

# **12 Emarita Way**

**505**

**SFR**

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 505

Date 12/17/74

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

Owner Robert J. Elder Present Address 62 Myrtle Ave. Jensen Bch Ph 334-4318

General Contractor Owner Address above Ph

Where licensed  License No.

Plumbing Contractor Owner License No.

Electrical Contractor Owner License No.

Street building will front on Emerita Way Residence

Subdivision Emerita Lot No. 6 Area

Building area, inside walls (excluding garage, carport, porches) Sq ft 1650

Other Construction (Pools, additions, etc.) None

Contract Price (excluding land, rugs, appliances, landscaping) \$ 28,000.00

Total cost of permit \$

Plans approved as submitted  Plans approved as marked

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

Signed by General Contractor

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

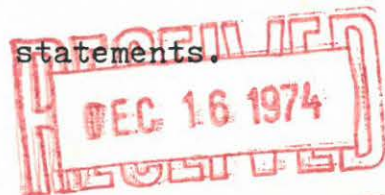
Signed by Owner Robert J. Elder

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

TOWN RECORD

Date submitted

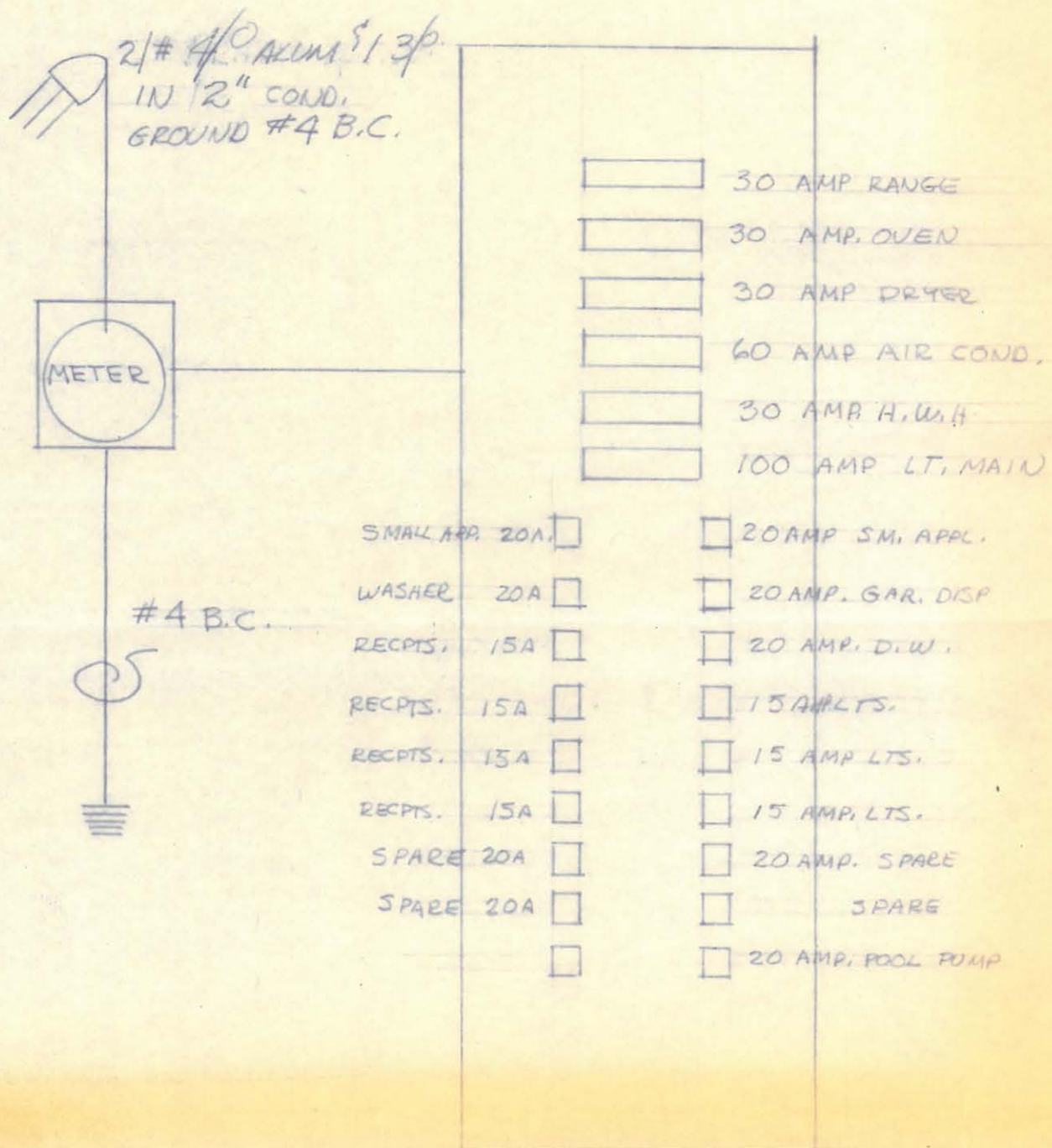
Date approved 12/16/74 12/16/74 CP



Certificate of Occupancy issued FINAL 3/8/75

Date # 505





200 AMP C.B. PANEL  
w/ MIN. 2 SPARES

*Handwritten signature*  
12/16/74

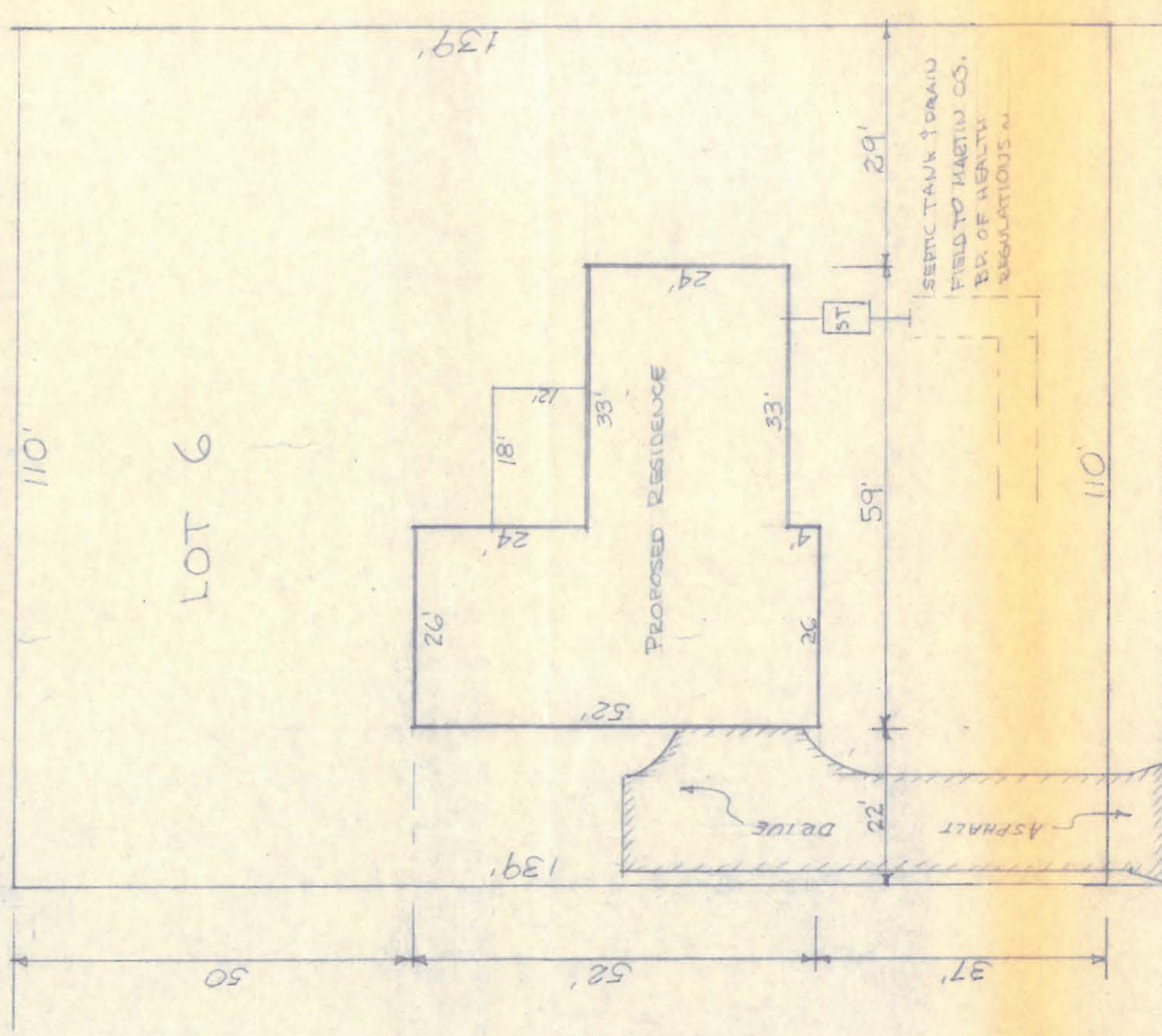
ELECTRICAL DIAGRAM

NO SCALE

#505-



LOT 6, EMARITA SUBDIVISION, TOWN OF SEWALL'S POINT  
MARTIN COUNTY, FLORIDA, PLAN # 444



EMARITA WAY

PLOT PLAN

*Dr. H. G. W.*

SCALE 1" = 20'

# 5051



TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 3/28/75

This is to request that a Certificate of Approval for Occupancy be issued to B. Elder Lot C Emarita

For property built under Permit No. 505 Dated \_\_\_\_\_

when completed in conformance with the Approved Plans. HOME

\_\_\_\_\_  
Signed

\*\*\*\*\*

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	12/30/74	e)
Rough plumbing	1/30/75	u)
Perimeter beam	7/6/75	u)
Rough electric	8/4/75	u)
Close in	8/4/75	u)
Final plumbing		
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector 3/28/75 Alvin Jones date

Approved by Town Commission 3/28/75 J. H. ... date

Utilities notified 3/28/75 u) date

Original Copy sent to \_\_\_\_\_

(Keep carbon copy for Town files)

**3332**

**RE-ROOF**



3332

TAX FOLIO NO. 1-38-41-005-000-00060-40000

DATE 1/4/93

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

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

Owner Int. Power Specialists, Inc.  
ROBERT ELDER Present Address 1490 AVON LN #132

Phone (305)724-4438 NORTH LAUDERDALE FL.  
33068

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

Phone \_\_\_\_\_

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: REPLACING ROOF

12 EMARITA WAY, SEWALLS POINT  
State the street address at which the proposed structure will be built:

Subdivision EMARITA Lot Number 6 Block Number \_\_\_\_\_

Contract Price \$ 2500.00 Cost of Permit \$ 100.00

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 of 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 2/4/93

Approved: Dale Brown 2/4/92  
Building Inspector Date

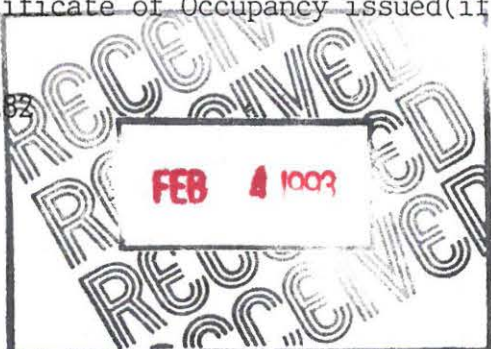
Approved: [Signature] 2/4/93  
Commissioner Date

Final Approval given: 2/4/93  
Date

Certificate of Occupancy issued(if applicable) \_\_\_\_\_  
Date

SP1282

Permit No. 3332



**3943**

**FENCE**



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

DATE \_\_\_\_\_

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

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

Owner BUD ELDER Present address 12 EMARITA WAY

Phone 781-0875 SEWALLS POINT, FLA.

Contractor DANIEL KIMER Address 5030 PIWERIDGE WAY

Phone 220-8451 STUART, FLA.

Where licensed MARIN CT, ST. LYCIE License number SP01325

Electrical Contractor \_\_\_\_\_ License number 2962 (ST. LYCIE)

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

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

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

12 EMARITA WAY

Subdivision \_\_\_\_\_ Lot Number \_\_\_\_\_ Block Number \_\_\_\_\_

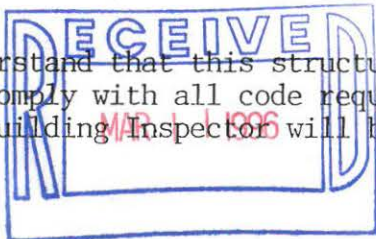
Contract price \$ 2,400.00 Cost of permit \$ 25.00

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 Daniel Kimer

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 Bud Elder

TOWN RECORD

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

Approved: Ralph Brown  
Building Inspector Date \_\_\_\_\_

Approved: [Signature]  
Commissioner Date \_\_\_\_\_

Final approval given: \_\_\_\_\_  
Date \_\_\_\_\_

CERTIFICATE OF OCCUPANCY issued (if applicable) \_\_\_\_\_  
Date \_\_\_\_\_

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



**6461**

**DRIVEWAY**

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

### TOWN OF SEWALL'S POINT

Date 10/16/03

BUILDING PERMIT NO. 6461

Building to be erected for ELDER

Type of Permit DRIVEWAY

Applied for by O/B

(Contractor) Building Fee 35.00

Subdivision EMARITA Lot 6 Block \_\_\_\_\_

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

Address 12 EMARITA WAY

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

Type of structure DRIVEWAY

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

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

Parcel Control Number:

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

138410050000006040000

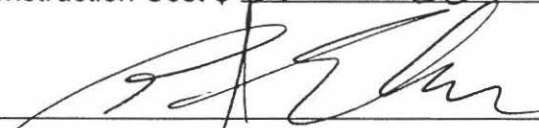
Roofing Fee \_\_\_\_\_

Amount Paid 35.00 Check # 2936 Cash \_\_\_\_\_

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

Total Construction Cost \$ 2450.00

TOTAL Fees 35.00

Signed 

Signed Gene Simmons (P.O.B.)

Applicant

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
- DRIVEWAY

## 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 \_\_\_\_\_

Date: 10-15-03

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

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

OWNER/TITLEHOLDER NAME: ROBERT ELDER Phone (Day) 781-0875 (Fax) \_\_\_\_\_

Job Site Address: 12 EMARITA WAY City: STUART State: FL Zip: 34996

Legal Description of Property: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

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

Description of Work To Be Done: PAVED - 2 CAR DRIVEWAY

WILL OWNER BE THE CONTRACTOR?:  Yes  No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 2450<sup>00</sup> (Notice of Commencement needed over \$2500)

#### SUBCONTRACTOR INFORMATION:

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

ARCHITECT DAN BRADEN Phone Number: 287-8258

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: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required)  
[Signature]

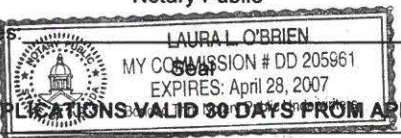
State of Florida, County of: MARTIN  
 This the 16th day of OCTOBER, 2003  
 by ROBERT J ELDER who is personally  
 known to me or produced FLDL E436 270-38-25504  
 as identification. [Signature] 7/15/05  
 Notary Public

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

CONTRACTOR SIGNATURE (required)  
\_\_\_\_\_

On State of Florida, County of: \_\_\_\_\_  
 This the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_  
 by \_\_\_\_\_ who is personally  
 known to me or produced \_\_\_\_\_  
 as identification. \_\_\_\_\_  
 Notary Public

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



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



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

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

**DISCLOSURE STATEMENT**

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

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

Name: ROBERT LEDER Date: 10-16-03

Signature: 

Address: 12 EMARITA WAY

City & State: STUART FL.

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

**This form is for all permits except electrical.**

INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE
6303	Combs	Mandalay Island	Sand pile	DA 6-26-07
7360	Bentson	176 S Seavale Pt	Fill	DA 6-26-07
7024	Cluse	2 Peperu	Fence repair	DM 7/6/07
7028	Uinalau	105 Seavale Pt	Fence repair	A 6-29-07
7070	"	105 Seavale Pt	Interior renovation	A 6-29-07
7436	"	105 Seavale Pt	Walkway repair	A 6-29-07
7197	Harvey	1 Rudgland Ct	Fence repair	DM 7/6/07
7198	"	1 Rudgland Ct	Minor roof repair / fascia	DM 7/6/07
6956	Hogan	100 S River Rd	Fence repair	DM 7/6/07
7498	1493 Saul	107 S River Rd	Generator Pad / GenT	DM 7/6/07
7228	Ryden	108 N. Seavale Pt	Pool heater changeout	
7697	"	108 N. Seavale Pt	Repl wood deck	
5729	Umyunh	11 Middle Rd	Fence	DM 7/6/07
7311	Jumbo	110 S Seavale	Fill	DM 7/6/07
7114	Amos	114 S Seavale	Fill	DM 7/6/07
7235	Amos	114 S Seavale	Dock repair (Hauler Bay)	
7277	Bastman	116 N. Seavale	Dock repair	
6461	Eden	12 Emmita	Fence drive	Walt Newell Doves

**6660**

**SIDING**



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

### TOWN OF SEWALL'S POINT

Date 3/3/04

BUILDING PERMIT NO. 6660

Building to be erected for ELDER

Type of Permit HARDIPLANK SIDING

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision EMARITA Lot 6 Block \_\_\_\_\_

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

Address 12 EMARITA WAY

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

Type of structure SFR

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

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

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

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

Parcel Control Number:  
138410050000006040000

Amount Paid 35.00 Check # 2962 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )

TOTAL Fees 35.00

Total Construction Cost \$ 987.30

Signed   
Applicant

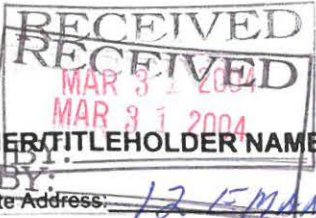
Signed   
Town Building Official

## PERMIT

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

## INSPECTIONS

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



Town of Sewall's Point
BUILDING PERMIT APPLICATION

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

OWNER/TITLEHOLDER NAME: BUD ELDER Phone (Day) 781-0875 (Fax)
Job Site Address: 12 EMARITA WAY City: STUART State: FL Zip: 34996
Legal Description of Property: EMARITA LOT6 Parcel Number: 138410050000006040000
Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Work To Be Done: INSTALL HARDI-PANEL SIDING

WILL OWNER BE THE CONTRACTOR?: Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
State Registration Number: \_\_\_\_\_ State Certification Number: 98730 Martin County License Number: \_\_\_\_\_

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 98730 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

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

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ ScreenedPorch: \_\_\_\_\_
Carpport: \_\_\_\_\_ Total Under Roof 2300 Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required)
State of Florida, County of: MARTIN
This the 31 day of MARCH, 2004
by ROBERT JOHN EDELL who is personally known to me or produced as identification

CONTRACTOR SIGNATURE (required)
On State of Florida, County of:
This the \_\_\_\_\_ day of \_\_\_\_\_, 200
by \_\_\_\_\_ who is personally known to me or produced As identification.

Notary Public
My Commission Expires: \_\_\_\_\_

Notary Public
My Commission Expires: \_\_\_\_\_







BUILDING CODE COMPLIANCE OFFICE (BCCO)  
PRODUCT CONTROL DIVISION

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

DATE: 3/31/04

BUILDING OFFICIAL  
Raul Simmons

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

## NOTICE OF ACCEPTANCE (NOA)

James Hardie Building Product, Inc.  
10901 Elm Avenue  
Fontana, CA 92337

### SCOPE:

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

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

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

### DESCRIPTION: Hardiplank, Hardipanel and Hardisoffit

**APPROVAL DOCUMENT:** Drawing No. HPNL-8X, HPLK-4X8 & HSOFFIT-8X, titled "Hardipanel, Hardiplank, & Hardisoffit Installation Details", sheets 1 through 3, prepared, signed and sealed by Ronald Ogawa, P.E., dated 4/13/99, bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

### MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA renews NOA # 99-0223.07 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Raul Rodriguez.



NOA No 02-0318.08  
Expiration Date: May 1, 2007  
Approval Date: May 23, 2002  
Page 1



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 12/8, 20024 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7068	HELFMAN	GARAGE FINAL	PASS	CLOSE
8	8 RIDGELAND O/B			INSPECTOR:
7094	MOFFAT	ROOF REPAIR FINAL	PASS	CLOSE
1	1 MELODY LANE O/B			INSPECTOR:
	WINSLOW	FINAL A/C DO	FAIL	
9	10 S. SEWALL'S Pt KRAUSS + CRANE			INSPECTOR:
7011	SCHRAEDER/D'ALEX.	FENCE FINAL	PASS	CLOSE
2	4 EMARITA STUART FENCE	(Permit on left gate)		INSPECTOR:
7047	SCHRAEDER/D'AL	FINAL LATTICE STRUCTURE	PASS	CLOSE
2	4 EMARITA GULFSTREAM			INSPECTOR:
6660	ELDER	HARD PLANK SIDING	PASS	CLOSE
3	12 EMARITA O/B			INSPECTOR:
6882	ELDER	REEROOF FINAL	PASS	CLOSE
3	12 EMARITA O/B			INSPECTOR:

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

**6775**

**SERVICE**

**CHANGE**

### TOWN OF SEWALL'S POINT

Date 6/11/04

BUILDING PERMIT NO. 6775

Building to be erected for ELDER

Type of Permit SERVICE CHANGE

Applied for by ARLINGTON ELECTRIC (Contractor)

Building Fee \_\_\_\_\_

Subdivision EMARITA Lot 6 Block \_\_\_\_\_

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

Address 12 EMARITA WAY

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

Type of structure SFL

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

Parcel Control Number:

138410050000006040000

Electrical Fee 35.00

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

Amount Paid 35.00 Check # 062633 Cash \_\_\_\_\_

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

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

Total Construction Cost \$ 500.00

TOTAL Fees 35.00

Signed Dan P... (Signature)  
Applicant

Signed Gene Summers (Signature)  
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 \_\_\_\_\_



Date: 5-26-04

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

RECEIVED

Town of Sewall's Point
BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Bud ELDER Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_

BY: Job Site Address: 12 EMARITA WAY City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) \_\_\_\_\_ Parcel Number: 0138410050000006040000

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

Description of Work To Be Done: SERVICE CHANGE Replace meter + Disconnect

WILL OWNER BE THE CONTRACTOR?: Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: \_\_\_\_\_ Phone: 287-1353 Fax: \_\_\_\_\_

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

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

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 500.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: ARLINGTON ELECTRICAL Inc State: FLORIDA License Number: EC0000127

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: \_\_\_\_\_ This the \_\_\_\_\_ day of \_\_\_\_\_, 2004 by \_\_\_\_\_ who is personally known to me or produced \_\_\_\_\_ as identification.

Notary Public

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

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: MARTIN This the 26 day of MAY 2004 by J.P. WILLIAMS who is personally known to me or produced \_\_\_\_\_ as identification.

Notary Public Scoggins Commission # DD 035379 Expires August 2, 2005



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



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783

(850) 487-1395

RECEIVED  
OCT 01 2003  
BY:

RECEIVED  
AUG 05 2002

WILLIAMS, JAMES P JR  
ARLINGTON ELECTRIC INC  
P O BOX 63  
STUART

FL 34995-0063

STATE OF FLORIDA AC# 0501338  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
EC0000127 07/23/02 359217013  
CERTIFIED ELECTRICAL CONTRACTOR  
WILLIAMS, JAMES P JR  
ARLINGTON ELECTRIC INC  
IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date: AUG 31, 2004 SEQ # 10207230133

DETACH HERE

0501338

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# 10207230133

DATE	BATCH NUMBER	LICENSE NBR
07/23/2002	359217013	EC0000127

The ELECTRICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2004

WILLIAMS, JAMES P JR  
ARLINGTON ELECTRIC INC  
P O BOX 63  
STUART

FL 34995-0063

2003-2004 MARTIN COUNTY ORIGINAL  
 COUNTY OCCUPATIONAL LICENSE

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

LICENSE 1966-508-008 CERT \_\_\_\_\_  
 PHONE (772) 287-1353 SIC NO 23510

LOCATION:  
 3251 SE DIXIE HWY MAR 6018

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
 OF CERT ELEC CONTR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

19 DAY OF SEPTEMBER 03  
 AND ENDING SEPTEMBER 30 2004

WILLIAMS, JAMES P JR (OWN/OP)  
 ARLINGTON ELECTRIC INC  
 JAMES P WILLIAMS JR  
 PO BOX 63  
 STUART FL 34995

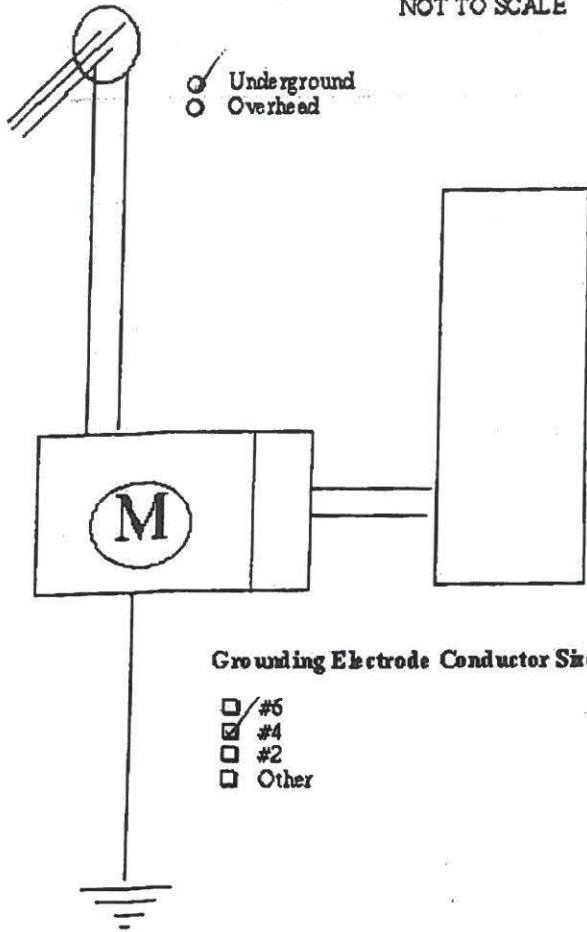
**RECEIVED**  
 OCT 01 2003  
 BY: \_\_\_\_\_

RECEIPT OF PAYMENT  
 LARRY C. O'STEEN  
 39 09/19/2003 UCCI NORMAL  
 5166560000000000  
 02200387190003790K

\$25.00



ELECTRICAL RISER PLAN  
NOT TO SCALE



1. Size Service:   
2. Conductor Size:   
3a. Meter Main:   
b. Meter Can Only:

CONSTRUCTION TYPE:

- Commercial  
 Residential  
 Mobile Home  
 New Installation  
 Old Installation

FILE COPY  
TOWN OF SEWALL'S POINT  
THESE PLANS HAVE BEEN  
REVIEWED FOR CODE COMPLIANCE  
DATE: 5/28/04  
Gene Simmons  
BUILDING OFFICIAL  
Gene Simmons

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SB  
ARLIE-1

DATE (MM/DD/YYYY)  
03/30/04

**PRODUCER**  
  
Stuart Insurance, Inc.  
3070 S W Mapp  
Palm City FL 34990  
Phone: 772-286-4334 Fax: 772-286-9389

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

**INSURED**  
  
Arlington Electric, Inc.  
P.O. Box 63  
Stuart FL 34995

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Owners Insurance Company	32700
INSURER B:	Auto Owners Insurance Co	18988
INSURER C:	Bridgefield Insurance Co	
INSURER D:		
INSURER E:		

**COVERAGES**

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b>	2064872204	04/01/04	04/01/05	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
		<input checked="" type="checkbox"/> Aggregate applies per project				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
B		<b>AUTOMOBILE LIABILITY</b>	95-435-006	04/01/04	04/01/05	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
B		<b>EXCESS/UMBRELLA LIABILITY</b>	9543500601	04/01/04	04/01/05	EACH OCCURRENCE	\$ 5,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 5,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
C		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	830-21298	05/01/04	05/01/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B		<b>INSTALLATION</b>	20511046	04/01/04	04/01/05	INSTALL	100,000
		<b>RENTED EQUIPMENT</b>	20511046	04/01/04	04/01/05	RENTED EQ	50,000

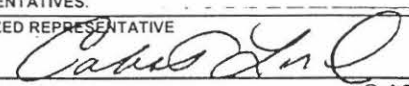
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
Electrical Contractor - State of Florida FAX 220-4765

**CERTIFICATE HOLDER**

TOWNS-1  
  
Town of Sewalls Point  
Attn: Ed  
fax 220-4765  
1 S Sewalls Point Road  
Stuart FL 34996

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE  


# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SB  
ARLIE-1

DATE (MM/DD/YYYY)  
03/30/04

<b>PRODUCER</b>  Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	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.												
<b>INSURED</b>  Arlington Electric, Inc. P.O. Box 63 Stuart FL 34995	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Owners Insurance Company</td> <td>32700</td> </tr> <tr> <td>INSURER B: Auto Owners Insurance Co</td> <td>18988</td> </tr> <tr> <td>INSURER C: Bridgefield Insurance Co</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Owners Insurance Company	32700	INSURER B: Auto Owners Insurance Co	18988	INSURER C: Bridgefield Insurance Co		INSURER D:		INSURER E:	
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INSURER E:													

## COVERAGES

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

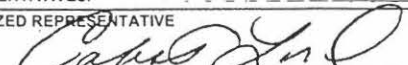
INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	2064872204	04/01/04	04/01/05	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Aggregate applies per project				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
B	<b>AUTOMOBILE LIABILITY</b>	95-435-006	04/01/04	04/01/05	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
B	<b>EXCESS/UMBRELLA LIABILITY</b>	9543500601	04/01/04	04/01/05	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	830-21298	05/01/04	05/01/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under SPECIAL PROVISIONS below		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
	OTHER		E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		
B	<b>INSTALLATION</b>	20511046	04/01/04	04/01/05	INSTALL	100,000
	<b>RENTED EQUIPMENT</b>	20511046	04/01/04	04/01/05	RENTED EQ	50,000

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

Electrical Contractor - State of Florida FAX 220-4765

## CERTIFICATE HOLDER

## CANCELLATION

TOWNS-1  Town of Sewalls Point Attn: Ed fax 220-4765 1 S Sewalls Point Road Stuart FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE 
---	---



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 06/16, 2008 Page      of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	BRUCIA	TREE	PASS	
3	2 KINGSTON CT			INSPECTOR:
6715	RAPPAPORT	INSULATION	PASS	
11	9 RIVER CREST GULICK & MCGAULEY			INSPECTOR:
6725	ELDER	SVC. CHG	PASS	CLOSE
12	12 EMARITA ARLINGTON ELEC			INSPECTOR:
6551	LANGER	SLAB	PASS	
10	3 LOFTING WAY FLORIDA'S FINEST	UG PUMBING		INSPECTOR:
6771	AUMAN	FRAMING	<del>PASS</del>	CHECK SHEATHING
2	106 S. RIVER RD O/B		<del>PASS</del> FAIL	LATE MORNING INSPECTOR:
6413	POWERS	Window Buck	PASS	
4	70 S. SEWALL'S PT FLORIDA'S FINEST	Window BEAM AC Pass Not	PASS FAIL	INSPECTOR:
6663	SANDHI	TRUSS	FAIL	
5	23 N. VIA LUCINDA WHITE PUMBING			INSPECTOR:

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

**6882**

**RE-ROOF**

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

### TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 6882

Date 8/30/04

Type of Permit REROOF

Building to be erected for ELDER

Applied for by JA TAYLOR ROOFING (Contractor)

Building Fee 120.00

Subdivision EMARITA Lot 6 Block \_\_\_\_\_

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

Address 12 EMARITA WAY

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

Type of structure SFR

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

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

Parcel Control Number:

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

138410050000006040000

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

Amount Paid 120.00 Check # 28916 Cash \_\_\_\_\_

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

Total Construction Cost \$ 10,310.00

TOTAL Fees 120.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

- 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  
AUG 19 2004

Date: 8/10/04 Permit Number: \_\_\_\_\_

BY: \_\_\_\_\_ Town of Sewall's Point  
**BUILDING PERMIT APPLICATION**

OWNER/TITLEHOLDER NAME: Robert Elder Phone (Day) 781-0875 (Fax) \_\_\_\_\_

Job Site Address: 12 Emarita Way City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Emarita Lot 6 Parcel Number: 01-38-41-005-000-0000 4

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

Description of Work To Be Done: Roof Install 1" Standing Seam Metal Roof

WILL OWNER BE THE CONTRACTOR?: Yes  No  (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: J.A. Taylor Roofing Inc Phone: 772-466-4040 Fax: 772-468-8397

Street: 302 Mellon Drive City: Fort Pierce State: FL Zip: 34982

State Registration Number: \_\_\_\_\_ State Certification Number: CCC1325720 Martin County License Number: \_\_\_\_\_

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 10,310.00 (Notice of Commencement needed over \$2500)

**SUBCONTRACTOR INFORMATION:**

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

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: \_\_\_\_\_  
Carpport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required)  
[Signature]  
State of Florida, County of: St. Lucie  
This the 18<sup>th</sup> day of August, 2004  
by Robert Elder who is personally  
known to me or produced  
as identification. [Signature]  
John R. Simone  
Notary Public  
Commission #DD190128  
Expires: Apr 13, 2007  
My Commission Expires: 4/13/07 Bonded Thru  
[Seal] Atlantic Bonding Co., Inc.

CONTRACTOR SIGNATURE (required)  
[Signature]  
On State of Florida, County of: St. Lucie  
This the 18<sup>th</sup> day of August, 2004  
by Chris Taylor who is personally  
known to me or produced  
as identification. [Signature]  
John R. Simone  
Notary Public  
Commission #DD190128  
Expires: Apr 13, 2007  
My Commission Expires: 4/13/07 Bonded Thru  
[Seal] Atlantic Bonding Co., Inc.



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

TAX FOLIO # 01-38-41-005-000-00060-4

# 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):**

Emerita, Lot 6

**GENERAL DESCRIPTION OF IMPROVEMENT:** Re Roof Install 1" Standing Seam Metal Roof

**OWNER:** Robert EIDER

**ADDRESS:** 12 Emerita Way Stuart, Fl. 34996

**PHONE#:** 772-781-0875

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

**CONTRACTOR:** J.A. Taylor Roofing Inc

**ADDRESS:** 303 Melton Drive Fort Pierce, Fl. 34952

**PHONE#:** 772-466-4040

**FAX#:** 772-468-8397

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

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

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

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

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

**LENDER:** \_\_\_\_\_

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

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

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

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

**NAME:** \_\_\_\_\_

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

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

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

IN ADDITION TO HIMSELF, OWNER DESIGNATES \_\_\_\_\_

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

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

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

**EXPIRATION DATE OF NOTICE OF COMMENCEMENT:** \_\_\_\_\_

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

**SIGNATURE OF OWNER**

I SWORN TO AND SUBSCRIBED BEFORE ME THIS 18<sup>th</sup> DAY OF August

2004, BY Robert Eider

OR  
PERSONALLY KNOWN   
PRODUCED ID \_\_\_\_\_  
TYPE OF ID \_\_\_\_\_

  
NOTARY SIGNATURE  
John R. Simone  
Commission #DD190128  
Expires: Apr 13, 2007  
Bonded Thru  
Atlantic Bonding Co., Inc.

INSTR # 1774991 OR BK 01932 PG 1609 RECD 08/19/2004 09:20:18 AM  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK PLW608

STATE OF FLORIDA  
MARTIN COUNTY  
THIS IS TO CERTIFY THAT THE  
AND CORRECT COPY OF THE ORIGINAL  
MARSHA EWING, CLERK  
BY [Signature] D.C.  
DATE 8/19/04





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

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

**NOTICE OF ACCEPTANCE (NOA)**

**Southeastern Metals Manufacturing Corporation  
11801 Industry Drive  
Jacksonville, FL 32218**

**SCOPE:**

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

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

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

**DESCRIPTION:** SEM-Lok Snap Lok Standing Seam Metal Roof Panels

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

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

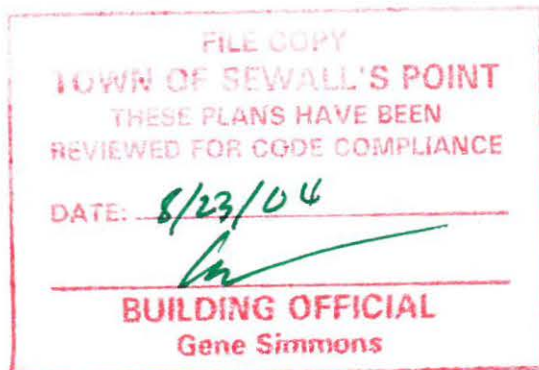
**TERMINATION** of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate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

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

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

This NOA consists of pages 1 through 9.

The submitted documentation was reviewed by Frank Zuloaga, RRC



NOA No.: 03-0213.09  
Expiration Date: 03/24/08  
Approval Date:  
Page 1 of 4





MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL DIVISION  
(305) 375-2902  
FAX (305) 372-6339

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

NOTICE OF PROPOSED ACTION

To: *Members of the Board of Rules and Appeals and  
Southeastern Metals Manufacturing Co., Inc., Applicant*

In accordance with Dade County Administrative Order 10-3, which governs the product review process, the Product Control Division of the Office of Code Compliance, intends to issue a Product Control Notice of Acceptance to Southeastern Metals Manufacturing Co., Inc. for Sem-Lok Snap-Lok Standing Seam Metal Roofing Panel, No. 03-0213.09, to allow its use in Dade County and its municipalities.

To: *Members of the Board of Rules and Appeals :*

The documentation being provided to you represents the recommendation of the Product Control Division of the Office of Code Compliance in regards to the submittal of Southeastern Metals Manufacturing Co., Inc. for Sem-Lok Snap-Lok Standing Seam Metal Roofing Panel, No. 03-0213.09. Under the provisions of Dade County Administrative Order 10-3, which governs the product review process. You must review this documentation. If within 20 days from the date of mailing, we do not receive any written objection stating the reason(s) for your disapproval, this product will be automatically approved.

To: *Southeastern Metals Manufacturing Co., Inc., Applicant*

The Product Control Division of the Office of Code Compliance, in accordance with Dade County Administrative Order 10-3, which governs the product review process, has issued this notice of proposed action and intends to issue a Product Control Notice of Acceptance for your Sem-Lok Snap-Lok Standing Seam Metal Roofing Panel, No. 03-0213.09, to be used in Dade County and its municipalities, unless a member of the Board of Rules and Appeals or yourself has any objections. Should you not be in accord with this notice of proposed action and wish to appeal our recommendation, you must make a written request, stating the reasons for your objection(s), to our office within 20 days of the date of mailing. Upon receipt of your written request a hearing date will be set so that you can present your objection(s) to the Board of Rules and Appeals.

Sincerely,

Theodore Berman  
Deputy Director

Herminio Gonzalez  
Director

DATE OF MAILING: 03/14/2003

Mailed by:

(FILENAME: p \\* MERGEFORMAT)

Internet mail address: postmaster@buildingcodeonline.com Homepage: http://www.buildingcodeonline.com

# **Material List**

**Tin Tags**

**Roofing nails**

**Wood Screws**

**Metal Clips**

**30 pound Felt**

**Adhesive**

**Metal Flashings**

**1” Standing Seam Panels**

**Plumbing/vent stacks**

# **Material List**

**Tin Tags**

**Roofing nails**

**Wood Screws**

**Metal Clips**

**30 pound Felt**

**Adhesive**

**Metal Flashings**

**1" Standing Seam Panels**

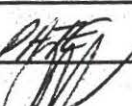

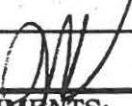
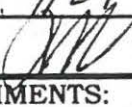
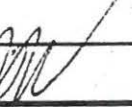

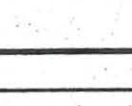
**Plumbing/vent stacks**



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9/22, 20014 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6820	AMOS	COLUMN + FOOTING		WILL RESCHEDULE
1	114 S. SEWALL'S PT RD MASTERPIECE BLDG			AT LATER DATE INSPECTOR: 
6413	POWERS	PLUMBING R/H	PASS	
2	70 S. SEWALL'S PT FLOIDA'S FINEST			INSPECTOR: 
6821	POWERS	GAS POUCH	PASS	
2	70 S. SEWALL'S PT FERRELL GAS			INSPECTOR: 
6772	ELDER	SLAB		RESCHEDULED FOR
3	4 MARGUERITA O/B	(11:30-12 Please)		FRIDAY 9/24 INSPECTOR: 
6881	HICKS EMARITA	ROOF IN PROGRESS	PASS	
4	7 <del>MARGUERITA</del> J.A. TAYLOR			INSPECTOR: 
6882	ELDER EMARITA	ROOF IN PROGRESS	PASS	
5	12 <del>MARGUERITA</del> J.A. TAYLOR			INSPECTOR: 
				INSPECTOR: 

**OTHER:**

9 Rio Vista - FENCE



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri SEPT 20, 2007 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6413	POWERS	ELECTRICAL	PASS	
1	70 S. SPR. FEC	ROUGH (PARTIAL)		INSPECTOR:
6772	ELDER	FORMBOARD SLAB	FAIL	RESCHEDULE FOR 9/22 - WEDNESDAY
2	4 MARGUERITA O/B			INSPECTOR:
6881	HICKS	ROOF IN PROG		NO INSPECTION DUE TO INCLEMENT WEATHER.
3	7 EMALITA WAY JA TAYLOR ROOFING			INSPECTOR:
6882	ELDER	ROOF IN PROG		NO INSPECTION DUE TO INCLEMENT WEATHER
4	12 EMALITA WAY JA TAYLOR ROOFING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 12/8, 20024 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7068	HELFMAN	GARAGE FINAL	PASS	CLOSE
8	8 RIDGELAND O/B			INSPECTOR:
7094	MOFFAT	POOL DECK FINAL	PASS	CLOSE
1	1 MELODY LANE O/B			INSPECTOR:
9	WINSLOW 10 S. SEWALL'S Pt KRAUSS + CRANE	FINAL A/C DO	FAIL	INSPECTOR:
7011	SCHRAEDER/D'ALEX	FENCE FINAL	PASS	CLOSE
2	4 EMARITA STUART FENCE	(Permit on left gate)		INSPECTOR:
7047	SCHRAEDER/D'AL	FINAL LATTICE STRUCTURE	PASS	CLOSE
2	4 EMARITA GULFSTREAM			INSPECTOR:
16660	ELDER	HARD PLANK SIDING	PASS	CLOSE
3	12 EMARITA O/B			INSPECTOR:
6882	ELDER	REEROOF FINAL	PASS	CLOSE
3	12 EMARITA O/B			INSPECTOR:

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



**6894**

**GARAGE**

**DOOR**

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

### TOWN OF SEWALL'S POINT

Date 9/21/04

BUILDING PERMIT NO. 6894

Building to be erected for ELDER

Type of Permit GARAGE DOOR

Applied for by O/B

(Contractor) Building Fee \_\_\_\_\_

Subdivision EMARITA Lot 6 Block \_\_\_\_\_

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

Address 12 EMARITA WAY

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

Type of structure SFR

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

*HURRICANE DAMAGE*

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

Parcel Control Number:

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

138410050000006040000

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

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

Total Construction Cost \$ 1200.00

TOTAL Fees \_\_\_\_\_

Signed [Signature]

Applicant

Signed [Signature]

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 GARAGE DOOR

## INSPECTIONS

- UNDERGROUND PLUMBING \_\_\_\_\_
- UNDERGROUND MECHANICAL \_\_\_\_\_
- STEMWALL FOOTING \_\_\_\_\_
- SLAB \_\_\_\_\_
- ROOF SHEATHING \_\_\_\_\_
- TRUSS ENG/WINDOW/DOOR BUCKS \_\_\_\_\_
- ROOF TIN TAG/METAL \_\_\_\_\_
- PLUMBING ROUGH-IN \_\_\_\_\_
- MECHANICAL ROUGH-IN \_\_\_\_\_
- FRAMING \_\_\_\_\_
- FINAL PLUMBING \_\_\_\_\_
- FINAL MECHANICAL \_\_\_\_\_
- FINAL ROOF \_\_\_\_\_

- UNDERGROUND GAS \_\_\_\_\_
- UNDERGROUND ELECTRICAL \_\_\_\_\_
- FOOTING \_\_\_\_\_
- TIE BEAM/COLUMNS \_\_\_\_\_
- WALL SHEATHING \_\_\_\_\_
- LATH \_\_\_\_\_
- ROOF-IN-PROGRESS \_\_\_\_\_
- ELECTRICAL ROUGH-IN \_\_\_\_\_
- GAS ROUGH-IN \_\_\_\_\_
- EARLY POWER RELEASE \_\_\_\_\_
- FINAL ELECTRICAL \_\_\_\_\_
- FINAL GAS \_\_\_\_\_
- BUILDING FINAL \_\_\_\_\_



**BUILDING CODE COMPLIANCE OFFICE**  
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) 375-2966 FAX (305) 375-2908

**PRODUCT CONTROL DIVISION**  
(305) 375-2902 FAX (305) 372-6339

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

**Clopay Building Products Co.**  
**4800 Interstate Drive**  
**Cincinnati, OH 45246**

Your application for Notice of Acceptance (NOA) of:

**Clopay Residential Steel Garage Door 16' Wide**

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.: 00-1212.03**  
**EXPIRES: 03/26/2006**

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.

**FILE COPY**  
**TOWN OF SEWALL'S POINT**  
**THESE PLANS HAVE BEEN**  
**REVIEWED FOR CODE COMPLIANCE**  
**APPROVED: 03/15/2001 DATE: 7/21/04**  
  
**BUILDING OFFICIAL**  
**Gene Simmons**

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



Town of Sewall's Point  
BUILDING PERMIT APPLICATION

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

Date: \_\_\_\_\_  
OWNER/TITLEHOLDER NAME: ROBERT ELDER Phone (Day) 781-0875 (Fax) JAMS

Job Site Address: 12 EMARITA WAY City: STUART State: FL Zip: 34996

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

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

Description of Work To Be Done: GARAGE DOOR NEW

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: \$ 1200  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ N/A

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

Method of Determining Fair Market Value: N/A

CONTRACTOR/Company: ROBERT ELDER Phone: 781-0875 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: \_\_\_\_\_  
Carpport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required)  
Robert Elder

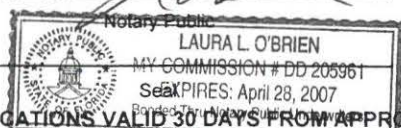
State of Florida, County of: Martin  
This the 20th day of September, 2004  
by Robert Elder who is personally  
known to me or produced  
as identification: [Signature]

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

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_  
by \_\_\_\_\_ who is personally  
known to me or produced \_\_\_\_\_  
As identification: \_\_\_\_\_

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




**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 through 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 Statues 489.103(7).

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

Name:  Date: 9-30-04

Signature: BUD ELDER

Address: 12 EMARITA WAY

City & State: STUART, FL

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



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 12/8, 2004 Page      of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6894	ELDER	REP GARAGE DOOR	PASS	CLOSE
3	12 EMARITA O/B	FINAL		INSPECTOR:
6741	OSTEEN	FOOTER GARAGE	PASS	
7	1 RIDGELIEN ANGUS ENTERP.			INSPECTOR:
7051	SCHAEPLING	PRESSURE TEST	PASS	
5	110 ABBIE COURT ADVANTAGE			INSPECTOR:
6897	SEAMAN	FINAL SCR. ENCL	PASS	CLOSE
6	104 S. RIVER RD COASTAL ALUMINUM			INSPECTOR:
7070	WINSLOW	R/H PLUMB	PASS	
9	10 S. SEWALL'S PT	R/H ELEC AC Bedroom	PASS	INSPECTOR:
6705	ANDERSON	ROOF SHEATHING	PASS	WEST SIDE ADDITION
10	9 PALMETTO PALM BEACH CREA.	(PARTIAL)		ONLY - INSPECTOR:
6961	ELLIOTT	PATIO FINAL	PASS	CLOSE
12	8 NE LAGOON ISLAND O/B			INSPECTOR:

OTHER: STOP WORK 3 MELODY - FILL



**9161**

**PAVER**

**DRIVEWAY**



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:	9161	DATE ISSUED:	MAY 18, 2009
SCOPE OF WORK:	PAVER DRIVEWAY		
CONDITIONS:			
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER:	013841005-000-000604	SUBDIVISION	EMARITA - LOT 6
CONSTRUCTION ADDRESS:	12 EMARITA WAY		
OWNER NAME:	ELDER		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	781-0875

**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:	9161
ADDRESS	12 EMARITA WAY
DATE:	5/18/09
SCOPE:	PAVER DRIVEWAY

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$110.25 per sq. ft.)			

Total square  
 Total Cons  
 Building fe  
 Building fe  
 Total numb  
 Radon Fee  
 DBPR Licen  
 Road impac  
 Martin Cour



**Robert J. Elder**  
**Mary W. Elder**  
 12 Emarita Way  
 Stuart, FL 34996-6725  
 772-781-0875

3118  
63-4/630

DATE 5-18-09

Pay to the Order of **TOWN OF SEWALL'S POINT** \$ 80<sup>00</sup>/<sub>100</sub>

EIGHTY & NO CENT DOLLARS

**BANK OF AMERICA**  
 3727 SOUTHEAST OCEAN BOULEVARD  
 STUART, FLORIDA 34996

FOR DRIVEWAY

*[Signature]* MP

<b>TOTAL BUILDING PERMIT FEE:</b>	\$	
-----------------------------------	----	--

ACCESSORY PERMIT	Declared Value:	\$	2350
Total number of inspections @ \$75.00 each	1	\$	75
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	80



**Date:** MAY 14, 2007 **BUILDING PERMIT APPLICATION** **Permit Number:** \_\_\_\_\_  
**OWNER/TITLEHOLDER NAME:** ROBERT ELDER **Phone (Day)** 781-0875 **(Fax)** \_\_\_\_\_  
**Job Site Address:** 12 EMARITA WAY **City:** STUART **State:** FL **Zip:** 34986  
**Legal Description** \_\_\_\_\_ **Parcel Control Number:** \_\_\_\_\_

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

**Scope of work (please be specific):** REPAVE DRIVEWAY  
**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:** \$ 2350  
 (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:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**State License Number:** \_\_\_\_\_ **OR: Municipality:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**LOCAL CONTACT:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**DESIGN PROFESSIONAL:** \_\_\_\_\_ **Lic#:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**AREAS SQUARE FOOTAGE:** Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios/ Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_  
**Carpport:** \_\_\_\_\_ **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.

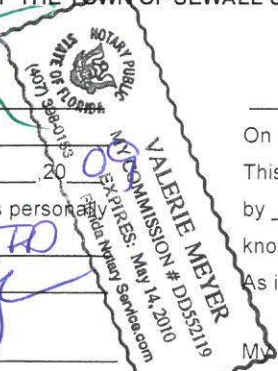
**CODE EDITIONS IN EFFECT THIS APPLICATION:** Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2004 W/ 2006 REV.  
 National Electrical Code: 2005 Florida Energy Code: 2004/6 Florida Accessibility Code: 2004/6 Florida Fire Prevention Code 2004/6

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

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

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

**OWNER SIGNATURE: (required)**  
 OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)  
 \_\_\_\_\_  
 State of Florida, County of: Martin  
 This the 14th day of May, 2007  
 by Robert Elder who is personally  
 known to me or produced Dept of Veterans HO  
 as identification. Valerie Meyer  
 \_\_\_\_\_  
 Notary Public



**CONTRACTOR SIGNATURE: (required)**  
 \_\_\_\_\_  
 On State of Florida, County of: \_\_\_\_\_  
 This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_ who is personally  
 known to me or produced \_\_\_\_\_  
 As identification. \_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public

**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 772-220-4765

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

APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES  
 AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE

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

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: ROBERT ELDER

Site address of the proposed building work: 12 EMARITA WAY

Name of legal title owner of the address above: \_\_\_\_\_

Describe the scope of work for the proposed new construction: PAVE DRIVEWAY

Name of Architect of Record: DAVE BRADEN Structural Engineer of Record: \_\_\_\_\_

Who will supervise the trade work to meet the applicable code? ROBERT ELDER

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

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

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

Location: N/A Scope of Work Done: \_\_\_\_\_ Year: \_\_\_\_\_

Location: N/A Scope of Work Done: \_\_\_\_\_ Year: \_\_\_\_\_

What code books do you have available for reference? Building: N/A

Electric: N/A Plumbing: \_\_\_\_\_ HVAC: \_\_\_\_\_

Other: N/A

I have internet access and will view The Florida Building code at [www.floridabuilding.org](http://www.floridabuilding.org) YES  NO \_\_\_\_\_

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

Have you consulted with your Homeowner's Insurance Agent? \_\_\_\_\_ Lender? \_\_\_\_\_ Attorney?

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. RE (initials).



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

**OWNER/BUILDER DISCLOSURE STATEMENT**

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

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)





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

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

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

14. ANY PERSON WORKING ON YOUR BUILDING WHO IS NOT LICENSED MUST WORK UNDER YOUR DIRECT 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.


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

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

ON THIS 14 DAY OF MAY, 2009.

PROPERTY ADDRESS 12 EMARITA WAY

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

  
 SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 14<sup>th</sup> DAY OF May 2009

BY ROBERT ELDER

PERSONALLY KNOWN \_\_\_\_\_

OR PRODUCED ID  \_\_\_\_\_

TYPE OF ID Dept of Veterans Affairs ID Card

Valerie Meyer  
 NOTARY SIGNATURE





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

### DRIVEWAY PERMIT CHECKLIST

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

*Please make sure you have ALL required copies before submitting permit application*

1 Copy Completed Permit Application

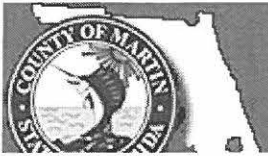
2 Copies site plans or survey showing location of proposed driveway, length, and width of driveway culvert (if any), type of driveway, and the materials being used to construct the driveway.

### DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS

ANY CONCRETE SLAB (DRIVEWAY, PATIO, ETC) WITHIN 1' OF THE SIDEWALLS OF THE STRUCTURE WILL REQUIRE TERMITE TREATMENT AND MUST ALSO HAVE 6 MIL VAPOR RETARDER INSTALLED IN THIS 1' AREA (2004 FBC/RESIDENTIAL R320.1.4 & R320.1.6).

PERMIT APPLICATIONS FOR DRIVEWAYS CONSTRUCTED OF MATERIALS OTHER THAN BROOM FINISHED CONCRETE OR ASPHALT IN THE RIGHT OF WAY MUST HAVE THE FOLLOWING ACCOMPANYING DOCUMENT:

1 Copy Right of Way Covenant recorded at the Martin County courthouse



# Martin County, Florida

## Laurel Kelly, C.F.A

Site Provided by...  
governmentmax.com T1.11

### Summary

print Owner 6 of 8

#### Parcel Info

##### Summary

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-005-000-00060-4	12 EMARITA WY	17621	Owner	0	1

##### Summary

**Property Location** 12 EMARITA WY  
**Tax District** 2200 Seawalls Point  
**Account #** 17621  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120200  
**Acres** 0.351

**Legal Description**  
**Property Information**  
 EMARITA, LOT 6

#### Search By

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

**Owner Information**  
**Owner Information**  
 ELDER, ROBERT J JR & MARY W

**Mail Information**  
 12 EMARITA WAY  
 STUART FL 34996

**Assessment Info**  
**Front Ft.** 0.00

**Market Land Value** \$228,000  
**Market Impr Value** \$106,770  
**Market Total Value** \$334,770

#### Site Functions

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

**Recent Sale**  
**Sale Amount** \$0

**Sale Date** 4/14/2004  
**Book/Page** 1886 1310

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

Legal disclaimer / Privacy Statement

Data updated on 05/10/2009







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

**RIGHT OF WAY DRIVEWAY COVENANT  
 FOR MATERIAL OTHER THAN BROOM FINISHED CONCRETE OR ASPHALT**

STATE OF FLORIDA \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_

COUNTY OF MARTIN \_\_\_\_\_  
 THIS COVENANT, made by ROBERT ELDER and legal owners  
 (hereinafter "The Owners") of the property described as: Lot 6, Block \_\_\_\_\_, according to the Plat of  
 \_\_\_\_\_, as recorded in Plat Book \_\_\_\_\_, Page \_\_\_\_\_, of the Public Records of Martin  
 County, Florida, also known as 12 EMERITA WAY  
 (Street address)

WHEREAS, the Owners have applied for a permit to construct a driveway of \_\_\_\_\_  
 construction, a portion of which will be constructed in the Town right-of-way, and such construction will not be  
 of asphalt or regular broom finish concrete, typical for driveways in right-of-way, and such construction will not  
 be of asphalt or regular broom finish concrete, typical for driveways in right-of-way authorized by the Town of  
 Sewall's Point or of driveway materials which the Town constructs, repairs, or replaces when it performs  
 activities in its rights-of ways; and

WHEREAS, the Owners desire to construct the driveway and wish to recognize that the Town of Sewall's Point  
 shall have no responsibility to replace the driveway if it performs any activity on the right-of-way.

NOW THEREFORE, in return for the benefits that will accrue from the construction of their driveway, and in  
 accordance with the criteria for permits for constructing driveways other than those types aforementioned through  
 Land Covenant right-of-way, The Owners of the above described property hereby agree and covenant that the  
 Town of Sewall's Point shall not bear any responsibility for replacement of such driveway located within the  
 right-of-way on this said property, should the need arise.

The Owners agree and covenant that the cost of replacement of the driveway, if required, will be borne by the  
 Owners, their heirs, assigns and successors. This Covenant shall run with the land.

OWNER \_\_\_\_\_

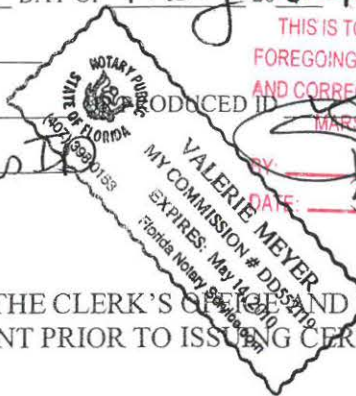
SWORN TO AND SUBSCRIBED BEFORE ME THIS 14th DAY OF May 2009

BY ROBERT ELDER

PERSONALLY KNOWN \_\_\_\_\_

TYPE OF ID Dept of Veterans Affairs ID

NOTARY SIGNATURE \_\_\_\_\_



STATE OF FLORIDA  
 MARTIN COUNTY  
 THIS IS TO CERTIFY THAT THE  
 FOREGOING 1 PAGES IS A TRUE  
 AND CORRECT COPY OF THE ORIGINAL.  
 WITNESSED BY MY HAND AND SEAL  
 THIS 15th DAY OF May 2009  
 MARSHA EWING, CLERK



THIS COVENANT MUST BE RECORDED AT THE CLERK'S OFFICE AND THE RECORDED COPY  
 SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO ISSUING CERTIFICATE OF OCCUPANCY  
 OR A FINAL DRIVEWAY INSPECTION.

INSTR # 2146999 OR BK 02390 PG 1972 RECD 05/15/2009 01:35:02 PM  
 Pg 1972 (1ps)  
 MARSHA EWING MARTIN COUNTY DEPUTY CLERK



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **5-27** 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8648	Ietzner	Electrical	PASS	
1st	2 W High Pt OB	HVAC	PASS	INSPECTOR <i>JM</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9142	Hinners	retaining wall	PASS	
3	4 Morgan Cir Gibben			INSPECTOR <i>JM</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9143	Hinners	elevated deck	PASS	
3	4 Morgan Cir Gibben	on storage shed		INSPECTOR <i>JM</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9155	Merkin	slab	PASS	
4	95 <sup>93</sup> Sewalls Pt OB	11:00		INSPECTOR <i>JM</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9103	Armstrong	Final dock	FAIL	
2	41 W High Pt Terreina Const			INSPECTOR <i>JM</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9161	ELDER	PAVER FINAL	PASS	CLOSE
5	12 EMARITA O.B.			INSPECTOR <i>JM</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>Tree</del>	<del>12 Middle Rd</del>	<del>Tree</del>		
#9149	Marsh	electric		
9	16 S Sewalls TC/BI	UNDERGROUND	PASS	INSPECTOR <i>JM</i>

**TREE**



TOWN OF SEWALL'S POINT, FLORIDA

Date OCTOBER 21 10 2003 TREE REMOVAL PERMIT No 2124

APPLIED FOR BY ELDER (Contractor or Owner)

Owner 12 EMARITA WAY

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees CABBAGE PALM

No. Of Trees: REMOVE 3

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

FEE \$ 15-

Signed, \_\_\_\_\_ Applicant

Signed, Gene Simmons (VOP)  
Town Clerk  
Building Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or notes]

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

REMARKS \_\_\_\_\_

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

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

**No permit required for:**

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

**Permit Fee:**

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

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

**Application procedures:**

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

**Owner** ROBERT EIDER **Address** 12 ISMARITA WAY **Phone** 781-0875

**Contractor** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**No. of Trees: REMOVE** 23 **Type:** CABBAGE PALM

**No. of Trees: RELOCATE** \_\_\_\_\_ **WITHIN 30 DAYS** **Type:** \_\_\_\_\_

**No. of Trees: REPLACE** \_\_\_\_\_ **WITHIN 30 DAYS** **Type:** \_\_\_\_\_

**Written statement giving reasons:** TO EXTEND DRIVE WAY

**Signature of Applicant** [Signature] **Date** 10-16-03

**Approved by Building Inspector:** [Signature] **Date** 10/16/03 **Fee:** 15.00

**Plans approved as submitted** [Signature] **Plans approved as revised/marked:** \_\_\_\_\_

TOWN OF SEWALL'S POINT, FLORIDA

Date 3/7/01 ~~19~~ TREE REMOVAL PERMIT No 0414

APPLIED FOR BY Robert Elder (Contractor) or Owner

Owner 12 Emerita Way

Sub-division a.), Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees Cab Palm / Oak

No. Of Trees: REMOVE 1 a.)

No. Of Trees: RELOCATE 1 b.) WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS a.) interfere w. transformer b.) too close to house

Field verified  
3/7/01

FEE \$ 0.-

Signed, [Signature]  
Applicant  
Bldg. Inspector

Signed, [Signature on file]  
Town Clerk  
Applicant

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

[Empty grid area for drawing or notes]

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



TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

3/7/01 SCOTED IN SP

RECEIVED  
MAR 05 2001  
BY: [Signature]

Permit # 0414  
Date Issued 3/7/01

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 ROBERT ELDER Address 12 EMARITA WAY Phone 781-0875

Contractor [Signature] Address \_\_\_\_\_ Phone \_\_\_\_\_

Number of trees to be removed (list kinds of trees) (1) SABBAGH PALM

5 BRAND NEERING / INTERFERING W/ POWER & FORMER

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

1 FIG 3 MANGO, 1 LIME, 1 CASHU  
(list kinds of trees):

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

Permit Fee \$ (\$25.00 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 3-5-01

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

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

Completed \_\_\_\_\_ Date \_\_\_\_\_ Checked by \_\_\_\_\_

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~OBTAINING A PERMIT~~ **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?



# 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	
N ①	7 FIELDWAY DRIVE GOODMAN SCREEN			INSPECTOR: J 3/7
✓ T/R	ELDER	FIELD. VERIF.	O.k.	Remove palm
S ③	12 EMARITA WAY O/B			replace 6" oak INSPECTOR: J 3/7
✓ 5120	CLARK	SHUTTERS -	Passed	
S ④	7 S. VIA LUCINDIA ROLLADEN	FINAL		INSPECTOR: J 3/7
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 4978	RIMER	TIE BM.		LATE AM IF POSSIBLE
S 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
S ④	10 EMARITA WAY TREE FELLERS, INC.	row one tree ouddangering house		replace 6" oak INSPECTOR: J 3/7
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ T/R	WEHR	FIELD VERIF.	O.k.	row 1 dead tree
S ⑤	14 S. SEWALL'S POINT RD. RICK SAMPSON			INSPECTOR: J 3/7
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

- 8 OWNER: PN 5013 DENNIS/16 RIDGELAND/FL. PINEST - REV. TRUSS EDGE'G TO SITE. ✓
- 2 PN 5172 LUCINDA/107 HENRY SEWALL WAY/JMC CONTR. - REV. FORWARD SURVEY TO SITE. ✓
- 2 PN 5192 RAO/30 CASTLE HILL WAY/AR MARTIN - REV. STEELWALK " " " ✓

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 MARY Elder Address 12 EMARITA WAY Phone 772-781-0875

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

No. of Trees: REMOVE 5 Species: Sable Palms, SHEFFALIA BUSH

No. of Trees: RELOCATE 1 Species: ARECA

No. of Trees: REPLACE All Species: Coconut, Robalini, Christmas Palm.

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

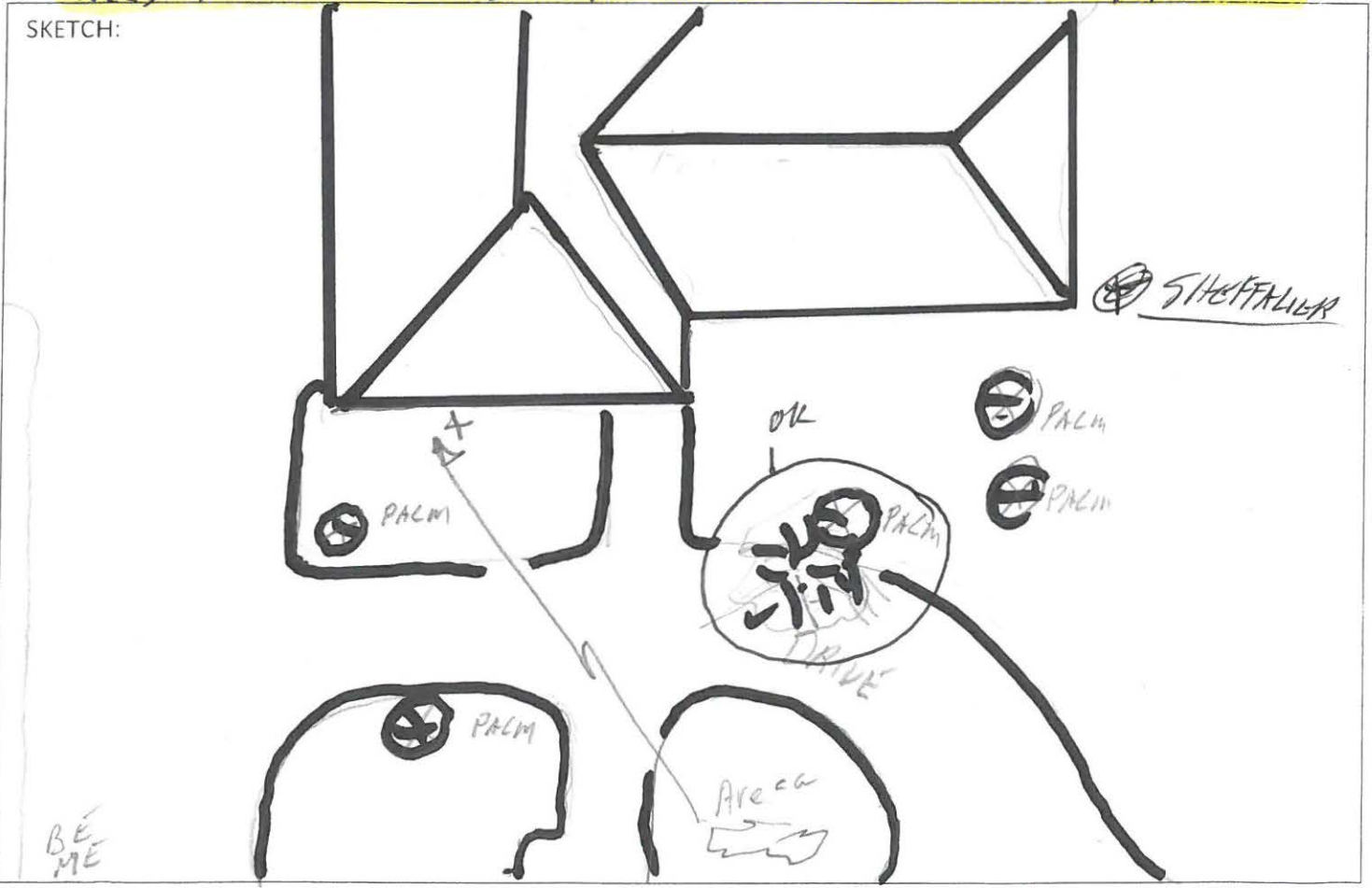
Reason for tree removal/relocation (See notice above) New landscaping  
1 sable overhangs driveway at an extreme angle

Signature of Property Owner \_\_\_\_\_ Date 2-12-10

Approved by Building Inspector: [Signature] - SEE BELOW Date 2.17.10 Fee: 1500

NOTES: OK TO REMOVE CIRCLED SABLE PALM & SHEFFALIA. ALL OTHER SABLE PALMS NEED TO BE MITIGATED WITH OTHER NATIVE SPECIES PLANTS.

SKETCH:



12 EMARITA WAY

BE ME