

107 Henry Sewall Way

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 11/28/80
Building to be erected for STANLEY & CAROL ECKWA
Applied for by V.M.C. CONTRACTING (Contractor)
Subdivision SEWALL'S MEADOW Lot 5 Block _____
Address 107 HENRY SEWALL WAY
Type of structure S.F.R.

BUILDING PERMIT NO. 5.17.2
Type of Permit BLDG - S.F.R.
Building Fee 2,053.44
Radon Fee 31.37
Impact Fee 4,024.92
A/C Fee 120.00
Electrical Fee 120.00
Plumbing Fee 120.00
Roofing Fee 120.00
Other Fees (PLUM REV.) 205.34
TOTAL Fees \$6,795.07

Parcel Control Number:
13-38-41-013000-00005-0001
Amount Paid \$6,795.07 Check # 23612 Cash _____ Other Fees _____
Total Construction Cost \$ 213,900.00

Signed _____ Applicant
Signed _____ Town Building Inspector J.P.F. CLAR

BUILDING PERMIT

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455
WORK HOURS - 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

This permit must be visible from the street, accessible to the inspector.
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/30/2000

PRODUCER
PORT ST. LUCIE INSURANCE
8731 SOUTH U.S. HWY. 1
Port St. Lucie, FL 34952
P:561-878-2022 F:561-878-2500

COPY FILE
file
FILE
per

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

INSURERS AFFORDING COVERAGE

INSURER A: MARYLAND CASUALTY INSURANCE COMPANY
INSURER B:
INSURER C:
INSURER D:
INSURER E:
NOV 15 2000

INSURED
[REDACTED]
PALM CITY FL 34991-

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.

| INSURANCE TYPE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|---|-------------------|----------------------------------|-----------------------------------|---|
| GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO <input type="checkbox"/> LOC | [REDACTED] | [REDACTED] | [REDACTED] | EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000 |
| AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | BCD31059745 | 02/28/2000 | 02/28/2001 | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> RETENTION \$ | BCD31059745 | 02/28/2000 | 02/28/2001 | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

NO SUBMITTAL

ATTACHED 11/29/00

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

CERTIFICATE HOLDER

TOWN OF SEWELLS POINT
1 S. SEWELLS POINT RD.
SEWELLS POINT FL 34996-

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 90 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

[Signature]

06-14-1999

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

licpms

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

RECEIVED
NOV 28 2000
BY: *[Signature]*

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE 04/02/1999
EXPIRATION DATE 04/02/2001
EXEMPTED INDIVIDUAL NAME CHERVENY
S.S. 066-60-7688
BUSINESS NAME J M C CONTRACTING INC
FEIN 592959111
BUSINESS ADDRESS P O BOX 1130
PALM CITY

FILE
Permit
JOHN

COPY

Copy file - M Florida Dept. of Labor

FL 34991

NOTE: Pursuant to Chapter 440.10(1)(g),2 F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 04/02/1999
EXPIRATION DATE 04/02/2001
EXEMPTED PERSON LAST NAME CHERVENY
FIRST NAME JOHN M
SOCIAL SECURITY NUMBER 066-60-7688
BUSINESS NAME J M C CONTRACTING INC
FEDERAL IDENTIFICATION NUMBER 592959111
BUSINESS ADDRESS P O BOX 1130
PALM CITY FL 34991

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NOTE: Pursuant to chapter 440.10(1)(g),2, F.S., a sole proprietor, partner, or officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

CUT HERE

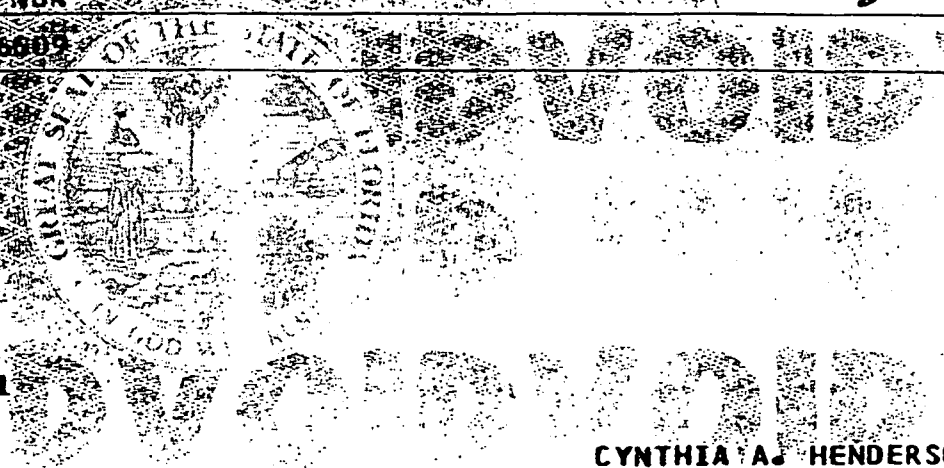
• Carry bottom portion on the job, keep upper portion for your records.

AC# 5908883

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

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 07/12/2000 | 0090014 | CB-CD16609 |

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



CHERVENY, JOHN MICHAEL
J M C CONTRACTING INC
5133 SW ORCHID BAY DR
P O BOX 1130
PALM CITY FL 34991

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

MASTER PERMIT NO. 5172

TOWN OF SEWALL'S POINT

Date 4/3/01

BUILDING PERMIT NO. 517.6

Building to be erected for STANLEY & CAROL BEKNA

Type of Permit RPG-SUB

Applied for by STUART ROOFING, INC

(Contractor) Building Fee _____

Subdivision SEWALL'S MEADOW Lot 5 Block _____

Radon Fee _____

Address 107 HENRY SEWALL WAY

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

QUALIFIED: JOHN WESLEY TURNER
LIC/CERT: CC-C 024411

Electrical Fee _____

Parcel Control Number: _____

Plumbing Fee _____

Roofing Fee SEE P. 5172

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector

SUB

ROOFING PERMIT
NEW CONST.

INSPECTIONS

| | | | |
|--------------------|--------------------------|-------------------|--------------------------|
| DRY IN PROGRESS | DATE _____ DATE _____ | PROGRESS FINAL | DATE _____ DATE _____ |
|--------------------|--------------------------|-------------------|--------------------------|

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

- New Construction Remodel Addition Demolition

This permit must be visible from the street, accessible to the inspector.
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 NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.**
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

PRODUCER
Atlantic Pacific Insurance-PBG
11382 Prosperity Farms, #123
Palm Beach Gardens FL 33410
Phone: 800-538-0487 Fax: 561-626-3153

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

INSURERS AFFORDING COVERAGE

INSURED
FILE
Stuart Roofing, Inc.
P.O. Box 2556
Stuart FL 34995
Mc/mw

INSURER A: ~~Transcontinental Insurance Co.~~
INSURER B: ~~RECEIVED~~
INSURER C: ~~AUG 28 2000~~
INSURER D:
INSURER E:
BY: *g*

COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------|--|---------------|----------------------------------|-----------------------------------|--|------------|
| A | GENERAL LIABILITY | B2020223423 | 08/21/00 | 08/21/01 | EACH OCCURRENCE | \$ 300,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) | \$ 50,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | PERSONAL & ADV INJURY | \$ 300,000 |
| | | | | | GENERAL AGGREGATE | \$ 300,000 |
| | | | | | PRODUCTS - COMP/OP AGG | \$ 300,000 |
| | | | | | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | |
| A | AUTOMOBILE LIABILITY | B2025413084 | 04/27/00 | 04/27/01 | COMBINED SINGLE LIMIT (Ea accident) | \$ 300,000 |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC | \$ |
| | | | | | AUTO ONLY: AGG | \$ |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATU-TORY LIMITS | |
| | | | | | OTH-ER | |
| | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | OTHER | | | | | |

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

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

SEWELLS
TOWN OF SEWELL'S POINT
1 SO. SEWELL'S POINT RD.
STUART FL 34996

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

04/03/2001

PRODUCER

TRUSSELL INSURANCE SERVICES, INC.
2402 AUTUMN OAKS TRAIL
ARLINGTON, TX 76008

Handwritten: FILE
COPY

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COMPANIES AFFORDING COVERAGE

| | |
|-----------|-------------------------------------|
| COMPANY A | HARTFORD CASUALTY INSURANCE COMPANY |
| COMPANY B | |
| COMPANY C | |
| COMPANY D | |

RECEIVED

APR - 4 2001

INSURED SUNSHINE COMPANIES, INC.
5825 US 27 NORTH
SEBRING, FL 33870
PH: 800-477-5605

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

| SO TR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|-------|--|---------------|----------------------------------|-----------------------------------|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT | | | | GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ |
| | EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| A | WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL | 46WNJ74901 | 06/01/2000 | 06/01/2001 | <input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE-POLICY LIMIT \$ 1,000,000 EL DISEASE-EA EMPLOYEE \$ 1,000,000 |
| | OTHER LOCATION COVERAGE | | 06/01/2000 | 06/01/2001 | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
ONLY THOSE EMPLOYEES LEASED TO, IN FLORIDA, BUT NOT SUBCONTRACTORS OF:
3435 STUART ROOFING P.O. BOX 2556, STUART, FL 34995

SEWALL'S POINT
BLDG. DEPT.
1 SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FL 34996-
ATTN: 561-220-4765
FAX: 561 692-9856

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Roy D. Cannon

Handwritten Signature

Handwritten signature

AC# 5911790

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

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 07/14/2000 | 00900148 | CC -C024411 |

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

TURNER, JOHN WESLEY
STUART ROOFING INC
140 NE DIXIE HWY
STUART

FL 34994

RECEIVED
APR - 3 2001
BY: *[Signature]*

JEB RUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

MASTER PERMIT NO. 5172

TOWN OF SEWALL'S POINT

Date 3/29/01

BUILDING PERMIT NO. 5173

Building to be erected for STANLEY & CAROL ECKHA

Type of Permit A/C - SUB

Applied for by ASSOCIATED AIR OF P.S.L.

(Contractor)

Building Fee _____

Subdivision SEWALL'S MEADOW Lot 5 Block _____

Radon Fee _____

Address 107 HENRY SEWALL WAY

Impact Fee _____

Type of structure S.R.P.

A/C Fee SEE PN 5172

QUALIFIER: JERRY KREWEK
LIC/CERT: CA-C 026432

Electrical Fee _____

Parcel Control Number: _____

Plumbing Fee _____

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

Roofing Fee _____

Total Construction Cost \$ _____

TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector [Signature]

BUILDING PERMIT

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT, NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE. DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

ACORD CERTIFICATE OF LIABILITY INSURANCE EP ID SB ASSOA-1 DATE (MM/DD/YY) 07/05/00

PRODUCER
 Stuart Insurance, Inc.
 3070 S W Mapp
 Falm City FL 34596
 Phone: 561-286-4334 Fax: 561-286-9389

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

COPY FILE

INSURERS AFFORDING COVERAGE

INSURED
 Associated Air of Port
 St Lucie, Inc.
 1538 Niemeyer Circle
 Port St Lucie FL 34952

INSURER A Owners Insurance Company
 INSURER B
 INSURER C
 INSURER D
 INSURER E

RECEIVED
 MAR 28 2001
 BY: [Signature]

FILE
 [Signature]

COVERAGES

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| TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|---|---------------|----------------------------------|-----------------------------------|---|
| GENERAL LIABILITY A. X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR | 20519379 | 07/10/00 | 07/10/01 | EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any Cause) \$50,000 MEDICAL AND PERSONAL INJURY \$5,000 PERSONAL AND ADULT INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS AND COMPLETED OPERATIONS \$1,000,000 |
| AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY/PROPERTY DAMAGE BODILY INJURY Per accident PROPERTY DAMAGE Per accident |
| BARABEE LIABILITY | | | | AUTO ONLY - EACH OCCURRENCE UNDERLYING AUTO ONLY |
| EXCESS LIABILITY CLAIMS MADE | | | | EACH OCCURRENCE AGGREGATE |
| WORKERS COMPENSATION AND EMPLOYERS LIABILITY | | | | B. DISEASE BENEFIT B. DISEASE BENEFIT B. DISEASE BENEFIT |
| OTHER | | | | |

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Air Conditioning Contractor - Florida Employees Only

| | | |
|---|------------------------------------|--|
| CERTIFICATE HOLDER City of Sewall's Point 1 S. Sewall's Point Rd Sewall's Point, Fl. | ADDITIONAL INSURED: INSURER LETTER | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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'S AGENTS OR REPRESENTATIVES Joseph E. Coons, CPCU CIC |
|---|------------------------------------|--|

Certificate of Insurance

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

RECEIVED
MAR 28 2001
BY: _____

Named Insured(s):

Staff Leasing, LP. By Staff Acquisition, Inc., The General Partner, And The Affiliated Limited Partnerships Of Which Staff Acquisition, Inc. is The General Partner And Staff Leasing, Inc. Is The Limited Partner including Staff Leasing of Texas, LP, Staff Leasing of Texas II, LP, Staff Leasing IV, LP
600 301 Boulevard West, Suite 202
Bradenton, Florida 34205

CNA
RISK MANAGEMENT

Insurer Affording Coverage

Continental Casualty Company

Coverages:

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

| Type of Insurance | Certificate Exp. Date: Continuous Extended • X Policy Term | Policy Number | Limits |
|-----------------------|---|--|---|
| Workers' Compensation | 1-1-2002 | WC 189165165 WC 189165182 WC 247848874 WC 247848888 | <p align="center">Employer's Liability</p> <p>Bodily Injury B, Accident \$1,000,000</p> <p>Bodily Injury B, Disease \$1,000,000</p> <p>Bodily Injury B, Disease \$1,000,000</p> |

Other:

Employees Leased To:

Effective Date: 1/1/01

15279 Associated Air of Port St Lucie Inc

This policy does not provide workers' compensation policies, provide statutory benefits only to the employees of the Named Insured(s) on such policy and not to the employees of the Named Insured(s).

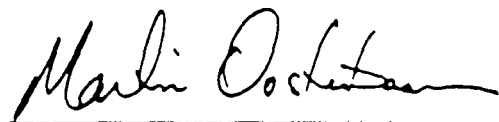
If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

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

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

Certificate Holder:

City of Sewall's Point
1 Sewall's Point Rd
Sewall's Point, Fl.



Martin Oosterbaan
Authorized Representative

Office: St. Louis, MO
Phone: (877) 427-5567

STATE OF FLORIDA AC# 5880966
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CA -C026432-06/14/2000 99902184
CLASS B CERTIFIED AIR COND CONTR
KRENCIK, JERRY ANTHONY
ASSOCIATED AIR OF PT ST LUC IN
IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration Date: AUG 31, 2002 STATE LIC

FILE

MASTER PERMIT NO. 5172

TOWN OF SEWALL'S POINT

Date 12/5/00 BUILDING PERMIT NO. 5174
 Building to be erected for STANLEY & CAROL ELKIN Type of Permit RENOV-SUB
 Applied for by MC DANIEL BLOTT (Contractor) Building Fee _____
 Subdivision SEWALLS MEADOW Lot 5 Block _____ Radon Fee _____
 Address 107 SEWALLS MEADOW Impact Fee _____
 Type of structure SFR A/C Fee _____

Parcel Control Number: _____
 Amount Paid _____ Check # _____ Cash _____ Other Fees (_____)
 Total Construction Cost \$ _____ TOTAL Fees _____
 Electrical Fee SEE PD 5172
 Plumbing Fee _____
 Roofing Fee _____

Signed [Signature] Applicant
 Signed [Signature] Town Building Inspector

BUILDING PERMIT

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____
 24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455
WORK HOURS - 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

This permit must be visible from the street, accessible to the inspector.
 FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
 NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

CERTIFICATE OF LIABILITY INSURANCE

FP ID SB
MCDAE-1

DATE (MM/DD/YY)
08/30/00

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

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

INSURERS AFFORDING COVERAGE

INSURED
 [Redacted Name]
 490 SW Voltaire Terrace
 Port St Lucie FL 34984

INSURER A: **Hanover Insurance Company**
 INSURER B: **Auto Owners Insurance Co**
 INSURER C: **ZC Insurance Company**
 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 |
|----------|--|----------------------|----------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | [Redacted] | 09/05/00 | 09/05/01 | EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED/EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | 95435121 | 09/05/00 | 09/05/01 | COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| C | EMPLOYERS COMPENSATION AND EMPLOYERS LIABILITY | 19700000000000000000 | 02/01/00 | 03/01/01 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| | OTHER | | | | |

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

Electrical Contractor/State of Florida

CERTIFICATE HOLDER

N ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

TOWNS-1
 [Redacted Name]
 1 S Sawalis Point Road
 Stuart FL 34996

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

Joseph E. Coons, CPCU. CIC.



CITY OF PORT ST. LUCIE

121 S.W. Port St. Lucie Boulevard
Port St. Lucie, Florida 34984-5099

OCCUPATIONAL LICENSE

This license valid when all state and local regulated trade licenses/competency cards are valid for the current fiscal year.

TERM: OCTOBER 1, 00 TO SEPTEMBER 30, 20 01

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

BUSINESS ADDRESS: 490 SW VOLTAIR TERRACE

CLASSIFICATION: CONT CONTRACTOR

ISSUED TO: MCDANIEL ELECTRICAL SERVICE
490 SW VOLTAIR TERRACE

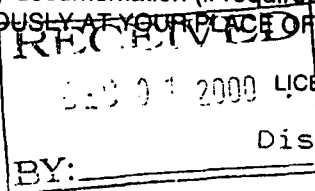
PORT ST LUCIE FL

34984

CITY LICENSE OFFICIAL

Fees: 105.00 Late Fees: 0.00 total this payment: 105.00

178/034 KA



LICENSE NO: 101020/01-101424

Discount 0.00

FEE: 105.00

Handwritten signature

KA



MARTIN COUNTY, FLORIDA
Construction Industry Lic. Bd
Certificate of Competency

License: ME00028
Expires September 30, 2001

MCDANIEL, RANDOLPH E
MCDANIEL ELECTRICAL SERVICES
490 SW VOLTAIR TER
PSL, FL 34983
MASTER ELECTRICIAN

AC# 5984145 STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECT CONTRACTORS LICENSING BD

Table with columns: DATE, BATCH NUMBER, LICENSE NBR. Row 1: 9/06/2000, 00900798, ER-0005499

The ELECTRICAL CONTRACTOR Named below HAS REGISTERED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2002 (INDIVIDUAL MUST MEET ALL LOCAL COMPETENCY REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

MCDANIEL, RANDOLPH E
MCDANIEL ELEC SERVICES
490 SW VOLTAIR TERR
PT ST LUCIE FL 34984-3538

JEB BUSH GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON SECRETARY

FILE

MASTER PERMIT NO. 5172

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 5175

Date 1-8-01

Building to be erected for STANLEY & CAROL BEKNA Type of Permit PLUMB - SUB

Applied for by ANGLER PLUMBING, INC (Contractor) Building Fee _____

Subdivision SEWALL'S MEADOW Lot 5 Block _____ Radon Fee _____

Address [REDACTED] Impact Fee _____

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

QUALIFIER: ERIC ROBBINS
LIC/CERT: CT-C 056760

Electrical Fee _____

Plumbing Fee SEE PD 5172

Parcel Control Number: _____

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY DATE _____
 COMPACTION TESTS DATE _____
 GROUND ROUGH DATE _____
 SOIL POISONING DATE _____
 FOOTINGS / PIERS DATE _____
 SLAB ON GRADE DATE _____
 TIE-BEAMS & COLUMNS DATE _____
 STRAPS AND ANCHORS DATE _____
 DRIVEWAY DATE _____
 AS-BUILT SURVEY DATE _____

SHEATHING DATE _____
 FRAMING DATE _____
 INSULATION DATE _____
 ROOF DRY-IN DATE _____
 ROOF FINAL DATE _____
 METER FINAL DATE _____
 AS BUILT SURVEY DATE _____
 STORM PANELS DATE _____
 LANDCAPE & GRADE DATE _____
 FINAL INSPECTION DATE _____

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY


New Construction Remodel Addition Demolition

This permit must be visible from the street, accessible to the inspector.
**FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
 NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
 DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) **12/01/00**

PRODUCER
HARBOR INSURANCE AGENCY
 2222 Colonial Road, Suite 100
 Fort Pierce FL 34950-5309
 Phone: 561-461-6040 Fax: 561-460-2315

INSURED

 Ft. St. Lucie FL 34952

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

INSURERS AFFORDING COVERAGE

INSURER A: **Transcontinental Insurance Co**
 INSURER B: **Valley Forge Insurance Company**
 INSURER C: **FCCI Insurance Co**
 INSURER D:
 INSURER E:

FILE
lesper
vermel
FILE

COPY


RECEIVED
 DEC 01 2000

COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|---|---------------------|----------------------------------|-----------------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | 2022283723 | 03/23/00 | 03/23/01 | EACH OCCURRENCE \$ 500,000 PER OCCURRENCE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | B222836400 | 09/23/00 | 09/23/01 | COMBINED SINGLE LIMIT (EA accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ |
| | <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY | 001222222222 | 12/27/00 | 12/27/01 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL - ACCIDENT \$ 100,000 EL - DISEASE - EA EMPLOYEE \$ 100,000 EL - DISEASE - POLICY LIMIT \$ 500,000 |
| | <input type="checkbox"/> OTHER | | | | |

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

CERTIFICATE HOLDER **N** **ADDITIONAL INSURED; INSURER LETTER:**
SEWAL-1

 1 South Sewalls Point Road
 Stuart FL 34996

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

COPY

RECEIVED
DEC 01 2000
BY: *GA*

SEWELLS POINT PERMIT INFO

FILE
Permit

FILE
before

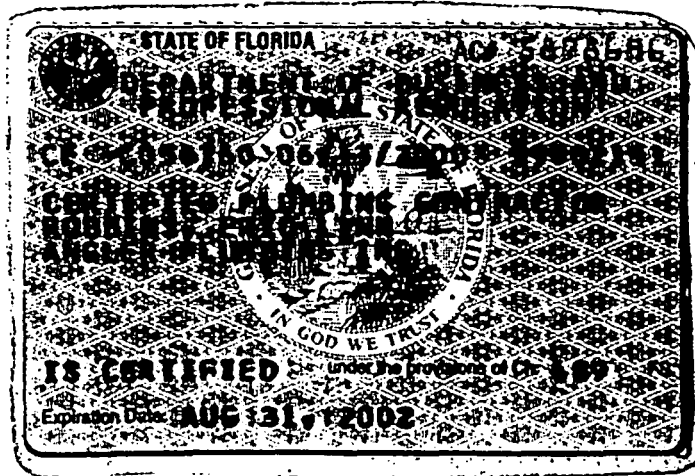
CUSTOMER: STANLEY & CAROL ECKNA
PROPERTY ADDRESS : 107 HENRY SEWALL WAY ,SEWALL MEADOW
LOT 5
PERMIT # 5172

CONTRACTOR : SELECT HOMES BY JMC

*there is no charge for this but you
must appear in person. Sorry -
Perk*

335 5470

*ADLER
PLUMBING INC.
ERIC ROBINSON
CF-C056760*



075878595

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE: 6/13/2000 BATCH NUMBER: 99902151 LICENSE NBR: CF -0856760

PLUMBING CONTRACTOR
IS CERTIFIED
Under the provisions of Chapter 489
FS.
expiration date: AUG 31, 2002

FILE
before

RECEIVED
DEC 01 2000
BY: *JA*

ROBBINS, ERIC LYNN
ANGLER PLUMBING INC
1332 SE VILLAGE GREEN DR
SUITE J
PORT ST LUCIE FL 34952

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY



CITY OF PORT ST. LUCIE

121 S.W. Port St. Lucie Boulevard
Port St. Lucie, Florida 34984-5099

OCCUPATIONAL LICENSE

This license valid when all state and loc regulated trade licenses/competency cards relative the current fiscal year.

TERM: OCTOBER 1, 00 TO SEPTEMBER 30, 20 01

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

BUSINESS ADDRESS: 1532 SE VILLAGE GREEN DR STE J LICENSE NO.: 115120/01-100502
CLASSIFICATION: CONT CONTRACTOR Discount 0.00
ANGLER PLUMBING INC. FEE: 105.00
ISSUED TO: 1532 SE VILLAGE GREEN DR STE J
PORT ST LUCIE FL 34952

Fees: 105.00 Late Fees: 152/034 HR
VALID AT THE ABOVE BUSINESS ADDRESS ONLY
CITY LICENSE OFFICIAL *HK*

| LINES | ROOMS | SEATS | EMPLOYEES | ACCOUNT | EXPIRES |
|---|---------------------|-------|------------|-----------------|--------------|
| 2000-2001 | | | 1-10 | 1711-19990001 | SEP 30, 2001 |
| ST. LUCIE COUNTY OCCUPATIONAL LICENSE STATE OF FLORIDA | | | | | |
| 1711 | PLUMBING CONTRACTOR | | | | |
| 1532 SE VILLAGE GREEN DR | | | | | |
| CITY OF PT ST LUCIE | | | | | |
| ERIC L ROBBINS DBA | | | CF 0056760 | | |
| ANGLER PLUMBING INC. | | | | | |
| ROBBINS, ERIC L | | | | | |
| 1532 SE VILLAGE GREEN DR STE J | | | | | |
| PORT ST LUCIE FL 34952 | | | | | |
| | | | | X RENEWAL | |
| | | | | NEW LICENSE | |
| | | | | TRANSFER- | |
| | | | | ORIGINAL TAX | 9.00 |
| | | | | AMOUNT | |
| | | | | PENALTY | |
| | | | | COLLECTION COST | |
| | | | | TOTAL | 9.00 |

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

SUBJECT TO SUSPENSION OR REVOCATION ACCORDANCE WITH ORDINANCES OF SAID COUNTY
PAID PAID D J CONRAD, TAX COLLECTOR
8/7/00 12:15PM

FILE

COPY

7/19/01 FINAL BLDG. FEE CALC. (PER OWNER APPLD.)

COST: \$233,900.

PERMIT 213,900.

ADD'L. \$ 20,000.

@9.60/1,000 = \$192.00

PD 7/19/01 CK #24902 \$192.00

MASTER PERMIT NO.

N/A

TOWN OF SEWALL'S POINT

1 Date 11/28/00

BUILDING PERMIT NO. 5172

2 Building to be erected for STANLEY & CAROL ECKWA

Type of Permit BLDG - S.F.R.

3 Applied for by U.M.C. CONTRACTING

(Contractor)

Building Fee 2,053.44

4 Subdivision SEWALL'S MEADOW Lot 5

Block

Radon Fee 31.37

5 Address 107 HENRY SEWALL WAY

Impact Fee 4,024.92

6 Type of structure S.F.R.

A/C Fee 120.00

7 Parcel Control Number:

13-38-41-013000-00005-0001

Electrical Fee 120.00

Plumbing Fee 120.00

Roofing Fee 120.00

8 Amount Paid \$6,795.07 Check # 23612 Cash

Other Fees (

PLAD REV

205.34

9 Total Construction Cost \$213,900.00

TOTAL Fees \$6,795.07

10 Signed

Applicant

Signed

Town Building Inspector

OFFICIAL

7/19/01 PERMITS BLDG FEE CALC (PER OWNER AFFID.)

COST: \$233,900.

PERMIT 213,900

ADD: \$20,000

@9.60/1,000 = \$192.00

MASTER PERMIT NO. N/A
(COMPL. ADVISED)

TOWN OF SEWALL'S POINT

Date 11/28/00

BUILDING PERMIT NO. 5142

Building to be erected for STANLEY & CAROL ECKHA

Type of Permit BLDG - S.F.R.

Applied for by U.M.C. CONTRACTING

(Contractor)

Building Fee 2,053.44

Subdivision SEWALL'S MEADOW

Lot 5

Block

Radon Fee 31.37

Address 107 HENRY SEWALL WAY

Impact Fee 4,024.92

Type of structure S.F.R.

A/C Fee 120.00

Parcel Control Number:

13-38-41-013000-00005-0001

Electrical Fee 120.00

Plumbing Fee 120.00

Amount Paid \$6,795.07

Check # 23612

Cash

Other Fees (

PLAD REV.)

205.34

Total Construction Cost \$213,900.00

TOTAL Fees \$6,795.07

Signed

[Signature]

Applicant

Signed

[Signature]

Town Building Inspector JPP-ICLR

BUILDING PERMIT

| | |
|---------------------|------------|
| FORM BOARD SURVEY | DATE _____ |
| COMPACTION TESTS | DATE _____ |
| GROUND ROUGH | DATE _____ |
| SOIL POISONING | DATE _____ |
| FOOTINGS / PIERS | DATE _____ |
| SLAB ON GRADE | DATE _____ |
| TIE-BEAMS & COLUMNS | DATE _____ |
| STRAPS AND ANCHORS | DATE _____ |
| DRIVEWAY | DATE _____ |
| AS-BUILT SURVEY | DATE _____ |

| | |
|------------------|------------|
| SHEATHING | DATE _____ |
| FRAMING | DATE _____ |
| INSULATION | DATE _____ |
| ROOF DRY-IN | DATE _____ |
| ROOF FINAL | DATE _____ |
| METER FINAL | DATE _____ |
| AS BUILT SURVEY | DATE _____ |
| STORM PANELS | DATE _____ |
| LANDCAPE & GRADE | DATE _____ |
| FINAL INSPECTION | DATE _____ |

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

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

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

ELEVATION CERTIFICATE

RECEIVED

Important: Read the instructions on pages 1 - 7.

JUL 16 2001

SECTION A - PROPERTY OWNER INFORMATION

| | | |
|---|--|--|
| BUILDING OWNER'S NAME <i>MR. & MRS. Eckna</i> | | For Insurance Company Use: BY: _____ Policy Number _____ |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>107 Henry Sewall Way</i> | | Company NAIC Number _____ |
| CITY <i>Sewall's Point</i> | STATE <i>Florida</i> | ZIP CODE <i>34996</i> |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>Lot 5 Sewall's Meadow</i> | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <i>Residential</i> | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.#####") | HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____ |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|--|------------------------|---------------------------------------|---|--------------------------------|--|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <i>Sewall's Point - 120164</i> | | B2. COUNTY NAME <i>Martin</i> | | B3. STATE <i>Florida</i> | |
| B4. MAP AND PANEL NUMBER <i>0002</i> | B5. SUFFIX <i>D</i> | B6. FIRM INDEX DATE <i>6-16-92</i> | B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>P-15-1978</i> | B8. FLOOD ZONE(S) <i>A8</i> | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>9</i> |

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum NGVD Conversion/Comments _____
 Elevation reference mark used County Does the elevation reference mark used appear on the FIRM? Yes No

| | |
|---|--------------------------|
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure) | <u>9</u> <u>3</u> ft.(m) |
| <input type="checkbox"/> b) Top of next higher floor | <u>—</u> <u>—</u> ft.(m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | <u>—</u> <u>—</u> ft.(m) |
| <input type="checkbox"/> d) Attached garage (top of slab) | <u>8</u> <u>7</u> ft.(m) |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building | <u>8</u> <u>5</u> ft.(m) |
| <input type="checkbox"/> f) Lowest adjacent grade (LAG) | <u>8</u> <u>4</u> ft.(m) |
| <input type="checkbox"/> g) Highest adjacent grade (HAG) | <u>9</u> <u>0</u> ft.(m) |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | _____ |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h | _____ sq. in. (sq. cm) |

License Number, Embossed Seal, Signature, and Date

Regina C. Karner
LS# 4363
7/05/2001
Janet
Job# 0005-23

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Regina C. Karner LICENSE NUMBER 4363

TITLE _____ COMPANY NAME _____

ADDRESS 1352 SW Evergreen Ln CITY Palm City STATE FL ZIP CODE 34990

SIGNATURE Janet DATE 7/05/2001 TELEPHONE 561-288 7206

| | |
|--|-----------------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | For Insurance Company Use: |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 107 500 Henry Sewall Way | Policy Number |
| CITY Sewall's Point - Florida STATE ZIP CODE 34996 | Company NAIC Number |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number ____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ft.(m) in.(cm) above or below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ft.(m) in.(cm) above the highest adjacent grade.
- E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

| | | | |
|-----------|------|-----------|----------|
| ADDRESS | CITY | STATE | ZIP CODE |
| SIGNATURE | DATE | TELEPHONE | |

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

| | | |
|-------------------|------------------------|---|
| G4. PERMIT NUMBER | G5. DATE PERMIT ISSUED | G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED |
|-------------------|------------------------|---|

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
- G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments

Date: September 20, 1993

To: All customers needing information on "FIRE TREATED STAIRWAYS"

For many years, The Marwin Company has offered as an option "Fire Treated Stairs." Currently, there is much confusion on what standards are being met and there needs to be some clarification on this.

The plywood used on our Fire Treated Stairs is treated with a fire retardant which meets the standards for the designation of FRS Rating. This means that the treatment has met the standards for Flame Spread, Smoke Developed, & Fuel Consumption to achieve the FRS designation.

There is no industry rating such as "15 minute," "20 minute," etc. Therefore our stairs are NOT "Rated" by any group but the plywood used does meet the FRS Standard. This is the only standard that we are aware of.

If you need any additional information, please call us.



RECEIVED
JUL 18 2001
BY: *[Signature]*

FILE

Martin County Health Department
(561) 221-4090 Fax. (561) 221-4967

TO: BUILDING DEPARTMENT: MARTIN CO. JUPITER ISL. SEWALLS PT.

FROM: Ray Cross

DATE: 07/17/01

SUBJECT: FINAL APPROVAL FOR SEPTIC SYSTEMS

| <u>HEALTH DEPT. PERMIT</u> | <u>BUILDING DEPT. PERMIT</u> | <u>LOCATION</u> |
|----------------------------|------------------------------|-------------------|
| • 43-SS- <u>02288</u> | 5001 "REWAR" | LOT 6, RIVERCREST |

| | | |
|----------------------------------|-----------------------|------------------------------|
| • 43-SS- <u>02627</u> | 5172 ECKWA | LOTS, SEWALLS PT. |
|----------------------------------|-----------------------|------------------------------|

- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____

OWNER'S AFFIDAVIT OF BUILDING COSTS RECEIVED

STATE OF FLORIDA
COUNTY OF MARTIN

JUL 19 2001
BY: [Signature]

BEFORE ME, the undersigned authority, personally appeared the undersigned Affiant, who, being first duly sworn, under penalty of perjury, deposes and says:

1. That Affiant is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affiant's signature.
2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.
3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 233,900.
4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

FURTHER Affiant sayeth not.

Affiant's Signature:

[Signature]

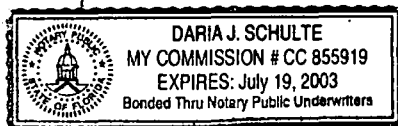
Property Address:

107 Henry Sewall Way
Sewalls Point, Fl.

SWORN TO and subscribed before me
this 18 day of July, 2001, by Stanley Eckhardt, who is personally known to
me or produced _____ as identification.

[Signature]
Notary Public
My commission expires: 7/19/03

(Notary Seal)



Town of Sewall's Point
BUILDING PERMIT APPLICATION

RECEIVED
SEP 15 2000

Owner's Name: Stanley & Carol Eckna Phone No. 702-804-2076
Owner's Present Address: 9533 CEDAR HEIGHTS, LAS VEGAS NV 89134
Fee Simple Titleholder's Name & Address if other than owner

Location of Job Site: SEWALLS MEADOW
TYPE OF WORK TO BE DONE: NEW CONST. SINGLE FAMILY RES. 107 HENRY SEWALL WAY

CONTRACTOR INFORMATION
Contractor/Company Name: JMC CONTRACTING Phone No. 287-0390
COMPLETE MAILING ADDRESS: PO BOX 1130 DIM. CITY FL 34991
State Registration: CBC 046609 State License: CBC 046609
Legal Description of Property: LOT 5 SEWALLS MEADOW SUBDIVISION
Parcel Number: 13-38410X3000-0000-5-001

ARCHITECT/ENGINEER INFORMATION
Architect: R.L. AXMAN Phone No. 919-841-9004
Address: 8616 WOODLAWN DR. RALEIGH NC 27613
Engineer: Phone No.

Area Square Footage: Living Area 2654 Garage Area 483 Carport N/A
Accessory Bldg. N/A Covered Patio 390 Scr. Porch Wood Deck N/A
Type Sewage: Septic Tank Permit # from Health Dept. 43-5502627
NEE electrical SERVICE SIZE 200 AMPS

FLOOD HAZARD INFORMATION
flood zone: minimum Base Flood Elevation (BFE) NGVD
proposed finish floor elevation NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement 213,600
Fair Market Value (FMV) prior to improvement
Substantial Improvement 50% of FMV yes No
Method of determining FMV

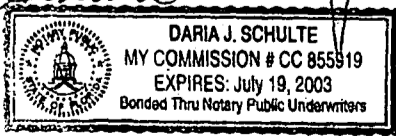
SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)
Electrical: MC DANIELS ELECT. State License ME 00028
Mechanical: ASSOCIATED AIR State License# CACO26A-32
Plumbing: ANGLER PLUMBING State License# CFL056760
Roofing: STUART ROOFING State License# CC-C02411

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

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE: Sworn to and subscribed before me this 14 day of Sept, 2000 by JOHN CHERUCHY who is personally known to me or has produced or has produced and who did (did not) take an oath.
CONTRACTOR SIGNATURE: Sworn to and subscribed before me this 14 day of Sept, 1999 by JOHN CHERUCHY who is personally known to me or has produced 2000 and who did (did not) take an oath.



RECEIVED
JAN 18 2001
BY: *[Signature]*

01377487

Prepared by and return to:
Terence P. McCarthy, Esq.

McCarthy, Summers, Bobko, McKey, Wood, & Sawyer
2081 E. Ocean Boulevard Second Floor
Stuart, Florida 34996
561-286-1700
File No.: 468918

DOC. DEED # 8113⁰⁰ MARSHA STILLER
DOC. MTG # _____ MARTIN COUNTY
DOC. ASM # _____ CLERK OF CIRCUIT COURT
INT. TAX # _____ BY *[Signature]* D.C.

[Space Above This Line For Recording Data]

Warranty Deed

This Warranty Deed made this 30th day of June, 1999 between
FAIRVIEW PROPERTIES, INC., a Virginia corporation authorized to do business in the State of
Florida as **FAIRVIEW SOUTH, INC.**
whose post office address is
2400 S. Federal Hwy., #300, Stuart, Florida 34994
grantor, and
FOGLIA CONTRACTING CORP., a Florida corporation
whose post office address is

grantee:
(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

WITNESSETH, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Martin County, Florida to-wit:

Lots 1, 5, 6, 7, 8, 9, 11, 13, 14, 16, 17, 18 and 22, SEWALL'S MEADOW, according to the Plat thereof recorded in Plat Book 14, Page 32, Public Records of Martin County, Florida.

Parcel Identification Numbers: 13-38-41-013-000-00010.00000, 13-38-41-013-000-00050.00000, 13-38-41-013-000-00060.00000, 13-38-41-013-000-00070.00000, 13-38-41-013-000-00080.00000, 13-38-41-013-000-00090.00000, 13-38-41-013-000-00110.00000, 13-38-41-013-000-00130.00000, 13-38-41-013-000-00140.00000, 13-38-41-013-000-00160.00000, 13-38-41-013-000-00170.00000, 13-38-41-013-000-00180.00000, 13-38-41-013-000-00220.00000

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise 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 31, 1998.

IN WITNESS WHEREOF, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

FAIRVIEW PROPERTIES, INC. A VIRGINIA CORPORATION AUTHORIZED TO DO BUSINESS IN THE STATE OF FLORIDA AS FAIRVIEW SOUTH, INC.
By: *[Signature]*
W. Martin Bonan
Vice President

Witness Name: *[Signature]*
Witness Name: *[Signature]*

(Corporate Seal)

STATE OF Florida
COUNTY OF Martin

The foregoing instrument was acknowledged before me this 30th day of June, 1999 by W. Martin Bonan, Vice President of FAIRVIEW PROPERTIES, INC., a Virginia corporation authorized to do business in the State of Florida as FAIRVIEW SOUTH, INC., on behalf of the corporation. He is personally known to me has produced _____ as identification.

[Notary Seal]
OR BK 1 4 0 5 PGI 5 3 5

IXA GUTIERREZ
MY COMMISSION # CC 830250
EXPIRES: May 20, 2003
1-800-3-NOTARY Fla. Notary Service & Bonding Co.

[Signature]
Notary Public
Printed Name: _____
My Commission Expires: _____

This Document Prepared By:
Terence P. McCarthy, Esq.
McCarthy, Summers, Bobko McKey, Wood & Sawyer, PA
2081 S.E. Ocean Blvd. Second Floor
Stuart, FL 34996

MARSHA SYLLER
CLERK OF CIRCUIT COURT
MARTIN CO., FL

RECORDED & VERIFIED
BY: [Signature]
D.C.
99 APR -1 PM 4:08

01359754

DOC-DEED # 267402 MARSHA SYLLER
DOC-MTG # _____ MARTIN COUNTY
DOC-ASM # _____ CLERK OF CIRCUIT COURT
INT. TAX # _____ BY [Signature] D.C.

Parcel ID Number:
Grantee #1 TIN: 65-0294279

Warranty Deed

This Indenture, Made this 31st day of March, 1999 A.D., Between **FAIRVIEW PROPERTIES, INC.**, a Virginia corporation authorized to do business in the State of Florida as Fairview South, Inc.,

, grantor, and **FOGLIA CONTRACTING CORP.**, a corporation existing under the laws of the state of **FLORIDA**

whose address is: **7428 WILES ROAD, CORAL SPRINGS, Florida 33067**

, grantee.

Witnesseth that the GRANTOR, for and in consideration of the sum of -----
----- **TEN & NO/100(\$10.00)** ----- DOLLARS,

and other good and valuable consideration to GRANTOR in hand paid by GRANTEE, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said GRANTEE and GRANTEE'S successors and assigns forever, the following described land, situate, lying and being in the County of **MARTIN** State of Florida to wit:

Lots 2, 3, 12 and 20, Plat of Sewall's Meadow, according to the plat thereof on file in the Office of the Clerk of the Circuit Court in and for Martin County, Florida, recorded in Plat Book 14, page 32; said lands situate, lying and being in Martin County, Florida.

Subject to restrictions, reservations and easements of record, if any, which are not reimposed hereby, and taxes subsequent to December 31, 1998.

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

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

FAIRVIEW PROPERTIES, INC., a Virginia corporation qualified to do business in the State of Florida as Fairview South, Inc.

Terence P. McCarthy
Printed Name: TERENCE P. MCCARTHY
Witness

By: W. Martin Bonan (Seal)
W. MARTIN BONAN, Vice President
P.O. Address 2400 S. Federal Hwy., Suite 300, Stuart, FL 34994

[Signature]
Printed Name: JAY GUTIERREZ
Witness

By: _____ (Seal)

_____ (Seal)

_____ (Seal)


_____ (Seal)

_____ (Seal)

STATE OF Florida
COUNTY OF MARTIN

(Corporate Seal)

The foregoing instrument was acknowledged before me this 31st day of March, 1999 by **W. MARTIN BONAN, VICE PRESIDENT** of **FAIRVIEW PROPERTIES, INC.**, a Virginia corporation authorized to do business in the State of Florida as Fairview South, Inc., a Corporation, on behalf of the corporation. He is personally known to me or has produced his as identification.

 Terence P. McCarthy
My Commission CC718538
Expires February 22, 2002

Terence P. McCarthy
Printed Name: TERENCE P. MCCARTHY
NOTARY PUBLIC
My Commission Expires:

1505 EGRESS FACILITIES

1505.1 Means of egress for Group J Occupancies shall be as set forth in Chapter 31 of this Code. (See section 3112 of this Code for specific requirements for Group J Occupancies.)

1506 LIGHT AND VENTILATION

1506.1 DIVISION 1: Closed garages shall be provided with fixed louvers or screened openings through the exterior walls for ventilation at or near the floor level, the clear effective area of which shall be not less than 60 sq. ft. per motor vehicle accommodated. The total required effective area shall be located within 7' of the highest part of the garage floor.

1506.2 DIVISIONS 3 and 4: All portions customarily used for human occupancy shall have light and ventilation as provided in the occupancy most suitably applicable.

1507 PROTECTION OF VERTICAL OPENINGS

1507.1 Vertical openings shall be protected as set forth for the type of construction in Part V and as required for the group of occupancy in Chapter 31 of this Code.

1507.2 Vertical opening not required to be enclosed and abrupt differences in floor level shall be safeguarded as set forth in Section 516 of this Code.

1508 SPECIAL PROVISIONS

1508.1 Automatic-sprinkler systems, fire extinguishers, fire alarm systems and standpipes shall be as set forth in Chapter 38 of this Code.

1508.2 Chimneys, flues and vents and heat-producing apparatus shall be as set forth in Chapter 40 of this Code.

1508.3 The service of hazardous utilities shall be as set forth in Section 509 of this Code and other portions of this Code applicable thereto.

1508.4 Electrical installations shall be as required herein and as specified in Chapter 45 of this Code.

1508.5 Transformer vaults shall be as set forth in Section 4101 of this Code.

1508.6 The storage of flammable materials shall be as set forth in Chapter 41 of this Code.

STATEMENT OF INSPECTION

RECEIVED
JUL 2 2001
BY: [Signature]

To: Building Official, Town of Sewall's Point
FROM: Architect or Engineer of Record
RE: Subject structure described as follows:

FILE
W/c.o. DOCUMENTS

OWNER: MR & MRS ECKNA ; ADDRESS: 9533 Cedar Hgts. Las Vegas 89134

PROJECT ADDRESS: 107 HENRY SEWALL WAY ; LEGAL DESCRIPTION: LOT 5 BLK SUB Sewall Meadows

GENERAL CONTRACTOR: JMC Contracting, Inc. ; Lic/CERT No. CBC046609

ADDRESS: P.O. Box 1130 Palm City, FL 34991 ; TEL 287-0390 ; FAX 287-0830

ARCHITECT OR ENGINEER: Rodney Axtman. ; Lic/REG No. AR12157

ADDRESS: 8616 Wood Lawn Drive, Raleigh, NC 27613 ; TEL 919-841-9004 ; FAX 919-841-9030

PERMIT No: 5172 ; DATE OF ISSUE: 11/28/00 ; DATE OF THIS STATEMENT: 7/16/01

In accordance with the requirements of Section 0307.2 of the South Florida Building Code, I hereby attest as follows:

- 1. I am the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the substitute Architect or Engineer, having been accepted by the Building Official, for the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the threshold or special inspector used in accordance with this Code.
- 2. To the best of my knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents.
- 3. To the best of my knowledge, belief and professional judgment, the approved permit plans represent the as-built condition of the structural and envelope components of the structure.

Executed at Raleigh, NC, this 16 day of July 2001

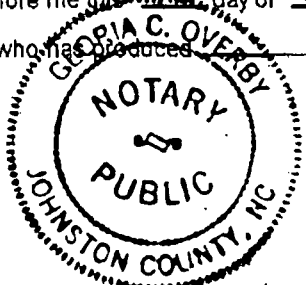
NAME: Rodney L. Axtman ; SIGNATURE: [Signature] ; Lic. No: AR12157

STATE OF FLORIDA NORTH CAROLINA
COUNTY OF Johnston

Sworn to and subscribed before me this 16 day of July, 2001, by Rodney Axtman, who is

personally known to me or who has produced [Signature] as identification and who did not take an oath.

(NOTARY SEAL)



Name: Gloria C. Overby
I am a Notary Public of the State of Florida and my commission expires June 23, 2003

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
One South Sewall's Point Road
Sewall's Point, Florida 34996
Tel: (561) 287-2455
Fax: (561) 220-4785

PLAN REVIEW NOTES

SINGLE FAMILY RESIDENCE; ADDITION; DOCK; POOL; FENCE; _____

OWNER: STANLEY/CAROL ECKHA; ADDRESS: 9533 CEDAR HEDGE DR, LAS VEGAS, NV 89134

PROJECT ADDRESS: 107 HEAVY SEWALL WAY; LEGAL: LOT 5 BLK _____ SUB SEWALL'S MEADOW

GENERAL CONTRACTOR: JMC CONTRACTING; LIC/CERT No. CB-C046609

ADDRESS: PO BOX 1130, PALM CITY, FL 34991; TEL 287-0390; FAX _____

ARCHITECT OR ENGINEER: RL ARTOIAN; LIC/REG. No. AR12157

ADDRESS: 8616 WOODLAND DRIVE; TEL 841-9004; FAX 841-9030
RALEIGH, NC 27613

Review of the application, supporting documents, plans and specifications submitted on the above project indicate the following items are required for submittal and/or revision:

1. REVISE/RESUBMIT SURVEY PER S.P. ORD. REQUIREMENTS (INCL. 24"x36" SHIT SCALE) OIC
 - INDICATE ALL REQUIRED SETBACKS; CERT. TO TOWN OF SEWALL'S POINT. OIC
 - INDICATE FLOOD ZONE OIC
 - SEE PLAN REVIEW CHECKLIST FOR ADD'L SURVEY REQUIREMENTS OIC
 - impermeable calcs.
- SEE PLAN REVIEW

RECEIVED
NOV 14 2008
BY:

Prepared By: [Signature] Title: BUDG. OFFICER Date: 9/22/08

PLAN REVIEW SEWALL'S POINT

residential

Town Ordinances

- Completed application for permit
- Impact fee receipt
- Notice of Commencement if over \$2,500.00
- Applicable permits from other agencies (ie)DEP, Sewer and Irrigation, Road use
- Approval from homeowners Association or Arch. Review
- License and insurance for General and Subs, or affidavit for Owner Builder
- Signed and Sealed building plans
- Wind load certifications for 140mph. exposure D
- Survey showing; FFE, flood zone, setbacks, sq. ft. of lot, and impervious surfaces
- Landscaping Plan
- Zoning applicable
- Setbacks for zoning
- Flood Zone
- First floor Elevation (ASSUME FLOOD ZONE "A8" ELEV. 9')
- Overall height not to include chimney, vents, cupola
- Tree permit
- Florida energy code forms

ARCHITECT DESIGN CERTIFICATION: MIAMI-DADE CITY ED.
SOUTH FLORIDA BLDG CODE
140 MPH; EXP. "D"

Plans to include

- Site Plan showing retainage of stormwater and proposed elevations, attach calculations
- Driveway and parking plans
- Exterior elevations
- Foundation Plan, bottom of all footings 12" below finished grade
- Framing plan showing ceiling heights, egress windows, safety glazing
- Typical wall sections
- Roof Plan with truss engineering
- Door and Window engineering
- Electrical Calculations, conformance with 1996 NEC
- Smoke detectors in compliance with NFPA 74
- Plumbing riser showing vent, drain sizes
- Conformance with South Florida Code for 140mph. wind exposure D
- Storm protection required for all doors and windows
- Mechanical Plan showing sizes of ducts
- Cross sections, details, elevations
- Specifications on gravity, uplift connections
- Attic access 22" X 36
-

**PLAN REVIEW
SEWALL'S POINT**

residential

Town Ordinances

- Completed application for permit
- Impact fee receipt
- Notice of Commencement if over \$2,500.00
- Applicable permits from other agencies (ie)DEP, Sewer and Irrigation, Road use
- Approval from homeowners Association or Arch. Review
- License and insurance for General and Subs, or affidavit for Owner Builder *OK*
- Signed and Sealed building plans
- Wind load certifications for 140mph. exposure D *Rodney*
- Survey showing FFE, flood zone, setbacks, sq. ft. of lot, and impervious surfaces *Regina*
- Landscaping Plan *← sign to surveyor. Regina OK*
- Zoning applicable
- Setbacks for zoning *Regina OK*
- Flood Zone *Regina*
- First floor Elevation *(ASSUME FLOOD ZONE "A8" ELEV. 9') Regina*
- Overall height not to include chimney, vents, cupola *OK*
- Tree permit
- Florida energy code forms

2 sets

Pick up

ARCHITECT DESIGN CERTIFICATION: MIAMI-DADE CITY ED. SOUTH FLORIDA BLDG CODE 140 MPH; EXP. "D" *OK*

Plans to include

- Site Plan showing retainage of stormwater and proposed elevations, attach calculations
- Driveway and parking plans
- Exterior elevations
- Foundation Plan, bottom of all footings 12" below finished grade
- Framing plan showing ceiling heights, egress windows, safety glazing
- Typical wall sections
- Roof Plan with truss engineering
- Door and Window engineering
- Electrical Calculations, conformance with 1996 NEC
- Smoke detectors in compliance with NFPA 74
- Plumbing riser showing vent, drain sizes
- Conformance with South Florida Code for 140mph. wind exposure D
- Storm protection required for all doors and windows
- Mechanical Plan showing sizes of ducts
- Cross sections, details, elevations
- Specifications on gravity, uplift connections
- Attic access 22" X 36
-

**TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
One South Sewall's Point Road
Sewall's Point, Florida 34996
Tel: (561) 287-2455
Fax: (561) 220-4765**

PLAN REVIEW NOTES

SINGLE FAMILY RESIDENCE; ADDITION; DOCK; POOL; FENCE; _____

OWNER: STANLEY/CAROL ECKHA ; ADDRESS: 7533 CEDAR HEBERTS, LAS VEGAS, NV 89134

PROJECT ADDRESS: 107 HEAVY SEWALL WAY ; LEGAL: LOT 5 BLK _____ SUB SEWALL'S MEADOW

GENERAL CONTRACTOR: JMC CONTRACTING ; LIC/CERT No. CB-C046609

ADDRESS: PO BOX 1130, MIAMI CITY, FL 34991 ; TEL 287-0390 ; FAX _____

ARCHITECTOR ENGINEER: RL ARTMAN ; LIC/REG. No. AR12157

ADDRESS: 8616 WOODLAND DRIVE ; TEL 841-9004 ; FAX 841-9030
RALPH, NC 27613

Review of the application, supporting documents, plans and specifications submitted on the above project indicate the following items are required for submittal and/or revision :

1. REVISE/RESUBMIT SURVEY PER S.P. ORD. REQUIREMENTS (INCL: 24" X 36" SHIT SCALE = 10')
- INDICATE ALL REQUIRED SETBACKS; CERT. TO TOWN OF SEWALL'S POINT.
 - INDICATE FLOOD ZONE ; (MURPHYVILLE)
 - SEE PLAN REVIEW CHECKLIST FOR ADD'L SURVEY REQUIREMENTS

SEE PLAN REVIEW

REGINA KARNER TOWNE
Surveyor
11/9/00 P/S
gave her flood
info AT Elev 9
107 HSW

Prepared By: [Signature] Title: BLDG. OFFICIAL Date: 9/22/00

Prepared by and return to:
Thomas R. Sawyer
Attorney at Law
McCarthy, Sumners, Bobko, Wood, Sawyer & Perry, P.A.
2091 E. Ocean Boulevard Second Floor
Stuart, Florida 34996

RECEIVED
NOV 28 2000
BY: _____

File Number: 397508
Will Call No.:

[Space Above This Line For Recording Data]

Warranty Deed

This Warranty Deed made this 2nd day of June, 2000 between Foglia Contracting Corp., a Florida corporation whose post office address is 7428 Wilco Rd., Coral Springs, Florida 33067, grantor, and STANLEY ECKNA and CAROL ECKNA, husband and wife whose post office address is 9533 CEDAR HEIGHTS, Las Vegas, Nevada 89134, grantees:

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Martin County, Florida to-wit:

Lot 5, SEWALL'S MEADOW, according to the Plat thereof recorded in Plat Book 14, Page 32, Public Records of Martin County, Florida.

Parcel Identification Number: 13-38-41-013-000-0000-50000

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise 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 31, 1999.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Thomas R. Sawyer
Witness Name: THOMAS R. SAWYER
Allison A. Beer
Witness Name: ALLISON A. BEER

Foglia Contracting Corp.
a Florida corporation
By: *Joseph M. Foglia*
President

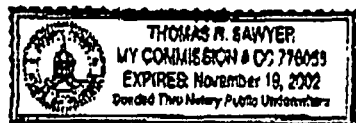
(Corporate Seal)

State of Florida
County of Martin

The foregoing instrument was acknowledged before me this 2nd day of June, 2000 by Joseph M. Foglia, President of Foglia Contracting Corp., a Florida corporation, on behalf of the corporation. (He) is personally known to me or has produced a driver's license as identification.

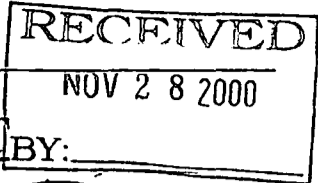
[Notary Seal]

Thomas R. Sawyer
Notary Public
Printed Name: _____
My Commission Expires: _____



PERMIT # _____

TAX FOLIO # _____



NOTICE OF COMMENCEMENT BY: _____

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):

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER: STANLEY & CAROL ECKNA

ADDRESS: 9533 Cedar HgHTS, LAS VEGAS, NV 89134

PHONE #: 702-804-5075 FAX #: _____

CONTRACTOR: JMC CONTRACTING, INC.

ADDRESS: P.O. Box 1130, Palm City, FL 34991

PHONE #: 561-287-0390 FAX #: 561-287-0830

SURETY COMPANY(IF ANY) _____

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

INSTR # 1463450
OR BK 01513 PG 2519
RECORDED 10/31/2000 03:32 PM
MARSHA EWING
MARTIN COUNTY Florida
DEPUTY CLERK T Copus (temp supervis

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 #: _____

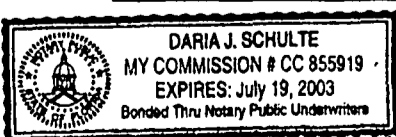
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Carol Eckna Stanley Eckna
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 29 DAY OF October
BY CAROL ECKNA
2000 STANLEY ECKNA

OR PERSONALLY KNOWN _____
PRODUCED ID _____
TYPE OF ID _____

Daria J. Schulte
NOTARY SIGNATURE



SUBCONTRACTORS LIST
RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME JMC. Contr. Inc. BUILDING PERMIT # _____

MAILING ADDRESS P.O. Box 1130 Plm City FL

Please provide a pre-application subcontractors list for verification. This list will be returned to you when the building permit is issued to enable you to complete and return to the inspections department. **We require, prior to starting work, updates, changes, and additions throughout construction.** Using unlicensed contractors or subcontractors may prevent you from being eligible for inspections and/or a certificate of occupancy. For information contact the contractors' licensing office at (561)-288-5482 or (561)-288-5483.

Please include all Martin County competency card numbers or state certification numbers. (Not occupational license numbers)

| <u>TYPE OF WORK</u> | <u>COMPANY NAME</u> | <u>LICENSE #</u> |
|-------------------------|-----------------------|------------------|
| Concrete form | Ferrel Graham | CBC-031884 |
| Concrete finish | Cooper Enterprises | CGC016980 |
| Brick & Stone | N/A | N/A |
| Block Mason | Rick Ketchum | CGC022939 |
| Columns & Beam | JMC Contracting, Inc. | CBC046609 |
| Carpentry - Rough | JMC Contracting, Inc. | CBC046609 |
| Carpentry - Finish | JMC Contracting, Inc. | CBC046609 |
| Garage Door | Florida Door Sales | SP01006 |
| Acoustical | N/A | N/A |
| Drywall - Hang | Addison Drywall | SP00253 |
| Drywall - Finish | Addison Drywall | SP00253 |
| Insulation | Gale Ins. | SP01483 |
| Lathing | Harry Blue | SP008169 |
| Fireplace | N/A | N/A |
| Paving | N/A | N/A |
| Well | Blake's Well | SP00219 |
| LP Gas | N/A | N/A |
| Painting | In & Out Painting | SP01508 |
| Plaster & Stucco | Harry Blue | SP008169 |
| Stairs & Rails | Stuart Stair | N/A |
| Roofing | Stuart Roofing | CC-C024411 |
| Septic System | St Lucie Septic | SP00155 |
| Tile & Marble | Savanna Tile | SP00768 |
| Windows & Doors | JMC Contracting, Inc. | CBC046609 |
| *Plumbing | Angler Plumbing | CFC056760 |
| *H.A.R.V. | Associated Air | CAC0264-32 |
| *Electrical | McDaniel | ME00028 |
| *Low voltage | Absolute Protection | EF000252 |
| Security, Vacuum, sound | | |
| *Irrigation | Fritz Irrigation | SP02370 |

*Requires separate verification forms

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MARTIN COUNTY OR STATE LICENSED CONTRACTORS

I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

[Signature]
SIGNATURE OF CONTRACTOR
(OR OWNER/BUILDER IF APPLICABLE)

STATE OF FLORIDA

COUNTY OF MARTIN

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 14th DAY OF SEPT BY JOHN M. CHERRY WHO IS PERSONALLY KNOWN TO ME OR WHO PRODUCED _____ AND WHO DID NOT TAKE AN OATH.

[Signature]
NOTARY SIGNATURE

SEAL:



MARTIN COUNTY GROWTH MANAGEMENT DEPARTMENT
BUILDING DIVISION

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

PROJECT NAME AND ADDRESS

ECKN #
Lot 5
Scowells Meadow

BUILDING DIVISION USE ONLY

BLDG. PERMIT # _____
OCCUPANCY TYPE _____
CONST. TYPE: _____
COMMENTS: _____

STATEMENT

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

DESIGN PARAMETERS AND ANALYSIS

CODE EDITIONS: 1997 STANDARD BUILDING CODE
CHAPTER 6 OF ASCE 7-98
MARTIN COUNTY HURRICANE ORDINANCE #559
MARTIN COUNTY BARRIER ISLAND ORDINANCE #288

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

BASIC WIND SPEED: WEST OF TURNPIKE 130 MPH 3 SECOND GUST _____
EAST OF TURNPIKE 140 MPH 3 SECOND GUST

IMPORTANCE/USE FACTOR 1.15

VELOCITY PRESSURE: 45 psf

GARAGE DOOR DESIGN PRESSURE + 45.0 psf (positive) - 49.20 psf (negative)

MINIMUM SOIL BEARING PRESSURE 2,000 psf

EXPOSURE 'C'

MEAN BUILDING HEIGHT 17 FT.

FLOOR LOADS N/A

ROOF DEAD LOAD 25 PSF

ROOF LIVE LOAD 30 PSF

SHEAR WALL CONSIDERED YES _____ NO

CONTINUOUS LOAD PATH PROVIDED YES _____ NO


COMPONENTS AND CLADDING DETAILS PROVIDED YES _____ NO

IMPACT PROTECTION SPECIFIED YES (MUST BE INDICATED ON PERMIT DOCUMENTS FOR ALL
RESIDENTIAL/COMMERCIAL BUILDINGS, ALTERATIONS, AND RENOVATIONS)

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

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

NAME RODNEY L. AXTMAN
CERTIFICATION # AR12157
DATE 8/10/2000
DESIGN FIRM RODNEY L. AXTMAN, ARCHITECT
OTHER _____

SEAL 
8/10/2000

***** THIS FORM MUST INCLUDE THE PLAN REVIEW CHECKLIST IF IN THE "FAST TRACK" PERMIT
PROGRAM.*****

MCBD FORM #100

Eckna

FILE

ADD COPIES ATTACHED TO PEOPLE MEMBERS

FORM 600A-97

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs

Residential Whole Building Performance Method A

| | |
|--|----------------------|
| Project Name: New Projectjmcsal | Builder: |
| Address: | Permitting Office: |
| City, State: | Permit Number: |
| Owner: | Jurisdiction Number: |
| Climate Zone: South | |

| | |
|--|---|
| <p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 4 <input type="checkbox"/></p> <p>5. Is this a worst case? Yes <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 2654 ft² <input type="checkbox"/></p> <p>7. Glass area & type <input type="checkbox"/></p> <p>a. Clear - single pane 542.4 ft² <input type="checkbox"/></p> <p>b. Clear - double pane 0.0 ft² <input type="checkbox"/></p> <p>c. Tint/other SC/SHGC - single pane 0.0 ft² <input type="checkbox"/></p> <p>d. Tint/other SC/SHGC - double pane 0.0 ft² <input type="checkbox"/></p> <p>8. Floor types <input type="checkbox"/></p> <p>a. Slab-On-Grade Edge Insulation R=0.0, 243.0(p) ft <input type="checkbox"/></p> <p>b. N/A <input type="checkbox"/></p> <p>c. N/A <input type="checkbox"/></p> <p>9. Wall types <input type="checkbox"/></p> <p>a. Concrete, Int Insul, Exterior R=5.4, 1566.0 ft² <input type="checkbox"/></p> <p>b. Frame, Wood, Exterior R=11.0, 102.0 ft² <input type="checkbox"/></p> <p>c. Frame, Wood, Adjacent R=11.0, 159.0 ft² <input type="checkbox"/></p> <p>d. N/A <input type="checkbox"/></p> <p>e. N/A <input type="checkbox"/></p> <p>10. Ceiling types <input type="checkbox"/></p> <p>a. Under Attic R=30.0, 2729.0 ft² <input type="checkbox"/></p> <p>b. N/A <input type="checkbox"/></p> <p>c. N/A <input type="checkbox"/></p> <p>11. Ducts <input type="checkbox"/></p> <p>a. Sup: Unc. Ret: Unc. AH: Interior Sup. R=6.0, 95.0 ft <input type="checkbox"/></p> <p>b. Sup: Unc. Ret: Unc. AH: Garage Sup. R=6.0, 75.0 ft <input type="checkbox"/></p> | <p>12. Cooling systems <input type="checkbox"/></p> <p>a. Central Unit Cap: 36.0 kBtu/hr <input type="checkbox"/></p> <p style="padding-left: 40px;">SEER: 10.00 <input type="checkbox"/></p> <p>b. Central Unit Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p style="padding-left: 40px;">SEER: 10.00 <input type="checkbox"/></p> <p>c. N/A <input type="checkbox"/></p> <p>13. Heating systems <input type="checkbox"/></p> <p>a. Electric Strip Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p style="padding-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p>b. Electric Strip Cap: 17.0 kBtu/hr <input type="checkbox"/></p> <p style="padding-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p>c. N/A <input type="checkbox"/></p> <p>14. Hot water systems <input type="checkbox"/></p> <p>a. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/></p> <p style="padding-left: 40px;">EF: 0.90 <input type="checkbox"/></p> <p>b. N/A <input type="checkbox"/></p> <p>c. Conservation credits HRU-AC <input type="checkbox"/></p> <p style="padding-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits <input type="checkbox"/></p> <p style="padding-left: 40px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p> |
|--|---|

Glass/Floor Area: 0.20 Total as-built points: 36213.00 **PASS**
 Total base points: 38798.00

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: wt

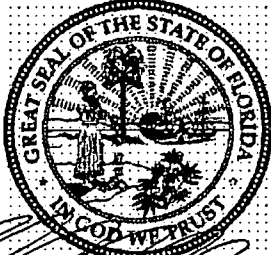
DATE: 6-14-00

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER/AGENT: _____

DATE: _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.



BUILDING OFFICIAL: _____

DATE: 11/17/00

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

| | |
|----------------|-----------|
| ADDRESS: , , , | PERMIT #: |
|----------------|-----------|

| BASE | AS-BUILT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------|---------|---------------------|--|--|---------------|--------|-------|----------------|--|---------------|------|--------|----------------|---|-------------------------------|--------|------------------------|------|---------------|------|------------------------|------------------------|---------------|-------|--------|---------------|---|----------------|-----------------------|------|-------|-------|------|------|-------|------------------------|---------------|---------------|-----|-----|------|---------------|-------|--|------|--|--------|---------------|---|-----|-----|------|--|-------|--|------|--|--------|---------------|---|-----|-----|-----|--|-------|--|------|--|-------|---------------|---|-----|-----|------|--|-------|--|------|--|-------|---------------|---|-----|-----|------|--|-------|--|------|--|--------|---------------|---|-----|-----|------|--|-------|--|------|--|--------|---------------|---|------|-----|-------|--|-------|--|------|--|--------|---------------|---|------|-----|------|--|-------|--|------|--|-------|---------------|---|------|-----|------|--|-------|--|------|--|-------|---------------|---|-----|-----|------|--|-------|--|------|--|-------|------------------------|--|--|--|--------------|--|--|--|--|--|----------------|
| GLASS TYPES .18 X Conditioned X BSPM = Points Floor Area | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type/SC</th> <th>Ornt</th> <th colspan="2">Overhang Len Hgt</th> <th>Area</th> <th>X</th> <th>SPM</th> <th>X</th> <th>SOF</th> <th>=</th> <th>Points</th> </tr> </thead> </table> | Type/SC | Ornt | Overhang Len Hgt | | Area | X | SPM | X | SOF | = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type/SC | Ornt | Overhang Len Hgt | | Area | X | SPM | X | SOF | = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">.18</td> <td style="width: 20%;">2654.0</td> <td style="width: 10%;">53.20</td> <td style="width: 10%;">25416.0</td> </tr> </table> | .18 | 2654.0 | 53.20 | 25416.0 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Single, Clear</td><td>W</td><td>2.0</td><td>5.5</td><td>32.0</td><td></td><td>65.53</td><td></td><td>0.84</td><td></td><td>1756.2</td></tr> <tr><td>Single, Clear</td><td>W</td><td>10.0</td><td>9.0</td><td>36.0</td><td></td><td>65.53</td><td></td><td>0.54</td><td></td><td>1265.6</td></tr> <tr><td>Single, Clear</td><td>W</td><td>10.0</td><td>3.0</td><td>12.0</td><td></td><td>65.53</td><td></td><td>0.40</td><td></td><td>318.0</td></tr> <tr><td>Single, Clear</td><td>W</td><td>2.0</td><td>8.0</td><td>45.0</td><td></td><td>65.53</td><td></td><td>0.92</td><td></td><td>2707.2</td></tr> <tr><td>Single, Clear</td><td>S</td><td>2.0</td><td>5.5</td><td>46.4</td><td></td><td>62.19</td><td></td><td>0.77</td><td></td><td>2213.9</td></tr> <tr><td>Single, Clear</td><td>S</td><td>2.0</td><td>2.5</td><td>6.0</td><td></td><td>62.19</td><td></td><td>0.56</td><td></td><td>207.9</td></tr> <tr><td>Single, Clear</td><td>S</td><td>2.0</td><td>3.0</td><td>14.0</td><td></td><td>62.19</td><td></td><td>0.60</td><td></td><td>520.1</td></tr> <tr><td>Single, Clear</td><td>E</td><td>2.0</td><td>6.5</td><td>60.0</td><td></td><td>73.03</td><td></td><td>0.88</td><td></td><td>3838.6</td></tr> <tr><td>Single, Clear</td><td>E</td><td>4.0</td><td>6.5</td><td>30.0</td><td></td><td>73.03</td><td></td><td>0.67</td><td></td><td>1474.2</td></tr> <tr><td>Single, Clear</td><td>E</td><td>15.0</td><td>9.0</td><td>165.0</td><td></td><td>73.03</td><td></td><td>0.42</td><td></td><td>5093.3</td></tr> <tr><td>Single, Clear</td><td>E</td><td>12.0</td><td>6.5</td><td>24.0</td><td></td><td>73.03</td><td></td><td>0.41</td><td></td><td>715.9</td></tr> <tr><td>Single, Clear</td><td>N</td><td>38.0</td><td>9.0</td><td>48.0</td><td></td><td>33.94</td><td></td><td>0.81</td><td></td><td>987.3</td></tr> <tr><td>Single, Clear</td><td>N</td><td>2.0</td><td>6.5</td><td>24.0</td><td></td><td>33.94</td><td></td><td>0.91</td><td></td><td>745.1</td></tr> <tr> <td colspan="4">As-Built Total:</td> <td style="text-align: center;">542.4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">21843.5</td> </tr> </table> | Single, Clear | W | 2.0 | 5.5 | 32.0 | | 65.53 | | 0.84 | | 1756.2 | Single, Clear | W | 10.0 | 9.0 | 36.0 | | 65.53 | | 0.54 | | 1265.6 | Single, Clear | W | 10.0 | 3.0 | 12.0 | | 65.53 | | 0.40 | | 318.0 | Single, Clear | W | 2.0 | 8.0 | 45.0 | | 65.53 | | 0.92 | | 2707.2 | Single, Clear | S | 2.0 | 5.5 | 46.4 | | 62.19 | | 0.77 | | 2213.9 | Single, Clear | S | 2.0 | 2.5 | 6.0 | | 62.19 | | 0.56 | | 207.9 | Single, Clear | S | 2.0 | 3.0 | 14.0 | | 62.19 | | 0.60 | | 520.1 | Single, Clear | E | 2.0 | 6.5 | 60.0 | | 73.03 | | 0.88 | | 3838.6 | Single, Clear | E | 4.0 | 6.5 | 30.0 | | 73.03 | | 0.67 | | 1474.2 | Single, Clear | E | 15.0 | 9.0 | 165.0 | | 73.03 | | 0.42 | | 5093.3 | Single, Clear | E | 12.0 | 6.5 | 24.0 | | 73.03 | | 0.41 | | 715.9 | Single, Clear | N | 38.0 | 9.0 | 48.0 | | 33.94 | | 0.81 | | 987.3 | Single, Clear | N | 2.0 | 6.5 | 24.0 | | 33.94 | | 0.91 | | 745.1 | As-Built Total: | | | | 542.4 | | | | | | 21843.5 |
| .18 | 2654.0 | 53.20 | 25416.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | W | 2.0 | 5.5 | 32.0 | | 65.53 | | 0.84 | | 1756.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | W | 10.0 | 9.0 | 36.0 | | 65.53 | | 0.54 | | 1265.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | W | 10.0 | 3.0 | 12.0 | | 65.53 | | 0.40 | | 318.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | W | 2.0 | 8.0 | 45.0 | | 65.53 | | 0.92 | | 2707.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | S | 2.0 | 5.5 | 46.4 | | 62.19 | | 0.77 | | 2213.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | S | 2.0 | 2.5 | 6.0 | | 62.19 | | 0.56 | | 207.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | S | 2.0 | 3.0 | 14.0 | | 62.19 | | 0.60 | | 520.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | E | 2.0 | 6.5 | 60.0 | | 73.03 | | 0.88 | | 3838.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | E | 4.0 | 6.5 | 30.0 | | 73.03 | | 0.67 | | 1474.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | E | 15.0 | 9.0 | 165.0 | | 73.03 | | 0.42 | | 5093.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | E | 12.0 | 6.5 | 24.0 | | 73.03 | | 0.41 | | 715.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | N | 38.0 | 9.0 | 48.0 | | 33.94 | | 0.81 | | 987.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | N | 2.0 | 6.5 | 24.0 | | 33.94 | | 0.91 | | 745.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | | | | 542.4 | | | | | | 21843.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WALL TYPES Area X BSPM = Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>R-Value</th> <th>Area</th> <th>X</th> <th>SPM</th> <th>=</th> <th>Points</th> </tr> </thead> </table> | Type | R-Value | Area | X | SPM | = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | R-Value | Area | X | SPM | = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Adjacent</td><td>159.0</td><td>1.0</td><td></td><td>159.0</td></tr> <tr><td>Exterior</td><td>1668.0</td><td>2.70</td><td></td><td>4503.6</td></tr> <tr><td>Base Total:</td><td>1827.0</td><td></td><td></td><td>4662.6</td></tr> </table> | Adjacent | 159.0 | 1.0 | | 159.0 | Exterior | 1668.0 | 2.70 | | 4503.6 | Base Total: | 1827.0 | | | 4662.6 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Concrete, Int Insul, Exterior</td><td>5.4</td><td>1566.0</td><td></td><td>1.92</td><td></td><td>3006.7</td></tr> <tr><td>Frame, Wood, Exterior</td><td>11.0</td><td>102.0</td><td></td><td>2.70</td><td></td><td>275.4</td></tr> <tr><td>Frame, Wood, Adjacent</td><td>11.0</td><td>159.0</td><td></td><td>1.00</td><td></td><td>159.0</td></tr> <tr><td>As-Built Total:</td><td></td><td>1827.0</td><td></td><td></td><td></td><td>3441.1</td></tr> </table> | Concrete, Int Insul, Exterior | 5.4 | 1566.0 | | 1.92 | | 3006.7 | Frame, Wood, Exterior | 11.0 | 102.0 | | 2.70 | | 275.4 | Frame, Wood, Adjacent | 11.0 | 159.0 | | 1.00 | | 159.0 | As-Built Total: | | 1827.0 | | | | 3441.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjacent | 159.0 | 1.0 | | 159.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exterior | 1668.0 | 2.70 | | 4503.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Base Total: | 1827.0 | | | 4662.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Concrete, Int Insul, Exterior | 5.4 | 1566.0 | | 1.92 | | 3006.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frame, Wood, Exterior | 11.0 | 102.0 | | 2.70 | | 275.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frame, Wood, Adjacent | 11.0 | 159.0 | | 1.00 | | 159.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | | 1827.0 | | | | 3441.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOOR TYPES Area X BSPM = Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>Area</th> <th>X</th> <th>SPM</th> <th>=</th> <th>Points</th> </tr> </thead> </table> | Type | Area | X | SPM | = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | Area | X | SPM | = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Adjacent</td><td>17.0</td><td>2.60</td><td></td><td>44.2</td></tr> <tr><td>Exterior</td><td>0.0</td><td>0.00</td><td></td><td>0.0</td></tr> <tr><td>Base Total:</td><td>17.0</td><td></td><td></td><td>44.2</td></tr> </table> | Adjacent | 17.0 | 2.60 | | 44.2 | Exterior | 0.0 | 0.00 | | 0.0 | Base Total: | 17.0 | | | 44.2 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Adjacent Insulated</td><td>17.0</td><td></td><td>2.60</td><td></td><td>44.2</td></tr> <tr><td>As-Built Total:</td><td>17.0</td><td></td><td></td><td></td><td>44.2</td></tr> </table> | Adjacent Insulated | 17.0 | | 2.60 | | 44.2 | As-Built Total: | 17.0 | | | | 44.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjacent | 17.0 | 2.60 | | 44.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exterior | 0.0 | 0.00 | | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Base Total: | 17.0 | | | 44.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjacent Insulated | 17.0 | | 2.60 | | 44.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | 17.0 | | | | 44.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CEILING TYPES Area X BSPM = Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>R-Value</th> <th>Area</th> <th>X</th> <th>SPM</th> <th>=</th> <th>Points</th> </tr> </thead> </table> | Type | R-Value | Area | X | SPM | = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | R-Value | Area | X | SPM | = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Under Attic</td><td>2654.0</td><td>0.80</td><td></td><td>2123.2</td></tr> <tr><td>Base Total:</td><td>2654.0</td><td></td><td></td><td>2123.2</td></tr> </table> | Under Attic | 2654.0 | 0.80 | | 2123.2 | Base Total: | 2654.0 | | | 2123.2 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Under Attic</td><td>30.0</td><td>2729.0</td><td></td><td>0.80</td><td></td><td>2183.2</td></tr> <tr><td>As-Built Total:</td><td></td><td>2729.0</td><td></td><td></td><td></td><td>2183.2</td></tr> </table> | Under Attic | 30.0 | 2729.0 | | 0.80 | | 2183.2 | As-Built Total: | | 2729.0 | | | | 2183.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under Attic | 2654.0 | 0.80 | | 2123.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Base Total: | 2654.0 | | | 2123.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under Attic | 30.0 | 2729.0 | | 0.80 | | 2183.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | | 2729.0 | | | | 2183.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLOOR TYPES Area X BSPM = Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>R-Value</th> <th>Area</th> <th>X</th> <th>SPM</th> <th>=</th> <th>Points</th> </tr> </thead> </table> | Type | R-Value | Area | X | SPM | = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | R-Value | Area | X | SPM | = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Slab</td><td>243.0(p)</td><td>-20.0</td><td></td><td>-4860.0</td></tr> <tr><td>Raised</td><td>0.0</td><td>0.00</td><td></td><td>0.0</td></tr> <tr><td>Base Total:</td><td></td><td></td><td></td><td>-4860.0</td></tr> </table> | Slab | 243.0(p) | -20.0 | | -4860.0 | Raised | 0.0 | 0.00 | | 0.0 | Base Total: | | | | -4860.0 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Slab-On-Grade Edge Insulation</td><td>0.0</td><td>243.0(p)</td><td></td><td>-20.00</td><td></td><td>-4860.0</td></tr> <tr><td>As-Built Total:</td><td></td><td></td><td></td><td></td><td></td><td>-4860.0</td></tr> </table> | Slab-On-Grade Edge Insulation | 0.0 | 243.0(p) | | -20.00 | | -4860.0 | As-Built Total: | | | | | | -4860.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Raised | 0.0 | 0.00 | | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Base Total: | | | | -4860.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Slab-On-Grade Edge Insulation | 0.0 | 243.0(p) | | -20.00 | | -4860.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | | | | | | -4860.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFILTRATION Area X BSPM = Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Area</th> <th>X</th> <th>SPM</th> <th>=</th> <th>Points</th> </tr> </thead> </table> | Area | X | SPM | = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Area | X | SPM | = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td>2654.0</td><td>18.79</td><td></td><td>49868.7</td></tr> </table> | | 2654.0 | 18.79 | | 49868.7 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td>2654.0</td><td>18.79</td><td></td><td>49868.7</td></tr> </table> | | 2654.0 | 18.79 | | 49868.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2654.0 | 18.79 | | 49868.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2654.0 | 18.79 | | 49868.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

| | |
|----------------|-----------|
| ADDRESS: , , , | PERMIT #: |
|----------------|-----------|

| BASE | | | AS-BUILT | | | | | |
|------------------------------------|------------------------|---------------------|--|----------------|----------------------|------------------------|------------------------|---------------------|
| Summer Base Points: 77254.6 | | | Summer As-Built Points: 72520.6 | | | | | |
| Total Summer Points | X System Multiplier | = Cooling Points | Total Component | X Cap Ratio | X Duct Multiplier | X System Multiplier | X Credit Multiplier | = Cooling Points |
| 77254.6 | 0.3560 | 27502.6 | 72520.6 | 0.600 | 1.002 | 0.341 | 1.000 | 14870.4 |
| | | | 72520.6 | 0.400 | 1.002 | 0.341 | 1.000 | 9913.6 |
| | | | 72520.6 | 1.00 | 1.002 | 0.341 | 1.000 | 24783.9 |

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

| | |
|----------------|-----------|
| ADDRESS: , , , | PERMIT #: |
|----------------|-----------|

| BASE | AS-BUILT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------------------|---------------|---|--|------------------|---------------|--------------|--|---------------|------|---------------|---|-------------------------------|------------------------|----------|---------------|------------------------|------------------------|------|-------------|---------------|---------------|-----------------------|------|-------|------|------|------------------------|---------------|---------------|-----|---------------|------|------|------|-------|---------------|---|-----|-----|------|------|------|-------|---------------|---|-----|-----|-----|------|------|------|---------------|---|-----|-----|------|------|------|------|---------------|---|-----|-----|------|------|------|-------|---------------|---|-----|-----|------|------|------|-------|---------------|---|------|-----|-------|------|------|-------|---------------|---|------|-----|------|------|------|-------|---------------|---|------|-----|------|------|------|-------|---------------|---|-----|-----|------|------|------|-------|------------------------|--|--|--|--------------|--|--|---------------|
| GLASS TYPES .18 X Conditioned X BWPM = Points Floor Area | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type/SC</th> <th>Ornt</th> <th colspan="2">Overhang Len Hgt</th> <th>Area X WPM X WOF</th> <th>= Points</th> </tr> </thead> </table> | Type/SC | Ornt | Overhang Len Hgt | | Area X WPM X WOF | = Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type/SC | Ornt | Overhang Len Hgt | | Area X WPM X WOF | = Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">.18</td> <td style="width: 20%;">2854.0</td> <td style="width: 10%;">2.02</td> <td style="width: 15%;">967.1</td> </tr> </table> | .18 | 2854.0 | 2.02 | 967.1 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Single, Clear</td> <td>W</td> <td>2.0</td> <td>5.5</td> <td>32.0</td> <td>4.47</td> <td>1.00</td> <td>143.1</td> </tr> <tr> <td>Single, Clear</td> <td>W</td> <td>10.0</td> <td>9.0</td> <td>36.0</td> <td>4.47</td> <td>1.03</td> <td>165.5</td> </tr> <tr> <td>Single, Clear</td> <td>W</td> <td>10.0</td> <td>3.0</td> <td>12.0</td> <td>4.47</td> <td>1.03</td> <td>55.3</td> </tr> <tr> <td>Single, Clear</td> <td>W</td> <td>2.0</td> <td>8.0</td> <td>45.0</td> <td>4.47</td> <td>1.00</td> <td>200.7</td> </tr> <tr> <td>Single, Clear</td> <td>S</td> <td>2.0</td> <td>5.5</td> <td>46.4</td> <td>3.55</td> <td>1.06</td> <td>174.7</td> </tr> <tr> <td>Single, Clear</td> <td>S</td> <td>2.0</td> <td>2.5</td> <td>6.0</td> <td>3.55</td> <td>1.27</td> <td>27.1</td> </tr> <tr> <td>Single, Clear</td> <td>S</td> <td>2.0</td> <td>3.0</td> <td>14.0</td> <td>3.55</td> <td>1.22</td> <td>60.4</td> </tr> <tr> <td>Single, Clear</td> <td>E</td> <td>2.0</td> <td>6.5</td> <td>60.0</td> <td>3.76</td> <td>1.03</td> <td>231.4</td> </tr> <tr> <td>Single, Clear</td> <td>E</td> <td>4.0</td> <td>6.5</td> <td>30.0</td> <td>3.76</td> <td>1.06</td> <td>119.6</td> </tr> <tr> <td>Single, Clear</td> <td>E</td> <td>15.0</td> <td>9.0</td> <td>165.0</td> <td>3.76</td> <td>1.19</td> <td>740.5</td> </tr> <tr> <td>Single, Clear</td> <td>E</td> <td>12.0</td> <td>6.5</td> <td>24.0</td> <td>3.76</td> <td>1.21</td> <td>109.3</td> </tr> <tr> <td>Single, Clear</td> <td>N</td> <td>38.0</td> <td>9.0</td> <td>48.0</td> <td>4.91</td> <td>0.95</td> <td>223.6</td> </tr> <tr> <td>Single, Clear</td> <td>N</td> <td>2.0</td> <td>6.5</td> <td>24.0</td> <td>4.91</td> <td>0.99</td> <td>116.6</td> </tr> <tr> <td colspan="4">As-Built Total:</td> <td style="text-align: center;">542.4</td> <td></td> <td></td> <td style="text-align: right;">2368.0</td> </tr> </table> | Single, Clear | W | 2.0 | 5.5 | 32.0 | 4.47 | 1.00 | 143.1 | Single, Clear | W | 10.0 | 9.0 | 36.0 | 4.47 | 1.03 | 165.5 | Single, Clear | W | 10.0 | 3.0 | 12.0 | 4.47 | 1.03 | 55.3 | Single, Clear | W | 2.0 | 8.0 | 45.0 | 4.47 | 1.00 | 200.7 | Single, Clear | S | 2.0 | 5.5 | 46.4 | 3.55 | 1.06 | 174.7 | Single, Clear | S | 2.0 | 2.5 | 6.0 | 3.55 | 1.27 | 27.1 | Single, Clear | S | 2.0 | 3.0 | 14.0 | 3.55 | 1.22 | 60.4 | Single, Clear | E | 2.0 | 6.5 | 60.0 | 3.76 | 1.03 | 231.4 | Single, Clear | E | 4.0 | 6.5 | 30.0 | 3.76 | 1.06 | 119.6 | Single, Clear | E | 15.0 | 9.0 | 165.0 | 3.76 | 1.19 | 740.5 | Single, Clear | E | 12.0 | 6.5 | 24.0 | 3.76 | 1.21 | 109.3 | Single, Clear | N | 38.0 | 9.0 | 48.0 | 4.91 | 0.95 | 223.6 | Single, Clear | N | 2.0 | 6.5 | 24.0 | 4.91 | 0.99 | 116.6 | As-Built Total: | | | | 542.4 | | | 2368.0 |
| .18 | 2854.0 | 2.02 | 967.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | W | 2.0 | 5.5 | 32.0 | 4.47 | 1.00 | 143.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | W | 10.0 | 9.0 | 36.0 | 4.47 | 1.03 | 165.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | W | 10.0 | 3.0 | 12.0 | 4.47 | 1.03 | 55.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | W | 2.0 | 8.0 | 45.0 | 4.47 | 1.00 | 200.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | S | 2.0 | 5.5 | 46.4 | 3.55 | 1.06 | 174.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | S | 2.0 | 2.5 | 6.0 | 3.55 | 1.27 | 27.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | S | 2.0 | 3.0 | 14.0 | 3.55 | 1.22 | 60.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | E | 2.0 | 6.5 | 60.0 | 3.76 | 1.03 | 231.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | E | 4.0 | 6.5 | 30.0 | 3.76 | 1.06 | 119.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | E | 15.0 | 9.0 | 165.0 | 3.76 | 1.19 | 740.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | E | 12.0 | 6.5 | 24.0 | 3.76 | 1.21 | 109.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | N | 38.0 | 9.0 | 48.0 | 4.91 | 0.95 | 223.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Clear | N | 2.0 | 6.5 | 24.0 | 4.91 | 0.99 | 116.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | | | | 542.4 | | | 2368.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WALL TYPES Area X BWPM = Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>R-Value</th> <th>Area X WPM</th> <th>= Points</th> </tr> </thead> </table> | Type | R-Value | Area X WPM | = Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | R-Value | Area X WPM | = Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Adjacent</td> <td style="width: 20%;">159.0</td> <td style="width: 10%;">0.5</td> <td style="width: 15%;">79.5</td> </tr> <tr> <td>Exterior</td> <td>1668.0</td> <td>0.60</td> <td>1000.8</td> </tr> <tr> <td>Base Total:</td> <td>1827.0</td> <td></td> <td>1080.3</td> </tr> </table> | Adjacent | 159.0 | 0.5 | 79.5 | Exterior | 1668.0 | 0.60 | 1000.8 | Base Total: | 1827.0 | | 1080.3 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Concrete, Int Insul, Exterior</td> <td>5.4</td> <td>1566.0</td> <td>0.86</td> <td>1346.8</td> </tr> <tr> <td>Frame, Wood, Exterior</td> <td>11.0</td> <td>102.0</td> <td>0.60</td> <td>61.2</td> </tr> <tr> <td>Frame, Wood, Adjacent</td> <td>11.0</td> <td>159.0</td> <td>0.50</td> <td>79.5</td> </tr> <tr> <td>As-Built Total:</td> <td></td> <td>1827.0</td> <td></td> <td>1487.5</td> </tr> </table> | Concrete, Int Insul, Exterior | 5.4 | 1566.0 | 0.86 | 1346.8 | Frame, Wood, Exterior | 11.0 | 102.0 | 0.60 | 61.2 | Frame, Wood, Adjacent | 11.0 | 159.0 | 0.50 | 79.5 | As-Built Total: | | 1827.0 | | 1487.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjacent | 159.0 | 0.5 | 79.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exterior | 1668.0 | 0.60 | 1000.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Base Total: | 1827.0 | | 1080.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Concrete, Int Insul, Exterior | 5.4 | 1566.0 | 0.86 | 1346.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frame, Wood, Exterior | 11.0 | 102.0 | 0.60 | 61.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frame, Wood, Adjacent | 11.0 | 159.0 | 0.50 | 79.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | | 1827.0 | | 1487.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOOR TYPES Area X BWPM = Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>Area X WPM</th> <th>= Points</th> </tr> </thead> </table> | Type | Area X WPM | = Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | Area X WPM | = Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Adjacent</td> <td style="width: 20%;">17.0</td> <td style="width: 10%;">1.30</td> <td style="width: 15%;">22.1</td> </tr> <tr> <td>Exterior</td> <td>0.0</td> <td>0.00</td> <td>0.0</td> </tr> <tr> <td>Base Total:</td> <td>17.0</td> <td></td> <td>22.1</td> </tr> </table> | Adjacent | 17.0 | 1.30 | 22.1 | Exterior | 0.0 | 0.00 | 0.0 | Base Total: | 17.0 | | 22.1 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Adjacent Insulated</td> <td>17.0</td> <td>1.30</td> <td>22.1</td> </tr> <tr> <td>As-Built Total:</td> <td>17.0</td> <td></td> <td>22.1</td> </tr> </table> | Adjacent Insulated | 17.0 | 1.30 | 22.1 | As-Built Total: | 17.0 | | 22.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjacent | 17.0 | 1.30 | 22.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exterior | 0.0 | 0.00 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Base Total: | 17.0 | | 22.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjacent Insulated | 17.0 | 1.30 | 22.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | 17.0 | | 22.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CEILING TYPES Area X BWPM = Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>R-Value</th> <th>Area X WPM</th> <th>= Points</th> </tr> </thead> </table> | Type | R-Value | Area X WPM | = Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | R-Value | Area X WPM | = Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Under Attic</td> <td style="width: 20%;">2854.0</td> <td style="width: 10%;">0.10</td> <td style="width: 15%;">285.4</td> </tr> <tr> <td>Base Total:</td> <td>2854.0</td> <td></td> <td>285.4</td> </tr> </table> | Under Attic | 2854.0 | 0.10 | 285.4 | Base Total: | 2854.0 | | 285.4 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Under Attic</td> <td>30.0</td> <td>2729.0</td> <td>0.10</td> <td>272.9</td> </tr> <tr> <td>As-Built Total:</td> <td></td> <td>2729.0</td> <td></td> <td>272.9</td> </tr> </table> | Under Attic | 30.0 | 2729.0 | 0.10 | 272.9 | As-Built Total: | | 2729.0 | | 272.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under Attic | 2854.0 | 0.10 | 285.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Base Total: | 2854.0 | | 285.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under Attic | 30.0 | 2729.0 | 0.10 | 272.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | | 2729.0 | | 272.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Type | R-Value | Area X WPM | = Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Slab</td> <td style="width: 20%;">243.0(p)</td> <td style="width: 10%;">-2.1</td> <td style="width: 15%;">-510.3</td> </tr> <tr> <td>Raised</td> <td>0.0</td> <td>0.00</td> <td>0.0</td> </tr> <tr> <td>Base Total:</td> <td></td> <td></td> <td>-510.3</td> </tr> </table> | Slab | 243.0(p) | -2.1 | -510.3 | Raised | 0.0 | 0.00 | 0.0 | Base Total: | | | -510.3 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Slab-On-Grade Edge Insulation</td> <td>0.0</td> <td>243.0(p)</td> <td>-2.10</td> <td>-510.3</td> </tr> <tr> <td>As-Built Total:</td> <td></td> <td></td> <td></td> <td>-510.3</td> </tr> </table> | Slab-On-Grade Edge Insulation | 0.0 | 243.0(p) | -2.10 | -510.3 | As-Built Total: | | | | -510.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Slab | 243.0(p) | -2.1 | -510.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Raised | 0.0 | 0.00 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Base Total: | | | -510.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Slab-On-Grade Edge Insulation | 0.0 | 243.0(p) | -2.10 | -510.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | | | | -510.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFILTRATION Area X BWPM = Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Area X WPM</th> <th>= Points</th> </tr> </thead> </table> | Area X WPM | = Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Area X WPM | = Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">2654.0</td> <td style="width: 10%;">-0.06</td> <td style="width: 15%;">-159.2</td> </tr> </table> | 2654.0 | -0.06 | -159.2 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2654.0</td> <td>-0.06</td> <td>-159.2</td> </tr> </table> | 2654.0 | -0.06 | -159.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2654.0 | -0.06 | -159.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2654.0 | -0.06 | -159.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

| | |
|----------------|-----------|
| ADDRESS: , , , | PERMIT #: |
|----------------|-----------|

| BASE | | | AS-BUILT | | | | | |
|----------------------------|------------------------|--------------------------------|--------------------|----------------|----------------------|------------------------|------------------------|---------------------|
| Winter Base Points: | 1665.4 | Winter As-Built Points: | 3480.9 | | | | | |
| Total Winter Points | X System Multiplier | = Heating Points | Total Component | X Cap Ratio | X Duct Multiplier | X System Multiplier | X Credit Multiplier | = Heating Points |
| 1665.4 | 1.0900 | 1815.3 | 3480.9 | 0.667 | 1.047 | 1.000 | 1.000 | 2430.5 |
| 1665.4 | 1.0900 | 1815.3 | 3480.9 | 0.333 | 1.047 | 1.000 | 1.000 | 1215.2 |
| 1665.4 | 1.0900 | 1815.3 | 3480.9 | 1.00 | 1.047 | 1.000 | 1.000 | 3645.7 |

WATER HEATING & CODE COMPLIANCE STATUS

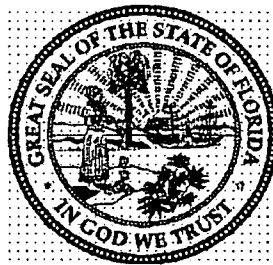
Residential Whole Building Performance Method A - Details

| | |
|----------------|-----------|
| ADDRESS: , , , | PERMIT #: |
|----------------|-----------|

| BASE | | | | AS-BUILT | | | | | | | |
|-----------------------|---|------------|---------|----------------|------|-----------------------|---|-----------------|--------------|------------------------------|--------|
| WATER HEATING | | | | | | | | | | | |
| Number of Bedrooms | X | Multiplier | = Total | Tank Volume | EF | Number of Bedrooms | X | Tank X Ratio | Multiplier X | Credit = Total Multiplier | |
| 4 | | 2370.00 | 9480.0 | 50.0 | 0.90 | 4 | | 1.00 | 2316.36 | 0.84 | 7783.0 |
| As-Built Total: | | | | | | | | | | | 7783.0 |

| CODE COMPLIANCE STATUS | | | | | | | | | | | |
|-------------------------------|---|-------------------|---|---------------------|-------------------|-------------------|---|-------------------|-----------------------|-------------------|---------|
| BASE | | | | | AS-BUILT | | | | | | |
| Cooling Points | + | Heating Points | + | Hot Water Points | = Total Points | Cooling Points | + | Heating Points | + Hot Water Points | = Total Points | |
| 27502.6 | | 1815.3 | | 9480.0 | 38797.9 | 24783.9 | | 3645.7 | | 7783.0 | 36212.6 |

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

| | |
|----------------|-----------|
| ADDRESS: , , , | PERMIT #: |
|----------------|-----------|

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

| COMPONENTS | SECTION | REQUIREMENTS FOR EACH PRACTICE | CHECK |
|-------------------------------|-----------------|---|-------|
| Exterior Windows & Doors | 606.1.ABC.1.1 | Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area. | |
| Exterior & Adjacent Walls | 606.1.ABC.1.2.1 | Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate. | |
| Floors | 606.1.ABC.1.2.2 | Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams. | |
| Ceilings | 606.1.ABC.1.2.3 | Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams. | |
| Recessed Lighting Fixtures | 606.1.ABC.1.2.4 | Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested. | |
| Multi-story Houses | 606.1.ABC.1.2.5 | Air barrier on perimeter of floor cavity between floors. | |
| Additional Infiltration reqts | 606.1.ABC.1.3 | Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air. | |

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

| COMPONENTS | SECTION | REQUIREMENTS | CHECK |
|--------------------------|--------------|--|-------|
| Water Heaters | 612.1 | Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required. | |
| Swimming Pools & Spas | 612.1 | Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%. | |
| Shower heads | 612.1 | Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG. | |
| Air Distribution Systems | 610.1 | All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation. | |
| HVAC Controls | 607.1 | Separate readily accessible manual or automatic thermostat for each system. | |
| Insulation | 604.1, 602.1 | Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11. | |

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 82.5

The higher the score, the more efficient the home.

| | |
|---|--|
| <p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 4 <input type="checkbox"/></p> <p>5. Is this a worst case? Yes <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 2654 ft² <input type="checkbox"/></p> <p>7. Glass area & type <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Clear - single pane 542.4 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Clear - double pane 0.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Tint/other SC/SHGC - single pane 0.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">d. Tint/other SC/SHGC - double pane 0.0 ft² <input type="checkbox"/></p> <p>8. Floor types <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Slab-On-Grade Edge Insulation R=0.0, 243.0(p) ft <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Concrete, Int Insul, Exterior R=5.4, 1566.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Frame, Wood, Exterior R=11.0, 102.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Frame, Wood, Adjacent R=11.0, 159.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Under Attic R=30.0, 2729.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Interior Sup. R=6.0, 95.0 ft <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Sup: Unc. Ret: Unc. AH: Garage Sup. R=6.0, 75.0 ft <input type="checkbox"/></p> | <p>12. Cooling systems <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Central Unit Cap: 36.0 kBtu/hr <input type="checkbox"/> SEER: 10.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Central Unit Cap: 24.0 kBtu/hr <input type="checkbox"/> SEER: 10.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>13. Heating systems <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Electric Strip Cap: 34.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Electric Strip Cap: 17.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>14. Hot water systems <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/> EF: 0.90 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Conservation credits HRU-AC <input type="checkbox"/> (HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits <input type="checkbox"/> (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p> |
|---|--|

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar™ designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 407/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

RIGHT-J LOAD AND EQUIPMENT SUMMARY

6-20-00

File name: JMCECK~1.RSR Zone: Entire House
 For: SELECT HOMES
 ORCHID BAY
 PALM CITY FL
 Phone: Fax:
 By: ASSOCIATED AIR OF PORT ST. LUCIE
 1538 NIEMEYER CIR.
 PORT ST. LUCIE FL 34952
 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX
 Job #: ECKNA RES/SEWALLS MEADOW/SEWALLS PT.
 Wthr: West Palm Beach AP FL
 Notes: R-30/HRU/2 SYSTEMS/EAST
 MASTER BEDRM ZONE

WINTER DESIGN CONDITIONS

Outside db: 45 °F
 Inside db: 70 °F
 Design TD: 25 °F

SUMMER DESIGN CONDITIONS

Outside db: 91 °F
 Inside db: 75 °F
 Design TD: 16 °F
 Daily Range M
 Rel. Hum. : 50 %
 Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 14826 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 14826 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 12840 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 °F
 Use Mfg. Data n
 Rate/Swing Mult. 0.96
 Total Sens Equip Load 12326 Btuh

INFILTRATION

Method Simplified
 Construction Quality Average
 Fireplaces 0

| | HEATING | COOLING |
|------------------|---------|---------|
| Area (sq.ft.) | 839 | 839 |
| Volume (cu.ft.) | 8390 | 8390 |
| Air Changes/Hour | 1.2 | 0.5 |
| Equivalent CFM | 168 | 70 |

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 0 Btuh
 Ventilation 0 Btuh
 Infiltration 2858 Btuh
 Tot Latent Equip Load 2858 Btuh
 Total Equip Load 15185 Btuh

HEATING EQUIPMENT SUMMARY

Make n/a
 Trade n/a
 Efficiency 100.0 EFF
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 °F
 Actual Heating Fan 600 CFM
 Htg Air Flow Factor 0.040 CFM/Btuh

COOLING EQUIPMENT SUMMARY

Make RHEEM MANUFAC
 Trade Rheem RAKA Series
 RAKA-018JA
 RBHA-14+RCBA-2453
 Efficiency 10.1 SEER
 Sensible Cooling 12040 Btuh
 Latent Cooling 5160 Btuh
 Total Cooling 17200 Btuh
 Actual Cooling Fan 600 CFM
 Clg Air Flow Factor 0.047 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio 82

MANUAL J: 7th Ed. Right-Suite: Ver 4.1.27 S/N RSR20246

RIGHT-J CALCULATION PROCEDURES A, B, C, D

Job #: ECKNA RES/SEWALLS MEADOW/SEWALLS PT.
 Zone: Entire House

6-20-00
 File name: JMCECK~1.RSR

Procedure A - Winter Infiltration HTM Calculation*

| | | | | | | | |
|----|--------------------------|------|-------------------|----|-------------|------|------|
| 1. | Winter Infiltration CFM | | | | | | |
| | 1.2 AC/HR x | 8390 | Cu.Ft. x 0.0167 = | | 168 | CFM | |
| 2. | Winter Infiltration Btuh | | | | | | |
| | 1.1 x | 168 | CFM x | 25 | Winter TD = | 4624 | Btuh |
| 3. | Winter Infiltration HTM | | | | | | |
| | 4624 Btuh / | 132 | Total Window = | | 35.0 | HTM | |
| | | | and Door Area | | | | |

Procedure B - Summer Infiltration HTM Calculation*

| | | | | | | | |
|----|--------------------------|------|-------------------|----|-------------|------|------|
| 1. | Summer Infiltration CFM | | | | | | |
| | 0.5 AC/HR x | 8390 | Cu.Ft. x 0.0167 = | | 70 | CFM | |
| 2. | Summer Infiltration Btuh | | | | | | |
| | 1.1 x | 70 | CFM x | 16 | Summer TD = | 1233 | Btuh |
| 3. | Summer Infiltration HTM | | | | | | |
| | 1233 Btuh / | 132 | Total Window = | | 9.3 | HTM | |
| | | | and Door Area | | | | |

Procedure C - Latent Infiltration Gain

| | | | | | | |
|--------|----|------------|----|-------|------|------|
| 0.68 x | 60 | gr.diff. x | 70 | CFM = | 2858 | Btuh |
|--------|----|------------|----|-------|------|------|

Procedure D - Equipment Sizing Loads

| | | | | | | | |
|----|---|-----|------------|----|------------|---|------------|
| 1. | Sensible Sizing Load | | | | | | |
| | Sensible Ventilation Load | | | | | | |
| | 1.1 x | 0 | Vent.CFM x | 16 | Summer TD | = | 0 Btuh |
| | Sensible Load for Structure (Line 19) | | | | | + | 12840 Btuh |
| | Sum of Ventilation and Structure Loads | | | | | = | 12840 Btuh |
| | Rating and Temperature Swing Multiplier | | | | | x | 0.96 RSM |
| | Equipment Sizing Load - Sensible | | | | | + | 12326 Btuh |
| 2. | Latent Sizing Load | | | | | | |
| | Latent Ventilation Load | | | | | | |
| | 0.68 x | 0 | Vent.CFM x | 60 | gr.diff. | = | 0 Btuh |
| | Internal Loads = | | | | | + | 0 Btuh |
| | | 230 | x | 0 | No. People | + | 2858 Btuh |
| | Infiltration Load From Procedure C | | | | | + | 2858 Btuh |
| | Equipment Sizing Load - Latent | | | | | = | 2858 Btuh |

*Construction Quality is: a No. of Fireplaces is: 0

MANUAL J: 7th Ed. Right-Suite: Ver 4.1.27 S/N RSR20246

RIGHT-J WINDOW DATA

Job # ECKNA RES/SEWALLS MEADOW/SEWALLS PFile name JMCECK~1.RSR 6-20-00

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| W | S | D | W | G | L | S | S | O | N | A | S | O | O | W | C | W | S |
| N | K | I | A | L | O | T | H | V | G | N | H | V | V | H | H | N | H |
| D | Y | R | L | A | W | R | A | H | L | G | C | R | R | G | T | A | A |
| W | | | L | Z | E | M | D | G | Z | L | O | X | Y | T | M | R | R |

MASTER BEDRM

| | | | | | | | | | | | | | | | | | |
|---|---|----|---|---|---|---|---|---|---|----|-----|------|-----|-----|------|------|------|
| a | n | nw | a | c | n | n | n | y | 1 | 90 | 1.0 | 2.0 | 2.0 | 5.0 | 60.8 | 14.0 | 0.0 |
| a | n | sw | a | c | n | n | n | y | 1 | 90 | 1.0 | 11.0 | 2.0 | 5.0 | 74.8 | 14.0 | 14.0 |
| a | n | w | a | c | n | n | n | y | 1 | 90 | 1.0 | 8.0 | 1.0 | 1.5 | 85.8 | 9.0 | 9.0 |
| c | n | w | a | c | n | n | n | y | 1 | 90 | 1.0 | 8.0 | 3.0 | 6.7 | 85.8 | 40.0 | 21.7 |

WIC OUT

WIC IN

MASTER BATH

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|-----|-----|-----|-----|------|------|-----|
| a | n | e | a | c | n | n | n | n | 1 | 90 | 1.0 | 0.0 | 0.0 | 1.0 | 85.8 | 19.0 | 0.0 |
|---|---|---|---|---|---|---|---|---|---|----|-----|-----|-----|-----|------|------|-----|

OFFICE

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|-----|-----|-----|-----|------|------|-----|
| a | n | e | a | c | n | n | n | y | 1 | 90 | 1.0 | 1.5 | 2.0 | 6.0 | 85.8 | 19.0 | 0.0 |
|---|---|---|---|---|---|---|---|---|---|----|-----|-----|-----|-----|------|------|-----|

CABANA BATH

| 1 | | Name of Room | | | Entire House | | | MASTER BEDRM | | | WIC OUT | | | WIC IN | | | |
|------------------|------------------------------------|--------------------------|-------|------|--------------|--------------|-------|----------------|--------------|------|---------------|--------------|------|--------------|--------------|------|------|
| 2 | | Running Ft. Exposed Wall | | | 102.5 Ft. | | | 37.0 Ft. | | | 11.5 Ft. | | | 0.0 Ft. | | | |
| 3 | | Room Dimensions, Ft. | | | 10.0 | | | 325.0 x 1.0 ft | | | 11.5 x 6.0 ft | | | 8.5 x 4.0 ft | | | |
| 4 | | Ceilings, Ft | | | 10.0 | | | 10.0 | | | 10.0 | | | 10.0 | | | |
| | | Condit. Option | | | heat/cool d | | | heat/cool | | | heat/cool | | | heat/cool | | | |
| TYPE OF EXPOSURE | | CST NO. | Htg | Clg | Area Length | Btuh Htg Clg | | Area Length | Btuh Htg Clg | | Area Length | Btuh Htg Clg | | Area Length | Btuh Htg Clg | | |
| 5 | Gross Exposed Walls and Partitions | a | 14B | 3.6 | 1.8 | 1025 | **** | **** | 370 | **** | **** | 115 | **** | **** | 0 | **** | **** |
| | | b | 13C | 1.8 | 1.0 | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** |
| | | c | | 0.0 | 0.0 | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** |
| | | d | | 0.0 | 0.0 | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** |
| | | e | | 0.0 | 0.0 | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** |
| | | f | | 0.0 | 0.0 | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** |
| 6 | Windows and Glass Doors Heating | a | 1B | 26.1 | ** | 75 | 1959 | **** | 37 | 967 | **** | 0 | 0 | **** | 0 | 0 | **** |
| | | b | 8B | 26.1 | ** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** |
| | | c | 9A | 23.4 | ** | 40 | 935 | **** | 40 | 935 | **** | 0 | 0 | **** | 0 | 0 | **** |
| | | d | | 0.0 | ** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** |
| | | e | | 0.0 | ** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** |
| | | f | | 0.0 | ** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** |
| 7 | Windows and Glass Doors Cooling | | North | 27.8 | | 45 | **** | 1244 | 45 | **** | 1244 | 0 | **** | 0 | 0 | **** | 0 |
| | | | NE/NW | 60.8 | | 14 | **** | 851 | 14 | **** | 851 | 0 | **** | 0 | 0 | **** | 0 |
| | | | E/W | 85.8 | | 56 | **** | 4828 | 18 | **** | 1567 | 0 | **** | 0 | 0 | **** | 0 |
| | | | SE/SW | 0.0 | | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 |
| | | | South | 0.0 | | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 |
| | | | Horz | 0.0 | | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 |
| 8 | Other doors | a | 11C | 11.8 | 9.2 | 17 | 200 | 157 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | b | 11C | 11.8 | 9.2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Net Exposed Walls and Partitions | a | 14B | 3.6 | 1.8 | 893 | 3215 | 1582 | 293 | 1055 | 519 | 115 | 414 | 204 | 0 | 0 | 0 |
| | | b | 13C | 1.8 | 1.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | c | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | d | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | e | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | f | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Ceilings | a | 16D | 1.3 | 2.1 | 839 | 1112 | 1779 | 325 | 431 | 689 | 69 | 91 | 146 | 34 | 45 | 72 |
| | | b | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | c | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11 | Floors | a | 22A | 20.3 | 0.0 | 103 | 2076 | 0 | 37 | 749 | 0 | 12 | 233 | 0 | 0 | 0 | |
| | | b | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | c | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12 | Infiltration | a | | 35.0 | 9.3 | 132 | 4624 | 1233 | 77 | 2697 | 719 | 0 | 0 | 0 | 0 | 0 | |
| 13 | Subtot Btuh Loss=6+8..+11+12 | | | | | **** | 14120 | **** | **** | 6833 | **** | **** | 738 | **** | **** | 45 | **** |
| 14 | Duct Btuh Loss | | | | | 5% | 706 | **** | 5% | 342 | **** | 5% | 37 | **** | 5% | 2 | **** |
| 15 | Total Btuh Loss = 13+14 | | | | | **** | 14826 | **** | **** | 7175 | **** | **** | 775 | **** | **** | 47 | **** |
| 16 | Int. Gains: | People @ | 300 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | |
| | | Appl. @ | 1200 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | |
| 17 | Subtot RSH Gain=7+8..+12+16 | | | | | **** | **** | 11673 | **** | **** | 5589 | **** | **** | 350 | **** | **** | 72 |
| 18 | Duct Btuh Gain | | | | | 10% | **** | 1167 | 10% | **** | 559 | 10% | **** | 35 | 10% | **** | 7 |
| 19 | Total RSH Gain=(17+18)*PLF | | | | | 1.00 | **** | 12840 | 1.00 | **** | 6148 | 1.00 | **** | 385 | 1.00 | **** | 79 |
| 20 | CFM Air Required | | | | | **** | 600 | 600 | **** | 290 | 287 | **** | 31 | 18 | **** | 2 | 4 |

| 1 | Name of Room | | | | MASTER BATH | | | OFFICE | | | CABANA BATH | | | Ft. | | | |
|------------------|------------------------------------|----------------|---------|-----------|----------------|----------|-----------|----------------|----------|-----------|---------------|----------|----------|-------------|----------|----------|------|
| | Running Ft. Exposed Wall | | | | 34.0 Ft. | | | 14.0 Ft. | | | 6.0 Ft. | | | | | | |
| 3 | Room Dimensions, Ft. | | | | 10.0 x 16.0 ft | | | 11.5 x 14.0 ft | | | 15.0 x 6.0 ft | | | | | | |
| 4 | Ceilings, Ft | | | | 10.0 | | | 10.0 | | | 10.0 | | | | | | |
| | | Condit. Option | | heat/cool | | | heat/cool | | | heat/cool | | | | | | | |
| TYPE OF EXPOSURE | | CST NO. | HTM Htg | HTM Clg | Area Length | Btuh Htg | Btuh Clg | Area Length | Btuh Htg | Btuh Clg | Area Length | Btuh Htg | Btuh Clg | Area Length | Btuh Htg | Btuh Clg | |
| 5 | Gross Exposed Walls and Partitions | a | 14B | 3.6 | 1.8 | 340 | **** | **** | 140 | **** | **** | 60 | **** | **** | | **** | **** |
| | | b | 13C | 1.8 | 1.0 | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | | **** | **** |
| | | c | | 0.0 | 0.0 | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | | **** | **** |
| | | d | | 0.0 | 0.0 | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | | **** | **** |
| | | e | | 0.0 | 0.0 | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | | **** | **** |
| | | f | | 0.0 | 0.0 | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | | **** | **** |
| 6 | Windows and Glass Doors Heating | a | 1B | 26.1 | ** | 19 | 496 | **** | 19 | 496 | **** | 0 | 0 | **** | | | **** |
| | | b | 8B | 26.1 | ** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | | | **** |
| | | c | 9A | 23.4 | ** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | | | **** |
| | | d | | 0.0 | ** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | | | **** |
| | | e | | 0.0 | ** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | | | **** |
| | | f | | 0.0 | ** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | | | **** |
| 7 | Windows and Glass Doors Cooling | North | | 27.8 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | **** | 0 | **** | |
| | | NE/NW | | 60.8 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | **** | 0 | **** | |
| | | E/W | | 85.8 | 19 | **** | 1630 | 19 | **** | 1630 | 0 | **** | 0 | **** | 0 | **** | |
| | | SE/SW | | 0.0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | **** | 0 | **** | |
| | | South | | 0.0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | **** | 0 | **** | |
| | Horz | | 0.0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | **** | 0 | **** | | |
| 8 | Other doors | a | 11C | 11.8 | 9.2 | 0 | 0 | 0 | 0 | 0 | 0 | 17 | 200 | 157 | | | |
| | | b | 11C | 11.8 | 9.2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 9 | Net Exposed Walls and Partitions | a | 14B | 3.6 | 1.8 | 321 | 1156 | 569 | 121 | 436 | 214 | 43 | 155 | 76 | | | |
| | | b | 13C | 1.8 | 1.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | | c | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | | d | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | | e | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | | f | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 10 | Ceilings | a | 16D | 1.3 | 2.1 | 160 | 212 | 339 | 161 | 213 | 341 | 90 | 119 | 191 | | | |
| | | b | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | | c | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 11 | Floors | a | 22A | 20.3 | 0.0 | 34 | 689 | 0 | 14 | 284 | 0 | 6 | 122 | 0 | | | |
| | | b | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | | c | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 12 | Infiltration | a | | 35.0 | 9.3 | 19 | 666 | 177 | 19 | 666 | 177 | 17 | 595 | 159 | | | |
| 13 | Subtot Btuh Loss=6+8..+11+12 | | | | | **** | 3218 | **** | **** | 2094 | **** | **** | 1191 | **** | **** | | **** |
| 14 | Duct Btuh Loss | | | | | 5% | 161 | **** | 5% | 105 | **** | 5% | 60 | **** | **** | % | **** |
| 15 | Total Btuh Loss = 13+14 | | | | | **** | 3379 | **** | **** | 2199 | **** | **** | 1250 | **** | **** | | **** |
| 16 | Int. Gains: | People @ | 300 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | **** | |
| | | Appl. @ | 1200 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | 0 | **** | |
| 17 | Subtot RSH Gain=7+8..+12+16 | | | | | **** | **** | 2715 | **** | **** | 2363 | **** | **** | 582 | **** | **** | |
| 18 | Duct Btuh Gain | | | | | 10% | **** | 272 | 10% | **** | 236 | 10% | **** | 58 | % | **** | |
| 19 | Total RSH Gain=(17+18)*PLF | | | | | 1.00 | **** | 2987 | 1.00 | **** | 2600 | 1.00 | **** | 641 | **** | **** | |
| 20 | CFM Air Required | | | | | **** | 137 | 140 | **** | 89 | 121 | **** | 51 | 30 | **** | **** | |

File Name: JMCECK~1.RSR Right-Suite: Ver 4.1.27 6-20-00
 Job Number: ECKNA RES/SEWALLS MEADOW/SEWALLS PT.
 Zone: Entire House
 For: SELECT HOMES

| | | |
|----------------------------|--------------------|--------------------|
| | HEATING | COOLING |
| External Static Pressure: | 0.00 IWC | 0.00 IWC |
| Pressure Losses: | 0.00 IWC | 0.00 IWC |
| Available Static Pressure: | 0.00 IWC | 0.00 IWC |
| Friction Rate: | 0.150 IWC / 100 ft | 0.150 IWC / 100 ft |
| Actual CFM: | 600 CFM | 600 CFM |

Total Effective Length (TEL): 0 Feet

SUPPLY BRANCH DETAIL TABLE

| Name | Htg Btuh | Clg Btuh | Htg CFM | Clg CFM | Dsn FR | Vel fpm | Dct Dia | Rect Size | Duct Matl | Trnk |
|----------------|----------|----------|---------|---------|--------|---------|---------|-----------|-----------|------|
| MASTER BEDRM | 0 | 3074 | 0 | 144 | 0.150 | 732 | 6 | 0 x 0 | VlFx | st1 |
| MASTER BEDRM-A | 0 | 3074 | 0 | 144 | 0.150 | 732 | 6 | 0 x 0 | VlFx | st1 |
| WIC OUT | 0 | 385 | 0 | 18 | 0.150 | 206 | 4 | 0 x 0 | VlFx | ST2 |
| WIC IN | 0 | 79 | 0 | 4 | 0.150 | 42 | 4 | 0 x 0 | VlFx | ST2 |
| MASTER BATH | 0 | 2987 | 0 | 140 | 0.150 | 711 | 6 | 0 x 0 | VlFx | ST2 |
| OFFICE | 0 | 2600 | 0 | 121 | 0.150 | 619 | 6 | 0 x 0 | VlFx | ST2 |
| CABANA BATH | 0 | 641 | 0 | 30 | 0.150 | 343 | 4 | 0 x 0 | VlFx | st1 |

SUPPLY TRUNK DETAIL TABLE

| Name | Trunk Type | Htg CFM | Clg CFM | Vel fpm | Duct Diam | Rect Duct Size | Duct Material | Trunk |
|------|------------|---------|---------|---------|-----------|----------------|---------------|-------|
| st1 | Peak CFM | 0 | 317 | 718 | 9 | 0 x 0 | VinlFlx | M |
| ST2 | Peak CFM | 0 | 283 | 640 | 9 | 0 x 0 | VinlFlx | M |
| M | Peak CFM | 0 | 600 | 764 | 12 | 0 x 0 | VinlFlx | |

RETURN BRANCH DETAIL TABLE

| Name | Diffus Size | Htg Btuh | Clg Btuh | Htg CFM | Clg CFM | Dsn FR | Vel fmp | Dct Dia | Rect Size | Duct Matl | Trunk |
|------|-------------|----------|----------|---------|---------|--------|---------|---------|-----------|-----------|-------|
| rb1 | 0 x 0 | 0 | 12839 | 0 | 600 | 0.150 | 764 | 12 | 0 x 0 | VlFx | |

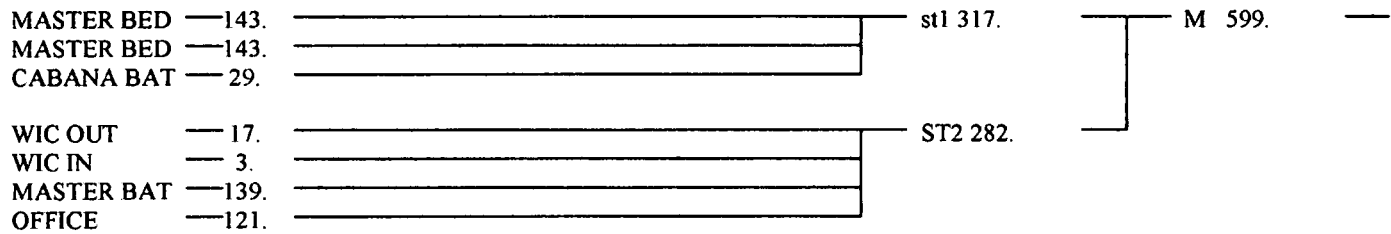
S/N RSR20246

DUCT SYSTEM SUMMARY

File Name: JMCECK~1.RSR Right-Suite: Ver 4.1.27 6-20-00
 Job Number: ECKNA RES/SEWALLS MEADOW/SEWALLS PT.
 Zone: Entire House
 For: SELECT HOMES

| | HEATING | COOLING |
|-------------------------------|--------------------|--------------------|
| External Static Pressure: | 0.00 IWC | 0.00 IWC |
| Pressure Losses: | 0.00 IWC | 0.00 IWC |
| Available Static Pressure: | 0.00 IWC | 0.00 IWC |
| Friction Rate: | 0.150 IWC / 100 ft | 0.150 IWC / 100 ft |
| Actual CFM: | 600 CFM | 600 CFM |
| <hr/> | | |
| Total Effective Length (TEL): | 0 Feet | |

SUPPLY TRUNKS AND BRANCHES - SCHEMATIC TREE DIAGRAM



RETURN TRUNKS AND BRANCHES

rb1 —599. — < — NO TRUNK

----- indicates branches and trunks; numbers indicate CFM's

John C. Weber, P.E.
PROFESSIONAL ENGINEER
10410 S. Ocean Drive, Suite 608
Jensen Beach, Florida 34957

RECEIVED
MAR 29 2001
BY: *[Signature]* (3/30/01)

FILE TOWN FILE

107 HENRY
SEWALLS WAY

To Whom It May Concern:

Re: Permit #5172
107 Henry Sewalls Way

Re: Padouts, Doors, Windows

All wood to masonry installations are tapconed with 7/16" X 3 1/2" tapcons providing a minimum of 1 1/2' penetration. The tapcon installation pattern is 1' O.C. staggered pattern.

[Signature] P.E.
MAR 22 '01

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

TRACO Security Windows & Doors, Inc.
5100 N.W. 72nd Avenue
Miami FL 33166

RECEIVED
MAR 29 2001
BY: [Signature] (3/30/01)

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

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

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

Your application for Product Approval of:
Series "Coastal-240" Aluminum Single Hung Window - Impact Resistant
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 approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime 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 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.: 99-1028.06
Expires: 03/17/2003

[Signature]
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 Dade County, Florida under the conditions set forth above.

3/30/01 JOHN A. [Signature] POLO
REVIEWER: [Signature]
BCCO OFFICIAL
Francisco J. Quintana, R.A.
Director
Miami-Dade County

Approved: 03/17/2000

1 of 3
FILE 107 HUNTER SOURCE WAY
JOHN COPY

PN 5172





MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1363
(305) 375-2901 FAX (305) 375-2908

PRODUCT CONTROL NOTICE OF ACCEPTANCE

TRACO Security Windows & Doors, Inc.
5100 NW 72 Avenue
Miami, FL 33166

RECEIVED
MAR 29 2001
BY: *[Signature]* (3/30/01)

CONTRACTOR LICENSING SECTION
(305) 375-2327 FAX (305) 375-2335

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

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

Your application for Notice of Acceptance (NOA) of:
Series 5758 Aluminum Fixed Window - Impact and Non-Impact Resistant
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.: 00-0920.03
EXPIRES: 12/15/2001

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.

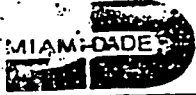
*3/30/01 TOWN OF BEACHE'S VOTED
REVIEW*

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

APPROVED: 11/22/2000

FILE *Taken copy
copy Henry's review copy*

PN 5172



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

DAB Door Company, Inc.
12195 NW 98th Avenue
Hialeah Gardens FL 33016

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

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

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

Your application for Product Approval of:

Sectional Residential Garage Door

under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *applicant, along with Dab Door Co. Inc. drawing No 98-05, sheet 1 to 3 of 3, dated 02/23/98, revised on 08/24/98, signed and sealed by H. Farooq-PE*

has been recommended for acceptance by the Building Code Compliance office to be used in Dade County, Florida under the specific conditions set forth on pages 2 et. seq. and the Standard Conditions on page 3.

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

Acceptance No.: 98-0901.09 (Revises No.: 98-0409.04)

Expires: 08/14/01

Raul Rodriguez
Product Control Supervisor

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE COMMITTEE

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

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

Approved: 10/22/98

16





RECEIVED OCT 15 1998


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

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

RECEIVED
APR - 3 2001
BY: 

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Entegra Roof Tile Corporation
1201 NW 18th Street
Pompano Beach, FL 33069

Your application for Product Approval of:
Entegra Nail-On, Mortar Set or Adhesive Set "Estate" Roofing Tile
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by:
Redland Technologies, The Center for Applied Engineering, Inc. and Professional Service Industries, Inc..
has been recommended for acceptance by the Building Code Compliance Office to be used in Dade County, Florida under the specific conditions set forth on pages 2-10 and the standard conditions on page 11.

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

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

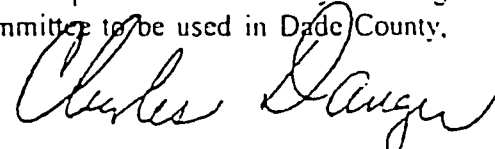


ACCEPTANCE NO.: 98-0717.01 Renews No.: 95-0630.04
EXPIRES: 10/01/01

Raul Rodriguez
Chief, Product Control

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

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



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

FILE

DOWN COPY
107 HEARDY SOURCE COPY
MPN 5172

Approved: 10/08/98

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

COPY

CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: STANLEY & CAROL ECKNA ; PROPERTY ADDRESS: 107 HENRY SEWALL WAY

LEGAL DESCRIPTION: LOT 5 BLOCK _____ SUBDMISION SEWALL'S MEADOW

GENERAL CONTRACTOR: J.M.C. CONTRACTING, INC. ; LIC/CERT NO. CB-C046609

ADDRESS: P.O. BOX 1130, PALM CITY, FL 34991 ; TEL: 287-0590 ; FAX: 287-0830

ARCHITECT OR ENGINEER: RODNEY AXTMAN ; LIC/REG. NO. AR12157

ADDRESS: 8616 WOODLAKE DR, RALEIGH, NC 27613 ; TEL: 919-919-9004 ; FAX: 919-841-9030

PERMIT NO: 5172 ; DATE OF ISSUE: 11/28/00 ; RENEWAL PERMIT NO: N/A ; DATE OF ISSUE: -

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

Entered at Sewall's Point, Florida, this 19TH day of JULY, 2001.

Edwin B. Arnold, AIA, CBO
Building Official, Town of Sewall's Point

CC: CHIEF OF POLICE
TOWN CLERK
BLDG. FILE

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4785 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

AJF ENGINEERING & TESTING INC.

P.O. BOX 12059
LAKE PARK, FL 33403

RECEIVED
DEC 20 2000
BY: *[Signature]* (01/02/01)

IN PLACE SOIL DENSITY (NUCLEAR METHOD) ASTM D 2922

Date: DECEMBER 20, 2000
Job #: P00-2580
Permit #: S172
Client: EDDIE HUGGINS LAND GRADING
Contractor: EDDIE HUGGINS LAND GRADING
Job Location: ~~PROPERTY: 107 FOX HALL WAY~~
~~HENRY SEWALLS WAY~~
SEWALL'S POINT, FLORIDA ~~10 SITE~~

FILE

| Test No. | Test Sample Location | Depth | In Place Dry Density | Maximum Dry Density | % Com-pacted |
|----------|----------------------|-------|----------------------|---------------------|--------------|
|----------|----------------------|-------|----------------------|---------------------|--------------|

Density - Foundatin Fill

| Test No. | Test Sample Location | Depth | In Place Dry Density | Maximum Dry Density | % Com-pacted |
|----------|----------------------|------------------|----------------------|---------------------|--------------|
| | | Below Slab Grade | | | |
| 1 | NE Corner | 0-1' | 102.1 | 106.3 | 96.0% |
| 2 | | 1-2' | 103.3 | | 97.2% |
| 3 | | 2-3' | 102.4 | | 96.3% |
| 4 | | 3-4' | 101.9 | | 95.9% |
| 5 | Center | 0-1' | 102.6 | | 96.5% |
| 6 | | 1-2' | 103.4 | | 97.3% |
| 7 | | 2-3' | 101.7 | | 95.7% |
| 8 | | 3-4' | 101.8 | | 95.8% |
| | | 0-1' | 101.5 | | 95.5% |
| | | 1-2' | 103.0 | | 96.9% |
| | | 2-3' | 102.5 | | 96.4% |
| | | 3-4' | 102.2 | | 96.1% |

12-20-00

AJF ENGINEERING & TESTING INC.

PHONE: (561) 845-7445 WEST PALM BEACH (561) 337-7755 MARTIN-ST. LUCIE
(561) 564-0940 INDIAN RIVER (561) 845-8876 FAX

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Tue Wed Thu Fri Sat Sun 11/17/17

Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|-------------|---|---|---------|-------------------------------------|
| V N ⑧ | 4895 SEELY 37 N.E. ROFTING WAY GRIBBEN | D/W INSP. (VTL.) (PHASE III) I/E | Passed | EARLY AS POSSIBLE 8/17 (Partial) |
| V S ④ | 572 Eckna 107 ft. Sewall Way TMC | rough p.l. U/G. | Passed | 8/17 |
| V ② | 5197 MYKIETYN 4 MIRIMAR D. PACIFIC | FINAL - ROOF | Passed | 8/17 |
| V S ② | 5219 AMSLER 3 SIMARA ST. PACIFIC | SHEATHING | Passed | 8/17 9/11 |
| V S ① | 5220 PARMALIE 21 S. RIDGEVIEW RA. CAPPES + HUFF | TIN TAG + METAL | Passed | EARLY AS POSSIBLE |
| V S ⑥ | 4992 BAUER 49 S. SPR O/B | FENCE - FINAL | Passed | 8/17 (front only, no drg?) |
| V N ⑦ | 5084 Elliot 8 Lagoon Island court | final c.o. (addition) Porch enclosure | Passed | 8/17 |

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~11/24/01~~; 2000;

Page 2 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|------------------|---|---------------------------------------|--------------------|--|
| V N (H) | 4723 KOCH 71 N. RIVER RD. W.B. BROWN | Co Final | PASSED (AT DTD) | 1. RECDSE. 1/26 W/APR. 1972 2. DRG. RAILING TOO LOW (COND. C.O. W/6 USE) |
| V N (A) | 5001 BERLOW 11 RIVERCREST CT. RENNER HOMES | TIN TAG + part of structural tie down | Passed Passed | 1/24 (exc. chimney) 1/24 |
| V S (Q) | 5112 BECKNER 107 HENRY SEWELL WAY JMC CONST. (287-0590) | SUB INSPE. | PASSED | COMP. TEST RCW 1/28/00 1/24 (2F2) + 6 details missing |
| V N (C) | TR Burgund 4 SE Bayan Rd. SwissA- | Tree replaceml. | Passed | 7 Q Palms 4-5" 1/24 → El. Pale !! |
| V N (4857) | CONWAY 4 OAK HILL WAY CONWAY | FINAL (w/documents) | PASSED (AT DTD) | CONDITIONAL C.O. PENDING RESOLUTION OF WINDOW NON-COMPLIANCE (NOT M-D) |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |
| | | | | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |
| | | | | |

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun _____, 2000; Page 1 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|-------------|--|-------------------------|---------------------------------|------------------------------------|
| V S ④ | 5107 MCCARTNEY 45 W. HIGHPOINT 01B | FINAL - CARPORT ROOF | Passed | 1/31 See letter surveyor = O.K. |
| V S ① | 5123 PICEU 65 S. RIVER RD. SEAGATE | TIE BEAM | Passed | EARLY AS POSSIBLE 1/31 |
| V N ⑦ | 5241 BENIHANA 3602 SE OCEAN PACIFIC | SHEATHING | Passed | 1/31 (soft spot, no roll) |
| V S ⑥ | 5207 ROBINSON 2 RIVERVIEW DR BULLDOG FENCE | FENCE - FINAL | Passed | 1/31 |
| V S ③ | 4755 CLEMENTS 6 MIDDLE RD CAMPBELL | FINAL - C/O | Passed | 1/31 |
| V S ② | 5209 TRANTEY 9 MIDDLE RD. PACIFIC | SHEATHING (REROOF) | Partial Passed | 1/31 |
| V S ⑤ | 5172 ECKNA 107 Henry Sewall JMC | Deck pole | Passed Brace pole | 1/31 |

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/23/01, 2000; Page of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|---------------------------|---|----------------------------|----------------|--|
| ✓ S 5228 | Foglia Contr. | Temp pole | Passed | Early |
| ✓ S (2) | 102 Abbie Ct. O/R | Footg/Bondic (Stemwall) | Passed | 2/5 |
| ✓ S 5068 | Winer 19 Ridgeland Low Dev. | Pibg Uground | | no dig/ins plumber looks o.k. but not clear! 2/5 |
| ✓ S 5172 | Eckner 107 H. Sewall JHC | Raw | 2/5 | 6 instead of 8 1850 lb steel bearing 2870790 |
| ✓ S 3200 | Sonielsen 161 S. River David Miller | Fence | Passed | 2/5 |
| ✓ S 5274 | Mc Cartney 41 High Point W Wilson | Column | Passed | 2/5 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~THU~~, 2000,

Page 1 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|-----------------|--|--------------------------------------|----------------|---|
| 5772 | RCKNA | REPAIRS | | EARLY IF POSSIBLE |
| ① | 107 HENRY SEWALL WAY JMC CONST | (REPAIRS) - FEE WAIVED | Passed | 2/7 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 5155 | MIRANDA 34 CASTLE HILL WAY ROBT. DEAN SCHILLER | FINAL - POOL (EPA) | | FINAL SURVEY & BARRIER FENCE DOC. RCVD. |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 5209 | TRANIER 9 MIDDLE RD. EMMICK | UNDERGROUND PLUMBING Ground flow | Passed | 2/7 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 5251 | INNES 113 HILLCREST DR. PACIFIC | SHEATHING | Passed partial | LATE AM 10:30 2/7 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 5243 | DIAMOND 4 HERITAGE WAY OIB | DRIVEWAY - FINAL | Passed | 2/7 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 5023 | PICEV 65 S. RIVER RD SEAGATE BURS. | FTG | Passed | LATE AS POSSIBLE 10:30 2/7 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 5068 | WIDEP 19 RIDGE ROAD LEBR DEVEL. | V/G PLMBG. (REINSP. - NO FEE) | Passed | 2/7 |

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2001; Page 1 of 1.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|-------------------------------------|----------------------|-------------------|--------------------|
| 5172 | Eckua | Sheathing | Passed | |
| 5 | 107 H. Sewall way JMC | | | INSPECTOR: Jo 2/28 |
| 5228 | FOGLIA | SLAB | Passed | |
| 6 | 102 ABBIE CT. FOGLIA CONST. | | | INSPECTOR: Jo 2/28 |
| 5234 | MCCARTNEY | FOOTING STEEL | Passed | |
| 6 | 45 W. HIGHPOINT WILSON BLDGS. | | | INSPECTOR: Jo 2/28 |
| 5161 | DRENNAN | Framing | Passed | |
| 7 | 111 H. Sewall way Hutchins | | | INSPECTOR: Jo 2/28 |
| 5269 | Danielson | TI/Meal | Passed | |
| 8 | 161 S. River Rd. Pacific | | | INSPECTOR: Jo 2/28 |
| 1075 | Vasquez | wire Lath | Passed | |
| 3 | 82 S. Sewalls Pt. Croza | | | INSPECTOR: Jo 2/28 |
| 5261 | Rappaport | Sheathing | Passed | later |
| 2 | 9 RiverQuest Ct. KARZO | Valley repair | | INSPECTOR: Jo 2/28 |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2001; Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-------------------|--|-------------------------------------|---------|---|
| ✓ 5075 | ✓ Varquez | roof life | | 900 |
| S (3) | 82 S. Sewall's Pt Grozg | → need specs/eng. Council | | INSPECTOR: [Signature] 3/28 |
| ✓ 5172 | Eckna | All Trade | | 105 |
| S (5) | 10721 [unclear] Select Homes | running late 1 hr nobody on site | | (GC to see for A! request) INSPECTOR: [Signature] 3/28 |
| ✓ 5273 | LIBITSKY | RE-SIDING; FINAL | Passed | |
| S (1) | 3 RIO VISTA DR. A&W CONST. | | | INSPECTOR: [Signature] 3/28 |
| ✓ 5283 | LIBITSKY | WINDOW REPL; FINAL | Passed | |
| S (2) | 3 RIO VISTA DR. A&W CONST. | | | INSPECTOR: [Signature] 3/28 |
| ✓ 5138 | RIBELLINO | TIE-DOWN (TRUSS) | Passed | 1000 |
| S (7) | 18 ISLAND ROAD WILSON BLUES 288-2000 | | | INSPECTOR: [Signature] 3/28 |
| ✓ 4965 | DANIELSON | DRIVEWAY | PASSED | |
| S (6) | 161 S. RIVER ROAD DAVID MILLER | | | INSPECTOR: [Signature] |
| ✓ 5292 | 26 SIMARA | TIT & MFL | Passed | |
| S (4) | PIPE PACIFIC RFG | | | INSPECTOR: [Signature] 3/28 |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ WED MARCH 30, 2001; Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-------------------|---|--|---------------|--|
| ✓ 5299 | O'BRIEN | SHEATHING | NO | CANCELLED |
| S | 36 E. HIGH POINT A&W RFG. | | X | INSPECTOR: |
| ✓ 5274 | LIBITSKY | FENCE - FINAL | Passed | |
| S | ② 3 RIO VISTA DRIVE QUALITY FENCE B79 | | | INSPECTOR: <u>3/30</u> |
| ✓ 5172 | ECKNA | FRAMING | Passed | (RESCHED. FROM 3/20) |
| S | ① 107 HENRY SEWALL WAY SELECT HOMES | FRAMING 2 Steps/Draft slopes | 2870390 | INSPECTOR: <u>3/30</u> |
| ✓ 5192 | RAO | TIN TAG + METAL | Passed | |
| N | 30 CASTLE HILL A&W | | | INSPECTOR: <u>3/30</u> |
| ✓ 5286 | SCHULTZ | GROUND + STEEL | → roll over | (no forward sur) |
| S | 64 S. SPR ADVANTAGE POOLS | 781-3033 | | INSPECTOR: |
| ✓ 5260 | LIBITSKY | ROOF - FINAL | Passed | |
| S | ③ 5260 3 RIO VISTA DR. A&W RFG. | | | INSPECTOR: <u>3/30</u> |
| ✓ 5312 | ENRIQUEZ | | Passed | TEMP. SLEET-CONST? (CALL COME TO VERIFY) |
| S | 1 KINGSTON CT ACHU MORRIS - DRIFTWOOD HOME | Support pole !! | | Called PPL <u>9:30</u> INSPECTOR: <u>3/30</u> |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon~~ ~~Wed~~ ~~Fri~~ APR 11 ~~2001~~, 2001; Page 2 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-------------------|------------------------------------|-------------------------------------|----------------|--------------------------------------|
| ✓ 5075 | VASQUEZ 82 S. SEWALL'S POINT RD | FINAL WALK THRU | | LATE IF POSSIBLE 11 ⁰⁰ |
| S (10) | GROZA BLDGS (DAVE 336-2005) | bot final / Pre CO see Wednesday | | INSPECTOR: <u>[Signature]</u> 4/12 ✓ |
| ✓ 4895 | SEELY | FINAL WALK THRU | OK - LK | |
| N 4895 | 37 NE LOFTING WAY | | PREPARED | |
| N (3) | GRIBBEN CONST. | | | INSPECTOR: <u>[Signature]</u> |
| ✓ 4895 | SEELY | METER RELEASE | Passed | - TEST PURPOSES ONLY |
| N (4) | 37 NE LOFTING WAY | (RESET AFTER SEBU.) | | A/C - 12RIG. |
| | GRIBBEN CONST. | DISCONNECT INST. | | INSPECTOR: <u>[Signature]</u> 4/12 ✓ |
| ✓ 5075 | Edna | ... | ... | not yet done |
| S (9) | 107... | ... | | |
| | Quiet Home | draft stop | | INSPECTOR: <u>[Signature]</u> 4/12 ✓ |
| 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 ~~April 4/2001~~, 2001; Page 1 of 3.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-------------------|--|--------------------------------------|-------------------|---|
| ✓ 5013 | DENNIS | ROOF SHEATHING | Passed | |
| S (1) | 16 RIDGELAND DR. FLORIDA'S FINEST | OVER PORCH AREAS ON 2ND FLOOR | | INSPECTOR: J 4/4 ✓ |
| ✓ 5310 | Vasquez | walk through | Passed | ? SEE PAGE 2 = |
| S (9) | 82 S. S.P. Groza | interior outy Shutters | | - REB. FOR FINISH. INSPECTOR: J 4/4 ✓ |
| ✓ 5172 | Eckna | 3 steps/draft sb | Passed | clg. protrud / notch for wires reinspect |
| S (5) | lot # small way Select studs | Insulation | Passed | INSPECTOR: J 4/4 ✓ |
| ✓ 4887 | PAGE | POOL STZ | Passed | Hickock |
| S (3) | 8 ST. LUCIE COURT LOUEN POOLS | | (improve) | Coverage to form) ✓ INSPECTOR: J 4/4 ✓ |
| ✓ 5288 | SHINTAFFER | (2) PATIO ROOFS | PASSED | |
| N (10) | 7 N. RIVER RD. EAST COAST SPEC., INC. | - FINAL | | NOT OVER ✓ INSPECTOR: J 4/4 ✓ |
| ✓ 5053 | ROBINSON | ROOF | Passed | |
| S (6) | 173 S. RIVER RD DRIFTWOODS | SHEATHING | | INSPECTOR: J 4/4 ✓ |
| ✓ 5143 | GIFFORD | SHEATHING | Passed | |
| N (11) | 85 N SPR HOLMES | | | INSPECTOR: J 4/4 ✓ |

OTHER: (OWNER REB) BRUNO GABRYNOWICZ; 5 QUAIL RUN LANE 288-3792
 insp. damaged porch columns (wood) - exposed during screening dept.
 ✓ REPAIR/REPL. REQUIRED - STRUCTURAL; BP W/ENGR'G. ✓

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri APRIL 6, 2001; Page 1 of .

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|---|---------------------|---------|--|
| ✓ 5299 | O'BRIEN | T/Tag of MTL | Passed | \$30.00 REINSPECTION FEE |
| S (2) | 36 E. HIGH POINT A & W RFG. | (REINSPECT) | | REQUIRED. <input checked="" type="checkbox"/> INSPECTOR: <u>J 4/6</u> |
| ✓ 5068 | WINEK | SLAB/FTG/COL. | Passed | 832 |
| S (1) | 19 RIDGELAND DR. LEAK REVL. (485-3082) | Entry Mar | | INSPECTOR: <u>J 4/6</u> |
| ✓ 5294 | LEHMAN | FOOTER FOR | Passed | COMP. TEST RCUI 4/5/01 ✓ |
| S (3) | 6 RIDGELAND DR. GRIBBEN | Stemwall | | INSPECTOR: <u>J 4/6</u> |
| ✓ 5253 | COVERDALE | WD. DECK-FINAL | Passed | |
| D (6) | 51 N. RIVER RD O/B | (PTL REVL.) | | INSPECTOR: <u>J 4/6</u> |
| ✓ 5272 | VASQUEZ | SUPP. SIL. INSP. | Passed | |
| S (4) | 82 S. SEWALL'S POINT RD ROBERT DEAN SCHILLER | (SLIDE) | | INSPECTOR: <u>J 4/6</u> |
| ✓ 5075 | VASQUEZ | FINAL-METER RELEASE | Passed | LATE A.M. 11:30 |
| S (5) | 82 S. SEWALL'S POINT RD GEOZA BROS | Called PPL 10:05 | | Wally 223-4215 INSPECTOR: <u>J 4/6</u> |
| 5272 | Ectua | Draft Shop | Passed | |
| (7) | 67 1/2 Small's PT | Straps, foam | | INSPECTOR: <u>J 4/6</u> |

OTHER: Seely 27 NE Lifting w. Quay / Acc. J 4/6

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Monday ~~Wednesday~~ Friday Saturday Sunday, 2001; Page 2 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-------------------|--|---------------------------------------|--|--|
| 5172 | ECKNA | ROOF TILE | PASSED | 3" LCP; SCREWED |
| S (3) | 107 HARRY SEWALL WAY JMC CONTRACTING | IN PROGRESS (SWEET FTG) | | INSPECTOR: EA |
| ✓ 5313 | ENRIQUEZ | FOUNDATION ^{9:30} | PASSED | BLDG. PERIMETER FTG ✓ |
| S (4) | 1 KINGSTON CT. DRIFTWOOD | (REINS) | PASSED | COL. PAD FTG'S (1.15) ✓ INSPECTOR: EA |
| ✓ 5152 | MUSSO | TIE BM. & COL. | PASSED | FORWARDED SURVEY TO SITE |
| S (10) | 18 S. RIVER RD HARRY BLUE 201-9111 | | | (FIELD COPY 3/23/01) INSPECTOR: EA |
| ✓ 4855 | UNIVERSAL GRP | STAIR FORM | PASSED | LAGANA 219-9040 |
| S (9) | 235 SEWALL'S POINT RD HES GROUP (LAGANA) | (GAR/ISS FLG) (1ST/2ND) | (ARCH. TO GIVE) (DE W/STL. DETAILS) | REWORK 1:30 PM INSPECTOR: EA |
| ✓ 5294 | LEHMAN | FTG GARAGE | PASSED | COMP. TEST RCVD 4/6/01 |
| S (7) | 6 RIDGELAND DR. GRIBBEN CONST. | MONOLITHIC SLAB | | INSPECTOR: EA |
| 5323 | NAEGLER | RIVRAP - FINAL | PASSED | |
| (12) | 82 N. SEWALLS POINT RD LUDLAM CONST. | | | INSPECTOR: EA |
| 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 May 9, 2001; Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|---|--------------------------------|-------------------|---|
| ✓ 5128 | Ribellino 18 Island Rd. Wilson | All Trades | Passed | (Some re-certification) INSPECTOR: J 5/9 ✓ |
| ✓ 5322 | BAKER 88 N. SEWALL'S POINT RD WILLIAM CONST., INC. | RIP-RAIP - FINAL | Passed | INSPECTOR: J 5/9 ✓ |
| 5336 | SACHS 78 N. SEWALL'S POINT RD MASTERPIECE BLDG'S | FRAMING - ALL TRADE | Passed | + SIDING & WINDOW APEN INSPECTOR: |
| ✓ 5118 | LOYOLA / OSBORNE 20 CASTLE HILL WAY PLAZA MARINE | DOCK - FINAL (REINSPECTION) | Passed | SEE 12/4/00 INSP. NOTES (ATTACHED) INSPECTOR: J 5/9 ✓ |
| ✓ 5172 | ECKNA 107 HENRY SEWALL WAY JMC | BATH | Passed | INSPECTOR: J 5/9 ✓ |
| ✓ 5369 | ECKNA 107 HENRY SEWALL WAY HARRY BLUE | BOLT - SHUTTER ANCHORAGE | Passed | (Front door transom?) INSPECTOR: J 5/9 ✓ |
| ✓ T/R | JAVORSKY 4 PINEAPPLE LANE O/B | FIELD VERIFICATION | Passed | PI# 0437 ISSUED 5/9 INSPECTOR: J 5/9 ✓ |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Wed~~ ~~June 4~~, 2001; Page 2 of 3.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|---|---------------------------|-------------------|---|
| 5381 | HARBOR BAY 3240 SE OCEAN ROOFMAN | IN PROGRESS | Pass | + PRE-COURT. DSP 5/31/01 INSPECTOR: JG/4 |
| 5172 | ECKMAN 107 HENRY SEWALL WAY | DRIVEWAY | Pass | INSPECTOR: JG/4 |
| 5371 | VOLPE 15 MIRIMAC O/B | DRY IN (T/MIL - KEKOD) | Pass | INSPECTOR: JG/4 |
| 5380 | GIFFORD 85 N. SPR A+G | POOL STEEL + GROUND | Pass | FORMBOARD SURVEY RECEIVED INSPECTOR: JG/4 |
| 5372 | SHEETS 101 S. RIVER SPECIALTY CONCRETE | DRIVEWAY - PRE POUR | Pass | ANDREW - 288-4793 INSPECTOR: JG/4 |
| 5013 | DENNIS 16 RIDGELAND FL. & NEST | CLOSE IN (?) | CANCEL | G.C. request all trades Wed 6/6. INSPECTOR: |
| 5363 | JOHNSON 2 OAKHILL WAY DRIFTWOOD | TEMP POLE | Pass | Called FPL 10:00 INSPECTOR: JG/4 |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Fri~~ JUNE 8, 2001; Page 1 of .

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------------|---|---|---------------------|---|
| 5379 | PAGE | PVDN. | not finished | |
| ③ | 8 ST. LUCIE CT. T-COAST PIVERS | | Passed | in progress INSPECTOR: J 6/8 ✓ |
| 4903 | KOCH | POOL - FINAL | Failed | \$30.00 REINS. FEE REQ. |
| ⑤ | 71 N. RIVER ROAD ALMAR/JACKSON POOLS | (REINSPECTION) | alarm not installed | INSPECTOR: J 6/8 ✓ |
| 5368 | TRANTNER | STORM SHUTTER - FINAL | Passed | PRE REQUISITE FOR C.O. P.N. 5209 - EDWICK CONT. |
| ④ | 9 MIDDLE ROAD COASTAL ALUM. | Passed OK | | INSPECTOR: J 6/8 ✓ |
| 5229 | SEELY | POOL - FINAL | Passed | FINAL SURVEY - POOL/DECK ROAD (DELUK FIELD CODE) |
| ⑨ | 37 N.E. LOFTING WAY HARBOR BAY POOLS ("KAREN" 878-8806) | 201 8227 11 ⁰⁰ ÷ 11 ¹⁵ | | INSPECTOR: J 6/8 ✓ |
| 5405 | HECKENBERG | FTG. | Passed | |
| ⑩ | 5 N.E. LAGOON IS. CT (ADJ. VAC.) O/B | (2 ENTRY COLUMNS) | | INSPECTOR: J 6/8 ✓ |
| 4978 | RIMER | T/T & MTL | Passed | CANCEL BY CONTR. |
| X | 29 S. RIVER RD. | (MAIN BLDG) | Passed | (7:40 PM 6/7/01) |
| X | KEAR DEVELOPMENT | PACIFIC CFG "R02" 263-016 | Passed | INSPECTOR: |
| 5363 | JOHNSON | FTG. (STEWARD) | Passed | LATE AS POSSIBLE |
| ⑪ | 2 OAK HILL WAY DRIFTWOOD HOMES (ALUM: 529-2577) | | | INSPECTOR: J 6/8 ✓ |
| OTHER: | 107 HENRY SEWALL WAY - APPROVED T/R P.N. 0386 TO SITE (W/ROD SUBMITTALS) 19 RIDGELAND - ENGR. MEMO (5/30/01) " " " | | | |

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun 7/13/2004 Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|---|--|---------------------------|---|
| ✓ 5436 | MIRAGLIA 66 N. SEWALL'S POINT RD. PRV. CO CONTRACTING | DRIVEWAY REP/REPL - BASE PREP (260-7480) | PASSED | EARLY A.M. INSPECTOR: <u>GA</u> |
| ✓ 5425 | BERCAW 11 RIVERCREST CT. ALL AMERICAN SHUTTERS | STORM SHUTTERS - FINAL | PASSED | INSPECTOR: <u>GA</u> |
| ✓ 5001 | BERCAW 11 RIVERCREST CT. RENAR DEVEL (RICH: 692-7800 x 310) | FINAL | PASSED | PUNCH LIST FOR REINSPECTION - NO PR INSPECTOR: <u>GA</u> |
| ✓ T/R | GILLEN 5 PALMETTO DR. 0/13 | FIELD VERIF. | PASSED OK TO PERMIT | INSPECTOR: <u>GA</u> |
| ✓ 5407 | McKEVEY 21 E. HIGH POINT PACIFIC RFG. (263-0116) | T/G & MTL (RE ROOF) - KOBALSTIA | PASSED | LAST VISIT RE & CHIM. POST-BLDG INSTALLED. OK INSPECTOR: <u>GA</u> |
| ✓ 5294 | FRANK LEHMAN 6 RIDGELAND GIBBEN CONST. | T/G & MTL. (PACIFIC RFG.) | PASSED | ADD'L EDGE MTL. HANGING TO BE VIEWED - UNDER ROOF REVD INSPECTOR: <u>GA</u> |
| ✓ 5172 | BEKVA NOTHING TO SEE | BUDG - FINAL | NOT READY | FINAL SURVEY REVD 7/12 INSPECTOR: <u>GA</u> |

OTHER: 11260A - 101 N. TP RD; FIELD DOCUMENTS TO SITE (PN 5358)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2001; Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-------------|--|---|---------|---|
| ✓ 5123 | PICEU | V/T & MTL (VTL) | Passed | |
| 5 (5) | 65 S. RIVER ROAD SEAGATE BLVD. (WOODY) | Flat roof | | INSPECTOR: [Signature] 7/18 |
| ✓ 5352 | CLEMENTS | SLAB | Passed | |
| 5 (6) | 11 W. HIGH POINT MOLTER (MIKE: 719-4633) | Porch | | INSPECTOR: [Signature] 7/18 |
| ✓ 5097 | KILBRIDE | POOL - FINAL | PASSED | EBA: SPEC. APP. 2:45 |
| 5 (12) | 4 LAUTANA LANE TWIN POOLS, INC. | (0:691-6597; H: 781-4144) | | INSPECTOR: [Signature] |
| ✓ 5001 | BERCAW | FINAL - REINSP. | PASSED | EBA: SPEC. APP. 3:15 |
| N (13) | 11 RIVERCREST CT. RENAK DEVELOPMENT CO. | | | ELECT. PANEL RELEASED INSPECTOR: [Signature] |
| ✓ 5450 | BERCAW | IRRIGATION - FINAL | PASSED | EBA: SPEC. APP. 3:15 |
| N (14) | 11 RIVERCREST CT OSTRANDER SPRINKLER | | | INSPECTOR: [Signature] |
| ✓ 5185 | JONES | STL - 1st Floor | Passed | |
| 5 (4) | 14 HERON'S NEST O/B | 1st Fl. front porch to be completed: [Signature] OK to pour | | INSPECTOR: [Signature] 7/18 |
| ✓ 5063 | ROBINSON | FRAMING - | Passed | |
| 5 (7) | 173 S. RIVER RD. DRIFTWOOD HOMES (ALAN: 529-2577) | ALL TRADES | | INSPECTOR: [Signature] 7/18 |
| OTHER: (15) | 5172 BERCAW | BUDG. FINAL | Passed | Called FPL 2:30 (records) |
| | JMC CONTRACTING | (REINSPECTION) | | INSPECTOR: [Signature] 7/18 |

5369

STORM SHUTTERS

MASTER PERMIT NO. 572

TOWN OF SEWALL'S POINT

Date 5/8/01

BUILDING PERMIT NO. 5369

Building to be erected for STANLEY/CAROL ECKWA

Type of Permit STORM SHUTTER

Applied for by HARRY BLUE

(Contractor) Building Fee \$38.40

Subdivision SEWALL'S MEADOW Lot 5 Block _____

Radon Fee _____

Address 107 HENRY SEWELL WAY

Impact Fee _____

Type of structure S.P.R.

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

15-38-41-013-000-00050-00000

Roofing Fee _____

Amount Paid \$42.24 Check # 0182 Cash _____

Other Fees (PLAD REV) 3.84

Total Construction Cost \$ 4,000.00

TOTAL Fees \$42.24

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY DATE _____
 COMPACTION TESTS DATE _____
 GROUND ROUGH DATE _____
 SOIL POISONING DATE _____
 FOOTINGS / PIERS DATE _____
 SLAB ON GRADE DATE _____
 TIE-BEAMS & COLUMNS DATE _____
 STRAPS AND ANCHORS DATE _____
 DRIVEWAY DATE _____
 AS-BUILT SURVEY DATE _____

SHEATHING DATE _____
 FRAMING DATE _____
 INSULATION DATE _____
 ROOF DRY-IN DATE _____
 ROOF FINAL DATE _____
 METER FINAL DATE _____
 AS BUILT SURVEY DATE _____
 STORM PANELS DATE _____
 LANDCAPE & GRADE DATE _____
 FINAL INSPECTION DATE 7/16/01

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

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

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



ECKNA

#5172

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

107 HENRY SEWELLS WAY

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

Town & Country Industries, Inc.
400 West Mc Nab Road
Fort Lauderdale, FL 33309

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:
0.050" Aluminum Storm Panel Shutter

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.

Raul Rodriguez
Chief Product Control Division

ACCEPTANCE NO.: 00-0809.03
EXPIRES: 11/16/2005

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.

S/B/01 TOWN OF SEWELLS POINT
REVIEW:
BCCO OFFICIAL

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

FILE TOWN COPY
107 HENRY SEWELLS WAY

APPROVED: 11/16/2000

PN 5369 (MPN 5172)



Town of Sewall's Point
BUILDING PERMIT APPLICATION

RECEIVED
MAY - 8 2001

Bldg. Permit Number: _____

5172

Owner or Titleholder's Name STANLEY & GAIL ECKHA Phone No. (702) 233-8843

Street: 107 HENRY SEWALL WAY City SEWALL MEADOW State: FL Zip _____

Legal Description of Property: LOT 5 SEWALL MEADOW

Parcel Number: 1338410130000005000000

Location of Job Site: 107 HENRY SEWALL WAY, SEWALL MEADOW

TYPE OF WORK TO BE DONE: HURRICANE SHUTTERS

CONTRACTOR/Company Name: HARRY BLUE Phone No. (561) 336-3024

Street: 1748A SW BILTMORE ST. City PORT ST. LUCIE State: FL Zip 34984

State Registration: _____ State License: _____

ARCHITECT: _____ Phone No. () _____

Street: _____ City _____ State: _____ Zip _____

ENGINEER: _____ Phone No. () _____

Street: _____ City _____ State: _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____

Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____

Type Sewage: _____ Septic Tank Permit # from Health Dept. _____

New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION

Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD

Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or Improvement: \$ 4,000⁰⁰

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

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

Method of determining Fair Market Value: _____

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

Electrical: _____ State: _____ License # _____

Mechanical: _____ State: _____ License # _____

Plumbing: _____ State: _____ License # _____

Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)

CONTRACTOR SIGNATURE (Required)

Owner
State of Florida, County of: _____ On
this the _____ day of _____, 2000,
by _____ who is personally
known to me or produced _____
as identification.

Contractor
State of Florida, County of: ST. LUCIE On
this the 2ND day of MAY, 2000,
by HARRY BLUE who is personally
known to me or produced _____
as identification.

Notary Public

My Commission Expires: _____

(Seal)

Notary Public
ANTHONY J. KOHLER
Comm Exp. 1/3/2003
No. CC 797691

My Commission Expires: _____

(Seal)

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

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: _____ Date: _____

Approved by Town Engineer _____ Date: _____
(If required)

CONTRACTOR

STATE OF FLORIDA
PALM BEACH COUNTY

CLASSIFICATION
DC-032

COUNTY OCCUPATIONAL LICENSE

THIS LICENSE IS IN ADDITION TO AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH AND ANY OTHER LAWFUL AUTHORITY. COUNTY ORDINANCE NUMBER 72-7.

1990-09045
HARRY BLUE
BLUE HARRY
PO BOX 3223
TEQUESTA FL 33469-0223

LOCATED AT
19681 SE COUNTY LINE ROAD
JUPITER FL 33469

CNTY \$26.00

TOTAL \$26.00

IS HEREBY LICENSED AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE FIRST DAY OF OCTOBER AND ENDING ON THE THIRTIETH DAY OF SEPTEMBER TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF:
GENERAL CONTRACTOR
CGC003780

THIS IS NOT A BILL - DO NOT PAY
PAID. PBC TAX COLLECTOR
\$26.25 CCC 49 21951 08-25-2000

JOHN K. CLARK, CFC
TAX COLLECTOR, PALM BEACH COUNTY

THIS LICENSE VALID ONLY WHEN RECEIVED BY TAX COLLECTOR
LICENSE MUST BE DISPLAYED CONSPICUOUSLY AT ESTABLISHMENT OR PLACE OF BUSINESS

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
BUREAU OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW
ISSUE DATE 06/04/1999
EXPIRATION DATE 08/04/2001
EMPLOYER'S LAST NAME BLUE
FIRST NAME HARRY
SSN SECURITY NUMBER 265-28-1092
EMPLOYEE'S LAST NAME BLUE HARRY F
EMPLOYEE IDENTIFICATION NUMBER 788281002
EMPLOYEE ADDRESS P O BOX 3223
TEQUESTA FL 33469

STATE OF FLORIDA AC# 589048
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CG -C003780 06/22/2000 9990230
CERTIFIED GENERAL CONTRACTOR
BLUE, HARRY F
INDIVIDUAL
IS CERTIFIED under the provisions of Ch. 489
Expiration Date AUG 31, 2002

DETACH HERE

AC# 5890483

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

| DATE | BATCH NUMBER | LICENSE NO. |
|------------|--------------|-------------|
| 06/22/2000 | 99902309 | CG -C003780 |

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

BLUE, HARRY F
INDIVIDUAL
P O BOX 3223
19681 SE COUNTY LINE ROAD
TEQUESTA FL 33469

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____ TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida COUNTY OF Martin

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

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

GENERAL DESCRIPTION OF IMPROVEMENT:

OWNER: STANLEY & CAROL ECKNA

ADDRESS: 9533 Cedar HILLS, LAS VEGAS, NV 89134

PHONE #: 702-644-5675 FAX #: _____

CONTRACTOR: JMC CONTRACTING, INC.

ADDRESS: P.O. BOX 130, Palm City, FL 34994

PHONE #: 888-287-8390 FAX #: 561-287-8830

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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

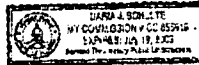
Carol Eckna Stanley Eckna
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 29 DAY OF October

BY Stanley Eckna OR _____

NOTARY SIGNATURE _____

PERSONALLY KNOWN _____
PRODUCED ID _____
TYPE OF ID _____



Parcel I.D. # 13-38-41-013-000-0000-5-0000

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/23/2000

PRODUCER
PORT ST. LUCIE INSURANCE AGENC
8731 SOUTH U.S. HWY. 1
Port St. Lucie, FL 34952
P:561-878-2022 F:561-878-2500

FILE
copy
FILE
COPY

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

INSURERS AFFORDING COVERAGE

INSURER A: MARYLAND CASUALTY
INSURER B:
INSURER C:
INSURER D:
INSURER E:

RECEIVED
OCT 23 2000
BY: *[Signature]*

INSURED
HARRY BLUE
1748 A SW BILTMORE ST.

PORT ST. LUCIE FL 34983-

COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|--|---------------|----------------------------------|-----------------------------------|--|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | B#000831988 | 08/09/2000 | 08/09/2001 | EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COM/OP AGG \$ 600,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/> | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEES \$ E.L. DISEASE - POLICY LIMIT \$ |
| | OTHER | | | | |

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

RESIDENTIAL BUILDER

| | |
|---|---|
| CERTIFICATE HOLDER ATTN: JOAN TOWN OF SEWELLS POINT 1 SEWELLS POINT ROAD SEWELLS POINT FL 34996- (561) 220-4765 | <input type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>010</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>[Signature]</i> |
|---|---|

CONTRACTOR

STATE OF FLORIDA
PALM BEACH COUNTY

CLASSIFICATION
CC-032

COUNTY OCCUPATIONAL LICENSE

THIS LICENSE IS IN ADDITION TO AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH AND ANY OTHER LAWFUL AUTHORITY. COUNTY ORDINANCE NUMBER 727.

1990-09045
HARRY BLUE
BLUE HARRY
PO BOX 3223
TEQUESTA FL 33469-0223

** LOCATED AT

CNTY \$26.00

19601 SE COUNTY LINE ROAD
JUPITER FL 33469

TOTAL \$26.00

IF HENRY LICENSED AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE FIRST DAY OF OCTOBER AND ENDING ON THE THIRTIETH DAY OF SEPTEMBER TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF:
GENERAL CONTRACTOR
CGC003780

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR
\$26.25 CCC 49 21951 08-25-2000

JOHN K. CLARK, CFC
TAX COLLECTOR, PALM BEACH COUNTY

THIS LICENSE VALID ONLY WHEN RECEIPTED BY TAX COLLECTOR
LICENSE MUST BE DISPLAYED CONSPICUOUSLY AT ESTABLISHMENT OR PLACE OF BUSINESS

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION
INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW
EFFECTIVE DATE 06/04/2000
EXPIRATION DATE 08/04/2001
EMPLOYER LAST NAME BLUE
FIRST NAME HARRY
SSN SECURITY NUMBER 288-28-1082
EMPLOYEE NAME BLUE HARRY F
EMPLOYEE IDENTIFICATION NUMBER 288281082
EMPLOYEE ADDRESS P O BOX 3223
TEQUESTA FL 33469

STATE OF FLORIDA AC# 589048
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CG -C003780 06/22/2000 9990230
CERTIFIED GENERAL CONTRACTOR
BLUE, HARRY F
INDIVIDUAL
IS CERTIFIED under the provisions of Ch. 489
Expiration Date AUG 31, 2002

DETACH HERE

AC# 5890483

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

| DATE | BATCH NUMBER | LICENSE NO. |
|------------|--------------|-------------|
| 06/22/2000 | 99902309 | CG -C003780 |

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

BLUE, HARRY F
INDIVIDUAL
P O BOX 3223
19601 SE COUNTY LINE ROAD
TEQUESTA FL 33469

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri May 9, 2001; Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|--|--------------------------------|---------|--|
| ✓ 5138 | Ribellino 18 Island Rd. Wilson | All Trades | Passed | (Some rectification) INSPECTOR: J 5/9 ✓ |
| ✓ 5322 | BAKER 88 N. SEWALL'S POINT RD LUDLUM CONST., INC. | RIP-RAP - FINAL | Passed | INSPECTOR: J 5/9 ✓ |
| 5336 | SACHS 78 N. SEWALL'S POINT RD MASTERYPIECE BLDG'S | FRAMING - ALL TRADE | | + SIDING & WINDOW AREA INSPECTOR: |
| ✓ 5118 | LOYOLA / OSBORNE 20 CASTLE HILLWAY PLAZA MARINE | DOCK - FINAL (REINSPECTION) | Passed | SEE 12/4/00 INSPECTION NOTES (ATTACHED) INSPECTOR: J 5/9 ✓ |
| ✓ 5172 | ECKNA 107 HENRY SEWALL WAY JMC | LATH | Passed | INSPECTOR: J 5/9 ✓ |
| ✓ 536A | ECKNA 107 HENRY SEWALL WAY HARRY BLUE | BOLT - SHUTTER ANCHORS | Passed | (Front door transom?) INSPECTOR: J 5/9 ✓ |
| ✓ T/R | JAVORSKY 4 PINEAPPLE LANE O/B | FIELD VERIFICATION | Passed | PN 0437 ISSUED 5/9 INSPECTOR: J 5/9 ✓ |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THU~~ ~~FRI~~ ~~SAT~~ ~~SUN~~, 2001; Page 2 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS |
|-----------------|---|-------------------------|-----------------|----------------------|
| 5369 | BECKNA | IRRIGATION - | NOT | |
| 7 | 107 HENRY SEWALL WAY HARRY BLUE | FINAL | OK | INSPECTOR: <u>SA</u> |
| T/R | BENT | FIELD VERIF. | PASSED | |
| 8 | 97 S. SEWALL'S POINT RD O/B | | OK TO PERMIT | INSPECTOR: <u>SA</u> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS |
| 5419 | ECKNA | IRRIGATION - | PASSED | |
| 10 | 107 HENRY SEWALL WAY FRUIT IRRIGATION | FINAL | | INSPECTOR: <u>SA</u> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS |
| T/R | SADLER | FIELD VERIF | PASSED | |
| 11 | 12 MIDDLE ROAD NIKE'S TREE SERVICE | | OK TO PERMIT | INSPECTOR: <u>SA</u> |
| 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 ~~Thu~~ ~~Fri~~ ~~Sat~~ ~~Sun~~ 2001; Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS |
|-----------------|--|---------------------------------------|-----------------------|-------------------|
| ✓ 5445 | SCHULTZ | SEBUCK CHG. | Passed | |
| S (3) | 64 S. SEWALL'S POINT RD RMS ELECTRIC | Pool Disconnect. | | INSPECTOR: J 7/16 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| ✓ 5187 | JORDAN | RF. SHEATHING | Passed | |
| N (5) | 110 N. SEWALL'S POINT ROAD W.D.C. CONSTR., INC. (WAYNE) | | | INSPECTOR: J 7/16 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| ✓ 5363 | JOHNSON | GARAGE SLAB | Passed | Late |
| N (7) | 2 OAK HILL WAY DRIFTWOOD HOMES | | | INSPECTOR: J 7/16 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| ✓ 5068 | WILDER | RF-SHEATHING | Passed | |
| S (1) | 19 RIDGEWOOD DR. LEAP DEVELOPMENT | (PTL - L/R AREA) | | INSPECTOR: J 7/16 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| ✓ T/R | CHARDA VOYNE | FIELD VERIF. | Passed | |
| N (6) | 22 FIELDWAY DR. MONTE'S TREE SERVICE | | | INSPECTOR: J 7/16 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 5369 | BOZUA | STORM SHUTTERS | Passed | |
| (2) | 107 HENRY SEWALL WAY HARRY BLUE | FINISH (REUSE - NO FEE) | | INSPECTOR: J 7/16 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| T/R | KING | Field verif. | | ? 3347010 |
| (4) | 35 W High Pt. Shade Tree Inc. | | needs to be clarified | INSPECTOR: |
| OTHER: | Geller | TT + A | Passed | |
| (8) | 10 Palmetto Dr. | | | |
| 5442 | Pacific Roofing | | | insp. J 7/16 |

5377

POOL

MASTER PERMIT NO. 5172

TOWN OF SEWALL'S POINT

Date 5/16/01

BUILDING PERMIT NO. 5377

Building to be erected for STANLEY/CAROL ECKNA

Type of Permit POOL/DECK

Applied for by POOLS BY GREG, INC.

(Contractor) Building Fee \$240.00

Subdivision SEWALL'S MEADOW Lot 5 Block _____

Radon Fee _____

Address 107 HENRY SEWALL WAY

Impact Fee _____

Type of structure S.F.R. (UNDER CONST.)

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

13-38-41-013-000-00050-00000

Plumbing Fee _____

Amount Paid \$240.00 Check # 3156 Cash _____

Roofing Fee _____

Total Construction Cost \$ 25,000.00

Other Fees (_____)

TOTAL Fees \$240.00

Signed C. Adams

Signed 

Applicant

Town Building Inspector OFFICIAL

POOL / SPA PERMIT

INSPECTIONS

| | | | |
|------------------|------------|-------------------|---------------------|
| SETBACKS | DATE _____ | DECK | DATE _____ |
| COMPACTION TESTS | DATE _____ | ENCLOSURE & LATCH | DATE _____ |
| GROUND ROUGH | DATE _____ | DOOR ALARM(S) | DATE _____ |
| STEEL & BOND | DATE _____ | FINAL | DATE <u>8/20/01</u> |
| LIGHT NITCHE | DATE _____ | | |

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

**This permit must be visible from the street, accessible to the inspector.
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**



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

RECEIVED
MAY - 3 2001

Bldg. Permit Number: 5377

Owner or Titleholder's Name STANLEY + BYRLEKIA Phone No. (702) 804-5075
Street: 9533 CEDAR HEIGHTS City LAS VEGAS State: NV Zip 89134
Legal Description of Property: LOT 5, SEWALL'S MEADOW

Parcel Number: 13-38-41-013-000-0005.0-00000

Location of Job Site: 107 HENRY SEWALL WAY
TYPE OF WORK TO BE DONE: INSTALL POOL DECK + EQUIP

CONTRACTOR/Company Name: POOLS BY GAGE, INC Phone No. () 337-9713
Street: 8886 S. FED Hwy City PORT ST LOUIS State: LA Zip 34952
State Registration: _____ State License: RP 0035370

ARCHITECT: N/A Phone No. () _____
Street: _____ City _____ State: _____ Zip _____

ENGINEER: WALTER KARPINIA Phone No. () 337-2412
Street: _____ City PORT ST LOUIS State: LA Zip 34952

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION
Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
Estimated cost of construction or improvement: \$ 25,000
Estimated Fair Market Value (FMV) prior to improvement: \$ _____
If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
Electrical: _____ State: _____ License # _____
Mechanical: _____ State: _____ License # _____
Plumbing: POOLS BY GAGE State: LA License # RP 0035370
Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)
[Signature]
Owner
State of Florida, County of: MARTIN On this the 5 day of April, 2000,
by GAGE SCHROEDER who is personally known to me or produced as identification.

CONTRACTOR SIGNATURE (Required)
[Signature]
Contractor
State of Florida, County of: MARTIN On this the 5 day of April, 2000,
by GAGE SCHROEDER who is personally known to me or produced as identification.

Notary Public
My Commission Expires: _____
(Seal: William A. Graff, My Commission Expires JANUARY 11, 2004, #CC 901275, Bonded thru Troy Fain-Insurance, NOTARY PUBLIC, STATE OF FLORIDA)

Notary Public
My Commission Expires: _____
(Seal: William A. Graff, My Commission Expires JANUARY 11, 2004, #CC 901275, Bonded thru Troy Fain-Insurance, NOTARY PUBLIC, STATE OF FLORIDA)

TREE REMOVAL (Attach sealed survey)

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

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

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

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

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

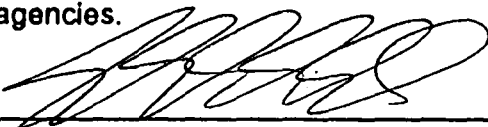
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official:  Date: 5/26/09

Approved by Town Engineer _____ Date: _____
(If required)

ROBERT M. WIENKE
Mayor

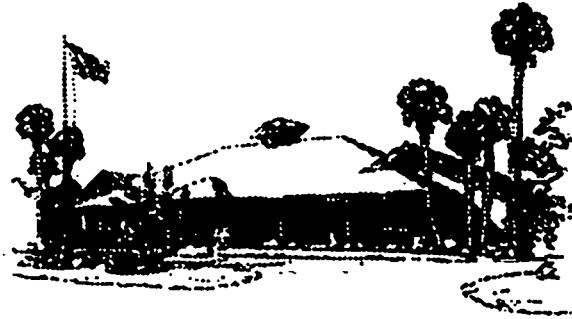
MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

NOTICE OF RESIDENTIAL POOL SAFETY REQUIREMENTS

To: All Pool/Spa Contractors
From: Edwin B. Arnold, Building Official *EA*
Subj: Preston de Ibern/McKenzie Merriam
Residential Swimming Pool Safety Act
Date: Sept. 1, 2000

Section 515.27 of the subject law provides in part as follows:

(1) In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet at least one of the following requirements relating to pool safety features:

- (a) The pool must be isolated from access to a home by an enclosure that meets the pool barrier requirements of s. 515.29;**
- (b) The pool must be equipped with an approved safety pool cover;**
- (c) All doors and windows providing direct access from the home to the pool must be equipped with an exit alarm that has a minimum sound pressure rating of 85 dB A at 10 feet; or**
- (d) All doors and windows providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism placed no lower than 54 inches from the floor.**

The effective date of this statute is October 1, 2000. All pools completed on or after that date will be required to fully comply with the provisions of the statute. The statute also mandates specific information which must be furnished to buyers on entering into an agreement to build a residential swimming pool. Evidence of compliance with these requirements will be required as part of the building permit application submittal. Please contact me if you have any questions.

*** SUBMIT DETAILS OF PROPOSED METHOD
OF COMPLIANCE FOR REVIEW PRIOR
TO INSTALLATION.**



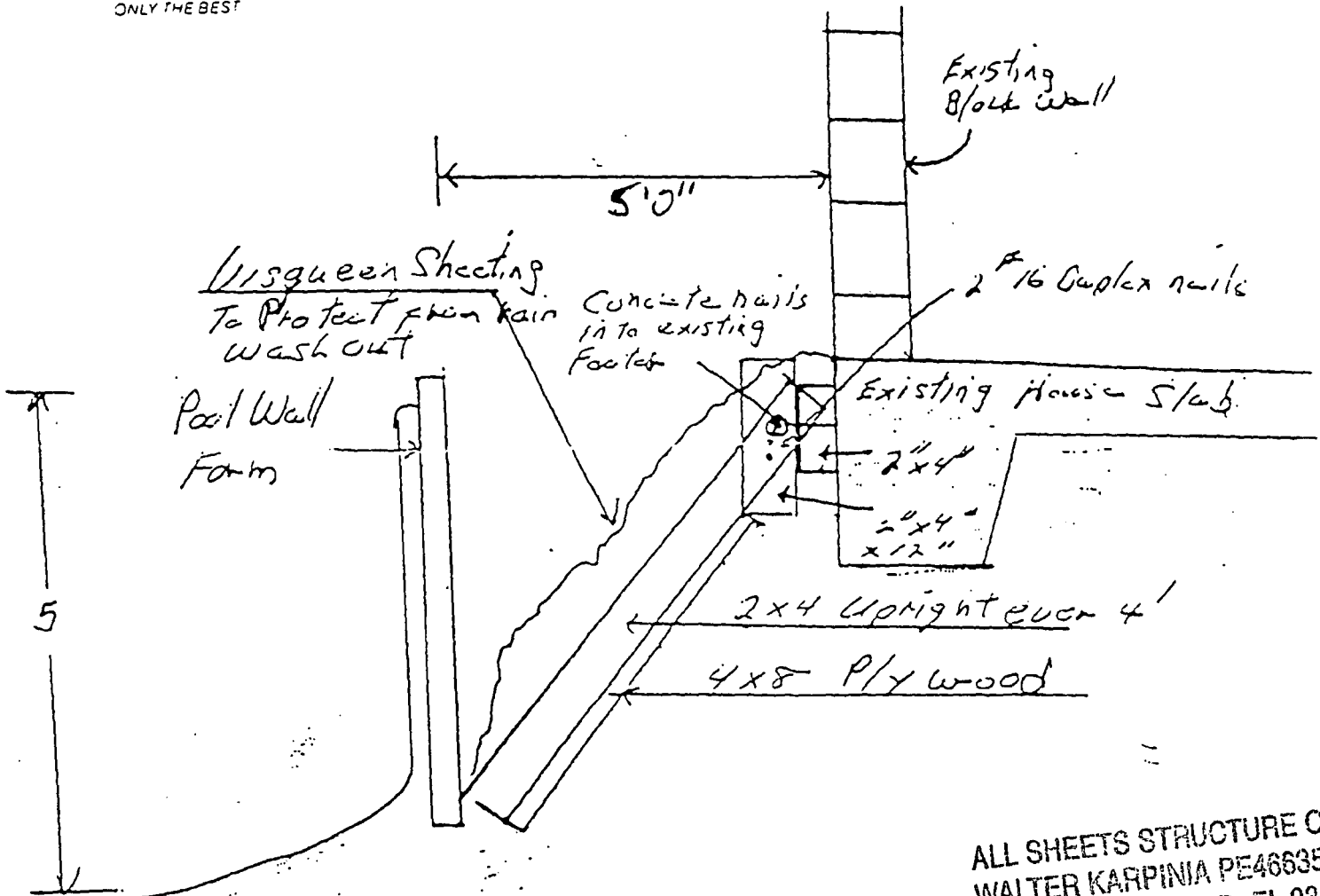
One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 288-7669 • E-Mail: police@sewallspoint.org



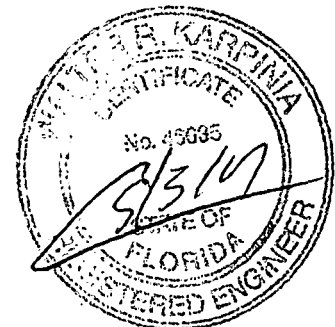
8886 S. FEDERAL HWY.
PORT ST. LUCIE, FLORIDA 34952

RP#0035370

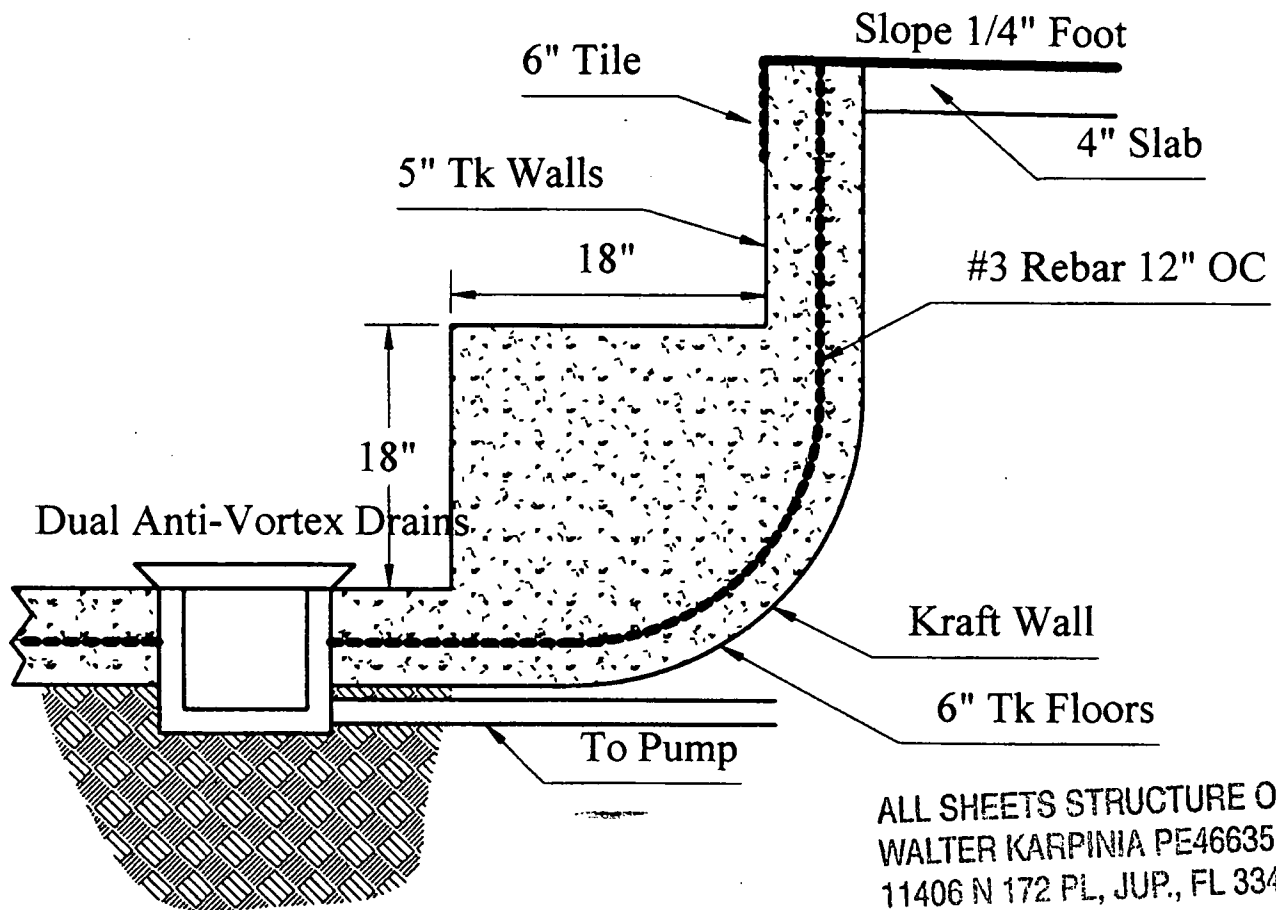
WE DON'T WANT TO BE THE
BIGGEST POOL COMPANY
ONLY THE BEST



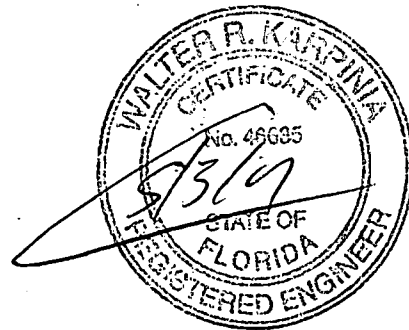
ALL SHEETS STRUCTURE ONLY
WALTER KARPINIA PE46635
11406 N 172 PL, JUP., FL 33478
(561) 743-1400



Spa Wall Detail



ALL SHEETS STRUCTURE ONLY,
WALTER KARPINIA PE46635
11406 N 172 PL, JUP., FL 33478
(561) 743-1400



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
03/05/2001

PRODUCER (561)334-3181 FAX (561)334-7742
Rick Carroll Insurance Agency
2160 N.E. Dixie Highway
P.O. Box 877
Jensen Beach, FL 34958-0877

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.

Proof FILE COPY FILE li/ins.

INSURERS AFFORDING COVERAGE

INSURED Pools By Greg, Inc.
8886 S Federal Hwy
Port St Lucie, FL 34952

INSURER A: Transcontinental Ins Co
INSURER B: Transcontinental Insurance
INSURER C: Transportation Ins Co
INSURER D:
INSURER E:

RECEIVED
MAR - 8 2001

COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|--|---------------|----------------------------------|-----------------------------------|---|
| A | GENERAL LIABILITY | C2025076710 | 03/17/2001 | 03/17/2002 | EACH OCCURRENCE \$ 1,000.00 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) \$ 50.00 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) \$ 5.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | PERSONAL & ADV INJURY \$ 1,000.00 GENERAL AGGREGATE \$ 2,000.00 PRODUCTS - COMP/OP AGG \$ 1,000.00 |
| B | AUTOMOBILE LIABILITY | C2024703875 | 03/17/2001 | 03/17/2002 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000.00 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ |
| C | EXCESS LIABILITY | C2024703830 | 03/17/2001 | 03/17/2002 | EACH OCCURRENCE \$ 1,000.00 |
| | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE \$ 1,000.00 |
| | <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | \$ \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | WC173656595 | 01/01/2001 | 01/01/2002 | WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 50000 E.L. DISEASE - EA EMPLOYEE \$ 50000 E.L. DISEASE - POLICY LIMIT \$ 50000 |
| | OTHER | | | | |
| | | | | | |
| | | | | | |

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

Pool Installation and Repair
Certificate is for Proof of Insurance

| | | |
|--|------------------------------------|---|
| CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER | CANCELLATION |
| TOWN OF SEWALL'S POINT BLDNG DEPT 1 SOUTH SEWALL'S POINT RD STUART, FL 34994 | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. |
| | | AUTHORIZED REPRESENTATIVE Keith Carroll/KAS |

Keith Carroll

AC 5568483

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 06/09/1999 | 98902841 | RP-0035370 |

The COMMERCIAL POOL/SPA CONTRACTOR

Named below HAS REGISTERED

Under the provisions of Chapter 489 FS

Expiration date: AUG 31, 2001

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS
PRIOR TO CONTRACTING IN ANY AREA)

SCHROEDER, GREG W
POOLS BY GREG, INC
8886 S FEDERAL HWY
PORT ST LUCIE

FL 34952

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP00348
Expires September 30, 2001

SCHROEDER, GREG W
POOLS BY GREG
8886 S FEDERAL HWY
PSL, FL 34952
COMMERCIAL POOL/SPA

COPY

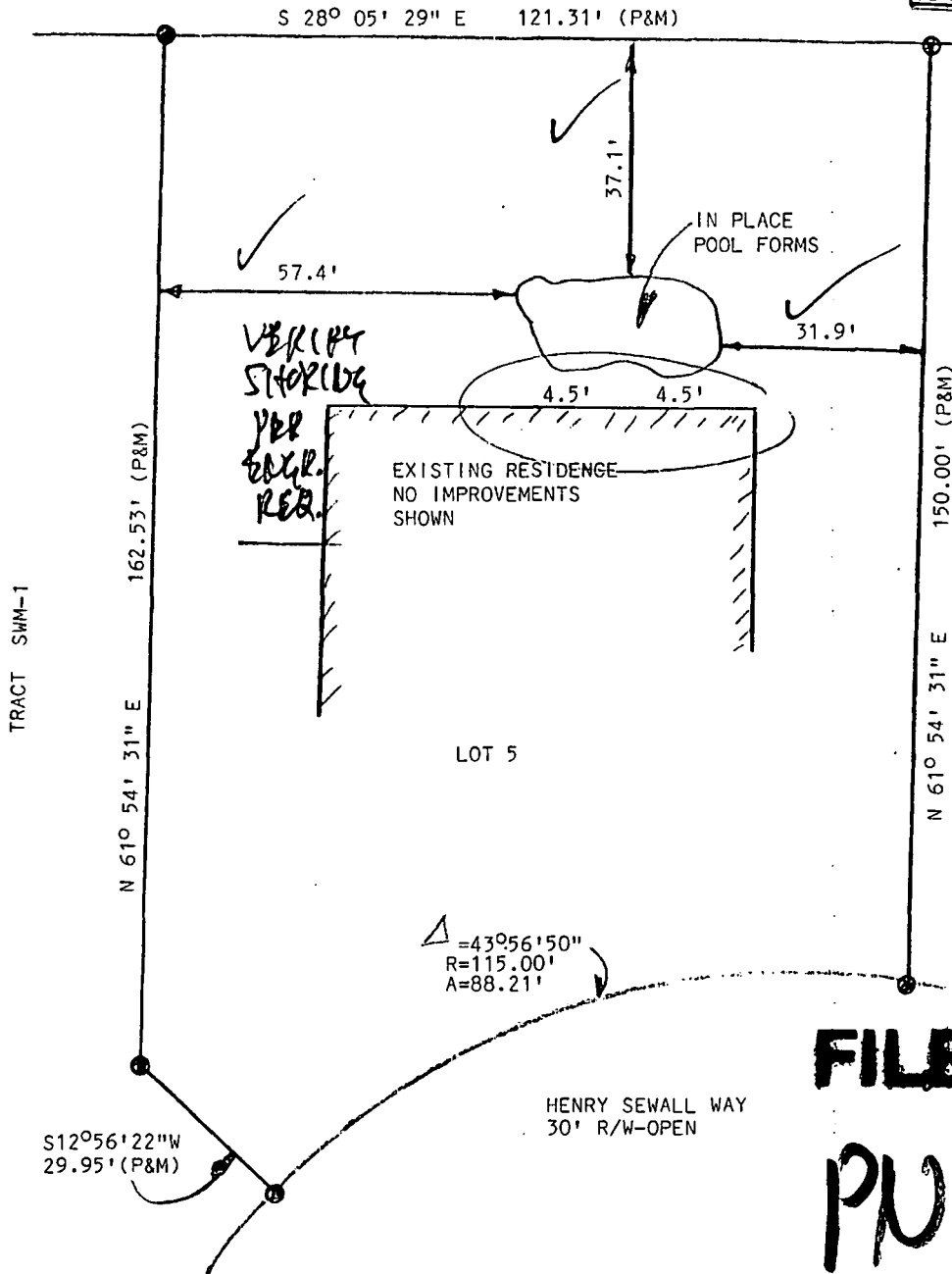
RECEIVED
MAY 16 2001
BY: *[Signature]*

FILE

FILE
he/wh

RECEIVED
 MAY 22 2001
 BY: *[Signature]*

10' ADDITION RIGHT-OF-WAY PARCEL



POOL FORM BOARD
 NOTE: FINAL SURVEY MUST COMPLY W/ ALL TOWN ORD. REQ (INCL. 24x36\"/>

FILE TOWN COPY
 107 HENRY SEWALL WAY
 PU 5377

SETBACKS, LOCATIONS & CITY SEWER & WATER AVAILABILITIES TO BE VERIFIED BY CONTRACTOR

= PLOT PLAN & TOPO SURVEY = BOUNDARY SURVEY = FORM BOARD SURVEY = AS-BUILT SURVEY = ELEV. ARE ASSUMED = ELEV. ARE N.G.V.D., 1929 DATA

LEGEND: D = DEED C = CALCULATED X = EXISTING GRADE PRO. = PRORATION DISTANCE M = MEASURED DISTANCE P = PLAT DISTANCE
 P.C.P. = PERMANENT CONTROL POINT P.R.M. = PERMANENT REFERENCE MONUMENT ELEV. = ELEVATIONS CONC. = CONCRETE
 MON. = MONUMENT C/L = CENTERLINE FD. = FOUND N.G.V.D. = NATIONAL GEODETIC VERTICAL DATUM F.F. = FINISHED FLOOR
 R/W = RIGHT OF WAY P.C. = POINT OF CURVE P.R.C. = POINT OF REVERSE CURVE P.T. = POINT OF TANGENT C.M.P. = CORRUGATED METAL PIPE
 C = CHORD CB = CHORD BEARING

BEARINGS HEREON ARE REFERRED TO AN ASSUMED VALUE OF N 61° 54' 31" E FOR THE SOUTH PROPERTY
 R/W LINE OF LOT 5 SAID BEARING IS IDENTICAL WITH THE PLAT OF RECORD.

NOTES: LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS AND/OR RIGHT-OF-WAY OF RECORD.

NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.

NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER. ADDITIONS OR DELETIONS TO SURVEY MAPS OR REPORTS BY OTHER THAN THE SIGNING PARTY OR PARTIES IS PROHIBITED WITHOUT WRITTEN CONSENT OF THE SIGNING PARTY OR PARTIES.

THIS SURVEY SUBJECT TO EASEMENTS & ALL OTHER MATTERS OF RECORD AS RECORDED, WHETHER SHOWN ON SURVEY OR NOT.

THIS SURVEY NOT TO BE USED FOR FENCE INSTALLATION, SPRINKLER SYSTEMS, SHRUBS OR ANY OTHER UTILITIES WITHOUT REVERIFICATION OF PROPERTY CORNERS.

GEORGE M. AYLOR, JR.
 REGISTERED LAND SURVEYOR, FLORIDA CERTIFICATE #4015
 SIGNATURE DATE: 5-22-01

SCALE 1" = 30'
 JOB NO. 13481-01
 FIELD BK. NO. _____
 FIELD WORK DATE 5-22-01
 DATE 5-22-01

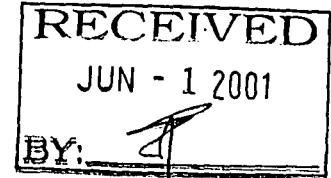
AYLOR
 LAND SURVEYING
 234 SW Homeland Road • Port St. Lucie, Florida 34953
TELEPHONE (561) 287-0664

CHECKED BY GMA
 DRAWN BY GMA
 REFERENCES _____
 FLOOD ZONE _____

AJF ENGINEERING & TESTING INC.

P.O. BOX 12059
LAKE PARK, FL 33403

IN PLACE SOIL DENSITY (NUCLEAR METHOD) ASTM D 2922



Date: MAY 31, 2001
Job #: P01-1150
Permit #: 5172
Client: POOLS BY GREG

FILE

Contractor: POOLS BY GREG *PK 5377*

Job Location: ~~107 HENRY SEWALL WAY~~
~~SEWALL SPPOINT, FLORIDA~~

| Test No. | Test Sample Location | Depth | In Place Dry Density | Maximum Dry Density | % Com-pacted |
|----------|----------------------|-------|----------------------|---------------------|--------------|
|----------|----------------------|-------|----------------------|---------------------|--------------|

Density - Pool Deck Backfill
Below Slab
Grade

| | | | | | |
|---|------------|------|-------|-------|-------|
| 1 | North Side | 0-1' | 107.2 | 108.5 | 98.8% |
| 2 | | 1-2' | 106.8 | | 98.4% |
| 3 | | 2-3' | 104.0 | | 95.9% |
| 4 | South Side | 0-1' | 107.0 | | 98.6% |
| 5 | | 1-2' | 105.5 | | 97.2% |
| 6 | | 2-3' | 103.8 | | 95.7% |
| 7 | East Side | 0-1' | 107.0 | | 98.6% |
| 8 | | 1-2' | 106.0 | | 97.7% |
| 9 | | 2-3' | 103.5 | | 95.4% |
| | | 0-1' | 106.6 | | 98.2% |
| | | 1-2' | 105.0 | | 96.8% |
| | | 2-3' | 103.6 | | 95.5% |

[Handwritten signature]
Frank W. Harley,
P.E. 40111
AJF ENGINEERING & TESTING INC.

5/31/01

PHONE: (561) 845-7445 WEST PALM BEACH (561) 337-7755 MARTIN-ST. LUCIE
(561) 564-0940 INDIAN RIVER (561) 845-8876 FAX

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Wed Fri JUNE 4, 2001; Page 3 of 3.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|--|---------------------|------------------|---|
| * 5013 | BENNY'S 116 RIDGELAND SHORELINE / FL FINEST | ELECTRIC ROUGH | CANCEL | G.C. Request all trade Wed. 6/6. INSPECTOR: |
| 5377 | SCOTT | POOL | Remod | |
| 5 (7) | POOLS BY GREG | (CRYSTAL: 337-9713) | | INSPECTOR: <i>[Signature]</i> 6/4 |
| 4978 | RIMEX 29 S. RIVER RD. LEAK CONST. | WINDOW BUCKS. | PASSED | INSPECTOR: <i>[Signature]</i> |
| | | | | INSPECTOR: |
| | | | | INSPECTOR: |
| | | | | INSPECTOR: |
| | | | | INSPECTOR: |
| | | | | INSPECTOR: |
| | | | | INSPECTOR: |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Monday ~~WEDNESDAY~~ ~~FRI~~ ~~JUNE 20~~, 2001; Page 2 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-------------------|---|------------------------|-------------------|--|
| ✓ 5013 | DENNIS | PARTIAL - | Passed | Green board only |
| S (13) | 16 RIDGELAND DR. FL. FINEST | DRYWALL + SCREW OFF | | (Call Bathroom) INSPECTOR: [Signature] 6/20 |
| ✓ 5352 | CLEMENTS | PLUMBING | Passed | |
| S (8) | 11 W. HIGHPOINT MOLTER | GRD. ROUGH | | INSPECTOR: [Signature] 6/20 |
| ✓ 5358 | INGRAM | PLUMBING - ROUGH | Passed | |
| N (J) | 101 N. SPR BUFORD | | | INSPECTOR: [Signature] 6/20 |
| ✓ T/R | BAER | FIELD VERIF. | Passed | CODE ENF. K W/TOWN |
| S (14) | 12 S. SPR (VALANT) MONTES | | | PERMIT DASH INSPECTOR: [Signature] 6/20 |
| ✓ 5408 | CHURCH | T/T & MTL. | Passed | |
| S (9) | 8 ISLAND ROAD PACIFIC REG. (208 283-0116) | | | INSPECTOR: [Signature] 6/20 |
| ✓ 5377 | ECORNA | DECK | Passed | VERIFY COMP. TEST RCVD. |
| S (6) | 107 HENRY SEWALL WAY POWERS (208 337-9113) | | test ??? O.K. | INSPECTOR: [Signature] 6/20 |
| ✓ 5161 | BRENNAN | DRIVEWAY | Passed | |
| S (10) | 111 HENRY SEWALL WAY GLAN HUTCHINS | | | INSPECTOR: [Signature] 6/20 |

OTHER:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri AUGUST 20, 2001; Page 2 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|---|-------------------------------------|------------------------|--|
| ✓ 5483 | VITALE | PLUMBING-GEN. RGN | Passed | |
| N (4) | 15 KNOWLES ROAD DECK BATH & KITCHEN | | | INSPECTOR: <u>[Signature]</u> 8/20 |
| ✓ 5192 | RAO | 30 DAY ELECT. - | Failed | LTR. AGMT TO BE |
| N (5) | 30 CASTLE HILL WAY AR MARTIN HOMES | TEST PURPOSES (BLOSSER 337-0055) | Passed 12" Cable 9" | DELIVERED @ SITE INSPECTOR: <u>[Signature]</u> 8/20 |
| ✓ 5377 | ECKHART | POOL PLUMBING | PASSED | |
| S (8) | 107 HENRISS WAY POOLS BY GREGG (337-9713) | | | INSPECTOR: <u>[Signature]</u> 8/20 |
| ✓ 5154 | RIMER | POOL PLUMBING | Passed | MPN 4978 |
| S (7) | 29 S. RIVER RD OLYMPIC POOLS OF STUNTS | | | INSPECTOR: <u>[Signature]</u> 8/20 |
| 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: _____

LEGAL DESCRIPTION

Being all of Lot 5, according to the Plat of Sewall's Meadow, recorded in Plat Book 14, Page 32, Public Records of Martin County, Florida.

Martin County Health Department

THIS PLAN IS APPROVED FOR:
 ✓ Septic System: Approval # 43-SS-02627
 Well Location: Approval # 43-
 Other: _____ Approval # _____
 By: [Signature] Date: 8/29/00
 All Changes To The Plans Must Be Approved By The Health Dept.
 Comments:

SURVEYOR'S REPORT

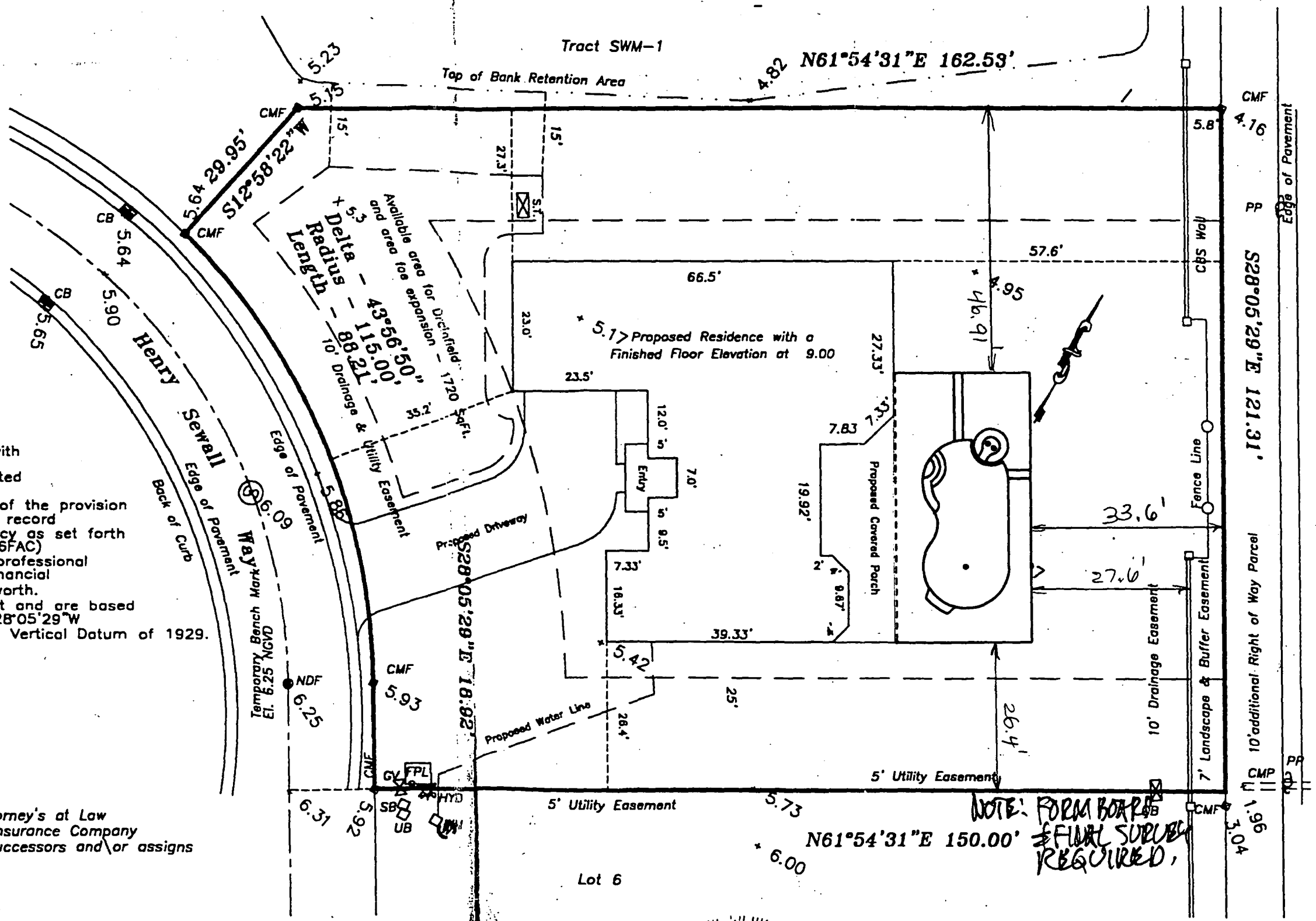
- 1 This Survey shall not be valid unless sealed with an embossed Surveyor's seal.
- 2 No underground improvements have been located
- 3 Survey date: 05.24.00
- 4 This survey was prepared without the benefit of the provision any record documents other than the Plat of record
- 5 This survey meets all requirements for accuracy as set forth in the Minimum Technical Standards (61G17-6FAC)
- 6 This survey shown hereon is not covered by professional liability insurance but the Surveyor ensures financial responsibility in the amount of the survey's worth.
- 7 Bearings shown are relative to the record Plat and are based on the center line of Henry Sewall Way at N28°05'29"W
- 8 Elevations are based on the National Geodetic Vertical Datum of 1929.

LEGEND

- CMF - Found Concrete Monument "GCY"
- NDF - Found PK Nail with Disk "LS#4108"
- Conc. - Concrete
- WM - Water Meter
- UB - Utility Box
- SB - Southern Bell Box
- PP - Power Pole
- GV - Gate Valve
- FH - Fire Hydrant
- CB - Catch Basin
- ST - Septic Tank

PREPARED FOR:
 Navaretta & Navaretta, Attorney's at Law
 Commonwealth Land Title Insurance Company
 Harbor Federal Bank, its successors and/or assigns
 Stanley & Carol Eckna

By: Regina C. Karner, PSM
 Florida Registration # 4363



Prepared For:

**JMC Contracting, Inc
 & Mr. & Mrs Eckna**

Martin County

Florida

REGINA C. KARNER
 PROFESSIONAL SURVEYOR & MAPPER

1352 SW EVERGREEN LN, PALM CITY, FL 34990
 PHONE: 1-561-288 7208 FAX: 1-561-223 8181



| Date | By | Revisions/Description |
|---------|-------------|---|
| 8/29/00 | [Signature] | ISS Submittal to Area and delivery to title |
| | | |
| | | |
| | | |

| | |
|---------------------------------|------------------------|
| Sheet Title Site Plan | |
| Scale 1" = 20' | Drawn By R. Karner |
| Checked By R. Karner | Drawn Date 08/29/00 |
| Job No. 005.23 | Sheet No. 1 of 1 |

5406

POOL ENCLOSURE

MASTER PERMIT NO. 5172
(POOL 5377)

TOWN OF SEWALL'S POINT

Date 7/11/01

BUILDING PERMIT NO. 5406

Building to be erected for STANLEY/CAROL ECKNA

Type of Permit POOL ENCL.

Applied for by EAST COAST SPECIALTIES, LLC

(Contractor) Building Fee \$120.00

Subdivision SEWALL'S MEADOW Lot 5 Block _____

Radon Fee _____

Address 107 HENRY SEWALL WAY

Impact Fee _____

Type of structure S.F.R. (UNDER CONST.)

A/C Fee _____

Parcel Control Number:

12-38-41-013-000-00050-00000

Electrical Fee _____

Plumbing Fee _____

Amount Paid \$120.00

Check # 5323

Cash _____

Other Fees (_____)

Roofing Fee _____

Total Construction Cost \$ 2,376.00

TOTAL Fees \$120.00

Signed Jim Foley
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

SCREEN ENCLOSURE PERMIT

INSPECTIONS

SETBACKS DATE _____

STEEL & BOND
FINAL

DATE _____
DATE 8/1/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

- New Construction
- Remodel
- Addition
- Demolition

This permit must be visible from the street, accessible to the inspector.
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!



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

Bldg. Permit Number: _____
MAY 31 2001

Owner or Titleholder's Name STANLEY + CAROL ECKHART Phone No. (702) 804-5075
Street: 9533 CEDAR HEIGHTS City LAS VEGAS State: NV. Zip 89134
Legal Description of Property: LOT 5 SEWALL'S MEADOW

Parcel Number: 13-38-41-013-000-0005.0-0000

Location of Job Site: 107 HENRY SEWALL WAY

TYPE OF WORK TO BE DONE: CONSTRUCT MANSARD STYLE ROOF POOL ENCLOSURE

CONTRACTOR/Company Name: EAST COAST SPECIALTIES INC. Phone No. (561) 871-1922
Street: 1758 S.W. BILTMORE ST. City PORT ST. LUCIE State: FLA. Zip 34984
State Registration: _____ State License: MARTIN COUNTY SP 02074

ARCHITECT: N/A Phone No. () _____
Street: _____ City _____ State: _____ Zip _____

ENGINEER: NAGENDRA KHANAI Phone No. (561) 433-5361
Street: 3153 LILIAN Rd City WEST PALM BEACH State: FLA Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION
Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
Estimated cost of construction or improvement: \$ 2376⁰⁰
Estimated Fair Market Value (FMV) prior to improvement: \$ _____
If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
Electrical: _____ State: _____ License # _____
Mechanical: _____ State: _____ License # _____
Plumbing: _____ State: _____ License # _____
Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)
Michael A. Hall

Owner
State of Florida, County of: Martin On this the 1ST day of MAY, 2000, by Michael A. Hall who is personally known to me or produced personally known as identification.

CONTRACTOR SIGNATURE (Required)
Michael A. Hall

Contractor
State of Florida, County of: Martin On this the 1ST day of MAY, 2000, by Michael A. Hall who is personally known to me or produced personally known as identification.

James L. McPhetres
Notary Public

James L. McPhetres
Notary Public

My Commission Expires: 8/17/2003
JAMES L. MCPHETRES (Seal)
My Comm Exp. 8/17/2003
No. CC 864173
() Personally Known () Other I.D.

My Commission Expires: 8/17/2003
JAMES L. MCPHETRES (Seal)
My Comm Exp. 8/17/2003
No. CC 864173
() Personally Known () Other I.D.

TREE REMOVAL (Attach sealed survey)

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

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

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

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

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

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

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official:  Date: 6/5/07

Approved by Town Engineer _____ Date: _____
(If required)

ACORD

CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
ECSPE-1

DATE (MM/DD/YY)
04/18/01

PRODUCER

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

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

INSURERS AFFORDING COVERAGE

INSURED

East Coast Specialties, Inc.
1758 S.W. Biltmore Street
Port St. Lucie FL 34984

INSURER A: Southern Owners
INSURER B: Auto Owners Insurance Co
INSURER C: Bridgefield Insurance Co
INSURER D:
INSURER E:

RECEIVED
APR 23 2001

FILE
denied
FILE
COPY

COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|---|--|---------------|----------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY | 2056534200 | 09/01/00 | 09/01/01 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) \$ 10,000 |
| | <input checked="" type="checkbox"/> BLANKET | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input type="checkbox"/> CONTRACTUAL | | | | GENERAL AGGREGATE \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COM/OP AGG \$ 1,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | |
| B | AUTOMOBILE LIABILITY | 9578849000 | 09/01/00 | 09/01/01 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC \$ |
| | | | | | AUTO ONLY: AGG \$ |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE \$ |
| | <input type="checkbox"/> DEDUCTIBLE | | | | \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 0830-21308 | 04/23/01 | 04/23/02 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER |
| | E.L. EACH ACCIDENT \$ 100,000 | | | | |
| | E.L. DISEASE - EA EMPLOYEE \$ 100,000 | | | | |
| | OTHER | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |

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

Screen Enclosure Contractors / State of Florida

CERTIFICATE HOLDER

N

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

Town of Sewalls Point
Attn: Dale Brown
1 S Sewalls Point Road
Stuart FL 34996

TOWNS - 1

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

AUTHORIZED REPRESENTATIVE

Joseph E. Coons, CPCU, CIC.

RECEIVED
MAR - 9 2001
BY: *EA*



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP02970
Expires September 30, 2001

MCPHETRES, JAMES L
EAST COAST SPECIALTIES INC
1758 SW BILTMORE ST
PSL, FL 34984
ALUMINUM/CONCRETE CONTRACTOR

POINT ST LUCIE

FILE *lic/mc*

This Certificate is subject to St. Lucie County revocation and suspension by Contractor Certification St. Lucie County Examining Board.

Comp: 17577
Status: ACTV

DBA: EAST COAST SPECIALTIES INC

THIS IS TO CERTIFY THAT MICHAEL A HALL has qualified as a certified GLASS & GLAZING contractor for period from 10/1/2000 to 9/30/2001 subject to St. Lucie County Code of Ordinances and Compiled Laws.

Date: 08/04/00

[Signature]

Contractor Licensing Official



MARTIN COUNTY, FLORIDA
Construction Industry Li
Certificate of Competen

License: SP02760
Expires September 30, 2001

HALL, MICHAEL A
EAST COAST SPECIALTIES INC
1758 SW BILTMORE ST
PSL, FL 34984
GLASS & GLAZING

This Certificate is subject to St. Lucie County revocation and suspension by Contractor Certification St. Lucie County Examining Board.

Comp: 4844
Status: ACTV

DBA: EAST COAST SPECIALTIES INC

THIS IS TO CERTIFY THAT MICHAEL A HALL has qualified as a certified ALUMINUM contractor for period from 10/1/2000 to 9/30/2001 subject to St. Lucie County Code of Ordinances and Compiled Laws.

Date: 08/14/00

[Signature]

Contractor Licensing Official



MARTIN COUNTY, FLORIDA
Construction Industry Lic
Certificate of Competenc

License: SP02074
Expires September 30, 2001

HALL, MICHAEL A
EAST COAST SPECIALTIES INC
1758 SW BILTMORE ST
PSL, FL 34984
ALUMINUM/CONCRETE CONTRACTOR

LEGAL DESCRIPTION

Being all of Lot 5, according to the Plat of Sewall's Meadow, recorded in Plat Book 14, Page 32, Public Records of Martin County, Florida.

Martin County Health Department

THIS PLAN IS APPROVED FOR:
 ✓ Septic System: Approval # 43-SS-02627
 Well Location: Approval # 43
 Other: Approval # _____
 By: [Signature] Date: 8/29/00
 All Changes To The Plans Must Be Approved By The Health Dept.
 Comments:

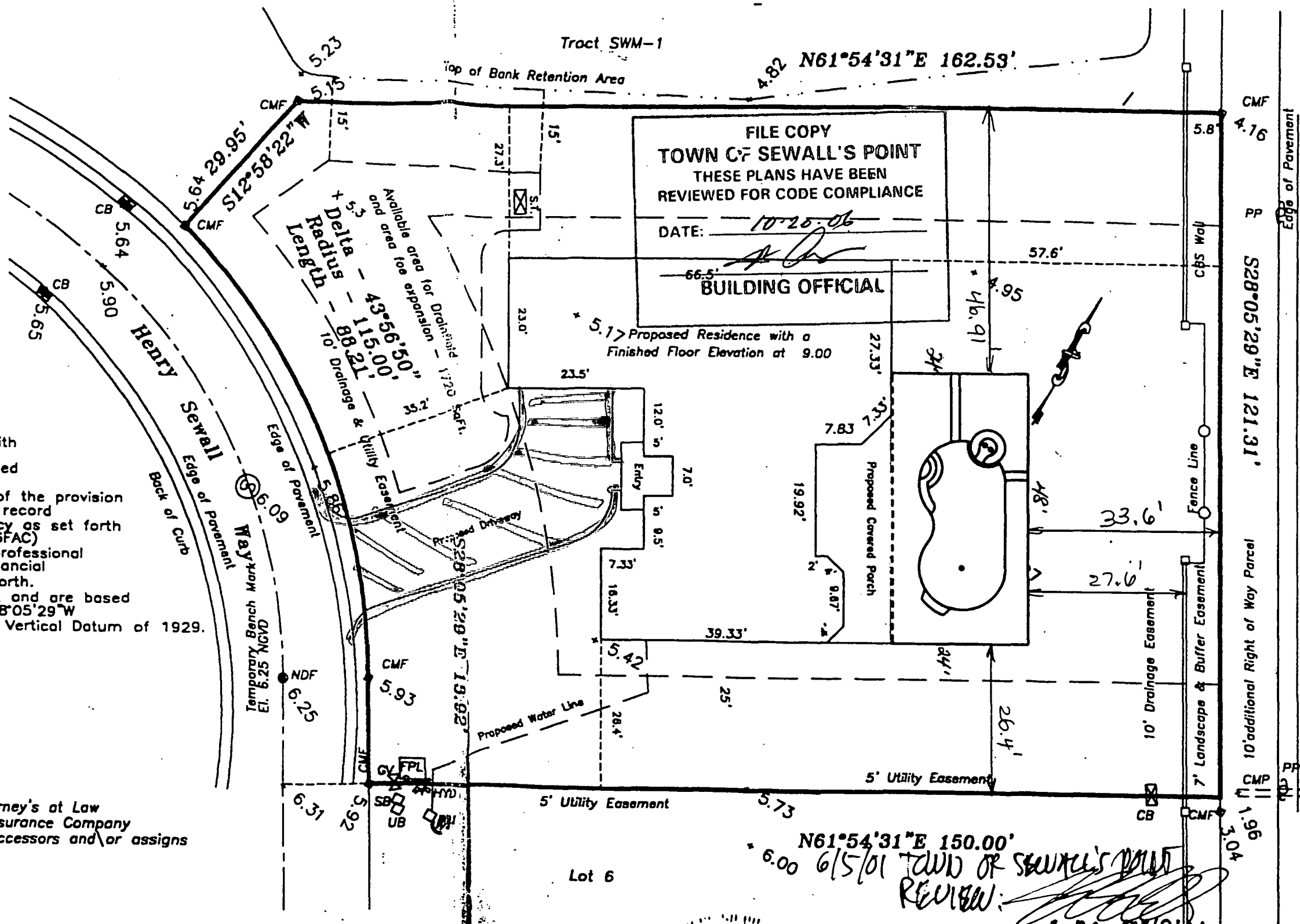
SURVEYOR'S REPORT

- 1 This Survey shall not be valid unless sealed with an embossed Surveyor's seal.
- 2 No underground improvements have been located
- 3 Survey date: 05.24.00
- 4 This survey was prepared without the benefit of the provision any record documents other than the Plat of record
- 5 This survey meets all requirements for accuracy as set forth in the Minimum Technical Standards (61G17-6FAC)
- 6 This survey shown hereon is not covered by professional liability insurance but the Surveyor ensures financial responsibility in the amount of the survey's worth.
- 7 Bearings shown are relative to the record Plat and are based on the center line of Henry Sewall Way at N28°05'29"W
- 8 Elevations are based on the National Geodetic Vertical Datum of 1929.

LEGEND

- CMF - Found Concrete Monument "GCY"
- NDF - Found PK Nail with Disk "LS#410B"
- Conc. - Concrete
- WM - Water Meter
- UB - Utility Box
- SB - Southern Bell Box
- PP - Power Pole
- GV - Gate Valve
- FH - Fire Hydrant
- CB - Catch Basin
- ST - Septic Tank

PREPARED FOR:
 Navaretta & Navaretta, Attorney's at Law
 Commonwealth Land Title Insurance Company
 Harbor Federal Bank, its successors and/or assigns
 Stanley & Carol Eckna
 By: Regina C. Karner, PSM
 Florida Registration # 4363



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

DATE: 10-25-06
 BUILDING OFFICIAL

N61°54'31"E 150.00'
 6.00 6/5/01 TOWN OF SEWALL'S POINT
 REVIEW: [Signature]
 BLDG. OFFICIAL

Prepared For:
JMC Contracting, Inc
 & Mr. & Mrs Eckna
 Martin County Florida

REGINA C. KARNER
 PROFESSIONAL SURVEYOR & MAPPER
 1352 SW EVERGREEN LN., PALM CITY, FL 34980
 PHONE: 1-861-288 7208 FAX: 1-861-283 8181

| No. | By | Revision Description |
|-----|----|----------------------|
| | | |
| | | |
| | | |
| | | |

Sheet Title: Site Plan
 Sheet No. 1 of 1

FILE TOWN COPY 107 HENRY SEWALL WAY PN 5406 (MPN 5112) (POOL 5311)

LEGAL DESCRIPTION

Being all of Lot 5, according to the Plat of Sewall's Meadow, recorded in Plat Book 14, Page 32, Public Records of Martin County, Florida.

Flood Zone Data:
 Flood Zone: AB (EL.9)
 Community #: 120164
 Panel #: 0002
 Suffiz: D
 Date: June 16, 1992

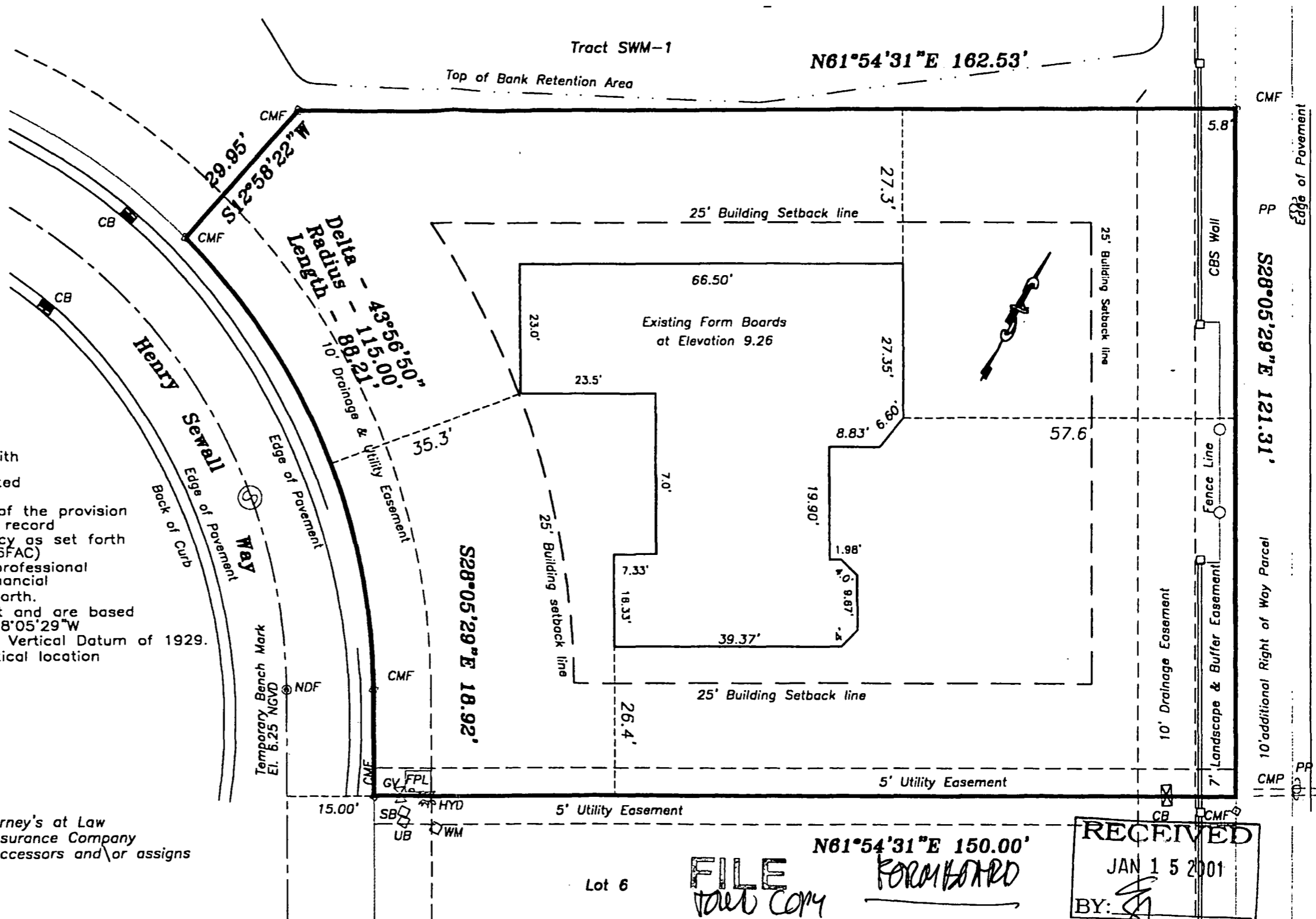
SURVEYOR'S REPORT

- 1 This Survey shall not be valid unless sealed with an embossed Surveyor's seal.
- 2 No underground improvements have been located
- 3 Survey date: 05.24.00
- 4 This survey was prepared without the benefit of the provision any record documents other than the Plat of record
- 5 This survey meets all requirements for accuracy as set forth in the Minimum Technical Standards (61G17-6FAC)
- 6 This survey shown hereon is not covered by professional liability insurance but the Surveyor ensures financial responsibility in the amount of the survey's worth.
- 7 Bearings shown are relative to the record Plat and are based on the center line of Henry Sewall Way at N28°05'29"W
- 8 Elevations are based on the National Geodetic Vertical Datum of 1929.
- 9 Record Data consists of the Horizontal & Vertical location of the Form Boards

LEGEND

- CMF - Found Concrete Monument "GCY"
- NDF - Found PK Nail with Disk "LS#4108"
- Conc. - Concrete
- WM - Water Meter
- UB - Utility Box
- SB - Southern Bell Box
- PP - Power Pole
- GV - Gate Valve
- FH - Fire Hydrant
- CB - Catch Basin
- ST - Septic Tank

PREPARED FOR:
 Navaretta & Navaretta, Attorney's at Law
 Commonwealth Land Title Insurance Company
 Harbor Federal Bank, its successors and/or assigns
 Stanley & Carol Eckna
 The Town of Sewall's Point
 By: Regina C. Karner, PSM
 Florida Registration # 4363



RECEIVED
 JAN 15 2001
 BY: [Signature]

FILE
 HARD COPY
 FORM BOARD

Prepared For:
JMC Contracting, Inc
 & Mr. & Mrs Eckna
 Martin County Florida

REGINA C. KARNER
 PROFESSIONAL SURVEYOR & MAPPER
 1352 SW EVERGREEN LN, PALM CITY, FL. 34990
 PHONE: 1-561-288 7206 FAX: 1-561-223 8181

| Date | By | Revision Description |
|---------|----|-------------------------|
| 1-18-01 | | Add Form Board Location |

Sheet Title: Record Survey

Scale: 1"=20'
 Date: 07.28.00
 Drawn By: JMC1
 Job No: 005.23
 CADD File: SawP15FB

Sheet No: 1 of 1

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2001; Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|--|---|-------------------|-----------------------------|
| 5233 | Johns | Tie Beam | Passed | |
| (2) | Oathill Way Dorwood Homes | | | INSPECTOR: J & I |
| 5228 | FOGLIA | DRIVEWAY | Passed | |
| (3) | 102 ABBIE COURT FOGLIA CONST. | Prep work | | INSPECTOR: J & I |
| 5402 | BECKER | SHUTTER - FINAL | Passed | PLS. CALL CONTR. W/ RESULTS |
| (5) | 16 E. HIGH POINT PRO-TEC SHUTTERS | Accord + clear shld. partial only (SUSAN 335-3000) | | INSPECTOR: J & I |
| 5063 | ROBINSON | INSULATION | Passed | late AM if possible |
| (7) | 173 S. RIVER RD. DRIFTWOOD HOMES | | (incl. AC-equip.) | INSPECTOR: J & I |
| 5408 | CHURCH | REEROOF - FINAL | Passed | |
| (6) | B ISLAND RD. PACIFIC REG. | | | INSPECTOR: J & I |
| 5406 | FOGLIA | POOL DECK - FINAL | Passed | |
| (4) | 107 HENRY SEWALL WAY EAST COAST SPECIALTIES | | | INSPECTOR: J & I |
| 5187 | JORDAN | T/T & MTL | Passed | |
| (1) | 110 N. SEWALL'S POINT RD W.D.C. CONST. (201-1565) | | | INSPECTOR: J & I |

OTHER: PN 516/BREWERY/111 HENRY SEWALL WAY/HITCHCOCK: (1) TA GC NO: REG. SUB PERMIT
 2000 CC (LANDSCAPE PLAN) TO SITE

5419

IRRIGATION

MASTER PERMIT NO. 5172

TOWN OF SEWALL'S POINT

Date 6/26/01

BUILDING PERMIT NO. 5419

Building to be erected for STANLEY/CAROL ECKHA

Type of Permit IRRIGATION

Applied for by FRITZ IRRIGATION

(Contractor) Building Fee \$ 30.00

Subdivision SEWALL'S MEADOW Lot 5 Block _____

Radon Fee _____

Address 107 HENRY SEWALL WAY

Impact Fee _____

Type of structure S.P.R. (UNDER CONST.)

A/C Fee _____

Parcel Control Number:

13-38-41-013-000-00050-00000

Electrical Fee _____

Plumbing Fee _____

Amount Paid \$ 33.00

Check # 5803 Cash _____

Other Fees (PLUMB REV.) 3.00

Total Construction Cost \$ 2,935.00

TOTAL Fees \$ 33.00

Signed Margella
Applicant

Signed [Signature]
Town Building Inspector

BUILDING PERMIT

| | | | |
|---------------------|------------|------------------|---------------------|
| FORM BOARD SURVEY | DATE _____ | SHEATHING | DATE _____ |
| COMPACTION TESTS | DATE _____ | FRAMING | DATE _____ |
| GROUND ROUGH | DATE _____ | INSULATION | DATE _____ |
| SOIL POISONING | DATE _____ | ROOF DRY-IN | DATE _____ |
| FOOTINGS / PIERS | DATE _____ | ROOF FINAL | DATE _____ |
| SLAB ON GRADE | DATE _____ | METER FINAL | DATE _____ |
| TIE-BEAMS & COLUMNS | DATE _____ | AS BUILT SURVEY | DATE _____ |
| STRAPS AND ANCHORS | DATE _____ | STORM PANELS | DATE _____ |
| DRIVEWAY | DATE _____ | LANDCAPE & GRADE | DATE _____ |
| AS-BUILT SURVEY | DATE _____ | FINAL INSPECTION | DATE <u>7/13/01</u> |

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

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

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

Return to: (enclose Self-addressed stamped envelope)
Name:

STATE OF FLORIDA
MARTIN COUNTY

Address:

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

This instrument Prepared by:

MARSHA EWING, CLERK

Address:

BY Charlotte Buckley, D.C.

Property Appraiser Parcel Identification (APN) Number(s):

10-210-01

NOTICE OF COMMENCEMENT
FS 713.13

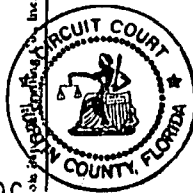
RAMCO FORM 409

INSTR # 1506619

OR BK 01562 PG 2403

RECORDED 06/26/2001 10:24 AM

MARSHA EWING
MARTIN COUNTY Florida
RECORDED BY C Burkey



SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

Permit No. 5172

NOTICE OF COMMENCEMENT

State of Florida
County of }

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

Legal description of property (include Street Address, if available) 107 Henry Sewall Way

Sewall Meadow
Paul I.D.# 13-38-41-013-000-000-50000

General description of improvements INSTALLATION OF automatic sprinkler system

Owner STANLEY + CAROL ECKNA

Address _____

Owner's interest in site of the improvement _____

Fee Simple Title holder (if other than owner) _____

Name _____

Address _____

Contractor FRITZ IRRIGATION inc

Address PO Box 1101 Hobe Sound FL 33475-1101

Surety _____

Address _____

Amount of bond \$ _____

Any person making a loan for the construction of the improvements:

Name _____

Address _____

Person within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Section 713.13(1)(e)7., Florida Statutes.

Name _____

Address _____

In addition to himself, owner designates _____

Of _____

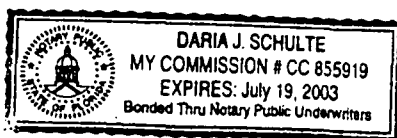
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified).

Carol Eckna
Signature of Owner

CAROL ECKNA
Printed Signature of Owner

NOTARY RUBBER STAMP SEAL



Sworn to and subscribed before me this 19 day of June 2001. (Check one: Affiant is personally known to me. Affiant provided the

following type of identification: _____

Daria J. Schulte
Notary Signature
DARIA J. Schulte
Printed Notary Signature



Fritz Irrigation, Inc

Jack Fritz ☐ 2162 SW Perry Ter. Stuart, Fl 34997 ☐ 561-220-1023, Pager 326-2987 Fax 219-8625

****Mailing Address: P. O. Box 1101 Hobe Sound, FL 33475-1101

over 24 years experience in installation and maintenance

June 20, 2001

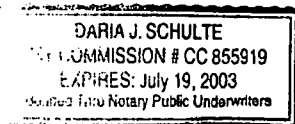
Town of Sewall's Point
One S Sewall's Point Rd
Sewall's Point, FL 34997

RE: ECKNA RESIDENCE
107 HENRY SEWALL WAY
SEWALL'S POINT, FL 34996

I, John Fritz, give permission for Maryellen Fritz, Vice-President of Fritz Irrigation, Inc. to sign her name for me on the Building Permit Application for the above customer in the "contractor signature" block.

Thank you.

Daria J. Schulte



John Fritz - President

Pres. John Fritz

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Bldg. Permit Number

5419

RECEIVED

JUN 21 2001
CLWA

Owner or Titleholder's Name Stanley + Carol Phone No. ()
Street: 107 HENRY Sewall way City: Sewall's Pt State: FL Zip 34916
Legal Description of Property: PARCEL ID # 13-38-41-013-000 - 5000
Parcel Number: 9 - 100150-00000

Location of Job Site: LOT 5 Sewall's Meadow

TYPE OF WORK TO BE DONE: Installation of automatic sprinkler system

CONTRACTOR/Company Name: FRITZ Irrigation Inc Phone No. (21) 220-623
Street: PO Box 1101 City: Hobe Sound State: FL Zip 33471
State Registration: SPB2370 State License: _____

ARCHITECT: _____ Phone No. () _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER: _____ Phone No. () _____
Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION
Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
Estimated cost of construction or Improvement: \$ 2935.00
Estimated Fair Market Value (FMV) prior to improvement: \$ _____
If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
Electrical: _____ State: _____ License # _____
Mechanical: _____ State: _____ License # _____
Plumbing: _____ State: _____ License # _____
Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)

Owner
State of Florida, County of: _____ On
this the _____ day of _____, 2000,
by _____ who is personally
known to me or produced _____
as identification.

CONTRACTOR SIGNATURE (Required)
Margie Giff
Contractor
State of Florida, County of: Martin On
this the 20 day of June, 2000, 2001
by _____ who is personally
known to me or produced _____
as identification.

Notary Public
My Commission Expires: _____
(Seal)

Notary Public
My Commission Expires: 7/19/02
DANA J. SCHULTE
MY COMMISSION # 00155919.
EXPIRES: July 19, 2003
Bonded Thru Notary Public Underwriters

TREE REMOVAL (Attach sealed survey)

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

00000 - 02100

DEVELOPMENT ORDER # _____

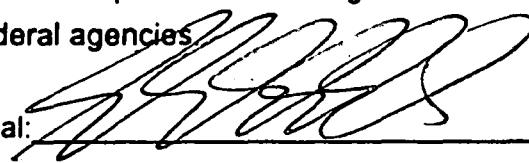
1. ALL APPLICATIONS REQUIRE

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official:  Date: 6/21/01

Approved by Town Engineer _____ Date: _____
(If required)

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID MM
FRITZ-1

DATE (MM/DD/YY)
12/06/00

PRODUCER
Plastridge Agency, Inc.
811 S. E. Ocean Blvd.
Stuart FL 34994-2427
Phone: 561-287-5572 Fax: 561-287-5572 *de/mis*

FILE

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

INSURERS AFFORDING COVERAGE

INSURED
Fritz Irrigation
John Fritz d/b/a
PO Box 1101
Hobe Sound FL 33475

INSURER A: Assurance Company of America
INSURER B: Hartford Accident & Indemnity
INSURER C: **RECEIVED**
INSURER D:
INSURER E: DEC 07 2000

COPY

COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|---|---------------|----------------------------------|-----------------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | CFM26658131 | 09/20/00 | 09/20/01 | EACH OCCURRENCE \$ 300000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | FIRE DAMAGE (Any one fire) \$ 300000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 300000 GENERAL AGGREGATE \$ 600000 PRODUCTS - COMP/OP AGG \$ 600000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 38WBGEV0275 | 12/03/00 | 12/03/01 | WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000 |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
for M.E.'s Homecare Services, 2162 SW Perry Ter, Stuart, Fl. 34997

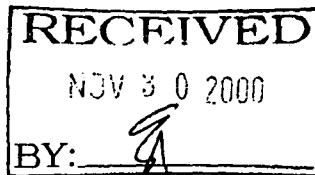
CERTIFICATE HOLDER
Town of Sewall's Point
1 S. Sewall's Point Road
Stuart FL 34996

ADDITIONAL INSURED; INSURER LETTER: TOWNSP1

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

AUTHORIZED REPRESENTATIVE
Jean R. Parks *Jean R. Parks*

FILE
ref us



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP02370
Expires September 30, 2001

FRITZ, JOHN G
FRITZ IRRIGATION
BOX 1101
HOBE SOUND, FL 33475-1101
IRRIGATION SPRINKLERS

Conservation - (800) 724-2424 "Conserve" Recycle

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

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(888) 288-6804

LICENSE 1996 520 019 CERT SP02370

PHONE 561 220 1023 SIC NO 1711

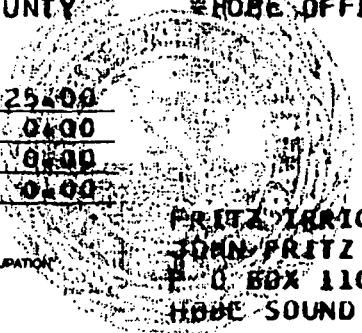
LOCATION:
6733 SE AMYRIS CT

*HOME OFFICE ONLY

34997R

CHARACTER COUNTS IN MARTIN COUNTY

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



FRITZ IRRIGATION, INC.
JOHN FRITZ
P.O. BOX 1101
HOBE SOUND FL 33475-1101

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **IRRIGATION CONTRACTOR**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 2000
AND ENDING SEPTEMBER 30, 2001 12 81001 621 PAID

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THU~~ ~~FRI~~ ~~SAT~~ ~~SUN~~, 2001; Page 2 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS |
|-----------------|---|-----------------------|-------------------|----------------------|
| ✓ 5369 | ECKNA | STORM SHUTTERS - | NOT | |
| S (7) | 107 HENRY SEWALL WAY HARRY BLUE | FINAL | READY | INSPECTOR: <u>JA</u> |
| ✓ T/R | BENT | FIELD VERIF. | PASSED | |
| S (8) | 97 S. SEWALL'S POINT RD O/B | | OK TO PERMIT | INSPECTOR: <u>JA</u> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 5419 | ECKNA | IRRIGATION | PASSED | |
| (10) | 107 HENRY SEWALL WAY FRITZ IRRIGATION | FINAL | | INSPECTOR: <u>JA</u> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| T/R | SADLER | FIELD VERIF | PASSED | |
| (11) | 12 MIDDLE ROAD NIKE'S TREE SERVICE | | OK TO PERMIT | INSPECTOR: <u>JA</u> |
| 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: _____

6375

POOL ENCLOSURE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8/12/03

BUILDING PERMIT NO. 6375

Building to be erected for ECKNA

Type of Permit POOL SCREEN ENCL.

Applied for by EAST COAST SPECIALTIES (Contractor)

Building Fee 120.00

Subdivision SEWALL MARON Lot 5 Block _____

Radon Fee _____

Address 107 HENRY SEWALL WAY

Impact Fee _____

Type of structure SFR-SCREEN ENCLOSURE

A/C Fee _____

Parcel Control Number:

133841013000000500

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 120.00 Check # 7872 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 2268.00

TOTAL Fees 120.00

Signed Neather Mookilly
Applicant

Signed Gene Simmons
Town Building Official

PERMIT

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

6375

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: ED
JUL 29 2003
BY: _____ (Fax) _____

OWNER/TITLEHOLDER NAME: Ec.kna Phone (Day) _____

Job Site Address: 107 Henry Sewall way City: _____ State: FL Zip: _____

Legal Description of Property: Being all of Lot 5 Plat of Sewalls medwa PB 14 Pg 32 Parcel Number: 13-38-41-013-000-0000-0

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

Description of Work To Be Done: construct mansard style roof pool enclosure

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

CONTRACTOR/Company: East Coast specialties Phone: 772 871 1922 Fax: 871 2262

Street: 1754 SW Biltmore St. City: Port St. Lucie State: FL Zip: 34984

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SP02074

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 2,268.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT N/A Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER Nagendra Khanal Phone Number: 561 433-5361
Street: 3155 Lillian Rd City: West Palm Beach State: FL Zip: 33400

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened ^{Pool} Porch: 1110
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

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

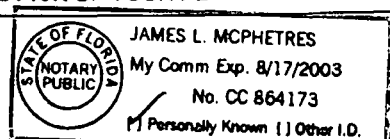
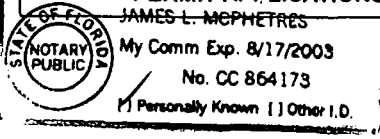
OWNER OR AGENT SIGNATURE (required)
Michael A. Hall
State of Florida, County of: ST. LUCIE
This the 28th day of July, 2003
by Michael A. Hall who is personally known to me or produced PERSONALLY KNOWN as identification.

Notary Public
My Commission Expires: 8/17/2003
Seal

CONTRACTOR SIGNATURE (required)
Michael A. Hall
On State of Florida, County of: ST. LUCIE
This the 28th day of July, 2003
by Michael A. Hall who is personally known to me or produced PERSONALLY KNOWN as identification.

Notary Public
My Commission Expires: 8/17/2003
Seal

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



PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITALS FOR SCREEN ENCLOSURES

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

Application form must contain the following information:

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

Submittals (2 copies)

1. Survey containing the following information:
 - a. Legal Description of Lot
 - b. Lot dimensions and bearings
 - c. Street and Waterway names
 - d. Proposed enclosure location with dimensions off property line
 - e. Easements
 - f. Setbacks
 - g. Road Right-Of-Ways
 - h. Canals, Ponds, or Riverfront locations
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 Workmen's Compensation
8. Copy of Liability Insurance

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

1. Manufactures specifications or shop drawings for screen enclosure
2. Verification that existing footing is capable of supporting and resisting uplift of enclosure

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



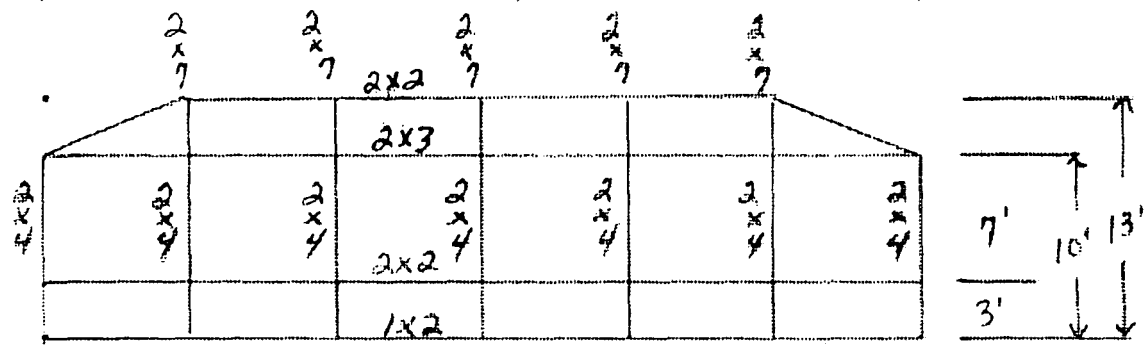
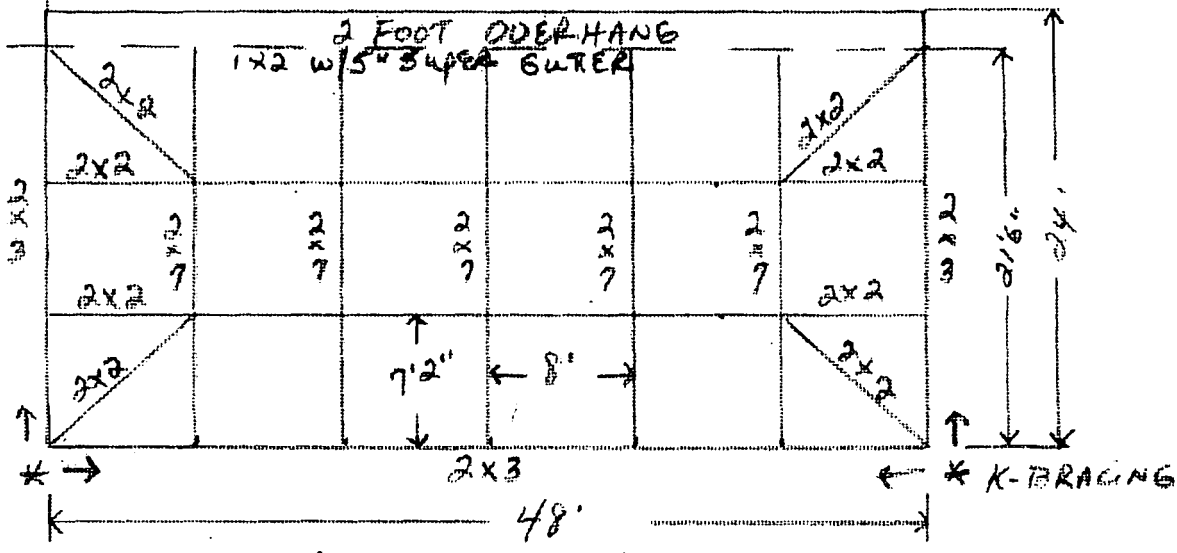
(SIGNATURE OF APPLICANT)

DATE SUBMITTED: _____

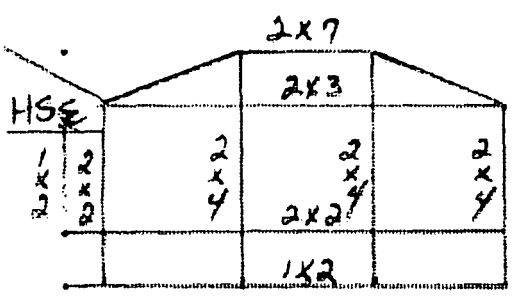
7/28/03

14' UNDER PORCH

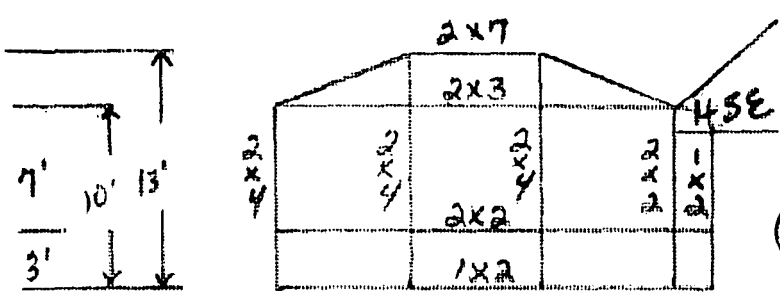
HSE



FRONT VIEW



LEFT VIEW



RIGHT VIEW

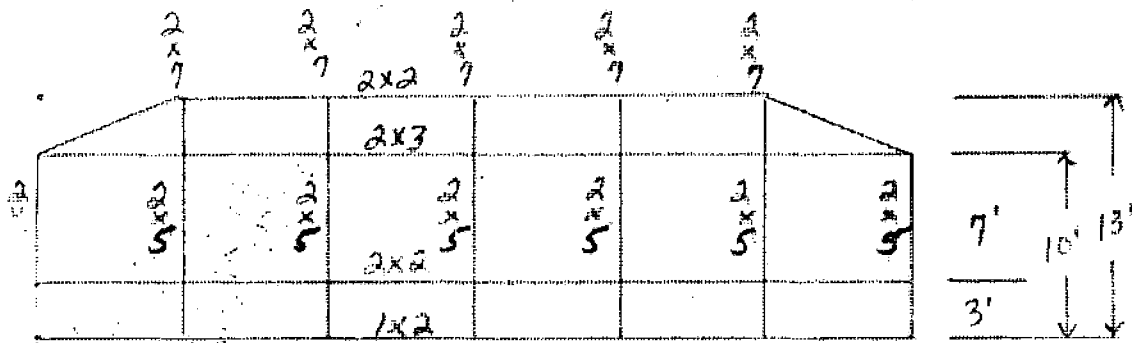
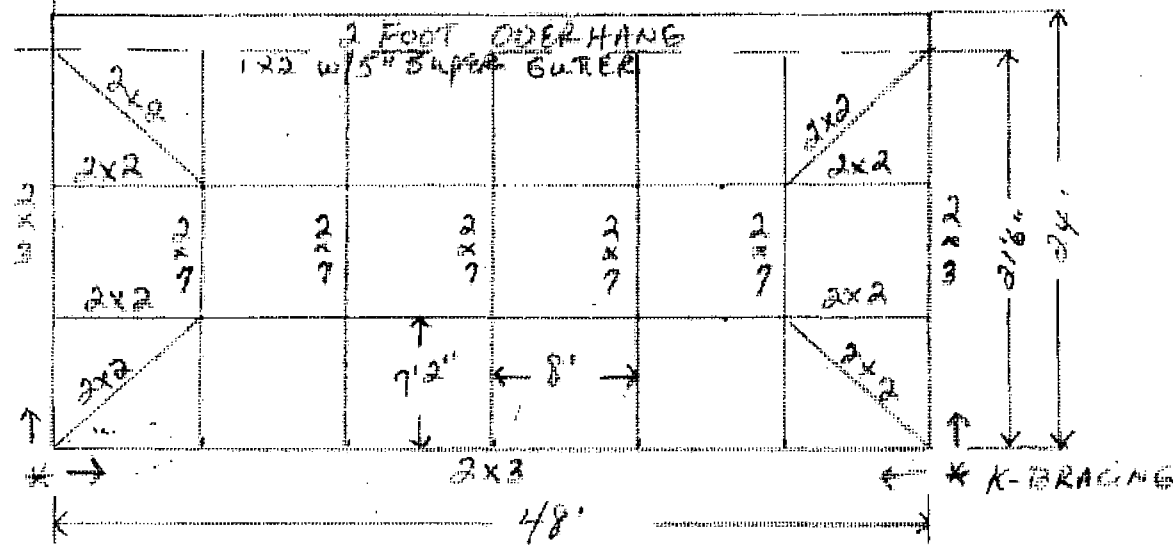
FRAME PLAN

M/M ECKNA
 107 HENRY SEAWAY
 3/32 = 1 FOOT
 EAST COAST SPECIALTIES INC.
 5/1/01

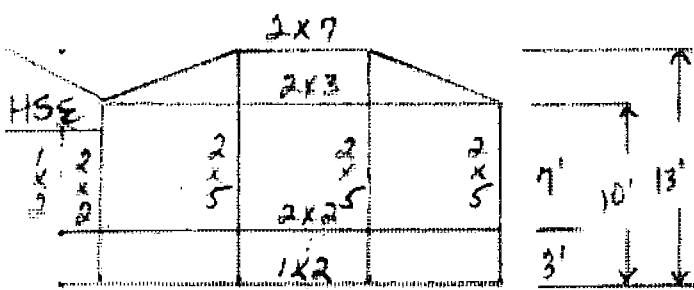
[Signature]
 5/30/01

14' UNDER
PORCH

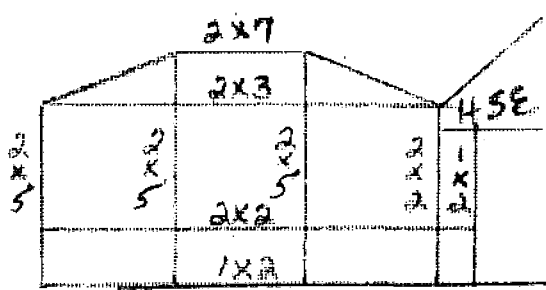
HSE



FRONT VIEW



LEFT VIEW



RIGHT VIEW

FILE COPY

TOWN OF SEWALL'S POINT

THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE

DATE: 7/30/03

[Signature]

BUILDING OFFICIAL

Gene Simmons
EDWIN B. ARDOR

FRAME PLAN

M/M ECKNA
107 MENA/SEWALL WAY
3/32 = 1 FOOT
EAST COAST SPECIALTIES
7/25/03

PN 6375

| | | | |
|--|--|---|-------------------------------|
| ACORD CERTIFICATE OF LIABILITY INSURANCE | | OPID SB ECSPE-1 | DATE (MM/DD/YYYY) 07/28/03 |
| PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| INSURED | | INSURERS AFFORDING COVERAGE | NAIC # |
| East Coast Specialties, Inc. 1754 S.W. Biltmore Street Port St. Lucie FL 34984 | | INSURER A: Southern Owners | 10190 |
| | | INSURER B: Auto Owners Insurance Co | 18988 |
| | | INSURER C: Bridgefield Insurance Co | |
| | | 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 | ADD' INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|------------|---|---------------|----------------------------------|-----------------------------------|---|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BLANKET CONTRACTUAL GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO.JECT <input type="checkbox"/> LOC | 2056534200 | 09/01/02 | 09/01/03 | EACH OCCURRENCE \$ 1,000,000 |
| | | DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (ANY ONE PERSON) \$ 10,000 PERSONAL & ADW. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPLIC ADD \$ 2,000,000 | | | | |
| B | | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRE AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | 9578849000 | 09/01/02 | 09/02/03 | COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 |
| | | BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$ |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| C | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes describe under SPECIAL PROVISIONS below | 0830-21308 | 04/23/03 | 04/23/04 | <input checked="" type="checkbox"/> WC STAT. TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| | | OTHER | | | | |

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

Screen Enclosure Contractors / State of Florida

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| TOWNS-1 Town of Sewalls Point 220-4765 1 S Sewalls Point Road Stuart FL 34996 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Joseph E. Coover</i> |
|---|--|



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP02760
Expires September 30, 2003

HALL, MICHAEL A
EAST COAST SPECIALTIES INC
1758 SW BILTMORE ST
PSL, FL 34984
GLASS & GLAZING



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP02074
Expires September 30, 2003

HALL, MICHAEL A
EAST COAST SPECIALTIES INC
1758 SW BILTMORE ST
PSL, FL 34984
ALUMINUM/CONCRETE CONTRACTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/18, 2003 Page 1 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|-----------------------------------|------------------|-------------------|------------------|
| 6375 | ECZNA | FINAL | Passed | close |
| ① | 107 HENRY SEWALL | SCREEN ENCL | | INSPECTOR: |
| 5795 | PANTON | DRIVEWAY | Passed | close |
| ② | 17 ISLAND RD KIPPER + DUNNE | FINAL | | INSPECTOR: |
| 5798 | DANTON | CONC WALL | Passed | close |
| ③ | 17 ISLAND ROAD KIPPER + DUNNE | GATE FINAL | | INSPECTOR: |
| 5974 | CORR | PAVER WALK | Passed | close |
| ⑤ | 7 RIDGELAND DR PAVING STONE | FINAL | | INSPECTOR: |
| 5985 | LOWELL | WALL | Passed | close |
| ④ | 7 W HIGH POINT LANIERO | FINAL | | INSPECTOR: |
| 5989 | KURTIN | FENCE | Passed | close |
| ⑦ | 4 CASTLE HILL WAY UNITED FENCE | | | INSPECTOR: |
| 5990 | DAUGHERTY | FENCE | Passed | close |
| ⑥ | 15 OAK HILL WAY UNITED FENCE | | | INSPECTOR: |

OTHER:

Buford site compliance - silt screen

6358 Paradise silt screen, clean road

LEGAL DESCRIPTION

Being all of Lot 5, according to the Plat of Sewall's Meadow, recorded in Plat Book 14, Page 32, Public Records of Martin County, Florida.

Martin County Health Department

THIS PLAN IS APPROVED FOR:
 ✓ Septic System: Approval # 43-SS-02627
 Well Location: Approval # 43-
 Other: Approval # _____
 By: [Signature] Date: 8/29/00
 All Changes To The Plans Must Be Approved By The Health Dept.
 Comments:

SURVEYOR'S REPORT

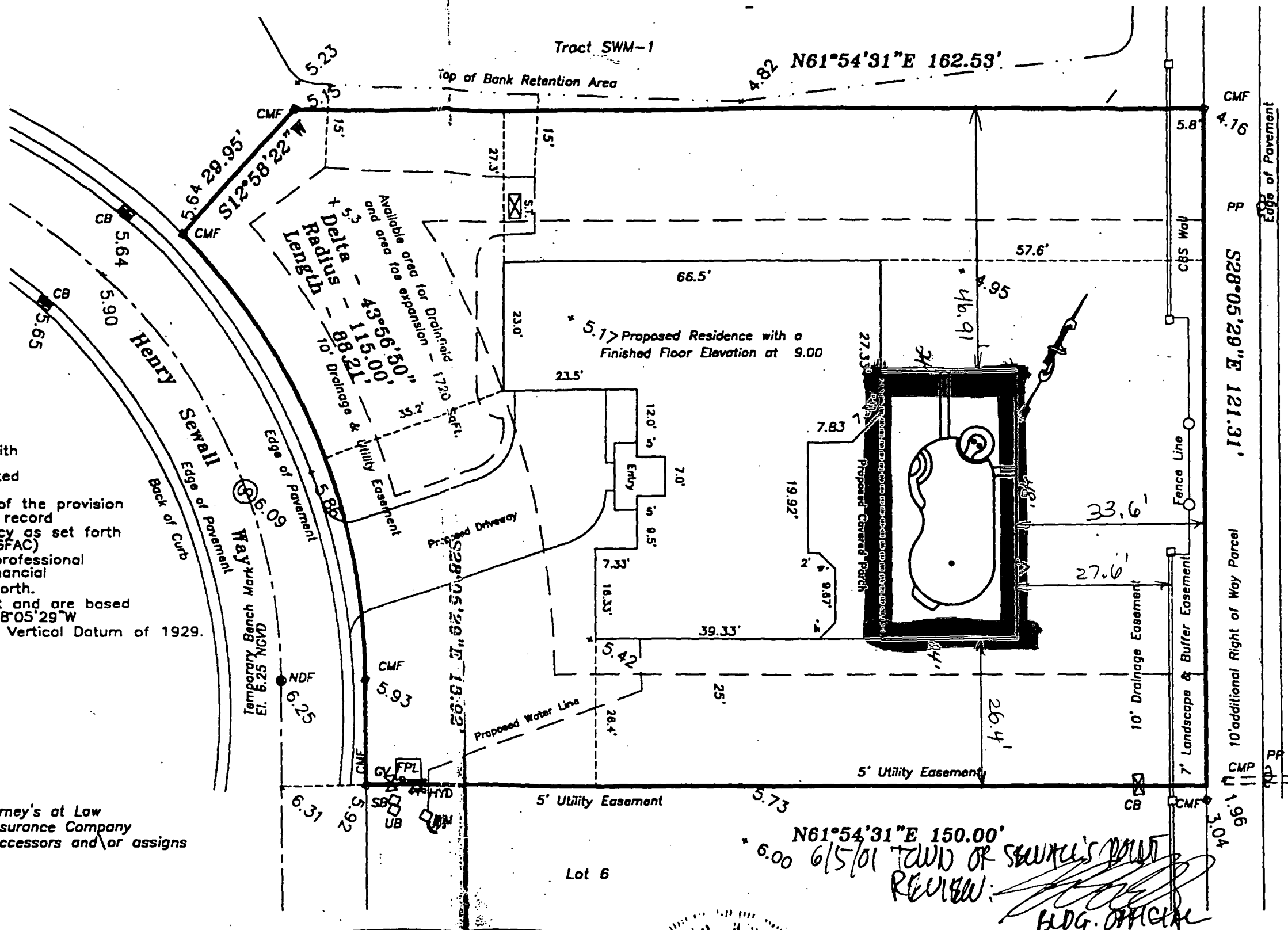
- 1 This Survey shall not be valid unless sealed with an embossed Surveyor's seal.
- 2 No underground improvements have been located
- 3 Survey date: 05.24.00
- 4 This survey was prepared without the benefit of the provision any record documents other than the Plat of record
- 5 This survey meets all requirements for accuracy as set forth in the Minimum Technical Standards (61G17-6FAC)
- 6 This survey shown hereon is not covered by professional liability insurance but the Surveyor ensures financial responsibility in the amount of the survey's worth.
- 7 Bearings shown are relative to the record Plat and are based on the center line of Henry Sewall Way at N28°05'29"W
- 8 Elevations are based on the National Geodetic Vertical Datum of 1929.

LEGEND

- CMF - Found Concrete Monument "GCY"
- NDF - Found PK Nail with Disk "LS#410B"
- Conc. - Concrete
- WM - Water Meter
- UB - Utility Box
- SB - Southern Bell Box
- PP - Power Pole
- GV - Gate Valve
- FH - Fire Hydrant
- CB - Catch Basin
- ST - Septic Tank

PREPARED FOR:
 Navaretta & Navaretta, Attorney's at Law
 Commonwealth Land Title Insurance Company
 Harbor Federal Bank, its successors and/or assigns
 Stanley & Carol Eckna

By: Regina C. Kerner, PSM
 Florida Registration # 4363



N61°54'31"E 150.00'
 6.00 6/5/01 TOWN OF SEWALL'S POINT
 REVIEW: [Signature]
 BLDG. OFFICIAL

Prepared For:

**JMC Contracting, Inc
 & Mr. & Mrs Eckna**

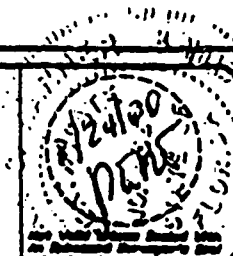
Martin County

Florida

REGINA C. KERNER

PROFESSIONAL SURVEYOR & MAPPER

1352 SW EVERGREEN LN, PALM CITY, FL 34980
 PHONE: 1-561-288 7206 FAX: 1-561-223 8181



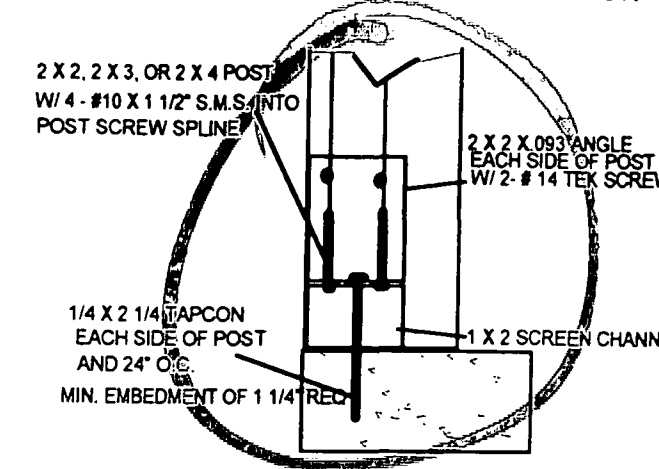
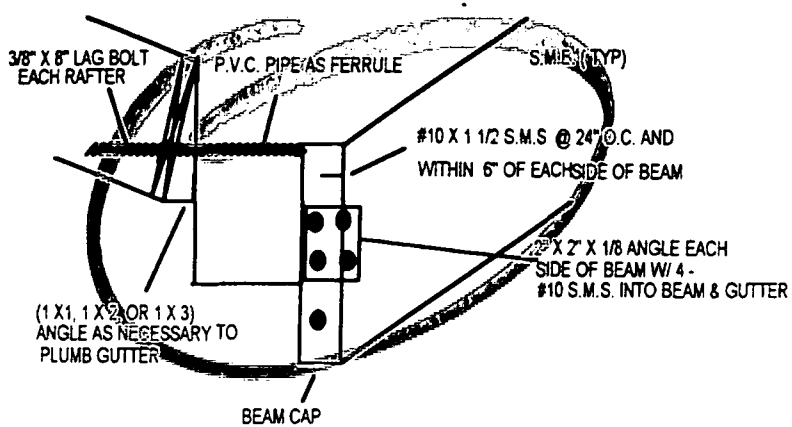
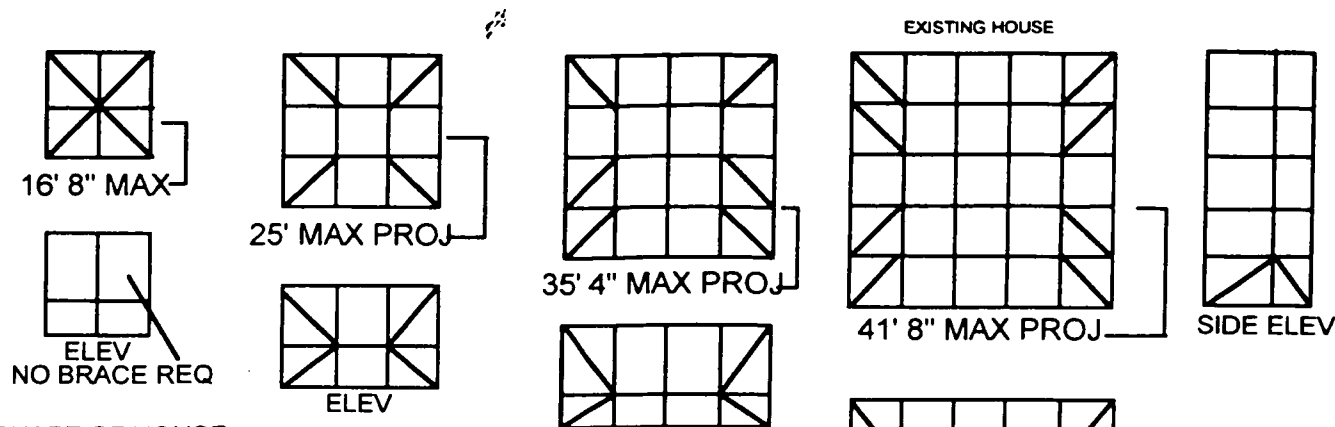
| No. | By | Revision | Description |
|-----|----|----------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|-------------|-----------|
| Sheet Title | Site Plan |
| Scale | |
| Drawn By | |
| Check By | |
| Date | |
| | |

FILE TOWN COPY
 107 HENRY SEWALL WAY
 PN 5406 (MPN 5112)
 (POOL 5311)

FASCIA ATTACHMENT DETAIL

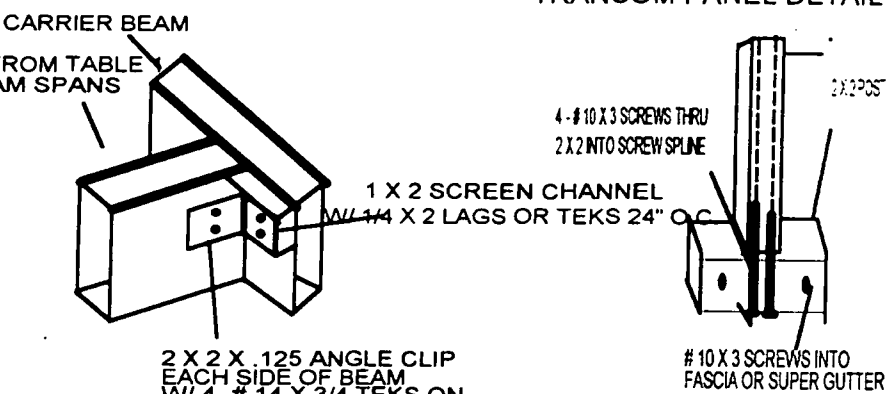
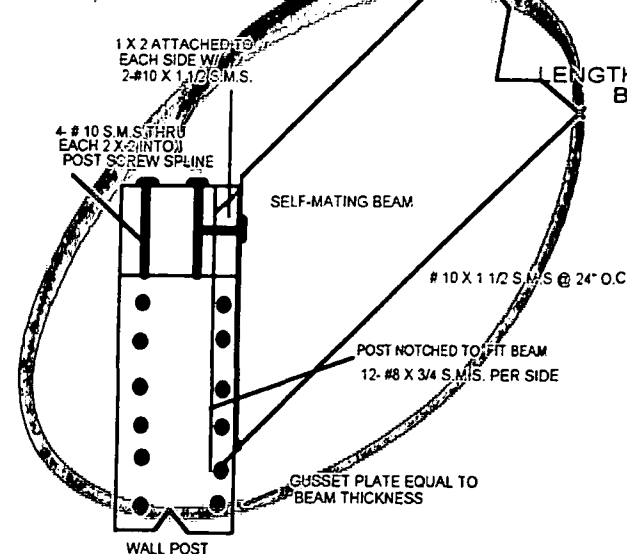
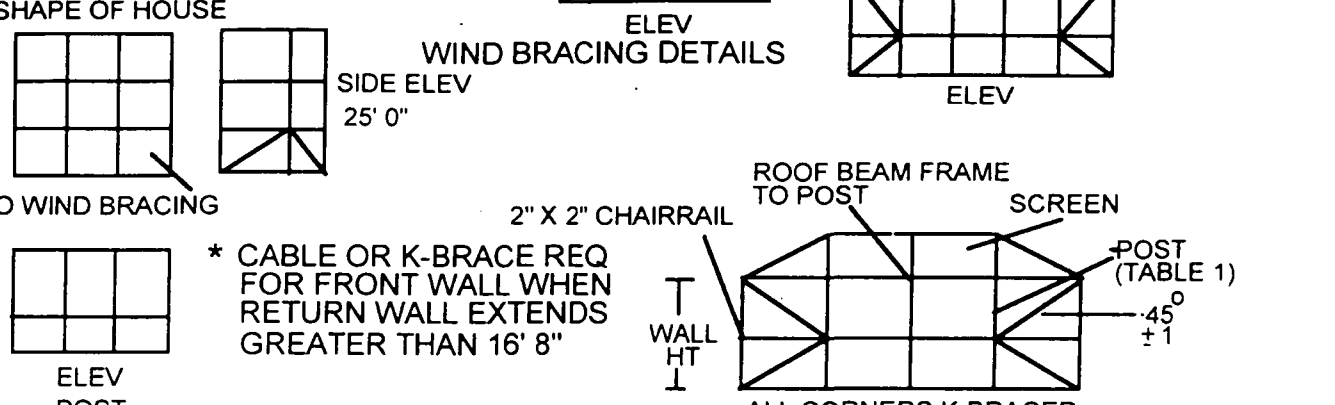
BASE PLATE AND POST CONNECTION



PERIMETER CONNECTION

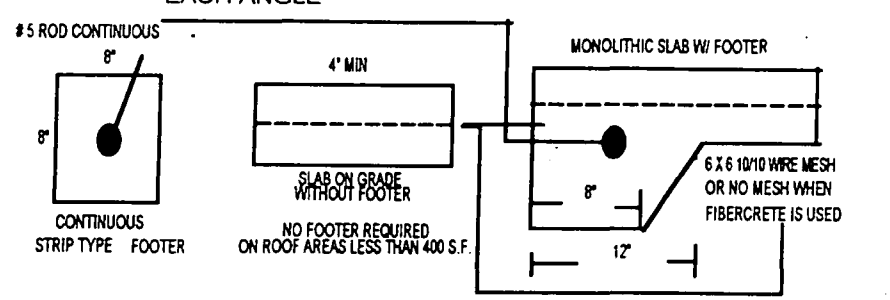
BEAM TO BEAM CONNECTION

TRANSOM PANEL DETAIL



POST LENGTH AND SCREEN WALL SPACING

| POST SIZE | MAX WALL HT | MAX POST SPACING |
|--------------------------------|-------------|------------------|
| 2 X 2 X .055 OR EQUIV | 7' 7" | 7' 1" |
| | 8' 2" | 5' 3" |
| 2 X 3 X .055 OR EQUIV | 7' 9" | 7' 0" |
| | 7' 4" | 8' 0" |
| | 6' 11" | 9' 0" |
| 2 X 4 X .055 BEAM USED AS POST | 6' 6" | 10' 0" |
| | 11' 7" | 7' 0" |
| | 11' 2" | 8' 0" |
| | 10' 8" | 9' 0" |
| 2 X 6 X .055 BEAM USED AS POST | 10' 2" | 10' 0" |
| | 9' 8" | 11' 0" |
| | 9' 9" | 11' 0" |
| | 10' 2" | 10' 0" |
| | 15' 7" | 9' 0" |
| | 16' 4" | 8' 0" |
| 2 X 7 X .055 BEAM USED AS POST | 17' 1" | 7' 0" |
| | 17' 10" | 6' 0" |
| | 18' 6" | 11' 0" |
| | 19' 6" | 10' 0" |
| | 20' 6" | 9' 0" |
| | 21' 6" | 8' 0" |
| 2 X 8 X .055 BEAM USED AS POST | 22' 6" | 7' 0" |
| | 22' 6" | 7' 0" |



SPAN TABLE FOR SCREEN BOX BEAMS PROPERTY OF EAST COAST SPECIALITIES

| SPAN (O.C.) | BEAM SIZE | | | | | | | UP TO |
|-------------|------------|------------|------------|------------|------------|------------|-------------|-------|
| | 2 X 3 S.M. | 2 X 4 S.M. | 2 X 6 S.M. | 2 X 7 S.M. | 2 X 8 S.M. | 2 X 9 S.M. | 2 X 10 S.M. | |
| 4' 0" | 11' 4" | 17' 9" | 25' 0" | 32' 3" | 37' 6" | 42' 9" | 44' 6" | CAN |
| 5' 0" | 10' 8" | 16' 4" | 23' 7" | 30' 5" | 35' 2" | 40' 0" | 43' 6" | |
| 5' 6" | 10' 4" | 15' 8" | 22' 10" | 29' 6" | 34' 1" | 38' 4" | 42' 6" | SPAN |
| 6' 0" | 10' 0" | 15' 0" | 22' 2" | 28' 7" | 33' 0" | 37' 3" | 41' 6" | |
| 6' 6" | 9' 8" | 14' 9" | 21' 8" | 27' 10" | 32' 2" | 36' 5" | 40' 6" | UP TO |
| 7' 0" | 9' 3" | 14' 6" | 21' 1" | 27' 2" | 31' 4" | 35' 6" | 39' 6" | |
| 7' 6" | 9' 2" | 14' 2" | 20' 7" | 26' 7" | 30' 8" | 34' 8" | 38' 6" | 8' |
| 8' 0" | 9' 1" | 13' 10" | 20' 2" | 26' 0" | 30' 3" | 34' 3" | 38' 0" | |
| | | | | | | | | MAX |

STRUCTURES DETAILED AND SPECIFIED IN THESE PLANS WERE DESIGNED IN BUILDING CODE FOR 120 MPH WIND AREA ALSO CONFORMS WITH SOUTH FLORIDA ACCORDANCE WITH THE STANDARD BUILDING CODE, BROWARD COUNTY EDITION 1999 AND THE ASCE 7- 98 AND THE MARTIN COUNTY 140 MPH WIND AREA

SHEET METAL SCREWS SHALL BE PLATED OR STAINLESS ALUMINUM FASTENERS SHALL BE OF ALLOY 2024- T4 POST, PURLINS, ANGLES AND CHANNELS BEAM ALLOY SHALL BE 6063-T6 ALL EXTRUSIONS SHALL ACCEPT EITHER ROUND OR FLAT SPLINE INSTALLED TO HOLD 18 X 14 OR 20 X 20 SCREEN INTO EXTRUDED SPLINE GROOVE CONCRETE TO BE 2500 PSF TAPCONS AND LAGS SHALL BE 24" O.C.

NAGENDRAN, KUNJAL P.E.
3455 LULLIAN ROAD
WPCB FL 33406
561-433-5361
SEAL

LEGAL DESCRIPTION

Being all of Lot 5, according to the Plat of Sewall's Meadow, recorded in Plat Book 14, Page 32, Public Records of Martin County, Florida.

Martin County Health Department

THIS PLAN IS APPROVED FOR:
 ✓ Septic System: Approval # 43-SS-02627
 ✓ Well Location: Approval # 43
 Other: _____ Approval # _____
 By: [Signature] Date: 8/29/00

All Changes To The Plans Must Be Approved By The Health Dept.
 Comments:

SURVEYOR'S REPORT

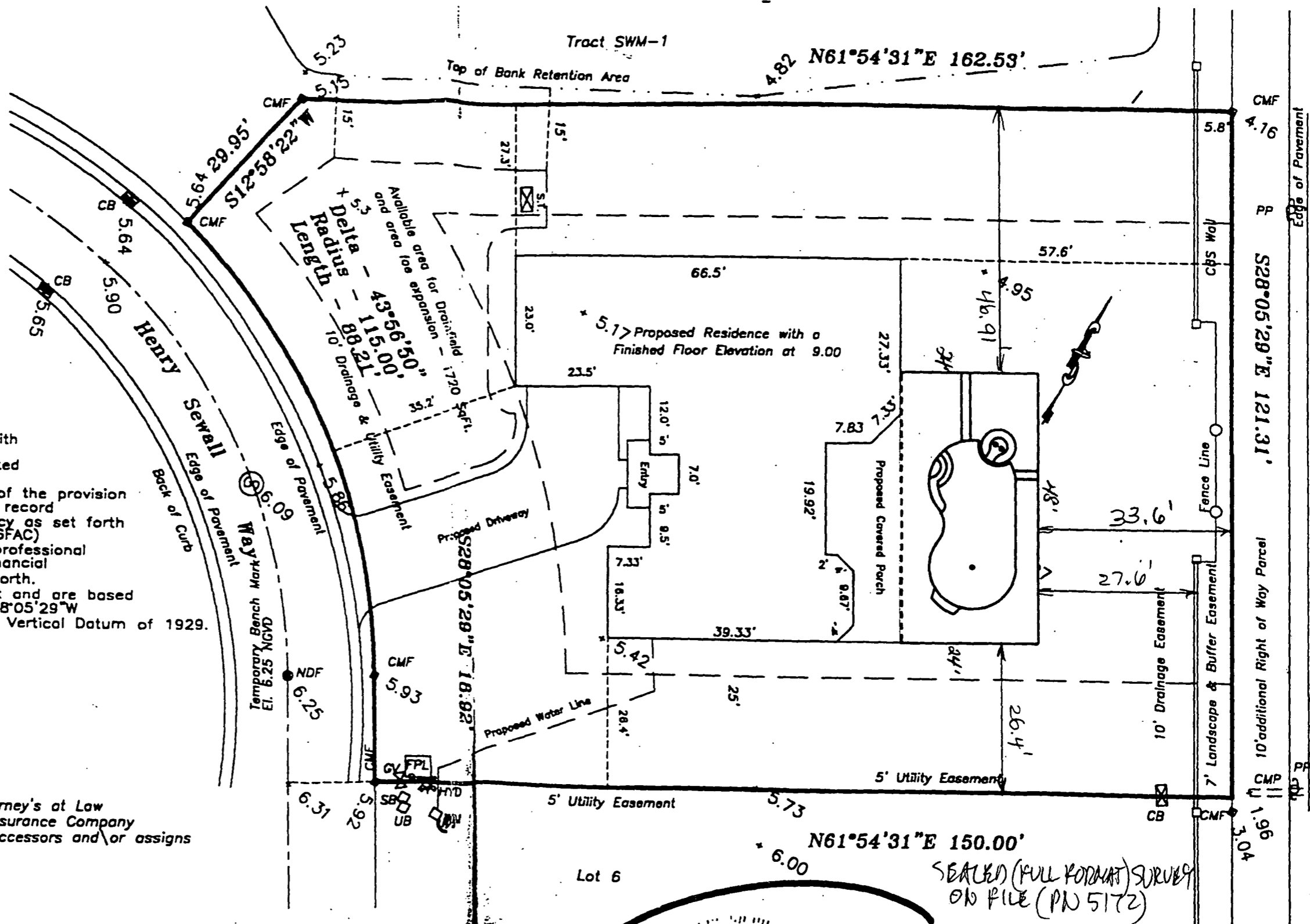
- 1 This Survey shall not be valid unless sealed with an embossed Surveyor's seal.
- 2 No underground improvements have been located
- 3 Survey date: 05.24.00
- 4 This survey was prepared without the benefit of the provision any record documents other than the Plat of record
- 5 This survey meets all requirements for accuracy as set forth in the Minimum Technical Standards (61G17-6FAC)
- 6 This survey shown hereon is not covered by professional liability insurance but the Surveyor ensures financial responsibility in the amount of the survey's worth.
- 7 Bearings shown are relative to the record Plat and are based on the center line of Henry Sewall Way at N28°05'29"W
- 8 Elevations are based on the National Geodetic Vertical Datum of 1929.

LEGEND

- CMF - Found Concrete Monument "GCY"
- NDF - Found PK Nail with Disk "LS#4108"
- Conc. - Concrete
- WM - Water Meter
- UB - Utility Box
- SB - Southern Bell Box
- PP - Power Pole
- GV - Gate Valve
- FH - Fire Hydrant
- CB - Catch Basin
- ST - Septic Tank

PREPARED FOR:
 Navaretta & Navaretta, Attorney's at Law
 Commonwealth Land Title Insurance Company
 Harbor Federal Bank, its successors and/or assigns
 Stanley & Carol Eckna

By: Regina C. Karner, PSM
 Florida Registration # 4363



Prepared For:
JMC Contracting, Inc
 & Mr. & Mrs Eckna
 Martin County Florida

REGINA C. KARNER
 PROFESSIONAL SURVEYOR & MAPPER
 1352 SW EVERGREEN LN, PALM CITY, FL 34990
 PHONE: 1-561-288 7208 FAX: 1-561-223 8104

| Sheet Title | Sheet No. | Total Sheets |
|-------------|-----------|--------------|
| Site Plan | 1 | 1 |

SEALED (FULL FORMAT) SURVEY
 ON FILE (PW 5172)

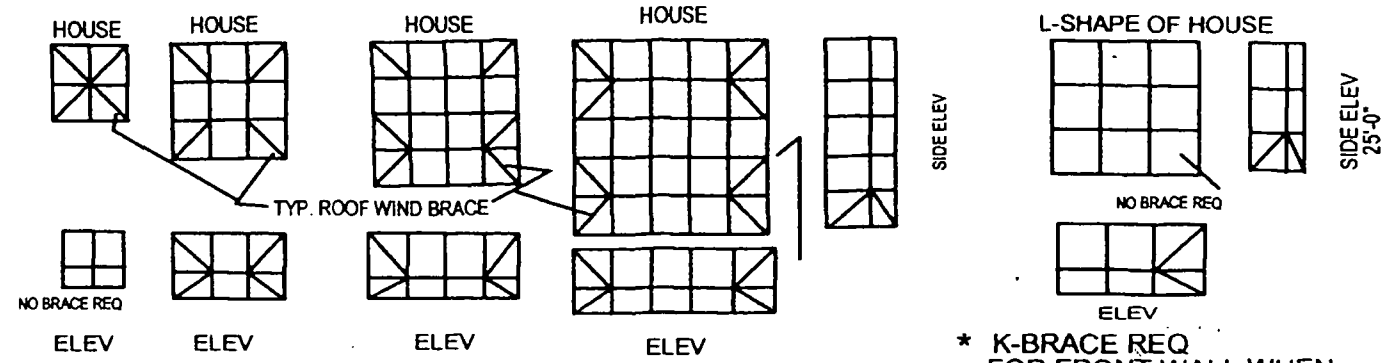
ALUMINUM SCREEN ROOF & WALL DETAILS

2001 FLORIDA BUILDING CODE 2002
 PLAN EFFECTIVE MARCH 1, 2002
 PLANS PROPERTY OF EAST COAST SPECIALTIES

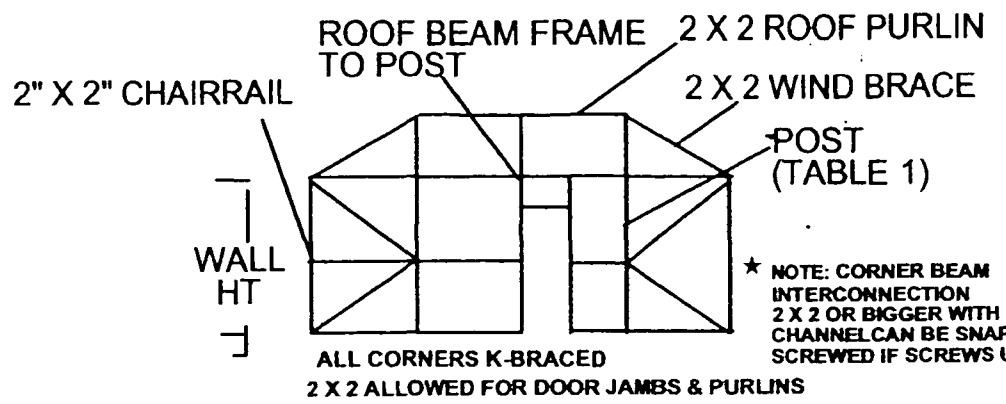
NAGENDRA KHANAL, P.E.
 3155 LILLIAN ROAD
 W.P.B., FL 33406
 1-561-433-5361
 P.E. # 16515

SCREEN ROOFED
POOL/PATIO
ENCLOSURES

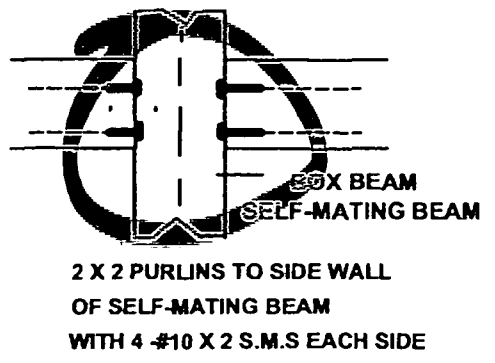
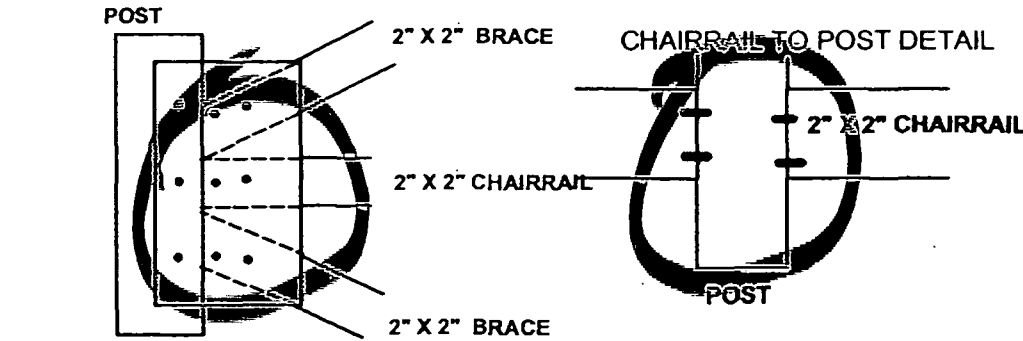
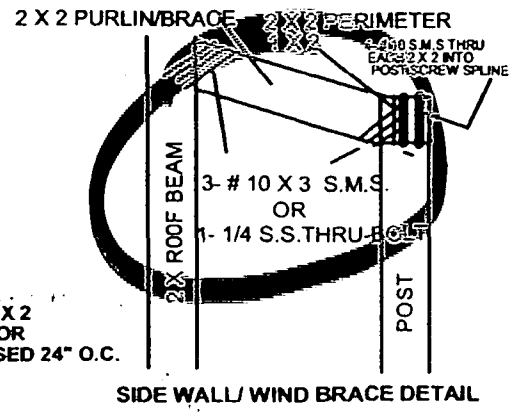
PAGE ONE
OF
TWO SHEETS



WIND BRACING DETAILS

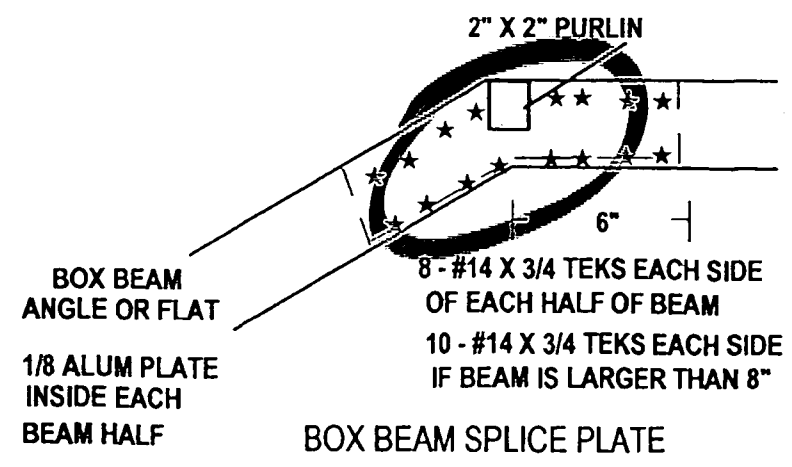


* K-BRACE REQ FOR FRONT WALL WHEN RETURN WALL EXTENDS GREATER THAN 16' 8"

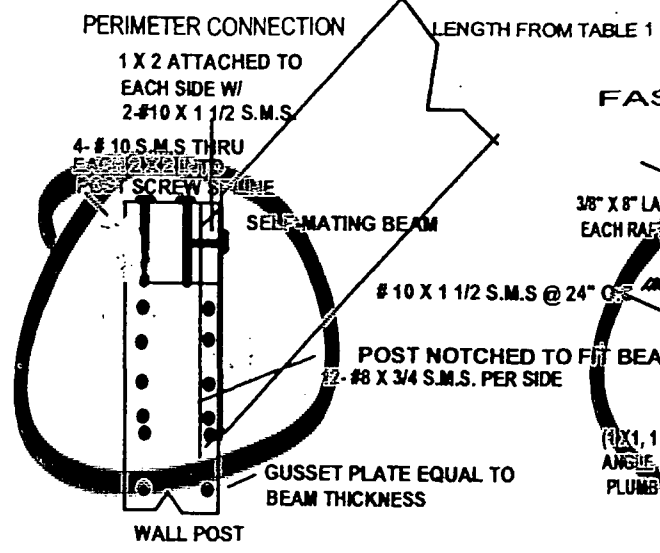
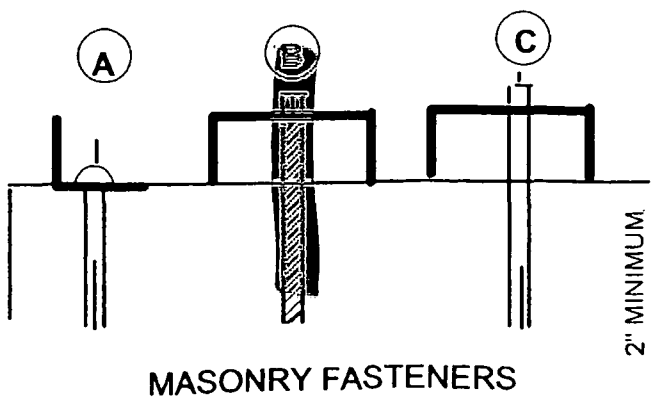


1 X 3 X 7 ANGLE WITH 9- #14 TEK SCREWS ON INSIDE 3" X 3" PLATE TOP AND BOTTOM OUTSIDE INSIDE AND OUT WITH 4- #14 TEK SCREWS

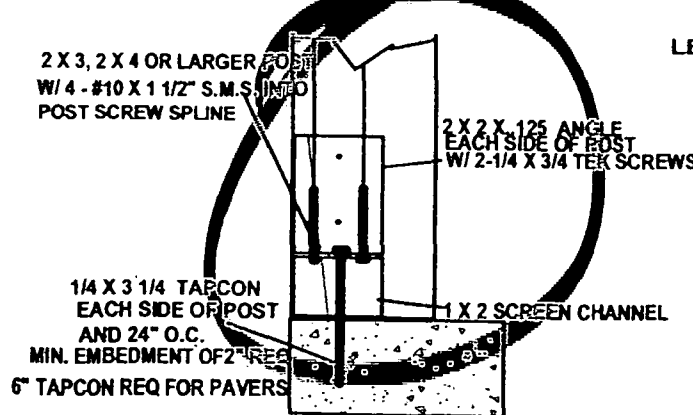
ROOF PURLIN DETAIL



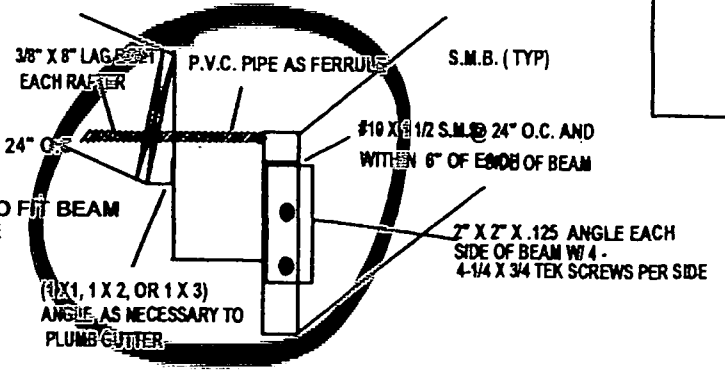
A 1/4 X 2 1/2 DRIVE PIN 2" MIN PENETRATION
 B 1/4 X 3 1/4 TAPCON 2" MIN PENETRATION
 C 1/4 X 3 1/3 T-BOLT 2" MIN PENETRATION



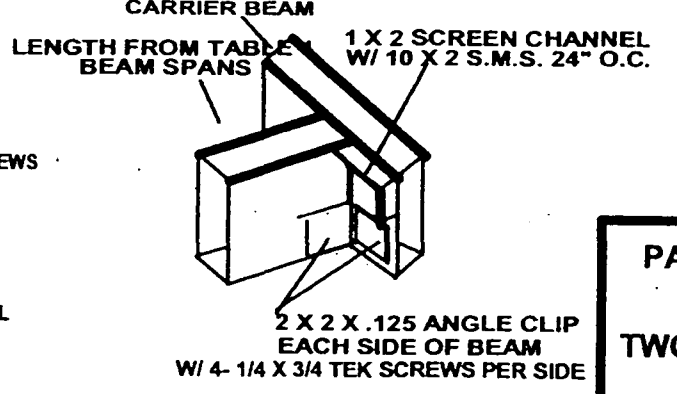
BASE PLATE AND POST CONNECTION



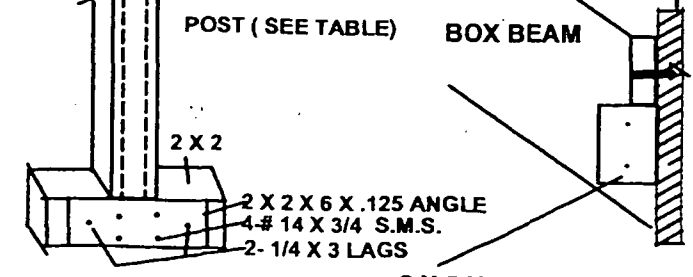
FASCIA ATTACHMENT DETAIL



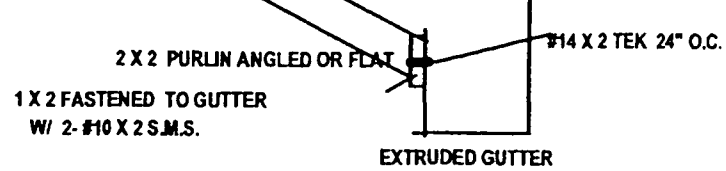
BEAM TO BEAM CONNECTION



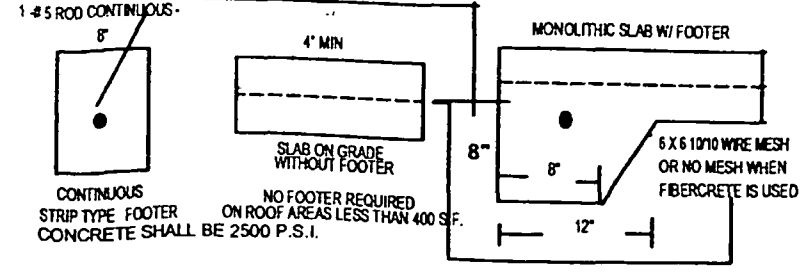
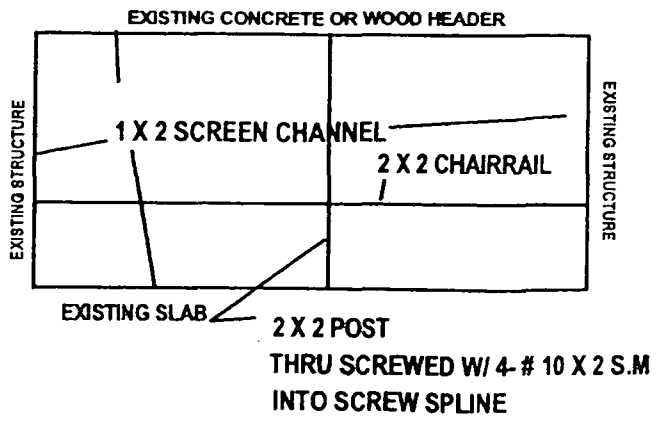
TRANSOM PANEL DETAIL



EXISTING MASONRY WALL



PORCH WALL DETAIL



DESIGN CERTIFICATION for BUILDING CODE COMPLIANCE
ALUMINUM SCREEN ROOF & WALL SPECIFICATIONS

2001 FLORIDA BUILDING CODE SECTION 2002
 PLAN EFFECTIVE MARCH 1, 2002

| REVISIONS |
|--------------|
| MAY 27, 2002 |
| AUG. 9, 2002 |
| NOV. 2, 2002 |

Project Address: 107 HENRY SEWALL WAY Permit No: _____
 Project Description: CONSTRUCT MANSARD STYLE ROOF pool enclosure
 Occupancy/Use Type: SFD
SFD, MULTIFAMILY, COMMERCIAL, INDUSTRIAL - DESCRIBE

Design Parameters
 Minimum Soil Bearing Capacity: 2500 PSI
 Slab Concrete Strength to be 2500 PSI
 Stair Live Load: _____
 First Floor Live Load: _____ Dead Load: _____ Partition Loads: _____
 Second Floor Live Load: _____ Dead Load: _____ Partition Loads: _____
 Roof Truss TC Live Load: _____ TC Dead Load: _____ BC Live Load: _____ BC Dead Load: _____

Wind Loads
 Code Edition Used: 2001 FBC _____ OR ASCE 7-98
 Exposure Category: _____ (B or C or Tested) B= 10 p.s.f. / 18 p.s.f. C= 10 p.s.f. / 26 p.s.f.
 Building Designed as: Enclosed: _____ Partially Enclosed: _____ Open:
 Mean Roof Height: ≤ 30 Ft. (Greater than 80 ft. must use ASCE 7-98) Importance Factor: 0.77
 Basic Wind Speed: 140 (3 second gust) Basic Velocity Pressure: EXP. -B- 10 p.s.f. (Beam)
18 p.s.f. (Walls)
 Internal Pressure Coefficient: _____ (If ASCE 7-98 analytical procedure is used) EXP. -C- 10 p.s.f. (Beam)
26 p.s.f. (Walls)
 Total Roof Dead Load: 2.0 (Used to determine uplifts)
 Reviewed for Shearwall Requirements? YES NO _____ If No, Reason: _____
 Impact Protection Required? YES _____ NO If No, Reason: SCREEN
 Actual positive and negative pressures for each window, door ect, are to be labeled on the plans.

Commercial and multi-family flat roofs require uplifts by zone indicated on the plans for decking and finish.
 I certify that I have designed the structure associated with this form to comply with the applicable structural portions of the Florida Building Code as adopted and enforced by all Counties Planning, Zoning & Building Departments, Building Division. I also certify that the structural components, systems, and related elements provide adequate resistance to wind loads and forces specified by the current Code provisions.
 Name: N. Khanal

License No.: 16515

TABLE 1 Post lengths and Spacing for Screen WALLS

For 120 M.P.H. Wind Zone: INCREASE THE SPACING OR THE HEIGHT OF WALLS BY 29 PERCENT.

| POST SIZE | MAX WALL SPACING | MAX POST HEIGHT EXP. " B " | MAX POST HEIGHT EXP. " C " |
|--------------------|---|---|---|
| 2"x3"x.048 Snap | 7 FT. 0 IN. 8 FT. 0 IN. | 7 FT. 6 IN. 8 FT. 10 IN. | 6 FT. 1 IN. 8 FT. 7 IN. |
| 2"x4"x.048 S.M.B. | 8 FT. 0 IN. 6 FT. 0 IN. 7 FT. 0 IN. 8 FT. 0 IN. | 11 FT. 6 IN. 10 FT. 6 IN. 9 FT. 6 IN. 9 FT. 0 IN. | 9 FT. 4 IN. 8 FT. 7 IN. 7 FT. 10 IN. 7 FT. 4 IN. |
| 2"x6"x.060 S.M.B. | 4 FT. 0 IN. 6 FT. 0 IN. 8 FT. 0 IN. 8 FT. 0 IN. | 16 FT. 9 IN. 14 FT. 2 IN. 12 FT. 10 IN. 11 FT. 10 IN. | 12 FT. 11 IN. 11 FT. 7 IN. 10 FT. 8 IN. 9 FT. 8 IN. |
| 2"x7"x.065 S.M.B. | 4 FT. 0 IN. 6 FT. 0 IN. 6 FT. 0 IN. 7 FT. 0 IN. 8 FT. 0 IN. | 23 FT. 0 IN. 21 FT. 0 IN. 19 FT. 1 IN. 17 FT. 8 IN. 16 FT. 8 IN. | 18 FT. 10 IN. 17 FT. 2 IN. 16 FT. 8 IN. 14 FT. 8 IN. 13 FT. 8 IN. |
| 2"x8"x.072 S.M.B. | 4 FT. 0 IN. 6 FT. 0 IN. 6 FT. 0 IN. 7 FT. 0 IN. 8 FT. 0 IN. | 27 FT. 6 IN. 24 FT. 8 IN. 22 FT. 8 IN. 21 FT. 2 IN. 19 FT. 7 IN. | 22 FT. 6 IN. 20 FT. 2 IN. 18 FT. 8 IN. 17 FT. 4 IN. 16 FT. 0 IN. |
| 2"x9"x.082 S.M.B. | 4 FT. 0 IN. 6 FT. 0 IN. 6 FT. 0 IN. 7 FT. 0 IN. 8 FT. 0 IN. | 28 FT. 10 IN. 27 FT. 7 IN. 26 FT. 4 IN. 23 FT. 8 IN. 21 FT. 9 IN. | 23 FT. 7 IN. 22 FT. 7 IN. 20 FT. 8 IN. 19 FT. 4 IN. 17 FT. 10 IN. |
| 2"x10"x.092 S.M.B. | 4 FT. 0 IN. 6 FT. 0 IN. 6 FT. 0 IN. 7 FT. 0 IN. 8 FT. 0 IN. | 35 FT. 8 IN. 33 FT. 1 IN. 31 FT. 1 IN. 29 FT. 7 IN. 28 FT. 4 IN. | 29 FT. 1 IN. 27 FT. 1 IN. 25 FT. 6 IN. 24 FT. 3 IN. 23 FT. 2 IN. |

TABLE 2 1/2 OF TRIBUTARY BEAM TO CARRY BEAM (CARRY BEAM TO BE ONE SIZE GREATER THAN TRIBUTARY BEAM.)

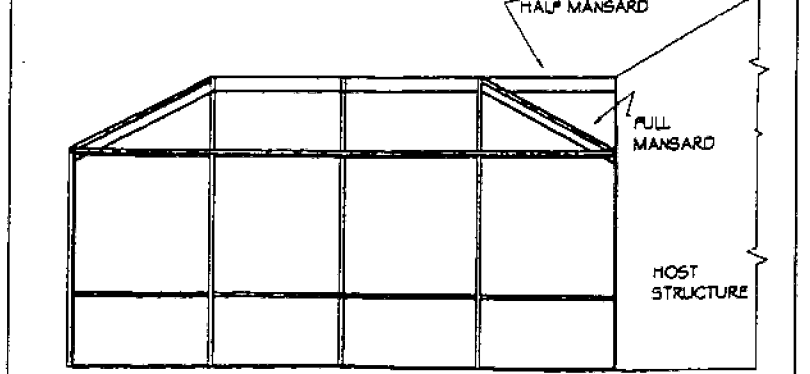
| MAJOR BEAM LENGTH | 2x6" S.M.B. .065 | 2x7" S.M.B. .065 | 2x8" S.M.B. .072 | 2x9" S.M.B. .082 |
|-------------------|------------------|------------------|------------------|------------------|
| 10' 0" | 15' 7" | 17' 11" | 21' 10" | 24' 0" |
| 12' 0" | 14' 2" | 16' 4" | 20' 1" | 21' 11" |
| 14' 0" | 13' 2" | 15' 1" | 18' 7" | 20' 4" |
| 16' 0" | 12' 3" | 14' 2" | 17' 5" | 19' 0" |
| 18' 0" | 11' 7" | 13' 4" | 16' 5" | 17' 11" |
| 20' 0" | 11' 0" | 12' 8" | 15' 7" | 17' 0" |
| 22' 0" | 10' 6" | 12' 1" | 14' 10" | 16' 2" |
| 24' 0" | 10' 0" | 11' 6" | 14' 3" | 15' 6" |

TABLE 3 SPAN TABLE FOR SCREENED ROOF BOX BEAMS (SELF MATING BEAMS) (FLAT ROOF)

| BEAM SIZE | 2x3" SNAP .048 | 2x4" S.M.B. .048 | 2x6" S.M.B. .060 | 2x8" S.M.B. .065 | 2x9" S.M.B. .065 | 2x10" S.M.B. .072 | 2x12" S.M.B. .082 | 2x14" S.M.B. .092 |
|-----------|----------------|------------------|------------------|------------------|------------------|-------------------|-------------------|-------------------|
| 4'0" O.C. | 13' 0" | 16' 3" | 20' 0" | 22' 7" | 28' 0" | 35' 0" | 39' 4" | 45' 10" |
| 4'8" O.C. | 12' 2" | 15' 7" | 19' 3" | 21' 7" | 26' 6" | 33' 8" | 37' 10" | 44' 1" |
| 5'0" O.C. | 11' 5" | 15' 0" | 18' 6" | 20' 7" | 25' 0" | 32' 4" | 36' 5" | 42' 5" |
| 5'8" O.C. | 10' 9" | 14' 10" | 18' 0" | 19' 9" | 24' 0" | 31' 3" | 35' 7" | 41' 9" |
| 6'0" O.C. | 10' 0" | 14' 3" | 17' 6" | 19' 0" | 23' 0" | 30' 2" | 33' 10" | 40' 0" |
| 6'8" O.C. | 9' 5" | 13' 10" | 16' 9" | 18' 5" | 22' 2" | 29' 3" | 32' 7" | 39' 0" |
| 7'0" O.C. | 9' 3" | 13' 6" | 16' 0" | 17' 9" | 21' 4" | 28' 4" | 31' 4" | 37' 11" |
| 7'8" O.C. | 9' 0" | 13' 0" | 15' 6" | 17' 4" | 20' 9" | 27' 8" | 30' 7" | 36' 8" |
| 8'0" O.C. | 8' 10" | 12' 7" | 15' 0" | 16' 10" | 20' 4" | 27' 1" | 29' 9" | 35' 8" |

FOR HALF MANSARD & GABLE ROOF STYLE MULTIPLY THE ABOVE TABLE VALUE BY 1.10

FOR FULL MANSARD ROOF STYLE MULTIPLY THE ABOVE TABLE VALUE BY 1.20



SPECIFICATIONS

1. SHEET METAL SCREWS SHALL BE PLATED OR STAINLESS
2. ALUMINUM FASTENERS SHALL BE OF ALLOY 2024- T4
3. BEAM ALLOY SHALL BE 6063-T6 POST, PURLINS, ANGLES, AND CHANNELS ALLOY SHALL BE 6063-T5
4. MINIMUM THICKNESS OF THE ALLOYS SHALL BE 0.040 INCHES.
5. CONCRETE TO BE 2800 P.S.I.
6. T- BOLTS, TAPCONS, LAGS, SCREWS, TEKS SHALL BE 24" O.C.
7. ALL EXTRUSIONS MAY ACCEPT EITHER FLAT OR ROUND SPLINE INSTALLED TO HOLD 18 / 14 OR 20 / 20 SCREEN INTO EXTRUDED SPLINE GROOVES.
8. STRUCTURES DETAILED AND SPECIFIED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH THE FLORIDA BUILDING CODE (F.B.C.) FOR 140 M.P.H. WIND ZONE.

THIS DRAWING DOCUMENT IS THE SOLE PROPERTY OF NAGHORA KHANAL & DAVID SUTTON. WRITTEN CONSENT IS NEEDED TO REPRODUCE ALL OR PART OF ITS CONTENTS.
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NAGHORA KHANAL P.E.
 3155 LILLIAN ROAD
 WEST PALM BEACH, FLORIDA 33411
 VALID ONLY BY RASSED ENGINEER SEAL
 SEALED DRAWING VALID FOR ONE JOB
 Phone: (561) 433-5361
 P.E. No: 16515

SCREEN ROOFED POOL/PATIO ENCLOSURES

THESE PLANS ARE EXCLUSIVELY USED BY:

DRAWN BY: DAVID SUTTON
 CHECKED BY:
 SCALE: AS NOTED
 DATE:
 PROJECT:

JOB:
 SHEET NO.:
TWO
 of 2 Sheets

8348

WINDOWS/DOORS



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 - 20060101 |
| Permit Type: | SEWALLS POINT |
| Date Issued: | 02-AUG-06 |
| Project: | |
| Scope of Work: | Replace windows& doors |

| | | | |
|------------------------|--|--------------|--|
| Applicant/Contact: | WATLEY, RYAN N. / | | |
| Parcel Control Number: | 13-38-41-013-000-0005.0-00000 | | |
| Subdivision: | SEWALL'S MEADOW | | |
| Construction Address: | 107 HENRY SEWALL WAY | | |
| Location Description: | | | |
| Owner Name: | OLCOTT, LYNN | | |
| Prime Contractor: | WATLEY, RYAN N. 3673 FORECASTLE COURT STUART, FL 34997 | 561-722-3938 | WATLEE CONSTRUCTION INC License No.: CBC1252388 |

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 _____

RECEIVED
7-22-06

9:00 P.m. Goals

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 7-22-06 Permit Number: 023-735

OWNER/TITLEHOLDER NAME: LYNN A. OLCOTT Phone (Day) 917-219-223 (Fax) 227-0253

Job Site Address: 107 Henry Sewall Way City: Sewall's Pt. State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LOT 5 Sewall's Mounds Parcel Number: 133841013 0000005 0000006

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

Description of Work To Be Done: replace windows & doors

WILL OWNER BE THE CONTRACTOR?:
YES NO

COST AND VALUES:
Estimated Cost of Construction or Improvements: \$ 50,000
(Notice of Commencement needed over \$2500)
Estimated Fair Market Value prior to Improvement: \$ 1.2 million
Is Improvement cost 80% or more of Fair Market Value? YES NO
Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: Wattles Construction Inc Phone: 772-204-903 Fax: 772-283-4756

Street: 3673 SE Forecastle court City: Stuart State: FL Zip: 34997

State Registration Number: _____ State Certification Number: CB1252388 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)
Lynn A. Olcott
State of Florida, County of: Martin
This the 21 day of July, 2006
by Lynn A. Olcott who is personally known to me or produced as identification. _____
Notary Public

CONTRACTOR SIGNATURE (required)
Ryan Nolan Wattles
On State of Florida, County of: Martin
This the 21st day of July, 2006
by RYAN NOLAN WATTLES who is personally known to me or produced as identification. FL DL# W340-734-75-462-0
As identification. _____
Notary Public

My Commission Expires: _____

My Commission Expires: _____
VALERIE MEYER
MY COMMISSION # DD553110
EXPIRES May 14, 2010

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!
OLGA MURPHY
Notary Public, State of Florida
Commission # 00547281
My comm. expires May 01, 2010

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 13384101300000050000

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):

107 Henry Sewall Way Sewall's Pt. Lot 5 Sewall's meadow

GENERAL DESCRIPTION OF IMPROVEMENT: REPLACE WINDOWS + DOORS

OWNER: LYNN A. OLCOTT

ADDRESS: 107 Henry Sewall Way Sewall's Pt Fl. 34996

PHONE #: 772-219-0632 FAX #: 772-225-0253

CONTRACTOR: Wm Lee Construction

ADDRESS: 3673 Forcasse Ct. Stuart Fl. 34997

PHONE #: 561-722-3938 FAX #: 772-283-4756

SURETY COMPANY(IF ANY) _____

ADDRESS: _____ STATE OF FLORIDA
MARTIN COUNTY

PHONE # _____ FAX #: _____

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

LENDER: _____ MARSHA EWING, CLERK

ADDRESS: _____ BY: [Signature] D.C.

PHONE # _____ FAX #: _____ DATE: 8/2/06

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

NAME: _____

ADDRESS: _____

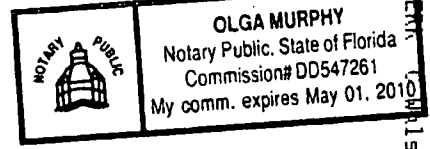
PHONE # _____ FAX #: _____

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

PHONE # _____ FAX #: _____

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

[Signature]
SIGNATURE OF OWNER



SWORN TO AND SUBSCRIBED BEFORE ME THIS 21 DAY OF July
2006 BY Lynn A. Olcott

[Signature]
NOTARY SIGNATURE

PERSONALLY KNOWN
OR
PRODUCED ID _____
TYPE OF ID _____

INSR # 1951474 DR BK 02168 PG 0476 RECD 08/02/2006 02:35:43 PM
Pg 0476: (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK

| | | |
|--|--|---|
| ACORD™ CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) 07/26/2006 |
| PRODUCER (772) 287-1560 Agrillo Insurance Agency 730 South Federal Hwy Stuart FL 34994- | | 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 Watlee Construction Inc 3673 Forecastle Court Stuart FL 34997- | | INSURERS AFFORDING COVERAGE INSURER A: American Vehicle Ins Co INSURER B: INSURER C: INSURER D: INSURER E: |

COVERAGES

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

| INSR ADD'L LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------------|---|---------------|----------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC | GL 0511038481 | 05/31/2006 | 05/31/2007 | EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | OTHER | | | | |

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

| | |
|--|--|
| CERTIFICATE HOLDER () - (772) 220-4765 Town of Swells Point 1 South Swells Point Road Stuart FL 34996- | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 7/26/06 |
|--|--|



TOM GALLAGHER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE: 06/02/2005

** EXPIRATION DATE: 06/02/2007

PERSON: WATLEY RYAN N

FEIN: 550866173

BUSINESS NAME AND ADDRESS: WATLEE CONSTRUCTION INC
3673 SE FORECASTLE COURT
STUART FL 34997

SCOPE OF BUSINESS OR TRADE: 1- CERTIFIED BUILDING CONTRACTOR

WATLEE CONSTRUCTION REQUIREMENTS

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

WC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY
CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW



EFFECTIVE: 06/02/2005

** EXPIRATION DATE: 06/02/2007

PERSON: WATLEY RYAN N

FEIN: 550866173

BUSINESS NAME AND ADDRESS: WATLEE CONSTRUCTION INC
3673 SE FORECASTLE COURT
STUART FL 34997

SCOPE OF BUSINESS OR TRADE
1- CERTIFIED BUILDING CONTRACTOR

WATLEE CONSTRUCTION REQUIREMENTS

F
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IMPORTANT

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.

AC# 2233610

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L05092901693

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 09/29/2005 | 057003277 | QB36290 |



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.)

WATLEE CONSTRUCTION INC
 3673 SE FORECASTLE COURT
 STUART FL 34997

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

**2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 2005-512-032 CERT. _____
PHONE (561) 722-3938 SIC NO. =023320
LOCATION: 3673 FORECASTLE CT. STU

CHARACTER COUNTS IN MARTIN COUNTY

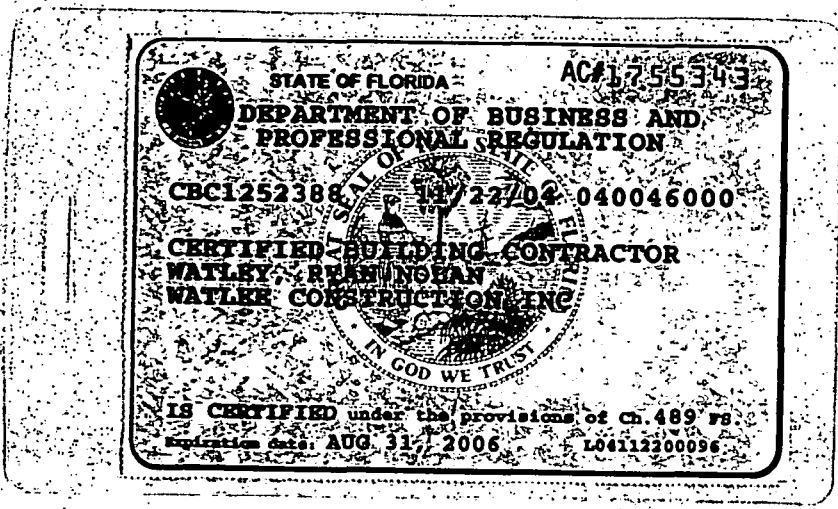
| | | | |
|--------------|-----|-------------|-------|
| PREV. YR. \$ | .00 | LIC. FEE \$ | 36.25 |
| \$ | .00 | PENALTY \$ | 0.00 |
| \$ | .00 | COL. FEE \$ | 0.00 |
| \$ | .00 | TRANSFER \$ | 0.00 |
| TOTAL | | | 36.25 |



RECEIPT of PAYMENT
LARRY C. O'STEEN
99 01/25/2006 NORMA
20050005120003
002 2005 0002378
WATLEY CONSTRUCTION

WATLEY, RYAN, N.
WATLEY CONSTRUCTION, INC.
3673 FORECASTLE CT.
STUART, FL 34997

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **GENERAL CONTRACTING**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE
25 DAY OF JANUARY 06
AND ENDING SEPTEMBER 30, 2006



WINDOW SCHEDULE

| I.D. NO. | APPROX OPENING SIZE (WxH) | GLAZED AREA (S.F) (WxH) | DESIGNATION | TYPE | IMPACT IMPACT GLASS | PROTECTION SHUTTER | REMARKS | |
|------------------------------------|---------------------------|-------------------------|--|------|---------------------|--------------------|---------|--|
| 0 | 37"X63" | 16 S.F | 25 | SH | | X | EXAMPLE | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | IMPORTANT NOTICE | | | | | |
| 5 | | | Failure to provide complete specifications and construction details in the building plans does not relieve the building designer and permit holder from responsibility for compliance with the applicable sections | | | | | |
| 6 | | | 1. The Florida Building Code 2004 - Building | | | | | |
| 7 | | | 2. The Florida Building Code 2004 - Residential | | | | | |
| 8 | | | 3. The Florida Building Code 2004 - Existing Building | | | | | |
| 9 | | | 4. The Florida Building Code 2004 - Plumbing | | | | | |
| 10 | | | 5. The Florida Building Code 2004 - Mechanical | | | | | |
| 11 | | | 6. The Florida Building Code 2004 - Electrical | | | | | |
| 12 | | | 7. The Florida Building Code 2004 - Fire | | | | | |
| 13 | | | National Fire Protection Association (NFPA) 70 & 72 | | | | | |
| 14 | | | Florida Building Code Ordinance | | | | | |
| 15 | | | FEMA National Flood Insurance Program | | | | | |
| 16 | | | Building Department | | | | | |
| 17 | | | Plan Review | | | | | |
| 18 | | | 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024 | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |
| TOTAL INSTALLED GLAZED AREA | | S.F. | | | | | | |

TOTAL GLAZED OPENING AREA FOR STRUCTURE: _____ S.F.

*PERCENTAGE OF NEW GLAZED AREA: _____ %
 (TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

*NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings will require impact protection on all proposed glazed openings & replacement (approved shutters or impact resistant glazing) as per-FBC3401.7.2.4.

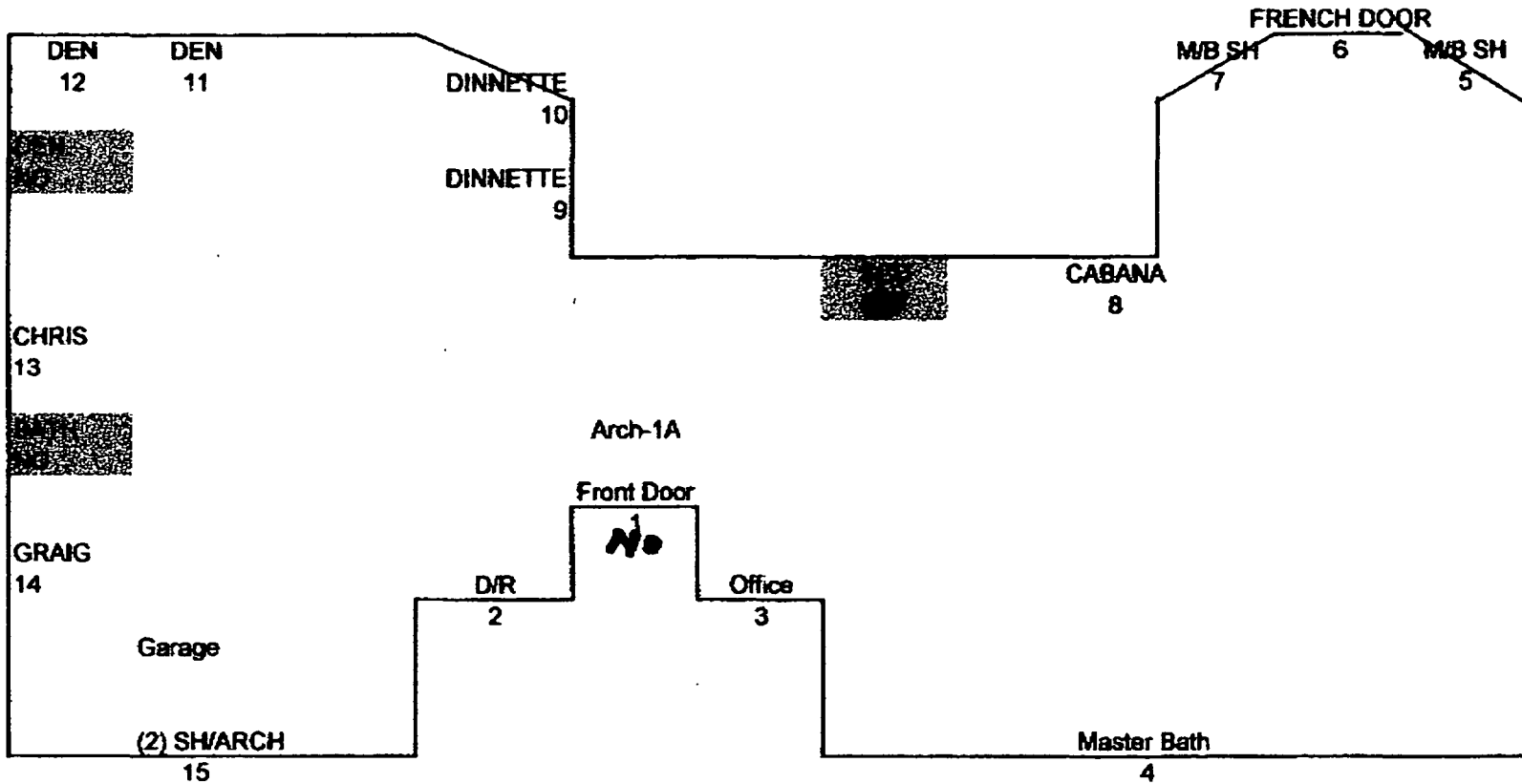
TYPE WINDOWS:

- SH - SHINGLE HUNG AWN-AWNING SL-SLIDER
- DH - DOUBLE HUNG CAS-CASEMENT FIX-FIXED

REPLACE EXIST. WINDOWS W/ IMPACT RESISTANT
 COMPLY W/ EGRESS REQUIREMENTS

NO Permit Sometime next week

107 HENRY SEWALL WAY
SEWALL'S POINT

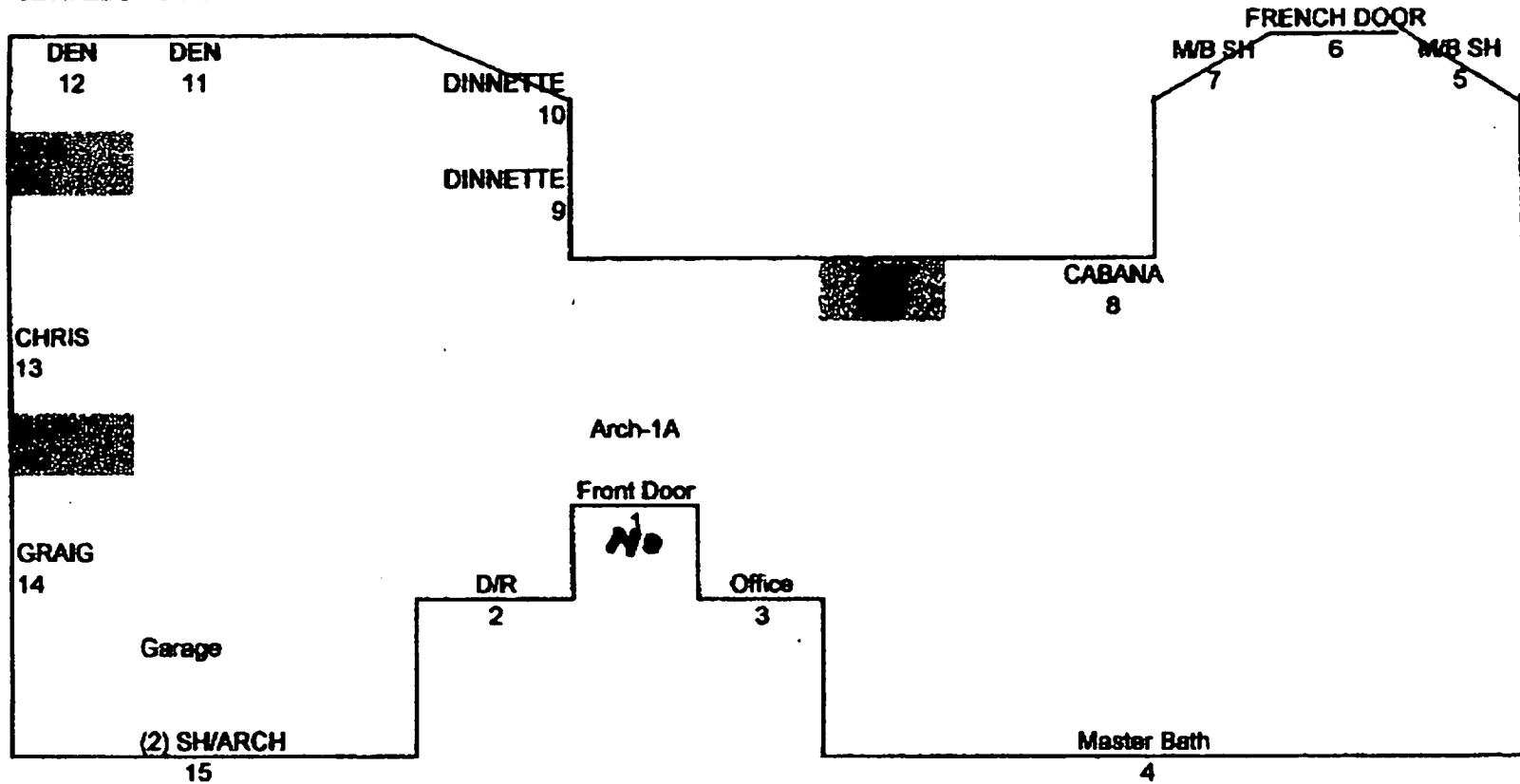


H/R
Horizontal!
Roller win.
F/G
Fixed Glass.
S/H
Single Hung.

| | WIDTH | HEIGHT | | | | | WIDTH | HGT | | |
|-------|--------|---------------|-------------|---------|--|------|--------|----------|-------------|--------|
| 1-A | 63 5/8 | 24/37.75 | ARCH | Caradco | | 8 | 32 | 80 | FRENCH DOOR | CGI |
| 2 ✓ | 63 5/8 | 71.75 | S/H | P.G.T. | | 9 | 72 | 80 | FRENCH DOOR | CGI |
| 2-A ✓ | 63 5/8 | 24/37.75 | ARCH | P.G.T. | | 10 | 60 | 63 | H/R | P.G.T. |
| 3 ✓ | 37 | 52 | S/H | P.G.T. | | 11 | 60 | 63 | F/G | P.G.T. |
| 3-A ✓ | 37 | 37/16.5-25.25 | ARCH | P.G.T. | | 12 | 60 | 63 | F/G | P.G.T. |
| 4 ✓ | 37 | 52 | S/H | P.G.T. | | 13 | 53 | 63 | S/H | P.G.T. |
| 4-A ✓ | 37 | 37/16.5-25.25 | ARCH | P.G.T. | | 14 | 53 | 63 | S/H | P.G.T. |
| 5 ✓ | 26.5 | 74 | S/H | P.G.T. | | 15 | (2) 24 | | S/H | P.G.T. |
| 6 | 72 | 80 | FRENCH DOOR | | | 15-A | 74 | 74/12/24 | ARCH | P.G.T. |
| 7 ✓ | 26.5 | 74 | S/H | P.G.T. | | | | | | |

110 Permit sometime next week

107 HENRY SEWALL WAY
SEWALL'S POINT



H/R
Horizontal
Roller win.

F/G
Fixed Glass.

S/H
Single Hung.

| | WIDTH | HEIGHT | | | | | WIDTH | HGT | | |
|-------|--------|---------------|-------------|---------|------|--------|---------|-------------|--------|--|
| 1-A | 63 5/8 | 24/37.75 | ARCH | Caradco | 8 | 32 | 80 | FRENCH DOOR | CGI | |
| 2 ✓ | 63 5/8 | 71.75 | S/H | P.G.T. | 9 | 72 | 80 | FRENCH DOOR | CGI | |
| 2-A ✓ | 63 5/8 | 24/37.75 | ARCH | P.G.T. | 10 | 60 | 63 | H/R | P.G.T. | |
| 3 ✓ | 37 | 52 | S/H | P.G.T. | 11 | 60 | 63 | F/G | P.G.T. | |
| 3-A ✓ | 37 | 37/16.5-25.25 | ARCH | P.G.T. | 12 | 60 | 63 | F/G | P.G.T. | |
| 4 ✓ | 37 | 52 | S/H | P.G.T. | 13 | 53 | 63 | S/H | P.G.T. | |
| 4-A ✓ | 37 | 37/16.5-25.25 | ARCH | P.G.T. | 14 | 53 | 63 | S/H | P.G.T. | |
| 5 ✓ | 28.5 | 74 | S/H | P.G.T. | 15 | (2) 24 | | S/H | P.G.T. | |
| 6 ✓ | 72 | 60 | FRENCH DOOR | | 15-A | 74 | 74/12/2 | ARCH | P.G.T. | |
| 7 ✓ | 26.5 | 74 | S/H | P.G.T. | | | | | | |



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

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

NOTICE OF ACCEPTANCE (NOA)

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

SCOPE:

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

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

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

DESCRIPTION: Series "C-700" Outswing Aluminum Casement Window – Impact Resistant

APPROVAL DOCUMENT: Drawing No. 339, titled "Aluminum Casement Window", sheets 1 through 5, prepared, signed and sealed by Robert L. Clark, P.E., dated 3/22/02, 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 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.

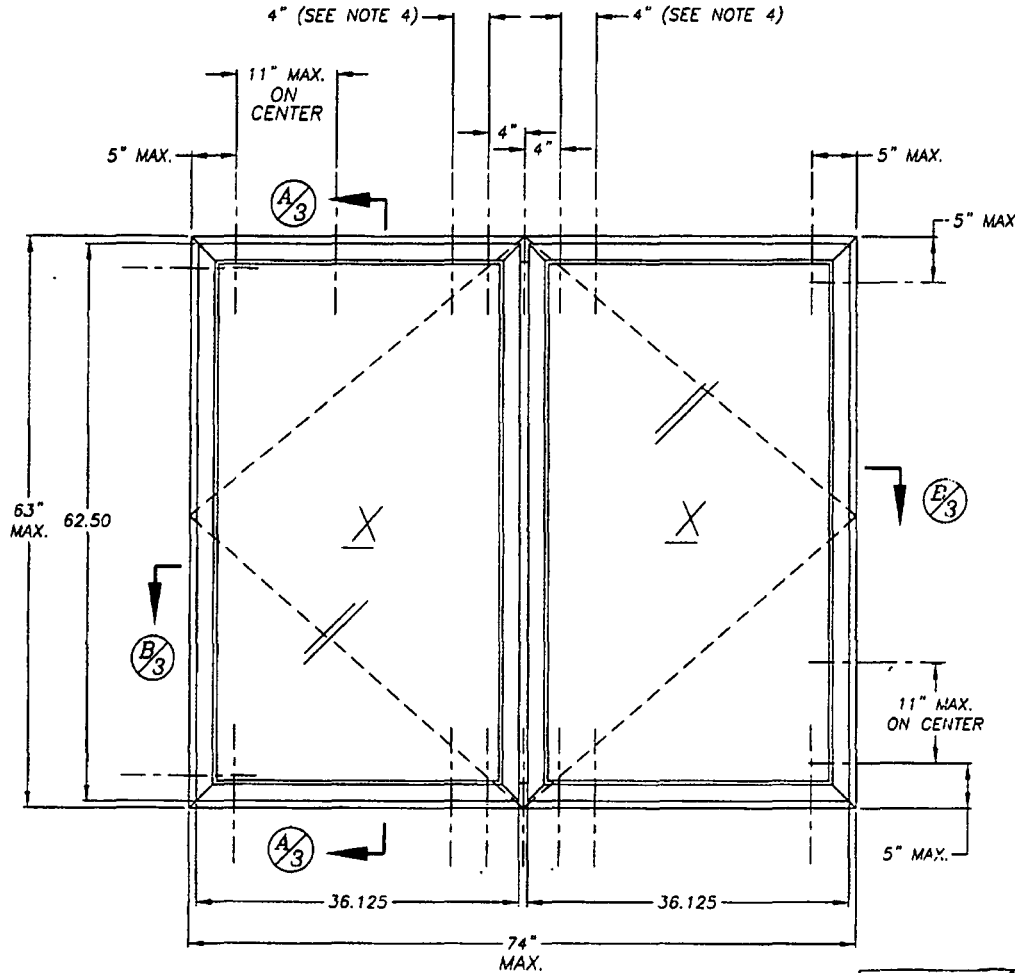
INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This NOA revises NOA # 01-1108.07 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by **Raul Rodriguez**.



**NOA No 02-0327.04
Expiration Date: January 28, 2007
Approval Date: May 23, 2002
Page 1**

LARGE MISSILE IMPACT WINDOWS



- 1.) GLAZING OPTIONS: 5/16" (.350) LAMINATED GLASS W/ MONSANTO SAFLEX OR DUPONT PVB W/BUTACITE INTERLAYER.
 - A. 1/8" HEAT STRENGTHENED GLASS, .090 INTERLAYER, 1/8" HEAT STRENGTHENED GLASS
 - B. 1/8" ANNEALED GLASS, .090 INTERLAYER, 1/8" ANNEALED GLASS
- 2.) CONFIGURATIONS: XX
- 3.) DESIGN PRESSURE RATING: SEE TABLE
 - A. NEGATIVE DESIGN LOADS BASED ON TESTED PRESSURE AND GLASS TABLE ASTM E 1300-98.
 - B. POSITIVE DESIGN LOADS BASED ON WATER TEST PRESSURE AND GLASS TABLE ASTM E 1300-98.
- 4.) ANCHORS:
 - MAX. 5" FROM EACH CORNER
 - #10 SCREWS - 2 ANCHORS 4" APART, 4" FROM EACH MEETING RAIL
 - 3/16" TAPCONS - 1 ANCHOR, 4" FROM EACH MEETING RAIL
 - MAX. SPACING AT HEAD & SILL: 11"
 - MAX. SPACING AT JAMBS: 11"
- 5.) SHUTTER REQUIREMENT: NO SHUTTERS REQUIRED
- 6.) REFERENCE TEST REPORT: FTL-2246

| | | | |
|--|--------------------------------------|-----|----------|
| COMPARATIVE ANALYSIS FOR: | 5/16" LAMINATED (1/8HS, .090, 1/8HS) | | FTL-2246 |
| ALL SIZES UP TO 74.000 WIDE x 83.000 HIGH: | NEG | POS | 75.0 |

| | | | | | | | | | | |
|---------------------------|------------------------------------|------|----------|------|--------|------|--------|------|--------|------|
| COMPARATIVE ANALYSIS FOR: | 5/16" LAMINATED (1/8A, .090, 1/8A) | | FTL-2246 | | | | | | | |
| | WINDOW HEIGHT | | | | | | | | | |
| | 34.000 | | 38.375 | | 50.625 | | 58.000 | | 63.000 | |
| WINDOW WIDTH | NEG | POS | NEG | POS | NEG | POS | NEG | POS | NEG | POS |
| 48.000 | -75.0 | 75.0 | -75.0 | 75.0 | -75.0 | 75.0 | -75.0 | 75.0 | -75.0 | 75.0 |
| 53.125 | -75.0 | 75.0 | -75.0 | 75.0 | -75.0 | 75.0 | -69.0 | 69.0 | -63.7 | 63.7 |
| 64.000 | -75.0 | 75.0 | -75.0 | 75.0 | -57.2 | 57.2 | -52.5 | 52.5 | -45.3 | 45.3 |
| 68.000 | -75.0 | 75.0 | -75.0 | 75.0 | -55.2 | 55.2 | -50.0 | 50.0 | -42.9 | 42.9 |
| 72.000 | -75.0 | 75.0 | -67.8 | 67.8 | -48.9 | 48.9 | -44.4 | 44.4 | -38.6 | 38.6 |
| 74.000 | -75.0 | 75.0 | -65.4 | 65.4 | -48.6 | 48.6 | -43.3 | 43.3 | -37.6 | 37.6 |

SEE SHEET 4 OF 5 FOR SECTIONS & GLAZING OPTION DETAILS

Robert L. Clark
3/22/02

Robert L. Clark, P.E.
PE #39712
Structural



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

| | | |
|-------------|---------|------------------|
| Revised By: | Date: | Revisions: |
| F.K. | 3/8/02 | MODIFY TABLE |
| Revised By: | Date: | Revisions: |
| F.K. | 11/6/01 | ADD SHT & TABLES |
| Drawn By: | Date: | |
| D.B. | 2/13/98 | |

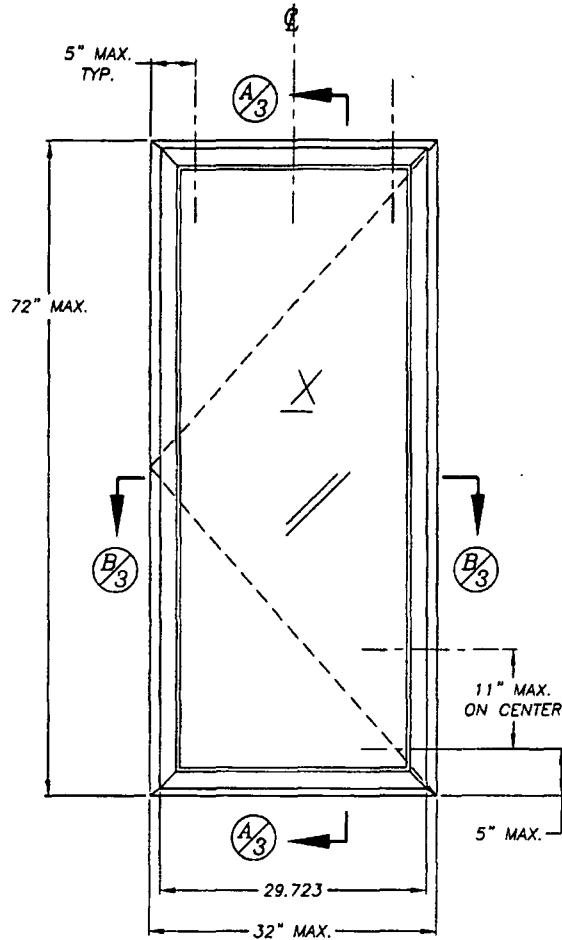
Description:
ELEVATION "XX" CONFIG.

Title:
ALUMINUM CASEMENT IMPACT WINDOW

| | | | | |
|---------------|--------|--------|-------------|------|
| Series/Model: | Scale: | Sheet: | Drawing No. | Rev: |
| C-700 | NTS | 1 of 5 | 339 | F |

PRODUCT REVISED
as complying with the Florida
Building Code
Acceptance No. 02-0521-04
Expiration Date January 28, 2007
By: *[Signature]*
Miami Glass Products Control
Division

LARGE MISSILE IMPACT WINDOWS

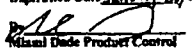



- 1.) GLAZING OPTIONS: 5/16" (.350) LAMINATED GLASS W/ MONSANTO SAFLEX OR DUPONT PVB W/BUTACITE INTERLAYER.
 - A. 1/8" HEAT STRENGTHENED GLASS, .090 INTERLAYER, 1/8" HEAT STRENGTHENED GLASS
 - B. 1/8" ANNEALED GLASS, .090 INTERLAYER, 1/8" ANNEALED GLASS
- 2.) CONFIGURATIONS: X
- 3.) DESIGN PRESSURE RATING: SEE TABLE
 - A. NEGATIVE DESIGN LOADS BASED ON TESTED PRESSURE AND GLASS TABLE ASTM E 1300-98.
 - B. POSITIVE DESIGN LOADS BASED ON WATER TEST PRESSURE AND GLASS TABLE ASTM E 1300-98.
- 4.) ANCHORS:
 - MAX. 5" FROM EACH CORNER
 - MAX. SPACING AT HEAD & SILL: 11"
 - MAX. SPACING AT JAMBS: 11"
- 5.) SHUTTER REQUIREMENT: NO SHUTTERS REQUIRED
- 6.) REFERENCE TEST REPORT: FTL-2246

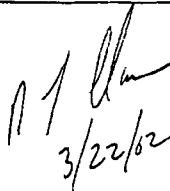
| | | | | | |
|--|--|--------------------------------------|-------|-----|------|
| COMPARATIVE ANALYSIS FOR: | | 5/16" LAMINATED (1/8HS, .090, 1/8HS) | | | |
| ALL SIZES UP TO 32.000 WIDE x 72.000 HIGH: | | NEG | -75.0 | POS | 75.0 |

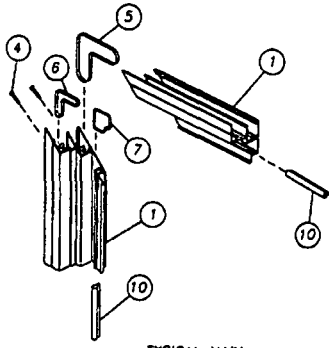
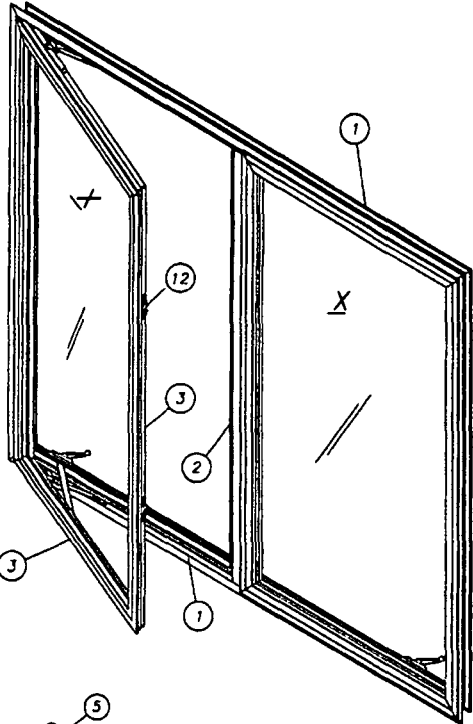
| | | | | | | | | | | | | | |
|---------------------------|--|------------------------------------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| COMPARATIVE ANALYSIS FOR: | | 5/16" LAMINATED (1/8A, .090, 1/8A) | | | | | | | | | | | |
| | | WINDOW HEIGHT | | | | | | | | | | | |
| WINDOW | | 40.000 | | 50.625 | | 63.000 | | 68.000 | | 70.000 | | 72.000 | |
| WIDTH | | NEG | POS | NEG | POS | NEG | POS | NEG | POS | NEG | POS | NEG | POS |
| 24.000 | | -75.0 | 75.0 | -75.0 | 75.0 | -75.0 | 75.0 | -75.0 | 75.0 | -75.0 | 75.0 | -75.0 | 75.0 |
| 26.500 | | -75.0 | 75.0 | -75.0 | 75.0 | -65.9 | 65.9 | -63.5 | 63.5 | -62.6 | 62.6 | -61.7 | 61.7 |
| 28.000 | | -75.0 | 75.0 | -69.7 | 69.7 | -58.6 | 58.6 | -56.3 | 56.3 | -55.3 | 55.3 | -54.2 | 54.2 |
| 32.000 | | -75.0 | 75.0 | -57.9 | 57.9 | -48.4 | 48.4 | -43.4 | 43.4 | -42.2 | 42.2 | -41.1 | 41.1 |

SEE SHEET 4 OF 5 FOR SECTIONS & GLAZING OPTION DETAILS

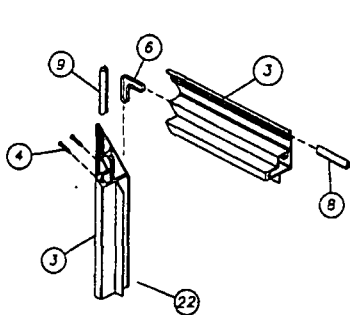
PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No 02-0327-04
 Expiration Date January 28, 2007

 Miami Trade Product Control
 Division

| | | | |
|---|---|------------------|--------------------------------|
|  1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 P.O. BOX 1529 NOKOMIS, FL 34274 | Revisd By: F.K. | Date: 3/8/02 | Revisions: MODIFY TABLE |
| | Revisd By: F.K. | Date: 11/6/01 | Revisions: ADD SHT & TABLES |
| | Drawn By: D.B. | Date: 2/13/98 | |
| | Description: ELEVATION "X" CONFIG. | | |
| | Title: ALUMINUM CASEMENT IMPACT WINDOW | | |
| | Series/Model: C-700 | Scale: NTS | Sheet: 2 of 5 |
| | | | Drawing No. 339 |
| | | | Rev: F |


 3/22/02
 Robert L. Clark, P.E.
 PE #39712
 Structural



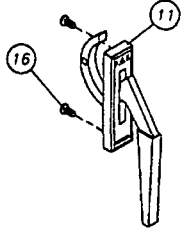
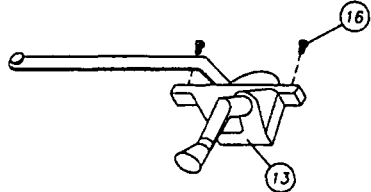
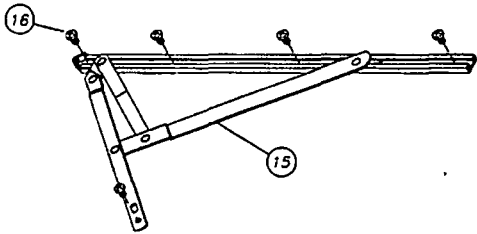
TYPICAL MAIN FRAME CORNER



TYPICAL SASH CORNER

| ITEM | PGT # | DESCRIPTION | QTY. | LOCATION | VENDOR | VENDOR # |
|------|-----------|------------------------------------|---------|--------------------------------|--------------------|--------------|
| 1 | 60228 | FRAME HEAD, SILL, JAMB | 4 (4) | | INDAL | GAS-44451 |
| 2 | 69999 | FRAME MEETING RAIL | 1 (0) | | ALUMAX | GAH-44207 |
| 3 | 6445BB | SASH HEAD, SILL, JAMB (IMPACT) | 8 (4) | | INDAL | GAS-44588 |
| 4 | 781PQA | 8x1 SCREW PAN HD. QUAD. | 24 (16) | (main frame/sash assy. screws) | FASTEC IND. | |
| 5 | 7CORNMLG | LG. MAIN FRM. CORNER KEY | 4 (4) | | PRECISION FAB. | |
| 6 | 7CORNMSM | SM. MAIN FRM/SASH CORNER KEY | 12 (8) | | PRECISION FAB. | |
| 7 | 40712 | PLASTIC MAIN FRM. CORNER KEY | 4 (4) | | VINYL-TECH. / PGT | |
| 8 | 6Q200K | W.STRIP, .190 x .200 QLON | 1 (2) | (in vent top rail) | SCHLEGEL CORP. | Q200x190 |
| 9 | 6Q150K | W.STRIP, .190 x .150 QLON | 6 (3) | (at vent bottom & side rails) | SCHLEGEL CORP. | Q150x190 |
| 10 | 6FRMBK | MAIN FRAME BULB WEATHERSTRIP | 4 (4) | (in main frame) | PROTOTYPE PLASTICS | FP-176 BLACK |
| 11 | 49004 | SASH LOCK | 2 (2) | (l.h. fr. jamb, 12" from ends) | VINYL-TECH. / PGT | 49004 |
| 12 | 7KEEP | SASH LOCK KEEPER | 2 (2) | (vent mtg rail, 12" from ends) | TRUTH HARDWARE | 208000 |
| 13 | 7CAOR/L | CASEMENT OPER. RT/LEFT | 2 (1) | (@ lower right frame corner) | TRUTH HARDWARE | 23-19-23-002 |
| 14 | 7TRAK | OPERATOR GUIDE TRACK | 2 (1) | (1 per operator) | TRUTH HARDWARE | 30175 |
| 15 | 7CEHG | STANDARD HINGE | 2 (1) | (@ right frame corners) | TRUTH HARDWARE | 35.10.00.101 |
| 16 | 710516PPA | 10x5/16 SCREW PAN HD. PHIL | 12 (6) | (operator/hinge/trak screws) | MERCHANTS FASTENER | |
| 17 | | 5/16" (.350) W/MONSANTO INTERLAYER | 2 (1) | | H.P.G. | |
| 18 | | 5/16" (.350) W/DUPONT INTERLAYER | 2 (1) | | H.P.G. | |
| 19 | 6536168 | EXTRUDED GLAZING BEAD, 5/16 | 8 (4) | | ALUMAX | 536168 |
| 20 | 62899C | SILICONE | | | DOW CORNING | 899 |
| 21 | 65M55W | SEAM SEALER | | | SCHNEE-MOREHEAD | SM5504 |
| 22 | 6TP248 | VINYL BULB WEATHERSTRIP | 8 (4) | | TEAM PLASTICS | TP-248 |

NOTE: QTY'S IN BRACKETS ARE FOR X CONFIGURATION



PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No. 02-0721.04
 Expiration Date January 31, 2007
 By: *[Signature]*
 Miami Dade Product Control
 Division

REFERENCE TEST REPORT: FTL-2246

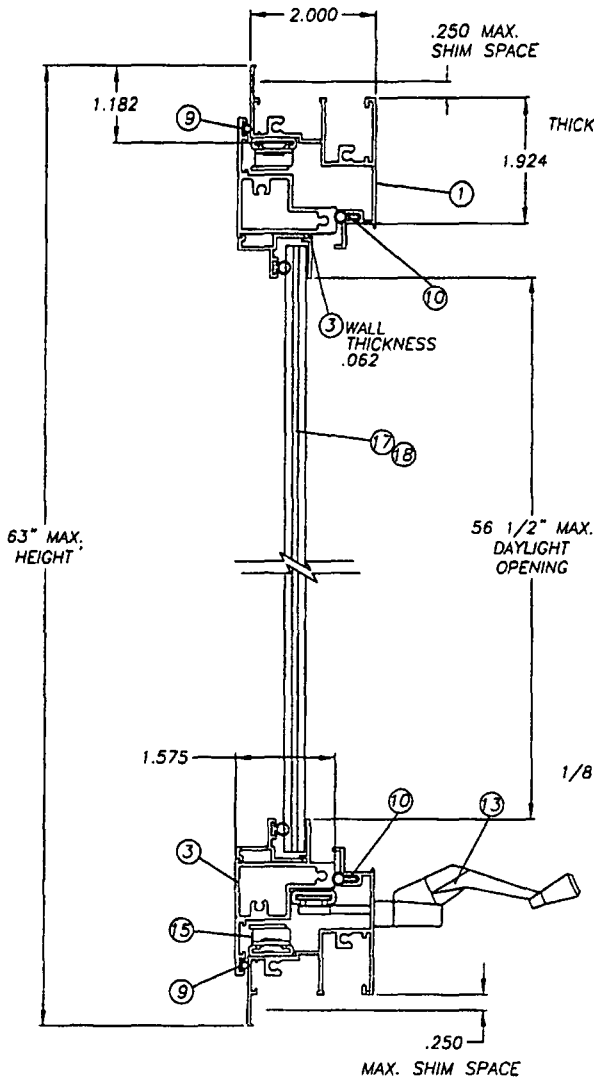
[Signature]
 3/22/02
 Robert L. Clark, P.E.
 PE #39712
 Structural



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

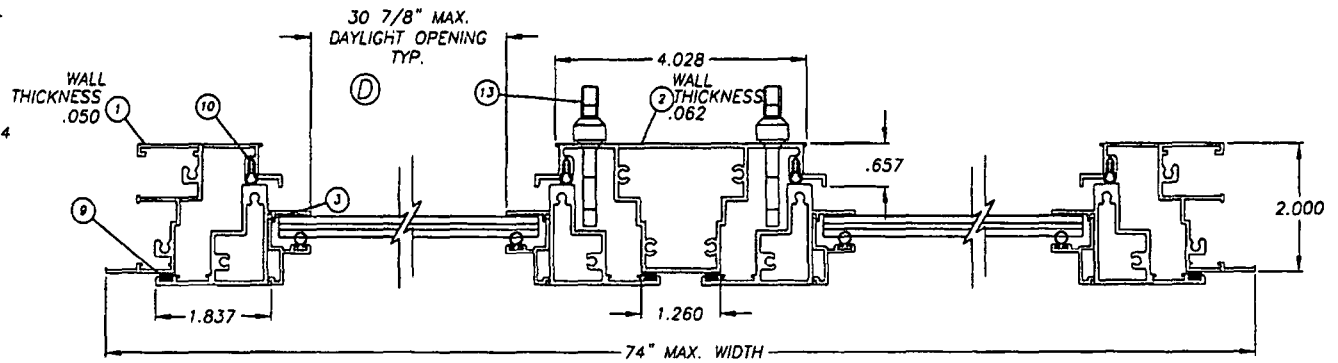
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| Revised By: F.K. | Date: 3/8/02 | Revisions: NO CHG THIS SHT. |
| Revised By: F.K. | Date: 11/6/01 | Revisions: CORR. SHT. NO. |
| Drawn By: D.B. | Date: 2/13/98 | |

| | | | |
|--|---------------|------------------|--------------------|
| Description: PARTS LIST | | | |
| Title: ALUMINUM CASEMENT IMPACT WINDOW | | | |
| Series/Model: C-700 | Scale: NTS | Sheet: 3 of 5 | Drawing No. 339 |
| | | | Rev: F |

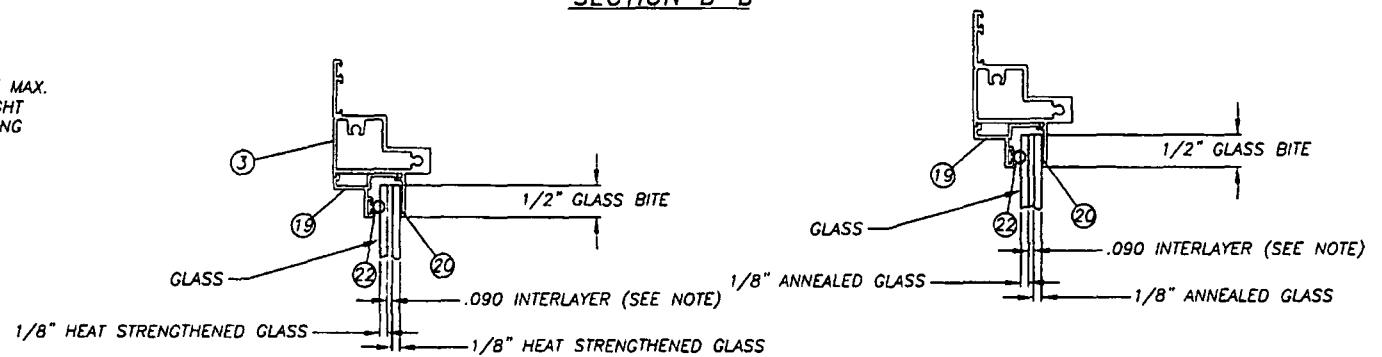


SECTION A-A

REFERENCE TEST REPORT: FTL-2246



SECTION B-B

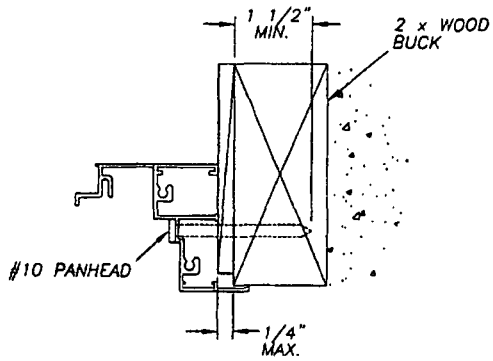


NOTE: INTERLAYER IS .090 MONSANTO SAFLEX OR DUPONT W/BUTACITE

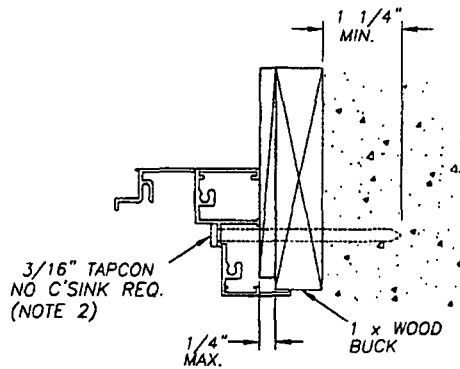
GLAZING OPTIONS: 5/16" (.350) LAMINATED GLASS

PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No. 03-0527.04
 Expiration Date January 28, 2007
 By: *[Signature]*
 Miami Dade Product Control
 Division

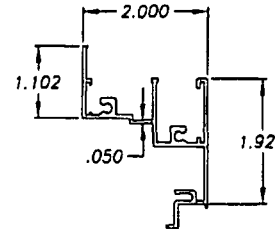
| | | | | | | |
|--|--|--|---|--|--|--|
| Robert L. Clark, P.E. PE #39712 Structural | 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 P.O. BOX 1529 NOKOMIS, FL 34274 | Revisd By: F.K. Revisd By: F.K. Drawn By: D.B. | Date: 3/8/02 Date: 11/06/01 Date: 2/13/98 | Revisions: NO CHG THIS SHT. Revisions: GLAZING DET. | SECTIONS & GLAZING DETAILS ALUMINUM CASEMENT IMPACT WINDOW Series/Model: C-700 Scale: NTS Sheet: 4 of 5 Drawing No. 339 Rev: F | |
| | Description: | | | Title: | | |
| | Title: | | | Series/Model: | | |



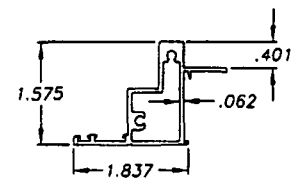
TYP. HEAD, SILL JAMB



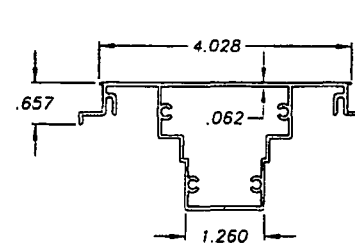
TYP. HEAD, SILL JAMB



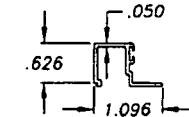
① MAIN FRAME
6063-T5 ALUM.



③ SASH FRAME, IMPACT
6063-T5 ALUM.



② FRAME MEETING RAIL
6063-T5 ALUM.



④ GLAZING BEAD, 5/16
6063-T5 ALUM.

NOTE: 1. REFERENCE TEST REPORT FTL-2246 & COMP. ANALYSIS SHEETS FOR ANCHOR SPACING & STARTING POINTS.
2. USE MIAMI-DADE COUNTY APPROVED TAPCONS.

Robert L. Clark
3/22/02
Robert L. Clark, P.E.
PE #39712
Structural

P&T
INDUSTRIES

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

| | | |
|---------------------|------------------|--------------------------------|
| Revised By: F.K. | Date: 3/8/02 | Revisions: NO CHG THIS SHT. |
| Revised By: F.K. | Date: 11/6/01 | Revisions: RMV ALT. ANCH. |
| Drawn By: D.B. | Date: 2/13/98 | |

Description:
ANCHORAGE & EXTRUSION PROFILES

Title:
ALUMINUM CASEMENT IMPACT WINDOW

| | | | | |
|------------------------|---------------|------------------|--------------------|-----------|
| Series/Model: C-700 | Scale: NTS | Sheet: 5 of 5 | Drawing No. 339 | Rev. F |
|------------------------|---------------|------------------|--------------------|-----------|

PRODUCT REVISED
to comply with the Florida
Building Code
Acceptance No. 02-0727.14
Expiration Date 30 August 2007

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



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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

Your application for Notice of Acceptance (NOA) of:

Series PW-701 Aluminum Fixed Window - Non-Impact & Impact Resistant

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.: 01-0102.01
EXPIRES: 09/13/2006

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: 09/13/2001

PGT Industries

ACCEPTANCE No.: 01-0102.01

APPROVED: SEP 13 2001

EXPIRES: SEP 13 2006

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

1.1 This approves an aluminum fixed window, as described in Section 2 of this Notice of Acceptance, 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 **PW-701 Aluminum Fixed Window – Non-Impact and Large Missile Impact Resistant** and its components shall be constructed in strict compliance with the following documents: Drawing No **4231**, Sheets 1 through 8 of 8, titled "PW-701 Aluminum Fixed Window," dated 8/13/01, prepared by manufacturer, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

3.1 This approval applies to single unit applications only, as shown in approved drawings.
3.2 Non-Impact Resistant windows, for Design Pressure Rating vs. Window Size, see Comparative Analysis Tables in Sheet 8 of 8 of approved drawings.
3.3 Impact Resistant windows, see Design Pressure Rating in Sheet 1 of 8 of approved drawings.

4. INSTALLATION

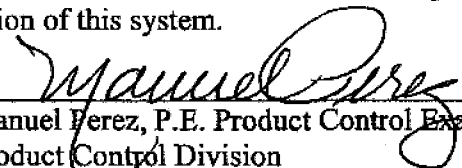
4.1 The aluminum fixed window and its components shall be installed in strict compliance with the approved drawings.
4.2 Hurricane protection system (shutters): to determine whether the installation requires a hurricane protection system or not, see corresponding table in approved drawing.

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.


Manuel Perez, P.E. Product Control Examiner
Product Control Division

PGT Industries

ACCEPTANCE No.: 01-0102.01

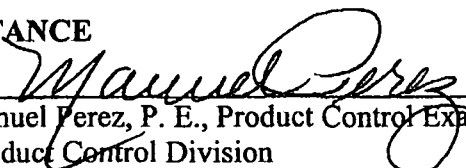
APPROVED: SEP 13 2001

EXPIRES: SEP 13 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 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 times. The engineer does not need to reseal the copies.
8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
9. This Acceptance contains pages 1, 2, and this last page 3.

END OF THIS ACCEPTANCE


Manuel Perez, P. E., Product Control Examiner
Product Control Division

PGT Industries

ACCEPTANCE No.: 01-0323.02

APPROVED : JUN 28 2001

EXPIRES : JUN 28 2006

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

(For File ONLY. Not part of NOA.)

A. DRAWINGS

1. Manufacturer's die drawings and sections.
2. Drawing No 6621, Sheets 1 through 6 of 6, titled "1" Heavy Wall Mullion Arrangement Detail", prepared by manufacturer, dated 4/28/00, signed and sealed by Robert L. Clark, P.E.

B. TESTS

1. Test reports on
 - 1) Uniform Load Static Air Pressure Test, per SFBC, PA 202-94
 - 2) Large Missile Impact Test, SFBC PA 201-94
 - 3) Cyclic Loading Test, per SFBC PA 203-94along with installation diagram of a pair of fixed alum. windows (OO configuration) 60" x 54" mullied together with a 1x 2 x std. wall mullion, prepared by Fenestration Testing Laboratory, Inc., Test Report No. FTL-2902, dated 01/05/01, signed and sealed by Antonio Acevedo, P.E.
2. Test reports on
 - 1) Uniform Load Static Air Pressure Test, per SFBC, PA 202-94
 - 2) Large Missile Impact Test, SFBC PA 201-94
 - 3) Cyclic Loading Test, per SFBC PA 203-94along with installation diagram of a pair of fixed alum. windows (OO configuration) 80" x 76" mullied together with a 1x 4 x std. wall mullion, prepared by Fenestration Testing Laboratory, Inc., Test Report No. FTL-2903, dated 01/05/01, signed and sealed by Antonio Acevedo, P.E.
3. Test reports on
 - 1) Uniform Load Static Air Pressure Test, per SFBC, PA 202-94
 - 2) Large Missile Impact Test, SFBC PA 201-94
 - 3) Cyclic Loading Test, per SFBC PA 203-94along with installation diagram of a pair of fixed alum. windows with a transom lite (O/OO configuration) mullied together with a 1x 2 x 3/4" wall vertical mullion and a 2 x 6" x 1/4" wall horizontal mullion, prepared by Fenestration Testing Laboratory, Inc., Test Report No. FTL-2975, dated 01/23/01, signed and sealed by Antonio Acevedo, P.E.

C. CALCULATIONS

1. Engineering Structural & Anchor Calculations, prepared by manufacturer, dated 08/20/00, revised on 5/24/01, signed and sealed by Robert L. Clark, P.E.

D. MATERIAL CERTIFICATIONS

1. None.


Manuel Perez, P.E. Product Control Examiner
Product Control Division

PGT Industries

ACCEPTANCE No.: 01-0323.02

APPROVED : JUN 28 2001

EXPIRES : JUN 28 2006

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

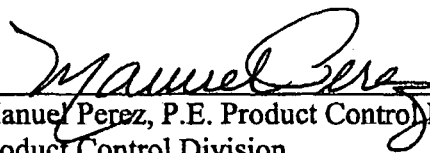
(For File ONLY. Not part of NOA.)

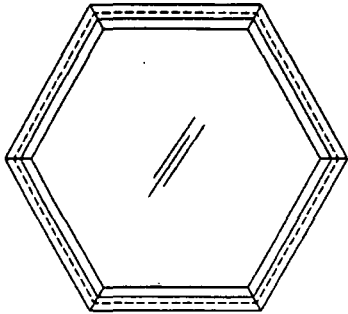
E. STATEMENTS

1. Statement letter of conformance, dated March 16, 2001, signed and sealed by Robert L. Clark, P.E.
2. Statement letter of no financial interest, dated _____, signed and sealed by Robert L. Clark, P.E.
3. Laboratory compliance letter for Test Reports No. FTL-2902, FTL-2903 and FTL-2975, issued by Fenestration Testing Laboratory, Inc., dated January 30, 2001, signed and sealed by Antonio Acevedo, P.E.

F. OTHER

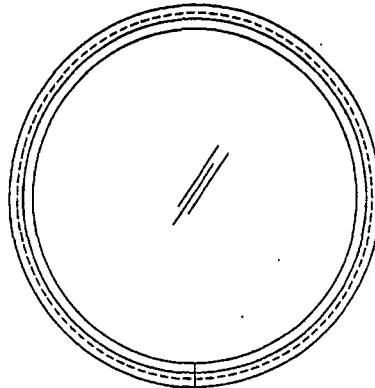
1. None.


Manuel Perez, P.E. Product Control Examiner
Product Control Division



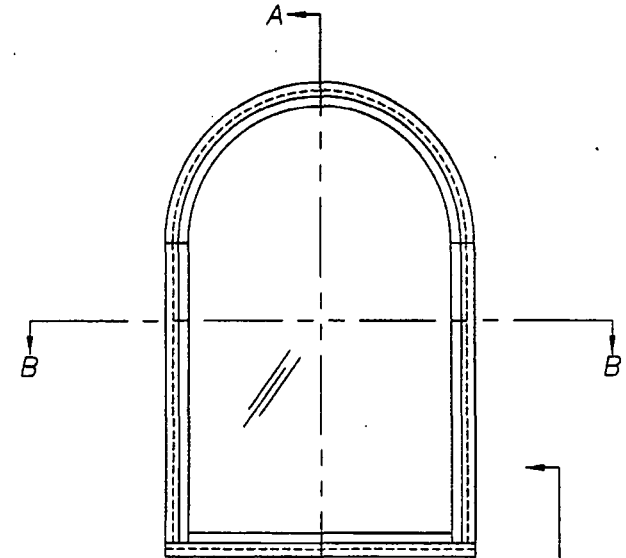
HEXAGON

60" BETWEEN FLATS
Maximum Area 21.65 sq. ft.



FULL CIRCLE

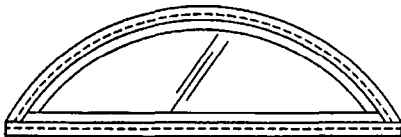
ø60"
Maximum Area 19.64 sq. ft.



ARCH.

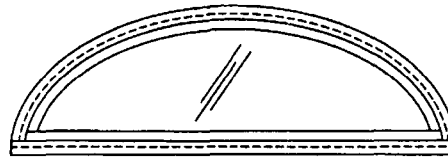
48" X 96"
Maximum Area 30.28 sq. ft.

DETAIL C
SEE SHT. 7



FAN

96" X 47"
Maximum Area 24.47 sq. ft.



ELLIPTICAL

96" X 47"
Maximum Area 24.61 sq. ft.

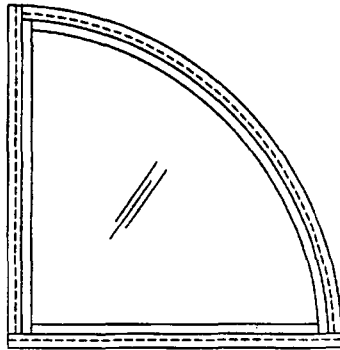
LARGE MISSILE IMPACT WINDOWS

- 1.) GLAZING: 7/16" LAMINATED W/INTERLAYER DUPONT BUCACITE PVB
- 2.) CONFIGURATIONS: 0
- 3.) DESIGN PRESSURE RATING:
+60.0 PSF & -60.0 PSF (3/16" HEAT STRENGTHENED/.090/3/16" HEAT STRENGTHENED LAMI)
+36.0 PSF & -36.0 PSF (3/16" ANNEALED/.090/3/16" ANNEALED)
- 4.) ANCHOR MAXIMUM SPACING: 12.000"
- 5.) NO SHUTTERS REQUIRED
- 6.) ALL FRAME JOINTS TO BE SEAM WELDED
- 7.) REFERENCE TEST REPORT: FTL-2797

R. L. Clark
8/22/01
Robert L. Clark, P.E.
PE #39712
Structural

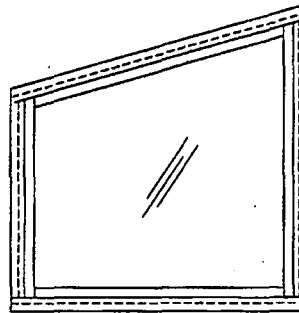
APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE SEP 13 2001
BY *Manuel Torres*
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 01-0102-01

| | | | |
|--|------------------------------------|-------------------------|---------------------|
| | Revised By: | Date: | Revisions: |
| | Drawn By: | Date: | |
| | Description: | | |
| | Title: | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: PW-701 | Scale: NTS |
| | | Sheet: 1 of 8 | Drawing No. 4231 |
| | | Rev: C | |



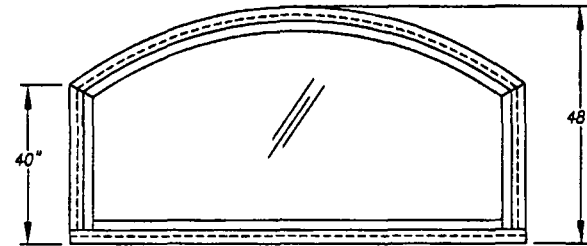
QUARTER CIRCLE

68" X 68"
Maximum Area 25.22 sq. ft.



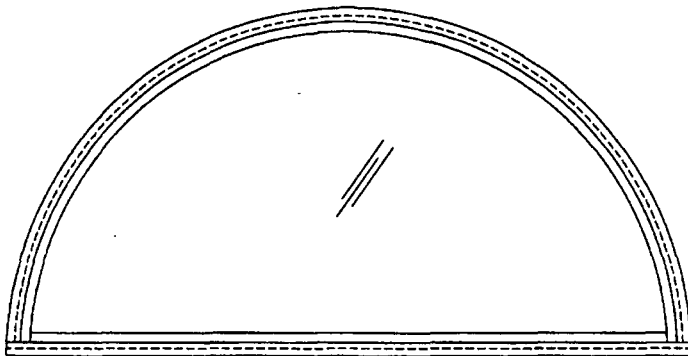
TRAPEZOID

48" x 96"
Maximum Area 30.28 sq. ft.



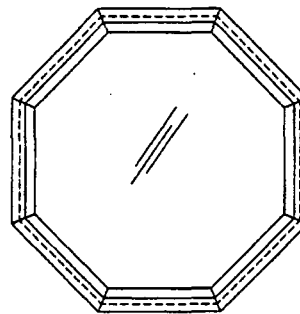
EYEBROW

96" x 48"
Maximum Area 30.24 sq. ft.



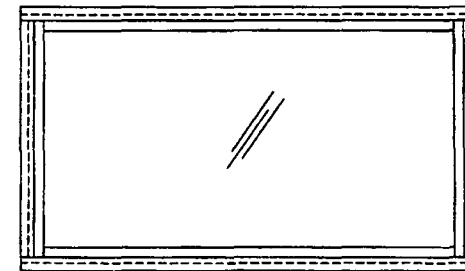
HALF CIRCLE

96" x 48"
Maximum Area 25.13 sq. ft.



OCTAGON

60" x 60"
Maximum Area 20.71 sq. ft.



RECTANGLE

48" x 96"
Maximum Area 32.00 sq. ft.

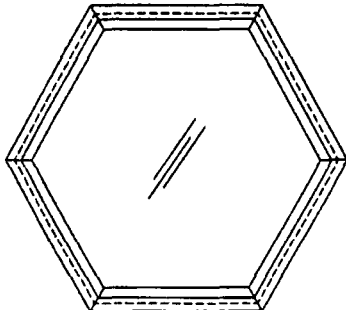
APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE SEP 13 2001
BY Wanda Gray
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 01-0102-01

LARGE MISSILE IMPACT WINDOWS CONT.

Robert L. Clark
8/22/01

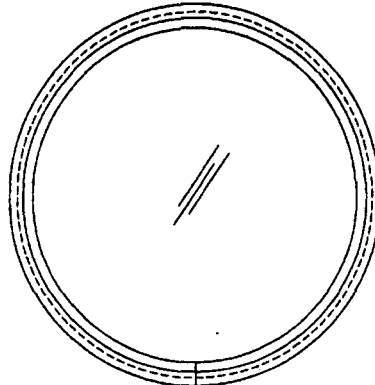
Robert L. Clark, P.E.
PE #39712
Structural

| | | | |
|--|---|-------------------------|------------------|
| | Revised By: | Date: | Revisions: |
| | Drawn By: F.K. | Date: 8/13/01 | REDRAWN |
| | Description: ELEVATIONS, 7/16 LAMINATED GLASS | | |
| | Title: ALUMINUM FIXED WINDOW | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1528 NOKOMIS, FL 34274 | Series/Model: PW-701 | Scale: NTS |
| | | Sheet: 2 of 8 | Drawing No. 4231 |
| | | | Rev: C |



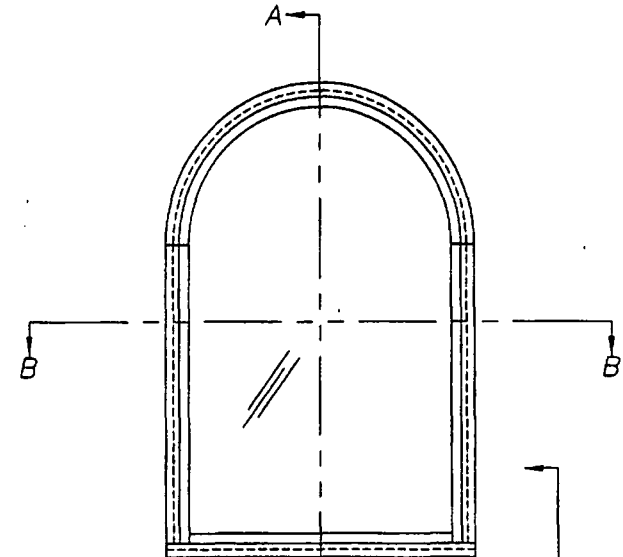
HEXAGON

60" BETWEEN FLATS
Maximum Area 21.65 sq. ft.



FULL CIRCLE

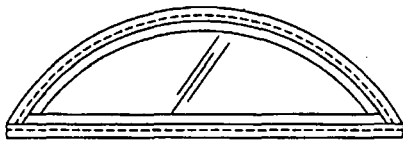
ø60"
Maximum Area 19.64 sq. ft.



ARCH.

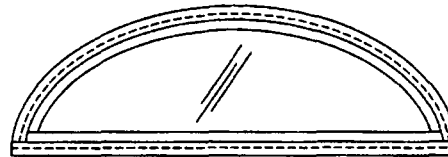
60" x 120"
Maximum Area 47.32 sq. ft.

DETAIL C
SEE SHT. 7



FAN

120" x 55"
Maximum Area 35.20 sq. ft.



ELLIPTICAL

120" x 48"
Maximum Area 31.46 sq. ft.

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE SEP 13 2001
BY Maunib Agha
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 01-0102-01

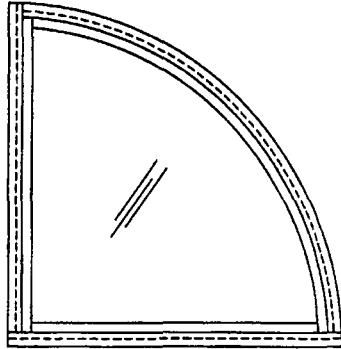
NON-IMPACT WINDOWS

- 1.) GLAZING: 3/16" TEMPERED
- 2.) CONFIGURATIONS: 0
- 3.) FOR DESIGN PRESSURE RATING SEE COMPARATIVE ANALYSIS ON SHT. 8 OF 8
- 4.) ANCHOR MAXIMUM SPACING: 12.000"
- 5.) SHUTTERS REQUIRED AT ALL INSTALLATIONS
- 6.) ALL FRAME JOINTS TO BE SEAM WELDED
- 7.) REFERENCE TEST REPORTS: FTL-2763, 2780 & 2816

R. L. Clark
8/22/01

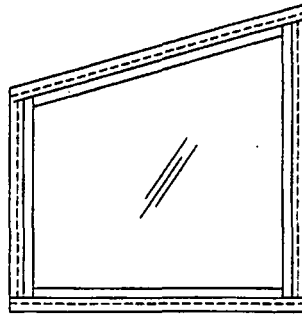
Robert L. Clark, P.E.
PE #39712
Structural

| | | | |
|--|---|-------------------------|---|
| | Revised By: | Date: | Revisions: |
| | Drawn By: F.K. | 8/13/01 | REDRAWN |
| | Description: ELEVATIONS, 3/16 TEMPERED GLASS | | |
| | Title: ALUMINUM FIXED WINDOW | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: PW-701 | Scale: NTS Sheet: 3 of 8 Drawing No. 4231 Rev: C |



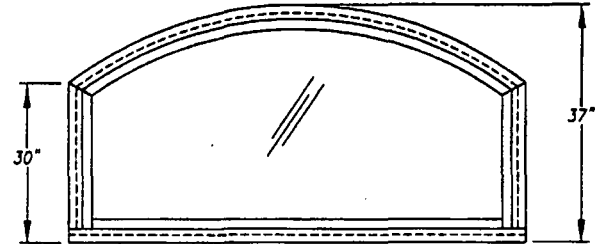
QUARTER CIRCLE

68" x 68"
Maximum Area 25.22 sq. ft.



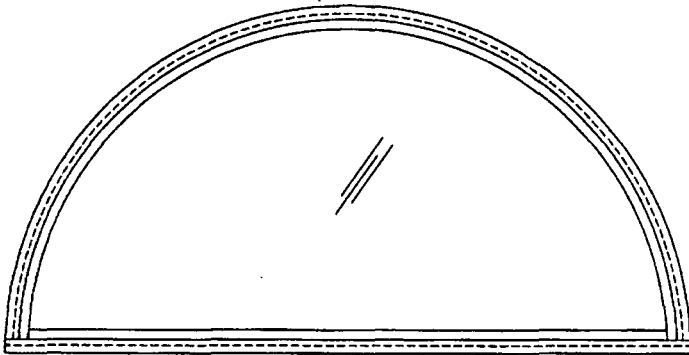
TRAPEZOID

60" x 120"
Maximum Area 43.75 sq. ft.



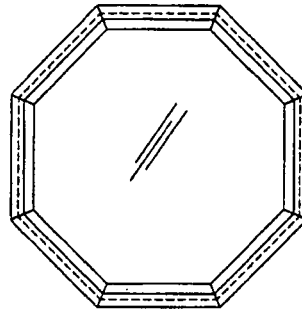
EYEBROW

74" x 37"
Maximum Area 17.83 sq. ft.



HALF CIRCLE

120" x 60"
Maximum Area 39.27 sq. ft.



OCTAGON

60" x 60"
Maximum Area 20.71 sq. ft.



RECTANGLE

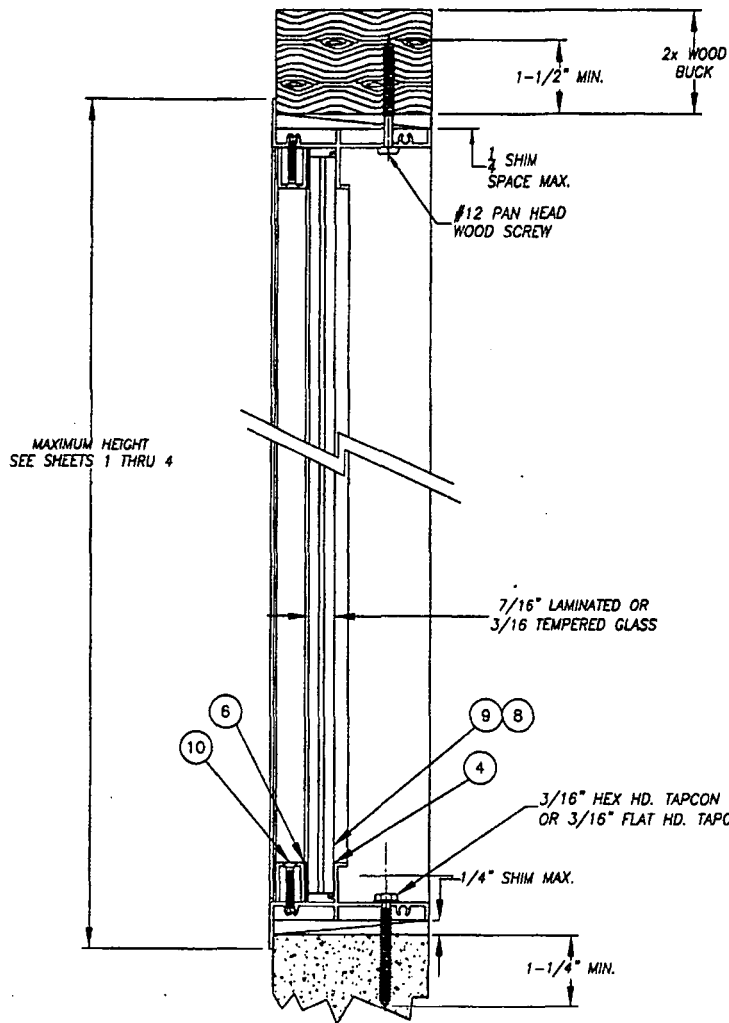
60" x 120"
Maximum Area 50.00 sq. ft.

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE SEP 13 2001
BY W. M. [Signature]
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 01-0102-01

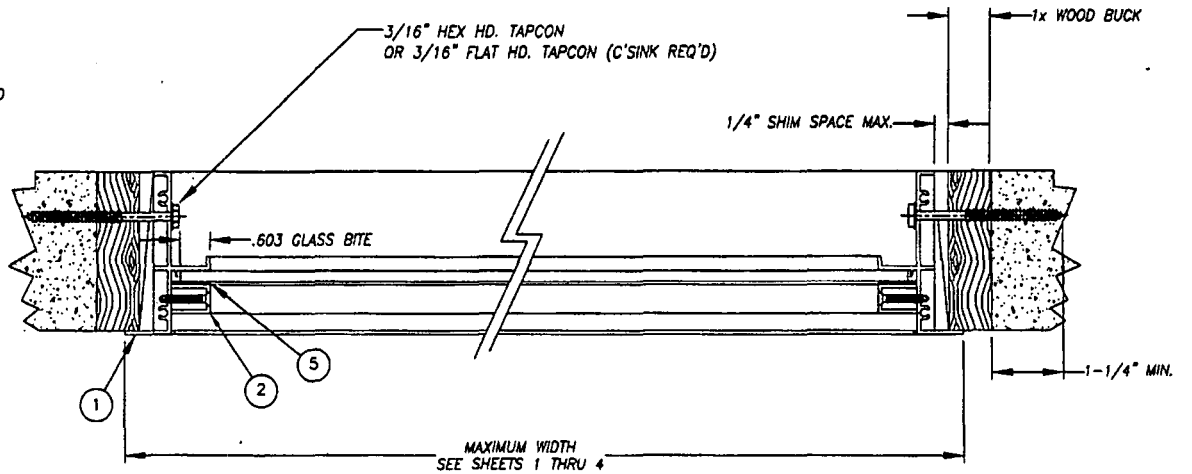
NON-IMPACT WINDOWS CONT.

R. L. Clark
8/22/01
Robert L. Clark, P.E.
PE #39712
Structural

| | | | |
|--|------------------------------------|-------------------------|---------------------|
| | Revised By: | Date: | Revisions: |
| | Drawn By: | Date: | |
| | Description: | | |
| | Title: | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: PW-701 | Scale: NTS |
| | | Sheet: 4 of 8 | Drawing No. 4231 |
| | | | Rev: C |



SECTION A-A
TYPICAL SECTION
& INSTALLATION INTO CONCRETE AT SILL & WOOD AT HEAD



SECTION B-B
TYPICAL SECTION
& ALTERNATE INSTALLATION INTO CONCRETE

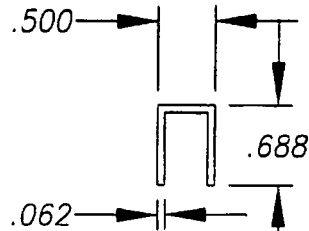
NOTES: 1. MAXIMUM OVERALL DIMENSIONS ARE APPLICABLE TO SECTIONED ARCH. SHAPES. ANCHORAGE METHODS ARE APPLICABLE TO ALL SHAPES SHOWN ON SHEETS 1 THROUGH 4 OF 8.

2. REFERENCE TEST REPORTS: FTL-2763, FTL-2780, FTL-2797 & FTL-2816

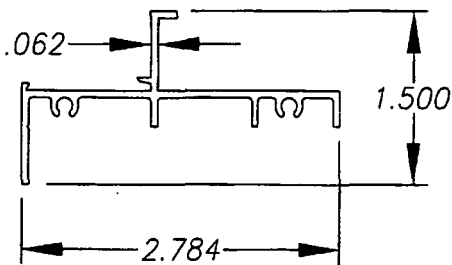
APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE SEP 13 2001
BY M. M. M. M.
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 01-0102-01

Robert L. Clark
Robert L. Clark, P.E.
PE #39712
Structural

| | | | |
|--|------------------------------------|-------------------------|---------|
| | Revised By/Date: | Revisions: | |
| | Drawn By: F.K. | Date: 8/13/01 | REDRAWN |
| | Description: | | |
| | SECTIONAL & ANCHORAGE VIEWS | | |
| Title: | | ALUMINUM FIXED WINDOW | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: PW-701 | |
| Scale: NTS | Sheet: 5 of 8 | Drawing No. 4231 | |
| | | Rev: C | |



② PW-701 U-CHANNEL GLAZING BEAD



① PW-701 FRAME EXTRUSION

REFERENCE TEST REPORTS: FTL-2763, FTL-2780, FTL-2797 & 2816

Robert L. Clark
 Robert L. Clark, P.E.
 PE #39712
 Structural

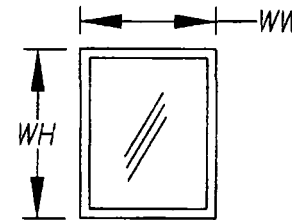
BILL OF MATERIAL

| MK. | PART # | DESCRIPTION | VENDOR | VENDOR # |
|-----|---------------|--------------------------------------|-----------------------------|-----------|
| 1 | 612242 | FRAME HEAD, SILL & JAMB | 6063-T5 | AF-12242 |
| 2 | 6533402 | U-CHANNEL GLAZING BEAD. | 6063-T5 | AF-533402 |
| 3 | 7834 | #8 x 3/4 PN. PH. SMS | SPENCER OR = | |
| 4 | 62899C/62501C | SILICON BACK BEDDING | DOW/G.E. OR = | |
| 5 | 61412K | CLOSED CELL FOAM TAPE FOR 3/16 GLASS | TAPE SPECIALISTS OF FL OR = | |
| 6 | 62BV1510 | CLOSED CELL FOAM TAPE FOR 7/16 GLASS | TAPE SPECIALISTS OF FL OR = | |
| 7 | 6SM55W | SEAM SEALER | SCHNEE/MOREHEAD OR = | SM5504 |
| 8 | | 3/16 TEMPERED GLASS | TRIPLE DIAMOND GLASS OR = | |
| 9 | SEE NOTE | 7/16 LAMI (.187HS/.090/.187HS) | TRIPLE DIAMOND GLASS OR = | |
| 10 | 7PWSW | #6 x 7/8 FL. PH. TEK | SPENCER OR = | |
| 11 | SEE NOTE | 7/16 LAMI (.187A/.090/.187A) | TRIPLE DIAMOND GLASS OR = | |

NOTE: ITEM 9 & 11 USES DUPONT BUTACITE PVB INTERLAYER

VISIBLE LIGHT CALCULATION

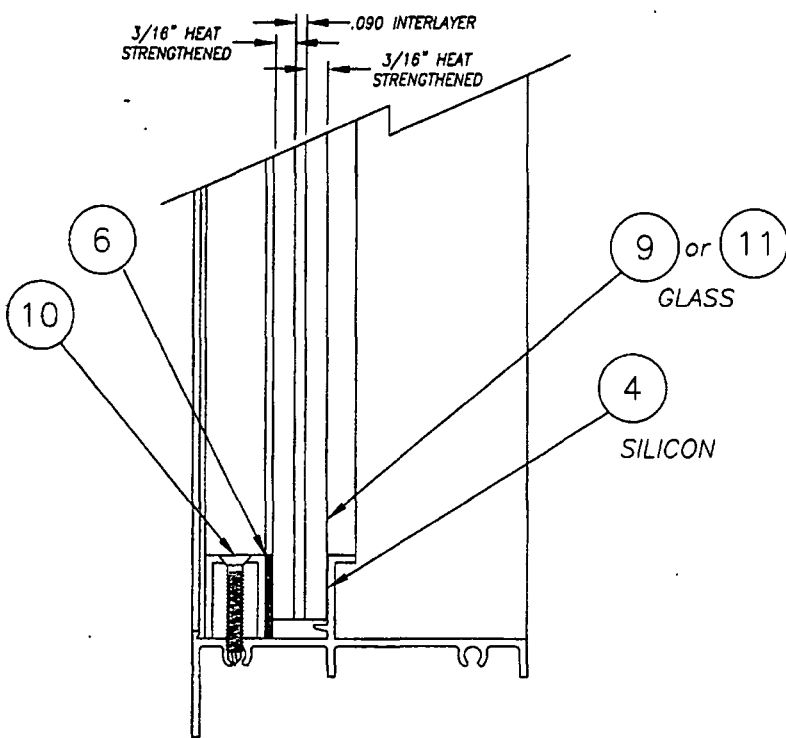
WINDOW WIDTH "TIP TO TIP" - 3.00"
 WINDOW HEIGHT "TIP TO TIP" - 3.00"



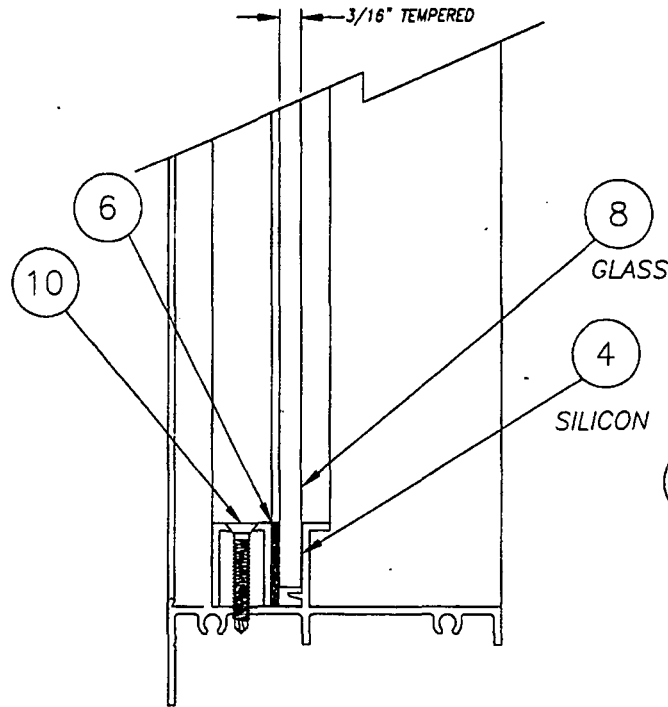
APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE SEP 13 2001
 BY *Maurice*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 01-0107-01

| | | |
|--|---|--|
| | Revised By: _____ Date: _____ | Revisions: _____ |
| | Drawn By: <u>F.K.</u> Date: <u>8/13/01</u> | REDRAWN |
| | Description: <u>EXTRUSION PROFILES & B.O.M.</u> | |
| | Title: <u>ALUMINUM FIXED WINDOW</u> | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: <u>PW-701</u> Scale: <u>NTS</u> Sheet: <u>6 of 8</u> Drawing No. <u>4231</u> Rev: <u>C</u> |

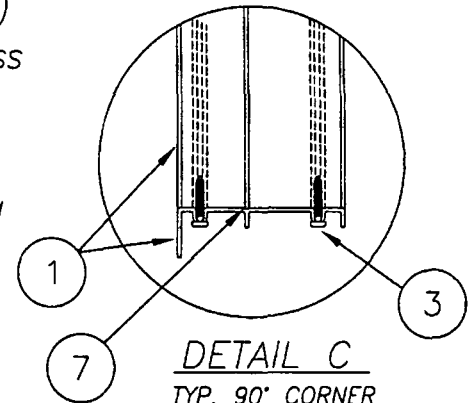
.090 INTERLAYER
 3/16" ANNEALED
 3/16" ANNEALED
 OR
 .090 INTERLAYER
 3/16" HEAT STRENGTHENED
 3/16" HEAT STRENGTHENED



TYPICAL GLAZING DETAIL
 7/16" LAMINATED GLASS



TYPICAL GLAZING DETAIL
 3/16" TEMPERED GLASS



DETAIL C
 TYP. 90° CORNER CONNECTION

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE SEP 13 2001
 BY [Signature]
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 01-0102-01

REFERENCE TEST REPORTS: FTL-2763, FTL-2780, FTL-2797 & 2816

Robert L. Clark, P.E.
 PE #39712
 Structural

| | | | |
|--|------------------|------------------------------------|---------|
| RGT INDUSTRIES | Revised By/Date: | Revisions: | |
| | Drawn By: F.K. | Date: 8/13/01 | REDRAWN |
| | Description: | | |
| | Title: | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | | P.O. BOX 1529 NOKOMIS, FL 34274 | |
| Series/Model: | Scale: | Sheet: | |
| PW-701 | NTS | 7 of 8 | |
| Drawing No. | | Rev: | |
| 4231 | | C | |

3/16" TEMPERED GLASS

NOTES:

- 1.) Negative Design Loads based on Comparative Analysis and Glass Table ASTM E1300.
- 2.) Positive Design Loads based on Comparative Analysis and Water Test Pressure.
- 3.) Numbers are for #12 screws or 3/16" Tapcons.
- 4.) Anchor maximum spacing: 12"

Negative Design Loads

| Window Heights | Window Widths | | | | | | | | |
|----------------|---------------|--------|--------|--------|--------|--------|--------|---------|---------|
| | 19.125 | 24.000 | 26.500 | 37.000 | 48.000 | 60.000 | 97.000 | 111.000 | 120.000 |
| 26.000 | 135.00 | 135.00 | 135.00 | 135.00 | 135.00 | 135.00 | 135.00 | 122.90 | 112.60 |
| 39.000 | 135.00 | 135.00 | 135.00 | 135.00 | 135.00 | 135.00 | 79.40 | 70.00 | 66.10 |
| 51.000 | 135.00 | 135.00 | 135.00 | 135.00 | 90.60 | 80.30 | 77.40 | 63.00 | 55.90 |
| 60.000 | 135.00 | 135.00 | 135.00 | 135.00 | 90.60 | 58.00 | 58.00 | 58.00 | 57.40 |

Positive Design Loads

| Window Heights | Window Widths | | | | | | | | |
|----------------|---------------|--------|--------|--------|--------|--------|--------|---------|---------|
| | 19.125 | 24.000 | 26.500 | 37.000 | 48.000 | 60.000 | 97.000 | 111.000 | 120.000 |
| 26.000 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 |
| 39.000 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 79.40 | 70.00 | 66.10 |
| 51.000 | 100.00 | 100.00 | 100.00 | 100.00 | 90.60 | 80.30 | 77.40 | 63.00 | 55.90 |
| 60.000 | 100.00 | 100.00 | 100.00 | 100.00 | 90.60 | 58.00 | 58.00 | 58.00 | 57.40 |

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE SEP 13 2001
BY [Signature]
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 01-0107-01

REFERENCE TEST REPORTS: FTL-2763, FTL-2780, & 2816

[Signature]
Robert L. Clark, P.E.
PE #39712
Structural

| | | |
|--|--|--|
| PGT INDUSTRIES | Revised By: _____ Date: _____ | Revisions: _____ |
| | Drawn By: <u>F.K.</u> Date: <u>8/13/01</u> | REDRAWN |
| | Description: <u>COMPARATIVE ANALYSIS, NON-IMPACT</u> | |
| | Title: <u>ALUMINUM FIXED WINDOW</u> | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: <u>PW-701</u> Scale: <u>NTS</u> Sheet: <u>8 of 8</u> Drawing No. <u>4231</u> Rev: <u>C</u> |



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

June 29, 2006

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

Mr. Robert Clark
PGT Industries
1070 Technology Drive
Nokomis, FL 34275

Re: 1" x Heavy Wall-Aluminum Tube Clipped Mullion – Renewal No. 06-0125.07

Dear Mr. Clark:

This is to inform you that the Notice of Proposed Action for the above referenced product under said renewal number will be issued and sent to the Board of Rules and Appeals for their final review on June 30, 2006. We expect that their review will be completed within 20 days, at which time the Notice of Acceptance (NOA) will be issued.

By means of this letter we are extending the expiration of the below listed NOA from the original of June 28, 2006 expiration date to July 28, 2006 to cover the committees final review time. Please attach a copy of this letter to the existing NOA at time of permitting.

**04-0528.05 – 1" x Heavy Wall-Aluminum Tube Clipped Mullion
– LMI**

New expiration date July 28, 2006

This letter expires July 28, 2006.

We hope this addresses your concerns, should you require any further information on this matter please feel free to contact this office.

Sincerely,

Jaime D. Gascon, P.E.
Chief, Product Control Division

cc Herminio F. Gonzalez, P.E., Director
NOA file



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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

Your application for Notice of Acceptance (NOA) of:

1"x Heavy Wall - Aluminum Tube Clipped Mullion

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.: 01-0323.02
EXPIRES: 06/28/2006

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: 06/28/2001

PGT Industries

ACCEPTANCE No.: 01-0323.02

APPROVED : JUN 28 2001

EXPIRES : JUN 28 2006

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

- 1.1 This approves a clipped mullion system, as described in Section 2 of this Notice of Acceptance, 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 1"x Heavy Wall - Aluminum Tube Clipped Mullion and its components shall be constructed in strict compliance with the following documents: Drawing No 6621, Sheets 1 through 6 of 6, titled "1" Heavy Wall Mullion Arrangement Detail", prepared by manufacturer, dated 4/28/00, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control approval stamp; with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

- 3.1 This approval applies to clipped structural mullions to be installed vertically or horizontally, as shown in the approved drawings.
- 3.2 For Design Pressure Rating vs. Mullion Length and Opening Width, for either 1x2x.375 (2 anchors) mullion, 1x2.75x.375 (3/4 anchors) mullion, 1x2.75x.650 (3/4 anchors) mullion or 1x4x.375 (4/6 anchors) mullion, see corresponding table in approved drawings.
- 3.3 Window sizes and design pressures are to be limited only to those appearing on charts referenced above and also listed in the individual window's Notice of Acceptance.

4. INSTALLATION

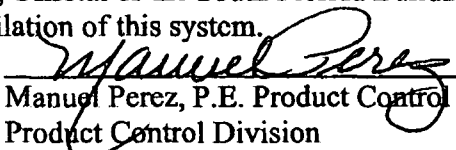
- 4.1 The clipped mullion system and its components shall be installed in strict compliance with the approved drawings.
- 4.2 This mullion can be installed as part of an impact resistant unit.

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, with mullion option indicated.
- 6.1.2 The Notice of Acceptance of each door and/or fixed lite attached to mullion.
- 6.1.3 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.
- 6.1.4 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.


Manuel Perez, P.E. Product Control Examiner
Product Control Division

PGT Industries

ACCEPTANCE No.: 01-0323.02

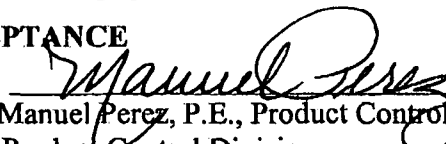
APPROVED : JUN 28 2001

EXPIRES : JUN 28 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 purposes.
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 needs 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


Manuel Perez, P.E., Product Control Examiner
Product Control Division

PGT Industries

ACCEPTANCE No.: 01-0323.02

APPROVED : JUN 28 2001

EXPIRES : JUN 28 2006

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

(For File ONLY. Not part of NOA.)

A. DRAWINGS

1. Manufacturer's die drawings and sections.
2. Drawing No 6621, Sheets 1 through 6 of 6, titled "1" Heavy Wall Mullion Arrangement Detail", prepared by manufacturer, dated 4/28/00, signed and sealed by Robert L. Clark, P.E.

B. TESTS

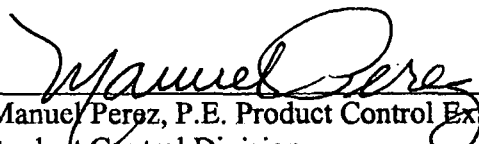
1. Test reports on
 - 1) Uniform Load Static Air Pressure Test, per SFBC, PA 202-94
 - 2) Large Missile Impact Test, SFBC PA 201-94
 - 3) Cyclic Loading Test, per SFBC PA 203-94along with installation diagram of a pair of fixed alum. windows (OO configuration) 60" x 54" mullied together with a 1x 2 x std. wall mullion, prepared by Fenestration Testing Laboratory, Inc., Test Report No. FTL-2902, dated 01/05/01, signed and sealed by Antonio Acevedo, P.E.
2. Test reports on
 - 1) Uniform Load Static Air Pressure Test, per SFBC, PA 202-94
 - 2) Large Missile Impact Test, SFBC PA 201-94
 - 3) Cyclic Loading Test, per SFBC PA 203-94along with installation diagram of a pair of fixed alum. windows (OO configuration) 80" x 76" mullied together with a 1x 4 x std. wall mullion, prepared by Fenestration Testing Laboratory, Inc., Test Report No. FTL-2903, dated 01/05/01, signed and sealed by Antonio Acevedo, P.E.
3. Test reports on
 - 1) Uniform Load Static Air Pressure Test, per SFBC, PA 202-94
 - 2) Large Missile Impact Test, SFBC PA 201-94
 - 3) Cyclic Loading Test, per SFBC PA 203-94along with installation diagram of a pair of fixed alum. windows with a transom lite (O/OO configuration) mullied together with a 1x 2 x 3/4" wall vertical mullion and a 2 x 6" x 1/4" wall horizontal mullion, prepared by Fenestration Testing Laboratory, Inc., Test Report No. FTL-2975, dated 01/23/01, signed and sealed by Antonio Acevedo, P.E.

C. CALCULATIONS

1. Engineering Structural & Anchor Calculations, prepared by manufacturer, dated 08/20/00, revised on 5/24/01, signed and sealed by Robert L. Clark, P.E.

D. MATERIAL CERTIFICATIONS

1. None.


Manuel Perez, P.E. Product Control Examiner
Product Control Division

PGT Industries

ACCEPTANCE No.: 01-0323.02

APPROVED : JUN 28 2001

EXPIRES : JUN 28 2006

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

(For File ONLY. Not part of NOA.)

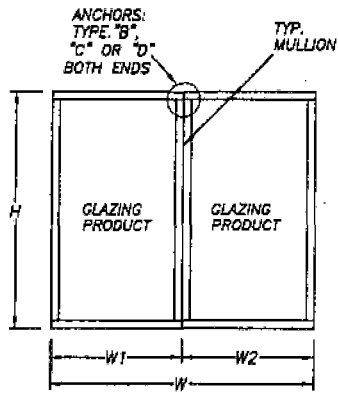
E. STATEMENTS

1. Statement letter of conformance, dated March 16, 2001, signed and sealed by Robert L. Clark, P.E.
2. Statement letter of no financial interest, dated _____, signed and sealed by Robert L. Clark, P.E.
3. Laboratory compliance letter for Test Reports No. FTL-2902, FTL-2903 and FTL-2975, issued by Fenestration Testing Laboratory, Inc., dated January 30, 2001, signed and sealed by Antonio Acevedo, P.E.

F. OTHER

1. None.

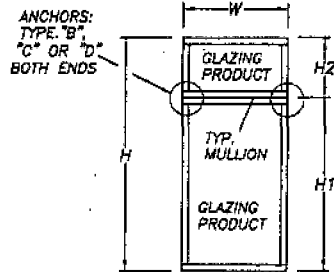

Manuel Perez, P.E. Product Control Examiner
Product Control Division



$W = W1+W2$

(2) WINDOWS MULLED TOGETHER

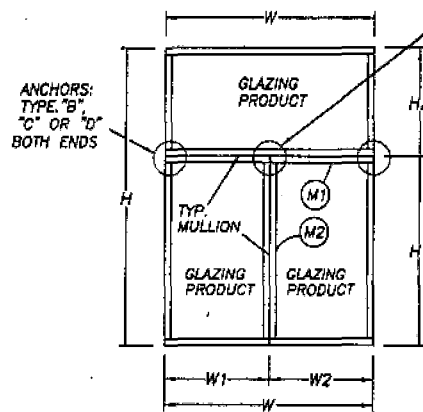
FOR DETERMINING MAX ALLOWABLE DESIGN PRESSURE SEE TABLES ON PAGE 5 & 6
 MAX OPENING = W OR W1+W2
 MULL LENGTH = H



$H = H1+H2$

(1) WINDOW MULLED W/ONE ABOVE

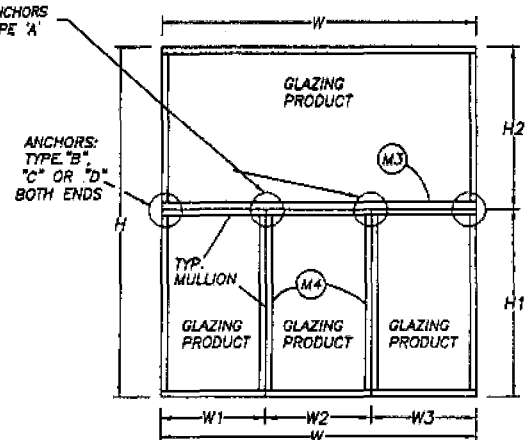
FOR DETERMINING MAX ALLOWABLE DESIGN PRESSURE SEE TABLES ON PAGE 5 & 6
 MAX OPENING = H OR H1+H2
 MULL LENGTH = W



$W = W1+W2$
 $H = H1+H2$

(2) WINDOWS MULLED W/ONE ABOVE

FOR DETERMINING MAX ALLOWABLE DESIGN PRESSURE SEE TABLES ON PAGE 5 & 6
 M1) MAX OPENING = H OR H1+H2
 MULL LENGTH = W OR W1+W2
 M2) MAX OPENING = W OR W1+W2
 MULL LENGTH = H1



$W = W1+W2+W3$
 $H = H1+H2$

MULTIPLE WINDOWS MULLED W/ONE ABOVE

FOR DETERMINING MAX ALLOWABLE DESIGN PRESSURE SEE TABLES ON PAGE 5 & 6
 M3) MAX OPENING = H OR H1+H2
 MULL LENGTH = W OR W1+W2+W3
 M4) MAX OPENING = W1+W2 OR W2+W3
 MULL LENGTH = H1

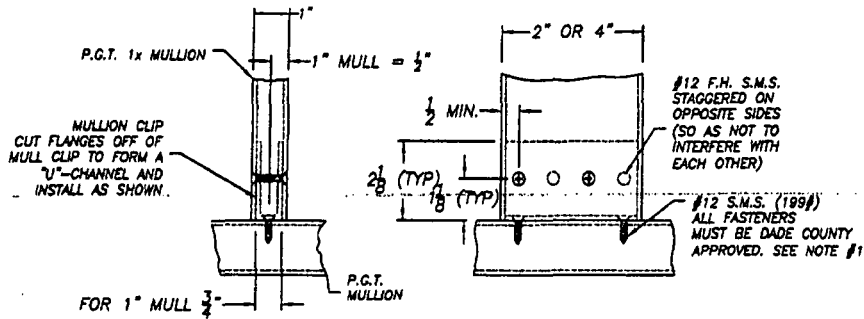
NOTES:

- FOR ANCHORAGE TYPE, QUANTITY AND LOCATION REFER TO SHEETS 2, 3, 5 AND 6
- WINDOWS MAY BE MULLED TO A MAX. OF 5 UNITS
- MULLIONS ARE APPROVED FOR IMPACT AND NON-IMPACT
- REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

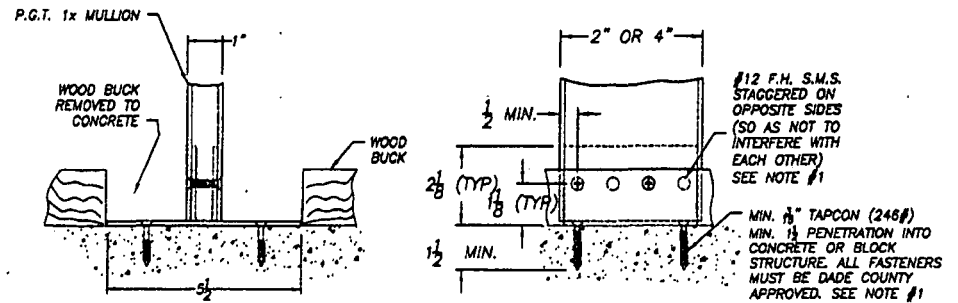
R.L.C.
 5/24/01
 Robert L. Clark, P.E.
 P.E. #39712
 Structural

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE JUN 28 2001
 BY *Manuel Serna*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 01-6323.02

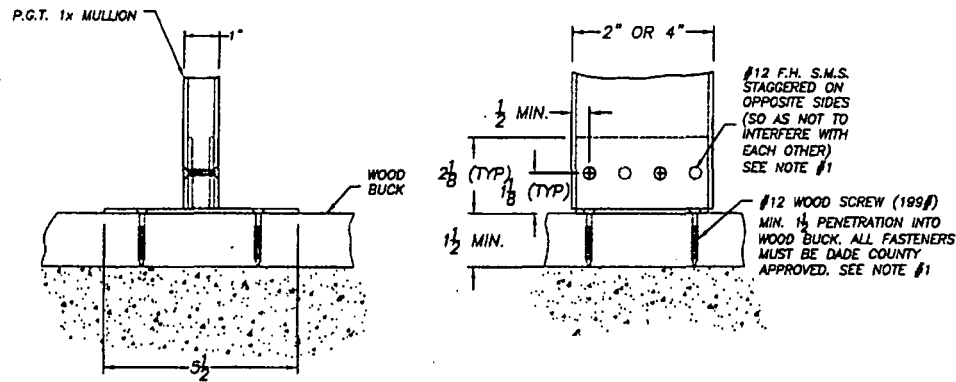
| | | | | |
|--|------------------------------------|------------------------|---------------------|------------------|
| Revised By: | Date: | Chgd By: | Date: | Revisions: |
| Drawn By: | P.J.P. | Date: | 4/28/00 | |
| Description: 1" HEAVY WALL MULLION ARRANGEMENT DETAIL | | | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: MULLS | Scale: 1X | Sheet: 1 of 6 |
| | | | Drawing No. 6621 | Rev: |



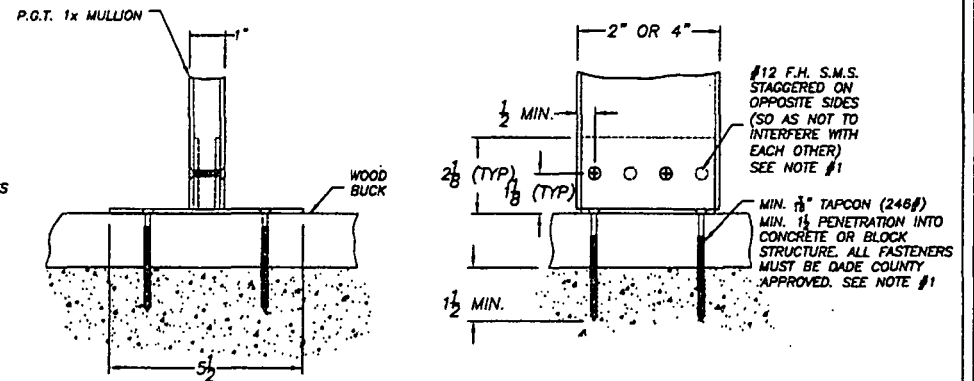
TYPICAL MULLION TO MULLION INSTALLATION TYPE "A"



TYPICAL MULLION TO STRUCTURE WITH WOOD BUCK REMOVED FROM CONC. TYPE "C"



TYPICAL MULLION TO STRUCTURE WITH WOOD BUCK TYPE "B"



TYPICAL MULLION TO STRUCTURE WITH WOOD BUCK AND CONC. TYPE "D"

NOTE:

- FOR MULL SIZE AND QUANTITY OF ANCHORS REQUIRED SEE SHEETS 5 & 6. FOR ANCHOR LOCATIONS SEE SHEET 3. QUANTITY OF ANCHORS FOR MULL-TO-CLIP IS THE SAME AS THE QUANTITY OF ANCHORS FROM CLIP-TO-OPENING.
- REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

IMPORTANT:

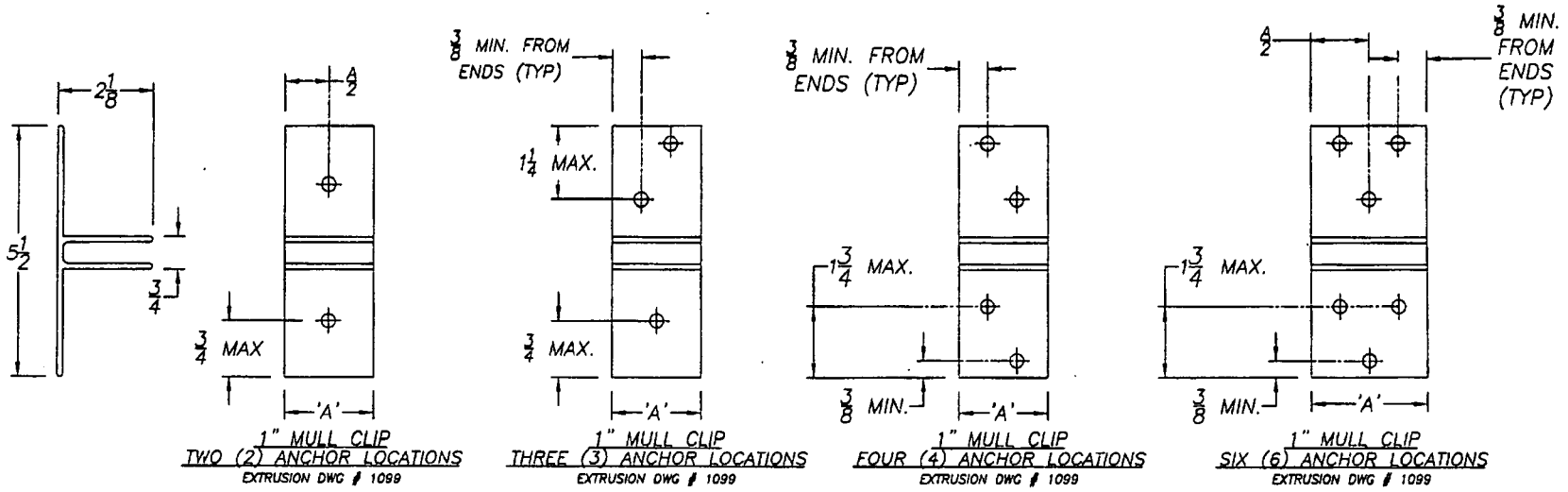
QUANTITY OF ANCHORS SHOWN ARE FOR A PICTORIAL REPRESENTATION ONLY. FOR CORRECT QUANTITY OF ANCHORS PLEASE REFER TO CHARTS AND FIND THE CORRECT MULL SIZE AND PRESSURE REQ'D FOR YOUR SPECIFIC APPLICATION.

R.L. Clark
5/24/01
Robert L. Clark, P.E.
P.E. #39712
Structural

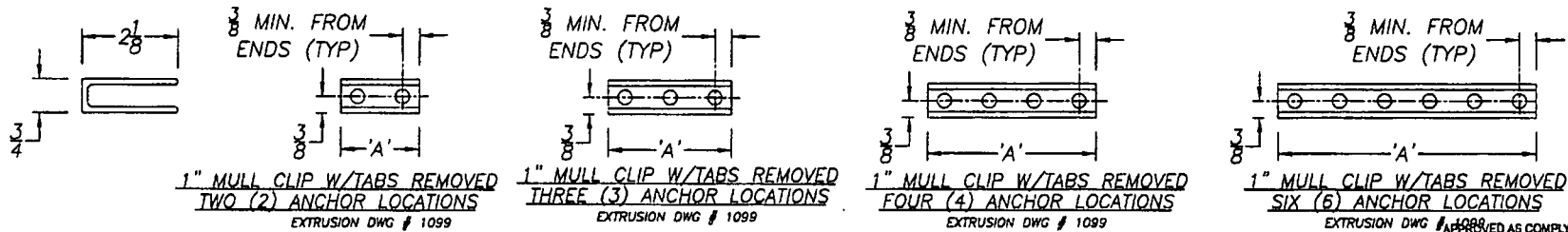


| | | | | |
|--|------------------------------------|------------------------|---------------------|------------------|
| Revised By: | Date: | Chkd By: | Date: | Revisions: |
| Drawn By: | P.J.P. | Date: | 4/28/00 | |
| Description: 1" HEAVY WALL MULLION & CLIP INSTALLATION DETAIL | | | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: MULLS | Scale: 1x | Sheet: 2 of 6 |
| | | | Drawing No. 6621 | Rev: |

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
DATE JUN 28 2004
BY *[Signature]*
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 01-0323.02



IMPORTANT:
 QUANTITY OF ANCHORS SHOWN ARE FOR A PICTORIAL REPRESENTATION ONLY. FOR CORRECT QUANTITY OF ANCHORS PLEASE REFER TO CHARTS AND FIND THE CORRECT MULL SIZE AND PRESSURE REQ'D FOR YOUR SPECIFIC APPLICATION.



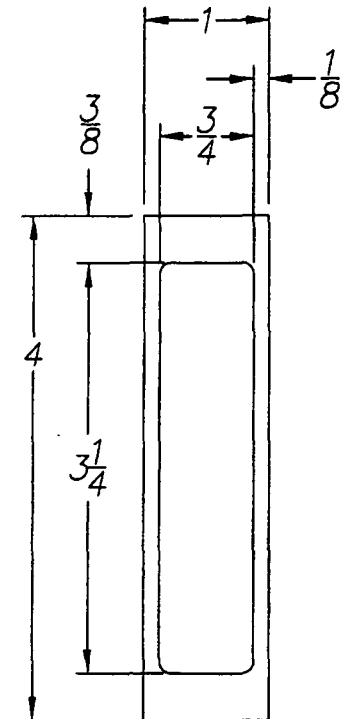
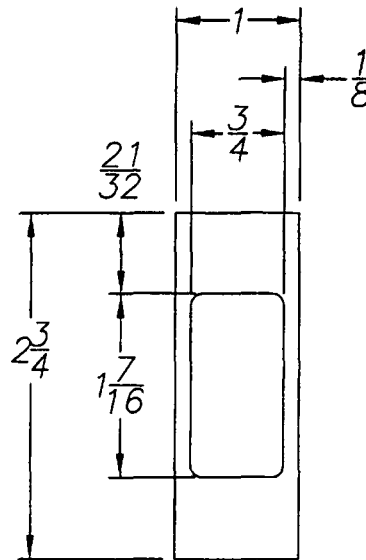
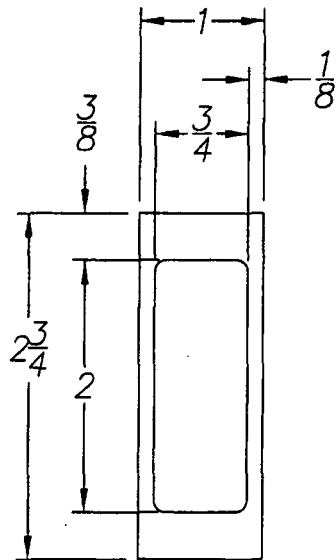
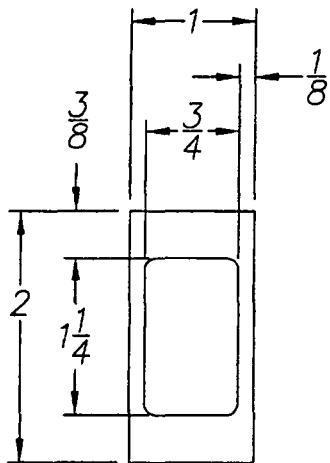
| CLIP LENGTH CHART FOR 1x MULL | |
|-------------------------------------|----------------|
| MULL SIZE | 'A' |
| 1 x 2 x $\frac{1}{2}$ | $1\frac{7}{8}$ |
| 1 x 2 $\frac{1}{2}$ x $\frac{3}{8}$ | $1\frac{7}{8}$ |
| 1 x 2 $\frac{1}{2}$ x $\frac{3}{4}$ | $1\frac{7}{8}$ |
| 1 x 4 x $\frac{3}{8}$ | $3\frac{7}{8}$ |

NOTE:
 1. REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

P. J. P.
 5/24/01
 RLC/CLK
 #39712
 STRUCTURA

| | | | |
|--|---|------------------------|---|
| | Drawn By: P.J.P. Date: 5/21/01 | Chkd By: Date: | Revisions: |
| | Description: ANCHOR LOCATIONS Title: 1" MULLION CLIP | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: MULLS | Scale: 1 Sheet: 3 of 6 Drawing No. 6621 Rev: |

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE JUN 28 2001
 BY *Manuel*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 01-0553-05



1x HEAVY WALL MULLS
MAT'L: 6063-T6

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE JUN 28 2001
BY W. Russell Gray
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 01-0327.02

NOTE:

1. REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

Robert L. Clark
5/22/00

Robert L. Clark, P.E.
P.E. #39712



1070 TECHNOLOGY DRIVE
NOKOMIS, FL 34275

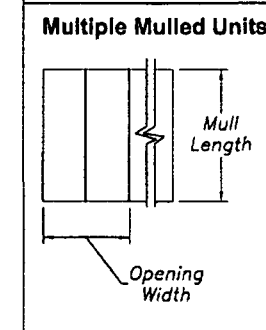
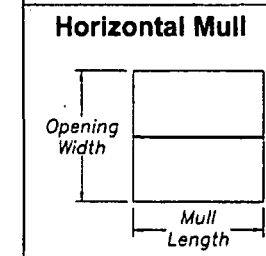
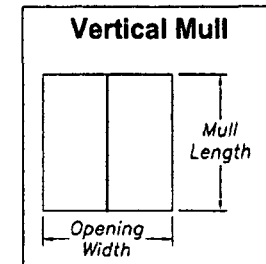
P.O. BOX 1529
NOKOMIS, FL 34274

| | | | | | |
|--|--------|----------|---------|--------------|--------|
| Revised By: | Date: | Chkd By: | Date: | Revisions: | |
| Drawn By: | P.J.P. | Date: | 5/22/00 | | |
| Description: 1" HEAVY WALL MULLION PROFILES | | | | | |
| Series/Model: | MULLS | Scale: | 1x | Sheet: | 4 of 6 |
| | | | | Drawing No.: | 6621 |
| | | | | | Rev: |

Structural

| 1x2x.375 2 Anchors | | OPENING WIDTH IN INCHES | | | | | | | | | |
|-----------------------|--------|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | 130 | 160 |
| MULL LENGTH IN INCHES | 42 | 155 | 142 | 134 | 130 | 130 | 130 | 130 | 130 | 130 | 130 |
| | 48 | 129 | 116 | 107 | 102 | 100 | 99 | 99 | 99 | 99 | 99 |
| | 50.625 | 115 | 100 | 91 | 85 | 82 | 80 | 80 | 80 | 80 | 80 |
| | 54 | 94 | 81 | 73 | 68 | 64 | 63 | 62 | 62 | 62 | 62 |
| | 60 | 67 | 58 | 51 | 47 | 44 | 42 | 41 | 41 | 41 | 41 |
| | 63 | 58 | 49 | 44 | 40 | 37 | 35 | 34 | 34 | 34 | 34 |
| | 66 | 50 | 43 | 38 | 34 | 32 | 30 | 29 | 28 | 28 | 28 |
| | 72 | 38 | 32 | 29 | 26 | 24 | 22 | 21 | 20 | 20 | 20 |
| | 76 | 32 | 27 | 24 | 22 | 20 | 18 | 17 | 17 | 16 | 16 |
| | 78 | 30 | 25 | 22 | 20 | 18 | 17 | 16 | 15 | 15 | - |
| | 84 | 24 | 20 | 17 | 16 | - | - | - | - | - | - |
| | 90 | 19 | 16 | - | - | - | - | - | - | - | - |
| | 96 | 16 | - | - | - | - | - | - | - | - | - |
| | 108 | - | - | - | - | - | - | - | - | - | - |
| 111 | - | - | - | - | - | - | - | - | - | - | |
| 144 | - | - | - | - | - | - | - | - | - | - | |

| 1x2.75x.375 3/4 Anchors | | OPENING WIDTH IN INCHES | | | | | | | | | |
|----------------------------|--------|-------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| | | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | 130 | 160 |
| MULL LENGTH IN INCHES | 42 | 170 170 | 170 170 | 170 170 | 170 170 | 170 170 | 170 170 | 170 170 | 170 170 | 170 170 | 170 170 |
| | 48 | 170 170 | 170 170 | 161 170 | 154 170 | 150 170 | 149 170 | 149 170 | 149 170 | 149 170 | 149 170 |
| | 50.625 | 170 170 | 161 170 | 148 170 | 140 170 | 136 170 | 134 170 | 134 170 | 134 170 | 134 170 | 134 170 |
| | 54 | 166 170 | 147 170 | 135 165 | 126 153 | 121 146 | 119 142 | 118 141 | 118 141 | 118 141 | 118 141 |
| | 60 | 145 152 | 127 131 | 116 116 | 101 107 | 100 100 | 96 96 | 93 93 | 92 92 | 92 92 | 92 92 |
| | 63 | 131 131 | 112 112 | 99 99 | 90 90 | 84 84 | 80 80 | 77 77 | 76 76 | 76 76 | 76 76 |
| | 66 | 113 113 | 97 97 | 85 85 | 77 77 | 72 72 | 68 68 | 65 65 | 64 64 | 63 63 | 63 63 |
| | 72 | 86 86 | 73 73 | 65 65 | 58 58 | 54 54 | 50 50 | 48 48 | 46 46 | 45 45 | 44 44 |
| | 76 | 73 73 | 62 62 | 54 54 | 49 49 | 45 45 | 42 42 | 40 40 | 38 38 | 37 37 | 36 36 |
| | 78 | 67 67 | 57 57 | 50 50 | 45 45 | 41 41 | 38 38 | 36 36 | 35 35 | 33 33 | 32 32 |
| | 84 | 54 54 | 45 45 | 40 40 | 35 35 | 32 32 | 30 30 | 28 28 | 27 27 | 26 26 | 24 24 |
| | 90 | 43 43 | 37 37 | 32 32 | 28 28 | 26 26 | 24 24 | 22 22 | 21 21 | 20 20 | 19 19 |
| | 96 | 36 36 | 30 30 | 26 26 | 23 23 | 21 21 | 19 19 | 18 18 | 17 17 | 16 16 | 15 15 |
| | 108 | 25 25 | 21 21 | 18 18 | 16 16 | - | - | - | - | - | - |
| 111 | 23 23 | 19 19 | 17 17 | 15 15 | - | - | - | - | - | - | |
| 144 | - | - | - | - | - | - | - | - | - | - | |



APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE JUN 28 2001
BY *[Signature]*
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 01-0323.02

NOTES:

1. MAXIMUM ALLOWABLE PRESSURE IN PSF.
2. DESIGN IS BASED ON OPENING WIDTH. FOR MULTIPLE UNITS, CONSIDER ONLY TWO ADJACENT UNITS AT A TIME. SEE SHEET 1.
3. REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

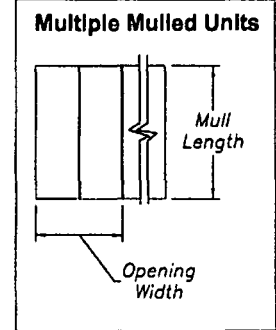
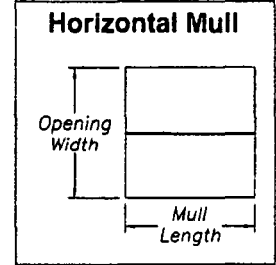
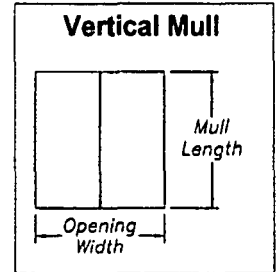
[Handwritten Signature]
5/24/01
RL CLARK
#39712

| | | | | |
|--|------------------------------------|------------------------|---------------------|------------------|
| Revised By: | Date: | Chkd By: | Date: | Revisions: |
| Drawn By: | P.J.P. | Date: | 4/28/00 | |
| Description: PRESSURE CHARTS | | | | |
| Title: 1" HEAVY WALL MULLION | | | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: MULLS | Scale: NTS | Sheet: 5 of 6 |
| | | | Drawing No. 6621 | Rev: |

STRUCTURAL

| 1x2.75x.650 3/4 Anchors | | OPENING WIDTH IN INCHES | | | | | | | | | | | | | | | | | | | |
|----------------------------|--------|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|----|
| | | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | 130 | 160 | | | | | | | | | | |
| ③ MULL LENGTH IN INCHES | 42 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | | | | | | | |
| | 48 | 170 | 170 | 180 | 170 | 148 | 169 | 141 | 161 | 138 | 158 | 137 | 157 | 137 | 157 | 170 | 157 | 170 | 157 | | |
| | 50.625 | 166 | 170 | 148 | 169 | 138 | 158 | 129 | 148 | 125 | 143 | 123 | 141 | 123 | 141 | 154 | 141 | 123 | 141 | | |
| | 54 | 152 | 170 | 135 | 155 | 124 | 142 | 116 | 133 | 112 | 128 | 109 | 125 | 108 | 124 | 108 | 124 | 108 | 124 | | |
| | 60 | 133 | 152 | 117 | 134 | 106 | 122 | 99 | 113 | 94 | 107 | 90 | 103 | 88 | 101 | 88 | 100 | 88 | 100 | | |
| | 63 | 125 | 143 | 110 | 126 | 99 | 114 | 92 | 105 | 87 | 99 | 83 | 95 | 81 | 93 | 80 | 91 | 80 | 91 | | |
| | 66 | 118 | 135 | 103 | 118 | 93 | 107 | 86 | 97 | 81 | 90 | 77 | 85 | 75 | 82 | 73 | 80 | 73 | 79 | 73 | 79 |
| | 72 | 106 | 108 | 92 | 92 | 81 | 81 | 73 | 73 | 67 | 67 | 63 | 63 | 60 | 60 | 58 | 58 | 56 | 56 | 56 | 56 |
| | 76 | 91 | 91 | 77 | 77 | 68 | 68 | 61 | 61 | 58 | 58 | 52 | 52 | 49 | 49 | 47 | 47 | 46 | 46 | 45 | 45 |
| | 78 | 84 | 84 | 71 | 71 | 63 | 63 | 56 | 56 | 51 | 51 | 48 | 48 | 45 | 45 | 43 | 43 | 42 | 42 | 40 | 40 |
| | 84 | 67 | 67 | 57 | 57 | 50 | 50 | 44 | 44 | 40 | 40 | 37 | 37 | 35 | 35 | 33 | 33 | 32 | 32 | 30 | 30 |
| | 90 | 54 | 54 | 46 | 46 | 40 | 40 | 36 | 36 | 32 | 32 | 30 | 30 | 28 | 28 | 26 | 26 | 25 | 25 | 23 | 23 |
| | 96 | 44 | 44 | 38 | 38 | 33 | 33 | 29 | 29 | 26 | 26 | 24 | 24 | 23 | 23 | 21 | 21 | 20 | 20 | 18 | 18 |
| | 108 | 31 | 31 | 26 | 26 | 23 | 23 | 20 | 20 | 18 | 18 | 17 | 17 | 15 | 15 | - | - | - | - | - | - |
| 111 | 29 | 29 | 24 | 24 | 21 | 21 | 18 | 18 | 17 | 17 | 15 | 15 | - | - | - | - | - | - | - | - | |
| 144 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |

| 1x4x.375 4/6 Anchors | | OPENING WIDTH IN INCHES | | | | | | | | | | | | | | | | | | | |
|----------------------------|--------|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | 130 | 160 | | | | | | | | | | |
| ④ MULL LENGTH IN INCHES | 42 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | | | | | | | |
| | 48 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 |
| | 50.625 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 |
| | 54 | 170 | 170 | 170 | 170 | 169 | 170 | 162 | 170 | 158 | 170 | 157 | 170 | 157 | 170 | 157 | 170 | 157 | 170 | 157 | 170 |
| | 60 | 170 | 170 | 170 | 170 | 154 | 170 | 143 | 170 | 136 | 170 | 131 | 170 | 128 | 170 | 127 | 170 | 127 | 170 | 127 | 170 |
| | 63 | 170 | 170 | 159 | 170 | 144 | 170 | 133 | 170 | 126 | 170 | 121 | 170 | 117 | 169 | 116 | 168 | 116 | 165 | 116 | 165 |
| | 66 | 170 | 170 | 150 | 170 | 135 | 170 | 125 | 170 | 117 | 166 | 112 | 156 | 108 | 150 | 106 | 145 | 105 | 144 | 105 | 144 |
| | 72 | 154 | 170 | 134 | 170 | 120 | 165 | 110 | 148 | 103 | 136 | 98 | 127 | 94 | 120 | 91 | 115 | 89 | 112 | 88 | 111 |
| | 76 | 144 | 170 | 125 | 160 | 112 | 140 | 102 | 126 | 95 | 116 | 90 | 108 | 86 | 102 | 83 | 98 | 81 | 95 | 79 | 93 |
| | 78 | 140 | 170 | 121 | 148 | 108 | 129 | 99 | 116 | 92 | 106 | 87 | 99 | 83 | 93 | 80 | 89 | 78 | 87 | 75 | 84 |
| | 84 | 128 | 138 | 111 | 117 | 98 | 102 | 90 | 92 | 83 | 83 | 77 | 77 | 73 | 73 | 69 | 69 | 66 | 66 | 62 | 62 |
| | 90 | 112 | 112 | 95 | 95 | 82 | 82 | 74 | 74 | 67 | 67 | 62 | 62 | 58 | 58 | 54 | 54 | 52 | 52 | 48 | 48 |
| | 96 | 92 | 92 | 78 | 78 | 67 | 67 | 60 | 60 | 54 | 54 | 50 | 50 | 47 | 47 | 44 | 44 | 42 | 42 | 38 | 38 |
| | 108 | 64 | 64 | 54 | 54 | 47 | 47 | 42 | 42 | 37 | 37 | 34 | 34 | 32 | 32 | 30 | 30 | 28 | 28 | 25 | 25 |
| 111 | 59 | 59 | 50 | 50 | 43 | 43 | 38 | 38 | 34 | 34 | 31 | 31 | 29 | 27 | 27 | 26 | 26 | 23 | 23 | 23 | |
| 144 | 27 | 27 | 22 | 22 | 19 | 19 | 17 | 17 | 15 | 15 | - | - | - | - | - | - | - | - | - | - | |



APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE JUN 28 2004
BY [Signature]
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 01-0383-02

NOTES:

1. MAXIMUM ALLOWABLE PRESSURE IN PSF.
2. DESIGN IS BASED ON OPENING WIDTH. FOR MULTIPLE UNITS, CONSIDER ONLY TWO ADJACENT UNITS AT A TIME. SEE SHEET 1.
3. REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

[Signature]
5/4/04
R.L. CLARK
3971L

| | | | | | |
|--|--|------------------------------------|--|------------------------|------------|
| Revised By: _____ Date: _____ | | Chkd By: _____ Date: _____ | | Revisions: _____ | |
| Drawn By: P.J.P. | | Date: 4/28/00 | | | |
| Description: PRESSURE CHARTS | | | | | |
| Title: 1" HEAVY WALL MULLION | | | | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | | P.O. BOX 1529 NOKOMIS, FL 34274 | | Series/Model: MULLS | Scale: NTS |
| | | Sheet: 6 of 6 | | Drawing No. 6621 | |



MIAMI-DADE
BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
P.O. Box 1529
Nokomis, FL 34274

SCOPE:

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

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

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

DESCRIPTION: Series "PW-701" Aluminum Fixed Window-Impact

APPROVAL DOCUMENT: Drawing No. 4214, titled "Aluminum Fixed Impact Window", sheets 1 through 4 of 4, prepared by manufacturer dated 02-16-98 and last revised on 09-09-02, signed and sealed by Robert L. Clark, 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 Missile Impact Resistant

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 and renews NOA # 99-0218.01 and, consists of this page 1 as well as approval document mentioned above.

The submitted documentation was reviewed by Ishaq I. Chanda, P.E.

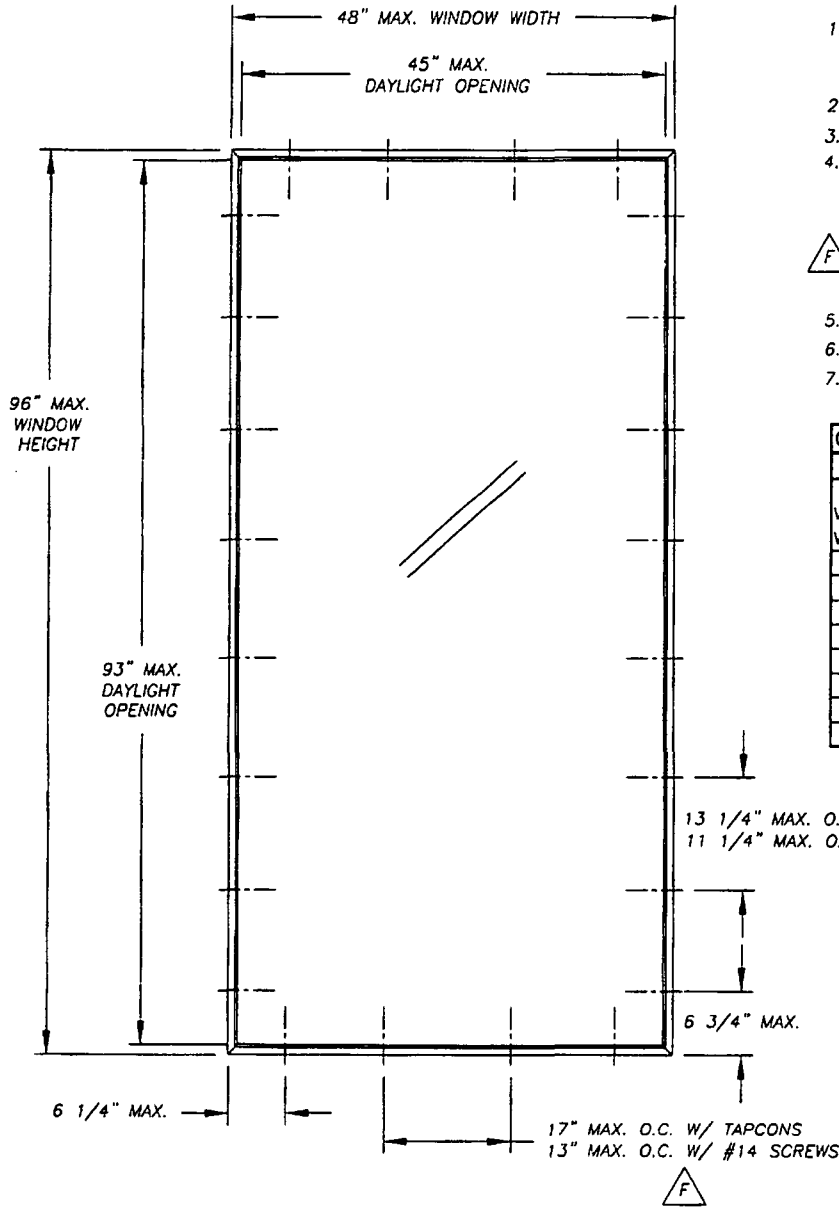


NOA No 02-0716.03
Expiration Date: October 03, 2007
Approval Date: October 03, 2002
Page 1

LARGE MISSILE IMPACT WINDOWS

- 1.) GLAZING DETAIL:
7/16" (.454) LAMINATED GLASS CONSISTING OF 3/16" HEAT STRENGTHENED GLASS WITH AN .090 INTERLAYER OF SAFLEX PVB BY SOLUTIA OR DUPONT WITH BUTACITE AND 3/16" HEAT STRENGTHENED GLASS.
- 2.) CONFIGURATIONS: "0"
- 3.) DESIGN PRESSURE RATING: SEE TABLE 1.
- 4.) ANCHORAGE: (SEE EMBEDMENT DETAIL SHT. 4 OF 4)
MAX. 6 1/4" FROM EACH CORNER (HEAD & SILL)
MAX. 6 3/4" FROM EACH CORNER (JAMBS)
MAX. O.C. AT HEAD & SILL = 17" W/ 1/4" TAPCONS
MAX. O.C. AT HEAD & SILL = 13" W/ #14 SCREWS
MAX. O.C. AT JAMBS = 13 1/4" W/ 1/4" TAPCONS
MAX. O.C. AT JAMBS = 11 1/4" W/ #14 SCREWS
- 5.) SHUTTER REQUIREMENT: NO SHUTTERS REQUIRED
- 6.) REFERENCE TEST REPORT: FTL-1971
- 7.) INSTALLATION OF 1x OR 2x BUCK TO THE SUBSTRATE TO BE ENGINEERED SEPARATELY AND TO BE REVIEWED BY BUILDING OFFICE.

| COMPARATIVE ANALYSIS TABLE 1. FTL-1971 | | | | | | | | | | | | |
|---|---------------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| DESIGN PRESSURE RATING FOR GLASS TYPE - 7/16" LAMINATED (3/16"HS,.090",3/16"HS) | | | | | | | | | | | | |
| WINDOW | WINDOW HEIGHT | | | | | | | | | | | |
| | 78.000 | | 78.000 | | 80.000 | | 84.000 | | 90.000 | | 96.000 | |
| WIDTH | NEG | POS | NEG | POS | NEG | POS | NEG | POS | NEG | POS | NEG | POS |
| 41.000 | -90.0 | 90.0 | -90.0 | 90.0 | -90.0 | 90.0 | -90.0 | 90.0 | -90.0 | 90.0 | -90.0 | 90.0 |
| 42.000 | -90.0 | 90.0 | -90.0 | 90.0 | -90.0 | 90.0 | -90.0 | 90.0 | -90.0 | 90.0 | -89.3 | 89.3 |
| 43.000 | -90.0 | 90.0 | -90.0 | 90.0 | -90.0 | 90.0 | -90.0 | 90.0 | -89.7 | 89.7 | -88.5 | 88.5 |
| 44.000 | -90.0 | 90.0 | -90.0 | 90.0 | -90.0 | 90.0 | -90.0 | 90.0 | -87.3 | 87.3 | -84.0 | 84.0 |
| 45.000 | -90.0 | 90.0 | -90.0 | 90.0 | -90.0 | 90.0 | -88.1 | 88.1 | -85.2 | 85.2 | -81.8 | 81.8 |
| 46.000 | -90.0 | 90.0 | -90.0 | 90.0 | -90.0 | 90.0 | -86.7 | 86.7 | -83.3 | 83.3 | -79.8 | 79.8 |
| 47.000 | -90.0 | 90.0 | -90.0 | 90.0 | -87.8 | 87.8 | -85.2 | 85.2 | -81.6 | 81.6 | -77.3 | 77.3 |
| 48.000 | -90.0 | 90.0 | -87.8 | 87.8 | -86.3 | 86.3 | -83.6 | 83.6 | -79.9 | 79.9 | -74.8 | 74.8 |



13 1/4" MAX. O.C. W/ TAPCONS
 11 1/4" MAX. O.C. W/ #14 SCREWS
 6 3/4" MAX.
 6 1/4" MAX.
 17" MAX. O.C. W/ TAPCONS
 13" MAX. O.C. W/ #14 SCREWS

R.L. Clark
 9/2/02
 Robert L. Clark, P.E.
 PE 339712
 Structural



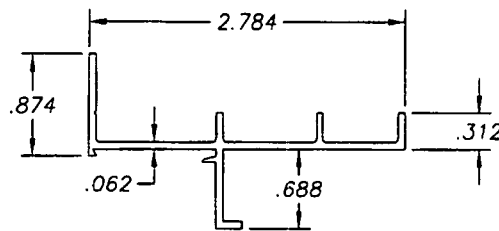
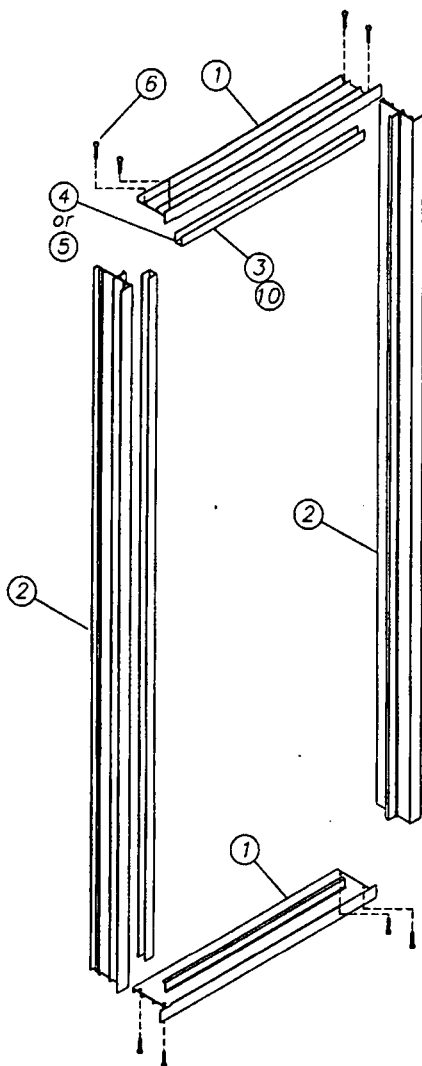
1070 TECHNOLOGY DRIVE
 NOKOMIS, FL 34275
 P.O. BOX 1529
 NOKOMIS, FL 34274

| | | |
|------------------|---------------|-------------------------------------|
| Revised By: F.K. | Date: 9/9/02 | Revisions: F-REVISE ANCHORS SPACING |
| Revised By: F.K. | Date: 8/13/02 | Revisions: E-REVISE ANCHORS & NOTES |
| Revised By: F.K. | Date: 7/10/02 | Revisions: D-REMOVE TEMPER OPT |
| Revised By: F.K. | Date: 5/9/02 | Revisions: C-ADD COMP. ANAL. TABLE |
| Revised By: F.K. | Date: 11/6/01 | Revisions: B-TB & ADD EXTR. |
| Revised By: D.B. | Date: 1/29/99 | Revisions: |
| Drawn By: D.B. | Date: 2/16/98 | Revisions: |

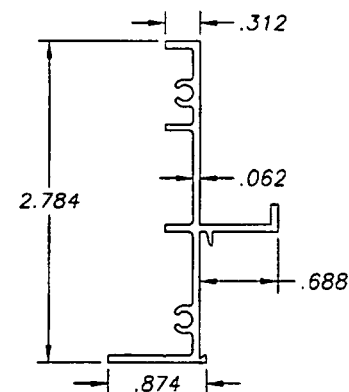
PRODUCT REVISED
 as required with the Florida
 Building Code
 Acceptance No. 02-0716-03
 Expiration Date 02/16/2007
 By: *Islynn J. Chande*
 Michael Dault Product Control
 Division

| | | | | |
|--|---------------|------------------|---------------------|-----------|
| Description: ELEVATION | | | | |
| Title: ALUMINUM FIXED IMPACT WINDOW | | | | |
| Series/Model: PW-701 | Scale: NTS | Sheet: 1 of 4 | Drawing No. 4214 | Rev: F |

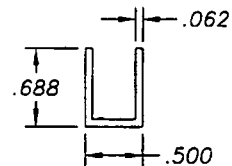
| ITEM | DESCRIPTION | V.T.# | QTY./LOCATION | VENDOR | VENDOR NO. |
|------|---------------------------------------|---------|---|---------------------|------------|
| 1 | Frame Head & Sill | 612241 | 1 ea. | Alumax | AF-12241 |
| 2 | Frame Jamb | 612242 | 2 | Alumax | AF-12242 |
| 3 | .688 x .500 Channel Glaz. Bead | 6533402 | 4 | Alumax | AF-533402 |
| 4 | Seam Sealer | 6SM55W | | Schnee-Morehead | SM5504 |
| 5 | Closed Cell Foam Tape | 61308 | 4 (between bead & glass) | Stik-It | 1308 |
| 6 | #8 x 1.000 Ph. Pn. SMS | 781PQA | 8 (Frame Assy. screws) | Merchants Fasteners | |
| 7 | Silicon Back bedding | 62899C | | Dow Corning | 899 |
| 8 | 7/16" (.454) W/SOLUTIA PVB INTERLAYER | | 1 | H.P.G. | |
| 9 | 7/16" (.454) W/DUPONT PVB INTERLAYER | | 1 | H.P.G. | |
| 10 | #6 x .875 Ph. Fl. Self-tap | 7PWSW | Bead screws. 2 1/2" from end, 20" centers | Fastec | |



① FRAME HEAD & SILL
6063-T5 ALUM.




② FRAME JAMB
6063-T5 ALUM.



③ GLAZING BEAD
6063-T5 ALUM.

| | | |
|---------------------|------------------|-----------------------------------|
| Revised By: F.K. | Date: 9/9/02 | Revisions: F-NO CHG THIS SHT |
| Revised By: F.K. | Date: 8/13/02 | Revisions: E-ADD DIM., ORIENT. |
| Revised By: F.K. | Date: 7/10/02 | Revisions: D-NO CHG THIS SHT |
| Revised By: F.K. | Date: 5/9/02 | Revisions: NO CHG THIS SHT |
| Revised By: F.K. | Date: 11/6/01 | Revisions: TB & ADD EXTR. |
| Revised By: D.B. | Date: 1/29/99 | Revisions: |
| Drawn By: D.B. | Date: 2/16/98 | |

PRODUCT REVISED
as complying with the Florida
Building Code
Acceptance No. 02-0716-03
Expiration Date 02/03/2007
By: Isaac J. Church
Michael Dade Product Control
Division


9/9/02
Robert L. Clark, P.E.
PE #39712
Structural

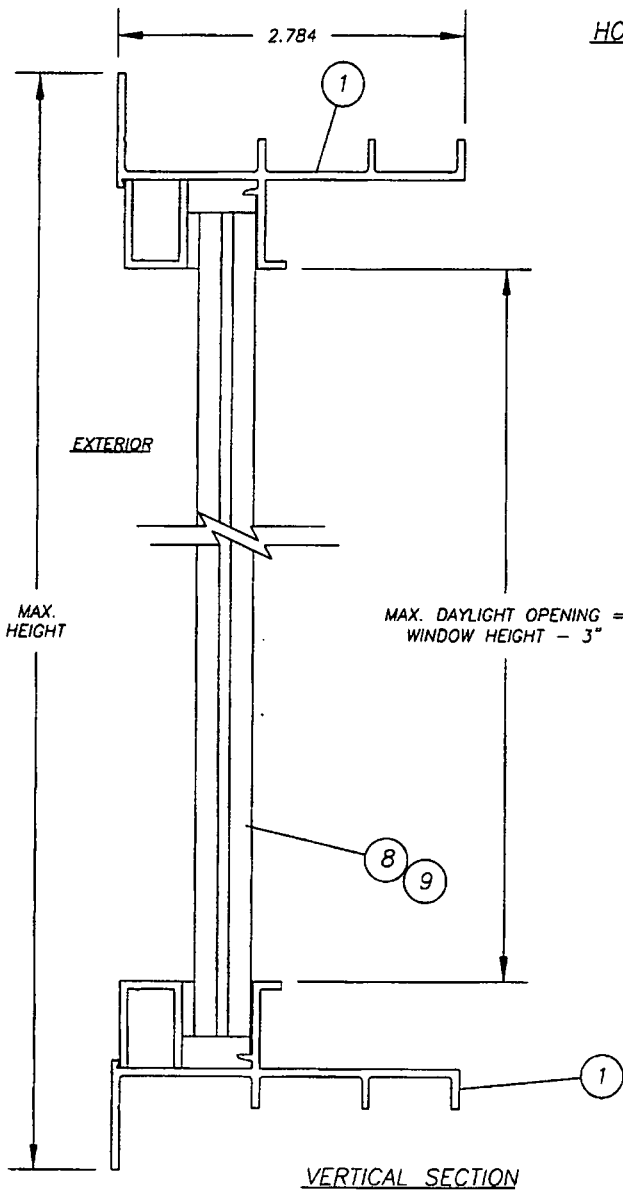
P&T
INDUSTRIES

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

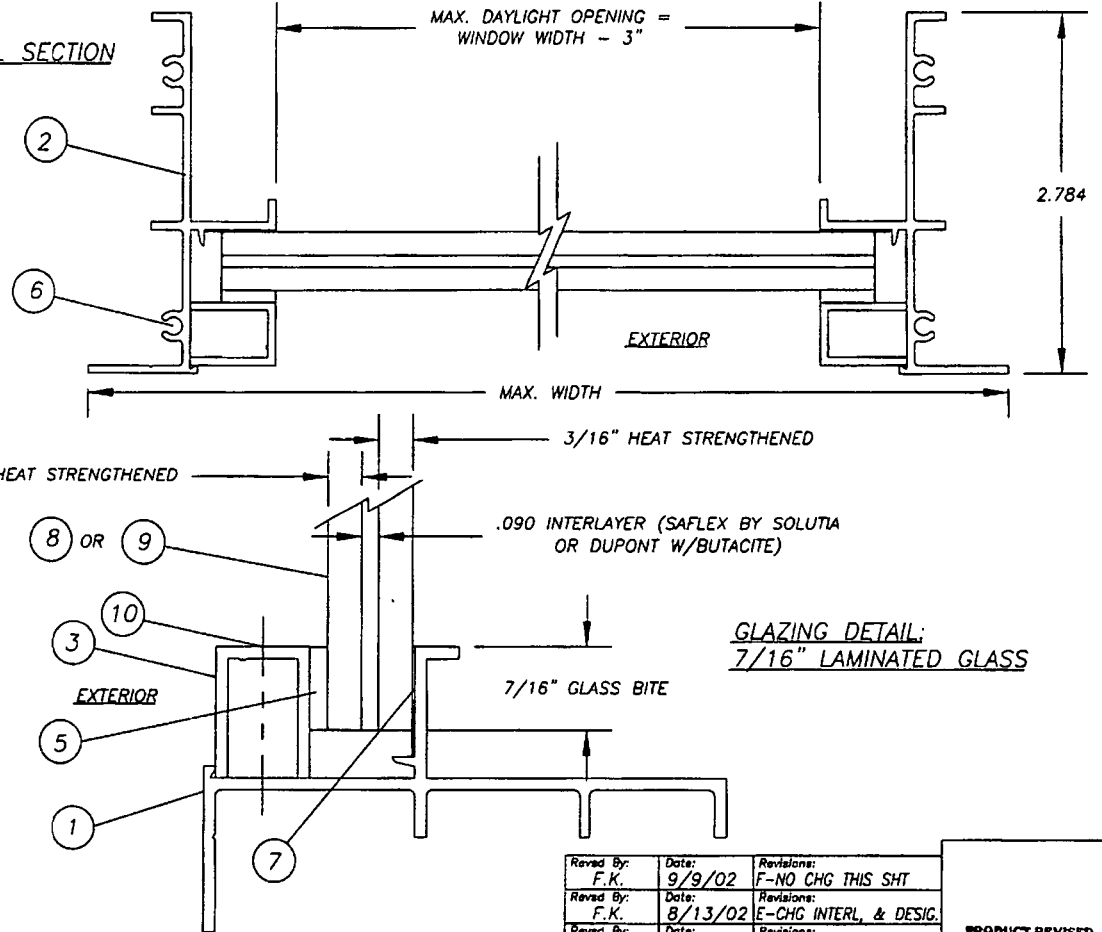
Description:
EXTRUSION PROFILES & B.O.M.

Title:
ALUMINUM FIXED IMPACT WINDOW

| | | | | |
|-------------------------|---------------|------------------|---------------------|-----------|
| Series/Model: PW-701 | Scale: NTS | Sheet: 2 of 4 | Drawing No. 4214 | Rev: F |
|-------------------------|---------------|------------------|---------------------|-----------|



HORIZONTAL SECTION



GLAZING DETAIL:
7/16\"

| | | |
|---------------------|------------------|--------------------------------------|
| Revised By: F.K. | Date: 9/9/02 | Revisions: F-NO CHG THIS SHT |
| Revised By: F.K. | Date: 8/13/02 | Revisions: E-CHG INTERL. & DESIG. |
| Revised By: F.K. | Date: 7/10/02 | Revisions: D-REMOVE TEMPER OPT |
| Revised By: F.K. | Date: 5/9/02 | Revisions: ADD TEMPERED GLASS |
| Revised By: F.K. | Date: 11/6/01 | Revisions: TB & GLAZING DET. |
| Revised By: D.B. | Date: 1/29/99 | Revisions: |
| Revised By: D.B. | Date: 2/16/98 | Revisions: |

PRODUCT REVISED
to comply with the Florida
Building Code
Amendment No. 02-0716-03
Expiration Date: OCT 23, 2007
By: Shag J. Llyards
Miami Desk/Product Control
Division

R.L. Clark
9/1/02
Robert L. Clark, P.E.
PE #39712
Structural

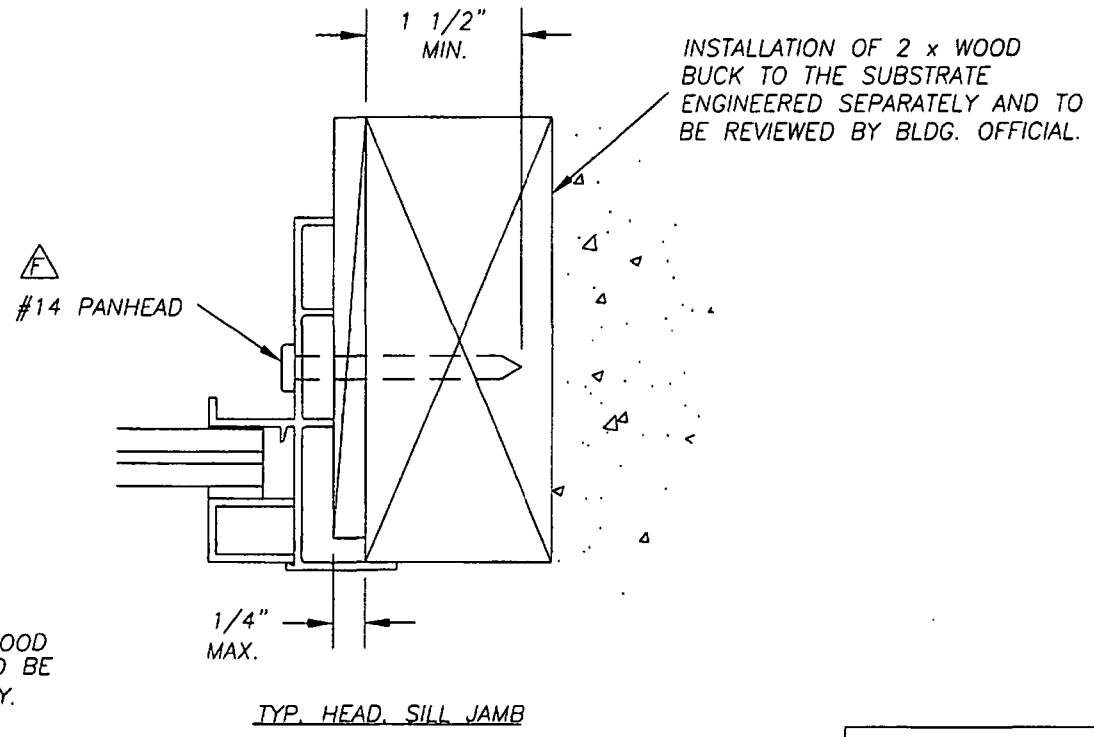
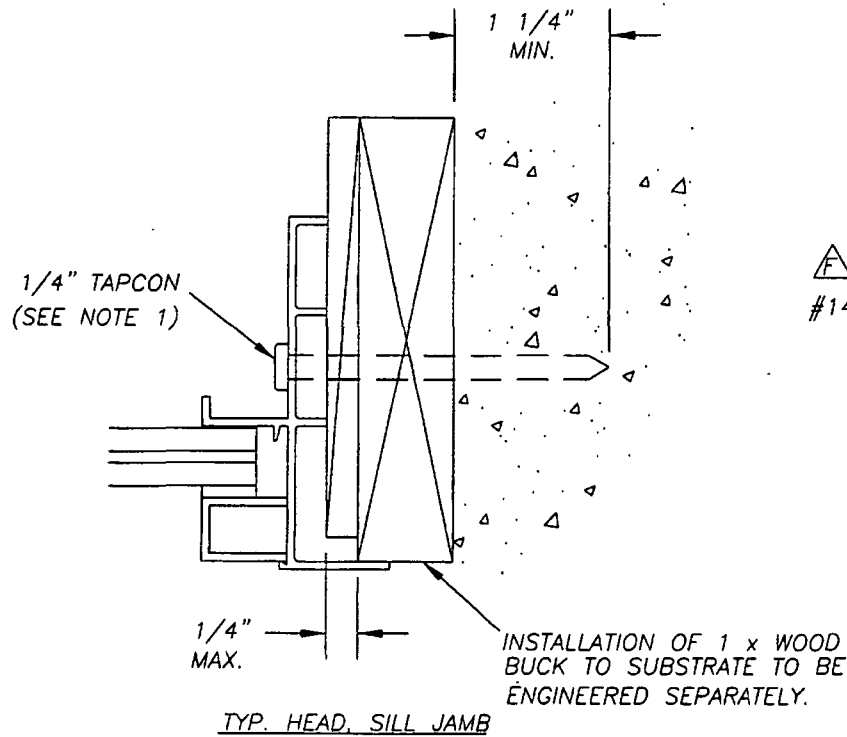


1070 TECHNOLOGY DRIVE
NOKOMIS, FL 34275
P.O. BOX 1529
NOKOMIS, FL 34274

Description:
SECTIONS & GLAZING DETAIL

Title:
ALUMINUM FIXED IMPACT WINDOW

| | | | | |
|-------------------------|---------------|------------------|---------------------|-----------|
| Series/Model: PW-701 | Scale: NTS | Sheet: 3 of 4 | Drawing No. 4214 | Rev: F |
|-------------------------|---------------|------------------|---------------------|-----------|



- NOTES:**
1. USE MIAMI-DADE COUNTY APPROVED ELCO OR ITW TAPCONS.
 2. REFERENCE TEST REPORT: FTL-1971

R.L. Clark
 9/9/02
 Robert L. Clark, P.E.
 PE #39712
 Structural



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

| | | |
|---------------------|------------------|-------------------------------------|
| Revised By: F.K. | Date: 9/9/02 | Revisions: F-CHG SCREWS TO #14 |
| Revised By: F.K. | Date: 8/13/02 | Revisions: E-CHG BUCK NOTES |
| Revised By: F.K. | Date: 7/10/02 | Revisions: D-NO CHG THIS SHIT |
| Revised By: F.K. | Date: 5/9/02 | Revisions: ADD 1/4 TAPCON & NOTE |
| Revised By: F.K. | Date: 11/6/01 | Revisions: TB & NOTES |
| Revised By: D.B. | Date: 1/29/99 | Revisions: |
| Drawn By: D.B. | Date: 2/16/98 | |

PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No. 02-0716-03
 Expiration Date 02/23/2007
 By: *Lucas J. Claunch*
 Miami Dade Product Control
 Division

| | | | |
|---|---------------|------------------|---------------------|
| Description: ANCHORAGE | | | |
| Title: ALUMINUM FIXED IMPACT WINDOW | | | |
| Series/Model: PW-701 | Scale: NTS | Sheet: 4 of 4 | Drawing No. 4214 |
| | | | Rev: F |



MIAMI-DADE
BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

SCOPE:

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

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

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

DESCRIPTION: Series "HR 710" Aluminum Horizontal Sliding Window-Non-Impact & Impact Resistant

APPROVAL DOCUMENT: Drawing No. 4111, titled "Aluminum Horizontal Sliding Window", sheets 1 through 5, prepared, signed and sealed by Robert L. Clark, P.E., dated 4/17/02, 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 and Non-Impact

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

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

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

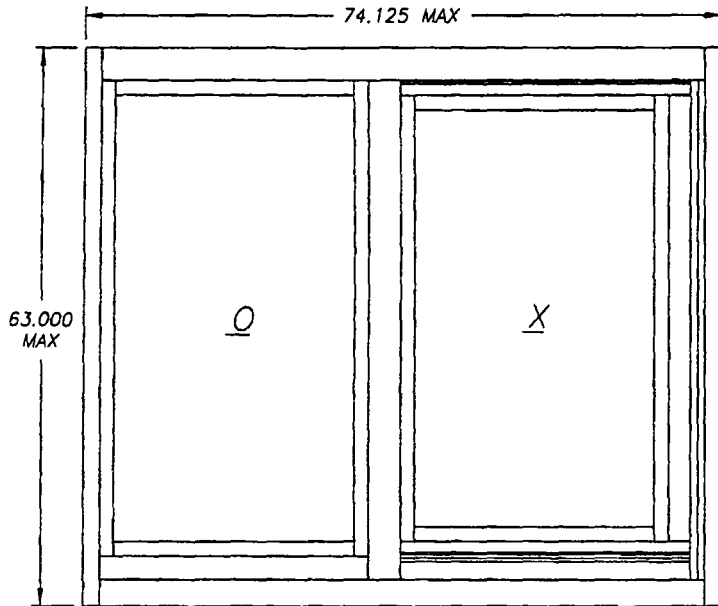
ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

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

This NOA revises NOA # 01-0518.05 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by **Raul Rodriguez**.



NOA No 02-0419.12
Expiration Date: July 30, 2006
Approval Date: May 23, 2002
Page 1



LARGE MISSILE IMPACT WINDOWS

- 1.) GLAZING OPTIONS:
 - A. 3/16" ANNEALED W/ DUPONT 457 SENTRY GLASS
 - B. 3/16" HEAT STRENGTHENED W/ DUPONT 457 SENTRY GLASS
- 2.) CONFIGURATIONS: XO or OX
- 3.) DESIGN PRESSURE RATING: SEE TABLE
- 4.) ANCHORS:
 - MAX. 6" FROM EACH CORNER
 - 2 ANCHORS 4" APART, 4" FROM EACH MEETING RAIL
 - MAX. SPACING AT HEAD & SILL: 12,000
 - MAX. SPACING AT JAMBS: 12,000
- 5.) SHUTTER REQUIREMENT: NO SHUTTERS REQUIRED
- 6.) REF. TEST REPORT FTL-1821

DESIGN PRESSURE RATING FOR GLASS TYPE B - 3/16" H.S. W/ SENTRY GLASS

| ALL SIZES TO 74.125 WIDE x 63.000 HIGH | | NEG | POS |
|--|--|-------|------|
| | | -55.0 | 55.0 |

COMPARATIVE ANALYSIS FOR: GLASS TYPE A - 3/16" A W/ SENTRY GLASS

| WINDOW | WINDOW HEIGHT | | | | | | | |
|--------|---------------|------|--------|------|--------|------|--------|------|
| | 28.000 | | 38.375 | | 50.625 | | 63.000 | |
| WIDTH | NEG | POS | NEG | POS | NEG | POS | NEG | POS |
| 48.000 | -55.5 | 55.0 | -55.5 | 55.0 | -55.5 | 55.0 | -55.5 | 55.0 |
| 53.125 | -55.5 | 55.0 | -55.5 | 55.0 | -55.5 | 55.0 | -48.0 | 48.0 |
| 60.000 | -55.5 | 55.0 | -55.5 | 55.0 | -53.2 | 53.2 | -41.1 | 41.1 |
| 68.000 | -55.5 | 55.0 | -55.5 | 55.0 | -49.8 | 49.8 | -38.1 | 38.1 |
| 72.000 | -55.5 | 55.0 | -55.5 | 55.0 | -47.3 | 47.3 | -38.7 | 38.7 |
| 74.000 | -55.5 | 55.0 | -55.5 | 55.0 | -48.5 | 48.5 | -38.5 | 38.5 |

| NO. | DESCRIPTION | V.T. # | VENDOR | QTY./LOCATION | VENDOR# |
|-----|-------------------------------|----------|------------------------|--------------------------------|------------|
| 1 | FLANGE FRAME JAMB | 612225 | ALUMAX | 2 | AF-12225 |
| 2 | FIXED MEETING RAIL | 612228 | ALUMAX | 1 | AF-12228 |
| 3 | SASH TOP RAIL | 612229 | ALUMAX | 1 | AF-12229 |
| 4 | SASH BOTTOM RAIL | 612230 | ALUMAX | 1 | AF-12230 |
| 5 | GLAZING BEAD - 1/4" | 612234 | ALUMAX | | AF-12234 |
| 6 | WINDLOAD ADAPTER | 612236 | ALUMAX | 1 | AF-12236 |
| 7 | FLANGE FRAME HEAD | 612237 | ALUMAX | 1 | AF-12237 |
| 8 | FLANGE FRAME SILL | 612238 | ALUMAX | 1 | AF-12238 |
| 9 | FRAME SILL ADAPTER | 612239 | ALUMAX | 1 | AF-12239 |
| 10 | SASH TOP & BOT. RAIL | 612240 | ALUMAX | 2 | AF-12240 |
| 11 | SCREEN RETAINER | 6532377 | ALUMAX | 1 | 532377 |
| 12 | 3/16" Annealed Glass | | PPG. LOF | | |
| 13 | 3/16" Ann. Glass w/Dupont 457 | | lam. by Romag. Vericom | | |
| 14 | 1/4" Tempered Glass | | PPG. LOF | | |
| 15 | 1"x1/2"x 3" OPEN CELL PAD | | | 3 (© each weephole) | |
| 16 | #6 x 1.000 PH. PAN SMS | 76X1PPA | MERCHANTS FASTENER | 1 (Anti-lift Channel) | |
| 17 | #8 x .375 PHIL. P.H. TEK | 78X38PPT | MERCHANTS FASTENER | 4 (Windload Adapter) | |
| 18 | #8 x .500 PHIL. FI SMS | 7856A | MERCHANTS FASTENER | 4 (Sweep Latches) | |
| 19 | #8 x 1.000 PHIL. P.H. SMS | 781POA | MERCHANTS FASTENER | | |
| 20 | SWEEP LATCH | 71096 | MIN. DIE CASTING | 2 (meet.rail 11 1/2 from ends) | PGT.214.XX |
| 21 | WEEP HOUSING | 70250 | MASTER TOOL | 3 (2.25" from ends, 1 © cen.) | 7-M10-250 |
| 22 | WEEP FLAP | 70251 | MASTER TOOL | 3 (2.25" from ends, 1 © cen.) | 7-M10-251 |
| 23 | ROLLER HOUSING | 71092 | MASTER TOOL | 2 (1© ea. end of vent bottom) | 70312 |
| 24 | BRASS WHEELS | 7BRWHL2 | VINYL-TECH/P.G.T. | 2 per Roller Housing. | |
| 25 | Wstp. - PILE FINSEAL | 61062W | SCHLEGEL CORP. | Vent top/bot. & meet. rail | FS7826-187 |
| 26 | SILICON | 62899 | DOW CORNING | | 899 |
| 27 | WEATHERSTRIP, BULB VINYL | 6TP249 | TEAM PLASTICS | Vent jamb | TP-249 |
| 28 | Wstp., THIN WALL BULB VINYL | 6TP247 | TEAM PLASTICS | Glazing Bead (Sentry, 1/4") | TP-247 |
| 29 | ANTI-LIFT CHANNEL | 612244 | ALUMAX | 1 (frame head © vent midspan) | AF-12244 |
| 30 | 1"x3/4"x 1/4" OPEN CELL PAD | | | 2 (1© ea. end of meet. rail) | |
| 31 | Wstp., THICK WALL BULB VINYL | 6TP248 | TEAM PLASTICS | Glazing Bead (3/16") | TP-248 |

NON-IMPACT WINDOWS

- 1.) GLAZING OPTIONS:
 - A. 3/16" ANNEALED
 - B. 3/16" HEAT STRENGTHENED OR TEMPERED
- 2.) CONFIGURATIONS: XO or OX
- 3.) DESIGN PRESSURE RATING: SEE COMPARATIVE ANALYSIS TABLES ON SHEET 3
- 4.) ANCHORS: SEE COMPARATIVE ANALYSIS TABLES ON SHEET 3
- 5.) SHUTTER REQUIREMENT: SHUTTERS ARE REQUIRED AT ALL INSTALLATIONS
- 6.) REF. TEST REPORT FTL-1820

NON-IMPACT WINDOWS

- 1.) GLAZING: 1/4" TEMPERED
- 2.) CONFIGURATIONS: XO or OX
- 3.) DESIGN PRESSURE RATING: +55.5 P.S.F., -55.5 P.S.F.
- 4.) ANCHORS:
 - MAX. 6" FROM EACH CORNER
 - 2 ANCHORS 4" APART, 4" FROM EACH MEETING RAIL
 - MAX. SPACING AT HEAD & SILL: 12,000
 - MAX. SPACING AT JAMBS: 12,000
- 5.) SHUTTER REQUIREMENT: SHUTTERS ARE REQUIRED AT ALL INSTALLATIONS
- 6.) REF. TEST REPORT FTL-1819

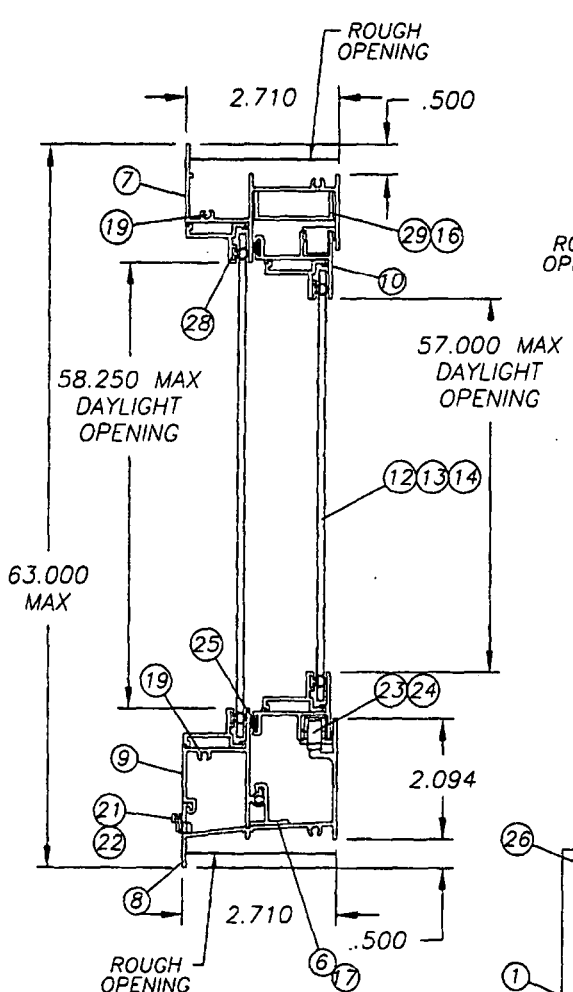
PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No. 02-04/19-12
 Expiration Date July 30, 2006
 [Signature]
 Miami Dade Product Control
 Division

[Signature]
 4/17/06
 Robert L. Claris, P.E.
 PE #2712
 Structural

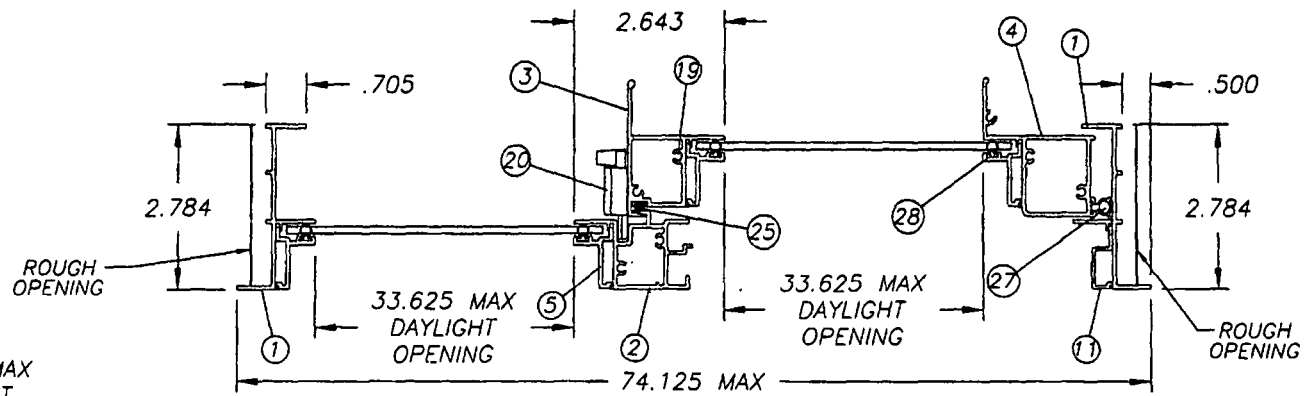


1070 TECHNOLOGY DRIVE
 NOKOMIS, FL 34275
 P.O. BOX 1529
 NOKOMIS, FL 34274

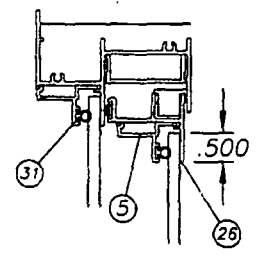
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|--|------------------|----------------------------------|
| Revised By: FK | Date: 4/16/02 | Revisions: ADD SENTRY GLASS C.A. |
| Revised By: FK | Date: 7/11/01 | Revisions: |
| Drawn By: D.B. | Date: 11/13/97 | |
| Description: ELEVATION, IMPACT & NON-IMPACT OX | | |
| Title: ALUMINUM HORIZONTAL SLIDING WINDOW | | |
| Series/Model: HS-710 | Scale: NTS | Sheet: 1 of 5 |
| | Drawing No. 4111 | Rev: D |



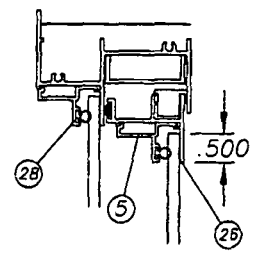
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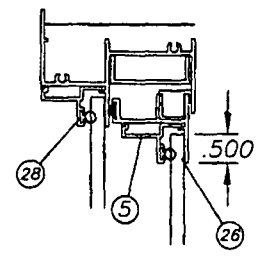
HORIZONTAL SECTION



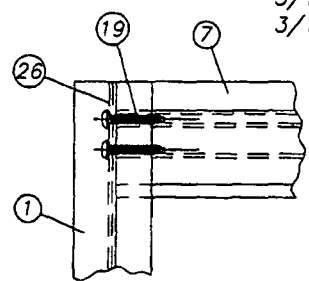
GLAZING OPTION:
3/16 ANNEALED
3/16 HEAT STRENGTHENED
OR TEMPERED



GLAZING OPTION:
3/16 ANNEALED W/ DUPONT 457
3/16 HEAT STRENGTHENED
W/ DUPONT 457



GLAZING OPTION:
1/4" TEMPERED



CORNER DETAIL
BUTT JOINT

REFERENCE: FTL-1819, FTL-1820 & FTL-1821

R. J. Clark
4/17/02
Robert J. Clark, P.E.
FE #39712
Structural



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

| | | |
|-------------------|-------------------|-----------------------------------|
| Revised By: FK | Date: 4/16/02 | Revisions: ADD GLAZING OPTIONS |
| Revised By: FK | Date: 7/11/01 | Revisions: |
| Drawn By: D.B. | Date: 11/13/97 | |

PRODUCT REVISED
as complying with the Florida
Building Code
Acceptance No 02-0Y19-12
Expiration Date July 1, 2006
By: *[Signature]*
Metal Build Product Control
Division

| | | | | |
|---|---------------|------------------|---------------------|-----------|
| Description: SECTIONS, IMPACT & NON-IMPACT | | | | |
| Title: ALUMINUM HORIZONTAL SLIDING WINDOW | | | | |
| Series/Model: HS-710 | Scale: NTS | Sheet: 2 of 5 | Drawing No. 4111 | Rev: D |

COMPARATIVE ANALYSIS FOR: GLASS: 3/16 ANNEALED FTL-1820
NOTES: 1.) Numbers in () parentheses are quantity of anchors per side.
 2.) Negative Design Loads based on Comparative Analysis and Glass Table ASTM E1300.
 3.) Positive Design Loads based on Comparative Analysis and Water Test Pressure.
 4.) Numbers are for #12 screws or 1/4" Tapcons.
 5.) (1) anchor 4" from each side of meeting rail is required.
 (Total of (2) anchors at each meeting rail.)
 Anchors 6" from each corner and as follows:
 Max. spacing at head & sill = 15.250"
 Max. spacing at jambs = 12.500" MAX. SIZE
74.125 x 63.000

| Window Width | Window Height | | | | | | | |
|--------------|---------------|-------|------------|-------|------------|-------|------------|-------|
| | 26.000 (2) | | 38.375 (3) | | 50.625 (4) | | 63.000 (5) | |
| | neg | pos | neg | pos | neg | pos | neg | pos |
| 24.000 (4) | -120.00 | 66.67 | -120.00 | 66.67 | -120.00 | 66.67 | -120.00 | 66.67 |
| 26.500 (4) | -120.00 | 66.67 | -120.00 | 66.67 | -120.00 | 66.67 | -120.00 | 66.67 |
| 37.000 (4) | -120.00 | 66.67 | -120.00 | 66.67 | -107.10 | 66.67 | -91.90 | 66.67 |
| 48.000 (4) | -120.00 | 66.67 | -89.30 | 66.67 | -67.60 | 66.67 | -57.20 | 57.20 |
| 53.125 (6) | -107.70 | 66.67 | -80.30 | 66.67 | -58.40 | 58.40 | -48.00 | 48.00 |
| 60.000 (6) | -85.90 | 66.67 | -72.30 | 66.67 | -53.20 | 53.20 | -41.10 | 41.10 |
| 66.000 (6) | -73.10 | 66.67 | -67.30 | 66.67 | -49.60 | 49.60 | -38.10 | 38.10 |
| 72.000 (6) | -63.50 | 63.50 | -58.60 | 58.60 | -47.30 | 47.30 | -36.70 | 38.70 |
| 74.000 (6) | -60.90 | 60.90 | -55.50 | 55.50 | -46.50 | 46.50 | -36.50 | 36.50 |

COMPARATIVE ANALYSIS FOR: GLASS: 3/16 HEAT STRENGTHENED OR TEMPERED FTL-1820
NOTES: 1.) Numbers in () parentheses are quantity of anchors per side.
 2.) Negative Design Loads based on Comparative Analysis and Glass Table ASTM E1300.
 3.) Positive Design Loads based on Comparative Analysis and Water Test Pressure.
 4.) Numbers are for #12 screws or 1/4" Tapcons.
 5.) (1) anchor 4" from each side of meeting rail is required.
 (Total of (2) anchors at each meeting rail.)
 Anchors 6" from each corner and as follows:
 Max. spacing at head & sill = 15.250"
 Max. spacing at jambs = 12.500" MAX. SIZE
74.125 x 63.000

| Window Width | Window Height | | | | | | | |
|--------------|---------------|-------|------------|-------|------------|-------|------------|-------|
| | 26.000 (2) | | 38.375 (3) | | 50.625 (4) | | 63.000 (5) | |
| | neg | pos | neg | pos | neg | pos | neg | pos |
| 24.000 (4) | -135.00 | 66.70 | -135.00 | 66.70 | -135.00 | 66.70 | -135.00 | 66.70 |
| 26.500 (4) | -135.00 | 66.70 | -135.00 | 66.70 | -135.00 | 66.70 | -135.00 | 66.70 |
| 37.000 (4) | -135.00 | 66.70 | -135.00 | 66.70 | -119.40 | 66.70 | -91.90 | 66.70 |
| 48.000 (4) | -131.90 | 66.70 | -131.90 | 66.70 | -98.60 | 66.70 | -74.70 | 66.70 |
| 53.125 (6) | -107.70 | 66.70 | -107.70 | 66.70 | -92.10 | 66.70 | -69.20 | 66.70 |
| 60.000 (6) | -85.90 | 66.70 | -84.40 | 66.70 | -84.40 | 66.70 | -63.50 | 63.50 |
| 66.000 (6) | -73.10 | 66.70 | -69.80 | 66.70 | -69.80 | 66.70 | -59.60 | 59.60 |
| 72.000 (6) | -63.50 | 63.50 | -58.60 | 58.60 | -58.60 | 58.60 | -56.40 | 56.40 |
| 74.000 (6) | -60.90 | 60.90 | -55.50 | 55.50 | -55.00 | 55.50 | -55.00 | 55.00 |

COMPARATIVE ANALYSIS FOR: GLASS: 1/4 TEMPERED FTL-1819
NOTES: 1.) Numbers in () parentheses are quantity of anchors per side.
 2.) Negative Design Loads based on Comparative Analysis and Glass Table ASTM E1300.
 3.) Positive Design Loads based on Comparative Analysis and Water Test Pressure.
 4.) Numbers are for #12 screws or 1/4" Tapcons.
 5.) (1) anchor 4" from each side of meeting rail is required.
 (Total of (2) anchors at each meeting rail.)
 Anchors 6" from each corner and as follows:
 Max. spacing at head & sill = 15.250"
 Max. spacing at jambs = 12.500" MAX. SIZE
74.125 x 63.000

| Window Width | Window Height | | | | | | | |
|--------------|---------------|-------|------------|-------|------------|-------|------------|-------|
| | 26.000 (2) | | 38.375 (3) | | 50.625 (4) | | 63.000 (5) | |
| | neg | pos | neg | pos | neg | pos | neg | pos |
| 24.000 (4) | -190.00 | 66.70 | -190.00 | 66.70 | -190.00 | 66.70 | -190.00 | 66.70 |
| 26.500 (4) | -190.00 | 66.70 | -190.00 | 66.70 | -190.00 | 66.70 | -190.00 | 66.70 |
| 37.000 (4) | -190.00 | 66.70 | -190.00 | 66.70 | -172.10 | 66.70 | -132.50 | 66.70 |
| 48.000 (4) | -190.00 | 66.70 | -190.00 | 66.70 | -142.10 | 66.70 | -107.60 | 66.70 |
| 53.125 (6) | -155.30 | 66.70 | -155.20 | 66.70 | -132.80 | 66.70 | -99.70 | 66.70 |
| 60.000 (6) | -123.90 | 66.70 | -121.70 | 66.70 | -121.70 | 66.70 | -91.50 | 66.70 |
| 66.000 (6) | -105.30 | 66.70 | -100.60 | 66.70 | -100.60 | 66.70 | -85.80 | 66.70 |
| 72.000 (6) | -91.60 | 66.70 | -84.50 | 66.70 | -84.50 | 66.70 | -81.30 | 66.70 |
| 74.000 (6) | -87.80 | 66.70 | -80.00 | 66.70 | -80.00 | 66.70 | -80.00 | 66.70 |

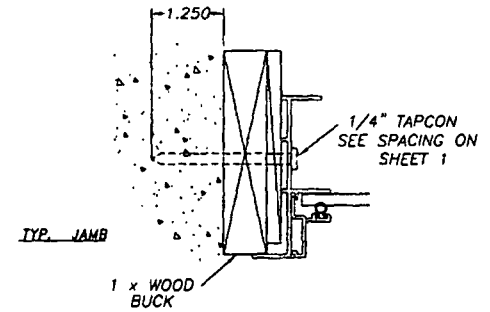
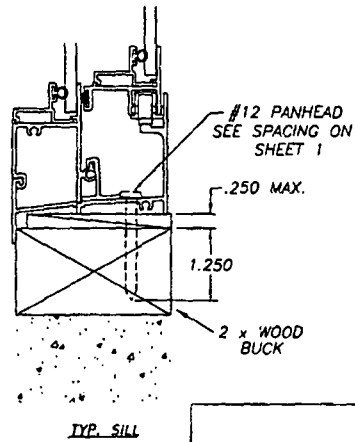
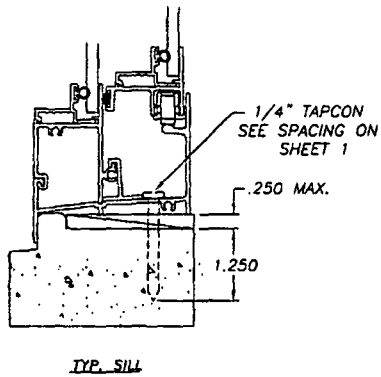
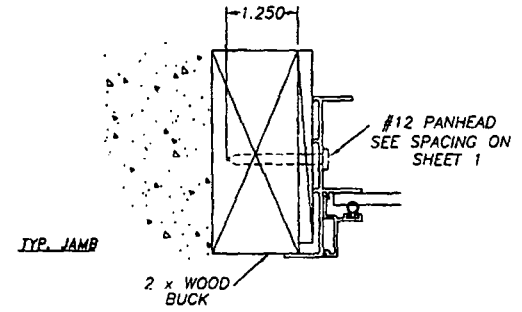
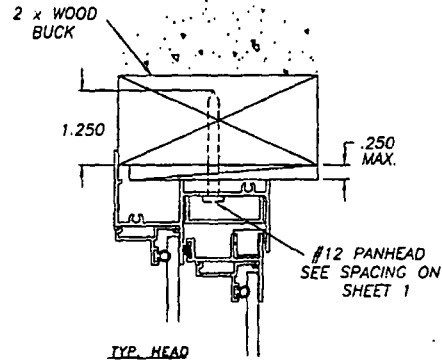
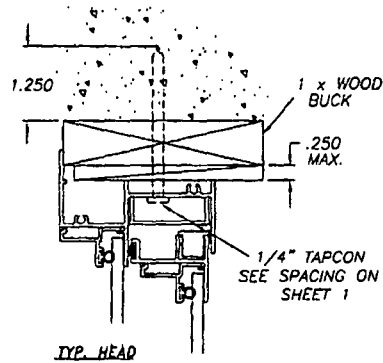
PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No. 02-0119-12
 Expiration Date 2/1/2006
 By: *[Signature]*
 National Date Product Control
 Division

[Signature]
 4/17/02
 Robert L. Clark, P.E.
 PE #39712
 Structural

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

| | | |
|---|----------------|-----------------------------|
| Revised By: FK | Date: 4/16/02 | Revisions: ADD 3/16 HS C.A. |
| Revised By: FK | Date: 7/11/01 | Revisions: |
| Drawn By: D.B. | Date: 11/13/97 | |
| Description: COMPARATIVE ANALYSIS, NON-IMPACT | | |
| Title: ALUMINUM HORIZONTAL SLIDING WINDOW | | |
| Series/Model: HS-710 | Scale: NTS | Sheet: 3 of 5 |
| Drawing No. 4111 | Rev. D | |

REFERENCE TEST REPORTS: FTL-1819 & FTL-1820



PRODUCT REVISED
in complying with the Florida
Building Code
Acceptance No. 02-0619-12
Expiration Date 02/20/2006

[Signature]
Miami Dade Product Control
Division

[Signature]
4/17/02

PGT
INDUSTRIES

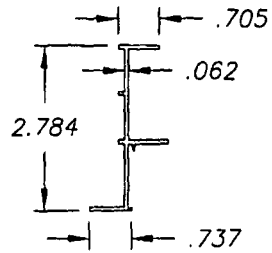
1070 TECHNOLOGY DRIVE
NOKOMIS, FL 34275
P.O. BOX 1529
NOKOMIS, FL 34274

| | | |
|-------------------|------------------|-------------------------------|
| Revised By: FK | Date: 4/16/02 | Revisions: NO CHG THIS SHT |
| Revised By: FK | Date: 7/11/01 | Revisions: |
| Drawn By: D.B. | Date: 1/13/97 | |

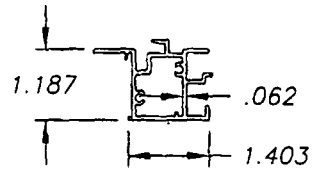
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| Description: ANCHORAGE | | | |
| Title: ALUMINUM HORIZONTAL SLIDING WINDOW | | | |
| Series/Model: HS-710 | Scale: NTS | Sheet: 4 of 5 | Drawing No. 4111 |
| | | | Rev: D |

REFERENCE: FTL-1819, FTL-1820 & FTL-1821

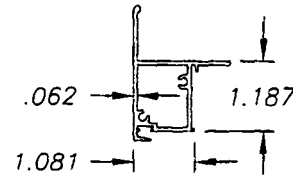
Robert L. Clark, P.E.
PE #39712
Structural



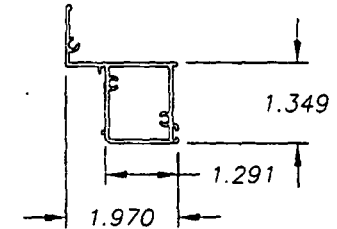
① FLANGE FRAME
6063-T5 ALUM.



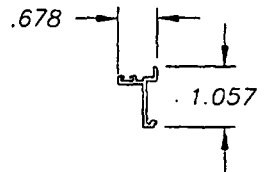
② FIXED MEETING RAIL
6063-T5 ALUM.



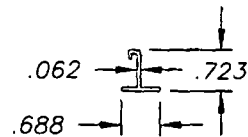
③ SASH TOP RAIL
6063-T5 ALUM.



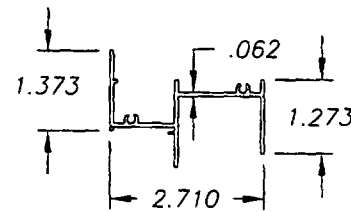
④ SASH BOTTOM RAIL
6063-T5 ALUM.



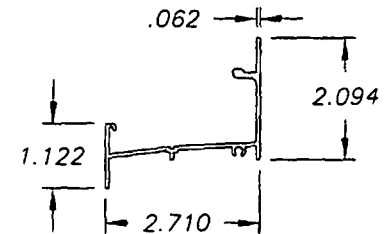
⑤ 1/4" GLAZING BEAD



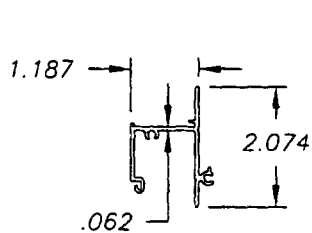
⑥ WIND LOAD ADAPTER
6063-T5 ALUM.



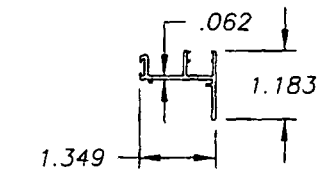
⑦ FLANGE FRAME HEAD
6063-T5 ALUM.



⑧ FLANGE FRAME SILL
6063-T5 ALUM.



⑨ FRAME SILL ADAPTER
6063-T5 ALUM.



⑩ SASH TOP & BOTTOM RAIL
6063-T5 ALUM.

PRODUCT REVISED
as complying with the Florida
Building Code
Acceptance No. 02-0919.12
Expiration Date July 16, 2004

By: *[Signature]*
NOKOMIS Product Control
Division

[Signature]
4/17/02

Robert L. Clark, P.E.
PE #39712
Structural

PGT
INDUSTRIES

1070 TECHNOLOGY DRIVE
NOKOMIS, FL 34275

P.O. BOX 1529
NOKOMIS, FL 34274

| | | |
|-------------------|-------------------|-------------------------------|
| Revised By: FK | Date: 4/16/02 | Revisions: NO CHG THIS SHT |
| Revised By: FK | Date: 7/11/01 | Revisions: |
| Drawn By: D.B. | Date: 11/13/97 | |

Description:
EXTRUSION PROFILES

Title:
ALUMINUM HORIZONTAL SLIDING WINDOW

| | | | | |
|-------------------------|---------------|------------------|---------------------|-----------|
| Series/Model: HS-710 | Scale: NTS | Sheet: 5 of 5 | Drawing No. 4111 | Rev: D |
|-------------------------|---------------|------------------|---------------------|-----------|

REFERENCE: FTL-1819, FTL-1820 & FTL-1821



MIAMI-DADE COUNTY
BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Jeld-Wen Window Division

201 Evans Road
Rantoul, IL 61866

SCOPE:

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

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

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

DESCRIPTION: Tradition Plus Aluminum Clad Wood Spandrel Window

APPROVAL DOCUMENT: Drawing No. **W04-58**, titled "Tradition Plus Alum Clad Wood Spandrel WDW.", sheets 1 through 4 of 4, prepared by AL-Farooq, dated 06/21/04, signed and sealed by Humayoun Farooq, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA consists of this page 1 and evidence page E-1, as well as approval document mentioned above.

The submitted documentation was reviewed by **Herminio F. Gonzalez, P.E., Director, BCCO**



NOA No 05-0103.05
Expiration Date: March 17, 2010
Approval Date: March 17, 2005
Page 1

Jeld-Wen Window Division

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. DRAWINGS

1. Manufacturer's die drawings and sections.
2. Drawing No. **W04-58**, titled "Tradition Plus Alum Clad Wood Spandrel WDW.", sheets 1 through 4 of 4, prepared by AL-Farooq Corporation, dated 06/21/04, signed and sealed by Humayoun Farooq, P.E.

B. TESTS

1. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
2) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
3) Water Resistance Test, per FBC, TAS 202-94
4) Large Missile Impact Test per FBC, TAS 201-94
5) Cyclic Wind Pressure Loading per FBC, TAS 203-94
along with marked-up drawings and installation diagram of aluminum clad wood window, prepared by Stork Material Technology, Test Report No. **STC-03-0303.09**, dated 03/08/04 signed and sealed by John D. Lee, P.E.

C. CALCULATIONS

1. Anchor Calculations, ASTM-E1300, and structural analysis, dated 06/24/04, prepared by AL-Farooq Corporation, signed and sealed by Humayoun Farooq, P.E.

D. QUALITY ASSURANCE

1. Miami Dade Building Code Compliance Office (BCCO).

E. MATERIAL CERTIFICATIONS

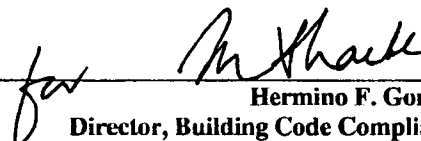
1. Notice of Acceptance No. **03-0417.01** issued to Cardinal LG. for their "Laminated Glass Cardinal Sea Storm Type B" dated 05/15/03, expiring on 12/30/07.

F. STATEMENTS

1. Statement letter of conformance and no financial interest, dated June 24, 2004, signed and sealed by Humayoun Farooq, P.E.

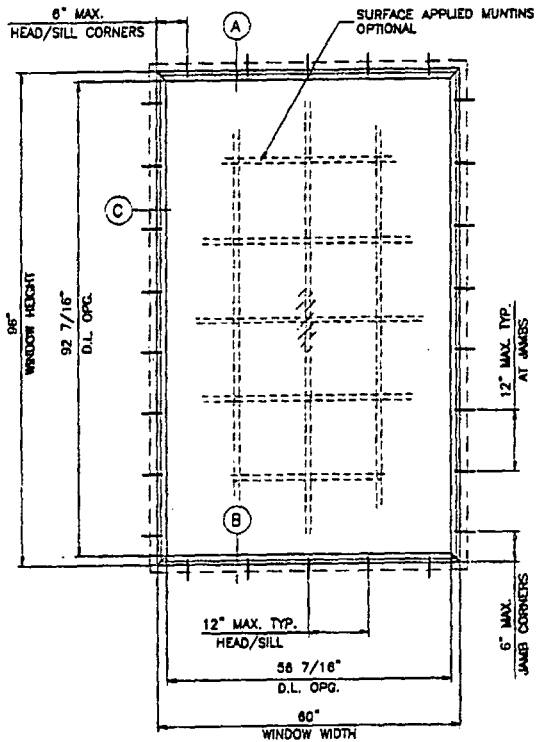
G. OTHER

1. Letter from the consultant stating that the product is in compliance with the Florida Building Code (FBC).

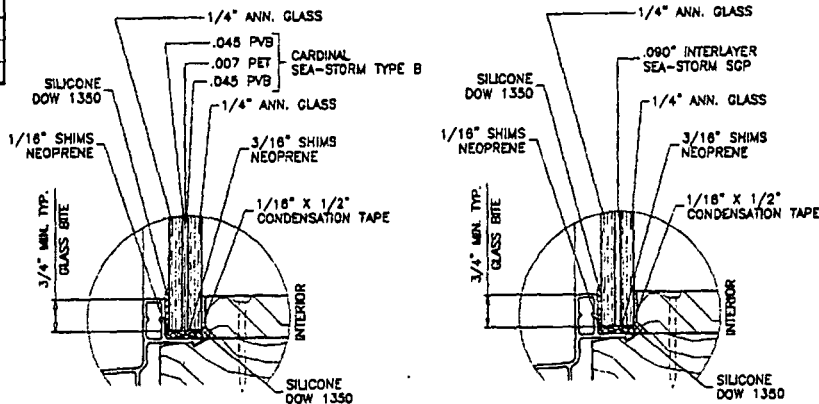


Hermino F. Gonzalez, P.E.
Director, Building Code Compliance Office
NOA No 05-0103.05
Expiration Date: March 17, 2010
Approval Date: March 17, 2005

| DESIGN LOAD CAPACITY - PSF | | | | |
|----------------------------|--------|----------------------|----------|--|
| WINDOW DIMENSIONS | | 1/2" LAM. ANN. GLASS | | |
| WIDTH | HEIGHT | EXT. (+) | INT. (-) | |
| 24" | 60" | 65.0 | 75.0 | |
| 30" | | 65.0 | 75.0 | |
| 36" | | 65.0 | 75.0 | |
| 42" | | 65.0 | 75.0 | |
| 48" | | 65.0 | 75.0 | |
| 54" | | 65.0 | 75.0 | |
| 60" | 65.0 | 75.0 | | |
| 24" | 72" | 65.0 | 75.0 | |
| 30" | | 65.0 | 75.0 | |
| 36" | | 65.0 | 75.0 | |
| 42" | | 65.0 | 75.0 | |
| 48" | | 65.0 | 75.0 | |
| 54" | | 65.0 | 71.8 | |
| 60" | 63.9 | 63.9 | | |
| 24" | 84" | 65.0 | 75.0 | |
| 30" | | 65.0 | 75.0 | |
| 36" | | 65.0 | 75.0 | |
| 42" | | 65.0 | 75.0 | |
| 48" | | 65.0 | 71.8 | |
| 54" | | 61.8 | 61.8 | |
| 60" | 54.8 | 54.8 | | |
| 24" | 96" | 65.0 | 75.0 | |
| 30" | | 65.0 | 75.0 | |
| 36" | | 65.0 | 75.0 | |
| 42" | | 65.0 | 75.0 | |
| 48" | | 64.0 | 64.0 | |
| 54" | | 53.9 | 53.9 | |
| 60" | 47.5 | 47.5 | | |
| 24" | 108" | 65.0 | 75.0 | |
| 30" | | 65.0 | 75.0 | |
| 36" | | 65.0 | 75.0 | |
| 42" | | 65.0 | 75.0 | |
| 48" | | 58.4 | 58.4 | |
| 54" | | 54.5 | 54.5 | |
| 24" | 120" | 65.0 | 75.0 | |
| 30" | | 65.0 | 75.0 | |
| 36" | | 65.0 | 75.0 | |
| 42" | | 65.0 | 72.3 | |
| 48" | | 54.5 | 54.5 | |



TYPICAL ELEVATION
TESTED UNIT



GLAZING OPTIONS

TRADITION PLUS ALUM CLAD WOOD SPANDREL WINDOW

WINDOWS GLAZED WITH LAMINATED GLASS RATED FOR LARGE MISSILE IMPACT AND REQUIRE NO SHUTTERS.

DESIGN LOAD RATING FOR WINDOWS TO BE AS PER CHARTS SHOWN ABOVE.

APPROVAL APPLIES TO SINGLE WINDOWS ALSO SIDE BY SIDE COMBINATIONS OF FIXED/FIXED OR FIXED WITH OTHER WINDOW TYPES IN MODULES OF TWO OR MORE WINDOWS USING MIAMI-DADE COUNTY APPROVED MULLIONS.

THIS PRODUCT HAS BEEN DESIGNED AND TESTED TO COMPLY WITH THE REQUIREMENTS OF THE FLORIDA BUILDING CODE INCLUDING HIGH VELOCITY HURRICANE ZONE.

WOOD BUCKS BY OTHERS, MUST BE ANCHORED PROPERLY TO TRANSFER LOADS TO THE STRUCTURE.

ANCHORS SHALL BE AS LISTED, SPACED AS SHOWN ON DETAILS. ANCHOR EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO.

ANCHORING OR LOADING CONDITIONS NOT SHOWN IN THESE DETAILS ARE NOT PART OF THIS APPROVAL.

A 33% INCREASE IN ALLOWABLE STRESS WAS USED IN DESIGN OF ANCHORS.

Engr. DR. HUMAYUN FAROOQ
STRUCTURES
P.A. PE # 16557
C.A.N. 3538

DEC 2 2 2004

afc

AL-FAROOQ CORPORATION
ENGINEERS, PLANNERS & PRODUCT DESIGN
1235 SW 87 AVE
MIAMI, FLORIDA 33174
TEL. (305) 264-6100 FAX. (305) 262-6978
OSHP-ANN W04-58.00

TRADITION PLUS ALUM CLAD WOOD SPANDREL WINDOW
JELD WEN WINDOW DIVISION
201 EVANS ROAD
RANTOUL, ILLINOIS 61866
TEL. (217) 893-4444 FAX (217) 893-7650

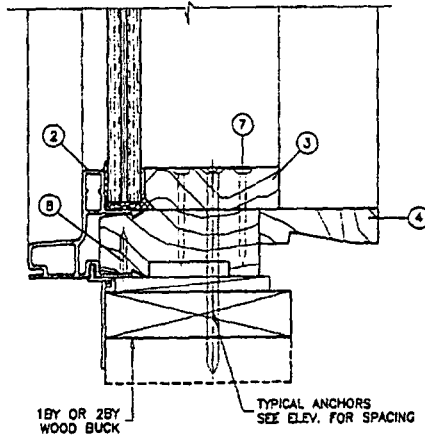
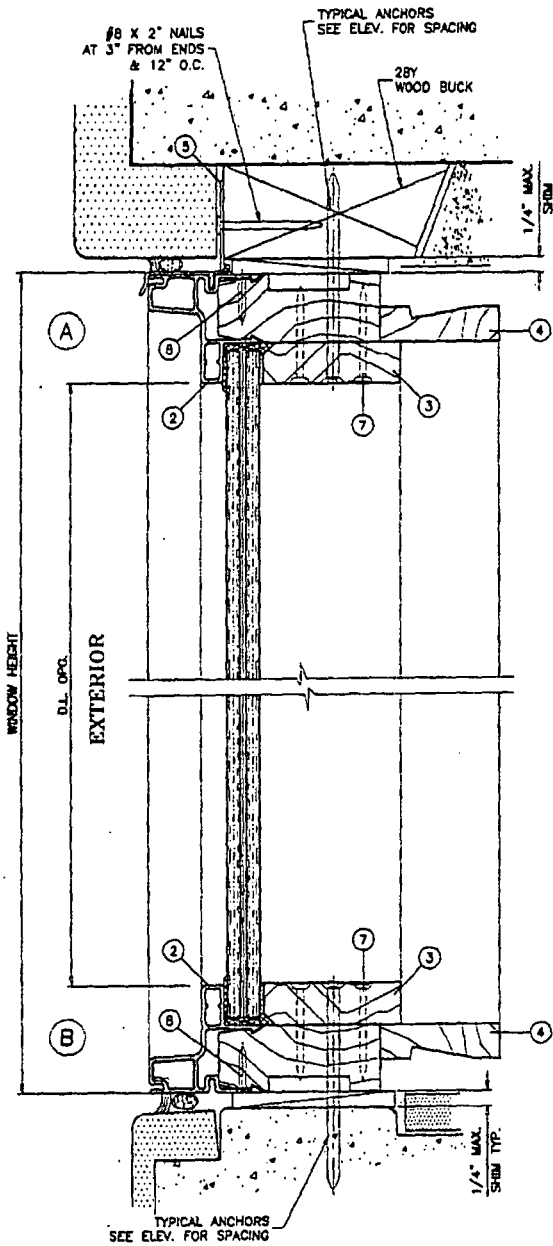
REVISIONS:
NO. DATE BY DESCRIPTION

DATE: 08-21-04
SCALE: 1/2"=1'-0"
D. BY: HAHM
CHK. BY:

DRAWING NO.
W04-58

SHEET 1 OF 4

Approved as complying with the Florida Building Code
Date: 03/12/04
NOAD: AS-0100-05
Miami Dade Product Control Division
By: *M. Khalil*



WOOD BUCKS NOT BY JELD-WEN, MUST SUSTAIN LOADS IMPOSED BY GLAZING SYSTEM AND TRANSFER THEM TO THE BUILDING STRUCTURE.

TYPICAL ANCHORS: SEE ELEV. FOR SPACING

1/4" TAPCONS

INTO 2BY WOOD BUCKS OR WOOD STRUCTURE
1-3/8" MIN. PENETRATION INTO WOOD

THRU 1BY WOOD BUCKS INTO MASONRY OR CONC.
1-1/4" MIN. EMBED INTO MASONRY OR CONC.

DIRECTLY INTO MASONRY OR CONC.
1-1/4" MIN. EMBED INTO MASONRY OR CONC.

#14 SMS

INTO APPROVED MULLIONS (NO SHIM SPACE)

Approved as complying with the
Florida Building Code
Date 03/13/05
PROJ 100-0183-05
Miami-Dade Project Control
Division
By As Khatt

EXCH. OR. HUMAYOUN FAROOQ
STRUCTURES
P.O. BOX 18557
MIAMI, FL 33188

DEC 22 2004

a f c

AL-FAROOQ CORPORATION
ENGINEERS, PLANNERS & PRODUCT DESIGN
1235 SW 87 AVE
MIAMI, FLORIDA 33174
TEL. (305) 284-8100 FAX. (305) 282-6978
CORP.-MIL. W04-581W

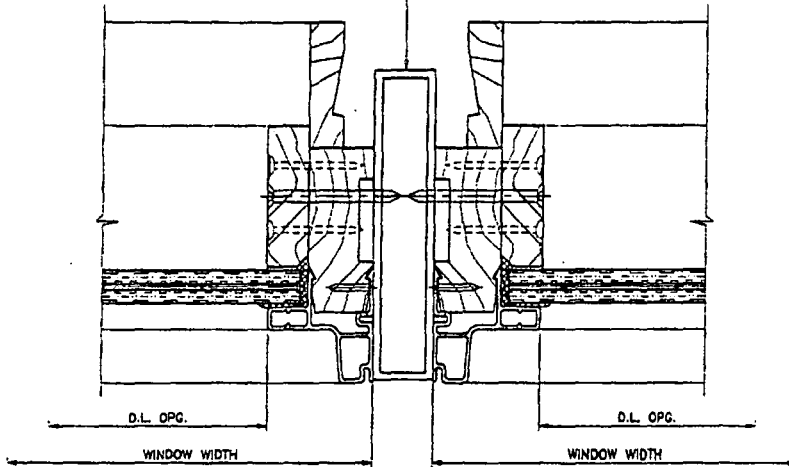
TRADITION PLUS ALUM CLAD WOOD SPAREL W/VE
JELD WEN WINDOW DESIGN
201 EVANS ROAD
RANTOUL, ILLINOIS 61866
TEL. (217) 893-4444 FAX (217) 893-7650

DATE: 08-21-04
SCALE: 1/2" = 1"
DR. BY: HAWB
CHK. BY:

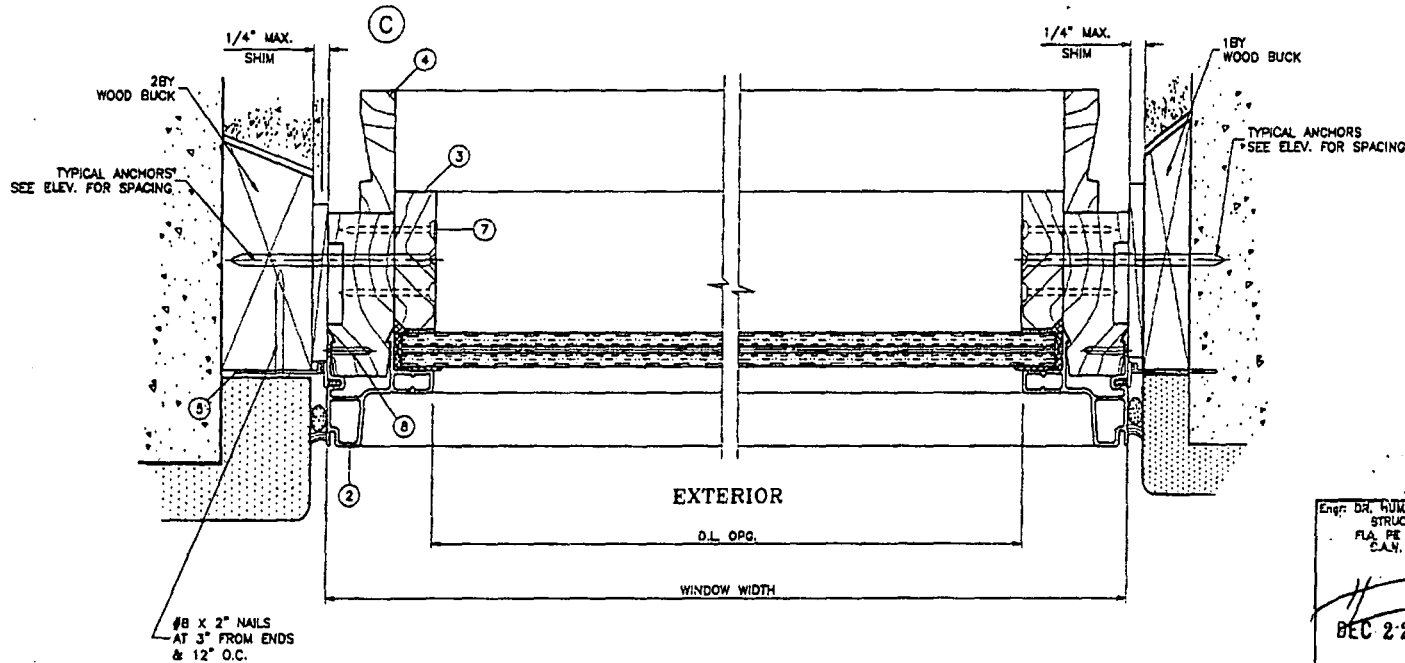
drawing no.
W04-58

sheet 2 of 4

MIAMI-DADE COUNTY
APPR'D MULLION
SEE SEPARATE NOA



| ITEM # | PART NO. | REQD. | DESCRIPTION | MATERIAL | MANF./SUPPLIER/REMARKS |
|--------|------------|----------------|------------------------|----------|--------------------------------|
| 1 | SP-19 | 4 | FRAME HEAD/SILL/JAMB | WOOD | JELD-WEN |
| 2 | PA1-094 | 4 | FRAME NOSING | 6063-T5 | - |
| 3 | SP-21 | 4 | GLASS STOP | WOOD | JELD-WEN |
| 4 | - | 4 | INTERIOR STOP | WOOD | JELD-WEN |
| 5 | - | AS REQD. | NAILING FIN | PVC | - |
| 6 | - | - | - | - | - |
| 7 | AS REQD. | 3/16" X 1-1/2" | T NAILS IN DOUBLE ROWS | - | AT 4" FROM ENDS & 8" O.C. MAX. |
| 8 | #8 X 7/16" | AS REQD. | FRAME NOSING SCREWS | - | AT 12" O.C. MAX. |
| 9 | #8 X 3" | 2/ CORNER | FRAME ASSEMBLY SCREWS | - | - |
| 10 | 4117124 | 1/ CORNER | ADJUSTABLE CORNER KEY | PLASTIC | - |
| 10A | 4008126 | 1/ CORNER | 90° CORNER KEY | ZINC | 1-1/4" X 1-1/4" |
| 11 | 4008146 | 1/ CORNER | DIE CAST CORNER KEY | ZINC | 1/4" X 1/4" |



Approved as complying with the
Florida Building Code
Date 03/19/04
NOA# 03-000005
Miami-Dade Permit Central
Division
By [Signature]

Eng: DR. HUMAYOUN FAROOQ
STRUCTURES
FLA. REG. # 14337
E.A.N. 3639

BEC 2-2 2004

afc

AL-FAROOQ CORPORATION
ENGINEERS, PLANNERS & PRODUCT DESIGN
1235 SW 87 AVE
MIAMI, FLORIDA 33174
TEL. (305) 264-8100 FAX (305) 262-8978
COMP. - AMI, WO4-561W

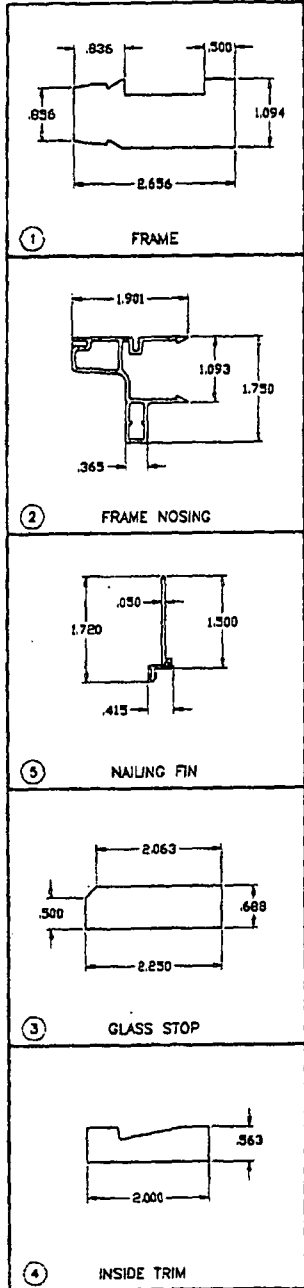
TRADITION PLUS ALUM CLAD WOOD SPANDREL WDW.
JELD WEN WINDOW DIVISION
201 EVANS ROAD
RANTOUL, ILLINOIS 61866
TEL. (217) 893-4444 FAX (217) 893-7550

DATE: _____ BY: _____
DATE: _____ BY: _____
DATE: _____ BY: _____

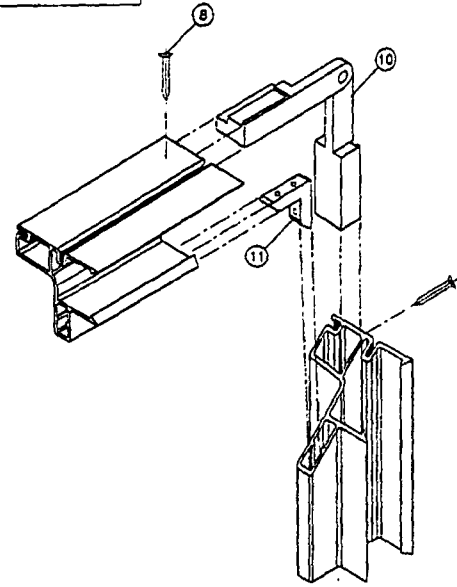
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dr. by: HAWD
chk. by:

drawing no.
WO4-58

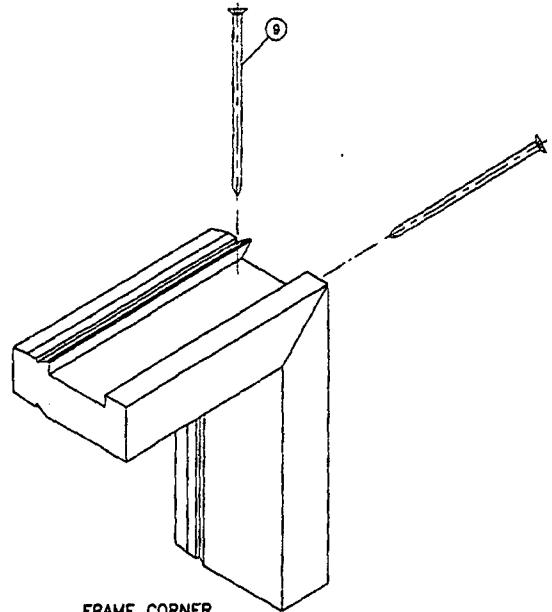
sheet 3 of 4



ALL WOOD COMPONENTS TO BE WHITE PINE OR PONDEROSA PINE.



FRAME NOSING CORNER
ADJUSTABLE CORNER SHOWN



FRAME CORNER

FRAME AND VENT CORNERS SEALED WITH BUTYL TAPE SEALANT.
BUTYL CAULK USED IN BETWEEN ALUMINUM/WOOD JOINTS.

Approved as complying with the
Florida Building Code
Date: 05/13/05
ROBERT S. FAROOQ, P.E.
Member State Professional Council
Division
By: *M. Khalil*

Engr. DR. HUMAYDUN FAROOQ
STRUCTURES
FLA. P.E. # 18857
CAN. 3638
DEC 22 2004

afc

AL-FAROOQ CORPORATION
ENGINEERS, PLANNERS & PRODUCT DESIGN
1235 SW 87 AVE
MIAMI, FLORIDA 33174
TEL. (305) 264-8100 FAX (305) 262-6978
COMP-ANL W04-58/11

TRADITION PLUS ALUM CLAD WOOD SPANDREL WIND.
JELD WEN WINDOW DIVISION
201 EVANS ROAD
RANTOUL, ILLINOIS 61866
TEL. (217) 883-4444 FAX (217) 883-7650

| DATE | BY | DESCRIPTION |
|------|----|-------------|
| | | |
| | | |
| | | |
| | | |

DATE: 05-21-04
SCALE: 1/2" = 1"
DRAWN BY: HAHM
CHECK BY: *[Signature]*

drawing no.
W04-58
sheet 4 of 4



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

PGT Industries
1070 Technology Drive
Nokomis ,FL 34275

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:

1"x Std. Wall - Aluminum Tube Clipped Mullions

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.: 00-0912.05
EXPIRES: 06/28/2006

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: 06/28/2001

PGT Industries

ACCEPTANCE No.: 00-0912.05

APPROVED : JUN 28 2001

EXPIRES : JUN 28 2006

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

1.1 This approves a clipped mullion system, as described in Section 2 of this Notice of Acceptance, 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 1"x Standard Wall - Aluminum Tube Clipped Mullion and its components shall be constructed in strict compliance with the following documents: Drawing No 6620, Sheets 1 through 5 of 5, titled "1" Std. Wall Mullion Arrangement Detail", prepared by manufacturer, dated 4/28/00, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control approval stamp; with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

3.1 This approval applies to clipped structural mullions to be installed vertically or horizontally, as shown in the approved drawings.
3.2 For Design Pressure Rating vs. Mullion Length and Opening Width, for either 1x2x.125 (2 anchors) mullion or 1x4x.125 (4 anchors) mullion, see corresponding table in approved drawings.
3.3 Window sizes and design pressures are to be limited only to those appearing on charts referenced above and also listed in the individual window's Notice of Acceptance.

4. INSTALLATION

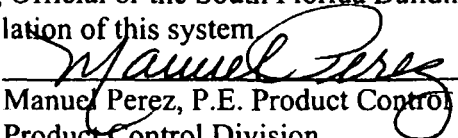
4.1 The clipped mullion system and its components shall be installed in strict compliance with the approved drawings.
4.2 This mullion can be installed as part of an impact resistant unit.

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, with mullion option indicated.
6.1.2 The Notice of Acceptance of each door and/or fixed lite attached to mullion.
6.1.3 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.
6.1.4 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.


Manuel Perez, P.E. Product Control Examiner
Product Control Division

PGT Industries

ACCEPTANCE No.: 00-0912.05

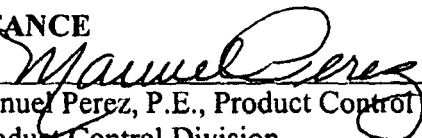
APPROVED : JUN 28 2001

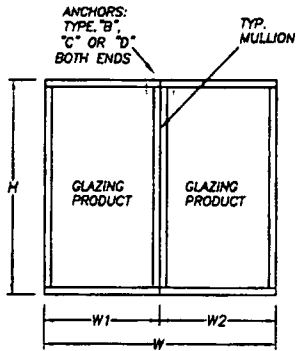
EXPIRES : JUN 28 2006

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 purposes.
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 needs 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

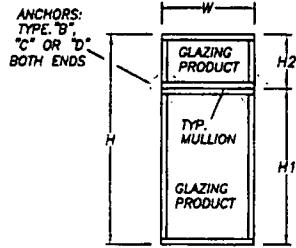

Manuel Perez, P.E., Product Control Examiner
Product Control Division



$$W = W1+W2$$

(2) WINDOWS MULLED TOGETHER

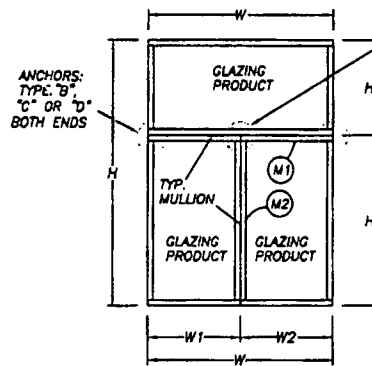
FOR DETERMINING MAX ALLOWABLE DESIGN PRESSURE SEE TABLES ON PAGE 5 OF 5
 MAX OPENING = W OR W1+W2
 MULL LENGTH = H



$$H = H1+H2$$

(1) WINDOW MULLED W/ONE ABOVE

FOR DETERMINING MAX ALLOWABLE DESIGN PRESSURE SEE TABLES ON PAGE 5 OF 5
 MAX OPENING = H OR H1+H2
 MULL LENGTH = W

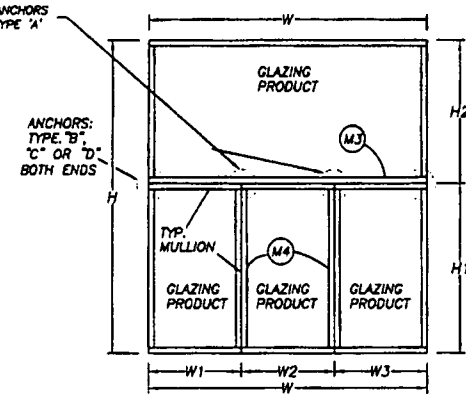


$$W = W1+W2$$

$$H = H1+H2$$

(2) WINDOWS MULLED W/ONE ABOVE

FOR DETERMINING MAX ALLOWABLE DESIGN PRESSURE SEE TABLES ON PAGE 5 OF 5
 M1) MAX OPENING = H OR H1+H2
 MULL LENGTH = W OR W1+W2
 M2) MAX OPENING = W OR W1+W2
 MULL LENGTH = H1



$$W = W1+W2+W3$$

$$H = H1+H2$$

MULTIPLE WINDOWS MULLED W/ONE ABOVE

FOR DETERMINING MAX ALLOWABLE DESIGN PRESSURE SEE TABLES ON PAGE 5 OF 5
 M3) MAX OPENING = H OR H1+H2
 MULL LENGTH = W OR W1+W2+W3
 M4) MAX OPENING = W1+W2 OR W2+W3
 MULL LENGTH = H1

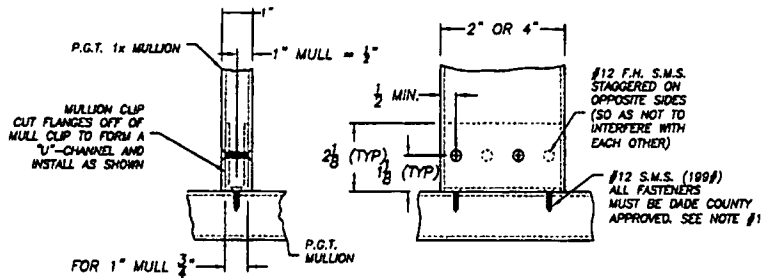
NOTES:

1. FOR ANCHORAGE TYPE, QUANTITY AND LOCATION REFER TO SHEETS 2, 3 AND 5
2. WINDOWS MAY BE MULLED TOGETHER, TO A MAX. OF 5 UNITS
3. MULLIONS ARE APPROVED FOR IMPACT & NON-IMPACT
4. REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

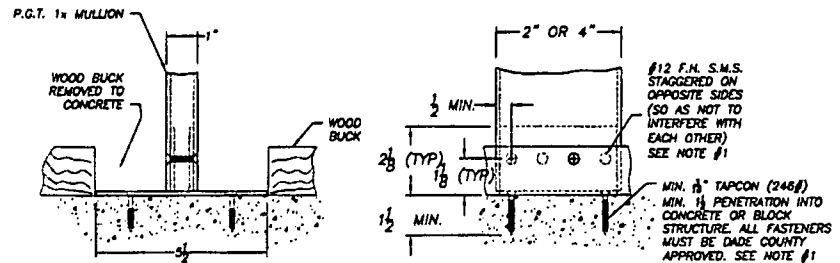
Robert L. Clark
 5/24/01
 Robert L. Clark, P.E.
 P.E. #39712
 Structural

| | | | | |
|--|------------------------------------|-------------------------------|----------------------------|------------------|
| | | Revised By: _____ Date: _____ | Chkd By: _____ Date: _____ | Revisions: _____ |
| | | Drawn By: P.J.P. | Date: 4/28/00 | |
| Description: ARRANGEMENT DETAIL | | | | |
| Title: 1" STD. WALL MULLION | | | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: MULLS | Scale: NTS | Sheet: 1 of 5 |
| | | | Drawing No. 6620 | Rev: _____ |

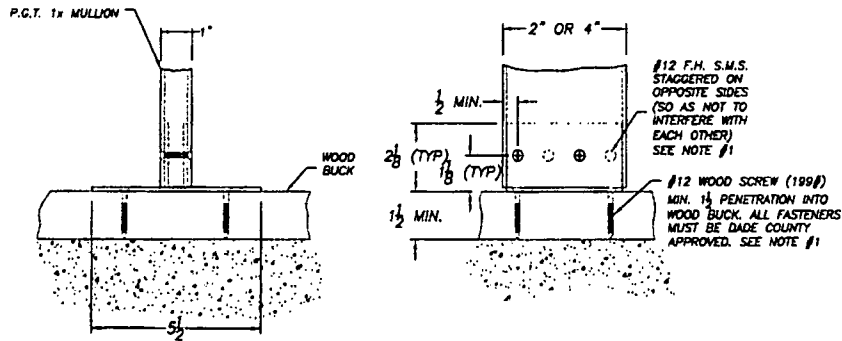
APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE JUN 28 2001
 BY *Maureen*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 00-0912.05



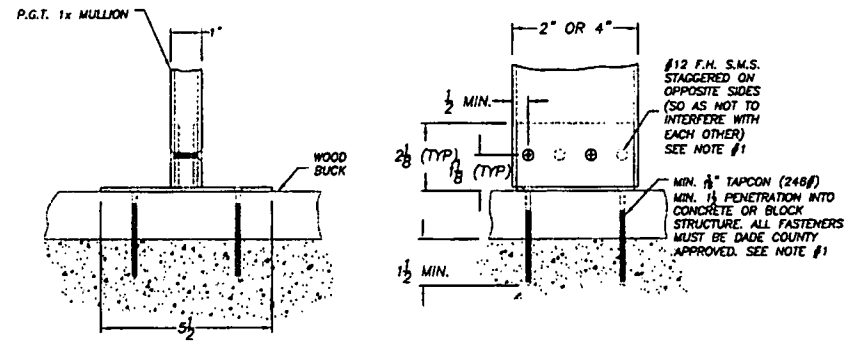
TYPICAL MULLION TO MULLION INSTALLATION TYPE "A"



TYPICAL MULLION TO STRUCTURE WITH WOOD BUCK REMOVED FROM CONC. TYPE "C"



TYPICAL MULLION TO STRUCTURE WITH WOOD BUCK TYPE "B"



TYPICAL MULLION TO STRUCTURE WITH WOOD BUCK AND CONC. TYPE "D"

NOTE:

1. FOR MULL SIZE AND QUANTITY OF ANCHORS REQUIRED SEE SHEET 5. FOR ANCHOR LOCATIONS SEE SHEET 3. QUANTITY OF ANCHORS FOR MULL-TO-CLIP IS THE SAME AS THE QUANTITY OF ANCHORS FROM CLIP-TO-OPENING.
2. REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

IMPORTANT:

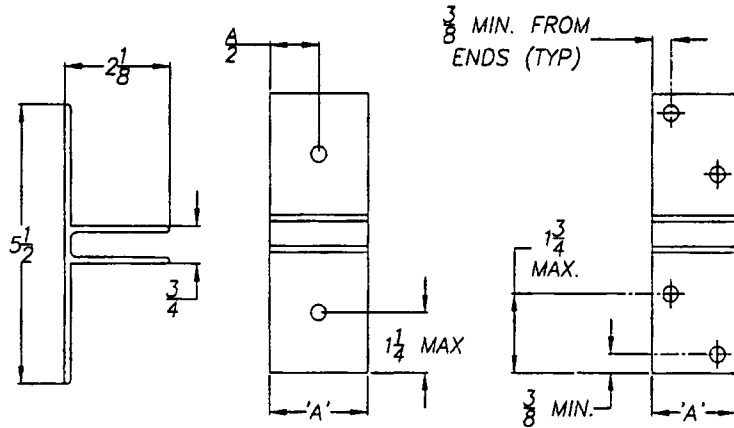
QUANTITY OF ANCHORS SHOWN ARE FOR A PICTORIAL REPRESENTATION ONLY. FOR CORRECT QUANTITY OF ANCHORS PLEASE REFER TO CHARTS AND FIND THE CORRECT MULL SIZE AND PRESSURE REQ'D FOR YOUR SPECIFIC APPLICATION.

R-L Clark
5/24/11
Robert L. Clark, P.E.
P.E. #39712
Structural

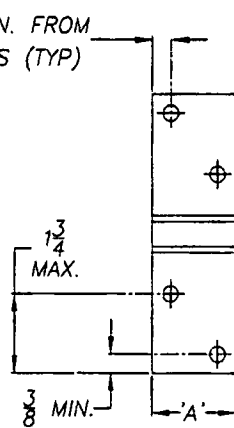
APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
DATE JUN 28 2001
BY *Manuel Diaz*
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO 00-0912.05

| | | | | |
|--|------------------------------------|----------------------------|------------------|---------------|
| | Revised By: _____ Date: _____ | Chkd By: _____ Date: _____ | Revisions: _____ | |
| | Drawn By: P.J.P. | Date: 4/28/00 | | |
| Description: CLIP & INSTALLATION DETAIL | | | | |
| Title: 1" STD. WALL MULLION | | | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: MULLS | Scale: NTS | Sheet: 2 of 5 |
| | | | Drawing No. 6620 | Rev: _____ |

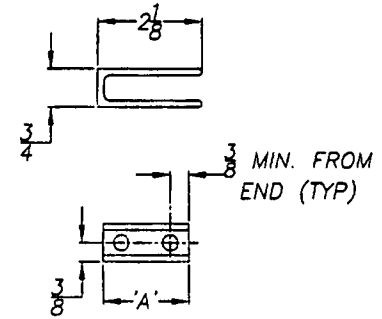
IMPORTANT:
 QUANTITY OF ANCHORS SHOWN ARE FOR A PICTORIAL REPRESENTATION ONLY. FOR CORRECT QUANTITY OF ANCHORS PLEASE REFER TO CHARTS AND FIND THE CORRECT MULL SIZE AND PRESSURE REQ'D FOR YOUR SPECIFIC APPLICATION.



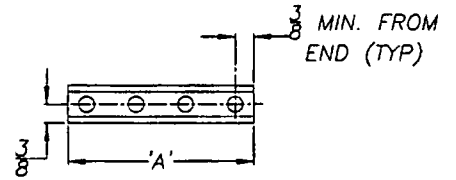
1" MULL CLIP
TWO (2) ANCHOR LOCATIONS
 EXTRUSION DWG # 1099



1" MULL CLIP
FOUR (4) ANCHOR LOCATIONS
 EXTRUSION DWG # 1099



1" MULL CLIP W/TABS REMOVED
TWO (2) ANCHOR LOCATIONS
 EXTRUSION DWG # 1099



1" MULL CLIP W/TABS REMOVED
FOUR (4) ANCHOR LOCATIONS
 EXTRUSION DWG # 1099

| CLIP LENGTH CHART FOR 1x MULL | |
|----------------------------------|-------|
| MULL SIZE | 'A' |
| 1 x 2 x 1/8 | 1 1/8 |
| 1 x 4 x 1/8 | 3 1/8 |
| | |
| | |
| | |
| | |

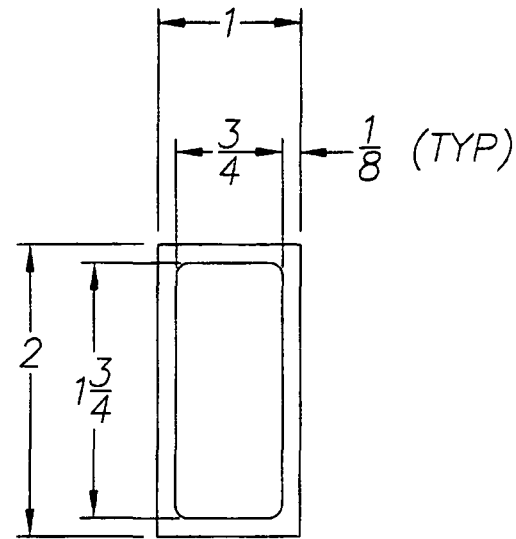
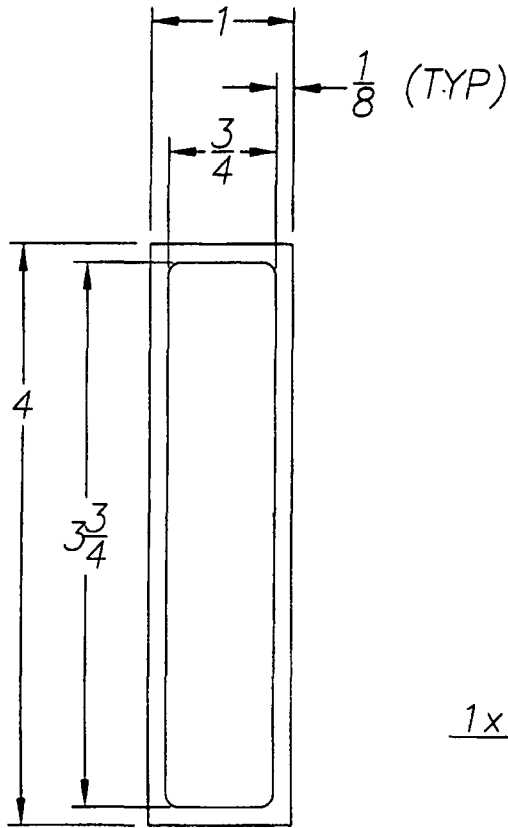
NOTE:
 1. REFERENCE TEST REPORT FTL-2902,2903 AND 2975

RL Clark
 5/24/01
 # 39712

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE **JUN 28 2001**
 BY *Harold Gray*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 00-0912.05

| | | | |
|---|------------------------------------|------------------------|---|
| P&G INDUSTRIES | Revised By: Date: | Chkd By: Date: | Revisions: |
| | Drawn By: P.J.P. | Date: 4/28/00 | |
| Description: 1" MULLION CLIP ANCHOR LOCATION | | | |
| Title: 1" STD. WALL MULLION | | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: MULLS | Scale: NTS Sheet: 3 of 5 Drawing No. 6620 Rev: |

STRUCTURE



1x STD. WALL MULLS
MAT'L: 6063-T6

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE JUN 28 2001
BY *[Signature]*
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 00-0912.05

NOTE:

1. REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

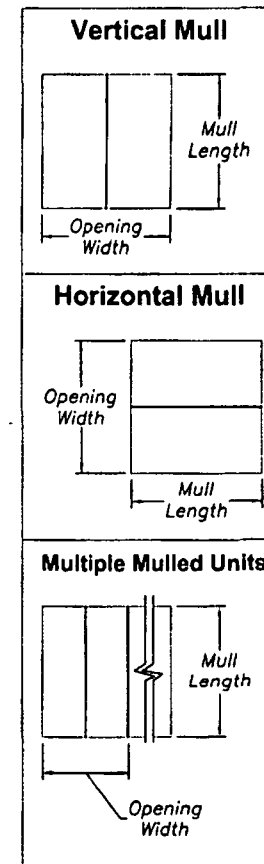
[Signature]
5/24/04
Robert L. Clark, P.E.
P.E. #39712
Structural



| | | | | |
|--|------------------------------------|------------------------|---------------------|------------------|
| Revised By: | Date: | Checked By: | Date: | Revisions: |
| Drawn By: | P.J.P. | Date: | 4/28/00 | |
| Description: PROFILES | | | | |
| Title: 1" STD. WALL MULLION | | | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: MULLS | Scale: NTS | Sheet: 4 of 5 |
| | | | Drawing No. 6620 | Rev: |

| 1x2x.125 2 Anchors | | OPENING WIDTH IN INCHES | | | | | | | | | |
|----------------------------|--------|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | 130 | 160 |
| ① MULL LENGTH IN INCHES | 42 | 129 | 115 | 107 | 104 | 103 | 103 | 103 | 103 | 103 | 103 |
| | 48 | 83 | 73 | 67 | 63 | 61 | 61 | 61 | 61 | 61 | 61 |
| | 50.625 | 70 | 61 | 55 | 52 | 50 | 49 | 49 | 49 | 49 | 49 |
| | 54 | 57 | 49 | 44 | 41 | 39 | 38 | 38 | 38 | 38 | 38 |
| | 60 | 41 | 35 | 31 | 29 | 27 | 26 | 25 | 25 | 25 | 25 |
| | 63 | 35 | 30 | 27 | 24 | 23 | 22 | 21 | 20 | 20 | 20 |
| | 66 | 30 | 26 | 23 | 21 | 19 | 18 | 18 | 17 | 17 | 17 |
| | 72 | 23 | 20 | 17 | 16 | - | - | - | - | - | - |
| | 76 | 20 | 17 | 15 | - | - | - | - | - | - | - |
| | 78 | 18 | 15 | - | - | - | - | - | - | - | - |
| | 84 | - | - | - | - | - | - | - | - | - | - |
| | 90 | - | - | - | - | - | - | - | - | - | - |
| | 96 | - | - | - | - | - | - | - | - | - | - |
| | 108 | - | - | - | - | - | - | - | - | - | - |
| 111 | - | - | - | - | - | - | - | - | - | - | |
| 144 | - | - | - | - | - | - | - | - | - | - | |

| 1x4x.125 4 Anchors | | OPENING WIDTH IN INCHES | | | | | | | | | |
|----------------------------|--------|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | 130 | 160 |
| ② MULL LENGTH IN INCHES | 42 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 |
| | 48 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 |
| | 50.625 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 | 170 |
| | 54 | 170 | 170 | 170 | 170 | 162 | 158 | 157 | 157 | 157 | 157 |
| | 60 | 170 | 170 | 157 | 143 | 134 | 127 | 124 | 122 | 122 | 122 |
| | 63 | 170 | 160 | 141 | 128 | 119 | 112 | 108 | 106 | 106 | 106 |
| | 66 | 170 | 145 | 127 | 115 | 106 | 100 | 96 | 93 | 92 | 92 |
| | 72 | 142 | 120 | 105 | 95 | 87 | 81 | 77 | 74 | 72 | 71 |
| | 76 | 120 | 102 | 90 | 81 | 74 | 69 | 65 | 63 | 61 | 59 |
| | 78 | 111 | 94 | 83 | 74 | 68 | 63 | 60 | 57 | 55 | 53 |
| | 84 | 88 | 75 | 65 | 59 | 53 | 49 | 46 | 44 | 42 | 40 |
| | 90 | 72 | 60 | 53 | 47 | 43 | 39 | 37 | 35 | 33 | 31 |
| | 96 | 59 | 50 | 43 | 38 | 35 | 32 | 30 | 28 | 27 | 24 |
| | 108 | 41 | 35 | 30 | 27 | 24 | 22 | 20 | 19 | 18 | 16 |
| 111 | 38 | 32 | 28 | 24 | 22 | 20 | 19 | 17 | 16 | - | |
| 144 | 17 | - | - | - | - | - | - | - | - | - | |



APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE JUN 28 2001
BY *[Signature]*
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 00-0912.01

NOTES:

1. MAXIMUM ALLOWABLE PRESSURE IN PSF.
2. DESIGN IS BASED ON OPENING WIDTH. FOR MULTIPLE UNITS, CONSIDER ONLY TWO ADJACENT UNITS AT A TIME. SEE SHEET 1.
3. REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

[Signature]
5/24/01
Robert L. Clark, P.E.
P.E. #39712
Structural

| | | | | |
|--|------------------------------------|-------------------------------|----------------------------|------------------|
| PGT INDUSTRIES | | Revised By: _____ Date: _____ | Chkd By: _____ Date: _____ | Revisions: _____ |
| | | Drawn By: P.J.P. | Date: 4/28/00 | |
| Description: PRESSURE CHARTS | | | | |
| Title: 1" STD. WALL MULLION | | | | |
| 1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275 | P.O. BOX 1529 NOKOMIS, FL 34274 | Series/Model: MULLS | Scale: NTS | Sheet: 5 of 5 |
| | | | Drawing No. 6620 | Rev: _____ |

MARTIN COUNTY BUILDING PERMIT



Permit Number: SP01 - 20060101
 Permit Type: SEWALLS POINT
 Date Issued: 02-AUG-06
 Project:
 Scope of Work: Replace windows & doors

| | | |
|------------------------|--|---|
| Applicant/Contact: | WATLEY, RYAN N. / | |
| Parcel Control Number: | 13-38-41-013-000-0005.0-00000 | |
| Subdivision: | SEWALL'S MEADOW | |
| Construction Address: | 107 HENRY SEWALL WAY | |
| Location Description: | | |
| Owner Name: | OLCOTT, LYNN | |
| Prime Contractor: | WATLEY, RYAN N. 3673 FORECASTLE COURT STUART, FL 34997 | WATLEE CONSTRUCTION INC 561-722-3938 License No.: CBC1252388 |

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

[Handwritten signature]
 4/30/07



101

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 107 HENRY SEWALL

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.

DOOR / WINDOWS

MISSING 4 FASTENERS @
DOOR HEAD, 4 @ SILL
SHIM @ ALL DOOR HINGE
SCREWS -

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: 8/9

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/9, 2006 Page 1 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|------------------|---------------------------------------|------------------------|-----------------|---|
| 11001 | 6082 | Window Boor | FAIL | |
| 2 | 107 HENRY SEWALLS WATLEE CONST. | | | INSPECTOR: <i>[Signature]</i> |
| 1576 | Selas | Final | FAIL | |
| 11 | 10 Castle Hill Way Statewide | | | INSPECTOR: <i>[Signature]</i> |
| 789 | Iidixis | wall form + | FAIL | |
| 1 | 12 Crane's Nest Advanced Concepts | garage slab | FAIL | INSPECTOR: <i>[Signature]</i> |
| 8033 | Applied Prop. | Dock final | PASS | fee pd \$40 ✓ |
| 10 | 114 N. Sewalls Pt Libra | | | CLOSE INSPECTOR: <i>[Signature]</i> |
| 7801 | Cummings | wall steel | PASS | PARTIAL MAIN FLOOR WALL STEEL NORTH SIDE POURED WALLS @ CENTER. |
| 6 | 835 Skield Elias Mgmt | | | INSPECTOR: <i>[Signature]</i> CLOSE |
| 8141 | Graham | Final dock | PASS | CLOSE |
| 9 | 102 N. Sewalls Pt Certified Marine | | | INSPECTOR: <i>[Signature]</i> |
| 7809 | D'Alessandro | Final | PASS | CLOSE |
| 7 | 4 Emarita Way O/B | | | INSPECTOR: <i>[Signature]</i> |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Tues~~ Fri 10-9, 2007 Page 1 of 1

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|--|----------------------|-----------------|-------------------------------|
| 8728 | Miraglia 66 N Sewalls Lee Huymes | Final | PASS | Close |
| | | on tree by dock | | INSPECTOR: <i>[Signature]</i> |
| 8348 | 107 Henry Sewall | Final | PASS | Close |
| 30 AM | 107 Henry Sewall Walter Const. | | PASS | INSPECTOR: <i>[Signature]</i> |
| Tree | Jenkins 4 Sabal Ct | Tree | PASS | INSPECTOR: <i>[Signature]</i> |
| 7201 | Miraglia 66 N Sewalls Lee Huymes | dock repair Final | PASS | Close |
| | | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | INSPECTOR: |

OTHER: _____

8417

PAVER

DRIVEWAY

STOP WORK ORDER

DATE: 10-19-06

ADDRESS: 107 HENRY SEWALL

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

The work described below requires a permit:

DRIVEWAY CONSTRUCTION
BEGUN WITHOUT PERMIT:
STOP WORK AND APPLY FOR
PERMIT. DAMAGES TO GUTTER
IN ROW MUST BE RESTORED TO
ORIGINAL CONDITION.

DOUBLE FEE

OWNER: OLCOTT

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.

Jim Cox 10-19-06

BUILDING OFFICIAL OR INSPECTOR

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

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12-20-06

BUILDING PERMIT NO. 84.17

Building to be erected for Olcott

Type of Permit Lawndreway

Applied for by Walter Construction (Contractor)

Building Fee _____

Subdivision Sewalls Meadow Lot 5 Block _____

Radon Fee _____

Address 107 Henry Sewall Way

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

13-38-41-013-000-000-500000

Amount Paid \$250 Check # _____ Cash _____

Roofing Fee _____
 Work w/o Permit 250
Other Fees () _____

Total Construction Cost \$ 1782

TOTAL Fees 250

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 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"/> PAVING |

42607 561-722-3938 Ryan

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
10-20-06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 10/20/06

Permit Number: _____

OWNER/TITLEHOLDER NAME: Lynn Ocott Phone (Day) 772 485 9071 (Fax) _____

Job Site Address: 107 Henry Sewall way City: Sewalls Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) 13-38-41-013-000-00050 Parcel Number: Lot 5

Owner Address (if different): N/A City: N/A State: N/A Zip: N/A

Description of Work To Be Done: Remove concrete Driveway / Install Brick Pavers w/in Foot

Original Print

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1782.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 800,000

(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: Comp

CONTRACTOR/Company: WATLEE Construction Inc Phone: 772 220 4903 Fax 772 283 4756

Street: 3673 SE Forecastle Ct City: Stuart State: FL Zip: 34997

State Registration Number: CB 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 N/A Lic.#: _____ Phone Number: _____

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

ENGINEER N/A Lic# _____ Phone Number: _____

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

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

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

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

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

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

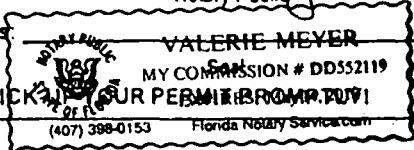
OWNER OR AGENT SIGNATURE (required)
[Signature]
State of Florida, County of MARTIN
This the 20th day of OCTOBER, 2006
by RYAN WATLEY / Lynn Ocott who is personally known to me or produced FLORIDA DRIVERS LICENSE as identification. [Signature]

CONTRACTOR SIGNATURE (required)
[Signature]
On State of Florida, County of: Martin
This the 20th day of October, 2006
by Ryan W Watley who is personally known to me or produced FDL#W340-734-76-4620 as identification. [Signature]

My Commission Expires: 7-26-08
Notary Public Seal
Christopher A D'Amato
My Commission DD340487
Expires July 26, 2008

My Commission Expires: _____
Notary Public Seal
VALERIE MEYER
MY COMMISSION # DD552119

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT FROM DPW1



ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/26/2006

PRODUCER (772) 287-1560
Agrillo Insurance Agency
730 South Federal Hwy

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.

Stuart FL 34994-

INSURERS AFFORDING COVERAGE NAIC #

INSURED
Watles Construction Inc
3673 Forecastle Court

INSURER A: American Vehicle Ins Co

INSURER B:

INSURER C:

INSURER D:

Stuart FL 34997-

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.

| INSURANCE TYPE | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|----------------|---|---------------|------------------------------------|-------------------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR | GL 0511038481 | 05/31/2006 | 05/31/2007 | EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - CONSPIC ADO \$ 600,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | / / | / / | COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | / / | / / | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ ACC \$ |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | / / | / / | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | / / | / / | INC STATUTORY LIMITS: OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | OTHER | | / / | / / | |

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

CERTIFICATE HOLDER

() - (772) 220-4765

Town of Swells Point
1 South Swells Point Road

Stuart FL 34996-

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

[Signature] 7/26/06

ACORD 25 (2001/08)

INS025 (10/06).rc

ELECTRONIC LASER FORMS, INC. - (800)377-0645

© ACORD CORPORATION 1988

Page 1 of 2

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE: 06/02/2005 ** EXPIRATION DATE: 06/02/2007

PERSON: WATLEY RYAN N

FEIN: 550886178

BUSINESS NAME AND ADDRESS: WATLEE CONSTRUCTION INC
3673 SE FORECASTLE COURT
STUART FL 34997

SCOPE OF BUSINESS OR TRADE: 1 - CERTIFIED BUILDING CONTRACTOR

ELIGIBLE FOR REISSUANCE REQUIREMENTS

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

FC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY
CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW

EFFECTIVE: 06/02/2005
** EXPRATION DATE: 06/02/2007

PERSON: WATLEY RYAN

FEIN: 550886178

BUSINESS NAME AND ADDRESS: WATLEE CONSTRUCTION INC
3673 SE FORECASTLE COURT
STUART FL 34997

SCOPE OF BUSINESS OR TRADE:
1-CERTIFIED BUILDING CONTRACTOR



ELIGIBLE FOR REISSUANCE REQUIREMENTS

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IMPORTANT

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.

AG 2233610

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SECTION 105092901693

DATE

BATCH NUMBER

LICENSE NBR

09/29/2005 057003277 QB36290

THE STATE OF FLORIDA

THE BUSINESS ORGANIZATION

Named below IS QUALIFIED

Under the provisions of Chapter

Expiration date: AUG 31, 2007

(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS

COMPANY TO DO BUSINESS ONLY IF C

WATLEE CONSTRUCTION INC

3673 SE FORECASTLE COURT

STUART FL 34997



JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

SIMONE MARSTILLER
SECRETARY



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

WATLEY, RYAN NOLAN
WATLEE CONSTRUCTION INC
3673 FORECASTLE COURT
STUART FL 34997



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

AC# 274718

CBC1252388 08/24/06 067008455

CERTIFIED BUILDING CONTRACTOR
WATLEY, RYAN NOLAN
WATLEE CONSTRUCTION INC

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2008 L06082401370

DETACH HERE

AC# 2747184

STATE OF FLORIDA

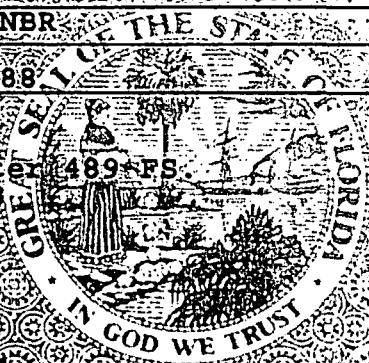
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06082401370

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 08/24/2006 | 067008455 | CBC1252388 |

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

WATLEY, RYAN NOLAN
WATLEE CONSTRUCTION INC
3673 FORECASTLE COURT
STUART FL 34997



JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

203-9076

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-30, 2007

Page 1 of 1

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|----------------|---------------------------------|-------------------------------|-----------------|--|
| 0085 | Roole | rough electric | FAIL | |
| 2 | 94 N Sewalls Pt Walter White | | | INSPECTOR: <i>[Signature]</i> |
| 847 | Walter White | Power Line | PASS | Close |
| 1 | 107 Henry Sewalls Walter | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| C.E. | | BERM ON | X | ISSUED |
| 3 | 124 N.S.P.R. | SIDE OF PROP. | | S.W.O. INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| CE | | CLEAN UP SITE | X | PINE |
| 4 | 121 ISLAND ROAD | LICENSES - | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| CE | | CENTER ISLAND | X | |
| 5 | MANDALAY | BREAKER BOX. SET SPRINKLER | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| CE | VASKO | POOL IN | X | SPOKE W/ JEFF. |
| 6 | 98 S. RIVER | BAD SHAPE. | | HE WILL TAKE CARE OF. INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | C.O. | X | NOT PERMITTED |
| 3A | 11 WENDY LN | FINAL EROSION CONTROL | | INSPECTOR: <i>[Signature]</i> |

OTHER:

TREE

REMOVAL/REPLACEMENT

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

RECEIVED
DEC 07 2000

FILED IN SP
12/8/00

Permit By: [Signature]
Date Issued: 12/8/00

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 STANLEY/CAROL BOGUA Address 107 HENRY SEWALL Phone _____

Contractor JMC CONST. Address P.O. BOX 1130 PALM CLIFF Phone 287-0370

Number of trees to be removed (list kinds of trees) PALM (2)

WITHIN FLAG FOOTPRINT -

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

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

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

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

Plans approved as submitted Plans approved, as marked _____

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

Signature of applicant Diana Schmitt Date submitted 12/6/00

Approved by Building Inspector [Signature] Date 12/8/00

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

FEE

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

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Thu 12-8, 2000; Page 2 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|-----------------|---|--|--------------------|--------------------------|
| 4882 | Woods 116 S. River Rd. Emmick | final | | 10:00 + |
| 5122 | Kearney 12 N. River Parker | pool steel - bonding | | |
| 5170 | NW Trust 18 Heron's Nest Pacific | final roof | | |
| 4877 | LOYOLA/OSBORNE 20 CASTLE HILL WAY BUFORD (HUPY) | INSULATION | | |
| 5172 | 107 HEARDY SKUNK WAY JMC CONST. | FINAL VIEW (INDEPEND TO CORR.) | 12/8/00 | 100 5172 S |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

6/6/01 Scherz 1/15/01

RECEIVED JUN - 1 2001 BY: [Signature]

Permit # 5172
Date Issued _____

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 MR & MRS Eckman Address 107 Henry Sewall Way Phone _____

Contractor JMK Contracting Address RD. Box 1130 Phone 2870390

Number of trees to be removed (list kinds of trees) (2)

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

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

~~PERMIT FEE~~ FEE WAIVED - AMEND ONLY
Permit Fee \$ ~~30.00~~ 15.00 (~~37.50~~) first tree plus \$10.00 - each additional tree - not to exceed ~~\$100.00~~ \$15.00 PN 0586

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

Plans approved as submitted Plans approved as marked _____

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

Signature of applicant _____ Date submitted 6-1-01

Approved by Building Inspector [Signature] Date 6/6/01

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~OBTAINING A PERMIT~~ 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?

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Tue Wed Thu Fri Sat Sun, 2001; Page ____ of ____.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|---|--|-------------------|---|
| ✓ 5013 | DENNIS | FRAMING - | Passed | No ext. disconnect 291 Ballina !! <i>MUST PROTECT</i> |
| S ④ | 16 RIDGELAND 260-0279 FL. FINEST (288-1715) | ALL TRADES | To insulate | INSPECTOR: [Signature] 6/6/99 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| ✓ 5352 | CLEMENTS | IN WALL | Passed | |
| S ① | 11 W. HIGHPOINT MOLTER | COLUMNS FOR STEMWALL | | INSPECTOR: [Signature] 6/6/99 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| ✓ 5294 | LEHMAN | FTGS; | | |
| S ③ | 6 RIDGELAND DR. GRIBBEN CONST. | GARAGE FRAMING Roof + wall sheatlg. | Passed | INSPECTOR: [Signature] 8/6/99 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| ✓ TR | 5029A | FIXTURES | Passed | SUPPLEMENT (POOL AREA) INIT TR PIN 0386 |
| S ② | NOT UNDER SCHEDULED WORK JMC CONSTRUCTION | | | INSPECTOR: [Signature] 8/6/99 |
| 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 ✓ 11 RIVERCREST - ADVISE G.C. THAT PERMIT MUST BE POSTED NEAR STREET
 ✓ 19 Ridgeland - Del. Drgs.

TOWN OF SEWALL'S POINT, FLORIDA

FILE

MPN 5172

Date 12/8/00 19__ TREE REMOVAL PERMIT No 0386

APPLIED FOR BY JMC CONST. (Contractor or Owner)

Owner STANLEY & CAROL EBERT 107 HEAVY SEWELL WAY

Sub-division SEWALL'S MEADOW, Lot 5, Block _____

Kind of Trees PALM

No. Of Trees: REMOVE 2

FIELD VERIF. 12/8/00

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS SURVEY/SITE PLAN W/ TREE LOCATION ATTACHED.

NO. 12/8/00
CLERK
1839

Signed, (SIGNATURE ON FILE)
Applicant

Signed, [Signature]
Town Clerk LENE OFFICER

FEE \$ 15.00

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION

6/6/01 AMEND TO INCLUDE
SCHEDULED & SEPARATE
@ NE SERVICE AREA
(= POOL DECK FOOTPRINT)

REMARKS

FIELD VERIF. 6/6/01

Empty lined box for additional notes or drawings.

TOWN OF SEWALL'S POINT, FLORIDA

FILE

Date 6/20/01 19 01 TREE REMOVAL PERMIT No 0455

APPLIED FOR BY JMC (Contractor) or Owner)

Owner SFC Bobna, 67 H. Sewall Way

Sub-division _____, Lot _____, Block _____

Kind of Trees Pine

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

Field verified 6/20

REMARKS Healthy 18" Pine -> replace with native species of same caliber -> Submit replacement plan FEE \$ 15. -

Signed, Sign on file Applicant

Signed [Signature] Town Clerk
VIDEO w/ SATTI BUT PEOPLE KNOW.

TOWN OF SEWALL'S POINT
TREE REMOVAL PERMIT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK.

RE: ORDINANCE 103

[Empty lined box for notes or drawings]

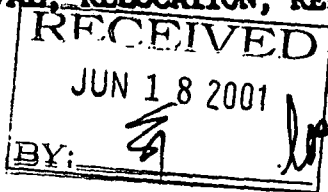
PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

6/20 INSP. SCHED.



Permit # 0455 Date Issued 6/20/01

This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner STANLEY & CAROL ECKHA Address 107 - HENRY SEWALL Phone 337-4069

Contractor JMC Address PO Box 1130 PINEHURST Phone 287-0390

Number of trees to be removed(list kinds of trees) 1 - PINE

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

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

Permit Fee \$ (525.00 first tree plus \$10.00 - each additional tree - not to exceed \$100.00) \$15.00

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

Plans approved as submitted Plans approved, as marked

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

Signature of applicant Carl Eckha Date submitted 6/18/01

Approved by Building Inspector [Signature] Date 6/20/01

Approved by Building Commissioner Date

Completed Date Checked by

FEE

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

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Tue Wed Thu Fri Sat Sun, 2001; Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|--|--|---|--|
| ✓ 5358 | Edna 67 Henry Sewall Way JMC | Iron removal & REPLACEMENT ON LANDSCAPE POND | Passed | 18" Pipe replaced Inspector: J 6/20 |
| ✓ 5358 | UDGRAM 101 N. SEWALL'S POINT RD. BUDFORD CONST. | U/G PLUMBING (MASTER PLUMBING PN 530) | Passed | Inspector: J 6/20 |
| ✓ 5302 | NOHEJL 6 N. RIDGEVIEW RON RAYMOND CONST. | R.F. SHEATHING. + wall upst. | Passed | Inspector: J 6/20 |
| ✓ 5345 | BARON 25 FIELDWAY DR. O/B (RICHARD BARON 220-1388) | ELECT. RGH. (PTLV) - GARAGE CIG. - E.I. ✓ Straps + anchors | Passed Discarn. Ext. ! | IF SCHED. TOO FULL - ROLL OVER (CALL OWNER & ADVISE) Inspector: J 6/20 |
| ✓ 5409 | HELLER 23 N. VIA LUCINDIA TREASURE CONST CARPENTRY | TIE BM. (PORCH FRAMING REV.) | Passed | Inspector: J 6/20 |
| ✓ 5300 | BERCAW 11 RIVERCREST CT HARBOR BAY POOLS | POOL - DECK Failed (MPN 5001 - REMOVE) | Passed but C. test not on site or office | VERIFY COMP. TEST RCVD. Inspector: J 6/20 |
| ✓ 5143 | GIFFORD 85 N. SEWALL'S POINT RD SCOTT J. HOLMES | FRAMING. | Passed | Inspector: J 6/20 |
| OTHER: | MUSSO (MVS 262) 18 S. River Rd. 5416 SF Pools 286 7633 | Pool steel | Passed | J 6/20 |