

# **5 Gumbo Limbo Way**

376

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SFR

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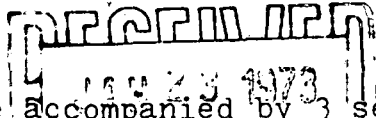
BLUEPRINTS FOR THIS PERMIT ARE  
AVAILABLE FOR REVIEW AT TOWN  
HALL.

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 376

Date 1/24/73



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

Owner Mrs. Ronald Paradise Present Address STUART Ph \_\_\_\_\_

General Contractor SYLVESTER CONST. INC. Address BOX C STUART Ph 283 2200

Where licensed MARTIN Co. - STUART License No. \_\_\_\_\_

Plumbing Contractor R.C. LINDSEY License No. \_\_\_\_\_

Electrical Contractor ALPINE ELECT. License No. \_\_\_\_\_

Street building will front on \_\_\_\_\_

Subdivision INDIA LUCIE Lot No. 6 Area BK. 6

Building area, inside walls (excluding garage, carport, porches) Sq ft 1903

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

Contract Price (excluding land, rugs, appliances, landscaping) \$ 47,000.00

Total cost of permit \$ 255.00

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

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

[Signature]  
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.

[Signature]  
Signed by Owner

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

TOWN RECORD

Date submitted 1/22/73

Date approved 1/24/73

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

Application/Permit No. MC 3-55

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

Section I - Instructions:

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

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

Section II - Information:

1. Property Address (Street & House No.) Gumbolimbo Way  
 Lot 6 Block 6 Subdivision INDIA LUCIE - Plat Bk. 4, Page 85  
 Date Recorded Dec. 17, 1969 Directions to Job Intersection A-1-A E Sewall's Point Road West to River Road - North to Gumbolimbo Way
2. Owner or Builder Tom Sylvester - Sylvester Const. Co.  
 P. O. Address 1500 E. Ocean Blvd. City Stuart, Fla.
3. Specifications

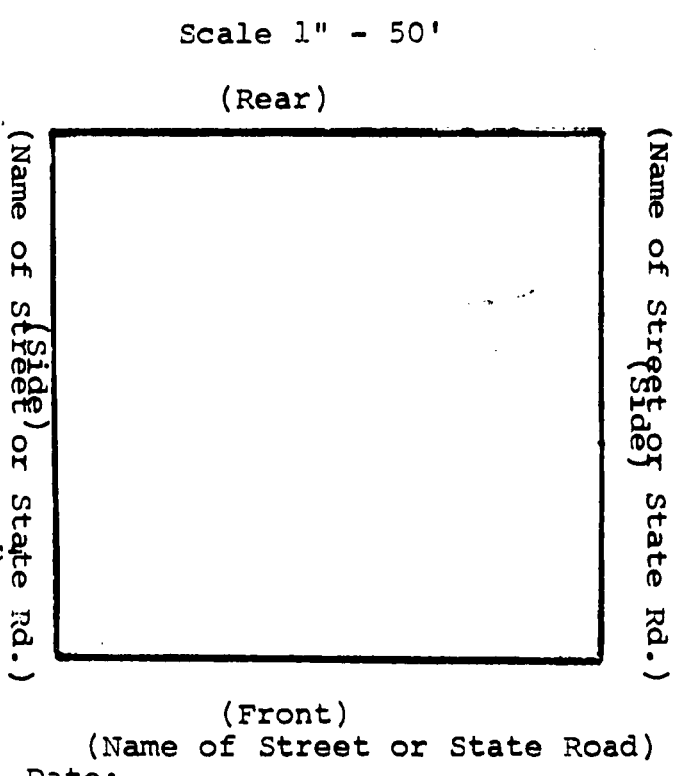
- 3-BEDROOMS
- Tank 900 Gals Drainfield 70 ft of 6" clay tile or 5" perforated plastic drain in a 3' trench or
- 900 Gals 140 ft of 4" clay drain or 4" perforated plastic drain in an 18" trench

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: TOM SYLVESTER  
Please Print

Signature: [Signature] Date: \_\_\_\_\_



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

Section III - Application Approval & Construction Authorization

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

The above signed application has been found to be in compliance with Chapter 10D-6, DPC rules and construction is hereby approved, subject to the above specifications and conditions.

BY: Eric S. Yungie Date: 1/5/73

\*\*\*\*\*  
Section IV - Final Construction Approval

Construction of installation approved:  Yes  No.  
 Date: \_\_\_\_\_ By: \_\_\_\_\_  
 FHA No. \_\_\_\_\_ VA No. \_\_\_\_\_

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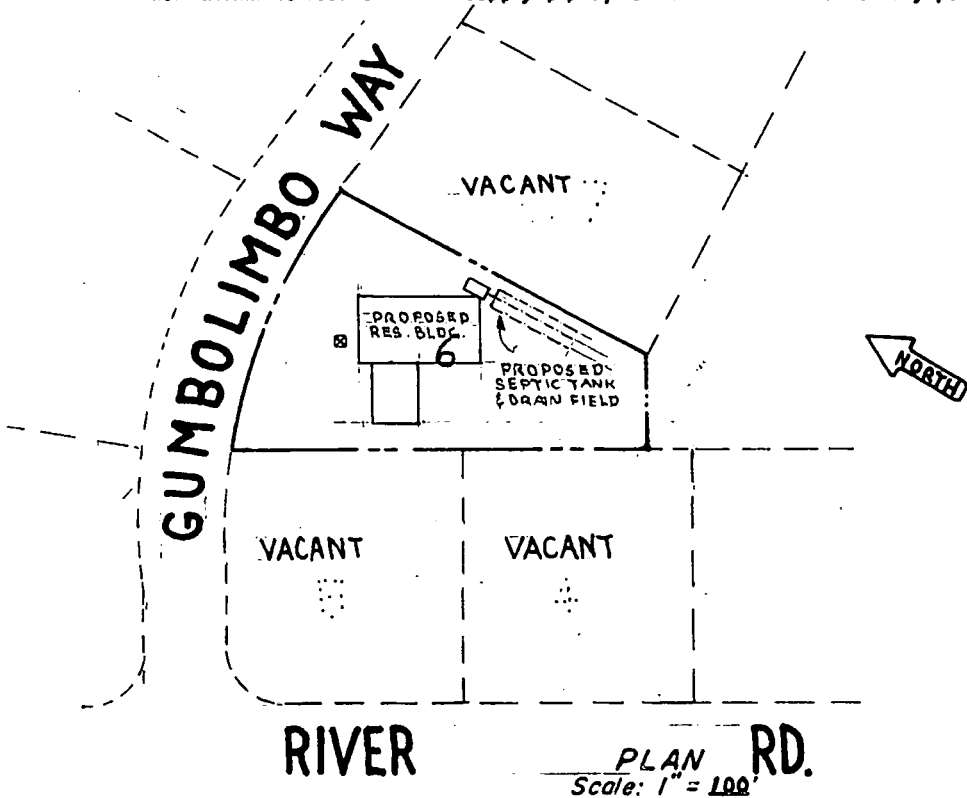
FLORIDA DEPARTMENT OF POLLUTION CONTROL

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

INDIVIDUAL SEWAGE DISPOSAL FACILITIES  
 DATA SHEET

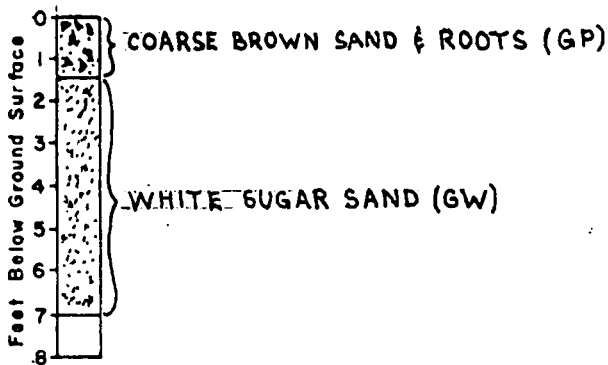
Location: LOT 6, BLOCK 6 TRACT "A+B" Applicant: TOM SYLVESTER  
INDIALUCIE, SEWALL'S POINT County: MARTIN

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



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

SOIL DATA



SOIL BORING LOG

Soil Identification: CLASS I GROUP GP/GW  
 Soil Characteristics COARSE BROWN SAND & ROOTS / WHITE SUGAR SAND

Percolation Rate \_\_\_\_\_ min/inch (LESS THAN 1 MIN.)  
 Water Table Depth 6+  
 Water Table Depth During Wet Season 5±  
 Compacted Fill Of \_\_\_\_\_ Req'd  
 Compacted Fill Checked By: \_\_\_\_\_  
 Date \_\_\_\_\_

LEGEND

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

CERTIFIED BY: Max Oliver Tealbody, Jr.  
 FLORIDA PROFESSIONAL No. 915  
 Date DEC. 27, 1972 Job No. 72-559  
 Sheet \_\_\_\_\_ of \_\_\_\_\_

3210

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ReRoof

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

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

**3210**

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: William R. Paradise Present Address 5 Gunbo Limbway

Phone 287-0098 Sewall pt, Stuart, Fla

Contractor Stuart Roofing Inc. Address P.O. Box 2556

Phone 286-2317 Stuart Fla

Where licensed State of Florida License number CCC 024411

Electrical contractor none 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 tile & flat roof, replace with 30 felt, 90# hot mopped - Gony tile, 4ply built up roof on flat deck.

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

Subdivision INDIA/DCIC Lot number 6 Block number \_\_\_\_\_

Contract price \$ 12,560<sup>00</sup> Cost of permit \$ 100<sup>00</sup>

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 [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 WR Paradise 6/29/92

TOWN RECORD  
Date submitted 6/29/92 Approved: Dale Brown 6/29/92  
Building Inspector Date

Approved: [Signature] 6/29/92  
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.

## STUART ROOFING

P.O. Box 2556  
 STUART, FL 34995  
 (407) 286-2317

PROPOSAL SUBMITTED TO <b>Paradise</b>		PHONE	DATE <b>June 16, 1992</b>
STREET <b>5 Gumbo-Limbo Way</b>		JOB NAME <b>Sewall's Point</b>	
CITY, STATE AND ZIP CODE <b>Stuart, FL 34996</b>		JOB LOCATION	
ARCHITECT	DATE OF PLANS	JOB PHONE	

We hereby submit specifications and estimates for:

We propose to tear off flat & tile roofs down to sheeting and haul away all trash and debris.  
 Dry in pitched roof with 30# felt dry in sheet tin tag nailed to sheeting, Hot asphalt mop  
 90# felt, Flat or Roll tile (standard colors) laid in mortar, *CB-11 Gary Vanguard ro*  
 On flat roof dry in with 43# base sheet tin tag nailed to sheeting, 3 plies of 15#-fiberglass  
 felt hot asphalt mopped, Uniform coat with asphalt then paint with aluminum fibrated paint.  
 Galvanized 2 x 2' eave drip on pitched roof, Galvanized 3 x 3 eave drip on flat roof,  
 Galvanized 16" valley metal,  
 Galvanized 4 x 5 L flashing,  
 All purpose vents,  
 New lead stacks around plumbing pipes,  
 Reroofing permit,

PRICE: \$ 12,560.00

NOTE\* Any rotten wood needing to be replaced will be done on a time at a rate of \$35.00 per man hour and material bases and not included in above price. *To be pre approved expense*

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

**Twelve Thousand Five Hundred Sixty and 00/100** - - - - - dollars (\$ **12,560.00** )

Payment to be made as follows:

50% when job is started, 25% when tile is loaded on roof, balance in full upon  
 completion of job.

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

Authorized  
Signature

*Rick Lauritsen*  
 RICK LAURITSEN

Note: This proposal may be withdrawn by us if not accepted within 30 days.

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

Date of Acceptance:

*JUNE 26, 1992*

Signature

*Josephine A. Paradise*

Signature

*Josephine A. Paradise*



NOTICE OF COMMENCEMENT

STATE OF Florida  
COUNTY OF Martin

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. This notice shall be void and of no force and effect if construction is not commenced within 30 days of recordation.

DESCRIPTION OF PROPERTY: Lot 6 Block 6 Sewalls pt.

General description of improvements: Re-roof

Owner: 5 Gumbo Limbo, Sewall pt, Stuart Fla  
Address: WR Paradise

Owner's interest in site of the improvement: Re-roof

Contractor: Stuart Roofing Inc.  
Address: P.O. Box 2556, Stuart Fla

Surety (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount of Bond: \_\_\_\_\_

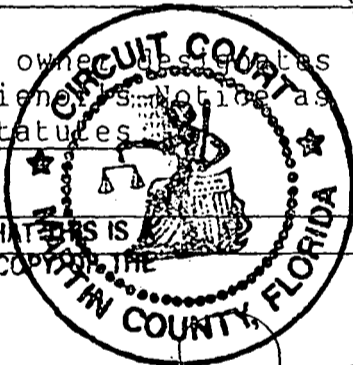
Lender: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06(2)(b) Florida Statutes

Name: \_\_\_\_\_  
Address: THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL.



MARSHA STILLER, CLERK  
BY Charlotte Bulley D.C.  
DATE 6-29-92

Josephine A. Paradise

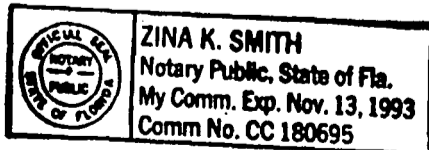
Sworn to and subscribed before me this 29 day of June, 1992.

Zina K. Smith

I am a Notary Public of the STATE OF FL AT LARGE, and My Commission Expires:

(NOTARY SEAL)

(personally known)



BY MARSHA STILLER, CLERK OF CIRCUIT COURT  
JUN 29 AM 11:07

3797

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GARAGE

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

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

DATE 5-1-95

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 W & J Paradise Present address 5 Mumbo Limbo Way  
Phone 287 0098 Stuart, Fla

Contractor VERNON PURDHAM Address 5 Mumbo Limbo Way  
Phone 334 5408 Stuart, Fla

Where licensed State License number CMC 006412

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: Garage 22 x 26

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

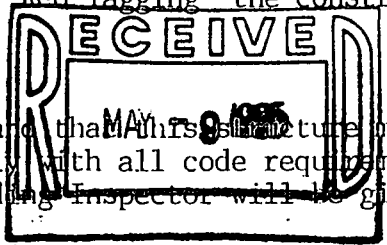
5 Mumbo Limbo Way

Subdivision Indian Creek Lot Number 6 Block Number 6

Contract price \$ 11,296.<sup>00</sup> Cost of permit \$ ~~296.00~~ 296.00

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

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



Contractor Vernon O. Purdham

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 W & J Paradise

TOWN RECORD

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

Approved: Dale Brown 5/16/95  
Building Inspector Date

Approved: [Signature]  
Commissioner Date

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

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

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

09/14/94

AUDIT CONTROL NO. 2883655

LICENSE NO.

BATCH NO.

AMOUNT PAID

CG C006412 94900742 \$209.00

CONST INDUSTRY LICENSING BOARD  
7960 ARLINGTON EXPRESSWAY  
SUITE 300  
JACKSONVILLE FL 32211-7467

*Vernon D. Purdham*

LICENSEE SIGNATURE

(WALLET CARD — FOLD HERE)

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONST INDUSTRY LICENSING BOARD

CERTIFIED GENERAL CONTRACTOR

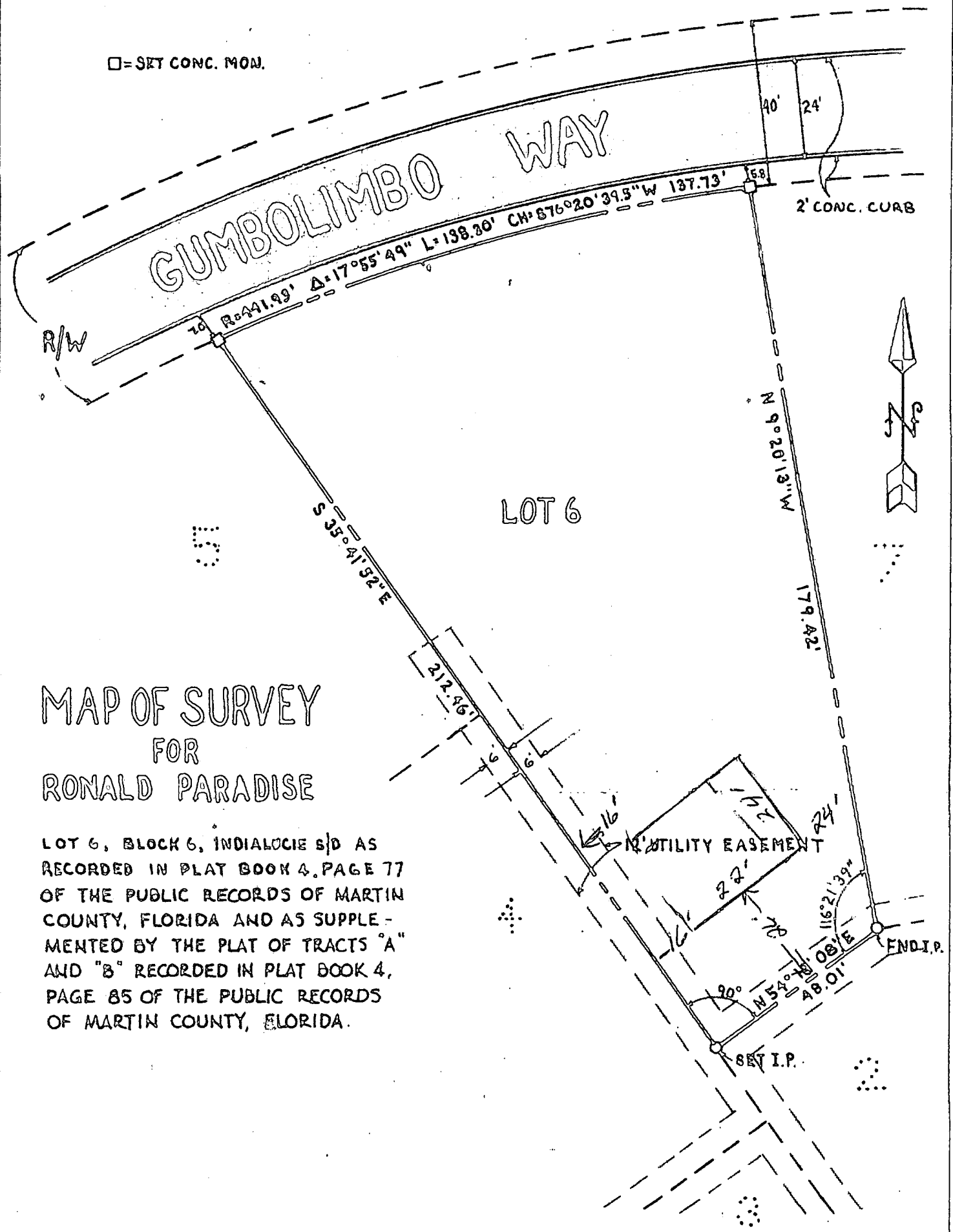
PURDHAM, VERNON D.  
V P BUILDERS

HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S.  
FOR THE YEAR EXPIRING AUG 31, 1996

*Lawton Chiles*  
LAWTON CHILES  
GOVERNOR

*George Stuart, Jr.*  
GEORGE STUART, JR.  
SECRETARY, D.B.P.R.

□ = SET CONC. MON.



### MAP OF SURVEY FOR RONALD PARADISE

LOT 6, BLOCK 6, INDIALOCIE S/D AS RECORDED IN PLAT BOOK 4, PAGE 77 OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA AND AS SUPPLEMENTED BY THE PLAT OF TRACTS "A" AND "B" RECORDED IN PLAT BOOK 4, PAGE 85 OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

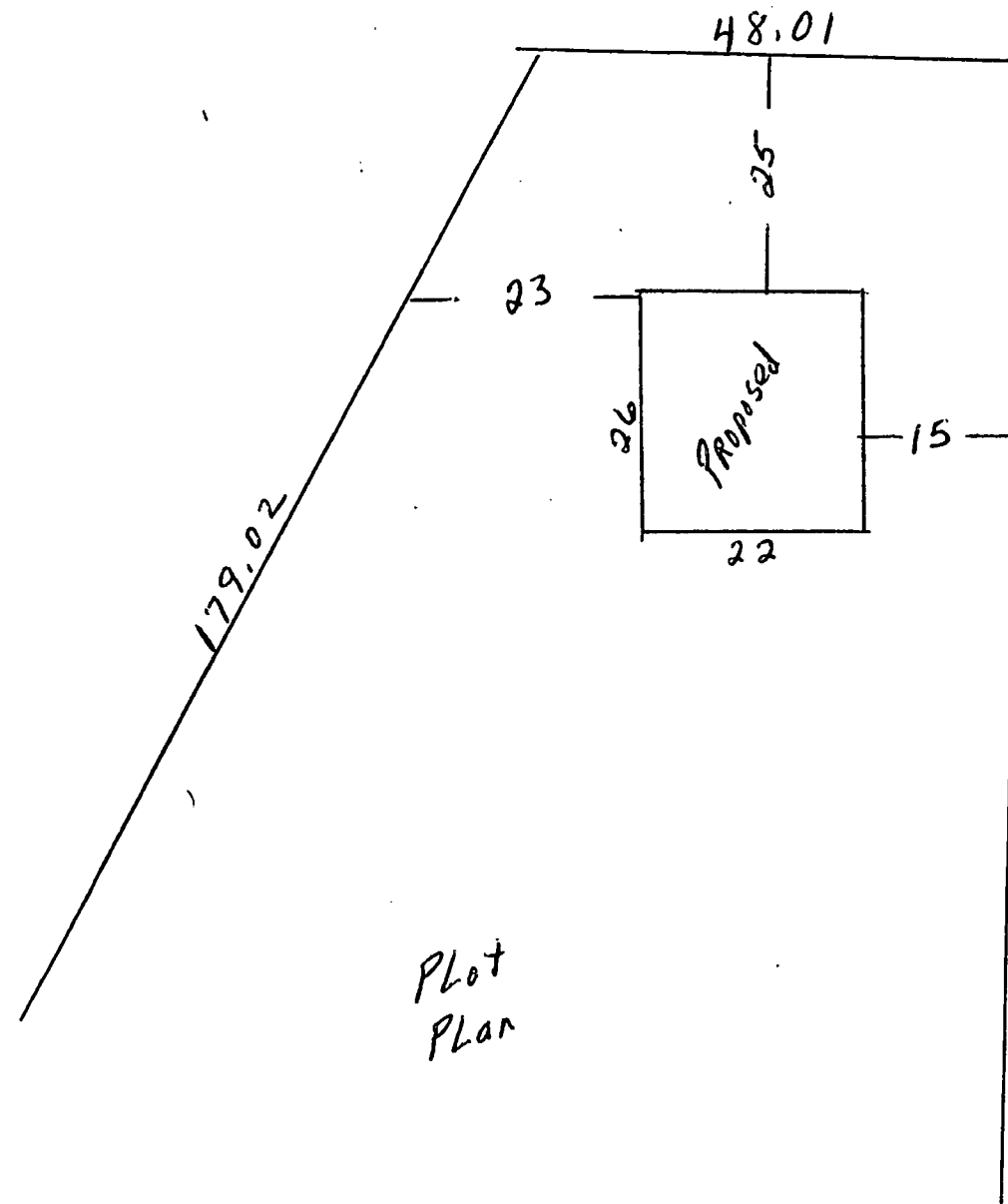
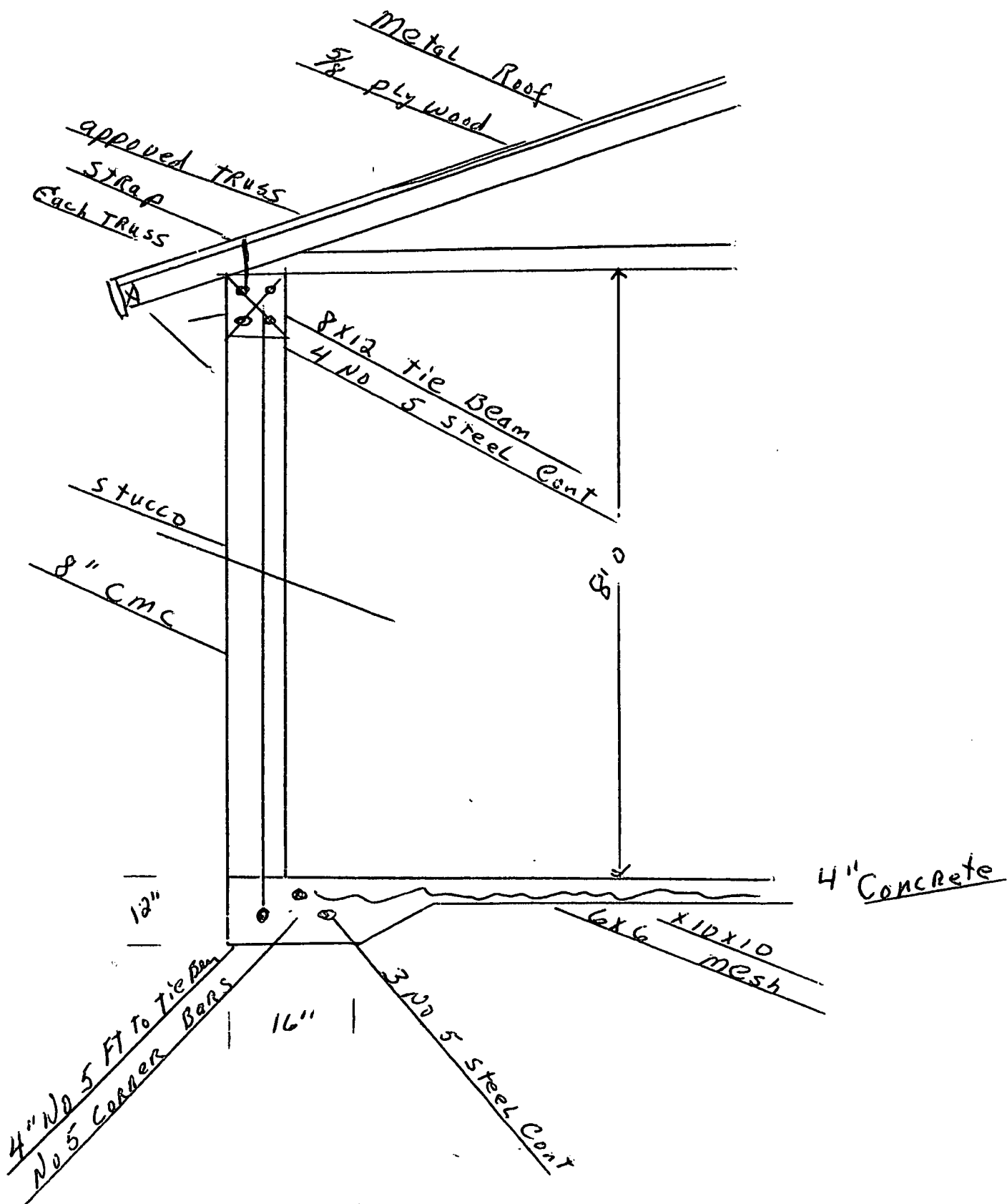
PREPARED BY  
**ROGERS - PEABODY, INC.**  
508 COLORADO AVE. STUART, FLORIDA

I HEREBY CERTIFY that the plat shown hereon is a true and correct representation of a survey made under my direction, and that said survey is accurate to the best of my knowledge and belief, and that unless otherwise shown, there are no encroachments.

*Max Oliver Peabody, Jr.*  
Registered Land Surveyor  
Florida Certificate No. 915

DATE: JAN. 4, 1973	SCALE: 1" = 30'	DRAWN BY: N. PLATTIS	JOB NO: 72-559
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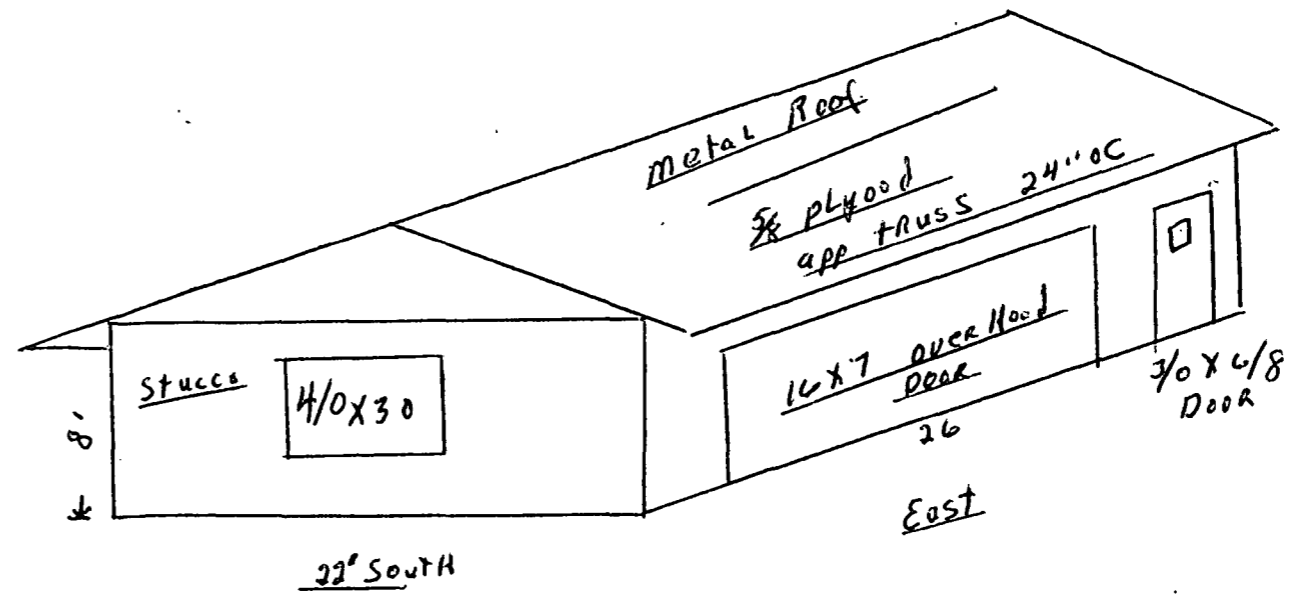
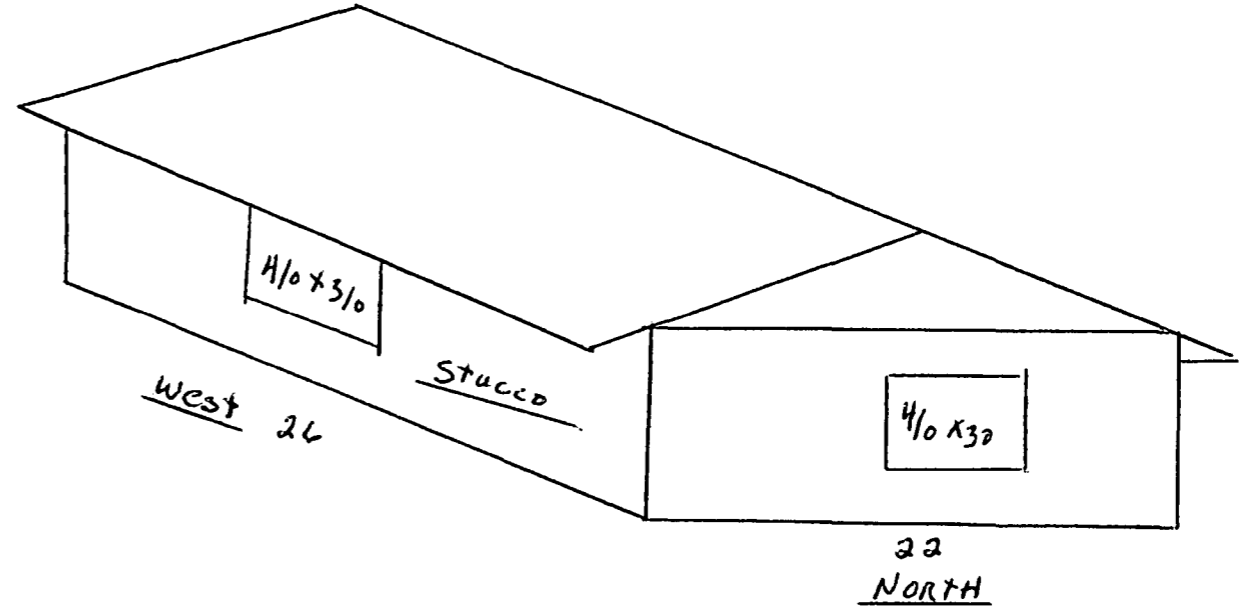
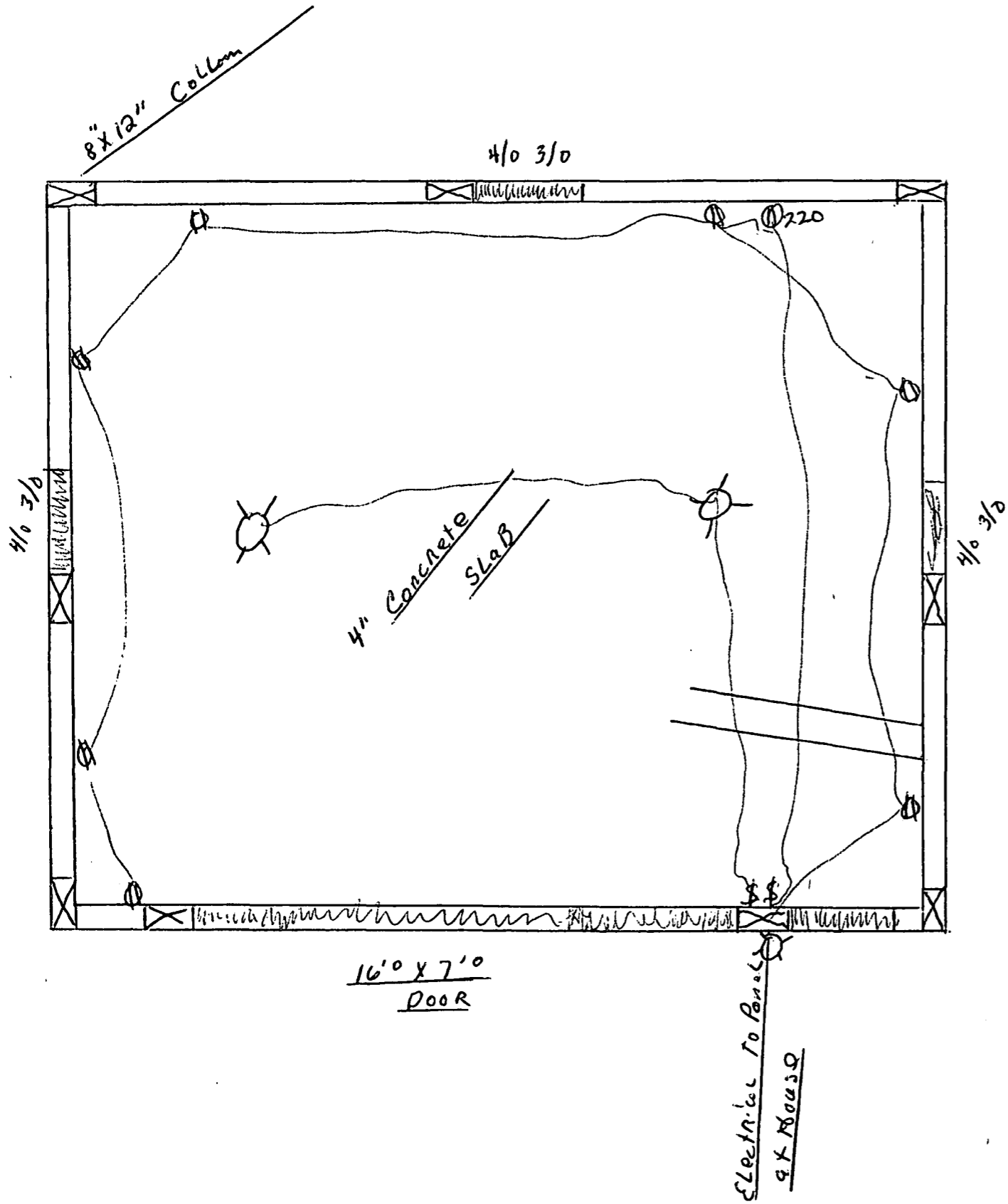
PNT#3197



VERNON Purdham  
1235 N5 Jensen Beach Blvd  
Jensen Beach, FLA  
334 5408

CMC 006412

VERNOR BURHAM  
 1235 NE Jensen Blvd Blvd  
 Jensen Beach Fla  
 334 5408  
 CMC 066412



3881

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Porch encl.

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



3881

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

DATE 10-24-95

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 Row Joe Paradise Present address 5 Nunbo Limbo Rd

Phone 334 5408 Stuart Fla

Contractor VERNON PURDUM Address \_\_\_\_\_

Phone 225- 4924

Where licensed State License number CAC 006412

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: Enclose Existing Porch with Windows / DOORS

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

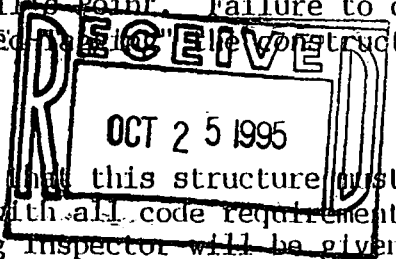
5 Nunbo Limbo DR. Stuart

Subdivision INDIANTHAN'S Lot Number 6 Block Number \_\_\_\_\_

Contract price \$ 6000 Cost of permit \$ 48.00

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

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



Contractor Vernon Purdum

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 Josephie A. Paradise

TOWN RECORD

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

Approved: Dale Brown 10/25/95  
Building Inspector Date

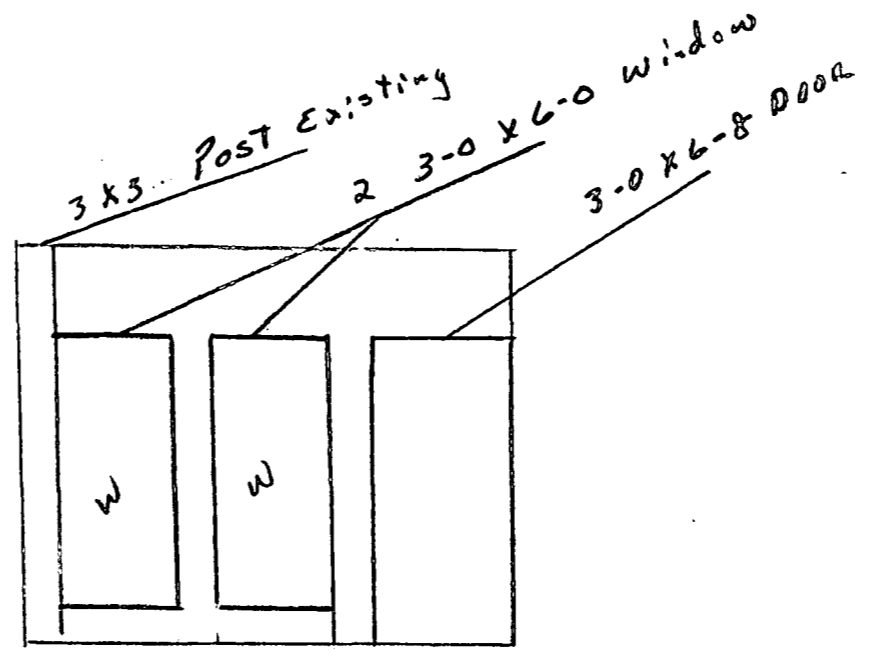
Approved: [Signature]  
Commissioner Date

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

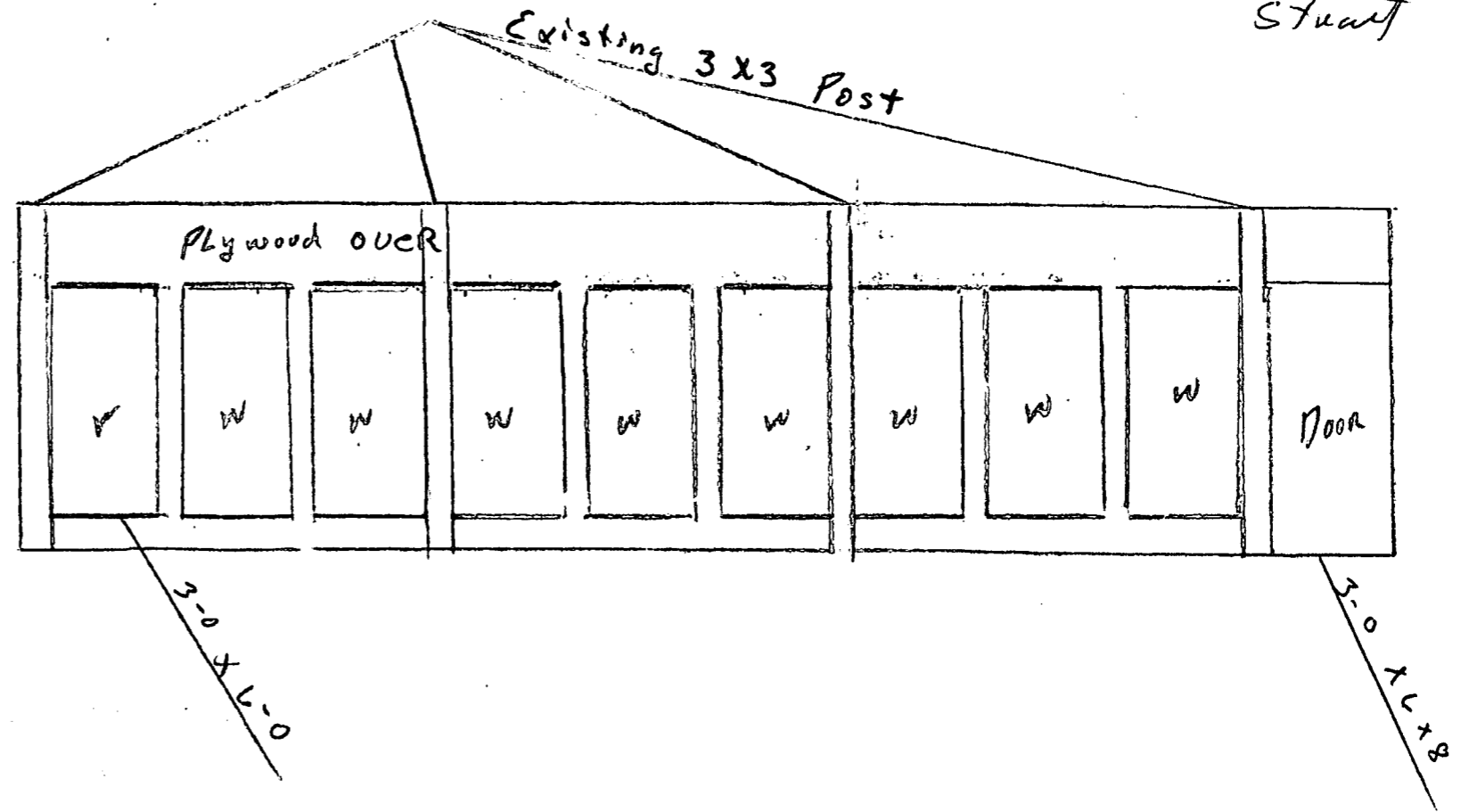
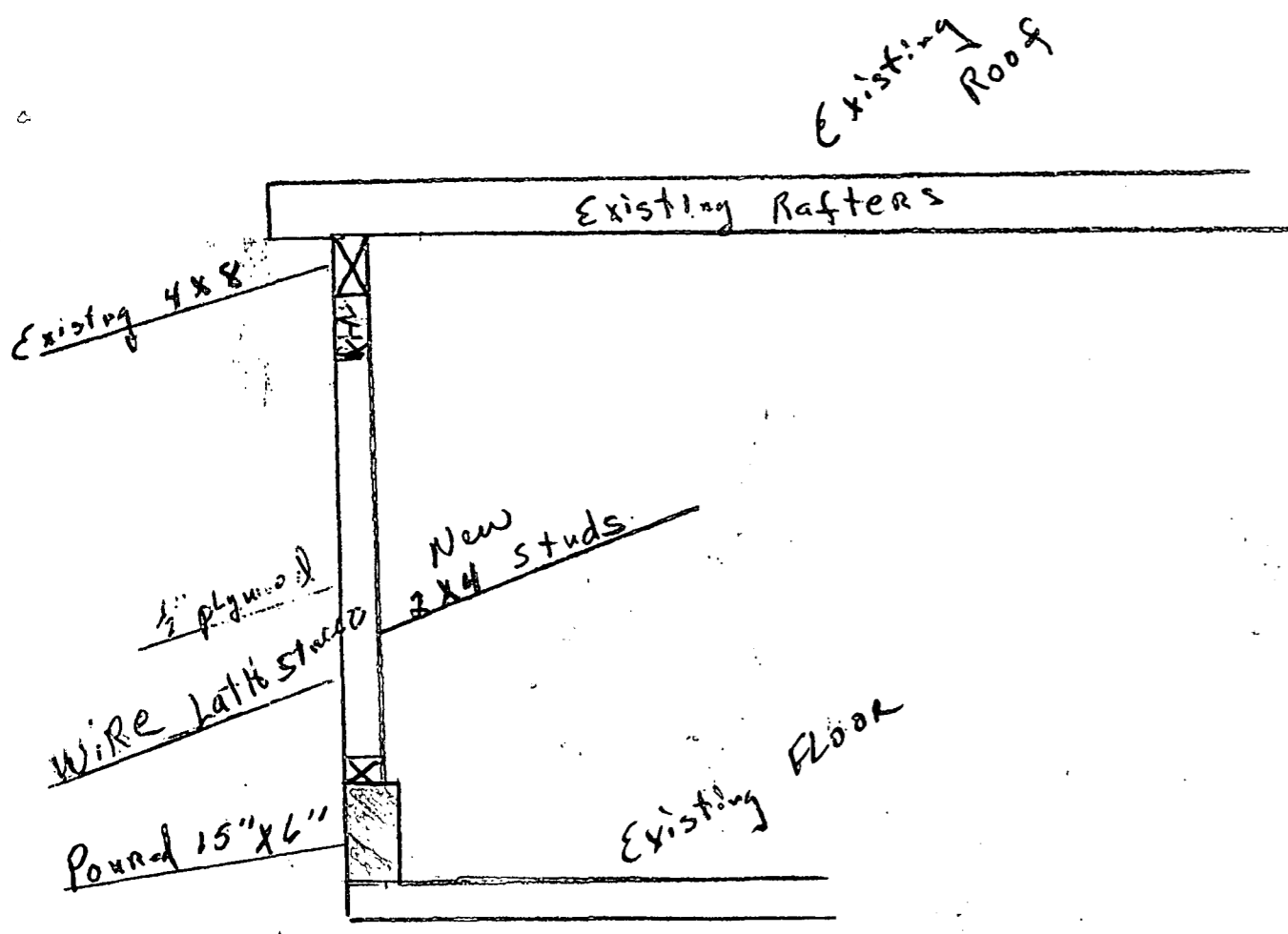
CERTIFICATE OF OCCUPANCY issued (if applicable) \_\_\_\_\_  
Date

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

JERNOV PURDHEW  
2560 Indian River DR  
Jensen Beach



Row - Joe Paradise  
5 Numb Limbo RR  
Stuart



76 98

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Demo DRYWALL

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

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

### TOWN OF SEWALL'S POINT

Date 7/27/05

BUILDING PERMIT NO. 7698

Building to be erected for BRISCOE

Type of Permit REMO. DRYWALL

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision INDIAWICIE Lot 6 Block 6

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

Address 5 GUMBO LIMBO WAY

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

Type of structure SFR

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

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

Parcel Control Number:

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

3537410020060006040000

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

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

Total Construction Cost \$ 1000.00

TOTAL Fees 35.00

Signed [Signature]  
Applicant

Signed [Signature]  
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 checked="" type="checkbox"/> ADDITION       |
|  |  | <input checked="" type="checkbox"/> DRYWALL REPAIR |

## INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

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

OWNER/TITLEHOLDER NAME: Robert + Wendy Briscoe Phone (Day) 349-3873 (Fax) 336-3452

Job Site Address: S Gumbo Limbo way City: Sewall Pt. State: FL Zip: 34996

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

Owner Address (if different): 3860 NW Goldenrod Rd Apt 102 City: Jensen Beach State: FL Zip: 34957

Description of Work To Be Done: Remove Dry wall

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: \$ 1000<sup>00</sup>  
(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)

[Signature]

State of Florida, County of: MARTIN

This the 27th day of JULY, 2005

by ROBERT W BRISCOE who is personally

known to me or produced FLPL B620-779-64-323-0

as identification [Signature] x 9/3/10

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

CONTRACTOR SIGNATURE (required)

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

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

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

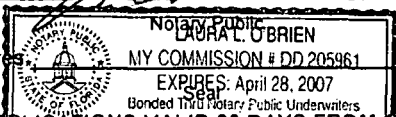
known to me or produced \_\_\_\_\_

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

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

Notary Public

Seal



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

# STOP WORK ORDER

DATE: 7/26/05

ADDRESS: 5 GUMBO LANE

**OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.**

The work described below requires a permit:

WORK w/o PERMIT

ELECTRIC METER DISCONNECTED DUE TO UNPERMITTED WORK - DANGEROUS CONDITION

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.

LENE SIMMONS

**BUILDING OFFICIAL OR INSPECTOR**

**DO NOT REMOVE THIS NOTICE UNTIL PERMIT IS OBTAINED!**

# STOP WORK ORDER

DATE: 7/26/05

ADDRESS: 560700 LEARD

**OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.**

The work described below requires a permit:

WORK W/O PERMIT  
ELECTRIC METER DISCONNECTED DUE  
TO UNPERMITTED WORK - DANGEROUS  
CONDITION

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.

LENE SIMMONS  
BUILDING OFFICIAL OR INSPECTOR

**DO NOT REMOVE THIS NOTICE  
UNTIL PERMIT IS OBTAINED!**

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

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

**DISCLOSURE STATEMENT**

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

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

**Name:** Robert Briscoe **Date:** 7/27/05

**Signature:** 

**Address:** 5 Gumbo Limbo Way

**City & State:** Sewall Pt. FL 34996

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



Sewalls' Point Police Department  
WITNESS STATEMENT/SUPPORTING DEPOSITION

Case \_\_\_\_\_  
Number \_\_\_\_\_

Date of Deposition: 7/26-05 Time: 1200 Location: POLICE DEP.  
Date of Incident: 7/26-05 Time: 1130 Incident Location: 5 GUMBO LIMBO  
Incident Type: \_\_\_\_\_

Name of Witness/Deponent: KIM LORENZEN  
Race: WHITE Sex: M D.O.B.: 080958 Hgt: 6.6 Wgt: 200 Hair: GRY Eyes: BLU  
Scars/Tatoos: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Address: 1780 NE MANGO TRL. JENSEN BEACH City/State/Zip Code: 34957  
Home Phone: 772 4866845 Work Phone: \_\_\_\_\_ Cellular/Other: \_\_\_\_\_

Offender (if known): \_\_\_\_\_  
Offender's Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
Offender's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular/Other: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Scars/Tatoos: \_\_\_\_\_ S.S.N.: \_\_\_\_\_  
Relationship to Offender (is none, so state): \_\_\_\_\_

Describe what you observed: I KIM LORENZEN WAS  
HELPING A FRIEND CLEANING UP HOES  
HOES FOR KIL. HELPING A FRIEND OF  
A FRIEND

I swear the above statement is correct and true  
to the best of my knowledge and belief.

Sworn to and subscribed before me this  
THREE day of 7/26, 2005.

PAGE 1 OF 1

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Notarization

Sewalls' Point Police Department

Case Number \_\_\_\_\_

WITNESS STATEMENT/SUPPORTING DEPOSITION

Placido Mercado Peralta

Date of Deposition: 7-26-05 Time: 12:00 Location: Town Hall

Date of Incident: 7/26-05 Time: 11:30 AM Incident Location: 5 Gumbo Court

Incident Type: Work ~~with~~ without Permit

Name of Witness/Deponent: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Scars/Tatoos: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular/Other: \_\_\_\_\_

Offender (if known): \_\_\_\_\_

Offender's Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Offender's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular/Other: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Scars/Tatoos: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Relationship to Offender (is none, so state): \_\_\_\_\_

Describe what you observed: \_\_\_\_\_

Pajapol Dio

Day By Day

100 A DAY

I swear the above statement is correct and true to the best of my knowledge and belief.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

PAGE \_\_\_\_\_ OF \_\_\_\_\_

Placido Mercado  
Affiant's Signature

Notarization

Sewalls' Point Police Department  
WITNESS STATEMENT/SUPPORTING DEPOSITION

Case Number \_\_\_\_\_

Alonso Pérez M.  
Date of Deposition: 7/26/05 Time: 1130 Location: Town Hall  
Date of Incident: 7/26/05 Time: 1200 Incident Location: 5600 Lomb St  
Incident Type: Working without Permit.

Name of Witness/Deponent: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Scars/Tatoos: \_\_\_\_\_ S.S.N: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular/Other: \_\_\_\_\_

Offender (if known): \_\_\_\_\_  
Offender's Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
Offender's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular/Other: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Scars/Tatoos: \_\_\_\_\_ S.S.N: \_\_\_\_\_  
Relationship to Offender (is none, so state): \_\_\_\_\_

Describe what you observed: \_\_\_\_\_  
\_\_\_\_\_ Ahora trabajamos por día y no  
Sabíamos si tenían permiso en  
esa casa

Pay By Day  
100 A Day.

I swear the above statement is correct and true to the best of my knowledge and belief. Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

PAGE \_\_\_\_\_ OF \_\_\_\_\_

Alonso Pérez M.  
Affiant's Signature

Notarization

Sewalls' Point Police Department  
WITNESS STATEMENT/SUPPORTING DEPOSITION

Case Number \_\_\_\_\_

Cipriano Martinez Perez  
Date of Deposition: 7-26-05 Time: 1130 Location: Town Hall  
Date of Incident: 7/26/05 Time: 1200 Incident Location: 5 Gumbo Limbo  
Incident Type: working without permit

Name of Witness/Deponent: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Scars/Tatoos: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular/Other: \_\_\_\_\_

Offender (if known): \_\_\_\_\_

Offender's Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Offender's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular/Other: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Scars/Tatoos: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Relationship to Offender (is none, so state): \_\_\_\_\_

Describe what you observed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ME PAGAN POR EL DIA

\_\_\_\_\_

DAY BY DAY

\_\_\_\_\_

100 A DAY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I swear the above statement is correct and true to the best of my knowledge and belief.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

PAGE \_\_\_\_\_ OF \_\_\_\_\_

Cipriano M. P.  
Affiant's Signature

Notarization

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri Dec 28, 2005 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7689	HAET	FINAL RENOVATION	FAIL	
3	3 E. High Point Rd			INSPECTOR: <i>[Signature]</i>
	First Florida			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7957	MORRIS	PREPOUR WALL	PASS	
1	120 Huuccessy Dr			INSPECTOR: <i>[Signature]</i>
	O/B	*FIRST PLEASE*		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7698	BEISCOE	RGH IN ERECTOR WALL	PASS	
9	5 Cumbolimbway			INSPECTOR: <i>[Signature]</i>
	O/B			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7813	PARKS	TIE BEAM	PASS	
2	3 MINDORO ST			INSPECTOR: <i>[Signature]</i>
	PARKS + CO.	*2ND PLEASE*		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7809	D'ALESSANDRO	PRE-POUR SLAB ADDITION	FAIL	
6	4 EMARITA WAY			INSPECTOR: <i>[Signature]</i>
	O/B	*		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7840	LAPIKAS	PAVER POOL DECK	PASS	D. LOSE
8	3 INDAWCEPKWY	FINAL		INSPECTOR: <i>[Signature]</i>
	O/B			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7823	NOHEJL	METER		
10	26 W. High Point			INSPECTOR:
	O/B	11-12 PLEASE		

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

\_\_\_\_\_

\_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri Dec 21, 2005 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7833	BRISCOE	INT RGH IN		
10	5 Gumbo Limbo Way	PUMBINA	FAIL	INSPECTOR: <i>[Signature]</i>
	OIB	ELECTRICAL	FAIL	
6513	DUNN	FINAL SFR	PASS	CONDITIONAL
9	31 N RIVER RD			PENDING FINAL SURVEY
	FIRST FLORIDA			INSPECTOR: <i>[Signature]</i>
7912	DEWAARD	Sec. ENCL. FINAL	FAIL	
5	RIVERVIEW PR			INSPECTOR: <i>[Signature]</i>
	STRUCTURE - CON			
7924	DEWAARD	FINAL SHUTTER	PASS	CLOSE
4	104 ABBIE COURT			INSPECTOR: <i>[Signature]</i>
	B&H SHUTTERS			
TREE	WARNEY	TREE	PASS	
2	21 HILLCREST			INSPECTOR: <i>[Signature]</i>
7934	PAEKS	POOL STREET DRAIN	PASS	
6	3 MINDORO	POOL PLB.	PASS	INSPECTOR: <i>[Signature]</i>
	OLYMPIC POOLS			
7129	DUNN	FINAL GAS	PASS	CLOSE
9	31 N RIVER RD			INSPECTOR: <i>[Signature]</i>
	FERRER GAS			
<b>OTHER:</b>				
<del>2698</del>	<del>BRISCOE</del>	<del>FINAL PERM DENIAL</del>	<del>PASS</del>	<del>CLOSE</del>
	5 Gumbo Limbo			<i>[Signature]</i>
	OIB			

7833

---

RENOVATION

---

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

Renewal/Final Inspection fee \$50  
Pd 3/6/07 Cr # 1309

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

**TOWN OF SEWALL'S POINT**

Date 10-18-05

BUILDING PERMIT NO. 7833

Building to be erected for BIZISCOE

Type of Permit INTERIOR RENOVATION

Applied for by O/B

(Contractor) Building Fee \$150K x 9.60/1000 = 1440.00

Subdivision INDIAWICIE Lot 6 Block 6

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

Address 5 GUMBO LIMBO WAY

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

Type of structure SFR

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

Parcel Control Number:

Electrical Fee 35.00

353741002 006000 6040000

Plumbing Fee 35.00

Amount Paid 2076.25 Check # 010962 Cash \_\_\_\_\_

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

Other Fees 25% P.R. 415.25  
(10% P.R.) 151.00

Total Construction Cost \$ 150,000

TOTAL Fees 2076.25

Signed \_\_\_\_\_

Applicant

Signed \_\_\_\_\_

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 \_\_\_\_\_



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

### TOWN OF SEWALL'S POINT

Date 10-18-05

BUILDING PERMIT NO. 7833

Building to be erected for BRISCOE

Type of Permit INTERIOR RENOVATION

Applied for by O/B

(Contractor) Building Fee \$150K x 9.60/1000 = 1440.00

Subdivision INDIAWICIE Lot 6 Block 6

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

Address 5 GUMBO LIMBO WAY

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

Type of structure SFR

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

Parcel Control Number:

3537410020060006040000

Electrical Fee 35.00

Plumbing Fee 35.00

Amount Paid 2076.25 Check # 010962 Cash \_\_\_\_\_

Roofing Fee 25% O.B. 415.25  
Other Fees (10% P.R.) 151.00

Total Construction Cost \$ 150,000

TOTAL Fees 2076.25

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

## PERMIT

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> BUILDING | <input checked="" 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      |

## 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 _____         |

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2600.00

35-37-41-002-006-0060.4000  
TAX FOLIO #

PERMIT #

**NOTICE OF COMMENCEMENT**

STATE OF FL

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):

S Gumbo Limbo Way Indialweir Lot 6 BLK 6

GENERAL DESCRIPTION OF IMPROVEMENT:

Kitchen & Baths

OWNER:

Robert Briscoe

ADDRESS:

S Gumbo Limbo Way

PHONE #:

772 349 3373

FAX #:

772-349-3452

INTEREST IN PROPERTY:

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

[Signature]

CONTRACTOR:

OWNER

ADDRESS:

PHONE #:

FAX #:

SURETY COMPANY (IF ANY):

ADDRESS:

PHONE #:

FAX #:

BOND AMOUNT:

LENDER/MORTGAGE COMPANY:

GMAC and Greenpoint.

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:

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

MARSHALLING CLERK

NAME:

ADDRESS:

PHONE #:

FAX #:

BY: T Copus D.C.

DATE:

10-13-05

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES

OF

[Signature] TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN

SECTION 713.13(1)(A)8., 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

13 DAY OF October 2005

BY Robert W. Briscoe

PERSONALLY KNOWN

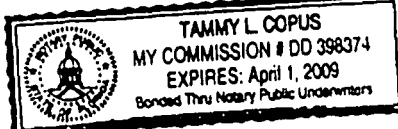
OR PRODUCED ID

TYPE OF ID

FL DL exp. 9-3-10

NOTARY SIGNATURE

Tammy L Copus



INSTR # 1882075 OR BK 02072 PG 234 RECD 10/13/2005 03:14:05 PM  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T COPUS (asst mgr)

RECEIVED  
10/3/05

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: 10/3/05 Permit Number: \_\_\_\_\_  
OWNER/TITLEHOLDER NAME: Robert/Wendy BRISCOE Phone (Day) 336-3373 (Fax) 336-3452  
Job Site Address: S Gumbo Limbo Way City: Sewalls Pt State: FL Zip: 34996  
Legal Desc. Property (Subd/Lot/Block) Indialucie Lot 6 BKG Parcel Number: \_\_\_\_\_

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

Description of Work To Be Done: New Drywall / Remodel Kitchen and Baths / Tile / elec Panel

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 75,000  
(Notice of Commencement needed over \$2500) ~~200,000~~  
Estimated Fair Market Value prior to improvement: \$ 150,000

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

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

(If yes, Owner Builder Affidavit must accompany application)

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

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

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

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

SUBCONTRACTOR INFORMATION:

Electrical: DORGAN Electrical INC State: FL License Number: EC 13002303  
Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Plumbing: John Heindinger Plumbing INC State: FL License Number: RF 0038227  
Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT Theodore Davis Lic.#: AR-4615 Phone Number: 561-774-7798  
Street: 851 West Indiantown Rd Suite 101 City: Jupiter State: FL Zip: 33458

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 2479 Garage: 582 Covered Patios: \_\_\_\_\_ Screened Porch: \_\_\_\_\_  
Carport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: 572

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: St. Lucie  
This the 5 day of Oct, 2005  
by \_\_\_\_\_ who is personally  
known to me or produced  
as identification. [Signature]

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: \_\_\_\_\_  
EVELYN L. WEST  
MY COMMISSION # DD347289  
EXPIRES: October 10, 2008

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

PERMIT APPLICATION FEE PAID 30 DAYS BEFORE APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

READ

LET'S ELIMINATE AGGRESSIVE DRIVING  
**L.E.A.D.**

~~ASDA~~ \$1440.00  
35.00  
35.00



Funding provided by the Florida Department of Transportation.



## TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

### CORRECTION NOTICE

ADDRESS: 5 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

PREDOM WALL

SEAL ALL PIPE SLEEVES

SEAL TUB WASTE

• SUPPORT LOOSE PIPES IN MASTER

• RAISE FLEX. A/C DUCTS w/  
SUPPORT STRAPS, IN ATTIC

• KIT SINK PIPE

• STUD PLATES IN GAR. &

WHERE PIPES ARE WITHIN  
11/4 OF STUD FACE.

NEED 36" CLEAR IN FRONT OF PANEL

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

DATE: 1/2/21

[Signature]  
INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri Dec 21, 2005 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7833	BRISCOE	INTR. RHTN		
10	5 Gumbolimb Way	PUMBINA	FAIL	INSPECTOR:
	OIB	ELECTRICAL	FAIL	
6513	DUNN	FINAL STR	PASS	CONDITIONAL
9	31 N RIVER RD			PENDING FINAL SURVEY.
	FIRST FLORIDA			INSPECTOR:
7912	DEWAARD	Sec. ENCL. FINAL	FAIL	
5	RIVERVIEW PR STRUCTURE-CON			INSPECTOR:
7924	<del>DEWAARD</del>	Final SHUTTER	PASS	CLOSE
4	104 ABBIE COURT			INSPECTOR:
	B&H SHUTTERS			
TREE	WARREN	TREE	PASS	
2	1214 WILCEST			INSPECTOR:
7934	PAERKS	POOL SWEET DRAIN	PASS	
6	3 MINDORO	POOL PLG.	PASS	INSPECTOR:
	OLYMPIC POOLS			
7129	DUNN	FINAL GAS	PASS	CLOSE
9	31 N RIVER RD			INSPECTOR:
	FERRER GAS			

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 1/11, 2006 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7980	HINES	FINAL FENCE (GATE)	PASS	CLOSE
2	113 HENRY SEWALL STUART FENCE			INSPECTOR: <i>OW</i>
7066	BOTWINICK	FINAL DOCK / RIP RAP REPAIR	PASS	CLOSE
5	27 EMARITA WAY TCBI / OB			INSPECTOR: <i>OW</i>
7065	BOTWINICK	FINAL DOCK	PASS	CLOSE
5	28 EMARITA WAY OB			INSPECTOR: <i>OW</i>
7833	BRISCOE	INSULATION	PASS	
6	5 GUMBO LINBO O.B.			INSPECTOR: <i>OW</i>
6361	SMITH	FINAL RENOVATIONS	FAIL	
3	7 SIMARA SUNRISE C			INSPECTOR: <i>OW</i>
7978	NAUDIN	FOOTERS WALL	FAIL	
4	19 N. RIDGEVIEW O/B			INSPECTOR: <i>OW</i>
TREE	MORAN	TREE	PASS	
7	32 N. SEWALL ST			INSPECTOR: <i>OW</i>

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



7833

**TOWN OF SEWALL'S POINT**

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

**CORRECTION NOTICE**

ADDRESS: 5 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.

POWER RELEASE

VERIFY GROUNDING WIRE  
FOR ELEC. SYSTEM IS  
IN TACT & GROUNDING  
FOR WATER PIPING.

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: 3/22

[Signature]  
INSPECTOR

**DO NOT REMOVE THIS TAG**



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3/22, 2006 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8008	BRISCOE	DOOR BUCK	PASS	
8	5 GUMBO LIMBO O/B			INSPECTOR:
8064	SEAFORD NIC	POOL PUMPING	PASS	
9	12 S. OLYMPIC POOLS			INSPECTOR:
TREE	FETNER	TREE	PASS	
4	2 HIGH POINT NATURAL BAL.			INSPECTOR:
7777	CATHEY 47 S. SPN. ALAN MORRIS	LATH	PASS	INSPECTOR:
<del>7833</del>	<del>BRISCOE</del>	<del>WIND RELEASE</del>	<del>FAIL</del>	
	5 GUMBO LIMBO O.B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3/24, 2006

Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7557	LUTZ	FINAL SCR ENCL	PASS	CLOSE
2	6 RIVERVIEW	ELEC, RECP. T.	FAIL	INSPECTOR: <i>OW</i>
	PIONEER SCR			
7979	HAYNES	DRIVEWAY FINAL	PASS	CLOSE
4	6 PALM ROAD			INSPECTOR: <i>OW</i>
	O/B			
7871	HODDER	FINAL DOCK REPAIR	PASS	CLOSE
10	63 N. RIVER RD			INSPECTOR: <i>OW</i>
	O/B			
8122	WILCOX	FINAL SCR ENCL	FAIL	
3	11 RIVERVIEW			INSPECTOR: <i>OW</i>
	ALUMINUM PRODUCTS			
TREE	ROBERT SHAW	TREE	PASS	
1	15 ISLAND RD			INSPECTOR: <i>OW</i>
8054	MCCARTHY	FINAL GARAGE DOOR	PASS	CLOSE
	3 KINGSTON CT			INSPECTOR: <i>OW</i>
	O/B			
7833	<del>BENSON</del>	POWER RELEASE	PASS	CHARGED FOR METER
6	5 GUMBO LIMBO WY			INSPECTOR: <i>OW</i>
	O/B			

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

**TOWN OF SEWALL'S POINT**  
**Building Department**  
**One South Sewall's Point Road**  
**Sewall's Point, Florida 34996**

**POWER RELEASE AGREEMENT: PN: 7833**  
(To be submitted at final electrical inspection in order to turn on electric service)

Owner: Robert Briscoe Address: \_\_\_\_\_  
Project Address: S Gumbo Limbo way Legal: Lot: 6 Block: 6 Subdivision: Indiavie  
General Contractor: O/B Lic/Cert. No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Electrical Contractor: \_\_\_\_\_ Lic/Cert. No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**WHEREAS**, pursuant to the provisions of, and governed by the National Electrical Code and Ordinances of the Town of Sewall's Point, electric hook-up for use during building operations and for testing purposes under a valid building permit is authorized under prescribed terms and conditions; and,

**WHEREAS**, the above named responsible persons, firms or corporations have requested an electrical hook-up of \_\_\_\_\_ for the purpose of \_\_\_\_\_ at the above designated construction now in progress under a valid building permit; and equipment and completion of building operations as herein above described.

**NOW THEREFORE IT IS AGREED BY AND BETWEEN THE PARTIES THAT:**

1. The parties to this agreement are Gene Simmons, Building Official, Town of Sewall's point, and the above named responsible persons, firms, corporations.
2. In order to allow electrical service to be provided to certain equipment being placed at the referenced construction address the Building Official hereby agrees to grant an electrical hook-up permit.
3. This electrical hook-up will be revoked or a Certificate of Occupancy will be issued to verify completion.
4. The electric hook-up is solely for the purposes stated. No furniture or occupants will be moved into the building until a Certificate of Occupancy is issued.

IN WITNESS WHEREOF the parties have caused this agreement to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

  
\_\_\_\_\_  
SIGNATURE OF GENERAL CONTRACTOR

\_\_\_\_\_  
SIGNATURE OF ELECTRICAL CONTRACTOR

  
\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
GENE SIMMONS, BUILDING OFFICIAL



## TOWN OF SEWALL'S POINT

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

### CORRECTION NOTICE

ADDRESS: 5 BUMBO 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.

FINAL RENOVATION

(2) DEFECTIVE GFI TRIP OUT,  
@ MIKHAEL BOMH & KIT.

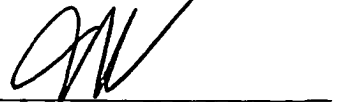
FINISH LABEL ON PANEL &  
TIGHTEN COVER @ SW.  
PANEL

Renovation Fee  
\$400

3/7/07 per John Adams

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: 3/7



INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3-7, 2007 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8481	Galinas	tank in-line	PASS	
10	26 S Sewall Pt Prop Disc.			INSPECTOR: <i>[Signature]</i>
<del>1833</del>	<del>Briscoe</del>	<del>final renovations</del>	<del>PASS</del>	
11	5 Qumbo Limbo OB			INSPECTOR: <i>[Signature]</i>
8008	Briscoe	Final-draw	PASS	CLOSE
11	5 Qumbo Limbo 8/B	shutters		INSPECTOR: <i>[Signature]</i>
8222	Marley	Re-sheet rock	FAIL	
1A	39 W High Pt Worell			INSPECTOR: <i>[Signature]</i>
8515	Olney	Dry-in metal	PASS	
9	915 Sewalls Pt all Am Roof.			INSPECTOR: <i>[Signature]</i>
Tree	Enriquez	Tree	PASS	
6	1 Kingston OB			INSPECTOR: <i>[Signature]</i>
	D. WINTER	FENCE		
	19 RIDGELAND			INSPECTOR:

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

\_\_\_\_\_

\_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3-12, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>7833</del>	<del>Bruce</del>	<del>Final</del>	<del>PASS</del>	<del>CLOSE</del>
4	5 Gumbo Limbo OB			INSPECTOR: <i>[Signature]</i>
7284	Nelme	Final dock	PASS	CLOSE
1	195 Sewalls Pt Rd Otis Leonard/Haynes			INSPECTOR: <i>[Signature]</i>
7923	Hodder	Final-	PASS	CLOSE
3	63 N River Rd Pacific Roof	(see Eng. letter)		INSPECTOR: <i>[Signature]</i>
7276	Nelme	Fence Final	FAIL	ABANDONED PERMIT - NEVER DONE <del>CLOSE</del>
2	195 Sewalls Pt OB			INSPECTOR: <i>[Signature]</i>
8517	Taormino	Final	PASS	CLOSE
5	26 Feldway Eden Screen			INSPECTOR: <i>[Signature]</i>
				INSPECTOR:
				INSPECTOR:
OTHER:				

8008

---

FRONT DOOR + SHUTT

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

### TOWN OF SEWALL'S POINT

Date 1/17/06

BUILDING PERMIT NO. **8008**

Building to be erected for BRISCOE

Type of Permit Rep. Front Door + HURRICANE SHUTTERS

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision INDIAWICIE Lot 6 Block 6

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

Address 5 Gumbo Limbo Way

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

Type of structure SFR

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

Parcel Control Number:  
353741002006006040000

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

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

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

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

Total Construction Cost \$ 2499.00

TOTAL Fees 35.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

## PERMIT

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> BUILDING         | <input type="checkbox"/> ELECTRICAL                    | <input type="checkbox"/> MECHANICAL    |
| <input type="checkbox"/> PLUMBING         | <input type="checkbox"/> ROOFING                       | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT   | <input type="checkbox"/> DEMOLITION                    | <input type="checkbox"/> FENCE         |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE           | <input type="checkbox"/> GAS           |
| <input type="checkbox"/> FILL             | <input checked="" 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 _____         |



RECEIVED  
12/28/05

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: 12/28/05 Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Robert & Wendy BRISCOE Phone (Day) 336-3373 (Fax) 336-3452

Job Site Address: S Gumbo Limbo Way City: Sewalls Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block): Judalucia Lot 6 BLK 6 Parcel Number: 35-37-41-002-006-0060 - 40000

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

Description of Work To Be Done: Replace Front Door and Add on to existing Shutters

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: \$ 2499.00  
(Notice of Commencement needed over \$2500)

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

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

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

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)

State of Florida, County of: Martin

This the 28th day of December, 2005

by Robert W. Briscoe who is personally

known to me or produced by Blair Briscoe 64-323-0

as identification. [Signature] 12/28/05

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

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

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

**DISCLOSURE STATEMENT**

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

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

Name: Robert Briscol Date: 12/28/05

Signature: 

Address: S Gumbo Limbo Way

City & State: Sewalls Pt

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



BUILDING CODE COMPLIANCE OFFICE (BCCO)  
PRODUCT CONTROL DIVISION

FILE COPY  
TOWN OF SEWALL'S POINT  
THESE PLANS HAVE BEEN  
REVIEWED FOR CODE COMPLIANCE  
DATE: 11/3/05  
BUILDING OFFICIAL  
(S) Simmons

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

**NOTICE OF ACCEPTANCE (NOA)**

Eastern Metal Supply, Inc.  
4268 Westroads Drive  
Riviera Beach, Florida 33407

**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:** 0.050" Perforated Bertha Aluminum Storm Panels Shutter

**APPROVAL DOCUMENT:** Drawing No. 03-143, titled "0.050" Perforated Bertha Aluminum Storm Panel", sheets 1 through 15 of 15, prepared by Tilteco, Inc., dated July 03, 2003, last revision #1 dated July 03, 2003, signed and sealed by Walter A. Tillit Jr., P.E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

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

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

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

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

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

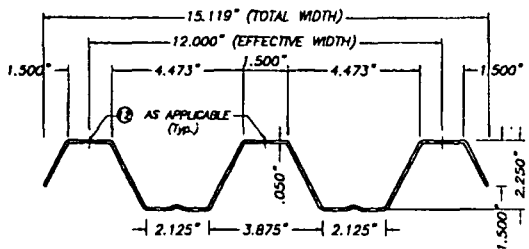
**INSPECTION:** A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This NOA revises NOA # 01-1107.01 and consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Helmy A. Makar, P.E.

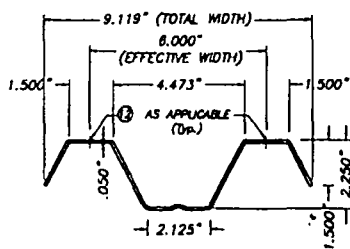


Helmy A. Makar  
08/28/03

NOA No 03-0716.02  
Expiration Date: 03/21/2007  
Approval Date: 08/28/2003  
Page 1



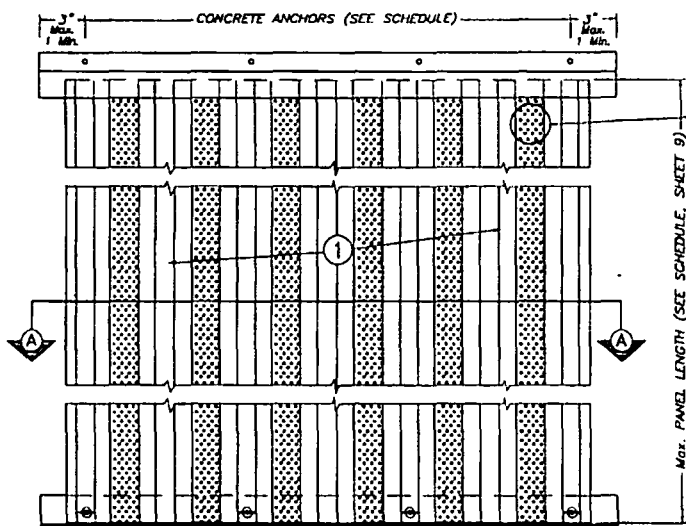
**FULL PANEL**



**HALF PANEL**

**1 PERFORATED STORM PANEL**

SCALE: 1/2" = 1'



**PERFORATED STORM PANEL  
TYPICAL ELEVATION**

N. T. S.



**SECTION A-A**

N. T. S.

**GENERAL NOTES:**

- STORM PANEL SHOWN ON THIS PRODUCT APPROVAL DOCUMENT HAS BEEN VERIFIED FOR COMPLIANCE IN ACCORDANCE WITH THE 2001 EDITION OF THE FLORIDA BUILDING CODE. DESIGN WIND LOADS SHALL BE DETERMINED AS PER SECTION 1619 OF THE ABOVE MENTIONED CODE, FOR A BASIC WIND SPEED OF 140 M.P.H., AND IN ACCORDANCE WITH ASCE 7-98 STANDARD. STORM PANEL'S ACCURACY FOR IMPACT AND PARTICLE RESISTANCE HAS BEEN VERIFIED IN ACCORDANCE WITH SECTION 1606.1.4 OF THE ABOVE MENTIONED CODE AS PER AMERICAN TEST LAB REPORT # 1022.01-98 AND # 021.01-01 AS PER PA-201, PA-202 AND PA-203.
- ALL ALUMINUM SHEET METAL PANELS SHALL HAVE 6061-T3 ALLOY OR 6063-T5 ALLOY.
- ALL ALUMINUM EXTRUSIONS SHALL BE ALUMINUM ASSOCIATION 6063-T5 ALLOY & TEMPER UNLESS OTHERWISE NOTED.
- ALL BOLDS TO BE STAINLESS STEEL 304 OR 316 A307 SERIES OR CORROSION RESISTANT COATED CARBON STEEL AS PER DIN 50918 16/ 80 160 YIELD POINT AND 80 160 TENSILE STRENGTH.
- BOLDS TO BE ALUMINUM ASSOCIATION 6061-T3 ALLOY & TEMPER, ASTM A-307 GALVANIZED STEEL, OR AISI 304 SERIES STAINLESS STEEL WITH 36 160 MINIMUM YIELD POINT.
- ANCHORS TO WALL SHALL BE AS FOLLOWS: (UNLESS OTHERWISE NOTED)
  - TO EXISTING POURED CONCRETE:
    - 1/4" DIAPHRAN ANCHORS MANUFACTURED BY L.E.R. BUILDUP (REGULAR OR 410 S.S.) AND ELOD TEXTON (REGULAR).
    - 1/4" CRITE-FLEX ISM ANCHORS MANUFACTURED BY ELOD TEXTON.
    - 1/4" OF LAP-SHIP ANCHORS (BERTHA STU-CON), MANUFACTURED BY TRU-FAST CORPORATION.
    - 1/4" ZAMAC NAIL ANCHORS MANUFACTURED BY POWERS FASTENING, INC.
    - 1/4" x 7/8" GALV-IN ANCHORS, 1/4" ELOD INCH & BRAND "TRAMELITE" OR 1/4" ELOD INCH "TRAMELITE PLUS" MANUFACTURED BY POWERS FASTENING, INC. AND ELOD TEXTON, RESPECTIVELY.
  - TO EXISTING CONCRETE BLOCK WALL:
    - 1/4" DIAPHRAN ANCHORS MANUFACTURED BY L.E.R. BUILDUP (REGULAR OR 410 S.S.) AND ELOD TEXTON (REGULAR).
    - 1/4" CRITE-FLEX ISM ANCHORS MANUFACTURED BY ELOD TEXTON.
    - 1/4" OF LAP-SHIP ANCHORS (BERTHA STU-CON), MANUFACTURED BY TRU-FAST CORPORATION.
    - 1/4" ZAMAC NAIL ANCHORS MANUFACTURED BY POWERS FASTENING, INC.
    - 1/4" x 7/8" GALV-IN ANCHORS, 1/4" ELOD INCH & BRAND "TRAMELITE" OR 1/4" ELOD INCH "TRAMELITE PLUS" AS MANUFACTURED BY POWERS FASTENING, INC. AND ELOD TEXTON, RESPECTIVELY.

**NOTES:**

(A.1) MINIMUM EMBEDMENT INTO POURED CONCRETE OF DIAPHRAN ANCHORS OR CRITEFLEX ISM IS 1 3/4" FOR ZAMAC NAIL IS 1 3/8". FOR LAP-SHIP ANCHORS IS 1 1/4" FOR ELOD TRAMELITE AND ELOD INCH "TRAMELITE PLUS" IS 2".

(A.2) 7/8" GALV-IN ANCHORS SHALL BE EXTENSIVELY EMBEDDED INTO THE POURED CONCRETE. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4"-20 BOLDS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.

(A.3) IN CASE THAT PRECAST STONE, PRECAST CONCRETE PANELS, OR PANELS BE FOUND ON THE EXISTING WALL OR FLOOR, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. ANCHORAGE SHALL BE AS INDICATED ON NOTES (A.1) & (A.2) ABOVE.

(B) TO EXISTING CONCRETE BLOCK WALL:
 

- 1/4" DIAPHRAN ANCHORS MANUFACTURED BY L.E.R. BUILDUP (REGULAR OR 410 S.S.) AND ELOD TEXTON (REGULAR).
- 1/4" CRITE-FLEX ISM ANCHORS MANUFACTURED BY ELOD TEXTON.
- 1/4" OF LAP-SHIP ANCHORS (BERTHA STU-CON), MANUFACTURED BY TRU-FAST CORPORATION.
- 1/4" ZAMAC NAIL ANCHORS MANUFACTURED BY POWERS FASTENING, INC.
- 1/4" x 7/8" GALV-IN ANCHORS, 1/4" ELOD INCH & BRAND "TRAMELITE" OR 1/4" ELOD INCH "TRAMELITE PLUS" AS MANUFACTURED BY POWERS FASTENING, INC. AND ELOD TEXTON, RESPECTIVELY.

**NOTES:**

(B.1) MINIMUM EMBEDMENT OF DIAPHRAN ANCHORS, ZAMAC NAIL, OF LAPSHIP, ELOD TRAMELITE, ELOD INCH "TRAMELITE PLUS" AND CRITE-FLEX ISM INTO THE CONCRETE BLOCK UNIT SHALL BE 1 1/4".

(B.2) 7/8" GALV-IN ANCHORS SHALL BE EXTENSIVELY EMBEDDED INTO THE CONCRETE BLOCK UNIT. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4"-20 BOLDS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.

(B.3) IN CASE THAT PRECAST STONE OR PRECAST CONCRETE PANELS BE FOUND ON THE EXISTING WALL ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. ANCHORAGE SHALL BE AS INDICATED ON NOTES (A.1) & (B.2) ABOVE.

(C) ANCHORS SHALL BE INSTALLED FOLLOWING ALL OF THE RECOMMENDATIONS AND SPECIFICATIONS OF THE ANCHOR'S MANUFACTURER.

(D) PANELS MAY ALSO BE INSTALLED HORIZONTALLY FOLLOWING INSTALLATION DETAILS SHOWN ON SECTIONS 1 THRU 13 (SHEET 3 THRU 7 OF 14) EXCEPT THAT HEADERS & 2 & 4 SHALL NOT BE USED.

(E) IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SQUARENESS OF THE STRUCTURE WHERE SHUTTER IS TO BE ATTACHED TO INSURE PROPER ANCHORAGE. THIS SHUTTER SHALL ONLY BE ATTACHED TO CONCRETE, BLOCK OR WOOD FRAME BUILDINGS.

(F) THE INSTALLATION CONTRACTOR IS TO SEAL/CAULK ALL SHUTTER COMPONENT EDGES WHICH REMAIN IN CONTINUOUS CONTACT WITH THE BUILDING TO PREVENT WIND/WATER INTRUSION. CAULK AND SEAL SHUTTER TRACKS ALL AROUND FULL LENGTH.

(G) STORM PANEL INSTALLATION SHALL COMPLY WITH SPEEDS INDICATED IN THIS DRAWING PLUS ANY BUILDING AND ZONING REGULATIONS PROVIDED BY THE JURISDICTION WHERE PERMIT IS APPLIED TO.

(H) (a) THE PRODUCT APPROVAL DOCUMENT (P.A.D.) PREPARED BY THIS ENGINEER IS GENERIC AND DOES NOT PROVIDE INFORMATION FOR A SITE SPECIFIC PROJECT; I.e. WHERE THE SITE CONDITIONS DEVIATE FROM THE P.A.D.

(b) CONTRACTOR TO BE RESPONSIBLE FOR THE SELECTION, PURCHASE AND INSTALLATION INCLUDING LIFE SAFETY OF THIS PRODUCT BASED ON THIS PRODUCT APPROVAL PROVIDED HE/SHE DOES NOT DEVIATE FROM THE CONDITIONS DETAILED ON THIS DOCUMENT. CONSTRUCTION SAFETY AT SITE IS THE CONTRACTOR'S RESPONSIBILITY.

(c) THIS PRODUCT APPROVAL DOCUMENT WILL BE CONSIDERED INVALID IF MODIFIED.

(d) SITE SPECIFIC PROJECTS SHALL BE PREPARED BY A FLORIDA REGISTERED ENGINEER OR ARCHITECT WHICH SHALL BECOME THE PROFESSIONAL OF RECORD (P.O.R.) FOR THE PROJECT AND WHO WILL BE RESPONSIBLE FOR THE PROPER USE OF THE P.A.D. PROFESSIONAL OF RECORD, ACTING AS DELEGATED ENGINEER TO THE P.A.D. ENGINEER, SHALL SUBMIT TO THIS LATTER THE SITE SPECIFIC DRAWING FOR REVIEW.

(e) THIS P.A.D. SHALL BEAR THE DATE AND ORIGINAL SEAL AND SIGNATURE OF THE PROFESSIONAL ENGINEER THAT PREPARED IT.

(I) SHUTTER MANUFACTURER'S LABEL SHALL BE PLACED AT BOTTOM OF EACH PANEL. LABEL SHALL READ AS FOLLOWS: EASTON METAL SUPPLY, INC. RIVERA BEACH, FL. MIAMI-DADE COUNTY PRODUCT CONTROL APPROVED.

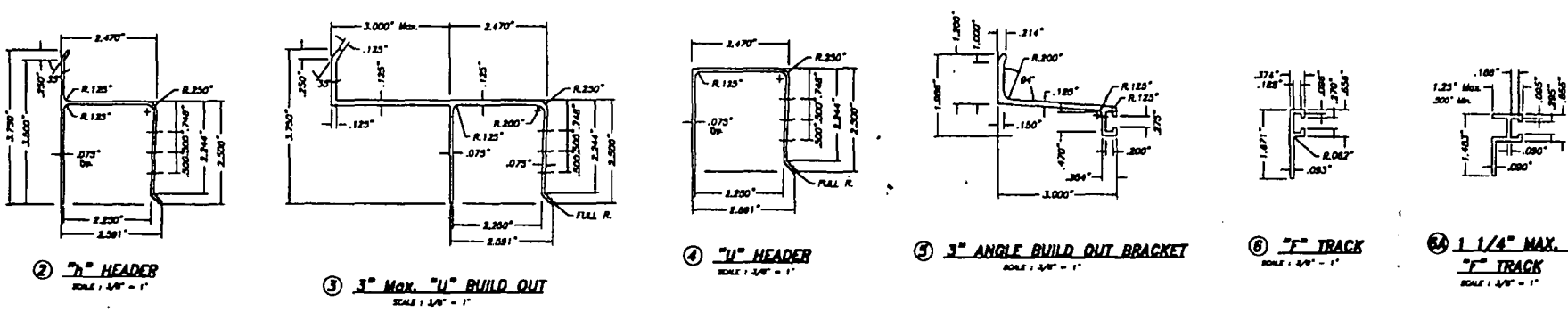
**PRODUCT REVISED**  
as complying with the Florida Building Code  
Acceptance No 03-0716-07  
Expiration Date 03/31/17  
By: *Walter A. Tillit*  
Miami-Dade Product Control Division

F.B.C.(H.V.H.Z.)/MIAMI-DADE COUNTY

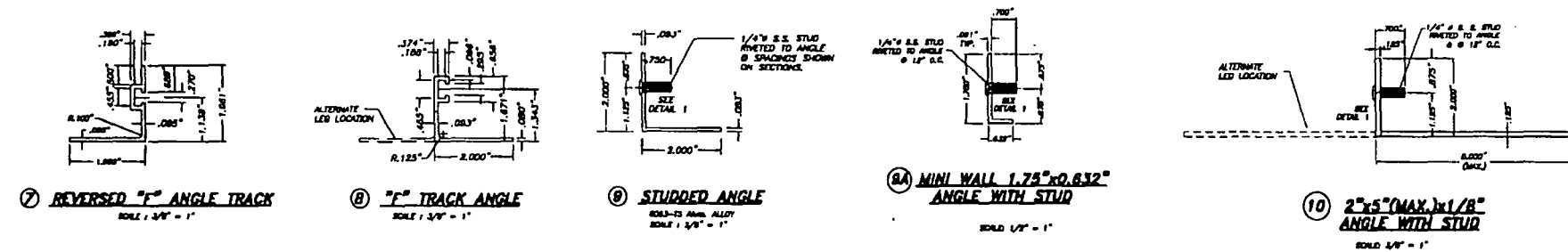
JUL 0 9 2003

<p>TILTECO INC. TILLIT TESTING &amp; ENGINEERING COMPANY 6000 S.E. 30th St., Ste. 212, MIAMI GARDENS, FL 33148 Phone 1 (305) 771-1482 Fax 1 (305) 771-1477 E8-0008719 WALTER A. TILLIT, P. E. FLORIDA Lic. # 44187</p>		0.050" PERFORATED BERTHA ALUMINUM STORM PANEL		AS SHOWN SCALE	
		EASTERN METAL SUPPLY, INC 4360 WESTWOODS DRIVE RIVERA BEACH, FL 33407		7/3/03 DATE	
REV. NO.	DESCRIPTION	DATE	REV. NO.	DESCRIPTION	DATE
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2					

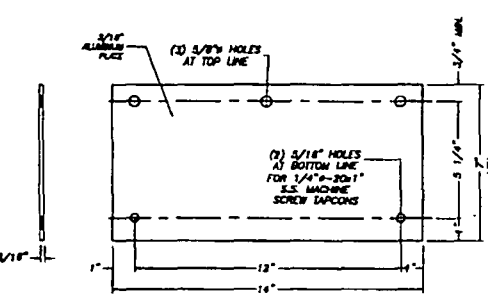
03-143 DRAWING No  
SHEET 1 OF 15



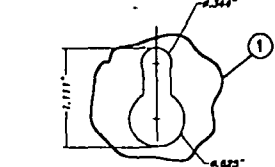
② 7" HEADER SCALE: 1/4" = 1"  
③ 3" Max. "U" BUILD OUT SCALE: 1/4" = 1"  
④ "U" HEADER SCALE: 1/4" = 1"  
⑤ 3" ANGLE BUILD OUT BRACKET SCALE: 1/4" = 1"  
⑥ "F" TRACK SCALE: 1/4" = 1"  
⑥A 1 1/4" MAX. B.O. "F" TRACK SCALE: 1/4" = 1"



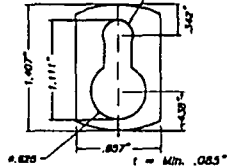
⑦ REVERSED "F" ANGLE TRACK SCALE: 1/4" = 1"  
⑧ "F" TRACK ANGLE SCALE: 1/4" = 1"  
⑨ STUDDED ANGLE 6063-T5 ALUM. ALLOY SCALE: 1/4" = 1"  
⑨A MINI WALL 1.75"x0.632" ANGLE WITH STUD SCALE: 1/4" = 1"  
⑩ 2"x5" (MAX.) x 1/8" ANGLE WITH STUD SCALE: 1/4" = 1"



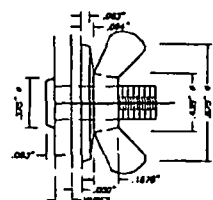
⑪ 3/16"x7"x14" LONG WALL PLATE SCALE: 1/16" = 1"



⑫ KEY HOLE AT PANEL



⑬ KEY HOLE WASHER 3100-1100 ALUM. ALLOY SCALE: 1/4" = 1"



DETAIL 1: STUD W/ WING NUT

PRODUCT REVISED  
as complying with the Florida  
Building Code  
Acceptance No. 03-0716-02  
Expiration Date: 03/31/2007  
*Walter A. Tilit*  
Miami Desk / Product Control  
Division

# COMPONENTS

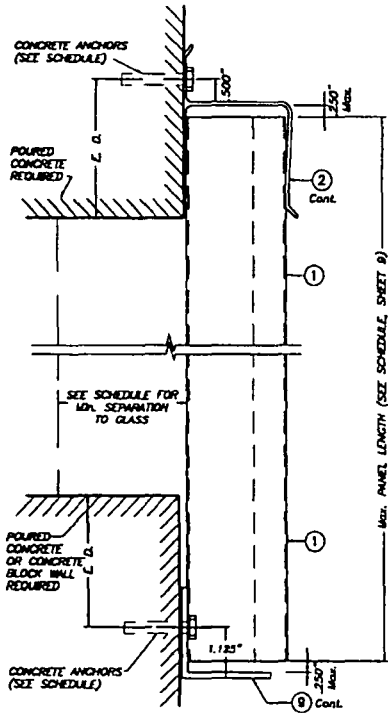
**TILTECO INC.**  
TILIT TESTING & ENGINEERING COMPANY  
2505 N.W. 36th St., Ste. 317, Miami Gardens, FL 33146  
Phone: 7.550.971-1830 Fax: 1.000.971-1821  
E9-0006719  
WALTER A. TILIT, P. E.  
FLORIDA Lic. # 44187

JUL 09 2003

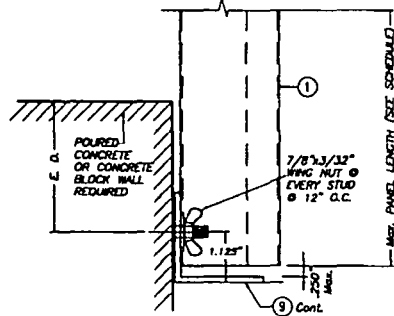
F.B.C. (H.V.H.Z.)/MIAMI-DADE COUNTY

0.030" PERFORATED BERTHA ALUMINUM STORM PANEL				AS SHOWN SCALE
EASTERN METAL SUPPLY, INC.				7/3/03 DATE
4288 WESTWINDS DRIVE RYHERA BEACH, FL 33407				03-143 DRAWING NO.
REV. NO.	DESCRIPTION	DATE	BY	CHECKED
1	OLD 91-101	7/2/03		
2				

SHEET 2 OF 15



SECTION 2 ANCHOR

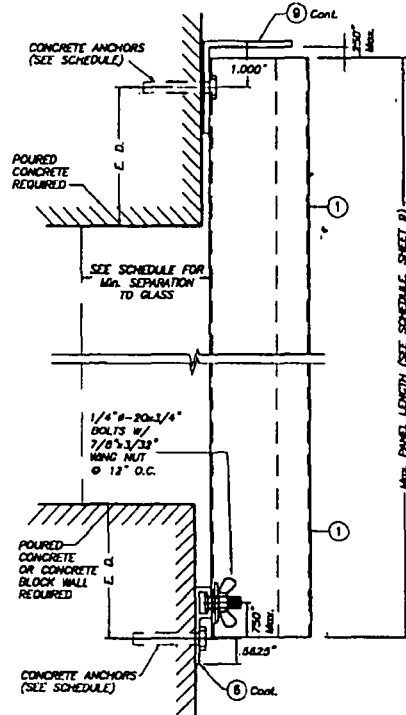


SECTION 2 STUD

**WALL MOUNTING INSTALLATION**  
**SECTION 1**

SCALE : 3/8" = 1"

NOTE: DETAIL OF SECTION 2 STUD WOULD ALSO FOR WALL MOUNTING INSTALLATION - SECTION 2 (TOP)

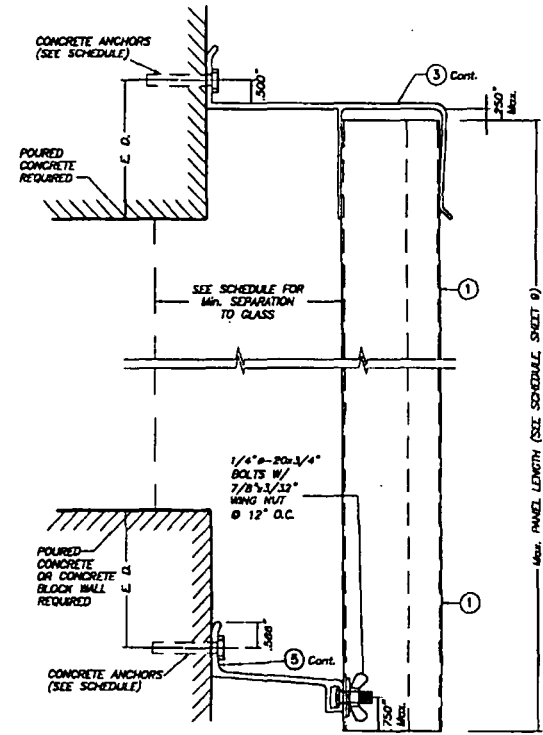


**WALL MOUNTING INSTALLATION**  
**SECTION 2**

SCALE : 3/8" = 1"

E. D. = EDGE DISTANCE  
(SEE SCHEDULE ON SHEETS 10 & 11 OF 15)

NOTE FOR COMBINATION OF SECTIONS:  
WALL MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.



**BUILD OUT INSTALLATION**  
**SECTION 3**

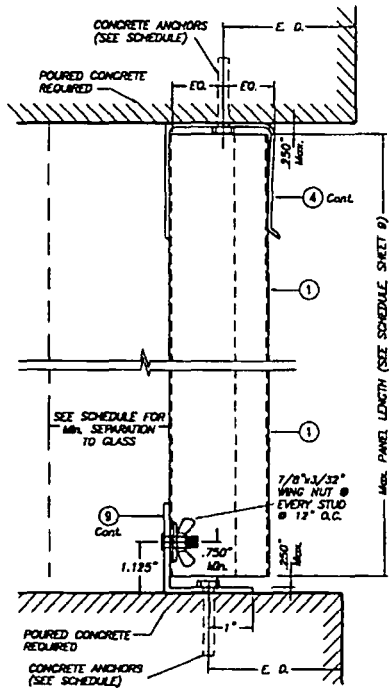
SCALE : 3/8" = 1"

PRODUCT REVISED  
as complying with the Florida  
Building Code  
Acceptance No. 03-0716-02  
Expiration Date 03/21/2007  
By *Walter A. Tilt*  
Regional Design Product Control  
Division

F.B.C.(H.V.H.Z.)/MIAMI-DADE COUNTY

 TILTECO INC. TILIT TESTING & ENGINEERING COMPANY 1000 N.W. 11th St., Suite 217, Miramar, Florida 33189 Phone: 1-800-971-1330, Fax: 1-305-487-1341 EB-0008719 WALTER A. TILIT, P. E. FLORIDA Lic. # 44187		0.030" PERFORATED BERTHA ALUMINUM STORM PANEL		AS SHOWN SCALE	
		EASTERN METAL SUPPLY, INC 4268 WESTROADS DRIVE MIAMI BEACH, FL 33407		7/2/03 DATE	
REV. No.		DESCRIPTION	DATE	REV. No.	DATE
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2	-	-	3	-	-
				03-143 DRAWING No.	
				SHEET 3 OF 15	

JUL 03 2003

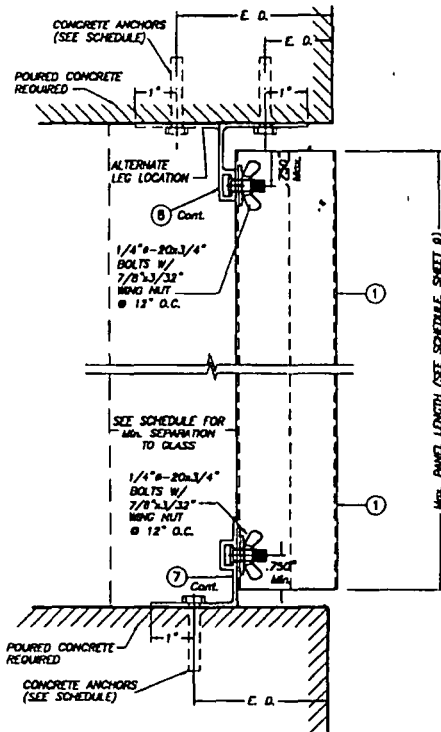


**CEILING & FLOOR MOUNTING  
INSTALLATION - SECTION 4**

SCALE : 3/8" = 1"

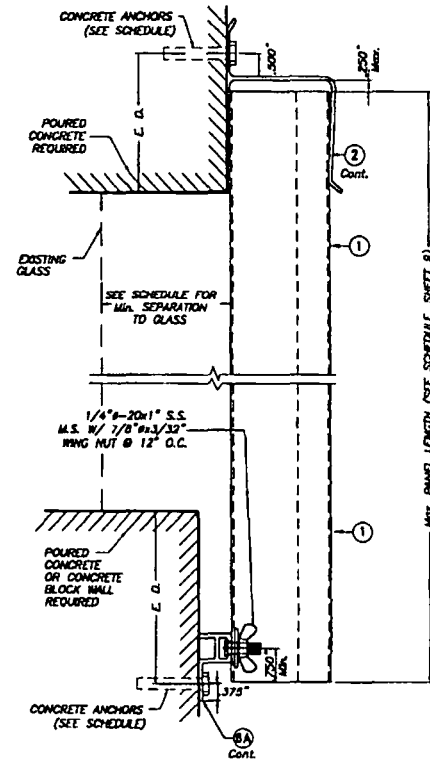
E. D. - EDGE DISTANCE  
(SEE SCHEDULE ON  
SHEETS 10 & 11 OF 15)

NOTE FOR COMBINATION OF SECTIONS:  
WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE  
COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.



**CEILING & FLOOR MOUNTING  
INSTALLATION - SECTION 5**

SCALE : 3/8" = 1"



**WALL MOUNTING INSTALLATION  
SECTION 6**

SCALE : 3/8" = 1"

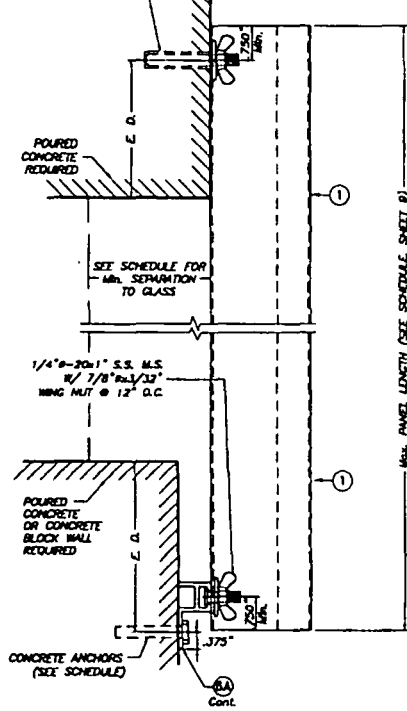
PRODUCT REVISED  
as complying with the Florida  
Building Code  
Acceptance No. 03-0716-02  
Expiration Date 07/21/2007  
By *[Signature]*  
Miami Dept. Product Control  
Division

F.B.C.(H.V.H.Z.)/MIAMI-DADE COUNTY

*[Signature]*  
JUL 03 2003

 <small>TILIT TESTING &amp; ENGINEERING COMPANY          6200 N.W. 30th St., Ste. 215 MIAMI GARDENS, FL 33146          Phone: 1 (305) 571-1880 Fax: 1 (305) 571-1431          EB-0008719          WALTER A. TILIT Jr., P. E.          FLORIDA Lic. # 64187</small>		0.050" PERFORATED BERTHA ALUMINUM STORM PANEL AS SHOWN SCALE																		
EASTERN METAL SUPPLY, INC 4266 WESTROADS DRIVE RIVERA BEACH, FL 33407		7/3/03 DATE																		
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REV. NO.	DESCRIPTION	DATE	REV. NO.	DESCRIPTION	DATE															
1	OLD 01-001	7/2/03	2	-	-															
2	-	-	3	-	-															

CAULK-IN OR ELCO male/female PANELMATE OR ELCO male/female PANELMATE PLUS  
 (B) 1/4"-20 SIDEWALK BOLT OR (C) 1/4"-20 TRUSS-HEAD BOLT + +  
 (SEE SCHEDULE FOR SPACING)

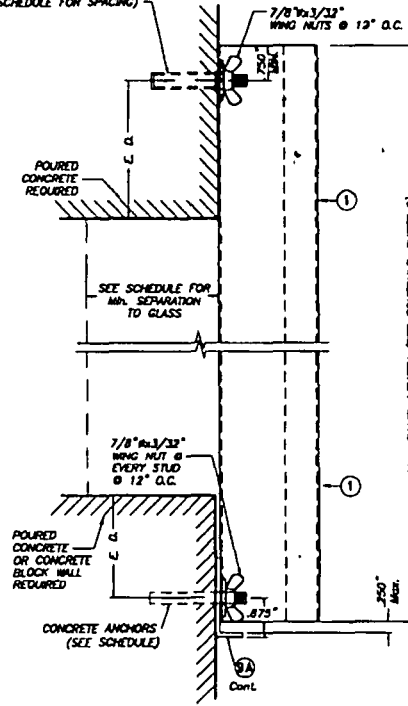


**WALL MOUNTING INSTALLATION**

**SECTION 7**

SCALE : 3/8" = 1"

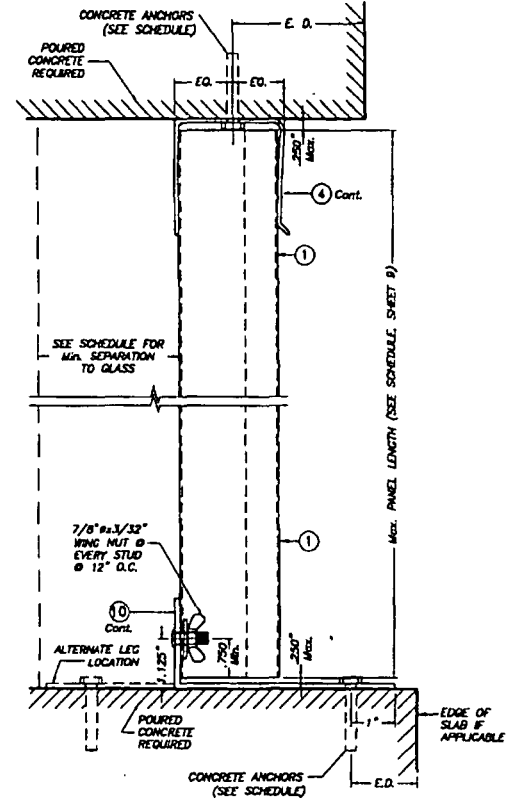
CAULK-IN OR ELCO male/female PANELMATE OR ELCO male/female PANELMATE PLUS  
 (B) 1/4"-20 SIDEWALK BOLT OR (C) 1/4"-20 TRUSS-HEAD BOLT + +  
 (SEE SCHEDULE FOR SPACING)



**WALL MOUNTING INSTALLATION**

**SECTION 8**

SCALE : 3/8" = 1"



**CEILING & FLOOR MOUNTING INSTALLATION**

**SECTION 9**

SCALE : 3/8" = 1"

PRODUCT REVISED  
 as complying with the Florida  
 Building Code  
 Acceptance No 03-0716-02  
 Expiration Date 03/31/2007  
 By *Walter A. Tilt*  
 Miami-Dade Product Control  
 Division

E. D. = EDGE DISTANCE  
 (SEE SCHEDULE ON  
 SHEETS 10 & 11 OF 15)

NOTE FOR COMBINATION OF SECTIONS:  
 WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE  
 COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

\* SIDE WALK BOLTS ARE 1/4" x 3/32" THICK  
 HEAD MACHINE SCREW W/LENGTH  
 AS PER NOTES A.2 & B.2 (SHEET 1)  
 \* TRUSS HEAD BOLTS ARE 1/2" x 1/8" THICK  
 HEAD MACHINE SCREW W/LENGTH  
 AS PER NOTES A.2 & B.2 (SHEET 1)

JUL 03 2003

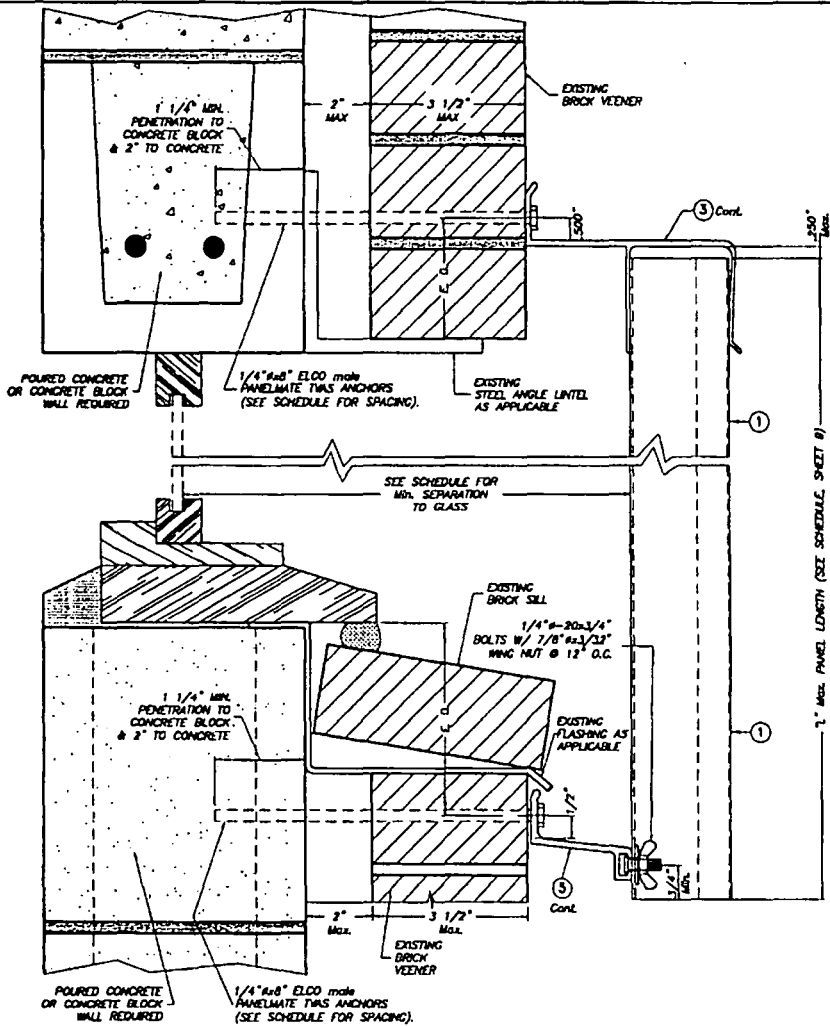
 TILLIT TESTING & ENGINEERING COMPANY P.O. BOX 200, Rt. 217, WINDY BURGESS, FL 32148 Phone 1 (321) 971-1231 Fax 1 (321) 971-1211 EB-0008718 WALTER A. TILT, J. P. E. FLORIDA LIC. # 44187		0.050" PERFORATED BERTHA ALUMINUM STORM PANEL		AS SHOWN SCALE
		EASTERN METAL SUPPLY, INC 4210 WESTRONGS DRIVE MIAMI BEACH, FL 33407		7/3/03 DATE
REV. NO.	DESCRIPTION	DATE	BY	DATE
1	OLD 01-201	2/2/03	2	-
2	-	-	-	-

03-143  
DRAWING No.

SHEET 5 OF 15

F.B.C.(H.V.H.Z.)/MIAMI-DADE COUNTY

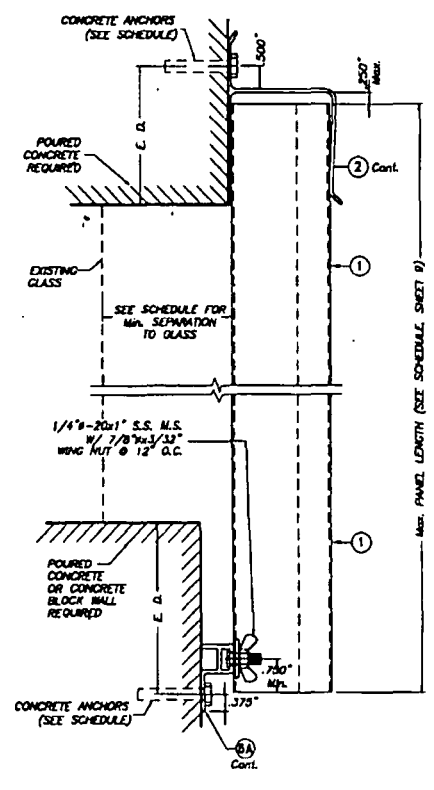




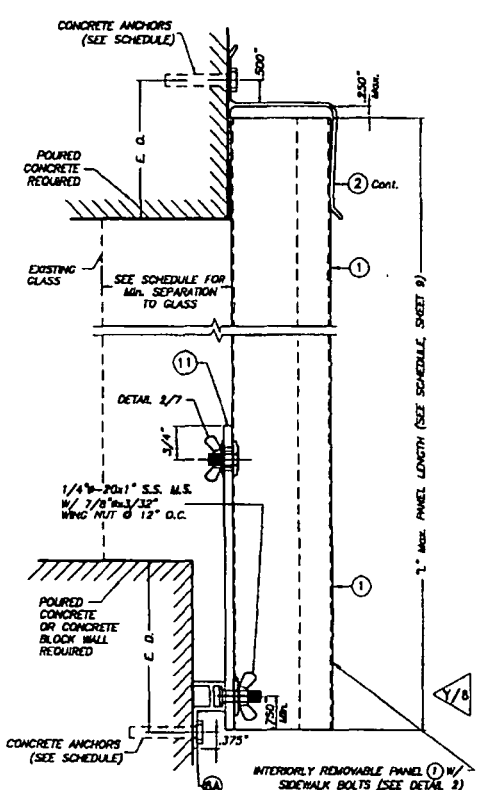
**BUILD OUT INSTALLATION**  
**SECTION 10**  
 SCALE: 3/8" = 1"

E. D. = EDGE DISTANCE  
 (SEE SCHEDULE ON  
 SHEETS 10 & 11 OF 15)

**NOTE FOR COMBINATION OF SECTIONS:**  
 WALL MOUNTING SECTIONS CAN BE  
 COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.



**SECTION 11A**



**SECTION 11B**

**SECTION 11**  
**WALL MOUNTING INSTALLATIONS**  
 SCALE: 3/8" = 1"

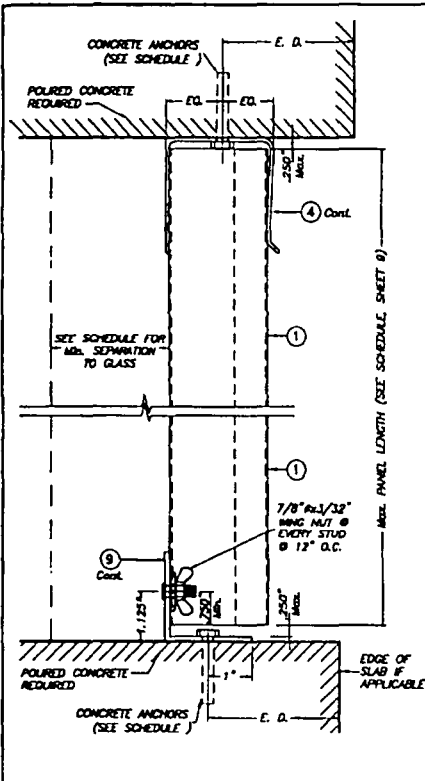
**INSTALLATIONS VALID FOR PANELS (1) USED JOINTLY  
 WITH INTERIORLY REMOVABLE PANELS (1)**

PRODUCT REVISED  
 as complying with the Florida  
 Building Code  
 Acceptance No 03-0716-02  
 Expiration Date 03/21/17  
 By *Heather A. Miller*  
 Miami Dade Product Control  
 Division

F.B.C.(H.V.H.Z.)/MIAMI-DADE COUNTY

JUL 0 9 2003

 TILLEY TESTING & ENGINEERING COMPANY 6000 N.E. 30th St., Box 215, Miami Springs, FL 33166 Phone: 1 (305) 771-1232, Fax: 1 (305) 771-1233 ED-0008719 WALTER A. TILLEY, P. E. FLORIDA LIC. # 44187		0.030" PERFORATED BERTHA ALUMINUM STORM PANEL		AS SHOWN SCALE	
		EASTERN METAL SUPPLY, INC 4368 WESTWOODS DRIVE RIVERA BEACH, FL 33407		7/2/03 DATE	
REV. NO.	DESCRIPTION	DATE	REV. NO.	DESCRIPTION	DATE
1	03-0716-021	7/2/03	2		
2			3		
					03-143 DRAWING No.
					SHEET # OF 15

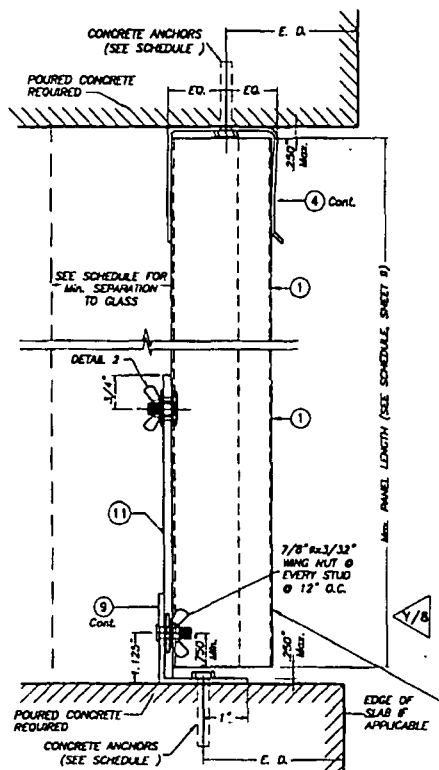


**SECTION 12A**

**CEILING & FLOOR MOUNTING INSTALLATIONS**

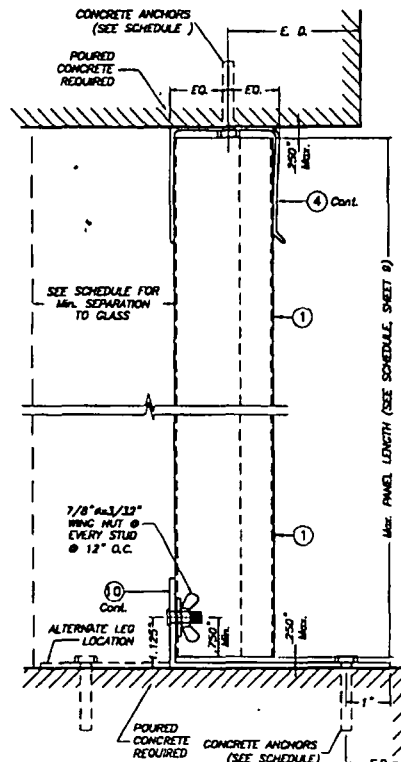
**SECTIONS 12**

SCALE: 3/8" = 1"



**SECTION 12B**

INTERIORLY REMOVABLE PANEL (1) W/ SIDEWALK BOLTS (SEE DETAIL 2) CONNECTED TO (1) THRU 5/8" HOLES AT (1) @ 8" O.C. & FASTENED AT REAR W/ 7/8" x 3/32" WING NUT @ EVERY SIDEWALK BOLT.

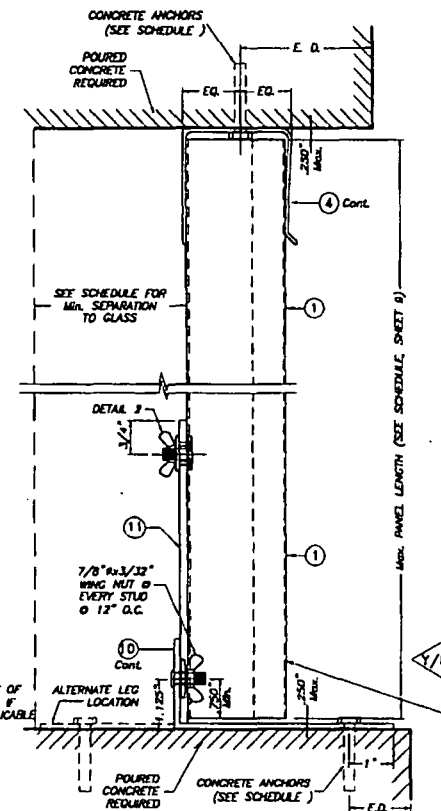


**SECTION 13A**

**CEILING & FLOOR MOUNTING INSTALLATIONS**

**SECTIONS 13**

SCALE: 3/8" = 1"



**SECTION 13B**

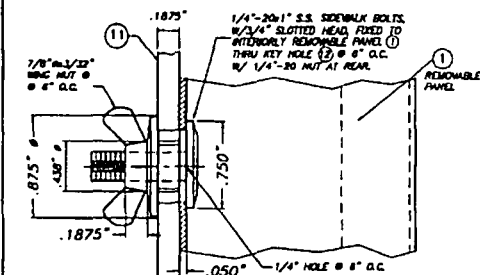
INTERIORLY REMOVABLE PANEL (1) W/ SIDEWALK BOLTS (SEE DETAIL 2) CONNECTED TO (1) THRU 5/8" HOLES AT (1) @ 8" O.C. & FASTENED AT REAR W/ 7/8" x 3/32" WING NUT @ EVERY SIDEWALK BOLT.

**PRODUCT REVISED**

as complying with the Florida Building Code  
Acceptance No. 03-0716-02  
Expiration Date 07/17/2007

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

F.B.C.(H.V.H.Z.)/MIAMI-DADE COUNTY



**DETAIL 2 - INSTALLATION OF 1/4" x 1" SIDEWALK BOLTS @ REMOVABLE PANEL**

SCALE: 1" = 1"

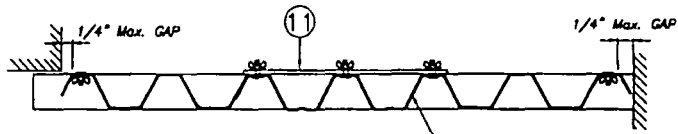
E. D. = EDGE DISTANCE (SEE SCHEDULE ON SHEET 10 & 11 OF 15)

**NOTE FOR COMBINATION OF SECTIONS:**

FLOOR/CEILING MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

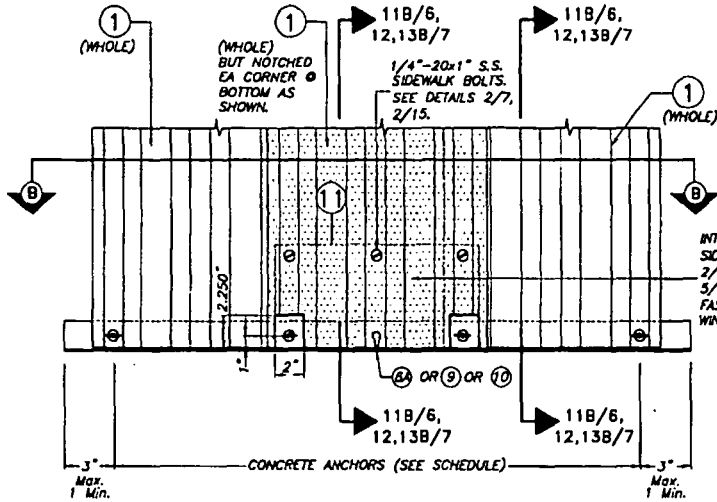
*[Signature]*  
JUL 03 2003

 <b>TILECO INC.</b> TILIT TESTING & ENGINEERING COMPANY 2000 N.W. 20th St., Box 211, Miramar, Florida, FL 33189 Phone: 1 (305) 871-1850 Fax: 1 (305) 871-1631 ED-0000719 WALTER A. TILIT, J. P. E. FLORIDA Lic. # 44187		0.050" PERFORATED BERTHA ALUMINUM STORM PANEL	AS SHOWN SCALE																		
		EASTERN METAL SUPPLY, INC 4388 WESTRINGS DRIVE RYDAER BEACH, FL 33407	7/3/03 DATE																		
<table border="1"> <thead> <tr> <th>REV. NO.</th> <th>DESCRIPTION</th> <th>DATE</th> <th>BY</th> <th>REVISION</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>OLD 01-021</td> <td>1/3/03</td> <td>2</td> <td>-</td> <td>-</td> </tr> <tr> <td>2</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table>		REV. NO.	DESCRIPTION	DATE	BY	REVISION	DATE	1	OLD 01-021	1/3/03	2	-	-	2	-	-	-	-	-	03-143 DATA SHEET NO.	SHEET 7 OF 15
REV. NO.	DESCRIPTION	DATE	BY	REVISION	DATE																
1	OLD 01-021	1/3/03	2	-	-																
2	-	-	-	-	-																



**SECTION B-B**

SCALE : 1/8" = 1"



INTERIORLY REMOVABLE PANEL (1) W/  
SIDEWALK BOLTS (SEE DETAILS  
2/7, 2/14) CONNECTED TO (1) THRU  
5/8" Ø HOLES AT (1) @ 8" O.C. &  
FASTENED AT REAR W/ 7/8" x 3/32"  
WING NUT @ EVERY SIDEWALK BOLT.

**INTERIORLY REMOVABLE STORM PANEL  
PARTIAL ELEVATION Y**

SCALE : 1/8" = 1"

PRODUCT REVISED  
as complying with the Florida  
Building Code  
Acceptance No. 03-0716-02  
Expiration Date 07/12/07  
By *Walter A. Tilit*  
Miami Design Product Control  
Division

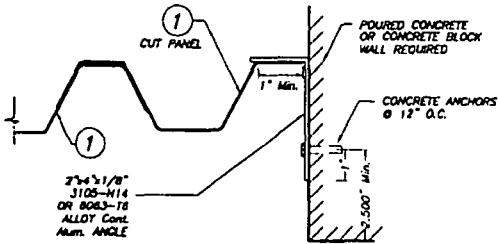
F.B.C.(H.V.H.Z.)/MIAMI-DADE COUNTY

*Walter A. Tilit*  
JUL 03 2003

 <b>TILECO INC.</b> <small>TILIT TESTING &amp; ENGINEERING COMPANY          4200 N.W. 20th St., Suite 217, Miramar, Florida, FL 33189          Phone: 1 (305) 871-1830 Fax: 1 (305) 871-1317          ED-0000719          WALTER A. TILIT, J. P. E.          FLORIDA Lic. # 44187</small>		0.050" PERFORATED BERTHA ALUMINUM STORM PANEL		AS SHOWN SCALE	
		EASTERN METAL SUPPLY, INC 4288 WESTROADS DRIVE RIVERA BEACH, FL 33407		7/2/03 DATE	
REV. NO.		DESCRIPTION	DATE	REV. NO.	DESCRIPTION
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2	-	-	4	-	-
				03-143 DRAWING NO	
				SHEET 8 OF 15	

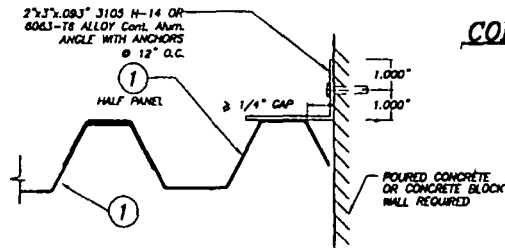
**MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND  
CORRESPONDING MAXIMUM PANEL LENGTH "L" SCHEDULE**

MAXIMUM DESIGN PRESSURE RATING W (p.s.f.)	Max. PANEL LENGTH L (ft.) (SEE SECTIONS)	MINIMUM SEPARATION TO GLASS	APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM
+65.0, -72.0	0'-0" OR LESS	3 1/2"	8
+63.5, -63.5	0'-0" OR LESS	3 1/8"	3
+65.0, -65.0	0'-0" OR LESS	3 3/4"	4
+65.0, -72.0	0'-0" OR LESS	3 1/4"	5
+63.5, -63.5	0'-0" OR LESS	3 1/2"	1, 2, 6, 7, 11
+65.0, -65.0	0'-0" OR LESS	3 1/2"	9, 12, 13
+63.5, -63.5	0'-0" OR LESS	3 3/4"	10



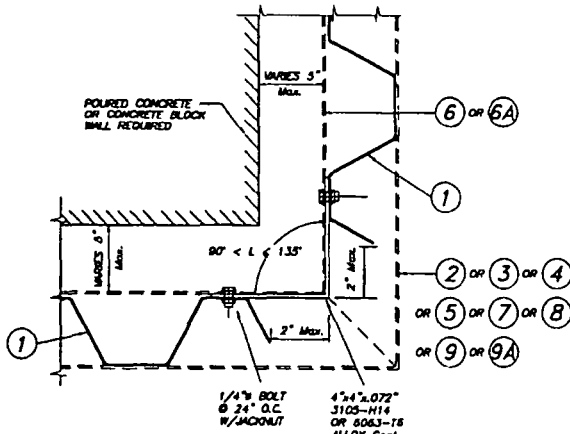
**CASE A (Plan)**

SCALE: 1/4" = 1"



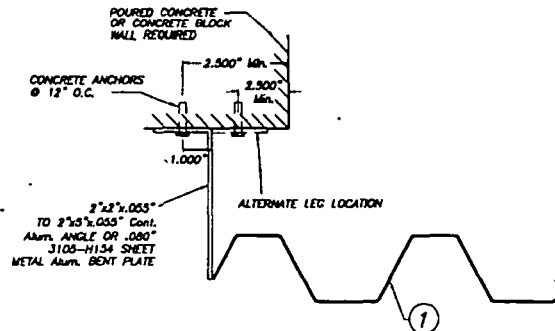
**CASE D (Plan)**

SCALE: 1/4" = 1"



**CASE B (Plan)**

SCALE: 1/4" = 1"



**CASE C (Plan)**

SCALE: 1/4" = 1"

**END CLOSURES DETAILS**

PRODUCT REVISED  
to comply with the Florida  
Building Code  
Acceptance No 63-0716-02  
Expiration Date 6/1/73 po7  
By *Michael Dade*  
Michael Dade Product Control  
Division

F.B.C.(H.V.H.Z.)/MIAMI-DADE COUNTY

JUL 03 2003

 TILLEY TESTING & ENGINEERING COMPANY 8300 N.W. 20th St., P.O. Box 215, Miramar, Florida, FL 33181 Phone: (305) 671-1230 Fax: (305) 671-1631 ED-0006719 WALTER A. TILLEY, P. E. FLORIDA Lic. # 44187	0.050" PERFORATED BERTHA ALUMINUM STORM PANEL	AS SHOWN SCALE
	EASTERN METAL SUPPLY, INC 4366 WESTROADS DRIVE RIVER BEACH, FL 33407	7/3/03 DATE
		03-143 DRAWING No
		SHEET 8 OF 15

**MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND CORRESPONDING MAXIMUM ANCHOR SPACING SCHEDULE FOR INSTALLATIONS IN CONCRETE AND CONCRETE BLOCK STRUCTURES**

MAXIMUM DESIGN LOAD # (P.S.F.)	MAXIMUM ANCHOR SPACING FOR E. D. = 3 1/2"																APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM	MAXIMUM PANEL LENGTH 1" (PL)
	REGULAR TAPCON		CRETE-FLEX SSA		ZAMAC NAILING		CALX-IN		OF TAP-GRIP		PANELMATE		PANELMATE PLUS		410 S.S. TAPCON			
	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY		
+83.5 -83.5	8"	N/A	N/A	N/A	4"	N/A	8"	N/A	5"	N/A	3 1/2"	N/A	N/A	N/A	N/A	N/A	1 (TOP)	0'-0" OR LESS
	12"	8"	N/A	N/A	12"	10"	12"	12"	12"	8"	11"	11"	12"	12"	N/A	N/A	1 (BOTTOM)	
	12"	N/A	N/A	N/A	12"	N/A	12"	N/A	12"	N/A	11"	N/A	N/A	N/A	N/A	N/A	2 (TOP)	
	12"	8"	N/A	N/A	12"	10"	12"	12"	12"	8"	11"	11"	12"	12"	N/A	N/A	2 (BOTTOM)	
	12"	N/A	N/A	N/A	12"	N/A	12"	N/A	12"	N/A	11"	N/A	N/A	N/A	N/A	N/A	3 (TOP)	
	12"	8"	N/A	N/A	12"	10"	12"	12"	12"	8"	11"	11"	12"	12"	N/A	N/A	3 (BOTTOM)	
	11"	N/A	12"	N/A	7 1/2"	N/A	11 1/2"	N/A	8 1/2"	N/A	12"	N/A	12"	N/A	12"	N/A	4 (TOP/BOTTOM)	
	10"	N/A	12"	N/A	8 1/2"	N/A	10 1/2"	N/A	7"	N/A	12"	N/A	12"	N/A	11"	N/A	5 (TOP/BOTTOM)	
	12"	N/A	12"	N/A	N/A	N/A	12"	N/A	N/A	N/A	12"	N/A	12"	N/A	12"	N/A	6 (TOP)	
	12"	8"	12"	12"	N/A	N/A	12"	12"	N/A	N/A	12"	11"	12"	8"	12"	10"	6 (BOTTOM)	
	N/A	N/A	N/A	N/A	N/A	N/A	12"	N/A	N/A	N/A	12"	N/A	12"	N/A	N/A	N/A	7 (TOP)	
	12"	7 1/2"	12"	12"	N/A	N/A	12"	10 1/2"	N/A	N/A	12"	10"	12"	8 1/2"	12"	8"	7 (BOTTOM)	
	12"	N/A	12"	N/A	N/A	N/A	12"	N/A	N/A	N/A	12"	N/A	12"	N/A	12"	N/A	8 (TOP)	
	11"	N/A	12"	N/A	N/A	N/A	11 1/2"	N/A	N/A	N/A	12"	N/A	12"	N/A	12"	N/A	8 (BOTTOM)	
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12"	11"	N/A	N/A	N/A	N/A	10 (TOP)	
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12"	8"	N/A	N/A	N/A	N/A	10 (BOTTOM)	
	12"	N/A	12"	N/A	N/A	N/A	12"	N/A	N/A	N/A	12"	N/A	12"	N/A	12"	N/A	11 (TOP)	
	12"	8"	12"	12"	N/A	N/A	12"	12"	N/A	N/A	12"	11"	12"	8"	12"	10"	11 (BOTTOM)	
12"	N/A	12"	N/A	N/A	N/A	12"	N/A	N/A	N/A	12"	N/A	12"	N/A	12"	N/A	12 (TOP)		
11"	N/A	12"	N/A	N/A	N/A	11 1/2"	N/A	N/A	N/A	12"	N/A	12"	N/A	12"	N/A	12 (BOTTOM)		
12"	N/A	12"	N/A	N/A	N/A	12"	N/A	N/A	N/A	12"	N/A	12"	N/A	12"	N/A	13 (TOP)		
11"	N/A	12"	N/A	N/A	N/A	11 1/2"	N/A	N/A	N/A	12"	N/A	12"	N/A	12"	N/A	13 (BOTTOM)		

E. D. = EDGE DISTANCE

• MAXIMUM ANCHOR SPACINGS ARE VALID FOR 3 1/2" EDGE DISTANCE. FOR E. D. LESS THAN 3 1/2", REDUCE ANCHOR SPACING BY MULTIPLYING SPACING SHOWN ON SCHEDULE BY THE FOLLOWING FACTORS. (NOTED MIN. E. D. FOR CALX-IN ANCHORS IS 2 1/2")  
 FOR THIS OPERATION TO BE POSSIBLE, REDUCED SPACING OBTAINED USING FACTOR SHALL NOT BE LESS THAN MINIMUM SPACING INDICATED FOR EACH ANCHOR TYPE AT ANCHORS LEGGED.

ACTUAL E. D.	FACTOR			
	REGULAR TAPCON, 410 S.S. TAPCON, CRETE-FLEX SSA, ZAMAC NAILING, PANELMATE OR PANELMATE PLUS	CALX-IN	OF TAP-GRIP	
3"	.66	.75	1.00	
2 1/2"	.71	.50	.80	
2"	.50	-	-	

**ANCHORS LEGEND**

ANCHOR TYPE	MIN. ANCHOR SPACING
REGULAR TAPCON, 410 S.S. TAPCON, CRETE-FLEX SSA, ZAMAC NAILING, OF TAP-GRIP, PANELMATE OR PANELMATE PLUS	3.0"
CALX-IN	2.0"

PRODUCT REVISED as complying with the Florida Building Code  
 Acceptance No 03-0716-02  
 Expiration Date 03/31/2007  
 By *Heather H. Miller*  
 Miami Dade Product Control Division

F.B.C.(H.V.H.Z.)/MIAMI-DADE COUNTY

 TILIT TESTING & ENGINEERING COMPANY <small>2525 N.W. 20th St., Ste. 212, Miramar, FL 33189                  Phone: 1 (800)771-1830 Fax: 1 (305)771-1831                  CD-0006719                  WALTER A. TILIT, J. P. E.                  FLORIDA Lic. # 44167</small>	0.050" PERFORATED BERTHA ALUMINUM STORM PANEL EASTERN METAL SUPPLY, INC 4844 WESTROADS DRIVE RIVERA BEACH, FL 33467	AS SHOWN SCALE 7/1/03 DATE 03-143 DRAWING No. SHEET 10 OF 15																		
	<table border="1"> <thead> <tr> <th>REV. NO.</th> <th>DESCRIPTION</th> <th>DATE</th> <th>REV. NO.</th> <th>DESCRIPTION</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>OLD SET</td> <td>7/2/03</td> <td>2</td> <td>-</td> <td>-</td> </tr> <tr> <td>2</td> <td>-</td> <td>-</td> <td>4</td> <td>-</td> <td>-</td> </tr> </tbody> </table>	REV. NO.	DESCRIPTION	DATE	REV. NO.	DESCRIPTION	DATE	1	OLD SET	7/2/03	2	-	-	2	-	-	4	-	-	
REV. NO.	DESCRIPTION	DATE	REV. NO.	DESCRIPTION	DATE															
1	OLD SET	7/2/03	2	-	-															
2	-	-	4	-	-															

*[Signature]*  
 JUL 03 2003

**MAXIMUM DESIGN PRESSURE RATING "W" (P.S.F.) AND CORRESPONDING MAXIMUM ANCHOR SPACING SCHEDULE FOR INSTALLATIONS INTO CONCRETE AND CONCRETE BLOCK STRUCTURES**

MAXIMUM DESIGN LOAD # (psf)	MAXIMUM ANCHOR SPACING FOR E. D. - 3 1/2"																APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM	MAXIMUM PANEL HEIGHT OR LESS
	REGULAR TAPCOCK		CRETE-FLEX 354		ZAMAC MAILIN		CALK-IN		OF TAP-CRIP		PANELMATE		PANELMATE PLUS		410 S.S. TAPCOCK			
	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY		
+63.0 -63.0	0 1/2"	N/A	N/A	N/A	0 1/2"	N/A	10"	N/A	7"	N/A	5"	N/A	N/A	N/A	N/A	N/A	N/A	4 (TOP/BOTTOM)
+63.0 -72.0	0"	N/A	12"	N/A	N/A	N/A	0 1/2"	N/A	N/A	N/A	11"	N/A	12"	N/A	10"	N/A	5 (TOP/BOTTOM)	
	N/A	N/A	N/A	N/A	N/A	N/A	12"	N/A	N/A	N/A	12"	N/A	12"	N/A	N/A	N/A	8 (TOP)	
	12"	7 1/2"	12"	12"	N/A	N/A	12"	10 1/2"	N/A	N/A	12"	10"	12"	8 1/2"	12"	8"	8 (BOTTOM)	

E. D. = EDGE DISTANCE

• MAXIMUM ANCHOR SPACINGS ARE VALID FOR 3 1/2" EDGE DISTANCE. FOR E. D. LESS THAN 3 1/2", REDUCE ANCHOR SPACING BY MULTIPLYING SPACING SHOWN ON SCHEDULE BY THE FOLLOWING FACTORS. (NOTE: MIN. E. D. FOR CALK-IN ANCHORS IS 2 1/2")  
 FOR THIS OPERATION TO BE POSSIBLE, REDUCED SPACING OBTAINED USING FACTOR SHALL NOT BE LESS THAN MINIMUM SPACING INDICATED FOR EACH ANCHOR TYPE AT ANCHORS LEGEND.


ACTUAL E. D.	FACTOR			
	REGULAR TAPCOCK, 410 S.S. TAPCOCK, CRETE-FLEX 354, ZAMAC MAILING, PANELMATE OR PANELMATE PLUS.	CALK-IN	OF TAP-CRIP	
3"	.88	.75	1.00	
2 1/2"	.71	.50	.80	
2"	.50	-	-	

**ANCHORS LEGEND**

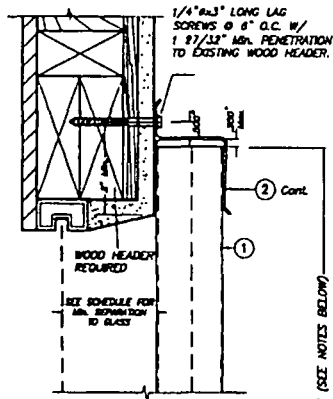
ANCHOR TYPE	MIN. ANCHOR SPACING
REGULAR TAPCOCK, 410 S.S. TAPCOCK, CRETE-FLEX 354, ZAMAC MAILING, OF TAP-CRIP, PANELMATE OR PANELMATE PLUS.	3.0"
CALK-IN	8.0"

PRODUCT REVISED  
 as complying with the Florida  
 Building Code  
 Acceptance No. 03-0716-02  
 Expiration Date 03/31/2007  
 By: *[Signature]*  
 Miami-Dade Product Control  
 Division

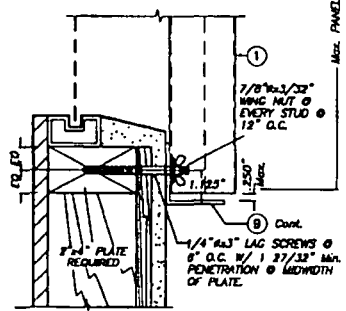
F.B.C.(H.V.H.Z.)/MIAMI-DADE COUNTY

 TILECO INC. TILIT TESTING & ENGINEERING COMPANY 1000 S.W. 15th St., P.O. Box 211, MIAMI GARDENS, FL 33148 Phone: (305) 771-1030 Fax: (305) 771-1147 ED-0008710 WALTER A. TILIT, J. P. E. FLORIDA Lic. # 44187		0.050" PERFORATED BERTHA ALUMINUM STORM PANEL EASTERN METAL SUPPLY, INC 4384 WESTROADS DRIVE MYERS BEACH, FL 32157	AS SHOWN SCALE 7/1/03 DATE 03-143 DOWNSIDE No.
REV. NO. 1 2	DESCRIPTION OLD 01-021 -	DATE 7/2/03 -	REV. NO. 1 2
		SHEET 11 OF 15	

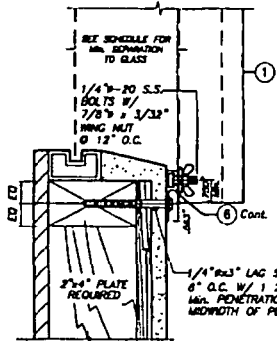
JUL 03 2003



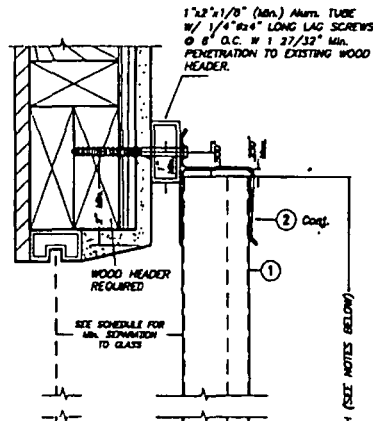
ALTERNATIVE 1



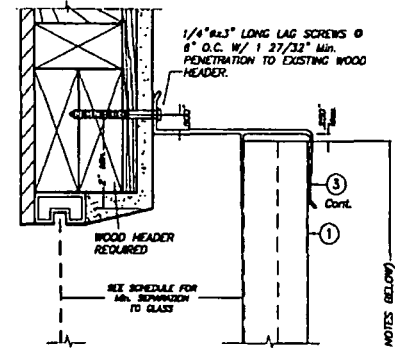
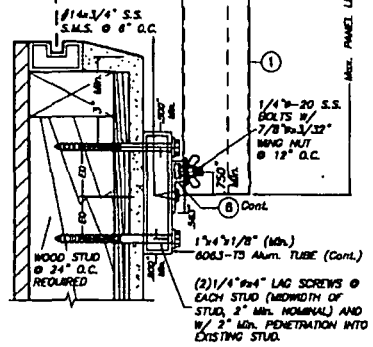
ALTERNATIVE 2



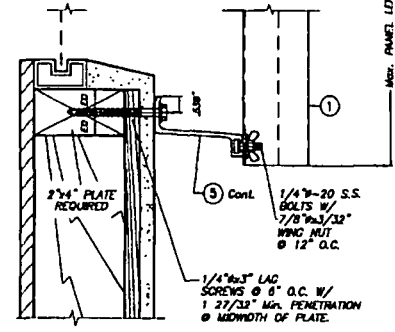
ALTERNATIVE 3



ALTERNATIVE 4



ALTERNATIVE 5



ALTERNATIVE 6

WALL MOUNTING INSTALLATIONS

SECTION A

SCALE: 1/4" = 1'

INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS

NOTE FOR COMBINATION OF SECTIONS:

WALL MOUNTING SECTIONS CAN BE COMBINED  
IN ANY WAY TO SUIT ANY INSTALLATION.

NOTES:

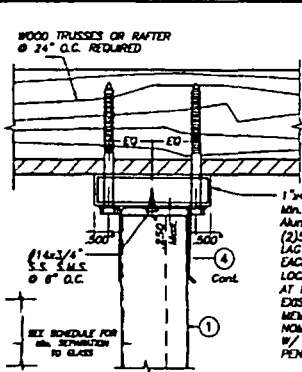
1. INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +63.5,  
-63.5 psf AND PANEL'S LENGTHS UP TO 9'-0", EXCEPT AS NOTED.
2. NEW 2" x 6" P. T. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH  
19 X M. M. C. W/ SPECIFIC DENSITY OF 0.55.
3. FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN  
PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

PRODUCT REVISED  
as complying with the Florida  
Building Code  
Acceptance No 03-0716-02  
Expiration Date 03/31/2007  
By: *[Signature]*  
Miami Design Product Control  
Division

F.B.C.(H.V.H.Z.)/MIAMI-DADE COUNTY

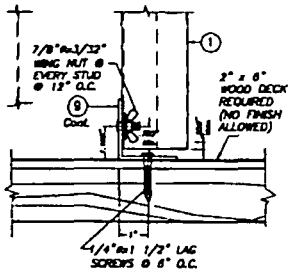
TILECO INC.		0.050" PERFORATED BERTHA ALUMINUM STORM PANEL		AS SHOWN SCALE	
EASTERN METAL SUPPLY, INC.		4268 WESTRONGS DRIVE RIVERA BEACH, FL 33407		7/3/03 DATE	
MILLIT TESTING & ENGINEERING COMPANY		RALTER A. TRUITT, P. E.		03-143 DRAWING No	
FLORIDA Lic. # 44107		FLORIDA Lic. # 44107		SHEET 12 OF 13	

JUL 09 2003



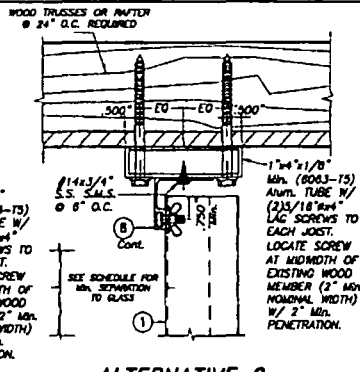
**ALTERNATIVE 7**

• VALID FOR Max. +65.0, -65.0 psf.

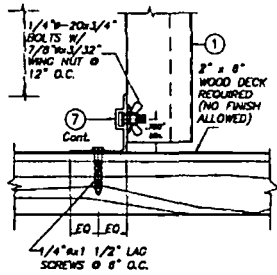


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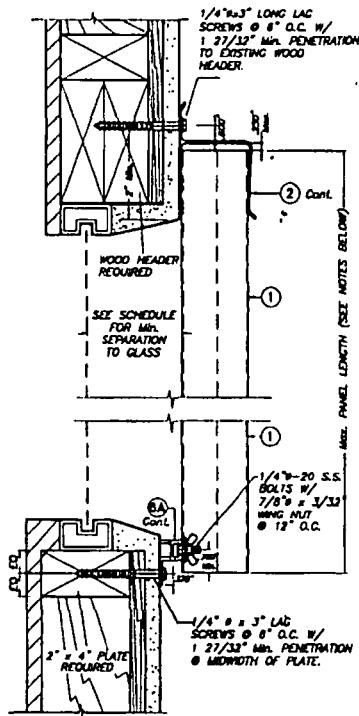
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**ALTERNATIVE 9**

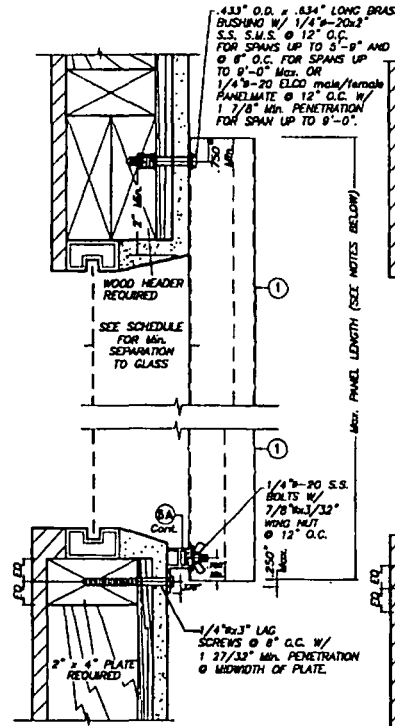


**ALTERNATIVE 10**



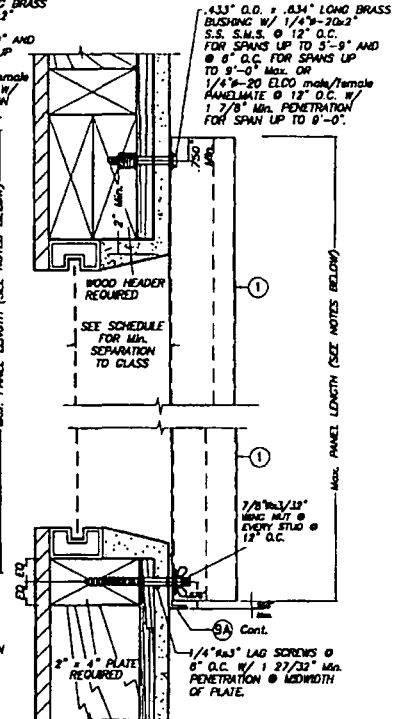
**ALTERNATIVE 11**

• VALID FOR Max. +63.5, -63.5 psf.



**ALTERNATIVE 12**

• VALID FOR Max. +63.5, -63.5 psf.



**ALTERNATIVE 13**

**CEILING & FLOOR MOUNTING INSTALLATIONS**

SCALE: 1/4" = 1"

**NOTE FOR COMBINATION OF SECTIONS:**

WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

**NOTES:**

- INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +65.0, -72.0 psf AND PANEL'S LENGTHS UP TO 9'-0". EXCEPT AS NOTED.
- NEW 2" x 8" P. T. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19 % M. M. C. W/ SPECIFIC DENSITY OF 0.55.
- FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

**INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS**

**WALL MOUNTING INSTALLATION**

SCALE: 1/4" = 1"

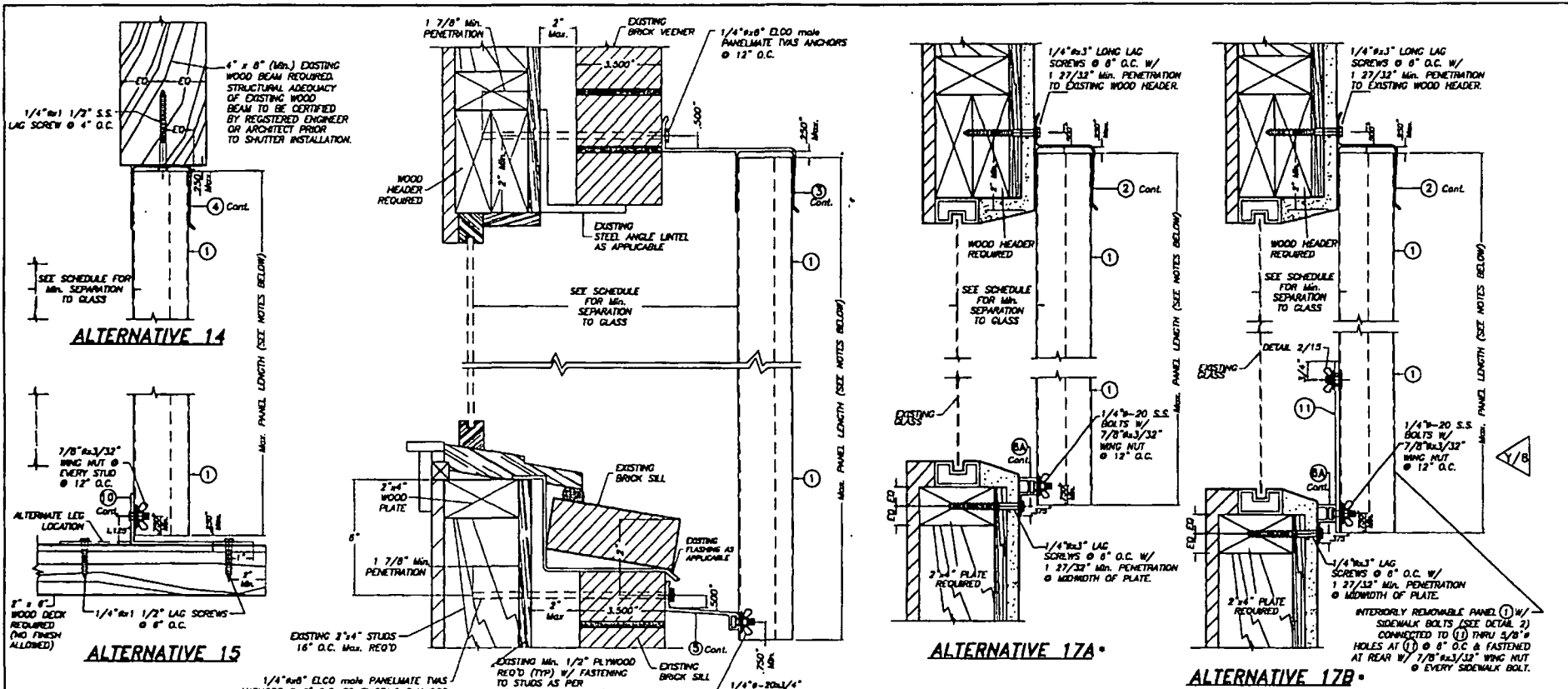
PRODUCT REVISED  
as complying with the Florida  
Building Code  
Acceptance No. 03-0716-02  
Expiration Date 03/31/2007  
By: *[Signature]*  
Miami Dade Product Control  
Division

F.B.C.(H.V.H.Z.)/MIAMI-DADE COUNTY

<p>TILTECO INC. TILTY TESTING &amp; ENGINEERING COMPANY 2000 S.W. 20th St., Box 117, Miramar, Florida, FL 33189 Phone: 1 (305) 871-1820 Fax: 1 (305) 871-1821 E8-0006719 WALTER A. TILLY, P. E. FLORIDA Lic. # 44187</p>		0.050" PERFORATED BERTHA ALUMINUM STORM PANEL	AS SHOWN SCALE
		<p><b>EASTERN METAL SUPPLY, INC</b> 4388 WESTROADS DRIVE MIAMI BEACH, FL 33407</p>	
REV. NO.	DESCRIPTION	DATE	BY
1	CLD 01-001	7/2/02	
2			
<p>7/3/03 DATE</p> <p>03-143 OBSERVED No</p> <p>SHEET 13 OF 15</p>			

JUL 03 2003





**CEILING & FLOOR MOUNTING INSTALLATIONS**

SCALE: 1/4" = 1"

**NOTE FOR COMBINATION OF SECTIONS:**  
 WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

**NOTES:**  
 1. INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +63.0, -63.0 psf AND PANEL'S LENGTHS UP TO 9'-0", EXCEPT AS NOTED.  
 2. NEW 2" x 6" P. I. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19 X M. U. C. W/ SPECIFIC DENSITY OF 0.55.  
 3. FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

**ALTERNATIVE 16**  
 VALID FOR Max. +63.5, -63.5 psf.

**BUILD-OUT INSTALLATION**  
 SCALE: 1/4" = 1"

**INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS**

**PRODUCT REVISED**  
 as complying with the Florida Building Code  
 Acceptance No. 03-0716-02  
 Expiration Date 03/31/2007  
 By *H. H. H.*  
 Miami Design Product Control Division

**WALL MOUNTING INSTALLATIONS**  
 SECTIONS 17 VALID FOR Max. +63.5, -63.5 psf.  
 SCALE: 1/4" = 1"

**INSTALLATIONS VALID FOR PANELS (1) USED JOINTLY WITH INTERIORLY REMOVABLE PANELS (1)**

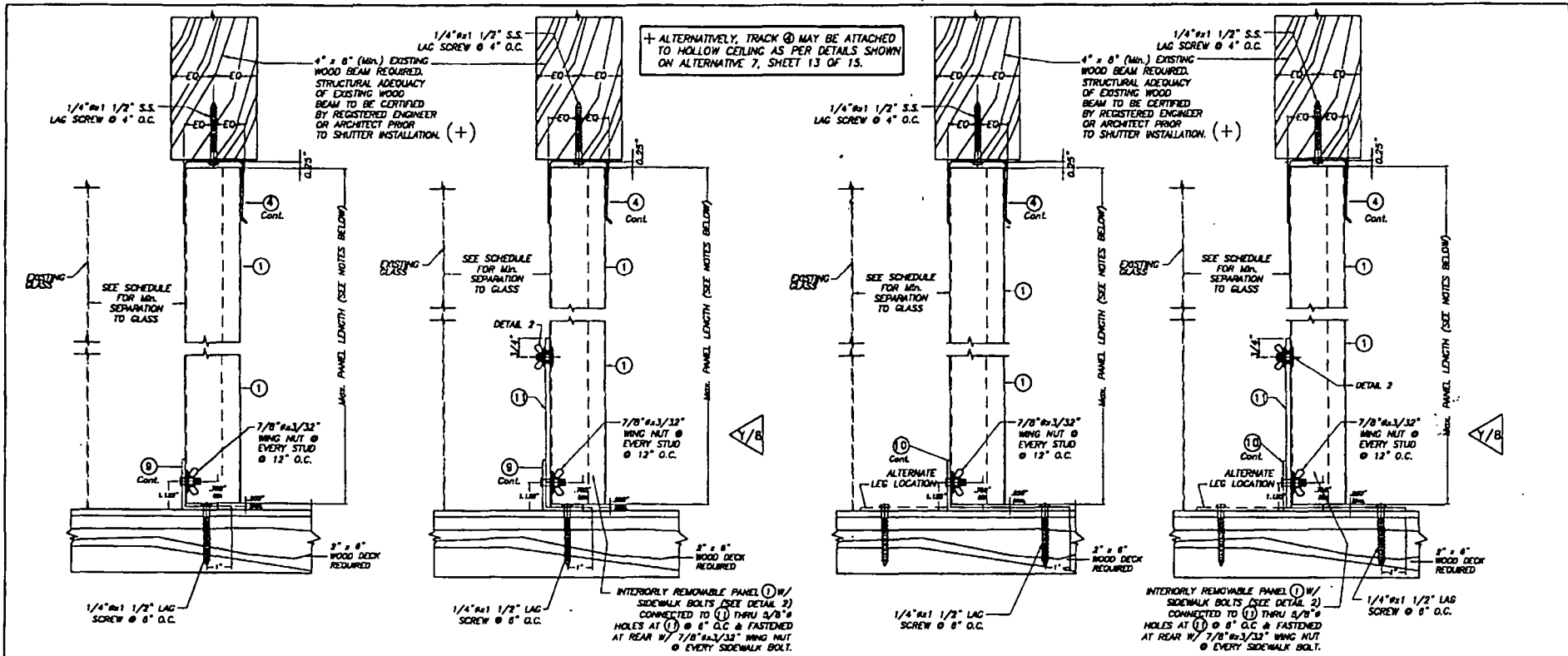
F.B.C.(H.V.H.Z.)/MIAMI-DADE COUNTY

**TILECO INC.**  
 TILLIT TESTING & ENGINEERING COMPANY  
 2800 N.W. 20th St., 2nd Fl., Miramar, FL 33185  
 Phone: 1 (800) 871-1230 Fax: 1 (305) 871-1831  
 CB-0006718  
 WALTER A. TILLIT, JR., P. E.  
 FLORIDA Lic. # 44187

0.050" PERFORATED BERTHA ALUMINUM STORM PANEL		AS SHOWN SCALE
<b>EASTERN METAL SUPPLY, INC</b> 4368 WESTROADS DRIVE ROYAL BEACH, FL 33407		7/1/03 DATE
		03-143 DRAWING NO.
REV. NO.	DESCRIPTION	DATE
1	OLD 01-01	7/2/03
2		

SHEET 14 OF 15

JUL 03 2003



ALTERNATIVE 18A

ALTERNATIVE 18B

ALTERNATIVE 19A

ALTERNATIVE 19B

CEILING & FLOOR MOUNTING INSTALLATIONS

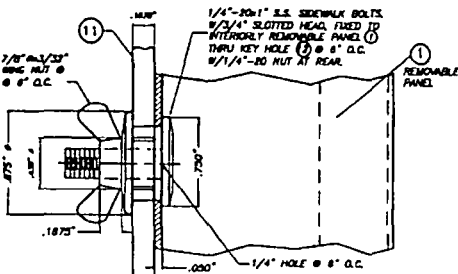
CEILING & FLOOR MOUNTING INSTALLATIONS

SECTIONS 18

SECTIONS 19

SCALE: 1/4" = 1"

SCALE: 1/4" = 1"



DETAIL 2 - INSTALLATION OF 1/4" x 1" SIDEWALK BOLTS @ REMOVABLE PANEL

NOTE FOR COMBINATION OF SECTIONS:

FLOOR/CEILING MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS

NOTES:

- INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +85.0, -65.0 psf AND PANEL'S LENGTHS UP TO 9'-0".
- NEW 2" x 6" P. I. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19 X M. M. C. W/ SPECIFIC DENSITY OF 0.55.
- FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

PRODUCT REVISED  
to comply with the Florida  
Building Code  
Acceptance No. 03-0716.02  
Expiration Date 03/31/2007  
By: *[Signature]*  
Miami Dade Product Control  
Division

F.B.C.(M.V.H.Z.)/MIAMI-DADE COUNTY

<p>TILECO INC. TILLY TESTING &amp; ENGINEERING COMPANY 4000 N.W. 20th St., Box 212, Miramar, FL 33189 Phone: (305) 871-1830, Fax: (305) 871-1811 E: 03-0006719</p>		0.050" PERFORATED BERTHA ALUMINUM STORM PANEL		AS SHOWN SCALE
		EASTERN METAL SUPPLY, INC 4888 WESTROADS DRIVE POMEROY BEACH, FL 33407		7/3/03 DATE
<p>WALTER A. TILLY, P. E. FLORIDA LIC. # 44187</p>		<p>03-143 DRAWING No</p>		SHEET 15 OF 15

JUL 03 2003



MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

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

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

**Therma-Tru Corporation**  
1687 Woodlands Drive  
Maumee ,OH 43537

CONTRACTOR LICENSING SECTION  
(305) 375-2527 FAX (305) 375-2558

CONTRACTOR ENFORCEMENT DIVISION  
(305) 375-2966 FAX (305) 375-2908

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

Your application for Notice of Acceptance (NOA) of:

**"Fiber Classic & Smooth Star" Inswing Residential Ins.Fiberglass Door**

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0912.04  
EXPIRES: 09/29/2006

Raul Rodriguez  
Chief Product Control Division

**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL  
CONDITIONS  
BUILDING CODE & PRODUCT REVIEW COMMITTEE**

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

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

APPROVED: 11/29/2001

APPROVED: November 29, 2001

EXPIRES: September 29, 2006

**NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**

**1. SCOPE**

1.1 This renews Notice of Acceptance (NOA) No. 00-0928.02, which was issued on October 19, 2000. It renews the approval of a fiberglass inswing door, as described in Section 2 of this NOA, designed to comply with the South Florida Building Code (SFBC), 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

**2. PRODUCT DESCRIPTION**

2.1 The Series "Fiberclassic" & "Smooth Star" Inswing Residential Insulated Fiberglass Door and its components shall be constructed in strict compliance with the following document: Drawing No B0122, Sheets 1 through 3 of 3, titled "titled "6/0 x 6/8 Fiber-Classic Inswing Moderate Climate Patio," prepared by manufacturer., dated 3/31/97 and revised on 2/3/99, bearing the Miami-Dade County Product Control renewal stamp with the NOA number and expiration date by the Miami-Dade County Product Control Division. This document shall hereinafter be referred to as the approved drawings.

**3. LIMITATIONS**

3.1 This approval applies to single unit applications of pair of doors and single door only, as shown in approved drawings. Single door units shall include all components described in the active leaf of this approval.

**4. INSTALLATION**

4.1 The inswing residential insulated fiberglass door and its components shall be installed in strict compliance with the approved drawings.  
4.2 Hurricane protection system (shutters): The installation of these units will require a hurricane protective system.

**5. LABELING**

5.1 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".

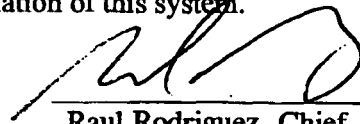
**6. BUILDING PERMIT REQUIREMENTS**

6.1 Application for building permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance

6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.

6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.



Raul Rodriguez, Chief  
Product Control Division

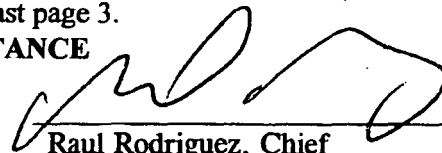
APPROVED: November 29, 2001

EXPIRES: September 29, 2006

**NOTICE OF ACCEPTANCE: STANDARD CONDITIONS**

1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.
2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
3. Renewals of Acceptance will not be considered if:
  - a) There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes;
  - b) The product is no longer the same product (identical) as the one originally approved;
  - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;
  - d) The engineer who originally prepared, signed and sealed the required documentation initially submitted is no longer practicing the engineering profession.
4. Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
5. Any of the following shall also be grounds for removal of this Acceptance:
  - a) Unsatisfactory performance of this product or process.
  - b) Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purpose.
6. The Notice of Acceptance 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 Notice of Acceptance is displayed, then it shall be done in its entirety.
7. A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all time. The engineer need not reseal the copies.
8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
9. This Notice of Acceptance consists of pages 1, 2 and this last page 3.

**END OF THIS ACCEPTANCE**

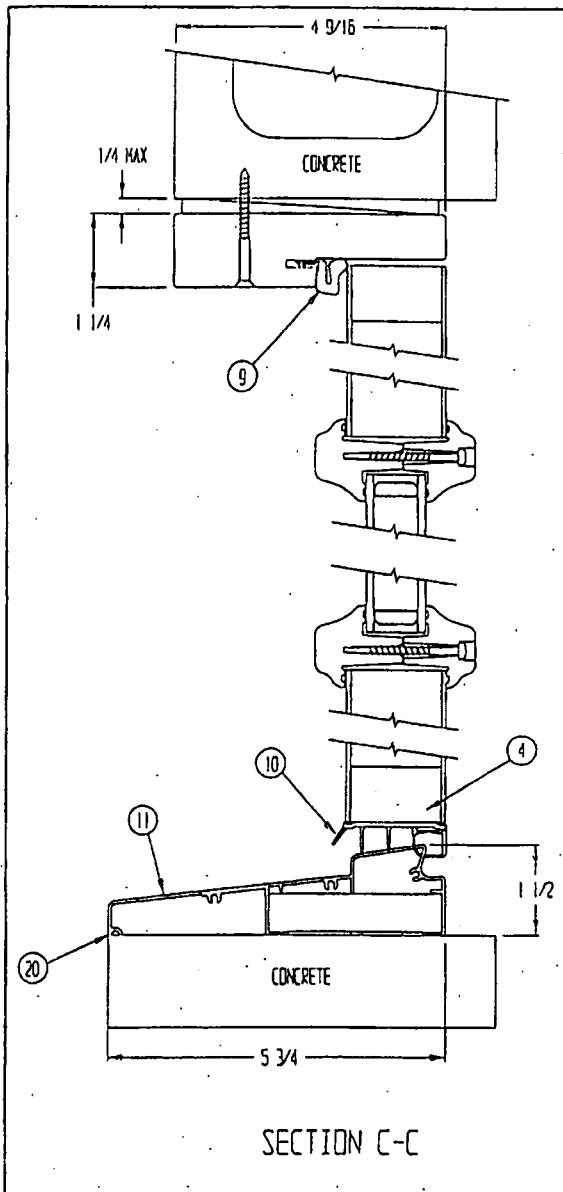


Raul Rodriguez, Chief  
Product Control Division

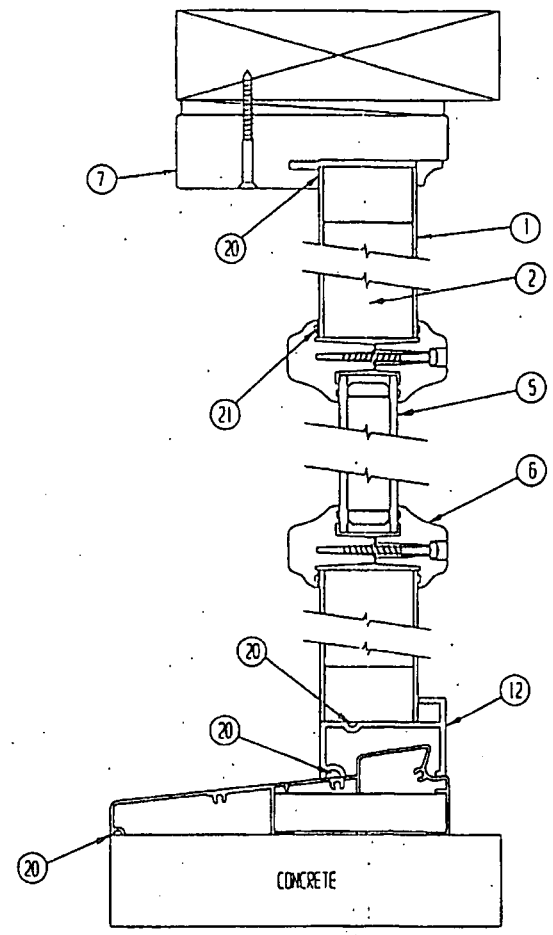
REV	DESCRIPTION	DATE
A	REVISED DWG PER BCCO PRODUCT CONTROL DIVISION	1-0-99
B	REVISED SHEET 2	2-3-99

NO	AS RECD	DESCRIPTION
25	AS RECD	CONE MOLDING
25	23	#10 X 2 1/2" SCREWS
24	2	#12 X 2 1/2" SCREWS
23	6	#10 X 3/4" SCREWS
22	1	.05 X 4' X 6' STEEL PLATE
21	AS RECD	STRUCTURAL SILICONE GROUTING COMPACTION AND NO OUTLINE PERIMETER OF LITE
20	AS RECD	SEALANT
19	2	WEATHERSTRIP PANS
18	2	SECURITY BACKING PLATE
17	2	SECURITY STRIKE PLATE
16	3	4' X 4' THERMA-TRU BRAND SELF-LOCATING FINNES SECTION 1/4" #10 X 2 1/2" FINN (2 TOP - 1 CENTER AND OUTERM) AND 8 #10 X 3/4" FINN
15	4	2 1/2" STAPLES
14	1	KYKISET 660 SERIES DEAD CL.
13	1	KYKISET 400 SERIES LOCK SET
12	1	INACTIVE DOOR BOTTOM
11	1	5 3/4" X 1 1/2" INSULYNG SILL
10	1	DUAL QUADROMETER ACTIVE DOOR SWEEP
9	AS RECD	THERMA-TRU BRAND COMPRESSION WEATHERSTRIP
8	1	2" X 3 9/16" WOOD MILLION
7	3	4 9/16" X 1 1/4" WOOD JOINS
6	4	1 3/8" X 1" CELLULAR TON PLASTIC WITH #6 X 1 3/4" TYPE AB PAN HEAD PHILLIPS SCREWS
5	2	1" INSULATED GLASS UNIT - 1/8" TIGHTENED GLASS WITH 3/4" SPACER
4	4	END BAILS
3	4	1 1/4" X 1 1/16" PIPE STILES
2	AS RECD	POLYURETHANE FOAM CORE, 1.9 PCF DENSITY
1	4	.125 THICK FIBERGLASS SKIN

ITEM		QTY	DESCRIPTION
BILL OF MATERIAL			
<b>THERMA-TRU CORPORATION</b>			
TITLE: 6/0 X 6/8 FIBER-GLASSIC INSULYNG MODERATE CLIMATE PATIO			
DATE:	SCALE:	QUANTITY NO.:	REV.:
R.F.	3-31-97	NONE	B0122 8 1 OF 3
APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE DATE <u>May 19, 2000</u> BY <u>Manuel Serrano</u> PRODUCT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE ACCEPTANCE NO. <u>00-0207-07</u>		APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE DATE <u>08-11-08</u> BY <u>Manuel Serrano</u> PRODUCT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE ACCEPTANCE NO. <u>99-0273-01</u>	



SECTION C-C

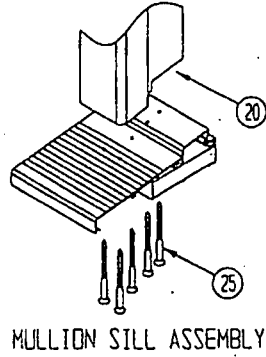
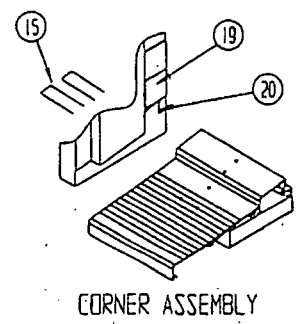
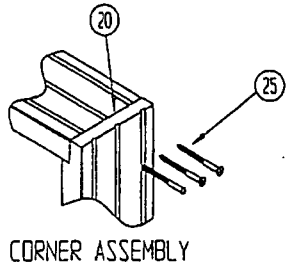
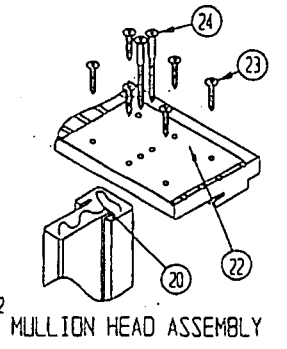
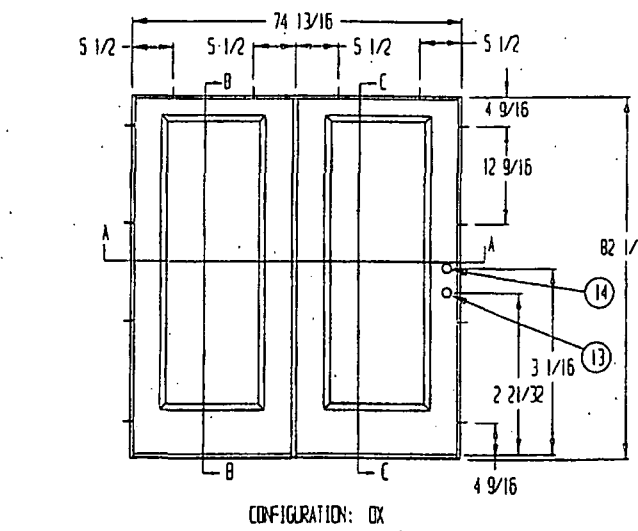
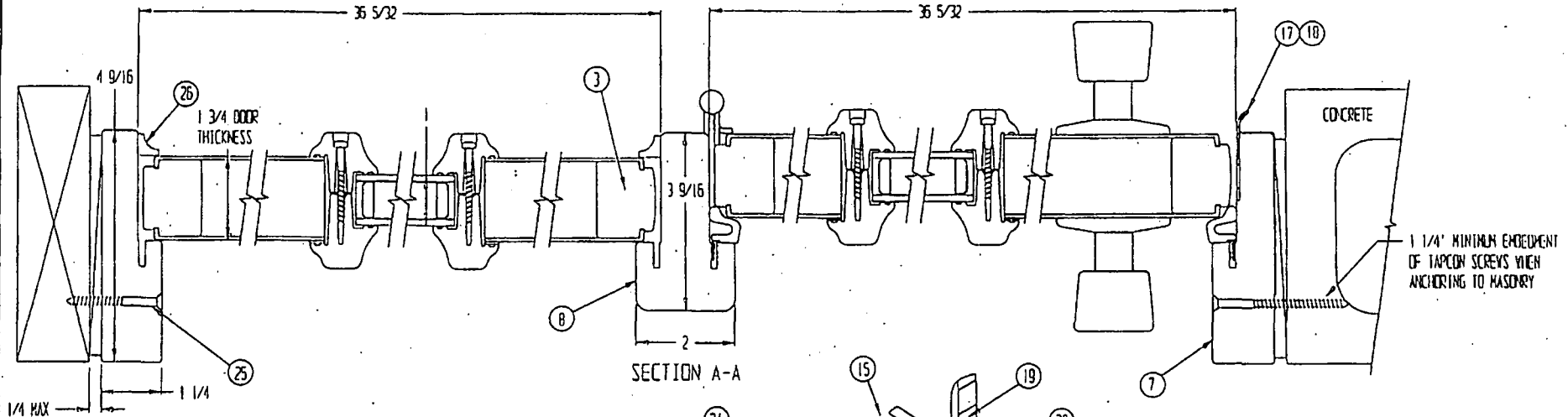


SECTION B-B

**PRODUCT RENEWED**  
 ACCEPTANCE No. 01-0912.04  
 EXPIRATION DATE September 29, 2006  
 BY [Signature]  
 PRODUCT CONTROL DIVISION  
 BUILDING CODE COMPLIANCE OFFICE  
 APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE DATE October 19, 2000 BY Manuel Serrano  
 PRODUCT CONTROL DIVISION  
 BUILDING CODE COMPLIANCE OFFICE  
 ACCEPTANCE NO. 00-0928-02

DESIGN PRESSURE RATING	
POSITIVE	+ 45.33 psf (If water test not required) + 30.0 psf (If water test required)
NEGATIVE	- 50.67 psf

REV	DESCRIPTION	DATE
B	REVISED DOOR THICKNESS DIM & MASONRY SCREW	2-3-00

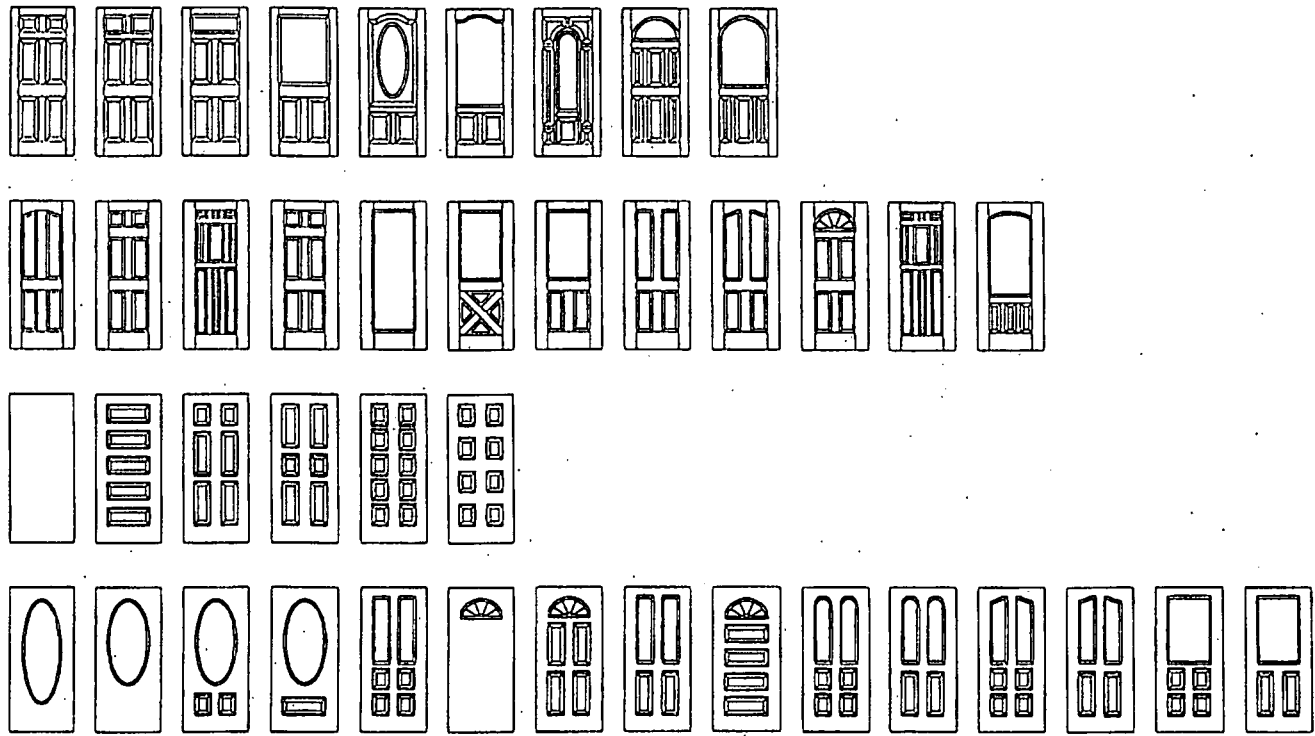


**PRODUCT RENEWED**  
 ACCEPTANCE No. 01-0912.04  
 EXPIRATION DATE: May 21, 2006  
 BY: Manuel Ruiz  
 PRODUCT CONTROL DIVISION  
 BUILDING CODE COMPLIANCE OFFICE  
 ACCEPTANCE No. 00-0928.02

**THERMATRU CORPORATION**  
 TITLE: 6/0 X 6/8 FIBER-CLASSIC INSULYING MODERATE CLIMATE PATIO  
 DRAWN BY: R.F. DATE: 3-31-97 SCALE: NONE TYPING NO.: 80122 REV: -B TOTAL: 2 OF 3

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE DATE: <u>May 19, 2000</u> BY: <u>Manuel Ruiz</u> PRODUCT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE ACCEPTANCE No. <u>00-0207.07</u>	APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE DATE: <u>08/11/00</u> BY: <u>Manuel Ruiz</u> PRODUCT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE ACCEPTANCE No. <u>00-0223.01</u>
--	--

REV	DESCRIPTION	DATE
A	REVISED DYG PER OCCO PRODUCT CONTROL DIVISION	1-8-99
B	REVISED SHEET 2	2-3-99



**PRODUCT RENEWED**

ACCEPTANCE No. 01-0912.04  
 EXPIRATION DATE September 29, 2006  
 By *[Signature]*  
 PRODUCT CONTROL DIVISION  
 BUILDING CODE COMPLIANCE OFFICE

APPROVED AS COMPLYING WITH THE  
 SOUTH FLORIDA BUILDING CODE  
 DATE October 19, 2000  
 BY *[Signature]*  
 PRODUCT CONTROL DIVISION  
 BUILDING CODE COMPLIANCE OFFICE  
 ACCEPTANCE NO. 00-092802

<b>THERMATRU CORPORATION</b>					
TITLE: 6'0 X 6'8 FIBER-CLASSIC INSULVING MODERATE CLIMATE PATIO					
DATE BY:	DATE:	SCALE:	QUANTITY:	NO.:	SHEET:
R.F.	3-31-97	NONE	00122	B	3 OF 3
APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE DATE May 19, 2009 BY <i>[Signature]</i> PRODUCT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE ACCEPTANCE NO. 00-020707			APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE DATE April 08, 1999 BY <i>[Signature]</i> PRODUCT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE ACCEPTANCE NO. 98-027321		



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3/22, 2006 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8000</del>	<del>BRISCOE</del>	<del>DOOR BUCL</del>	<del>PASS</del>	
8	5 Gumbo Limbo O/B			INSPECTOR:
8064	SEAFORDNIC	Pool Pumping	PASS	
9	12 S. OLYMPIC POOLS			INSPECTOR:
TREE	FETNER	TREE	PASS	
4	2 HIGH POINT NATURAL PAL.			INSPECTOR:
7777	CATHEY 47 S.S.P.A. ALAN MORRIS	LATH	PASS	INSPECTOR:
7833	BRISCOE 5 GUMBO LIMBO O.B	POWER RELEASE	FAIL	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3-7, 2007 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8481	Galini's 26 S Sewall Pt	tank in-line	PASS	
10	Prop Disc.			INSPECTOR: <i>[Signature]</i>
7833	Brisee 5 Gumbo Limbo	final-renovations	FAIL	
11	OB			INSPECTOR: <i>[Signature]</i>
<del>8006</del>	<del>Brisee</del>	<del>final-draw</del>	<del>PASS</del>	<del>Closed</del>
11	5 Gumbo Limbo OB	<del>insurers</del>		INSPECTOR: <i>[Signature]</i>
8222	Marley 39 W High Pt Worell	re-sheet rock	FAIL	
1A				INSPECTOR: <i>[Signature]</i>
8515	Olney 915 Sewalls Pt	Dry-in metal	PASS	
9	all am roof.			INSPECTOR: <i>[Signature]</i>
Tree	Enriquez 1 Kingston	Tree	PASS	
6	OB			INSPECTOR: <i>[Signature]</i>
	D. WINTER	FENCE		
	19 RIDGELAND			INSPECTOR:

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

\_\_\_\_\_

\_\_\_\_\_

8149

---

Re Roof

---

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

Annulate 5/23/06

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

### TOWN OF SEWALL'S POINT

Date 4-3-06 withdrawn 4/20/06 BUILDING PERMIT NO. **8149**

Building to be erected for BRISCOE Type of Permit REEROOF

Applied for by TEASURE COAST ROOFING (Contractor) Building Fee \_\_\_\_\_

Subdivision INDIANWICK Lot 6 Block 6 Radon Fee \_\_\_\_\_

Address 5 GUMBO LIMBO WAY Impact Fee \_\_\_\_\_

Type of structure SFR AC Fee \_\_\_\_\_

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

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

Roofing Fee 120.00

0006040000

106 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

TOTAL Fees 120.00

Signed [Signature]

Town Building Official

## PERMIT

TC Roofing  
Diane OK to reissue  
772-770 (COMM) perm  
2880 5/11/06  
wants to revise withdrawn re-submit NOC

- 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 \_\_\_\_\_

Annulate 5/23/06

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

TOWN OF SEWALL'S POINT

Date 4-3-06 withdrawn 4/20/06 BUILDING PERMIT NO. **8149**

Building to be erected for BRISCOE Type of Permit REEROOF

Applied for by TREASURE COAST ROOFING (Contractor) Building Fee \_\_\_\_\_

Subdivision INDIANWICK Lot 6 Block 6 Radon Fee \_\_\_\_\_

Address 5 GUMBO LIMBO WAY Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee \_\_\_\_\_

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

3537410020060006040000 Plumbing Fee \_\_\_\_\_

Amount Paid 120.00 Check # 6106 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 31,200 Roofing Fee 120.00 TOTAL Fees 120.00

Signed Kelly Y. Lewis  
Applicant

Signed Gene Summers (GWS)  
Town Building Official

PERMIT

- |   |  |  |
|---|--|--|
| <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	_____

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

### TOWN OF SEWALL'S POINT

Date 4-3-06

BUILDING PERMIT NO. **8149**

Building to be erected for BRISCOE

Type of Permit REEROOF

Applied for by TREASURE COAST PROPERTIES (Contractor)

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

Subdivision INDIANWIE Lot 6 Block 6

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

Address 5 GUMBO LIMBO WAY

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

Type of structure SR

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

Parcel Control Number:

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

3537410020060006040000

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

Amount Paid 120.00 Check # 6106 Cash \_\_\_\_\_

Roofing Fee 120.00

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

Total Construction Cost \$ 31,200

TOTAL Fees 120.00

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

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

Treasure Coast Roofing, LLC  
 494 5<sup>th</sup> Street SW  
 Vero Beach, FL 32962  
 Office: 772-770-2880  
 Fax: 772-770-2809  
 Email: [treasurecoastllc@bellsouth.net](mailto:treasurecoastllc@bellsouth.net)



# Fax

To: Valerie @ Sewall's Point Building      From: Gina M Taylor  
 Department

Fax: 772-220-4765      Pages 1 including cover sheet

Phone:      Date: 5/23/2006

Re: Brisco residence, 5 Gumbo Limbo      CC:  
 Way Permit # 8149

Urgent     For Review     Please Comment     Please Reply     Please Recycle

● **Comments:**

We would like to respectfully request that permit # 8149, 5 Gumbo Limbo Way, be reinstated at the homeowner's behest. We are sorry for any inconvenience this may have caused.. Thank-You in advance for your prompt attention in this matter. Have a great day!!!

Sincerely,

A handwritten signature in black ink, appearing to be "Gina M Taylor", written over a horizontal line.

This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the U.S. Postal Service.

Treasure Coast Roofing, LLC  
 494 5<sup>th</sup> Street SW  
 Vero Beach, FL 32962  
 Office: 772-770-2880  
 Fax: 772-770-2809  
 Email: [treasurecoastllc@bellsouth.net](mailto:treasurecoastllc@bellsouth.net)



# Fax

To: Town of Sewall's Point  
 Building Department

From: Diane Sailer

Fax: 1-772-220-4765

Pages: 2 including cover

Phone: 1-772-287-2455

Date: 4/20/2006

Re: Permit #8149 - Brisco Residence CC:  
 5 Gumbo Limbo Way

Urgent     For Review     Please Comment     Please Reply     Please Recycle

● **Comments:**

Please be advised that at the request of our customer, we would like to withdraw the above referenced permit, copy attached.

Thank you.

*(Customer Refinancing)*

This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the U.S. Postal Service.

*refill*



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

### TOWN OF SEWALL'S POINT

Date 4-3-06

BUILDING PERMIT NO. **8149**

Building to be erected for BRISCOE Type of Permit REEROOF

Applied for by TREASURE COAST ROOFING (Contractor) Building Fee \_\_\_\_\_

Subdivision INDIANWICK Lot 6 Block 6 Radon Fee \_\_\_\_\_

Address 5 GUMBO LIMBO WAY Impact Fee \_\_\_\_\_

Type of structure SR A/C Fee \_\_\_\_\_

Parcel Control Number:

3537410020060006040000 Electrical Fee \_\_\_\_\_

Amount Paid 120.00 Check # 6106 Cash \_\_\_\_\_ Other Fees ( ) \_\_\_\_\_

Total Construction Cost \$ 31,200 Plumbing Fee \_\_\_\_\_

Roofing Fee 120.00  
TOTAL Fees 120.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

## PERMIT

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> BUILDING         | <input type="checkbox"/> ELECTRICAL          | <input type="checkbox"/> MECHANICAL    |
| <input type="checkbox"/> PLUMBING         | <input 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	_____

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

TAX FOLIO # 35-37-41-002-000-000-60-4

**NOTICE OF COMMENCEMENT**

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

Indialucie, lot 6, blk 6 35- 5 Gumbo Limbo Way

**GENERAL DESCRIPTION OF IMPROVEMENT:** tear off, install tile

**OWNER:** Robert & Wendy Briscoe

**ADDRESS:** 5 Gumbo Limbo Way Stuart (Seavalls Point) FL 34996

**PHONE #:** 772-336-3373 **FAX #:** \_\_\_\_\_

**CONTRACTOR:** Treasure Coast Roofing LLC

**ADDRESS:** 494 5th St SW Vero Beach FL 32962

**PHONE #:** 772-770-2880 **FAX #:** 772-770-2809

**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]  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 24 DAY OF March 2006 BY Robert Briscoe

[Signature]  
NOTARY SIGNATURE

OR  
PERSONALLY KNOWN  
PRODUCED ID  
TYPE OF ID FL DL B620-779-64-02-0



Katherine Marie Terry  
Commission # DD250861  
Expires: Sep. 17, 2007  
Aaron Notary  
1-800-350-5161

INSTR # 1935277 OR BK 02145 PG 2584 RECD 05/23/2006 09:00:59 AM  
Pg 2584 (1pg)  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C No15th  
INSTR # 1921173 OR BK 02126 PG 1472 RECD 03/28/2006 02:25:16 PM  
Pg 1472 (1pg)  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T Copus (Asst Mar)

Withdrawn 4/20/06

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

TAX FOLIO # 35-37-41-002-000-000-60-4

**NOTICE OF COMMENCEMENT**

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

Indialucie lot 6, blk 6 35- 5 Gumbo Limbo WAY

**GENERAL DESCRIPTION OF IMPROVEMENT:** tear off, install tile

OWNER: Robert & Wendy Briscoe

ADDRESS: 5 Gumbo Limbo Way Stuart (sewalls Point) FL 34996

PHONE #: 772-336-3373

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

CONTRACTOR: Treasure Coast Roofing, LLC

ADDRESS: 494 5th St SW Vero Beach FL 32962

PHONE #: 772-770-2880

FAX #: 772-770-2809

**SURETY COMPANY (IF ANY)**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SIGNATURE OF OWNER

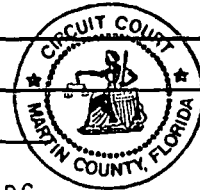
SWORN TO AND SUBSCRIBED BEFORE ME THIS 24 DAY OF March 2006 BY Robert Briscoe

NOTARY SIGNATURE

OR

PERSONALLY KNOWN  
PRODUCED ID  
TYPE OF ID FL DL B620-779-64-02-0

Katherine Marie Terry  
Commission # DD250861  
Expires: Sep. 17, 2007  
Aaron Notary  
1-800-350-5161



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

MARSHA EWING, CLERK

BY: [Signature] D.C.  
DATE: 3-28-06

INSTR # 1921173 OR BK 02126 PG 1472 RECD 03/28/2006 02:25:16 PM  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T CORPUS (6951 MFR)

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE(MM/DD/YYYY) 03/29/2006
<b>PRODUCER</b> A BETTER DEAL INSURANCE 1026 SW BAYSHORE BLVD PORT ST LUCIE 772-871-2424	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW	
<b>INSURED</b> TREASURE COAST ROOFING LLC  494 5TH STREET SW VERO BEACH FL 32962	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: CANAL INDEMNITY INSURER B: PROGRESSIVE INSURER C: OLD REPUBLIC SURETY INSURER D: INSURER E:	<b>NAIC#</b>     

**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.

FORM	POLY	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GL 90762	03/20/06	03/20/07	EACH OCCURRENCE \$1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000				
B		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIREN AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CA 02626864-1	08/23/05	08/23/06	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
		BODILY INJURY (Per person) \$				
		BODILY INJURY (Per accident) \$				
		PROPERTY DAMAGE (Per accident) \$				
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>WORKING COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/REGULATIVE OFFICER/ MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU- LMENT/INVS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C		<b>OTHER</b> BOND	OFL-0549326	11/17/05	09/30/07	2,000

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

ROOFING

**CERTIFICATE HOLDER**

SEWALLS POINT  
 1 SEWALLS POINT RD  
 SEWALLS POINT FL 34996  
 FAX 772-220-4765  
 ATT LAURA

**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

*Doralee Smith*

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 03/29/2006
<b>PRODUCER</b> Insurance Company of the Americas 1310 Utica Street P.O. Box 855 Oriskany, New York 13424 Tel: (315) 768-2726 Fax: (315) 736-8731	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
<b>INSURED</b> Employee Leasing Solutions, Inc.  1401 Manatee Ave W. Suite 600 Bradenton, FL 34205	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Insurance Company of the Americas INSURER B: INSURER C: INSURER D: INSURER E:	<b>NAIC #</b> 33030

**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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		<b>AUTOMOBILE LIABILITY</b> <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 INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC69203010103	01/01/2006	01/01/2007	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		<b>OTHER</b> Client ID: #4041078				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:  
**Treasure Coast Roofing LLC**  
**Qualifiers Name: Brian Maloney**  
  
 Approx active employee count: 86

<b>CERTIFICATE HOLDER</b> Attn: Laura Seawalls Point 1 Seawalls Point Road  Seawalls Point, FL 34996	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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 
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AC# 2138874

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L05081801833

DATE	BATCH NUMBER	LICENSE NBR
08/18/2005	050153589	0R24818

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.)

TREASURE COAST ROOFING LLC  
1816 SW BILTMORE ST  
PORT SAINT LUCIE FL 34984

JEB BUSH  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

DISPLAY AS REQUIRED BY LAW

AC# 2141146

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L05081901286

DATE	BATCH NUMBER	LICENSE NBR
08/19/2005	050153632	RC49027087

The ROOFING CONTRACTOR  
Named below HAS REGISTERED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2007  
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING  
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

MALONEY BRIAN JOSEPH  
TREASURE COAST ROOFING L L C  
1816 SW BILTMORE ST  
PORT SAINT LUCIE FL 34984

JEB BUSH  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

DISPLAY AS REQUIRED BY LAW

p.4  
772-621-9300

Treasure Coast Roofing

Mar 29 06 12:33p



**MARTIN COUNTY, FLORIDA**  
**Construction Industry Licensing Board**  
**Certificate of Competency**

**ROOFING CONTRACTOR**

License Number CRFG4063 Expires: 30-SEP-06

MALONEY, BRIAN  
TREASURE COAST ROOFING  
1816 SW BILTMORE ST  
PSL, FL 34984

R 3/28/06 D

# Town of Sewall's Point BUILDING PERMIT APPLICATION

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

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

OWNER/TITLEHOLDER NAME: Robert & Wendy Briscoe Phone (Day) 772-336-3373 (Fax) \_\_\_\_\_

Job Site Address: 5 Gumbo Limbo Way City: Sewalls Point State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) INDIALUCIE, Lot 6, blk 6 Parcel Number: 35-37-41-002-006-000 60-4

Owner Address (if different): \_\_\_\_\_ City: Stuart State: FL Zip: 34996

Description of Work To Be Done: tear-off / install tile roof

### WILL OWNER BE THE CONTRACTOR?:

YES  NO

### COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 31,200  
(Notice of Commencement needed over \$2500)

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

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

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

(If yes, Owner Builder Affidavit must accompany application)

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

CONTRACTOR/Company: Treasure Coast Roofing, LLC Phone: 772-770-2880 Fax: 772-770-2809

Street: 4945th st sw City: Vero Beach State: FL Zip: 32962

State Registration Number: QB24818 State Certification Number: RC29027087 Martin County License Number: CRFG4063

### 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)

State of Florida, County of: Indian River

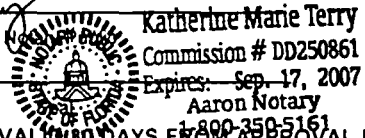
This the 24 day of March, 2006

by Robert Briscoe who is personally

known to me or produced B620-779-64-323-0

as identification. Katherine Marie Terry

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



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: Indian River

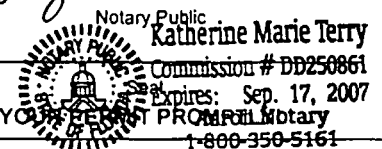
This the 24 day of March, 2006

by Brian J. Maloney who is personally

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

As identification. Katherine Marie Terry

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







BUILDING CODE COMPLIANCE OFFICE (BCCO)  
PRODUCT CONTROL DIVISION

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

DATE: 3/29/06

**BUILDING OFFICIAL**

*Gene Simmons*

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

**NOTICE OF ACCEPTANCE (NOA)**

Monier Lifetile, LLC  
135 NW 20<sup>th</sup> Street  
Boca Raton, FL 33431

**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:** Flat Shake & Slate, Sierra Shake™ & Super Shake™, and Colonial Slate & Shingle Blend Concrete Roof Tile

**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 7.

The submitted documentation was reviewed by Frank Zuloaga, RRC



NOA No.: 02-1205.06  
Expiration Date: 12/16/07  
Approval Date: 01/02/03  
Page 1 of 7

## ROOFING ASSEMBLY APPROVAL

**Category:** Roofing  
**Sub-Category:** Flat Profile Roofing Tiles  
**Material:** Concrete

### 1. SCOPE

This renews a system using Monier Lifetile Flat Shake & Slate, Sierra Shake™ & Super Shake™, and Colonial Slate & Shingle Blend Concrete Roof Tile, as manufactured Monier Lifetile LLC and described in Section 2 of this Notice of Acceptance. For locations where the pressure requirements, as determined by applicable Building Code does not exceed the design pressure values obtained by calculations in compliance with RAS 127 using the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

### 2. PRODUCT DESCRIPTION

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Monier Lifetile LLC Flat Shake and Slate Tile	l = 16½" w = 13" 1" thick	PA 112	Flat, interlocking, high pressure extruded concrete shake and slate roof tile equipped with two nail holes. For direct deck or battened nail-on, mortar or adhesive set applications.
Monier Lifetile LLC Sierra Shake™ Tile & Super Shake™ Tile	l = 17" w = 12 ¾" 1" thick	PA 112	Flat, interlocking, high pressure extruded, concrete shake roof tile, with a textured top face, equipped with two nail holes. For direct deck or battened nail-on, mortar or adhesive set applications.
Monier Lifetile LLC Colonial Slate & Shingle Blend Tile	l = 17" w = 12 ¾" 1" thick	PA 112	Flat, interlocking, high pressure extruded, concrete roof tile equipped with two nail holes. For direct deck or battened nail-on, mortar or adhesive set applications.
Trim Pieces	l = varies w = varies varying thickness	PA 112	Accessory trim, concrete roof pieces for use at hips, rakes, ridges and valley terminations. Manufactured for each tile profile.

#### 2.1 SUBMITTED EVIDENCE:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Redland Technologies	7161-03 Appendix III	Static Uplift Testing PA 102 & PA 102(A)	Dec. 1991
The Center for Applied Engineering, Inc.	94-084	Static Uplift Testing PA 101 (Mortar Set)	May 1994
The Center for Applied Engineering, Inc.	94-060A	Static Uplift Testing PA 101 (Adhesive Set)	March, 1994



NOA No.: 02-1205.06  
 Expiration Date: 12/16/07  
 Approval Date: 01/02/03  
 Page 2 of 7

The Center for Applied Engineering, Inc.	25-7094-2	Static Uplift Testing PA 102 (4" Headlap, Nails, Direct Deck, New Construction)	Oct. 1994
The Center for Applied Engineering, Inc.	25-7094-8	Static Uplift Testing PA 102 (4" Headlap, Nails, Battens)	Oct. 1994
The Center for Applied Engineering, Inc.	25-7094-5	Static Uplift Testing PA 102 (4" Headlap, Nails, Direct Deck, Recover/Reroof)	Oct. 1994
The Center for Applied Engineering, Inc.	25-7183-6	Static Uplift Testing PA 102 (2 Quik-Drive Screws, Direct Deck)	Feb. 1995
The Center for Applied Engineering, Inc.	25-7183-5	Static Uplift Testing PA 102 (2 Quik-Drive Screws, Battens)	Feb. 1995
The Center for Applied Engineering, Inc.	25-7214-1	Static Uplift Testing PA 102 (1 Quik-Drive Screw, Direct Deck)	March, 1995
The Center for Applied Engineering, Inc.	25-7214-5	Static Uplift Testing PA 102 (1 Quik-Drive Screw, Battens)	March, 1995
Redland Technologies	7161-03 Appendix II	Wind Tunnel Testing PA 108 (Nail-On)	Dec. 1991
Redland Technologies	Letter Dated Aug. 1, 1994	Wind Tunnel Testing PA 108 (Nail-On)	Aug. 1994
Redland Technologies	P0631-01	Wind Tunnel Testing PA 108 (Mortar Set)	July 1994
Redland Technologies	P0402	Withdrawal Resistance Testing of screw vs. smooth shank nails	Sept. 1993
The Center for Applied Engineering, Inc.	Project No. 307025 Test #MDC-77	Wind Driven Rain PA 100	Oct. 1994
Atlanta Testing & Engineering, Inc.	R1.894 R2.894 R3.894	Physical Properties PA 112	Aug. 1994
Professional Service Industries, Inc.	224-47099	Physical Properties PA 112	Sept. 1994
Celotex Corporation Testing Service	520109-1 520111-4	Static Uplift Testing PA 101	Dec. 1998
Celotex Corporation Testing Service	520191-1	Static Uplift Testing PA 101	March 1999
Walker Engineering, Inc.	Calculations	Aerodynamic Multiplier	March 1999
Walker Engineering, Inc.	Evaluation Calculations	25-7094	February 1996
Walker Engineering, Inc.	Evaluation Calculations	25-7496	April 1996



Walker Engineering, Inc.	Evaluation Calculations	25-7584 25-7804b-8 25-7804-4 & 5 25-7848-6	December 1996
Walker Engineering, Inc.	Evaluation Calculations	25-7183	March 1995
Walker Engineering, Inc.	Evaluation Calculations	Aerodynamic Multipliers	April 1999
Walker Engineering, Inc.	Calculations	Two Patty Adhesive Set System	April 1999

### 3. LIMITATIONS

- 3.1 Fire classification is not part of this acceptance.
- 3.2 For mortar or adhesive set tile applications, a static field uplift test shall be performed in accordance with RAS 106.
- 3.3 Applicant shall retain the services of a Miami-Dade County Certified Laboratory to perform quarterly test in accordance with TAS 112, appendix 'A'. Such testing shall be submitted to the Building Code Compliance Office for review.
- 3.4 Minimum underlayment shall be in compliance with the applicable Roofing Applications Standards listed section 4.1 herein.
- 3.5 30/90 hot mopped underlayment applications may be installed perpendicular to the roof slope unless stated otherwise by the underlayment material manufacturers published literature.
- 3.6 This acceptance is for wood deck applications. Minimum deck requirements shall be in compliance with applicable building code.

### 4. INSTALLATION

- 4.1 Monier Lifetile Flat Shake & Slate, Sierra Shake™ & Super Shake™, and Colonial Slate & Shingle Blend Concrete Roof Tile and its components shall be installed in strict compliance with Roofing Application Standard RAS 118, RAS 119, and RAS 120.
- 4.2 Data For Attachment Calculations

Tile Profile	Weight-W (lbf)	Length-l (ft)	Width-w (ft)
Monier Lifetile Shake & Slate, Tile	10.8	1.38	1.08
Monier Lifetile Sierra Shake™ & Super Shake™, and Colonial Slate & Shingle Blend Tile	11.1	1.42	1.03

Tile Profile	$\lambda$ (ft <sup>3</sup> )	
	Batten Application	Direct Deck Application
Monier Lifetile Shake & Slate, Sierra Shake™ & Super Shake™, and Colonial Slate & Shingle Blend Tile	0.267	0.289



Tile Profile	3":12"		4":12"		5":12"		6":12"		7":12" or greater	
	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
Monier Lifetile Shake & Slate, Sierra Shake™ & Super Shake™, and Colonial Slate & Shingle Blend Tile	6.57	7.52	6.47	7.43	6.33	7.27	6.17	7.09	6.00	6.90

Tile Profile	Fastener Type	Direct Deck (min 15/32" plywood)	Direct Deck (min. 19/32" plywood)	Battens
Monier Lifetile Shake & Slate, Sierra Shake™ & Super Shake™, and Colonial Slate & Shingle Blend Tile	2-10d Ring Shank Nails	30.9	38.1	17.2
	1-10d Smooth or Screw Shank Nail	7.3	9.8	4.9
	2-10d Smooth or Screw Shank Nails	14.0	18.8	7.4
	1 #8 Screw	30.8	30.8	18.2
	2 #8 Screw	51.7	51.7	24.4
	1-10d Smooth or Screw Shank Nail (Field Clip)	24.3	24.3	24.2
	1-10d Smooth or Screw Shank Nail (Eave Clip)	19.0	19.0	22.1
	2-10d Smooth or Screw Shank Nails (Field Clip)	35.5	35.5	34.8
	2-10d Smooth or Screw Shank Nails (Eave Clip)	31.9	31.9	32.2
	2-10d Ring Shank Nails <sup>1</sup>	50.3	65.5	48.3

<sup>1</sup> Installation with a 4" tile headlap and fasteners are located a min. of 2½" from head of tile.

Tile Profile	Tile Application	Minimum Attachment Resistance
Monier Lifetile Shake & Slate, Sierra Shake™ & Super Shake™, and Colonial Slate & Shingle Blend Tile	Adhesive	31.3 <sup>3</sup>

<sup>2</sup> See manufactures component approval for installation requirements.  
<sup>3</sup> Flexible Products Company TileBond Average weight per patty 13.9 grams. Polyfoam Product, Inc. Average weight per patty 8 grams.



Table 5A: Attachment Resistance Expressed as a Moment - $M_r$ (ft-lbf) for Single Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Monier Lifetile Shake & Slate, Sierra Shake™ & Super Shake™, and Colonial Slate & Shingle Blend Tile	PolyPro™	118.9 <sup>4</sup>
	PolyPro™	40.4 <sup>5</sup>
4 Large paddy placement of 45 grams of PolyPro™.		
5 Medium paddy placement of 24 grams of PolyPro™.		

Table 5B: Attachment Resistance Expressed as a Moment - $M_r$ (ft-lbf) for Mortar or Adhesive Set Systems		
Tile Profile	Tile Application	Attachment Resistance
Monier Lifetile Shake & Slate, Sierra Shake™ & Super Shake™, and Colonial Slate & Shingle Blend Tile	Mortar Set <sup>6</sup>	43.9
6 Tile-Tite Roof Tile Mortar.		

## 5. LABELING

All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo, or following statement: "Miami-Dade County Product Control Approved".

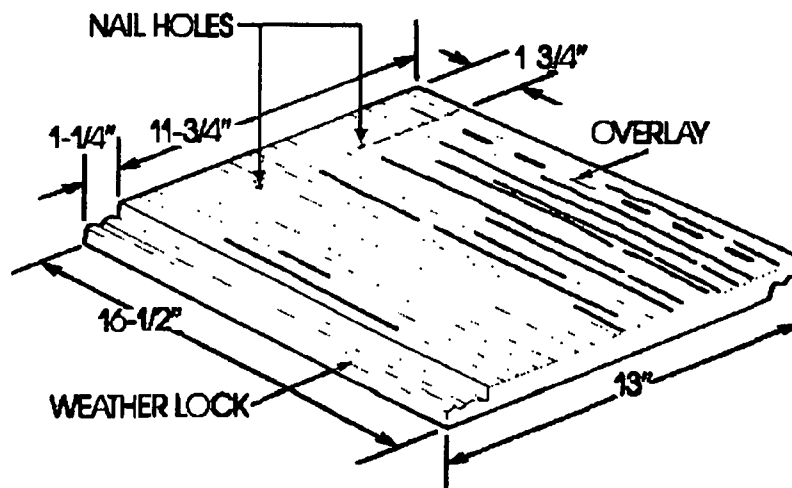
## 6. BUILDING PERMIT REQUIREMENTS

6.1 Application for building permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance.

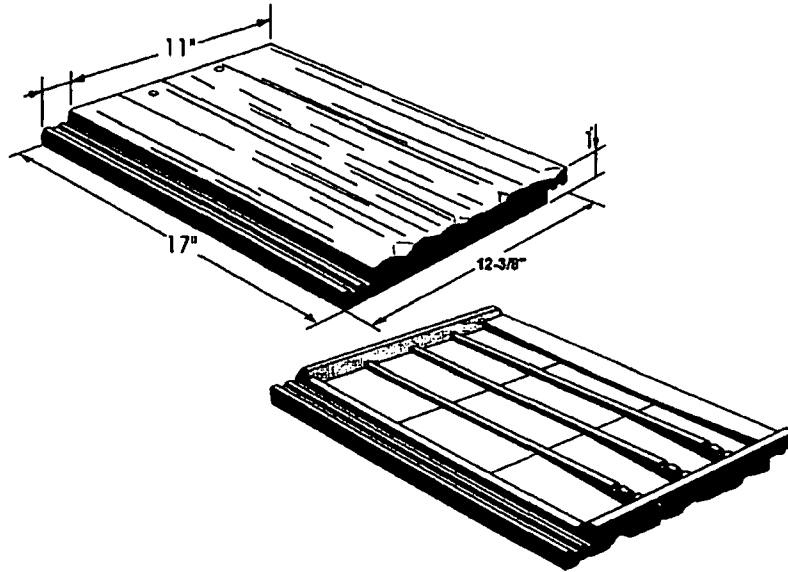
6.1.2 Any other documents required by the Building Official or applicable building code in order to properly evaluate the installation of this system.

### PROFILE DRAWINGS

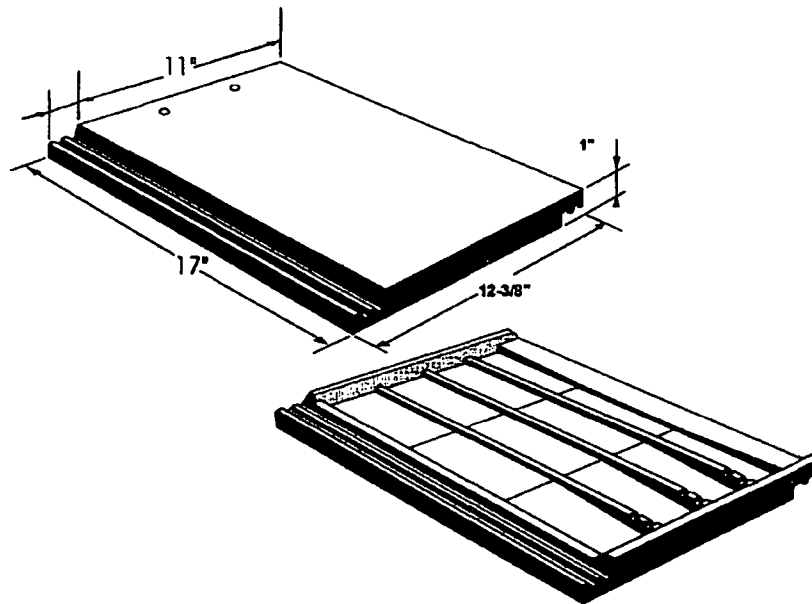


NOA No.: 02-1205.06  
 Expiration Date: 12/16/07  
 Approval Date: 01/02/03  
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**MONIER LIFETILE SHAKE & SLATE CONCRETE ROOF TILE**



**MONIER LIFETILE SIERRA SHAKE & SUPER SHAKE CONCRETE ROOF TILE**



**MONIER LIFETILE COLONIAL SLATE & SHINGLE BLEND CONCRETE ROOF TILE**

**END OF THIS ACCEPTANCE**



NOA No.: 02-1205.06  
Expiration Date: 12/16/07  
Approval Date: 01/02/03  
Page 7 of 7



MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

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

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

Polyfoam Products, Inc.  
2400 Spring-Stuebner Road  
Spring, TX 77383-1132

CONTRACTOR LICENSING SECTION  
(305) 375-2527 FAX (305) 375-2558

CONTRACTOR ENFORCEMENT DIVISION  
(305) 375-2966 FAX (305) 375-2908

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

Your application for Notice of Acceptance (NOA) of:

**Two Component Polyurethane Foam Adhesive**

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0521.02  
EXPIRES: 05/10/2006

Raul Rodriguez  
Chief Product Control Division

**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL  
CONDITIONS  
BUILDING CODE & PRODUCT REVIEW COMMITTEE**

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

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

APPROVED: 06/14/2001





**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)**

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**Polyglass USA Inc.  
150 Lyon Drive  
Fernley, NV 89408**

**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: Polystick P, IR/IRX, TU, TU Plus and MU Underlayments**

**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 revises NOA # 03-0818.03 and consists of pages 1 through 6.  
The submitted documentation was reviewed by Jorge L. Acebo.



**NOA No 04-0810.03  
Expiration Date: 09/13/06  
Approval Date: 11/24/05  
Page 1 of 6**

## ROOFING COMPONENT APPROVAL

**Category:** Roofing  
**Sub-Category:** Underlayment  
**Material:** SBS , APP Self-Adhering Modified Bitumen

### PRODUCTS DESCRIPTION:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Polystick P underlayment	Roll: 75' x 3' 40 mils thick	ASTM D 1970	A polyethylene top surface, self-adhering, SBS polymer modified bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as an ice & rain shield.
Polystick IR/IRX underlayment	Roll: 65'8" x 3'3-3/8" 80 mils thick	TAS 103 and ASTM D 1970	A fine granular/sand top surface self-adhering, APP polymer modified, fiberglass reinforced, bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as an ice & rain shield and as a flat roof tile underlayment.
Polystick TU underlayment	Roll: 32'10" x 3'3-3/8" 100 mils thick	TAS 103 and ASTM D 1970	A heavy granuled surface self adhering, APP polymer modified, fiberglass or polyester reinforced, bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as a a roof tile underlayment.
Polystick TU Plus underlayment	Roll: 65'8" x 3'3-3/8" 80 mils thick	TAS 103 and ASTM D 1970	A non-wicking fabric surfaced, self-adhering, APP polymer modified, fiberglass reinforced with a high strength polyester fabric, bituminous sheet material for use an an underlayment in sloped roof assemblies. Designed as a metal roofing and roof tile underlayment.
Polystick MU underlayment	Roll: 65'8" x 3'3-3/8" 80 mils thick	TAS 103 and ASTM D 1970	A non-wicking fabric surfaced, self-adhering, APP polymer modified, fiberglass reinforced, bituminous sheet material for use an an underlayment in sloped roof assemblies. Designed as a metal roofing and roof tile underlayment.



**EVIDENCE SUBMITTED:**

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Exterior Research & Design, LLC	#11756.04.01-1	TAS 103	04/27/01
	#11756.08.01-1	ASTM D 1970	08/14/01
	#02202.08.05	TAS 103	08/29/05
PRI Asphalt Technologies	PRI01111	ASTM D 4977	04/08/02
	PUSA-005-02-01	ASTM D 4977	01/31/02
	PUSA-018-02-01	ASTM D 2523	07/14/03



## INSTALLATION:

<b>Deck Type 1:</b>	Wood, non-insulated, new construction
<b>Base Sheet:</b>	One or more plies of ASTM D 226 Type II or ASTM D 2626 or Polyprotector UDL or Polyprotector UDL AS.
<b>Fastening:</b>	Nails and tin caps 12" grid, 6" o.c. at laps. (for base sheet only)
<b>Membrane:</b>	Polystick membranes self-adhered.
<b>Surfacing:</b>	None

1. All nails in the deck shall be carefully checked for protruding heads. Re-fasten any loose decking panels, and sweep the deck thoroughly to remove any dust and debris prior to application.
2. Place the underlayment over metal drip edge in accordance with RAS 111.
3. Place the first course of membrane parallel to the eave, rolling the membrane to obtain maximum contact. Remove the release film as the membrane is applied. . All side laps shall be a minimum of 3-½" and end laps shall be a minimum of 6." Roll the membrane into place after removing the release strip. Vertical strapping of the roof with Polystick is acceptable. Membrane shall be back nailed in accordance with applicable building code.
4. When applying the membrane in the valley, start at the low point and work to the high point, rolling the membrane from the center outward in both directions.
5. For ridge applications, center the membrane and roll from the center outward in both directions.
6. Roll or broom the entire membrane surface so as to have 100% contact with the surface, giving special attention to lap areas. Polystick TU and TU Plus shall not be left exposed as a temporary roof for longer than 180 days after application. Polyglass reserves the right to revise or alter product exposure times.
7. Flash vent pipes, stacks, chimneys and penetrations in compliance with Roof Assembly current Product Control Notice of Acceptance.
8. All protrusions or drains shall be initially taped with a 6" piece of underlayment. The flashing tape shall be pressed in place and formed around the protrusion to ensure a tight fit. A second layer of Polystick shall be applied over the underlayment.



**LIMITATIONS:**

1. Fire classification is not part of this acceptance.
2. Polystick P and IR/IRX may be used in asphaltic shingles, wood shakes and shingles, non-structural metal roofing, and quarry slate roof assemblies. Polystick P shall not be used as roof tile underlayment.
3. Deck requirements shall be in compliance with applicable building code.
4. Polystick membranes shall be applied to a smooth, clean and dry surface. The deck shall be free of irregularities.
5. Polystick membranes shall not be applied over an existing roof membrane.
6. Polystick P shall not be left exposed as a temporary roof for longer than 30 days after application. Polystick IR/IRX, or MU shall not be left exposed as a temporary roof for longer than 90 days after application. Polystick TU and TU Plus shall not be left exposed as a temporary roof for longer than 180 days after application. Polyglass reserves the right to revise or alter product exposure times.
7. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code.
8. In roof tile application, data for the attachment resistance of roof tiles shall be as set forth in the roof tile manufacturer's Notice. Polystick TU, TU Plus and MU may be used in both adhesive set and mechanically fastened roof tile applications. Polystick IR/IRX is limited to mechanically fastened roof tile applications. The maximum roof slope for use as roof tile underlayment for (direct-to-deck) tile assemblies shall be as described below:

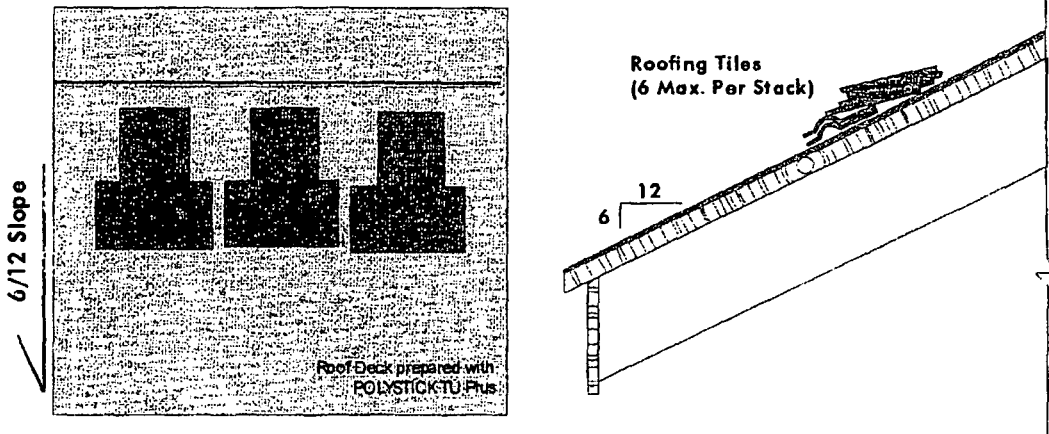
Tile Profile	Polystick IR/IRX	Polystick MU	Polystick TU, TU Plus
Flat Tile	5:12	No limitation	No limitation
Profiled Tile	Prohibited	5:12	No limitation

The above slope limitations can be exceeded only by using battens and counter battens in accordance with the Approved Tile System Notice of Acceptance and applicable Florida Building Code requirements.



**LIMITATIONS: (CONTINUED)**

9. Care should be taken during the loading procedure to keep foot traffic to a minimum and to avoid dropping of tile directly on the underlayment. Refer to Polyglass Tile loading detail for loading procedure.



10. Refer to prepared roofing system Product Control Notice of Acceptance for listed approval of this product with specific prepared roofing products. Polystick P, IR/IRX, TU, TU Plus & MU may be used with any approved roof covering Notice of Acceptance listing Polystick P, IR/IRX, TU, TU Plus & MU as a component part of an assembly in the Notice of Acceptance. If Polystick P, IR/IRX, TU, TU Plus & MU is not listed, a request may be made to the Authority Having Jurisdiction (AHJ) or the Miami-Dade County Product Control Department for approval provided that appropriate documentation is provided to detail compatibility of the products, wind uplift resistance, and fire testing results.

**LABELING:**

1. All membranes shall bear the imprint or identifiable marking of the manufacturer's name or logo, the Miami-Dade County logo or the following statement: "Miami-Dade County Product Control Approved".

**BUILDING PERMIT REQUIREMENTS:**

1. Application for building permit shall be accompanied by copies of the following:
  - 1.1 This Notice of Acceptance.
  - 1.2 Any other documents required by the Building Official or applicable building code in order to properly evaluate the installation of this materials.

**END OF THIS ACCEPTANCE**





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)**

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**GAF Material Corporation**  
1361 Alps Road  
Wayne, NJ 07470

### **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 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: GAF Ruberoid® Modified Bitumen Roof System for 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 renews NOA #02-0408.10 and consists of pages 1 through 31.  
The submitted documentation was reviewed by Frank Zuloaga, RRC.



NOA No: 03-0501.02  
Expiration Date: 11/06/08  
Approval Date: 10/23/03  
Page 1 of 32

## ROOFING SYSTEM APPROVAL

**Category:** Roofing  
**Sub-Category:** SBS/APP, Modified Bitumen  
**Deck Type:** Wood  
**Maximum Design Pressure** -75 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>
GAF Asphalt Concrete Primer (Matrix™ 307 Primer)	5, 55 gallons	ASTM D 41	Asphalt concrete primer used to promote adhesion of asphalt in built-up roofing.
GAF Mineral Shield® Granules	60 lb. Bags 100 lb. bags	ASTM D 1863	Granules for surfacing of exposed asphalt, cold process cement or emulsion. GAF Mineral Shield® Granules shall be used for flashing applications only.
GAF WeatherCoat® Emulsion (Matrix™ Fibered 305 Emulsion)	5 gallons	ASTM 1227	Surface coating for smooth surfaced roofs.
GAF Premium Fibered Aluminum Roof Coating (Matrix™ System Pro Aluminum Roof Coating Fibered 301)	1, 5 gallons	ASTM D 2824	Fibered aluminum coating.
GAF Jetblack All Weather Plastic Cement (Matrix™ Standard Wet/Dry Roof Cement 204)	1, 5 gallons	ASTM D 3019 ASTM D 3409	Refined asphalt blended with a mineral stabilizer and fibers. Permits adhesion to wet and dry surfaces.
GAFGLAS #75®	39.37" (1 meter) Wide	ASTM D 4601	Asphalt impregnated and coated glass mat base sheet.
GAFGLAS #80 Ultima™ Base Sheet	39.37" (1 meter) Wide	ASTM D4601	Asphalt impregnated and coated, fiberglass base sheet
GAFGLAS Flex Ply™ 6	39.37" (1 meter) Wide	ASTM D 2178	Type VI asphalt impregnated glass felt with asphalt coating.
GAFGLAS Ply 4®	39.37" (1 meter) Wide	ASTM D 2178	Type IV asphalt impregnated glass felt with asphalt coating.
GAFGLAS® Mineral Surfaced Cap Sheet	39.37" (1 meter) Wide	ASTM D 3909	Asphalt coated, glass fiber mat cap sheet surfaced with mineral granules.
GAFGLAS® STRATAVENT® Eliminator Perforated	39.37" (1 meter) Wide	ASTM D3672 ASTM D 4897	Fiberglass base sheet coated on both sides with asphalt. Surfaced on the bottom side with mineral granules embedded in asphaltic coating with factory perforations.





<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
GAFGLAS® Flashing	various		Asphalt coated glass fiber mat flashing sheet available in three sizes.
GAFGLAS® STRATAVENT® Eliminator Perforated Nailable	39.37" (1 meter) Wide	ASTM D3672 ASTM D 4897	Fiberglass base sheet coated on both sides with asphalt. Surfaced on the bottom side with mineral granules embedded in asphaltic coating.
RUBEROID® SBS Heat-Weld™ Smooth	1 meter (39.37") wide	ASTM D-6164	Non-Woven Polyester mat coated with polymer-modified asphalt and smooth surfaced.
RUBEROID® SBS Heat-Weld™ Granule	1 meter (39.37") wide	ASTM D-6164	Non-Woven Polyester mat coated with polymer modified asphalt and surfaced with mineral granules.
RUBEROID® SBS Heat-Weld™ 170 FR	1 meter (39.37") wide	ASTM D-6164	Non-Woven Polyester mat coated with fire retardant polymer modified asphalt and surfaced with mineral granules.
RUBEROID® SBS Heat-Weld™ PLUS	1 meter (39.37") wide	ASTM D-6164	Non-Woven Polyester mat coated with polymer modified asphalt and surfaced with mineral granules.
RUBEROID® SBS Heat-Weld PLUS FR	1 meter (39.37") wide	ASTM D-6164	Non-Woven Polyester mat coated with fire retardant polymer modified asphalt and surfaced with mineral granules.
RUBEROID Modified Base Sheet	39.37" (1 meter) Wide	ASTM D4601, Type II, UL Type G2 BUR	Premium glass fiber reinforced SBS-modified base sheet
RUBEROID® Modified Bitumen Adhesive	5 gallons	ASTM D 3019 Type III	Fiber reinforced, rubberized Adhesive
RUBEROID® SBS Heat-Weld™ 25	1 meter (39.37") wide	ASTM D-6164	Non-Woven Polyester mat coated with polymer-modified asphalt and smooth surfaced.
Ruberoid® Mop Granule	39.37" (1 meter) Wide	ASTM D 6222 ASTM D 5147	Non-woven polyester mat coated with polymer modified asphalt and surfaced with mineral granules.
RUBEROID MOP Smooth	1 sq. roll 87 lbs.	ASTM D 6298 ASTM D 5147	Non-woven polyester mat coated with polymer-modified asphalt and smooth surfaced.
RUBEROID MOP PLUS	39.37" (1 meter) Wide	ASTM D 6164 ASTM D 5147	Non-woven polyester mat coated with polymer modified asphalt and surfaced with mineral granules.
RUBEROID MOP 170FR	39.37" (1 meter) Wide	ASTM D 6164 ASTM D 5147	Non-Woven polyester mat coated with fire retardant polymer modified asphalt and surfaced with mineral granules.
RUBEROID MOP FR	39.37" (1 meter) Wide	ASTM D 6164 ASTM D 5147	Non-Woven polyester mat coated with fire retardant polymer modified asphalt and surfaced with mineral granules.
RUBEROID TORCH Smooth	39.37" (1 meter) Wide	ASTM D 6222 ASTM D 5147	Heavy duty, polyester reinforced, asphalt modified bitumen membrane, smooth surface.



<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
RUBEROID TORCH Granule	39.37" (1 meter) Wide	ASTM D 6222 ASTM D 5147	Heavy duty, polyester reinforced, asphalt modified bitumen membrane, granule surface.
RUBEROID TORCH PLUS	39.37" (1 meter) Wide	ASTM D 6222 ASTM D 5147	Heavy duty, polyester reinforced, asphalt modified bitumen membrane, granule surface
RUBEROID TORCH FR	39.37" (1 meter) Wide	ASTM D 6222 ASTM D 5147	Heavy duty, polyester reinforced, coated with fire retardant asphalt modified bitumen membrane, granule surface.
RUBEROID 170FR TORCH	39.37" (1 meter) Wide	ASTM D 6222 ASTM D 5147	Heavy duty, polyester reinforced, coated with fire retardant asphalt modified bitumen membrane, granule surface.
Ruberoid® 20	39.37" (1 meter) Wide	ASTM D 6163 ASTM D 5147	SBS modified asphalt base sheet reinforce with a glass fiber mat.
Ruberoid® 30	39.37" (1 meter) Wide	ASTM D 6163 ASTM D 5147	Non woven fiberglass mat coated with polymer modified asphalt and surfaced with mineral granules.
Ruberoid® 30 FR	39.37" (1 meter) Wide	ASTM D 6298 ASTM D 5147	Non woven fiberglass mat coated with fire retardant, polymer modified asphalt and surfaced with mineral granules.1
RUBEROID® ULTRA CLAD® SBS	39.37" (1 meter) Wide	ASTM D 6163 ASTM D 5147	Woven fiberglass mat coated with Polymer modified asphalt surfaced with aluminum, copper or stainless steel foil.
RUBEROID® Dual FR	39.37" (1 meter) Wide	ASTM D 6164 ASTM D 5147	Non-woven polyester and fiberglass mat coated with fire retardant, polymer-modified asphalt and surfaced with mineral granules.
Vent Stacks (metal and plastic)		PA 100(A) ASTM D 1929 ASTM D 635	One-way valve vent used to relieve built-up pressure within the roof system. GAF Vent Stacks are available in metal or plastic.
GAF Aluminum Emulsion	5 gallons	None	Mineral colloidal bituminous emulsion with reflective aluminum flakes
GAF Aluminum Roof Paint (Matrix™ System Pro Aluminum Roof Coating Fibered 302)	5 gallons	ASTM D2824, Type I	Non-fibered. Aluminum pigmented, asphalt roof coating
GAF Built-Up Roofing Asphalt	100 lb. cartons, bulk	ASTM D312, Types I, II, III and IV	Interply mopping and surfacing asphalt
RUBEROID MOD Asphalt, Asphalt L & Asphalt P Shingle-Mate™ Underlayment	60 lb. kegs 4 sq. roll 30 lbs.		SEBS modified asphalt Fiberglass reinforced shingle underlayment
Tile-Mate Modified Base Sheet	1.5 sq. roll	ASTM D 5147	SBS modified asphalt base sheet and interply sheet reinforce with a glass fiber mat tile underlayment.



**Membrane Type:** APP/SBS Heat Weld  
**Deck Type 1:** Wood, Non-insulated  
**Deck Description:**  $\frac{19}{32}$ " or greater plywood or wood plank decks  
**System Type E (1):** Base sheet mechanically fastened.

**All General and System Limitations shall apply.**

**Base sheet:** GAFGLAS #80 Ultima™ Base Sheet, STRATAVENT® Eliminator Perforated Nailable, RUBEROID Modified Base Sheet, RUBEROID MOP Smooth, RUBEROID® 20, RUBEROID SBS Heat-Weld™ Smooth or RUBEROID SBS Heat-Weld 25 base sheet mechanically fastened to deck as described below;

**Fastening Options:** GAFGLAS® Ply 4®, GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the lap staggered and in two rows 12" o.c. in the field.

*(Maximum Design Pressure –45 psf, See General Limitation #7)*

GAFGLAS® Ply 4®, GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 12" o.c. in 3 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 12" o.c. in the field of the sheet.

*(Maximum Design Pressure –45 psf, See General Limitation #7)*

GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the 4" lap staggered and in two rows 9" o.c. in the field.

*(Maximum Design Pressure –52.5 psf, See General Limitation #7)*

GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 12" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet.

*(Maximum Design Pressure –60 psf, See General Limitation #7)*

Any of above Base sheets attached to deck approved annular ring shank nails and 3" inverted Drill-Tec (GAFTITE) insulation plates at a fastener spacing of 9" o.c. at the 4" lap staggered in two rows 9" in the field.

*(Maximum Design Pressure –60 psf, See General Limitation #7)*

GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 8" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet.

*(Maximum Design Pressure –75 psf, See General Limitation #7)*

**Ply Sheet:** (Optional except over RUBEROID Modified Base Sheet, RUBEROID MOP Smooth, RUBEROID® 20, RUBEROID SBS Heat-Weld™ Smooth or RUBEROID SBS Heat-Weld) One or more plies GAFGLAS PLY 4®, GAFGLAS® PLY 6® Ply or GAFGLAS Flex Ply 6 sheet adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or Ruberoid Torch Smooth torch applied according to manufacturer's application instructions.



**Membrane:**

One ply of Ruberoid® Torch Smooth, Ruberoid® Torch Granule, Ruberoid® Torch Plus Granule or Ruberoid® Torch FR torch applied according to manufacturer's application instructions.

Or

One or more plies of RUBEROID® SBS Heat-Weld™ PLUS, RUBEROID® SBS Heat-Weld™ PLUS FR, RUBEROID® SBS Heat-Weld™ 170 FR, RUBEROID® SBS Heat-Weld™, RUBEROID® SBS Heat-Weld™ Smooth, RUBEROID® UltraClad™ SBS and RUBEROID® SBS Heat-Weld™ 25 applied according to manufacturer's application instructions.

**Surfacing:**

(Optional) Install one of the following:

1. Gravel or slag applied at 400 lb./sq. and 300 lb./sq. respectively in a flood coat of approved asphalt at 60 lb./sq.
2. GAF Premium Fibered Aluminum Roof Coating, at 1.5 gal. /sq. or GAF WeatherCoat® Emulsion at 3 gal./sq. (Torch Smooth applications only)
3. GAF Weathercote® MB+(Matrix 715 MB Coating), Applied at 1 to 1.5 gal./sq.
4. Top Coat® Surface Seal SB(Matrix 602 SB Coating), Applied at 1 to 1.5 gal./sq.

**Maximum Design**

**Pressure:**

See Fastening Above



## WOOD DECK SYSTEM LIMITATIONS:

1. A slip sheet is required with Ply 4 and Flex Ply™ 6 when used as a mechanically fastened base or anchor sheet.
2. Minimum ¼" Dens Deck or ½ Type X gypsum board is acceptable to be installed directly over the wood deck.

## 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 Engineer, 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. **(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.)**
10. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code.

END OF THIS ACCEPTANCE



NOA No: 03-0501.02  
Expiration Date: 11/06/08  
Approval Date: 10/23/03  
Page 32 of 32



8149

## TOWN OF SEWALL'S POINT

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

### CORRECTION NOTICE

ADDRESS: 5 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.

DRY-IN

RESCHEDULE WHEN PERSONNEL  
ARE ON SITE TO CUT  
ASPHALT FELTS FOR  
NAILING OF SHEATHING  
INSPECTION -

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

DATE: 8/4

A handwritten signature in black ink, appearing to be "AM", is written over a horizontal line.

INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8-4, 2006 Page 1 of    

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5185	Jones (Spiegel)	<del>Final</del>	DONE	223-2024
1 <sup>st</sup>	14 Heron's Nest OB	<del>WATER</del> COURTESY MSP		DUSSEL- INSPECTOR: <i>[Signature]</i>
8072	Schweder	Final Roof	PASS	CLOSE
3	4 Ridgeland Dr Cardinal Roof.			INSPECTOR: <i>[Signature]</i>
786	Walker	wire lathe	PASS	PARTIAL REAR
1 <sup>st</sup>	6 Crane's Nest Janaw	stucco for soffits		& NORTH SIDE INSPECTOR: <i>[Signature]</i>
<del>5149</del>	<del>Missouri</del>	<del>DRY IN</del>	<del>FAIL</del>	
4	5 Gumbo Limbo Way TC Roofing			INSPECTOR: <i>[Signature]</i>
MC0100	Hochstetter	Renovations	FAIL	
2A	725 River OB			INSPECTOR: <i>[Signature]</i>
		COURTESY	DONE	
	27. N. RIVER			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8-9, 2006 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>0082</del>	<del>5 Gumbo Jumbo</del>	<del>dry in sheling</del>	<del>PASS</del>	
8	5 Gumbo Jumbo TC Roofing	172-770-2880	call to meet with	INSPECTOR: <i>[Signature]</i>
0084		DRY-IN	PASS	
5	110 SE HILLCRESTER.			INSPECTOR: <i>[Signature]</i>
0090		DRY-IN	FAIL	
3	2 MINDORO			INSPECTOR: <i>[Signature]</i>
0080		ROOF	FAIL	
4	55 S.S. P.R.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

\_\_\_\_\_

\_\_\_\_\_



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9-20, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7	Falter 915 River Rd Pacific Roof/Attly's	10AM Please		CONFERRED w/ HOMEOWNERS & ATTORNEY'S INSPECTOR:
786	Walker	STRAPPING + SHEATHING	FAIL	
3	Le Cranes Nest Saniero			INSPECTOR: <i>OW</i>
<del>8149</del>	<del>Buonore</del>	<del>In progress</del>	<del>PASS</del>	
6	5 Gumbo Limbo TC Roofing			INSPECTOR: <i>OW</i>
Tree	Jender	Tree	PASS	
2	3 Oakwood Trop Palms			INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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



## TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

### CORRECTION NOTICE

ADDRESS: 5 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.

(FINAL POOF) - PASSED

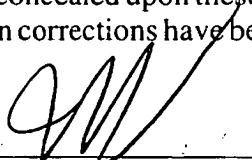
REMOVE EXCESS ROOF MAT. FROM SITE

INSTALL SAFETY BARRIER AROUND POOL.

INSTALL SILT SCREEN AT ROAD - SAND & DEBRIS ARE ENTERING GUTTER & STORM WATER LINES -

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: 9/29



INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9-29, 2006 Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7643	Merrill	Final - receptacle	FAIL	
7	24 Fieldway Dr O/B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6844	Dunker	FINAL SPA+Elect	FAIL	
13	19 Periwinkle Crce. O/B		PASS	REINSPECTED LATER ON 10/11 INSPECTOR: <i>AW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7122	Dunker	Tree	PASS	
14	19 Periwinkle Crce. O/B			INSPECTOR: <i>AW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8119</del>	<del>1515 Sycamore</del>	<del>FINAL</del>	<del>PASS</del>	<del>CURB</del>
6	5 Gumbo Limbo TC Roofing			INSPECTOR: <i>AW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8222	Manley	Footer	FAIL	
2	39 W High Pt Worrell			INSPECTOR: <i>AW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Dyer	Tree	PASS	
3	9 Pineapple Ln Shade Tree			INSPECTOR: <i>AW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8391	Coviella	Lotte	PASS	
15	8 N Sewalls Pt Rd Palm City Plaster			INSPECTOR: <i>AW</i>
OTHER:				

8244

---

POOL SPA

---

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

Martin County SPOI-  
MASTER PERMIT NO. 2006 0015

TOWN OF SEWALL'S POINT

Date 5-26-06 BUILDING PERMIT NO. 8244  
Building to be erected for Briscoe Type of Permit Pool Spa + Deck  
Applied for by Harbor Bay Pools (Contractor) Building Fee \$240  
Subdivision Indalucia Lot 6 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_  
Address 5 Gumbo Limbo Way Impact Fee \_\_\_\_\_  
Type of structure SFR A/C Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_  
35 37-41-002-0060006040000 Electrical Fee \_\_\_\_\_  
Roofing Fee \_\_\_\_\_

Amount Paid \$240 Check # 26993 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_  
Total Construction Cost \$ 147350 TOTAL Fees 240

Signed Richard Harrison Applicant Signed Valerie Dreyer Town Building Official  
Dept Clerk



Town of Sewall's Point
BUILDING PERMIT APPLICATION

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

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

OWNER/TITLEHOLDER NAME: ROBERT BRISCOE Phone (Day) 336-3373 (Fax) \_\_\_\_\_

Job Site Address: 5 GUMBO LIMBO WAY City: STUART State: FL Zip: 34986

Legal Desc. Property (Subd/Lot/Block) LOT 6, BLK 6, INDIALUCIE Parcel Number: 35-37-41-002-006-00060-4

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

Description of Work To Be Done: CONSTRUCTION OF POOL, SPA, DECK

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 47,350
(Notice of Commencement needed over \$2500)
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_

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

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

(If yes, Owner Builder Affidavit must accompany application)

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

CONTRACTOR/Company: HARBOR BAY POOLS, INC. Phone: 772-878-8806 Fax: 772-878-8859

Street: 1919 SW S. MACEDO BLVD. City: PORT ST. LUCIE State: FL Zip: 34984

State Registration Number: RPO067256 State Certification Number: RPO067256 Martin County License Number: SP02391

SUBCONTRACTOR INFORMATION:

Electrical: G+G ELECTRIC State: FL License Number: ER0015362
Mechanical: State: License Number:
Plumbing: HARBOR BAY POOLS, INC. State: FL License Number: RP 0067256
Roofing: State: License Number:

ARCHITECT Lic.#: Phone Number:
Street: City: State: Zip:

ENGINEER SENG-CHAI TAN Lic# 46765 Phone Number: 561-533-0465
Street: 345 ALHAMBRA PL. City: W. PALM BEACH State: FL Zip: 33405

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)
State of Florida, County of: ST. LUCIE
This the 6 day of March, 2006
by ROBERT BRISCOE who is personally known to me or produced IN PERSON as identification. Karen L. Swinson

CONTRACTOR SIGNATURE (required)
On State of Florida, County of: ST. LUCIE
This the 7 day of March, 2006
by WADE M. CLARKE who is personally known to me or produced As identification. Karen L. Swinson

My Commission Expires: My Commission CC991758 Expires Jan 3, 2009

My Commission Expires: My Commission CC991758 Expires Jan 3, 2009

## **SWIMMING POOL AND DECK (Revised 12/28/05)**

### **PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR SWIMMING POOL AND DECK**

**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 Appraiser's parcel number or property control number
2. Legal description of property (can be found on your deed, survey or tax bill)
3. Contractor's name, address, phone, fax and license numbers.
4. Name all sub-contractors (properly licensed)
5. Architect or engineer name, address, & phone number.
6. Scope of work
7. Estimated cost of construction.
8. Original signature of owner, notarized
9. Original signature of contractor, notarized.

#### **Submittals (2 copies)**

1. Current survey (**mean high water if project is on waterfront property**) containing the following information:
  - a. Location of proposed and existing pool and deck along with dimensions to property lines
  - b. Location of pool equipment and heaters
  - c. Location of all accessory buildings or structures
  - d. Flood zone line or lines in relationship to structures proposed or existing
  - e. Flood zone with base floor elevation with current adoption date
  - f. Legal description of lot
  - g. Lot dimensions and bearings
  - h. Street and waterway names
  - i. Grade elevations (proposed and existing)
  - j. Easements
  - k. Setbacks
  - l. All encroachments into setbacks
  - m. Impervious/pervious calculations
  - n. All encroachments must be abated or variances received prior to issuance of building permit.
  - o. Certified to the Town of Sewall's Point
2. Statement of fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. Application for tree removal or relocation (attach tree survey and removal or relocation plan)
5. A certified copy of the Notice of Commencement for any work over \$2500.00

6. Copy of license (either Martin County Certificate of Competency or state certified or registered contractor license)
7. Copy of certificate of workmen's compensation insurance or exemption
8. Copy of certificate of liability insurance

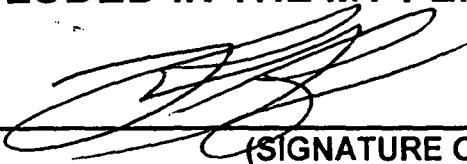
**The following documents must be signed and sealed by a registered architect or engineer. (2 copies) Note: All plans must be certified for compliance with 2004 FBC with amendments.**

1. **Foundation Plan containing the following information:**
  - a. Cross section of footer with steel callout (size, lap and placement)
  - b. All footings and pad locations
  - c. Dimensions of all footing and pads
  - d. Step downs
  - e. Footing and pad call outs for size (width and depth), steel (size, lap and placement)
  
2. **Pool Construction Plan containing the following information:**
  - a. Plan to include pool size, deck size
  - b. Pool dimensions and volume in gallons
  - c. Pool profile showing depth and slope.
  - d. Pool wall section. Indicate when in the angle of repose.
  - e. Provide angle of repose detail when required
  - f. Provide vapor barrier for all concrete decks
  - g. Provide pump make, model and capacity. Detail compliance with FBC
  - h. Provide piping diagram including suction inlet covers, vacuum cleaner system with isolation valves must have protective inlets by an approved antivortex cover, 12" x 12" grate or larger; or other approved means.
  - i. Backup system when grate covers are missing alternative vacuum relief devices shall include approved vacuum release system, approved vent piping or other approved devices or means.
  - j. Minimum two (2) suction inlets per pump. Minimum three (3) feet separation, and located on two (2) different planes.
  - k. Vacuum or pressure cleaner fitting(s) must be accessible at least six (6) inches and not greater than twelve (12) inches below the minimum operating water level or as an attachment to the skimmer(s)
  - l. Pumps must have strainer on inlet side and be mounted on substantial base
  - m. Capacity following heads, pressure diatomaceous earth – at least sixty (60) ft, vacuum diatomaceous earth – twenty (20) inch vacuum on the suction side and forty (40) feet total head, rapid sand – at least forty-five (45) feet and high rate sand – at least sixty (60) feet.
  - n. Valves when under concrete slab must be located in a pit minimum five (5) pipe diameters minimum of ten (10) inches with cover.
  - o. Full-way (gate) valves when below overflow rim of pool a valve must be installed on discharge outlet and suction line.



- p. Check valves must be of the swing or vertical check patterns
- q. Water supply must have backflow
- r. No over the rim fill spout unless under diving board or guarded
- s. Water depth more than 24 inches must have ladder or steps (max. step rise 12 inches)
- t. More than five (5) foot depth must have ladders, stairs or underwater benches/swimouts in deep end.
- u. If diving equipment is used swimouts must be recessed or located in the corner
- v. Show ladder and handrail detail
- w. Detail electrical bonding and compliance to NEC
- x. Surface skimmers are required
- y. One (1) per 1000 square feet of surface area
- z. Minimum flow rate of 25 GPM per skimmer
- aa. One (1) main outlet must be installed in deepest point
- bb. One (1) inlet fitting per 15,000 gallons
- cc. Where more than one (1) is required must be a minimum of 10 feet separation
- dd. Show the slide
- ee. Detail electric bonding and compliance to manufacturer's specifications
- ff. Show diving board
- gg. Detail electric bonding and compliance to manufacturer's specifications
- hh. Show location of hand holds when required
- ii. Provide electric diagram
- jj. Indicate equipment location on survey
- kk. Equipment must be on concrete base or slab

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



(SIGNATURE OF APPLICANT)

ROBERT BRISCOE

DATE SUBMITTED: \_\_\_\_\_

3-21-06

### REVISED CRITIQUE

Owner: Robert Briscoe

Date: April 25, 2006

Contractor: Harbor Bay Pools

Contractor's Phone Number: 878-8806

Plan Reviewer: Gene Simmons

### PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR POOL, SPA AND POOL DECK LOCATED AT 5 GUMBO LIMBO WAY

#### Submittals (2 copies)

1. Current survey (**within one year**) containing the following information:
  - a. Location of proposed pool, spa, pool equipment and deck along with dimensions to property lines.

Submitted survey does not show distance from pool deck to side property line as requested in prior critique as stated above.

**ADDITIONAL REVIEW FEE OF \$250.00 IS REQUIRED.**

*Rec'd 4 copies  
5/15/06  
m*

RECEIVED  
R 4-27-06

RECEIPT	DATE	4-27-06	No.	013202
	RECEIVED FROM	Harbor Bay Pools		\$250
	FOR RENT			
	FOR	Reserve fee 5 Gumbo		
ACCOUNT		<input type="radio"/> CASH	FROM	
PAYMENT	OK 20512	<input checked="" type="radio"/> CHECK	BY	Valerie
BAL. DUE		<input type="radio"/> MONEY ORDER		

878-8806 -  
Karen  
Harbor Bay

RECEIVED  
4/24/06

SEWALLS POINT PERMIT DEPT.

#287-2455 x 13 LAURA

CRITIQUE

M-F 8-4PM

Owner: Robert Briscoe  
Contractor: Harbor Bay Pools  
Contractor's Phone Number: 878-8806

Date: March 21, 2006  
Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS  
FOR POOL, SPA AND POOL DECK LOCATED AT 5 GUMBO LIMBO  
WAY

Submittals (2 copies)

↳ RECEPTIONIST (LAURA)  
↳ TOWN MGR.  
↳ GENE SIMMONS.  
2 WKS.

1. Current survey (within one year) containing the following information:
  - a. Location of proposed pool, spa, pool equipment and deck along with dimensions to property lines.
  - b. Certification to the Town Of Sewall's Point (current) <sup>NEEDS TO BE</sup> certified to owner & town
2. Submitted copy of survey shows pool and deck setting inside setback areas, which are not allowed.

- Size of property
- when it was plotted
- laws @ time of construction ordinances

Sewallspoint

our community ordinances town (book)

Zoning section  
chapter 80?  
building regulations

\$300  
25



# MARTIN COUNTY BUILDING PERMIT

**CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.**

Permit Number: SP01 - 20060015  
 Permit Type: SEWALLS POINT  
 Date Issued: 25-MAY-06  
 Project:  
 Scope of Work: Construction of pool, spa, deck

Applicant/Contact:	CLARKE, WADE M /		
Parcel Control Number:	35-37-41-002-006-0006.0-40000		
Subdivision:	INDIALUCIE		
Construction Address:	5 GUMBO LIMBO WAY		
Location Description:			
Owner Name:	BRISCOE, ROBERT W & WENDY L		
Prime Contractor:	CLARKE, WADE M 1919 SW S MACEDO BLVD PORT ST LUCIE, FL 34984	HARBOR BAY POOLS INC 772-878-8806	License No.: SP02391

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

**"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.**

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

### INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.  
 The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final \_\_\_\_\_ 6020 Pool Steel \_\_\_\_\_

# MARTIN COUNTY BUILDING PERMIT CONDITIONS

## Conditions

1. ELECTRICAL VERIFICATION-6020

Must be done prior to inspection: 6020

SUBMITTAL OF COMPLETED ELECTRICAL VERIFICATION REQUIRED PRIOR TO SCHEDULING INSPECTION.

---



1919 SW S. MACEDO BLVD.  
PORT ST LUCIE, FL 34984  
(772) 878-8806 OFFICE  
(772) 878-8859 FAX

DATE: 5-26-06

TO: VALERIE

COMPANY: SEWALL'S POINT BLDG. DEPT.

FAX  
NUMBER: 220-4765

SUBJECT: BRISCOE ELEC. VERIFICATION - PERMIT #2006-0015

FROM: KAREN

NO. OF PAGES  
SENT: 3

MARTIN COUNTY NEEDS ELEC. VERIFICATION -  
SEWALL'S POINT HAS NO FORM - THEREFORE FILED  
OUT ONE FROM MARTIN COUNTY -

ALSO NOTE WE ARE CHANGING ELECTRICIAN  
FROM G & G TO EAGLE ELECTRIC.

ANY QUESTIONS, GIVE ME A CALL.

*Thanks,  
Karen*

**CUSTOM DESIGN POOLS & SPAS**

MARTIN COUNTY VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 2006-0015 (SEWALL'S POINT)

\*\*\*IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: ROBERT BRISCOE

CONSTRUCTION ADDRESS: 5 GUMBO LIMBO WAY, STUART

PERMIT TYPE:
[X] ELECTRIC
PLUMBING
HVAC
IRRIGATION

TYPE OF SERVICE: [X] NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: WIRING FOR SWIMMING POOL

VALUE OF CONSTRUCTION \$ 47,000

LOW VOLTAGE

TYPE OF EQUIPMENT: BURGLAR FIRE VACUUM SOUND SYSTEM OTHER

SCOPE OF WORK:

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

Signature of Licensed Contractor: Joseph A. Comarato
Address of Contractor: 4109 BANDY BLVD, FT. PIERCE, FL 34981

COMPANY OF QUALIFIER'S NAME: EAGLE ELECTRIC
PLEASE PRINT

TELEPHONE NO: 466-8442 FAX NO: 466-2442

MARTIN COUNTY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC0002750

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: ROBERT BRISCOE

PARCEL CONTROL #: 35-37-41-002-006-00060-4

SUBDIVISION: INDIALUCIE LOT: 6 BLK: 6 PHASE:

SITE ADDRESS: 5 GUMBO LIMBO WAY, STUART

Send or Fax to:
Martin County Building Division
2401 SE Monterey Road
Stuart, FL 34996
Fax # 561-288-5911

## MARTIN COUNTY BUILDING PERMIT CONDITIONS

**Conditions**

1. ELECTRICAL VERIFICATION-6020

Must be done prior to inspection: 6020

SUBMITTAL OF COMPLETED ELECTRICAL VERIFICATION REQUIRED PRIOR TO SCHEDULING INSPECTION.

---



CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:

TOWN OF SEWALLS POINT  
 TOWN HALL  
 ATTN GENE/LAURA  
 1 SOUTH SEWALLS POINT ROAD  
 SEWALLS POINT, FL 34996

INSURED:

HARBOR BAY POOLS INC  
 1919 SW SOUTH MACEDO BLVD  
 PORT ST LUCIE, FL 34984-4346

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	77-PR-708391-3001	12-21-06	12-21-07	
<input checked="" type="checkbox"/> Liability and Medical Expense	NATIONWIDE MUTUAL INSURANCE CO.			Any One Occurrence..... \$ 1,000,000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org ..... \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON ..... \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 100,000
				General Aggregate* ..... \$ 2,000,000
				Prod/Comp Ops Aggregate* . \$ 2,000,000
<input type="checkbox"/> Other Liability				
<b>AUTOMOBILE LIABILITY</b>				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) ..... \$
<input type="checkbox"/> Owned				(Each Accident) ..... \$
<input type="checkbox"/> Hired				Property Damage (Each Accident) ..... \$
<input type="checkbox"/> Non-Owned				Combined Single Limit .... \$
<b>EXCESS LIABILITY</b>				
<input checked="" type="checkbox"/> Umbrella Form	77-CU-708391-Nationwide Insurance Co.	12-21-06	12-21-07	Each Occurrence ..... \$ 1,000,000 Prod/Comp Ops/Disease Aggregate* ..... \$ 1,000,000
<b>STATUTORY LIMITS</b>				
<input type="checkbox"/> Workers' Compensation and Employers' Liability				BODILY INJURY/ACCIDENT ... \$ Bodily Injury by Disease EACH EMPLOYEE ..... \$ Bodily Injury by Disease POLICY LIMIT ..... \$


Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS  
 VEHICLES/RESTRICTIONS/SPECIAL ITEMS

Effective Date of Certificate: 12-21-2005  
 Date Certificate Issued: 03-02-2006

Authorized Representative: O. R. POST AGENCY  
 Countersigned at: 146 NW CENTRAL PARK PLZ  
 SUITE 102



<b>ACORD</b> <small>TM</small> <b>CERTIFICATE OF LIABILITY INSURANCE</b>						Date 2/15/2006	
<b>Producer:</b> Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone: 727-938-5562 Fax: 727-837-2138				This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.			
<b>Insured:</b> South East Personnel Leasing, Inc. 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone : (727)938-5562				Insurers Affording Coverage		NAIC #	
				Insurer A: Lion Insurance Company		11075	
				Insurer B:			
				Insurer C:			
				Insurer D:			
Insurer E:							
<b>Coverages</b>							
The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.							
INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur  General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		<b>AUTOMOBILE LIABILITY</b> <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 Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> Any Auto				Auto Only - Ea Accident	\$
						Other Than Autos Only. EA Acc.	\$
						AGG.	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence	
						Aggregate	
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2006	01/01/2007	X WC Statutory Limits	OTH-ER
						E.L. Each Accident	\$1000000
						E.L. Disease - Ea Employee	\$1000000
						E.L. Disease - Policy Limits	\$1000000
	Othe 3464011	Harbor Bay Pools, Inc.	COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.				
Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:						ADD ON DATE: 4/29/2004	
COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Harbor Bay Pools, Inc. * FAX: 772-878-8859 & 772-220-4765 / ISSUE 02-15-06 (TD)							
<b>Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616</b>							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>			
TOWN OF SEWALL'S POINT  ONE SOUTH SEWELL'S POINT ROAD SEWALLS POINT FL 34996				Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 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.			
							

AC# 2028512

## STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L05061001758

DATE	BATCH NUMBER	LICENSE NBR
06/10/2005	040977371	QB0013740

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.)

HARBOR BAY POOLS INC  
694 SW BAYSHORE BLVD  
PORT ST LUCIE FL 34983

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR  
SECRETARY

AC# 2030123

## STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L05061100125

DATE	BATCH NUMBER	LICENSE NBR
06/11/2005	040981816	RP0067256

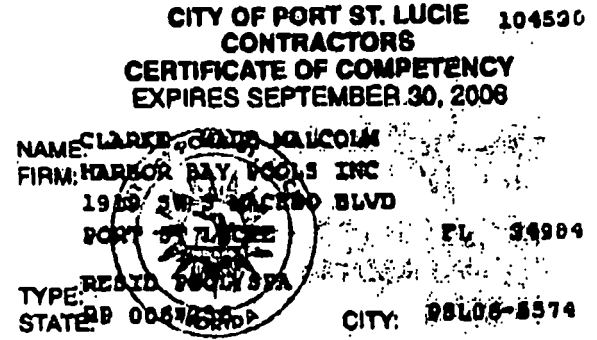
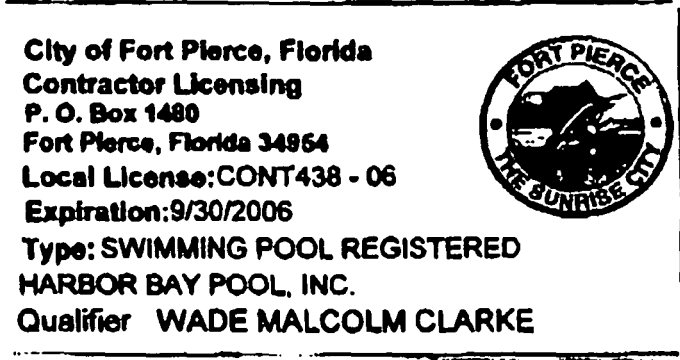
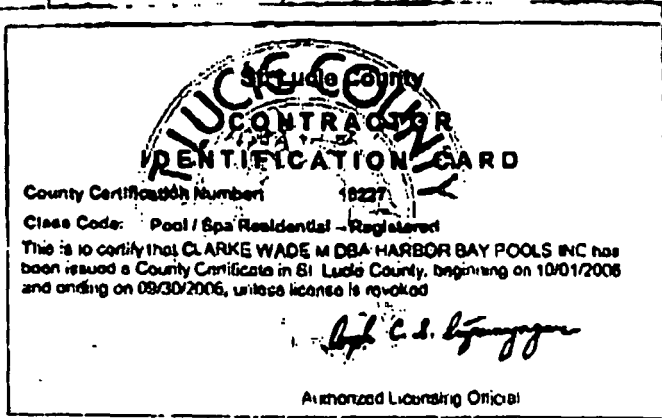
The RESIDENTIAL POOL/SPA CONTRACTOR  
Named below HAS REGISTERED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2007  
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING  
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

CLARKE, WADE MALCOLM  
HARBOR BAY POOLS INC  
694 SW BAYSHORE BLVD  
PORT ST LUCIE FL 34983

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR  
SECRETARY



**LICENSING BOARD OF OKEECHOBEE COUNTY**  
 Contractor License Number: RP0067256-01

This CERTIFICATE OF COMPETENCY certifies that  
**WADE CLARKE**  
 d/b/a **HARBOR BAY POOLS, INC.**  
 Has complied with all requirements for this Board of Recognition as a  
**POOL/SPA RESIDENTIAL REGISTERED Contractor**  
 Subject to all ordinances and regulations of Okeechobee County, Florida  
**EXPIRES: 09/30/07**

*[Signature]*  
 Building Official

**OCCUPATIONAL TAX RECEIPT  
CITY OF PORT ST. LUCIE**

121 SW PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE, FLORIDA 34954-6099

THIS LICENSE VALID WHEN ALL STATE AND LOCAL  
REGULATED TRADE LICENSES / COMPENTENCY  
CARDS ARE VALID FOR THE CURRENT FISCAL YEAR.

TERM: October 1, 2005 to September 30, 2006

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business.

LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS.

VALID AT THIS BUSINESS ADDRESS ONLY.

Business/Lic. 115411 / 06-1005683

Business Address: 1919 SW S MACEDO BLVD  
Classification: CONT CONTRACTOR  
Issued to: HARBOR BAY POOLS INC  
1919 SW S MACEDO BLVD

Fee: 115.77  
Discount: 0.00

PORT ST LUCIE FL 34984

*Mary B. Hsoto*  
BUSINESS LICENSE COORDINATOR  
BUSINESS COPY

152 / 049 Hsoto

Fees: 128.27 Late Fees: 0.00 Total this payment: 128.27

**OCCUPATIONAL TAX RECEIPT  
CITY OF PORT ST. LUCIE**

121 SW PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE, FLORIDA 34954-6099

THIS LICENSE VALID WHEN ALL STATE AND LOCAL  
REGULATED TRADE LICENSES / COMPENTENCY  
CARDS ARE VALID FOR THE CURRENT FISCAL YEAR.

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This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business.

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1919 SW S MACEDO BLVD

Fee: 115.77  
Discount: 0.00

PORT ST LUCIE FL 34984

BUSINESS LICENSE COORDINATOR  
PAYMENT RECEIPT

152 / 049 Hsoto

Fees: 128.27 Late Fees: 0.00 Total this payment: 128.27

NOTICE OF COMMENCEMENT

PERMIT NO. \_\_\_\_\_  
STATE OF FLORIDA

TAX ID. NO. 35-37-41-002-006-00060-4  
COUNTY OF MARTIN

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

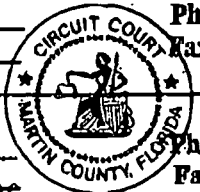
Legal Description of property and street address, if available \_\_\_\_\_  
LOT 6, Blk. 6, INDIAN LUCIE  
5 GUMBO LIMBO WAY

General description of Improvements POOL/SPA, DECK  
Owner ROBERT BRISCOE  
Address 5 GUMBO LIMBO WAY, STUART, FL 34996  
Owner's interest in site of improvement RESIDENCE  
Fee simple title holder if other than owner \_\_\_\_\_  
Address N/A

RETURN TO →

Contractor HARBOR BAY POOLS, INC. Phone # (772) 878-8806  
Address 1919 SW S. MACEDO BLVD., PSL, FL 34984 Fax # (772) 878-8859  
STATE OF FLORIDA  
MARTIN COUNTY

Surety \_\_\_\_\_ Phone # \_\_\_\_\_  
Address N/A THIS IS TO CERTIFY THAT THE \_\_\_\_\_ Fax # \_\_\_\_\_  
Amount of Bond \$ \_\_\_\_\_ FOREGOING 1 PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.



Lender \_\_\_\_\_ Phone # \_\_\_\_\_  
Address N/A BY Marsha Ewing D.C. Fax # \_\_\_\_\_

Persons within the State of Florida designated by Owner upon whom notices or other documents may be Served as provided by Section 713.13 (1) (a) 7., Florida Statutes:  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address N/A Fax # \_\_\_\_\_

In addition to himself, owner designates \_\_\_\_\_ of \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.  
Expiration date of notice of commencement is one year from the date of recording unless a different date is specified. \_\_\_\_\_ (Date)

[Signature]  
OWNER'S SIGNATURE

STATE OF FLORIDA, COUNTY OF ST. LUCIE  
Sworn to and subscribed before me this 17 day of April, 2006, by ROBERT BRISCOE  
Is personally known to me or who has produced IN PERSON as identification.

(seal)

[Signature]  
Signature of Notary  
KAREN L. SWINSON  
Type or Print Name of Notary  
Notary Public Title Commission No. \_\_\_\_\_



Karen L. Swinson  
My Commission CC991758  
Expires Jan 3, 2009

INSTR # 1529644 DR BK 02138 PG 1123 RECD 05/01/2006 03:59:56 P1  
Pg 1123 (109)  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK J Greisen

**APTEC Engineering, Inc.**  
 10 S.W. St. Lucie Avenue, Stuart, FL 34994  
 772.692.4344 \* Fax: 772.692.4341 -  
 aptec1@aol.com



**Invoice**

Friday, May 19, 2006

Invoice Number: 9146

To: Attention: Mr. Robert Briscoe  
 c/o Harbor Bay Pools

1919 S.W. S. Macedo Boulevard  
 Port St. Lucie, FL 34984

Project: 932.11 Town of Sewall's Point Permit Application Review:  
 5 Gumbo Limbo Way (Briscoe), Pool/Spa/Deck

Professional Services for the Period: 5/1/2006 to 5/18/2006

**Task 2: Plan Review**

**Professional Services**

Task 2: Plan Review

	<u>Bill Hours</u>	<u>Charge</u>
Office Manager	0.25	16.25
Project Coordinator	0.25	13.75
Design Manager	0.50	47.50
<b>Task 2: Plan Review Total:</b>	1.00	\$77.50
<b>Professional Services Totals:</b>		<b>\$77.50</b>

**\*\*\* Total Project Invoice Amount: \$ 77.50**

*"All project work will stop if receivables reach 60 days."*

ROBERT BRISCOE  
 WENDY BRISCOE  
 5 GUMBO LIMBO WAY  
 STUART, FL 34996

1070  
 63-1114/670

Date: 5/19/06

Pay to the Order of: *Cape Engineering*

\$ 77.50

*Security Services*

**RIVERSIDE NATIONAL BANK**  
 Our heart is in everything we do

Riverside National Bank Of Florida  
 St. Lucie West Office 003

For: *Handwritten Signature*

HomeTown Account

VS +  
 0.00

**CAPTEC Engineering, Inc.**  
 300 S.W. St. Lucie Avenue, Stuart, FL 34994  
 772.692.4344 \* Fax: 772.692.4341 -  
 captec1@aol.com



# Invoice

Friday, May 19, 2006

Invoice Number: 9146

To: Attention: Mr. Robert Briscoe  
 c/o Harbor Bay Pools

1919 S.W. S. Macedo Boulevard  
 Port St. Lucie, FL 34984

**Project: 932.11 Town of Sewall's Point Permit Application Review:  
 5 Gumbo Limbo Way (Briscoe), Pool/Spa/Deck**

Professional Services for the Period: 5/1/2006 to 5/18/2006

**Task 2: Plan Review**

**Professional Services**

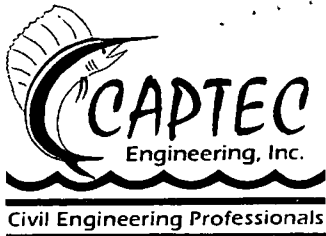
<u>Task 2: Plan Review</u>	<u>Bill Hours</u>	<u>Charge</u>
Office Manager	0.25	16.25
Project Coordinator	0.25	13.75
Design Manager	0.50	47.50
<i>Task 2: Plan Review Total:</i>	1.00	\$77.50
<b>Professional Services Totals:</b>		<b>\$77.50</b>

**\*\*\* Total Project Invoice Amount : \$ 77.50**

**Aged Receivables: Please note - All project work will stop if receivables reach 60 days.**

<u>Current</u>	<u>+30 Days</u>	<u>+60 Days</u>	<u>+90 Days</u>	<u>120 Days +</u>
\$77.50	\$0.00	\$0.00	\$0.00	\$0.00





May 18, 2006  
932.11

Mr. Robert Briscoe  
C/O Harbor Bay Pools  
1919 SW S. Macedo Blvd.  
Port St. Lucie, FL 34984

***RE: 932.11 Building Permit Application for a New Swimming Pool at a Single Family Residence – 5 Gumbo Limbo Way***

Dear Mr. Briscoe:

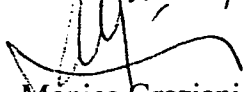
Please be advised that a review has been performed of the materials received in our office on May 16, 2006, for the above referenced project and offer no objections.

CAPTEC Engineering, Inc. performed this review for the Town of Sewall's Point in order to confirm compliance with the applicable Codes and Regulations. Neither the Reviewer nor the Town of Sewall's Point is the Design Engineer or Architect of Record and, therefore, neither entity accepts responsibility for the accuracy or contents of the design documents and/or other data submitted by the Applicant.

Please note suggestions provided by CAPTEC Engineering, Inc. are offered in order to assist the Applicant in complying with the Town of Sewall's Point Codes and Regulations. However, the Applicant bears the burden of demonstrating that their submittal meets the applicable Town Code requirements.

If you should need further clarification or have any questions with regard to this matter, please feel free to contact me.

Sincerely,



Monica Graziani,  
Project Manager

P:\900932 - TOSP Reviews\932.11 5 Gumbo Limbo Way\1st Review 051806.doc

NOTICE OF COMMENCEMENT

PERMIT NO. \_\_\_\_\_  
STATE OF FLORIDA

TAX ID. NO. 35-37-41-002-006-00060-4  
COUNTY OF MARTIN

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

Legal Description of property and street address, if available \_\_\_\_\_  
LOT 6 BLK. G, INDIALUCIE  
5 GUMBO LIMBO WAY

General description of improvements POOL/SPA, DECK  
Owner ROBERT BRISCOE  
Address 5 GUMBO LIMBO WAY, STUART, FL 34996  
Owner's interest in site of improvement RESIDENCE  
Fee simple title holder if other than owner \_\_\_\_\_  
Address \_\_\_\_\_ N/A

RETURN TO →

Contractor HARBOR BAY POOLS, INC.  
Address 1919 SW S. MACEDO BLVD., PSL, FL 34984

Phone # (772) 878-8806  
Fax # (772) 878-8859

Surety \_\_\_\_\_  
Address \_\_\_\_\_ N/A  
Amount of Bond \$ \_\_\_\_\_

Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_

Lender \_\_\_\_\_  
Address \_\_\_\_\_ N/A

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 \_\_\_\_\_ N/A

Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_


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

Expiration date of notice of commencement is one year from the date of recording unless a different date is specified. \_\_\_\_\_ (Date)

  
OWNERS SIGNATURE

STATE OF FLORIDA, COUNTY OF ST. LUCIE  
Sworn to and subscribed before me this 7 day of March, 2006, by ROBERT BRISCOE  
Is personally known to me or who has produced IN PERSON as identification.

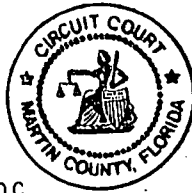
(seal)

  
Signature of Notary  
KAREN L. SWINSON  
Type or Print Name of Notary  
Notary Public Title Commission No. \_\_\_\_\_

STATE OF FLORIDA  
MARTIN COUNTY

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

BY: [Signature] D.C.  
DATE: 3-9-06



Karen L. Swinson  
My Commission CC991758  
Expires Jan 3, 2009

INSTR # 1916401 OR BK 02119 Pg 2652 RECD 03/09/2006 10:35:04 AM  
Pg 2652: (1pg)  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T COPUS (GSSB M9J)

Prepared by  
Mendi Dunker, an employee of  
First American Title Insurance Company  
729 South Federal Highway, Suite 103  
Stuart, Florida 34994  
(772) 286-0850

INSTR # 1764781  
OR BK 01918 PG 0543  
RECORDED 07/09/2004 08:59:18 AM  
MARSHA EWING  
CLERK OF MARTIN COUNTY FLORIDA  
DEED DOC TAX 2,975.00  
RECORDED BY T Copus (asst mgr)

Return to: Grantee

File No.: 1071-532663

**WARRANTY DEED**

This indenture made on **July 06, 2004** A.D., by

**W. Ronald Paradise and Josephine A. Paradise, husband and wife**

whose address is: **11 Ridgeland Drive, Stuart, FL 34996**  
hereinafter called the "grantor", to

**Robert W. Briscoe and Wendy L. Briscoe, husband and wife**

whose address is: **5 Gumbo Limbo Way, Stuart, FL 34996**  
hereinafter called the "grantee":

(Which terms "Grantor" and "Grantee" shall include singular or plural, corporation or individual, and either sex, and shall include heirs, legal representatives, successors and assigns of the same)

**Witnesseth**, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in **Martin** County, **Florida**, to-wit:

**Lot 6, in Block 6, of INDIALUCIE according to the original plat thereof on file and of record in the office of the Clerk of the Circuit Court in and for Martin County, Florida, in Plat Book 4 at page 77, as supplemented by the plat of Tract A and B thereof on file and of record in said office in Plat Book 4 at page 85.**

Parcel Identification Number: **35-37-41-002-006-0006.0-4-0000**

**Subject to** all reservations, covenants, conditions, restrictions and easements of record and to all applicable zoning ordinances and/or restrictions imposed by governmental authorities, if any.

**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in any way appertaining.

**To Have and to Hold**, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31st of 2003.

In Witness Whereof, the grantor has hereunto set their hand(s) and seal(s) the day and year first above written.

W. Ronald Paradise  
W. Ronald Paradise

Josephine A. Paradise  
Josephine A. Paradise

Signed, sealed and delivered in our presence:

Mendi Jae Lowe Dunker  
Witness Signature

Print Name: Mendi Jae Lowe Dunker

Michelle Blazkowiak  
Witness Signature

Print Name: Michelle Blazkowiak

State of **Florida**

County of **Martin**

The Foregoing Instrument Was Acknowledged before me on **July 06, 2004**, by **W. Ronald Paradise and Josephine A. Paradise, husband and wife** who is/are personally known to me or who has/have produced a valid driver's license as identification.

Mendi Jae Lowe Dunker

NOTARY PUBLIC  
Mendi Jae Lowe Dunker  
My Commission CC996136  
Expires January 23, 2005

Notary Print Name  
My Commission Expires: \_\_\_\_\_

Prepared by  
Mendi Dunker, an employee of  
First American Title Insurance Company  
729 South Federal Highway, Suite 103  
Stuart, Florida 34994  
(772) 286-0850

**INSTR # 1764781**  
**OR BK 01918 PG 0543**  
**RECORDED 07/09/2004 08:59:18 AM**  
**MARSHA EWING**  
**CLERK OF MARTIN COUNTY FLORIDA**  
**DEED DOC TAX 2,975.00**  
**RECORDED BY T Copus (asst mgr)**

Return to: Grantee

File No.: 1071-532663

**WARRANTY DEED**

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**W. Ronald Paradise and Josephine A. Paradise, husband and wife**

whose address is: **11 Ridgeland Drive, Stuart, FL 34996**  
hereinafter called the "grantor", to

**Robert W. Briscoe and Wendy L. Briscoe, husband and wife**

whose address is: **5 Gumbo Limbo Way, Stuart, FL 34996**  
hereinafter called the "grantee":

(Which terms "Grantor" and "Grantee" shall include singular or plural, corporation or individual, and either sex, and shall include heirs, legal representatives, successors and assigns of the same)

**Witnesseth**, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in **Martin** County, **Florida**, to-wit:

**Lot 6, in Block 6, of INDIALUCIE according to the original plat thereof on file and of record in the office of the Clerk of the Circuit Court in and for Martin County, Florida, in Plat Book 4 at page 77, as supplemented by the plat of Tract A and B thereof on file and of record in said office in Plat Book 4 at page 85.**

Parcel Identification Number: **35-37-41-002-006-0006.0-4-0000**

**Subject to** all reservations, covenants, conditions, restrictions and easements of record and to all applicable zoning ordinances and/or restrictions imposed by governmental authorities, if any.

**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in any way appertaining.

**To Have and to Hold**, the same in fee simple forever.

**And** the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31st of 2003.

**In Witness Whereof**, the grantor has hereunto set their hand(s) and seal(s) the day and year first above written.

W. Ronald Paradise  
W. Ronald Paradise

Josephine A. Paradise  
Josephine A. Paradise

*Signed, sealed and delivered in our presence:*

Mendi Jae Lowe Dunker  
Witness Signature

Print Name: Mendi Jae Lowe Dunker

Michelle Blaszkowiak  
Witness Signature

Print Name: Michelle Blaszkowiak

State of **Florida**

County of **Martin**

**The Foregoing Instrument Was Acknowledged** before me on **July 06, 2004**, by **W. Ronald Paradise and Josephine A. Paradise, husband and wife** who is/are personally known to me or who has/have produced a valid driver's license as identification.

Mendi Jae Lowe Dunker

NOTARY PUBLIC



Mendi Jae Lowe Dunker  
My Commission CC996136  
Expires January 23, 2005

Notary Print Name  
My Commission Expires: \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT

### AFFIDAVIT OF REQUIREMENT COMPLINACE

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at 5 GUMBO LIMBO WAY, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statues.

RB The pool is isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statue 515.29

\_\_\_\_\_ The pool is equipped with an approved safety pool cover that complies with ASTM F1346-91 (Stand Performance Specification for Safety Covers for Swimming Pool, Spas, and Hot Tubs)

\_\_\_\_\_ All doors and windows providing direct access from the home to the pool are equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet

\_\_\_\_\_ All doors providing direct access from the home to the pool are equipped with self-closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable by fines up to \$500 and/or up to 60 days in jail as established in Chapter 775, F.S.

[Signature] 3-7-06  
CONTRACTOR'S SIGNATURE & DATE

[Signature] 3-6-06  
OWNER'S SIGNATURE & DATE

[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA

[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA

AS TO CONTRACTOR PERSONALLY KNOWN  
OR PRODUCED ID X  
TYPE \_\_\_\_\_

AS TO OWNER PERSONALLY KNOWN  
OR PRODUCED ID \_\_\_\_\_  
TYPE IN PERSON

**THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO FINAL INSPECTION**



Karen L. Swinson  
My Commission CC991758  
Expires Jan 3, 2009



Karen L. Swinson  
My Commission CC991758  
Expires Jan 3, 2009

# TOWN OF SEWALL'S POINT

## RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT

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[Signature] 3-7-06  
CONTRACTOR'S SIGNATURE & DATE

[Signature] 3-6-06  
OWNER'S SIGNATURE & DATE

[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA

[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA

AS TO CONTRACTOR PERSONALLY KNOWN  
OR PRODUCED ID X  
TYPE \_\_\_\_\_

AS TO OWNER PERSONALLY KNOWN  
OR PRODUCED ID \_\_\_\_\_  
TYPE IN PERSON

**THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO FINAL INSPECTION**

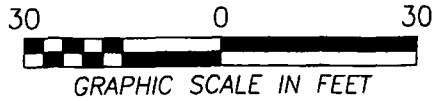


Karen L. Swinson  
★ My Commission CC991758  
Expires Jan 3, 2009



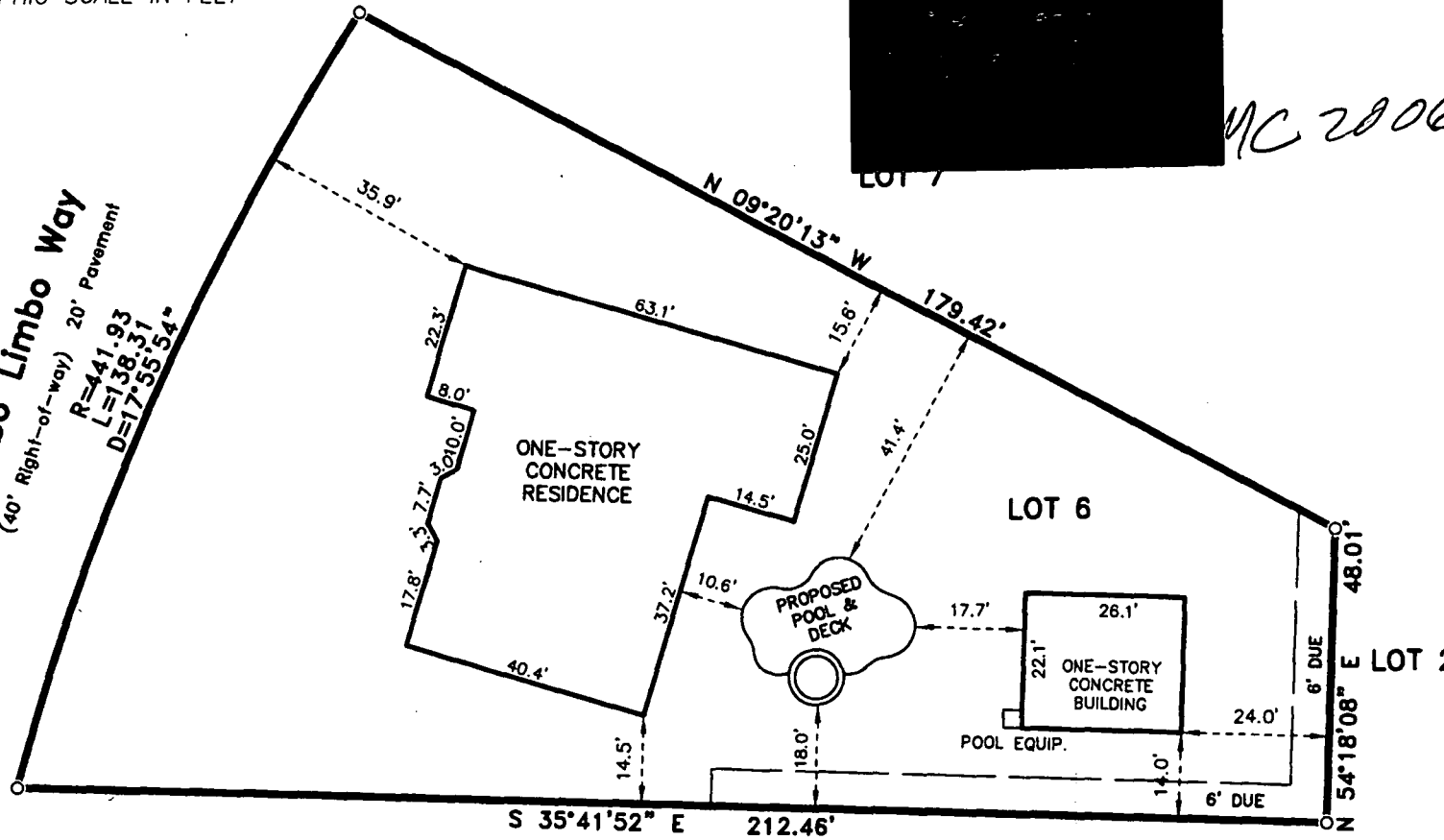
Karen L. Swinson  
★ My Commission CC991758  
Expires Jan 3, 2009





BOUNDARY SURVEY

Gumbo Limbo Way  
 (40' Right-of-way) 20' Pavement  
 $R=441.93$   
 $L=138.31$   
 $D=17°55'54"$



5 GUMBO LIMBO  
 PERMIT #2006-0015  
 MC 2006 0015  
 FILE

LEGAL DESCRIPTION:

All of LOT 6, BLOCK 6, INDIALUCIE, as recorded in Plat Book 4, at Page 44, of the public records of Martin County, Florida.

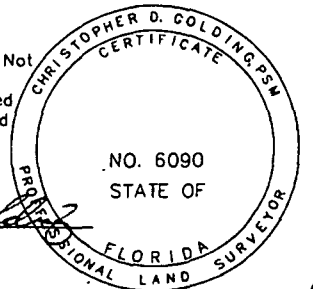
STREET ADDRESS: 5 Gumbo Limbo Way, Stuart, Florida.

SURVEYORS' NOTES:

1. Survey of description as furnished by client.
2. Lands shown hereon were not abstracted or researched by this office for easements and/or rights-of-way record.
3. There are no above ground encroachments, unless otherwise shown.
4. No underground improvements were located.
5. Bearings shown hereon are based on the Easterly line of Lot 6 as platted and bears N 09°20'13" W.
6. Property lies in Flood Zone "X".
7. No search of the public records was performed for encumbrances of other matters of title.
8. Elevation shown hereon are ASSUMED.
9. This document, together with the concepts and designs presented herein, as an instrument of service, is intended only for the specific purpose and client for which it was prepared. Reuse of and/or improper reliance on this document without written authorization and adaptation by Hughes and Associates, shall be without liability to Hughes and Associates.
10. Additions or deletions to this map or report by other than the signing party is prohibited without written consent of the signing party.
11. All values and measurements are per plat unless otherwise indicated.

CERTIFICATION

I hereby certify that this survey is a true and correct representation of a survey prepared under my direction. Not valid without an authenticated electronic signature and authenticated electronic seal, or a raised embossed seal and signature.

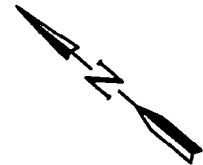


*Christopher D. Golding*  
 CHRISTOPHER D. GOLDING  
 Professional Surveyor & Mapper  
 Florida Certificate No. 6090

LOT 4

LEGEND

- |                                   |                         |
|-----------------------------------|-------------------------|
| DUE = DRAINAGE & UTILITY EASEMENT | FND = FOUND             |
| FIRC = FOUND 5/8 IRON ROD & CAP   | CL = CENTERLINE         |
| OHE = OVERHEAD UTILITY LINES      | EP = EDGE OF PAVEMENT   |
| IR = 5/8 IRON ROD                 | D = DELTA ANGLE         |
| SIRC = SET 5/8 IRON ROD & CAP     | L = ARC LENGTH          |
| R/W = RIGHT-OF-WAY                | R = RADIUS              |
| UE = UTILITY EASEMENT             | ○ = FND 5/8" IRON REBAR |
| DE = DRAINAGE EASEMENT            | x 60.0 = SPOT ELEVATION |



HUGHES & ASSOCIATES  
 SURVEYING, INC.

782 N.W. AVENS ST.  
 PORT SAINT LUCIE, FL 34883  
 PHONE 772.528.2557  
 FAX 772.338.2804

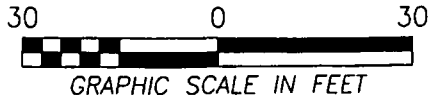
LB 7447

File & Drawing No.  
 5 GUMBO LIMBO WAY

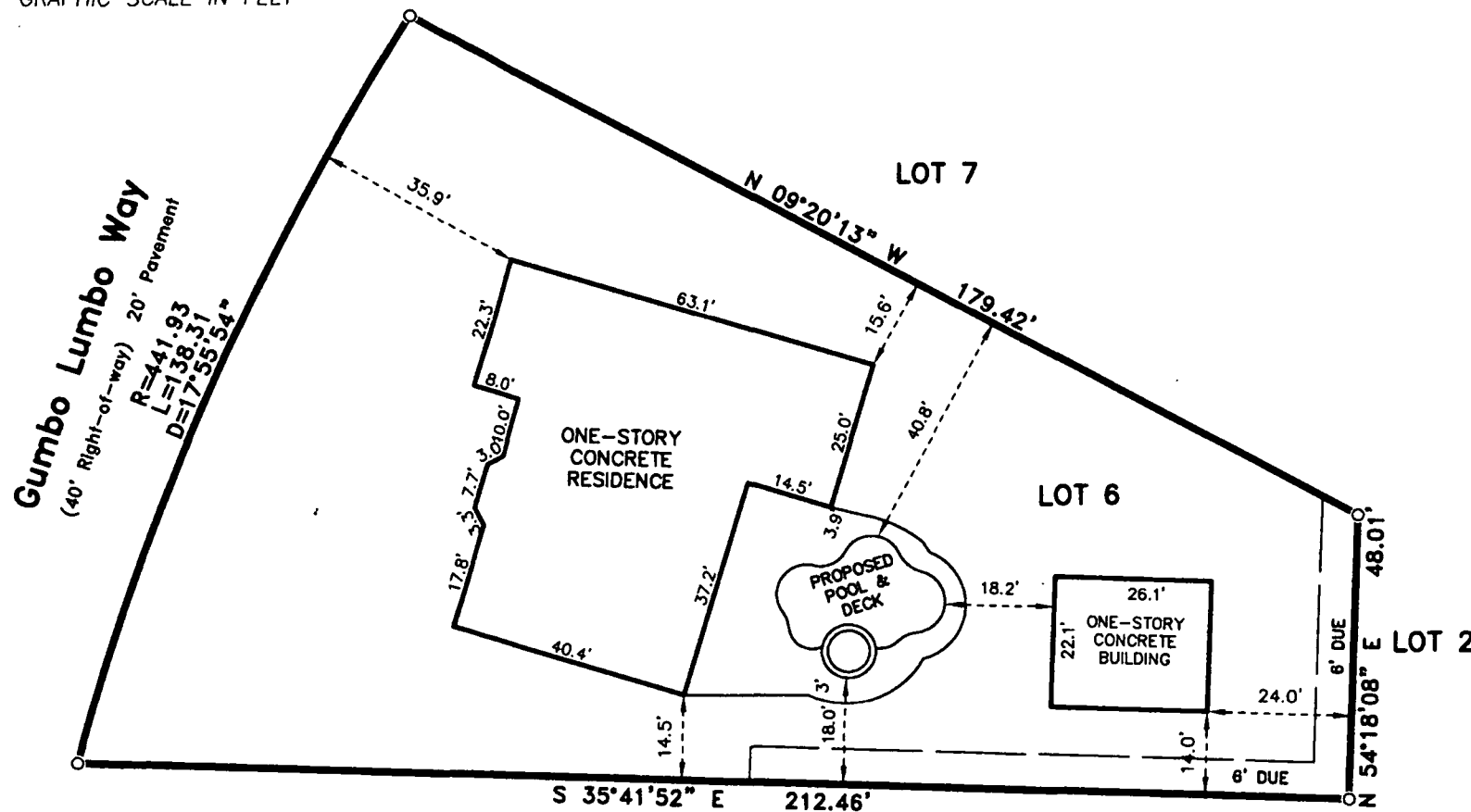
Scale: 1" = 30'  
 Date: 03.31.2006

Drawn By: ALH  
 Sheet 1 of 1

CERTIFIED TO:  
 TOWN OF SEWALLS POINT  
 ROBERT BRISCOE  
 HARBOR BAY POOLS



**BOUNDARY SURVEY**



**LEGAL DESCRIPTION:**

All of LOT 6, BLOCK 6, INDIALUCIE, as recorded in Plat Book 4, at Page 44, of the public records of Martin County, Florida.

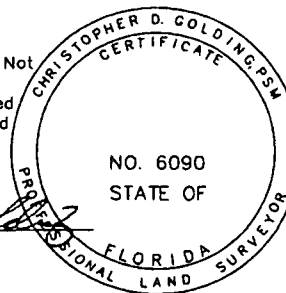
**STREET ADDRESS:** 5 Gumbo Limbo Way, Stuart, Florida.

**SURVEYORS' NOTES:**

1. Survey of description as furnished by client.
2. Lands shown hereon were not abstracted or researched by this office for easements and/or rights-of-way record.
3. There are no above ground encroachments, unless otherwise shown.
4. No underground improvements were located.
5. Bearings shown hereon are based on the Easterly line of Lot 6 as platted and bears N 09°20'13" W.
6. Property lies in Flood Zone "X".
7. No search of the public records was performed for encumbrances of other matters of title.
8. Elevation shown hereon are ASSUMED.
9. This document, together with the concepts and designs presented herein, as an instrument of service, is intended only for the specific purpose and client for which it was prepared. Reuse of and/or improper reliance on this document without written authorization and adaptation by Hughes and Associates, shall be without liability to Hughes and Associates.
10. Additions or deletions to this map or report by other than the signing party is prohibited without written consent of the signing party.
11. All values and measurements are per plat unless otherwise indicated.

**CERTIFICATION**

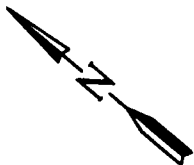
I hereby certify that this survey is a true and correct representation of a survey prepared under my direction. Not valid without an authenticated electronic signature and authenticated electronic seal, or a raised embossed seal and signature.



*Christopher D. Golding*  
CHRISTOPHER D. GOLDING  
Professional Surveyor & Mapper  
Florida Certificate No. 6090

**LEGEND**

- |                                   |                         |
|-----------------------------------|-------------------------|
| DUE = DRAINAGE & UTILITY EASEMENT | FND = FOUND             |
| FIRC = FOUND 5/8 IRON ROD & CAP   | CL = CENTERLINE         |
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| R/W = RIGHT-OF-WAY                | R = RADIUS              |
| UE = UTILITY EASEMENT             | ○ = FND 5/8" IRON REBAR |
| DE = DRAINAGE EASEMENT            | * 60.0 = SPOT ELEVATION |



**HUGHES & ASSOCIATES  
SURVEYING, INC.**

782 N.W. AVENS ST.  
PORT SAINT LUCIE, FL 34983  
PHONE 772.528.2557  
FAX 772.338.2804

LB 7447

File & Drawing No.  
5 GUMBO LIMBO WAY

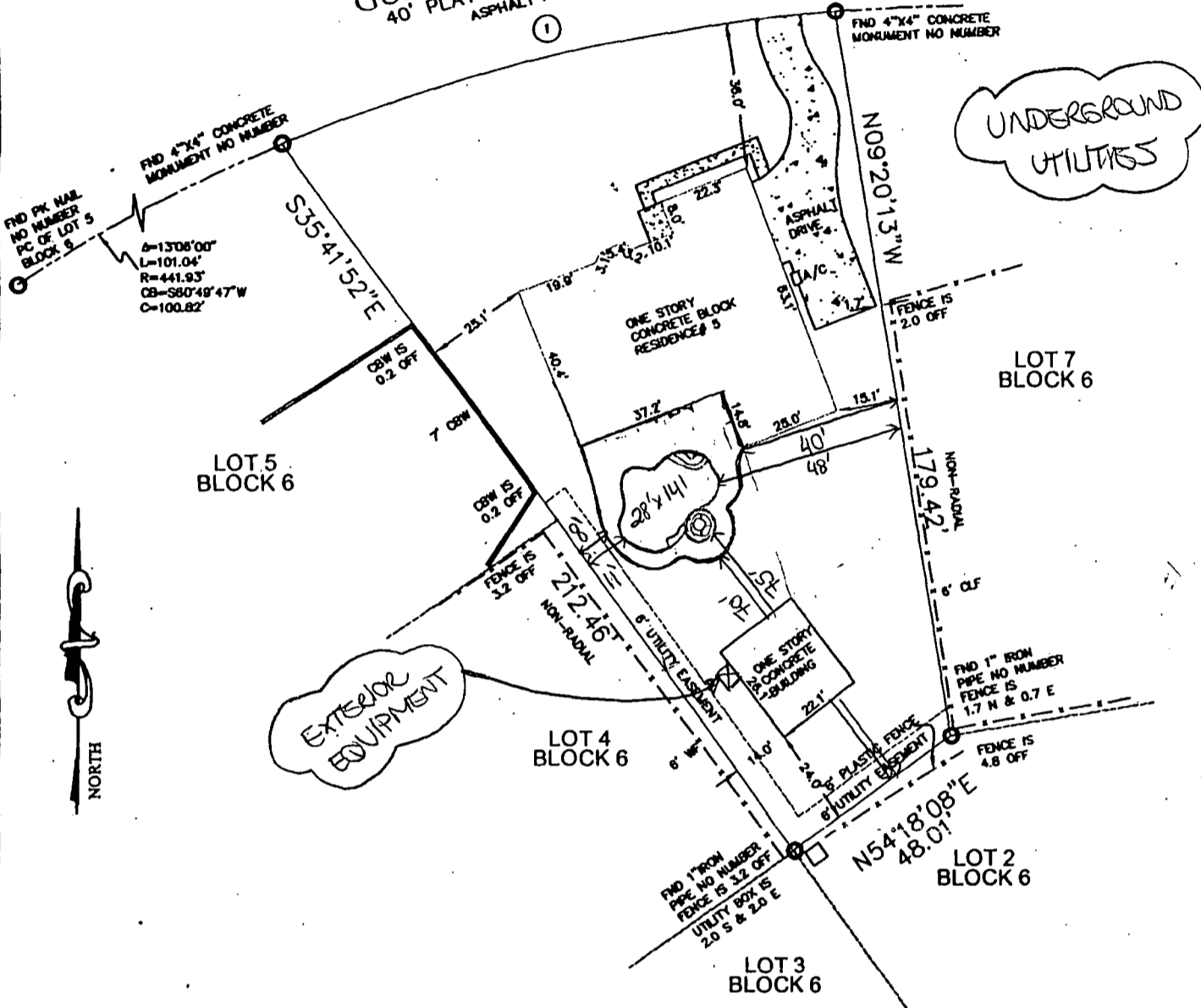
Scale: 1" = 30'  
Date: 03.31.2006

Drawn By: ALH  
Sheet: 1 of 1

**CERTIFIED TO:**  
TOWN OF SEWALLS POINT  
ROBERT BRISCOE  
HARBOR BAY POOLS

**BOUNDARY SURVEY**

**GUMBO LIMBO WAY**  
40' PLATTED RIGHT-OF-WAY  
ASPHALT ROADWAY



①  
 $\Delta=17^{\circ}55'49''$   
 $L=138.31'$   
 $R=441.93'$   
 $CB=S76^{\circ}20'44''W$   
 $C=137.75'$



**ADDRESS**  
 5 GUMBO LIMBO WAY  
 STUART, FLORIDA 34998

**LEGAL DESCRIPTION: (AS FURNISHED)**  
 LOT 6, BLOCK 6, INDIALUCIE, ACCORDING TO THE PLAT THEROF,  
 AS RECORDED IN PLAT BOOK 4, PAGES 77, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

RLS #:	04-06-1488
CLIENT #:	1071-532683
FIELD DATE:	7/1/04
DRAFTER:	EWB
APPROVED:	GKB
SCALE:	1" = 40 FEET

**BASIS OF BEARINGS:** BEARINGS SHOWN HEREON ARE BASED ON THE EASTERLY LINE OF LOT 6, BLOCK 6, BEING N09°20'13" W, PER PLAT.

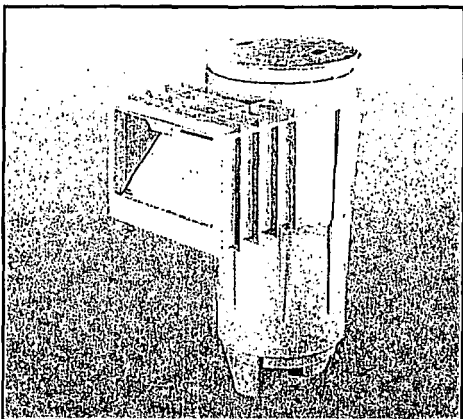
**LIST OF POSSIBLE ENCROACHMENTS:**

<p><b>SURVEYOR INFORMATION:</b></p>  <p>AMERICAN SURVEYING &amp; MAPPING          CORPORATION OF AMERICAN SURVEYING SOCIETY (ASSOCIATE)          1000 N. DELAND AVENUE, SUITE 3          BOYDTON, FLORIDA 32009          PHONE: (407) 436-3777 FAX: (407) 436-4119</p>	<p><b>COORDINATED BY:</b></p> <p><b>RESIDENTIAL</b>          LAND SERVICES, INC.          621 24TH AVENUE S.W.          NORMAN, OKLAHOMA 73069          FAX: (405) 701-1027          PHONE: (405) 701-1100          WWW.RLSNOW.COM</p>	<p><b>PREPARED FOR:</b></p>  <p>First American Title Insurance Company</p>	<p><b>PREPARED FOR:</b></p>																																											
<p>SURVEYOR FILE NUMBER: 04-06-1488</p> <p><b>CERTIFIED TO: (AS FURNISHED)</b></p> <p>ROBERT W BRISCOE AND WENDY L BRISCOE          GREENPOINT MORTGAGE FUNDING GROUP          FIRST AMERICAN TITLE INSURANCE COMPANY</p>	<p><b>LEGEND</b></p> <table border="0"> <tr> <td>A/C: AIR CONDITIONER</td> <td>O.H.: OVERHEAD UTILITY LINE</td> </tr> <tr> <td>B.D.G.: BUILDING</td> <td>(P.): PLATTED</td> </tr> <tr> <td>(C.): CALCULATED</td> <td>P.C.: POINT OF CURVATURE</td> </tr> <tr> <td>C.B.: CHORD BEARING</td> <td>P.C.P.: PERMANENT CONTROL POINT</td> </tr> <tr> <td>CBW: CONCRETE BLOCK WALL</td> <td>P.I.: POINT OF INTERSECTION</td> </tr> <tr> <td>C: CENTERLINE</td> <td>P.O.B.: POINT OF BEGINNING</td> </tr> <tr> <td>C.N.A.: CORNER NOT ACCESSIBLE</td> <td>P.O.C.: POINT OF COMMENCEMENT</td> </tr> <tr> <td>CONC.: CONCRETE</td> <td>P.P.: POWER POLE</td> </tr> <tr> <td>COV: COVERED</td> <td>P.R.C.: POINT OF REVERSE CURVATURE</td> </tr> <tr> <td>C/S: CONCRETE SLAB</td> <td>P.R.M.: PERMANENT REFERENCE MONUMENT</td> </tr> <tr> <td>(D.): DESCRIPTION</td> <td>P.T.: POINT OF TANGENCY</td> </tr> <tr> <td>D.W.: DRIVEWAY</td> <td>R.W.: RIGHT OF WAY</td> </tr> <tr> <td>ENC.: ENCROACHMENT</td> <td>SW: SIDEWALK</td> </tr> <tr> <td>E.O.W.: EDGE OF WATER</td> <td>CLF: CHAIN LINK FENCE</td> </tr> <tr> <td>(M.): MEASURED</td> <td>WF: WOOD FENCE</td> </tr> <tr> <td>M.A.S.: MASONRY</td> <td>H.W.F.: HOG-WIRE FENCE</td> </tr> <tr> <td>NSD: NAIL &amp; DISK</td> <td></td> </tr> <tr> <td>FND: FOUND</td> <td></td> </tr> </table>	A/C: AIR CONDITIONER	O.H.: OVERHEAD UTILITY LINE	B.D.G.: BUILDING	(P.): PLATTED	(C.): CALCULATED	P.C.: POINT OF CURVATURE	C.B.: CHORD BEARING	P.C.P.: PERMANENT CONTROL POINT	CBW: CONCRETE BLOCK WALL	P.I.: POINT OF INTERSECTION	C: CENTERLINE	P.O.B.: POINT OF BEGINNING	C.N.A.: CORNER NOT ACCESSIBLE	P.O.C.: POINT OF COMMENCEMENT	CONC.: CONCRETE	P.P.: POWER POLE	COV: COVERED	P.R.C.: POINT OF REVERSE CURVATURE	C/S: CONCRETE SLAB	P.R.M.: PERMANENT REFERENCE MONUMENT	(D.): DESCRIPTION	P.T.: POINT OF TANGENCY	D.W.: DRIVEWAY	R.W.: RIGHT OF WAY	ENC.: ENCROACHMENT	SW: SIDEWALK	E.O.W.: EDGE OF WATER	CLF: CHAIN LINK FENCE	(M.): MEASURED	WF: WOOD FENCE	M.A.S.: MASONRY	H.W.F.: HOG-WIRE FENCE	NSD: NAIL & DISK		FND: FOUND		<p><b>SURVEYOR'S CERTIFICATE</b></p> <p>GALEN K. BELL          CERTIFICATE          No. 4224</p> <p><i>Galen K. Bell</i></p> <p>DATE: 7/2/04 FOR THE FIRM</p> <p>SURVEYOR'S NAME STATE OF DATED:</p> <p>NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL</p> <table border="1"> <tr> <th>DATE</th> <th>REVISION</th> <th>DATE</th> <th>REVISION</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	DATE	REVISION	DATE	REVISION				
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<p><b>NOTES</b></p> <ol style="list-style-type: none"> <li>THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A COMMITMENT FOR TITLE INSURANCE</li> <li>UNDERGROUND UTILITY INSTALLATIONS, UNDERGROUND IMPROVEMENTS, FOUNDATIONS AND/OR OTHER UNDERGROUND STRUCTURES WERE NOT LOCATED BY THIS SURVEY</li> <li>UNLESS NOTED OR DEPICTED OTHERWISE, ALL PROPERTY CORNERS SHOWN HAVE NO LB OR LO IDENTIFICATION</li> <li>THE PURPOSE OF THIS SURVEY IS FOR USE IN OBTAINING TITLE INSURANCE AND FINANCING AND SHOULD NOT BE USED FOR CONSTRUCTION PURPOSES</li> </ol> <p>THIS SURVEY IS PREPARED FOR THE EXCLUSIVE USE AND BENEFIT OF THE PARTIES LISTED HEREON. LIABILITY TO THIRD PARTIES MAY NOT BE TRANSFERRED OR ASSIGNED.</p>	<p><b>FLOOD ZONE</b></p> <p>(FOR INFORMATIONAL PURPOSES ONLY)          SUBJECT PROPERTY SHOWN HEREON APPEARS TO BE LOCATED IN FLOOD ZONE X, AREA OUTSIDE THE 100 YEAR FLOODING, PER F.I.R.M. PANEL NUMBER 120164 0154 LAST REVISION DATE 10/4/02 THIS SURVEYOR MAKES NO GUARANTEES AS TO THE ACCURACY OF THE ABOVE INFORMATION. THE LOCAL F.E.M.A. AGENT SHOULD BE CONTACTED FOR VERIFICATION.</p> <p>FOR ALL INQUIRIES CONTACT RESIDENTIAL LAND SERVICES, INC. AT (405) 701-1100</p>																																													

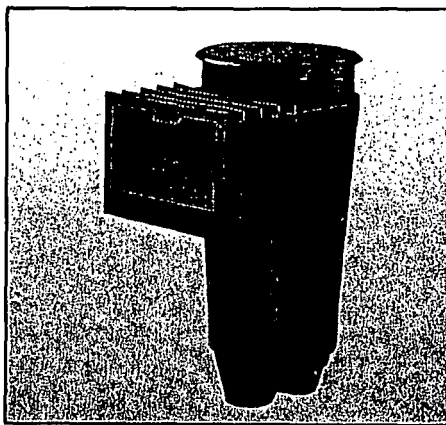
# BERMUDA™

gunite skimmers

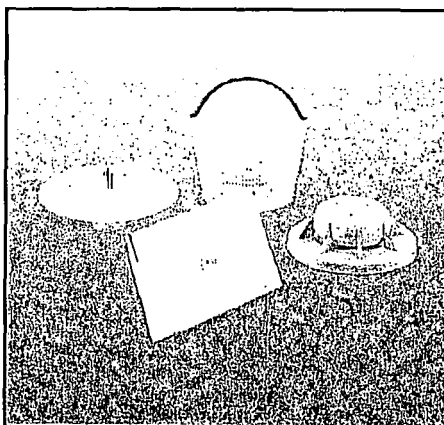
## The industry standard



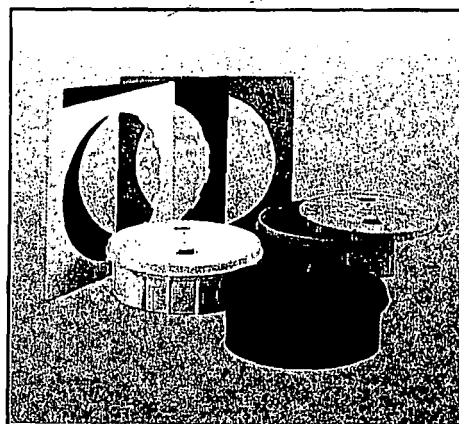
- Bermuda™ skimmers feature heavy-duty, one-piece PVC or ABS construction with sturdy external ribbing for superior strength.
- Adjustable deck collar minimizes distortion and permits precise alignment during concrete deck installation.
- CAD (computer assisted design) engineering provides 10 to 55 gpm flow rate and thru-basket vacuuming.
- The deck lid with textured, non-slip surface fits snugly into deck collar for added safety.
- Threaded brass insets are provided to secure tamper-proof lid into deck collar.



- Bermuda skimmers are available with four outlet port options: 2" threaded and slip, 1½" threaded and slip.



- Large capacity basket (180 cu. in.) provides easy removal of accumulated debris.
- Extra large top opening permits easy use of vac plates for automatic pool cleaners.
- Snap-in weir allows continuous action over 4" minimum water level variation.
- Equalizer float valves are available to meet code requirements for public and semi-public applications.



- Deck collars, square lid seat rings and deck lids are available in white, tan or black to compliment any pool decor.
- For strength, performance and durability, count on Bermuda™ skimmers from PurexTriton.

Note: NSF listing applies only to 2" Bermuda skimmers equipped with optional equalizer valves and float valves.

 **Pentair**  
Pool Products™  
Because reliability matters most

Pentair Pool Products  
1620 Hawkins Ave.  
Sanford, NC 27330  
Phone (800) 831-7133 • Fax (800) 284-4151

Pentair Pool Products  
10951 W. Los Angeles Ave.  
Moorpark, CA 93021  
Phone (800) 831-7133 • Fax (800) 284-4151

Pentair Pool Products  
Industriepark Wolfstee B-2200  
Herentals, Belgium  
Phone (011) 3214/25.99.11 • Fax (011) 3214/25.99.73

[www.pentairpool.com](http://www.pentairpool.com)

Bermuda and PurexTriton Swimming Pool and Spa Systems are trademarks of Pentair Pool Products.



5/01 Part # P1-470

JPC100110M

# AQUA LOGIC®

## Models PS-4 & PS-8 Technical Specifications

### Remote Keypad/Display

32 character LCD display with soft blue backlight  
Displays salt level & air and pool/spa temperatures  
Easy manual on/off of any output  
Assignable names for each aux and valve output  
User friendly programming of all pool functions  
LED output indicators for pool/spa/spillover  
Unique heater extend and filter operation functions

### Local Keypad/Display (on main unit)

Easy program access for pool service people  
Service Key  
Normal / Service / Service-Timed  
In-house keypad function disabled during service operation

### Chlorinator

For pools up to 40,000 gallons  
Produces up to 1.5 lb. of chlorine per day  
Independent programmable output for pool and spa  
Programmable super chlorinate function  
For larger pools, use additional Aqua Rite(s) to increase capacity, all units communicate with Aqua Logic

### Circuit Breaker Sub Panel

(circuit breakers not included)  
Industry standard, 8 position, 100A/240V configuration

### Valve Outputs

Connector to industry standard 24V actuators  
4 Valve outputs  
1. pool/spa suction      2. pool/spa return  
3. general purpose      4. general purpose  
Programmable spa spillover operation  
Programmable spa timer  
Switches valves to spa-only operation  
Turns filter pump on  
Switches heater to spa setting

### Heater Control

Separate pool and spa settings (off, 65-104°F)  
Dry contract output (24V, 100 ma)  
For high voltage heaters, configure one of the H.V. outputs  
Programmable "fireman's switch"

### Solar Control

Separate pool and spa settings (off, 65-104°F)  
Valve control and or booster pump  
Programmable "filter pump extend" logic to max. solar gain  
Programmable "freeze protection"  
Programmable "solar priority"  
requires Aqua Logic Solar Kit (see ordering info)

### Electrical Ratings

120VAC/2A power to control  
Independent control and chlorinator circuits

### High Voltage Outputs

4 or 8 industry standard relays installed  
3HP@240V, 1.5HP@120V, 25A@240/120V  
Programmable Timers  
1 on/off cycle per day  
single program operates everyday of week or dual programs (weekends/weekdays)

### Filter Pump Control

Timed with manual override  
Controls 1 or 2 speed pumps  
Programmable freeze protection

### Lights

Timed with manual override  
High voltage output, (low voltage requires transformer)  
Used as additional aux output if no lights

### Aux Outputs

Timed with manual override  
Selectable countdown timer (egg timer)  
Programmable interlock with filter pump/spa operation  
/solar turn-on  
Programmable freeze protection

### Miscellaneous

#### Main Unit

White metal enclosure with latching door  
Separate LV/HV wiring compartments  
KO's provided for hard wiring and duplex receptacle  
Size: 15" x 21" x 5" Weight: 32 lbs.  
Rain tight, suitable for outdoor locations UL listed

### Optional Remotes

#### Wired Keypad/Display

White plastic, low profile (6" x 6.5" x 1")  
Suitable for indoor or protected outdoor locations  
Mount directly on wall or standard electrical box  
Install up to 500' away using 4 conductor phone cable

#### Wireless Keypad / Display

Same specs as wired w/out need for 4 conductor cable

#### Wireless Spaside

Floating weatherproof remote  
Pool or Spa selectable  
On / Off control of all functions  
Multiple remotes can be utilized

### International

Programmable °F & ppm or °C & g/L display units

### Ordering Information

AQ-LOGIC-PS-4/8 Complete control & chlorinator  
AQL-REMOTE-PS-4/8 Wired in house keypad  
AQL-REMOTE-RF-PS-4/8 Wireless remote\*  
AQL-SPASIDE-RF Wireless spa/pool side remote\*  
AQL-BASE-RF \*Wireless receiver required  
AQ-SOL-KIT-2P Solar kit; sensor, valve, actuator

**GOLDLINE**  
CONTROLS INC.  
www.goldlinecontrols.com

Corporate Office  
61 Whitecap Dr  
North Kingstown, RI 02818  
800-343-0826

Western Regional Office  
7171 Alvarado Rd, 104  
La Mesa, CA 91941  
800-294-4225



# Pro-Grid™ Vertical Grid D.E. Filters

**Combination pressure and Cleaning Cycle Indicator Gauge** gives visual indication when filter cleaning is needed.

**Manual Air Relief** provides an easy way to manually purge air from filter.

**Screenless Internal Air Relief** provides continuous air venting and eliminates clogging.

**Improved High-Strength Filter Tank** molded from new and stronger PermaGlass XL™ material for extra durability for dependable, corrosion-free performance.

**High Impact Grid Elements** designed for up-flow filtration and top-down backwashing for maximum efficiency.

**Self Aligned Tank Top and Bottom** make access to servicing grid elements fast and simple.

**Heavy-Duty Tamper-Proof One-Piece Clamp** securely fastens tank top and bottom together and allows quick access to all internal components without disturbing piping or connections.

**Marked Short Element and Manifold** provide clear guidelines for re-assembly of grid elements during cleaning.

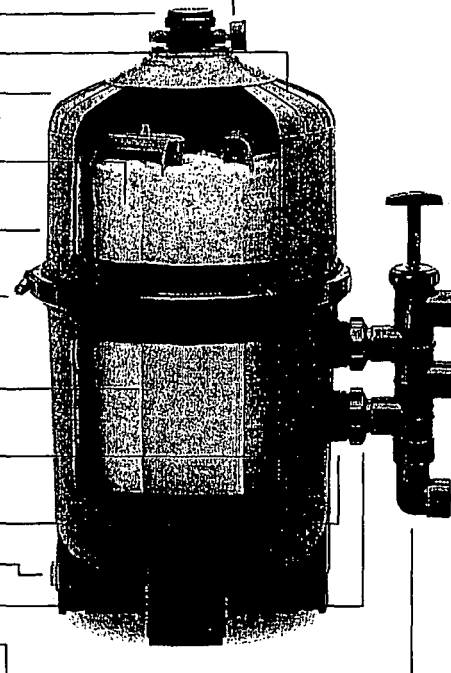
**Inlet Diffuser Elbow** distributes flow of incoming unfiltered water upward and evenly to all filter elements.

**Noryl® Bulkhead Fittings** for extra strength and heat resistance.

**Full Size 1½" Integral Drain** provides fast, 100% clean out and easier flushing of tank.

**Union Locknuts** make disassembly and reassembly of filter from piping fast and easy.

**Plumbing Versatility.** Select from a wide variety of valve options for customized control of your filtration system, including Hayward's 2", 2-position slide valve.



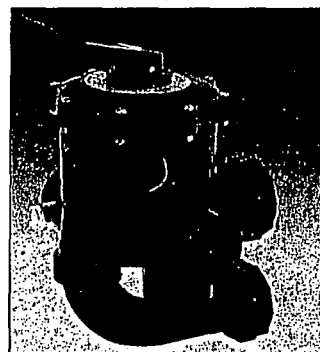
## Specifications Pro-Grid Vertical Grid D.E. Filters

<b>FILTER TYPE:</b>	Vertical Grid Diatomite: 24, 36, 48, 60, 72 ft <sup>2</sup> (2.2, 3.3, 4.4, 5.5, 6.6 m <sup>2</sup> ).
<b>FILTER TANK:</b>	Injection molded PermaGlass XL™
<b>FILTER ELEMENTS:</b>	Monofilament polypropylene cover fitted over 8 curved, high-impact grids
<b>CONTROL VALVE:</b>	1½" or 2" 7-Position Vari-Flo,™ 2" 4-Position Selecta-Flo,™ 2" 2-Position slide valve. May also be plumbed singularly or in series with quick-connect union couplings (less valve).
<b>PERFORMANCE RANGE:</b>	½ to 3 HP (30 to 120 GPM)
<b>DIMENSIONS:</b>	DE2420 – 32" H x 23" W (81 cm x 58 cm) DE3620 – 34" H x 23" W (87 cm x 58 cm) DE4820 – 40" H x 23" W (102 cm x 58 cm) DE6020 – 46" H x 23" W (107 cm x 58 cm) DE7220 – 52" H x 23" W (132 cm x 58 cm)

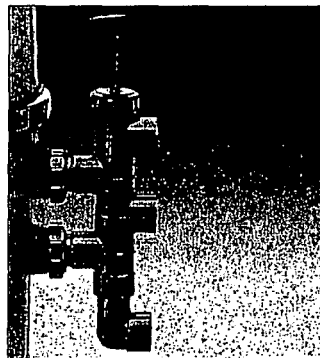


Above dimensions are for filter only. Overall width with slide valve is 30" (76 cm); overall width with either 4- or 7-position multiport valve is 33" (83 cm)

## Valve Options



4 or 7 Position Multiport Valve



2 Position Slide Valve

## Performance Data

Model Number	Effective Filtration Area		Design Flow Rate*		Turnover			
					Gallons		Kiloliters	
	ft <sup>2</sup>	m <sup>2</sup>	GPM	LPM	8 Hr.	10 Hr.	8 Hr.	10 Hr.
DE2420	24	2.2	48	182	23,040	28,800	87	109
DE3620	36	3.3	72	272	34,560	43,200	131	164
DE4820	48	4.4	96	363	46,080	57,600	174	218
DE6020	60	5.5	120	454	57,600	72,000	218	273
DE7220	72	6.6	144	545	69,120	86,400	261	327

\*Determined by pump size and piping system hydraulics. 2" piping is recommended for flow rates of 90 GPM (341 LPM) or more. Flow rates above 120 GPM (454 LPM) are not usually required for residential pools.

NSF is a registered trademark of the National Sanitation Foundation

# HAYWARD®

1-888-HAYWARD

www.haywardnet.com

©2004 Hayward Pool Products, Inc.

PG03A

**See-Through Strainer Cover**

lets you see when basket needs cleaning and eliminates guesswork. Test feature allows line pressure test to 40 psi.

**All Components Molded of Corrosion-Proof PermaGlassXL™** for extra durability and long life.

**Heavy-Duty, High-Performance Motor** with airflow ventilation for quieter, cooler operation.

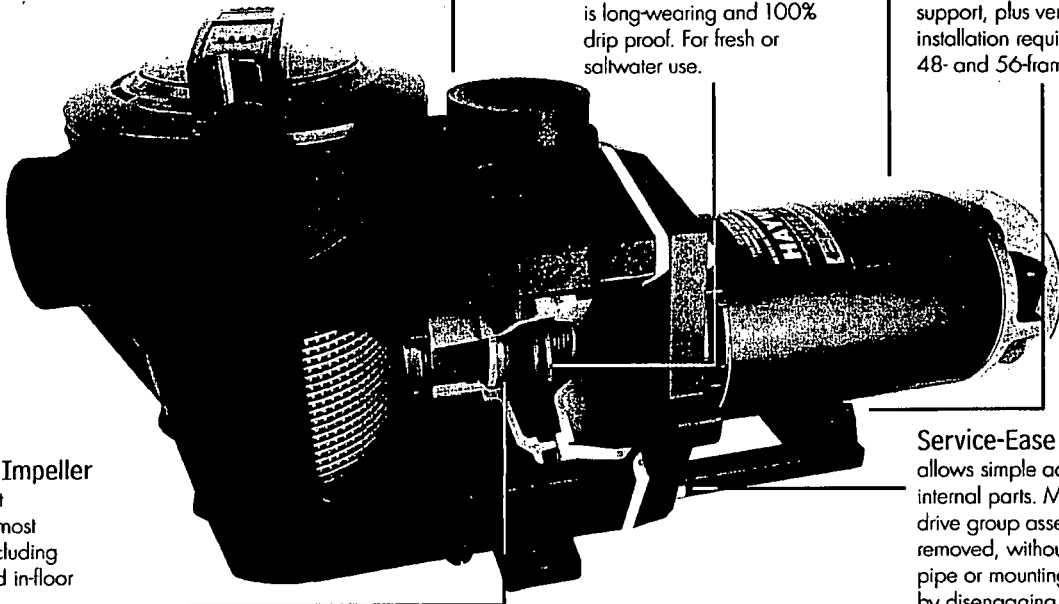
**Rugged, One-Piece Housing,** with full-flow ports, ensures rapid priming and continuous operation.

**Heat-Resistant, Industrial-Size Ceramic Seal** is long-wearing and 100% drip proof. For fresh or saltwater use.

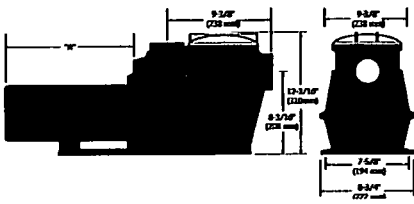
**Uni-Bracket Mounting Base** provides stable, stress-free support, plus versatility for any installation requirement. Adapts 48- and 56-frame motors.

**Corrosion-Proof Noryl™ Impeller** provides high-volume output to accommodate even the most demanding installations, including pool/spa combinations and in-floor cleaning systems.

**Service-Ease Design** allows simple access to all internal parts. Motor and entire drive group assembly can be removed, without disturbing pipe or mounting connections, by disengaging just six bolts.



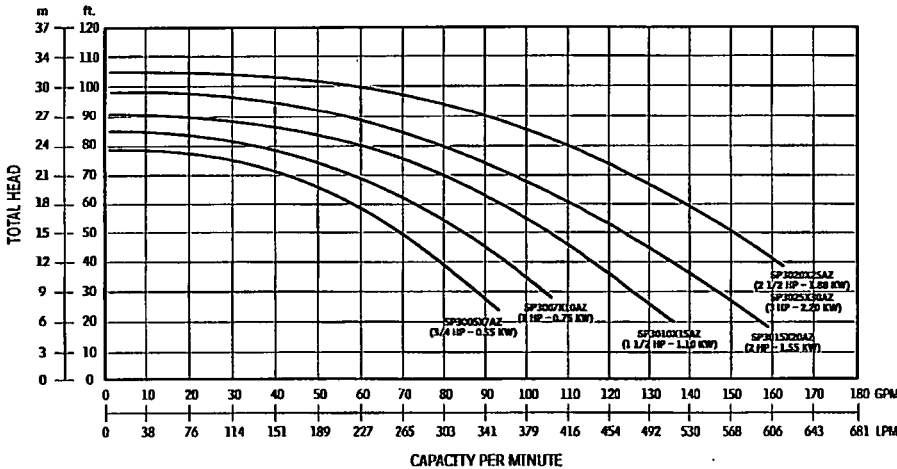
**OVERALL DIMENSIONS**



**MODEL Motor Power Pipe Size Dimension "A"**

MODEL	Motor Power		Pipe Size inches	Dimension "A"		
	HP	KW		inches	mm	
SP3005X7AZ	3/4	0.55	1 1/2	10 5/8	270	
SP3007X10AZ	1	0.75	1 1/2	11	280	
SP3010X15AZ*	1 1/2	1.10	2	12 1/8	308	
SP3015X20AZ*	2	1.55	2	12 5/8	321	
SP3020X25AZ*	2 1/2	1.88	2	13 1/16	332	
SP3025X30AZ	3	2.20	2	13 7/8	353	

\*Super II Pumps available with dual-speed motors.

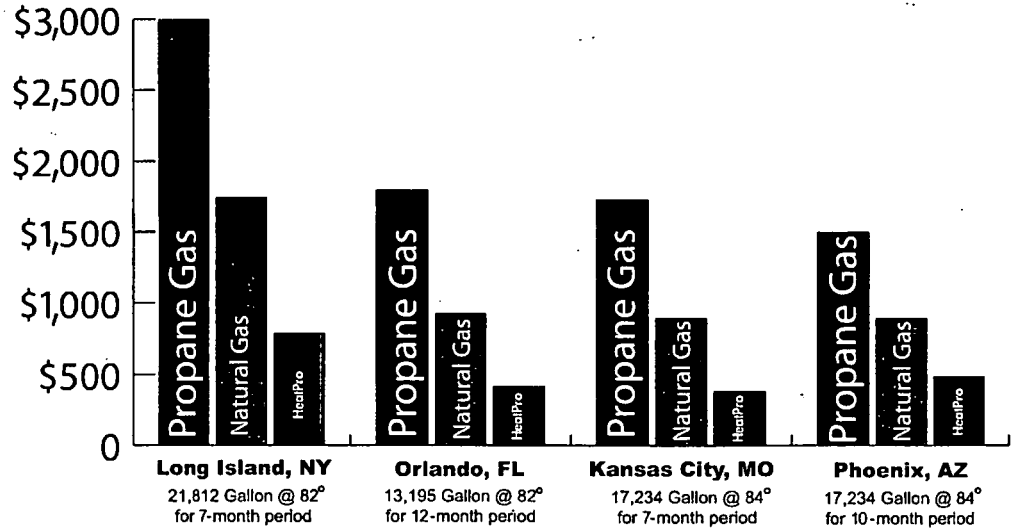


**Super II 180-Cubic-Inch Basket** is more like a bucket. The Super II Pump Series features impressive leaf-holding capacity. Rigid construction includes load-extender ribbing for free-flowing operation, even under extra-heavy debris loads.



## Save money while enjoying your pool.

The Hayward HeatPro Heat Pump can save you up to 80% in operating costs. Whether you just want to extend your swimming season or swim all year round in a warm comfortable pool, the HeatPro Heat Pump could pay for itself in one year with the operating cost savings.



MODEL		HP600 230V	HP1100 230V	HP2100* 230V	HP3100 230V
ETL Test Performance:					
80°F amb., 80°F water, 80% R.H. <sup>1</sup> , 45 GPM	COP**	5.4 / 3.9	4.8 / 3.8	4.8 / 3.8	4.7 / 3.8
80°F amb., 80°F water, 63% R.H., 45 GPM	Heating rate BTU/hr	81,000	116,000	116,000	116,000
50°F amb., 80°F water, 63% R.H., 45 GPM	Heating rate BTU/hr	60,000	100,000	100,000	100,000
	Heating rate BTU/hr	41,000	69,000	69,000	73,000
Refrigerant		R-22	R-22	R-22	R-22
Water Flow Rate (GPM)	Recommended minimum	20	30	30	30
	Recommended maximum	75	75	75	75
Electrical Power	Current (amps)	15.9	31	31	31
	Power (watts)	3,280	6,900	6,900	6,200
Supply Circuit Ampacity	Time Delay Fuse	30	50	50	50
Compressor Size		3.25 hp	5 hp	5 hp	5 hp
Electronic Temperature Control		No	No	Yes	Yes
Fan	Horsepower	1/4	1/2	1/2	1/2
Maximum Water Temperature		104°F	104°F	104°F	104°F
Dimensions (inches)		28.5 dia x 40.5 h	28.5 dia x 40.5 h	28.5 dia x 40.5 h	32 w x 37 d x 33 h
Net Weight (lbs)		190	239	239	300
Shipping Weight (lbs)		226	282	282	340

\*Also available as model HP2100TCO with time-clock override. \*\* COP rating for 80°F amb., 80°F water, 63% R.H., 45 GPM  
<sup>1</sup>R.H. denotes relative humidity.

With rapidly advancing technology and our efforts to continue to be the pioneer of the industry, the component information in this brochure is subject to change without notice. Check with your local distributor or call Hayward for the latest information. For more detailed information on Heat Pumps and energy analysis, please visit us at [www.haywardnet.com](http://www.haywardnet.com).

# HAYWARD®





8 mil  
DOW  
RESINS

**AQUACOVER® SOLAR BLANKETS  
MEAN MORE POOL FUN!**

- WARM POOL WATER 10° OR MORE IN SEASON!
- EXTEND YOUR SWIMMING SEASON!
- CUT HEATING BILLS BY 70% OR MORE!
- REDUCE EVAPORATION! SAVE WATER AND CHEMICALS!
- KEEP POOL CLEANER TOO!

**CHECK THESE SEVEN IMPORTANT FEATURES!**

- LIGHTER COLOR—Allows more solar energy to enter pool for better heating!
- 8-FT. PANELS BETWEEN SEAMS—Nobody else has them! More bubbles, blanket looks better, floats higher, heats better, less seams, less problems.
- EXCLUSIVE HOLD-TITE® SEAMS—Blanket lays flatter, looks better, lasts longer!
- DOW RESINS—The toughest, most durable material money can buy!
- PRE-TRIMMED ROUNDS AND OVALS—Easier to install!
- WHITE COVER SHEET—Protects blankets when not in use. Blanket works better, lasts longer!
- FULLER BUBBLES—Uniform size and color! Float higher, heat better!



**TRIMS TO FIT QUICKLY,  
EASILY!**

- Simply float blanket on your pool, bubbles down.
- Remove excess material with a pair of household scissors.
- Allow blanket to rest on the pool for two days before trimming.



**ON-DECK IN-GROUND REEL SYSTEM!**

- Blanket rolls on and off in seconds!
- Heavy-duty t-base for superior strength and stability!
- Pre-drilled—Easy to install!
- Full-size winding wheels for easy reeling!
- Quick-release blanket clamps!
- Optional casters for easy rollaway and storage!
- Fits pool widths 12' to 24'!



**NEW! ABOVE-GROUND SOLAR FOLDER!**

- One- or two-person operation!
- Can be folded on or off (from in or out of the pool) in less than a minute!
- Requires no maintenance!
- Fits all pool models!
- Can be left in the pool or removed for easy storage!
- One-year full warranty!

**⚠ WARNING!**

**AVOID DROWNING RISK**

- STAY OFF COVER — WILL NOT SUPPORT WEIGHT.
- KEEP CHILDREN AWAY. CHILDREN OR OBJECTS CANNOT BE SEEN UNDER COVER.
- REMOVE STANDING WATER — CHILD CAN DROWN OUT OF COVER.
- REMOVE COVERS COMPLETELY BEFORE ENTRY OF BATHERS — ENTRAPMENT POSSIBLE.
- NON-SECURED OR IMPROPERLY SECURED COVERS ARE A HAZARD.
- FAILURE TO FOLLOW ALL INSTRUCTIONS MAY RESULT IN INJURY OR DROWNING.
- THIS IS NOT A SAFETY COVER.

**THE AQUACOVER® SOLAR BLANKET . . .  
NO POOL SHOULD BE WITHOUT ONE!**

**CANTAR**

A DIVISION OF CANTAR/POLYAIR CORPORATION  
1100 Performance Pl. / Youngstown, OH 44502  
www.cantar.com

# Spectrum Amerlite™ (SAm™) Automated Pool Lighting

Create an after-dark wonderland  
in your own backyard with the  
revolutionary SAm

SAm, the world's first automated color-changing pool light, produces brilliant underwater color lighting effects that transform any pool into a luminous nighttime wonder. Featuring two bright white halogen quartz bulbs mounted behind a revolving color wheel, SAm can bathe your pool in any one of several captivating colors. Or, it can slowly roll through its color spectrum, creating a continuously changing underwater light show. With SAm, your pool's beauty will shine brightly even when the sun goes down. You can even synchronize SAm lights with SAL and FIBERworks PG2000 to provide spectacular backyard color.

## Standard features include:

- Exclusive spectrum color roll for a dazzling light show right in your own pool.
- Select a single color to suit your mood or backyard decor.
- Bathes your pool in vibrant color at the touch of a single switch.
- Fits all full size Pentair/PacFab/American/Purex niches.
- Produces white light comparable to that of 300-watt Amerlite.
- 4,000 hour halogen bulb life minimizes relamping frequency.
- Same 3-wire installation as standard pool light.
- Three-year limited warranty.



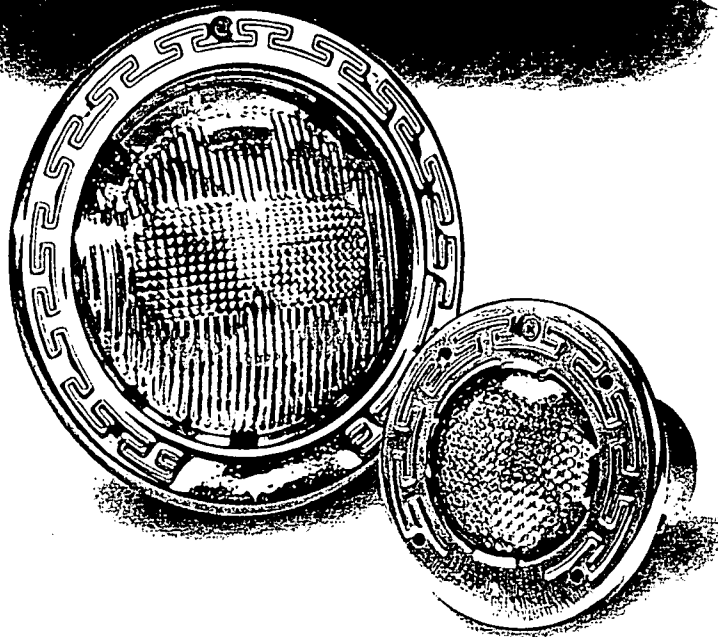
# Spectrum AquaLight™ (SAL™) Automated Spa Lighting

## Automated color in a compact package

Now you can enjoy the dramatic color lighting effects of SAm in your spa. Spectrum AquaLight (SAL) produces the same revolutionary 7-color spectrum as our SAm light, but it comes in a compact package. Especially designed for spas, SAL provides breathtaking color at the flip of a switch—just like SAm. Imagine relaxing with your family and friends in a spa where you can create a beautiful, continuously changing light show. And if you have a pool/spa combination, you'll be glad to know that SAL easily synchronizes with SAm to provide a uniform display of ever-changing aquatic color.

### Standard features include:

- Produces same dramatic color mix as SAm light.
- Synchronizes with SAm and FIBERworks PG2000.
- Dual remote from existing light switch.
- SAL's white light is comparable to 70-watt SpaBrite light.
- 4,000-hour lamp life reduces relamping frequency.
- Fits all SpaBrite and AquaLight niches.
- Simple 3-wire connection for quick professional installation.
- 12-volt and 120-volt models available.
- Three-year limited warranty.





MC  
0015

**TOWN OF SEWALL'S POINT**

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

**CORRECTION NOTICE**

ADDRESS: 5 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.

POOL STL.

MAINTAIN 3" CONC. COVERAGE  
FOR FLOOR STEEL.

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: 7/13

INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  ~~THURS~~ Wed  Fri 7/13, 2006

Page 3 of 4

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7891	McComber 59 N River Rd Wilew	FINAL sewer	PASS	CLOSE  INSPECTOR: <i>OM</i>
Tree	Buro 101 Henry Sewall OB	Tree	PASS	  INSPECTOR: <i>OM</i>
4				
6812	MADER 106 ABBIE CT. BUTFORD	POWER RELEASE	PASS	CALL #PL.  INSPECTOR: <i>OM</i>
3				
M.C		UG. TANK & LINE	FAIL	
0057 13	10 CASTLE HILL DIVERSIFIED SUG.			INSPECTOR: <i>OM</i>
MC	<del>XXXXXXXXXX</del>	POOL	<del>FAIL</del>	
0015 19	5 GUMBO LIMBO Harbor Bay			INSPECTOR: <i>OM</i>
MC 0029	Armstrong 41 W. HIGH POINT Gold Coast	ROOF	FAIL	INSPECTOR: <i>OM</i>
2				
0012	TRANTER 9 MIDDLE ROAD Stuart Fence	FENCE	PASS	CLOSE  INSPECTOR: <i>OM</i>
2				

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 7-14, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0051	BAUM	PRIVACY WALL	PASS	
3	105 ABBIE CT.			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>0015</del>			<del>PASS</del>	
7	5 GUMBO LIMBO			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0071		A/C	FAIL	
4	45 SEWALL'S PT. RD. SOUTH.			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>0081</del> <del>0087</del>		UG TANK & LINES	PASS	
8	10 CASTLE HILL			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	<del>STELLA BELAND</del>	<del>CURTESY INSP.</del>		
	<del>97 N. S.P.A.</del>			
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0029		ROOF	FAIL	
1C	41 W. HIGH POINT.			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

SFP-2006

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8-23, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>0015</del>	<del>██████████</del>	<del>POOL DECK</del>	<del>PASS</del>	
11	5 GUMBO LIMBO WAY			INSPECTOR: <i>[Signature]</i>
0102	Lepley	DRY-IN	FAIL	#40 FEE
10	25 NORTH RIVER RD Gay Mary West.			INSPECTOR: <i>[Signature]</i>
0104		GAS ROUGH	PASS	
9	48 NORTH RIVER RD OFF KNOWLES			INSPECTOR: <i>[Signature]</i>
		REAR DOOR -	OK	
2	22 W. HIGH PT. FLA. FINEST	(FRENCH) RIGHT REAR		INSPECTOR:
0017	Bobbie	Final-Hurricane Shutters	PASS	CLOSE
5	101 S Sewalls O/B			INSPECTOR: <i>[Signature]</i>
				INSPECTOR:
				INSPECTOR:

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

**Value:** \$4,800.00      **Sqft.:**      **Number Units:**  
**Parcel:** 13-38-41-002-000-0036.0-90000      **Blk:** 000      **Lot:** 0036      **Subd:** HIGH POINT  
**Address:** 9 MIDDLE RD  
**Owners:** TRANTER, JOHN E      9 MIDDLE RD, STUART, FL, 34996

---

**Permit Number:** SP01 20060013      SEWALLS POINT      **Entered:** 16-MAY-2006  
**Project:**      **Status:** OPEN      **Issued:** 22-MAY-2006

**Proposed Development:** Remove & replace approx 25% of the drywall & insulate where wet insulation was removed, remove & replace electrical outlets in affected areas.

**Applicant:** KLEINFELD, PAUL L 2      **Related Permit:** SP01 T13  
**Contractor:** KLEINFELD, PAUL L, FIRST FLORIDA DEV & CONST INC

**Value:** \$38,410.00      **Sqft.:**      **Number Units:**  
**Parcel:** 13-38-41-003-000-0069.0-90000      **Blk:** 000      **Lot:** 0069      **Subd:** HIGH POINT ISLE ADDITION  
**Address:** 10 ISLAND RD  
**Owners:** ANTONELLI, LEE      10 ISLAND RD, STUART, FL, 34996

---

**Permit Number:** SP01 20060014      SEWALLS POINT      **Entered:** 19-MAY-2006  
**Project:**      **Status:** DONE/COMPLETE      **Issued:** 25-MAY-2006

**Proposed Development:** Remove and replace roof with 40 year HP and dibiten torch down on flat roof

**Applicant:** MARZO, GARY P      **Related Permit:** SP01 T15  
**Contractor:** MARZO, GARY P, GARY MARZO INC

**Value:** \$7,050.00      **Sqft.:**      **Number Units:**  
**Parcel:** 01-38-41-009-000-0016.0-90000      **Blk:** 000      **Lot:** 0016      **Subd:** MIRAMAR  
**Address:** 11 MIRAMAR RD  
**Owners:** DAVIS, JAMES C      11 MIRAMAR RD, STUART, FL, 34996

---

**Permit Number:** SP01 20060015      SEWALLS POINT      **Entered:** 22-MAY-2006  
**Project:**      **Status:** DONE/COMPLETE      **Issued:** 25-MAY-2006

**Proposed Development:** Construction of pool, spa, deck

**Applicant:** CLARKE, WADE M      **Related Permit:** SP01 T16  
**Contractor:** CLARKE, WADE M, HARBOR BAY POOLS INC

**Value:** \$47,350.00      **Sqft.:**      **Number Units:**  
**Parcel:** 35-37-41-002-006-0006.0-40000      **Blk:** 006      **Lot:** 0006      **Subd:** INDIALUCIE  
**Address:** 5 GUMBO LIMBO WAY  
**Owners:** BRISCOE, ROBERT W & WENDY L      5 GUMBO LIMBO WAY, STUART, FL, 34996

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**Permit Number:** SP01 20060016      SEWALLS POINT      **Entered:** 22-MAY-2006  
**Project:**      **Status:** OPEN      **Issued:** 25-MAY-2006

**Proposed Development:** Remodel existing single family residence

**Applicant:** RIVERA, ALEX      **Related Permit:** SP01 T17  
**Contractor:** OWNER, CONTACT OWNER



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 11-6, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1856	Elliot	dock final	PASS	CLOSE
1	25 W High Pt O/B	Cell - 265-7310 Permits on back porch	if questions	INSPECTOR: <i>AM</i>
8438	Elliot	Boatlifts	PASS	CLOSE
1	25 W High Pt O/B	Permits on back porch		INSPECTOR: <i>AM</i>
0027	CARLSON	THE BEAM	CANCEL	
	3 TUSCAN MASTERPIECE			INSPECTOR:
<del>0015</del>	<del>FINISH POOL</del>	<del>FINISH POOL</del>	<del>PASS</del>	<del>CLOSE</del>
8	5 GUMBO LIMBO			INSPECTOR: <i>AM</i>
0033		INSULATION	PASS	
9	27 N. RIVER			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

8374

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Paver Drive

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

~~Abandoned~~ Renewal \$35 -  
 pd 3/11/06 cr #1309  
 3/11/06  
 3/11/07

Martin County PN 5 P01-4

MASTER PERMIT NO. 2006-0122

**TOWN OF SEWALL'S POINT**

Date 9-11-06 BUILDING PERMIT NO. 8374  
 Building to be erected for Poriscope Type of Permit Paver driveway  
 Applied for by JOB (Contractor) Building Fee 35.00  
 Subdivision Whispering Lot 6 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_  
 Address 5 Jumbo Jumbo Impact Fee \_\_\_\_\_  
 Type of structure SFR A/C Fee \_\_\_\_\_  
 Electrical Fee \_\_\_\_\_  
 Parcel Control Number: \_\_\_\_\_ Plumbing Fee \_\_\_\_\_  
353741-002-006-0006-040000 Roofing Fee \_\_\_\_\_  
 Amount Paid \$35 Check # 1153 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_  
 Total Construction Cost \$ 2200- TOTAL Fees 35.00

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

**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<br><u>DRIVEWAY</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 _____         |

*Abandoned  
Renewal*

Martin County PN 5 P01-  
MASTER PERMIT NO 2006-0122

**TOWN OF SEWALL'S POINT**

Date 9-11-06

BUILDING PERMIT NO. 8374

Building to be erected for Briscoe

Type of Permit Paver driveway

Applied for by O/B

(Contractor) Building Fee 35.00

Subdivision Indialucier Lot 6 Block \_\_\_\_\_

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

Address 5 Gumbo Limbo

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

Type of structure SFR

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

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

Parcel Control Number:

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

353741-002-006-0006-040000

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

Amount Paid \$35 Check # 1153 Cash \_\_\_\_\_

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

Total Construction Cost \$ 2200-

TOTAL Fees 35.00

Signed 

Signed 

Applicant

Town Building Official Dept Clerk



# MARTIN COUNTY BUILDING PERMIT

**CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.**

Permit Number: SP01 - 20060122  
 Permit Type: SEWALLS POINT  
 Date Issued: 06-SEP-2006  
 Project:  
 Scope of Work: Remove asphalt driveway - install paver stones

Applicant/Contact:	BRISCOE, ROBERT W & WENDY L /	
Parcel Control Number:	35-37-41-002-006-0006.0-40000	
Subdivision:	INDIALUCIE	
Construction Address:	5 GUMBO LIMBO WAY	
Location Description:		
Owner Name:	BRISCOE, ROBERT W & WENDY L	
Prime Contractor:	OWNER	CONTACT OWNER
		License No.:

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

**"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.**

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

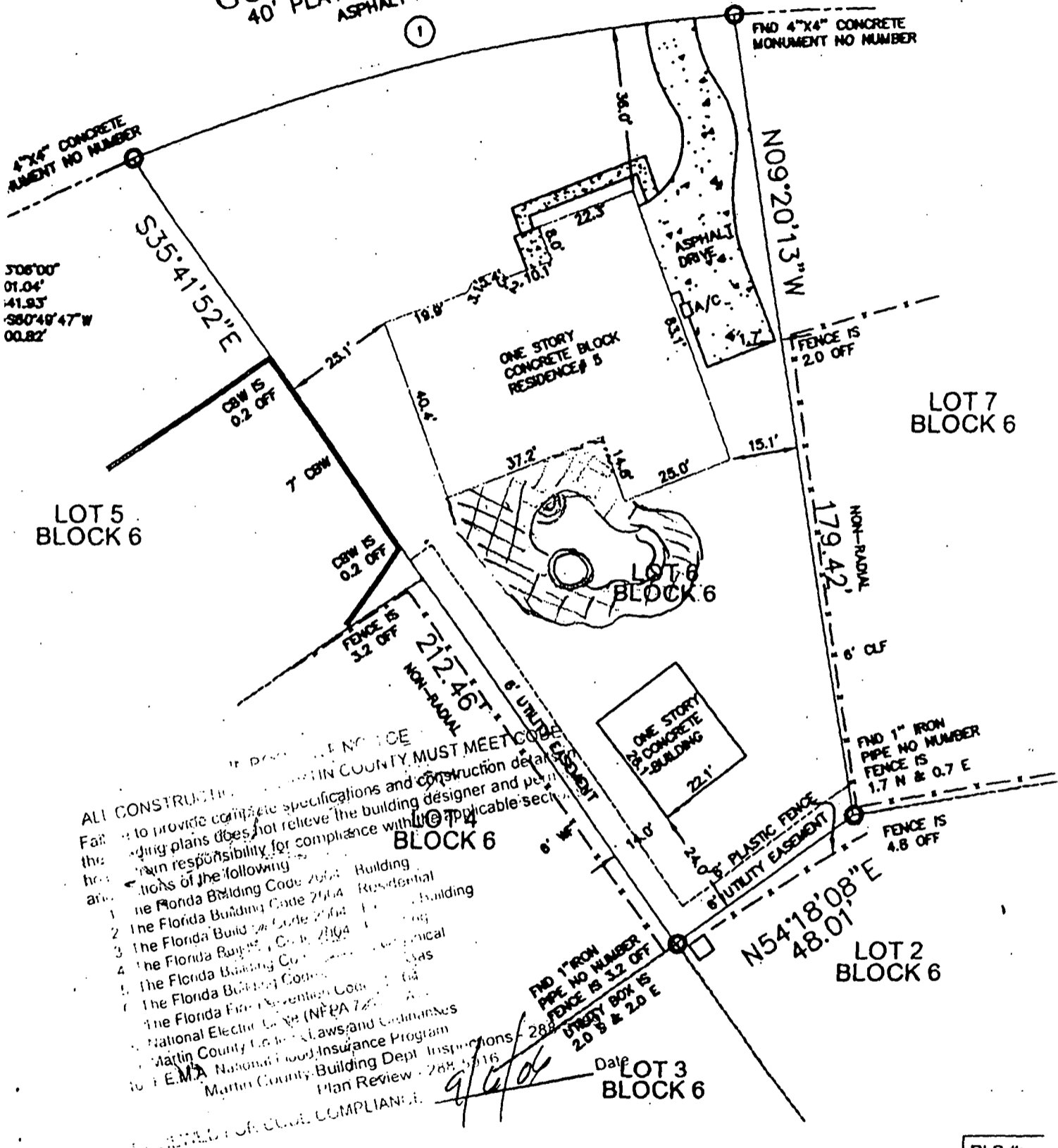
UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

### INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.  
 The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final \_\_\_\_\_

**GUMBO LIMBO WAY**  
 40' PLATTED RIGHT-OF-WAY  
 ASPHALT ROADWAY



ALL CONSTRUCTION IN MARTIN COUNTY MUST MEET THE FOLLOWING SPECIFICATIONS AND CONSTRUCTION DETAILS:  
 Failure to provide complete specifications and construction details on the engineering plans does not relieve the building designer and permit holder of their main responsibility for compliance with applicable sections of the following:

1. The Florida Building Code 2014 - Building
2. The Florida Building Code 2014 - Residential
3. The Florida Building Code 2014 - Fire
4. The Florida Building Code 2014 - Mechanical
5. The Florida Building Code 2014 - Electrical
6. The Florida Building Code 2014 - Energy
7. The Florida Fire Prevention Code 2014
8. National Electric Code (NFPA 70)
9. Martin County Local Laws and Ordinances
10. I.E.M.A. National Flood Insurance Program
11. Martin County Building Dept. Instructions - 288, 3016
12. Martin County Building Dept. Instructions - Plan Review - 288, 3016

DATE: 9/16/04

ADDRESS  
 5 GUMBO LIMBO WAY  
 STUART, FLORIDA 34996

LEGAL DESCRIPTION: (AS FURNISHED)  
 LOT 6, BLOCK 6, INDIALUCIE, ACCORDING TO THE PLAT THEROF,  
 AS RECORDED IN PLAT BOOK 4, PAGES 77, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

BEARINGS: BEARINGS SHOWN HEREON ARE BASED ON THE EASTERLY LINE OF LOT 6, BLOCK 6, BEING N 09° 20' 13" W. PER PLAT.  
 ENCROACHMENTS:

INFORMATION:	COORDINATED BY:	PREPARED FOR:	PREPARED BY:
	<b>RESIDENTIAL</b>	<b>FIRST AMERICAN</b>	

RLS #:
CLIENT #
FIELD D/
DRAFTE
APPROV
SCALE:

RECEIVED  
8-29-06

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: 8-24-06

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

OWNER/TITLEHOLDER NAME: Robert Brisco

Phone (Day) 772-349-3377 (Fax) \_\_\_\_\_

Job Site Address: 5 Gumbo Limbo

City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LOT-6 BLOCK-6

Parcel Number: \_\_\_\_\_

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

Description of Work To Be Done: REMOVE ASPHALT DRIVEWAY - INSTAL PAVEMENT STONES

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2200.00  
(Notice of Commencement needed over \$2500)

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

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

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

(If yes, Owner Builder Affidavit must accompany application)

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

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

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

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

SUBCONTRACTOR INFORMATION:

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

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

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

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

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

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

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

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

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

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)

CONTRACTOR SIGNATURE (required)

State of Florida, County of: St. Lucie

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

This the 28th day of August, 2006

This the \_\_\_\_\_ day of \_\_\_\_\_, 2006

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

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

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

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

as identification. Isabel M. Williams

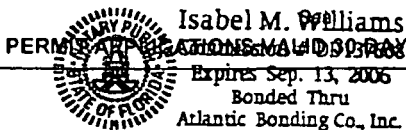
As identification. \_\_\_\_\_

Notary Public

Notary Public

My Commission Expires: 9/13/06

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



Seal

PERMITS ARE VALID 90 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 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.

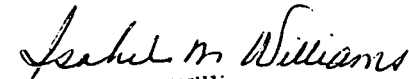
Name: Robert Breiscoe Date: 8/24/06


Signature: 

Address: 5 Gumbo Limbo Way

City & State: Sewalls Pt FL 34996

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

  
Isabel M. Williams  
Commission # DD137608  
Expires Sep. 13, 2006  
Bonded Thru  
Atlantic Bonding Co., Inc.





## FENCE (Revised 12/28/05)

### PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR A FENCE

**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 appraiser's 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, fax and license numbers.
4. Name all sub-contractors (properly licensed)
5. Architect's or engineer's name, address, & phone number (if masonry wall)
6. Scope of work
7. Estimated cost of construction.
8. Original signature of owner, notarized
9. Original signature of contractor, notarized

#### Submittals ~~(2)~~<sup>3</sup> copies)

1. Current survey or site plan containing the following information:
  - a. Location of existing and proposed ~~fence or wall~~
  - b. ~~Height of existing and proposed fence, gates, wall, etc.~~
2. Statement of Fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. Application for tree removal or relocation (attach tree survey and removal or relocation plan if required)
5. A certified copy of the Notice of Commencement for any work over \$2500.00
6. Copy of License (either Martin County Certificate of Competency or state certified or registered contractor license)
7. Copy of certificate of workmen's compensation insurance or exemption
8. Copy of certificate of liability insurance

**If the fence is going to be a masonry wall then the following documents are required.**

**The following documents must be signed and sealed by a registered architect or engineer. (2 copies) Note: All plans must be certified for compliance with 2004 FBC with amendments.**

1. **Elevation Plan containing the following information:**
  - a. Front elevations
  - b. All heights from natural grade
  - c. Wall finishes

d. Vertical features and horizontal projections

**2. Foundation Plan containing the following information:**

- a. All footings and pad locations
- b. Dimensions of all footing and pads
- c. Step downs
- d. Footing and pad call outs for size (width and depth), steel (size, lap and placement)
- e. Column layout

**3. Section/Detail Drawings and Schedules showing the following information:**

- a. Wall section drawings showing footer, wall, and beam with steel callouts and spacing

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



\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

DATE SUBMITTED: \_\_\_\_\_

8/24/06

NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS

41557

ORIGINAL FOR MARTIN COUNTY REAL ESTATE 5587044.0000

I.D. NUMBER: 35-37-41-002-006-00060.40000 AD VALOREM TAXES 2005 TAX DISTRICT: 2200  
 ASSESSED VALUE: 380,040 EXEMPTIONS: 25,000 TAXABLE VALUE: 355,040

TAXING AUTHORITY		MILLAGE RATE	TAX AMOUNT
COUNTY	COUNTY-GENERAL FUND-OP	4.8950	1,737.92
	CNTY-GOVT BONDS 1986	.1960	69.59
	CNTY-BONDS LANDS FOR YOU	.1050	37.28
	CNTY-F.I.T. BOND	.0240	8.52
SCHOOL	SCHOOL - GENERAL	7.3000	2,591.79
CHLD SVC	CHILDRENS SERVICES ORDNCS	.3337	118.48
F.I.N.D.	FL-INLAND NAVIGATION DIST	.0385	13.67
CITY	TOWN OF SEWALLS PT	1.9410	689.13
S.F.W.M.	SOUTH FLORIDA WATER MANAG	.6970	247.46

EXEMPTION: REG HMST 25,000

TOTAL MILLAGE 15.53020 AD VALOREM TAXES 5,513.84

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	PURPOSE	RATE/BASIS	AMOUNT
COMBINED TAXES & ASSESSMENTS TOTAL:			5,513.84

PROPERTY  
 ADDR: 5 GUMBO LIMBO WY

35 37 41  
 INDIALUCIE, LOT 6 BLK 6



35-37-41-002-006-00060.40000 2005  
 BRISCOE, ROBERT W & WENDY L  
 5 GUMBO LIMBO WAY  
 STUART FL 34996-6625

*FD*  
 First Peoples  
 Bank  
 CK# 012194

NOV 1-NOV 30 5,293.29    DEC 1-DEC 31 5,348.42    JAN 1-JAN31 5,403.56    FEB 1-FEB28 5,458.70    MAR 1-MAR 31 5,513.84    DELINQUENT ON APRIL 1, 2006

\*SEE REVERSE SIDE FOR INSTRUCTIONS PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT\*

**IMPORTANT – PLEASE READ  
INSTRUCTIONS AND INFORMATION**

1. IF YOU HAVE SOLD THE PROPERTY DESCRIBED ON THIS NOTICE, PLEASE FORWARD TO THE NEW OWNERS OR RETURN THIS NOTICE TO THE TAX COLLECTOR'S OFFICE.
2. DISCOUNTS ALLOWED BY LAW FOR EARLY PAYMENT HAVE BEEN COMPUTED FOR YOU AND ARE REFLECTED IN AMOUNTS SHOWN ON THE BOTTOM PART OF THIS NOTICE ON THE FRONT SIDE.

**SCHEDULE OF DISCOUNTS**

4% IF PAID IN NOVEMBER	2% IF PAID IN JANUARY
3% IF PAID IN DECEMBER	1% IF PAID IN FEBRUARY
NO DISCOUNT IF PAID IN MARCH	

**DISCOUNTS ARE DETERMINED BY POSTMARK OF PAYMENT.**

3. AD VALOREM AND NON-AD VALOREM TAXES BECOME DELINQUENT APRIL 1, AT WHICH TIME INTEREST AT 18% PER YEAR (1-1/2% PER MONTH) PLUS ADVERTISING COSTS ARE CHARGED. HOWEVER, A MINIMUM CHARGE OF 3% INTEREST SHALL BE COLLECTED. TAX SALE CERTIFICATES WILL BE SOLD ON ALL UNPAID ITEMS ON OR BEFORE JUNE 1ST.  
TANGIBLE PERSONAL PROPERTY TAXES BECOME DELINQUENT APRIL 1, AT WHICH TIME INTEREST AT 18% PER YEAR (1-1/2% PER MONTH) IS CHARGED. ADVERTISING COSTS ARE ADDED ON APRIL 1ST. TAX WARRANTS WILL BE ISSUED ON ALL UNPAID TANGIBLE PERSONAL PROPERTY TAXES PURSUANT TO CHAPTER 197, FLORIDA STATUTES.

**NOTE: IF POSTMARK INDICATES PAYMENT WAS MAILED ON OR AFTER APRIL 1 (DELINQUENT DATE),  
INTEREST AND COSTS ARE DETERMINED BY DATE PAYMENT IS RECEIVED BY THE TAX COLLECTOR.**

4. IF PAYING BY MAIL, YOUR CANCELLED CHECK MAY SERVE AS YOUR RECEIPT. IF YOU NEED A COPY OF YOUR RECEIPT, INCLUDE A STAMPED, SELF-ADDRESSED ENVELOPE AND RETURN ENTIRE BILL WITH PAYMENT.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS NOTICE CONTACT THE:

TAX COLLECTOR: IF THE QUESTION RELATES TO ERRORS ON THIS NOTICE, ESCROW CODE, MILLAGE CODE OR ANY PAYMENT PROBLEM, TELEPHONE NUMBER (772) 288-5595.

AD VALOREM TAXING AUTHORITY: IF THE QUESTION RELATES TO THE MILLAGE OR TAXES LEVIED, CALL, TAX COLLECTOR FOR TELEPHONE NUMBER.

NON-AD VALOREM ASSESSMENT LEVYING AUTHORITY: IF THE QUESTION RELATES TO RATE/BASIS OR AMOUNT OF THE LEVY, CALL TAX COLLECTOR FOR TELEPHONE NUMBER.

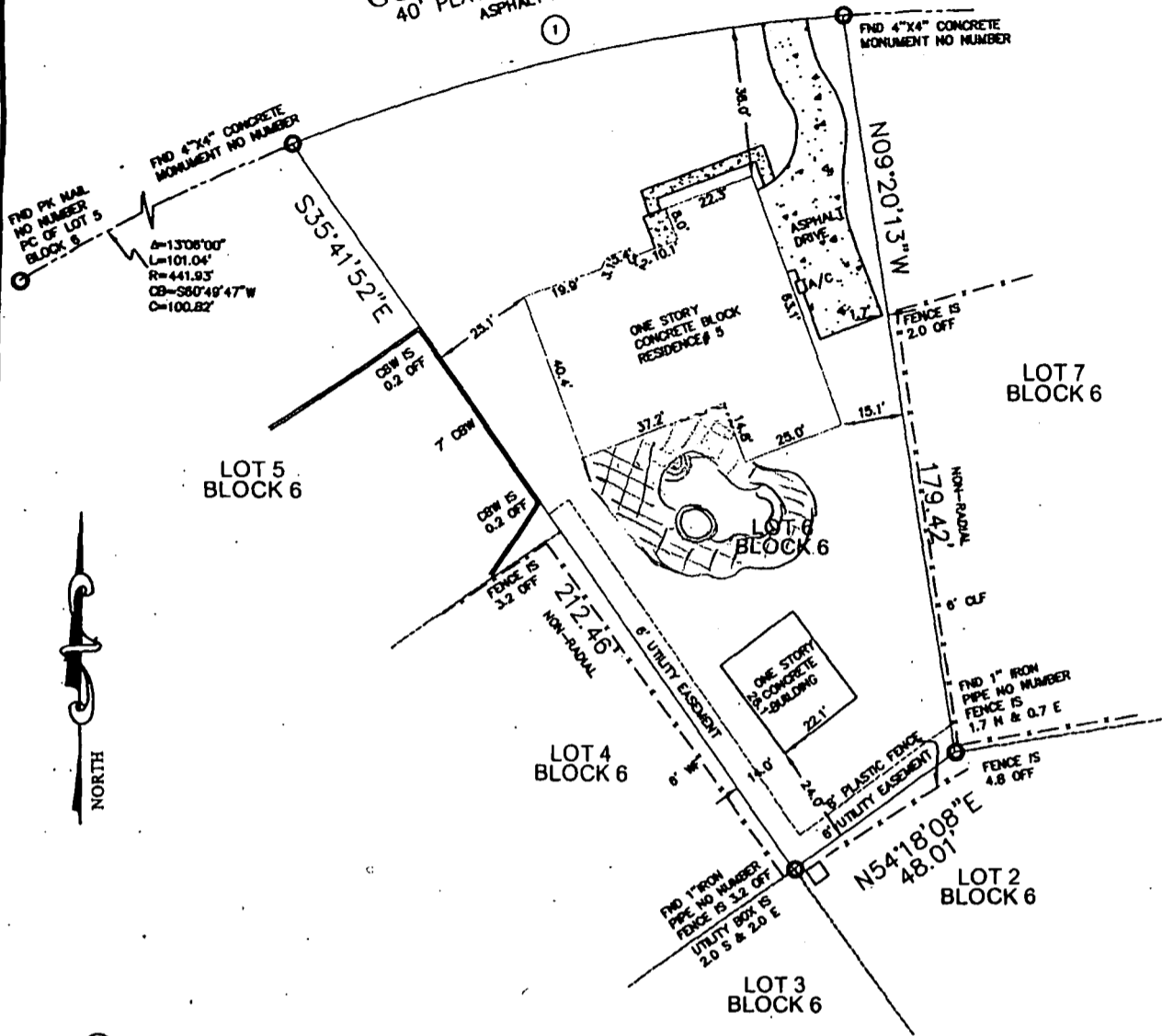
PROPERTY APPRAISER: IF THE QUESTION RELATES TO THE LEGAL DESCRIPTION, ASSESSED VALUE, EXEMPTIONS OR TAXABLE VALUE, TELEPHONE NUMBER (772) 288-5608.

PLEASE DO NOT STAPLE, MUTILATE, OR WRITE ON THIS FORM.

*Keep this part for your records.*

**BOUNDARY SURVEY**

**GUMBO LIMBO WAY**  
40' PLATTED RIGHT-OF-WAY  
ASPHALT ROADWAY



①  
 $\Delta = 17^{\circ}55'49''$   
 $L = 138.31'$   
 $R = 441.93'$   
 $CB = S76^{\circ}20'44''W$   
 $C = 137.75'$

**ADDRESS**  
 5 GUMBO LIMBO WAY  
 STUART, FLORIDA 34996



**LEGAL DESCRIPTION: (AS FURNISHED)**

LOT 6, BLOCK 6, INDIALUCIE, ACCORDING TO THE PLAT THEREOF,  
 AS RECORDED IN PLAT BOOK 4, PAGES 77, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

RLS #:	04-06-1488
CLIENT #:	1071-532663
FIELD DATE:	7/1/04
DRAFTER:	EWB
APPROVED:	GKB
SCALE:	1" = 40 FEET

**BASIS OF BEARINGS:** BEARINGS SHOWN HEREON ARE BASED ON THE EASTERLY LINE OF LOT 6, BLOCK 6, BEING N09°20'13" W, PER PLAT.

**LIST OF POSSIBLE ENCROACHMENTS:**

<p><b>SURVEYOR INFORMATION:</b></p>  <p>AMERICAN SURVEYING &amp; MAPPING          CORPORATION OF PROFESSIONAL ENGINEERS          1638 N. ORLANDO AVENUE, SUITE 8          WINTER PARK, FLORIDA 32789          PHONE (407) 438-7979 FAX (407) 438-9199</p>	<p><b>COORDINATED BY:</b></p> <p><b>RESIDENTIAL</b>          LAND SERVICES, INC.          621 24TH AVENUE S.W.          NORMAN, OKLAHOMA 73069          FAX: (405) 701-1027          PHONE: (405) 701-1100          WWW.RLSNOW.COM</p>	<p><b>PREPARED FOR:</b></p>  <p>First American Title Insurance Company</p>	<p><b>PREPARED FOR:</b></p>							
<p><b>SURVEYOR FILE NUMBER:</b> 04-06-1488</p> <p><b>CERTIFIED TO: (AS FURNISHED)</b></p> <p>ROBERT W BRISCOE AND WENDY L BRISCOE          GREENPOINT MORTGAGE FUNDING GROUP          FIRST AMERICAN TITLE INSURANCE COMPANY</p>	<p><b>LEGEND</b></p> <p>AC: AIR CONDITIONER          BLDG.: BUILDING          (C.): CALCULATED          C.B.: CHORD BEARING          CBW: CONCRETE BLOCK WALL          CL: CENTERLINE          C.N.A.: CORNER NOT ACCESSIBLE          CONC.: CONCRETE          COV: COVERED          C/S: CONCRETE SLAB          (D.): DESCRIPTION          DRW: DRIVEWAY          ENC.: ENCROACHMENT          E.O.W.: EDGE OF WATER          (M.): MEASURED          MAS.: MASONRY          N&amp;D: NAIL &amp; DISK          END: ENDING</p> <p>OH.U: OVERHEAD UTILITY LINE          (P.): PLATTED          P.C.: POINT OF CURVATURE          P.C.P.: PERMANENT CONTROL POINT          P.I.: POINT OF INTERSECTION          P.O.B.: POINT OF BEGINNING          P.O.C.: POINT OF COMMENCEMENT          P.P.: POWER POLE          P.R.C.: POINT OF REVERSE CURVATURE          P.R.M.: PERMANENT REFERENCE MONUMENT          P.T.: POINT OF TANGENCY          R.W.: RIGHT OF WAY          S.W.: SIDEWALK          CL.F: CHAIN LINK FENCE          W.F.: WOOD FENCE          H.W.F.: HOG-WIRE FENCE</p>	<p><b>SURVEYOR'S CERTIFICATE</b></p> <p>GALEN K. BELL          CERTIFICATE          No. 4224</p> <p><i>Galen K. Bell</i></p> <p>7/2/04 FOR THE FIRM</p> <p>SURVEYOR'S NAME STATE OF DATED:</p> <p>NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL</p> <table border="1"> <tr> <td>DATE</td> <td>REVISION</td> <td>DATE</td> <td>REVISION</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	DATE	REVISION	DATE	REVISION				
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# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6-29, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6284	Whalen 9 Knowles Rd Kraus+Crane	Final(A/c) AC units air handles	PASS	Close INSPECTOR: [Signature]
6948	Winkler 10 S Sewalls Kraus+Crane	Final- <del>electrical</del>	<del>PASS</del> <del>FAIL</del>	Close INSPECTOR: [Signature]
7079	Winkler 10 S Sewalls Kraus+Crane	Final(A/c)	<del>PASS</del> <del>FAIL</del>	<del>Close</del> INSPECTOR: [Signature]
8635	Schneider 4 Ridgeland Dr Manfredi Const	Final (driveway)	PASS	Close INSPECTOR: [Signature]
<del>8833</del>	<del>Address</del> <del>Address</del> O/B	Final		Cancel for Monday INSPECTOR:
		Final		INSPECTOR:
8374	Bruce 5 Gumbo Limbo O/B	Final paved driveway	PASS	INSPECTOR: [Signature]

OTHER:

8624

---

Fence

---

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



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

## BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK**

PERMIT NUMBER:	8627	DATE ISSUED:	JUNE 15, 2007
SCOPE OF WORK:	FENCE		
COMPANY NAME:	SHIELD OF PROTECTION		
PARCEL CONTROL NUMBER:	353741002006000604	SUBDIVISION:	INDIALUCIE-LOT-6 - BL-6
CONSTRUCTION ADDRESS:	5 GUMBO LIMBO WAY		
OWNER NAME:	NRISCOE		
QUALIFIER:	WILLIAM WHITTEN	CONTACT NUMBER:	772-878-7332

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE  
 CALL 287-2455 - 8:00AM TO 4:00PM      INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

### 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.**



SHIELD OF PROTECTION SYSTEMS, INC.  
13511 SW SOUTH MAGEDO BLVD  
PORT ST. LUCIE, FL 34983  
PH: 772-878-7332

WASHINGTON MUTUAL BANK, PA.  
1-800-841-2670

6/6/07  
\$ 30.00

Pay to the Order of Town of Sewall's Point  
Thirty Dollars

Tara J. Whitten  
Dollars

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

**TOWN OF SEWALL'S POINT**

Date 6-15-07

BUILDING PERMIT NO. 8627

Building to be erected for Physical

Type of Permit Fence

Applied for by Shield of Protection

(Contractor) Building Fee 30.-

Subdivision Indialucie Lot 6 Block 6

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

Address 5 Gumbo Limbo Way

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

Type of structure SFR

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

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

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

Parcel Control Number:

353741-002-006-00060-4

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

Amount Paid \$30.- Check # 5194 Cash \_\_\_\_\_

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

Total Construction Cost \$ 100.-

TOTAL Fees 30.-

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

RECEIVED  
6-12-07

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: 6-8-07 Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Bob Briscoe Phone (Day) 772-349-3373 (Fax) \_\_\_\_\_

Job Site Address: 5 Gumbo Limbo Way City: Sewall's Pt State: FL Zip: 33996

Legal Desc. Property (Subd/Lot/Block) Indialucie, lot 6 BK 6 Parcel Number: 35-37-41-003-006-000604

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

Scope of work: 49'-60" High Alum Fence w/ self-closing, self-latching gates and 1 double gate

**WILL OWNER BE THE CONTRACTOR?**  
(If yes, Owner Builder questionnaire must accompany application)  
YES \_\_\_\_\_ NO   
Has a Zoning Variance ever been granted on this property?  
YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO   
(Must include a copy of all variance approvals with application)

**COST AND VALUES**  
Estimated Value of Construction or Improvements: \$ 1900  
(Notice of Commencement required over \$2500)  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)  
Method of Determining Fair Market Value: \_\_\_\_\_

CONTRACTOR/Company She-Hof Protection System Phone 772-878-9068 Fax 772-878-9068

Street: 1351 SW South Indalee SW City: Seawall State: FL Zip: 34983

State Registration Number \_\_\_\_\_ State Certification Number: CR003694 Municipality 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 \_\_\_\_\_

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

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

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF: FBC 2004 W/2006 REVISIONS SECT. 106.4.1, 105.4.1.1 - 5.  
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS

OWNER OR AUTHORIZED AGENT SIGNATURE (required)  
Robert Briscoe  
State of Florida, County of St. Lucie  
This the 8th day of June, 2007  
by Robert Briscoe who is personally  
known to me or produced  
as identification. Mourad Latos

My Commission Expires: \_\_\_\_\_  
Notary Public MOIRA L. LATOS  
MY COMMISSION # DD 565918  
EXPIRES: August 12, 2010  
Bonded Thru Notary Public Underwriters

CONTRACTOR SIGNATURE (required)  
William R. Whitten  
On State of Florida, County of St. Lucie City  
This the 8th day of June, 2007  
by William R. Whitten who is personally  
known to me or produced  
as identification. Mourad Latos

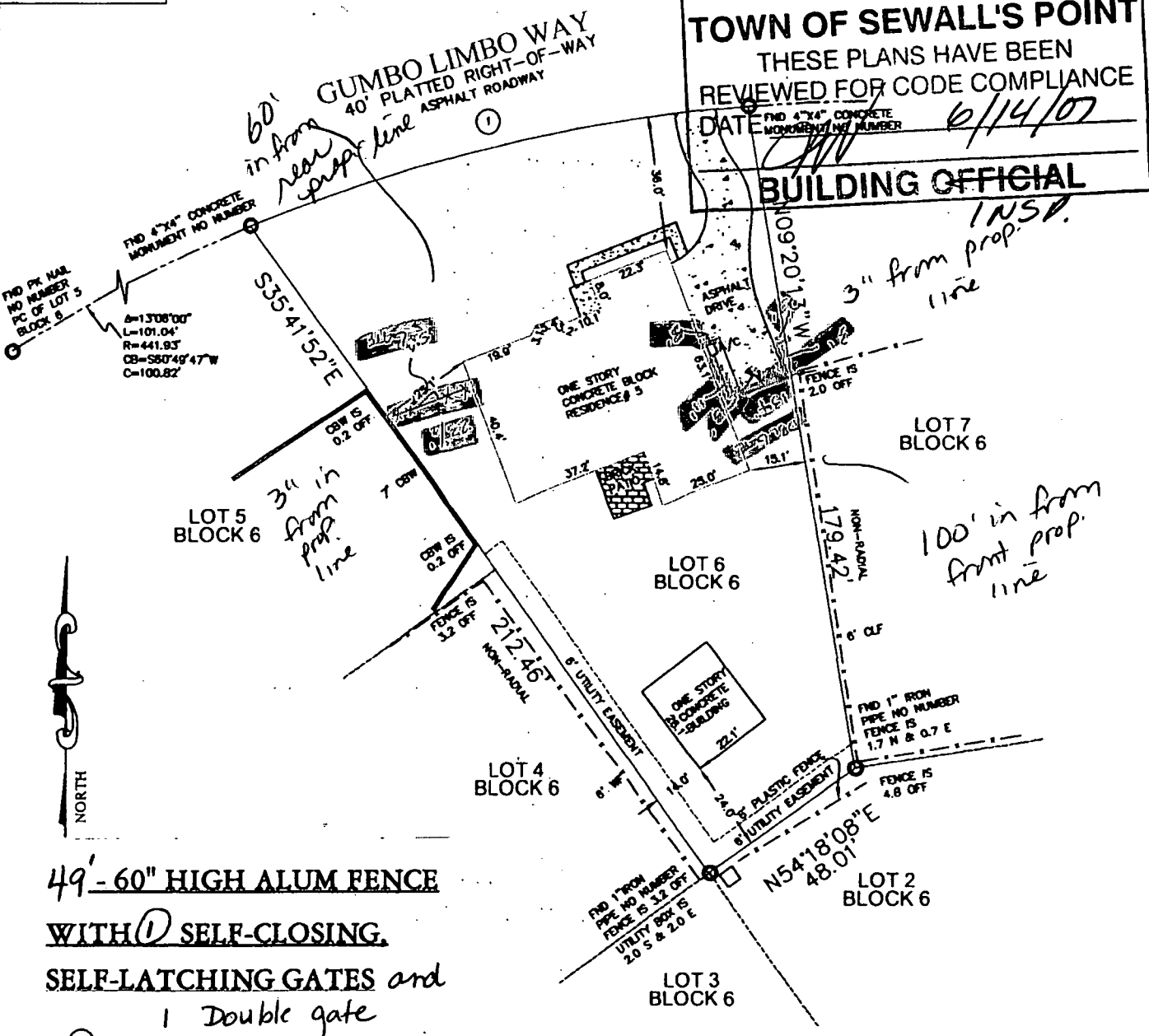
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Notary Public MOIRA L. LATOS  
MY COMMISSION # DD 565918  
EXPIRES: August 12, 2010  
Bonded Thru Notary Public Underwriters

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 106.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!  
APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 106.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

MOIRA L. LATOS  
MY COMMISSION # DD 565918  
EXPIRES: August 12, 2010  
Bonded Thru Notary Public Underwriters

**BOUNDARY SURVEY**

**FILE COPY**  
**TOWN OF SEWALL'S POINT**  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE 6/14/07  
**BUILDING OFFICIAL**



**49'-60" HIGH ALUM FENCE**  
**WITH ① SELF-CLOSING,**  
**SELF-LATCHING GATES and**  
**1 Double gate**

①  
 $\Delta = 17'55'49''$   
 $L = 138.31'$   
 $R = 441.93'$   
 $CB = S76'20'44''W$   
 $C = 137.75'$

**ADDRESS**

5 GUMBO LIMBO WAY  
 STUART, FLORIDA 34396



**LEGAL DESCRIPTION: (AS FURNISHED)**

LOT 6, BLOCK 6, INDIALUCIE, ACCORDING TO THE PLAT THEREOF.  
 AS RECORDED IN PLAT BOOK 4, PAGES 77, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

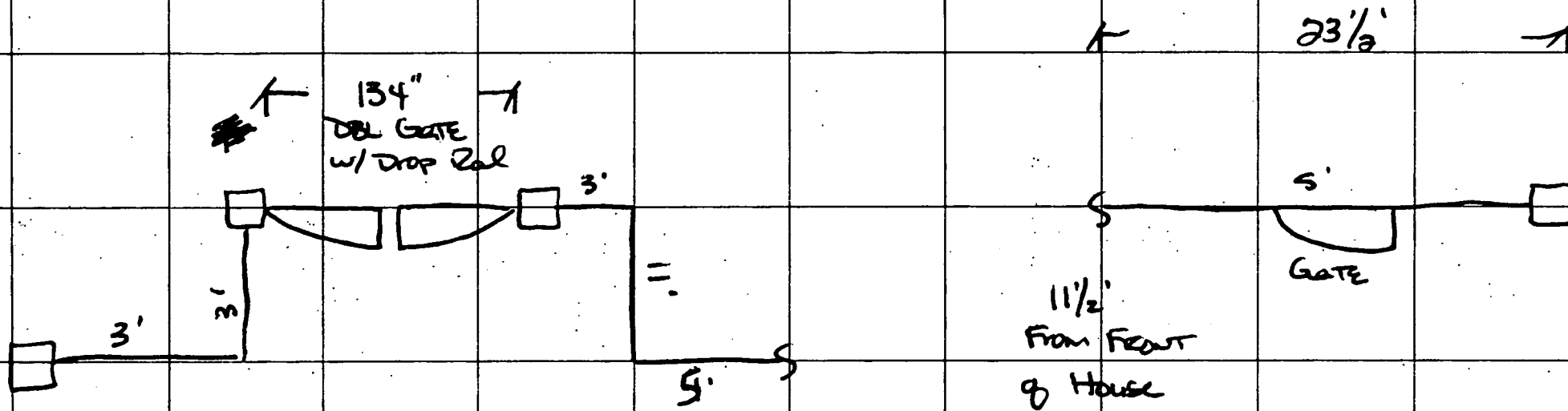
RLS #:	04-06-1488
CLIENT #:	1071-532663
FIELD DATE:	7/1/04
DRAFTER:	EWB
APPROVED:	GKB
SCALE:	1" = 40 FEET

**BASIS OF BEARINGS: BEARINGS SHOWN HEREON ARE BASED ON THE EASTERLY LINE OF LOT 6, BLOCK 6, BEING N09°20'13" W, PER PLAT.**

**LIST OF POSSIBLE ENCROACHMENTS:**

<p><b>SURVEYOR INFORMATION:</b></p>  <p><b>AMERICAN SURVEYING &amp; MAPPING</b>          CORPORATION OF AMERICAN SURVEYING ASSOCIATION          100 N. OHLBERTS AVENUE, SUITE 5          WHITE PINE, FLORIDA 32790          PHONE: (904) 226-7777 FAX: (904) 226-7778</p>	<p><b>COORDINATED BY:</b></p> <p><b>RESIDENTIAL</b>          LAND SERVICES, INC.          621 24TH AVENUE S.W.          NORMAN, OKLAHOMA 73069          FAX: (405) 701-1027          PHONE: (405) 701-1100          WWW.RLSNOW.COM</p>	<p><b>PREPARED FOR:</b></p>  <p><i>First American Title Insurance Company</i></p>	<p><b>PREPARED FOR:</b></p>																																			
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5' HIGH  
1" PICKET  
2" OC



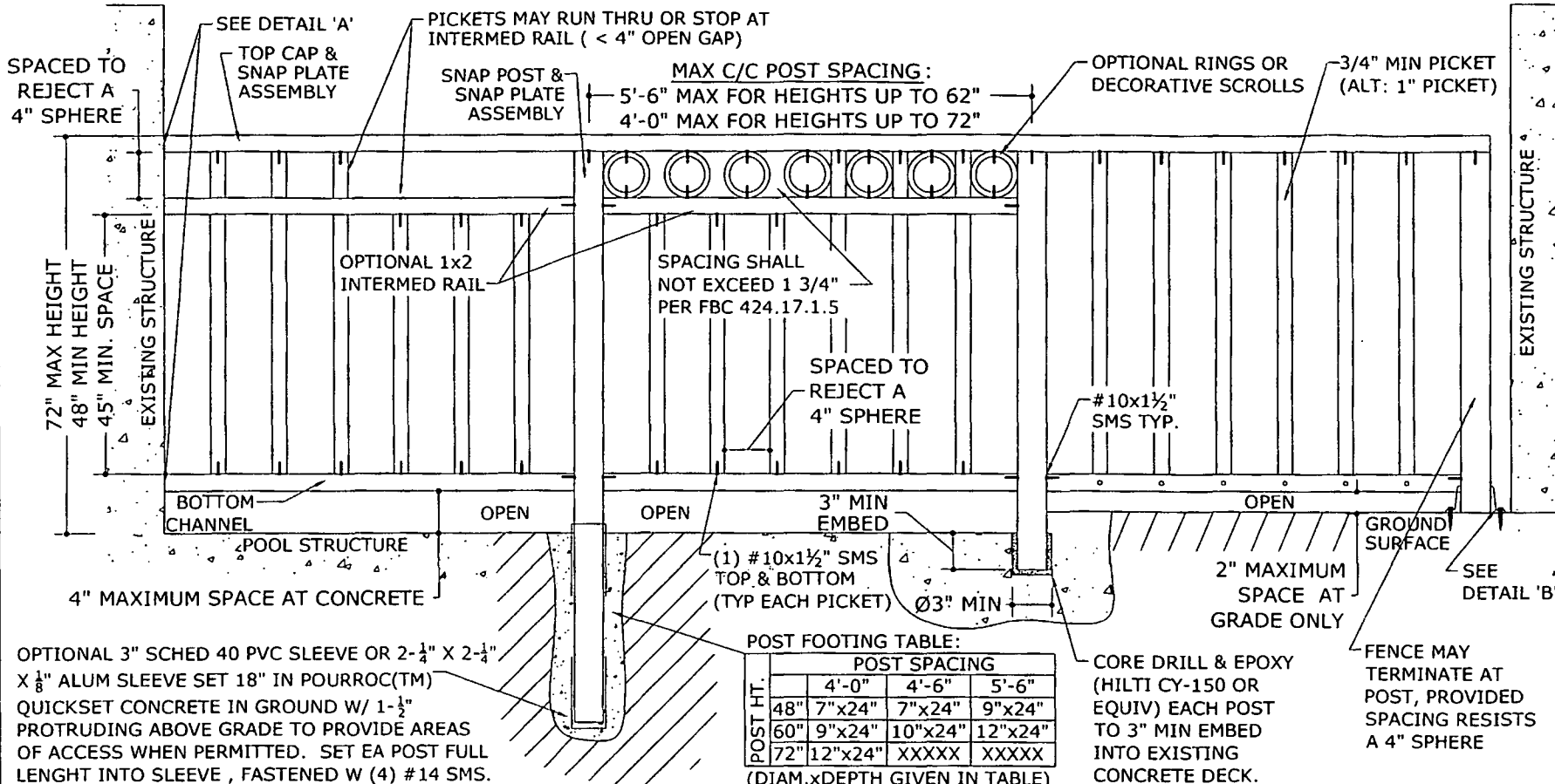
Shield of Protection Systems, Inc.

Licensed and Insured CRC 053094  
1337 S.W. South Macedo Boulevard • Port St. Lucie, Florida 34983  
(772) 878-7332 • Fax: (772) 878-9068

Name: Zos Berco Job #: \_\_\_\_\_  
 Address: 5 Gumbo Limbo Way City: Seminole Point, FL  
 Phone: 772-349-3379 Customer's Signature: \_\_\_\_\_  
 LEGAL DESCRIPTION: Lot: \_\_\_\_\_ Blk: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Book: \_\_\_\_\_ Page: \_\_\_\_\_ Location: \_\_\_\_\_

# MECHANICAL ALUMINUM FENCE AT GRADE

(NON-STRUCTURAL, DECORATIVE BARRIER, TYPICAL INSTALLATION (GROUND LEVEL ONLY))



OPTIONAL 3" SCHED 40 PVC SLEEVE OR 2-1/4" X 2-1/4" X 1/8" ALUM SLEEVE SET 18" IN POURROC(TM) QUICKSET CONCRETE IN GROUND W/ 1-1/2" PROTRUDING ABOVE GRADE TO PROVIDE AREAS OF ACCESS WHEN PERMITTED. SET EA POST FULL LENGHT INTO SLEEVE, FASTENED W (4) #14 SMS.

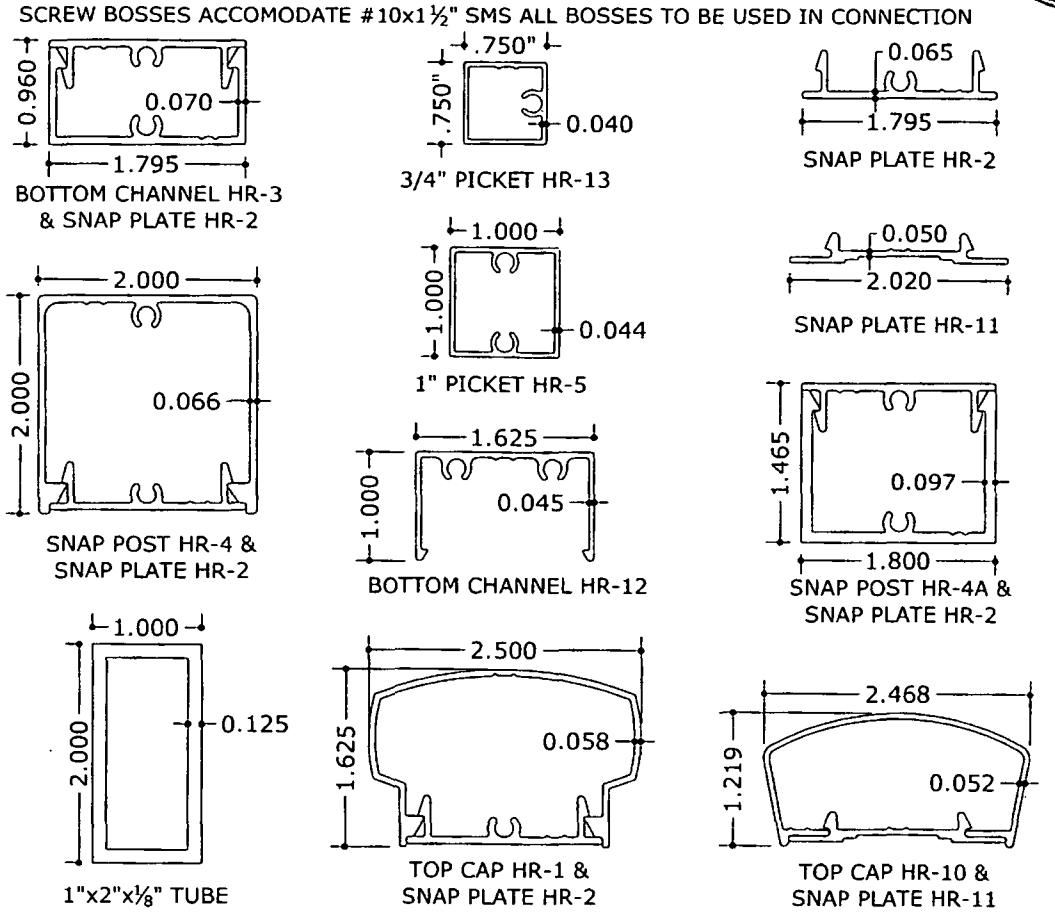
POST FOOTING TABLE:

POST HT.	POST SPACING		
	4'-0"	4'-6"	5'-6"
48"	7"x24"	7"x24"	9"x24"
60"	9"x24"	10"x24"	12"x24"
72"	12"x24"	XXXXX	XXXXX

(DIAM.xDEPTH GIVEN IN TABLE)

## FENCE EXTRUSIONS

6063-T6 U.N.O. EXTRUSION TOLERANCES TO BE PER INDUSTRY STANDARDS



DRAWING VALID ONLY WITH ORIGINAL SIGNATURE AND RAISED SEAL. VALID FOR (1) LOCATION PER SEALED DRAWING

FRANK L. BENNARDO, P.E. # PE0046549

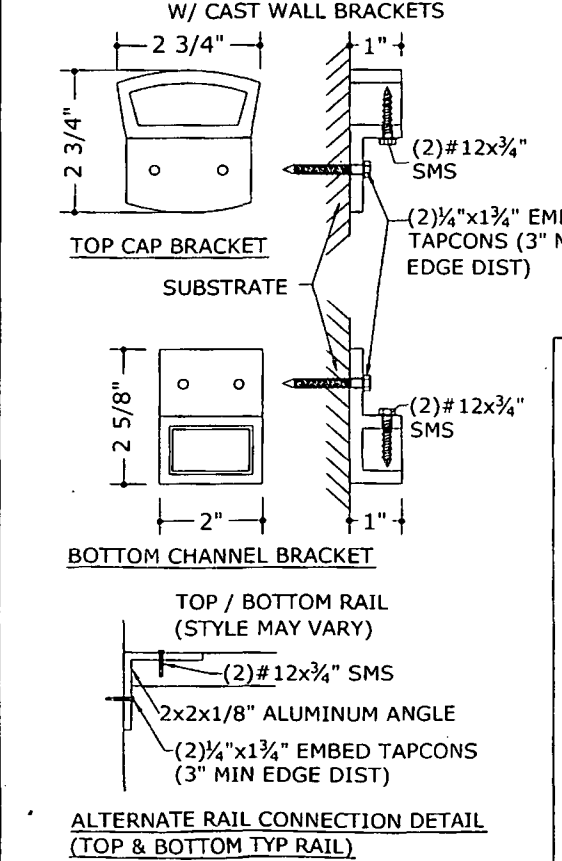
02/12/2007

VALID FOR (1) JOB(S) ONLY VALID ONLY WITH RAISED ENGINEER SEAL

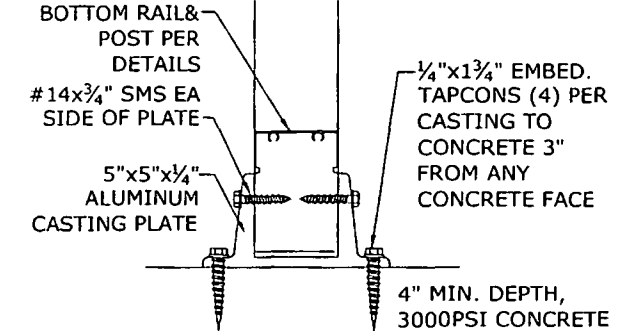
**ENGINEERING EXPRESS**  
 160 SW 12th AVENUE, #106  
 DEERFIELD BEACH, FL 33442  
 PH: (954) 354-0660 FAX: (954) 354-0443  
 WWW.ENGEXP.COM  
 CERT OF AUTH #8865  
 A FRANK L. BENNARDO, P.E., INC. INNOVATION

## MECHANICAL ALUMINUM FENCE AT GRADE MASTER PLAN SHEET

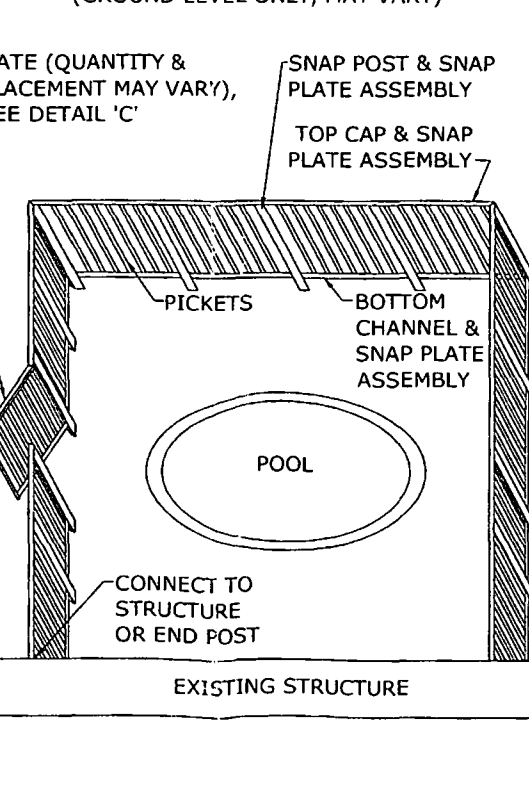
### DETAIL 'A' WALL CONNECTIONS W/ CAST WALL BRACKETS



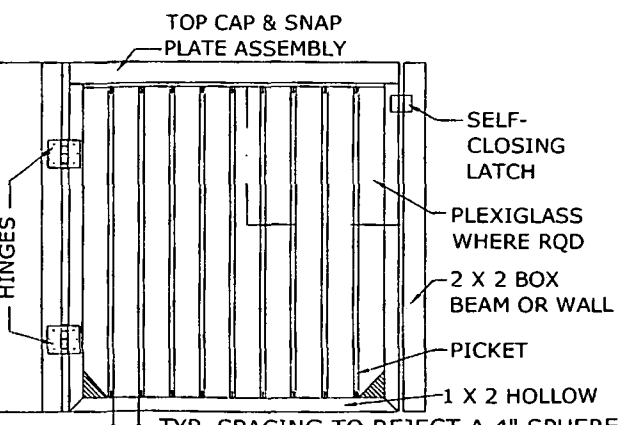
### DETAIL 'B' ALUM. CASTING OPTION



### DETAIL 'D' TYPICAL POOL BARRIER INSTALLATION (GROUND LEVEL ONLY, MAY VARY)



### DETAIL 'C' SELF-CLOSING GATE & LATCH



### GENERAL NOTES

- 1) THIS SYSTEM HAS BEEN DESIGNED AND SHALL BE FABRICATED IN ACCORDANCE WITH THE REQUIREMENTS OF THE 2004 FLORIDA BUILDING CODE. ALL LOCAL CODES SUPERSEDING THIS CODE SHALL BE CONSIDERED BY THE CONTRACTOR IN DESIGN & MAY REQUIRE ADDITIONAL ENGINEERING.
- 2) DESIGN IS BASED ON WINDLOADS PER ASCE 7-02 AND THE FOLLOWING CRITERIA: I=0.77, V=90 mph, (3 SECOND GUST), (75 MPH SUSTAINED WINDS) EXP 'C'.
- 3) THIS FENCE DESIGN TO BE USED AT GROUND SURFACE ONLY. IT'S USE IS LIMITED TO DECORATIVE BARRIER PURPOSES ONLY. THIS FENCE IS NOT INTENDED TO MEET CODES GOVERNING ELEVATED BALCONIES OR STRUCTURAL RAILINGS.
- 4) ALL EXTRUDED MEMBERS SHALL BE ALUMINUM ALLOY TYPE 6063-T6, U.N.O.
- 5) ALL CONCRETE AND EPOXY TO REACH A MINIMUM COMPRESSIVE STRENGTH OF 3000 PSI IN 7 DAYS.
- 6) SURROUNDING SOIL TO BE COMPACTED TO 98% OPTIMUM DENSITY, 2500 PSF MIN.
- 7) PER FBC 424.2.17.1.8: ACCESS GATES WHEN PROVIDED MUST BE AT LEAST 48" ABOVE GRADE & EQUIPPED WITH A SELF CLOSING, SELF LATCHING LOCKING DEVICE NOT LESS THAN 54" FROM BOT OF GATE. GATE MUST OPEN OUTWARD AWAY FROM POOL & MUST HAVE NO OPENING >1/2" WITHIN 18" OF RELEASE MECHANISM.
- 8) THE CONTRACTOR IS RESPONSIBLE TO INSULATE ALUMINUM MEMBERS FROM DISSIMILAR METALS TO PREVENT ELECTROLYSIS.
- 9) ELECTRICAL GROUND, WHEN REQUIRED, TO BE DESIGNED & INSTALLED BY OTHERS.
- 10) ANY HINGE AND LATCH SHALL BE STRUCTURAL QUALITY MOLDED POLYMERS AND SHALL BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS & ANY APPLICABLE CODES.
- 11) ENGINEER SEAL AFFIXED HERETO VALIDATES STRUCTURAL DESIGN AS SHOWN ONLY. USE OF THIS SPECIFICATION BY CONTRACTOR, et. al. INDEMNIFIES & SAVES HARMLESS THIS ENGINEER FOR ALL COST & DAMAGES INCLUDING LEGAL FEES & APPELLATE FEES RESULTING FROM MATERIAL FABRICATION, SYSTEM ERECTION, CONSTRUCTION PRACTICES BEYOND THAT WHICH IS CALLED FOR BY LOCAL, STATE, & FEDERAL CODES & FROM DEVIATIONS OF THIS PLAN.
- 12) EXCEPT AS EXPRESSLY PROVIDED HEREIN, NO ADDITIONAL CERTIFICATIONS OR AFFIRMATIONS ARE INTENDED.

REMARKS	DRWN	CHKD	DATE
INIT ISSUE	KLP	FLB	10/04/06
BLDG DEPT CHANGES	JIM	FLB	11/07/06
ADD NOTE	DNS	FLB	02.09.07

THE SIGNATURE OF THE REGISTERED PROFESSIONAL ENGINEER IS THE ONLY VALIDATION OF THIS DOCUMENT. ANY CHANGES TO THIS DOCUMENT ARE NOT PERMITTED AND INVALIDATE OUR CERTIFICATION.

COPYRIGHT FRANK L. BENNARDO P.E.

SCALE: 01  
 PAGE DESCRIPTION:

1 OF 1

F:\02 Departments\06 Safeguards\02 AI Grade Fence-Decorative MP\SI\Mechanical AI-Grade Fence MPS1.dwg 02/12/2007 - 12:32pm dawns

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) <b>6/7/2007</b>
<b>PRODUCER</b> The Langley Agency 6100 Glades Road #206 Boca Raton, FL 33434 561-482-2501	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURERS AFFORDING COVERAGE</b>		
<b>INSURED</b> SHIELD OF PROTECTION SYSTEMS, INC  1351 SW SOUTH MACEDO BLVD PORT ST LUCIE, FL 34983	INSURER A: <b>NATIONWIDE MUTUAL FIRE INSURANCE</b> 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>A</b>	GENERAL LIABILITY	77AC703489-3001	06/01/07	06/01/08	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$5,000
	<input checked="" type="checkbox"/> DEDUCTIBLE: \$500				PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$2,000,000
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS	\$
					OTHER	\$
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	<b>OTHER</b>					

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

<b>CERTIFICATE HOLDER</b> Town of Sewalls Point One South Sewalls Point Road Sewalls Point, Fl 34996	<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER:	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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 REPRESENTATIVE. AUTHORIZED REPRESENTATIVE: <i>Arnell Langley</i>
---	---	--

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

09VOZLQE

DATE (MM/DD/YYYY)  
06/07/2007

**PRODUCER**  
Lighthouse-Programs, LLC  
301 E. Pine Street  
Suite 350  
Orlando, FL 32801

**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**  
Southeastern Companies, Inc.  
3350 Bushwood Park Drive  
Suite 200  
Tampa, FL 33618

**INSURERS AFFORDING COVERAGE**

**NAIC #**

INSURER A: SUA Insurance Company

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/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE:	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
	<b>AUTOMOBILE LIABILITY</b> <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 INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WSLTHPE 000082-03	12/31/2006	01/01/2008	X WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	OTHER					

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Coverage is extended to the leased employees of alternate employer (Georgia, Florida, Alabama, Michigan and Texas Operations Only): Shield of Protection Systems, Inc. #8005007 (Effective 1.1.2006) Coverage is not extended to sub-contractors  
**DISCLAIMER:** This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Town of Sewall's Point One South Sewall's Point Road Sewalls Point, FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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 

SHIELD OF PROTECTION SYSTEMS INC  
1337 SW S MACEDO BLVD  
PORT SAINT LUCIE FL 34983



STATE OF FLORIDA AC# 2716845  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CRC053094 08/15/06 050854204

CERTIFIED RESIDENTIAL CONTRACTOR  
WHITTEN, WILLIAM RICHARD  
SHIELD OF PROTECTION SYSTEMS INC

IS CERTIFIED under the provisions of Ch. 489 F.S.  
Expiration date: AUG 31, 2008 L06081501440

DETACH HERE

AC# 2716845

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L06081501440

DATE	BATCH NUMBER	LICENSE NBR
08/15/2006	050854204	CRC053094

The RESIDENTIAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2008

WHITTEN, WILLIAM RICHARD  
SHIELD OF PROTECTION SYSTEMS INC  
1337 SW S MACEDO BLVD  
PORT ST LUCIE FL 34983

JEB BUSH  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

DISPLAY AS REQUIRED BY LAW



**OCCUPATIONAL TAX RECEIPT  
CITY OF PORT ST. LUCIE**

121 SW PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE, FLORIDA 34984

THIS LICENSE VALID WHEN ALL STATE AND LOCAL  
REGULATED TRADE LICENSES / COMPETENCY  
CARDS ARE VALID FOR THE CURRENT FISCAL YEAR.

TERM: October 1, 2006 to September 30, 2007

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business.

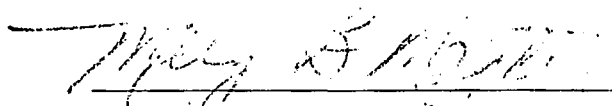
LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS.

VALID AT THIS BUSINESS ADDRESS ONLY.

**Business Address:** 1337 SW MACEDO BLVD  
**Classification:** CONT CONTRACTOR  
**Issued to:** SHIELD OF PROTECTION SYSTEMS INC  
1337 SW MACEDO BLVD

**Business/Lic.** 118253 / 07-1020267  
**Fee:** 115.77  
**Discount:** 0.00

PORT ST LUCIE FL 34983



**BUSINESS LICENSE COORDINATOR  
BUSINESS COPY**

1817 /017 Amolenda

Fees: 115.77 Late Fees: 0.00 Total this payment : 115.77

**OCCUPATIONAL TAX RECEIPT  
CITY OF PORT ST. LUCIE**

121 SW PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE, FLORIDA 34984

THIS LICENSE VALID WHEN ALL STATE AND LOCAL  
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**Fee:** 115.77  
**Discount:** 0.00

PORT ST LUCIE FL 34983

**BUSINESS LICENSE COORDINATOR  
PAYMENT RECEIPT**

181 /017 Amolenda

Fees: 115.77 Late Fees: 0.00 Total this payment : 115.77

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6-18, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8427</del>	<del>HEP WORTH</del>	<del>FINAL</del>	<del>CANCEL</del>	
3	8 RIO VISTA SAND CASTLE			WILL RECHECK INSPECTOR: <i>[Signature]</i>
8533	West 7 Palmetto Dr OIB	windows	PASS	INSPECTOR: <i>[Signature]</i>
4				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7930	Lapikas 3 Indialucie Pkwy Sears	final-shutters	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
5				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8620	Burner 17 W High Pt All American	FLAT ROOF SHEATHING in progress	PASS	INSPECTOR: <i>[Signature]</i>
2				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8602</del>	<del>Armstrong</del> 41 W High Pt All American	<del>in-progress</del>	<del>Wed</del>	<del>INSPECTOR:</del>
1				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8627</del>	<del>Brivone</del> 5 Gumbodimba Shield of Protection	<del>Final</del>	<del>PASS</del>	<del>CLOSE</del> INSPECTOR: <i>[Signature]</i>
6				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Giachino 19 Simara St	Tree	PASS	INSPECTOR: <i>[Signature]</i>
Tree	Kelso 26 Rio Vista		PASS	<i>[Signature]</i>

**TREE**

---

**Removal**

---

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

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 2030

Date Issued: 4/5/2

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 Ron Paradise Address 5 Gumbo Limbo Phone 287-0098

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

Number of trees to be removed (list kinds of trees) 3 (1) MANCO (1) UNKNOWN (1) OAK  
ok. ok.

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):

↓  
affecting septic system

Permit Fee \$ 15.-

\$15.00

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

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

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

Signature of applicant \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

Approved by Building Inspector [Signature] Date submitted: 4/12/2

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

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

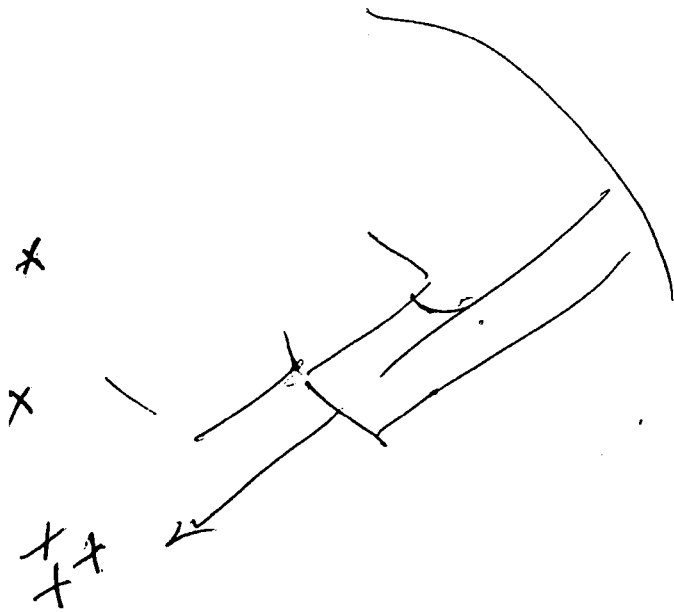
THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA

See attached Tree Species List

# TREE REMOVAL, RELOCATE OR REPLACE PERMIT APPLICATION PACKAGE

## DOCUMENTS CONTAINED IN PACKAGE

1. Tree Removal/Relocation Application
2. Tree Removal/Relocation Submittal Requirements







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

**TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Robert Bristol Address S Gumbo Limbo Way Phone 349-3373

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

No. of Trees: REMOVE 1 Species: Palm

No. of Trees: RELOCATE \_\_\_\_\_ Species: \_\_\_\_\_

es: \_\_\_\_\_  
 PLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION\*\*\*

**EBRIS MUST BE REMOVED FROM THE PROPERTY**

(notice above)

*[Signature]* Date 3/19/13

*[Signature]* Date 3-20-13 Fee: 1500

Collect  
 \$15  
 fee

SKETCH:

