

**10 Emarita Way**

**298**

**SFR**

Application For Building PermitOwner FRANK DUFFY Present Address PALM CIRCLE COTTAGES Phone 283-3698

Architect \_\_\_\_\_ Address \_\_\_\_\_

General Contractor MACK M. JORDAN Address 337 So INDIAN DR Phone 287-3322Where Licensed MARTIN COUNTY License No. # 40Plumbing Contractor KEN STONE Where Licensed MARTIN COUNTY No. ?Electrical Contractor CLARENCE Where Licensed \_\_\_\_\_ No. \_\_\_\_\_Property Location EMERITA WAY Subdivision EMERITA Lot No. 5Lot Dimensions 110 X 139 Lot Area 15,290 Sq. Ft. 15,290Purpose of Building FOR RESIDENCE Type of Construction CBS

Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)

Outside of Walls 48' X 37' 1/2 Inside of Walls 46'-8" X 36'

PLUS 4' X 8' CLOSET IN GARAGE

PLUS 4' X 8' CLOSET IN GARAGE

Street or Road building will front on EMERITA WAYClearances - Front 45 Back 42 Side 22 Side 23 River NOWell Location CITY WATER Septic Tank Location IN REAR

Building elevation (By Ordinance Definition) \_\_\_\_\_

Contract Price (Include Plumbing, Electrical, Air Conditioning) 37,000<sup>00</sup>PERMIT FEE

New Home Additions Others

General (\$3.00 per \$1000 or Fraction) 85.00

Plumbing (Flat Fee) ----- \$10.00 \$3.00

Electrical (Flat Fee) ----- \$10.00 \$3.00

Total (To be paid by General Contractor or Owner) ----- 205.00SIGNED: - General Contractor or Owner Mack M. JordanBuilding Inspector Comments: Charles H. Dwyer

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FOR TOWN RECORDS: Date Drawings submitted 11/14/71Date Permit approved 11/15/71Date Permit Fee paid 11/16/71

Date First Inspection \_\_\_\_\_

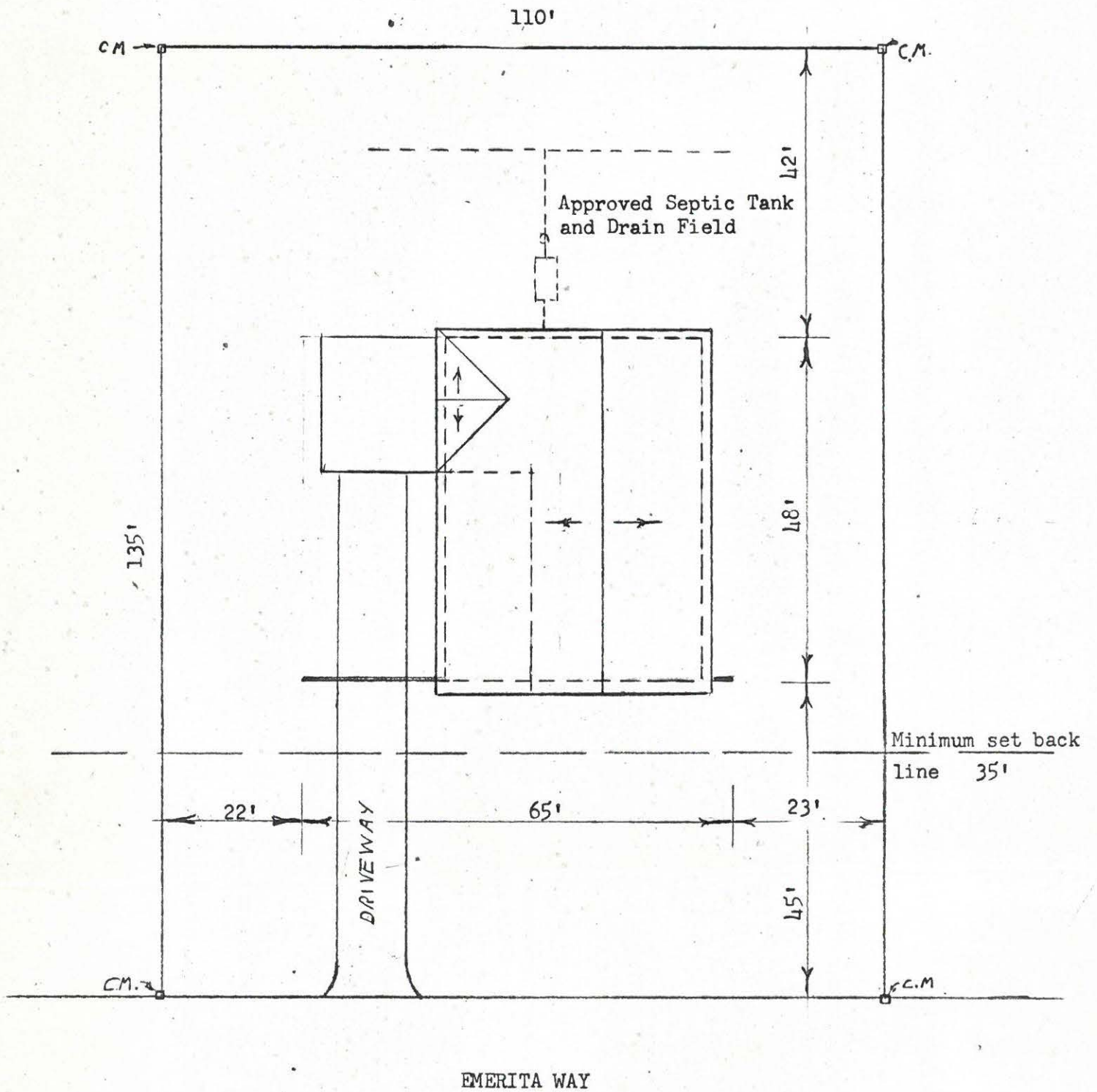
Date Final Inspection \_\_\_\_\_

Date Occupancy approved \_\_\_\_\_

37,000  
 18205  
 2

#298

RESIDENCE PROPOSED FOR MR. and MRS. FRANK DUFFY  
LOT 5, EMERITA SUBDIVISION, MARTIN COUNTY, FLA.,





CONSTRUCTION PERMIT ONLY

*Martin* County Health Dept. No. *773-11*  
 Owner *Frank Dutton*  
 Address *lot 5, Emerald S/D.*  
 Installed By *Contractor*  
 At *Emerita*  
 Septic Tank Capacity Minimum Rec'd *900* Gallons  
 Drain Field Data *300sq ft. dt.*

NOTE: Installation must be in accord with requirements of Chapter 170C-4 FAC, Sanitary Code of Florida, and satisfactory final inspection must be made before work is covered. Permit void if not used within one year from date of issue.

Date of Application *J. Rhodes* Issue *11/2/71*  
 Issued By *J. Rhodes*

STATE OF FLORIDA  
 DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
 DIVISION OF HEALTH  
 Post Office Box 210 Jacksonville, Florida

SEPTIC TANK PERMIT  
 San-428 Rev. 10/1/62

**909**

**SCREEN**

**PORCH**



TOWN OF  
SEWALL'S POINT  
FLORIDA

Permit No. 909

Date 12-11-78

APPLICATION FOR BUILDING PERMIT

This application must be accompanied by three sets of complete plans, to scale ( $\frac{1}{8}$ " scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing and electrical layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house construction.

-Owner Raymond Thomas Present Address 10 EMARITA WAY  
Phone 287-5950

-General Contractor B + D Services Address 6571 S.E. Clairmont Pl  
Phone 287-2823 Stuart, FL

Where Licensed \_\_\_\_\_ License No. \_\_\_\_\_

-Plumbing Contractor \_\_\_\_\_ License No. \_\_\_\_\_

-Electrical Contractor \_\_\_\_\_ License No. \_\_\_\_\_

Describe building or other structure, or alteration to existing structure. \_\_\_\_\_

SCREENED PORCH

Name the street on which the building, its front building line and its front yard will face. EMARITA WAY

Subdivision \_\_\_\_\_ Lot No. 5 Area \_\_\_\_\_

-Building Area, inside walls  
(excluding garage, carport, porches, etc.)...square feet 350

-Contract Price  
(excluding land, carpeting, appliances, landscaping, etc.)\$ \$ 2900

-Total Cost of Permit \$ 15

-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 building must be completed in accordance with the approved plan, and that the site will be clean and rough-graded within the 12 month period. 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.

General Contractor Donald McHann

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

Owner \_\_\_\_\_

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

TOWN RECORD

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

Approved: Joseph A. Mazzarica  
Building Inspector

Date \_\_\_\_\_

Approved: Paul G. Givens  
Commissioner

11 Dec '78  
Date

Certificate of Occupancy issued

Final Construction OK  
Date

J. Mazzarica

11/11/79

909



TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 1/11/79

This is to request that a Certificate of Approval for Occupancy be issued to \_\_\_\_\_  
For property built under Permit No 909 Dated 12/11/78 when completed in  
conformance with the Approved Plans.

R. Thum  
Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	12/14 Jan	
Rough plumbing		
Slab	12/18 Jan	
Perimeter beam		
Close-in, <u>roof</u> and rough electric	12/27 Jan	
Final Plumbing		
Final Electric		

Final Inspection for ~~Issuance of Certificate for Occupancy~~

Approved by Building Inspector

OK  
J. Amazzura date 1/11/79

Approved by Building Commissioner

date

Utilities notified

date

Original Copy sent to

(Keep carbon copy for Town files)

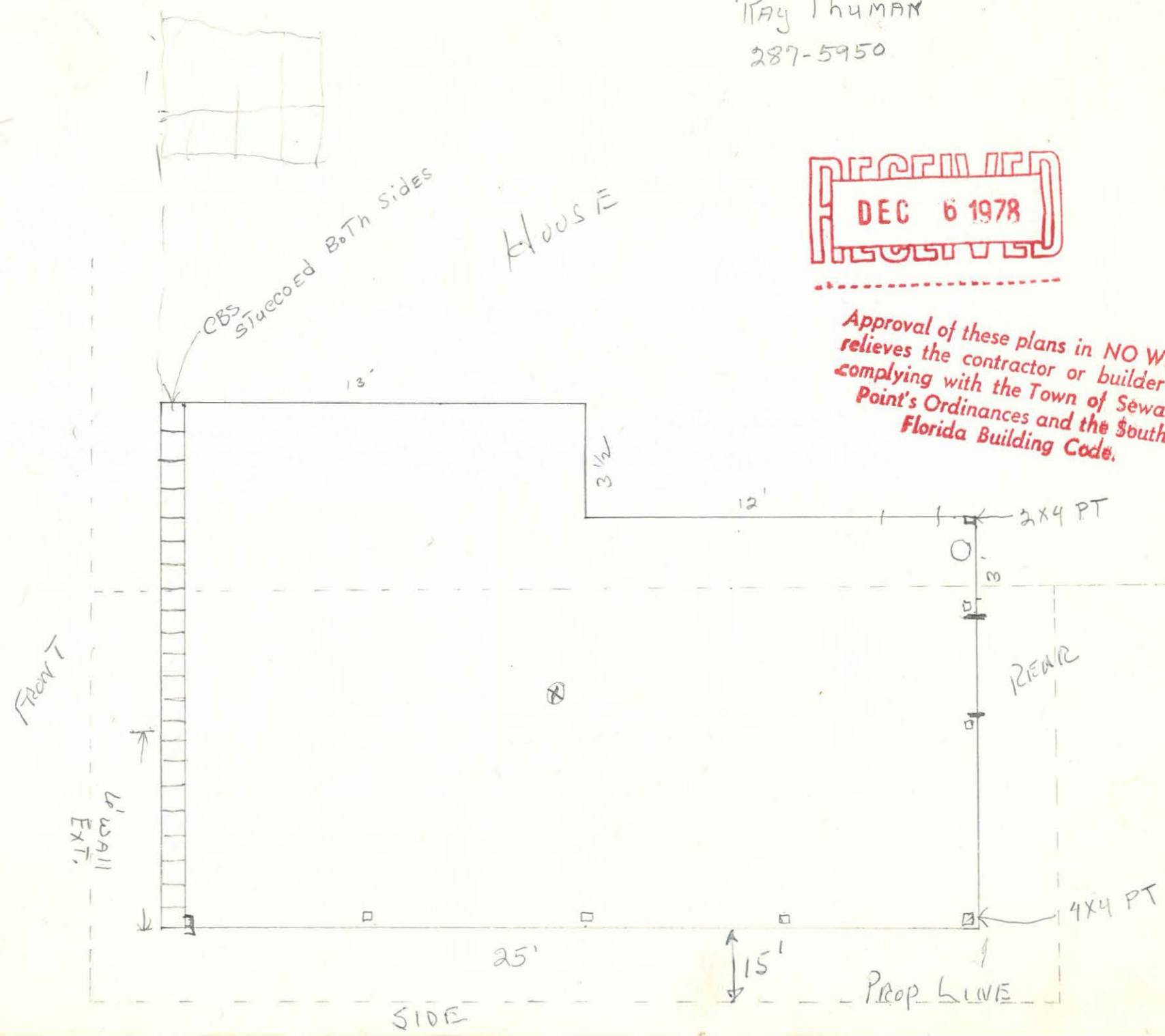


2 of 1058

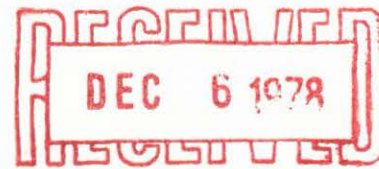
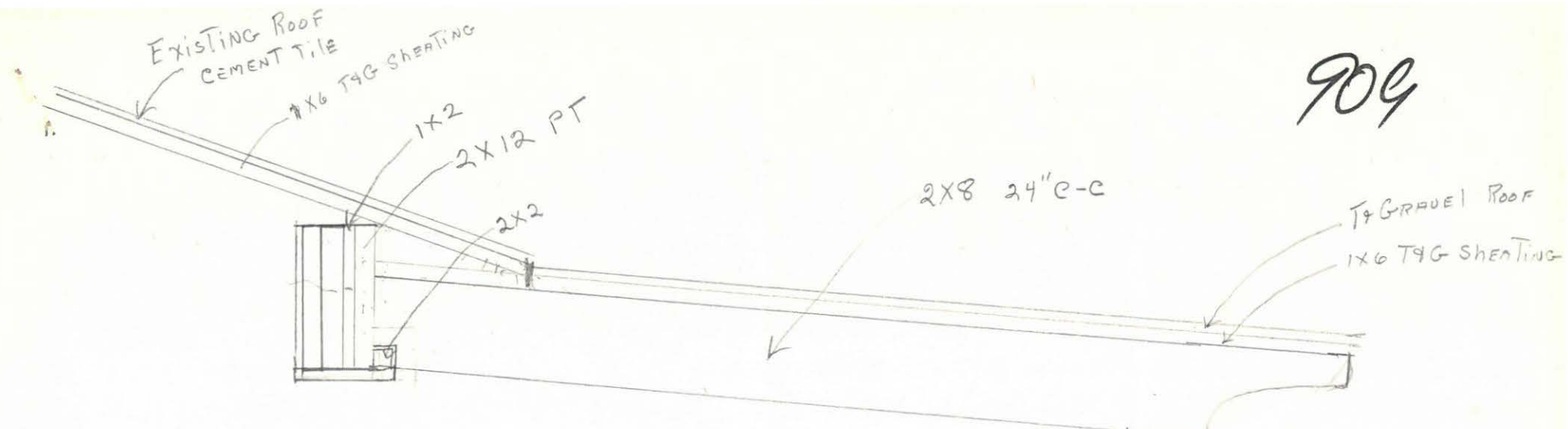
RAY THUMAN  
287-5950



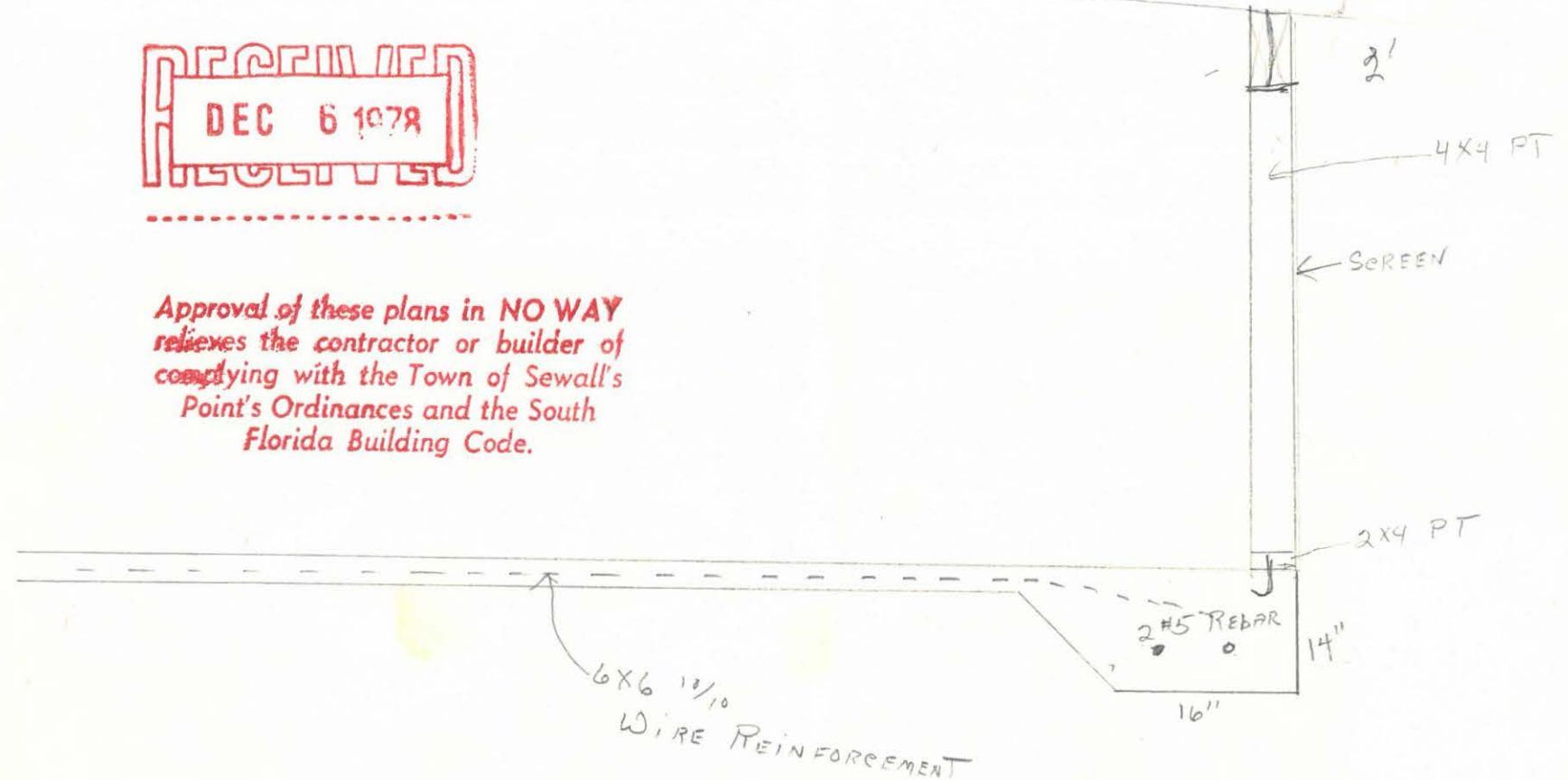
Approval of these plans in NO WAY  
relieves the contractor or builder of  
complying with the Town of Sewall's  
Point's Ordinances and the South  
Florida Building Code.



909



Approval of these plans in **NO WAY**  
relieves the contractor or builder of  
complying with the Town of Sewall's  
Point's Ordinances and the South  
Florida Building Code.



**1462**

**DECK &**

**FENCE**



RECEIVED  
TOWN OF SEWALL'S POINT FLORIDA  
MAR 5 1982

1462  
Date 3-5-82

Permit No. \_\_\_\_\_

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 sets of complete plans, to scale, including a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two elevations, as applicable.

Owner RAYMOND S. THUMAN Present address 10 EMARITA WAY  
Phone 287-5950

Contractor (SELF) Address 10 EMARITA WAY  
Phone 287-5950

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

Electrical contractor \_\_\_\_\_ License number \_\_\_\_\_

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

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 18' VINYL IN-GROUND POOL WITH SURROUNDING

CONCRETE DECK AND FENCE

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

10 EMARITA WAY

Subdivision EMARITA Lot No. 5

Contract price \$ 3625. Cost of Permit \$ 20

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 a Town Commissioner "Red-tagging" the construction project.

Contractor Raymond S. Thuman

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 Raymond S. Thuman

TOWN RECORD

Date submitted 3-5-82

Approved: J. Amador 3/5/82  
Building Inspector Date

Approved: AC Strubee 3/10/82  
Commissioner Date

Final Approval given: J. Amador 3/23/82  
Date

Certificate of Occupancy issued Not Reg.  
Date

SP/1-79

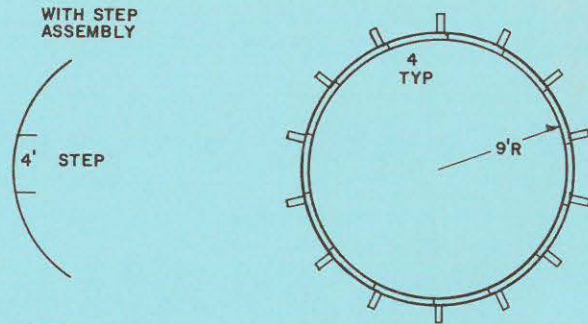
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

1462



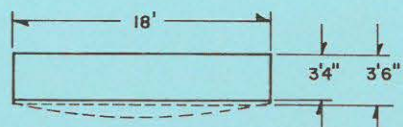
THURMAN

2



NOTE:  
1-4' STEP INSTALLATION

NOTE:  
14-9' RADIUS PANELS ARE PROVIDED  
(9' RADIUS PANEL = 4')  
14 SHORT BRACES ARE PROVIDED

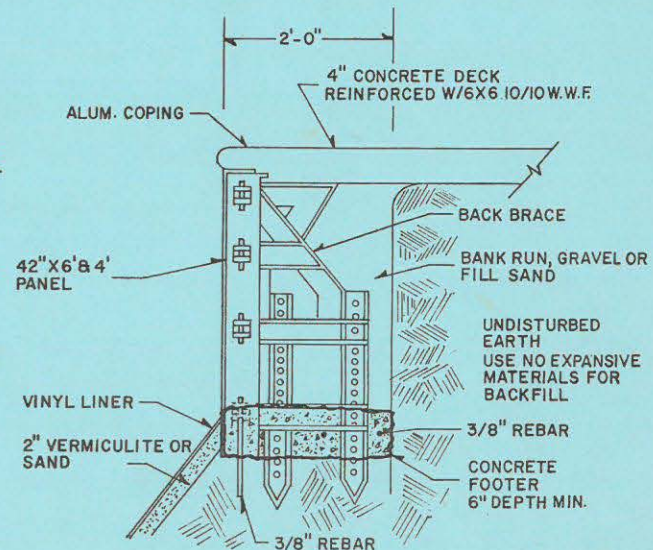


GENERAL NOTES:

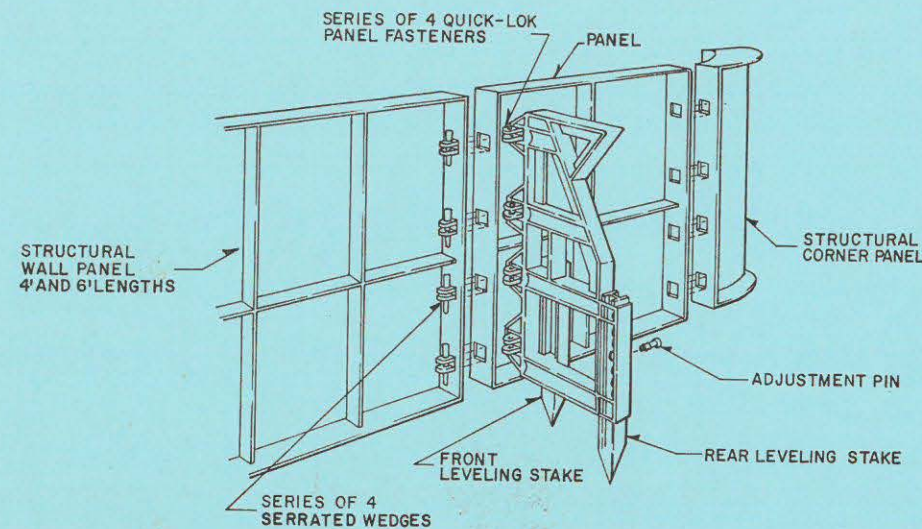
1. ALL VERTICAL DIMENSIONS ARE FROM LINER EXTRUSION ON ALL POOLS.
2. UNLESS OTHERWISE NOTED ALL POOLS ARE N.S.P.I. TYPE II AND TYPE II EQUIPMENT IS TO BE USED. TYPE II DIVING EQUIPMENT TO BE MOUNTED NO MORE THAN 20" ABOVE WATER & TIP OF BOARD SHALL BE 3'3" FROM DEEP END WALL.

EXCAVATION NOTES:

1. SOIL TO HAVE MINIMUM BEARING CAPACITY OF 2000 P.S.F.
2. LOCATE TOP OF POOL AT LEAST 1' ABOVE SURROUNDING LAND ELEVATION.
3. EXCAVATION SHALL BE 2' LARGER THAN POOL. ALL AROUND, FILL VOIDS UNDER BASE OF PANELS & TAMP WELL.
4. BACKFILL SHOULD NOT EXCEED WATER HEIGHT BY MORE THAN 12" WATER LEVEL SHOULD NOT EXCEED HEIGHT OF TAMPED BACKFILL BY MORE THAN 12"
5. BACKFILL TO BE SAND, GRAVEL OR OTHER NON-EXPANSIVE MATERIAL.



NOTE: USE 3-3/8" REBARS @ 9" OC CONTINUOUS AROUND PERIMETER IN BOND BEAM



NOTE:  
TYPE I POOL- INSTALLATION  
OF DIVING EQUIPMENT IS PROHIBITED.

RECEIVED

MAR 5 1982

Ans'd.....

*Jan 3/5/82*

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



NEXT ASSEMBLY		USED ON			
TITLE		SYMBOL		DESCRIPTION	
18' ROUND APOLLO II				DATE	
DWG. NO. 1013-33-09		P/NO.		BY	
MATERIAL		APRVD. BY		APRVD.	
FINISH:		APRVD. BY		APRVD.	
UNLESS OTHERWISE SPECIFIED		DATE		DATE	
DECIMAL: FRACTIONAL: ANGULAR:		RELEASED TO MFG.		SHEET NO. 1 OF 1	
BREAK ALL EDGES, REMOVE ALL BURRS & FLASH		701 PLANO RD.		RICHARDSON TEXAS 75081	
ALL DIMENSION IN INCHES & MUST BE MET AFTER PLATING					

SCALE NOTED

DRAWN BY ML DATE 1-23-79

CHECKED BY DEPT.

APRVD. BY DEPT.

APRVD. BY DEPT.

DATE

RELEASED TO MFG.

SHEET NO. 1 OF 1

Starline Pools

A DIVISION OF

airwick

pool products, inc.

MANUFACTURERS OF SWIMMING POOL EQUIPMENT



**3813**

**FENCE**

## TOWN OF SEWALL'S POINT FLORIDA

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 sets of complete plans, to scale, including a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two elevations, as applicable.

Owner Mrs. Judy Taylor Present address 10 Emarita wayPhone 288-4611Contractor MARTIN FENCE CO. Address \_\_\_\_\_Phone 930 9303 862 EAST STREET  
LAKE PARK, FL 33403Where licensed Palm Bch License number 010591

Electrical contractor \_\_\_\_\_ License number \_\_\_\_\_

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

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 4 Chain Link fence10 Emarita way  
State the street address at which the proposed structure will be built:Subdivision Sewall's Pointe Emarita Lot No. 5Contract price \$ 990.00 Cost of Permit \$ 25.00Plans approved as submitted ☒ Plans approved as marked \_\_\_\_\_

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

Contractor [Signature]

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 [Signature]

TOWN RECORD

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

Approved: Dale Brown 5/17/95  
Building Inspector

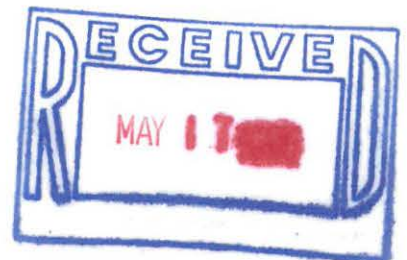
Date \_\_\_\_\_

Approved: [Signature]  
Commissioner

Date \_\_\_\_\_

Final Approval given: 5/17/95  
DateCertificate of Occupancy issued \_\_\_\_\_  
Date

SP/1-79





PHONE: 407-848-2666 • FAX: 407-848-4466  
TOLL FREE: 930-9303 - SEBASTIAN TO KEY WEST  
862 13TH STREET, LAKE PARK, FLORIDA 33403-2383  
LIC. # U10591

SOLD TO: Name MRS TAYLOR  
Address 10 EMARITA WAY  
City STUART

Date 5/12/95  
SHIP TO: SEWELL'S Pt.  
Rd to EMARITA  
Hill on Rt.

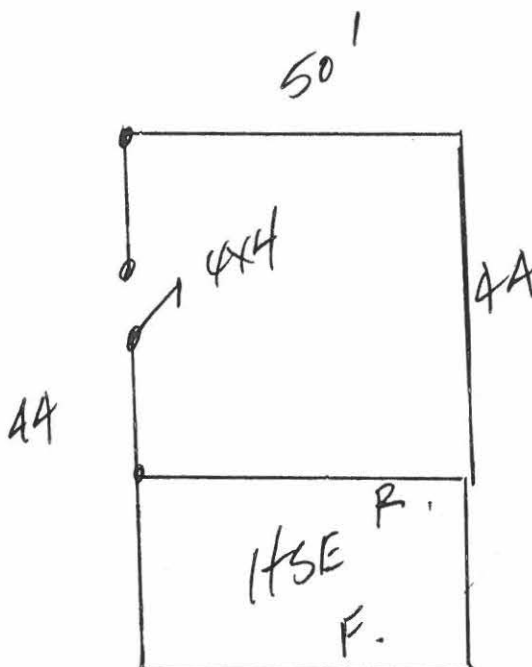
Phone \_\_\_\_\_ Business 288 4611  
Lot: 5 Block: \_\_\_\_\_ Plat: \_\_\_\_\_ Page: \_\_\_\_\_

Total Footage Grn Vinyl System  
Subdivision: SEWELL'S Pt.

Fence 4' GRN VINYL SYSTEM ☒ Top Rail Level ☐ Follow Contour ☐ Barb Up ☐ Knuckle Up

Top Rail 1 3/8" Grn Vinyl  
Line Posts 1 5/8" Grn Vinyl  
Cor. Posts 2 1/2" Grn Vinyl  
Gate Posts 2 1/2" Grn Vinyl  
Gates \_\_\_\_\_

Tension Wire YES Grn Vinyl  
Core Drills NONE  
Panelweave NONE



I hereby authorize the installation of the fence in accordance with the sketch and any attached specifications and I agree to assume all liability and responsibility for accuracy of sketches.

All fence lines must be cleared by customer or a fee will be charged - \$40 per hour/minimum of 1 hour.

Total Price \$990.00

Approx. Delivery Date \_\_\_\_\_

Less Deposit \$

Week of: \_\_\_\_\_

C.O.D. on Completion \$990.00

This contract subject to Terms and Conditions on reverse side. Oral representation's cannot be relied on. No modifications to this contract will be honored unless in writing and signed by both parties.

Customer MRS TAYLOR

I hereby acknowledge the satisfactory completion of the above described work.

Per \_\_\_\_\_

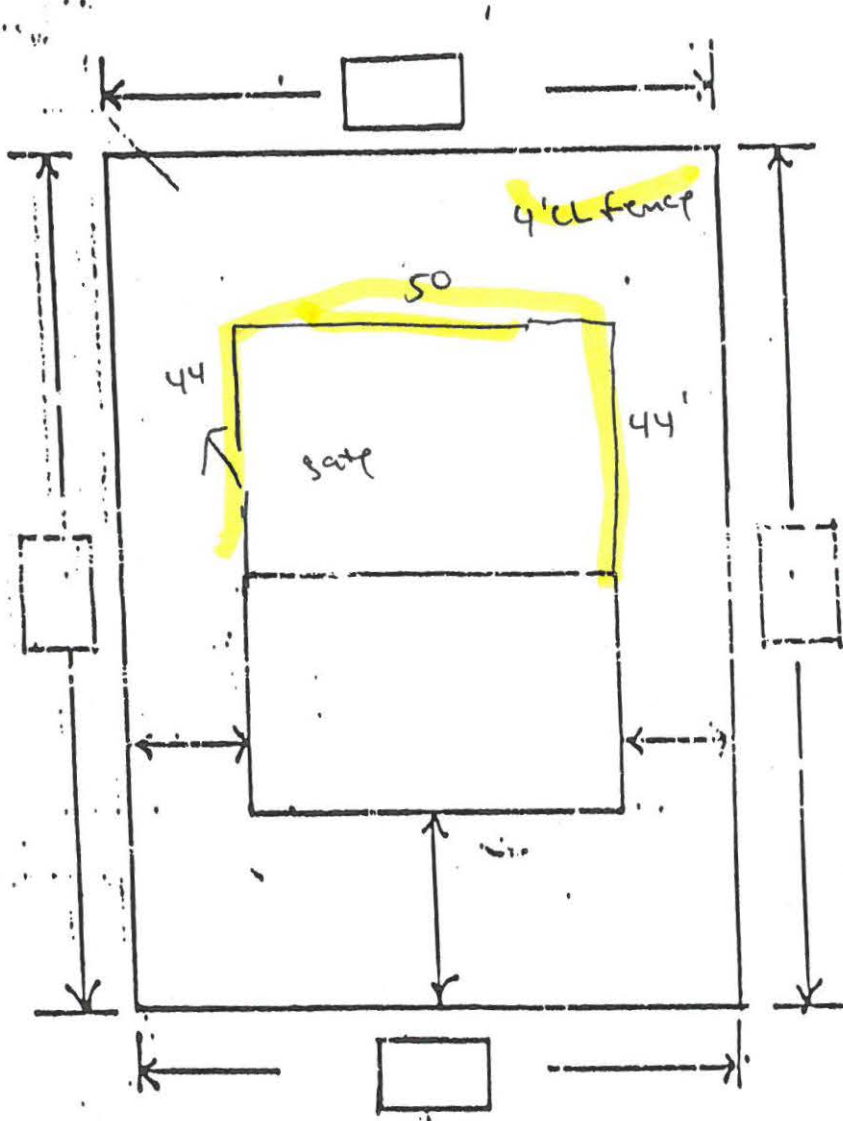
Salesman [Signature]

Customer \_\_\_\_\_

White copy/Office    Canary copy/Installer    Green copy/Permit    Pink copy/Customer



Plot Plan



Indicate fence with small x x x x

Address: Taylor

Owner's Name: 10 E. Main St. Way

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Blk: \_\_\_\_\_ Zone: \_\_\_\_\_

Valuation: \_\_\_\_\_

Type of Fence: \_\_\_\_\_ Height of Fence: \_\_\_\_\_

Type of Posts: (1) Corner: \_\_\_\_\_ (2) Line: \_\_\_\_\_ Depth in Ground: \_\_\_\_\_

Distance between Posts: \_\_\_\_\_ Top Rail Size: \_\_\_\_\_ In Conc. yes or no

Length of Fence: \_\_\_\_\_

**4111**

**FENCE**

JUN 19 '95 07:29AM SEWALLS POINT

1 So. Sewalls Pt. Rd  
Stuart, FL 34996

4111

TAX FOLIO NO. \_\_\_\_\_

DATE 12-10-96APPLICATION 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 MARK Taylor Present address 10 Emarita WayPhone 561-288-4611 Sewalls Point, FLContractor Adron Fence Co. Address 2762 N.W. 4<sup>th</sup> STREETPhone 800-282-5172 OKEECHOBEE, FL 34972-2337Where licensed OKEECHOBEE Co. License number 1154 (FE-1535)Electrical Contractor MARTIN Co. License number CC# SP00300

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

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

48' of 48" Chain Link fence screen to back

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

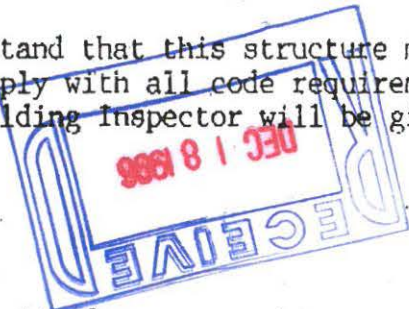
10 EMARITA WAYSubdivision EMARITA Lot Number 5 Block Number \_\_\_\_\_Contract price \$ 450.00 Cost of permit \$ 25.00

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

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

Contractor Pamela Shavers

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 Mr. Taylor

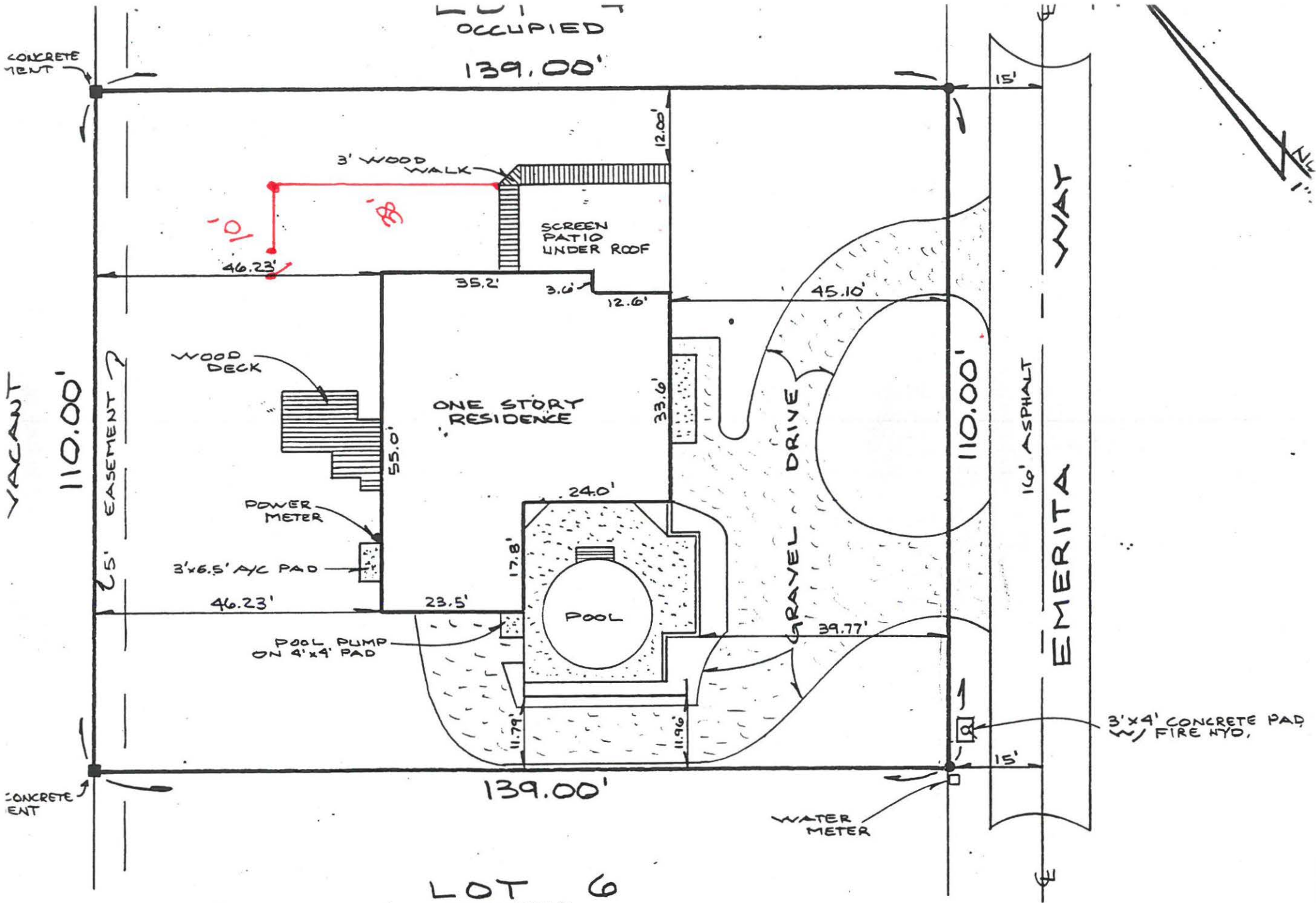
TOWN RECORD

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

Approved: Dale Ben  
Building Inspector DateApproved: \_\_\_\_\_ Final approval given: \_\_\_\_\_  
Commissioner Date DateCERTIFICATE OF OCCUPANCY issued (if applicable) \_\_\_\_\_  
Date

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







**4567**

**FENCE,**

**SKYLIGHT &**

**FRENCH DOORS**

**FINAL**  
**5/10/00**

3/16/00 PERMIT EXTENSION  
FROM: 3/17/00  
TO: 5/16/00

C

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

**TOWN OF SEWALL'S POINT**

Date MAR. 17, 1999

**BUILDING PERMIT NO. 4567**

Building to be erected for Lane

Type of Permit Fence +

Applied for by DON GREIST

(Contractor) Building Fee 30.00

Subdivision Emarita Lot 5 Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 10 EMARITA WAY

Impact Fee \_\_\_\_\_

Type of structure FENCE, SKYLIGHT + FRENCH DOORS

A/C Fee \_\_\_\_\_

ADJ. PERMIT FEE: BLDG. \$30.00  
+ O/B 7.50  
+ PL. RW 3.75  
TOTAL \$41.25 + 8.25 (2 Mo) = 49.50  
= 30.00

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

Parcel Control Number:

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

01-38-41-005

0000005060090

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

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_

Cash \_\_\_\_\_

Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 1500

BAL. DUE \$19.50  
PD 3/16/00 CK # 1844

TOTAL Fees \$30.00

Signed \_\_\_\_\_

Applicant

Signed \_\_\_\_\_

Town Building Inspector

4567

COPY

RECEIVED  
MAR 16 2000  
BY: EA FROM PERMIT BOOK

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

TOWN OF SEWALL'S POINT

Date MAR. 17, 1999 BUILDING PERMIT NO. 4567

Building to be erected for Lane Type of Permit Fence +

Applied for by DON GREIST (Contractor) Building Fee 30.00

Subdivision Emarita Lot 5 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 10 EMARITA WAY Impact Fee \_\_\_\_\_

Type of structure FENCE, SKYLIGHT + FRENCH DOORS A/C Fee \_\_\_\_\_

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

Parcel Control Number: \_\_\_\_\_ Plumbing Fee \_\_\_\_\_

01-38-41-005 000000 5060000 Roofing Fee \_\_\_\_\_

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

Total Construction Cost \$ 1500- TOTAL Fees \$30.00

Signed [Signature] Signed [Signature]

Applicant Town Building Inspector



Bldg. Pmt# \_\_\_\_\_

## Town of Sewall's Point

### BUILDING PERMIT APPLICATION

Date MAR 12 1999

#4567

Owner's Name: DON GREIST, JANICE GREIST Phone No. 561 283 0894  
Owner's Present Address: 10 EMARITA WAY SEWALL'S PT, FL 34994  
Fee Simple Titleholder's Name & Address if other than owner \_\_\_\_\_

Location of Job Site: 10 EMARITA WAY  
TYPE OF WORK TO BE DONE: ADD A FENCE, A SKYLIGHT & PAIR OF DOORS  
CONTRACTOR INFORMATION  
Contractor/Company Name: DON GREIST, ARCHITECT Phone No. 561 283 0894  
COMPLETE MAILING ADDRESS 10 EMARITA WAY  
State Registration FLORIDA State License AR-13961  
Legal Description of Property LOT 5 EMARITA  
Parcel Number 01-38-41-005

#### ARCHITECT/ENGINEER INFORMATION

Architect DON GREIST Phone No. 561 283 0894  
Address 10 EMARITA WAY  
Engineer \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Area Square Footage: Living Area 1773 Garage Area 391 Carport \_\_\_\_\_  
Accessory Bldg. \_\_\_\_\_ Covered Patio \_\_\_\_\_ Scr. Porch 340 Wood Deck \_\_\_\_\_  
Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_  
NEW electrical SERVICE SIZE NA AMPS ALL EXISTING

#### FLOOD HAZARD INFORMATION

flood zone B minimum Base Flood Elevation (BFE) \_\_\_\_\_ NGVD  
proposed finish floor elevation \_\_\_\_\_ NGVD (minimum 1 foot above BFE)  
Cost of construction or Improvement \$1,500.00  
Fair Market Value (FMV) prior to improvement \$165,000  
Substantial Improvement 50% of FMV yes \_\_\_\_\_ No X  
Method of determining FMV VERY SMALL MODIFICATION TO HOUSE  
PURCHASE PRICE WAS \$165,000

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

Electrical N.A. State License \_\_\_\_\_  
Mechanical N.A. State License# \_\_\_\_\_  
Plumbing \_\_\_\_\_ State License# \_\_\_\_\_  
Roofing \_\_\_\_\_ State License# \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIRCONDITIONERS, DOCKS, SEAWALLS, ACCESSORY BLDGS, SAND REMOVAL, TREE REMOVAL.

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

#### OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE Janice Greist  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 1998 by \_\_\_\_\_ who is personally known to me or has produced or has produced \_\_\_\_\_ and who did (did not) take an oath.

CONTRACTOR SIGNATURE \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 1998 by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ and who did (did not) take an oath.

TREE REMOVAL (Attach sealed survey)

No. of trees to be removed \_\_\_\_\_ No. to be retained \_\_\_\_\_ No. to be planted \_\_\_\_\_

Specimen tree removed \_\_\_\_\_ Fee \_\_\_\_\_ Authorized/Date \_\_\_\_\_

DEVELOPMENT ORDER # \_\_\_\_\_

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
- B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- C. Contractor's name, address, phone number & license numbers.
- D. Name all sub-contractors (properly licensed).
- E. Current Survey
- F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:
  1. Floor Plan
  2. Foundation Details
  3. Elevation Views - Elevation Certificate due after slab inspection.
  4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
  5. Truss layout
  6. Vertical Wall Sections (one detail for each wall that is different)
  7. Fireplace drawing: If prefabricated submit manufacturers data.

ADDITIONAL Required Documents are:

1. Use Permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (Atlantic Ave. only).
2. Well Permit or information on existing well & pump.
3. Flood Hazard Elevation (if applicable).
4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
5. Statement of Fact (for Homeowner Builder), and proof of ownership - (Deed or Tax receipt).
6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.
9. Replat required upon completion of slab or footing inspection and prior to any further inspections.

**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of COUNTY OF MARTIN, and there may be additional permits required from other governmental entities such as water management districts, state and federal agencies.

Approved by Building Official \_\_\_\_\_

Approved by Town Engineer \_\_\_\_\_



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri 5-10, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4567*	DOO Greist	Final.	PASSED	* PERMIT EXTENDED TO
✓ (5)	10 Emaita Way	Skylight ✓	BG	5/16/00 (FEE PAID)
	O/B			ALL OTHER PERMIT WORK PREVIOUSLY INSPECTED.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4732	Tettamanti	Tin tag &	Passed	
✓ (2)	19 Lofting Way	metal	BG.	
	HUPNAGE			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4912	Chico's - 3730	framing,	Passed	PHASE I - ONLY
✓ (4)	Harbour Bay Plaza ↓		BG	
	COSTELLO CONST.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4913	Chico's 3730	electue -	Passed	PHASE I - ONLY
(MPN 4912)	Harbour Bay ↓	rough	BG	Less panel
	COSTELLO CONST	(LAMMERS ELECT.)		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4914	Chico's 3730	Plumbing	Passed	PHASE I - ONLY
(MPN 4912)	H/B Plaza ↓	rough	BG	
	COSTELLO CONST	(SOUTH PARK PLUMB)		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4915	Chico's 3730	A/C rough	Passed	PHASE I - ONLY
(MPN 4912)	H/B Plaza ↓	in	BG	
	COSTELLO CONST	(BARKER A/C)		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

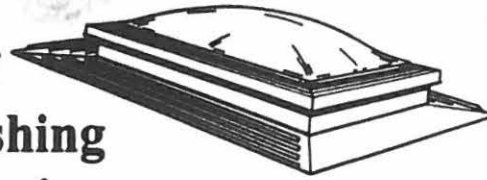
OTHER: \_\_\_\_\_

INSPECTOR (Name/Signature): \_\_\_\_\_



Item **11385**

## Self Flashing Aluminum



- Completely Assembled
- Easy Installation
- One piece self-flashing aluminum frame - NO FLASHING KIT REQUIRED
- Extra wide 4" pre-drilled nailing flange for additional leak prevention
- Made with High Impact GE Lexan® polycarbonate resin
- Energy Efficient
- 5 Year Warranty
- For use on asphalt, composition or wood shingle roofs
- Minimum of 3/12 pitch - *required*
- Bronze frame finish
- Complete Instructions
- Roofing Nails included



American Architectural  
Manufacturers  
Association



South Florida  
Building Code



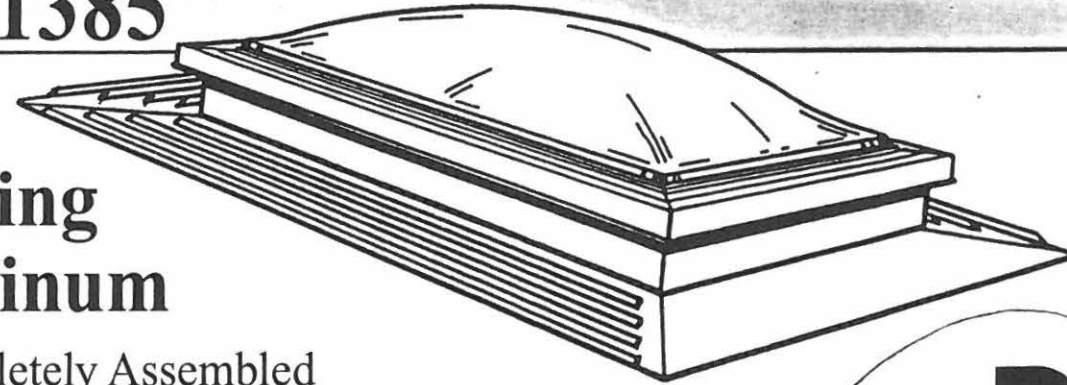
National Accreditation  
& Management  
Institute

Model  
**SFA**

Size Code	Outer Dome	Inner Panel	Frame Finish
-----------	------------	-------------	--------------

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American Architectural  
Manufacturers Associa-  
tion



South Florida  
Building Code



National Accredit  
& Manageme  
Institute

Outer Dome

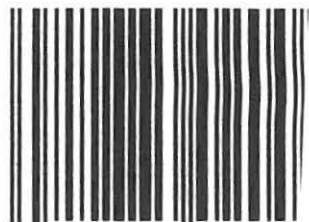
B = Bronze

Inner Panel

C = Clear

Frame Finish

B = Bronze



Model	Size Code	Outer Dome	Inner Panel	Frame Finish
-------	-----------	------------	-------------	--------------

10 SMART WAY PROPOSED STRUCTURAL CHANGES 3/11/99

TO ADD A PAIR OF 3<sup>0</sup> X 6<sup>8</sup> FRENCH DOORS IN AN EXTERIOR WALL OF THE DINING ROOM

EXISTING CONDITION IS A 3'-0" DOOR, A 2'-0" CB WALL SECTION AND A 3'-0" WINDOW SECTION (TOTAL 8'-0" WIDE) ALL BELOW A CONTINUOUS 8" X 15" CONCRETE BOND BM. w/ 4 - #5 REBARS

ADDING THE 6<sup>8</sup> PAIR OF DOORS PLUS A 2' STUD WALL SECTION IS SIMILAR TO AN 8'-0" WIDE DOORWAY IN EACH CASE THE CONCRETE BOND BM. MUST BE LARGE ENOUGH TO CARRY THE AXIAL LOADING PLUS THE EXP. D 140 MPH LATERAL LOADING — BY INSPECTION A

8" X 15" CONC. BM IS SATISFACTORY IN ADDITION THE NEW DOORWAY AND WALL SECTION MUST BE CAPABLE OF RESISTING THE LATERAL LOADING AND TRANSFER IT TO THE BEAM ABOVE AND THE SLAB BELOW — THIS REQUIREMENT WILL BE TAKEN CARE OF WITH RAMSET FASTENERS AT THE PLATE AND SILL OF THE INFILL WALL SECTION AS WELL AS THE CONNECTION OF VERTICAL STUDS OR DOOR JAMB TO THE BLOCK WALLS AT EA SIDE.

3/17/99

PROVIDE WIND LOAD CALCS FOR SKYLIGHT AND FRENCH DOORS PRIOR TO FINAL INSPECTION.

*Don Greist* 8/9/99

# III. BUILDING INDUSTRY SERVICES

## MEMORANDUM

Date: 3/17/99

To: DON GREIST

Re: 10 EMARITA WAY

The following listed items are needed to process your permit application.

Please provide:

1. SITE SURVEY SHOWING FENCE LOCATION.
2. INDICATE SIZE (HT) & FENCE AND FENCE TYPE TO BE USED.
3. SUBMIT WIND LOAD CALCULATIONS AND DETAIL SHEET FOR SKYLIGHT.
4. WIND LOAD CALCS. FOR FRENCH DOORS.

*PROVIDE AT FRAMING INS.*  
F Collins, C.O.D.

BU979



## PERMIT FOR

1. NEW PAIR OF DOORS
2. MISC ELEC. (MOVE SWITCHES)
3. ADD SKYLIGHT
4. 110' OF FENCING AT REAR OF LOT

**5654**

**RE-ROOF**

## TOWN OF SEWALL'S POINT

Date 1/14/02BUILDING PERMIT NO. 5654Building to be erected for DON & JANICE GREIST Type of Permit RE-ROOFApplied for by SAMUEL CHES (Contractor) Building Fee \_\_\_\_\_Subdivision \_\_\_\_\_ Lot 5 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_Address 10 EMERALTA WAY Impact Fee \_\_\_\_\_Type of structure SFR A/C Fee \_\_\_\_\_

Parcel Control Number:

13841005000000506000 Plumbing Fee \_\_\_\_\_Amount Paid 120 Check # 4768 Cash \_\_\_\_\_ Other Fees ( ) \_\_\_\_\_Total Construction Cost \$ 120.00 TOTAL Fees 120.00

Signed \_\_\_\_\_ Signed \_\_\_\_\_

Applicant

Town Building Inspector

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	<u>2/14/02</u>



# Town of Sewall's Point

## BUILDING PERMIT APPLICATION

Building Permit Number: \_\_\_\_\_

Owner or Titleholder Name: DON F. & JANICE E. GREIST City: SEWALLS PT State: FL Zip: 34990  
 Legal Description of Property: LOT 5, EMARITA Parcel Number: 1-38-41-005  
 Location of Job Site: 10 EMARITA WAY Type of Work To Be Done: REEROOF

CONTRACTOR/Company Name: SAMUEL S. CHASS Phone Number: 336-2192  
 Street: 1218 SW MARCUS AVE City: PT ST LUCIE State: FL Zip: 34953  
 State Registration Number: RC-0061026 State Certification Number: \_\_\_\_\_ Martin County License Number: 00320

ARCHITECT: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER: \_\_\_\_\_ 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: \_\_\_\_\_  
 Type Sewage: \_\_\_\_\_ Septic Tank Permit Number From Health Dept.: \_\_\_\_\_ Well Permit Number: \_\_\_\_\_

FLOOD HAZARD INFORMATION Flood Zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD  
 Proposed First Floor Habitable Floor Finished Elevation: \_\_\_\_\_ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: 7480<sup>00</sup> Estimated Fair Market Value (FMV) Prior  
 To Improvements: \_\_\_\_\_ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES \_\_\_\_\_ NO \_\_\_\_\_

## SUBCONTRACTOR INFORMATION

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Roofing: SAMUEL E. CHASS State: FLA. License Number: RC-0061026

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, 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) \_\_\_\_\_ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) \_\_\_\_\_  
 National Electrical Code \_\_\_\_\_ Florida Energy Code \_\_\_\_\_  
 Florida Accessibility Code \_\_\_\_\_

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

## OWNER OR AGENT SIGNATURE (Required)

State of Florida, County of: MARTIN  
 This the 3rd day of JANUARY, 2002  
 by DONALD & JANICE GREIST who is personally  
 known to me or produced FL DRIVERS LIC  
 as identification. AMY HOGAN

Notary Public

My Commission Expires: JULY 19, 2005 **AMY HOGAN**

Seal

Notary Public, State of Florida  
 My comm. exp. July 19, 2005  
 Comm. No. DD 043417

## CONTRACTOR SIGNATURE (Required)

On State of Florida, County of: \_\_\_\_\_  
 This the \_\_\_\_\_ day of \_\_\_\_\_, 2002  
 by \_\_\_\_\_ who is personally  
 known to me or produced \_\_\_\_\_  
 As identification. \_\_\_\_\_

Notary Public

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

Seal

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

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

TAX FOLIO # 13841005000000506000

**NOTICE OF COMMENCEMENT**

STATE OF Florida

COUNTY OF MARTIN

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE):

LOT 5 EMARITA, 10 EMARITA WAY

GENERAL DESCRIPTION OF IMPROVEMENT: \_\_\_\_\_

OWNER: DON F. GREIST & JANICE E. GREIST

ADDRESS: 10 EMARITA WAY, SEWALL'S PT. FL 34994

PHONE #: 561-283-0894 FAX #: \_\_\_\_\_

CONTRACTOR: SANUEL E. CHES

ADDRESS: 1218 SW. MANCOSO AVE PT. ST. LUCIE, FL 34953

PHONE #: 336-2192 FAX #: 336-9289

SURETY COMPANY (IF ANY) N/A

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

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

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

LENDER: NONE

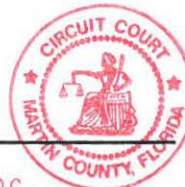
ADDRESS: \_\_\_\_\_

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

STATE OF FLORIDA  
MARTIN COUNTY

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

BY T. COPUS D.C.  
DATE 1-10-02



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: SAME AS OWNER

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: \_\_\_\_\_

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 3rd DAY OF JANUARY 2002 BY DONALD & JANICE GREIST

PERSONALLY KNOWN  
PRODUCED ID  
TYPE OF ID FL DRIVERS LIC

Amy Hogan  
NOTARY SIGNATURE

OR  
AMY HOGAN  
Notary Public, State of Florida  
My comm. exp. July 19, 2005  
Comm. No. DD 043417



# 0150419

## STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONST INDUSTRY LICENSING BOARD

SEQ# 01090401361

DATE	BATCH NUMBER	LICENSE NBR
9/04/2001	01900435	RC -0061026

The ROOFING CONTRACTOR

Named below HAS REGISTERED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2003

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS  
PRIOR TO CONTRACTING IN ANY AREA)

CHESS, SAMUEL EARL

INDIVIDUAL

1218 SW MANCUSO AVE.

PORT ST LUCIE

FL 34953

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER  
SECRETARYMARTIN COUNTY, FLORIDA  
Construction Industry Lic Bd  
Certificate of Competency

License: SP00320

Expires September 30, 2003

CHESS, SAMUEL E

CHESS ROOFING

1218 SW MANCUSO AVE

PSL, FL 34953

ROOFING CONTRACTOR



STATE OF FLORIDA  
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY  
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION  
FROM FLORIDA WORKERS' COMPENSATION LAW

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE 12/11/2001

EXPIRATION DATE 12/11/2003

EXEMPTED INDIVIDUAL NAME CHESS SAMUEL E

S.S. 262-53-5297

BUSINESS NAME CHESS SAMUEL E

FEIN 650074550

BUSINESS ADDRESS 1218 SW MANCUSO AVENUE  
PORT SAINT LUCIE FL 34953

NOTE: Pursuant to Chapter 440.10(1),(g),2 F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA  
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY  
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION  
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 12/11/2001

EXPIRATION DATE 12/11/2003

EXEMPTED PERSON LAST NAME CHESS

FIRST NAME SAMUEL E

SOCIAL SECURITY NUMBER 262-53-5297

BUSINESS NAME CHESS SAMUEL E

FEDERAL IDENTIFICATION NUMBER 650074550

BUSINESS ADDRESS 1218 SW MANCUSO AVENUE

PORT SAINT LUCIE FL 34953



FOLD HERE

NOTE: Pursuant to chapter 440.10(1),(g),2, F.S., a sole proprietor, partner, or officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

CUT HERE

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



MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

Southeastern Metals Manufacturing Co., Inc.  
11801 Industry Drive  
Jacksonville, FL 32226

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

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

CONTRACTOR ENFORCEMENT DIVISION  
(305) 375-2968 FAX (305) 375-2908

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

Your application for Notice of Acceptance (NOA) of:

**5-V Crimp Metal Roofing Panels**

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

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

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

ACCEPTANCE NO.: 01-0313.19

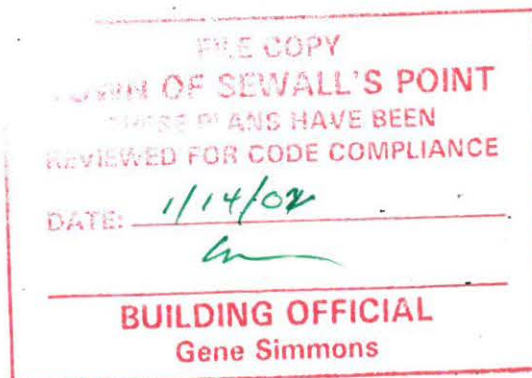
EXPIRES: 06/14/2006

Raul Rodriguez  
Chief Product Control Division

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

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

APPROVED: 06/14/2001



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



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☒ Mon ☐ Wed ☐ Fri January 21, 2002 Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5538	Mattaway 141 S. River Rd. S+P Maine	Steel	Passed	(Topcon/Wedge adhes?) (Deck spacing?) INSPECTOR:
5515	Walker 6 Cranes Nest Laniero 971 2164	Final 1st Floor	Passed	(Final Survey (column) with proof) INSPECTOR:
5427	Poglia 105 Abbie Ct. Poglia	Kitch + Plumbg.	Passed → Passed	INSPECTOR:
5654	GREIST 10 EMARITA CHBS	ROOF SHEATHING. TIN TAKE.	Passed	(repairing gables 4") INSPECTOR:
5501	ALLMAN 3 Summer Ln. ALLMAN	SHEATHING	Passed	INSPECTOR:
5063	ROBINSON 173 S. River Rd. DRIFTWOOD	Early Power RELEASE	Passed	Need final el. layout Need power-release agmt. INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri JANUARY 23, 2008 Page 2 of 3.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5654	GRIEST	IN PROGRESS	PASSED	
(6)	10 EMARITA CHESS	ROOF		INSPECTOR: <u>Ln</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5617	ABBOTT	TIN TAG +	PASSED	
(4)	108 N. SPR WILSON	METAL (PARTIAL)		INSPECTOR: <u>Ln</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5484	VITALE	ELEC, GAS, A/C	PASSED	
(3)	13 KNOWLES RD. DECOR	ROUGH. FRAMING - TRUSS ENGR		INSPECTOR: <u>Ln</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5427	FOGLIA	LATH	PASSED	
(11)	105 ABBIE CT FOGLIA			INSPECTOR: <u>Ln</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5567	WEBER	TRUSS ENGR	FAILED	
(14)	4 MANDALAY. BURFORD.	ROOF SHEATHING.		INSPECTOR: <u>Ln</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5573	FLAUGH	TEMP POLE-		
	6 INDIALUCIE PKY. HUPFAGEL.	DUPLICATE -		INSPECTOR: <u>Ln</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5489	RUCOLO.	SHEATHING.	FAILED	
(9)	12 RIO VISTA DR. STRACUZZI.	TIN TAG. 561-466 4040.		INSPECTOR: <u>Ln</u>

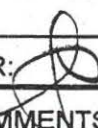
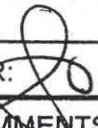

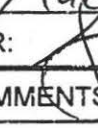

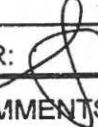
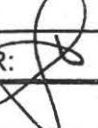
OTHER: \_\_\_\_\_



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☒ Mon ☐ Wed ☐ Fri 2/4/2, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5646	Whalen	in progress	Passed	
(10)	9 Knowles Rd. Cardinal Rfg.	tile		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5668		BLK F.N.M.	Passed	
(8)	148 N. SEWALLS PT Arlington. ELEC.	FOR SERVICE. VACANT LOT		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5427	FOGLIA	ROUGH ELEC.	Passed	El. panels!
(6)	105 ABBIE CT. FOGLIA.			Pool eqpt moved INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5654	GEIST	ROOF FINAL	Passed	Roof OK
(1)	10 EMILY A CHES.		?	Chimney incomplete INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5388	WALKER	POOL STEEL	Failed	
(2)	6 CRANES NEST OLYMPIC			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5650	WINEK	POOL STEEL	Failed	
(3)	FI RIDGE LAND. OLYMPIC			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5612	PEGARINO.	SHEATHING.	Passed	
(7)	24 W. NEW POINT. PINE ORCHARD.			INSPECTOR: 

OTHER: \_\_\_\_\_

**5687**

**CHIMNEY**



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

**TOWN OF SEWALL'S POINT**Date 2/2/02BUILDING PERMIT NO. 5687Building to be erected for DONALD + JANICE GREIST Type of Permit REBUILD CHIMNEYApplied for by OIB (Contractor) Building Fee 35.00Subdivision EMARITA Lot 5 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_Address 10 EMARITA WAY Impact Fee \_\_\_\_\_Type of structure SFR A/C Fee \_\_\_\_\_

Parcel Control Number:

138410050000005060000

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

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

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

Amount Paid \$35.00 Check # 2856 Cash \_\_\_\_\_ Other Fees (\_\_\_\_\_) \_\_\_\_\_Total Construction Cost \$ 500.00 TOTAL Fees \$35.00

Signed \_\_\_\_\_

Applicant

Signed \_\_\_\_\_

Town Building Inspector

OFFICIAL

**PERMIT**

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

**INSPECTIONS**

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	_____

# Town of Sewall's Point

## BUILDING PERMIT APPLICATION

Building Permit Number: \_\_\_\_\_  
Owner or Titleholder Name: DONALD & JANICE GREIST City: SEWALL'S PT State: FL Zip: 34996  
Legal Description of Property: LOT 5 EMARITA Parcel Number: 01-38-41-005  
Location of Job Site: 10 EMARITA WAY Type of Work To Be Done: REBUILD CHIMNEY 283-  
0894

CONTRACTOR/Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

ARCHITECT DONALD F. GREIST, AIA Phone Number: 220 9909  
Street: 10 EMARITA WAY City: SEWALL'S PT. State: FL Zip: 34996

ENGINEER \_\_\_\_\_ 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: \_\_\_\_\_  
Type Sewage: \_\_\_\_\_ Septic Tank Permit Number From Health Dept. \_\_\_\_\_ Well Permit Number: \_\_\_\_\_

FLOOD HAZARD INFORMATION Flood Zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD  
Proposed First Floor Habitable Floor Finished Elevation: \_\_\_\_\_ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: 500.00 Estimated Fair Market Value (FMV) Prior  
To Improvements: \_\_\_\_\_ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES \_\_\_\_\_ NO X

## SUBCONTRACTOR INFORMATION

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

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNANCE, 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) \_\_\_\_\_ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) \_\_\_\_\_  
National Electrical Code \_\_\_\_\_ Florida Energy Code \_\_\_\_\_ Florida Accessibility Code \_\_\_\_\_

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)  
Janice Greist  
State of Florida, County of: MARTIN  
This the 15th day of February, 2002  
by Donald & Janice Greist who is personally  
known to me or produced FLDL  
as identification. Amy Hogan

Notary Public  
My Commission Expires: July 19, 2005  
Seal  
AMY HOGAN  
Notary Public, State of Florida  
My comm. exp. July 19, 2005  
Comm. No. DD 043417

CONTRACTOR SIGNATURE (required)  
Donald Greist  
On State of Florida, County of: MARTIN  
This the 15th day of February, 2002  
by Donald Greist who is personally  
known to me or produced FLDL  
As identification. Amy Hogan

Notary Public  
My Commission Expires: July 19, 2005  
Seal  
AMY HOGAN  
Notary Public, State of Florida  
My comm. exp. July 19, 2005  
Comm. No. DD 043417

REF: ROOFING PERMIT # 5654



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri JUNE 28., 2008 Page    of   .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5713	HOOVER	INSULATION	PASSED	
④	175 S. SEWALL'S PT RD			
	HOOVER.			INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5814	ABESADA-TERK	Dock Final	PASSED	
⑤	8 Morgan Ct.			
	Bella Marino			INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5825	Shewbridge	Electrical &	FAILED	(Monday)
③	126 S. Sewalls Pt. Rd	Holddown &		
	DIFTWOOD	TIN TAG		INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5743	GIFFORD	Final		(Monday)
	85 N. Sewalls			
				INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5631	Hart	Stem Wall	FAIL -	NO COMPACTION
②	61 S. River Rd	Pool		
	Winchip			INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5663	HORVITS	Tie C.O. FINAL	FAILED.	
⑥	511 PERRIWINKLE			
	PERCOR			INSPECTOR: <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5681	CRIST.	FIREPLACE	PASSED	
①	10 EMERY A	8:30 FRAMING &		
	O/B	SHEATHING		INSPECTOR: <u>h</u>

OTHER: \_\_\_\_\_

**8165**

**REMODEL**

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

## TOWN OF SEWALL'S POINT

Date 4-10-06

BUILDING PERMIT NO. **816**

Building to be erected for GRANT

Type of Permit RELOCATE SINKHOLE

Applied for by O/B

(Contractor) Building Fee 35.00

Subdivision EMARITA Lot 5

Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 10 EMARITA WAY

Impact Fee \_\_\_\_\_

Type of structure SFR

A/C Fee \_\_\_\_\_

Parcel Control Number:

138410050000005060000

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

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

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

Amount Paid 35.00 Check # 1314 Cash \_\_\_\_\_

Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 1000.

TOTAL Fees 35.00

Signed \_\_\_\_\_

Applicant

Signed \_\_\_\_\_

Town Building Official

## PERMIT

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

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

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

## INSPECTIONS

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

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

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

SLAB \_\_\_\_\_

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

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

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

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

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

FRAMING \_\_\_\_\_

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

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

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

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

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

FOOTING \_\_\_\_\_

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

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

LATH \_\_\_\_\_

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

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

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

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

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

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

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



RECEIVED  
3/30/06

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Date: 3/30/06

OWNER/TITLEHOLDER NAME: DONALD GREST

Phone (Day) 772-486-3366 (Fax) 283-0894

Job Site Address: 10 EMARITA WAY

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

Legal Desc. Property (Subd/Lot/Block) EMARITA 5

Parcel Number: \_\_\_\_\_

Owner Address (if different): SAME

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

Description of Work To Be Done: RELOCATE SINK AND DOORWAY

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: \$ 1,000  
(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: OWNER

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: \_\_\_\_\_

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION:

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

Florida Accessibility Code: 2004 Florida Fire Code 2004

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: MARTIN

This the 30th day of MARCH, 2006

by DONALD GREST who is personally

known to me or produced

as identification. [Signature]

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

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 2006

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

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

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

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

Notary Public

Seal

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

## TOWN OF SEWALL'S POINT

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

### TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT

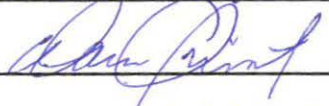
(To be submitted if permit is to be pulled by Owner/Builder)

#### DISCLOSURE STATEMENT

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

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

Name: DONALD GREIST Date: APRIL 10 2006

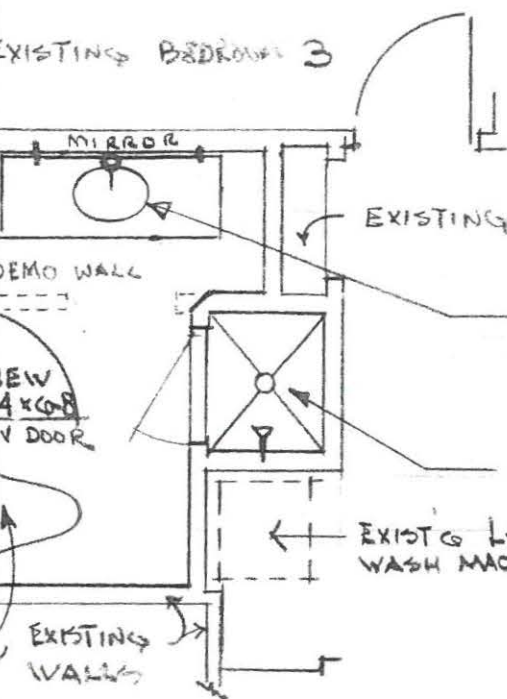
Signature: 

Address: 10 EMARITA WAY

City & State: SEWALLS PT. FLA

Permit No. :



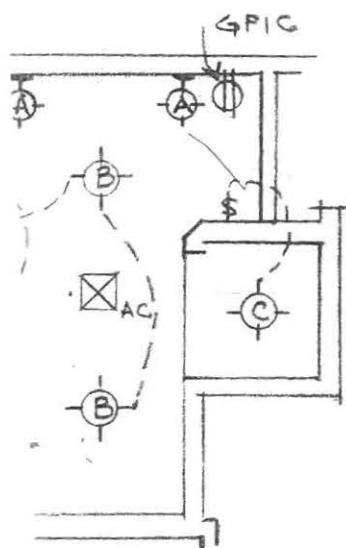


BATHROOM PLAN  
1/4" = 1'-0"

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

DATE: 3/31/06

BUILDING OFFICIAL  
Gene Simmons



LIGHT SCHEDULE

- (A) WALL SCONCE TO BE SELECTED & LOC.
- (B) RECESSED HALO H-101CT W/ 310 BATTLE
- (C) RECESSED HALO H-101CT W/ WR DROP OPAL

LIGHTING PLAN 1/4" = 1'-0"

THIS PROJECT INCLUDES  
ON OF A SINK, DOOR, ELEC.  
ITS, EXHAUST FAN AND  
ISHES (PAINT & TILE).  
CHANGES WILL BE MADE.

BATHROOM MODIFICATIONS  
AT 10 EMARITA WAY SEWALLS PT.  
DON GREIST ARCHITECT/OWNER  
3-27-06 SCALE AS SHOWN  
TEL 283-0894







*Don Greist*  
3/30/06



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☒ Mon ☐ Wed ☐ Fri 5-22, 2006 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	Galinas	Column		
1	26 S SPR Duftwood	(AM)		INSPECTOR:
7718	Schoppe	Insulation	PASS	
2	9 Palm Rd A+P			INSPECTOR: 
8229	McConnick	Hot mop	PASS	
7	59 N River Rd Heaton Roofing			INSPECTOR: 
7764	Rucker	Partial Lathe	PASS	
6	20 N S PRd Masterpiece			INSPECTOR: 
8095	Cary	Electrical	PASS	
3	76 SR Rd (LEE CHART) Demorest	Plumbing FRAMING	PASS FAIL	INSPECTOR: 
8197	Schoppe	Rough interior	PASS	
2	9 Palm Rd Propane Serv			INSPECTOR: 
8165	GREIST	Underground plumb.	PASS	
5	10 Emarita Way OB	sink		INSPECTOR: 
OTHER:	MC.	19 N. VIA LUCINDA	DRY-IN	FAIL
4				

39 N. RIVER DOCK REPAIR?  
ROOF?



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri 6-30, 2006

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8159</del>	<del>CULON</del>	<del>STEEL/GRAND</del>	<del>DUPLICATE</del>	
<del>X</del>	<del>20 E HIGH PT.</del>	<del>POOL</del>		
	<del>ADVANTAGE POOL</del>			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7390	Goldman	Final	FAIL	
11	4 Summer La.			
	OB			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Cantwell	Tree	PASS	
12	34 Castle Hill Way			
	OB			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8259	Rossario	Final - stairs	PASS	CLOSE
	137 Skiver	deck + dock		
5	OB			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8039</del>	<del>Manner</del>	<del>4th Charge</del>	<del>FAIL</del>	
<del>1A</del>	<del>1141 1st Hillcrest</del>	<del>177</del>		
	OB	1st Please		INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8165	Greist	Before drywall	PASS	
9	10 Emmita Way			
	OB			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	Galini	slab	FAIL	
1	26 SSK Rd			
	Driftwood			INSPECTOR: <i>OM</i>

OTHER:

25 / 18



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri 2-16, 2007

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8510	Demarest	Final-Fiel	FAIL	
2	92 S River Rd Custom Landscape	Curm		INSPECTOR: <i>[Signature]</i>
8500	Toledo	Dry-in	PASS	
9	9 N. River Rd Pacific Roof.			INSPECTOR: <i>[Signature]</i>
8165	Greist	Bathroom final	PASS	CLOSE
7	10 Emarita OB			INSPECTOR: <i>[Signature]</i>
1801	Cummings	Plaster stem wall	PASS	
3	83 S River Rd Elias			INSPECTOR: <i>[Signature]</i>
7786	Walker	Insulation	PASS	
5	6 Cranes Nest WMB Janiero			INSPECTOR: <i>[Signature]</i>
8519	Bohner	Final	FAIL	
1	17 W High Pt O/B			INSPECTOR: <i>[Signature]</i>
8191	Sharfi	lock-steel	FAIL	
last 1150	73 N. Sewall St OB Marine			INSPECTOR: <i>[Signature]</i>

OTHER:



**8756**

**RE-ROOF**

**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:	8756	DATE ISSUED:	NOVEMBER 6, 2007
SCOPE OF WORK:	REROOF		
CONDITIONS :	30.8 %		
CONTRACTOR:	RALPH E WILSON ROOFING		
PARCEL CONTROL NUMBER:	13841005000000506000	SUBDIVISION	EMARITA - LOT 5
CONSTRUCTION ADDRESS:	10 EMARITA WAY		
OWNER NAME:	GREIST		
QUALIFIER:	RALPH E WILSON	CONTACT PHONE NUMBER:	215-4460

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO THE FIRST REQUESTED INSPECTION.**

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE  
CALL 287-2455 - 8:00AM TO 4:00PM      INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

**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:	8756		
ADDRESS	10 EMARITA WAY		
DATE:	11/6/07	SCOPE:	REROOF

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)			

**RALPH E WILSON ROOFING INC**

772-546-3438  
P O Box 2161  
Hobe Sound, FL 33475

**TOWN OF SEWALL'S POINT****2029**

63-643/670  
BRANCH 00696

Date 11/6/07\$ 155Pay to the  
Order ofONE HUNDRED FIFTY FIVE DOLLARS

Dollars

Security  
Features  
Compare on  
Web**WACHOVIA**  
Wachovia Bank, N.A.  
wachovia.com

For

GRIFT PERMIT**TOTAL BUILDING PERMIT FEE:**

\$

**ACCESSORY PERMIT**

Declared Value:

\$

6000.00

Total number of inspections @ \$75.00 each

2

\$

150.00

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

\$

5.00**TOTAL ACCESSORY PERMIT FEE:**

\$

155.00



**RECEIVED**

DATE: 11-2-07  
TOWN OF SEWALL'S POINT

**Town of Sewall's Point**

Date: Nov 1, 2007 **BUILDING PERMIT APPLICATION** Permit Number: \_\_\_\_\_

**OWNER/TITLEHOLDER NAME:** DONALD & JANICE GREIST Phone (Day) 772-283-0894 (Fax) SAME

**Job Site Address:** 10 EMARITA WAY City: SEWALL'S PT. State: FL Zip: 34996

**Legal Desc. Property (Subd/Lot/Block):** EMARITA SUBDIVISION LOT 5 **Parcel Number:** 138410050000005060000

**Owner Address (if different):** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Scope of work:** RE-ROOFING LOW SLOPE AREAS OF ROOF 30.8% OF TOTAL

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

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

**Estimated Value of Improvements:** \$ 6,000.00  
(Notice of Commencement required when over \$2500 prior to first inspection)

Is subject property located in flood hazard area? V A9 A8 X

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

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

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

\*\*\* PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION\*\*\*

**CONTRACTOR/Company:** RALPH WILSON ROOFING INC. Phone: 215-4460 Fax: 544-7472

**Street:** PO BOX 2161 **City:** HOBE SOUND **State:** FL **Zip:** 33475

**State Registration Number:** \_\_\_\_\_ **State Certification Number:** CC049340 **Municipality License Number:** \_\_\_\_\_

**PROJECT SUPERINTENDANT:** RALPH WILSON **CONTACT NUMBER:** 215-4460

**ARCHITECT** \_\_\_\_\_ **Lic.#:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

**ENGINEER** \_\_\_\_\_ **Lic#** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

**AREA SQ. FOOTAGE (W /SEWER & ELECTRIC):** Living: \_\_\_\_\_ Garage: 550 Covered Patios: 550 Screened Porch: \_\_\_\_\_

**Carport:** \_\_\_\_\_ **Total Under Roof** \_\_\_\_\_ **Wood Deck:** \_\_\_\_\_ **Accessory Building:** \_\_\_\_\_

**CODE EDITIONS IN EFFECT FOR THIS APPLICATION:** Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas: 2004 (W/2006 Rev.)  
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

**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 TO YOUR ADVANTAGE AND 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, AND 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

**THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR 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 ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.**

**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.**

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

**OWNER SIGNATURE (required)**

State of Florida, County of: Martin  
This the 1 day of Nov., 2007  
by Donald F Greist who is personally

known to me or produced as identification. Rajwanti Bishundat

My Commission Expires: March 07/2010

**CONTRACTOR SIGNATURE (required)**

On State of Florida, County of: Martin  
This the 2nd day of Nov, 2007  
by Ralph E. Wilson who is personally

known to me or produced PD# 425-725-59-307-C  
as identification. Valerie Meyer

My Commission Expires: May 14/2010

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





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

### RE-ROOF PERMIT CERTIFICATION

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

CONTRACTOR'S NAME: Ralph Wilson PHONE #: 215-4460 FAX: 546-7472

OWNER'S NAME: DONALD GREIG

CONSTRUCTION ADDRESS: 10 EMARITA WAY CITY SEWALL'S PT STATE FL

RE-ROOF: ☒ RESIDENTIAL(SINGLE FAMILY)

\_\_\_\_\_ COMMERCIAL \*\*--REMOVE/REINSTALL ROOF TOP HVAC EQUIP \_\_\_\_\_ YES \_\_\_\_\_ NO

\*\*...DISCONNECT/RECONNECT HVAC ELECTRIC \_\_\_\_\_ YES \_\_\_\_\_ NO

\*\* REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

ROOF TYPE: \_\_\_\_\_ HIP \_\_\_\_\_ BOSTON-HIP \_\_\_\_\_ GABLE ☒ FLAT \_\_\_\_\_ OTHER \_\_\_\_\_

ROOF PITCH: 1 /12 SLOPE

ROOF DECK:\* \_\_\_\_\_ SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED

\_\_\_\_\_ RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF  
NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER  
FLORIDA BUILDING CODE "2004".

\_\_\_\_\_ SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED-  
SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME  
SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK  
NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".

☒ EXISTING DECK TO REMAIN/REPAIRED

EXISTING ROOF COVERING: TAR + GRAVEL EXISTING COVERING TO BE REMOVED? YES ☒ NO \_\_\_\_\_

PROPOSED NEW ROOF COVERING: POLYGLASS PERM/SEAL

MANUFACTURER POLYGLASS PRODUCT NAME ELASTOFLEX PRODUCT APPR # FL1654-R1

(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL)  
MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

\*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE  
INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT  
INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

PROPOSED FLASHING: \_\_\_\_\_ GALV./STEEL \_\_\_\_\_ ALUMINUM \_\_\_\_\_ COPPER \_\_\_\_\_ OTHER ACRALUME

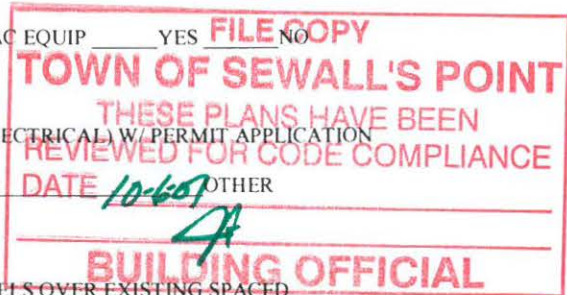
RIDGEVENT TO BE INSTALLED: \_\_\_\_\_ YES ☒ NO \_\_\_\_\_

DESCRIPTION OF WORK: TEAROFF EXISTING ROOF  
RENM L TO CURRENT CODE  
APPLY ELASTO FLEX ROOF SYSTEM

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN  
COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

Ralph Wilson  
SIGNATURE OF CONTRACTOR

DATE: 11/2/07



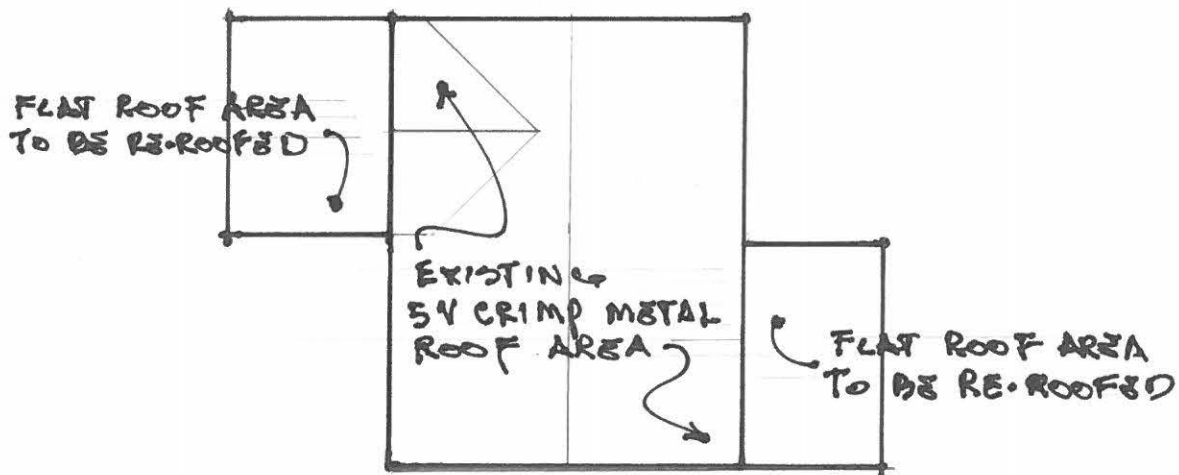


TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
One S. Sewall's Point Road  
Sewall's Point, Florida 34996  
Tel 772-287-2455 Fax 772-2204765

### ROOFING MATERIAL LIST


NO	MATERIAL	QUANTITY	UNIT	REMARKS
0	GAF Timberline 30 shingles	25	SQ	EXAMPLE
	SA V BASE SHEET	10	RLS	
	SA P CAP SHEET	10	RLS	
	8D RING SHANK NAILS	1	BY	
	ACRALUME Drip Edge	40	FT	
	WALL FLASHING	30	FT	

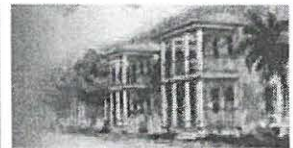
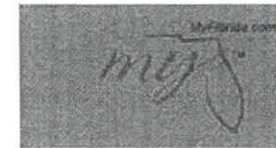
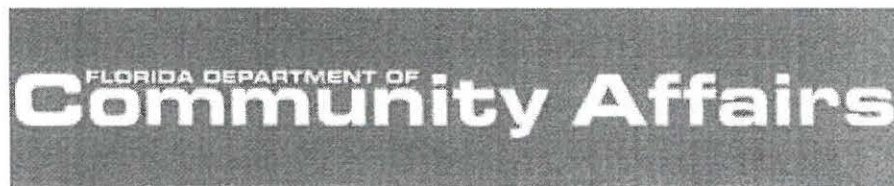




FLAT ROOF AREA TO BE RE-ROOFED = 775 SF (30.8%)  
 EXISTING METAL ROOF AREA TO REMAIN = 1739 SF  
 TOTAL ROOF AREA = 2514 SF

ROOF PLAN ANALYSIS BY DON GREIST, ARCH. AIA  
 SCALE 1"=20'-0" 10-30-07  
 10 EMARITA WAY, SNALL'S PT. FL

  
 10/30/07

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► COMMUNITY PLANNING

► HOUSING & COMMUNITY  
DEVELOPMENT► EMERGENCY  
MANAGEMENT► OFFICE OF THE  
SECRETARY

FL #

FL1654-R1

Application Type

Revision

Code Version

2004

Application Status

Approved

Comments

Archived

☐

Product Manufacturer

POLYGLASS USA

Address/Phone/Email

150 Lyon Drive  
Fernley, NV 89408  
(602) 363-7139  
steve@polyglass.com

766

Authorized Signature

Steve Wadding  
steve@polyglass.com

Technical Representative

James E. Akins

Address/Phone/Email

555 Oakridge Road  
Humboldt Ind. Park  
Hazleton, PA 18202  
(800) 894-4563

	akins@polyglass.com	
Quality Assurance Representative	Shaik Mosheen	
Address/Phone/Email	555 Oakridge Road Hazelton, PA 18202	
	shaik@polyglass.com	
Category	Roofing	
Subcategory	Modified Bitumen Roof System	
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer	
	<input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received	
Florida Engineer or Architect Name who developed the Evaluation Report	Robert Nieminen	
Florida License	PE-59166	
Quality Assurance Entity	Underwriters Laboratories Inc.	
Validated By	Vladimir John Knezevich	
Certificate of Independence		
Referenced Standard and Year (of Standard)	<b>Standard</b>	<b>Year</b>
	ASTM D4601	1998
	ASTM D6163	2000
	ASTM D6164	2000
	ASTM D6222	2000
	ASTM G155	2000
	FM 4470	1992
	FM 4470	1992



FM 4470	1992
TAS 110	2000
TAS 114	1995
UL 790	1997
UL 790	1997

Equivalence of Product Standards  
Certified By

Sections from the Code

1504.3.1  
1504.6  
1504.7  
1505.1  
1507.10.2  
1507.11.2  
1507.11.2  
1507.11.2  
1515.2.4  
1516.1  
1523.6.2  
1523.6.2

Product Approval Method

Method 2 Option B

Date Submitted

07/19/2005

Date Validated

07/19/2005

Date Pending FBC Approval

07/29/2005

Date Approved

08/24/2005

**Summary of Products**

Go to Page



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FL #	Model, Number or Name	Description
1654.1	Elastobase Poly	D6164, Grade S, Type I
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure:</b> +/- <b>Other:</b> 1. Refer to a current Approved Roofing Materials Directory for fire rating. 2. For HVHZ projects, all attachment and sizing of perimeter nailers, metal profile, and/or flashing termination designs shall conform with RAS 111 and applicable wind load requirements. 3. Limitations relating to wind load performance are provided in Appendix 1. A. For HVHZ projects, the minimum value for 'Max Design Pressure' is -45.0 psf. B. LWIC decks shall be as specified by the Designer of Record to meet project design criteria in accordance with FBC Section 1917 to the satisfaction of the AHJ. C. The max design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16. Zones 2 and 3 shall employ a tighter attachment density designed by a qualified design professional to resist the elevated pressure criteria. For HVHZ projects, analysis shall be in accordance with RAS 117. D. For re-roof (tear off) installations, the type of LWIC is not a requirement, provided the existing LWIC and structural deck meet design requirements to the satisfaction of the AHJ and field withdrawal resistance test results indicate the deck is suitable to receive the subject fasteners. E. For reroof (tear-off) installations, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b> <a href="#">PTID_1654_R1_T_er071905FINAL_02201.03C_FL1654-R1.pdf</a> <a href="#">PTID_1654_R1_T_ERD Cert of Independence.pdf</a>

to the minimum requirements for the system. For HVHZ projects, testing and analysis shall be in accordance with TAS 105 and RAS 117. F. For new construction installations, the AHJ may require field withdrawal resistance testing for review and analysis. G. Recover installations are not permissible.

1654.2	Elastobase V	D6163, Grade S, Type I
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>
1654.3	Elastoflex S6	D6164, Grade S, Type I
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>
1654.4	Elastoflex S6 G	D6164, Grade G, Type I
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>
1654.5	Elastoflex S6 G FR	D6164, Grade G, Type I
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b>		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>



<b>Other:</b> See Limitations for Elastobase Poly		
1654.6	Elastoflex SA P G	D6164, Grade G, Type I self-adhering
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure:</b> +/- <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>
1654.7	Elastoflex SA P G FR	D6164, Grade G, Type I self-adhering
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure:</b> +/- <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>
1654.8	Elastoflex SA P Smooth	D6164, Grade S, Type I self-adhering
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure:</b> +/- <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>
1654.9	Elastoflex SA V	D6163, Grade S, Type I self-adhering
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure:</b> +/- <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>
1654.10	Elastoflex SA V FR	D6163, Grade S, Type I self-adhering
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b>		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>

CR  
SHEET






BASE  
SHEET

<b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> See Limitations for Elastobase Poly		
1654.11	Elastoflex V	D6163, Grade S, Type I
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>
1654.12	Elastoshield TS	D6164, Grade S, Type II
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>
1654.13	Elastoshield TS G	D6164, Grade G, Type II
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>
1654.14	Elastoshield TS G FR	D6164, Grade G, Type II
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>
1654.15	Polybond	D6222, Grade S, Type I heat welded
<b>Limits of Use</b> (See Other)		<b>Installation Instructions</b>

<b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> See Limitations for Elastobase Poly		Verified By: <b>Evaluation Reports</b>
1654.16	Polybond G	D6222, Grade G, Type I heat welded
<b>Limits of Use (See Other)</b> <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>
1654.17	Polyflex	D6222, Grade S, Type I heat welded
<b>Limits of Use (See Other)</b> <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>
1654.18	Polyflex G	D6222, Grade G, Type I heat welded
<b>Limits of Use (See Other)</b> <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>
1654.19	Polyflex G FR	D6222, Grade G, Type I heat welded
<b>Limits of Use (See Other)</b> <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>



1654.20	Polyflex SA P G	D6222, Grade G, Type I self-adhering
<b>Limits of Use</b> (See Other) <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> See Limitations for Elastobase Poly		<b>Installation Instructions</b> Verified By: <b>Evaluation Reports</b>

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[Back](#)[Next](#)

DCA Administration

**Department of Community Affairs  
Florida Building Code Online  
Codes and Standards**

2555 Shumard Oak Boulevard  
Tallahassee, Florida 32399-2100

(850) 487-1824, Suncom 277-1824, Fax (850) 414-8436

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**Product Approval Accepts:**



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

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

TAX FOLIO # 138410050000005060000

**NOTICE OF COMMENCEMENT**

STATE OF FLORIDA

COUNTY OF MARTIN

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE):

LOT 5 EMARITA SUBDIVISION

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF PORTION OF ROOF (30.8%)

OWNER: DONALD & JANICE GREIST

ADDRESS: 10 EMARITA WAY, SEWALL'S PT., FL 34996

PHONE #: 712-283-0894

FAX #: SAME

INTEREST IN PROPERTY: 100%

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

CONTRACTOR: RALPH WILSON

ADDRESS: PO Box 2161 HOBE SOUND FLA

PHONE #: 215-4460

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

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

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

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

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

LENDER/MORTGAGE COMPANY \_\_\_\_\_

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

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

STATE OF FLORIDA  
MARTIN COUNTY

FAX # THIS IS TO CERTIFY THAT THE  
FOREGOING 1 PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.

MARSHA EWING CLERK

BY: [Signature]

DATE: 11.1.07



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 OF OWNER

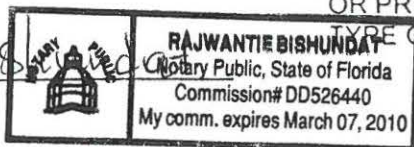
SWORN TO AND SUBSCRIBED BEFORE ME THIS 1 DAY OF Nov. 2007

BY Donald F Greist

PERSONALLY KNOWN  
OR PRODUCED ID FIDC

TYPE OF ID G623186403210

NOTARY SIGNATURE



02.06.03

INSR # 2048036 OR BK 02288 PG 2551 RECD 11/01/2007 12:48:32 PM  
Pg 2551 of 109  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK LCPD

DATE (MM/DD/YYYY)  
11/1/2007

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.

NAIC #

INSURER C.

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 INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	3cu2055	12/12/2006	12/12/2007	EACH OCCURRENCE	\$ 100,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 1,000
						PERSONAL & ADV INJURY	\$ 100,000
						GENERAL AGGREGATE	\$ 100,000
		GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG	\$ 100,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Per accident)	\$
		<input type="checkbox"/> ANY AUTO					
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> SCHEDULED AUTOS					
		<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> NON-OWNED AUTOS					
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$

220-4765

## 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 25 (2001/08)

© ACORD CORPORATION 1988





02-08-2006

TOM GALLAGHER  
CHIEF FINANCIAL OFFICER

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

**\*\* CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE: 02/20/2006      \*\* EXPIRATION DATE: 02/20/2008

PERSON: WILSON RALPH E

FEIN: 900129940

BUSINESS NAME AND ADDRESS: RALPH E WILSON ROOFING INC  
PO BOX 2161  
HOBE SOUND FL 33475

SCOPE OF BUSINESS OR TRADE: 1- CERTIFIED ROOFING CONTRACTOR

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1610

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

AC# 2724984

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06081601396

DATE	BATCH NUMBER	LICENSE NBR
08/16/2006	060108237	CCC049340

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

WILSON, RALPH EDWARD  
RALPH E WILSON ROOFING INC  
8506 SE BAYBERRY TERR  
HOBE SOUND FL 33455

JEB BUSH  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

DISPLAY AS REQUIRED BY LAW

If you are interested in learning about certifying business with the

2007-2008

**MARTIN COUNTY ORIGINAL  
BUSINESS TAX RECEIPT**

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

LICENSE 1993-520-0004 CERT CCC049340

PHONE (772) 463-4386 SIC NO 235610

LOCATION  
**8506 SE BAYBERRY TER HS**

**CHARACTER COUNTS IN MARTIN COUNTY**

PREV YR	\$		LIC FEE	\$	<u>26.25</u>
	\$		PENALTY	\$	<u>2.63</u>
	\$		COL FEE	\$	<u>6.60</u>
	\$		TRANSFER	\$	<u>.00</u>
TOTAL					

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS PROFESSION OR OCCUPATION  
OF **CERTIFIED ROOFING CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

**03** DAY OF **OCTOBER** **07**  
AND ENDING SEPTEMBER 30 **2008**

**WILSON, RALPH E CCC049340**  
**RALPH E WILSON ROOFING INC**  
**PO BOX 2161**  
**HOBE SOUND, FL 33475**

**806 2007 00076.0001 35.48 PAID**

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID OCCUPATIONAL LICENSE IS  
SUBJECT OF A \$250 FINE. PENALTY 10% FOR MONTH OF OCTOBER,  
5% ADDITIONAL EACH MONTH THEREAFTER UP TO 25% PLUS COLLECTION COSTS.

NOTE — A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS LICENSE EXHIBITED  
CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri 12-5, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8589	Hardin	2nd fl window buck	PASS	
3	275 River Rd Stratton	1st fl turn away	PASS	INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8756	Greist	Final	PASS	CLOSE
4	10 Emarita Way Ralph Wilson			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7801	Cummings	2nd fl insulation	PASS	
2	835 River Rd Elias	1st fl - electrical low voltage	PASS	INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8678	Hedrick	Final (siding & suffix)	PASS	CLOSE
5	325 Sewalls O/B			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8250</del>	Masterpiece	reinspect	PASS	NOTIFY FPL PM
8528	5 mandalay	temp power		METER INSTALL
1	Masterpiece			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	TULLIER	TREE		SPOKE W/ ARBORIST HE WILL INSPECT
	39 N. RIVER	260-3123		INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	CHARLES McCLORE	283-7866		INSPECTOR:

OTHER:







**10768**

**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:	10768	DATE ISSUED:	02/10/14
SCOPE OF WORK:	A/C CHANGE OUT		
CONTRACTOR:	ALL AMERICAN AIR & ELECTRIC		
PARCEL CONTROL NUMBER:	013841005000000506	SUBDIVISION	EMARITA LOT 5
CONSTRUCTION ADDRESS:	10 EMARITA WAY		
OWNER NAME:	JANICE GREIST		
QUALIFIER:	JAMES DEGATINA	CONTACT PHONE NUMBER:	772 878-5143

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO THE FIRST REQUESTED INSPECTION.**

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE**  
**CALL 287-2455 - 8:00AM TO 4:00PM      INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY**

### INSPECTIONS

UNDERGROUND PLUMBING \_\_\_\_\_  
UNDERGROUND MECHANICAL \_\_\_\_\_  
STEM-WALL FOOTING \_\_\_\_\_  
SLAB \_\_\_\_\_  
ROOF SHEATHING \_\_\_\_\_  
TIE DOWN /TRUSS ENG \_\_\_\_\_  
WINDOW/DOOR BUCKS \_\_\_\_\_  
ROOF DRY-IN/METAL \_\_\_\_\_  
PLUMBING ROUGH-IN \_\_\_\_\_  
MECHANICAL ROUGH-IN \_\_\_\_\_  
FRAMING \_\_\_\_\_  
FINAL PLUMBING \_\_\_\_\_  
FINAL MECHANICAL \_\_\_\_\_  
FINAL ROOF \_\_\_\_\_

UNDERGROUND GAS \_\_\_\_\_  
UNDERGROUND ELECTRICAL \_\_\_\_\_  
FOOTING \_\_\_\_\_  
TIE BEAM/COLUMNS \_\_\_\_\_  
WALL SHEATHING \_\_\_\_\_  
INSULATION \_\_\_\_\_  
LATH \_\_\_\_\_  
ROOF TILE IN-PROGRESS \_\_\_\_\_  
ELECTRICAL ROUGH-IN \_\_\_\_\_  
GAS ROUGH-IN \_\_\_\_\_  
METER FINAL \_\_\_\_\_  
FINAL ELECTRICAL \_\_\_\_\_  
FINAL GAS \_\_\_\_\_  
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:	10768
ADDRESS	10 EMARITA WAY
DATE 02/10/2014	SCOPE OF WORK A/C CHANGE OUT

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: (@ \$121.75 per sq. ft.)	s.f.		
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)	s.f.		
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.	\$		
Total Construction Value:	\$		
Building fee: (2% of construction value SFR or >\$200K)	\$		
Building fee: (1% of construction value < \$200K + \$100 per insp.)			
Total number of inspections (Value < \$200K)@\$100ea	\$		
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min	\$		
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$		
Road impact assessment: (.04% of construction value - \$5 min.)			
Martin County Impact Fee:	\$		
TOTAL BUILDING PERMIT FEE:	\$		

ACCESSORY PERMIT	Declared Value:	\$	4643.00
Total number of inspections @ \$100.00 each	1		100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min	\$	2.00	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	2.00	
Road impact assessment: (.04% of construction value - \$5 min.)	\$	5.00	
TOTAL ACCESSORY PERMIT FEE:	\$	109.00	

Pd 2/13/14  
CK 3313



# Town of Sewall's Point

## BUILDING PERMIT APPLICATION

Permit Number: 10768

Date: \_\_\_\_\_

OWNER/LESSEE NAME: Greist, Janice

Phone (Day) 283-0894 (Fax) N/A

Job Site Address: 10 Emarita Way

City: Sewalls Point State: FL Zip: 34996

Legal Description: Emarita Lot 5

Parcel Control Number: 01-38-41-005-000-00506

Fee Simple Holder Name: N/A

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

A/C Change out

#### WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application)

YES \_\_\_\_\_ NO ✓

#### 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: \$ 4643.00

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

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

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

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

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

PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: All American Air & Electric

Phone: 818-5143

Fax: 818-5144

Qualifiers name: James Degatina

Street: 515 NW Mercantile Dr.

City: St. Lucie

State: FL Zip: 34986

State License Number: CAC051965

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

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

LOCAL CONTACT: Barbara Sykes

Phone Number: 712-818-5143

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): 2010

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

### WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:

x Janice Greist

State of Florida, County of: Martin

On This the 16 day of February, 2014

by Janice Greist who is personally

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

As identification: ID

My Commission Expires: 04/15

GERI L. CALHOUN

Notary Public - State of Florida

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER

APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY

Commission # EE 105900

Bonded Through National Notary Assn.

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

x James Degatina

State of Florida, County of: St. Lucie

On This the 28 day of January, 2014

by James Degatina who is personally

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

As identification: Dei L Calhoun

My Commission Expires: 10/15

Notary Public

GERI L. CALHOUN

Notary Public - State of Florida

Commission # EE 105900

Bonded Through National Notary Assn.

**Martin County, Florida  
Laurel Kelly, C.F.A***generated on 2/10/2014 2:35:03 PM EST***Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-005-000-00050-6	17620	10 EMARITA WY, SEWALL'S POINT	\$217,210	2/8/2014

	Owner Information
Owner(Current)	GREIST JANICE E
Owner/Mail Address	10 EMARITA WAY STUART FL 34996
Sale Date	12/17/1997
Document Book/Page	1278 0858
Document No.	
Sale Price	165000

	Location/Description
Account #	17620
Tax District	2200
Parcel Address	10 EMARITA WY, SEWALL'S POINT
Acres	.3510
Map Page No.	SP-04
Legal Description	EMARITA, LOT 5

	Parcel Type
Use Code	0100 Single Family
Neighborhood	120200 Heritage P, Palmtto Pk,RdgInd,

	Assessment Information
Market Land Value	\$143,850
Market Improvement Value	\$73,360
Market Total Value	\$217,210



**STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION****CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783****(850) 487-1395****DEGATINA, JAMES C  
ALL AMERICAN AIR & ELECTRIC INC  
901 SW 33RD AVE  
OCALA FL 34474**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission of the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

**STATE OF FLORIDA AC# 6304544  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION****CAC057965 08/26/12 118207297****CERTIFIED AIR COND CONTR  
DEGATINA, JAMES C  
ALL AMERICAN AIR & ELECTRIC INC****IS CERTIFIED under the provisions of Ch.489 FS  
Expiration date: AUG 31, 2014 L12082600195****DETACH HERE****AC#6304544****STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD****SEQ# L12082600195**

DATE	CALL NUMBER	LICENSE NBR
08/26/2012	118207297	CAC057965

The CLASS B AIR CONDITIONING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2014

**DEGATINA, JAMES C  
ALL AMERICAN AIR & ELECTRIC INC  
901 SW 33 AVE  
OCALA FL 34474****RICK SCOTT  
GOVERNOR****KEN LAWSON  
SECRETARY****DISPLAY AS REQUIRED BY LAW**

2013 / 2014

**ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT**

RECEIPT # 1002792

CHRIS CRAFT, ST. LUCIE COUNTY TAX COLLECTOR

EXPIRES SEPTEMBER 30, 2014

FACILITIES OR  
MACHINES / ROOMS SEATS EMPLOYEES 1TYPE OF 1711 AIR COND/PLUMBING CONTRACTOR  
BUSINESS (AC CONTRACTOR)

BUSINESS/ James Degatina

DBA NAME

MAILING All American Air &amp; Electric Inc

ADDRESS 901 SW 33rd Ave  
Ocala, FL 34474BUSINESS 575 NW Mercantile Pl #111  
LOCATION PSL, FL 34986

St Lucie County

CAC057965



RENEWAL	
ORIGINAL TAX	\$12.35
PENALTY	
COLLECTION COST	
TOTAL	\$12.35

Paid 08/15/2013 12.35

0025-20130815-012793

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the Local Business Taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession, or occupation.

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector shall be entitled to a collection cost fee of from \$1.00 to \$5.00, based on the amount of the Local Business Tax, which shall be collected from delinquent taxpayers after September 30th, of the business year.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county or cities. It also does not exempt the Local Business Taxpayer from any other taxes, licenses or permits that may be required by law.

Local Business Taxes are subject to change according to law.

All American Air & Electric Inc  
901 SW 33rd Ave  
Ocala, FL 34474



# CERTIFICATE OF LIABILITY INSURANCE

ALLAMER-15 BURROWSK

DATE (MM/DD/YYYY)

1/21/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Insurance Office of America-OCA 3220 SW 33rd Road Ocala, FL 34474	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C No. Ext):</b> (352) 368-1051	<b>FAX (A/C No.):</b> (352) 368-2309
<b>INSURED</b>  All American Air and Electric, Inc. 801 SW 33rd Ave Ocala, FL 34474	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> National Trust Insurance Company	<b>NAIC #</b> 20141
	<b>INSURER B:</b> FCCI Commercial Insurance Company	<b>NAIC #</b> 33472
	<b>INSURER C:</b> Bridgefield Employers Insurance Company	<b>NAIC #</b> 10701
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			GL00113983	2/1/2014	2/1/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occ/1/30/06) \$ 300,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			CA00177243	2/1/2014	2/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		PROPERTY DAMAGE (PER ACCIDENT) \$				
B	UMBRELLA LIAB			UMB00118493	2/1/2014	2/1/2015	EACH OCCURRENCE \$ 2,000,000
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE \$ 2,000,000
	DED <input checked="" type="checkbox"/>	RETENTION \$ 10,000					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0830-49740	12/24/2013	12/24/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Equipment Floater			CM0059213	2/1/2014	2/1/2015	Leased/Rented Equip 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Town of Sewall's Point Building Department One S. Sewall's Point Road Sewall's Point, FL 34986	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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# Goodman®

Air Conditioning & Heating

## GSX13

SPLIT SYSTEM AIR CONDITIONER

13 SEER / 1½ TO 5 TONS

COOLING CAPACITY: 18,000 - 60,000 BTU/H

### Contents

Nomenclature .....	2
Product Specifications .....	3
Expanded Cooling Data .....	4
AHRI Ratings.....	22
Wiring Diagrams .....	36
Dimensions .....	40
Accessories .....	40



### Standard Features

- R-410A chlorine-free refrigerant
- Energy-efficient compressor
- Factory-installed filter drier
- Copper tube/aluminum fin coil
- Service valves with sweat connections and easy-access gauge ports
- Contactor with lug connection
- Ground lug connection
- AHRI Certified
- ETL Listed

### Cabinet Features

- Goodman® brand louvered sound control top design
- Steel louver coil guard
- Heavy-gauge galvanized-steel cabinet
- Attractive Architectural Gray powder-paint finish with 500-hour salt-spray approval
- Top and side maintenance access
- Single-panel access to controls with space provided for field-installed accessories
- When properly anchored, meets the 2010 Florida Building Code unit integrity requirements for hurricane-type winds (Anchor bracket kits available.)



\* Complete warranty details available from your local dealer or at [www.goodmanmfg.com](http://www.goodmanmfg.com). To receive the 10-Year Parts Limited Warranty, online registration must be completed within 60 days of installation. Online registration is not required in California or Quebec.

**SPECIFICATIONS**

	GSX13 0181E*	GSX13 0241D*	GSX13 0301B*	GSX13 0361C*	GSX13 0361E*	GSX13 0421B*	GSX13 0481B*	GSX13 0601B*	GSX13 0611A*
<b>CAPACITIES</b>									
Nominal Cooling (BTU/h)	18,000	24,000	30,000	36,000	36,000	42,000	48,000	60,000	60,000
SEER / EER	13 / 11	13 / 11	13 / 11	13 / 11	13 / 11	13 / 11	13 / 11	13 / 11	13/11
Decibels	75	75	73	74	74	75	76	77	72
<b>COMPRESSOR</b>									
RLA	6.7	13.5	12.8	14.1	14.1	17.9	19.9	25.0	26.4
LRA	41	58.3	64	77	77	112	109	134	134
<b>CONDENSER FAN MOTOR</b>									
Horsepower	1/8	1/8	1/8	1/6	1/4	1/4	1/4	1/4	1/4
FLA	0.7	0.7	0.7	1.1	1.5	1.5	1.5	1.5	1.5
<b>REFRIGERATION SYSTEM</b>									
Refrigerant Line Size <sup>1</sup>									
Liquid Line Size ("O.D.)	3/8"	3/8"	3/8"	3/8"	3/8"	3/8"	3/8"	3/8"	3/8"
Suction Line Size ("O.D.)	3/4"	3/4"	3/4"	3/4"	3/4"	1 1/8"	1 1/8"	1 1/8"	3/4"
Refrigerant Connection Size									
Liquid Valve Size ("O.D.)	3/8"	3/8"	3/8"	3/8"	3/8"	3/8"	3/8"	3/8"	3/8"
Suction Valve Size ("O.D.) <sup>4 5</sup>	3/4"	3/4"	3/4"	3/4" <sup>4</sup>	3/4" <sup>4</sup>	7/8" <sup>5</sup>	7/8" <sup>5</sup>	7/8" <sup>5</sup>	3/4"
Valve Type	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat
Refrigerant Charge	73	76	78	89	75	90	104	111	130
Shipped with Orifice Size	0.051	0.057	0.061	0.070	0.070	0.076	0.080	0.086	0.086
<b>ELECTRICAL DATA</b>									
Voltage	208/230	208/230	208/230	208/230	208/230	208/230	208/230	208/230	208/230
Minimum Circuit Ampacity <sup>2</sup>	9.1	17.6	16.7	18.7	19.1	23.9	26.4	32.8	34.5
Max. Overcurrent Protection <sup>3</sup>	15 amps	30 amps	25 amps	30 amps	30 amps	40 amps	45 amps	50 amps	60 amps
Min / Max Volts	197/253	197/253	197/253	197/253	197/253	197/253	197/253	197/253	197/253
Electrical Conduit Size	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"
<b>EQUIPMENT WEIGHT (LBS)</b>	106	113	142	139	139	188	191	207	284
<b>SHIP WEIGHT (LBS)</b>	120	130	159	157	157	206	209	225	301

<sup>1</sup> Line sizes denoted for 25' line sets, tested and rated in accordance with AHRI Standard 210/240. For other line-set lengths or sizes, refer to the installation & Operating instructions and/or the long line-set guidelines.

<sup>2</sup> Wire size should be determined in accordance with National Electrical Codes; extensive wire runs will require larger wire sizes.

<sup>3</sup> Must use time-delay fuses or HACR-type circuit breakers of the same size as noted.

<sup>4</sup> Installer will need to supply 3/4" to 3/8" adapters for suction line connections.

<sup>5</sup> Installer will need to supply 3/8" to 1/4" adapters for suction line connections.

**NOTES**

- Always check the S&R plate for electrical data on the unit being installed.
- Unit is charged with refrigerant for 15' of 3/8" liquid line. System charge must be adjusted per Installation Instructions Final Charge Procedure.

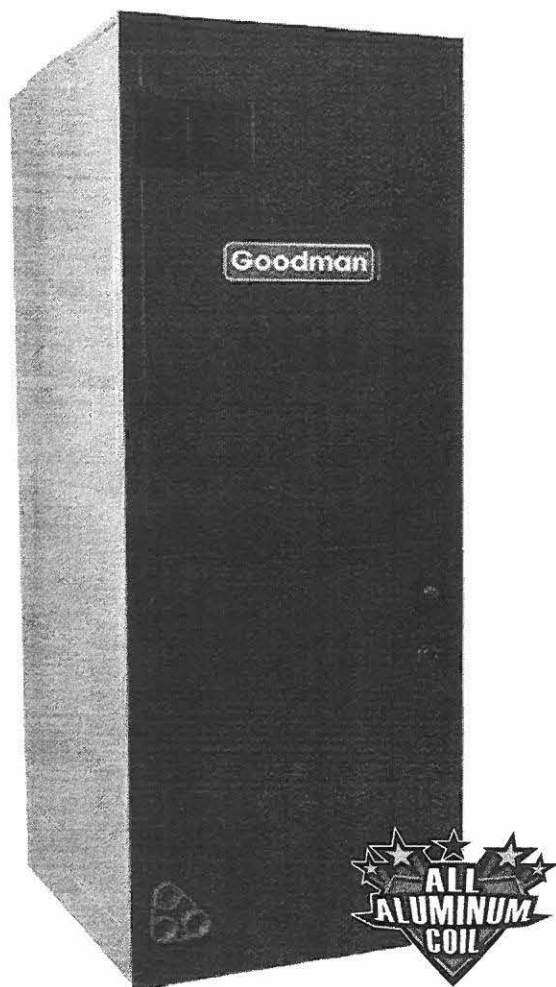




# ARUF

## MULTI-POSITION AIR HANDLER WITH NEW SMARTFRAME™ CONSTRUCTION

### 1½ TO 5 TONS



#### Standard Features

- All-aluminum evaporator coil
- Check flowrate expansion device for cooling-only and heat pump applications
- Direct-drive, multi-speed motor
- Transformer and blower time-delay on all units
- Easy single-bulb UV light compatibility
- Cabinet air leakage less than 2.0% at 1.0 inch H<sub>2</sub>O when tested in accordance with ASHRAE standard 193
- Cabinet air leakage less than 1.4% at 0.5 inch H<sub>2</sub>O when tested in accordance with ASHRAE standard 193
- AHRI Certified; ETL Listed

#### Cabinet Features

- New rigid SmartFrame™ cabinet
- 21" depth for easy attic access
- Galvanized leather grain-embossed finish
- Foil-faced insulation covers the entire blower case to reduce operating sound and cabinet condensation
- Glue-less cabinet insulation retention
- Deca-free thermoplastic coil pan
- Screw-less sides & back reduces condensation
- Easily convertible multi-position capability: upflow, downflow or horizontal
- Coil-mounting track for quick repositioning
- Tool-less filter access accommodates standard-size filters
- Power supply entry at top; low-voltage entry at top and on left side
- Easily convertible 4-way design
- Multiple independent electrical knockouts
- Heavy-gauge bottom plate

#### Contents

Nomenclature .....	2
Product Specifications .....	3
Dimensions .....	4
Airflow Data .....	5
Heat Kit Match-Ups .....	6
Wiring Diagram .....	7
Accessories .....	8



\* Complete warranty details available from your local dealer or at [www.goodmanmfg.com](http://www.goodmanmfg.com). To receive the 10-Year Parts Limited Warranty, online registration must be completed within 60 days of installation. Online registration is not required in California or Québec.



## AIR HANDLER ELECTRICAL DATA — ARUF-SF with HKS ELECTRIC HEAT (CONT.)

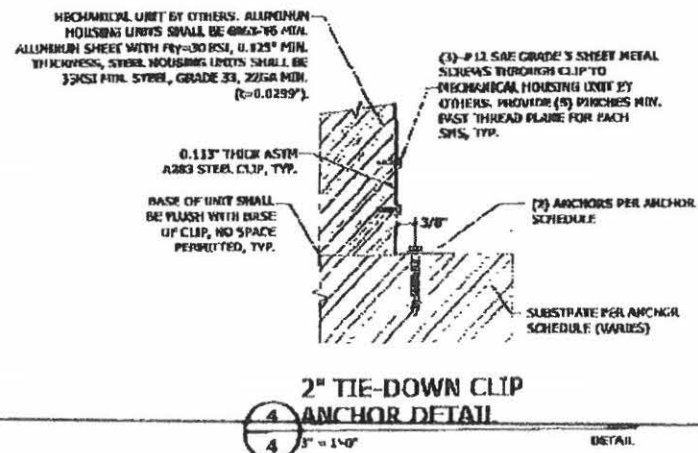
MODEL & HEAT KIT USAGE	CIRCUIT 1			CIRCUIT 2			SINGLE-POINT KIT	
	HEATER AMPS	MCA <sup>1</sup>	MOP <sup>2</sup>	HEATER AMPS	MCA <sup>1</sup>	MOP <sup>2</sup>	MCA <sup>1</sup>	MOP <sup>2</sup>
<b>ARUF42C14AA</b>	0/0	3.8/3.8	15/15	---	---	---	---	---
HKS*03XC*	10.8/12.5	18/20	20/20	---	---	---	---	---
HKS*05XC*	17.3/20	26/29	30/30	---	---	---	---	---
HKS*06XC*	21.7/25	32/36	35/40	---	---	---	---	---
HKS*08XC*	28.9/33.3	41/46	45/50	---	---	---	---	---
HKS*10XC*	34.7/40	48/54	50/60	---	---	---	---	---
HKSC15*#*	34.7/40	48/54	50/60	17.3/20	22/25	25/30	70/80	70/80
HKSC19C#*	34.7/40	48/54	50/60	34.7/40	44/50	45/60	92/105	100/110
HKSC15XF*	0/0	3.8/3.8	15/15	30/34.6	38/44	40/50	---	---
HKSC20XF*	0/0	3.8/3.8	15/15	37/43	47/54	50/60	---	---
<b>ARUF48D14AA</b>	0/0	4.4/ 4.4	15/15	---	---	---	---	---
HKS*03XC*	10.8/12.5	18/20	20/25	---	---	---	---	---
HKS*05XC*	17.3/20	26/30	30/30	---	---	---	---	---
HKS*06XC*	21.7/25	32/36	35/40	---	---	---	---	---
HKS*08XC*	28.9/33.3	41/46	45/50	---	---	---	---	---
HKS*10XC*	34.7/40	48/55	50/60	---	---	---	---	---
HKSC15*#*	34.7/40	48/55	50/60	17.3/20	22/25	25/30	71/81	80/90
HKSC20D#*	34.7/40	48/55	50/60	34.7/40	44/50	45/60	92/106	100/110
HKSC15XF*	0/0	4.4/ 4.4	15/15	30/34.6	38/44	40/50	---	---
HKSC20XF*	0/0	4.4/ 4.4	15/15	37/43	47/54	50/60	---	---
<b>ARUF60D14AA</b>	0/0	5.8/5.8	15/15	---	---	---	---	---
HKS*03XC*	10.8/12.5	20/22	20/25	---	---	---	---	---
HKS*05XC*	17.3/20	28/31	30/35	---	---	---	---	---
HKS*06XC*	21.7/25	33/37	35/40	---	---	---	---	---
HKS*08XC*	28.9/33.3	42/48	45/50	---	---	---	---	---
HKS*10XC*	34.7/40	50/56	50/60	---	---	---	---	---
HKSC15*#*	34.7/40	50/56	50/60	17.3/20	22/25	25/30	72/82	80/90
HKSC20D#*	34.7/40	50/56	50/60	34.7/40	44/50	45/60	94/107	100/110
HKSC15XF*	0/0	5.8/5.8	15/15	30/34.6	38/44	40/50	---	---
HKSC20XF*	0/0	5.8/5.8	15/15	37/43	47/54	50/60	---	---
HKSC25DC*	34.7/40	50/56	50/60	52/60	65/75	70/80	116/133	125/150

<sup>1</sup> Minimum Circuit Ampacity (Heater Amps + Motor Amps) X 1.25

<sup>2</sup> Maximum Overcurrent Protection = 2.25 X Motor Amps + Heater Amps

\* Revision level that may or may not be designated

--- indicates Not Required



FRANKLIN COUNTY  
ENGINEERING & SURVEYING BOARD  
LICENSED PROFESSIONAL ENGINEERS & SURVEYORS  
STATE OF MISSISSIPPI

**BMP INTERNATIONAL, INC.**

4710 28TH STREET NORTH  
ST. PETERSBURG, FL 33473  
PH: (727) 577-1613

PH (129) 187-2013  
ANICAL UNIT STREET DOWN CLIPS

FLORIDA STATEWIDE APPROVAL

[illegible]

11-BMP-0001

4



AIR HANDLER IS SCREWED DOWN ON A 2 X 4 PLYWOOD RETURN DECK.  
AIR HANDLER IS LEVELED AND SEALED WITH MASTIC.



**Project Summary**  
**Entire House**  
All American air and electric inc

Job: 6885  
Date: 12/17/2013  
By: Charles Johnson

575 mercantile pl, Port st Lucie, FL 34986 Phone: 7728785143 Fax: 7728785144 Email: Cj285aaa@inc@yahoo.com License: Cac057965

## Project Information

For: Janice greist  
10 emerita way, Stuart, FL 34996  
Phone: 7722880894

Notes:

## Design Information

Weather: West Palm Beach Intl AP, FL, US

### Winter Design Conditions

Outside db	48 °F
Inside db	70 °F
Design TD	22 °F

### Summer Design Conditions

Outside db	90 °F
Inside db	75 °F
Design TD	15 °F
Daily range	L
Relative humidity	50 %
Moisture difference	59 gr/lb

### Heating Summary

Structure	16896 Btuh
Ducts	4210 Btuh
Central vent (66 cfm)	1581 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	22687 Btuh

### Sensible Cooling Equipment Load Sizing

Structure	28494 Btuh
Ducts	4613 Btuh
Central vent (66 cfm)	1107 Btuh
Blower	0 Btuh
Use manufacturer's data	y
Rate/swing multiplier	1.00
Equipment sensible load	34214 Btuh

### Infiltration

Method	Simplified	
Construction quality	Tight	
Fireplaces	0	
	<b>Heating</b>	<b>Cooling</b>
Area (ft²)	1775	1775
Volume (ft³)	14200	14200
Air changes/hour	0.14	0.07
Equiv. AVF (cfm)	33	17

### Latent Cooling Equipment Load Sizing

Structure	1266 Btuh
Ducts	1371 Btuh
Central vent (66 cfm)	2664 Btuh
Equipment latent load	5301 Btuh
Equipment total load	39515 Btuh
Req. total capacity at 0.75 SHR	3.8 ton

### Heating Equipment Summary

Make	Goodman
Trade	Amana
Model	Aruf42c14
AHRI ref	5360116
Efficiency	0 AFUE
Heating input	0 Btuh
Heating output	0 Btuh
Temperature rise	0 °F
Actual air flow	1468 cfm
Air flow factor	0.070 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

### Cooling Equipment Summary

Make	Goodman
Trade	Amana
Cond	Gsx130421b
Coil	Capf3743c6
AHRI ref	5360116
Efficiency	13 SEER
Sensible cooling	29586 Btuh
Latent cooling	9915 Btuh
Total cooling	39500 Btuh
Actual air flow	1468 cfm
Air flow factor	0.044 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.87

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-Suite® Universal 2013 13.0.06 Right J® Mobile

...wstmp\le9462dbe-8d5c-4ef1-8685-7b809c7add9d.rup Calc = MJ8 Front Door faces: S

2013-Dec-17 12:56:14

Page 1

# Right-J® Worksheet

## Entire House

All American air and electric inc

Job: 6885  
Date: 12/17/2013  
By: Charles Johnson

575 mercantile pl, Port st Lucie, FL 34986 Phone: 7728785143 Fax: 7728785144 Email: Cj285aaa@inc@yahoo.com License: Cac057965

1	Room name					Entire House					First Floor				
2	Exposed wall					180.0 ft					180.0 ft				
3	Room height					8.0 ft					8.0 ft				
4	Room dimensions					1775.0 ft²					1.0 x 1775.0 ft				
5	Room area					1775.0 ft²					1775.0 ft²				
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)		
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13BB-0fows	0.077	n	1.67	1.26	360	229	383	288	360	229	383	288	
	G	1D-c2om	0.870	n	18.88	21.94	35	0	661	768	35	0	661	768	
	G	1D-c2om	0.870	n	18.88	21.94	48	0	906	1053	48	0	906	1053	
	G	1D-c2om	0.870	n	18.88	21.94	48	0	906	1053	48	0	906	1053	
11	W	13BB-0fows	0.077	e	1.67	1.26	360	208	348	262	360	208	348	262	
	G	1D-c2om	0.870	e	18.88	63.91	2	0	38	128	2	0	38	128	
	G	1D-c2om	0.870	e	18.88	61.11	70	5	1322	4278	70	5	1322	4278	
	G	1D-c2om	0.870	e	18.88	63.91	80	0	1510	5113	80	0	1510	5113	
	W	13BB-0fows	0.077	s	1.67	1.26	360	255	426	321	360	255	426	321	
	G	1D-c2om	0.870	s	18.88	23.94	105	105	1982	2514	105	105	1982	2514	
	W	13BB-0fows	0.077	w	1.67	1.26	360	229	383	288	360	229	383	288	
	G	1D-c2om	0.870	w	18.88	52.00	20	6	378	1040	20	6	378	1040	
	G	1D-c2om	0.870	w	18.88	23.94	20	20	378	479	20	20	378	479	
	G	1D-c2om	0.870	w	18.88	50.66	70	23	1322	3546	70	23	1322	3546	
	D	11J0	0.600	w	13.02	18.09	21	21	273	380	21	21	273	380	
	C	16D-19td	0.049	-	1.06	1.65	1775	1775	1887	2927	1775	1775	1887	2927	
	F	20P-11t	0.078	-	1.69	1.06	1775	1775	3004	1890	1775	1775	3004	1890	
6	c) AED excursion									0				0	
	Envelope loss/gain									16106	26327			16106	26327
12	a) Infiltration									790	277			790	277
	b) Room ventilation									0	0			0	0
13	Internal gains:					Occupants @ 230		3		690		3		690	
						Appliances/other				1200				1200	
	Subtotal (lines 6 to 13)									16896	28494			16896	28494
	Less external load									0	0			0	0
	Less transfer									0	0			0	0
	Redistribution									0	0			0	0
14	Subtotal									16896	28494			16896	28494
15	Duct loads							25%	16%	4210	4613	25%	16%	4210	4613
	Total room load									21106	33107			21106	33107
	Air required (cfm)									1468	1468			1468	1468

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.





**Right J® Mobile Report**  
**Entire House**  
All American air and electric inc

Job: 6885  
Date: 12/17/2013  
By: Charles Johnson

575 mercantile pl, Port st Lucie, FL 34986 Phone: 7728785143 Fax: 7728785144 Email: Cj285aaa@inc@yahoo.com License: Cac057965

### Project Information

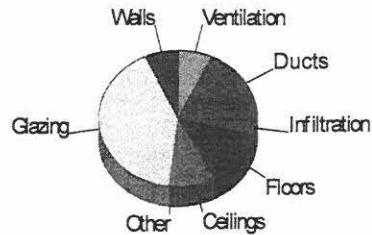
For: Janice greist  
10 emerita way, Stuart, FL 34996  
Phone: 7722880894

### Design Conditions

<b>Location:</b> West Palm Beach Intl AP, FL, US Elevation: 20 ft Latitude: 27°N		<b>Indoor:</b> Indoor temperature (°F) 70 Design TD (°F) 22 Relative humidity (%) 30 Moisture difference (gr/lb) -7.4		<b>Heating</b> 70	<b>Cooling</b> 75
<b>Outdoor:</b> Dry bulb (°F) 48 Daily range (°F) - Wet bulb (°F) - Wind speed (mph) 15.0		<b>Heating</b> 48	<b>Cooling</b> 90		
			13 ( L )		
			78		
			7.5		
		<b>Infiltration:</b> Method Simplified Construction quality Tight Fireplaces 0			

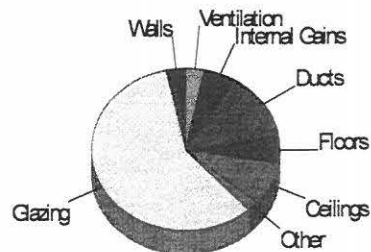
### Heating

Component	Btuh/ft²	Btuh	% of load
Walls	1.7	1539	6.8
Glazing	18.9	9402	41.4
Doors	13.0	273	1.2
Ceilings	1.1	1887	8.3
Floors	1.7	3004	13.2
Infiltration	0.5	790	3.5
Ducts		4210	18.6
Piping		0	0
Humidification		0	0
Ventilation		1581	7.0
Adjustments		0	0
<b>Total</b>		<b>22687</b>	<b>100.0</b>



### Cooling

Component	Btuh/ft²	Btuh	% of load
Walls	1.3	1159	3.4
Glazing	40.1	19971	58.4
Doors	18.1	380	1.1
Ceilings	1.6	2927	8.6
Floors	1.1	1890	5.5
Infiltration	0.2	277	0.8
Ducts		4613	13.5
Ventilation		1107	3.2
Internal gains		1890	5.5
Blower		0	0
Adjustments		0	0
<b>Total</b>		<b>34214</b>	<b>100.0</b>



Latent Cooling Load = 5301 Btuh  
Overall U-value = 0.149 Btuh/ft²·°F

WARNING: window to floor area ratio = 28.1% - more than 25%.





**Component Constructions**  
**Entire House**  
 All American air and electric inc

Job: 6885  
 Date: 12/17/2013  
 By: Charles Johnson

575 mercantile pl, Port st Lucie, FL 34986 Phone: 7728785143 Fax: 7728785144 Email: Cj285aaa@inc@yahoo.com License: Cac057965

## Project Information

For: Janice greist  
 10 emerita way, Stuart, FL 34996  
 Phone: 7722880894

## Design Conditions

<b>Location:</b>		<b>Indoor:</b>		<b>Heating</b>	<b>Cooling</b>
West Palm Beach Intl AP, FL, US		Indoor temperature (°F)		70	75
Elevation:	20 ft	Design TD (°F)		22	15
Latitude:	27 °N	Relative humidity (%)		30	50
<b>Outdoor:</b>		Moisture difference (gr/lb)		-7.4	59.2
Dry bulb (°F)	48	<b>Infiltration:</b>			
Daily range (°F)	-	Method		Simplified	
Wet bulb (°F)	-	Construction quality		Tight	
Wind speed (mph)	15.0	Fireplaces		0	
		( L )			

## Construction descriptions

	Or	Area ft²	U-value Btuh/ft²·°F	Insul R ft²·°F/Btuh	Htg HTM Btuh/ft²	Loss Btuh	Clg HTM Btuh/ft²	Gain Btuh
<b>Walls</b>								
13BB-0fcws: Blk wall, stucco ext, 2"x4" wood int frm, 6" thk, r-11	n	229	0.077	17.8	1.67	383	1.26	288
cav ins, vermiculite core, 1/2" gypsum board int fnsh	e	208	0.077	17.8	1.67	348	1.26	262
	s	255	0.077	17.8	1.67	426	1.26	321
	w	229	0.077	17.8	1.67	383	1.26	288
	all	921	0.077	17.8	1.67	1539	1.26	1159

## Partitions

(none)

## Windows

1D-c2om: 2 glazing, clr outr, air gas, mtl no brk frm mat, clr innr, 1/4" gap, 1/8" thk; 50% blinds 45°, dark; 50% indoor insect screen; foreground = green grass (0.23); 1 ft overhang (5 ft window ht, 2 ft sep.)	n	35	0.870	0	18.9	661	21.9	768
1D-c2om: 2 glazing, clr outr, air gas, mtl no brk frm mat, clr innr, 1/4" gap, 1/8" thk; 50% blinds 45°, dark; 50% indoor insect screen; foreground = green grass (0.23); 1 ft overhang (6 ft window ht, 2 ft sep.)	n	48	0.870	0	18.9	906	21.9	1053
1D-c2om: 2 glazing, clr outr, air gas, mtl no brk frm mat, clr innr, 1/4" gap, 1/8" thk; 50% blinds 45°, dark; 50% indoor insect screen; foreground = green grass (0.23); 2 ft overhang (6 ft window ht, 2 ft sep.)	n	48	0.870	0	18.9	906	21.9	1053
1D-c2om: 2 glazing, clr outr, air gas, mtl no brk frm mat, clr innr, 1/4" gap, 1/8" thk; 50% blinds 45°, dark; 50% indoor insect screen; foreground = green grass (0.23); 1 ft overhang (2 ft window ht, 2 ft sep.)	e	2	0.870	0	18.9	38	63.9	128
1D-c2om: 2 glazing, clr outr, air gas, mtl no brk frm mat, clr innr, 1/4" gap, 1/8" thk; 50% blinds 45°, dark; 50% indoor insect screen; foreground = green grass (0.23); 3 ft overhang (7 ft window ht, 2 ft sep.)	e	70	0.870	0	18.9	1322	61.1	4278
1D-c2om: 2 glazing, clr outr, air gas, mtl no brk frm mat, clr innr, 1/4" gap, 1/8" thk; 50% blinds 45°, dark; 50% indoor insect screen; foreground = green grass (0.23); 2 ft overhang (8 ft window ht, 2 ft sep.)	e	80	0.870	0	18.9	1510	63.9	5113



1D-c2om: 2 glazing, clr outr, air gas, mtl no brk frm mat, clr innr, 1/4" gap, 1/8" thk; 50% blinds 45°, dark; 50% indoor insect screen; foreground = green grass (0.23); 1 ft overhang (7 ft window ht, 2 ft sep.)	s	105	0.870	0	18.9	1982	23.9	2514
1D-c2om: 2 glazing, clr outr, air gas, mtl no brk frm mat, clr innr, 1/4" gap, 1/8" thk; 50% blinds 45°, dark; 50% indoor insect screen; foreground = green grass (0.23); 3 ft overhang (5 ft window ht, 1 ft sep.)	w	20	0.870	0	18.9	378	52.0	1040
1D-c2om: 2 glazing, clr outr, air gas, mtl no brk frm mat, clr innr, 1/4" gap, 1/8" thk; 50% blinds 45°, dark; 50% indoor insect screen; foreground = green grass (0.23); 8 ft overhang (5 ft window ht, 1 ft sep.)	w	20	0.870	0	18.9	378	23.9	479
1D-c2om: 2 glazing, clr outr, air gas, mtl no brk frm mat, clr innr, 1/4" gap, 1/8" thk; 50% blinds 45°, dark; 50% indoor insect screen; foreground = green grass (0.23); 4 ft overhang (7 ft window ht, 1 ft sep.)	w	70	0.870	0	18.9	1322	50.7	3546
<b>Doors</b>								
11J0: Door, mtl fbrgl type	w	21	0.600	6.3	13.0	273	18.1	380
<b>Ceilings</b>								
16D-19td: Attic ceiling, tile, slate, concrete roof mat, r-19 ceil ins, 1/2" gypsum board int fnsh		1775	0.049	19.0	1.06	1887	1.65	2927
<b>Floors</b>								
20P-11t: Flr floor, wd flr, 1" thkns, tile flr fnsh, r-11 ext ins, amb ovr		1775	0.078	11.0	1.69	3004	1.06	1890







# AED Assessment Entire House

All American air and electric inc

Job: 6885  
Date: 12/17/2013  
By: Charles Johnson

575 mercantile pl, Port st Lucie, FL 34986 Phone: 7728785143 Fax: 7728785144 Email: Cj285aaa@inc@yahoo.com License: Cac057965

## Project Information

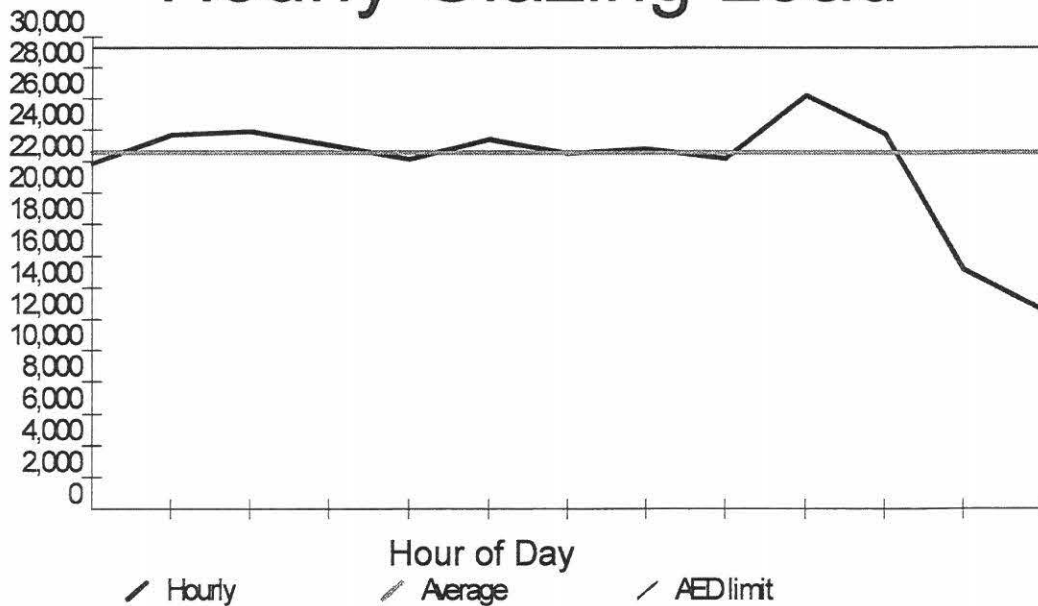
For: Janice greist  
10 emerita way, Stuart, FL 34996  
Phone: 7722880894

## Design Conditions

Location:		Indoor:		Heating	Cooling
West Palm Beach Intl AP, FL, US		Indoor temperature (°F)		70	75
Elevation: 20 ft		Design TD (°F)		22	15
Latitude: 27 °N		Relative humidity (%)		30	50
Outdoor:	Heating	Moisture difference (gr/lb)		-7.4	59.2
	Cooling	Infiltration:			
	Dry bulb (°F)				
	Daily range (°F)				
	Wet bulb (°F)				
Wind speed (mph)					

## Test for Adequate Exposure Diversity

# Hourly Glazing Load



Maximum hourly glazing load exceeds average by 16.1%.

House has adequate exposure diversity (AED), based on AED limit of 30%.

AED excursion: 0 Btuh



Right-Suite® Universal 2013 13.0.06 Right J® Mobile

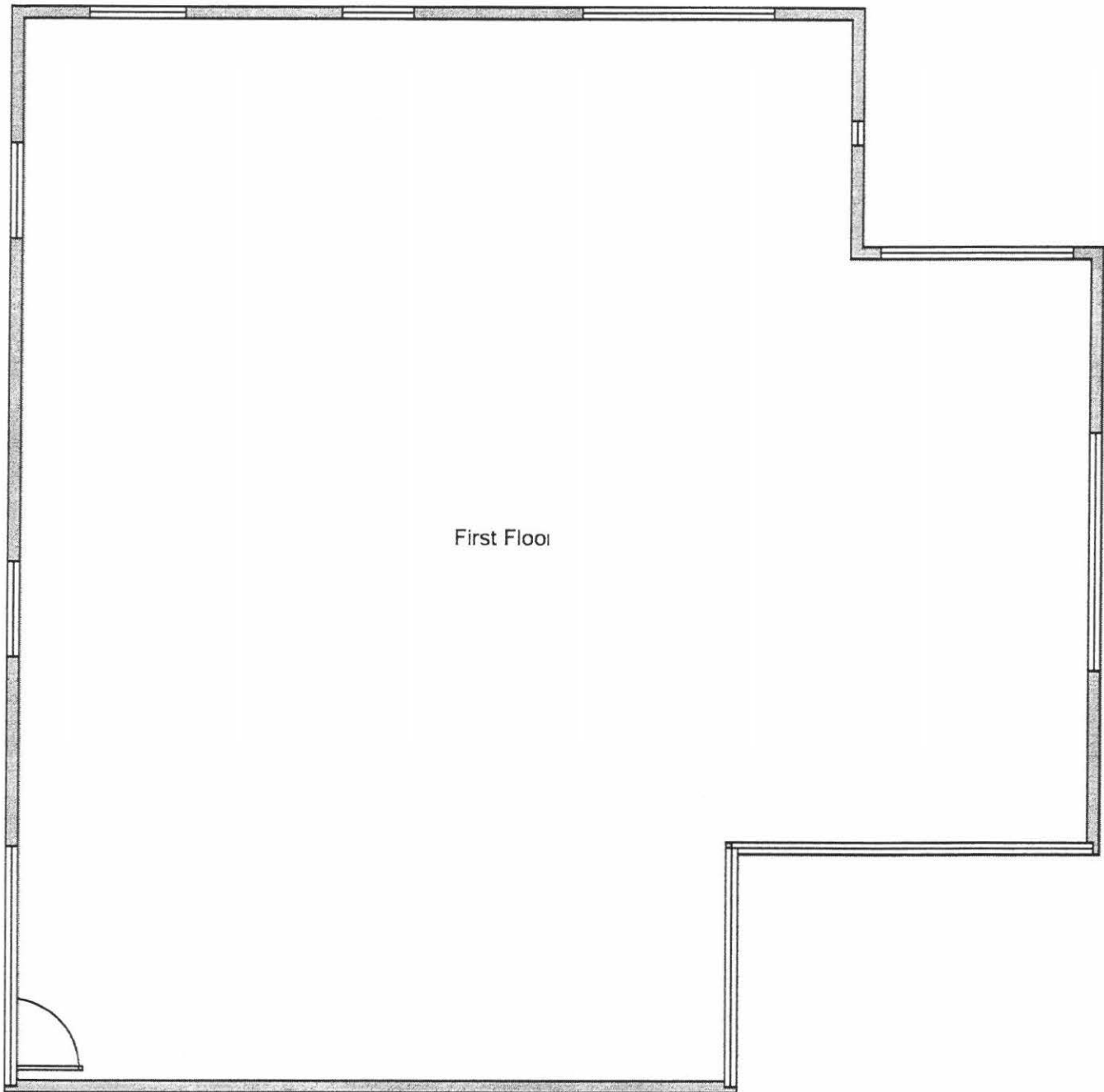
...\\wstmp\la9462dbe-8d5c-4ef1-8685-7b809c7add9d.rup Calc = MJ8 Front Door faces: S

2013-Dec-17 12:56:15

Page 1



## First Floor



**Job #: 6885**  
**Performed by Charles Johnson for:**  
Janice greist  
10 emerita way  
Stuart, FL 34996  
Phone: 7722880894

**All American air and electric inc**  
575 mercantile pl  
Port st Lucie, FL 34986  
Phone: 7728785143 Fax: 7728785144  
Cj285aaaainc@yahoo.com

Scale: 1 : 75  
Page 1  
Right-Suite® Universal 2013  
13.0.06 Right J® Mobile  
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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

### FLORIDA ENERGY CONSERVATION CODE

#### Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: Janice Greist Contractor name: All American Air & Electric, Inc  
Street address: 108 Marita Way Jurisdiction: Sewall's Point  
City: Stuart Permit No.: \_\_\_\_\_  
Zip: 34994 Final inspection date: \_\_\_\_\_

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- ☒ Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- ☐ Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- ☐ The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- ☐ System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: James Degatina Date: \_\_\_\_\_

Printed Name: James Degatina

Contractor License #: CAC057965

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection ☐ Mon ☐ Tue ☐ Wed ☒ Thur ☐ Fri 2/27-14 Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10762	Tufano	Underground		Gary
	16 E High Point	Plumbing	PASS	561-262-1175
	Dreamworks			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10764	MALONE	WINDOW		
	14 S Via Lucindia	ATTACH	PASS	CLOSE
	STUART FENCE	FENCE FINAL		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10777	TOLEDO	WINDOW		
	9 N. RIVER RD	ATTACH	PASS	
	A-1 PROF CONT			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10597	SHARPE	FENCE/WALL		
	8 QUAIL RUN	& POOL DECK	PASS	CLOSE
	WORRELL BLVD	FINAL		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10770	FIELD	FENCE		
	14 RIDGE LANE	FINAL	PASS	CLOSE
	STUART FENCE			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10768	GREIST	A/C		
	10 EMARITA WAY	FINAL	PASS	CLOSE
	ALL AMER ELEC. & A/C			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10754	MANGAN	ROOF		NOT READY
PM	16 PEARLWINKLE LN	FINAL	FAIL	
	ONSHORE ROOFING			INSPECTOR

**10906**

**GARAGE DOOR**



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:	10906	DATE ISSUED:	6/23/2014
SCOPE OF WORK:	GARAGE DOOR REPLACEMENT		
CONTRACTOR:	AMERICAN PB GARAGE DOOR		
PARCEL CONTROL NUMBER:	013841005000000506	SUBDIVISION	EMARITA LOT 5
CONSTRUCTION ADDRESS:	10 EMARITA WAY		
OWNER NAME:	GREIST		
QUALIFIER:		CONTACT PHONE NUMBER:	772 283-4566

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO THE FIRST REQUESTED INSPECTION.**

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE  
CALL 287-2455 - 8:00AM TO 4:00PM**

**INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY**

### INSPECTIONS

UNDERGROUND PLUMBING \_\_\_\_\_  
UNDERGROUND MECHANICAL \_\_\_\_\_  
STEM-WALL FOOTING \_\_\_\_\_  
SLAB \_\_\_\_\_  
ROOF SHEATHING \_\_\_\_\_  
TIE DOWN /TRUSS ENG \_\_\_\_\_  
WINDOW/DOOR BUCKS \_\_\_\_\_  
ROOF DRY-IN/METAL \_\_\_\_\_  
PLUMBING ROUGH-IN \_\_\_\_\_  
MECHANICAL ROUGH-IN \_\_\_\_\_  
FRAMING \_\_\_\_\_  
FINAL PLUMBING \_\_\_\_\_  
FINAL MECHANICAL \_\_\_\_\_  
FINAL ROOF \_\_\_\_\_

UNDERGROUND GAS \_\_\_\_\_  
UNDERGROUND ELECTRICAL \_\_\_\_\_  
FOOTING \_\_\_\_\_  
TIE BEAM/COLUMNS \_\_\_\_\_  
WALL SHEATHING \_\_\_\_\_  
INSULATION \_\_\_\_\_  
LATH \_\_\_\_\_  
ROOF TILE IN-PROGRESS \_\_\_\_\_  
ELECTRICAL ROUGH-IN \_\_\_\_\_  
GAS ROUGH-IN \_\_\_\_\_  
METER FINAL \_\_\_\_\_  
FINAL ELECTRICAL \_\_\_\_\_  
FINAL GAS \_\_\_\_\_  
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:	10906		
ADDRESS:	10 EMARITA WAY		
DATE ISSUED:	6/23/2014	SCOPE OF WORK:	GARAGE DOOR REPLACEMENT

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>	<b>Declared Value</b>	<b>\$</b>	
---	-----------------------	-----------	--

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 spa @ \$ 121.75 per sq. ft. s.f.	\$	-
Total square feet non-conditioned space, or interior remodel:		
@ \$ 59.81 per sq. ft. s.f.	\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.	\$	-
Total Construction Value:	\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)	\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)	\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp		n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)		n/a
Martin County Impact Fee:	\$	
<b>TOTAL BUILDING PERMIT FEE:</b>	<b>\$</b>	<b>\$ -</b>

<b>ACCESSORY PERMIT</b>	<b>Declared Value:</b>	<b>\$</b>	<b>\$ 1,410.00</b>
Total number of inspections: @ \$ 100.00 per insp. # insp	\$ 1.00	\$	100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$	\$	2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	\$	2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00

<b>TOTAL ACCESSORY PERMIT FEE:</b>	<b>\$</b>	<b>109.00</b>
------------------------------------	-----------	---------------

PD 6/25/14  
CK 4909



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:	10906		
ADDRESS:	10 EMARITA WAY		
DATE ISSUED:	6/23/2014	SCOPE OF WORK:	GARAGE DOOR REPLACEMENT

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

AMERICAN - PALM BEACH  
GARAGE DOOR CORPORATION  
2201 SE INDIAN STREET #H-2  
STUART, FL 34997  
(772) 283-0419

DATE	INVOICE	AMOUNT

63-4/630

4909

PAY One thousand & nine DOLLARS

CHECK NO.	TO THE ORDER OF	DATE	GROSS AMOUNT	DISCOUNT	CHECK AMOUNT
4909	Sewalls Point	6/25/14			109.00

AMERICAN - PALM BEACH  
GARAGE DOOR CORPORATION

Bank of America

PALM BEACH COUNTY  
TEQUESTA OFFICE

*Fred M. [Signature]*



Road impact assessment: (.04% of construction value - \$5 min.)		n/a
Martin County Impact Fee:	\$	
<b>TOTAL BUILDING PERMIT FEE:</b>	\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 1,410.00
Total number of inspections:	@ \$ 100.00 per insp. # insp	\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	\$ 109.00

PD 6/25/14  
CK 4909



Date: 6/11/14 **Town of Sewall's Point**  
**BUILDING PERMIT APPLICATION** Permit Number: 10906  
OWNER/TITLEHOLDER NAME: Greist, Janice Phone (Day) 283-0894 (Fax) \_\_\_\_\_  
Job Site Address: 10 Emarita Way City: Sewalls Pt. State: FL Zip: 34996  
Legal Description Emarita, Lot 5 Parcel Control Number: 01-38-41-005-000-00050-6  
Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Scope of work (please be specific): REPLACE GARAGE DOOR  
**WILL OWNER BE THE CONTRACTOR?**  
(If yes, Owner Builder questionnaire must accompany application)  
YES \_\_\_\_\_ NO ✓  
**Has a Zoning Variance ever been granted on this property?**  
YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO ✓  
(Must include a copy of all variance approvals with application)  
**COST AND VALUES:** (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 1410.00  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10 AE9 AE8 X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: American P.B. Garage Door Phone: 283-4566 Fax: \_\_\_\_\_  
Street: 2201 SE Indian St unit H-2 City: Stuart State: FL Zip: 34997  
State License Number: \_\_\_\_\_ OR: Municipality: Martin License Number: MC6DD1904  
LOCAL CONTACT: Liah or Jeff Phone Number: 283-4566  
DESIGN PROFESSIONAL: \_\_\_\_\_ Lic# \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
AREAS SQUARE FOOTAGE: Living: \_\_\_\_\_ Garage: 63 Covered Patios/ Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_  
Carport: \_\_\_\_\_ Total under Roof \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_  
\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007  
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

### NOTICES TO OWNERS AND CONTRACTORS:

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

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

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

OWNER SIGNATURE: (required)  
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)  
Janice Greist  
State of Florida, County of: Palm Beach  
This the 12 day of June, 2014  
by Janice Greist who is personally  
known to me or produced drivers license  
as identification. \_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

Notary Public State of Florida  
A Brynn Whitby  
My Commission EEO07867  
Expires 09/13/2014

CONTRACTOR SIGNATURE: (required)  
Fred Maferra  
On State of Florida, County of: Palm Beach  
This the 12 day of June, 2014  
by Fred Maferra who is personally  
known to me or produced personally known  
as identification. \_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

Notary Public State of Florida  
A Brynn Whitby  
My Commission EEO07867  
Expires 09/13/2014

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





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

Site Provided by...  
governmax.com 1,14

## Summary



Address  
1 of 1

### Tabs

#### Summary

Print View  
Land  
Improvements  
Assessments &  
Exemptions  
Sales  
Taxes ➡  
NEW: Navigator  
Parcel Map ➡  
Notice of Prop.  
Taxes ➡

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-005-000-00050-6	17620	10 EMARITA WY, SEWALL'S POINT	\$217,210	6/7/2014

#### Owner Information

<b>Owner(Current)</b>	GREIST JANICE E
<b>Owner/Mail Address</b>	10 EMARITA WAY STUART FL 34996
<b>Sale Date</b>	12/17/1997
<b>Document Book/Page</b>	1278 0858
<b>Document No.</b>	
<b>Sale Price</b>	165000

### Searches

Parcel ID  
Owner  
**Address**  
Account #  
Use Code  
Legal Description  
Neighborhood  
Sales  
Navigator  
Maps ➡

#### Location/Description

<b>Account #</b>	17620	<b>Map Page No.</b>	SP-04
<b>Tax District</b>	2200	<b>Legal Description</b>	EMARITA LOT 5
<b>Parcel Address</b>	10 EMARITA WY, SEWALL'S POINT		
<b>Acres</b>	.3510		

#### Parcel Type

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120200 Heritage P, Palmtto Pk,RdgInd,

### Functions

#### Property Search

Contact Us  
On-Line Help  
County Home  
Site Home  
County Login

#### Assessment Information

<b>Market Land Value</b>	\$143,850
<b>Market Improvement Value</b>	\$73,360
<b>Market Total Value</b>	\$217,210

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[Legal Disclaimer](#) / [Privacy Statement](#)

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**MANATRON**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/07/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Stonehenge Insurance Solutions, Inc. PO. Box 3442 Tequesta, FL 33469	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> 561-746-5027	<b>FAX (A/C, No):</b>
<b>INSURED</b> Progressive Employer Management Company Inc. 6407 Parkland Dr. Sarasota, FL 34243 888-925-2990 certs@progressiveemployer.	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Technology Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b>		

## COVERAGES

CERTIFICATE NUMBER: PZKNFTLB

REVISION NUMBER:

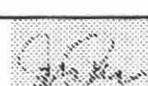
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b> <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	\$
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB  DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A		TWC3376871	09/08/2013	09/15/2014	X WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
							\$
							\$
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Coverage is extended to leased employees but not subcontractors of American Palm Beach Garage Door Corp.

## CERTIFICATE HOLDER

## CANCELLATION

Town Of Sewalls Point Attn: Building Department 1 South Sewalls Point Road Stuart, FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: LA

DATE (MM/DD/YYYY)

04/07/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Stuart Insurance, Inc. 3070 SW Mapp Palm City, FL 34990 Rita Massey-Myer		Phone: 772-286-4334 Fax: 772-286-9389	NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER: CUSTOMER ID #: <b>AMPBG-1</b>	FAX (A/C, No): NAIC #
<b>INSURED</b> American-Palm Beach Garage Door, Corp Ann Mafera 4675 Dyer Blvd West Palm Beach, FL 33407		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A : American Fire &amp; Casualty</b>		<b>24066</b>
		<b>INSURER B : FCCI</b>		<b>10178</b>
		<b>INSURER C : Ohio Casualty</b>		<b>24074</b>
		<b>INSURER D :</b>		
		<b>INSURER E :</b>		
		<b>INSURER F :</b>		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR LTR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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		BAK1454975287	01/01/14	01/01/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BAA1454975287	01/01/14	01/01/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ <input checked="" type="checkbox"/> RETENTION \$ 10,000		USO1454975287	01/01/14	01/01/15	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 DOOR, WINDOW OR ASSEMBLED MILLWORK - INSTALLATION -

CERTIFICATE HOLDER

CANCELLATION

TOWSC-1

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Town of Sewalls Point  
 Bldg. Dept.  
 1 South Sewalls Point Road  
 Sewalls Point, FL 34996

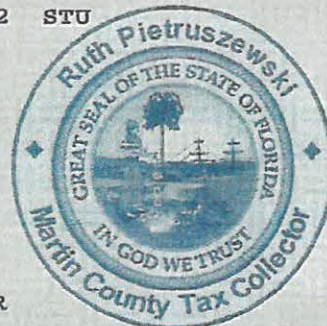
AUTHORIZED REPRESENTATIVE

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2013-2014 **MARTIN COUNTY ORIGINAL**  
**BUSINESS TAX RECEIPT**  
HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR  
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994  
(772) 288-5604

ACCOUNT 1978-518-0026 CERT SP01904  
PHONE (772) 283-4566 SIC NO 023551  
LOCATION:  
2201 SE INDIAN ST H-2 STU



**CHARACTER COUNTS IN MARTIN COUNTY**

PREV YR. S.00	LIC. FEE	26.25
S.00	PENALTY	S .00
S.00	COL. FEE	S .00
S.00	TRANSFER	S .00

TOTAL 26.25

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

OF **MISC. CONTR. -**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

**MAFERA, WARREN F**

**AMERICAN-PALM BEACH GARAGE DOOR**

**2201 SE INDIAN ST H-2**

**STUART, FL 34997**

05 DAY OF SEPTEMBER 2013

AND ENDING SEPTEMBER 30, 2014

806 2012 10916.0001 PAID

**CITY OF PORT ST. LUCIE**  
**BUILDING DEPARTMENT**  
**CERTIFICATE OF COMPETENCY**  
**EXPIRE: 09/30/14**

102770

MAFERA, FRED  
AMERICAN PALM BEACH GARAGE DOOR CORP  
2201 SE INDIAN STREET H-2  
STUART, FL 34997

SIGNATURE

*[Signature]*  
**GARAGE DOOR INSTALLATION**

FL#:

PSL14-4197

**St. Lucie County**  
**CONTRACTOR**  
**IDENTIFICATION CARD**

County Certification Number 4665  
Class Code: Garage Door

This is to certify that MAFERA, FRED, AMERICAN PALM BEACH GARAGE DOOR CORP has been issued a County Certificate in St. Lucie County, beginning on 10/1/2008 and ending on 9/30/2014, unless license is revoked.

*Danielle K. Williams*

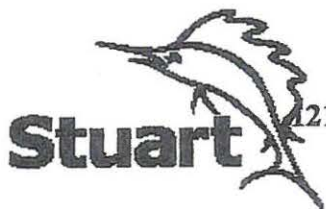
*Code Enforcement Supervisor*  
Authorized Licensing Official

**MARTIN COUNTY, FLORIDA**  
**Contractor's Licensing**  
**Certificate of Competency**

**GARAGE DOOR - MC**

License #: MCGD01904 Expires: 09/30/2015

MAFERA, FRED III  
AMERICAN PALM BCH GARAGE DOOR CORP  
2201 SE INDIAN ST H-2  
STUART, FL 34997



**City of Stuart**  
**Development Department**

121 SW Flagler Avenue - Stuart, Florida 34994-2139  
Phone (772) 288-5326 Fax (772) 288-5388

AMERICAN PALM BEACH GARAGE  
MAFERA, FRED  
2201 SE INDIAN STREET H-2  
STUART, FL 34997

Contractor ID: AP01080021  
License Type: GD  
Expires: September 30, 2014



## NOTICE

Due to the currently large volume of permit applications, we will no longer telephone you when your permit is ready or to advise that your application is incomplete. Please follow up in accordance with the following guidelines:

### Accessory Permits

- Permits will be processed within **48 hours** of receipt of a COMPLETE application containing ALL items on the attached checklist.
- Please check back on that deadline. If the application was complete, the permit will be processed. If it is incomplete, you will be notified of the missing documents when you check back.

*Please do not call. You may email [cbergeron@sewallspoint.org](mailto:cbergeron@sewallspoint.org)*

### New Construction Permits

(Single Family Home, Additions, Remodels)

- Permits will be processed within **10 days** of receipt of a COMPLETE application containing ALL items on the attached checklist.
- Please check back on that deadline. If the application was complete, the permit will be processed. If it is incomplete, you will be notified of the missing documents when you check back.





DEPARTMENT OF PERMITTING, ENVIRONMENT, AND REGULATORY  
AFFAIRS (PERA)  
BOARD AND CODE ADMINISTRATION DIVISION  
**NOTICE OF ACCEPTANCE (NOA)**

MIAMI-DADE COUNTY  
PRODUCT CONTROL SECTION  
11805 SW 26 Street, Room 208  
Miami, Florida 33175-2474  
T (786) 315-2590 F (786) 315-2599  
[www.miamidade.gov/pera/](http://www.miamidade.gov/pera/)

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

DAB Door Company, Inc.  
12195 NW 98<sup>th</sup> Avenue  
Hialeah Gardens, FL 33018

**SCOPE:** This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed and accepted by Miami-Dade County PERA -Product Control Section 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 Section (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. PERA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Section that this product or material fails to meet the requirements of the applicable building code.

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

**DESCRIPTION:** 9'- 4" Wide x 16' High Steel Sectional Garage Door w/ Window Lite Option

**APPROVAL DOCUMENT:** Drawing No. 01-09, titled "Sectional Garage Door", dated 02/01/2001, with last revision F dated 10/13/2011, sheets 1 through 5 of 5, prepared by Al-Farooq Corporation, signed and sealed by Javad Ahmad, P.E., bearing the Miami-Dade County Product Control revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Section.

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

**LABELING:** A permanent label with the manufacturer's name or logo, manufacturing address, model number, the positive and negative design pressure rating, indicate impact rated if applicable, installation instruction drawing reference number, approval number (NOA), the applicable test standards, and the statement reading 'Miami-Dade County Product Control Approved' is to be located on the door's side track, bottom angle, or inner surface of a panel.

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

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

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

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

This NOA revises NOA # 11-0119.21 and consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by Carlos M. Utrera, P.E.



*[Signature]*  
02/21/2012

NOA No. 12-0110.06  
Expiration Date: August 9, 2016  
Approval Date: March 1, 2012  
Page 1



**NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED**

**A. DRAWINGS**

1. Drawing No. **01-09**, titled "Sectional Garage Door", dated 02/01/2001, with last revision F dated 10/13/2011, sheets 1 through 5 of 5, prepared by Al-Farooq Corporation, signed and sealed by Javad Ahmad, P.E.

**B. TESTS "Submitted under NOA # 09-0128.04"**

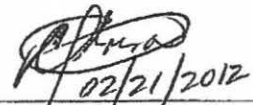
1. Test reports on 1) Uniform Static Air Pressure Test, Loading per FBC TAS 202-94  
2) Large Missile Impact Test per FBC, TAS 201-94  
3) Cyclic Wind Pressure Loading per FBC, TAS 203-94  
4) Forced Entry Test, per FBC 2411 3.2.1, TAS 202-94  
along with marked-up drawings and installation diagram of a DAB 824 24 GA Sectional Garage Door with Fixed Windows, prepared by Hurricane Engineering & Testing, Inc, Test Reports No. **HETI-08-2149A/B**, dated 06/27/2008, signed and sealed by Candido F. Font, P.E.  
  
*"Submitted under NOA # 09-0128.04"*
  2. Test report of Tensile Test per ASTM E 8, Report No. **HETI 08-T182**, prepared by Hurricane Engineering & Testing, Inc., dated 12/23/2008, signed and sealed by Candido F. Font, P.E.  
*"Submitted under NOA # 03-0210.04"*
  3. Test report on Salt Spray (Corrosion) Test per ASTM B 117 of a painted G-40 steel panels, prepared by Celotex Corporation, Test Report No. **258592**, dated 08/17/1998, signed by W. A. Jackson, P.E.

**C. CALCULATIONS "Submitted under NOA # 09-0128.04"**

1. Anchor verification calculations prepared by Al-Farooq Corporation, complying with F.B.C 2007, dated 12/19/08, signed and sealed by Humayoun Farooq, P.E.

**D. QUALITY ASSURANCE**

1. Miami-Dade Department of Permitting, Environment, and Regulatory Affairs (PERA)



Carlos M. Utrera, P.E.

Product Control Examiner

NOA No. 12-0110.06

Expiration Date: August 9, 2016

Approval Date: March 1, 2012

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

**E. MATERIAL CERTIFICATIONS**


1. Notice of Acceptance No. **08-0305.02**, issued to SABIC Innovative Plastics, for their Lexan Sheet Products, approved on 04/24/2008 and expiring on 07/17/2013.
2. Notice of Acceptance No. **07-1016.07**, issued to Insulfoam, LLC, for their Insulfoam Expanded Polystyrene Insulation, approved on 11/29/2007 and expiring on 11/29/2012.
3. Notice of Acceptance No. **07-1107.08**, issued to Dyplast Products, LLC, for their Expanded Polystyrene Block Type Insulation, approved on 04/26/2007 and expiring on 08/27/2008.
4. Notice of Acceptance No. **07-0301.10**, issued to Dyplast Products, LLC, for their Dyplast ISO-C1 Polyisocyanurate Insulation, approved on 06/07/2007 and expiring on 01/11/2012.

***"Submitted under NOA # 05-0228.02"***

5. Test Report on Accelerated Weathering Using Xenon Arc Light Apparatus Test per ASTM G155 of "PVC Extrusion Material", prepared by Hurricane Engineering & Testing, Inc., Report No. **HETI 04-A002**, dated 09/27/2004, signed and sealed by Rafael E. Droz-Seda, P.E.
6. Test Reports on Tensile Test per ASTM D638 of "PVC Extrusion Material", prepared by Hurricane Engineering & Testing Inc., Report No. **HETI 04-T251**, dated 11/29/2004 signed and sealed by I. Ghia, P.E.
7. Test Report on Self-Ignition Temperature Test, Rate of Burn Test and Smoke Density Test of "REHAU non-foam PVC extrusion material", prepared by ETC Laboratories, Report No. **04-761-15019.0**, dated 05/06/2004, signed and sealed by J. L. Doldan, P.E.

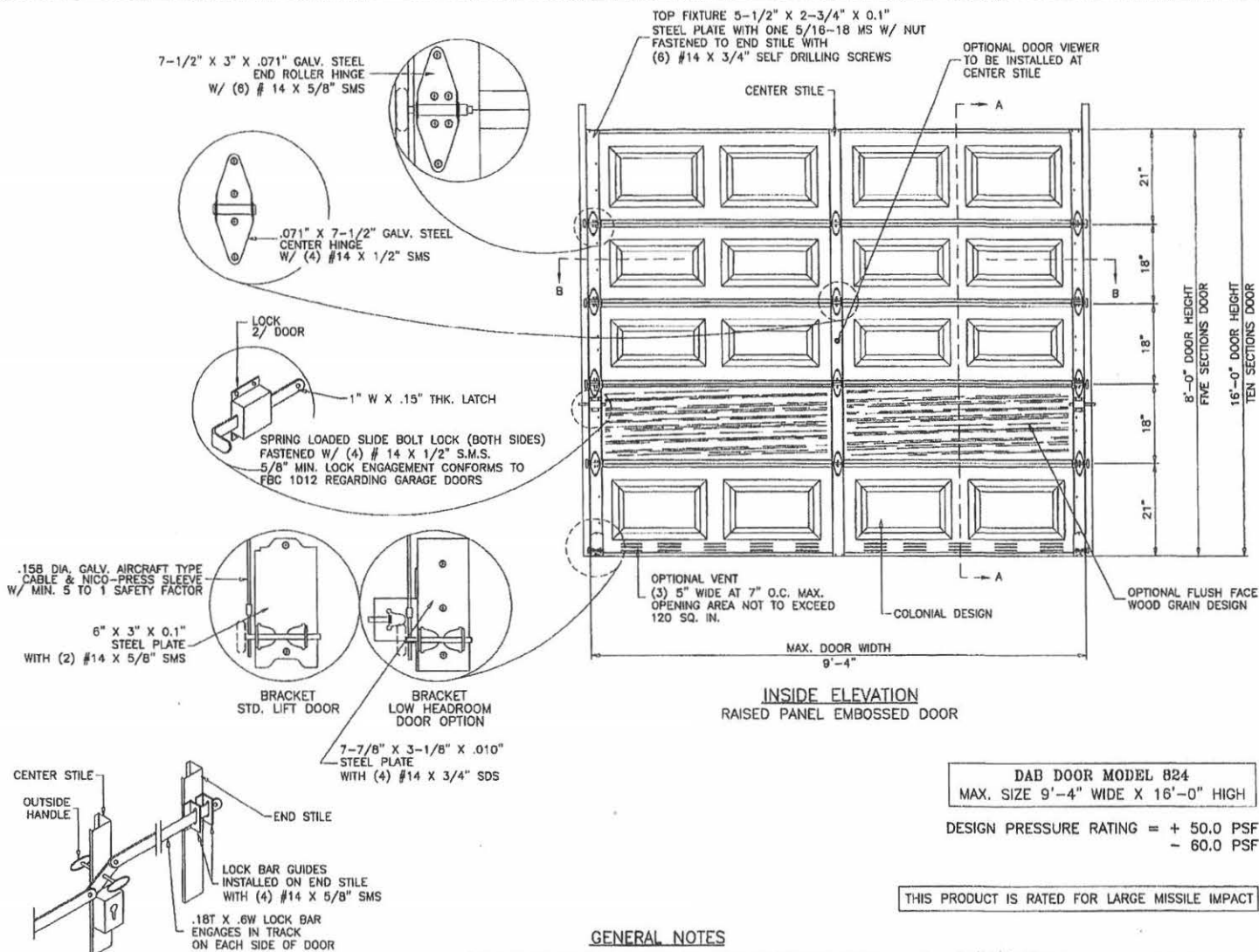
**F. STATEMENTS**

1. Statement letter of code conformance to 2010 FBC and no financial interest, issued by Al-Farooq Corporation, dated 10/26/2011, signed and sealed by Javad Ahmad, P.E.

  
02/21/2012

Carlos M. Utrera, P.E.  
Product Control Examiner  
NOA No. 12-0110.06  
Expiration Date: August 9, 2016  
Approval Date: March 1, 2012

DOOR HEIGHT	CONSISTS OF	
6'-6"	2 SECTIONS 18"	2 SECTIONS 21"
6'-9"	1 SECTION 18"	3 SECTIONS 21"
7'	4 SECTIONS 21"	-
7'-3"	-	-
7'-6"	5 SECTIONS 18"	-
7'-9"	4 SECTIONS 18"	1 SECTION 21"
8'	3 SECTIONS 18"	2 SECTIONS 21"
8'-3"	2 SECTIONS 18"	3 SECTIONS 21"
8'-6"	1 SECTION 18"	4 SECTIONS 21"
8'-9"	5 SECTIONS 21"	-
9'	6 SECTIONS 18"	-
9'-3"	5 SECTIONS 18"	1 SECTION 21"
9'-6"	4 SECTIONS 18"	2 SECTIONS 21"
9'-9"	3 SECTIONS 18"	3 SECTIONS 21"
10'	2 SECTIONS 18"	4 SECTIONS 21"
10'-3"	1 SECTION 18"	5 SECTIONS 21"
10'-6"	6 SECTIONS 21"	-
10'-9"	5 SECTIONS 18"	1 SECTION 21"
11'	4 SECTIONS 18"	2 SECTIONS 21"
11'-3"	3 SECTIONS 18"	3 SECTIONS 21"
11'-6"	2 SECTIONS 18"	4 SECTIONS 21"
11'-9"	1 SECTION 18"	5 SECTIONS 21"
12'	6 SECTIONS 21"	-
12'-3"	5 SECTIONS 18"	1 SECTION 21"
12'-6"	4 SECTIONS 18"	2 SECTIONS 21"
12'-9"	3 SECTIONS 18"	3 SECTIONS 21"
13'	2 SECTIONS 18"	4 SECTIONS 21"
13'-3"	1 SECTION 18"	5 SECTIONS 21"
13'-6"	6 SECTIONS 21"	-
13'-9"	5 SECTIONS 18"	1 SECTION 21"
14'	4 SECTIONS 18"	2 SECTIONS 21"
14'-3"	3 SECTIONS 18"	3 SECTIONS 21"
14'-6"	2 SECTIONS 18"	4 SECTIONS 21"
14'-9"	1 SECTION 18"	5 SECTIONS 21"
15'	6 SECTIONS 21"	-
15'-3"	5 SECTIONS 18"	1 SECTION 21"
15'-6"	4 SECTIONS 18"	2 SECTIONS 21"
15'-9"	3 SECTIONS 18"	3 SECTIONS 21"
16'	2 SECTIONS 18"	4 SECTIONS 21"



**OUTSIDE KEYED LOCK**  
LOCK BAR LOCKING SHOWN  
ALTERNATE TO LOCKS SHOWN ABOVE

#### GENERAL NOTES

- THIS PRODUCT HAS BEEN DESIGNED AND TESTED TO COMPLY WITH THE REQUIREMENTS OF THE FLORIDA BUILDING CODE 2010 EDITION INCLUDING HIGH VELOCITY HURRICANE ZONE.
- ANCHORS SHALL BE AS LISTED, SPACED AS SHOWN ON DETAILS. ANCHOR EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO.
- ALL BOLTS, NUTS AND WASHERS SHALL BE ZINC PLATED CARBON STEEL.
- ANCHORING OR LOADING CONDITIONS OTHER THAN THOSE SHOWN IN THESE DETAILS ARE NOT PART OF THIS APPROVAL.
- A LOAD DURATION INCREASE IS USED IN DESIGN OF ANCHORS INTO WOOD ONLY.

Engr. JAVID AHMAD  
CIVIL  
P.E. # 70502  
C.A.N. 3938  
NOV 07 2011  
NOV 07 2011

**PRODUCT REVISED**  
as complying with the Florida  
Building Code  
Acceptance No 12-9110-06  
Expiration Date 08/09/2016  
By [Signature]  
Miami Dade Product Control

**DAB DOOR MODEL 824**  
MAX. SIZE 9'-4" WIDE X 16'-0" HIGH

DESIGN PRESSURE RATING = + 50.0 PSF  
- 60.0 PSF

THIS PRODUCT IS RATED FOR LARGE MISSILE IMPACT

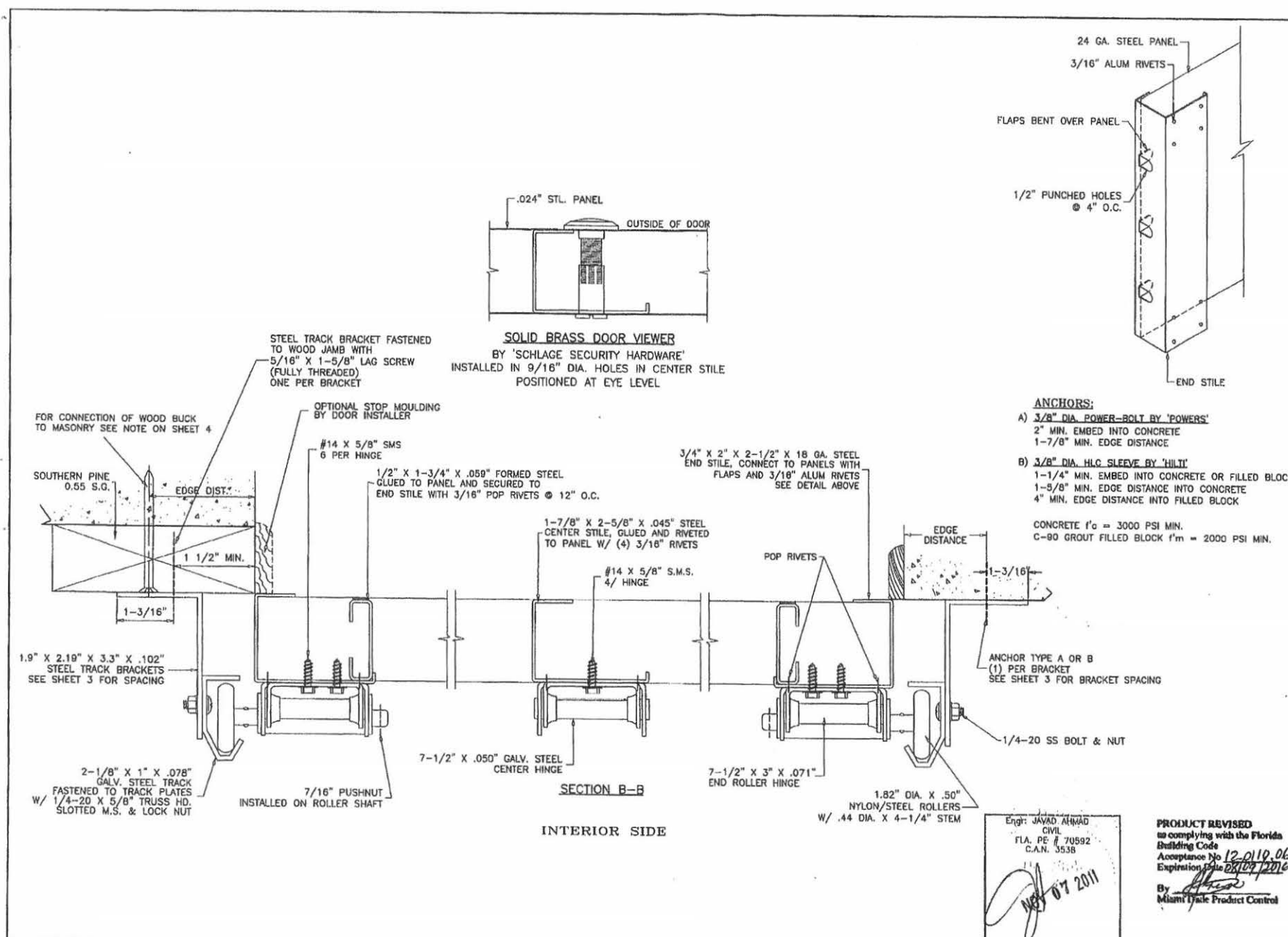
**AL-FAROOQ CORPORATION**  
ENGINEERS & PRODUCT DEVELOPMENT  
12335 S.W. 87th AVE.  
MIAMI, FLORIDA 33174  
TEL (305) 264-8100 FAX (305) 262-6978  
GARAGE 01-09DAB

**SECTIONAL GARAGE DOOR**  
**DAB DOORS INC.**  
12195 N.W. 98 TH. AVE.  
HIALEAH GARDENS, FL 33018  
TEL (305) 558 - 6624

revisions:  
NOI date 12-01-01  
BY DESCRIPTION  
B 07-23-08 REV. PER FBC DOOR VIEWER AD.  
C 03-11-05 REV. PER FBC 2004 FBC  
D 02-28-08 REV. PER FBC COMMENTS  
E 12-23-08 REV. PER FBC 2007 FBC  
F 10-13-11 REV. PER FBC 2010 FBC

date 02-01-01  
scale 1/2"=1'-0"  
dr. by: HAND  
chk. by:  
drawing no.  
**01-09**  
sheet 1 of 5





**AL-FAROOQ CORPORATION**  
 ENGINEERS & PRODUCT DEVELOPMENT  
 1235 S.W. 87 AVE  
 MIAMI, FLORIDA 33174  
 TEL. (305) 264-8100 FAX. (305) 262-8978

garage 01-09DAB

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**SECTIONAL GARAGE DOOR**

**DAB DOORS INC.**  
 12195 N.W. 98 TH. AVE.  
 HIALEAH GARDENS, FL 33018  
 TEL. (305) 556 - 6624

---

NO.	DATE	BY	DESCRIPTION
B	07/23/03		DOOR VIEWER DETAIL ADDED
C	08/11/05		ANCHORS REV.
D	02/28/06		REV. FOR EDCO COMMENTS
E	12/23/08		UPDATED FOR 2007 FRC
F	10/13/11		NO CHANGE THIS SHEET

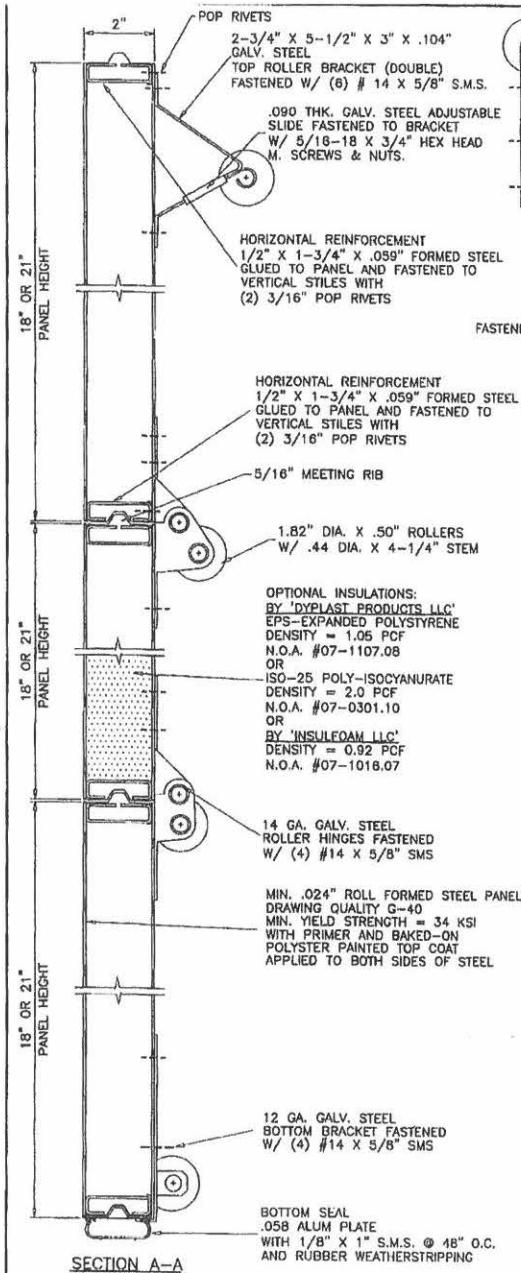
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 scale: -  
 dr. by: HAUJD  
 chd. by:

drawing no.  
**01-09**  
 sheet 2 of 5

Engr: JAYAD AHMAD  
 CIVIL  
 FLA. PE # 70592  
 C.A.N. 3538  
 MAY 07 2011

**PRODUCT REVISED**  
 as complying with the Florida  
 Building Code  
 Acceptance No 12-0110.06  
 Expiration Date 08/09/2016  
 By: [Signature]  
 Miami Title Product Control



5/16" X 1-5/8" LAG SCREWS INTO WOOD OR 5/16" SLEEVE ANCHORS WITH 1-1/4" EMBED INTO MASONRY 3 PER BRACKET

2-1/2" X 4-1/4" X 13 GA. STEEL PLATES WELDED TO 1-1/2" X 1-1/2" X 14 GA. ANGLE FASTENED TO TRACK WITH (4) 1/4-20 SS. BOLT & NUTS

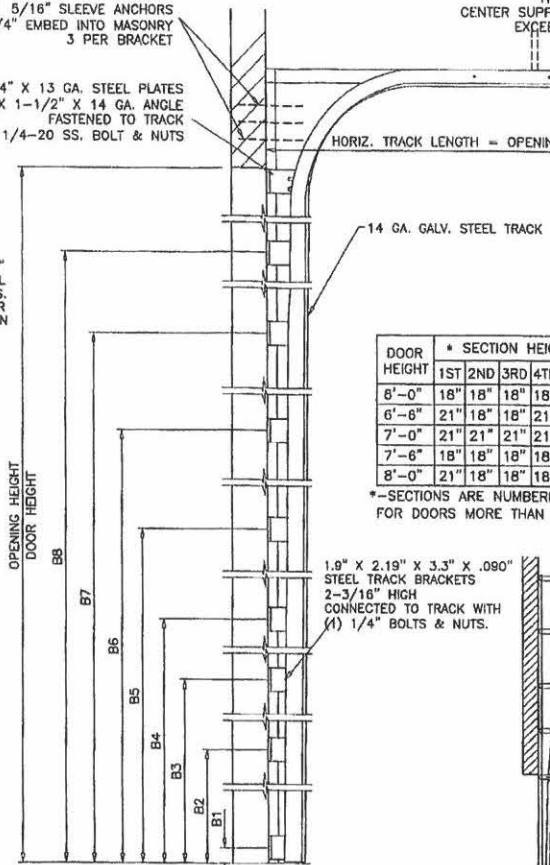
2" X 5-1/2" X .104" GALV. STEEL FASTENED W/ (4) #14 X 5/8" S.M.S. TOP ROLLER BRACKET FOR LOW HEADROOM DOOR OPTION

HORIZ. TRACK SUPPORT, CENTER SUPPORT REQD. ON DOORS EXCEEDING 8 FT. IN HEIGHT

HORIZ. TRACK LENGTH = OPENING HEIGHT PLUS 12"

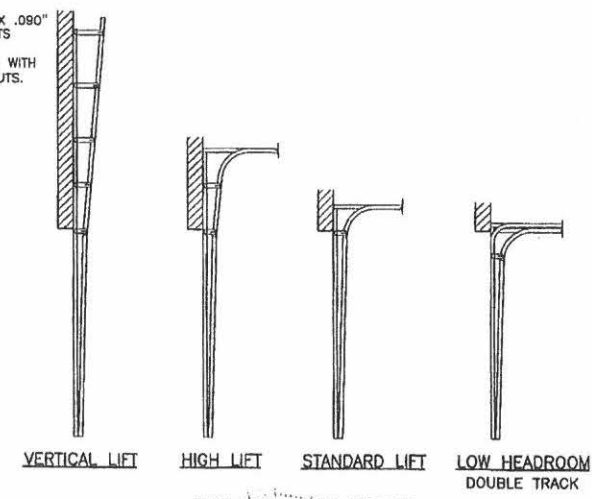
2 X 2 X 1/8" HORIZ. ANGLE SPOT WELDED TO HORIZ. TRACK WITH TWO WELDS AT 1-1/2" APART FIRST AT 3" O.C. REST AT 9" O.C. CONNECTED TO FLAG BRACKET ANGLE W/ 3/8-16 X 3/4" BOLT & NUT AND TO SPRING SHAFT GUIDE WITH (2) 1/4-20 X 5/8" BOLT & NUT

VERTICAL TRACK 2-1/8" X 1" X .080" SECTION A-A



DOOR HEIGHT	SECTION HEIGHTS					BRACKET PLACEMENTS											
	1ST	2ND	3RD	4TH	5TH	B1	B2	B3	B4	B5	B6	B7	B8				
6'-0"	18"	18"	18"	18"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	-				
6'-6"	21"	18"	18"	21"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	-				
7'-0"	21"	21"	21"	21"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	-				
7'-6"	18"	18"	18"	18"	18"	1"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"				
8'-0"	21"	18"	18"	18"	21"	1"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"				

\*-SECTIONS ARE NUMBERED STARTING AT THE BOTTOM FOR DOORS MORE THAN 8 FT. HIGH, USE ADDITIONAL TRACK BRACKETS AT 10" O.C.



# AVAILABLE TRACK OPTIONS

Engr: JAVAD AHMAD CIVIL  
FLA. PE # 70592  
C.A.N. 3538  
DATE: 07/07/2011

PRODUCT REVISED as complying with the Florida Building Code  
Acceptance No. 12-0110.06  
Expiration Date 08/07/2016  
By: [Signature]  
Miami/Design Product Control

**AL-FAROQI CORPORATION**  
ENGINEERS & PRODUCT DEVELOPMENT  
1335 S.W. 87 AVE  
MIAMI, FLORIDA 33174  
TEL (305) 264-6100 FAX (305) 268-6978  
GARAGE 01-09DAB

**SECTIONAL GARAGE DOOR**  
**DAB DOORS INC.**  
12195 N.W. 98 TH. AVE.  
HALEAH GARDENS, FL 33018  
TEL (305) 556 - 8624

NO	DATE	BY	DESCRIPTION
B	07/23/03	NO CHANGE	THIS SHEET
C	08/11/05	ANCHOR SPACING REV.	
D	02/28/06	REV. PER BICO COMMENTS	
E	12/23/08	UPDATED FOR 2007 FBC	
F	10/31/11	NO CHANGE	THIS SHEET

date: 02-01-01  
code: -  
dr. by: HAMD  
chk. by: -  
drawing no.  
**01-09**  
sheet 3 of 5

### WOOD FRAME BUILDINGS

STUD WALLS OR DOOR OPENING (NOT BY DAB DOORS) SHALL BE FRAMED SOLID BY NOT LESS THAN (3) 2X6 PRESSURE TREATED GRADE 2 SYP OR BETTER WOOD STUDS.

STUD WALLS TO BE CONT. FROM FOOTING TO THE BEAM. ENGINEER OF RECORD TO VERIFY ADEQUACY OF THE SUPPORTING STRUCTURE.

### WOOD BUCK CONNECTION TO MASONRY

TRACK SHALL BE SECURED WITH CONT. STEEL ANGLE TO PRESSURE TREATED 2X6 SYP WOOD JAMBS WHICH SHALL BE ANCHORED TO GROUTED REINFORCED MASONRY BLOCK WALL OR CONC. COLUMN WITH

1/4" ULTRACON BY 'ELCO' WITH SPACING OF 20" O.C. INTO BLOCK WALL, WITH 2-1/4" MIN. EMBED 18" O.C. INTO 3000 PSI CONCRETE, WITH 1-3/4" MIN. EMBED 2-1/2" MIN. EDGE DISTANCE

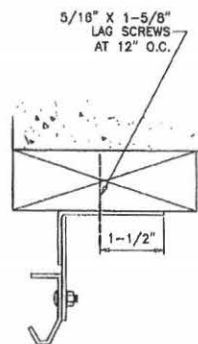
1/4" TAPPER BY 'POWERS' WITH SPACING OF 14" O.C. INTO BLOCK WALL, WITH 1-1/2" MIN. EMBED 18" O.C. INTO 3000 PSI CONCRETE, WITH 1-3/4" MIN. EMBED 3" MIN. EDGE DISTANCE

3/8" CONFLUX BY 'ELCO' OR 3/8" LOT BY 'ITW' WITH SPACING OF 24" O.C. INTO 3000 PSI CONCRETE, WITH 2-1/2" MIN. EMBED 2" MIN. EDGE DISTANCE

3/8" HLC SLEEVE BY 'HILTI' WITH SPACING OF 17" O.C. INTO BLOCK WALL, WITH 1-1/4" MIN. EMBED, 4" MIN. EDGE DIST. 18" O.C. INTO 3000 PSI CONCRETE, WITH 1-1/4" MIN. EMBED AND 2-1/2" MIN. EDGE DISTANCE

THE BLOCK WALL CELLS SHALL BE GROUT FILLED AND REINFORCED WITH FOUR #5 BARS EXTENDING INTO FOOTING AND INTO THE BEAMS ALL BARS SHALL BE CONTINUOUS FROM THE BEAMS TO FOOTING.

### PREPARATION OF JAMBS BY OTHERS



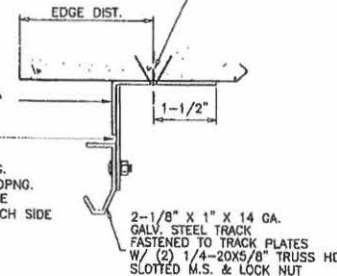
STEEL STRUCTURE BY OTHERS MUST SUPPORT THE LOADS IMPOSED BY DOOR SYSTEM

5/16" DIA. BOLTS WITH WASHER & NUT AT 12" O.C. MAX.

1-1/4" X 2-1/2" X 14 GA CONT. STEEL ANGLE  
12 GA. GALV. STEEL FLAT BRACKETS ±3" LONG AT 12" O.C. IN DOOR OPNG. AT 18" O.C. ABOVE DOOR OPNG. CONNECTED TO CONT. ANGLE W/ (3) SPOT WELDS AT EACH SIDE

ANCHOR SPACING				
ANCHORS	STRUCTURE	EMBED	SPACING	EDGE DIST.
3/8" HLC SLEEVE BY 'HILTI'	CONC.	1-1/4"	8"	1-5/8"
3/8" HLC SLEEVE BY 'HILTI'	FILLED BLOCK	1-1/4"	8"	4"
3/8" DYNABOLT BY 'ITW'	CONC.	1-1/2"	8"	2"
3/8" DYNABOLT BY 'ITW'	FILLED BLOCK	1-1/2"	8"	3-3/4"
3/8" POWER-BOLT BY 'POWERS'	CONC.	2"	1-7/8"	1-7/8"
3/8" SLEEVE-ALL BY 'SIMPSON'S'	CONC.	1-1/2"	8"	1-7/8"

CONCRETE  $f'_c$  = 3000 PSI MIN.  
C-90 GROUT FILLED BLOCK  $f'_m$  = 2000 PSI MIN.



### ALTERNATE TRACK INSTALLATION

Engr: JAVAD AHMAD  
CIVIL  
FLA. PE # 70502  
C.A.N. # 5538  
NOV 17 2011

PRODUCT REVISED  
as complying with the Florida  
Building Code  
Acceptance No 12-0110-06  
Expiration Date 08/09/2016  
By: [Signature]  
Miami Dade Product Control

**AL-FAROQ CORPORATION**  
ENGINEERS & PRODUCT DEVELOPMENT  
1235 S.W. 87 AVE  
MIAMI, FLORIDA 33174  
TEL. (305) 264-8100 FAX. (305) 262-6978  
GARAGE 01-09DAB

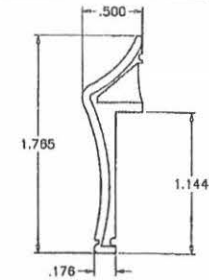
**DAB DOORS INC.**  
12195 N.W. 98 TH. AVE.  
HIALEAH GARDENS, FL 33018  
TEL. (305) 556 - 6624

revisions:	date	description
A	02-01-01	NO CHANGE THIS SHEET
B	07-23-03	ANCHOR SPACING REV.
C	08-11-05	REV. PER BCOO COMMENTS
D	02-26-06	UPDATED FOR 2007 FBC
E	12-23-08	NO CHANGE THIS SHEET
F	10-13-11	

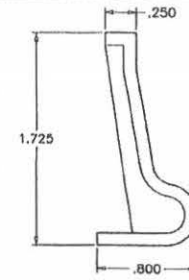
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dr: HAUD  
chk: BY  
drawing no.  
01-09  
sheet 4 of 5



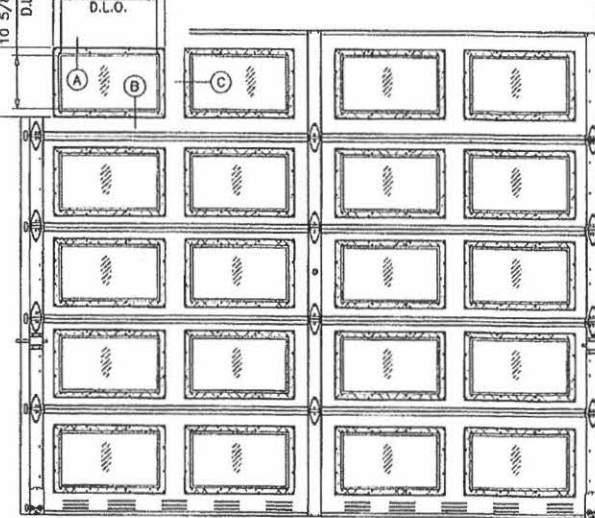
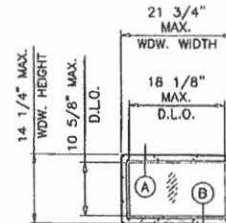
\* PLASTIC COMPLIES WITH  
SECTION 2612 OF FBC 2007  
SEE EVIDENCE PAGE



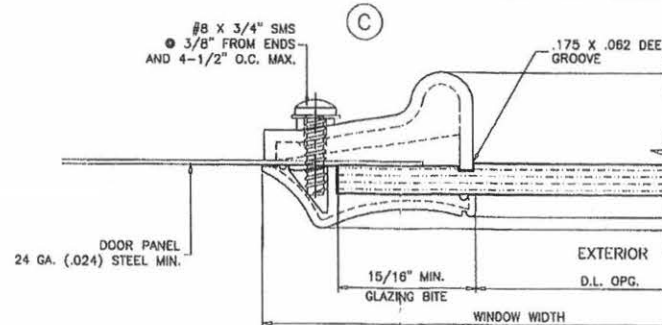
\* EXTERIOR FRAME  
RIGID PVC ONE PIECE INJECTION



\* INTERIOR FRAME  
RIGID PVC ONE PIECE INJECTION



INSIDE ELEVATION  
RAISED PANEL EMBOSSED DOOR WITH OPTIONAL WINDOWS



Engr: JAVAD AHMAD  
CIVIL  
FLA. PE # 70592  
C.A.N. 3638

NOV 07 2011

PRODUCT REVISED  
as complying with the Florida  
Building Code  
Acceptance No 12-0110.06  
Expiration Date 08/07/2016  
By Miami Door Product Control

**AL-FAROQ CORPORATION**  
ENGINEERS & PRODUCT DEVELOPMENT  
12335 S.W. 87 AVE  
MIAMI, FLORIDA 33174  
TEL (305) 264-8100 FAX (305) 262-6978  
GARAGE\01-09DAB

SECTIONAL GARAGE DOOR  
**DAB DOORS INC.**  
12195 N.W. 98 TH. AVE.  
HIALEAH GARDENS, FL 33018  
TEL (305) 556 - 6624

Revisions:	By	Description
1	NO CHANGE THIS SHEET	
2	ANCHOR SPACING REV.	
3	REV. PER BCOO COMMENTS	
4	UPDATED FOR 2007 FBC	
5	NO CHANGE THIS SHEET	

date: 02-01-01  
scale: 1/8" = 1'-0"  
dr. by: HAND  
chk. by:  
drawing no.  
**01-09**  
sheet 5 of 5

Jun 11 14 09:35a

AMERICAN PB GARAGE DOOR

772-419-0576

p.1



**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

TABLE 1609.6(2)

ADJUSTMENT FACTOR FOR BUILDING HEIGHT AND EXPOSURE. (2)

MEAN ROOF HEIGHT (feet)	EXPOSURE		
	B	C	D
15	1.00	1.21	1.47
20	1.00	1.29	1.55
25	1.00	1.35	1.61
30	1.00	1.40	1.66
35	1.05	1.45	1.70
40	1.09	1.49	1.74
45	1.12	1.53	1.78
50	1.16	1.58	1.81
55	1.19	1.59	1.84
60	1.22	1.62	1.87

For SF: 1 foot = 304.8mm

**FORMULA FOR DESIGN PRESSURES**

Example: 25 ft mean roof height, exposure C  
 18 X 7 Door 140mph.

Pressure	Exposure C multiplier	Req. Design Pressure
29.7	X 1.35	= +40.095
-33.1	X 1.35	= -44.685

Garage Door must be rated at +40.1/-44.68 minimum. This formula must be completed for exposure C:

Pressure	Exposure C multiplier	Req. Design Pressure
_____ X _____	= _____	(+)
_____ X _____	= _____	(-)

TABLE 1609.6(1)

GARAGE DOOR WIND LOADS FOR A BUILDING WITH A MEAN ROOF HEIGHT OF 30 FEET LOCATED IN EXPOSURE B (ft)

EFFECTIVE WIND AREA		Basic Wind Speed V (mph - 3 second gust)							
Width (ft)	Height (ft)	85	90	100	110	120	130	140	150
Roof Angle 0-10 degrees									
8	8	10.5 -11.8	11.7 -13.3	14.5 -16.4	17.5 -19.8	20.9 -23.0	23.8 -27.7	22.4 -32.2	32.6 -38.9
10	10	10.1 -11.4	11.4 -12.7	14.0 -15.7	17.0 -19.0	20.2 -22.7	23.7 -28.5	27.5 -30.8	31.8 -35.4
14	14	10.0 -10.7	10.8 -12.0	13.3 -14.8	16.1 -17.8	19.2 -21.4	22.5 -25.1	26.1 -29.1	30.0 -33.4
Roof Angle 10									
8	7	11.4 -12.9	12.8 -14.5	15.8 -17.9	19.1 -21.6	22.8 -25.8	26.7 -30.2	31.0 -35.1	35.6 -40.2
10	7	10.9 -12.2	12.3 -13.7	15.2 -16.9	18.3 -20.4	21.8 -24.3	25.8 -28.5	29.7 -33.1	34.1 -38.0

For SF: 1 Square foot = 0.929 Sqm. (avg) = 0.447 m<sup>2</sup>, (avg) = 47.88 N/m<sup>2</sup>

1. For effective areas or wind speeds between those given above the load may be interpolated, otherwise use the load associated with the lower effective area.

2. Table values shall be adjusted for height and exposure by multiplying by adjustment coefficients in Table 1609.2D.

3. Plus and minus signs signify pressures acting toward and away from the building surfaces.

4. Negative pressures assume door has 3 feet of width in building's end zone.

1609.6 Garage doors. Pressures from Table 1609.6(1) for wind loading actions on garage doors for Buildings designed as enclosed shall be permitted.

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

☒ Mon

☐ Tue

☐ Wed

☐ Thur

☐ Fri

7/28-14 Page

of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10898	10 MIDDLE RD	Fence Final		
	Ferraro	St. Fence Co.	Pass	CLOSE
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10834	6 Oakhill	underground plumb.+elect.		
	Fabrycy	Seagate Len	Pass	
		Polanski 263-4448		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10906	10 EMARITA	Garage Door		
	?	Leah 772-283-4566	Pass	CLOSE
		Am. Palm Beach G. Door		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10930	WILLIAMS	IN PROGRESS		
PM	6 GUMBO LIMCO		CANCEL	NOT READY
	CODE RED ROOFERS			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	OLSON			
	12 KNOWLES	TRGE	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10896	BOUCHET	EXFILTRATION		
	2 FIELDWAY	PIPE IN	Pass	
	O/B	PROGRESS		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



**TREE**

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 Janice Greist Address 10 Emerald Way Phone 283-0894  
Contractor Sydney Villalobos Address Landscape & Lawn Maintenance Phone Cell 772-240-9665  
Office 772-335-7737  
No. of Trees: REMOVE 1 Species: Pepper Tree?  
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\*\*\*

**ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY**

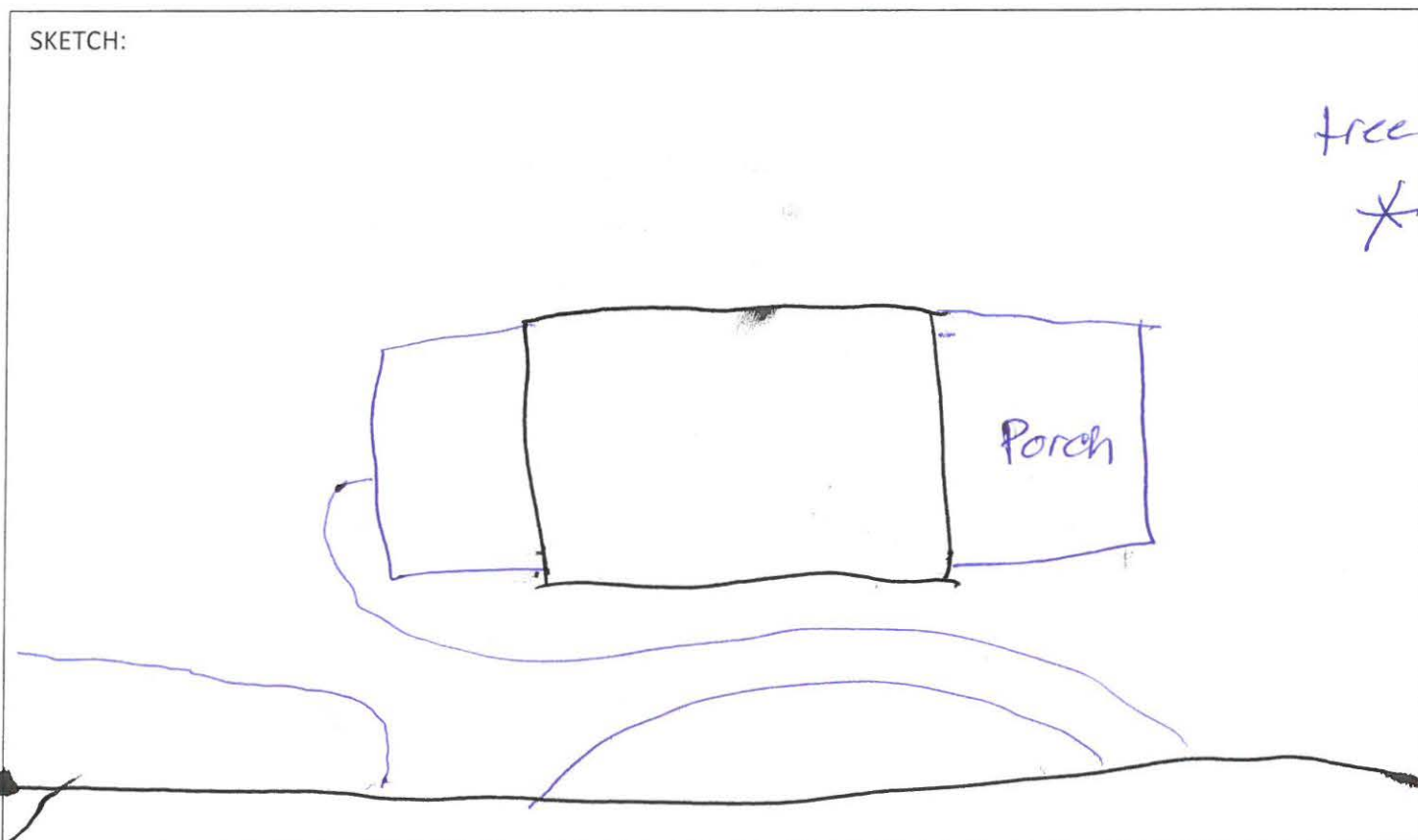
Reason for tree removal /relocation (See notice above) Large limb snapped  
after wind storm I am told this is nuisance tree

Signature of Property Owner Janice Greist Date 9/24/13

Approved by Building Inspector: [Signature] Date 9-25-13 Fee: N/C

NOTES: \_\_\_\_\_

SKETCH:





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 DON GREST Address 10 EMARITA WAY Phone 282-0894  
Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
No. of Trees: REMOVE 1 Species: TRAVELER'S 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\*\*\*

### ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

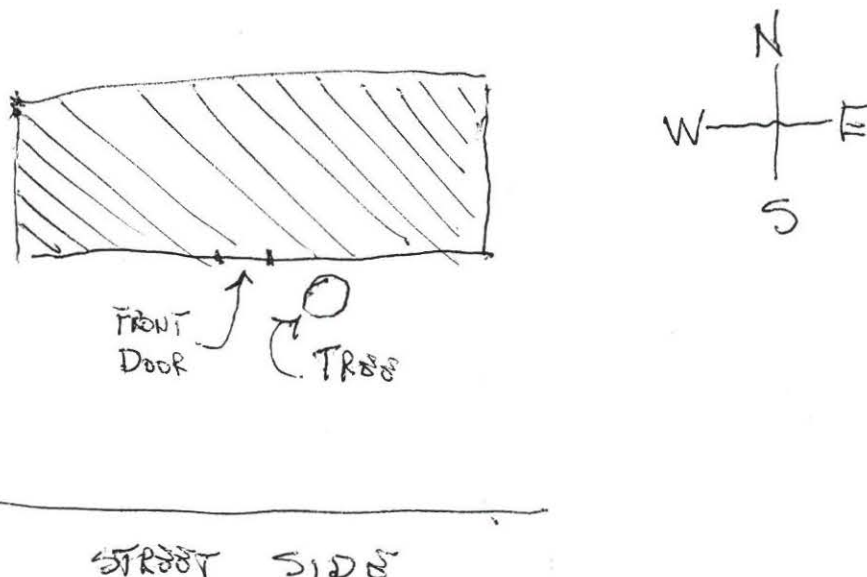
Reason for tree removal /relocation (See notice above) Too close To House per Insurance  
COMPANY'S REQ.

Signature of Property Owner [Signature] Date 1/10/2013

Approved by Building Inspector: [Signature] Date 1-10-13 Fee: \$1500

NOTES: 1/11/13 Pd ck# 1095  
VC

SKETCH:







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 DON GREIST Address 10 EMARITA WAY

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

No. of Trees: REMOVE 1

No. of Trees: PR \_\_\_\_\_

283-0894

DONALD F GREIST  
JANICE E GREIST  
10 EMARITA WAY  
SEWALLS POINT FL 34996-6725

Pay to the  
Order of

TOWN OF SEWALL'S POINT

Bank of America Advantage®

Bank of America

ACH R/T 063100277

For

1:063000047: 003446070028 1895

1895  
63-4/630 FL  
23840

Date

\$ 15 00

Dollars

Date

1/10/2013

Date

1-10-13

Fee:

\$15.00

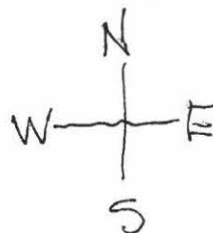
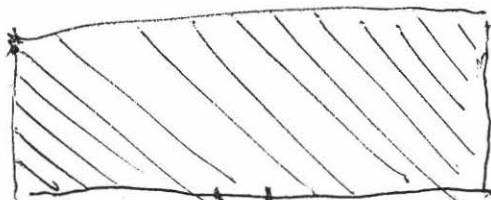
1/11/13 pd ck # 1895  
VC

RES A FINAL INSPECTION\*\*\*

PROPERTY

5 PER INSURANCE

SKETCH:



STREET SIDE



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 Janice Creist Address 10 Enamita Way Phone 283-0894  
Contractor Sayne Villalobos Address \_\_\_\_\_ Phone 772-240-9665  
No. of Trees REMOVE 1 Species: Sable Palm Caliper @ 4' above soil 13.11 in. Height 30 (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 Sable Palm appears to be rotting away and is too close to the house  
Signature of Property Owner Janice Creist Date 4/9/15

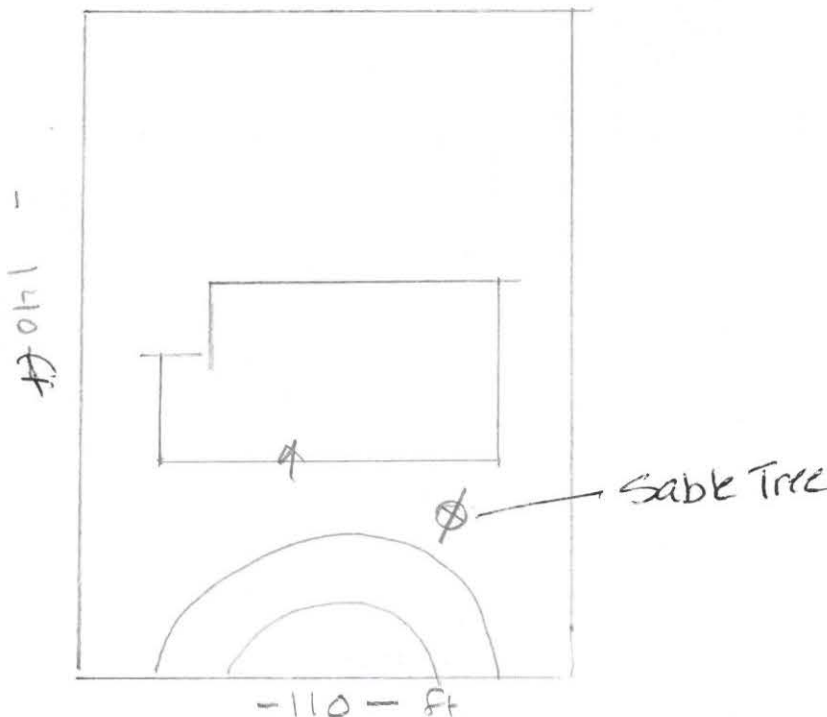
This space for Official Use only:

Approved by Building Official: [Signature] Date \_\_\_\_\_ Fee: \_\_\_\_\_  
BUILDING INSPECTOR NOTES: HEALTHY CANOPY SOME BARK MISSING

☐ 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 3/7/01 18 TREE REMOVAL PERMIT No 0416  
APPLIED FOR BY Tree fellers, Inc. (Contractor or Owner)  
Owner D+J Arlest  
Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_  
Kind of Trees Pig  
No. Of Trees: REMOVE 1  
No. Of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS (NO FEE)  
No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS  
REMARKS Endangers flat roof + house  
FEE \$ 0. -  
Signed, Sign. on file Applicant Signed, [Signature] Town Clerk  
Rldg. Insp.

Field inspection  
3/7/01

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection  
WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

# TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION \_\_\_\_\_

REMARKS \_\_\_\_\_



## TOWN OF SEWALL'S POINT

## APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

3/7/01 WSP. SCHED.

RECEIVED
MAR 6 2001
Permit # <u>0416</u>
Date Issued <u>3/7/01</u>

This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner DONALD & JANICE GREIST Address 10 EMARITA WAY Phone 283-0894  
 Contractor TREE FELLERS, INC. Address 1609 SW BRISBANE ST. Phone 879-7107  
PT. ST. LUCIE  
 Number of trees to be removed (list kinds of trees) (1) ONE STRANGLER FIG \*

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

Number of trees to be replaced (list kinds of trees):

Permit Fee \$ (325.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00) \$15.00

(No permit fee for trees which are relocated on property or lie within a utility easement & are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted \_\_\_\_\_ Plans approved, as marked \_\_\_\_\_

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant [Signature] Date submitted 3-6-01

Approved by Building Inspector [Signature] Date 3/7/01

Approved by Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_

Completed \_\_\_\_\_ Date \_\_\_\_\_

Date

Checked by

FEE.

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~OBTAINING A PERMIT~~. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?

\*

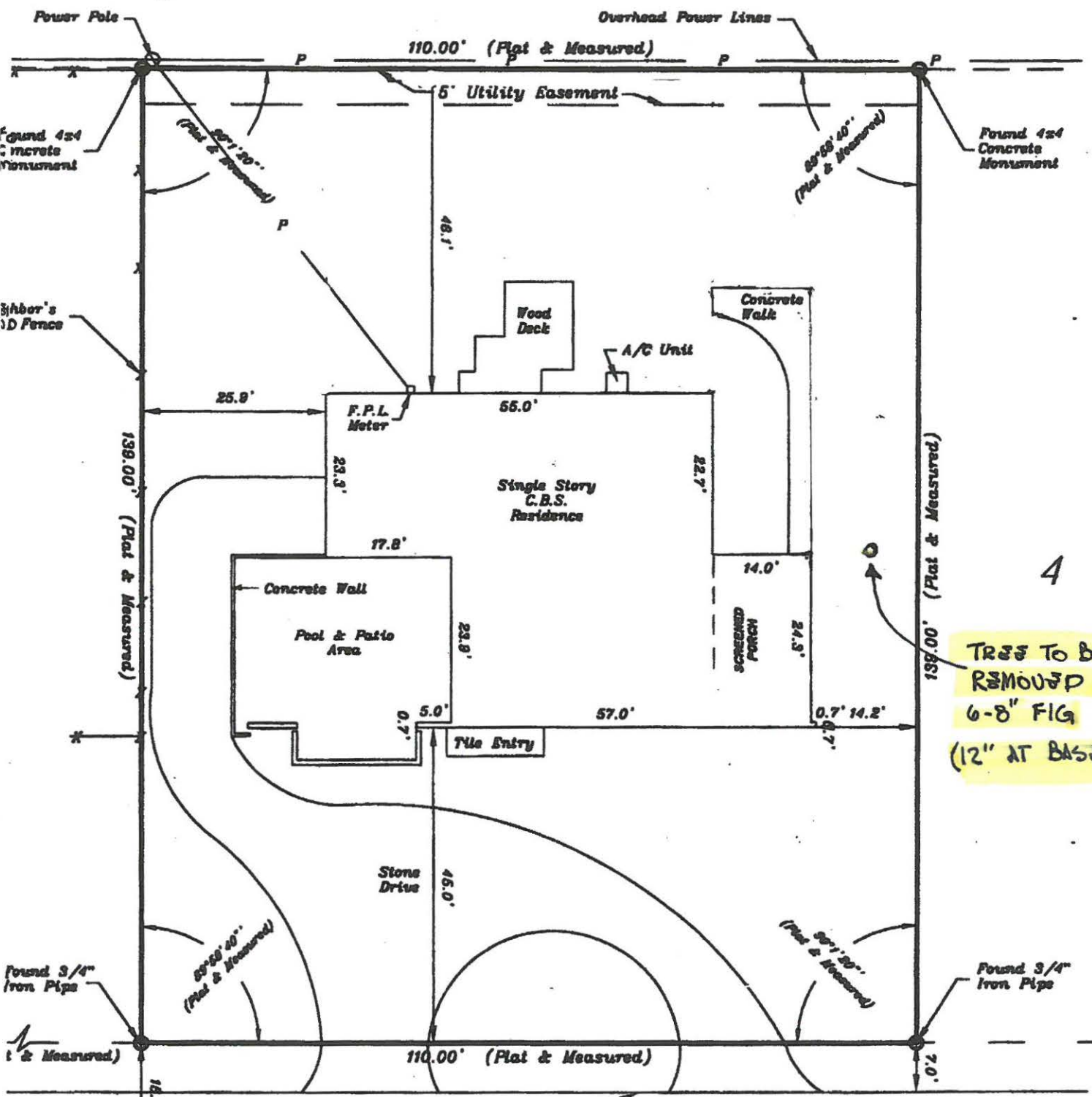
REMOVING THIS TREE AS IT IS A THREAT TO THE HOUSE !

REL. NORTH

NOTE: Septic not located at time of survey.

# Lot 12 Palmetto Park

Plat Book 3, Page 66, Martin County



Emarita Way

ADDRESS 10 EMARITA WAY (GREIST)



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri MARCH 7, , 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5246	BROWN	SCR. ENCL. - FINAL	Passed	
①	7 FIELDWAY DRIVE GOODMAN SCREEN			INSPECTOR: <u>JS 3/7</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ T/R	ELDER	FIELD. VERIF.	O.k.	Remove palm
5 ③	12 EMARITA WAY O/B			replace 6" oak INSPECTOR: <u>JS 3/7</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5120	CLARK	SHUTTERS -	Passed	
5 ④	7 S. VIA LUCINDIA ROLLADEN	FINAL		
		2 Front / 2 Back / Lock ??		INSPECTOR: <u>JS 3/7</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 4978	RIMER	TIE BM.		LATE AM IF POSSIBLE
5 ⑫	29 S. RIVER RD LEAR DEVEL. (485-3082)			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ T/R	HGREIST	FIELD VERIF.	O.k.	Remove palm
5 ④	10 EMARITA WAY TREE FELLERS, INC.	Remove one tree and angoring house		replace 6" oak INSPECTOR: <u>JS 3/7</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ T/R	WEHR	FIELD VERIF.	O.k.	Remove 1 dead tree
5 ⑤	14 S. SEWALL'S POINT RD. RICK SAMPSON			INSPECTOR: <u>JS 3/7</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

8 ⑧: PN 5013 DENNIS/16 RIDGELAND/FL. PINEST - REV. TRUSS BRG'G TO SITE. ✓  
 2 ⑦: PN 5172 LECHE/107 HENRY SEWALL WAY/JMC CONTR. - REV. FORM BOARD SURVEY TO SITE. ✓  
 2 ②: PN 5192 RAO/30 CASTLE HILL WAY/AR MARTIN - REV. STEELWORK " " " ✓