

# **22 Emarita Way**

**484**  
**SFR**



TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 484

Date 8/22/74

(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 U. GLADWIN III Present Address 410 HIBISCUS AVE Ph 287-7255

General Contractor SAME Address \_\_\_\_\_ Ph \_\_\_\_\_

Where licensed \_\_\_\_\_ License No. for self

Plumbing Contractor JOE LeBLANC License No. 27

Electrical Contractor NEWHOUSE ELECTRIC License No. 55

*phone when ready  
334-2430*

Street building will front on EMARITA WAY

Subdivision EMARITA Lot No. 10 Area <sup>110 x 139</sup> 15,290 sq. ft.

Building area, inside walls (excluding garage, carport, porches) Sq ft 2100

Other Construction (Pools, additions, etc.) \_\_\_\_\_

Contract Price (excluding land, rugs, appliances, landscaping) \$ 35,000

Total cost of permit \$ \_\_\_\_\_

*175  
10*

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.

Robert U. Gladwin III  
Signed by Owner \_\_\_\_\_

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

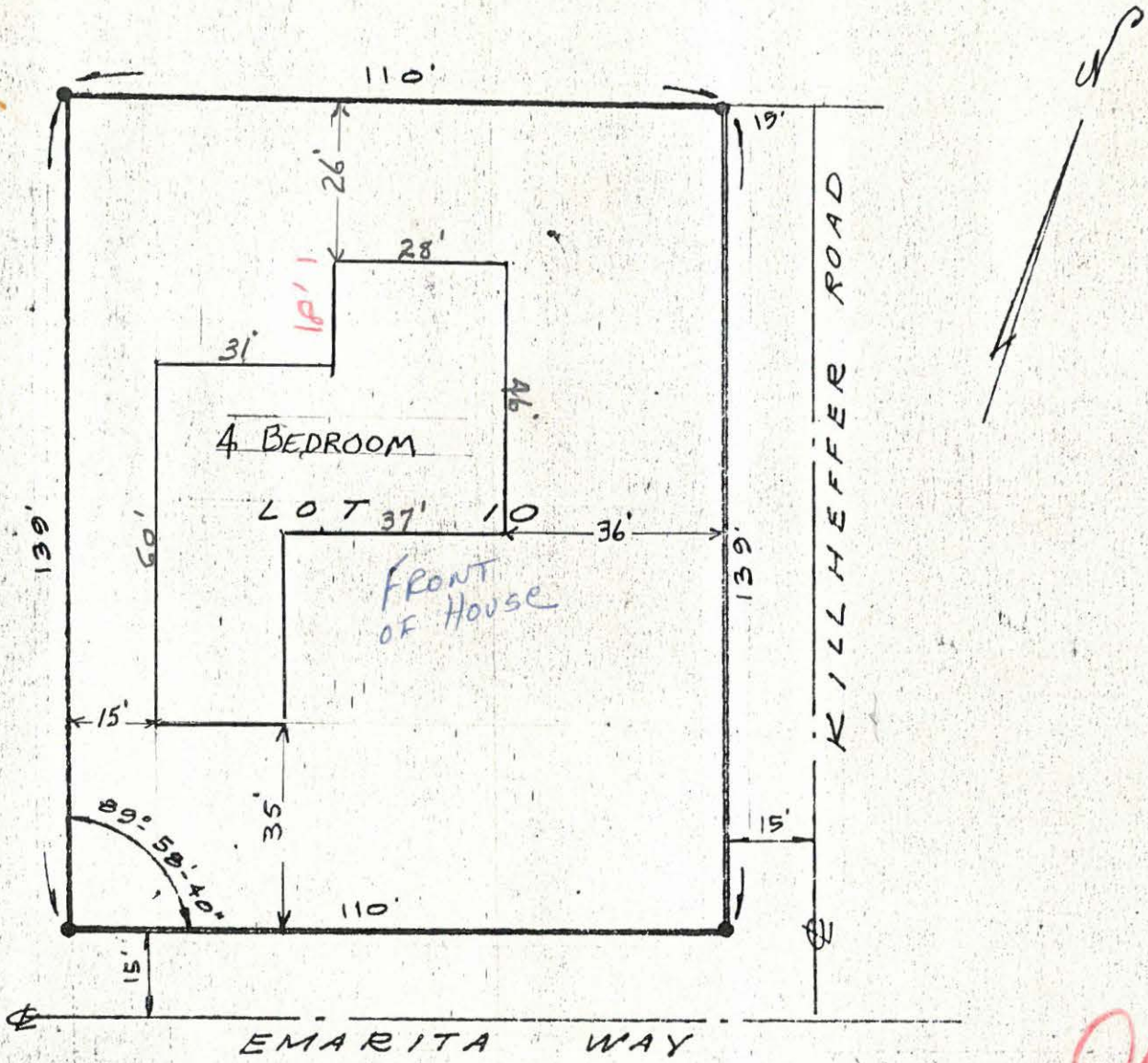
TOWN RECORD

Date submitted 8/20/74

Date approved 8/22/74

Certificate of Occupancy issued 4/25/75 Date 484





• - SET 1 PIN

*OK Charles Dampier  
8/21/74*

A SURVEY OF

LOT 10, EMARITA  
Martin County  
Florida  
for

APPROVED  
AUG 20 1974  
REGISTERED

G.F. Shawver Construction Co., Inc.

SCALE: 1" = 30'	DATE: 4-29-74	PLAT BOOK: 3	PAGE: 86
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I Hereby Certify that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief.

*W.L. Williams*  
W.L. WILLIAMS  
R.L.S. FLA. REG. NO 1272

**DON WILLIAMS & ASSOCIATES, INC.**  
LAND SURVEYORS  
P. O. BOX 2301, STUART

Approval of these plans in NO-WAY  
F.B. relieves the contractor or builder of  
PAGE 86  
complying with the Town of Sewall's  
Point's Ordinances and the South  
Florida Building Code.

*#488*



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

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.
5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
6. Complete the following information section.

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call 287 2277 and give this office a 24-hour notice when ready for inspection.

Section II - Information:

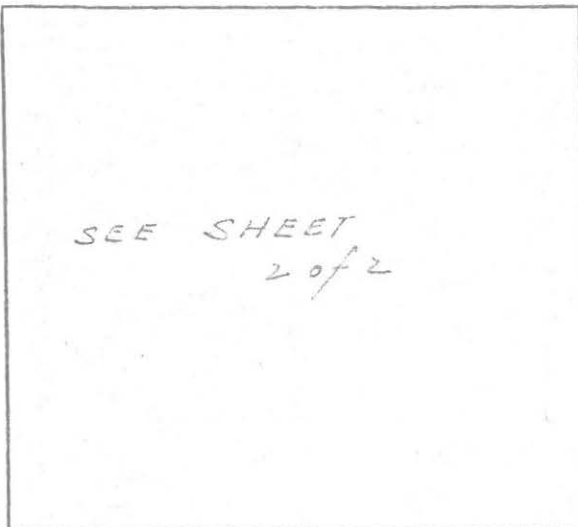
1. Property Address (Street & House No.)  
Lot 10 Block - Subdivision Emmarita Subdivision  
Date Recorded prior to 1972 Directions to Job East on E. Ocean Blvd to Sewall's Point Road - South to Emmarita Way - West to site
2. Owner or Builder C.F. Shawver  
P.O. Address 2301 City Stuart
3. Specifications

Tank 1050 Gals. \_\_\_\_\_ Drainfield \_\_\_\_\_  
ft. of 6" clay tile or 5" perforated plastic drain in a 3' trench or  
1050 Gals. \_\_\_\_\_ ft. of 4" clay drain or 4" perforated plastic drain in an 18" trench

Scale 1" = 50'

(Rear)

(Name of Street or State Rd.) (Side)



(Name of Street or State Rd.) (Side)

(Front)

(Name of Street or State Road)

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

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

Applicant: C.F. Shawver  
Please Print

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

Date: 4-30-74

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: \_\_\_\_\_

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

By: \_\_\_\_\_ County Health Dept. \_\_\_\_\_ Date \_\_\_\_\_

Section IV - Final Construction Approval

Construction of installation approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

FHA No. \_\_\_\_\_ VA No. \_\_\_\_\_

\*\*\*\*\*

*Handwritten initials/signature*

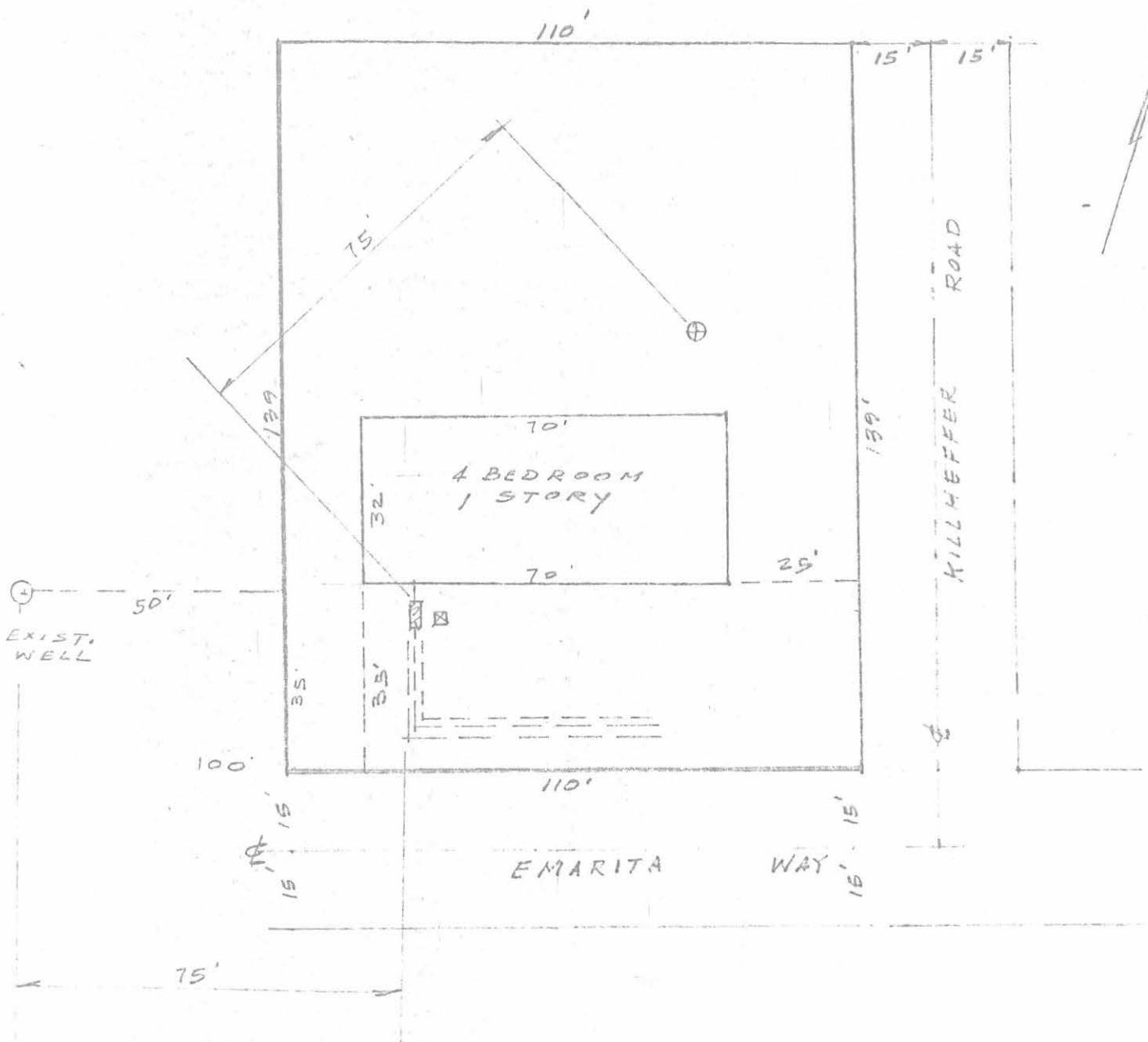
S. E. Subregion  
 806 South 6th Street  
 Fort Pierce, Florida 33450  
 Tel. (305) 464-8525

INDIVIDUAL SEWAGE DISPOSAL FACILITIES

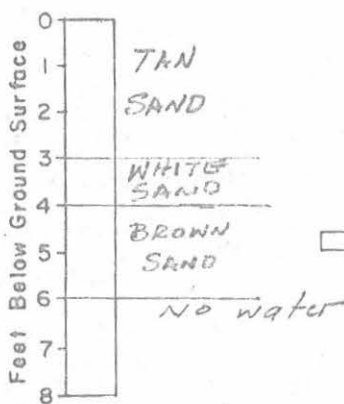
DATA SHEET

Location: EMARITA SUB.D Applicant: SHAWVER CONST, INC  
LOT 10 County: MARTIN

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



SOIL DATA



LEGEND

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

PLAN  
 Scale: 1" = 30'

SOIL BORING LOG

Soil Identification: CLASS SP GROUP 1  
 Soil Characteristics \_\_\_\_\_

Percolation Rate 10 sec min/inch

Water Table Depth 6' +

Water Table Depth During Wet Season 6'

Compacted Fill Of \_\_\_\_\_ Req'd

Compacted Fill Checked By: \_\_\_\_\_

Date \_\_\_\_\_

CERTIFIED BY: [Signature]

FLORIDA PROFESSIONAL No. 1272

Date 4-29-74 Job No. 193

Sheet 2 of 2

# 484

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 4/25/75

This is to request that a Certificate of Approval for Occupancy be issued to GLADWIN # 22 EMARITA WAY For property built under Permit No. 484 Dated \_\_\_\_\_ when completed in conformance with the Approved Plans.

\_\_\_\_\_  
Signed

\*\*\*\*\*

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	8/20/74	CO
Rough plumbing	9/2/74	5
Perimeter beam		2/13/75
Rough electric	2/13/75	
Close in	2/13/75	
Final plumbing		
Final electric	4/25/75	07

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles C. Tupper 4/25/75 date

Approved by Town Commission \_\_\_\_\_ date

Utilities notified 4/25/75 07 date

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

(Keep carbon copy for Town files)

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date April 25, 1975

This is to request that a Certificate of Approval for Occupancy be issued to Robert U. Gladwin III

For property built under Permit No. 484 Dated August 22, 1974 when completed in conformance with the Approved Plans.

Robert U. Gladwin III  
Signed

\*\*\*\*\*

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	8/26/74	Charles Duryea
Rough plumbing	9/2/74, 2/13/75	"
Perimeter beam	-	"
Rough electric	2/13/75	"
Close in	2/13/75	"
Final plumbing	4/25/75	"
Final electric	4/25/75	"

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles Duryea date 4/25/75

Approved by Town Commission John Rosta date 4/25/75

Utilities notified April 25, 1975 date

Original Copy sent to Robert U. Gladwin III

(Keep carbon copy for Town files)

**2301**

**REMODEL**



**BLUEPRINTS FOR  
PERMIT # 2301  
ARE AVAILABLE FOR  
REVIEW AT TOWN  
HALL.**



**2542**

**POOL**

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

Date \_\_\_\_\_

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

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

Owner M/M MAY MCGEE D. Anderson Present Address 23 EMARITA WAY

Phone 288-3016 SEWALL'S PT, FL. 34996

Contractor MARTIN POOLS, INC. Address 1501 DECKER AVE. # 304

Phone 692-2450 287-6121 STUART, FL. 34994

Where licensed MARTIN COUNTY License number SP 00930

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: \_\_\_\_\_

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

23 EMARITA WAY

Subdivision EMARITA Lot number 16 Block number \_\_\_\_\_

Contract price \$ 10,000.00 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 or Town Commissioner "red-tagging" the construction project.

Contractor [Signature]

I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given.

Owner [Signature]  
TOWN RECORD

Date submitted \_\_\_\_\_ Approved: [Signature] 5/9/89  
Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

Approved: \_\_\_\_\_ Commissioner \_\_\_\_\_ Date \_\_\_\_\_ Final Approval given: \_\_\_\_\_ Date \_\_\_\_\_

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

SP1282 Permit No. \_\_\_\_\_

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

**4038**

**RE-ROOF**

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

DATE 8/20/96

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.

**4038**

Owner Buck Gladwin Present address 33 Emarita Way

Phone 692-1736 Sewall's Point

Contractor Altec Roofing Address Bx 664

Phone 747-1990 Jupiter, FL

Where licensed State License number CCC 013759

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: replace shingle roof / T.O. Existing, T.O. 30# felt,  
al. flashings, (nail 3 tab shingles

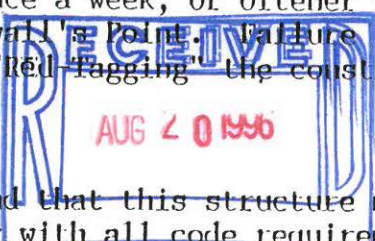
State the street address at which the proposed structure will be built:

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

Contract price \$ 6,992 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 or Town Commissioner "Red-tagging" the construction project.



Contractor Bud Malt

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 Malt for Buck Gladwin

TOWN RECORD

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

Approved: Dale Bro  
Building Inspector Date

Approved: [Signature]  
Commissioner Date

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

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

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



PERMIT # \_\_\_\_\_ TAX FOLIO # 1-38-41-005-000-00100.60000

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENTS 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 KNOWN)

Lot 10, Emarita subdivision, 22 Emarita Way, Stuart, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENTS \_\_\_\_\_

Re-roof residence

OWNER Mr. & Mrs. Robert U. Gladwin III

ADDRESS 22 Emarita Way, Stuart, FL 34996

OWNER'S INTEREST IN PROPERTY \_\_\_\_\_

FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTRACTOR Altec Roofing, Inc.

ADDRESS P. O. Box 664, Jupiter, FL 33468

SURETY CO. (IF ANY) \_\_\_\_\_

ADDRESS \_\_\_\_\_ AMT. OF BOND \_\_\_\_\_

LENDER'S NAME N/A

ADDRESS \_\_\_\_\_

PERSON WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.3(1) (A)7., FLORIDA STATUTES:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

**EXPIRATION DATE OF NOTICE OF COMMENCEMENT: THE EXPIRATION DATE IS 1 YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED.**

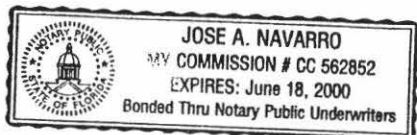
Robert U. Gladwin III  
SIGNATURE OF OWNER

STATE OF FLORIDA

COUNTY OF MARTIN

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 21<sup>ST</sup> DAY OF AUGUST, 1996, BY ROBERT GLADWIN WHO IS KNOWN TO ME OR WHO PRODUCED \_\_\_\_\_ AND WHO DID NOT TAKE AN OATH.

Jose A. Navarro  
NOTARY SIGNATURE



**8613**

**A/C CHANGE OUT**

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

### TOWN OF SEWALL'S POINT

Date 5-31-07

BUILDING PERMIT NO. 8613

Building to be erected for Shore

Type of Permit A/C Changeout

Applied for by Advantage A/C

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

Subdivision Emerita Lot 10 Block \_\_\_\_\_

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

Address 22 Emerita Way

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

Type of structure SFR

A/C Fee 70-

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

Parcel Control Number:

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

13841-005-000-00100-6

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

Amount Paid \$70- Check # 1613 Cash \_\_\_\_\_

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

Total Construction Cost \$ 3800-

TOTAL Fees 70-

Signed Samuel T. Durham II  
Applicant

Signed John Adams  
Town Building Official

## PERMIT

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

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

- MECHANICAL
- POOL/SPA/DECK
- FENCE
- GAS
- RENOVATION
- ADDITION
- A/C Changeout

## 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  
5-29-07

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: 11 Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: David Benjamin Shore Phone (Day) (772) 283-9777 (Fax) \_\_\_\_\_

Job Site Address: 2d Emarita Way City: Sewalls Pt. State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) EMARITA, LOT 10 Parcel Number: 01-38-41-005-000-00100-6

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

Description of Work To Be Done: Like for Like change out of A/C Equip.

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 8,800.00  
(Notice of Commencement needed over \$2500)

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

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

Method of Determining Fair Market Value: \_\_\_\_\_

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Advantage A/C Phone: (772) 465-1606 Fax: (772) 465-4945

Street: 601 S Market Ave City: Ft. Pierce State: FL Zip: 34982

State Registration Number: FL State Certification Number: CAC039664 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: \_\_\_\_\_

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004  
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

OWNER OR AGENT SIGNATURE (required)

David Shore 5/28/07

State of Florida, County of: St. Lucie

This the 28 day of May, 2007

by David Shore who is personally

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

as identification. \_\_\_\_\_

CONTRACTOR SIGNATURE (required)

Samuel T. Durham

On State of Florida, County of: St. Lucie

This the 28<sup>th</sup> day of May, 2007

by Samuel T. Durham who is personally

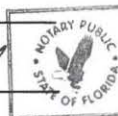
known to me or produced \_\_\_\_\_

as identification. \_\_\_\_\_

Notary Public

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

Seal



Notary Public, State of Florida

Anne E Cabral

My Commission DD502561

Expires 01/21/2010

Anne E. Cabral

Notary Public

Seal



sewall's point  
~~CITY OF FORT PIERCE~~  
NOTICE OF COMMENCEMENT

Permit No. \_\_\_\_\_ Tax ID No. \_\_\_\_\_  
State Of Florida ~~St. Lucie County~~ 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 and street address, if available EMARITA, LOT 10

General description of improvements WIRE FOR WIRE CHANGE OUT OF A/C SYSTEM  
Owner David Benjamin Shore  
Address 22 Emarita way  
Owner's interest in site of improvement NEW A/C SYSTEM

Simple Title holder (if other than owner) \_\_\_\_\_

Address \_\_\_\_\_ STATE OF FLORIDA  
MARTIN COUNTY

Contractor Advantage A/C Phone# \_\_\_\_\_  
Address 601 S. Market Ave Fax# \_\_\_\_\_  
Ft. Pierce FL 34982  
Surety \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ Fax# \_\_\_\_\_  
Amount of Bond \$ \_\_\_\_\_

THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.  
MARSHA EWING, CLERK  
BY: [Signature] D.C.  
DATE: 5/28/07



Under \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ 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:

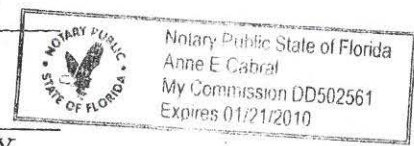
Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ Fax# \_\_\_\_\_  
In addition to himself, owner designates \_\_\_\_\_ of \_\_\_\_\_  
Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ ) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of notice of commencement is one year from the date of recording unless a different date is specified.

[Signature] 5/28/07  
OWNERS SIGNATURE

STATE OF FLORIDA, COUNTY OF St. Lucie  
The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of May, 2007, by David Shore, who is personally known to me or who has produced \_\_\_\_\_ as identification.

(seal) [Signature]  
SIGNATURE OF NOTARY  
Anne E. Cabral  
TYPE OR PRINT NAME OF NOTARY  
NOTARY PUBLIC TITLE  
COMMISSION NUMBER



INSTR # 2015766 DR BK 02251 PG 1025 RECD 05/29/2007 09:51:57 AM  
Pg 1025: (1pg)  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Hunter


<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID MM ADVA-11	DATE (MM/DD/YYYY) 05/30/07
<b>PRODUCER</b>  R.V. Johnson Agency, Inc. (JCK) 2041 S.E. Ocean Blvd. Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4439	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>  Advantage Air Conditioning of the Treasure Coast, Inc. 601 S Market Av Ft. Pierce FL 34982	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>	
	INSURER A: <b>North Pointe Ins. Co.</b>	03510	
	INSURER B: <b>Everest National Insurance Co</b>		
	INSURER C: <b>Progressive Express Ins Co</b>	02962	
	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 LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A		<b>GENERAL LIABILITY</b>	2094119157	05/04/07	05/04/08	EACH OCCURRENCE \$ <b>1,000,000</b>			
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>			
C		<b>AUTOMOBILE LIABILITY</b>	5752034-0	05/04/07	05/04/08	COMBINED SINGLE LIMIT (Ea accident) \$ <b>500,000</b>			
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$			
		<b>GARAGE LIABILITY</b>							AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b>				2094119158	05/04/07	05/04/08	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> DEDUCTIBLE \$ <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>
B		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	2700007473071	03/04/07	03/04/08	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER			
		E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>							
		<b>OTHER</b>							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**30 days notice of cancellation for workers compensation coverage.**  
**Companies have the option to cancel 10 days for non-payment.**

<b>CERTIFICATE HOLDER</b>  TOWN024  Town of Sewalls Point Attn: Valerie 1 S. Sewalls Point Road Stuart FL 34996	<b>CANCELLATION</b>  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.  
--	--

2613095

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06061000161

DATE	BATCH NUMBER	LICENSE NBR
/10/2006	050821076	CAC039664

he CLASS A AIR CONDITIONING CONTRACTOR  
amed below IS CERTIFIED  
nder the provisions of Chapter 489 FS.  
xpiration date: AUG 31, 2008

DURHAM, SAMUEL T  
DVANTAGE A/C OF THE TREASURE COAST INC  
01 S MARKET AVE  
ORT PIERCE FL 34982

JEB BUSH  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

DISPLAY AS REQUIRED BY LAW

2006-2007

ST. LUCIE COUNTY OCCUPATIONAL LICENSE

BOB DAVIS, CPA, CGFD, CFC, ST LUCIE COUNTY TAX COLLECTOR

ROCMS

SEATS

EMPLOYEES 21+

ACCOUNT 1711-00001820

EXPIRES SEP 30, 2007

1711-AIR CONDITIONING CONTRACTOR

601 S Market Ave  
St Lucie County

X RENEWAL	
NEW LICENSE	
TRANSFER	
ORIGINAL TAX	26.25

Samuel Durham  
Advantage Air Cond & Heating  
Durham, Samuel T  
601 S Market Ave  
Fort Pierce FL 34982

CAC039664

AMOUNT	
PENALTY	
COLLECTION COST	
TOTAL	26.25

Please see back for additional information

PAID 08/04/2006

99-20060804-084843

26.25

ADVANTAGE A/C OF THE TREASURE COAST  
 601 SOUTH MARKET AVENUE  
 PHONE (772) 465-1606  
 FAX (772) 465-4945

---

FACSIMILE TRANSMITTAL SHEET

---

TO: Phillip FROM: C.S. Simmons

FAX NUMBER: wintercorn DATE: 5/29/07

COMPANY: TOTAL NO. OF PAGES INCLUDING COVER: (2)

PHONE NUMBER: SENDER'S REFERENCE NUMBER:

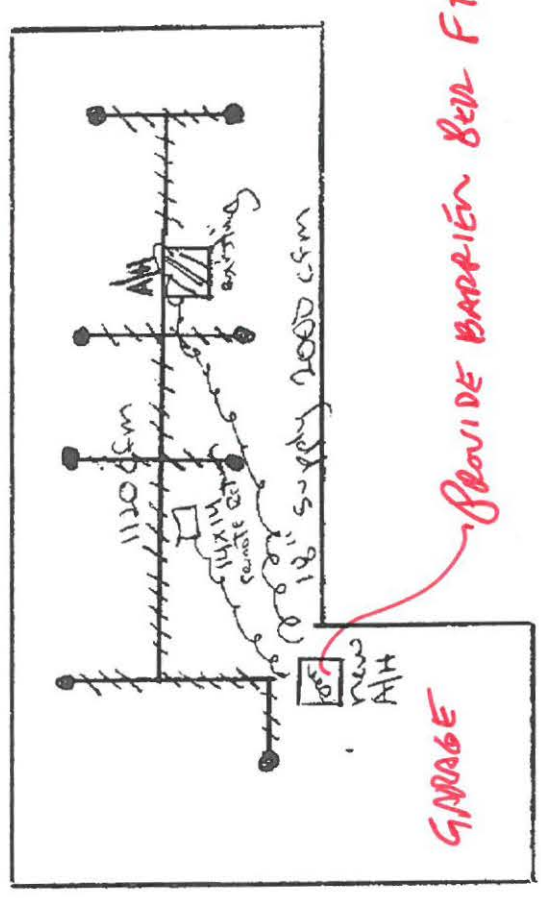
Re: YOUR REFERENCE NUMBER:

Dirt Drawing Car  
 20 emarita way  
 David shore



10% drilling water com

Ref: David Shore  
22 Emmita way



PROVIDE BARRIER BEH FBC M303.4

FILE COPY  
**TOWN OF SEWALL'S POINT**  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE 5-30-07  
[Signature]  
**BUILDING OFFICIAL**

Network  
 ### existing  
 --- new

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6-6, 2007

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8613		A/C CHANGE OUT.	PASS	CLOSE
1	22 EMARITA ADVANTAGE AIR	8:15		INSPECTOR: <i>[Signature]</i>
8614	Sadler	Dry in	PASS	
3	9 Riverview DR all area	LATE IN PROGRESS		INSPECTOR: <i>[Signature]</i>
8475	Hepworth	Gas final	PASS	CLOSE
4	8 Riv Vista Sand Castle Prop Disc.			INSPECTOR: <i>[Signature]</i>
0027	Carlson/Brennan	insulation		RESCHEDULE
6	3 Tuscan La Masterpiece	LATE		FAIL 6/7/07 INSPECTOR: <i>[Signature]</i>
8533	West	window	CANCEL	
5	Palmetto DR. O/B			INSPECTOR:
0068	foole	Mechanical	PASS	
7	94 N. Sewalls Walter White	plumbing framing	PASS PASS	INSPECTOR: <i>[Signature]</i>
	<del>Cessinger</del>	<del>foole for</del>	<del>privacy wall</del>	<del>Cancel</del>
	<del>8 Crest Hill</del>	<del>O/B</del>		INSPECTOR:

OTHER:

**8806**

**ADDITION**





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:	8806	DATE ISSUED:	JANUARY 28, 2008
SCOPE OF WORK:	REAR PORCH ADDITION & REROOF		
CONDITIONS :			
CONTRACTOR:	MEDALIST BUILDING GROUP		
PARCEL CONTROL NUMBER:	13841005000001006	SUBDIVISION	EMARITA - LOT 10
CONSTRUCTION ADDRESS:	22 EMARITA WAY		
OWNER NAME:	SHORE		
QUALIFIER:	JEREMY LEMASTER	CONTACT PHONE NUMBER:	287-2010

**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 MECHANICAL _____ STEM-WALL FOOTING _____ SLAB _____ ROOF SHEATHING _____ TIE DOWN /TRUSS ENG _____ WINDOW/DOOR BUCKS _____ ROOF DRY-IN/METAL _____ PLUMBING ROUGH-IN _____ MECHANICAL ROUGH-IN _____ FRAMING _____ FINAL PLUMBING _____ FINAL MECHANICAL _____ FINAL ROOF _____	UNDERGROUND GAS _____ UNDERGROUND ELECTRICAL _____ FOOTING _____ TIE BEAM/COLUMNS _____ WALL SHEATHING _____ INSULATION _____ LATH _____ ROOF TILE IN-PROGRESS _____ ELECTRICAL ROUGH-IN _____ GAS ROUGH-IN _____ METER FINAL _____ FINAL ELECTRICAL _____ FINAL GAS _____ BUILDING FINAL _____
---	--

**ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.**





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

### BUILDING PERMIT RECEIPT

PERMIT NUMBER:	8806		
ADDRESS	22 EMARITA WAY		
DATE:	1/28/08	SCOPE:	REAR PORCH ADDITION & REROOF

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	32027.00
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: (@ \$104.65 per sq. ft.)		s.f.	
Total square feet non-conditioned space: (@ \$48.90 per sq. ft.)		s.f.	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)			320.00
Total number of inspections (Value < \$200K) @\$75 ea.	8	\$	600.00
Radon Fee (\$.005 per sq. ft. under roof):		\$	
DBPR Licensing Fee: (\$.005 per sq. ft. under roof)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			13.00
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	<b>933.00</b>

**MEDALIST BUILDING GROUP LLC**

2903 SW SUTTON PL.  
 PALM CITY, FL 34990-3064  
 PH. 772-287-2010  
 FAX. 772-287-4010

1467

63-8419 140  
2670

DATE 1/28/08

PAY TO THE ORDER OF

**TOWN OF SEWALL'S POINT**

\$ 933.00

*NEWK HANDMA AND THURSY TOTAL PERMIT*

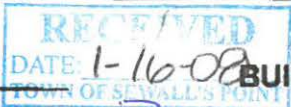
DOLLARS

**National City**

FOR *SHORE BUILDING PERMIT*

*[Signature]*

NP



Town of Sewall's Point BUILDING PERMIT APPLICATION

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

Date: 1/8/08

OWNER/TITLEHOLDER NAME: BENJAMIN D. SHORE

Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_

Job Site Address: 22 REMARITA Way

City: STUART State: FL Zip: 34966

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

Parcel Number: 01-38-41-005-000-0010-0-4

Owner Address (if different): SAME

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

Scope of work: SCREEN PORCH ADDITION & WIND BRACING WORK

WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application) YES \_\_\_\_\_ NO [X]

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 15,500 32,037 1/25/08

(Notice of Commencement required when over \$2500 prior to first inspection)

Is subject property located in flood hazard area? V A9 AB 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 \*\*\*

Has a Zoning Variance ever been granted on this property? YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO [X]

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

CONTRACTOR/Company: MCDONALD BUILDING GROUP

Phone: 287-2010 Fax: 287-4010

Street: 3475 SW FEDE AVE

City: Palm City State: FL Zip: 34990

State Registration Number: CAC1256135 State Certification Number: CAC1256135 Municipality License Number: \_\_\_\_\_

PROJECT SUPERINTENDANT: JEREMY LEMASTER

CONTACT NUMBER: 772-285-1980

ARCHITECT: N/A

Lic.#: \_\_\_\_\_ Phone Number: 285-1980

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

ENGINEER: HARVEY E. KORHONEN

Lic.#: PE-32831 Phone Number: 772-466-5509

Street: 72005 Pelyse Creek

City: PSL State: FL Zip: 34962

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

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

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

NOTICES TO OWNERS AND CONTRACTORS:

- 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER SIGNATURE (required)

CONTRACTOR SIGNATURE (required)

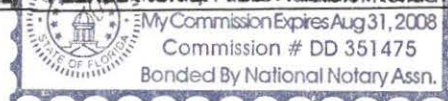
State of Florida, County of: MARTIN This the 016 day of JAN, 2008 by Benjamin D Shore who is personally known to me or produced as identification. FLDL Cathy Miller

On State of Florida, County of: MARTIN This the 16 day of JAN, 2008 by Jeremy Lemaster who is personally known to me or produced as identification. FLDL Cathy Miller

Notary Public My Commission Expires: 8-31-08

Notary Public My Commission Expires: 8-31-08

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 106.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!





# TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

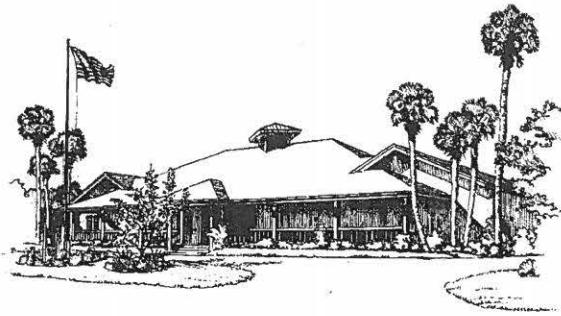
PAMELA M. BUSHA  
Mayor

NEIL SUBIN  
Vice Mayor

E. DANIEL MORRIS  
Commissioner

THOMAS P. BAUSCH  
Commissioner

DON OSTEEEN  
Commissioner



ROBERT KELLOGG  
Town Manager

JOHN R. ADAMS  
Building Official

ERIC CERNIGLIA  
Chief of Police

ANN-MARIE  
SULLIVAN BASLER  
Town Clerk

JOSE TORRES, JR.  
Maintenance

## CONDITIONS FOR PERMIT APPROVAL

Fax: 287-4010

DATE OF PERMIT APPLICATION: 01/16/2008

DATE: 01/18/2008

APPLICATION DESCRIPTION: REAR PORCH ADDITION

APPLICATION ADDRESS: 22 EMARITA WAY

THE FOLLOWING ITEMS ARE NOTED FOR CORRECTION AND ARE CONDITIONS FOR APPROVAL FOR THE ABOVE REFERENCED PERMIT APPLICATION:

1. ADDITIONS ARE TO BE DESIGNED AND CONSTRUCTED PER FBC – EXISTING BUILDING CHAPTER 9. PLEASE INDICATE COMPLIANCE.
2. AS OF OCTOBER 1, 2007 ALL REROOFING MUST COMPLY WITH F.S. 553.844
3. BLOCK TO FRAME WALL CONNECTION IS UNCLEAR ON HOW THEY WILL BE FASTENED TOGETHER, I.E. "TIE-IN TAB". PLEASE CLARIFY.
4. PLEASE REMOVE CONFLICTING FOOTER NOTE ON PAGE 1.
5. PROVIDE LEGIBLE PRODUCT APPROVALS FOR ALL COMPONENTS AND CLADDING REQUIRED BY DESIGN.
6. INDICATE THAT STUCCO OVER FRAME WALLS COMPLY WITH FBC - R703.6.3
7. PROVIDE ELECTRICAL LOAD CALCULATION FOR NEW BRANCH CIRCUITS.
8. THE MINIMUM CONSTRUCTION VALUE FOR UNCONDITIONED SPACE WILL BE CALCULATED AT \$48.90 PER SQUARE FOOT, PLUS THE VALUE OF THE REROOF IF PERMITTED TOGETHER.

IF YOU NEED FURTHER INFORMATION OR CLARIFICATION IN REGARD TO THESE CONDITIONS, DO NOT HESITATE TO CONTACT ME.

WITH REGARDS,

JOHN R. ADAMS, CBO  
BUILDING OFFICIAL



One S. Sewall's Point Road, Sewall's Point, Florida 34996  
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: [clerk@sewallspoint.martin.fl.us](mailto:clerk@sewallspoint.martin.fl.us)  
Building Department (772) 287-2455 • Fax (772) 220-4765 • E-Mail: [jadams@sewallspoint.martin.fl.us](mailto:jadams@sewallspoint.martin.fl.us)

Local Name :  
Company Logo :  
Total Pages Scanned : 1  
Total Pages Sent : 1

Transmission Information

No.	Job#	Remote Station	Start Time	Dura.	Pages	Mode	Contents	Result
1	0644	2874010	01-18; 14:31	17"	1/1	SG3		Done

The documents were sent.

**TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT**

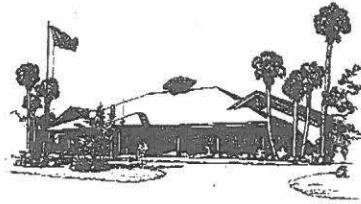
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Mayor

**NEIL SUBIN**  
Vice Mayor

**E. DANIEL MORRIS**  
Commissioner

**THOMAS P. BAUSCH**  
Commissioner

**DON OSTEEEN**  
Commissioner



**ROBERT KELLOGG**  
Town Manager

**JOHN R. ADAMS**  
Building Official

**ERIC CERNIGLIA**  
Chief of Police

**ANN-MARIE  
SULLIVAN BASLER**  
Town Clerk

**JOSE TORRES, JR.**  
Maintenance

**CONDITIONS FOR PERMIT APPROVAL**

*Fax: 287-4010*

**DATE OF PERMIT APPLICATION: 01/16/2008**

**DATE: 01/18/2008**

**APPLICATION DESCRIPTION: REAR PORCH ADDITION**

**APPLICATION ADDRESS: 22 EMARITA WAY**

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**IF YOU NEED FURTHER INFORMATION OR CLARIFICATION IN REGARD TO THESE CONDITIONS, DO NOT HESITATE TO CONTACT ME.**

WITH REGARDS,



**JOHN R. ADAMS, CBO**  
BUILDING OFFICIAL



One S. Sewall's Point Road, Sewall's Point, Florida 34996  
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: clerk@sewallspoint.martin.fl.us  
Building Department (772) 287-2455 • Fax (772) 220-4765 • E-Mail: jadams@sewallspoint.martin.fl.us



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

DESIGN CERTIFICATION FOR WIND LOAD
COMPLIANCE BY ARCHITECT OR ENGINEER OF RECORD

PROJECT NAME SHORE BLDG. PERMIT#
ADDRESS 22 EMARITA WAY, SEWALL'S POINT OCCUPANCY TYPE RESIDENTIAL
CONST. TYPE

STATEMENT

I certify that, to the best of my knowledge and belief, these plans and specifications have been designed to comply with the applicable structural portion of the Building Codes as amended, adopted, and enforced by The Town of Sewall's Point Building Department. I also certify that the structural components, systems, and related elements provide adequate resistance to the wind loads and forces specified by the current Code provisions. I herby accept responsibility for the structural design.

DESIGN PARAMETERS AND ANALYSIS

CODE EDITIONS: 2004 FLORIDA BUILDING CODE W/ 2006 REVISIONS
CHAPTER 6 OF ASCE 7-02

BUILDING DESIGN AS: PARTIALLY ENCLOSED X ENCLOSED OPEN
WIND TUNNEL TEST

BASIC WIND SPEED: EAST OF TURNPIKE 140 MPH 3 SECOND GUST

BUILDING CATEGORY I II X III IV

WIND IMPORTANCE/USE FACTOR 1.0

INTERNAL PRESSURE COEFFICIENT 0.18

GARAGE DOOR DESIGN PRESSURE NA +psf (positive) -psf (negative)

DOOR DESIGN PRESSURE (INT. ZONE) 45.5 +psf 49.2 -psf (END ZONE) 45.5 +psf 60.9 -psf

WINDOW DESIGN PRESSURE (INT. ZONE) 45.5 +psf 49.2 -psf (END ZONE) 45.5 +psf 60.9 -psf

EXPOSURE C

IMPACT PROTECTION (EXTERIOR OPENINGS): APPROVED SHUTTERS IMPACT RESIST. GLASS X

NOTE: ACTUAL DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND SIMILAR ENVELOPE ELEMENTS MUST ALSO BE INDICATED ON CONSTRUCTION PLANS.

As witnessed by my seal, I hereby certify that the above information is true and correct to the best of my knowledge.

NAME
CERTIFICATION #
DATE
DESIGN FIRM
OTHER

SEAL
Harvey Koehn
12/5/07

HARVEY E. KOEHN
Professional Engineer PB-30101
7205 Elyse Circle
Port St. Lucie, FL 34952-8212
Office: (772) 486-5509
Fax (772) 33-3035





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

Site Provided by...  
governmentmax.com T1 13

Summary

print Owner 1 of 11

Parcel Info

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

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
01-38-41-005-000-00100-6	22 EMARITA WY	17625	Owner	0	1

Summary  
**Property Location** 22 EMARITA WY  
**Tax District** 2200 Sewall's Point  
**Account #** 17625  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120400  
**Acres** 0.351

Legal Description  
**Property Information**  
 EMARITA, LOT 10

Search By

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

Owner Information  
**Owner Information**  
 SHORE, BENJAMIN DAVID

Mail Information  
 22 EMARITA WAY  
 STUART FL 34996

Assessment Info  
**Front Ft.** 0.00

**Market Land Value** \$290,000  
**Market Impr Value** \$165,270  
**Market Total Value** \$455,270

Site Functions

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

Recent Sale  
**Sale Amount** \$180,000

**Sale Date** 6/1/2000  
**Book/Page** 1485 0144

[Print](#) | [Back to List](#) | << [First](#) < [Previous](#) [Next](#) > [Last](#) >>

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

Data updated on 12/31/2007



HON. LARRY C. O'STEEN  
REAL ESTATE

MARTIN COUNTY

AD VALOREM TAXES

ACCOUNT NUMBER: 1-38-41-005-000-00100 60000 2007 TAX DISTRICT: 2200  
 ASSESSED VALUE: 192,375 EXEMPTIONS: \* SEE BELOW \* TAXABLE VALUE: 167,375

TAXING AUTHORITY	MILLAGE RATE	EXEMPTIONS	TAXABLE VALUE	TAXES
COUNTY COUNTY-GENERAL FUND-OP	4.5480	25,000	167,375	761.22
CNTY-GOVT BONDS 1986	.0590	25,000	167,375	9.88
CNTY-BONDS LANDS FOR YOU	.0320	25,000	167,375	5.36
CNTY-F.I.T. BOND	.0310	25,000	167,375	5.19
SCHOOL SCHOOL - GENERAL	6.6020	25,000	167,375	1,105.01
CHLD SVC CHILDRENS SERVICES ORDNC	.2972	25,000	167,375	49.74
F.I.N.D. FL-INLAND NAVIGATION DIST	.0345	25,000	167,375	5.77
CITY TOWN OF SEWALLS DT	2.1690	25,000	167,375	363.04
S.F.W.M. SOUTH FLORIDA WATER MANAG	.6240	25,000	167,375	205.63

EXEMPTION: REC HMST 25,000  
 TOTAL MILLAGE 19.1040 BY MILLAGE TAXED 2,609.64  
 NON-AD VALOREM ASSESSMENTS  
 LEVIED AUTHORITY SOURCE RATE/BASIS AMOUNT  
 COMBINED TAXES & ASSESSMENTS TOTAL: 2,409.64  
 20 25 00  
 CHECKED: 100 10

1 38 41 005 000 00100 60000 2007  
 COUNTY CLERK'S OFFICE  
 200 WASHINGTON BLVD  
 SEWALLS, FL 32968

11/29/07 PERIOD 01

NOV 1-NOV 30	DEC 1-DEC 31	JAN 1-JAN31	FEB 1-FEB29	MAR 1-MAR 31	DELINQUENT ON
2,313.25	2,337.35	2,361.45	2,385.54	2,409.64	APRIL 1, 2008

NOV 1-NOV 30 DEC 1-DEC 31 JAN 1-JAN31 FEB 1-FEB29 MAR 1-MAR 31 DELINQUENT ON  
 2,313.25 2,337.35 2,361.45 2,385.54 2,409.64 APRIL 1, 2008

EX-TYPE	ESCROW	MILLAGE	TAXES LEVIED	REMIT PAYMENT IN U.S. FUNDS TO:
	0600	2200		

1 38 41 005 000 00100 60000 2007  
 COUNTY CLERK'S OFFICE  
 200 WASHINGTON BLVD  
 SEWALLS, FL 32968  
 11/29/07 PERIOD 01



**NOTICE OF COMMENCEMENT**  
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: 8806 TAX FOLIO #: 1384102500001006

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 (AND STREET ADDRESS IF AVAILABLE): 22 Emerald Way Seawall Point FL 34996 (Lot 10 Emerald)

GENERAL DESCRIPTION OF IMPROVEMENT: Room Addition

OWNER NAME: BENJAMIN D. SHORE  
ADDRESS: 22 Emerald Way  
PHONE NUMBER: 772 283-9777 FAX NUMBER: \_\_\_\_\_

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

CONTRACTOR: MEDALIST BUILDING GROUP LLC  
ADDRESS: 275 SW 28th Ave Palm City FL 34990  
PHONE NUMBER: 772-287-2010 FAX NUMBER: 772-287-4010

SURETY COMPANY (IF ANY): N/A  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
BOND AMOUNT: \_\_\_\_\_

LENDER/MORTGAGE COMPANY: N/A  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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 NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES \_\_\_\_\_ OF \_\_\_\_\_ FLORIDA STATUTES: \_\_\_\_\_ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B),  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_  
( EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).

**WARNING TO OWNER:** ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

BDS  
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER  
SIGNATORY'S TITLE/OFFICE owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 25<sup>th</sup> DAY OF Jan, 2008  
BY: BENJAMIN D. SHORE AS owner FOR \_\_\_\_\_  
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

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

Valerie Meyer  
NOTARY SIGNATURE/ SEAL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

BDS  
(Signature of Natural Person Signing Above)



STATE OF FLORIDA  
MARTIN COUNTY  
THIS IS TO CERTIFY THAT THE FOREGOING PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK  
DATE: \_\_\_\_\_

INSTR # 2063152 OR BK 02305 PG 2007 RECD 01/28/2008 11:20:32 AM  
Pg 2007 (1pg)  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK Y Gorney







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

**SUBCONTRACTORS LIST**  
**RESIDENTIAL, ADDITIONS, COMMERCIAL**

APPLICANT'S NAME: Medalist Building Corp BLDG. PERMIT # \_\_\_\_\_

MAILING ADDRESS: 3475 SW Fern Ave, Palm City FL

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

OK  
WLC

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM	Medalist Building Corp	CBC1256135
CFI	- FINISH		
BM	BLOCK MASON	" "	" "
CB	COLUMNS & BEAMS	" "	" "
CA	CARPENTRY ROUGH	" "	" "
GD	GARAGE DOOR		
DH	DRYWALL - HANG		
DF	- FINISH		
IN	INSULATION	" "	" "
LA	LATHING	" "	" "
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINING	" "	" "
PL	PLASTER & STUCCO	" "	" "
ST	STAIRS & RAILS		
RO	ROOFING	STUART ROOFING	CCC024411
TM	TILE & MARBLE		
WD	WINDOWS & DOORS	" "	" "
PLU	* PLUMBING		
AC	* HARV		
EL	* ELECTRICAL	Cook's ELECTRIC	EC0002265

OK  
JRM

OK  
JRM



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

AL	* LOW VOLTAGE BURGLAR ALARM		
VS	VACUUM SOUND		
IR	* IRRIGATION		
SH	SHUTTERS	<i>Cost</i>	

\* REQUIRES SEPARATE VERIFICATION FORMS.

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

*[Handwritten Signature]*

SIGNATURE OF CONTRACTOR  
(OR OWNER BUILDER IF APPLICABLE)



STATE OF FL  
 COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this 16 day  
 of Jan, 2008

*Cathy Muir*  
 NOTARY PUBLIC

MY COMMISSION EXPIRES: 8-31-2008



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

VERIFICATION OF CONTRACTOR PERMIT

BUILDING PERMIT NUMBER: \_\_\_\_\_

OWNERS NAME: BENJAMIN D SHORE

CONSTRUCTION ADDRESS: 22 EMALITA WAY

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> ELECTRIC   | <input checked="" type="checkbox"/> ROOFING      |
| <input type="checkbox"/> PLUMBING   | <input type="checkbox"/> CONCRETE FORM AND PLACE |
| <input type="checkbox"/> HVAC       | <input type="checkbox"/> MASONRY                 |
| <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> CARPENTRY               |
| <input type="checkbox"/> FUEL GAS   | <input type="checkbox"/> OTHER (SPECIFY) _____   |

FOR GAS OR ELECTRIC: TYPE OF SERVICE:  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK: Re-Roof

VALUE OF CONSTRUCTION \$ \_\_\_\_\_

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK: _____ VALUE _____

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

[Signature] 140 NE DIXIE HWY, STUART, FL 34994  
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: JOHN W. TURNER STUART ROOFING

TELEPHONE NO: 642-9854 FAX NO: 642-9856  
PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CC-024411

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

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

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



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

FILE COPY

VERIFICATION OF CONTRACTOR PERMIT

BUILDING PERMIT NUMBER: \_\_\_\_\_

OWNERS NAME: BENJAMIN D. SHORE

CONSTRUCTION ADDRESS: 22 REMARITA WAY, STUART FL 34966

PERMIT TYPE:  RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- |  |                               |
|--|-------------------------------|
| <input checked="" type="checkbox"/> ELECTRIC | _____ ROOFING                 |
| _____ PLUMBING                               | _____ CONCRETE FORM AND PLACE |
| _____ EVAC                                   | _____ MASONRY                 |
| _____ IRRIGATION                             | _____ CARPENTRY               |
| _____ FUEL GAS                               | _____ OTHER (SPECIFY) _____   |

FOR GAS OR ELECTRIC: TYPE OF SERVICE: \_\_\_\_\_ NEW SERVICE \_\_\_\_\_ EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: ADDING ADDITIONAL OUTLETS

VALUE OF CONSTRUCTION \$ 1,500

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

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

SIGNATURE OF LICENSED CONTRACTOR: [Signature] ADDRESS OF CONTRACTOR: 4250 S.E. Commerce Ave

COMPANY OR QUALIFIER'S NAME: Cook Electric Inc.

TELEPHONE NO: 287-0938 PLEASE PRINT FAX NO: 287-9084

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC0002265

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

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

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





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

SHORE

ORIGINAL

ADDITION/REMODEL APPLICATION 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 INCLUDING:

- ✓ • LEGAL DESCRIPTION
- ✓ • NOTARIZED SIGNATURE OF OWNER AND CONTRACTOR
- ✓ • PROOF OF OWNERSHIP (RECORDED WARRANTY DEED OR TAX BILL)

2✓ 2 COPIES CURRENT SURVEYS (DATED 2006 OR NEWER) SHOWING THE FOLLOWING:  
\*\*ADDITIONS OR SUBSTANTIAL IMPROVEMENT(GREATER THAN 50% OF FAIR MARKET VALUE) ONLY\*\*

- CURRENT FLOOD ZONES PER LOCAL FLOOD INSURANCE RATE MAP (FIRM)
  - NGVD ELEVATIONS AT ALL CORNERS, MID POINTS AND AVERAGE CROWN OF ROAD
  - ALL EXISTING STRUCTURES ON PROPERTY AND PROPOSED SETBACKS FROM THE PROPERTY LINE TO ALL SIDES OF THE PROPOSED ADDITION.
  - ELEVATION OF PROPOSED ADDITION
  - DRAINAGE ARROWS AND PERVIOUS/IMPERVIOUS CALCS. TO SHOW PROPOSED STORMWATER RETENTION
- \*\*\*DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS\*\*\*

2✓ 2 COPIES SEPTIC TANK PERMIT, IF APPLICABLE (PLANS MUST BE STAMPED BY HEALTH DEPT.).  
(\*\*ADDITIONS W/ LIVING SPACE ONLY\*\*)

✓ 2 COPIES COMPLETE SETS OF PLANS WITH ALL REQUIRED PAGES SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER. MAXIMUM SIZE PLANS 24" X 36".

N/A 2 COPIES THE FLORIDA ENERGY CODE FOR THE "SOUTH" ZONE II, FORM 600A-04R (VERSION 4.0 OR LATER) OR 600C-04R. MUST BE SIGNED & DATED.

N/A 2 COPIES MANUAL "J" (ADDITIONS OVER 600 S.F. OR ENCLOSED AREAS PREVIOUSLY UNCONDITIONED)

✓ 2 COPIES WINDLOAD CERTIFICATION SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER OR INDICATE ON THE PLANS. LEV. 3 ALTERATIONS REQUIRES STRUCTURAL ANALYSIS BY ARCH/ENG

✓ 2 COPIES PRODUCT APPROVAL CHECKLIST SIGNED & SEALED BY THE ARCHITECT OR ENGINEER *Roof & Doors*  
OR INDICATE ON THE PLANS.

✓ 1 COPY NOTICE OF COMMENCEMENT. IF VALUE IS OVER \$2500.00, MUST BE SUBMITTED PRIOR TO THE FIRST INSPECTION.

✓ 1 COPY ASBESTOS NOTIFICATION STATEMENT

*CONTRACTOR VERIFICATION (Etc.)*

SPECIFICATIONS AND PRODUCT APPROVALS

- SPECS. FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, SHUTTERS, SIDING, ROOF COVERING AND SIMILAR ENVELOPE ELEMENTS MUST BE ON-SITE FOR INSPECTIONS. THESE PRODUCTS MUST BE TESTED BY AN APPROVED TESTING LAB AND DESIGN PRESSURES STATED. MUST HAVE ARCHITECT/ENGINEER OF RECORD REVIEW, TO VERIFY THAT IT MEETS DESIGN.
- ROOF COVERING SPECIFICATIONS/MADE COUNTY OR FLORIDA APPROVAL MUST INCLUDE MANUFACTURER/PRODUCT NAME AND TEST NUMBER.
- SHUTTERS MUST BE DESIGNED IN ACCORDANCE WITH ASCE 7-02 AND SSTD-12. SPECIFICATIONS MUST BE HIGHLIGHTED AS TO WHICH MOUNT, DESIGN PRESSURE, FASTENER, AND FASTENER SPACING THAT WILL BE USED.

IMPACT PROTECTION FOR ALL EXTERIOR GLAZED OPENINGS REQUIRED PER  
F.B.C. 2004 W/2006 REVISIONS 1609.1.4 (IMPACT RESISTANT GLASS OR APPROVED SHUTTERS)



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

**CONTRACTOR, OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT**

Date: 1/18/07

Building Permit # \_\_\_\_\_

Site Address: 22 EMERALD WAY

**FBC 104.1.10 Asbestos.** The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

(1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.

(2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.

(b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.

(3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

**FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)**

Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement 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 asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. 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.

Contractor or Owner/Builder Signature Jeremy LeMaster

Subscribed and sworn to before me this 16 day of Jan, 2007 personally appeared

Jeremy LeMaster who is personally known to me or produced FLDL as

identification, and who did/did not take an oath.

Notary Public Signature Cathy Muir





# COOK ELECTRIC INC

ELECTRICAL CONTRACTORS

(772) 287-0938

Lic. # EC0002265

FAX 287-9084

4250 S.E. COMMERCE AVE.

P.O. Box 1104

PORT SALERNO, FL 34992

ATTN: JEREMY  
RE: SHORE RESIDENCE  
@ 22 EMARITA WAY

1-23-08

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

## LOAD CALCULATION

2730 SQ. FT. (INCLUDES 430 SQ. FT. ADDITION)  
@ 3w/SQ. FT.

(2) SMALL APPLIANCE CIRCS. @ 1500w (EACH)

RANGE

REFRIGERATOR

DISHWASHER

DISPOSAL

MICROWAVE

WATER HEATER

DRYER

WASHER

IRRIGATION PUMP

= 8190w

= 3000w

= 9600w

= 1800w

= 1800w

= 1800w

= 1800w

= 4500w

= 6000w

= 1800w

= 1200w

---

41490 WATT

1st 10kW @ 100% = 10,000w

REM 31490w @ 40% = 12,596w

10kW HEAT @ 100% = 10,000w

---

32,596w ÷ 240V

= 135.8 AMPS (EXISTING 200A SERVICE)



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

RECEIVED
DATE 1-23-08
TOWN OF SEWALL'S POINT

PRODUCT APPROVAL CHECKLIST

Permit Type: Permit Number: Date 12/5/07

Owner's Name: BENJAMIN DAVID SIAORE Job Site Location: 22 EMARITA WAY, SEWALL'S POINT

Design Professional Name A/E: HARVEY KOEHNEN

Rule 9 B-72 requires the following information as promulgated by the Florida Building Commission. In the event that information required for product approval has been incorporated in to the plans, specifications or general notes; simply indicate page number on the affidavit.

Table with 5 columns: Product, Model Number, Manufacturer, Evaluation Agency, Expiration Date. Rows include Windows, Exit Doors, Garage Doors, Off Ridge Vents/Ridge Vent, Soffits, Skylights, Shutters, Roofing Materials, Panel Walls, Structural Components and Cladding, New/Alternative Materials.

PLEASE SEE ATTACHED Product Approvals for SKYLIGHTS.

In accordance with the Florida Architects and Engineers product approval system, this affidavit certifies that I have performed the building envelope evaluation as required by the Florida Building Code.

HARVEY E. KOEHNEN
Professional Engineer PE-32831
7205 Elyse Circle
Port St. Lucie, FL 34952-8212
Office: (772)466-5509
Fax (772) 489-3035

Architect/Engineer Signature & Seal
12/5/07

FL Certification/Registration Number

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY





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) 372-6339

**NOTICE OF ACCEPTANCE (NOA)**

[www.miamidade.gov/buildingcode](http://www.miamidade.gov/buildingcode)

Maxim Industries, Inc.  
1630 Terra Colony Court  
Dallas, TX 75212

**SCOPE:**

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

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

**DESCRIPTION:** Model MAX DGCM 07 Curb Mount Skylight.

**APPROVAL DOCUMENT:** Drawing No. MAX DGCM 07, titled "Maxim Impact Glass Curb Mount Skylight", prepared by Maxim Industries, Inc., sheets 1 through 2 of 2, dated 06/23/07, with last revision dated 12/01/07, signed and sealed by Richard Boyette, P.E., bearing the Miami-Dade County Product Control approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

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

**LABELING:** Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved or MDCPCA", 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 this page 1, evidence page E-1, as well as approval document mentioned above.

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



*[Signature]*  
12/15/07

NOA No 07-1105.05  
Expiration Date: January 10, 2013  
Approval Date: January 10, 2008  
Page 1

COASTAL TESTING LABORATORY, L.L.C.  
PO BOX 2023  
PALM CITY, FLORIDA 34991-2023  
772.220.6688



COMPACTION TEST REPORT

ASTM D 2922-05

DATE : January 29, 2008  
JOB NUMBER : 08-0125 # 8806 - FILE  
PERMIT NUMBER : 8806  
CLIENT : Medalist Building Group  
CONTRACTOR : Medalist Building Group  
JOB LEGAL : Lot 10  
JOB ADDRESS : 22 Emarita Way  
Sewalls Point, FL

SOIL CLASSIFICATION & REMARKS : A3 Friable brown sandy soil

TEST SAMPLE LOCATION : 10' IS LR Corner - Center of Pad - 10' IS RF Corner

	<u>IN PLACE DRY DENSITY</u>	<u>MAXIMUM DRY DENSITY</u>	<u>% COMPACTION</u>
1)	101.0	103.2	97.9
2)	100.4	103.2	97.3
3)	100.8	103.2	97.7

RESPECTFULLY SUBMITTED:

ERNESTO VELASCO, P.E.

COASTAL TESTING LABORATORY, L.L.C.  
PO BOX 2023  
PALM CITY, FLORIDA 34991-2023  
772.220.6688

# MOISTURE DENSITY RELATIONSHIP

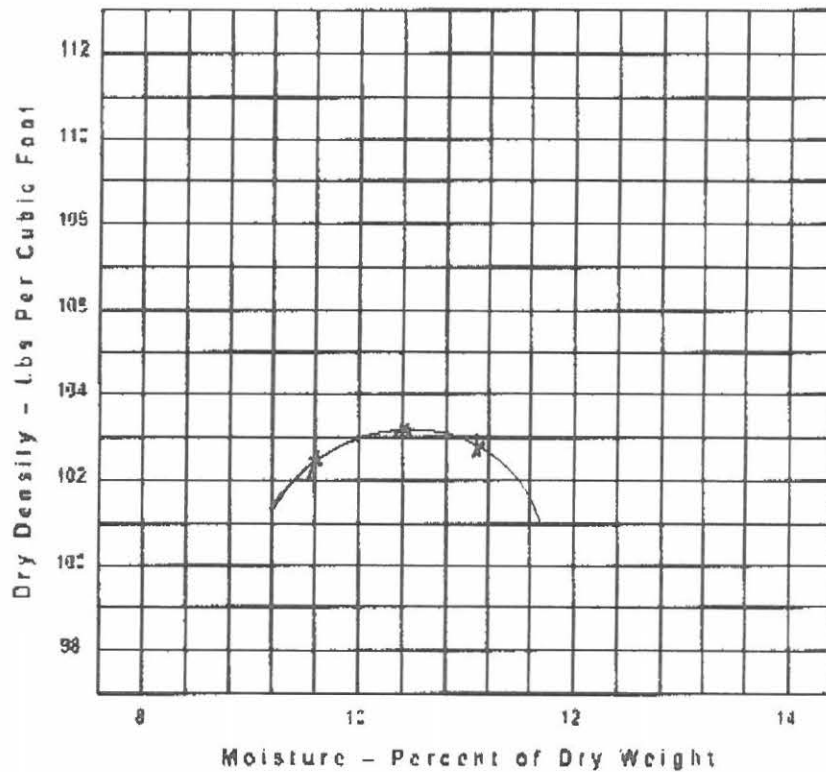
## ASTM D 1557-02E1

DATE : *January 29, 2008*

CONTRACTOR : *Medalist Building Group*

JOB NUMBER : *08-0125*

PERMIT NUMBER : *8806*





**COASTAL TESTING LABORATORY**  
**P.O. BOX 2023**  
**PALM CITY, FL 34991-2023**  
**OFFICE 772 220-6688**  
**FAX 772 287-1591**

# FAX COVER SHEET

<b>SEND TO</b>	
<b>CITY OF SEWALLS POINT</b>	<i>From</i>
<i>Attention</i> <b>BUILDING DEPT.</b>	<i>Date</i>
<i>Office location</i>	<i>Office location</i>
<i>Fax number</i> <b>772 220-4765</b>	<i>Phone number</i>

- Urgent**    
 **Reply ASAP**    
 **Please comment**    
 **Please review**    
 **For your information**

Total pages, including cover: \_\_\_\_\_

**COMMENTS**

772-286-7669

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 1-30, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8725	Morris	Final-	PASS	CLOSE
1 <sup>st</sup>	64 S Sewalls	French door		
	South H. Alum	& Shutters		INSPECTOR: <i>JM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8804	Kurlander	UG plumbing	PASS	
3	176 S River Rd	reinspection		
	O/B			INSPECTOR: <i>JM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	Pressley	renail	PASS	
LAST	100 N. Sewalls Pt	<del>underlay</del>		
11:30	Rooftech			INSPECTOR: <i>JM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8571	LM Enterp	Final	FAIL	
4	3 Worth Ct			
	Tradewind			INSPECTOR: <i>JM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8806	Shore	slab	PASS	
5	22 Emarita			
	Medalist			INSPECTOR: <i>JM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8801	<del>Buntather</del>	Footer & slab	FAIL	
2 <sup>nd</sup>	49 S Sewalls			
	Everglades			INSPECTOR: <i>JM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

COLUMNS CMU

MISSING HETA 20 IN COLUMN  
FOR ATTACHMENT OF W/D BEAMER

MISSING HETA 12 @ EVERY 2ND  
COURSE CMU JUNCTION @  
FRAME WALL.

NEED SURVEY FOR EXT WALLS  
WITH SETBACKS +

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

DATE:

2/4/09

  
INSPECTOR

**DO NOT REMOVE THIS TAG**



2008

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 2-4, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6447	Cotler	Final	PASS	CLOSE
?3	60 Skiver Rd TC Carpentry	(see file)		INSPECTOR: <i>[Signature]</i>
8755	Durante	Rooftruss	CANCEL	RESCHEDULE
4	485 Sewalls OIB	Floortruss		FOR 2/6/08 INSPECTOR: <i>[Signature]</i>
8763	HOGLE	SLAB	PASS	
6	22 N.S.P.R. CDR. BUILDERS.			INSPECTOR: <i>[Signature]</i>
8800	Thoman	Steel, band -	PASS	
1	37 W High Pt Wooden Pool	main drain		INSPECTOR: <i>[Signature]</i>
<del>8803</del>	<del>Haiseman</del>	<del>Truss</del>	<del>X</del>	
<del>X</del>	<del>8803</del> <del>W. B. Garage</del>			INSPECTOR:
8806	Shore	tie beam	FAIL	
5	22 Emmita Medalist	column		INSPECTOR: <i>[Signature]</i>
8528	Masterpiece Sys	Final	FAIL	
2	5 Mandalay Masterpiece			INSPECTOR: <i>[Signature]</i>
OTHER:				
C.E.	6 HERONS NEST.	CONDEMN?		
8804	Kerr Builders 176 SKIVER	SLAB	PASS	<i>[Signature]</i>



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  ~~Tues~~ Wed  Fri 2-5, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8806	Shore	(connector)		Need Access
<u>JA</u>	22 Emanciper Medalist	HEA 12 reinspect tie beam	FAIL	TO INT OF HOUSE INSPECTOR: <u>A</u>
8528	Masterpiece	Final		
	5 Mandalay Masterpiece		PASS	<u>A</u> 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:
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 2-6, 2008 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8745	Nelson	truss tie down	CANCEL	
3	3 Marquerite Nelson Homes	window + door bucks		INSPECTOR:
8810	<del>Steele</del> 38 Fieldway <del>Advantage AC</del>	<del>final</del> Rescheduled Thurs.		INSPECTOR:
8806	Shore	reinspect	PASS	
5	22 Emariata Medalist	tie beam column		INSPECTOR: <i>[Signature]</i>
8809	Robinson	Final	PASS	CLOSE
2A	1735 River Stuart Fence			INSPECTOR: <i>[Signature]</i>
8648	Fetzner	meter can	CANCEL	
	2 W High Pt OB			INSPECTOR:
				INSPECTOR:
				INSPECTOR:

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



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri Tues 2-19, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
364B	Ietsner	Pt window inspection		NOT READY
2	2 W. High Pt O/B		FAIL	INSPECTOR: <i>A</i>
8806	Shore	shedding	PASS	ROOF SHEDDING
1	22 Emarita Medalist	<del>hazardous</del>		ONLY INSPECTOR: <i>A</i>
8512	Vales	plumbing & electric	PASS	
4	107 N Sewalls TCE			INSPECTOR: <i>A</i>
8145	Quisner	sewer line connection	PASS	
3	3 Castle Hill O/B			INSPECTOR: <i>A</i>
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

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



**TOWN OF SEWALL'S POINT**

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

**CORRECTION NOTICE**

ADDRESS: 22 EMARITA

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

FRAMING, TRUSS, STRAPPING - PASS

NEED PRODUCT APPROVAL FOR  
SILY LIGHT.

