

16 Fieldway Drive

455

SFR

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Issued

Permit No. 455

Date 3-7-74

(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 R. Houmes Present Address _____ Ph _____

General Contractor Oakowsky Constr. Address P.O. Box 1527 Ph 287-1877

Where licensed Martin County License No. 70

Plumbing Contractor Lindsley Plumbng License No. _____
Electrical Contractor Krause & Crane License No. _____

Street building will front on 16 Fieldway

Subdivision Indialucie Lot No. 1. Area Blk. 1.

Building area, inside walls (excluding garage, carport, porches) Sq ft 2,000

Other Construction (Pools, additions, etc.) Garage & Porch 1,000

Contract Price (excluding land, rugs, appliances, landscaping) \$ 49,050.00

Total cost of permit \$ 265.25

Plans approved as submitted _____ Plans approved as marked X

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.

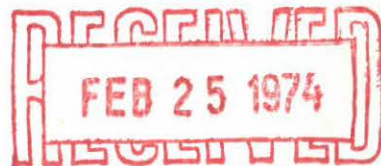
Robert R. Houmes
Signed by Owner

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

TOWN RECORD

Date submitted _____

Date approved _____



Certificate of Occupancy issued _____ Date _____

#455

455

*Received
3/1/74*

TOWN OF SEWALL'S POINT

MEMORANDUM

TO: Board of Commissioners
Town of Sewall's Point

FROM: John Dickinson, Chairman
Board of Adjustment

RE: Lot #1, Block 1, Indialucie Subdivision
(B. Houmes - Variance)

DATE: February 28, 1974

The Board of Adjustment met at the Town Hall on Friday, February 22, 1974, to consider the request for a variance submitted by Mr. Bob Houmes on Lot #1, Block #1, Indialucie Subdivision. He requested a setback of thirty (30) feet from Fieldway Drive instead of the thirty-five (35) feet required by Ordinance. The setbacks on the other three sides were alright. The back yard setback from the wall being forty (40) feet, whereas, only twenty-five (25) feet is required by Ordinance.

After considering the reasons for the request, the Board voted unanimously to reject the request and Mr. Houmes and Mr. Ashley, his father-in-law, were so advised.

It is my understanding that they have since made the front yard setback thirty-five (35) feet and have applied for a permit to build.

JD/ab

cc: C. Knoeller ✓
Mr. B. Houmes

TOWN OF SEWALL'S POINT
CERTIFICATE OF OCCUPANCY

DATE 7/8/74

This Certificate of Occupancy is issued for Robert R. Houmes
 on Lot No: 1, Block 1, ~~16 Fieldway Drive~~ Street,
Indialucie S/D, constructed under Building Permit
 No. 455 on record in the Town of Sewall's Point Town Hall.

Construction of this building conforms to all Ordinances of
 the Town.

RECORD OF INSPECTIONS

ITEM	DATE	APPROVED BY
SIAS FOOTINGS	3-20-74	C Knudsen
	3-8-74	C Knudsen
ROUGH PLUMBING	5-6-74	C IC
PERIMETER BEAM	4-2-74	C Knudsen
ROUGH ELECTRIC	5-6-74	C IC
CLOSE IN	7/5/74	Chas. Jensen
FINAL PLUMBING	7/5/74	Chas. Jensen
FINAL ELECTRIC	7/5/74	Chas. Jensen

PROOF OF SEPTIC TANK APPROVAL BY OTHERS, ie (COUNTY HEALTH DEPT.)

Approved by Building Inspector 7/5/74 *CH*

Approved by Town Commission: Clayton Lambeth, Jr.
 7/8/74

Utilities notified: 7/5/74 Date

Description: CBS - Residence

MARTIN COUNTY
HEALTH DEPARTMENT

P.O. BOX 1846

STUART, FLORIDA 33494

To: Jewalls Pl Building Dept

Re: Permit # 455 - Robert E. Hennes Lot 1 Blk 10
Health Dept # 74-7

The septic tank and drainfield for
this house have been inspected and approved.

John A. Barstow
M.C.H.D.

MARTIN CO. HEALTH DEPT.
STUART, FLA.

April 24, 1974

CONTRACTOR: Dakowsky Construction ADDRESS: P. O. Box 1527, Stuart
Taylor Ashley
OWNER: Robert R. Hounes ADDRESS: c/o 630 Colorado, Stuart
Lot No: 1 Block 1 SUBDIVISION: Indialucie
ADDRESS: 16 Fieldway Drive, Indialucie, Jensen Beach, 33457

This is to put you on notice that any damage to the pavement, drainage or embankments within the Town's right-of-ways must be corrected or repaired to the satisfaction of the Town before a Certificate of Occupancy will be issued.

Any damage of adjoining property due to construction or encroachment shall also be corrected to the satisfaction of the Town before a Certificate of Occupancy is issued.

Yours truly,

TOWN OF SEWALL'S POINT

Charles Knoeller
Building Supervisor

CK/ab

Application/Permit

No. ~~4177-210~~

4174-7

Martin County Health Department

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 _____ and give this office a 24-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.) Plat 4, Page 85 Martin
 Lot 1 Block 1 Subdivision Indialucie
 Date Recorded Dec. 1969 Directions to Job out E. Ocean Blvd. toward Beach turn left at Sewalls Point Rd.
2. Owner or Builder Robert E. Houmes
 P.O. Address 210 Atlanta Ave City Stuart Fla.
3. Specifications 3-Bedrooms

Tank _____ Drainfield _____
900 Gals. 200 ft. of 6" clay tile
 or 5" perforated plastic drain in a 3' trench or
 _____ Gals. _____ ft. of 4" clay drain
 or 4" perforated plastic drain in an 18" trench

Scale 1" = 50'

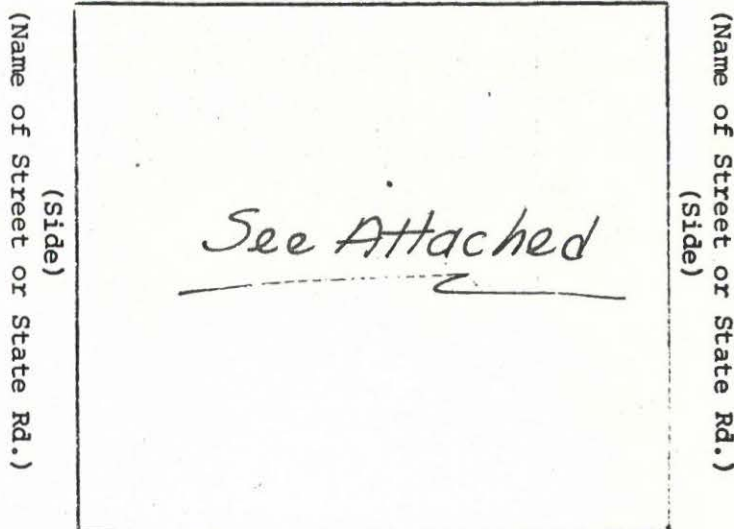
(Rear)

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: Robert E. Houmes
Please Print

Signature: X Will L. Coughlin Date: 12-31-73



(Name of Street or State Road)

***** 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: Ja Barton County Health Dept. Martin Date 1/3/74

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No

Date: _____ By: _____

FHA No. _____ VA No. _____

FLORIDA DEPARTMENT OF POLLUTION CONTROL

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

INDIVIDUAL SEWAGE DISPOSAL FACILITIES
DATA SHEET

Location: Lot 1, Block 1, of Applicant: Robert E. Houmes
Indialucia S/D County: Martin
Plat Book-4, pg. 77

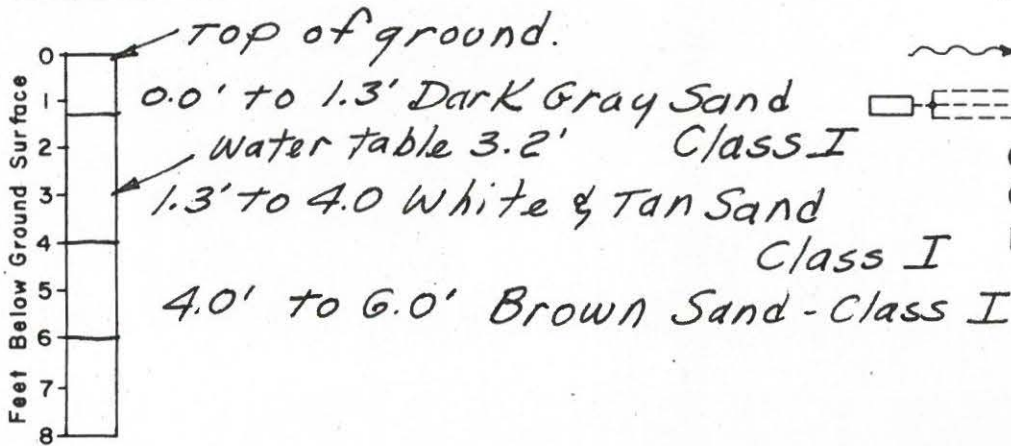
NOTE: This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.

See Attached

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

PLAN
Scale: 1" = ___

SOIL DATA



LEGEND

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

SOIL BORING LOG

Soil Identification: CLASS I GROUP S.P.
Soil Characteristics Dark Gray Sand
White, Brown & Tan Sand.

Percolation Rate: 25 min/inch

Water Table Depth 3.2

Water Table Depth During Wet Season 3.2

Compacted Fill Of _____ Req'd

Compacted Fill Checked By: _____

Date _____

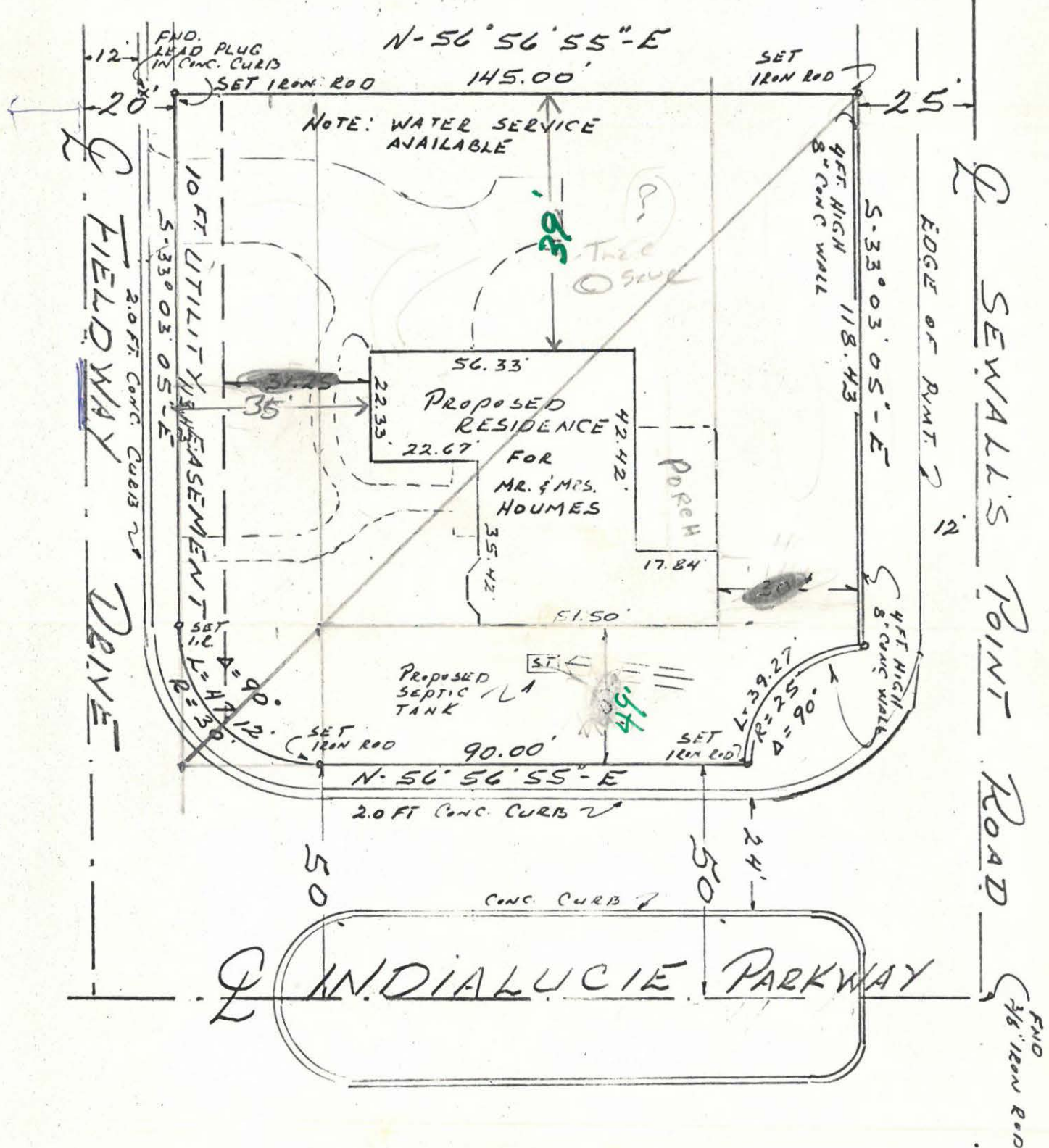
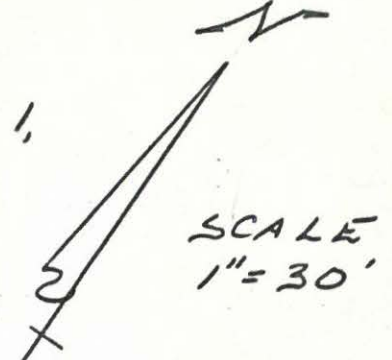
CERTIFIED BY: Willie L. Crayton

FLORIDA PROFESSIONAL No. 2370

Date 12-31-73 Job No. 73-357

Sheet _____ of _____

DESCRIPTION:
SURVEY OF LOT 1, BLOCK 1,
INDIALUCIE, SEWALL'S POINT,
MARTIN COUNTY, FLORIDA
PLAT BOOK 4, PAGE 77.



~ PLOT PLAN ~

FOR: PLOT PLAN ONLY PREPARED BY: ALL DISTANCES BETWEEN SEPTIC TANKS AND WELLS MUST BE CHECKED AND VERIFIED IN THE FIELD BY THE CONTRACTOR.

STUDIED AND CERTIFIED
TO BE SATISFACTORY:
William L. Creech

CREECH & ASSOC.
Engineers and Surveyors
4183 12th STREET W. PALM BEACH, FLA. 33401 305 683-4844
43 EAST OCEAN BLVD. STUART, FLORIDA 33494 305 283-5967

757

FENCE

NOV 4 1977

TOWN OF SEWALL'S POINT, FLORIDA
FENCE
APPLICATION FOR BUILDING PERMIT

Permit No. 757
Date 11-2-77

(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) Copy of Deed required for new home construction.

Owner PAMELA PARKS Present Address 17 FIELDWAY DR Ph 287 5382

General Contractor SAME Address _____ Ph _____

Where licensed _____ License No. _____

Plumbing Contractor _____ License No. _____

Electrical Contractor _____ License No. _____

Street building will front on _____

Subdivision INDIA LOCIE Lot No. 2 BLK 4 Area _____

Building area, inside walls (excluding garage, carport, porches) Sq ft 1400⁰⁰

Other Construction (Pools, additions, etc.) FENCE

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

Total cost of permit \$ 10.00

Plans approved as submitted Plans approved as marked _____

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

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.

Pamela J. Parks
Signed by Owner Pamela J. Parks

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

TOWN RECORD

Date submitted _____

Date approved 11/7/77 Chas A. Dwyer

Certificate of Occupancy issued 11/7/77 JK Rankin Date _____

1130178

#757

5091

RE-ROOF

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 9/28/00

BUILDING PERMIT NO. 5091

Building to be erected for BRIGETT O'CONNOR Type of Permit RE ROOF

Applied for by PACIFIC RFG, (Contractor) Building Fee _____

Subdivision INDIALUCIE Lot 1 Block 1 Radon Fee _____

Address 16 FIELDWAY DR. Impact Fee _____

Type of structure S.F.R. A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

35-37-41-002-001-0001.0-60000 Plumbing Fee _____

Amount Paid \$120.00 Check # 4946 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 16,200.00 TOTAL Fees \$120.00

Signed Rob Austin Signed [Signature]

Applicant

Town Building Inspector

RE-ROOFING PERMIT

INSPECTIONS

DRY IN	DATE _____	PROGRESS	DATE _____
PROGRESS	DATE _____	FINAL	DATE <u>11/10/00</u>

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

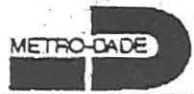
New Construction Remodel Addition Demolition

This permit must be visible from the street, accessible to the inspector.

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.

DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!



METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Berridge Manufacturing Company Inc.
1720 Maury Street
Houston, Texas 77026-7199

Your application for Product Approval of:

Berridge Manufacturing Company Cee Lock Panel


under Chapter 8 of the Miami-Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: **Underwriters Laboratories Inc., and Celotex Corporation Testing Services** has been recommended for acceptance by the Building Code Compliance Office to be used in Dade County, Florida under the specific conditions set forth on pages 2-6 and the standard conditions on page 7.

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

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

ACCEPTANCE NO.: 97-1124.09
EXPIRES: 04/02/01

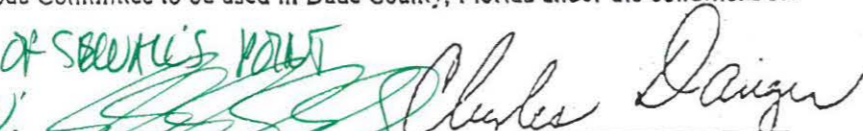
Revises: 94-0706.12


Raul Rodriguez
Product Control Supervisor

THIS IS THE COVERSHEET. SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS BUILDING CODE COMMITTEE

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

9/22/00 TOWN OF SWEETWATER
REVIEW


Charles Danger, P.E.
Director
Building Code Compliance Dept.
Miami-Dade County

APPROVED: 04/02/98

FILE TOWN COPY
16 FIELDWAY DR.

PN 5091



BUILDING PERMIT APPLICATION



Owner's Name: BRIGETT O'CONNOR Phone No. _____
Owner's Present Address: _____
Fee Simple Titleholder's Name & Address if other than owner: _____

Location of Job Site: 16 FIELDWAY DRIVE STUART, FL 34996
TYPE OF WORK TO BE DONE: REMOVE EXISTING TILE ROOF, INSTALL 24 GA. STANDING SEAM ROOF SYSTEM
CONTRACTOR INFORMATION

Contractor/Company Name: RICHARD J. GOMES / PACIFIC ROOFING Phone No. 561-283-7663
COMPLETE MAILING ADDRESS PO. BOX 2697 STUART, FL 34995
State Registration _____ State License CCC056793
Legal Description of Property INDIALUCIE, Lot 1 BLK1
Parcel Number 35-37-41-002-001-0001.0-60000

ARCHITECT/ENGINEER INFORMATION

Architect _____ Phone No. _____
Address _____
Engineer _____ Phone No. _____
Address _____

Area Square Footage: Living Area 414 Garage Area _____ Carport _____
Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD
proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement 16,200
Fair Market Value (FMV) prior to improvement _____
Substantial Improvement 50% of FMV yes _____ No _____
Method of determining FMV _____

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

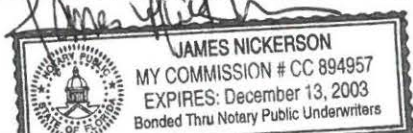
Electrical _____ State License _____
Mechanical _____ State License# _____
Plumbing _____ State License# _____
Roofing PACIFIC ROOFING State License# CCC056793

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

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE _____
Sworn to and subscribed before me this 14th day of Sept, 2000 by _____ who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.
CONTRACTOR SIGNATURE _____
Sworn to and subscribed before me this 14th day of Sept, 1998 by RICHARD J. GOMES who is personally known to me or has produced 2000 and who did (did not) take an oath.



Permit # _____

Tax Folio # 35-37-41-002-001-0001

NOTICE OF COMMENCEMENT

State of FLORIDA
County of MARTIN

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of commencement.

1. Description of property: ENDIALUCIE, Lot 1 BLK 1
2. General description of improvement: REROOF
3. Owner information:
 - a. Name & Address: BRIGITTE O'CONNOR
16 FLEWAY DRIVE STUART, FL 34996
 - b. Interest In Property: _____
 - c. Name & Address of fee simple titleholder (other than owner): _____
4. Contractor's Name & Address: PACIFIC ROOFING
P.O. Box 2677 STUART, FL 34995
 - a. Phone number: 888-7667
 - b. Fax number: 888-9505
5. Surety Information:
 - a. Name & Address: _____
 - b. Phone number: _____
 - c. Fax number: _____
 - d. Amount of Bond: \$ _____
6. Lender's Name & Address: _____
 - a. Phone number: _____
 - b. Fax number: _____
7. Person within the State of Florida designated by owner upon whom notices or other documents may be served as provided by 713.13 (1) (a), 7 Florida Statutes:
Name & Address: _____
 - a. Phone number: _____
 - b. Fax number: _____
8. In addition to himself, owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.
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): _____

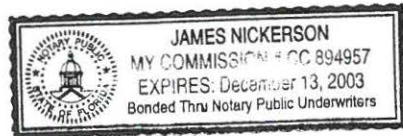
(signature of owner) _____

Sworn to and subscribed before me
this 10 day of Sept, 2000

Notary [Signature]

Known Personally/ I.D. Shown _____

My commission expires: _____



STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA STILLER, CLERK

BY [Signature] D.C.
DATE 9-14-00



PROOF OF NOTICE:
SUBDIVISION REVIEW/APPROVAL

To: Building Official, Town of Sewall's Point
FROM: Permit Applicant
RE: Subject structure described as follows:

OWNER: BRIGETT O'CONNOR ; ADDRESS: 16 FIELDWAY DRIVE

PROJECT ADDRESS: 16 FIELDWAY DRIVE ; LEGAL DESCRIPTION: LOT _____ BLK _____ SUB _____

GENERAL CONTRACTOR: PACIFIC ROOFING ; Lic/CERT No. CCCOS6793

ADDRESS: P.O. Box 2697 STUART, FL 34995 ; TEL 283-7663; FAX 283-9505

ARCHITECT OR ENGINEER: _____ ; Lic/REG No. _____

ADDRESS: _____ ; TEL _____ ; FAX _____

PERMIT No: _____ ; DATE OF ISSUE: _____ ; DATE OF THIS STATEMENT: _____

The proposed project is located in the located in _____ Subdivision.

In compliance with permit application review requirements, please be advised as follows:

SUBDIVISION/ASSOCIATION REVIEW AND APPROVAL IS NOT REQUIRED.

SUBDIVISION/ASSOCIATION REVIEW AND APPROVAL IS REQUIRED.

APPROVAL DOCUMENTATION IS ATTACHED

NOTICE OF THE ABOVE PROPOSED CONSTRUCTION WAS PROVIDED TO THE SUBDIVISION/ASSOCIATION ON _____

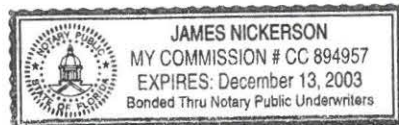
Executed at _____, this 4 day of SEPTEMBER 2000.

NAME: RICHARD J. GOMES ; SIGNATURE: [Signature] ; Lic. No: CCCOS6793

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 4 day of SEPTEMBER 2000, by RICHARD J. GOMES, who is personally known to me or who has produced _____ as identification and who did not take an oath.

(NOTARY SEAL)



Name James Nickerson

I am a Notary Public of the State of Florida and my commission expires: 12/13/2003

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/27/1999

PRODUCER (561)746-4546 FAX (561)746-9599
Tequesta Agency, Inc.
93 Tequesta Drive
Tequesta, FL 33469

INSURED
Pacific Roofing Corp., Inc.
PO Box 2697
Stuart, FL 34994

Attn: Debra Hicks

Ext:

FILE

COPY
permit
FILE

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.

COMPANIES AFFORDING COVERAGE	
COMPANY A	Transcontinental Insurance co.
COMPANY B	Transportation Insurance Co.
COMPANY C	
COMPANY D	

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	C155821031	08/27/1999	10/28/2000	GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS - COMP/OP AGG \$ 2,000,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	EACH OCCURRENCE \$ 1,000,000				
	FIRE DAMAGE (Any one fire) \$ 50,000				
	MED EXP (Any one person) \$ 5,000				
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				C144640569
BODILY INJURY (Per person) \$					
BODILY INJURY (Per accident) \$					
PROPERTY DAMAGE \$					
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					EACH OCCURRENCE \$
					AGGREGATE \$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	WC177093784	10/28/1999	10/28/2000	EL EACH ACCIDENT \$ 100,000
	EL DISEASE - POLICY LIMIT \$ 500,000				
	EL DISEASE - EA EMPLOYEE \$ 100,000				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT
1 SOUTH SEWALLS POINT ROAD
STUART, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Mark Kasten/DEBBIE

Mark Kasten

Certificate of Insurance

...ate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, extend, or alter the coverage by the policies listed below.

RECEIVED
 JAN 3 1 2000
 BY: _____

**CNA
 RISK MANAGEMENT**

FILE

Named Insured(s):

Staff Leasing, LP, by Staff Acquisition, Inc., The General Partner, and The Affiliated Limited Partnerships of Which Staff Acquisition, Inc. is The General Partner and their Successor Corporations
 600 301 Boulevard West, Suite 202
 Bradenton, Florida 34205

Insurer Affording Coverage
 Continental Casualty Company

Coverages:

The policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits	
			Employer's Liability	
Workers' Compensation	1-1-2001	WC 189165165 WC 189165182	Bodily Injury By Accident	Each Accident
			\$1,000,000	
			Bodily Injury By Disease	Policy Limit
			\$1,000,000	
			Bodily Injury By Disease	Each Person
			\$1,000,000	

Other:

Employees Leased To:

Effective Date: 1/1/00

**16459
 Pacific Roofing Corp Inc Office**

The above referenced workers' compensation policy(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies), not to the employees of any other employer.

*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: (Not applicable unless a number of days are entered below)

Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policy(ies) until at least 30 days notice of such cancellation has been mailed to:

Certificate Holder:

TOWN OF SEWALL'S POINT
 1 S SEWALLS POINT RD
 STUART, FL 34996-6736

Martin Oosterbaan

**Martin Oosterbaan
 Authorized Representative**

Office: St. Louis, MO 12/15/99
 Phone: (877) 427-5567 Date Issued



AC# 5961552

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST. INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
08/29/00	00900617	CC 2056793

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2002



GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART

FL 34995

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

RECEIVED
BY: *[Signature]*

Receipt

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-27, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4702	Perry	all trades	PASSED	
S (8)	18 N. Ridgeview owner/Builder		✗	
✓ 4848	HALL	DRIVEWAY PER.	PASSED	
S (7)	7 N. RIDGEVIEW MIGNONE	FINAL	✗	
✓ 4895	Seely	all trades	FAIL	ELECT. OUTLET SPCG. REQ. MECH PLAN W/ ENERGY CALCS
N (1)	37 Lofting Way Gibben	(COMPUTER XM - STORAGE COMPLETION)	✗	
✓ 5068	Winer	stem wall	PASSED	
S (10)	19 Ridgeland Leor 485-3082	base for wine cellar	✗	
✓ 5068	Winer	temp. pole	PASSED	FPL 223-4208 ✓ 12:15 EVALUATE
S (11)	19 Ridgeland Leor	(on SE corner) (REINSPECT)	✗	10/16/00 INSPECTION - VERIFIED ALL REQ. SERVICES IN PLACE.
✓ 4877	Loyola/Osborne	tin-tsg & metal	PASSED	
0 (2)	20 C. Hill Buford (PACIFIC REG.)		✗	
✓ 5091	O'Conner	sheathing	PASSED	EAST PORTION TO BE STRIPPED & INSPECTED (DRINK IN W/O IUSA)
0 (3)	16 Fieldway Pacific ✓ ROB 263-0116	W 1/2 ONLY	✗	

OTHER: S. (9) 7 S. VIA LUCINDA (PENDING STORM SHUTTER APPL.) - WORK COMMENCED? YES
 ✓ VERIFIED - DOUBLE FIRE "AFTER FACT" PERMIT REQUIRED.

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-30, 2000; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5001	Bercaw	1st floor	PASSED	
N (4)	11 River Crest Renar	tie-beam & column	↗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5092	Aune	form	PASSED	ss /ote ss
N (6)	6 Michael Rd. Masterpiece	board SCMB	↗	possible FORMERED SURVEY WAVED ↗
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5091	O'Connor	sheathing	PASSED	10:00-10:50 REG. 11:00 + ✓
N (5)	16 Fieldway Dr. Pacific	(REINSPECT - EFT) - COMPLETE ✓	↗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4717	Zerro	"30 day temp. power"	PAIRED	AGMT TO CONTR. FOR EXEC.
N (3)	124 N.S.P. Rd. BUFOPI CONST (12/1/99)		↗	- REVIEWED REG; REINSPE. - NO FEE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4956	Foglia	final pool	PASSED	
S (1)	101 H. Sewall Way STARLITE POOL KUDS	(KUDG FIMM 10/25-4803)	↗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ T/R	WILKINSON	FIELD VERIF. ✓	PASSED	- EUCALYPTUS = PROHIBITED
S (2)	8 ORKWOOD DR O/B 286-1851		↗	- PALMS = THREAT TO SEPTIC.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-1, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5091	O'Connor	tin tag	PASSED	
N (12)	16 Fieldway Dr. Pacific	metal	⚡	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5119	Kokovannis	tin-tag	NOT READY	LEFT MESSAGE FOR CONTRACTOR TO RESCHED. (ROB 263-0116)
S (2)	80 So. River Rd. Pacific	metal		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4965	Danielson	tie beam	PASSED	
S (1)	161 So. River Rd. Miller	2 COLUMNS (2ND FL) - COMPLETE	⚡	✓ FIELD CC TO SITE (ENGR LTR 10/11/00)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5132	Brent	sheathing	PASSED	10:30 NOT READY
N (11)	6 Knowles Rd. A & W	OK TO COMPLETE; TIT & MET 11/30/00	⚡	possible FIELD CC TO SITE (PERMIT/DOCS)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4895	Sed'y	framing	PASSED	- REVD RE DUCT LAYOUT
N (5)	37 Lofting Way Gribben	mechanical REINSPECT - COMP. KH.	⚡	FIELD CC TO SITE (ENGR LTR 10/23/00)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5149	CORWAY	STORM SHUTTER	PASSED	
(7A)	17 N.E. LOFTING WAY COMPLETE HURR. PROT.	(FINAL)	⚡	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-10, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5119	Kokoyanis	tt & metal	PASSED	paid re-inspect
③	80 S. River Pacific		FA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4813	Folweiler	meter	INCOMPLETE	TEMP. HOOK-UP AGMT. REQ.
✓ ⑤	11 Lofting Way Ark	final	FA	(FORM DELIVERED) TO CONTR REINSPECT 11/13 (NO FEE)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5097	Kilbride	electrical	PASSED	
①	4 Larkana TWIN POOLS	niche	FA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5071	O'Conner	roof final	PASSED	
⑥	6 Fieldway Pacific		FA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ T/R	DEMBIOSKI	FIELD VERIF.	PASSED	TREE ON P/L - CONFIRM
⑦	4 KNOWLES ROAD O/B	20" PIPE (?) DEM	FA	(FWD. TO TOWN MGR.) A 10' S OF HYDRANT
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ T/R	JOSEPH	FIELD VERIF.	PASSED	1:00 PM
⑧	12 N. VIA LUCINDA (VACANT) O/B 467-7142(W)		FA	BRK. REPAIR & UNAPPROPRIATE ONLY
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5075	Vasquez	double bond beam	PASSED	ARCH. BK. REV. FIELD 10/5/11
②	82 E.S.P. Rd. Groza 476-7653	down cells & ROOF SHEATHING	FA	

OTHER: _____

INSPECTOR (Name/Signature): _____

6886

DRIVEWAY

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 9/15/04 BUILDING PERMIT NO. 6886
 Building to be erected for O'CONNOR Type of Permit REPLACE DRIVE W/ PAVERS
 Applied for by O/B (Contractor) Building Fee 5K x 9.60/1000 = 48.00
 Subdivision INDIALUCIE Lot 1 Block E Radon Fee _____
 Address 16 FIDWAY DRIVE Impact Fee _____
 Type of structure SFR A/C Fee _____
 Parcel Control Number: _____ Electrical Fee _____
3537410020010001060000 Plumbing Fee _____
 Amount Paid 60.00 Check # 1822 Cash _____ Other Fees (O/B) 12.00
 Total Construction Cost \$ 5,000. TOTAL Fees 60.00

Signed F. O'Connor
Applicant

Signed Gene Simmons
Town Building Official

PERMIT

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

INSPECTIONS

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

Call 255-7963

RECEIVED

SEP 15 2004

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: Francis E. O'Connor Phone (Day) 288-3796 (Fax) _____

Job Site Address: 16 Fieldway Drive City: Sewall's Point State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block): Lot 1, Block 1, Indiv. Units Parcel Number: _____

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

Description of Work To Be Done: Remove Asphalt Drive + install Pavers

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 5000 (Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 5000

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: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: _____

This the _____ day of _____, 2004

by _____ who is personally

known to me or produced _____

as identification. _____

Notary Public

My Commission Expires: _____

Seal

CONTRACTOR SIGNATURE (required)

Francis E. O'Connor

On State of Florida, County of: Mackay

This the 14 day of Sept 2004

by Francis E. O'Connor who is personally

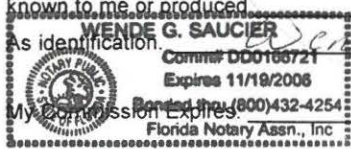
known to me or produced _____

as identification. _____

My Commission Expires: _____

Notary Public

Seal



PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Fla

COUNTY OF _____

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

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

16 Fieldway Drive Lot 1 Block 1 Seawalk Point

GENERAL DESCRIPTION OF IMPROVEMENT: DRIVEWAY - PAVED

OWNER: Francis O'Connor

ADDRESS: 16 Fieldway Drive

PHONE #: 772-228-3794 FAX #: _____

CONTRACTOR: MA

ADDRESS: _____

PHONE #: _____ FAX #: _____

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: 1 COPY

LENDER: _____ DATE 9-15-04 D.C. _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

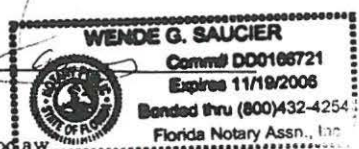
PHONE #: _____ FAX #: _____

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

X Francis O'Connor
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 14 DAY OF Sept 19 2004 BY _____

Wende G. Saucier
NOTARY SIGNATURE



OR PERSONALLY KNOWN _____ PRODUCED ID _____ TYPE OF ID _____

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

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

DISCLOSURE STATEMENT

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

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

Name: X FRANCIS E. O'CONNORS Date: Sept 13, 2004

Signature: X Francis E O'Connor

Address: 16 Fieldway Drive

City & State: Sewall's Point, Florida


Permit No. _____

16 Fieldway - Dr.

Existing
Asphalt
Replace with
Berch Pavement

45

14

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 9/15/06

BUILDING OFFICIAL
Gene Simmons

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/6, 20024 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6911	PREISSMAN	ROUGH GAS	FAIL	
4	28 RIO VISTA	(TEMP TANK)	PASS	REINSPECTED SAME DAY
	FERRER GAS			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6886	O'CONNOR	DRIVEWAY	PASS	CLOSE
10	16 FIELDWAY DRIVE			
	O/B			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6413	POWERS	GARAGE FLOOR	—	RESCHEDULE 10/8
7	70 S. SEWALL'S PT	PRE FOUR		FIRST THING
	FLORIDA'S FINEST	offer ID please		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
3	20 RIVERVIEW DR.	CHECK DOCK	PASS	SAME FOOTPRINT
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5	21 PALM ROAD	CHECK DOCK	PASS	SAME FOOTPRINT
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	PLYMALE		FAIL	
12	24 FIELDWAY DR.	CHECK DRYWALL		
		REMOVAL		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				REMOVE METER
2	20. E. HIGH POINT	CONDEMN	FAIL	
		BLDG-		INSPECTOR: <i>[Signature]</i>

OTHER: _____

TREE

TOWN OF SEWALL'S POINT, FLORIDA

Date OCT 8 19 99 TREE REMOVAL PERMIT No 274

APPLIED FOR BY MAUREEN O'CONNOR (Contractor or Owner)

Owner 16 HILLCREST DR.

Sub-division _____, Lot _____, Block _____

Kind of Trees BRAZILIAN PEPPER (6 CLUSTERS)

No. Of Trees: REMOVE 6

No. Of Trees: RELOCATE -0- WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE -0- WITHIN 30 DAYS

PROHIBITED SPECIES - NO FEE REMOVAL

REMARKS CDSP: 10/8/99

_____ FEE \$ -0-

Signed, SIGNATURE ON FILE
Applicant

Signed, [Signature]
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.

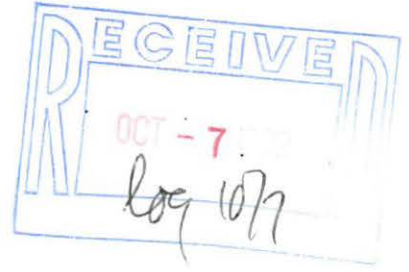
TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION _____

REMARKS _____

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION



OWNER NAME: MAUREEN O'CONNOR

ADDRESS: 16 Fieldway Drive (14 Emaritaway)

NUMBER & TYPE TREES TO BE REMOVED: 6 BRAZILIAN PEPPER TREE CLUSTERS
SCHINUS TEREBINTHIFOLIUS RADDI

CONTRACTOR: Tree Surgeon Mr. Robert Brady

ADDRESS: Linden Ln.
Stuart

LICENSE NUMBER: _____

PHONE: 288-1085 - home _____
286-8624 - work _____
Owner Contractor

CONTRACT PRICE: \$?

PERMIT FEE: \$ 15.00 (waived?) PAID: _____
Date

~~* \$25.00 fee, 10.00 ea. app., 10.00 ea. ins.~~

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:
Trash trees

pushing on Indialucie wall.

APPLICANT SIGNATURE: M O'Connor DATE: 10-7-99

APPROVED: _____ Date: _____
Building ~~_____~~ OFFICIAL

DENIED: _____ Date: _____
Building ~~_____~~ OFFICIAL

COMMENTS:
~~_____~~

REASON FOR DENIAL, IF APPLICABLE:



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

FW-10-899

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4620	Laraway 115 Middle Rd	Insulation	PASSED	
4579	Babbitt 76 S. Sewall's Pt. Rd.	final	PASSED	PROV. APP. ENGR. DUES REQ. ^{5/16/99} - C.O. ISSUE THUR 10/16/99 UNDO DOCUMENT SUBMITTAL
4486	Cook 12 Oak Hill Way	walk-thru	PERFORMED w/ OWNER (CHECKLIST ITEMS)	FINAL C.O. INSP. SCHED FOR WEDNESDAY 10/13/99
4689	Schumpf 10 Oak Hill Way	el. disconnect (C.O. REINSPECTION)	FAILED	NOT COMPLETE
4622	SWISS AM 4 E. ... HELMUT GINDER 334-7730	tie beam	FAILED	11:45 NO ONE ON SITE/NO ACCESS 12:15 LEFT MESSAGE w/ CONTR. 2:45 NO ONE ON SITE/NO ACCESS
4651	DERMARKARIAN 19 CASTLE HILL WAY (STATHMORE)	SLAB (REINSPECTION)	PASSED	REINSPECTION FEE \$30.0 NOTATION FOR PORCH DOWELS
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

OTHER: I. BRUNER; 105 HILLCREST CT. T/R PERMIT INSP. ✓
 Z. O'CONNOR; 16 FIELDWAY DR. " " " ✓

INSPECTOR: _____ **DATE:** _____

TOWN OF SEWALL'S POINT, FLORIDA

Date 6/24/01 19 _____ TREE REMOVAL PERMIT № 0508

APPLIED FOR BY Sampson Tree Serv. (Contractor) or Owner)

Owner 16 Fieldway Dr.

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 3

No. Of Trees: RELOCATE 2 WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

Field vested
6/24

REMARKS O.k. to remove trees endangering structure

FEE \$ 0.00

Signed, Sig - o - file
Applicant

Signed, [Signature]
Town Clerk
Blgs. 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 lined box for drawing or notes]

PROJECT DESCRIPTION _____

[Empty lined area for project description]

REMARKS _____

[Empty lined area for remarks]

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT



Permit # 0508

Date Issued 10/24/01

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 O'CONNOR Address 16 FIELDWAY DR Phone 288-3794

Contractor SAMPSON TREE SERVICE Address 2170 CONAN ST
PEL 34593 Phone 336-3456

Number of trees to be removed(list kinds of trees) 3 palm trees
Pine

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

2 Palm Trees

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

Permit Fee \$ 15.00 (~~\$25.00~~ first tree plus \$10.00 - each additional tree - not to exceed \$100.00)

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

Plans approved as submitted _____ Plans approved, as marked _____

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

Signature of applicant F. O' Connor Date submitted 10-11-01

Approved by Building Inspector [Signature] Date 10/24/01

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

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

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

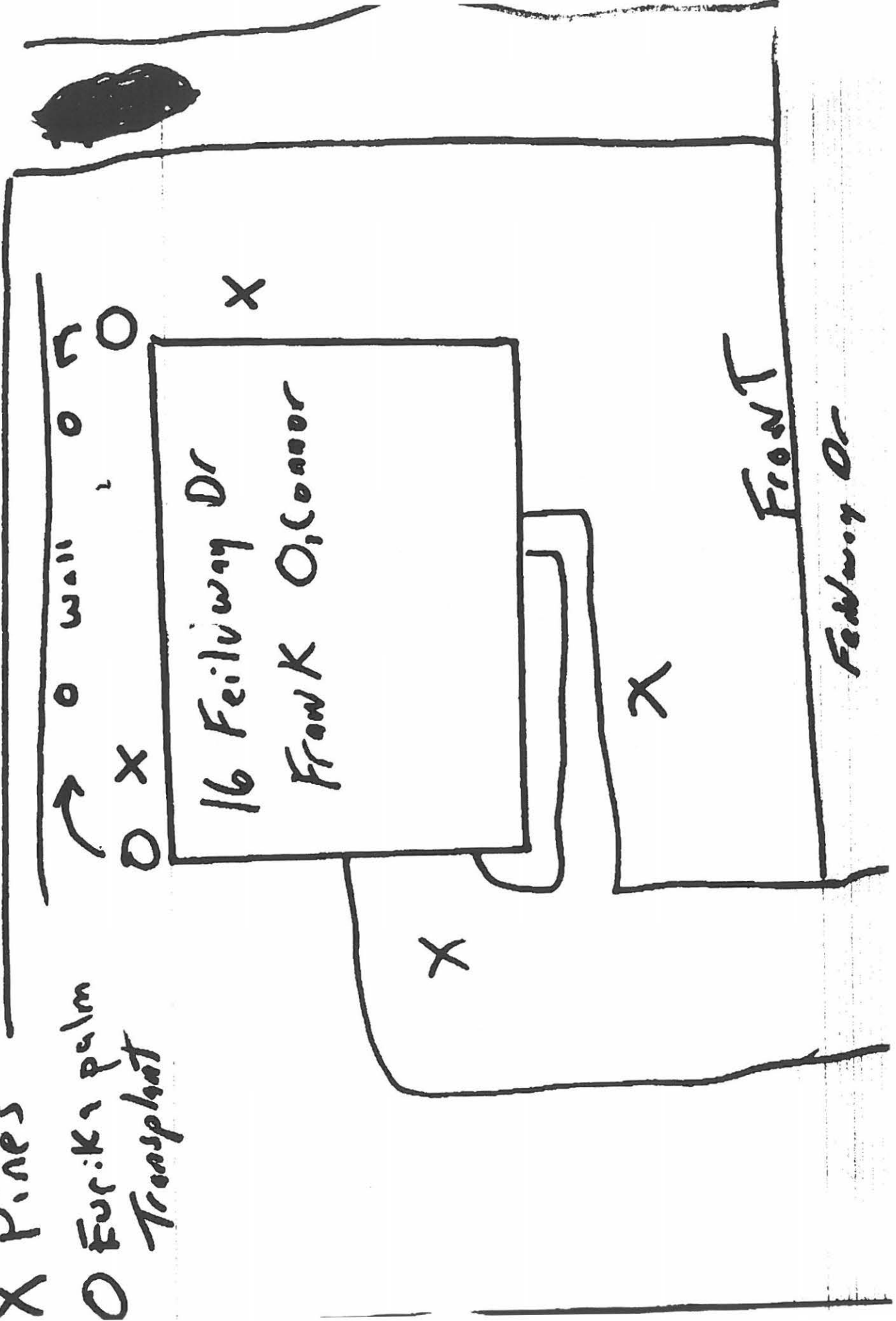
10/12 called contractor for clarification

Remove

X Pines

O Eucalypt palm
Transplant

Remove Part RD



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri OCTOBER 24, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5013	DENNIS	DRIVEWAY	Passed	
④	16 RIDGELAND FL. FINEST			INSPECTOR: J 10/24
5262	MUSSO	TEMP POWER	Failed	EARLY AS POSSIBLE
⑤	18 S. RIVER RD. HARRY BLUE	need covers, need to bolt down AC		INSPECTOR: J 10/24
5562	MISER	FINAL FENCE	Passed	
⑥	21 ISLAND RD. INDIAN RIVER FENCE.			INSPECTOR: J 10/24
5336	G+S Sachs 2570695	Final	Passed	
①	78 N. Sewalls Pt Rd Frostproce	incl. screen rm. Tite 2572096		INSPECTOR: J 10/24
T/R	Wyckoff	Tree rem.	Failed	→ wait + sep
③	26 N River Rd. Owner			INSPECTOR: J 10/24
⑦	O'Connor	Tree rem.	Passed	
T/R	16 Fieldway Dr.			INSPECTOR: J 10/24
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: 144 N. S. Pt. Rd. Trees? remove prohib. species = OK J 10/24

②

TOWN OF SEWALL'S POINT, FLORIDA

Date DECEMBER 16 2003 TREE REMOVAL PERMIT No 2167

APPLIED FOR BY O'CONNOR (Contractor or Owner)

Owner 16 FIELDWAY DRIVE

Sub-division _____, Lot _____, Block _____

Kind of Trees COCONUT PALMS

No. Of Trees: REMOVE 3

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 0

Signed, _____ Applicant

Signed, Gene Simmons (RD)
~~Town Clerk~~
Building Official

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

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 FRANCIS O'CONNOR Address 16 FIELDWAY DR Phone 288-3794

Contractor CONTROLLED LANDSCAPING Address 4513 S. FEDERAL HWY FT. PIERCE, 34982 Phone 337-9140

No. of Trees: REMOVE 3 Type: COCONUT PALMS

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

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: Disposed Ok to remove

Written statement giving reasons: TREES ARE DEAD FROM SOME PREVIOUS DISEASE

Signature of Applicant Francis O'Connor Date 12-9-03

Approved by Building Inspector: [Signature] Date 12/10/03 Fee: \$

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

E

GEAN BLVD



INDIALUCIE PARKWAY



SEWALLS POINT ROAD



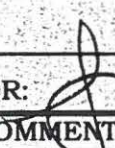


FIELDWAY DR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/10, 20013 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	O'CONNOR	TREE	Passed	
③	16 FIELD WAY			INSPECTOR: 
6501	BEAN	SLAB	Passed	
⑤	112 S. SEWALL'S Pt DRIFTWOOD			INSPECTOR: 
6232	MOORE	TRUSS	Passed	
④	5 OAK HILL WAY AR MARTIN			INSPECTOR: 
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date JUNE 18 ~~18~~ 2004 TREE REMOVAL PERMIT No 2285

APPLIED FOR BY O'CONNOR (Contractor or Owner)

Owner 16 FIELDWAY DRIVE

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 2 PINE TREES

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 0

Signed, _____ Applicant

Signed _____

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 additional notes.

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, 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 FRANCIS O'CONNOR Address 16 FIELDWAY DR. Phone 288-3794

Contractor MARYIN WILLIAMS Address _____ Phone 688 708-0527

No. of Trees: REMOVE 2 Type: PINE + ?

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

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

Written statement giving reasons: TREES ARE DEAD

Signature of Applicant Francis O'Connor Date 6-16-04

Approved by Building Inspector: [Signature] Date 6/18 Fee: 0

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

NE
NW

N. SEWELL'S POINT ROAD

INDIAN LACIE
PARKWAY

16
FIELDWAY
DRIVE

GARAGE

CHAIN
LINK
FENCE

⊗ DEAD?
TREE

DRIVEWAY

⊗ - DEAD PINE TREE

FIELDWAY DRIVE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/18, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6798	PARKS	FOUNDATION	PASS	
2	3 MINDORO PARKS+CO.	FIRST THING		INSPECTOR:
6789	BAUMGARTNER	DRY IN METAL	PASS	
8	20 BANYAN ALL AMERICAN	ROOF IN PROGRESS	PASS	INSPECTOR:
TREE	O'CONNOR	TREE	PASS	
7	16 FIELDWAY DR			INSPECTOR:
TREE	STENHOS	TREE	PASS	
4	106 HILLCREST	B.9- FIRST PLEASE - LAURA?		INSPECTOR:
TREE	NEWLEY	TREE	PASS	
5	7 N VIA LUCINDIA			INSPECTOR:
6773	REILLY	FINAL DRIVEWAY PAVER	PASS	CLOSE
4	78 S. SEWALL'S PT NATIONAL BRICK PAVER			INSPECTOR:
6396	MUFSON	FINAL ROOF	FAIL	
1	17 S. RIVER RD BUFORD	TRUSS	FAIL	INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date FEBRUARY 4 2005 TREE REMOVAL PERMIT No 2412

APPLIED FOR BY O'CONNOR (Contractor or Owner)

Owner 16 FIELDWAY DRIVE

Sub-division, Lot, Block

Kind of Trees

No. Of Trees: REMOVE 2 PINE

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

No. Of Trees: REPLACE WITHIN 30 DAYS

REMARKS

FEE \$ 0

Signed, Applicant

Signed Gene Simmons (Signature) Town Clerk BUILDING OFFICIAL

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

Horizontal lines for project description details.

REMARKS

Horizontal lines for remarks.

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

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

No permit required for:

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

Permit Fee:

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

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 FRANCIS E. O'CONNOR Address 16 FIELDWAY DR. Phone 288-3794
Contractor MARVIN WILLIAMS Address _____ Phone 688 708-0527

No. of Trees: REMOVE 2 Type: PINE

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

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

Written statement giving reasons: The hurricanes killed them

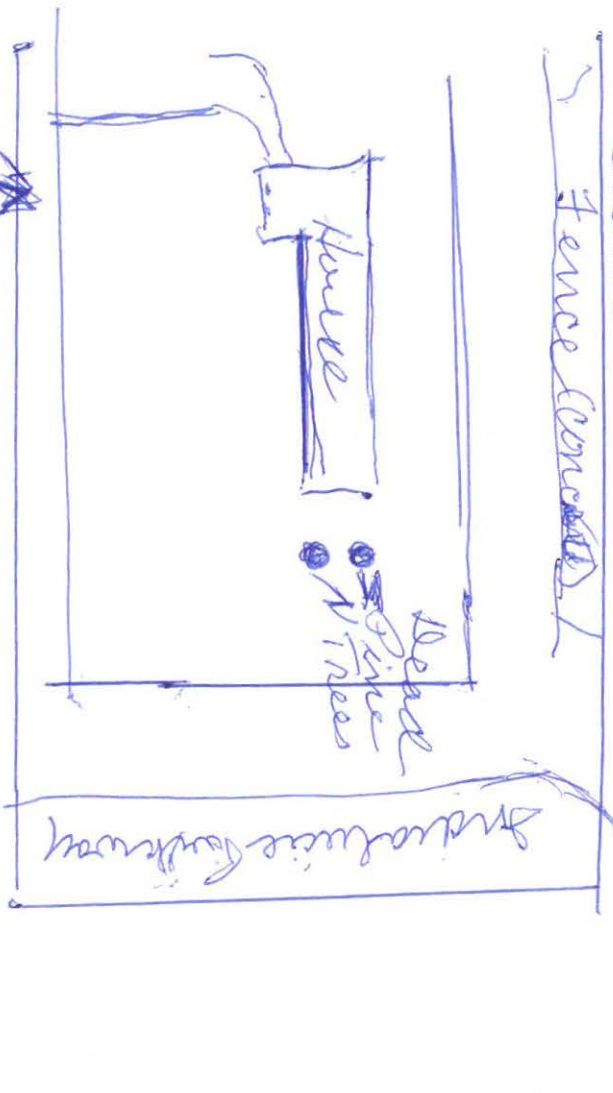
Signature of Property Owner Francis E O'Connor Date 2-3-05

Approved by Building Inspector: [Signature] Date 2/4 Fee: 0

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

N
E
W

Somerville Point Road
Fence (removed)



163
Feldman Drive
F. E. O'Connor

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/4, 20015 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	KWOOD	TREE		
1	15 MIDDLE RD			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7224	JOHNSTON	POOL SEAL + MAIN DRAIN		
2	34 W. HIGH POINT SCHILLER POOLS			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7210	WILCOX	FRAMING		
5	955 RIVER RD ROOST + CONSTR			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6965	FENSTERER	DRAIN		
7	71 S. SEWALLS PT	SCRAPPING FOOTER		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6776	BORGEN	FINAL ROOF		
10	21 EMARITA WAY PACIFIC ROOFING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	BARNEY MAUETTE	TREE		
11	50/52 S.S.P.R. MOSELY			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6513	DUNN	LATH		
12	31 N. RIVER F.F.O.			INSPECTOR:
OTHER: TREE	O'CONNOR 16 FIELDWAY	TREE		
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/23, 20045 Page 2 of

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

OTHER: _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
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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 FRANCIS E. O'CONNOR Address 16 FIELDWAY DR Phone 288-3744
Contractor MARVIN WILLIAMS Address _____ Phone 708-0527

No. of Trees: REMOVE 3 Type: PINE
No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: KILLED BY HURRICANE (SALT WATER
INFESTED BY BEETLES

Signature of Property Owner Francis E. O'Connor Date 2-22-05

Approved by Building Inspector: [Signature] Date 2/23 Fee: 0

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

E

SEWALL'S POINT ROAD

N

Three in
Camp
of Pines

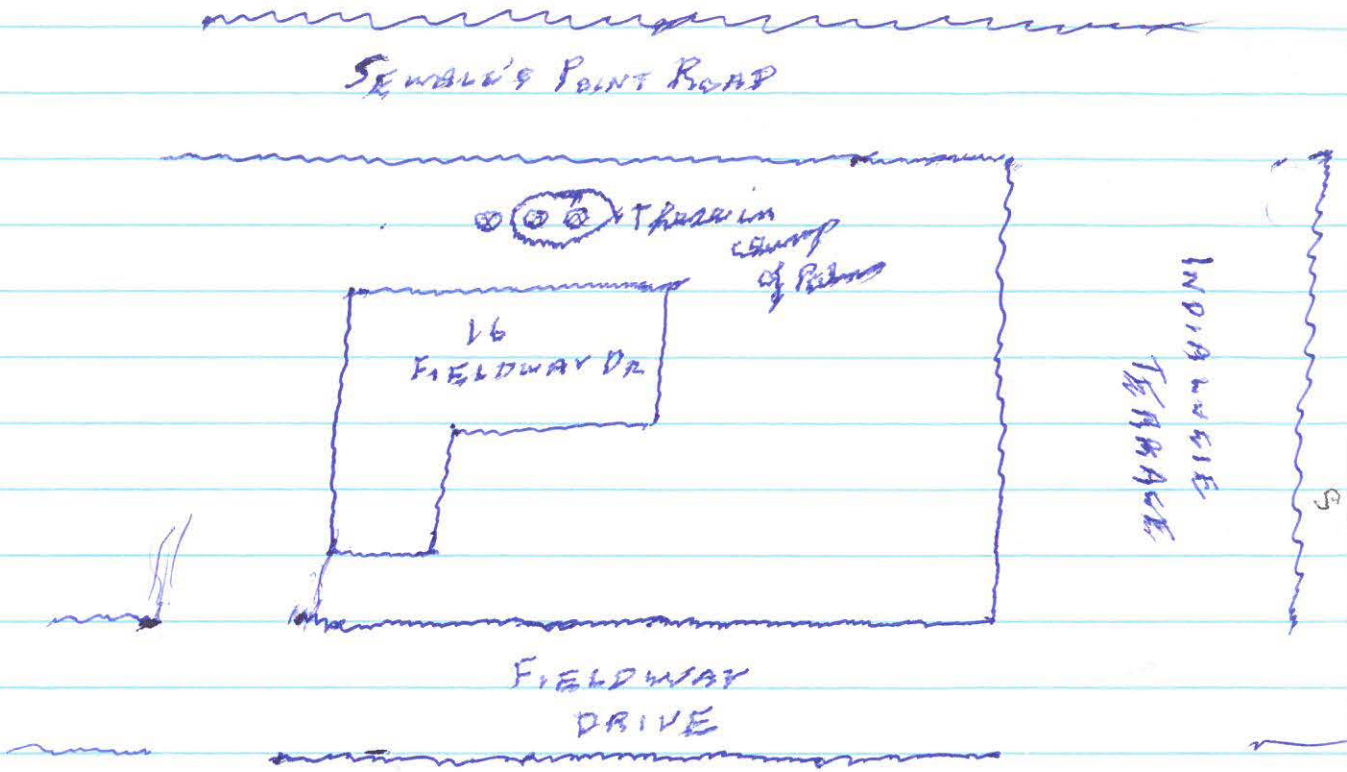
16
FIELDWAY DR

INDIAN
TRAIL

5

FIELDWAY
DRIVE

W



TOWN OF SEWALL'S POINT, FLORIDA

Date OCTOBER 7 2005 TREE REMOVAL PERMIT No 2585

APPLIED FOR BY O'CONNOR (Contractor or Owner)

Owner 16 FIELDWAY DRIVE

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 6 PINES

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed, Gene Summers
Town Clerk
BUILDING OFFICIAL

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 site plan or map.

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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, Marlberrry, 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 FRANCIS O'CONNOR Address 16 FIELDWAY DRIVE Phone 288-3794

Contractor MARVIN WILLIAMS Address _____ Phone 708-0527 (cell)

No. of Trees: REMOVE _____ Type: PINE (1 in front)

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: 5 on N side of property

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

Written statement giving reasons: Damaged by hurricane - Bark beetle infestation

Signature of Property Owner Francis E O'Connor Date 10-5-05

Approved by Building Inspector: [Signature] Date 10/7 Fee: 0

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

TREES ARE HAZARD TO PROPERTY IF TOPPLED - RECOMMEND REPLACEMENT WITH SUITABLE SPECIES OF TREE.



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



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Sue Sokel POA
 223-8866

Owner William Babay Address 16 Fieldway Phone _____

Contractor Carlos Landscaping Address _____ Phone _____

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

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

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

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

ALL PROHIBITED SPECIES AND VEGETATIVE WASTE MUST BE REMOVED FROM PROPERTY

Reason for tree removal /relocation removal of invasive Brazilian Pepper trees

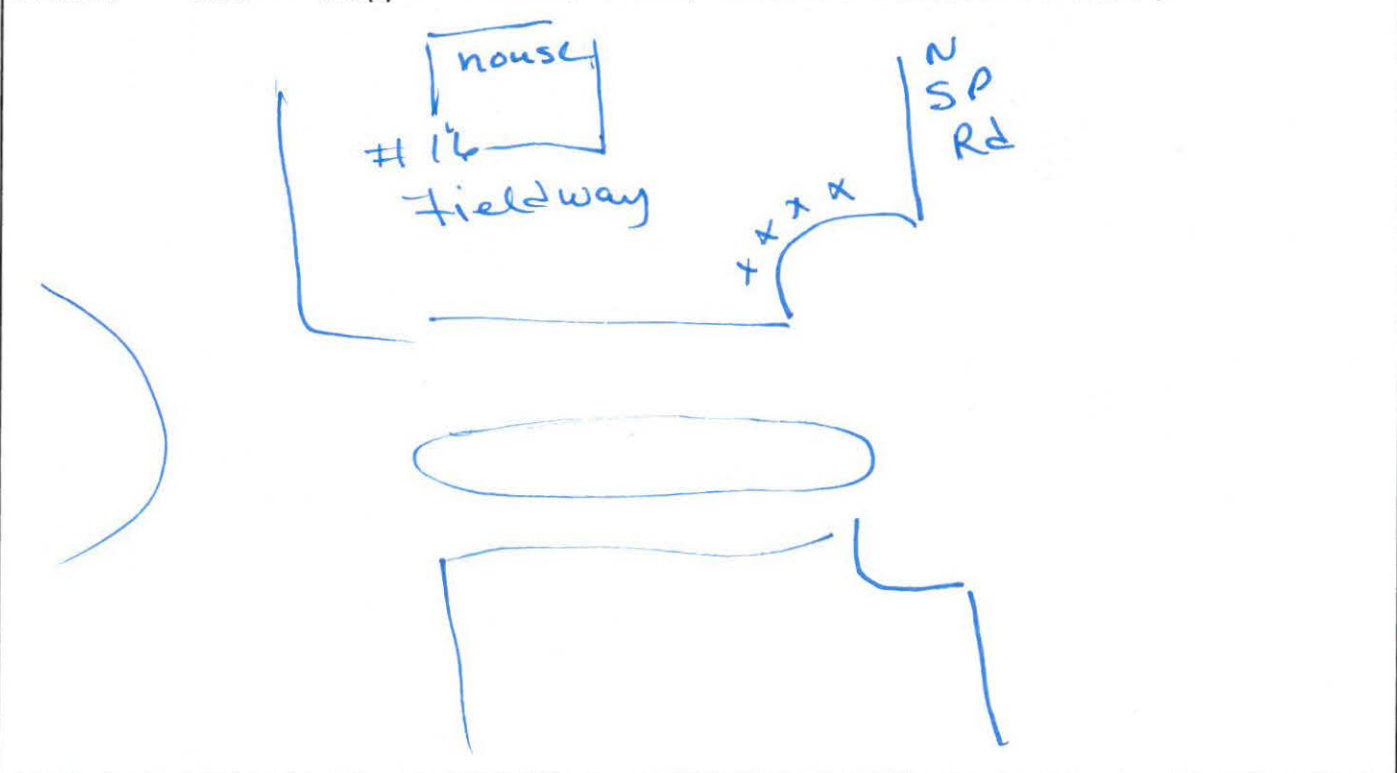
Signature of Property Owner Sue Sokel for Wm Babay Date 6/29/15
have permission to access property. POA paying Carlos

This space for Official Use only:
 Approved by Building Official: [Signature] Date 6-30-15 Fee: N/C

BUILDING INSPECTOR NOTES: _____

- Minimum Tree Requirements Met On Property
- Prohibited Species Identified for Removal

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



P/O 7/8/15