

**36 Fieldway Drive**

381

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SFR

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BLUEPRINTS FOR THIS PERMIT ARE  
AVAILABLE FOR REVIEW AT TOWN  
HALL.

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

381  
200

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

Date 1/23/73

(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 JOHN WILLIAMS Present Address N. SPRUCE RIDGE Ph 217-8451

General Contractor ALLEN MARK Address P.O. 1766 Ph 217-7733

Where licensed MARTIN COUNTY License No. 83

Plumbing Contractor A. A. DORSEY License No. 13

Electrical Contractor ALPINE ELECTRIC License No. 62

Street building will front on FIELDWAY DRIVE

Subdivision INDIA LUCIE Lot No. 11 Block 1 Area SEWELLS PT

Building area, inside walls (excluding garage, carport, porches) Sq ft 2100 4'

Other Construction (Pools, additions, etc.) POOL

Contract Price (excluding land, rugs, appliances, landscaping) \$ 48,000<sup>00</sup>

Total cost of permit \$ 260.00

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.

Allen Mark  
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.

John Williams  
Signed by Owner

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

TOWN RECORD

Date submitted 1/25/73

Date approved 2/2/74

Certificate of Occupancy issued \_\_\_\_\_ Date

381

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

Section I - Instructions:

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

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call (305) 464-8525 and give this office an 8-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.)  
Lot 11 Block SEC. 1 Subdivision INDIALUCIE  
Date Recorded 12-69 Directions to Job SEWALLS POINT ROAD TO INDIALUCIE SID TO FIELDWAY AVE.
2. Owner or Builder JOHN WILLIAMS  
P. O. Address \_\_\_\_\_ City STUART
3. Specifications

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

Scale 1" - 50'

(Rear)

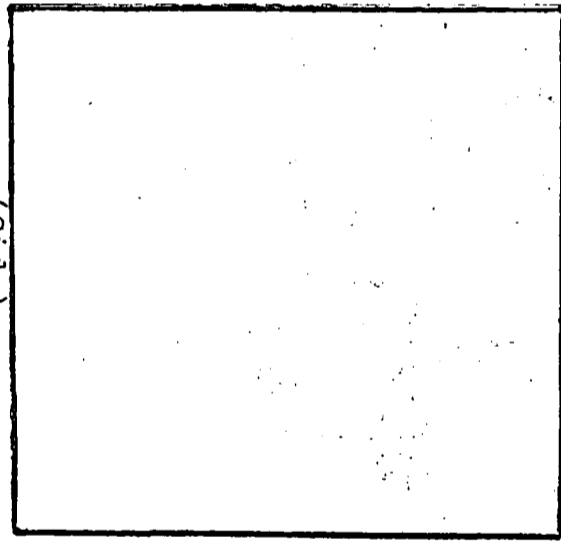
4. House to be constructed:  
Check one: \_\_\_\_\_ FHA  
\_\_\_\_\_ VA  Conventional

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: JOHN WILLIAMS  
Please Print

Signature: John Williams DAB Date: \_\_\_\_\_

(Name of Street or State Rd.)



(Name of Street or State Rd.)

(Front)

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

BY: Eric S. Nuzie Date: 10/25/72

Section IV - Final Construction Approval

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

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

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

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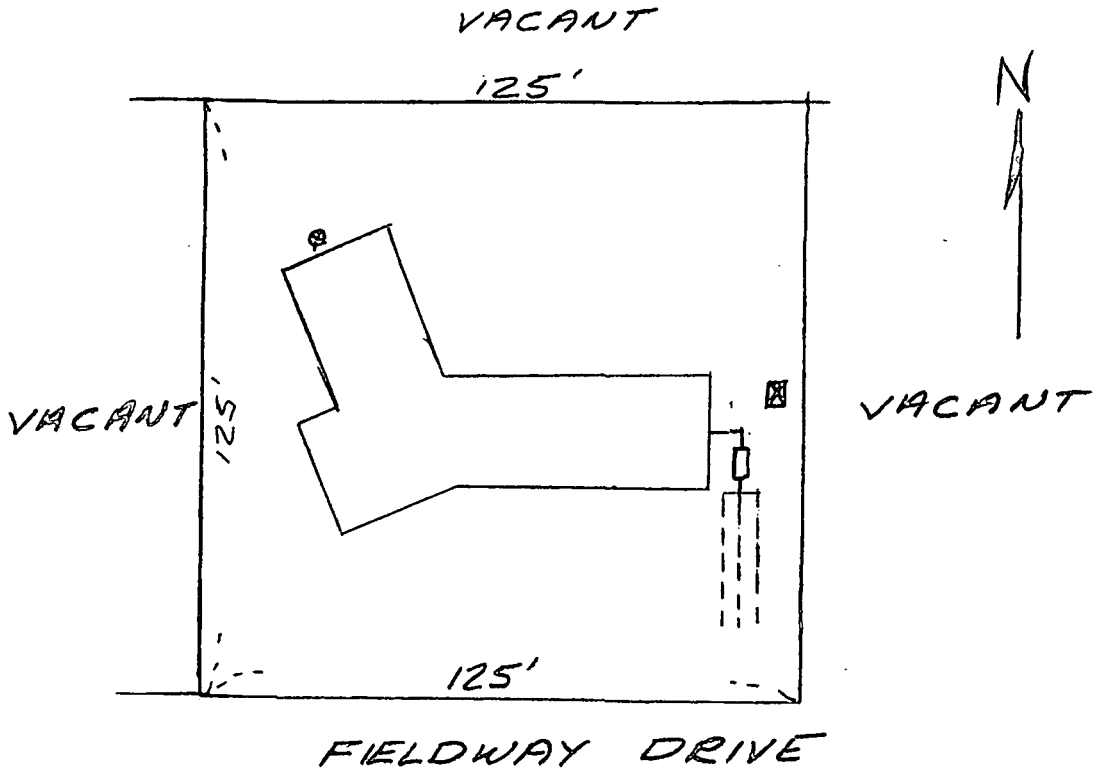
FLORIDA DEPARTMENT OF POLLUTION CONTROL

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

INDIVIDUAL SEWAGE DISPOSAL FACILITIES  
 DATA SHEET

Location: LOT 11 SEC. 1 Applicant: JOHN WILLIAMS  
INDIALUCIE S/D County: MARTIN

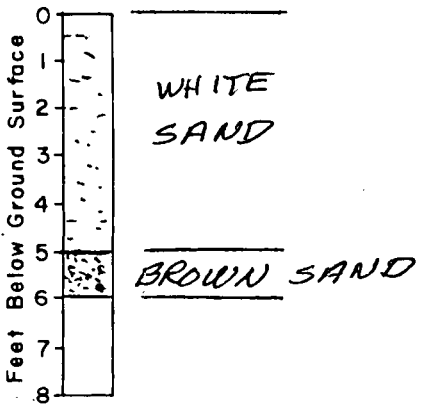
**NOTE:** This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.



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

PLAN  
 Scale: 1" = 40'

SOIL DATA



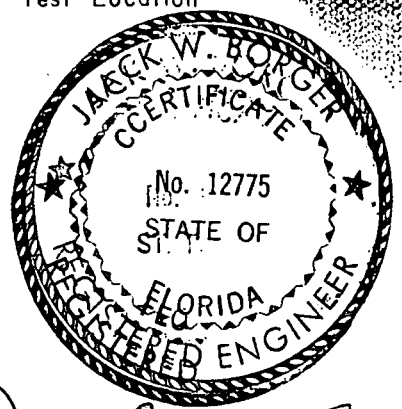
SOIL BORING LOG

Soil Identification: CLASS I GROUP SP  
 Soil Characteristics VERY POROUS

Percolation Rate 1/2 min/inch  
 Water Table Depth > 6'-0"  
 Water Table Depth During Wet Season 6'-0"  
 Compacted Fill Of — Req'd  
 Compacted Fill Checked By: \_\_\_\_\_  
 Date \_\_\_\_\_

LEGEND

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



CERTIFIED BY: Jack W. Berger  
 FLORIDA PROFESSIONAL No. 12775  
 Date 10-24-72 Job No. \_\_\_\_\_

3336

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Re Roof

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BLUEPRINTS FOR THIS PERMIT ARE  
AVAILABLE FOR REVIEW AT TOWN  
HALL.

TAX FOLIO NO. 353741002001 001105

DATE 2-19-93

APPLICATION FOR A PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, PORCH 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 Mr & Mrs. John Williams Present Address 36 Fieldway Dr

Phone 287-8451

Contractor Gary Marzo Roofing Address P.O. Box 8955

Phone 871-2489 PSL FL 34985

Where licensed Martin Co # SP01121 License Number State LIC # RC0058206

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: re roof for flat roof

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

36 Fieldway Dr

Subdivision India Lucie Lot Number 11 Block Number 1

Contract Price \$ 2450.<sup>00</sup> Cost of Permit \$ 100.<sup>00</sup>

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

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

Contractor Gary Marzo

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 Mrs. Williams (dm)

TOWN RECORD

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

Approved: Dale Brown 2/19/93  
Building Inspector Date

Approved: [Signature] 2/19/93  
Commissioner Date

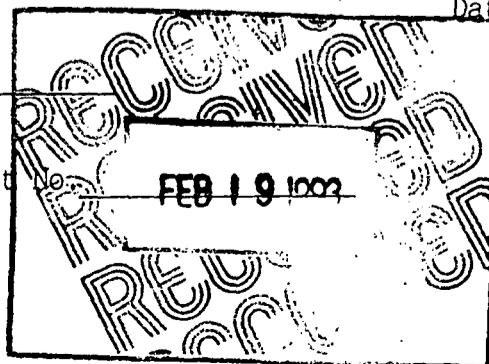
Final Approval given: \_\_\_\_\_  
Date

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

Date

SP1282

Permit No.



PROPOSAL

GARY MARZO ROOFING CONTRACTOR  
STATE LIC# RC0058206  
P.O. BOX 8955  
PORT ST. LUCIE, FL. 34985  
(407)871-2489

No.  
Date 11-23-92  
Sheet No.

Proposal Submitted To:

Name Mr. & Mrs. John Williams  
Street 36 Fieldway Dr.  
City India Lucie, Sewalls Point  
State Fl.  
Phone 287-8451

Work To Be Performed At:

Williams residence  
Street same  
City State  
Date of Plans  
Architect

We hereby propose to furnish the materials and perform the labor necessary for the completion of

Remove existing tar and gravel flat roof, clean up grounds and haul all debris to County Landfill. Replace any rotten plywood found on flat roof. Remove 1st. course of tile above flat roof to properly tie flat roof into main tile roof. Remove tile in valley above flat roof to torch apply one 40 inch roll of Dibiten modified bitumen (rubber roofing) in valley. Install one 43lb. base sheet underlayment on flat roof and in valley above flat roof. Install new white galvanized 3x3 eaves drip on eaves of flat roof. Torch apply one ply of 12 year white or tan granular Dibiten modified bitumen to base sheet underlayment on flat roof ( and valley above flat roof). Re-install new tile 1st. course above flat roof and in valley.

Workmanship guaranteed for 5 years. Total price includes permit fee, taxes and all material and labor.

India Lucie  
Lot 11 BIK 1

353741 002001 001105

All materials guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of Dollars (\$2,450.00).  
with payments to be made as follows: 35% deposit upon acceptance of proposal, balance upon completion of job.

received  
Dep 858

Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance upon above work. Workmen's Compensation and Public Liability insurance on above work to be taken out by

Respectfully submitted by Gary Marzo Roofing Contractor

Per Gary Marzo  
*Gary Marzo*  
per Lynn Marzo  
Note: This proposal may be withdrawn by us if not accepted within 30 days.

Gary Marzo Roofing Contractor

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date Dec 17, 1992

Signature *John Williams*

Signature

Please call to confirm starting date.



5053

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Re Roof

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BLUEPRINTS FOR THIS PERMIT ARE  
AVAILABLE FOR REVIEW AT TOWN  
HALL.

MASTER PERMIT NO. N/A

**TOWN OF SEWALL'S POINT**

Date 8/22/00

BUILDING PERMIT NO. 5053

Building to be erected for JOHN H. WILLIAMS

Type of Permit REROOF

Applied for by A & W ROOFING (Contractor)

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

Subdivision INDIAN LUCE Lot 11 Block 1

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

Address 36 FIELDWAY DRIVE

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

Type of structure S.F.R.

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

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

Parcel Control Number: 35-37-41-00200-100110500

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

Roofing Fee \$120.00

Amount Paid \$120.00 Check # 1534 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 16,877.00

TOTAL Fees \$120.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Inspector OFFICIAL

# RE-ROOFING PERMIT

### INSPECTIONS

DRY IN	DATE _____	PROGRESS	DATE _____
PROGRESS	DATE _____	FINAL	DATE <u>9/15/00</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!**

# A & W

## ROOFING DIVISION

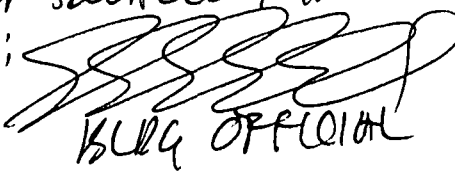
### CONSTRUCTION

EST. 1982

#### SCOPE OF WORK

- Complete removal of existing roof down to substrate.
- Install 30# ASTM felt, fastened to code.
- Install 26 gauge, 5-V Crimp mill finish Metal roof system, fastened to code.

} PER  
M-DC  
P.C.  
NOA  
(ATTACHED)

8/14/00 TOWN OF SEWELL'S POINT  
REVISION:   
BLDG OFFICIAL

FILE TOWN COPY  
36 FIBERWAY DR.

# PN 5053



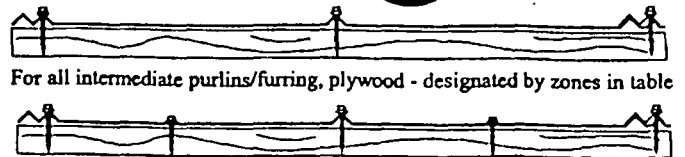
# 5V-CRIMP INSTALLATION SPECIFICATION



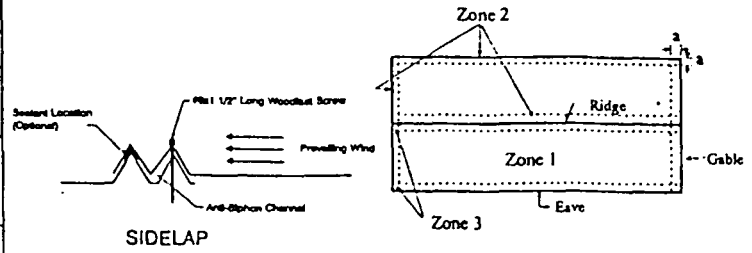
26 GAUGE MATERIAL				
ALLOWABLE ASCE WIND PRESSURES (psf) ALL ROOF SLOPES				
MEAN ROOF HEIGHT < 25 FEET				
#9 WOODFAST SCREW SPACING (inches) FOR PATTERNS A & B				
DESCRIPTION	NON-COASTAL EXPOSURE C		COASTAL EXPOSURE D	
	INTERIOR ZONE	CORNER & EXTERIOR ZONES 2 & 3	INTERIOR ZONE 1	CORNER & EXTERIOR ZONES 2 & 3
ASCE (psf)	-41.3	-41.3	-41.3	-41.3
PATTERN A SCREW SPACING	16"	16"	16"	16"
PATTERN B SCREW AND BATTEN SPACING	16"	16"	16"	16"

**PATTERN A: METAL DECK ATTACHED DIRECTLY TO MINIMUM 1/2" PLYWOOD WITH THREE (3) - #9x1 1/2" SCREWS FOR 24" WIDE PANEL**

**PATTERN B: MINIMUM 1x3 BATTENS FASTENED TO MINIMUM 1/2" PLYWOOD WITH TWO (2) - 0.131" DIAMETER NAILS @ 8" O.C. OR ONE (1) - 0.131" DIAMETER NAILS 4" O.C. AND METAL DECK ATTACHED TO BATTENS WITH THREE (3) - #9x1 1/2" SCREWS FOR EACH 24" WIDE PANEL**



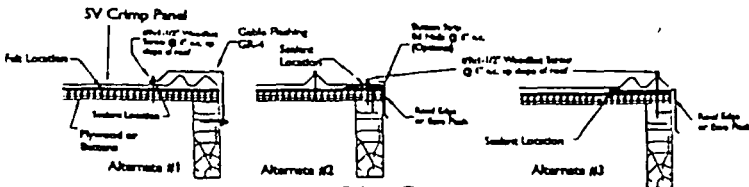
For eaves and valleys only



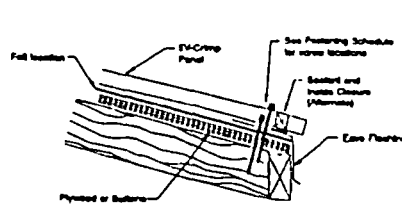
ASCE 7-88 Designated Roof Zones



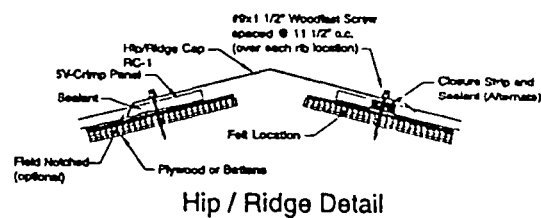
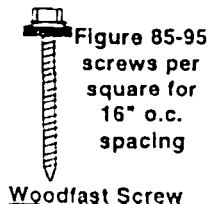
- ROOF SLOPE:** Minimum slope per foot shall be 3" vertical to 1 foot horizontal. (3-12 pitch)
- END LAP:** Minimum end lap shall be 12" for all roof slopes. Provide minimum 1" overhang at eaves.
- SIDE LAP:** Must lap both ribs (as pictured).
- WOOD DECK:** Shall be minimum 1/2" structural plywood (5/8" for Metro-Dade new construction) supported on rafters spaced maximum 24" on-center.
- MOISTURE BARRIER:** Provide minimum #30 pound felt as a "moisture barrier" attached to roof deck (plywood) in conformance with applicable local codes. Provide #15 pound felt on top of the #30 pound felt if "in labs" are used to anchor the #30 pound felt.  
Optional - Furring strip/battens (Used where design requirements call for separation of the moisture barrier from the roof panel) (Mandatory in re-roof applications over shingles)  
5V Crimp metal roof can be separated from the "moisture barrier" by a minimum, nominal 1" x 3" yellow pine battens spaced at maximum 16" on-center or according to ASCE calculations where applicable. The battens shall be fastened to the roof deck with minimum #8 screws at 12" on-centers in re-roof applications OR two minimum 8d common or pneumatic nails spaced 8" on-center or one every 4" on-center (or by applicable calculations according to ASCE 7-88 or 1991 NDS Standards).
- INSTALLING BATTENS:** Battens shall be installed to support the entire width and length of ridge, eave, hip, valley and gable end trims. 5V-Crimp metal roofing shall be fastened to trims through the battens as per note #7, design loads, and one additional fastener in the flat portion of the panel at eave and valley conditions as pictured in screw fastening patterns drawing.
- METAL GAUGE:** 5V-Crimp metal roofing material shall be minimum 26 gauge for residential construction in Metro-Dade County Compliance or a minimum 29 gauge for Standard Building Code requirements.
- FASTENERS:** 5V-Crimp metal sheets shall be fastened to deck or battens at center rib and at each side rib. Fasteners shall be minimum #9x1 1/2" coated screws with hexheads and bonded neoprene washers and shall be spaced a maximum of 16" on-center up the slope of the roof.
- CLOSURE FILLER STRIPS:** Provide closure strip and sealant at area left between the sheets and flashings and also where metal trim rests on a high rib. Closure strips shall be closed cell polyethylene foam.
- FLASHINGS:** Eave, gable, valley, hip, & ridge flashing shall be Southeastern Metals material.
- CAULKING:** Shall be approved by the manufacturer, butyl sealant supplied in tape or gun-grade form.
- PIPE BOOTS:** Must NOT be lead-type boots! Must be approved for local codes.



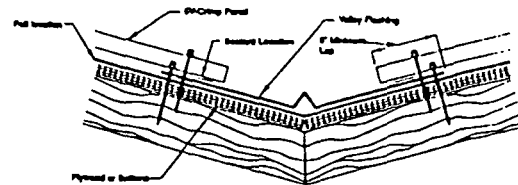
Gable Edge Details



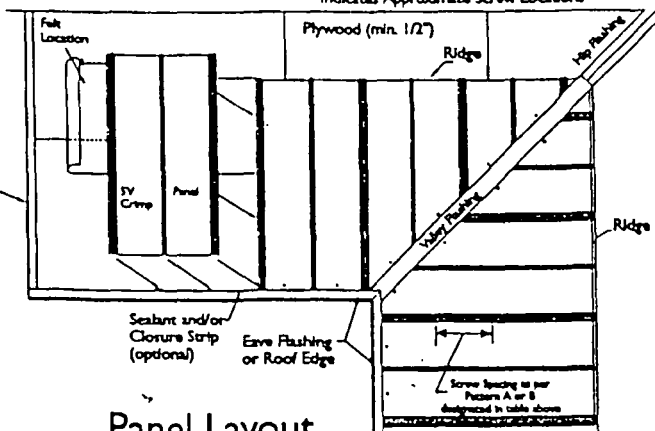
Eave Detail



Hip / Ridge Detail



Valley Flashing Detail



Panel Layout

Note: 29 gauge painted 5V Crimp should be used over solid plywood deck and minimum 30# felt only.

**Southeastern Metals**

**Roofing, Inc.**

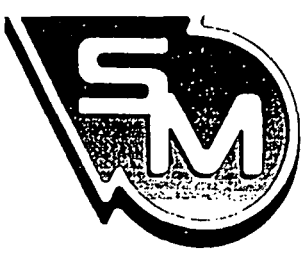
- 6900 Adamo Drive •
- Tampa, Florida 33619
- 800-942-6734 • 813-626-1773 •
- Fax 813-623-5457 •

**Southeastern Metals**  
**Manufacturing Co., Inc.**

- 11801 Industry Drive • Jacksonville, Florida 32218 •
- National Wats 800-874-0335 • 904-757-4200 •
- Fax 904-751-5187 •

**Southeastern Metals**  
**Manufacturing of Tennessee, Inc.**

- 3520 Ambrose Ave. •
- Nashville, Tennessee 37207 •
- 800-METAL CO • 615-228-3310 •
- Fax 615-228-2338 •

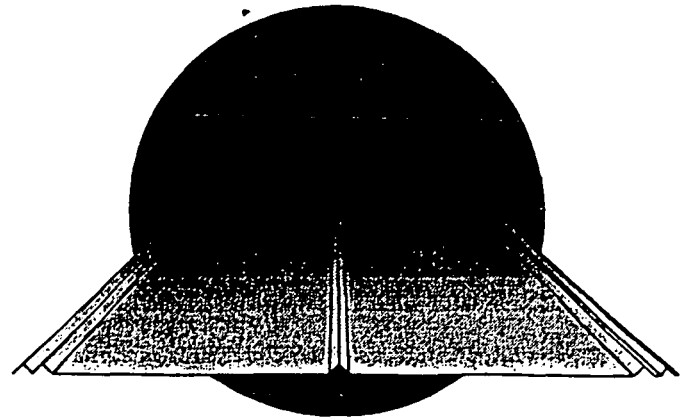


# *Southeastern Metals*

## Metal Roofing Components

### 5V-CRIMP

- RESIDENTIAL
- AGRICULTURAL - POST-FRAME
- ARCHITECTURAL
- LIGHT COMMERCIAL/INDUSTRIAL
- RETROFIT OVER EXISTING ROOF
- GARAGES, PORCHES, GAZEBOS, ETC...

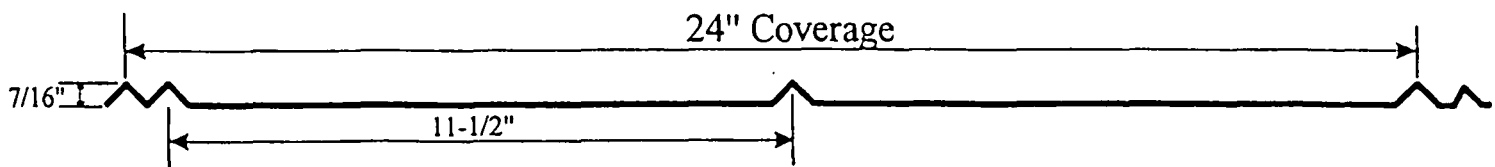


#### SPECIFICATIONS:

- 26 Gauge, 29 Gauge, 30 Gauge & Utility Gauges
- G-90 Hot Dipped Galvanized (zinc) Coating or AZ-55 Galvalume ® Coating.
- or 20 Year SEMCOAT™ Paint Warranty.

#### FEATURES:

- Full 24" coverage in custom cut lengths.
- Anti-leak sidelap siphon design.
- Complete trim & accessory package available.
- Meets Metro-Dade County Compliance in various applications (see reverse)



#### APPLICATIONS:

Southeastern Metals classic 5v-Crimp preserves the best of the past to last in to future. By combining a functional simplicity with a vast array of colors, a builder is offered the opportunity for enviromental blending or contrasting. Southeastern Metals state of the art SEMCOAT paint system applied over a galvanized coating of the bare Galvalume® substrate is available in lengths custom cut to the inch, from 6 to 16 feet (even longer by special order) for your individual job requirements

#### ACCESSORIES:

Souteastern Metals manufactures a full line of standard trim and accessory items to finish your metal roofing project. Flat sheets are readily available. Custom-made trim and accesories are available upon request. Please request an Accessory Detail Manual for detailed installation instructions.

#### Finishes:

The SEMCOAT™ paint system offers optimum exterior protection plus superior resistance to corrosion and ultra violet radiation. Please refer to your Southeastern Metals color for color matching. Available colors in 26 gauge are: Bone White, Marine Green, Forest Green, Barn Red, Hawaiian Blue, and Old Town Gray. (Colors available in 29 gauges are: Bone White, Hawaiian Blue, Cocoa Brown, Mocha Tan, Forest Green, Barn Red, Old Town Gray, Light Stone, Charcoal, and Marine Green. 29 gauge colors are available only from Nashville, Tennessee - freight charges and lead-times may vary.)

Galvalume ® is a registered trademark of BIEC International, Inc.

#### METRO-DADE COUNTY CODE COMPLIANCE and LOCAL CODES:

To comply with Metro-Dade County compliance report #94-1209.01 and the new ASCE 7-88 adopted in South Florida, the installation specifications listed on the back of this flyer are applicable to residential and commercial applications only in those countles enforcing Metro-Dade compliances. Local building codes address metal roofing in variuos mays. For ohter building applications, please contact your local building organization. Southeastern Metals Manufacturing Co., Inc. acts only as the seller of roofing materails and has no control of the application of materials, or the conditions under which they are applied.

A registered engineer or architect of record, for the particular job, assumes the responsibility of detailing the applications. Southeastern Metals provides a technical support telephone number of 1-800 SE SPECS (737-7327).

BUILDING CODE COMPLIANCE OFFICE  
METRO-DADE FLAGLER BUILDING  
140 WEST FLAGLER STREET, SUITE 1008  
MIAMI, FLORIDA 33130-1743  
(305) 375-2901  
FAX (305) 375-2908

PRODUCT CONTROL DIVISION  
(305) 375-2902  
FAX (305) 372-8339

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**


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

Your application for Product Approval of:  
"S-V Crimp" Metal Roofing Panels  
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: Construction Research Laboratory, Inc. and Hurricane Test Laboratory, Inc. 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 2-4 and the standard conditions on page 5.

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.: 98-0429.09      Renew & Revises: 97-0404.05  
EXPIRES: 06/23/01

  
Paul 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.

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

APPROVED: 06/23/98

1





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

**RECEIVED**  
AUG - 2 2000

Bldg. Permit Number: \_\_\_\_\_

Owner or Titleholder's Name Joan H Williams Phone No. (561) 287-8451

Street: 36 Fieldway City Stuart State: FL Zip 34996

Legal Description of Property: Subdivision India Lucie Block 1 Lot 11

Parcel Number: 35374100200100110500

Location of Job Site: 36 Fieldway

TYPE OF WORK TO BE DONE: Re-roof

CONTRACTOR/Company Name: A+W Roofing Phone No. (561) 283-8100

Street: 3301 Slater St City Stuart State: FL Zip 34997

State Registration: \_\_\_\_\_ State License: CCC057686

ARCHITECT: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

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

ENGINEER: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

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

**AREA SQUARE FOOTAGE - SEWER - ELECTRIC:**

Living Area: \_\_\_\_\_ 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 first habitable floor finished elevation: \_\_\_\_\_ NGVD (minimum 1 foot above BFE)

**COSTS AND VALUES**

Estimated cost of construction or improvement: \$ 16,877.00

Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_

If improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_ NO \_\_\_

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

**SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)**

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Form revised: 20 April 2000

Page - 2 -

Approved by Town Engineer \_\_\_\_\_ (if required)  
Date: \_\_\_\_\_

Approved by Building Official: \_\_\_\_\_  
Date: \_\_\_\_\_

property that may be found in the public records of COUNTY OF MARTIN, and there may be additional permits required from other governmental entities such as water management districts, state and federal agencies.

**TREE REMOVAL (Attach sealed survey)**

Number of trees to be removed: \_\_\_\_\_ Number of trees to be retained: \_\_\_\_\_ Number of trees to be planted: \_\_\_\_\_ Number of Specimen trees removed: \_\_\_\_\_  
Fee: \$ \_\_\_\_\_ Authorized/Date: \_\_\_\_\_

**DEVELOPMENT 'ORDER # \_\_\_\_\_**

**1. ALL APPLICATIONS REQUIRE**

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers.
- d. Name all sub-contractors (properly licensed).
- e. Current Survey

**2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.**

**3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.**

**4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:**

- a. 'Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

**ADDITIONAL Required Documents are:**

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

**NOTICE:** In, addition to the requirements of this permit. there may be additional restrictions applicable to this



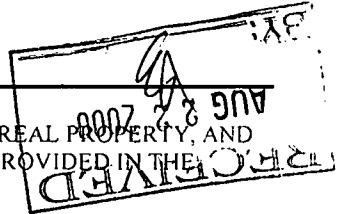
PERMIT # \_\_\_\_\_

TAX FOLIO # 35374100200100110500

**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 THE NOTICE OF COMMENCEMENT.

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

36 Fieldway Sewalls Point Subdivision India Lucie Lot 11 Block 1

GENERAL DESCRIPTION OF IMPROVEMENT: Reroof Metal

OWNER: Joan H Williams

ADDRESS 36 Fieldway Sewalls Point, FL 34996

PHONE #: 287-8451

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

CONTRACTOR: A&W Roofing

ADDRESS 3301 Slater Ave. Stuart, FL 34997

PHONE #: 561-283-8100

FAX #: 561-283-0292

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

ADDRESS \_\_\_\_\_

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

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

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

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

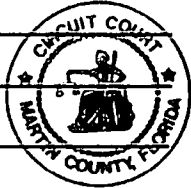
FAX #: \_\_\_\_\_

STATE OF FLORIDA  
MARTIN COUNTY

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

MARSHA STILLER, CLERK

BY [Signature] D.C.  
DATE 08-22-02



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

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

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

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

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

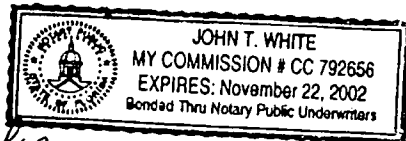
IN ADDITION TO HIMSELF, OWNER DESIGNATES \_\_\_\_\_ OF \_\_\_\_\_ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

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

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

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

[Signature]  
SIGNATURE OF OWNER



SWORN TO AND SUBSCRIBED BEFORE ME THIS 31 DAY OF July  
20 02 BY \_\_\_\_\_

[Signature]  
NOTARY SIGNATURE

OR PERSONALLY KNOWN   
PRODUCED ID   
TYPE OF ID FLD PL

Marsha Stiller  
Clerk of the Circuit Court  
Martin County, FL  
100 E Ocean Blvd.  
Stuart FL, 34994  
Ph (561)288-5551

DATE:08/22/2000  
TIME:10:34:06 AM  
RECEIPT:5251

A & W CONSTRUCTION ROOFING  
CODE - 1

ITEM -01 NOC 10:34:31 AM

FILE:1451147 BK/P6:1501/0215  
WILLIAMS JOAN H  
PUBLIC  
RECORDING FEE 6.00  
Sub. Total 6.00

ITEM -02 NOC 10:34:31 AM

FILE:1451148 BK/P6:1501/0216  
RESCH SHARON  
PUBLIC  
RECORDING FEE 6.00  
Sub. Total 6.00

ITEM -03 NOC 10:34:31 AM

FILE:1451149 BK/P6:1501/0217  
GEDAMKE STEIN MARIE  
PUBLIC  
RECORDING FEE 6.00  
COPIES 1.00  
COPIES 1.00  
COPIES 1.00  
CERTIFICATION 1.00  
CERTIFICATION 1.00  
CERTIFICATION 1.00  
POSTAGE REIMBURSEMENT 0.40  
Sub. Total 12.40

-----  
AMOUNT DUE: \$24.40  
PAID ESCROW: \$24.40  
TOTAL PAID: \$24.40

REC BY:SJOHNSON

PRODUCER  
**Stuart Insurance, Inc.**  
 3070 S W Mapp  
 Palm City FL 34990  
 Phone: 561-286-4334 Fax: 561-286-9389

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

INSURED  
**AWR of the Treasure Coast, Inc**  
 A & W Construction  
 A & W Roofing Division  
 3301 SE Slater Street  
 Stuart FL 34994

INSURERS AFFORDING COVERAGE  
 INSURER A: **Employers SIF**  
 INSURER B: **Auto Owners Insurance Co**  
 INSURER C: **Bridgefield Insurance Co**  
 INSURER D:  
 INSURER E:  
 RECEIVED  
 JUL 24 2000  
 BY: *[Signature]*

**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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</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	BINDER071600	07/16/00	07/16/01	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	4130139500	01/01/00	01/01/01	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	083024864	04/07/00	04/07/01	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

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

CERTIFICATE HOLDER **TOWNS-1** ADDITIONAL INSURED; INSURER LETTER: **CANCELLATION**  
 Town of Sewalls Point  
 1 S Sewalls Point Road  
 Stuart FL 34996  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 Cabot W. Lord, CIC.

# A&W

# ROOFING

## DIVISION

### CONSTRUCTION

EST. 1982

# FILE *he/ur*

RECEIVED

JUN 20 2000

BY: *EA*

STATE OF FLORIDA AC# 5164336  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CB -C054507-06/13/1998 97903959  
CERTIFIED BUILDING CONTRACTOR  
ASHENBACK, KRISTOPHER TODD  
A & W CONSTRUCTION, INC.  
IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration Date: AUG 31, 2000

STATE OF FLORIDA AC# 5163160  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CC -C057686 06/12/1998 97045815  
CERTIFIED ROOFING CONTRACTOR  
ASHENBACK, KRISTOPHER TODD  
A & W CONSTRUCTION, INC.  
IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration Date: AUG 31, 2000

MARTIN COUNTY ORIGINAL

1999 COUNTY OCCUPATIONAL LICENSE 2000

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
(581) 288-6804

LICENSE 1999 513 020 CERT CCC57686

PHONE 561 283 8100 SIC NO 0000

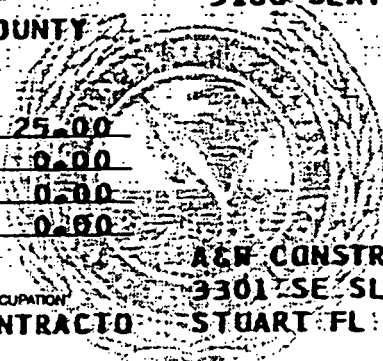
LOCATION: 5186 SLATER ST SE MART

5186 SLATER ST SE MART

0000

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>0.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>0.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>0.00</u>	COL. FEE \$	<u>0.00</u>
\$		TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>



ACR CONSTRUCTION ROOFING DIVISION

3301 SE SLATER STREET

STUART FL 34997

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

OF **CONSTRUCTION/ROOFING CONTRACTOR**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 19 99 SEC.

AND ENDING SEPTEMBER 30. 2000 999092302 4081 PAID

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

TAX FOLIO # 35374100200100110500

**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 THE NOTICE OF COMMENCEMENT.

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

36 Fieldway Sewalls Point Subdivision India Lucie Lot 11 Block 1

GENERAL DESCRIPTION OF IMPROVEMENT: Reroof Metal

OWNER: Joan H Williams

ADDRESS 36 Fieldway Sewalls Point, FL 34996

PHONE #: 287-8451 FAX #: \_\_\_\_\_

CONTRACTOR: A&W Roofing

ADDRESS 3301 Slater Ave. Stuart, FL 34997

PHONE #: 561-283-8100 FAX #: 561-283-0292

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

ADDRESS \_\_\_\_\_

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

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

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

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

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWN MAY BE SERVED AS PROVIDED BY SECTION 713.13(1)(A)7., FLORI

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

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

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

IN ADDITION TO HIMSELF, OWNER DESIGNATES \_\_\_\_\_ OF \_\_\_\_\_ TO RECEIVE A COPY OF 713.13(1)(B), FLORIDA STATUTES.

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

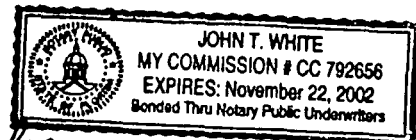
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

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

Joan H Williams  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 31 DAY OF July 20 02 BY \_\_\_\_\_

John T. White  
NOTARY SIGNATURE



OR PERSONALLY KNOWN  PRODUCED ID  TYPE OF ID FLD DC

RTU RCD'D  
N.O.C. TO  
TOWN HALL  
PRIOR TO SCHED.  
1ST INSP.  
8/15/02

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8/30, 2000;

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5044	Teormina	fence	PASSED	PERMIT WATERMANAGER
N X ⑦	26 Fieldway Dr. ARON FENCE	final "BEHIND OF DRG"	EA	-CAN'T SIGN OFF (S' COLUMN)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5043	Hallriegel	fence	PASSED	
N ②	11 Castle Hill Way	final	EA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5052	Chodera-Harris	roof	PASSED	SHEATHING INSP. 8/25/00
11 ⑥	54 N. RIVER RD. A & W	TIT & MTL?	EA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4787	Benton	fence	PASSED	VINYL COUMD CHAIN
11 ④	1 Castle Hill Way Quality Fence	final	EA	4' & 5' (MAX) HIGH - TOWN FILE TO SITE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ T/R	ASPACH	FIELD VERIFICATION	FAILED	TAPE I.D. OF PROPOSED
N APPL ⑤	146 W. SEWALLS POINT RD O/B		EA	REMOVAL REQUIRED APPL. TO SITE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N ⑧	Williams 20 Fieldway Dr. A & W PFG	sheathing <del>dry-lap?</del>	<del>CANCELLED</del> <del>REWORK</del>	5. late as possible PLS use of NO INSP. TO DATE <u>ONT.</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4877	Osborne/Loyola	partial	PASSED	ACCESSORY STRUCTURE
N ③	20 C. Hill W BURFORD CONSTI	roofing SHEATHING (PTL)	EA	

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

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9-1, 2000; Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4694	Allman	final dock	PASSED	
S (14)	66 S.S.P. Rd. O/B	(KUNSPERT-3RD TRX)	☞	TOWN FILE TO SITE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ T/R	DUNKER 219-4674	FIELD VERIFICATION	PASSED	after 9:30
N APRIL	19 PERKINS WINKLE CRES.	(2ND INSP.)	☞	
(6)	JAMES WILLIAMS			TOWN FILE TO SITE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4771	Van Wagner	walk-thru	PERFORMED	FINAL WRT TO BR
N (3)	3 Paloma Way BENJAMIN HOMES		☞	SCHED. BY COMPL.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4843	Tidikis	frame-all	PASSED	will call for 10:00 +
S (9)	6 Kingston Court D.S. GEORGE COMP.		(PTL.) ☞	time REINSPECTION REQ
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4755	Clements	DRY WALL	FAILED	SCREEN PATERN DOES
S (10)	6 Middle Rd. JIM CAMPBELL CONST	SCREEN	☞	NOT MEET MIN. REQ (7-EDGE; 5-FIELD) MI
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ <del>5053</del>	<del>WILLIAMS</del>	<del>SAFETY</del>	<del>PASSED</del>	<del>SPOT CHECK</del>
N (8)	<del>36 PLOWMAN DR.</del> A & W "JESUS"		☞	IT/T # MATL. INSP
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
<del>5662</del>	<del>Robinson</del>	<del>temp power</del>		cancel per
X	<del>123 So. River Rd.</del>			A. MORRIS 4:PM 8-31-00

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

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



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9-6, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5253	Williams	7/5/17	PASSED	10:30 on label
N (8)	36 Fieldway Dr. A & W 263-2166 (JOHN COMPARE)		✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4991	Nohejl	final "COMPLETE"	PASSED	NO IN PROGRESS
S (7)	18 S. Via Lucinda owner	windows "UNABLE TO VERIFY INSTALLATION IN ACCORDANCE W/ APPROVED DOCS."	✓	INSPECTIONS PERFORM
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4956	Foglia (MPO 4803-FOGLIA)	main drain	PASSED	9:15 NOT READY 10:15
S (2)	107 H. Sewell Way Starlite	pool bonding electric & pool/steel	✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5080	Swiss-Am	final	PASSED	10:20 NO ONE ON SITE
N (9)	4 Banyan Rd. Pro Tec	shutters	✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4843	Tidikis	frame all	PASSED	
S (3)	6 Kingston DS CONT.	(REINS PRESTON) (EXISTG. HUNG. W/ AC)	✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4755	Clements	dry wall +	PASSED	REINS PRESTON - NO PG
S (1)	6 Middle Rd.	alarm systems? 201-7482 (cell); 334-3290	✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5029	Page	pool deck	PASSED	9:30 NOT READY 12:
S (6)	6 Lantana Lane Olympic		✓	"SOIL STERILIZATION REQ. PRIOR TO POUR"

OTHER: FIELD VERIF. PERMIT STATUS: 21 W. HIGH POINT PN 4674 (8/25/99) WALKER - AVIATION COAST, ✓ COMPLETE  
 19 RINGBLAND, PN — INVERTED SAFETY PEEPER/SILT SCREEN IN PLACE  
 173 S. BLUE RD. - FIELD COPY / REV. SITE PLAN TO JOBS (PN 5063) ✓

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9-13 , 2000; Page 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 3052	Chodera-Harris 54 N. River Rd. A & W	final roof	PASSED ✓	8/25/00 SHEATHING ✓ 8/30/00 TIT & MITL ✓
✓ N 3053	Williams 36 Fieldway Dr. A & W	final roof	PASSED ✓	8/25/00 SHEATHING ✓ 9/6/00 TIT & MITL ✓
✓ C 5063	Robinson <sup>419</sup> 173 S. River Rd. Driftwood/Morris	temp. pole erect (PERUSPECT) FOOTINGS	PASSED ✓	9/8/00 TEMP. ELECT OK - PERUSPECT ✓ FPL 223-4208 ✓ NO SOIL BAKING/REPTS REC
✓ C 5062	Kagan 158 So. River Rd. Justwood	final fence	PASSED ✓	
✓ N 5012	Zarro 124 N.S.P. Rd. Olympic	pool steel MAIN DRAIN / BOND	PASSED ✓	FORMWORK SIDING REC PULL COPY TO SITE
✓ C 4382	Woods 116 S. River Rd. Emmick	drywell screw	PASSED ✓	as is ✓ as possible
✓ N 4113	Koch 71 N. River Rd. Brown	sonic tube column c/c pad <del>spot</del> SEE P. 2	PASSED ✓	COL. REBAR. DUG 7/25 - SEARCHED COPY PERM

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

TIM MURPHY 287-4444

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

5587

---

Paver Drive

---

BLUEPRINTS FOR THIS PERMIT ARE  
AVAILABLE FOR REVIEW AT TOWN  
HALL.

MASTER PERMIT NO. N/A

### TOWN OF SEWALL'S POINT

Date 11/6/01

BUILDING PERMIT NO. 5587

Building to be erected for JOHN WILLIAMS

Type of Permit PAVED-DRIVE

Applied for by CHITWOOD P. CO. (Contractor)

Building Fee \$ 59.52

Subdivision INDIALUCIE Lot 11 Block 1

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

Address 36 FIELDWAY DR

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

Type of structure S-F.R.

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

Parcel Control Number:

35 3741 002 004 000 560000

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

Amount Paid \$ 59.52 Check # \_\_\_\_\_ Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )

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

Total Construction Cost \$ 6200.00

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

TOTAL Fees \$ 59.52

Signed D. Chitwood  
Applicant

Signed \_\_\_\_\_  
Town Building Inspector  
*OFFICIAL*

## BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE _____

FLOOD ZONE \_\_\_\_\_

LOWEST HABITABLE FLOOR ELEV. \_\_\_\_\_

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!**

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Bldg. Permit Number: 5587

1002 2 2 100

Owner or Titleholder's Name JOHN J. WILLIAMS Phone No. (561) 287 8451

Street: 36 FIELDWAY DRIVE City: STUART State: FL Zip: 34996

Legal Description of Property: INDIA LUCIE LOT 11 BLK 4 353741002006000560000

Parcel Number: [REDACTED]

Location of Job Site: 36 FIELDWAY DRIVE SEWELLS PT STUART FL 34996

TYPE OF WORK TO BE DONE:

CONTRACTOR/Company Name: CHITWOOD & COMPANY Phone No. (561) 220 1767

Street: 5653 SE LAMAY DRIVE City: STUART State: FL Zip: 34997

State Registration: State License: SPO 1859 (MARTIN CO.)

ARCHITECT: Phone No. ( )

Street: City: State: Zip:

ENGINEER: Phone No. ( )

Street: City: State: Zip:

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: 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 first habitable floor finished elevation: NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or improvement: \$ 6,200.00

Estimated Fair Market Value (FMV) prior to improvement: \$

If improvement, is cost greater than 50% of Fair Market Value? YES NO

Method of determining Fair Market Value:

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

Electrical: State: License #

Mechanical: State: License #

Plumbing: State: License #

Roofing: State: License #

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND 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 or AGENT SIGNATURE (Required)

CONTRACTOR SIGNATURE (Required)

[Signature]

[Signature]

State of Florida, County of: Martin On

State of Florida, County of: Martin On

this the 22 day of October, 2000,

this the 18 day of October, 2000,

by John Williams who is personally known to me or produced [Signature]

by Marvin B Chitwood Jr who is personally known to me or produced [Signature]

as identification.

as identification.

[Signature]

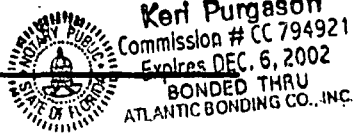
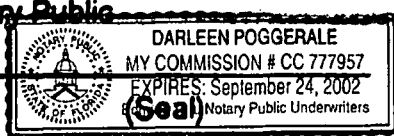
[Signature]

Notary Public

Notary Public

My Commission Expires:

My Commission Expires:



Number of trees to be removed: \_\_\_\_\_ Number of trees to be retained: \_\_\_\_\_ Number of trees to be planted: \_\_\_\_\_ Number of Specimen trees removed: \_\_\_\_\_  
Fee: \$ \_\_\_\_\_ Authorized/Date: \_\_\_\_\_

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

1. ALL APPLICATIONS REQUIRE

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

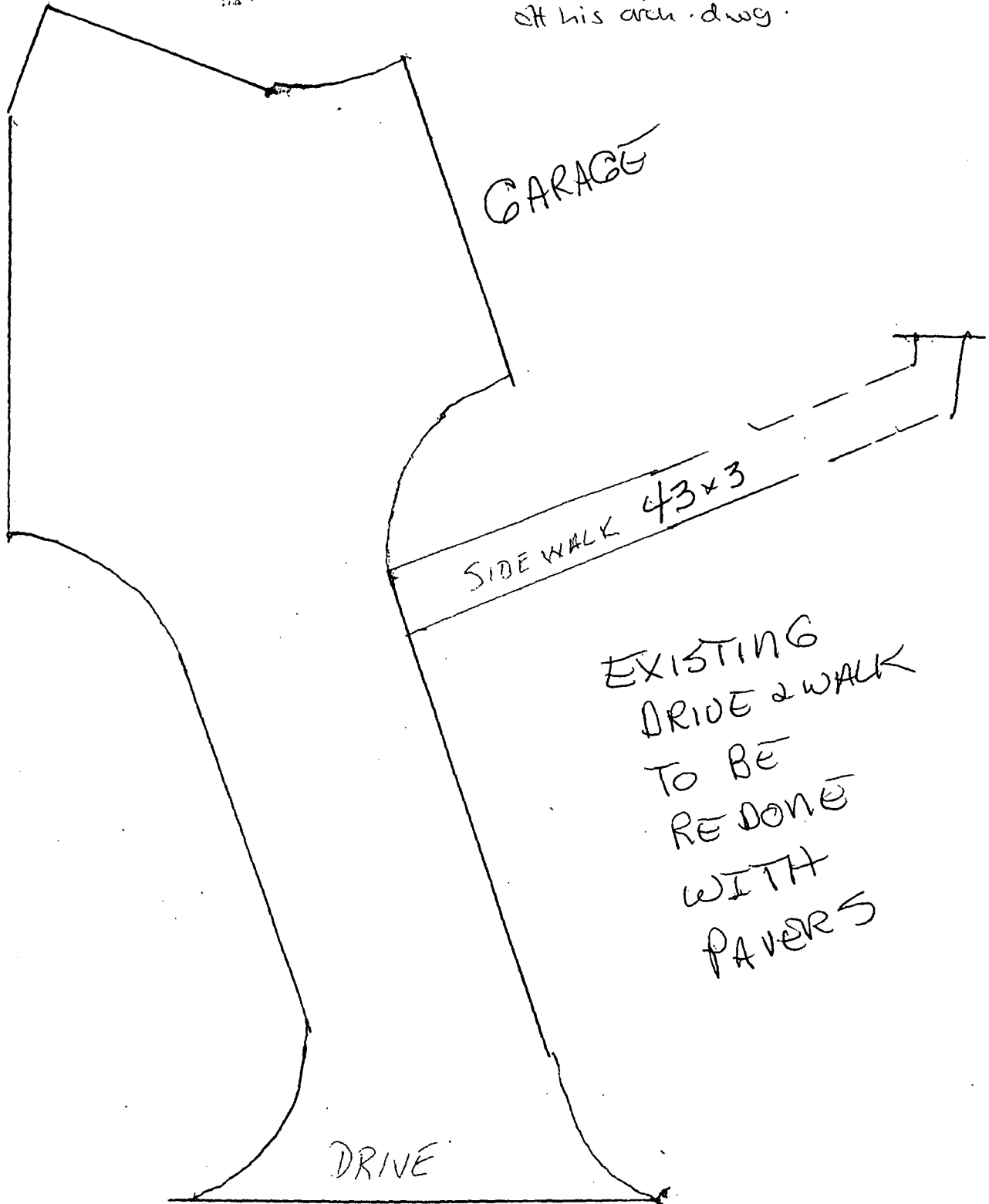
Approved by Town Engineer \_\_\_\_\_ Date: \_\_\_\_\_  
(if required)

JOHN WILLIAMS  
36 FIELDWAY DR.

APPROVED FOR CODE COMPLIANCE  
11/5/01 G

**FILE**

Sidewalk & entry  
need to be drawn  
in to scale.  
Mr. W. traced this  
off his arch. dwg.



EXISTING  
DRIVE & WALK  
TO BE  
RE DONE  
WITH  
PAVERS

SCALE 1/8" = 1'0"

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

OP ID SE  
CHITM-1

DATE (MM/DD/YY)  
01/18/01

**PRODUCER**

Stuart Insurance, Inc.  
3070 S W Mapp  
Palm City FL 34990  
Phone: 561-286-4334 Fax: 561-286-9389

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

**INSURERS AFFORDING COVERAGE**

**INSURED**

Marvin Chitwood dba Chitwood & Company  
5653 SE Lamay Drive  
Stuart FL 34997

*Mc/MS*

INSURER A: Owners Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**RECEIVED**

JAN 23 2001

BY: *[Signature]*

**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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	20556575-00	01/14/01	01/14/02	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	<b>Contractual Liability</b>				PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS OTHER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

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

Driveways Installation / State of Florida

**CERTIFICATE HOLDER**

N ADDITIONAL INSURED;  INSURER LETTER:

**CANCELLATION**

TOWSP-1

Town of Sewalls Point  
1 South Sewalls Point Road  
Sewalls Point FL 34996

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

AUTHORIZED REPRESENTATIVE

Vicki Hill, CIC



**Certificate of Insurance**

This certificate 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 afforded by the policies listed below.

**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 Staff Leasing, Inc. Is The Limited Partner including Staff Leasing of Texas, LP, Staff Leasing of Texas II, LP, Staff Leasing IV, LP  
 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	1-1-2002	WC 189165165 WC 189165182 WC 247848874 WC 247848888	Bodily Injury By Accident	Each Accident
			\$1,000,000	
			Bodily Injury By Disease	Policy Limit
			\$1,000,000	Each Person

**Other:**

**Employees Leased To:**  
 9322 Chitwood & Company  
 Marvin Chitwood DBA

**Effective Date:** 1/1/01

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 Point  
 1 S Sewalls Point Rd  
 Stuart, FL 34996-6736



**Martin Oosterbaan**  
 Authorized Representative

Office: St. Louis, MO      12/15/00  
 Phone: (877) 427-5567      Date Issued



MARTIN COUNTY, FLORIDA

Construction Industry Lic Bd

Certificate of Competency

License: SP01859

Expires September 30, 2001

Name: MARVIN B CHITWOOD

Company: CHITWOOD & CO

Address: 5653 SE Lamay Dr

City, ST: Stuart FL 34997

License Type: PAVER BLOCK CONTRACTOR

**MARTIN COUNTY ORIGINAL  
2000 COUNTY OCCUPATIONAL LICENSE 2001**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
(561) 288-6804

LICENSE 1992 520 143 CERT SP01859

PHONE 561 220 1767 SIC NO. 1611

LOCATION:

**5653 SE LAMAY DR  
EQT STORED/GARAGE/OFF PREM34997K**

**CHARACTER COUNTS IN MARTIN COUNTY**

PREV YR. \$	<u>0.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>0.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>0.00</u>	COL. FEE \$	<u>0.00</u>
\$		TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>

**CHITWOOD & COMPANY INC  
5653 SE LAMAY DRIVE  
STUART FL 34997**

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF **INTERLOCK BRICK PAVERS**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 20<sup>00</sup>  
AND ENDING SEPTEMBER 30, 2001 12 81401 1166 PAID

2000-2001

**ST. LUCIE COUNTY OCCUPATIONAL LICENSE  
STATE OF FLORIDA**

ACCOUNT 7299-00910347

EXPIRES SEP 30, 2001

FACILITIES  
OR  
MACHINES  
TYPE OF  
BUSINESS

ROOMS

SEATS

EMPLOYEES 1-5

7299 INSTAL OF INTERLOCKING PAVERS

BUSINESS  
LOCATION

5653 SE LAMAY DRIVE  
0 - OUT OF COUNTY

X RENEWAL  
NEW LICENSE  
TRANSFER-  
ORIGINAL TAX 11.00

NAME  
MAILING  
ADDRESS

CHITWOOD & CO  
CHITWOOD, MARVIN  
5653 SE LAMAY DRIVE  
STUART FLORIDA 34997

AMOUNT  
PENALTY  
COLLECTION COST  
TOTAL 11.00

THIS LICENSE BECOMES NULL AND VOID IF BUSINESS NAME,  
CLASSIFICATION, OWNERSHIP OR ADDRESS IS CHANGED, UNLESS  
LICENSEE APPLIES TO TAX COLLECTOR FOR CORRECTION.

SUBJECT TO SUSPENSION OR REVOCATION IN  
ACCORDANCE WITH ORDINANCES OF SAID COUNTY

DOROTHY J. CONRAD, TAX COLLECTOR ST. LUCIE COUNTY FLORIDA

PAID PAID D J CONRAD, TAX COLLECTOR  
8/14/00 11:24AM

2000 7299-00910347  
BCT80 PER100

\$11.00 00002034

CK \$11.00  
CHANGE \$0.00

## **CRITIQUE**

**Owner: John Williams  
Contractor: Chitwood & Company  
Contractor's Phone Number: 220-1765**

**Date: October 29, 2001  
Contact Person:**

### **PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITALS FOR Installation of Paves For Driveway**

**Application form must contain the following information:**

1. Property Appraisers Parcel Number or Property Control Number
2. Proof of ownership (deed or tax recpt.)
3. A certified copy of the Notice of Commencement for any work over \$2500.00
4. Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
5. Copy of Workmen's Compensation
6. Copy of Liability Insurance

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

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

TAX FOLIO # \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

STATE OF Florida

COUNTY OF MARTIN

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

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

36 FIELDWAY DRIVE, SEWALL'S POINT, STUART, FL 34996

**GENERAL DESCRIPTION OF IMPROVEMENT:** CONCRETE DRIVEWAY & SIDEWALK TO BE REPAIRED BY

OWNER: MR & MRS JOHN J. WILLIAMS INTERLOCKING BRICK PAVERS

ADDRESS: 36 FIELDWAY DRIVE, STUART, FL 34996

PHONE #: (561) 287 8451 FAX #: \_\_\_\_\_

CONTRACTOR: CHIDWOOD & COMPANY

ADDRESS: 5653 S.E. LAMAY DRIVE, STUART, FL 34997

PHONE #: (561) 220 1767 FAX #: (561) 781 1357

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

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

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

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

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

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

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

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

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

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

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

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

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

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

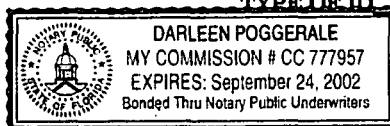
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_  
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 5<sup>th</sup> DAY OF November 2001  
192001 BY JOHN WILLIAMS

OR PERSONALLY KNOWN  
PRODUCED ID  
TYPE OF ID FL Driver License

[Signature]  
NOTARY SIGNATURE



# CHITWOOD AND COMPANY

5653 S. E. Lamay Drive  
Stuart, Florida 34997

Office: (561) 220 1767

Fax: (561) 781 1357

Marvin B. Chitwood

Deirdre L. Chitwood

November 1st, 2001

Mr & Mrs. J. Williams  
36 Fieldway Drive  
Stuart, Fl 34996

Dear John,

Re: 36 Fieldway Drive, Sewall's Point Planning Permit

We have been informed by Sewall's Point Planning that we need the following information to be able to obtain a permit.

1. I am including a Notice of Commencement form which I need you to sign and get signed by a notary. It then needs to be recorded at the Town Hall.
2. Proof of ownership (deed or tax receipt.)
3. Please either mail these back to me or take them into Sewall's Point together with your Property Appraisers Parcel Number which is: 35 37 41 002 001 001 105 0000.

Thank you.

Yours sincerely,



Deirdre Chitwood

**Address Change or Correction**

(Return this portion with any changes)

9423

2001

**Check One**

Moved to a new address.

Date you moved \_\_\_\_\_

Mailing address change only.

Please indicate **permanent** mailing address changes only:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( )  
\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Exemption Receipt** for applicable owners

3537410020010011050000

9423

Owner's name(s)

2001

WILLIAMS, JOAN H  
36 FIELDWAY DRIVE  
STUART FL 34996-6621

↑ Tear along dotted line ↓

INDIALUCIE, LOT 11 BLK 1 OR  
HOMESTEAD

You must be or become a permanent Florida resident  
before January 1 of the year you apply.

For further information on homestead and other  
exemptions, call or write:

**Martin County Property Appraiser**  
**Attention: Exemption Department**  
**100 E. Ocean Blvd., Suite 300**  
**Stuart, FL 34994**

**Phone: (561) 288-5608**  
**[www.martin.fl.us/govt/co/pa](http://www.martin.fl.us/govt/co/pa)**

**To Cancel Exemption(s)**  
**Complete the Following:**

Exemption(s) to be cancelled \_\_\_\_\_

\_\_\_\_\_  
(i.e. homestead, widow(er), disability, charitable,  
not for profit, etc.)

Explanation: \_\_\_\_\_

\_\_\_\_\_

Telephone No. (       ) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri MAR 4, 2001, Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5636	FRANCIS.	TIE BEAM	Passed	→ need letter re
(5)	S S. River Rd. WILBOING	SUB	Passed	depth of blaws!
				INSPECTOR: <i>[Signature]</i>
5676	HENRY.	FINAL DRIVE	<del>Passed</del> Failed	Remove bricks! need swages!
(1)	B E. NICH POINT RD. CHITWOOD.			INSPECTOR: <i>[Signature]</i>
5587	WILLIAMS	FINAL DRIVE	Passed	
(3)	36 FIELDWAY DR CHITWOOD			INSPECTOR: <i>[Signature]</i>
5601	GIBSON	FINAL DRIVE	Passed	
(2)	134 S. RIVER RD. CHITWOOD			INSPECTOR: <i>[Signature]</i>
5590	SEBASTIANO.	FINAL DRIVE	Failed	not finished
(4)	99 N. SEWALLS PT RD. CHITWOOD.			INSPECTOR: <i>[Signature]</i>
				INSPECTOR:
				INSPECTOR:

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

7939

---

Fence

---

BLUEPRINTS FOR THIS PERMIT ARE  
AVAILABLE FOR REVIEW AT TOWN  
HALL.

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

### TOWN OF SEWALL'S POINT

Date 12-5-05 BUILDING PERMIT NO. 7939

Building to be erected for WILLIAMS Type of Permit FENCE

Applied for by O/B (Contractor) Building Fee 30.00

Subdivision INDIANWUE Lot 11 Block 1 Radon Fee \_\_\_\_\_

Address 36 FIELDWAY DRIVE Impact Fee \_\_\_\_\_

Type of structure SPR FENCE A/C Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_ Electrical Fee \_\_\_\_\_

3537410020010011050000 Plumbing Fee \_\_\_\_\_

Amount Paid 30.00 Check # 4956 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 650.00 TOTAL Fees 30.00

Signed [Signature] Applicant Signed [Signature] Town Building Official

## PERMIT

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

## INSPECTIONS

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

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

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

OWNER/TITLEHOLDER NAME: JOAN L. WILLIAMS Phone (Day) 287-8451 (Fax) \_\_\_\_\_

Job Site Address: 36 FIELDWAY Dr. City: SEWALL Pt State: FL Zip: 34996

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

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

Description of Work To Be Done: 5' WOODEN SHADOW BX FENCE

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 650.00  
(Notice of Commencement needed over \$2500)

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

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

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

(If yes, Owner Builder Affidavit must accompany application)

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

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

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

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

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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)

Joan L. Williams

State of Florida, County of: MARTIN

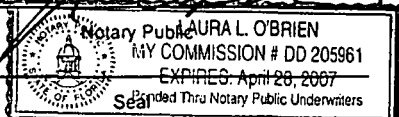
This the 5th day of DECEMBER, 2005

by JOHN JAY WILLIAMS who is personally

known to me or produced FID (W) 977-970-3-270-0

as identification. [Signature] x7/30/09

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



CONTRACTOR SIGNATURE (required)

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

This the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

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

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

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

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

Notary Public

Seal

# TOWN OF SEWALL'S POINT

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

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

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

### DISCLOSURE STATEMENT

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

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

Name: JOHN J. WILLIAMS Date: 5 DEC 05

Signature: *John Williams*

Address: 36 FIELDWAY DR.

City & State: \_\_\_\_\_

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 12/30, 2005

Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7809	D'Alessandro	Pre-Pour Slab	PASS	
1	4 EMARITA WAY	ADDITION		
	O/B	*First Please*		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Castle Hill POA	TREE	PASS	
6	Common Areas			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7640	CORNELL	FINAL HURRICANE	PASS	CLOSE
7	1 BANYAN	SHUTTERS		
	O/B			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	BRADICE	TREE	PASS	
4	96 S. RIVER RD			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7939	WILLIAMS	FINAL FENCE	PASS	CLOSE
8	36 FIELDWAY			
	O/B			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	HAYNES	TREE	PASS	
3	6 Palm ROAD			
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7873	NOHEJL	TIE BEAM	FAIL	REINSPECTED
2	26 W High Point		PASS	LATE MORNING
	O/B			INSPECTOR: <i>[Signature]</i>

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

8976

---

Fence

---

BLUEPRINTS FOR THIS PERMIT ARE  
AVAILABLE FOR REVIEW AT TOWN  
HALL.



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

Form with fields: PERMIT NUMBER: 8976, DATE ISSUED: AUGUST 7, 2008, SCOPE OF WORK: FENCE, CONTRACTOR: STUART FENCE, PARCEL CONTROL NUMBER: 353741002001001105, SUBDIVISION: INDIALUCIE, LOT 11, BL 1, CONSTRUCTION ADDRESS: 36 FIELDWAY DR, OWNER NAME: WILLIAMS, QUALIFIER: CHESTER RICHMOND, CONTACT PHONE NUMBER: 288-1151

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

Table with two columns of inspection items and horizontal lines for marking completion. Items include: 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: 8976  
 ADDRESS: 36 FIELDWAY DR  
 DATE: 87/08

SINGLE FAMILY

STUART FENCE COMPANY INC.  
 PO BOX 2636  
 STUART, FL 34995

PAY TO THE ORDER OF

Town of Sewall's Point  
 8/7/08

8809  
 63-5157670  
 34  
 \$ 30.00



[Redacted bank information]

D/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:	\$	2190
Total number of inspections @ \$75.00 each	1	\$	75
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	80

RECEIVED  
DATE: 8-4-08  
TOWN OF SEWALL'S POINT

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

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

OWNER/TITLEHOLDER NAME: JOAN Williams Phone (Day) 287-8451 (Fax) \_\_\_\_\_

Job Site Address: 36 Fieldway City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Individual Lot 11, Bk 1 Parcel Number: 35-37-41-002-001-00110-5

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

Scope of work: INSTALL FENCE & GATES

**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:**  
Estimated Value of Construction or Improvements: \$ 2190.<sup>00</sup>  
(Notice of Commencement required over \$2500)  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)  
Method of Determining Fair Market Value: \_\_\_\_\_

CONTRACTOR/Company: STUART FENCE CO Phone: 288 1151 Fax: 288 3035

Street: P.O. Box 263 Ld City: STUART State: FL Zip: 34995

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Municipality License Number: CFE3584

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: \_\_\_\_\_

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. 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 OR AUTHORIZED AGENT SIGNATURE (required)  
Joan Williams

State of Florida, County of: MARTIN  
This the 28 day of JULY, 2008  
by JOAN WILLIAMS who is personally  
known to me or produced DL  
as identification. NOTARY PUBLIC-STATE OF FLORIDA

Janis L. Loudin  
Notary Public  
My Commission Expires DD538831  
Expires: MAY 21, 2010  
Bonded Thru Atlantic Bonding Co., Inc.

CONTRACTOR SIGNATURE (required)  
Chester Richmond

On State of Florida, County of: MARTIN  
This the 31 day of JULY, 2008  
by CHESTER RICHMOND who is personally  
known to me or produced \_\_\_\_\_  
As identification JOAN D. LOUDIN

Janis L. Loudin  
Notary Public  
My Commission Expires \_\_\_\_\_  
Commission # DD538831  
Bonded Thru Atlantic Bonding Co., Inc.

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



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

Site Provided by...  
 governmax.com T1.12

**Summary**

print Owner 132 of 279

**Parcel Info**

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

Parcel ID	Unit Address	SerialIndex ID	Order	Commercial	Residential
35-37-41-002-001-00110-5	36 FIELDWAY	9423	Owner	0	1

**Summary**

**Property Location** 36 FIELDWAY  
**Tax District** 2200 Sewall's Point  
**Account #** 9423  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120500  
**Acres** 0.359

**Legal Description**  
**Property Information**  
 INDIALUCIE, LOT 11 BLK 1 OR 346/1698

**Search By**

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

**Owner Information**  
**Owner Information**  
 WILLIAMS, JOAN H

**Mail Information**  
 36 FIELDWAY DR  
 STUART FL 34996

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

**Market Land Value** \$250,000  
**Market Impr Value** \$155,750  
**Market Total Value** \$405,750

**Site Functions**

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

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

**Sale Date** 1/22/1997  
**Book/Page** 1216 1796

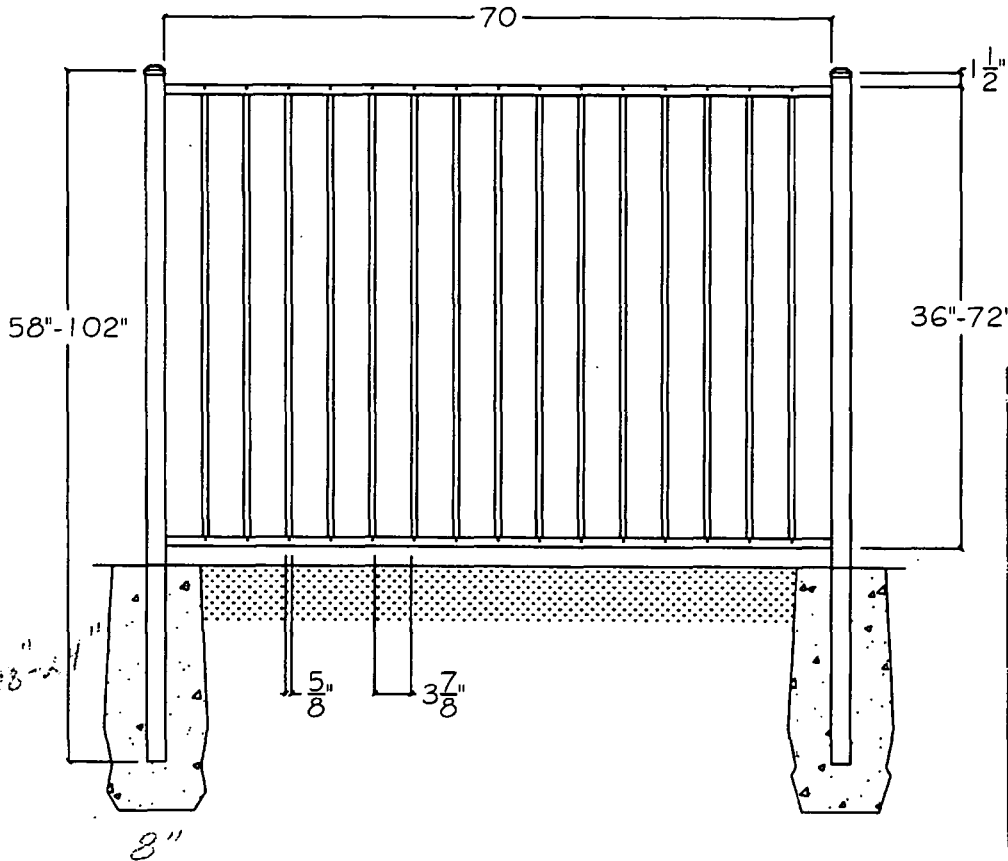
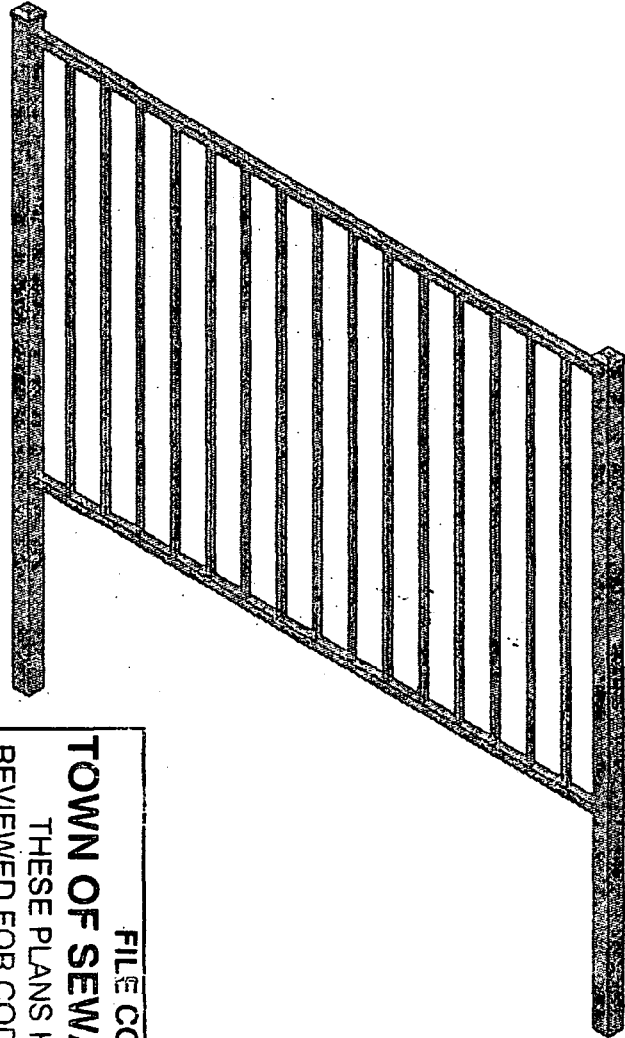
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[Legal disclaimer](#) / [Privacy Statement](#)

Data updated on 07/23/2008



FENCE PARTS		
ITEM	QTY	DESCRIPTION
1	15	5/8" PRESS POINT PICKET W/ .050" THICKNESS
2	3	1" X 1" HORIZONTAL RAIL W/ .062" X .072" THICKNESS
3	2	2" POST CAP
4	2	2" SQ. POST W/ .062" THICKNESS
5	45	SCREWS
6		
7		
8		



**FILE COPY**  
**TOWN OF SEWALL'S POINT**  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE 8.5.08  
**BUILDING OFFICIAL**

<b>IDEAL</b> <i>Aluminum Products</i>	2000 BRUNSWICK LANE DELAND, FL. 32724 PHONE: 386-736-1700 FAX: 386-822-4950	
	DRAWING: #400 RESIDENTIAL	
DWG. NO: 300-72-48	REV	
SCALE: NTS	12/4/2007 8:44:02 AM	

Drawn by: V.123025  
 www.idealaluminumproducts.com  
 This drawing is the property of Ideal Aluminum Products.  
 It is not to be reproduced, copied, or traced in  
 whole or in part without written consent.

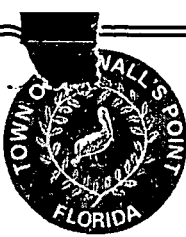




10341

AC change

BLUEPRINTS FOR THIS PERMIT ARE  
AVAILABLE FOR REVIEW AT TOWN  
HALL.



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:	10341	DATE ISSUED:	FEBRUARY 4, 2013
SCOPE OF WORK:	AC CHANGEOUT		
CONTRACTOR:	FLYNN'S AC		
PARCEL CONTROL NUMBER:	353741002-001-001105	SUBDIVISION	INDIALUCIE, LOT 11, BL 1
CONSTRUCTION ADDRESS:	36 FIELDWAY DR		
OWNER NAME:	WILLIAMS		
QUALIFIER:	JOSEPH FLYNN	CONTACT PHONE NUMBER:	283-4114

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

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

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

### 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:	10341
ADDRESS	36 FIELDWAY DR - WILLIAMS
DATE 2/4/13	SCOPE OF WORK AC CHANGEOUT

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)		s.f.	

**Flynn's Air Conditioning Service, Inc.**

1323 SW THELMA STREET PALM CITY, FLORIDA 34990  
 (772) 283-4114

63-8419-2670

16529

PAY *Egypty Jones and co/no*

DATE	TO THE ORDER OF	DESCRIPTION	DOLLARS	CHECK NO.
2/4/13	TOWN OF SEWALL'S POINT			

CHECK AMOUNT \$ *84*

PNC BANK



ACCESSORY PERMIT	Declared Value:	\$	5600
Total number of inspections @ \$75.00 each			75
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	2
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	2
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	84

*pd*  
*ck # 16529*

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

Permit Number: 10341

Date: 1/31/13

OWNER/LESSEE NAME: WILLIAMS Phone (Day) 287-8451 (Fax) \_\_\_\_\_  
 Job Site Address: 36 FIELDWAY City: SEWALL'S POINT State: FL Zip: 34996  
 Legal Description \_\_\_\_\_ Parcel Control Number: \_\_\_\_\_  
 Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):** 3-TON A/C CHANGEOUT

**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: \$ 5600  
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
 Is subject property located in flood hazard area? VE10 AE9 AE8 X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
 Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
 (Fair Market Value of the Primary Structure only, Minus the land value)  
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: FLYNN'S A/C Phone: 283-4114 Fax: 781-1307  
 Qualifiers name: JOSEPH FLYNN Street: 1323 THELMA ST. City: PALM BEACH State: FL Zip: 34990  
 State License Number: CAC055482 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_  
**LOCAL CONTACT:** JOE FLYNN Phone Number: 283-4114

**DESIGN PROFESSIONAL:** \_\_\_\_\_ Fla. License# \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**AREAS SQUARE FOOTAGE:** Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Enclosed 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 Cover Letter Agreement.

**CODE EDITIONS IN EFFECT THIS APPLICATION:** Florida Building Code: Structural, Mechanical, Plumbing, Existing, Oct 2010  
 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

**WARNINGS TO OWNERS AND CONTRACTORS:**

- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- 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 IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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

**OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:**  
 X \_\_\_\_\_  
 State of Florida, County of \_\_\_\_\_  
 On This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_ who is personally  
 known to me or produced \_\_\_\_\_  
 As identification, \_\_\_\_\_  
 Notary Public

**CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:**  
 X \_\_\_\_\_  
 State of Florida, County of \_\_\_\_\_  
 On This the 31 day of January, 20\_\_\_\_  
 by Joseph Flynn who is personally  
 known to me or produced \_\_\_\_\_  
 As identification, Valerie Camley  
 Notary Public

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

**Martin County, Florida  
Laurel Kelly, C.F.A**
*generated on 2/1/2013 9:35:50 AM EST*
**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
35-37-41-002-001-00110-5	9423	36 FIELDWAY DR, STUART	\$221,120	1/26/2013

---

**Owner Information**

Owner(Current)	WILLIAMS JOAN H
Owner/Mail Address	36 FIELDWAY DR STUART FL 34996
Sale Date	1/22/1997
Document Book/Page	1216 1796
Document No.	
Sale Price	0

---

**Location/Description**

Account #	9423	Map Page No.	SP-03
Tax District	2200	Legal Description	INDIALUCIE, LOT 11 BLK 1 OR 346/1698
Parcel Address	36 FIELDWAY DR, STUART		
Acres	.3590		

---

**Parcel Type**

Use Code	0100 Single Family
Neighborhood	120500 Melody Hill,India Lucie

---

**Assessment Information**

Market Land Value	\$145,000
Market Improvement Value	\$76,120
Market Total Value	\$221,120

# Flynn's Air Conditioning Service Inc.

1323 SW Thelma Street • Palm City, FL 34990  
(772) 283-4114 • Fax: (772) 781-1307

C#  
05435

## PROPOSAL

To: WILLIAMS  
36 FIELDWAY

Phone: 287-8451

Date: 12/13/12

Job Name

Job Phone

Source

We hereby submit specifications and estimates for:

1. Install 3 ton high efficiency air conditioning system.
2. Install 3 ton matching air handler with 10kw electric heater.
3. Install new emergency drain pan with float switch. (Attics only)
4. Install new digital thermostat.
5. Install liquid line filter drier.
6. Undercoat condenser base pan.
7. Install time delay relay on compressor.
8. Secure Condenser to slab.
9. Supply (6) \_\_\_\_\_ x \_\_\_\_\_ R-85 filters.
10. One year labor warranty.

	BEST	BETTER	STANDARD
Brand	<u>CARRIER</u>	<u>CARRIER</u>	_____
Condenser	<u>24ACC636</u>	<u>24ABC636</u>	_____
Air Handler	<u>FV4CNF003</u>	<u>FV4CNF003</u>	_____
Efficiency (SEER)	<u>16.0</u>	<u>16.0</u>	_____
Parts Warranty	<u>10</u>	<u>10</u>	_____
Compressor Warranty	<u>10</u>	<u>10</u>	_____
PRICE	<u>6590<sup>-</sup></u>	<u>6250<sup>-</sup></u>	_____
FPL REBATE	<u>585<sup>-</sup></u>	<u>585<sup>-</sup></u>	_____
YOUR COST	<u>6005<sup>-</sup></u>	<u>5665<sup>-</sup></u>	_____

Title on this equipment shall remain with seller until paid in full. This proposal does not reflect any permit fees which may be necessary.

We Propose hereby to furnish material and labor-----complete in accordance with the above specifications, for the sum of:

Dollars

Payment to be made as follows: 50% at contract acceptance/ 50% at completion.

Payments upon default by customer. Prices include 6% Florida sales tax. Customer agrees to pay all court costs, attorney fees or other expenses incurred in the collection of the above.

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workers Compensation Insurance.

CONSTRUCTION INDUSTRIES RECOVERY FUND. Payment may be available from the Construction Industries Recovery Fund if you lose money on a project performed under contract, where the loss results from specified violations of Florida law by a state-licensed contractor. For information about the recovery fund and filing a claim, contact the Florida Construction Industry Licensing Board at the following telephone number and address: 1940 North Monroe St., Tallahassee, FL 32399-2202. Telephone: (850) 487-1395

Acceptance of Proposal The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Authorized Signature

[Signature]

Customer Signature

[Signature]

WILLIAMS



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

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

**Air Conditioning Change out Affidavit**

Residential  Commercial \_\_\_\_\_  
 Package Unit \_\_\_ Yes  No (Use Condenser side of form below for equipment listing)  
 Duct Replacement \_\_\_ Yes  No - Refrigerant line replacement \_\_\_ Yes  No  
 Flushing Existing Refrigerant lines  Yes \_\_\_ No - Adding Refrigerant Drier  Yes \_\_\_ No  
 Rooftop A/C Stand Installation \_\_\_ Yes  No - Curb Installation \_\_\_ Yes \_\_\_ No  
 Smoke Detector in Supply (over 2000 CFM) \_\_\_ Yes \_\_\_ No

**One form required for each A/C system installed**

**REPLACEMENT SYSTEM COMPONENTS**

<b>Air handler:</b> Mfg: <u>CARRIER</u> Model# <u>FV4CR1003</u>	<b>Condenser:</b> Mfg: <u>CARRIER</u> Model# <u>24ABC636</u>
Volts ___ CFM's ___ Heat Strip <u>10</u> Kw ___	Volts ___ SEER/EER <u>16</u> BTU's <u>33.2</u>
Min. Circuit Amps ___ Wire gauge <u>6</u>	Min. Circuit Amps ___ Wire gauge <u>8</u>
Max. Breaker size <u>60</u> Min. Breaker size ___	Max. Breaker size <u>30</u> Min. Breaker size ___
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>410</u>	Refrigerant type <u>410</u>
Location: Existing <input checked="" type="checkbox"/> New ___	Location: Existing <input checked="" type="checkbox"/> New ___
Attic/Garage/Closet (specify) <u>Attic</u>	Left/Right/Rear/Front/Roof <u>LF</u>
Access: <u>Closet Scuttle</u>	Condensate Location _____

*needs ladder*

**EXISTING SYSTEM COMPONENTS**

<b>Air handler:</b> Mfg: _____ Model# _____	<b>Condenser:</b> Mfg _____ Model# _____
Volts ___ CFM's ___ Heat Strip <u>10</u> Kw ___	Volts ___ SEER/EER <del>___</del> BTU's <u>33.3</u>
Min. Circuit Amps ___ Wire gauge <u>6</u>	Min. Circuit Amps ___ Wire gauge <u>8</u>
Max. Breaker size <u>60</u> Min. Breaker size ___	Max. Breaker size <u>30</u> Min. Breaker size ___
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>22</u>	Refrigerant type <u>22</u>
Location: Ext. <input checked="" type="checkbox"/> New ___	Location: Ext. <input checked="" type="checkbox"/> New ___
Attic/Garage/Closet (specify) <u>Attic</u>	Left/Right/Rear/Front/Roof <u>LF</u>
Access: _____	Condensate Location _____

**Certification:**

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



# DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems only

The New Degree of Comfort™

## Customer Information

### Location:

Street Address 36 fieldway, Stuart, FL 34996

Latitude, Longitude 26.6726°, -80.0706°

House Square Footage: 1700 sq. ft.

Name: WILLIAMS

Phone:

Email:

## House Information

SHR .75

Number of residents 2

Ceiling height 9

Wall U-value | R-value 0.09 | 11

Floor U-value | R-value 0.2 | 5

Ceiling U-value | R-value 0.053 | 19

Window U-value 0.5

Window SHGF 0.85

Moisture grains 64

Duct loss % 10

Duct gain % 10

Cooling infiltration (ACH) 0.6

Heating infiltration (ACH) 0.8

Winter ventilation 0

Summer ventilation 0

## Design Conditions

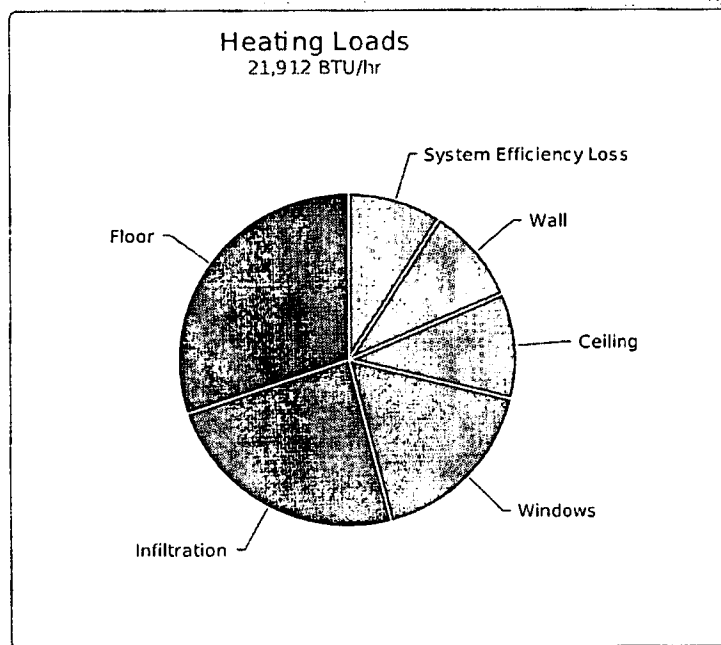
<b>Outdoor</b>	<b>Heating</b>	<b>Cooling</b>
Dry bulb (°F)	45	91
Daily range		M
Relative humidity		50%
Moisture difference		64

<b>Indoor</b>	<b>Heating</b>	<b>Cooling</b>
Indoor temperature (°F)	70	75
Design temperature difference(°F)	25	16

# Heating Loads

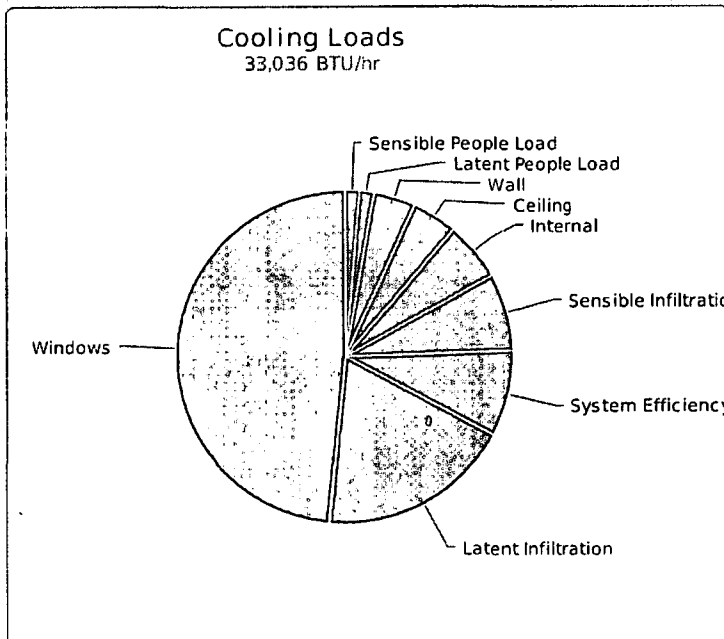
Area	Btuh	% of load
Wall	2072	9.5
Floor	6615	30.2
Ceiling	2253	10.3
Windows	3763	17.2
Infiltration	5217	23.8
System Efficiency Loss	1992	9.1
Total:	21912	



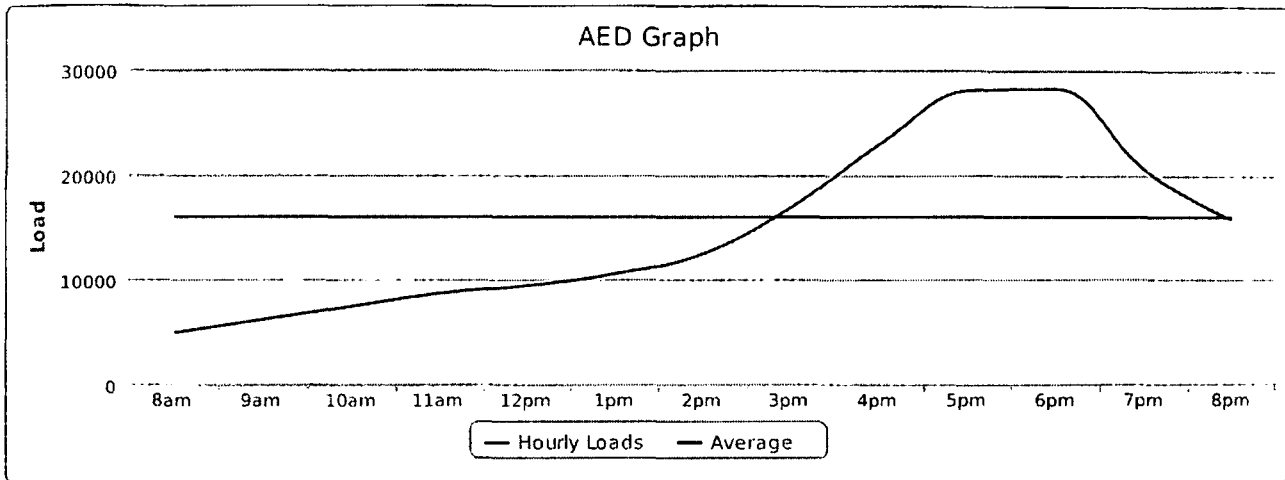


# Cooling Loads

Area	Btuh	% of load
Wall	1326	4
Ceiling	1442	4.4
Windows	15997	48.4
Sensible Infiltration	2504	7.6
Latent Infiltration	6192	18.7
System Efficiency Gain	2746	8.3
Internal	1907	5.8
Sensible People Load	460	1.4
Latent People Load	460	1.4
Total:	33036	
Sensible load	26383	
Latent load	6652	
SHR	0.8	
Capacity at .75 SHR	2.93 Tons	



## Adequate Exposure Diversity



## Equipment selection

System equipment selection will be made using the following derived values.

Summer Outdoor	91°F
Summer Wet Bulb	78°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	45°F
Winter Indoor	70°F
Sensible Cooling	26,383 Btuh
Latent Cooling	6,652 Btuh
Required Cooling Airflow	1,199 CFM
Sensible Heating	21,912 Btuh
Required Heating Airflow	285 CFM

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

# Certificate of Product Ratings

AHRI Certified Reference Number: 3631806

Date: 1/30/2013

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 24ABC636A\*\*30

Indoor Unit Model Number: FV4CN(B,F)003

Manufacturer: CARRIER AIR CONDITIONING

Trade/Brand name: BASE 16 PURON AC

Manufacturer responsible for the rating of this system combination is CARRIER AIR CONDITIONING

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	33200
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

\* Ratings followed by an asterisk (\*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

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#### CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at [www.ahrirectory.org](http://www.ahrirectory.org), click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

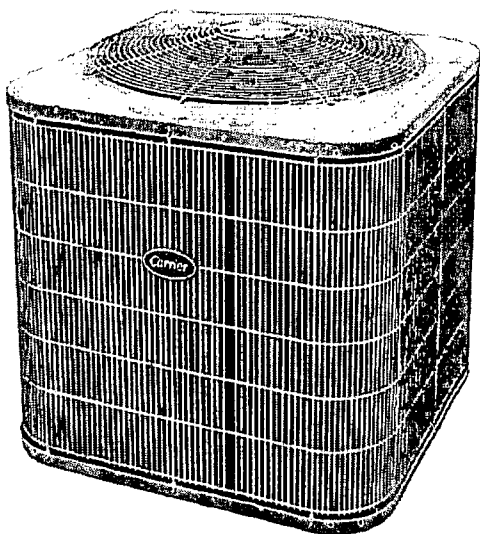
©2012 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 130040482631634121

**24ABC6  
Comfort™ 16 Air Conditioner  
with Puron® Refrigerant  
1-1/2 to 5 Nominal Tons**



## Product Data



**Comfort**  
SERIES

Carrier's Air Conditioners with Puron® refrigerant provide a collection of features unmatched by any other family of equipment. The 24ABC has been designed utilizing Carrier's Puron refrigerant. The environmentally sound refrigerant allows you to make a responsible decision in the protection of the earth's ozone layer.

This product has been designed and manufactured to meet Energy Star® criteria for energy efficiency when matched with appropriate coil components. Refer to the combination ratings in the Product Data for system combinations that meet Energy Star® guidelines.

**NOTE:** Ratings contained in this document are subject to change at any time. Always refer to the AHRI directory ([www.ahridirectory.org](http://www.ahridirectory.org)) for the most up-to-date ratings information.

### INDUSTRY LEADING FEATURES / BENEFITS

#### Efficiency

- 14 - 16.5 SEER/11.0- 13.5 EER
- Microtube Technology™ refrigeration system
- Indoor air quality accessories available

#### Sound

- Sound level as low as 76 dBA
- Sound level as low as 74 dBA with accessory sound blanket

#### Comfort

- System supports Edge® Thermidistat™ or standard thermostat controls

#### Reliability

- Puron® refrigerant - environmentally sound, won't deplete the ozone layer and low lifetime service cost.
- Scroll compressor
- Internal pressure relief valve
- Internal thermal overload
- Filter drier
- Balanced refrigeration system for maximum reliability

#### Durability

WeatherArmor™ protection package:

- Solid, durable sheet metal construction
- Dense wire coil guard standard
- Baked-on, complete outer coverage, powder paint

#### Applications

- Long-line - up to 250 feet (76.20 m) total equivalent length, up to 200 feet (60.96 m) condenser above evaporator, or up to 80 ft. (24.38 m) evaporator above condenser (See Longline Guide for more information.)
- Low ambient (down to -20°F/-28.9°C) with accessory kit

# ELECTRICAL DATA

UNIT SIZE	V/PH	OPER VOLTS*		COMPR		FAN	MCA	MIN WIRE SIZE† 60° C	MIN WIRE SIZE† 75° C	MAX LENGTH ft. (m)‡ 60° C	MAX LENGTH ft. (m)‡ 75° C	MAX FUSE** or CKT BRK AMPS
		MAX	MIN	LRA	RLA	FLA						
18-31	208/230/1-60	253	197	48.0	9.0	0.50	11.8	14	14	67 (20.4)	64 (19.5)	20
24-30				58.3	13.5	0.75	17.7	14	14	46 (14.0)	43 (13.1)	25
30-30				64.0	12.8	0.75	16.8	14	14	44 (13.4)	41 (12.5)	25
36-30				77.0	14.1	0.50	18.1	12	12	57 (17.4)	54 (16.5)	30
42-30				112.0	17.9	1.20	23.6	10	10	85 (25.9)	81 (24.7)	40
48-31				109.0	19.9	1.20	26.1	10	10	70 (21.3)	67 (20.4)	40
49-30				117.0	21.8	1.20	26.1	10	10	70 (21.3)	67 (20.4)	40
60-30				135.0	21.4	1.20	28.0	8	10	91 (27.7)	56 (17.1)	40
61-30				134.0	25.0	1.20	32.5	8	10	94 (28.7)	58 (17.7)	50

\* Permissible limits of the voltage range at which the unit will operate satisfactorily

† If wire is applied at ambient greater than 30°C, consult table 310-16 of the NEC (NFPA 70). The ampacity of non-metallic-sheathed cable (NM), trade name ROMEX, shall be that of 60°C conditions, per the NEC (NFPA 70) Article 334-80. If other than uncoated (no-plated), 60 or 75°C insulation, copper wire (solid wire for 10 AWG or smaller, stranded wire for larger than 10 AWG) is used, consult applicable tables of the NEC (NFPA 70).

‡ Length shown is as measured one way along wire path between unit and service panel for voltage drop not to exceed 2%.

\*\* Time-Delay fuse.

FLA - Full Load Amps

LRA - Locked Rotor Amps

MCA - Minimum Circuit Amps

RLA - Rated Load Amps

NOTE: Control circuit is 24-V on all units and requires external power source. Copper wire must be used from service disconnect to unit.

All motors/compressors contain internal overload protection.

Complies with 2007 requirements of ASHRAE Standards 90.1

24ABC6

## A-WEIGHTED SOUND POWER LEVEL (dBA)

Unit Size - Voltage, Series	Standard Rating (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dBA without tone adjustment)						
		125	250	500	1000	2000	4000	8000
018-31	76	52.5	59.0	65.5	70.5	64.5	59.0	54.5
024-30	76	57.5	64.0	69.0	71.0	69.0	64.5	60.0
030-30	76	55.0	63.5	68.0	69.5	67.0	63.5	58.5
036-30	76	50.5	59.5	64.5	70.5	62.0	59.5	54.5
042-30	78	52.5	62.0	68.0	73.5	68.0	62.0	55.5
048-31	78	57.5	61.5	68.0	70.5	65.5	59.5	53.5
049-30	78	51.5	62.0	67.5	73.5	69.0	64.5	62.0
060-30	78	55.0	62.5	67.5	70.5	65.0	61.0	53.5
061-30	78	56.5	63.0	65.5	69.0	67.0	61.5	56.0

NOTE: Tested in accordance with AHRI Standard 270-08 (not listed in AHRI).

## A-WEIGHTED SOUND POWER LEVEL (dBA) WITH SOUND SHIELD

Unit Size - Voltage, Series	Standard Rating (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dBA without tone adjustment)						
		125	250	500	1000	2000	4000	8000
018-31	74	55.5	59.0	65.0	68.5	63.5	58.0	52.0
024-30	75	58.0	64.0	69.0	70.5	68.5	64.5	59.5
030-30	75	55.5	63.0	68.0	69.0	67.0	63.0	58.5
036-30	74	51.5	58.5	62.0	65.0	61.0	58.0	52.0
042-30	76	53.0	62.0	65.5	72.0	65.0	61.0	54.0
048-31	76	58.5	61.5	68.0	69.0	64.0	58.5	51.0
049-30	76	53.0	61.5	67.5	72.0	68.0	61.5	59.0
060-30	75	56.5	62.5	66.5	68.0	63.0	59.5	51.5
061-30	75	57.0	63.0	65.5	67.0	65.5	59.0	52.5

NOTE: Tested in accordance with AHRI Standard 270-08 (not listed in AHRI).

## CHARGING SUBCOOLING (TXV-TYPE EXPANSION DEVICE)

UNIT SIZE - VOLTAGE, SERIES	REQUIRED SUBCOOLING °F (°C)
18-31	10 (5.6)
24-30	10 (5.6)
30-30	10 (5.6)
36-30	10 (5.6)
42-30	9 (5.0)
48-31	10 (5.6)
49-30	8 (4.4)
60-30	9 (5.0)
61-30	9 (5.0)

**FV4C  
Performance™ Series Fan Coil  
Sizes 002 Thru 006**



Turn to the Experts.

## Product Data

### PREMIUM ENVIRONMENTALLY SOUND FAN COIL



The FV4C is the premium air handler combining the proven technology of Carrier fan coils with environmentally sound Puron® refrigerant. The FV4C achieves an operational advantage when the ECM (Electronically Commutated Motor) is combined with a Carrier Performance™ heat pump with Puron® refrigerant.

With attention to quiet, efficient, and comfortable operation, Carrier has developed a new benchmark for superior indoor comfort and control. ArmorCoat™ provides a tin plating of the indoor coil's copper hairpins. This creates a barrier between the corrosion-causing elements and the coil.

Carrier's heat pump and air conditioning systems now feature Puron® refrigerant (R-410A), the chlorine-free refrigerant that is the future for the residential heating and cooling industry. The FV4C using Puron® refrigerant maximizes performance for environmentally sound systems. In addition to environmental safety, these systems are 30 to 40% more efficient than standard heating and cooling systems, thereby combining excellence in efficiency and environmental safety.

The FV4C provides these benefits due to Carrier's command of ECM technology. These motors are extremely efficient at all speeds, and enable the FV4C to operate at the correct speed to deliver airflow precisely, ensuring proper performance across a wide range of duct static pressures. This adaptive efficiency also makes installation quality easier to achieve for today's demanding homeowner.

Carrier's command of ECM technology may be most evident in the comfort advantages that ECM can deliver. Operation set up steps on the Easy Select™ Board provide the installing technician with alternatives to maximize comfort and efficiency. For true indoor comfort, the homeowner can achieve command of both temperature and humidity in cooling and heating modes.

Another feature which sets the FV4C apart is the factory-installed TXV, which enhances efficiency and provides compressor protecting operation at all recommended conditions. Grooved copper tubing, louvered aluminum fins, and the large face areas of the FV4C refrigerant coils also provide superior efficiency, for high SEER and HSPF performance. Carrier leads the way in condensate control, a hallmark of these multipoise fan coils. All of these featured components are protected within a rugged, prepainted metal cabinet lined with super thick, high density insulation. For neat, high quality installations the unit exterior features sweat refrigerant connections for simple leak free performance, and multiple electrical entry for both high and low voltage service.

For superior technology and unmatched comfort, the environmentally sound and efficient FV4C can't be beat.



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

### FLORIDA ENERGY CONSERVATION CODE

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

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

Owner: WILLIAMS Contractor name: FLYNN'S A/C  
Street address: 36 FIELDWAY Jurisdiction: \_\_\_\_\_  
City: STUART Permit No.: \_\_\_\_\_  
Zip: 34996 Final inspection date: \_\_\_\_\_

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

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

Signature: Joseph Flynn Date: 1/30/13

Printed Name: JOSEPH FLYNN

Contractor License #: CAC055482

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

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

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

FLORIDA ENERGY CONSERVATION CODE  
Mandatory Duct Inspection Certification for HVAC change-out

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

OK FWP  
/

10341

Owner:	<u>John Williams</u>	Contractor name:	<u>Flynn's A/C Service</u>
Street address:	<u>36 Fieldway Drive</u>	Jurisdiction:	_____
City:	<u>Stuart</u>	Permit No.:	_____
Zip:	<u>34996</u>	Final inspection date:	_____

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

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

Signature: *Joseph Flynn* Date: 2/11/13

Printed Name: Joseph Flynn

Contractor License #: CAC055482

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

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

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