*ok*  
*need*  
*2/21/08*

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

DATE: 2/21/08

*[Signature]*  
INSPECTOR

**DO NOT REMOVE THIS TAG**



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  ~~Thu~~ Thu 2-21, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8811	Gilbert	Final	PASS	CLOSE
1	8 Mandalay Stuart Roof	rec'd Eng Nit letter		INSPECTOR: <i>[Signature]</i>
8806	Shore	<del>ROUGH ELEC.</del> tie down	PASS PASS	
2	22 Emantia Medalist	truss eng. framing	PASS PASS	INSPECTOR: <i>[Signature]</i>
7308	Ayres	<del>ROUGH ELEC.</del> Final dock	PASS	CLOSE
	103 N Sewalls Custom Decks	(SEP 0826)		INSPECTOR: <i>[Signature]</i>
8826	Ayres	Final	PASS	CLOSE
	103 N Sewalls Jimmy Powell Elec			INSPECTOR: <i>[Signature]</i>
8825	Kelso	consult.	OK	
130	26 Rio Vista Sunco			INSPECTOR:
6634	Kelso	Final-	PASS	CLOSE
	26 Rio Vista H. Door	Garage door		INSPECTOR: <i>[Signature]</i>
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 2-22, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8813</del> <u>1st</u>	<del>Hepworth</del> <del>3 Riverview</del> <del>Sand Castle</del>	<del>Slab</del>	<del>cancel</del>	<del>reschedule for Mon.</del> INSPECTOR:
8784	Garrison 8 N River Rd Crystal Lagoon	Final	FAIL	NEED SURVEY INSPECTOR: <i>[Signature]</i>
CE	Culpepper 6 Heron's Nest	investigate	OK	INSPECTOR: <i>[Signature]</i>
8818	Wade 9 E High Pt Cardinal Roof	Final	PASS	INSPECTOR: <i>[Signature]</i>
8806	Shore 22 Emmita Medalist	P120 - in wall sheathing insulation ceiling (11:30)	PASS PASS PASS	INSPECTOR: <i>[Signature]</i>
8804	Kulander 176 S River Rd O/B	rough in plumbing Electric <del>Structure</del>	FAIL FAIL	INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>

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



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 2-25, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8813	Hapworth	slab	PASS	NEED SURVEY
2	3 Riverview Sand Castle			INSPECTOR: <i>OW</i>
8791	Kerner	Flashing/dry-in	PASS	
1	319 High Pt Heston Roof			INSPECTOR: <i>OW</i>
8512	Vuldes	dry-in	PASS	
5	107 N Sewalls TCE			INSPECTOR: <i>OW</i>
8801	Barnfather	STEM WALL sheathing	PASS FAIL	RECEIVED COL DETAIL
4	49 S Sewalls Everglades	wall & roof HVAC, electric plumbing		INSPECTOR: <i>OW</i>
8492	Vasbo	insulation	FAIL	
3	98 S. River GIC	DOOR S	PASS	INSPECTOR:
8804	Kurlander	rough-in - shower pan		CANCEL
11:30	176 S River Rd OB	no plates		INSPECTOR: <i>OW</i>
8806	Shore	wire lath	PASS	
3A	22 Emanta Medalist			INSPECTOR: <i>OW</i>
OTHER:	8589 HARDIN	EXT. REAR DOOR		
	27 S. RIVER	BUCKS (BI-FOLD)	PASS	<i>OW</i>
	STRATICON			



**TOWN OF SEWALL'S POINT**

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

**CORRECTION NOTICE**

ADDRESS: 22 EMARITA

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

- FINAL
- NEED PRODUCT APPROVAL FOR EXT. DOORS -
- NEED LIGHT FIXTURE INSTALLED @
- PORCH DOOR -
- REMOVE ALL UNUSED CONST. MATERIAL
- " PORTABLE TOILET.
- DRAINAGE NEEDS TO BE POSITIVE
- @ FOUNDATION.
- SECURE LIGHT FIXTURES @ SOFFITS ON
- NORTH SIDE OF HOUSE.
- SEAL ALL EXTERIOR OPENINGS -

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

DATE: 3/10/08

[Signature]

INSPECTOR

**DO NOT REMOVE THIS TAG**



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3-10, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8798	Cullane	Final - door	PASS	close
4	2 Gumbo Limbo Lowers			INSPECTOR: <i>JAW</i>
8806	SHORE	FINAL	FAIL	
1	22 EMARITA			INSPECTOR: <i>JAW</i>
8589	HARDIN	LATH	PASS	
3	27 S. RIVER STRATICON			INSPECTOR: <i>JAW</i>
8535	Stark	tin tag + metal	PASS	
2	875 River Enil Lav			INSPECTOR: <i>JAW</i>
8512	Valdes	Plumbing, Electrical	FAIL	
5	107N Sewalls TCE	Mechanical framing + insulation	PASS FAIL PASS	INSPECTOR: <i>JAW</i>
Tree	Beckham	Tree	PASS	
	3 Oak Hill Way			INSPECTOR: <i>JAW</i>
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 3-14, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6755	Durante	insulation		need Eng letter approving structure
Mid mon	485 Sewall OIB	cancel		
8806	SITONE			
	22 EMIRITA MEDALIST	FINAL - the inspection	PASS	Close INSPECTOR: <i>A</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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



# DeII® MFP Laser 3115cn Monitor Report

Local Name :  
Company Logo :  
Total Pages Scanned : 1  
Total Pages Sent : 1

Transmission Information

No.	Job#	Remote Station	Start Time	Dura.	Pages	Mode	Contents	Result
1	0151	2874010	03-14;15:37	20"	1/1	SG3		Done

The documents were sent.

TOWN OF SEWALL'S POINT				
Building Department - Inspection Log				
Date of Inspection: <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input checked="" type="checkbox"/> Fri 3-14, 2008 Page 1 of 1				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>6755</del>	<del>Laurent</del>	<del>violation</del>		<del>mail Eng letter approving structure</del>
<del>Mid</del>	<del>485 Sewall</del>	<del>closed</del>		
8806	SHORE 22 EMIRITA MEDALIST	FINAL - the inspection	Pass	Close INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
OTHER:				





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



**CERTIFICATE OF:  OCCUPANCY  COMPLETION**

- Single Family Residence  Other PORCH ENCLOSURE / REROOF  
 Temporary: Expiration Date \_\_\_\_\_  
 Partial (Area description) \_\_\_\_\_

BUILDING PERMIT NO: 8806 DATE OF ISSUE: 1-28-08  
 OWNER(S): Benjamin Shore PROPERTY ADDRESS: 22 Emarita  
 LEGAL DESCRIPTION: LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_  
 GENERAL CONTRACTOR: Medalist Bldg Corp. LIC/CERT NO: \_\_\_\_\_  
 ARCHITECT OR ENGINEER: Harvey Koehnen LIC/CERT NO: PE-32831  
 CODE EDITION: FBC2004 CONST. TYPE: \_\_\_\_\_ USE: \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_  
 OCCUPANT LOAD: \_\_\_\_\_ SPRINKLERS REQUIRED: \_\_\_\_\_ SPRINKLERS USED: \_\_\_\_\_

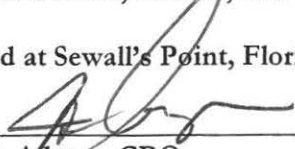
**INSPECTION RECORDS**

Inspection Type	Date Approved	Inspection Type	Date Approved
UNDERGROUND PLUMBING	_____	UNDERGROUND GAS	_____
UNDERGROUND MECHANICAL	_____	UNDERGROUND ELECTRICAL	_____
STEM-WALL FOOTING	_____	FOOTING	_____
SLAB	<u>1-30-08</u>	TIE BEAM/COLUMNS	<u>2-6-08</u>
ROOF SHEATHING	<u>2-19-08</u>	WALL SHEATHING	<u>2-22-08</u>
TIE DOWN /TRUSS ENG	<u>2-21-08</u>	INSULATION	<u>2-22-08</u>
WINDOW/DOOR BUCKS	<u>2-21-08</u>	LATH	<u>2-25-08</u>
ROOF DRY-IN/METAL	_____	ROOF TILE IN-PROGRESS	_____
PLUMBING ROUGH-IN	_____	ELECTRICAL ROUGH-IN	<u>2-21-08</u>
MECHANICAL ROUGH-IN	_____	GAS ROUGH-IN	_____
FRAMING	<u>2-21-08</u>	METER FINAL	_____
FINAL PLUMBING	_____	FINAL ELECTRICAL	<u>3-14-08</u>
FINAL MECHANICAL	<u>3-14-08</u>	FINAL GAS	_____
FINAL ROOF	<u>3-14-08</u>	BUILDING FINAL	<u>3-14-08</u>

The described portion of the structure has been inspected for compliance with the requirements of this Code for occupancy and division of occupancy and the use for which the proposed occupancy is classified.

In accordance with the requirements of the Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 24th day of September, 2008

  
 John R. Adams, CBO  
 Building Official, Town of Sewall's Point

Local Name :  
Company Logo :  
Total Pages Scanned : 1  
Total Pages Sent : 1

Transmission Information

No.	Job#	Remote Station	Start Time	Dura.	Pages	Mode	Contents	Result
1	0574	2874010	09-24; 17:48	19"	1/1	SG3		Done

The documents were sent.



**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



**CERTIFICATE OF:**  OCCUPANCY  COMPLETION

Single Family Residence  Other PORCH ENCLOSURE / KEROF  
 Temporary: Expiration Date \_\_\_\_\_  
 Partial (Area description) \_\_\_\_\_  
 BUILDING PERMIT NO: BB06 DATE OF ISSUE: 1-28-08  
 OWNER(S): Benjamin Shore PROPERTY ADDRESS: 22 Emarita  
 LEGAL DESCRIPTION: LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_  
 GENERAL CONTRACTOR: Medalist Bldg Corp LIC/CERT NO: \_\_\_\_\_  
 ARCHITECT OR ENGINEER: Harvey Koehn LIC/CERT NO: PE-32831  
 CODE EDITION: FBC 2004 CONST. TYPE: \_\_\_\_\_ USE: \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_  
 OCCUPANT LOAD: \_\_\_\_\_ SPRINKLERS REQUIRED: \_\_\_\_\_ SPRINKLERS USED: \_\_\_\_\_

**INSPECTION RECORDS**

Inspection Type	Date Approved	Inspection Type	Date Approved
UNDERGROUND PLUMBING	_____	UNDERGROUND GAS	_____
UNDERGROUND MECHANICAL	_____	UNDERGROUND ELECTRICAL	_____
STEM-WALL FOOTING	_____	FOOTING	_____
SLAB	<u>1-30-08</u>	TIE BEAM/COLUMNS	<u>2-6-08</u>
ROOF SHEATHING	<u>2-19-08</u>	WALL SHEATHING	<u>2-22-08</u>
TIE DOWN / TRUSS ENG	<u>2-21-08</u>	INSULATION	<u>2-22-08</u>
WINDOW/DOOR BUCKS	<u>2-21-08</u>	LATH	<u>2-25-08</u>
ROOF DRY-IN/METAL	_____	ROOF TILE IN-PROGRESS	_____
PLUMBING ROUGH-IN	_____	ELECTRICAL ROUGH-IN	<u>2-21-08</u>
MECHANICAL ROUGH-IN	_____	GAS ROUGH-IN	_____
FRAMING	<u>2-21-08</u>	METER FINAL	_____
FINAL PLUMBING	_____	FINAL ELECTRICAL	<u>3-14-08</u>
FINAL MECHANICAL	<u>3-14-08</u>	FINAL GAS	_____
FINAL ROOF	<u>3-14-08</u>	BUILDING FINAL	<u>3-14-08</u>

The described portion of the structure has been inspected for compliance with the requirements of this Code for occupancy and division of occupancy and the use for which the proposed occupancy is classified.

In accordance with the requirements of the Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 24th day of September, 2008

John R. Adams, CBO  
Building Official, Town of Sewall's Point

**8807**

**SHUTTERS**





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:	8807	DATE ISSUED:	JANUARY 28, 2008
SCOPE OF WORK:	HURRICANE SHUTTERS		
CONDITIONS :			
CONTRACTOR:	FOLDING SHUTTER CORP		
PARCEL CONTROL NUMBER:	13841005000001006	SUBDIVISION	EMARITA - LOT 10
CONSTRUCTION ADDRESS:	22 EMARITA WAY		
OWNER NAME:	SHORE		
QUALIFIER:	GARY HEMSTREET	CONTACT PHONE NUMBER:	561-683-4811

**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:	8807
ADDRESS	22 EMARITA WAY
DATE:	1/28/08
SCOPE:	HURRICANE SHUTTERS

SINGLE FAMILY OR ADDITION /REMODEL

Plan Submittal Fee

(No  
Total

Total

Total (

Building

Building

Total nu

Radon Fee

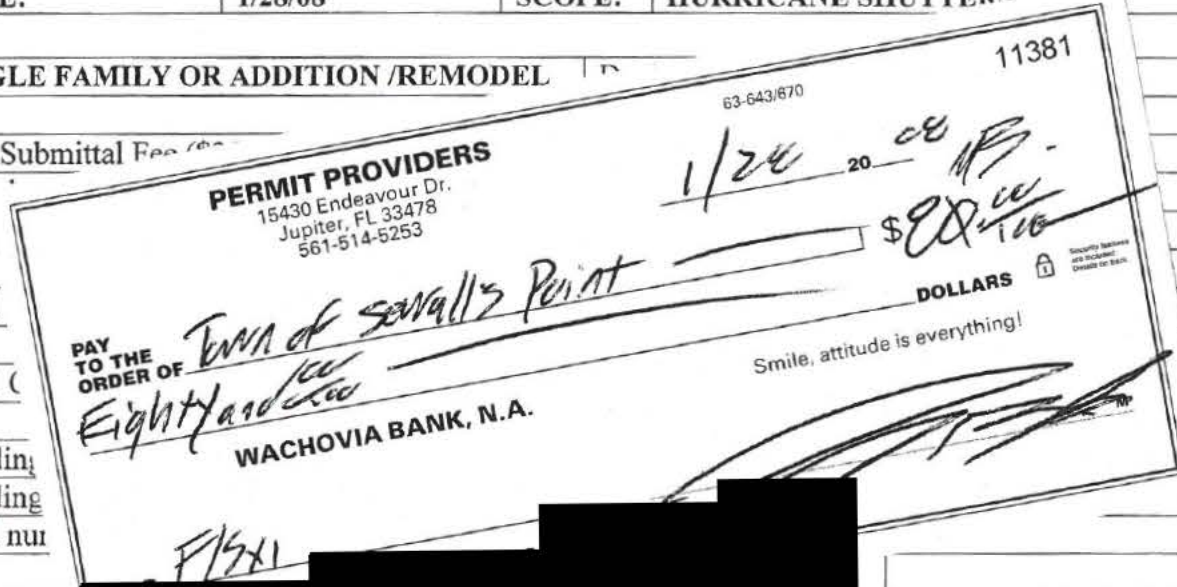
DBPR License fee: (\$.005 per sq. ft. under roof)

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

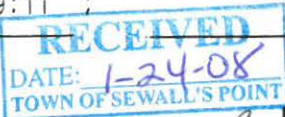
Martin County Impact Fee:

**TOTAL BUILDING PERMIT FEE:**

ACCESSORY PERMIT	Declared Value:	\$	10860.
Total number of inspections @ \$75.00 each	1	\$	75.00
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	80.00







Town of Sewall's Point

Date: BUILDING PERMIT APPLICATION Permit Number:

OWNER/TITLEHOLDER NAME: Benjamin Shore Phone (Day): 772-283-9227 (Fax):

Job Site Address: 22 Emerita Way City: Sewall Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block): Emerita lot 10 Parcel Number: 01-3841-005000-0010040

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

Scope of work: Installation of: (10) Colonial storm panels (+) (7) storm panels

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NO X

Has a Zoning Variance ever been granted on this property? YES (YEAR) NO

COST AND VALUES: Estimated Value of Construction or Improvements: \$10,860

Estimated Fair Market Value prior to Improvement: \$ Method of Determining Fair Market Value:

CONTRACTOR/Company: Folding Shutter Corp Phone: 561-683-4811 Fax:

Street: 7089 Hemstreet Place City: WPB State: FL Zip: 33413

State Registration Number: State Certification Number: SPC0839 Municipally License Number:

ARCHITECT Lic.#: Phone Number:

Street: City: State: Zip:

ENGINEER Lic.#: Phone Number:

Street: City: State: Zip:

AREA SQUARE FOOTAGE (SEWER & ELECTRIC): Living: Garage: Covered Patios: Screened Porch:

Carport: Total Under Roof Wood Deck: Accessory Building:

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.) National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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... 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS... 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS...

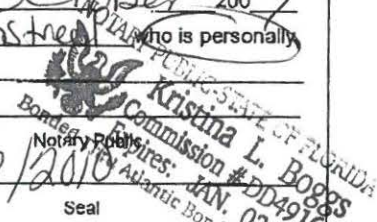
THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED... I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AUTHORIZED AGENT SIGNATURE (required) State of Florida, County of: MARTIN This the 8th day of October, 2007 by Benjamin Shore who is personally known to me or produced F.I.D.

as identification. My Commission Expires: 1/24/2010

CONTRACTOR SIGNATURE (required) On State of Florida, County of: Palm Beach This the 9th day of October, 2007 by Gary M. Hemstreet who is personally known to me or produced

As identification. My Commission Expires: 01/24/2010



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





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

Site Provided by...  
governmentmax.com T1.14

Summary

print [navigation icons] Owner 1 of 11

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
01-38-41-005-000-00100-6	22 EMARITA WY	17625	Owner	0	1

**Summary**  
**Property Location** 22 EMARITA WY  
**Tax District** 2200 Sewall's Point  
**Account #** 17625  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120400  
**Acres** 0.351

**Legal Description**  
**Property Information**  
 EMARITA, LOT 10

Search By

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

**Owner Information**  
**Owner Information**  
 SHORE, BENJAMIN DAVID

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

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

**Market Land Value** \$290,000  
**Market Impr Value** \$165,270  
**Market Total Value** \$455,270

Site Functions

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

**Recent Sale**  
**Sale Amount** \$180,000

**Sale Date** 6/1/2000  
**Book/Page** 1485 0144

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

Legal disclaimer / Privacy Statement

Data updated on 01/21/2008





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

2-22-08

**REVISIONS - CORRECTIONS REQUEST FORM**  
MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: 2/19/08 PERMIT NUMBER: 8807

JOB ADDRESS: 22 Emerald Way Jewells Point

**PLEASE CHECK ONE OF THE FOLLOWING:**

CONDITION OF INSPECTION APPROVAL (Needed for an inspection)

CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)

REVISIONS (Changes to an issued permit) only to the size sheet + large print sheets.

\*\*\*\*ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING\*\*\*\*

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): We only made changes to the size sheet + the large prints. We need a stamped copy returned so we can put in customer permit file + call in 7.9. TX

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$             
\*\*\*INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL\*\*\*

CONTACT NAME: Mrs Boggs SIGNATURE: [Signature]

PHONE NUMBER: 561-483-4811 ext 266 FAX NUMBER: 561-640-8204  
721-5611-Mitch

**FOR OFFICE USE ONLY:**

Reviewed by: [Signature] Date: 2-25-08 Approve  Deny

Additional conditioned space \_\_\_\_\_ sq. ft. @ \$104.65 per sq. ft. x 2% = \_\_\_\_\_

Additional non-conditioned space \_\_\_\_\_ sq. ft. @ \$ 48.90 per sq. ft. x 2% = \_\_\_\_\_

Other declared value increase (must be based on value not cost) \_\_\_\_\_ x 2% = \_\_\_\_\_

Other additional fees: \_\_\_\_\_ Revision review fee: \_\_\_\_\_ Pages @ \$25.00/Page \_\_\_\_\_

Radon Fee \_\_\_\_\_ Professional Regulation Fee \_\_\_\_\_ Road impact assessment \_\_\_\_\_

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ N/C

Applicant notified by: Vallini 2-25-08 Date: \_\_\_\_\_



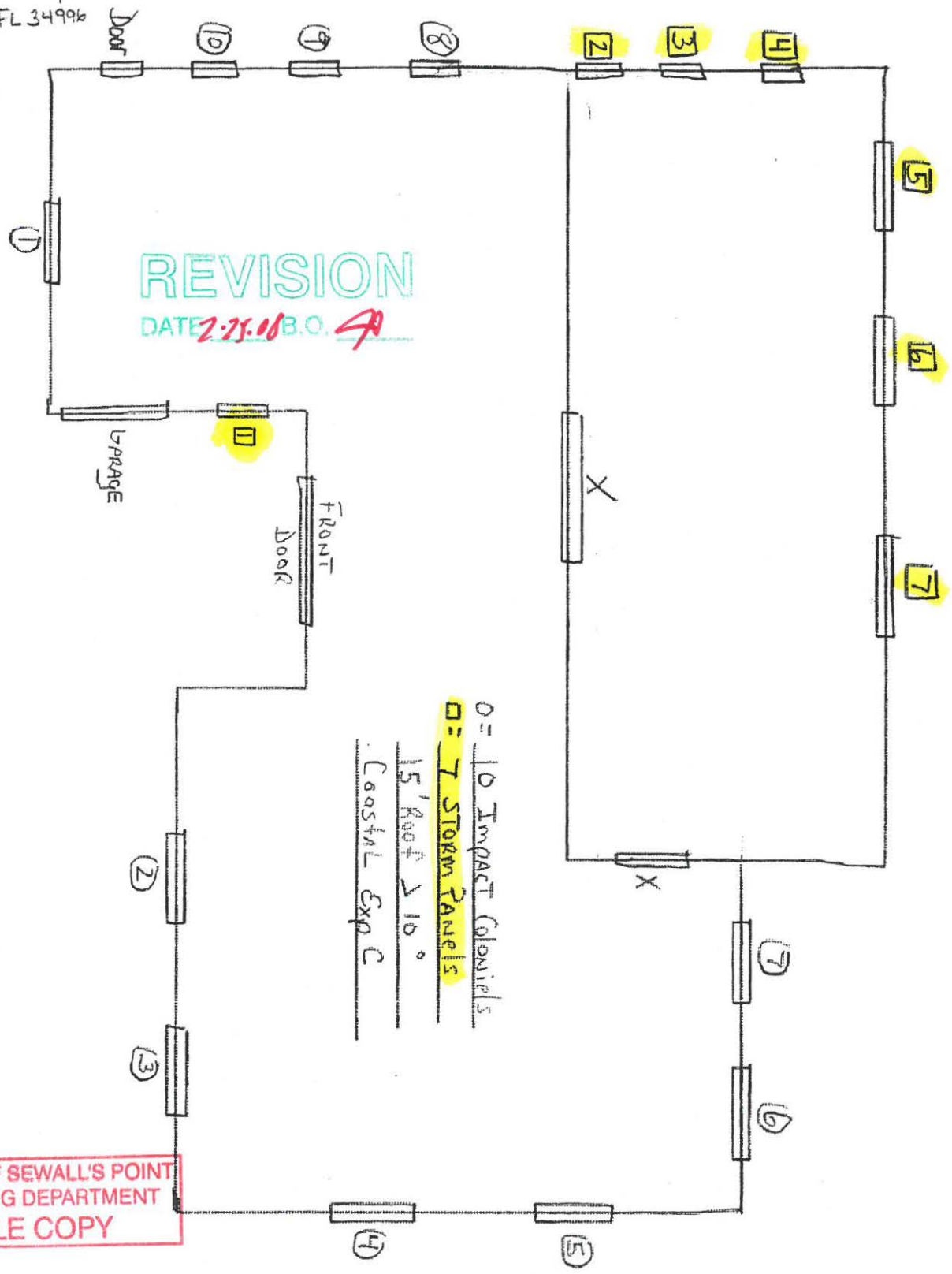
FOLDING SHUTTER CORP. ENGINEERING LAYOUT SHEET

CUSTOMER NAME  
**Shore**

WORK ORDER NO. **09242007009 No401**  
BY: **DRH** DATE:

SHEET **1** OF **1**  
**Layout**

22 Emarita Way  
Sewall's Point, FL 34996



TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY



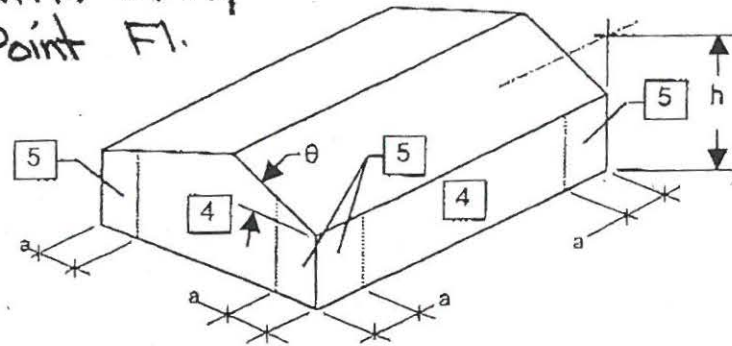
**TABLE 3.41**  
**WIND LOADS FOR WALL COMPONENTS & CLADDING**  
**PER ASCE 7-98**  
**\* (ROOF HEIGHTS LESS THAN 90 FT.)**

3- SECOND GUST WIND SPEED: 140 MPH  
 TRIBUTARY AREA: 10 SQ. FT. OR LESS  
 IMPORTANCE FACTOR ("I"): 1.00

MEAN ROOF HEIGHT (FT.)	EXPOSURE "B"						EXPOSURE "C"					
	ROOF SLOPE ≥ 10°			ROOF SLOPE < 10°			ROOF SLOPE ≥ 10°			ROOF SLOPE < 10°		
	ZONE 4 & 5	ZONE 4	ZONE 5	ZONE 4 & 5	ZONE 4	ZONE 5	ZONE 4 & 5	ZONE 4	ZONE 5	ZONE 4 & 5	ZONE 4	ZONE 5
"H"	(+)	(-)	(-)	(+)	(-)	(-)	(+)	(-)	(-)	(+)	(-)	(-)
15	35.2	38.2	47.2	32.2	34.9	43.0	42.8	46.4	57.3	39.2	42.4	52.2
20	35.2	38.2	47.2	32.2	34.9	43.0	45.3	49.1	60.8	41.5	44.9	55.3
25	35.2	38.2	47.2	32.2	34.9	43.0	47.3	51.3	63.3	43.3	46.9	57.7
30	35.2	38.2	47.2	32.2	34.9	43.0	49.3	53.5	66.0	45.1	48.9	60.2
35	36.7	39.9	49.2	33.6	36.4	44.8	50.8	55.1	68.1	46.5	50.4	62.0
40	38.2	41.5	51.2	35.0	37.9	46.7	52.3	56.8	70.1	47.9	51.9	63.9
45	39.5	42.9	52.9	36.2	39.2	48.2	53.6	58.1	71.8	49.1	53.1	65.4
50	40.8	44.2	54.6	37.3	40.4	49.7	54.9	59.5	73.5	50.2	54.4	66.9
55	41.8	45.3	55.9	38.2	41.4	51.0	55.9	60.6	74.8	51.1	55.4	68.2
60	42.8	46.4	57.3	39.2	42.4	52.2	56.9	61.7	76.1	52.0	56.4	69.4
* 65	43.8	47.5	58.6	40.1	43.4	53.4	57.9	62.8	77.5	53.0	57.4	70.6
* 70	44.8	48.6	60.0	41.0	44.4	54.7	58.9	63.9	78.8	53.9	58.4	71.9
* 75	45.8	49.7	61.3	41.9	45.4	55.9	59.9	65.0	80.2	54.8	59.4	73.1
* 80	46.8	50.8	62.7	42.8	46.4	57.1	60.9	66.1	81.5	55.7	60.4	74.3
* 85	47.6	51.6	63.7	43.5	47.2	58.0	61.6	66.9	82.5	56.4	61.1	75.2
* 89	48.0	52.1	64.3	43.9	47.8	58.6	62.1	67.4	83.2	56.8	61.6	75.8

NOTE: ALL DESIGN LOADS ARE IN POUNDS PER SQUARE FOOT (PSF)

Benjamin Shore  
 22 Emarita Way  
 Sewalls Point Fl.  
 34996



**NOTES:**

1. PLUS & MINUS SIGNS SIGNIFY PRESSURES ACTING TOWARD & AWAY FROM SURFACES RESPECTFULLY.
2. a = 10% OF LEAST HORIZONTAL DIMENSION OR 0.4H, WHICHEVER IS SMALLER, BUT NOT LESS THAN EITHER 4% OF LEAST HORIZONTAL DIMENSION OR 3 FT.
3. LOADS, POSITIVE & NEGATIVE, ARE TAKEN AT MEAN ROOF HEIGHT (h) & APPLY TO ALL FLOORS.
4. LOADS BETWEEN ELEVATIONS SHOWN IN TABLE MAY BE INTERPOLATED.
5. AT MEAN ROOF HEIGHT (h), 60 ft. < h < 90 ft., PRESSURES HAVE BEEN DETERMINED USING THE SAME METHOD AS FOR 60 ft. & LESS PER ASCE 7-98 SECTION 6.5.12.4.3. THESE PRESSURES ARE ONLY APPLICABLE IF THE HEIGHT TO WIDTH RATIO IS 1 OR LESS (IF THE HEIGHT IS NO MORE THAN 1 TIMES THE MINIMUM BUILDING WIDTH).
6. TABLE VALUES DO NOT CONSIDER EFFECTS FROM TOPOGRAPHIC CONDITIONS & FACTOR Kzt IS TAKEN AS 1.0 (FLAT GRADE). IF TOPOGRAPHIC CONDITIONS ARE NOT FLAT, THE VALUES IN THIS TABLE MUST BE MULTIPLIED BY THE PROPER Kzt FACTOR IN ACCORDANCE WITH ASCE 7-98 SECTION 6.5.7.
7. ALL VALUES IN THIS TABLE CONSIDER A WIND DIRECTIONALITY FACTOR (Kd) OF 0.85 PER ASCE 7-98 TABLE 6-6.

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT

NOV 30 2007

W. W. SCHAEFER ENGINEERING & CONSULTING, P.A.  
 600 SANDTREE DRIVE, SUITE 203B  
 PALM BEACH GARDENS, FL 33403

COPYRIGHT © 2002 3.17  
 WARREN W. SCHAEFER, P.E.  
 STRUCTURAL ENGINEER  
 FLORIDA REG. #PF0044135

Unit No.	Contract No.	Wall pressure inter/zone	Opening Size W x H	Shutter Width	Shutter Height	Shutter Span	Storm Bars Req'd	Anchor Spacing Top Bottom	Header Rein Req'd Y/N	Storm panel Bolted Y/N	Sections
1	2	57.3	44x71	49 7/8	75 1/2	N/A	N/A	15 15	N	N	1
2	1	57.3	20x65	25 7/8	72 1/4	N/A	N/A	6 15	N	N	1
3	3	57.3	40x91	43 7/8	93 3/4	N/A	N/A	6 12	N	N	1
4	4	57.3	80x65	85 7/8	72	N/A	N/A	6 15	N	N	1
5	5	57.3	80x65	85 7/8	72	N/A	N/A	6 15	N	N	1
6	6	57.3	80x65	85 7/8	72	N/A	N/A	6 15	N	N	1
7	7	57.3	80x65	85 7/8	72	N/A	N/A	6 15	N	N	1
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TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY





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)**

Folding Shutter Corp.  
7089 Hemstreet Place  
West Palm Beach, FL 33413

**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:** "Titan" 0.060" Aluminum Storm Panels Shutter

**APPROVAL DOCUMENT:** Drawing No. 94-34, titled "Storm Panel Details", sheets 1 through 6 of 6, prepared by Al-Farooq Corporation, dated June 3, 1994, last revision #H dated November 24, 2003, signed and sealed by Humayoun Farooq, P.E. on November 24, 2003, bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

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

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

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

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

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

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

This NOA revises & renews NOA # 02-0226.04 and consists of this page 1, evidence submitted page(s) as well as approval document mentioned above.

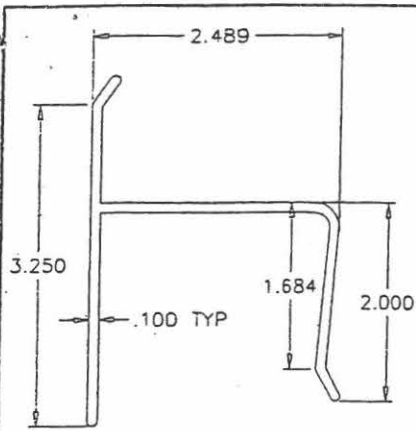
The submitted documentation was reviewed by Helmy A. Makar, P.E.



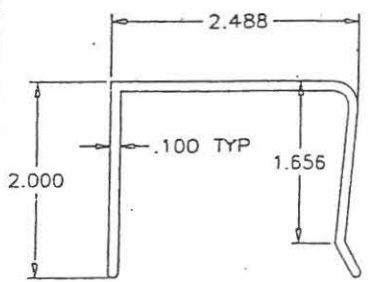
*Helmy A. Makar*  
12/18/03

NOA No 03-0623.01  
Expiration Date: 11/20/ 2008  
Approval Date: 12/18/ 2003  
Page 1

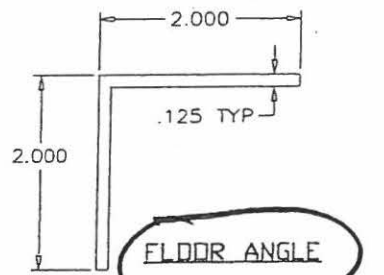




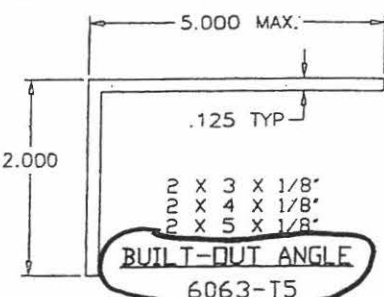
**WALL MOUNT HEADER**  
6063-T5



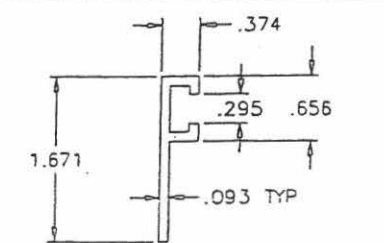
**CEILING MOUNT HEADER**  
6063-T5



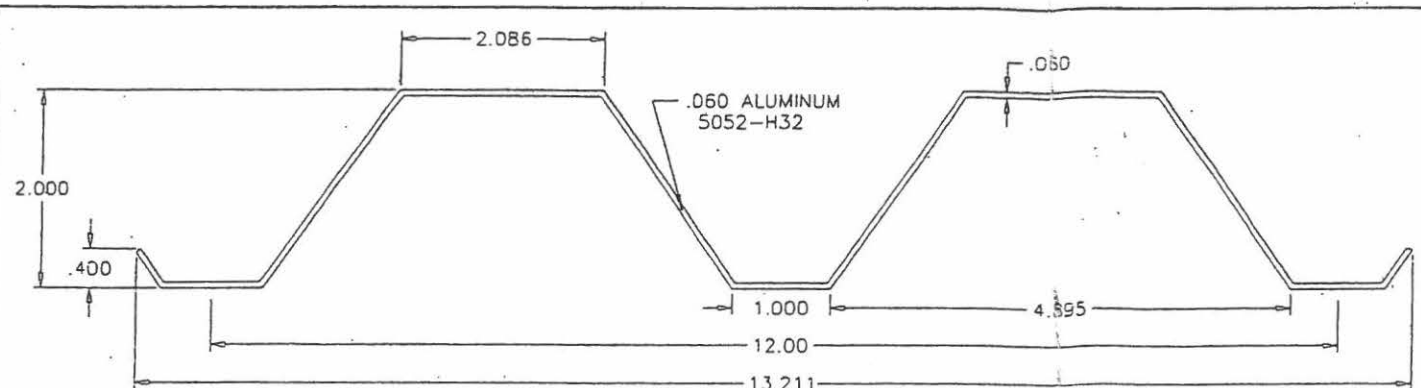
**FLOOR ANGLE**  
6063-T5



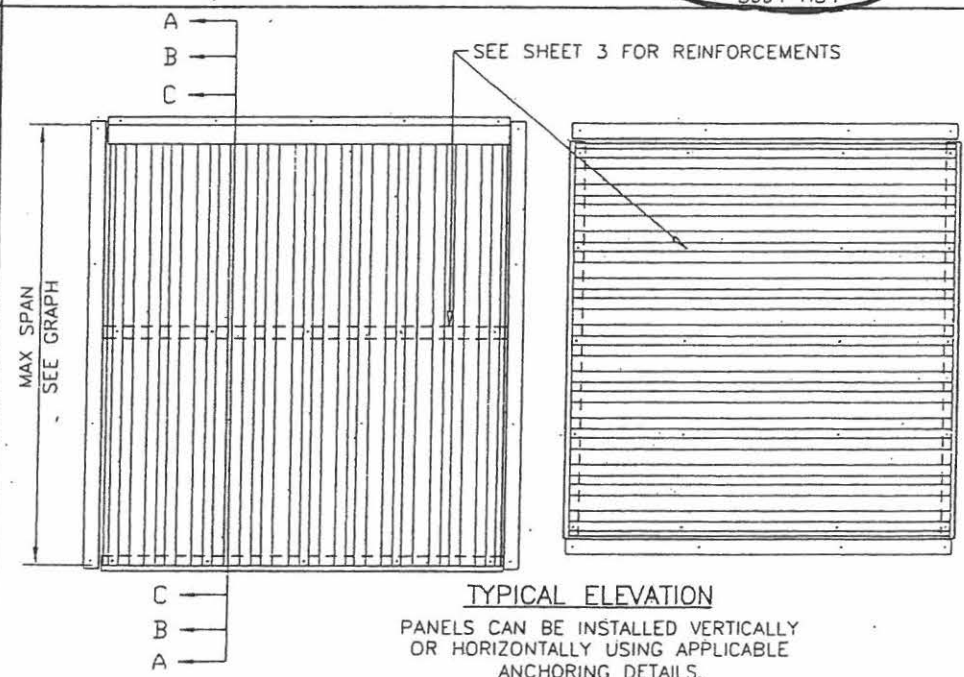
**BUILT-OUT ANGLE**  
6063-T5



**F-TRACK**  
6063-T6

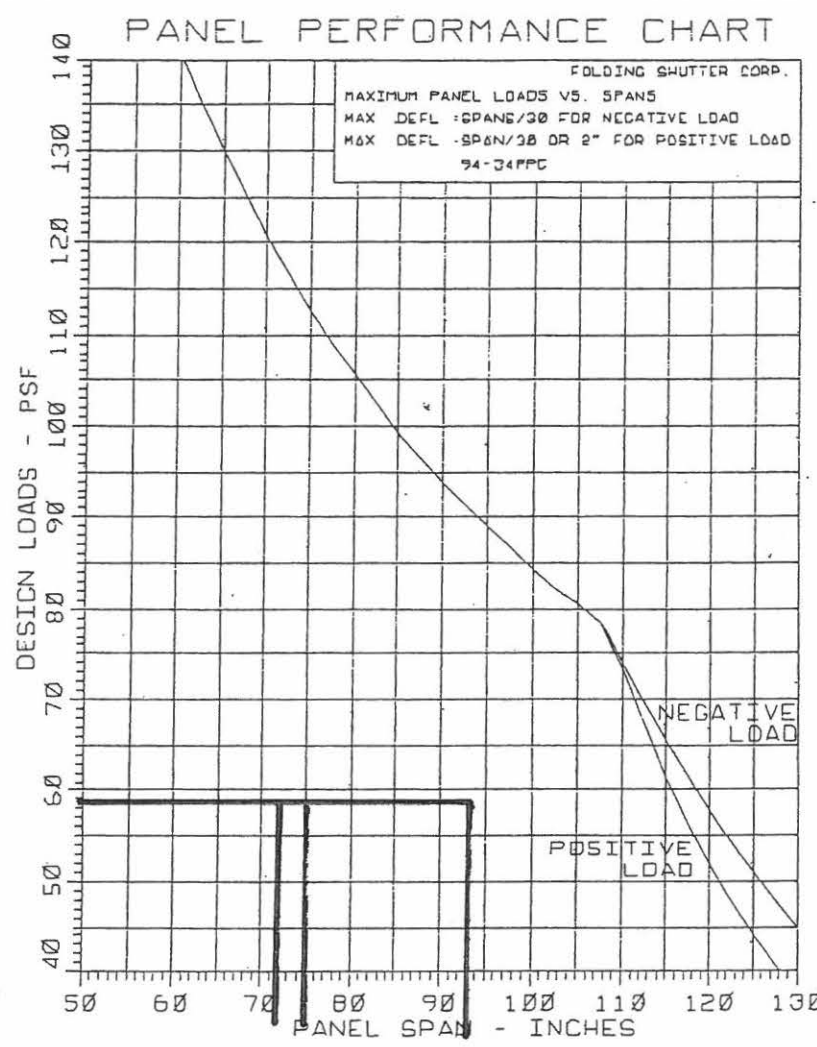
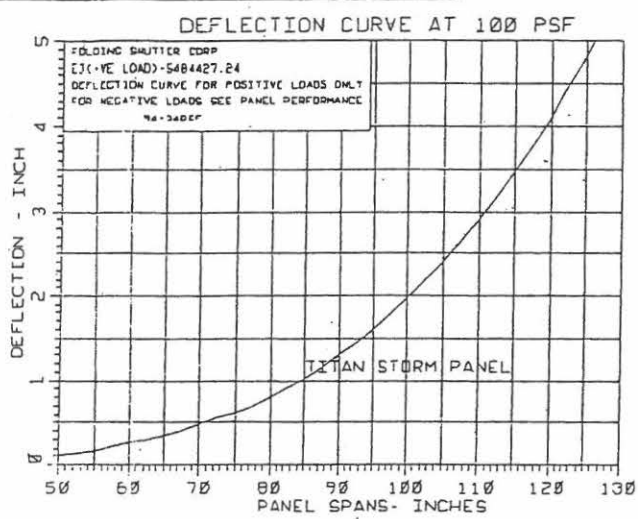


**ALUMINUM PANEL**  
5052-H32  
OR  
3004-H34



**GENERAL NOTES**

- THIS PRODUCT IS DESIGNED TO COMPLY WITH THE HIGH VELOCITY HURRICANE ZONE OF THE 2001 FLORIDA BUILDING CODE.
- DESIGN CRITERIA FOR ALUMINUM, MINIMUM MECHANICAL PROPERTIES, AND SAFETY FACTORS ARE IN ACCORDANCE WITH THE "ALUMINUM CONSTRUCTION MANUAL" LATEST EDITION.
- ALUMINUM ALLOYS: ALL EXTRUSIONS SHALL BE ALLOY 6063-T5.
- STEEL SURFACES TO BE PLACED IN CONTACT WITH ALUMINUM SHALL BE GIVEN ONE COAT OF ZINC CHROMATE PRIMER IN ACCORDANCE WITH FEDERAL SPEC. NO. TTP-645, OR BE GALVANIZED.
- ANCHORS SHALL BE AS LISTED, SPACED AS SHOWN ON DETAILS. ANCHOR EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO.
- ALL BOLTS SHALL BE STAINLESS STEEL, ALUMINUM ALLOY 2024-T4 OR 7075-T6. WING NUTS SHALL BE OF ZINC ALLOY.
- DESIGN CRITERIA FOR PANELS: MAX DEFLECTION  $\leq L/30$  FOR NEGATIVE LOAD AND THE LESSER OF  $L/30$  OR 2" FOR POSITIVE LOAD.
- ANCHORING OR LOADING CONDITIONS OTHER THAN THOSE SHOWN IN THESE DETAILS ARE NOT PART OF THIS APPROVAL.
- EXISTING STRUCTURES MUST BE CAPABLE OF SUSTAINING LOADS IMPOSED BY SHUTTER.
- EACH OPENING SHALL HAVE A LEGIBLE AND READILY VISIBLE DECAL OF PRINTED INSTRUCTIONS TO THE OWNER OR TENANT INDICATING THE MANDATORY USE OF REINFORCEMENTS (ALUMINUM STRAP AT MIDSPAN OR ROWS OF JACK NUTS AT LAP JOINTS) DURING PERIODS OF HURRICANE WARNING.
- A 33% INCREASE IN ALLOWABLE STRESS WAS USED IN DESIGN OF ANCHOR SPACING.



USE PANEL PERFORMANCE CHART TO VERIFY PANEL CAPACITY FOR THE REQUIRED DESIGN LOAD FOR THE PARTICULAR LOCATION. USE SPAN DEFLECTION CHART TO CALCULATE SEPARATION FROM GLASS.

SEPARATION REQD. DUE TO WIND LOAD		SEPARATION FOR INSTALLATIONS UPTO 30 FT. OF GRADE DUE TO LARGE MISSILE IMPACT	
SHUTTER SPAN = H =	IN.	PANEL SPAN UPTO	SEPARATION
DESIGN LOAD = Pd =	PSF	65"	2-3/8"
FACTOR = K = Pd/100 =	IN.	97"	2-5/8"
READING FROM SPAN D. CURVE = D =	IN.	98"	3" *
DEFLECTION AT Pd = K*D =	IN.	130"	3-1/2"
MIN. SEPARATION REQD. = K*D+1" =	IN.		

FOR INSTALLATIONS UPTO 30' OF GRADE USE MAXIMUM OF WIND LOAD OR IMPACT LOAD REQUIREMENTS SHOWN ABOVE. FOR INSTALLATIONS ABOVE 30' OF GRADE IGNORE LARGE MISSILE IMPACT REQUIREMENT. NOTE: NO PART OF SHUTTER SHALL BE UNDER 30' ABOVE GRADE TO WAIVE LARGE MISSILE IMPACT REQUIREMENT. \* FOR BUILT-OUT WITH 2X5 ANGLE ONLY

**PRODUCT MARKING**

A LABEL SHALL APPEAR ON EVERY PANEL WITH THE FOLLOWING STATEMENT.  
FOLDING SHUTTER CORP. WEST PALM BEACH, FL  
"MIAMI-DADE COUNTY PRODUCT CONTROL APPROVED"

DESIGN LOADS SHALL BE CALCULATED AS PER REQUIREMENTS OF ASCE 7-98 AS REQUIRED BY BUILDING CODE.

FOR INSTALLATION DETAILS SEE SHEET 2, 3 & 4.  
FOR ANCHOR REQUIREMENTS SEE SHEET 5 OF 6.

Engr: DR. HUMAYOUN FAROOQ  
STRUCTURES  
FLA. PE # 16557  
C.A.N. 3538  
NOV 24 2003

**PRODUCT REVISED**  
as complying with the Florida Building Code  
Acceptance No 03-0623.01  
Expiration Date 11/20/2008  
By: Helmy A. Helmy  
Miami Dade Product Control Division

**AL-FAROOQ CORPORATION**  
ENGINEERS, PLANNERS & PRODUCT DESIGN  
1235 SW 87 AVE.  
MIAMI, FLORIDA 33174  
TEL. (305) 264-8100. FAX. (305) 262-6978

**STORM PANEL DETAILS**  
FOLDING SHUTTER CORP.  
7089 HEMSTREET PLACE  
WEST PALM BEACH, FL 33406  
TEL.(561) 683-4811 FAX.(561) 640-8204

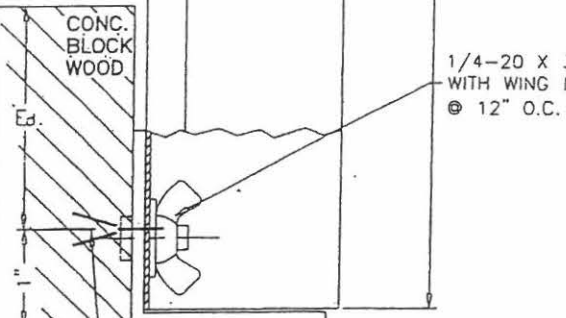
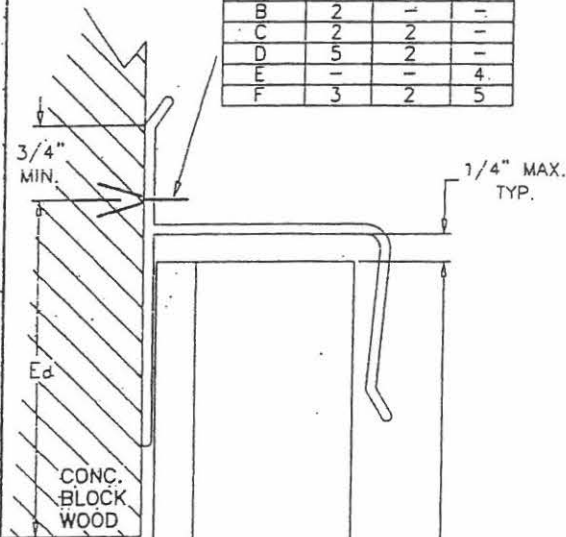
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D	10.15.97	GENERAL REVISION
E	07.27.98	GENERAL REVISION
F	06.09.00	ALT. ALUM ALLOY ADDED
G	04.14.03	UPDATED FOR FBC & NDS 97
H	11.24.03	REV. PER BCCD COMMENTS

date: 06-03-94  
scale: 1/2" = 1"  
dr. by: HAMID  
chk. by:

drawing no.  
**94-34**  
sheet 1 of 6

WALL MOUNTS

ANCHOR TYPE	CHART TO USE		
	CONC.	BLOCK	WOOD
A	5	2	-
B	2	-	-
C	2	2	-
D	5	2	-
E	-	-	4
F	3	2	5

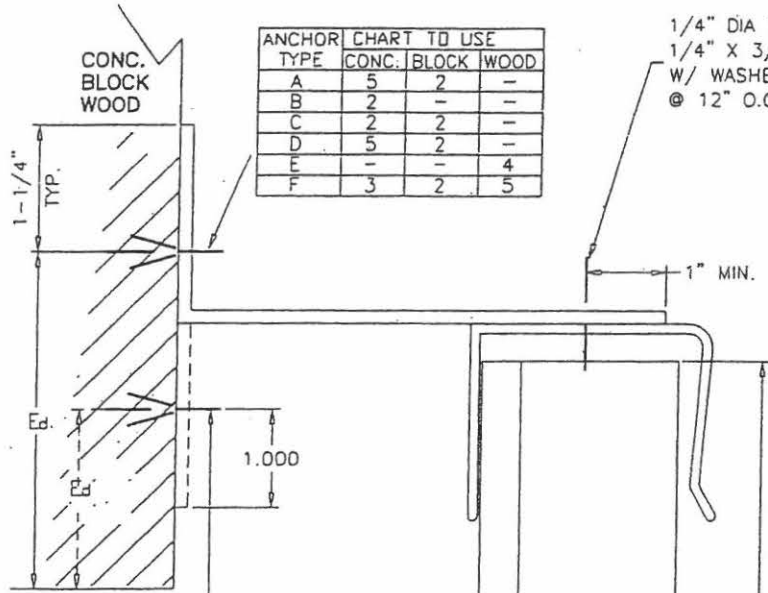


ANCHOR TYPE	CHART TO USE		
	CONC.	BLOCK	WOOD
A	8	5	-
B	5	-	-
C	5	5	-
D	8	5	-
E	-	-	7
F	6	4	7

SECTION A-A

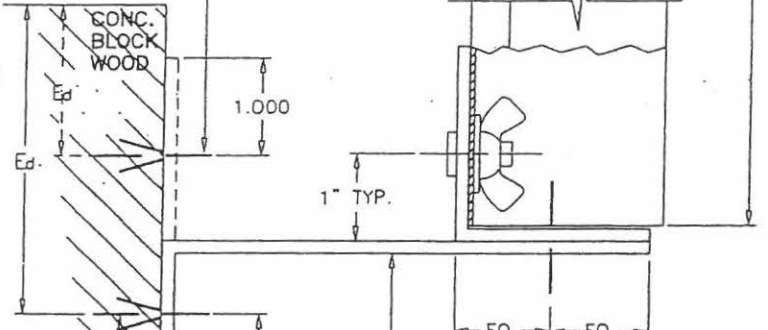
BUILT-OUT CONDITION

ANCHOR TYPE	CHART TO USE		
	CONC.	BLOCK	WOOD
A	5	2	-
B	2	-	-
C	2	2	-
D	5	2	-
E	-	-	4
F	3	2	5



ANCHOR TYPE	CHART TO USE		
	CONC.	BLOCK	WOOD
A	5	2	-
B	2	-	-
C	2	2	-
D	5	2	-
E	-	-	4
F	4	2	5

ANCHOR TYPE	CHART TO USE		
	CONC.	BLOCK	WOOD
A	5	5	-
B	5	5	-
C	5	5	-
D	5	5	-
E	-	-	7
F	7	5	8

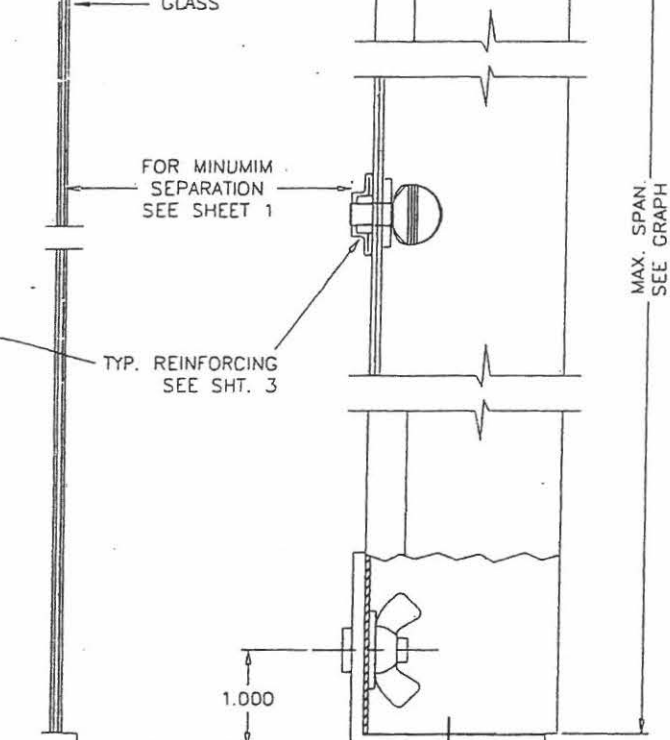
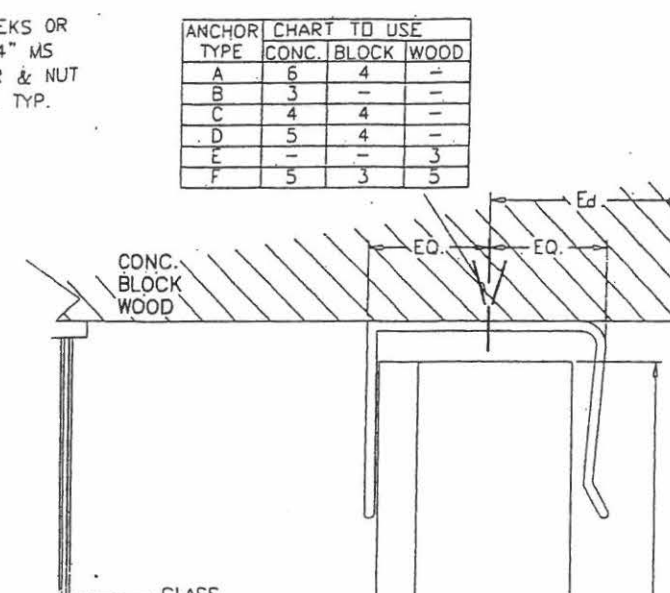


ANCHOR TYPE	CHART TO USE		
	CONC.	BLOCK	WOOD
A	7	5	-
B	5	-	-
C	5	4	-
D	7	5	-
E	-	-	6
F	5	4	7

SECTION B-B

INSIDE MOUNTS

ANCHOR TYPE	CHART TO USE		
	CONC.	BLOCK	WOOD
A	6	4	-
B	3	-	-
C	4	4	-
D	5	4	-
E	-	-	3
F	5	3	5

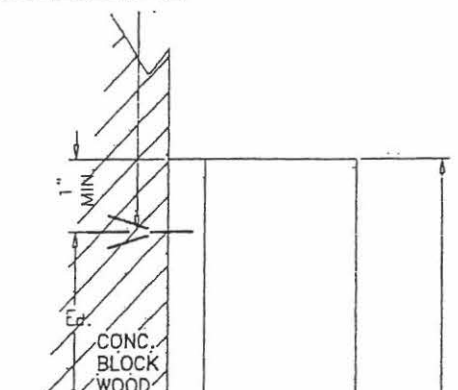


ANCHOR TYPE	CHART TO USE		
	CONC.	BLOCK	WOOD
A	7	5	-
B	3	-	-
C	5	5	-
D	5	5	-
E	-	-	4
F	6	4	5

SECTION C-C

DIRECT MOUNTS

ANCHOR TYPE	CHART TO USE		
	CONC.	BLOCK	WOOD
D	10	6	-
F	8	6	9



ANCHOR TYPE	CHART TO USE		
	CONC.	BLOCK	WOOD
A	7	4	-
B	4	-	-
C	5	4	-
D	7	4	-
E	-	-	6
F	5	4	7

1/4-20 X 3/4" BOLTS WITH WING NUT @ 12" O.C. TYP.

SECTION D-D

HEADER AND SILL DETAILS CAN BE USED IN ANY COMBINATIONS.

ANCHORS: EMBEDMENT & EDGE DISTANCES SHOWN ARE BEYOND THE WALL & FLOOR COVERING (STUCCO, TILES, ETC.)

Ed = TYPICAL EDGE DISTANCE  
CONC. & BLOCK = 12d (12 ANCHOR DIAMETERS)  
WOOD = 5d  
FOR LESSER EDGE DISTANCES SEE SHEET 5 OF 6.

FOR GENERAL NOTES AND EXTRUSION DETAILS SEE SHEET 1 OF 6.

Eng: DR. HUMAYOUN FAROOQ  
STRUCTURES  
FLA. PE # 16557  
C.A.N. 3538

NOV 24 2003

PRODUCT REVISED  
as complying with the Florida  
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By Helmy A. M...  
Miami Dade Product Control  
Division

**AL-FAROOQ CORPORATION**  
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**STORM PANEL DETAILS**  
FOLDING SHUTTER CORP.  
7089 HEMSTREET PLACE  
WEST PALM BEACH, FL 33406  
TEL.(561) 683-4811 FAX.(561) 640-8204

no	date	description	by	ANCHOR CHARTS REV.	REV. PER BCCO COMMENTS
G	04.14.03	H	H	H	
H	11.24.03	H	H	H	

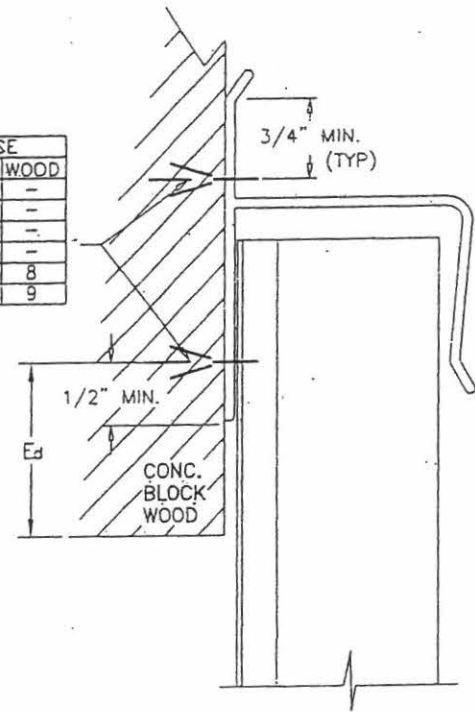
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scale: 1/2" = 1"  
dr. by: HAMID  
chk. by:

drawing no.  
**94-34**  
sheet 2 of 6

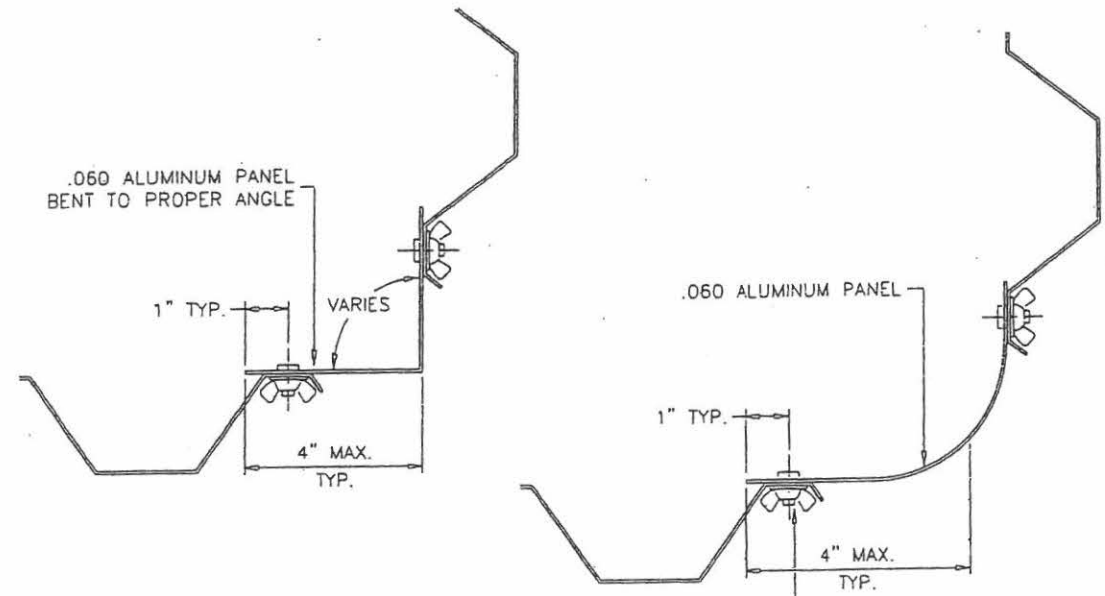
PANELS 94-34FSC



ANCHOR TYPE	CHART TO USE		
	CONC.	BLOCK	WOOD
A	10	7	-
B	7	-	-
C	7	7	-
D	10	7	-
E	-	-	8
F	8	6	9

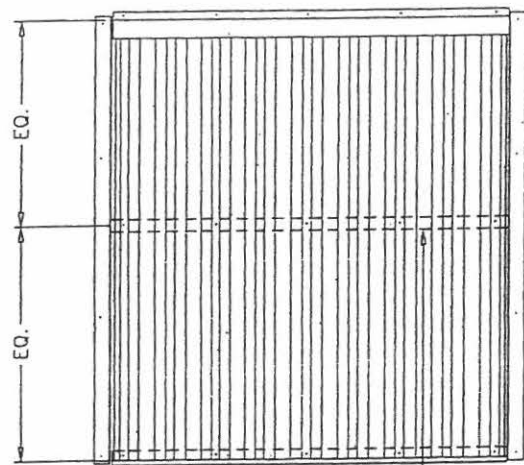


ALT. WALL HEADER

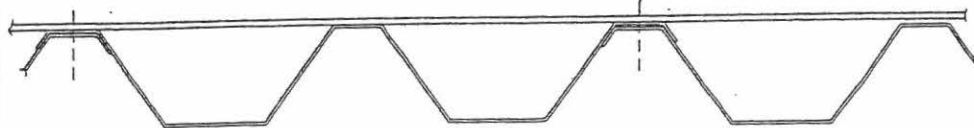


CORNER DETAILS

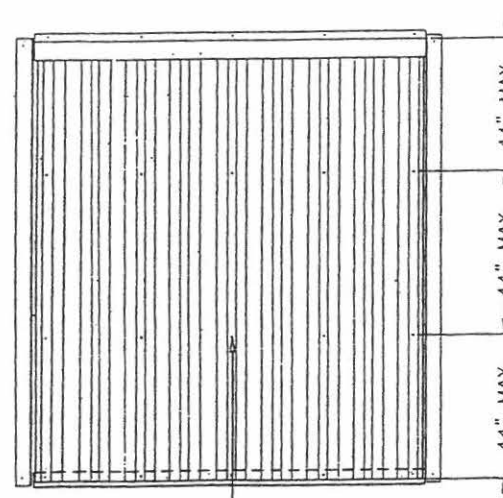
1/4"  $\phi$  X 1/2" THUMB SCREWS IN MOLLY JACK NUTS @ 24" O.C.



1-1/2" X 1/8" ALUM. STRAP (6063-T6) AT MID SPAN FASTENED W/ 1/4"-20 X 3/4" STUDS W/ WING NUT & WASHER @ 12" O.C.



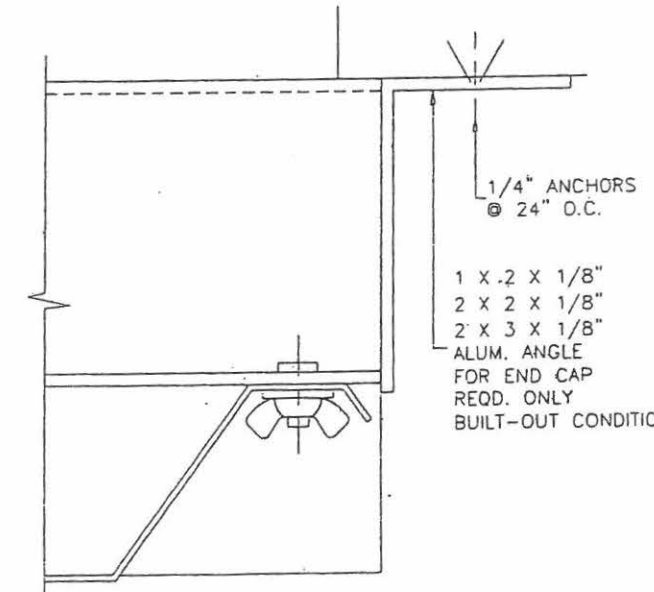
STRAP REINFORCEMENT



1/4" MACHINE SCREWS WITH WASHERS IN JACK NUTS AT LAP JOINTS



JACK NUTS REINFORCEMENT



END CAP BUILT-OUT CONDITION

1/4" ANCHORS @ 24" O.C.

1 X .2 X 1/8"  
2 X 2 X 1/8"  
2 X 3 X 1/8"  
ALUM. ANGLE  
FOR END CAP  
REDD. ONLY  
BUILT-OUT CONDITION

PRODUCT REVISED as complying with the Florida Building Code  
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By *Delany A. Miller*  
Miami Dade Product Control Division

Engr. DR. HUMAYOUN FAROOD  
STRUCTURES  
FLA. PE # 16557  
C.A.N. 353B

NOV 24 2003

ALFC

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no	date	by	description
C	04.14.03	H	ANCHOR CHARTS REV.
H	11.24.03	H	NO CHANGE THIS SHEET

date: 06-03-94  
scale: 1/2" = 1"  
dr. by: HAMID  
chk. by:

drawing no.  
94-34

sheet 3 of 6

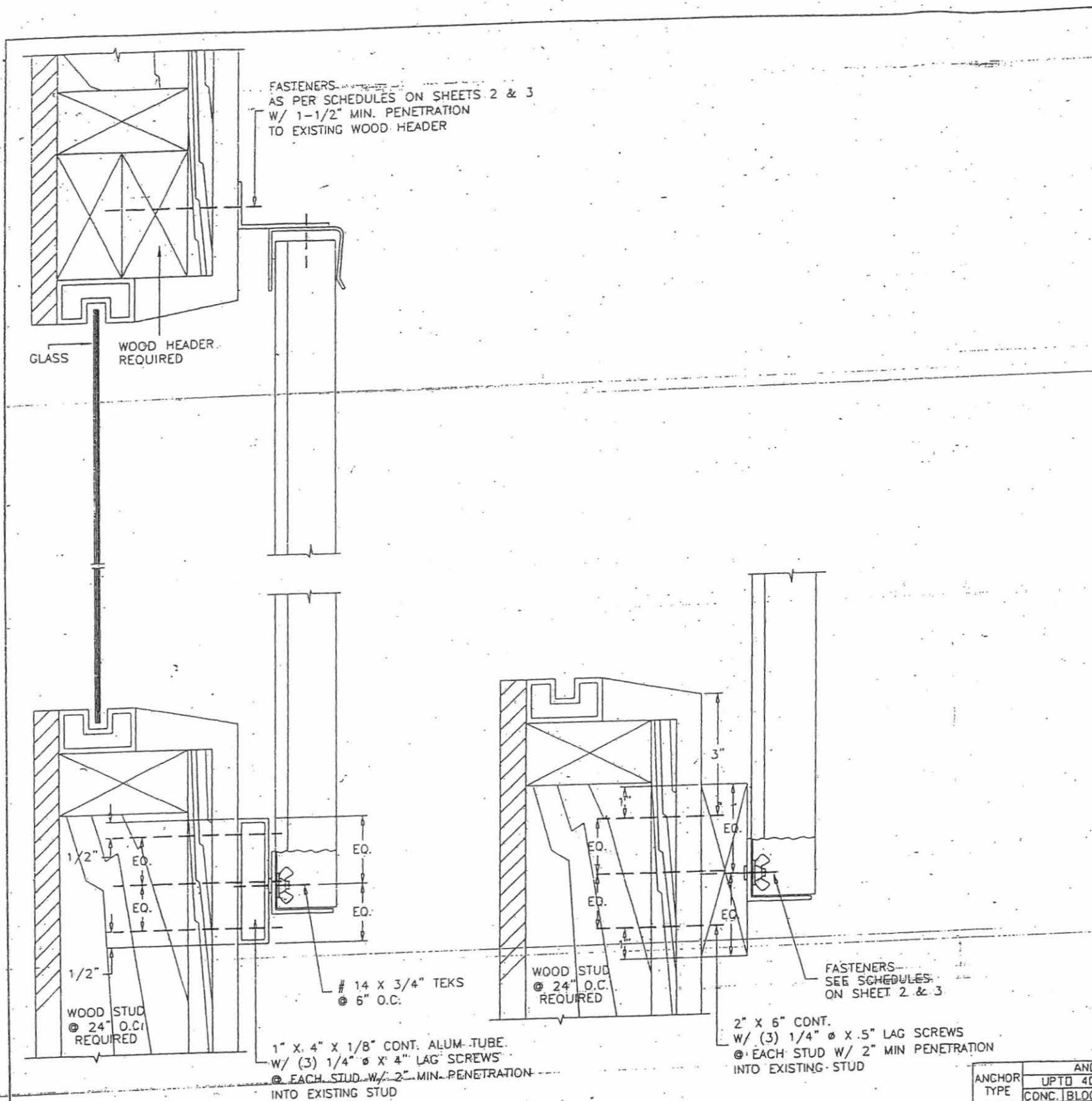
PANELS\94-34FSC



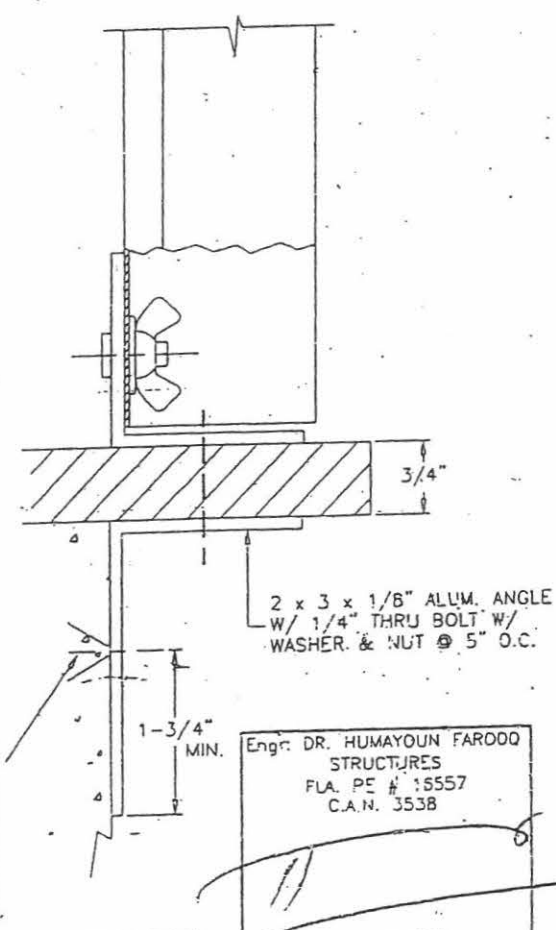
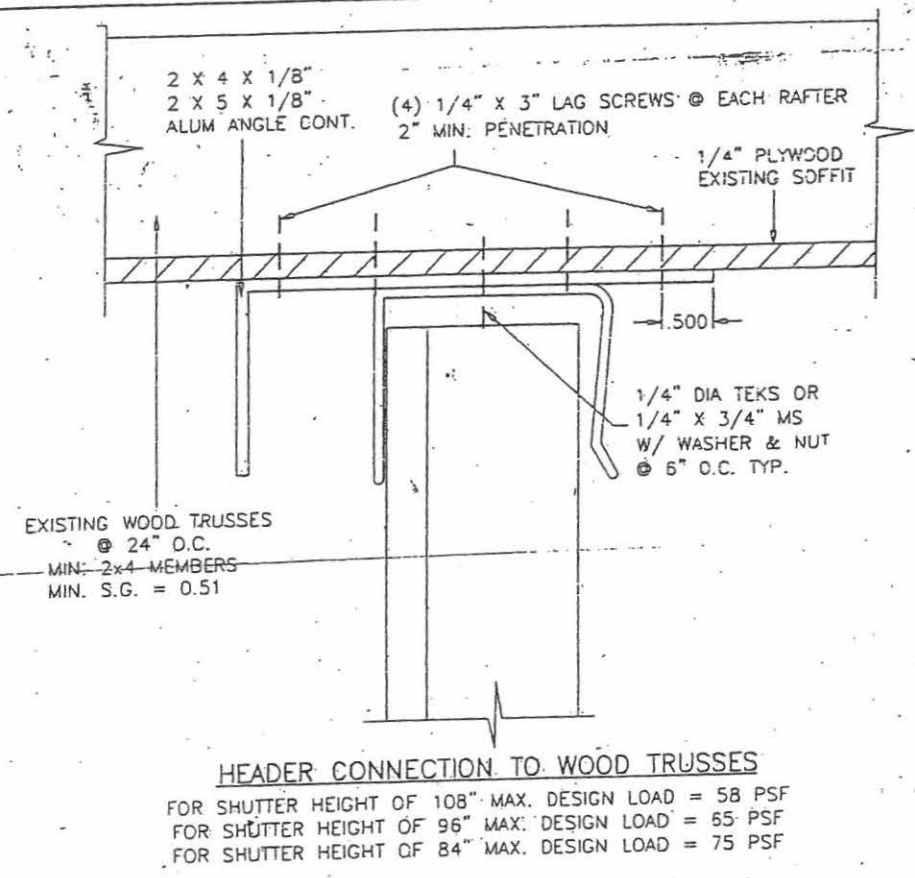
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G	04.14.03	ANCHOR CHARTS REV.	H
H	11.24.03	NO CHANGE THIS SHEET	H

date: 06-03-94  
 scale: 1/2" = 1"  
 dr. by: HAMID  
 chk. by:

drawing no.  
**94-34**  
 sheet 4 of 6



**INSTALLATION DETAIL ON EXISTING WOOD BUCKS** SCALE: 1/4"=1"  
 FOR SHUTTER HEIGHT OF 108" MAX. DESIGN LOAD = 134.0 PSF  
 FOR SHUTTER HEIGHT OF 96" MAX. DESIGN LOAD = 140.0 PSF  
 FOR HEADER/SILL DETAILS CONNECTED TO CONTINUOUS WOOD MEMBERS SEE SHEETS 2 & 3.

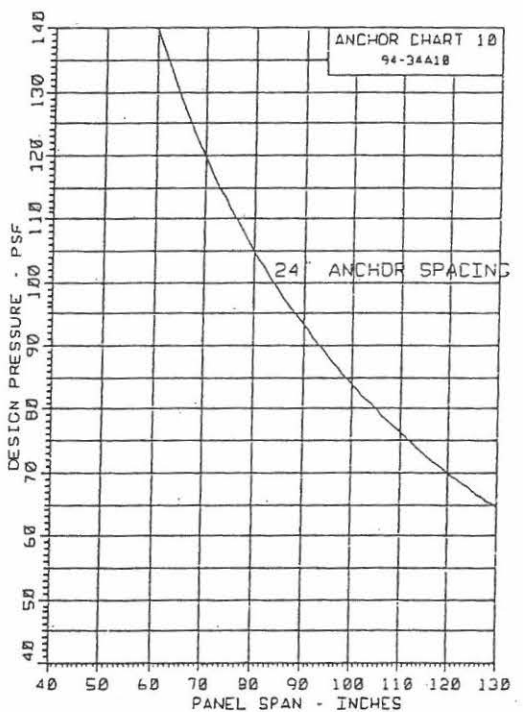
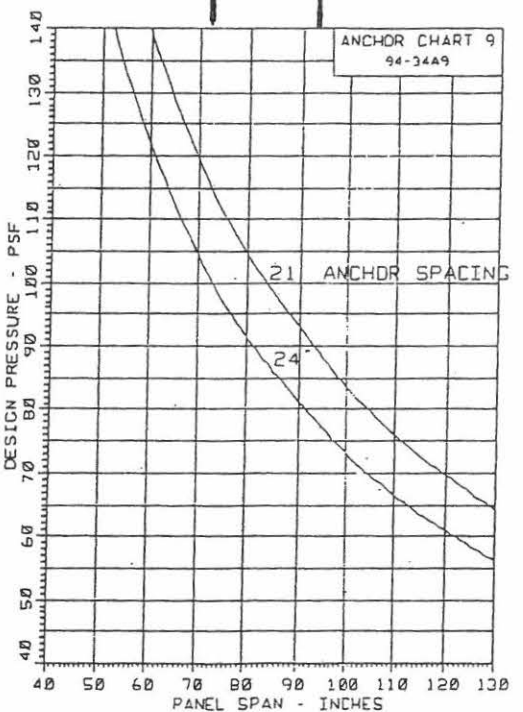
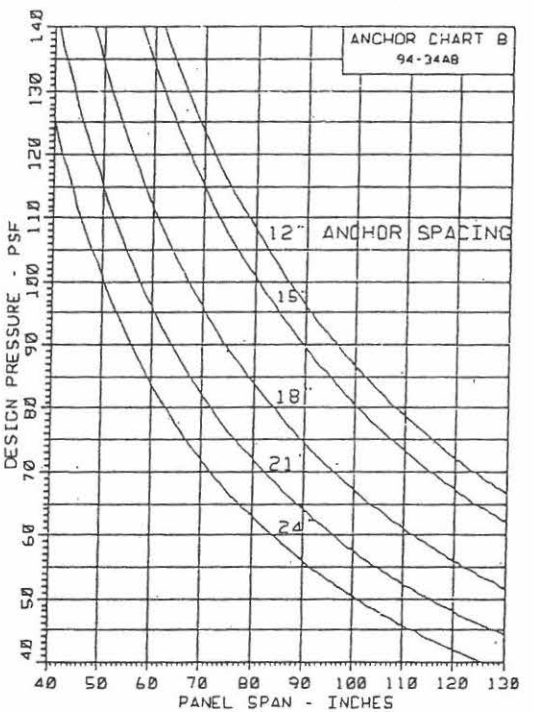
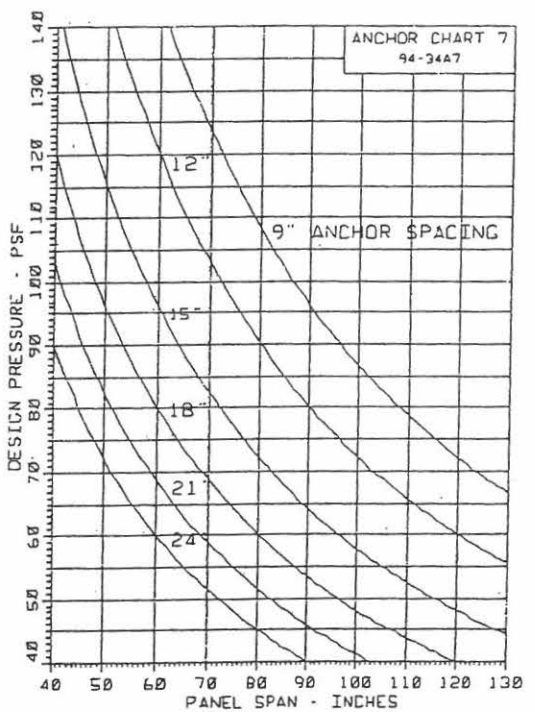
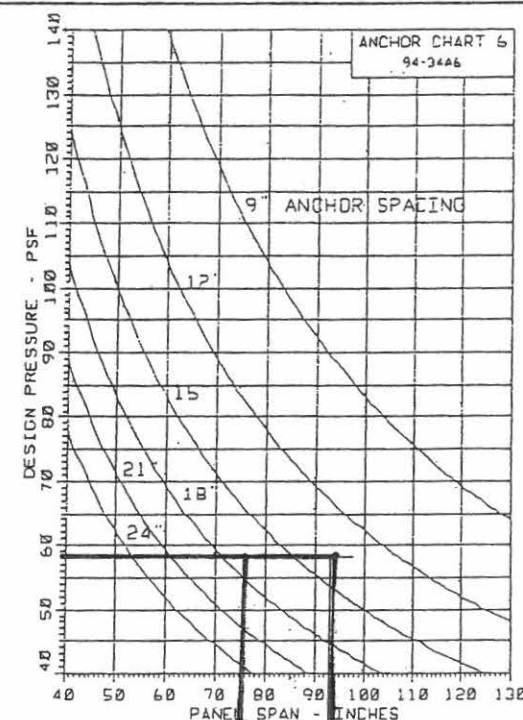
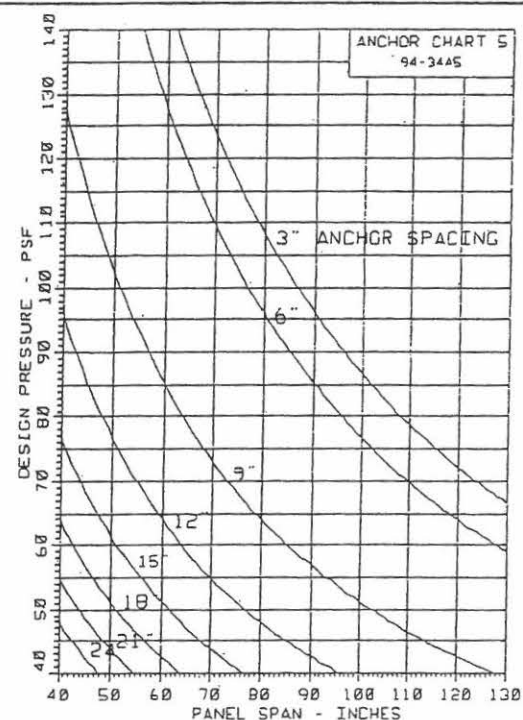
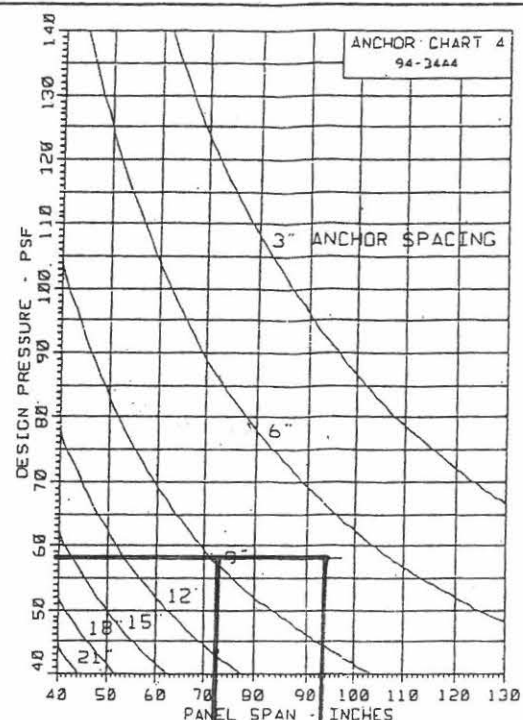
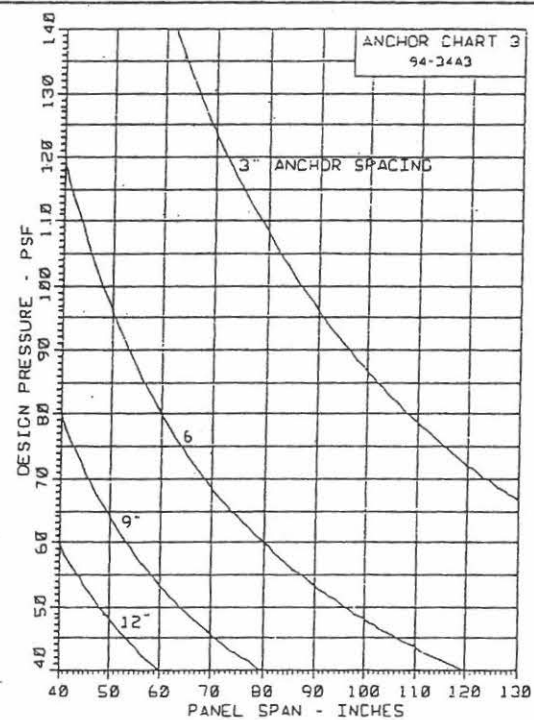
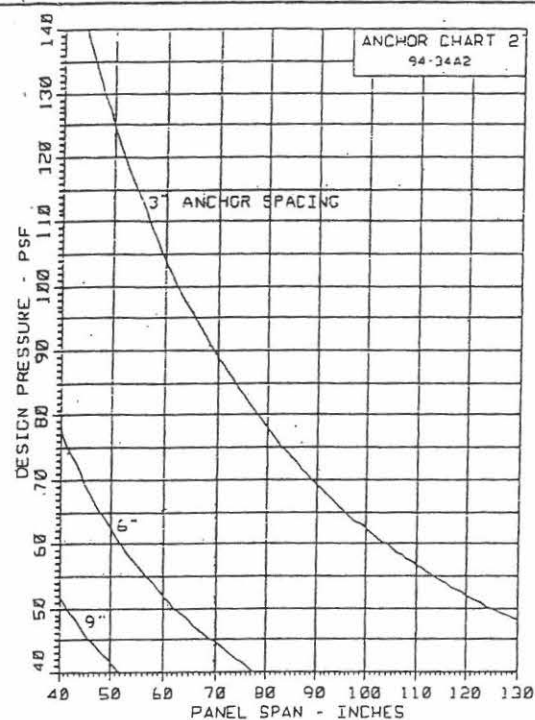


**COUNTER TOP CONDITION**  
 (PASS THRU WINDOW)  
 MAX SHUTTER HEIGHT = 6 FT.

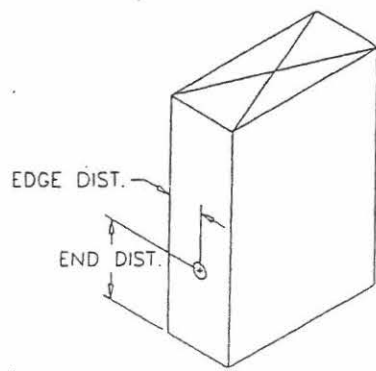
NOV 24 2003

ANCHOR TYPE	ANCHOR SPACING INCHES					
	UPTD 40 PSF			UPTD 70 PSF		
	CONC.	BLOCK	WOOD	CONC.	BLOCK	WOOD
A	24	14.5	-	18.3	8.3	-
B	14.9	-	-	8.5	-	-
C	16.6	13.8	-	9.5	7.9	-
D	24	14.6	-	19.9	8.3	-
E	-	-	24	-	-	18.5
F	13.9	8.3	24	8	4.8	21.8

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 By *Helmy A. M. M.*  
 Miami Dade Product Control Division



FASTENER SPACING IN MASONRY					
CHARTS ARE BASED ON TYPICAL EDGE DISTANCE = 12d. FOR LESSER EDGE DISTANCE DECREASE SPACING BY MULTIPLYING WITH THE FACTOR BELOW					
EDGE DIST.	12d=3"	10d=2-1/2"	8d=2"	6d=1-1/2"	5d=1-1/4"
FACTOR	1.00	0.86	0.71	0.57	0.50
EXAMPLE: FOR 3" EDGE DIST. SPACING = 12" O.C. (FROM CHART) FOR 2" EDGE DIST. SPACING = 12 X .71 = 8.5 O.C.					



**TYPICAL ANCHORS**

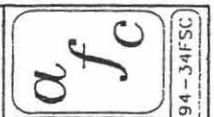
- ANCHOR (A) = 1/4" DIA. TAPCONS (ELCO TEXTRON)  
1-3/4" EMBEDMENT INTO 3000 PSI CONC.  
1-1/4" EMBEDMENT INTO C-90 BLOCK
- ANCHOR (B) = #14 S.M.S. W/ 'POWERS' SCRU-LEAD  
1-1/2" EMBEDMENT INTO 3000 PSI CONC.
- ANCHOR (C) = 1/4" x 1-1/4" 'POWERS' ZAMAC NAILIN.  
1" EMBEDMENT TO CONCRETE OR BLOCK
- ANCHOR (D) = 1/4" 'POWERS' CALK-IN. STAR TAMPIN OR EQUAL  
7/8" MIN. EMBED INTO CONC. OR BLOCK
- ANCHOR (E) = #14 SMS  
1-1/2" MIN PENETRATION INTO WOOD (S.G.=0.55)
- ANCHOR (F) = 1/4" DIA. PANELMATE ANCHORS (ELCO-TEXTRON)  
1-7/8" EMBEDMENT TO CONC.  
1-1/4" EMBEDMENT TO BLOCK  
1-7/8" MIN PENETRATION INTO WOOD (S.G.=0.55)

USE CHARTS 2 THRU 10 TO VERIFY ANCHOR REQUIREMENTS AND STRESS LIMITATIONS OF LOAD/SPAN COMBINATIONS FOR HEADER AND SILL.

NOTE: ANCHORS, USE FULL EMBEDMENT IN CONCRETE BEYOND THE COVERING (STUCCO, TILES, ETC.)

Engr. DR. HUMAYOUN FAROOQ  
STRUCTURES  
FLA. PE # 16557  
C.A.N. 3538  
NOV 24 2003

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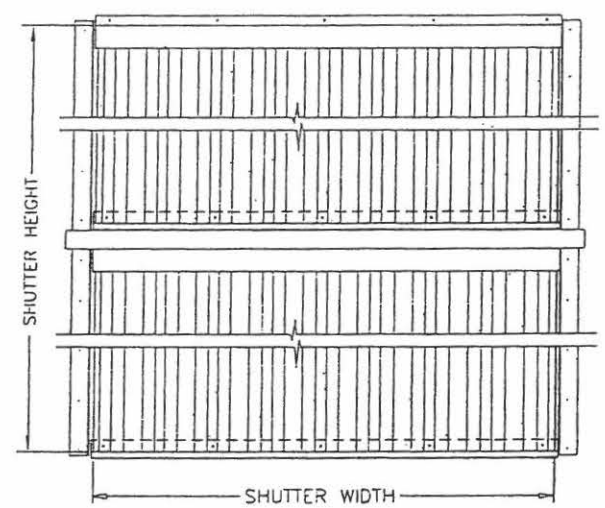
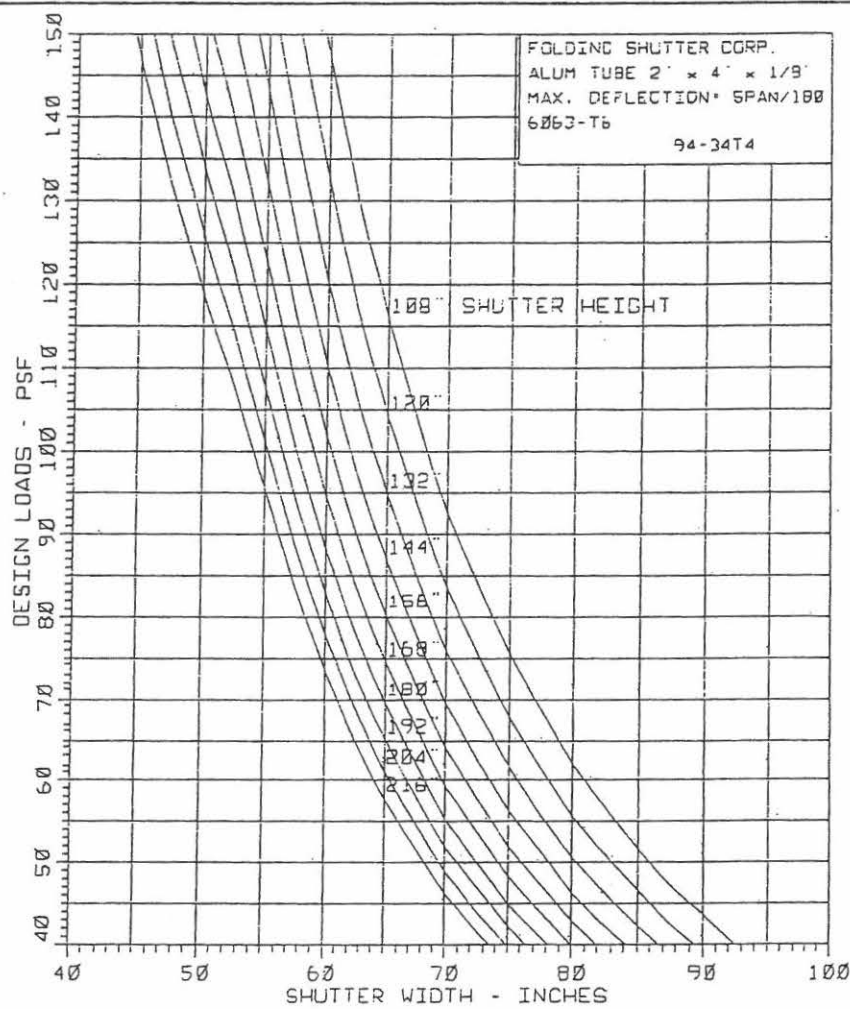
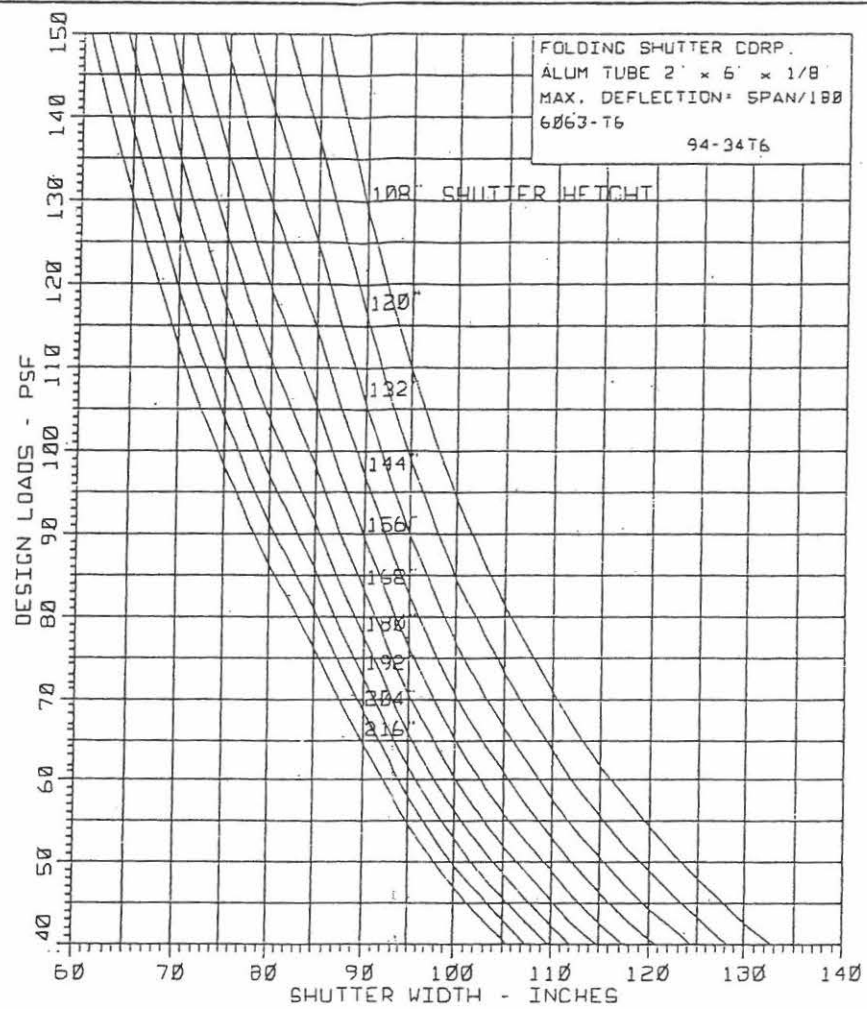
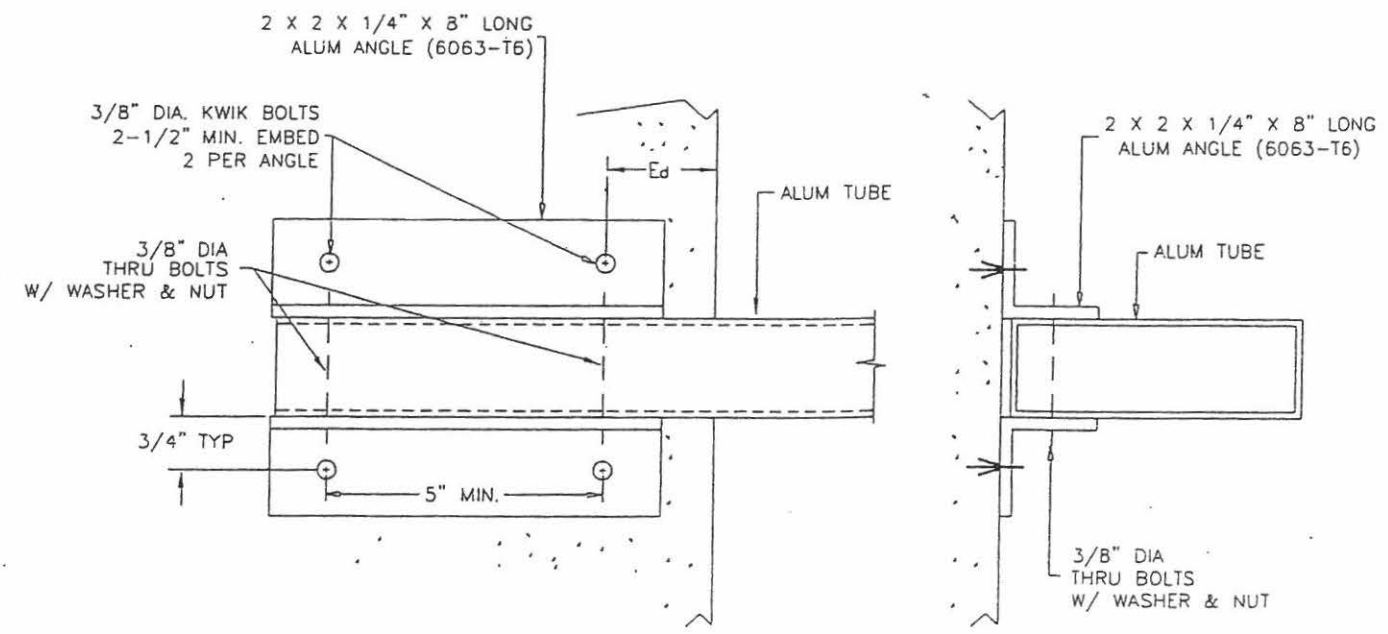
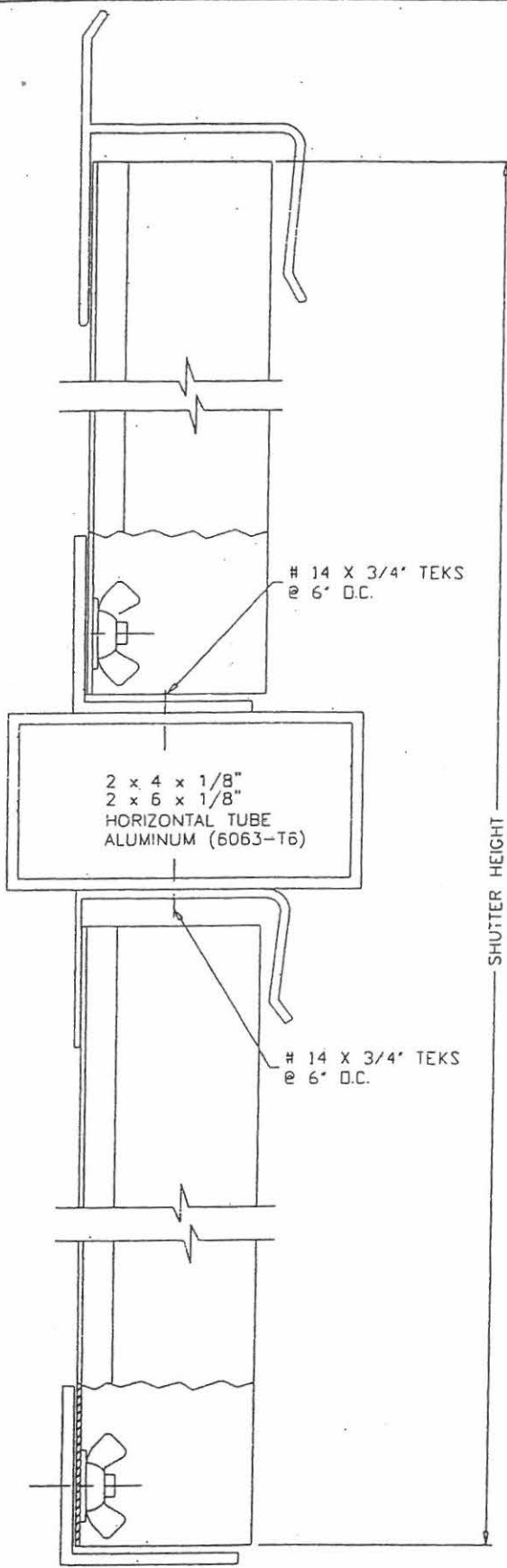
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G	04.14.03	ANCHOR REV.
H	11.24.03	NO CHANGE THIS SHEET

date: 06-03-94  
scale: 1/2" = 1"  
dr. by: HAMID  
chk. by:

drawing no.  
**94-34**

PANELS 94-34FSC





TUBES MAY BE USED VERTICALLY FOR HORIZONTAL PANEL INSTALLATION.

Engr. DR. HUNGYOUN FAROOD  
STRUCTURES  
FLA. P.E. # 16557  
C.A.N. 3538

NOV 24 2003

PRODUCT REVISED  
as complying with the Florida  
Building Code  
Acceptance No 03-0623-01  
Expiration Date 11/20/2009

By *Hamid*  
Miami Dade Product Control  
Division

FOR HEAD & SILL COMBINATIONS  
SEE TYPICAL DETAILS AND SCHEDULES  
END CLOSURE ANGLE REQ. ONLY ON BUILT-OUT CONDITION.

SCALE: 1/4"=1"

**afc**

**AL-FAROOQ CORPORATION**  
ENGINEERS, PLANNERS & PRODUCT DESIGN  
1235 SW 87 AVE  
MIAMI, FLORIDA 33174  
TEL. (305) 264-8100 FAX. (305) 262-6978  
PANELS 94-34FSC

**STORM PANEL DETAILS**  
FOLDING SHUTTER CORP.  
7089 HEMSTREET PLACE  
WEST PALM BEACH, FL 33406  
TEL.(561) 683-4811 FAX.(561) 640-8704

no	date	description	by
G	04.14.03	NO CHANGE THIS SHEET	
H	11.24.03	NO CHANGE THIS SHEET	

revisions:

date: 06-03-94  
scale: 1/2" = 1"  
dr. by: HAMID  
chk. by:

drawing no. 94-34  
sheet 2 of 2



PRODUCTS MANUFACTURED  
Titan Folding Shutters  
Roll-A-Flex Rolling Shutters  
Nassau Bahama Shutters  
Cape Cod Colonial Shutters  
Titan Removable Storm Panels



Ft. Lauderdale to  
Delray Beach  
(954) 427-8009  
Stuart  
(772) 286-2633  
Fax  
(561) 640-8204

"THE INDUSTRY LEADER SINCE 1969"

Job # 09242007009 Shore Residence

**HOMEOWNER'S ASSOCIATION BOARD APPROVAL**

Folding Shutter Corporation requests the approval for the installation of:

- ① Colonial Shutters — white
- ② Storm Panels — Type: alum / mill  
Track Color: white

SHUTTER TYPE

SHUTTER COLOR

Shore

22 Emariya way

Homeowner's Name

Address

Folding Shutter Corporation agrees to install the type and color of hurricane shutters as stated above. Please sign below if the product and color meet with your approval.

Signature of Association or Board Member Only

Title

Printed Name and Title

Date

**\*\* IF THERE IS NO HOMEOWNERS/CONDO OR BOARD APPROVAL NEEDED FOR YOUR RESIDENCE, PLEASE SIGN BELOW AND RETURN TO OUR OFFICE\*\***

Rm  
Homeowner's Signature

Subject to  
Color Choice

Oct 8, 2007  
Date

**FOLDING SHUTTER CORPORATION**

\*\*\*\*\* JOB ACTION NOTIFICATION \*\*\*\*\*

(CIRCLE APPROPRIATE ITEM)

**CHANGE ORDER**

**HOLD**

**CANCELLATION**

**OTHER**

CHARGE BACK YES NO

DATE 11, 07, 07 SALES REP / REQUESTED BY: (WJK)

CUSTOMER: SHORE WORK ORDER # 0929107009

\*\*\* IMPORTANT IF WE NEED TO STOP THE JOB FROM PROGRESSING CALL SCHEDULING IMMEDIATELY !!! \*\*\*

**WHAT PHASE OF PRODUCTION IS THE JOB CURRENTLY IN ?**

(CIRCLE APPROPRIATE ITEM)

MEASURING DRAWING FABRICATION INSTALLATION OTHER (EXPLAIN)

HAS THE PERMIT BEEN APPLIED FOR ? YES NO

WILL THIS CHANGE AFFECT THE PERMIT ? YES NO

WILL THIS CHANGE AFFECT THE HOA APPROVAL ? YES NO

**DETAILED DESCRIPTION OF WHAT NEEDS TO BE DONE**

DELETE OPENINGS # 12 13 14  
07 STORM PANELS  
ADD X 6 OPENINGS  
07 STORM PANELS VERTICAL ME.  
INSTALL 50X60 50X60 50X60 50X60 40X40 40X40  
1/2" ALUMINUM STORM PANELS, 1/2" ALUMINUM STORM PANELS, 1/2" ALUMINUM STORM PANELS, 1/2" ALUMINUM STORM PANELS, 1/2" ALUMINUM STORM PANELS

\* PRODUCT TYPE: 077 **ENTERED**  
\* OPENING #:  
\* OPENING SIZE:  
\* FINISHED SIZE:  
\* QUANTITY: UPRINTING (2000) 1529  
\* \$\$ VALUE:  
\* COLOR:

CUSTOMER SIGNATURE: [Signature] DATE: 11/07/07  
SALES DEPARTMENT APPROVAL: [Signature] DATE: 1/1  
OPERATIONS APPROVAL: [Signature] DATE: 12/13/07

*Dewalls*  
*Paint*

\* US 1133, W. W. S. \*  
11012198 POST #  
08002310  
FOLDING SHUTTER CORPORATION  
COLONIAL SHUTTER SYSTEM  
State Manufacturing Headquarters  
7089 Hemstreet Place • West Palm Beach, Florida 33413-1640  
TELEPHONE  
Stuart  
(772) 286-2633  
Delray to Ft. Lauderdale  
(954) 427-8009  
West Palm Beach  
(561) 683-4811  
FAX: (561) 640-8204

Job # *09212007001*

NAME *Mr. Benjamin D. Stoltz (772) 283-9777*  
BILLING ADDRESS *22 EMALITA WAY STUART, FL 34986*  
CITY STATE ZIP  
JOB ADDRESS *same*  
CITY STATE ZIP

CIRCLE COLOR: White Bronze Other

OPENING NUMBER	WINDOW	ROOM	OPENING SIZE WD X HT	NO. PANELS	FIXED PANELS	SPECIAL	OUTSIDE	INSIDE	STARS	ODD PAN LEFT	ODD PAN RIGHT	ARCH TOP	RAIL CENTER	FINISHED SIZE WD X HT	PRICE
1	X	LIVING	83x70	4	0									83x70	
3	X	LIVING RM.	84x70	4	0									86x72	
4	X	LIVING RM.	84x70	4	0									86x72	
5	X	OFFICE	85x54	4	0									86x56	
6	X	OFFICE	42x54	2	0									44x56	
7	X	OFFICE	41x53	2	0									44x55	
8	X	KITCHEN	42x53	2	0									44x55	
9	X	KITCHEN	83x43	4	0									85x45	
10	X	KITCHEN	42x43	2	0									44x45	
11	X	LIVING RM.	42x43	2	0									44x45	

10 < Total number of openings to be covered. Units are numbered from left to right as viewed from INSIDE  OUTSIDE

FOLDING SHUTTER CORPORATION SHALL FABRICATE AND INSTALL THE ABOVE PURSUANT TO THE TERMS AND CONDITIONS OF THIS AGREEMENT. OUR LIMITED WARRANTY BECOMES A PART OF THIS CONTRACT UPON FINAL PAYMENT AS PROVIDED IN THIS CONTRACT.

**CUSTOMER'S RIGHT TO CANCEL** — This is a home solicitation sale, and if you do not want the goods or services, you may cancel this agreement by providing written notice to the seller in person, by telegram, or by mail. This notice must indicate that you do not want the goods or services and must be delivered or postmarked before midnight of the third business day after you sign this agreement. If you cancel this agreement, the seller may not keep all or part of any cash down payment. CUSTOMER ACKNOWLEDGES READING THE FRONT & BACK SIDES OF THIS AGREEMENT AND AGREES TO BE BOUND BY ALL TERMS AND CONDITIONS AS SET FORTH ON BOTH SIDES.

TOTAL PRICE	\$ 10331	DATE	<i>Feb. 21, 07</i>
DEPOSIT <i>(ck# 267)</i>	\$ 3443	CUSTOMER SIGNATURE	<i>[Signature]</i>
PROGRESS PAYMENT	\$ 3444	FACTORY REPRESENTATIVE SIGNATURE	<i>[Signature]</i>
BALANCE DUE AT INSTALLATION	\$ 3444		

Unless signed by customer, the price quoted can be guaranteed for thirty (30) days only from  
In owner's absence, name and phone number of contact for measuring, installation and payment.  
*Mr. Benjamin D. Stoltz (772) 283-9777*

ALL CHECKS PAYABLE TO FOLDING SHUTTER CORPORATION  
CONTRACT SUBJECT TO ADDITIONAL TERMS ON REVERSE SIDE







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

### HURRICANE SHUTTER INSTALLATION 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 Shutter schedule
- 2 Copies Floor plan sketch showing the location and ID number of each shutter.  
**MUST MATCH SHUTTER SCHEDULE.**
- 2 Copies Shutter engineering specifications complying with the  
2004 FBC w/2006 revisions
- 1 Copy Prior to the final inspection; an impact installation affidavit must be submitted.

- Will fax over to  
your office prior to  
inspection



MARTIN COUNTY BUILDING DEPARTMENT  
 900 SE RUHNKE STREET  
 STUART, FL 34994  
 (772) 288-5916  
 FAX (772) 288-5911

**NOTICE OF COMMENCEMENT**

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT #: \_\_\_\_\_ TAX FOLIO #: 01-38-41-005-000-00100-4

STATE OF Florida COUNTY OF Indian River

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):  
Emarita lot 10 22 Emarita Way Stuart FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Install Shutters

OWNER: Benjamin Shore  
 ADDRESS: 22 Emarita Way Stuart FL 34996  
 PHONE NUMBER: 772-283-9777 FAX NUMBER: \_\_\_\_\_

INTEREST IN PROPERTY: \_\_\_\_\_

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

CONTRACTOR: Folding Shutter Corporation  
 ADDRESS: 1089 Hemlock Place West Palm Beach FL 33413  
 PHONE NUMBER: 561-683-4811 FAX NUMBER: \_\_\_\_\_

SURETY COMPANY (IF ANY): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 BOND AMOUNT: \_\_\_\_\_

LENDER/MORTGAGE COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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 NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES \_\_\_\_\_ OF \_\_\_\_\_ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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.

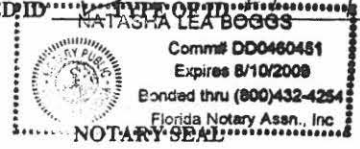
XRS  
 SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 8th DAY OF October 20 07

BY: Benjamin Shore

WHO IS PERSONALLY KNOWN TO ME OR PRODUCED BY \_\_\_\_\_

Natasha Leag Boggs  
 NOTARY SIGNATURE



INSTR # 2062609 OR BK 02305 PG 0547 RECD 01/24/2008 10:32:20 AM Pg 0547 (1pg) MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix



FOLDING SHUTTER CORP. ENGINEERING LAYOUT SHEET

CUSTOMER NAME

Shore

WORK ORDER NO.

09242007 009 N0401

SHEET

OF

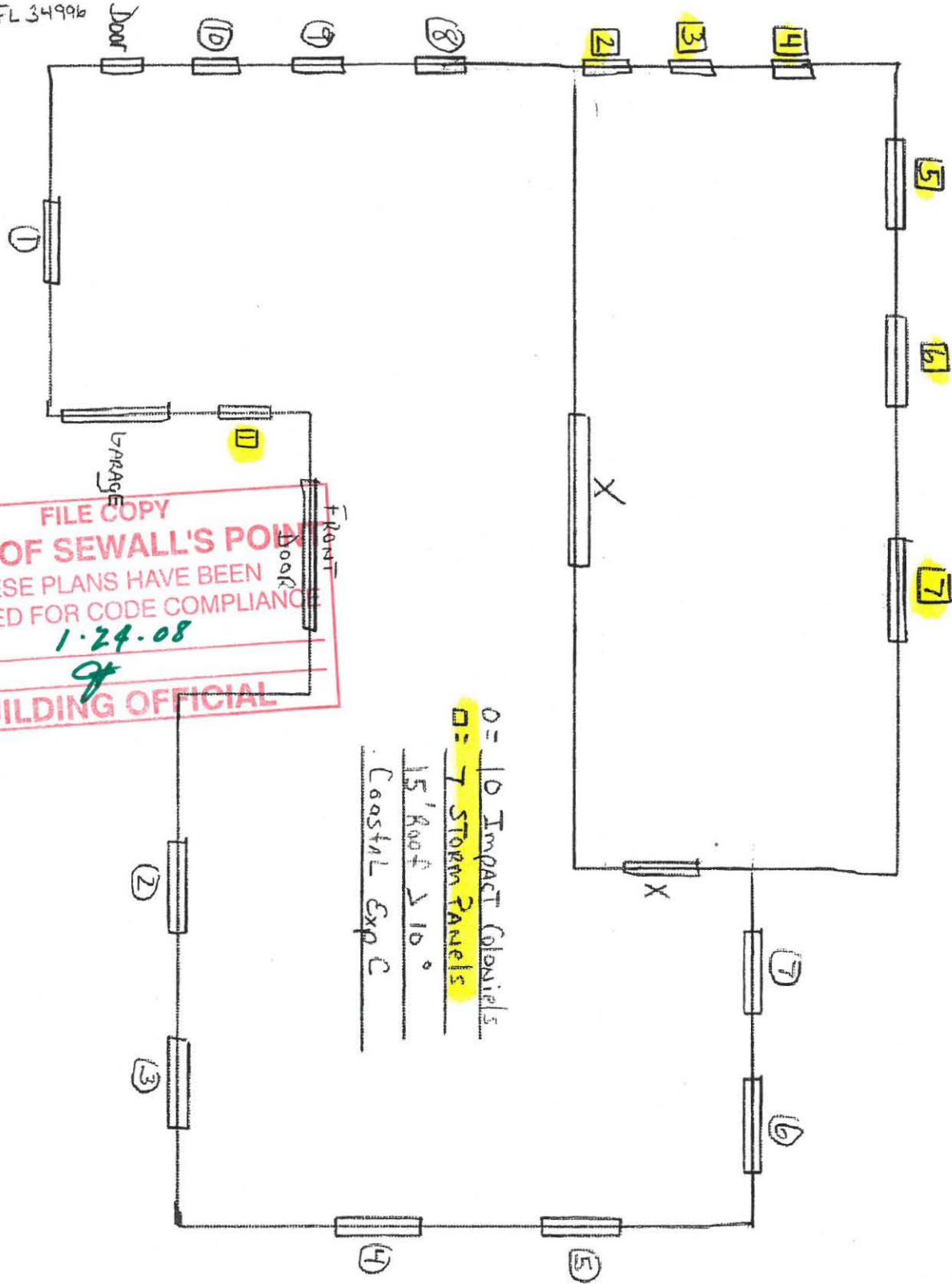
BY:

DRH

DATE:

LAYOUT

22 Emarita Way  
Sewall's Point, FL 34996



FILE COPY  
**TOWN OF SEWALL'S POINT**  
THESE PLANS HAVE BEEN  
REVIEWED FOR CODE COMPLIANCE  
DATE 1-24-08  
*[Signature]*  
**BUILDING OFFICIAL**

0 = 10 Impact Glazings  
1 = 7 Storm Panels  
15' Roof  $\Delta 10^\circ$   
Coastal Exp C





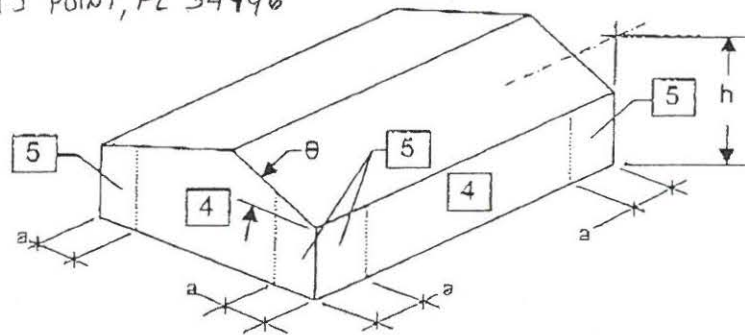
**TABLE 3.41**  
**WIND LOADS FOR WALL COMPONENTS & CLADDING**  
**PER ASCE 7-02**  
**\*(ROOF HEIGHTS LESS THAN 90 FT.)**

3- SECOND GUST WIND SPEED: 140 MPH  
 TRIBUTARY AREA: 10 SQ. FT. OR LESS  
 IMPORTANCE FACTOR ("I"): 1.00

MEAN ROOF HEIGHT (FT.)	EXPOSURE "B"						EXPOSURE "C"					
	ROOF SLOPE $\geq 10^\circ$			ROOF SLOPE $< 10^\circ$			ROOF SLOPE $\geq 10^\circ$			ROOF SLOPE $< 10^\circ$		
	ZONE 4 & 5	ZONE 4	ZONE 5	ZONE 4 & 5	ZONE 4	ZONE 5	ZONE 4 & 5	ZONE 4	ZONE 5	ZONE 4 & 5	ZONE 4	ZONE 5
"H"	(+)	(-)	(-)	(+)	(-)	(-)	(+)	(-)	(-)	(+)	(-)	(-)
15	35.2	38.2	47.2	32.2	34.9	43.0	42.8	46.4	57.3	39.2	42.4	52.2
20	35.2	38.2	47.2	32.2	34.9	43.0	45.3	49.1	60.6	41.5	44.9	55.3
25	35.2	38.2	47.2	32.2	34.9	43.0	47.3	51.3	63.3	43.3	46.9	57.7
30	35.2	38.2	47.2	32.2	34.9	43.0	49.3	53.5	66.0	45.1	48.9	60.2
35	36.7	39.9	49.2	33.6	36.4	44.8	50.8	55.1	68.1	46.5	50.4	62.0
40	38.2	41.5	51.2	35.0	37.9	46.7	52.3	56.8	70.1	47.9	51.9	63.9
45	39.5	42.9	52.9	36.2	39.2	48.2	53.6	58.1	71.8	49.1	53.1	65.4
50	40.8	44.2	54.6	37.3	40.4	49.7	54.9	59.5	73.5	50.2	54.4	66.9
55	41.8	45.3	55.9	38.2	41.4	51.0	55.9	60.6	74.8	51.1	55.4	68.2
60	42.8	46.4	57.3	39.2	42.4	52.2	56.9	61.7	76.1	52.0	56.4	69.4
* 65	43.8	47.5	58.6	40.1	43.4	53.4	57.9	62.8	77.5	53.0	57.4	70.6
* 70	44.8	48.6	60.0	41.0	44.4	54.7	58.9	63.9	78.8	53.9	58.4	71.9
* 75	45.8	49.7	61.3	41.9	45.4	55.9	59.9	65.0	80.2	54.8	59.4	73.1
* 80	46.8	50.8	62.7	42.8	46.4	57.1	60.9	66.1	81.5	55.7	60.4	74.3
* 85	47.6	51.6	63.7	43.5	47.2	58.0	61.6	66.9	82.5	56.4	61.1	75.2
* 89	48.0	52.1	64.3	43.9	47.6	58.6	62.1	67.4	83.2	56.8	61.6	75.8

NOTE: ALL DESIGN LOADS ARE IN POUNDS PER SQUARE FOOT (PSF)

Shore  
 22 EMARITA WAY  
 SEWALL'S POINT, FL 34996



**NOTES:**

1. PLUS & MINUS SIGNS SIGNIFY PRESSURES ACTING TOWARD & AWAY FROM SURFACES RESPECTFULLY.
2. a = 10% OF LEAST HORIZONTAL DIMENSION OR 0.4H, WHICHEVER IS SMALLER, BUT NOT LESS THAN EITHER 4% OF LEAST HORIZONTAL DIMENSION OR 3 FT.
3. LOADS, POSITIVE & NEGATIVE, ARE TAKEN AT MEAN ROOF HEIGHT (h) & APPLY TO ALL FLOORS.
4. LOADS BETWEEN ELEVATIONS SHOWN IN TABLE MAY BE INTERPOLATED.
5. AT MEAN ROOF HEIGHT (h), 60 ft. < h < 90 ft., PRESSURES HAVE BEEN DETERMINED USING THE SAME METHOD AS FOR 60 ft. & LESS PER ASCE 7-02 SECTION 6.5.12.4.3. THESE PRESSURES ARE ONLY APPLICABLE IF THE HEIGHT TO WIDTH RATIO IS 1 OR LESS (IF THE HEIGHT IS NO MORE THAN 1 TIMES THE MINIMUM BUILDING WIDTH).
6. TABLE VALUES DO NOT CONSIDER EFFECTS FROM TOPOGRAPHIC CONDITIONS & FACTOR Kzt IS TAKEN AS 1.0 (FLAT GRADE). IF TOPOGRAPHIC CONDITIONS ARE NOT FLAT, THE VALUES IN THIS TABLE MUST BE MULTIPLIED BY THE PROPER Kzt FACTOR IN ACCORDANCE WITH ASCE 7-02 SECTION 6.5.7.
7. ALL VALUES IN THIS TABLE CONSIDER A WIND DIRECTIONALITY FACTOR (Kd) OF 0.85 PER ASCE 7-02 TABLE 6-4.

CA #6809  
 W. W. SCHAEFER ENGINEERING & CONSULTING, P.A.  
 8895 N. MILITARY TRAIL, SUITE C204  
 PALM BEACH GARDENS, FL 33410

JAN 21 2008

COPYRIGHT © 2002

3.17

WARREN W. SCHAEFER, P.E.  
 STRUCTURAL ENGINEER  
 FLORIDA REG. #PE0044135





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)**

Folding Shutter Corp.  
7089 Hemstreet Place  
West Palm Beach, FL 33413

**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:** "Titan" 0.060" Aluminum Storm Panels Shutter

**APPROVAL DOCUMENT:** Drawing No. 94-34, titled "Storm Panel Details", sheets 1 through 6 of 6, prepared by Al-Farooq Corporation, dated June 3, 1994, last revision #H dated November 24, 2003, signed and sealed by Humayoun Farooq, P.E. on November 24, 2003, bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

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

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

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

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

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

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

This NOA revises & renews NOA # 02-0226.04 and consists of this page 1, evidence submitted page(s) as well as approval document mentioned above.

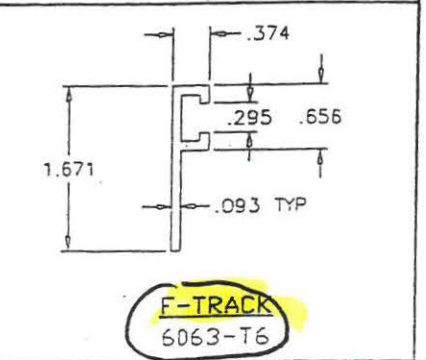
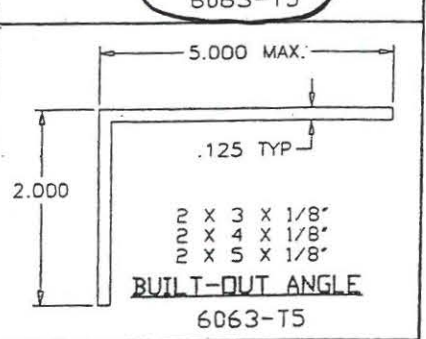
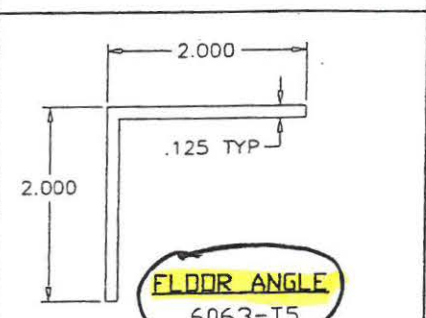
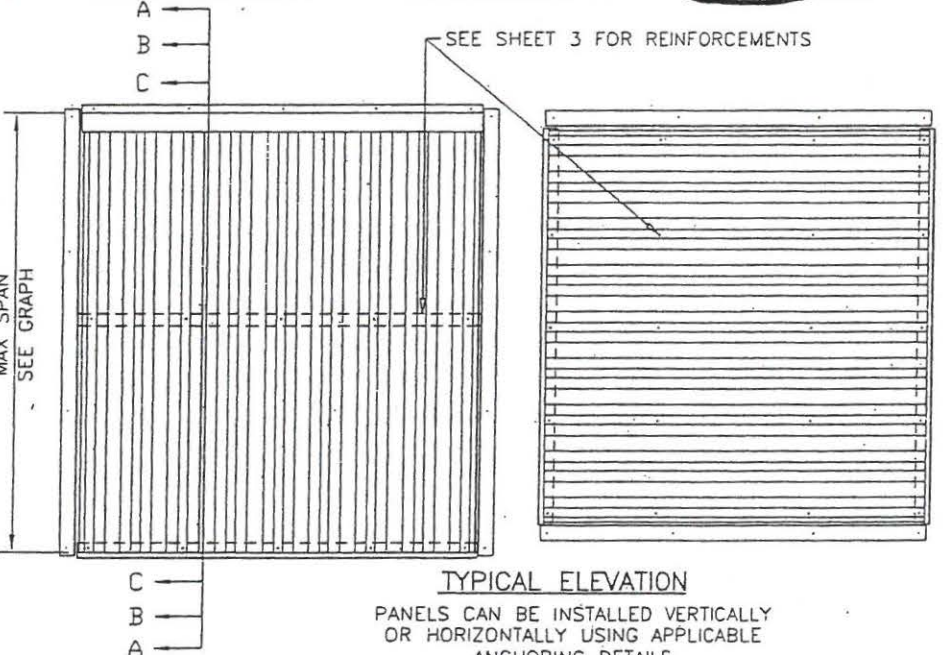
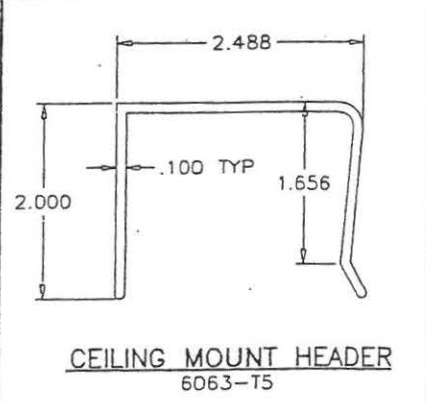
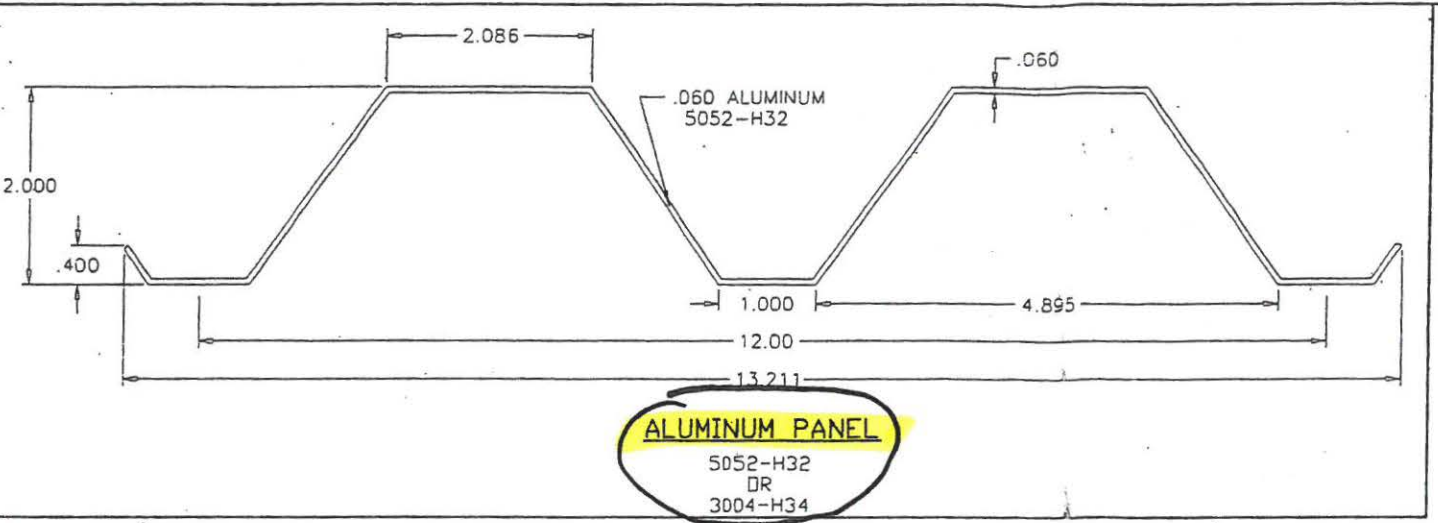
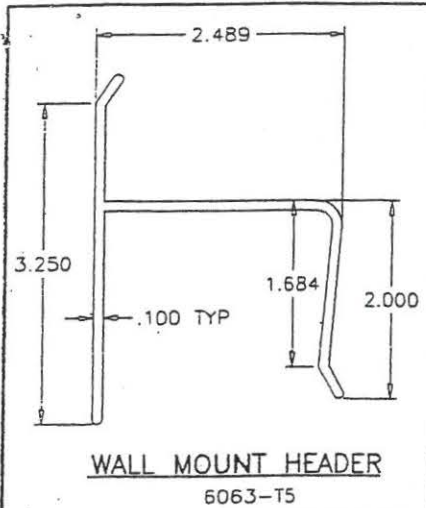
The submitted documentation was reviewed by Helmy A. Makar, P.E.

*Helmy A. Makar*  
12/18/03

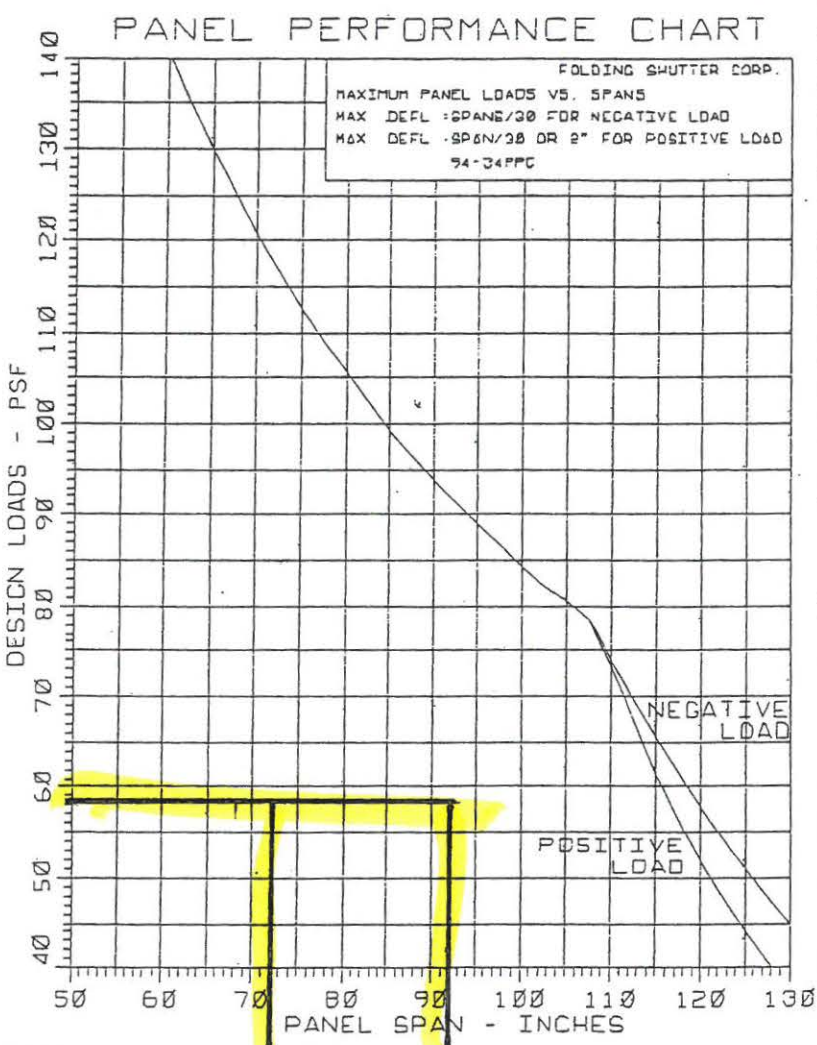
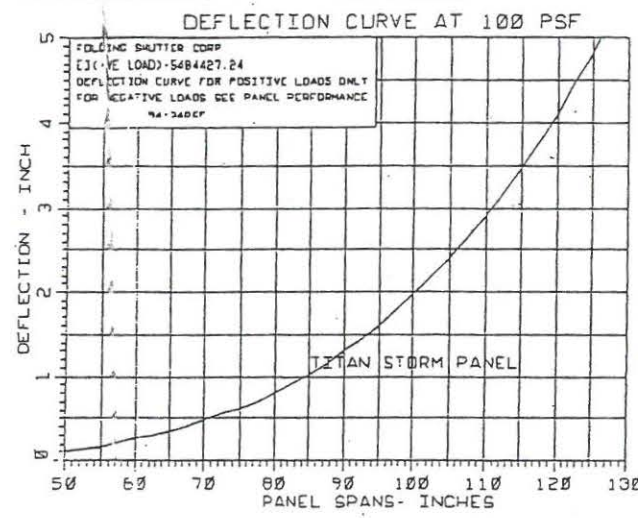
NOA No 03-0623.01  
Expiration Date: 11/20/ 2008  
Approval Date: 12/18/ 2003  
Page 1







- GENERAL NOTES**
- THIS PRODUCT IS DESIGNED TO COMPLY WITH THE HIGH VELOCITY HURRICANE ZONE OF THE 2001 FLORIDA BUILDING CODE.
  - DESIGN CRITERIA FOR ALUMINUM, MINIMUM MECHANICAL PROPERTIES, AND SAFETY FACTORS ARE IN ACCORDANCE WITH THE "ALUMINUM CONSTRUCTION MANUAL" LATEST EDITION.
  - ALUMINUM ALLOYS: ALL EXTRUSIONS SHALL BE ALLOY 6063-T5.
  - STEEL SURFACES TO BE PLACED IN CONTACT WITH ALUMINUM SHALL BE GIVEN ONE COAT OF ZINC CHROMATE PRIMER IN ACCORDANCE WITH FEDERAL SPEC. NO. TTP-645, OR BE GALVANIZED.
  - ANCHORS SHALL BE AS LISTED, SPACED AS SHOWN ON DETAILS. ANCHOR EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO.
  - ALL BOLTS SHALL BE STAINLESS STEEL, ALUMINUM ALLOY 2024-T4 OR 7075-T6. WING NUTS SHALL BE OF ZINC ALLOY.
  - DESIGN CRITERIA FOR PANELS: MAX DEFLECTION  $\leq L/30$  FOR NEGATIVE LOAD AND THE LESSER OF  $L/30$  OR 2" FOR POSITIVE LOAD.
  - ANCHORING OR LOADING CONDITIONS OTHER THAN THOSE SHOWN IN THESE DETAILS ARE NOT PART OF THIS APPROVAL.
  - EXISTING STRUCTURES MUST BE CAPABLE OF SUSTAINING LOADS IMPOSED BY SHUTTER.
  - EACH OPENING SHALL HAVE A LEGIBLE AND READILY VISIBLE DECAL OF PRINTED INSTRUCTIONS TO THE OWNER OR TENANT INDICATING THE MANDATORY USE OF REINFORCEMENTS (ALUMINUM STRAP AT MIDSPAN OR ROWS OF JACK NUTS AT LAP JOINTS) DURING PERIODS OF HURRICANE WARNING.
  - A 33% INCREASE IN ALLOWABLE STRESS WAS USED IN DESIGN OF ANCHOR SPACING.



USE PANEL PERFORMANCE CHART TO VERIFY PANEL CAPACITY FOR THE REQUIRED DESIGN LOAD FOR THE PARTICULAR LOCATION.  
USE SPAN DEFLECTION CHART TO CALCULATE SEPARATION FROM GLASS.

**MINIMUM SEPARATION FROM GLASS**

SEPARATION REQ. DUE TO WIND LOAD		SEPARATION FOR INSTALLATIONS UPTO 30 FT. OF GRADE DUE TO LARGE MISSILE IMPACT	
SHUTTER SPAN = H =	IN.	PANEL SPAN UPTO	SEPARATION
DESIGN LOAD = Pd =	PSF	65"	2-3/8"
FACTOR = K = Pd/100 =	IN.	97"	2-5/8"
READING FROM SPAN D. CURVE = D =	IN.	98"	3" *
DEFLECTION AT Pd = K*D =	IN.	130"	3-1/2"
MIN. SEPARATION REQ. = K*D+1" =	IN.		

FOR INSTALLATIONS UPTO 30' OF GRADE USE MAXIMUM OF WIND LOAD OR IMPACT LOAD REQUIREMENTS SHOWN ABOVE  
FOR INSTALLATIONS ABOVE 30' OF GRADE IGNORE LARGE MISSILE IMPACT REQUIREMENT.  
NOTE: NO PART OF SHUTTER SHALL BE UNDER 30" ABOVE GRADE TO WAIVE LARGE MISSILE IMPACT REQUIREMENT.  
\* FOR BUILT-OUT WITH 2X5 ANGLE ONLY

**PRODUCT MARKING**

A LABEL SHALL APPEAR ON EVERY PANEL WITH THE FOLLOWING STATEMENT.  
FOLDING SHUTTER CORP. WEST PALM BEACH, FL  
"MIAMI-DADE COUNTY PRODUCT CONTROL APPROVED"

DESIGN LOADS SHALL BE CALCULATED AS PER REQUIREMENTS OF ASCE 7-98 AS REQUIRED BY BUILDING CODE.

FOR INSTALLATION DETAILS SEE SHEET 2, 3 & 4.  
FOR ANCHOR REQUIREMENTS SEE SHEET 5 OF 6.

Engr. DR. HUMAYOUN FAROOQ  
STRUCTURES  
FLA. PE # 16557  
C.A.N. 3538

NOV 24 2003

**PRODUCT REVISED**  
as complying with the Florida Building Code  
Acceptance No. 03-0623.01  
Expiration Date 11/20/2008  
By: Helmy A. Helmy  
Miami Dade Product Control  
Division

**AL-FAROOQ CORPORATION**  
ENGINEERS, PLANNERS & PRODUCT DESIGN  
1235 SW 87 AVE  
MIAMI, FLORIDA 33174  
TEL. (305) 264-8100 FAX. (305) 262-6978

**STORM PANEL DETAILS**  
FOLDING SHUTTER CORP.  
7089 HEMSTREET PLACE  
WEST PALM BEACH, FL 33406  
TEL. (561) 683-4811 FAX. (561) 640-8204

revisions:

no.	date	by	description
D	10.15.97	H	GENERAL REVISION
E	07.27.98	H	GENERAL REVISION
F	06.09.00	H	ALT. ALUM ALLOY ADDED
G	04.14.03	H	UPDATED FOR FBC, & NDS 97
H	11.24.03	H	REV. PER BCCO COMMENTS

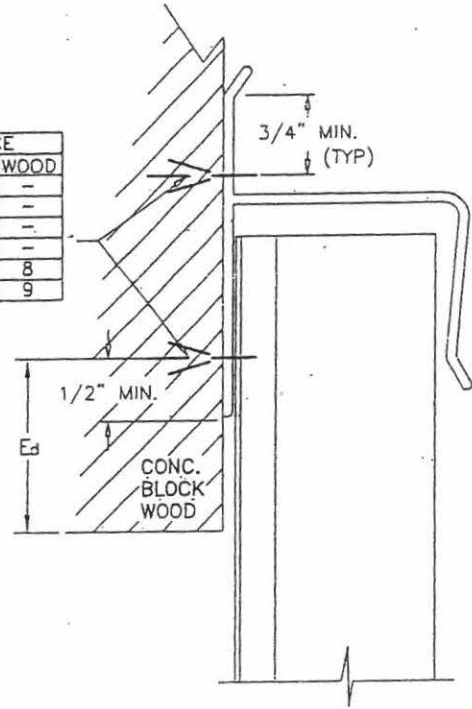
date: 08-03-94  
scale: 1/2" = 1"  
dr. by: HAMID  
chk. by:  
drawing no. 94-34  
sheet 1 of 6



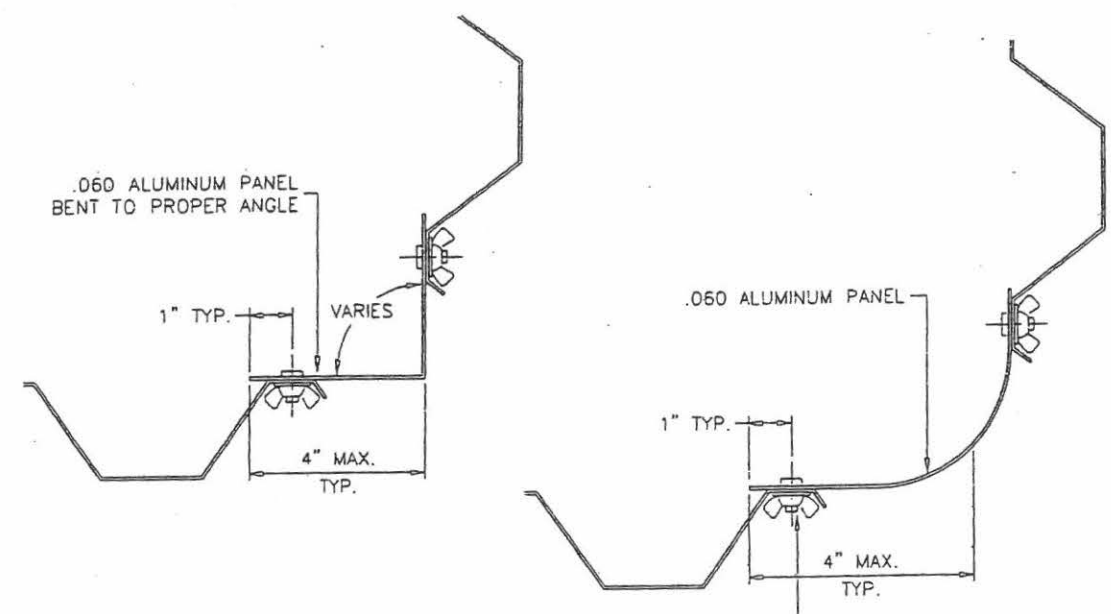




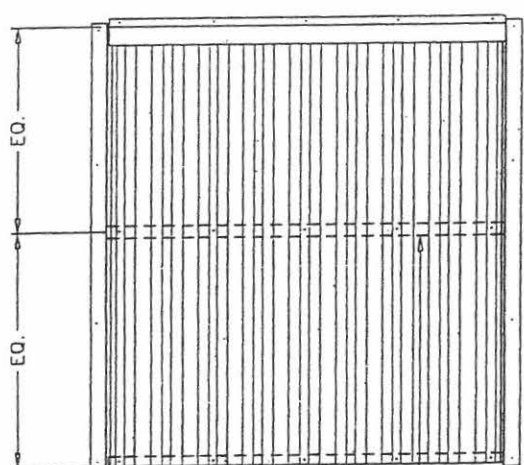
ANCHOR TYPE	CHART TO USE		
	CONC.	BLOCK	WOOD
A	10	7	-
B	7	-	-
C	7	7	-
D	10	7	-
E	-	-	8
F	8	6	9



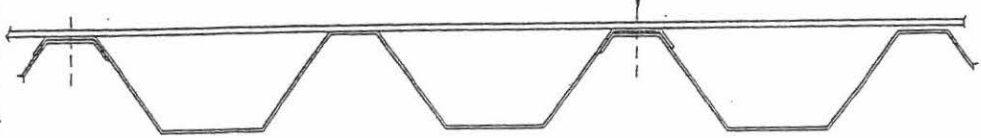
ALT. WALL HEADER



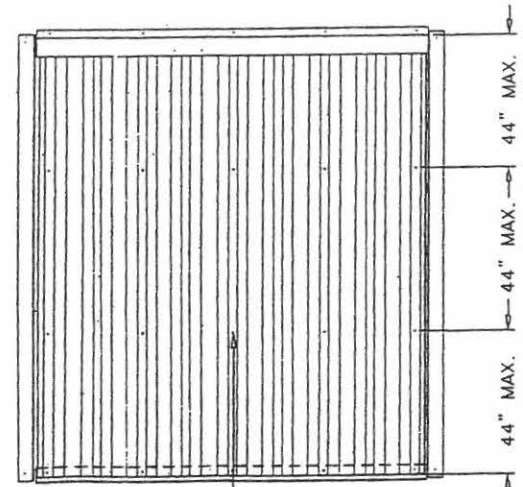
CORNER DETAILS



1-1/2"x1/8" ALUM. STRAP(5063-T6) AT MID SPAN FASTENED W/ 1/4"-20 X 3/4" STUDS W/ WING NUT & WASHER @ 12" O.C.



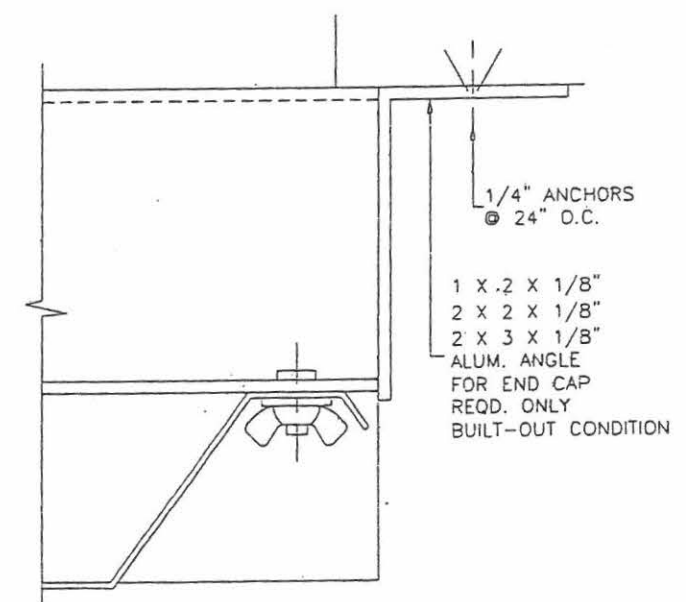
STRAP REINFORCEMENT



1/4" MACHINE SCREWS WITH WASHERS IN JACK NUTS AT LAP JOINTS



JACK NUTS REINFORCEMENT



END CAP BUILT-OUT CONDITION

Engr. DR. HUMAYOUN FAROOQ  
STRUCTURES  
FLA. PE # 16557  
C.A.N. 3538

NOV 24 2003

PRODUCT REVISED as complying with the Florida Building Code  
Acceptance No. 03-0623.01  
Expiration Date 11/20/2008  
By *Helmy A. Morsi*  
Miami Dade Product Control Division

**af**

**AL-FAROOQ CORPORATION**  
ENGINEERS, PLANNERS & PRODUCT DESIGN  
1235 SW 87 AVE  
MIAMI, FLORIDA 33174  
TEL. (305) 264-8100 FAX. (305) 262-6978  
PANELS\94--34FSC

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**STORM PANEL DETAILS**  
FOLDING SHUTTER CORP.  
7089 HEMSTREET PLACE  
WEST PALM BEACH, FL 33406  
TEL.(561) 683-4811 FAX.(561) 640-8204

no	date	by	description
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H	11.24.03	H	NO CHANGE THIS SHEET

revisions:

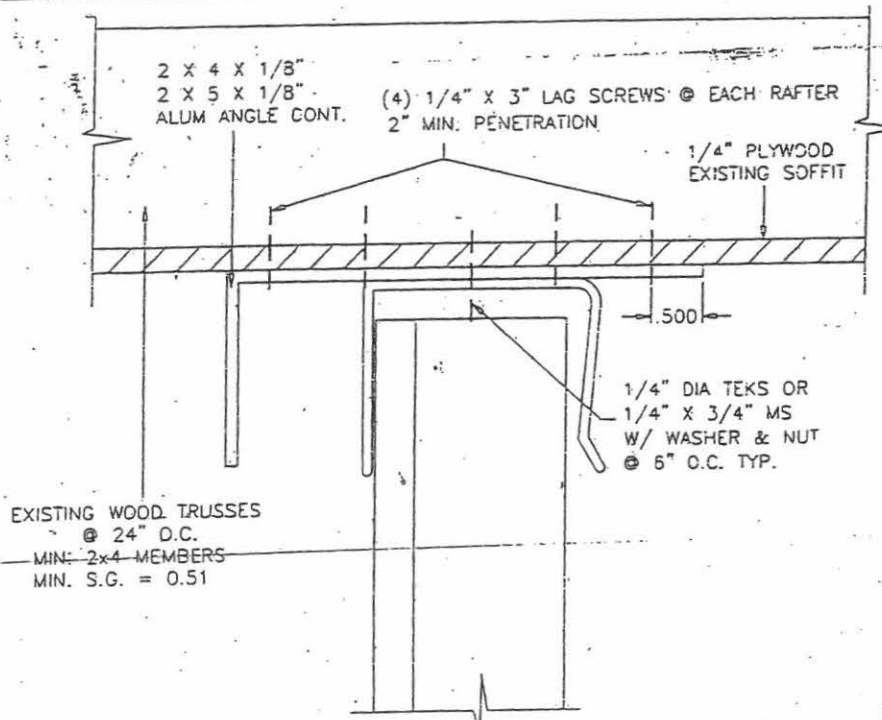
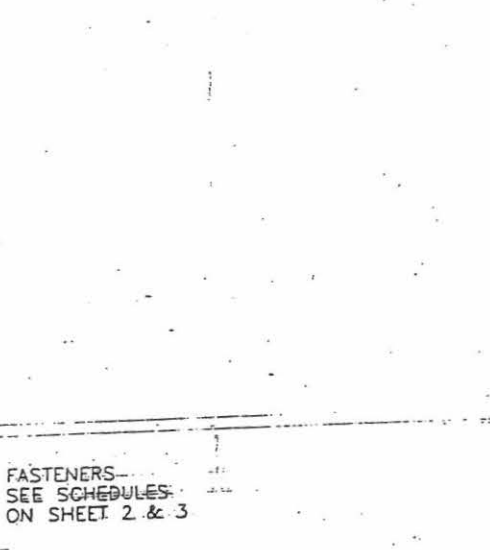
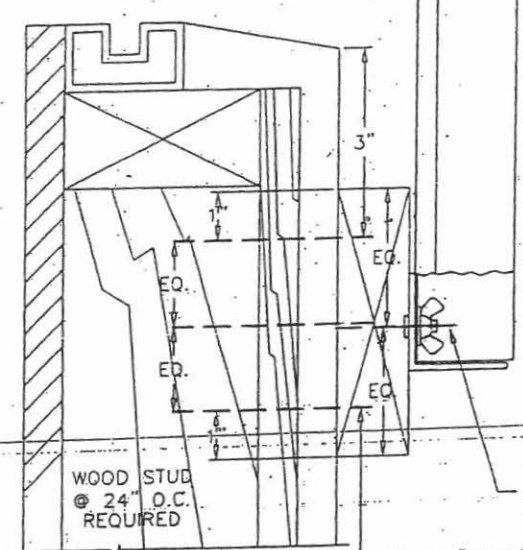
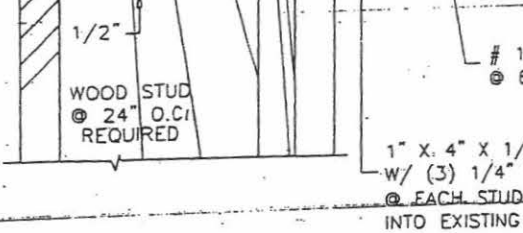
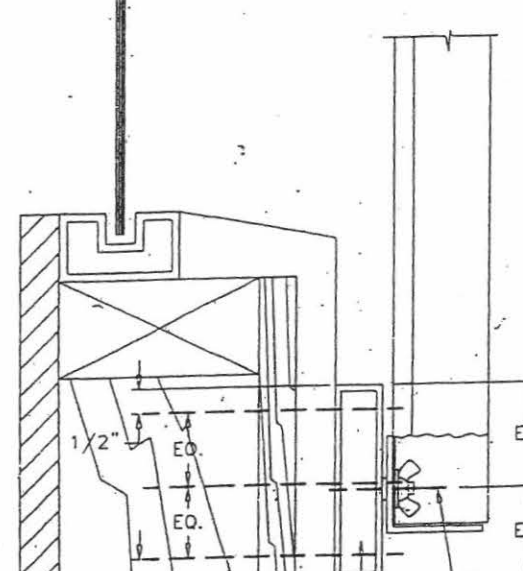
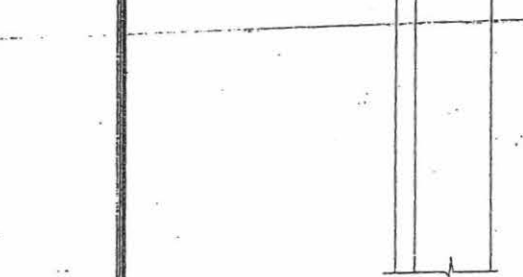
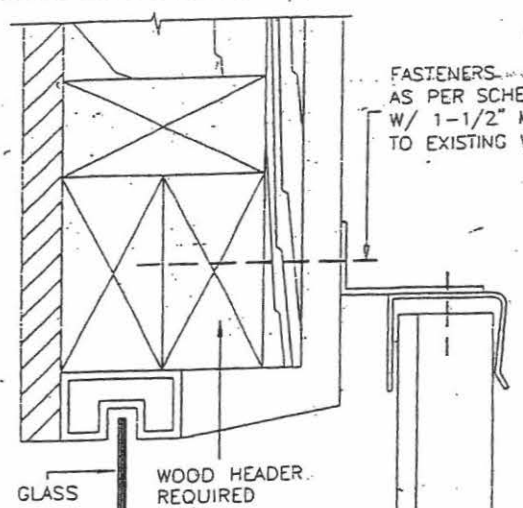
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scale: 1/2" = 1"  
dr. by: HAMID  
chk. by:

drawing no. 94-34  
sheet 3 of 6

NO	DATE	DESCRIPTION
G	04.14.03	H ANCHOR CHARTS REV.
H	11.24.03	H NO CHANGE THIS SHEET

date: 06-03-94  
 scale: 1/2" = 1'  
 dr. by: HAMID  
 ch. by:

drawing no.  
**94-34**  
 sheet 4 of 6



**HEADER CONNECTION TO WOOD TRUSSES**  
 FOR SHUTTER HEIGHT OF 108" MAX. DESIGN LOAD = 58 PSF  
 FOR SHUTTER HEIGHT OF 96" MAX. DESIGN LOAD = 65 PSF  
 FOR SHUTTER HEIGHT OF 84" MAX. DESIGN LOAD = 75 PSF

**INSTALLATION DETAIL ON EXISTING WOOD BUCKS** SCALE: 1/4"=1'  
 FOR SHUTTER HEIGHT OF 108" MAX. DESIGN LOAD = 134.0 PSF  
 FOR SHUTTER HEIGHT OF 96" MAX. DESIGN LOAD = 140.0 PSF  
 FOR HEADER/SILL DETAILS CONNECTED TO CONTINUOUS WOOD MEMBERS SEE SHEETS 2 & 3.

ANCHOR TYPE	ANCHOR SPACING INCHES					
	UPTD 40 PSF		UPTD 70 PSF			
	CONC.	BLOCK WOOD	CONC.	BLOCK WOOD	WOOD	
A	24	14.5	-	18.3	8.3	-
B	14.9	-	-	8.5	-	-
C	16.6	13.8	-	9.5	7.9	-
D	24	14.6	-	19.9	8.3	-
E	-	-	24	-	-	18.5
F	13.9	8.3	24	8	4.8	21.8

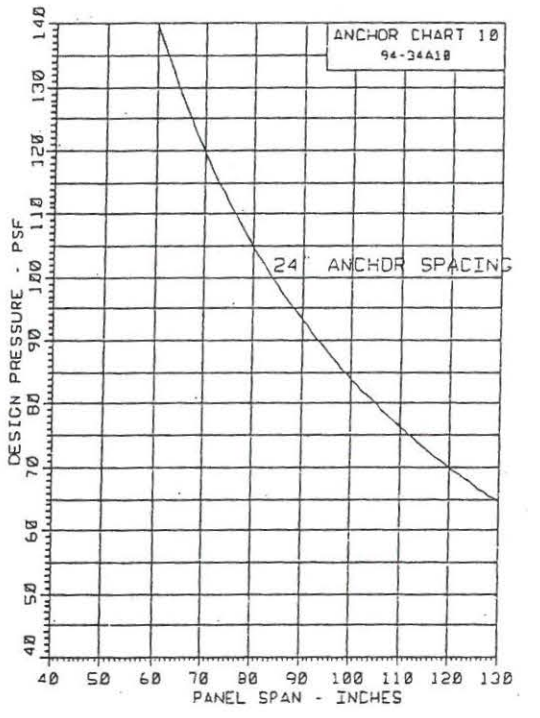
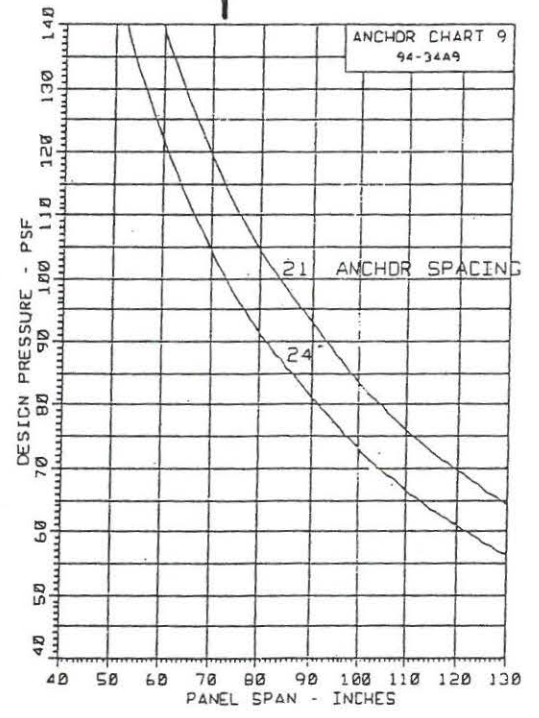
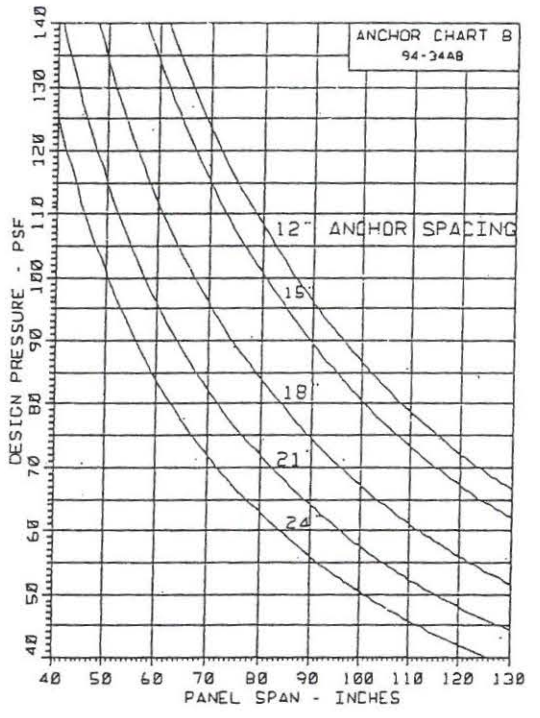
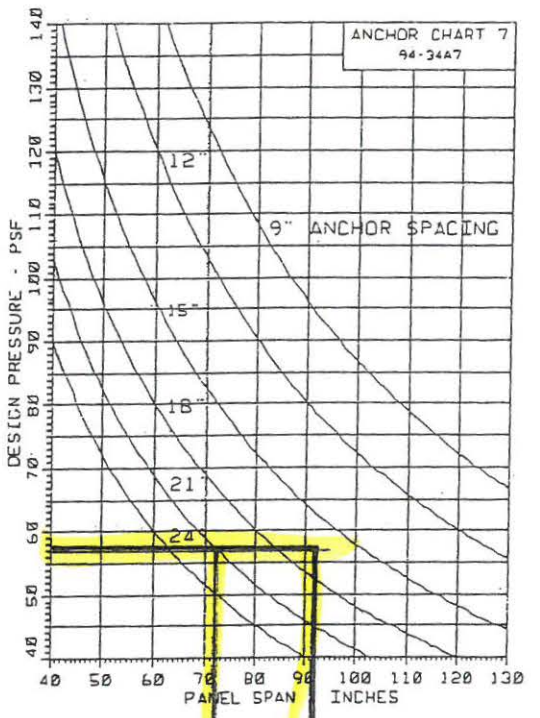
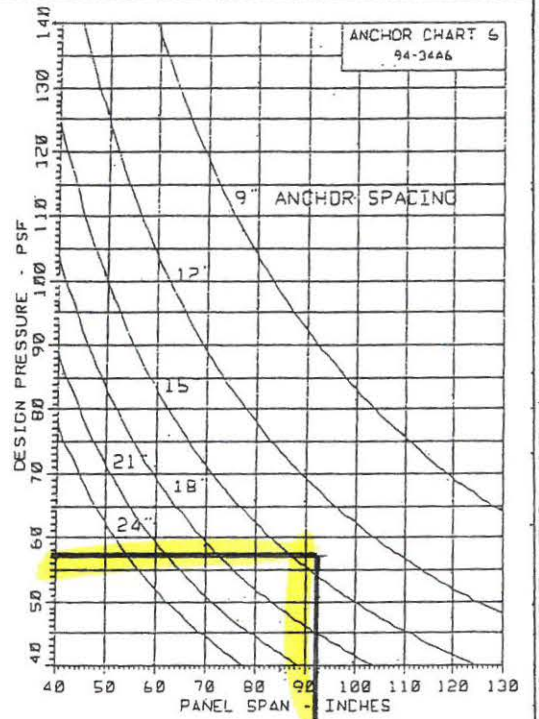
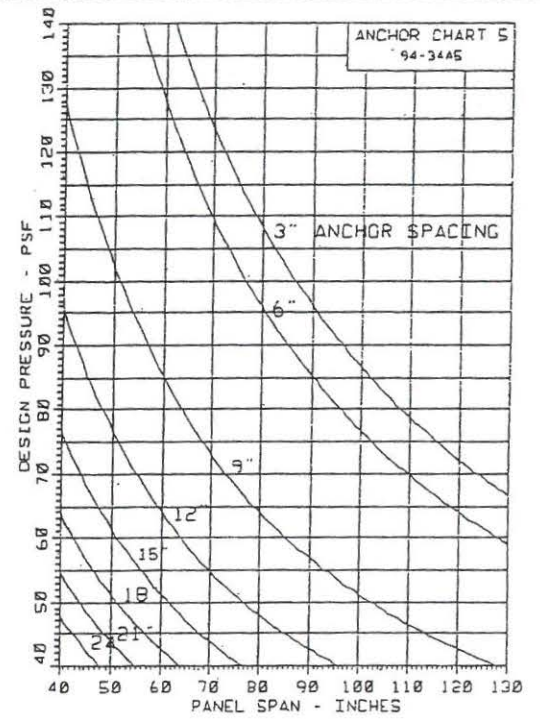
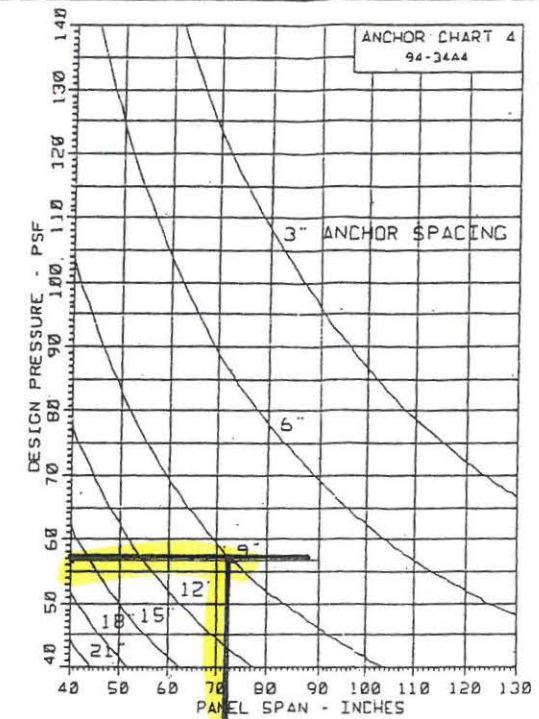
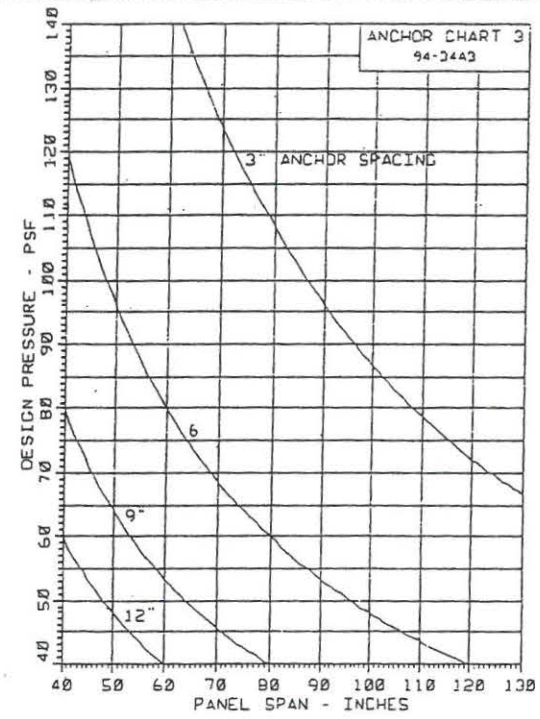
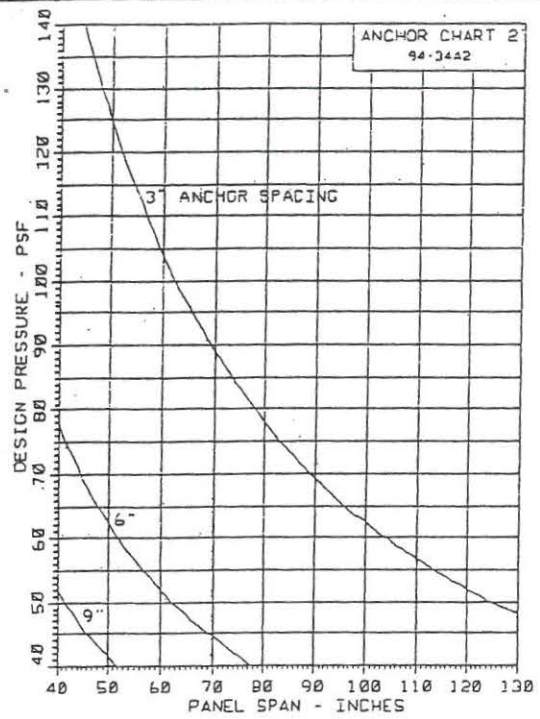
**COUNTER TOP CONDITION**  
 (PASS THRU WINDOW)  
 MAX SHUTTER HEIGHT = 6 FT.

Eng: DR. HUMAYOUN FAROOD  
 STRUCTURES  
 FLA. PE # 15557  
 C.A.N. 3538

NOV 24 2003

**PRODUCT REVISED**  
 as complying with the Florida Building Code  
 Acceptance No 03-0623.01  
 Expiration Date 11/20/2008  
 By: *William A. Nelson*  
 Miami Dept Product Control  
 Division:



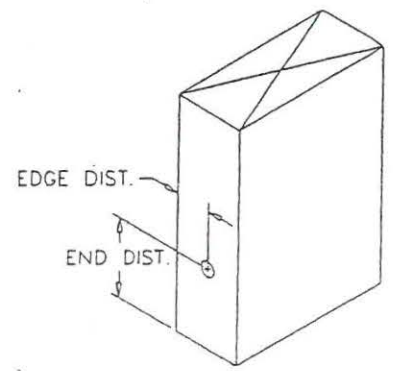


**FASTENER SPACING IN MASONRY**

CHARTS ARE BASED ON TYPICAL EDGE DISTANCE = 12d.  
FOR LESSER EDGE DISTANCE DECREASE SPACING BY  
MULTIPLYING WITH THE FACTOR BELOW

EDGE DIST.	12d=3"	10d=2-1/2"	8d=2"	6d=1-1/2"	5d=1-1/4"
FACTOR	1.00	0.86	0.71	0.57	0.50

EXAMPLE: FOR 3" EDGE DIST. SPACING = 12" O.C. (FROM CHART)  
FOR 2" EDGE DIST. SPACING = 12 X .71 = 8.5 O.C.



**TYPICAL ANCHORS**

- ANCHOR (A) = 1/4" DIA. TAPCONS (ELCO TEXTRON)  
1-3/4" EMBEDMENT INTO 3000 PSI CONC.  
1-1/4" EMBEDMENT INTO C-90 BLOCK
- ANCHOR (B) = #14 S.M.S. W/ 'POWERS' SCRU-LEAD  
1-1/2" EMBEDMENT INTO 3000 PSI CONC.
- ANCHOR (C) = 1/4" x 1-1/4" 'POWERS' ZAMAC NAILIN.  
1" EMBEDMENT TO CONCRETE OR BLOCK
- ANCHOR (D) = 1/4" 'POWERS' CALK-IN. STAR TAMPIN OR EQUAL  
7/8" MIN. EMBED INTO CONC. OR BLOCK
- ANCHOR (E) = #14 SMS  
1-1/2" MIN PENETRATION INTO WOOD (S.G.=0.55)
- ANCHOR (F) = 1/4" DIA. PANELMATE ANCHORS (ELCO-TEXTRON)  
1-7/8" EMBEDMENT TO CONC.  
1-1/4" EMBEDMENT TO BLOCK  
1-7/8" MIN PENETRATION INTO WOOD (S.G.=0.55)

USE CHARTS 2 THRU 10 TO VERIFY ANCHOR REQUIREMENTS AND STRESS LIMITATIONS OF LOAD/SPAN COMBINATIONS FOR HEADER AND SILL.

NOTE: ANCHORS, USE FULL EMBEDMENT IN CONCRETE BEYOND THE COVERING (STUCCO, TILES, ETC.)

Engr. DR. HUWAYOUN FAROOD  
STRUCTURES  
FLA. PE # 16557  
C.A.N. 3538

NOV 24 2003

**PRODUCT REVISED**  
as complying with the Florida Building Code  
Acceptance No 03-0623.01  
Expiration Date 11/20/2008

By *Helmy A. Matar*  
Miami Dade Product Control  
Division



**AL-FAROOQ CORPORATION**  
ENGINEERS, PLANNERS & PRODUCT DESIGN  
1235 SW 87 AVE  
MIAMI, FLORIDA 33174  
TEL. (305) 264-8100 FAX. (305) 262-6978

STORM PANEL DETAILS  
FOLDING SHUTTER CORP.  
7089 HEMSTREET PLACE  
WEST PALM BEACH, FL 33406  
TEL.(561) 683-4811 FAX.(561) 640-8204

revisions:

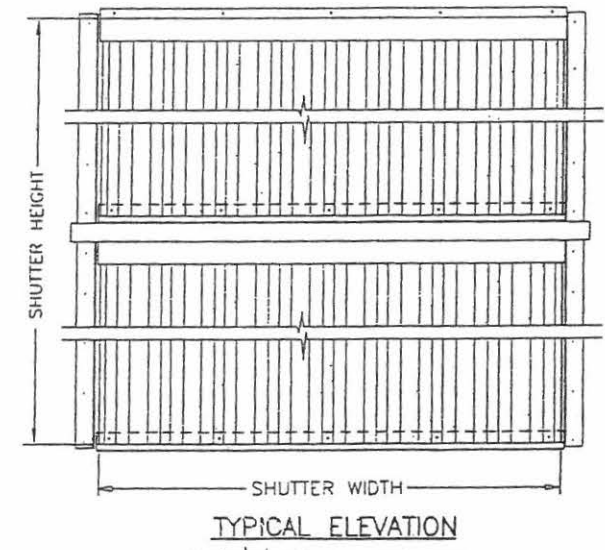
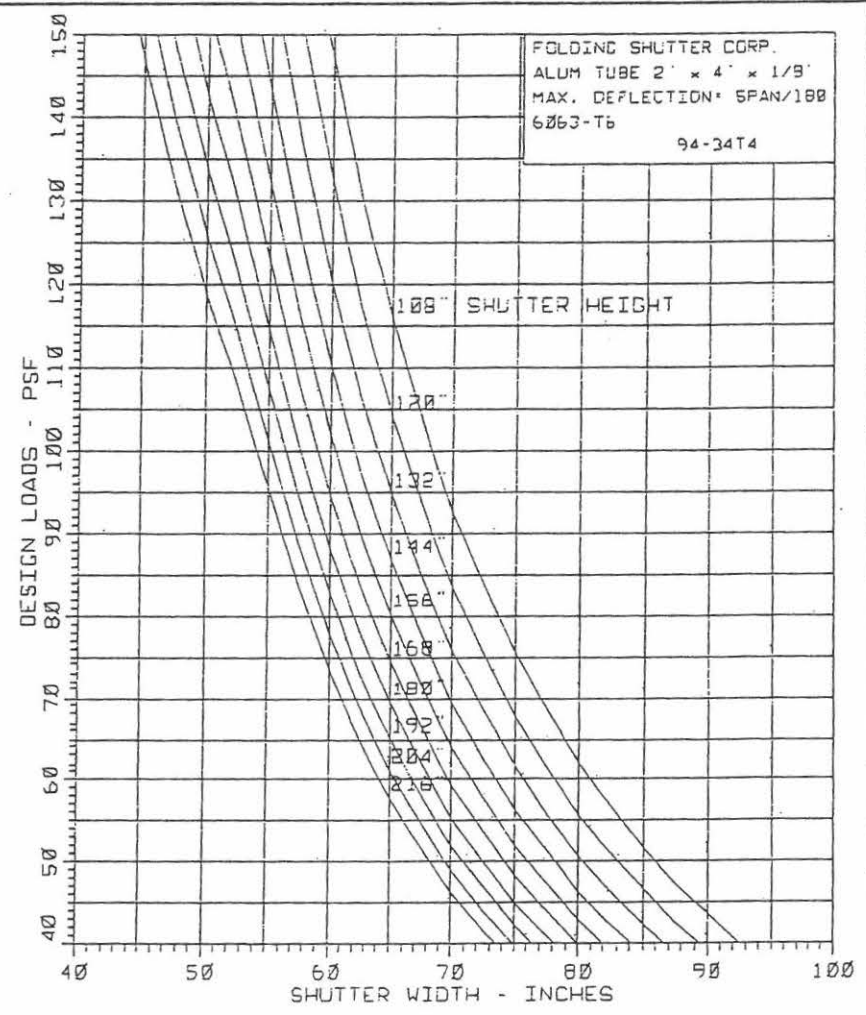
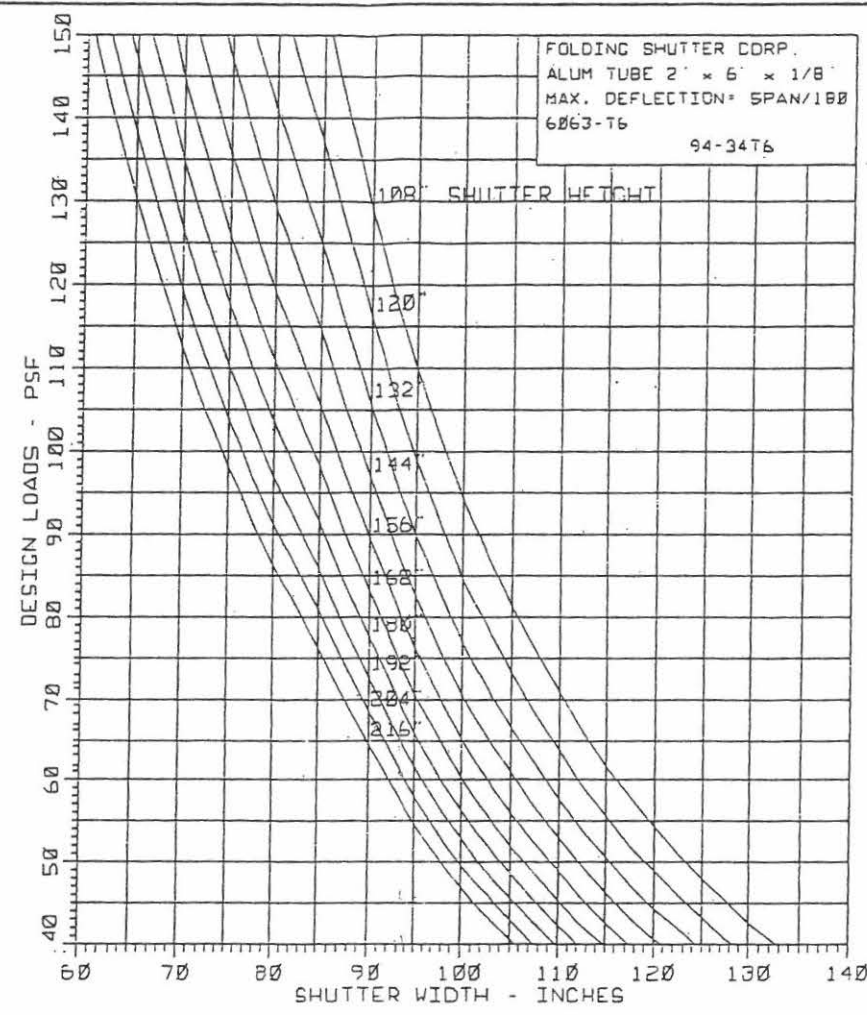
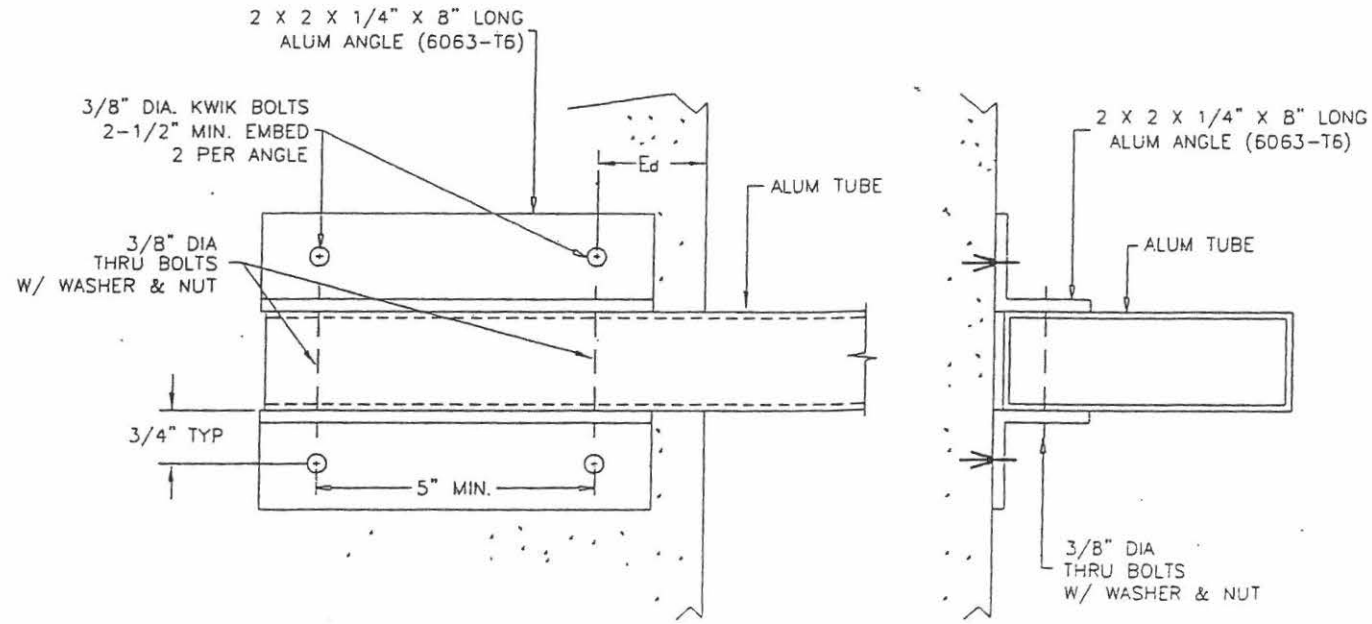
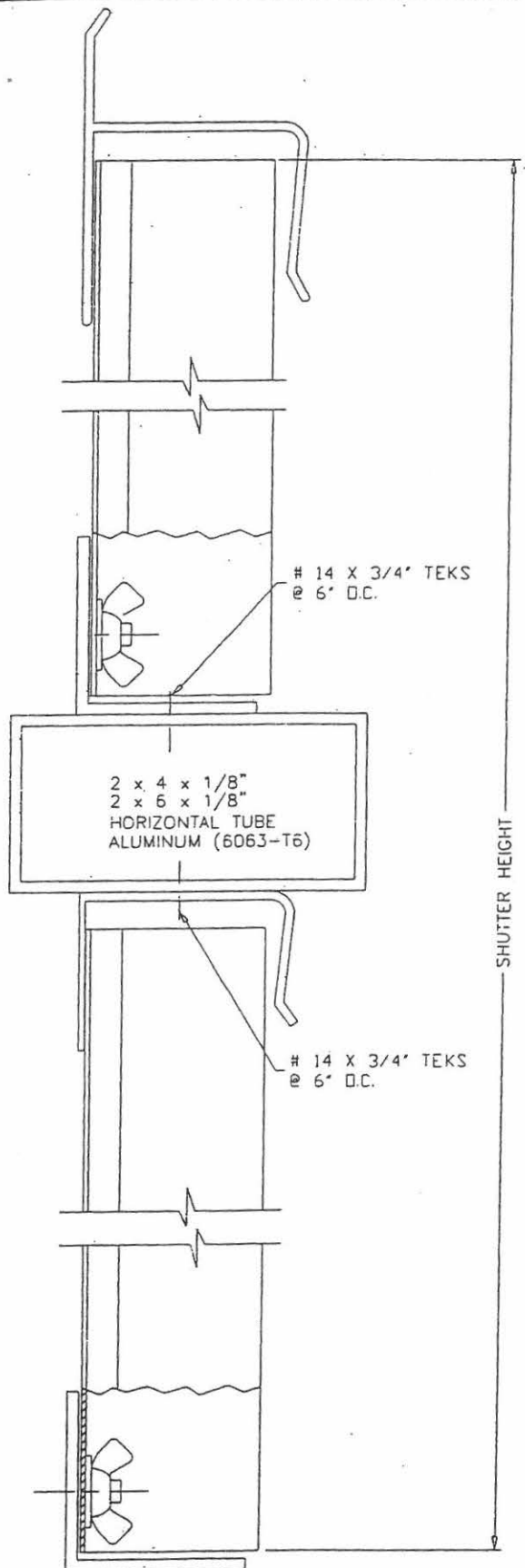
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H	11.24.03	NO CHANGE THIS SHEET

date: 06-03-94  
scale: 1/2" = 1"  
dr. by: HAMID  
chk. by:

drawing no.  
**94-34**

sheet 5 of 6





TUBES MAY BE USED VERTICALLY FOR HORIZONTAL PANEL INSTALLATION.

Engr: DR. HUNYOUN FAROOD  
STRUCTURES  
FLA. P.E. # 16557  
C.A.N. 3538

NOV 24 2003

PRODUCT REVISED  
as complying with the Florida  
Building Code  
Acceptance No 03-0623-01  
Expiration Date 11/20/2009

By *Helmy A. Matar*  
Miami Dade Product Control  
Division

FOR HEAD & SILL COMBINATIONS  
SEE TYPICAL DETAILS AND SCHEDULES

END CLOSURE ANGLE REOD. ONLY ON BUILT-OUT CONDITION.

TUBE CONNECTION TO WALL OR FLOOR/CEILING

SCALE: 1/4"=1"

**AL-FAROOQ CORPORATION**  
ENGINEERS, PLANNERS & PRODUCT DESIGN  
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MIAMI, FLORIDA 33174  
TEL. (305) 264-8100 FAX. (305) 262-6978

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TEL.(561) 683-4811 FAX.(561) 640-8204

no	date	description	by
G	04.14.03	NO CHANGE THIS SHEET	
H	11.24.03	NO CHANGE THIS SHEET	

date: 06-03-94  
scale: 1/2" = 1"  
dr. by: HAMID  
chk. by:

drawing no.  
**94-34**

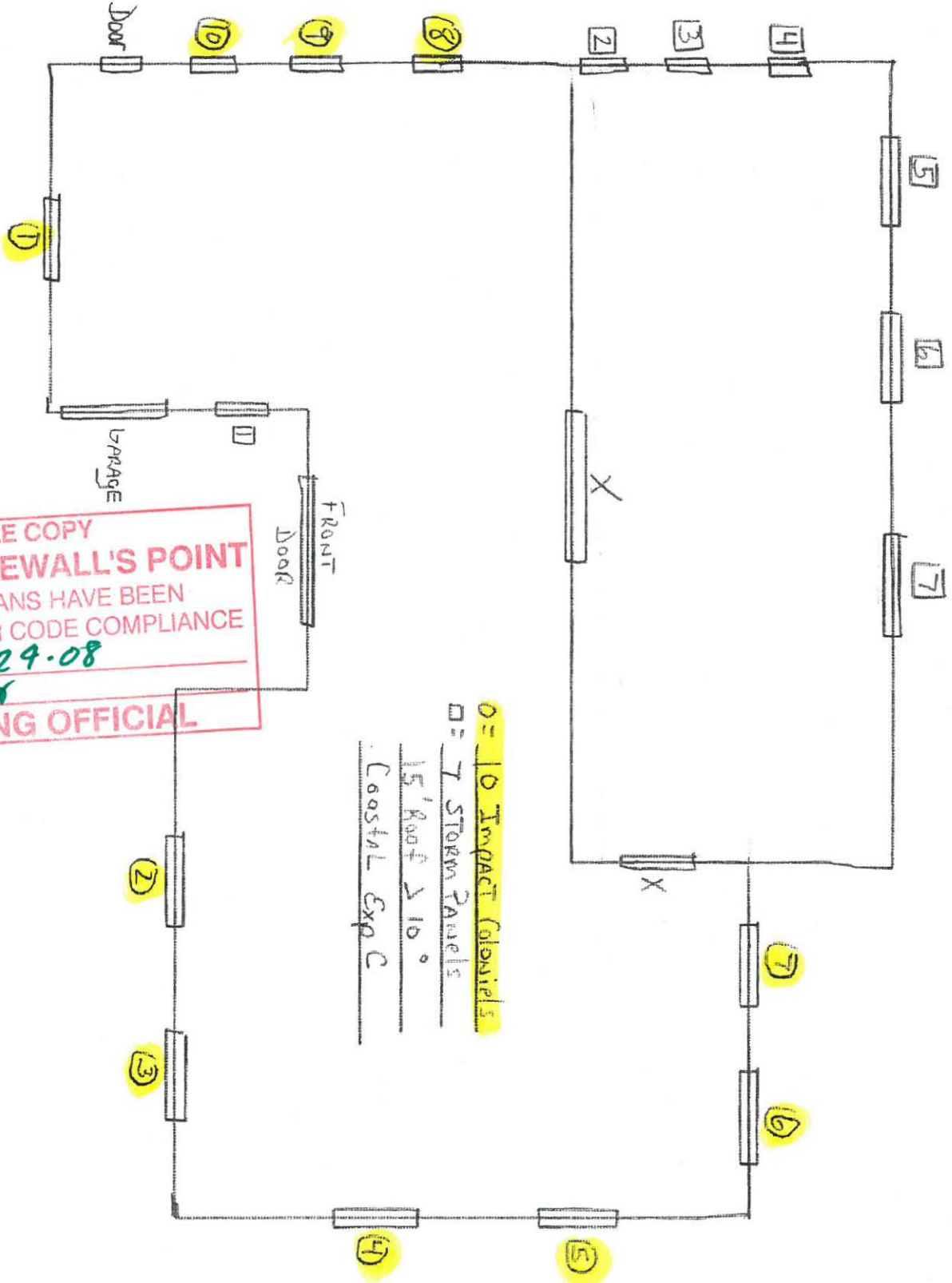
sheet 6 of 6

FOLDING SHUTTER CORP. ENGINEERING LAYOUT SHEET

CUSTOMER NAME  
**Shore**

WORK ORDER NO. **09242007 009 N0401**  
BY: **DRH** DATE:

SHEET **Layout** OF



**FILE COPY**  
**TOWN OF SEWALL'S POINT**  
THESE PLANS HAVE BEEN  
REVIEWED FOR CODE COMPLIANCE  
DATE **1-29-08**  
**BUILDING OFFICIAL**

**0 = 10 Impact Glass**  
**□ = 7 Storm Panels**  
**15' Roof > 10°**  
**Coastal Exp C**





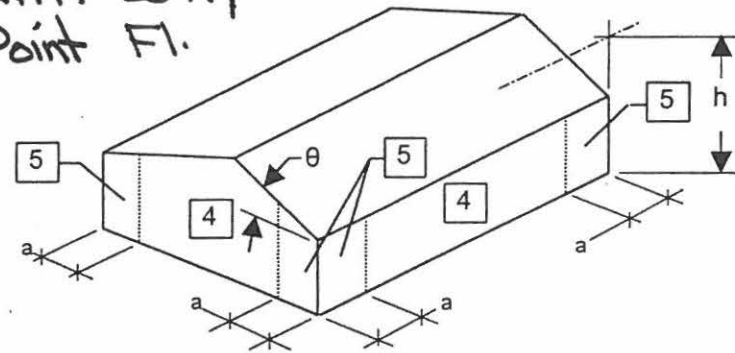
**TABLE 3.41**  
**WIND LOADS FOR WALL COMPONENTS & CLADDING**  
**PER ASCE 7-98**  
**\* (ROOF HEIGHTS LESS THAN 90 FT.)**

3- SECOND GUST WIND SPEED: 140 MPH  
 TRIBUTARY AREA: 10 SQ. FT. OR LESS  
 IMPORTANCE FACTOR ("I"): 1.00

MEAN ROOF HEIGHT (FT.)	EXPOSURE "B"						EXPOSURE "C"					
	ROOF SLOPE $\geq 10^\circ$			ROOF SLOPE $< 10^\circ$			ROOF SLOPE $\geq 10^\circ$			ROOF SLOPE $< 10^\circ$		
	ZONE 4 & 5 (+)	ZONE 4 (-)	ZONE 5 (-)	ZONE 4 & 5 (+)	ZONE 4 (-)	ZONE 5 (-)	ZONE 4 & 5 (+)	ZONE 4 (-)	ZONE 5 (-)	ZONE 4 & 5 (+)	ZONE 4 (-)	ZONE 5 (-)
15	35.2	38.2	47.2	32.2	34.9	43.0	42.8	46.4	57.3	39.2	42.4	52.2
20	35.2	38.2	47.2	32.2	34.9	43.0	45.3	49.1	60.6	41.5	44.9	55.3
25	35.2	38.2	47.2	32.2	34.9	43.0	47.3	51.3	63.3	43.3	46.9	57.7
30	35.2	38.2	47.2	32.2	34.9	43.0	49.3	53.5	66.0	45.1	48.9	60.2
35	36.7	39.9	49.2	33.6	36.4	44.8	50.8	55.1	68.1	46.5	50.4	62.0
40	38.2	41.5	51.2	35.0	37.9	46.7	52.3	56.8	70.1	47.9	51.9	63.9
45	39.5	42.9	52.9	36.2	39.2	48.2	53.6	58.1	71.8	49.1	53.1	65.4
50	40.8	44.2	54.6	37.3	40.4	49.7	54.9	59.5	73.5	50.2	54.4	66.9
55	41.8	45.3	55.9	38.2	41.4	51.0	55.9	60.6	74.8	51.1	55.4	68.2
60	42.8	46.4	57.3	39.2	42.4	52.2	56.9	61.7	76.1	52.0	56.4	69.4
* 65	43.8	47.5	58.6	40.1	43.4	53.4	57.9	62.8	77.5	53.0	57.4	70.6
* 70	44.8	48.6	60.0	41.0	44.4	54.7	58.9	63.9	78.8	53.9	58.4	71.9
* 75	45.8	49.7	61.3	41.9	45.4	55.9	59.9	65.0	80.2	54.8	59.4	73.1
* 80	46.8	50.8	62.7	42.8	46.4	57.1	60.9	66.1	81.5	55.7	60.4	74.3
* 85	47.6	51.6	63.7	43.5	47.2	58.0	61.6	66.9	82.5	56.4	61.1	75.2
* 89	48.0	52.1	64.3	43.9	47.6	58.6	62.1	67.4	83.2	56.8	61.6	75.8

NOTE: ALL DESIGN LOADS ARE IN POUNDS PER SQUARE FOOT (PSF)

Benjamin Shore  
 22 Emarita Way  
 Sewalls Point Fl.  
 34996



**NOTES:**

1. PLUS & MINUS SIGNS SIGNIFY PRESSURES ACTING TOWARD & AWAY FROM SURFACES RESPECTFULLY.
2.  $a = 10\%$  OF LEAST HORIZONTAL DIMENSION OR  $0.4h$ , WHICHEVER IS SMALLER, BUT NOT LESS THAN EITHER  $4\%$  OF LEAST HORIZONTAL DIMENSION OR 3 FT.
3. LOADS, POSITIVE & NEGATIVE, ARE TAKEN AT MEAN ROOF HEIGHT ( $h$ ) & APPLY TO ALL FLOORS.
4. LOADS BETWEEN ELEVATIONS SHOWN IN TABLE MAY BE INTERPOLATED.
- \* 5. AT MEAN ROOF HEIGHT ( $h$ ),  $60 \text{ ft.} < h < 90 \text{ ft.}$ , PRESSURES HAVE BEEN DETERMINED USING THE SAME METHOD AS FOR 60 ft. & LESS PER ASCE 7-98 SECTION 6.5.12.4.3. THESE PRESSURES ARE ONLY APPLICABLE IF THE HEIGHT TO WIDTH RATIO IS 1 OR LESS (IF THE HEIGHT IS NO MORE THAN 1 TIMES THE MINIMUM BUILDING WIDTH).
6. TABLE VALUES DO NOT CONSIDER EFFECTS FROM TOPOGRAPHIC CONDITIONS & FACTOR  $K_{zt}$  IS TAKEN AS 1.0 (FLAT GRADE). IF TOPOGRAPHIC CONDITIONS ARE NOT FLAT, THE VALUES IN THIS TABLE MUST BE MULTIPLIED BY THE PROPER  $K_{zt}$  FACTOR IN ACCORDANCE WITH ASCE 7-98 SECTION 6.5.7.
7. ALL VALUES IN THIS TABLE CONSIDER A WIND DIRECTIONALITY FACTOR ( $K_d$ ) OF 0.85 PER ASCE 7-98 TABLE 6-6.





**MIAMI-DADE COUNTY**  
 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

[www.miamidade.gov](http://www.miamidade.gov)

**NOTICE OF ACCEPTANCE (NOA)**

Folding Shutter Corporation  
 7089 Hemstreet Place  
 West Palm Beach, Florida 33413

**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: "Impact" Aluminum Colonial Shutter**

**APPROVAL DOCUMENT:** Drawing No. 1017, titled " Impact Colonial Shutter (Dade) ", sheets 1 through 7 of 7, prepared by W. W. Schaefer Engineering & Consulting, P.A., dated 11/22/2000, last revision #A1 dated 10/10/2005, signed & sealed by Warren W. Schaefer, P.E., bearing Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by 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 the following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

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

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

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

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

This NOA revises & renews NOA # 01-0209.09 and consists of this page 1, evidence submitted pages E-1 & E-2 as well as approval document mentioned above.

The submitted documentation was reviewed by Helmy A. Makar, P.E., M.S.

*Helmy A. Makar*  
 12/28/2006

NOA No 06-0831.03  
 Expiration Date: 10/25/2011  
 Approval Date: 12/28/2006  
 Page 1



**Folding Shutter Corporation**

**NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED**

**1. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL # 01-0209.09**

**A. DRAWINGS**

1. Drawing No. 1017, titled "Impact Colonial Shutter (Dade)", prepared by W. W. Schaefer Engineering & Consulting, P.A., sheets 1 through 7 of 7, dated November 22, 2000, signed and sealed by Warren W. Schaefer, P.E. on September 24, 2001.

**B. TESTS**

1. Test Report on: 1) Large Missile Impact Test, per PA-201, 2) Cyclic Wind Pressure Test, per PA-203 and 3) Uniform Static Air Pressure test per PA-202, of colonial shutters, prepared by Hurricane Test Laboratory Inc., Report No. 0143-0409-00, dated January 26, 2001, signed and sealed by Vinu J. Abraham, P.E.
2. Test Report on: 1) Large Missile Impact Test, per PA-201, 2) Cyclic Wind Pressure Test, per PA-203 and 3) Uniform Static Air Pressure test per PA-202, of colonial shutters, prepared by Hurricane Test Laboratory Inc., Report No. 0143-0604-00, dated January 26, 2001, signed and sealed by Vinu J. Abraham, P.E.

**C. CALCULATIONS**

1. Anchor analysis and calculations dated 11/29/2000, 47 pages, prepared by W. W. Schaefer Engineering & Consulting, P.A., signed and sealed by Warren W. Schaefer, P.E.

**D. MATERIAL CERTIFICATION**

1. Certified Tensile Test Report No. OBM-186, prepared by QC Metallurgical Inc., dated 05/24/2001, per ASTM E8-93, signed and sealed by Frank Grate, P.E.
2. Die drawing numbers PH15308, FLD-4132, 15252, 15251, 15100, 15101, FLD-208, FLD-206, FLD-207, FLD-4137, FLD-4138, FLD-4139, FLD-802, FLD-803.

**2. NEW EVIDENCE SUBMITTED**

**A. DRAWINGS**

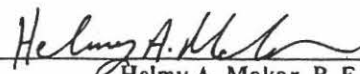
1. Drawing No. 1017, titled "Impact Colonial Shutter (Dade)", sheets 1 through 7 of 7, prepared by W. W. Schaefer Engineering & Consulting, P.A., dated 11/22/2000, last revision #41 dated 10/10/2005, signed & sealed by Warren W. Schaefer, P.E.

**B. TESTS**

1. None.

**C. CALCULATIONS**

1. Anchor analysis and calculations dated 10/11/2005, 16 Pages, prepared by W. W. Schaefer Engineering & Consulting, P.A., signed and sealed by Warren W. Schaefer, P.E. on 10/11/2005.



Helmy A. Makar, P. E., M.S.  
Product Control Examiner  
NOA No 06-0831.03  
Expiration Date: 10/25/2011  
Approval Date: 12/28/2006

Folding Shutter Corporation

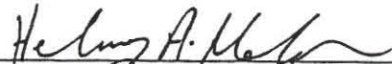
NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

D. QUALITY ASSURANCE

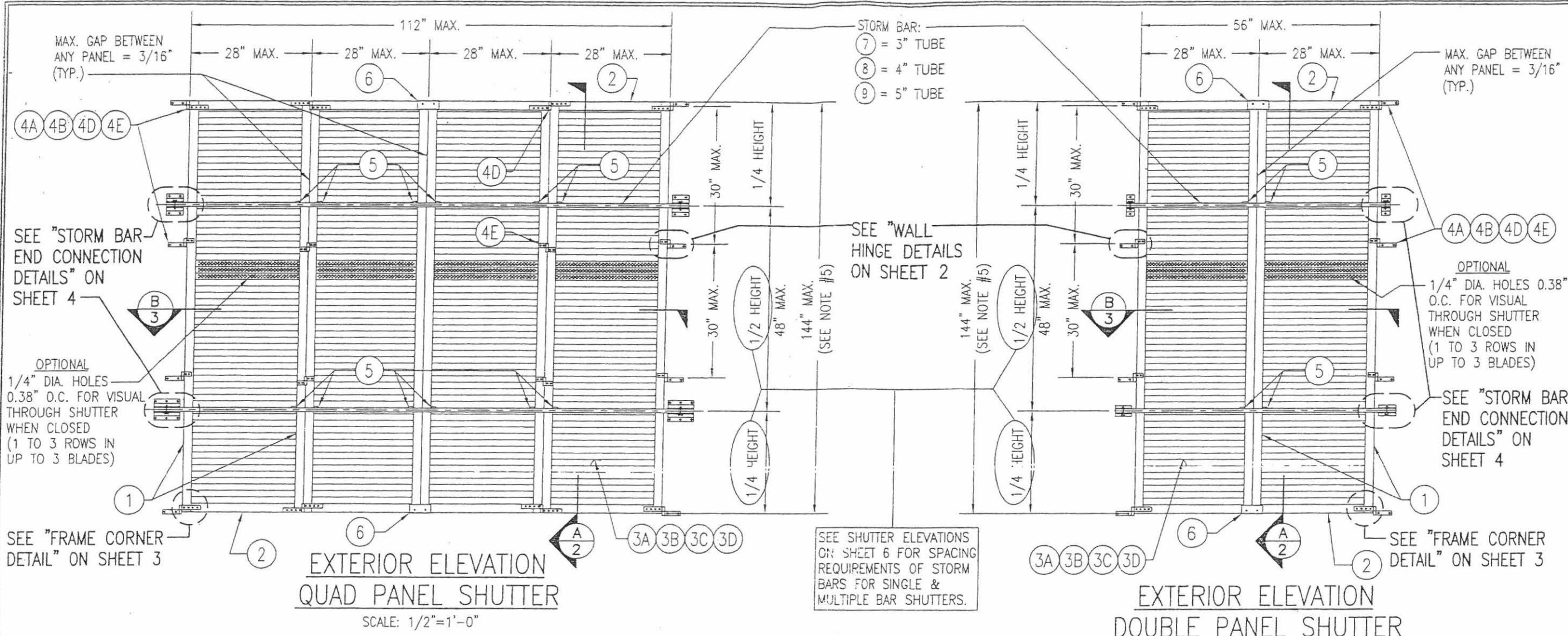
1. *By Miami-Dade County Building Code Compliance Office.*

E. MATERIAL CERTIFICATIONS

1. *None.*

  
\_\_\_\_\_  
Helmy A. Makar, P. E., M.S.  
Product Control Examiner  
NOA No 06-0831.03  
Expiration Date: 10/25/2011  
Approval Date: 12/28/2006





**GENERAL NOTES:**

1. ALL ALUMINUM EXTRUSIONS SHALL BE 6063-T5 ALLOY UNLESS SHOWN OTHERWISE ON THESE DRAWINGS.
2. IT SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER TO VERIFY THE STRUCTURAL INTEGRITY OF THE EXISTING STRUCTURE TO SUPPORT THE LOADS SUPERIMPOSED BY THE SHUTTERS.
3. THESE SHUTTER SYSTEMS HAVE BEEN DESIGNED & TESTED IN ACCORDANCE WITH THE 2004 FLORIDA BUILDING CODE (FBC) AND FBC PROTOCOLS TAS-201, 202 & 203 INCLUDING HIGH VELOCITY HURRICANE ZONES (HVHZ).
4. SHUTTER WIDTH SHALL BE RESTRICTED BY THE MAXIMUM DIMENSIONS SHOWN. SHUTTER HEIGHT MAY EXCEED 96" (UP TO 144" MAX.) PROVIDING THE REQUIRED NUMBER & SPACING OF STORM BARS ARE USED.
5. EACH SHUTTER SHALL HAVE A LEGABLE & READILY VISIBLE MARKING INSTRUCTING THE OWNER/TENNANT TO SECURE THE SHUTTER WITH BRACKETS & STORM BARS, PER THESE APPROVED DRAWINGS, DURING PERIODS OF HURRICANE WARNINGS.
6. EACH SHUTTER ASSEMBLY SHALL BE PERMANENTLY LABELED AS FOLLOWS:  
 FOLDING SHUTTER CORPORATION  
 WEST PALM BEACH, FLORIDA  
 MIAMI-DADE COUNTY PRODUCT CONTROL APPROVED
7. ALL CONCRETE SUBSTRATE SHALL BE MIN. 3000 PSI.
8. ALL WOOD SUBSTRATE SHALL HAVE MIN. G = 0.55 DENSITY.
9. SHUTTERS MUST BE PLACED SUCH THAT THE MINIMUM DISTANCE BETWEEN THE SHUTTER AND THE GLASS IT PROTECTS IS 2.625" (2 5/8").

