

5 Copaire Road

2499

SFR

TOWN OF SEWALL'S POINT, FLORIDA
APPLICATION FOR PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

PERMIT NUMBER

DATE OF APPLICATION 2/23/89

To obtain a permit the following are required:

1. Florida certification of builder and sub-contractors.
2. Certification of insurance from contractor or owner/builder re: liability and workers' compensation.
3. Two sets of building plans which must include: a) 1/4" scale building drawings, b) plot plan, c) foundation plan, d) floor plans, e) wall and roof cross-sections, f) plumbing, electrical and air conditioning layouts, g) at least two elevations showing the height of building from finished floor. Plans must be sealed by a Florida registered architect or engineer.
4. Recorded warranty deed to the property.
5. Septic tank permit and one set of plans with Martin County Health Department seal.
6. Energy code calculations.
7. Tree removal permit (for trees other than nuisance trees)
8. Certification of elevation from licensed surveyor and determination of flood zone.
9. Amount of fill anticipated - rough sketch showing location of fill
10. Manufacturer's schedule of windows.

Owner LIPPS (CAROL) ELLEN Current Address 132 MELBOURNE AVE AKRON, OH. 44313

Telephone _____
General Contractor ANDO BLDG. CORP. Address PO BOX 7305 PSC 3498
Telephone 879-2359, 334-1446

Where Licensed STATE OF FLA License Number 06C015150

Plumbing Contractor STOUVER License Number 00101

Electrical Contractor MC DANIELS License Number ME 00028

Roofing Contractor ANDO BLDG. License Number 06C015150

A/C Contractor MARINE AIR License Number 06C015437

Describe the building or alterations NEW CONSTRUCTION

Name the street on which the building, its front building line and its front yard will face 3 COPAIRE RD.

Subdivision HERITAGE PLACE Lot 21 Block _____

Building area (inside walls) 1761 Garage, porch, carport area 770

Contract price (including carpet, land, appliances, landscaping) \$ _____

Cost of permit \$1,570.00 Plans approved as submitted _____ as marked _____

In addition, the following are understood by owner and contractor:

1. Building area inside walls must be a minimum of 1,500 square feet.
2. Building permit fees are \$5. per \$1,000. of the cost of the building, plus \$50. each for plumbing, electric, a.c. and roof. For example a \$100,000. building x \$5. = \$500. plus \$200. (a.c., pl., el., roof) = \$700. cost of permit + \$365. impact fee = \$1,065. total. Also there is a charge of 1 cent per square foot for radon gas trust fund.
3. If no contract is submitted as proof as cost, the permit will be based on \$60. per square foot (inside walls) and \$25. per square foot (other areas). Owner-builder cost is 25% higher than the regular fee.
4. The Town has adopted the South Florida Building Code.
5. Building permits are issued for one year's duration.
6. Construction must be started within 180 days or permit will be subject to revocation and forfeiture of fee.
7. ALL changes in plans must be approved by the Building Department.
8. Work hours are 8:AM to 5:PM Monday through Friday. NO SUNDAY WORK
9. Portable toilets must be on all construction sites.

10. Inspections are made Monday through Friday, 8:AM to Noon, 1:PM to 4:PM. 24 hour notice is required prior to all inspections.

11. String lines along property lines to facilitate set back inspections.

12. Before a certificate of occupancy is issued, the following are required:

- a. An owner's affidavit of building cost (form available) any discrepancy between the original fee and final fee (based on affidavit) will be adjusted.
- b. Approval of septic tank installation by Martin Co. Health Dept.
- c. Rough grading and clean up of grounds.
- d. Affidavit from licensed surveyor showing slab elevation (if in "A" zone).

13. THIS SUMMARY IS NOT A SUBSTITUTE FOR TOWN ORDINANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OR CONTRACTOR FROM COMPLIANCE WITH TOWN ORDINANCES.

14. 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.

Contractor's Signature [Signature] Owner's Signature Ellen C. Lipps

Approval by Building Inspector [Signature] Date 3/1/89

Approval by Building Commissioner _____ Date _____

Certificate of Occupancy issued _____ Date _____

89-1-52

Return to: (enclose self-addressed stamped envelope)

WARRANTY DEED
INDIVID TO INDIVID

FAMCO FORM 01

Address:

Return to
This instrument Prepared by: Roberta Walters
for Stewart Title of Martin County
Address: 409 E. Osceola Ave.
Stuart, Florida 34994

754359

RECORD VERIFIED

FLA. DOC. PAID
\$ 357.50
Marsha Stiller
Clerk of Circuit Court
Martin Co., Fla.
By *Cat* D.C.

Property Appraisers Parcel I.D. (Folio) Number(s):

Grantee(s) S.S.#(s):

This Warranty Deed Made the 17th day of February A.D. 1989 by
DONALD F. DEFENTHALER AND ANDRE DORAWA

hereinafter called the grantor to

ELLEN G. LIPPS, an unmarried woman, also known as ELLEN CAROL LIPPS

whose postoffice address is

hereinafter called the grantee

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

Lot 21, HERITAGE PLACE, according to the Plat thereof, recorded in Plat Book 10, page 2, Public Records of Martin County, Florida.

Subject to Taxes--Subsequent to December 31, 1988 and restrictions, reservations, easements and covenants of record.

Grantors hereby certify that said property is not their homestead and that said property is vacant land.

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

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

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1988.

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

Signed, sealed and delivered in our presence:

STATE OF Florida
COUNTY OF Martin

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State of Florida and in the County aforesaid, to take acknowledgments, personally appeared DONALD F. DEFENTHALER AND ANDRE DORAWA

to me known to be the person or persons described in and who executed the foregoing instrument and has acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 17th day of February A.D. 1989.

My Commission Expires:

Notary Public

FILED FOR RECORD
MAR 21 AM 10:34
MARSHA STILLER
CLERK OF CIRCUIT COURT
MARTIN CO. FLA.

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER Lipps Ellen
CONTRACTOR Ando Bldg Inc
LOT 21 BLOCK Heritage way SUB Capain Rd St. or Ave.

NO. 2499 Date Issued 3/2/89

Call 287-2455 From 8:00 A.M. - 12:00 Noon and
1:00 P.M. - 4:00 P.M. For Inspections of Items 1 thru 13.

TOWN OF SEWALL'S POINT
BUILDING PERMIT

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION	<u>4/3/89 Absolute T.R.</u>	
3. FOOTING - SLAB	<u>Footings & Slab OK 4/4/89 DB</u>	
4. ROUGH PLUMBING	<u>OK 3/28/89 DB</u>	
5. ROUGH ELECTRIC	<u>OK 5/14/89 DB</u>	
6. LINTEL	<u>OK 4/12/89 DB</u>	
7. ROOF		
8. FRAMING	<u>OK 5/12/89 DB</u>	
9. INSULATION	<u>OK 5/18/89 DB</u>	
10. A/C DUCTS	<u>OK 5/12/89 DB</u>	
11. FINAL ELECTRIC		
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION		

- * REQUESTS FOR INSPECTIONS REQUIRE AT LEAST 24 HOURS NOTICE.
- * ALL WORK MUST BE IN COMPLIANCE WITH THE TOWN OF SEWALL'S POINT ORDINANCES, THE SOUTH FLORIDA BUILDING CODE, THE STATE OF FLORIDA ENERGY EFFICIENCY BUILDING CODE AND ELEVATIONS BASED ON THE LATEST FLOOD INSURANCE RATE MAP.
- * WORKING HOURS ARE FROM 8:00 to 5:00 P.M. MONDAY THRU SATURDAY. PORTABLE TOILET FACILITIES MUST BE ON JOB SITE BEFORE INITIAL INSPECTION.

TO CONSTRUCT New Residence

REMARKS:



STATE OF FLORIDA

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Ando Bldg. Corp. SEPTIC TANK PERMIT NO. 11089-123
LEGAL DESCRIPTION: Lot 21 Heritage Place

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department.

- ☒ 1. Building Permit Number: _____ (Certification not required for this item).
- ☐ 2. I certify that the elevation of the top of the lowest plumbing stubout is _____ inches above benchmark elevation as indicated on septic tank permit.
- ☐ 3. I certify that the top of the lowest building plumbing stubout is _____ inches above crown of road elevation shown on septic tank permit.
- ☐ 4. I certify that all severe limited soil has been removed from an area of _____ feet by _____ feet to a minimum depth of six(6) feet below top of required stubout elevation. Submit plot plan to scale of excavated area.

Date Observed: _____

- ☐ 5. I certify that the top of the drainfield pipe elevation is _____.

NOTE: a. Severe limited soil includes but is not limited to hardpan, clay, silt, marl or muck.

b. Drainfield must be centered in the excavated area. Drainfield will not be approved if severe limited soils are present.

CERTIFIED BY: _____

As applicant or applicant's representative, I understand the above requirements.

Date: _____ Job Number: _____

L. Khawise Thoder
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

Martin County Health Unit Approval Signature _____ (Date) _____

MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994
Bob Martinez, Governor • Gregory L. Coler, Secretary



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER H089-123 HOME PHONE 287-0525
NAME OF APPLICANT Amco Building Corp. WORK PHONE
MAILING ADDRESS OF APPLICANT P.O. Box 7305
P.S.L., Fla. ZIP CODE 34985
LOT 21 BLOCK 1 SUBDIVISION "HARITAGE" PLACE
IF NOT SUBDIVIDED, ATTACH A COMPLETE LEGAL DESCRIPTION
PLAT BOOK 10 PAGE 2 DATE SUBDIVIDED MARCH 1985
RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 3
LOT SIZE 16,191 FT² HEATED OR COOLED AREA OF HOME 1761.7 FT²
COMMERCIAL: TYPE OF BUSINESS PROPOSED
BUILDING SIZE

X Job No. 917-08-01

AFFIDAVIT

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

SIGNATURE OF PROPERTY OWNER OR OWNER'S
LEGALLY AUTHORIZED REPRESENTATIVE

STEPHEN J. BROWN
INSTALLATION SPECIFICATIONS P.L.S. #4049

SEPTIC TANK CAPACITY 400 GALLONS
DRAINFIELD SIZE 300 SQUARE FEET

DRAINFIELD ROCK MUST BE 5 FEET FROM FRONT OR REAR PROPERTY LINES
AND 5 FEET FROM SIDE PROPERTY LINES. EXCAVATION CAN NOT EXTEND MORE
THAN FIVE FEET FROM APPROVED INSTALLATION AREA.

