

6 Emarita Way

346

SFR

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 346

Date SEPT. 1

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

Owner C.F. SHAWVER Present Address 284 N. FORE DR. Ph 287-6744

General Contractor SAME Address " Ph "

Where licensed _____ License No. _____

Plumbing Contractor DAVE'S License No. _____

Electrical Contractor NEW HOUSE ELECT License No. _____

Street building will front on EMERITA WAY

Subdivision SAME Lot No. 3 Area SEWELLS Pt.

Building area, inside walls (excluding garage, carport, porches) Sq ft 1993

Other Construction (Pools, additions, etc.) NONE

Contract Price (excluding land, rugs, appliances, landscaping) \$ 38,000.00

Total cost of permit \$ 210.00

Plans approved as submitted Plans approved as marked _____

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

C.F. Shawver
Signed by General Contractor

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

C.F. Shawver
Signed by Owner

Note: Speculation Builders will be required to sign both statements.

TOWN RECORD

Date submitted 9/1/72

Date approved 9/7/72

Certificate of Occupancy issued _____ Date

346

DEPARTMENT OF POLLUTION CONTROL
Application and Permit
Of
Individual Sewage Disposal Facilities

Section I - Instructions:

1. Percolation test data, soil profile and watertable 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 (305) 464-8525 and give this office an 8-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.)
Lot 2 Block _____ Subdivision EMARITA S/D
Date Recorded _____ Directions to Job Severn Point Road
South to Emarita Way
2. Owner or Builder C. F. SHAWVER
P. O. Address 919 E. OCEAN BLVD City STUART
3. Specifications

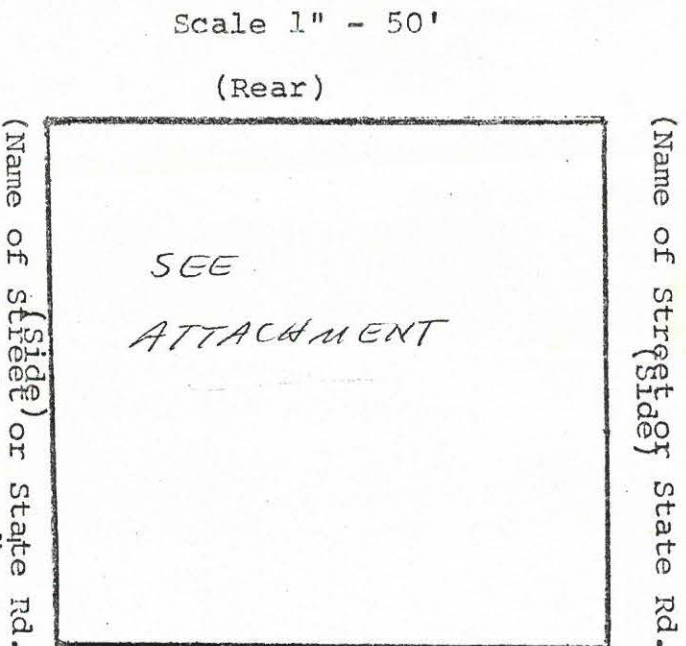
3. Specifications
3 Bedrooms
Tank Drainfield
900 Gals 70 ft of 6" clay tile or 5" perforated plastic drain in a 3' trench or
900 Gals 140 ft of 4" clay drain or 4" perforated plastic drain in an 18" trench

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

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: CLARENCE F. SHAWVER
Please Print

Signature: Clarence F. Shawver



Date: 8-25-72

***** 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 10D-6, DPC rules and construction is hereby approved, subject to the above specifications and conditions.

BY: Eric S. Harzo Date: 8/28/72

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No.
Date: _____ By: _____
FHA No. _____ VA No. _____

FLORIDA DEPARTMENT OF POLLUTION CONTROL

S. E. Subregion
 806 South 6th Street
 Fort Pierce, Florida 33450
 Tel. (305) 464-8525

INDIVIDUAL SEWAGE DISPOSAL FACILITIES
 DATA SHEET

Location: LOT #3 Applicant: C. F. SHAWVER
EMARITA, S/D County: MARTIN

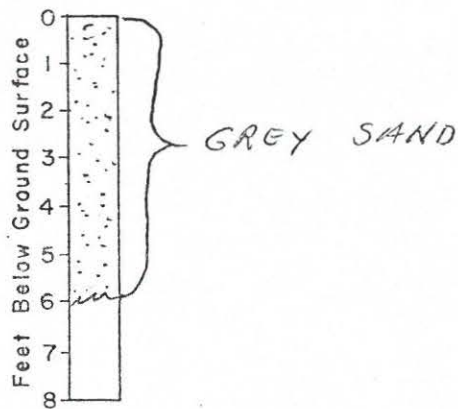
NOTE: This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.

SEE ATTACHMENT

← Plot plan must show all data required in IOD-6.03 2(a) and all other pertinent data.

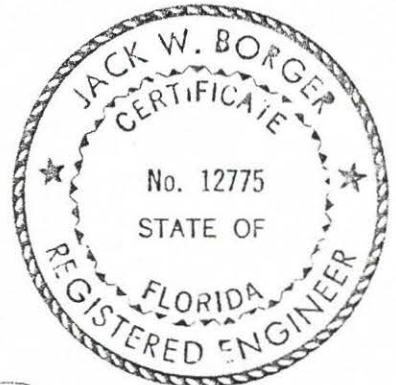
PLAN
 Scale: 1" =

SOIL DATA



LEGEND

- Drainage Pattern
- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well
- Soil Boring and Percolation Test Location



SOIL BORING LOG

Soil Identification: CLASS 1 GROUP S.W.
 Soil Characteristics _____

Percolation Rate 1/3 min/inch

Water Table Depth MORE THAN 6'-0"

Water Table Depth During Wet Season 6'-0" +

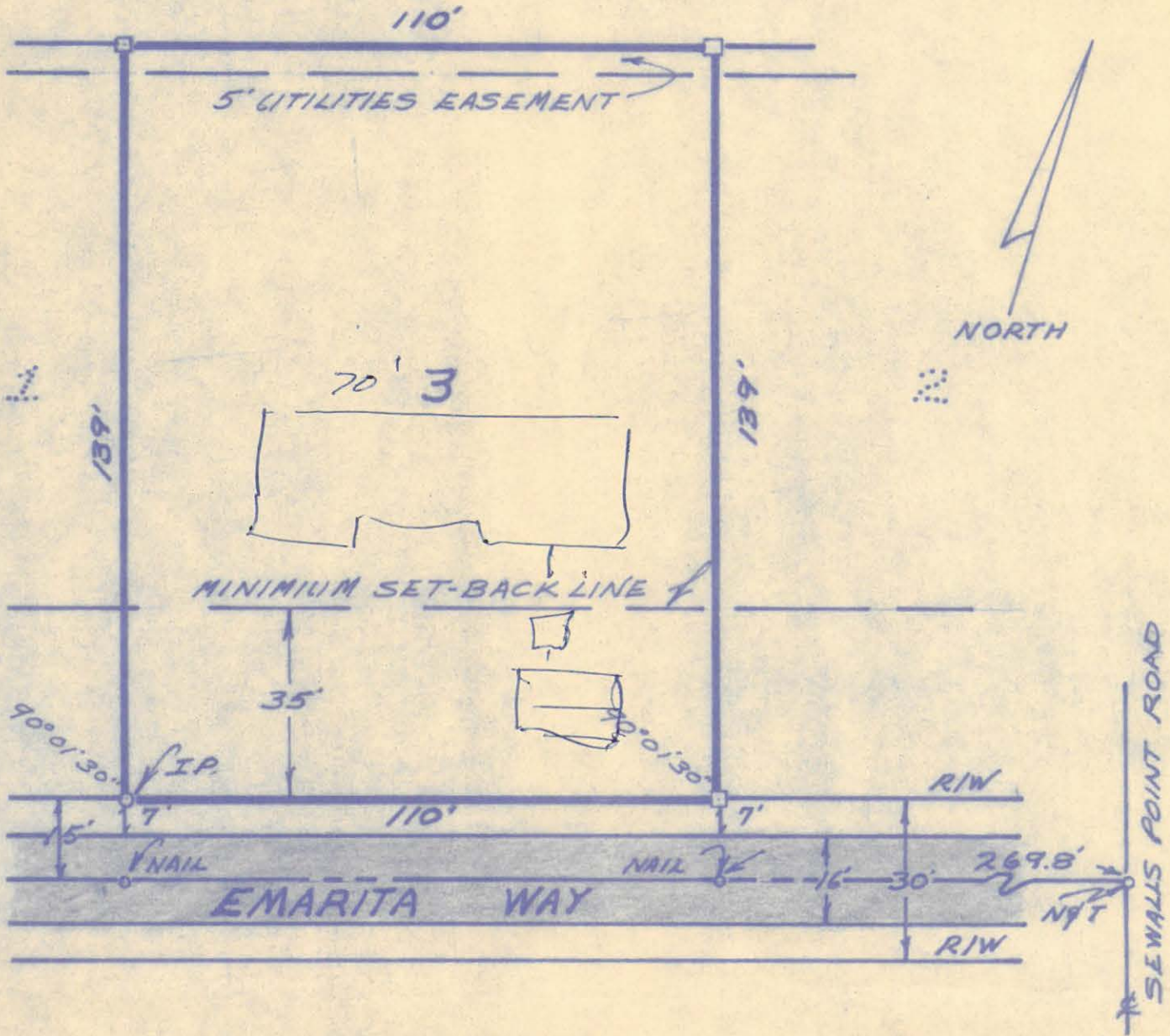
Compacted Fill Of _____ Req'd

Compacted Fill Checked By: _____

Date _____

CERTIFIED BY: JW Borger
 FLORIDA PROFESSIONAL No. 12775
 Date 8-25-72 Job No. _____

MAP OF SURVEY



FOR

LUCKY SHAWVER

SHOWING LOT 3, EMARITA S/D AS RECORDED IN PLAT BOOK 3, PAGE 86, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

□ = CONC. MONUMENT

I HEREBY CERTIFY that the plat shown hereon is a true and correct representation of a survey made under my direction and that said survey is accurate to the best of my knowledge and belief and that, unless otherwise shown, there are no encroachments.

PAUL J. FOTORNY & ASSOC.

LAND SURVEYORS

4741 SOUTHERN BLVD.
W. PALM BEACH
683-4418

4701 CARVER STREET
LAKE WORTH
965-1856 PAR

REGISTERED LAND SURVEYOR
FLORIDA CERTIFICATE NO. 2297

DATE: 7-24-72

72-04

SCALE: 1" = 30'

ORDER # 72-290

486

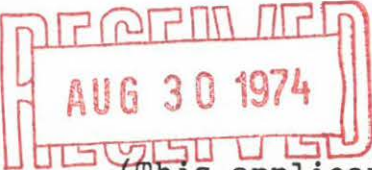
POOL

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 486

Date Sept 3/74



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

Owner ROGER BUTLER Present Address 6 EMARITA WAY Ph 283-8451

General Contractor DELRAY POOLS Address 520 S. FEDERAL Hwy Ph 283-7332

Where licensed STUART License No. 232 STUART

Plumbing Contractor _____ License No. _____
Electrical Contractor _____ License No. _____

Street building will front on _____

Subdivision PLAT 3 EMARITA Lot No. 3 Area SEWALLS POINT

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

Other Construction (Pools, additions, etc.) SWIMMING POOL

Contract Price (excluding land, rugs, appliances, landscaping) \$ 4800.00

Total cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Arthur Devonville (Delray Pools, Inc)
Signed by General Contractor

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

Signed by Owner

Note: Speculation Builders will be required to sign both statements.

TOWN RECORD

Date submitted _____

Date approved 9/13/74 ML 9/13/74

Certificate of Occupancy issued 11/16/74 _____ Date

486

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date Sept 3 74

This is to request that a Certificate of Approval for Occupancy be issued to B. BUTHER GEMARITA WAY ^{pm}
For property built under Permit No. 486 Dated _____
when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	9/26/74	
Rough plumbing		
Perimeter beam		
Rough electric	11/6/74	OT
Close in		
Final plumbing		
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles A. Payne date _____

Approved by Town Commission _____ date _____

Utilities notified _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

2701

RE-ROOF

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 Roger S. Butler Current Address 6 Emarita Way
 Telephone 283-6451 Seawalls Point Fl.
 General Contractor _____ Address _____
 Telephone _____
 Where Licensed _____ License Number _____
 Plumbing Contractor _____ License Number _____
 Electrical Contractor _____ License Number _____
 Roofing Contractor Truffa Inc License Number CC C011637
 A/C Contractor _____ License Number _____

Describe the building or alterations Re-roof
 Name the street on which the building, its front building line and its front yard will face 6 Emarita Way

Subdivision _____ Lot _____ Block _____
 Building area (inside walls) _____ Garage, porch, carport area _____
 Contract price (excluding carpet, land, appliances, landscaping) \$ 6000
 Cost of permit \$ 500 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 _____
 Approval by Building Inspector _____ Date _____
 Approval by Building Commissioner _____ Date _____
 Certificate of Occupancy issued _____ Date _____

2701

7091

GARAGE

DOOR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 11/30/04

BUILDING PERMIT NO. 7.091

Building to be erected for BUTLER

Type of Permit GARAGE DOOR

Applied for by O/B

(Contractor) Building Fee 35.00

Subdivision EMARITA Lot 3 Block _____

Radon Fee _____

Address 6 EMARITA Way

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:
138416050000003010000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 7555 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 999.00

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED

NOV 21 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 11/24/04 Permit Number:

OWNER/TITLEHOLDER NAME: ROGER S. BUTLER Phone (Day) 283-0451 (Fax)

Job Site Address: 6 EMARITA WAY City: STUART State: FL Zip: 34996

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

Owner Address (if different): 6 EMARITA WAY City: STUART State: FL Zip: 34996

Description of Work To Be Done: CHANGE OUT GARAGE DOOR

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 999.00

Estimated Fair Market Value prior to improvement: \$

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

Method of Determining Fair Market Value:

CONTRACTOR/Company: Phone: Fax:

Street: City: State: Zip:

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

SUBCONTRACTOR INFORMATION:

Electrical: State: License Number:
Mechanical: State: License Number:
Plumbing: State: License Number:
Roofing: State: License Number:

ARCHITECT Lic.#: Phone Number:

Street: City: State: Zip:

ENGINEER Lic.#: Phone Number:

Street: City: State: Zip:

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: Screened Porch:
Carport: Total Under Roof Wood Deck: Accessory Building:

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

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

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

OWNER OR AGENT SIGNATURE (required)

CONTRACTOR SIGNATURE (required)

State of Florida, County of: MARTIN

On State of Florida, County of:

This the 24th day of NOVEMBER, 2004

This the ___ day of ___ 200__

by ROGER SMITH BUTLER who is personally

by ___ who is personally

known to me or produced ELDL B346-737-43 1860

known to me or produced

as identification. Notary Public

As identification. Notary Public

My Commission Expires:

My Commission Expires:



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

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

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

DISCLOSURE STATEMENT

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

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

Name: ROGER S. BOYLER Date: 11/29/04

Signature: [Handwritten Signature]

Address: 6 EMARITA WAY

City & State: SEWALL FL 34996

Permit No. _____

Wayne Dalton

WIND LOAD

THIS GARAGE DOOR HAS BEEN TESTED TO WITHSTAND A

DESIGN PRESSURE

OF

~~46~~ PSF ~~52~~ PSF

AND A

TEST PRESSURE

OF

~~49~~ PSF ~~78~~ PSF

3395 ADDISON DR PENSACOLA FL 32514

FILE COPY

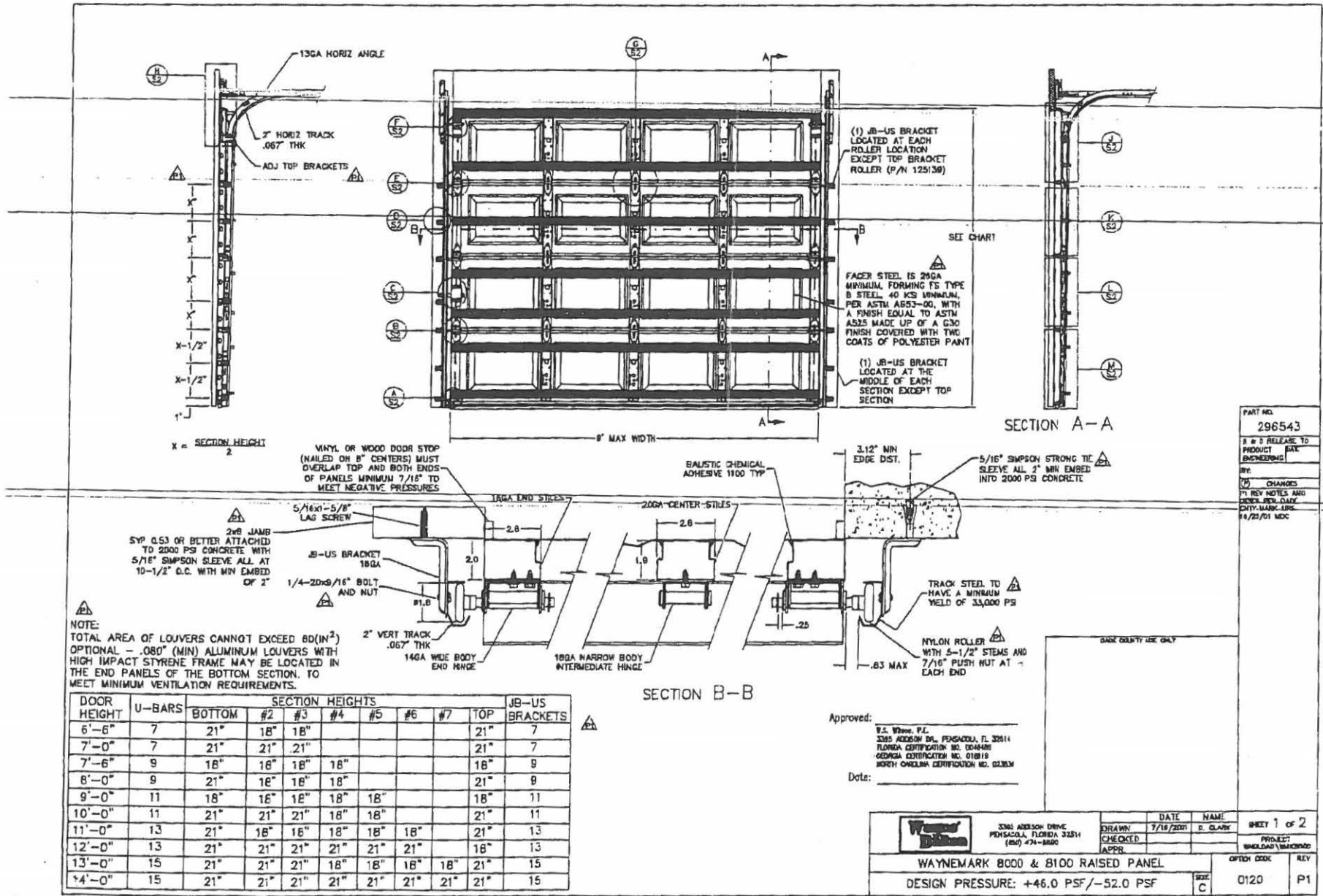
TOWN OF SEWALL'S POINT

THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE

DATE: 11/24/04

BUILDING OFFICIAL

Gene Simmons



PART NO. 296543

IS IT RELEASE TO PRODUCT DATE ENGINEERING

BY:

DATE CHANGES

PT REV NOTES AND CHECK PER DATE

DIVY-MARK-USE

10/25/01 MDC

DARK GRAY USE ONLY

Approved:

U.S. Weiss, P.E.
3385 ADDISON DR., PENSACOLA, FL 32511
FLORIDA CERTIFICATION NO. 004886
GEORGIA CERTIFICATION NO. 018119
NORTH CAROLINA CERTIFICATION NO. 023268

Date:

DOOR HEIGHT	U-BARS	SECTION HEIGHTS							JB-US BRACKETS	
		BOTTOM	#2	#3	#4	#5	#6	#7		TOP
6'-6"	7	21"	18"	18"					21"	7
7'-0"	7	21"	21"	21"					21"	7
7'-6"	9	18"	18"	18"	18"				18"	9
8'-0"	9	21"	18"	18"	18"				21"	9
9'-0"	11	18"	18"	18"	18"	18"			18"	11
10'-0"	11	21"	21"	21"	18"	18"			21"	11
11'-0"	13	21"	18"	18"	18"	18"	18"		21"	13
12'-0"	13	21"	21"	21"	21"	21"	21"		18"	13
13'-0"	15	21"	21"	21"	18"	18"	18"	18"	21"	15
14'-0"	15	21"	21"	21"	21"	21"	21"	21"	21"	15

WAYNE MARK 8000 & 8100 RAISED PANEL

DESIGN PRESSURE: +46.0 PSF / -52.0 PSF

DATE: 7/19/2001

NAME: D. CLARK

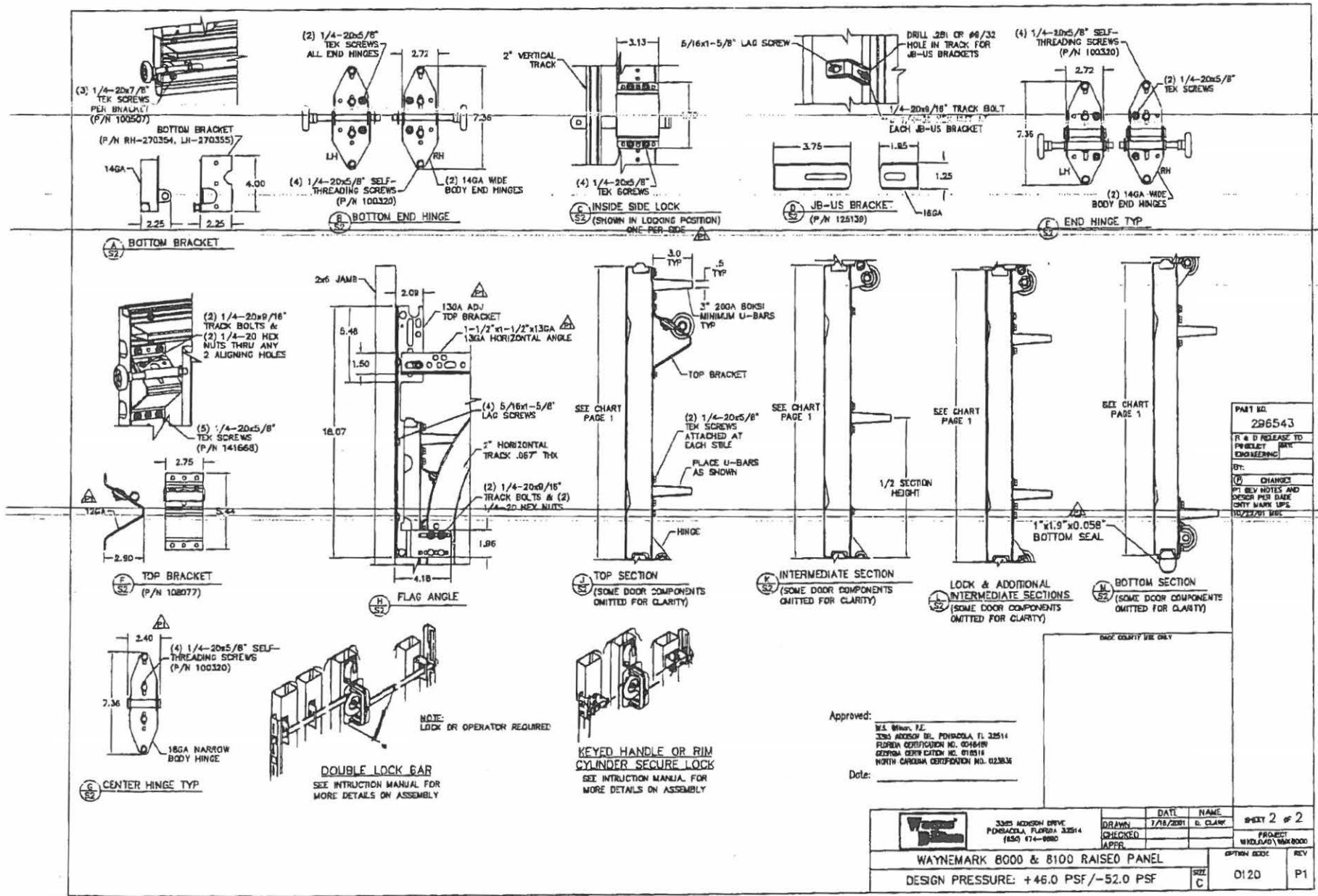
CHECKED: APR

PROJECT: BROADWAY/MAIN/000

OPTION CODE: 0120

REV: P1

Garage Door Sales, Inc.
2807 Okeechobee Road
Fl. Pierce, 34947
461-0729/335-2, /569-1115



PART NO.
296543

R & D RELEASE TO
PROJECT BAY
ENGINEERING

BY:

CHANGES
PT REV NOTES AND
DESIGN PER DATE
CERT MARK UPS
10/27/01 MJC

Approved: _____

M.S. Brown, P.E.
3385 ADDISON BL. PENSACOLA FL 32514
FLORIDA CERTIFICATION NO. 0216489
GEORGINA DESIGN CENTER INC. 010514
NORTH CAROLINA CERTIFICATION NO. 023836

Date: _____

	3385 ADDISON DRIVE PENSACOLA, FLORIDA 32514 (850) 474-9880	DRAWN: 7/18/2001 CHECKED: J.A.P.	DATE: 7/18/2001 NAME: B. CLAW	SHEET 2 OF 2
		WAYNEMARK 8000 & 8100 RAISED PANEL			PROJECT: WYLAND/WAR8000
DESIGN PRESSURE: +46.0 PSF/-52.0 PSF				OPTION CODE: 0120 REV: P1

Garage Door Sales, Inc.
2807 Okeechobee Road
Fl. Pierce, FL 34947
461-0729/335- /569-1115

VERY RAINY & WET DAY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/25, 20015 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7174	EOVEL	DRY IN	FAIL	
2	5 RIVERVIEW GOLD COAST ROOFING			\$40 FEE INSPECTOR: <i>OM</i>
TREE	LAZARUS	TREE	PASS	
5	31 S. RIVER RD			INSPECTOR: <i>OM</i>
7203	ACKERS	TIN TAG.	PASS	
1	38 W. NICH PT. PACIFIC			INSPECTOR: <i>OM</i>
7052	Kinard	Fiscal Books	PASS	CLOSE
3	5 Timor Rd All American Roofing	inspection		INSPECTOR: <i>OM</i>
7096	Michigan	Ridge Vents	PASS	CLOSE
7	20 Fieldway Drive Starkswood Construction			INSPECTOR: <i>OM</i>
7091	Butler	Garage door	PASS	CLOSE
6	6 Emarita Way Dalton			INSPECTOR: <i>OM</i>
6876	Petersen	Framing	CANCEL	RESCHEDULE FOR
4	49 Rio Vista Driewood Homes	all subs		2/28 MONDAY INSPECTOR:

OTHER:

14 EMARITA - O.H. S.I.E.C IS NESTING ON ROOF.

7362

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3/4/05

BUILDING PERMIT NO. 7362

Building to be erected for BUTLER

Type of Permit REROOF

Applied for by WESTERN ROOFING (Contractor)

Building Fee _____

Subdivision EMARITA Lot 3 Block _____

Radon Fee _____

Address 6 EMARITA WAY

Impact Fee _____

Type of structure _____

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

0138410050000003010000

Plumbing Fee _____

Amount Paid 120.00 Check # 6050 Cash _____

Roofing Fee 120.00

Other Fees (_____) 1

Total Construction Cost \$ 11,968

TOTAL Fees 120.00

Signed Jane Buckman
Applicant

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

BY: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 2-29-05 Permit Number: _____

OWNER/TITLEHOLDER NAME: ROBERT BUTLER Phone (Day) _____ (Fax) _____

Job Site Address: 6 Emarita Way City: Sewalls Pt. State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Emarita, LOT 3 or 358/358 Parcel Number: 01-38-41-005-000-00030-1

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

Description of Work To Be Done: Reroof + tearoff comp. Shingle

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: \$ 11968
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Western Roofing Phone: 877 WESTURN Fax: _____

Street: 4385 Westwood Dr. City: W. Palm Beach State: FL Zip: 33407

State Registration Number: _____ State Certification Number: _____ Martin County License Number: CRF6-3979

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: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required)
[Signature]

State of Florida, County of: _____

This the 1 day of March, 2005

by Robert Butler who is personally

known to me or produced _____

as identification. FL DL

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)
[Signature]

On State of Florida, County of: St Lucie

This the 28 day of Feb, 2005

by Tom Balkin who is personally

known to me or produced _____

as identification. _____

My Commission Expires: _____



336

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 01-384100500000030-1

NOTICE OF COMMENCEMENT

STATE OF FL

COUNTY OF IRL

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):

Emanita lot 3 OR 358/2568

GENERAL DESCRIPTION OF IMPROVEMENT: Reroof

OWNER: Roger Butler

ADDRESS: 6 Emanita Way Stuart, FL 34996

PHONE #: _____ FAX #: _____

INTEREST IN PROPERTY: owner

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

CONTRACTOR: Western Roofing

ADDRESS: 4385 Westwood Dr WPB FL 33407

PHONE #: 877-western FAX #: _____

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY _____

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 OR HERSELF, 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: _____

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 10 DAY OF Feb 2005

BY Roger Butler

PERSONALLY KNOWN _____

OR PRODUCED ID X

TYPE OF ID FL DL

[Signature]
NOTARY SIGNATURE



Rebecca Miller
Commission # DD382076
Expires December 27, 2008
Bonded Troy Path - Insurance, Inc. 800-388-7019

02/06/03

INSTR # 1814066 OR BK 01981 PG 2514 RECD 02/11/2005 09:45:55 AM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L Wood

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR TC
WESTU-1

DATE (MM/DD/YYYY)
02/22/05


PRODUCER Twin City Group 4500 Park Glen Road, Suite 400 Minneapolis MN 55416 Phone: 952-924-6900 Fax: 952-925-0631	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 Western Cedar Supply Inc. 9700-13th Ave No Plymouth MN 55441	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: <u>Scottdale Insurance Co</u></td> <td></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: <u>Scottdale Insurance Co</u>		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: <u>Scottdale Insurance Co</u>													
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 ACCT LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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	BC80007555	02/20/04	03/20/05	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP OF AGG				\$ 100,000 \$ Excluded \$ 1,000,000 \$ 2,000,000 \$ 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 STATU-TORY LIMITS DTR-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 The certificate holder is named as additional insured as their interest may appear.

CERTIFICATE HOLDER MARTINC Martin County Bldg Department 2491 SE Monterrey Road Stewart 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 
---	---

ACORD CERTIFICATE OF LIABILITY INSURANCE		CSR TC WESTU-1	DATE (MM/DD/YYYY) 02/14/05
PRODUCER Twin City Group 4500 Park Glen Road, Suite 400 Minneapolis MN 55416 Phone: 952-924-6900 Fax: 952-925-0631		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 Western Cedar Supply Inc. 9700-13th Ave No Plymouth MN 55441		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Scottsdale Insurance 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.

NSR	ADDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY	BCS0007555	02/20/04	02/20/05	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				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/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below
		OTHER				WC STATUTORY LIMITS \$ OTH-ER \$ 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

The certificate holder is named as additional insured as their interest may appear.

CERTIFICATE HOLDER <div style="text-align: center;">SEWALLS</div> Sewalls Point Building Dept. 1 S. Sewalls Pt. Rd. 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 <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
---	--

PRODUCER

Serial # 132740

CONDON MEEK INC
1211 COURT ST
CLEARWATER FL 33756

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

CRUM RESOURCES II INC
100 S MISSOURI AVE
CLEARWATER FL 33756

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: FRANK WINSTON CRUM INSURANCE INC	
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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L 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 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 - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 5 0000 0000	01/01/2005	01/01/2006	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 THIS CERTIFICATE REMAINS IN EFFECT PROVIDED THE CLIENT'S ACCOUNT IS IN GOOD STANDING. COVERAGE IS NOT PROVIDED FOR ANY EMPLOYEE FOR WHICH THE CLIENT IS NOT REPORTING HOURS.

APPLIES TO 100% OF THE EMPLOYEES OF CRUM RESOURCES II INC LEASED **WESTURN CEDAR SUPPLY INC DBA WESTURN ROOFING & SIDING** COVERAGE EFFECTIVE 01/17/2005 561-863-4865

CERTIFICATE HOLDER

CANCELLATION

772-220-4765

SEWALLS POINT BLDG. DEPT
1 SOUTH SEWALLS POINT RD
SEWALLS POINT, FL 34996

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

AUTHORIZED REPRESENTATIVE

John H. Hand Jr



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

WEST, GARY LEONARD JR
WESTURN ROOFING & SIDING
4385 WESTROADS DRIVE
WEST PALM BEACH FL 33407



STATE OF FLORIDA AC#1821
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CCC1326263 01/11/05 04053!

CERTIFIED ROOFING CONTRACTOR
WEST, GARY LEONARD JR
WESTURN ROOFING & SIDING

IS CERTIFIED under the provisions of Ch.4
Expiration date: AUG 31, 2006 L050111

DETACH HERE

AC#1821729

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L050111

DATE	BATCH NUMBER	LICENSE NBR
01/11/2005	040535593	CCC1326263

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

WEST, GARY LEONARD JR
WESTURN ROOFING & SIDING
4385 WESTROADS DRIVE
WEST PALM BEACH FL 33407

DIANE CARR

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 2005-520-016 CERT CRFG3979
PHONE (763)541-0304 SIC NO 235090
LOCATION 9700 NO 13TH AVE MAR

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 ROOFING CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

06 OCTOBER 04
DAY OF 2005 20
AND ENDING SEPTEMBER 30.

BALKINS, THOMAS G
WESTERN ROOFING
9700 13TH AVENUE NO.
PLYMOUTH, MN 55441

RECEIPT OF PAYMENT

6818

LARRY C. O'STEEN
39 18/86/2004 OCCI HURNAL
20052000016000
0220041006000245CK

\$25.00



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

Site Provided by...
governmentmax.com T1.2

Summary

Owner 22 of 27

Parcel Info

Summary

- Land
- Residential Improvement
- Commercial Image
- Transfer
- Taxes →
- Assessments →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-005-000-00030-1	6 EMARITA WY	17618	Owner	0	1

Summary

Property Location 6 EMARITA WY
Tax District 2200 Sewall's Point
Account # 17618
Land Use 101 0100 Single Family
Neighborhood 120400
Acres

Legal Description

Property Information
 EMARITA, LOT 3 OR 358/2568

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Sales
- Neighborhood
- Map →

Owner Information

Owner Information
 BUTLER, ROGER S &
 BUTLER, JERRELYN M

Mail Information

6 EMARITA WAY
 STUART FL 34996-6703

Assessment Info

Front Ft. 0.00

Market Land Value \$154,000
Market Impr Value \$147,400
Market Total Value \$301,400

Site Functions

Property Search

- Feedback
- On-Line Help
- Home
- County Login

Recent Sale
Sale Amount \$0

Sale Date 7/24/1974
Book/Page 0376 0536

*Sewell 5
772*





PROFESSIONAL STRUCTURAL CONSULTANTS
404 SW Camden Ave., Stuart, FL 34994
Voice: (772)223-9883 Fax: (772)223-9502

June 2, 2005

Mr. Tom Balton
c/o Westurn Roofing
4385 Westroad Drive
West Palm Beach, FL 33407

Re: Roof Installation Review, 6 Emerata Way, Stuart, FL

Dear Mr. Balton;

Pursuant to our agreement, in late April 2005, a representative of my firm performed a cursory site review of the new roofing installation at the above referenced site. I have prepared the following report for your use. The objective of this review is to determine the adequacy of the roofing installation.

The roofing installation is incomplete but is constructed of good quality dimensional fiberglass shingles. The attic was inspected and found to have adequate penetration of roofing shingle nails and dry-in nails. Number of nails and spacing indicates that roofing and underlayment are installed within acceptable standards. However, the temperature in the attic appeared to be above "normal." This may be an indication the ridge vent may not be performing adequately. Upon inspection, it appears the vent is not allowing unrestricted air flow. There appears to be a membrane across the air space instead of a screen. This should be verified it is an approved product for this use. The flashing around the chimney is in question (see **Photo "A"**). A small cricket should have been installed behind the chimney. Potential "slash" buildup and premature flashing leaks would be avoided.

Recommendations:

- 1) No modifications required.
- 2) Consider comments above.
- 3) Approve roof as installed.

If you have any questions or concerns, or if I can be of any future service, please do not hesitate to contact me.

Respectfully submitted,

T. Stiles Peet, P.E.

PHOTO "A"





**BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION**

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

NOTICE OF ACCEPTANCE (NOA)

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

SCOPE:

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

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

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

DESCRIPTION: Prestique Gallery Collection 40, Prestique Gallery Collection, or Prestique Plus

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

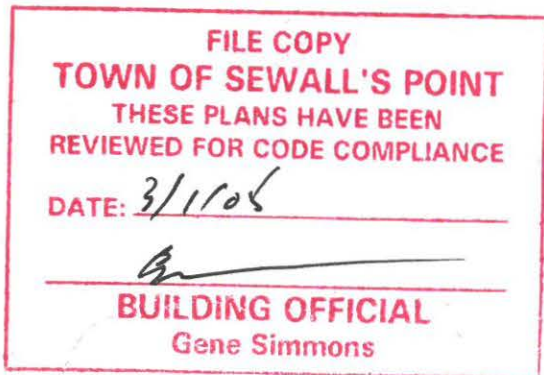
TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this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

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

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

This NOA consists of pages 1 through 3.

The submitted documentation was reviewed by Frank Zuloaga, RRC



**NOA No.: 01-1226.03
Expiration Date: 07/12/06
Approval Date: 02/14/02
Page 1 of 3**

ROOFING SYSTEM APPROVAL

Category: Roofing
Sub Category: Shingles
Materials: Laminate

1. SCOPE

This renews EIK Prestique Gallery Collection 40 Fiberglass manufactured by EIK Corporation of Alabama described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County.

2. PRODUCT DESCRIPTION

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
EIK Prestique Gallery Collection 40, Prestique Gallery, or Prestique Plus	13 1/4" x 39 3/8"	PA 110	A heavy weight laminated asphalt shingle with a proprietary profile.

3. LIMITATIONS

- 3.1 Fire classification is not part of this acceptance; refer to a current Approved Roofing Materials Directory for fire ratings of this product.
- 3.2 Shall not be installed on roof mean heights in excess of 33 ft.

4. INSTALLATION

- 4.1 Shingles shall be installed in compliance with Miami-Dade County Product Control Shingle Installation Procedure No. 115.
- 4.2 Flashing shall be in accordance with Section 9.3 Option "B" (Step-flashing) of Miami-Dade County Product Control Shingle Installation Procedure No. 115
- 4.3 The manufacturer shall provide clearly written application instructions.
- 4.4 Exposure and course layout shall be in compliance with Detail 'A', attached.
- 4.5 Nailing shall be in compliance with Detail 'B', attached.

5. LABELING

- 5.1 Shingles shall be labeled with the Miami-Dade Logo or the wording "Miami-Dade County-Dade Product Control Approved".

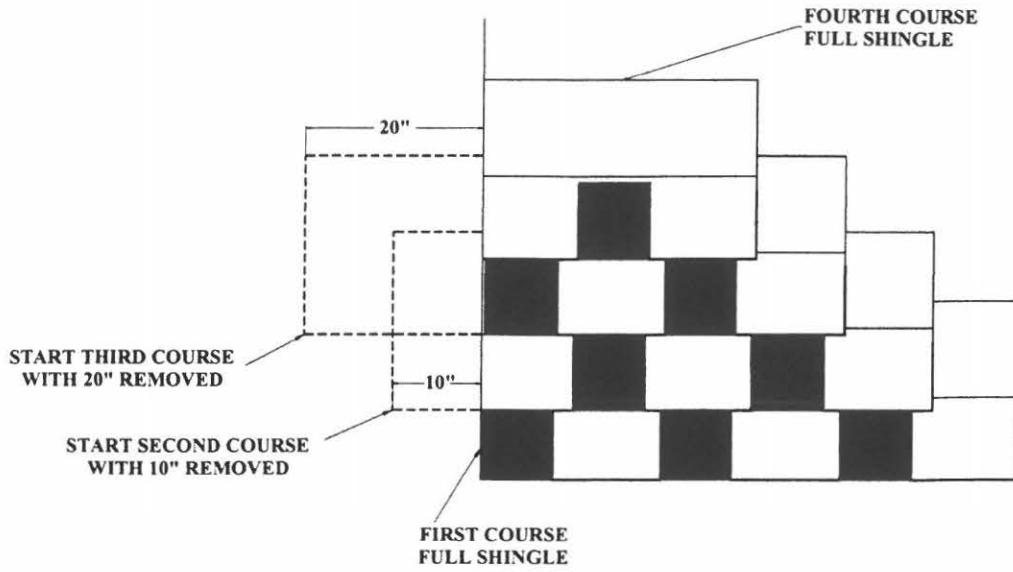
6. BUILDING PERMIT REQUIREMENTS

- 6.1 Application for building permit shall be accompanied by copies of the following:
 - 6.1.1 This Notice of Acceptance.
 - 6.1.2 Any other documents required by the Building Official or the Applicable Building Code in order to properly evaluate the installation of this system



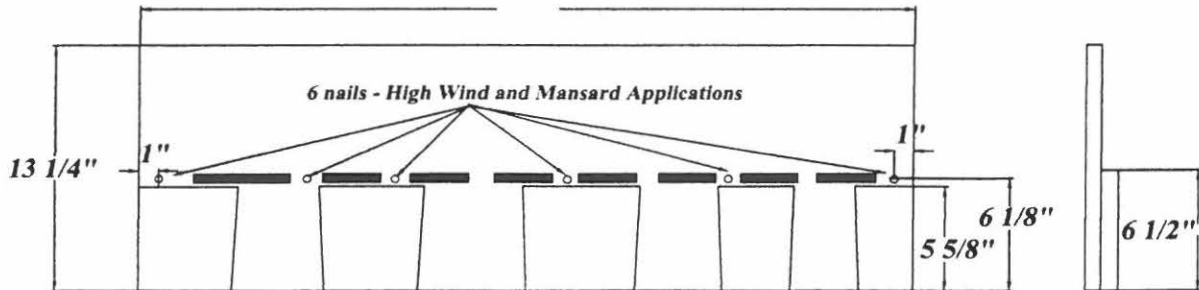
NOA No.: 01-1226.03
Expiration Date: 07/12/06
Approval Date: 02/14/02
Page 2 of 3

DETAIL A



DETAIL B

39 3/8" Prestique Gallery Collection 40, Prestique Gallery Collection, Prestique Plus



END OF THIS ACCEPTANCE



NOA No.: 01-1226.03
Expiration Date: 07/12/06
Approval Date: 02/14/02
Page 3 of 3

NOTICE OF ACCEPTANCE:EVIDENCE SUBMITTED
(For File ONLY. Not part of NOA.)

EVIDENCE SUBMITTED

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Center for Applied Engineering	PA 100	Uplift and wind driven rain resistance.	07/13/94
Underwriters Laboratories, Inc.	PA 107	Wind uplift resistance	05/27/94

C.CALCULATIONS: <enter calculations received for use of coefficients>

D.MATERIAL CERTIFICATIONS: NONE

E.STATEMENTS: NONE

F. OTHER

1. Association member <enter name of association and its approval document number>
Notice of Acceptance number 00-0720.02

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/5, 2005 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7536	BUONO	DRY IN	PASS	
10	106 N. SEWALL ST			INSPECTOR:
	TITTLE ROOFING			
7362	BUTLER	FINAL ROOF	PASS	CLOSE
9	6 EMARITA			INSPECTOR:
	WESTERN ROOFING			
76B	PREISSMAN	SHEATHING	PASS	
7A	28 RIO VISTA			INSPECTOR:
	WINCHUP			
7501	HALL	FINAL ROOF	FAIL	
7B	4 N. VIA LUCINDIA			INSPECTOR:
	ANCHOR ROOFING			
709	TUOHEY	GEN. ELEC.	PASS	CLOSE
	119 HILLCREST.			INSPECTOR:
	CARTER			
				INSPECTOR:
				INSPECTOR:

OTHER: _____

9512

A/C CHANGE OUT



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:	9512	DATE ISSUED:	JULY 15, 2010
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	FLYNN'S AC		
PARCEL CONTROL NUMBER:	013841-005-000-000301	SUBDIVISION	EMARITA - LOT 3
CONSTRUCTION ADDRESS:	6 EMARITA WAY		
OWNER NAME:	BUTLER		
QUALIFIER:	JOSEPH FLYNN	CONTACT PHONE NUMBER:	283-4114

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:	9512
ADDRESS	6 EMARITA WAY
DATE:	7/15/10
SCOPE:	AC CHANGEOUT

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$110.25 per sq. ft.)		s.f.	
Total square feet non-conditioned space: (@ \$51.60 per sq. ft.)			
Total Construction Value			
Buildi			
Buildi			
Total n			
Radon F			
DBPR Li			
Road imp			
Martin Co			
TOTAL B			



ACCESSORY PERMIT	Declared Value:	\$	5250
Total number of inspections @ \$75.00 each		\$	75
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
TOTAL ACCESSORY PERMIT FEE:		\$	80

Paid
ck# 2243

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

Permit Number: **9512**

Date: 7-9-10
 OWNER/TITLEHOLDER NAME: BUTLER Phone (Day) 283-0451 (Fax) _____
 Job Site Address: 6 EMARITA WAY City: STUART State: FL Zip: 34996
 Legal Description _____ Parcel Control Number: _____
 Owner Address (if different): _____ City: _____ State: _____ Zip: _____

SCOPE OF WORK (PLEASE BE SPECIFIC): 3 TON SYSTEM REPLACEMENT

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: \$ 3250
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Flynn's A/C Phone: 283-4114 Fax: 781-1307
 Qualifiers name: Joseph Flynn Street: 1523 THELMA City: PALM CITY State: FL Zip: 34990
 State License Number: CAC055482 OR: Municipality: _____ License Number: _____
 LOCAL CONTACT: Joe Flynn Phone Number: 283-4114

DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
 AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE*: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 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 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER NOTORIZED SIGNATURE (required per 713.135 F.S.)
 OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
 X _____
 State of Florida, County of: Martin
 On This the 14th day of July, 2010
 by Roger who is personally
 known to me or produced _____
 As identification: John-Marie S. Basler
 My Commission Expires: _____

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)
 X _____
 State of Florida, County of: Martin
 On This the 9th day of July, 2010
 by Joseph who is personally
 known to me or produced _____
 As identification: _____
 My Commission Expires: _____



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



Martin County, Florida

Laurel Kelly, C.F.A

Site Provided by...
governmentmax.com T1.13

Summary

print Owner 27 of 33

Parcel Info

Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-005-000-00030-1	6 EMARITA WY	17618	Owner	0	1

Summary

Property Location 6 EMARITA WY
Tax District 2200 Sewall's Point
Account # 17618
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.351

Legal Description

Property Information
 EMARITA, LOT 3 OR 358/2568

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information

Owner Information
 BUTLER, ROGER S &
 BUTLER, JERRELYN M

Mail Information

6 EMARITA WAY
 STUART FL 34996-6703

Assessment Info

Front Ft. 0.00

Market Land Value \$165,300
Market Impr Value \$154,130
Market Total Value \$319,430

Site Functions

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Recent Sale

Sale Amount \$0

Sale Date 7/24/1974
Book/Page 0376 0536

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 4/29/2010





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

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Air Conditioning Change out Affidavit

Residential [X] Commercial _____

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

Duct Replacement Yes [X] No - Refrigerant line replacement Yes _____ No

Flushing Existing Refrigerant lines Yes _____ No - Adding Refrigerant Drier Yes _____ No

Rooftop A/C Stand Installation Yes _____ No - Curb Installation Yes _____ No

Smoke Detector in Supply (over 2000 CFM) Yes _____ No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Carrier Model# FX4DUE51 Condenser: Mfg SAME Model# 24ABC636
Volts 220 CFM's _____ Heat Strip 10 Kw Volts 220 SEER/EER 16.0 BTU's 3 TON
Min. Circuit Amps _____ Wire gauge #6 Min. Circuit Amps _____ Wire gauge _____
Max. Breaker size 40 Min. Breaker size _____ Max. Breaker size _____ Min. Breaker size _____
Ref. line size: Liquid 3/4 Suction 3/4 Ref. line size: Liquid 3/4 Suction 3/4
Refrigerant type _____ Refrigerant type _____
Location: Existing [X] New _____ Location: Existing [X] New _____
Attic/Garage/Closet (specify) Attic Left/Right/Rear/Front/Roof _____
Access: _____ Condensate Location _____

EXISTING SYSTEM COMPONENTS

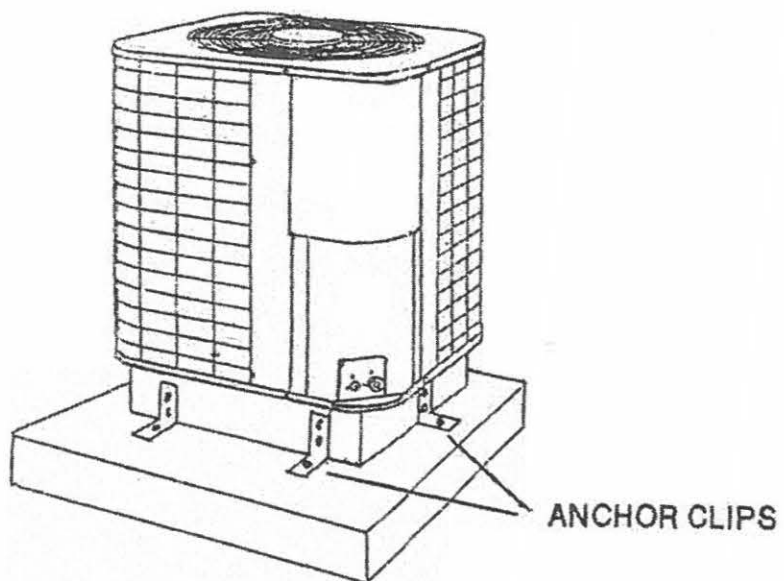
Air handler: Mfg: _____ Model# _____ Condenser: Mfg _____ Model# _____
Volts 220 CFM's _____ Heat Strip 10 Kw Volts 220 SEER/EER _____ BTU's 3 TON
Min. Circuit Amps _____ Wire gauge 6 Min. Circuit Amps _____ Wire gauge _____
Max. Breaker size 40 Min. Breaker size _____ Max. Breaker size _____ Min. Breaker size _____
Ref. line size: Liquid 3/4 Suction 3/4 Ref. line size: Liquid 3/4 Suction 3/4
Refrigerant type _____ Refrigerant type _____
Location: Ext. [X] New _____ Location: Ext. _____ New _____
Attic/Garage/Closet (specify) Attic Left/Right/Rear/Front/Roof _____
Access: _____ Condensate Location _____

Certification:

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

Signature [Handwritten Signature]

Date 7-13-10



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **7-20** 2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9391	WOODS 32 E HIGH ST POOL CONTRACTOR	POOL STEEL POOL STEEL BOND MAIN DRAINS	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9512	Butler LoEmanita Higgins AC	Final	Cancel	No one home 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

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-21 2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9472	Burkhardt	in-progress		
10:00	5 Emarita all Am roof		PASS	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9450	Scoppe			
	9 KINGSTON CT O/B	FINAL FENCE	PASS	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9429	Bobwinik			
	27 EMARITA T.C. BARGE	FINAL SEAWALL	PASS	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9497	Ferraro	FINAL		
	10 MIDDLE RD. APEX PAVEMENT	PAVEMENT - ROAD PATIO	PASS	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	3 RIDGELAND	ADMIN VARIANCE		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9512	Butler			
	6 EMARITA FLYNN'S	FINAL AC	PASS	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TREE



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



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 George Gootrey Address 6 Emerald Way Phone 469 744 0233

Contractor _____ Address _____ Phone _____

No. of Trees REMOVE 1 Species: OAK Caliper @ 4' above soil 9 (inches) Height 20 (ft.)

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

No. of Trees REPLACE _____ Species: _____ Caliper @ 4' above soil _____ (inches) Height _____ (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 with Sylvester

Signature of Property Owner [Signature] Date 3/12/15

This space for Official Use only:
 Approved by Building Official: _____ Date _____ Fee: _____

BUILDING INSPECTOR NOTES: Permit Denied

Minimum Tree Requirements Met On Property Prohibited Species Identified for Removal

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