NOTE: SINGLE & THREE PANEL SHUTTERS ARE ALSO PART OF THIS APPROVAL. SINGLE PANEL SHUTTERS WILL COMPLY WITH THE DOUBLE PANEL SHUTTER REQUIREMENTS & THE THREE PANEL SHUTTERS WILL COMPLY WITH THE QUAD PANEL SHUTTER REQUIREMENTS.

MAX. ALLOWABLE DESIGN WIND LOADS	
POSITIVE	NEGATIVE
80 PSF	80 PSF

SEE SHUTTER ELEVATIONS ON SHEET 6 & STORM BAR LOAD TABLES ON SHEET 7 FOR LOADS AS CONTROLLED BY SHUTTER SPAN & STORM BAR SPACING.

STORM BAR NOTE: THE NUMBER OF STORM BARS REQUIRED WITH EACH SHUTTER TYPICALLY VARIES FROM 1 TO 4 & IS DEPENDENT ON SHUTTER SIZE & REQUIRED DESIGN PRESSURE. SEE ELEVATION SKETCHES & LOAD TABLES ON SHEETS 6 & 7 FOR STORM BAR REQUIREMENTS.

PRODUCT REVISED  
 as complying with the Florida Building Code  
 Acceptance No 06-0831.03  
 Expiration Date 10/25/2011  
 By *Helmut A. Mader*  
 Miami Dade Product Control Division

DRAWN BY: W.W.S.	CHECKED BY: W.W.S.
PLOT: 1=24	DATE: 11/22/00
DATE 10/10/05	
BY WWS	
REVISION DESCRIPTION A1 UPDATE TO 2004 FBC	
NO. A1	
IMPACT COLONIAL SHUTTER (DADE)	
MANUFACTURER FOLDING SHUTTER CORPORATION 7089 HEMLOCK STREET PLACE WEST PALM BEACH, FLORIDA 33413 561-693-4811	
CONSULTANTS W. W. SCHAEFER ENGINEERING & CONSULTING, P.A. 8895 N. MILITARY TRAIL, SUITE C-204 PALM BEACH GARDENS, FL 33410 PHONE: 561-775-4902 FAX: 561-775-4903	
CERTIFICATION AUG 09 2006	WARREN W. SCHAEFER, P.E. P.E. NO. 44135
DRAWING NO. 1017	REV. A
SHEET NO. 1 OF 7	



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

*Valerie*

**IMPACT PROTECTION INSTALLATION AFFIDAVIT**

BLDG. PERMIT NUMBER: 8807 FILE

JOB SITE ADDRESS: 22 Emerita Way

CONTRACTOR/OWNER: Folding Shutter Corporation

PHONE NUMBER: 501-683-4811

QUALIFIER NAME: Gary M. Hemstreet

LICENSE NUMBER: CAL 5499

I Gary M. Hemstreet do hereby affirm:

Owner or Contractor - Please print name  
The following impact protection was used as per the 2004 FBC 1609.1.4 for all exterior glazed openings at the above referenced job site.

Impact Resistant Glass

Approved Shutters

That I personally observed the complete installation of all hurricane panel/shutters on the above referenced project and further affirm that they are fitted properly for the openings they are intended to protect.

Gary M. Hemstreet Date: 3/11/08  
Signature of Owner or Contractor

Sworn to and subscribed before me this  
11 Day of March 2008  
By Gary M. Hemstreet  
Kristina L. Boggs  
Notary Public, State of Florida Notary Seal/Stamp



Personally known to me

Produced ID \_\_\_\_\_

Type \_\_\_\_\_

Sewall' Point Building Department will inspect the structural attachment of the panel rails and/or the shutter assembly attachment to the building, per the manufacturer's product approvals, ASCE 7-02 and the 2004 Florida Building code at final inspection.



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3-12, 2008 Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		investigate	OK	
	915 River	demo ok - work??		INSPECTOR:
C.E.	2 Morgan Circle see John	Dirt on lot behind		SENT NOV. LETTER INSPECTOR: <i>[Signature]</i>
8788	Parrot	Partial deck back	FAIL	
4	1 Island Rd TC Barge	cap, steel, deadman	PASS PASS	INSPECTOR: <i>[Signature]</i>
8835	Sebastian	foundation footer	FAIL	
5	6 W. High Pt O/B			INSPECTOR: <i>[Signature]</i>
8830	Giachino	Fiel final	FAIL	
9	19 Sumara Eddie Huggins			INSPECTOR: <i>[Signature]</i>
8586	Giachino	demo final	PASS	CLOSE
9	19 Sumara Eddie Huggins			INSPECTOR: <i>[Signature]</i>
8807	Shore	final	PASS	CLOSE
10	22 Emarita folding shutter			INSPECTOR: <i>[Signature]</i>
OTHER:				



**9225**

**WINDOW/DOOR**

**REPLACEMENT**



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:	9225	DATE ISSUED:	AUGUST 6, 2009
SCOPE OF WORK:	REPLACEMENT WINDOWS ( <del>IMPACT</del> ) <i>W</i>		
CONDITIONS :	2 INSPECTIONS REQUIRED		
CONTRACTOR:	LOWE'S		
PARCEL CONTROL NUMBER:	013841-005-000-00100-6	SUBDIVISION	EMARITA - LOT 10
CONSTRUCTION ADDRESS:	22 EMARITA WAY		
OWNER NAME:	SHORE		
QUALIFIER:	PETER CAFASSO	CONTACT PHONE NUMBER:	321-243-0634

**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.**



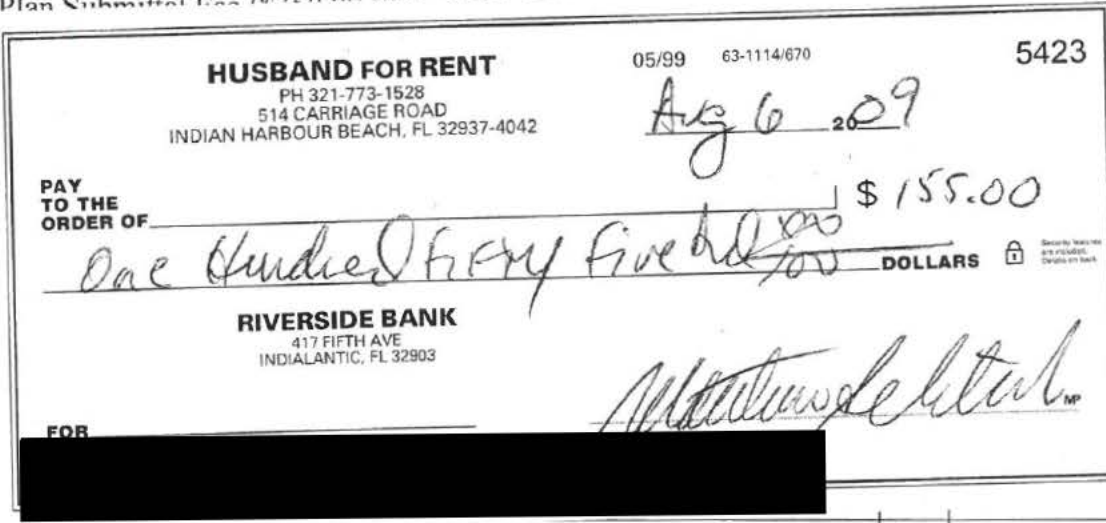
TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
 One S. Sewall's Point Road  
 Sewall's Point, Florida 34996  
 Tel 772-287-2455 Fax 772-220-4765

### BUILDING PERMIT RECEIPT

PERMIT NUMBER:	9225		
ADDRESS	22 EMARITA WAY		
DATE:	8/6/09	SCOPE:	REPLACEMENT WINDOWS - IMPACT

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

Plan Submittal Fee (\$250.00 per set)



DBPR Licensing Fee: (\$.005 per sq. ft. under roof)	\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)	\$	
Martin County Impact Fee:	\$	
<b>TOTAL BUILDING PERMIT FEE:</b>	\$	

ACCESSORY PERMIT	Declared Value:	\$	5393.88
Total number of inspections @ \$75.00 each	2	\$	150
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	155



RECEIVED

DATE: 7-20-09  
TOWN OF SEWALL'S POINT

Date: 07/14/09 **BUILDING PERMIT APPLICATION** Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Benjamin Shore Phone (Day) 772-283-9777 (Fax) \_\_\_\_\_

Job Site Address: 22 Emerita Way City: Sewall's Pt. State: FL Zip: 34996

Legal Description: Emerita LOT 10 Parcel Control Number: 01-38-41-005-000-00100-6

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

Scope of work (please be specific): Replacement IMPACT WINDOWS

**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: \$ 5393.88  
(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: Lowe's #0703 Phone: 321-243-0634 Fax: 321-773-1528  
Street: 4100 NW Federal Hwy City: Jensen Beach State: FL Zip: 34957

State License Number: CGC1508417 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: Matthew Schlick Phone Number: 321-243-0634

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

AREAS SQUARE FOOTAGE: Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios/ Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_  
Carport: \_\_\_\_\_ Total under Roof \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_  
\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

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

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

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

OWNER SIGNATURE: (required)  
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)  
State of Florida County of: Martin  
This the 21 day of July 2009  
by Ben D. Shore who is personally known to me or produced as identification: Fla DL 51600 06444100-0

**LORRIE BERG**  
Notary Public, State of Florida  
Commission# DD844535  
My comm. expires AUG 28, 2012

CONTRACTOR SIGNATURE: (required)  
State of Florida County of: \_\_\_\_\_  
This the 14 day of July 2009  
by Peter A. Cufaro who is personally known to me or produced as identification: \_\_\_\_\_

My Commission Expires: 8-28-12

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

NOTARY PUBLIC  
Notary Public State of Florida  
Kari M Riccaboni  
My Commission DD792655  
Expires 08/28/12

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





**Summary**

print Owner  
 1 of 10

**Parcel Info**

**Summary**

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

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
01-38-41-005-000-00100-6	22 EMARITA WY	17625	Owner	0	1

**Summary**

**Property Location** 22 EMARITA WY  
**Tax District** 2200 Sewall's Point  
**Account #** 17625  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120200  
**Acres** 0.351

**Legal Description**  
**Property Information**  
 EMARITA, LOT 10

**Search By**

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

**Owner Information**  
**Owner Information**  
 SHORE, BENJAMIN DAVID

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

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

**Market Land Value** \$261,250  
**Market Impr Value** \$175,640  
**Market Total Value** \$436,890

**Site Functions**

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

**Recent Sale**  
**Sale Amount** \$180,000

**Sale Date** 6/1/2000  
**Book/Page** 1485 0144

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

Legal disclaimer / Privacy Statement

Data updated on 6/22/2009



NOTICE OF COMMENCEMENT

STATE OF FLORIDA  
MARTIN COUNTY



STATE OF Florida  
COUNTY OF Martin

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

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.

MARSHA EWING, CLERK  
BY T Copus D.C.  
DATE 7/30/09

1. Description of property: (legal description of property, and street address if available)  
01-38-41-005-000-00100-6, 22 Emarita Way, Sewall's Point, FL 34996
2. General description of improvement: Replacement Impact Windows
3. Owner information:
  - a. Name and address: Benjamin Shore, 22 Emarita Way, Sewall's Point, FL 34996
  - b. Phone number: 772-283-9777
  - c. Name and address of fee simple titleholder (if other than owner): N/A
4. Contractor:
  - a. Name and address: Lowe's # 0703, 4100 NW Federal Hwy, Jensen Beach, FL 34957
  - b. Phone number: 772-692-7745
5. Surety:
  - a. Name and address: N/A
  - b. Amount of bond \$ \_\_\_\_\_
  - c. Phone number: \_\_\_\_\_
6. Lender:
  - a. Name and address: N/A
  - b. Phone number: \_\_\_\_\_
7. Persons with the State of Florida designated by Owner upon whom notices or other documents shall be served as provided by Section 713.03(1)(a), Florida Statutes:
  - a. Name and address: N/A
  - b. Phone number: \_\_\_\_\_
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
  - a. Name and address: N/A
  - b. Phone number: \_\_\_\_\_
9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified) \_\_\_\_\_

INSTR # 2160129  
OR BK 02404 PG 0448  
Pg 0448f (1pg)  
RECORDED 07/30/2009 11:52:39 AM  
MARSHA EWING  
CLERK OF CIRCUIT COURT OF MARTIN COUNTY, FLORIDA  
RECORDED BY T Copus (asst mgr)

**WARNING TO OWNER:** ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

[Signature]  
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager  
Signatory's Title/Office \_\_\_\_\_

The foregoing instrument was acknowledged before me this 21 day of July, 2009 by Benjamin Shore (name of person) as woman (type of authority, ...e.g. officer, trustee, attorney in fact) for LORRIE BERG (name of party on behalf of whom instrument was executed).



[Signature]  
Signature of Notary Public - State of Florida  
Print, type, or stamp commissioned name of Notary Public

Personally Known \_\_\_\_\_ OR Produced Identification   
Type of identification produced FLA DL 5000 007441000

Verification pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

[Signature]  
Signature of natural person signing above (owner)



**STORE COPY**

DELIVERY	\$ 0.00
ORDER TOTAL	\$ 5393.88
BALANCE DUE	

Work is to commence upon reasonable availability of Contractor which is anticipated to be \_\_\_\_\_ [fill in date].

Estimated completion date is \_\_\_\_\_ [fill in date].

**NOTICE TO CUSTOMER**

All items listed in this contract and specification sheet(s) are to be installed under conditions agreed upon at time of purchase and at the price appearing on this contract form. This assumes sound existing substructures, superstructure and points of attachments. Extra labor or material incident to installation necessitated by defective substructures, superstructure, points of attachment, or the moving of fixtures or appliances to be billed at extra cost to customer. DO NOT SIGN THIS CONTRACT UNTIL COMPLETE AND YOU HAVE READ THE TERMS AND CONDITIONS OF THIS CONTRACT. BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS SET FORTH ON THIS CONTRACT. YOU ARE ENTITLED TO A COPY OF THIS CONTRACT AT THE TIME OF SIGNATURE.

WITNESS OUR HAND(S) AND SEAL(S) BELOW THIS 3<sup>RD</sup> DAY OF July 2009.

Lowe's Home Centers, Inc.

By: Paul Sawicki (Seal)

Print Name: Paul Sawicki

4100 NW Fed Hwy  
Address

Jensen Beach FL 34957  
City State / Province Zip / Postal Code

X Ryker (Seal)  
Owner

X BENJAMIN D SHORE  
Print Name

X \_\_\_\_\_ (Seal)  
Spouse

X \_\_\_\_\_  
Print Name

**STORE COPY**

DELIVERY	\$ 0.00
ORDER TOTAL	\$ 5393.88
BALANCE DUE	

Work is to commence upon reasonable availability of Contractor which is anticipated to be \_\_\_\_\_ [fill in date].  
 Estimated completion date is \_\_\_\_\_ [fill in date].

**NOTICE TO CUSTOMER**

All items listed in this contract and specification sheet(s) are to be installed under conditions agreed upon at time of purchase and at the price appearing on this contract form. This assumes sound existing substructures, superstructure and points of attachments. Extra labor or material incident to installation necessitated by defective substructures, superstructure, points of attachment, or the moving of fixtures or appliances to be billed at extra cost to customer. DO NOT SIGN THIS CONTRACT UNTIL COMPLETE AND YOU HAVE READ THE TERMS AND CONDITIONS OF THIS CONTRACT. BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS SET FORTH ON THIS CONTRACT. YOU ARE ENTITLED TO A COPY OF THIS CONTRACT AT THE TIME OF SIGNATURE.

WITNESS OUR HAND(S) AND SEAL(S) BELOW THIS 3<sup>RD</sup> DAY OF July 2009.  
 Lowe's Home Centers, Inc.

By: Paul Sawicki (Seal)

Print Name: Paul Sawicki

4100 NW Fed Hwy  
 Address

Jensen Beach FL 34957  
 City State / Province Zip / Postal Code

X [Signature] (Seal)  
 Owner

X BENJAMIN D SHORE  
 Print Name

X \_\_\_\_\_ (Seal)  
 Spouse

X \_\_\_\_\_  
 Print Name



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

ok  
**RECEIVED**  
 DATE: 8-17-09  
 TOWN OF SEWALL'S POINT

**REVISIONS – CORRECTIONS REQUEST FORM**  
 MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: 8/17/2009 PERMIT NUMBER: 9225

JOB ADDRESS: 22 Emerald Way Sewall's Point, FL 34996

**PLEASE CHECK ONE OF THE FOLLOWING:**

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

\*\*\*\*ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING\*\*\*\*

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): Install Door

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES  NO  VALUE \$ 500.00  
 \*\*\*INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL\*\*\*

CONTACT NAME: BENJAMIN SHANE SIGNATURE: [Signature]

PHONE NUMBER: (772) 283-9777 FAX NUMBER: \_\_\_\_\_

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 8-19-09 Approve  Deny

Additional conditioned space \_\_\_\_\_ sq. ft. @ \$104.65 per sq. ft. \_\_\_\_\_ x 2% = \_\_\_\_\_

Additional non-conditioned space \_\_\_\_\_ sq. ft. @ \$ 48.90 per sq. ft. \_\_\_\_\_ x 2% = \_\_\_\_\_

Other declared value increase (must be based on value not cost) \_\_\_\_\_ x 2% = \_\_\_\_\_

Other additional fees: \_\_\_\_\_ Revision review fee: \_\_\_\_\_ Pages @ \$25.00/Page \_\_\_\_\_

Radon Fee \_\_\_\_\_ Professional Regulation Fee \_\_\_\_\_ Road impact assessment \_\_\_\_\_

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ N/C

Applicant notified by: Valerie 8-19-09 Date: \_\_\_\_\_



WINDOW DOOR SCHEDULE

ID NO	APPROX. OPENING SIZE (WxH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	38 1/2 x 90	1			X	Exterior Door
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

TOTAL GLAZED OPENING AREA FOR STRUCTURE: \_\_\_\_\_ S.F.

\*PERCENTAGE OF NEW GLAZED AREA: \_\_\_\_\_ %

(TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2007 FBC EXISTING BUILDING 507.3

\* TYPE WINDOWS

SH - SINGLE HUNG  
DH - DOUBLE HUNG

AWN - AWNING  
CAS - CASEMENT

SL - SLIDING  
FIN - FINED

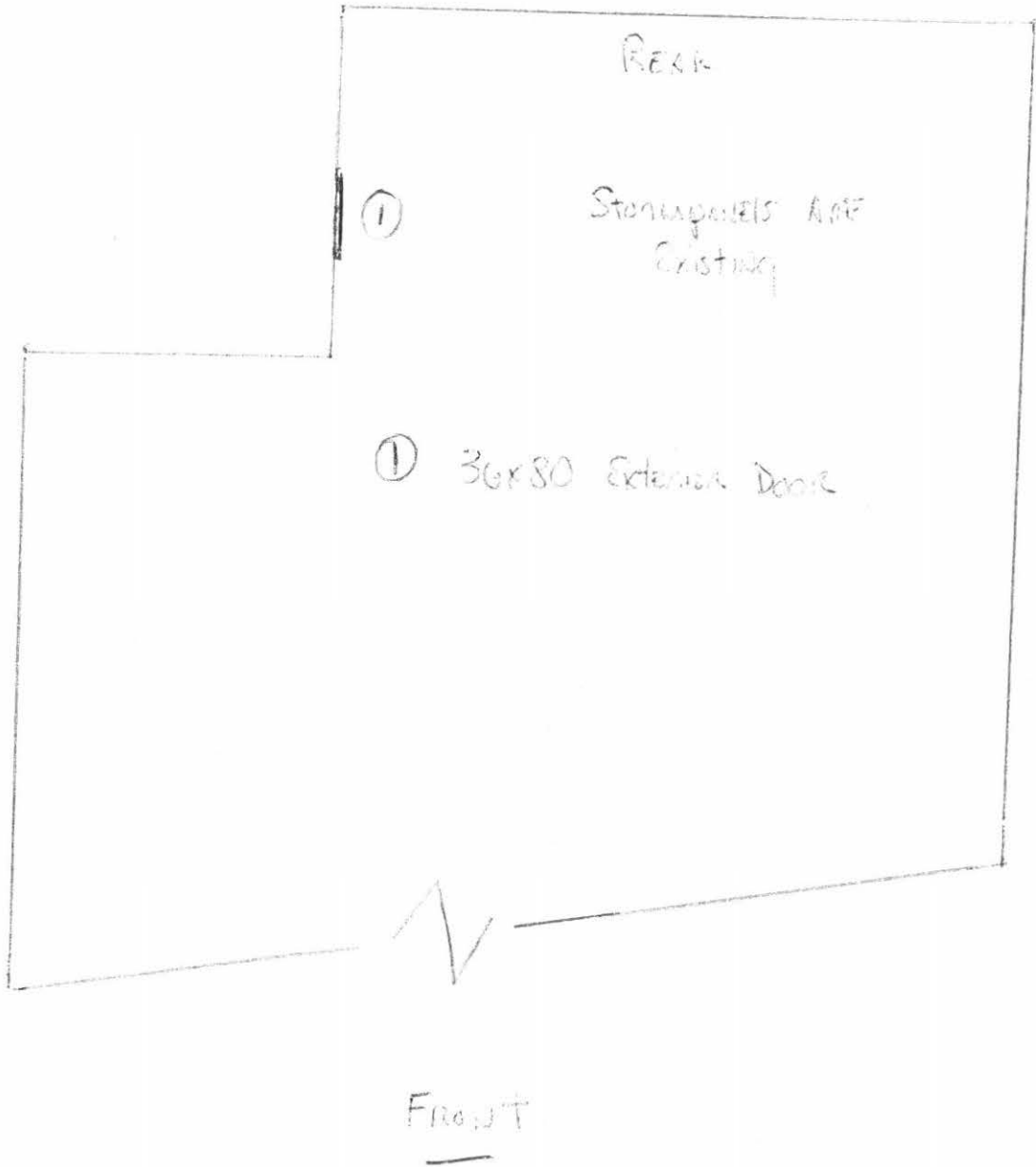


Door Install

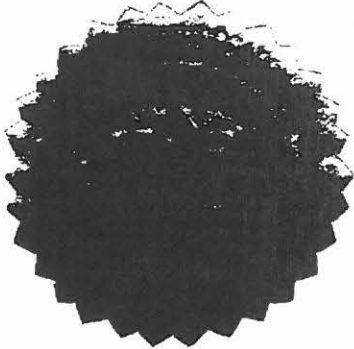
BENJAMIN SHORE

22 EMERALD WAY

SEWILLY POINT, FL (233-9777)



# NAMI NOTICE OF PRODUCT LINE CERTIFICATION



Certification No.: NI006063-R5 Page 1  
Date: 06/08/2005  
Revision Date: 12/18/2008  
Certification Program: Structural  
Company: Masonite International  
Code: M-703-1

The "Notice of Product Line Certification" is valid only when Administrator's Seal is applied to the upper left hand portion of this form and a certification label is applied to the product. This certification seal represents product conformity to the applicable specification and that all certification criteria has been satisfied.

The products and systems listed below are approved for listing in the Directory of Certified Products at [www.NAMICertification.com](http://www.NAMICertification.com). Please review, and advise NAMI immediately if data, as shown requires corrections.

**Company:** **Masonite International Corporation**  
**1955 Powis Road**  
**West Chicago, IL 60185**

**Product Line:** **Masonite Fiberglass Side-Hinged Door Units**

**Test Report:** **NCTL-210-3102-1/210-3105-1/210-3107-1/210-3108-1/210-1973-1,2,3/  
NCTL-210-3314-1/CTLA 772W/CTLA 772W-1/CTLA 772W-2/  
CTLA 805W/CTLA 805W-2/CTLA 1051W/NCTL-210-3358-1**

## **Section 1: General Description of the Products and Systems under this Certification**

- 1.1 Frame:** The frame jambs consist of finger jointed pine with all corners coped, butted, and sealed using three 2" long wire staples (.04375").
- 1.2 Mullion Construction:** Where used, each mullion constructed of laminated lumber and attached to the header and threshold with three #10 x 3" Philips Flat Head Wood Screws.
- 1.3 Non-Impact Glazing:** Where used, the overall insulated glass was glazed into a rigid plastic lip-lite frame. Consisted of symmetric monolithic insulated glass with 3mm (0.118) tempered glass with aluminum, steel or butyl spacer.  
**Impact Glazing:** Where used, the overall impact rated insulating glass was glazed into an extruded aluminum frame. The glass consists of a laminate with 0.124" Annealed Glass/0.090" PVB/0.124" Annealed Glass and a lite of 0.124" Tempered Glass with aluminum, steel or butyl spacer.
- 1.4 Door Leaf Construction:** Each door leaf was constructed from 0.070" thick fiberglass composite material. Top rail and stiles constructed from wood, with or without composite edge band.



**Section 2: Registered Suppliers**

- 2.1 Non-Impact Door Lites: ODL or Specialty
- 2.2 Impact Door Lites: Specialty
- 2.3 Astragal: Endura Ultimate

**Section 3: Additional Supportive Test or Acceptance Data Provided with Certification Documentation included:**

- 3.1 Fiberglass Composite (Including raw composite, painted composite and stained and top coated composite-Tested for Tensile & Elongation Properties per ASTM D638, both before and after weathering for 4500 hours per ASTM G26 Xenon Arc Method 1. Test performed by Universal Laboratory, Inc.-Test Report 27009/27009-A/27009-B.
- 3.2 Skin material tested to ASTM D635, ASTM D2843 and ASTM D1929 And conditioned for not less than 40 hours per ASTM D618. "Rate of Burn, Self Ignition Temperature and Smoke Density Tests" to Fiberglass Skin conducted by ETC Laboratories, Test Report ETC-98-417-7139.0.
- 3.3 Miami-Dade Building Code Compliance Notice of Acceptance for Lite Frame Material, NOA#07-0214.08 and ETC Test Report Number ETC-02-797-12517.1.
- 3.4 Surface Burning Characteristics for Foam Filled Door performed by Omega Point Laboratories to ASTM E84-98, "Standard Test Method for Surface Burning Characteristics of Building Materials-Report No. 15977-104313 and 17276-125193.
- 3.5 ASTM E1300 Glass Load Resistance Report provided by National Certified Testing Laboratories NCTL-110-9735-1.
- 3.6 Anchor Performance Calculation Report-Performed by Harold E. Rupp, P.E. (Florida No. 15935.)
- 3.7 National Accreditation & Management Institute, Inc. W-1362/W-1416

See additional Pages of Certification for Certified Product Line Matrix(s) and Installation Details. If you have any questions regarding this certification, please contact NAMI at (757)594-8658.

## NOTICE OF PRODUCT CERTIFICATION

**Company:** Masonite International Corporation  
1955 Powis Road  
West Chicago, IL 60185

**Certification No.:** NI006063-R5-Page 3  
**Certification Date:** 06/08/2005  
**Expiration Date:** 12/31/2010  
**Revision Date:** 12/18/2008

**Product:** Fiberglass Opaque Inswing or Outswing Door w/ and w/o Non-Impact Rated Sidelites (w/Wood Frame unless noted)  
Specifications Tested To: TAS 202-94/ASTM E330/ASTM E1886/E1996

**Impact Rating: Wind Zone 4-Missile Level D**

The "Notice of Product Certification" is only valid if the NAMI Certification Label has been applied to the product as described within this document. The certification label represents product conformity to the applicable specification and that all certification criteria has been satisfied. This product has been approved for listing within NAMI's Certified Product Listing at [www.Namicertification.com](http://www.Namicertification.com). NAMI's Certification Program is accredited by The American National Standards Institute (ANSI).

Configuration	Inswing or Outswing	Glazed or Opaque	Maximum Size	Design Pressure Pos/Neg	Missile Impact Rated	Test Report Number Drawing Number & Comments
X Single	I/S	Opaque	3'0" x 6'8"	+70/-70	Yes	NCTL-210-3102-1/NCTL-210-1973-1,2,3/CTLA-1051W Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0124-05 & FL0151-06
X Single	O/S	Opaque	3'0" x 6'8"	+85/-85	Yes	NCTL-210-3358-1 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0124-05/FL0151-06/FL0157-06
XX Double	I/S	Opaque	6'0" x 6'8"	+50.5/-50.5	Yes	NCTL-210-3105-1/210-3314-1A.CTLA-772W-2 Maximum Panel Size: 3'0" x 6'8"/Sidelite: 3'0" x 6'8" Anchor Detail-MA-FL0124-05 & FL0151-06
XX Double	O/S	Opaque	6'0" x 6'8"	+55/-50.5	Yes	NCTL-210-3105-1/210-3314-1A.CTLA-772W-2 Maximum Panel Size: 3'0" x 6'8"/Sidelite: 3'0" x 6'8" Anchor Detail-MA-FL0124-05 & FL0151-06
XO/OX Single w/Sidelite	I/S	Opaque Door Glazed Sidelite	6'0" x 6'8"	+50.5/-50.5	Door-Yes Sidelite-No	NCTL-210-3105-1/210-3314-1A.CTLA-772W-2 Maximum Panel Size: 3'0" x 6'8"/Sidelite: 3'0" x 6'8" Anchor Detail-MA-FL0124-05 & FL0151-06
XO/OX Single w/Sidelites	O/S	Opaque Door Glazed Sidelite	6'0" x 6'8"	+55/-50.5	Door-Yes Sidelite-No	NCTL-210-3105-1/210-3314-1A.CTLA-772W-2 Maximum Panel Size: 3'0" x 6'8"/Sidelite: 3'0" x 6'8" Anchor Detail-MA-FL0124-05 & FL0151-06
OXO Single w/Sidelites	I/S	Opaque Door Glazed Sidelites	9'0" x 6'8"	+50.5/-50.5	Door-Yes Sidelites-No	NCTL-210-3105-1/210-3314-1A.CTLA-772W-2 Maximum Panel Size: 3'0" x 6'8"/Sidelite: 3'0" x 6'8" Anchor Detail-MA-FL0124-05 & FL0151-06
OXO Single w/Sidelites	O/S	Opaque Door Glazed Sidelites	9'0" x 6'8"	+55/-50.5	Door-Yes Sidelites-No	NCTL-210-3105-1/210-3314-1A.CTLA-772W-2 Maximum Panel Size: 3'0" x 6'8"/Sidelite: 3'0" x 6'8" Anchor Detail-MA-FL0124-05 & FL0151-06
OXXO Double w/Sidelites	I/S	Opaque Doors Glazed Sidelites	12'4" x 6'8"	+50.5/-50.5	Doors-Yes Sidelites-No	NCTL-210-3105-1/210-3314-1A.CTLA-772W-2 Maximum Panel Size: 3'0" x 6'8"/Sidelite: 3'0" x 6'8" Anchor Detail-MA-FL0124-05 & FL0151-06
OXXO Double w/Sidelites	O/S	Opaque Doors Glazed Sidelites	12'4" x 6'8"	+55/-50.5	Doors-Yes Sidelites-No	NCTL-210-3105-1/210-3314-1A.CTLA-772W-2 Maximum Panel Size: 3'0" x 6'8"/Sidelite: 3'0" x 6'8" Anchor Detail-MA-FL0124-05 & FL0151-06

National Accreditation & Management Institute, Inc./11870 Merchants Walk Suite 202/Newport News, VA 23606  
Tel-757.594.8658/Fax-757.594.8659

NAMI AUTHORIZED SIGNATURE: \_\_\_\_\_



# NOTICE OF PRODUCT CERTIFICATION

**Company:** Masonite International Corporation  
1955 Powis Road  
West Chicago, IL 60185

**Certification No.:** NI006063-R5-Page 4  
**Certification Date:** 06/08/2005  
**Expiration Date:** 12/31/2010  
**Revision Date:** 12/18/2008

**Product:** Fiberglass Opaque Inswing or Outswing Door w/ and w/o Non-Impact Rated Sidelites (w/Wood Frame unless noted)  
Specifications Tested To: TAS 202-94/ASTM E330/ASTM E1886/ASTM E1996

**Impact Rating: Wind Zone 4-Missile Level D**

The "Notice of Product Certification" is only valid if the NAMI Certification Label has been applied to the product as described within this document. The certification label represents product conformity to the applicable specification and that all certification criteria has been satisfied. This product has been approved for listing within NAMI's Certified Product Listing at [www.Namicertification.com](http://www.Namicertification.com). NAMI's Certification Program is accredited by The American National Standards Institute (ANSI).

Configuration	Inswing or Outswing	Glazed or Opaque	Maximum Size	Design Pressure Pos/Neg	Missile Impact Rated	Test Report Number Drawing Number & Comments
X Single	I/S	Opaque	3'0" x 8'0"	+70/-70	Yes	NCTL-210-3102-1/CTLA-772W/1051W Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0125-05 & FL0152-06
X Single	O/S	Opaque	3'0" x 8'0"	+70/-70	Yes	NCTL-210-3102-1/CTLA-772W/1051W Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0125-05 & FL1052-06
XX Double	I/S	Opaque	6'0" x 8'0"	+50.5/-50.5	Yes	NCTL-210-3105-1/3314-1A/CTLA-772W-1 Maximum Panel Size: 3'0" x 8'0"/Sidelite: 3'0" x 8'0" Anchor Detail-MA-FL0125-05 & FL0152-06
XX Double	O/S	Opaque	6'0" x 8'0"	+55/-50.5	Yes	NCTL-210-3105-1/3314-1A/CTLA-772W-1 Maximum Panel Size: 3'0" x 8'0"/Sidelite: 3'0" x 8'0" Anchor Detail-MA-FL0125-05 & FL0152-06
XO/OX Single w/Sidelite	I/S	Opaque Door Glazed Sidelite	6'0" x 8'0"	+50.5/-50.5	Door-Yes Sidelite-No	NCTL-210-3105-1/3314-1A/CTLA-772W-1 Maximum Panel Size: 3'0" x 8'0"/Sidelite: 3'0" x 8'0" Anchor Detail-MA-FL0125-05 & FL0152-06
XO/OX Single w/Sidelites	O/S	Opaque Door Glazed Sidelite	6'0" x 8'0"	+55/-50.5	Door-Yes Sidelite-No	NCTL-210-3105-1/3314-1A/CTLA-772W-1 Maximum Panel Size: 3'0" x 8'0"/Sidelite: 3'0" x 8'0" Anchor Detail-MA-FL0125-05 & FL0152-06
OXO Single w/Sidelites	I/S	Opaque Door Glazed Sidelites	9'0" x 8'0"	+50.5/-50.5	Door-Yes Sidelites-No	NCTL-210-3105-1/3314-1A/CTLA-772W-1 Maximum Panel Size: 3'0" x 8'0"/Sidelite: 3'0" x 8'0" Anchor Detail-MA-FL0125-05 & FL0152-06
OXO Single w/Sidelites	O/S	Opaque Door Glazed Sidelites	9'0" x 8'0"	+55/-50.5	Door-Yes Sidelites-No	NCTL-210-3105-1/3314-1A/CTLA-772W-1 Maximum Panel Size: 3'0" x 8'0"/Sidelite: 3'0" x 8'0" Anchor Detail-MA-FL0125-05 & FL0152-06
OXXO Double w/Sidelites	I/S	Opaque Doors Glazed Sidelites	12'4" x 8'0"	+50.5/-50.5	Doors-Yes Sidelites-No	NCTL-210-3105-1/3314-1A/CTLA-772W-1 Maximum Panel Size: 3'0" x 8'0"/Sidelite: 3'0" x 8'0" Anchor Detail-MA-FL0125-05 & FL0152-06
OXXO Double w/Sidelites	O/S	Opaque Doors Glazed Sidelites	12'4" x 8'0"	+55/-50.5	Doors-Yes Sidelites-No	NCTL-210-3105-1/3314-1A/CTLA-772W-1 Maximum Panel Size: 3'0" x 8'0"/Sidelite: 3'0" x 8'0" Anchor Detail-MA-FL0125-05 & FL0152-06

National Accreditation & Management Institute, Inc./11870 Merchants Walk Suite 202/Newport News, VA 23606  
Tel-757.594.8658/Fax-757.594.8659

NAMI AUTHORIZED SIGNATURE: \_\_\_\_\_





## NOTICE OF PRODUCT CERTIFICATION

**Company:** Masonite International Corporation  
1955 Powis Road  
West Chicago, IL 60185

**Certification No.:** NI006063-R5-Page 5  
**Certification Date:** 06/08/2005  
**Expiration Date:** 12/31/2010  
**Revision Date:** 12/18/2008

**Product:** Fiberglass Glazed Inswing or Outswing Door w/ and w/o Non-Impact Rated Sidelites (w/Wood Frame unless noted)  
**Specifications Tested To:** TAS 202-94/ASTM E330

The "Notice of Product Certification" is only valid if the NAMI Certification Label has been applied to the product as described within this document. The certification label represents product conformity to the applicable specification and that all certification criteria has been satisfied. This product has been approved for listing within NAMI's Certified Product Listing at [www.Namicertification.com](http://www.Namicertification.com). NAMI's Certification Program is accredited by The American National Standards Institute (ANSI).

Configuration	Inswing or Outswing	Glazed or Opaque	Maximum Size	Design Pressure Pos/Neg	Missile Impact Rated	Test Report Number Drawing Number & Comments
X Single	I/S	Glazed	3'0" x 6'8"	-52/-52	No	NCTL-210-3108-1/CTLA-805W-2 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0126-05
X Single	O/S	Glazed	3'0" x 6'8"	+55/-55	No	NCTL-210-3108-1/CTLA-805W-2 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0126-05
XX Double	I/S	Glazed	6'0" x 6'8"	+52/-52	No	NCTL-210-3108-1/CTLA-805W-2 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0126-05
XX Double	O/S	Glazed	6'0" x 6'8"	+55/-55	No	NCTL-210-3108-1/CTLA-805W-2 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0126-05
XO/OX Single w/Sidelite	I/S	Glazed Door Glazed Sidelite	6'0" x 6'8"	+52/-52	Door-No Sidelite-No	NCTL-210-3108-1/CTLA-805W-2 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0126-05
XO/OX Single w/Sidelites	O/S	Glazed Door Glazed Sidelite	6'0" x 6'8"	-55/-55	Door-No Sidelite-No	NCTL-210-3108-1/CTLA-805W-2 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0126-05
OXO Single w/Sidelites	I/S	Glazed Door Glazed Sidelites	9'0" x 6'8"	+52/-52	Door-No Sidelites-No	NCTL-210-3108-1/CTLA-805W-2 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0126-05
OXO Single w/Sidelites	O/S	Glazed Door Glazed Sidelites	9'0" x 6'8"	+55/-55	Door-No Sidelites-No	NCTL-210-3108-1/CTLA-805W-2 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0126-05
OXXO Double w/Sidelites	I/S	Glazed Doors Glazed Sidelites	12'6" x 6'8"	-52/-52	Doors-No Sidelites-No	NCTL-210-3108-1/CTLA-805W-2 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0126-05
OXXO Double w/Sidelites	O/S	Glazed Doors Glazed Sidelites	12'6" x 6'8"	+55/-55	Doors-No Sidelites-No	NCTL-210-3108-1/CTLA-805W-2 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0126-05

**National Accreditation & Management Institute, Inc./11870 Merchants Walk Suite 202/Newport News, VA 23606  
Tel-757.594.8658/Fax-757.594.8659**

**NAMI AUTHORIZED SIGNATURE:** \_\_\_\_\_



# NOTICE OF PRODUCT CERTIFICATION

**Company:** Masonite International Corporation  
 1955 Powis Road  
 West Chicago, IL 60185

**Certification No.:** NI006063-R5-Page 6  
**Certification Date:** 06/08/2005  
**Expiration Date:** 12/31/2010  
**Revision Date:** 12/18/2008

**Product:** Fiberglass Glazed Inswing or Outswing Door w/ and w/o Non-Impact Rated Sidelites (w/Wood Frame unless noted)  
**Specifications Tested To:** TAS 202-94/ASTM E330

The "Notice of Product Certification" is only valid if the NAMI Certification Label has been applied to the product as described within this document. The certification label represents product conformity to the applicable specification and that all certification criteria has been satisfied. This product has been approved for listing within NAMI's Certified Product Listing at [www.NamIcertification.com](http://www.NamIcertification.com). NAMI's Certification Program is accredited by The American National Standards Institute (ANSI).

Configuration	Inswing or Outswing	Glazed or Opaque	Maximum Size	Design Pressure Pos/Neg	Missile Impact Rated	Test Report Number Drawing Number & Comments
X Single	I/S	Glazed	3'0" x 8'0"	+40/-40	No	NCTL-210-3107-1/CTLA-805W Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0127-05
X Single	O/S	Glazed	3'0" x 8'0"	+47/-47	No	NCTL-210-3107-1/CTLA-805W Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0127-05
XX Double	I/S	Glazed	6'0" x 8'0"	+40/-40	No	NCTL-210-3107-1/CTLA-805W Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0127-05
XX Double	O/S	Glazed	6'0" x 8'0"	-47/-47	No	NCTL-210-3107-1/CTLA-805W Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0127-05
XO/OX Single w/Sidelite	I/S	Glazed Door Glazed Sidelite	6'0" x 8'0"	+40/-40	Door-No Sidelite-No	NCTL-210-3107-1/CTLA-805W Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0127-05
XO/OX Single w/Sidelites	O/S	Glazed Door Glazed Sidelite	6'0" x 8'0"	+47/-47	Door-No Sidelite-No	NCTL-210-3107-1/CTLA-805W Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0127-05
OXO Single w/Sidelites	I/S	Glazed Door Glazed Sidelites	9'0" x 8'0"	+40/-40	Door-No Sidelites-No	NCTL-210-3107-1/CTLA-805W Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0127-05
OXO Single w/Sidelites	O/S	Glazed Door Glazed Sidelites	9'0" x 8'0"	-47/-47	Door-No Sidelites-No	NCTL-210-3107-1/CTLA-805W Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0127-05
OXXO Double w/Sidelites	I/S	Glazed Doors Glazed Sidelites	12'6" x 8'0"	+40/-40	Doors-No Sidelites-No	NCTL-210-3107-1/CTLA-805W Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0127-05
OXXO Double w/Sidelites	O/S	Glazed Doors Glazed Sidelites	12'6" x 8'0"	+47/-47	Doors-No Sidelites-No	NCTL-210-3107-1/CTLA-805W Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0127-05

National Accreditation & Management Institute, Inc./11870 Merchants Walk Suite 202/Newport News, VA 23606  
 Tel-757.594.8658/Fax-757.594.8659

NAMI AUTHORIZED SIGNATURE: \_\_\_\_\_



# NOTICE OF PRODUCT CERTIFICATION

**Company:** Masonite International Corporation  
 1955 Powis Road  
 West Chicago, IL 60185

**Certification No.:** NI006063-R5-Page 7  
**Certification Date:** 06/08/2005  
**Expiration Date:** 12/31/2010  
**Revision Date:** 12/18/2008

**Product:** Fiberglass Impact Glazed Inswing or Outswing Door w/ and w/o Impact Rated Sidelites (w/Wood Frame unless noted)

**Specifications Tested To: ASTM E330/ASTM E1886/ASTM E1996**

**Impact Rating: Wind Zone 4-Missile Level D**

The "Notice of Product Certification" is only valid if the NAMI Certification Label has been applied to the product as described within this document. The certification label represents product conformity to the applicable specification and that all certification criteria has been satisfied. This product has been approved for listing within NAMI's Certified Product Listing at [www.Namicertification.com](http://www.Namicertification.com). NAMI's Certification Program is accredited by The American National Standards Institute (ANSI).

Configuration	Inswing or Outswing	Glazed or Opaque	Maximum Size	Design Pressure Pos/Neg	Missile Impact Rated	Test Report Number Drawing Number & Comments
X Single	I/S	Glazed	3'0" x 6'8"	+50/-50	Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0153-06
X Single	O/S	Glazed	3'0" x 6'8"	+50/-50	Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0153-06
XX Double	I/S	Glazed	6'0" x 6'8"	+50/-50	Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0153-06
XX Double	O/S	Glazed	6'0" x 6'8"	+50/-50	Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0153-06
XO/OX Single w/Sidelite	I/S	Glazed Door Glazed Sidelite	6'0" x 6'8"	+50/-50	Door-Yes Sidelite-Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0153-06
XO/OX Single w/Sidelites	O/S	Glazed Door Glazed Sidelite	6'0" x 6'8"	+50/-50	Door-Yes Sidelite-Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0153-06
OXO Single w/Sidelites	I/S	Glazed Door Glazed Sidelites	9'0" x 6'8"	+50/-50	Door-Yes Sidelites-Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0153-06
OXO Single w/Sidelites	O/S	Glazed Door Glazed Sidelites	9'0" x 6'8"	+50/-50	Door-Yes Sidelites-Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0153-06
OXXO Double w/Sidelites	I/S	Glazed Doors Glazed Sidelites	12'6" x 6'8"	+50/-50	Doors-Yes Sidelites-Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0153-06
OXXO Double w/Sidelites	O/S	Glazed Doors Glazed Sidelites	12'6" x 6'8"	+50/-50	Doors-Yes Sidelites-Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 6'8" Anchor Detail-MA-FL0153-06

**National Accreditation & Management Institute, Inc./11870 Merchants Walk Suite 202/Newport News, VA 23606  
 Tel-757.594.8658/Fax-757.594.8659**

**NAMI AUTHORIZED SIGNATURE:** \_\_\_\_\_





# NOTICE OF PRODUCT CERTIFICATION

**Company:** Masonite International Corporation  
 1955 Powis Road  
 West Chicago, IL 60185

**Certification No.:** NI006063-R5-Page 8  
**Certification Date:** 06/08/2005  
**Expiration Date:** 12/31/2010  
**Revision Date:** 12/18/2008

**Product:** Fiberglass Impact Glazed Inswing or Outswing Door w/ and w/o Impact Rated Sidelites (w/Wood Frame unless noted)

**Specifications Tested To: ASTM E330/ASTM E1886/ASTM E1996**  
**Impact Rating: Wind Zone 4-Missile Level D**


The "Notice of Product Certification" is only valid if the NAMI Certification Label has been applied to the product as described within this document. The certification label represents product conformity to the applicable specification and that all certification criteria has been satisfied. This product has been approved for listing within NAMI's Certified Product Listing at [www.Namicertification.com](http://www.Namicertification.com). NAMI's Certification Program is accredited by The American National Standards Institute (ANSI).

Configuration	Inswing or Outswing	Glazed or Opaque	Maximum Size	Design Pressure Pos/Neg	Missile Impact Rated	Test Report Number Drawing Number & Comments
X Single	I/S	Glazed	3'0" x 8'0"	+50/-50	Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0154-06
X Single	O/S	Glazed	3'0" x 8'0"	+50/-50	Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0154-06
XX Double	I/S	Glazed	6'0" x 8'0"	+50/-50	Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0154-06
XX Double	O/S	Glazed	6'0" x 8'0"	+50/-50	Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0154-06
XO/OX Single w/Sidelite	I/S	Glazed Door Glazed Sidelite	6'0" x 8'0"	+50/-50	Door-Yes Sidelite-Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0154-06
XO/OX Single w/Sidelites	O/S	Glazed Door Glazed Sidelite	6'0" x 8'0"	+50/-50	Door-Yes Sidelite-Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0154-06
OXO Single w/Sidelites	I/S	Glazed Door Glazed Sidelites	9'0" x 8'0"	+50/-50	Door-Yes Sidelites-Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0154-06
OXO Single w/Sidelites	O/S	Glazed Door Glazed Sidelites	9'0" x 8'0"	+50/-50	Door-Yes Sidelites-Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0154-06
OXXO Double w/Sidelites	I/S	Glazed Doors Glazed Sidelites	12'6" x 8'0"	+50/-50	Doors-Yes Sidelites-Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0154-06
OXXO Double w/Sidelites	O/S	Glazed Doors Glazed Sidelites	12'6" x 8'0"	+50/-50	Doors-Yes Sidelites-Yes	NCTL-210-3314-1 Maximum Panel Size: 3'0" x 8'0" Anchor Detail-MA-FL0154-06

National Accreditation & Management Institute, Inc./11870 Merchants Walk Suite 202/Newport News, VA 23606

Tel-757.594.8658/Fax-757.594.8659

NAMI AUTHORIZED SIGNATURE: \_\_\_\_\_



Masonite

SIDE-HINGED FIBERGLASS DOOR UNIT  
6'-8" DOUBLE DOOR WITH / WITHOUT SIDELITES

GENERAL NOTES

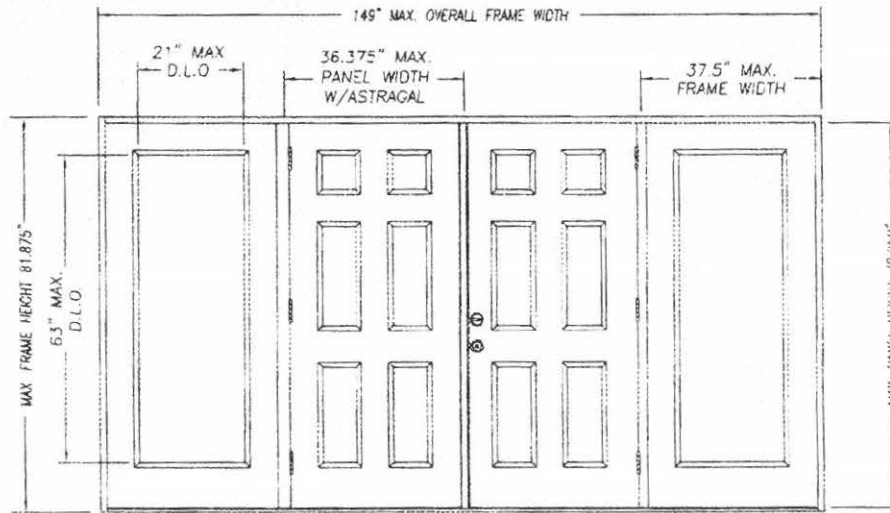
- EVALUATED FOR USE IN LOCATIONS ADHERING TO THE FLORIDA BUILDING CODE AND WHERE PRESSURE REQUIREMENTS AS DETERMINED BY ASCE 7. MINIMUM DESIGN LOADS FOR BUILDINGS AND OTHER STRUCTURES, DOES NOT EXCEED THE DESIGN PRESSURES LISTED.
- WHEN INSTALLED IN THE HIGH VELOCITY HURRICANE ZONE (HVHZ), HURRICANE PROTECTIVE SYSTEM (SHUTTERS) IS REQUIRED.
- WHEN INSTALLED IN THE WIND-BORNE DEBRIS REGION, EXCLUDING THE HIGH VELOCITY HURRICANE ZONE (HVHZ), HURRICANE PROTECTIVE SYSTEM IS NOT REQUIRED ON OPAQUE PANELS OR PANELS WITH IMPACT GLASS, BUT IS REQUIRED ON PANELS WITH NON-IMPACT GLASS.
- POLYURETHANE CORE FLAME SPREAD INDEX OF 50 AND SMOKE DEVELOPED INDEX OF 60 PER ASTM E84. POLYSTYRENE CORE FLAME SPREAD INDEX OF 15 AND SMOKE DEVELOPED INDEX OF 115 PER ASTM E84.
- PLASTICS TESTING OF FIBERGLASS FACING:

TEST DESCRIPTION	DESIGNATION	RESULT
SELF IGNITION TEMP	ASTM D1929	803 °F > 650 °F
RATE OF BURNING	ASTM D635	0.79 IN/MIN
SMOKE DENSITY	ASTM D2843	48.3%
TENSILE STRENGTH*	ASTM D638	-7.3% DIFF

- PLASTICS TESTING OF LITE FRAME MATERIAL:

TEST DESCRIPTION	DESIGNATION	RESULT
SELF IGNITION TEMP	ASTM D1929	680 °F > 650 °F
RATE OF BURNING	ASTM D635	1.13 IN/MIN
SMOKE DENSITY	ASTM D2843	69.5%
TENSILE STRENGTH*	ASTM D638	-7.48% DIFF

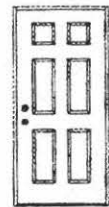
\* COMPARATIVE TENSILE STRENGTH AFTER WEATHERING  
4500 HOURS KENON ARC METHOD 1



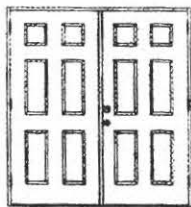
DOUBLE DOOR UNIT W/SIDELITES

ADDENDUM TO NAWI

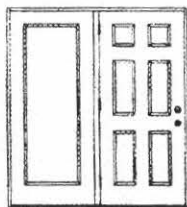
Certification No: N100462-R5  
Reviewed By: [Signature]  
Date Reviewed: 12/13/08



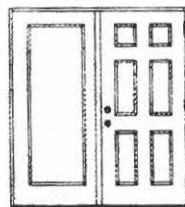
SINGLE DOOR UNIT



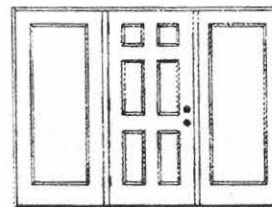
DOUBLE DOOR UNIT



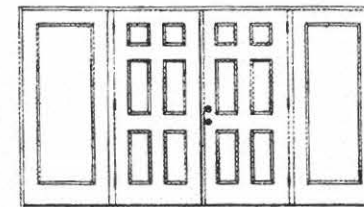
SINGLE DOOR UNIT WITH SIDELITE



SINGLE DOOR UNIT WITH SIDELITE



SINGLE DOOR UNIT W/SIDELITES



DOUBLE DOOR UNIT W/SIDELITES

TABLE OF CONTENTS	
SHEET #	DESCRIPTION
1	TYPICAL ELEVATIONS & GENERAL NOTES
2	ANCHORING LOCATIONS & DETAILS
3	ANCHORING LOCATIONS & DETAILS

CONFIG	MAX WIDTH	DESIGN PRESSURE RATING				WHERE WATER INFILTRATION PERFORMANCE IS REQUIRED TO BE 15% OF DESIGN PRESSURE			
		INSWING		OUTSWING		INSWING		OUTSWING*	
X	37.5"	+70.0	-70.0	+85.0	-85.0	+19.0	-19.0	+70.0	-70.0
XX	74"	+50.5	-50.5	+55.0	-50.5	+19.0	-19.0	+40.0	-40.0
OX or XO	75"	+50.5	-50.5	+55.0	-50.5	+19.0	-19.0	+40.0	-40.0
OXO	112.5"	+50.5	-50.5	+55.0	-50.5	+19.0	-19.0	+40.0	-40.0
OXYO	149"	+50.5	-50.5	+55.0	-50.5	+19.0	-19.0	+40.0	-40.0

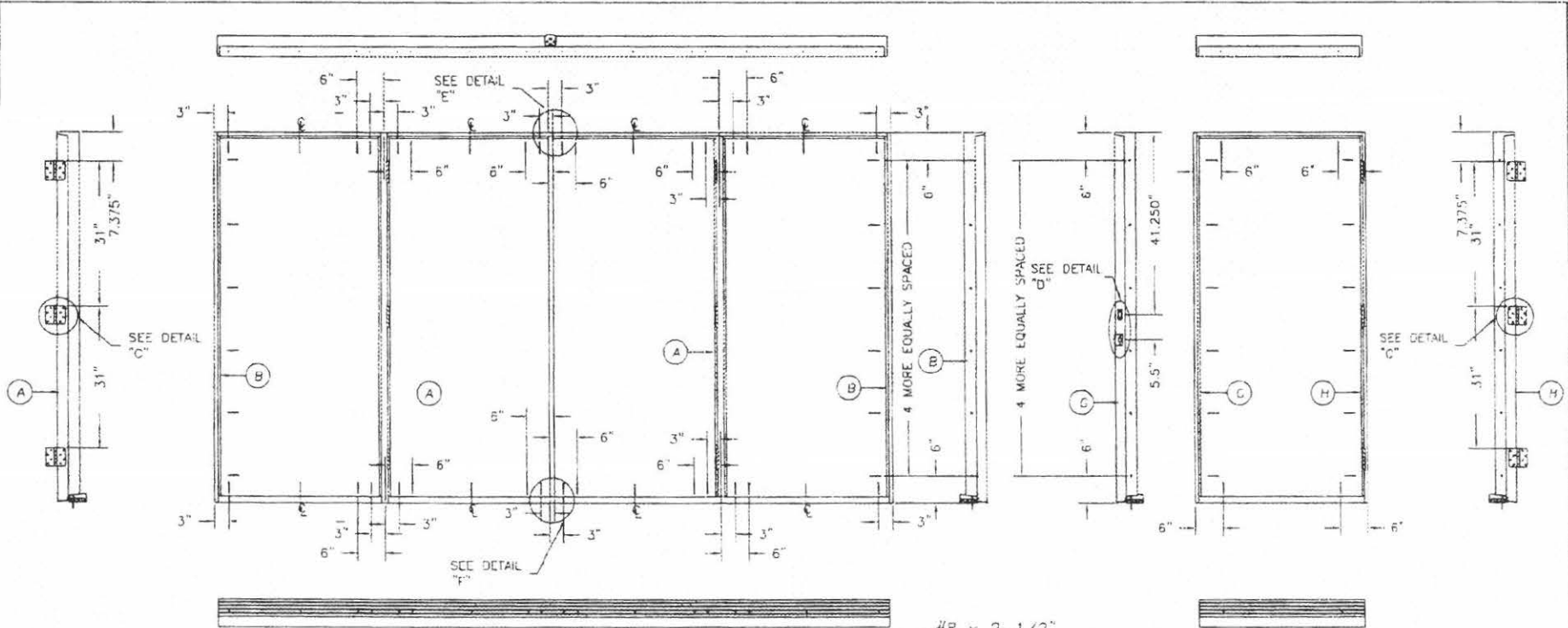
\* High Dom Threshold Design

MASONITE INTERNATIONAL CORP.  
7300 REAMES RD.  
CHARLOTTE, NC 28216

PRODUCT: EXTERIOR DOOR PRODUCT  
DOUBLE 6'-8" OPAQUE  
FIBERGLASS DOOR  
PART OR ASSEMBLY  
TYPICAL ELEVATIONS  
& GENERAL NOTES

NO.	DATE	REVISIONS
A	12/15/08	ADDED SPACER
B	4/5/07	UPDATED FOR HVHZ

DATE: 7/26/06  
SCALE: N.T.S.  
DWG. BY: SWS  
CHK. BY:  
DRAWING NO.:  
DWG-MA-FL0151-06  
SHEET 1 OF 3

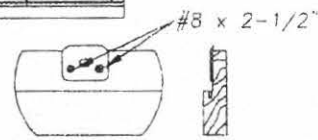
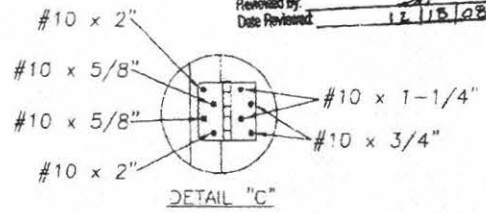
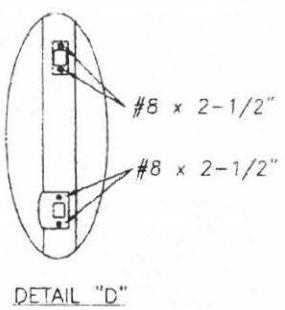


MASONITE INTERNATIONAL CORP.  
7300 REAMES RD.  
CHARLOTTE, NC 28216

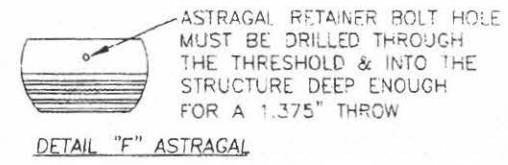
PRODUCT: "EXTERIOR DOOR PRODUCT"  
6" x 8" TRIPLE GLASS DOUBLE DOOR UNIT  
PART OR ASSEMBLY:  
ANCHORING LOCATIONS & DETAILS

NO.	DATE	BY	REVISIONS
B	12/15/08	SWS	ADDED SPACER
A	4/9/07	SWS	UPDATED FOR HVHZ

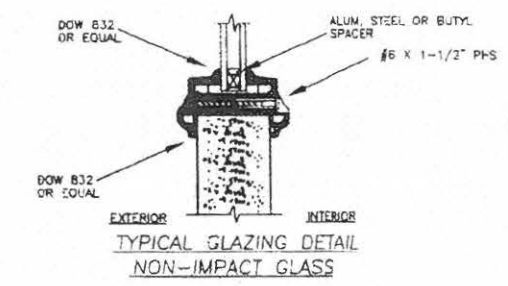
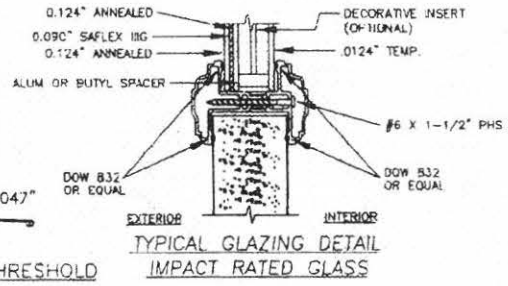
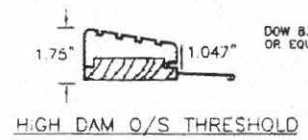
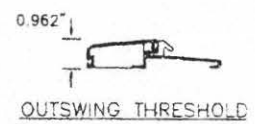
DATE:	7/26/06
SCALE:	N.T.S.
DWG. BY:	SWS
CHK. BY:	
DRAWING NO.:	
DWG-MA-FL0151-06	
SHEET	2 OF 3



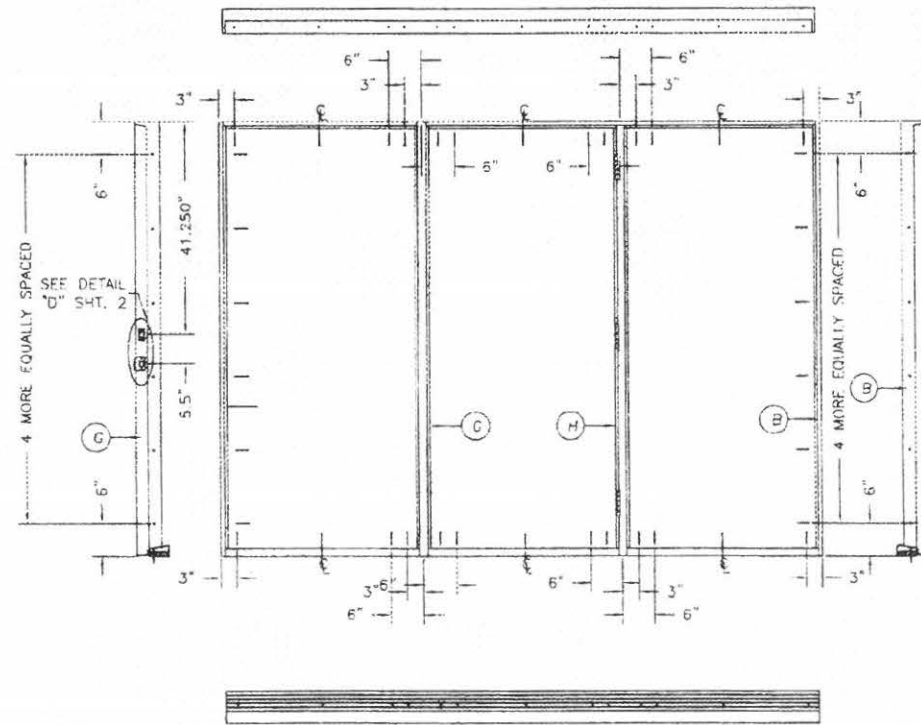
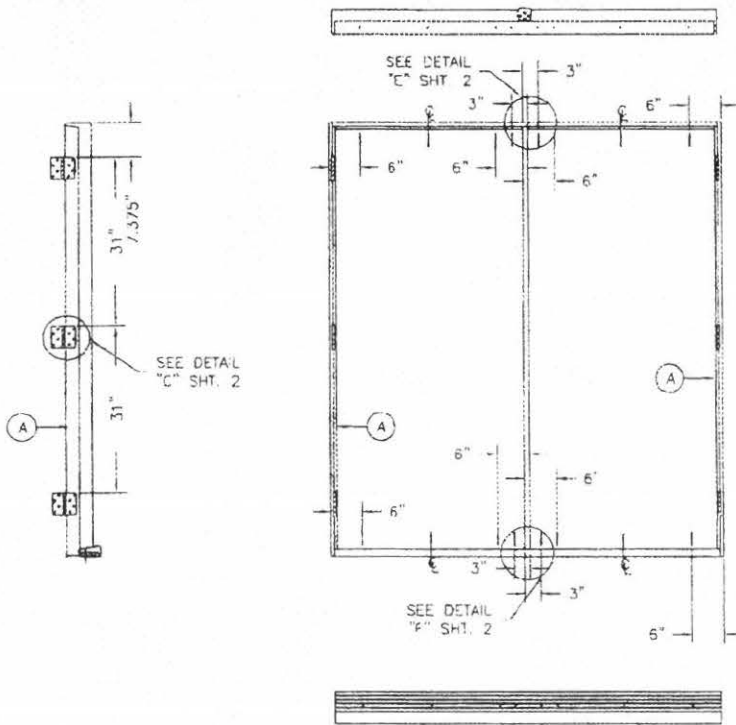
DETAIL "E" ASTRAGAL  
ATTACH ASTRAGAL RETAINER BOLT STRIKE PLATE TO FRAME AS SHOWN.