* Do not exceed
18" of cover
over D.F. rock.

FINISH SALT GRADE

ISSUED BY: [Signature]

MARTIN COUNTY PUBLIC HEALTH UNIT

DATE 2-17-89

PLEASE NOTE:

- (1) IF BUILDING CONSTRUCTION DOES NOT START WITHIN ONE YEAR FROM DATE OF ISSUANCE, THIS PERMIT EXPIRES. IF BUILDING CONSTRUCTION STARTS WITHIN 1 YEAR FROM DATE OF ISSUANCE, THE DATE OF EXPIRATION WILL BE EXTENDED AN ADDITIONAL 90 DAYS.
- (2) APPLICANT IS RESPONSIBLE FOR REPLACING EXCAVATED SOILS WITH A GOOD GRADE OF SAND.
- (3) NA REINSPECTION FEE IF WELL NOT INSTALLED AT TIME OF ONSITE SEWAGE DISPOSAL SYSTEM INSPECTION.
- (4) INSPECTION RESULTS WILL BE POSTED ON BUILDING PERMIT OR ON ELECTRICAL BOX.
- (5) IF BUILDING STUBOUT IS PLACED MORE THAN 20 FEET FROM SEPTIC TANK OR DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
- (6) IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
- (7) IF ANY INFORMATION ON THIS PERMIT CHANGES, AN UPDATED APPLICATION IS REQUIRED.
- (8) IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS.

FINAL INSPECTION

CONSTRUCTION APPROVED BY:

DATE

MARTIN COUNTY PUBLIC HEALTH UNIT

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Prepared By: Stephen J. Brown, Inc. Prof. Land Surveyor
295 Florida Street, Stuart, FL. 34994
407-287-0525

APPLICANT ANCO BUILDING CORP.

LEGAL DESCRIPTION LOT 21, "HERITAGE"

-----SITE INFORMATION-----

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? No
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? No
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? No
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? No
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? No
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? YES
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? No
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
14. THERE IS 1240 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION 7.12 NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 7.50 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? No IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? NGVD.

NOTE: MUST BE CERTIFIED BY A FLORIDA
REGISTERED SURVEYOR OF ENGINEER.

CERTIFIED BY: STEPHEN J. BROWN
FL. PROFESSIONAL NO. 4049
DATE: 1/10/89 JOB NO. 917-08-0

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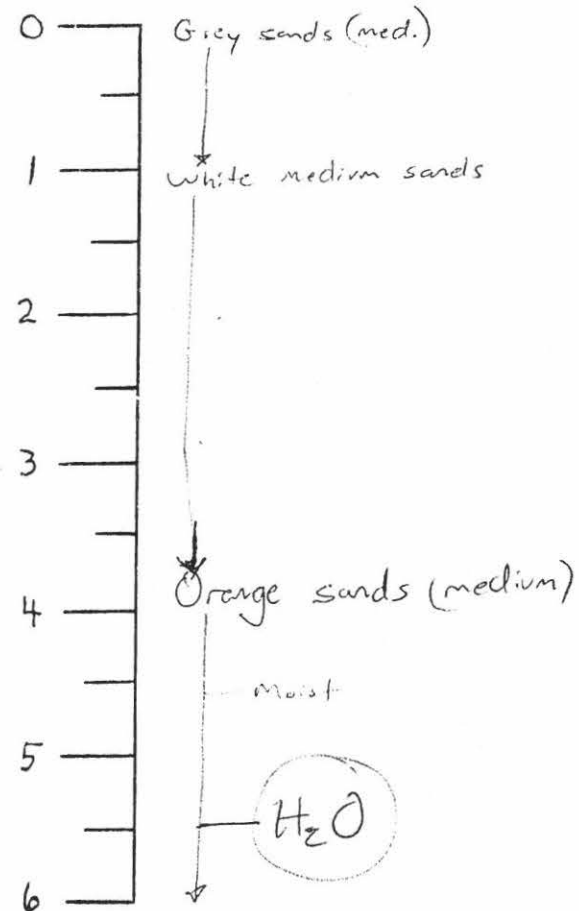
MARTIN COUNTY PUBLIC HEALTH UNIT
131 EAST SEVENTH STREET • STUART, FLORIDA 34994

Bob Martinez, Governor • Gregory L. Coler, Secretary (Revised 3/88)

MARTIN COUNTY PUBLIC HEALTH UNIT
131 East 7th Street
Stuart, Florida 34997
287-2277
SITE EVALUATION

APPLICANT: Ando Building Corp.
LEGAL DESCRIPTION: Lot 21 Heritage Place

SOIL PROFILE



USDA SOIL TYPE Paola

USDA SOIL NUMBER #6

Impervious soils are present at
>6' below natural
grade.

Present Water Depth Below Natural Grade 5.5'

Wet Season Range Per Soil Survey >6'

Estimated Wet Season Water Depth Below Natural Grade 4.0'

Indicator Vegetation Present coconut palms, ^{scrub} oak

Is Benchmark Located on Plot Plan and Present on Site? yes

Approximate Amount of Fill on Neighboring Lots .5' ~~ft~~

Other Findings: Lot just west of
transition zone of Jonathan to
Paola.

EVALUATION BY: Mike Landolt

DATE: 2/15/89

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

RECORD OF INSPECTIONS

Date 8/8/89

This is to request a Certificate of Approval for Occupancy to be issued to Ellen Lipps for a structure built under Permit # 2499
(Owner of Property)

Subdivision Heritage Lot 21 Street Address Scopair Rd

when completed in conformance with the approved plans.

Signed (Owner)

1. Lot Stakes/Set Backs _____
2. Termite Protection 4/3/89
3. Footing - Slab 4/4/89
4. Rough Plumbing 3/28/89
5. Rough Electric 5/12/89
6. Lintel 4/12/89
7. Roof 5/12/89
8. Framing 5/12/89
9. Insulation 5/18/89
10. A/C Ducts 5/12/89
11. Final Electric 8/7/89
12. Final Plumbing 8/7/89
13. Final Construction 8/7/89

Final Inspection for Issuance of Certificate of Occupancy.

Approved by Building Inspector [Signature] date 8/7/89

Approved by Building Commissioner [Signature] date 8/8/89

Utilities notified FPL 8/7/89 date

Distribution:

original - owner

copies - Town Building Inspector, Deputy Clerk



AFT. 5 PM.
TEL. 216-864-271

CONSTRUCTION CONTRACT:

This contract entered into by ANDO BUILDING CORP. hereinafter called the SELLER, and CAROL LIPPS 132 HELMBOURN AV. AKRON OH. 44313 hereinafter called the PURCHASERS. Entered into this 2 day of JAN. 19 89

WITNESSETH

For good and valuable considerations as more particularly set forth herein, SELLER agrees to sell to PURCHASERS and PURCHASERS agree to purchase from SELLER, the following property or home for all which the PURCHASERS agree to pay as follows:

LAND: Lot 21 Block HERITAGE PL. \$
STREET ADDRESS: COPHIRE RD. SEWALL'S PT
HOME: CBS SILVER LIN. 2521 SF. APPR. \$
OPTIONS: TOTAL
240 LB. SHINGLES, SIDE ENTRY, SPRINKLER \$
FLORATAN SOD, PICKLED CAB, LAUNDRY CAB. \$
KOOL DECK PATIO, POOL PREWIRE, \$
\$
\$
\$
\$
TOTAL \$ 157180
DEP. 5000.-
BAL. 152180.-

TERMS OF SALE:

REMARKS OR OTHER ADDITIONS: CONTINGENT UPON FINANCING

PROGRESS PAYMENT SCHEDULE:

PER LENDING INSTITUTION
10% On Contract
25% Dried in Roof
25% Rough Electric & Plumbing
30% Drywall, Cabinets, Tilework
10% Completion

PURCHASERS agree to waive the interest bearing escrow provision of Chapter 80-386 and authorize the contractor to use the deposits in the construction of the house.

SCOPE OF CONSTRUCTION:

LOT PREPARATION & SITE WORK: Clearing, cutting, hauling of trees and debris, grading and any other site work in excess of \$ INCL. will be at the additional expense of PURCHASERS.

Trees that PURCHASERS do not want removed from property at initial clearing will be at PURCHASERS own risk. There will be an additional charge to remove trees at a later date for any reason, be it that the PURCHASERS changed their mind, or that the tree may have died, etc.

PURCHASERS will be responsible for payment of any dirt fill delivered to property necessary for proper construction as specified by authorities, for proper grade and grading, etc. SELLER does not take responsibility for the amount necessary.

SLAB: As per local building code.

PLUMBING: Colors will be selected by customers at model; 40 gallon "Energy Miser" hot water tank; three (3) outside hose connections; bath tub will be steel.

WINDOWS: Windows will be single hung bronzed aluminum, with screens. Sills will be marble. STOMP

PAINTING: Interior painting will be all one color throughout. (Linen white, or tan). Ceilings will be pop corn finish in white.

DOORS: Front door STEEL; Side garage door N/A; Garage door R.S. HASONITE; Closet doors will be BI-FOLD; Interior doors to rooms will be hollow core. GRANITE - ELITE

ELECTRICAL: As per building codes.

TELEPHONE PRE-WIRE (3 outlets) Contractor will notify telephone company when house is ready for pre-wire. If telephone company fails to pre-wire on time and would hold up construction of home, Contractor does not take the responsibility for not having pre-wire installed, or for mis-locations of outlets.

AIR CONDITIONING: Air conditioning ducts will be provided for all rooms and walk in closets, in living area (not garage or porch). Allowance CENTRAL AIR & HEAT W/HUMID.

INSULATION: Fiberglass batt insulation in living area on outside walls. Cellulose insulation in attic above living area.

WELL & SEPTIC: Contractor will install septic tank and drainfield as per county health department specifications. Well and pump will be installed as per county health department specifications. Well depth over 60 feet will be at additional cost to PURCHASERS.

Well and Pump Allowance _____ Septic Allowance INCL. or
City Water Hook-up Allowance INCL. City Sewer Hook-up Allowance _____

LANDSCAPING: Contractor will provide FLORATAN FULL LOT sod (5,000 sq. ft.). If PURCHASERS order any additional sod, Contractor will not be responsible to have it layed in any special designs as to make allowances for special asthetic landscaping. PURCHASERS will pay for additional sod upon request. Contractor will not be responsible for watering and caring for sod after Certificate of Occupancy is issued.

AS. rex

DRIVEWAY: Two car ✓; One car _____; Remarks concrete

APPLIANCES: Dishwasher, disposal, hood and range. Allowance: 2340.-
G.E. MICROW. 600W. R2F2.

TILE:

Entrance foyer \$ 1.50 sq. ft. Installation.....\$ 2.00 sq. ft.
Outside Entry \$ _____ sq. ft. Installation.....\$ _____ sq. ft.
Bathroom Walls (wet area) \$ 1.30 sq. ft. Installation.....\$ 2.00 sq. ft.
Bathroom Floors \$ 1.50 sq. ft. Installation.....\$ 2.00 sq. ft.
Other Area _____

CARPETING ALLOWANCES: Interior carpet 14.- sq. yd. installed; Porch Carpet Kool Deck sq. yd.
installed; Vinyl Allowance: 14.- sq. yd. installed.

CABINETS: KITCHEN - Wood ✓ mica _____;
BATHROOMS - Wood _____ mica ✓

ROOF: Shingles 240 LB. Tile N/A Other _____

LIGHT FIXTURES: Allowance: 1000.-

All materials are subject to availability, substitution will be made with only equal quality materials.

CHANGE ORDERS: Any changes will be in writing signed by both parties. There will be a charge of \$30.00 for any changes after pouring of slab, plus the additional charge the change may consist of.

COLOR SELECTIONS: All color selections are to be made within fourteen (14) days after signing this contract.

ENERGY CODE: If there are to be any additional expenses (of which Contractor has no control over) in order to meet with the qualifications of the national or local energy codes, the PURCHASERS will be responsible for the additional expenses not outlined in this contract.

PLANS AND SPECIFICATIONS: Home will be constructed according to plans and specifications or may vary according to rules and regulations of the local authorities. Local zoning laws supercede plans and specifications.

~~SELLER~~ PURCHASERS will be responsible for payment of survey and percolation test, underground electric, sub-feed wiring, or outside electric box.

TIME OF COMPLETION: The work to be performed under this contract shall be commenced on or about ten (10) days after a Notice of Commencement is filed and received by the SELLER and after building permit is secured (if financed). If PURCHASERS are disbursing the funds and there is not to be a lending institution, construction will commence upon authorization from PURCHASERS and building permit is secured.

The house shall be substantially completed on or about 90 to 120 working days thereafter with the exception that the Contractor cannot be responsible for delays resulting from riots, strikes, unavailability of materials, unavailability of labor or supplies, vandalism, fire, or other conditions beyond the control of the Contractor including the inability to continue construction because of inclement weather.

FINAL PAYMENT AND OCCUPANCY: PURCHASERS will not take occupancy until final payment in full including extras, and payment for dirt fill necessary at any time during construction is paid to SELLER. A Certificate of Occupancy will not be issued if anyone is occupying the house, in accordance with the local building department.

Final payment is to be paid no later than five (5) days after substantial completion of the work. PURCHASERS will call for appointment of closing time. At closing SELLER will deliver to PURCHASERS all necessary papers upon receipt of final payment.

PURCHASERS will be responsible for payment of any expenses incurred by SELLER for special standards and requirements of subdivision restrictions, and those imposed by Homeowners Associations.

* INSURANCE: PURCHASERS agree to pay premium for and are responsible for ordering a policy for hazard insurance, title policies and their own liability protection.

MISCELLANEOUS: SELLER will not guarantee change orders as the change order may have been requested at a time that would be too late to make the change without undue delay and abnormal expense.

Sliding glass door and window changes will not be permitted once the building permit application has been submitted to the building department.

REMARKS: During construction, neither PURCHASERS nor any agent of PURCHASERS shall enter any portion of the construction site without prior permission from SELLER and SELLER shall be entitled to make any violation thereof a breach of this agreement. PURCHASERS may not have access or entry to the home prior to the closing of the transaction, nor may PURCHASERS store any of their possessions in or about the property prior to closing of the transaction. PURCHASERS agree not to employ or hire any contractors, subcontractors, or any other persons, firms or corporations to do any work in or on the property until after closing and title and possession to the home has been transferred to the PURCHASERS.

If PURCHASERS wish, they may purchase their appliances at a dealer of their choice, however, they will be responsible for delivery, installation, payment, and service. PURCHASERS will notify SELLER no later than four (4) weeks after signing of this contract.

PURCHASERS will be responsible for payment for any trees ordered to be planted on the lot to comply with any ordinances.

THIS AGREEMENT contains the entire agreement between the parties hereto. No promise, representation, warranty, or covenant not included in this Agreement has been or is relied on by either party. Each party has relied on its own examination of this Agreement and the provisions hereof, and the counsel of its own advisers, and the warranties, representations and covenants expressly contained in the Agreement itself. The failure or refusal of either party to inspect the Agreement or other documents, or the failure to obtain legal or other advice relevant to this transaction, constitutes a waiver of any objection, contention, or claim that might have been based on such reading, inspection or advice. No modification or amendment to this agreement shall be of any force or effect unless in writing and executed by the PURCHASERS and by the SELLER.

Donald F. Reppenthaler
WITNESS

WITNESS

WITNESS

Deborah
ANDO BUILDING CORP.
Ellen Carol Lippa
PURCHASER

PURCHASER
Jan 2, 1989
DATE

Name:

Address:

This Instrument Prepared by: Roberta Walters
for Stewart Title of Martin County

Address: 409 E. Osceola Ave.
Stuart, Florida 34994

Property Appraisers Parcel I.D. (Folio) Number(s):

Grantee(s) S.S.#(s):

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Warranty Deed Made the 17th day of February A. D. 1989 by
DONALD F. DEFENTHALER AND ANDRE DORAWA

hereinafter called the grantor, to

ELLEN C. LIPPS, an unmarried woman, also known as ELLEN CAROL LIPPS

whose postoffice address is

hereinafter called the grantee:

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

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

Lot 21, HERITAGE PLACE, according to the Plat thereof, recorded in Plat Book 10, page 2, Public Records of Martin County, Florida.

Subject to Taxes--Subsequent to December 31, 1988 and restrictions, reservations, easements and covenants of record.

Grantors hereby certify that said property is not their homestead and that said property is vacant land.

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

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

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 19 88

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

Signed, sealed and delivered in our presence:

STATE OF Florida
COUNTY OF Martin

Donald F. Defenthaler

Andre Dorawa

L.S.

L.S.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared DONALD F. DEFENTHALER AND ANDRE DORAWA

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

WITNESS my hand and official seal in the County and State last aforesaid this 17th day of February A. D. 19 89

My Commission Expires: JAN 30, 1990

Notary Public

2555

POOL & DECK

Permit No. _____

Date _____

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

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

Owner Carol Lipps Present Address 132 Melbourne Ave

Phone 288-4251 Acron, Ohio 44313

Contractor Kline Pools & Spas Address 2920 S.E. Kensington Ave

Phone 283-6857

Where licensed State of FL License number Matrico Sp-00857

Electrical contractor McDaniels Elect License number _____

Plumbing contractor N/A License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Pool & Deck

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

5 Copaire Rd. Sewalls Pt

Subdivision Heritage Place Lot number 21 Block number _____

Contract price \$ 9,000 Cost of permit \$ 9

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Gyrene Kline

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 Carol Lipps

TOWN RECORD

Date submitted _____ Approved: Dale Brown 5/24/89
Building Inspector _____ Date _____

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

Certificate of Occupancy issued (if applicable) _____
Date _____

SP1282

Permit No. _____

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

2592

SCREEN

ENCLOSURE

PERMIT NUMBER 2592 DATE OF APPLICATION 7-28-89

To obtain a permit the following are required:

1. Florida certification of builder and sub-contractors.
2. Certification of insurance from contractor or owner/builder re: liability and workers' compensation.
3. Two sets of building plans which must include: a) 1/4" scale building drawings, b) plot plan, c) foundation plan, d) floor plans, e) wall and roof cross-sections, e) plumbing, electrical and air conditioning layouts, f) at least two elevations showing the height of building from finished floor.
4. Recorded warranty deed to the property.
5. Septic tank permit and one set of plans with Martin County Health Department seal.
6. Energy code calculations.
7. Tree removal permit (for trees other than nuisance trees)
8. Certification of elevation from licensed surveyor and determination of flood zone.
9. Amount of fill anticipated - rough sketch showing location of fill
10. Manufacturer's schedule of windows.

Owner CAROL LIPPS (ANDO BOLDERS) Current Address _____

Telephone 879-2359

General Contractor SH ALUMINUM Address 1725 BILTMORE ST.

Telephone 335-5254 PORT ST. LUCIA

Where Licensed MARTIN CTY License Number SP.00356

Plumbing Contractor _____ License Number _____

Electrical Contractor _____ License Number _____

Roofing Contractor _____ License Number _____

A/C Contractor _____ License Number _____

Describe the building or alterations SCREEN POOL ENCLOSURE

Name the street on which the building, its front building line and its front yard will face COPAIRE RD.

Subdivision HERITAGE PLACE Lot 21 Block _____

Building area (inside walls) 6847 Garage, porch, carport area _____

Contract price (excluding carpet, land, appliances, landscaping) \$ 1,900.00

Cost of permit \$ _____ Plans approved as submitted _____ as marked _____

In addition, the following are understood by owner and contractor:

1. Building area inside walls must be a minimum of 1,500 square feet.
2. Building permit fees are \$5. per \$1,000. of the cost of the building, plus \$10. each for plumbing, electric, a.c. and roof. For example a \$100,000. building x \$5. = \$500. plus \$40. (a.c., pl., el., roof) = \$540. cost of permit + \$365. impact fee = \$905. total.
3. If no contract is submitted as proof as cost, the permit will be based on \$60. per square foot (inside walls) and \$25. per square foot (other areas).
4. The Town has adopted the South Florida Building Code
5. Building permits are issued for one year's duration.
6. Construction must be started within 180 days or permit will be subject to revocation and forfeiture of fee.
7. ALL changes in plans must be approved by the Building Department.
8. Work hours are 8:AM to 5:PM Monday through Friday. NO SUNDAY WORK
9. Portable toilets must be on all construction sites.
10. Inspections are made Monday through Friday, 8:AM to Noon, 1:PM to 4:PM. 24 hour notice is required prior to all inspections.
11. String lines along property lines to facilitate set back inspections.

12. Before a certificate of occupancy is issued, the following are required:

- a. An owner's affidavit of building cost (form available) any discrepancy between the original fee and final fee (based on affidavit) will be adjusted.
- b. Approval of septic tank installation by Martin Co. Health Dept.
- c. Rough grading and clean up of grounds.
- d. Affidavit from licensed surveyor showing slab elevation (if in "A" zone).
- e. Certification by a qualified engineer or architect of the structural adequacy of the building.

13. THIS SUMMARY IS NOT A SUBSTITUTE FOR TOWN ORDINANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OR CONTRACTOR FROM COMPLIANCE WITH TOWN ORDINANCES.

14. 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.

Contractor's Signature [Signature] Owner's Signature _____

Approval by Building Inspector [Signature] Date 8/1/89

Approval by Building Commissioner _____ Date _____

Certificate of Occupancy issued _____ Date _____

COPAIRE RD.

PN 2542

126'

128.50'

128.50'

EXISTING
RESIDENCE

PROPOSED
POOL
ENCLOSURE

6167'

6'

36'

10'

19'

28.23'

24.08'

126'

PLOT PLAN

S & K ALUMINUM

CUSTOMER: M/M

LIPPS

SCALE: 1" = 20 FT

ADDRESS:

5

COPAIRE RD

DATE: 7-28-89 BY: *shu*

LOT

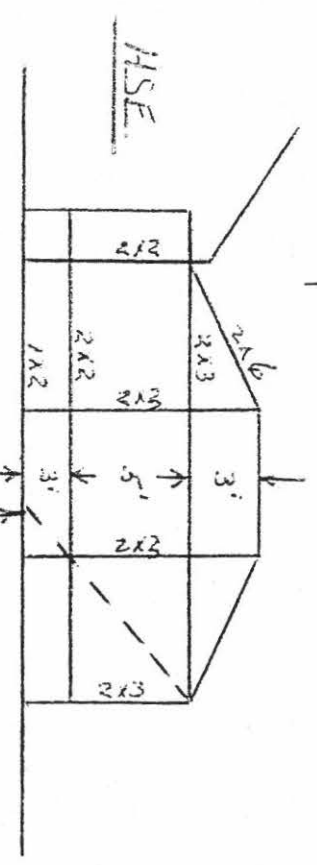
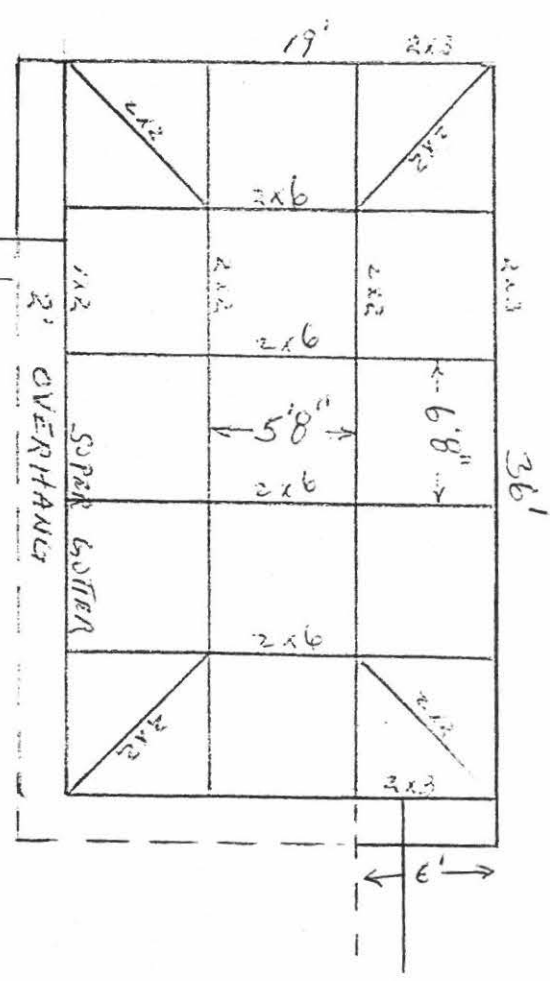
21

BLK.

SEC.

S/D HERITAGE PLACE

P/N 2592



1/8" GALVANIZED AIRCRAFT
CABLE (TYP.)

FRAME PLAN

M/M LIPPS
5 PAIRE RD
54K ALUMINUM W/IN
SCALE: 1" = 10 FT 7-28-89

P/N 2592

SEPTEMBER 1987

TREASURE COAST CHAPTER, INC
OF THE ALUMINUM ASSOCIATION
OF FLORIDA



PREPARED BY:

NASH ENGINEERING, INC.
810 SATURN ST. SUITE 16
JUPITER, FLORIDA 33477
(305)747-7254

NOTE:
PANS MAY OVERHANG 1/3 OF SIMPLE SPAN. SPANS MAY BE INCREASED 2% FOR EACH 12" OF OVERHANG UP TO 3'-0". CONSULT AN ENGINEER FOR GREATER OVERHANG.

NOTE: PANS MAY OVERHANG 1/3 OF SIMPLE SPAN. SPANS MAY BE INCREASED 2% FOR EACH 12" OF OVERHANG UP TO 3'-0". CONSULT AN ENGINEER FOR GREATER OVERHANG.

[illegible]

2"x2" PATIO BEAM

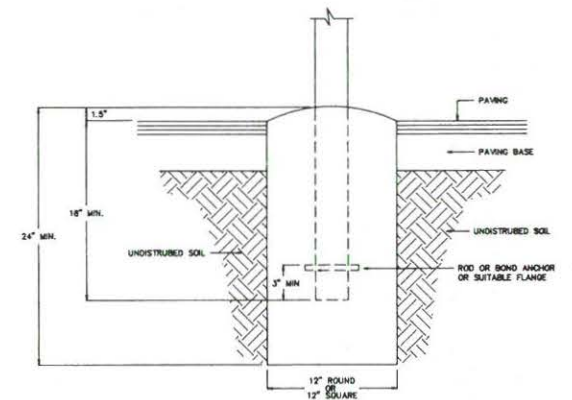
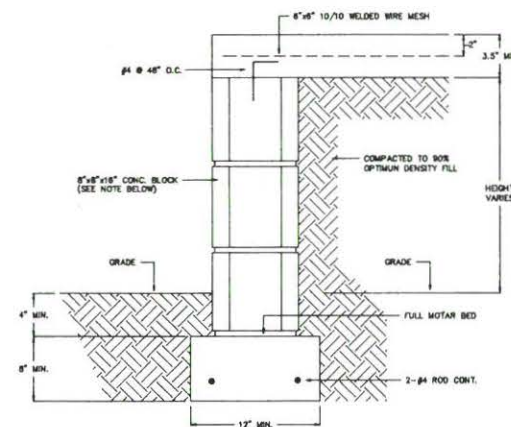
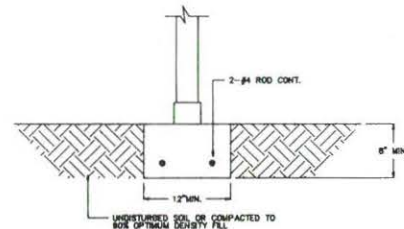
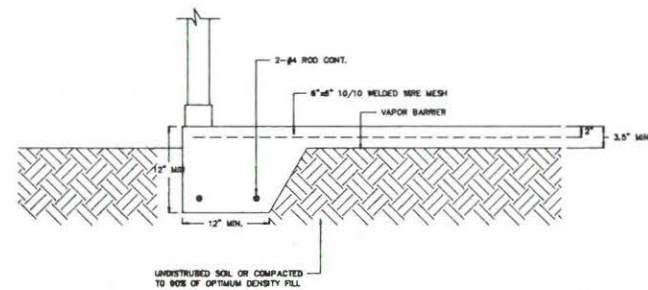
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A horizontal number line with tick marks at intervals of 1, labeled from 0 to 10. A yellow rectangular box is placed directly below the tick mark for the number 10.

[illegible]

2"x7" SELF MATING BEAM

9/18/87
 SEAL OF FIVE SHEETS

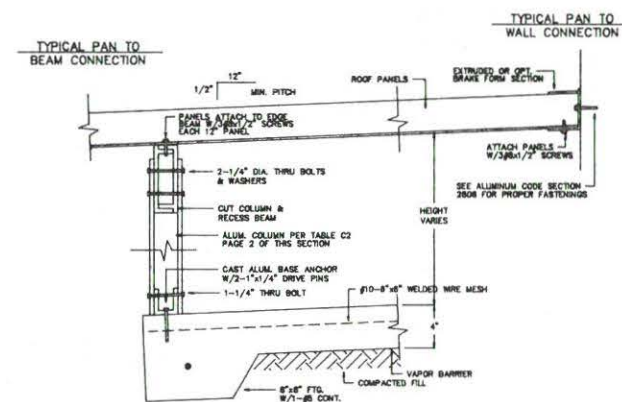
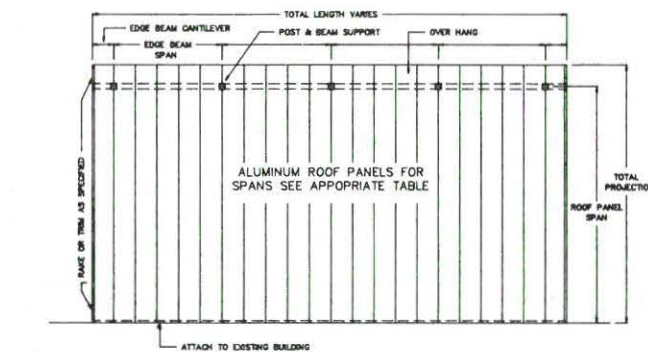


SLAB ON GRADE
ALUMINUM SCREEN ROOMS, GLASS ROOMS, PATIO COVERS AND CARPORTS

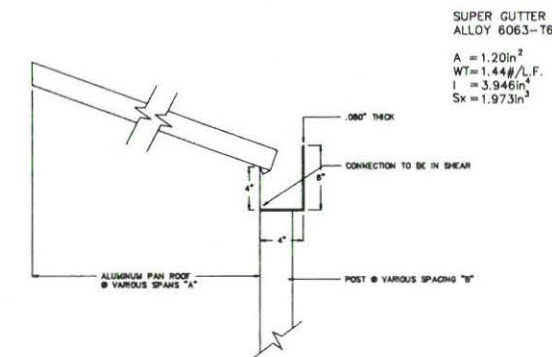
CONTINUOUS WALL FOOTING
FOR ALUMINUM ENCLOSURES WITH SOLID ALUMINUM ROOFS

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

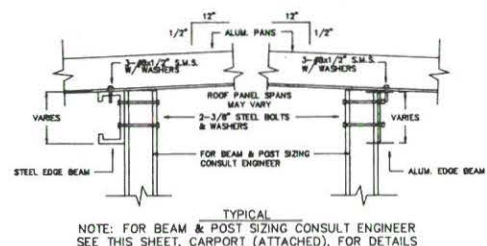
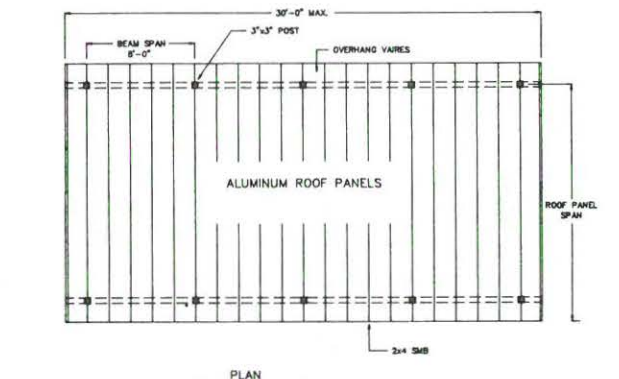
PIER TYPE FOOTING



BEAM SIZE AND SHAPE	MAXIMUM CLEAR BEAM SPANS CONT. EDGE BEAM FOR ROOF SPANS BELOW					TYPICAL POST SIZE & NO. OF BASE ANCHORS
	10'	12'	14'	15'	16'	
2"x4"x.040"	4'-10"	4'-5"	4'-0"	3'-11"	3'-10"	2"x3"x.040" POST W/2.25" DIA. ANCHORS
2"x3"x.060"	8'-4"	5'-10"	5'-4"	5'-2"	5'-0"	FLAG POST W/2.25" DIA. ANCHORS
1.5"x3"x.065"	5'-5"	5'-0"	4'-8"	4'-5"	4'-3"	
2"x4" S.M. BEAM	10'-0"	8'-1"	8'-8"	8'-3"	8'-0"	2"x3"x.060" OR 3"x3" POST W/MIN. OF 2-3/16" BOLTS (OR) 4-3/8" ANCHOR BOLTS
2"x4" S.M. BEAM W/INSERT	12'-0"	11'-0"	10'-1"	9'-8"	9'-8"	
2"x4" S.M. BEAM	13'-3"	12'-1"	11'-3"	10'-3"	10'-0"	
2"x4" S.M. BEAM	20'-0"	18'-3"	17'-0"	16'-4"	15'-8"	3"x3" POST W/MIN. OF 2-3/16" ANCHOR BOLTS 4-3/8" ANCHOR BOLTS
2"x4" S.M. BEAM W/INSERT	22'-8"	20'-10"	19'-3"	18'-8"	18'-0"	
2"x4" S.M. BEAM	17'-8"	16'-0"	14'-10"	14'-4"	14'-0"	
2"x4" S.M. BEAM	18'-2"	14'-8"	13'-8"	13'-3"	12'-8"	
2"x4" S.M. BEAM	20'-0"	18'-1"	16'-10"	16'-3"	15'-8"	



SPAN TABLE - FOR SUPER GUTTER AS EDGE BEAM					
GUTTER/EDGE BEAM SPAN B	VARIOUS SPANS OF PAN ROOF A				
	8'	10'	12'	14'	16'
	13'-9"	12'-4"	11'-3"	10'-5"	9'-9"



CARPORT
(ATTACHED)

EDGE BEAM & POST SPAN TABLE C-1
(ATTACHED ROOFS ONLY)

SUPER GUTTER AS EDGE BEAM
SPAN TABLE C-2

CARPORT
(FREE STANDING)

DATE	BY	DESCRIPTION

TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA

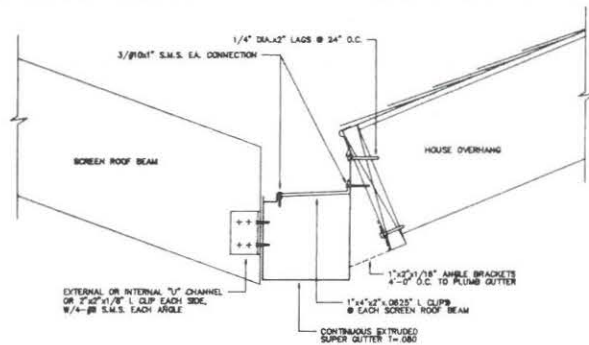


ALUMINUM CONSTRUCTION
DETAILS

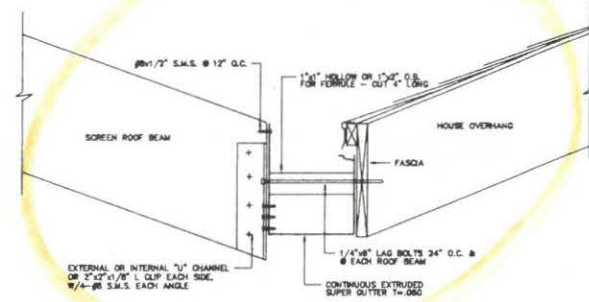
DRAWN	COMPTON
CHECKED	NASH
SCALE	NT.S.
DATE	SEPTEMBER 1987
JOB NO.	87-031

SEAL
OF
FIVE SHEETS

SHEET
2
OF
FIVE SHEETS

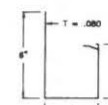


SUPER GUTTER - FASCIA ATTACHMENT
(*CANTED* FASCIA TYPICAL)



SUPER GUTTER - FASCIA ATTACHMENT
(*PLUMB* FASCIA TYPICAL)

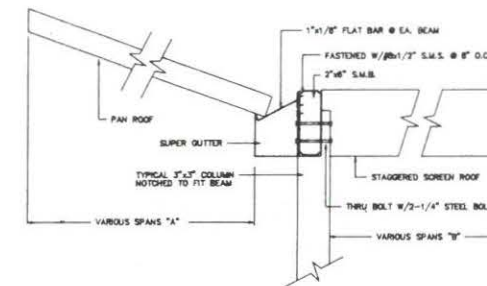
SUPER GUTTER
ALLOY 6063-T6
A = 1.20in²
WT = 1.44#/L.F.
I = 3.946in⁴
Sx = 1.973in³



2"x6" S.M.B.
ALLOY 6063-T6
A = 1.396in²
WT = 1.67#/L.F.
I = 8.46in⁴
Sx = 2.82in³



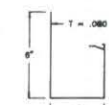
COMBINATION Sx = 4.80in³



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

VARIOUS SPANS OF ROOF PANS "A"	VARIOUS SPANS OF SCREEN ROOFS "B"											
	18"	20"	22"	24"	26"	28"	30"	32"	34"	36"	38"	40"
4'-0"	20'-8"	18'-10"	18'-4"	18'-10"	18'-4"	17'-10"	17'-8"	17'-1"	16'-8"	16'-5"	16'-2"	15'-10"
6'-0"	18'-8"	16'-0"	17'-8"	16'-0"	15'-10"	15'-8"	15'-2"	15'-0"	14'-11"	14'-8"	14'-5"	14'-2"
8'-0"	17'-0"	15'-8"	16'-5"	15'-8"	15'-5"	15'-3"	14'-11"	14'-8"	14'-5"	14'-3"	14'-0"	13'-10"
10'-0"	15'-8"	15'-5"	15'-3"	15'-0"	14'-8"	14'-5"	14'-3"	14'-0"	13'-10"	13'-8"	13'-5"	13'-3"
12'-0"	14'-10"	14'-7"	14'-4"	14'-2"	14'-0"	13'-8"	13'-5"	13'-3"	13'-0"	12'-10"	12'-8"	12'-5"
14'-0"	14'-0"	13'-10"	13'-7"	13'-5"	13'-3"	13'-0"	12'-11"	12'-10"	12'-8"	12'-5"	12'-3"	12'-0"

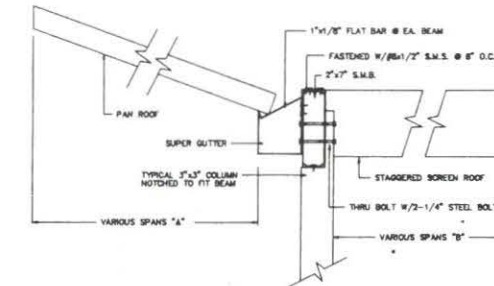
SUPER GUTTER
ALLOY 6063-T6
A = 1.20in²
WT = 1.44#/L.F.
I = 3.946in⁴
Sx = 1.973in³



2"x7" S.M.B.
ALLOY 6063-T6
A = 1.782in²
WT = 2.14#/L.F.
I = 17.139in⁴
Sx = 4.89in³

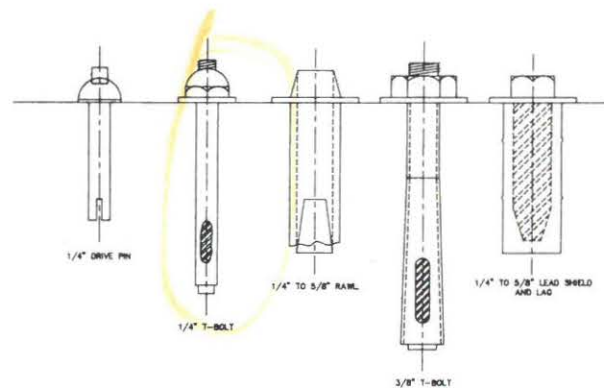


COMBINATION Sx = 6.87in³

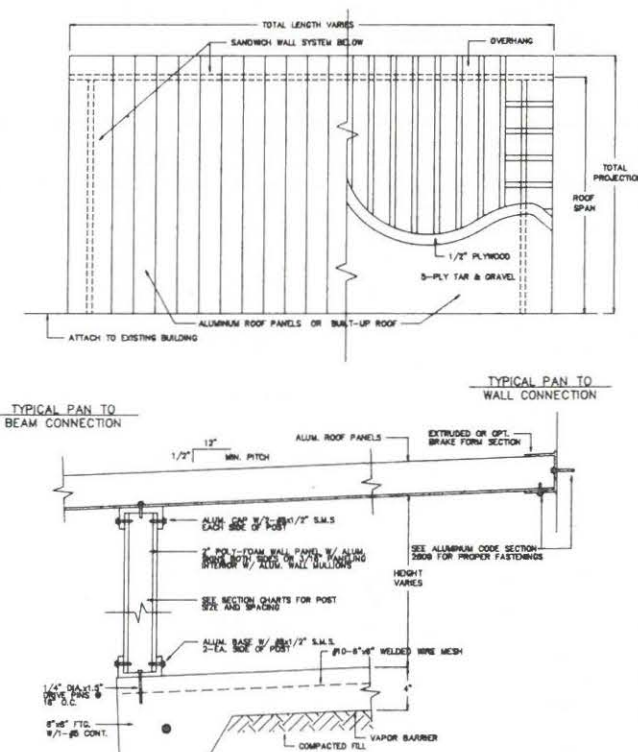


SPAN TABLE - FOR COMBINATION - SUPER GUTTER + 2"x7" S.M.B.

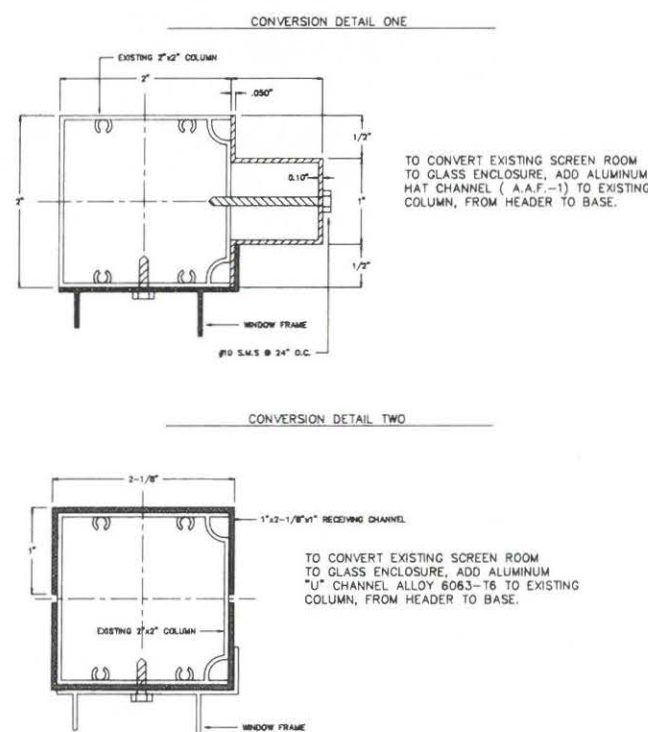
VARIOUS SPANS OF ROOF PANS "A"	VARIOUS SPANS OF SCREEN ROOFS "B"											
	18"	20"	22"	24"	26"	28"	30"	32"	34"	36"	38"	40"
4'-0"	24'-8"	23'-8"	23'-0"	22'-8"	22'-0"	21'-5"	21'-0"	20'-8"	20'-0"	19'-7"	19'-3"	18'-11"
6'-0"	22'-0"	21'-8"	21'-0"	20'-7"	20'-2"	19'-8"	19'-5"	19'-0"	18'-8"	18'-4"	18'-0"	17'-8"
8'-0"	20'-3"	19'-11"	19'-8"	19'-3"	18'-10"	18'-5"	18'-1"	17'-10"	17'-8"	17'-3"	17'-0"	16'-8"
10'-0"	18'-10"	18'-7"	18'-3"	18'-0"	17'-8"	17'-4"	17'-1"	16'-10"	16'-7"	16'-2"	15'-10"	15'-8"
12'-0"	17'-8"	17'-5"	17'-1"	16'-11"	16'-8"	16'-5"	16'-2"	15'-10"	15'-7"	15'-3"	15'-0"	14'-11"
14'-0"	16'-8"	16'-5"	16'-1"	15'-10"	15'-7"	15'-3"	15'-0"	14'-11"	14'-8"	14'-4"	14'-1"	13'-11"



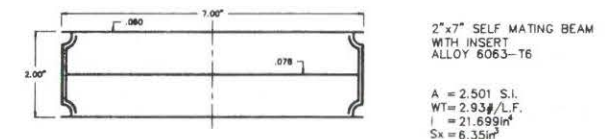
MASONRY - CONCRETE FASTENERS



GLASS ROOMS
(SANDWICH SYSTEM)



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



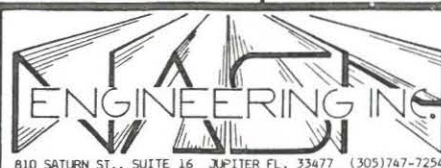
SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	56'-9"	47'-6"	30'-0"	27'-5"
4'	49'-2"	41'-2"	26'-0"	23'-9"
5'	44'-0"	36'-10"	24'-3"	21'-3"
6'	40'-2"	33'-6"	21'-3"	19'-4"
7'	37'-2"	31'-1"	19'-8"	17'-11"
8'	34'-9"	29'-0"	18'-5"	16'-0"
9'	32'-9"	27'-5"	17'-4"	15'-10"
10'	31'-0"	26'-0"	16'-5"	15'-0"

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

DATE	BY	DESCRIPTION

TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA

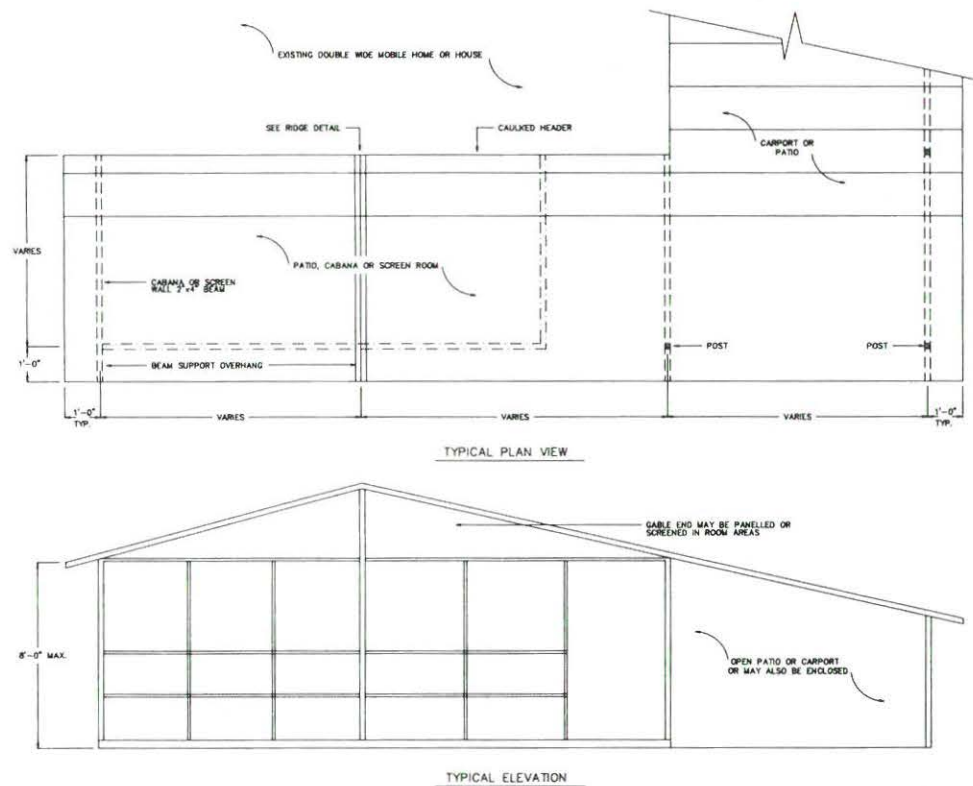


ALUMINUM CONSTRUCTION
DETAILS

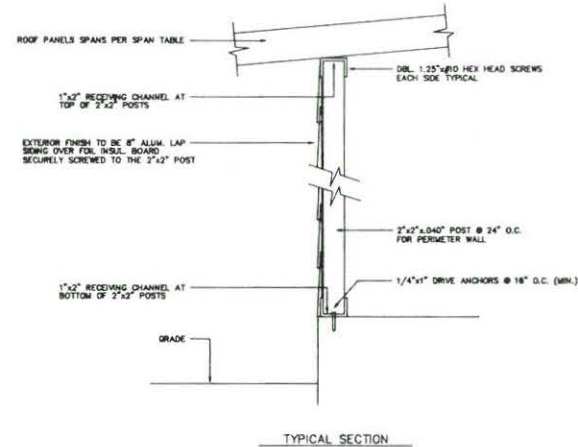
DRAWN	COMPTON
CHECKED	NASH
SCALE	NT.S.
DATE	SEPTEMBER 1987
JOB NO.	87-031

9/23/87
SEAL

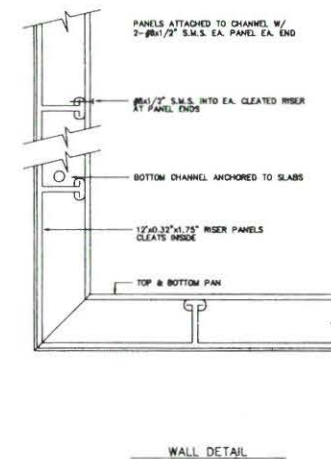
SHEET
4
OF FIVE SHEETS



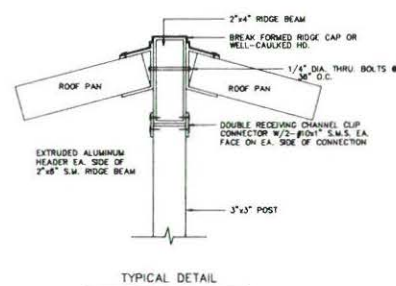
ATTACHED A-FRAME COMBINATION PATIO-CABANA OR CARPORT



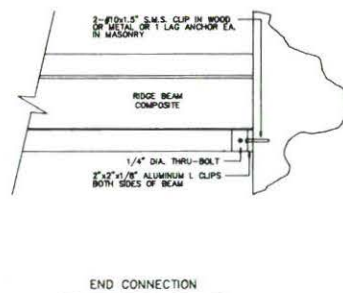
TYPICAL UTILITY ROOM



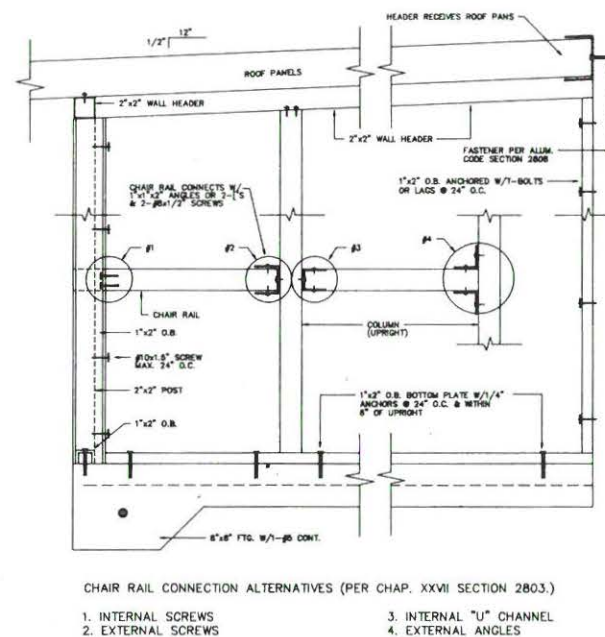
TYPICAL UTILITY ROOM



RIDGE BEAM



RIDGE BEAM



SCREEN ROOM
(WITH ALUMINUM ROOF)

DATE	BY	DESCRIPTION
REVISIONS		

TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA



ALUMINUM CONSTRUCTION
DETAILS

DRAWN	COMPTON
CHECKED	NASH
SCALE	NT.S.
DATE	SEPTEMBER 1987
JOB NO.	87-031

John Nash
9/23/87
SEAL

SHEET
5
OF FIVE SHEETS

7186

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/11/05 BUILDING PERMIT NO. 7.186

Building to be erected for LIPPS Type of Permit REROOF

Applied for by PVD DEVELOPMENT (Contractor) Building Fee _____

Subdivision HERITAGE DL Lot 21 Block _____ Radon Fee _____

Address 5 COPAIRE DRIVE Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

138410130000021030000 Plumbing Fee _____

Amount Paid 120.00 Check # 4555 Cash _____ Other Fees () _____

Total Construction Cost \$ 7200.00 Roofing Fee 120.00

Signed N. W. Elia Signed Gene Simmons (A)

Applicant Town Building Official

TOTAL Fees 120.00

PERMIT

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



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)

Owens Corning
One Owens Corning Parkway
Toledo, Ohio 43659

SCOPE:

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

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

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

DESCRIPTION: Oakridge Pro 30 AR

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.

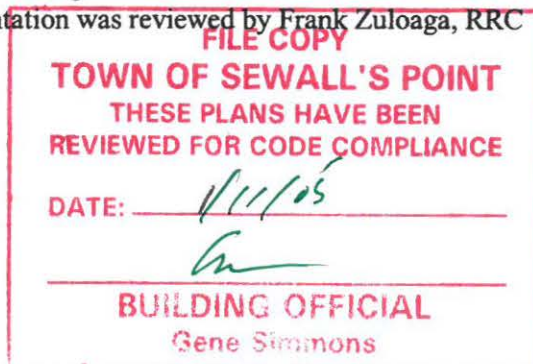
TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this 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 consists of pages 1 through 3.

The submitted documentation was reviewed by Frank Zuloaga, RRC



NOA No.: 02-1104.04
Expiration Date: 12/12/07
Approval Date: 12/12/02
Page 1 of 3

PAID
JAN 10 2005

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

Permit Number: 7186

Date: 1/10/05
By: [Signature]

OWNER/TITLEHOLDER NAME: Lipps

Phone (Day) 286-9153 (Fax) _____

Job Site Address: 5 Copaire Dr.

City: Sewalls Point State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot. 21 Heritage Place

Parcel Number: _____

Owner Address (if different): _____

City: _____ State: _____ Zip: _____

Description of Work To Be Done: Reroof

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 7200.
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: PVD Development Inc. Phone: 337-4838 Fax: 337-0747

Street: 1574 SE Chiffon St City: Port St. Lucie State: FL Zip: 34952

State Registration Number: _____ State Certification Number CGC 035812 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic. # _____ Phone Number: _____

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

ENGINEER _____ Lic. # _____ Phone Number: _____

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

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

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION:

National Electrical Code: 2002

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

Florida Energy Code: 2001

Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required)

[Signature: Ellen Carol Lipps]

State of Florida, County of: St. Lucie

This the 10 day of January

by _____

known to me or produced _____

as identification. _____

Notary Public

My Commission Expires: _____

Seal

CONTRACTOR SIGNATURE (required)

[Signature]

On State of Florida, County of: St. Lucie

This the 10 day of _____

by _____

known to me or produced _____

as identification. _____

Notary Public

My Commission Expires: _____

Seal

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

ACORD CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
01/04/2005

PRODUCER (772)335-8804 FAX (772)335-8847
 S.M. FINES INSURANCE AGENCY
 1250 S.E. PORT ST. LUCIE BLVD.
 PORT ST LUCIE, FL 34952-5392
 Sherry Sherrard

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: Mid-Continent Casualty Co.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURED PVD Development, Inc.
 1574 SE Chiffon Ave.
 Port St. Lucie, FL 34952

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	04-GL-000552070	06/25/2004	06/25/2005	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) \$ EXCLUDED
						PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE \$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2,000,000
		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 \$
						AUTO ONLY AGG \$
A		EXCESS/UMBRELLA LIABILITY	04-XS-133130	06/25/2004	06/25/2005	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/>	DEDUCTIBLE				\$
	<input type="checkbox"/>	RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- (Ory) LIMITS \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				F.I. DISEASE - EA EMPLOYEE \$
		OTHER				E.L. DISEASE - POLICY LIMIT \$

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

State of Florida

CERTIFICATE HOLDER

Town of Sewalls Point
 1 South Sewalls Point Rd.
 Stuart, 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

Susan Fines/SAS

Susan M. Fines

ACORD. CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 01/04/2005												
PRODUCER Insurance Company of the Americas 1310 Utica Street P.O. Box 855 Oriskany, New York 13424 Tel: (315) 768-2726 Fax: (315) 736-8731		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 Employee Leasing Solutions, Inc. 1401 Manatee Ave W. Suite 600 Bradenton, FL 34205		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Insurance Company of the Americas</td> <td>33030</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Insurance Company of the Americas	33030	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #													
INSURER A: Insurance Company of the Americas	33030													
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 LTR INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$												
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$												
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$												
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC69203010102	01/01/2005	01/01/2006	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">WC STATU- TORY LIMITS</td> <td style="text-align: center;">OTH- ER</td> </tr> <tr> <td colspan="3">E.L. EACH ACCIDENT \$ 1,000,000</td> </tr> <tr> <td colspan="3">E.L. DISEASE - EA EMPLOYEE \$ 1,000,000</td> </tr> <tr> <td colspan="3">E.L. DISEASE - POLICY LIMIT \$ 1,000,000</td> </tr> </table>	X	WC STATU- TORY LIMITS	OTH- ER	E.L. EACH ACCIDENT \$ 1,000,000			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000			E.L. DISEASE - POLICY LIMIT \$ 1,000,000		
X	WC STATU- TORY LIMITS	OTH- ER															
E.L. EACH ACCIDENT \$ 1,000,000																	
E.L. DISEASE - EA EMPLOYEE \$ 1,000,000																	
E.L. DISEASE - POLICY LIMIT \$ 1,000,000																	
	OTHER Client ID: #4042028																

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:

PVD Development Inc
Qualifiers Name: Peter DeSantis

Aprox active employee count: 9

CERTIFICATE HOLDER

Sewells Point
1 South Sewells Point

Sewells 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 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

DE SANTIS, PETER V
PVD DEVELOPMENT INC
1574 SE CHIFFON AVE
PORT ST LUCIE

FL 34952



STATE OF FLORIDA

AC# 1553441

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CGC035812 08/19/04 040166004

CERTIFIED GENERAL CONTRACTOR
DE SANTIS, PETER V
PVD DEVELOPMENT INC

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2006 L04081902057

DETACH HERE

C#1553441

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04081902057

DATE	BATCH NUMBER	LICENSE NBR
08/19/2004	040166004	CGC035812

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

DE SANTIS, PETER V
PVD DEVELOPMENT INC
1574 SE CHIFFON AVE
PORT ST LUCIE

FL 34952

JEB BUSH

DIANE CARR

City of Fort Pierce, Florida
Contractor Licensing
P. O. Box 1480
Fort Pierce, Florida 34954
Local License: CONT246 - 05
Expiration: 9/30/2005



Type: GENERAL CONTRACTOR (CERTIFIED)
PVD DEVELOPMENT INC
Qualifier PETER V DESANTIS

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF _____

COUNTY OF _____

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):

5 Copaire Dr. Sewells Point, FL Lot 21 Heritage Place

GENERAL DESCRIPTION OF IMPROVEMENT:

OWNER: Lipps

ADDRESS: 5 Copaire Dr. Sewells Point, FL 34996

PHONE #: 286-9152

FAX #: _____

CONTRACTOR: PVD Development, Inc.

ADDRESS: 1574 SE Chiffon Ave. Port St. Lucie, FL 34952

PHONE #: 337-4838

FAX #: 337-0747

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____

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

PHONE #: _____

FAX #: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: Jan. 10, 2005

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 10 DAY OF January

BY 2005

NOTARY SIGNATURE

OR

PERSONALLY KNOWN

PRODUCED ID

TYPE OF ID

NOTARY PUBLIC-STATE OF FLORIDA

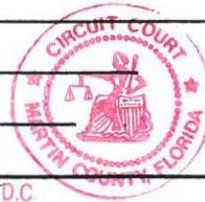
Brenda L. Seamans

Commission # DD373718

Expires: NOV. 21, 2008

Bonded Thru Atlantic Bonding Co., Inc.

INSTR # 1805094 OR BK 01971 PG 1006 RECD 01/10/2005 01:30:48 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK M Ferschte



PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR RE-ROOFING

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

Application form must contain the following information:

1. Property Appraisers Parcel Number or Property Control Number
2. Legal Description of property (Can be found on your deed survey or Tax Bill)
3. Contractors name, address, phone number and license numbers.
4. Name all sub-contractors (properly licensed)
5. Estimated cost of construction.
6. Original signature of owner and notarized
7. Original signature of Contractor and notarized.

Submittals (2 copies)

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

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



(SIGNATURE OF APPLICANT)

DATE SUBMITTED: _____

1 - 10 - 05



7186

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 5 COPAIRE

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

DRY-IN

SCHEDULE INSPECTION AT

TIME WHEN ROOFING

PERSONNEL ARE ON SITE

TO CUT OPEN UNDERLAYMENT

FOR SHEATHING NAILING

INSPECTION

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: 2/9

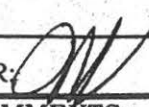
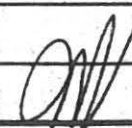
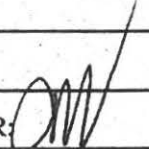
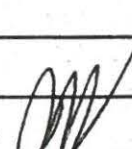
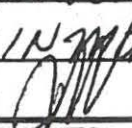
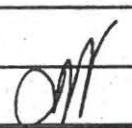
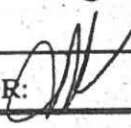
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri FEB 9, 20015 Page 2 of

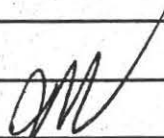
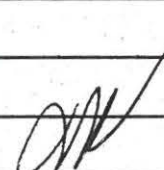
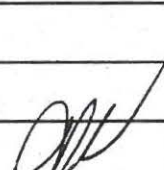
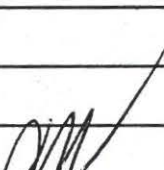
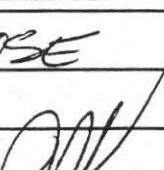
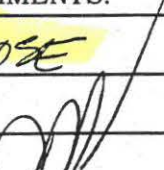
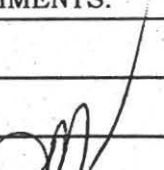
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7283	TEPLITE	Flat Roof Dry IN	PASS	
16	25 N. RIVER			
	JA TAYLOR ROOFING			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7240	JAVORSKY	FINAL SCR. ENCL	PASS	CLOSE
	4 PINEAPPLE			
	O/B			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7073	JOHNSTON	Dry IN	PASS	
	34 W. HIGH POINT			
	AN AMER. ROOFING			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	LAMB	Tree	PASS	
6	110 S. Sewall's Pt			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7186	LIPPS	Dry IN	FAIL	REINSPECTED
12	5 COPAIRE		PASS	LATER IN MORNING
	PVD DEVELOPMENT			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	BRUCIA	Tree	PASS	
7	2 KINGSTON CT			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7156	MORAN	INSULATION	PASS	PARTIAL NORTH SIDE
15	32 N. SEWALL'S PT			
	WH McComb	GATE 1007		INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri 2/23, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7191	HECKENBURY	DOCK REC	FAIL	
10	5 N.E. LAGOON ISLAND CT. O/B.			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	O'CONNOR	TREE	PASS	
12	16 FIELDWAY DR			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7043	SWEENEY-GOLNIK	IN PROGRESS ROOF	PASS	
6	4 S. VIA LUCINDIA O/B			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7272	H BASSOC/MALE TREND	ELEC WALL RGH	PASS	
13	3758 SE OCEAN (ME KIRKMAN WAYNE 260-0949			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7250		FENCE FINAL	PASS	CLOSE
3	135 S. RIVER RD STUART ROOFING			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7186	LIPPS	FINAL ROOF	PASS	CLOSE
9	5 COPAIRE DR PVD DEVELOPMENT			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7300	JENKINS	TIN TAG METAL	PASS	
7	4 SABAL COURT GARY MARZO			INSPECTOR: 

OTHER:

TREE

TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than one inch.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner MRS. LIPPS Address 5 COPAIRE RD Phone 286-9153
Contractor SHADETREE INC Address PO BOX 516 Palm City Phone 286-223-2255
No. of Trees: REMOVE 1 Type: Palm/Catani
No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____
Written statement giving reasons: Queen is dead Palm Maristern is over
Front yard
Signature of Applicant _____ Date _____
Approved by Building Inspector: [Signature] Date 8/21 Fee: 0
Plans approved as submitted _____ Plans approved as revised/marked: _____

8/21/06 Called Mrs Lipps 330-864-2755 - she rec'd my call @ 3:15 PM
Said she is aware - they tried to save it for 1 yr - said its 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 Billy Hanners Address 5 Copaire Phone _____

Contractor Surfin' Turf Address 2445 Clarissa St, JB Phone 260-0888

No. of Trees: REMOVE 1 Species: Queen Palm

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

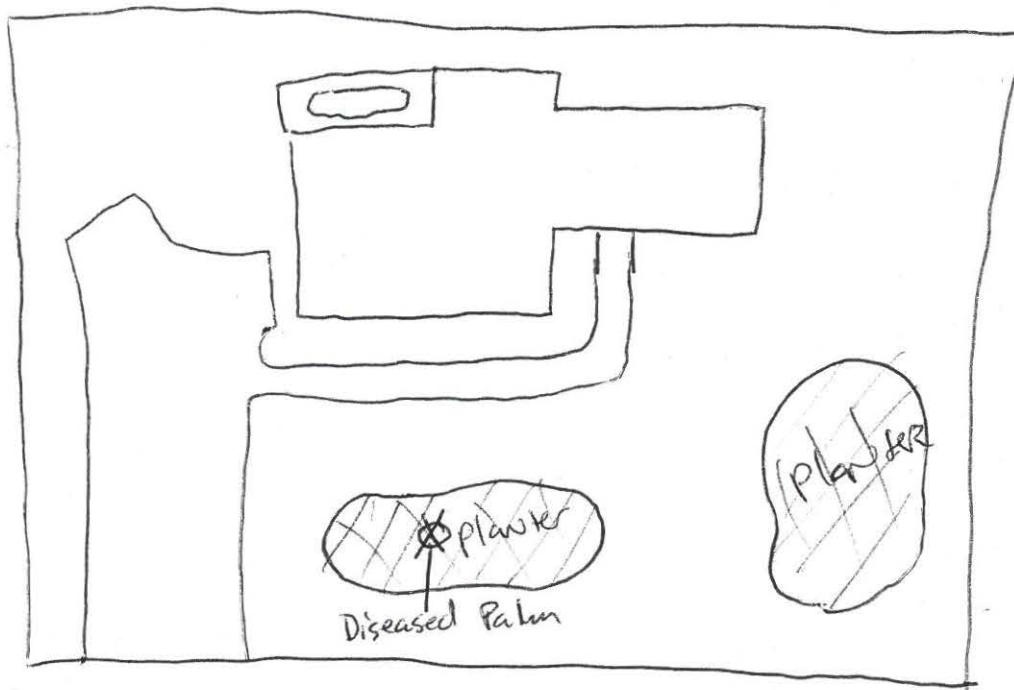
Reason for tree removal / relocation (See notice above) Fungus @ Base of tree (Bott Rot)

Signature of Property Owner Billy Hanners Date 10-5-09

Approved by Building Inspector: [Signature] Date 10-12-09 Fee: N/A

NOTES: Dying Queen Palm

SKETCH:



Copair



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



TREE CITY USA

Since 1990,
Sewall's Point
has proudly been
designated a
"Tree City USA"

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

WORK PERMITTED FROM 8:00 AM TO 5:00 PM – NO SUNDAYS

Owner WM ZAVATKAY Address 6 COPAIRE DR Phone 287 1937

Contractor _____ Address _____ Phone _____

No. of Trees REMOVE _____ Species: _____ Caliper @ 4' above soil _____ (inches) Height _____ (ft.)

No. of Trees RELOCATE _____ Species: _____ Caliper @ 4' above soil 2 (inches) Height 2 (ft.)

No. of Trees REPLACE 1 Species: OAK Caliper @ 4' above soil 2 (inches) Height 26 (ft.)

REPLACED OR RELOCATED TREES MUST BE INSPECTED WITHIN 30 DAYS OF PERMIT ISSUANCE

ALL PROHIBITED SPECIES AND VEGETATIVE WASTE MUST BE REMOVED FROM PROPERTY

Reason for tree removal /relocation REPLACE DEAD TREE

Signature of Property Owner M. Zavatkay Date 3/13/15

=====

This space for Official Use only:

Approved by Building Official: [Signature] Date 3-17-15 Fee: N/A

BUILDING INSPECTOR NOTES: _____

☐ Minimum Tree Requirements Met On Property

☐ Prohibited Species Identified for Removal

=====

SKETCH (Show location of tree(s) to be removed/relocated; dimensions of lot; location of structures):



TOWN OF SEWALL'S POINT, FLORIDA

Date NOVEMBER 23 ~~11~~ 2005 TREE REMOVAL PERMIT No 2605

APPLIED FOR BY LIPPS (Contractor or Owner)

Owner 5 COPAIRE DRIVE

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 PAUM

No. Of Trees: RELOC _____ (NO FEE)

No. Of Trees: REPL 6/27/06

REMARKS _____

Signed, _____

LIPPS
5 COPAIRE
tree permit
issued after
wilma - didn't
take tree
down - tried
to save
it

now dead
will remove it

FEE \$ 0

Simmons (20)
Town Clerk

11 287-2455 - 8:00 A.M.-12:00 Noon for inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK

TOWN OF

TREE

AL 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 two inches.

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.).

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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 Ellen Carol Lipps Address 132 Metairie Dr Phone 772 286 9153
Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: Palm

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

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

Written statement giving reasons: Blown over by hurricane (twice)

Signature of Property Owner Ellen Carol Lipps Date Nov. 21, 2005

Approved by Building Inspector: [Signature] Date 11/23 Fee: 0

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri 11/23, 2005

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6298	PARKS	REPAIR SEWALL	PASS	CLOSE
1	3 MINDORO ST. PARKS CO.	FINAL		INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6661	PARKS	FINAL DEMO OF DECK	PASS	CLOSE
1	3 MINDORO ST. PARKS CO.			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6798	PARKS	FINAL CONC. DECK	FAIL	
1	3 MINDORO ST PARKS + CO			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7216	KRANSOE	FINAL SCREEN	PASS	CLOSE
4	112 HILLCREST PIONEER SCREEN			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	LIPPS	TREE	PASS	
5	5 COPAIRE DR			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7798	PETERSEN	FINAL SCREEN	PASS	CLOSE
3	49 RIO VISTA DR K&S INDUSTRIES			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7380	BONIFACE	EXT DOORS	FAIL	
2	63 S. RIVER RD WILSON BLDGS			INSPECTOR: <i>OM</i>

OTHER:

TOWN OF SEWALL'S POINT, FLORIDA

Date 8-21-06 19__ TREE REMOVAL PERMIT No 370

APPLIED FOR BY Lipps (Contractor or Owner)

Owner 5 Copaine Rd

Sub-division _____, Lot _____, Block _____

Kind of Trees Queen

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____
Applicant

Signed

FEE \$ 0

Phil Wintercorn
Bag Inspector

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 _____