

3 Gumbo Limbo Way

695

SFR f Pool

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

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. #695
Date 4/15/77

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

Owner GREG BRAUNSTEIN Present Address 145 SW LUCERO Ph 878 3407

General Contractor PAUL JACQUIN & SON INC Address P.O. Box 4229 Ph 465 2475
FORT PIERCE, FLA.

Where licensed ST LUCIE COUNTY License No. RB0008268

Plumbing Contractor FITZPATRICK PLUMBING License No. 1203

Electrical Contractor LAW ELECTRIC License No. 796

Street building will front on 3 GUMBOLIMBO WAY

Subdivision INDIALUCIE Lot No. 7 Block 6

Building area, inside walls (excluding garage, carport, porches) Sq ft 2010

Other Construction (Pools, additions, etc.) POOL & SCREEN ENCLOSURE

Contract Price (excluding land, rugs, appliances, landscaping) \$ 66,250.00

Total cost of permit \$ 355.00

67
355
355

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

Paul Jacquin
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.

Greg Braunstein
Signed by Owner

RECEIVED
APR 28 1977
SUSSEX

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

TOWN RECORD

Date submitted 5/3/77

Date approved 5/3/77

Certificate of Occupancy issued J. K. Hunter Date 10/3/77

11:00 AM
#695

BUILDING PERMIT REQUIREMENTS

Permit No. _____

Date Issued _____

REQUEST FOR PERMIT TO BUILD: Residence, pool + encl

COPY OF DEED: O.R. Book 415 Page 2237

THREE COPIES PLANS Received 4/28/77

CERTIFIED BY Julius Feld - Bessemer Date 4/18/77
(If necessary re deed restrictions)

COUNTY SEWAGE DISPOSAL PERMIT # HD77-319

REQUEST FOR CERTIFICATE OF OCCUPANCY OK

BRAUNSTEIN
(JACQUIN INC.)
3 GUMBO LIMBO WAY

(0518)

BESSEMER PROPERTIES
A DIVISION OF
BESSEMER SECURITIES CORPORATION
240 ROYAL PALM WAY
PALM BEACH, FLORIDA 33480

October 21, 1976

Mr. W. R. Scott
P. O. Box 2057
Stuart, Florida 33494

Re: Lot 7, Block 6, Indialucie

Dear Mr. Scott:

I return herewith plan for a proposed residence to be constructed on Lot 7, Block 6, Indialucie Subdivision in the Town of Sewall's Point.

In approving this plan, it is understood that the dwelling has a floor area of not less than 2,000 square feet (not including the area of porches unless roofed and closed in on three sides, carports or outbuildings) and shall cost not less than \$25,000.

It is also understood that you will comply with the Zoning Code and Ordinances of the Town of Sewall's Point.

From the plans I think I am correct in assuming that the entire roof is wood shingles since it only shows in one area of the elevations. The wood shingles are approved. If there are any other areas of the roof with any other type of roof material I would appreciate being advised of that.

It is customary for us to have one copy of the plans for our files so I would appreciate your forwarding me a copy as soon as possible.

Kindest regards.

Sincerely yours,


W. Julian Field

WJF:ms
Enclosure

#695

Printed for Lawyers' Title Guaranty Fund, Orlando, Florida

This instrument was prepared by:

267404

George W. Sommer
of the Law Offices of
SOMMER, FRASIER & FENNIMAN, P.A.
310 Denver Avenue
P. O. Box 2210
STUART, FLORIDA 33494

Warranty Deed

(STATUTORY FORM-SECTION 689.02 F.S.)

This Indenture, Made this 8th day of September 1976, Between

SYDNEY C. WILKINSON and FRED A WILKINSON, his wife,

of the County of Martin, State of Florida, grantor*, and

GREG BRAUNSTEIN and SUSAN BRAUNSTEIN, his wife,

whose post office address is P. O. Box 2730, Stuart, Florida 33494

of the County of Martin, State of Florida, grantee*.

Witnesseth, That said grantor, for and in consideration of the sum of

----- TEN AND 00/100 ----- (\$10.00) -----

Dollars,

and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Martin County, Florida, to-wit:

Lot 7, Block 6, of INDIALUCIE, according to the Plat thereof recorded in Plat Book 4, page 77, and Plat Book 4, Page 85, public records of Martin County, Florida.

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

*"Grantor" and "grantee" are used for singular or plural, as context requires.

In Witness Whereof, Grantor has hereunto set grantor's hand and seal the day and year first above written. Signed, sealed and delivered in our presence:

Mary D. Byrd
Lubana J. Sommer

Sydney C. Wilkinson (Seal)
Sydney C. Wilkinson
Freda Wilkinson (Seal)
Freda Wilkinson (Seal)

STATE OF FLORIDA
COUNTY OF MARTIN

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared SYDNEY C. WILKINSON and FRED A WILKINSON, his wife, to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 8th day of September 1976.

My commission expires: 1/3/80

Lubana J. Sommer
Notary Public

O R BOOK 415 PAGE 2237

#695

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Post Office Box 210 Jacksonville, Florida 32201

Application and Permit

of

THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE Individual Sewage Disposal Facilities

Application/Permit

No. HD 77-319

Martin County Health Department

Section I - Instructions:

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

Notes:

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

Section II - Information:

1. Property Address (Street & House No.) Gumbolimba Way
 Lot 7 Block 6 Subdivision India Lucie
 Date Platted 12-17-69 Directions to Job Plat Book 4, Page 85,
Public Records of Martin County, Fla.
2. Owner or Builder Greg Braunstein
 P.O. Address Box 347 City Stuart, Fla. 33494
 Septic tank system to be installed by:

Scale 1" = 50'

Proposed 3 B.R. Res.

(Rear)

3. Specifications:

900 gallon tank with
255 square feet of
drainfield with at least
4" inside diameter pipe.

4. House to be constructed:

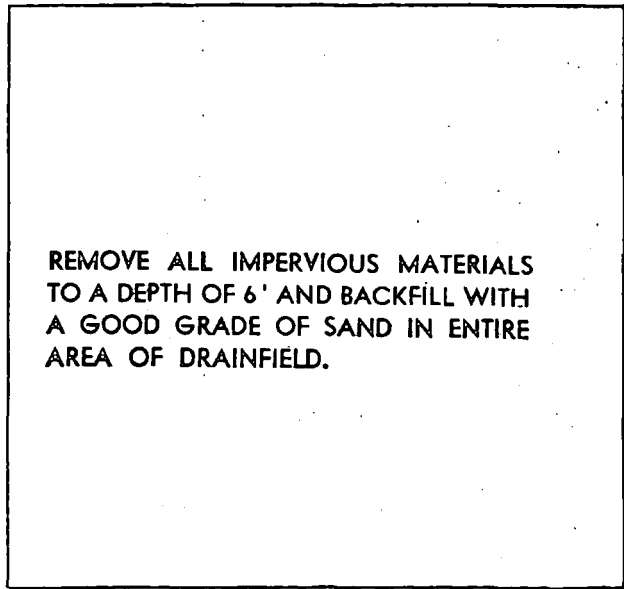
Check one: FHA
 VA Conventional

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: Ronald J. Price
for Greg Braunstein
Please Print

Signature: Ronald J. Price Date: 4-25-77

(Name of Street or State Road)
(Side)



(Name of Street or State Road)
(Side)

(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, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: Mark J. Weiss County Health Dept. MARTIN Date 4/26/77

Section IV - Final Construction Approval

Construction of installation approved: Yes No

Date: By:

FHA No. VA No.

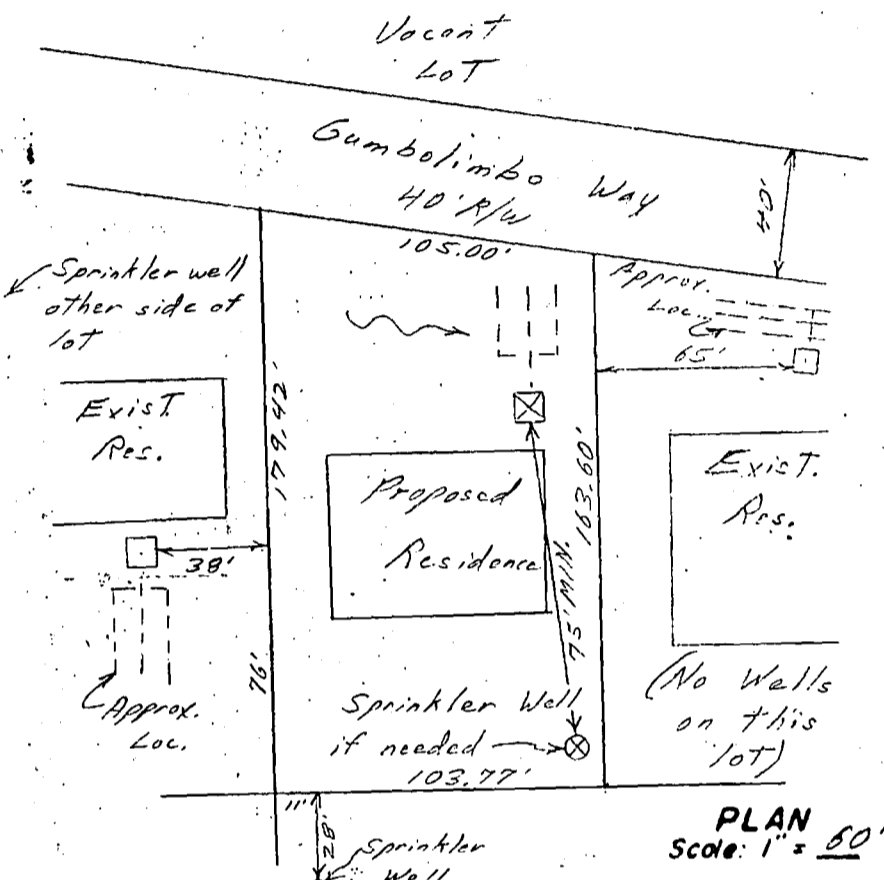
#695

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH

INDIVIDUAL SEWAGE DISPOSAL FACILITIES
DATA SHEET

Location: Lot 7, Blk. 6 Applicant: Greg Braunstein
India Lucie 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.



Note: See attached house plans for dimension of buildings

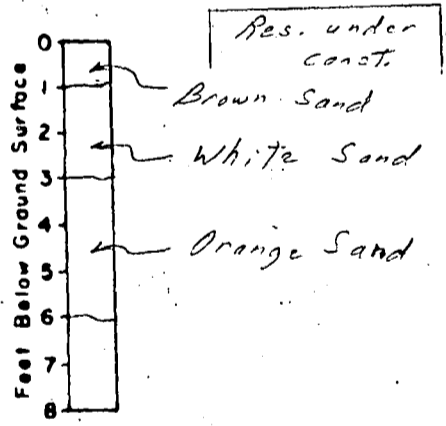
Plot plan must show all data required in 10D-6.03 2(a) and all other pertinent data.

NOTE: Contractor is responsible for verifying all dimensions shown in the above note prior to installation of septic tank system.

Note: Square footage is adequate for 3 BR. Residence

PLAN
Scale: 1" = 60'

SOIL DATA



LEGEND

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

SOIL BORING LOG

Soil Identification: CLASS I GROUP SP+SW
Soil Characteristics Good for septic tank system
Percolation Rate 1" fall in 20 sec. ± min/inch
Water Table Depth Below 6'
Water Table Depth During Wet Season " "
Compacted Fill Of Req'd
Com. & F.I. Checked By: _____

CERTIFIED BY: Ronald J. Price
FLORIDA PROFESSIONAL No. 77788
Date 4-25-77 Job No. 76-278

#695

Greg Braunstein #695
Lot 7, Bl. 6 Indialucie
3 Gumbo Limbo Way

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 10/3/77

This is to request that a Certificate of Approval for Occupancy be issued to Greg Braunstein

For property built under Permit No. 695 Dated 4/15/77

when completed in conformance with the Approved Plans.

Signed *Paul Jacques*

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	5/24/77	Charles Duryea
Rough plumbing	5/20/77	"
Perimeter-beam Pool	7/12/77	"
Rough electric	7/21/77	"
Close in	7/21/77	"
Final plumbing	10/3/77	"
Final electric	10/3/77	"

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector *John Smith* 10/3/77 date

Approved by Town Commission *Charles Duryea* 10/3/77 date

Utilities notified 10/3/77 11:00 a.m. date

Original Copy sent to Greg Braunstein

(Keep carbon copy for Town files)

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 4/15/77

This is to request that a Certificate of Approval for Occupancy be issued to GREG BRAUN FELLI

For property built under Permit No. 695 Dated _____

when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	5/24/77	POOL 7/12/77
Rough plumbing	5/20/77	
Perimeter beam		
Rough electric	7/21/77	
Close in		
Final plumbing		
Final electric	10/3/77	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector [Signature] date _____
Approved by Town Commission _____ date _____

Utilities notified _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

744
PERMIT #

FENCE
DESCRIPTION

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

RECEIVED
SEP 20 1977

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 744
Date 9/21/77

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

Owner ^{DR.} CAROL & SUSAN BRAUNSTEIN Present Address FLORESTA DR Ph 863-3000

General Contractor PAUL JACQUIN & SON, INC Address P.O. BOX 4729 Ph 465-2475

Where licensed STUCIE CO. License No. RR0017915

Plumbing Contractor _____ License No. _____
Electrical Contractor _____ License No. _____

Street building will front on GUMBOLIMBO WAY

Subdivision INDIALUCIE Lot No. 7 Area 6

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

Other Construction (Pools, additions, etc.) _____

Contract Price (excluding land, rugs, appliances, landscaping) \$ 1200⁰⁰

Total cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

FENCE -

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

Signed by General Contractor [Signature]

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

Signed by Owner _____

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

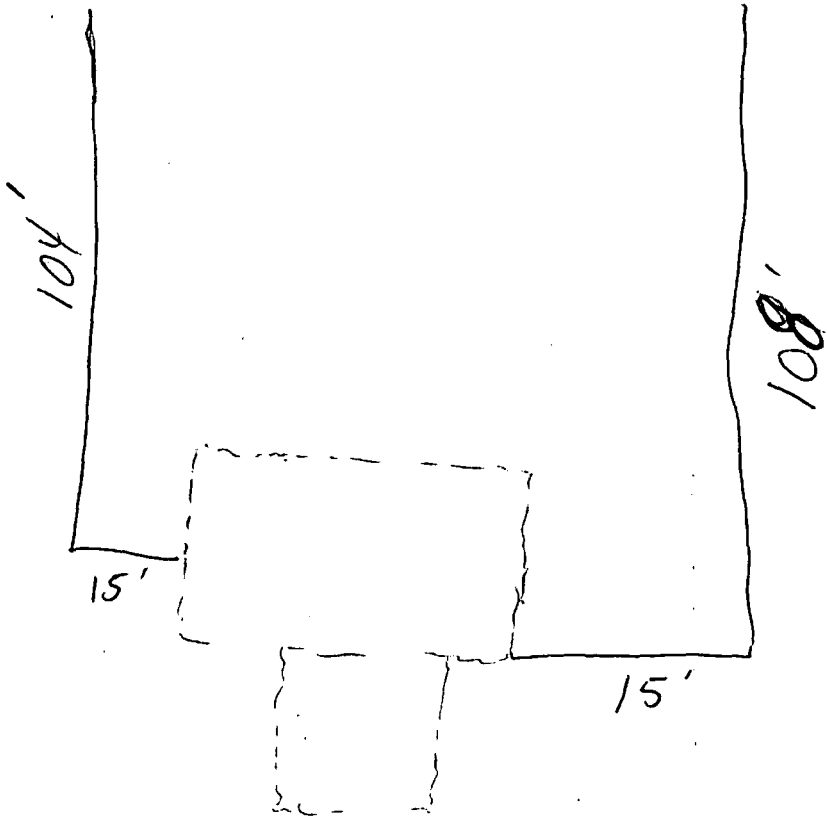
TOWN RECORD

Date submitted 9/21/77 [Signature]

Date approved 9/21/77 [Signature]

744

Certificate of Occupancy issued 10/24/77 Date _____



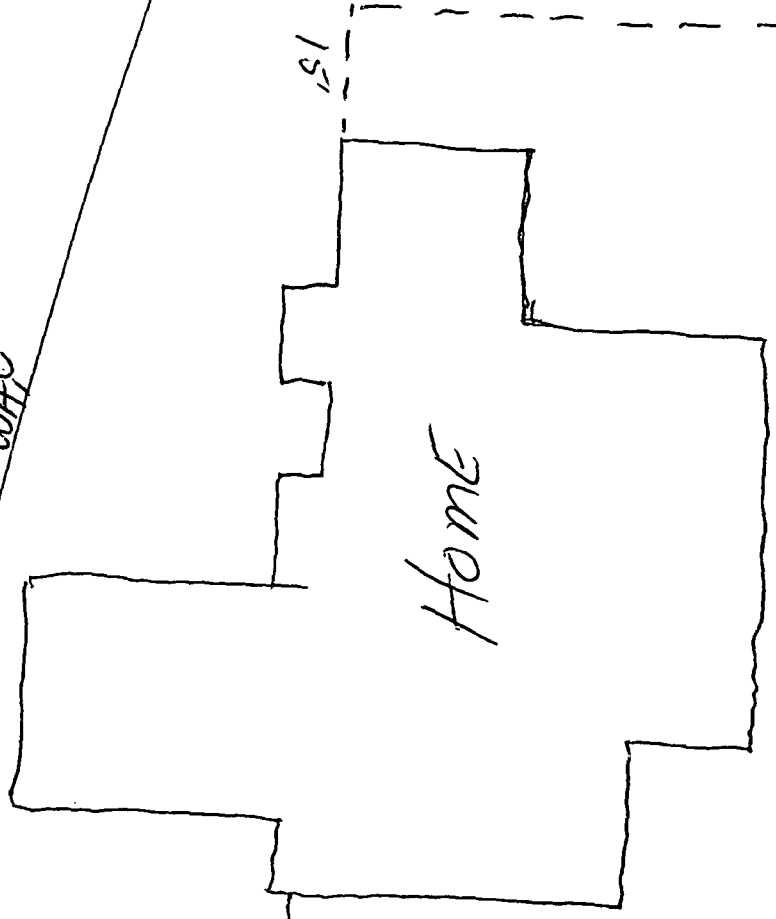
104
108
30

242'

242' LONG
6' HIGH

242' LONG FENCE
6' HIGH

GUMBOLMO WAY



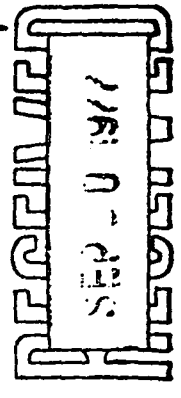
108'

104'

EXISTING FENCE

9/21/17
LJH
JG

#744



TOWN HALL COPY

BRAUNSTEIN FENCE

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 9/21/77

This is to request that a Certificate of Approval for Occupancy be issued to BRAUNSTEIN

For property built under Permit No. 744 Dated _____

when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	<u>10/24/77</u>	
Rough plumbing		
Perimeter beam		
Rough electric		
Close in		
Final plumbing		
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector _____ date

Approved by Town Commission _____ date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

<u>1325</u>	<u>Solar System</u>
PERMIT #	DESCRIPTION

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

1325

Permit No. RECEIVED APR 16 1981

Date _____

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

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

Owner SUE + GREG BRAUNSTEIN Present address 3 Gumbo Limbo Way

Phone 286-1872

Contractor Suncoast Dist. of Stuart Address P.O. Box 782 Port Salerno

Phone 286-2183

Where licensed Martin Co. License number 1106-00377

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: Solar Hot Water System - Collector on REAR

Facing Roof - Same System (82901/4x10 Collector) AS per FILE

State the street address at which the proposed structure will be built: 3 Gumbo Limbo Way

Subdivision INDIA LUCE Lot No. 7 B1K 6

Contract price \$ 1450.00 Cost of Permit \$ 7.00

Plans approved as submitted Plans approved as marked _____

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

Contractor Harrold L. Ziegler

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 Susan Braunstein

TOWN RECORD Date submitted _____

Approved: [Signature] Building Inspector Date 4/10/81

Approved: [Signature] Commissioner Date 4/11/81

Final Approval given: [Signature] Date _____

Certificate of Occupancy issued _____ Date _____

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

1325

1523

PERMIT #

Addition

DESCRIPTION



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

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

RECEIVED 1523
NOV - 2 1982
Date 11/1/82
Ans'd

TOWN OF SEWALL'S POINT FLORIDA

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

This application must be accompanied by three sets of complete plans, to scale, (1/4" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections; plumbing, electrical and air-conditioning layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house or commercial building construction.

Owner GREG BRAUNSTEIN Present address 3 GUMBOLIMBO WAY
 Phone 286-1872 JENSEN BEACH, FLA 33457
 General contractor Joseph P. EMMICK Address 4240 N.E INDIAN RIVER DR.
 Phone 334-3417 JENSEN BEACH, FLORIDA 33457
 Where licensed STATE CERTIFIED License No. CRCO 17291
 Plumbing contractor _____ License No. _____
 Electrical contractor HERITAGE ELECTRIC License No. MARTIN CO. 00080
 Air-conditioning contractor _____ License No. _____
 Describe the building, or alteration to existing building Room Addition

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

Subdivision INDIALUCIE Lot No. 7 Area MARTIN COUNTY

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 239.5 71

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 7600 3,500.00

Cost of permit \$ 38+10 48 Plans approved as submitted _____ or, as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the building for which this permit is issued must be completed within that time and in accordance with the approved plans. 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. I agree that the building site will be clean and rough-graded before a Certificate of Occupancy is sought, and, moreover, that I shall be 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 with the above requirements may result in a Building Inspector or a Town Commissioner "Red-tagging" the building project.

Contractor Joseph P. Emmick

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

Owner Greg Braunte

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

TOWN RECORD Date submitted 11/2/82
 Approved by Building Inspector (date) 11/3/82 Inspector's initials JEM
 Approved by Town Commissioner (date) 11/3/82 Commissioner's initials GB
 Date of Occupancy issued (date) _____

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

SEE ATTACHMENTS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 2/9/83
Greg Braunstein

This is to request that a Certificate of Approval for Occupancy be issued to Greg Braunstein
For property built under Permit No. 1523 Dated 11/8/82 when completed in
conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	12/20/82	
Rough plumbing		
Slab	12/20/82	
Perimeter beam		
Close-in, roof and rough electric	1/6/83	
Final Plumbing		
Final Electric	2/9/83	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. Mazzucca date 2/9/83

Approved by Building Commissioner _____ date _____

Utilities notified Met Reg. _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

<u>1690</u>	<u>Fence</u>
PERMIT #	DESCRIPTION

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

RECEIVED

MAR 22 1984

1690

Date 3-19-84

Permit No. _____

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

This application must be accompanied by three (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 Dr. Braunstein Present Address 3 Gumbo Limbo

Phone 286-3000

Contractor Martin Fern Co. Address 1125 Old Dixie Hwy

Phone 848-2666

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 6' chain link fence

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

Subdivision India Lucie Lot number 7 Block number 6

Contract price \$ 650.00 Cost of permit \$ 5.00 + 5 = 10

Plans approved as submitted _____ Plans approved as marked _____

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

✓ Contractor [Signature]

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

Owner [Signature]

TOWN RECORD

Date submitted 3/22/84 Approved: [Signature] 3/22/84
Building Inspector Date

Approved: [Signature] 3/23/84 Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

Final check 4/4/84

SP1282

[Signature]

Permit No. _____

1690

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

MARTIN FENCE CO.

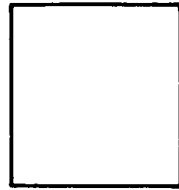
Serving: Martin, Palm Beach, St. Lucie Counties

1125 OLD DIXIE HWY., LAKE PARK, FLORIDA 33403

Palm Beach 848-2666
Martin/St. Lucie 334-0000

Plans drawn by: Christiane Curnan

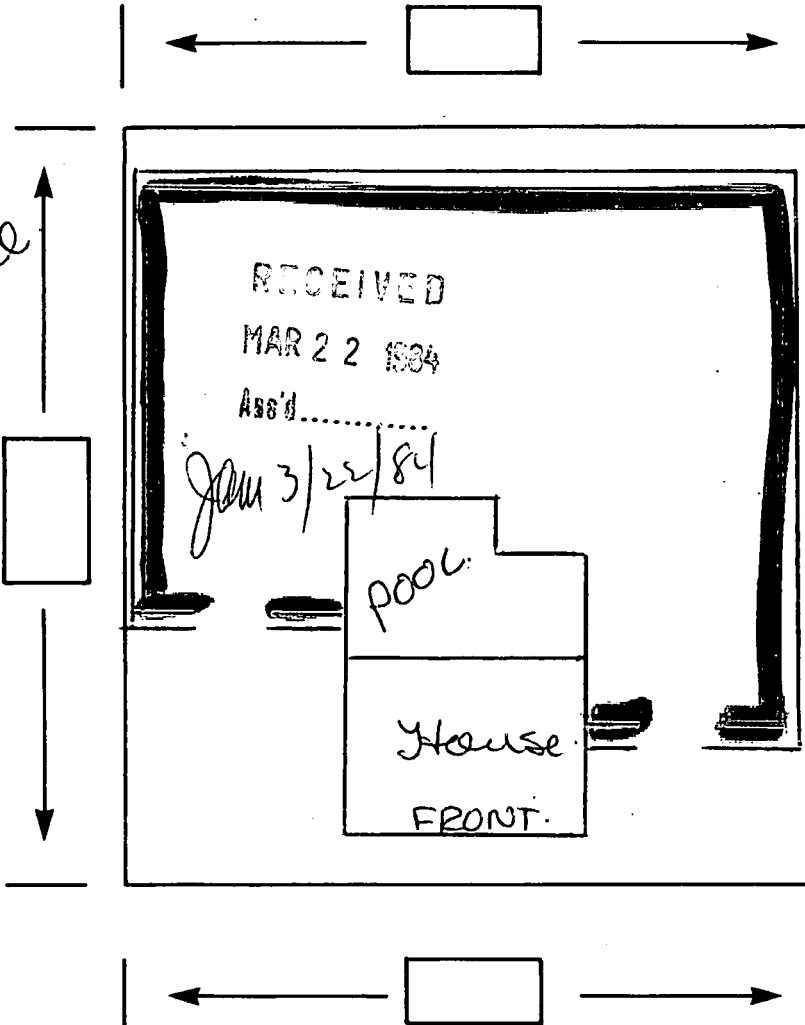
Name of Property Owner: Dr. Braunstein



BUILDING & ZONING ADMINISTRATION
Plot Plan

North Arrow

6' chain
link fence



Black line
shows where
wood fence
is existing

to be removed
~~later~~ later.



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

3 Gumbo Limbo ST., TERR., AVE., CT., PL.

No Scale

Legal: Lot No. 7 Block No. 6

Subdivision India Lucie

Section _____

4 Plat Book and Page No. 85

- Note:
1. Show existing buildings and additions.
 2. Show distance from property lines to buildings and/or new additions.

<u>2118</u>	<u>POOL ENC.</u>
PERMIT #	DESCRIPTION

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

Permit No.

2118

Date

4/18/87

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

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

Owner DR. GREG BRAUNSTIEN Present Address 3 Gumbo Limbo Way

Phone 286-3000 H-7288-3900 SEWALL'S POINT

Contractor CLIMATEAD INC. Address 3718 INTERSTATE PARK RD. N.

Phone 283-8070 RIVER BEACH, FL

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

State the street address at which the proposed structure will be built:
3 Gumbo Limbo Way Sewalls Pt

Subdivision SEWALLS PT (INDIALUCIE) Lot number 7 Block number 6

Contract price \$ 2878.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor CLIMATEAD INC.
BARBARA MURRAY Barbara Murray

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 _____

TOWN RECORD

Date submitted _____ Approved: Dale Brown 4/22/87
Building Inspector Date

Approved: _____ Date Final Approval given: _____ Date
Commissioner

Certificate of Occupancy issued (if applicable) _____
Date

SP1282

Permit No. _____

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

<u>2826</u>	<u>ADDITION</u>
PERMIT #	DESCRIPTION

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

Permit No. _____

Date 9.29.89

APPLICATION FOR PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE FOR A HOUSE OR A COMMERCIAL BUILDING

2826

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. Greg Braunstein Present Address 3 Gumbo Limbo Way

Phone 286-1872 Sewall's Point

Contractor Seacoast Const. Address 2895 E. Ocean Blvd

Phone 283-6642

Where licensed Florida License number CGC-0018346 (X)

Electrical contractor Riverside Elec. License number _____

Plumbing contractor White Plumbg. License number _____

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

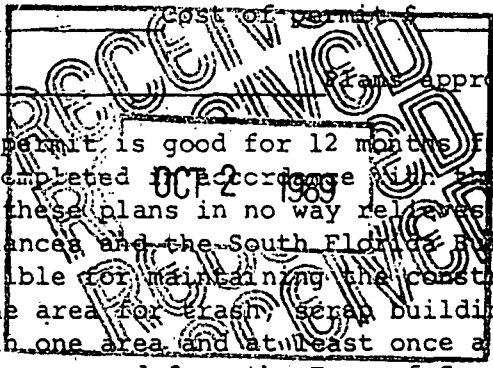
State the street address at which the proposed structure will be built:

3 Gumbo Limbo Way

Subdivision Indialucie Lot number 7 Block number 6

Contract price \$ 39,000 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____



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

Contractor J. C. Whynant (X)

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 Dale Braun 10/4/89 (X)

TOWN RECORD

Date submitted _____ Approved: [Signature] 11/5/89
Building Inspector Date

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282

Permit No. _____

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

2812

PERMIT #

Re Roof

DESCRIPTION

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

Permit No. _____

Date 7/10/90

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

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

Owner DR. GREG BRAUNSTEN Present Address 3 Gumbo Limbo, Stuart, FL
Phone 283-2211

Contractor WILFRAM CONST. Address 9027 S.E. Pine Cone Ln
Phone 516-6579 Hobe Sound, FL 33455

Where licensed MARTIN Co License number SP 00624

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 OF TOTAL HOUSE

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

3 Gumbo Limbo

Subdivision SEWALLS POINT Lot number _____ Block number _____

Contract price \$ 89,990.04 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner [Signature]

TOWN RECORD
Approved: [Signature] 7/10/90
Building Inspector Date

Date submitted _____

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282 Permit No. _____

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

<u>3155</u>	<u>DRIVEWAY</u>
PERMIT #	DESCRIPTION

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

Date 3-13-92

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

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

Owner GREG BRAUNSTEN Present Address 3 Gumbo Limbo Way

Phone _____

Contractor SELF Address SAME

Phone _____

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

3 Gumbo Limbo Way
State the street address at which the proposed structure will be built:

Subdivision INDIA LUCIA Lot number 7 Block number 6

Contract price \$ 2,000 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor R. L. Mary

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 G. Brausten (RMB)

TOWN RECORD
Approved: Dale Br...
Building Inspector _____ Date _____

Date submitted _____

Approved: _____ Commissioner _____ Date _____ Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) 3-13-92
Date _____

SP1282

Permit No. _____

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

6140
PERMIT #

GARAGE DOOR
DESCRIPTION

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

TOWN OF SEWALL'S POINT

Date 2/18/03

BUILDING PERMIT NO. 6140

Building to be erected for ATHOS

Type of Permit GARAGE DOOR

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision INDIALUCIE Lot 7 Block 6

Radon Fee _____

Address 3 GUMBO LIMBO WAY

Impact Fee _____

Type of structure SFL

A/C Fee _____

Parcel Control Number:

35 37410020060007020000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 35.00 Check # _____ Cash 35.00 Other Fees (_____)

Roofing Fee _____

Total Construction Cost \$ 1000.00

TOTAL Fees 35.00

Signed Del P. Atter
Applicant

Signed Gene Simmons (Job)
Town Building Official

PERMIT

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

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

- MECHANICAL
- POOL/SPA/DECK
- FENCE
- GAS
- RENOVATION
- ADDITION
X GARAGE DOOR

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: JOHN ATHOS / Debra A Athos Stuart State: FL Zip: 34976

Legal Description of Property: INDIA LUCIA LOT 7 BLOCK 6 Parcel Number: _____

Location of Job Site: 36umbolinda way Type of Work To Be Done: New Garage Door

CONTRACTOR/Company Name: _____ Phone Number: 223 1243

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

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

ARCHITECT: _____ Phone Number: _____

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

ENGINEER: _____ Phone Number: _____

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

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

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

Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD

Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$1000 Estimated Fair Market Value (FMV) Prior

To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2001 South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____

National Electrical Code 2002 Florida Energy Code 2001

Florida Accessibility Code 2001

THEREBY 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) D. Athos

State of Florida, County of: Martin

This the 18th day of February, 2003

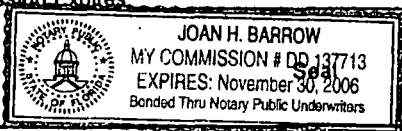
by D. Athos who is personally

known to me or produced Fl. g. l.

as identification. Joan H. Barrow

Notary Public

My Commission Expires: _____



CONTRACTOR SIGNATURE (Required) D. Athos

On State of Florida, County of: Martin

This the 18th day of February, 2003

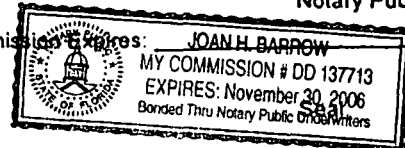
by D. Athos who is personally

known to me or produced Fl. g. l.

As identification. Joan H. Barrow

Notary Public

My Commission Expires: _____



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

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

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even 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: Debra P Athos Date: 2/17/03

Signature: Debra P. Athos

Address: 3650 Lincolnway

City & State: Stuart, FL 34996

Permit No. _____

This form is for all permits except electrical.



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

DATE: 2/18/03

BUILDING OFFICIAL

SBCCI PUBLIC SAFETY TESTING AND EVALUATION SERVICES INC.

900 Montclair Road, Suite A; Birmingham, Alabama 35213-1206

www.sbccies.org

a Participating Member of the NES, Inc.

Evaluation Reports are the opinion of the Committee on Evaluation, based on the findings, and do not constitute or imply an approval or acceptance by any local community. The Committee, in review of the data submitted, finds that in their opinion the product, material, system, or method of construction specifically identified in this report conforms with or is a suitable alternate to that specified in the Standard and International Codes,
SUBJECT TO THE LIMITATIONS IN THIS REPORT.

The Committee on Evaluation has reviewed the data submitted for compliance with the *Standard Building Code*, the *SBCCI Standard for Hurricane Resistant Residential Construction*, the *Florida Building Code*, and the *International One and Two Family Dwelling Code* and submits to the Building Official or other authority having jurisdiction the following report. The Committee on Evaluation, SBCCI PST & ESI and its staff are not responsible for any errors or omissions to any documents, calculations, drawings, specifications, tests or summaries prepared and submitted by the design professional or preparer of record that are listed in the Substantiating Data Section of this report.

Copyrighted © 2002 SBCCI PST & ESI

REPORT NO.: 2210

EXPIRES: See current SBCCI PST & ESI EVALUATION REPORT LISTING

CATEGORY: DOORS AND WINDOWS

SUBMITTED BY:

WAYNE DALTON, CORP.
 3395 ADDISON DRIVE
 PENSACOLA, FLORIDA 32514

1. PRODUCT TRADE NAME

- 1.1 Wayne Mark 8000 Garage Door
- 1.2 Wayne Mark 8100 Garage Door

2. SCOPE OF EVALUATION

- 2.1 Structural - Transverse Wind Loads
- 2.2 Structural - Impact Resistance (Florida Building Code Only)
- 2.3 Surface Burning Characteristics

3. USES

Wayne Mark 8000/8100 Garage Doors are used as garage doors with specified allowable wind pressures.

4. DESCRIPTION

4.1 General

The WayneMark Series 8000 and 8100 are sectional overhead garage doors constructed of galvanized steel sections with a two coat polyester finish. The doors are 2 inches thick, with boxshaped stiles and embossed with raised panel wood grain texture, tongue and groove sections. The series Model 8000 is non-insulated. The Series Model 8100 is insulated with a 9/16 inch thick expanded polystyrene.

4.2 Model 8000

WayneMark 8000 Series Garage Doors are constructed of 26 gauge ASTM A653-00 Forming Steel FS Type B, minimum yield of 56 ksi, with a finish equal to ASTM A525 made up of a G30 finish covered with two coats of polyester paint with 16 gauge steel end stiles and 20 gauge steel center stile stiles.

4.3 Model 8100

WayneMark 8100 Series Garage Doors are constructed of 24 and 26 gauge ASTM A653-00 Forming Steel FS Type B, minimum yield of 56 ksi, with a finish equal to ASTM A525 made up of a G30 finish on 26 gauge doors and G90 finish on 24 gauge doors, covered with two coats of polyester paint with 16 gauge steel end stiles and 20 gauge steel center stile. The Series 8100 is insulated with a 9/16" thick expanded polystyrene board which is labeled per Section 2603.2 in both the 1999 Standard Building Code and the 2001 Florida Building Code. The surface burning characteristics of the door was tested in accordance with ASTM E-84 and found to have a flame spread of less than 75 and a smoke development of less than 450.

4.4 Wind Loads

The WayneMark Series 8000 and 8100 Garage Doors were subjected to transverse load testing under ASTM E 330. Allowable transverse wind loads are given in Table 1.

Both series of the WayneMark 8000/8100 Series Garage Doors are braced on the inside of the doors with U-Bars and C-Channels running horizontally on each sectional panel. Each

Garage Door Sales, Inc.
 2807 Okeechobee Road
 Ft. Pierce, FL 34947
 461-0729/335-2388/569-1115

REPORT NO. 2210
 PAGE 1 OF 4

Martin County

**GARAGE DOOR SALES, INC.
2807 OKEECHOBEE RD.
FT. PIERCE, FL 34947
772) 461-0729 335-2388 569-1115
FAX: 772) 461-8719**

October 24, 2002

Mrs. Athos
3 Gumbo Limbo
Stuart, Fl 34996
Sewall's Point
Re: Quote

QUOTATION:

Tear out existing garage door and hardware; haul it away

\$50.00

Installation of 16' x 7' Wayne Mark 8000 "White" Raised panel, Roughsawn texture, 140 mph Exposure B, Windload Code Option #0121 (non-insulated)

\$786.00

Installation of Torsion pad

\$25.00

Installation of Red Heads (lags)

\$80.00

Option: Windows installed in top panel

\$144.00

Please note, by law garage doors with windows requires additional Hurricane Shutters; not supplied by Garage Door Sales, Inc.

941.00

*****HOMEOWNER RESPONSIBLE FOR PULLING PERMIT*****

All prices shown include tax and installation. Any labor or materials not included in this quotation are not included in this pricing. Please review for accuracy.

Thank you,
Mellissa
Garage Door Sales, Inc.

Upon acceptance of the quotation above please sign below.

Print Name: _____
Sign Name: _____
Address: _____ City/State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____

Martin County

**GARAGE DOOR SALES, INC.
2807 OKEECHOBEE RD.
FT. PIERCE, FL 34947
772) 461-0729 335-2388 569-1115
FAX: 772) 461-8719**

October 24, 2002

Mrs. Athos
3 Gumbo Limbo
Stuart, Fl 34996
Sewall's Point
Re: Quote

QUOTATION:

Tear out existing garage door and hardware; haul it away

\$50.00

Installation of 16' x 7' Wayne Mark 8000 "White" Raised panel, Roughsawn texture, 140 mph Exposure B, Windload Code Option #0121 (non-insulated)

\$786.00

Installation of Torsion pad

\$25.00

Installation of Red Heads (lags)

\$80.00

Option: Windows installed in top panel

\$144.00

Please note, by law garage doors with windows requires additional Hurricane Shutters; not supplied by Garage Door Sales, Inc.

94100

*****HOMEOWNER RESPONSIBLE FOR PULLING PERMIT*****

All prices shown include tax and installation. Any labor or materials not included in this quotation are not included in this pricing. Please review for accuracy.

Thank you,
Mellissa
Garage Door Sales, Inc.

Upon acceptance of the quotation above please sign below.

Print Name: _____
Sign Name: _____
Address: _____ City/State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____

MARTIN COUNTY BUILDING PERMIT APPLICATION

CLASS OF WORK: NEW _____ ADDITION _____ ALTERATION _____ REPAIR _____ OTHER _____

MASTER PERMIT NUMBER(if applicable) _____

DESCRIPTION OF WORK C/o garage door only

PERMIT TYPE: PLEASE CHECK ONLY ONE (1) ITEM PER PERMIT APPLICATION.

1) COMMERCIAL _____ MULTI-FAMILY _____ # OF UNITS _____ COMMERCIAL ADDITION _____ TENANT IMPROVEMENT _____
DEVELOPMENT REVIEW PERMIT NUMBER _____

2) DEMOLITION _____ IT IS THE OWNER/OPERATORS RESPONSIBILITY TO COMPLY WITH THE PROVISION OF S.469.003 AND TO NOTIFY THE D.E.P. OF INTENTIONS TO REMOVE ASBESTOS, WHEN APPLICABLE IN ACCORDANCE WITH STATE AND FEDERAL LAW.

3) DOCK ONLY _____ BOATLIFT ONLY _____ DOCK & BOATLIFT _____ RESIDENTIAL _____ COMMERCIAL _____ ELECTRICAL _____

4) DRIVEWAY ONLY _____ CULVERT ONLY _____ CULVERT & DRIVEWAY _____

5) FENCE _____ FENCE HEIGHT _____ LENGTH OF FENCE _____ TYPE OF FENCE _____ CORNER LOT: YES _____ NO _____

6) MISCELLANEOUS _____

7) MOBILE HOME SET-UP NEW _____ USED _____ RESIDENTIAL _____ SALES _____ CONSTRUCTION _____
REPLACEMENT ON SAME LOT? _____ YES _____ NO _____ MANUF. DATE _____ EXPOSURE "D" LOCATION _____

8) PATIO: RESIDENTIAL _____ COMMERCIAL _____

9) *POOL ONLY _____ *POOL DECK ONLY _____ *NEED POOL OR DECK PERMIT (OR PLAN) NUMBER PRIOR TO ISSUANCE
POOL & DECK _____ POOL W/BRICK PAVER DECK _____ SPA W/DECK _____ SPA W/O DECK _____ ABOVE GROUND POOL
W/ELECTRIC _____ ABOVE GROUND POOL W/O ELECTRIC _____

10) REROOF: RESIDENTIAL _____ COMMERCIAL _____ ROOFOVER _____ NEW ROOF DECK: YES _____ NO _____

11) RESIDENTIAL: SINGLE FAMILY _____ DUPLEX _____ MODULAR _____

12) SCREEN ENCLOSURE _____ POOL ENCLOSURE _____ WOOD _____ ALUMINUM _____ POURING A SLAB YES _____ NO _____

13) SEAWALL _____ RIP RAP _____ RETAINING WALL _____ OTHER _____

14) SHED _____ W/SLAB _____ WITHOUT SLAB _____

15) SHUTTER, HURRICANE _____ REMOVEABLE _____ PERMANENTLY ATTACHED _____

16) SIGN _____ ELECTRICAL _____ NON-ELECTRICAL _____ SIGN SQUARE FOOTAGE _____

LEGAL DESCRIPTION:

PROPERTY ID# _____

ADDRESS OF CONSTRUCTION _____

SUBDIVISION NAME _____ PLAT # _____ PHASE # _____

TRACT # _____ BLOCK # _____ LOT # _____

OWNER'S NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE # _____

FEE SIMPLE TITLE HOLDER'S NAME _____

CONTRACTOR'S NAME Garage Door Sales, Inc. ADDRESS _____

CITY/STATE 2807 Okeechobee Road PHONE# _____ FAX# _____

E-MAIL ADDRESS Ft. Pierce, FL 34947 461-0729/335-2388/569-1115

MARTIN COUNTY OR STATE LICENSE # SPO1882 JACK B. MELTON

BONDING COMPANY N/A ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE # _____

DESIGNER/ARCHITECT/ENGINEER NAME _____ ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE # _____

CONSTRUCTION INFORMATION

SQ. FT. UNDER AIR _____ TOTAL SQ. FT. OF STRUCTURE _____

OF FLOORS _____ SQ. FT. EACH FLOOR #1 _____ #2 _____ #3 _____

WOOD FRAME _____ MASONRY _____

ROOFING MATERIAL TO BE USED _____

COST OF CONSTRUCTIONS _____

WATER/SEWER COMPANY _____ SEPTIC PERMIT# _____

PLUMBING WORK: YES _____ NO _____ ELECTRICAL WORK: YES _____ NO _____ BURGLAR ALARM: YES _____ NO _____

IRRIGATION SPRINKLER: YES _____ NO _____ GAS WORK: YES _____ NO _____

HARV WORK: YES _____ NO _____ LOW VOLTAGE PRE-WIRE YES _____ NO _____ FIRE SPRINKLER: YES _____ NO _____

FILL REQUIRED: YES _____ NO _____ LOT PREVIOUSLY FILLED PERMIT # _____

LAND CLEARING REQUIRED: YES _____ NO _____ LOT PREVIOUS CLEARED PERMIT # _____

(COMMERCIAL CONSTRUCTION ONLY)

CONSTRUCTION TYPE: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____

BLDG HT _____ BLDG SPRINKLER YES _____ NO _____ PROTECTED 1HR _____ UNPROTECTED _____

OWNER/CONTRACTOR AFFIDAVIT: 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.

IN CONSIDERATION OF THE GRANTING OF THIS REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS, THE 2001 FLORIDA BUILDING CODE AND MARTIN COUNTY AMENDMENTS. PLAN REVISIONS ON ALL STRUCTURES EXEMPTED BY CODE FROM ARCHITECT/ENGINEER DESIGN MAY BE DONE BY PERMIT HOLDER.

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.

I UNDERSTAND THE APPLICANT SHALL FILE WITH THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION, WHICH OCCURS AFTER THE BUILDING PERMIT HAS BEEN ISSUED, A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT. IN THE ABSENCE OF THE FILING OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, THE ISSUING AUTHORITY WILL NOT PERFORM THE INSPECTION.

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

Homeowner to pull permit

Jack B. Meitner / Qualifier On Garage Decks

SIGNATURE OF OWNER

SIGNATURE OF CONTRACTOR

DATE: _____

DATE: 2-6-03

SWORN TO AND SUBSCRIBED BEFORE

SWORN TO AND SUBSCRIBED BEFORE

ME THIS _____ DAY OF _____ 20 _____

ME THIS 6 DAY OF February 20 02

BY _____

BY Jack B. Meitner

NOTARY PUBLIC, STATE OF FL.

Karen L. Episcopo

NOTARY PUBLIC, STATE OF FL.

AS TO OWNER

AS TO CONTRACTOR

PERSONALLY KNOWN _____

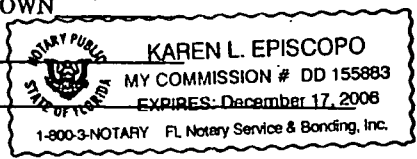
PERSONALLY KNOWN

PRODUCED ID _____

PRODUCED ID _____

TYPE: _____

TYPE: _____



**GARAGE DOOR SALES, INC.
2807 OKEECHOBEE ROAD
FORT PIERCE, FL
34947
772 461 0729/335-2388/569-1115
FAX:772 461 8719**

ST LUCIE COUNTY, FLORIDA / *Martin Carry*

**REPLACING GARAGE DOOR FROM NON-HURRICAN TO
HURRICAN PER NEW BUILDING CODE IN EFFECT 3/1/02**

**Have Homeowner check with their local building department to
determine if permit is required and what windload is required**

**1. Requires jambs to be upgraded for windload tap con's per drawing
that we have on file**

**Labor and Materials cost per tap con \$8.00/ea
Depending on size of door and windload required the jambs may
require from Minimum 10 to Maximum 20.**

**2. If Garage Door Sales, Inc. pulls the building permit
Charge is \$200.00**

**We would require the following information before we could pull the
permit:**

**Lot/Block/Subdivision
Complete Address
Same requirements on jambs**

**3. If customer has extension springs on tear out door – we need to add a
torsion pad to accommodate the new torsion style springs that would be
required Labor & Materials \$25.00**

**4. Check to see if customer needs new outside vinyl trim – Trim cost is
\$2.00/ft**

**5. Tear out and haul away of old door and track \$40.00-\$50.00/depending on
size**

6. Cost of new windload door, depending on size, style, windload requirements

GARAGE DOOR SALES

"the builders connection"

2807

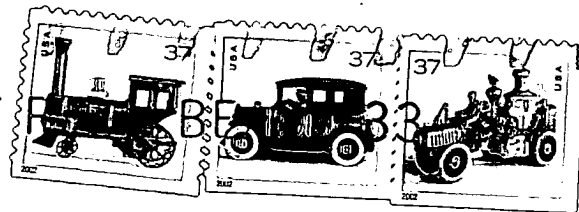
FORT F

TEST RESULTS.

FEB

2003

WEST



BUCK DETAIL
FOR FASTENERS OF
2X6 TO STRUCTURE

Garage Door Sales

Gene, please ask
For Karen

7724610729

Athos
Gumbo Limbo
Wt, FL 34996

Need
TEST
DATA
RESULTS



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

CORRECTION NOTICE

ADDRESS: 3 Gumbo Limbo

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

Garage door

Parted : no access

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

DATE: 2/26/13

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-26, 2004; Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6055	Hess 74 N. Sewall's Pt Rd Martin County Propane	GAS TANK	Failed	Contractor to reduce Garage re-roof ??
				INSPECTOR: <i>[Signature]</i>
6102	DUNN 21 Palmetto Dr PVD Development	STRAPPING	Passal	9+
				INSPECTOR: <i>[Signature]</i>
5700	D'ALESSANDRO 107 Abbie Court FRASIER	SEPTIC TANK LINE Pool Plumbing	Passal Passal	
				INSPECTOR: <i>[Signature]</i>
6040	ATKINS	GARAGE DOOR	Failed	No access
	3 Gumbo Limbo Way O/B			INSPECTOR: <i>[Signature]</i>
6158	DONNATELLI 19 BANYAN ROAD TREASURE COAST A/C	REPLACE AC FINAL El rough Plumb rough	Failed Passal Passal	AH 30A 10 AC 25/20 50
				INSPECTOR: <i>[Signature]</i>
6158	DONATELLI 19 BANYAN RD O/B	DUCT WORK FOR STONE HOOD + ELEC + PLUMBING + FRAMING	Failed Passal Passal	215-4779 220-1506
				INSPECTOR: <i>[Signature]</i>
5986	SCHOPPE 8 PALM ROAD COASTAL ALUM.	POOL ENCLOSURE	Passal	
				INSPECTOR: <i>[Signature]</i>

OTHER: LUCAS ROOF PLYWOOD Passal
6028 MANDALAY SHEATHING NAILING
EMMICK CONST

146 N Spd. → Stop

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/28, 2008 Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6161	WEBER	LATH	Passed	
(2)	49 N. WUEL RD. STRAUZZI			INSPECTOR: <i>[Signature]</i>
6009	D'ALESSANDRO	POOL PLUMBING	Passed	
(7)	107 ABBIE COURT OLYMPIC POOLS SPAZ			INSPECTOR: <i>[Signature]</i>
6146	CONROY	TEMP ELEC	Passed	
(6)	12 PALMETTO OIB			INSPECTOR: <i>[Signature]</i>
TREE	GREENE	TREE	Passed	
(10)	26 ISLAND ROAD			INSPECTOR: <i>[Signature]</i>
5761	LOWELL	EXTERIOR	What is exterior.	
(9)	7 W. HIGH POINT IANIERO			INSPECTOR: <i>[Signature]</i>
6013	FABINSKY	ENG & TIE DOWN	Passed	
(8)	10 MANDALAY			INSPECTOR: <i>[Signature]</i>
6140	ATHOS	GARAGE DOOR	Passed	= Passed
(3)	3 GUMBO LIMBO WAY			INSPECTOR: <i>[Signature]</i>

OTHER: _____

<u>6218</u>	<u>Repl. Doors</u>
PERMIT #	DESCRIPTION

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

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/8/03

BUILDING PERMIT NO. **6218**

Building to be erected for ATHOS

Type of Permit REPLACE DOORS

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision INDIALUCIE Lot 7 Block _____

Radon Fee _____

Address 3 GUMBO LIMBO WAY

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

35374100 20060007020000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 187 Cash _____ Other Fees (_____)

Total Construction Cost \$ 300.00

TOTAL Fees 35.00

Signed D.P. Athos

Applicant

Signed Gene Simmons (Rep)

Town Building Official

PERMIT

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

INSPECTIONS

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

Permit Number: 6218

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: ATHOS Phone (Home) 2231243 (Work) 4753970

Job Site Address: 3 GUMBOLIMBO Way City: STUART State: FL Zip: 34996

Legal Description of Property: _____ Parcel Number: _____

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

Description of Work To Be Done: New Front Doors

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

CONTRACTOR/Company Name: _____ Phone Number: _____

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

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

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 300 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Debra P. Athos

State of Florida, County of: Martin

This the 8 day of April, 2003

by Debra P. Athos who is personally known to me or produced FL Doc #

as identification. Terry Seyffart

Notary Public **Terry Seyffart**
Commission #DD146022
Expires: Nov 06, 2004
Bonded Thru

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

#6218

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: ATHOS Date: 4/8/03

Signature: Debra P. Athos

Address: 3 Gumbo Limbo Way

City & State: SEWALL'S POINT, FL

Permit No. 6215

This form is for all permits except electrical.

COP-WL-EN3100-02

METAL-EDGE STEEL DOORS

Glazed Units

6'8" Height – Outswing

Arrangement	Singles (width)	Masonite International	Miami-Dade BCCO	DP Rating	Impact Rated
X	2'0"	COP-WL-EN3161-02	01-0314.20	50.5	NO
	2'6"				
	2'8"				
	2'10"				
	3'0"				
	3'6"	Not Listed	Not Listed	-	-
Arrangement	Multiples (width)	Masonite International	Miami-Dade BCCO	DP Rating	Impact Rated
XO, OX, OXO	2'8" + 1'0"	COP-WL-EN3163-02	01-0314.20	50.5	NO
	2'8" + 1'2"				
	2'10" + 1'0"				
	2'10" + 1'2"				
	3'0" + 1'0"				
	3'0" + 1'2"				
	1'0" + 2'8" + 1'0"	COP-WL-EN3164-02	01-0314.20	50.5	NO
	1'0" + 2'10" + 1'0"				
	1'2" + 2'8" + 1'2"				
	1'0" + 2'8" + 1'0"				
	1'0" + 3'0" + 1'0"				
	1'2" + 2'10" + 1'2"				
	1'2" + 3'0" + 1'2"				
	2'6" + 2'6" + 2'6"				
	2'8" + 2'8" + 2'8"				
2'10" + 2'10" + 2'10"					
3'0" + 3'0" + 3'0"					
XX, OXXO	2'8" + 2'8"	COP-WL-EN3162-02	01-0314.20	50.5	NO
	2'8" + 2'8"				
	2'10" + 2'10"				
	3'0" + 3'0"	COP-WL-EN3165-02	01-0314.20	50.5	NO
	2'6" + 2'8" + 2'6" + 2'6"				
	2'8" + 2'8" + 2'8" + 2'8"				
2'10" + 2'10" + 2'10" + 2'10"					
3'0" + 3'0" + 3'0" + 3'0"					

Notes:

1. Door arrangements using fewer panels than what is shown in the above chart also comply under the product approvals shown.
2. Assembly details are available from the Masonite International website (www.masonite.com) or from the technical center.
3. Installation instructions are available from the Masonite International website (www.masonite.com) or from the technical center.
4. Actual design pressure requirement for a specific building design & geographic location is determined by ASCE 7 (Minimum design loads for buildings and other structures). National, state or local building codes specify the edition required.
5. Masonite International structural, cyclic, air, water, forced entry/or impact testing is done in accordance with Miami-Dade BCCO protocol PA201, PA202 & PA203.

FILE COPY
TOWN OF SEWALL'S POINT

THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE

DATE: 4/18/13

BUILDING OFFICIAL
Gene Simmons

Entergy
Entry Systems
April 29, 2002
Our continuing program of product improvement means specifications, design and product detail subject to change without notice.



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-16, 2003 Page 1 of 2

1
2
3
4
5
6
7
8
9
10
11
12

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6218	Passed	close
④	3 Gumbo Limbo	REPL DOOR		
	O/B			INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
Tree	SLATER	Tree	Passed	
⑥	4 NE LAGOON SL			
				INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
Tree	HECKENBERG	Tree	Passed	
⑦	5 NE LAGOON SL			
				INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6127	CLARK	ELEC-ROUAIN	Passed	
③	33 FIELDWAY	FRAMING	Passed	
	PAR ONE			INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5889	CLEMENTS	FENCE		→ do arrow
⑩	6 MIDDLE ROAD			
	FENCE CRAPPLERS			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6202	DICKINSON	SEEN CHG ELEC	Passed	Last
④	19 EMARITA WAY	(as close to 12)		
	MATT COOK ELEC	as pass		INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6189	BENSON	FINAL	Passed	close
①	1 CASTLE HILL WAY	CHIMNEY		
	APOSTOLACTOSA			INSPECTOR: [Signature]
OTHER:				

<u>7715</u>	<u>Remove/Replace slider</u>
PERMIT #	DESCRIPTION

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

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8/8/05

BUILDING PERMIT NO. 7715

Building to be erected for ATHOS

Type of Permit REMOVE SLIDER
REPLACE W/ SLIDER

Applied for by O/D (Contractor)

Building Fee 35.00

Subdivision INDIANWICK Lot 7 Block 6

Radon Fee _____

Address 3 GUMBO LIMBO WAY

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

3537410020060007020000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 5.00 Check # _____ Cash Other Fees (_____)

Roofing Fee _____

Total Construction Cost \$ 2000.00

TOTAL Fees 35.00

Signed Debra P. Athos
Applicant

Signed Jane Summers
Town Building Official

PERMIT

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

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

- MECHANICAL
- POOL/SPA/DECK
- FENCE
- GAS
- RENOVATION
- ADDITION
- REPLACE WINDOW:

INSPECTIONS

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

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

RECEIVED
7/28/05

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 7/28/05

OWNER/TITLEHOLDER NAME: Athos Phone (Day) 2231243 (Fax) SAME

Job Site Address: 3 Gumbo Limbo Way City: Stuart State: FL Zip: 34996

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

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

Description of Work To Be Done: Taking out sliding glass door to a smaller window size.

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

(If yes, Owner Builder Affidavit must accompany application)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ \$2000-
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to Improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: _____ 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)

Debra Athos

CONTRACTOR SIGNATURE (required)

Debra Athos

State of Florida, County of: MARTIN

On State of Florida, County of: _____

This the 28th day of JULY, 2005

This the _____ day of _____, 200

by Debra Athos who is personally

by _____ who is personally

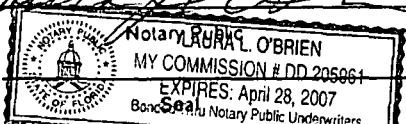
known to me or produced FDL A320125-64-725-0

known to me or produced _____

as identification. James R. O'Brien x6125108

As identification. _____

My Commission Expires: _____



My Commission Expires: _____

Notary Public

Seal

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

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

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

DISCLOSURE STATEMENT

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

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

Name: Debra P. Athos **Date:** 7/27/05

Signature: Debra P. Athos

Address: 36 Gumbo Limbo Way

City & State: Stuart, FL 34996

Permit No. _____

CRITIQUE

Owner: Athos

Date: July 28, 2005

Contractor: Owner/Builder

Contractor's Phone Number:

Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITALS FOR SLIDER REMOVAL AND INSTALLATION OF SMALLER WINDOW LOCATED AT 3 GUMBO LIMBO WAY

The following documents must be signed and sealed by a registered Architect or Engineer. (2 copies)

1. Section/Detail Drawings and Schedules showing the following information:
 - a. Wall section drawings showing original opening size and new window size with what size framing to be installed with connector schedule.



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

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

NOTICE OF ACCEPTANCE (NOA)

**PGT Industries
1070 Technology Drive
Nokomis, FL 34275**

SCOPE:

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

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

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

DESCRIPTION: Series "640" Outswing Aluminum Casement Window mulled to Fixed Window

APPROVAL DOCUMENT: Drawing No. 7045-9, titled "Aluminum Casement Window, Non-Impact", sheets 1 through 12 of 12, prepared by manufacturer, dated 12/12/02 with revision on 3/11/03, signed and sealed by Lucas A. Turner, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: None

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

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

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

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

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

This NOA consists of this page 1 as well as approval document mentioned above.

The submitted documentation was reviewed by Theodore Berma, PE



TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 8/8/05
Gene Simmons
BUILDING OFFICIAL
Gene Simmons

No 02-1219.05
Expiration Date: April 24, 2008
Approval Date: April 24, 2003
Page 1

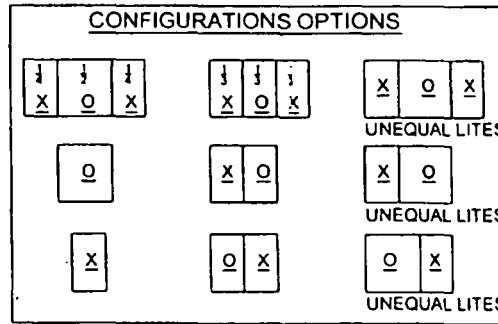
NOTES: NON-IMPACT WINDOWS

1. GLAZING OPTIONS:
 - A. 3/16" ANNEALED GLASS
 - B. 3/16" TEMPERED GLASS
 - C. 1/2" I.G. GLASS (1/8" ANNEALED, 1/4" SPACE, 1/8" ANNEALED)
 - D. 1/8" ANNEALED (DSB) GLASS
2. CONFIGURATIONS: X, XX, XO, OX, O
3. DESIGN PRESSURE RATINGS / COMPARATIVE ANALYSIS TABLES:
 - A. NEGATIVE DESIGN LOADS BASED ON TESTED PRESSURE AND GLASS TABLES ASTM E 1300-98 (AND ASTM E 1300-94 OUTSIDE MIAMI-DADE COUNTY).
 - B. POSITIVE DESIGN LOADS BASED ON WATER TEST PRESSURE AND GLASS TABLES ASTM E 1300-98 (AND ASTM E 1300-94 OUTSIDE MIAMI-DADE COUNTY).
 - C. DESIGN PRESSURES UNDER 40 P.S.F. NOT APPLICABLE IN MIAMI-DADE COUNTY.
 - D. FOR "X" CONFIGURATIONS SEE SHEET 4.
 - E. FOR "XX" CONFIGURATIONS SEE SHEET 5.
 - F. FOR 1/2-1/2 "XOX" & "OX" CONFIGURATIONS SEE SHEET 6.
 - G. FOR 1/3-1/3 "XOX" & "XO" OR "OX" CONFIGURATIONS SEE SHEET 7.
 - H. FOR UNEQUAL LITE "XOX", "XO" & "OX" CONFIGURATIONS SEE SHEET 8.
4. ANCHORAGE: SINGLE ROW OF FASTENERS LOCATED AS FOLLOWS: (ALSO SEE SHTS. 2, 3 & 12)

HEAD & SILL: MAX. 4" FROM CORNERS
 MAX. 4" & 7" ON EACH SIDE OF MEETING RAILS
 MAX. 14 1/2" SPACING ON VENTS
 MAX. 13" SPACING ON FIXED LITE
 (2) ANCHORS 3" APART AT MID-SPAN ON FIXED LITE ONLY

JAMBS: MAX. 4" FROM CORNERS
 MAX. 13" SPACING
 (2) ANCHORS 3" APART AT MID-SPAN

NOTE: FOR GLAZING OPTIONS A, C, AND D, #12 SCREWS OR 3/16" TAPCONS MAY BE USED. FOR GLAZING OPTION B, #14 SCREWS OR 1/4" TAPCONS ARE REQUIRED TO ACHIEVE THE DESIGN PRESSURES SHOWN IN THE TABLES. IF USING #12 SCREWS OR 3/16" TAPCONS WITH GLAZING OPTION B, THEN THE ALLOWABLE DESIGN PRESSURES ARE LIMITED TO THOSE GIVEN IN THE RESPECTIVE TABLES FOR GLAZING OPTION C.
5. MIAMI-DADE COUNTY APPROVED SHUTTERS ARE REQUIRED IN MIAMI-DADE COUNTY AND WHERE IMPACT RESISTANCE IS REQUIRED.
6. NARROW JOINT SEALANT IS USED ON ALL FOUR CORNERS OF THE FRAME.
7. REFERENCE TEST REPORTS: FTL-3579, FTL-3581, FTL-3583, FTL-3584, FTL-3585, FTL-3586, FTL-3588, FTL-3590 & FTL-3591.

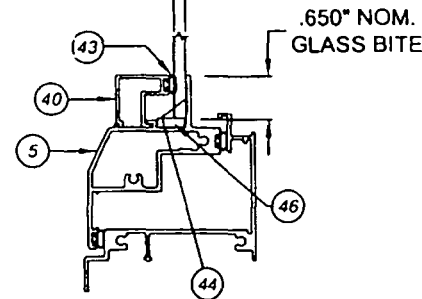


NOA DRAWING TABLE OF CONTENTS

SHEET

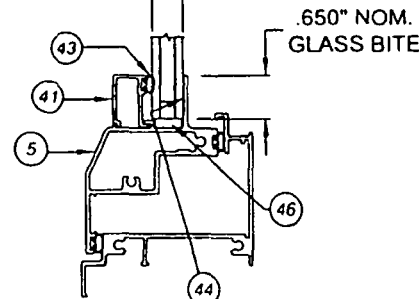
NOTES.....1
 GLAZING DETAILS.....1
 ELEVATIONS.....2-3
 DESIGN PRESSURE TABLES.....4-8
 SECTIONS.....9
 CORNER CONSTRUCTION.....10
 EXTRUSION PROFILES.....10-11
 PARTS LIST.....11
 ANCHORAGE.....12

1/8" ANNEALED (DSB),
 3/16" ANNEALED OR
 3/16" TEMPERED GLASS



1/8" OR 3/16" GLAZING DETAIL

1/2" I.G. GLASS
 (1/8" A, 1/4" SPACE, 1/8" A)



1/2" I.G. GLAZING DETAIL

Approved as complying with the
 Florida Building Code
 Date 04/29/03
 NCAS 02-121905
 Miami Dade Product Control
 Director *Blair Berman*

L.A.T.
 3/12/03

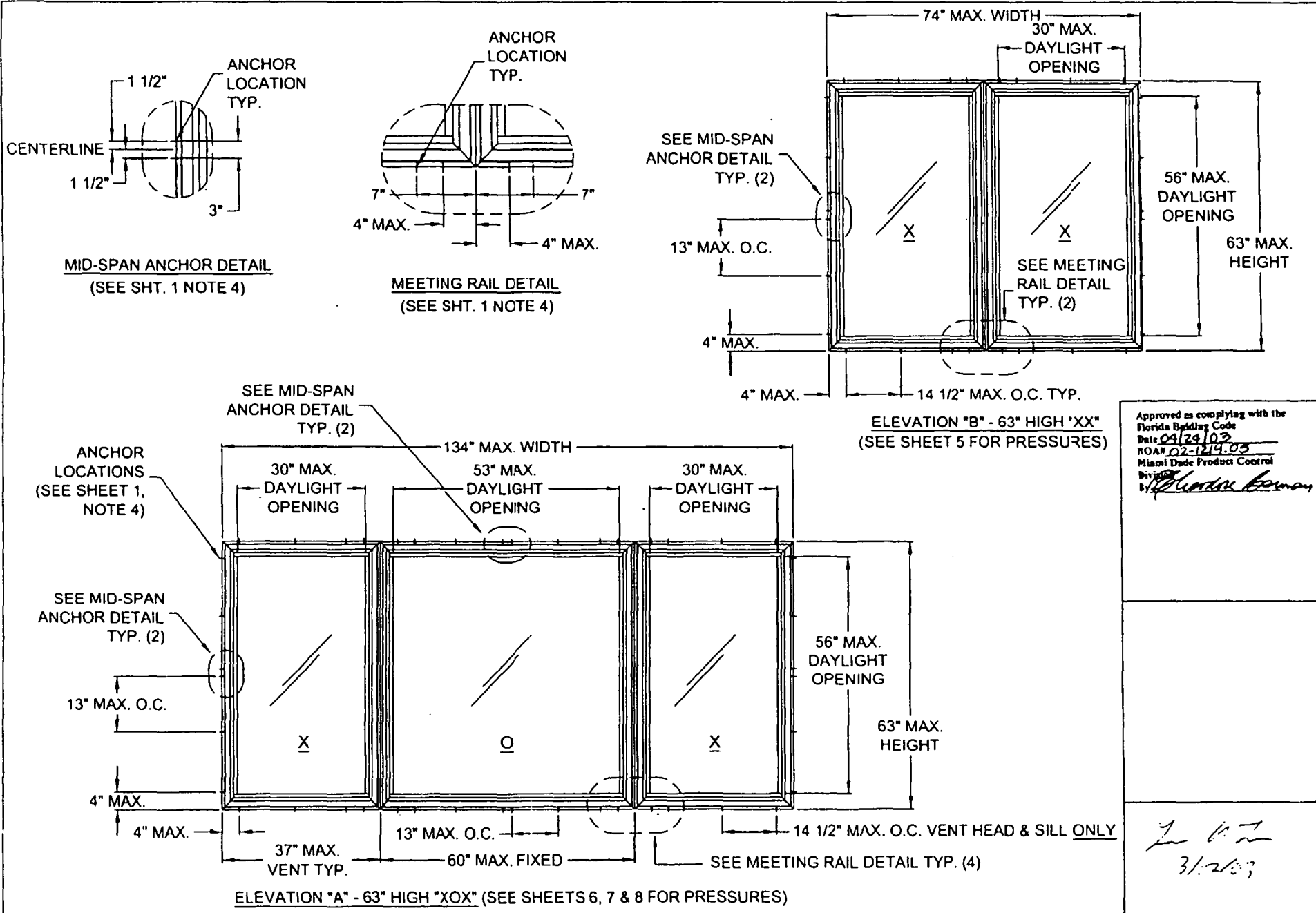
Revised By F.K.	Date 3/11/03	Revisions: A	REVISION ANCHORAGE NOTE 4
Revised By	Date	Revisions	
Revised By	Date	Revisions	
Drawn By F.K.	Date 12/12/02	Checked By	Date

1070 TECHNOLOGY DRIVE
 NOKOMIS, FL 34275
 P.O. BOX 1529
 NOKOMIS, FL 34274



Description NOTES AND GLAZING DETAILS	Scale NTS	Sheet 1 of 12	Drawing No. 7045-9	Rev. A
Title ALUMINUM CASEMENT WINDOW, NON-IMPACT				
Manufacturer CA-640				

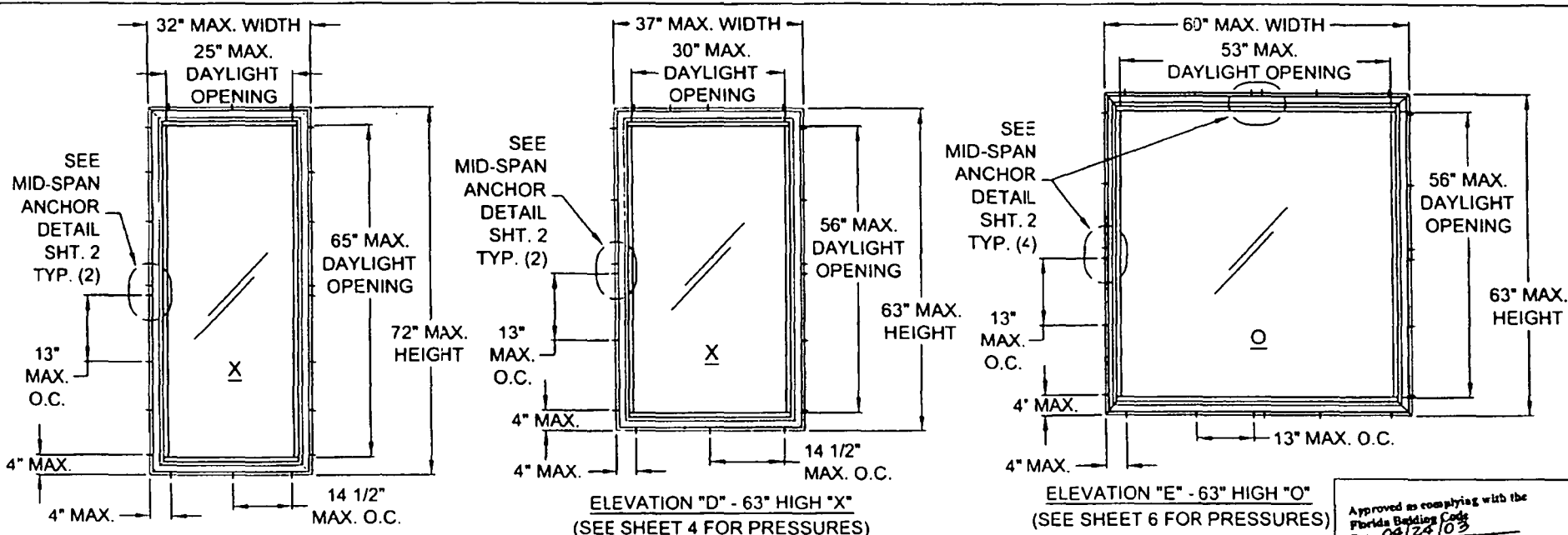
Lucas A. Turner, P.E.
 PE US3201
 Mechanical



Approved as complying with the Florida Building Code
 Date 01/24/03
 ROAP 02-119.03
 Miami Dade Product Control
 Division
 by [Signature]

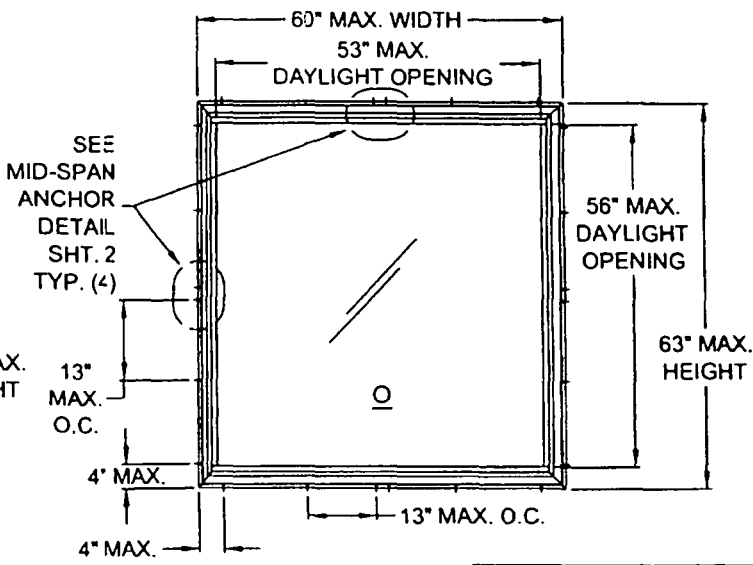
[Signature]
 3/2/03

Revised By F.K.	Date 3/11/03	Revisions: A	REVISE ANCHORAGE	1070 TECHNOLOGY DRIVE NCKOMIS, FL 34215 P.O. BOX 1529 NCKOMIS, FL 34214	 Visibly Better	Description "XX" & "XOX" ELEVATIONS		
Revised By	Date	Revisions:				Title ALUMINUM CASEMENT WINDOW, NON-IMPACT		
Revised By	Date	Revisions:				Series/Model CA-640	Scale NTS	Sheet 2 of 12
Drawn By F.K.	Date 12/12/02	Checked By	Date			Drawing No 7045-9	Rev. A	Lucas A. Turner, P.E. PE #58201 Mechanical



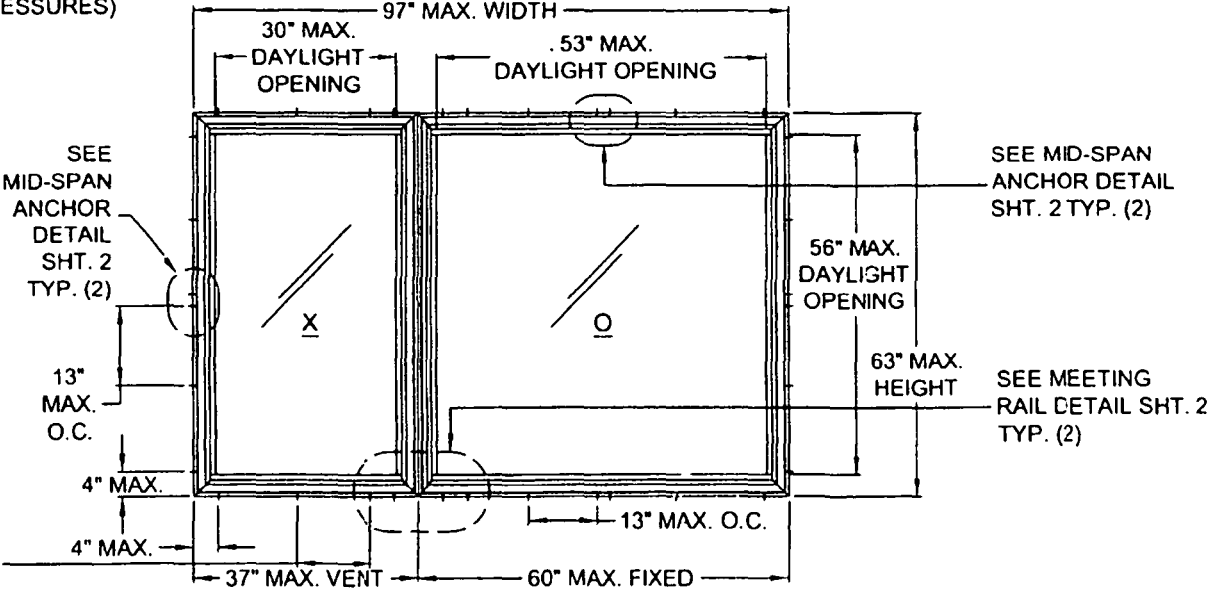
ELEVATION "C" - 72 HIGH "X"
(SEE SHEET 4 FOR PRESSURES)

ELEVATION "D" - 63" HIGH "X"
(SEE SHEET 4 FOR PRESSURES)



ELEVATION "E" - 63" HIGH "O"
(SEE SHEET 6 FOR PRESSURES)

NOTE: 72" HEIGHT AVAILABLE WITH SINGLE VENT CONFIGURATION ONLY



ELEVATION "F" - 63" HIGH "XO" & "OX" CUSTOM (SEE SHEET 8 FOR PRESSURES)

Approved as complying with the Florida Building Code
Date: 04/28/03
NOAP: 02-128-03
Miami Dade Product Control
Division
by: *Blair A. Turner*

L.A.T.
3/12/03

Revised By	Date	Revisions	
F.K.	3/11/03	A	REVISE ANCHORAGE
Drawn By	Date	Checked By	Date
F.K.	12/12/02		

1070 TECHNOLOGY DRIVE
NOKOMIS, FL 34275
P.O. BOX 1529
NOKOMIS, FL 34274



Description	"X", "O", "XO" & "OX" ELEVATIONS		
Title	ALUMINUM CASEMENT WINDOW, NON-IMPACT		
Series/Model	Scale	Sheet	Drawing No
CA-640	NTS	3 - 12	7045-9
Rev	A		

Lucas A. Turner, P.E.
PE #58201
Mechanical

COMPARATIVE ANALYSIS TABLE 1.		"X" WINDOWS														TEST REPORTS: FTL-3579, FTL-3581, FTL-3585, FTL-3586, FTL-3590, FTL-3591													
		GLAZING OPTIONS: A. 3/16" ANNEALED B. 3/16" TEMPERED C. 1/2" I.G. (1/8" ANNEALED, 1/4" SPACE, 1/8" ANNEALED)																											
"X" WIDTH		HEIGHT																											
		26.000		31.000		36.000		38.375		43.000		48.000		50.625		54.000		57.000		60.000		63.000		66.000		69.000		72.000	
		NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS
19.125	A	-120.0	76.7	-120.0	76.7	-120.0	76.7	-119.5	76.7	-112.0	76.7	-97.5	76.7	-91.3	76.7	-84.3	76.7	-79.0	76.7	-74.3	74.3	-70.1	70.1	-66.4	66.4	-63.1	63.1	-60.0	60.0
	B	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-205.4	76.7	-189.8	76.7	-177.8	76.7	-167.2	76.7	-157.8	76.7	-149.4	76.7	-141.9	76.7	-135.1	76.7
	C	-135.0	76.7	-135.0	76.7	-135.0	76.7	-133.3	76.7	-123.0	76.7	-112.0	76.7	-104.8	76.7	-96.9	76.7	-90.7	76.7	-85.3	76.7	-80.6	76.7	-66.4	66.4	-63.1	63.1	-60.0	60.0
24.000	A	-95.1	76.7	-95.1	76.7	-95.1	76.7	-95.1	76.7	-88.5	76.7	-76.2	76.2	-71.1	71.1	-71.1	71.1	-66.4	66.4	-62.2	62.2	-58.6	58.6	-55.3	55.3	-52.4	52.4	-49.8	49.8
	B	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-199.2	76.7	-171.5	76.7	-160.0	76.7	-160.0	76.7	-149.3	76.7	-140.0	76.7	-131.8	76.7	-124.4	76.7	-117.9	76.7	-112.0	76.7
	C	-118.8	76.7	-118.8	76.7	-109.1	76.7	-100.0	76.7	-85.4	76.7	-75.9	75.9	-70.7	70.7	-67.6	67.6	-64.6	64.6	-61.1	61.1	-58.8	58.8	-55.3	55.3	-52.4	52.4	-49.8	49.8
26.500	A	-78.0	76.7	-78.0	76.7	-78.0	76.7	-78.0	76.7	-78.0	76.7	-71.5	71.4	-66.5	66.4	-61.0	60.9	-58.3	58.3	-57.9	57.9	-54.4	54.4	-51.3	51.3	-48.5	48.5	-46.0	46.0
	B	-175.5	76.7	-175.5	76.7	-175.5	76.7	-175.5	76.7	-175.5	76.7	-160.9	76.7	-149.6	76.7	-137.2	76.7	-131.2	76.7	-130.2	76.7	-122.3	76.7	-115.4	76.7	-109.2	76.7	-103.6	76.7
	C	-97.5	76.7	-97.5	76.7	-97.5	76.7	-94.4	76.7	-82.5	76.7	-71.1	71.1	-66.6	66.6	-60.9	60.9	-55.5	55.5	-51.5	51.5	-49.6	49.6	-47.5	47.5	-45.7	45.7	-44.5	44.5
30.000	A	-61.9	61.9	-60.8	60.8	-60.8	60.8	-60.8	60.8	-60.8	60.8	-60.8	60.8	-60.8	60.8	-55.6	55.6	-52.3	52.3	-48.8	48.8	-45.7	45.7	-45.5	45.5	-44.2	44.2	-41.9	41.9
	B	-139.4	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-126.7	76.7	-117.6	76.7	-109.8	76.7	-102.9	76.7	-102.4	76.7	-99.6	76.7	-94.3	73.4
	C	-77.4	76.7	-76.1	76.1	-76.1	76.1	-76.1	76.1	-76.1	76.1	-67.9	67.9	-63.0	63.0	-57.2	57.2	-52.5	52.5	-48.3	48.3	-45.5	45.5	-42.4	42.4	-40.2	40.2	-38.3	38.3
32.000	A	-55.4	55.4	-53.5	53.5	-53.5	53.5	-53.5	53.5	-53.5	53.5	-53.5	53.5	-53.5	53.5	-52.9	52.9	-49.4	49.4	-46.7	46.7	-43.8	43.8	-40.0	40.0	-40.0	40.0	-39.0	39.0
	B	-124.7	76.7	-120.4	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-112.9	76.7	-105.2	76.7	-98.5	76.6	-90.0	70.0	-90.0	70.0	-90.0	70.0
	C	-69.3	69.3	-66.9	66.9	-66.8	66.8	-66.8	66.8	-66.8	66.8	-65.6	65.6	-61.6	61.6	-56.1	56.1	-51.1	51.1	-48.6	48.6	-45.9	45.9	-40.0	40.0	-39.3	39.3	-36.2	36.2
34.000	A	-50.1	50.1	-47.7	47.7	-47.4	47.4	-47.4	47.4	-47.4	47.4	-47.4	47.4	-47.4	47.4	-47.4	47.4	-47.1	47.1	-44.0	44.0	-41.1	41.1						
	B	-112.8	76.7	-107.4	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-101.4	76.7	-94.7	73.7						
	C	-62.7	62.7	-59.7	59.7	-59.2	59.2	-59.2	59.2	-59.2	59.2	-59.2	59.2	-59.2	59.2	-55.7	55.7	-52.1	52.1	-49.0	49.0	-46.2	46.2						
36.000	A	-45.8	45.8	-43.1	43.1	-42.3	42.3	-42.3	42.3	-42.3	42.3	-42.3	42.3	-42.3	42.3	-42.3	42.3	-42.3	42.3	-42.1	42.1	-39.7	39.7						
	B	-103.0	76.7	-96.9	75.4	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-91.5	71.1						
	C	-57.2	57.2	-53.9	53.9	-52.8	52.8	-52.8	52.8	-52.8	52.8	-52.8	52.8	-52.8	52.8	-52.8	52.8	-51.4	51.4	-48.5	48.5	-45.7	45.7						
37.000	A	-43.9	43.9	-41.1	41.1	-40.0	40.0	-40.0	40.0	-40.0	40.0	-40.0	40.0	-40.0	40.0	-40.0	40.0	-40.0	40.0	-40.0	40.0	-39.2	39.2						
	B	-98.7	76.7	-92.4	71.9	-90.1	70.1	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0						
	C	-54.8	54.8	-51.4	51.4	-50.0	50.0	-50.0	50.0	-50.0	50.0	-50.0	50.0	-50.0	50.0	-50.0	50.0	-50.0	50.0	-48.1	48.1	-45.2	45.2						

Approved as complying with the
Florida Building Code
Date 04/24/03
NOA# 02-1219-05
Miami Dade Product Control
Div#
By: [Signature]

COMPARATIVE ANALYSIS TABLE 2.		"X" WINDOWS														TEST REPORT: FTL-3588													
		GLAZING OPTION: D. 1/8" ANNEALED																											
"X" WIDTH		HEIGHT																											
		26.000		31.000		36.000		38.375		43.000		48.000		50.625		54.000		57.000		60.000		63.000							
		NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS				
19.125	D	-57.6	57.6	-57.6	57.6	-57.6	57.6	-57.6	57.6	-57.6	57.6	-53.8	53.8	-50.4	50.4	-46.5	46.5	-43.6	43.6	-41.0	41.0	-38.7	38.7						
21.500	D	-45.6	45.6	-45.6	45.6	-45.6	45.6	-45.6	45.6	-45.6	45.6	-45.6	45.6	-42.5	42.5	-39.8	39.8	-37.4	37.4	-35.2	35.2								
24.000	D	-36.6	36.6	-36.6	36.6	-36.6	36.6	-36.6	36.6	-36.6	36.6	-36.6	36.6	-36.6	36.6	-36.6	36.6	-35.9	35.9	-33.9	33.9	-32.3	32.3						
26.500	D	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-28.7	28.7	-27.5	27.5						

X

PLEASE SEE SHEET 1 FOR NOTES AND REQUIRED ANCHORAGE AND FASTENING INFORMATION.

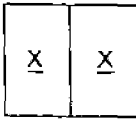
[Signature]
5/12/03

Revised By F.K.	Date 3/11/03	Revisions A	ADDED NOTE	1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 P.O. BOX 1529 NOKOMIS, FL 34274	PGT Visibly Better	Description PRESSURES- X CONFIG. WINDOWS	Scale CA-640	Sheet NTS	Drawings No. 4 of 12	Rev. 7045-9	A
Revised By	Date	Revisions				ALUMINUM CASEMENT WINDOW, NON-IMPACT					
Revised By	Date	Revisions									
Drawn By F.K.	Date 12/12/02	Checked By	Date								Lucas A. Turner, P.E. PE #58201 Mechanical

COMPARATIVE ANALYSIS TABLE 3. "XX" WINDOWS TEST REPORTS: FTL-3579, FTL-3590, FTL3591

GLAZING OPTIONS: A. 3/16" ANNEALED B. 3/16" TEMPERED C. 1/2" I.G. (1/8" ANNEALED, 1/4" SPACE, 1/8" ANNEALED)

"XX"	WIDTH	HEIGHT																							
		26.000		31.000		36.000		38.375		43.000		48.000		50.625		54.000		57.000		60.000		63.000			
		NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS		
37.000	A	-120.0	76.7	-120.0	76.7	-120.0	76.7	-120.0	76.7	-105.5	76.7	-91.9	76.7	-86.0	76.7	-79.6	76.7	-74.6	74.6	-70.1	70.1	-66.2	66.2		
	B	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-206.7	76.7	-193.6	76.7	-179.0	76.7	-167.7	76.7	-157.8	76.7	-149.0	76.7		
	C	-135.0	76.7	-135.0	76.7	-135.0	76.7	-135.0	76.7	-131.9	76.7	-114.8	76.7	-107.6	76.7	-99.4	76.7	-93.2	76.7	-87.7	76.7	-82.8	76.7		
43.000	A	-118.5	76.7	-118.5	76.7	-118.5	76.7	-110.9	76.7	-95.0	76.7	-82.2	76.7	-76.8	76.7	-70.8	70.8	-66.2	66.2	-62.2	62.2	-58.6	58.6		
	B	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-185.0	76.7	-172.8	76.7	-159.4	76.7	-149.0	76.7	-139.9	76.7	-131.9	76.7		
	C	-135.0	76.7	-135.0	76.7	-119.3	76.7	-110.4	76.7	-97.5	76.7	-88.7	76.7	-85.9	76.7	-84.0	76.7	-82.4	76.7	-77.7	76.7	-73.3	73.3		
48.000	A	-95.1	76.7	-95.1	76.7	-95.1	76.7	-95.1	76.7	-88.5	76.7	-76.2	76.2	-71.0	71.0	-65.3	65.3	-61.0	61.0	-57.2	57.2	-53.8	53.8		
	B	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-199.2	76.7	-171.5	76.7	-159.9	76.7	-147.0	76.7	-137.2	76.7	-128.6	76.7	-121.1	76.7		
	C	-118.8	76.7	-118.8	76.7	-109.1	76.7	-100.0	76.7	-85.4	75.7	-75.9	75.9	-70.7	70.7	-67.6	67.6	-64.6	64.6	-61.1	61.1	-58.8	58.8		
53.125	A	-77.6	76.7	-77.6	76.7	-77.6	76.7	-77.6	76.7	-77.6	76.7	-71.4	71.4	-66.4	66.4	-60.9	60.9	-56.7	56.7	-53.1	53.1	-49.9	49.9		
	B	-174.7	76.7	-174.6	76.7	-174.6	76.7	-174.6	76.7	-174.6	76.7	-160.7	76.7	-149.4	76.7	-137.0	76.7	-127.6	76.7	-119.4	76.7	-112.2	76.7		
	C	-97.1	76.7	-97.0	76.7	-97.0	76.7	-94.3	76.7	-82.4	76.7	-71.0	71.0	-66.4	66.4	-60.8	60.8	-55.4	55.4	-51.5	51.5	-49.4	49.4		
57.000	A	-67.9	67.9	-67.4	67.4	-67.4	67.4	-67.4	67.4	-67.4	67.4	-67.4	67.4	-63.5	63.5	-58.1	58.1	-54.1	54.1	-50.5	50.5	-47.4	47.4		
	B	-152.9	76.7	-151.7	76.7	-151.7	76.7	-151.7	76.7	-151.7	76.7	-151.7	76.7	-142.9	76.7	-130.8	76.7	-121.6	76.7	-113.6	76.7	-106.7	76.7		
	C	-84.9	76.7	-84.3	76.7	-84.3	76.7	-84.3	76.7	-80.5	76.7	-69.0	69.0	-64.3	64.3	-58.6	58.6	-53.7	53.7	-49.5	49.5	-45.8	45.8		
60.000	A	-61.9	61.9	-60.8	60.8	-60.8	60.8	-60.8	60.8	-60.8	60.8	-60.8	60.8	-60.8	60.8	-55.6	55.6	-52.3	52.3	-48.8	48.8	-45.7	45.7		
	B	-139.4	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-126.7	76.7	-117.6	76.7	-109.8	76.7	-102.9	76.7		
	C	-77.4	76.7	-76.1	76.1	-76.1	76.1	-76.1	76.1	-76.1	76.1	-67.9	67.9	-63.0	63.0	-57.2	57.2	-52.5	52.5	-48.3	48.3	-45.5	45.5		
64.000	A	-55.4	55.4	-53.5	53.5	-53.5	53.5	-53.5	53.5	-53.5	53.5	-53.5	53.5	-53.5	53.5	-52.9	52.9	-49.4	49.4	-46.7	46.7	-43.8	43.8		
	B	-124.7	76.7	-120.4	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-112.9	76.7	-105.2	76.7	-98.5	76.6		
	C	-69.3	69.3	-66.9	66.9	-66.8	66.8	-66.8	66.8	-66.8	66.8	-65.6	65.6	-61.6	61.6	-56.1	56.1	-51.1	51.1	-48.6	48.6	-45.9	45.9		
68.000	A	-50.1	50.1	-47.7	47.7	-47.4	47.4	-47.4	47.4	-47.4	47.4	-47.4	47.4	-47.4	47.4	-47.4	47.4	-47.1	47.1	-44.0	44.0	-41.1	41.1		
	B	-112.8	76.7	-107.4	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-101.4	76.7	-94.7	73.7		
	C	-62.7	62.7	-59.7	59.7	-59.2	59.2	-59.2	59.2	-59.2	59.2	-59.2	59.2	-59.2	59.2	-55.7	55.7	-52.1	52.1	-49.0	49.0	-46.2	46.2		
72.000	A	-45.8	45.8	-43.1	43.1	-42.3	42.3	-42.3	42.3	-42.3	42.3	-42.3	42.3	-42.3	42.3	-42.3	42.3	-42.3	42.3	-42.1	42.1	-39.7	39.7		
	B	-103.0	76.7	-96.9	75.4	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-91.5	71.1		
	C	-57.2	57.2	-53.9	53.9	-52.8	52.8	-52.8	52.8	-52.8	52.8	-52.8	52.8	-52.8	52.8	-52.8	52.8	-51.4	51.4	-48.5	48.5	-45.7	45.7		
74.000	A	-43.9	43.9	-41.1	41.1	-40.0	40.0	-40.0	40.0	-40.0	40.0	-40.0	40.0	-40.0	40.0	-40.0	40.0	-40.0	40.0	-40.0	40.0	-39.2	39.2		
	B	-98.7	76.7	-92.4	71.9	-90.1	70.1	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0		
	C	-54.8	54.8	-51.4	51.4	-50.0	50.0	-50.0	50.0	-50.0	50.0	-50.0	50.0	-50.0	50.0	-50.0	50.0	-50.0	50.0	-48.1	48.1	-45.2	45.2		



Approved as complying with the Florida Building Code
 Date: 04/24/03
 NOAR: 02-1214.05
 Miami Dade Product Control
 Division
[Signature]

[Handwritten Signature]
 3/12/03

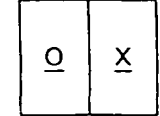
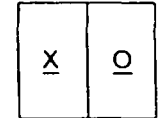
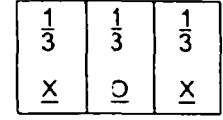
PLEASE SEE SHEET 1 FOR NOTES AND REQUIRED ANCHORAGE AND FASTENING INFORMATION.

Revised By: F.K.	Date: 3/11/03	Revisions: A	ADDED NOTE	1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275	PGT Visibly Better	Description: PRESSURES-XX CONFIG. WINDOWS	To: ALUMINUM CASEMENT WINDOW, NON-IMPACT	Scale: NTS	Sheet: 5 of 12	Drawing No: 7045-9	Rev: A
Revised By:	Date:	Revisions:									
Revised By:	Date:	Revisions:									
Drawn By: F.K.	Date: 12/12/02	Checked By:	Date:	P.O. BOX 1529 NOKOMIS, FL 34274							Lucas A. Turner, P.E. PE #58201 Mechanical

COMPARATIVE ANALYSIS TABLE 5. "XO" or "OX" & "1/3-1/3-1/3 XOX" WINDOWS TEST REPORTS: FTL-3583, FTL-3579, FTL3584

GLAZING OPTIONS: A. 3/16" ANNEALED B. 3/16" TEMPERED C. 1/2" I.G. (1/8" ANNEALED, 1/4" SPACE, 1/8" ANNEALED)

"XO" WIDTH	"XOX" WIDTH		HEIGHT																							
			26.000		31.000		36.000		38.375		43.000		48.000		50.625		54.000		57.000		60.000		63.000			
			NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS		
37.000	55.500	A	-120.0	76.7	-120.0	76.7	-109.9	76.7	-101.0	76.7	-87.1	76.7	-75.9	75.9	-71.1	71.1	-65.7	65.7	-61.6	61.6	-57.9	57.9	-54.7	54.7		
		B	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-197.1	76.7	-184.7	76.7	-173.8	76.7	-164.1	76.7		
		C	-120.0	76.7	-120.0	76.7	-109.9	76.7	-101.0	76.7	-87.1	76.7	-75.9	75.9	-71.1	71.1	-65.7	65.7	-61.6	61.6	-57.9	57.9	-54.7	54.7		
48.000	72.000	A	-71.3	71.3	-71.3	71.3	-71.3	71.3	-71.3	71.3	-71.3	71.3	-63.0	63.0	-58.7	58.7	-54.0	54.0	-50.4	50.4	-47.2	47.2	-44.4	44.4		
		B	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-188.9	76.7	-176.0	76.7	-161.9	76.7	-151.1	76.7	-141.7	76.7	-133.3	76.7		
		C	-71.3	71.3	-71.3	71.3	-71.3	71.3	-71.3	71.3	-71.3	71.3	-63.0	63.0	-58.7	58.7	-54.0	54.0	-50.4	50.4	-47.2	47.2	-44.4	44.4		
49.333	74.000	A	-67.5	67.5	-67.5	67.5	-67.5	67.5	-67.5	67.5	-67.5	67.5	-61.8	61.8	-57.6	57.6	-52.9	52.9	-49.4	49.4	-46.3	46.3	-43.5	43.5		
		B	-202.5	76.7	-202.5	76.7	-202.5	76.7	-202.5	76.7	-202.5	76.7	-185.5	76.7	-172.8	76.7	-158.8	76.7	-148.1	76.7	-138.8	76.7	-130.6	76.7		
		C	-67.5	67.5	-67.5	67.5	-67.5	67.5	-67.5	67.5	-67.5	67.5	-61.8	61.8	-57.6	57.6	-52.9	52.9	-49.4	49.4	-46.3	46.3	-43.5	43.5		
53.125	79.688	A	-58.2	58.2	-58.2	58.2	-58.2	58.2	-58.2	58.2	-58.2	58.2	-54.8	54.8	-50.3	50.3	-46.8	46.8	-43.8	43.8	-41.2	41.2				
		B	-174.7	76.7	-174.6	76.7	-174.6	76.7	-174.6	76.7	-174.6	76.7	-164.5	76.7	-150.9	76.7	-140.5	76.7	-131.5	76.7	-123.6	76.7				
		C	-58.2	58.2	-58.2	58.2	-58.2	58.2	-58.2	58.2	-58.2	58.2	-54.8	54.8	-50.3	50.3	-46.8	46.8	-43.8	43.8	-41.2	41.2				
56.000	84.000	A	-52.7	52.7	-52.4	52.4	-52.4	52.4	-52.4	52.4	-52.4	52.4	-52.4	52.4	-52.4	52.4	-48.6	48.6	-45.2	45.2	-42.2	42.2	-39.6	39.6		
		B	-158.0	76.7	-157.2	76.7	-157.2	76.7	-157.2	76.7	-157.2	76.7	-157.2	76.7	-145.7	76.7	-135.5	76.7	-126.7	76.7	-118.9	76.7				
		C	-52.7	52.7	-52.4	52.4	-52.4	52.4	-52.4	52.4	-52.4	52.4	-52.4	52.4	-52.4	52.4	-48.6	48.6	-45.2	45.2	-42.2	42.2	-39.6	39.6		
60.000	90.000	A	-46.5	46.5	-45.6	45.6	-45.6	45.6	-45.6	45.6	-45.6	45.6	-45.6	45.6	-45.6	45.6	-45.6	45.6	-43.2	43.2	-40.3	40.3	-37.8	37.8		
		B	-139.4	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-129.5	76.7	-120.9	76.7	-113.3	76.7		
		C	-46.5	46.5	-45.6	45.6	-45.6	45.6	-45.6	45.6	-45.6	45.6	-45.6	45.6	-45.6	45.6	-45.6	45.6	-43.2	43.2	-40.3	40.3	-37.8	37.8		
64.000	96.000	A	-41.6	41.6	-40.1	40.1	-40.1	40.1	-40.1	40.1	-40.1	40.1	-40.1	40.1	-40.1	40.1	-40.1	40.1	-40.1	40.1	-38.6	38.6	-36.2	36.2		
		B	-124.7	76.7	-120.4	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-115.9	76.7	-108.5	76.7		
		C	-41.6	41.6	-40.1	40.1	-40.1	40.1	-40.1	40.1	-40.1	40.1	-40.1	40.1	-40.1	40.1	-40.1	40.1	-40.1	40.1	-38.6	38.6	-36.2	36.2		
67.333	101.000	A	-38.2	38.2	-36.5	36.5	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-35.0	35.0		
		B	-114.6	76.7	-109.4	76.7	-108.7	76.7	-108.7	76.7	-108.7	76.7	-108.7	76.7	-108.7	76.7	-108.7	76.7	-108.7	76.7	-108.7	76.7	-105.0	76.7		
		C	-38.2	38.2	-36.5	36.5	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-35.0	35.0		
70.917	106.375	A	-35.2	35.2	-33.2	33.2	-32.7	32.7	-32.7	32.7	-32.7	32.7	-32.7	32.7	-32.7	32.7	-32.7	32.7	-32.7	32.7	-32.7	32.7	-32.7	32.7		
		B	-105.5	76.7	-99.6	76.7	-98.0	76.2	-98.0	76.2	-98.0	76.2	-98.0	76.2	-98.0	76.2	-98.0	76.2	-98.0	76.2	-98.0	76.2	-98.0	76.2		
		C	-35.2	35.2	-33.2	33.2	-32.7	32.7	-32.7	32.7	-32.7	32.7	-32.7	32.7	-32.7	32.7	-32.7	32.7	-32.7	32.7	-32.7	32.7	-32.7	32.7		
72.000	108.000	A	-34.3	34.3	-32.3	32.3	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7		
		B	-103.0	76.7	-96.9	75.4	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9	-95.1	73.9		
		C	-34.3	34.3	-32.3	32.3	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7		
74.000	111.000	A	-32.9	32.9	-30.8	30.8	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0		
		B	-98.7	76.7	-92.4	71.9	-90.1	70.1	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0		
		C	-32.9	32.9	-30.8	30.8	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0		



Approved as complying with the Florida Building Code
 Date 03/24/03
 NOAH 02-1218.05
 Miami Dade Product Control
 Division
 By: *[Signature]*

[Signature]
 3/12/03

PLEASE SEE SHEET 1 FOR NOTES AND REQUIRED ANCHORAGE AND FASTENING INFORMATION.

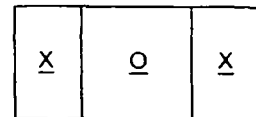
Revised By: F.K.	Date: 3/11/03	Revision: A	ADDED NOTE	1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 P.O. BOX 1529 NOKOMIS, FL 34274	PGT Visibly Better	Description: PRESSURES- XO, OX, & 1/3-1/3-1/3 XOX WINDOWS					
Revised By:	Date:	Revision:				Title: ALUMINUM CASEMENT WINDOW, NON-IMPACT					
Revised By:	Date:	Revision:				Manufacturer: CA-640	Scale: NTS	Sheet: 7 of 12	Drawing No: 7045-9	Rev: A	
Drawn By: F.K.	Date: 12/12/02	Checked By:	Date:								

Lucas A. Turner, P.E.
 PE #58201
 Mechanical

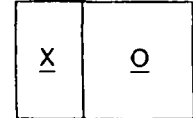
COMPARATIVE ANALYSIS TABLE 6. "XO" or "OX" & "XOX" UNEQUAL LITE WINDOWS TEST REPORTS: FTL-3583, FTL-3579, FTL3584

GLAZING OPTIONS: A. 3/16" ANNEALED B. 3/16" TEMPERED C. 1/2" I.G. (1/8" ANNEALED, 1/4" SPACE, 1/8" ANNEALED)

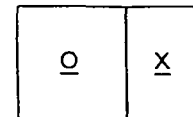
"XOX" WIDTH	VENT WIDTH	FIXED WIDTH	HEIGHT																							
			26.000		36.000		38.375		43.000		48.000		50.625		54.000		57.000		60.000		63.000					
			NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS	NEG	POS				
69.264	19.125	31.014	A	-112.3	76.7	-87.1	76.7	-81.4	76.7	-71.5	71.5	-62.4	62.4	-58.0	58.0	-53.2	53.2	-49.6	49.6	-46.4	46.4	-43.6	43.6			
			B	-210.0	76.7	-210.0	76.7	-210.0	76.7	-210.0	76.7	-187.3	76.7	-174.1	76.7	-159.7	76.7	-148.8	76.7	-139.2	76.7	-130.8	76.7			
			C	-112.3	76.7	-94.3	76.7	-86.3	76.7	-72.9	72.9	-62.4	62.4	-58.0	58.0	-53.2	53.2	-49.6	49.6	-46.4	46.4	-43.6	43.6			
86.919	24.000	38.919	A	-71.3	71.3	-69.7	69.7	-66.9	66.9	-59.6	59.6	-52.3	52.3	-49.6	49.6	-45.9	45.9	-42.8	42.8	-39.9	39.9	-37.3	37.3			
			B	-210.0	76.7	-210.0	76.7	-210.0	76.7	-196.6	76.7	-165.3	76.7	-152.5	76.7	-138.8	76.7	-128.5	76.7	-119.6	76.7	-111.8	76.7			
			C	-71.3	71.3	-71.3	71.3	-71.3	71.3	-65.5	65.5	-55.1	55.1	-50.8	50.8	-46.3	46.3	-42.8	42.8	-39.9	39.9	-37.3	37.3			
95.973	26.500	42.973	A	-58.5	58.5	-58.5	58.5	-58.5	58.5	-54.9	54.9	-49.5	49.5	-46.7	46.7	-43.6	43.6	-40.5	40.5	-37.6	37.6	-35.1	35.1			
			B	-175.5	76.7	-175.5	76.7	-175.5	76.7	-175.5	76.7	-158.4	76.7	-145.5	76.7	-131.8	76.7	-121.5	76.7	-112.8	76.7	-105.2	76.7			
			C	-58.5	58.5	-58.5	58.5	-58.5	58.5	-58.5	58.5	-52.8	52.8	-48.5	48.5	-43.9	43.9	-40.5	40.5	-37.6	37.6	-35.1	35.1			
108.649	30.000	48.649	A	-46.5	46.5	-45.6	45.6	-45.6	45.6	-45.6	45.6	-45.6	45.6	-43.4	43.4	-40.8	40.8	-38.2	38.2	-35.3	35.3	-32.8	32.8			
			B	-139.4	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-136.9	76.7	-124.9	76.7	-114.5	76.7	-105.8	76.7	-98.3	76.4			
			C	-46.5	46.5	-45.6	45.6	-45.6	45.6	-45.6	45.6	-45.6	45.6	-45.6	45.6	-41.6	41.6	-38.2	38.2	-35.3	35.3	-32.8	32.8			
115.892	32.000	51.892	A	-41.6	41.6	-40.1	40.1	-40.1	40.1	-40.1	40.1	-40.1	40.1	-39.2	39.2	-37.1	37.1	-34.3	34.3	-31.7	31.7					
			B	-124.7	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-120.3	76.7	-111.6	76.7	-102.8	76.7	-95.2	74.1			
			C	-41.6	41.6	-40.1	40.1	-40.1	40.1	-40.1	40.1	-40.1	40.1	-40.1	40.1	-40.1	40.1	-37.2	37.2	-34.3	34.3	-31.7	31.7			
122.000	33.687	54.627	A	-38.2	38.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-33.6	33.6	-31.0	31.0			
			B	-114.6	76.7	-108.6	76.7	-108.6	76.7	-108.6	76.7	-108.6	76.7	-108.6	76.7	-108.6	76.7	-108.6	76.7	-100.8	76.7	-93.1	72.4			
			C	-38.2	38.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-36.2	36.2	-33.6	33.6	-31.0	31.0			
123.135	34.000	55.135	A	-37.6	37.6	-35.5	35.5	-35.5	35.5	-35.5	35.5	-35.5	35.5	-35.5	35.5	-35.5	35.5	-35.5	35.5	-33.5	33.5	-30.9	30.9			
			B	-112.8	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-106.6	76.7	-100.4	76.7	-92.8	72.2			
			C	-37.6	37.6	-35.5	35.5	-35.5	35.5	-35.5	35.5	-35.5	35.5	-35.5	35.5	-35.5	35.5	-35.5	35.5	-33.5	33.5	-30.9	30.9			
126.000	34.791	56.418	A	-36.3	36.3	-33.9	33.9	-33.9	33.9	-33.9	33.9	-33.9	33.9	-33.9	33.9	-33.9	33.9	-33.9	33.9	-33.2	33.2	-30.7	30.7			
			B	-108.8	76.7	-101.8	76.7	-101.8	76.7	-101.8	76.7	-101.8	76.7	-101.8	76.7	-101.8	76.7	-101.8	76.7	-99.6	76.7	-92.0	71.5			
			C	-36.3	36.3	-33.9	33.9	-33.9	33.9	-33.9	33.9	-33.9	33.9	-33.9	33.9	-33.9	33.9	-33.9	33.9	-33.2	33.2	-30.7	30.7			
130.000	35.896	58.209	A	-34.5	34.5	-31.9	31.9	-31.9	31.9	-31.9	31.9	-31.9	31.9	-31.9	31.9	-31.9	31.9	-31.9	31.9	-31.9	31.9	-30.3	30.3			
			B	-103.5	76.7	-95.6	74.4	-95.6	74.4	-95.6	74.4	-95.6	74.4	-95.6	74.4	-95.6	74.4	-95.6	74.4	-95.6	74.4	-90.9	70.7			
			C	-34.5	34.5	-31.9	31.9	-31.9	31.9	-31.9	31.9	-31.9	31.9	-31.9	31.9	-31.9	31.9	-31.9	31.9	-31.9	31.9	-30.3	30.3			
130.378	36.000	58.378	A	-34.3	34.3	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-30.3	30.3			
			B	-103.0	76.7	-95.1	74.0	-95.1	74.0	-95.1	74.0	-95.1	74.0	-95.1	74.0	-95.1	74.0	-95.1	74.0	-95.1	74.0	-90.8	70.6			
			C	-34.3	34.3	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-31.7	31.7	-30.3	30.3			
134.000	37.000	60.000	A	-32.9	32.9	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0			
			B	-98.7	76.7	-90.1	70.1	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0	-90.0	70.0			
			C	-32.9	32.9	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0	-30.0	30.0			



UNEQUAL LITES



UNEQUAL LITES



UNEQUAL LITES

Approved as complying with the Florida Building Code
 Date 04/24/03
 NOA# 02-12805
 Miami Code Product Control
 Division
 By: *Gloria Barron*

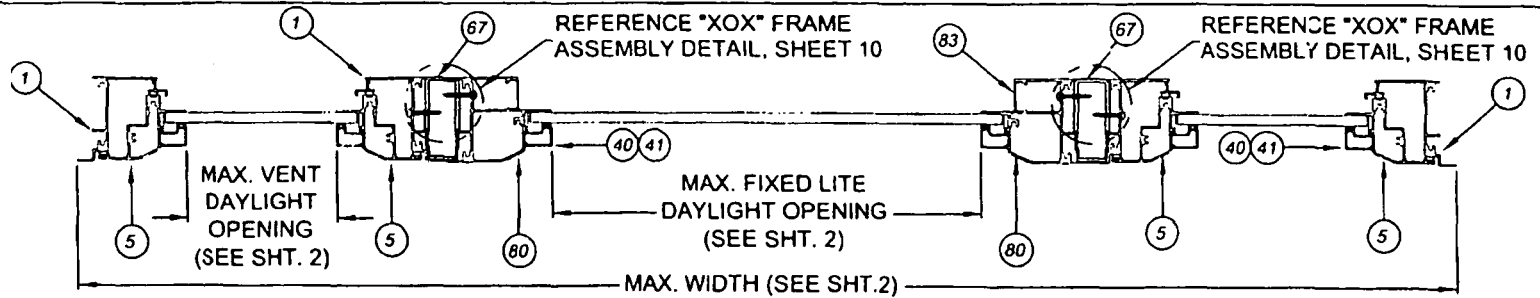
"XO" & "OX" WINDOW WIDTHS EQUAL THE SUM OF THE VENT WIDTH AND THE FIXED WIDTH.

PLEASE SEE SHEET 1 FOR NOTES AND REQUIRED ANCHORAGE AND FASTENING INFORMATION.

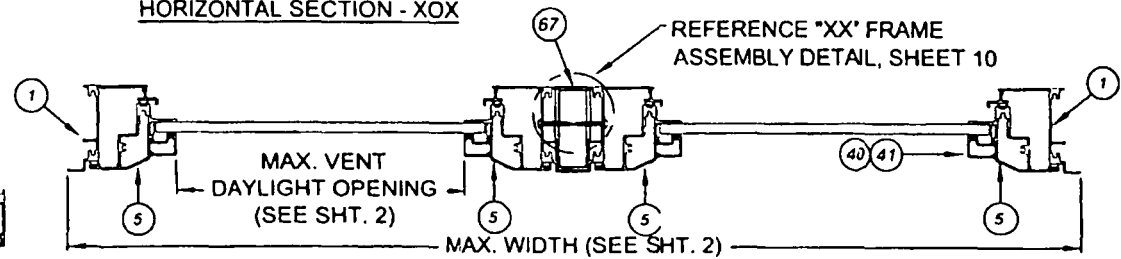
u
 3/12/03

Revised By F.K.	Date 3/11/03	Revisions A	ADDED NOTE	1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 P.O. BOX 1529 NOKOMIS, FL 34274	PGT Visibly Better	Description PRESSURES- UNEQUAL CONFIG. XO, OX & XOX	Title ALUMINUM CASEMENT WINDOW, NON-IMPACT	Scale CA-640	Sheet NTS	Drawings 8 of 12	Drawing No 7045-9	Rev A
Revised By	Date	Revisions										
Revised By	Date	Revisions										
Drawn By F.K.	Date 12/12/02	Checked By	One									

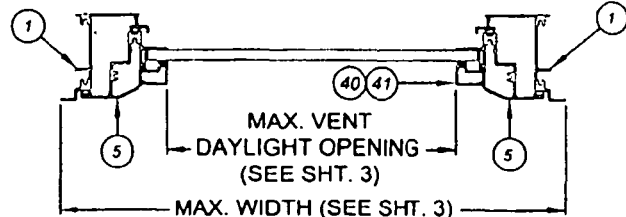
Lucas A. Turner, P.E.
 PE #58201
 Mechanical



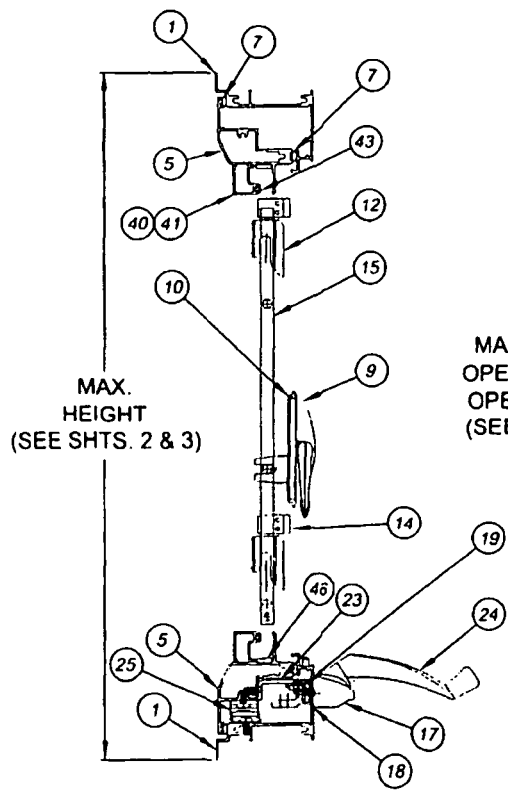
HORIZONTAL SECTION - XOX



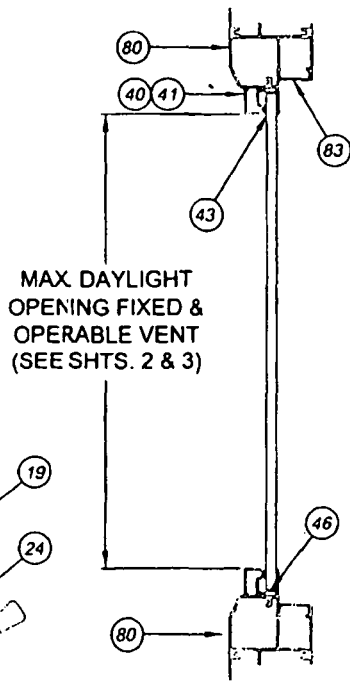
HORIZONTAL SECTION - XX



HORIZONTAL SECTION - X



VERTICAL SECTION OPERABLE UNIT



VERTICAL SECTION FIXED UNIT

Approved as complying with the
 Florida Building Code
 Date: 04/24/03
 NOA# 02-1219.05
 Miami Trade Product Control
 Division
 By: *Blenda Brown*

LAI
 3/12/03

Revised By F.K.	Date 3/11/03	Revisions A	NO CHANGE THIS SHEET
Revised By	Date	Revisions	
Revised By	Date	Revisions	
Drawn By F.K.	Date 12/12/02	Checked By	Date

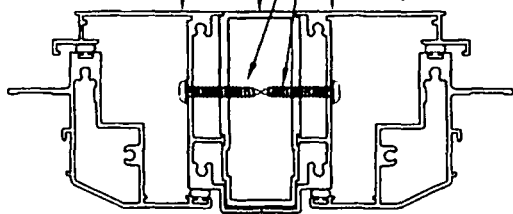
1070 TECHNOLOGY DRIVE
 NOKOMIS, FL 34275
 P.O. BOX 1529
 NOKOMIS, FL 34274



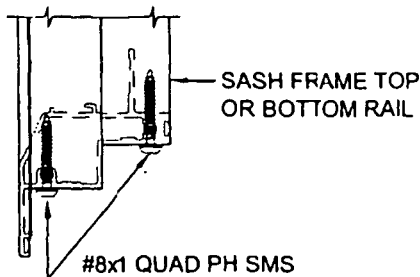
Description SECTIONS	Scale NTS	Sheet 9 of 12	Drawing No. 7045-9	Rev. A
Series/Model CA-640				

Lucas A. Turner, P.E.
 PE #58201
 Mechanical

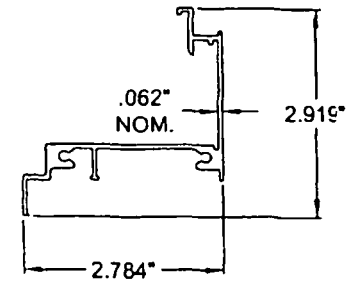
FRAME ASSEMBLY TUBE
 "X" FRAME JAMB
 #12x1 PH TEK SMS
 13" MAX. O.C. W/ (2) SCREWS
 3" APART AT MID-SPAN
 "X" FRAME JAMB



"XX" FRAME ASSEMBLY DETAIL

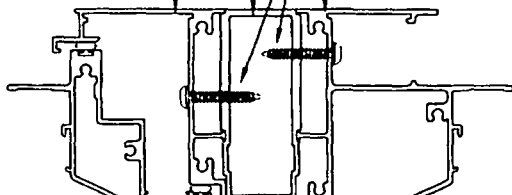


SASH FRAME TOP OR BOTTOM RAIL

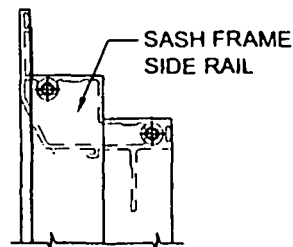


1 FRAME HEAD, SILL, JAMB
 MAT'L: 6063-T6
 DWG# 7002A

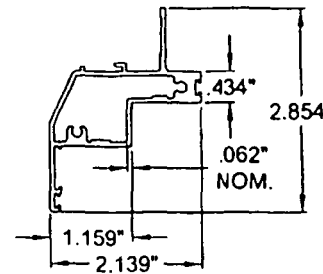
FRAME ASSEMBLY TUBE
 "X" FRAME JAMB
 #12x1 PH TEK SMS
 13" MAX. O.C. W/ (2) SCREWS
 3" APART AT MID-SPAN
 "O" FRAME JAMB



"XO" & "XOX" FRAME ASSEMBLY DETAIL



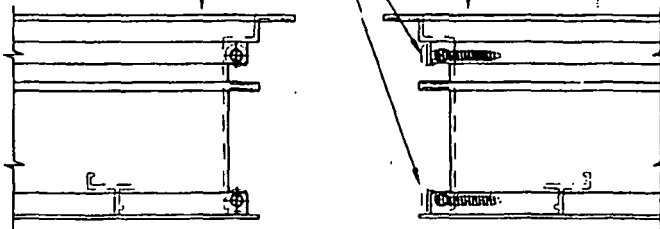
SASH FRAME SIDE RAIL



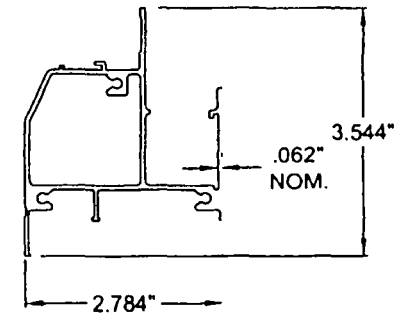
5 SASH FRAME HEAD, SILL, JAMB
 MAT'L: 6063-T6
 DWG# 7003A

SASH FRAME ASSEMBLY DETAIL

#8x1 QUAD PH SMS (2) PER CORNER
 FRAME HEAD OR SILL
 FRAME JAMB



MAIN FRAME ASSEMBLY DETAIL



80 FIXED FRAME HEAD, SILL, JAMB
 MAT'L: 6063-T6
 DWG# 7005A

Approved as complying with the Florida Building Code
 Date: 04/24/03
 NOA# 02-129.05
 Miami Dade Product Control
 Division
 By: *[Signature]*

[Signature]
 3/12/03

Revised By F.K.	Date 3/11/03	Revisions: A	REVISED FRAME ASSY DETAIL SCREW SPACING
Drawn By	Date	Revisions:	
Checked By	Date	Revisions:	
Drawn By F.K.	Date 12/12/02	Checked By	Date

1070 TECHNOLOGY DRIVE
 NOKOMIS, FL 34275
 P.O. BOX 1529
 NOKOMIS, FL 34271

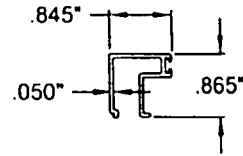


Description EXTRUSIONS & ASSEMBLY DETAILS			
Title ALUMINUM CASEMENT WINDOW, NON-IMPACT			
Series/Model CA-640	Scale NTS	Sheet 10 of 12	Drawing No. 7045-9
			Rev. A

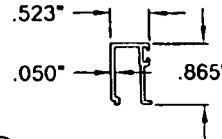
Lucas A. Turner, P.E.
 PE #58201
 Mechanical

PARTS LIST			
ITEM	DWG #	PGT. #	DESCRIPTION
1	7002A		MAIN FRAME - HEAD, SILL & JAMBS
2	1155	781PQA	#8 X 1 QUAD PH SMS
3	7008		FRAME CORNER KEY
4			1/2" X 1/2" X 1/8" CLOSED-CELL FOAM TAPE
5	7003A		SASH - TOP, BOTTOM & SIDE RAILS
6	1155	781PQA	#8 X 1 QUAD PH SMS
7	7017	67017K	BULB WEATHERSTRIP .187X.240
8	7009		SASH CORNER KEY
9	7024		MAXIM MULTI-POINT LOCK
10	7026		LOCK SUPPORT PLATE
11			#10-24 X .562 PH. PN. TYPE F
12	7014		MULTI-LOCK KEEPER (R.H. & L.H.)
13	1157	78X78PPSMS	#8 X .875 PH. PN. SMS
14	7013		TIE BAR GUIDE
15	7015		TIE BAR ASSEMBLY
16	7028		MAXIM DYAD OPERATOR
17	7027		MAXIM DUAL ARM OPERATOR
18	7030		OPERATOR GASKET
19	7031		BACKING PLATE
20			#8-32 X .375 PH. PN. TYPE B
21	7032		STUD BRACKET (L.H. & R.H.)
22		7858ZA	#8 X 5/8" FLT. PHL SMS
23	7033		OPERATOR TRACK & SLIDER (DUAL ARM)
24	7022		SNAP-ON HANDLE
25	7023		12" HINGE (HEAVY DUTY)
26		710x12FP	#10 X .500 PH. PHL.
30			DSB, 1/8" ANNEALED GLASS
31			3/16" ANNEALED GLASS
32			3/16" TEMPERED GLASS
33			1/2" I.G. GLASS (1/8"A, 1/4" SPACE, 1/8"A)
40	7037		GLAZING BEAD (DSB, 3/16)
41	7042		GLAZING BEAD (1/2" I.G.)
43	1224	6TP247	VINYL BULB WSTP (THICK)
44			SILICONE - DOW CORNING 899 OR 995
45			PARABOND
46	1634	6163K	SETTING BLOCK
50	7006		SCREEN FRAME
51	7040		SCREEN CORNER KEY
52			SCREEN CLOTH
53	1635	61635K	SCREEN SPLINE - SERRATED
54	331	60976	CASEMENT SCREEN CLIP
55		78x12PSTW/B	#8 X .500 SQ. PN. TEK SMS
67	7004A	67004	CASEMENT FRAME ASS'Y. TUBE
68		712X1PPT	#12 X 1" PH. PHIL. TEK.
69	7011		LOCK SUPPORT PLATE
70	7012		LOCK SPACER
71	7019	711573	SNAP-ON T-HANDLE KNOB
72	7018	7FLDHD	FOLDING HANDLE
73	7025		MAXIM SINGLE LOCK
74	7016		SINGLE LOCK KEEPER
75		70834A	#8 X .750 QUAD PN SMS

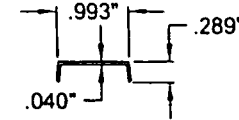
PARTS LIST CONT.			
ITEM	DWG #	PGT. #	DESCRIPTION
80	7005A		FIXED WINDOW FRAME - HEAD, SILL & JAMBS
81	1155	781PQA	#8 X 1 QUAD PN SMS
82	7010		FIXED FRAME CORNER KEY
83	7007		INSTALLATION HOLE COVER



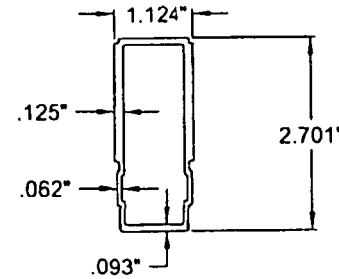
40 3/16", 1/8" GLAZING BEAD
MAT'L: 6063-T6
DWG# 7037



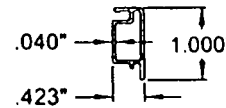
41 1/2" I.G. GLAZING BEAD
MAT'L: 6063-T6
DWG# 7042



83 INSTALLATION HOLE COVER
MAT'L: 6063-T6
DWG# 7007



67 CASEMENT FRAME
ASSEMBLY TUBE
MAT'L: 6063-T6
DWG# 7004A



50 CASEMENT SCREEN FRAME
MAT'L: 6063-T6
DWG# 7006

Approved as complying with the
Florida Building Code
Date 04/24/03
NOA# 07-1219-05
Miami Dade Product Control
Division
By: *Sharon Berman*

L. A. Z
3/12/03

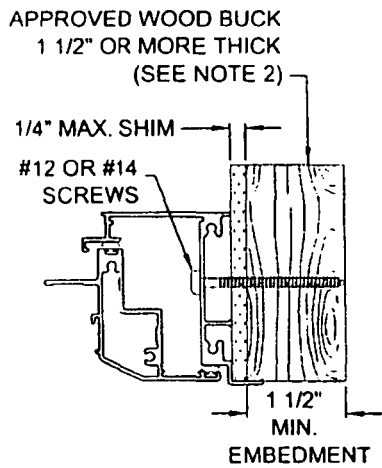
Revised By F.K.	Date 3/11/03	Revisions: A	NO CHANGE THIS SHEET
Revised By	Date	Revisions:	
Revised By	Date	Revisions:	
Drawn By F.K.	Date 12/12/02	Checked By	Date

1070 TECHNOLOGY DRIVE
NOKOMIS, FL 34275
P.O. BOX 1529
NOKOMIS, FL 34274

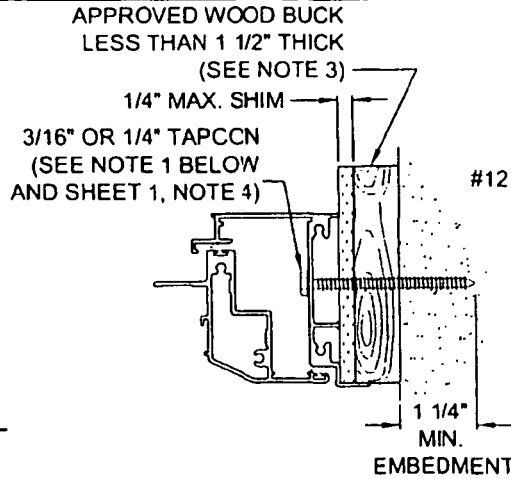


Description PARTS LIST & EXTRUSIONS	Title ALUMINUM CASEMENT WINDOW, NON-IMPACT	Series/Model CA-640	Scale NTS	Sheet 11 of 12	Drawing No. 7045-9	Rev. A
--	---	------------------------	--------------	-------------------	-----------------------	-----------

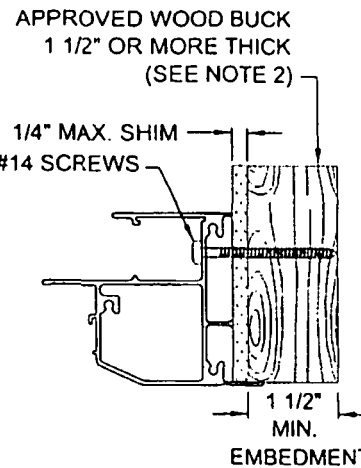
Lucas A. Turner, P.E.
ME #58201
Mechanical



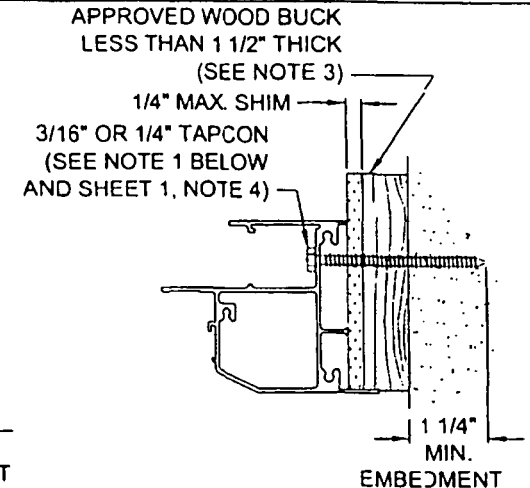
OPERABLE UNIT FRAME
TO WOOD BUCK
1 1/2" OR MORE THICK



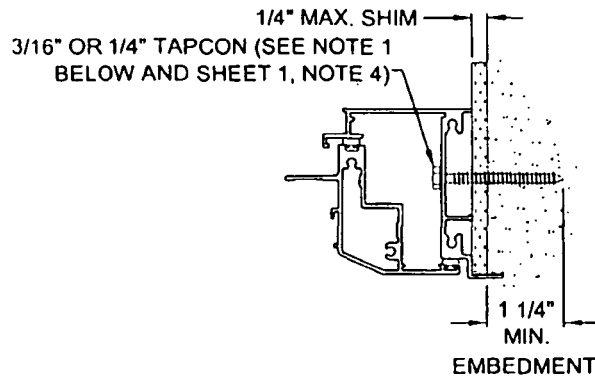
OPERABLE UNIT FRAME
TO CONCRETE W/ WOOD BUCK
LESS THAN 1 1/2" THICK



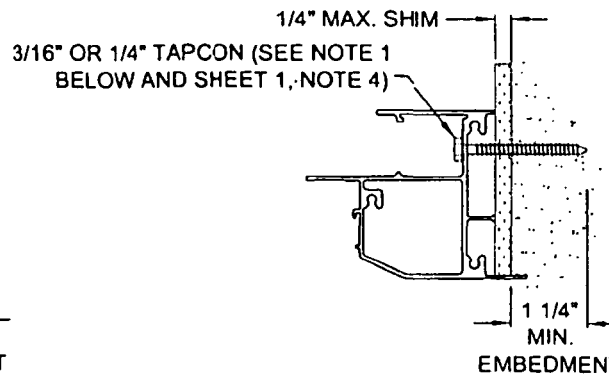
FIXED UNIT FRAME
TO WOOD BUCK
1 1/2" OR MORE THICK



FIXED UNIT FRAME TO CONCRETE W/
WOOD BUCK LESS THAN 1 1/2" THICK



OPERABLE UNIT FRAME
TO CONCRETE



FIXED UNIT FRAME
TO CONCRETE

NOTE: ALL DETAILS
APPLY TO HEAD,
SILL, AND JAMB.

Approved as complying with the
Florida Building Code
Date 04/24/03
NOA# 02-1219-05
Miami-Dade County Council
Division
By: *Lucas A. Turner*

NOTES:

1. USE ONLY MIAMI-DADE COUNTY APPROVED ELCO OR ITW TAPCONS.
2. INSTALLATION TO THE SUBSTRATE OF WOOD BUCKS 1 1/2" OR MORE THICK TO BE ENGINEERED BY OTHERS AND TO BE REVIEWED BY BUILDING OFFICIAL.
3. INSTALLATION TO THE SUBSTRATE OF WOOD BUCKS LESS THAN 1 1/2" THICK TO BE ENGINEERED BY OTHERS.

L. A. Turner
3/12/03

Revised By F.K.	Date 3/11/03	Revisions: A	ADDED #14 SCREW OPTION
Revised By	Date	Revisions:	
Revised By	Date	Revisions:	
Drawn By F.K.	Date 12/12/02	Checked By	Date

1070 TECHNOLOGY DRIVE
NOKOMIS, FL 34275
P.O. BOX 1529
NOKOMIS, FL 34274



Description ANCHORAGE DETAILS		Title ALUMINUM CASEMENT WINDOW, NON-IMPACT	
Manufacturer CA-640	Scale NTS	Sheet 12 of 12	Drawing No 7045-9
Rev. A			

Lucas A. Turner, P.E.
PE #58201
Mechanical

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/26, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7715	ATHOS	WINDOW BLIND	PASS	CLOSE
3	3 Gumbolimbo			INSPECTOR: <i>[Signature]</i>
	O/B			
7510	DONAHUE	FINAL POOL	PASS	CLOSE
4	1635. Sewall's Pk Rd	+ DECK		INSPECTOR: <i>[Signature]</i>
	So. Fla. Custom Pools			
6551	LANGER	FINAL SFR	PASS	CLOSE
2	3 LOFTING WAY			INSPECTOR: <i>[Signature]</i>
	FLORIDA'S FINEST			
7632	GEISINGER	FOOTER	PASS	
1	8 CASTLE HILL WAY			INSPECTOR: <i>[Signature]</i>
	O/B	FIRST PLEASE		
Tree	PAWLUC	TREE		
8	102 Hillcrest			INSPECTOR:
7748	ABESADA-TECK	DRY-IN	FAIL	\$40 FEE
7	8 MORGAN CR			INSPECTOR: <i>[Signature]</i>
	FEAZEL ROOFING			
Tree	DONALDSON	TREE	PASS	
5	15 MANDALAY			INSPECTOR:

OTHER: _____

<u>7886</u>	<u>DRY WALL</u>
PERMIT #	DESCRIPTION

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

5 AND 1000 05-15-06 - Newer 5/16/06 - 5/16/07 - \$0

C

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 11/15/05

BUILDING PERMIT NO. 7886

Building to be erected for Debi Athos

Type of Permit Dry wall

Applied for by O/B

(Contractor) Building Fee _____

Division India Lucie Lot 7 Block 6

Radon Fee _____

Address 3 Gumbo Limbo Way

Impact Fee _____

Use of structure 5 ft

A/C Fee _____

Parcel Control Number:

35-37-41-002-006-00070-2

Electrical Fee _____

Plumbing Fee _____

Amount Paid N/A Check # _____ Cash _____ Other Fees (_____) _____

Roofing Fee _____

Estimated Construction Cost \$ N/A

TOTAL Fees _____

Signed Debi Athos

Signed Gene Simmons (Aunt)

Applicant

Town Building Official

TOWN OF SEWALL'S POINT

Date 11/15/05

BUILDING PERMIT NO. **7886**

Building to be erected for Debi Athos

Type of Permit dry wall

Applied for by O/B (Contractor)

Building Fee _____

Subdivision India kucie Lot 7 Block 6

Radon Fee _____

Address 3 Bumba Limba Way

Impact Fee _____

Type of structure 5 FH

A/C Fee _____

Parcel Control Number:

35-37-41-002-006-0070-2

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid N/A Check # _____ Cash _____ Other Fees (_____)

Total Construction Cost \$ N/A

TOTAL Fees _____

Signed Debi Athos

Signed Gene Semmes (amb)

Applicant

Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED
11/14/05

Hurricane

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 11/14/05 Permit Number: 7586

OWNER/TITLEHOLDER NAME: ATHOS Phone (Day) 2231243 (Fax) SAA

Job Site Address: 36 Gumbo Limbo Way City: Stuart State: FL Zip: 34996

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

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

Description of Work To Be Done: remove old misc. dunnell, replace siding, windows, paint

WILL OWNER BE THE CONTRACTOR?:

YES NO

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany application)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 20
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: _____ 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: _____

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Debra P. Athos

State of Florida, County of: Martin

This the 14 day of November, 2005

by D Athos who is personally

known to me or produced
as identification. Joan H. Barrow

Notary Public

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 200 _____

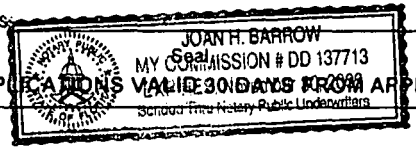
by _____ who is personally

known to me or produced
As identification. _____

Notary Public

My Commission Expires: _____

Seal



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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID KE
INDED-1

DATE (MM/DD/YYYY)
02/11/05

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Independent Development & Construction, inc. 708 East Parkway Drive Stuart FL 34996	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Auto Owners Insurance Co</td> <td>18988</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Auto Owners Insurance Co	18988	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Auto Owners Insurance Co	18988												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													


COVERAGES

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

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20628933	02/10/05	02/10/06	EACH OCCURRENCE	\$ 500000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
						MED EXP (Any one person)	\$ 10000
						PERSONAL & ADV INJURY	\$ 500000
						GENERAL AGGREGATE	\$ 500000
						PRODUCTS - COMP/OP AGG	\$ 500000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	4369680400	12/01/04	12/01/05	COMBINED SINGLE LIMIT (Ea accident)	\$ 300000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

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

Building Contractor

CERTIFICATE HOLDER MARTC-1 Martin County Contractors Licensing FAX: 288-5911 2401 SE Monterey Road Stuart FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
---	--

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

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

DISCLOSURE STATEMENT

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

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

Name: Debra P. Athos Date: ~~8~~ 11/14/05

Signature: Debra P. Athos

Address: 3 Gomez Lingo Way

City & State: STAT FL 34996

Permit No. _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-2, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8195	Atmos	Final siding	PASS	CLOSE
7	3 Gumbo Limbo off	hardy plank		INSPECTOR: <i>[Signature]</i>
7886	Atmos	drywall	PASS	CLOSE
7	3 Gumbo Limbo off			INSPECTOR: <i>[Signature]</i>
8123		POOL DECK	FAIL	
8	20 E HIGH PT.	LATE MORN.		INSPECTOR: <i>[Signature]</i>
0131		FRAME	FAIL	
4	8 N. S. P. R.			INSPECTOR:
0088	MOLE	SLAB	FAIL	
5	94. N. S. P. R.			INSPECTOR: <i>[Signature]</i>
0088		PADS	FAIL	
5	94. N. S. P. R.			INSPECTOR: <i>[Signature]</i>
0125		GAS LINE ROUGH	PASS	
6	11 WENDY LN PROPANE DISC.			INSPECTOR: <i>[Signature]</i>

OTHER: IN PROGRESS PERM.
0110
98 S. RIVER RD.

7927

PERMIT #

Re Roof

DESCRIPTION

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

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12-1-05

BUILDING PERMIT NO. 7927

Building to be erected for ATHOS Type of Permit Re-roof

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

Subdivision INDIANUCIE Lot 7 Block 6 Radon Fee _____

Address 3 GUMBO LIMBO WAY Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee N/C HURRICANE DAMAGE

353741002006 0507020000 Plumbing Fee _____

Amount Paid N/C Check # _____ Cash _____ Other Fees (_____) Roofing Fee _____

Total Construction Cost \$ 500.00 TOTAL Fees _____

Signed Deb P Athos Applicant Signed Gene Summers Town Building Official

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

INSPECTIONS

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



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

**REPAIR WORK FOR
 HURRICANE DAMAGE**

BUILDING CODE COMPLIANCE OFFICE (BCCO)
 PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

CertainTeed Corporation (PA) *Gene Simmons*
 1400 Union Meeting Road, P.O. Box 1100
 Blue Bell, PA 19422

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by the BCCO and accepted by the Building Code and Product Review Committee to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

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

DESCRIPTION: CertainTeed Modified Bitumen Roofing Systems Over Wood Decks

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

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

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

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

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

This NOA consists of pages 1 through 30.
 The submitted documentation was reviewed by Frank Zuloaga, RRC



NOA No.: 02-1205.02
 Expiration Date: 06/19/2008
 Approval Date: 01/30/03
 Page 1 of 30

ROOFING ASSEMBLY APPROVAL

Category:	Roofing
Sub-Category:	APP/SBS Modified Bitumen
Deck Type:	Wood
Maximum Design Pressure	-60 psf
Fire Classification:	See General Limitation #1

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

TABLE 1

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
All Weather/Empire Base Sheet	36" x 72', Roll weight: 86 lbs. (2 squares)	ASTM D 2626 UL Type 15	Asphalt coated organic base sheet.
Flex-I-Glas™ Base Sheet	36" x 108', Roll weight: 90 lbs. (3 squares)	UL Type G2 ASTM D 4601, type II	Modified Bitumen coated fiberglass base sheet.
Flex-I-Glas™ FR Base Sheet	39 3/8" x 50', Roll weight: 90 lbs. (1.5 squares)	UL Type G2 ASTM D 4601, type II	Modified Bitumen coated fiberglass base sheet.
Flintglas® Ply Sheet Type IV or VI	36" x 180', Roll weight: 40/55 lbs. (5 squares)	ASTM D 2178 Type IV or VI UL Type G1	Fiberglass, asphalt impregnated ply sheet.
Flintlastic STA STA Plus 5.0	39 3/8" x 33', Roll weight: 90 lbs. (1 square)	ASTM D 6222, Grade S, Type II	Smooth surfaced APP Modified Bitumen membrane with non-woven polyester mat reinforcement for torch application.
Flintlastic GTA, GTA-FR or Flintlastic Diamond GTA	39 3/8" x 33' 3", Roll weight: 105 lbs. (1 square)	ASTM D 6222, Grade G, type II	Granule surfaced APP Modified Bitumen membrane with non-woven polyester mat reinforcement for torch application.
Flintlastic GTS	39 3/8" x 24'9", Roll weight: 92 lbs. (3/4 square)	ASTM D 6164, Grade G, Type II	Granule surfaced SBS Modified Bitumen membrane with non-woven polyester mat reinforcement for torch application.
Flintlastic GMS, Premium GMS	39 3/8" x 34' 2", Roll weight: 100/105 lbs. (1 square)	ASTM D 6164, Grade G, Type II	Granule surfaced SBS Modified Bitumen membrane with non-woven polyester mat reinforcement for mop application.
Flintlastic FR-P, Premium FR-P	39 3/8" x 34' 2", Roll weight: 105 lbs. (1 square)	ASTM D 6164, Grade G, Type I	Fire resistant, granule surfaced SBS Modified Bitumen Membrane with non-woven polyester mat reinforcement for mop application.
Flintlastic FR Cap	39 3/8" x 34' 2", Roll weight: 90 lbs. (1 square)	ASTM D 6163, Grade G, Type I	Fire resistant, granule surfaced SBS Modified Bitumen membrane with fiberglass mat reinforcement for mop applications.
Flexiglas Premium Cap 960	36" x 38" (1 square)	ASTM D 6163, Grade G, Type I	Granule surfaced SBS Modified Bitumen membrane with fiberglass ,mat reinforcement for mop application



<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Ultra Poly SMS	36" x 64'4" (2 squares)	ASTM D 6164 Grade S, Type I	Smooth surfaced SBS Modified Bitumen Membrane with non-woven polyester mat reinforcement for mop application.
GlasBase™ Base Sheet	36" x 108', Roll weight: 69 lbs. (3 squares)	ASTM D 4601 UL Type G2	Asphalt coated, fiberglass base sheet.
PolySMS Base Sheet	39 3/8" x 64' 4", Roll weight: 90 lbs. (2 squares)	ASTM D 5147	Modified Bitumen coated polyester base sheet.
Yosemite® Mineral Surfaced Cap Sheet	36" x 36', Roll weight: 90 lbs. (1 square)	ASTM D 249 UL Type 30	Mineral Surfaced organic cap and buffer sheet.
Black Diamond Base Sheet	36" x 75', Roll weight 75 lbs. (2.25 squares)	PA 103 ASTM D 1970	Slag surfaced SBS Modified Bitumen sheet with fiberglass reinforcement for peel and stick application.

APPROVED INSULATIONS:

TABLE 2

<u>Product Name</u>	<u>Product Description</u>	<u>Manufacturer (With Current NOA)</u>
PYROX	Polyisocyanurate foam insulation	Apache Products Co.
ACFoam II	Polyisocyanurate foam insulation	Atlas Energy Products
ISO 95+	Polyisocyanurate foam insulation	Firestone Building Products, Inc.
High Density Wood Fiberboard	Wood fiber insulation board	generic
Perlite Insulation	Perlite insulation board	generic
Dens Deck	Water resistant gypsum board	G-P Gypsum Corp.
ENRGY-1, ENRGY-2, Plus, UltraGard Gold, PSI-25	Polyisocyanurate foam insulation	Johns Manville
FiberGlass Roof Insulation	Glass fiber/Mineral fiber insulation	Johns Manville
Fesco Board	Expanded mineral fiber insulation	Johns Manville
ISORoc	Polyisocyanurate foam / rockwool composite insulation	Johns Manville
Paroc Cap Board	Rockwool insulation	Partek, Inc.
Multi-Max, FA	Polyisocyanurate foam insulation	Rmax, Inc.



APPROVED FASTENERS:

TABLE 3

Fastener Number	Product Name	Product Description	Dimensions	Manufacturer (With Current NOA)
1.	#12 & #14 Dekfast Fastener	Insulation fastener		Construction Fasteners, Inc.
2.	Dekfast Hex Plate	Galvalume AZ50 steel plate	2 7/8" x 3 1/4"	Construction Fasteners, Inc.
3.	Olympic Fastener #12 & #14	Insulation fastener		Olympic Manufacturing Group, Inc.
4.	Olympic Standard	3" round galvalume AZ50 steel plate	3" round	Olympic Manufacturing Group, Inc.
5.	Insul-Fixx Fastener	Insulation fastener for steel and wood decks		SFS Stadler, Inc.
6.	Insul-Fixx S Plate	3" round galvalume AZ50 steel plate	3" round	SFS Stadler, Inc.

EVIDENCE SUBMITTED:

Test Agency	Name	Report	Date
Applied Research Laboratories	Physical Properties	28013	06/02/87
Factory Mutual Research Corporation	Current Insulation Fastening Requirements	FMRC 1994	01/01/95
Factory Mutual Research Corporation	PA 114 (FMRC 4470)	J.I. #3Y8A1.AM	03/23/96
Underwriters Laboratories, Inc.	Fire Classification Compliance	R11656	07/13/87
United States Testing Company, Exterior Research & Design, LLC	ASTM D 5147	97457-4	06/03/88
	TAS 114 (J)	#3507.08.99-1	04/18/01
Exterior Research & Design, LLC		#3514.02LAB	11/11/02



APPROVED ASSEMBLIES:

- Membrane Type:** APP MODIFIED
- Deck Type II:** Wood, Insulated, New Construction
- Deck Description:** ¹⁹/₃₂" or greater plywood or wood plank
- System Type A (1):** Anchor sheet mechanically fastened; all layers of insulation adhered with approved asphalt.

All General and System Limitations apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
Pyrox Minimum 1.3" thick	N/A	N/A
ACFoam-II, UltraGard Gold, ENRGY-1, ENRGY-2, PSI-25 Minimum 1.5" thick	N/A	N/A
Fiberglas Minimum ¹⁵ / ₁₆ " thick	N/A	N/A
Perlite Minimum ³ / ₄ " thick	N/A	N/A
High Density Wood Fiberboard Minimum ¹ / ₂ " thick	N/A	N/A
Dens-Deck Minimum ¹ / ₄ " thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.

- Anchor Sheet:** One ply of Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base mechanically attached as detailed below.
- Fastening:** Anchor sheet shall be lapped 4" and fastened with approved roofing nails and tin caps 9" o.c. in the lap and two rows staggered in the center of the sheet 12" o.c.
- Base/Ply Sheet:** One ply of products listed under 'Anchor Sheet' above, or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.



Membrane: Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic GTA or GTA-FR torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -45 psf (See General Limitation #9)



Membrane Type: SBS MODIFIED

Deck Type II: Wood, Insulated, New Construction

Deck Description: $1\frac{9}{32}$ " or greater plywood or wood plank

System Type A (2): Anchor sheet mechanically fastened; all layers of insulation adhered with approved asphalt.

All General and System Limitations apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
Pyrox Minimum 1.3" thick	N/A	N/A
ACFoam-II, UltraGard Gold, E'NRG'Y-1, E'NRG'Y-2, PSI-25 Minimum 1.5" thick	N/A	N/A
Fiberglas Minimum $1\frac{5}{16}$ " thick	N/A	N/A
Perlite Minimum $\frac{3}{4}$ " thick	N/A	N/A
High Density Wood Fiberboard Minimum $\frac{1}{2}$ " thick	N/A	N/A
Dens-Deck Minimum $\frac{1}{4}$ " thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.

Anchor Sheet: One ply of Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base mechanically attached as detailed below.

Fastening: Anchor sheet shall be lapped 4" and fastened with approved roofing nails and tin caps 9"o.c. in the lap and two rows staggered in the center of the sheet 12"o.c.

Base/Ply Sheet: One ply of products listed under 'Anchor Sheet' above, or one ply of Ultra Poly SMS or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.



Membrane: One ply of Flintlastic GMS, Flintlastic Premium GMS, Flintlastic FR-P, Flintlastic Premium FR-P, Flintlastic FR Cap sheet, Flexiglas Premium Cap 960, Ultra Poly SMS or Flintglas Mineral Surfaced Cap Sheet adhered to base/ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -45 psf (See General Limitation #9)



- Membrane Type:** APP MODIFIED
- Deck Type II:** Wood, Insulated, New construction
- Deck Description:** Minimum $1\frac{9}{32}$ " thick plywood attached using wood screws spaced 6" o.c. at wood joists spaced maximum 24" o. c.
- System Type A (3):** Anchor sheet mechanically fastened; all layers of insulation adhered with approved asphalt.

All General and System Limitations apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
Pyrox Minimum 1.3" thick	N/A	N/A
ACFoam-II, UltraGard Gold, ENRGY-1, ENRGY-2, PSI-25 Minimum 1.5" thick	N/A	N/A
Fiberglas Minimum $1\frac{5}{16}$ " thick	N/A	N/A
Perlite Minimum $\frac{3}{4}$ " thick	N/A	N/A
High Density Wood Fiberboard Minimum $\frac{1}{2}$ " thick	N/A	N/A
Dens-Deck Minimum $\frac{1}{4}$ " thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.

- Anchor Sheet:** One ply of GlasBase, Flex-I-Glas Base, Flex-I Glas FR Base or All Weather/Empire Base sheet mechanically attached as detailed below.
- Fastening:** Anchor sheet shall be lapped 4" and fastened with Simplex Mega Cap Nails spaced 9" o.c. in the lap and the 9" o.c. in two staggered rows in the center of the sheet.
- Base/Ply Sheet:** One Ply of products listed under 'Anchor Sheet' above, or one or more plies of Flintglas Ply Sheet (type IV) or Flintglas Premium Ply Sheet (type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40lbs./sq.
- Membrane:** Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic GTA or GTA-FR torch adhered to base/ply sheet.



Surfacing:

(Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design
Pressure:

-60psf. (See General Limitation #7)



- Membrane Type:** SBS MODIFIED
- Deck Type II:** Wood, Insulated, New Construction
- Deck Description:** Minimum $1\frac{9}{32}$ " thick plywood attached using wood screws spaced 6" o.c. at wood joists spaced maximum 24" o.c.
- System Type A (4):** Anchor sheet mechanically fastened; all layer of insulation adhered with approved asphalt.

All General and System Limitations apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
Pyrox Minimum 1.3" thick	N/A	N/A
ACFoam-II, UltraGard Gold, ENRGY-2, PSI-25 Minimum 1.5" thick	N/A	N/A
Fiberglas Minimum $1\frac{5}{16}$ " thick	N/A	N/A
Perlite Minimum $\frac{3}{4}$ " thick	N/A	N/A
High Density Wood Fiberboard Minimum $\frac{1}{2}$ " thick	N/A	N/A
Dens-Deck Minimum $\frac{1}{4}$ " thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.

- Anchor Sheet:** One ply of Glasbase, Flex-I Glas Base, Flex-I- Glas FR Base or All Weather/Empire Base Sheet mechanically attached as detailed below.
- Fastening:** Anchor sheet shall be lapped 4" and fastened with Simplex Mega Cap Nails spaced 9" o.c. in the lap and the 9" o.c. in two staggered rows in the center of the sheet.
- Base/Ply Sheet:** One ply of products listed under 'Anchor Sheet' above, or one ply Ultra Poly SMS or more plies of FlintGlas Ply Sheet (type IV) or FlintGlas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs. /sq.



Membrane: One ply of Flintlastic GMS, Flintlastic Premium GMS, Flintlastic FR-P, Flintlastic Premium FR-P, Flintlastic FR Cap sheet, Flexiglas Premium Cap 960, Ultra Poly SMS or Flintglas Mineral Surfaced Cap Sheet adhered to base/ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -60psf. (See General Limitation #7)



Membrane Type: APP MODIFIED
Deck Type II: Wood, Insulated, New Construction
Deck Description: 1⁹/₃₂" or greater plywood or wood plank
System Type B (1): Base layer of insulation mechanically attached, optional top layer adhered with approved asphalt.

All General and System Limitations apply.

one or more layers of any of the following insulations under those listed as Top Layer:

Base Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
Pyrox Minimum 1.3" thick	Any approved fasteners in Table 3	1:2 ft ²
ENRGY-2, PSI-25 Minimum 1.4" thick	Any approved fasteners in Table 3	1:2 ft ²
ACFoam-II, UltraGard Gold Minimum 1.5" thick	Any approved fasteners in Table 3	1:2 ft ²
Fiberglas Minimum 1⁵/₁₆" thick	Any approved fasteners in Table 3	1:2 ft ²
Perlite Minimum 3/4" thick	Any approved fasteners in Table 3	1:2 ft ²
High Density Wood Fiberboard Minimum 1/2" thick	Any approved fasteners in Table 3	1:2 ft ²
Dens-Deck Minimum 1/4" thick	Any approved fasteners in Table 3	1:2 ft ²

Note: Base layer shall be mechanically attached with fasteners and density described above. Insulation panels listed are minimum sizes and dimensions; if larger panels are used the number of fasteners per board shall be increased maintaining the same fastener density (See Roofing Application Standard RAS 117 for fastening details).

Top Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
Any of the insulations listed for Base Layer		

Note: Optional top layer of insulation shall be adhered with approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Composite insulation boards used as a top layer shall be installed with the polyisocyanurate face down.

Base Sheet: One ply of Glasbase, Flex-I Glas Base, Flex-I Glas FR Base, Poly SMS, FlintGlas Ply Sheet (Type IV) or FlintGlas Premium Ply Sheet (Type VI) adhered to the insulated substrate with approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.



Ply Sheet: (Optional) One ply of Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of FlintGlas Ply Sheet (Type IV) or FlintGlas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic GTA or GTA-FR torch adhered to base or ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -45psf. (See General Limitation #9)



Membrane Type: SBS MODIFIED
Deck Type II: Wood, Insulated, New Construction
Deck Description: ¹⁹/₃₂" or greater plywood or wood plank
System Type B (2): Base layer of insulation mechanically attached, optional top layer adhered with approved asphalt.

All General and System Limitations apply.

One or more layers of any of the following insulations under those listed as Top Layer:

Base Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
Pyrox Minimum 1.3" thick	Any approved fasteners in Table 3	1:2 ft ²
ENRGY-2, PSI-25 Minimum 1.4" thick	Any approved fasteners in Table 3	1:2 ft ²
ACFoam-II, UltraGard Gold Minimum 1.5" thick	Any approved fasteners in Table 3	1:2 ft ²
Fiberglas Minimum ¹⁵ / ₁₆ " thick	Any approved fasteners in Table 3	1:2 ft ²
Perlite Minimum ³ / ₄ " thick	Any approved fasteners in Table 3	1:2 ft ²
High Density Wood Fiberboard Minimum ¹ / ₂ " thick	Any approved fasteners in Table 3	1:2 ft ²
Dens-Deck Minimum ¹ / ₄ " thick	Any approved fasteners in Table 3	1:2 ft ²

Note: Base layer shall be mechanically attached with fasteners and density described above. Insulation panels listed are minimum sizes and dimensions; if larger panels are used the number of fasteners per board shall be increased maintaining the same fastener density (See Roofing Application Standard RAS 117 for fastening details).

Top Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
Any of the insulations listed for Base Layer		

Note: Optional top layer of insulation shall be adhered with approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Composite insulation boards used as a top layer shall be installed with the polyisocyanurate face down.

Base Sheet: One ply of Glas Base, Flex-I Glas Base, Flex-I Glas FR Base, Poly SMS, Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) or Ultra Poly SMS adhered to the insulated substrate with approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.



Ply Sheet: (Optional) One ply of Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: One ply of Flintlastic GMS, Flintlastic Premium GMS, Flintlastic FR-P, Flintlastic Premium FR-P, Flintlastic FR Cap sheet, Flexiglas Premium Cap 960, Ultra Poly SMS or Flintglas Mineral Surfaced Cap Sheet adhered to base/ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, APOC 212 Fibrated Aluminum at an application rate of 1.5 gal./sq.

Maximum Design Pressure: -45psf. (See General Limitation #9)



Membrane Type: APP MODIFIED
Deck Type II: Wood, Insulated, New Construction
Deck Description: ¹⁹/₃₂" or greater plywood or wood plank
System Type C (1): All layers of insulation simultaneously attached.

All General and System Limitations apply.

One or more layers of any of the following insulations:

Base Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
Pyrox Minimum 1.3" thick	N/A	N/A
ACFoam-II, UltraGard Gold, ENRGY-2, PSI-25 Minimum 1.5" thick	N/A	N/A
Fiberglas Minimum ¹⁵ / ₁₆ " thick	N/A	N/A
Perlite Minimum ¾" thick	N/A	N/A
High Density Wood Fiberboard Minimum ½" thick	N/A	N/A
Dens-Deck Minimum ¼" thick	N/A	N/A

Note: All layers shall be simultaneously fastened; see top layer below for fasteners and density.

Top Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
Perlite Minimum ¾" thick	Any approved fasteners in Table 3	1:2 ft ²
High Density Wood Fiberboard Minimum ½" thick	Any approved fasteners in Table 3	1:2 ft ²
Dens-Deck Minimum ¼" thick	Any approved fasteners in Table 3	1:2 ft ²

Note: All layers of insulation shall be mechanically attached using the fastener density listed above. The insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased maintaining the same fastener density. Insulation fasteners shall be tested for withdrawal resistance in compliance with Testing Application Standard TAS 105 to confirm compliance with the wind load requirements. Please refer to Roofing Application Standard RAS 117 for insulation attachment.



- Base Sheet:** One ply of Glas Base, Flex-I Glas Base, Flex-I Glas FR Base, Poly SMS, Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the insulated substrate with approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.
- Ply Sheet:** (Optional) One ply of Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.
- Membrane:** Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic GTA or GTA-FR torch adhered to base or ply sheet.
- Surfacing:** (Optional) Install one of the following:
1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
 2. Karnak 97, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.
- Maximum Design Pressure:** -45psf. (See General Limitation #9)



Membrane Type: SBS MODIFIED
Deck Type II: Wood, Insulated, New Construction
Deck Description: ¹⁹/₃₂" or greater plywood or wood plank
System Type C (2): All layers of insulation simultaneously attached.

All General and System Limitations apply.

One or more layers of any of the following insulations under those listed as Top Layer:

Base Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
Pyrox Minimum 1.3" thick	N/A	N/A
ACFoam-II, UltraGard Gold, ENRGY-2, PSI-25 Minimum 1.5" thick	N/A	N/A
Fiberglas Minimum ¹⁵ / ₁₆ " thick	N/A	N/A
Perlite Minimum ¼" thick	N/A	N/A
High Density Wood Fiberboard Minimum ½" thick	N/A	N/A
Dens-Deck Minimum ¼" thick	N/A	N/A

Note: All layers shall be simultaneously fastened; see top layer below for fasteners and density.

Top Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
Perlite Minimum ¼" thick	Any approved fasteners in Table 3	1:2 ft ²
High Density Wood Fiberboard Minimum ½" thick	Any approved fasteners in Table 3	1:2 ft ²
Dens-Deck Minimum ¼" thick	Any approved fasteners in Table 3	1:2 ft ²

Note: All layers of insulation shall be mechanically attached using the fastener density listed above. The insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased maintaining the same fastener density. Insulation fasteners shall be tested for withdrawal resistance in compliance with Testing Application Standard TAS 105 to confirm compliance with the wind load requirements. Please refer to Roofing Application Standard RAS 117 for insulation attachment.



- Base Sheet:** One ply of Glas Base, Flex-I Glas Base, Flex-I Glas FR Base, Poly SMS, Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) or Ultra Poly SMS adhered to the insulated substrate with approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.
- Ply Sheet:** (Optional) One ply of Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.
- Membrane:** One ply of Flintlastic GMS, Flintlastic Premium GMS, Flintlastic FR-P, Flintlastic Premium FR-P, Flintlastic FR Cap sheet, Flexiglas Premium Cap 960, Ultra Poly SMS or Flintglas Mineral Surfaced Cap Sheet adhered to base/ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS torch adhered to base/ply sheet.
- Surfacing:** (Optional) Install one of the following:
1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
 2. Karnak 97, APOC 212 Fibrated Aluminum at an application rate of 1.5 gal./sq.
- Maximum Design Pressure:** -45psf. (See General Limitation #9)



Membrane Type: APP MODIFIED
Deck Type II: Wood, Insulated, New Construction
Deck Description: 1⁹/₃₂" or greater plywood or wood plank
System Type D (1): All layers of insulation and base sheet simultaneously attached.

All General and System Limitations apply.

One or more layers of any of the following insulations:

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
Pyrox Minimum 1.3" thick	N/A	N/A
ACFoam-II, UltraGard Gold, ENRGY-2, PSI-25 Minimum 1.5" thick	N/A	N/A
Fiberglas Minimum 1 ⁵ / ₁₆ " thick	N/A	N/A
Perlite Minimum 3/4" thick	N/A	N/A
High Density Wood Fiberboard Minimum 1/2" thick	N/A	N/A
Dens-Deck Minimum 1/4" thick	N/A	N/A

Note: Top layer shall have preliminary attachment, prior to the installation of the base/anchor sheet, at an application rate of two fasteners per board for insulation boards having no dimension greater than 4 ft., and four fasteners for any insulation board having no dimension greater than 8 ft. All layers of insulation and base sheet shall be simultaneously fastened. See base/anchor sheet below for fasteners and density.

- Base Sheet:** One ply of Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base mechanically attached as detailed in Fastening #1, below or one ply of Poly SMS mechanically attached as detailed in Fastening #2 or #3, below.
- Fastening #1:** Olympic Screws #12 or #14 and metal plates, Dekfast #14 or #15 and metal plates or SFS Insul-Fixx #12 or #14 and metal plates spaced 4" o.c. at a 4" side lap and two staggered rows in the center of the sheet, 24" o.c.
- Fastening #2:** Olympic Screws #12 or #14 and metal plates, Dekfast #14 or #15 and metal plates or SFS Insul-Fixx #12 or #14 and metal plates spaced 12" o.c. at a 4" side lap and two staggered rows in the center of the sheet, 36" o.c.
- Fastening #3:** SFS Insul-Fixx screws and 2" round metal plates at a 4" side lap, 12" o.c.



- Ply Sheet:** (Optional) One ply of Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.
- Membrane:** Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic GTA or GTA-FR torch adhered to base or ply sheet.
- Surfacing:** (Optional) Install one of the following:
1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
 2. Karnak 97, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.
- Maximum Design Pressure:** -45psf. (See General Limitation #9)



Membrane Type: SBS MODIFIED
Deck Type 1I: Wood, Insulated, New Construction
Deck Description: 1⁹/₃₂" or greater plywood or wood plank
System Type D (2): All layers of insulation and base sheet simultaneously attached.

All General and System Limitations apply.

One or more layers of any of the following insulations:

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
Pyrox Minimum 1.3" thick	N/A	N/A
ACFoam-II, UltraGard Gold, ENRGY-2, PSI-25 Minimum 1.5" thick	N/A	N/A
Fiberglas Minimum 1 ⁵ / ₁₆ " thick	N/A	N/A
Perlite Minimum 3/4" thick	N/A	N/A
High Density Wood Fiberboard Minimum 1/2" thick	N/A	N/A
Dens-Deck Minimum 1/4" thick	N/A	N/A

Note: Top layer shall have preliminary attachment, prior to the installation of the base/anchor sheet, at an application rate of two fasteners per board for insulation boards having no dimension greater than 4 ft., and four fasteners for any insulation board having no dimension greater than 8 ft. All layers of insulation and base sheet shall be simultaneously fastened. See base/anchor sheet below for fasteners and density.

Base Sheet: One ply of Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base mechanically attached as detailed in Fastening #1, below or one ply of Poly SMS mechanically attached as detailed in Fastening #2 or #3, below.

Fastening #1: Olympic Screws #12 or #14 and metal plates, Dekfast #14 or #15 and metal plates or SFS Insul-Fixx #12 or #14 and metal plates spaced 4" o.c. at a 4" side lap and two staggered rows in the center of the sheet, 24" o.c.

Fastening #2: Olympic Screws #12 or #14 and metal plates, Dekfast #14 or #15 and metal plates or SFS Insul-Fixx #12 or #14 and metal plates spaced 12" o.c. at a 4" side lap and two staggered rows in the center of the sheet, 36" o.c.

Fastening #3: SFS Insul-Fixx screws and 2" round metal plates at a 4" side lap, 12" o.c.



Ply Sheet: (Optional) One ply of Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) or Ultra Poly SMS adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: One ply of Flintlastic GMS, Flintlastic Premium GMS, Flintlastic FR-P, Flintlastic Premium FR-P, Flintlastic FR Cap Sheet, Flexiglas Premium Cap 960 or Ultra Poly SMS adhered to ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS torch adhered to ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, APOC 212 Fibrated Aluminum at an application rate of 1.5 gal./sq.

Maximum Design Pressure: -45psf. (See General Limitation #9)



Membrane Type: APP MODIFIED
Deck Type 1: Wood, Non-insulated
Deck Description: 1⁹/₃₂" or greater plywood or wood plank decks
System Type E (1): Base sheet mechanically fastened.

All General and System Limitations apply.

Base Sheet: One ply of Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base mechanically attached as detailed below.

Fastening: Base sheet shall be lapped 4" and fastened with approved roofing nails and tin caps 9" o.c. in the lap and two rows staggered in the center of the sheet 12" o.c.

Ply Sheet: (Optional) One ply of Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic GTA or GTA-FR torch adhered to base or ply sheet.

Surfacing: (Optional) Install one of the following:
1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 1/2 gal. /sq.

Maximum Design Pressure: -45psf. (See General Limitation #9)



Membrane Type: SBS MODIFIED
Deck Type 1: Wood, Non-insulated
Deck Description: 1⁹/₃₂" or greater plywood or wood plank decks
System Type E (2): Base sheet mechanically fastened.

All General and System Limitations apply.

Anchor Sheet: One ply of Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base mechanically fastened as detailed below.

Fastening: Base sheet shall be lapped 4" and fastened with approved roofing nails and tin caps 9"o.c. in the lap and two rows staggered in the center of the sheet 12"o.c.

Ply Sheet: (Optional) One ply of Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) or Ultra Poly SMS adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: One ply of Flintlastic GMS, Flintlastic Premium GMS, Flintlastic FR-P, Flintlastic Premium FR-P, Flintlastic FR Cap sheet, Flexiglas Premium Cap 960, Ultra Poly SMS or Flintglas Mineral Surfaced Cap Sheet adhered to base/ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:
1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb/sq.
2. Karnak 97 or APOC 212 Fibrated Aluminum at an application rate of 1.5 gal./sq.

Maximum Design Pressure: -45 psf (See General Limitation #9)



Membrane Type: APP MODIFIED

Deck Type 1: Wood, Non-insulated

Deck Description: Minimum $1\frac{9}{32}$ " thick plywood attached using wood screws spaced 6" o.c. at wood joists spaced maximum 24" o.c.

System Type E (3): Base sheet mechanically fastened.

All General and System Limitations apply.

Base Sheet: One ply of Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or All Weather / Empire Base Sheet mechanically fastened as detailed below.

Fastening: Anchor sheet shall be lapped 4" and fastened with Simplex Mega Cap Nails spaced 9" o.c. in the lap and 9" o.c. in two staggered rows in the center of the sheet.

Ply Sheet: (Optional) One ply of GlasBase, Flex-I-GlasBase, Flex-I-Glas FR Base, PolySMS or one or more plies of FlintGlas Ply Sheet (Type IV) or FlintGlas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: Flintlastic STA, Flintlastic Diamond GTA, Flintlastic GTA or GTA-FR torch adhered to base or ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb/sq.
2. Karnak 97, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 ½ gal. /sq.

Maximum Design Pressure: -60psf. (See General Limitation #7)



Membrane Type: SBS MODIFIED

Deck Type 1: Wood, Non-insulated

Deck Description: Minimum $1\frac{9}{32}$ " thick plywood attached using wood screws spaced 6" o.c. at wood joists spaced maximum 24" o.c.

System Type E (4): Base sheet mechanically fastened.

All General and System Limitations apply.

Base Sheet: One ply of GlasBase, Flex-I Glas Base, Flex-I Glas FR Base or All Weather/Empire Base Sheet mechanically fastened as detailed below.

Fastening: Anchor sheet shall be lapped 4" and fastened with Simplex Mega Cap Nails spaced 9" o.c. in the lap and 9" o.c. in two staggered rows in the center of the sheet.

Ply Sheet: (Optional) One ply of GlasBase, Flex-I-GlasBase, Flex-I-Glas FR Base, PolySMS or one or more plies of FlintGlas Ply Sheet (Type IV) or FlintGlas Premium Ply Sheet (Type VI) or Ultra Poly SMS adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: One ply of Flintlastic GMS, Flintlastic Premium GMS, Flintlastic FR-P, Flintlastic Premium FR-P, Flintlastic FR Cap sheet, Flexiglas Premium Cap 960, Ultra Poly SMS or Flintglas Mineral Surfaced Cap Sheet adhered to base/ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97 or APOC 212 Fibrated Aluminum at an application rate of 1.5 gal./sq.

Maximum Design Pressure: -60psf. (See General Limitation #7)



Membrane Type: N/A
Deck Type 1: Wood
Deck Description: 1⁹/₃₂" or greater plywood or wood plank
System Type: Tile Underlayment, Base Sheet mechanically attached.

All General and System Limitations shall apply.

Anchor sheet: One ply of #30 asphalt saturated organic felt, All Weather/Empire Base, GlasBase, Flex-I Glas or Flex-I Glas FR Base applied with a minimum 2" side lap and a minimum 6" end lap. Base sheet may be applied at a right angle (90°) to the slope of the deck with approved annular ring shank nails and tin caps at a fastener spacing of 6" o.c. at the 2" side lap, and two 12" o.c. staggered rows along the center of the sheet.

Ply Sheet: (Optional) One or more plies of FlintGlas Ply Sheet (Type IV) or FlintGlas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: One ply of FlintGlas Mineral Surface Cap Sheet, Yosemite Mineral Surface Cap Sheet, Flexiglas Premium Cap 960, Flintlastic GMS or Flintlastic FR-PGMS membrane may be applied at a right angle (90°) to the slope of the deck* adhered in a full mopping of Type IV asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or Flintlastic GTA torch applied or Black Diamond Base Sheet applied to the base sheet by peel and stick application. Membrane shall be backnailed to deck with approved annular ring shank nails and tin caps in accordance to applicable Building Code. No nails or tin caps shall be exposed

* Membrane may also be installed parallel to the slope of the roof (i.e. strapping). If membrane is strapped, then anchor sheet and ply sheet must also be strapped.

Maximum Design Pressure: Refer to tile manufacturer's NOA.

Maximum Slope: Must Comply with Roofing Application Standard RAS 118, RAS 119, RAS 120 and applicable Building Code.



WOOD DECK SYSTEM LIMITATIONS:

1. A slip sheet is required with Ply 4 and Ply 6 when used as a mechanically fastened base or anchor sheet.

GENERAL LIMITATIONS:

1. Fire classification is not part of this acceptance, refer to a current Approved Roofing Materials Directory for fire ratings of this product.
2. Insulation may be installed in multiple layers. The first layer shall be attached in compliance with Product Control Approval guidelines. All other layers shall be adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq., or mechanically attached using the fastening pattern of the top layer
3. All standard panel sizes are acceptable for mechanical attachment. When applied in approved asphalt, panel size shall be 4' x 4' maximum.
4. An overlay and/or recovery board insulation panel is required on all applications over closed cell foam insulations when the base sheet is fully mopped. If no recovery board is used the base sheet shall be applied using spot mopping with approved asphalt, 12" diameter circles, 24" o.c.; or strip mopped 8" ribbons in three rows, one at each sidelap and one down the center of the sheet allowing a continuous area of ventilation. Encircling of the strips is not acceptable. A 6" break shall be placed every 12' in each ribbon to allow cross ventilation. Asphalt application of either system shall be at a minimum rate of 12 lbs./sq. **Note: Spot attached systems shall be limited to a maximum design pressure of -45 psf.**
5. Fastener spacing for insulation attachment is based on a Minimum Characteristic Force (F') value of 275 lbf., as tested in compliance with Testing Application Standard TAS 105. If the fastener value, as field-tested, are below 275 lbf. insulation attachment shall not be acceptable.
6. Fastener spacing for mechanical attachment of anchor/base sheet or membrane attachment is based on a minimum fastener resistance value in conjunction with the maximum design value listed within a specific system. Should the fastener resistance be less than that required, as determined by the Building Official, a revised fastener spacing, prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant may be submitted. Said revised fastener spacing shall utilize the withdrawal resistance value taken from Testing Application Standards TAS 105 and calculations in compliance with Roofing Application Standard RAS 117.
7. Perimeter and corner areas shall comply with the enhanced uplift pressure requirements of these areas. Fastener densities shall be increased for both insulation and base sheet as calculated in compliance with Roofing Application Standard RAS 117. Calculations prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant **(When this limitation is specifically referred within this NOA, General Limitation #9 will not be applicable.)**
8. All attachment and sizing of perimeter nailers, metal profile, and/or flashing termination designs shall conform with Roofing Application Standard RAS 111 and applicable wind load requirements.
9. The maximum designed pressure limitation listed shall be applicable to all roof pressure zones (i.e. field, perimeters, and corners). Neither rational analysis, nor extrapolation shall be permitted for enhanced fastening at enhanced pressure zones (i.e. perimeters, extended corners and corners). **(When this limitation is specifically referred within this NOA, General Limitation #7 will not be applicable.)**

END OF THIS ACCEPTANCE



NOA No.: 02-1205.02
Expiration Date: 06/19/2008
Approval Date: 01/30/03
Page 30 of 30

RECEIVED

American

475-3970 cell *John*

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 11/14/05

OWNER/TITLEHOLDER NAME: Athos Phone (Day) 2231243 (Fax) SAA

Job Site Address: 3 Gumbo Limbo Way City: Stuart State: FL Zip: 34996

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

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

Description of Work To Be Done: REEROOF

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 500 -
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Independent Phone: 229-693-3131 Fax: _____

Street: _____ City: Stuart State: FL Zip: 3

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): P. Athos

State of Florida, County of: Martin

This the 14 day of November, 2005

by P. Athos who is personally

known to me or produced _____

as identification: Joan H. Barrow

Notary Public

My Commission Expires: _____

CONTRACTOR SIGNATURE (required): _____

On State of Florida, County of: _____

This the _____ day of _____, 200

by _____ who is personally

known to me or produced _____

As identification: _____

Notary Public

My Commission Expires: _____



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

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR RE-ROOFING

IMPORTANT NOTICE: All items listed below must accompany your permit application. No application will be accepted unless all items that are applicable are submitted.

Application form must contain the following information:

1. Property Appraisers Parcel Number or Property Control Number
2. Legal Description of property (Can be found on your deed survey or Tax Bill)
3. Contractors name, address, phone number and license numbers.
4. Name all sub-contractors (properly licensed)
5. Estimated cost of construction.
6. Original signature of owner and notarized
7. Original signature of Contractor and notarized.

Submittals (2 copies)

1. Product approvals from Miami/Dade for the following items:
 - a. Roofing
2. Statement of Fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. A certified copy of the Notice of Commencement for any work over \$2500.00
5. Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
6. Copy of Workmen's Compensation
7. Copy of Liability Insurance

**ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE
ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE**



(SIGNATURE OF APPLICANT)

DATE SUBMITTED: _____

11/14/05

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF _____

COUNTY OF _____

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

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

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

CONTRACTOR: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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(1XA)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(1XB), FLORIDA STATUTES.

PHONE #: _____

FAX #: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

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

SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____
19____ BY _____

OR PERSONALLY KNOWN _____
PRODUCED ID _____
TYPE OF ID _____

NOTARY SIGNATURE

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: Debra Athos Date: 11-14-05

Signature: Debra P. Athos

Address: 36000 Lincolnway

City & State: Seaside FL 34996

Permit No. _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID #
INDED-1

DATE (MM/DD/YYYY)
02/11/05

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Independent Development & Construction, inc. 708 East Parkway Drive Stuart FL 34996	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Auto Owners Insurance Co</td> <td>18988</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Auto Owners Insurance Co	18988	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Auto Owners Insurance Co	18988												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

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

INSR	ADDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20628933	02/10/05	02/10/06	EACH OCCURRENCE \$ 500000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 500000 GENERAL AGGREGATE \$ 500000 PRODUCTS - COMP/OP AGG \$ 500000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	4369680400	12/01/04	12/01/05	COMBINED SINGLE LIMIT (Ea accident) \$ 300000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

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

Building Contractor

CERTIFICATE HOLDER

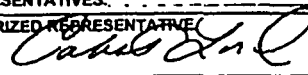
MARTC-1

Martin County
 Contractors Licensing
 FAX: 288-5911
 2401 SE Monterey Road
 Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE





**CITY OF STUART
OCCUPATIONAL LICENSE
2005-2006**

LICENSE NO.	ACCOUNT NO.	CATEGORY NO.
5025	21406	061001

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30.
PAYMENT AFTER OCTOBER 1 CONSTITUTES VIOLATION
OF CITY CODE OF ORDINANCES

BUSINESS TYPE	CONTRACTOR - GENERAL
---------------	----------------------

OWNER AND LOCATION	JOHN WHITE 1045 SE OCEAN BV
--------------------	--------------------------------

This occupational license does not permit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This License does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

TODD WHITE, QUAL.; CGC058694

Occupational Licensing 772-288-5319

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

BUSINESS NAME AND MAILING ADDRESS	INDEPENDENT DEV & CONST CO LTD JOHN WHITE 708 SE PARKWAY STUART, FL 34996
-----------------------------------	--

DATE
09/23/2005

CHERYL WHITE
CITY CLERK



STATE OF FLORIDA AC# 2287200
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

QB35464 10/20/05 057008628

QUALIFIED BUSINESS ORGANIZATION
 INDEPENDENT DEVELOPMENT CONSTRUCT

(NOT A LICENSE TO PERFORM WORK.
 ALLOWS COMPANY TO DO BUSINESS IF
 IT HAS A LICENSED QUALIFIER.)

IS QUALIFIED under the provisions of Ch. 489 FS.
 Expiration date: AUG 31, 2007 L05102001607

DETACH HERE

AC# 2287200		STATE OF FLORIDA	
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION		CONSTRUCTION INDUSTRY LICENSING BOARD	
		SEQ# L05102001607	
DATE	BATCH NUMBER	LICENSE NBR	
10/20/2005	057008628	QB35464	
<p>The BUSINESS ORGANIZATION Named below IS QUALIFIED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2007 (THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)</p> <p>INDEPENDENT DEVELOPMENT CONSTRUCTION LLC 708 E PARKWAY DR. STUART FL 34996</p>			
JEB BUSH GOVERNOR		SIMONE MARSTILLER SECRETARY	
DISPLAY AS REQUIRED BY LAW			



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

WHITE, TODD O'NEAL
INDEPENDENT DEVELOPMENT & CONSTRUCTION LLC
879 SE POLYNESIAN AVE
PORT ST LUCIE FL 34983

STATE OF FLORIDA AC# 1686864
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC058694 10/14/04 040015676

CERTIFIED GENERAL CONTRACTOR
WHITE, TODD O'NEAL
INDEPENDENT DEVELOPMENT & CONSTRU

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2006 L04101402530

DETACH HERE

AC# 1686864

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04101402530

DATE	BATCH NUMBER	LICENSE NBR
10/14/2004	040015676	CGC058694

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006

WHITE, TODD O'NEAL
INDEPENDENT DEVELOPMENT & CONSTRUCTION LLC
708 E PARKWAY DR
STUART FL 34996

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

ACORD CERTIFICATE OF LIABILITY INSURANCE		CERTIFICATE NO. / DATE ACS0-6300131-18248 1/24/2005 10:47:59 AM
PRODUCER Renaissance Risk Placements, Inc. 14160 Dallas Parkway, Suite 500 Dallas, TX 75254 (972) 764-0965 Fax: (972) 404-4450	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 EMERALD STAFFING SERVICES, INC. 295 FLORIDA ST. STUART, FL 34994 (772) 220-3200 Fax: (772) 220-1645	INSURER A: PROVIDENCE PROPERTY & CASUALTY INSURANCE CORP INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES

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

TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> OCC <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any One Fire) \$ MED EXP (Any One Person) \$ PERSONAL & ADV BAILITY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY BILTY (Per person) \$ BODILY BILTY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WC0100085	12/1/2004	12/1/2005	<input checked="" type="checkbox"/> WC STATE (TORY LIMITS) <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1000000 EL DISEASE - EA EMPLOYEE \$ 1000000 EL DISEASE - POLICY LIMIT \$ 1000000
	OTHER				LIMITS \$ LIMITS \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VESSEL EXCLUSIONS ADDED BY ENDORSEMENT(S) SPECIAL PROVISIONS

1. This certificate remains in effect, provided the client's account is in good standing with AMS. Coverage is not provided for any employee for which the client is not reporting wages to AMS. Applies to 100% of the employees of AMS leased to EMERALD STAFFING SERVICES, INC., effective 12/01/2004.
 PLEASE SEE ATTACHED EMPLOYER ROSTER.

CERTIFICATE HOLDER INDEPENDANT DEVELOPERS 1045 SE OCEAN BLVD. STUART, FL 34996	ADDITIONAL INSURED; INSURER LETTER: CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	---



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 3 GUMBO LIMBO

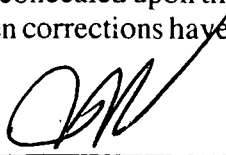
I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

FLAT ROOF

FLASHING @ 3" PUMPING VENT
IS INCORRECT. VENT SHOULD
BE CUT TO ABOUT 8" ABOVE
DECK AND FLASHING (LEAD)
INSTALLED BY STRIP FLASHING
INTO FLAT DECK MEMBRANE.
TURN TOP OF LEAD INTO VENT
OPENING

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

DATE: 3/27



INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/27, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8104	MIRAGLIA	ROOF SHEATHING	FAIL	
3	66 N. SEWALL SP PACIFIC ROOFING			INSPECTOR: <i>OM</i>
7927	ATLOS	FLAT ROOF	FAIL	
4	3 Gumbo Limbo Wy O/B			INSPECTOR: <i>OM</i>
6772	Elder	FINAL SFR	FAIL	
1	4 MARGUERITA O/B	708-5310		INSPECTOR: <i>OM</i>
7801	CUMMINAS	DUMBINA PAU	PASS	
2	83 S. RIVER RD MASTERS DUMBINA			INSPECTOR: <i>OM</i>
				INSPECTOR: <i>OM</i>
				INSPECTOR: <i>OM</i>
				INSPECTOR: <i>OM</i>
				INSPECTOR: <i>OM</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/29, 2006 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7576	SILAS	WATERFALL	FAIL	
9	10 CASTLEHILLWAY	REBAR		
	STATEWIDE/GREEN	GENERATOR PILE	WILL	RESCHEDULE INSPECTOR: <i>[Signature]</i>
8089	RIMER	GENERATOR PAD	PASS	
4	29 S. RIVER RD			
	O/B			INSPECTOR: <i>[Signature]</i>
6772	EIDER	FINAL SFR	PASS	CLOSE
2	4 MARGUERITA			
	O/B			INSPECTOR: <i>[Signature]</i>
	TWOHEY	TREE	PASS	AS REVISED
8	119 HILLCREST DR			
				INSPECTOR: <i>[Signature]</i>
7927	ARTHOS	FINAL SFR	PASS	CLOSE
11	3 CUMBOLINGWAY			
	O/B			INSPECTOR: <i>[Signature]</i>
7968	DUNN	DOCK BOATLIFT	PASS	CLOSE
12	31 N. RIVER RD			
	CERTIFIED MARINE			INSPECTOR: <i>[Signature]</i>
TREE	KIPLINGER	TREE	PASS	
	143 S. RIVER			INSPECTOR: <i>[Signature]</i>

OTHER: _____

<u>8113</u>	<u>Fence</u>
PERMIT #	DESCRIPTION

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

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3-17-06

BUILDING PERMIT NO. 8113

Building to be erected for ATHOS Type of Permit REPAIR FENCE

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

Subdivision INDIANWICK Lot 6 Block 7 Radon Fee _____

Address 3 Gumbo Limbo Way Impact Fee _____

Type of structure SPR FENCE A/C Fee _____

Parcel Control Number:

353741002-0060007020000 Electrical Fee _____

Amount Paid 30.00 Check # _____ Cash Other Fees (_____) Plumbing Fee _____

Total Construction Cost \$ 1000.00 Roofing Fee _____ TOTAL Fees 30.00

Signed D.P. Athos
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

RECEIVED

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 3-17-06 Permit Number: _____

OWNER/TITLEHOLDER NAME: Athos Phone (Day) 2231243 (Fax) _____

Job Site Address: 3 Gumbo Limbo Way City: Stuart State: FL Zip: 34996

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

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

Description of Work To Be Done: Repair Fence

WILL OWNER BE THE CONTRACTOR?:

YES NO

Repair

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

(If yes, Owner Builder Affidavit must accompany application)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1000

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Self 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) D.P. Athos

State of Florida, County of: MARTIN

This the 17TH day of MARCH, 2006

by DEBRA ATHOS who is personally

known to me or produced as identification FOL A32017504-725-0 Notary Public 2/6/25/08

My Commission Expires:

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 200

by _____ who is personally

known to me or produced as identification. _____ Notary Public

My Commission Expires: _____

Seal

PERMIT APPLICATIONS VALID 90 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!



RECEIVED
MAR 22 1984

1690 Date 3-19-84

Permit No. _____

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

This application must be accompanied by three (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 Dr. Braunstein Present Address 3 Gumbo Limbo

Phone 286-3000

Contractor Martin Fern Co. Address 1123 Old Dixie Hwy

Phone 848-2666

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 6' Chain Link Fence

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

Subdivision India Lucie Lot number 7 Block number 6

Contract price \$ 650.00 Cost of permit \$ 5.00 + 5 = \$10

Plans approved as submitted _____ Plans approved as marked _____

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

✓ Contractor [Signature]

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

Owner [Signature]

TOWN RECORD

Date submitted 3/22/84 Approved: [Signature] 3/22/84
Building Inspector Date

Approved: [Signature] 3/23/84 Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____

Final check 4/7/84
[Signature]

SP1282

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 3/27/84
[Signature]
BUILDING OFFICIAL
Gene Simmons

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

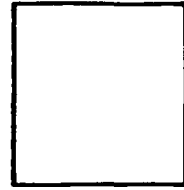
MARTIN FENCE CO.

Serving: Martin, Palm Beach, St. Lucie Counties
1125 OLD DIXIE HWY., LAKE PARK, FLORIDA 33403

Palm Beach 848-2666
Martin/St. Lucie 334-0000

Plans drawn by: Christiane Cuman

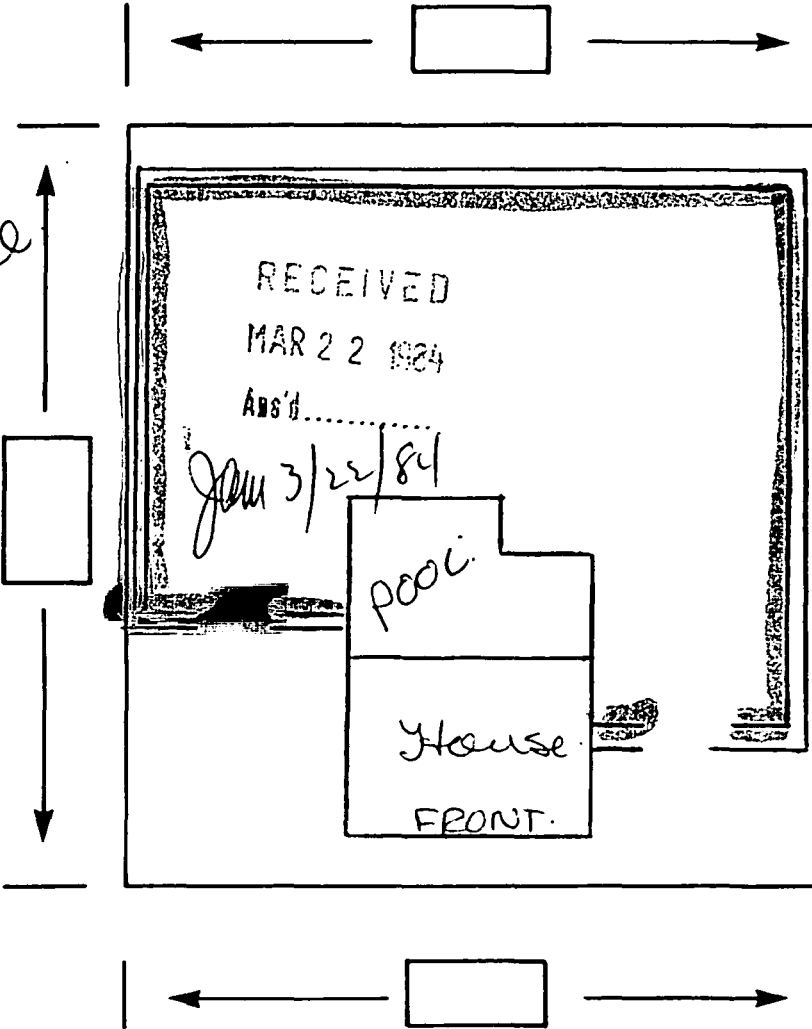
Name of Property Owner: Dr. Braunstein



BUILDING & ZONING ADMINISTRATION
Plot Plan

North Arrow

6' chain
link fence



Black line
shows where
wood fence
is existing

to be removed
later

Black line
shows where
wood fence
is existing
to be removed
later

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

3 Gumbo Limbo ST., TERR., AVE., CT., PL.

No Scale

Legal: Lot No. 7 Block No. 6

Subdivision India Lucie

Section _____

4 Plat Book and Page No. 85

- Note:
1. Show existing buildings and additions.
 2. Show distance from property lines to buildings and/or new additions.

<u>8195</u>	<u>SIDING</u>
PERMIT #	DESCRIPTION

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

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4-19-06

BUILDING PERMIT NO. **8195**

Building to be erected for ATHOS

Type of Permit SIDING

Applied for by AB

(Contractor) 5000 x 9.60/1000 = 48.00
Building Fee 48.00

Subdivision Indialucie Lot 7 Block 6

Radon Fee _____

Address 3 Gumbo Limbo Way

Impact Fee _____

Type of structure SFP

A/C Fee _____

Parcel Control Number:

3537410020060007020000

Plumbing Fee _____

Amount Paid \$60

Check # _____ Cash

Other Fees 25% of 60 = 12.00

Total Construction Cost \$ 5000

TOTAL Fees 60.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

PERMIT

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

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

- MECHANICAL
- POOL/SPA/DECK
- FENCE
- GAS
- RENOVATION
- ADDITION HARD PLANK Siding

INSPECTIONS

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

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

RECEIVED 4/9/06

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME: ATHOS Phone (Day) 223 1243 (Fax) _____

Job Site Address: 3 Gumbo Limbo Way City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Indalucity 7 not Bll Parcel Number: 3537410020060007020000

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

Description of Work To Be Done: Residing on sides of house

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

(If yes, Owner Builder Affidavit must accompany application)

COST AND VALUES:

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

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: _____ 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: _____

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

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

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

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

OWNER OR AGENT SIGNATURE (required) [Signature]

State of Florida, County of: MARTIN

This the 31st day of MARCH, 2006

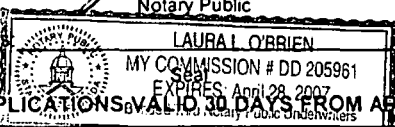
by [Signature] who is personally

known to me or produced

as identification. [Signature]

Notary Public

My Commission Expires



CONTRACTOR SIGNATURE (required) _____

On State of Florida, County of: _____

This the _____ day of _____, 200__

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

Seal

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



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

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

NOTICE OF ACCEPTANCE (NOA)

DATE: 4/5/06

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

BUILDING OFFICIAL
Gene Simmons

SCOPE:

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

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

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

DESCRIPTION: Hardiplank, Hardipanel and Hardisoffit

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

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

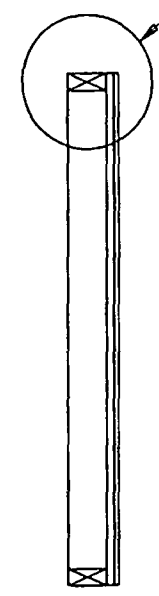
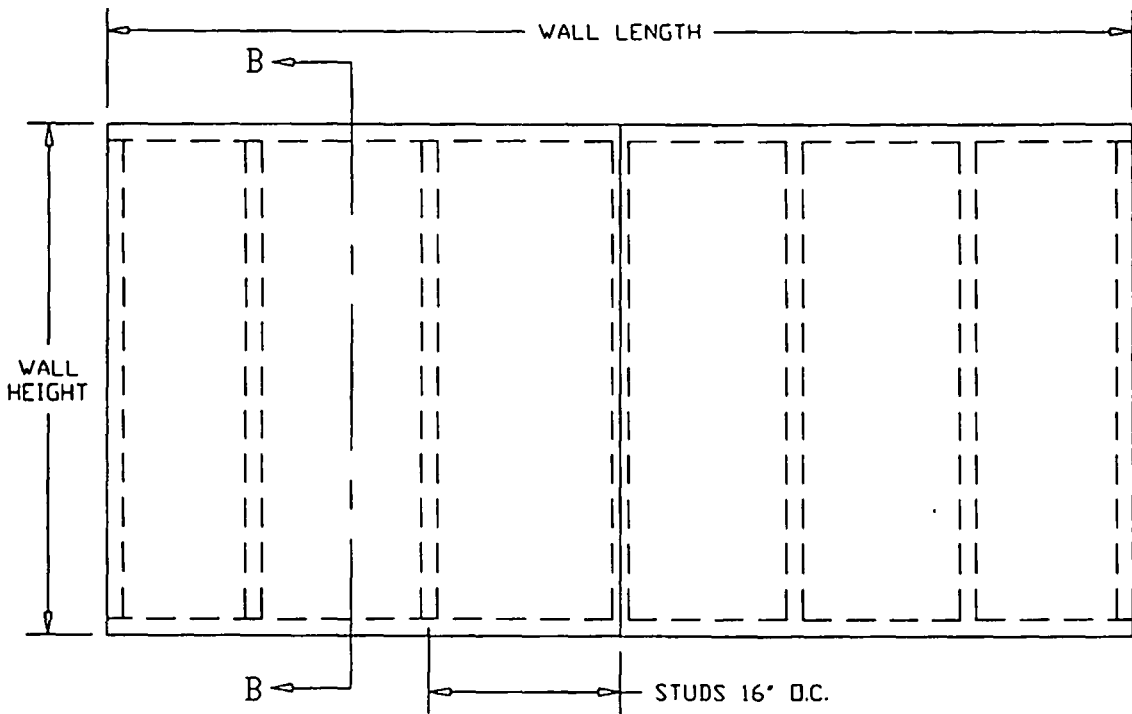
INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

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



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

REVISION BLOCK
REV. 1 / DATE



DETAIL A

DESCRIPTION
 Hardipanel siding material is a non asbestos fiber cement product tested in accordance with ASTM C-1185 and meeting the requirements of the South Florida Building Code.

PANEL DIMENSIONS

Width	Length	Thickness
48"	8,9,10'	5/16"

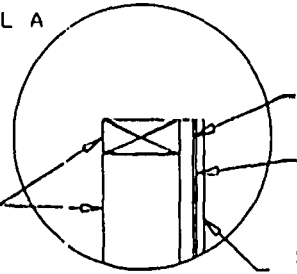
PRODUCT REVIEWED
 as complying with the Florida Building Code
 Acceptance No. 02-0718.08
 Expiration Date 02-07-2007
 By: *[Signature]*
 Miami-Dade Permit Control Division

DESIGN PRESSURE RATING

Installation	Design Pressure
Wood frame	-76 PSF
Metal frame	-104 PSF

- NOTES**
- 1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE WITH THIS NOTICE OF ACCEPTIONS, THE MANUFACTURER'S INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE SECTIONS OF THE SOUTH FLORIDA BUILDING CODE.
 - 2) STUDS OF METAL OR WOOD WHERE HARDIPANEL WILL BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER OR ARCHITECT PER THE S.F.B.C. AND THE REQUIREMENTS OF THIS N.D.A.

DETAIL A



STUDS (METAL OR WOOD)

SECTION B-B

5/8" PLYWOOD SHEATHING WATERPROOFING PER 2704.6b OF S.F.B.C.

HARDIPANEL SIDING

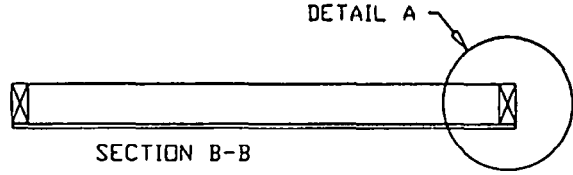
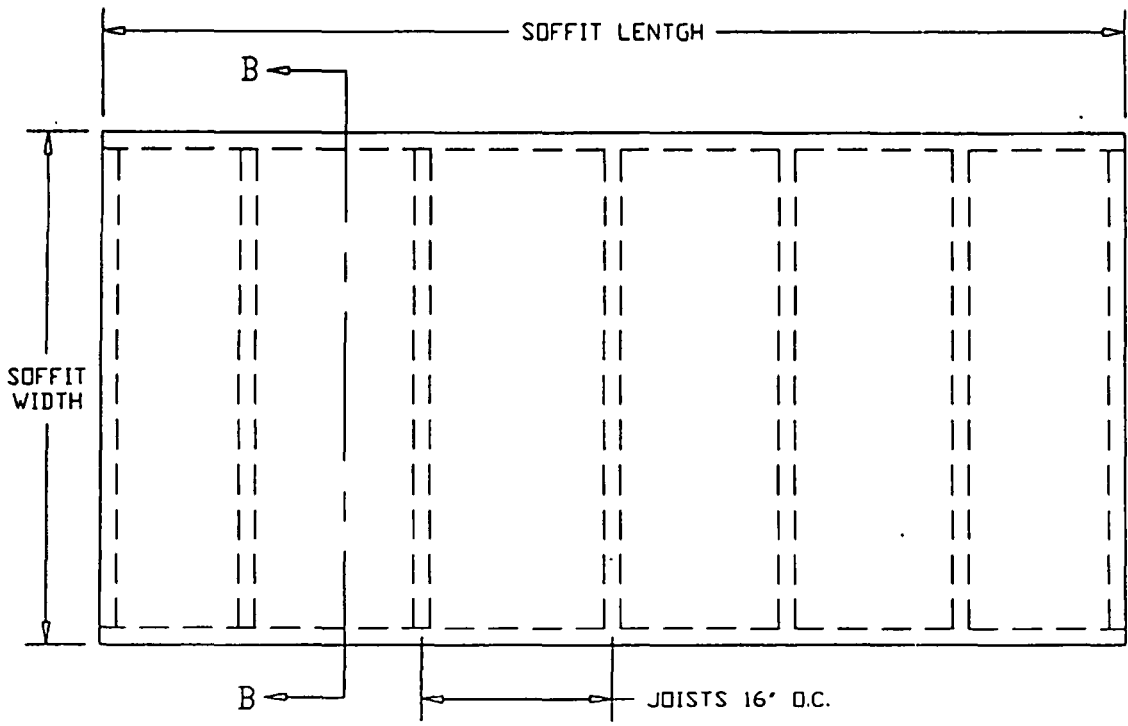
HARDIPANEL SIDING INSTALLATION DETAILS
 The panels are applied vertically, avoiding horizontal joints, over 5/8" (5 ply) APA rated plywood supported by a minimum of 2"x4" wood studs or 20 ga. x 3 3/8" x 1 3/8" steel studs spaced a maximum of 16" o.c. When installed on wood studs panels shall be fastened with 6d x 2" long galvanized box nails; on steel studs it shall be fastened with #10 x 1 3/4" x 0.315" corrosion resistance H.D. ribbed bugle screws. The fasteners shall be placed @ 6" o.c. around the perimeter of the panel and intermediate studs, driven through the plywood sheathing into the studs. All joints shall be over studs. Nails and screws shall have a minimum edge distance of 3/8" and a minimum clearance of 2" from the corners.

[Handwritten Signature]
 4/13/99

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE: 4/13/99
 BY: *[Signature]*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 99-0223.07

JAMES HARDIE BUILDING PRODUCTS - USA RESEARCH & DEVELOPMENT CENTER	10901 ELM AVENUE FONTANA, CA 92337 909-356-6300 FAX: 909-427-0634	
	This drawing and the copyright therein are the property of the above company and accordingly the drawing must not be copied or reproduced in any material form whatsoever.	DATE: 3/31/99 DWG NO.: HPNL-8X SHEET NO.:
TITLE: HARDIPANEL® INSTALLATION DETAILS	SCALE: NTS DRAWN BY: R LAPPIN	APPROVING: <i>[Signature]</i> DWG DISCIPLINE: CE DWG NO.: 24121

REVISION BLOCK
REV. 1 / DATE:



SECTION B-B

DESCRIPTION
 Hardisoffit panels material is a non asbestos fiber cement product tested in accordance with ASTM C-1185 and meeting the requirements of the South Florida Building Code.

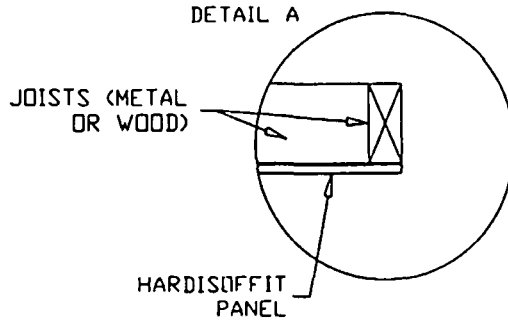
Handwritten signature and date: 4/13/99

SOFFIT DIMENSIONS
 Width Length Thickness
 48" 8,9,10' 1/4" & 5/16"

DESIGN PRESSURE RATING
 Installation Design Pressure
 Wood frame ±53 PSF
 Metal frame ±53 PSF

- NOTES**
- 1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE WITH THIS NOTICE OF ACCEPTIONS, THE MANUFACTURER'S INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE SECTIONS OF THE SOUTH FLORIDA BUILDING CODE.
 - 2) JOIST OF METAL OR WOOD WHERE HARDISOFFIT WILL BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER OR ARCHITECT PER THE S.F.B.C. AND THE REQUIREMENTS OF THIS N.O.A.

HARDISOFFIT PANEL INSTALLATION DETAILS
 The soffit panels are to be installed over minimum 2"x4" wood joists or 20 ga. x 3 5/8" x 1 3/8" steel joists spaced a maximum of 16' o.c. When installed on wood joists Hardisoffit shall be fastened with 6d x 2" long galvanized box nails; on steel studs it shall be fastened with #8 x 1 1/4" x 0.315" corrosion resistance H.D. ribbed bugle screws. The fasteners shall be placed 4" o.c. around the perimeter of the panel and intermediate studs. Nails and screws shall have a minimum edge distance of 3/8" and a minimum clearance of 2" from corners.



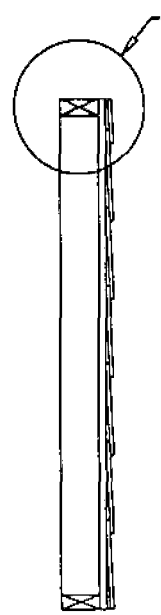
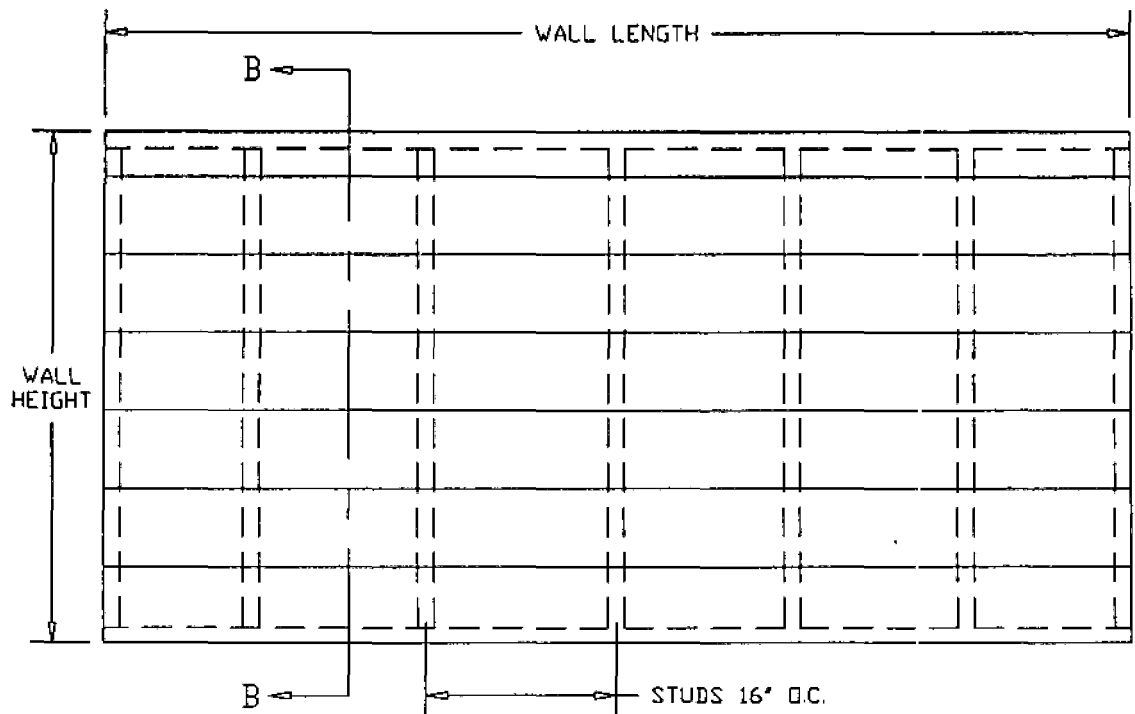
APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE: *3/31/99*
 BY: *[Signature]*
 PRODUCT CONTROL DIV. 5 G1
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. *99-0233-07*

PRODUCT RENEWED as complying with the Florida Building Code
 Acceptance No. *02-03, B.U.B*
 Expiration Date *04/01/2007*
 By: *[Signature]*
 Miami Dade Product Control Division

JAMES HARDIE BUILDING PRODUCTS - USA RESEARCH & DEVELOPMENT CENTER	10901 ELM AVENUE FONTANA, CA 92337 909-356-6300 FAX: 909-427-0634
	DATE: 3/31/99 DRG NO.: HSOFFIT-8X SHEET NO.:
TITLE: HARDISOFFIT® INSTALLATION DETAILS DRAWN BY: R LAPPIN	SCALE: NTS DRG NO.: <i>2A12-1</i>
APPROVING ENG: <i>[Signature]</i> ENG. DISCIPLINE: CE	

This drawing and the copyright therein are the property of the above company and accordingly the drawing must not be copied or reproduced in any material form whatsoever.

REVISION BLOCK
REV. / DATE



DETAIL A

DESCRIPTION
Hardiplank siding material is a non asbestos fiber cement product tested in accordance with ASTM C-1185 and meeting the requirements of the South Florida Building Code.

PLANK DIMENSIONS
Width Length Thickness
59 1/2" 12 & 14" 5/16"

PRODUCT RENEWED
as complying with the Florida Building Code
Acceptance No. 02-0318-08
Expiration Date 12/31/2007

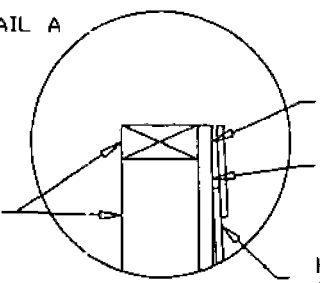
DESIGN PRESSURE RATING
Installation Design Pressure
Wood frame -92 PSF
Metal frame -92 PSF

By: *[Signature]*
Miami Dade Product Control Division

- NOTES**
- 1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE WITH THIS NOTICE OF ACCEPTIONS, THE MANUFACTURER'S INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE SECTIONS OF THE SOUTH FLORIDA BUILDING CODE.
 - 2) STUDS OF METAL OR WOOD WHERE HARDIPLANK WILL BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER OR ARCHITECT PER THE S.F.B.C. AND THE REQUIREMENTS OF THIS N.O.A.

HARDIPLANK SIDING INSTALLATION DETAILS
The planks are applied horizontally commencing from the bottom course of a wall with 1/4" wide laps at top of the plank. The optional PVC cover molding 1 5/8" wide is applied to the bottom plate under the bottom plank course. The vertical joints must be over framing members. Optional PVC butt joints inserts are used for on-stud jointing. The planks are to be installed over 5/8" (5 ply) APA rated plywood supported by a minimum of 2"x4" wood studs or 20 ga. x 3 5/8" x 1 3/8" steel studs spaced a maximum of 16" o.c. The siding shall be fastened through over lapping planks with 8d x 2 1/2" long galvanized box nails over wood studs or with #8 x 2 1/4" long x 0.315" corrosion resistance H.D. ribbed bugle screws over steel studs. The fasteners shall be placed in the over-lapping area 1/8" o.c. vertically and 16" a.c. horizontally into the studs through the 5/8" plywood sheathing. A distance of 3/4" from the edges shall always be observed.

DETAIL A



STUDS (METAL OR WOOD)

SECTION B-B

5/8" PLYWOOD SHEATHING WATERPROOFING PER 2704.6b OF S.F.B.C.

HARDIPLANK SIDING

[Handwritten signature]
4/18/99

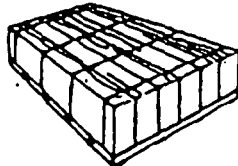
APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
DATE: May 30, 1999
BY: *[Signature]*
PRODUCT CONTROL DIV. 5.01
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 99-0225-07

JAMES HARDIE BUILDING PRODUCTS - USA RESEARCH & DEVELOPMENT CENTER	10901 ELM AVENUE FONTANA, CA 92337 909-356-6300 FAX: 909-427-0634
	DATE: 3/31/99 DRC NO: HPLK-4XB SHEET NO:
TITLE: HARDIPLANK® INSTALLATION DETAILS	SCALE: NTS DRAWN BY: R LAPPIN
APPROVING ENG: <i>[Signature]</i> ENG DISCIPLINE: <i>CLS</i>	DRC NO: 24121

SELECT CEDARMILL® • SMOOTH • COLONIAL SMOOTH® • COLONIAL ROUGHSAWN® • BEADED CEDARMILL • BEADED SMOOTH
 IMPORTANT: FAILURE TO INSTALL AND FINISH HARDIPLANK® PER JAMES HARDIE'S WRITTEN INSTRUCTIONS WILL VOID THE PRODUCT WARRANTY. LOCAL BUILDING CODE REQUIREMENTS ALSO APPLY.

HANDLING & STORAGE:

Store flat and keep dry prior to installation. Installing siding wet or saturated may result in shrinkage at butt joints. Carry planks on edge.



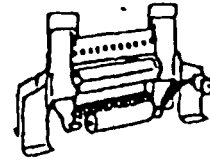
CUTTING OPTIONS:



Circular saw with carbide tipped blade



*SNAPPER STEEL HEAD™
Electric Hand Shear



*SNAPPER SHEAR™
Pneumatic Shear



Carbide score and snap knife

Call 800-297-7487 for shear tool information.

Always wear safety glasses and dust protection when operating power tools. For more information on avoiding inhalation refer to the MATERIAL SAFETY DATA SHEET available wherever James Hardie fiber-cement products are sold.

FRAMING REQUIREMENTS:

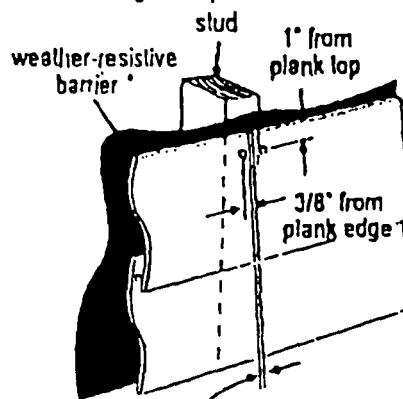
Hardiplank lap siding can be installed over braced wood or steel studs spaced a maximum of 24" o.c. or directly to minimum 7/16" thick OSB sheathing. Hardiplank lap siding can also be installed over foam insulation up to 1" thick. Irregularities in framing, sheathing, and/or foam insulation can mirror through the finished application. A weather-resistant barrier is required*. Install Hardiplank siding with joints butted in moderate contact. Optionally, install the lap siding with a maximum 1/8" gap and caulk the joint** (see detail at right).

The first course of any wall should be installed over a 1/4" lath strip to ensure a consistent plank angle (see figure 1).

Figure 1 Double Wall Construction

Single Wall Construction

Blind nailing Hardiplank



weather-resistant barrier*

plywood or OSB sheathing

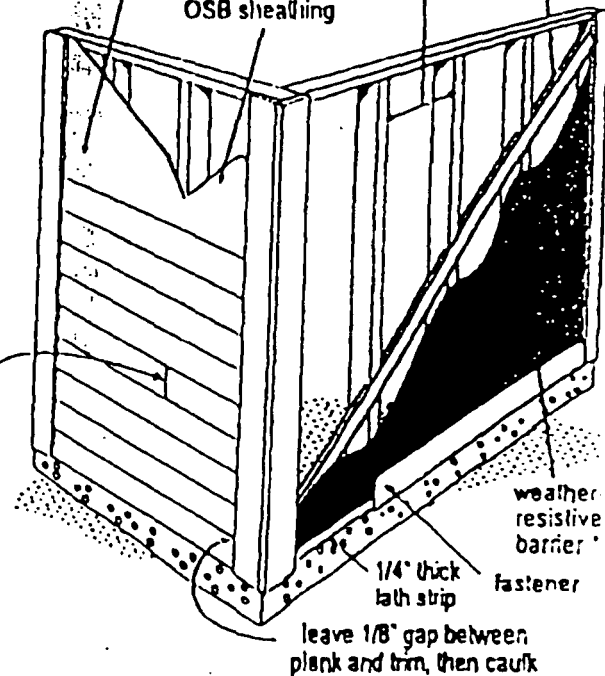
16" or 24" on center

let-in bracing

** moderate contact, or maximum 1/8" gap

* Use a weather-resistant barrier in accordance with: BOCA National Building Code Section 1403.3; SBCCI Standard Building Code Section 2303.3; ICBO Uniform Building Code Section 1402.1; or CABO One-and-Two Family Dwelling Code Section 703.2.1.

NOTE: Some Building Codes exempt the use of weather-resistant barriers over "water-repellent panel sheathing" or exterior panels classified as "weather-resistant barriers". James Hardie recommends the use of "building paper type" weather-resistant barriers with all siding products. James Hardie will assume no responsibility for moisture within the wall.



weather-resistant barrier*

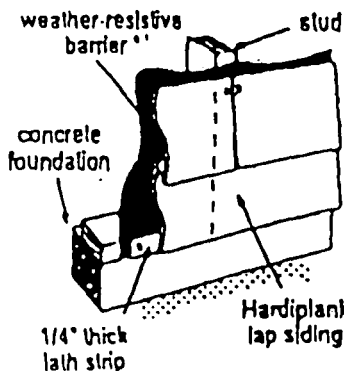
fastener

1/4" thick lath strip

leave 1/8" gap between plank and trim, then caulk

GRADE CLEARANCE Figure 2

Install Hardiplank/Hardiplank such that they are not in ground contact and not subjected to standing water.

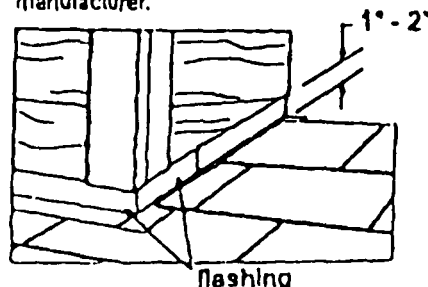


1/4" thick lath strip

Hardiplank lap siding

ROOF CLEARANCE Figure 3

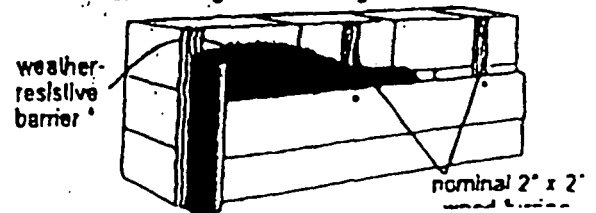
At the juncture of the roof and vertical surfaces, flashing and counterflashing shall be provided per the roofing manufacturer's instructions. Provide a 1"-2" clearance between the roofing and bottom edge of siding or as recommended by the roofing manufacturer.



flashing

CONCRETE CONSTRUCTION Figure 4

Hardiplank siding can be installed directly to masonry block. Hardiplank siding can also be installed to concrete construction, when the wall is furred out with wood framing or minimum No. 20 gauge steel framing anchored to the wall. Framing can be spaced up to 24" OC. Consult National Evaluation Service report NER-405 for recognized applications to masonry block and wood or metal framing. A weather-resistant barrier* is recommended between the framing and the siding.



weather-resistant barrier*

nominal 2" x 2" wood framing

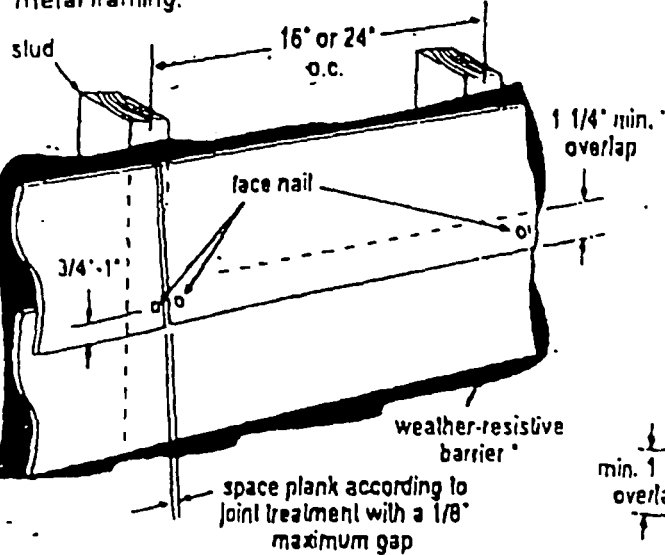


FACE NAIL: (All Lap Products) Figure 5

- Corrosion Resistant Nails (galvanized or stainless steel)**
- 6d (0.118" shank x 0.267" HD x 2" long)
 - Siding nail (0.089" shank x 0.221" HD x 2" long) **
 - Siding nail (0.091" shank x 0.221" HD x 1 1/2" long) †

Corrosion Resistant Screws

- Ribbed Bugle-head or equivalent (No. 8-18 x 0.323" HD x 1 5/8" long) Screws must penetrate 1/4" or 3 threads into metal framing.



† For face nail application of 9 1/2" wide or less siding to OSB, fasteners are spaced a maximum of 12" o.c.

** The use of a siding nail or roofing nail may not be applicable to all installations where greater windloads or higher exposure categories of wind resistance is required by the Local Building Code. Consult Report No. NER-405 for specific details.

BLIND NAIL: Figure 6

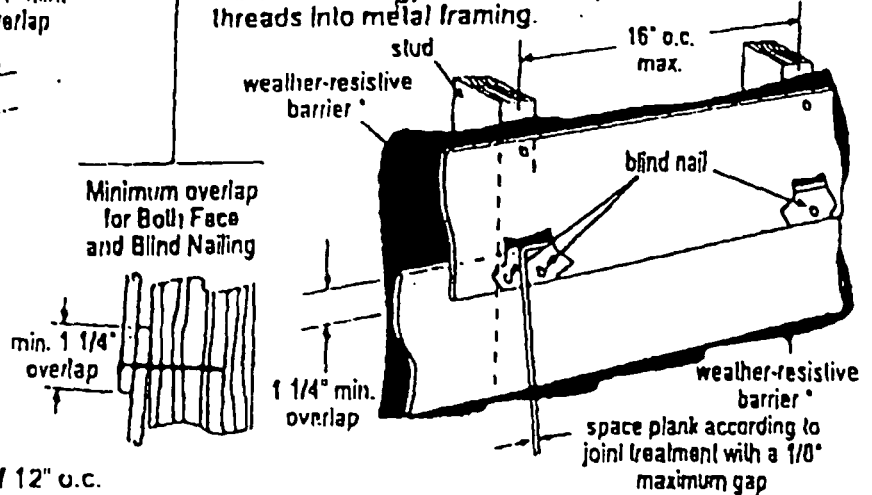
Hardiplank siding cannot be blind nailed 24" o.c. 12" wide Hardiplank siding cannot be blind nailed. When blind nailing 9 1/4" or 9 1/2" Hardiplank, use 11 ga. roofing nail x 1 1/4" long.

Corrosion Resistant Nails (galvanized or stainless steel)

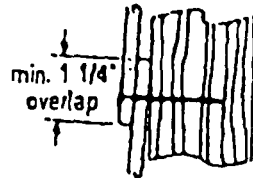
- 6d (0.118" shank x 0.267" HD x 2" long)
- Siding nail (0.089" shank x 0.221" HD x 2" long) **
- 11ga. roofing nail (0.121" shank x 0.371" HD x 1 1/4" L)

Corrosion Resistant Screws

- Ribbed Bugle-head or equivalent (No. 8-18 x 0.323" HD x 1 5/8" long) Screws must penetrate 1/4" or 3 threads into metal framing.



Minimum overlap for Both Face and Blind Nailing



PNEUMATIC FASTENING:

Hardiplank can be hand nailed or fastened with the use of a pneumatic tool. Set your air pressure so that the fastener is driven snug with the shingle surface.



DO NOT STAPLE

RECOMMENDED:

Use a flush mount attachment on pneumatic tool. This will help control the depth that the nail is driven. This will be especially helpful when more than one pneumatic tool is driven off the same compressor.

NAIL TYPE:

Fasteners must be corrosion resistant, galvanized or stainless steel. Electro-galvanized nails are acceptable for use with James Hardie Siding Products, but may exhibit premature corrosion. James Hardie recommends the use of quality, hot-dipped galvanized nails. (James Hardie is not responsible for the corrosion resistance of fasteners.)

FASTENER REQUIREMENTS:

- Drive fasteners perpendicular to siding and framing.
- Fastener heads should fit snug against siding (no air space). (Fig. A & B)
- Do not over-drive nail heads or drive nails at an angle.
- If nail is countersunk, caulk nail hole and add a nail. (Fig. C)



figure A



figure B



figure C



do not under drive nails

FINISHING HARDIPLANK:

Patching:

Dents, chips and cracks can be filled with a cementitious patching compound.



Caulking:

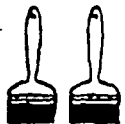
A high quality, paintable caulk is recommended. For best results use a caulk that complies either ASTM C 834 or ASTM C920. Caulking should be applied in accordance with caulking manufacturers written instructions. (Leave 1/8" gap at trim for caulk. Caulking at butt joints is optional.)



Painting:

James Hardie products must be painted. For best results install Hardiplank siding with our exclusive Prime Plus™ factory priming system and a 100% acrylic topcoat (s). * If our Prime Plus™ factory priming is not being used, Hardie recommends the application of an alkali-resistant primer along with 100% acrylic topcoat (s).

(For paint manufacturer's paint specifications, refer to JH Technical Bulletin No. S-100.) *Note: Please refer to paint manufacturer's specifications for application rates.



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 35374100 20060007020000

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): Indialucia, Lot 7 Block 6

Athos 3 Gumbo Limbo Way Stuart FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Hardy Plank Siding of house

OWNER: Athos

ADDRESS: 3 Gumbo Limbo Way

PHONE #: 2231243

FAX #: 2231243

CONTRACTOR: Self

ADDRESS: _____

PHONE #: _____

FAX #: _____

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.

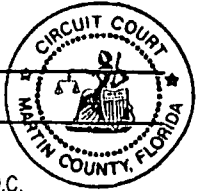
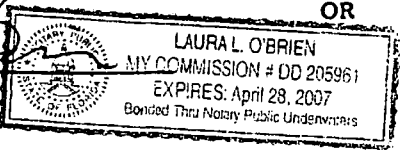
Debra P. Athos
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 31st DAY OF March

BY Debra P. Athos

PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

[Signature]
NOTARY SIGNATURE



INSTR # 1923108 DR BK 02129 PG 1040 RECD 04/05/2006 09:56:25 AM
Pg 1040 (1 of 1)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C 0415H

② Product Approval 4 - Hardy Plank

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

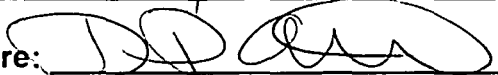
TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT
(To be submitted if permit is to be pulled by Owner/Builder)

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: Debra/John Athos Date: _____

Signature: 

Address: 3 Gumbo Limbo Way

City & State: Stuart FL 34996

Permit No. : _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-2, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5195	OWNERS	Final siding	PASS	CLOSE
7	3 Gumbo Limbo off	hardy plank		INSPECTOR: <i>[Signature]</i>
7886	Athos	drywall	PASS	CLOSE
7	3 Gumbo Limbo off			INSPECTOR: <i>[Signature]</i>
8123		POOL DECK	FAIL	
8	20 E HIGH PT.	LATE MORN.		INSPECTOR: <i>[Signature]</i>
0131	FRAME	FRAME	FRAME	
4	B.N.S.P.R.			INSPECTOR:
0088	POOLE	SLAB	FAIL	
5	94. N.S.P.R.			INSPECTOR: <i>[Signature]</i>
0088		PAOS	FAIL	
5	94. N.S.P.R.			INSPECTOR: <i>[Signature]</i>
0125		GAS LINE ROUGH	PASS	
6	11 WENDY LN PROPANE DISC.			INSPECTOR: <i>[Signature]</i>
OTHER: 1110 <u>IN PROGRESS POOL</u>				
98 N LIBERTY RD.				

<u>9470</u>	<u>AC Change</u>
PERMIT #	DESCRIPTION

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:	9470	DATE ISSUED:	JUNE 10, 2010
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	JENSEN BEACH A/C		
PARCEL CONTROL NUMBER:	353741002-006-000702	SUBDIVISION	INDIALUCIE, L 7, BL 6
CONSTRUCTION ADDRESS:	3 GUMBO LIMBO WAY		
OWNER NAME:	ATHOS		
QUALIFIER:	GREG HALL	CONTACT PHONE NUMBER:	334-3200

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

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

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

REQUIRED INSPECTIONS

UNDERGROUND PLUMBING _____ UNDERGROUND 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:	9470		
ADDRESS	3 GUMBO LIMBO WAY		
DATE:	6/10/10	SCOPE:	AC CHANGEOUT
SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	

16702

JENSEN BEACH AIR CONDITIONING, INC.

940 NE DIXIE HWY.
 JENSEN BEACH, FL 34957
 (772) 334-3200

Bank of America.



ACH R/T 063100277

63-4-630

6/9/2010

PAY
 TO THE
 ORDER OF

TOWN OF SEWALLS POINT

\$ **80.00

Eighty and 00/100***** DOLLARS

TOWN OF SEWALLS POINT
 1 S SEWALLS POINT RD
 STUART, FL 34996

OPERATING ACCOUNT

[Signature]
 AUTHORIZED SIGNATURE

MEMO

PERMIT FOR WINSLOW



TOTAL BUILDING PERMIT FEE:		\$	
ACCESSORY PERMIT	Declared Value:	\$	3505
Total number of inspections @ \$75.00 each		\$	75
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
TOTAL ACCESSORY PERMIT FEE:		\$	80

Town of Sewall's Point

9470

Date: 06-09-2010

BUILDING PERMIT APPLICATION

Permit Number:

OWNER/FILE HOLDER NAME: Athos, JOHN

Phone (Day) 223-1243 (Fax)

Job Site Address: 3 Gumbo Limbo Way

City: Stuart State: FL Zip: 34990

Legal Description: Individual, Lot 7 Bk C

Parcel Control Number: 35-37-41-002-000-00070-2

Owner Address (if different):

City:

State:

Zip:

Scope of work (please be specific): A/C Change Out

WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application)

YES NO

Has a Zoning Variance ever been granted on this property?

YES (YEAR) NO

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

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 3,505.00

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

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

FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:

Estimated Fair Market Value prior to improvement: \$

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

PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: JENSEN BEACH A/C

Phone: 334-3200

Fax: 334-3201

Street: 940 NE DIXIE HWY

City: JENSEN BEACH

State: FL

Zip: 34957

State License Number: CAC014451

OR: Municipality:

License Number:

LOCAL CONTACT: GREG HALL

Phone Number: 334-3200

DESIGN PROFESSIONAL:

Lic#

Phone Number:

Street:

City:

State:

Zip:

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage:

Carport: Total under Roof Elevated Deck Enclosed area below BFE*

* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

NOTICES TO OWNERS AND CONTRACTORS:

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

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

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

OWNER'S SIGNATURE (required) OR OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

Debra P. Athos

State of Florida, County of: Martin

This the 9th day of June, 2010

by Debra P. Athos personally

known to me or produced

as identification. Notary Public #00724736

My Commission Expires:

CONTRACTOR SIGNATURE: (required)

Greg Hall

On State of Florida, County of: MARTIN

This the 9th day of JUNE 2010

by GREG HALL who is personally

known to me or produced

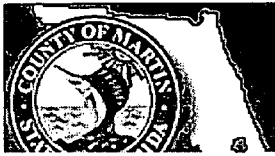
As identification. CRYSTAL MCGOWAN

MY COMMISSION # DD800858

My Commission Expires: JUNE 25 2012

(407) 398-0153 Florida Notary Service.com

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



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

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

Summary

print [navigation icons] Owner 2 of 3

Parcel Info

Parcel ID	Unit Address	SerialIndex ID	Order	Commercial	Residential
35-37-41-002-006-00070-2	3 NE GUMBO LIMBO WAY	9463	Owner	0	1

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

Summary

Property Location 3 NE GUMBO LIMBO WAY
Tax District 2200 Sewall's Point
Account # 9463
Land Use 101 0100 Single Family
Neighborhood 120500
Acres 0.410

Legal Description
Property Information
 INDIALUCIE, LOT 7 BLK 6 OR 337/1286

Search By

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

Owner Information
Owner Information
 ATHOS, JOHN E

Assessment Info
 Front Ft. 0.00

Mail Information

3 NE GUMBO LIMBO WAY
 STUART FL 34996-6625

Market Land Value \$170,000
Market Impr Value \$166,050
Market Total Value \$336,050

Site Functions

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

Recent Sale
Sale Amount \$233,000

Sale Date 6/20/2001
Book/Page 1567 1651

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

Legal disclaimer / Privacy Statement

Data updated on 4/29/2010



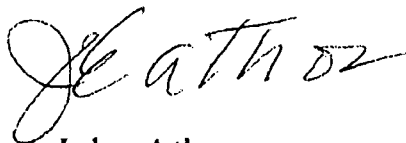
FAX
220-4765

Treasure Coast Auto Sales
3307 S US Hwy 1
Fort Pierce, FL 34982

June 10, 2010

I give my permission and instruct you to allow my wife Debi to sign and authorize the installation of a new air conditioner.

Sincerely,

A handwritten signature in cursive script that reads "John Athos". The signature is written in black ink and is positioned above the printed name.

John Athos

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6-28 2010 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9490	ATC	ATC	Pass	
1st	3 Gunso 	 	 	
	Jensen Beach ATC			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9481	COTLER 60 S. RIVER	LATIVE	Pass	
	RUBIN Custom			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9483	MOSCATELLO 1 WORTH CT	SUBSIDING	Pass	
	SCOTT Holmes			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	JOHN OWENS			
	WHITE FORD	DIESEL P/U w-TRAILER		
				INSPECTOR

<u>PERMIT #</u>	<u>TREE REMOVAL</u> <u>DESCRIPTION</u>
-----------------	---

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

TOWN OF SEWALL'S POINT, FLORIDA

Date 12/3 1999 TREE REMOVAL PERMIT No 281

APPLIED FOR BY SHANE TREE SERVICE (Contractor or Owner)

Owner THOMAS A. BEVAN; 3 GUMBO LIMBO WAY

Sub-division _____, Lot _____, Block _____

Kind of Trees SABEL PALMS

No. Of Trees: REMOVE 7

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

No. Of Trees: REPLACE 6 WITHIN 30 DAYS ADONIDIA PALMS

REMARKS DETACH PHOTOS FOR FILE; DUPLICATE COPIES OF APPLICATION, TREE SCHEDULE & LOCATION PLAN REQUIRED FOR PERMIT FIELD COPY FEE \$ 15.00

Signed, Thomas A. Bevan
Applicant

Signed, [Signature] TOWN OFFICIAL
Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty box for additional notes or drawings]

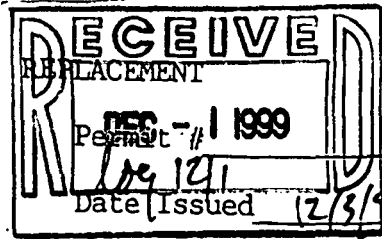
PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

PN 281



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

Owner THOMAS A BEVAN Address 3 GUMBOLIMBO WAY Phone 219-3829

Contractor SHANE TREE SERVICE Address Phone 286-7438

Number of trees to be removed(list kinds of trees) 7 SABEL PALMS

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

6 ADONIDIA PALMS (list kinds of trees):

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

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

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

Plans approved as submitted [initials] Plans approved, as marked

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

Signature of applicant Thomas A Bevan Date submitted 11/21/99

Approved by Building Inspector [signature] Date 12/3/99

Approved by Building Commissioner Date

Completed Date Checked by

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

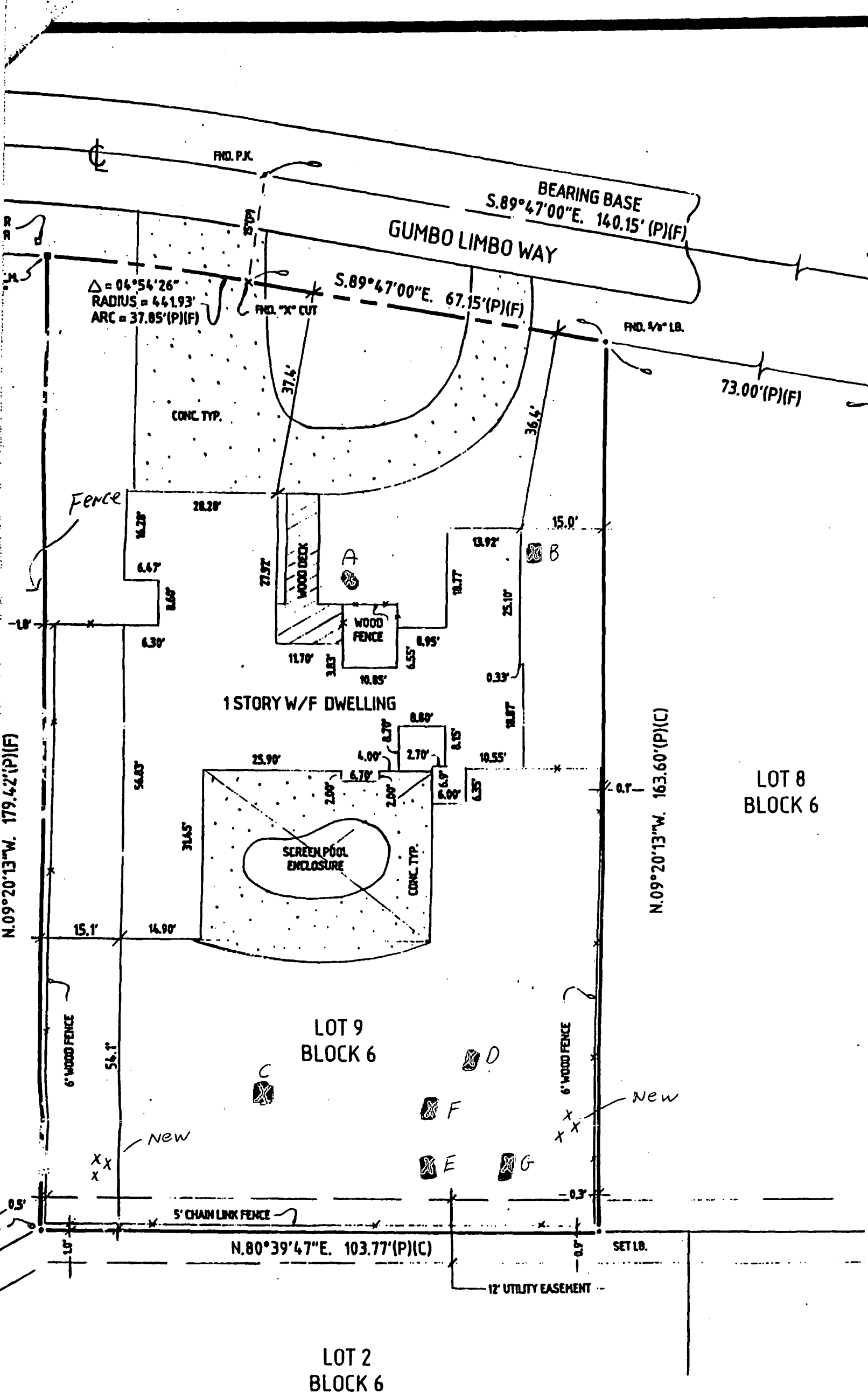
THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?

EXISTING

- A) CABBAGE PALM (30" DIAMETER) INFESTED WITH CARPENTER ANTS AND LOCATED IN CLOSE PROXIMITY TO FRONT WOODEN WALKWAY.
 - B) CABBAGE PALM (22" DIAMETER) LEANS OVER THE HOUSE AND PRESENTS A HAZARD TO ROOF.
 - C) CABBAGE PALM (24" DIAMETER) DISEASED, BASE IS ROTTED AND WEAKENED.
 - D) CABBAGE PALM (37" DIAMETER)
 - E) CABBAGE PALM (32" DIAMETER)
 - F) CABBAGE PALM (36" DIAMETER)
- } TREES LOCATED UNDER ANCIENT OAK TREE, THEY ARE DEPRIVED OF LIGHT AND PRESENT A HAZARD TO OAK TREE.
- G) CABBAGE PALM (36" DIAMETER) DEAD.

REPLACE

IN THE SOUTHEAST AND SOUTHWEST CORNERS OF THE YARD, REPLACE WITH ADONIDIA PALM TREES. TOTAL OF 6.



TOWN OF SEWALL'S POINT, FLORIDA

ISSUED 7/9/99
Date APPLICATION 7/7 19 99 TREE REMOVAL PERMIT No 246

APPLIED FOR BY THOMAS A. BEVAN (Contractor or Owner)

Owner SAME ADDRESS: 3 GUMBO LIMBO WAY

Sub-division INDIALUCIE, Lot 9, Block 6

Kind of Trees (1) ~~FEEDER FIG~~ (2) SABAL PALMS

No. Of Trees: REMOVE 3

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

No. Of Trees: REPLACE 3 WITHIN 30 DAYS (SEE SKETCH)

REMARKS 7/9/99 FEE PAID; OK #0382

7/9/99 FIELD INSPECTION VERIFICATION
[Signature]

Signed, Thomas A. Bevan Applicant FEE \$ 45.00
Signed, [Signature] Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 246

Date Issued 7/9/99

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

Owner Thomas H. Bevan Address 3 Bamburgh Limbway Phone (561) 219-3829

Contractor _____ Address _____ Phone _____

Number of trees to be removed(list kinds of trees) 1 - Ficus Fig, 2 - Sable Palms

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

Number of trees to be replaced (list kinds of trees):
2 - Sable Palms

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

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant _____ Date submitted _____

Approved by Building Inspector _____ Date _____

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

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

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

Existing

A) Remove feeder fig. (item A) as it is encroaching on pool and pool surround structure. Limbs present a hazard to pool screen enclosure. Roots present a hazard to concrete pool and pool surround.

B) Replace Sable Palm (item B) as its size detracts from front elevation of home and tree is infested w/ carpenter ants.

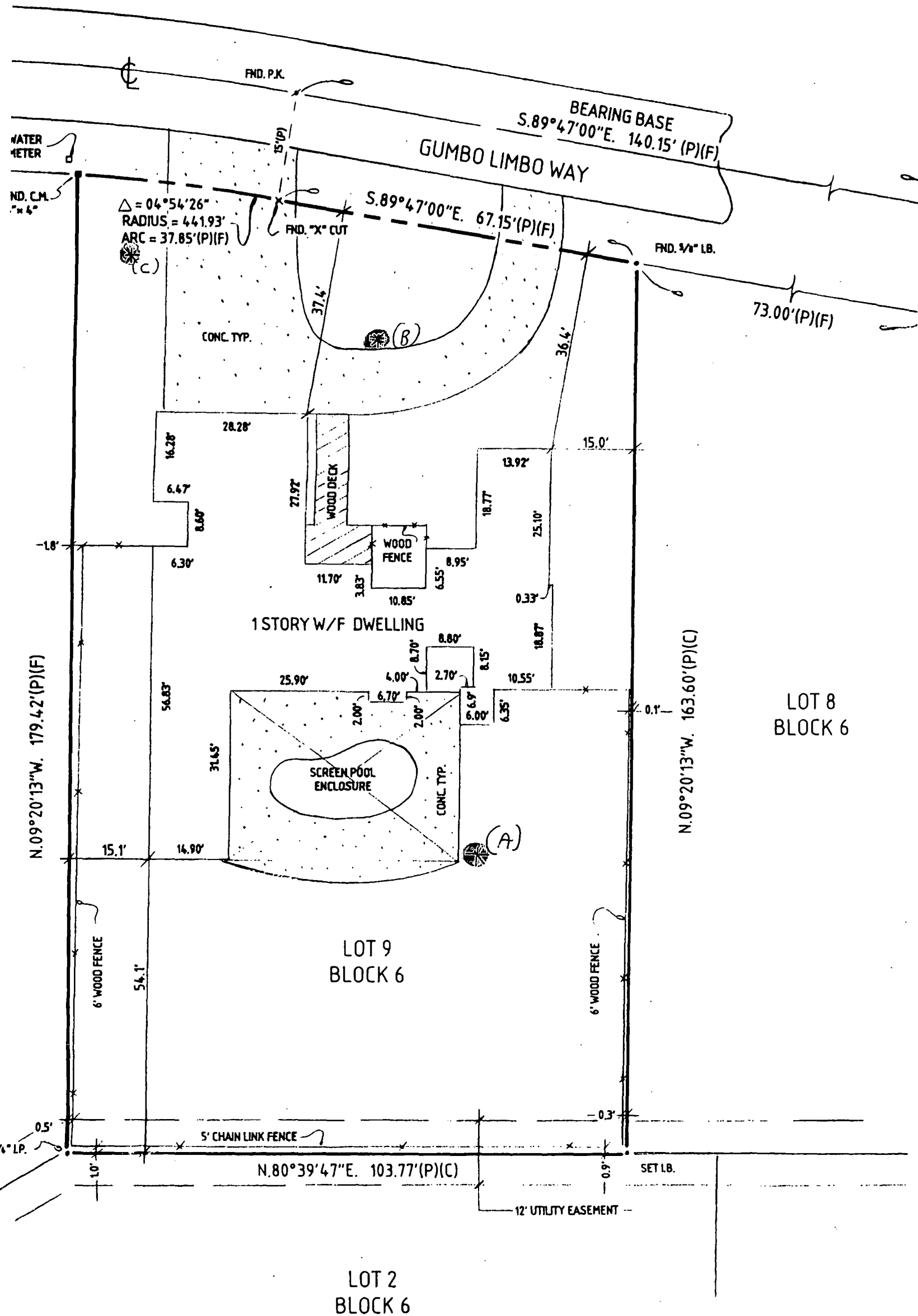
C) Replace Sable Palm (item C) as tree is infested w/ carpenter ants.

Proposed

A) Tree not replaced as location encroaches upon pool area.

B) Sable Palm replaced w/ Hibiscus tree. Surrounding area to be landscaped w/ ornamental grass and lower profile plants.

C) Replace 1 Sable Palm w/ 2 Florida Royal Palms.



SURVEYOR'S NOTES

SURVEYOR'S CERTIFICATE

TOWN OF SEWALL'S POINT, FLORIDA

Date AUGUST 13 2004 TREE REMOVAL PERMIT No 2317

APPLIED FOR BY ATHOS (Contractor or Owner)

Owner 3 Gumbo Limbo Way

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 YUCCO

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 0

Signed, _____ Applicant

Signed [Signature] Town Clerk

BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner Athos Address 3 Gumbo Limbo Phone 223-1243

Contractor Natural balance Address 6 Delaware Phone 201-9733

No. of Trees: REMOVE 1 Type: Yucca

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

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

Written statement giving reasons: root missing threatening slab foundation

Signature of Property Owner Laura Spoke w/ Homeowner Date 8/13/04

Approved by Building Inspector: [Signature] Date 8/13 Fee: 0

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