ASTRAGAL RETAINER BOLT HOLE MUST BE DRILLED THROUGH THE THRESHOLD & INTO THE STRUCTURE DEEP ENOUGH FOR A 1.375" THROW

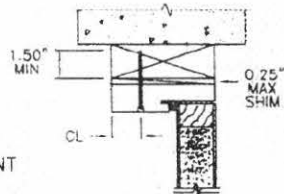






**ATTACHMENT DETAIL**

1. ANCHOR ANALYSIS FOR LOADING CONDITIONS PREPARED, SIGNED AND SEALED BY HAROLD E. RUPP, PE (FLORIDA #15935) WITH THE LOWEST (LEAST) FASTENER RATING FROM THE DIFFERENT FASTENERS BEING CONSIDERED FOR USE. JAMB HEAD, AND THRESHOLD FASTENERS ANALYZED FOR THIS UNIT INCLUDE #10 WOOD SCREWS OR 3/16" TAPCONS. A PHYSICAL SHIM MUST BE PLACED IN SHIM SPACE AT EACH ANCHOR LOCATION.
2. THE WOOD SCREW SINGLE SHEAR DESIGN VALUES COME FROM ANSI/AF&PA NDA FOR SOUTHERN PINE LUMBER AND ACHIEVEMENT OF 1-1/2" MINIMUM EMBEDMENT. THE TAPCON MUST ACHIEVE MINIMUM EMBEDMENT OF 1-1/4".
3. WOOD BUCKS BY OTHERS MUST BE ANCHORED PROPERLY TO TRANSFER LOADS TO STRUCTURE.
4. MINIMUM DESIGN VALUE STRENGTH OF ANCHORS 171 LBS.



TYPICAL ANCHOR INSTALLATION

**HARDWARE SCHEDULE**

1. KWIKSET MAXIMUM SECURITY SERIES GRADE 2 CYLINDRICAL AND DEADLOCK HARDWARE TO BE INSTALLED AT 5-1/2" CENTERLINE.
2. 4" X 4" FULL MORTISE BUTT HINGES.

Addendum to NAMI

Certification No: NIA06463-RS  
 Reviewed By: [Signature]  
 Date Reviewed: 12/18/08

MASONITE INTERNATIONAL CORP.  
 7300 REAMES RD.  
 CHARLOTTE, NC 28216


PRODUCT: EXTERIOR DOOR PRODUCT  
 6'-8" FIBREGLASS UPRADE  
 DOUBLE DOOR UNIT  
 PART OR ASSEMBLY:  
 ANCHORING LOCATIONS  
 & DETAILS

NO.	DATE	BY	REVISIONS
B	12/15/08	SWS	ADDED SPACER
A	4/9/07	SWS	UPDATED FOR HVHZ

DATE: 7/26/06  
 SCALE: N.T.S.  
 DWG. BY: SWS  
 CHK BY:  
 DRAWING NO.:  
 DWG-MA-FL0151-06  
 SHEET 3 OF 3

**WINDOW/DOOR SCHEDULE**

ID NO	APPROX OPENING SIZE (W X H)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	17 X 64		Fixed		X	
2	38 X 64		SH		X	
3	38 X 64		SH		X	
4	38 X 64		SH		X	
5	38 X 64		SH		X	
6						
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**FILE COPY**  
**TOWN OF SEWALL'S POINT**  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE 8.13.09  
  
**BUILDING OFFICIAL**

TOTAL GLAZED OPENING AREA FOR STRUCTURE: \_\_\_\_\_ S.F.

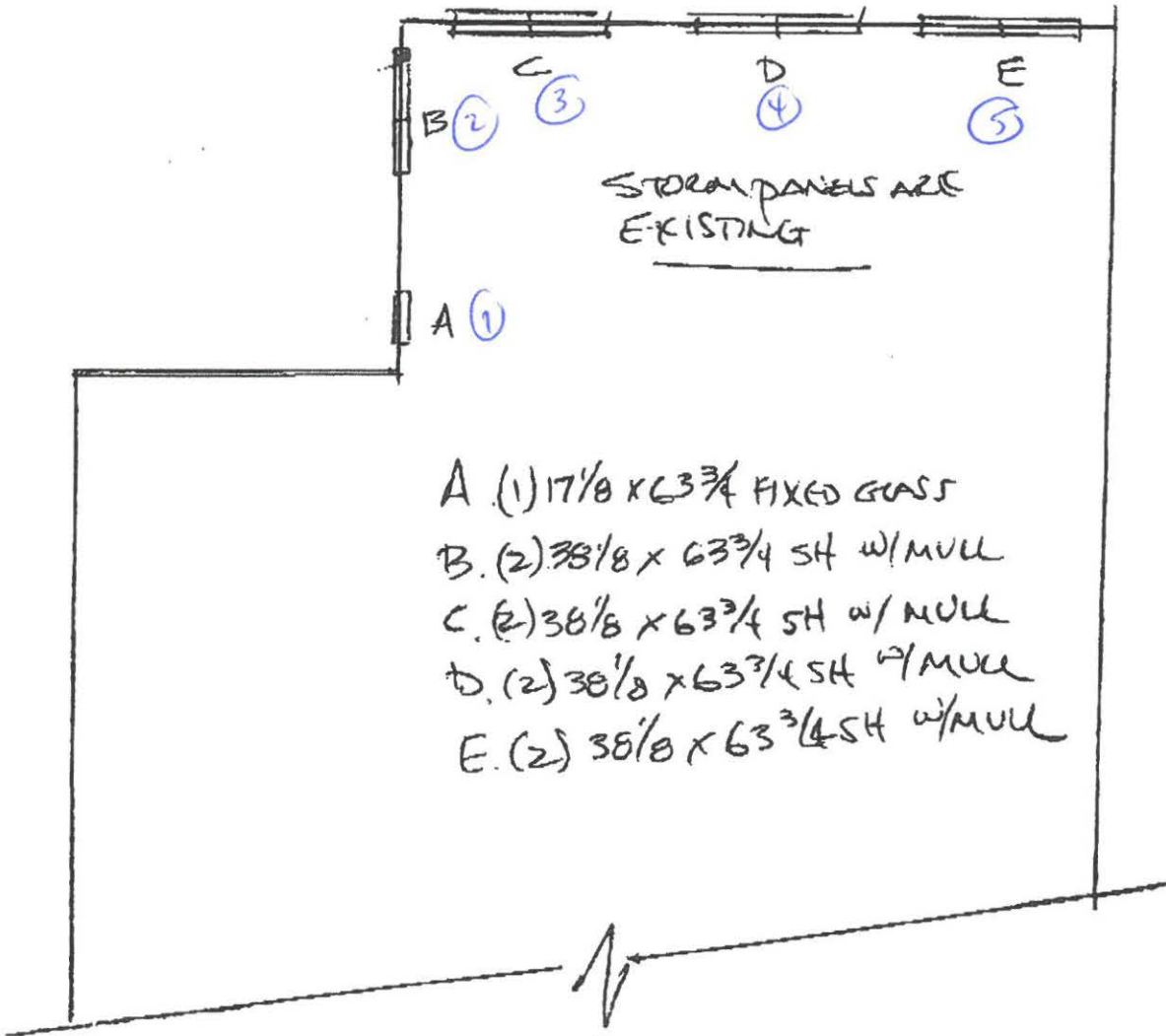
\*PERCENTAGE OF NEW GLAZED AREA: \_\_\_\_\_ %  
 (TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2007 FBC EXISTING BUILDING 507.3.

**\* TYPE WINDOWS**

- |                  |                |              |
|------------------|----------------|--------------|
| SH - SINGLE HUNG | AWN - AWNING   | SL - SLIDING |
| DH - DOUBLE HUNG | CAS - CASEMENT | FIX - FINED  |

WINDOW INSTALL  
 BENJAMIN SHORT  
 22 EMARITA WAY  
 SEWELL'S POINT, FL 335-9777  
 REAR

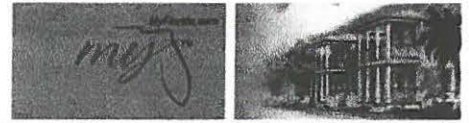


- A. (1) 17'0" x 63 3/4" FIXED GLASS
- B. (2) 38'8" x 63 3/4" SH w/ MULL
- C. (2) 38'8" x 63 3/4" SH w/ MULL
- D. (2) 38'8" x 63 3/4" SH w/ MULL
- E. (2) 38'8" x 63 3/4" SH w/ MULL

FRONT

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY





## Product Approval

USER: Public User

Product Approval Menu > Product or Application Search > Application List > **Application Detail**

- ▶ COMMUNITY PLANNING
- ▶ HOUSING & COMMUNITY DEVELOPMENT
- ▶ EMERGENCY MANAGEMENT
- ▶ OFFICE OF THE SECRETARY

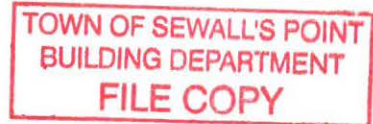
**FL #** FL10937  
**Application Type** New  
**Code Version** 2007  
**Application Status** Approved  
**Comments**  
 Archived

**Product Manufacturer** JELD-WEN  
**Address/Phone/Email** 3737 Lakeport Blvd  
 Klamath Falls, OR 97601  
 (541) 882-3451  
 fbc@jeld-wen.com

**Authorized Signature** Janet Gerard  
 fbc@jeld-wen.com

**Technical Representative** Budd Beatty  
**Address/Phone/Email** 3737 Lakeport Blvd.  
 Klamath Falls, OR 97601  
 (541) 882-3451  
 buddb@jeld-wen.com

**Quality Assurance Representative**  
**Address/Phone/Email**



**Category** Windows  
**Subcategory** Fixed

**Compliance Method** Certification Mark or Listing

**Certification Agency** American Architectural Manufacturers Association  
**Validated By** American Architectural Manufacturers Association

Referenced Standard and Year (of Standard)	<b>Standard</b>	<b>Year</b>
	AAMA/WDMA 101/I.S.2-97	1997
	AAMA/WDMA/CSA101/IS2/A440	2005
	ASTM E 1300	2002

**Equivalence of Product Standards**  
**Certified By** Florida Licensed Professional Engineer or Architect  
 FL10937\_R0\_Equiv\_Engineer Eval of Std Equiv E1300.pdf

Product Approval Method

Method 1 Option A

Date Submitted

06/27/2008

Date Validated

12/18/2008

Date Pending FBC Approval

12/23/2008

Date Approved

02/03/2009

Summary of Products		
FL #	Model, Number or Name	Description
10937.1	Premium Atlantic Vinyl Fixed	Vinyl Fixed Max Size Tested 48x48 Insulated Glass
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +50/-50 Other:		<b>Certification Agency Certificate</b> FL10937_R0_C_CAC_PAVF_70352.01-401-44_48x48_F-R50_Exp03012011.pdf <b>Quality Assurance Contract Expiration Date</b> 03/01/2011 <b>Installation Instructions</b> FL10937_R0_II_PAV8300_ATI_70352-01-401-44 - 48x48.pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: <b>Evaluation Reports</b> Created by Independent Third Party:
10937.2	Premium Atlantic Vinyl Fixed	Vinyl Fixed Max Size Tested 36x62 Insulated Glass
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +50/-50 Other:		<b>Certification Agency Certificate</b> FL10937_R0_C_CAC_PAVF_70352.01-401-44_36x62_F-R50_Exp03012011.pdf <b>Quality Assurance Contract Expiration Date</b> 03/01/2011 <b>Installation Instructions</b> FL10937_R0_II_PAV8300_ATI_70352-01-401-44 - 36x62.pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: <b>Evaluation Reports</b> Created by Independent Third Party:
10937.3	Premium Atlantic Vinyl Fixed window	Vinyl Fixed Max Size Tested 48x74 Insulated Glass
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +70/-70 Other:		<b>Certification Agency Certificate</b> FL10937_R0_C_CAC_PAVPic_210-3371-1_F-R70_48x74_Exp03092011.pdf <b>Quality Assurance Contract Expiration Date</b> 03/09/2011 <b>Installation Instructions</b> FL10937_R0_II_PAV8300_NCTL_210-3371-1.pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: <b>Evaluation Reports</b> Created by Independent Third Party:
10937.4	Premium Atlantic Vinyl Fixed Window	Vinyl Fixed Max Size Tested 74x75 Tempered Glass
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +80/-80 Other:		<b>Certification Agency Certificate</b> FL10937_R0_C_CAC_PAVPic_210-3411-1_F-C80_74x75_Exp03262011.pdf <b>Quality Assurance Contract Expiration Date</b> 03/26/2011 <b>Installation Instructions</b> FL10937_R0_II_PAV8300_NCTL_210-3411-1.pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: <b>Evaluation Reports</b>

		Created by Independent Third Party:
10937.5	Premium Atlantic Vinyl Picture	Vinyl Fixed Picture Max Size Tested 52x62 Insulated Glass
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> No <b>Design Pressure:</b> +65/-65 <b>Other:</b>		<b>Certification Agency Certificate</b> FL10937_R0_C_CAC_PAVPic_210-3411-2_FW-R65_52x62_Exp03272011.pdf <b>Quality Assurance Contract Expiration Date</b> 03/27/2011 <b>Installation Instructions</b> FL10937_R0_II_PAV8300_NCTL_210-3411-2.pdf <b>Verified By:</b> American Architectural Manufacturers Association Created by Independent Third Party: <b>Evaluation Reports</b> Created by Independent Third Party:

Back

Next

DCA Administration

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

2555 Shumard Oak Boulevard  
Tallahassee, Florida 32399-2100  
(850) 487-1824, Fax (850) 414-8436

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**Product Approval Accepts:**





**A·L·I**

(Validator / Operations Administrator)

**AAMA  
CERTIFICATION PROGRAM****AUTHORIZATION FOR PRODUCT CERTIFICATION****Jeld-Wen Windows & Doors  
P.O. Box 1329  
Klamath Falls, OR 97601****Attn: Steve Strawn**

The product described below is hereby approved for listing in the next issue of the AAMA Certified Products Directory. The approval is based on successful completion of tests, and the reporting to the Administrator of the results of tests, accompanied by related drawings, by an AAMA Accredited Laboratory.

1. The listing below will be added to the next published AAMA Certified Products Directory.

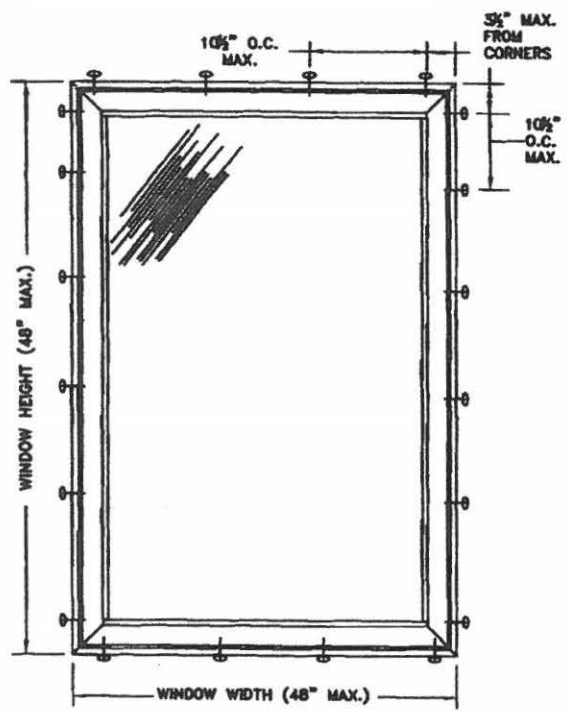
SPECIFICATION	RECORD OF PRODUCT TESTED		
AAMA/NWWDA 101/I.S. 2-97 F-R50-48x48			
COMPANY AND PLANT LOCATION	CODE NO.	SERIES MODEL & PRODUCT DESCRIPTION	MAXIMUM SIZE TESTED
Jeld-Wen - Venice, FL Jeld-Wen - Gainesville, GA	JW-19 JW-20	PREMIUM ATLANTIC VINYL FIXED (PVC)(O)(OG) (INS GL)(ASTM)	<u>FRAME</u> 4'0" x 4'0"

2. This Certification will expire **March 1, 2011** and requires validation until then by continued listing in the current AAMA Certified Products Directory.

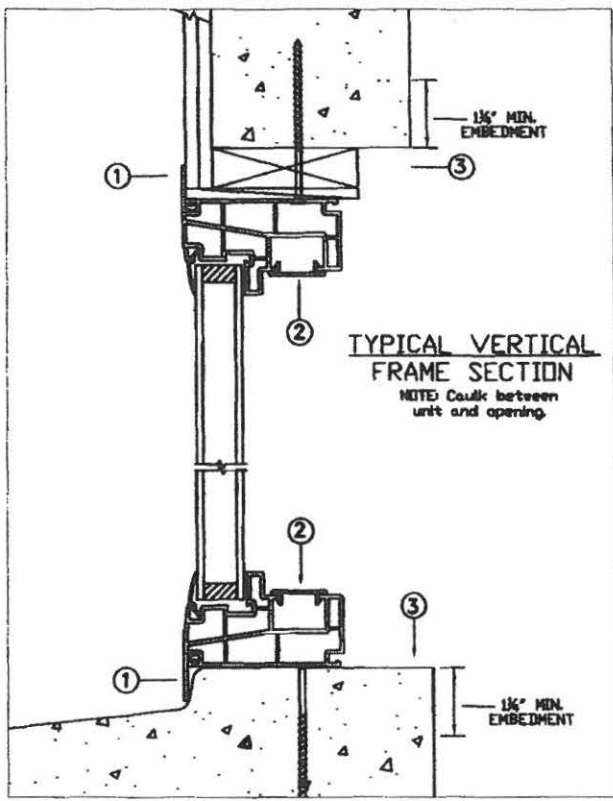
3. Product Tested and Reported by: **Architectural Testing, Inc.**

Report No.: **70352.01-401-44**Date of Report: **May 21, 2007****Validated for Certification**  
Associated Laboratories, Inc.**Authorized for Certification**  
American Architectural Manufacturers AssociationDate: **May 30, 2007**Cc: AAMA  
JGS  
ACP-04 (Rev. 8/06)

MASONRY  
(ATI 70352.01-401-44)

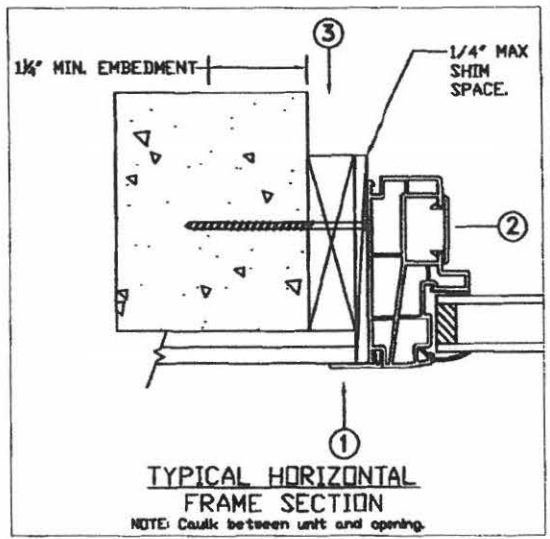


TYPICAL ELEVATION WITH FASTENERS



TYPICAL VERTICAL FRAME SECTION

NOTE: Caulk between unit and opening.



TYPICAL HORIZONTAL FRAME SECTION

NOTE: Caulk between unit and opening.

Max Frame	DP	IMPACT
48" x 48"	+50/-50	NO

Uniform Design Pressure as Tested +50/-50 psf per AAMA/VDMA/CSA 101/15. 2/M440-05.

**General Notes:**

- The product shown herein is designed, tested and manufactured to comply with the 2007 Florida Building Code and industry standard requirements for the stated conditions.
- All glazing shall conform to ASTM E1300-02.
- An impact protective system is required where wind borne debris protection is required by local building code.
- Maximum sizes are buck sizes and do not include fin or flange.

**Installation Notes:**

1. Seal flange / window to substrate.
2. Use 3/16" Tapcon or equivalent fasteners through frame with sufficient length to penetrate a minimum of 1 1/4" into the masonry.
3. Host structure (wood buck, stud framing and opening) to be designed and anchored to properly transfer all loads to the structure. The host structure is the responsibility of the architect or engineer of record for the project of installation.

This schedule addresses only the fasteners required to anchor the product to achieve the rated design pressure and impact performance (where applicable) up to the size limitations noted. It is not intended as a guide to the installation process and does not address the sealing consideration that may arise in different wall conditions. For the complete installation procedure, see the instructions packaged with the window or go to [www.jeld-wen.com/resources/installation](http://www.jeld-wen.com/resources/installation).

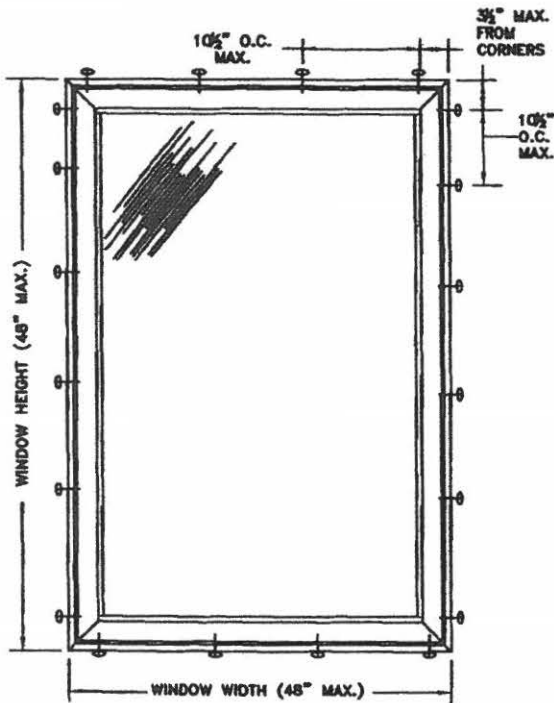
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*Douglas S. Preston*  
6/13/08

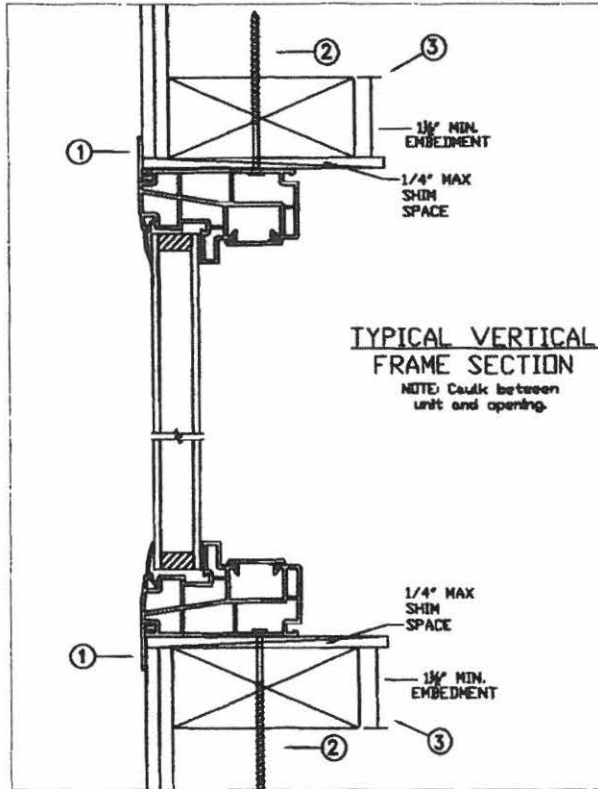
Douglas S. Preston  
Fl P.E. License No. 53291  
101 Rosebud Lane  
Georgetown, TX 78633

PROJECT ENGINEER: ---	DATE: 09-27-2007	<b>JELD-WEN</b>	355 Center Court Venice, Florida 34285 (941) 497-1948
DRAWN BY: M. Tetzlaff	SCALE: NTS		
CHECKED BY: ---	TITLE: Premium Atlantic Vinyl (8300) Fixed Window Masonry Installation (48.00" x 48.00")		
APPROVED BY: ---	PART/PROJECT No.:		
IDENTIFIER No. ATI 70352.01-401-44	PLANT NAME AND LOCATION: Venice Window Division	CAD DWG. No.:	REV: 00 SHEET 1 of 3.

**WOOD FRAME**  
(ATI 70352.01-401-44)

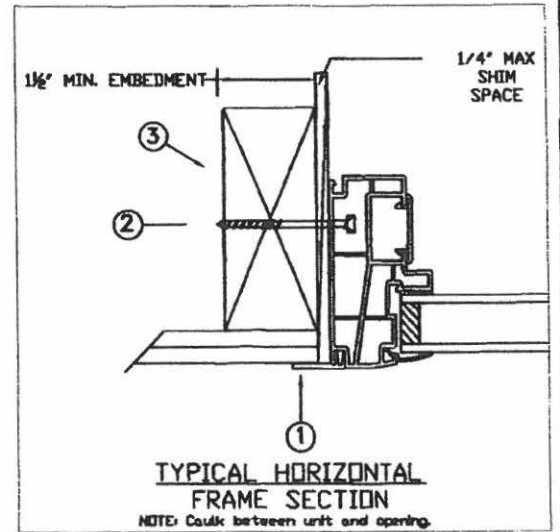


TYPICAL ELEVATION WITH FASTENERS



TYPICAL VERTICAL  
FRAME SECTION

NOTE: Caulk between  
unit and opening.



TYPICAL HORIZONTAL  
FRAME SECTION

NOTE: Caulk between unit and opening.

Max Frame	DP	IMPACT
48" x 48"	+50/-50	NO

Uniform Design Pressure as Tested +50/-50 psf per ANNA/VDMA/CSA  
181/1.S. 2/M440-03.

**General Notes:**

- The product shown herein is designed, tested and manufactured to comply with the 2007 Florida Building Code, the High Velocity Hurricane Zone (HVHZ) and industry standard requirements for the stated conditions.
- All glazing shall conform to ASTM E1300-02.
- An impact protective system is required where wind borne debris protection is required by local building code.
- Maximum sizes are buck sizes and do not include fin or flange.

**Installation Notes:**

1. Seal flange / window to substrate.
2. Use #10 or greater fasteners through frame with sufficient length to penetrate a minimum of 1 1/2" into the wood framing.
3. Host structure (wood buck, stud framing and opening) to be designed and anchored to properly transfer all loads to the structure. The host structure is the responsibility of the architect or engineer of record for the project of installation.

This schedule addresses only the fasteners required to anchor the product to achieve the rated design pressure and impact performance (where applicable) up to the size limitations noted. It is not intended as a guide to the installation process and does not address the sealing consideration that may arise in different wall conditions. For the complete installation procedure, see the instructions packaged with the window or go to [www.jeld-wen.com/resources/installation](http://www.jeld-wen.com/resources/installation).

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*Draft*  
*6/13/08*

Douglas S. Preston  
P.E. License No. 53291  
101 Rosebud Lane  
Georgetown, TX 78633

PROJECT ENGINEER: ---	DATE: 05/24/2008
DRAWN BY: M. Tetzlaff	SCALE: NTS
CHECKED BY: ---	TITLE:
APPROVED BY: ---	
PART/PROJECT No.:	
IDENTIFIER No. ATI 70352-01-401-44	PLANT NAME AND LOCATION: Venice Window Division

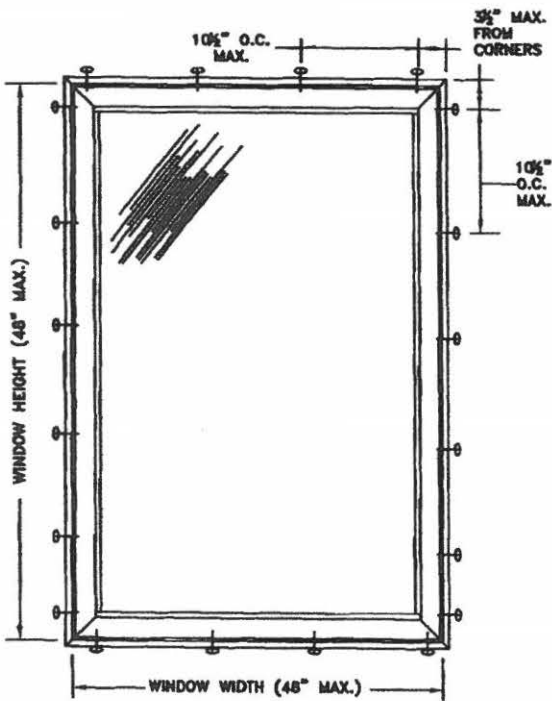
**JELD-WEN**  
355 Center Court  
Venice, Florida 34285  
(941) 497-1948

Premium Atlantic Vinyl (8300) Fixed Window  
Wood Frame Installation (48.00" x 48.00")

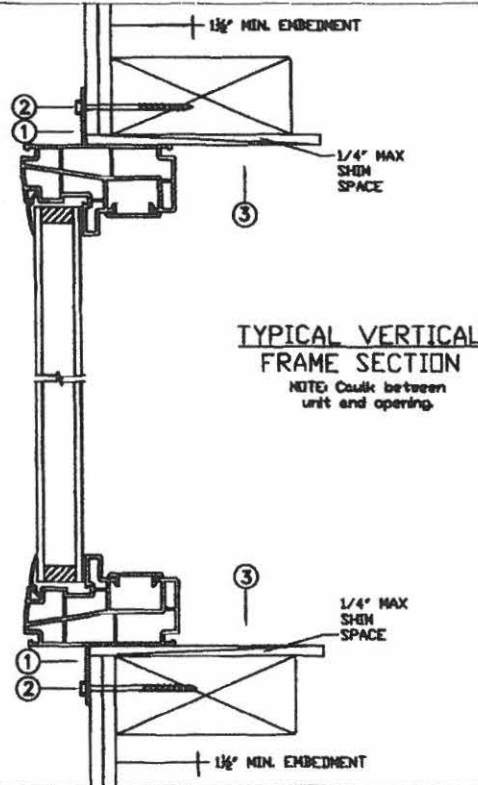
CAD DWG. No.: PAV8300\_ATI70352-01-401-44  
REV: 00  
SHEET 2 of 3.



**NAIL FIN FRAME  
(ATI 70352.01-401-44)**

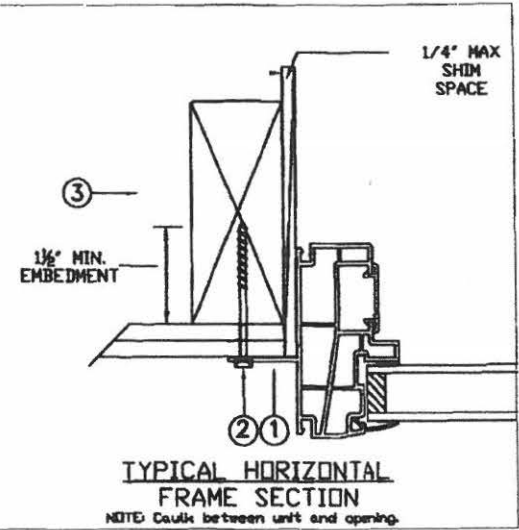


**TYPICAL ELEVATION WITH FASTENERS.**



**TYPICAL VERTICAL  
FRAME SECTION**

NOTE: Caulk between unit and opening.



**TYPICAL HORIZONTAL  
FRAME SECTION**

NOTE: Caulk between unit and opening.

Max Frame	DP	IMPACT
48" x 48"	+50/-50	NO

Uniform Design Pressure as Tested: +30/-30 psf per ANNA/VDMA/CSA 101/1.2. 2/A440-05.

**General Notes:**

- The product shown herein is designed, tested and manufactured to comply with the 2007 Florida Building Code, the High Velocity Hurricane Zone (HVHZ) and industry standard requirements for the stated conditions.
- All glazing shall conform to ASTM E1300-02.
- An impact protective system is required where wind borne debris protection is required by local building code.
- Maximum sizes are buck sizes and do not include fin or flange.

**Installation Notes:**

1. Seal nail fin to substrate.
2. Use #10 or greater fasteners through nail fin with sufficient length to penetrate a minimum of 1 1/2" into the wood framing.
3. Host structure (wood buck, stud framing and opening) to be designed and anchored to properly transfer all loads to the structure. The host structure is the responsibility of the architect or engineer of record for the project of installation.
4. We recommend using Tegratite™ installation (<http://www.jeld-wen.com/newinstallationtechnology/>) for weatherproofing.

This schedule addresses only the fasteners required to anchor the product to achieve the rated design pressure and impact performance (where applicable) up to the size limitations noted. It is not intended as a guide to the installation process and does not address the sealing consideration that may arise in different wall conditions. For the complete installation procedure, see the instructions packaged with the window or go to [www.jeld-wen.com/resources/installation](http://www.jeld-wen.com/resources/installation).

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*Douglas S. Preston*  
61308  
Douglas S. Preston  
FL P.E. License No. 53291  
108 Rosebud Lane  
Grapevine, TX 76049

PROJECT ENGINEER: ---	DATE: 09-27-2007	<b>JELD-WEN</b> 355 Center Court Venice, Florida 34285 (941) 497-1948
DRAWN BY: M. Tetzlaff	SCALE: NTS	
CHECKED BY: ---	TITLE: Premium Atlantic Vinyl (8300) Fixed Window Nail Fin Installation (48.00" x 48.00")	
APPROVED BY: ---		
PART/PROJECT No.:		
IDENTIFIER No. ATI 70352.01-401-44	PLANT NAME AND LOCATION: Venice Window Division	CAD DWG. No.: PAV8300_ATI70352-01-401-44
	REV: 00	SHEET 3 of 3.



## Product Approval

USER: Public User

Product Approval Menu > Product or Application Search > Application List > **Application Detail**

- ▶ COMMUNITY PLANNING
- ▶ HOUSING & COMMUNITY DEVELOPMENT
- ▶ EMERGENCY MANAGEMENT
- ▶ OFFICE OF THE SECRETARY

**FL #** FL10948  
**Application Type** New  
**Code Version** 2007  
**Application Status** Approved  
**Comments**  
 Archived

**Product Manufacturer** JELD-WEN  
**Address/Phone/Email** 3737 Lakeport Blvd  
 Klamath Falls, OR 97601  
 (541) 882-3451  
 fbc@jeld-wen.com

**Authorized Signature** Janet Gerard  
 fbc@jeld-wen.com

**Technical Representative** Budd Beatty  
**Address/Phone/Email** 3737 Lakeport Blvd.  
 Klamath Falls, OR 97601  
 (541) 882-3451  
 buddb@jeld-wen.com

**Quality Assurance Representative**  
 Address/Phone/Email

**Category** Windows  
**Subcategory** Single Hung

**Compliance Method** Certification Mark or Listing

**Certification Agency** American Architectural Manufacturers Association  
**Validated By** American Architectural Manufacturers Association

Referenced Standard and Year (of Standard)	<b>Standard</b>	<b>Year</b>
	AAMA/WDMA 101/I.S.2-97	1997
	ASTM E 1300	2002

**Equivalence of Product Standards**  
**Certified By** Florida Licensed Professional Engineer or Architect  
[FL10948\\_RO\\_Equiv\\_Engineer Eval of Std Equiv E1300.pdf](#)

Product Approval Method

Method 1 Option A

Date Submitted

06/27/2008

Date Validated

12/18/2008

Date Pending FBC Approval

12/23/2008

Date Approved

02/03/2009

Summary of Products		
FL #	Model, Number or Name	Description
10948.1	Premium Atlantic Vinyl Single Hung	Vinyl Single Hung Max Size Tested 37x75. Insulated Glass.
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +65/-65 Other:		<b>Certification Agency Certificate</b> <a href="#">FL10948_R0_C_CAC_PAVSHT_210-3412-3_Ref210-3412-2_H-R65_37x75_Exp03262011.pdf</a> <b>Quality Assurance Contract Expiration Date</b> 03/26/2011 <b>Installation Instructions</b> <a href="#">FL10948_R0_II_PAV8100_NCTL_210-3412-3.pdf</a> Verified By: American Architectural Manufacturers Association Created by Independent Third Party: <b>Evaluation Reports</b> Created by Independent Third Party:
10948.2	Premium Atlantic Vinyl Single Hung	Vinyl Single Hung Max Size Tested 52x75 Insulated Tempered Glass
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +70/-70 Other:		<b>Certification Agency Certificate</b> <a href="#">FL10948_R0_C_CAC_PAVTSH_210-3412-2_H-R70_52x75_Exp03262011.pdf</a> <b>Quality Assurance Contract Expiration Date</b> 03/26/2011 <b>Installation Instructions</b> <a href="#">FL10948_R0_II_PAV8100_NCTL_210-3412-2.pdf</a> Verified By: American Architectural Manufacturers Association Created by Independent Third Party: <b>Evaluation Reports</b> Created by Independent Third Party:
10948.3	Premium Atlantic Vinyl Single Hung	Vinyl Single Hung Max Size Tested 48x64 Insulated Glass
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +65/-65 Other:		<b>Certification Agency Certificate</b> <a href="#">FL10948_R0_C_CAC_PAVTSH_210-3412-1_210-3412-2_H-R65_48x64_Exp03262011.pdf</a> <b>Quality Assurance Contract Expiration Date</b> 03/26/2011 <b>Installation Instructions</b> <a href="#">FL10948_R0_II_PAV8100_NCTL_210-3412-1_6-30-08.pdf</a> Verified By: American Architectural Manufacturers Association Created by Independent Third Party: <b>Evaluation Reports</b> Created by Independent Third Party:

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DCA Administration

Department of Community Affairs  
 Florida Building Code Online  
 Codes and Standards  
 2555 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-2100  
 (850) 487-1824, Fax (850) 414-8436

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Product Approval Accepts:





**A.L.I**

(Validator / Operations Administrator)

**AAMA  
CERTIFICATION PROGRAM****AUTHORIZATION FOR PRODUCT CERTIFICATION****Jeld-Wen Windows & Doors  
P.O. Box 1329  
Klamath Falls, OR 97601****Attn: Steve Strawn**

The product described below is hereby approved for listing in the next issue of the AAMA Certified Products Directory. The approval is based on successful completion of tests, and the reporting to the Administrator of the results of tests, accompanied by related drawings, by an AAMA Accredited Laboratory.

1. The listing below will be added to the next published AAMA Certified Products Directory.

SPECIFICATION	RECORD OF PRODUCT TESTED			
AAMA/NWWDA 101/I.S. 2-97 H-R65*-37x75				
COMPANY AND PLANT LOCATION	CODE NO.	SERIES MODEL & PRODUCT DESCRIPTION	MAXIMUM SIZE TESTED	
All Plant Locations	JW-2 through JW-21	PREMIUM ATLANTIC VINYL TILT SINGLE HUNG (PVC) (O/X) (IG) (INS GL) (TILT) (REINF) (ASTM)	<u>FRAME</u> 3'1" x 6'3"	<u>SASH</u> 2'9" x 3'1"

2. This Certification will expire **March 26, 2011** and requires validation until then by continued listing in the current AAMA Certified Products Directory.

3. Product Tested and Reported by: **National Certified Testing Laboratories**

Report No.: **210-3412-3; Ref. 210-3412-2**Date of Report: **April 23, 2007; April 22, 2007**

Validated for Certification

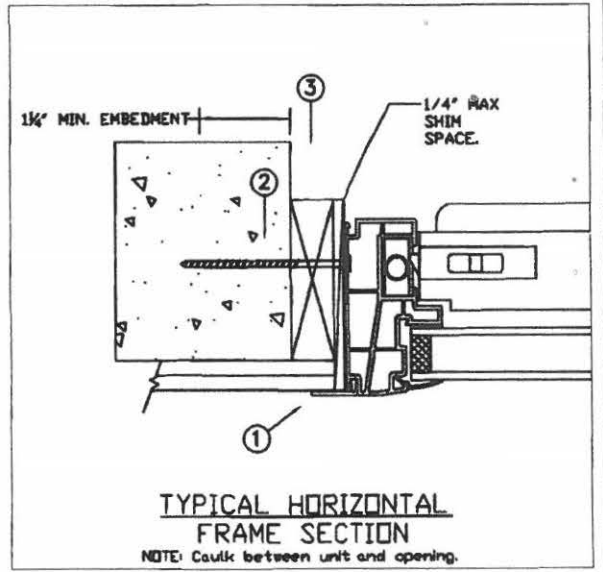
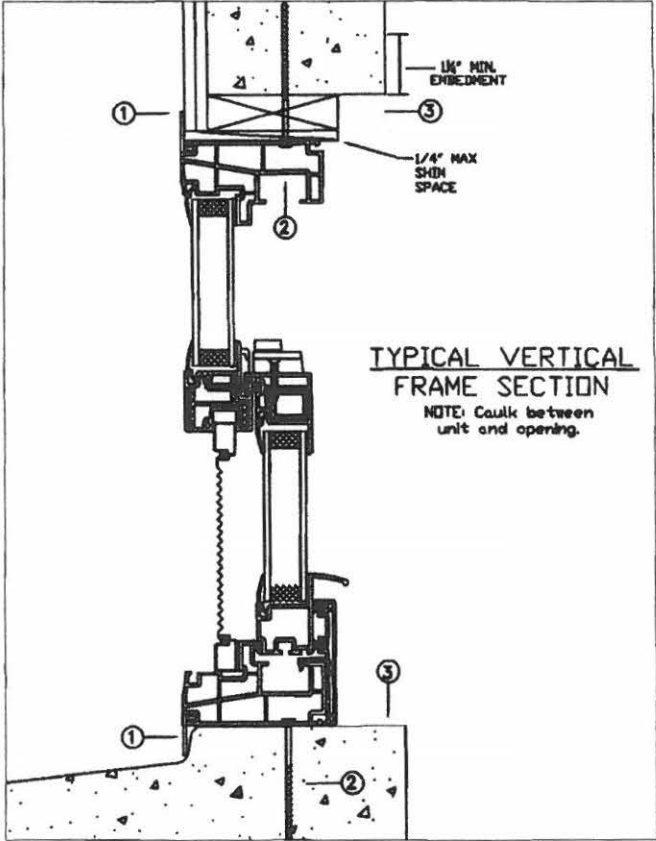
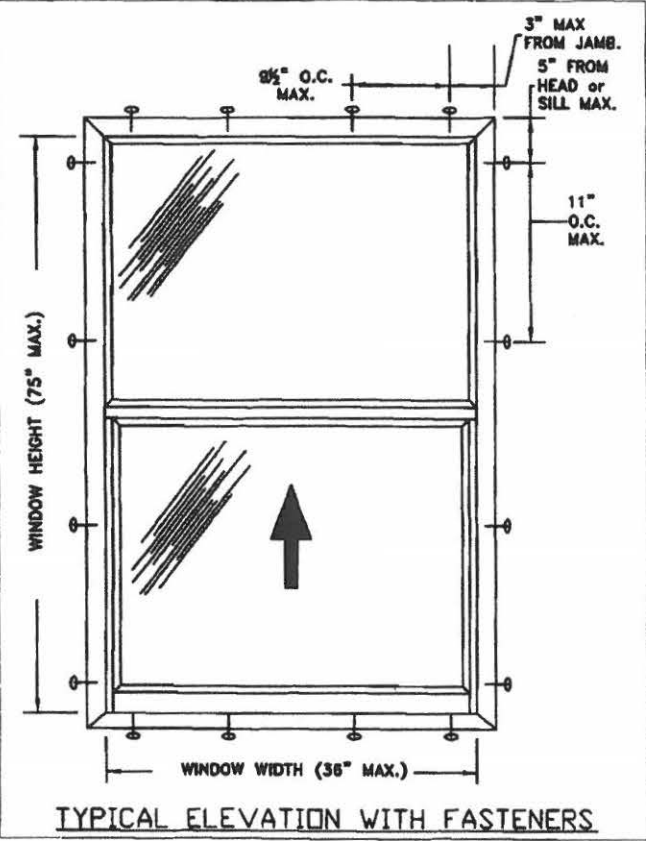
Associated Laboratories, Inc.

Authorized for Certification

American Architectural Manufacturers Association

Date: **June 6, 2007**Cc: AAMA  
SBS  
ACP-04 (Rev. 8/06)

MASONRY  
(NCTL 210-3412-3)



Max Frame	DP	IMPACT
36"x 75"	+65/-70	NO
Uniform Design Pressure as Tested +65/-70 psf per AAMA/WDMA/CSA 101/LS 2/A440-05.		

General Notes:

- The product shown herein is designed, tested and manufactured to comply with the 2007 Florida Building Code and industry standard requirements for the stated conditions.
- All glazing shall conform to ASTM E1300-02.
- An impact protective system is required where wind borne debris protection is required by local building code.
- Maximum sizes are buck sizes and do not include fin or flange.

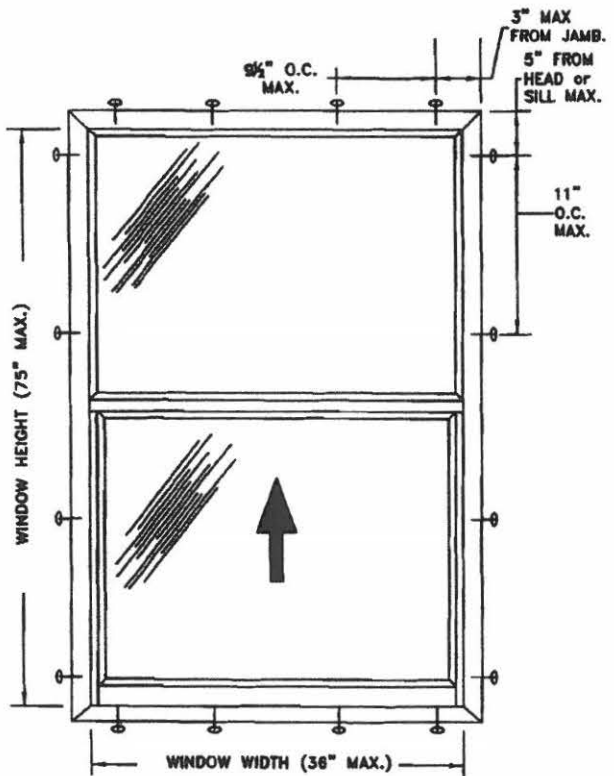
Installation Notes:

1. Seal flange / window to substrate.
2. Use 3/16" Tapcon or equivalent fasteners through frame with sufficient length to penetrate a minimum of 1 1/4" into the masonry.
3. Host structure (wood buck, stud framing and opening) to be designed and anchored to properly transfer all loads to the structure. The host structure is the responsibility of the architect or engineer of record for the project of installation.

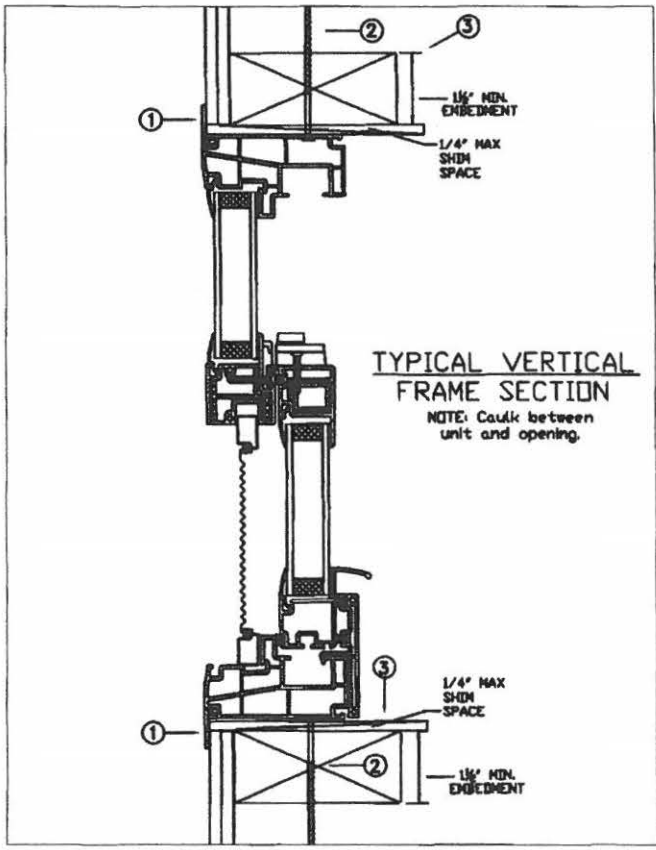
This schedule addresses only the fasteners required to anchor the product to achieve the rated design pressure and impact performance (where applicable) up to the size limitations noted. It is not intended as a guide to the installation process and does not address the sealing consideration that may arise in different wall conditions. For the complete installation procedure, see the instructions packaged with the window or go to [www.jeld-wen.com/resources/installation](http://www.jeld-wen.com/resources/installation).

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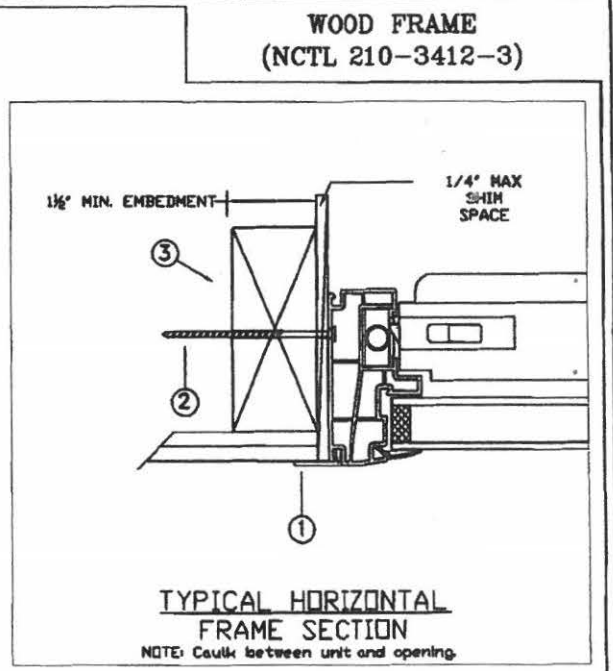
 Douglas S. Preston P.E. License No. 53291 181 Rosebud Lane Georgetown, TX 78633	PROJECT ENGINEER: --	DATE: 05/23/2008	 355 Center Court Venice, Florida 34285 (941) 497-1948
	DRAWN BY: M. Tetzlaff	SCALE: NTS	
	CHECKED BY: --	TITLE: Premium Atlantic Vinyl (8100) Single Hung Masonry Installation (36" x 75")	
	APPROVED BY: --		
	PART/PROJECT No.:		
	IDENTIFIER No. NCTL 210-3412-3	PLANT NAME AND LOCATION: Venice Window Division	CAD DWG. No.: PAV8100_NCTL 210-3412-3
		REV: 00	SHEET 1 of 3.



TYPICAL ELEVATION WITH FASTENERS



TYPICAL VERTICAL FRAME SECTION  
NOTE: Caulk between unit and opening.



TYPICAL HORIZONTAL FRAME SECTION  
NOTE: Caulk between unit and opening.

Max Frame	DP	IMPACT
36" x 75"	+65/-70	NO

Uniform Design Pressure as Tested +65/-70 psf per AAMA/WDMA/CSA 101/1.S. 2/A440-15.

**General Notes:**

- The product shown herein is designed, tested and manufactured to comply with the 2007 Florida Building Code, the High Velocity Hurricane Zone (HVHZ) and industry standard requirements for the stated conditions.
- All glazing shall conform to ASTM E1300-02.
- An impact protective system is required where wind borne debris protection is required by local building code.
- Maximum sizes are buck sizes and do not include fin or flange.

**Installation Notes:**

- Seal flange / window to substrate.
- Use #10 or greater fasteners through frame with sufficient length to penetrate a minimum of 1 1/2" into the wood framing.
- Host structure (wood buck, stud framing and opening) to be designed and anchored to properly transfer all loads to the structure. The host structure is the responsibility of the architect or engineer of record for the project of installation.

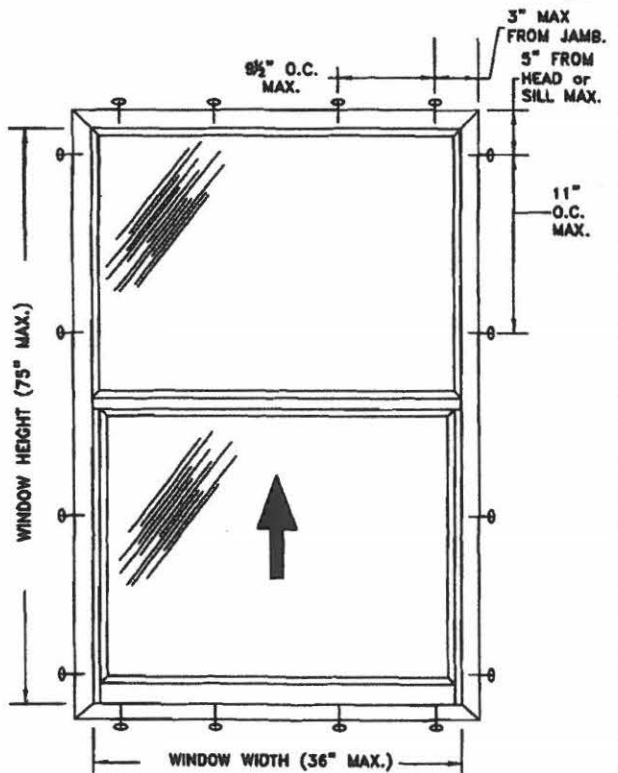
This schedule addresses only the fasteners required to anchor the product to achieve the rated design pressure and impact performance (where applicable) up to the size limitations noted. It is not intended as a guide to the installation process and does not address the sealing consideration that may arise in different wall conditions. For the complete installation procedure, see the instructions packaged with the window or go to [www.jeld-wen.com/resources/installation](http://www.jeld-wen.com/resources/installation).

This drawing and its contents are confidential and are not to be reproduced or copied in whole or in part or used or disclosed to others except as authorized by JELD-WEN, Inc.

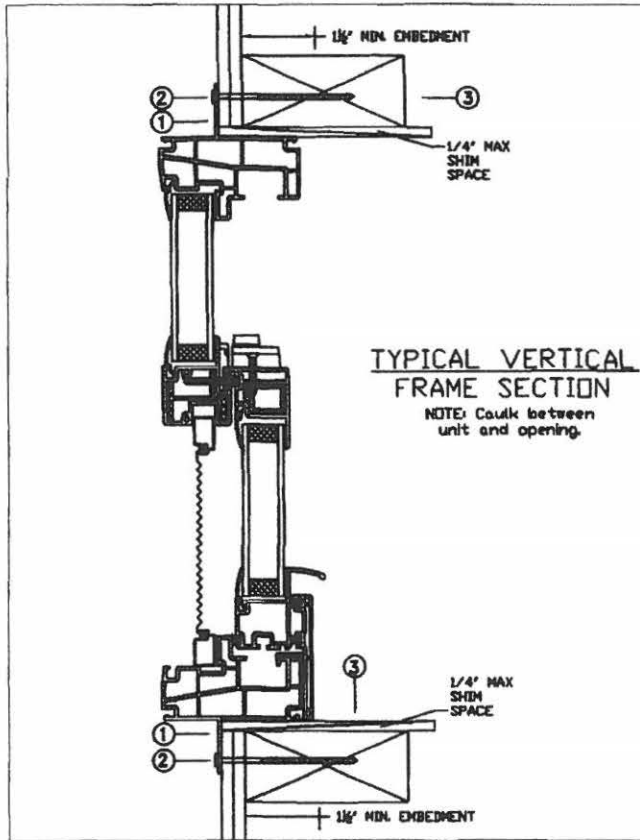
*Douglas S. Preston*  
61308  
Douglas S. Preston  
P.E. License No. 53291  
101 Rosebud Lane  
Georgetown, TX 78633

PROJECT ENGINEER: ---	DATE: 05/23/2008	<b>JELD-WEN</b>	355 Center Court Venice, Florida 34285 (941) 497-1948	
DRAWN BY: M. Tetzlaff	SCALE: NTS			
CHECKED BY: ---	TITLE: Premium Atlantic Vinyl (8100) Single Hung Wood Frame Installation (36" x 75")			
APPROVED BY: ---				
PART/PROJECT No.:				
IDENTIFIER No. NCTL 210-3412-3	PLANT NAME AND LOCATION: Venice Window Division	CAD DWG. No.:	REV:	SHEET
		PAV8100_NCTL210-34123	00	2 of 3.



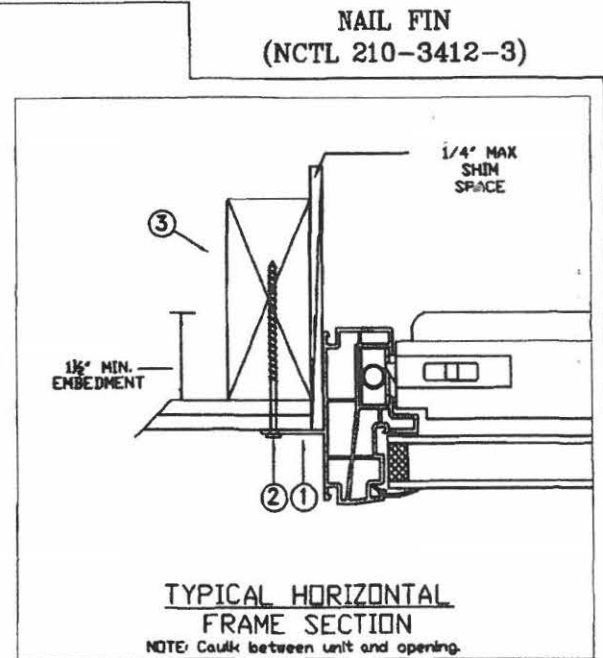


TYPICAL ELEVATION WITH FASTENERS



TYPICAL VERTICAL FRAME SECTION

NOTE: Caulk between unit and opening.



TYPICAL HORIZONTAL FRAME SECTION

NOTE: Caulk between unit and opening.

Max Frame	DP	IMPACT
36" x 75"	+65/-70	NO

Uniform Design Pressure as Tested: +65/-70 psf per AAMA/WDMA/CSA 101/LS. 2/A440-05.

**General Notes:**

- The product shown herein is designed, tested and manufactured to comply with the 2007 Florida Building Code, the High Velocity Hurricane Zone (HVHZ) and industry standard requirements for the stated conditions.
- All glazing shall conform to ASTM E1300-02.
- An impact protective system is required where wind borne debris protection is required by local building code.
- Maximum sizes are buck sizes and do not include fin or flange.

**Installation Notes:**

1. Seal nail fin to substrate.
2. Use #10 or greater fasteners through nail fin with sufficient length to penetrate a minimum of 1 1/2" into the wood framing.
3. Host structure (wood buck, stud framing and opening) to be designed and anchored to properly transfer all loads to the structure. The host structure is the responsibility of the architect or engineer of record for the project of installation.
4. We recommend using Tegratite™ installation (<http://www.jeld-wen.com/newinstallationtechnology/>) for weatherproofing.

This schedule addresses only the fasteners required to anchor the product to achieve the rated design pressure and impact performance (where applicable) up to the size limitations noted. It is not intended as a guide to the installation process and does not address the sealing consideration that may arise in different wall conditions. For the complete installation procedure, see the instructions packaged with the window or go to [www.jeld-wen.com/resources/installation](http://www.jeld-wen.com/resources/installation).

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*Douglas S. Preston*  
61308  
Douglas S. Preston  
Fl P.E. License No. 53291  
101 Rosebud Lane  
Georgetown, TX 78633

PROJECT ENGINEER: ---	DATE: 05/23/2008	<b>JELD-WEN</b>	355 Center Court Venice, Florida 34285 (941) 497-1948	
DRAWN BY: M. Tetzlaff	SCALE: NTS			
CHECKED BY: ---	TITLE: Premium Atlantic Vinyl (8100) Single Hung Nail Fin Installation (36" x 75")			
APPROVED BY: ---	PART/PROJECT No.:			
IDENTIFIER No. NCTL 210-3412-3	PLANT NAME AND LOCATION: Venice Window Division	CAD DWG. No.:	REV:	SHEET
		PAV8100_NCTL 210-3412-3	00	3 of 3.

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 8-13 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9224	Debenian	rough electric	Pass	Do NOT DRYWALL
3PM	3725 Se Ocean 2 Family Guys			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9225	Shore	window back	Pass	
	22 Emarita Lowe's			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9226	Hooker	steel	Pass	
100	6 Morgan Cir OB			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9181	Hardin	Footer	Pass	
	275 River Station			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 8-21 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9000	CO2	rebar for		
<u>150</u>	4 River Oak SDH	curb	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9225	Shore 22 Emarita Way Lowe's	Final back on door door + window Final	PASS	close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



**9302**

**WINDOW/DOOR**

**REPLACEMENT**



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:	9302	DATE ISSUED:	NOVEMBER 19, 2009
SCOPE OF WORK:	REPLACE 16 WINDOWS		
CONDITIONS :			
CONTRACTOR:	LOWES		
PARCEL CONTROL NUMBER:	013841-005-000-001006	SUBDIVISION	EMARITA - LOT 10
CONSTRUCTION ADDRESS:	22 EMARITA WAY		
OWNER NAME:	SHORE		
QUALIFIER:	PETER CAFARO	CONTACT PHONE NUMBER:	772-692-7745

**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:	9302		
ADDRESS	22 EMARITA WAY		
DATE:	11/19/09	SCOPE:	REPLACE 16 WINDOWS

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

Plan Su  
 (No pla  
 Total s  
 Total s  
 Total C  
 Buildin  
 Buildin  
 Total n  
 Radon

<b>HUSBAND FOR RENT</b>		05/99	63-1114/670	5602
PH 321-773-1528 514 CARRIAGE ROAD INDIAN HARBOUR BEACH, FL 32937-4042		<i>NOV 18 2009</i>		
PAY TO THE ORDER OF	<b>TOWN OF SEWALL'S POINT</b>		\$ 305.00	
<i>Three Hundred Five <del>00</del> 00</i>		DOLLARS		<small>Security features are included. Details on back.</small>
<b>RIVERSIDE BANK</b> 417 FIFTH AVE INDIALANTIC, FL 32903		<i>Matthew DeLitch</i>		
FOR	[REDACTED]			

DBPR Licensing Fee: (\$.005 per sq. ft. under roof)	\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)		
Martin County Impact Fee:	\$	
<b>TOTAL BUILDING PERMIT FEE:</b>	\$	

<b>ACCESSORY PERMIT</b>	Declared Value:	\$	4435
Total number of inspections @ \$75.00 each	2	\$	150
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	155





INSTR # 2178271  
 OR BK 02422 PG 0519  
 Pg 0519? (1pg)  
 RECORDED 11/16/2009 12:46:10 PM  
 MARSHA EWING  
 CLERK OF MARTIN COUNTY FLORIDA

NOTICE OF COMMENCEMENT

STATE OF Florida  
 COUNTY OF Martin

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, located in Martin County, Florida, with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: (legal description of property, and street address if available)  
01-38-41-005-000-00100-6, 22 Emarita Way, Sewall's Point, FL 34996
2. General description of improvement: Replacement windows
3. Owner information:
  - a. Name and address: Benjamin Shore. 22 Emarita Way, Stuart, FL 34996
  - b. Phone number: 772-283-9777
  - c. Name and address of fee simple titleholder (if other than owner): N/A
4. Contractor:
  - a. Name and address: STATE OF FLORIDA  
Lowe's #0703, 8529 South Park Circle, Suite # 430, Orlando, FL 32819
  - b. Phone number: 772-692-7745
5. Surety:
  - a. Name and address: N/A
  - b. Amount of bond \$ N/A
  - c. Phone number: N/A
6. Lender:
  - a. Name and address: N/A
  - b. Phone number: N/A
7. Persons with 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:
  - a. Name and address: N/A
  - b. Phone number: N/A
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
  - a. Name and address: N/A
  - b. Phone number: N/A
9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified) \_\_\_\_\_



STATE OF FLORIDA  
 I HEREBY CERTIFY THAT THE  
 FOREGOING 1 PAGES IS A TRUE  
 AND CORRECT COPY OF THE ORIGINAL.  
 MARSHA EWING, CLERK  
 BY: [Signature] D.C.  
 DATE: 11-26-09

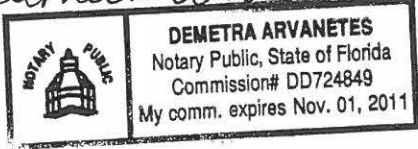
**WARNING TO OWNER:** ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

[Signature]  
 Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager  
 Signatory's Title/Office Owner

The foregoing instrument was acknowledged before me this 6 day of NOVEMBER, 2009 by BENJAMIN SHORE (name of person) as owner (type of authority, ...e.g. officer, trustee, attorney in fact) for [Signature] (name of party on behalf of whom instrument was executed).

[Signature]  
 Signature of Notary Public - State of Florida  
 Print, type, or stamp commissioned name of Notary Public

Personally Known \_\_\_\_\_ OR Produced Identification FLDL  
 Type of identification produced FLDL



Verification pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

[Signature]  
 Signature of natural person signing above (owner)



RECEIVED  
11-17-09

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

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

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

OWNER/TITLEHOLDER NAME: Ben Shore Phone (Day) 283-9777 (Fax) \_\_\_\_\_

Job Site Address: 22 E Morita Way City: STUART State: FL Zip: 34996

Legal Description 01-38-41-005-000-00100-6 Parcel Control Number: \_\_\_\_\_

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

Scope of work (please be specific): Replacement windows (16) in (11) openings

**WILL OWNER BE THE CONTRACTOR?**  
(If yes, Owner Builder questionnaire must accompany application)  
YES \_\_\_\_\_ NO X

**COST AND VALUES:** (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 4935.04  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

**Has a Zoning Variance ever been granted on this property?**  
YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO \_\_\_\_\_  
(Must include a copy of all variance approvals with application)

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: LOWES #0703 Phone: 692-7745 Fax: \_\_\_\_\_

Street: 4100 NW Federal Hwy City: Jensen Bch State: FL Zip: 34957

State License Number: CGC1508417 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: Matt Schlick Phone Number: 321-243-0634

DESIGN PROFESSIONAL: \_\_\_\_\_ Lic# \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Carport: \_\_\_\_\_ Total under Roof \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_  
\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

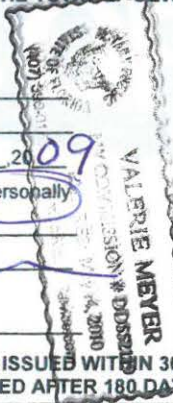
CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007  
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

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

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

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

OWNER SIGNATURE: (required)  
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)  
[Signature]  
State of Florida, County of: Martin  
This the 17th day of November 2009  
by Benjamin Shore who is personally  
known to me or produced  
as identification. [Signature]  
Notary Public



CONTRACTOR SIGNATURE: (required)  
[Signature]  
On State of Florida, County of: \_\_\_\_\_  
This the 13 day of Nov 2009  
by Peter A. Crain who is personally  
known to me or produced  
as identification. \_\_\_\_\_



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

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



Summary

print Owner  
1 of 10

Parcel Info

Summary

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

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
01-38-41-005-000-00100-6	22 EMARITA WY	17625	Owner	0	1

Summary  
**Property Location** 22 EMARITA WY  
**Tax District** 2200 Sewall's Point  
**Account #** 17625  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120200  
**Acres** 0.351

Legal Description  
**Property Information**  
 EMARITA, LOT 10

Search By

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

Owner Information  
**Owner Information**  
 SHORE, BENJAMIN DAVID

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

Assessment Info  
**Front Ft.** 0.00

**Market Land Value** \$185,250  
**Market Impr Value** \$162,360  
**Market Total Value** \$347,610

Site Functions

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

Recent Sale  
**Sale Amount** \$180,000

**Sale Date** 6/1/2000  
**Book/Page** 1485 0144

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

Legal disclaimer / Privacy Statement

Data updated on 10/29/2009





Room : Whole House Room : K Total Linear Feet of New Custom Trim : 0 Storm Windows : None or Customer will handle Window Capping : No Existing Damage : No Customer Understands Scope of the Project : Yes Additional Miles Traveled over 20 : 0 Local Disposal Fee : Yes  Other Work Charge : Yes	Different Size Windows in Area : 4 Different Size Windows in Area : 1 Total Windows on Second Story or above : 0 Total Number of Window AC Units : None Replace Window Stop / Sill / Brick Mould : No Description of Existing Damage to repair : None Permit Required : No Bring up to Code Description : None Describe Other Work Needed : Box Frames and Trim out and inside. Cut out and remove bottom frame member of wall for all openings Comments : 16 Windows
--	--

<b>Labor Charges</b>	<b>\$ 4071.00</b>
<b>Detail Deduction</b>	<b>-\$ 35.00</b>

**Additional Specifications:**

Notation: Lowe's will not make structural modifications, paint or stain or remove/reinstall security system equipment. Customer is responsible to advise if property is governed by Historic District Regulations.  
 Additional Specifications: The Environmental Protection Agency (EPA) has requested that Lowe's notify installation customers that a lead based paint hazard may exist in dwellings built prior to 1978. See pamphlet EPA 747-K-99-001 for details.

<b>TOTAL CHARGES OF ALL MERCHANDISE AND SERVICES</b>	*where applicable labor is taxable, check local tax restrictions.	
	<b>SUB-TOTAL</b>	<b>\$ 4356.04</b>
	<b>*SALES TAX</b>	<b>\$ 0.00</b>
	<b>DELIVERY</b>	<b>\$ 79.00</b>
	<b>ORDER TOTAL</b>	<b>\$ 4435.04</b>
	<b>BALANCE DUE</b>	

Work is to commence upon reasonable availability of Contractor which is anticipated to be \_\_\_\_\_ [fill in date].  
 Estimated completion date is \_\_\_\_\_ [fill in date].

**NOTICE TO CUSTOMER**

All items listed in this contract and specification sheet(s) are to be installed under conditions agreed upon at time of purchase and at the price appearing on this contract form. This assumes sound existing substructures, superstructure and points of attachments. Extra labor or material incident to installation necessitated by defective substructures, superstructure, points of attachment, or the moving of fixtures or appliances to be billed at extra cost to customer. **DO NOT SIGN THIS CONTRACT UNTIL COMPLETE AND YOU HAVE READ THE TERMS AND CONDITIONS OF THIS CONTRACT. BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS SET FORTH ON THIS CONTRACT. YOU ARE ENTITLED TO A COPY OF THIS CONTRACT AT THE TIME OF SIGNATURE.**

WITNESS OUR HAND(S) AND SEAL(S) BELOW THIS 31 DAY OF OCT, 2009

Lowe's Home Centers, Inc.

By: [Signature] (Seal)

Print Name: Paul Savage

Address 1100 NW US Hwy

City Sanford State / Province NC Zip / Postal Code 27487

[Signature] (Seal)  
Owner

B.D. SHORE  
Print Name

\_\_\_\_\_  
Spouse (Seal)

\_\_\_\_\_  
Print Name

Customer acknowledges receipt of a true copy which was completely filled in prior to Customer's execution hereof. **You the customer may cancel this transaction at any time prior to midnight on the third business day after the date of this transaction. See the attached Notice of Right to Cancel for an explanation of this right.**



Room : Whole House Room : K Total Linear Feet of New Custom Trim : 0 Storm Windows : None or Customer will handle Window Capping : No Existing Damage : No Customer Understands Scope of the Project : Yes Additional Miles Traveled over 20 : 0 Local Disposal Fee : Yes  Other Work Charge : Yes	Different Size Windows in Area : 4 Different Size Windows in Area : 1 Total Windows on Second Story or above : 0 Total Number of Window AC Units : None Replace Window Stop / Sill / Brick Mould : No Description of Existing Damage to repair : None Permit Required : No Bring up to Code Description : None Describe Other Work Needed : Box Frames and Trim out and inside. Cut out and remove bottom frame member of wall for all openings Comments : 16 Windows
--	--

<b>Labor Charges</b>	<b>\$ 4071.00</b>
<b>Detail Deduction</b>	<b>-\$ 35.00</b>

**Additional Specifications:**

Notation: Lowe's will not make structural modifications, paint or stain or remove/reinstall security system equipment. Customer is responsible to advise if property is governed by Historic District Regulations.  
 Additional Specifications: The Environmental Protection Agency (EPA) has requested that Lowe's notify installation customers that a lead based paint hazard may exist in dwellings built prior to 1978. See pamphlet EPA 747-K-99-001 for details.

<b>TOTAL CHARGES OF ALL MERCHANDISE AND SERVICES</b>	where applicable labor is taxable, check local tax restrictions.	
	<b>SUB-TOTAL</b>	<b>\$ 4356.04</b>
	<b>*SALES TAX</b>	<b>\$ 0.00</b>
	<b>DELIVERY</b>	<b>\$ 79.00</b>
	<b>ORDER TOTAL</b>	<b>\$ 4435.04</b>
	<b>BALANCE DUE</b>	

Work is to commence upon reasonable availability of Contractor which is anticipated to be \_\_\_\_\_ [fill in date].  
 Estimated completion date is \_\_\_\_\_ [fill in date].



**NOTICE TO CUSTOMER**

All items listed in this contract and specification sheet(s) are to be installed under conditions agreed upon at time of purchase and at the price appearing on this contract form. This assumes sound existing substructures, superstructure and points of attachments. Extra labor or material incident to installation necessitated by defective substructures, superstructure, points of attachment, or the moving of fixtures or appliances to be billed at extra cost to customer. DO NOT SIGN THIS CONTRACT UNTIL COMPLETE AND YOU HAVE READ THE TERMS AND CONDITIONS OF THIS CONTRACT. BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS SET FORTH ON THIS CONTRACT. YOU ARE ENTITLED TO A COPY OF THIS CONTRACT AT THE TIME OF SIGNATURE.

WITNESS OUR HAND(S) AND SEAL(S) BELOW THIS 31 DAY OF OCT, 2009.

Lowe's Home Centers, Inc.

By: [Signature] (Seal)

Print Name: Paul Sandoz

4000 NW US Hwy  
Address

Sumner Beach FL 34917  
City State / Province Zip / Postal Code

[Signature] (Seal)  
Owner

B. D. Sandoz  
Print Name

\_\_\_\_\_  
Spouse (Seal)

\_\_\_\_\_  
Print Name

Customer acknowledges receipt of a true copy which was completely filled in prior to Customer's execution hereof. You the customer may cancel this transaction at any time prior to midnight on the third business day after the date of this transaction. See the attached Notice of Right to Cancel for an explanation of this right.

## WINDOW/DOOR SCHEDULE

ID NO	APPOX OPENING SIZE (WXH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	41 X 68		SH			
2	41 X 68		SH			
3	41 X 53		SH			
4	41 X 53		SH			
5	41 X 53		SH			
6	41 X 53		SH			
7	41 X 40		SH			
8	41 X 40		SH			
9	41 X 40		SH			
10	41 X 68		SH			
11	41 X 68		SH			
12						
13						
14						
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22						
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25						
26						
27						
28						
29						
30						

FILE COPY

TOWN OF SEWALL'S POINT

THESE PLANS HAVE BEEN

REVIEWED FOR CODE COMPLIANCE

DATE 11-19-09

[Signature]

BUILDING OFFICIAL

TOTAL GLAZED OPENING AREA FOR STRUCTURE: \_\_\_\_\_ S.F.

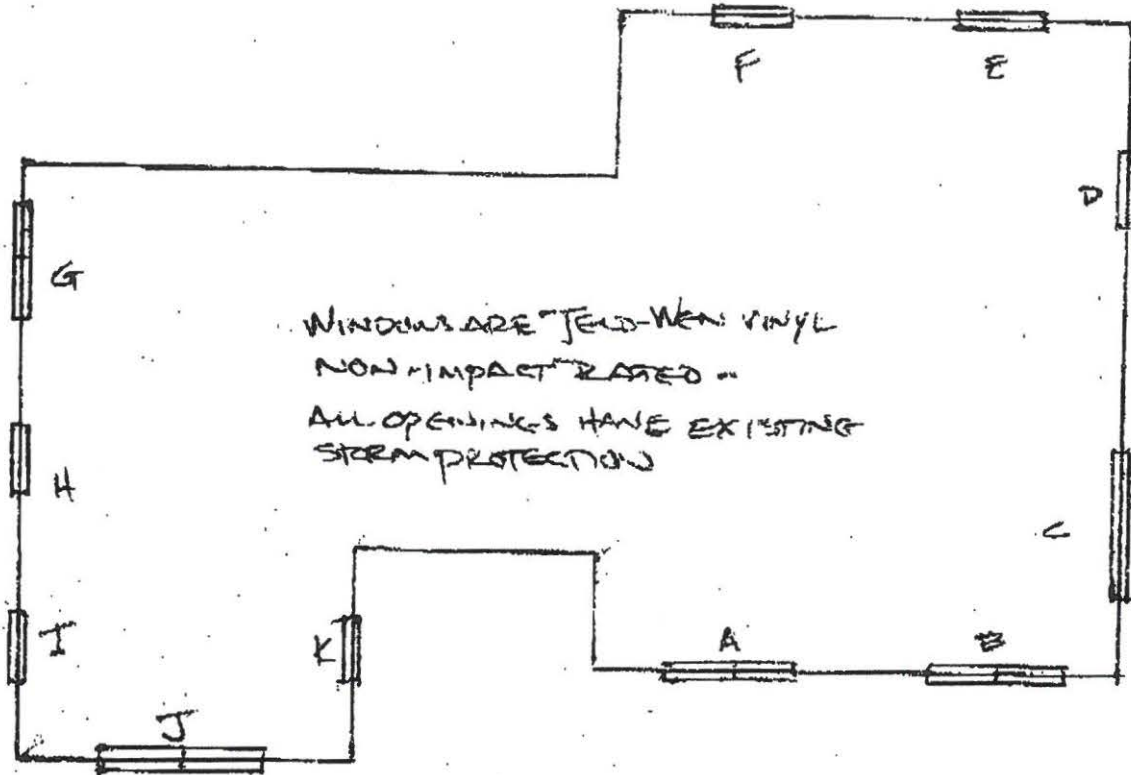
\*PERCENTAGE OF NEW GLAZED AREA: \_\_\_\_\_ %  
 (TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2007 FBC EXISTING BUILDING 507.3.

**\* TYPE WINDOWS**

SH - SINGLE HUNG	AWN - AWNING	SL - SLIDING
DH - DOUBLE HUNG	CAS - CASEMENT	FIX - FIXED

WINDOW INSTALLATION  
 BENJAMIN SHORE  
 22 EMERITA WAY  
 SEWELL POINT, FL



FRONT

- 1 A. (2) 41-1/8" x 68-5/8"  
(1) 68-5/8" mull
- 2 B. (2) 41-1/8" x 68-5/8"  
(1) 68-5/8" mull
- 3 C. (2) 41-1/8" x 53" SH  
(1) 53" mull
- 4 D. (1) 41-1/2" x 53" SH
- 5 E. (1) 41-1/2" x 53" SH
- 6 F. (1) 41-1/2" x 53" SH
- 7 G. (2) 41-1/8" x 40-5/8"  
(1) 40-5/8" mull
- 8 H. (1) 41-1/2" x 40-5/8" SH
- 9 I. (1) 41-1/2" x 40-5/8" SH
- 10 J. (2) 41-1/8" x 68-5/8" SH  
(1) 68-5/8" mull
- 11 K. (1) 41-1/2" x 68-5/8" SH





## Product Approval

USER: Public User

Product Approval Menu > Product or Application Search > Application List > **Application Detail**

- ▶ COMMUNITY PLANNING
- ▶ HOUSING & COMMUNITY DEVELOPMENT
- ▶ EMERGENCY MANAGEMENT
- ▶ OFFICE OF THE SECRETARY

FL #	FL10948						
Application Type	New						
Code Version	2007						
Application Status	Approved						
Comments	Archived						
Product Manufacturer	JELD-WEN						
Address/Phone/Email	3737 Lakeport Blvd Klamath Falls, OR 97601 (541) 882-3451 fbc@jeld-wen.com						
Authorized Signature	Janet Gerard fbc@jeld-wen.com						
Technical Representative	Budd Beatty						
Address/Phone/Email	3737 Lakeport Blvd. Klamath Falls, OR 97601 (541) 882-3451 buddb@jeld-wen.com						
Quality Assurance Representative							
Address/Phone/Email							
Category	Windows						
Subcategory	Single Hung						
Compliance Method	Certification Mark or Listing						
Certification Agency	American Architectural Manufacturers Association						
Validated By	American Architectural Manufacturers Association						
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th>Standard</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>AAMA/WDMA 101/I.S.2-97</td> <td>1997</td> </tr> <tr> <td>ASTM E 1300</td> <td>2002</td> </tr> </tbody> </table>	Standard	Year	AAMA/WDMA 101/I.S.2-97	1997	ASTM E 1300	2002
Standard	Year						
AAMA/WDMA 101/I.S.2-97	1997						
ASTM E 1300	2002						
Equivalence of Product Standards Certified By	Florida Licensed Professional Engineer or Architect FL10948_R0_Equiv_Engineer Eval of Std Equiv E1300.pdf						

Product Approval Method

Method 1 Option A

Date Submitted

06/27/2008

Date Validated

12/18/2008

Date Pending FBC Approval

12/23/2008

Date Approved

02/03/2009

Summary of Products

FL #	Model, Number or Name	Description
10948.1	Premium Atlantic Vinyl Single Hung	Vinyl Single Hung Max Size Tested 37x75. Insulated Glass.
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +65/-65 Other:		<b>Certification Agency Certificate</b> FL10948_R0_C_CAC_PAVSHT_210-3412-3_Ref210-3412-2_H-R65_37x75_Exp03262011.pdf <b>Quality Assurance Contract Expiration Date</b> 03/26/2011 <b>Installation Instructions</b> FL10948_R0_II_PAV8100_NCTL_210-3412-3.pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: <b>Evaluation Reports</b> Created by Independent Third Party:
10948.2	Premium Atlantic Vinyl Single Hung	Vinyl Single Hung Max Size Tested 52x75 Insulated Tempered Glass
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +70/-70 Other:		<b>Certification Agency Certificate</b> FL10948_R0_C_CAC_PATVTSH_210-3412-2_H-R70_52x75_Exp03262011.pdf <b>Quality Assurance Contract Expiration Date</b> 03/26/2011 <b>Installation Instructions</b> FL10948_R0_II_PAV8100_NCTL_210-3412-2.pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: <b>Evaluation Reports</b> Created by Independent Third Party:
10948.3	Premium Atlantic Vinyl Single Hung	Vinyl Single Hung Max Size Tested 48x64 Insulated Glass
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +65/-65 Other:		<b>Certification Agency Certificate</b> FL10948_R0_C_CAC_PATVTSH_210-3412-1_210-3412-2_H-R65_48x64_Exp03262011.pdf <b>Quality Assurance Contract Expiration Date</b> 03/26/2011 <b>Installation Instructions</b> FL10948_R0_II_PAV8100_NCTL_210-3412-1_6-30-08.pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: <b>Evaluation Reports</b> Created by Independent Third Party:

*[Handwritten signature]*  
12/23/09

Back

Next

DCA Administration

Department of Community Affairs  
 Florida Building Code Online  
 Codes and Standards  
 2555 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-2100  
 (850) 487-1824, Fax (850) 414-8436

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Product Approval Accepts:



**A·L·I**

(Validator / Operations Administrator)

**AAMA  
CERTIFICATION PROGRAM****AUTHORIZATION FOR PRODUCT CERTIFICATION****Jeld-Wen Windows & Doors  
P.O. Box 1329  
Klamath Falls, OR 97601****Attn: Steve Strawn**

The product described below is hereby approved for listing in the next issue of the AAMA Certified Products Directory. The approval is based on successful completion of tests, and the reporting to the Administrator of the results of tests, accompanied by related drawings, by an AAMA Accredited Laboratory.

1. The listing below will be added to the next published AAMA Certified Products Directory.

SPECIFICATION	RECORD OF PRODUCT TESTED			
AAMA/NWWDA 101/I.S. 2-97 H-R65*-37x75				
COMPANY AND PLANT LOCATION	CODE NO.	SERIES MODEL & PRODUCT DESCRIPTION	MAXIMUM SIZE TESTED	
All Plant Locations	JW-2 through JW-21	PREMIUM ATLANTIC VINYL TILT SINGLE HUNG (PVC) (O/X) (IG) (INS GL) (TILT) (REINF) (ASTM)	<u>FRAME</u> 3'1" x 6'3"	<u>SASH</u> 2'9" x 3'1"

2. This Certification will expire **March 26, 2011** and requires validation until then by continued listing in the current AAMA Certified Products Directory.

3. Product Tested and Reported by: **National Certified Testing Laboratories**

Report No.: **210-3412-3; Ref. 210-3412-2**Date of Report: **April 23, 2007; April 22, 2007**

Validated for Certification

Associated Laboratories, Inc.

Authorized for Certification

American Architectural Manufacturers Association

Date: **June 6, 2007**

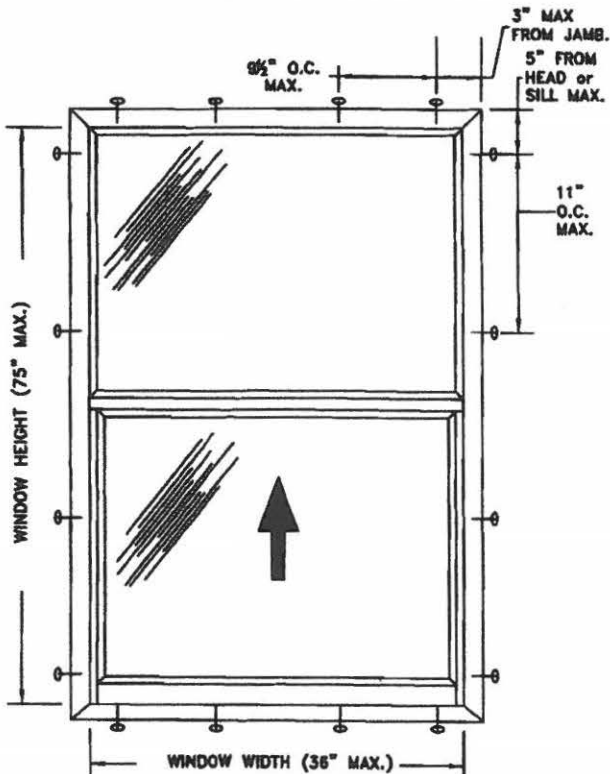
Cc: AAMA

SBS

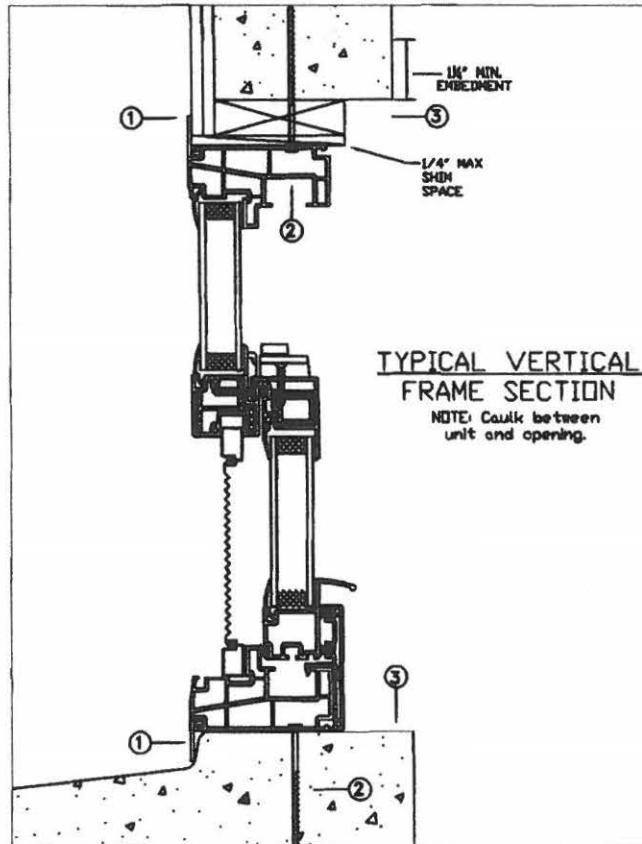
ACP-04 (Rev. 8/06)



MASONRY  
(NCTL 210-3412-3)

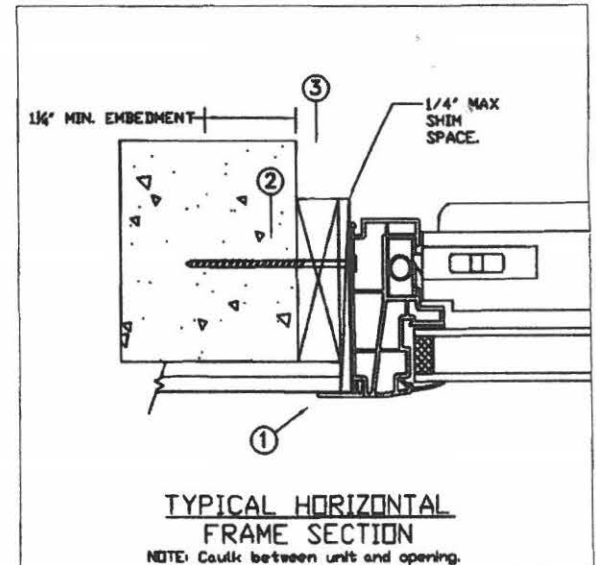


TYPICAL ELEVATION WITH FASTENERS



TYPICAL VERTICAL  
FRAME SECTION

NOTE: Caulk between  
unit and opening.



TYPICAL HORIZONTAL  
FRAME SECTION

NOTE: Caulk between unit and opening.

Max Frame	DP	IMPACT
36" x 75"	+65/-70	NO

Uniform Design Pressure as Tested +65/-70 psf per AAMA/WDMA/CSA 101/LS. 2/A440-05.

**General Notes:**

- The product shown herein is designed, tested and manufactured to comply with the 2007 Florida Building Code and industry standard requirements for the stated conditions.
- All glazing shall conform to ASTM E1300-02.
- An impact protective system is required where wind borne debris protection is required by local building code.
- Maximum sizes are buck sizes and do not include fin or flange.

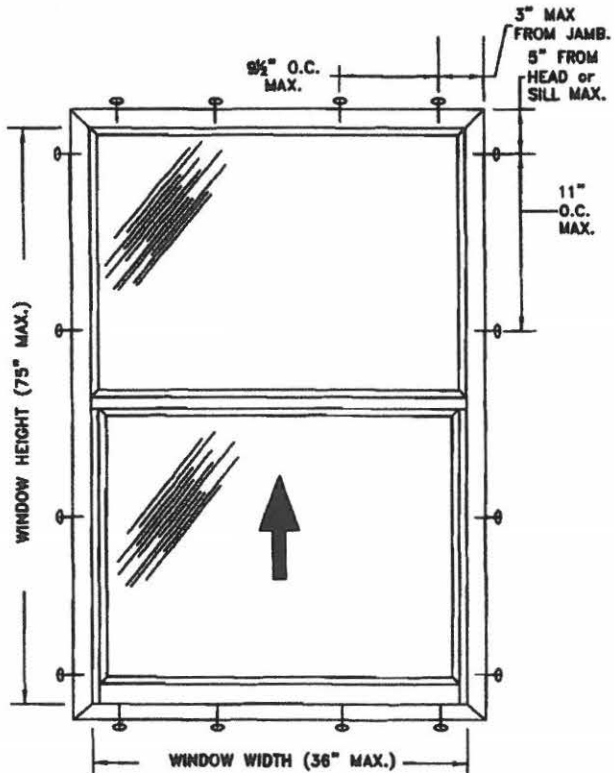
**Installation Notes:**

1. Seal flange / window to substrate.
2. Use 3/16" Tapcon or equivalent fasteners through frame with sufficient length to penetrate a minimum of 1 1/4" into the masonry.
3. Host structure (wood buck, stud framing and opening) to be designed and anchored to properly transfer all loads to the structure. The host structure is the responsibility of the architect or engineer of record for the project of installation.

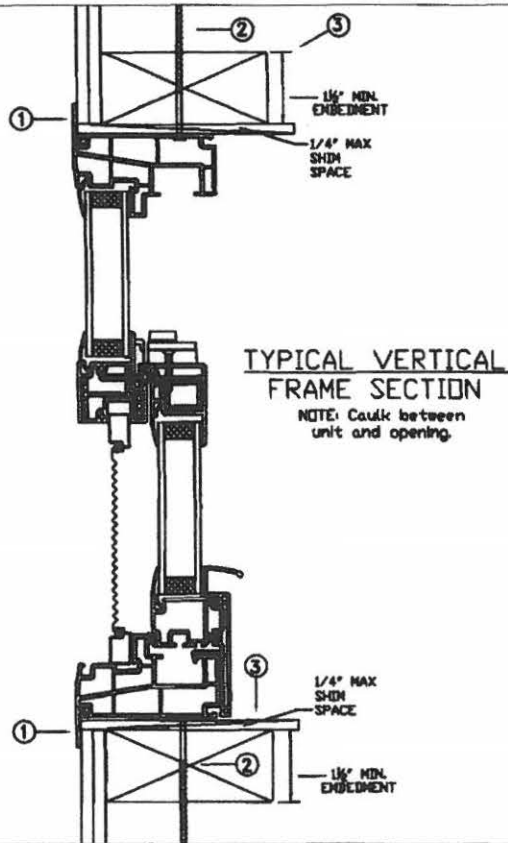
This schedule addresses only the fasteners required to anchor the product to achieve the rated design pressure and impact performance (where applicable) up to the size limitations noted. It is not intended as a guide to the installation process and does not address the sealing consideration that may arise in different wall conditions. For the complete installation procedure, see the instructions packaged with the window or go to [www.jeld-wen.com/resources/installation](http://www.jeld-wen.com/resources/installation).

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 6.13.08 Douglas S. Preston FL P.E. License No. 53291 181 Rosebud Lane Georgetown, TX 78633	PROJECT ENGINEER: ---	DATE: 05/23/2008	<b>JELD-WEN</b> 355 Center Court Venice, Florida 34285 (941) 497-1948
	DRAWN BY: M. Tetzlaff	SCALE: NTS	
CHECKED BY: ---	TITLE: Premium Atlantic Vinyl (8100) Single Hung Masonry Installation (36" x 75")		
APPROVED BY: ---	PART/PROJECT No.:		
IDENTIFIER No. NCTL 210-3412-3	PLANT NAME AND LOCATION: Venice Window Division	CAD DWG. No.: PAV8100_NCTL 210-3412-3	REV: 00 SHEET 1 of 3.



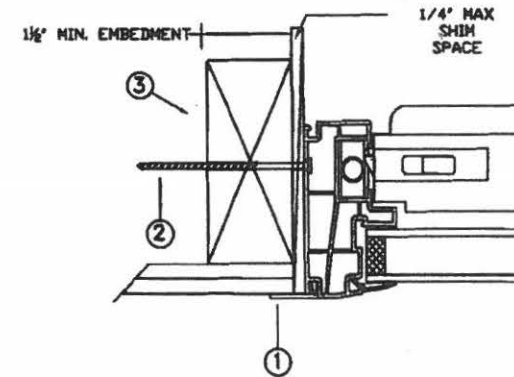
TYPICAL ELEVATION WITH FASTENERS



TYPICAL VERTICAL FRAME SECTION

NOTE: Caulk between unit and opening.

WOOD FRAME  
(NCTL 210-3412-3)



TYPICAL HORIZONTAL FRAME SECTION

NOTE: Caulk between unit and opening.

Max Frame	DP	IMPACT
36" x 75"	+65/-70	NO

Uniform Design Pressure as Tested +65/-70 psf per AAMA/WDMA/CSA 101/LS. 2/A440-05.

General Notes:

- The product shown herein is designed, tested and manufactured to comply with the 2007 Florida Building Code, the High Velocity Hurricane Zone (HVHZ) and industry standard requirements for the stated conditions.
- All glazing shall conform to ASTM E1300-02.
- An impact protective system is required where wind borne debris protection is required by local building code.
- Maximum sizes are buck sizes and do not include fin or flange.

Installation Notes:

- Seal flange / window to substrate.
- Use #10 or greater fasteners through frame with sufficient length to penetrate a minimum of 1 1/2" into the wood framing.
- Host structure (wood buck, stud framing and opening) to be designed and anchored to properly transfer all loads to the structure. The host structure is the responsibility of the architect or engineer of record for the project of installation.

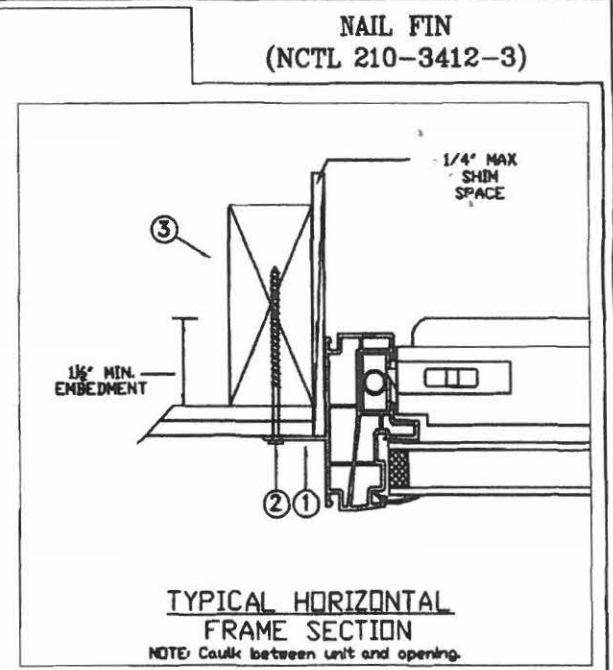
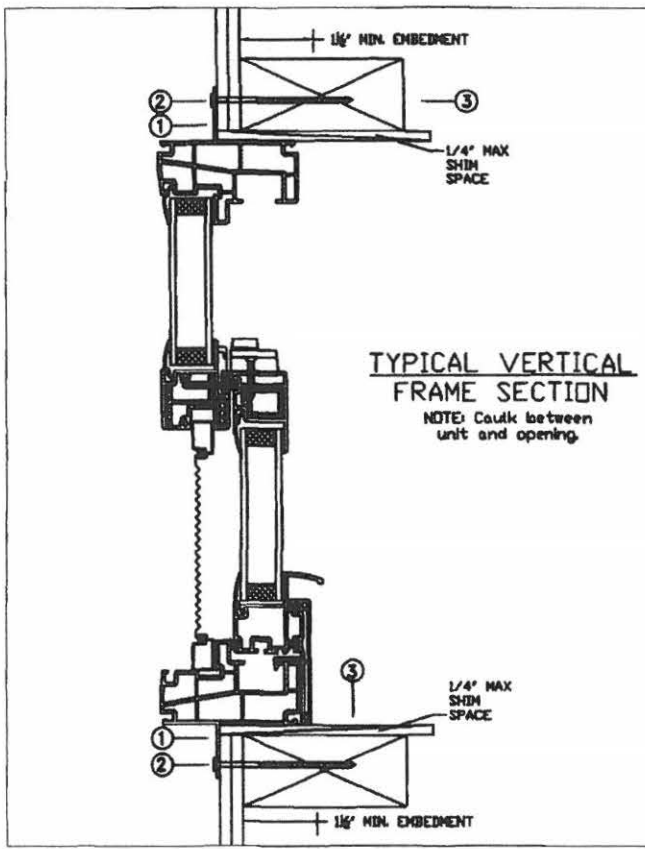
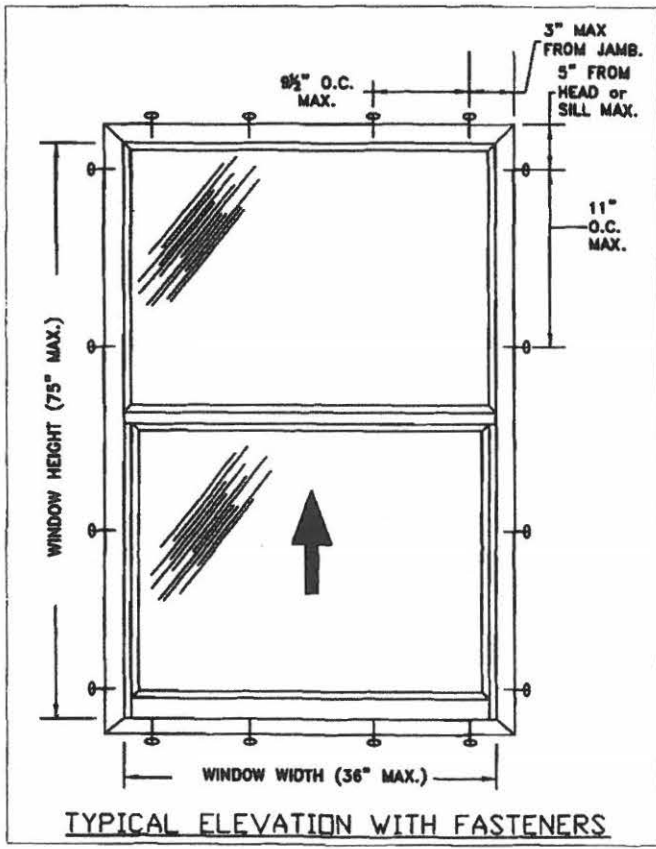
This schedule addresses only the fasteners required to anchor the product to achieve the rated design pressure and impact performance (where applicable) up to the size limitations noted. It is not intended as a guide to the installation process and does not address the sealing consideration that may arise in different wall conditions. For the complete installation procedure, see the instructions packaged with the window or go to [www.jeld-wen.com/resources/installation](http://www.jeld-wen.com/resources/installation).

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*Douglas S. Preston*  
61308

Douglas S. Preston  
Fl P.E. License No. 53291  
101 Rosebud Lane  
Georgetown, TX 78633

PROJECT ENGINEER: ---	DATE: 05/23/2008	<b>JELD-WEN</b>	355 Center Court Venice, Florida 34285 (941) 497-1948	
DRAWN BY: M. Tetzlaff	SCALE: NTS			
CHECKED BY: ---	TITLE: Premium Atlantic Vinyl (8100) Single Hung Wood Frame Installation (36" x 75")			
APPROVED BY: ---	PART/PROJECT No.:			
IDENTIFIER No. NCTL 210-3412-3	PLANT NAME AND LOCATION: Venice Window Division	CAD DWG. No.:	REV:	SHEET
		PAV8100_NCTL210-3412-3	00	2 of 3.



Max Frame	DP	IMPACT
36" x 75"	+65/-70	NO
Uniform Design Pressure as Tested: +65/-70 psf per AAMA/VDMA/CSA 101/LS. 2/A440-05.		

**General Notes:**

- The product shown herein is designed, tested and manufactured to comply with the 2007 Florida Building Code, the High Velocity Hurricane Zone (HVHZ) and industry standard requirements for the stated conditions.
- All glazing shall conform to ASTM E1300-02.
- An impact protective system is required where wind borne debris protection is required by local building code.
- Maximum sizes are buck sizes and do not include fin or flange.

**Installation Notes:**

1. Seal nail fin to substrate.
2. Use #10 or greater fasteners through nail fin with sufficient length to penetrate a minimum of 1 1/2" into the wood framing.
3. Host structure (wood buck, stud framing and opening) to be designed and anchored to properly transfer all loads to the structure. The host structure is the responsibility of the architect or engineer of record for the project of installation.
4. We recommend using Tegratite™ installation (<http://www.jeld-wen.com/newinstallationtechnology/>) for weatherproofing.

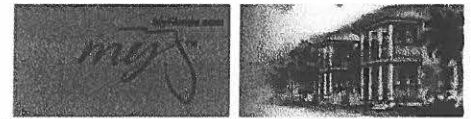
This schedule addresses only the fasteners required to anchor the product to achieve the rated design pressure and impact performance (where applicable) up to the size limitations noted. It is not intended as a guide to the installation process and does not address the sealing consideration that may arise in different wall conditions. For the complete installation procedure, see the instructions packaged with the window or go to [www.jeld-wen.com/resources/installation](http://www.jeld-wen.com/resources/installation).

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*Douglas S. Preston*  
61308  
Douglas S. Preston  
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101 Rosebud Lane  
Georgetown, TX 78633

PROJECT ENGINEER: ---	DATE: 05/23/2008	<b>JELD-WEN</b> 355 Center Court Venice, Florida 34285 (941) 497-1948
DRAWN BY: M. Tetzlaff	SCALE: NTS	
CHECKED BY: ---	TITLE: Premium Atlantic Vinyl (8100) Single Hung Nail Fin Installation (36" x 75")	
APPROVED BY: ---		
PART/PROJECT No.:		
IDENTIFIER No. NCTL 210-3412-3	PLANT NAME AND LOCATION: Venice Window Division	CAD DWG. No.: PAV8100_NCTL 210-3412-3
		REV: 00 SHEET 3 of 3.





BCIS Home | Log In | User Registration | Hot Topics | Submit Surcharge | Stats & Facts | Publications | FBC Staff | BCIS Site Map | Links | Search



Product Approval Menu > Product or Application Search > Application List > **Application Detail**

- ▶ COMMUNITY PLANNING
- ▶ HOUSING & COMMUNITY DEVELOPMENT
- ▶ EMERGENCY MANAGEMENT
- ▶ OFFICE OF THE SECRETARY

FL # FL8398-R1  
 Application Type Revision  
 Code Version 2007  
 Application Status Approved  
 Comments  
 Archived

Product Manufacturer JELD-WEN  
 Address/Phone/Email 3737 Lakeport Blvd  
 Klamath Falls, OR 97601  
 (541) 882-3451  
 fbc@jeld-wen.com

Authorized Signature Janet Gerard  
 fbc@jeld-wen.com

Technical Representative Steve Strawn  
 Address/Phone/Email 31725 Hwy 97 N.  
 Chiloquin, OR 97624  
 (541) 783-2057  
 stevestr@jeld-wen.com

Quality Assurance Representative  
 Address/Phone/Email

Category Windows  
 Subcategory Mullions

Compliance Method Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer  
 ✓ Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report Paul E. Winter  
 Florida License PE-22693  
 Quality Assurance Entity National Accreditation and Management Institute  
 Quality Assurance Contract Expiration Date 12/31/2010  
 Validated By Charles A. Pagen, P. E., Ph. D.  
 ✓ Validation Checklist - Hardcopy Received

Certificate of Independence [FL8398\\_R1\\_COI\\_eval1231.pdf](#)

Referenced Standard and Year (of Standard)	<b>Standard</b> AAMA/WDMA/CSA101/I.S.2/A440-05	<b>Year</b> 2005
--	---	---------------------

Equivalence of Product Standards

Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

12/08/2008

Date Validated

12/09/2008

Date Pending FBC Approval

12/16/2008

Date Approved

02/03/2009

Summary of Products		
FL #	Model, Number or Name	Description
8398.1	1"x4" Aluminum Mullion	Aluminum Mullion - Horizontal, Twin Units with Transom, 48676
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +50/-50 Other: Please refer to page 6 of 6 for notes		<b>Installation Instructions</b> FL8398_R1_II_JELD0090.pdf Verified By: Paul E. Winter 22693 Created by Independent Third Party: No <b>Evaluation Reports</b> FL8398_R1_AE_eval 1231.pdf Created by Independent Third Party: No
8398.2	1"x4" Aluminum Mullion	Aluminum Mullion - Horizontal, Twin Units with Transom, R12321-6
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +50/-50 Other: Please refer to page 6 of 6 for notes		<b>Installation Instructions</b> FL8398_R1_II_JELD0090.pdf Verified By: Paul E. Winter 22693 Created by Independent Third Party: No <b>Evaluation Reports</b> FL8398_R1_AE_eval 1231.pdf Created by Independent Third Party: No
8398.3	1"x4" Aluminum Mullion	Atlantic Vinyl Aluminum Mullion - Vertical, Twin, 48676
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +50/-50 Other: Please refer to page 4 of 6 for notes		<b>Installation Instructions</b> FL8398_R1_II_JELD0090.pdf Verified By: Paul E. Winter 22693 Created by Independent Third Party: No <b>Evaluation Reports</b> FL8398_R1_AE_eval 1231.pdf Created by Independent Third Party: No
8398.4	1"x4" Aluminum Mullion	Atlantic Vinyl Aluminum Mullion - Vertical, Twin, R12321-6
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +50/-50 Other: Please refer to page 4 of 6 for notes		<b>Installation Instructions</b> FL8398_R1_II_JELD0090.pdf Verified By: Paul E. Winter 22693 Created by Independent Third Party: No <b>Evaluation Reports</b> FL8398_R1_AE_eval 1231.pdf Created by Independent Third Party: No
8398.5	1"x4" Aluminum Mullion	Aluminum Mullion - Horizontal, Single with Transom, 48676
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +50/-50 Other: Please refer to page 5 of 6 for notes		<b>Installation Instructions</b> FL8398_R1_II_JELD0090.pdf Verified By: Paul E. Winter 22693 Created by Independent Third Party: No <b>Evaluation Reports</b> FL8398_R1_AE_eval 1231.pdf Created by Independent Third Party: No
8398.6	1"x4" Aluminum Mullion	Aluminum Mullion - Horizontal, Single with Transom, R12321-6
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes		<b>Installation Instructions</b> FL8398_R1_II_JELD0090.pdf Verified By: Paul E. Winter 22693

## Product Evaluation Report

Date: November 26, 2008

Report #: 1231

PTC Project #: 308-1005.26

Product Mfg.: Jeld-Wen  
355 Center Ct.  
Venice, FL 34285

Product Name: Standard LMI Aluminum Tube Mullion (1"x4") Vertical & Horizontal

Product Category: Windows

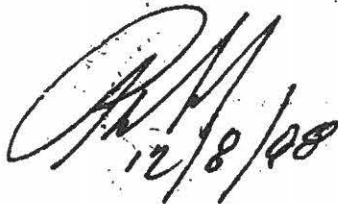
Product Sub-Category: Mullions

Scope: This is a Product Evaluation report issued by PTC LLC and Paul E. Winter, P.E. for Jeld-Wen based upon Rule 9B-72.070 Method (1) d of the State of Florida – Product Approval, Department of Community Affairs – Florida Building Commission

Please note that PTC, LLC and Paul E. Winter, P.E. do not have, nor will acquire, any financial interest in the company manufacturing or distributing of the product(s) or any other entity involved in the approval process or testing for which this report is being issued.

This product has been evaluated for use in locations adhering to the 2007 Florida Building Code.

Reference Dwg. # JELD0090 prepared by PTC, LLC and signed and sealed by Paul E. Winter, P.E. (FL #22693) for specific use parameters.



Paul E. Winter, P.E.  
FL No 22693



## Limitations

This product has been evaluated and is in compliance with the 2007 Florida Building Code.

- 1) Product anchors shall be as designated and located as shown on the details and in the calculations. Anchor embedment and edge distance exclude wall finishes including, but not limited to, stucco, foam, brick veneer, sheathing and siding.
- 2) When installed in locations where windborne debris protection requirements exist, use of an impact protective system is not required.
- 3) Installation details described within the drawing set are generic and may not reflect actual conditions for a specific site. If site conditions cause installation to deviate from the requirements detailed in the drawing set, a Licensed Engineer or Architect shall prepare site specific documents for use with this document.



Paul E. Winter, P.E.  
FL No-22693

1535 N. Cogswell St., Ste. C25 - Rockledge, Florida 32955  
Phone: 321-690-1788 Fax: 321-690-1789  
FBPE Certification of Authorization No. 25935

## Supporting Documents

### A. Drawing

- a. Drawing No. JELD0090 prepared by PTC, LLC (Florida Board of Professional Engineers Certificate of Authorization Number 25935) signed and sealed by Paul E. Winter, P.E.

### B. Testing

Testing per test procedure(s) AAMA/WDMA/CSA101/I.S.2/A440-05, as performed by National Certified Testing Laboratories and reported in test reports NCTL 210 3383-1, dated 1/26/07 & NCTL 210 2284-1 dated 1/29/07, signed by Gerard J. Ferrara, P.E.

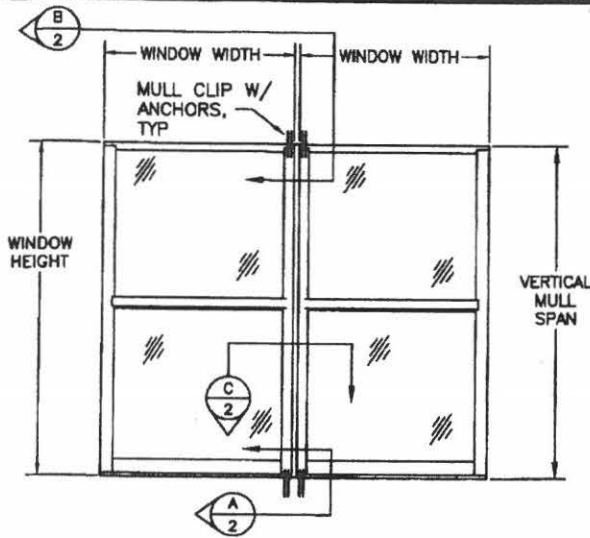
### C. Calculations

- a. Product anchorage for tested specimens are shown in reports NCTL 210 3383-1, dated 1/26/07 & NCTL 210 2284-1 dated 1/29/07. Product anchor analysis for different substrates at loading conditions as indicated are in reports # 1197, 1199, 1200, 1201, 1202 & 1203, signed and sealed by Paul E. Winter, P.E.



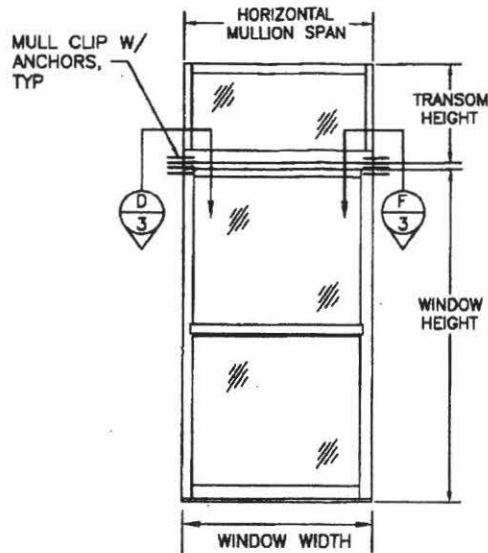
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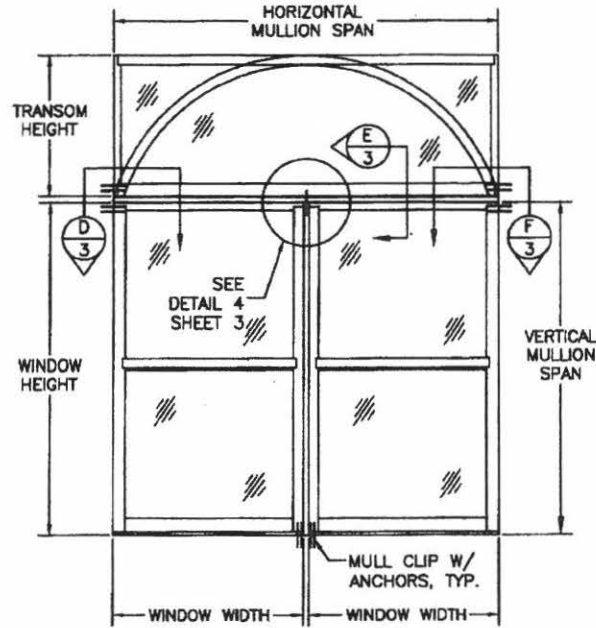
**VERTICAL MULLION  
FOR TWIN WINDOWS**

SEE CHARTS AND NOTES ON SHEET 4 FOR  
DESIGN PRESSURE AND ANCHOR SCHEDULE



**HORIZONTAL MULLION  
FOR SINGLE WINDOW WITH TRANSOM**

SEE CHARTS AND NOTES ON SHEET 5 FOR  
DESIGN PRESSURE AND ANCHOR SCHEDULE



**HORIZONTAL MULLION  
FOR TWIN WINDOW WITH TRANSOM**

SEE CHARTS AND NOTES ON SHEET 6 FOR  
DESIGN PRESSURE AND ANCHOR SCHEDULE

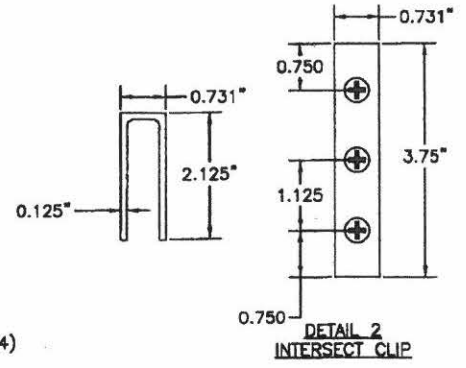
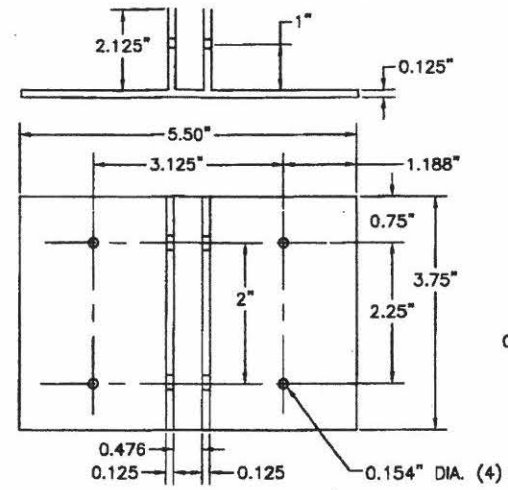
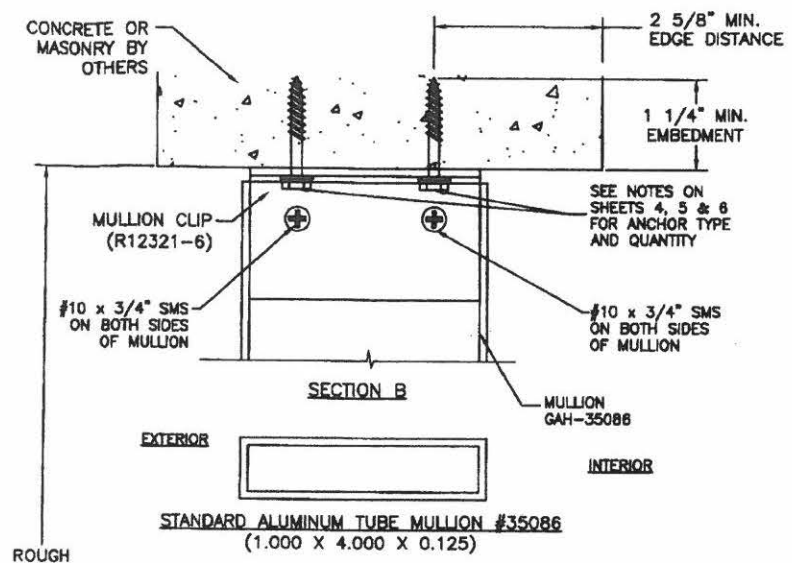
**NOTE:**

1. THE PRODUCT SHOWN HEREIN IS DESIGNED AND MANUFACTURED TO COMPLY WITH THE 2007 FLORIDA BUILDING CODE, SECTION 1714.5.5.
2. MULLION INSTALLATION DETAILS APPLY TO STANDARD ALUMINUM TUBE MULLION GAH-49023, 1.00 X 4.00 X 0.125 (GAH-35088) WHEN USED TO MULL WINDOWS OVER AND/OR BESIDE EACH OTHER VINYL, CUSTOM WOOD AND ALUMINUM WINDOWS AS SHOWN ON NOTE 1, SHEET 2 MAY BE MULLED WITH THIS PRODUCT.
3. APPROVED IMPACT PROTECTIVE SYSTEM IS NOT REQUIRED ON THIS PRODUCT IN AREAS REQUIRING IMPACT RESISTANCE.
4. USE 3/16" ITW TAPCONS ANCHOR OF SUFFICIENT LENGTH TO ACHIEVE MINIMUM EMBEDMENT OF 1 1/4" INTO MASONRY OR CONCRETE. 3/16" ITW TAPCON MUST HAVE A 2 5/8" MINIMUM EDGE DISTANCE FROM EDGE OF MASONRY OR CONCRETE. (SEE CHARTS & NOTES ON SHEETS 4, 5 & 6 FOR DESIGN PRESSURE AND ANCHOR NOTES).
5. USE #10 WOOD SCREW OF SUFFICIENT LENGTH TO ACHIEVE MINIMUM EMBEDMENT OF 1 1/2" INTO WOOD FRAMING. (SEE CHARTS & NOTES ON SHEETS 4, 5 & 6 FOR DESIGN PRESSURE AND ANCHOR NOTES).
6. USE #10 TEK SCREWS OF SUFFICIENT LENGTH TO ACHIEVE A MINIMUM EMBEDMENT OF 3 THREADS PAST THE ANCHOR MATERIAL. (SEE CHARTS & NOTES ON SHEETS 4, 5 & 6 FOR DESIGN PRESSURE AND ANCHOR NOTES).
7. MASONRY, 1X & 2X WOOD BUCKS TO BE DESIGNED AND ANCHORED TO PROPERLY TRANSFER ALL LOADS TO STRUCTURE AND IS THE RESPONSIBILITY OF THE ARCHITECT OR ENGINEER OF RECORD.
8. THIS MULLION IS ONLY VALID WHEN USED IN CONJUNCTION WITH ALL APPLICABLE JELD-WEN PRODUCTS. SEE NOTE 1 ON SHEET 2 FOR SPECIFIC MODEL #.
9. ALL WINDOWS USED WITH THIS MULLION SHALL BE QUALIFIED UNDER SEPARATE APPROVAL.
10. APPLICABLE TEST REPORT #S: (NCTL-210-3383-1, DATED 1/28/07 AND NCTL-210-3384-1 DATED 1/28/07.)
11. MULLION MATERIAL: EXTRUDED ALUMINUM 6063-T5
12. CLIP MATERIAL: EXTRUDED ALUMINUM 6063-T5
13. DESIGN PRESSURE FROM CHARTS SHOWN ON PAGE 4 ARE FOR WINDOWS MULLED SIDE BY SIDE IN A SINGLE OPENING. DESIGN PRESSURES SHOWN ON OTHER PAGES ARE FOR THE ORIENTATION OF WINDOWS AND OPENING SIZE SHOWN.

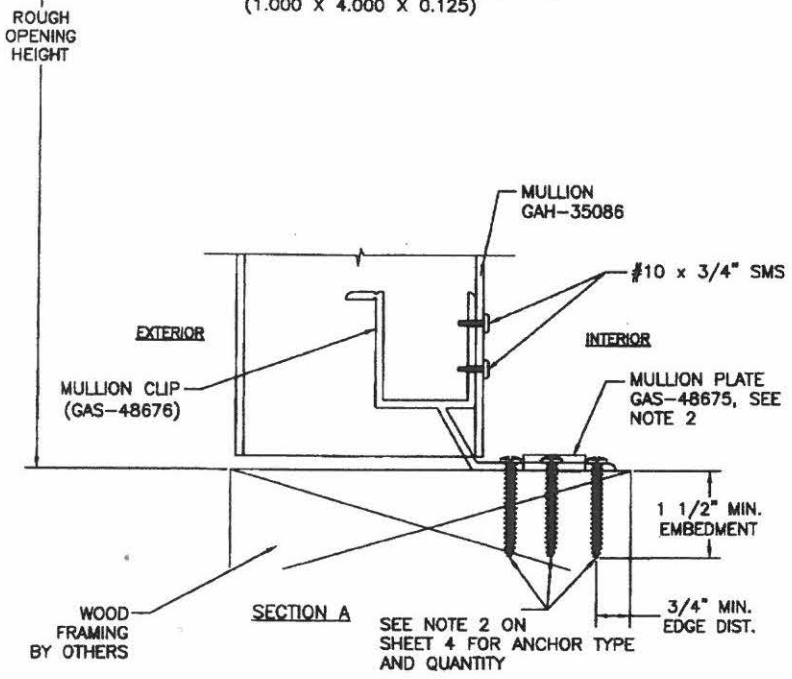
TABLE OF CONTENTS		
SHEET	REV	SHEET DESCRIPTION
1		VERTICAL & HORIZONTAL MULLION ELEVATIONS AND NOTES
2		VERTICAL ELEVATION AND INSTALLATION DETAILS
3		HORIZONTAL ELEVATION AND INSTALLATION DETAILS
4		DESIGN PRESSURE CHARTS
5		DESIGN PRESSURE CHARTS
6		DESIGN PRESSURE CHARTS

APPROVED BY: Paul E. Weiss		DATE: 11/17/08	REV	DESCRIPTION	DATE	BY
JELD-WEN, INC. 355 CENTER CT. VENICE, FLORIDA 34286		PROJECT #: 1103408	SCALE: N.T.S.	DRAWING NO.:	JELD0080	SHEET:
TITLE: STANDARD L.M.I. IMPACT ALUMINUM TUBE MULLION (1" X 4") VERTICAL & HORIZONTAL MULLION ELEVATIONS & NOTES		DATE: 11/03/08	SCALE: N.T.S.	DRAWING NO.:	JELD0080	SHEET:
PROJECT #: 1103408		SCALE: N.T.S.	DRAWING NO.:	JELD0080	SHEET:	1 OF 6
PROJECT #: 1103408		SCALE: N.T.S.	DRAWING NO.:	JELD0080	SHEET:	1 OF 6
PROJECT #: 1103408		SCALE: N.T.S.	DRAWING NO.:	JELD0080	SHEET:	1 OF 6





DETAIL 1  
MULLION CLIP FABRICATION  
FROM DIE R12321-6 FOR GAH 35086  
(1.000 X 4.000 X .125 - #10 WOOD SCREWS)



NOTES:

- STANDARD ALUMINUM TUBE MULLION, SEE DIE DRWG GAH-35086 (1.000 X 4.000 X 0.125), TO BE ONLY USED WITH THE FOLLOWING PRODUCTS:  
 JELD-WEN'S PREMIUM ATLANTIC VINYL SINGLE HUNG (8100)  
 JELD-WEN'S PREMIUM ATLANTIC VINYL HORIZ. ROLLER (8200)  
 JELD-WEN'S PREMIUM ATLANTIC VINYL FIXED (8300)  
 JELD-WEN'S PREMIUM ATLANTIC VINYL CASEMENT OPERATING (8700)  
 JELD-WEN'S PREMIUM ATLANTIC VINYL CASEMENT FIXED (8700)  
 JELD-WEN'S PREMIUM ATLANTIC VINYL AWNING (8800)  
 JELD-WEN'S PREMIUM ATLANTIC ALUMINUM SINGLE HUNG (6100)  
 JELD-WEN'S PREMIUM ATLANTIC ALUMINUM DOUBLE HUNG (6400)  
 JELD-WEN'S PREMIUM ATLANTIC ALUMINUM HORIZ. ROLLER (6500)  
 JELD-WEN'S PREMIUM ATLANTIC ALUMINUM FIXED (6600)  
 JELD-WEN'S CUSTOM WOOD AWNING  
 JELD-WEN'S CUSTOM WOOD CASEMENT CLAD  
 JELD-WEN'S CUSTOM WOOD CASEMENT EXTRUDED  
 JELD-WEN'S CUSTOM WOOD PICTURE WINDOW CLAD  
 JELD-WEN'S CUSTOM WOOD PICTURE WINDOW EXTRUDED  
 JELD-WEN'S CUSTOM WOOD DIRECT SET  
 JELD-WEN'S CUSTOM WOOD DOUBLE HUNG  
 JELD-WEN'S CUSTOM WOOD DOUBLE HUNG PICTURE WINDOW  
 JELD-WEN'S CUSTOM WOOD DOUBLE HUNG TRANSOM
- MULLION PLATE GAS-48675 TO BE USED ONLY WITH #10 W.S. & WOOD SUBSTRATE.

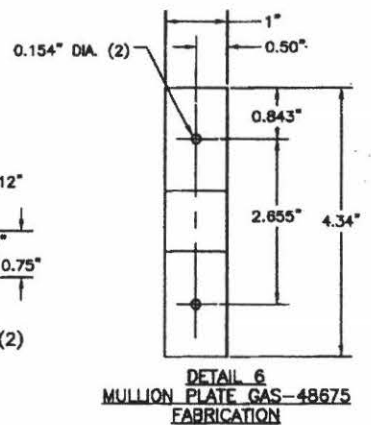
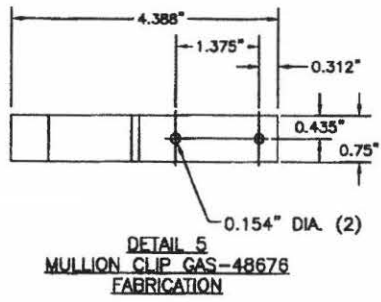
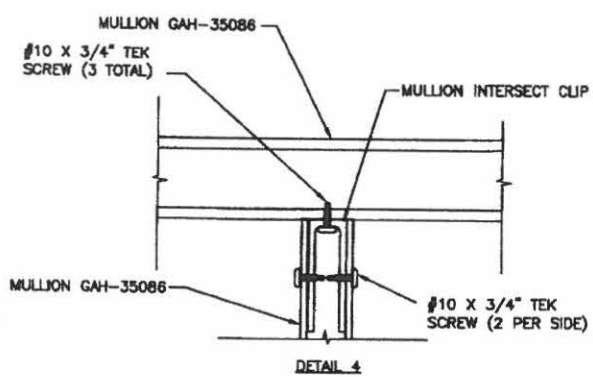
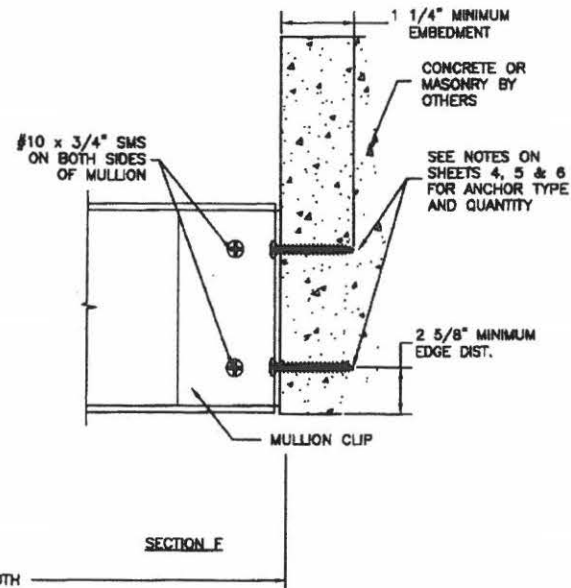
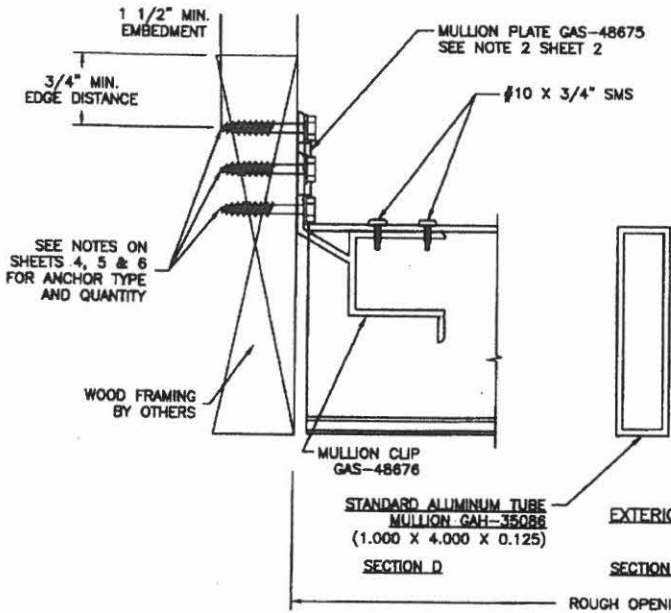
DATE	11/17/08
APPROVED BY:	Paul E. Writer
PROJECT	608-1006.23
DATE	11/03/08
DRAWING NO.	JELDD090
SCALE	N.T.S.
SHEET	2 OF 6
REV	
DESCRIPTION	
DATE	
BY	

JELD-WEN, INC.  
365 CENTER CT.  
VENICE, FLORIDA 34285

PROJECT: STANDARD L.M.I. IMPACT ALUMINUM TUBE MULLION (1" X 4")  
VERTICAL SECTIONS & NOTES

DRAWN BY: BB  
SCALE: N.T.S.  
DATE: 11/03/08  
SHEET: 2 OF 6  
REV: JELDD090  
Paul E. Writer  
For: 301.666.1708

PTC, LLC  
1536 N. Cogswell Street, Suite C26  
Rockledge, Florida 32955  
PTC is a registered trademark of PTC, LLC  
PTC is a registered trademark of PTC, LLC



DATE: 11/17/08	APPROVED BY: Paul E. Wither	DATE: 11/03/08	DATE: BY:
		DESIGNER: JEL00000	DESCRIPTION:
		SCALE: N.T.S.	REV: 3 OF 6
JELD-WEN, INC. 365 CENTER CT. VENICE, FLORIDA 34285 TITLE: STANDARD L.M.I. IMPACT ALUMINUM TUBE MULLION (1" X 4") HORIZONTAL SECTIONS		DRAWN BY: BB DATE: 11/03/08 CHECKED BY: N.T.S. DATE: 11/03/08 SUBMIT: JEL00000 REV: 3 OF 6	
PROJECT #008-1000.23 Paul E. Wither Florida P. E. No. 27993 		PTC, LLC 1537 N. Copeland Street, Suite C05 Rockledge, Florida 32955 PTC's Certificate of Authorization No. 20005	

DESIGN PRESSURE CHARTS

**Maximum design pressure capacity chart (psf)**  
**1" X 4" X 0.125" Atlantic Vinyl Aluminum Mullion (Vertical, Twin, 48676)**  
 Design pressures are limited either by mullion or anchor screws or anchor clip capacity  
 NCTL-210-3383-1

IMPACT MULLION (1" x 4" 0.125") & GAS 48676 CLIP

Height (in)	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0

NOTES FOR 1.000 X 4.000 X 0.125 VERTICAL MULLION  
W/ 48675 MULLION SADDLE PLATE  
(GAH-35086) WITH GAS-48676 MULL CLIP

- 1) THE DESIGN PRESSURES IN THIS CHART IS FOR THE MULLIONS LISTED ABOVE WHEN USED WITH THE CLIPS LISTED ABOVE.
- 2) FOR VERTICAL MULL CLIPS IN WOOD FRAMING INSTALLATION USE (4) FOUR #10 WOOD SCREWS AT EACH ANCHOR CLIP. MUST BE OF SUFFICIENT LENGTH TO ACHIEVE A 1 1/2" MINIMUM EMBEDMENT INTO FRAMING. SEE SHEETS 2 & 3 FOR DETAILS.
- 3) FOR VERTICAL MULL CLIPS IN MASONRY INSTALLATION USE (3) THREE 3/16" ITW TAPCONS AT EACH ANCHOR CLIP WITH SUFFICIENT LENGTH TO ACHIEVE A 1 1/4" MINIMUM EMBEDMENT INTO SUBSTRATE. SEE SHEETS 2 & 3 FOR DETAILS.
- 4) CHART APPLIES ONLY TO 1.000 X 4.000 X 0.125 MULLION(S) AS SPECIFIED ABOVE WHEN USED TO MULL WINDOWS SIDE BY SIDE. MULLION CAN BE USED IN HORIZONTAL AS WELL VERTICAL APPLICATION.
- 5) READ WINDOW WIDTH AND MULL SPAN IN INCHES. DESIGN PRESSURE VALUES ON THIS CHART ARE POSITIVE AND NEGATIVE PSF.
- 6) DESIGN PRESSURE VALUES APPLY TO MULLION WHERE TWO OR MORE WINDOWS ARE LISTED IN A SINGLE OPENING.

**Maximum design pressure capacity chart (psf)**  
**1" X 4" X 0.125" Atlantic Vinyl Aluminum Mullion (Vertical, Twin, R12321-6)**  
 Design pressures are limited either by mullion or anchor screws or anchor clip capacity  
 NCTL 210-3383-1

IMPACT MULLION (1" x 4" 0.125") & R12321-6 CLIP - WINDOW WIDTH (in)

Height (in)	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0

NOTES FOR 1.000 X 4.000 X 0.125 VERTICAL MULLION  
(GAH-35086) WITH R12321-6 MULL CLIP

- 1) THE DESIGN PRESSURES IN THIS CHART IS FOR THE MULLIONS LISTED ABOVE WHEN USED WITH THE CLIPS LISTED ABOVE.
- 2) FOR VERTICAL MULL CLIPS IN WOOD FRAMING INSTALLATION USE (4) FOUR #10 WOOD SCREWS AT EACH ANCHOR CLIP. MUST BE OF SUFFICIENT LENGTH TO ACHIEVE A 1 1/2" MINIMUM EMBEDMENT INTO FRAMING. SEE SHEETS 2 & 3 FOR DETAILS.
- 3) FOR VERTICAL MULL CLIPS IN MASONRY INSTALLATION USE (4) FOUR 3/16" ITW TAPCONS AT EACH ANCHOR CLIP WITH SUFFICIENT LENGTH TO ACHIEVE A 1 1/4" MINIMUM EMBEDMENT INTO SUBSTRATE. SEE SHEETS 2 & 3 FOR DETAILS.
- 4) CHART APPLIES ONLY TO 1.000 X 4.000 X 0.125 MULLION(S) AS SPECIFIED ABOVE WHEN USED TO MULL WINDOWS SIDE BY SIDE. MULLION CAN BE USED IN HORIZONTAL AS WELL VERTICAL APPLICATION.
- 5) READ WINDOW WIDTH AND MULL SPAN IN INCHES. DESIGN PRESSURE VALUES ON THIS CHART ARE POSITIVE AND NEGATIVE PSF.
- 6) DESIGN PRESSURE VALUES APPLY TO MULLION WHERE TWO OR MORE WINDOWS ARE LISTED IN A SINGLE OPENING.

DATE: 1/17/08	APPROVED BY: Paul E. Winter	REV: DESCRIPTION DATE BY
JELD-WEN, INC. 355 CENTER CT. VENICE, FLORIDA 34285 TITLE STANDARD L.M.I. IMPACT ALUMINUM TUBE MULLION (1" X 4") DESIGN PRESSURE CHARTS PREPARED BY: BB DRAWING NO: JELD0080 SCALE: N.T.S. SHEET: 4 OF 6 DATE: 11/03/08 FOR: L.L.C. 1638 N. Cogswell Street, Suite C20 Rockledge, Florida 32955 Phone: 321.460.1788 Fax: 321.460.1789 PAPER Certificate of Accreditation NO. 26506		



DESIGN PRESSURE CHARTS

NOTES FOR 1.00 X 4.00 X 0.125 HORIZONTAL MULLION (GAH 35086) WITH 48676 MULLION CLIP

- 1) THE DESIGN PRESSURES IN THIS CHART IS FOR THE MULLIONS LISTED ABOVE WHEN USED WITH THE CLIPS LISTED.
- 2) FOR HORIZONTAL MULL CLIPS IN WOOD FRAMING INSTALLATION USE (2) TWO #10 WOOD SCREWS AT EACH ANCHOR CLIP. MUST BE OF SUFFICIENT LENGTH TO ACHIEVE A 1 1/2" MINIMUM EMBEDMENT INTO FRAMING. SEE SHEETS 2 & 3 FOR DETAILS.
- 3) FOR HORIZONTAL MULL CLIPS IN MASONRY INSTALLATION USE (2) TWO 3/16" ITW TAPCONS AT EACH ANCHOR CLIP WITH SUFFICIENT LENGTH TO ACHIEVE A 1 1/4" MINIMUM EMBEDMENT INTO SUBSTRATE. SEE SHEETS 2 & 3 FOR DETAILS.
- 4) CHART APPLIES ONLY TO 1.0 X 4.0 X 0.125 MULLION AS SPECIFIED ABOVE WHEN USED TO MULL TRANSOMS ABOVE WINDOWS. SMALLER TRANSOM UNIT CAN ALSO BE APPLIED AT BOTTOM OF LARGER UNIT.
- 5) READ WINDOW WIDTH AND HEIGHT IN INCHES. DESIGN PRESSURE VALUES ON THIS CHART ARE POSITIVE AND NEGATIVE PSF.
- 6) DESIGN PRESSURE VALUES APPLY TO MULLION WHERE TWO OR MORE WINDOWS ARE LISTED IN A SINGLE OPENING.

**Maximum design pressure capacity chart (psf)  
1" x 4" x 0.125" Aluminum Mullion, (Horizontal, Single with transom, 48676)**

*Design pressures are limited either by mullion or anchor screw or anchor clip capacity.*

NCTL 210-3384-1

IMPACT MULLION 1" X 4" X 0.125" (48676 CLIP)

Height (in) WINDOW WIDTH (in) TRANSOM OVER SINGLE WINDOW

Window Transom	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0

**Maximum design pressure capacity chart (psf)  
1" x 4" x 0.125" Aluminum Mullion, (Horizontal, Single with transom, R12321-6)**

*Design pressures are limited either by mullion or anchor screw or anchor clip capacity.*

NCTL 210-3384-1

IMPACT MULLION 1" X 4" X 0.125" (R12321-6 CLIP)

Height (in) WINDOW WIDTH (in) TRANSOM OVER SINGLE WINDOW

Window Transom	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0

NOTES FOR 1.00 X 4.00 X 0.125 HORIZONTAL MULLION(GAH 35086) WITH R12321-6 MULLION CLIP

- 1) THE DESIGN PRESSURES IN THIS CHART IS FOR THE MULLIONS LISTED ABOVE WHEN USED WITH THE CLIPS LISTED.
- 2) FOR HORIZONTAL MULL CLIPS IN WOOD FRAMING INSTALLATION USE (2) TWO #10 WOOD SCREWS AT EACH ANCHOR CLIP. MUST BE OF SUFFICIENT LENGTH TO ACHIEVE A 1 1/2" MINIMUM EMBEDMENT INTO FRAMING. SEE SHEETS 2 & 3 FOR DETAILS.
- 3) FOR HORIZONTAL MULL CLIPS IN MASONRY INSTALLATION USE (2) TWO 3/16" ITW TAPCONS AT EACH ANCHOR CLIP WITH SUFFICIENT LENGTH TO ACHIEVE A 1 1/4" MINIMUM EMBEDMENT INTO SUBSTRATE. SEE SHEETS 2 & 3 FOR DETAILS.
- 4) CHART APPLIES ONLY TO 1.0 X 4.0 X 0.125 MULLION AS SPECIFIED ABOVE WHEN USED TO MULL TRANSOMS ABOVE WINDOWS. SMALLER TRANSOM UNIT CAN ALSO BE APPLIED AT BOTTOM OF LARGER UNIT.
- 5) READ WINDOW WIDTH AND HEIGHT IN INCHES. DESIGN PRESSURE VALUES ON THIS CHART ARE POSITIVE AND NEGATIVE PSF.
- 6) DESIGN PRESSURE VALUES APPLY TO MULLION WHERE TWO OR MORE WINDOWS ARE LISTED IN A SINGLE OPENING.

APPROVED BY: Paul E. Winder	DATE: 11/17/08	
PROJECT 6008-1008.23 Paul E. Winder Florida P.E. No. 22065		
P.E. Winder 1636 N. Dogwood Street, Suite C25 Rockledge, Florida 32955 Phone: 321.261.1788 Fax: 321.261.1789		
PROJECT CERTIFICATE OF AUTHORIZATION NO. 28888		
JELD-WEN, INC. 356 CENTER CT. VENICE, FLORIDA 34285	DATE: 11/03/08	DRAWING NO.: JELD0090
TITLE: STANDARD L.M.I. IMPACT ALUMINUM TUBE MULLION (1" X 4") DESIGN PRESSURE CHARTS	DRAWN BY: BB	SCALE: N.T.S.
PREPARED BY: BB	CHECKED BY: N.T.S.	SHEET: 5 OF 6

**NOTES FOR 1.00 X 4.00 X 0.125 HORIZONTAL MULLION  
(GAH 35086) WITH 48676 MULLION CLIP**

- 1) THE DESIGN PRESSURES IN THIS CHART IS FOR THE MULLIONS LISTED ABOVE WHEN USED WITH THE CLIPS LISTED.
- 2) FOR HORIZONTAL MULL CLIPS IN WOOD FRAMING INSTALLATION USE (4) FOUR #10 WOOD SCREWS AT EACH ANCHOR CLIP. MUST BE OF SUFFICIENT LENGTH TO ACHIEVE A 1 1/2" MINIMUM EMBEDMENT INTO FRAMING. SEE SHEETS 2 & 3 FOR DETAILS.
- 3) FOR HORIZONTAL MULL CLIPS IN MASONRY INSTALLATION USE (4) FOUR 3/16" ITW TAPCONS AT EACH ANCHOR CLIP WITH SUFFICIENT LENGTH TO ACHIEVE A 1 1/4" MINIMUM EMBEDMENT INTO SUBSTRATE. SEE SHEETS 2 & 3 FOR DETAILS.
- 4) FOR VERTICAL MULL CLIPS IN WOOD FRAMING INSTALLATION USE (4) FOUR #10 WOOD SCREWS AT EACH ANCHOR CLIP. MUST BE OF SUFFICIENT LENGTH TO ACHIEVE A 1 1/2" MINIMUM EMBEDMENT INTO FRAMING. SEE SHEETS 2 & 3 FOR DETAILS.
- 5) FOR VERTICAL MULL CLIPS IN MASONRY INSTALLATION USE (4) FOUR 3/16" ITW TAPCONS AT EACH ANCHOR CLIP OF SUFFICIENT LENGTH TO ACHIEVE A 1 1/4" MINIMUM EMBEDMENT INTO SUBSTRATE. SEE SHEETS 2 & 3 FOR DETAILS.
- 6) FOR VERTICAL MULL CLIPS TO HORIZONTAL MULLION INSTALLATION USE (3) THREE #10 TEK SCREWS AT EACH ANCHOR CLIP OF SUFFICIENT LENGTH TO ACHIEVE A MIN. EMBEDMENT OF THREE THREADS PAST ANCHOR SUBSTRATE. SEE SHEET 3 FOR DETAILS.
- 7) CHART APPLIES ONLY TO 1.0 X 4.0 X 0.125 MULLION AS SPECIFIED ABOVE WHEN USED TO MULL TRANSOMS ABOVE WINDOWS. SMALLER TRANSOM UNIT CAN ALSO BE APPLIED AT BOTTOM OF LARGER UNIT.
- 8) READ WINDOW WIDTH AND HEIGHT IN INCHES. DESIGN PRESSURE VALUES ON THIS CHART ARE POSITIVE AND NEGATIVE PSF.
- 9) DESIGN PRESSURE VALUES APPLY TO MULLION WHERE TWO OR MORE WINDOWS ARE LISTED IN A SINGLE OPENING.

**NOTES FOR 1.00 X 4.00 X 0.125 HORIZONTAL MULLION  
(GAH 35086) WITH R12321-6 MULLION CLIP**

- 1) THE DESIGN PRESSURES IN THIS CHART IS FOR THE MULLIONS LISTED ABOVE WHEN USED WITH THE CLIPS LISTED.
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**DESIGN PRESSURE CHARTS**

**Maximum design pressure capacity chart (psf)  
1" x 4" x 0.125" Aluminum Mullion (Horizontal, Twin Units with transom, 48676)**  
*Design pressures are limited either by mullion or anchor screw or anchor clip capacity.*


NCTL-210-3384-1  
IMPACT MULLION 1" x 4" x 0.125" (48676 CLIP)  
WINDOW WIDTH (in) TRANSOM OVER DOUBLE WINDOW

Height (in)	Window Transom							
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0

**Maximum design pressure capacity chart (psf)  
1" X 4" X 0.125" Aluminum Mullion (Horizontal, Twin Units with transom, R12321-6)**  
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NCTL-210-3384-1  
IMPACT MULLION 1" X 4" X 0.125" (R12321-6 CLIP)  
WINDOW WIDTH (in) TRANSOM OVER DOUBLE WINDOW

Height (in)	Window Transom							
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0
50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0

PROJECT 6008-108021 Paul E. Winter Engineers, Inc. 22893 1536 N. Cogswell Street, Suite C28 Rockledge, Florida 32955 P.E. Certificate # 1400001788	IELD-WEN, INC. 355 CENTER CT. VENICE, FLORIDA 34285 TITLE STANDARD L.M.I. IMPACT ALUMINUM TUBE MULLION (1" X 4") DESIGN PRESSURE CHARTS DRAWN BY: BB SCALE: N.T.S. REV:	DATE: 11/17/08 APPROVED BY: Paul E. Winter DATE: 11/17/08 REV: 6 OF 6 DESCRIPTION:	
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# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri Dec 15, 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9311	SUBIN			
1:30	8 PALM CO	COLUMNS &	PASS	
	DRIFTWOOD	BEAMS		INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9267	NUNNELEE			
	32 W HIGHT PT	FINAL	PASS	close
	DRIFTWOOD	POOL DECK & PATIO		INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9170	SCAFER			260-0711
	4 LAGOON ESE CO	FINAL	PASS	close
	WALT POLLOCK	DECK		INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9265	<del>ES</del>			
PM	19 - S RIVERVIEW	PREPOUR	PASS	
	D. ESPIRITO	SLAB		INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	<del>EDZ LLC</del>	<del>MAPLE</del>		
	<del>4 RIVER CREEK PT</del>	<del>FINAL</del>	<del>PASS</del>	<del>All well</del>
	<del>CDZ</del>			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9317	VON STADEN			No
	20 N. VIA LUCINDA	IN PROGRESS	CANCEL	RESET
	SEASIDE			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9302	SHORE	WINDOWS		WORK
	22 EMERITA	ATTACHED	FAIL	COVERED
	LOWES			INSPECTOR





P/N: 9302

**TOWN OF SEWALL'S POINT**

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

**CORRECTION NOTICE**

ADDRESS: 22 EMERITA

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

- REPLACE SCREWS WITH  
HEADS MISSING
- ADD SCREWS WHERE MISSING
- NEED STAIN AT EACH SCREW
- NEED CONTRACTOR ON JOB FOR  
RE INSPECTION

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

DATE: 1-27-10

  
INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 1-21-10 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9347	KISSLING	Dry - IN /		
PM	4 MINDORD ON SHORE	METAL	PASS	
				INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9321	WATSON			Close
	16 RIVERVIEW ON SHORE	FINAL ROOF	PASS	
				INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9302	Shore	Window buck		SEE CONNECTION
PM	22 Emauta Issues		FAIL	NOTICE
				INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
3130	McKinley	Final Tiki Hat	PASS	Ltr ARCH
	48 Rio Vista Dr OB	Rec'd Engineer letter See file		OF RECORD
				INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9323	Mizer 21 ISLAND RD Pools By Greg	Plumbing	PASS	INSPECTOR <i>[Signature]</i>
9348	KLEEMAN 3 CASTLE HILL TAYLOR PLUMB	FINAL POOL SOLAR HEATER	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9302	SAONE 22 EMARITA LOWES	WINDOW BUCK	PASS	INSPECTOR <i>[Signature]</i>
	SUBIN 8 PALM CO	TREES	OK	INSPECTOR <i>[Signature]</i>
	GUMBO LIMBO & BANYAN	CATCH CATCH BASINS	No Problems	INSPECTOR <i>[Signature]</i>
				INSPECTOR



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

1-26-10

Page

1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9302	SITORE	WINDOWS		
	22 EMIRITA	FINAL	Pass	Close
	LOWES			INSPECTOR <i>AW</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9287	SWARTZ			
	73 N. SPT RD	TOP LEVEL	PASS	
	STRATICON	COLUMN & BEAMS		INSPECTOR <i>AW</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9342	McKeige	Trial AC		
before 3pm	31 W High Pt		Pass	close
	Jensen Beach AC			INSPECTOR <i>AW</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

**9353**

**REMODEL**



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:	9353	DATE ISSUED:	JANUARY 26, 2010
SCOPE OF WORK:	INTERIOR REMODEL		
CONDITIONS :			
CONTRACTOR:	MICHAEL SCHOO INC		
PARCEL CONTROL NUMBER:	013841-005-000-001006	SUBDIVISION	EMARITA - LOT 10
CONSTRUCTION ADDRESS:	22 EMARITA WAY		
OWNER NAME:	SHORE		
QUALIFIER:	MICHAEL SCHOO	CONTACT PHONE NUMBER:	708-3490

**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:	9353		
ADDRESS	22 EMARITA WAY		
DATE:	1/26/10	SCOPE:	INTERIOR REMODEL

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$110.25 per sq. ft.)		s.f.	
Total square feet non-conditioned space: (@ \$51.60 per sq. ft.)		s.f.	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)			450.00 + 450.00 ( 6 inspections)
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
Radon Fee (\$.005 per sq. ft. under roof):		\$	
DBPR Licensing Fee: (\$.005 per sq. ft. under roof)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			18.00
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	918.00

ACCESSORY P

Total number of

Road impact ass

TOTAL ACCE

BENJAMIN D. SHORE 12-09  
 772-283-9777  
 22 EMARITA WAY  
 SEWALLS POINT, FL 34996-6706

Playful Pals

1/20/2010 Date

1006  
 63-4/630 FL  
 1510

Pay to the Order of Town Sewall's Point \$ 918.00  
Mrs. Linda Esten 00/100 Dollars

Bank of America

ACH R/T 063100277

Permits - Remodel

MP

# Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 1/12/2010 Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: BENJAMIN D. SHORE Phone (Day) (772) 283-9777 (Fax) \_\_\_\_\_

Job Site Address: 22 Emarita Way City: Stuart State: FL Zip: 34996

Legal Description Emarita, Lot 10 Parcel Control Number: 01-38-41-005-000-00100-6

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

Scope of work (please be specific): Interior improvements/remodel

**WILL OWNER BE THE CONTRACTOR?**  
(If yes, Owner Builder questionnaire must accompany application)  
YES \_\_\_\_\_ NO X

**Has a Zoning Variance ever been granted on this property?**  
YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO \_\_\_\_\_  
(Must include a copy of all variance approvals with application)

**COST AND VALUES:** (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 45K  
(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: \$ 120K  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

**CONTRACTOR/Company:** Michael Schoo Inc Phone: 772-708-3490 Fax: 772-600-4555

Street: 4171 Dixie Ross St. City: Stuart State: FL Zip: 34997

State License Number: CB01256272 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

**LOCAL CONTACT:** Michael Schoo Phone Number: 772-708-3490

**DESIGN PROFESSIONAL:** \_\_\_\_\_ Lic# \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Carport: \_\_\_\_\_ Total under Roof \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_  
\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

**NOTICES TO OWNERS AND CONTRACTORS:**

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCOMBERED 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 County  
This the 12 day of January, 2010  
by Benjamin D. Shore who is personally  
known to me or produced R. DL.  
as identification. [Signature]

Notary Public  
My Commission Expires: 6-6-10

**CONTRACTOR SIGNATURE: (required)**

On State of Florida, County of: Martin  
This the 11th day of January, 2010  
by Michael Schoo who is personally  
known to me or produced FLA. Drivers Lic.  
As identification. [Signature]

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

**NOTARY PUBLIC**  
CHRISTINE PACHECO  
Notary Public, State of Florida  
Commission # 1141093  
My comm. expires June 6, 2010

**NOTARY PUBLIC**  
CINDY L. COLLINS  
Notary Public - State of Florida  
Commission Expires 3-31-2011  
PICK UP YOUR PERMIT PROMPTLY!  
Bonded By National Notary Assn.



# Martin County, Florida

## Laurel Kelly, C.F.A

Site Provided by...  
governmentmax.com T1.14

### Summary

print Owner 1 of 10

#### Parcel Info

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-005-000-00100-6	22 EMARITA WY	17625	Owner	0	1

#### Summary

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

#### Summary

**Property Location** 22 EMARITA WY  
**Tax District** 2200 Sewall's Point  
**Account #** 17625  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120200  
**Acres** 0.351

**Legal Description**  
**Property Information**  
 EMARITA, LOT 10

#### Search By

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

**Owner Information**  
**Owner Information**  
 SHORE, BENJAMIN DAVID

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

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

**Market Land Value** \$185,250  
**Market Impr Value** \$162,360  
**Market Total Value** \$347,610

#### Site Functions

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

**Recent Sale**  
**Sale Amount** \$180,000

**Sale Date** 6/1/2000  
**Book/Page** 1485 0144

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

Legal disclaimer / Privacy Statement

Data updated on 1/14/2010





NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 OR HVAC EXCEEDS \$7,500.00

PERMIT #: \_\_\_\_\_ TAX FOLIO #: \_\_\_\_\_

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 (AND STREET ADDRESS IF AVAILABLE): Emarita, LOT 10 22 Emarita Way, Stuart, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Interior Remodel

OWNER NAME: BENJAMIN D. SHORE  
ADDRESS: 22 Emarita Way Sewall's Point FL 34996  
PHONE NUMBER: (888) 283-9777 FAX NUMBER: \_\_\_\_\_

INTEREST IN PROPERTY: Primary Residence  
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): \_\_\_\_\_

CONTRACTOR: Michael Schoo Inc  
ADDRESS: 4171 Dixie Ross St. Stuart FL 34997 STATE OF FLORIDA  
PHONE NUMBER: 772 708 3490 FAX NUMBER: 772 600 2500 MARTIN COUNTY

SURETY COMPANY (IF ANY): \_\_\_\_\_ THIS IS TO CERTIFY THAT THE  
ADDRESS: \_\_\_\_\_ FOREGOING 1 PAGES IS A TRUE  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ AND CORRECT COPY OF THE ORIGINAL.  
BOND AMOUNT: \_\_\_\_\_ MARSHA EWING, CLERK



LENDER/MORTGAGE COMPANY: N/A  
ADDRESS: \_\_\_\_\_ BY: [Signature] D.C.  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ DATE: 1-12-10

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: BENJAMIN D. SHORE  
ADDRESS: 22 Emarita Way Sewall's Point, FL 34996  
PHONE NUMBER: (888) 283-9777 FAX NUMBER: \_\_\_\_\_

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES \_\_\_\_\_ OF  
\_\_\_\_\_ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B),  
FLORIDA STATUTES:  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_  
(EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).

**WARNING TO OWNER:** ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

[Signature]  
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE OWNER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 12 DAY OF Jan., 20 10

BY: Benjamin D. Shore AS Owner FOR Self  
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN \_\_\_\_\_ OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED FL DL

[Signature]  
NOTARY SIGNATURE/ SEAL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

[Signature]  
(Signature of Natural Person Signing Above)



INSTR # 2187445 OR BK 02432 PG 0566 RECD 01/12/2010  
Pg 0566 of 11pgs  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoeniex



03:39:43 PM



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

**SUBCONTRACTORS LIST**  
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME Michael Schoo Inc BLDG. PERMIT # \_\_\_\_\_

MAILING ADDRESS 4171 Dixie Ross St. Stuart, FL 34997

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

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH	Michael Schoo Inc	CBC 1256272
BM	BLOCK MASON	N/A	
CB	COLUMNS & BEAMS	N/A	
CA	CARPENTRY ROUGH	Michael Schoo Inc	CBC 1256272
GD	GARAGE DOOR	N/A	
DH	DRYWALL - HANG		
DF	- FINISH	Par Rock Drywall	MCNS 5699
IN	INSULATION	N/A	
LA	LATHING	N/A	
FI	FIREPLACE	N/A	
PAV	PAVERS	N/A	
AL	ALUMINUM	N/A	
LP	LP GAS	N/A	
PAV	PAINTING	Fred Russell Painting	SPO 1009
PL	PLASTER & STUCCO	N/A	
ST	STAIRS & RAILS	N/A	
RO	ROOFING	Cardinal Roofing	CCC 032513
TM	TILE & MARBLE	Coastal Tile & Marble	MCTM 4571
WD	WINDOWS & DOORS	N/A	
PLU	* PLUMBING	Bassolino Plumbing	BF0067262 ✓
AC	* HARV	Gulfstream A/C	CAC015167 ✓
EL	* ELECTRICAL	Bell Electric South	R13013592 ✓

city  
 (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

*forms  
62  
W4*

AL	* LOW VOLTAGE BURGLAR ALARM	ADT Security Services	EF 0000478
VS	VACUUM SOUND	N/A	
IR	* IRRIGATION	N/A	
SH	SHUTTERS	N/A	

\* REQUIRES SEPARATE VERIFICATION FORMS.

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

*Michael Schor*

SIGNATURE OF CONTRACTOR  
(OR OWNER BUILDER IF APPLICABLE)

STATE OF Florida  
 COUNTY OF manthn

SWORN TO AND SUBSCRIBED before me this 11<sup>th</sup> day  
 of January, 2008

*Cindy L. Collins*  
 NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_





*ADT*

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: \_\_\_\_\_

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

OWNERS NAME: Benjamin David Shore

CONSTRUCTION ADDRESS: 22 Emarita Way Stuart FL 34996

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS
- ROOFING

TYPE OF SERVICE:  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK: Alarm

VALUE OF CONSTRUCTION \$ 824.00

LOW VOLTAGE

TYPE OF EQUIPMENT:  SECURITY  VACUUM  SOUND SYSTEM  LANDSCAPE  OTHER

SCOPE OF WORK: SECURITY AND SMOKE DET. VALUE \_\_\_\_\_

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

ADT

→ David J. Zachry DAVID J. ZACHRY 6931 Vista Parkway N #16 New Palm, Bch. 7133411

→ SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

→ COMPANY OR QUALIFIER'S NAME: ADT Security Services

→ TELEPHONE NO: 561-712-5446 PLEASE PRINT FAX NO: 712-5497

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: FF 0000478

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: Benjamin David Shore

PARCEL CONTROL #: 01-38-41-005-000-00100-6

SUBDIVISION: \_\_\_\_\_ LOT: 10 BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: 22 Emarita Way

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

772-220-4765

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: \_\_\_\_\_

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

OWNERS NAME: Benjamin David Shore

CONSTRUCTION ADDRESS: 22 Emarita Way Stuart FL 34996

PERMIT TYPE:  RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS
- ROOFING

TYPE OF SERVICE: \_\_\_\_\_ NEW SERVICE  EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: AC Ductwork Remodel + Kitchen Hood Exhaust Duct

VALUE OF CONSTRUCTION \$ 1500

<input type="checkbox"/> LOW VOLTAGE TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER SCOPE OF WORK: _____ VALUE _____
---

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

Philip A. Robinson  
SIGNATURE OF LICENSED CONTRACTOR

4244 SE Commence Ave, Stuart, FL  
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Philip A. Robinson Gulfstream Air Inc

TELEPHONE NO: 772-287-4114 FAX NO: 772-287-5131

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CAC015167

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

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

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

*GR OK*

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: \_\_\_\_\_

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

OWNERS NAME: Benjamin David Shore

CONSTRUCTION ADDRESS: 22 Emarita Way Stuart FL 34996

PERMIT TYPE:  RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- ELECTRIC
- \_\_\_\_\_ PLUMBING
- \_\_\_\_\_ HVAC
- \_\_\_\_\_ IRRIGATION
- \_\_\_\_\_ FUEL GAS
- \_\_\_\_\_ ROOFING

TYPE OF SERVICE: \_\_\_\_\_ NEW SERVICE  EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: Remodel Electric work

VALUE OF CONSTRUCTION \$ 4500

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

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

*[Signature]*  
SIGNATURE OF LICENSED CONTRACTOR

2679 Sw Bear paw trail Palm City FL 34990  
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Richard P Tyrone ER Bell Electric South Inc

TELEPHONE NO: 772-215-7822 PLEASE PRINT  
FAX NO: \_\_\_\_\_

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: ER 13013592

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

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

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



*Handwritten initials and signatures in the top left corner.*

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: \_\_\_\_\_

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

OWNERS NAME: Benjamin David Shore

CONSTRUCTION ADDRESS: 22 Emarita Way

PERMIT TYPE:  RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS
- ROOFING

TYPE OF SERVICE: \_\_\_\_\_ NEW SERVICE \_\_\_\_\_ EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: Remodel Plumbing work

VALUE OF CONSTRUCTION \$ 6500

<p>_____ LOW VOLTAGE</p> <p>TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER</p> <p>SCOPE OF WORK: _____ VALUE _____</p>
---

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

*[Signature]* \_\_\_\_\_ P.O. Box 7114 Port St. Lucie, FL 34985  
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Gennaro Bassolino Bassolino Plumbing

TELEPHONE NO: 772 528 7833 PLEASE PRINT FAX NO: 772 878 7029

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: RF 0067263

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

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

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



Martin County, Florida

Your Government & Community On the Forecourse

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Contractor List

Reset

Search Bassolino Plumbing

Display 15

Go

Name	Company	License Type	License & Exp	Status	Address	Phone	Liability & Exp	Wk Comp & Exp
BASSOLINO, GENNARO	<b>BASSOLINO PLUMBING</b>	MASTER PLUMBER - MC	MCMP00210 30-SEP-11	REDTAG	BOX 7114 PORT ST LUCIE FL 34985	772-871- 9002 561- 878-7029	R V JOHNSON 22-FEB-10	WAIVER ON WC 25-NOV-09

Spread Sheet

1 - 1



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

**CONTRACTOR, OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT**

Date: \_\_\_\_\_ Building Permit # \_\_\_\_\_

Site Address: 22 Emanita Way Sewall's Point FL 34996

**FBC 104.1.10 Asbestos.** The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

(1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.

(2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.

(b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.

(3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

**FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)**

Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement 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 asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. 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.

Contractor or \_\_\_\_\_ Owner/Builder Signature Michael Asher

Subscribed and sworn to before me this 19th day of January, 2010, personally appeared \_\_\_\_\_ who is personally known to me or produced Fla. Drivers Lic. as

identification, and who did/did not take an oath.  
 Notary Public Signature [Signature]





# TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

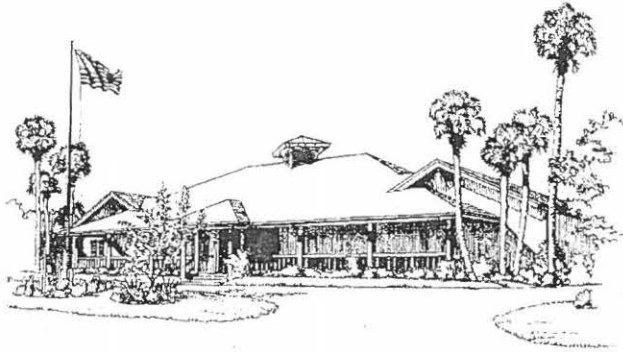
NEIL SUBIN  
Mayor

DON OSTEEEN  
Vice Mayor

MARK KLINGENSMITH  
Commissioner

PAUL SCHOPPE  
Commissioner

JACQUI THURLOW-  
LIPPISCH  
Commissioner



ROBERT KELLOGG  
Town Manager

JOHN R. ADAMS  
Building Official

ERIC CERNIGLIA  
Chief of Police

ANN-MARIE  
SULLIVAN BASLER  
Town Clerk

JOSE TORRES, JR.  
Maintenance

## MINIMUM CONSTRUCTION VALUE DETERMINATION METHOD

MARCH 11, 2008

THE BUILDING DEPARTMENT COLLECTS PERMIT FEES BASED ON DECLARED CONSTRUCTION VALUE. IN ORDER TO STANDARDIZE THESE VALUES, THE METHOD USED TO DETERMINE THE MINIMUM VALUES WILL BE AN AVERAGE CALCULATION OF THE INTERNATIONAL CODE COUNCIL GUIDELINES EFFECTIVE JANUARY-FEBRUARY, 2008. ANY UPDATES TO THIS METHOD WILL BE BASED ON FUTURE VERSIONS OF THE CODE AND THESE GUIDELINES.

SINCE THESE CALCULATIONS ARE BASED ON THE NINE CONSTRUCTION TYPES FOR RESIDENTIAL AND COMMERCIAL BUILDINGS AND THEIR OCCUPANCIES, IT IS NECESSARY FOR THE BUILDING DEPARTMENT TO STREAMLINE THIS PROCESS FOR RESIDENTIAL APPLICATIONS. COMMERCIAL APPLICATIONS HOWEVER, WILL NOT BE AVERAGED AND BASED ON ACTUAL CONSTRUCTION TYPES AND OCCUPANCY.

USING THE AVERAGE OF THE NINE CONSTRUCTION TYPE VALUES, ALL RESIDENTIAL PERMIT FEES ARE TO BE BASED ON THE FOLLOWING MINIMUM VALUES:

SINGLE FAMILY NEW CONSTRUCTION VALUE (AIR CONDITIONED SPACE) \$110.25/SQ. FT.  
SINGLE FAMILY GARAGE, PORCHES, ETC. (UNCONDITIONED SPACE) \$51.60/SQ. FT.  
SINGLE FAMILY HOMES IN THE FLOOD HAZARD AREA ARE ASSESSED WITH A MULTIPLIER TO REFLECT INCREASED CONSTRUCTION COSTS (V - ZONE x 1.15, A - ZONE x 1.07)

ANY APPLICATIONS NOT COMPLYING WITH THE ABOVE FORMULA MUST BE ACCOMPANIED BY VERIFIABLE DATA TO JUSTIFY LOWER CONSTRUCTION VALUES. ALL OTHER APPLICATIONS BELOW THE MINIMUM WILL BE ADJUSTED BY THE BUILDING DEPARTMENT PRIOR TO PERMIT ISSUANCE.

THE INFORMATION USED FOR THE BASIS OF VALUE DETERMINATION IS AVAILABLE AT <http://www.iccsafe.org/cs/techservices>. A COPY OF THIS DOCUMENT IS ALSO AVAILABLE AT TOWN HALL.



One S. Sewall's Point Road, Sewall's Point, Florida 34996  
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: [clerk@sewallspoint.martin.fl.us](mailto:clerk@sewallspoint.martin.fl.us)  
Building Department (772) 287-2455 • Fax (772) 220-4765 • E-Mail: [jadams@sewallspoint.org](mailto:jadams@sewallspoint.org)



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

### ADDITION/REMODEL APPLICATION CHECKLIST 2007 FBC

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 INCLUDING:

- LEGAL DESCRIPTION
- NOTARIZED SIGNATURE OF OWNER AND CONTRACTOR
- PROOF OF OWNERSHIP (RECORDED WARRANTY DEED OR TAX BILL)

N/A 2 COPIES CURRENT SURVEYS (DATED 2008 OR NEWER\*\*) SHOWING THE FOLLOWING:

- CURRENT FLOOD ZONES PER LOCAL FLOOD INSURANCE RATE MAP (FIRM)
- NGVD ELEVATIONS AT ALL CORNERS, MID POINTS AND AVERAGE CROWN OF ROAD
- ALL EXISTING STRUCTURES ON PROPERTY AND PROPOSED SETBACKS FROM THE PROPERTY LINE TO ALL SIDES OF THE PROPOSED ADDITION
- FINISHED FLOOR ELEVATION OF PROPOSED ADDITION
- DRAINAGE ARROWS AND PERVIOUS/IMPERVIOUS CALCS. TO SHOW PROPOSED STORMWATER RETENTION

N/A 2 COPIES SEPTIC TANK PERMIT, IF APPLICABLE (PLANS MUST BE STAMPED BY HEALTH DEPT.).  
(\*\*ADDITIONS W/ LIVING SPACE ONLY\*\*)

\_\_\_\_\_ 2 COPIES COMPLETE SETS OF PLANS WITH ALL REQUIRED PAGES SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER. MAXIMUM SIZE PLANS 24" X 36".

N/A 2 COPIES THE FLORIDA ENERGY CODE FOR THE "SOUTH" ZONE 8, FORM 600A-04R (VERSION 4.0 OR LATER) OR 600C-04R. MUST BE SIGNED & DATED.

N/A 2 COPIES MANUAL "J" (ADDITIONS OVER 600 S.F. OR ENCLOSED AREAS PREVIOUSLY UNCONDITIONED)

N/A 2 COPIES WINDLOAD CERTIFICATION SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER OR INDICATE ON THE PLANS. LEVEL 3 ALTERATIONS REQUIRES STRUCTURAL ANALYSIS BY ARCH/ENG

N/A 2 COPIES PRODUCT APPROVAL CHECKLIST SIGNED & SEALED BY THE ARCHITECT OR ENGINEER OR INDICATE ON THE PLANS.

\_\_\_\_\_ 1 COPY NOTICE OF COMMENCEMENT, IF VALUE IS OVER \$2500.00. MUST BE SUBMITTED PRIOR TO THE FIRST INSPECTION.

\_\_\_\_\_ 1 COPY ASBESTOS NOTIFICATION STATEMENT

#### SPECIFICATIONS AND PRODUCT APPROVALS

- SPECS. FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, SHUTTERS, SIDING, ROOF COVERING AND SIMILAR ENVELOPE ELEMENTS MUST BE ON-SITE FOR INSPECTIONS. THESE PRODUCTS MUST BE TESTED BY AN APPROVED TESTING LAB AND DESIGN PRESSURES STATED. MUST HAVE ARCHITECT/ENGINEER OF RECORD REVIEW, TO VERIFY THAT IT MEETS DESIGN.
- ROOF COVERING SPECIFICATIONS/DADE COUNTY OR FLORIDA APPROVAL MUST INCLUDE MANUFACTURER/PRODUCT NAME AND TEST NUMBER.
- SHUTTERS MUST BE DESIGNED IN ACCORDANCE WITH ASCE 7-02 AND SSTD-12. SPECIFICATIONS MUST BE HIGHLIGHTED AS TO WHICH MOUNT, DESIGN PRESSURE, FASTENER, AND FASTENER SPACING THAT WILL BE USED.

**IMPACT PROTECTION FOR ALL EXTERIOR GLAZED OPENINGS REQUIRED PER F.B.C. 2007 - 1609.1.2**

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 2-5-10 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9353	SHORE 22 EMARITA M. SAO INC.	UG. PLUMB UG. ELECT	PASS PASS	INSPECTOR <i>JT</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9320	Sellian 1625 River Rd Station	Final SIDING	PASS	Close INSPECTOR <i>JT</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



Q353

Permit # ~~Q553~~

22 Emarita Way

Michael Schoo Inc.

Photo 1 of 4

RECEIVED  
FEB 22 2010  
Sewall's Point Town Hall



Permit # 9553  
22 Emarita Way

Michael Schoo Inc.

Photo 2 of 4



Permit # 9553  
22 Emarita Way

Michael Schoo Inc  
Photo 3 of 4





Permit #9553  
22 Emarita Way

Michael Schoo Inc

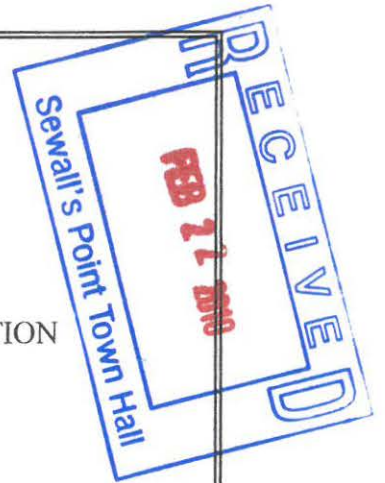
Photo 4 of 4



SOUTHCOAST PEST CONTROL INC.  
1701 S.E. EBB COURT  
FLORIDA, 34952  
772-370-4120

PEST CONTROL LICENSE # JB 110518

CERTIFICATE OF COMPLIANCE FOR TERMITE PROTECTION  
(as required by Florida Building Code (FBC) 18116.1.7)



Treatment address: 200 W. ...

Permit # 9003

Builder: ...

Date of final treatment: 2/9/10

Date of treatment: 2/9/10

Time of treatment: 1:00

Area treated: ...

Gallons used: 8

Chemical name: DEMON TC

Percentage of solution: .5%

Method of treatment: RODDED

Other:

THE BUILDING HAS RECEIVED A TREATMENT FOR THE PREVENTION OF SUBTERRANEAN TERMITES. TREATMENT IS IN ACCORDANCE WITH RULES AND LAWS ESTABLISHED BY THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES.

Applicator: Dan Salica

*Dan Salica*

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

3-1-10

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
C.E.	53 S. SPTRD	PROP MAINT VIOLATIONS?	CONFIRMED	Send Letter
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9376	MARNEY 121 ANCREST J.A. TAYLOR	DRY-IN & METAL	PASS <del>FAIL</del>	<del>NO PERMIT</del> PERMIT JAT
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9341	TAYLOR 22 E. HIGH PT KURUSS & CRANE	A/R FINAL	PASS	Close
				INSPECTOR JAT
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9353	STONE 22 EMARITA	FRAME & ALL TRADES	FAIL	NOT READY
				INSPECTOR JAT
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	113 HILLCREST SEAGATE	DEMO PORCHES	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9349	DUNKER 19 PERIWINKLE CRE HOME DEPOT	FINAL WINDOWS	PASS	Close
				INSPECTOR JAT
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9337	BILLINGHAM 2 VIA DECRISTO	FINAL GAS	PASS	JAT Close
9354	MISER 21 ISLAND RD	FINAL GAS	PASS	JAT Close
9287	S-ARET 73 N. SPTRD	WINDOW BUCK	PASS	INSPECTOR JAT



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **3-4-10** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9376	Morrey	hot mop (water barrier)	Pass	
	121 Hillcrest Dr			
	JATaylor Roofing			INSPECTOR <i>JT</i>
9353	Sifonte	FRAME/ALL	Pass	
	22 EMARITA	RE INSPECT		
				INSPECTOR <i>JT</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **3-10-10** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9311	Subin	P COLUMN PADS footing	PASS	
1ST	8 Palm Ct Driftwood	insulation	PASS	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9353	SHORE			
	22 EMARITA	INSULATION	PASS	
	A. SHOO			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

6-1-10

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9379	Balfourt	precast slab		
1st	103 Hillcrest Balfourt	EDGE POUR & TOPPING	PASS	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9453	Smith	final AC		
1PM	11 Semara St Krauss Crane		PASS	close INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9353	Shore	final		
	22 Emmita Way Michael Schoo Inc.	residential	PASS	close INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9387	Jaley Holdings	UG tank		
	113 Hillcrest Seagate		PASS	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9446	Toledo	AC final		
	9 N River Rd Aicon	(bolts inside condenser)	PASS	close INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9454	Shree	final		
	30 Fieldway TC Garage Door	Garage Door	PASS	close INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9419	Beelitz	column		Provide insp.
	10 S Via Lucindia Castle Cont.	steel	FAIL	CLEAN OUTS INSPECTOR <i>A</i>



**9741**

**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:	9741	DATE ISSUED:	MARCH 15, 2011
SCOPE OF WORK:	REPLACE CONCRETE DRIVEWAY		
CONDITIONS :			
CONTRACTOR:	ESKER		
PARCEL CONTROL NUMBER:	013841005-000-001006	SUBDIVISION	EMARITA -LOT 10
CONSTRUCTION ADDRESS:	22 EMARITA WAY		
OWNER NAME:	SHORE		
QUALIFIER:	GARY ESKER	CONTACT PHONE NUMBER:	263-0526

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

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

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

### REQUIRED INSPECTIONS

UNDERGROUND PLUMBING	_____	UNDERGROUND GAS	_____
UNDERGROUND MECHANICAL	_____	UNDERGROUND ELECTRICAL	_____
STEM-WALL FOOTING	_____	FOOTING	_____
SLAB	_____	TIE BEAM/COLUMNS	_____
ROOF SHEATHING	_____	WALL SHEATHING	_____
TIE DOWN /TRUSS ENG	_____	INSULATION	_____
WINDOW/DOOR BUCKS	_____	LATH	_____
ROOF DRY-IN/METAL	_____	ROOF TILE IN-PROGRESS	_____
PLUMBING ROUGH-IN	_____	ELECTRICAL ROUGH-IN	_____
MECHANICAL ROUGH-IN	_____	GAS ROUGH-IN	_____
FRAMING	_____	METER FINAL	_____
FINAL PLUMBING	_____	FINAL ELECTRICAL	_____
FINAL MECHANICAL	_____	FINAL GAS	_____
FINAL ROOF	_____	BUILDING FINAL	_____

**ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.**



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

**BUILDING PERMIT RECEIPT**

PERMIT NUMBER:	9741
ADDRESS	22 EMARITA WAY - SHORE
DATE:	3/15/11
SCOPE:	REPLACE CONCRETE DRIVEWAY

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value: _____	350
Plan No. _____		

**BENJAMIN D. SHORE**  
 22 EMARITA WAY  
 SEWALLS POINT, FL 34996

BANK OF AMERICA  
 02992 FL

3/15/2011

63-4  
 630

\$ 159.50

DOLLARS

**TOWN OF SEWALL'S POINT**

PAY TO THE ORDER OF

*one hundred & fifty nine*

*5900*  
*R*

MEMO



TOTAL BUILDING PERMIT FEE:	\$	
----------------------------	----	--

ACCESSORY PERMIT	Declared Value:	\$	5190
Total number of inspections @ \$75.00 each	2	\$	150
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 minimum)		\$	2.25
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 minimum)		\$	2.25
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	159.50

*pd*  
*ck#350*



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

Date: 3/11/2011 Permit Number: 9741

OWNER/TITLEHOLDER NAME: BENJAMIN D. SHOAR Phone (Day) (772) 283-9777 (Fax) \_\_\_\_\_

Job Site Address: 22 Emma's Way City: Sewall's Point State: Fla Zip: 34996

Legal Description: Lot 10 Emma's Parcel Control Number: 01-38-41-005-000-00100-6

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

SCOPE OF WORK (PLEASE BE SPECIFIC): Remove existing concrete driveway & replace

**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: \$ 13190  
(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   
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Eske Concrete Co Phone: 263-0526 Fax: \_\_\_\_\_

Qualifiers name: Gary L. Eske Street: 7000 SW Market St City: PLM City State: FL Zip: 34998

State License Number: \_\_\_\_\_ OR: Municipality: Martin Co License Number: SP00161

LOCAL CONTACT: Gary Eske Phone Number: 263-0526

DESIGN PROFESSIONAL: \_\_\_\_\_ FL License # \_\_\_\_\_

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

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

Carport: \_\_\_\_\_ Total under Roof \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_  
\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

**NOTICES TO OWNERS AND CONTRACTORS:**

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

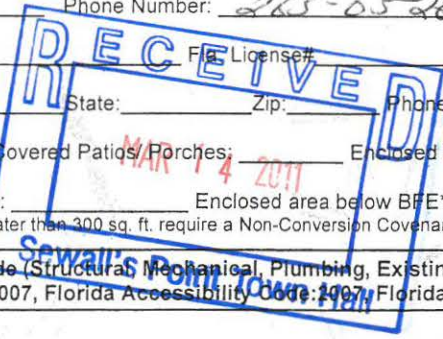
**\*\*\*\*\*A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS\*\*\*\*\***

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

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.)  
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)  
X \_\_\_\_\_  
State of Florida, County of: Martin  
On This the 11th day of March, 2011  
by Benjamin D Shoar personally  
known to me or produced \_\_\_\_\_  
As identification: Ann Marie S. Basler  
My Commission Expires: \_\_\_\_\_

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)  
X \_\_\_\_\_  
State of Florida, County of: Martin  
On This the 11th day of March, 2011  
by Gary L. Eske who is personally  
known to me or produced \_\_\_\_\_  
As identification: Ann Marie S. Basler  
My Commission Expires: \_\_\_\_\_

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTICE (FBC 306.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!





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

Site Provided by...  
 governmax.com 1,13

**Summary**



**Tabs**

- Summary**
- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- Parcel Map →
- Trim Notice →

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
01-38-41-005-000-00100-6	17625	22 EMARITA WY, SEWALL'S POINT	\$292,070	3/12/2011

**Searches**

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

**Owner Information**

<b>Owner(Current)</b>	SHORE BENJAMIN DAVID SHORE CAROLYN ELIZABETH
<b>Owner/Mail Address</b>	22 EMARITA WAY STUART FL 34996
<b>Sale Date</b>	12/14/2010
<b>Document Number</b>	2250333
<b>Document Reference No.</b>	2492 2011
<b>Sale Price</b>	100

**Location/Description**

<b>Account #</b>	17625	<b>Map Page No.</b>	SP-04
<b>Tax District</b>	2200	<b>Legal Description</b>	EMARITA, LOT 10
<b>Parcel Address</b>	22 EMARITA WY, SEWALL'S POINT		
<b>Acres</b>	.3510		

**Functions**

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

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120200 Heritage P, Palmto Pk,RdGnd,

**Assessment Information**

<b>Market Land Value</b>	\$156,200
<b>Market Improvement Value</b>	\$135,870
<b>Market Total Value</b>	\$292,070

Print Back to List First Previous Next Last

*Legal Disclaimer / Privacy Statement*





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).

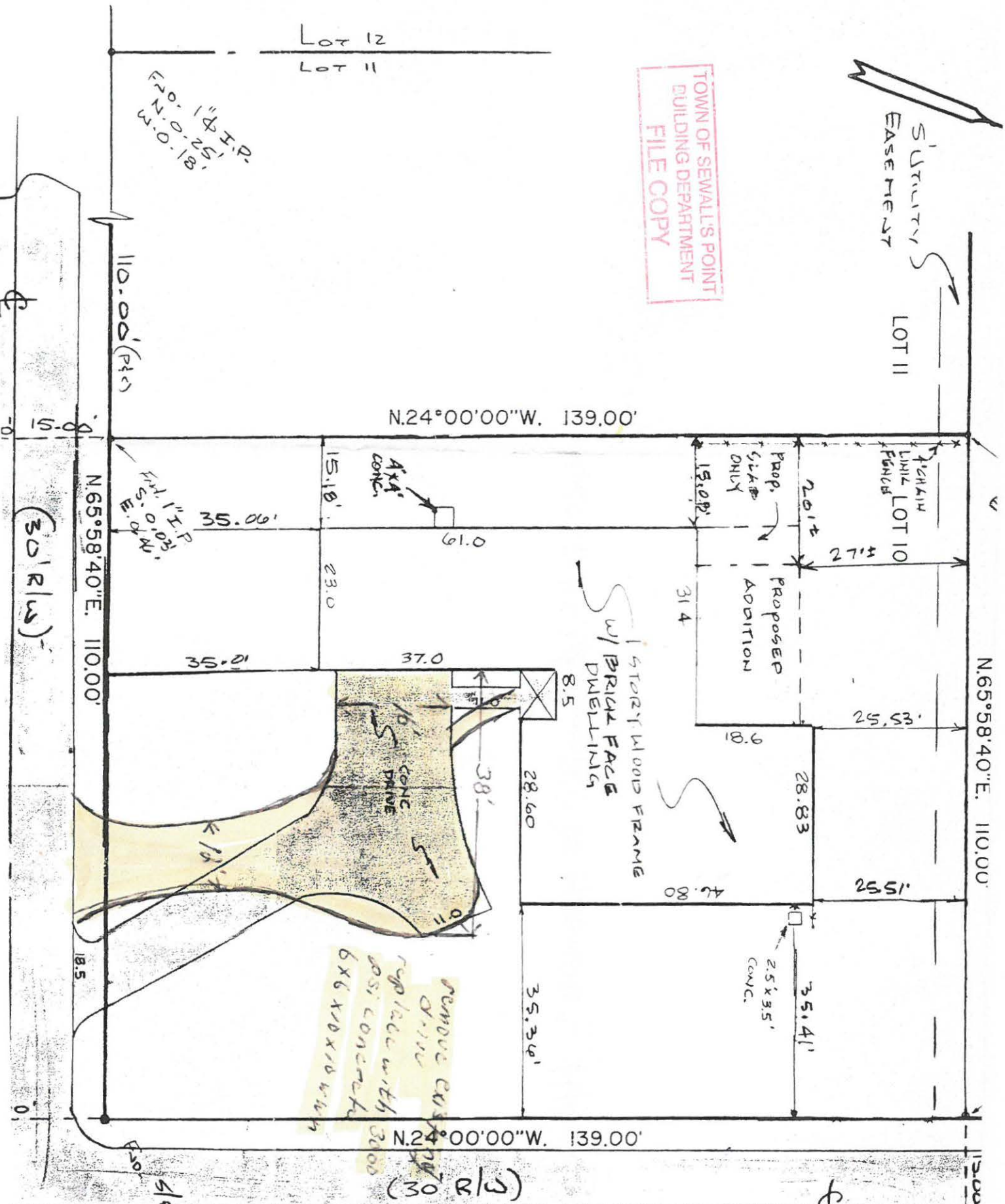
PERMIT APPLICATIONS FOR DRIVEWAYS CONSTRUCTED OF MATERIALS OTHER THAN BROOM FINISHED CONCRETE OR ASPHALT IN THE RIGHT OF WAY MUST HAVE THE FOLLOWING ACCOMPANYING DOCUMENT:

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



TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

UTILITY  
EASEMENT  
LOT 11



110.00' (P&C)  
181.00' S.I.P.  
152.00' S.I.P.  
127.00' S.I.P.

LOT 12  
LOT 11

N.24°00'00\"W. 139.00'

15.00'

(30' R/W)

N.65°58'40\"E. 110.00'

18.5

12.00'

51.00' S.I.P.  
48.00' S.I.P.

N.24°00'00\"W. 139.00'

(30' R/W)

KILLHEFFER ROAD

REMOVE CURB  
DRAIN  
REPLACE WITH  
3000  
6x6 X10x10 W/W

1 STORY WOOD FRAME  
S/W BRICK FACE  
DWELLING

PROPOSED  
ADDITION

PROPOSED  
LIMIT LOT 10  
FENCE

N.65°58'40\"E. 110.00'

12.00'



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **3-18-11** Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9471	WILSON	ALARM		215-5648 Ron SVI
	40 N. RIVER	FINAL	PASS	CLOSE
	SVI			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9732	Truitt	Final AC		
1ST	395 River Rd		PASS	CLOSE
	Fleming AC			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9740	SNARFI	SIROTON		
	73 N SPT RD	FINAL	PASS	CLOSE
	RELAmerican S... ..			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9735	SNARFI	SLAB		
	73 N SPT RD	GUEST HOUSE	PASS	
	Mosley	REMODEL		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9734	SNARFI	FRAMING		
	73 N Sewalls	* TRADES	PASS	
	Mosley	MEDIA ROOM		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9741	SITONE	PRE POOR		
	22 Emmita	DRIVEWAY	PASS	
	Esber Concrete			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9709	HARVY	FENCE		221-3140
	1 Ridgeland Ct	FINAL	FAIL	Get lower?
	Raising the Bar			INSPECTOR <i>[Signature]</i>

PAMELA M. BUSHA  
Mayor

PAUL LUGER  
Vice Mayor

VINCENT N. BARILE  
Commissioner

THOMAS BAUSCH  
Commissioner

JACQUI THURLOW-LIPPISCH  
Commissioner

# TOWN OF SEWALL'S POINT



PAMELA MAC'KIE WALKER  
Town Manager

ANN-MARIE S. BASLER  
Town Clerk

TINA CIECHANOWSKI  
Chief of Police

JOHN ADAMS  
Building & Facilities Director

JOSE TORRES  
Maintenance

August 5, 2014

## NOTICE OF EXPIRED PERMIT

This correspondence is intended as a follow-up to a building permit and specific improvements associated with 22 Emarita Way, more specifically permit # 9741 issued on March 15, 2011 for Concrete Driveway.

Town records indicate that at least 180 days have passed without a successful recorded inspection. Your permit is now expired without benefit of a required final inspection.

**Town of Sewall's Point Code of Ordinances** section 50-94 states: Failure to obtain an approved inspection within 180 days of the previous approved inspection shall constitute suspension or abandonment. (2) If a new permit is not obtained within 180 days from the date the initial permit became null and void, the building official is authorized to require that any work which has been commenced or completed be removed from the building site. Alternately, a new permit may be issued on application, providing the work in place and the work required to complete the structure meets all applicable regulations in effect at the time the initial permit became null and void and any regulations which may have become effective between the date of expiration and the date of issuance of the new permit.

In order to avoid further administrative action please arrange to schedule a final inspection of this permit by the Town of Sewall's Point Building Department no later than ten days from date of this letter. Your permit will need to be renewed and is subject to any applicable renewal or inspection fees.

Failure to renew your permit and receive a final inspection will result in your permit becoming null and void, and the Town will report this to the property owner and the appropriate agencies as required. This will also constitute justification for denying any future permits requested by you, or your company.

Please contact me with any questions.

With Best Regards,

John R. Adams, C.B.O.  
Building Official



One South Sewall's Point Road, Sewall's Point, Florida 34996  
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: [pwalker@sewallspoint.org](mailto:pwalker@sewallspoint.org)  
Police Department (772) 781-3378 • Fax (772) 286-7669 • E-Mail: [sppd@sewallspoint.org](mailto:sppd@sewallspoint.org)



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 8-20-14 Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9741	Shore	Driveway		
6	22 Emarita Ln	Final	PASS	CLOSE
	ESker Concrete	(Expired)		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10827	De Rosa	Partial		
2	16 N. SPR	Strap +	PASS	INSPECTOR <i>[Signature]</i>
	JANEO Construction	Framing		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10930	Williams	Final		
3	6 Gumbo Limbo	Roof	PASS	CLOSE
	Code Red Roofers			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10681	Gasiorek	Roof		
1	67 N. River Rd	Final	PASS	CLOSE
	Best Roof	(Expired Permit)		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10294	Giuggio	Remodel		FINISH ROOF
	2 Island Rd	Final	FAIL	FILE
	Cosmopolitan	(Expired)		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10968	Puchalski	Pool Solar		PIPE LEAKING
11 AM	6 Banyan Road	Heating Final	FAIL	INSPECTOR <i>[Signature]</i>
	Solar Energy Systems			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9976	Zayas	Final		
4	10 Copaire Rd	Remove Deck	PASS	CLOSE
	O/B			

**TREE**



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

ok

**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 B. D. Shore Address 22 Emarita Way Phone 283-9777

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

No. of Trees: REMOVE  1 Type: GUMBO LIMBO

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

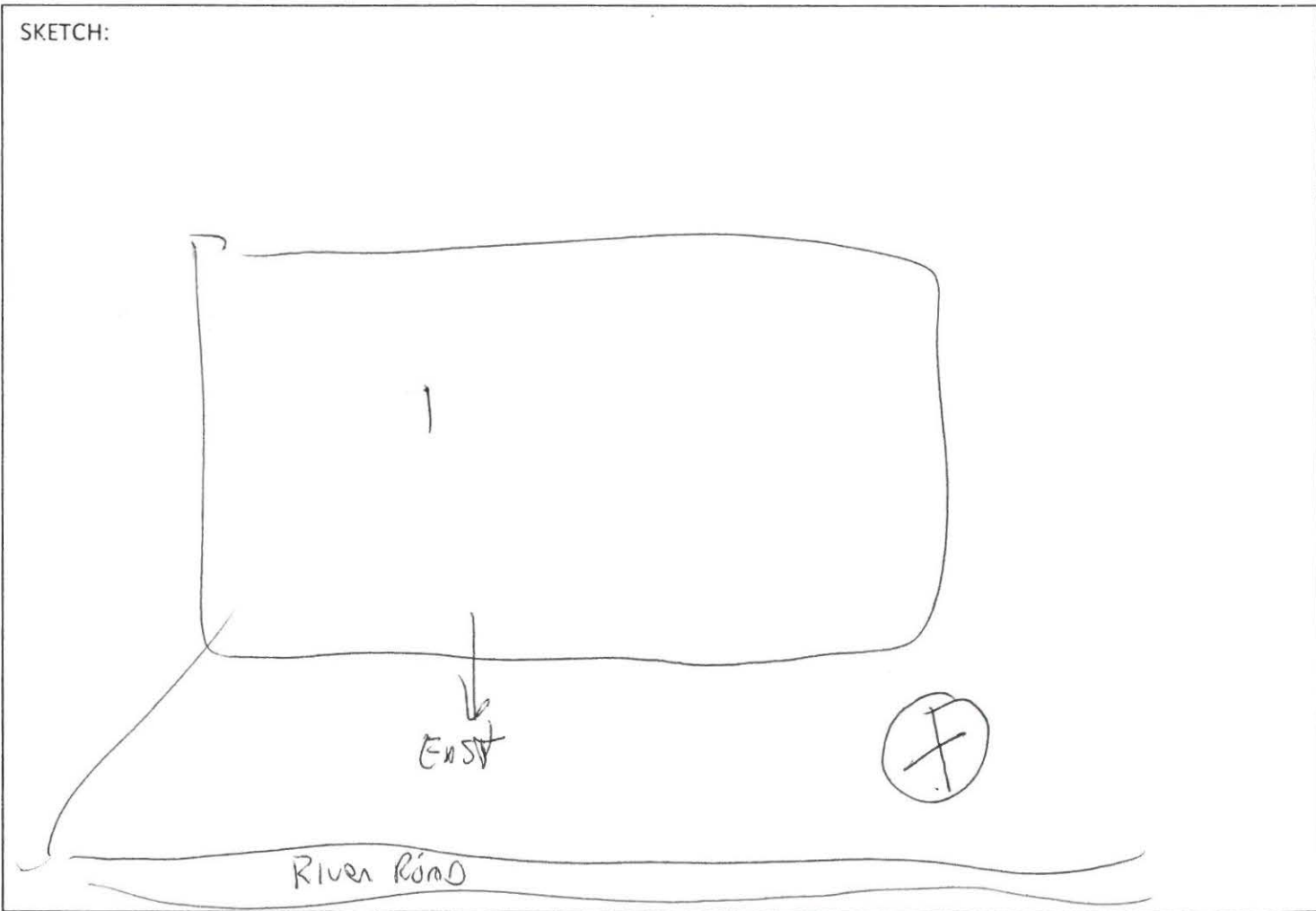
No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Reason for tree removal /relocation Tree is DEAD

Signature of Property Owner [Signature] Date 9/20/07

Approved by Building Inspector: [Signature] Date 9/21 Fee: 0

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





TOWN OF SEWALL'S POINT, FLORIDA

Date 5/1 ~~# 2003~~ TREE REMOVAL PERMIT No 1269

APPLIED FOR BY SHONE (Contractor or Owner)

Owner 22 EMARITA WAY

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

Kind of Trees SILVA OAK

No. Of Trees: REMOVE 1

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

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

REMARKS \_\_\_\_\_

\_\_\_\_\_ FEE \$ 0

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

Signed, Gene Simmons (RS) Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**No permit required for:**

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

**Permit Fee:**

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

**No removal permits will be issued for native species trees:** Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, 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 B. D. Shore Address 22 Emma Pl Way Phone 283-9777

Contractor Jim Nettle Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 1 Type: Silver Oak

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

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

Written statement giving reasons: Tree has center "eaten" out - Review  
might fall on house - Probab spec. + totally hollow, hazard

Signature of Applicant [Signature] Date \_\_\_\_\_

Approved by Building Inspector: [Signature] Date 4/30/3 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4/30, 20013 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6221	RUSSELL	LATHE	Passal	
	47 S. SEWALL'S RD			
	O/B			INSPECTOR: <i>[Signature]</i>
6202	DICKINSON	ROUGH PLUMBING	Passal	
(4)	19 EMERALTA WAY PALMER CONST.			INSPECTOR: <i>[Signature]</i>
6147	ALEXANDER	Footings + Slab	Passal	
(8)	86 S. Sewall Pt Rd Johanson			INSPECTOR: <i>[Signature]</i>
6146	Convoy	Partial Lathe	Passal	
(10)	12 Palmetto O/B			INSPECTOR: <i>[Signature]</i>
TREE	STONE	TREE	Passal	
(5)	22 EMERALTA WAY			INSPECTOR: <i>[Signature]</i>
6241	MCPHEE	HURRICANE SHUTTERS	Passal	
(7)	8 ADMIRAL'S WALK Rio Vista			546 5483 INSPECTOR: <i>[Signature]</i>
6104	Byer	Reuce Survey	required for final	
(3)	32 N Sewall Pt. Reuce Crafters			(dispute w. neighbor) INSPECTOR: <i>[Signature]</i>
OTHER:	26 Island Rd. Tree permit - pay + pick up <i>[Signature]</i>			
	18 Riverview Tree permit - find tree <i>[Signature]</i>			



TOWN OF SEWALL'S POINT, FLORIDA

Date 12/5/01 19   TREE REMOVAL PERMIT No 0524

APPLIED FOR BY Nettle Pruning (Contractor) or Owner

Owner B.D. Shore, 22 Florida way

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

Kind of Trees Tangerine

No. Of Trees: REMOVE 1

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

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

REMARKS Decayed Tree

Signed, Sign on file Applicant FEE \$ 0  
Signed, [Signature] Town Clerk  
Bldg. Insp.

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 site plan]

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

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 0524

Date Issued: 12/5/01

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 B.D. Shore Address 22 Emanita way Phone 283-9777

Contractor JIMMIE PRUNING Address \_\_\_\_\_ Phone (561) 785-4038 (cell)

Number of trees to be removed (list kinds of trees) (2) 1- Nonfolk Pine (HAZARD)

1- DISEASED TANGERINES

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

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

Permit Fee \$ \_\_\_\_\_

\$15.00

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

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

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

Signature of applicant [Signature] Plans approved as marked \_\_\_\_\_

Approved by Building Inspector [Signature] Date submitted: 12/5/01

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

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

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

See attached Tree Species List

**TOWN OF SEWALL'S POINT, FLORIDA**

Date 6/10 1999 TREE REMOVAL PERMIT No. 242

APPLIED FOR BY TIMBER TREE COMPANY INC (Contractor or Owner)

Owner LYND GLADWIN - 22 EMARITA WAY

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

Kind of Trees \_\_\_\_\_

No. Of Trees: REMOVE ONE (1) GUMBO LIMBO

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

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

6/10 2:20 PM INSPECTION  
MAIN LEADER OVER HOUSE  
ROTTEN - SECONDARY  
CRACKED; MAIN TRUNK OVER  
50% ROTTEN @ 2' FROM  
GROUND;

REMARKS \_\_\_\_\_

CERTIFY THAT TREE  
NOT SALVAGEABLE

Signed, [Signature]  
Applicant

Signed, [Signature] FEE \$ WAVED  
Town Clerk



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 Shone Address 22 Emeralds Phone 283-9777

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

No. of Trees: REMOVE  Species: Palm

No. of Trees: RELOCATE \_\_\_\_\_ Species: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ Species: \_\_\_\_\_

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

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

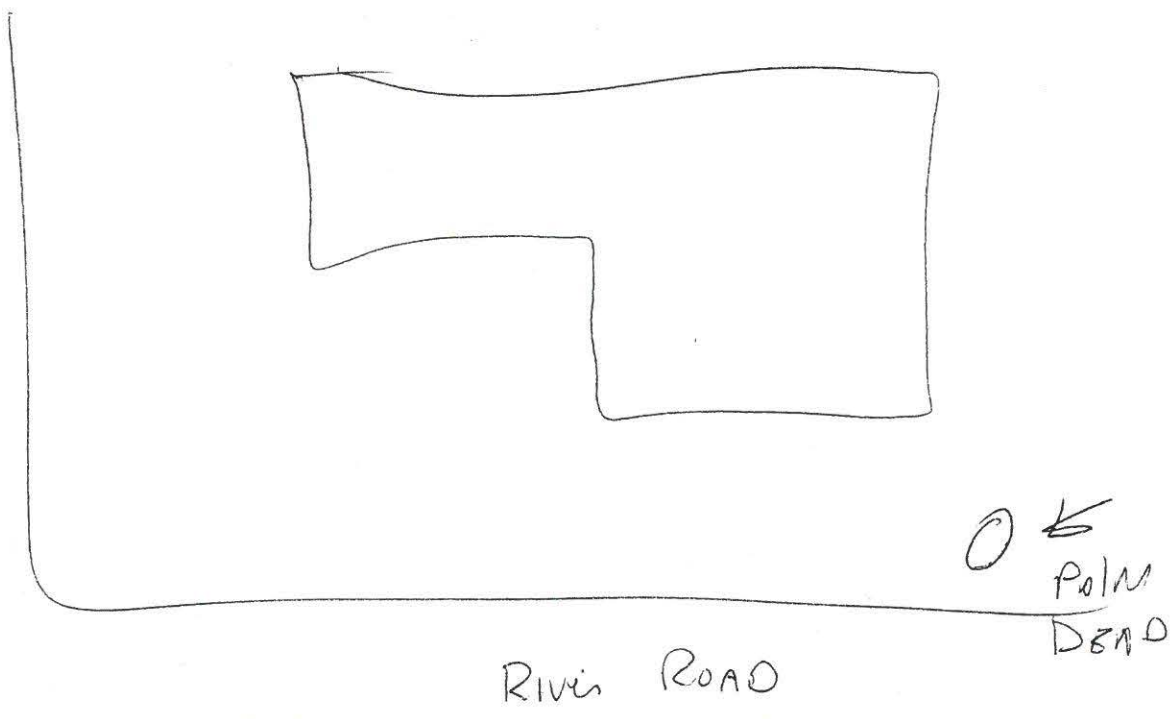
Reason for tree removal /relocation (See notice above) DEAD

Signature of Property Owner [Signature] Date 11/28/12

Approved by Building Inspector: [Signature] Date 11-28-12 Fee: N/C

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

SKETCH:



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 Shone Address 22 Empidon Phone 283-9777

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

No. of Trees: REMOVE  Species: Palm

No. of Trees: RELOCATE \_\_\_\_\_ Species: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ Species: \_\_\_\_\_

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

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

Reason for tree removal /relocation (See notice above) DEAD

Signature of Property Owner [Signature] Date 11/28/12

Approved by Building Inspector: [Signature] Date 11-28-12 Fee: N/C

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

SKETCH:

