policy inception date.

CERTIFICATE HOLDER

Town of Sewalls Point
1 South Sewall Point Rd.
Sewall, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Helen McConnell/HELEN

Helen McConnell

ACORD 25 (2001/08) FAX: (772) 220-4765

©ACORD CORPORATION 1988

This fax was sent with GFI FAXmaker fax server. For more information, visit <http://www.gfi.com>



08-28-2006

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

** CERTIFICATE OF EXEMPTION 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: 09/22/2006 ** EXPIRATION DATE: 09/21/2008

PERSON: HAYNES SCOTT
FEIN: 065702065
BUSINESS NAME SDH LLC
AND ADDRESS: 3499 SW THISTLEWOOD LANE
PALM CITY FL 34990

SCOPE OF BUSINESS OR TRADE: 1- CERTIFIED GENERAL CONTRACTOR

IMPORTANT: 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.

QUESTIONS? (850) 413-1609

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 09/22/2006 ** EXPIRATION DATE: 09/21/2008</p> <p>PERSON: SCOTT HAYNES FEIN: 065702065 BUSINESS NAME SDH LLC AND ADDRESS: 3499 SW THISTLEWOOD LANE PALM CITY, FL 34990</p> <p>SCOPE OF BUSINESS OR TRADE: 1- CERTIFIED GENERAL CONTRACTOR</p>	<p>F O L D H E R E</p> <p>IMPORTANT</p> <p>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.</p> <p>QUESTIONS? (850) 413-1609</p>
---	---

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 2005-512-0039 CERT CGC1508714
PHONE (772) 260-3751 SIC NO 233220

LOCATION:
3499 SW THISTLEWOOD LANE PC

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	LIC. FEE \$	25.00
\$	.00	PENALTY \$	.00
\$	.00	COL FEE \$	.00
\$	.00	TRANSFER \$	.00
TOTAL		25.00	

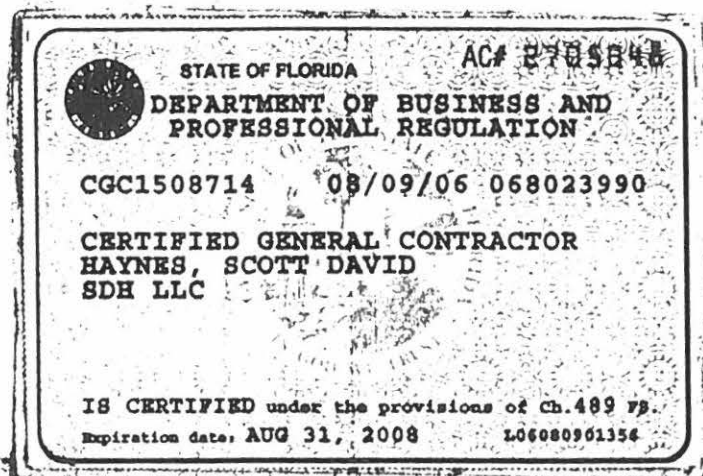
RECEIPT of PAYMENT
LARRY C O'STEEN
99 08/25/2006 NORMA
20060006120003
002 2005 0012669
SDH, LLC

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

24 DAY OF AUGUST 06
AND ENDING SEPTEMBER 30, 2007

HAYNES, SCOTT D
SDH, LLC
3499 SW THISTLEWOOD LANE
PALM CITY FL 34990



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: 5-30-07



INSTR # 2016199
OR BK 02251 PG 2545
Pg 2545f (1pg)
RECORDED 05/30/2007 02:27:37 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY T Copus (asst mgr)

Prepared by and return to:
Thomas H. Thurlow, Jr.
Thurlow & Thurlow, P.A.
P.O. Box 106
Stuart, Florida 34995
772-287-0980
Court House Box: 2

Permit No. _____
Parcel I.D. 35-37-41-002-004-00080-5

AMENDED NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

This Notice amends the Notice of Commencement recorded in Official Records Book 2247, Page 2024, public records of Martin County, Florida, by deleting Paragraph 4, Contractor Information, therein, and substituting the information set forth in paragraph 4, below, in its place and stead.

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 Amended Notice of Commencement.

1. **Description of property:** Lots 8 and 9, Block 4, INDIALUCIE, according to the plat thereof recorded in Plat Book 4, Page 77, as amended by Affidavit recorded in Official Records Book 333, Page 2407, all in the Public Records of Martin County, Florida; EXCEPTING THEREFROM, that part of Lot 9 conveyed by Warranty Deed recorded in Official Records Book 1586, Page 685, Public Records of Martin County, Florida.

Street Address: 18 Banyan Road, Sewall's Point, FL 34996
2. **General description of improvement:** Structural repairs to bathroom and replacement of bathroom amenities
3. **Owner Information:**
 - a) Name and address: Thomas H. Thurlow, Jr. and Sandra Thurlow
18 Banyan Road, Sewall's Point, FL 34996
 - b) Interest in property: Fee simple title
4. **Contractor Information (as amended):**
 - a) Name and address: Scott Haynes
SDH, LLC
3499 SW Thistlewood Lane, Palm City, FL 34990
 - b) Phone number: 772-260-3751
5. **Surety:** None
6. **Lender:** None
7. **Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Florida Statutes §713.13(1)(a)7:**
 - a) Name and address: Thomas H. Thurlow, Jr.
18 Banyan Road, Sewall's Point, FL 34996
 - b) Phone number: 772-287-6032
 - c) Fax number: 772-220-0815
8. **In addition to himself or herself, owner designates (NONE) to receive a copy of the Lienor's Notice as provided in Florida Statutes §713.13(1)(b).**

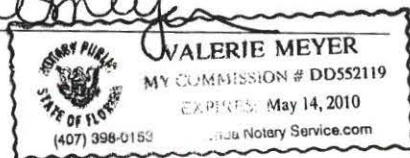
9. **Expiration date of Amended Notice of Commencement:** September 1, 2007

Thomas H. Thurlow, Jr.

Sandra Thurlow

The foregoing instrument was acknowledged before me this 29th day of May, 2007 by Thomas H. Thurlow, Jr. and Sandra Thurlow who [☒] are personally known or [☐] have produced driver's licenses as identification.

Notary Public



Permit No. _____
Parcel I.D. 35-37-41-002-004-00080-5

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.

1. **Description of property:** Lots 8 and 9, Block 4, INDIALUCIE, according to the plat thereof recorded in Plat Book 4, Page 77, as amended by Affidavit recorded in Official Records Book 333, Page 2407, all in the Public Records of Martin County, Florida;
EXCEPTING THEREFROM, that part of Lot 9 conveyed by Warranty Deed recorded in Official Records Book 1586, Page 685, Public Records of Martin County, Florida.

Street Address: 18 Banyan Road, Sewall's Point, FL 34996

2. **General description of improvement:** Structural repairs to bathroom and replacement of bathroom amenities

3. **Owner Information:**

- a) Name and address: Thomas H. Thurlow, Jr. and Sandra Thurlow
18 Banyan Road, Sewall's Point, FL 34996
b) Interest in property: Fee simple title

4. **Contractor Information:**

- a) Name and address: Huttula Construction, L.L.C.
2197 SE Harrison Street, Stuart, FL 34997
a) Phone number: 772-529-1150

5. **Surety:** None

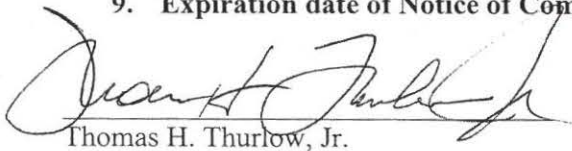
6. **Lender:** None

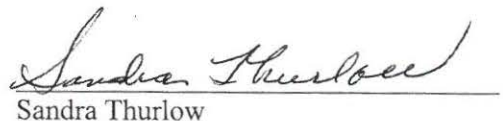
7. **Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Florida Statutes §713.13(1)(a)7:**

- a) Name and address: Thomas H. Thurlow, Jr.
18 Banyan Road, Sewall's Point, FL 34996
b) Phone number: 772-287-6032
c) Fax number: 772-220-0815

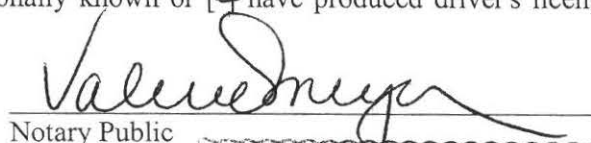
8. **In addition to himself or herself, owner designates (NONE) to receive a copy of the Lienor's Notice as provided in Florida Statutes §713.13(1)(b).**

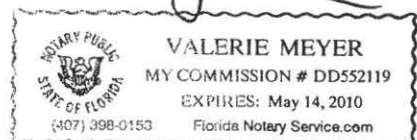
9. **Expiration date of Notice of Commencement:** September 1, 2007


Thomas H. Thurlow, Jr.


Sandra Thurlow

The foregoing instrument was acknowledged before me this 14th day of May, 2007 by Thomas H. Thurlow, Jr. and Sandra Thurlow who [☒] are personally known or [☐] have produced driver's licenses as identification.


Notary Public





TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 18 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.

FINAL

GFCI RECEPT. IS DEFECTIVE

TRIM OUT SWITCH & RECEPT.

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

DATE: 8/30

OM

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ THURS 8-30, 2007

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8610	Thurston	Final	FAIL	
8	18 Banyan Rd O/B			INSPECTOR: <i>[Signature]</i>
8535	STARKE	ROUGH PLG.	PASS	
4	87 S. RIVER	V.B.		INSPECTOR: <i>[Signature]</i>
8658	Almond	DOORS/WINDOWS PLGS	CLOSE.	
	11 OAKWOOD	SHUTTER		INSPECTOR: <i>[Signature]</i>
	Natural Flow	SHUTTER		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri 10-24, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8436 1	Tooman 37 W High Pt Florida Finest	insulation A/C ROUGH	PASS PASS	INSPECTOR: <i>[Signature]</i>
844 4	Dressler 12 Island Rd Harbor Course	A/C, trades corrections reins framing 323-0664	PASS FAIL	INSPECTOR: <i>[Signature]</i>
8734 3	LASKY 27 W High Pt See John	INVESTIGATE length of dock	OK	PER VISUAL INSPECTION INSPECTOR: <i>[Signature]</i>
8535 5	Stark 87 S River Rd Emil LaViola	ft tie beam gauge stairwell exit	PASS FAIL	INSPECTOR: <i>[Signature]</i>
8748 6	DeGover 2 Tuscan La Duffwood	temp pole	PASS	CALL FPL. INSPECTOR: <i>[Signature]</i>
8610 7	Thurlow 18 Banyan O/B	Final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8744 2	White 26 W High Pt Nislin	Investigate	FAIL	CONTRACTOR TO CONTACT B.O. w/ EXPANDED SCOPE OF WORK. INSPECTOR: <i>[Signature]</i>
OTHER: 8530 1A	Luloh 20 E High Pt GAC BIV.	gas line to gen.	PASS	<i>[Signature]</i>

9436

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:	9436	DATE ISSUED:	MAY 13, 2010
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	PARAGON		
PARCEL CONTROL NUMBER:	353741-002-004-000805	SUBDIVISION	INDIALUCIE-LOT8,BL 4
CONSTRUCTION ADDRESS:	18 BANYAN RD		
OWNER NAME:	THURLOW		
QUALIFIER:	KEVIN SHARKEY	CONTACT PHONE NUMBER:	220-2487

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**

REQUIRED 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:	9436		
ADDRESS	18 BANYAN RD		
DATE:	5/13/10	SCOPE:	AC CHANGEOUT

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

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX

THE COOL GUYS, LLC.
D/B/A PARAGON INDOOR AIR QUALITY
7862 SW ELLIPSE WAY
STUART, FL 34997

GULFSTREAM BUSINESS BANK
FLORIDA'S BUSINESS BANK
2400 S.E. MONTEREY ROAD
STUART, FL 34996

5816

63-4712/670
01

MAY 13, 2010

PAY TO THE
ORDER OF

Town Of Sewall's Point

EIGHTY

\$ 80.00
80
100
DOLLARS

[Signature]
SIGNATURE



MEMO

Martin Coun

TOTAL BUILDING PERMIT FEE:

\$

ACCESSORY PERMIT

Declared Value:

\$

5709

Total number of inspections @ \$75.00 each

\$

75

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

\$

5

TOTAL ACCESSORY PERMIT FEE:

\$

80

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

Date: 5-12-10

Permit Number: 9436

OWNER/TITLEHOLDER NAME: Thurlaw Thomas & Sandra Phone (Day) 287-6032 (Fax) _____

Job Site Address: 18 Banyan Rd City: Sewalls Pt State: FL Zip: 34996

Legal Description: Indianwale lot 8 Bk4 Parcel Control Number: 35-37-41-002-004-0080-5

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

Scope of work (please be specific):

AIR CONDITIONING CHANGE OUT 1st Fl

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: \$ 5409.00

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

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

FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:

Estimated Fair Market Value prior to improvement: \$ _____

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

PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: The Cool Guys LLC Phone: 220-2487 Fax: 220-3787

Street: 7862 SW Ellipse Way City: Stuart State: FL Zip: 34997

State License Number: CAC049289 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Kevin Sharkey Phone Number: 772-260-0179

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____

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

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

Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE: _____

* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007

National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER SIGNATURE: (required)

OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

State of Florida, County of: Martin

This the 12th day of May, 2010

by Thomas Thurlaw who is personally

known to me or produced

as identification: _____

My Commission Expires: _____



Notary Public
KATE M WIEGERINK
MY COMMISSION # DD779062
EXPIRES April 14, 2012

CONTRACTOR SIGNATURE: (required)

On State of Florida, County of: Martin

This the 12th day of May, 2010

by Kevin Sharkey who is personally

known to me or produced

As identification: _____

My Commission Expires: _____



Notary Public
ELIZABETH OBANNON
MY COMMISSION # DD874286
EXPIRES March 29, 2013

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!

(407) 398-0153

FloridaNotaryService.com

Martin County, Florida

generated on 5/12/2010 8:36:53 AM EDT

Summary

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
35-37-41-002-004-00080-5	18 BANYAN RD	9444	Owner	0	1

Summary

Property Location 18 BANYAN RD
Tax District 2200 Sewall's Point
Account # 9444
Land Use 101 0100 Single Family
Neighborhood 120500
Acres 0.553

Legal Description

Property Information

INDIALUCIE, LOT 8 BLK 4 & PART OF LOT 9 DESC AS: BEG SW COR LOT 8, NELY ALG S/LN 135' TO SE COR, S35DEGW 85.07', S78DEGW 71.52' TO CURVE, NWLY ALG CURVE 51.38' TO POB

Owner Information

Owner Information

THURLOW, THOMAS H JR & SANDRA

Mail Information

18 BANYAN RD
STUART FL 34996-6617

Assessment Info

Front Ft. 0.00

Market Land Value \$170,000

Market Impr Value \$165,770

Market Total Value \$335,770

Recent Sale

Sale Amount \$7,500

Sale Date 1/1/1972

Book/Page 0334 1702

Data updated on 4/29/2010

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection ☐ Mon ☒ Tue ☐ Wed ☐ Thur ☐ Fri 5-25-10 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9445	Hampden Bay			
9:00	3720 S.E. Ocean	A/C FINAL	Pass	Close
	Aircon			INSPECTOR <i>JA</i>
9436	Thurlow	Final AC		
	18 Banyan		Pass	Close
	Paragon			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TREE

Date 7-14-06 ~~19~~ 20 **TREE REMOVAL PERMIT** No. **358**

Owner 18 Banyan Rd

Kind of Trees Sabal

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

_____ FEE \$ 2

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. Permit - No fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibited 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 Sabal Palm

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 single family resident see above.
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 TOM & SANDRA THURLOW Address 18 BANYAN RD. Phone 281-6032
840 BAHAMA AVE
Contractor JOHN OWENS Address STUART FL 34994 Phone 286-4060

No. of Trees: REMOVE 1 Type: SABAL PALM

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

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

Written statement giving reasons: THIS VERY OLD SABAL IS THIN ON THE BOTTOM OF ITS TRUNK & FAT AT THE TOP. DURING HURRICANES JEANNE + WILMA WE HAD NO PLYWOOD UP AND IT WAS FRIGHTENING TO SEE HOW CLOSE THE TOP OF THE TREE WAS BLOWN TOWARD THE SECOND STORY OFFICE WINDOW.
Signature of Property Owner Sandra Thurlow Date JUNE 26, 2006

Approved by Building Inspector: [Signature] Date 7/14 Fee: 0

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

TOWN OF SEWALL'S POINT, FLORIDA

Date 6/20/02 19 02 **TREE REMOVAL PERMIT** No **1163**

APPLIED FOR BY SANDRA THURLOW (Contractor or Owner)

Owner 18 BANYAN RD.

Sub-division _____, Lot _____, Block _____.

Kind of Trees TABEBULA ARGENTEA

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed, Gene Simmons Inc 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 _____

We regret that our tabebuia tree needs to be removed. It was grown from a seed distributed by Dr. Edwin Menninger and given to us by Corky Hudson before we moved to Sewall's Point almost 28 years ago. We planted it in the center of our front yard. When it started to lean toward the street we used cable to brace it to our sabal palms but it continued to lean and broke the cable. During the last rain it drooped so low over Banyan Road we had to face the fact that it is a hazard and not particularly attractive when it is not in bloom. There is a large split on the underside of the trunk. We plan to ask the tree trimmers we hire to remove old fronds and blossoms from our sabal palms to cut the tree down flush with the soil.

Sandy Thurlow

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 1163

Date Issued: 6/20/02

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 SANDRA THURLOW Address 18 BANYAN RD Phone 287-6032

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) TABEBUIA ARGENTEA
"GOLD TREE" OR "SILVER TRUMPET"

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

1 Damaged tree
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 _____ Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: 6/19/02

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

TOWN OF SEWALL'S POINT, FLORIDA

Date MAY 19 ~~18~~ 2003 TREE REMOVAL PERMIT No 1278

APPLIED FOR BY THURLOW (Contractor or Owner)

Owner 18 BANYAN ROAD

Sub-division _____, Lot _____, Block _____

Kind of Trees 1 COCONUT

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 0

Signed, _____
Applicant

Signed, Gene Simmons (Signature)
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

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, Marlberrry, 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 Tom & SANDY THULOW Address 18 BANYAN ROAD Phone 281-6032

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: COCONUT

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

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: OK Hazard 5/19/03

Written statement giving reasons: COCONUT PALM LEANING OVER
HOUSE WITH A DANGEROUS NARROWING OF TRUNK.

Signature of Applicant Sandra Thulow Date 5/16/03

Approved by Building Inspector: [Signature] Date 5/19/03 Fee: 0

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

OK



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner T. H. THURLOW Address 18 BANYAN RD Phone 287-6032

Contractor Ellis Roberts Address EAST STUART Phone 215-0107

No. of Trees: REMOVE 1 Species: RED BAY

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal /relocation (See notice above) THE TREE IS IN DECLINE

AND IS SUSCEPTIBLE TO THE BEETLE THAT IS
SPREADING IN THE REGION

Signature of Property Owner Sandra Thurlow Date _____

Approved by Building Inspector: [Signature] Date 7.7.10 Fee: N/C

NOTES: _____

SKETCH:

