

110 Henry Sewall Way

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date AUGUST 26, 1999

BUILDING PERMIT NO. 4673

Building to be erected for FOGLIA CONTRACTING CORP Type of Permit SPR

Applied for by FOGLIA CONTRACTING CORP (Contractor) Building Fee 1,488.70

Subdivision SEWALL'S MEADOW Lot 13 Block _____ Radon Fee 39.55

Address 110 HENRY SEWALL WAY Impact Fee 1,508.20

Type of structure SPR A/C Fee 120.00

Electrical Fee 120.00

Parcel Control Number: _____

Plumbing Fee 120.00

Amount Paid 3515.75 148.80 Check # 3361 Cash _____ Other Fees (PERMITS) 148.80

Roofing Fee 120.00

Total Construction Cost \$ 155,000.00 TOTAL Fees 3,664.55

Signed [Signature] - FOGUA CONST. 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 A8 LOWEST HABITABLE FLOOR ELEV. 9

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

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

MONDAY TROUGH 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!**

7/14/00 ADD'L. BLDG. PER (ADJUSTED CONST. COST-OWNERS AFFID.)

C.O. ISSUED 7/14/00

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date AUGUST 26, 1999

BUILDING PERMIT NO. 4673

Building to be erected for FOGLIA CONTRACTING CORP Type of Permit SFR

Applied for by FOGLIA CONTRACTING CORP (Contractor) Building Fee 1,488.00

Subdivision SEWALL'S MEADOW Lot 13 Block _____ Radon Fee 39.55

Address 110 HENRY SEWALL WAY Impact Fee 1,508.20

Type of structure SFR A/C Fee 120.00

Electrical Fee 120.00

Parcel Control Number: PD 7/14/00 CK # 4039 PD 1,488.00 BAL # 787.20 Plumbing Fee 120.00

Roofing Fee 120.00

Amount Paid 3515.75 3430 148.00 Check # 3361 Cash Other Fees (EQUIP) 148.00

Total Construction Cost \$ 155,000.00 TOTAL Fees 3,664.55

Signed Sewall - FOGLIA CONST

Applicant

Signed [Signature] TOWN OFFICIAL

Town Building Inspector

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

BEFORE ME, the undersigned notary public, personally appeared the undersigned Affiant, who, being first duly sworn, under penalties 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 \$ 237,024.00 .
- 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.

[Handwritten Signature]

Affiant
 Property street address: 110 Henry Sewall Way (Lot 13)
Sewall's Pt, FL 34996

Sworn to and subscribed
 before me this 19 day of
June, 192000.

[Handwritten Signature]

Notary Public
 STATE OF FLORIDA AT LARGE
 My Commission Expires:

(NOTARY SEAL)



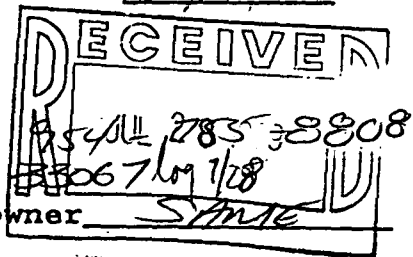
Eunice G. Uberstine
 Commission # CC 900842
 Expires Feb. 23, 2004
 Bonded Thru
 Atlantic Bonding Co., Inc.

Bldg. Pmt# 4673
8/28/99

Town of Sewall's Point

Date 7/7/99

BUILDING PERMIT APPLICATION



Owner's Name: FOGLIA CONT. CORP. Phone No. _____
Owner's Present Address: 7428 WILES RD C.S. FL.
Fee Simple Titleholder's Name & Address if other than owner SAME

Location of Job Site: 110 HENRY SEWALL WAY LOT 13 SEWALL'S MEADOW
TYPE OF WORK TO BE DONE: SFB CBS.

CONTRACTOR INFORMATION

Contractor/Company Name: FOGLIA CONT CORP Phone No. 954 755-8808
COMPLETE MAILING ADDRESS (854) 755-8808 7428 WILES RD C.S. FL. 33067
State Registration CGC 038434 State License CGC 038434
Legal Description of Property LOT 13 SEWALL'S MEADOW
Parcel Number PLAT BOOK 14 Pg 32

ARCHITECT/ENGINEER INFORMATION

Architect Homes By ARCHITECTNIC Phone No. 954-755-0690
Address 7430 WILES RD C.S. FL.
Engineer _____ Phone No. _____
Address _____

Area Square Footage: Living Area 3202 Garage Area 753 Carport _____
Accessory Bldg. _____ Covered Patio 392 Scr. Porch 306 Wood Deck 0
Type Sewage: SPMC Septic Tank Permit # from Health Dept. _____
NEW electrical SERVICE SIZE 300 AMPS

FLOOD HAZARD INFORMATION

flood zone AB minimum Base Flood Elevation (BFE) 9' NGVD
proposed finish floor elevation 9' NGVD (minimum 1-foot above BFE)
Cost of construction or Improvement \$155,000
Fair Market Value (FMV) prior to improvement 110,000
Substantial Improvement 50% of FMV yes No _____
Method of determining FMV CONST COST ANALYSIS

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

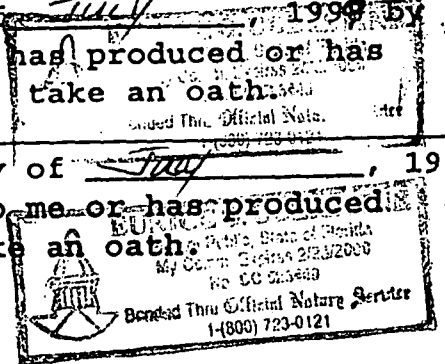
Electrical DIAMOND State License 96-CMF-1628-X
Mechanical LINDSAY State License# CACO 56703
Plumbing MASTER PLUMBING State License# MP-00061
Roofing PACIFIC ROOFING State License# CC-CO567931

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 7 day of JULY, 1999 by JOSEPH M. FOGLIA 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 7 day of JULY, 1999 by JOSEPH M. FOGLIA who is personally known to me or has produced or has produced _____ and who did (did not) take an oath _____



TREE REMOVAL (Attach sealed survey)

No. of trees to be removed 0 No. to be retained 10 No. to be planted 0
Specimen tree removed _____ Fee _____ Authorized/Date _____
DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
 - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - C. Contractor's name, address, phone number & license numbers.
 - D. Name all sub-contractors (properly licensed).
 - E. Current Survey
 - F. 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 architect's seal and the following items:

1. Floor Plan
2. Foundation Details
3. Elevation Views - Elevation Certificate due after slab inspection.
4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
5. Truss layout
6. Vertical Wall Sections (one detail for each wall that is different)
7. 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 (Atlantic Ave. 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.
9. 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 _____

Approved by Town Engineer _____

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME FOGLIA CONTRACTING CORP.	POLICY NUMBER
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER 110 HENRY SEWALL WAY.	COMPANY NAIC NUMBER
OTHER DESCRIPTION (Lot and Block Numbers, etc.) LOT 13, PLAT OF SEWALL'S MEADOW, PLAT BOOK 14, PAGE 32.	
CITY STUART	STATE FL
	ZIP CODE 34996

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
120164	0002	P	10/16/96	A8	BL 9

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 1.
- 2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building.
- (d). FIRM Zone AO. The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? Yes No Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations: NGVD '29 Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
4. Elevation reference mark used appears on FIRM: Yes No (See Instructions on Page 4)
5. The reference level elevation is based on: actual construction construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: feet NGVD (or other FIRM datum—see Section B, Item 7).
2. Date of the start of construction or substantial improvement _____

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE), V1-V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

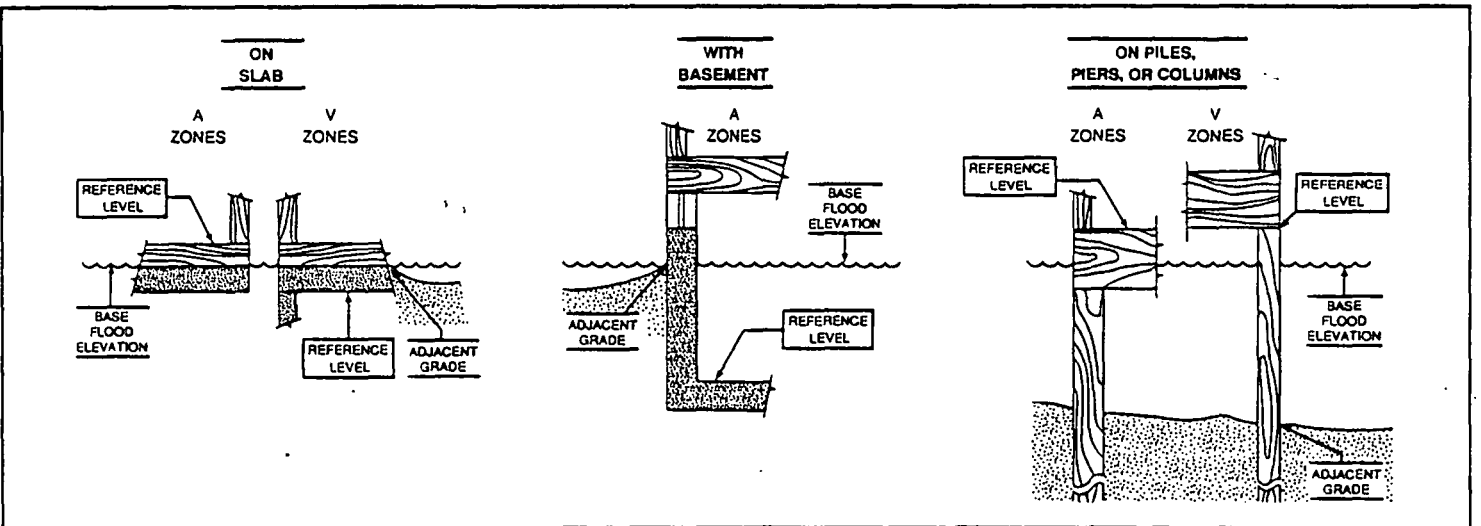
Reference level diagrams 6, 7 and 8 - Distinguishing Features--If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections 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 RICHARD W. BUSSELL	LICENSE NUMBER (or Affix Seal) 3858
TITLE PROFESSIONAL SURVEYOR & MAPPER	COMPANY NAME RICHARD W. BUSSELL, INC
ADDRESS P. O. BOX 1678	CITY STATE ZIP STUART FL 34995
SIGNATURE <i>Richard W. Bussell</i>	DATE PHONE 11/12/99 (561) 220-3360

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS: _____



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones. Elevations for all A Zones should be measured at the top of the reference level floor. Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE), V1-V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

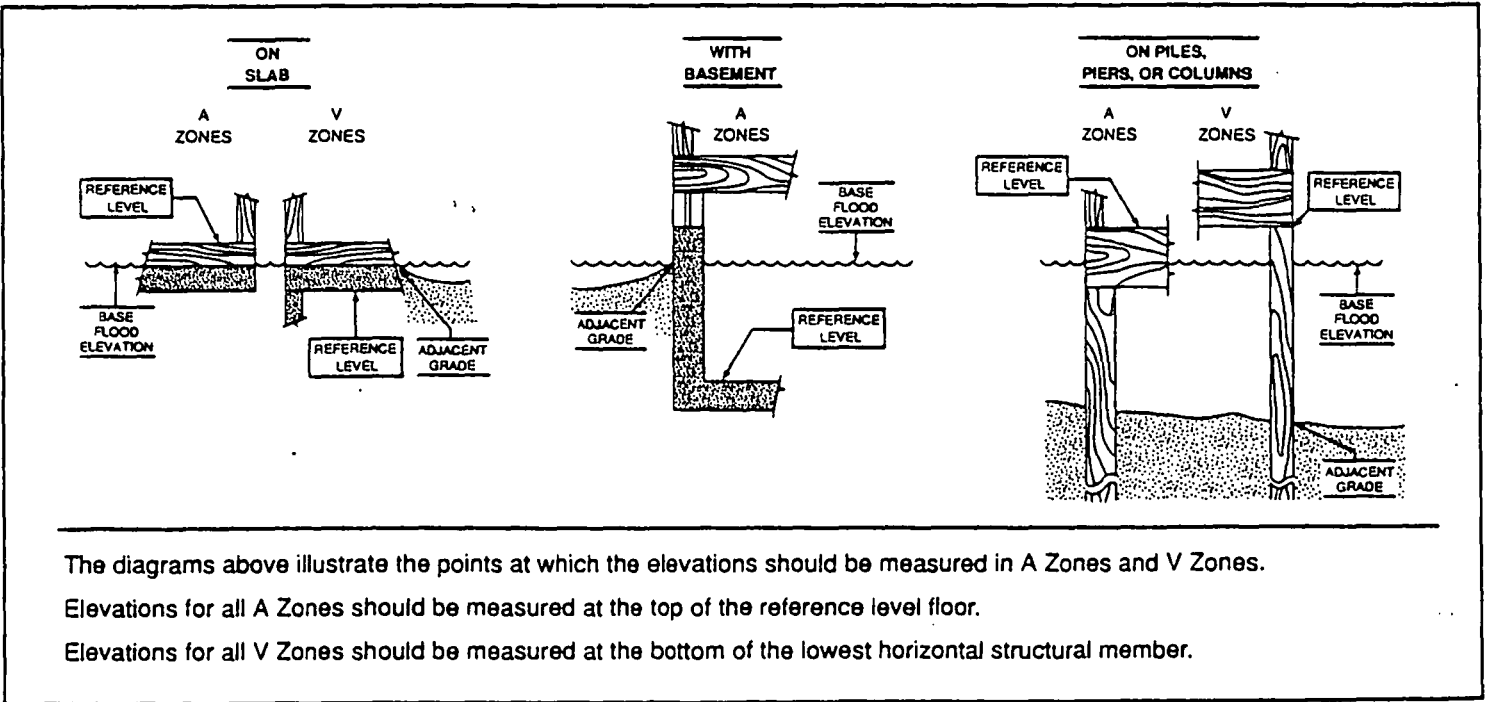
Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections 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 RICHARD W. BUSSELL		LICENSE NUMBER (or Affix Seal) 3858	
TITLE PROFESSIONAL SURVEYOR & MAPPER	COMPANY NAME RICHARD W. BUSSELL, INC		
ADDRESS P. O. BOX 1678	CITY STUART	STATE FL	ZIP 34995
SIGNATURE <i>Richard W. Bussell</i>	DATE 11/12/99	PHONE (561) 220-3360	

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS: _____



PRODUCER

INNOVATIVE INS. CONS., INC.
9365 W. SAMPLE ROAD STE.201
CORAL SPRINGS FL 33065

THOMAS J. DEFRANCO

Phone No. 954-340-9551 Fax No. 954-340-9456

INSURED

FOGLIA CONSTRUCTION CO., INC.
FOGLIA CONTRACTING CORP DBA
FOGLIA CUSTOM HOMES
7428 WILES ROAD
CORAL SPRINGS FL 33067

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

COMPANIES AFFORDING COVERAGE

- COMPANY A ASSURANCE COMPANY OF AMERICA
- COMPANY B ZC INSURANCE COMPANY
- COMPANY C
- COMPANY D

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	RGP26379470	10/20/98	10/20/99	GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					PERSONAL & ADV INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 10,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	RGP26379470	10/20/98	10/20/99	COMBINED SINGLE LIMIT \$ 500,000
					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 \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL	35911 FLORIDA OPERATIONS ONLY	03/01/99	03/01/00	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					EL EACH ACCIDENT \$ 100,000
					EL DISEASE - POLICY LIMIT \$ 500,000
					EL DISEASE - EA EMPLOYEE \$ 100,000
	OTHER				10 DAYS NOTICE IF CANC. FOR NON-PMT

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER ALSO KNOWN AS ADDITIONAL INSURED FOR GENERAL LIABILITY.

CERTIFICATE HOLDER

Sewall's Point Building Dept.
1 Sewall's Point Road
Sewall's Point, FL 34996

CANCELLATION

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

THOMAS J. DEFRANCO

Thomas J. DeFranco
ACORD CORPORATION 1988

AC# 5190841

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

DATE	BATCH NUMBER	LICENSE NBR
06/27/1998	97904235	CG -C038434

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2000

FOGLIA, JOSEPH M
FOGLIA CONTRACTING CORP
7428 WILES RD
CORAL SPRINGS FL 33067

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARREL
SECRETARY

City of Coral Springs
9530 West Sample Rd.
P.O. Box 754501
Coral Springs FL 33075-4501

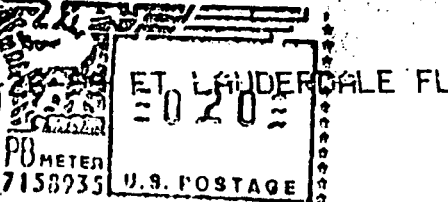
FOGLIA CONTRACTING CORP.

Is hereby Licensed to Engage in Business or Occupation of

CONTRACTOR GENERAL
GENERAL CONTRACTOR

OCCUPATIONAL LICENSE

7428 WILES RD



FOGLIA CONTRACTING CORP.
7428 WILES ROAD
CORAL SPRINGS FL 33067

Payment Date 3/03/99
Amount 10.50
License # 97-35474
Expires 8/30/99

UNVALIDATED
CITY OF CORAL SPRINGS
OCCUPATIONAL LICENSE
7/19/99

POST IN A CONSPICUOUS PLACE

RETURN TO: W/C#4123
DEBRA K. SCHIAVONE
PO BOX 989
WEST PALM BEACH, FL 33401

ASK RETURN TO:
McCarthy, Summers, Bobko,
McKey, Wood & Sawyer, P.A.
2081 E. Ocean Blvd. Second Floor
Stuart, FL 34996
397500

[Space Above This Line for Recording Data]

PERMIT NO. _____

TAX FOLIO NO. _____

NOTICE OF COMMENCEMENT

State of Florida
County of **MARTIN**

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

1. DESCRIPTION OF PROPERTY (Street address, if available)

110 HENRY SEWALL WAY, STUART, FLORIDA 34996

LEGAL DESCRIPTION OF PROPERTY

LOT 13, SEWALL'S MEADOW, ACCORDING TO THE PLAT THEREOF RECORDED IN PLAT BOOK 14, PAGE 32, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.



2. GENERAL DESCRIPTION OF IMPROVEMENT

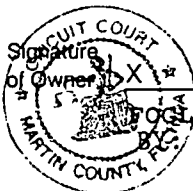
ONE STORY SINGLE FAMILY DWELLING

3 (a). NAME / ADDRESS OF OWNER FOGLIA CONTRACTING CORP 7428 WILES ROAD CORAL SPRINGS, FL 33067	3 (b). OWNER'S INTEREST IN PROPERTY FEE SIMPLE
3 (c). NAME / ADDRESS OF FEE SIMPLE TITLEHOLDER (if other than Owner)	4. NAME / ADDRESS OF CONTRACTOR

5 (a). NAME / ADDRESS OF SURETY	6. NAME / ADDRESS OF LENDER Fidelity Federal Savings Bank of Florida P.O. Box 989 West Palm Beach, FL 33402
5 (b). AMOUNT OF BOND \$	
7. Person(s) 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 are shown below:	
7. NAME / ADDRESS Fidelity Federal Savings Bank of Florida P.O. Box 989 West Palm Beach, FL 33402	7. NAME / ADDRESS
8. In addition to himself, Owner designates the person whose name and address appear in the box at the right to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.	8. NAME / ADDRESS OF PERSON TO RECEIVE COPY OF LIENOR'S NOTICE Fidelity Federal Savings Bank of Florida P.O. Box 989 West Palm Beach, FL 33402
9. Expiration of date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified) is shown in box at right.	9. EXPIRATION DATE

STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
MARSHA STILLER, CLERK



NOTARIZATION

STATE OF FLORIDA
COUNTY OF Martin

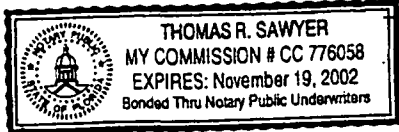
BY [Signature] D.C.
DATE 8-13-99

[Signature]
FOGLIA CONTRACTING CORP
JOSEPH J. FOGLIA, VICE PRESIDENT

The foregoing instrument was acknowledged before me this 12TH day of August, 1999 by Joseph J. Foglia, V.P. of Foglia Contracting Corp., a Florida Corporation who is personally known to me or who has produced on behalf of the corporation as identification.

My Commission expires:

(Seal)



[Signature]
Notary Public

WHEN RECORDED RETURN TO:	DRAFTED BY:
	ADDRESS, CITY, STATE

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

[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: W. Martin Bonan
W. Martin Bonan
Vice President

Witness Name: [Signature]
IXA GUTIERREZ

Witness Name: [Signature]
Leticia L. Bonan

(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]



Notary Public
Printed Name: _____
My Commission Expires: _____

SEWALL'S POINT
BUILDING DEPARTMENT
PLAN REVIEW FEE

DATE: 7.28.99

NAME: FOGLIA CONTRACTING

ADDRESS: 110 HENRY SEWALL WAY LOT 13

PHONE NUMBER: 954-755-8808

ESTIMATED COST OF PROJECT BEING REVIEWED \$155,000

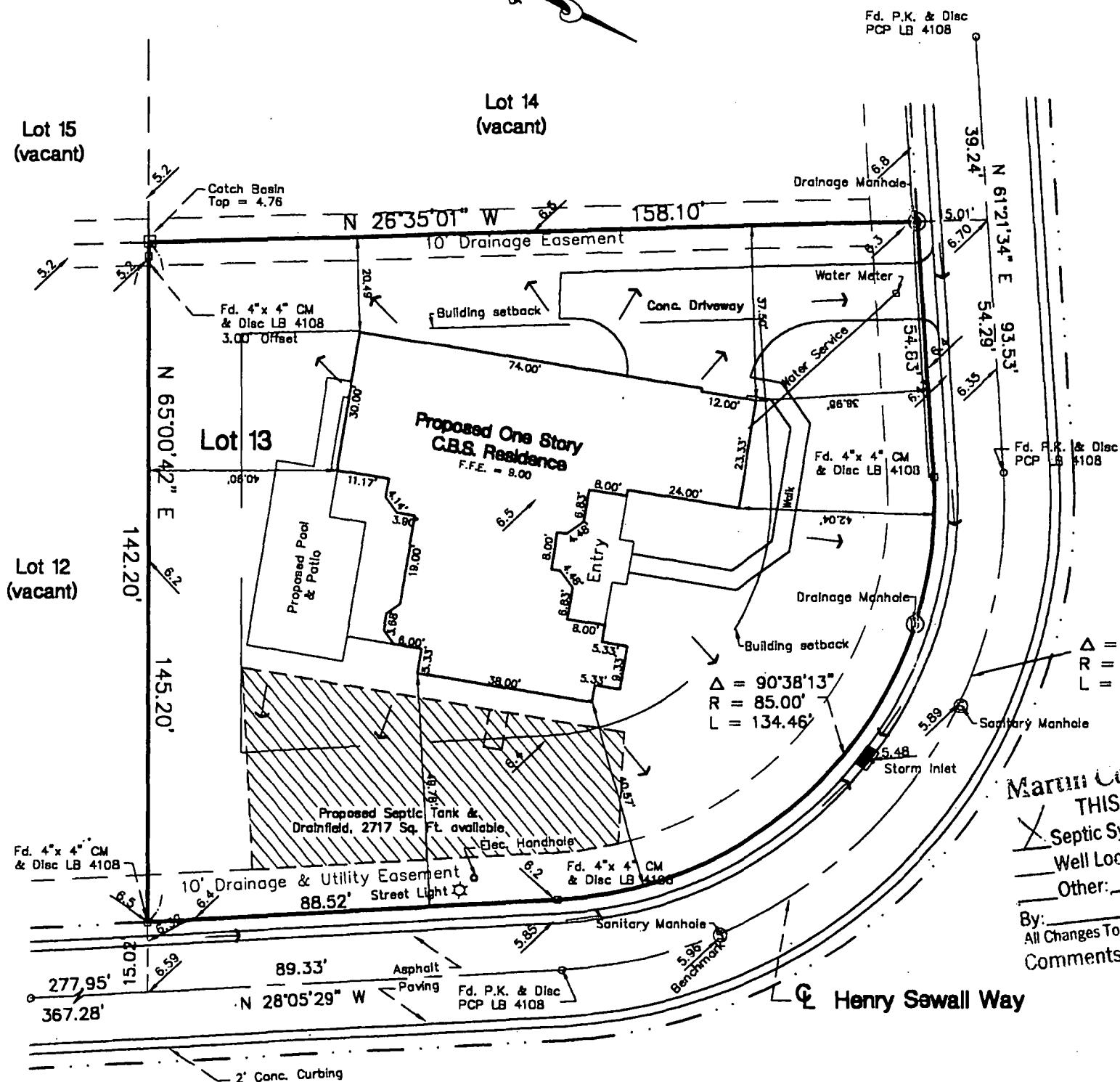
PROJECT COST	<u>155,000.</u>	PER APPLICANT
X \$9.60/m =	<u>1,488.</u>	SUBJECT TO REVIEW <i>EA</i>
X 10% =	<u>148.80</u>	ESTIMATED BLDG. PERMIT FEE PLAN REVIEW FEE

The information provided is to the best of my knowledge truthful and accurate.

Signature *[Signature]*
Date 7-28-99

FOGLIA CONTRACTING CORP. DBA FOGLIA CUSTOM HOMES PH. 954-755-8808 7428 WILES ROAD CORAL SPRINGS, FL 33067		3361
DATE <u>7-28-99</u>		63-9061/2670
PAY TO THE ORDER OF <u>TOWN OF SEWALLS POINT</u>	\$ <u>148.80</u>	
<u>ONE HUNDRED FORTY EIGHT & 80/100</u>		DOLLARS <input type="checkbox"/>
REPUBLIC SECURITY BANK CORAL SPRINGS, FLORIDA 33065		
FOR <u>LOT 13 PLAN REVIEW</u> <i>[Signature]</i>		

Site Plan for: Foglia Construction Co.



Legal Description

Being all of Lot 13 according to the Plat of SEWALL'S MEADOW as recorded in Plat Book 14, Page 32, public records of Martin County, Florida.

Legend

Fd. ——— Found	(M) ——— Measured Data
R/W ——— Right-of-way line	IR ——— Iron Rod
PCP ——— Permanent Control Point	(P) ——— Plat Data
CM ——— Concrete Monument	IP ——— Iron Pipe
PP ——— Power Pole	Conc. ——— Concrete
(C) ——— Calculated Data	O/H ——— Overhead Utilities
ORB ——— Official Records Book	Pg. ——— Page
ID ——— Identification Number	TT ——— Tin Tab
(R) ——— Radial	

General Notes

1. The bearings shown hereon are referenced to the Centerline of S.W. Henry Sewall Way according to Plat of SEWALL'S MEADOW.
2. All above ground fixed improvements, if any, have been located and shown hereon.
3. Underground utilities and utility services have not been located on this survey.
4. Flood Note: By graphic plotting only, this property is in Zone "AB" (ELB), according to the Flood Insurance Rate Map, Community Panel No. 120184 0002 d, effective date June 16, 1992. The exact designation can only be determined by an elevation certificate.

Martin County Health Department
 THIS PLAN IS APPROVED FOR:
 X Septic System: Approval # 43-55-1329
 Well Location: Approval # 43-
 Other: Approval # 7-27-99
 By: *Richard W. Bussell* Date: 7-27-99
 All Changes To The Plans Must Be Approved By The Health Dept.
 Comments:

7-27-99
Date of Signature

Richard W. Bussell
 Richard W. Bussell
 Professional Surveyor & Mapper
 Florida Certificate No. 3858

Richard W. Bussell, Inc.
 Survey Science, Mapping & Consulting
 1320 S. Federal Highway, Suite 101
 Stuart, Florida 34994
 Phone (888) 220-8380 Fax (888) 220-2817

Site Plan for:
Foglia Construction Company
 Town of Sewalla Point, Martin County, Florida

Scale: 1" = 30'	Date: 5-20-98	File & Drawing No. 99-2-1040-13-02
Drawn By: rwb	Checked rwb	Sheet 1 of 1

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

[Signature]
Witness Name: IXA GUTIERREZ
[Signature]
Witness Name: Laura W. [unclear]

(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.

Seal] PGI 535

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 STILLER
CLERK OF CIRCUIT COURT
MARTIN CO., FL

RECORDED & VERIFIED
BY: [Signature]
D.C.

01359754

99 APR -1 PM 4: 08

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

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

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: JANA GUTIERREZ
Witness

By: _____ (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:

Martin County Health Department
620 South Dixie Highway
Stuart FL 34994

RECEIVED
JUL 17 2000
BY: EA

TELEPHONE : 561-221-4090
Fax: 561-221-4967

COPY

This transmission may contain material that is CONFIDENTIAL under federal and Florida Statutes and is intended to be delivered to only the named addressee. Unauthorized use of this information may be a violation of criminal statutes. If this information is received by anyone other than the named addressee, the recipient shall immediately notify the sender at the address or telephone number above and obtain instruction as to the disposal thereof. Under no circumstances shall this material be shared, maintained, or copied by anyone other than the named individual.

DATE: 7/14/00 NUMBER OF PAGES: 1
(Including cover sheet.)

TO: BUILDING DEPARTMENT -- C.O. SEWARD'S POINT

FROM: RCROSS

SUBJECT; FINAL APPROVAL FOR SEPTICS SYSTEMS

HEALTH DEPT PERMIT	BUILDING DEPT PERMIT	LOCATION
• 01329 45-55-01329	44673 110 HENRY SEWELL WAY	Lot 13 S. MERRITT
• 43-55-01330	4662 106 HENRY SEWELL WAY	Lot 11 ""



Martin County Health Department

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Foglia Contracting SEPTIC TANK PERMIT NO.: 43-SS-1329
LEGAL DESCRIPTION: Lot 13, Sewall's Meadow

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Department prior to the first plumbing inspection by the Building Department. Approval of this stubout elevation certification constitutes commencement of building construction for septic system permits.

- 1. Building Permit Number: (Certification not required for this item).
2. I certify that the elevation of the top of the lowest plumbing stubout is inches (circle one) above / below benchmark elevation as indicated on septic tank permit.
3. I certify that the top of the lowest building plumbing stubout is inches (circle one) above/ below crown of road elevation shown on septic tank permit.
4. I certify that the top of the drainfield pipe elevation is inches (circle one) above / below BM / CR.
5. I certify that all moderate and or severely limited soils have been removed from an area of feet by feet a minimum depth of. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram A/ B on reverse side) Date Observed: / /
6. I certify that all moderately and or severely limited soils have been removed in an area feet wide or 33% of the area of the drainfield. This area is centered in the drainfield and extends to a depth of feet where slightly limited soils exist. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram B on reverse side) Date Observed: / /

NOTE: a. Severely limited soil includes but is not limited to hardpan, clay, silt, marl or muck.
b. Drainfield must be centered in the excavated area. Drainfield will not be approved if severe limited soils are not removed.
c. Condition numbers 5 and 6 may be satisfied with excavation certification from the certified septic installer responsible for drainfield installation.

CERTIFIED BY:

As applicant or applicant's representative, I understand the above requirements.

Date: Job Number:

(Signature)

FOR MARTIN COUNTY HEALTH DEPARTMENT USE ONLY

Martin County Health Department Approval Signature

(Date)

Stubcert.doc forms disk I Revised 12/17/98

DIAGRAM "A"

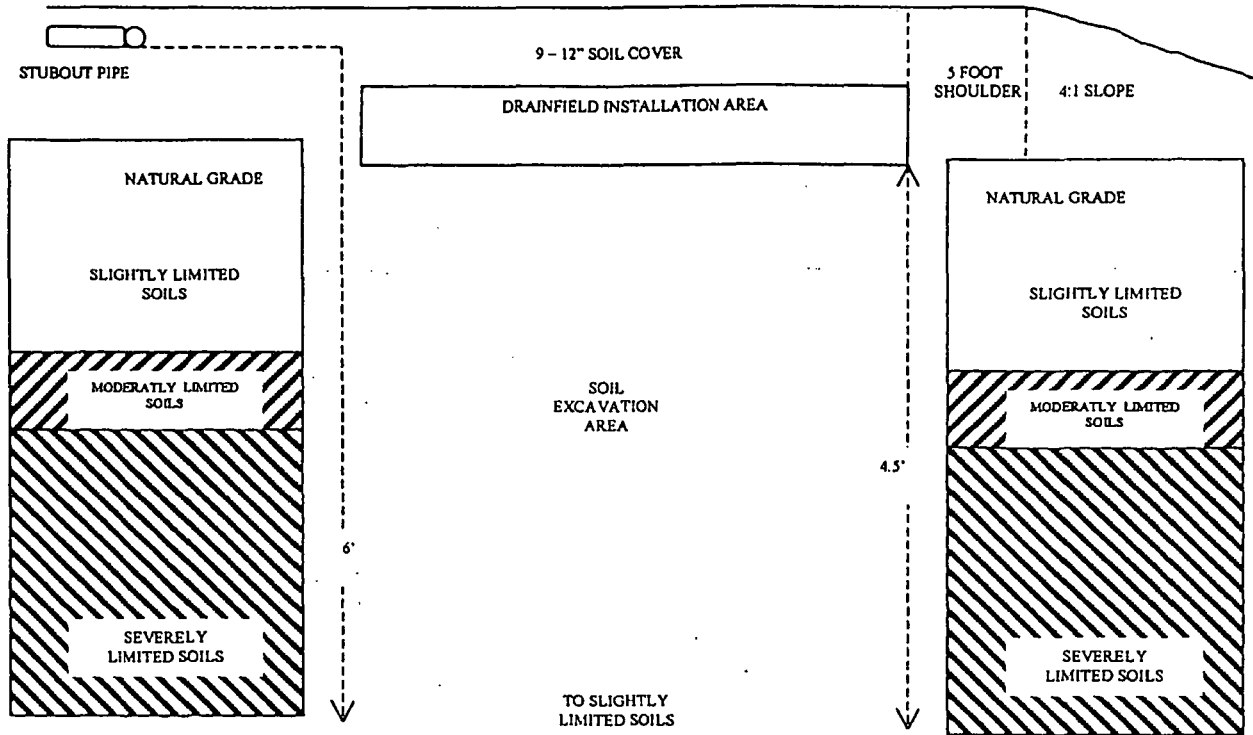
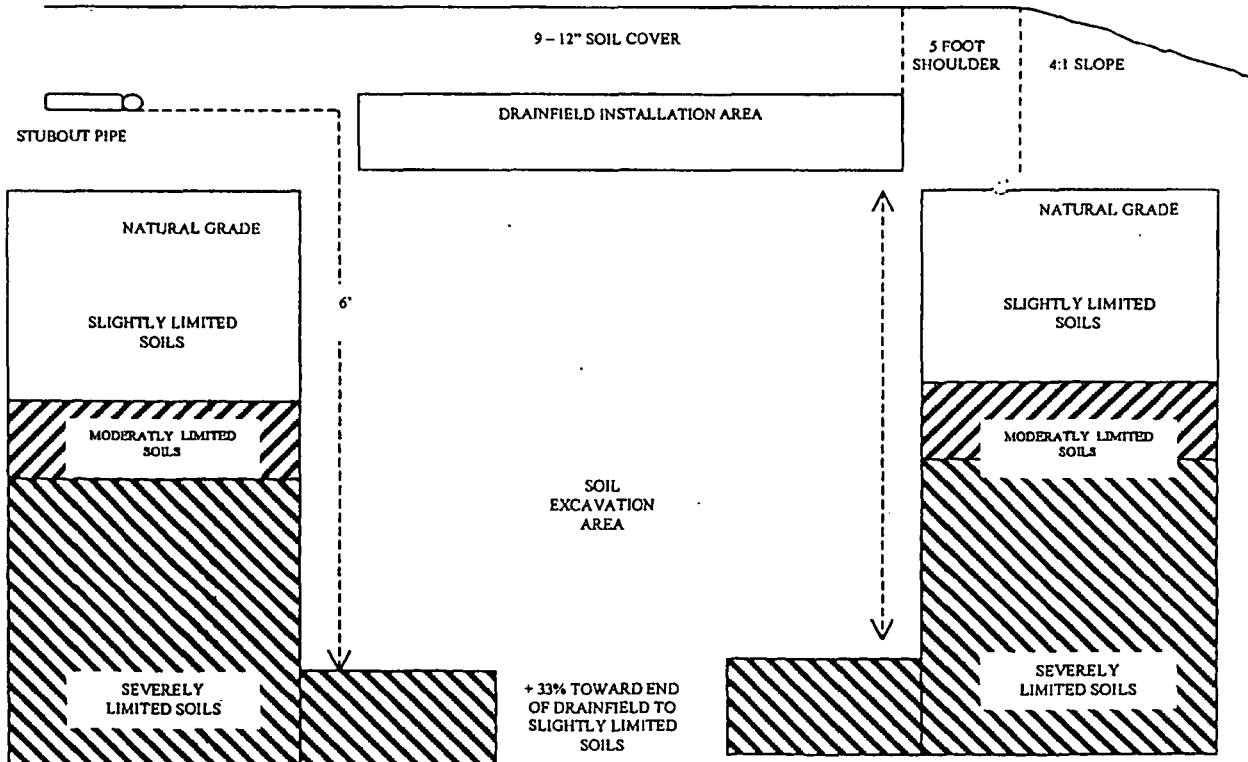


DIAGRAM "B"





STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

ell

CENTRAX #: 43-SS-01329
 DATE PAID: _____
 FEE PAID: _____

CONSTRUCTION PERMIT FOR:

[] New System [] Existing System [] Holding Tank [] Innovative Other
 [] Repair [] Abandonment [] Temporary [] _____

APPLICANT: FOGLIA CONTRACTING LOT 13 AGENT: 95-0, PROPERTY OWNER

PROPERTY STREET ADDRESS: 110 HENRY SEWALL Wy STUART FL 34994

LOT: 13 BLOCK: _____ SUBDIVISION: SEWALL'S MEADOW
 [Section/Township/Range/Parcel No.]

PROPERTY ID #: --- [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 64E-6, FAC DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC TIME PERIOD. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE OR LOCAL PERMITTING REQUIRED FOR PROPERTY DEVELOPMENT.

SYSTEM DESIGN AND SPECIFICATIONS

T [1050] Gallons **SEPTIC TANK** MULTI-CHAMBERED/IN SERIES: []
 A [0] Gallons MULTI-CHAMBERED/IN SERIES: []
 N [0] GALLONS GREASE INTERCEPTOR CAPACITY
 K [0] GALLONS DOSING TANK CAPACITY [0] GALLONS @ [0] DOSES PER 24 HRS # PUMPS [0]

D [444] SQUARE FEET PRIMARY DRAINFIELD SYSTEM *Trenches, or*
 R [571] SQUARE FEET *Bed* SYSTEM
 A TYPE SYSTEM: [] STANDARD [] FILLED [] MOUND [] _____
 I CONFIGURATION: [] TRENCH *or* [] BED [] _____
 N

F LOCATION TO BENCHMARK: Crown of Road 5.96'
 I ELEVATION OF PROPOSED SYSTEM SITE [5.3] [INCHES] [ABOVE] BENCHMARK/REFERENCE POINT
 E BOTTOM OF DRAINFIELD TO BE [6.7] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT
 L
 D FILL REQUIRED: [6.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES

OTHER REMARKS:

The top of the stubout pipe to be a minimum elv. of 13" ABOVE CR 5.96'. The top of the drainfield pipe to be a minimum elv. of 3" ABOVE CR 5.96'. The top of the septic tank to be a minimum elv. of 17" ABOVE CR 5.96'. The drainfield aggregate must be at least 10 feet from the property line(s). Install an approved outlet filter device in the septic tank. Do not exceed 18" of cover on the top of the drainfield. "See the attached special conditions list." "Fill Required" as noted above must be slightly limited quality in the available area five feet beyond the drainfield location.

SPECIFICATIONS BY: EDGARDO MORALES TITLE: _____

APPROVED BY: Cross, Ray TITLE: Env. Supervisor II CHD

DATE ISSUED: 6/14/99 EXPIRATION DATE: 12/14/00

DH 4016, 03/97 (Obsoletes previous editions which may not be used)
 (Stock Number: 5744-001-4016-0) (ostds_cons_4016-1)



Martin County Health Department

SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: Foglia Const. PERMIT NO.: 43-55-1329

SUBDIVISION: Lot 13, Sewall's Meadow

NOTE Special Condition(s) marked "X" are in effect.

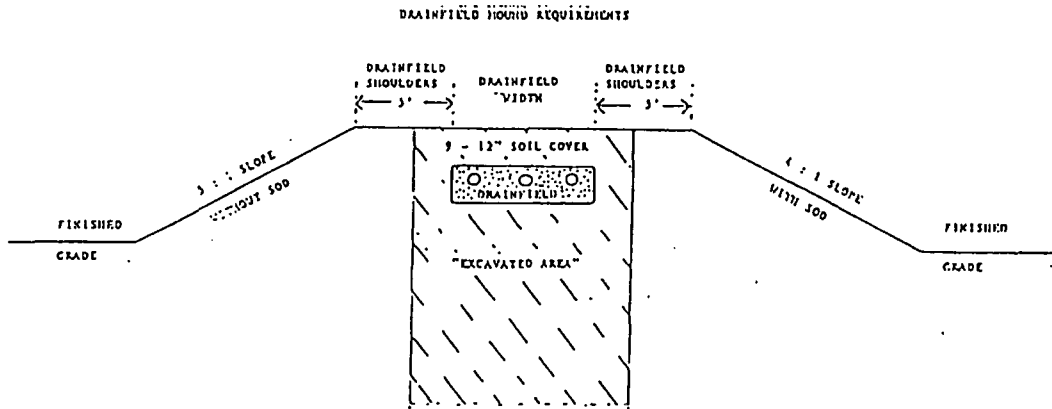
- 1. Drainfield must be maintained under grass; ___ and protected from vehicular traffic (i.e., traffic barriers).
- 2. Operational test of dosing pump(s) and high water alarm (audible and visual) required prior to final construction approval.
- 3. Driveway / sidewalk elevation must be 9" higher than drainfield pipe elevation if they are within 10 feet of each-other.
- 4. Septic system must be 75' from surface water / wetlands / mean high water line.
- 5. Excavate one foot beyond drainfield area to a depth of _____.
- 6. In addition to item #5, 33% of unsuitable soils at depths greater than _____ must be removed to a depth of slightly limited soils.
- 7. If excavation is not required below the drainfield, the organic vegetation layer at the existing grade must be removed and slightly limited fill placed between the existing grade and the bottom of the drainfield.
- 8. Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval.
- 9. The attached well abandonment form must be completed by a certified well driller and submitted to this office prior to the initial building construction or system inspection.
- 10. The mound area must be sodded prior to the request for final grade inspection.
- 11. Any future ponds or surface water created onsite must be greater than 75' from septic system(s).
- 12. The available area for septic installation must be evenly filled and leveled.
- 13. \$_____ re-inspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.

SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3

SPECIAL CONDITION REQUIREMENTS (Page 2 of 3) Revised 11/18/98

14. Septic system must be a minimum of 10 feet from drainage culverts or storm water drains and a 15 feet minimum from dry retention, dry detention or dry drainage ditches.
15. Occupational approval will not be given until all requirements for public water system/ food-service/ institutional/ septic system are met. _____
16. Septic tank/ dosing chamber/ grease trap must have (traffic lids with) manhole cover (s) per tank extending to the surface.
17. _____ to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible and visual signals is required. If two drainfields are used, each field must be connected to an individual pump and alternately dose.
18. Two pumps are required to alternately dose into two separate fields. Separate drainfields must be a minimum of 10 feet apart.
19. If the roof drip line is within 5 feet of the drainfield, shoulder or slope and the roof drains toward the septic system, gutters are required.
20. Irrigation lines must be separated from the drainfield by ten feet unless an approved backflow prevention device is properly installed.
21. Potable water lines, whether connected to an on-site well or to a utility meter, must be a minimum of ten feet from drainfields or sealed with a water proof sealant within a sleeve of similar pipe to a distance of ten feet from the nearest portion of the drainfield. In no case can the sleeved line be located within 24 inches of the drainfield or at an elevation lower than the bottom of the drainfield.
22. All new wells must be 25' from the building foundation and meet all other setback installation requirements.
23. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.
24. If the building stubout is placed more than 20ft. from septic tank or drainfield, the stubout elevation must be higher than the permitted elevation to achieve gravity flow. This must have prior approval from the health unit.
25. If fill is required, contact Martin County Building Division for requirements.
26. Inspection results will be posted on the building permit. A copy of the construction approval is available upon request.
27. A septic tank outlet filter is required on all septic tanks.
28. If any information on this permit changes, an amended application is required to be filed immediately.

- 28. Any alteration of the information or conditions of this permit found to be in non compliance with 64E-6, Florida Administrative Code, will be sufficient cause for revocation of this permit.
- 29. The engineer of record must certify that the installed system complies with the approved design and installation requirements.
- 30. Prior to final construction approval, the property owner must apply for an annual operating permit and pay the \$_____ annual permit fee (For ___ Indust./Manuf. ___ Aerobic system(s)).
- 31. If a mound drainfield is proposed, see following sketch of additional requirements (No retaining walls are allowed within the drainfield shoulder or slope areas of a mound system).



32. Other: _____

NOTE - \$25.00 RE-INSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION.

Questions concerning special conditions can be answered by calling Edgar Morales at (561) 221-4090



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

CENTRAX #: 43-SS-01329
OSTDSNBR : 99-1522-N

APPLICANT: FOGLIA CONTRACTING LOT 13

AGENT: 95-0 PROPERTY OWNER,

LOT: 13 BLOCK: _____ SUBDIVISION: SEWALL'S MEADOW ID#: ---

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: YES [] NO NET USABLE AREA AVAILABLE: 0.52 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY [64E-6, TABLE 1]
AUTHORIZED SEWAGE FLOW: 1300 GALLONS PER DAY [1500GPD/ACRE OR 2500GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 2400 SQFT UNOBSTRUCTED AREA REQUIRED: trench 888 SQFT

BENCHMARK/REFERENCE POINT LOCATION: Crown of Road 5.96' Bed 1793
ELEVATION OF PROPOSED SYSTEM SITE IS 5.28 [INCHES] [ABOVE] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:
SURFACE WATER: NA FT DITCHES/SWALES: 10 FT NORMALLY WET? [] YES [] NO
WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: NA FT
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 10 FT POTABLE WATER LINES: 60 FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES [] NO 10 YEAR FLOODING? [] YES [] NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT NGVD SITE ELEVATION: 6.4 FT NGVD

SOIL PROFILE INFORMATION SITE 1			
Munsell #/Color	Texture		Depth
<u>5Y 6/3</u>	<u>Pale Olive</u>	<u>FS</u>	<u>0 to 50</u>
<u>10YR 8/1</u>	<u>white</u>	<u>sand</u>	<u>50 to 72</u>
			to
			to
			to
			to
			to
USDA SOIL SERIES: <u>Jonathan sand 4T</u>			

SOIL PROFILE INFORMATION SITE 2			
Munsell #/Color	Texture		Depth
<u>5Y 6/3</u>	<u>Pale Olive</u>	<u>FS</u>	<u>0 to 50</u>
<u>10YR 8/1</u>	<u>white</u>	<u>sand</u>	<u>50 to 72</u>
			to
			to
			to
			to
			to
USDA SOIL SERIES: <u>Jonathan sand 4T</u>			

OBSERVED WATER TABLE: 54 INCHES [BELOW] EXISTING GRADE TYPE: [APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 36 INCHES [Below] EXISTING GRADE.
HIGH WATER TABLE VEGETATION: [] YES [] NO MOTTLING: [] YES [] NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: FS 10.90 (or 0.70 Bed) DEPTH OF EXCAVATION: NA INCHES
DRAINFIELD CONFIGURATION: [] TRENCH [] BED [] OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: [Signature] DATE: 6-9-99



RECEIVED

JUN - 2 1999

43.55.1329

STATE OF FLORIDA DEPARTMENT OF HEALTH MARTIN COUNTY HEALTH DEPARTMENT ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. DATE PAID: 6.2.99 FEE PAID: 95. RECEIPT #: 25808

APPLICATION FOR:

- [X] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []

APPLICANT: FOLGIA CONTRACTING CORP.

AGENT: TELEPHONE: 954 755-8808

MAILING ADDRESS: 7428 WILES RD COLD SPRINGS, FL 33067

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 13 BLOCK: SUBDIVISION: Sewell's Meadow PLATTED: 5/8/97

PROPERTY ID #: 13 3841 013 000 00130 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .52 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [X] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 110 HENRY SEWALL WAY

DIRECTIONS TO PROPERTY: EAST OCEAN BLVD TO SEWALL'S PT ROAD THEN S. TO HENRY SEWALL'S WAY

BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL

Table with 5 columns: Unit No, Type of Establishment, No. of Bedrooms, Building Area Sqft, Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC. Row 1: 1, SINGLE FAMILY, 4, 2526.

[] Floor/Equipment Drains [] Other (Specify)

SIGNATURE: DATE: 5/14/99

APPLICANT'S NAME: FOGLIA CONTRACTING CORP
 LEGAL DESCRIPTION: LOT 13 SEWELL'S MEADOW PB14, PG 32 MC

PROPOSED SEPTIC SYSTEM SITE INFORMATION

CIRCLE ONE ANSWER FOR EACH QUESTION (FOR ITEMS 1 -17 BELOW).
 N/A MEANS THAT THE QUESTION IS NOT APPLICABLE.

1. Is there a septic system within 75 feet of the proposed private well? ----- Yes No N/A
2. Is there a potable private well within 75 feet of the available area for the proposed septic system? ----- Yes No
3. Is there a non-potable well within 50 feet of the available area for the proposed septic system? ----- Yes No
4. Is there a proposed well within 25 feet of the building foundation? ----- Yes No
5. Is there a public well that serves less than 25 people or less than 15 homes or businesses within 100 feet of the proposed septic system? ----- Yes No
6. Is there a public well that serves more than 25 people or more than 15 homes or businesses within 200 feet of the proposed septic system? ----- Yes No
7. Is there a gravity sewer line or lift station within 50 feet of the proposed lot? ----- Yes No NOT ACTIVE
8. Is there a lake, stream, wetland, or surface water within 75 feet of the available area for the proposed septic system? ----- Yes No
9. Is there a proposed or existing public drinking water line within 10 feet of the proposed septic system? ----- Yes No
10. Is there a storm water retention area or drainage easement within 15 feet of the proposed septic system? ----- Yes No
11. Is the proposed septic system in an area proposed for paving or vehicular traffic? ----- Yes No
12. Are all private wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicant's lot shown on the site plan? ----- Yes No N/A
13. Are all public wells within 200 feet of the applicant's lot shown on the site plan? ----- Yes No N/A
14. Does the site plan include a plat of the lot or total site ownership drawn to scale, boundaries with dimensions, locations of building or residences, swimming pools, recorded easements, proposed or existing septic systems, any proposed or existing wells, public water lines, paved areas or driveways, and surface waters such as lakes, ponds, streams, canals, or wetlands? ----- Yes No
15. Does the site plan show the general slope of the property, recorded easements from the recorded plat, filled areas and drainage features and surface waters such as lakes, ponds, streams, canals, or wetlands? ----- Yes No
16. Are the natural grade elevation in the area of the septic system and the benchmark shown on the site plan? ----- Yes No
17. Is the public water line location from the water meter to the house shown on the site plan? ----- Yes No N/A
18. There is 2400 square feet of available, unobstructed, contiguous land to install the septic system. This area excludes interferences. Shade this available area on the site plan.

SITE ELEVATIONS

1. Crown of road elevation BENCHMARK 5.2 RIM NGVD. Show location on the site plan. If the road is not paved, benchmark elevation _____ NGVD. Show location on site plan.
2. Natural grade elevation in the area of the proposed septic system 6.4 NGVD. Show location on site plan.
3. Is the building location in a flood hazard area "A" or "V" as identified on F.E.M.A. maps? Yes or No If yes, what is the minimum required flood hazard floor elevation of the building? 2.9 NGVD.

NOTE: Please locate the reference point or benchmark within 200 feet of the proposed septic system.

NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OR ENGINEER.

CERTIFIED BY: Richard W. Zinner
 FLORIDA PROFESSIONAL NO.: 3858
 DATE: 6-1-99 JOB NO.: 99-1040-13-01



FOGLIA

CUSTOM
HOMES

TO: Edwin B. Arnold
Town of Sewall's Point

RE: Lot 13 - Sewall's Meadow

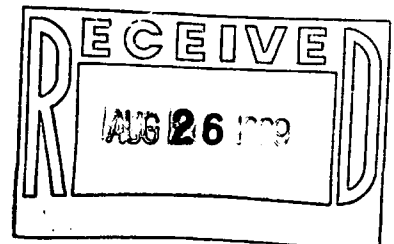
~~110 SEWALL KEY~~

SUBCONTRACTOR LICENSES &
CERTIFICATES OF INSURANCE

FOGLIA
CONTRACTING
CORP.

General Contracting
State Lic. #CGC-038434

7428 Wiles Road
Coral Springs,
Florida 33067
(954) 755-8808





STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(904) 727-6530

BIXLER, RONALD MARION
STAR-LITE POOLS
6074 N SABAL PALM BLVD STE 213-D
TAMARAC FL 33319

STATE OF FLORIDA	AC# 52000
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION	
CP - C056418	07/07/1998 970485
CERT COMMERCIAL POOL/SPA CONTR BIXLER, RONALD MARION STAR-LITE POOLS	
IS CERTIFIED under the provisions of Ch. 489	
Expiration Date: AUG 31, 2000	

DETACH HERE

AC# 5200035

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

DATE	BATCH NUMBER	LICENSE NBR
07/07/1998	97048559	CP - C056418

The COMMERCIAL POOL/SPA CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489
Expiration date: AUG 31, 2000

BIXLER, RONALD MARION
STAR-LITE POOLS

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID MM
STARL-1

DATE (MM/DD/YY)
08/13/99

PRODUCER
Insurance By Ken Brown, Inc.
P.O. Box 540569
1339 Arlington Street
Orlando FL 32805
Phone: 407-849-0490 Fax: 407-648-0197

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
Star-Lite Pools
Star-Lite Pool Builders, Inc.
10875 N. W. 52th St., Ste #8
Sunrise FL 33351

INSURER A: **Transportation Ins. Company**
INSURER B: **Transcontinental Ins. Company**
INSURER C: **Bridgefield Casualty Ins 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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	B142980114	09/13/98	09/13/99	EACH OCCURRENCE \$ 500,000
	<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 \$ 500,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
					GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
B	AUTOMOBILE LIABILITY	B142980128	09/13/98	09/13/99	COMBINED SINGLE LIMIT (Ea accident) \$ 500000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <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	019601875	06/26/99	06/26/00	<input checked="" type="checkbox"/> WC STATUTORY 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 ENDORSEMENTS/SPECIAL PROVISIONS

fax: 954-341-5120 mm

CERTIFICATE HOLDER **N** ADDITIONAL INSURED, INSURER LETTER CANCELLATION

SEWALLS

City of Sewalls Point
1 South Sewalls Point Rd.
Sewalls Point FL 34996

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



AV# 5154054

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST. INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
06/13/1998	97903955	CA -0056971

The CLASS B AIR CONDITIONING CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489, FS.
 Expiration date: AUG 31, 2000

LINDSTROM, JEFFREY C
 LINDSTROM A/C INC
 6601 LYONS ROAD
 SUITE DB
 COCONUT CREEK FL 33073

LAWTON CHILES
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
 SECRETARY



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONST. INDUSTRY LICENSING BOARD
 7960 ARLINGTON EXPRESSWAY
 SUITE 300
 JACKSONVILLE FL 32211-7467

(904) 727-6530

LINDSTROM, JEFFREY C
 LINDSTROM A/C INC
 6601 LYONS ROAD
 SUITE DB
 COCONUT CREEK FL 33073

GOVERNOR

SECRETARY

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

07/07/99

PRODUCER Collinsworth, Alter, Lambert, Inc. 600 Sandtree Drive, Ste 101 Palm Beach Gardens, FL 33403	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
COMPANIES AFFORDING COVERAGE	
COMPANY A Amerisure Insurance Co	
COMPANY B Fireman's Fund Ins Co	
COMPANY C Michigan Mutual Insurance Co	
COMPANY D	

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	CPP276013	1/01/99	1/01/00	GENERAL AGGREGATE	2000000	
	<input checked="" type="checkbox"/> COMM. GENERAL LIABILITY				PROD-COMP/OP AGG.	2000000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERS. & ADV. INJURY	2000000	
	OWNER'S & CONTRACT'S PROT				EACH OCCURRENCE	2000000	
	<input checked="" type="checkbox"/> Contractual				FIRE DAMAGE(One Fire)	50000	
	<input checked="" type="checkbox"/> BF PD				MED EXP(Any one person)	5000	
A	AUTOMOBILE LIABILITY	CA1012134	1/01/99	1/01/00	COMBINED SINGLE LIMIT	1000000	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)		
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)		
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE		
	<input checked="" type="checkbox"/> HIRED AUTOS						
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT		
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:		
					EACH ACCIDENT		
					AGGREGATE		
B	EXCESS LIABILITY	83657044	1/01/99	1/01/00	EACH OCCURRENCE	1000000	
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	1000000	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC1293317	1/01/99	1/01/00	STATUTORY LIMITS		
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				<input type="checkbox"/> INCL	EACH ACCIDENT	100000
					<input type="checkbox"/> EXCL	DISEASE-POLICY LIMIT	500000
						DISEASE-EACH EMPL.	100000
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 FAX NO. 954 420-0064

CERTIFICATE HOLDER Town of Sewalls Point 1 S. Sewalls Pointe Sewalls Point, FL 34497	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</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
--	---

AC# 5170355

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
06/16/1998	97904028	CF -C032565

The **PLUMBING CONTRACTOR**
 Named below **IS CERTIFIED**
 Under the provisions of Chapter 489 **FS.**
 Expiration date: **AUG 31, 2000**

LISIESKY, DAVID A
TROPIC PLUMBING/MECHANICAL INC
3180 SE DOMINICA TERR #5
STUART FL 34997

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

STATE OF FLORIDA AC# 5170355
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CF -C032565 06/16/1998 97904028
 CERTIFIED PLUMBING CONTRACTOR
 LISIESKY, DAVID A
 TROPIC PLUMBING/MECHANICAL INC
 IS CERTIFIED under the provisions of Ch. 489 FS.
 Expiration Date: AUG 31, 2000

**MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (561) 288-5604

LICENSE 1985 524 119 CERT CFC032565

PHONE 561 288 0030 SIC NO 0000

LOCATION:
3180 SE DOMINICA TER

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>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF **PLUMBING CONTR**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 98 SEC.
 AND ENDING SEPTEMBER 30 1999 998061101 539

**TROPIC PLUMBING & MECHANICAL
 DAVID LISIESKY
 3180 SE DOMINICA TERR #5
 STUART FL 034994**



CERTIFICATE OF INSURANCE

HOME OFFICE: ONE NATIONWIDE PLAZA - COLUMBUS OHIO 43210

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

CERTIFICATE HOLDER:

FOGLIA CONTRACTORS CORP/
FOGLIA CUSTOM HOMES
7728 WILES RD
CORAL SPRINGS, FL 33067

INSURED:

TROPIC PLUMBING MECH INC
3180 DOMINICA TERRACE
STUART, FL 34997

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	77-PR-597639-0001	01-01-99	01-01-00	
<input checked="" type="checkbox"/> Liability and Medical Expense	NATIONWIDE MUTUAL FIRE INSURANCE CO.			Any One Occurrence..... \$ 500.000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org \$ 500.000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON \$ 5.000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 50.000
				General Aggregate* \$ 500.000
				Prod/Comp Ops Aggregate* . \$ 500.000
<input type="checkbox"/> Other Liability				
AUTOMOBILE LIABILITY	77-BA-542302-0002	04-02-99	04-02-00	
<input checked="" type="checkbox"/> BUSINESS AUTO	NATIONWIDE MUTUAL FIRE INSURANCE CO.			Bodily Injury (Each Person) \$
<input checked="" type="checkbox"/> Owned				(Each Accident) \$
<input type="checkbox"/> Hired				Property Damage (Each Accident) \$
<input type="checkbox"/> Non-Owned				Combined Single Limit \$ 100.000
EXCESS LIABILITY				Each Occurrence \$
<input type="checkbox"/> Umbrella Form				Prod/Comp Ops/Disease Aggregate* \$
	77-WC-597639-0002	01-01-99	01-01-00	STATUTORY LIMITS
<input checked="" type="checkbox"/> Workers' Compensation and Employers' Liability	Nationwide Mutual Insurance Co.			BODILY INJURY/ACCIDENT ... \$ 100.000
				Bodily Injury by Disease EACH EMPLOYEE \$ 100.000
				Bodily Injury by Disease POLICY LIMIT \$ 500.000

DESCRIPTION OF OPERATIONS/LOCATIONS
VEHICLES/RESTRICTIONS/SPECIAL ITEMS
PLUMBING CONTRACTOR
FLORIDA

Effective Date of Certificate: 01-01-1999
Date Certificate Issued: 08-13-1999

Authorized Representative: JIM MOUND
Countersigned at: NATIONWIDE INSURANCE
1284 N W FEDERAL HWY

01-22-9800

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTOR LICENSE

DATE	BATCH NUMBER	LICENSE ABB
02/25/1998	02000316	EC-0001000

ELECTRICAL CONTRACTOR
LICENSED AND CERTIFIED
Under the provisions of Chapter 489, F.S.
Expiration date: AUG 31, 2000

RIDUX, ALAIN F.
TAURUS ELECTRIC, INC.
1400 PERBYTHE RD SUITE 0
APT PALM BEACH FL 33415

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

TAURUS ELECTRIC

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

MAY 11 99

PRODUCER

SID BANACK INSURANCE AGENCY
 2045 14TH AVE.
 VERO BEACH FL 32961

PHONE: 561-562-3369
 FAX: 561-562-3466

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

COMPANIES AFFORDING COVERAGE

- COMPANY A **TRANSPORTATION INS. CO.**
- COMPANY B **TRANSCONTINENTAL INS. CO.**
- COMPANY C **FCCI MUTUAL INSURANCE CO.**
- COMPANY D

INSURED

TAURUS ELECTRIC, INC.
 1490 FORSYTHE ROAD
 WEST PALM BEACH FL 33405

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	B1 30119495	MAY 8 99	MAY 8 00	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 500,000
	<input type="checkbox"/> OWNERS & CONTRACTORS PROT				EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any One Fire) \$ 50,000
					MED. EXP (Any One Person) \$ 5,000
B	AUTOMOBILE LIABILITY	B1 30119500	MAY 8 99	MAY 8 00	COMBINED SINGLE LIMIT \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001-WC99A-23486	JAN 1 99	JAN 1 00	<input type="checkbox"/> NC STATU- <input type="checkbox"/> OTH ER
	<input type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				EACH ACCIDENT \$ 100,000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				DISEASE-POLICY LIMIT \$ 500,000
					DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER:				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

FAX 561-683-2004

CERTIFICATE HOLDER

CANCELLATION

TOWN OF SEWELL'S POINT
 BUILDING DEPARTMENT
 ONE 80. SEWELL'S POINT ROAD
 SEWELL'S POINT FL 34986

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

Robert K. Jones

Attention:

REPORT 218 (1/97)

1999

**MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(561) 288-5604

LICENSE 1993 520 076 CERT CCC056793

PHONE 561 283 7663 SIC NO 1761

LOCATION:

808 DIXIE HWY

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>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **ROOFING CONTRACTOR**
AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

PACIFIC ROOFING CORP
RICHARD J GOMES
808 SE DIXIE HWY
STUART, FL 34994

24 DAY OF JUNE 19 99 SEC.
AND ENDING SEPTEMBER 30. 1999 998081701 1691 PAID

ACCORD CERTIFICATE OF LIABILITY INSURANCE 08/13/1999

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

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

COMPANIES AFFORDING COVERAGE

COMPANY A	Transcontinental Insurance Co.
COMPANY B	Transportation Insurance Co.
COMPANY C	
COMPANY D	

Insured: Debra Hicks Ext:
 Pacific Roofing Corp., Inc.
 PO Box 2697
 Stuart, FL 34994

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT	C155821031	08/27/1998	08/27/1999	GENERAL AGGREGATE \$ 2,000,000 PRODUCT S - COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	C144640569	08/27/1998	08/27/1999	COMBINED SINGLE LIMIT \$ 500,000 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 \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR, PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL OTHER	WC177093784	10/28/1998	10/28/1999	<input checked="" type="checkbox"/> WC STAT. TORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 100,000

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS

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

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

AUTHORIZED REPRESENTATIVE
 Charles P. Martyn III



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

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) 372-6339

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



FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name:	FG-6-SP	Builder:	FOGLIA
Address:	Lot: 13 Sub: SEAWALLS MDW, Plat:	Permitting Office:	MARTIN COUNTY
City, State:	,	Permit Number:	
Owner:	FOGLIA LOT SEAWALL'S MEADOWS	Jurisdiction Number:	
Climate Zone:	South		

<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">New</td><td style="text-align: right;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: right;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: right;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">4</td><td style="text-align: right;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">Yes</td><td style="text-align: right;">___</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">3202</td><td style="text-align: right;">ft²</td></tr> <tr><td>7. Glass area & type</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Clear - single pane</td><td style="text-align: right;">538.4</td><td style="text-align: right;">ft²</td></tr> <tr><td> b. Clear - double pane</td><td style="text-align: right;">0.0</td><td style="text-align: right;">ft²</td></tr> <tr><td> c. Tint/other SC/SHGC - single pane</td><td style="text-align: right;">0.0</td><td style="text-align: right;">ft²</td></tr> <tr><td> d. Tint/other SC/SHGC - double pane</td><td style="text-align: right;">0.0</td><td style="text-align: right;">ft²</td></tr> <tr><td>8. Floor types</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Slab-On-Grade Edge Insulation</td><td style="text-align: right;">R=0.0, 121.0(p)</td><td style="text-align: right;">ft</td></tr> <tr><td> b. Slab-On-Grade Edge Insulation</td><td style="text-align: right;">R=0.0, 115.0(p)</td><td style="text-align: right;">ft</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>9. 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Glass/Floor Area: 0.17	Total as-built points: 43087.00	PASS
	Total base points: 45312.00	

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

PREPARED BY: LISA SWEATT *LS*


DATE: 7-5-99

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

OWNER/AGENT: FOGLIA LOT SEAWALL'S MEADOWS

DATE: 8-26-99

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: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 0 Sub: SEAWALLS MDW, Plat: , , , PERMIT #:

BASE				AS-BUILT											
GLASS TYPES															
.18	X	Conditioned	X	BSPM = Points	Type/SC	Ornt	Overhang Len	Hgt	Area	X	SPM	X	SOF	=	Points
		Floor Area													
.18		3202.0		53.20											30663.9
					Single, Clear	NW	9.0	7.0	9.5		45.04		0.62		266.2
					Single, Clear	NW	9.0	7.0	9.5		45.04		0.62		266.2
					Single, Clear	NW	9.0	10.0	10.0		45.04		0.68		304.6
					Single, Clear	NW	9.0	10.0	3.0		45.04		0.68		92.4
					Single, Clear	NW	17.0	12.0	14.0		45.04		0.61		384.5
					Single, Clear	NW	17.0	12.0	14.0		45.04		0.61		384.5
					Single, Clear	NW	9.0	10.0	3.0		45.04		0.68		92.4
					Single, Clear	NW	9.0	7.0	10.0		45.04		0.62		279.6
					Single, Clear	NW	9.0	7.0	9.5		45.04		0.62		266.2
					Single, Clear	NW	9.0	7.0	9.5		45.04		0.62		266.2
					Single, Clear	NW	1.0	9.0	20.0		45.04		1.00		897.0
					Single, Clear	SE	9.0	9.0	7.0		74.09		0.51		265.7
					Single, Clear	SE	8.0	9.0	10.0		74.09		0.53		394.2
					Single, Clear	SE	9.0	9.0	7.0		74.09		0.51		265.7
					Single, Clear	SE	11.0	12.0	18.5		74.09		0.53		722.5
					Single, Clear	SE	11.0	12.0	18.5		74.09		0.53		722.5
					Single, Clear	SE	11.0	11.4	18.5		74.09		0.52		709.5
					Single, Clear	SE	11.0	11.4	18.5		74.09		0.52		709.5
					Single, Clear	SE	11.0	11.4	18.5		74.09		0.52		709.5
					Single, Clear	SE	14.0	3.4	18.0		74.09		0.39		514.9
					Single, Clear	SE	12.0	9.4	52.0		74.09		0.46		1786.3
					Single, Clear	SE	1.0	9.0	20.0		74.09		1.00		1479.9
					Single, Clear	SE	1.0	3.4	8.0		74.09		0.86		509.8
					Single, Clear	SE	1.0	8.0	14.0		74.09		1.00		1032.4
					Single, Clear	SW	1.0	4.0	6.0		68.17		0.90		367.7
					Single, Clear	SW	1.0	6.0	20.0		68.17		0.97		1318.0
					Single, Clear	SW	1.0	6.0	20.0		68.17		0.97		1318.0
					Single, Clear	SW	1.0	6.0	20.0		68.17		0.97		1318.0
					Single, Clear	SW	1.0	4.0	6.0		68.17		0.90		367.7
					Single, Clear	SW	1.0	6.0	20.0		68.17		0.97		1318.0
					Single, Clear	SW	1.0	6.0	20.0		68.17		0.97		1318.0
					Single, Clear	NE	28.0	4.0	6.0		51.65		0.46		142.2
					Single, Clear	NE	28.0	9.0	7.0		51.65		0.46		166.7
					Single, Clear	NE	34.0	11.4	18.5		51.65		0.46		438.9
					Single, Clear	NE	34.0	11.4	18.5		51.65		0.46		438.9
					Single, Clear	NE	34.0	11.4	18.5		51.65		0.46		438.9
					Single, Clear	NE	34.0	3.0	17.0		51.65		0.46		402.9
As-Built Total:									538.4						22676.0

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: Sub: SEAWALLS MDW, Plat: , , ,

PERMIT #:

BASE				AS-BUILT				
WALL TYPES	Area	X BSPM	= Points	Type	R-Value	Area	X SPM = Points	
Adjacent	0.0	0.0	0.0	Concrete, Int Insul, Exterior	4.2	748.0	2.28 1705.4	
Exterior	1945.0	2.70	5251.5	Concrete, Int Insul, Exterior	4.2	1197.0	2.28 2729.2	
Base Total:	1945.0		5251.5	As-Built Total:		1945.0	4434.6	
DOOR TYPES	Area	X BSPM	= Points	Type		Area	X SPM = Points	
Adjacent	21.0	2.60	54.6	Adjacent Wood		21.0	3.80 79.8	
Exterior	48.0	6.40	307.2	Exterior Wood		48.0	9.40 451.2	
Base Total:	69.0		361.8	As-Built Total:		69.0	531.0	
CEILING TYPES	Area	X BSPM	= Points	Type	R-Value	Area	X SPM = Points	
Under Attic	3202.0	0.80	2561.6	Under Attic	19.0	1936.0	1.50 2904.0	
				Under Attic	19.0	1266.0	1.50 1899.0	
Base Total:	3202.0		2561.6	As-Built Total:		3202.0	4803.0	
FLOOR TYPES	Area	X BSPM	= Points	Type	R-Value	Area	X SPM = Points	
Slab	236.0(p)	-20.0	-4720.0	Slab-On-Grade Edge Insulation	0.0	121.0(p)	-20.00 -2420.0	
Raised	0.0	0.00	0.0	Slab-On-Grade Edge Insulation	0.0	115.0(p)	-20.00 -2300.0	
Base Total:			-4720.0	As-Built Total:			-4720.0	
INFILTRATION	Area	X BSPM	= Points			Area	X SPM = Points	
	3202.0	18.79	60165.6			3202.0	18.79 60165.6	
Summer Base Points: 94284.4				Summer As-Built Points: 87890.2				
Total Summer Points	X System Multiplier	= Cooling Points		Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier	X Credit Multiplier = Cooling Points
				87890.2	0.608	1.043	0.310	1.000 17291.1
				87890.2	0.392	1.043	0.310	1.000 11126.4
94284.4	0.3560	33565.2		87890.2	1.00	1.043	0.310	1.000 28417.5

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: Sub: SEAWALLS MDW, Plat: , , ,	PERMIT #:
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BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BWPM = Points Floor Area				Type/SC	Ornt	Overhang Len Hgt		Area X WPM X WOF =	Points		
.18	3202.0	2.02	1166.8	Single, Clear	NW	9.0	7.0	9.5	4.88	0.97	44.9
				Single, Clear	NW	9.0	7.0	9.5	4.88	0.97	44.9
				Single, Clear	NW	9.0	10.0	10.0	4.88	0.97	47.5
				Single, Clear	NW	9.0	10.0	3.0	4.88	0.97	14.4
				Single, Clear	NW	17.0	12.0	14.0	4.88	0.96	65.9
				Single, Clear	NW	17.0	12.0	14.0	4.88	0.96	65.9
				Single, Clear	NW	9.0	10.0	3.0	4.88	0.97	14.4
				Single, Clear	NW	9.0	7.0	10.0	4.88	0.97	47.2
				Single, Clear	NW	9.0	7.0	9.5	4.88	0.97	44.9
				Single, Clear	NW	9.0	7.0	9.5	4.88	0.97	44.9
				Single, Clear	NW	1.0	9.0	20.0	4.88	1.00	97.4
				Single, Clear	SE	9.0	9.0	7.0	3.29	1.27	29.4
				Single, Clear	SE	8.0	9.0	10.0	3.29	1.23	40.5
				Single, Clear	SE	9.0	9.0	7.0	3.29	1.27	29.4
				Single, Clear	SE	11.0	12.0	18.5	3.29	1.24	75.6
				Single, Clear	SE	11.0	12.0	18.5	3.29	1.24	75.6
				Single, Clear	SE	11.0	11.4	18.5	3.29	1.26	76.6
				Single, Clear	SE	11.0	11.4	18.5	3.29	1.26	76.6
				Single, Clear	SE	11.0	11.4	18.5	3.29	1.26	76.6
				Single, Clear	SE	14.0	3.4	18.0	3.29	1.65	97.6
				Single, Clear	SE	12.0	9.4	52.0	3.29	1.36	232.2
				Single, Clear	SE	1.0	9.0	20.0	3.29	1.02	66.8
				Single, Clear	SE	1.0	3.4	8.0	3.29	1.05	27.7
				Single, Clear	SE	1.0	8.0	14.0	3.29	1.02	46.9
				Single, Clear	SW	1.0	4.0	6.0	4.09	1.01	24.8
				Single, Clear	SW	1.0	6.0	20.0	4.09	1.00	82.0
				Single, Clear	SW	1.0	6.0	20.0	4.09	1.00	82.0
				Single, Clear	SW	1.0	6.0	20.0	4.09	1.00	82.0
				Single, Clear	SW	1.0	4.0	6.0	4.09	1.01	24.8
				Single, Clear	SW	1.0	6.0	20.0	4.09	1.00	82.0
				Single, Clear	SW	1.0	6.0	20.0	4.09	1.00	82.0
				Single, Clear	NE	28.0	4.0	6.0	4.71	0.97	27.4
				Single, Clear	NE	28.0	9.0	7.0	4.71	0.97	32.1
				Single, Clear	NE	34.0	11.4	18.5	4.71	0.97	84.5
				Single, Clear	NE	34.0	11.4	18.5	4.71	0.97	84.5
				Single, Clear	NE	34.0	11.4	18.5	4.71	0.97	84.5
				Single, Clear	NE	34.0	3.0	17.0	4.71	0.97	77.6
				As-Built Total:				538.4			2333.9

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 6 Sub: SEAWALLS MDW, Plat: , , ,	PERMIT #:
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BASE				AS-BUILT					
WALL TYPES	Area X BWPM = Points			Type	R-Value	Area X WPM = Points			
Adjacent	0.0	0.0	0.0	Concrete, Int Insul, Exterior	4.2	748.0	1.02	763.0	
Exterior	1945.0	0.60	1167.0	Concrete, Int Insul, Exterior	4.2	1197.0	1.02	1220.9	
Base Total:	1945.0		1167.0	As-Built Total:		1945.0		1983.9	
DOOR TYPES	Area X BWPM = Points			Type		Area X WPM = Points			
Adjacent	21.0	1.30	27.3	Adjacent Wood		21.0	1.90	39.9	
Exterior	48.0	1.80	86.4	Exterior Wood		48.0	2.80	134.4	
Base Total:	69.0		113.7	As-Built Total:		69.0		174.3	
CEILING TYPES	Area X BWPM = Points			Type	R-Value	Area X WPM = Points			
Under Attic	3202.0	0.10	320.2	Under Attic	19.0	1936.0	0.30	580.8	
				Under Attic	19.0	1266.0	0.30	379.8	
Base Total:	3202.0		320.2	As-Built Total:		3202.0		960.6	
FLOOR TYPES	Area X BWPM = Points			Type	R-Value	Area X WPM = Points			
Slab	236.0(p)	-2.1	-495.6	Slab-On-Grade Edge Insulation	0.0	121.0(p)	-2.10	-254.1	
Raised	0.0	0.00	0.0	Slab-On-Grade Edge Insulation	0.0	115.0(p)	-2.10	-241.5	
Base Total:			-495.6	As-Built Total:				-495.6	
INFILTRATION	Area X BWPM = Points					Area X WPM = Points			
	3202.0	-0.06	-192.1			3202.0	-0.06	-192.1	
Winter Base Points: 2080.0				Winter As-Built Points: 4765.0					
Total Winter X Points	System Multiplier	=	Heating Points	Total X Component	Cap X Ratio	Duct X Multiplier	System X Multiplier	Credit X Multiplier	= Heating Points
				4765.0	0.583	1.090	1.000	1.000	3027.5
				4765.0	0.417	1.090	1.000	1.000	2166.4
2080.0	1.0900		2267.2	4765.0	1.00	1.090	1.000	1.000	5193.8

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 6, Sub: SEAWALLS MDW, Plat: , , ,	PERMIT #:
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BASE				AS-BUILT										
WATER HEATING				Tank	EF	Number of	X	Tank	X	Multiplier	X	Credit	=	Total
Number of	X	Multiplier	=	Volume		Bedrooms		Ratio				Multiplier		
Bedrooms														
4		2370.00	=	65.0	0.88	4		1.00		2369.00		1.00	=	9476.0
													As-Built Total:	9476.0

CODE COMPLIANCE STATUS							
BASE				AS-BUILT			
Cooling	+	Heating	+	Hot Water	=	Total	
Points		Points		Points		Points	
33565.2		2267.2		9480.0		45312.4	
28417.5		5193.8		9476.0		43087.4	

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: Sub: SEAWALLS MDW, Plat: , , ,

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* = 84.7

The higher the score, the more efficient the home.

FOGLIA LOT 6 SEAWALL'S MEADOWS, Lot: 6, Sub: SEAWALLS MDW, Plat: . . .

<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) 3202 ft² <input type="checkbox"/></p> <p>7. Glass area & type _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Clear - single pane 538.4 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Clear - double pane 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Tint/other SC/SHGC - single pane 0.0 ft² <input type="checkbox"/></p> <p style="margin-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="margin-left: 20px;">a. Slab-On-Grade Edge Insulation R=0.0, 121.0(p) ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Slab-On-Grade Edge Insulation R=0.0, 115.0(p) ft <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A _____ <input type="checkbox"/></p> <p>9. Wall types _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Concrete, Int Insul, Exterior R=4.2, 748.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Concrete, Int Insul, Exterior R=4.2, 1197.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A _____ <input type="checkbox"/></p> <p>10. Ceiling types _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Under Attic R=19.0, 1936.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Under Attic R=19.0, 1266.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A _____ <input type="checkbox"/></p> <p>11. Ducts _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Garage Sup. R=6.0, 75.0 ft <input type="checkbox"/></p> <p style="margin-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="margin-left: 20px;">a. Central Unit Cap: 46000.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 11.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Central Unit Cap: 29600.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 11.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A _____ <input type="checkbox"/></p> <p>13. Heating systems _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Strip Cap: 33.4 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Strip Cap: 23.9 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A _____ <input type="checkbox"/></p> <p>14. Hot water systems _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Resistance Cap: 65.0 gallons <input type="checkbox"/></p> <p style="margin-left: 40px;">EF: 0.88 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits _____ <input type="checkbox"/></p> <p style="margin-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">(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>
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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.*

MANUAL J RESIDENTIAL - HEAT LOAD CALCULATION

SOURCE: Air Conditioning and Refrigeration Institute (C) 1979 by Prentice-Hall, Inc., Englewood Cliffs. N.J., Prepared by Douglas S. Lindstrom (954) 420-5300, Master Mechanical Broward CMC-616, State of Florida CAC056703.

(PRESCRIPTIONS)

GEOGRAPHICAL LOCATION: Florida Fort Lauderdale

North Latitude / Elevation	26 Deg. / 13 Ft. Above Sea Level
Outdoor Winter Dry Bulb	46 Deg. F
Indoor Winter Dry Bulb	70 Deg. F
Winter (Actual) Temp.Diff.	24 Deg. F
Winter Temp. Diff. (wTd)	25 Deg. F
Outdoor Summer Dry Bulb	91 Deg. F
Outdoor Summer Wet Bulb	78 Deg. F
Outdoor Summer Humidity Ratio	126
Indoor Summer Relative Humidity	50%
Indoor Summer Design Grains / Lb.	60
Indoor Summer Dry Bulb	78 Deg. F
Indoor Summer Wet Bulb	64.9 Deg. F @ 72 Gr/Lb
Summer Daily Range	15 Deg. F - L
Summer (Actual) Temp.Diff.	13 Deg. F
Summer (User Sel) Temp.Diff. (sTd)	15 Deg. F

ZONE 1 ZONE 2 ZONE 3

	AREA	HTM	BTU	AREA	HTM	BTU	AREA	HTM	BTU
GROSS WALL (R-)									
WINDOWS N									
AND GLASS NE & NW	87	50	4350	114	60	6840			
SLIDING E & W									
DOORS SE & SW	254	60	15240	68	70	4760			
(CLR) (TNT) S									
DOORS	69	10	690	21	10	210			
NET EXP. WALLS	748	2.5	1870	1197	2.5	2993			
CEILING (R-)	1936	1.5	2904	1266	1.5	1899			
FLOORS	121	-	-	115	-	-			
PEOPLE & APPLIANCES (3600)			1944			1656			
SENSIBLE BTU SUBTOTAL			26998			18358			
DUCT GAIN			2699			1835			
TOTAL SENSIBLE			29697			20193			
LATENT 25%			7424			5048			

4 Ton 2 1/2 Ton

L I N D S T R O M A I R C O N D I T I O N I N G , I N C .

6601 LYONS ROAD, SUITE D-8, COCONUT CREEK, FL. 33073

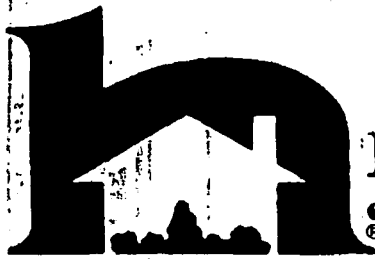
NAME: Foglia Lot Seawalls Meadows

ADDRESS: _____

CITY: _____

OWNER: _____

BUILDER: _____



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Ft. Myers 479-5289		

1959 W. 9th Street • Riviera Beach, Florida 33404
1-800-285-PEST

CERTIFICATION OF PREVENTIVE SUBTERRANEAN TERMITE SOIL TREATMENT (SLAB-PRETREATMENT)

Owner _____ Acct. # _____
 Lot 13 Block _____ Bldg.# _____
 Sub-Division _____
 Street Address _____
 City STUART _____
 General Contractor FOG... A CUSTOM HOMES
 Sub Contractor _____

	LIN. FOOTAGE	SQ. FOOTAGE	DATE
Main <u>XX</u>		<u>4,347</u>	<u>11/02/99</u>
Garage <u>XX</u>			
Porches <u>N/A</u>			
Pool Patio <u>N/A</u>			
Material Used <u>PREMISE 73</u>			
Comments <u>ACCOUNT# 3549150</u>			

PARTIAL

DEPARTMENT OF AGRICULTURE — BUREAU OF ENTOMOLOGY — RULE 5E 14.105 (3) F.A.C.

CERTIFICATION Signed _____

Timothy M. Hullett

A copy of this form must be obtained by the builder at completion and filed with the Building Department before a Certificate of Occupancy can be Issued.

RECEIVED
 JAN 13 2000
 BY: *[Signature]*

*110 HENRY STREET
 PN 4673*



Radio Dispatched

"24-Hour Service"

W.P.B.-Jupiter 844-8444	Boca-Delray 391-1144	Ft. Lauderdale 462-0221
Vero Beach 569-9000	Stuart 286-7752	Naples 659-0303
		Ft. Myers 479-5289

1959 W. 9th Street • Riviera Beach, Florida 33404

1-800-285-PEST

CERTIFICATION OF PREVENTIVE SUBTERRANEAN TERMITE SOIL TREATMENT (SLAB-PRETREATMENT)

FINAL

Owner _____
 Lot 13 Block _____
 Sub-Division SEWALL'S POINT
 Street Address 110 HENRY SEWALL WAY
 City STUART, FL 34996
 General Contractor FOGLIA CUSTOM HOMES
 Sub Contractor _____

		LIN. FOOTAGE	SQ. FOOTAGE	DATE
Main	XX		4,347	11/02/99
Garage	XX PATIO/ENTRY		200	04/18/00
Porches	PERIMETER		4,347	04/18/00
Pool Patio	N/A			
Material Used	PREMISE 75			
Comments	ACCOUNT# 3549150			

DEPARTMENT OF AGRICULTURE — BUREAU OF ENTOMOLOGY — RULE 5E 14.105 (3) F.A.C.

CERTIFICATION Signed _____

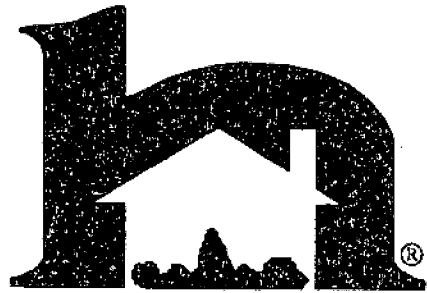
Timothy M. Hullett

A copy of this form must be obtained by the builder at completion and filed with the Building Department before a Certificate of Occupancy can be issued.

Soil Treatment

Property Treated 110 HENRY SEWALL WAY
City STUART
Lot# 13 Block _____
Subdivision SEWALL'S MEADOW
Technician ROCK
Date Treated 11/2
Product used for treatment DURSBAN IV
Comments underslab sprayed

ROCK
11/5/08



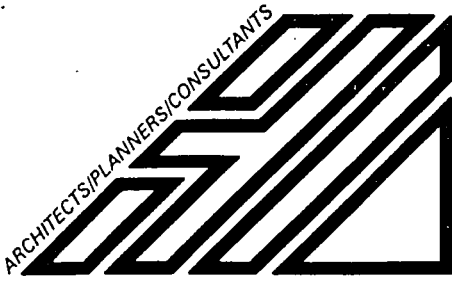
HULETT
environmental
services

1-800-285-7378

- ◆ Pest Control
- ◆ Lawn Spraying
- ◆ Termite Control

TERMITE PROOFED

"The Leader in Pest Prevention"



HOMES BY ARCHITECNIC, INC.

MEMORANDUM

DATE November 3, 1999

TO Martin County Building Department

FROM T.Ray Patterson, Architect

RE Foglia Custom Homes
Lot 13, Block -, Subdivision SEWALL MEADOW
Address: 110 HENRY SEWALL WAY ←
Permit # 4673

SUBJECT: Beam and Column

*revd
12/15/99
map - in compliance*

8 x 16 Concrete Beam labeled B12 shall have continuous closed stirrups @ 6" T.O. (throughout)

8 x 14 Concrete Beam labeled B11 shall have continuous closed stirrups @ 6" T.O.

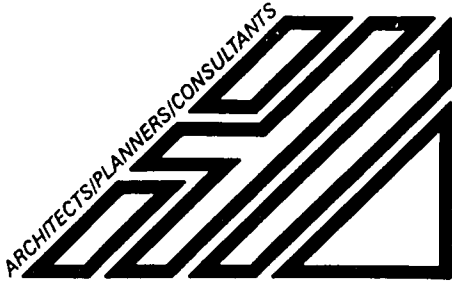
8 x 16 Concrete column shall have #3 ties @ 8" c/c.

Submitted by:



T.Ray Patterson
Architect of Record

98/moi/foglialetters



HOMES BY ARCHITECNIC, INC.

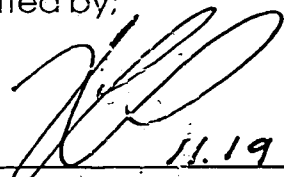
MEMORANDUM

DATE November 19, 1999
TO Martin County Building Department
FROM T.Ray Patterson, Architect
RE Foglia Custom Homes
Lot 13 , Subdivision Sewalls Meadow
Address: 110 Henry Sewalls Way ~~5~~
Permit #4673
SUBJECT: Garage Beam

*Lead
12/15/99
imp. in
compliance*

Please be advised that the 8 x 20 bond beam shall be replaced with an 8 x 14 concrete poured beam. The 16' span garage door shall contain (2) #5's top and (2) #6's bottom and (10) #3 stirrups at 6" c/c, each end. The 8' span garage door shall contain (2) #5's top and (2) #5's bottom and #3 stirrups at 6" c/c continuous throughout.

Submitted by:



11.19.99

T. Ray Patterson
Architect of Record

98/mol/foglicl:ers



gale
insulation
and specialties
a MASCO Company

Mirrors • Shelving
Shower Enclosures

CERTIFICATION OF INSULATION

R- 11 INSULATION INSTALLED IN GARAGE COMMON WALL

R- 4.2 INSULATION INSTALLED ON EXTERIOR WALLS

R- 19 INSULATION INSTALLED IN CEILING AREAS

LEGAL: Lot 13 Block _____ Sub-Div SEWALLS MEADOW

PERMIT #: 4673

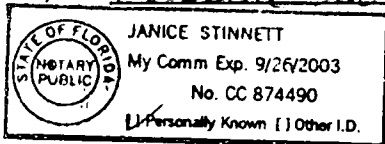
ADDRESS: 110 HENRY SEWALL WAY

BUILDER: FOGLIA CONSTRUCTION

DATE OF COMPLETION: 3/30/00


Russell G Sobczak
ATTESTED BY

STATE OF FLORIDA, COUNTY OF ST. LUCIE, THE FOREGOING INSTRUMENT WAS
ACKNOWLEDGED BEFORE ME THIS 16th DAY OF June,
2000, BY Russell Sobczak, WHO IS PERSONALLY KNOWN TO ME.



Janice Stinnett
NOTARY PUBLIC: STATE OF FLORIDA

STATEMENT OF INSPECTION

RECEIVED
JUL - 7 2000
BY: 

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

OWNER: FOGLIA CONTRACTING; **ADDRESS:** 7428 WILES RD C.S. FL

PROJECT ADDRESS: 110 Henry Sewall way; **LEGAL DESCRIPTION:** Lot 13 Blk _____ Sub Sewall's Meadow

GENERAL CONTRACTOR: FOGLIA CONTRACTING; **Lic/CERT No.** CGC 039434

ADDRESS: 7428 WILES RD C.S.; **TEL:** 954 755-8808; **FAX:** 311-5120

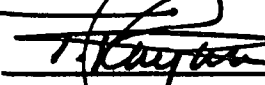
ARCHITECT OR ENGINEER: Homes By ARCHITECTURE; **Lic/Reg No.** _____

ADDRESS: 7430 WILES RD. C.S.; **TEL:** 755-0690; **FAX:** _____

PERMIT No: #4673; **DATE OF ISSUE:** _____; **DATE OF THIS STATEMENT:** _____

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


- 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.
- 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.
- 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 BOWARD, this 6 day of July, 2000.
NAME: I. RAY PATTERSON; **SIGNATURE:** ; **Lic. No.:** 11617

STATE OF FLORIDA
 COUNTY OF BOWARD

Sworn to and subscribed before me this 6 day of July, by I. RAY PATTERSON, who is personally known to me or who has produced _____ as identification and who did not take an oath.

(NOTARY SEAL)


JOSEPH M. FOGLIA
Name _____ MY COMMISSION # <u>0080255</u>
EXPIRES: 02/28/2003
I am a Notary Public of the State of Florida and my Commission expires _____
Fla. Notary Services & Bonding Co.

LOD (Points)	0%	\$0.00	\$0.00	\$0.00
15YR FXD	P&I	\$4,195.51	\$3,729.23	\$3,496.09
8.625%	TAXES	\$587.38	\$587.38	\$587.38
APR 8.803	INS	\$317.18	\$281.93	\$264.30
	PMI	\$219.90	\$0.00	\$0.00
180 mo. payments of	PITI	\$5,319.96	\$4,598.53	\$4,347.77
LOD (Points)	0%	\$0.00	\$0.00	\$0.00

10/1 ARM	P&I	\$3,289.27	\$2,923.71	\$2,740.93
8.625%	TAXES	\$587.38	\$587.38	\$587.38
APR 8.938	INS	\$317.18	\$281.93	\$264.30
30 YR Term	PMI	\$219.90	\$0.00	\$0.00
360 mo. payments of	PITI	\$4,413.72	\$3,793.01	\$3,592.61
LOD (Points)	0%	\$0.00	\$0.00	\$0.00

1/1 ARM	P&I	\$2,603.87	\$2,314.48	\$2,169.79
6.250%	TAXES	\$587.38	\$587.38	\$587.38
APR 8.559	INS	\$317.18	\$281.93	\$264.30
30 YR Term	PMI	\$219.90	\$0.00	\$0.00
360 mo. payments of	PITI	\$3,728.32	\$3,183.78	\$3,021.46
LOD (Points)	0%	\$0.00	\$0.00	\$0.00

DEPOSIT	\$47,000	\$94,000	\$117,500
APPR. CLOSIN COSTS -EST	\$4,313	\$4,054	\$3,925
APPR. PREP ITEMS	\$9,330	\$8,489	\$8,069
APPR. TOTAL CASH	\$60,643	\$106,544	\$129,494

*APR is subject to increase during loan term.
Interest rates and annual percentage rates (APRs) subject to change without notice

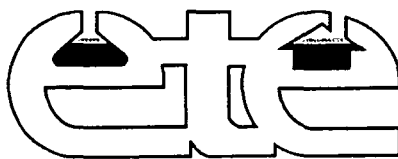
COMPLIMENTS OF:
N. JANE NELSON
ASSISTANT VP CONSTRUCTION SPECIALIST
Phone # 561-999-9704
MOBIL # 561-301-9722

REALTOR:
KATHI LUNDSTROM
SEWALL'S POINT REAL ESTATE GROUP, INC.
Phone # 561-211-1118
VOICE MAIL 561-223-7408

This information is to be provided exclusively to real estate professionals and is not intended for public use or distribution. This is not an advertisement to extend consumer credit as defined in Regulation Z, 226.2. The mortgage information above does not represent an offer to enter into a loan agreement with Fidelity Federal Bank & Trust and should not be relied upon in determining whether your customer qualifies. All products are subject to availability of funds, as well as buyer and property qualification.
Adjustable Rate Mortgage (ARM) rates shown are initial interest rates and may change during the loan term. Rates, terms and fees shown subject to change without notice. Certain limitations may apply.

5/19/2000

10 PERCENT DOWN ON A CASE BY CASE ONLY (OVER \$400k)



B.P. #4673

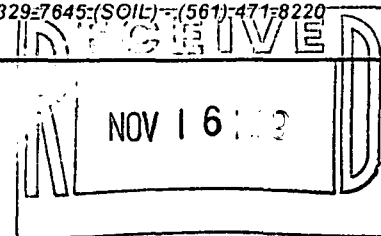
EASTCOAST TESTING & ENGINEERING, INC.

4100 North Powerline Rd. - Suite G-1
Pompano Beach, Florida 33073
Broward (954) 972-7645 (SOIL) - Dade (305) 947-4768

4361 Okeechobee Blvd. - Suite A-5
West Palm Beach, Florida 33409
(800) 329-7645-(SOIL)-(561)-471-8220

Facsimile No (954) 971-8872

ESTABLISHED 1981 FIELD DENSITY TEST



LABORATORY NUMBER: 995091-B CUSTOMER #: _____
 CLIENT FAX NUMBER: _____ PO NUMBER: _____
 CLIENT: FOGLIA CONSTRUCTION
 PROJECT: LOT 13 SEWALLS MEADOW STUART
 CONTRACTOR: FOGLIA CONSTRUCTION
 SOIL DESCRIPTION: DARK BROWN FINE MEDIUM GRAINED SAND TRACE OF LIMEROCK & SILT
 PERFORMED BY: C.SMITH ON: 10-29-99
 REPORTED TO: 2 - CLIENT ON: 11-3-99

PROCTOR VALUE: PCF:	105.9	OPTIMUM MOISTURE %	12.9	LAB #	995091
PROCTOR VALUE #2 - PCF:		OPTIMUM MOISTURE %		LAB #	

RESULTS OF TESTS:

TEST #	LIFT #	TEST LOCATIONS	PROBE INCHES	MOISTURE PERCENT	DRY DENSITY PCF	% FIELD COMPACTION	PERCENT REQUIRED
1	FINAL D	LOT 13 NE CORNER OF PAD	12	10.3	105.4	99.5	99
2	FINAL D	LOT 13 CENTER OF PAD	12	10.7	104.5	96.7	96
3	FINAL D	LOT 13 PROPOSED GARAGE	12	11.2	105.7	99.8	99
4	FINAL D	LOT 13 SE CORNER OF PAD	12	9.6	104.2	98.4	98
5	FINAL D	LOT 13 SW CORNER OF PAD	12	8.1	104.8	99.0	98
6						0.0	
7						0.0	
8						0.0	
9						0.0	
10						0.0	
11						0.0	
12						0.0	
13						0.0	
14						0.0	
15						0.0	

CONCLUSION: THE ABOVE TEST RESULTS DO COMPLY WITH PROJECT SPECIFICATIONS UNLESS NOTED *

A: BACKFILL B: SUBGRADE C: BASE COURSE D: PAD FILL E: OTHER

NOTE: STANDARDS FOR METHOD OF TEST: ASTM D2922

TEST RESULTS INDICATE THE TOTAL DEPTH BELOW EXISTING GRADE AT PROBE DEPTH ONLY AND DO REFLECT THE SOILS BEARING CAPACITY FOR FOUNDATION DESIGN/CERTIFICATION AS STANDARD PENETRATION TEST BORINGS WOULD DETERMINE.

RESPECTFULLY SUBMITTED,
EASTCOAST TESTING & ENGINEERING, INC.,

CRAIG S. SMITH, PRESIDENT

D MARK LEBLANC, V.P., P.E.
STATE OF FLORIDA #35683

FOGLIA Custom Homes
110 HENRY SEWALL WAY
Lot #13 PACIFIC ROP

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1583
(305) 375-2907
FAX (305) 375-2508

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Elite Roof Tile Corporation
1201 Northwest 18th Street
Pompano Beach, FL 33069

CC/IOS ON FILE
NO SEPARATE SUB PERMIT

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

Your application for Product Approval of:

Elite Roof Tile Mechanically Attached, Mortar Set or Adhesive Set "Skandia" 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 Department to be used in Dade County, Florida under the specific conditions set forth on pages 2 through 17 and the standard conditions set forth on page 18.

The 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 for 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 applicant shall re-evaluate this product or material should any amendments to the South Florida Building Code be enacted affecting this product or material. 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. **95-0630.05**
Expires: **12/16/00**

Renews No. **95-0630.05**

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.

TRUE COPY
110 HENRY SEWALL WAY
Eq. 1/31/00

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

Approved: **12/16/97**

MASTER PN 4673



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

Binnings Pan American
2805 N.E. 185 St.
Miami FL 33163

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 PA-9, Models A, B, and C Aluminum Sliding Glass 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 Drawing No. PA-09-DC, Sheets 1 thru 6 of 6. (This NOA renews NOA No. 95-0831.01.)

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.: 98-1110.06

Expires: 11/16/01

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: 12/03/98





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

Madden Manufacturing
1889 NW 22nd Street
Pompano Beach FL 33069

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:

20 Ga. Galvanized Steel 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 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.: 98-1110.05

Expires: 05/01/2003

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.

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

Approved: 06/16/1999

1 of 3





MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1605
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Alcoa Building Products, Inc.
2600 Campbell Road
Sidney OH 454635

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:

Exterior Cladding manufactured from PVC Materials

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.: 99-0305.02 (Revises No.: 95-0111.08)

Expires: 04/25/2002

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.

Francisco J. Quintana, R.A.
Director

Miami-Dade County
Building Code Compliance Office

Approved: 05/13/1999

1 of 3



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

PRODUCT CONTROL DIVISION
(305) 375-2902
FAX (305) 372-6399

PRODUCT CONTROL NOTICE OF ACCEPTANCE

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

Your application for Product Approval of:
"5-V Crimp" Metal Roofing Panels
under Chapter 8 of the Miami-Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: Construction Research Laboratory, Inc. and Hurricane Test Laboratory, Inc. has been recommended for acceptance by the Building Code Compliance Office to be used in Dade County, Florida under the specific conditions set forth on pages 2-4 and the standard conditions on page 5.

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


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

ACCEPTANCE NO.: 98-0429.09 Renews & Revises: 97-0404.05
EXPIRES: 06/23/01


Paul Rodriguez
Product Control Supervisor

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

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


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

APPROVED: 06/23/98

1





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


Binnings Pan American
2805 N.E. 185 St.
Miami FL 33163

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

Your application for Product Approval of:
Series PA-14 Aluminum Single Hung Window
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 Drawing No. PA-14DC-01, Sheets 1 thru 8 of 8.*
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.

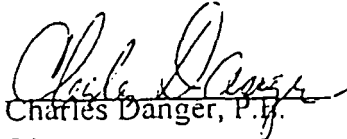
Acceptance No.: 97-1027.09 (Revises No.: 96-0220.01)
Expires: 07/09/01


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: 07/09/98





METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Designer Windows of Palm Beaches
6451 E. Rogers Cir.
Boca Raton FL 33487

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

Your application for Product Approval of:

72" x 72" Rectangular Aluminum Fixed Window

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 Drawing No. W97-001, Sheet 1 of 1.

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.: 97-0723.04

Expires: 04/09/01

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.

Reviewed
[Signature]
5.18.99

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

Approved: 04/09/98

-1-





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

T.M. Window & Door Co.
601 N.W. 12th Ave.
Pompano Beach FL 33069

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 200 Outswing Aluminum French Door w/Sidelites(Heavy Duty Reinforced)

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.: 99-0524.05

Expires: 06/30/2000

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.

Francisco J. Quintana, R.A.
Director

Miami-Dade County
Building Code Compliance Office

Approved: 07/15/1999

1 of 3





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

Vinyl Tech/Progressive Glass Technology
1070 Technology Drive
Nokomis FL 34275

CONTRACTOR LICENSING SECTION
(305) 375-2327 FAX (305) 375-2328

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

PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 372-4339

Your application for Product Approval of:
SWD-101 Outswing Aluminum French Door

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

This 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.: 99-0128.01 (Revises No.: 98-0506.02)

Expires: 11/22/2001

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 Dade County, Florida under the conditions set forth above.

Francisco J. Quintana, R.A.

Director

Miami-Dade County
Building Code Compliance Office

Approved: 02/18/1999

1 of 3



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) 372-6339

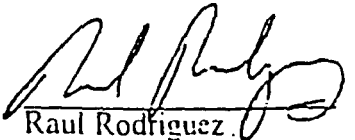
Your application for Product Approval of:
Sectional Residential Garage Door
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted b

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.: 98-0901.10 (Revises No.: 98-0409.03)

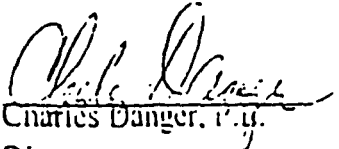
Expires: 08/14/01


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 D:
Metropolitan Dade County

Approved: 10/22/98

ENERGY PERFORMANCE LEVEL DISCLOSURE

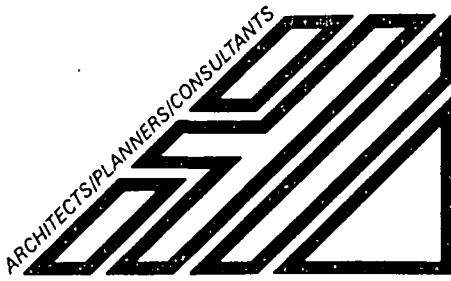
Seller hereby advises Buyer, as required by the rules of the Federal Trade Commission, that it has installed in the home the insulation disclosed below. The R-value and other information shown below is based solely on the information given by the appropriate manufacturer (based on the thickness listed) and Buyer agrees that Seller is not responsible for manufacturer's errors or omissions.

This energy performance display is in accordance with Section 553.9085 of the Florida statutes.

TYPE	MINIMUM THICKNESS	MINIMUM R-VALUE	LOCATION
<u>ALFOIL</u>	<u> </u>	<u>R-14.2</u>	<u>EXTERIOR WALLS</u>
<u>BATT</u>	<u>8"</u>	<u>R-19</u>	<u>CEILING</u>
<u>BLOWN</u>	<u>8"</u>	<u>R-19</u>	<u>CEILING</u>
<u>BATT</u>	<u>6"</u>	<u>R-11</u>	<u>GARAGE SEPARATION</u>

Property Address: 110 HENRY SEWALL'S WAY
SEWALL'S POINT, FL

FOLLIA CONSTRUCTION CORP
Signed: [Signature]
Lic. #: CGCA12495
Date:



HOMES BY ARCHITECNIC, INC.

MEMORANDUM

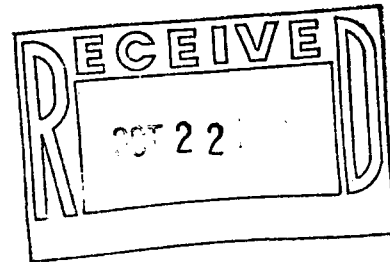
DATE October 4, 1999

TO Martin County Building Department

FROM T.Ray Patterson, Architect

RE Foglia Custom Homes
 Lot 13, Block —, Subdivision SEWALLS MEADOW
 Address: ~~110 HENRY SEWALL WAY~~

SUBJECT: Slab Reinforcing



Plases be advised that this office does not object to the substitution of the Fibermix Stealth Product for the 6 x6 10/10 W.W.F. as specified on the original construction documents.

Submitted by:


 10-4-99
 T.Ray Patterson
 Architect of Record

TRP/mjd\98\logico111.tr

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

FAX TRANSMITTAL 1 PAGES

TO: FOGLIA (954) 341-5120

FROM: ARNOLD (561) 220-4765

8/8/99

PLAN REVIEW NOTES

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

OWNER: FOGLIA CONTRACTING; ADDRESS: 7428 WILES ROAD, CORAL SPRINGS

PROJECT ADDRESS: 110 HENRY SEWALL WAY; LEGAL: LOT 13 BLK SUB SEWALL'S MEADOW

GENERAL CONTRACTOR: FOGLIA CONTRACTING CORP.; LIC/CERT NO. CGC 038434

ADDRESS: 7428 WILES ROAD, CORAL SPRINGS; TEL 755-8808; FAX 341-5120

ARCHITECT OR ENGINEER: T. RAY PATTERSON; LIC/REG. NO. 0011617

ADDRESS: 7430 WILES ROAD, CORAL SPRINGS; TEL 755-0690; FAX 755-8801

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. SITE PLAN SURVEY TO BE REVISED & RESUBMITTED AT SUFFICIENT SCALE (MINIMUM 1" = 20') TO SHOW REQUIRED INFORMATION.

A. LOCATIONS & DIMENSIONS OF ALL SETBACKS & EASEMENTS REQUIRED BY TOWN CODE.

NOTE: MUST ESTABLISH SOUTH OR WEST P.L. AS "REAR" = 25' REQ. SETBACK.

B. SIZES & LOCATIONS OF ALL BLDGS & STRUCTURES, AND IMPERMEABLE AREAS, RELATIVE TO ALL FOUR (4) LOT LINES AS WELL AS THE ELEVATIONS OF BUILDING.

NOTE: MIN. FIN. FL. ELEV. = 9' NGVD = MAXIMUM PER TOWN CODE.

C. TOPOGRAPHIC SURVEY DATA INDICATING GRADE CHANGES PROPOSED FOR THE SITE, AND DRAINAGE DETAILS IN COMPLIANCE W/ SUBDIVISION DRAINAGE PLAN.

D. AREA CALCULATIONS: LOT, BLDG., TOTAL IMPERMEABLE & % PERM/IMPERM.

E. IDENTIFICATION/DESCRIPTION TABULATION OF TREES REMAIN/REMOVE/RELOCATE.

2. PROVIDE DETAILS OF GARAGE A/C CLG MOUNT - W/ REQ. 1 HR. SEPARATION.

3. SUBMIT REQUIRED MECHANICAL PLANS FOR REVIEW & APPROVAL PRIOR TO 1st MANDATORY INSPECTION

4. SUBMIT RECORDED WARRANTY DEED & NOTICE OF COMMENCEMENT.

Prepared By: EDWIN B. ARNOLD Title: BLDG. OFFICIAL Date: 8/7/99



FLORIDA QUALITY TRUSS

TEL: (954) 975-3384
FAX: (954) 978-8980
3120 N.W. 16TH TERRACE
POMPAÑO BEACH, FL. 33064

CUSTOMER FOGLIA CUSTOM HOMES

JOB # 99310

PROJECT _____

MODEL CAPTIVA

LOT 13

BLOCK _____

FLORIDA QUALITY TRUSS INC.

Customer: FOGALIA
 Project: LOT 13
 99310
 Truss III

50	C3C
29	C1C
28	F82
27	F81
26	H37
25	H25
24	T10 T11
23	T13, T14
22	LOT 2
21	J7
20	BT1
19	T7
18	T6
17	T5
16	T4
15	T3
14	T2
13	AT5
12	AT4
11	AT3
10	AT2
9	HT1
8	AT1
7	T1
6	FH1
5	J6
4	C5
3	C3
2	C1
1	H56

51	C5C
52	MV2
53	MV4
54	MV6T
55	F88
56	MV6
57	MV8
58	MV10
59	FHT
60	T15
61	T16
62	T17
63	T18
64	T19
65	T20
66	T21
67	T22, T23
68	PA1
69	T24
70	PA2
71	T24A
72	T28
73	T29
74	T30
75	T31, T31
76	T33
77	PA3
78	T35 T34
79	T36
80	T37
81	T38
82	T39
83	H35
84	H35C
85	J4C
86	J4A

67	J1
68	H1A
69	#2
70	F54
71	T53
72	T52
73	T51
74	T50
75	F83
76	BT4
77	S3
78	H5A
79	J4M
80	H14
81	M81
82	S2
83	S1
84	M82
85	J5
86	J5B
87	S9
88	S8
89	S7
90	S6
91	F85
92	S5A
93	S5
94	M71
95	
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HUGHES
MANUFACTURING, INC.

Wood To Wood

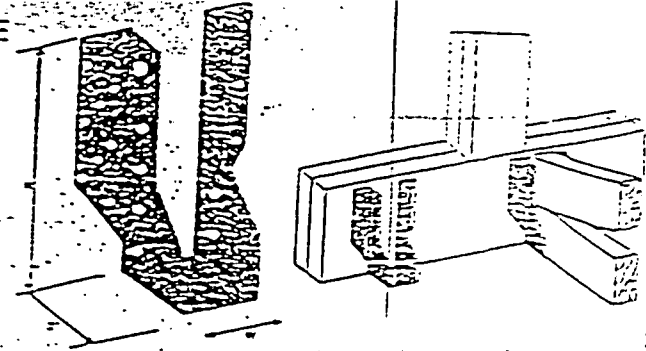
TRUSS/JOIST HANGERS, TUH - TYPE

- Featuring Load Share Fastening System
- Develops full Truss/Joist capacity
- 16 gauge Galvanized Steel
- Engineered and Tested

Load Share Fastening System



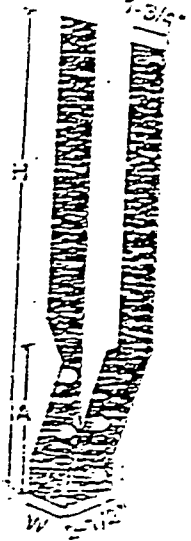
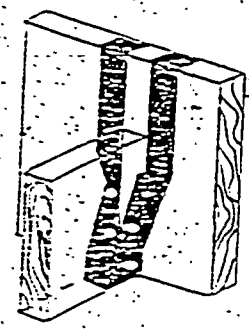
Load Share Fastening System allows for engineer "Load Share" testing. Four corner points distribute double the bearing load to the connector. Conventional connectors transfer the full load to a single point.



Product Code	Joist Size	Dimensions		Qty/Box	Fasteners			Design Loads (lbs)			
		W	H		Anchor Bolt	Truss	Joist	Normal 100%	Snow 100%	Roof 100%	Uplift
TUH 25	2x6	1-9/16"	5-5/16"	50	7/8"	1/2"	1/2"	2500	3500	3500	2500

JOIST/TRUSS HANGERS, ADJUSTABLE

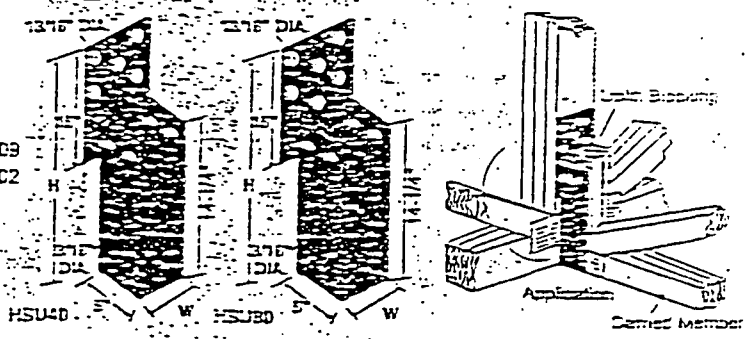
- Extra long straps allow maximum number of nails for maximum strength
- Can be field formed for top flange hanger convenience
- A few sizes satisfies all your hanger requirements
- No bolts required
- A full 2-1/2" seat bearing depth
- Galvanized steel
- SBCCI PST & ESI No. 94729
- Dade County Approval No. 95-1023.C2



Product Code	Gauge	Qty/Box	Wgt/Box	Dimensions			Fasteners			Design Loads (lbs)	
				W	H	A	Hanger	Joist	Normal	Uplift	
JHA 413	18 ga	50	40	3-5/8"	12-1/4"	4-3/4"	15-1/2"	6-10d	2440	E20	
JHA 418	16 ga	30	41	3-5/8"	12-1/4"	4-3/4"	24-1/2"	6-10d	3250	E20	

GIRDER HANGERS (HEAVY)

- Material: 7 gauge (3/16") H. R. Steel
- 3/4" diameter bolts required with 3" of wood penetration and minimum vertical width 5-1/2"
- Used where heavy design loads and uplift are required
- SBCCI PST & ESI No. 94729
- Dade County Approval No. 94-0705.C9
- Dade County Approval No. 94-0325.C2



Product Code	Description	W	H	Fasteners			Design Loads (lbs)					
				Bolts		Nails	Girder	Sill	Carried Member	Normal	Max	Uplift
				Size	Qty							
HSU 40	Girder Hgr(Heavy)	3-1/4"	25"	5/8"	2"	4-10d	6250	6250	9,110			
HSU 80	Girder Hgr(Heavy)	4-7/8"	23-1/2"	5/8"	2"	4-10d	5280	10570	10,000			
HSU 8016	Girder Hgr(Heavy)	4-7/8"	16"	5/8"	2"	4-10d	5280	10570	10,000			

SIMPSON
STRONG-TIE
MANUFACTURING, INC.

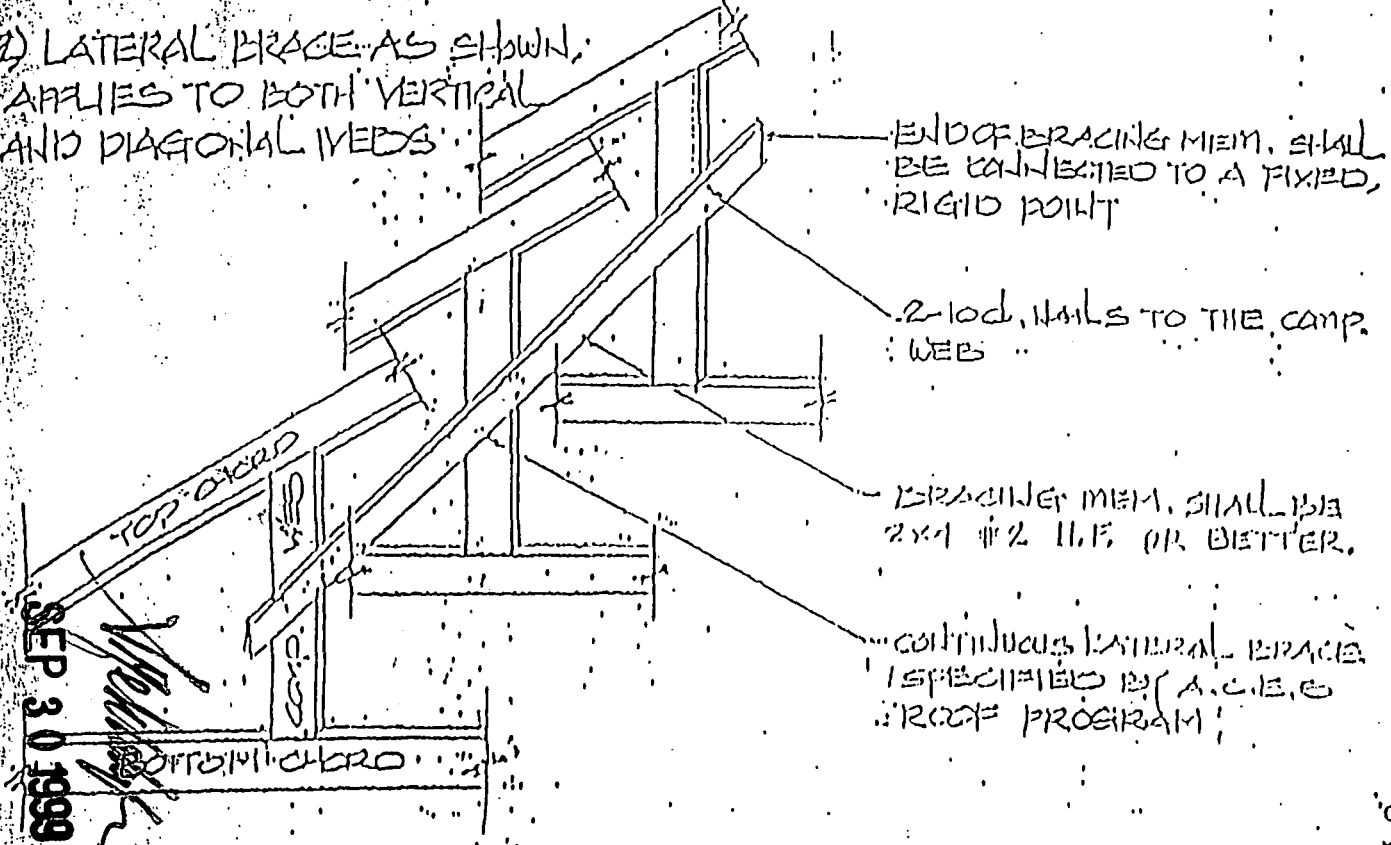
LUS/HUS/HHUS/HGUS DOUBLE SHEAR JOIST HANGERS

Model No.	Dimensions			Fasteners		Avg. Wt. (lb)	Long Fin-Laminated Pine Allowable Loads						Struct-Fin-Fir Allowable Loads					
	W	H	B	Carrying Member	Driven Member		Lift (lb)	Lift (lb)	Pull (lb)	Shear (lb)	Diagonal (lb)	Wind (lb)	Uplift (lb)	Uplift (lb)	Floor (lb)	Snow (lb)	Wind (lb)	Uplift (lb)
HLUS2-2	3 3/4"	7 1/2"	3	14-16d	6-16d	1467	150	150	22	285	325	340	135	1500	215	280	170	280
HLUS2-2	3 3/4"	5 3/4"	4	20-16d	6-16d	1467	200	200	35	420	465	465	185	2000	275	360	235	405
HHUS2-2	3 3/4"	6 3/4"	3	22-16d	8-16d	1850	200	200	35	465	495	510	185	2000	325	375	235	370
HHUS2-2	3 3/4"	7 3/4"	4	36-16d	10-16d	2510	250	250	45	715	780	800	225	2550	525	670	375	550

NOTE:

1) THIS DETAIL IS VALID ONLY FOR COMPUTER OUTPUT OF A.C.E.S. ROOF PROGRAM & SERVES AS AN INTERPRETATION OF CONTINUOUS LATERAL BRACING FOR WEBS IN COMPRESSION STRESS.

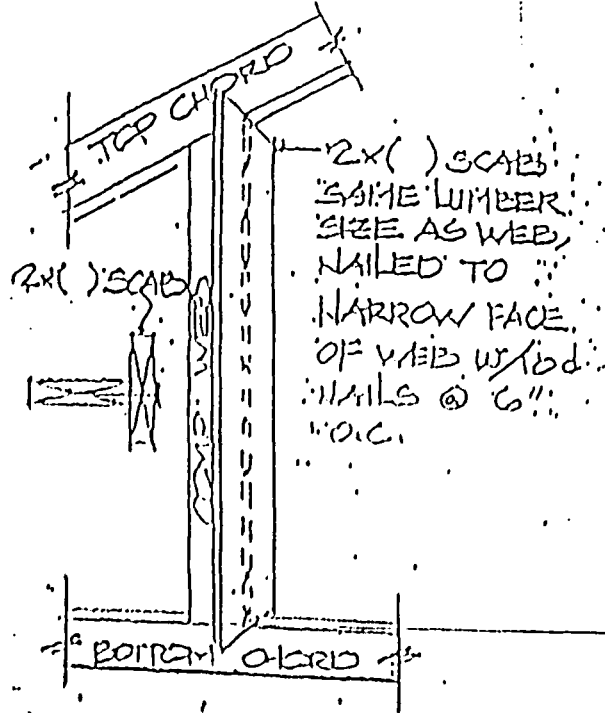
2) LATERAL BRACE AS SHOWN APPLIES TO BOTH VERTICAL AND DIAGONAL WEBS.



SEP 30 1999

1/2 POINTS OR 1/8 POINTS BRACING

MIN. LENGTH OF SCAB = $0.8 \times L$ (LENGTH OF WEB)



OPTIONAL T-BRACE IN CASE THAT CONTINUOUS LATERAL BRACING CAN NOT BE ACHIEVED

NO (PGF)
IVE 1
READ 1
READ 1

SCALE
SPACING: 0.0
TYPE OF DESIGN CHECK
ALLOWABLE STRESS

BEHAY OF FLORIDA
STANDARD LATERAL BRACE
DETAIL FOR WEBS

STATEMENT OF CERTIFICATION
No. 13658
APPROVED FOR BEHAY FL.
STATE OF FLORIDA
REG. ENG. 126000124

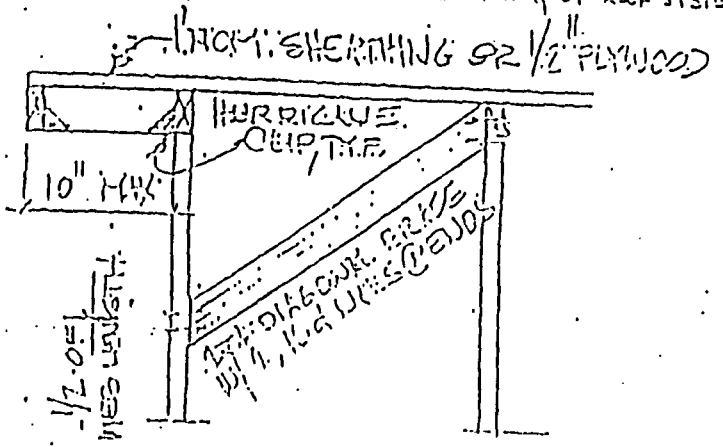
DESIGNED BY
CHECKED BY
DATE 9/22/00
DRWG. F. S. B. /

INSTALL BRACES SYMMETRICALLY ON BOTH SIDES OF JOINTS, EXCEPT AS SHOWN. BRACE JOINTS TO BE HELD TIGHTLY TOGETHER UNTIL TEETH ARE ENCLOSED IN JOINT. (SEE THE QUALITY CONTROL MANUAL.) THIS DESIGN ASSUMES CONTINUOUS LATERAL BRACING OF CHORDS BY CEILING AND FLOORING, EXCEPT AS SHOWN.

BRACING SYSTEM S.P.L.D.

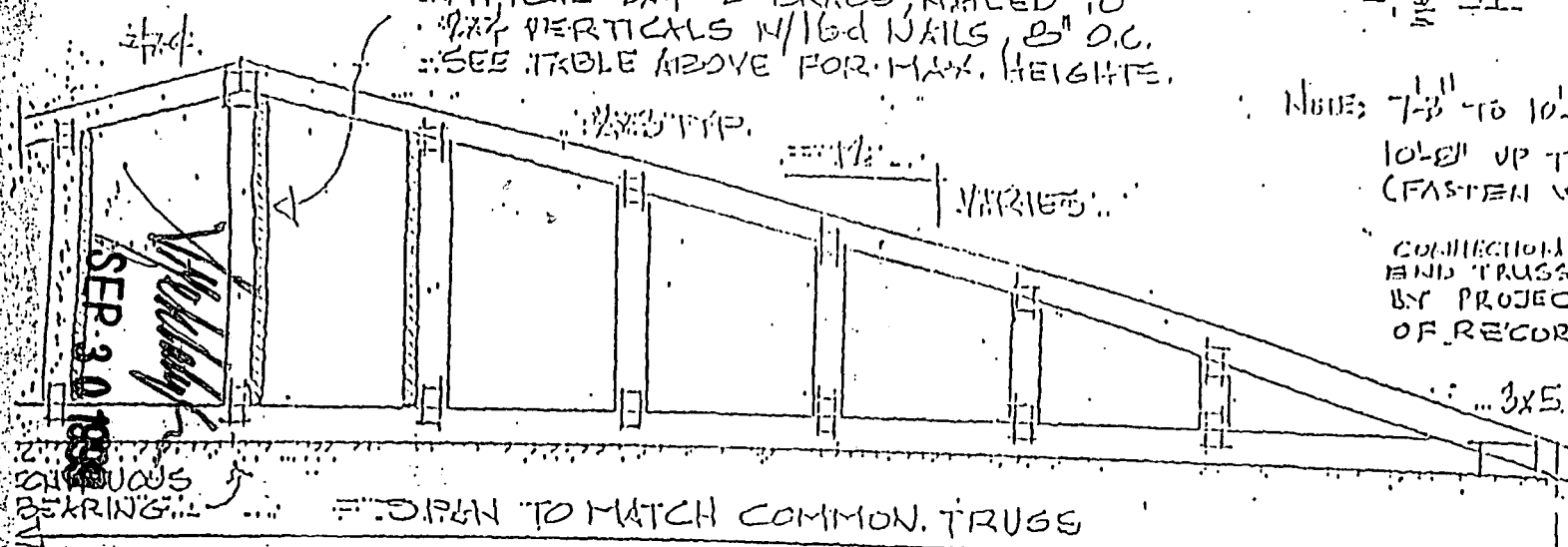
(DIAG)			
SPACING OF VERTICALS	MAX LENGTH W/O BRACE	MAX LENGTH W/ BRACE	MAX LENGTH W/ L BRACE
12"	5'-2"	7'-0"	9'-3"
16"	4'-7"	6'-6"	8'-9"
24"	4'-1"	5'-2"	7'-3"

BRACING SHOWN IS FOR INDIVIDUAL TRUSS ONLY. CONSULT BLDG. ARCHITECT OR ENGINEER FOR TEMPORARY AND PERMANENT BRACING OF ROOF SYSTEM.



SEE FURNISH COPY OF THIS DRAWING TO CONTRACTOR TO INSTALL BRACING

TYPICAL 2x4 'L' BRACE, NAILED TO 2x2 VERTICALS W/ 16d NAILS @ 6" O.C. SEE TABLE ABOVE FOR MAX. HEIGHTS.



NOTE: 7'-3" TO 10'-3" USE 2x6 @ 24" 'L' BRACING. 10'-3" UP TO 13'-4", 2 (2x6) @ 24" S.P.L. BRACING (FASTEN W/ 16-d's @ 6" O.C.)

CONNECTION BETWEEN CHORD OR GABLE END TRUSS AND WALL TO BE PROVIDED BY PROJECT ENGINEER OR ARCHITECT OF RECORD.

[Handwritten Signature]
 2-30-92
 Revised 1-5-94

WIND VELOCITY 120 MPH. SHAPE FACTOR 1.15. AVERAGE HEIGHT ABOVE GROUND IS 15 FEET.

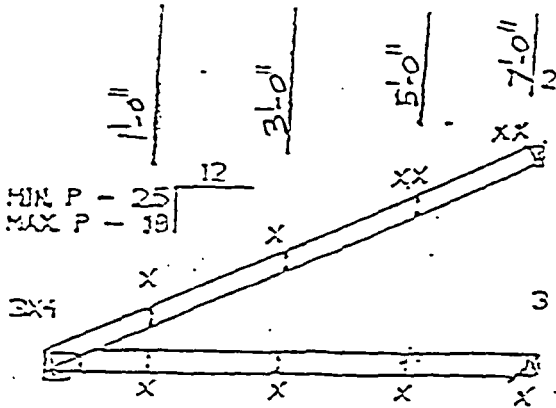
LOADING (PSF)	WIND WETS 1'
OP LIVE 30	SPACING 2" O.C.
OP DEAD 15	TYP. DESIG. CRIT.
DEFLECTION 10	ALLOWABLE STRESS
FEEL 55	STR. 24"

BEYOND OF FLORIDA
 STANDARD GABLE END
 DETAIL

APPROVED FOR BEYOND OF FLORIDA
[Handwritten Signature]
 BEYOND OF FLORIDA

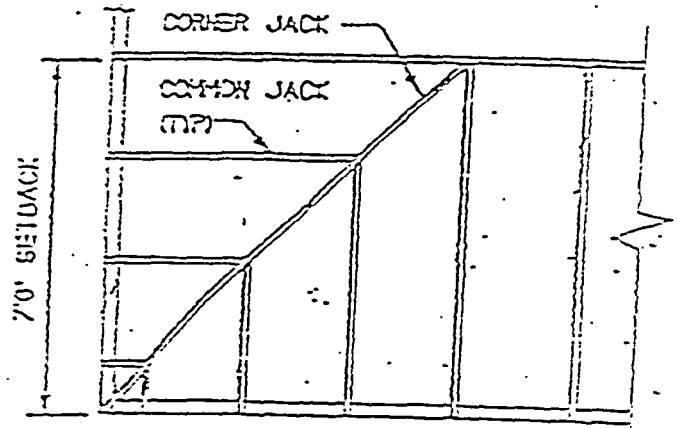
DESIGNED BY
 CHECKED BY
 DATE

7'0" CORNER SET

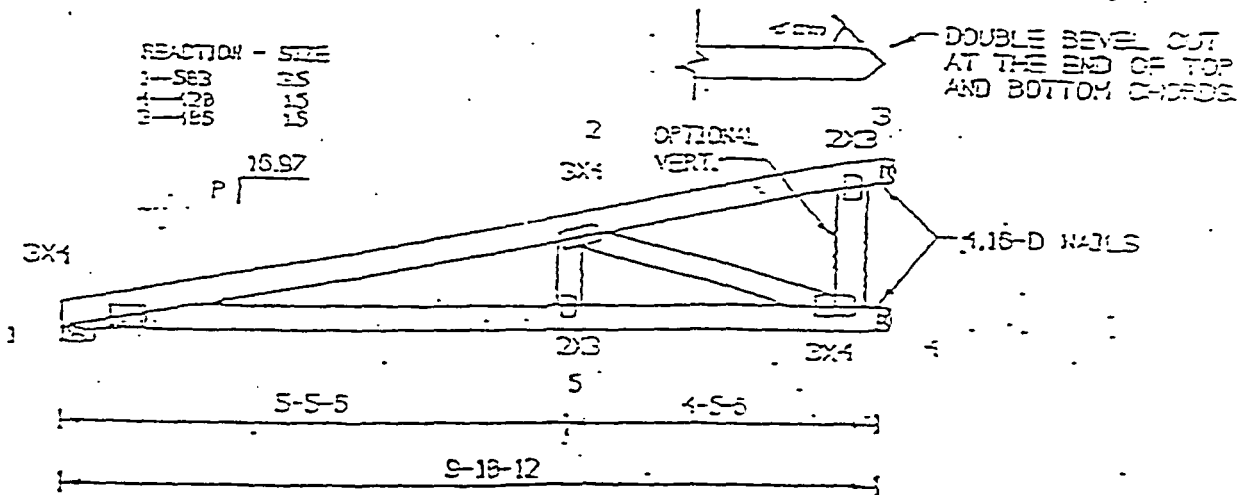


- (x) 2-16 d
- (xx) 3-16 d

COMMON JACKS



PARTIAL ROOF LAYOUT



CORNER JACK

NOTE THIS DESIGN HAS BEEN CHECKED WITH 128 PSF WIND LOAD, WALL HEIGHT 18 FT MIN. PROVIDE FOR UPLIFT AT SEARING WALL CONNECTIONS - 150 LBS AT CORNER JOCKS - 200 LBS AT COMMON JACKS

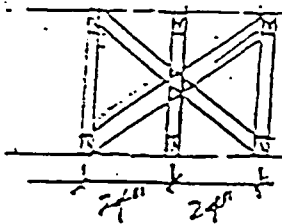
MINIMUM GRADE OF LUMBER				
T.C.	2x4 No.2 19 SP			TFI-92 C-11
B.C.	2x4 No.2 19 SP			SS30-91
Webbs	2x4 No.3 19 SP			
LOADING	(PSF)	STR. INCR. : 33 Z	Approved by: <i>James P. McWhorter</i> REGISTERED ENGINEER FLORIDA No. 13552	
TOP	L 33 D 1/4	DRAWN BY : TAN		
BOTTOM	B 18 1/8	CHECKED BY : JAJ		
SPACING	: 24" O.C.	REP. STRESS: NO		

SEP 30 1999

STANDARD FALSE BOTTOM DETAIL

NOTE "A"

FOR CANTILEVERS UP TO 6'-0" LENGTH PROVIDE BOTTOM CHORD BRACING AT 24" O/C MAX.
 FOR 6'-0" AND GREATER CANTILEVERS, ADDITIONALLY PROVIDE X-BRACING STARTING ABOVE THE TIE BEAM, SPACED AT 6'-0" O/C MAX.



(2-16-ds H.U.F.)
 (X-BRACING OVER TIE BEAM AT 6'-0" O/C MAX.)

CONSULT TRUSS ENGINEER FOR
 SHAKE LUMBER, PLATE STEEL AND
 ALL OTHER INFORMATION NOT
 SHOWN ON THIS DRAWING.

CANTILEVER WITH NO FALSE BOT. OR
 CANTILEVER WITH FALSE BOTTOMS
 2x6-2 H.F. SCAB ON
 TRUSSES FROM ONE FACE
 16" o/c & 2" o/c.

3D SCAB
 WITHOUT CANTILEVER.

CANTILEVER
 SEE NOTE "A"

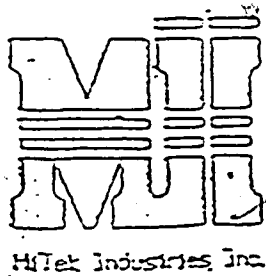
BRACE ROD AT
 4'-0" O/C (MAX)
 (2x4 # 2 H.F.)

3D SPL IF
 AT VERTICALS

NOTE: TOP AND BOTTOM CHORD FILLERS ARE NOT A STRUCTURAL COMPONENT OF A TRUSS. PORTIONS OF, OR THE ENTIRE FILLER MAY BE REMOVED, OR ADDED TO, WITHOUT AFFECTING THE STRUCTURAL INTEGRITY OF THE TRUSS, PROVIDED THEY ARE NOT AFFECTING BEARING LOCATIONS OF THE TRUSS.

MINIMUM GRADE OF LUMBER		
TC	2x4 NO2ND 19 SP	TPI-52 Cml
BC	2x4 NO2ND 19 SP	SS3C-91
Webs	2x4 NO3 19 SP	

LOADING	(PSF)	STR. INCR. 33 Z
TOP	0	DRAWN BY: BV
BOTTOM	15	CHECKED BY: JAJ
SPACING	24 Inch O.C.	REP. STRESS YES



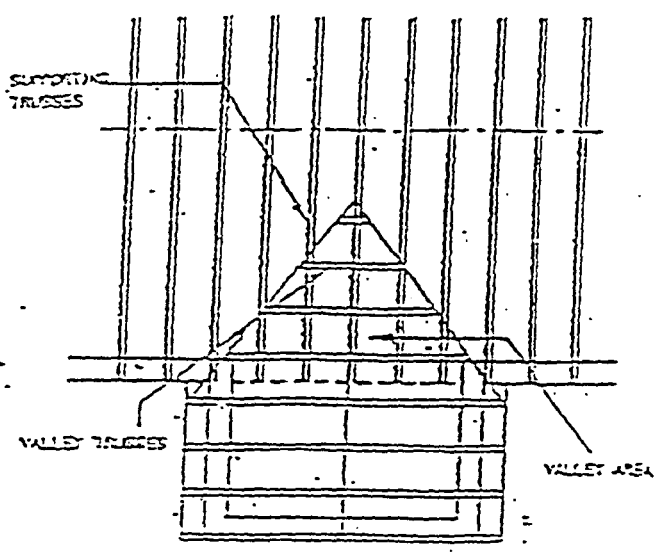
Mitek Industries Inc.

Professional Engineer Seal for **HERBERT J. ...**, State of Florida, License No. 13653. The seal includes a signature and the date 6-1-94. Below the seal, it says "Approved for Mitek Industries Inc".

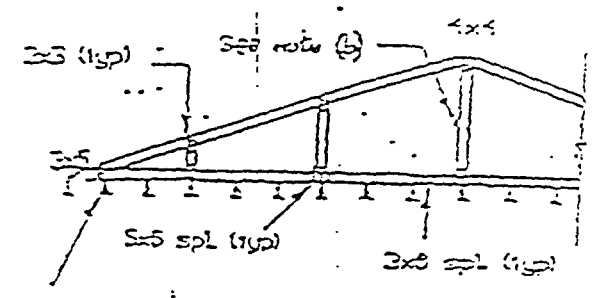
SEP 30 1999

STANDARD ROOF VALLEY DETAIL

REVISED BY: [Signature]



PARTIAL ROOF LAYOUT

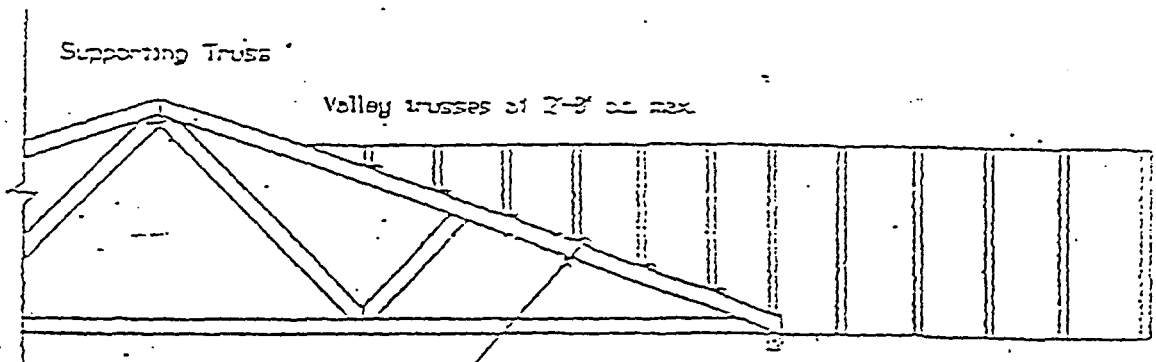


Supporting trusses at 2'-8" o.c. max

NOTES

- (a) Provide continuous bracing on verticals over 5'-3". Connect bracing to verticals w/2-8d nails and bracing must be tied to a fixed point at each end.
- (b) In spans over 24'-8", add verticals at 8'-8" o.c. max.

(c) STAIRS @ 45" O/C - MAX.

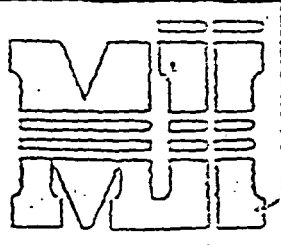


6" wedge nailed to truss w/2-8d toe nails or bevel cut bottom chord of valley truss

MINIMUM GRADE OF LUMBER		
T.C.	2x4 No. 2/D 19 SP	TP1-92 C-11
B.C.	2x4 No. 2/D 19 SP	SS3C-91
Webs	2x4 No.3 19 SP	

LOADING	(PSF)
TOP	20 15
BOTTOM	0 10
SPACING	24 Inch O.C.

STR. INCR. : 33 %
 DRAWN BY : P.G.
 CHECKED BY : JAL
 REP. STRESS: YES



Metal Industries Inc.

A circular professional engineer seal for Ahmet P. [Signature], No. 13658, State of Florida. The seal is dated SEP 30 1999. The seal includes the text 'REGISTERED ENGINEER' and 'FLORIDA'.

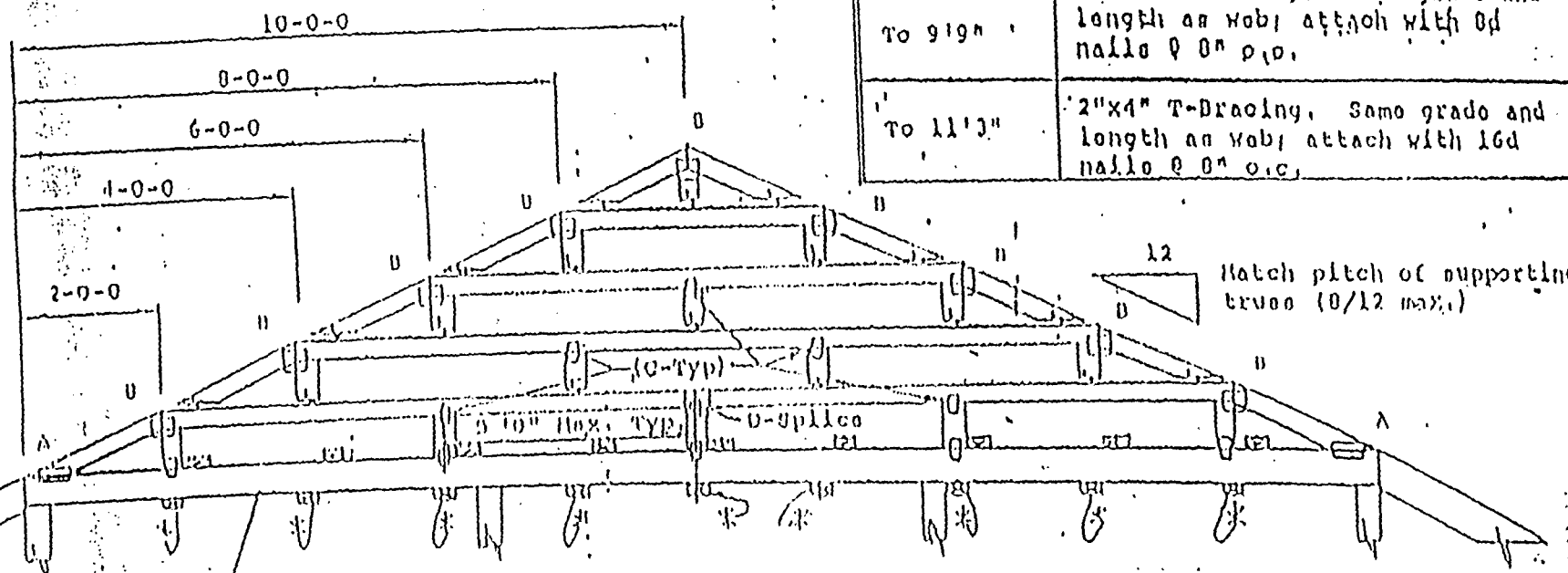
PIGGY BACK DETAIL

Top Chord: 2x4 12' 19" Southern Pine
 Web: 1 2x4 13' 19" Southern Pine
 (E) Spacing vertical @ 5' 0" o.c. max.

OVERALL SUPPORTING SPAN UP TO									
TYPE	12' 0"		52' 0"		TYPE	12' 0"		52' 0"	
	A	3x4	3x5	B		3-4, 5	3-5, 4		
B	5x6	5x7	C	5-6, 3	5-7, 2				
C	2x4	2x4	D	2-4, 5	2-4, 5				
D	5x6	5x6	D	5-6, 3	5-7, 2				

CONTINUOUS LATERAL BRACING ATTACHED TO TOP OR BOTTOM OF TOP CHORD OF TRUSS SUPPORTING PIGGYBACK AS SHOWN ON TRUSS ENGINEERING. x4=112 HF, @ 24" o.c. w/ 2-16 d's

Web Bracing Chart	
Web Length	Bracing Required
To 7' 9"	No Bracing
To 9' 9"	1"x4" T-Bracing, Same grade and length as web; attach with 0d nails @ 0" o.c.
To 11' 3"	2"x4" T-Bracing, Same grade and length as web; attach with 16d nails @ 0" o.c.



Top Chord of supporting truss.

Direction of elongated holes in square plates must be either horizontal or parallel with the chord.

FORWARD A COPY OF THIS DRAWING TO ELECTION COMMISSION

SEP 30 1999

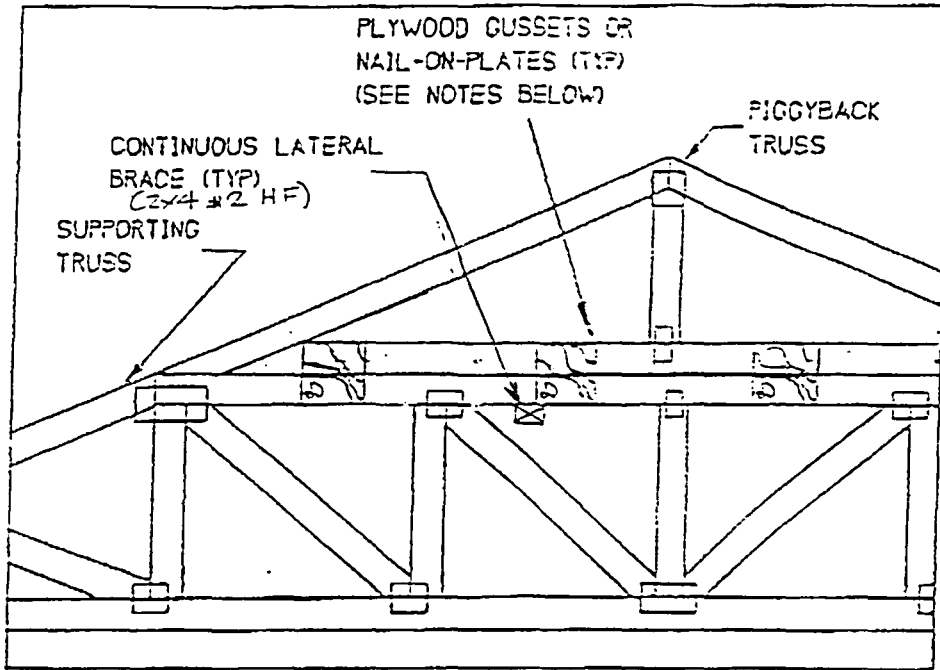
Handwritten signature

Handwritten signature 6-17-91

IMPORTANT! THIS DRAWING IS NOT TO BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE ENGINEER OR ARCHITECT.	DESIGNER	DATE	REVISIONS
<p>FORWARD A COPY OF THIS DRAWING TO ELECTION COMMISSION</p> <p>FORWARD A COPY OF THIS DRAWING TO ELECTION COMMISSION</p>	<p>DESIGNER: TPI-70</p> <p>TO LLI: 30 157</p> <p>TO OLI: 15 117</p>	<p>DATE: 2/23/02</p> <p>DATE: 6/6/02</p>	<p>REVISIONS</p>
			<p>REVISIONS</p>

STANDARD PIGGY-BACK CONNECTION DETAIL

PREPARED BY K&K&C OFFICE



NOTES:

- (1). Refer to separate piggyback end base truss engineering for truss configuration, plating, lumber grades, bracing, etc.
- (2). Use 2x4 continuous bracing at 2'-0" o.c. connected to top chord of supporting truss w/2-16d nails and to bott. chord of piggyback w/2-16d nails. Bracing to be tied to fixed point at each end.
- (3). Use 3x8, 20 gage nail-on-plates w/6-1 1/2' long, 11 gage nails, 3 nails in each chord, or 1/2"x8"x8' ext. type plywood gussets on each face, at 4'-0" o.c. nailed w/6-8d nails, on each face (4 nails in each chord).
- (4). This drawing applies to trusses spaced at 24' o.c.

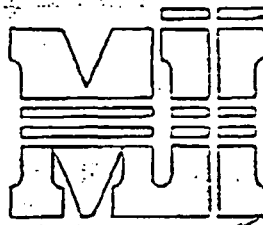
MINIMUM GRADE OF LUMBER

T.C. 2X4 No. 2ND 19 SP
 B.C. 2X4 No. 2ND 19 SP
 Webs 2X4 No. 3 19 SP

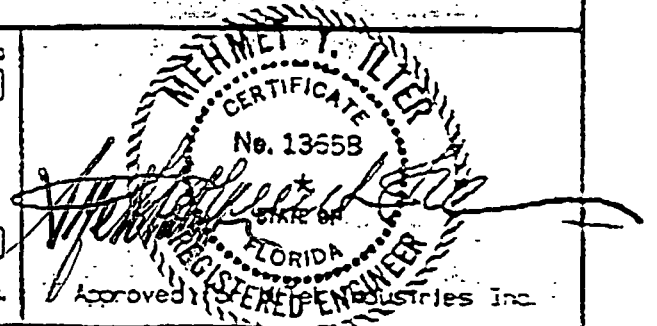
TP1-92 Crit.
 SSBC-91

LOADING (PSF)
 L D
 TOP 30 7
 BOTTOM 0 10
 SPACING: 24 Inch O.C.

STR. INCR. : 33 %
 DRAWN BY: T.P.G.
 CHECKED BY: J.A.I.
 REP. STRESS: YES



MITek Industries Inc.



SEP 30 1998

WARNING: This safety alert symbol is used to attract your attention. **PERSONAL SAFETY IS INVOLVED!** When you see this symbol - **BECOME ALERT!** - READ ITS MESSAGE.

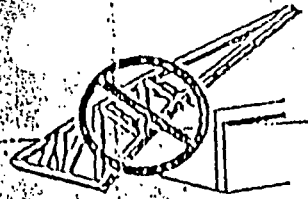
CAUTION: A CAUTION identifies safe operating practices or indicates unsafe conditions that could result in personal injury or damage to structures.

HIB-91 Summary Sheet

COMMENTARY and RECOMMENDATIONS for HANDLING, INSTALLING & BRACING METAL PLATE CONNECTED WOOD TRUSSES

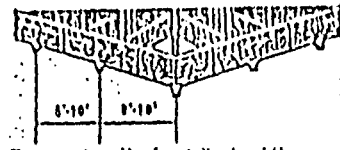
It is the responsibility of the builder, erector, building contractor, Erector, Installer, erector or erection contractor, to ensure trusses, loaded floor beams, joists and other metal plate connected wood trusses are installed and braced. The builder must exercise the same high degree of safety awareness as with any other structural material. TPI does not intend these recommendations to be interpreted as expertise by the project Architect or Engineer's design specification for handling, installing and bracing wood trusses for a particular roof or floor. These recommendations are based upon the collective experience of leading technical

CAUTION: The builder, building contractor, licensed contractor, erector or erection contractor is advised to obtain and read the entire booklet "Commentary and Recommendations for Handling, Installing & Bracing Metal Plate Connected Wood Trusses, HIB-91" from the Truss Plate Institute.

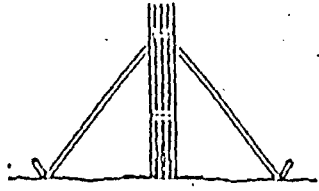


TRUSS STORAGE

CAUTION: Trusses should not be unloaded on rough terrain or uneven surfaces which could cause damage to the truss.



Trusses stored horizontally should be supported on blocking to prevent excessive lateral bending and lessen moisture gain.



Trusses stored vertically should be braced to prevent toppling or tipping.

WARNING: Do not break banding until installation begins or in bundled trusses by the bands.

WARNING: Do not use damaged trusses.

DANGER: A DANGER designates a condition where failure to follow instructions or heed warning will most likely result in serious personal injury or death or damage to structures.

WARNING: A WARNING describes a condition where failure to follow instructions could result in severe personal injury or damage to structures.

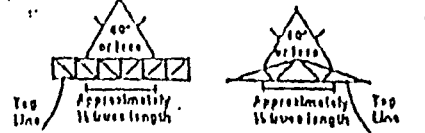


personnel in the wood truss industry, but must, due to the nature of responsibility involved, be presented as a guide for the use of a qualified building designer or installer. Thus, the Truss Plate Institute, Inc. expressly disclaims any responsibility for damage arising from the use, application or reliance on the recommendations and information contained herein by building designers, installers, and others. Copyright © by Truss Plate Institute, Inc. All rights reserved. This document or any part thereof must not be reproduced in any form without written permission of the publisher. Printed in the United States of America.

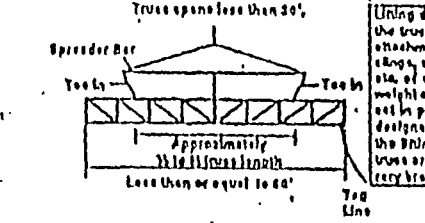
CAUTION: All temporary bracing should be no less than 2x4 grade marked lumber. All connections should be made with a minimum of 2-16d nails. All trusses assumed 2" on-center orlets. All multi-trusses should be connected together in accordance with design drawings prior to installation.

WARNING: Do not attach cables, chains, or hooks to the web members.

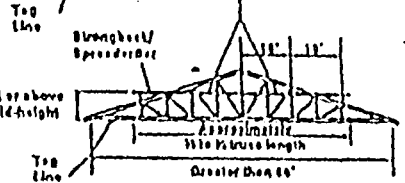
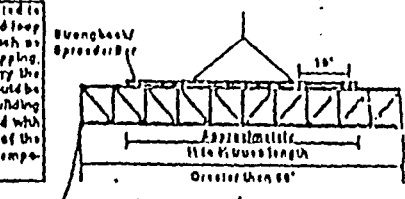
WARNING: Do not fit single trusses with spans greater than 50' by the peak.



MECHANICAL INSTALLATION



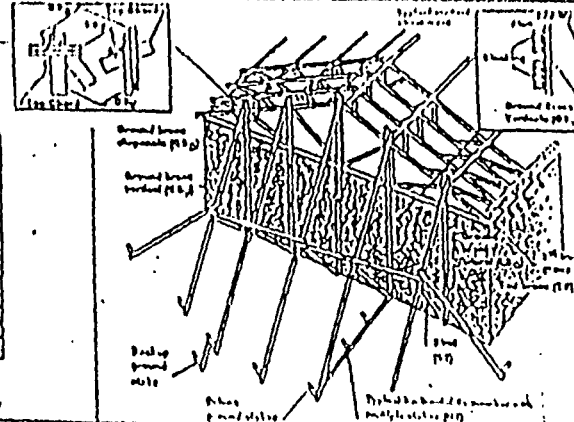
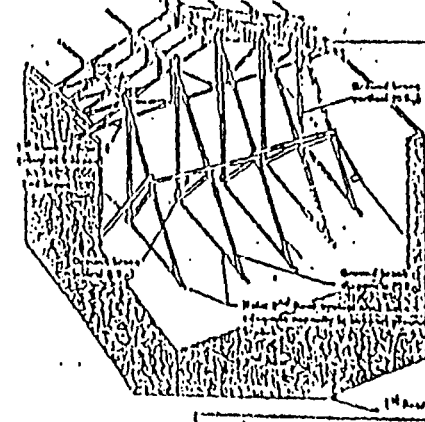
Lifting devices should be connected to the truss top chord with a closed loop attachment utilizing materials such as chain, cable, nylon slapping, etc. of sufficient strength to carry the weight of the truss. Each truss should be set in proper position per the building designer's framing plan and held with the bracing devices until the ends of the truss are correctly fastened and temporary bracing is installed.



CAUTION: Temporary bracing shown in this summary sheet is adequate for the installation of trusses with similar configurations. Consult a registered professional engineer if a different bracing arrangement is desired. The engineer may design bracing in accordance with TPI's Recommended Design Specification for Temporary Bracing of Metal Plate Connected Wood Trusses, D31-88, and in some cases determine that a wider spacing is possible.

GROUND BRACING: RULED IN INTENTION

GROUND BRACING: RULED IN INTENTION



CAUTION: Ground bracing required for all installations.

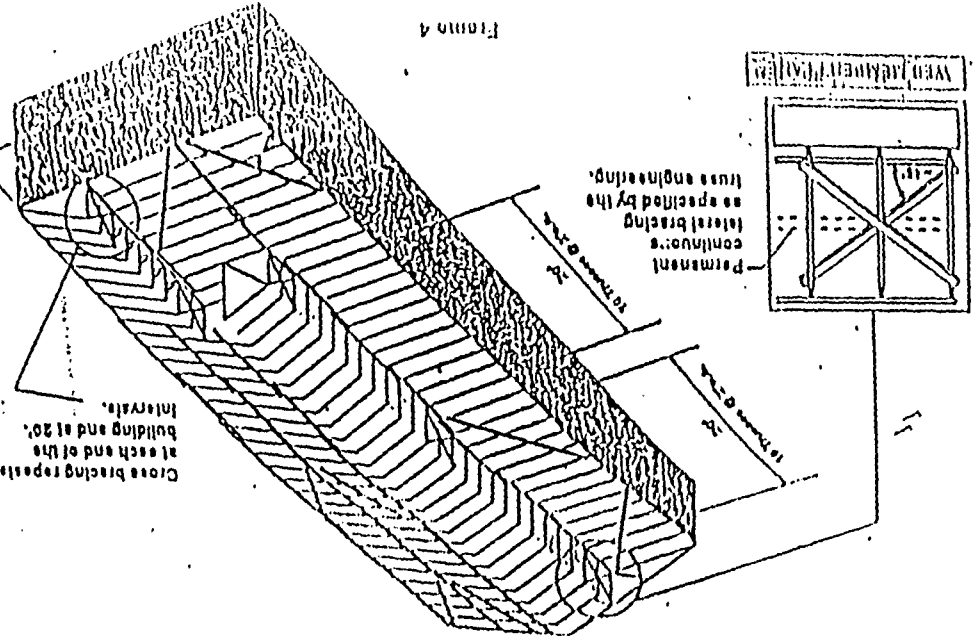


Figure 4

WARNING! Failure to follow these recommendations could result in severe personal injury or damage to tissues of buildings.

ADDITIONAL GUIDELINES

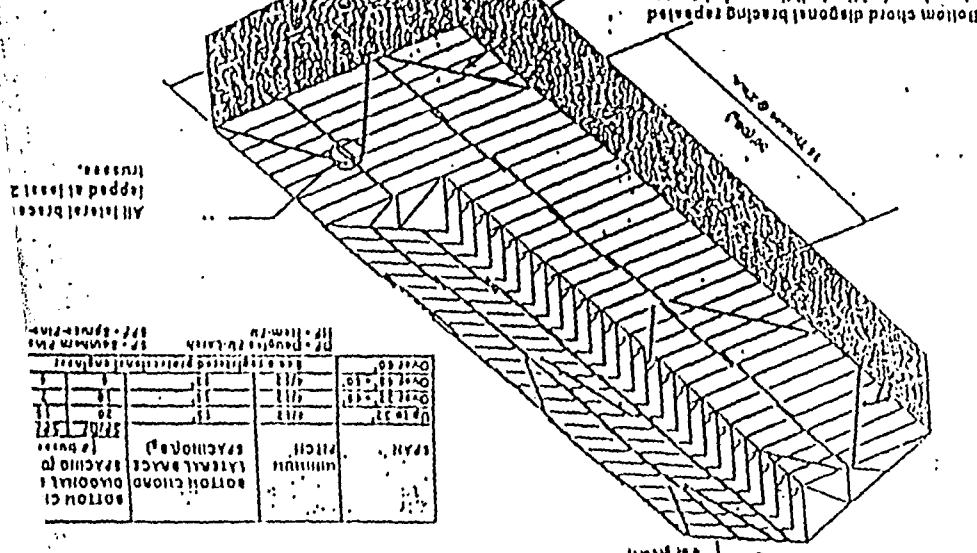


Figure 5

WARNING! Failure to follow these recommendations could result in severe personal injury or damage to tissues of buildings.

ADDITIONAL GUIDELINES

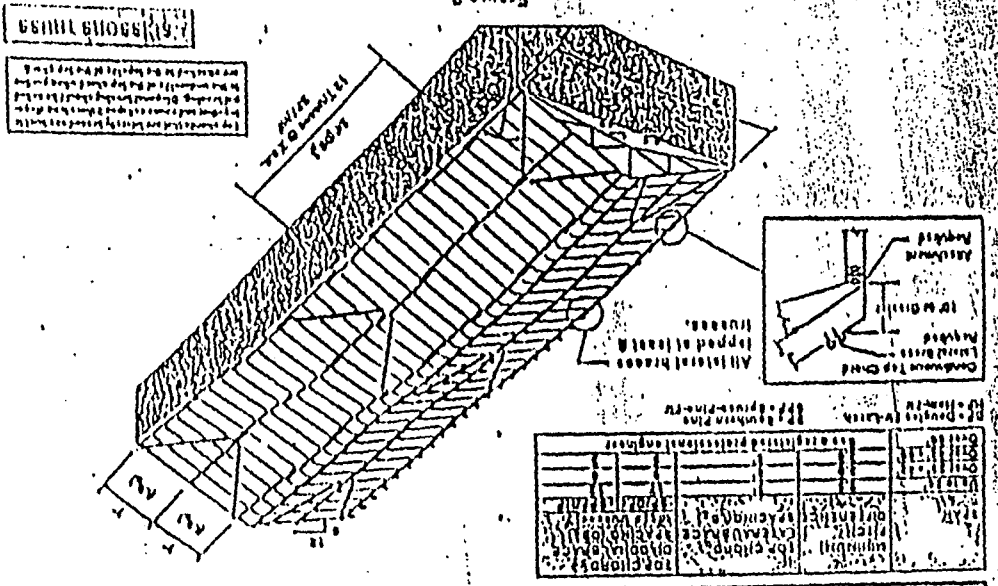


Figure 6

WARNING! Failure to follow these recommendations could result in severe personal injury or damage to tissues of buildings.

ADDITIONAL GUIDELINES

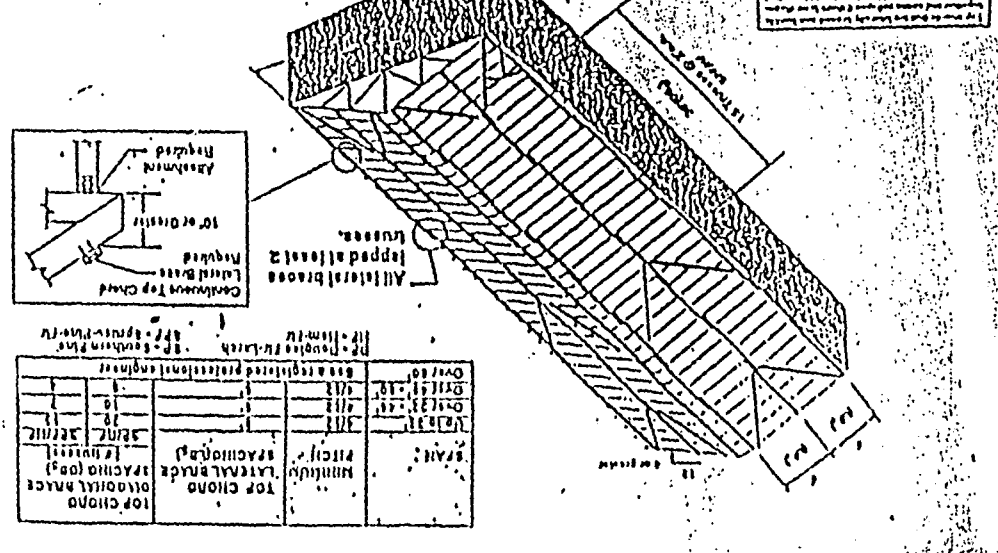


Figure 7

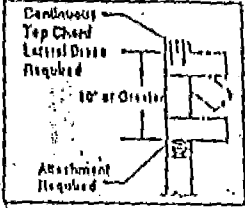
WARNING! Failure to follow these recommendations could result in severe personal injury or damage to tissues of buildings.

ADDITIONAL GUIDELINES

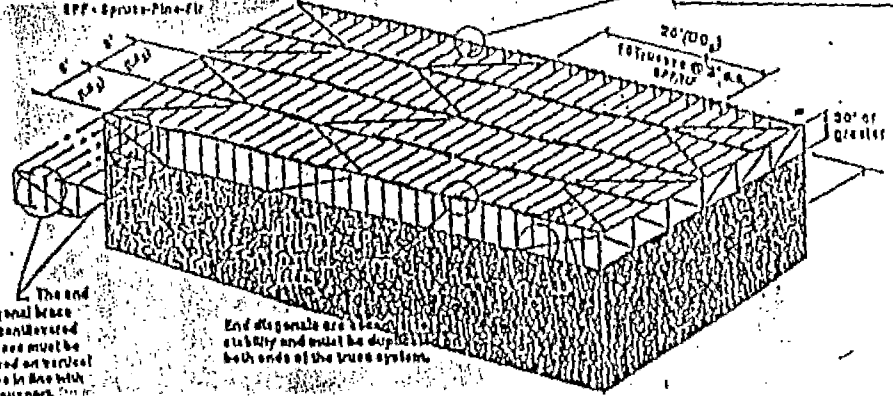
SPAN	MINIMUM DEPTH	TOP CHORD LATERAL BRACE SPACING (L _b)	DIAGONAL BRACE SPACING (D _b)	
			(# Trusses)	(# Trusses)
Up to 21'	4"	12'	11'	10'
Over 21' - 24'	4"	12'	11'	10'
Over 24' - 27'	4"	12'	11'	10'
Over 27'	4"	12'	11'	10'

4x4 PARALLEL CHORD TRUSS

Top chords that are braced by end bracing must be braced and spaced as shown in the diagram. Diagonal bracing should be attached to the outside of the top chord unless pointed and attached to the inside of the top chord.



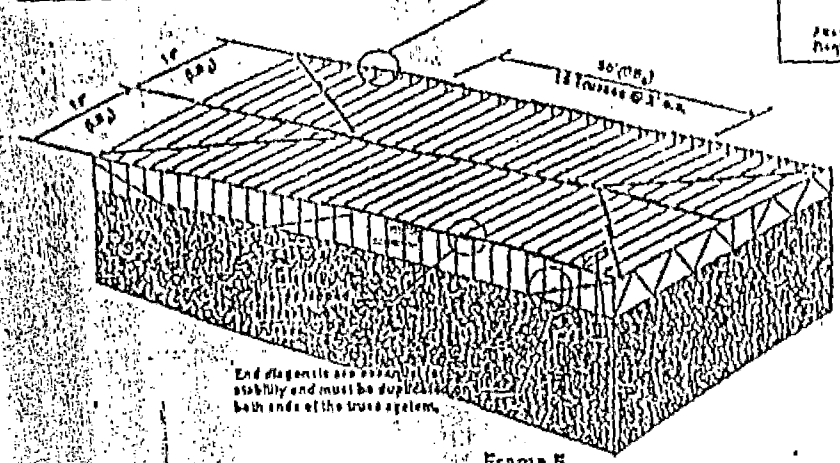
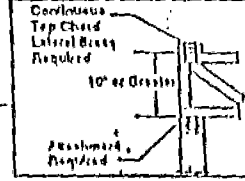
DP - Douglas Fir-Larch SP - Southern Pine
 LP - Hem-Fir SPP - Spruce-Pine-Fir



WARNING: Failure to follow these recommendations could result in severe personal injury or damage to trusses or buildings.

4x4 PARALLEL CHORD TRUSS: TOP CHORD

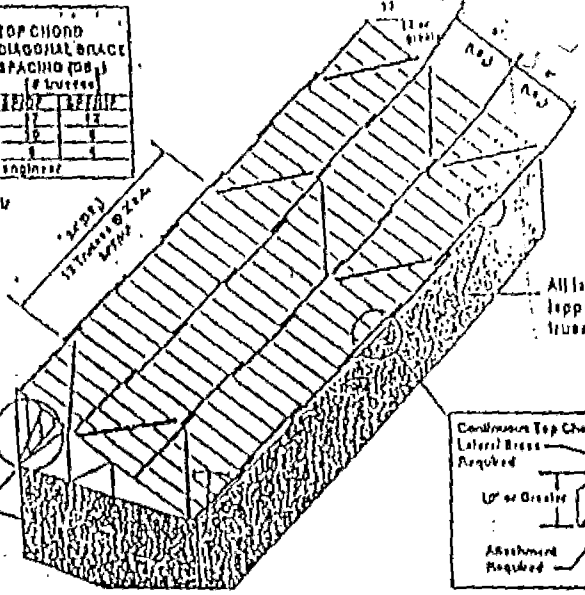
Top chords that are braced by end bracing must be braced and spaced as shown in the diagram. Diagonal bracing should be attached to the outside of the top chord unless pointed and attached to the inside of the top chord.



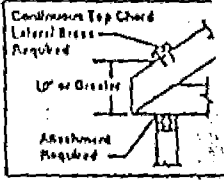
Frame 5

SPAN	MINIMUM PITCH	TOP CHORD LATERAL BRACE SPACING (L _b)	TOP CHORD DIAGONAL BRACE SPACING (D _b)	
			(# Trusses)	(# Trusses)
Up to 21'	3/12	12'	11'	10'
Over 21' - 24'	3/12	12'	11'	10'
Over 24' - 27'	3/12	12'	11'	10'
Over 27'	3/12	12'	11'	10'

DP - Douglas Fir-Larch SP - Southern Pine
 LP - Hem-Fir SPP - Spruce-Pine-Fir

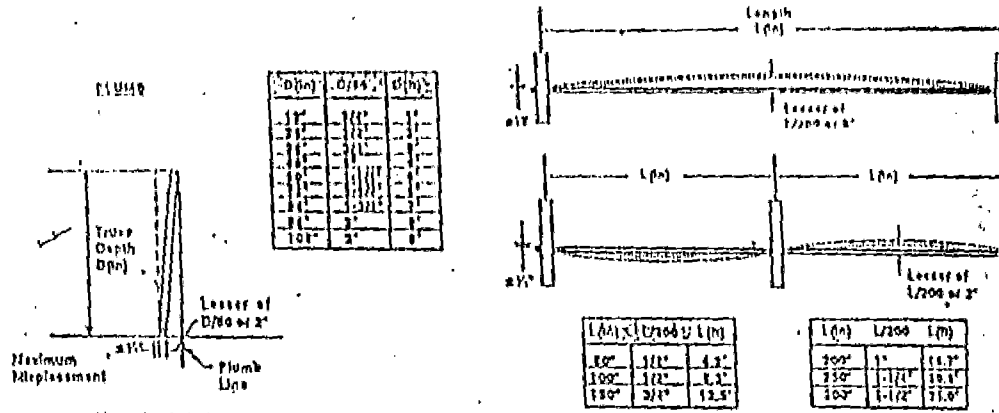


Top chords that are braced by end bracing must be braced and spaced as shown in the diagram. Diagonal bracing should be attached to the outside of the top chord unless pointed and attached to the inside of the top chord.



WARNING: Failure to follow these recommendations could result in severe personal injury or damage to trusses or buildings.

INSTALLATION TOLERANCES



WARNING: Do not cut trusses.

DANGER: Under no circumstances should construction loads of any description be placed on unbraced trusses.

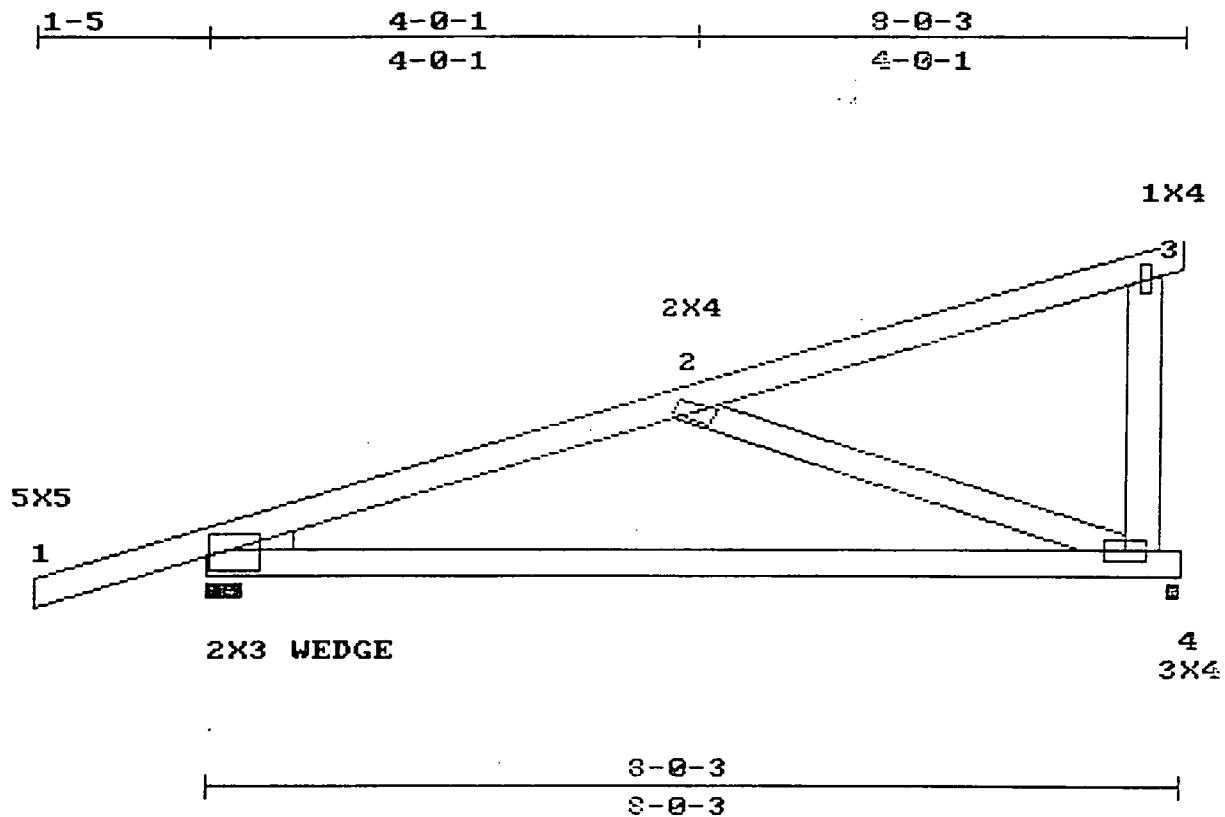
Frame 6

====<<<<ACES-32 Ver. 1.1>>>>=====[012928]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:21:57 1999
 Project # : 99310 Truss ID : HJ6 Family # : 201
 Span : 8-0-3 Quantity : 2 Top Pitch : 4.95/12
 ==Bld(1/12/1999),v1.1=====

FORCES - LOAD CASE #1 REACTIONS - SIZE
 1-2=-411 4-1= 370 2-4=-410 1=-535 3.5C
 2-3= 0 4=-520 1.5C
 3-4=-265



PROVIDE FOR 762 LBS UPLIFT AT JOINT 1 (1.51)
 PROVIDE FOR 951 LBS UPLIFT AT JOINT 4 (1.83)
 PROVIDE FOR 407 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:8-8-1 SPAN:8-0-3 RISE:3-10 RIGHT HEIGHT:3-10
 LEFT HEIGHT:0-6-5

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30	TOP	1-2=0.551	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0	BOTT	4-1=0.394	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@0	=0.00 < L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

LOADING	STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
LUMBER	PLATE	TYPE	
1	1.33	1.33	UNIFORM 1- 2= 47 2- 3= 135 4- 1= 20

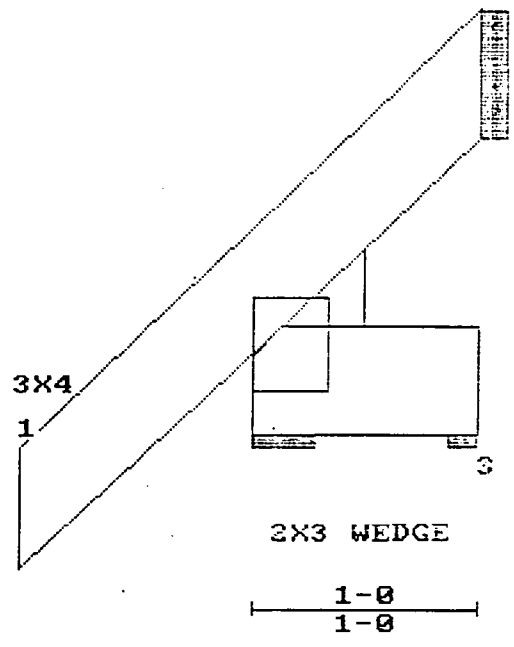
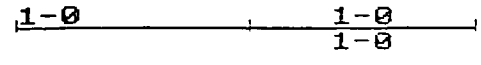
RIGHT END VERTICAL IS NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN) DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC, ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Handwritten Signature]
 SEP 30 1999

FORCES - GRAVITY LOADS		REACTIONS - SIZE	
1-2= 0	3-1= 0	1=-154	3.50
2-3= 0		3=-8	1.50
		2=-37	1.50

PROVIDE FOR 125 LBS UPLIFT AT JOINT 1 (0.81)
 PROVIDE FOR 81 LBS UPLIFT AT JOINT 2 (2.22)
 PROVIDE FOR 86 LBS HORIZ. REACTION AT JOINT 1

②



L. HL TO PK:1-1-14 SPAN:1-0 RISE:1-1-10 RIGHT HEIGHT:1-1-10
 LEFT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	1-2=0.026	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0 10	BOTT	3-1=0.002	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.	< L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN) DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

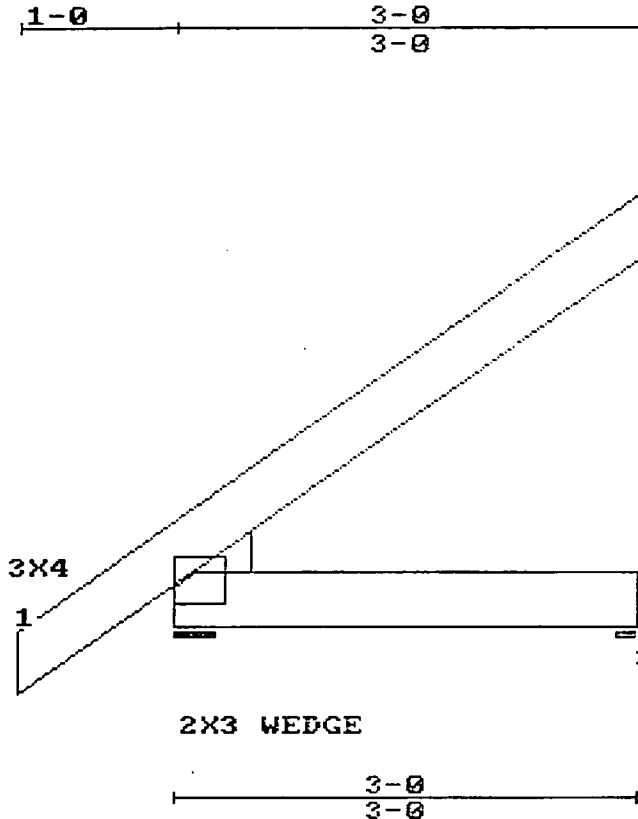
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 SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012930]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:22:08 1999
 Project # : 99310 Truss ID : C3 Family # : 204
 Span : 3-0 Quantity : 11 Top Pitch : 7/12

====Bid(1/12/1999),v1.1=====
 FORCES - GRAVITY LOADS REACTIONS - SIZE
 1-2= 0 3-1= 0 1--254 3.50
 2-3= 0 3--28 1.50
 2--125 1.50

PROVIDE FOR 186 LBS UPLIFT AT JOINT 1 (0.71)
 PROVIDE FOR 221 LBS UPLIFT AT JOINT 2 (1.76)
 PROVIDE FOR 223 LBS HORIZ. REACTION AT JOINT 1

3



L. HL TO PK:3-5-11
 LEFT HEIGHT:0-6-10 SPAN:3-0 RISE:2-3-10 RIGHT HEIGHT:2-3-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30	TOP	1-2=0.282	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0	BOTT	3-1=0.034	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.	< L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
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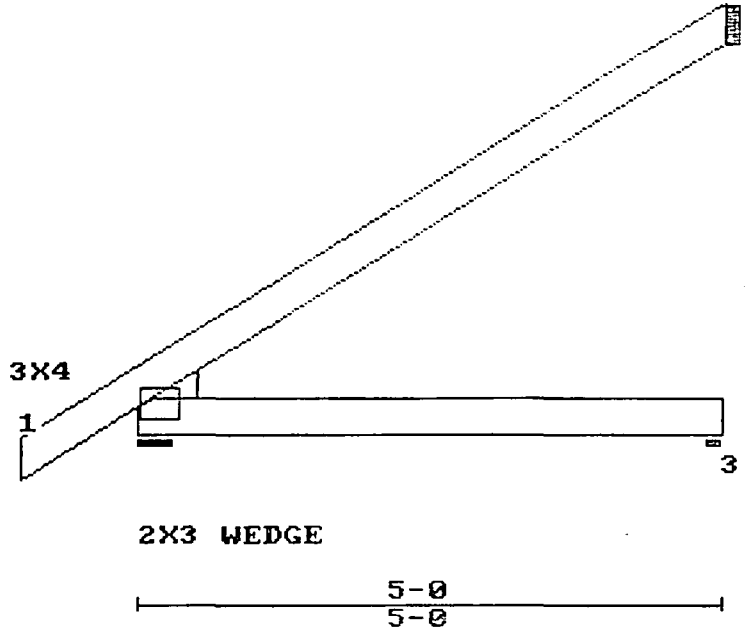
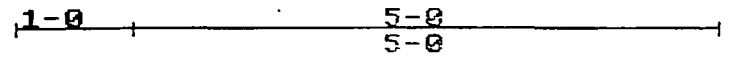
====<<<<ACES-32 Ver. 1.1>>>>=====[012931]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:22:20 1999
 Project #: 99310 Truss ID : C5 Family # : 205
 Span : 5-0 Quantity : 9 Top Pitch : 7/12
 ==Bid(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS
 1-2= 0 3-1= 0
 2-3= 0

REACTIONS - SIZE
 1=-374 3.5C
 3=-48 1.5C
 2=-216 1.5C



PROVIDE FOR 244 LBS UPLIFT AT JOINT 1 (0.65)
 PROVIDE FOR 364 LBS UPLIFT AT JOINT 2 (1.69)
 PROVIDE FOR 360 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:5-9-7 SPAN:5-0 RISE:3-5-10 RIGHT HEIGHT:3-5-10
 LEFT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	1-2=0.834	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	L 0 D 10	BOTT	3-1=0.103	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.	< L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
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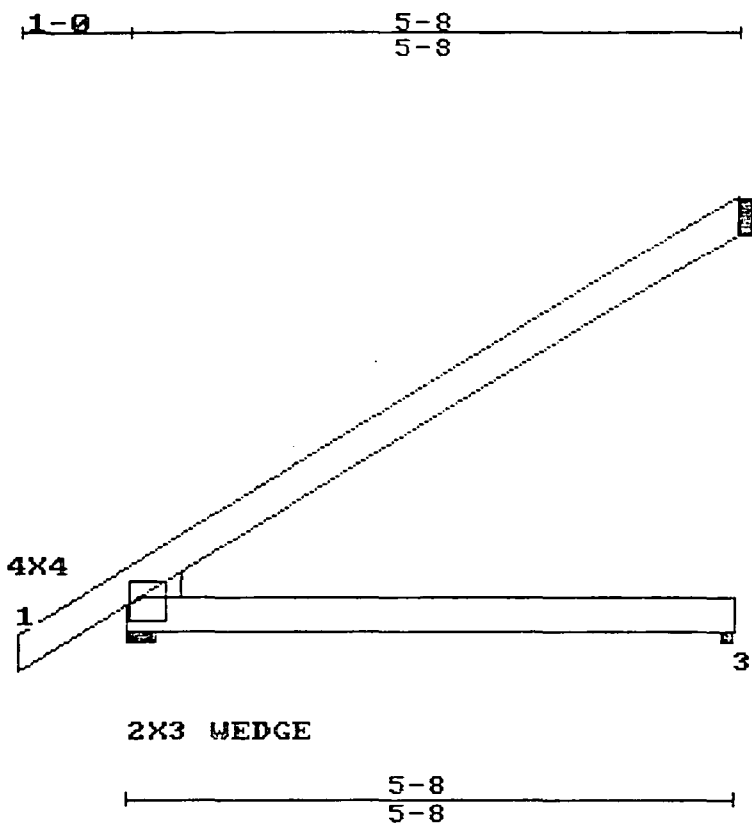
SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012932]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:22:31 1999
 Project #: 99310 Truss ID : J6 Family # : 204
 Span : 5-8 Quantity : 7 Top Pitch : 7/12
 ==Bid(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS REACTIONS - SIZE
 1-2= 0 3-1= 0 1=-410 3.50
 2-3= 0 2=-245 1.50

5

PROVIDE FOR 264 LBS UPLIFT AT JOINT 1 (0.64)
 PROVIDE FOR 412 LBS UPLIFT AT JOINT 2 (1.68)
 PROVIDE FOR 406 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:6-6-12
 LEFT HEIGHT:0-6-10 SPAN:5-8 RISE:3-10-5 RIGHT HEIGHT:3-10-5

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	No.1D 19 SP
30	15	1-2=0.731	3-1=0.135	BOT CHORD:	No.2ND 19 SP
0	10	LL.DEFL. < L/360		WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
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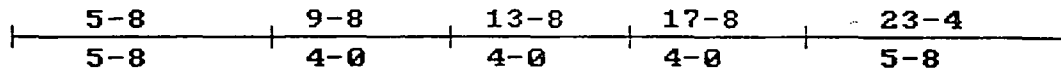
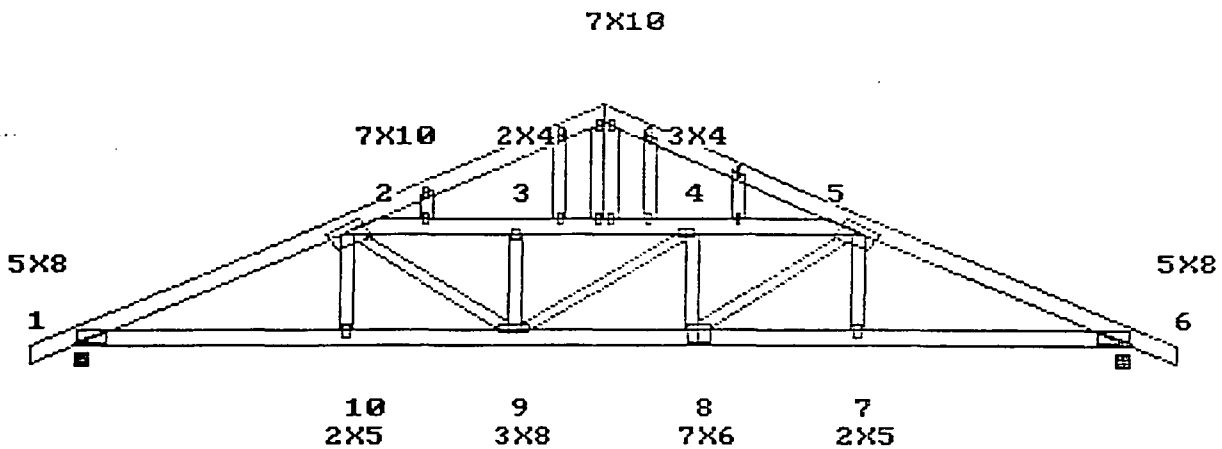
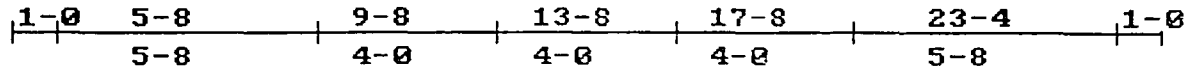
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 SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012933]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:22:42 1999
 Project # : 99310 Truss ID : TH1 Family # : 314
 Span : 23-4 Quantity : 1 Top Pitch : 7/12
 ==81d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1				REACTIONS - SIZE	
1-2=-3963	6-7= 3371	2-10= 647	5-7= 547	1=-2496	4.00
2-3=-4364	7-8= 3371	2-9= 1302		6=-2496	4.00
3-4=-4364	8-9= 4364	3-9=-690			
4-5=-4364	9-10= 3371	4-9= 0			
5-6=-3963	10-1= 3371	4-8=-690			
		5-8= 1302			

6

PROVIDE FOR 3149 LBS UPLIFT AT JOINT 1 (1.26)
 PROVIDE FOR 3149 LBS UPLIFT AT JOINT 6 (1.26)
 PROVIDE FOR 450 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j2=5,3],[j5=5,3],[j7=3,1],[j8=3,2],[j10=3,1],



L. HL TO PK:6-6-12 LEFT HEIGHT:0-6-10 SPAN:23-4 RISE:7-4-5 R. HL TO PK :6-6-12 RIGHT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	5-6=0.786	TOP CHORD:	2X6 SS 19 SP
BOTT	0 10	BOTT	8-9=0.576	BOT CHORD:	2X6 No.2D 19 SP
		LL.DEFL.@9	=0.13 < L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

LOADING	STRESS INCREASE	LUMBER	PLATE	LOADING TYPE	PANEL(PLF) / JOINTS(LBS)					
1	1.33	1.33		UNIFORM	1- 2= 90	2- 5= 173	5- 6= 90	6- 7= 20	7-10= 38	10- 1= 20
				CONCENTRATED		7= 516	10= 516			

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
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====<<<<ACES-32 Ver. 1.1>>>>=====[012934]=====<<<<FL.QUALITY-U.K.>>>>=====

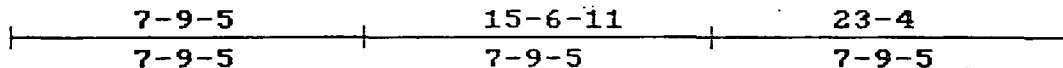
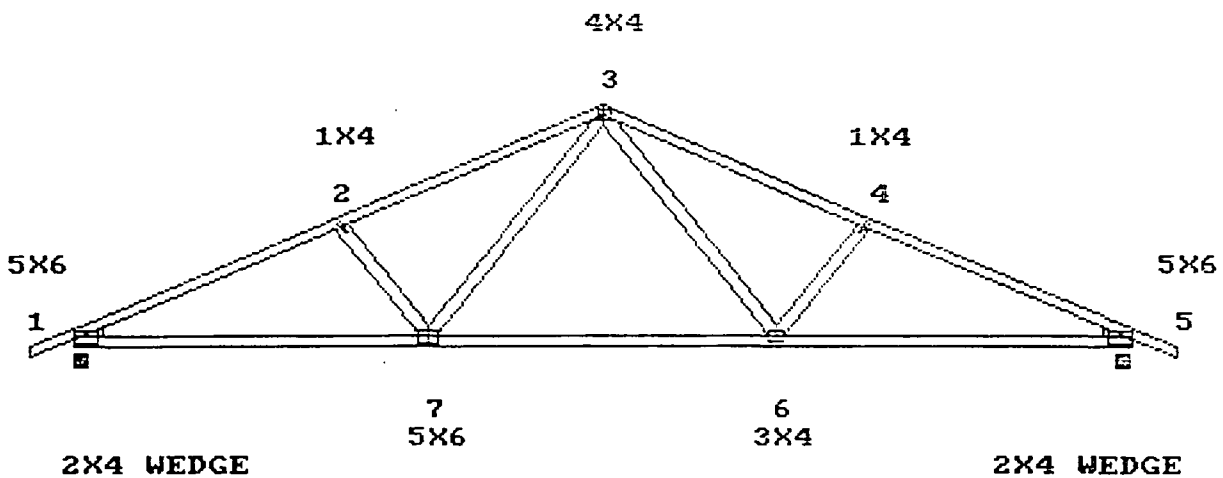
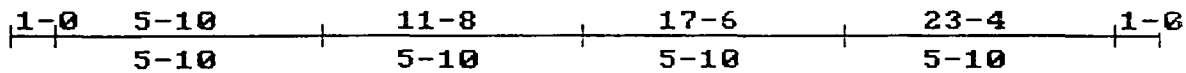
Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:22:52 1999
 Project # : 99310 Truss ID : T1 Family # : special
 Span : 23-4 Quantity : 2 Top Pitch : 7/12

3-5 7/12,
 ==B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS			REACTIONS - SIZE	
1-2=-1728	5-6= 1454	2-7=-373	1=-1375	4.00
2-3=-1480	6-7= 1011	3-7= 552	5=-1375	4.00
3-4=-1480	7-1= 1454	3-6= 552		
4-5=-1728		4-6=-373		

7

PROVIDE FOR 1323 LBS UPLIFT AT JOINT 1 (0.96)
 PROVIDE FOR 1323 LBS UPLIFT AT JOINT 5 (0.96)
 PROVIDE FOR 933 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j7=3,2],



L. HL TO PK:13-6-1 SPAN:23-4 RISE:7-4-5 R. HL TO PK :13-6-1
 LEFT HEIGHT:0-6-10 RIGHT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	2-3=0.808	TOP CHORD:	2X4 SS 19 SP
BOTT	0 10	BOTT	7-1=0.544	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@7	=0.06 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
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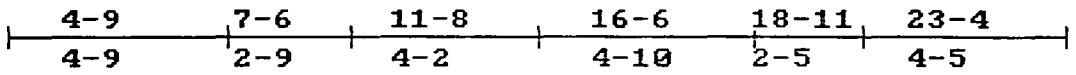
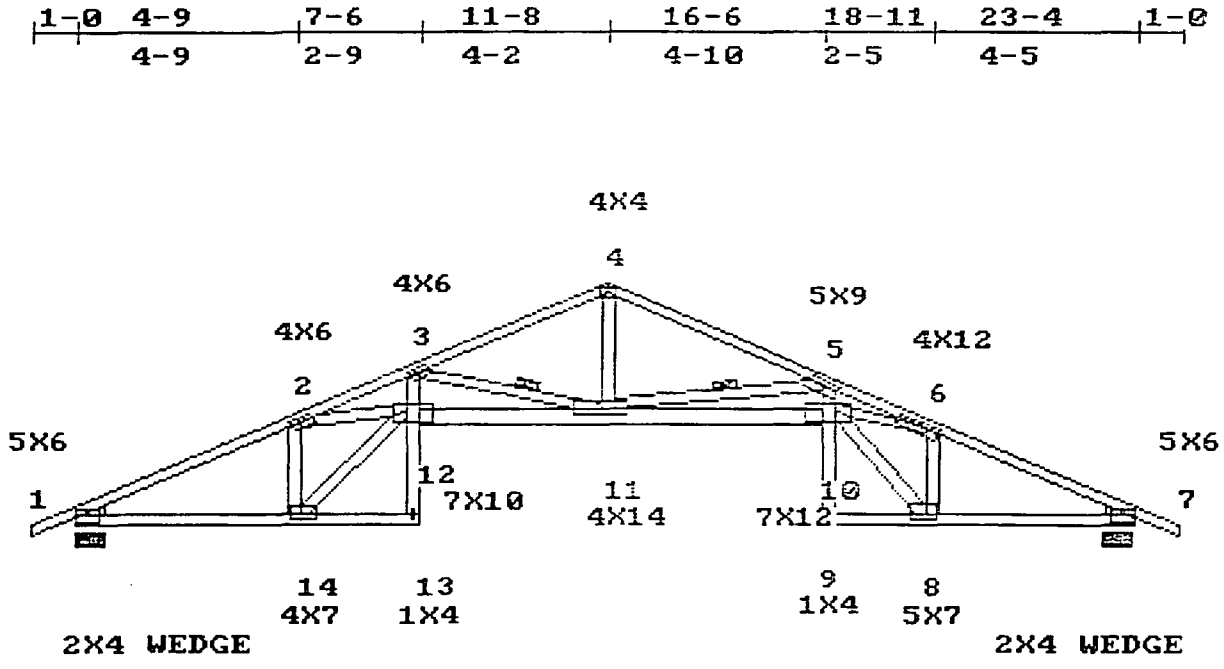
Customer : FOGLIA-CAPTIVA-WEXTGAR Truss ID : AT1 Wed Sep 29 11:23:02 1999
 Project #: 99310 Quantity : 1 Family #: special
 Span : 23-4 Top Pitch : 7/12
 Bot pitch : 90/12

==81d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1				REACTIONS - SIZE	
1-2=-2183	7-8= 1830	13-14= 0	2-14=-2066	5-10= 3302	1=-1582 8.00
2-3=-6099	8-9= 0	14-1= 1805	2-12= 3465	5-10= 5034	7=-1596 8.00
3-4=-2677	9-10= 23		3-12= 2424	5-8=-2421	
4-5=-2677	10-11= 6410		3-11=-2904	10-8= 3036	
5-6=-7906	11-12= 5038		4-11= 2292	12-14= 2797	
6-7=-2223	12-13= 26		5-11=-4210		



PROVIDE FOR 1536 LBS UPLIFT AT JOINT 1 (0.97)
 PROVIDE FOR 1550 LBS UPLIFT AT JOINT 7 (0.97)
 PROVIDE FOR 933 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP): [j5=4,2],[j6=8,1.5],[j8=4,3.5],[j10=5,2],[j11=9,2.5],[j12=5,2],[j14=3,2.5],



L. HL TO PK:13-6-1 INTERNAL RISE:3-0 R. HL TO PK :13-6-1
 LEFT HEIGHT:0-6-10 SPAN:23-4 RISE:7-4-5 RIGHT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	5-6=0.991	TOP CHORD:	2X4 SS 19 SP
TOP	30	BOTT	10-11=0.900	BOT CHORD:	2X4 No.2ND 19 SP
BOTT	0	LL.DEFL.@9	=0.38 < L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED
 NOTE: PROVIDE FOR 0.67 IN. HORIZONTAL DISPLACEMENT AT ONE BEARING

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

LOADING	STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
LUMBER	1.33	UNIFORM	1- 7= 90 7- 9= 20 10-12= 70 13- 1= 20

CHORD: 9-10; 12-13 TO BE 2X4 No.3 19 SP
 CHORD: 10-11; 11-12 TO BE 2X6 No.2D 19 SP
 WEB: 2-12; 5-11; 6-10 TO BE 2X4 No.2ND 19 SP
 WEB: 3-11; 5-11 BRACED at 1/2 POINTS AS SHOWN ABOVE

[Signature]
 SEP 30 1999

Note: Use 1x4 or 2x3 Cont. Bracing conn. w/2-8d nails, or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL (EXCEPT AS SHOWN)
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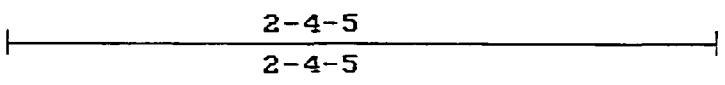
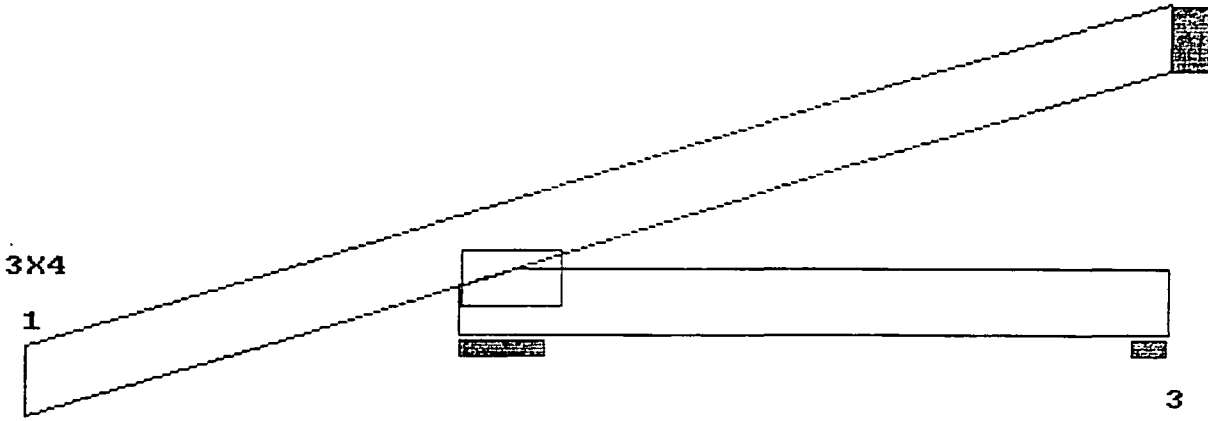
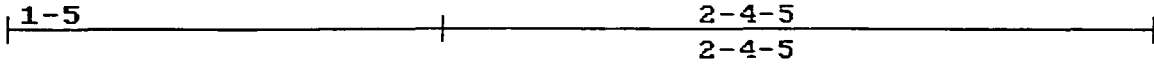
Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:23:14 1999
 Project #: 99310 Truss ID : HJ1 Family # : 204
 Span : 2-4-5 Quantity : 1 Top Pitch : 4.95/12

====Bid(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS		REACTIONS - SIZE	
1-2= 0	3-1= 0	1=-374	3.50
2-3= 0		3=-21	1.50
		2=-57	1.50

9

PROVIDE FOR 306 LBS UPLIFT AT JOINT 1 (1.12)
 PROVIDE FOR 181 LBS UPLIFT AT JOINT 2 (1.87)
 PROVIDE FOR 161 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:2-6-10 SPAN:2-4-5 RISE:1-6 RIGHT HEIGHT:1-6
 LEFT HEIGHT:0-6-5

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30 15	TOP	1-2=0.170	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0 10	BOTT	3-1=0.019	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.	< L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
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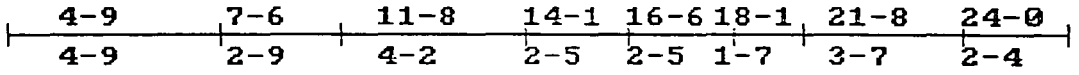
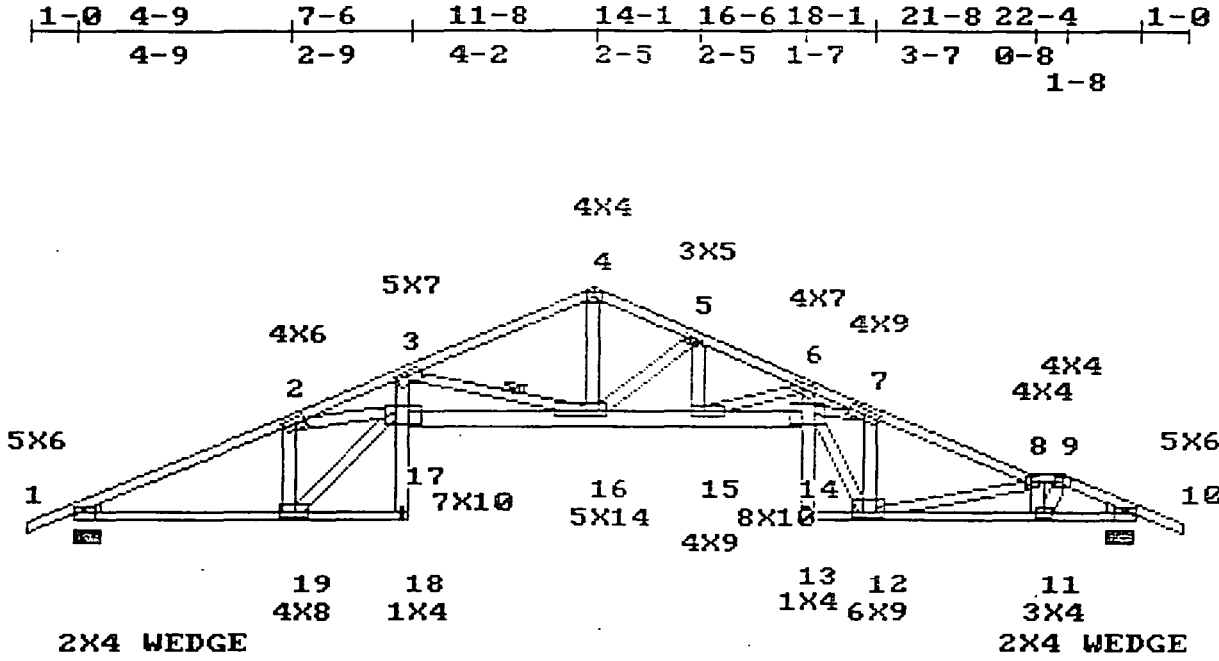
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 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:23:26 1999
 Project #: 99310 Truss ID : AT2 Family # : special
 Span : 24-0 Quantity : 1 Top Pitch : 7/12
 Bot pitch : 90/12

====B1d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1						REACTIONS - SIZE	
1-2=-2261	7-8=-2361	10-11= 1553	16-17= 5242	2-19=-2142	5-15= 1772	5-11=-1290	1=-1626 8.00
2-3=-6344	8-9=-2280	11-12= 2280	17-18= 26	2-17= 3513	5-15=-3745	5-11= 1530	10=-1626 8.00
3-4=-2821	9-10=-2115	12-13= 0	18-19= 0	3-17= 2505	5-14= 3697	4-12= 4839	
4-5=-2821		13-14= 14	19-1= 1868	3-16=-2998	7-14= 5523	17-19= 2896	
5-6=-4226		14-15= 7037		4-16= 2546	7-12=-4254		
6-7=-8690		15-16= 3651		5-16=-1765	5-12=-249		

10

PROVIDE FOR 1547 LBS UPLIFT AT JOINT 1 (0.95)
 PROVIDE FOR 1564 LBS UPLIFT AT JOINT 10 (0.96)
 PROVIDE FOR 933 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP): [j3=4,2], [j5=2,1.5], [j6=3,2], [j7=5,2], [j10=5,4.5], [j11=5,3], [j15=3,2.5], [j16=10,3.5], [j17=5,2], [j19=4,2.5]



L. HL TO PK:13-6-1 INTERNAL RISE:3-0 R. HL TO PK :1-11-2
 LEFT HEIGHT:0-6-10 SPAN:24-0 RISE:7-4-5 RIGHT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30	TOP	2-3=0.939	TOP CHORD:	2X4 SS 19 SP
BOTT	0	BOTT	14-15=0.870	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@13	=0.38 < L/350	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED
 NOTE: PROVIDE FOR 0.66 IN. HORIZONTAL DISPLACEMENT AT ONE BEARING
 SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

LOADING STRESS INCREASE	LOADING LUMBER PLATE	LOADING TYPE	PANEL(PLF) / JOINTS(LBS)
1	1.33	1.33	UNIFORM 1-10= 90 10-13= 20 14-17= 70 18- 1= 20

CHORD: 13-14; 17-18 TO BE 2X4 No.3 19 SP
 CHORD: 14-15; 15-16; 16-17 TO BE 2X6 No.2D 19 SP
 WEB: 2-17; 6-14; 7-12; 14-12 TO BE 2X4 No.2ND 19 SP
 WEB: 7-14 TO BE 2X4 No.1D 19 SP
 WEB 3-16 BRACED at 1/2 POINTS AS SHOWN ABOVE

[Handwritten signature]

Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/ND S DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

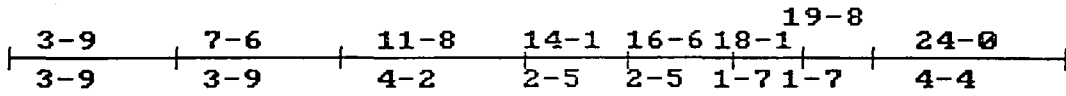
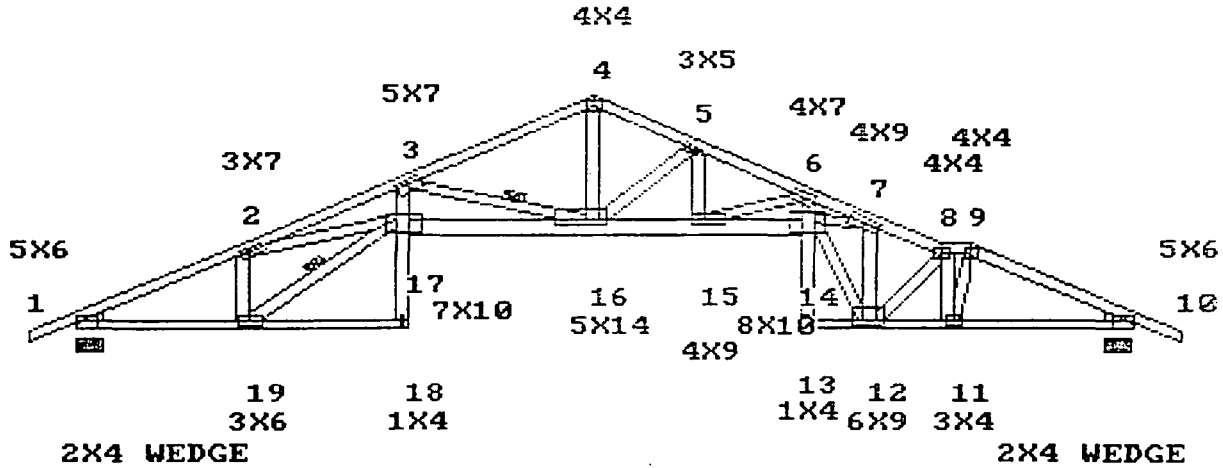
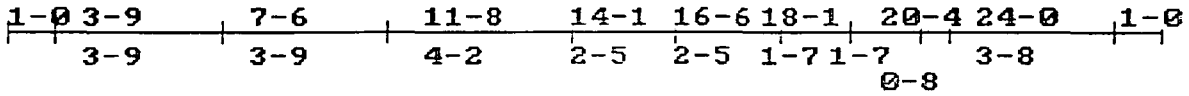
SEP 30 1999

==81d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1						REACTIONS - SIZE	
1-2=-2294	7-8=-2352	10-11= 1842	16-17= 5242	2-19=-1530	5-15= 1772	8-11=-1090	1=-1626 8.00
2-3=-6338	8-9=-2160	11-12= 2160	17-18= 36	2-17= 3664	5-15=-3745	8-11= 1189	10=-1626 8.00
3-4=-2821	9-10=-2269	12-13= 0	18-19= 0	3-17= 2457	5-14= 3597	7-12= 4839	
4-5=-2821		13-14= 14	19-1= 1871	3-16=-2998	7-14= 5523	7-19= 2462	
5-6=-4226		14-15= 7037		4-16= 2546	7-12=-4181		
6-7=-8690		15-16= 3651		5-16=-1765	5-12=-209		



PROVIDE FOR 1577 LBS UPLIFT AT JOINT 1 (0.97)
 PROVIDE FOR 1591 LBS UPLIFT AT JOINT 10 (0.98)
 PROVIDE FOR 933 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP): [j2=3,1.5],[j3=4,2],[j5=2,1.5],[j6=3,2],[j7=5,2],[j12=5,4.5],[j14=5,3],[j15=3,2.5],[j16=10,3.5],[j17=5,2]



L. HL TO PK:13-6-1 INTERNAL RISE:3-0 R. HL TO PK :4-2-15
 LEFT HEIGHT:0-6-10 SPAN:24-0 RISE:7-4-5 RIGHT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	BOT CHORD:
30	15	2-3=0.899	14-15=0.870	2X4 SS 19 SP	2X4 No.2ND 19 SP
0	10	LL.DEFL.@15=0.39 < L/360		WEBS :2X4 No.3 19 SP	

REPETITIVE STRESSES NOT USED
 NOTE: PROVIDE FOR 0.68 IN. HORIZONTAL DISPLACEMENT AT ONE BEARING

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

LOADING STRESS INCREASE	LOADING LUMBER	LOADING PLATE	LOADING TYPE	PANEL(PLF) / JOINTS(LBS)
1	1.33	1.33	UNIFORM	1-10= 90 10-13= 20 14-17= 70 18- i= 20

- CHORD: 13-14; 17-18 TO BE 2X4 No.3 19 SP
- CHORD: 14-15; 15-16; 16-17 TO BE 2X6 No.2D 19 SP
- WEB: 2-17; 6-14; 7-12; 14-12 TO BE 2X4 No.2ND 19 SP
- WEB: 7-14 TO BE 2X4 No.1D 19 SP
- WEB: 3-16; 17-19 BRACED at 1/2 POINTS AS SHOWN ABOVE

[Handwritten Signature]
 SEP 30 1999

Note: Use 1x4 or 2x3 Cont. Bracing conn. w/2-8d nails, or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN) DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC, ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY. FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

Customer : FOGLIA-CAPTIVA-WEXTGAR

Wed Sep 29 11:23:49 1999

Project # : 99310

Truss ID : AT4

Family # : special

Span : 24-0

Quantity : 1

Top Pitch : 7/12

Bot pitch : 90/12

====B1d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1						REACTIONS - SIZE	
1-2=-2261	7-8=-1995	10-11= 1823	16-17= 5242	2-19=-2142	5-15= 1772	5-11= 0	1=-1626 8.00
2-3=-6344	8-9=-2118	11-12= 1823	17-18= 26	2-17= 3613	5-15=-3745	9-11= 60	10=-1626 8.00
3-4=-2821	9-10=-2285	12-13= 0	18-19= 0	3-17= 2505	5-14= 3557	14-12= 6347	
4-5=-2821		13-14= 10	19-1= 1869	3-16=-2988	7-14= 6077	17-9= 2896	
5-6=-4227		14-15= 7038		4-16= 2546	7-12=-6901		
6-7=-8596		15-16= 3651		5-16=-1765	8-12= 937		

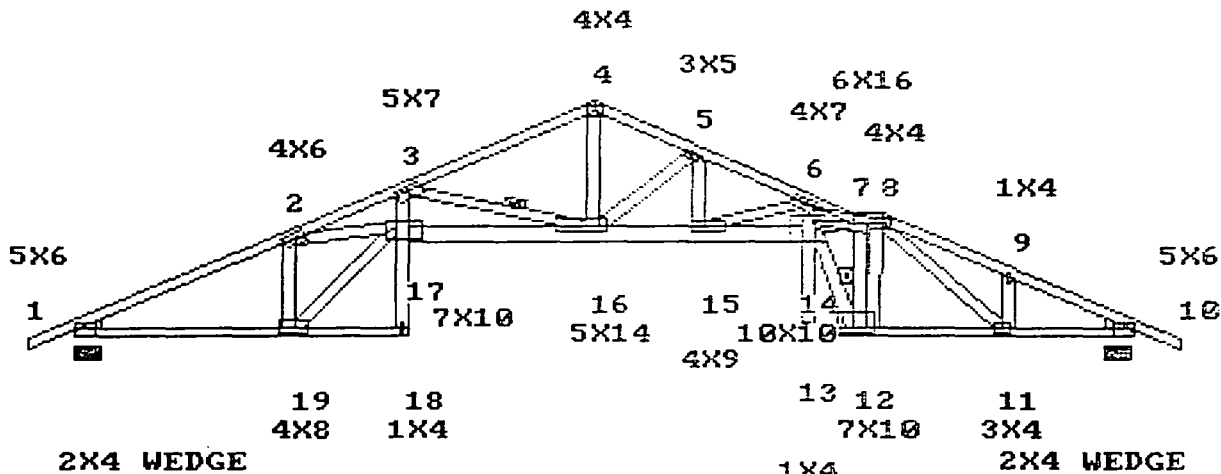
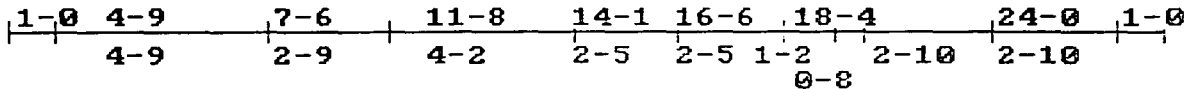
12

PROVIDE FOR 1581 LBS UPLIFT AT JOINT 1 (0.97)

PROVIDE FOR 1591 LBS UPLIFT AT JOINT 10 (0.98)

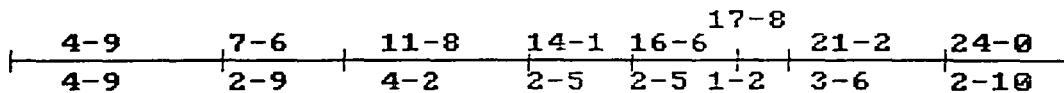
PROVIDE FOR 933 LBS HORIZ. REACTION AT JOINT 1

PLATE OFFSETS (X=LEFT, Y=TOP): [j3=4,2], [j5=2,1.5], [j6=3,2], [j7=10,5.3], [j12=6,5.5], [j14=5,4], [j15=3,2.5], [j16=10,3.5], [j17=5,2], [j19=4,



2X4 WEDGE

2X4 WEDGE



L. HL TO PK:13-6-1
LEFT HEIGHT:0-6-10

INTERNAL RISE:3-0
SPAN:24-0
RISE:7-4-5

R. HL TO PK :6-6-12
RIGHT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	BOT CHORD:
30	15	2-3=0.942	14-15=0.870	2X4 SS 19 SP	2X4 No.2ND 19 SP
0	10	LL.DEFL.@13=0.41 < L/360		WEBS :2X4	No.3 19 SP

SPACING : 24.0 in. o. c.
NO. OF MEMBERS = 1

REPETITIVE STRESSES NOT USED

NOTE: PROVIDE FOR 0.70 IN. HORIZONTAL DISPLACEMENT AT ONE BEARING

LOADING STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
LUMBER PLATE	TYPE	
1	1.33 1.33 UNIFORM	1-10= 90 10-13= 20 14-17= 70 18- 1= 20

- CHORD: 13-14; 17-18 TO BE 2X4 No.3 19 SP
- CHORD: 14-15; 15-16; 16-17 TO BE 2X6 No.2D 19 SP
- WEB: 2-17; 6-14 TO BE 2X4 No.2ND 19 SP
- WEB: 7-14; 7-12; 14-12 TO BE 2X4 No.1D 19 SP
- WEB 3-16; 7-12 BRACED at 1/2 POINTS AS SHOWN ABOVE

Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT. ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).

PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)

PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/ND5 DESIGN SPECS, SSBC,ANSI/TPI-95

THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

SEP 30 1999

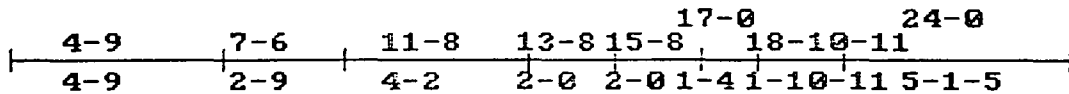
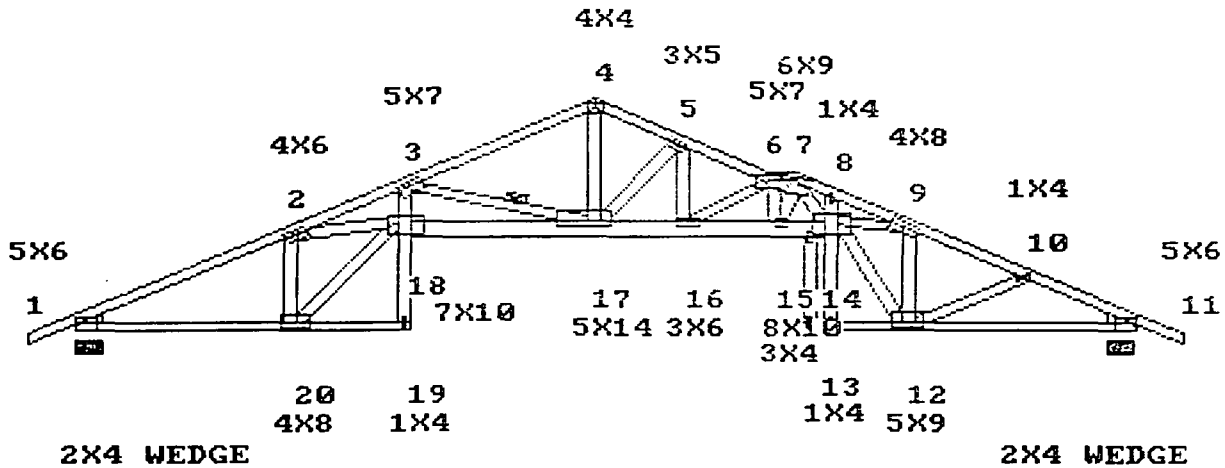
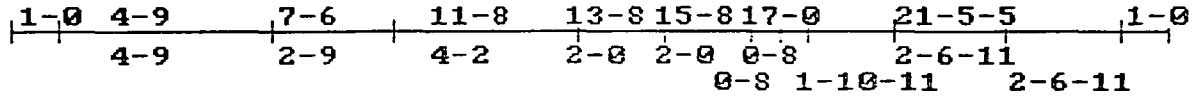
====<<<<ACES-32 Ver. 1.1>>>>=====[012940]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:24:01 1999
 Project # : 99310 Truss ID : AT5 Family # : special
 Span : 24-0 Quantity : 1 Top Pitch : 7/12
 Bot pitch : 90/12

==B1d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1						REACTIONS - SIZE	
1-2=-2274	7-8=-7858	11-12= 1782	17-18= 5278	2-20=-2155	5-15= 1672	5-14= 4767	1=-1633 8.00
2-3=-6387	8-9=-7688	12-13= 0	18-19= 25	2-18= 3639	6-15=-2409	5-12=-3342	11=-1643 8.00
3-4=-2845	9-10=-2184	13-14= 17	19-20= 0	3-18= 2520	6-15=-539	11-12= 126	
4-5=-2845	10-11=-2258	14-15= 5005	20-1= 1890	3-17=-3004	7-15= 713	14-12= 3834	
5-6=-3932		15-16= 5272		4-17= 2590	7-14= 3800	15-20= 2913	
6-7=-5272		16-17= 3413		5-17=-1641	5-14=-374		

13

PROVIDE FOR 1592 LBS UPLIFT AT JOINT 1 (0.97)
 PROVIDE FOR 1610 LBS UPLIFT AT JOINT 11 (0.98)
 PROVIDE FOR 933 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP): [j3=4,2], [j5=2,1.5], [j7=4.5,1.5], [j12=5,3.5], [j14=5,5], [j17=10,3.5], [j18=5,2], [j20=4,2.5],



L. HL TO PK:13-6-1 INTERNAL RISE:3-0 R. HL TO PK :8-10-8
 LEFT HEIGHT:0-6-10 SPAN:24-0 RISE:7-4-5 RIGHT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	SS
30	15	2-3=0.948	17-18=0.722	2X4	SS 19 SP
0	10	LL.DEFL.@16=0.35 < L/360		2X4	No.2ND 19 SP
				WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED
 NOTE: PROVIDE FOR 0.62 IN. HORIZONTAL DISPLACEMENT AT ONE BEARING

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

LOADING STRESS INCREASE	LOADING LUMBER	LOADING PLATE	LOADING TYPE	PANEL(PLF) / JOINTS(LBS)
1	1.33	1.33	UNIFORM	1-11= 90 11-13= 20 14-18= 70 19- 1= 20

CHORD: 13-14; 18-19 TO BE 2X4 No.3 19 SP
 CHORD: 14-15; 15-16; 16-17; 17-18 TO BE 2X6 No.2D 19 SP
 WEB: 2-18; 7-14; 9-14; 14-12 TO BE 2X4 No.2ND 19 SP
 WEB 3-17 BRACED at 1/2 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDE. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
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SEP 30 1999

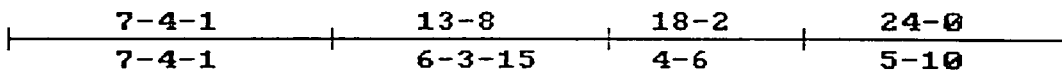
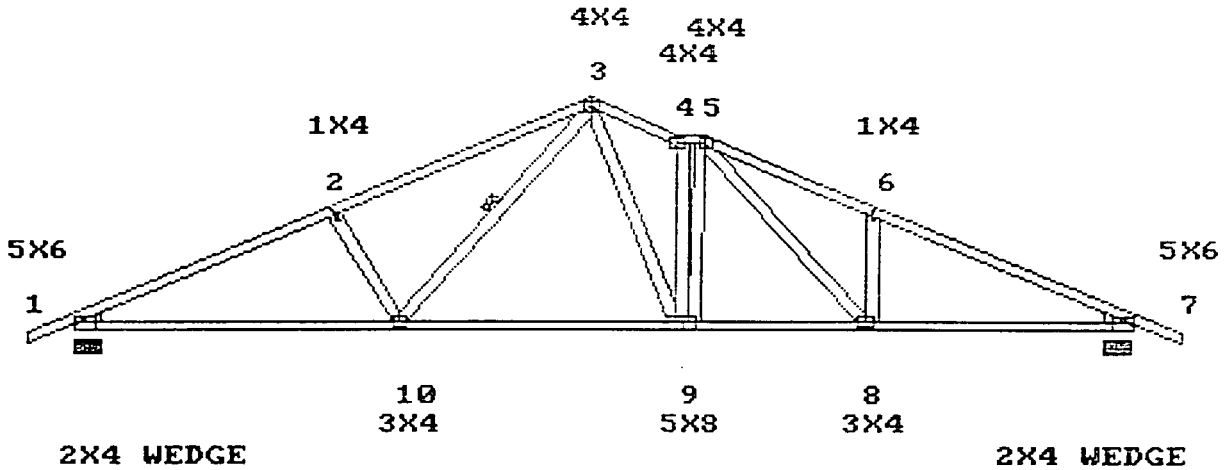
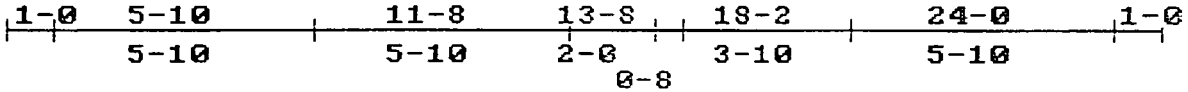
Customer : FOGLIA-CAPTIVA-WEXTGAR
 Project #: 99310
 Span : 24-0
 3-4 7/12,
 Truss ID : T2
 Quantity : 1
 Wed Sep 29 11:24:12 1999
 Family # : special
 Top Pitch : 7/12

====81d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS				REACTIONS - SIZE	
1-2=-1750	7-8= 1482	2-10=-345	5-5=-313	1=-1393	8.00
2-3=-1537	8-9= 1214	3-10= 530		7=-1393	8.00
3-4=-1432	9-10= 1050	3-9= 708			
4-5=-1243	10-1= 1459	4-9=-831			
5-6=-1720		5-9= 260			
6-7=-1777		5-8= 492			

14

PROVIDE FOR 1349 LBS UPLIFT AT JOINT 1 (0.97)
 PROVIDE FOR 1352 LBS UPLIFT AT JOINT 7 (0.97)
 PROVIDE FOR 933 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j9=4,2],



L. HL TO PK:13-6-1
 LEFT HEIGHT:0-6-10
 SPAN:24-0
 RISE:7-4-5
 R. HL TO PK :11-2-5
 RIGHT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	2-3=0.818	TOP CHORD:	2X4 SS 19 SP
BOTT	L 0 D 10	BOTT	10-1=0.481	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@9	=0.06 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33
 REPETITIVE STRESSES USED
 SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

WEB 3-10 BRACED at 1/2 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
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[Signature]
 SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012942]=====<<<<FL.QUALITY-U.K.>>>>=====

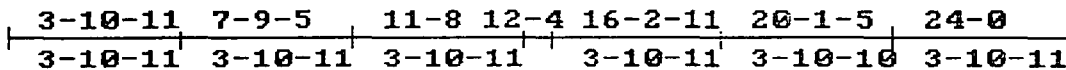
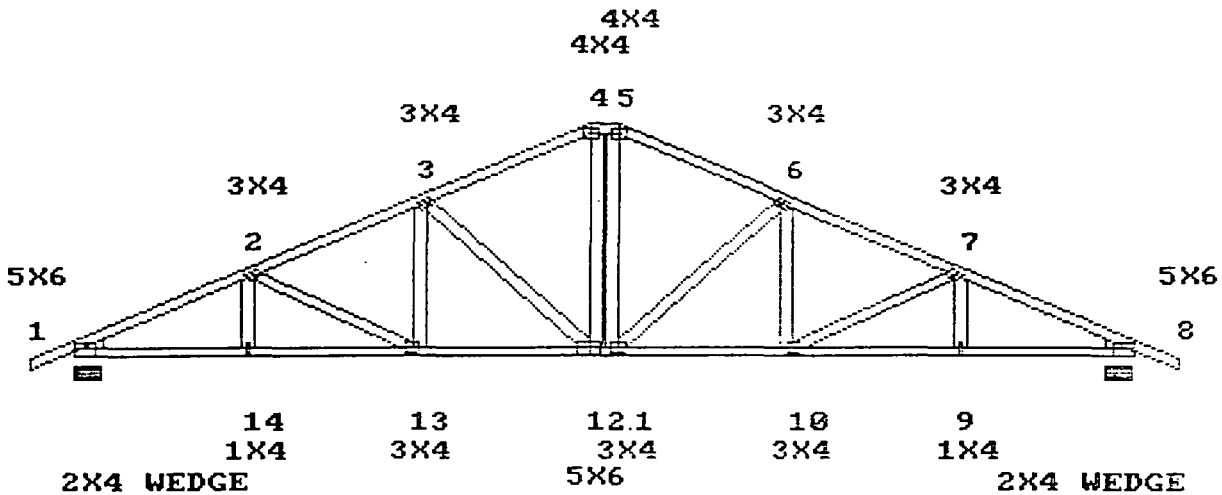
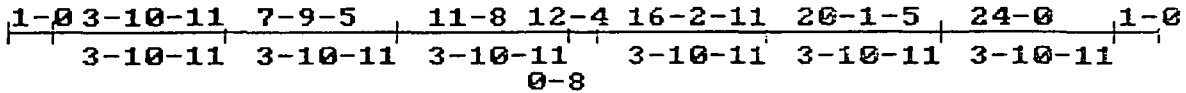
Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:24:23 1999
 Project # : 99310 Truss ID : T3 Family # : special
 Span : 24-0 Quantity : 1 Top Pitch : 7/12

====8/12(1/12/1999),v1.1=====

REACTIONS - SIZE
 1--1393 8.00
 8--1393 8.00

15

PROVIDE FOR 1352 LBS UPLIFT AT JOINT 1 (0.97)
 PROVIDE FOR 1352 LBS UPLIFT AT JOINT 8 (0.97)
 PROVIDE FOR 936 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j12=3,2],



L. HL TO PK:13-6-1 SPAN:24-0 RISE:7-4-5 R. HL TO PK :13-6-1
 LEFT HEIGHT:0-6-10 RIGHT HEIGHT:0-6-10

LOADING (PSF) MAX STRESSES MINIMUM GRADE OF LUMBER

TOP	L 30	D 15	TOP 6-7=0.807	TOP CHORD:2X4	No.2ND 19 SP
BOTT	0	10	BOTT 12-13=0.464	BOT CHORD:2X4	No.2ND 19 SP
			LL.DEFL.@12=0.07 < L/360	WEBS :2X4	No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDE. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
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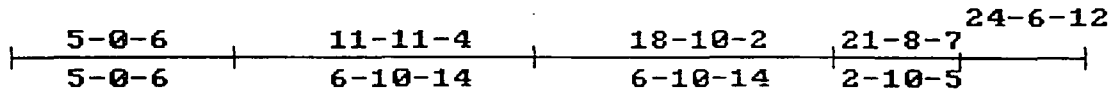
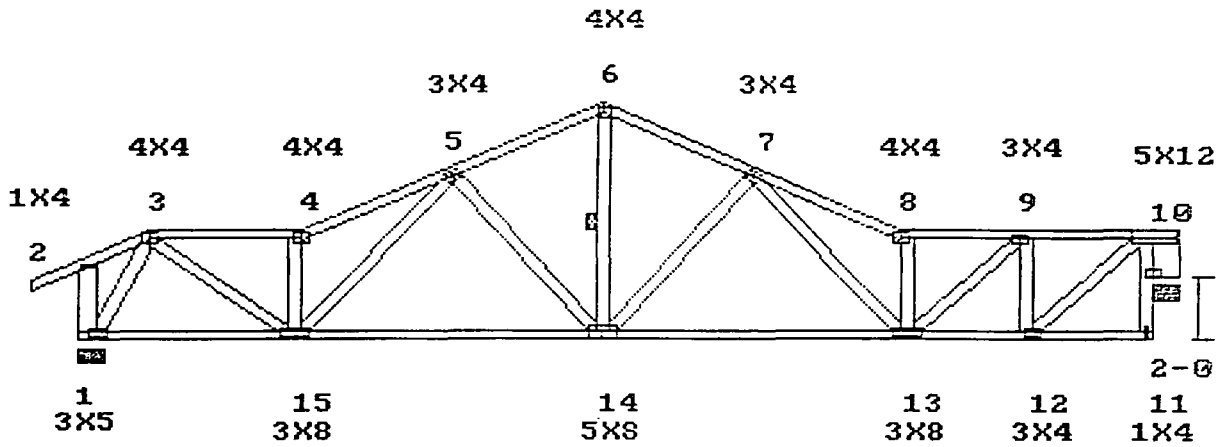
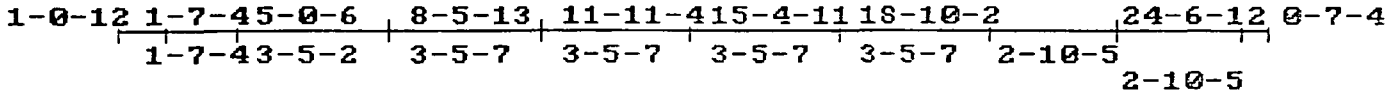
SEP 30 1999

Customer : FOGLIA-CAPTIVA-WEXTGAR Truss ID : T4 Wed Sep 29 11:24:34 1999
 Project #: 99310 Quantity : 1 Family #: special
 Span : 24-6-12 Top Pitch : 7/12
 4-8 7/12,
 ==Bid(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS				REACTIONS - SIZE	
1-2=-179	7-8=-2092	11-12= 0	3-1=-1335	7-14=-577	1=-1455 8.00
2-3= 0	8-9=-1812	12-13= 1045	3-15= 1476	7-13= 671	10=-1405 8.00
3-4=-1596	9-10=-1045	13-14= 1442	4-15=-1230	8-13=-1329	
4-5=-1843	10-11= 29	14-15= 1375	5-15= 402	9-13= 1157	
5-6=-1301		15-1= 523	5-14=-456	9-12=-1124	
6-7=-1301			6-14= 1000	10-12= 1577	

16

PROVIDE FOR 1431 LBS UPLIFT AT JOINT 1 (0.98)
 PROVIDE FOR 1396 LBS UPLIFT AT JOINT 10 (0.99)
 PROVIDE FOR 598 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j10=2,3],[j14=4,2],



L. HL TO PK:1-10-5 LEFT HEIGHT:2-7-1 SPAN:24-6-12 RISE:7-6-10 RIGHT HEIGHT:3-6-5

LOADING (PSF)	MAX STRESSES	MINIMUM GRADE OF LUMBER
L 30	TOP 7-8=0.891	TOP CHORD:2X4 No.2ND 19 SP
D 15	BOTT 13-14=0.493	BOT CHORD:2X4 No.2ND 19 SP
TOP 0	LL.DEFL.@14=0.07 < L/360	WEBS :2X4 No.3 19 SP
BOTT 10		

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

WEB: 1-2 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 6-14 BRACED at 1/2 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Signature]
 SEP 30 1999

Customer : FOGLIA-CAPTIVA-WEXTGAR
 Project # : 99310
 Span : 24-6-12
 Truss ID : T5
 Quantity : 1
 Wed Sep 29 11:24:46 1999
 Family # : special
 Top Pitch : 7/12

4-6 7/12,
 ==81d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS

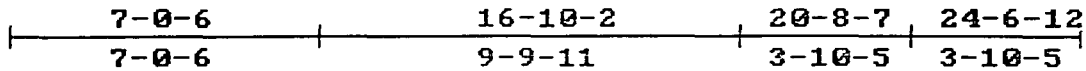
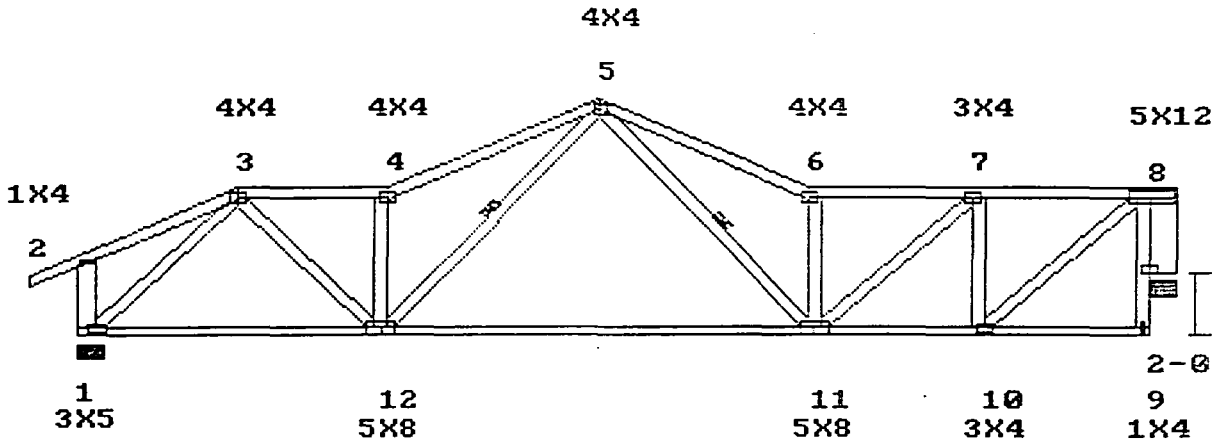
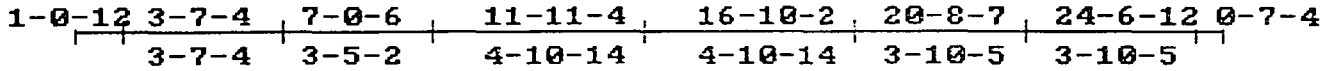
1-2=-269	7-8=-988	9-10= 0	3-1=-1410	7-11= 933
2-3= 0	8-9= 39	10-11= 988	3-12= 1030	7-10=-1049
3-4=-1491		11-12= 1090	4-12=-1238	8-10= 1498
4-5=-1723		12-1= 858	5-12= 715	
5-6=-1853			5-11= 915	
6-7=-1604			6-11=-1322	

REACTIONS - SIZE

1=-1455	8.00
8=-1405	8.00

17

PROVIDE FOR 1450 LBS UPLIFT AT JOINT 1 (1.00)
 PROVIDE FOR 1493 LBS UPLIFT AT JOINT 8 (1.06)
 PROVIDE FOR 538 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j8=2,3],[j11=4,2],[j12=4,2],



L. HL TO PK:4-2-1
 LEFT HEIGHT:2-7-1 SPAN:24-6-12 RISE:7-5-10 RIGHT HEIGHT:4-8-5

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	BOT CHORD:
30	15	4-5=0.949	11-12=0.655	2X4 No.1D 19 SP	2X4 No.2ND 19 SP
0	10	LL.DEFL.@11=0.07 < L/360		WEBS :2X4	No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

WEB: 1-2 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 5-12; 5-11 BRACED at 1/2 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Handwritten Signature]

SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>====[012945]====<<<<FL.QUALITY-U.K.>>>>====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:24:57 1999
 Project # : 99310 Truss ID : T6 Family # : special
 Span : 24-6-12 Quantity : 1 Top Pitch : 7/12
 4-6-7/12,
 ==Bid(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS

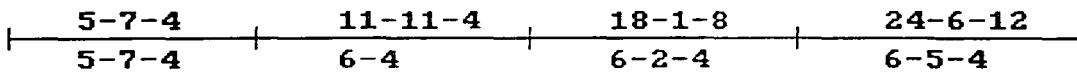
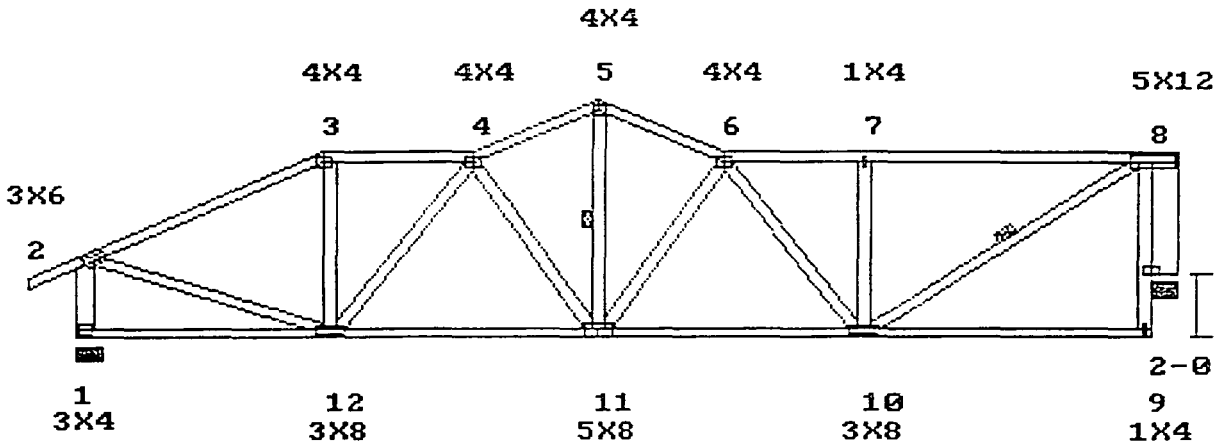
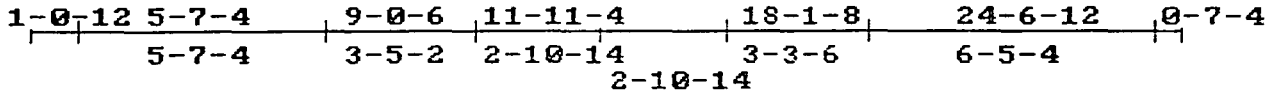
1-2=-1401	7-8=-1139	9-10= 0	2-12= 1103	6-10=-488
2-3=-1168	8-9= 64	10-11= 1387	3-12= 196	7-10=-437
3-4=-1007		11-12= 1333	4-12=-622	8-10= 1505
4-5=-1296		12-1= 0	4-11=-453	
5-6=-1296			5-11= 1031	
6-7=-1139			6-11=-569	

REACTIONS - SIZE

1=-1455	8.00
8=-1405	8.00

18

PROVIDE FOR 1474 LBS.UPLIFT AT JOINT 1 (1.01)
 PROVIDE FOR 1591 LBS UPLIFT AT JOINT 8 (1.13)
 PROVIDE FOR 553 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j8=2,3],[j11=4,2],



L. HL TO PK:6-5-14
 LEFT HEIGHT:2-7-1 SPAN:24-6-12 RISE:7-5-10 RIGHT HEIGHT:5-10-5

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	2-3=0.735	TOP CHORD:	2X4 SS 19 SP
BOTT	L 0 D 10	BOTT	10-11=0.442	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.	@11=0.06 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

WEB: 1-2 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 5-11; 8-10 BRACED at 1/2 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NTS DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

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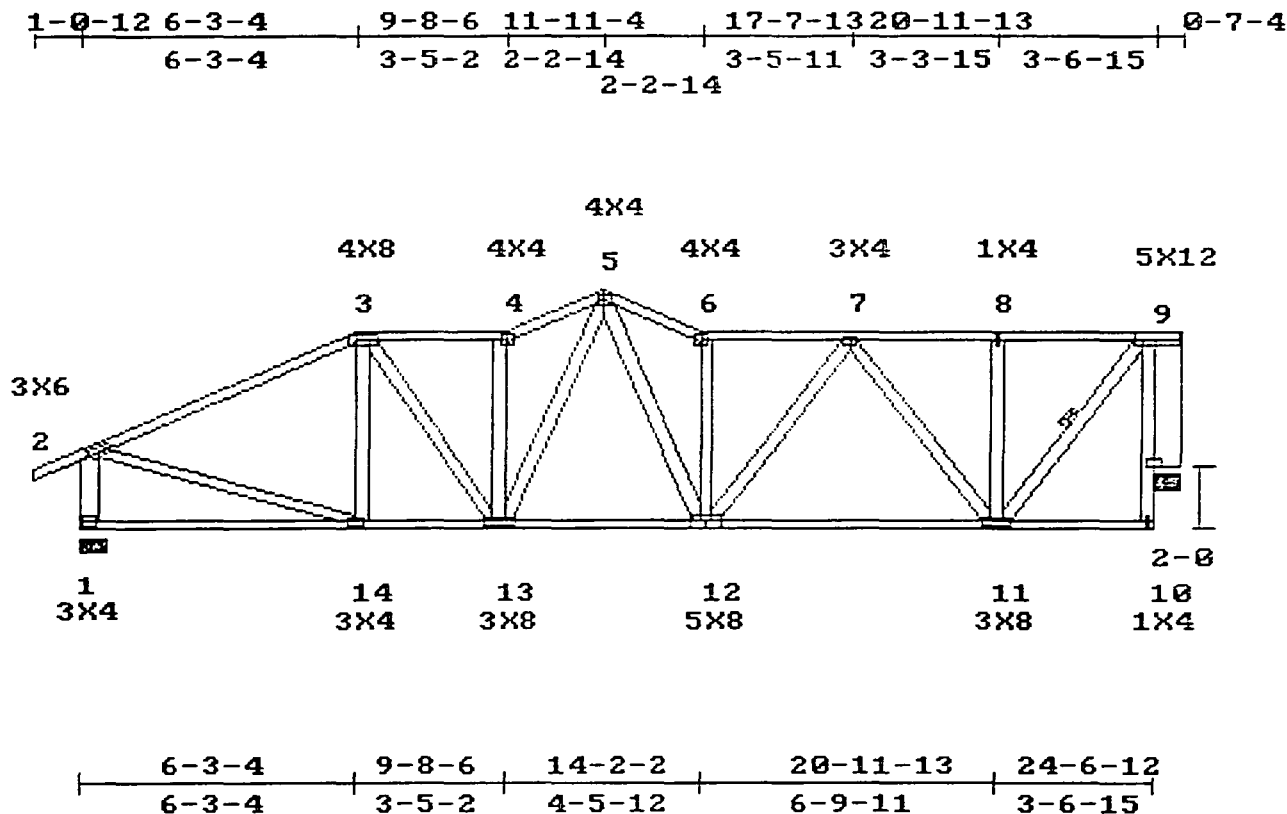
SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012946]=====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:25:08 1999
 Project #: 99310 Truss ID : T7 Family # : special
 Span : 24-6-12 Quantity : 1 Top Pitch : 7/12
 4-6-7/12,
 ==81d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS			REACTIONS - SIZE	
1-2=-1395	7-8=-686	10-11= 0	2-14= 1099	6-12=-1024
2-3=-1184	8-9=-686	11-12= 1093	3-14=-312	7-12= 487
3-4=-1300	9-10= 36	12-13= 1117	3-13= 560	7-11=-833
4-5=-1499		13-14= 1021	4-13=-1000	8-11=-311
5-6=-1542		14-1= 0	5-13= 622	9-11= 1332
6-7=-1338			5-12= 750	

19

PROVIDE FOR 1484 LBS UPLIFT AT JOINT 1 (1.02)
 PROVIDE FOR 1623 LBS UPLIFT AT JOINT 9 (1.16)
 PROVIDE FOR 585 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j9=2,3],[j12=4,2],



L. HL TO PK:7-3-2
 LEFT HEIGHT:2-7-1 SPAN:24-6-12 RISE:7-6-10 RIGHT HEIGHT:6-2-15

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30	TOP	2-3=0.894	TOP CHORD:	2X4 SS 19 SP
BOTT	0	BOTT	12-13=0.384	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@12	=0.06 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

WEB: 1-2 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 9-11 BRACED at 1/2 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Handwritten Signature]
 SEP 30 1999

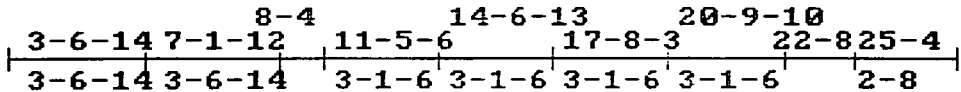
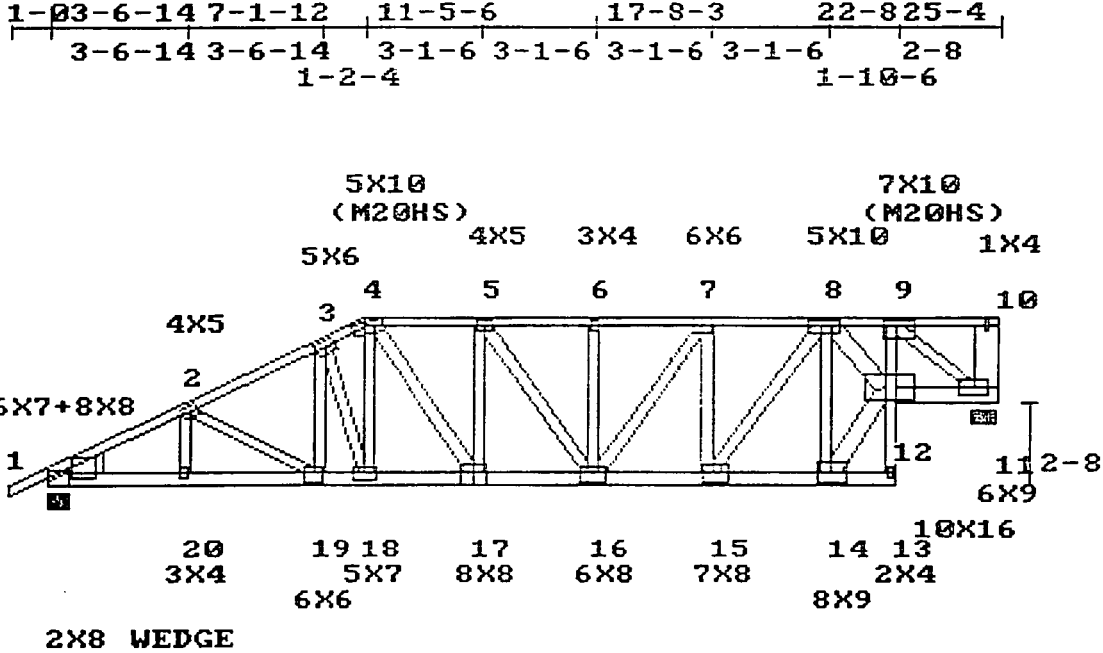
Customer : FOGLIA-CAPTIVA-WEXTGAR
 Project #: 99310
 Span : 25-4
 Truss ID : GT1
 Quantity : 2
 Wed Sep 29 11:25:19 1999
 Family # : special
 Top Pitch : 7/12
 Bot pitch : 90/12

====Bld(1/12/1999),v1.1=====

FORCES - LOAD CASE #1				REACTIONS - SIZE			
1-2=-18526	7-8=-13985	11-12= 12158	17-18= 15157	2-20= 68	5-17= 350	8-14=-12280	1=-10817 8.00
2-3=-18855	8-9=-12896	12-13= 846	18-19= 16287	2-19= 1231	5-15=-741	8-12= 5852	11=-13531 8.03
3-4=-17697	9-10= 0	13-14= 0	19-20= 15243	3-19= 4264	5-16=-281	8-12= 12023	
4-5=-16836	10-11=-106	14-15= 9458	20-1= 15243	3-18=-4265	7-16= 4674	8-11=-17217	
5-6=-16446		15-16= 13987		4-18= 6228	7-15=-4255	12-14= 17444	
6-7=-16446		16-17= 16836		4-17= 3191	5-15= 8505		



PROVIDE FOR 9712 LBS UPLIFT AT JOINT 1 (0.90)
 PROVIDE FOR 12221 LBS UPLIFT AT JOINT 11 (0.90)
 PROVIDE FOR 592 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP): [j3=3,2], [j4=5.5,2], [j7=3,3.5], [j8=6,2], [j9=4,2], [j14=4,4], [j15=3,3], [j16=4,2], [j17=4,2.5], [j18=3,2], [j19=3,2],



L: HL TO PK: 9-7-12
 LEFT HEIGHT: 0-6-10
 INTERNAL RISE: 2-8
 SPAN: 25-4
 RISE: 5-4-15
 RIGHT HEIGHT: 2-8-15

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	2-3=0.865	TOP CHORD:	2X4 SS 19 SP
BOTT	L 0 D 10	BOTT	18-19=0.827	BOT CHORD:	2X6 SS 19 SP
		LL.DEFL.@16	=0.25 < L/360	WEBS:	2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED
 SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 2

LOADING	STRESS INCREASE	LUMBER	PLATE	LOADING TYPE	PANEL(PLF) / JOINTS(LBS)
1	1.33	1.33		UNIFORM	1-10= 90 11-12= 983 13-19= 983 19- 20
				CONCENTRATED	19= 4298

- CHORD: 12-13 TO BE 2X4 No.2ND 19 SP
- WEB: 10-11 TO BE 2X8 SS 19 SP
- WEB: 8-15 TO BE 2X4 No.2ND 19 SP
- WEB: 8-14; 9-12 TO BE 2X4 No.10 19 SP
- WEB: 8-12 TO BE 2X6 No.2D 19 SP
- WEB: 9-11 TO BE 2X4 SS 19 SP
- WEB: 12-14 TO BE 2X6 SS 19 SP

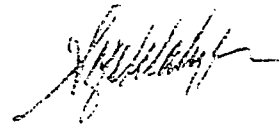
SEP 30 1999

RIGHT END VERTICAL IS NOT EXPOSED.
 2 MEMBERS NAILED TOG. W/1 ROW(S) OF .131x3 in. NAILS 12 in. o.c.(TOP CHS.),AND 2 ROW(S) OF .131x3 in. NAILS 5 in. o.c.(BOTT. CHS.)
 For Webs use 1 ROW of NAILS 12 in. o.c.

GT1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT. ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
PLATES ARE MITEK M20-249,200 M20HS-187,150 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN) DESIGN CONFORMS W/ NDS DESIGN SPECS, SSBC, ANSI/TPI-95
THIS DESIGN IS FOR TRUSS FABRICATION ONLY. FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD) CONSULT BLDG ARCHITECT OR ENGINEER.

20



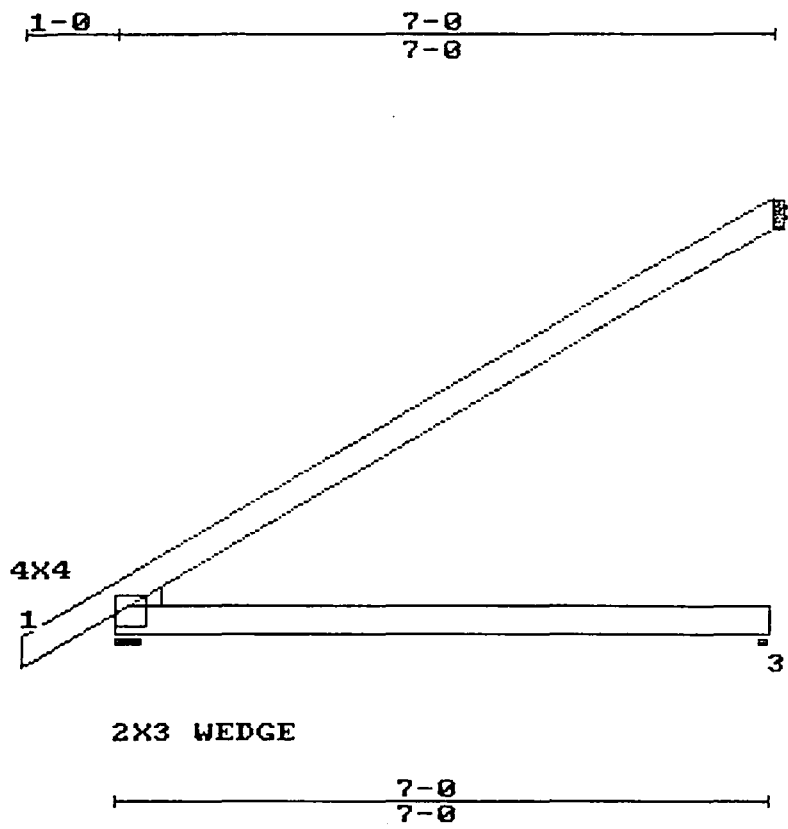
SEP 30 1999

====<<<ACES-32 Ver. 1.1>>>=====[012948]====<<<FL.QUALITY-U.K.>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:25:31 1999
 Project # : 99310 Truss ID : J7 Family # : 204
 Span : 7-0 Quantity : 28 Top Pitch : 7/12

====81d(1/12/1999),v1.1=====
 FORCES - GRAVITY LOADS REACTIONS - SIZE
 1-2= 0 3-1= 0 1=-484 3.5C
 2-3= 0 3=-66 1.5C
 2=-305 1.5C

21

PROVIDE FOR 302 LBS UPLIFT AT JOINT 1 (0.62)
 PROVIDE FOR 507 LBS UPLIFT AT JOINT 2 (1.66)
 PROVIDE FOR 498 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:8-1-4
 LEFT HEIGHT:0-6-10 SPAN:7-0 RISE:4-7-10 RIGHT HEIGHT:4-7-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30	TOP	1-2=0.893	TOP CHORD:	2X4 SS 19 SP
BOTT	0	BOTT	3-1=0.211	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.	< L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDE. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
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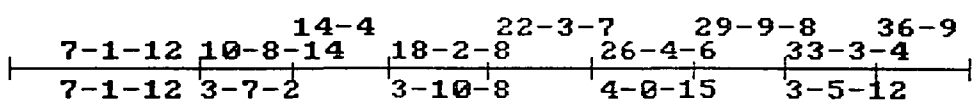
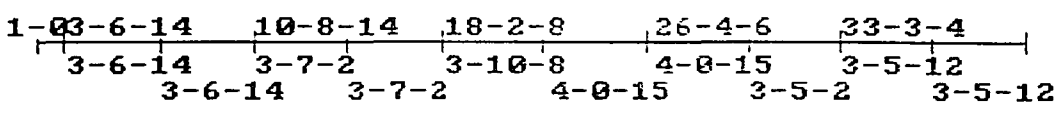
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 SEP 30 1999

8-9 7/12,
 ==B1d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1				REACTIONS - SIZE				
1-2=-7079	7-8=-8886	12-13= 0	18-19=-20493	2-21= 190	5-17= 10193	8-15=-5463	1=-4257	8.00
2-3=-7002	8-9=-11914	13-14= 7118	19-20= 0	3-21= 6034	6-17=-4407	9-14=-1560	12=-15177	9.26
3-4=-2834	9-10=-12982	14-15= 12982	20-21= 6048	3-20=-5575	6-16= 8016	10-14= 11776	19=-22111	15.34
4-5= 1237	10-11=-7118	15-16= 10291	21-1= 5886	4-20= 5658	7-16=-367	10-13=-10511		
5-6=-6113	11-12=-13716	16-17= 5267		4-18=-5273	8-16=-3113	11-13= 15326		
6-7=-8886		17-18=-413		5-18=-12544	8-15= 8443	9-20= 3151		

22

PROVIDE FOR 4054 LBS UPLIFT AT JOINT 1 (0.95)
 PROVIDE FOR 15702 LBS UPLIFT AT JOINT 12 (1.03)
 PROVIDE FOR 23210 LBS UPLIFT AT JOINT 19 (1.05)
 PROVIDE FOR 1368 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j4=2.5,2],[j5=7,2],[j8=4.5,2],[j10=4,2],[j11=4.5,2],[j13=4,4],[j14=3,4],[j15=3,4],[j16=5,3],[j17=5,2],[j18=6,3],[j19=4,3],[j20=6,4],[j21=5,2],



L. HL TO PK:21-0-15 INTERNAL RISE:2-8
 LEFT HEIGHT:0-6-10 SPAN:36-9 RISE:11-2-1 RIGHT HEIGHT:6-6-1

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	9-10=0.701	TOP CHORD:	2X4 SS 19 SP
BOTT	0 10	BOTT	20-21=0.850	BOT CHORD:	2X8 SS 19 SP
		LL.DEFL.@15	=0.19 < L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 2

LOADING	STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
1	1.33 1.33	UNIFORM	1-11= 90 12-14= 920 14-16= 933 19-21= 953 21- 1= 20
		CONCENTRATED	14= 5366 21= 4298

WEB: 11-12 TO BE 2X8 SS 19 SP
 WEB: 5-18; 6-16; 10-14; 10-13 TO BE 2X4 No.10 19 SP
 WEB: 5-17; 8-15; 9-14 TO BE 2X4 No.2ND 19 SP
 WEB: 11-13 TO BE 2X6 No.2D 19 SP
 RIGHT END VERTICAL IS NOT EXPOSED.
 WEB:5-17; 6-16; 8-15; 10-14 BRACED at 1/2 POINTS AS SHOWN ABOVE

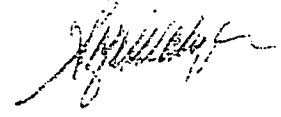
[Signature]
 SEP 30 1999

Note: Use 1x4 or 2x3 Cont. Bracing conn. w/2-8d nails, or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c.
 2 MEMBERS NAILED TOG. W/1 ROW(S) OF .131x3 in. NAILS 12 in. o.c.(TOP CHS.), AND 2 ROW(S) OF .131x3 in. NAILS 3 in. o.c.(BOTT. CHS.)

GT2

(22)

For Webs use 1 ROW of NAILS 12 in. o.c.
TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
PLATES ARE MITEK M20-249,200 M20HS-187,150 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN) DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C, ANSI/TPI-95
THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.



SEP 8 0 1999

Customer : FOGLIA-CAPTIVA-WEXTGAR
 Project # : 99310
 Span : 40-0

Truss ID : T12, T13, T14
 Quantity : ① ① ①

Wed Sep 29 11:26:04 1999
 Family # : special
 Top Pitch : 7/12
 Bot pitch : 90/12

21-22 16.001/12,

==B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS

TOP CHORD: 1-2=-2024, 2-3=-1524, 3-4=-2009, 4-5=-1543, 5-6=-1543, 6-7= 181, 7-8= 862,
 8-9= 1642, 9-10= 1530, 10-11= 472,
 BOTTOM CHORD: 11-12=-399, 12-13= 0, 13-14= 45, 14-15=-1323, 15-16=-807, 16-17= 15, 17-18= 0,
 18-19= 877, 19-20= 877, 20-21= 1793, 21-22= 2195, 22-23= 1685, 23-1= 1686,
 WEBS: 2-23= 81, 2-22=-432, 3-22=-1426, 3-21= 928, 4-21= 1028, 4-23=-374, 5-20=-417,
 6-20= 998, 6-19= 93, 6-18=-1559, 7-18= 1454, 7-16=-2339, 8-16= 2052, 8-15=-2698,
 9-15=-312, 9-14= 45, 10-14=-939, 10-12= 277, 14-12=-440, 16-15=-236,

REACTIONS, SIZE: 1=-1523, 8.00 15=-2950, 6.40

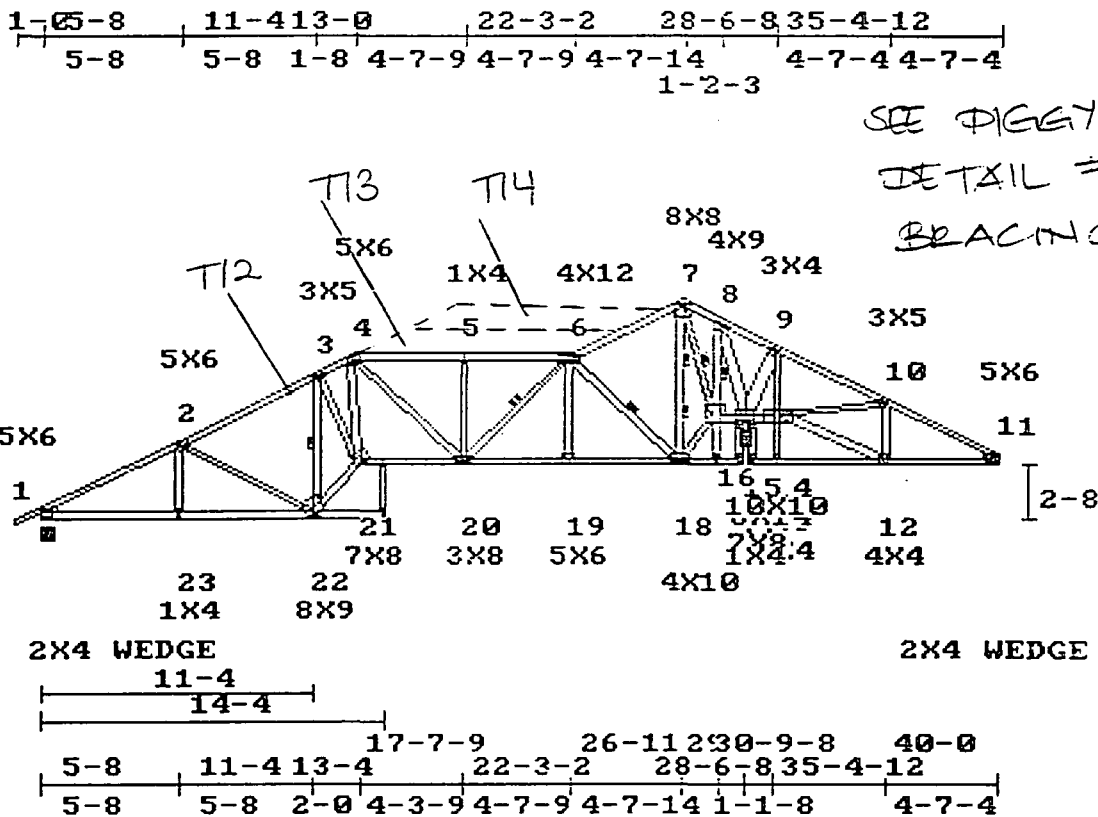
PROVIDE FOR 1470 LBS UPLIFT AT JOINT 1 (0.97)

PROVIDE FOR 4611 LBS UPLIFT AT JOINT 15 (1.56)

PROVIDE FOR 1498 LBS HORIZ. REACTION AT JOINT 1

PLATE OFFSETS (X=LEFT, Y=TOP): [j2=3, 3], [j3=3, 1.5], [j4=3, 2], [j7=4, 1.5], [j8=3, 1.5], [j9=3, 1.5], [j14=7, 3], [j15=5, 3], [j18=4, 2.5], [j19=3, 2], [j21=5, 4], [j22=3, 5, 7, 5],

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SEE PAGE BACK
 DETAIL FOR
 BRACING

L. HL TO PK: 15-0-10 LEFT HEIGHT: 0-6-10 SPAN: 40-0 RISE: 10-10-3 R. HL TO PK: 15-1-12 RIGHT HEIGHT: 0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	SS 19 SP
30	15	1-2=0.785	11-12=0.910	BOT CHORD: <td>No.2ND 19 SP</td>	No.2ND 19 SP
0	10	LL.DEFL.@11=0.31 < L/360		WEBS: <td>No.3 19 SP</td>	No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1
 NOTE: PROVIDE FOR 0.32 IN. HORIZONTAL DISPLACEMENT AT ONE BEARING

- CHORD: 13-14; 16-17 TO BE 2X4 No.3 19 SP
- CHORD: 14-15; 15-16 TO BE 2X6 No.2D 19 SP
- WEB: 7-16 TO BE 2X4 No.1D 19 SP
- WEB: 8-15; 9-15 TO BE 2X6 No.2D 19 SP
- WEB: 16-18 TO BE 2X4 No.2ND 19 SP
- WEB 3-22; 6-20; 6-18; 7-16; 8-16 BRACED at 1/2 POINTS AS SHOWN ABOVE
- WEB 7-18 BRACED at 1/3 POINTS AS SHOWN ABOVE
- PROVIDE 2*4 CONTINUOUS BRACING AT BOTTOM CHORD NOT EXCEEDING 4' O.C. OVER DROPPED BOTTOM CHORD AREAS WHERE CEILING IS NOT APPLIED.
- Note: Use 1x4 or 2x3 Cont. Bracing conn.w/2-8d nails, or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c.
- TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L. (7+3) (SBC).
- PLATES ARE MITEK M20-249, 200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL (EXCEPT AS SHOWN)
- PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY (EXCEPT AS SHOWN) DESIGN CONFORMS W/ WDS DESIGN SPECS, SSSC, ANSI/TPI-95

[Signature]
 SEP 30 1999

====<<<ACES-32 Ver. 1.1>>>=====[012951]=====<<<FL.QUALITY-U.K.>>>=====

Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:26:16 1999

Project # : 99310 Truss ID : T10, T11 Family # : special

Span : 40-0 Quantity : ① ① Top Pitch : 7/12

Bot pitch : 90/12

==B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS						REACTIONS - SIZE		
1-2=-2023	7-8=-559	12-13=-562	18-19= 25	2-21=-226	5-17=-648	2-15=-214	1=-1484	8.00
2-3=-1935	8-9= 1272	13-14=-562	19-20= 0	3-21= 438	5-17= 457	10-15=-1207	15=-3099	8.00
3-4=-1545	9-10= 1272	14-15=-988	20-21= 1390	3-20= 355	5-15=-2225	10-14= 329		
4-5=-2978	10-11= 1147	15-16=-261	21-1= 1667	4-20=-1857	7-16=-33	11-14=-505		
5-6=-2449	11-12= 666	16-17= 2449		4-18= 2161	8-16= 1556	11-13= 90		
6-7=-647		17-18= 2974		5-18= 84	8-15=-1918	13-20= 2249		

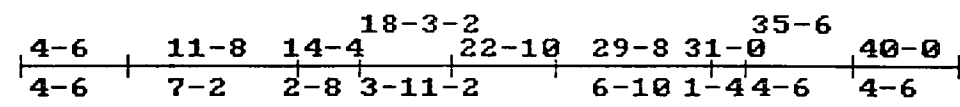
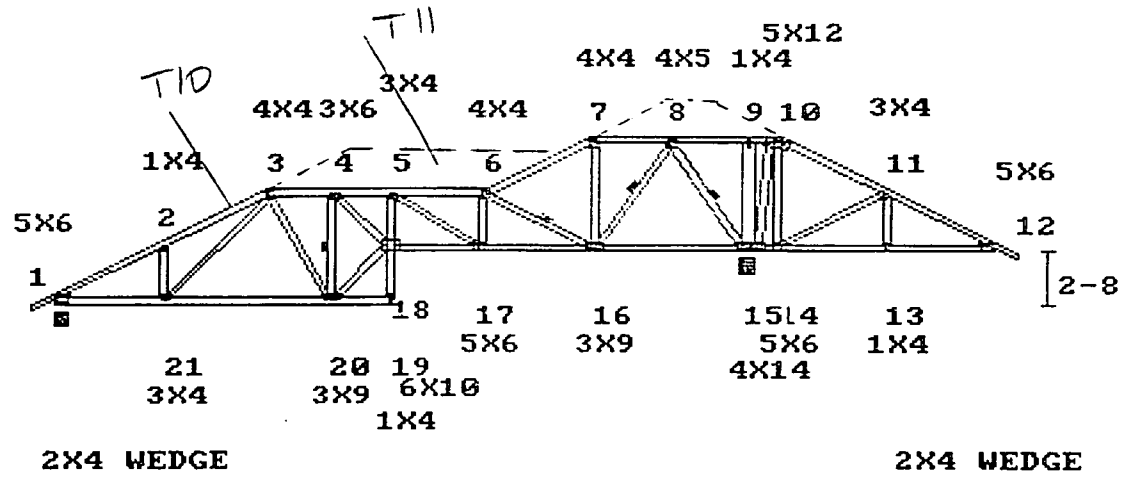
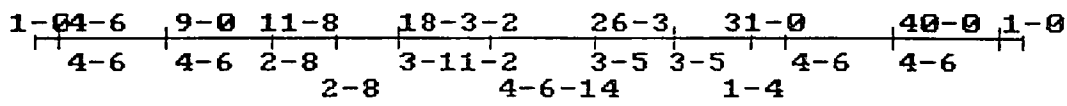
24

PROVIDE FOR 1428 LBS UPLIFT AT JOINT 1 (0.96)

PROVIDE FOR 5036 LBS UPLIFT AT JOINT 15 (1.63)

PROVIDE FOR 948 LBS HORIZ. REACTION AT JOINT 1

PLATE OFFSETS (X=LEFT,Y=TOP): [j8=2,1.5], [j10=6,2], [j14=3,2], [j15=6,2], [j16=5,1.5], [j17=3,2], [j20=4,1.5],



L. HL TO PK:10-5-1 INTERNAL RISE:2-8 R. HL TO PK :10-5-1

LEFT HEIGHT:0-6-10 SPAN:40-0 RISE:8-5-10 RIGHT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30, D 15	TOP	2-3=0.842	TOP CHORD:	2X4 No.1D 19 SP
BOTT	L 0, D 10	BOTT	14-15=0.864	BOT CHORD:	2X4 SS 19 SP
		LL.DEFL.@18	=0.17 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.

REPETITIVE STRESSES USED NO. OF MEMBERS = 1

CHORD: 18-19 TO BE 2X4 No.1D 19 SP

WEB: 9-15 TO BE 2X8 SS 19 SP

WEB 4-20; 6-16; 8-16; 8-15 BRACED at 1/2 POINTS AS SHOWN ABOVE

Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).

PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)

PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95

THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Signature]

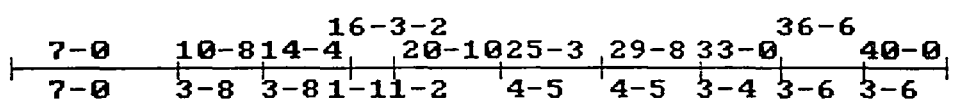
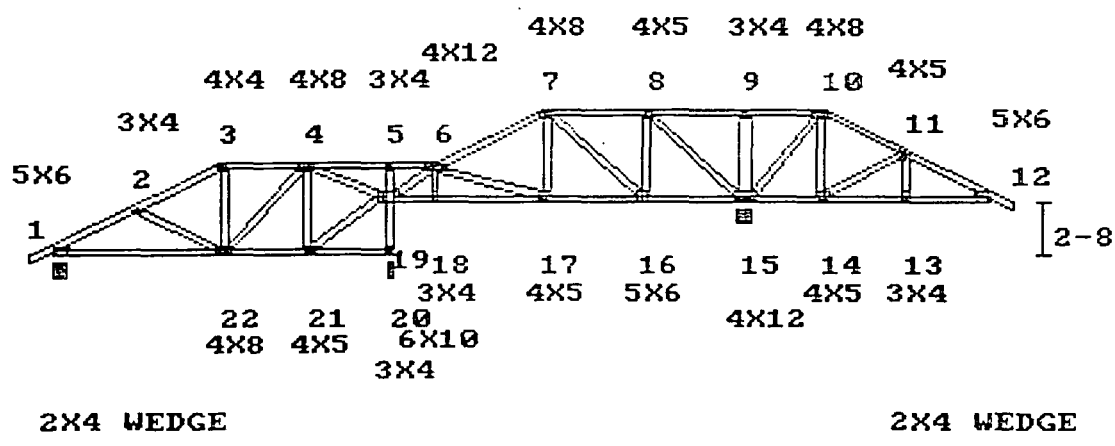
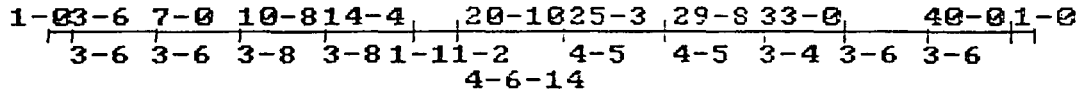
SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012952]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:26:36 1999
 Project #: 99310 Truss ID : H7G Family # : special
 Span : 40-0 Quantity : 2 Top Pitch : 7/12
 Bot pitch : 90/12

6-7 7/12, 10-12 7/12,
 ==81d(1/12/1999),v1.1=====

25

FORCES - LOAD CASE #1
 TOP CHORD: 1-2=-1739, 2-3=-1529, 3-4=-1317, 4-5= 1470, 5-6= 1393, 6-7=-1207, 7-8= 119,
 8-9= 2395, 9-10= 2395, 10-11= 926, 11-12= 554,
 BOTTOM CHORD: 12-13=-465, 13-14=-465, 14-15=-798, 15-16=-119, 16-17= 1042, 17-18= 628, 18-19= 628,
 19-20=-3788, 20-21= 0, 21-22= 699, 22-1= 1411,
 WEBS: 2-22=-113, 3-22= 247, 4-22= 958, 4-21=-418, 4-19=-2414, 5-19=-573, 6-19=-2560,
 6-18= 151, 6-17= 441, 7-17= 837, 7-16=-1629, 8-16= 1341, 8-15=-3191, 9-15=-787,
 10-15=-2622, 10-14= 1114, 11-14=-398, 11-13= 70, 19-21= 895,
 REACTIONS, SIZE: 1=-1335, 8.00 15=-5279, 8.00 20=-3848, 4.00
 PROVIDE FOR 1387 LBS UPLIFT AT JOINT 1 (1.04)
 PROVIDE FOR 7749 LBS UPLIFT AT JOINT 15 (1.47)
 PROVIDE FOR 3910 LBS UPLIFT AT JOINT 20 (1.02)
 PROVIDE FOR 793 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT, Y=TOP): [j16=3, 2],



L. HL TO PK: 8-1-4 INTERNAL RISE: 2-8 R. HL TO PK: 8-1-4
 LEFT HEIGHT: 0-6-10 SPAN: 40-0 RISE: 7-3-10 RIGHT HEIGHT: 0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30	TOP	8-9=0.761	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0	BOTT	14-15=0.482	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@12=	0.10 < L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED
 SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 2

LOADING	STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
LUMBER	1.33	TYPE	
PLATE	1.33	UNIFORM	1- 3= 90 3-10= 203 10-12= 90 12-14= 20 14-19= 45 20-22= 35 22- 1= 20
		CONCENTRATED	14= 787 17= 787 22= 787

CHORD: 19-20 TO BE 2X6 No.2D 19 SP
 WEB: 5-19 TO BE 2X6 No.2D 19 SP
 WEB: 9-15 TO BE 2X8 SS 19 SP
 2 MEMBERS NAILED TOG. W/1 ROW(S) OF .131x3 in. NAILS 12 in. o.c.(TOP CHS.), AND 1 ROW(S) OF .131x3 in. NAILS 12 in. o.c.(BOTT. CHS.)
 For Webs use 1 ROW of NAILS 12 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN) DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC, ANSI/TPI-95

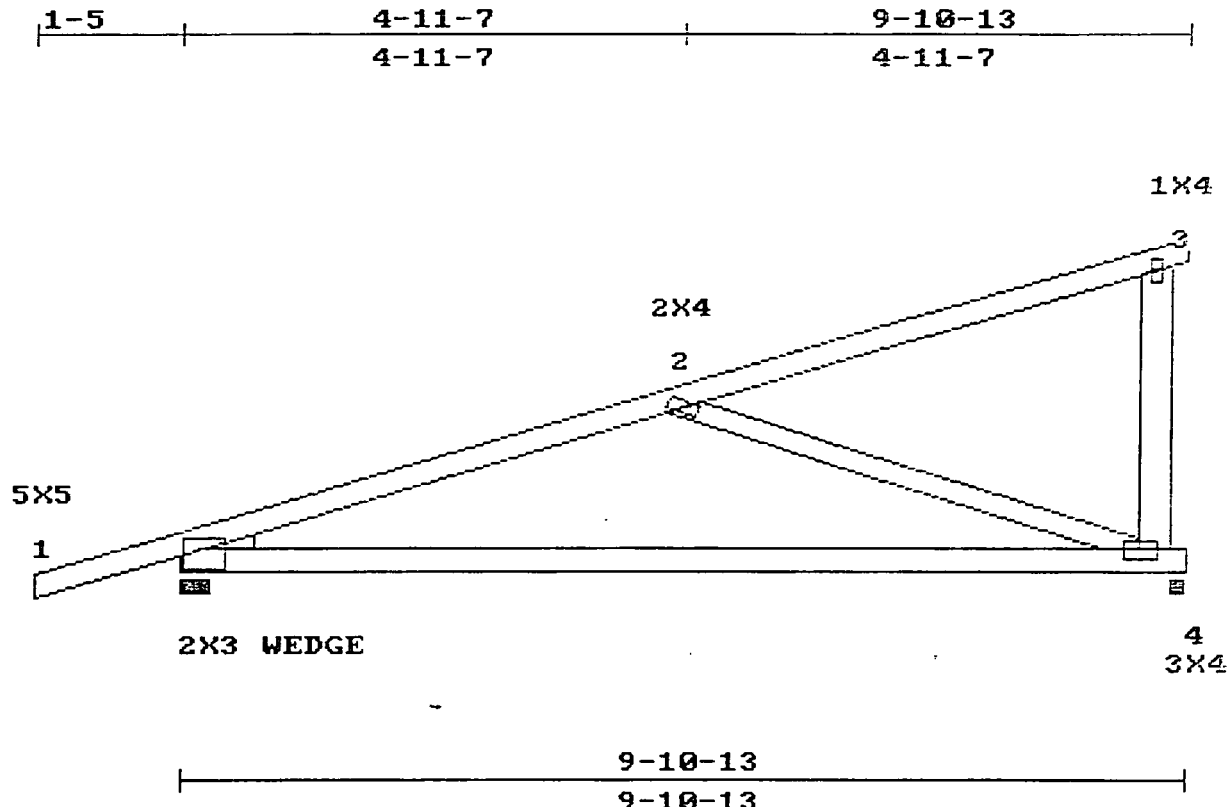
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 SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012953]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:26:56 1999
 Project # : 99310 Truss ID : HJ7 Family # : 201
 Span : 9-10-13 Quantity : 3 Top Pitch : 4.95/12
 ==Bid(1/12/1999),v1.1=====

FORCES - LOAD CASE #1 REACTIONS - SIZE
 1-2=-642 4-1= 581 2-4=-640 1=-655 3.5C
 2-3= 0 4=-795 1.5C
 3-4=-406

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PROVIDE FOR 1023 LBS UPLIFT AT JOINT 1 (1.49)
 PROVIDE FOR 1310 LBS UPLIFT AT JOINT 4 (1.65)
 PROVIDE FOR 499 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:10-8-8
 LEFT HEIGHT:0-6-5 SPAN:9-10-13 RISE:4-7-5 RIGHT HEIGHT:4-7-5

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30	TOP	2-3=0.865	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0	BOTT	4-1=0.798	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@0	=0.00 < L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

LOADING STRESS INCREASE	LOADING LUMBER	PLATE TYPE	PANEL(PLF) / JOINTS(LBS)
1	1.33	1.33	UNIFORM 1- 2= 57 2- 3= 166 4- 1= 25

RIGHT END VERTICAL IS NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Signature]
 SEP 30 1999

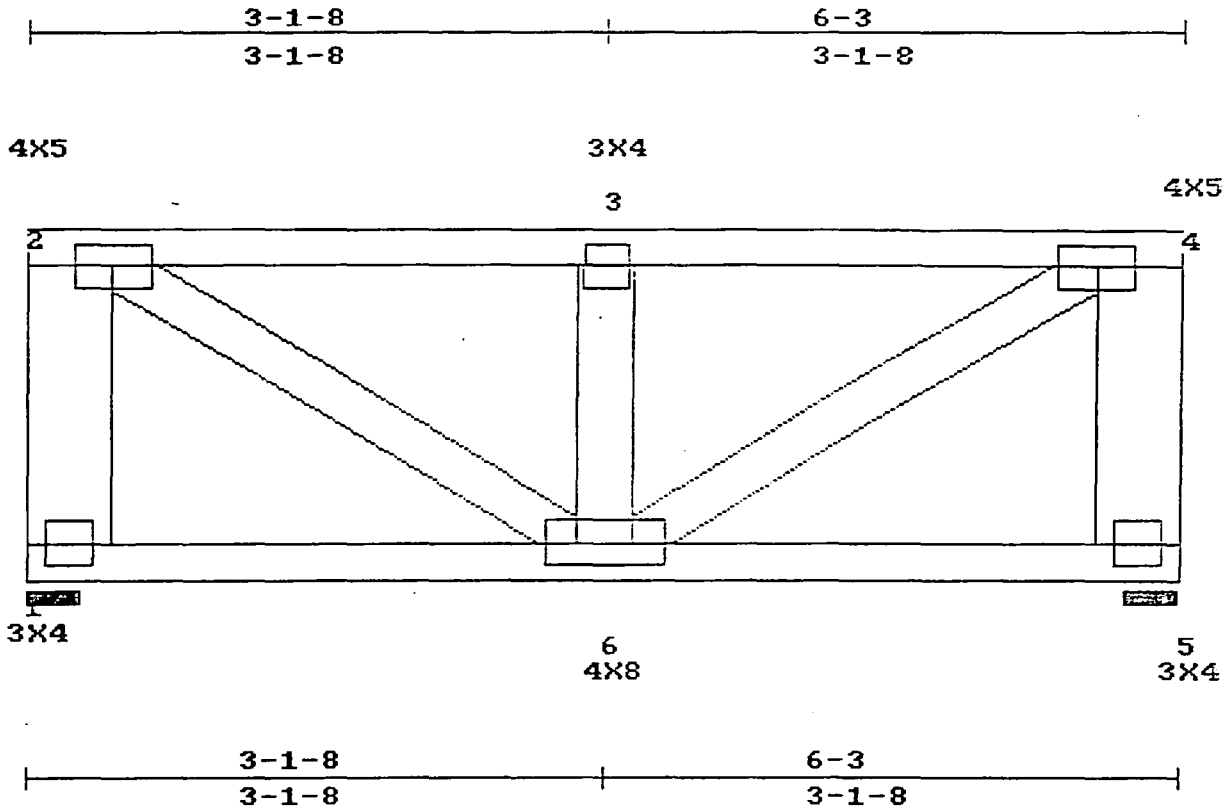
Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:27:08 1999
 Project #: 99310 Truss ID : FG1 Family # : 303
 Span : 6-3 Quantity : 2 Top Pitch : /12

====81d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1			REACTIONS - SIZE	
1-2=-1251	5-6= 0	2-6= 1027	1=-1251	3.5C
2-3=-803	6-1= 0	3-6=-1221	5=-1251	3.5C
3-4=-803		4-6= 1027		
4-5=-1251				

27

PROVIDE FOR 1149 LBS UPLIFT AT JOINT 1 (0.90)
 PROVIDE FOR 1149 LBS UPLIFT AT JOINT 5 (0.90)



LEFT HEIGHT:2-8 SPAN:6-3 RISE:2-5 RIGHT HEIGHT:2-8

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30 15	TOP	2-3=0.451	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0 10	BOTT	6-1=0.021	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@6	=0.00 < L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 2

LOADING	STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
LUMBER	PLATE	TYPE	
1	1.33 1.33	UNIFORM	2- 4= 410 5- 1= 20

WEB: 1-2; 4-5 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 2 MEMBERS NAILED TOG. W/1 ROW(S) OF .131x3 in. NAILS 6 in. o.c.(TOP CHS.),AND 1 ROW(S) OF .131x3 in. NAILS 12 in. o.c(BOTT. CHS.)
 For Webs use 1 ROW of NAILS 12 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

SEP 30 1999

Customer : FOGLIA-CAPTIVA-WEXTGAR
 Project # : 99310
 Span : 9-7-8

Truss ID : FG2
 Quantity : 2

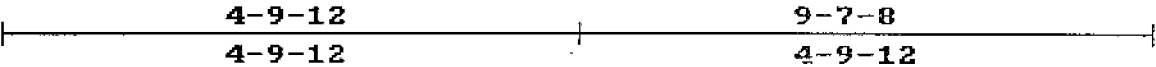
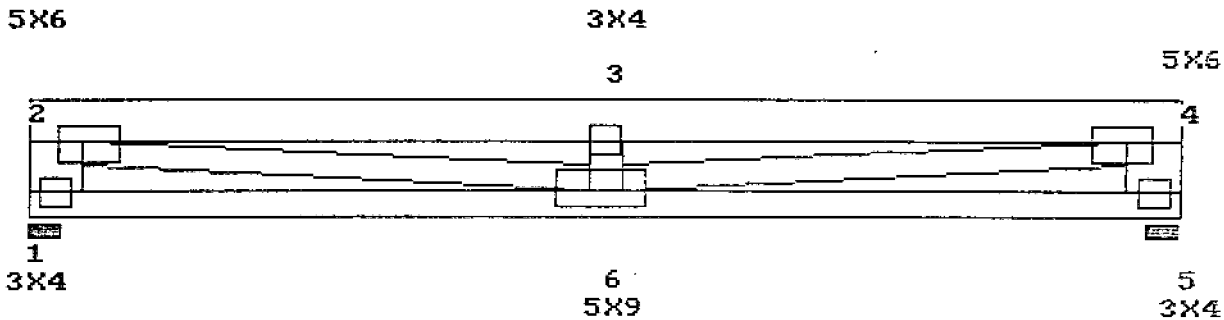
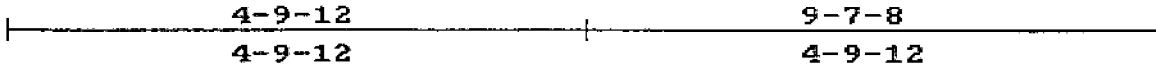
Wed Sep 29 11:27:29 1999
 Family # : 303
 Top Pitch : /12

==Bid(1/12/1999),v1.1=====

FORCES - LOAD CASE #1			REACTIONS - SIZE	
1-2=-1960	5-6= 0	2-6= 4988	1=-2007	3.50
2-3=-4886	6-1= 0	3-6=-1913	5=-2007	3.50
3-4=-4886		4-6= 4988		
4-5=-1960				

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PROVIDE FOR 1799 LBS UPLIFT AT JOINT 1 (0.90)
 PROVIDE FOR 1799 LBS UPLIFT AT JOINT 5 (0.90)
 PLATE OFFSETS (X=LEFT,Y=TOP):[j2=2.5,2],[j4=3.5,2],[j6=5,3],



LEFT HEIGHT:1-4 SPAN:9-7-8 RISE:1-4 RIGHT HEIGHT:1-4

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	2-3=0.444	TOP CHORD:	2X6 No.2D 19 SP
BOTT	0 10	BOTT	6-1=0.055	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@6	=0.08 < L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 2

LOADING	STRESS INCREASE	LOADING LUMBER	LOADING PLATE	LOADING TYPE	PANEL(PLF) / JOINTS(LBS)
1	1.33	1.33	UNIFORM		2- 4= 410 5- 1= 20

WEB: 1-2; 4-5 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 2 MEMBERS NAILED TOG. W/1 ROW(S) OF .131x3 in. NAILS 6 in. o.c.(TOP CHS.),AND 1 ROW(S) OF .131x3 in. NAILS 12 in. o.c(BOTT. CHS.)
 For Webs use 1 ROW of NAILS 12 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/WINDS DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQ)CONSULT BLDG ARCHITECT OR ENGINEER.

SEP 30 1999

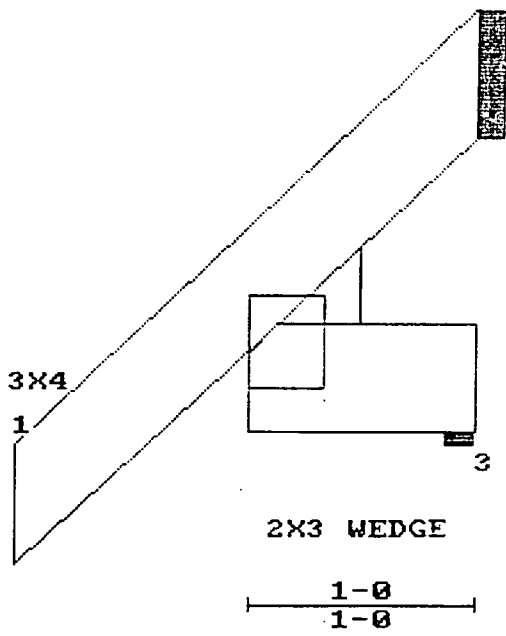
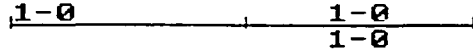
Customer : FOGLIA-CAPTIVA-WEXTGAR Truss ID : C1C Wed Sep 29 11:27:39 1999
 Project #: 99310 Quantity : 4 Family # : 204
 Span : 1-0 Top Pitch : 7.001/12

====81d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS		REACTIONS - SIZE	
1-2= 0	3-1=-336	3=-10	1.50
2-3= 0		2=-45	1.50

29

PROVIDE FOR 60 LBS UPLIFT AT JOINT 3 (6.00)
 PROVIDE FOR 623 LBS UPLIFT AT JOINT 2 (13.83)
 PROVIDE FOR 672 LBS HORIZ. REACTION AT JOINT 3



L. HL TO PK:1-1-14 SPAN:1-0 RISE:1-1-10 RIGHT HEIGHT:1-1-10
 LEFT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	WEBS
30	15	1-2=0.033	3-1=0.137	2X4 No.2ND 19 SP	2X4 No.3 19 SP
0	10	LL.DEFL. < L/360			

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS&C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

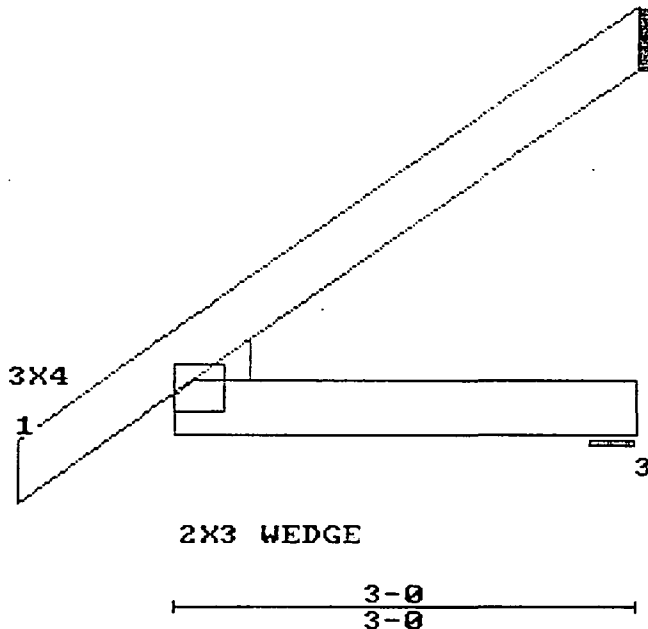
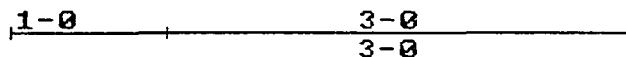
SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012957]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:27:51 1999
 Project # : 99310 Truss ID : C3C Family # : 204
 Span : 3-0 Quantity : 3 Top Pitch : 7/12
 ==Bld(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS REACTIONS - SIZE
 1-2= 168 3-1= 0 3=-33 3.5C
 2-3= 0 2=-225 1.5C

30

PROVIDE FOR 180 LBS UPLIFT AT JOINT 3 (6.00)
 PROVIDE FOR 516 LBS UPLIFT AT JOINT 2 (2.29)
 PROVIDE FOR 159 LBS HORIZ. REACTION AT JOINT 3



L. HL TO PK:3-5-11 SPAN:3-0 RISE:2-3-10 RIGHT HEIGHT:2-3-10
 LEFT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	1-2=0.295	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0 10	BOTT	3-1=0.232	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.	< L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, S3BC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

SEP 30 1999

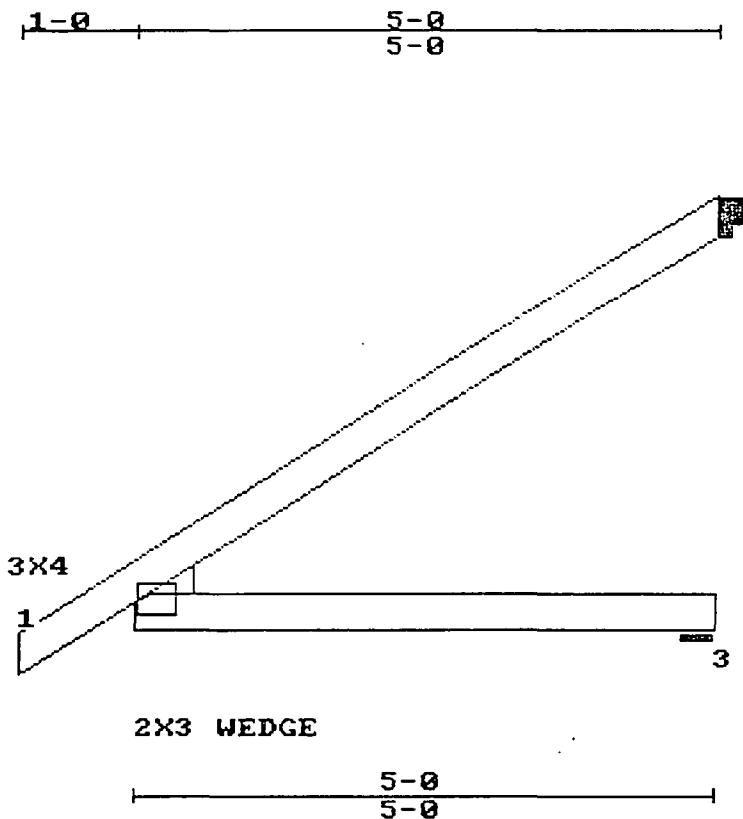
Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:28:03 1999
 Project #: 99310 Truss ID : C5C Family # : 205
 Span : 5-0 Quantity : 3 Top Pitch : 7/12

==B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS		REACTIONS - SIZE	
1-2= 0	3-1= 0	3=-53	3.53
2-3= 0		2=-225	2.68

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PROVIDE FOR 300 LBS UPLIFT AT JOINT 3 (6.00)
 PROVIDE FOR 1112 LBS UPLIFT AT JOINT 2 (4.94)



L. HL TO PK:5-9-7 SPAN:5-0 RISE:3-5-10 RIGHT HEIGHT:3-5-10
 LEFT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	No.
30	15	1-2=0.722	3-1=0.620	2X4	No.1D 19 SP
0	10	LL.DEFL. < L/360		BOT CHORD:	No.2ND 19 SP
				WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
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SEP 30 1999

====<<<ACES-32 Ver. 1.1>>>=====[012959]=====<<<FL.QUALITY-U.K.>>>=====

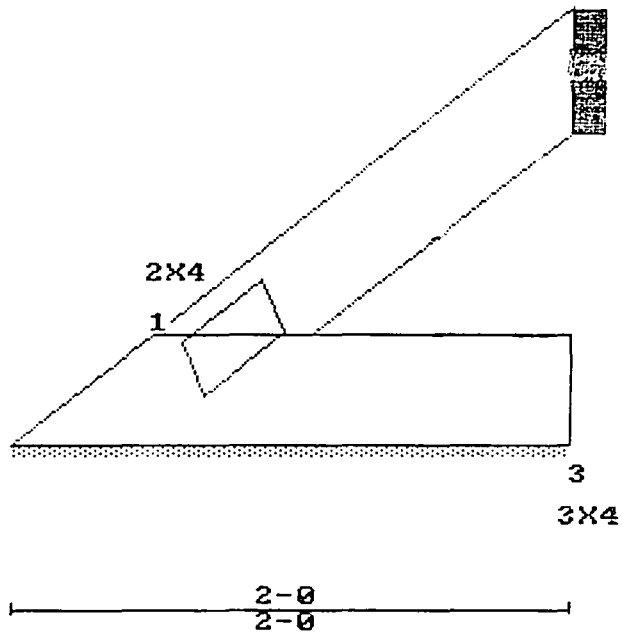
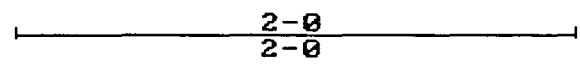
Customer : FOGLIA-CAPTIVA-WEXTGAR	Truss ID : MV2	Wed Sep 29 11:28:14 1999
Project # : 99310	Quantity : 4	Family # : 205
Span : 2-0		Top Pitch : 7/12

==81d(1/12/1999),v1.1=====

NOTES: (1) -Gable studs spaced at 48 inches o.c.
 (2) -Brace vertical studs in accordance with standard gable end detail
 (3) -Continuous bearing provided along entire bottom chord
 (4) -Provide 1X4 plates at each end of gable stud unless otherwise noted

PLATE OFFSETS (X=LEFT,Y=TOP):[j2=2.5,3].

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L. HL TO PK:2-3-13	SPAN:2-0	RISE:1-2	RIGHT HEIGHT:1-2
LEFT HEIGHT:0-0			
=====			
LOADING (PSF)	MAX STRESSES	MINIMUM GRADE OF LUMBER	
TOP L 30 D 15		TOP CHORD:2X4	No.2ND 19 SP
BOTT 0 10	LL.DEFL. < L/360	BOT CHORD:2X4	No.2ND 19 SP
		WEBS :2X4	No.3 19 SP
=====			
STR.INC.: LUMB = 1.33	PLATE = 1.33	SPACING : 24.0 in. o. c.	
REPETITIVE STRESSES USED		NO. OF MEMBERS = 1	

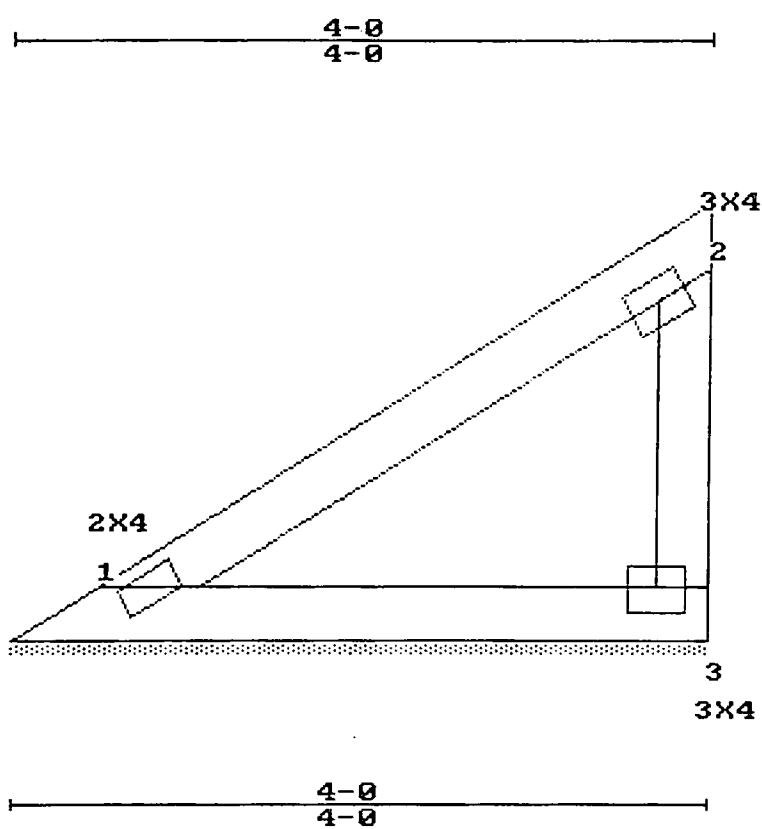
TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
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[Handwritten Signature]

SEP 30 1999

Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:28:25 1999
 Project #: 99310 Truss ID : MV4 Family # : 201
 Span : 4-0 Quantity : 4 Top Pitch : 7/12

- ==Bid(1/12/1999),v1.1=====
- NOTES: (1) -Gable studs spaced at 48 inches o.c.
 (2) -Brace vertical studs in accordance with standard gable end detail
 (3) -Continuous bearing provided along entire bottom chord
 (4) -Provide 1X4 plates at each end of gable stud unless otherwise noted



L. HL TO PK:4-7-9 SPAN:4-0 RISE:2-4 RIGHT HEIGHT:2-4

LEFT HEIGHT:0-0

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	BOTT	L	D	TOP CHORD	BOT CHORD
30	0	15	10	2X4 No.2ND 19 SP	2X4 No.2ND 19 SP
				WEBS :2X4 No.3 19 SP	

LL.DEFL. < L/360 SPACING : 24.0 in. o. c.
 STR.INC.: LUMB = 1.33 PLATE = 1.33 NO. OF MEMBERS = 1
 REPETITIVE STRESSES USED

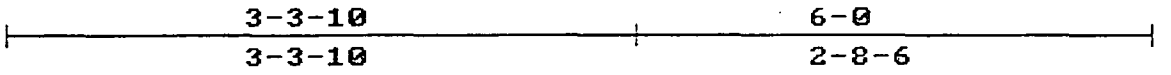
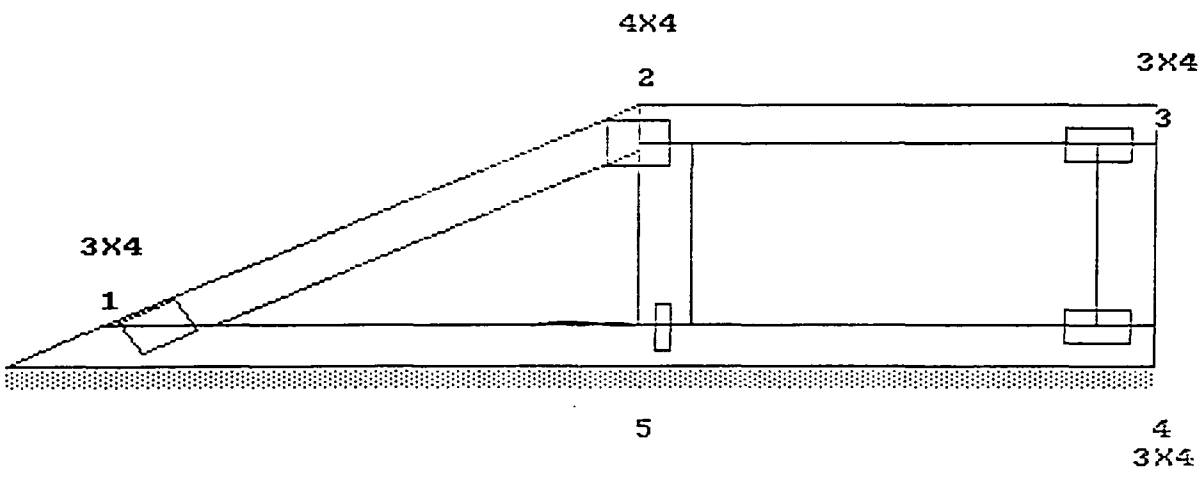
RIGHT END VERTICAL IS NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL.(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
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SEP 30 1999

- NOTES: (1) -Gable studs spaced at 48 inches o.c.
 (2) -Brace vertical studs in accordance with standard gable end detail
 (3) -Continuous bearing provided along entire bottom chord
 (4) -Provide 1X4 plates at each end of gable stud unless otherwise noted



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L. HL TO PK:3-9-14
 LEFT HEIGHT:0-0 SPAN:6-0 RISE:1-11-2 RIGHT HEIGHT:1-11-2

LOADING (PSF)		MAX STRESSES	MINIMUM GRADE OF LUMBER	
L	D		TCP CHORD:	No.2ND 19 SP
TOP	30		BOT CHORD:	No.2ND 19 SP
BOTT	0	LL.DEFL.@0=0.00 < L/350	WEBS:	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
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[Signature]
 SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012962]=====<<<<FL.QUALITY-U.K.>>>>=====

Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:28:47 1999

Project # : 99310 Truss ID : FG8 Family # : 303

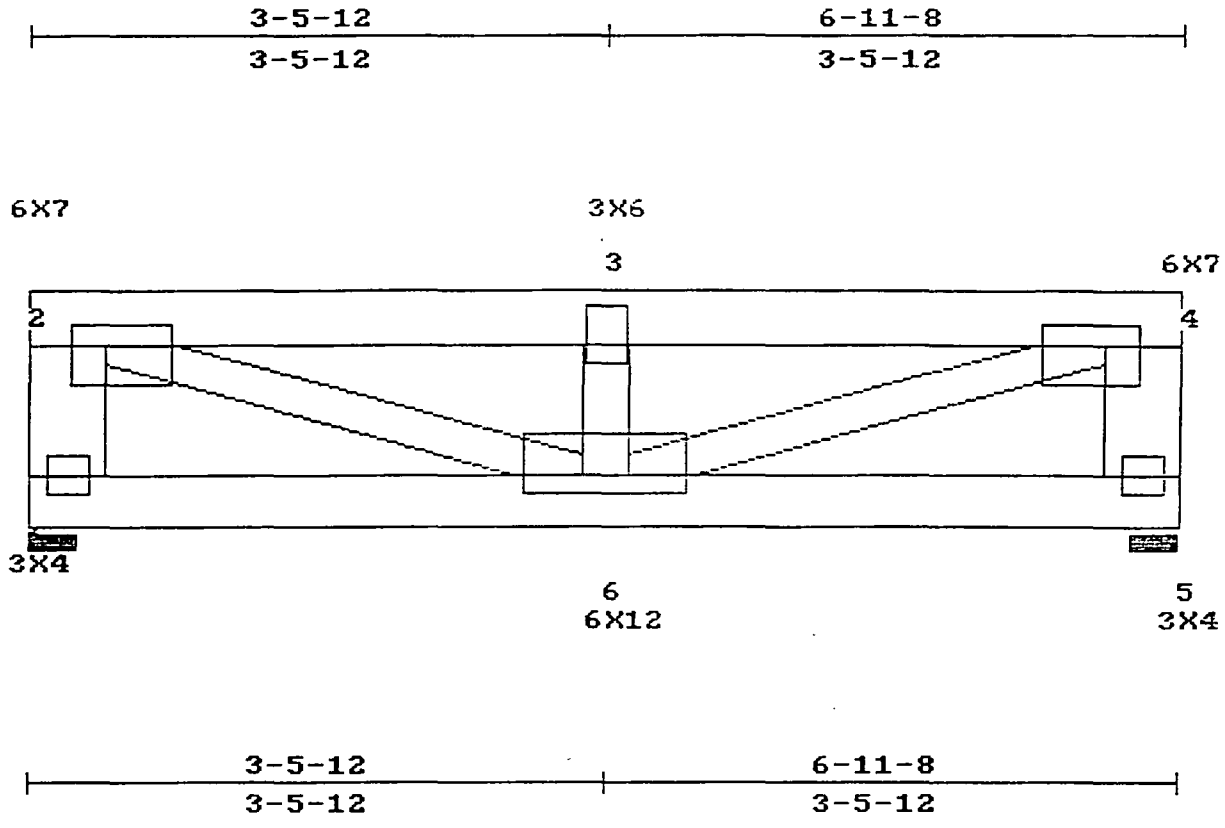
Span : 6-11-8 Quantity : 2 Top Pitch : /12

==Bld(1/12/1999),v1.1=====

FORCES - LOAD CASE #1			REACTIONS - SIZE	
1-2=-4950	5-6= 0	2-6= 5935	1=-4953	3.50
2-3=-5387	6-1= 0	3-6=-4916	5=-4953	3.50
3-4=-5387		4-6= 5935		
4-5=-4950				

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PROVIDE FOR 4443 LBS UPLIFT AT JOINT 1 (0.89)
 PROVIDE FOR 4443 LBS UPLIFT AT JOINT 5 (0.89)
 PLATE OFFSETS (X=LEFT,Y=TOP): [j2=2.5,2],[j3=2,1.5],[j4=4.5,2],[j6=6.4].



LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	2-3=0.983	TOP CHORD:	2X6 No.2D 19 SP
TOP	30	15	BOTT 6-1=0.010	BOT CHORD:	2X6 No.2D 19 SP
BOTT	0	10	LL.DEFL.@6=0.03 < L/360	WEBS	:2X4 No.3 19 SP

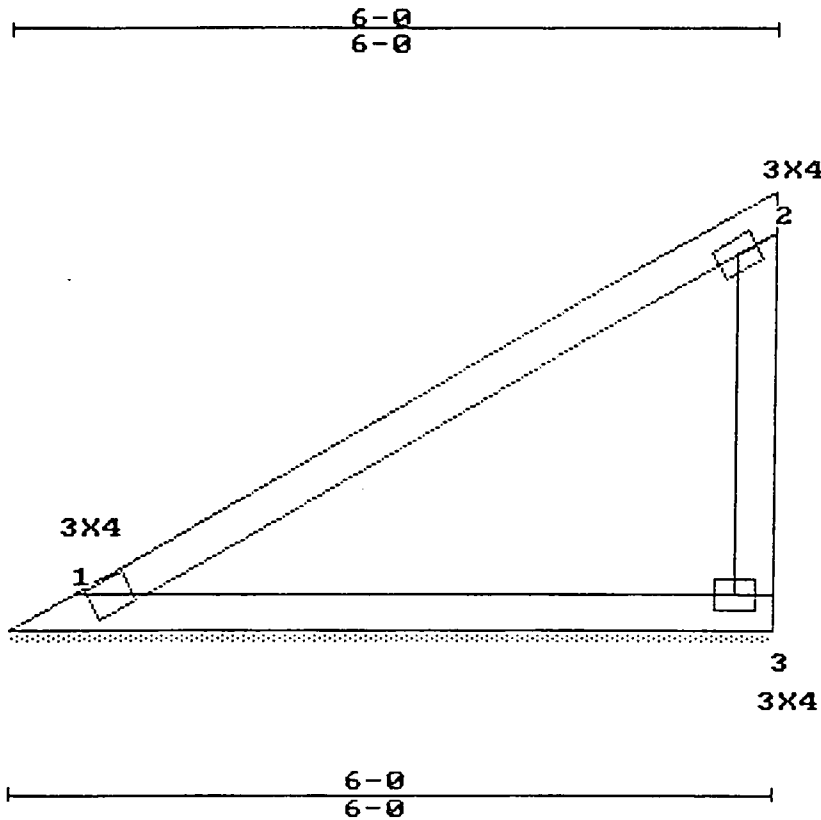
REPETITIVE STRESSES NOT USED SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 2

LOADING	STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
LUMBER	1.33	PLATE	1.33
TYPE	UNIFORM		
			2- 4= 1475 5- 1= 20

WEB: 1-2; 4-5 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 2 MEMBERS NAILED TOG. W/2 ROW(S) OF .131x3 in. NAILS 3 in. o.c.(TOP CHS.),AND 1 ROW(S) OF .131x3 in. NAILS 12 in. o.c(BOTT. CHS.)
 For Webs use 1 ROW of NAILS 12 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 8 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Signature]
 SEP 30 1999

- ====Bld(1/12/1999),v1.1=====
- NOTES: (1) - Gable studs spaced at 48 inches o.c.
 (2) - Brace vertical studs in accordance with standard gable end detail
 (3) - Continuous bearing provided along entire bottom chord
 (4) - Provide 1X4 plates at each end of gable stud unless otherwise noted



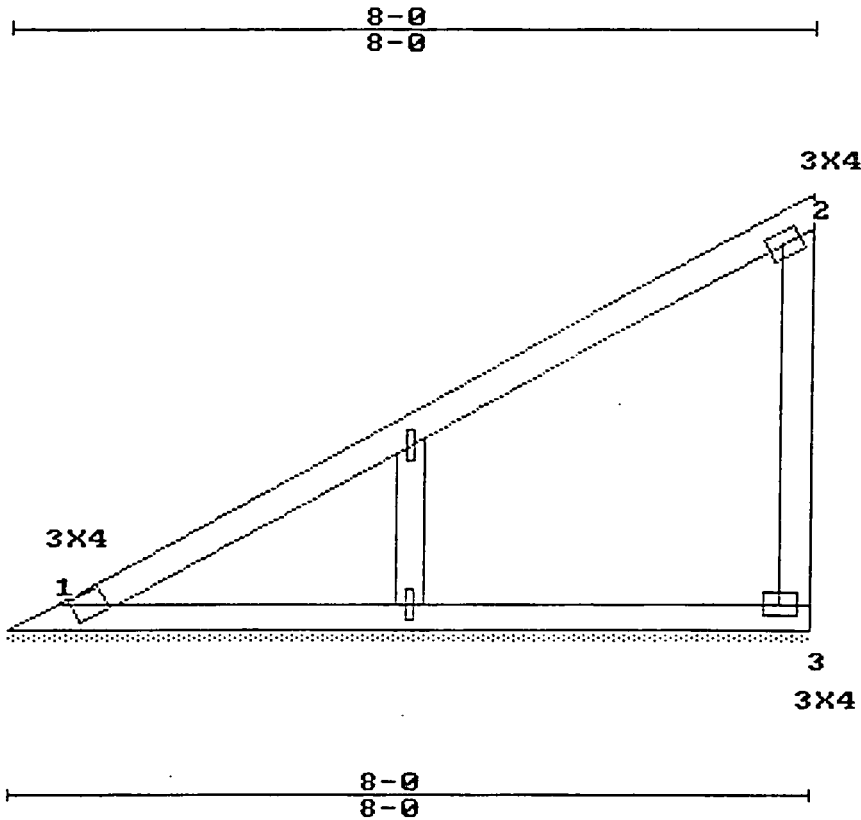
L. HL TO PK:6-11-6 SPAN:6-0 RISE:3-6 RIGHT HEIGHT:3-6
 LEFT HEIGHT:0-0

LOADING (PSF)		MAX STRESSES	MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	LL.DEFL. < L/360	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	L 0 D 10		BOT CHORD:	2X4 No.2ND 19 SP
			WEBS:	2X4 No.3 19 SP
STR.INC.: LUMB = 1.33 PLATE = 1.33			SPACING : 24.0 in. o. c.	
REPETITIVE STRESSES USED			NO. OF MEMBERS = 1	

RIGHT END VERTICAL IS NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L. (7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL (EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY (EXCEPT AS SHOWN) DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C, ANSI/TPI-95
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 SEP 30 1999

- NOTES: (1) -Gable studs spaced at 48 inches o.c.
 (2) -Brace vertical studs in accordance with standard gable end detail
 (3) -Continuous bearing provided along entire bottom chord
 (4) -Provide 1X4 plates at each end of gable stud unless otherwise noted

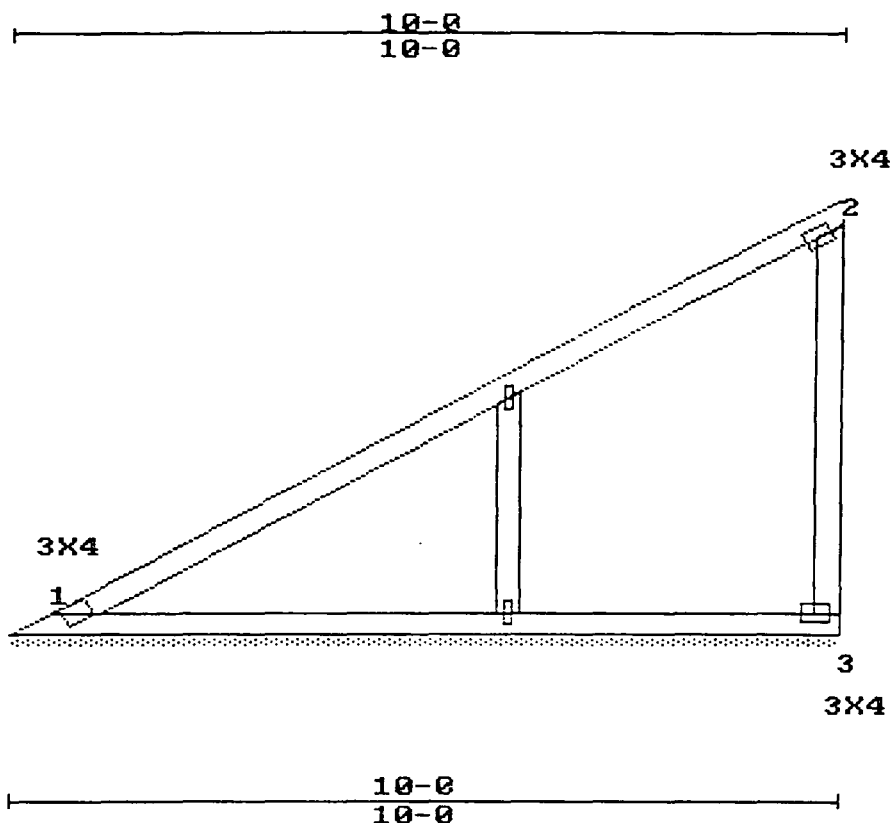


L. HL TO PK:9-3-2		SPAN:8-0	RISE:4-8	RIGHT HEIGHT:4-8
LEFT HEIGHT:0-0				
LOADING (PSF)		MAX STRESSES	MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	LL.DEFL. < L/360	TOP CHORD:2X4	No.2ND 19 SP
BOTT	0 10		BOT CHORD:2X4	No.2ND 19 SP
			WEBS	:2X4 No.3 19 SP
STR.INC.: LUMB = 1.33 PLATE = 1.33			SPACING : 24.0 in. o. c.	
REPETITIVE STRESSES USED			NO. OF MEMBERS = 1	

RIGHT END VERTICAL IS NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

SEP 8 0 1999

- NOTES: (1) -Gable studs spaced at 48 inches o.c.
 (2) -Brace vertical studs in accordance with standard gable end detail
 (3) -Continuous bearing provided along entire bottom chord
 (4) -Provide 1X4 plates at each end of gable stud unless otherwise noted



L. HL TO PK:11-6-15		SPAN:10-0	RISE:5-10	RIGHT HEIGHT:5-10
LEFT HEIGHT:0-0				
LOADING (PSF)		MAX STRESSES	MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	LL.DEFL. < L/360	TOP CHORD:2X4	No.2ND 19 SP
BOTT	0 10		BOT CHORD:2X4	No.2ND 19 SP
STR.INC.: LUMB = 1.33 PLATE = 1.33			WEBS :2X4	No.3 19 SP
REPETITIVE STRESSES USED			SPACING : 24.0 in. o. c.	
			NO. OF MEMBERS = 1	

RIGHT END VERTICAL IS NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
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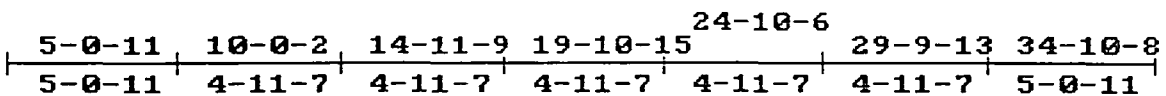
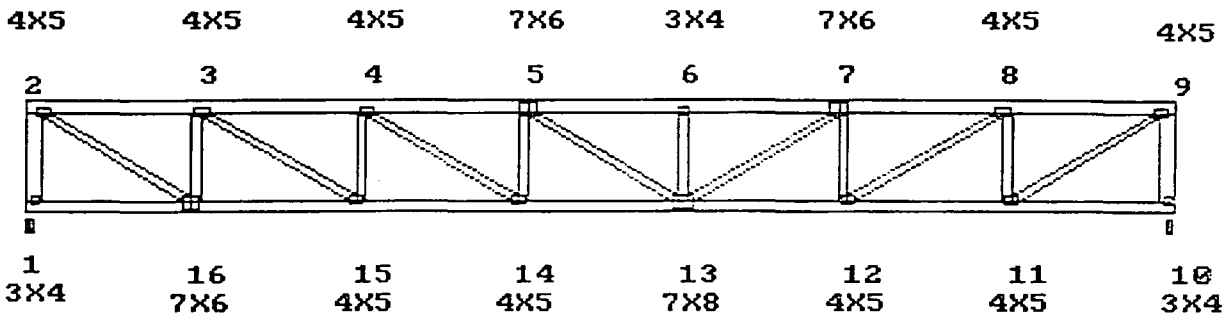
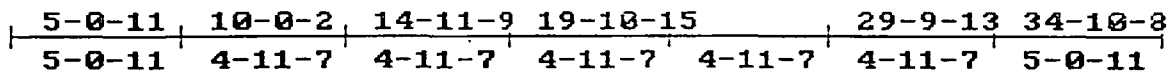
SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012966]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:29:33 1999
 Project #: 99310 Truss ID : FH7 Family # : 303
 Span : 34-10-8 Quantity : 2 Top Pitch : /12
 ==B1d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1						REACTIONS - SIZE	
1-2=-4178	7-8=-7239	10-11= 0	16-1= 0	2-16= 5679	5-13= 0	9-11= 5679	1=-4288 3.50
2-3=-4326	8-9=-4326	11-12= 4326		3-16=-3457	6-13=-1005		10=-4288 3.50
3-4=-7239	9-10=-4178	12-13= 7239		3-15= 3810	7-13= 1905		
4-5=-8695		13-14= 8695		4-15=-2234	7-12=-2234		
5-6=-8695		14-15= 7239		4-14= 1905	5-12= 3810		
6-7=-8695		15-16= 4326		5-14=-1005	5-11=-3457		

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PROVIDE FOR 3835 LBS UPLIFT AT JOINT 1 (0.89)
 PROVIDE FOR 3835 LBS UPLIFT AT JOINT 10 (0.89)
 PLATE OFFSETS (X=LEFT,Y=TOP):[j5=3,5],[j7=3,5],[j13=4,2],[j15=3,2].



LEFT HEIGHT:4-7-10 SPAN:34-10-8 RISE:4-7-10 RIGHT HEIGHT:4-7-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	BOT CHORD:
30	15	4-5=0.495	13-14=0.568	2X6 No.2D 19 SP	2X6 No.2D 19 SP
0	10	LL.DEFL.@13=0.19 < L/360		WEBS :2X4 No.3 19 SP	

REPETITIVE STRESSES NOT USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 2

LOADING	STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
LUMBER	PLATE	TYPE	
1	1.33	1.33	UNIFORM 2- 9= 203 10- 1= 45

WEB: 1-2; 9-10 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 2 MEMBERS NAILED TOG. W/1 ROW(S) OF .131x3 in. NAILS 12 in. o.c.(TOP CHS.),AND 1 ROW(S) OF .131x3 in. NAILS 12 in. o.c(BOTT. CHS.)
 For Webs use 1 ROW of NAILS 12 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDE. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/ND S DESIGN SPECS, SSBC, ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

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====<<<<ACES-32 Ver. 1.1>>>>=====[012957]=====<<<<FL.QUALITY-U.K.>>>>=====

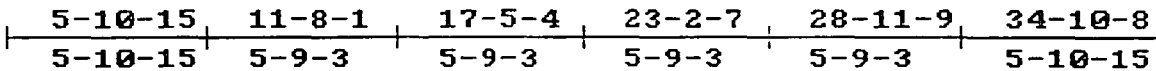
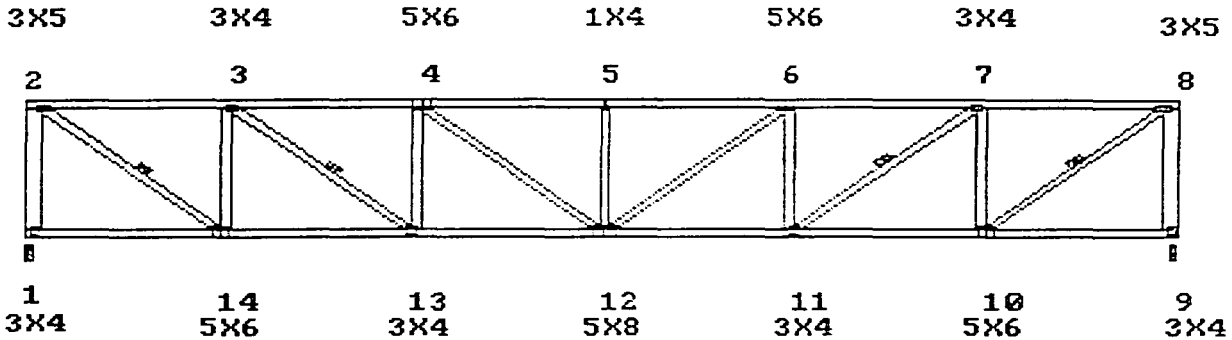
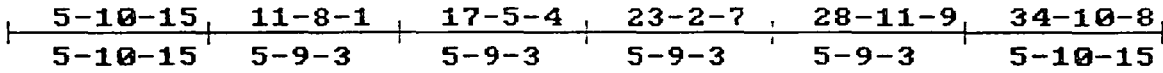
Customer : FOGLIA-CAPTIVA-WEXTGAR Truss ID : T15 Wed Sep 29 11:29:43 1999
 Project # : 99310 Quantity : 1 Family # : 303
 Span : 34-10-8 Top Pitch : /12

====B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS				REACTIONS - SIZE	
1-2=-1844	7-8=-1658	9-10= 0	2-14= 2294	6-12= 459	1=-1902 3.50
2-3=-1658	8-9=-1844	10-11= 1658	3-14=-1470	6-11=-836	9=-1902 3.50
3-4=-2653		11-12= 2653	3-13= 1375	7-11= 1376	
4-5=-2984		12-13= 2653	4-13=-836	7-10=-1470	
5-6=-2984		13-14= 1658	4-12= 459	8-10= 2294	
6-7=-2653		14-1= 0	5-12=-519		

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PROVIDE FOR 1688 LBS UPLIFT AT JOINT 1 (0.89)
 PROVIDE FOR 1688 LBS UPLIFT AT JOINT 9 (0.89)
 PLATE OFFSETS (X=LEFT,Y=TOP): [j2=2,1.5], [j4=3,3], [j6=3,3], [j8=3,1.5], [j10=3,2], [j12=4,2], [j14=3,2].



LEFT HEIGHT:5-9-10 SPAN:34-10-8 RISE:5-9-10 RIGHT HEIGHT:5-9-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	4-5=0.896	TOP CHORD:	2X4 No.1D 19 SP
BOTT	0 10	BOTT	12-13=0.648	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@12	=0.16 < L/350	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

WEB: 1-2; 8-9 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 2-14; 3-13; 7-11; 8-10 BRACED AT 1/2 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracng conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Signature]

SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012968]=====<<<<FL.QUALITY-U.K.>>>>=====

Customer : FOGLIA-CAPTIVA-WEXTGAR Truss ID : T16 Wed Sep 29 11:29:47 1999
 Project #: 99310 Family #: special
 Span : 34-10-8 Quantity : 1 Top Pitch : 7/12

==81d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS:

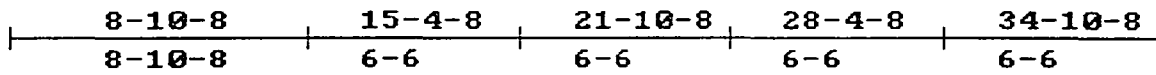
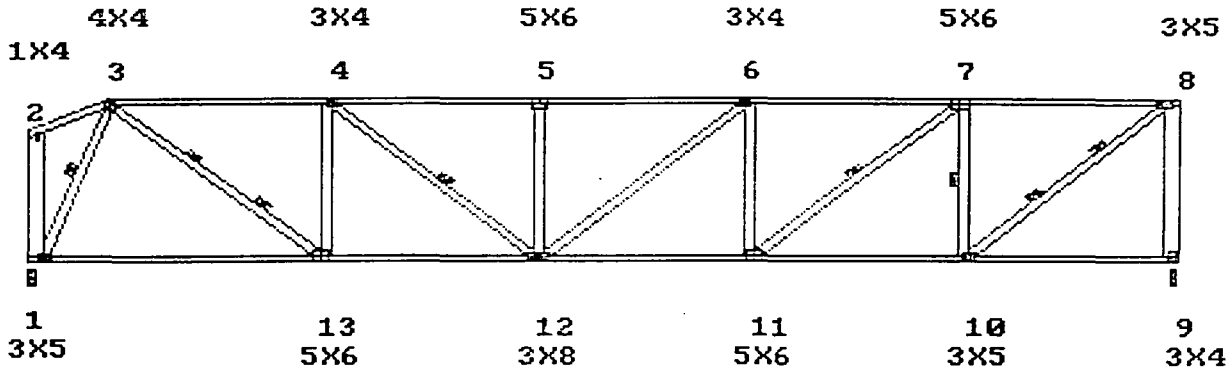
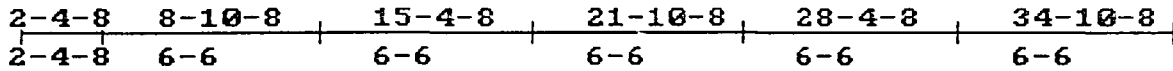
1-2=-100	7-8=-1478	9-10= 0	3-1=-1807	5-11=-716
2-3= 0	8-9=-1839	10-11= 1478	3-13= 1845	7-11= 1180
3-4=-1859		11-12= 2301	4-13=-1169	7-10=-1424
4-5=-2428		12-13= 1859	4-12= 816	5-10= 2143
5-6=-2428		13-1= 572	5-12=-585	
6-7=-2301			6-12= 182	

REACTIONS - SIZE

1=-1902	3.50
9=-1902	3.50

41

PROVIDE FOR 1661 LBS UPLIFT AT JOINT 1 (0.87)
 PROVIDE FOR 1714 LBS UPLIFT AT JOINT 9 (0.90)
 PROVIDE FOR 149 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP): [j5=3,3],[j7=3,3],[j8=3,1.5],[j10=2,1.5],[j11=3,2],[j13=3,2],



L. HL TO PK: 2-9 LEFT HEIGHT: 5-7 SPAN: 34-10-8 RISE: 6-11-10 RIGHT HEIGHT: 6-11-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	BOT CHORD:
30	15	4-5=0.691	11-12=0.626	2X4 SS 19 SP	2X4 No.2ND 19 SP
0	10	LL.DEFL.@12=0.12 < L/360		WEBS : 2X4	No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

WEB: 1-2; 8-9 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 3-1; 4-12; 7-11; 7-10 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 3-13; 8-10 BRACED at 1/3 POINTS AS SHOWN ABOVE
 Note: Use 1x4 or 2x3 Cont. Bracing conn.w/2-8d nails, or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN) DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC, ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Signature]
 SEP 30 1999

Customer : FOGLIA-CAPTIVA-WEXTGAR
 Project #: 99310
 Span : 34-10-8

Truss ID : T17
 Quantity : 1

Wed Sep 29 11:29:57 1999
 Family # : special
 Top Pitch : 7/12

==B1d(1/12/1999),v1.1==

FORCES - GRAVITY LOADS

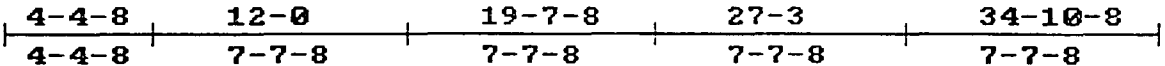
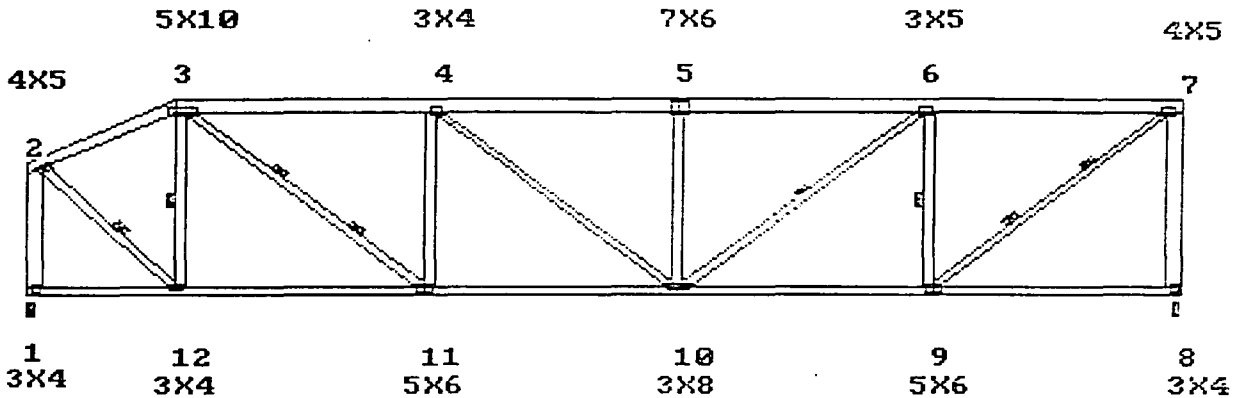
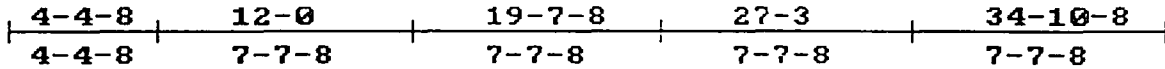
1-2=-1860	7-8=-1827	8-9= 0	2-12= 1460	6-10= 925
2-3=-1052		9-10= 1437	3-12=-1023	6-9=-1340
3-4=-1910		10-11= 1910	3-11= 1427	7-9= 2070
4-5=-2085		11-12= 910	4-11=-855	
5-6=-2085		12-1= 0	4-10= 251	
6-7=-1437			5-10=-686	

REACTIONS - SIZE

1=-1902	3.50
8=-1902	3.50



PROVIDE FOR 2057 LBS UPLIFT AT JOINT 1 (1.08)
 PROVIDE FOR 2190 LBS UPLIFT AT JOINT 8 (1.15)
 PROVIDE FOR 350 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j5=3,5],[j6=2,1.5],[j9=3,2],[j11=3,2],



L. HL TO PK:5-0-12
 LEFT HEIGHT:5-7
 SPAN:34-10-8. RISE:8-1-10 RIGHT HEIGHT:8-1-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30	TOP	4-5=0.959	TOP CHORD:	2X6 No.2D 19 SP
BOTT	0	BOTT	10-11=0.895	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@10	=0.11 < L/360	WEBS	:2X4 No.3 19 SP
STR.INC.: LUMB = 1.33 PLATE = 1.33			SPACING : 24.0 in. o. c.		
REPETITIVE STRESSES USED			NO. OF MEMBERS = 1		

WEB: 1-2; 7-8 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 2-12; 3-12; 6-10; 6-9 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 3-11; 7-9 BRACED at 1/3 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/WINDS DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Handwritten Signature]
 SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012970]====<<<<FL.Quality-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:30:16 1999
 Project # : 99310 Truss ID : T18 Family # : special
 Span : 34-10-8 Quantity : 1 Top Pitch : 7/12
 Bot pitch : 90/12

==Bld(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS

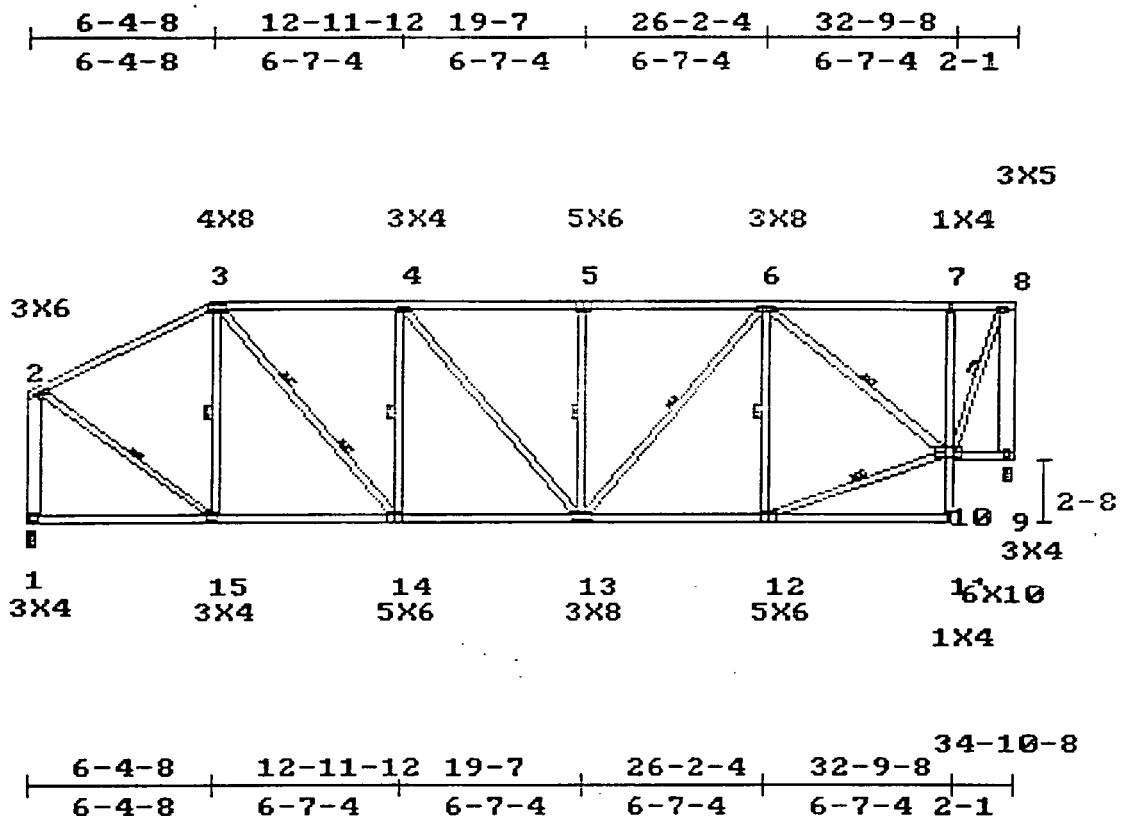
1-2=-1840	7-8=-589	9-10= 0	15-1= 0	2-15= 1427	5-15= 743
2-3=-1246	8-9=-1881	10-11= 65		3-15=-807	5-12=-430
3-4=-1704		11-12= 0		3-14= 1058	5-10=-1090
4-5=-1797		12-13= 1358		4-14=-722	7-10=-394
5-6=-1797		13-14= 1704		4-13= 158	8-10= 1888
6-7=-580		14-15= 1078		5-13=-594	10-12= 1459

REACTIONS - SIZE

1--1902	3.50
9--1902	3.50

43

PROVIDE FOR 2016 LBS UPLIFT AT JOINT 1 (1.06)
 PROVIDE FOR 2231 LBS UPLIFT AT JOINT 9 (1.17)
 PROVIDE FOR 515 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j5=3,3],[j8=2,1.5],[j12=3,2],[j14=3,2].



L. HL TO PK:7-4-9 INTERNAL RISE:2-8
 LEFT HEIGHT:5-7 SPAN:34-10-8 RISE:9-3-10 RIGHT HEIGHT:6-7-10

LOADING (PSF)	MAX STRESSES		MINIMUM GRADE OF LUMBER	
L D	TOP	BOTT	TOP CHORD:	SS 19 SP
TOP 30 15	2-3=0.943	13-14=0.522	TOP CHORD:	SS 19 SP
BOTT 0 10	LL.DEFL.@13=0.09 < L/360		BOT CHORD:	No.2ND 19 SP
			WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

CHORD: 10-11 TO BE 2X4 No.3 19 SP
 WEB: 1-2; 8-9 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 2-15; 3-15; 4-14; 5-13; 6-13; 6-12; 6-10; 8-10; 10-12 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 3-14 BRACED at 1/3 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/ND S DESIGN SPECS, SS3C,ANSI/TPI-95
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[Handwritten Signature]

SEP 30 1999

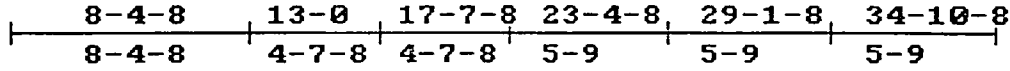
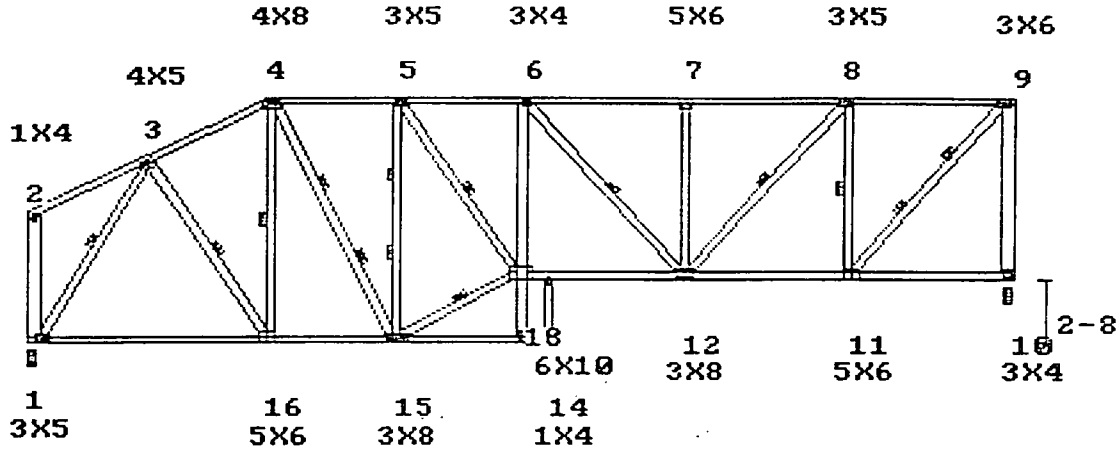
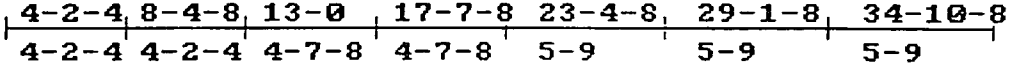
====<<<<ACES-32 Ver. 1.1>>>>=====[012971]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:30:28 1999
 Project #: 99310 Truss ID : T19 Family #: special
 Span : 34-10-8 Quantity : 1 Top Pitch : 7/12
 Bot pitch : 90/12

====81d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS				REACTIONS - SIZE				
1-2=-182	7-8=-1932	10-11= 0	16-1= 858	3-1=-1849	5-13=-131	13-15= 1757	1=-1902	3.50
2-3= 0	8-9=-1189	11-12= 1189	3-16= 657	5-12=-422	6-12=-422		10=-1902	3.50
3-4=-1360	9-10=-1846	12-13= 2188	4-16=-449	7-12=-517				
4-5=-1510		13-14= 45	4-15= 816	8-12= 1221				
5-6=-2186		14-15= 0	5-15=-1550	8-11=-1480				
6-7=-1932		15-16= 1172	5-13= 1320	9-11= 1989				

44

PROVIDE FOR 1970 LBS UPLIFT AT JOINT 1 (1.04)
 PROVIDE FOR 2277 LBS UPLIFT AT JOINT 10 (1.20)
 PROVIDE FOR 681 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j3=3,2],[j5=3,1.5],[j7=3,3],[j8=2,1.5],[j9=2,1.5],[j11=3,2],[j16=3,2],



L. HL TO PK:9-8-6 INTERNAL RISE:2-8
 LEFT HEIGHT:5-7 SPAN:34-10-8 RISE:10-5-10 RIGHT HEIGHT:7-9-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	6-7=0.993	TOP CHORD:	2X4 No.1D 19 SP
BOTT	0 10	BOTT	12-13=0.561	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@13	=0.14 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

CHORD: 13-14 TO BE 2X4 No.3 19 SP
 WEB: 1-2; 9-10 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 3-1; 3-16; 4-16; 5-13; 6-12; 8-12; 8-11; 13-15 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 4-15; 5-15; 9-11 BRACED at 1/3 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracng conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/ND5 DESIGN SPECS, SS3C,AHSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Handwritten Signature]

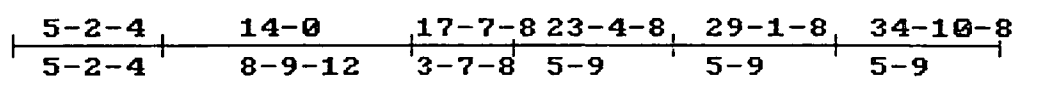
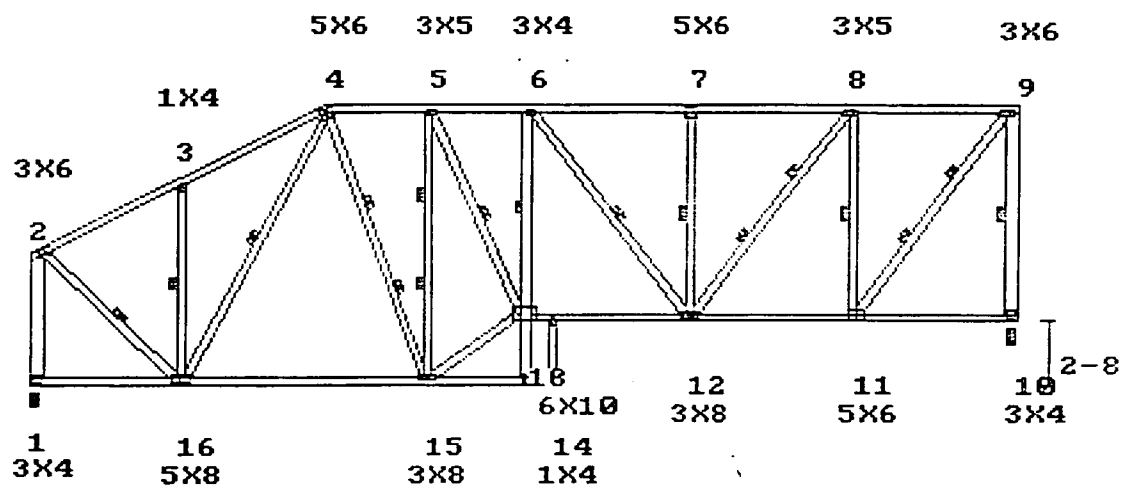
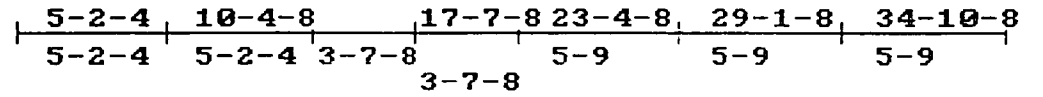
SEP 30 1999

==Bld(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS						REACTIONS - SIZE	
1-2=-1852	7-8=-1672	10-11= 0	16-1= 0	2-16= 1447	6-13=-86	13-15= 1754	1=-1902 3.50
2-3=-1139	8-9=-1029	11-12= 1029		3-16=-474	6-12=-402		10=-1902 3.50
3-4=-1146	9-10=-1846	12-13= 1894		4-16=-490	7-12=-517		
4-5=-1392		13-14= 35		4-15= 661	8-12= 1163		
5-6=-1893		14-15= 0		5-15=-1574	8-11=-1480		
6-7=-1672		15-16= 1191		5-13= 1344	9-11= 1897		

45

PROVIDE FOR 1918 LBS UPLIFT AT JOINT 1 (1.01)
 PROVIDE FOR 2329 LBS UPLIFT AT JOINT 10 (1.22)
 PROVIDE FOR 848 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j4=3,2],[j5=3,1.5],[j7=3,3],[j8=2,1.5],[j9=2,1.5],[j11=3,2],[j16=4,2],



L. HL TO PK:12-0-2 INTERNAL RISE:2-8
 LEFT HEIGHT:5-7 SPAN:34-10-8 RISE:11-7-10 RIGHT HEIGHT:8-11-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30	TOP	3-4=0.996	TOP CHORD:	2X4 No.1D 19 SP
BOTT	0	BOTT	15-16=0.959	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@13	=0.14 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

CHORD: 13-14 TO BE 2X4 No.3 19 SP
 WEB: 1-2; 9-10 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 9-10; 2-16; 3-16; 4-16; 5-13; 6-13; 6-12; 7-12; 8-11 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 4-15; 5-15; 8-12; 9-11 BRACED at 1/3 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
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[Signature]
 SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012973]=====<<<<FL.QUALITY-U.K.>>>>=====

Customer : FOGLIA-CAPTIVA-WEXTGAR	Truss ID : T21	Wed Sep 29 11:30:52 1999
Project #: 99310	Quantity : 1	Family # : special
Span : 34-10-8		Top Pitch : 7/12
		Bot pitch : 90/12

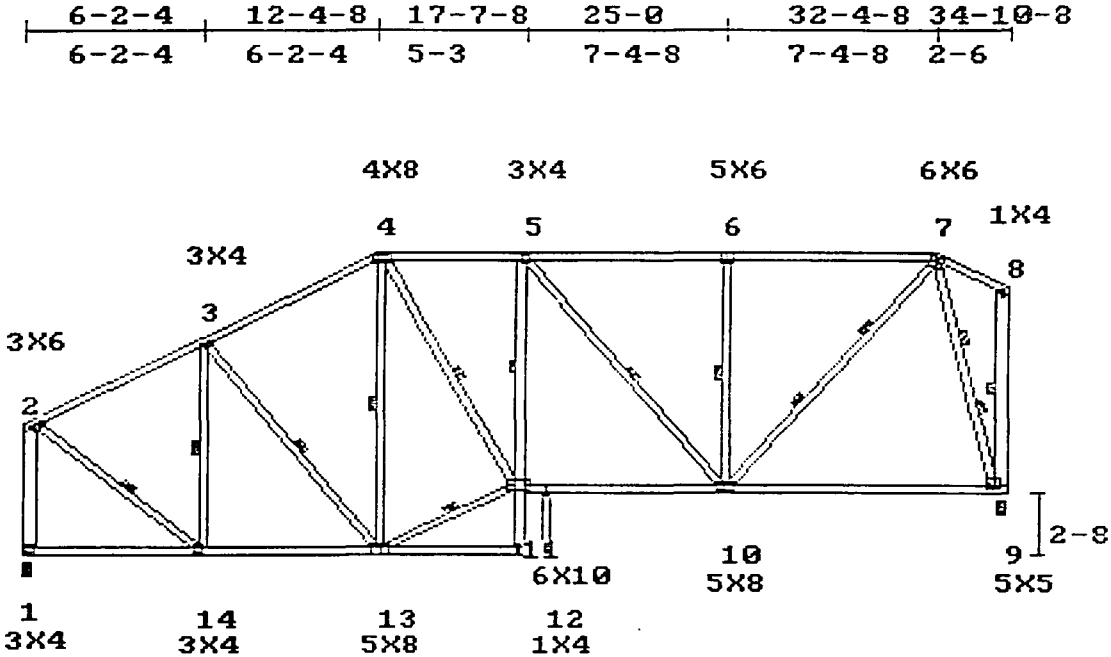
7-8 7/12,

==B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS				REACTIONS - SIZE	
1-2=-1842	7-8= 0	9-10= 406	2-14= 1433	5-10=-531	1=-1902 3.50
2-3=-1232	8-9=-106	10-11= 1669	3-14=-633	6-10=-654	9=-1902 3.50
3-4=-1394		11-12= 51	3-13= 234	7-10= 1576	
4-5=-1667		12-13= 0	4-13=-707	7-9=-1747	
5-6=-1351		13-14= 1068	4-11= 1011	11-13= 1356	
6-7=-1351		14-1= 0	5-11=-143		



PROVIDE FOR 1893 LBS UPLIFT AT JOINT 1 (1.00)
 PROVIDE FOR 2210 LBS UPLIFT AT JOINT 9 (1.16)
 PROVIDE FOR 905 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j6=3,3],[j7=3,2],[j10=4,2],[j13=4,2],



L. HL TO PK:14-3-15 INTERNAL RISE:2-8 R. HL TO PK :2-10-12
 LEFT HEIGHT:5-7 SPAN:34-10-8 RISE:12-9-10 RIGHT HEIGHT:8-8-2

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	5-6=0.950	TOP CHORD:	2X4 SS 19 SP
TOP	30	15	BOTT 10-11=0.706	BOT CHORD:	2X4 No.2ND 19 SP
BOTT	0	10	LL.DEFL.@11=0.09 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

CHORD: 11-12 TO BE 2X4 No.3 19 SP
 WEB: 1-2; 8-9 TO BE 2X6 No.2D 19 SP
 WEB: 7-10 TO BE 2X4 No.1D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 8-9; 2-14; 3-14; 3-13; 4-13; 4-11; 5-11; 5-10; 6-10; 11-13 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 7-10; 7-9 BRACED at 1/3 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/ND5 DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

SEP 30 1999

Customer : FOGLIA-CAPTIVA-WEXTGAR Truss ID : T22, T23 Wed Sep 29 11:31:03 1999
 Project #: 99310 Quantity : ① ① Family #: special
 Span : 34-10-8 Top Pitch : 7/12

==Bld(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS

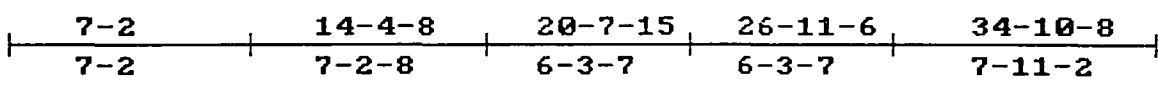
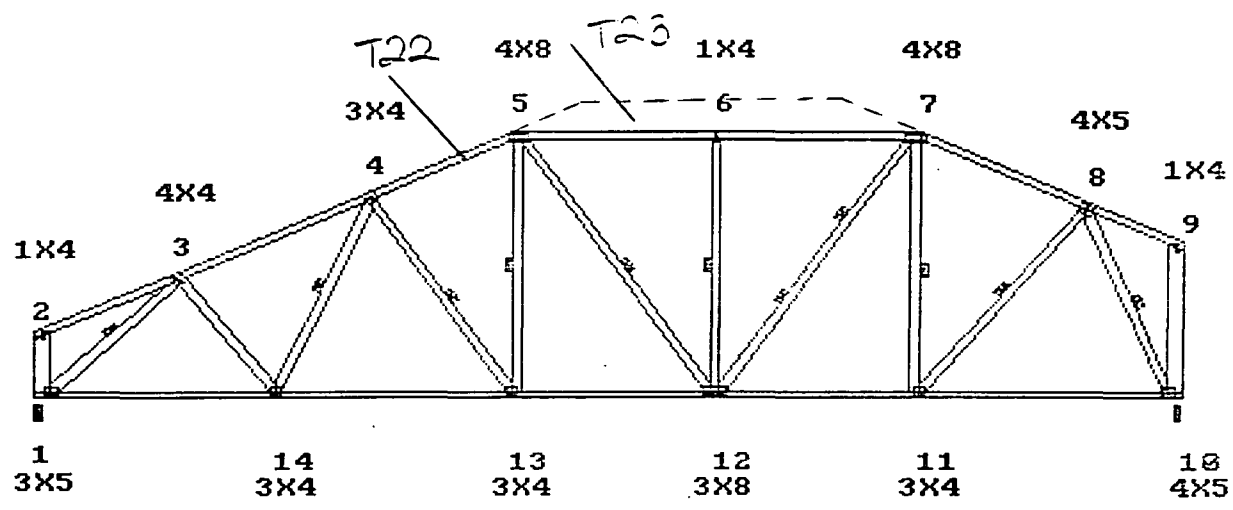
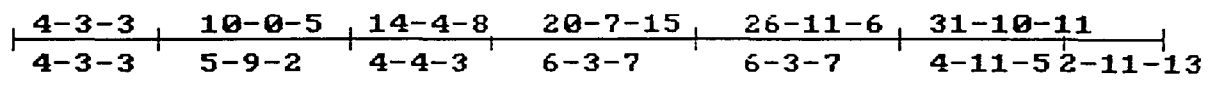
1-2=-185	7-8=-1209	10-11= 594	3-1=-2118	6-12=-556
2-3= 0	8-9= 0	11-12= 1042	3-14= 357	7-12= 806
3-4=-1753	9-10=-128	12-13= 1447	4-14=-186	7-11=-593
4-5=-1679		13-14= 1574	4-13=-278	8-11= 859
5-6=-1442		14-1= 1332	5-13= 382	6-10=-1795
6-7=-1442			5-12=-10	

REACTIONS - SIZE

1=-1902	3.50
10=-1902	3.50



PROVIDE FOR 1928 LBS UPLIFT AT JOINT 1 (1.01)
 PROVIDE FOR 1915 LBS UPLIFT AT JOINT 10 (1.01)
 PROVIDE FOR 905 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j8=2,2].



L. HL TO PK:16-7-11 LEFT HEIGHT:2-11 SPAN:34-10-8 RISE:11-3-10 R. HL TO PK :9-2-2 RIGHT HEIGHT:6-8-2

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	5-6=0.749	TOP CHORD:	2X4 SS 19 SP
BOTT	L 0 D 10	BOTT	13-14=0.560	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@13	=0.08 < L/360	WEBS	:2X4 No.3 19 SP

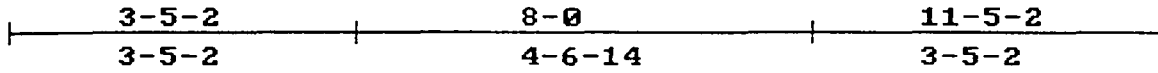
STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

WEB: 1-2; 9-10 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 3-1; 4-13; 4-13; 5-13; 5-12; 6-12; 7-11; 8-11; 8-10 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 7-12 BRACED at 1/3 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDE. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WIND IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

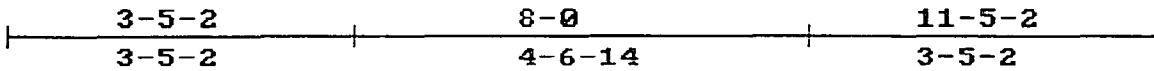
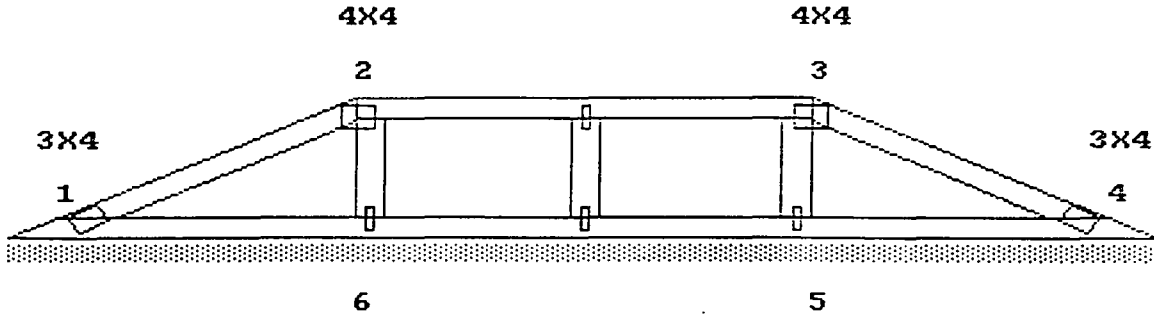
SEP 30 1999

==Bid(1/12/1999),v1.1=====

NOTES: (1) -Gable studs spaced at 48 inches o.c.
 (2) -Brace vertical studs in accordance with standard gable end detail
 (3) -Continuous bearing provided along entire bottom chord
 (4) -Provide 1X4 plates at each end of gable stud unless otherwise noted



48



L. HL TO PK: 3-11-10 R. HL TO PK : 3-11-10
 LEFT HEIGHT: 0-0 SPAN: 11-5-2 RISE: 2-0 RIGHT HEIGHT: 0-0

LOADING (PSF)		MAX STRESSES	MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	LL.DEFL.@0=0.00 < L/360	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0 10		BOT CHORD:	2X4 No.2ND 19 SP
			WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDE. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Handwritten Signature]
 SEP 30 1999

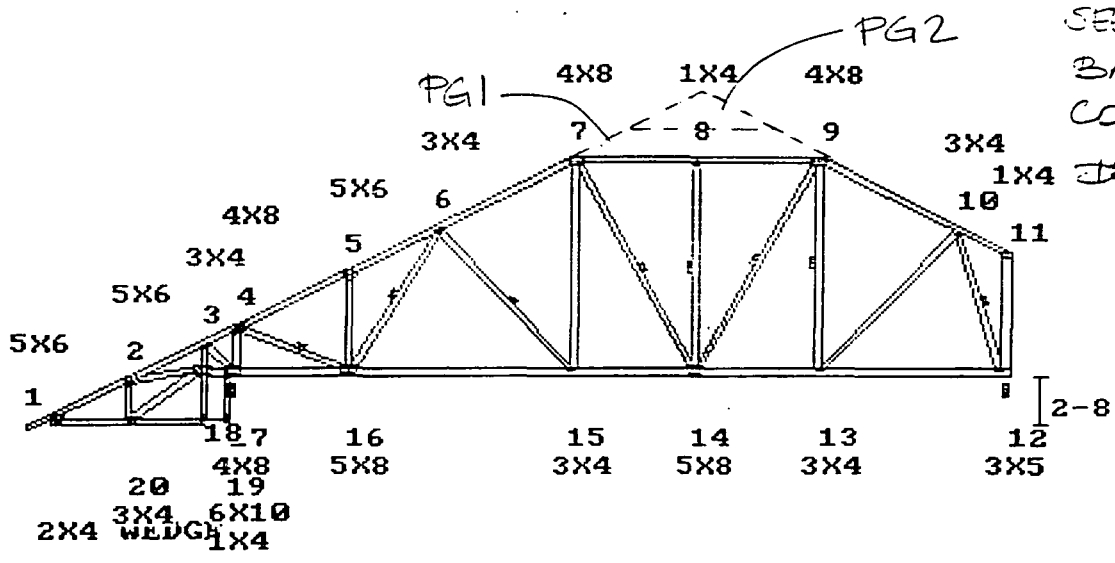
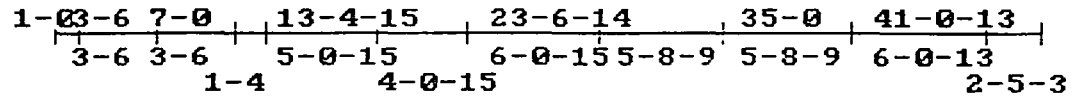
Customer : FOGLIA-CAPTIVA-WEXTGAR
 Project #: 99310
 Span : 43-6
 Truss ID : T24
 Quantity : 3
 Wed Sep 29 11:31:18 1999
 Family # : special
 Top Pitch : 7/12
 Bot pitch : 90/12

====51d(1/12/1999),v1.1=====

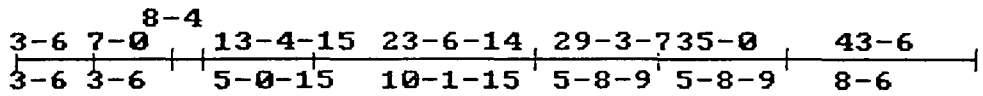
FORCES - GRAVITY LOADS						REACTIONS - SIZE	
1-2= 555	7-8=-1262	12-13= 471	18-19= 34	2-20= 438	5-16=-412	9-14= 625	17=-3088 8.00
2-3= 2483	8-9=-1262	13-14= 981	19-20= 0	2-18=-1691	6-16=-848	9-13=-512	12=-1791 3.50
3-4= 2257	9-10=-1137	14-15= 1226	20-1=-465	3-18=-519	6-15= 51	10-13= 828	
4-5=-927	10-11= 0	15-16= 1194		3-17= 238	7-15= 118	10-12=-1672	
5-6=-927	11-12=-103	16-17=-1950		4-17=-3208	7-14= 79	15-20=-594	
6-7=-1422		17-18=-2099		4-16= 3048	8-14=-514		



PROVIDE FOR 3792 LBS UPLIFT AT JOINT 17 (1.23)
 PROVIDE FOR 1299 LBS UPLIFT AT JOINT 12 (0.73)
 PROVIDE FOR 1657 LBS HORIZ. REACTION AT JOINT 17
 PLATE OFFSETS (X=LEFT,Y=TOP):[j2=3,3],[j4=5,2],[j5=3,3],[j14=4,2],[j16=4,2],[j17=3,2].



SEE FIGS
 BACK
 CONNECTION
 1x4
 DETAIL



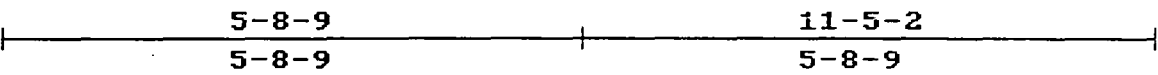
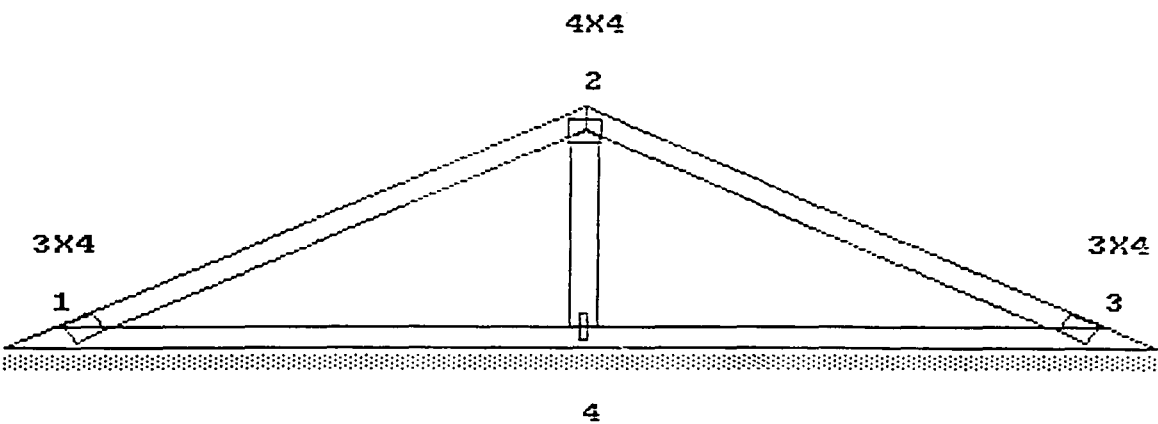
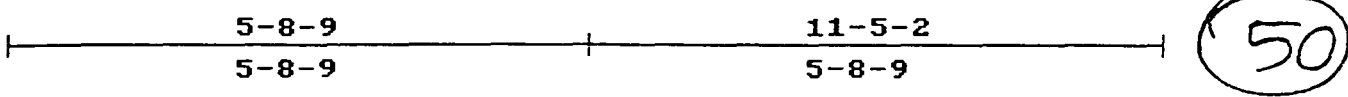
L. HL TO PK:27-3-7 INTERNAL RISE:2-8 R. HL TO PK :9-10-1
 LEFT HEIGHT:0-6-10 SPAN:43-6 RISE:14-3-10 RIGHT HEIGHT:6-8-2

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30	TOP	6-7=0.590	TOP CHORD:	2X4 SS 19 SP
BOTT	0	BOTT	17-18=0.741	BOT CHORD:	2X4 SS 19 SP
		LL.DEFL.@20	=0.14 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

CHORD: 18-19 TO BE 2X4 No.1D 19 SP
 WEB: 11-12; 4-17 TO BE 2X6 No.2D 19 SP
 WEB: 2-18 TO BE 2X4 No.2ND 19 SP
 RIGHT END VERTICAL IS NOT EXPOSED.
 WEB 4-16; 6-16; 6-15; 7-14; 8-14; 9-14; 9-13; 10-12 BRACED AT 1/2 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDE. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/ND5 DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

- NOTES: (1) -Gable studs spaced at 48 inches o.c.
 (2) -Brace vertical studs in accordance with standard gable end detail
 (3) -Continuous bearing provided along entire bottom chord
 (4) -Provide 1X4 plates at each end of gable stud unless otherwise noted



L. HL TO PK:6-7-6 LEFT HEIGHT:0-0 SPAN:11-5-2 RISE:3-4 R. HL TO PK :6-7-6 RIGHT HEIGHT:0-0

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15			TOP CHORD:2X4	No.2ND 19 SP
BOTT	0 10			BOT CHORD:2X4	No.2ND 19 SP
		LL.DEFL.@0=0.00 < L/360		WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Handwritten Signature]

Customer : FOGLIA-CAPTIVA-WEXTGAR
 Project #: 99310
 Span : 43-6
 Truss ID : T24A
 Quantity : 1

Wed Sep 29 11:31:47 1999
 Family # : special
 Top Pitch : 7/12
 Bot pitch : 90/12

==B1d(1/12/1999),v1.1=====

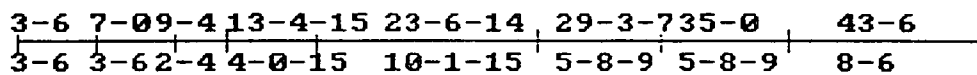
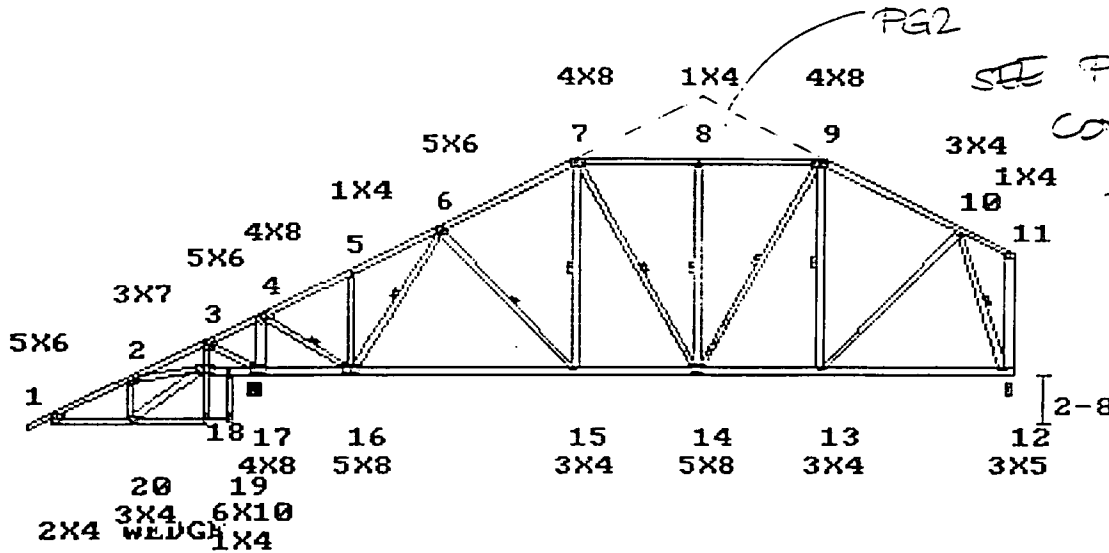
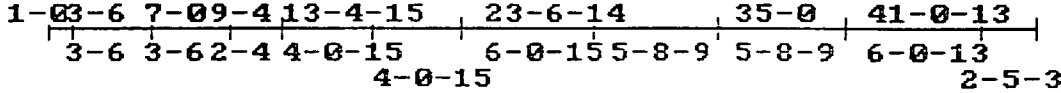
FORCES - GRAVITY LOADS

REACTIONS - SIZE

1-2= 555	7-8=-1149	12-13= 445	18-19= 34	2-20= 438	5-16=-367	5-14= 523	17=-3179	8.00
2-3= 2483	8-9=-1149	13-14= 914	19-20= 0	2-18=-1691	6-16=-1282	5-13=-461	12=-1700	3.50
3-4= 2236	9-10=-1060	14-15= 1068	20-1=-465	3-18=-509	6-15= 285	12-13= 763		
4-5=-343	10-11= 0	15-16= 892		3-17= 207	7-15=-66	12-12=-1578		
5-6=-343	11-12=-103	16-17=-1931		4-17=-3233	7-14= 181	15-20=-594		
6-7=-1238		17-18=-2100		4-16= 2769	5-14=-514			



PROVIDE FOR 4031 LBS UPLIFT AT JOINT 17 (1.27)
 PROVIDE FOR 1211 LBS UPLIFT AT JOINT 12 (0.71)
 PROVIDE FOR 1657 LBS HORIZ. REACTION AT JOINT 17
 PLATE OFFSETS (X=LEFT,Y=TOP):[j2=3,1.5],[j3=3,3],[j4=5,2],[j6=3,3],[j7=4,2],[j16=4,2],[j17=3,2],



L. HL TO PK:27-3-7 INTERNAL RISE:2-8 R. HL TO PK :9-10-1
 LEFT HEIGHT:0-6-10 SPAN:43-6 RISE:14-3-10 RIGHT HEIGHT:6-8-2

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30	TOP	6-7=0.569	TOP CHORD:	2X4 SS 19 SP
BOTT	0	BOTT	17-18=0.641	BOT CHORD:	2X4 SS 19 SP
		LL.DEFL.@20=	0.15 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

CHORD: 18-19 TO BE 2X4 No.1D 19 SP
 WEB: 11-12; 4-17 TO BE 2X6 No.2D 19 SP
 WEB: 2-18 TO BE 2X4 No.2ND 19 SP
 RIGHT END VERTICAL IS NOT EXPOSED.
 WEB 4-16; 6-16; 6-15; 7-15; 7-14; 8-14; 9-14; 9-13; 10-12 BRACED at 1/2 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

SEP 30 1999

Customer : FOGLIA-CAPTIVA-WEXTGAR
 Project # : 99310
 Span : 30-1-8
 Truss ID : T28
 Quantity : 1
 Wed Sep 29 11:31:58 1999
 Family # : special
 Top Pitch : 7/12

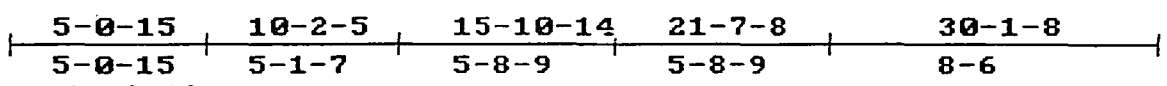
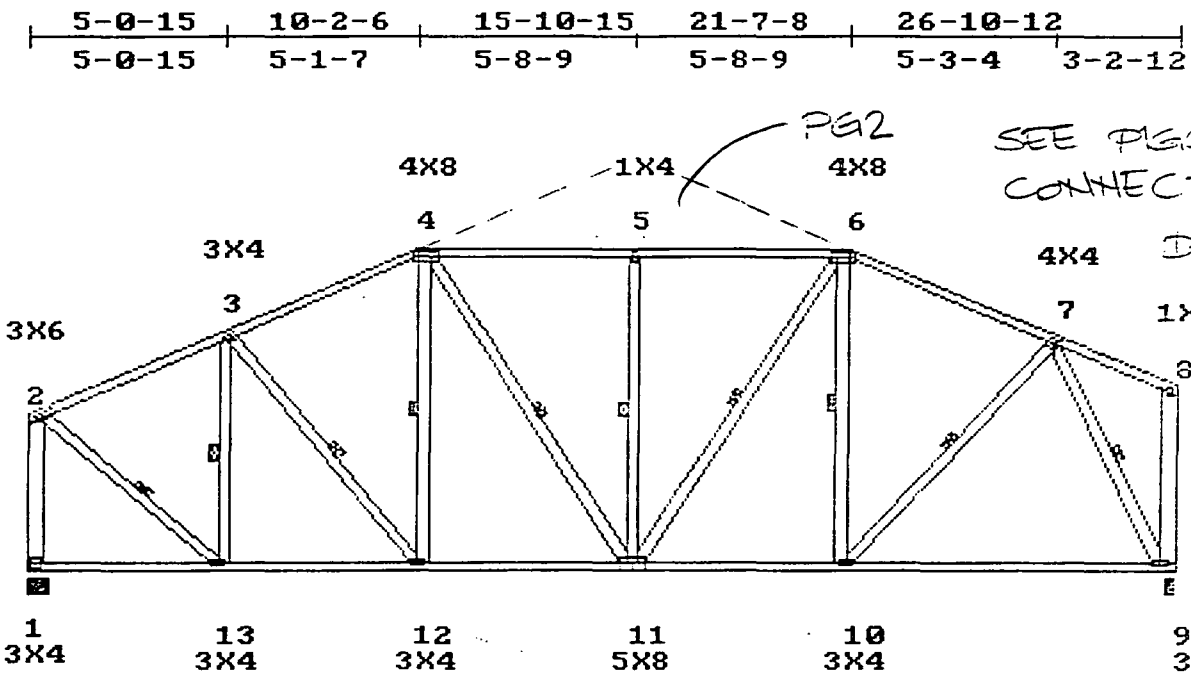
6-8 7/12,
 ==81d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS

1-2=-1588	7-8= 0	9-10= 529	2-13= 1206	5-11= 451	REACTIONS - SIZE
2-3=-922	8-9=-139	10-11= 867	3-13=-805	5-10=-388	1=-1636 8.00
3-4=-1109		11-12= 956	3-12= 304	7-10= 627	9=-1636 3.50
4-5=-1070		12-13= 797	4-12=-151	7-9=-1510	
5-6=-1070		13-1= 0	4-11= 253		
6-7=-1005			5-11=-514		

52

PROVIDE FOR 1637 LBS UPLIFT AT JOINT 1 (1.00)
 PROVIDE FOR 1652 LBS UPLIFT AT JOINT 9 (1.01)
 PROVIDE FOR 723 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j11=4,2],



L. HL TO PK:11-9-10 LEFT HEIGHT:5-8-4 SPAN:30-1-8 RISE:11-7-10 R. HL TO PK :9-10-1 RIGHT HEIGHT:6-8-2

LOADING (PSF)	MAX STRESSES	MINIMUM GRADE OF LUMBER
L D	TOP 3-4=0.935	TOP CHORD:2X4 No.1D 19 SP
TOP 30 15	BOTT 10-11=0.416	BOT CHORD:2X4 No.2ND 19 SP
BOTT 0 10	LL.DEFL.@11=0.04 < L/360	WEBS :2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

WEB: 1-2; 8-9 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 2-13; 3-13; 3-12; 4-12; 4-11; 5-11; 6-11; 6-10; 7-10; 7-9 BRACED at 1/2 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

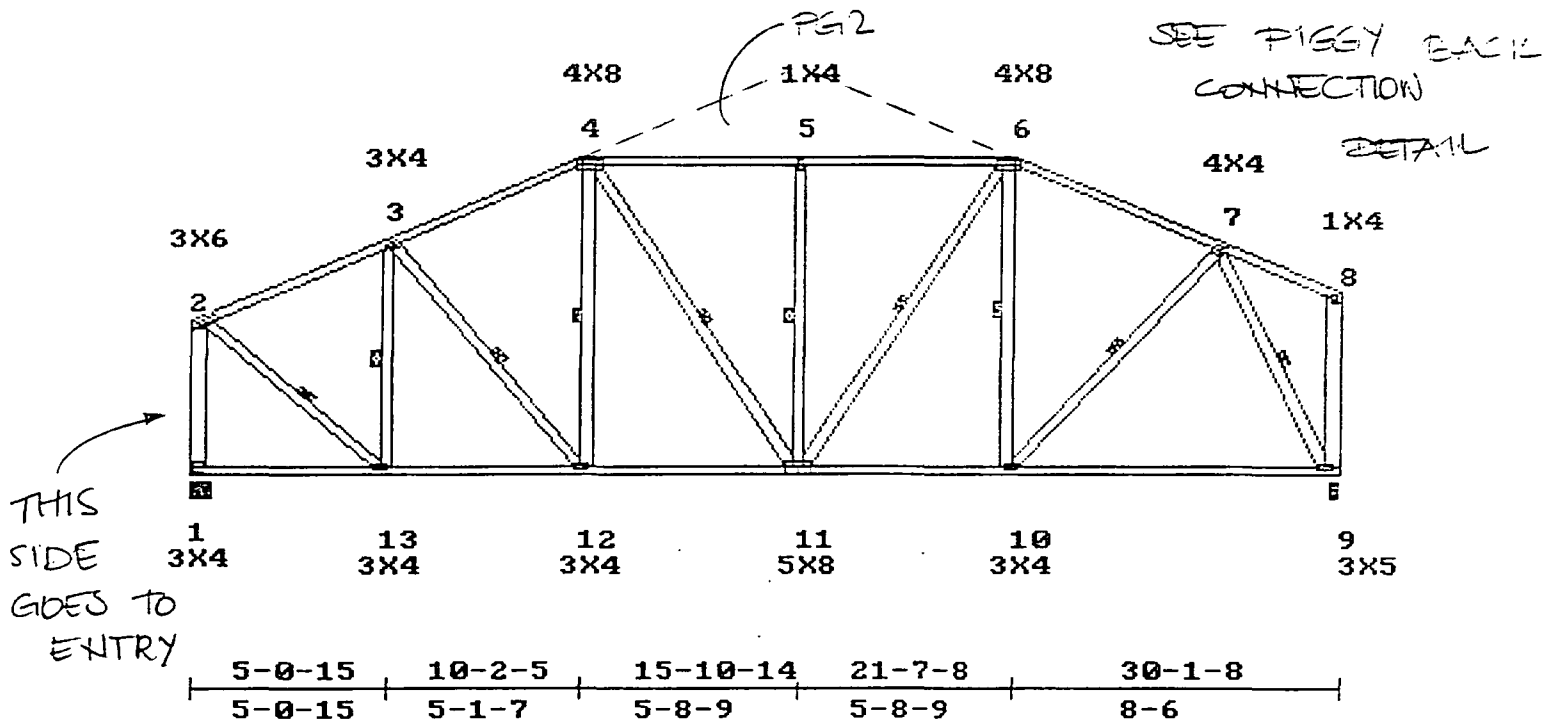
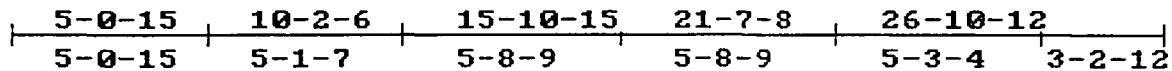
[Signature]
 SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012980]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:32:11 1999
 Project # : 99310 Truss ID : T29 Family # : special
 Span : 30-1-8 Quantity : 1 Top Pitch : 7/12
 6-8 7/12,
 ==B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS				REACTIONS - SIZE	
1-2=-1588	7-8= 0	9-10= 529	2-13= 1206	5-11= 451	1=-1636 8.00
2-3=-922	8-9=-139	10-11= 867	3-13=-805	6-10=-388	9=-1636 3.50
3-4=-1109		11-12= 956	3-12= 304	7-10= 627	
4-5=-1070		12-13= 797	4-12=-151	7-9=-1510	
5-6=-1070		13-1= 0	4-11= 253		
6-7=-1005			5-11=-514		

53

PROVIDE FOR 1637 LBS UPLIFT AT JOINT 1 (1.00)
 PROVIDE FOR 1652 LBS UPLIFT AT JOINT 9 (1.01)
 PROVIDE FOR 723 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j11=4,2],



L. HL TO PK:11-9-10 LEFT HEIGHT:5-8-4 SPAN:30-1-8 RISE:11-7-10 R. HL TO PK :9-10-1 RIGHT HEIGHT:6-8-2

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	3-4=0.935	TOP CHORD:	2X4 No.1D 19 SP
TOP	30	BOTT	10-11=0.416	BOT CHORD:	2X4 No.2ND 19 SP
BOTT	0	LL.DEFL.@11=	0.04 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

WEB: 1-2; 8-9 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 2-13; 3-13; 3-12; 4-12; 4-11; 5-11; 6-11; 6-10; 7-10; 7-9 BRACED at 1/2 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Handwritten Signature]

SEP 30 1999

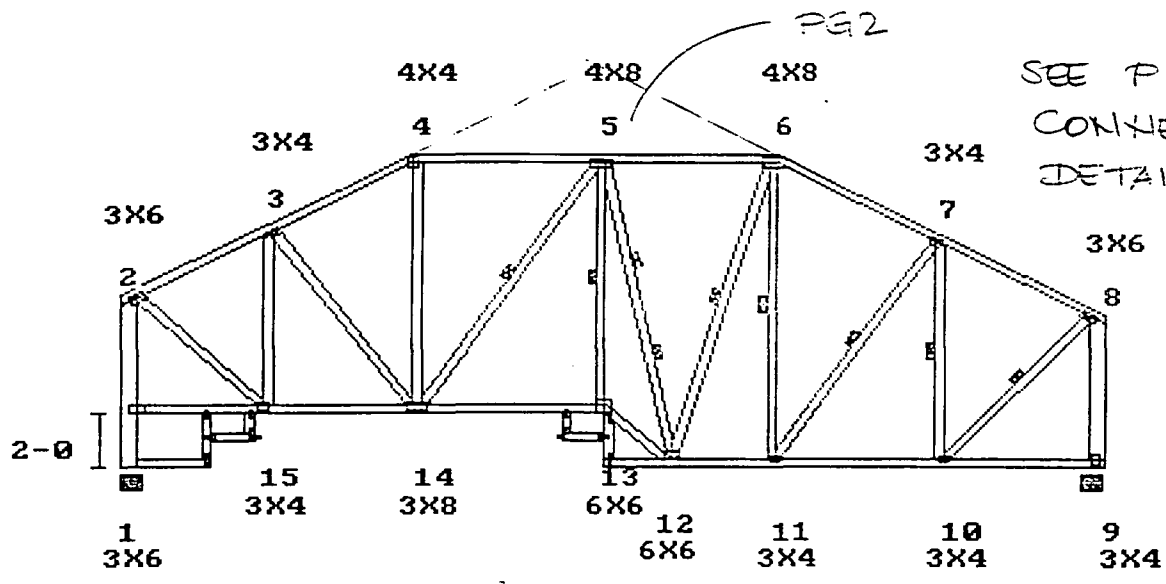
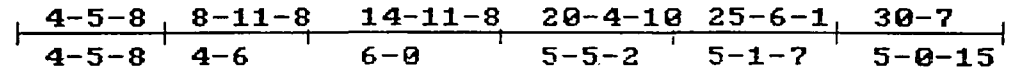
Customer : FOGLIA-CAPTIVA-WEXTGAR Truss ID : T30 Wed Sep 29 11:32:22 1999
 Project #: 99310 Quantity : 1 Family #: special
 Span : 30-7 Top Pitch : 7/12
 Bot pitch : 12/12

==B1d(1/12/1999),v1.1=====

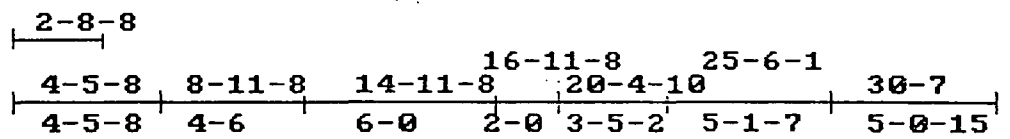
FORCES - GRAVITY LOADS						REACTIONS - SIZE	
1-2=-1615	7-8=-936	9-10= 0	15-1= 0	2-15= 1272	5-12=-1596	1=-1657	8.00
2-3=-1042	8-9=-1608	10-11= 809		3-15=-812	6-12= 312	9=-1657	8.00
3-4=-1276		11-12= 974		3-14= 358	5-11=-201		
4-5=-1099		12-13= 1900		4-14= 174	7-11= 316		
5-6=-1065		13-14= 1344		5-14=-452	7-10=-819		
6-7=-1130		14-15= 900		5-13= 1437	8-10= 1224		



PROVIDE FOR 1686 LBS UPLIFT AT JOINT 1 (1.02)
 PROVIDE FOR 1689 LBS UPLIFT AT JOINT 9 (1.02)
 PROVIDE FOR 737 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j5=4,1.5],



SEE PILEY BACK CONNECTION DETAIL



L. HL TO PK:10-4-7 LEFT HEIGHT:4-4-14 SPAN:30-7 RISE:11-7-10 R. HL TO PK :11-9-11 RIGHT HEIGHT:5-8-4

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30	TOP	6-7=0.942	TOP CHORD:	2X4 No.1D 19 SP
BOTT	0	BOTT	13-14=0.387	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@13	=0.09 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

WEB: 1-2; 8-9 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 WEB 5-14; 5-13; 6-12; 6-11; 7-11; 7-10; 8-10 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 5-12 BRACED at 1/3 POINTS AS SHOWN ABOVE
 PROVIDE 2*4 CONTINUOUS BRACING AT BOTTOM CHORD NOT EXCEEDING 4' O.C. OVER DROPPED BOTTOM CHORD AREAS WHERE CEILING IS NOT APPLIED.
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

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 SEP 30 1999

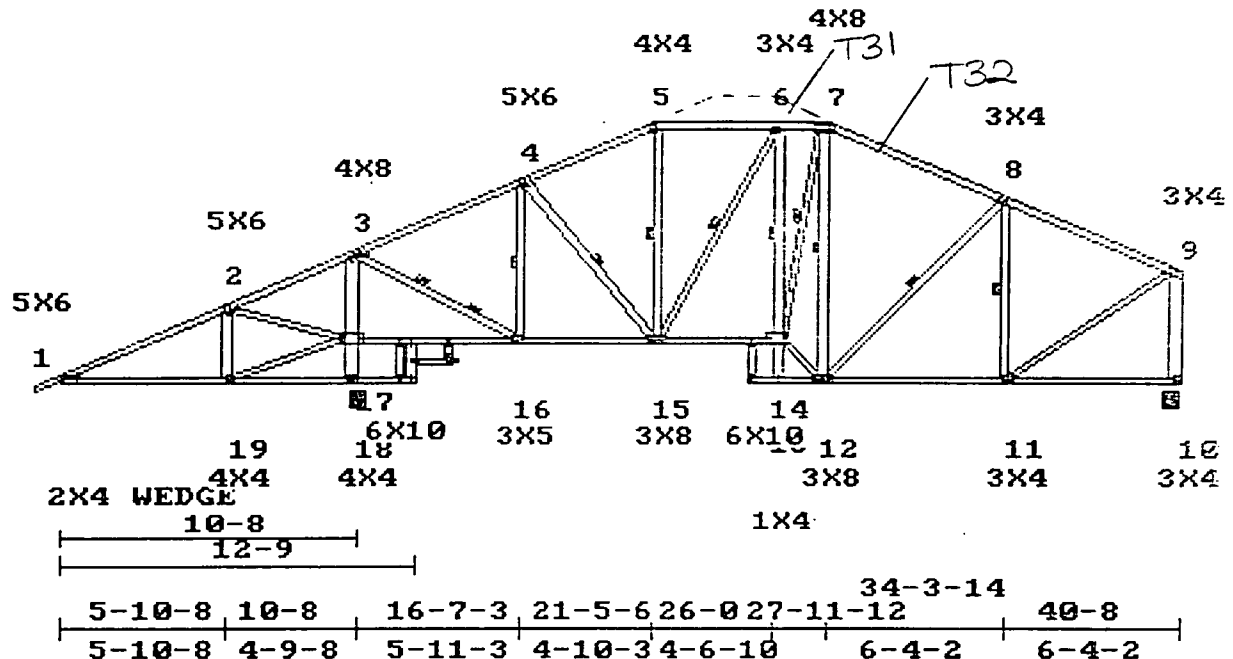
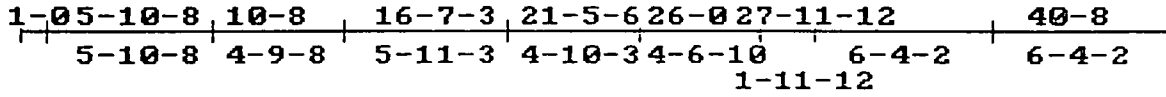
====<<<<ACES-32 Ver. 1.1>>>>=====[012982]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:32:34 1999
 Project # : 99310 Truss ID : T32, T31 Family # : special
 Span : 40-8 Quantity : ① ① Top Pitch : 7/12
 Bot pitch : 90/12

==B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS						REACTIONS - SIZE	
1-2= 819	7-8=-822	10-11= 0	16-17=-1508	2-19= 409	5-15=-42	8-11=-527	18=-3146 8.00
2-3= 1924	8-9=-842	11-12= 727	17-18=-3100	2-17=-1029	6-15=-461	5-11= 976	10=-1412 8.00
3-4=-352	9-10=-1351	12-13= 0	18-19= 0	3-17=-2995	6-14= 131	14-12= 1049	
4-5=-752		13-14= 18	19-1=-695	3-16= 2265	7-14= 718	17-19=-758	
5-6=-648		14-15= 828		4-16=-1252	7-12=-666		
6-7=-829		15-16= 304		4-15= 659	8-12=-31		

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PROVIDE FOR 5062 LBS UPLIFT AT JOINT 18 (1.61)
 PROVIDE FOR 1181 LBS UPLIFT AT JOINT 10 (0.84)
 PROVIDE FOR 1413 LBS HORIZ. REACTION AT JOINT 18
 PLATE OFFSETS (X=LEFT, Y=TOP): [j2=3,3], [j3=5,2], [j4=3,3], [j16=2,1.5],



L. HL TO PK:24-9-15 INTERNAL RISE:2-0 R. HL TO PK :14-8-4
 LEFT HEIGHT:0-6-10 SPAN:40-8 RISE:13-0-12 RIGHT HEIGHT:5-7-15

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	7-8=0.894	TOP CHORD:	2X4 SS 19 SP
TOP	30	BOTT	19-1=0.863	BOT CHORD:	2X4 No.1D 19 SP
BOTT	0	LL.DEFL.@19	=0.09 < .L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

CHORD: 13-14 TO BE 2X4 No.2ND 19 SP
 CHORD: 17-18 TO BE 2X6 SS 19 SP
 WEB: 9-10 TO BE 2X6 No.2D 19 SP
 WEB: 3-17 TO BE 2X4 No.2ND 19 SP
 RIGHT END VERTICAL IS NOT EXPOSED.
 WEB 4-16; 4-15; 5-15; 6-15; 6-14; 7-14; 7-12; 8-12; 8-11 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 3-16 BRACED at 1/3 POINTS AS SHOWN ABOVE
 PROVIDE 2*4 CONTINUOUS BRACING AT BOTTOM CHORD NOT EXCEEDING 4' O.C. OVER DROPPED BOTTOM CHORD AREAS WHERE CEILING IS NOT APPLIED.
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDE. TYPE, ASSUMING 10 PSF TOTAL D.L.(7-3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Signature]
 SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012983]=====<<<<FL.Quality-U.K.>>>>=====

Customer : FOGLIA-CAPTIVA-WEXTGAR	Truss ID : T33	Wed Sep 29 11:32:46 1999
Project # : 99310	Quantity : 1	Family # : special
Span : 54-0		Top Pitch : 7/12
		Bot pitch : 90/12

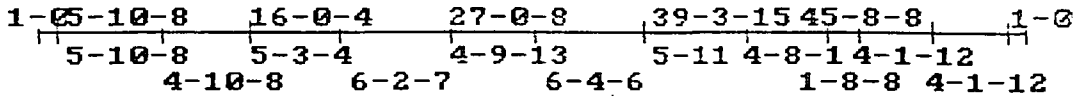
19-20 12/12, 22-23 11.995/12,
 ==B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS

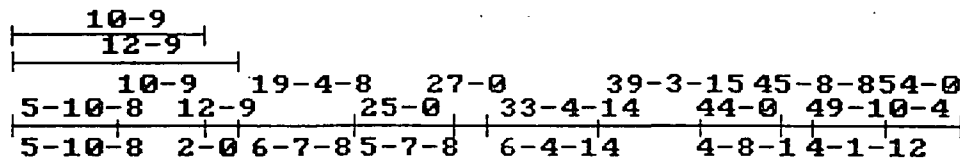
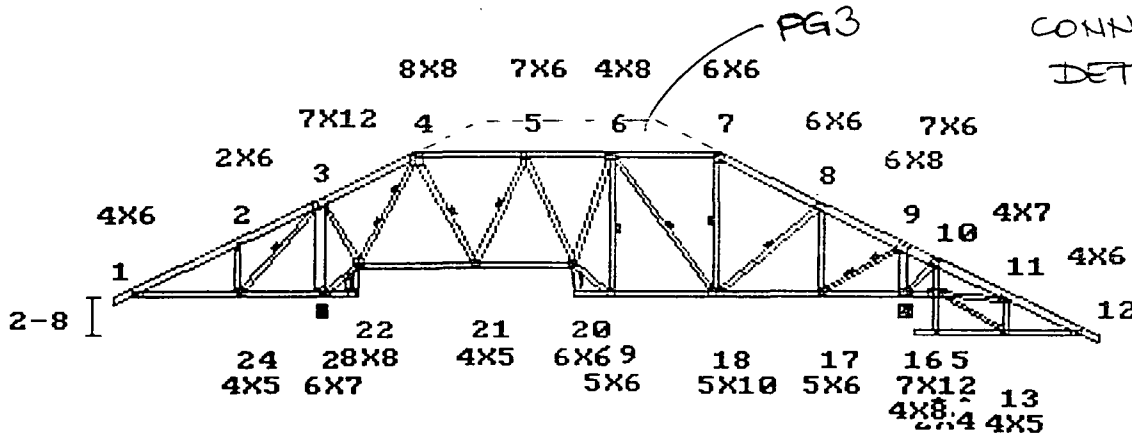
TOP CHORD: 1-2= 834 , 2-3= 826 , 3-4= 911 , 4-5=-526 , 5-6=-1005, 6-7=-552 , 7-8=-768 ,
 8-9=-118 , 9-10= 2311, 10-11= 2378, 11-12= 644,
 BOTTOM CHORD: 12-13=-548, 13-14= 0, 14-15= 40, 15-16=-2032, 15-17=-1996, 17-18= 102, 18-19= 858,
 19-20= 1208, 20-21= 861, 21-22= 81, 22-23=-1678, 23-24=-1187, 24-1=-713,
 WEBS: 2-24=-501, 3-24= 783, 3-23=-1909, 3-22= 964, 4-22=-2157, 4-21= 1091, 5-21=-945,
 5-20= 414, 6-20= 572, 6-19=-762, 6-18=-352, 7-18=-163, 8-18= 800, 8-17=-1378,
 9-17= 2569, 9-16=-2995, 10-16= 62, 10-15=-348, 11-15=-1507, 11-13= 447, 15-13=-658,



REACTIONS, SIZE: 23=-3149, 8.00 16=-3011, 11.32
 PROVIDE FOR 5108 LBS UPLIFT AT JOINT 23 (1.62)
 PROVIDE FOR 4916 LBS UPLIFT AT JOINT 16 (1.63)
 PROVIDE FOR 1878 LBS HORIZ. REACTION AT JOINT 23
 PLATE OFFSETS (X=LEFT, Y=TOP): [j3=6, 5], [j4=4, 3], [j5=3, 5], [j8=3, 4], [j9=3, 4], [j10=3, 5], [j16=5, 2], [j17=3, 3], [j18=5, 2], [j19=3, 2],
 [j22=4, 5], [j23=3, 5, 5],



SEE PIGGY BACK
 CONNECTION
 DETAIL



L. HL TO PK: 18-6-9 INTERNAL RISE: 2-0 R. HL TO PK : 23-10-1
 LEFT HEIGHT: 0-6-10 SPAN: 54-0 RISE: 12-6-12 RIGHT HEIGHT: 0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	No. 2D 19 SP
30	15	7-8=0.480	15-16=0.836	BOT CHORD: <td>SS 19 SP</td>	SS 19 SP
0	10	LL.DEFL.@12=0.34 < L/360		WEBS	: 2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

NOTE: PROVIDE FOR 0.45 IN. HORIZONTAL DISPLACEMENT AT ONE BEARING

CHORD: 14-15 TO BE 2X4 No.1D 19 SP
 WEB: 3-23; 9-16 TO BE 2X6 No.2D 19 SP
 WEB: 6-19; 11-15 TO BE 2X4 No.2ND 19 SP
 WEB 3-24; 4-21; 5-21; 6-19; 6-18; 7-18; 8-18 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 4-22; 9-17 BRACED at 1/3 POINTS AS SHOWN ABOVE

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PROVIDE 2"x4" CONTINUOUS BRACING AT BOTTOM CHORD NOT EXCEEDING 4' O.C. OVER DROPPED BOTTOM CHORD AREAS WHERE CEILING IS NOT APPLIED.
 Note: Use 1x4 or 2x3 Cont. Bracing conn. w/2-8d nails, or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L. (7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL (EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY (EXCEPT AS SHOWN) DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C, ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY. FOR PERMANENT AND TEMPORARY BRACING (WHICH IS ALWAYS REQD) CONSULT BLDG ARCHITECT OR ENGINEER.

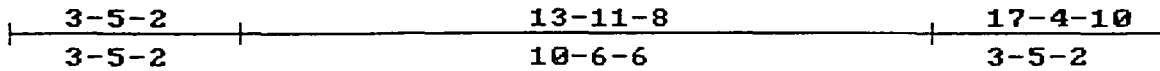
SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012984]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:32:57 1999
 Project #: 99310 Truss ID : PG3 Family # : 314
 Span : 17-4-10 Quantity : 1 Top Pitch : 7/12

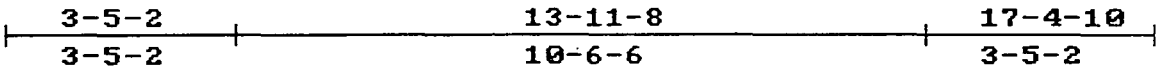
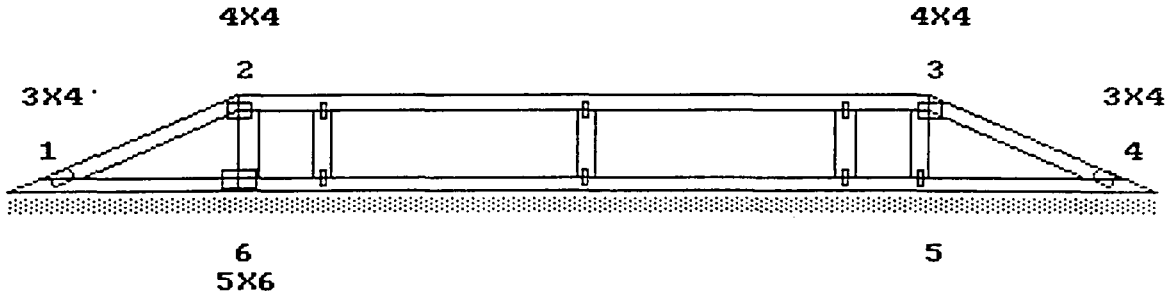
==Bid(1/12/1999),v1.1=====

NOTES: (1) -Gable studs spaced at 48 inches o.c.
 (2) -Brace vertical studs in accordance with standard gable end detail
 (3) -Continuous bearing provided along entire bottom chord
 (4) -Provide 1X4 plates at each end of gable stud unless otherwise noted

PLATE OFFSETS (X=LEFT,Y=TOP):[j6=3,2].



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L. HL TO PK:3-11-10 R. HL TO PK :3-11-10
 LEFT HEIGHT:0-0 SPAN:17-4-10 RISE:2-0 RIGHT HEIGHT:0-0

LOADING (PSF)		MAX STRESSES	MINIMUM GRADE OF LUMBER	
L	D		TOP CHORD	WEBS
TOP	30	15	2X4 No.2ND 19 SP	2X4 No.3 19 SP
BOTT	0	10	BOT CHORD:2X4 No.2ND 19 SP	

LL.DEFL.@0=0.00 < L/360

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDE. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDX DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Handwritten Signature]

SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012985]=====<<<<FL.QUALITY-U.K.>>>>=====

Customer : FOGLIA-CAPTIVA-WEXTGAR Truss ID : T35 T34 Wed Sep 29 11:33:06 1999
 Project #: 99310 Quantity : ① ① Family #: special
 Span : 54-0 Top Pitch : 77/12
 Bot pitch : 90/12

====81d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS

TOP CHORD: 1-2= 771 , 2-3= 1334, 3-4=-232 , 4-5=-950 , 5-6=-950 , 6-7=-1239, 7-8=-1238,
 8-9=-893 , 9-10= 2435, 10-11= 2799, 11-12= 627,
 BOTTOM CHORD: 12-13=-534, 13-14= 0, 14-15= 29, 15-16=-2353, 16-17=-2104, 17-18= 771, 18-19= 1067,
 19-20= 1239, 20-21= 200, 21-22=-1152, 22-23=-663, 23-1=-663.
 WEBS: 2-23= 103, 2-22=-569, 3-22=-2861, 3-21= 2101, 4-21=-1495, 4-20= 1336, 5-20=-556,
 6-20=-515, 6-19=-130, 7-19= 307, 7-18=-166, 8-18= 411, 8-17=-991, 9-17= 3081,
 9-16=-3108, 10-16= 371, 10-15=-656, 11-15=-1893, 11-13= 583, 15-13=-741,

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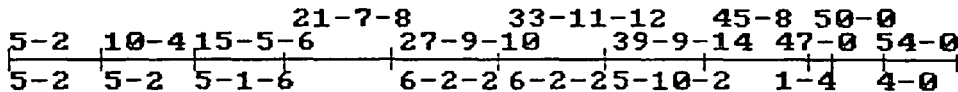
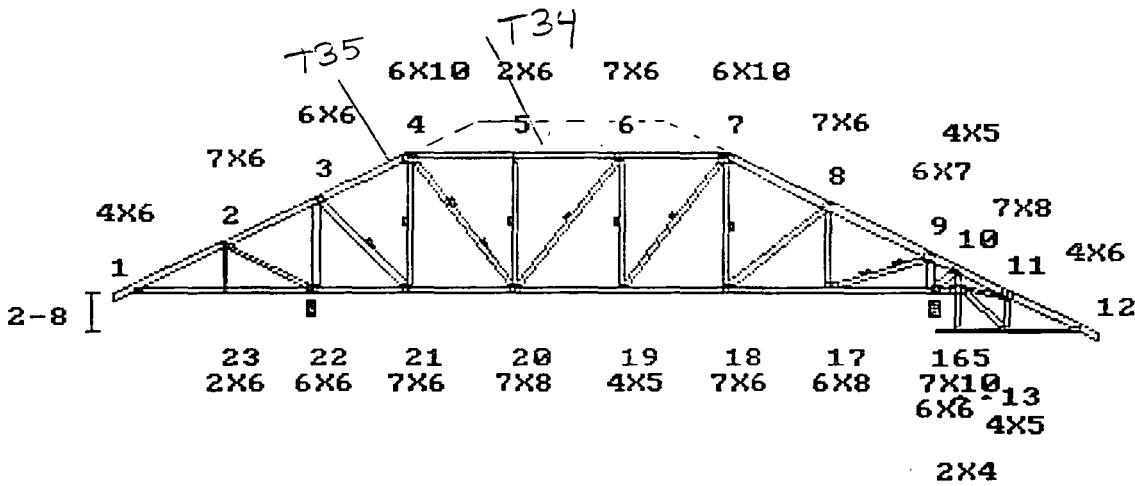
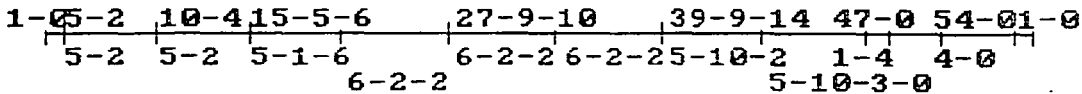
REACTIONS, SIZE: 22=-3254, 8.00 16=-2906, 8.00

PROVIDE FOR 4158 LBS UPLIFT AT JOINT 22 (1.28)

PROVIDE FOR 3613 LBS UPLIFT AT JOINT 16 (1.24)

PROVIDE FOR 1525 LBS HORIZ. REACTION AT JOINT 22

PLATE OFFSETS (X=LEFT, Y=TOP): [j2=3, 5], [j3=3, 4], [j6=3, 5], [j8=3, 5], [j9=3.5, 4], [j10=4, 5], [j15=5, 2], [j16=3, 2], [j17=3, 4], [j18=3, 2], [j20=4, 2], [j21=3, 2], [j22=3, 2],



L. HL TO PK: 17-10-10 LEFT HEIGHT: 0-6-10 SPAN: 54-0 RISE: 12-2-12 R. HL TO PK: 23-2-2 RIGHT HEIGHT: 0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	NO.
30	15	7-8=0.523	15-16=0.540	2X6	No.2D 19 SP
0	10	LL.DEFL.@12=0.28 < L/360		2X4	SS 19 SP
				WEBS	:2X4 No.3 19 SP

STR. INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

NOTE: PROVIDE FOR 0.27 IN. HORIZONTAL DISPLACEMENT AT ONE BEARING

CHORD: 14-15 TO BE 2X4 No.10 19 SP
 CHORD: 15-16; 16-17; 17-18; 18-19; 19-20; 20-21; 21-22; 22-23; 23-1 TO BE 2X6 SS 19 SP
 WEB: 3-22; 9-16 TO BE 2X6 No.2D 19 SP
 WEB: 11-15 TO BE 2X4 No.1D 19 SP
 WEB 3-21; 4-21; 5-20; 6-20; 6-19; 7-19; 7-18 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 4-20; 9-17 BRACED at 1/3 POINTS AS SHOWN ABOVE

[Signature]
 SEP 30 1999

Note: Use 1x4 or 2x3 Cont. Bracing conn.w/2-8d nails, or T-brace of same size and grade as web conn. to carry face 2x4 nails 6 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL (EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY (EXCEPT AS SHOWN) DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C, ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY. FOR PERMANENT AND TEMPORARY BRACING (WHICH IS ALWAYS REQD) CONSULT BLDG ARCHITECT OR ENGINEER.

====<<<<ACES-32 Ver. 1.1>>>>=====[012986]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:33:11 1999
 Project # : 99310 Truss ID : T36 Family # : special
 Span : 54-0 Quantity : 1 Top Pitch : 7/12
 Bot pitch : 90/12

==81d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS

TOP CHORD: 1-2= 771, 2-3= 1334, 3-4= 1340, 4-5=-799, 5-6=-1321, 6-7=-1321, 7-8=-1404,
 8-9=-703, 9-10=-701, 10-11= 2435, 11-12= 2799, 12-13= 643,
 BOTTOM CHORD: 13-14=-552, 14-15= 0, 15-16= 29, 16-17=-2353, 17-18=-2104, 18-19= 1012, 19-20= 1404,
 20-21= 799, 21-22=-185, 22-23=-663, 23-1=-663,
 WEBS: 2-23= 103, 2-22=-569, 3-22=-359, 4-22=-2648, 4-21= 1700, 5-21=-1243, 5-20= 902,
 6-20=-507, 7-20=-142, 7-19=-391, 8-19= 677, 8-18=-780, 9-18=-440, 10-18= 2988,
 10-17=-3118, 11-17= 371, 11-16=-656, 12-16=-1874, 12-14= 585, 13-14=-756,

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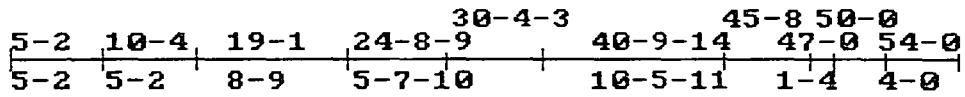
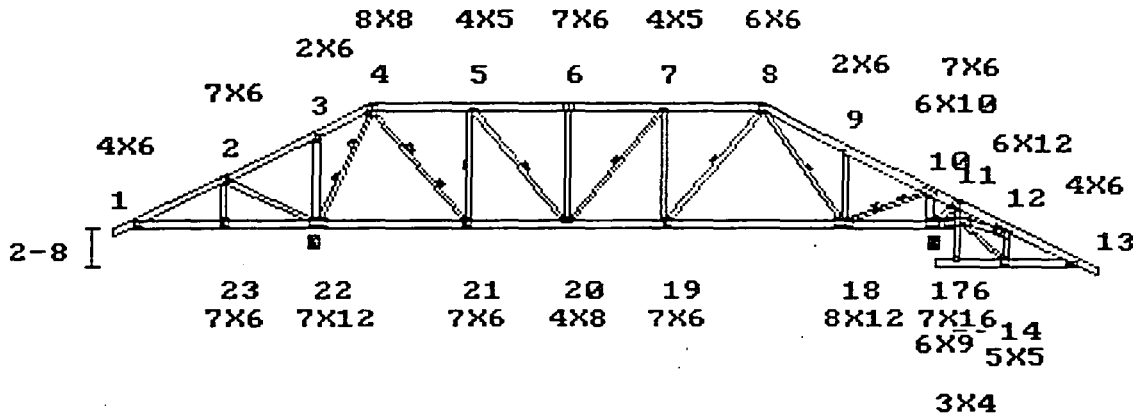
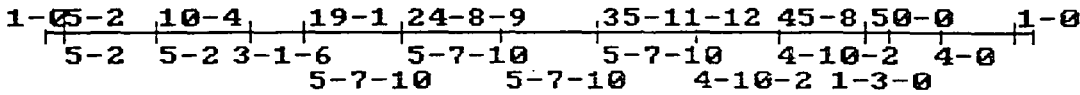
REACTIONS, SIZE: 22=-3254, 8.00 17=-2906, 8.00

PROVIDE FOR 5227 LBS UPLIFT AT JOINT 22 (1.61)

PROVIDE FOR 4526 LBS UPLIFT AT JOINT 17 (1.56)

PROVIDE FOR 1678 LBS HORIZ. REACTION AT JOINT 22

PLATE OFFSETS (X=LEFT, Y=TOP): [j2=3, 5], [j4=4, 3], [j6=3, 5], [j10=4, 4], [j11=3, 5], [j12=3, 2], [j14=2.5, 2], [j16=8, 2], [j17=6, 2], [j18=6, 3], [j19=3, 2], [j21=3, 2], [j22=5, 3], [j23=3, 2],



L. HL TO PK: 15-6-13 LEFT HEIGHT: 0-6-10 SPAN: 54-0 RISE: 11-0-12 R. HL TO PK: 20-10-5 RIGHT HEIGHT: 0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	WEBS
30	15	7-8=0.513	16-17=0.593	2X6 No.2D 19 SP	2X4 No.3 19 SP
0	10	LL.DEFL.@13=0.32 < L/360			

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

NOTE: PROVIDE FOR 0.30 IN. HORIZONTAL DISPLACEMENT AT ONE BEARING

CHORD: 15-16 TO BE 2X4 No.2ND 19 SP
 WEB: 3-22; 10-17 TO BE 2X6 No.2D 19 SP
 WEB: 4-22; 12-16 TO BE 2X4 No.2ND 19 SP
 WEB 5-21; 5-20; 7-20; 8-19; 8-18 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 4-22; 4-21; 10-18 BRACED at 1/3 POINTS AS SHOWN ABOVE

Note: Use 1x4 or 2x3 Cont. Bracing conn.w/2-8d nails, or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L. (7-3) (SBC).
 PLATES ARE MITEK M20-249, 200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL (EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY (EXCEPT AS SHOWN) DESIGN CONFORMS W/ NDS DESIGN SPECS, SSBC, ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY. FOR PERMANENT AND TEMPORARY BRACING (WHICH IS ALWAYS REQD) CONSULT BLDG ARCHITECT OR ENGINEER.

SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[013446]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Oct 6 11:01:52 1999
 Project # : 99310 Truss ID : T37 Family # : special
 Span : 54-0 Quantity : 1 Top Pitch : 7/12
 Bot pitch : 90/12

8-13 7/12,

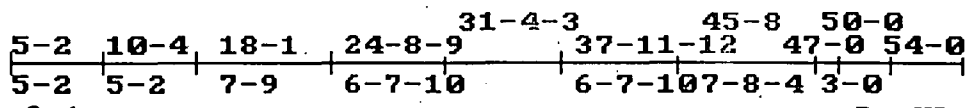
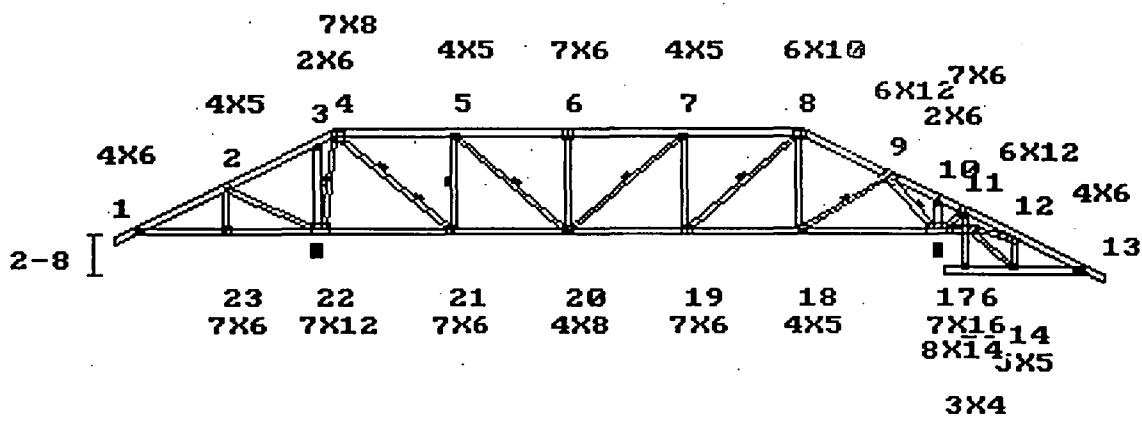
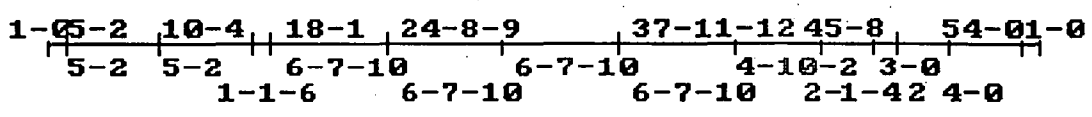
==Bld(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS

TOP CHORD: 1-2= 771 , 2-3= 1334, 3-4= 1353, 4-5=-774 , 5-6=-1549, 6-7=-1549, 7-8=-1609,
 8-9=-1108, 9-10= 2435, 10-11= 2435, 11-12= 2799, 12-13= 643,
 BOTTOM CHORD: 13-14=-552, 14-15= 0, 15-16= 29, 16-17=-2353, 17-18= 6, 18-19= 954, 19-20= 1609,
 20-21= 774, 21-22=-726, 22-23=-663, 23-1=-663,
 WEBS: 2-23= 103, 2-22=-569, 3-22=-245, 4-22=-2624, 4-21= 2144, 5-21=-1388, 5-20= 1107,
 6-20=-597, 7-20=-85, 7-19=-536, 8-19= 936, 8-18=-622, 9-18= 1218, 9-17=-3587,
 10-17=-188, 11-17= 371, 11-16=-656, 12-16=-1874, 12-14= 585, 16-14=-756,

60

REACTIONS, SIZE: 22=-3254, 8.00 17=-2906, 8.00
 PROVIDE FOR 5272 LBS UPLIFT AT JOINT 22 (1.62)
 PROVIDE FOR 4548 LBS UPLIFT AT JOINT 17 (1.57)
 PROVIDE FOR 1523 LBS HORIZ. REACTION AT JOINT 22
 PLATE OFFSETS (X=LEFT, Y=TOP): [j4=4, 3], [j6=3, 5], [j9=5, 4], [j11=3, 5], [j12=8, 2], [j14=2.5, 2], [j16=8, 2], [j17=9, 4], [j19=3, 2], [j21=3, 2], [j22=5, 3], [j23=3, 2],



L. HL TO PK: 13-3-1 LEFT HEIGHT: 0-6-10 SPAN: 54-0 RISE: 9-10-12 R. HL TO PK: 18-6-9 RIGHT HEIGHT: 0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	BOT CHORD:
30	15	5-6=0.686	16-17=0.933	2X6 No.2D 19 SP	2X6 SS 19 SP
0	10	LL.DEFL.@13=0.33 < L/360		WEBS: 2X4 No.3 19 SP	

STR. INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1
 NOTE: PROVIDE FOR 0.31 IN. HORIZONTAL DISPLACEMENT AT ONE BEARING

CHORD: 15-16 TO BE 2X4 No.2ND 19 SP
 WEB: 3-22; 10-17 TO BE 2X6 No.2D 19 SP
 WEB: 4-22; 12-16 TO BE 2X4 No.2ND 19 SP
 WEB: 9-17 TO BE 2X4 No.1D 19 SP
 WEB 4-22; 5-21; 5-20; 7-20; 8-19; 9-18; 9-17 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 4-21 BRACED at 1/3 POINTS AS SHOWN ABOVE

W. K. K. K.
 OCT 06 1999

Note: Use 1x4 or 2x3 Cont. Bracing conn. w/2-8d nails, or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249, 200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL (EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY (EXCEPT AS SHOWN) DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC, ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY. FOR PERMANENT AND TEMPORARY BRACING (WHICH IS ALWAYS REQD) CONSULT BLDG ARCHITECT OR ENGINEER.

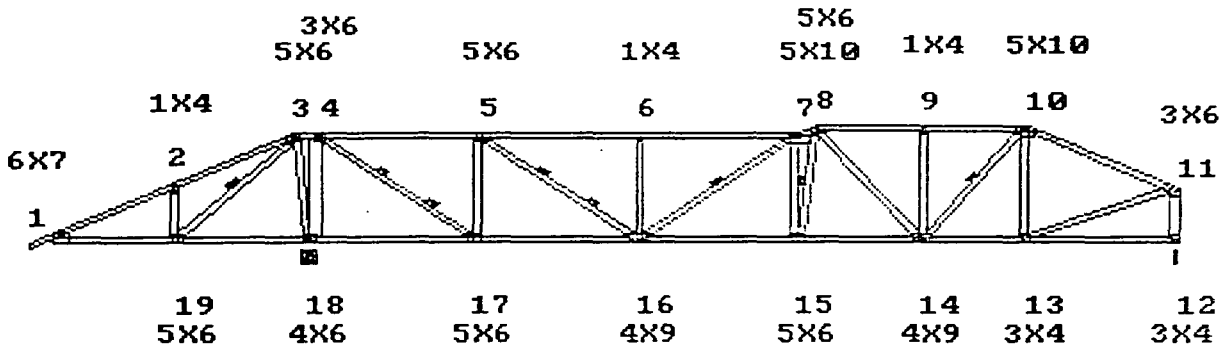
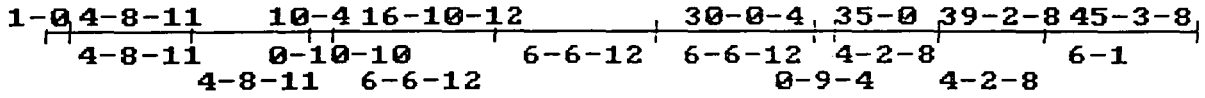
====<<<<ACES-32 Ver. 1.1>>>>=====[012988]=====<<<<FL.QUALITY-U.K.>>>>=====

Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:33:41 1999
 Project #: 99310 Truss ID : T38 Family # : special
 Span : 45-3-8 Quantity : 1 Top Pitch : 7/12
 7-8 7.001/12, 10-11 7/12,
 ==B1d(1/12/1999),v1.1=====

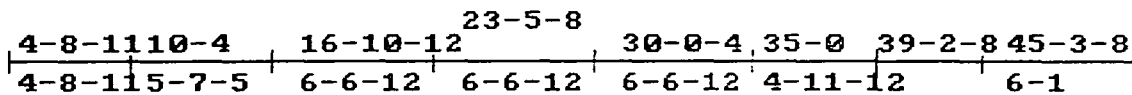
FORCES - GRAVITY LOADS						REACTIONS - SIZE	
1-2= 691	7-8=-2675	12-13= 0	18-19=-1038	2-19=-452	5-15= 1565	9-14=-379	18=-3363 8.00
2-3= 677	8-9=-1884	13-14= 1323	19-1=-584	3-19= 717	6-15=-591	10-14= 1001	12=-1713 3.50
3-4= 1215	9-10=-1884	14-15= 2126		3-18=-1164	7-15=-472	11-13=-519	
4-5=-781	10-11=-1529	15-16= 2310		4-18=-2090	7-15=-1366	11-13= 1462	
5-6=-1956	11-12=-1654	16-17= 781		4-17= 2658	8-15= 1493		
6-7=-1956		17-18=-1215		5-17=-1624	8-14=-432		

61

PROVIDE FOR 5535 LBS UPLIFT AT JOINT 18 (1.65)
 PROVIDE FOR 1717 LBS UPLIFT AT JOINT 12 (1.00)
 PROVIDE FOR 682 LBS HORIZ. REACTION AT JOINT 18
 PLATE OFFSETS (X=LEFT,Y=TOP):[j3=3,2],[j4=4,1.5],[j5=3,3],[j8=3,2],[j10=5,2],[j11=2.5,1.5],[j15=3,2],[j17=3,2],[j19=3,2],



2X4 WEDGE



L. HL TO PK:10-11-4 R. HL TO PK :7-0-8
 LEFT HEIGHT:0-6-10 SPAN:45-3-8 RISE:6-6-3 RIGHT HEIGHT:2-11-9

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	10-11=0.882	TOP CHORD:	2X4 SS 19 SP
TOP	30	BOTT	18-19=0.867	BOT CHORD:	2X4 SS 19 SP
BOTT	0	LL.DEFL.@16	=0.13 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

WEB: 11-12; 4-18 TO BE 2X6 No.2D 19 SP
 RIGHT END VERTICAL IS NOT EXPOSED.
 WEB 3-19; 7-16; 8-15; 10-14 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 4-17; 5-16 BRACED at 1/3 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDG DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Signature]
 SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012989]=====<<<<FL.QUALITY-U.K.>>>>=====

Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:33:52 1999

Project # : 99310 Truss ID : T39 Family # : special

Span : 45-3-8 Quantity : 1 Top Pitch : 7/12

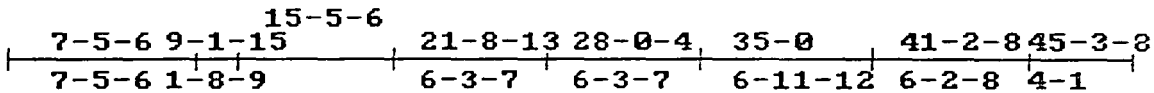
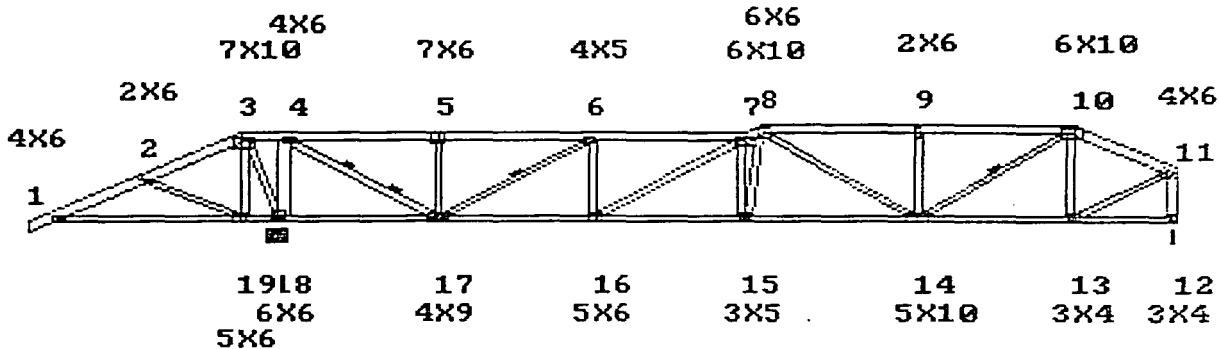
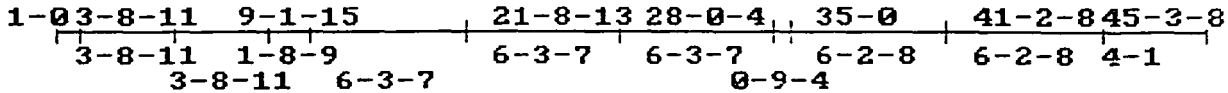
7-8 7/12,

==B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS				REACTIONS - SIZE			
1-2= 667	7-8=-3864	12-13= 0	18-19=-856	2-19=-340	5-17=-1881	5-14=-559	18=-3253 11.32
2-3= 995	8-9=-2582	13-14= 1272	19-1=-567	3-19= 271	5-15= 532	10-14= 1677	12=-1823 3.50
3-4= 1243	9-10=-2582	14-15= 3029		3-18=-1094	7-15=-596	10-13=-768	
4-5=-1245	10-11=-1471	15-16= 3338		4-18=-2149	7-15=-1858	11-13= 1541	
5-6=-1245	11-12=-1784	16-17= 2773		4-17= 3054	5-15= 2015		
6-7=-2772	17-18=-1242			5-17=-566	8-14=-573		

62

PROVIDE FOR 5207 LBS UPLIFT AT JOINT 18 (1.60)
 PROVIDE FOR 1886 LBS UPLIFT AT JOINT 12 (1.03)
 PROVIDE FOR 523 LBS HORIZ. REACTION AT JOINT 18
 PLATE OFFSETS (X=LEFT, Y=TOP): [j3=5, 3], [j5=3, 5], [j14=5, 2], [j15=3, 1.5], [j16=3, 2], [j18=3, 4], [j19=3, 2],



L. HL TO PK: 8-7-8 SPAN: 45-3-8 RISE: 5-4-3 R. HL TO PK: 4-8-12
 LEFT HEIGHT: 0-6-10 RIGHT HEIGHT: 2-11-9

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30, D 15	TOP	6-7=0.810	TOP CHORD:	2X6 No.2D 19 SP
BOTT	L 0, D 10	BOTT	18-19=0.880	BOT CHORD:	2X4 SS 19 SP
		LL.DEFL.@15	=0.19 < L/360	WEBS	: 2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

WEB: 11-12; 4-18 TO BE 2X6 No.2D 19 SP
 RIGHT END VERTICAL IS NOT EXPOSED.
 WEB 6-17; 10-14 BRACED at 1/2 POINTS AS SHOWN ABOVE
 WEB 4-17 BRACED at 1/3 POINTS AS SHOWN ABOVE
 Note: Use 1x4 or 2x3 Cont. Bracing conn. w/2-8d nails, or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN) DESIGN CONFORMS W/ WINDS DESIGN SPECS, SS3C, ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY. FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD) CONSULT BLDG ARCHITECT OR ENGINEER.

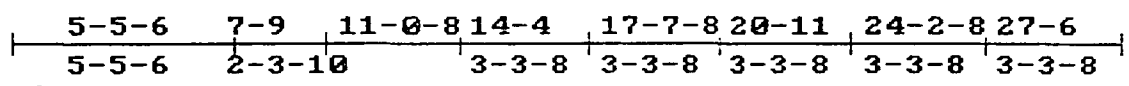
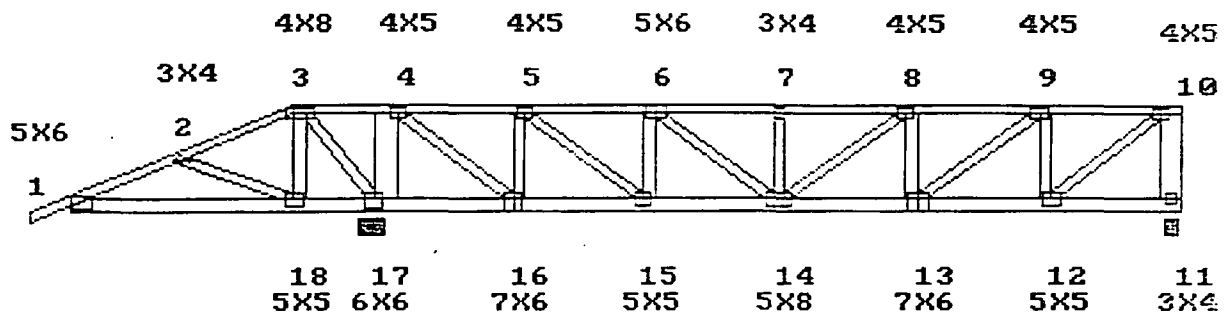
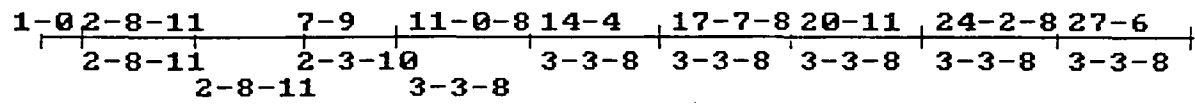
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 SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012990]====<<<<FL.QUALITY-U.K.>>>>=====
 .Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:34:03 1999
 Project #: 99310 Truss ID : GT3 Family # : special
 Span : 27-6 Quantity : 2 Top Pitch : 7/12
 ==81d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1				REACTIONS - SIZE			
1-2= 533	7-8=-4999	11-12= 0	17-18=-665	2-18=-257	5-15= 3246	9-13= 2468	17=-6516 8.00
2-3= 773	8-9=-4604	12-13= 2876	18-1=-449	3-18= 1065	6-15=-1254	9-12=-2050	11=-3732 4.00
3-4= 1821	9-10=-2876	13-14= 4604		3-17=-2043	6-14= 1341	10-12= 4219	
4-5=-1786	10-11=-3227	14-15= 4060		4-17=-3928	7-14=-296		
5-6=-4060		15-16= 1786		4-16= 5151	8-14= 563		
6-7=-4999		16-17=-1821		5-16=-2613	8-13=-698		

63

PROVIDE FOR 7011 LBS UPLIFT AT JOINT 17 (1.08)
 PROVIDE FOR 3354 LBS UPLIFT AT JOINT 11 (0.90)
 PROVIDE FOR 394 LBS HORIZ. REACTION AT JOINT 17
 PLATE OFFSETS (X=LEFT,Y=TOP):[j6=3,3],[j12=2.5,2],[j13=3,2],[j14=4,2],[j15=2.5,2],[j16=3,2],[j17=3,2],[j18=2.5,2],



L. HL TO PK:6-3-11 LEFT HEIGHT:0-6-10 SPAN:27-6 RISE:3-5-12 RIGHT HEIGHT:3-8-12

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30	TOP	6-7=0.569	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0	BOTT	13-14=0.451	BOT CHORD:	2X6 No.2D 19 SP
		LL.DEFL.@14	=0.08 < L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED SPACING : 24.0 in. o. c. NO. OF MEMBERS = 2

LOADING	STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
LUMBER	PLATE	TYPE	
1	1.33	1.33	UNIFORM 1-10= 90 11-18= 323 18- 1= 20
			CONCENTRATED 18= 500

WEB: 10-11 TO BE 2X6 No.2D 19 SP
 WEB: 4-17 TO BE 2X8 SS 19 SP
 RIGHT END VERTICAL IS NOT EXPOSED.
 2 MEMBERS NAILED TOG. W/1 ROW(S) OF .131x3 in. NAILS 12 in. o.c.(TOP CHS.),AND 1 ROW(S) OF .131x3 in. NAILS 8 in. o.c(BOTT. CHS.)
 For Webs use 1 ROW of NAILS 12 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 15 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

====<<<ACES-32 Ver. 1.1>>>=====[012991]=====<<<FL.QUALITY-U.K.>>>=====

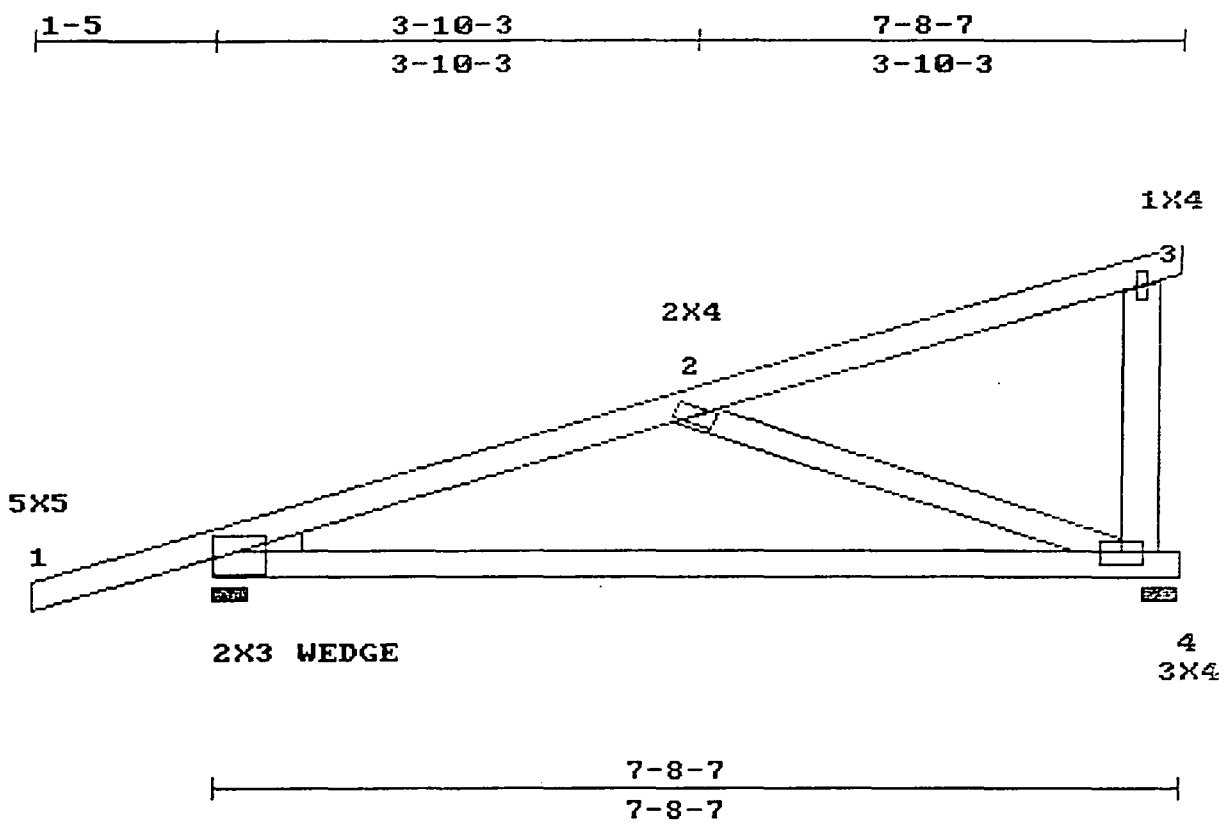
Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:34:07 1999
 Project # : 99310 Truss ID : HJ5C Family # : 201
 Span : 7-8-7 Quantity : 1 Top Pitch : 4.95/12

====51d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1			REACTIONS - SIZE	
1-2=-366	4-1= 329	2-4=-366	1=-471	3.50
2-3= 0			4=-470	3.50
3-4=-238				

64

PROVIDE FOR 717 LBS UPLIFT AT JOINT 1 (1.52)
 PROVIDE FOR 883 LBS UPLIFT AT JOINT 4 (1.88)
 PROVIDE FOR 392 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:8-4 SPAN:7-8-7 RISE:3-8-7 RIGHT HEIGHT:3-8-7
 LEFT HEIGHT:0-6-5

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	WEBS
30	15	1-2=0.512	4-1=0.346	2X4 No.2ND 19 SP	2X4 No.3 19 SP
0	10	LL.DEFL.@0=0.00 < L/360			

REPETITIVE STRESSES NOT USED SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

LOADING	STRESS INCREASE	LOADING TYPE	PANEL(PLF) / JOINTS(LBS)
1	1.33	UNIFORM	1- 2= 45 2- 3= 128 4- 1= 19

RIGHT END VERTICAL IS NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN) DESIGN CONFORMS W/ND S DESIGN SPECS, SSBC, ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Handwritten Signature]

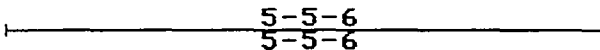
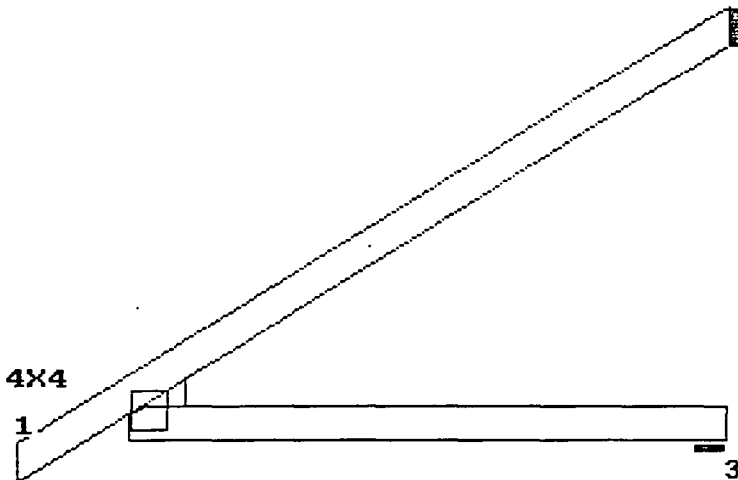
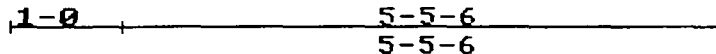
SEP 8 0 1999

FORCES - GRAVITY LOADS
 1-2=-1499 3-1= 632
 2-3= 0

REACTIONS - SIZE
 3=-54 3.5C
 2= 1054 3.5C

65

PROVIDE FOR 327 LBS UPLIFT AT JOINT 3 (6.00)
 PROVIDE FOR 1054 LBS UPLIFT AT JOINT 2 (1.00)
 PROVIDE FOR 1263 LBS HORIZ. REACTION AT JOINT 3



L. HL TO PK:6-3-11
 LEFT HEIGHT:0-6-10

SPAN:5-5-6

RISE:3-8-12

RIGHT HEIGHT:3-8-12

LOADING (PSF)

MAX STRESSES

MINIMUM GRADE OF LUMBER

TOP L D
 30 15
 BOTT 0 10

TOP 1-2=0.891
 BOTT 3-1=0.810
 LL.DEFL. < L/360

TOP CHORD:2X4 No.1D 19 SP
 BOT CHORD:2X4 No.2ND 19 SP
 WEBS :2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33
 REPETITIVE STRESSES USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDE. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
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SEP 30 1999

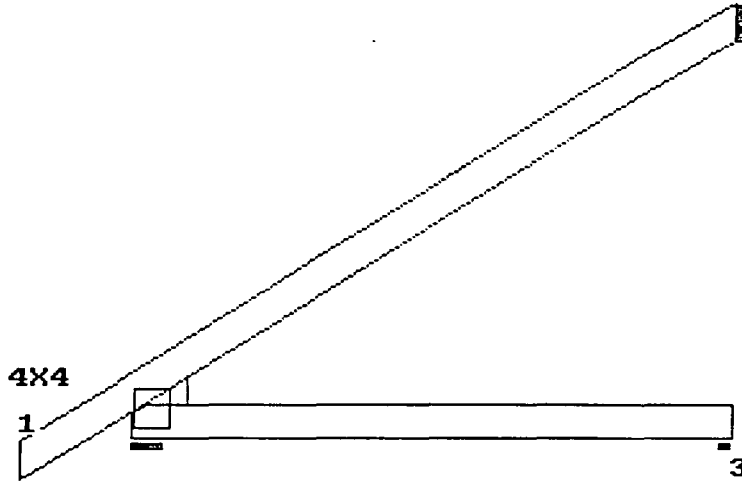
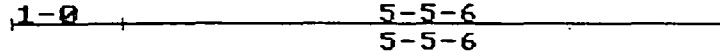
Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:34:38 1999
 Project # : 99310 Truss ID : J4A Family # : 205
 Span : 5-5-6 Quantity : 4 Top Pitch : 7/12

====Bid(1/12/1999),v1.1=====

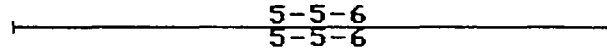
FORCES - GRAVITY LOADS		REACTIONS - SIZE	
1-2= 0	3-1= 0	1--398	3.50
2-3= 0		3--52	1.50
		2--235	1.50

66

PROVIDE FOR 257 LBS UPLIFT AT JOINT 1 (0.65)
 PROVIDE FOR 396 LBS UPLIFT AT JOINT 2 (1.68)
 PROVIDE FOR 391 LBS HORIZ. REACTION AT JOINT 1



2X3 WEDGE



L. HL TO PK:6-3-11 SPAN:5-5-6 RISE:3-8-12 RIGHT HEIGHT:3-8-12
 LEFT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	1-2=0.672	TOP CHORD:	2X4 No.1D 19 SP
BOTT	0 10	BOTT	3-1=0.124	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.	< L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDE. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

SEP 30 1999

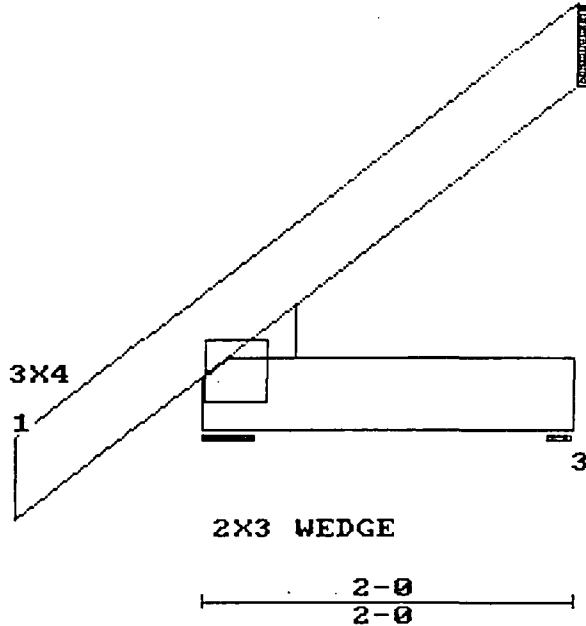
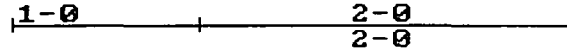
Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:34:50 1999
 Project #: 99310 Truss ID : J1 Family # : 204
 Span : 2-0 Quantity : 2 Top Pitch : 7/12

====Bid(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS		REACTIONS - SIZE	
1-2= 0	3-1= 0	1--209	3.50
2-3= 0		3--1E	1.50
		2--8i	1.50

67

PROVIDE FOR 156 LBS UPLIFT AT JOINT 1 (0.75)
 PROVIDE FOR 150 LBS UPLIFT AT JOINT 2 (1.86)
 PROVIDE FOR 155 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:2-3-13 SPAN:2-0 RISE:1-8-10 RIGHT HEIGHT:1-8-10
 LEFT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30 15	TOP	1-2=0.119	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0 10	BOTT	3-1=0.013	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.	< L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDE. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
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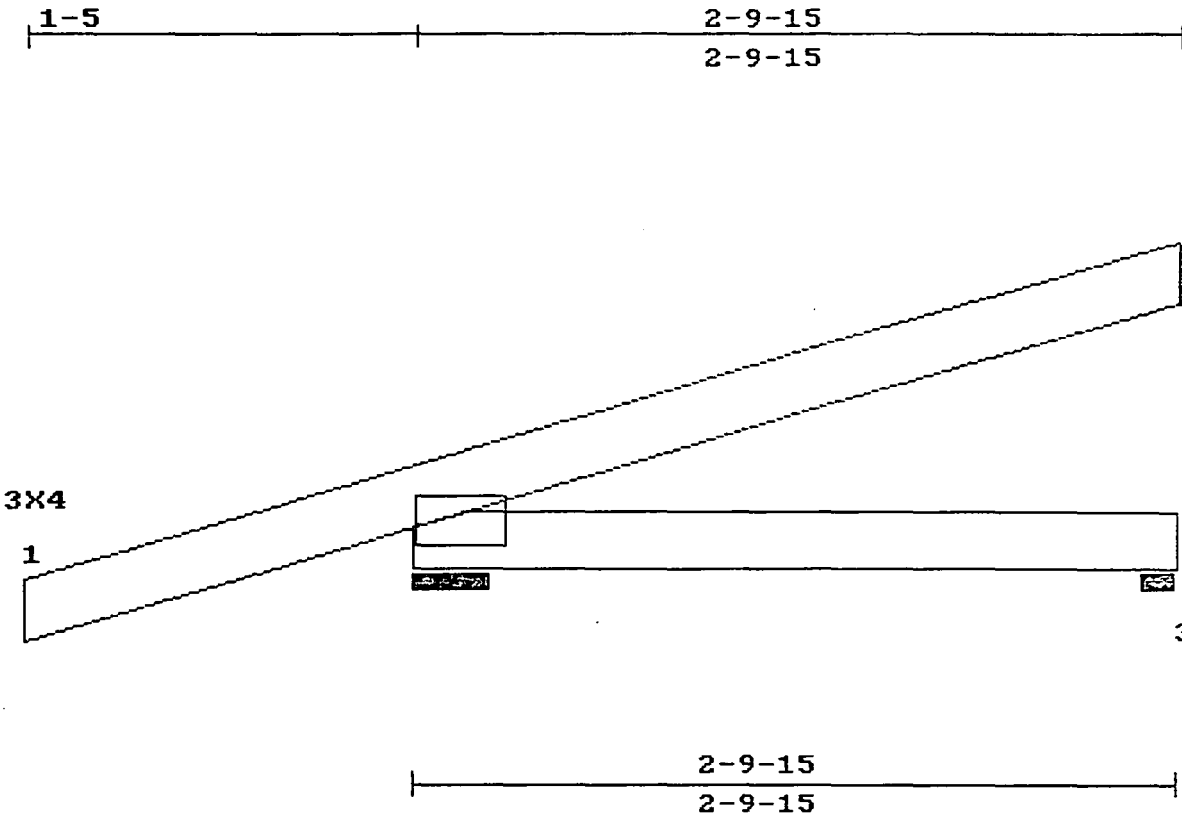
SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[012995]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:35:01 1999
 Project #: 99310 Truss ID : HJ1A Family # : 204
 Span : 2-9-15 Quantity : 1 Top Pitch : 4.95/12
 ==B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS REACTIONS - SIZE
 1-2= 0 3-1= 0 1=-300 3.5C
 2-3= 0 3=-26 1.5C
 2=-116 1.5C

(68)

PROVIDE FOR 266 LBS UPLIFT AT JOINT 1 (0.89)
 PROVIDE FOR 175 LBS UPLIFT AT JOINT 2 (1.49)
 PROVIDE FOR 156 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:3-0-11 LEFT HEIGHT:0-6-5 SPAN:2-9-15 RISE:1-8-5 RIGHT HEIGHT:1-8-5

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30 15	TOP	1-2=0.204	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0 10	BOTT	3-1=0.030	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.	< L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
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SEP 30 1999

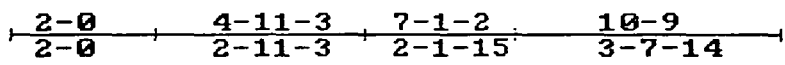
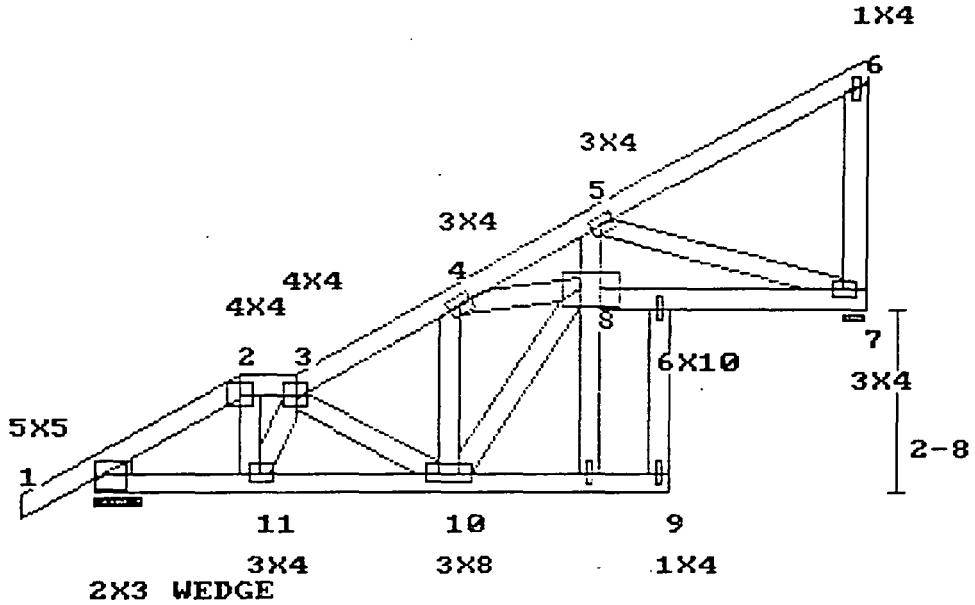
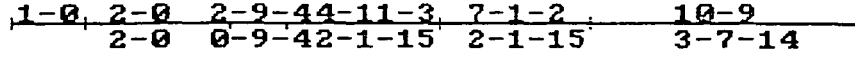
====<<<ACES-32 Ver. 1.1>>>=====[012996]====<<<FL.QUALITY-U.K.>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:35:12 1999
 Project #: 99310 Truss ID : H2 Family # : special
 Span : 10-9 Quantity : 1 Top Pitch : 7/12
 Bot pitch : 90/12

==Bid(1/12/1999),v1.1=====

FORCES - LOAD CASE #1				REACTIONS - SIZE	
1-2=-921	7-8= 1102	2-11= 489	5-7=-1170	1=-801	8.00
2-3=-700	8-9= 20	3-11=-333	8-10= 979	7=-589	3.50
3-4=-680	9-10= 0	3-10=-321			
4-5=-1388	10-11= 859	4-10=-555			
5-6= 0	11-1= 700	4-8= 609			
6-7=-158		5-8= 845			

69

PROVIDE FOR 638 LBS UPLIFT AT JOINT 1 (0.80)
 PROVIDE FOR 904 LBS UPLIFT AT JOINT 7 (1.53)
 PROVIDE FOR 852 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:2-3-13 INTERNAL RISE:2-8
 LEFT HEIGHT:0-6-10 SPAN:10-9 RISE:6-4-8 RIGHT HEIGHT:3-8-7

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	4-5=0.831	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	L 0 D 10	BOTT	7-8=0.277	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@8	0.05 < L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

LOADING	STRESS INCREASE	LOADING TYPE	PANEL(PLF) / JOINTS(LBS)
1	LUMBER 1.33 PLATE 1.33	UNIFORM	1- 6= 90 7- 8= 20 9- 1= 20
		CONCENTRATED	11= 150

CHORD: 8-9 TO BE 2X4 No.3 19 SP
 RIGHT END VERTICAL IS NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN).
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/INDS DESIGN SPECS, SS3C, ANSI/TPI-95
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 SEP 30 1999

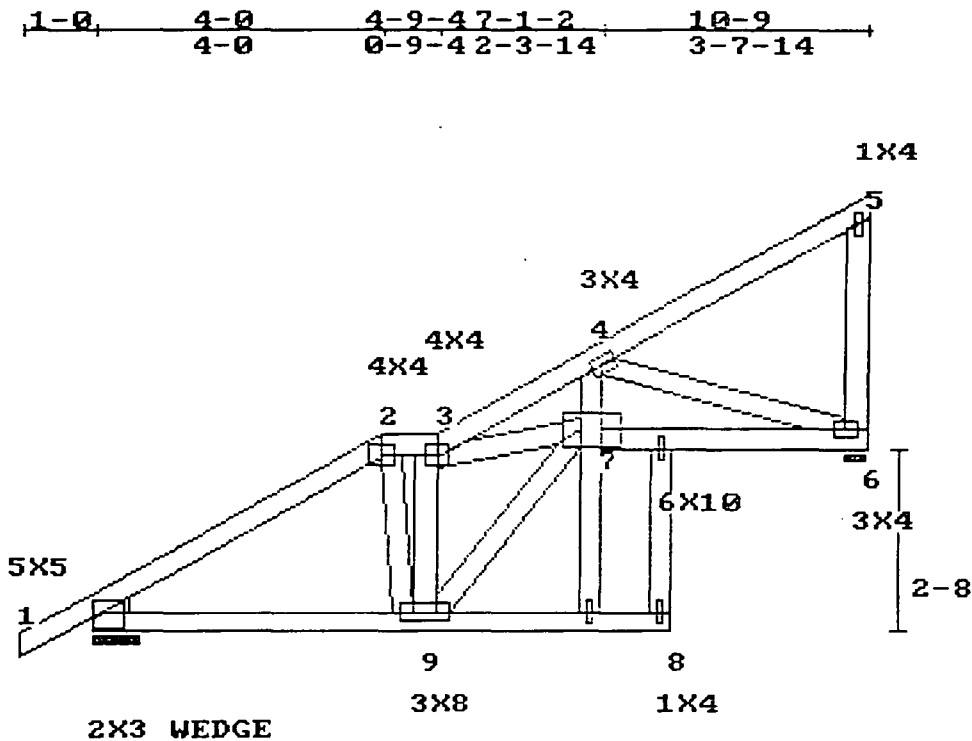
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 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:35:23 1999
 Project # : 99310 Truss ID : T54 Family # : special
 Span : 10-9 Quantity : 1 Top Pitch : 7/12
 Bot pitch : 90/12

==B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS			REACTIONS - SIZE	
1-2=-616	6-7= 1033	2-9= 163	1=-575	8.00
2-3=-549	7-8= 22	3-9=-762	6=-555	3.50
3-4=-1290	8-9= 0	3-7= 571		
4-5= 0	9-1= 503	4-7= 755		
5-6=-158		4-6=-1097		
		7-9= 868		

70

PROVIDE FOR 536 LBS UPLIFT AT JOINT 1 (0.79)
 PROVIDE FOR 879 LBS UPLIFT AT JOINT 6 (1.56)
 PROVIDE FOR 853 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:4-7-9
 LEFT HEIGHT:0-6-10

INTERNAL RISE:2-8
 SPAN:10-9 RISE:6-4-8 RIGHT HEIGHT:3-8-8

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	3-4=0.743	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0 10	BOTT	6-7=0.254	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@7	=0.04 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33
 REPETITIVE STRESSES USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

CHORD: 7-8 TO BE 2X4 No.3 19 SP
 RIGHT END VERTICAL IS NOT EXPOSED.

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/ND S DESIGN SPECS, SSBC,ANSI/TPI-95
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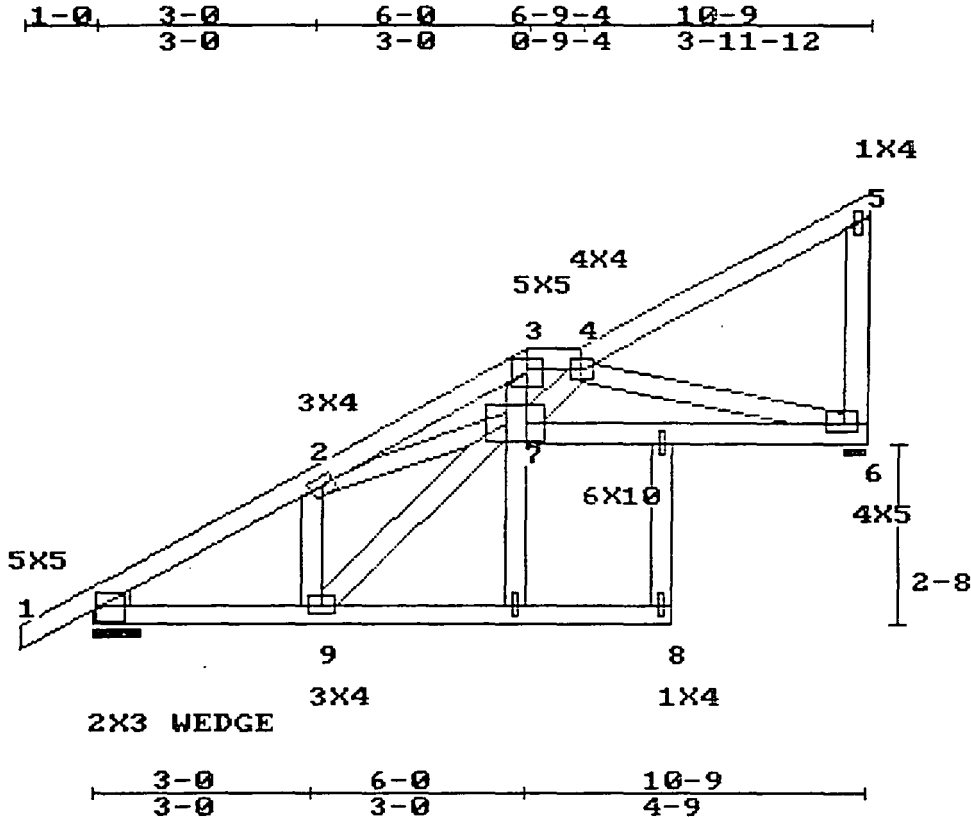
====<<<<ACES-32 Ver. 1.1>>>>=====[012998]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:35:35 1999
 Project #: 99310 Truss ID : T53 Family # : special
 Span : 10-9 Quantity : 1 Top Pitch : 77/12
 Bot pitch : 90/12

====81d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS			REACTIONS - SIZE	
1-2=-701	6-7= 1213	2-9=-470	1=-675	8.00
2-3=-1647	7-8= 29	2-7= 880	6=-565	3.50
3-4=-1328	8-9= 0	3-7= 674		
4-5= 0	9-1= 562	4-7= 180		
5-6=-173		4-6=-1261		
		7-9= 769		

71

PROVIDE FOR 536 LBS UPLIFT AT JOINT 1 (0.79)
 PROVIDE FOR 878 LBS UPLIFT AT JOINT 6 (1.56)
 PROVIDE FOR 852 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j3=2.5,2],



L. HL TO PK:6-11-6 INTERNAL RISE:2-8-1
 LEFT HEIGHT:0-6-10 SPAN:10-9 RISE:6-4-8 RIGHT HEIGHT:3-8-7

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	2-3=0.774	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	L 0 D 10	BOTT	6-7=0.331	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@7	=0.07 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

CHORD: 7-8 TO BE 2X4 No.3 19 SP
 RIGHT END VERTICAL IS NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7-3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
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SEP 30 1999

Customer : FOGLIA-CAPTIVA-WEXTGAR
 Project #: 99310
 Span : 10-9
 Truss ID : T52
 Quantity : 1

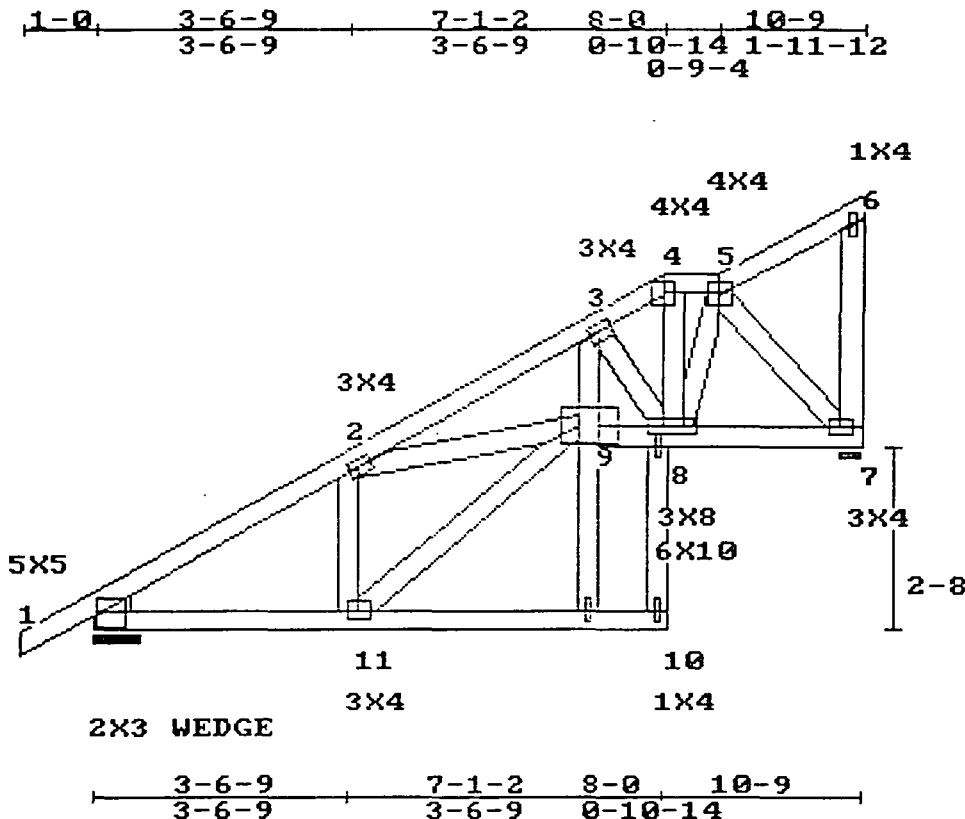
Wed Sep 29 11:35:47 1999
 Family # : special
 Top Pitch : 77/12
 Bot pitch : 90/12

==B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS				REACTIONS - SIZE	
1-2=-666	7-8= 371	2-11=-359	5-7=-588	1=-675	8.00
2-3=-934	8-9= 765	2-9= 267	9-11= 688	7=-565	3.50
3-4=-570	9-10= 34	3-9= 499			
4-5=-487	10-11= 0	3-8=-593			
5-6= 0	11-1= 542	4-8= 221			
6-7=-83		5-8= 358			

72

PROVIDE FOR 536 LBS UPLIFT AT JOINT 1 (0.79)
 PROVIDE FOR 879 LBS UPLIFT AT JOINT 7 (1.56)
 PROVIDE FOR 852 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:9-3-2
 LEFT HEIGHT:0-6-10
 INTERNAL RISE:2-8-7
 SPAN:10-9
 RISE:6-4-8
 RIGHT HEIGHT:3-8-7

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	2-3=0.712	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0 10	BOTT	8-9=0.164	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@9	=0.02 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33
 REPETITIVE STRESSES USED
 SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

CHORD: 9-10 TO BE 2X4 No.3 19 SP
 RIGHT END VERTICAL IS NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/ND S DESIGN SPECS, SSBC,ANSI/TPI-95
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SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[013000]=====<<<<FL.QUALITY-U.K.>>>>=====

Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:35:58 1999

Project # : 99310 Truss ID : T51 Family # : special

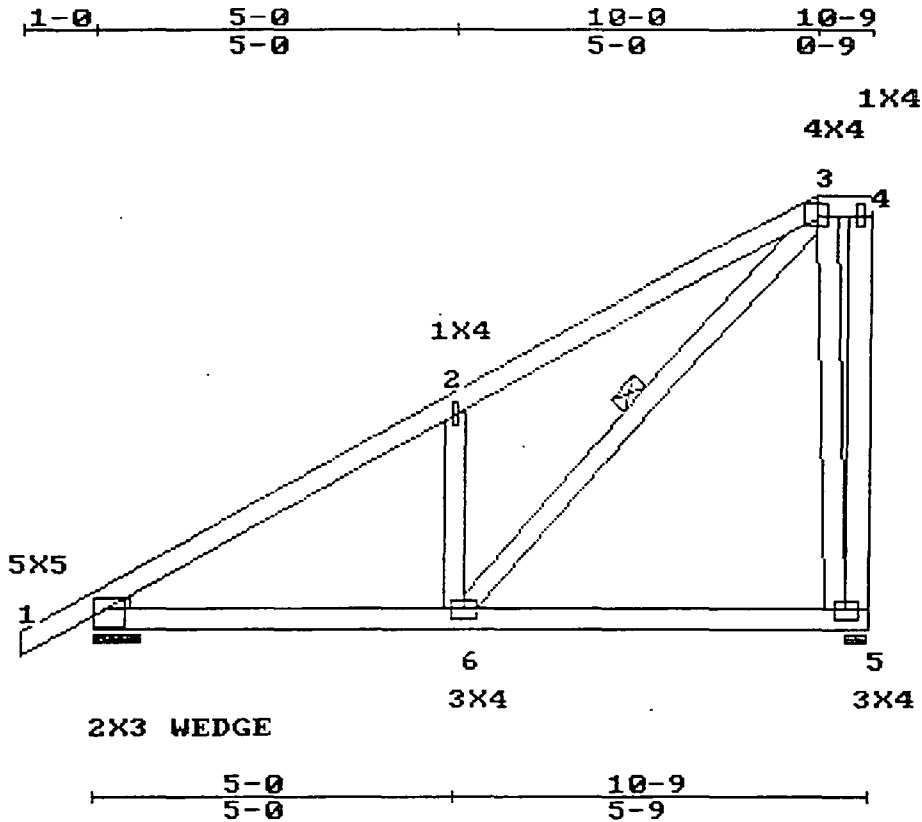
Span : 10-9 Quantity : 1 Top Pitch : 7/12

==Bid(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS			REACTIONS - SIZE	
1-2=-551	5-6= 48	2-6=-395	1=-575	8.00
2-3=-529	6-1= 456	3-6= 644	5=-565	3.50
3-4= 0		3-5=-484		
4-5=-27				

73

PROVIDE FOR 526 LBS UPLIFT AT JOINT 1 (0.78)
 PROVIDE FOR 889 LBS UPLIFT AT JOINT 5 (1.57)
 PROVIDE FOR 870 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:11-6-15 SPAN:10-9 RISE:6-4-10 RIGHT HEIGHT:6-4-10
 LEFT HEIGHT:0-6-10

LOADING (PSF)	MAX STRESSES	MINIMUM GRADE OF LUMBER
L D	TOP 2-3=0.776	TOP CHORD:2X4 No.1D 19 SP
TOP 30 15	BOTT 6-1=0.205	BOT CHORD:2X4 No.2ND 19 SP
BOTT 0 10	LL.DEFL.@6=0.02 < L/360	WEBS :2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

RIGHT END VERTICAL IS NOT EXPOSED.
 WEB 3-6 BRACED at 1/2 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
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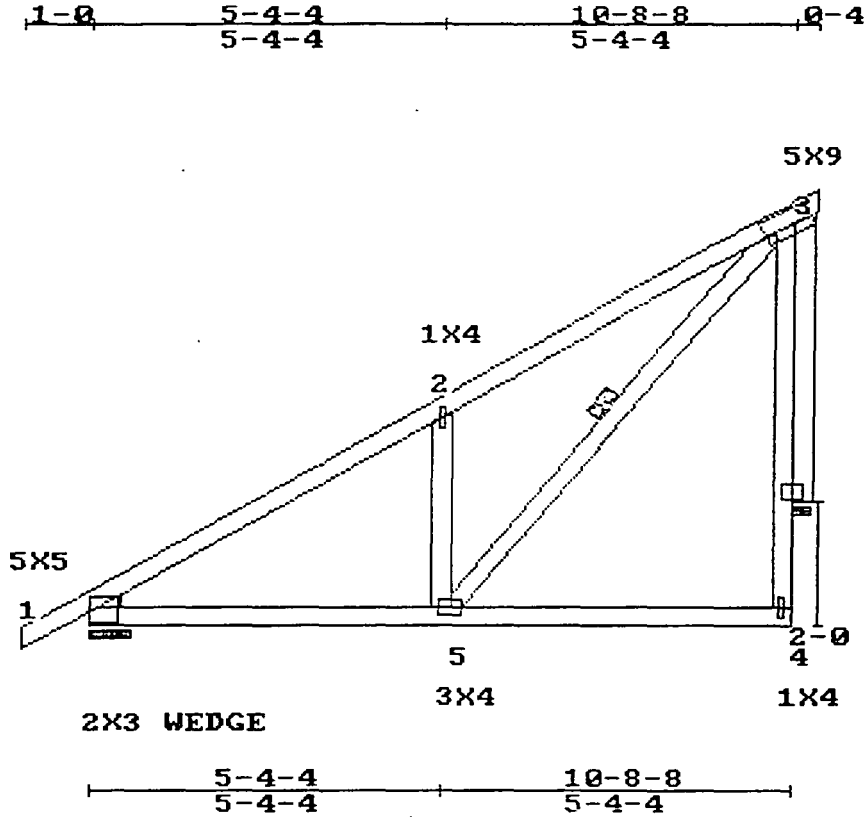
SEP 30 1999

====<<<ACES-32 Ver. 1.1>>>=====[013001]====<<<FL.QUALITY-U.K.>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:36:10 1999
 Project #: 99310 Truss ID : T50 Family # : 204
 Span : 10-8-8 Quantity : 9 Top Pitch : 7/12
 ==B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS			REACTIONS - SIZE	
1-2=-529	4-5= 0	2-5=-422	1=-551	8.00
2-3=-506	5-1= 440	3-5= 686	3=-607	3.50
3-4= 54				

74

PROVIDE FOR 508 LBS UPLIFT AT JOINT 1 (0.75)
 PROVIDE FOR 970 LBS UPLIFT AT JOINT 3 (1.60)
 PROVIDE FOR 913 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j3=2,3],



L. HL TO PK:12-4-12
 LEFT HEIGHT:0-6-10 SPAN:10-8-8 RISE:6-11-15 RIGHT HEIGHT:6-9-9

LOADING (PSF)	MAX STRESSES	MINIMUM GRADE OF LUMBER
L D	TOP 2-3=0.873	TOP CHORD:2X4 No.1D 19 SP
TOP 30 15	BOTT 5-1=0.201	BOT CHORD:2X4 No.2ND 19 SP
BOTT 0 10	LL.DEFL.@5=0.02 < L/360	WEBS :2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

RIGHT END VERTICAL IS NOT EXPOSED.
 WEB 3-5 BRACED at 1/2 POINTS AS SHOWN ABOVE
 Note:Use 1x4 or 2x3 Cont.Bracing conn.w/2-8d nails,or T-brace of same size and grade as web conn. to narrow face w/10d nails 6 in. o.c
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDE. TYPE, ASSUMING 10 PSF TOTAL D.L.(7-3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NS DESIGN SPECS, SS3C,ANSI/TPI-95
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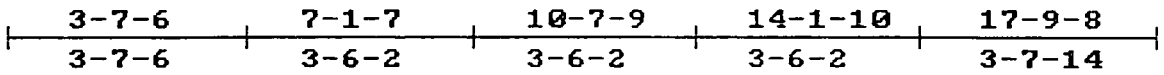
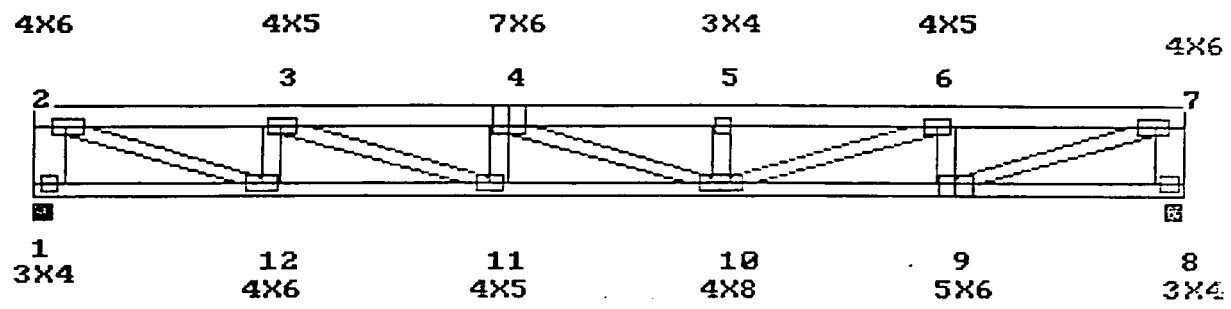
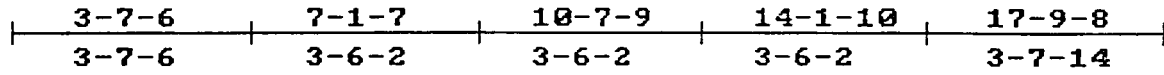
SEP 30 1999

====<<<ACES-32 Ver. 1.1>>>=====[013002]====<<<FL.QUALITY-U.K.>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:36:21 1999
 Project # : 99310 Truss ID : FG3 Family # : 303
 Span : 17-9-8 Quantity : 2 Top Pitch : /12
 ==Bld(1/12/1999),v1.1=====

FORCES - LOAD CASE #1			REACTIONS - SIZE			
1-2=-3579	7-8=-3579	8-9= 0	2-12= 6827	5-10= 3427	1=-3614	3.50
2-3=-6182		9-10= 6237	3-12=-2828	6-9=-2819	8=-3614	3.50
3-4=-9329		10-11= 9329	3-11= 3468	7-9= 6574		
4-5=-9347		11-12= 6182	4-11=-1387			
5-6=-9347		12-1= 0	4-10= 20			
6-7=-6237			5-10=-1379			

75

PROVIDE FOR 3240 LBS UPLIFT AT JOINT 1 (0.90)
 PROVIDE FOR 3240 LBS UPLIFT AT JOINT 8 (0.90)
 PLATE OFFSETS (X=LEFT,Y=TOP):[j2=2.5,2],[j4=3,5],[j7=3.5,2],[j9=3,2],



LEFT HEIGHT:2-0 SPAN:17-9-8 RISE:2-0 RIGHT HEIGHT:2-0

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
	L D	TOP	5-6=0.586	TOP CHORD:2X6	No.2D 19 SP
TOP	30 15	BOTT	10-11=0.896	BOT CHORD:2X4	No.2ND 19 SP
BOTT	0 10	LL.DEFL.@11	=0.16 < L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 2

LOADING	STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
	LUMBER PLATE	TYPE	
1	1.33 1.33	UNIFORM	2- 7= 393 8- 1= 20

[Handwritten Signature]

WEB: 1-2; 7-8 TO BE 2X6 No.2D 19 SP
 WEB: 2-12; 7-9 TO BE 2X4 No.2ND 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 2 MEMBERS NAILED TOG. W/1 ROW(S) OF .131x3 in. NAILS 6 in. o.c.(TOP CHS.),AND 1 ROW(S) OF .131x3 in. NAILS 12 in. o.c(BOTT. CHS.)
 For Webs use 1 ROW of NAILS 12 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

SEP 30 1999

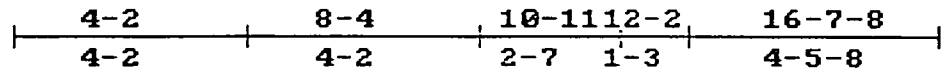
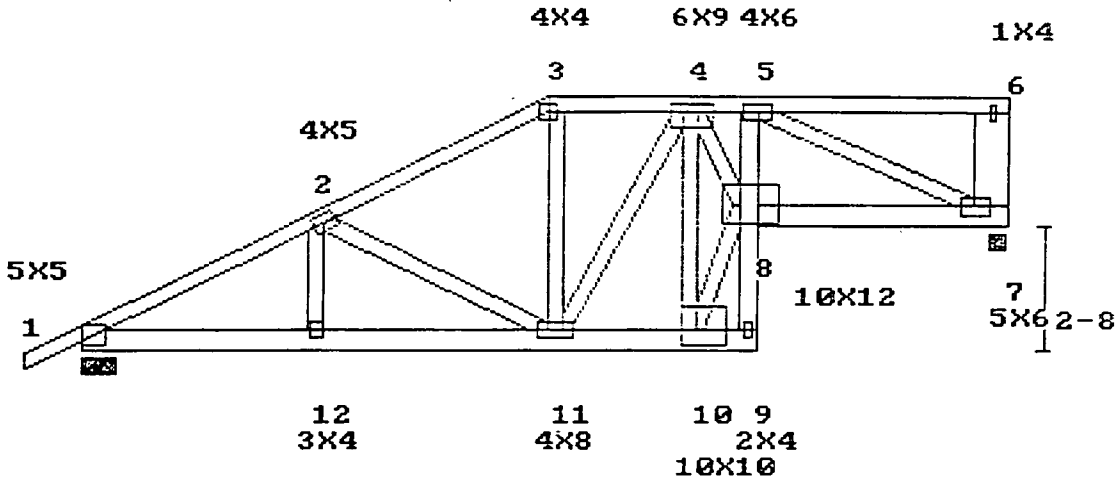
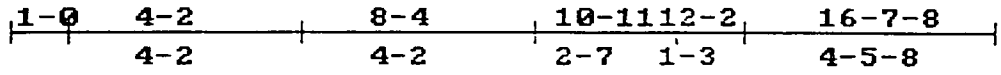
Customer : FOGLIA-CAPTIVA-WEXTGAR Truss ID : GT4 Family # : special
 Project #: 99310 Quantity : 2 Top Pitch : 7/12
 Span : 16-7-8 Bot pitch : 90/12

==B1d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1				REACTIONS - SIZE	
1-2=-4598	7-8= 8442	2-12= 80	5-8= 4426	1=-2891	8.00
2-3=-4315	8-9= 11	2-11=-112	5-7=-9646	7=-6900	4.08
3-4=-3718	9-10= 0	3-11= 1886	5-10= 12075		
4-5=-8714	10-11= 4620	4-11=-1977			
5-6= 0	11-12= 3813	4-10=-7203			
6-7=-193	12-1= 3813	4-8= 9697			

76

PROVIDE FOR 2525 LBS UPLIFT AT JOINT 1 (0.87)
 PROVIDE FOR 6291 LBS UPLIFT AT JOINT 7 (0.91)
 PROVIDE FOR 592 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j4=4,2],[j10=3,6],



L. HL TO PK:9-7-12 INTERNAL RISE:2-8
 LEFT HEIGHT:0-6-10 SPAN:16-7-8 RISE:5-4-15 RIGHT HEIGHT:2-8-15

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	4-5=0.967	TOP CHORD:	2X4 No.2ND 19 SP
TOP	30	BOTT	7-8=0.810	BOT CHORD:	2X6 SS 19 SP
BOTT	0	LL.DEFL.@9	=0.13 < L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 2

LOADING STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
LUMBER PLATE	TYPE	
1	1.33 1.33	UNIFORM 1- 6= 90 7- 8= 920 9- 1= 20
		CONCENTRATED 10= 3917

CHORD: 8-9 TO BE 2X4 No.2ND 19 SP
 WEB: 6-7 TO BE 2X8 SS 19 SP
 WEB: 4-10; 4-8; 5-7 TO BE 2X4 No.2ND 19 SP
 WEB: 8-10 TO BE 2X4 No.1D 19 SP
 RIGHT END VERTICAL IS NOT EXPOSED.
 2 MEMBERS NAILED TOG. W/1 ROW(S) OF .131x3 in. NAILS 12 in. o.c.(TOP CHS.),AND 2 ROW(S) OF .131x3 in. NAILS 5 in. o.c.(BOTT. CHS.)
 For Webs use 1 ROW of NAILS 12 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDG DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Signature]

SEP 30 1999

====<<<ACES-32 Ver. 1.1>>>=====[013004]=====<<<FL.QUALITY-U.K.>>>=====

Customer : FOGLIA-CAPTIVA-WEXTGAR	Truss ID : S3	Wed Sep 29 11:36:41 1999
Project # : 99310	Quantity : 1	Family # : special
Span : 16-7-8		Top Pitch : 7/12
		Bot pitch : 7/12

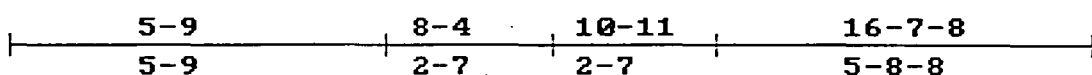
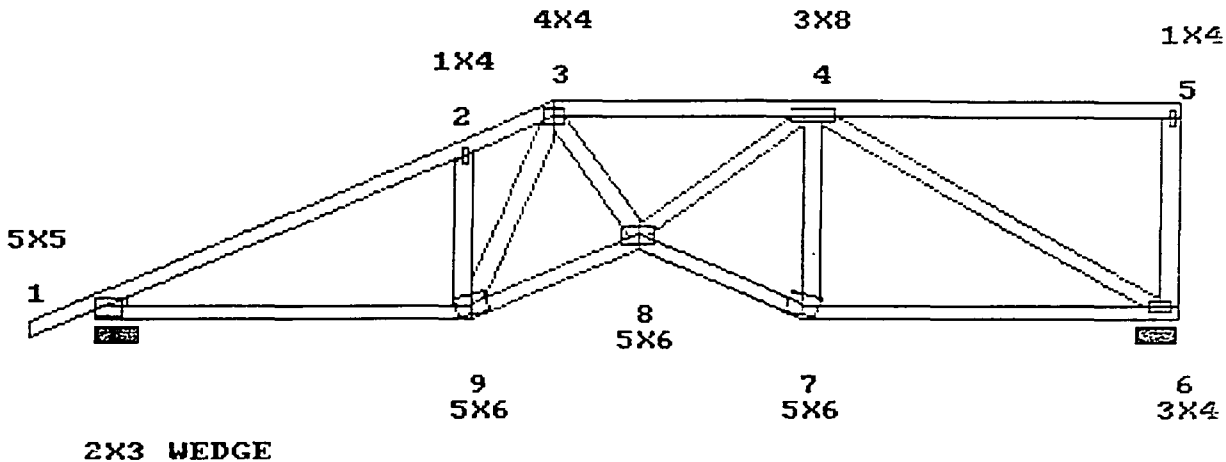
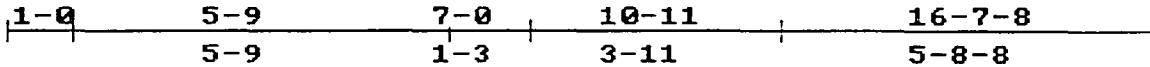
8-9 7/12,

==Bld(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS			REACTIONS - SIZE	
1-2=-1075	6-7= 749	2-9=-245	1=-995	8.00
2-3=-1046	7-8= 868	3-9=-242	6=-555	8.00
3-4=-1219	8-9= 1115	3-8= 597		
4-5= 0	9-1= 896	4-8= 694		
5-6=-250		4-7=-353		
		4-6=-951		

77

PROVIDE FOR 845 LBS UPLIFT AT JOINT 1 (0.85)
 PROVIDE FOR 857 LBS UPLIFT AT JOINT 6 (0.96)
 PROVIDE FOR 510 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j7=3,3],[j8=3,2],[j9=3,3],



L. HL TO PK:8-1-4 INTERNAL RISE:1-6-1
 LEFT HEIGHT:0-6-10 SPAN:16-7-8 RISE:4-7-10 RIGHT HEIGHT:4-7-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	3-4=0.830	TOP CHORD:	2X4 No.1D 19 SP
BOTT	0 10	BOTT	9-1=0.305	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@8	=0.03 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

RIGHT END VERTICAL IS NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

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SEP 30 1999

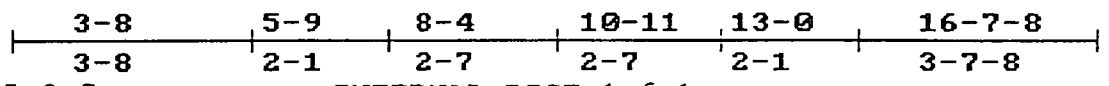
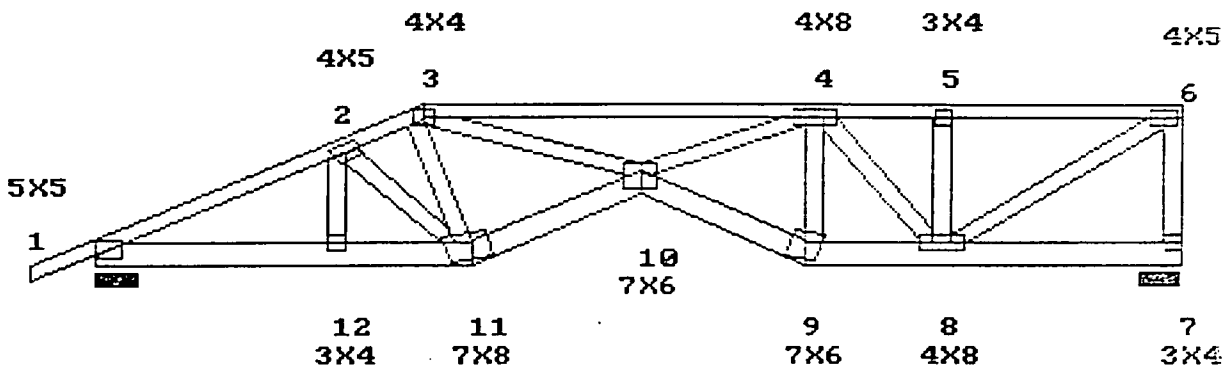
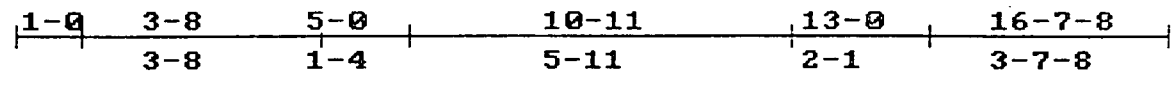
Customer : FOGLIA-CAPTIVA-WEXTGAR Truss ID : H5A Wed Sep 29 11:36:53 1999
 Project # : 99310 Quantity : 2 Family # : special
 Span : 16-7-8 Top Pitch : 7/12
 Bot pitch : 7/12

10-11 7/12,
 ==B1d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1				REACTIONS - SIZE	
1-2=-2757	7-8= 0	2-12= 865	4-8=-504	1=-1856	8.00
2-3=-2043	8-9= 2013	2-11=-768	5-8=-250	7=-1730	8.00
3-4=-3930	9-10= 2330	3-11=-334	6-9= 2316		
4-5=-1731	10-11= 1935	3-10= 2491			
5-6=-1731	11-12= 2272	4-10= 2236			
6-7=-1696	12-1= 2272	4-9=-1092			



PROVIDE FOR 1651 LBS UPLIFT AT JOINT 1 (0.89)
 PROVIDE FOR 1581 LBS UPLIFT AT JOINT 7 (0.91)
 PROVIDE FOR 353 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j9=3,3],[j10=3,2],[j11=5,3],



L. HL TO PK:5-9-7 INTERNAL RISE:1-6-1
 LEFT HEIGHT:0-6-10 SPAN:16-7-8 RISE:3-5-10 RIGHT HEIGHT:3-5-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	3-4=0.736	TOP CHORD:	2X4 No.2ND 19 SP
TOP	30	15	BOTT 9-10=0.144	BOT CHORD:	2X6 No.2D 19 SP
BOTT	0	10	LL.DEFL.@10=0.06 < L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 2

LOADING STRESS INCREASE	LOADING LUMBER PLATE	LOADING TYPE	PANEL(PLF) / JOINTS(LBS)	
1	1.33	1.33	UNIFORM	1- 6= 90 7- 1= 20
			CONCENTRATED	8= 850 12= 850

RIGHT END VERTICAL IS NOT EXPOSED.
 2 MEMBERS NAILED TOG. W/1 ROW(S) OF .131x3 in. NAILS 12 in. o.c.(TOP CHS.),AND 1 ROW(S) OF .131x3 in. NAILS 12 in. o.c.(BOTT. CHS.)
 For Webs use 1 ROW OF NAILS 12 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
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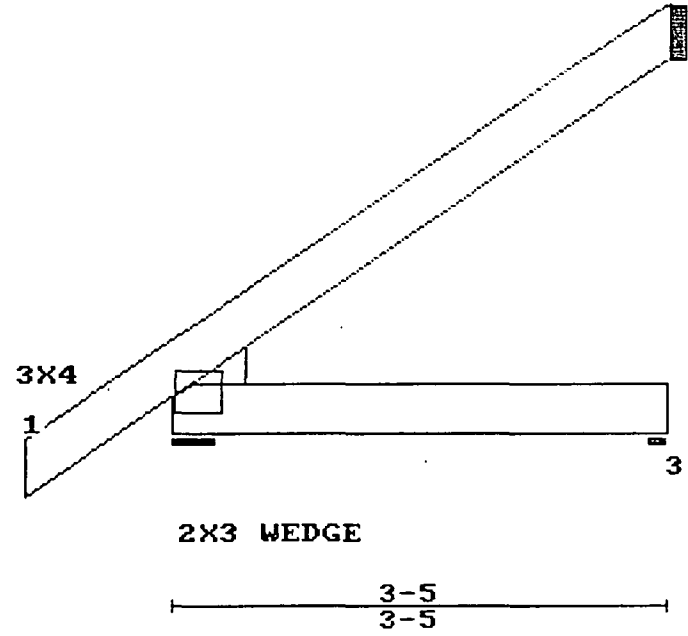
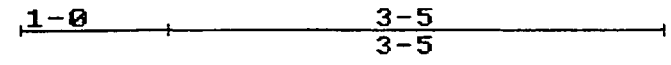
Customer : FOGLIA-CAPTIVA-WEXTGAR Truss ID : J4M Wed Sep 29 11:37:04 1999
 Project #: 99310 Quantity : 1 Family #: 204
 Span : 3-5 Top Pitch : 7/12

====Bid(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS		REACTIONS - SIZE	
1-2= 0	3-1= 0	1=-285	3.5C
2-3= 0		3=-32	1.5C
		2=-144	1.5C

79

PROVIDE FOR 198 LBS UPLIFT AT JOINT 1 (0.69)
 PROVIDE FOR 250 LBS UPLIFT AT JOINT 2 (1.74)
 PROVIDE FOR 252 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:3-11-7 SPAN:3-5 RISE:2-5-9 RIGHT HEIGHT:2-6-9
 LEFT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	1-2=0.371	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0 10	BOTT	3-1=0.045	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.	< L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN) DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C, ANSI/TPI-95
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SEP 30 1999

====<<<<ACES-32 Ver. 1.1>>>>=====[013007]=====<<<<FL.QUALITY-U.K.>>>>=====

Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:37:15 1999
 Project # : 99310 Truss ID : HJ4 Family # : 201
 Span : 4-10 Quantity : 1 Top Pitch : 4.95/12

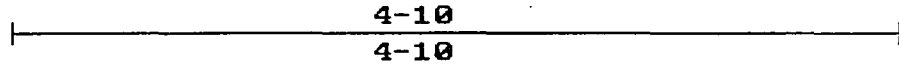
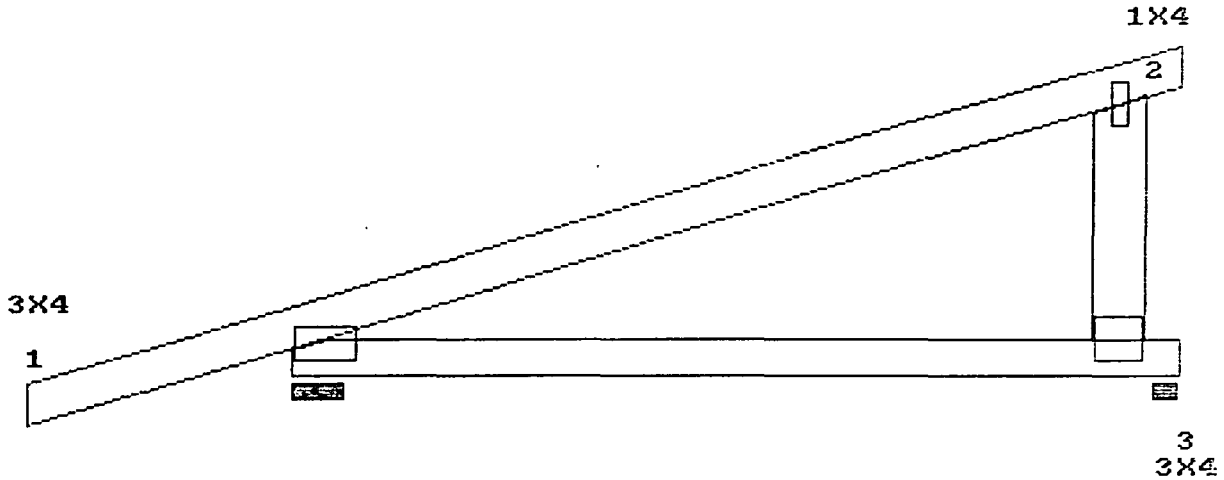
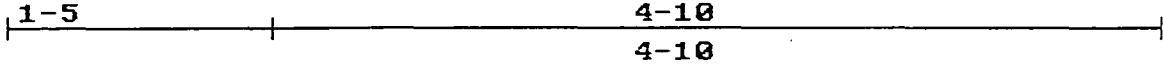
==Std(1/12/1999),v1.1=====

FORCES - LOAD CASE #1 REACTIONS - SIZE

1-2= 0 3-1= 0 1--312 3.50
 2-3=-128 3--155 1.50

80

PROVIDE FOR 487 LBS UPLIFT AT JOINT 1 (1.56)
 PROVIDE FOR 427 LBS UPLIFT AT JOINT 3 (2.73)
 PROVIDE FOR 253 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:5-2-12 SPAN:4-10 RISE:2-6-4 RIGHT HEIGHT:2-6-4
 LEFT HEIGHT:0-6-5

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	Bot CHORD:
30	15	1-2=0.537	3-1=0.068	2X4 No.2ND 19 SP	2X4 No.2ND 19 SP
0	10	LL.DEFL. < L/360		WEBS :2X4	No.3 19 SP

REPETITIVE STRESSES NOT USED SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

LOADING	STRESS INCREASE	LUMBER	PLATE	LOADING TYPE	PANEL(PLF) / JOINTS(LBS)
1	1.33	1.33		UNIFORM	1- 2= 55 3- 1= 12

RIGHT END VERTICAL IS NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7-3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

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SEP 30 1999

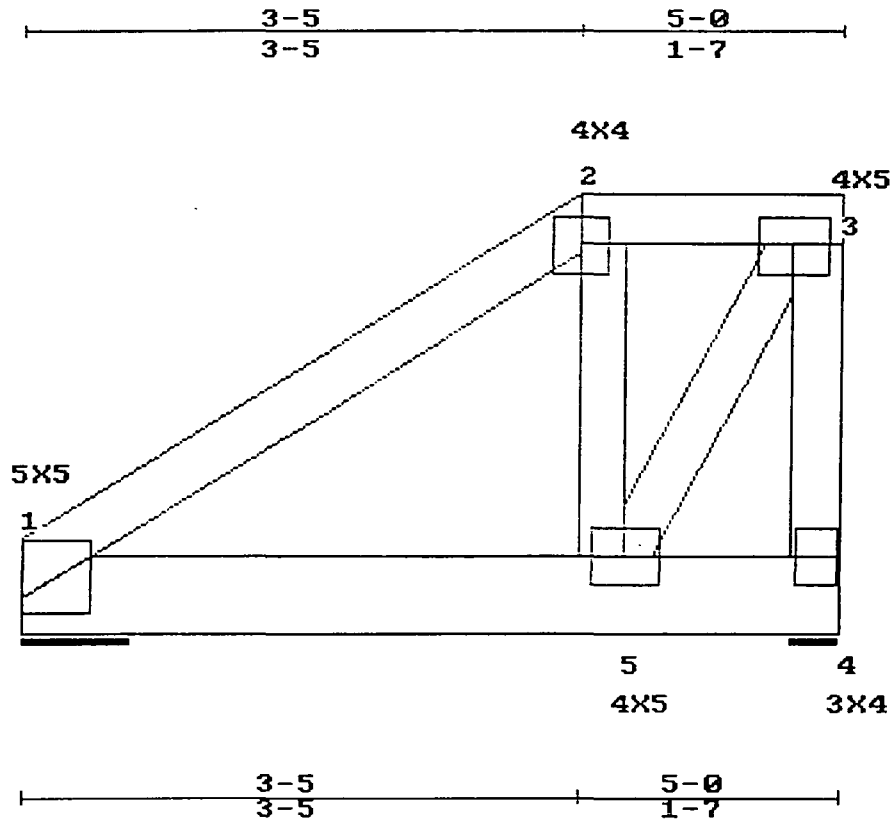
Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:37:28 1999
 Project #: 99310 Truss ID : MG1 Family # : special
 Span : 5-0 Quantity : 2 Top Pitch : 7/12

====81d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1			REACTIONS - SIZE	
1-2=-447	4-5= 0	2-5= 54	1--S09	8.00
2-3=-366	5-1= 366	3-5= 662	4--S09	3.50
3-4=-617				

81

PROVIDE FOR 664 LBS UPLIFT AT JOINT 1 (0.82)
 PROVIDE FOR 786 LBS UPLIFT AT JOINT 4 (0.97)
 PROVIDE FOR 255 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:3-11-7 SPAN:5-0 RISE:2-6-9 RIGHT HEIGHT:2-6-9
 LEFT HEIGHT:0-6-10

LOADING (PSF)	MAX STRESSES	MINIMUM GRADE OF LUMBER
L D	TOP 1-2=0.203	TOP CHORD:2X4 No.2ND 19 SP
TOP 30 15	BOTT 5-1=0.128	BOT CHORD:2X6 No.2D 19 SP
BOTT 0 10	LL.DEFL.@5=0.00 < L/360	WEBS :2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 2

LOADING STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
LUMBER PLATE	TYPE	
1 1.33 1.33	UNIFORM	1- 3= 90 4- 1= 268

RIGHT END VERTICAL IS NOT EXPOSED.
 2 MEMBERS NAILED TOG. W/1 ROW(S) OF .131x3 in. NAILS 12 in. o.c.(TOP CHS.),AND 1 ROW(S) OF .131x3 in. NAILS 10 in. o.c.(BOTT. CHS.)
 For Webs use 1 ROW of NAILS 12 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TP1-95
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SEP 30 1999

====<<<ACES-32 Ver. 1.1>>>====[013009]=====<<<<FL.Quality-U.K.>>>=====

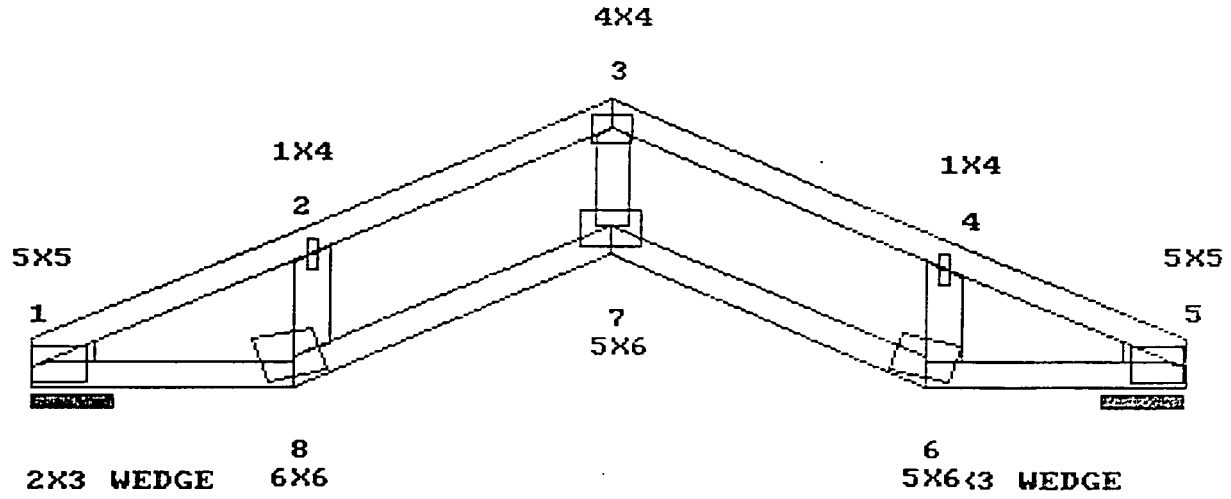
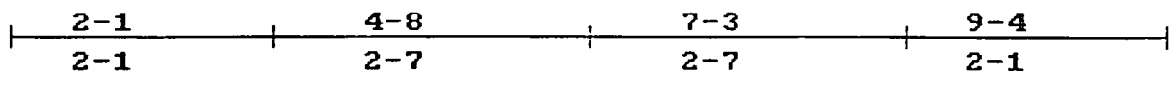
Customer : FOGLIA-CAPTIVA-WEXTGAR	Truss ID : S2	Wed Sep 29 11:37:39 1999
Project # : 99310	Quantity : 3	Family # : special
Span : 9-4		Top Pitch : 7/12
		Bot pitch : 7/12

==Bld(1/12/1999),v1.1=====

REACTIONS - SIZE
 1=-477 8.00
 5=-477 8.00

(82)

PROVIDE FOR 343 LBS UPLIFT AT JOINT 1 (0.72)
 PROVIDE FOR 343 LBS UPLIFT AT JOINT 5 (0.72)
 PROVIDE FOR 323 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j6=3,3],[j7=3,2],[j8=3,4],



L. HL TO PK: 5-4-13 INTERNAL RISE: 1-6-1 R. HL TO PK : 5-4-13
 LEFT HEIGHT: 0-6-10 SPAN: 9-4 RISE: 3-3-5 RIGHT HEIGHT: 0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	No. 2ND 19 SP
30	15	3-4=0.977	7-8=0.189	BOT CHORD:	No. 2ND 19 SP
0	10	LL.DEFL.@6=0.21 < L/360		WEBS :	No. 3 19 SP

STR. INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

NOTE: PROVIDE FOR 0.43 IN. HORIZONTAL DISPLACEMENT AT ONE BEARING

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN) DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,NDS,ANSI/TPI-95
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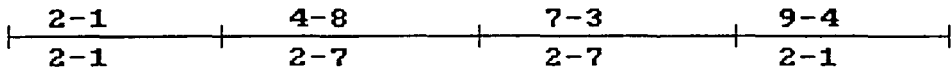
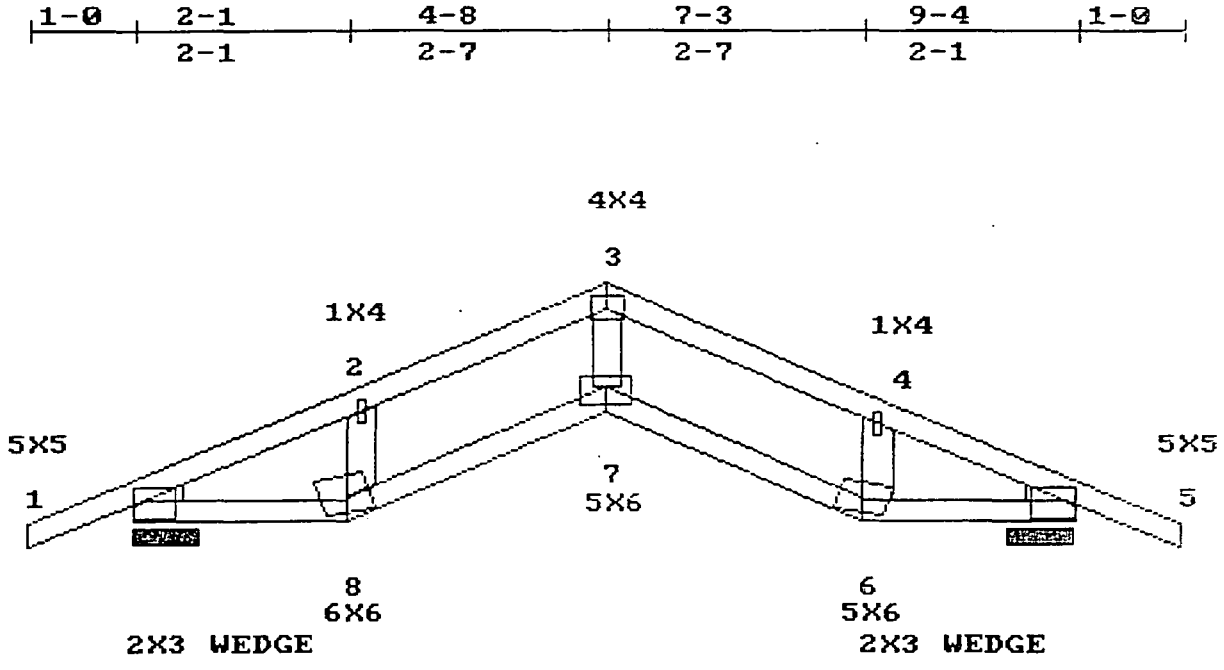
Signature
 SEP 30 1999

==B1d(1/12/1999),v1.1=====

REACTIONS - SIZE
 1--587 8.00
 5--587 8.00

83

PROVIDE FOR 469 LBS UPLIFT AT JOINT 1 (0.80)
 PROVIDE FOR 469 LBS UPLIFT AT JOINT 5 (0.80)
 PROVIDE FOR 323 LBS HORIZ. REACTION AT JOINT 1
 PLATE OFFSETS (X=LEFT,Y=TOP):[j6=3,3],[j7=3,2],[j8=3,4],



L. HL TO PK:5-4-13 INTERNAL RISE:1-6-1 R. HL TO PK :5-4-13
 LEFT HEIGHT:0-6-10 SPAN:9-4 RISE:3-3-5 RIGHT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	WEBS
30	15	3-4=0.977	7-8=0.189	2X4 No.2ND 19 SP	:2X4 No.3 19 SP
0	10	LL.DEFL.@6=0.21 < L/350		No.2ND 19 SP	

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

NOTE: PROVIDE FOR 0.43 IN. HORIZONTAL DISPLACEMENT AT ONE BEARING

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT. ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,NDS,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

SEP 30 1999

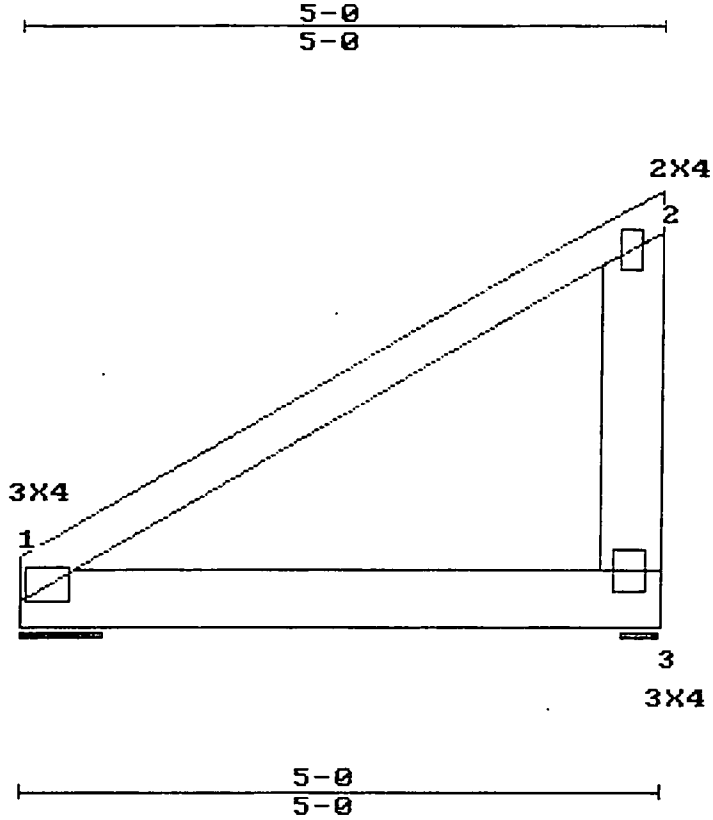
====<<<ACES-32 Ver. 1.1>>>=====[013011]====<<<FL.QUALITY-U.K.>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:38:00 1999
 Project # : 99310 Truss ID : MG2 Family # : 201
 Span : 5-0 Quantity : 2 Top Pitch : 7/12
 ==Bld(1/12/1999),v1.1=====

FORCES - LOAD CASE #1
 1-2= 0 3-1= 0
 2-3=-203

REACTIONS - SIZE
 1=-809 8.00
 3=-809 3.50

84

PROVIDE FOR 613 LBS UPLIFT AT JOINT 1 (0.76)
 PROVIDE FOR 837 LBS UPLIFT AT JOINT 3 (1.03)
 PROVIDE FOR 345 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:5-9-7
 LEFT HEIGHT:0-6-10 SPAN:5-0 RISE:3-5-10 RIGHT HEIGHT:3-5-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30 15	TOP	1-2=0.433	TOP CHORD:2X4	No.2ND 19 SP
BOTT	0 10	BOTT	3-1=0.300	BOT CHORD:2X6	No.2D 19 SP
		LL.DEFL.	< L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 2

LOADING	STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
LUMBER	PLATE	TYPE	
1	1.33	1.33	UNIFORM 1- 2= 90 3- 1= 268

WEB: 2-3 TO BE 2X6 No.2D 19 SP
 RIGHT END VERTICAL IS NOT EXPOSED.
 2 MEMBERS NAILED TOG. W/1 ROW(S) OF .131x3 in. NAILS 12 in. o.c.(TOP CHS.),AND 1 ROW(S) OF .131x3 in. NAILS 10 in. o.c(BOTT. CHS.)
 For Webs use 1 ROW of NAILS 12 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
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====<<<ACES-32 Ver. 1.1>>>=====[013012]=====<<<<FL.QUALITY-U.K.>>>=====

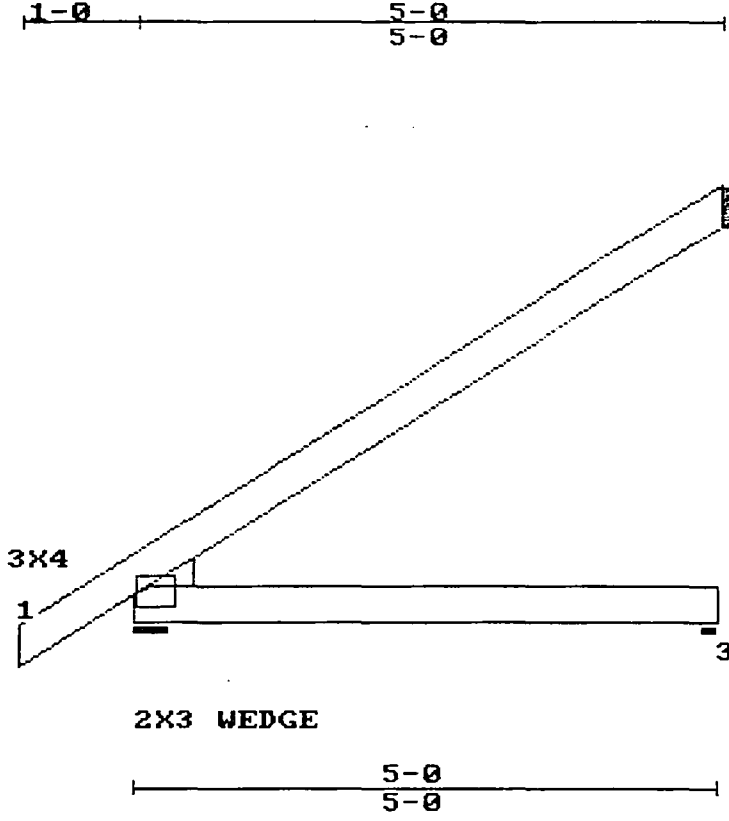
Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:38:12 1999
 Project #: 99310 Truss ID : J5 Family # : 204
 Span : 5-0 Quantity : 1 Top Pitch : 7/12

====B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS		REACTIONS - SIZE	
1-2= 0	3-1= 0	1=-374	3.50
2-3= 0		3=-48	1.50
		2=-216	1.50

85

PROVIDE FOR 244 LBS UPLIFT AT JOINT 1 (0.65)
 PROVIDE FOR 364 LBS UPLIFT AT JOINT 2 (1.69)
 PROVIDE FOR 360 LBS HORIZ. REACTION AT JOINT 1



L. HL TO PK:5-9-7 SPAN:5-0 RISE:3-5-10 RIGHT HEIGHT:3-5-10
 LEFT HEIGHT:0-6-10

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	30 15	TOP	1-2=0.834	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0 10	BOTT	3-1=0.103	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.	< L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

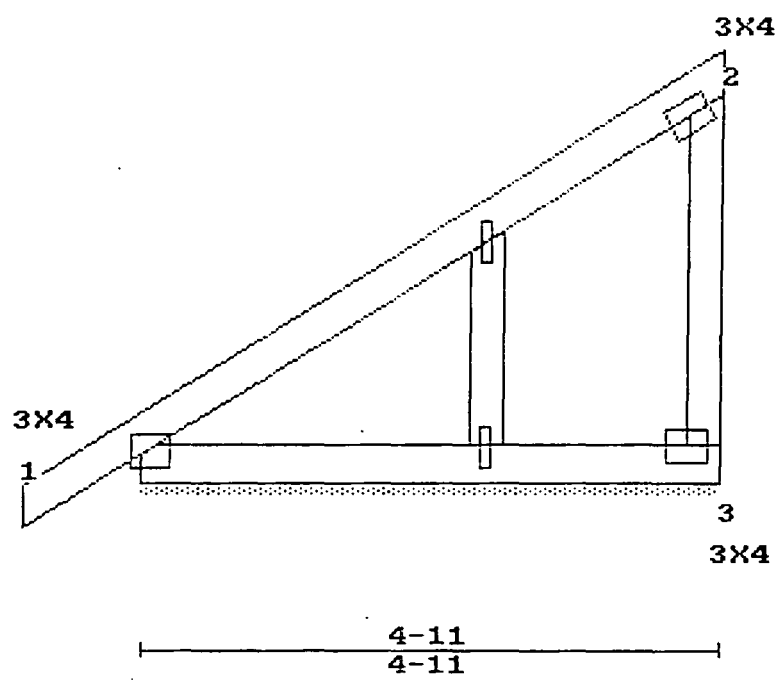
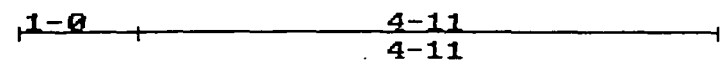
TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Handwritten Signature]

SEP 30 1999

====<<<ACES-32 Ver. 1.1>>>=====[013013]====<<<FL.QUALITY-U.K.>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:38:24 1999
 Project # : 99310 Truss ID : J5G Family # : 201
 Span : 4-11 Quantity : 1 Top Pitch : 7/12
 ==Bid(1/12/1999),v1.1=====

- NOTES: (1) -Gable studs spaced at 24 inches o.c.
 (2) -Brace vertical studs in accordance with standard gable end detail
 (3) -Continuous bearing provided along entire bottom chord
 (4) -Provide 1X4 plates at each end of gable stud unless otherwise noted



L. HL TO PK:5-8-5
 LEFT HEIGHT:0-6-10 SPAN:4-11 RISE:3-5-1 RIGHT HEIGHT:3-5-1

LOADING (PSF)		MAX STRESSES	MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	LL.DEFL. < L/360	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	L 0 D 10		BOT CHORD:	2X4 No.2ND 19 SP
			WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

RIGHT END VERTICAL IS NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
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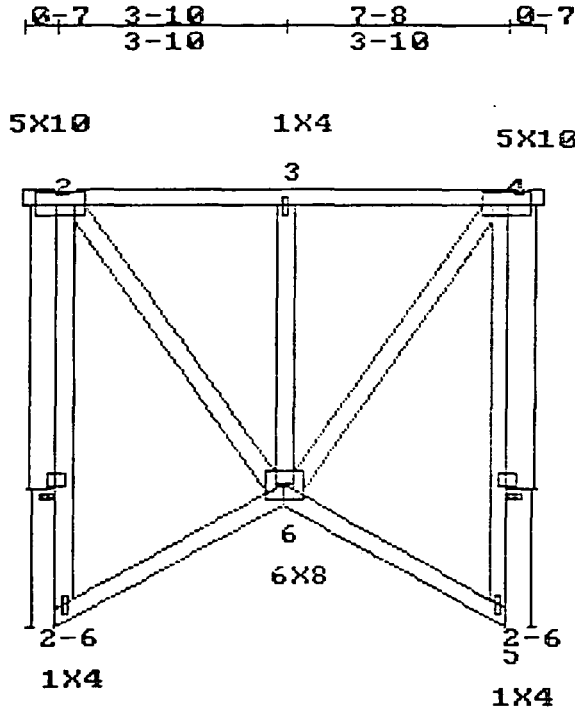
====<<<<ACES-32 Ver. 1.1>>>>=====[013014]====<<<<FL.QUALITY-U.K.>>>>=====
 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:38:35 1999
 Project # : 99310 Truss ID : S9 Family # : special
 Span : 7-8 Quantity : 1 Top Pitch : 7/12
 Seat cut : 0-0 Bot pitch : 7/12

====Bid(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS			REACTIONS - SIZE	
1-2= 38	5-6= 0	2-6= 259	2=-485	3.5C
2-3=-150	6-1= 0	3-6=-345	4=-485	3.5C
3-4=-150		4-6= 259		
4-5= 38				

87

PROVIDE FOR 448 LBS UPLIFT AT JOINT 2 (0.92)
 PROVIDE FOR 448 LBS UPLIFT AT JOINT 4 (0.92)
 PLATE OFFSETS (X=LEFT,Y=TOP):[j2=8,3],[j4=2,3],



LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30, D 15	TOP	2-3=0.386	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	L 0, D 10	BOTT	6-1=0.058	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@6	=0.00 < L/360	WEBS	:2X4 No.3 19 SP
STR.INC.: LUMB = 1.33 PLATE = 1.33			SPACING : 24.0 in. o. c.		
REPETITIVE STRESSES USED			NO. OF MEMBERS = 1		

BOTH END VERTICALS ARE NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDE. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT, SYMMETRICALLY(EXCEPT AS SHOWN) DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC, ANSI/TPI-95
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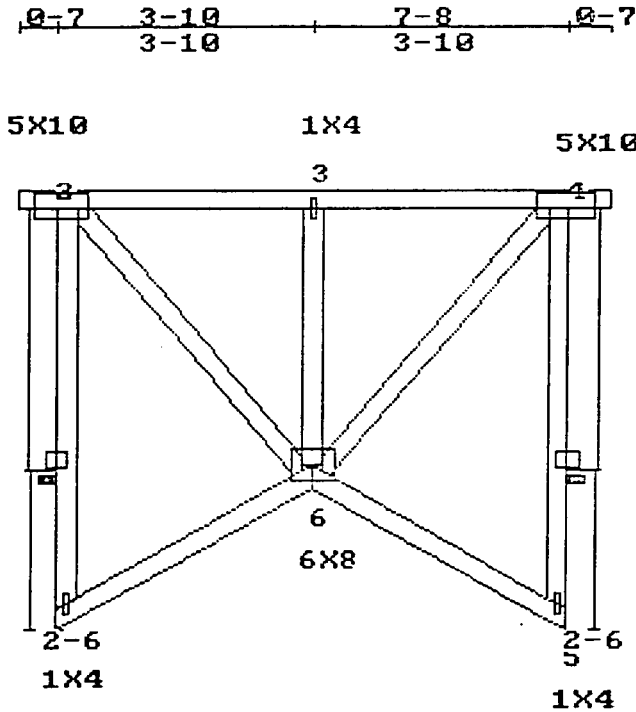
Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:38:47 1999
 Project # : 99310 Truss ID : S8 Family # : special
 Span : 7-8 Quantity : 1 Top Pitch : 7/12
 *Seat cut : 0-0 Bot pitch : 7/12

==Bld(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS			REACTIONS - SIZE	
1-2= 38	5-6= 0	2-6= 280	2=-485	3.53
2-3=-185	6-1= 0	3-6=-345	4=-485	3.53
3-4=-185		4-6= 280		
4-5= 38				

88

PROVIDE FOR 560 LBS UPLIFT AT JOINT 2 (1.15)
 PROVIDE FOR 560 LBS UPLIFT AT JOINT 4 (1.15)
 PLATE OFFSETS (X=LEFT,Y=TOP):[j2=8,3],[j4=2,3],



LEFT HEIGHT:6-11-1 SPAN:7-8 INTERNAL RISE:2-2-13 RISE:6-11-1 RIGHT HEIGHT:6-11-1

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	2-3=0.487	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0 10	BOTT	5-6=0.058	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@6	=0.00 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

BOTH END VERTICALS ARE NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,AHSI/TPI-95
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====<<<<ACES-32 Ver. 1.1>>>>=====[013016]=====<<<<FL.QUALITY-U.K.>>>>=====

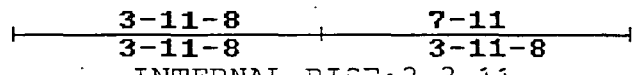
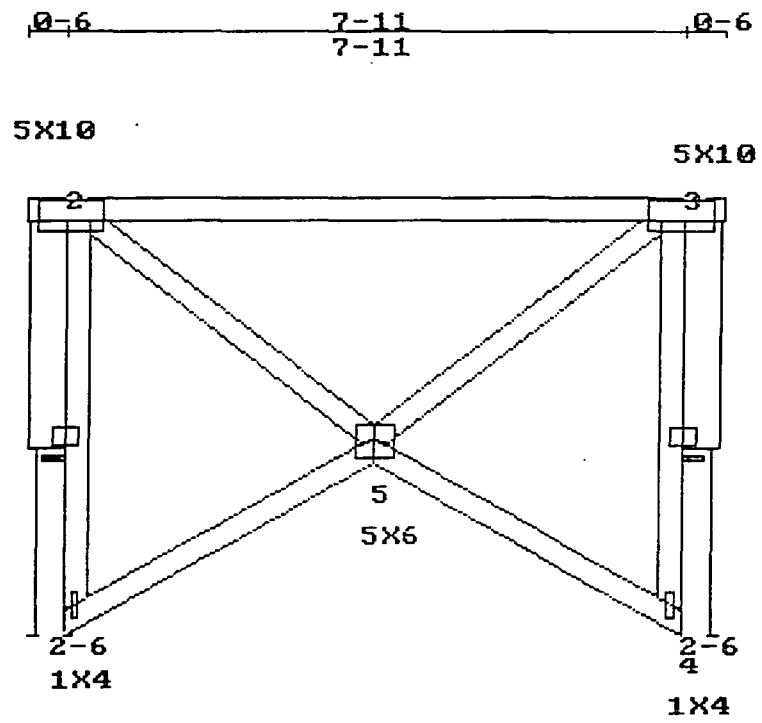
Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:38:58 1999
 Project #: 99310 Truss ID : S7 Family # : special
 Span : 7-11 Quantity : 1 Top Pitch : 7/12
 Seat cut : 0-0 Bot pitch : 7/12

====81d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS			REACTIONS - SIZE	
1-2= 40	4-5= 0	2-5= 63	2=-490	3.50
2-3=-49	5-1= 0	3-5= 63	3=-490	3.50
3-4= 40				

89

PROVIDE FOR 563 LBS UPLIFT AT JOINT 2 (1.15)
 PROVIDE FOR 563 LBS UPLIFT AT JOINT 3 (1.15)
 PLATE OFFSETS (X=LEFT,Y=TOP):[j2=8,3],[j3=2,3],[j5=3,2],



LEFT HEIGHT:5-9-15 SPAN:7-11 INTERNAL RISE:2-3-11 RISE:5-9-15 RIGHT HEIGHT:5-9-15

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	BOTT	TOP CHORD:	SS 19 SP
TOP	30	15	2-3=0.823	BOT CHORD:	No.2ND 19 SP
BOTT	0	10	4-5=0.062	WEBS	:2X4 No.3 19 SP
			LL.DEFL.@5=0.00 < L/360		

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

BOTH END VERTICALS ARE NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/WDS DESIGN SPECS, SSBC,ANSI/TPI-95
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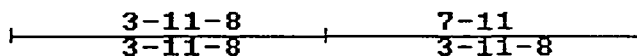
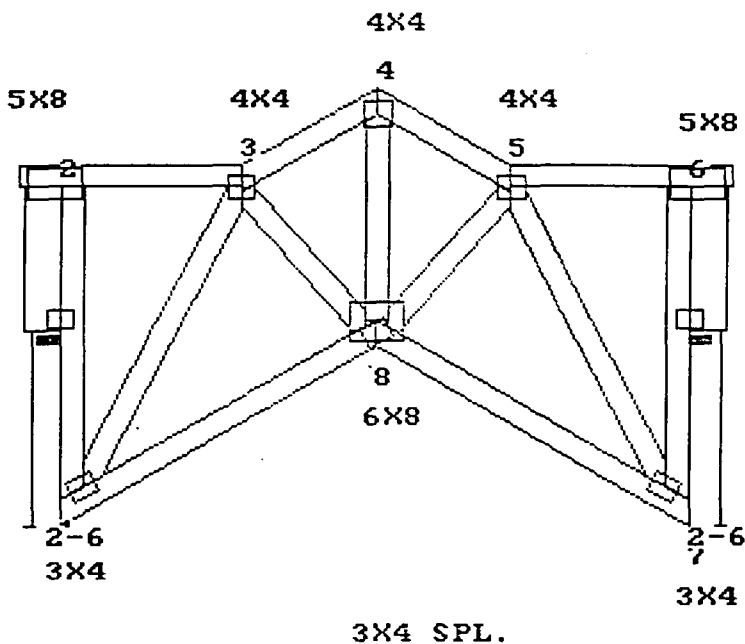
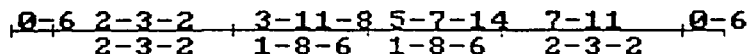
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 Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:39:10 1999
 Project #: 99310 Truss ID : S6 Family # : special
 Span : 7-11 Quantity : 1 Top Pitch : 7/12
 Seat cut : 0-0 Bot pitch : 7/12

==Bld(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS			REACTIONS - SIZE	
1-2= 334	7-8= 255	3-1=-474	2=-493	3.5C
2-3= 0	8-1= 255	3-8= 101	6=-493	3.5C
3-4=-330		4-8= 174		
4-5=-330		5-8= 101		
5-6= 0		5-7=-474		
6-7= 334				



PROVIDE FOR 413 LBS UPLIFT AT JOINT 2 (0.84)
 PROVIDE FOR 413 LBS UPLIFT AT JOINT 6 (0.84)
 PROVIDE FOR 105 LBS HORIZ. REACTION AT JOINT 2
 PLATE OFFSETS (X=LEFT,Y=TOP):[j2=5,3],[j6=3,3].



LEFT HEIGHT:4-7-15 SPAN:7-11 INTERNAL RISE:2-3-11 RISE:5-7-13 RIGHT HEIGHT:4-7-15

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	4-5=0.150	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0 10	BOTT	8-1=0.176	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@8	=0.01 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

BOTH END VERTICALS ARE NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
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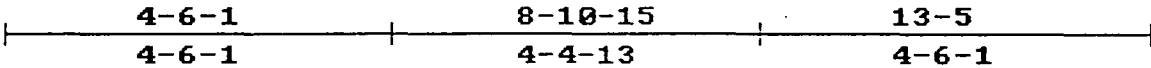
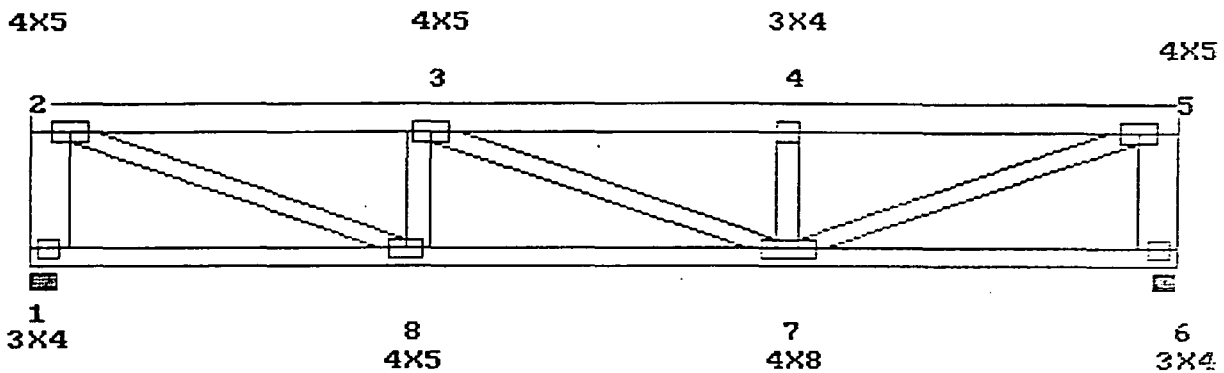
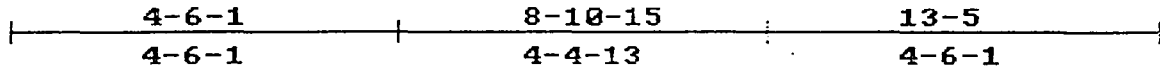
Customer : FOGLIA-CAPTIVA-WEXTGAR Wed Sep 29 11:39:21 1999
 Project # : 99310 Truss ID : FG5 Family # : 303
 Span : 13-5 Quantity : 4 Top Pitch : /12

====B1d(1/12/1999),v1.1=====

FORCES - LOAD CASE #1			REACTIONS - SIZE	
1-2=-2479	6-7= 0	2-8= 3613	1=-2523	4.0C
2-3=-3195	7-8= 3195	3-8=-1600	5=-2523	3.5C
3-4=-3203	8-1= 0	3-7= 9		
4-5=-3203		4-7=-1599		
5-6=-2479		5-7= 3618		

91

PROVIDE FOR 2261 LBS UPLIFT AT JOINT 1 (0.90)
 PROVIDE FOR 2261 LBS UPLIFT AT JOINT 6 (0.90)



LEFT HEIGHT:2-8 SPAN:13-5 RISE:2-8 RIGHT HEIGHT:2-8

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
L	D	TOP	3-4=0.287	TOP CHORD:	2X6 No.2D 19 SP
TOP	30	15	BOTT 7-8=0.345	BOT CHORD:	2X4 No.2ND 19 SP
BOTT	0	10	LL.DEFL.@8=0.03 < L/360	WEBS	:2X4 No.3 19 SP

REPETITIVE STRESSES NOT USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 2

LOADING	STRESS INCREASE	LOADING	PANEL(PLF) / JOINTS(LBS)
LUMBER	PLATE	TYPE	
1	1.33	1.33	UNIFORM 2- 5= 365 6- 1= 20

WEB: 1-2; 5-6 TO BE 2X6 No.2D 19 SP
 BOTH END VERTICALS ARE NOT EXPOSED.
 2 MEMBERS NAILED TOG. W/1 ROW(S) OF .131x3 in. NAILS 7 in. o.c.(TOP CHS.),AND 1 ROW(S) OF .131x3 in. NAILS 12 in. o.c(BOTT. CHS.)
 For Webs use 1 ROW of NAILS 12 in. o.c.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
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====<<<<ACES-32 Ver. 1.1>>>>=====[013019]=====<<<<FL.QUALITY-U.K.>>>>=====

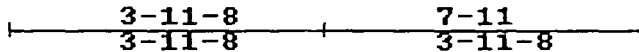
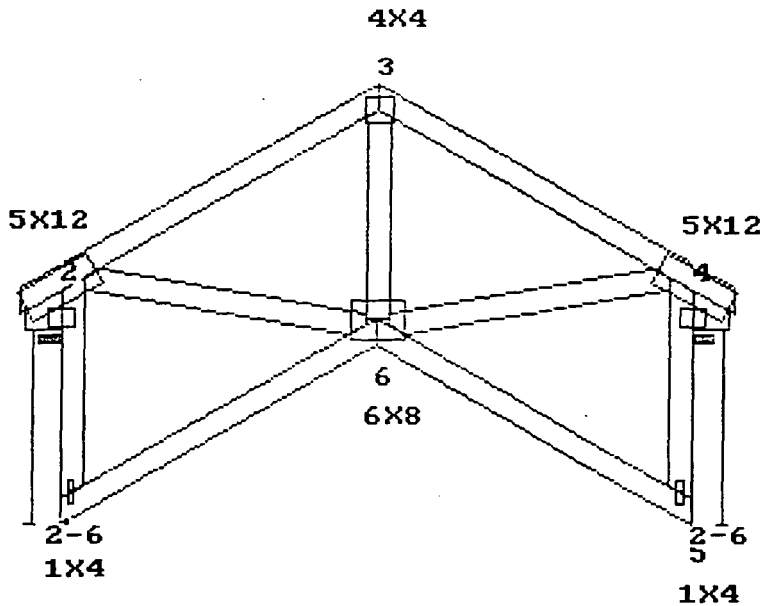
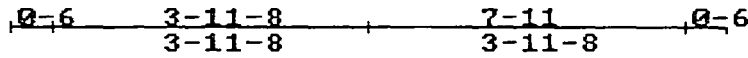
Customer : FOGLIA-CAPTIVA-WEXTGAR	Truss ID : S5A	Wed Sep 29 11:39:31 1999
Project # : 99310	Quantity : 1	Family # : special
Span : 7-11		Top Pitch : 7/12
Seat cut : 0-0		Bot pitch : 7/12

92

====B1d(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS			REACTIONS - SIZE	
1-2= 40	5-6= 0	2-6= 292	2=-490	3.50
2-3=-329	6-1= 0	3-6=-34	4=-490	3.50
3-4=-329		4-6= 292		
4-5= 40				

PROVIDE FOR 384 LBS UPLIFT AT JOINT 2 (0.78)
 PROVIDE FOR 384 LBS UPLIFT AT JOINT 4 (0.78)
 PROVIDE FOR 242 LBS HORIZ. REACTION AT JOINT 2
 PLATE OFFSETS (X=LEFT,Y=TOP):[j2=10,3],[j4=2,3].



L. HL TO PK:4-7 INTERNAL RISE:2-3-11 R. HL TO PK :4-7
 LEFT HEIGHT:3-4-2 SPAN:7-11 RISE:5-7-13 RIGHT HEIGHT:3-4-2

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	3-4=0.577	TOP CHORD:2X4	No.2ND 19 SP
BOTT	0 10	BOTT	5-6=0.062	BOT CHORD:2X4	No.2ND 19 SP
		LL.DEFL.@6	=0.00 < L/360	WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

BOTH END VERTICALS ARE NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SSBC,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Handwritten Signature]

SEP 30 1999

Customer : FOGLIA-CAPTIVA-WEXTGAR
 Project #: 99310
 Span : 7-11
 Seat cut : 0-0

Truss ID : S5
 Quantity : 3

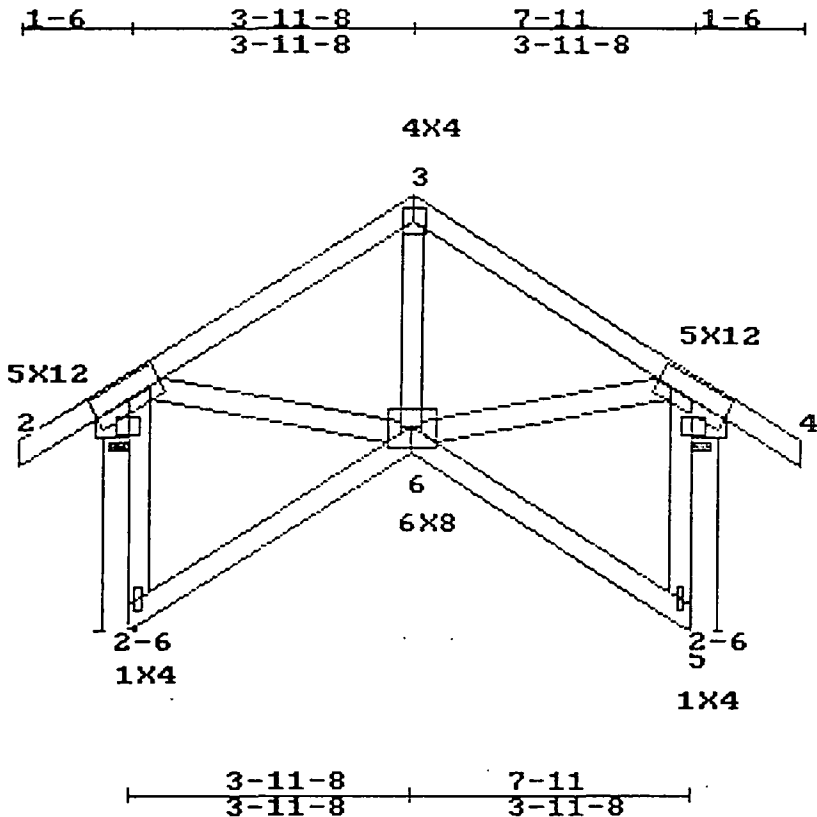
Wed Sep 29 11:39:42 1999
 Family # : special
 Top Pitch : 7/12
 Bot pitch : 7/12

==Bld(1/12/1999),v1.1=====

FORCES - GRAVITY LOADS			REACTIONS - SIZE	
1-2= 40	5-6= 0	2-6= 292	2=-500	3.5C
2-3=-329	6-1= 0	3-6=-34	4=-500	3.5C
3-4=-329		4-6= 292		
4-5= 40				

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PROVIDE FOR 510 LBS UPLIFT AT JOINT 2 (0.85)
 PROVIDE FOR 510 LBS UPLIFT AT JOINT 4 (0.85)
 PROVIDE FOR 242 LBS HORIZ. REACTION AT JOINT 2
 PLATE OFFSETS (X=LEFT,Y=TOP):[j2=10,3],[j4=2,3],



L. HL TO PK:4-7
 LEFT HEIGHT:3-4-2

INTERNAL RISE:2-3-11
 SPAN:7-11
 RISE:5-7-13

R. HL TO PK :4-7
 RIGHT HEIGHT:3-4-2

LOADING (PSF)		MAX STRESSES		MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	TOP	3-4=0.577	TOP CHORD:	2X4 No.2ND 19 SP
BOTT	0 10	BOTT	5-6=0.062	BOT CHORD:	2X4 No.2ND 19 SP
		LL.DEFL.@6	=0.00 < L/360	WEBS	:2X4 No.3 19 SP

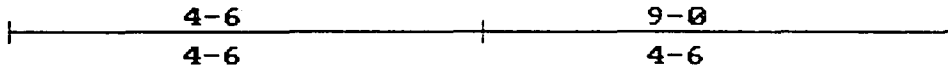
STR.INC.: LUMB = 1.33 PLATE = 1.33
 REPETITIVE STRESSES USED

SPACING : 24.0 in. o. c.
 NO. OF MEMBERS = 1

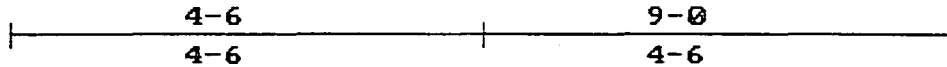
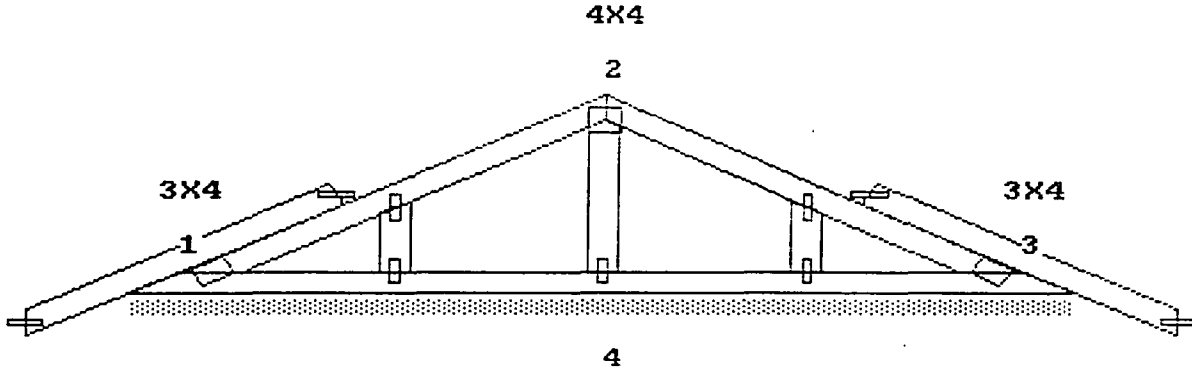
BOTH END VERTICALS ARE NOT EXPOSED.
 TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/NDS DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Handwritten Signature]

- NOTES: (1) -Gable studs spaced at 24 inches o.c.
 (2) -Brace vertical studs in accordance with standard gable end detail
 (3) -Continuous bearing provided along entire bottom chord
 (4) -Provide 1X4 plates at each end of gable stud unless otherwise noted



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L. HL TO PK:5-2-8 LEFT HEIGHT:0-0-4 SPAN:9-0 RISE:2-7-12 R. HL TO PK :5-2-8 RIGHT HEIGHT:0-0-4

LOADING (PSF)		MAX STRESSES	MINIMUM GRADE OF LUMBER	
TOP	L 30 D 15	LL.DEFL.@0=0.00 < L/360	TOP CHORD:2X4	No.2ND 19 SP
BOTT	0 10		BOT CHORD:2X4	No.2ND 19 SP
			WEBS	:2X4 No.3 19 SP

STR.INC.: LUMB = 1.33 PLATE = 1.33 SPACING : 24.0 in. o. c.
 REPETITIVE STRESSES USED NO. OF MEMBERS = 1

TRUSS HAS BEEN CHECKED FOR 145 M.P.H. WIND LOAD, WALL HEIGHT 17 FT, ENCLOSED BLDG. TYPE, ASSUMING 10 PSF TOTAL D.L.(7+3) (SBC).
 PLATES ARE MITEK M20-249,200 MANUFACTURED FROM ASTM A 446 GRD A GALVANIZED STEEL(EXCEPT AS SHOWN)
 PLATE MUST BE INSTALLED ON EA. FACE OF JOINT,SYMMETRICALLY(EXCEPT AS SHOWN)DESIGN CONFORMS W/ND S DESIGN SPECS, SS3C,ANSI/TPI-95
 THIS DESIGN IS FOR TRUSS FABRICATION ONLY.FOR PERMANENT AND TEMPORARY BRACING(WHICH IS ALWAYS REQD)CONSULT BLDG ARCHITECT OR ENGINEER.

[Handwritten Signature]

SEP 30 1999



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

~~FRI-7-27~~

1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4628	HELL RIEGEL	GARAGE SLAB/DECK	Passed	
	11 CASTLE HILL WAY	WALKWAY FTGS		
	STATHMORE (JEFF 260-3342)	(RBINSPECT - FEE PAID)		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4588	Grimbs	Roof Sheeting	Passed	Upper Roof = roof complete
	15 Castle Hill Way	Inspect		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4516	LINO	ROOF (TINTAS)	Passed	
	6 ISLAND ROAD			
5	SCOTT HOLMES			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4672	Clements	sheathing	9:00 PRE-INSP. OK	TEMP. CLOSURE COMPLETE
	6 MIDDLEY RD.		4:00 Passed	COVER/COUR. TO ADJACENT
5				REMOVED OTHER PERMITS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4253	Heckenberg	final +	} Passed	- landscape complete
	5 NE LAGOON ISLAND CT	Landscape		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4254	"	"	} Review of call three days after completion in accordance w/4: notice & subsequent review of C-C	
4255	"	"		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4673	FOGLIA	Temporary	Passed	HOLD POWER RELEASE UNTIL WATER IN
	110 Henry Sewall Way	Power 5012		8/31 WATER IN; 9:00 POWER RELEASED SHERIFF PC

OTHER: * ALL C.D. POUCH LIST ITEMS COMPLETE & FINAL POWER RELEASE 5/6/99 UPON PAYMENT OF RENEWAL PERMIT FEE. C.O. ISSUED @ THAT TIME 8/27/99 VERIFICATION OF COMPLETION STATUS PREPARATORY TO ISSUANCE OF "DUPLICATE" C.O. REFERENCING 5/6/99 ISSUANCE.

INSPECTOR: [Signature] **DATE:** 8/17/99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
 Wed 9-22-99

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4617	Bruner 105 Hillcrest Court	pool deck	PASSED	NOTE ON PERMIT TO MAINTAIN 3' GRP. CLR. TO STC @ THICKENED EDGE
4692	# Ezy 3768 L Ocean	rough el. & FRAMING (ALL)	PASSED	AM if possible NOTE: CEG PERMIT 105 P @ FUTURE.
4681	Brutvan * 23 L. Hi Pt. Pd.	temp. el.	PASSED	REISSUE 30 DAY RELEASE 00/TODAY (9/22) AS START. 3 COPIES TO CONTR. FOR DISTR.
4585	Kennedy 3 Oak Hill	(REINSPECT) Trimming ROOF FINAL	(ALL-COMPLETED) PASSED PASSED	REQUEST 151 PM INSP.
4678	LUCAS 7 S. 6th St	lic work & cells	PASSED	-FTG. COMPLIANCE LTR. ON FILE
[REDACTED]	[REDACTED]	[REDACTED]	PASSED	NOTE: PROVIDE CC M-DC PLUMBING TO VAUE@TROPIC (- pp @ 15/pg = \$
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

OTHER: *ADVISED CONTRACTOR PER. ON SITE RE: SEVERE VIOLATION OF
 BRUTVAN - FTG. FORMWORK LOCATION ON NORTH "ATRIUM WALL"
 PN 4681 / FULL TELEPHONE REPORT TO ARCHITECT (GARY KELLY) @ 12:50 PM. OFFICE
 23 E. H.P. (RTG. @ OWNER & G.C @ 3:00 PM. - APPROVED FTG. POUR @ CONTRACTOR RISE,
 INSPECTOR: [Signature] DATE: 9/22/99



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

~~Fri. 10-1-99~~

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4682	short 38 S. Sewall's Pt. Rd.	tab paper (WAW)	PASSED	
4685	MORRISON 23 Simara St.	tinted metal (?)	NOT READY	- RESCHEDULE 10/4 AM
4673	Foglia 110 ft Sewall Way	stemming	PASSED	late AM 11:00
PERMIT OWNER/ ADDRESS INSPECTION TYPE RESULTS REMARKS				
PERMIT OWNER/ ADDRESS INSPECTION TYPE RESULTS REMARKS				
PERMIT OWNER/ ADDRESS INSPECTION TYPE RESULTS REMARKS				
PERMIT OWNER/ ADDRESS INSPECTION TYPE RESULTS REMARKS				
PERMIT OWNER/ ADDRESS INSPECTION TYPE RESULTS REMARKS				

OTHER: _____

INSPECTOR: _____

DATE: 10/1/99



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

~~PERI-10/15~~

PAGE 1 OF 1

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
S 4701	Armstrong 41 W. High Pt. Rd.	rough plumbing (POOL)	PASSED	REPIPE EXISTG.
S 4527	Smith 151 White Ct.	tintag	PASSED	- GARAGE COVER: UNABLE TO VERIFY VT & KPC
S 4573	Kimmelman 103 Abbie Crt.	c.o.	NOT READY	- NO INSP.; WORK THRU NEXT WK. WHEN CONTR. SCHED "ROSS" (cell) 561-579-6223
S 4554	Glace / Page 8 St Lucie Crt. 627-9554	tie beam / ca (UPPER)	PASSED	
N	Kilgollen 106 N. Sewalls	railing for screen enc.	42" GUARD RAIL REQUIRED	early AM before 9:30
	Point Rd.	PERMIT - FINAL	PASSED	
S 4642	Fuqua 110 N. Sewall	land pl.	CANCEL BY CONTR. 10/15 8:30	
	BENTON 1 CASTLE HILL WAY	EXT. STAIRS & PLATFORMS	PASSED	

OTHER: _____

INSPECTOR: _____ **DATE:** _____



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
~~Wed 11-3-99~~

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
S 4569	Gerard 104 Abbie	gr & steel for pool	PASSED	
S 4710	Savastano 19 Island	dry-in	FAIL	NO ACCESS; NO LADDER CONTRACTOR NOT ON SITE - CALL FOR REINSPECTION
S 4555	Peed 12 Simara	fron	PASS (PTC)	prefer PM 1. DOCUMENTS 11/4 1:15 PM MTCOS. 2. REINSPECTION 11/5 10:30-12:00
S 4672	Foglia 110# Sewall	fron	2 PASSED	REC'D. FORMER SURVEY - TERM RE-TREAT 11/2/99
M 4628	Hellhead 11 Castle Hill	slab for "studio"	SEE NOTE (NO INSP.)	
N 4716	ZOTTA; 23 " "	FENCE FINAL	PASSED	
N 4588	Givric 15 Castle Hill	insulation	PASSED	VERIFIED F/A @ GARAGE; REC'D. ELEV. CERTIFIED SURVEY
N 4534	1 Castle Hill	c.o. Benson	PASSED	prefer PM AM. 284 0442
S 4590	Gabbert 2 E. Hi. Point	framing		
S 4620	Laraway 15 Middle Rd.	temp. meet (RELOCATE CONST. SIGN)	PASSED	prefer AM FPC ON SITE - METER RELEASE

OTHER: NO INSPECTIONS UNTIL SITE GRADING / BARRIER PROTECTION PERFORMED TO PREVENT DIRT RUN-OFF TO PUBLIC WAY & DRAINAGE SYSTEM. CONTR. REP. ON SITE ADVISED; CALL TO TOWN HALL REQUESTING STREET MAINT. SVR. TO OVERSEE CORRECTIVE ACTION AS REQUIRED (11/3/99 9:30 AM)
 (NOTE: JOSE TO SITE @ 10:00 AM)

INSPECTOR: _____ **DATE:** _____

2000-1998-1999

page 1

Town of Sewall's Point Building Department - Inspection Log

OF 2

~~1/21/00~~

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4721	Smith	fence	PASSED	CLOSE FILE
	11 Simera	final		
EBA-PM	(next to Road)			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4775	CENZO	footing	Passed	Partial Footing
4775	S. Tolano	SEA Gate Bldg owner upset	WG	
WG-AM				
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4758	SLICR	footing	Passed	prefer AM -
	13 Knowles	(Wall)	WG	POUR MOOR
WG-AM	XXXXXXXXXX			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4773	Dembinski	final pool	Passed	Bond Hooked up
	4 Knowles	enclosure	WG	Replaced missing sc.
WG-AM		(REINSPECT)		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	Fadda	Shingles	FAILED	INSUFFICIENT CLEARANCE TO WINDOWS (2ND FL - E.B.S.T)
	16 Sewall's Pt			
EBA-PM				
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4771	VAN WAGNER	meter	Passed	No WATER METER DEPOS WAS PAID 1-19-2000
	3 Phase Ww	Inspection	WG	
WG-AM	Paloma	through	Passed	NE SUB; NO CONST. SERVIC
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4775	FOGLIA	XXXXXXXXXX	Passed	TRUSS ENG
	XXXXXXXXXX	7-1	WG	
WG-AM				

OTHER:

INSPECTOR: 

DATE: 1/21/00

~~2000~~ 2000
Town of Sewall's Point
Building Department - Inspection Log

Wed, 7-2-00

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4795	Downing	metal &	Passed	Rain, wind
(5)	47 S.S.P. Rd.	underlayment	BG	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	Fadden	shutters	PASS	MANDATORY STORM SHUTTER
(EPA)	16 S.S.P. Rd.	(one shutter)		INSTALLATION COMPLETE
		3 RD REINSPECT (EPA)		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
461	Demarkarian	exterior	Passed	Front Posts
(1)	19 Castle Hill Way	tie down	BG	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4723	Koch	tie beam	PARTIAL	AM
(3)	71 N. River Rd. (Gusil Run)	CALL FIRST	BG	call 227-0685 Will to set up truck
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4733	Foglia	venting	Passed	Rain, wind
(10)	110 H. Sewall Way	shutters	by	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4771	Van Wagner	footer	Passed	
(2)	3 Palama (Castle Hill)	slab/ground	BG	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4573	Campo	trees		2:45
(EPA)	5 Palama	(AMEND T/R PERM.)		
		PN 287 (EPA)		

OTHER: 1. T/R PERM. APPL. #6 RIDGEVIEW (VREMI) - OWNER: NOTTEL 2 VIA LUCINDIA
✓ July 2:00 PM confirmed markings of Florida Holly for removal

INSPECTOR: _____ DATE: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4828	ERWIN GIFFORD 85 N. Sewall's Pt. Rd. Indialucie	POOR SLAB	PASSED BG.	TERMITE SPRAY By Patrick 2-29-00
4527	SEELY 37 N.E. Loring Way Plantation	2 nd floor slab * columns & tie beams	PARTIAL BG.	
4840	LUANE SCHUCKMAN 4 FIELD WAY (Indialucie)	SHEATHING	Passed BG.	
4873	FOGUA CONST. 110 HENRY SEWALL WAY	INSULATION WATER LATER	PARTIAL Passed	wires only BG.
4849	Obersheimer 75 N. S. P. Rd.	roof sheathing	Passed BG.	late AM
4842	Hansen 32 N. S. P. Rd.	pool exc. final	Passed BG.	
4809	Hammock 25 Rio Vista (Patrick) 263-0116	tintag + metal	Passed BG.	

OTHER: 1. T/R PERMIT APPL. - VILLA; 24 S. SEWALL'S POINT RD.
2. " " " - MOUSSOU; 10 PALMETTO DR.

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/3/8, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
41672	Foglia Const.	dry Wall	Passed	
5 ✓ (9)	1100 Henry Sewall Way	screws	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5 ✓ 4657	Foglia 105 Henry Sewall Way	Shutter	Partial BG	Missing - South Front shutter
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
12 ✓ (5) 4849	Obersheimer 75 N.S.P.Rd.	roof metal	Passed BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
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 4/17, 2000;

Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4662	FOGLIA	SHUTTERS	Reject	NO Specs.
5	100 HENRY/SEWALL FOGLIA CONST		NO Fee	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4673	FOGLIA		Reject	NO Specs.
6	110 HENRY/SEWALL FOGLIA CONST	SHUTTERS	NO Fee	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
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 4/20/91, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4613	Subin	temp. power	Passed	LTR. AGMT ON FILE.
(11)	8 Palm Morris (DRIPTWOOD)	A/C ONLY	Bg	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4657	FOGUA	FINAL SHUTTER	Passed	Bahama shutter Removed
(7)	105 HENRY SEWALL	C.G.	BG-	using Corroated panels
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4658	FOGUA	TEMP ELECT	Passed	
(6)	103 HENRY SEWALL	(IRRIGATION) (REINSPECT - FEE IF FAIL)	Bg	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4805	FOGUA	ROOF SHEATHING	Passed	
(5)	101 HENRY SEWALL		Bg	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4807	FOGUA	POOL DECK	Passed	
(8)	106 HENRY SEWALL	DRIVEWAY -	Bg	(POOL PN 4780 - STARLITE)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4893	Madden	fence	Passed	
(4)	160 S. River Rd. FENCECRAFTERS	Final	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4673	FOGUA	POOL DECK	Passed	
(9)	110 HENRY SEWALL WPT (POOL PN 4781 - STARLITE)	D/W	Bg	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Feb 20 2019, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4613	Subin	temp. power	Passed	LTR. AGMT ON FILE.
(11)	8 Palm Morn's (DRIFTWOOD)	A/C ONLY	Bg	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4657	FOGUA	FINAL SHUTTER	Passed	Bahama shutter Removed
(7)	105 HENRY SEWALL	C.G.	BG-	USING CORRODED PANELS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4658	FOGUA	TEMP ELECT	Passed	
(6)	103 HENRY SEWALL	(IRRIGATION) (REINSPECT - FEE IF FAIL)	Bg	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4803	FOGUA	ROOF SHEATHING	Passed	
(5)	101 HENRY SEWALL		Bg	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4807	FOGUA	POOL DECK	Passed	
(8)	106 HENRY SEWALL	DRIVEWAY-	Bg	(POOL PN 4780-STARLITE)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4893	Madder	fence	Passed	
(4)	160 S. River Rd. FENCECRAFTERS	final	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4673	FOGUA	POOL DECK	Passed	
(9)	110 HENRY SEWALL WAY (POOL PN 4781-STARLITE)	D/W	Bg	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-5, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N ✓ 4904	Miranda 34 Castle Hill O/B	temp. power	Passed BG.	Water - DUMPSTER Port. Toilets & meter.
S ✓ 4910	SCHAFENBERG 123 S.S. PRD. TREASURE COAST FENCE	fence (FINAL)	Passed BG.	
S ✓ 4909	VILLA 9:15 AM. 24 S. SEWALL'S PT. RD. STEIN & CO.	SHEATHING (REINSPECTION) dry-in 12:	Passed BG.	\$ 30.00 RELASP. FEE REQUIRED - PRIOR TO INSP.
S ✓ 4662	Foglia 106 H Sewall Way Foglia	shutters (FINAL)	Passed BG.	
S ✓ 4672 4673	Foglia 110 H Sewall Way Foglia	shutters (FINAL)	Passed BG.	
S ✓ 4882	Woods 116 So. River Pk.	electrical	Cancelled	Did NOT call in inspection
N ✓ * 4771	Van Wagner 3 Pelama Way	travaing off trades EXTERIOR STRAPPING	Passed BG.	No windows INSTA EXTERIOR STRAPPING ON

OTHER: * #4771. SAID there will be no venting in soffitt.
Said Bart Stewart in Martin county is doing this.
Will check with Ed Arnold. A/C AIR HANDLERS HANGING FROM
INSPECTOR (Name/Signature): GARAGE Ceiling?

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-23-00, 2000; Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS	Called
4984	Winer 3 Middle Rd. Pacific	sheathing	Reject	late as possible	Rob About Fee. DIS
		Did not take off yet.			12:10 PM
4897	Van Wagner 3 Palama Way RHR POOLS	pool/steel	Reject	NOT TO PLAN - W/Fee	Need Revised DRAWINGS.
4510	Allman 66 S Sewall's Pt Rd.	dock final	Partial BG.		
4912	Chico's Harbour Bay	final a.c. final elec.	Passed Passed BG.		
4803	Foglia 101 H. Sewall Way	wire 1st	Passed BG.		
4673	Foglia 110 H. Sewall Way	temp. POWER FOR A/C & Sprinklers.	Passed OK.	Todd will BRING in Keys now.	
4628	Hellwegel 11 C. Hill	driveway retaining wall footer	Passed BG.		

*Complaint OTHER: 2 Knowles Rd. - Do they have permit? NO.
 Extending wood deck on South + Front side. Advised to SEE Ed Arnold About Permit. Told them NOT to Fasten Deck Boards.

INSPECTOR (Name/Signature): _____

105820700
6/23/08
B.G. JK

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

6/26/08 FPL WADNR
2:45 PM
METRIC RELEASE

FILE

TEMPORARY ELECTRIC HOOK-UP AGREEMENT: PN 4673

OWNER: FOGLIA CONTRACTING; ADDRESS: 7428 WILES RD. CORAL SPRINGS 33067

PROJECT ADDRESS: 110 HENRY SEWALL WAY; LEGAL: LOT 13 BLK --- SUB SEWALLS MEADOW

GENERAL CONTRACTOR: FOGLIA CONTRACTING CORP.; Lic/CERT No. CGC 038434
755-8808 954

ADDRESS: 7428 WILES RD. CORAL SPRINGS; TEL 954; FAX 341-5120

ELECTRICAL CONTRACTOR: DIAMOND ELECTRIC; Lic/CERT No. EE 0014100
U 17895

ADDRESS: 1635 BANKS RD. MARLBOROUGH 33003; TEL 971-1999; FAX 971-1989
754 954

WHEREAS, pursuant to the provisions of, and governed by, Sections 0307.6 and 4504.6 of the South Florida Building Code as adopted in Section 4-16 of the Codes and Ordinances of the Town of Sewall's Point, temporary electrical service for use during building operations and for testing purposes under a valid building permit is authorized under prescribed terms and conditions; and,

WHEREAS, the above named responsible persons, firms or corporations have requested a temporary electrical hook-up of A/C & IRRIGATION for the purpose of INSTALLING WOOD FLOOR & WATER LANDSCAPE at the above designated construction now in progress under a valid building permit; and

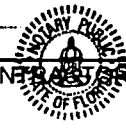
WHEREAS, it is necessary to have a temporary electric hook-up for testing of equipment and completion of building operations as herein above described.

NOW THEREFORE IT IS AGREED BY AND BETWEEN THE PARTIES THAT;

1. The parties to this agreement are Edwin B. Arnold, Building Official, Town of Sewall's Point, and the above named responsible persons, firms or corporations.
2. In order to allow electrical service to be provided to certain equipment being placed at the referenced construction address the Building Official hereby agrees to grant a temporary hook-up permit.
3. This temporary hook-up permit shall be effective for 30 calendar days from the date of this agreement, after which time the temporary hook-up will be revoked or a Certificate of Occupancy will be issued to verify completion.
4. This temporary electric hook-up is solely for the purposes stated. No furniture or occupants will be moved into the building until a Certificate of Occupancy is issued.

IN WITNESS WHEREOF the parties have caused this agreement to be executed this _____ day of _____.

SIGNATURE OF GENERAL CONTRACTOR: [Signature]
 SIGNATURE OF ELECTRICAL CONTRACTOR: [Signature]
 SIGNATURE OF OWNER: [Signature]
 EDWIN B. ARNOLD, BUILDING OFFICIAL



Eunice G. Uberstine
Commission # CG 900842
Expires Feb. 23, 2008
Bonded Thru
Atlantic Bonding Co., Inc.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-23-00, 2000; Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS	Called
4984	Winer 3 Middle Rd. Pacific	sheathing	Reject	late as possible	Rob At Fee.
		Did not take off yet.			12:10
4897	Van Wagner 3 Palama Way RHR POOLS	pool/steel	Reject	NOT TO PLAN - w/fee	
			BG	Need Revised DRAWINGS.	
4510	Allman 66 S Sewall's Pt Rd.	dock final	Partial BG		
4912	Chico's Harbour Bay	final a.c. final elec.	Passed Passed		
			BG		
4803	Foglia 101 H. Sewall Way	wire lath	Passed		
			BG		
4673	Foglia 110 H. Sewall Way	temp. POWER FOR A/C + Sprinklers	Passed	Todd will BRW. in Key now.	
4628	Hellriegel 11 C. Hill	driveway retaining wall footer	Passed		
			BG		

*Complaint OTHER: 2 Knowles Rd. - Do they have permit? NO.
Extending wood deck on South + Front side. Advised to si
Ed Arnold about permit. Told them NOT to Fasten Deck Boards

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-7-00, 2000;

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4984	Winer	re-inspect	OK	
✓ ③	3 Middle Rd. Pacific	roof IT&MTL (PER PHU)	BG.	
✓ 4843	Tidikis ?	INSULATION	Cancel	Did not call for inspection
✓ ⑤A	7 Kingston Court 6 D.S. GEN'L CONTR			
✓ 4673	Foglia	final	OK	
✓ ④	10 A Sewall	re-o	BG	
✓ 4861	CARLSON	INSULATION ?	OK	
✓ ⑤B	7 KINGSTON CT GLEW HUTCHINS		BG	
✓ 4802	WOODS	WALL SHEATHING	OK	(ADD-ON 7/7 8:05 AM)
✓ ③A	118 S. RIVER RD. EMMICK CONST. 981-5691	WALL WSP	BG	2nd Fl.
✓ 4936	PRICE	SHEATHING	OK	LATE.
✓ ⑧A	6 W. VIA LUCINDA PACIFIC REG.		BG	(ADD-ON 7/7 8:15 AM)

OTHER: _____

INSPECTOR (Name/Signature): _____

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. McCarthy
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

COPY

CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: FOGLIA CONTRACTING ; PROPERTY ADDRESS: 110 HENRY SEWALL WAY

LEGAL DESCRIPTION: LOT 13 BLOCK _____ SUBDIVISION SEWALL'S MEADOW

GENERAL CONTRACTOR: FOGLIA CONTRACTING CORP. ; Lic/CERT No. CGC 038434

ADDRESS: 7428 WILES RD., CORAL SPRINGS, FL. ; TEL: 954-755-8808; FAX: 341-5120

ARCHITECT OR ENGINEER: HOMES BY ARCHITECTONIC ; Lic/REG. No. 11617

ADDRESS: 7430 WILES RD., CORAL SPRINGS, FL. ; TEL: 954-755-0690; FAX: _____

PERMIT NO: 4673 ; DATE OF ISSUE: 8/26/99 ; 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 14th day of JULY, 2000.

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

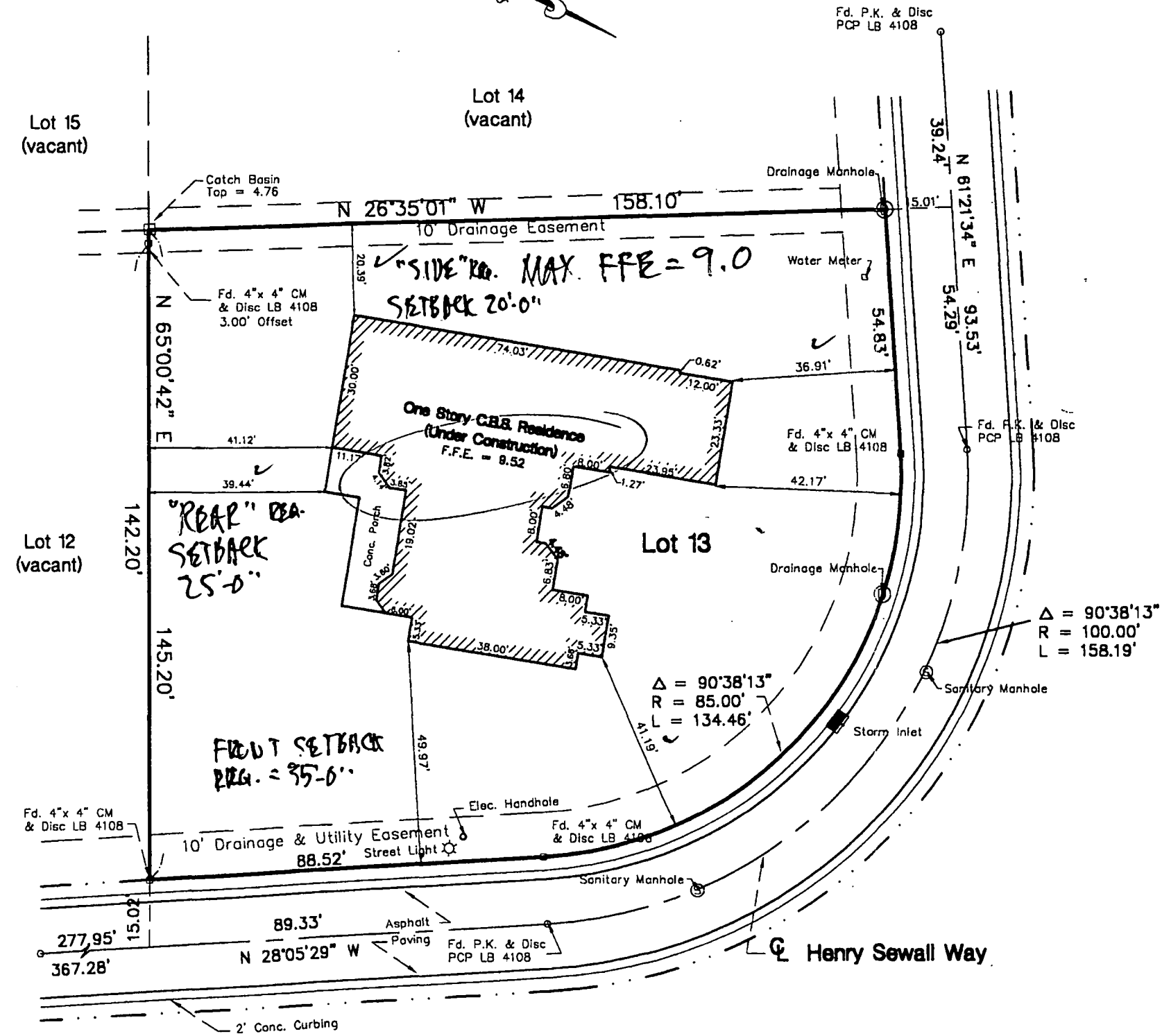
cc: TOWN CLERK
CHIEF OF POLICE
BLDG. FILE

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



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) 286-7669 • E-Mail: police@sewallspoint.org

Boundary Survey For: Foglia Contracting Corp.



Legal Description
Being all of Lot 13 according to the Plat of SEWALL'S MEADOW as recorded in Plat Book 14, Page 32, public records of Martin County, Florida.

110 HENRY SEWALL WAY

Legend

Fd. ——— Found	(M) ——— Measured Data
R/W ——— Right-of-way line	IR ——— Iron Rod
PCP ——— Permanent Control Point	(P) ——— Plat Data
CM ——— Concrete Monument	IP ——— Iron Pipe
PP ——— Power Pole	Conc. ——— Concrete
(C) ——— Calculated Data	O/H ——— Overhead Utilities
ORB ——— Official Records Book	Pg. ——— Page
ID ——— Identification Number	Tr. Tab. ——— Tab
(R) ——— Road	

- General Notes**
- The bearings shown hereon are referenced to the Centerline of S.W. Henry Sewall Way according to Plat of SEWALL'S MEADOW.
 - All above ground fixed improvements, if any, have been located and shown hereon.
 - Underground utilities and utility services have not been located on this survey.
 - Flood Note: By graphic plotting only, this property is in Zone "AB" (ELB), according to the Flood Insurance Rate Map, Community Panel No. 120184 0002 E, effective date 18, 1998. The exact designation can only be determined by an elevation certificate.

Certification
(Not valid unless sealed with an embossed Surveyor's seal)

I HEREBY CERTIFY to Foglia Contracting Corp., a Florida corporation; McCarthy, Summers, Bobko, McKey, Wood & Sawyer, P.A.; Attorneys' Title Insurance Fund, Inc.; and Fidelity Federal Savings Bank of Florida, that the survey of the property shown hereon was completed under my direction on Mar 14, 1999, and that said survey is true and correct to the best of my knowledge and belief. There are no encroachments other than those shown hereon.

I FURTHER CERTIFY that this survey meets the Minimum Technical Standards as set forth by the Florida Board of Land Surveyors pursuant to Section 472.027, Florida State Statutes. No search of the public records has been made by this office. This survey is based on information furnished by the client or the client's representative.

11/11/99
Date of Signature

Richard W. Bussell
Richard W. Bussell
Professional Surveyor & Mapper
Florida Certificate No. 3858

- REVISIONS: 1) Stemwall & Formboards added 11/2/99
2) Under Construction added; Cert. revised 11/11/99

Richard W. Bussell, Inc.
Survey Sciences, Mapping & Consulting
1320 S. Federal Highway, Suite 101
Stuart, Florida 34994
Phone (561) 220-3380 Fax (561) 220-2317

Boundary Survey For:
Foglia Contracting Corp.
Town of Sewalls Point, Martin County, Florida

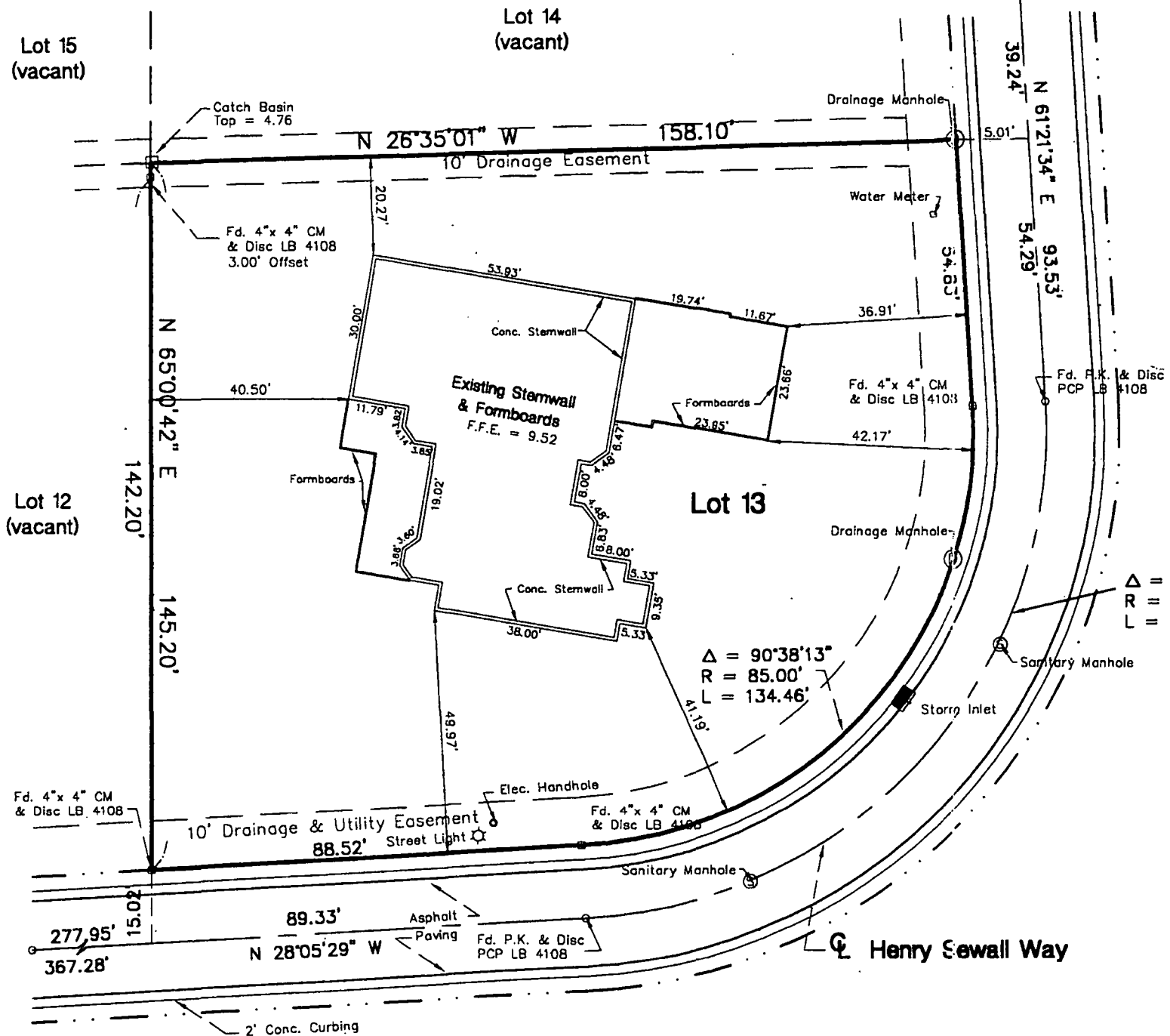
Scale: 1" = 30'	Date: 5-20-99	File & Drawing No. 99-2-1040-13-01
Drawn By: rwb	Checked: rwb	Sheet 1 of 1

FOUND COPY

RECEIVED
NOV 16 1999
FOR BORN SURVEY

DISAPPROVED - EXCEED MAX. PER. ELEV.

Boundary Survey For: Foglia Construction Co.



Legal Description

Being all of Lot 13 according to the Plat of SEWALL'S MEADOW as recorded in Plat Book 14, Page 32, public records of Martin County, Florida.

Legend

Fd. --- Found	(M) --- Measured Data
R/W --- Right-of-way line	(IR) --- Iron Rod
PCP --- Permanent Control Point	(P) --- Plat Data
CM --- Concrete Monument	(IP) --- Iron Pipe
PP --- Power Pole	Conc. --- Concrete
(C) --- Calculated Data	O/H --- Overhead Utilities
ORB --- Official Records Book	Pg. --- Page
ID --- Identification Number	TT --- Tin Tab
(R) --- Radial	

General Notes

- The bearings shown hereon are referenced to the Centerline of S.W. Henry Sewall Way according to Plat of SEWALL'S MEADOW.
- All above ground fixed improvements, if any, have been located and shown hereon.
- Underground utilities and utility services have not been located on this survey.
- Flood Note:** By graphic plotting only, this property is in Zone "AB" (EL9), according to the Flood Insurance Rate Map, Community Panel No. 120164 0002 d, effective date June 16, 1992. The exact designation can only be determined by an elevation certificate.

Certification

(Not valid unless sealed with an embossed Surveyor's seal)

I HEREBY CERTIFY to Foglia Construction Co., that the survey of the property shown hereon was completed under my direction on May 14, 1999, and that said survey is true and correct to the best of my knowledge and belief. There are no encroachments other than those shown hereon.


I FURTHER CERTIFY that this survey meets the Minimum Technical Standards as set forth by the Florida Board of Land Surveyors pursuant to Section 472.027, Florida State Statutes. No search of the public records has been made by this office. This survey is based on information furnished by the client or the client's representative.

11/2/99
Date of Signature

Richard W. Bussell
Richard W. Bussell
Professional Surveyor & Mapper
Florida Certificate No. 3858

*REVISED
11/3/99
TOTAL COPY
110 HENRY SEWALL*

REVISIONS: Stemwall & Formboards added 11/2/99



Richard W. Bussell, Inc.
Survey Sciences, Mapping & Consulting
1320 S. Federal Highway, Suite 101
Stuart, Florida 34994
Phone (861) 220-3360 Fax (861) 220-2317

Boundary Survey For:
Foglia Construction Company
Town of Sewalla Point, Martin County, Florida

Scale:
1" = 30'

Drawn By:
rwb

Date:
5-20-99

Checked:
rwb

File & Drawing No.
99-2-1040-13-01

Sheet
1 of 1

4781

POOL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 02/03/00

BUILDING PERMIT NO. 4781

Building to be erected for JOSEPH FOGLIA

Type of Permit POOL

Applied for by STAR LITE POOL BUILDERS

(Contractor)

Building Fee \$240.00

Subdivision SEWALL'S MEADOW Lot 13 Block _____

Radon Fee _____

Address 110 HENRY SEWALL WAY

Impact Fee _____

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

A/C Fee _____

Parcel Control Number: _____

Electrical Fee _____

Plumbing Fee _____

Amount Paid \$240.00 Check # 7812 Cash _____ Other Fees (_____) _____

Roofing Fee _____

Total Construction Cost \$ 12,000.00

TOTAL Fees \$240.00

Signed Liberio

Signed [Signature]

Applicant

Town Building Inspector [Signature]

POOL / SPA PERMIT

INSPECTIONS

SETBACKS	DATE _____
COMPACTION TESTS	DATE _____
GROUND ROUGH	DATE _____
STEEL & BOND	DATE _____
LIGHT NITCHE	DATE _____

DECK	DATE _____
ENCLOSURE & LATCH	DATE _____
DOOR ALARM(S)	DATE _____
FINAL	DATE <u>7/26/00</u>

DATE _____
DATE _____
DATE _____
DATE <u>7/26/00</u>

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction **Remodel** **Addition** **Demolition**

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

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

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

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

ACORD. CERTIFICATE OF LIABILITY INSURANCE OP ID LG STARL-1 DATE (MM/DD/YY) 09/13/99

PRODUCER
 Insurance By Ken Brown, Inc.
 P.O. Box 540569
 1339 Arlington Street
 Orlando FL 32805
 Phone: 407-849-0490 Fax: 407-648-0197

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

 Star-Lite Pools
 Star-Lite Pool Builders, Inc.
 10875 N. W. 52th St., Ste #8
 Sunrise FL 33351

INSURER A: **Transportation Ins. Company**
 INSURER B: **Transcontinental Ins. Company**
 INSURER C: **Bridgefield Casualty Ins 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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	B142980114	09/13/99	09/13/00	EACH OCCURRENCE \$ 500,000
	<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 \$ 500,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	B142980128	09/13/99	09/13/00	COMBINED SINGLE LIMIT (Ea accident) \$ 500000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
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 checked="" type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
					AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	019601875	06/26/99	06/26/00	<input checked="" type="checkbox"/> WC STATUTORY 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
 lg

CERTIFICATE HOLDER **N** | ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

INSURED'S COPY

SEWALLS

City of Sewalls Point
 1 South Sewalls Point Rd.
 Sewalls Point FL 34996

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

Ken Brown



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(904) 727-6530

BIXLER, RONALD MARION
STAR-LITE POOLS
6074 N SABAL PALM BLVD STE 213-D
TAMARAC FL 33319

STATE OF FLORIDA AC# 5200
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CP -C056418 07/07/1998 97048
CERT COMMERCIAL POOL/SPA CONT
BIXLER, RONALD MARION
STAR-LITE POOLS

IS CERTIFIED under the provisions of Ch. 489
Expiration Date: AUG 31, 2000

DETACH HERE

AC# 5200035

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
07/07/1998	97048559	CP -C056418

The COMMERCIAL POOL/SPA CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2000

BIXLER, RONALD MARION
STAR-LITE POOLS
6074 N SABAL PALM BLVD STE 213-D
TAMARAC FL 33319

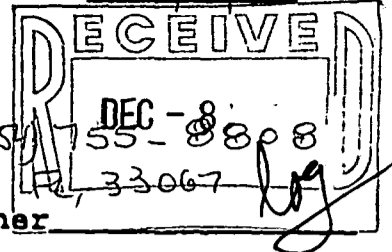
RICHARD T. FARRE

Bldg. Pmt# _____

Town of Sewall's Point

Date 12/3/99

BUILDING PERMIT APPLICATION



Owner's Name: JOSEPH FOGLIA Phone No. (954) 755-8808
Owner's Present Address: 7428 Wiles Rd - CORAL SPRING FL, 33067
Fee Simple Titleholder's Name & Address if other than owner _____

Location of Job Site: 110 HENRY SEWALL WAY, SEWALLS POINT, FL
TYPE OF WORK TO BE DONE: Install a New Pool

CONTRACTOR INFORMATION
Contractor/Company Name: STAR LITE POOL BUILDERS phone No. (954) 747-3377
COMPLETE MAILING ADDRESS: 10875 NW 52th Street # B - SUORISE, FL 33351
State Registration CPCO 56418 State License _____
Legal Description of Property: Lot 13 - Subd. "SEAWALL'S MEADOW"
Parcel Number _____

ARCHITECT/ENGINEER INFORMATION

Architect _____ Phone No. _____
Address _____
Engineer BROWARD ENG. ASS. INC Phone No. (954) 564-6214
Address 409 NE 29th Street - FORT LAUDERDALE, FL 33334
Area Square Footage: 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

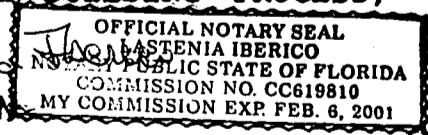
flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD
proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement 12000
Fair Market Value (FMV) prior to improvement _____
Substantial Improvement 50% of FMV yes _____ No _____
Method of determining FMV _____

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

Electrical _____ State License _____
Mechanical _____ State License# _____
Plumbing STAR LITE POOL BUILDERS State License# CPCO-56418
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, AIRCONDITIONERS, DOCKS, SEAWALLS, ACCESSORY BLDGS, SAND REMOVAL, TREE REMOVAL.

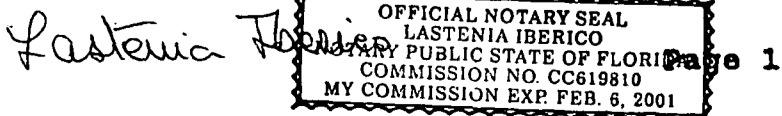
I HEREBY CERTIFY: THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS, INCLUDING FLORIDA MODEL ENERGY CODES.



OWNER/CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE _____
Sworn to and subscribed before me this 3 day of December, 1999 by JOSEPH FOGLIA who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.

CONTRACTOR SIGNATURE Ronald M. Bixler
Sworn to and subscribed before me this 3 day of December, 1999 by RONALD N. BIXLER who is personally known to me or has produced _____ and who did (did not) take an oath.



TREE REMOVAL (Attach sealed survey)

No. of trees to be removed _____ No. to be retained _____ No. to be planted _____
Specimen tree removed _____ Fee _____ Authorized/Date _____
DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
 - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - C. Contractor's name, address, phone number & license numbers.
 - D. Name all sub-contractors (properly licensed).
 - E. Current Survey
 - F. 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 architect's seal and the following items:

1. Floor Plan
2. Foundation Details
3. Elevation Views - Elevation Certificate due after slab inspection.
4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
5. Truss layout
6. Vertical Wall Sections (one detail for each wall that is different)
7. 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 (Atlantic Ave. 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.
9. 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 _____

Approved by Town Engineer _____

This instrument Prepared By:

Name STAR LITE POOL BUILDERS

Address 10875 NW 52th Street # 8
SUNRISE, FL 33351

Permit No. _____

Tax Folio No. _____

NOTICE OF COMMENCEMENT

STATE OF FL
COUNTY OF MARTIN

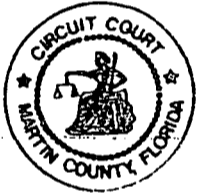
THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property: (legal description of property, and street address if available)
Lot 13 - Subd "SEWALL'S MEADOW" BOOK 14 - PAGE 32 AT MARTIN COUNTY, FL
110 HENRY SEWALL WAY - SEWALL'S POINT, FL
- General description of improvement:
INSTALL A NEW POOL
- Owner information JOSEPH FOGLIA
 - Name and address: 7428 WILES RD - CORAL SPRING, FL 33067
 - Interest in property:
 - Name and address of fee simple titleholder (if other than owner):
- Contractor: STAR LITE POOL BUILDERS
 - Name and address: 10875 NW 52th Street # 8 - SUNRISE, FL 33351
 - Phone number: (954) 747-3377
 - Fax number (optional, if service by fax is acceptable): (954) 747-1494
- Surety
 - Name and address:
 - Amount of bond \$ _____
 - Phone number:
 - Fax number (optional, if service by fax is acceptable):
- Lender
 - Name and address:
 - Phone number:
 - Fax number (optional, if service by fax is acceptable):
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided in section 713.13(1)(a)7., Florida Statutes:
 - Name and address:
 - Phone number:
 - Fax number (optional, if service by fax is acceptable):
- In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
 - Name and address: STAR LITE POOL BUILDERS
 - Phone number: 10875 NW 52th Street # 8 - SUNRISE, FL 33351
 - Fax number (optional, if service by fax is acceptable): PHONE # (954) 747-3377
FAX # (954) 747-1494
- Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____

STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
MARSHA STILLER, CLERK

BY: [Signature]
DATE: 12-10-99



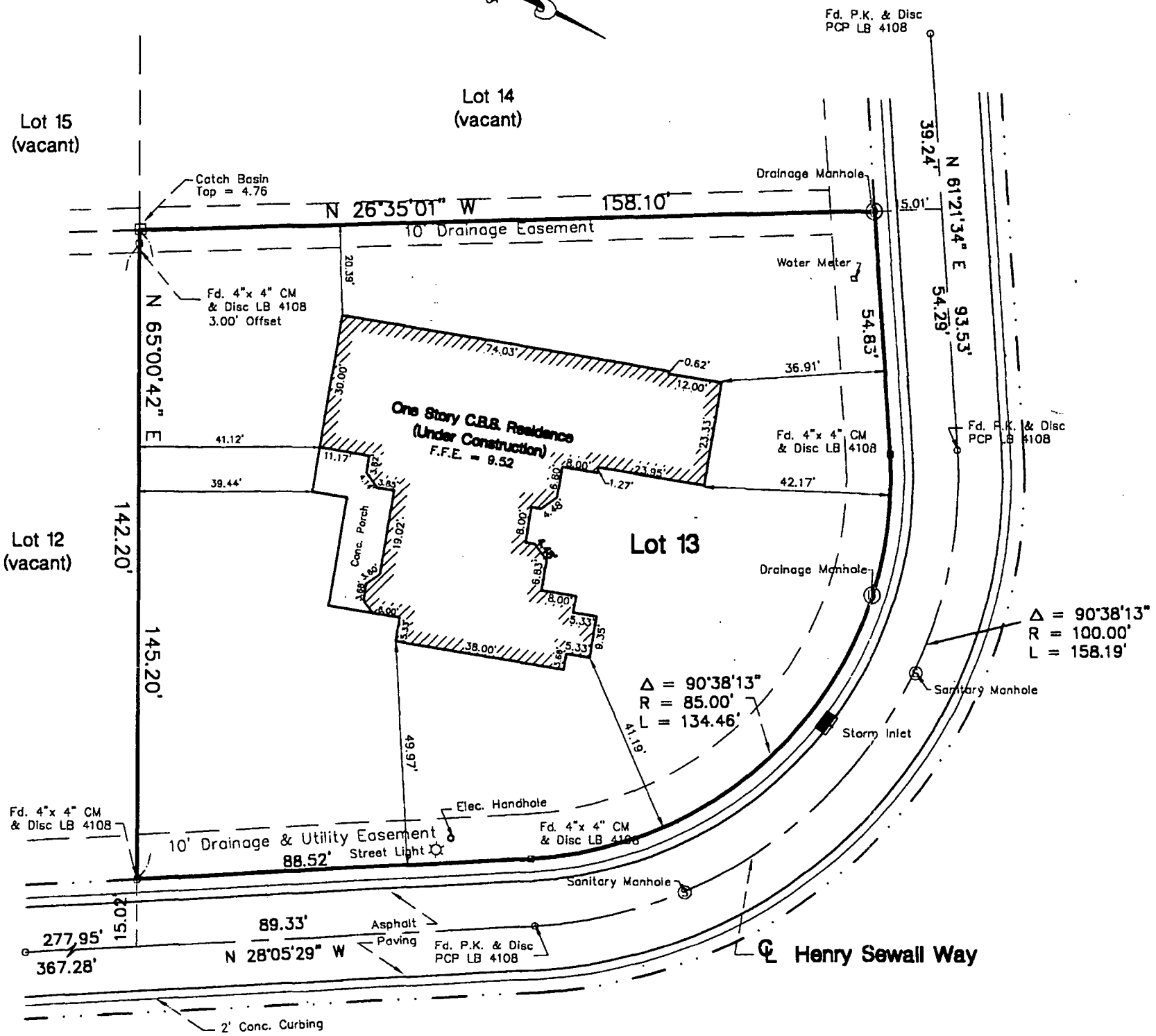
Sworn to and subscribed before me by JOSEPH FOGLIA who is personally known to me or produced as identification, and who did take an oath, this 3 day of December, 1999.

Signature of Owner [Signature]
Owner's Name JOSEPH FOGLIA
Owners Address: 7428 WILES RD
CORAL SPRING, FL 33067

Signature of Notary Lastenia Iberico
Printed name of Notary LASTENIA IBERICO

Commission No./Expiration: _____
Seal:

Boundary Survey For: Foglia Contracting Corp.



Legal Description

Being all of Lot 13 according to the Plat of SEWALL'S MEADOW as recorded in Plat Book 14, Page 32, public records of Martin County, Florida.

Legend

Fd. ----- Found	(M) ----- Measured Data
R/W ----- Right-of-way line	IR ----- Iron Rod
PCP ----- Permanent Control Point	(P) ----- Plat Data
CM ----- Concrete Monument	IP ----- Iron Pipe
PP ----- Power Pole	Conc. ----- Concrete
(C) ----- Calculated Data	O/H ----- Overhead Utilities
OR ----- Official Records Book	Pg ----- Page
ID ----- Identification Number	TT ----- Tin Tab
(R) ----- Radial	

General Notes

1. The bearings shown hereon are referenced to the Centerline of S.W. Henry Sewall Way according to Plat of SEWALL'S MEADOW.
2. All above ground fixed improvements, if any, have been located and shown hereon.
3. Underground utilities and utility services have not been located on this survey.
4. Flood Note: By graphic plotting only, this property is in Zone "AB" (ELB), according to the Flood Insurance Rate Map, Community Panel No. 120164 0002 E, effective date Oct. 16, 1996. The exact designation can only be determined by an elevation certificate.

Certification

(Not valid unless sealed with an embossed Surveyor's seal)

I HEREBY CERTIFY to Foglia Contracting Corp., a Florida corporation; McCarthy, Summers, Bobko, McKey, Wood & Sawyer, P.A.; Attorneys' Title Insurance Fund, Inc.; and Fidelity Federal Savings Bank of Florida, that the survey of the property shown hereon was completed under my direction on Mar 14, 1998, and that said survey is true and correct to the best of my knowledge and belief. There are no encroachments other than those shown hereon.

I FURTHER CERTIFY that this survey meets the Minimum Technical Standards as set forth by the Florida Board of Land Surveyors pursuant to Section 472.027, Florida State Statutes. No search of the public records has been made by this office. This survey is based on information furnished by the client or the client's representative.

11/11/99
Date of Signature

Richard W. Bussell
Richard W. Bussell
Professional Surveyor & Mapper
Florida Certificate No. 3858

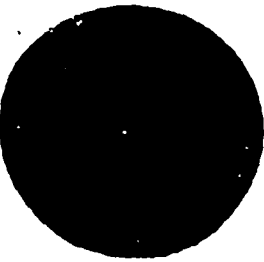
REVISIONS: 1) Stenwall & Formboards added 11/2/99
2) Under Construction added; Cert. revised 11/11/99

Richard W. Bussell, Inc.
Survey Sciences, Mapping & Consulting
1320 S. Federal Highway, Suite 101
Stuart, Florida 34994
Phone (561) 220-3360 Fax (561) 220-2817

Boundary Survey For:
Foglia Contracting Corp.
Town of Sewalls Point, Martin County, Florida

Scale: 1" = 30'
Date: 5-20-99
Drawn By: rwb
Checked: rwb

File & Drawing No.
99-2-1040-13-01
Sheet 1 of 1



2000 ~~1998-1999~~

Town of Sewall's Point
Building Department - Inspection Log

Fri. 2-18-00

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4820	FRARACCIO	sheathing	Partial	11: AM
⑩	26 E. Hi. Point. PACIFIC REG.	11:00 AM	BG	SMALL AREA OF plywood installed. CALL FOR SPOT CHECK.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4802	Carroll	Linteg & metal	Cancelled	After 2 PM on Set up for MON. NOT Ready.
⑨	17 S. Ridgeway			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4527	Seeley	garage & tagged	Passed	1st fl slab.
②	37 L ofting way	court slab	BG	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4722	Neesé	roof final	Passed	
⑧	27 S. River (end of Ridgeway)		BG	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4322	Buono	pool piping	Passed	
①	106 N. S.P. Rd.		BG	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4787	Foglia	steel	Passed	PIB #50 pressure
⑬	1104 Sewall way (4781)	pool bonding main drain	BG	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4780	Foglia	Dryway Screws	Partial	Just started
⑫	106 H. Sewall, way		BG	

OTHER: 1. T/R PERMIT APPL. 37 E. HIGHPOINT

INSPECTOR: _____

DATE: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-15 - _____, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5 ✓ 4780	Foglia 106 H. Sewall Way STARLITE POOLS	pool piping	Passed By	
5 ✓ 4781	Foglia 110 H. Sewall Way STARLITE POOLS	pool piping	Passed By	
5 ✓ 4832	Cocorullo 20 Island Pk. ④	6" slab topping insp.	Passed By	FIELD COPY - REV. DWGS. TO CONTR. @ SITE. CON. EXISTING SLAB
4702	C. Perry ██████████ 18 N Ridgeway ⑩	Tin TAG & metal	Passed By	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-26-00, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S ✓ 4899	Kohler 19 S. Via Lucindia Challenger Pools	pool deck & Bond. 286-4099	Reject w/fee BG.	Recessed Compartment Test. NO Steel 1W Thicker Edge + Bond w/IN
N ✓ 4856	Hellriegel 11 Castle Hill Way Advantage Pools	form board pool Deck & Bond.	OK BG.	Need Termito Spray
S ✓ 4781	Foglia 110 # Sewall Way StarLite Pools	final pool	OK BG.	
N ✓ 4813	Follweiler 11 Lofting Way Ark	form & steel & Bond	OK BG.	
S ✓ 4887	Woods 116 S. River Linnick	electrical left message on Bld Phone	Cancel Cancel	NO ONE ON Job. Don't Know what to inspect.
N ✓ 4775	Campo 5 Paloma Way Seagate	metal & lin lag	OK BG.	
N ✓ 4983	Ashby 3 River Crest Pro-Tec Shutters	final storm shutters	Reject w/fee Be	NO ONE HOME GATE LOCKED. NO SPECS. Spoke with Susa.

OTHER: 335-3000

INSPECTOR (Name/Signature): _____

4961

IRRIGATION

MASTER PERMIT NO. 4673

TOWN OF SEWALL'S POINT

Date 6/5/00

BUILDING PERMIT NO. 4961

Building to be erected for FOGLIA CONST.

Type of Permit IRRIGATION

Applied for by SOUTHERN IRRIGATION

(Contractor) Building Fee \$30.00

Subdivision SEWALL'S MEADOW Lot 13 Block _____

Radon Fee _____

Address 110 HENRY SEWELL WAY

Impact Fee _____

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

A/C Fee _____

Parcel Control Number: _____

* CK. NO. 3971 \$66.00
BAL. APPLIED TO PN4960

Electrical Fee _____

Plumbing Fee _____

Amount Paid \$33.00 Check # 3971 * Cash _____

Other Fees (PLUMB) 3.00

Total Construction Cost \$ 2,500.00

TOTAL Fees \$33.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.

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



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

RECEIVED

MAY 24 2000 Bldg. Permit Number: 4673

MASTER

Owner or Titleholder's Name Foglia Contracting Corp Phone No. 954 755-8808
 Street: 110 HENRY SEWALL WAY City SEWALLS POINT State: FL Zip 34996
 Legal Description of Property: LOT 13 "SEWALLS MEADOW" PLAT 14, DS-32
 Parcel Number: _____

Location of Job Site: 110 HENRY SEWALL WAY
 TYPE OF WORK TO BE DONE: IRRIGATION SYSTEM

CONTRACTOR/Company Name: SOUTHERN IRRIGATION INC Phone No. (561) 288-1883
 Street: 5407 SOUTHWOOD ST City: PALM CITY State: FL Zip 34990
 State Registration: _____ State License: SP00734771, 99052005

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: \$ 2,500
 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: _____

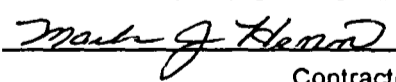
SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
 Electrical: _____ State: _____ License # _____
 Mechanical: _____ State: _____ License # _____
 Plumbing: _____ State: _____ License # _____
 Roofing: _____ State: _____ License # _____


IRRIGATION: SOUTHERN IRRIGATION INC


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)

 State of Florida, County of: Martin On this the 18 day of May, 2000, by Joseph M Foglia who is personally known to me or produced _____ as identification.

CONTRACTOR SIGNATURE (Required)

 State of Florida, County of: Martin On this the 18 day of May, 2000, by I who is personally known to me or produced _____ as identification.


 Eunice G. Uberstine
 Commission # CC 900842
 Expires Feb. 23, 2004
 Bonded Thru
 Atlantic Bonding Co., Inc.
 My Commission Expires: _____
 (Seal)


 Eunice G. Uberstine
 Commission # CC 900842
 Expires Feb. 23, 2004
 Bonded Thru
 Atlantic Bonding Co., Inc.
 My Commission Expires: _____
 (Seal)

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: _____

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

ACORD CERTIFICATE OF LIABILITY INSURANCE CSR AL SOUTH-2 DATE (MM/DD/YYYY) 04/20/00

PRODUCER
Gary Insurance Agency & Associates, Inc.
 117 East Seminole Street
 Stuart FL 34994

INSURED
Andre J. Lambros, CIC
 Florida No. 561-283-2609 Fax No. 561-220-8107

Southern Irrigation, Inc.
Mark J. & Robin G. Henn
 5207 SW Moore Street
 Palm City FL 34990

FILE
before permit
FILE

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

COMPANIES AFFORDING COVERAGE	
COMPANY A	The Hartford
COMPANY B	
COMPANY C	
COMPANY D	

RECEIVED
 MAY 23 2000
 BY: *EA*

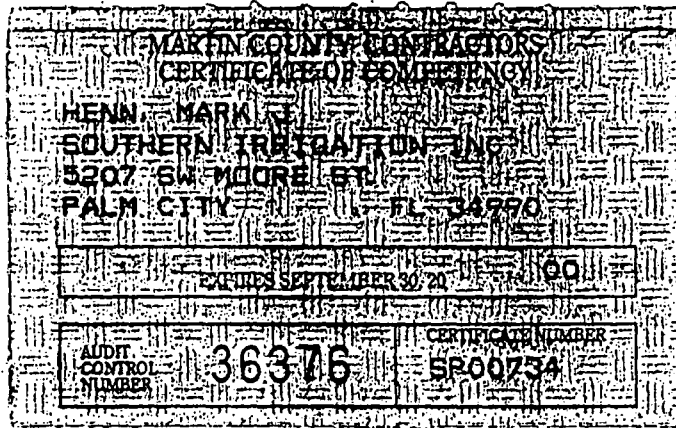
COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN.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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	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	21 SBA LI1604	11/10/99	11/10/00	GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
					PERSONAL & ADV INJURY \$ 1000000
					EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 300000
					MED EXP (Any one person) \$ 10000
A	<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	21 UEC LI5180	11/10/99	11/10/00	COMBINED SINGLE LIMIT \$ 1000000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
					EACH OCCURRENCE \$
					AGGREGATE \$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE PROPRIETOR/ PARTNER/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL	21 WBC EV7905	04/01/00	04/01/01	EL EACH ACCIDENT \$ 100000
					EL DISEASE - POLICY LIMIT \$ 500000
					EL DISEASE - EA EMPLOYEE \$ 100000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

1999 Ford F250	1FTNF20L3XEB65354
1998 Ford Explorer	1FMZU32E2WZA75918
1995 Ford F250	1FTEP25Y5SNA57041

CERTIFICATE HOLDER SEWALLS Town of Sewalls Point Building Department 1 S. Sewalls Point Road Sewalls Point FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</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 Andre J. Lambros, CIC
--	---



FILE
leaves

MARTIN COUNTY ORIGINAL
1999 COUNTY OCCUPATIONAL LICENSE 2000
 Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (561) 288-5604

LICENSE 1996 520 015 CERT SR000734
 PHONE 561 288 1883 SIC NO 1711
 LOCATION:

5207 SW MOORE ST
HOME OFFICE NO STORAGE

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>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF **IRRIGATION SPRINKLER**
 AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

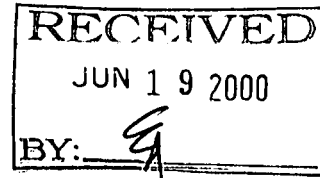
8 DAY OF OCTOBER 19 99 SEC.
 AND ENDING SEPTEMBER 30. 2000

SOUTHERN IRRIGATION INC
MARK J. HENN
5207 SW MOORE STREET
PALM CITY FL 34990

Southern Irrigation, Inc.
5207 SW Moore Street
Palm City, FL 34990
561-288-1883
561-288-1894 fax

June 16, 2000

Town of Sewalls Point
1 S. Sewalls Point Rd.
Sewalls Point, FL 34996
Attn: Edward Arnold



FILE

Mr. Arnold:

~~110 Henry Sewalls Way~~, as per section 22-146 is installed as a low volume irrigation system with a rain sensor device.

Martin County Competency #SPOO734

Thank you,

A handwritten signature in cursive script that reads "Robin G. Henn".

Robin G. Henn
Sec. / Tres.

5320

FENCE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 4/3/01 BUILDING PERMIT NO. 5320
Building to be erected for CRAIG WILLIAMS Type of Permit FENCE (WOOD)
Applied for by CROWS CONSTRUCTION CO. (Contractor) Building Fee \$30.00
Subdivision SEWALL'S MEADOW Lot 13 Block _____ Radon Fee _____
Address 110 HENRY SEWALL WAY Impact Fee _____
Type of structure S.F.R. A/C Fee _____
Electrical Fee _____

Parcel Control Number: _____ Plumbing Fee _____
13-38-41-013-000-0013.0- Roofing Fee _____

Amount Paid \$30.00 Check # 1022 Cash _____ Other Fees (_____)
Total Construction Cost \$ 4,640.00 TOTAL Fees \$30.00

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

FENCE PERMIT

INSPECTIONS			
SETBACKS	DATE _____	HEIGHT	DATE _____
FOOTINGS	DATE _____	FINAL	DATE <u>4/16/01</u>
24 HOURS NOTICE REQUIRED FOR INSPECTIONS.		CALL 287-2455	
WORK HOURS - 8:00 AM UNTIL 5:00 PM			
MONDAY THROUGH SATURDAY			

New Construction Remodel Addition Demolition

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

Owner or Titleholder's Name Craig Williams Phone No. (561) 781-4344
Street 110 Henry Sewall Way City Stuart State FL Zip 34994
Legal Description of Property: Lot 13, Kewalls Meadow Parcel Number 13-38-41-013-000-0013.0-0000
RECEIVED MAR 27 2001

Location of Job Site: 110 Henry Sewall way
TYPE OF WORK TO BE DONE: Fence

CONTRACTOR/Company Name: Crews Construction Co. Phone No. (561) 6923371
Street: 713 NW Spruce Ridge Dr City Stuart State: FL Zip 34994
State Registration: Martin SP02621 State License: Martin 1998520003

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
Living Area: _____ Garage Area: N/A 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: N/A 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: \$ 4640
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: _____

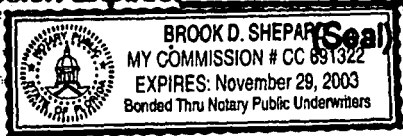
SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
Electrical: _____ State: _____ License # _____
Mechanical: N/A State: _____ License # _____
Plumbing: _____ State: _____ License # _____
Roofing: _____ State: _____ License # _____

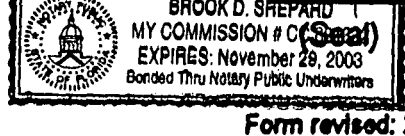
Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand 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)
Craig Williams
Owner
State of Florida, County of: Martin On this the 13th day of MARCH, 2000, by Craig Williams who is personally known to me or produced as identification.
Notary Public

CONTRACTOR SIGNATURE (Required)
John Crews
Contractor
State of Florida, County of: Martin On this the 13th day of MARCH, 2000, by John Crews who is personally known to me or produced as identification.
Notary Public

My Commission Expires: 11/29/2003


My Commission Expires: 11/29/2003


Number of trees to be removed: N/A 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)

FILE

RECEIVED
APR - 3 2001
BY: _____

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):

Lot 13 Sewalls meadow - 110 Henry Sewall way

GENERAL DESCRIPTION OF IMPROVEMENT: Fence

OWNER: Craig Williams

ADDRESS: 110 Henry Sewall way

PHONE #: 7814344 FAX #: 2834987

CONTRACTOR: Crews const co

ADDRESS: 713 NW Spruce Ridge Dr

PHONE #: 692-3371 FAX #: 6922848

SURETY COMPANY (IF ANY) _____

ADDRESS: _____ STATE OF FLORIDA
MARTIN COUNTY

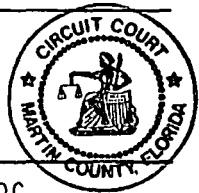
PHONE # _____ FAX #: _____ THIS IS TO CERTIFY THAT THE

BOND AMOUNT: _____ FOREGOING 1 PAGES IS A TRUE

LENDER: _____ AND CORRECT COPY OF THE ORIGINAL.

ADDRESS: _____ MARSHA EWING, CLERK
BY T OOPS D.C.

PHONE #: _____ DATE 4-3-01
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 #: _____

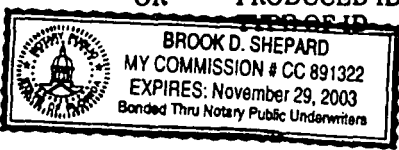
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

C. Williams
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 3rd DAY OF April 2001 BY Craig Williams

PERSONALLY KNOWN X
OR PRODUCED ID _____

[Signature]
NOTARY SIGNATURE



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/02/2001

PRODUCER
Agrillo Insurance & Financial
730 South Federal Hwy
Stuart, FL 34994
P: 561-287-1560 F: 561-287-4802

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. Commercial Casualty Ins Co
INSURER B.
INSURER C.
INSURER D.
INSURER E.

RECEIVED

APR - 2 2001

INSURED
Construction Co.
713 NW Spruce Ridge Drive
Stuart FL 34994

FILE
Permit
before
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.

INSURER	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"/> PRO-JECT <input type="checkbox"/> LOC	ACL 508668-3	02/27/2000	02/23/2003	EACH OCCURRENCE \$ 100,000 BODILY INJURY (Per person) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & AUTO INJURY \$ 100,000 GENERAL AGGREGATE \$ 200,000 PRODUCTS - COM/PROP AGG \$ 100,000
	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 (Per 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 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 STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - FA EMPLOYEES \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER

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 010 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

Open of Swells Point
1 South Swells Point Road

Stuart

FL 34996-

(561) 220-4765

©ACORD CORPORATION 1988

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

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

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

EFFECTIVE DATE 08/23/2000
EXPIRATION DATE 08/23/2002
EXEMPTED INDIVIDUAL NAME CREWS JOHN
S.S. 261-39-0996
BUSINESS NAME CREWS CONSTRUCTION CO
FEIN 261390996
BUSINESS ADDRESS 713 NW SPRUCE RIDGE DRIVE FL 34994
STUART

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 08/23/2000
EXPIRATION DATE 08/23/2002
EXEMPTED PERSON LAST NAME CREWS
FIRST NAME JOHN
SOCIAL SECURITY NUMBER 261-39-0996
BUSINESS NAME CREWS CONSTRUCTION CO
FEDERAL IDENTIFICATION NUMBER 261390996
BUSINESS ADDRESS 713 NW SPRUCE RIDGE DRIVE
STUART FL 34994

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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.



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP02621
Expires September 30, 2001

CREWS, JOHN S

713 NW SPRUCE RIDGE DR.,
STUART, FL 34994

C U T H I FENCE ERECTION

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



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

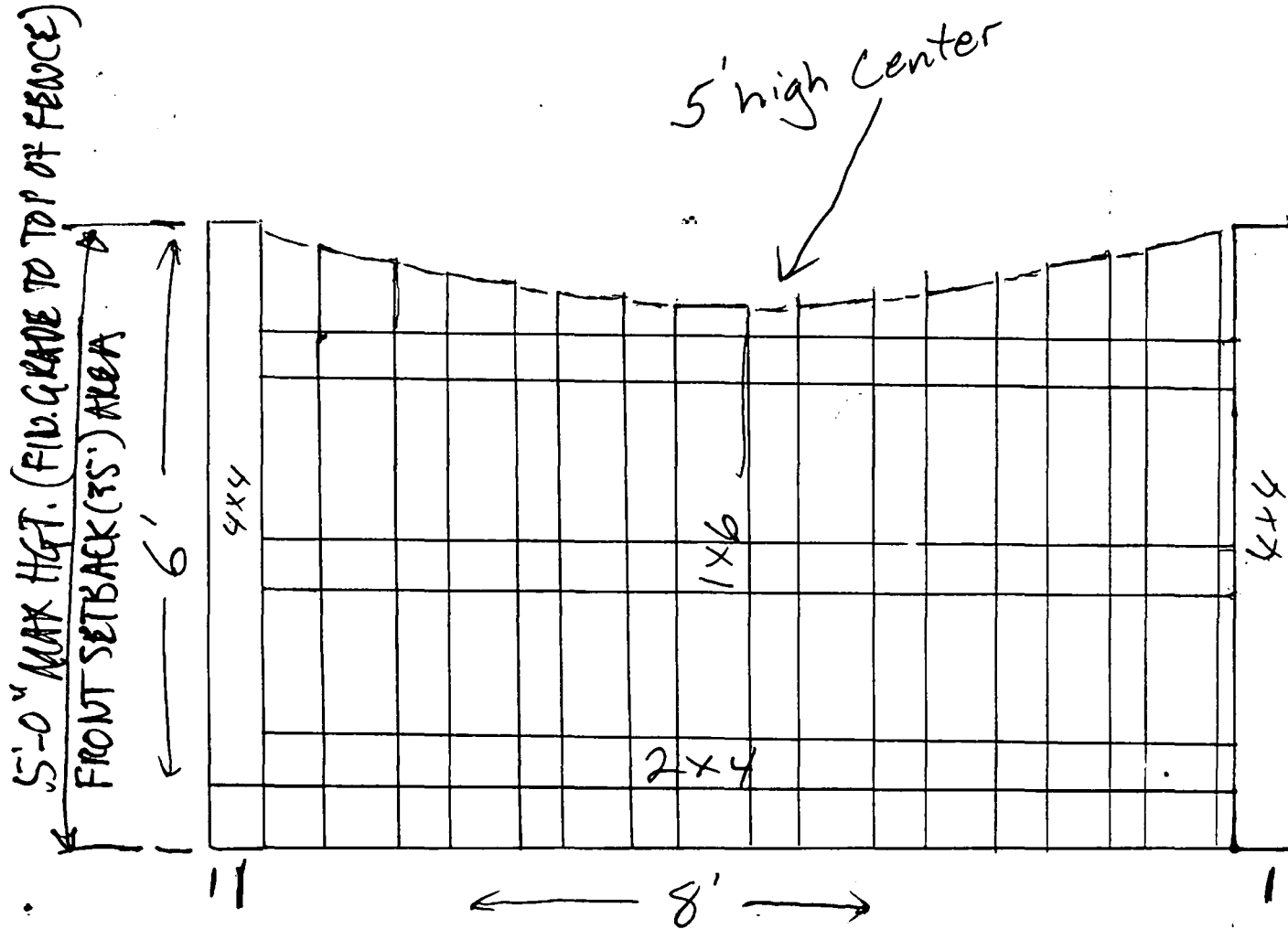
License: SP02621
Expires September 30, 2001

CREWS, JOHN S

713 NW SPRUCE RIDGE DR.,
STUART, FL 34994
FENCE ERECTION

Shadow Box

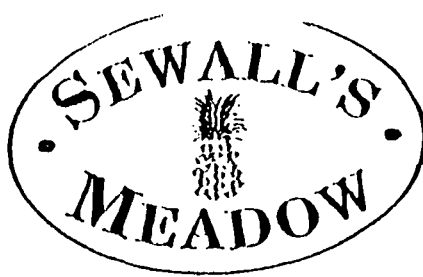
4x4 Poles 2' in Ground Cemented
 Pickets-1x6
 all wood Pressure Treated
 Fence within 35' of ^{FRONT PROPERTY LINE} ~~Street~~ (=SETBACK)
will be 5' high at highest Point



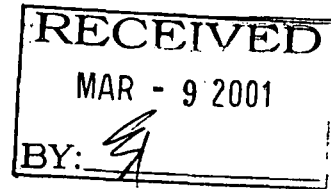
FILE

4/3/01 TOWN OF SEABOARD PLANS
 REVIEW: ~~XXXXXXXXXX~~
 PLANNING OFFICER

FILE TOWN COPY
 110 HEAVY SEWER WORK



FILE



March 6, 2001

Mr. and Mrs. Craig Williams
110 Henry Sewall Way
Sewall's Point, FL 34996

via fax (561-283-4987)

RE: ARC Fence Review
~~110 Henry Sewall Way, Lot 13~~

Dear Mr. and Mrs. Williams:

Your submittal of a shadowbox wood fencing is approved pursuant to the following conditions:

1. Fence contractor must apply for and receive a permit prior to installation. Permit to be conspicuously placed for Building Dept. inspections.
2. Per section 8.7 of the Covenants and the attached thereto design guidelines, the fence may not encroach the adjoining property, road right of way or drainage easement. Accordingly, we suggest a surveyor set your fence lines.
3. Per the design guidelines wood fences are permitted, however, both sides of the fence must be painted preferably to match house exterior or the side facing adjoining property or roadways must have a continuous landscape buffer to soften the look of wood fencing. Please note that frontyard fencing of any kind is not permitted.

SEE PLAD NOTE.

Signed:
Joseph A. Foggia
Architectural Review Committee
7428 Wiles Road
Coral Springs, FL 33067
(954) 755-8808

cc: Sewall's Point Bldg. Dept.
Edwin Arnold, Chief Inspector

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: 12/2000
- 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

LEGAL DESCRIPTION

Being all of Lot 13, according to the Plat of Sewall's Meadow, recorded in Plat Book 14, Page 32, Public Records of Martin County, Florida.

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

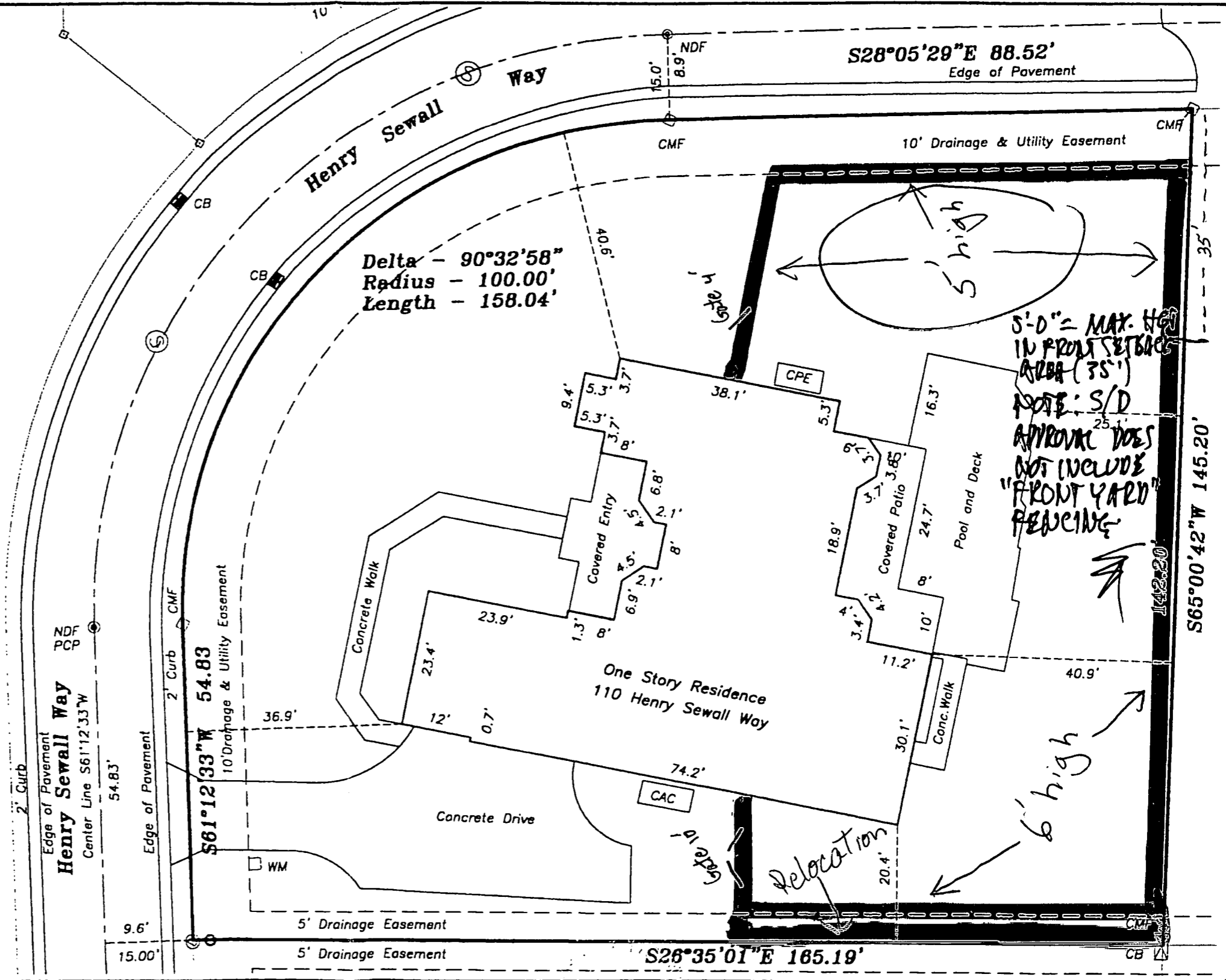
FLOOD ZONE DATA:

Flood Zone: A8 at Elevation 9
 Panel#: 120164 0002
 Suffix: D
 Dated 10.16.1996

PREPARED FOR:

Robert A. Burson, P.A.
 Attorney's Title Insurance Fund, Inc.
 Community Savings Bank, F.A., its successors and/or assigns
 Craig C. & Katherine R. Williams

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



Prepared For:
Craig C. & Katherine R. Williams
 Martin County Florida

REGINA C. KARNER
 PROFESSIONAL SURVEYOR & MAPPER
 1952 SW EVERGREEN LN, PALM CITY, FL 34990
 PHONE: 1-561-288 7206 FAX: 1-561-223 8181

Date	By	Revision	Description

Sheet Title:
 Mortgage - Boundary Survey

Scale: 1"=20'
 Date: 12.13.00
 Drawn By: Field Book 00.07
 Job No: 0012.02
 CAD File: SawMdo13

Sheet No:
 1 of 1

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~THURSDAY~~, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5325	BROTHERS	FENCE - FINAL	Passed	River Quest
N ①	2 VIA DE CRISTO QUALITY FENCE	"STAR": 879-9126		INSPECTOR: <i>[Signature]</i> 4/16 ✓
✓ 5320	WILLIAMS	FENCE - FINAL	Passed	
S ⑦	110 HENRY SEWALL WAY CREWS CONST. CO.	692-3371		INSPECTOR: <i>[Signature]</i> 4/16 ✓
✓ 5143	GIFFORD	SHEATHING	Passed	
N ②	85 N SPR HOLMES	Roof		INSPECTOR: <i>[Signature]</i> 4/16 ✓
✓ 5007	PAGE	FINAL WALK	Cond.	PERMIT RENEWAL REQUIRED (2/12/01)
S ⑤	8 ST. LUCIE CT WHITE LAKE	THRU	only	INSPECTOR: <i>[Signature]</i> 4/16 ✓
✓ 5317	NEARING	FINAL -	Passed	
S ⑪	5 LANTANA LN. COOPER	FLAT RE-ROOF		INSPECTOR: <i>[Signature]</i> 4/16 ✓
✓ 5233	INGRAM	SEAWALL - FINAL	Passed	
N ③	101 W. SEWALL'S POINT RD BLUE WATER MARINE	(561-276-5181)		INSPECTOR: <i>[Signature]</i> 4/16 ✓
S 5269	DANIELSON	RE-ROOF - FINAL	Passed	
✓ ⑥	161 S. RIVER RD. PACIFIC RFG. (ROB 263-0116)	(81576-KES.)		INSPECTOR: <i>[Signature]</i> 4/16 ✓

OTHER: _____

9494

FENCE



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

BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	9494	DATE ISSUED:	JULY 1, 2010
SCOPE OF WORK:	FENCE		
CONDITIONS :			
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	133841-013-000-001300	SUBDIVISION	SEWALLS MEADOW-L 13
CONSTRUCTION ADDRESS:	110 HENRY SEWALL WAY		
OWNER NAME:	WILLIAMS		
QUALIFIER:	CHESTER RICHMOND	CONTACT PHONE NUMBER:	288-1151

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

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

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

REQUIRED INSPECTIONS

UNDERGROUND PLUMBING _____ UNDERGROUND MECHANICAL _____ STEM-WALL FOOTING _____ SLAB _____ ROOF SHEATHING _____ TIE DOWN /TRUSS ENG _____ WINDOW/DOOR BUCKS _____ ROOF DRY-IN/METAL _____ PLUMBING ROUGH-IN _____ MECHANICAL ROUGH-IN _____ FRAMING _____ FINAL PLUMBING _____ FINAL MECHANICAL _____ FINAL ROOF _____	UNDERGROUND GAS _____ UNDERGROUND ELECTRICAL _____ FOOTING _____ TIE BEAM/COLUMNS _____ WALL SHEATHING _____ INSULATION _____ LATH _____ ROOF TILE IN-PROGRESS _____ ELECTRICAL ROUGH-IN _____ GAS ROUGH-IN _____ METER FINAL _____ FINAL ELECTRICAL _____ FINAL GAS _____ BUILDING FINAL _____
---	--

ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	9494		
ADDRESS	110 HENRY SEWALL WAY		
DATE:	7/1/10	SCOPE:	FENCE

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			

10312

63-615/870

STUART FENCE COMPANY, INC

PO BOX 2636
 STUART, FL 34995
 (772) 288-1151

DATE 7/1/10

PAY TO THE ORDER OF

Town of Sewall's Point

\$ 80.00

Eighty & no/100

DOLLARS



SEACOAST NATIONAL BANK
 FT PIERCE, FL 34947

James J. Loudin

FOR [REDACTED]

TOTAL BUILDING PERMIT FEE:	\$	
----------------------------	----	--

ACCESSORY PERMIT	Declared Value:	\$	<u>900</u>
Total number of inspections @ \$75.00 each		\$	75
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5

TOTAL ACCESSORY PERMIT FEE:	\$	80
-----------------------------	----	----

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 6/24/10

Permit Number: 9494

OWNER/TITLEHOLDER NAME: Craig Williams Phone (Day) 631-7101 (Fax) _____

Job Site Address: 110 Henry Sewall way City: _____ State: _____ Zip: _____

Legal Description lot 13 Sewall's meadow Parcel Control Number: 13-38-41-013-000-00130-0

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

Scope of work (please be specific): Install Fence

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO X

Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO _____
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 400.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Stuart Fence Company Phone: 288-1151 Fax: 288-3035

Street: PO box 2636 City: Stuart State: FL Zip: 34995

State License Number: CFE3584 OR: Municipality: _____ License Number: CFE3584

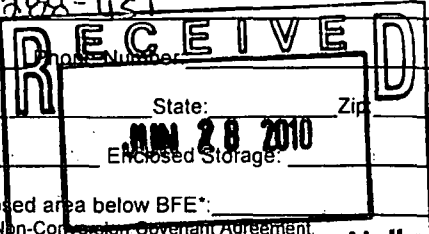
LOCAL CONTACT: JAN Loudin Phone Number: 288-1151

DESIGN PROFESSIONAL: _____ Lic# CFE3584 Phone Number: _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE* _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Construction Covenant Agreement.



CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Electrical, Code), 2004 W/ 2006 REV.
National Electrical Code: 2005 (2002) Florida Energy Code: 2004/6 Florida Accessibility Code: 2004/6 Florida Fire Prevention Code 2004/6

NOTICES TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF: FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER SIGNATURE: (required)
OR OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

State of Florida, County of: Martin
This the 18 day of June, 2010
by Craig Williams who is personally known to me or produced as identification.

Janis L. Loudin
NOTARY PUBLIC Notary Public
MY COMMISSION # DD 998548
EXPIRES: June 7, 2014

CONTRACTOR SIGNATURE: (required)

On State of Florida, County of: MARTIN
This the 22 day of JUNE, 2010
by Chester Richmond who is personally known to me or produced as identification.

Janis L. Loudin
NOTARY PUBLIC Notary Public
MY COMMISSION # DD 998548
EXPIRES: June 7, 2014
Bonded Thru Budget Notary Services

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



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

Site Provided by...
 governmax.com T1.11

Summary

print | | | -/ -/ | Address
 1 of 1

Parcel Info

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

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
13-38-41-013-000-00130-0	110 HENRY SEWALL WAY	119117	Address	0	1

Summary

Property Location 110 HENRY SEWALL WAY
Tax District 2200 Sewall's Point
Account # 119117
Land Use 101 0100 Single Family
Neighborhood 120300
Acres 0.520

Legal Description

Property Information
 LOT 13 SEWALL'S MEADOW (PB 14 PG 32)

Search By

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

Owner Information

Owner Information
 WILLIAMS, CRAIG C & KATHERINE

Mail Information

110 HENRY SEWALL WAY
 STUART FL 34996

Assessment Info

Front Ft. 0.00

Market Land Value \$216,000
Market Impr Value \$289,140
Market Total Value \$505,140

Site Functions

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

Recent Sale

Sale Amount \$420,000

Sale Date 12/21/2000

Book/Page 1523 2517

Print | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 4/29/2010



06/22/2018 09:45 7722883035

STUART FENCE

PAGE 02/02



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One H. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204766

FENCE OR WALL EASEMENT AGREEMENT

Date: 6-22-18

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a (type of fence/wall) VERTICAL SHADOW BOX

in the (utility/drainage) easement on my property located at 110 HENRY SEWALL WAY

LEGAL DESCRIPTION: LOT 13, BLOCK _____, SUBDIVISION Sewall's Meadow

Give a brief description of dimensions and location from property lines:

SEE SURVEY

In the event you have no objection to this project, please complete this form and return to me at:

Address: FAX 772-288-3035

City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of this fence and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: [Signature] Phone: 781-4344

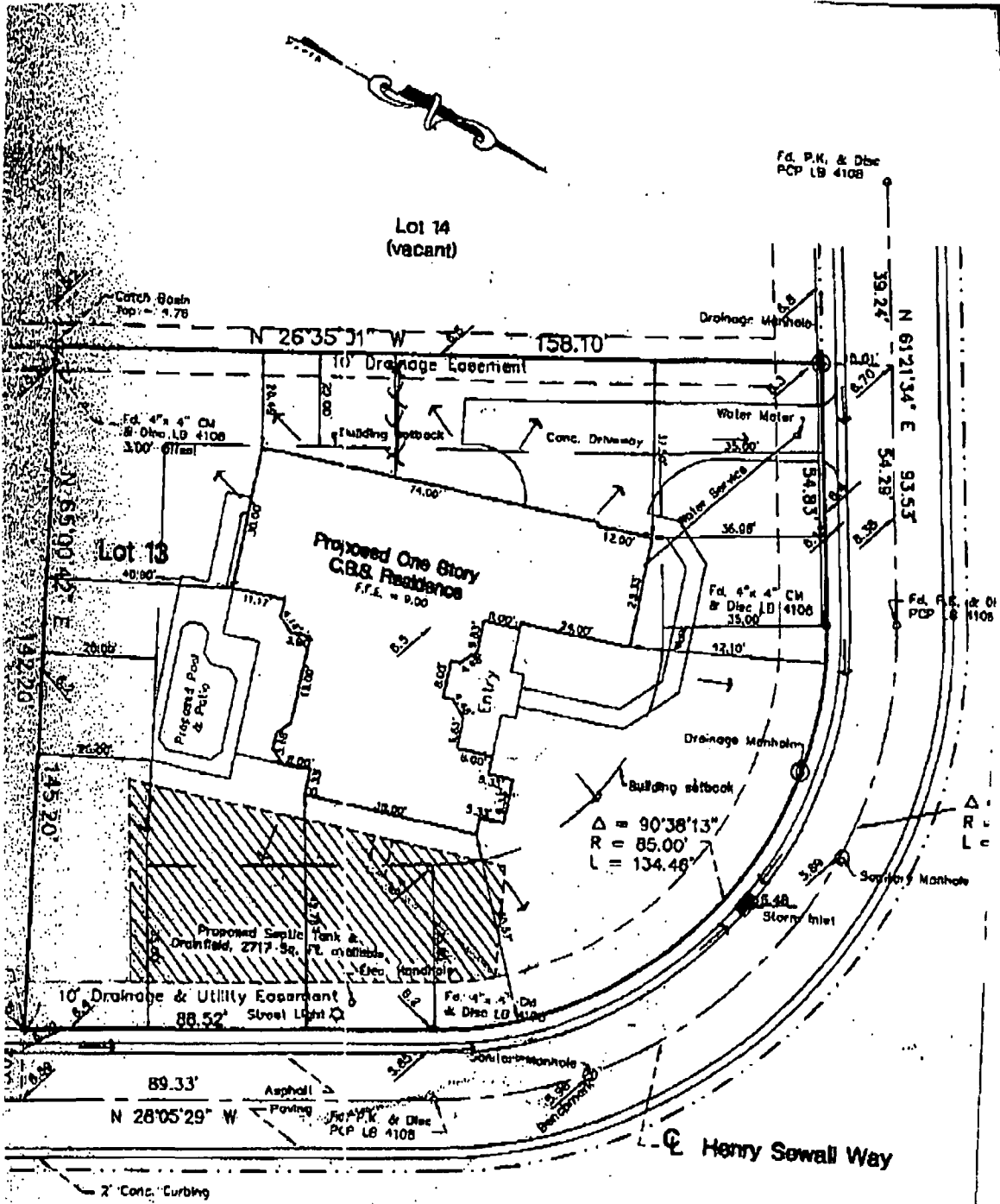
*****THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY*****

We agree to the proposed construction under the circumstances described above.

Company: MARTIN COUNTY ENGINEERING DEPT.
By: TOM TORBE [Signature]
Title: ASS. PROJECT MANAGER

Company records indicate that a potential conflict DOES DOES NOT exist.

The conflict consists of: _____



AREA CALCULATIONS
 Lot = 22,889 square feet
 Building = 4,800 square feet
 Driv & Walk = 1,520 square feet
 Pool & Patio = 880 square feet
 TOTAL IMPERMEABLE = 7,044 square feet
 TOTAL IMPERMEABLE = 0.3107%

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

1.19 No Limitation of Future Advance Rights. Borrower covenants and agrees with Lender that

(a) Borrower waives and agrees not to assert any right to limit future advances under this Mortgage, and any such attempted limitation shall be null, void and of no force and effect. Any correspondence by Borrower regarding the future advances must be sent to Lender at the address set forth above and to Lender's counsel: Calvin B. Brown, Esq., Collins, Brown, Caldwell, Barkett & Garavaglia, Chartered, Post Office Box 3686, Vero Beach, Florida 32964;

(b) An event of default under the Mortgage shall automatically exist (i) if Borrower executes any instrument which purports to have or would have the effect of impairing the priority of or limiting any future advance which might ever be made under the Mortgage or (ii) if Borrower takes, suffers, or permits any action or occurrence which would adversely affect the priority of any future advance which might ever be made under the Mortgage.

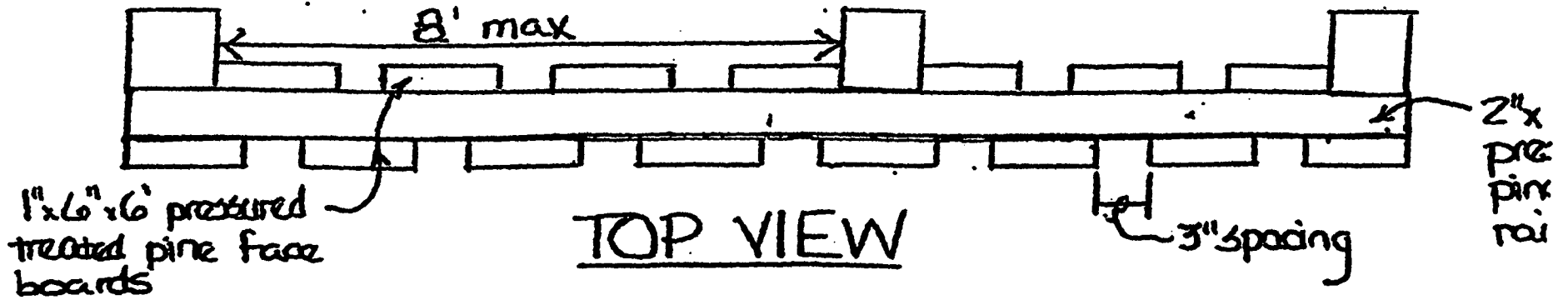
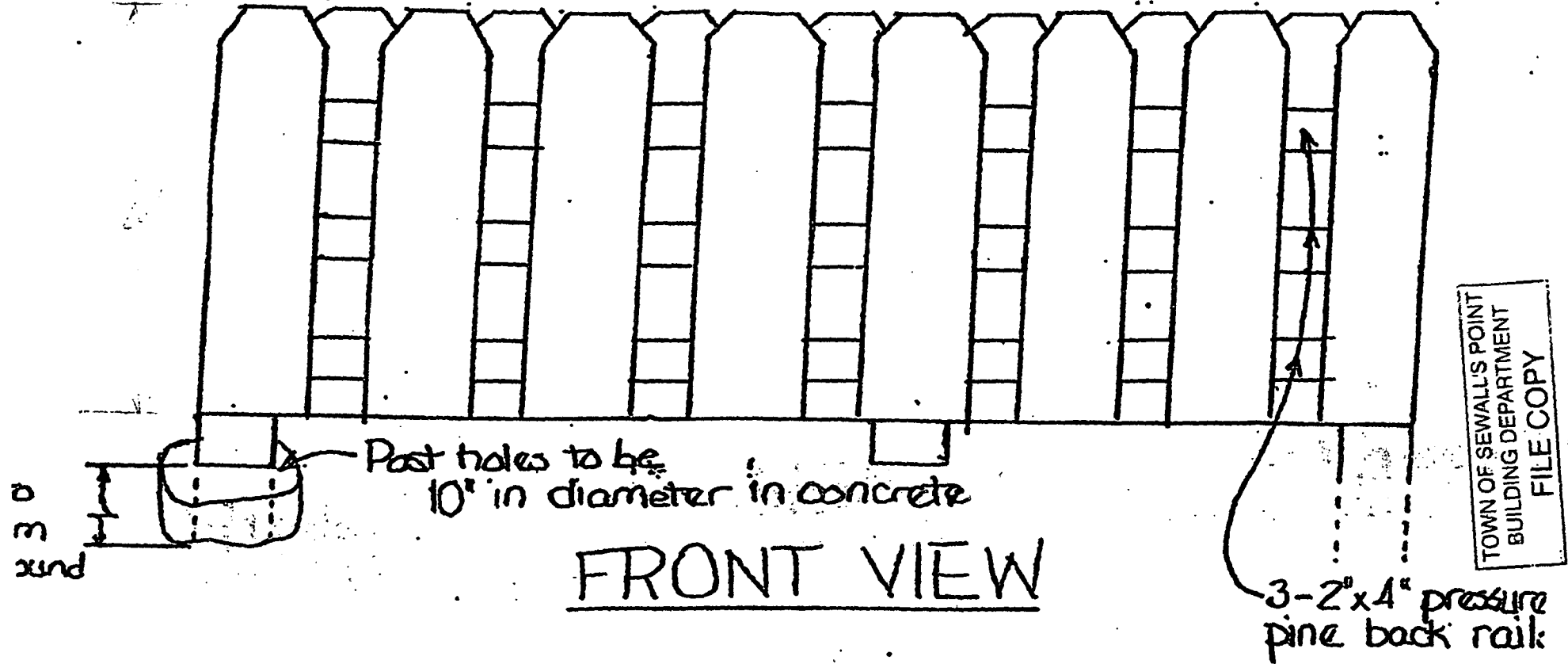
1.20 Appraisals. Borrower covenants and agrees that Lender may obtain an appraisal of the Mortgaged Property when required by the regulations of the Federal Reserve Board or the Office of the Comptroller of the Currency or at such other times as the Lender may reasonably require. Such appraisals shall be performed by an independent third party appraiser selected by the Lender. The cost of such appraisal shall be borne by the Borrower, if there is a monetary default at the time the appraisal is ordered. Borrower's failure or refusal to sign such an engagement letter, however, shall not impair Lender's right to obtain such an appraisal. Borrower agrees to pay the cost of such appraisal within ten (10) days after receiving an invoice for such appraisal.

ARTICLE II ASSIGNMENT OF LEASES, SUBLEASES, FRANCHISES, RENTS, ISSUES AND PROFITS

2.01 Assignment of Rents. Borrower hereby collaterally assigns and transfers to Lender all the leases, subleases, franchises, rents, issues and profits of the Mortgaged Property, and hereby gives to and confers upon Lender the right, power and authority to collect such rents, issues and profits as herein set forth. Borrower irrevocably appoints Lender its true and lawful attorney-in-fact. In the event of default under the Note or this Mortgage, Lender shall have the right, at its option, immediately and without further legal action being necessary to demand, receive and enforce payment, to give receipts, releases and satisfactions, and to sue, in the name of Borrower or Lender, for all such rents, issues and profits and apply the same to the indebtedness secured hereby; provided, however, that Borrower shall have the right to collect such rents, issues and profits (but not more than one month in advance) prior to or so long as there is not an event of default under this Mortgage.

VERTICAL SHADOW BOX

PRESSURE TREATED PINE PICKETS



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-14 2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9500	Osbourne 20 Castle Hill Terrell (Permit on mailbox)	UG Gas	Pass	INSPECTOR <i>[Signature]</i>
9494	Williams 110 Henry Sewalls Stuart Fence	Fence	Pass	INSPECTOR <i>[Signature]</i>
9505	Miller 110 N 8th Rd Stumped Fence	FENCE FINA	Pass	Close INSPECTOR <i>[Signature]</i>
9455	White 15 Ridgeland Dr Tuscany	window	Pass	INSPECTOR <i>[Signature]</i>
9287	Sharfi 73 N. Sewalls Station	bond wire	Pass	INSPECTOR <i>[Signature]</i>
9479	Akrawi/Gesser 115 53 S Sewalls James Thomas	Tree to be removed or relocated for PAD		NEED TO RELOCATE OFF PLANT NEB INSPECTOR
				INSPECTOR

9578

SHED



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

BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	9578	DATE ISSUED:	SEPTEMBER 20, 2010
SCOPE OF WORK:	SHED		
CONDITIONS :			
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER:	133841-013-000-001300	SUBDIVISION	SEWALLS MEADOW-L 13
CONSTRUCTION ADDRESS:	110 HENRY SEWALL WAY		
OWNER NAME:	WILLIAMS		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	631-7101

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

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

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

REQUIRED INSPECTIONS

UNDERGROUND PLUMBING _____ UNDERGROUND MECHANICAL _____ STEM-WALL FOOTING _____ SLAB _____ ROOF SHEATHING _____ TIE DOWN /TRUSS ENG _____ WINDOW/DOOR BUCKS _____ ROOF DRY-IN/METAL _____ PLUMBING ROUGH-IN _____ MECHANICAL ROUGH-IN _____ FRAMING _____ FINAL PLUMBING _____ FINAL MECHANICAL _____ FINAL ROOF _____	UNDERGROUND GAS _____ UNDERGROUND ELECTRICAL _____ FOOTING _____ TIE BEAM/COLUMNS _____ WALL SHEATHING _____ INSULATION _____ LATH _____ ROOF TILE IN-PROGRESS _____ ELECTRICAL ROUGH-IN _____ GAS ROUGH-IN _____ METER FINAL _____ FINAL ELECTRICAL _____ FINAL GAS _____ BUILDING FINAL _____
---	--

ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.

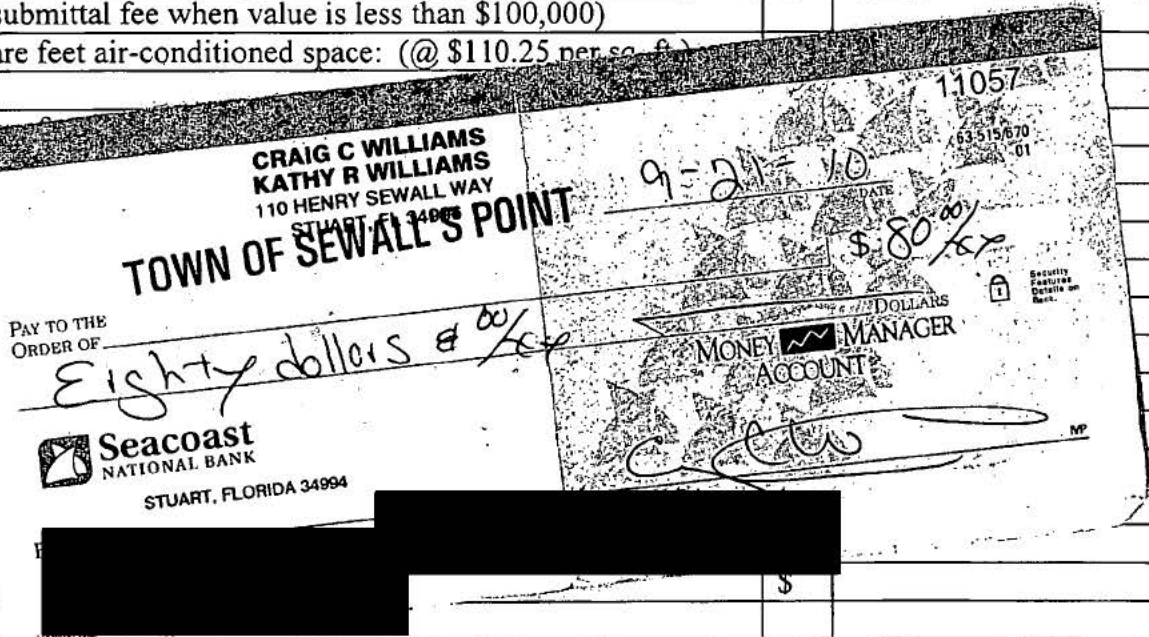


TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-220-4765

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	9578		
ADDRESS	110 HENRY SEWALL WAY		
DATE:	9/20/10	SCOPE:	SHED

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$110.25 per sq. ft.)			
Total			
Total			
Buildin			
Buildin			
Total n			
Radon F			
DBPR L			
Road imp			
Martin Co			
TOTAL BUILDING PERMIT FEE:		\$	



ACCESSORY PERMIT	Declared Value:	\$	2000
Total number of inspections @ \$75.00 each		\$	75
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
TOTAL ACCESSORY PERMIT FEE:		\$	80

Handwritten: 11057
 ck # 11057

Town of Sewall's Point

9578

Date: _____
BUILDING PERMIT APPLICATION Permit Number:
OWNER/TITLEHOLDER NAME: Craig Williams Phone (Day) 631-7101 (Fax) 816-495-1462
Job Site Address: 110 Henry Sewall Way City: Stuart State: FL Zip: 34996
Legal Description _____ Parcel Control Number: _____
Owner Address (if different): _____ City: _____ State: _____ Zip: _____

SCOPE OF WORK (PLEASE BE SPECIFIC):

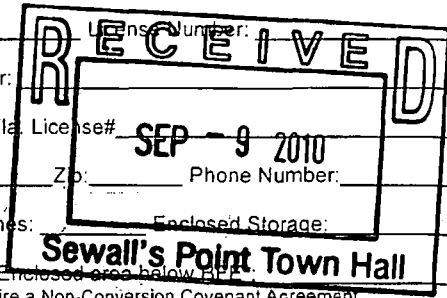
install shed

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES [X] NO []
Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO [X]
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2,000
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 ___ AE9 ___ AE8 [X]
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: _____ Phone: _____ Fax: _____
Qualifiers name: _____ Street: _____ City: _____ State: _____ Zip: _____
State License Number: _____ OR: Municipality: _____

LOCAL CONTACT: _____ Phone Number: _____
DESIGN PROFESSIONAL: _____ Fla. License# _____
Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below roof _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.



CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

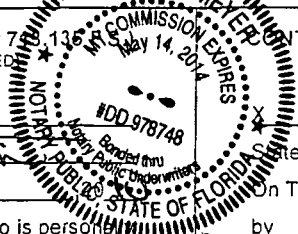
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3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
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***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *****

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

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.) OR OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)
State of Florida, County of: _____ State of Florida, County of: _____
On This the _____ day of _____ On This the _____ day of _____ 20__
by Craig C. Williams who is personally known to me or produced FDHWS452-103-61-221-0 by _____ who is personally known to me or produced _____
As identification: Valerie Meyer As identification: _____
Notary Public Notary Public
My Commission Expires: _____ My Commission Expires: _____



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



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-220-4765

OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT
MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE

APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES
AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS
PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR
UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE
STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: Craig Williams

Site address of the proposed building work: 110 Henry Sewall Way

Name of legal title owner of the address above: Craig & Kathy Williams

Describe the scope of work for the proposed new construction: Shed delivery

Name of Architect of Record: N/A Structural Engineer of Record: N/A

Who will supervise the trade work to meet the applicable code? N/A

What provisions have you made for Liability and Property Damage Insurance? N/A

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to
people you hire who are not licensed? N/A

What previous Owner/Builder improvements have you done in the State of Florida?

Location: N/A Scope of Work Done: Year:

Location: Scope of Work Done: Year:

What code books do you have available for reference? Building: N/A

Electric: Plumbing: HVAC:

Other:

I have internet access and will view The Florida Building code at www.floridabuilding.org YES NO [checked]

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes,
laws and requirements, and you are also liable for anyone injured on the construction site? YES (yes/no)

Have you consulted with your Homeowner's Insurance Agent? YES Lender? Attorney?

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you
a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated
to offer supervision, design or instructional advice prior or during my project. [initials] (initials).



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

OWNER/BUILDER DISCLOSURE STATEMENT

NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION:

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)



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

12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.

13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.

14. ANY PERSON WORKING ON YOUR BUILDING WHO IS NOT LICENSED MUST WORK UNDER YOUR DIRECT SUPERVISION AND MUST BE EMPLOYED BY YOU, WHICH MEANS THAT YOU MUST DEDUCT F.I.C.A. AND WITHHOLDING TAX AND PROVIDE WORKERS' COMPENSATION FOR THAT EMPLOYEE, ALL AS PRESCRIBED BY LAW.

15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT.

ON THIS 9th DAY OF Sept 20 10

PROPERTY ADDRESS 110 Henry Sewalls Way

CITY Stuart STATE FL ZIP 34996

Signature of owner/builder

SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 9th DAY OF Sept 20 10

BY Craig Williams

PERSONALLY KNOWN

OR PRODUCED ID

TYPE OF ID FL ID # W452-103-61-221-0

Signature of notary

NOTARY SIGNATURE





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

Site Provided by...
 governmax.com 1,11

Summary

print | | | | | Address
 1 of 1

Tabs

- Summary**
- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- Parcel Map →
- Trim Notice →

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
13-38-41-013-000-00130-0	119117	110 HENRY SEWALL WAY, SEWALL'S POINT	\$474,980	9/18/2010

Owner Information	
Owner(Current)	WILLIAMS CRAIG C & KATHERINE
Owner/Mail Address	110 HENRY SEWALL WAY STUART FL 34996
Transfer Date	12/21/2000
Document Number	JMB
Document Reference No.	1523 2517

Searches

- Parcel ID
- Owner
- Address**
- Account #
- Land Use
- Legal Description
- Neighborhood
- Sales
- Maps →

Location/Description			
Account #	119117	Map Page No.	SP-05
Tax District	2200	Legal Description	LOT 13 SEWALL'S MEADOW (PB 14 PG 32)
Parcel Address	110 HENRY SEWALL WAY, SEWALL'S POINT		
Acres	.5200		

Functions

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

Parcel Type	
Land Use	0100 Single Family
Neighborhood	120300 Sewall's Meadow

Assessment Information	
Market Land Value	\$220,000
Market Improvement Value	\$254,980
Market Total Value	\$474,980

Print First Previous Next Last

Legal Disclaimer / Privacy Statement





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

SHED PERMIT PACKAGE

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

Please make sure you have ALL required copies before submitting permit application

____ 1 Copy Completed application

____ 2 Copies Surveys showing the location of the shed, setbacks from proposed shed to property lines, and all existing structures on property. Shed w/slab: All easements, landscape buffers, and preserve areas MUST be shown on ALL surveys. **NOTE: All Sheds must comply with accessory structure setbacks per Sect. 82-274(c) Town Ordinances**

DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS

"PREFABRICATED SHEDS"

(All plans must state compliance to the 2007 FBC)

____ 2 Copies Manufacturers specifications showing the construction and anchoring of the shed. Plans must state that they meet the minimum load requirement of 140 M.P.H. with a 3 second wind gust. (OR)

Manufacturer's specifications showing the construction and anchoring of the shed, only for sheds that have a Dept. of Community Affairs Certification letter, Submit 2 copies of letter.

"CONSTRUCTED SHEDS"

(All plans must state compliance to the 2007 FBC)

____ 2 Copies Complete construction drawings signed and sealed by a Florida registered Architect or Engineer including area wind load certification.

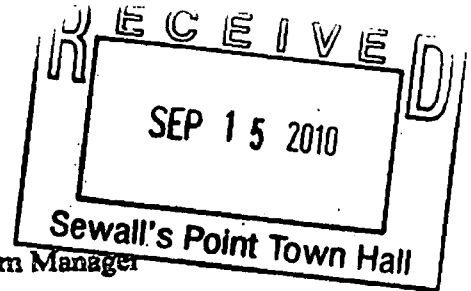


STATE OF FLORIDA
DEPARTMENT OF COMMUNITY AFFAIRS
"Dedicated to making Florida a better place to call home"

JEB BUSH
Governor

Thaddeus Coten, AIA
Secretary

DIVISION OF HOUSING & COMMUNITY DEVELOPMENT
BUILDING CODES & STANDARDS



MEMORANDUM

From: Michael Ashworth, Manufactured Buildings Program Manager
To: Building Officials, Manufacturers & Third Party Agencies
Subject: Raised Seals on Plans for Manufactured Buildings
Date: January 13, 2005

Chapter 553, Part I, FS; Rule Chapter 9B-1, FAC; and the Florida Building Code do not require original signed and sealed plans for manufactured (modular) buildings to be submitted to local jurisdictions to obtain a building permit. The insignia issued by this Department verifies that the plans have been reviewed and the buildings inspected by a Third Party Agency and found compliant.

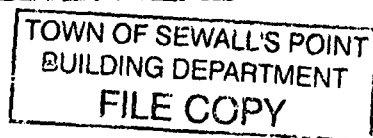
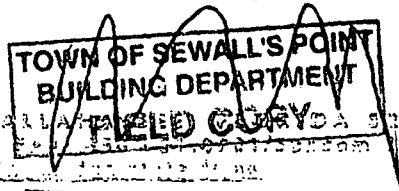
However, any code requirements not completed at the factory are considered site related and are subject to local plan review and inspection in accordance with local requirements. Signing and sealing of these plans should follow local procedures. All site-related installation requirements (e.g., foundation) are specifically and entirely reserved to the local authority having jurisdiction, who may require signed and sealed plans for those items.

The State of Florida requires Third Party Agencies to maintain a set of signed and sealed plans, (either hardcopy or electronic) that have been reviewed and approved by a Florida licensed Modular Plans Reviewer. Inspection reports conducted at the manufacturing facility by Florida licensed Modular Inspectors are also required to be on file. Local jurisdictions may require a copy of the approved plans with the permit application or may rely on the plans on file at www.floridabuilding.org.

If you need additional information, please contact Michael Ashworth at 850/922-6075 or E-mail michael.ashworth@dca.state.fl.us.

cc: Jones, Ila

3355 SHUMARD OAK BOULEVARD • TALLAHASSEE, FLORIDA 32309-3480
Phone: 850.922.3181/3285 FAX: 850.922.3181/3285





STATE OF FLORIDA

DEPARTMENT OF COMMUNITY AFFAIRS

"Dedicated to making Florida a better place to call home"

CHARLIE CRIST
Governor

THOMAS G. PELHAM
Secretary

October 1, 2007

Mr. Alex G. Martens
Superior Sheds, Inc.
2323 S. Volusia Avenue
Orange City, FL 32763

RE: Manufacturer Renewal of Certification, ID MAF-1367 - - Expiration Date: November 09, 2010

Dear Mr. Martens:

It is my pleasure to inform you that Superior Sheds, Inc. - OC located at 2323 S. Volusia Ave, Orange City, FL 32763, has been approved under the Manufactured (Modular) Buildings Program, as provided for under Chapter 553, Part I, Florida Statutes, for the manufacture of Storage Sheds and Utility-Misc. Buildings for installation in Florida.

Design and production of the buildings must be approved for compliance with the current Florida Building Code (FBC) by your selected Third Party Agency before manufacturing begins. Your Third Party Agency is a contractor to the Department and has statutory authority and responsibilities that they must comply with to maintain their approved status. Expect and demand quality plans review and inspections.

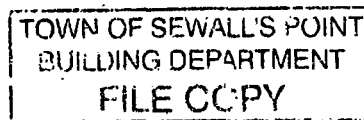
Each FBC change will make your plans obsolete until they have been reviewed, approved and so indicated [on the cover page of the plans] for compliance with the FBC by your Third Party Agency for plans review. Please ensure that your plans are in compliance and properly posted on our website to avoid embarrassing work stoppages in the permitting process. All site related installation issues are subject to the local authority having jurisdiction.

Unannounced monitoring visits by the Department's contractor will be made at least annually. Complete access to your manufacturing facility and records is mandatory to remain compliant with the rules and regulations of this program.

Please visit our website at www.floridabuilding.org to see valuable information on the Florida Manufactured Buildings Program. A copy of this letter must accompany applications for local building permits.

Sincerely,

Michael D. Ashworth
Manufactured Buildings Program Manager



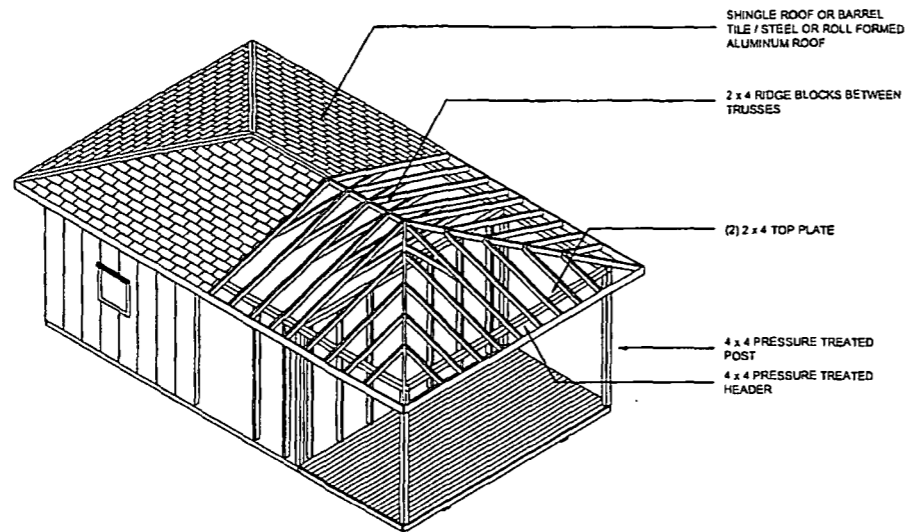
Cc: Danny Kennemur, NDI

2555 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-2100
Phone: 850-488-8466/SUNCOM 278-8466 Fax: 850-921-0781/SUNCOM 291-0781
Website: www.dca.state.fl.us

COMMUNITY PLANNING
Phone: 850-488-2356/SUNCOM 278-2356
Fax: 850-488-3309/SUNCOM 278-3309

AREAS OF CRITICAL STATE CONCERN FIELD OFFICE
Phone: 305-289-2402
Fax: 305-289-2442

HOUSING AND COMMUNITY DEVELOPMENT
Phone: 850-488-7956/SUNCOM 278-7956
Fax: 850-922-5623/SUNCOM 292-5623



ISOMETRIC OPTIONAL PORCH FOR HIP MODEL SHEDS
SCALE: N.T.S.

WOOD PANEL SIDING

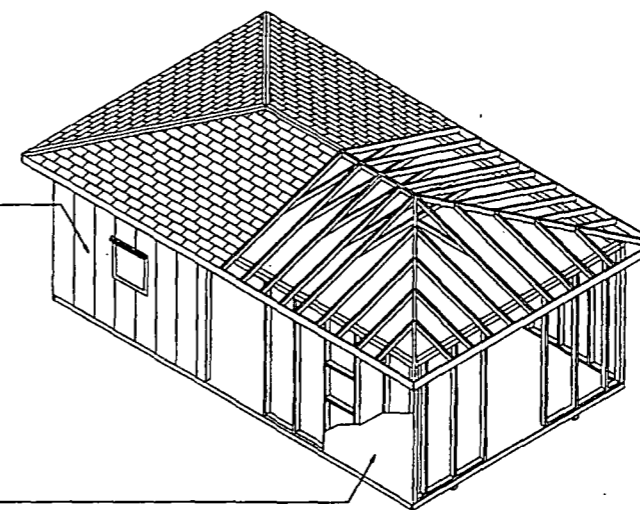
FASTENERS FOR ATTACHING SIDING SHALL BE ON-STAINING BOX, SIDING OR CASING NAILS. FOR PANELS 1/2 INCH (12.7 mm) THICK OR LESS, USE 6d NAILS AND 8d FOR THICKER PANELS. FOR 3/8 INCH (9.53mm) AND THINNER LAP SIDING, USE 6d NAILS AND 8d FOR THICKER LAP SIDING. PANEL SIDING APPLIED DIRECTLY TO STUDS, SPACED IN ACCORDANCE WITH THE SEAN RATING AND FASTENED WITH 8d GALVANIZED BOX NAILS OR EQUIVALENT, SPACED 6 INCHES (152.4 mm) ON CENTER AT INTERMEDIATE STUDS, IS AN ALTERNATIVE TO THE WOOD STRUCTURAL PANEL SHEATHING CONSTRUCTION SPECIFIED IN THE CODE FOR WALL BRACING.

VINYL SIDING OPTION

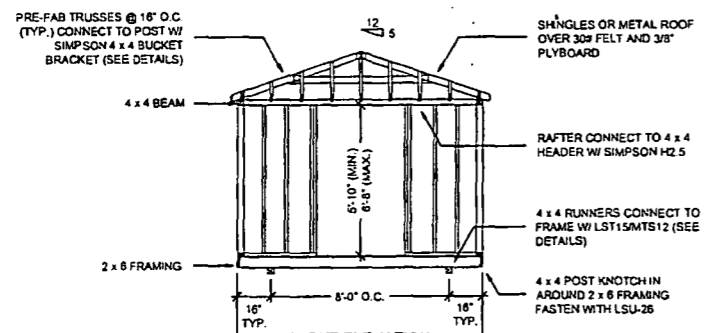
EXTERIOR WALL STRUCTURAL BRACING SIDE WALL / END WALL:

BRACING INSTALLATION: STRUCTURAL SHEATHING SHALL EXTEND CONTINUOUSLY FROM TOP OF ROOF RIM MEMBER TO BOTTOM OF FLOOR JOIST RIM MEMBER WITH ALL SHEATHING EDGES EXTENDING 3/4" MINIMUM OVER 2" NOMINAL LUMBER OF THE SAME SIZE AND GRADE AS EXTERIOR WALL FRAMING. BRACING SHALL BE LOCATED AS CLOSE TO EACH CORNER OF THE BUILDING AS POSSIBLE AND AT ENTIRE LENGTH OF BUILDING.

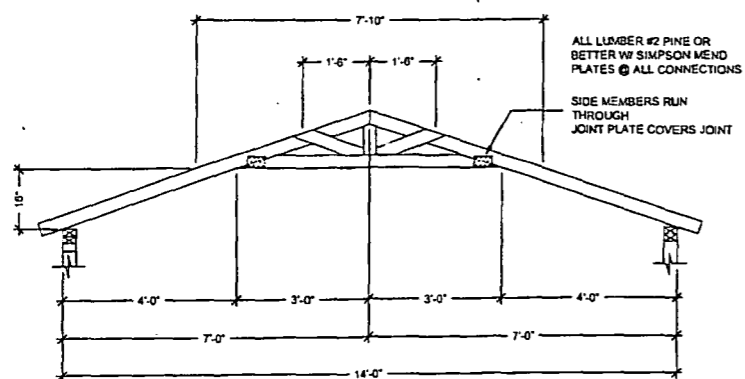
BRACING MATERIAL: SIMPLEX THERMO-PLY (STORMBRACE) FASTENED WITH 0.120" x 1-1/2" COILED ROOF NAIL @ 3" ON CENTER (EDGES) AND 6" ON CENTER (FIELD)



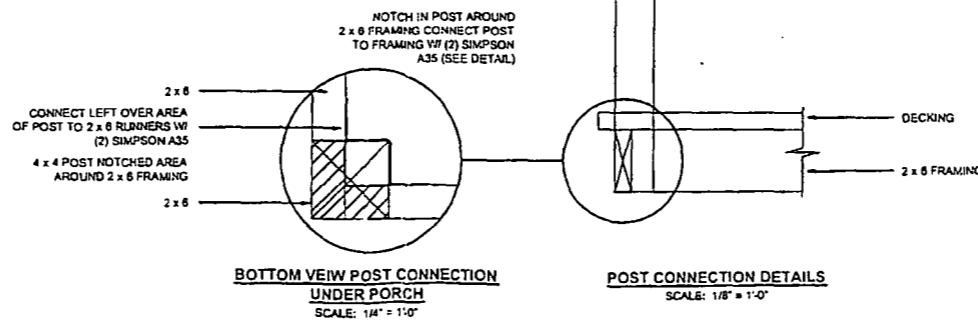
ISOMETRIC OPTIONAL SIDING FOR HIP MODEL SHEDS
SCALE: N.T.S.



FRONT ELEVATION
OPTIONAL PORCH
SCALE: 1/4" = 1'-0"



HIP TRUSS DETAIL
(2) REQUIRED
FOR SHED WIDTHS OF 12'-0" OR LARGER
SCALE: 1/2" = 1'-0"



BOTTOM VIEW POST CONNECTION
UNDER PORCH
SCALE: 1/4" = 1'-0"

POST CONNECTION DETAILS
SCALE: 1/8" = 1'-0"

2/16/10 Plan No. Hip Roof
Approved By: R. Bullock
Richard L. Bullock
Modular Building Plans Examiner Florida Certificate SMP 003

NDI
"APPROVED"
DOCUMENT

SHED DESIGN LOAD REQUIREMENTS FOR THE 2007 FLORIDA BUILDING CODE WITH 2009 SUPPLEMENTS

Basic Wind Pressure
 $q_z = 0.00256(K_z)(K_{zt})(K_d)(V^2)$ Per ASCE 7-05 6.5.10 Table 6-3
 $K_z = 0.85$ Exposure "C"; $K_{zt} = 1.0$
 $K_d = 0.85$; $I = 0.77$; $V = 150$ MPH
 $q_z = 31.95$ PSF
 I hereby certify that I have reviewed these plans along with all the building materials and components used in the manufacturing of the sheds. The materials and components either have Florida Product Approval as required by Florida Building Commission Rule (Chapter 9B-72) or were analyzed using the Allowable Stress Design. All materials and components comply with The 2007 Florida Building Code with 2009 Supplements & The 2008 N.E.C. for a 150 MPH wind velocity, velocity pressure of 31.95 PSF, $I = 0.77$, Enclosed Building, Exposure "A", "B" or "C" and N.I.P.C. = 0.18.
 Design Pressures:
 Roof Live Load = 20 PSF, Roof Dead Load = 5 PSF
 Floor Live Load = 75 PSF, Floor Dead Load = 5 PSF

Main Wind Force Resisting Systems

Roof	Wind
(+) (-)	(+) (-)
N/A	39.94 25.24 20.13

Components & Cladding Design (Effective) Pressures (PSF)

Zone	Wind Area	(+)	(-)	Zone	Wind Area	(+)	(-)
1	10	22	35	4	10	38	41
	20	20	33		20	36	39
	50	18	32		50	34	37
2 & 3	10	22	35	5	10	38	41
	20	20	33		20	36	39
	50	18	32		50	34	37

Signature
Date: JAN 28 2010

11/30/2003
12/28/2004
03/09/2005
11/09/2005
02/27/2006
10/23/2006
02/01/2009
10/22/2009
01/07/2010
01/27/2010

OPTIONAL PORCH FOR HIP ROOF MODEL
DCA # SSI - 2220

SUPERIOR SHEDS, INC.
2315 S. Volusia Ave.
Orlando, FL 32817
Telephone: (407) 774-8887
Fax: (407) 774-8887
www.superiorsheds.com

LAWRENCE E. BERNETT, P.E.
2315 Volusia Ave., Suite 200
Orlando, FL 32817
Telephone: (407) 774-8887
Fax: (407) 774-8887

SEAL
SHEET
2

08/03/2002
11/05/2002
8/10/2003
2/14/2004
10/18/2004
11/30/2004
12/28/2004
03/09/2005
11/09/2005
02/27/2005
10/23/2005
02/10/2009
10/22/2009
01/22/2010
01/27/2010

SET UP AND INSTALLATION OF SINGLE WIDE SHED

- BUILDING IS PLACED IN REQUESTED LOCATION ON SCHEDULE 40 P.V.C. TO ALLOW FOR MOVEMENT TO PLUM OR SQUARE UNIT TO HOUSE, FENCE, PROPERTY LINE, ETC.
- ONCE UNIT IS SQUARE AND THE HIGH SPOT OF THE GROUND IS ESTABLISHED THE BUILDING IS BLOCKED ON HIGH SPOT AND LEVELLED. THE OTHER END OF THE BUILDING IS BROUGHT UP TO LEVEL AND BLOCKED THEN THE CENTER OF THE BUILDING IS BROUGHT UP TO LEVEL, BLOCKED, AND THEN SHIMMED.
- AFTER THE BUILDING IS LEVEL, MORE BLOCKS ARE ADDED TO ACHIEVE THE CORRECT SPACING.
- ANCHOR PLACEMENT IS ESTABLISHED BY WIDTH OF BUILDING. HOLES ARE DRILLED THROUGH THE 2 x 4 BOTTOM PLATE WITH 1/2" AUGER BIT AND THE EYEBOLT IS FASTENED INTO PLACE. THE HOLE IS DUG FOR 30" EARTH ANCHOR AND BACK FILLED. THE EYEBOLT AND AUGER ANCHOR ARE FASTENED WITH 1/2" x 2" BOLT.
- IF UNIT IS TO BE ATTACHED TO CONCRETE SLAB, THE BUILDING IS SET ON SLAB SHIMMED UP TO LEVEL. A 3/8" HOLE IS DRILLED WITH HAMMER DRILL INTO CONCRETE 1-1/2" OFF RIM JOIST. THE EYEBOLT IS FASTENED THROUGH BOTTOM PLATE AND AN L BRACKET OR SIMPSON STRAP IS PLACED OVER THE 3/8" WEDGE ANCHOR. A 1/2" x 2" BOLT IS THEN FASTENED THROUGH THE EYEBOLT AND L BRACKET.
- IF NO FLOOR UNIT BUILDING IS USED, ANCHOR WITH 3/8" x 5" WEDGE ANCHOR CENTERED BETWEEN EVERY WALL STUD.

GENERAL NOTES & SPECIFICATIONS FOR AUGER ANCHORS

- Building anchors shall be "mobile home" type #30 single helix eye auger anchors manufactured by Style Crest of Fremont, CA. Maximum allowable uplift 2,000# or equivalent.
- Anchoring system to ground per local building code (by dealer). Locate anchors per Table 4 through the bottom plate.
- Anchors shall be placed through the bottom plate and floor system.

Table 1 Shed Anchoring to Concrete Slab

Shed Width	# Uplift / Side of Shed	Anchor Spacing / Side
14'-0"	280 # / LF	4'-3"
12'-0"	240 # / LF	5'-0"
10'-0"	200 # / LF	6'-0"
8'-0"	160 # / LF	7'-6"

Table 2 Runner Spacing

Shed Width	X1	X2	X3
14'-0"	1'-10 1/2"	3'-6 1/2"	6'-11"
12'-0"	2'-8 1/2"	6'-11"	---
10'-0"	1'-8 1/2"	6'-11"	---
8'-0"	9"	6'-8"	---

Values from end of joist to centers of (2) 4 x 4 skids only. 14'-0" wide sheds have (4) sets of skids.

Table 3 Support Footing Pad Spacing for Runner Blocking For Single or Double Wide Sheds

Shed Description	Pad		Maximum Load & Pad Type		
	Type	End Pad	End Pad	Side Runner Pad Type	Interior Pad
14' SW / DW	LW - PLF	1'-6"	5'-8"	1936#	II or III
12' SW / DW	LW - PLF	1'-6"	5'-0"	1435#	I
10' SW	LW - PLF	1'-6"	5'-4"	2558#	II or III
8' SW	LW - PLF	1'-6"	6'-0"	2400#	II or III
8' SW	LW - PLF	1'-6"	6'-8"	2029#	II or III

Notes:

- Pad spacing is end to center of pad.
- Pads other than end pads spacing is center to center.

Type	Pad Dimensions	Max. Load**	Material
I	2' x 8' x 16"	1,778 #	concrete block (quality cement & sand mix)
II	4' x 8' x 16"	3,500 #	concrete block (quality cement & sand mix)
III	16' x 16"	3,950 #	ABS plastic pads

* Load with on runner.
** Based on 2,000 PSF allowable soil pressure. Soil pressure shall be verified by field penetrometer test or soil lab report. Check with engineer if soil pressure is less than 2,000 PSF.

Notes:

- Hollow or solid concrete blocks may be stacked on pads for high sets up to 48" max. with out reinforcing.
- Pads required on 12' & 14' wide sheds only.

Table 4a Anchor Spacing of Auger Type Anchors For Single Wide Sheds

Shed Size	LW*	Uplift PLF	30" Eye Auger Anchor or 30" CD Core Anchor	
			End Anchor**	Max. Interior Spacing***
14'-0"	7.00'	243	1'-0" to 3'-0"	7'-1"
12'-0"	6.00'	208	1'-0" to 3'-0"	8'-4"
10'-0"	5.00'	174	1'-0" to 3'-0"	10'-0"
8'-0"	4.00'	139	1'-0" to 3'-0"	12'-6"

Table 4b Anchor Spacing of Auger Type Anchors For Double Wide Sheds

Shed Size	LW*	Uplift PLF	30" Eye Auger Anchor	
			End Anchor**	Max. Interior Spacing***
20'-0"	10.00'	400	1'-0" to 3'-0"	9'-0"

* Load width of uplift on runner.
** Location of end auger or slab anchor.
*** Anchor spacing example: 30" auger or 3/8" x 2-3/4" expansion bolts.

- Notes:
- Anchor spacing is based on 3 second wind gust at 150 MPH per ASCE 7-05, Category "C", Importance Factor 0.77, Enclose Building, N.I.P.C. = 0.18.
 - All measurements listed above are center to center of anchors.
 - The minimum number of auger anchors is (4) (1) @ each corner of shed for sheds less in length than the maximum.
 - The minimum edge distance for expansion bolts is 8 diameters or 5" for 3/8" expansion bolts.
 - Anchors shall be on side walls except when shed is placed next to existing building, in which anchors can be placed on end walls as close to sides as possible.
 - Fasteners for roof and walls shall be Scots® Tri-Grip™ metal to wood fasteners shall be 9-15x1" or equal.

SHED DESIGN LOAD REQUIREMENTS FOR THE 2007 FLORIDA BUILDING CODE WITH 2009 SUPPLEMENTS

Basic Wind Pressure
 $P = 0.00256(Kz)(Kzt)(Kd)(V)^2$ Per ASCE 7-05 6.5.10 Table 6-3
 $Kz = 0.85$; Exposure "C"; $Kzt = 1.0$
 $Kd = 0.85$; $I = 0.77$; $V = 150$ MPH
 $P = 31.95$ PSF

I hereby certify that I have reviewed these plans along with all the building materials and components used in the manufacturing of the sheds. The materials and components either have Florida Product Approval as required by Florida Building Commission Rule (Chapter 61B-72) or were analyzed using the Allowable Stress Design. All materials and components comply with The 2007 Florida Building Code with 2009 Supplements & The 2008 N.E.C. for a 150 MPH wind velocity, velocity pressure of 31.95 PSF, $I = 0.77$, Enclosed Building, Exposure "A", "B" or "C" and N.I.P.C. = 0.18.

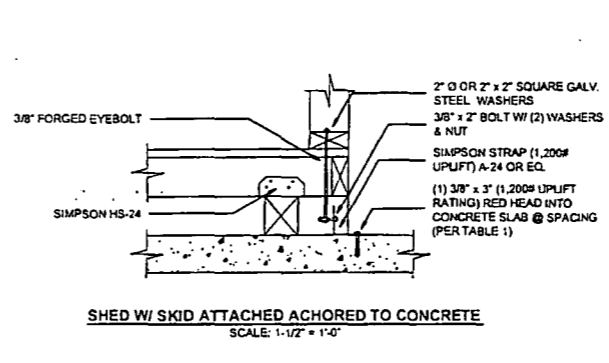
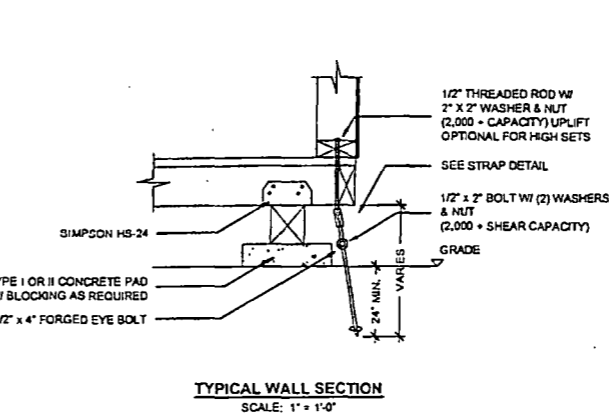
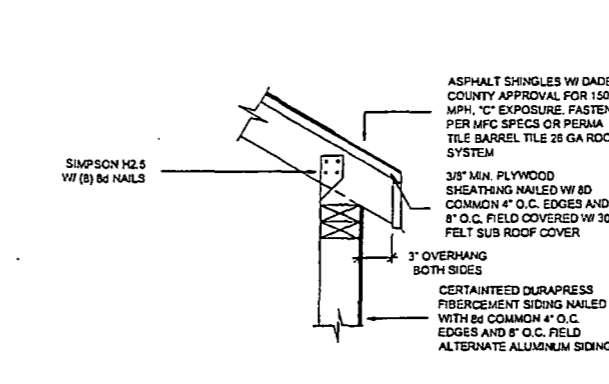
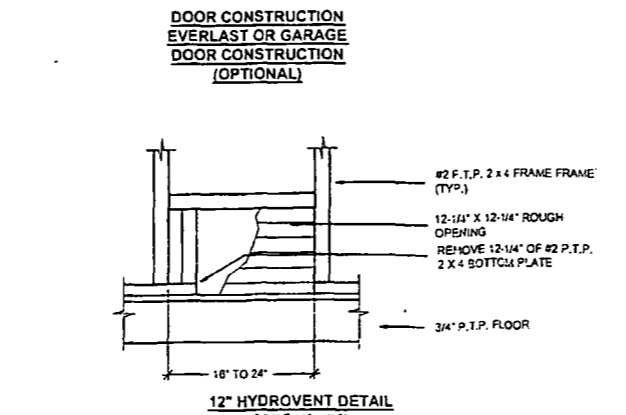
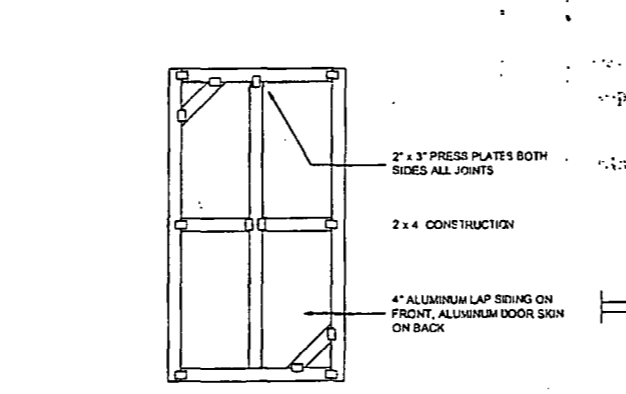
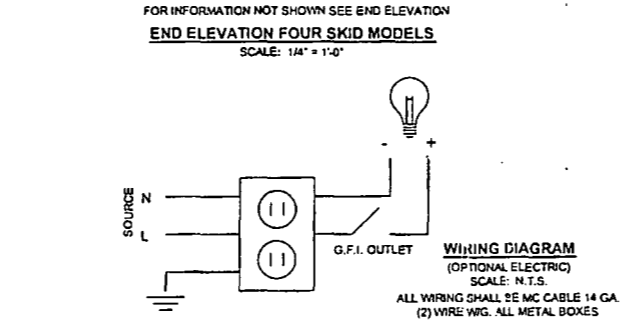
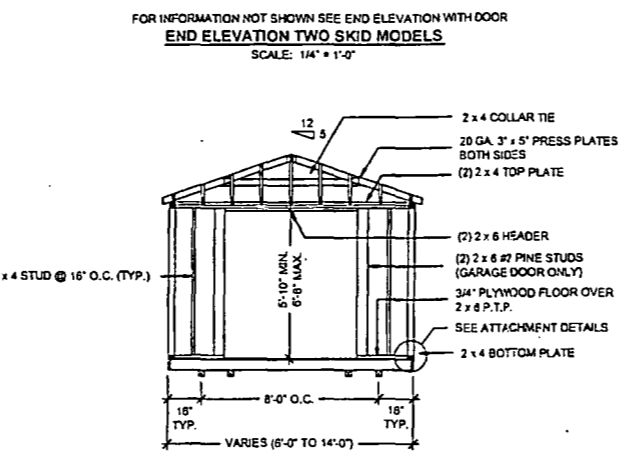
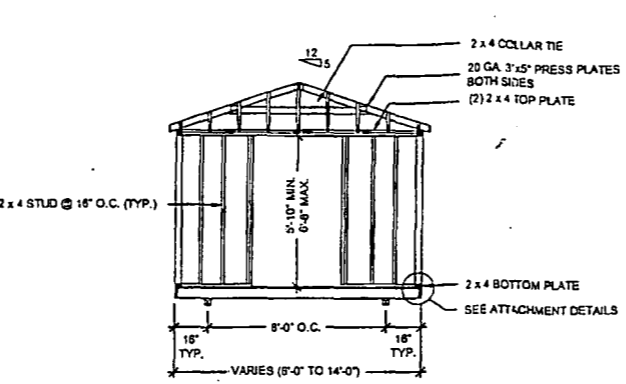
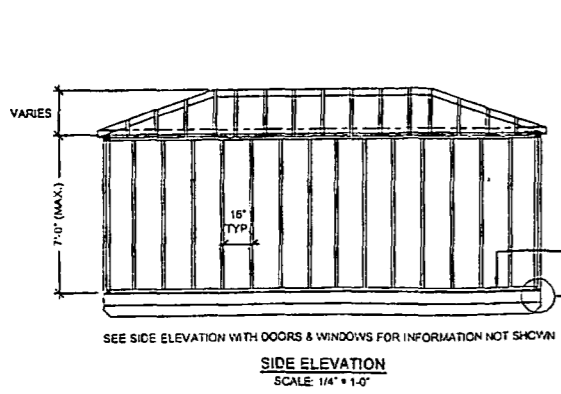
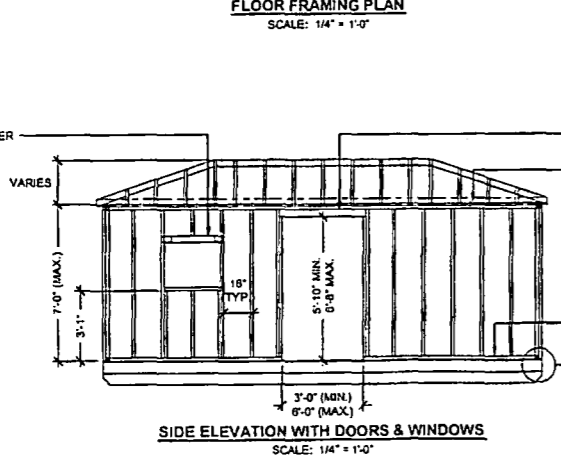
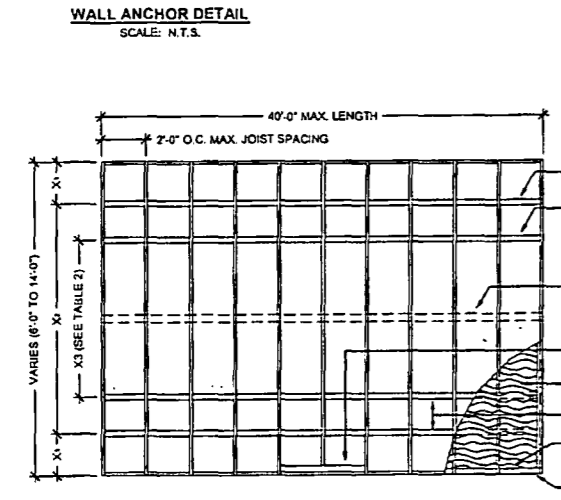
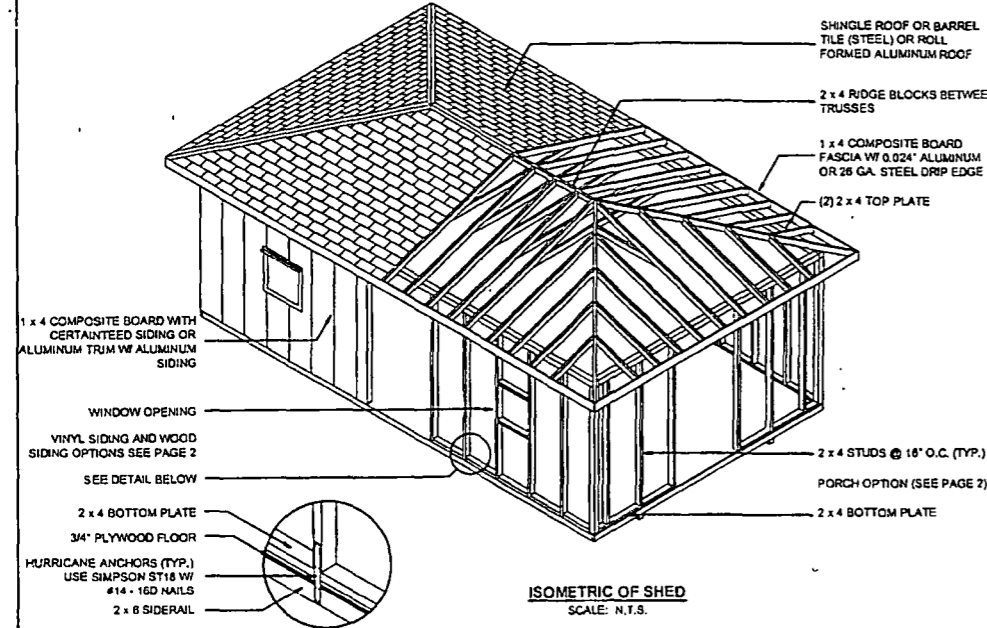
Design Pressures:
 Roof Live Load = 20 PSF, Roof Dead Load = 5 PSF
 Floor Live Load = 75 PSF, Floor Dead Load = 5 PSF.

Main Wind Force Resisting Systems

Roof	Wall
N/A	39 94 25 24 20 13

Components & Cladding Design (Effective) Pressures (PSF)

Zone	Wind Area (+)	(-) Zone	Wind Area (+)	(-) Zone
1	10	22	35	10
	20	20	33	4
	50	18	32	20
	10	22	29	50
2	10	22	29	10
	20	20	28	5
	50	18	26	20



2/16/10 Plan No. Hip Roof

Approved By: R. Bullock

Richard L. Bullock
2' 0" OR 2' x 2" SQUARE GALV. STEEL WASHERS
2017 003
Professional Building Plans Examiner Florida Certificate

TOWN OF SEVILLA BUILDING DEPARTMENT FILE # 11-1101

Working as agent for...
 These Plans comply with the Florida Manufactured Building and Adopted Codes by Adhering to the following Code...
 Components & Cladding Design (Effective) Pressures (PSF)
 Fire Dept. of Seville
 Approved by Supervisor
 Approved by...
 State Laws

NDI APPROVED DOCUMENT

HIP ROOF MODEL
DCA# SSI - 2220

SUPERIOR SHEEDS, INC.
Orange City, FL 32763
Tel: (407) 774-5666
www.superiorsheds.com

Lawrence E. Bennett, P.E.
15000 NE 11th Avenue, Suite 101
Ocala, FL 34761
Tel: (352) 237-1177
Fax: (352) 237-1178

DATE: JAN 28 2010

SET UP AND INSTALLATION OF SINGLE WIDE SHED

- BUILDING IS PLACED IN REQUESTED LOCATION ON SCHEDULE 40 P.V.C. TO ALLOW FOR MOVEMENT TO PLUM OR SQUARE UNIT TO HOUSE, FENCE, PROPERTY LINE, ETC.
- ONCE UNIT IS SQUARE AND THE HIGH SPOT OF THE GROUND IS ESTABLISHED THE BUILDING IS BLOCKED ON HIGH SPOT AND LEVELED. THE OTHER END OF THE BUILDING IS BROUGHT UP TO LEVEL AND BLOCKED THEN THE CENTER OF THE BUILDING IS BROUGHT UP TO LEVEL, BLOCKED, AND THEN SHIMMED.
- AFTER THE BUILDING IS LEVEL, MORE BLOCKS ARE ADDED TO ACHIEVE THE CORRECT SPACING.
- ANCHOR PLACEMENT IS ESTABLISHED BY WIDTH OF BUILDING. HOLES ARE DRILLED THROUGH THE 2 x 4 BOTTOM PLATE WITH 1/2" AUGER BIT AND THE EYEBOLT IS FASTENED INTO PLACE. THE HOLE IS DUG FOR 30" EARTH ANCHOR AND BACK FILLED. THE EYEBOLT AND AUGER ANCHOR ARE FASTENED WITH 1/2" x 2" BOLT.
- IF UNIT IS TO BE ATTACHED TO CONCRETE SLAB, THE BUILDING IS SET ON SLAB SHIMMED UP TO LEVEL. A 3/8" HOLE IS DRILLED WITH HAMMER DRILL INTO CONCRETE 1-1/2" OFF RIM JOIST. THE EYEBOLT IS FASTENED THROUGH BOTTOM PLATE AND AN 'L' BRACKET OR SIMPSON STRAP IS PLACED OVER THE 3/8" WEDGE ANCHOR, A 1/2" x 2" BOLT IS THEN FASTENED THROUGH THE EYEBOLT AND 'L' BRACKET.
- IF NO FLOOR UNIT BUILDING IS USED, ANCHOR WITH 3/8" x 5" WEDGE ANCHOR CENTERED BETWEEN EVERY WALL STUD.

SET UP AND INSTALLATION OF DOUBLE WIDE SHED

- BUILDING IS PLACED IN REQUESTED LOCATION. THE FIRST SECTION OF THE DOUBLE WIDE IS PLACED ON HIGHEST LOCATION ON GROUND AND IS LEVELED UP.
- BLOCKS ARE THEN PLACED AT THE END, CENTER, AND OTHER END TO LEVEL. ONCE THE BUILDING IS LEVEL, BLOCKS ARE ADDED TO ACHIEVE THE CORRECT SPACING.
- THE NEXT SECTION OF THE SHED IS BACKED INTO PLACE AND UNLOADED PARALLEL WITH THE FIRST SECTION. THE TWO SECTIONS ARE CONNECTED AT THE LOWER CORNER WITH (1) 1/2" x 4-1/2" BOLT. THE SECOND SECTION IS THEN LEVELED AND THE OTHER BOLT HOLES LINED UP AND BOLTS PLACED AND TIGHTENED. THE REST OF THE BLOCKING IS THEN COMPLETED. THIS PROCEDURE IS REPEATED. FOR MULTIPLE SECTION SHEDS, UNTIL ALL SECTIONS ARE IN PLACE.
- GROUND ANCHORS ARE THEN ADDED. (SEE NOTE 5 FOR SINGLE WIDE INSTALLATION)
- ONCE BUILDING IS PROPERLY BLOCKED AND BOLTED TOGETHER, THE SUPPORT BRACING IS REMOVED.

GENERAL NOTES & SPECIFICATIONS FOR AUGER ANCHORS

- Building anchors shall be "mobile home" type #30 single helix eye auger anchors manufactured by Style Crest of Fremont, OH. Maximum allowable uplift 2,000# or equivalent.
- Anchoring system to ground per local building code (by dealer). Locate anchors per Table 4 through the bottom plate.
- Anchors shall be placed through the bottom plate and floor system.

Table 1 Shed Anchoring to Concrete Slab

Shed Width	# Uplift / Side of Shed	Anchor Spacing / Side
14'-0"	280 # / LF	4'-3"
12'-0"	240 # / LF	5'-0"
10'-0"	200 # / LF	6'-0"
8'-0"	160 # / LF	7'-6"

Table 2 Runner Spacing

Shed Width	X1	X2	X3
14'-0"	1'-10 1/2"	3'-6 1/2"	6'-11"
12'-0"	2'-6 1/2"	6'-11"	---
10'-0"	1'-6 1/2"	6'-11"	---
8'-0"	9"	6'-6"	---

Values from end of joist to centers of (2) 4 X 4 skids only. 14'-0" wide sheds have (4) sets of skids.

Table 3 Support Footing Pad Spacing for Runner Blocking For Single or Double Wide Sheds

Shed Description	Pad		Maximum Load & Pad Type			
	Size	Type	End Pad	Side Runner Pad Type	Interior Pad	Side Runner Pad Type
14'	SW / DW	4.15' / 332	0 to 3'-0"	5'-8"	1936#	II or III
14'	SW / DW	2.65' / 205	0 to 3'-0"	8'-0"	1435#	I
12'	SW	6.00' / 480	0 to 3'-0"	5'-4"	2558#	II or III
10'	SW	5.00' / 400	0 to 3'-0"	6'-0"	2400#	II or III
8'	SW	4.00' / 320	0 to 3'-0"	6'-8"	2029#	II or III

Notes:

- Pad spacing is end to center of pad.
- Pads other than end pads spacing is center to center.
- Use same max. spacing for interior runner.

Type	Pad Dimensions	Max. Load**	Material
I	2' x 8' x 16"	1,778 #	concrete block quality cement & sand mix
II	4' x 8' x 16"	3,500 #	concrete block quality cement & sand mix
III	16' x 16"	3,950 #	ABS plastic pads

* Load width on runner.

** Based on 2,000 PSF allowable soil pressure. Soil pressure shall be verified by field penetrometer test or soils lab report. Check with engineer if soil pressure is less than 2,000 PSF.

Notes:

- Hollow or solid concrete blocks may be stacked on pads for high sets up to 48" max. without reinforcing.
- Pads required on 12' & 14' wide sheds only.

Table 4a Anchor Spacing Of Auger Type Anchors For Single Wide Sheds

Shed Size	LW*	Uplift PLF	30" Eye Auger Anchor or 30" CD Coral Anchor	
			End Anchor**	Max. Interior Spacing***
14'-0"	7.00'	243	1'-0" to 3'-0"	7'-1"
12'-0"	6.00'	208	1'-0" to 3'-0"	8'-4"
10'-0"	5.00'	174	1'-0" to 3'-0"	10'-0"
8'-0"	4.00'	139	1'-0" to 3'-0"	12'-6"

Table 4b Anchor Spacing Of Auger Type Anchors For Double Wide Sheds

Shed Size	LW*	Uplift PLF	30" Eye Auger Anchor	
			End Anchor**	Max. Interior Spacing***
20'-0"	10.00'	400	1'-0" to 3'-0"	5'-0"

* Load width of uplift on runner.

** Location of end auger or slab anchor.

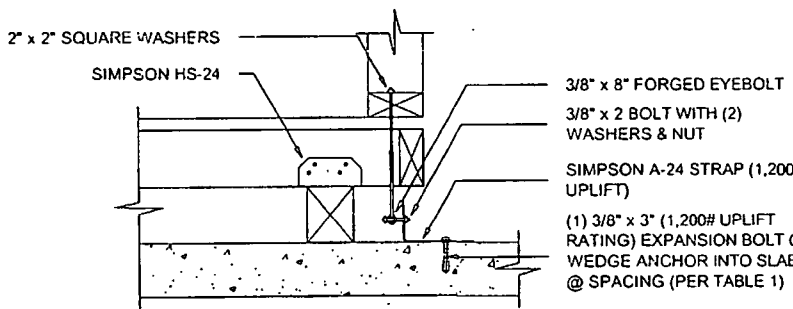
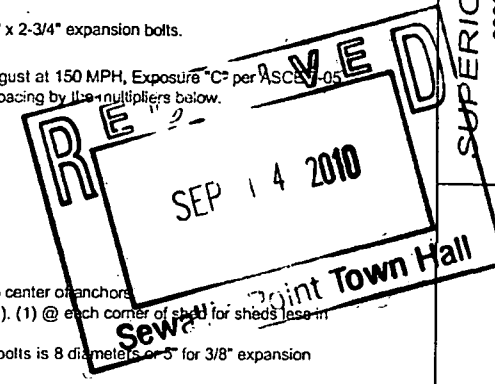
*** Anchor spacing example: 30" auger or 3/8" x 2-3/4" expansion bolts.

Notes:

- Anchor spacing is based on 3 second wind gust at 150 MPH, Exposure "C" per ASCE 7-05.
- For other wind zones multiply interior anchor spacing by the multipliers below.

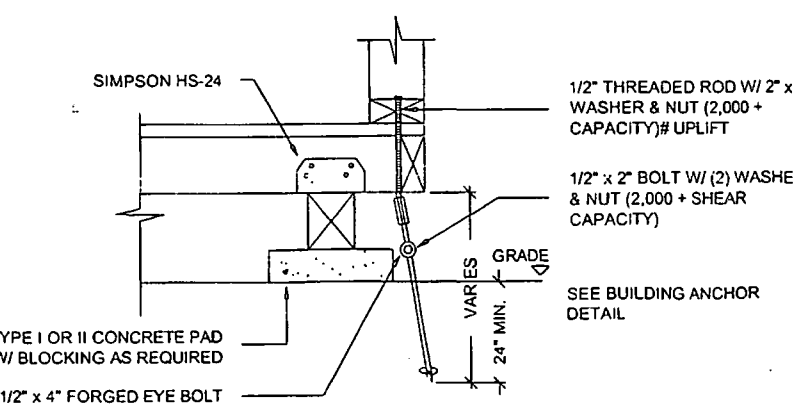
Wind Zone	Multiplier
100	2.25
110	1.88
120	1.56
130	1.37
140	1.16
150	1.00

- All measurements listed above are center to center of anchors.
- The minimum number of auger anchors is (4), (1) @ each corner of shed for sheds less in length than the maximum.
- The minimum edge distance for expansion bolts is 8 diameters or 5" for 3/8" expansion bolts.
- Anchors shall be on side walls except when shed is placed next to existing building, in which anchors can be placed on end walls as close to sides as possible.



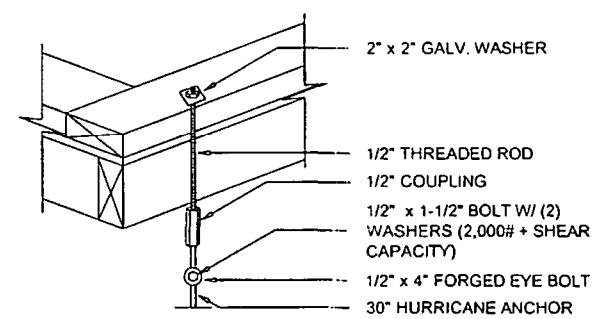
SHED WITH SKID ATTACHED ANCHORED TO CONCRETE

SCALE: 1" = 1'-0"



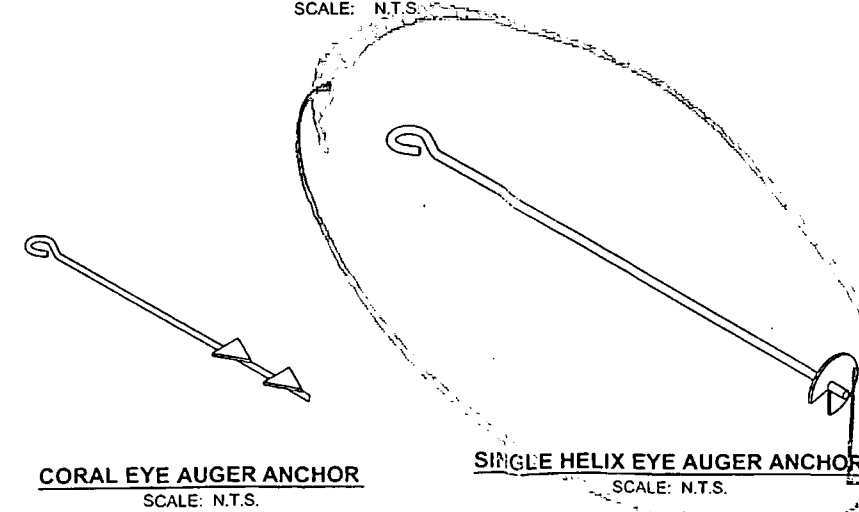
SHED WITH SKID ATTACHED

SCALE: 1" = 1'-0"



STRAP DETAIL

SCALE: N.T.S.

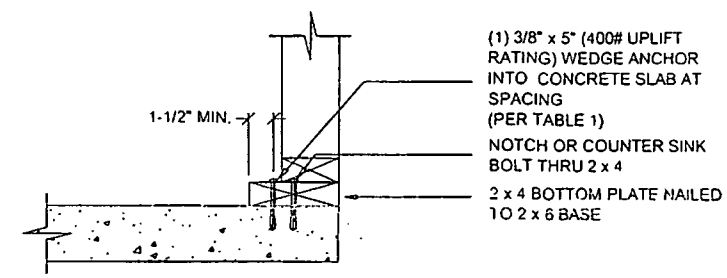


CORAL EYE AUGER ANCHOR

SCALE: N.T.S.

SINGLE HELIX EYE AUGER ANCHOR

SCALE: N.T.S.



SHED WITH FLOOR REMOVED ANCHORED TO CONCRETE

SCALE: 1" = 1'-0"

SHED DESIGN LOAD REQUIREMENTS for the 2007 Florida Building Code

Basic Wind Pressure
 $q_z = 0.00256(K_z)(K_{zt})(K_d)(V^2)(I)$ Per ASCE 7-05 6.5.10 Table 6-3
 $K_z = 0.85$ Exposure "C"; $K_{zt} = 1.0$
 $K_d = 0.85$; $I = 0.77$; $V = 150$ MPH
 $q_z = 31.95$ PSF

I hereby certify that I have reviewed these plans along with all the building materials and components used in the manufacturing of the sheds. The materials and components either have Florida Product Approval as required by Florida Building Commission Rule (Chapter 9B-72) or were analyzed using the Allowable Stress Design. All materials and components comply with the 2007 Florida Building Code for a 150 MPH wind velocity, velocity pressure of 31.95 PSF, $I = 0.77$, Enclosed Building, Exposure "A", "B" or "C" and N.I.P.C. = 0.18., Roof Live Load = 20 PSF, Design Pressures: Roof Live Load = 20 PSF, Roof Dead Load = 5 PSF, Floor Live Load = 75 PSF, Floor Dead Load = 5 PSF and with the 2005 National Electrical Code.

Main Wind Force Resisting Systems

Roof		Wall	
(+)	(-)	(+)	(-)
N/A	39.94	25.24	20.13

Components & Cladding Design (Effective) Pressures (PSF)

Zone	Wind Area	Zone 1		Zone 4	Zone 5	
		(+)	(-)		(+)	(-)
1	10	22	35	4	10	38
	20	20	33		20	36
	50	18	32		50	34
2, 3	10	22	89	5	10	38
	20	20	83		20	36
	50	18	86		50	34

SUPERIOR SHEDS, INC.
 2323 S. Volusia Ave.
 Orange City, FL 32763
 Telephone: (386) 774-9861
 Fax: (386) 774-9862
 www.superiorsheds.com

INSTALLATION GUIDE FOR SINGLE & DOUBLE WIDE SHEDS

Lawrence E. Bennett, P.E.
 CIVIL ENGINEER - DEVELOPMENT CONSULTANT
 P.O. BOX 4368 SOUTH DAYTONA, FL 32121
 TELEPHONE (386) 767-4774
 FAX (386) 767-6556

JAN 04 2010
 SHEET 1

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **10-8** 2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9564	Pruce 22 Fieldway JA Taylor	Flat section in-progress	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9595	Walser 102 Skiver Rd Monterey Const	Trial Shutter	Pass	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	XXXXXXXXXX	XXXXXXXXXX		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9578	XXXXXXXXXX 110 N. S. Way 0/13	XXXXXXXXXX SAPCO	Pass	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9593	Bonface 63 Skiver Rd Dockscape	tie back + deadman	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9057	BENEKANA 3602 E Ocean COMMERCIAL CONT	PARTIAL POUS & DUCO	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

10881

FENCE



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-220-4765

BUILDING PERMIT CARD

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10881	DATE ISSUED:	5/23/2014
SCOPE OF WORK:	FENCE REPLACEMENT		
CONTRACTOR:	A GREAT FENCE		
PARCEL CONTROL NUMBER:	133841013000001300	SUBDIVISION	LOT 13 SEWALL'S MEADOW
CONSTRUCTION ADDRESS:	110 HENRY SEWALL WAY		
OWNER NAME:	WILLIAMS		
QUALIFIER:	DARRICK BAILEY	CONTACT PHONE NUMBER:	772 812-0223

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

UNDERGROUND PLUMBING _____ UNDERGROUND MECHANICAL _____ STEM-WALL FOOTING _____ SLAB _____ ROOF SHEATHING _____ TIE DOWN /TRUSS ENG _____ WINDOW/DOOR BUCKS _____ ROOF DRY-IN/METAL _____ PLUMBING ROUGH-IN _____ MECHANICAL ROUGH-IN _____ FRAMING _____ FINAL PLUMBING _____ FINAL MECHANICAL _____ FINAL ROOF _____	UNDERGROUND GAS _____ UNDERGROUND ELECTRICAL _____ FOOTING _____ TIE BEAM/COLUMNS _____ WALL SHEATHING _____ INSULATION _____ LATH _____ ROOF TILE IN-PROGRESS _____ ELECTRICAL ROUGH-IN _____ GAS ROUGH-IN _____ METER FINAL _____ FINAL ELECTRICAL _____ FINAL GAS _____ BUILDING FINAL _____
---	--

ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10881		
ADDRESS:	110 HENRY SEWALL WAY		
DATE ISSUED:	5/23/2014	SCOPE OF WORK:	FENCE REPLACEMENT

SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	
---	--	-----------------------	----	--

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 2,155.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	109.00

*Pa 6/2/14
CK 6290*



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10881		
ADDRESS:	110 HENRY SEWALL WAY		
DATE ISSUED:	5/23/2014	SCOPE OF WORK:	FENCE REPLACEMENT

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
------------------------------------	----------------	----	--

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)	\$	
--	----	--

(No plan submittal fee when value is less than \$100 000)

A GREAT FENCE LLC
 515 NW ENTERPRISE DR.
 PORT SAINT LUCIE, FL 34986

Bank of America
 ACH/R/T 063100277

06/02/2014

6290

63-27/631 FL
 24473

PAY TO THE ORDER OF

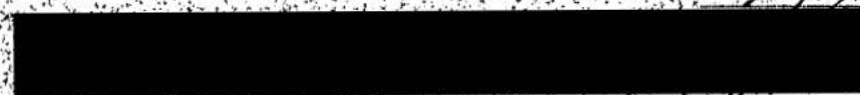
Town of Sewall's Point

\$ 109.00

ONE HUNDRED NINE ⁰⁰/₁₀₀

DOLLARS

MEMO: Permit *108881*



[Signature]
 AUTHORIZED SIGNATURE

TOTAL BUILDING PERMIT FEE:	\$	\$	-
----------------------------	----	----	---

ACCESSORY PERMIT	Declared Value:	\$	\$	2,155.00
Total number of inspections:	@ \$ 100.00 per insp. # insp	\$	1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$	2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$	2.00
Road impact assessment: (.04% of construction value - \$5 min.)			\$	5.00

TOTAL ACCESSORY PERMIT FEE:	\$	109.00
-----------------------------	----	--------

*Pa 6/2/14
 CK 6290*

NOTES

RECEIPT

DATE 6-2-14 NO. 550245

RECEIVED FROM A Great Foundation

ADDRESS PO Box Lucie

FOR Permit 10881-110 Henry Small Way \$ 109.00

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT		CASH	
AMT. PAID		CHECK	<u>109.00</u>
BALANCE DUE		MONEY ORDER	

BY [Signature]

©2001 REDIFORM® 8L802

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: 05/19/14

Permit Number: 10881

OWNER/LESSEE NAME: CRAIG Williams Phone (Day) 631-7101 (Fax) _____

Job Site Address: 110 HENRY SEWALL WY City: SEWALL'S POINT State: FL Zip: 34996

Legal Description LOT 13 SEWALL'S MEADOW P814P632 Parcel Control Number: 13-38-41-013-000-00130-0

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** REPAIR EXISTING WOOD FENCE 136' L.F. 6' TALL BOB1-4' W6

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO X

Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO _____
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2155.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: A GALT FENCE Phone: 812-0223 Fax: 408-0272

Qualifiers name: DANIEL BAILEY Street: 540 NW MERCANTILE PL City: PSL State: FL Zip: 34986

State License Number: N/A OR: Municipality: MARTIN COUNTY License Number: MCFE5176

LOCAL CONTACT: DANIEL BAILEY Phone Number: 772-812-0223

DESIGN PROFESSIONAL: N/A Fla. License# _____

Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement

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

WARNINGS TO OWNERS AND CONTRACTORS:

- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

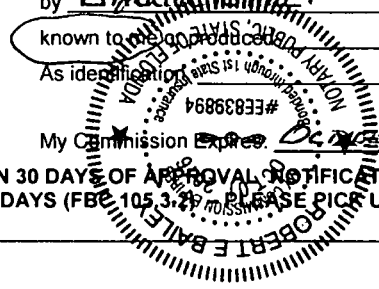
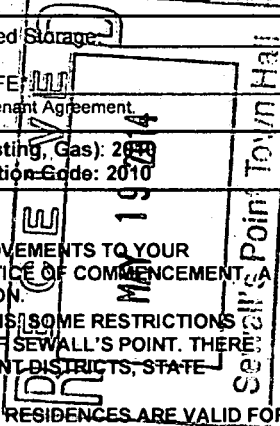
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

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

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

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X _____
State of Florida, County of: ST LUCIE
On This the 19 day of MAY, 2014
by DANIEL BAILEY who is personally
known to me or produced _____
As identification _____
Notary Public
My Commission Expires: OCTOBER 1, 2016

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



CITY OF PORT ST. LUCIE
BUILDING DEPARTMENT 108693
CERTIFICATE OF COMPETENCY
EXPIRE: 09/30/14

BAILEY, DARRICK
A GREAT FENCE LLC
540 NW MERCANTILE PL
PORT ST LUCIE, FL 34986

SIGNATURE



FENCE INSTALLATION

FL#:

PSL14-9089

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 8/27/2013
PRODUCER KRETSCHMER INS AGENCY INC 3109 Oleander Ave Fort Pierce, FL 34982 (772) 467-6656	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 A Great Fence, LLC 540 Mercantile Placo Port Saint Lucie, Fl 34986 (772) 812-0223	INSURERS AFFORDING COVERAGE INSURER A: FirstComp INSURER B: INSURER C: INSURER D: INSURER E:	NAIC#

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS								
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA Occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADJ INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP ACC \$								
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) \$								
CARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY - 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 \$ \$ \$								
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY EMPLOYER/EMPLOYEE/CONTRACTOR/OTHERS UNDER SPECIAL PROVISIONS below OTHER	MWC0012455-02 MWC0012455-03	09/15/12 09/15/13	09/15/13 09/15/14	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>W/C STAT - TONY LIMITS</td> <td>OTR - TIR</td> </tr> <tr> <td>E.L. ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	W/C STAT - TONY LIMITS	OTR - TIR	E.L. ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
W/C STAT - TONY LIMITS	OTR - TIR											
E.L. ACCIDENT	\$ 1,000,000											
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000											
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000											

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

CERTIFICATE HOLDER FOR INSURANCE PURPOSES	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>Cancel tree</i>
---	--



AGREA-1

OP ID: SW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/02/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kearns Agency of Florida Inc. P O Box 1049 Jensen Beach, FL 34958 Lawrence E. Kearns		Phone: 772-334-5822 Fax: 772-334-0940	CONTACT NAME: PHONE (A/C, No, FAX): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED A Great Fence LLC 540 NE Mercantile Place Port St. Lucie, FL 34986		INSURER A: Auto-Owners Insurance Co. NAIC # 18988 INSURER B: Southern Owners Insurance Co. NAIC # 10190 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

ISR TR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
3	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		72031135	08/13/2013	08/13/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (For occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/DP AGG \$ 2,000,000
CENTL AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		4888640800	07/18/2013	07/18/2014	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (For person) \$ BODILY INJURY (For accident) \$ PROPERTY DAMAGE (For accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/ OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS OTHER CL. LASH ACCIDENT \$ EL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER For Insurance Purposo	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
A GREAT FENCE, LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (LLC corporation, S=S corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
540 NW MERCANTILE PLACE

City, state, and ZIP code
PORT ST LUCIE, FL 34986

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 2.

Social security number
[] [] [] - [] [] [] [] [] []

Employer identification number
7 2 - 1 6 1 6 7 2 4

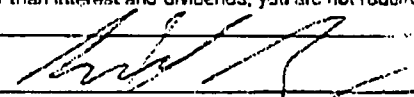
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶  Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding. If you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

A Great Fence, LLC

(772) 812-0223

Licensed and Insured
(772) 408-0272 Fax
www.AGreatFence.com

4M 4/24

INVT# 1431
5/2/14
1/Posted

Proposal / Contract

Customer's Name: **CRAIG WILLIAMS** Date: **4/23/14**
 Address: **110 HENRY SEWALL WAY** City: **STUART** State: **FL** Zip: **34996**
 Phone: **772-631-7101** Cell: Work: Fax:

RESIDENTIAL COMMERCIAL INDUSTRIAL

To be installed at:

Total Footage	Height
126'	6'
Walk Gate (s)	Drive Gate (s)
1	
Size (s)	Size (s)
4'	
Pool Barrier	Removal
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Additional Instructions

WOOD

Type	Style
<input checked="" type="radio"/> Hand Build <input type="radio"/> Pre Fab	BOB
Good Side	Gate Frame
In <input type="radio"/> <input checked="" type="radio"/> Out	<input checked="" type="radio"/> Metal <input type="radio"/> Wood

CHAIN LINK

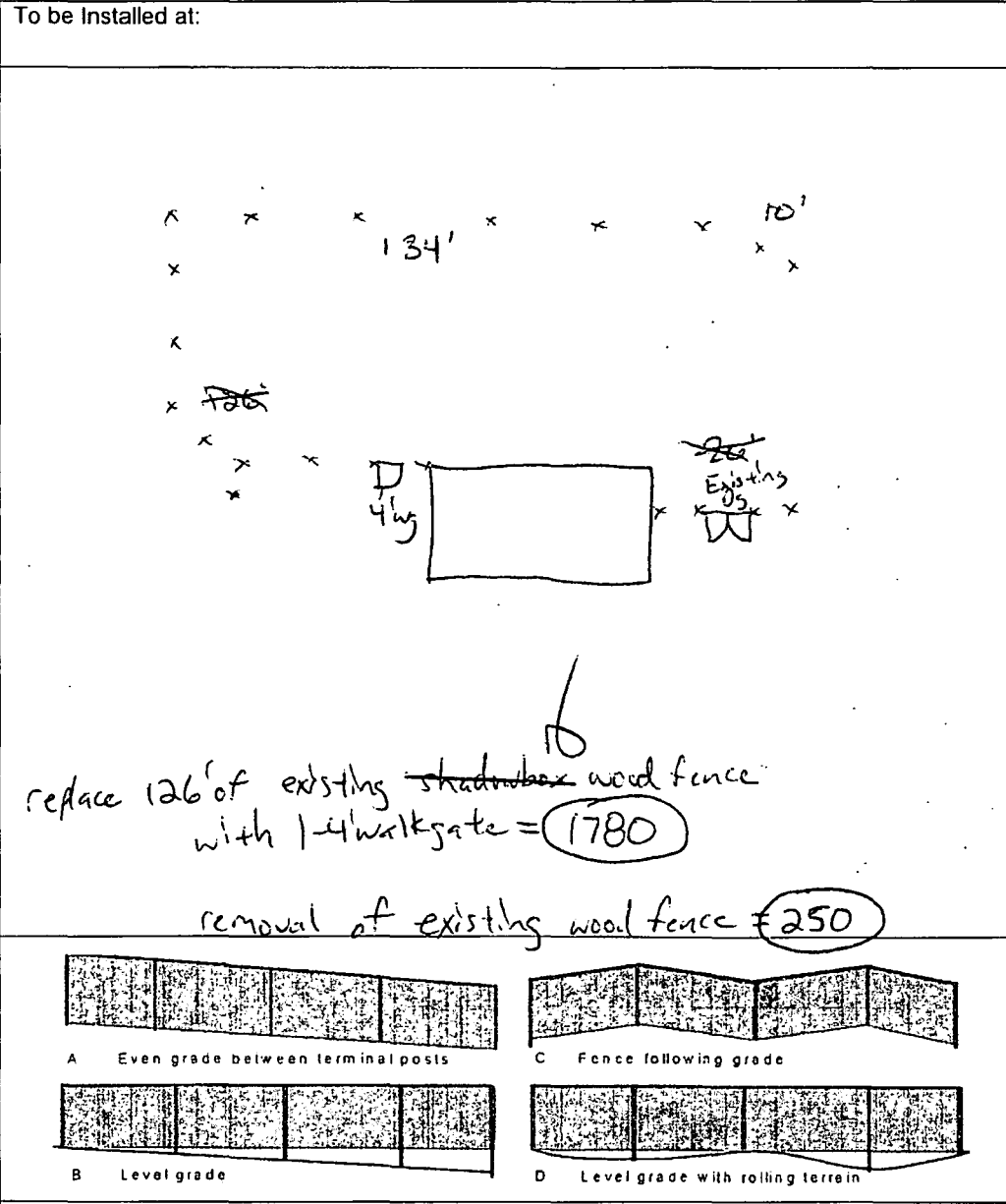
Type	Color
Galv. <input type="radio"/> Vinyl <input type="radio"/>	
Knuckles	Tension Wire
Up <input type="radio"/> Down <input type="radio"/>	Top <input type="radio"/> Bottom <input type="radio"/>
Rail	Middle Rail
Top <input type="radio"/> Bottom <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

PVC VINYL

Type	
Picket <input type="radio"/> Semi Private <input type="radio"/> Privacy <input type="radio"/>	
Style	Color

ORNAMENTAL

Style	Type
	Alum <input type="radio"/> Iron <input type="radio"/>
Color	Other



Additional Instructions

PROJECT PRICE **2155**
 DEPOSIT **1,000** *02/13/2014*
 BALANCE DUE **1159**
 PERMIT **125-**

Approval of Proposal - Contract: The project price, specifications and Terms / Conditions on reverse side are accepted. A Great Fence, LLC is authorized to do the work specified. Upon signing by Purchaser this becomes a binding contract. SEE REVERSE SIDE FOR TERM / CONDITIONS AND WARRANTY INFORMATION.

CUSTOMER'S SIGNATURE: *[Signature]* DATE: **5-1-14**
 SALES REP: *[Signature]* CELL #: **772-209-2845**

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 5/23/2014 3:49:27 PM EDT
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-013-000-00130-0	119117	110 HENRY SEWALL WAY, SEWALL'S POINT	\$526,470	5/21/2014

Owner Information

Owner(Current)	WILLIAMS CRAIG C & KATHERINE
Owner/Mail Address	110 HENRY SEWALL WAY STUART FL 34996
Sale Date	12/21/2000
Document Book/Page	1523 2517
Document No.	JMB
Sale Price	420000

Location/Description

Account #	119117	Map Page No.	SP-05
Tax District	2200	Legal Description	LOT 13 SEWALL'S MEADOW (PB 14 PG 32)
Parcel Address	110 HENRY SEWALL WAY, SEWALL'S POINT		
Acres	.5200		

Parcel Type

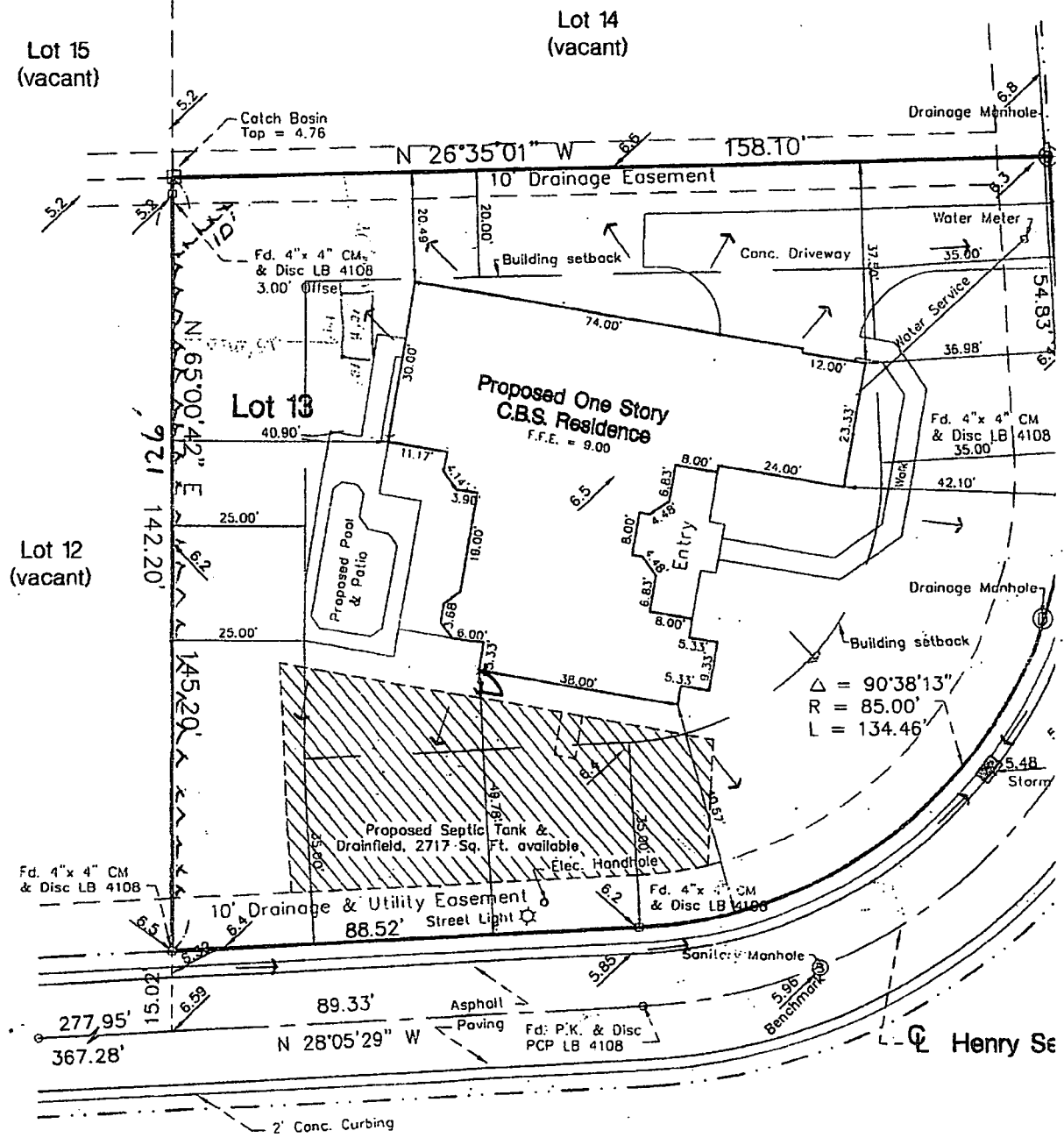
Use Code	0100 Single Family
Neighborhood	120300 Sewall's Meadow

Assessment Information

Market Land Value	\$225,000
Market Improvement Value	\$301,470
Market Total Value	\$526,470

**TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY**

Fd. P.K.
PCP LB



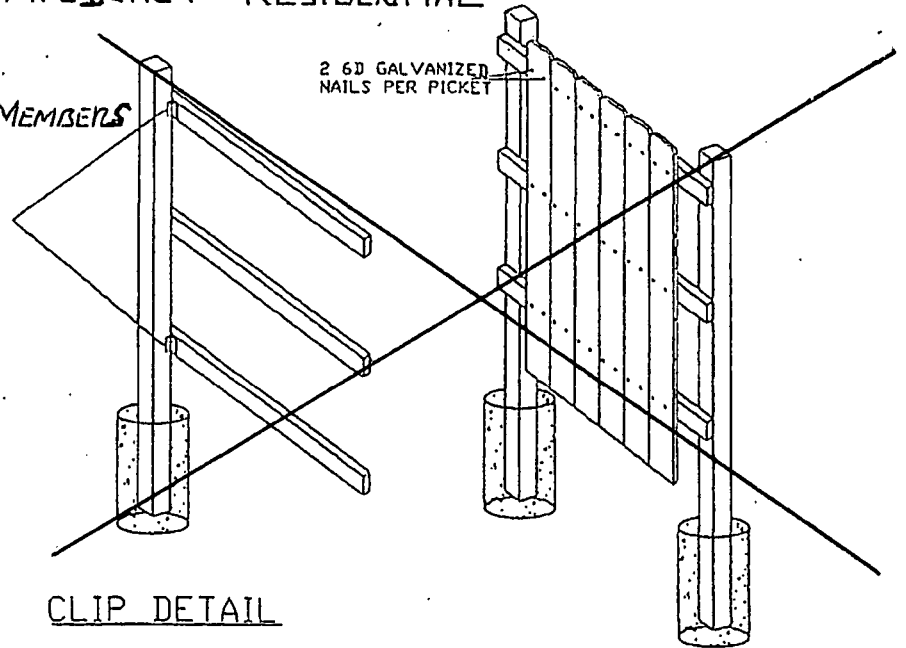
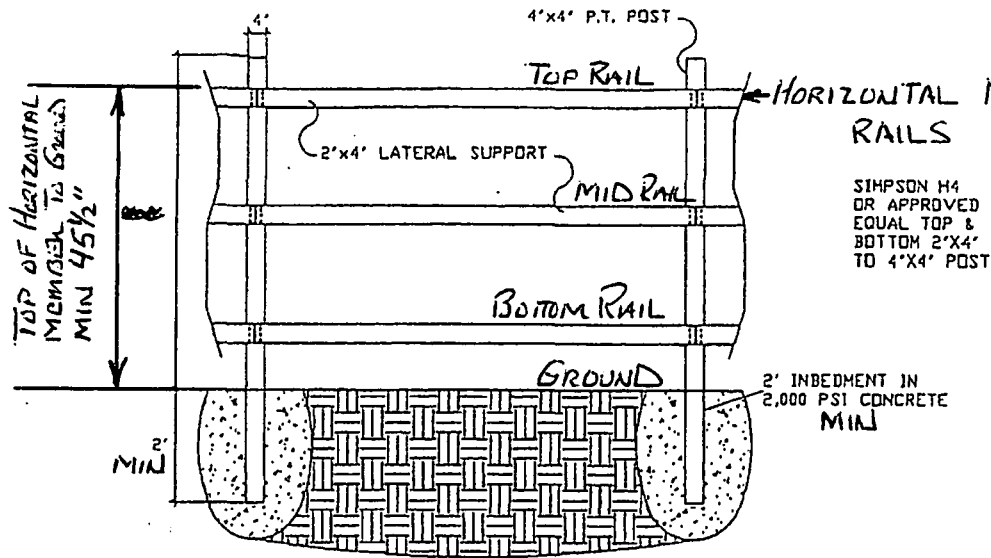
$\Delta = 90^{\circ}38'13''$
 $R = 85.00'$
 $L = 134.46'$

AREA CALCULATIONS

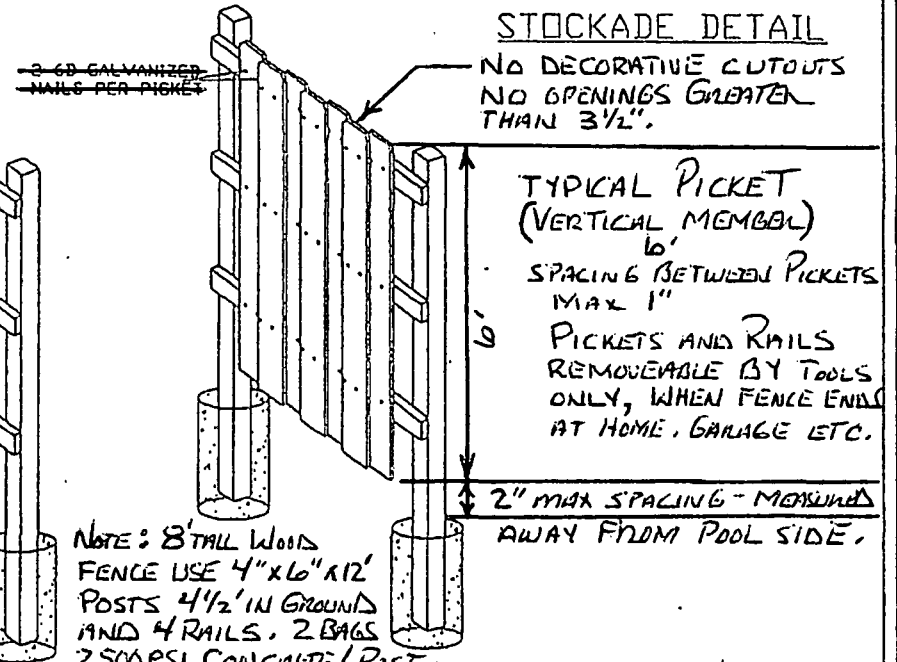
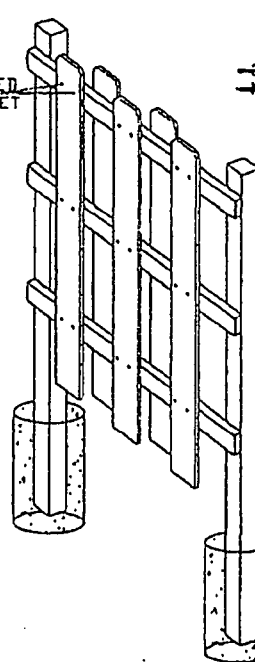
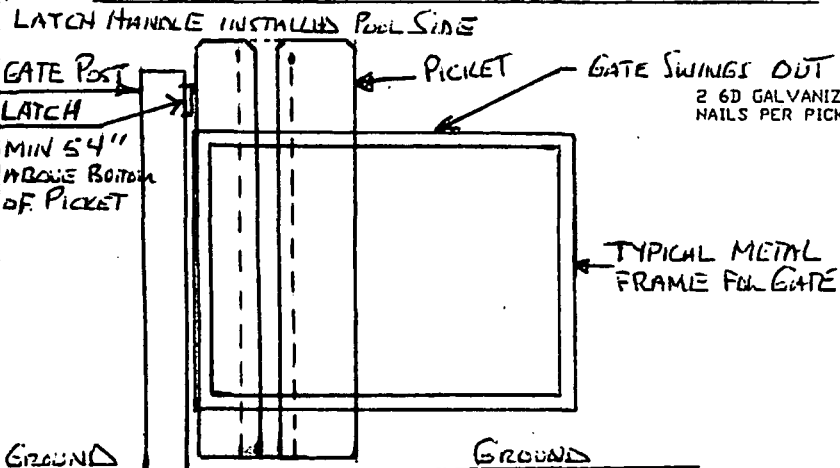
Lot =	22,669 square feet
Building =	4,685 square feet
Drive & Walk =	1,529 square feet
Pool & Patio =	850 square feet
TOTAL IMPERMEABLE =	7,044 square feet
TOTAL IMPERMEABLE =	0.3107%

WHEN USED AS POOL BARRIER

R4101.17 COMPLAINT RESIDENTIAL



BOB TYPICAL FENCE STRUCTURE



NO OPENINGS GREATER THAN 1/2" WITHIN 18" OF RELEASE MECHANISM (HANDLE)

A GREAT FENCE, LLC

SHADOW BOX DETAIL

BOARD ON BOARD DETAIL - PICKETS

NORMAL CONSTRUCTION TOLERANCES APPLY
 NO INDENTATIONS OR PROTRUSIONS

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri *6/6* - *14* Page *14* of *14*

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10849	GOULD 48 S SP7 RD ARODAO CONST	STAIR WALK SLAB	PASS	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10851	WILLIAMS 110 HENRY SEWALL A GARAGE FENCE	CEILING FENCE FINAL	FAIL PASS	FAIL CLOSE INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10760	KIMMAN 85 N. SP7 RD SCOTT HOLMES	FINAL BOAT LIFT	PASS	CLOSE INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10061	ELDER 110 S SP7 RD O/B	KRAMING TIE DOWN	RESET	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10871	JUSTAK 171 S SP7 RD STUART FENCE	FENCE FINAL	PASS	CLOSE INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

10889

AC CHANGE OUT



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

BUILDING PERMIT CARD

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10889	DATE ISSUED:	5/30/2014
SCOPE OF WORK:	A/C CHANGE OUT - 2 SYSTEMS		
CONTRACTOR:	KRAUSS & CRANE, INC.		
PARCEL CONTROL NUMBER:	133841013000001300	SUBDIVISION	LOT 13 SEWALL'S MEADOW
CONSTRUCTION ADDRESS:	110 HENRY SEWALL WAY		
OWNER NAME:	WILLIAMS		
QUALIFIER:	JOHN H CRANI III	CONTACT PHONE NUMBER:	772 287-1227

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

UNDERGROUND PLUMBING _____ UNDERGROUND MECHANICAL _____ STEM-WALL FOOTING _____ SLAB _____ ROOF SHEATHING _____ TIE DOWN /TRUSS ENG _____ WINDOW/DOOR BUCKS _____ ROOF DRY-IN/METAL _____ PLUMBING ROUGH-IN _____ MECHANICAL ROUGH-IN _____ FRAMING _____ FINAL PLUMBING _____ FINAL MECHANICAL _____ FINAL ROOF _____	UNDERGROUND GAS _____ UNDERGROUND ELECTRICAL _____ FOOTING _____ TIE BEAM/COLUMNS _____ WALL SHEATHING _____ INSULATION _____ LATH _____ ROOF TILE IN-PROGRESS _____ ELECTRICAL ROUGH-IN _____ GAS ROUGH-IN _____ METER FINAL _____ FINAL ELECTRICAL _____ FINAL GAS _____ BUILDING FINAL _____
---	--

ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10889		
ADDRESS:	110 HENRY SEWALL WAY		
DATE ISSUED:	5/30/2014	SCOPE OF WORK:	A/C CHANGE OUT - 2 SYTEMS

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
------------------------------------	----------------	----	--

KRAUSS & CRANE, INC.
 P.O. Box 1259
 STUART, FL 34995-1259

SEACOAST NATIONAL BANK
 STUART-FLORIDA 34996

29053

6-2-14

PAY TO THE ORDER OF

TOWN OF SEWALLS PT

\$ 109⁰⁰/₁₀₀

ONE HUNDRED NINE & 00/100

DOLLARS

MEMO



Paul Crane

AUTHORIZED SIGNATURE

Martin County Impact Fee:	\$	
TOTAL BUILDING PERMIT FEE:	\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 7,475.00
Total number of inspections:	@ \$ 100.00 per insp. # insp	\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)			\$ 5.00

TOTAL ACCESSORY PERMIT FEE:	\$	109.00
------------------------------------	----	--------

Pd 6/2/14
 CK 29053

Security Features Included



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
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SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	
---	--	-----------------------	-----------	--

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)			\$	
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.			\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.			\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.			\$	-
Total Construction Value:			\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)			\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)			\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp				n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)				n/a
Martin County Impact Fee:			\$	
TOTAL BUILDING PERMIT FEE:			\$	\$ -

ACCESSORY PERMIT	Declared Value:		\$	\$ 7,475.00
Total number of inspections: @ \$ 100.00 per insp. # insp			\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)			\$	\$ 5.00
TOTAL ACCESSORY PERMIT FEE:			\$	\$ 109.00

*Pd 6/2/14
CK 29053*

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10889

Date: 23 May 2014

OWNER/LESSEE NAME: Craig C. & Katherine Williams Phone (Day) 781-4344 (Fax)

Job Site Address: 110 Henry Sewall Way City: Stuart State: FL Zip: 34996

Legal Description 110 Henry Sewall Way Parcel Control Number: 13-3B-41-013-000-00130-0

Fee Simple Holder Name: Address:

City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): Replace 2 A/C SYSTEMS LIKE FOR LIKE

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NO
Has a Zoning Variance ever been granted on this property? YES (YEAR) NO (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 7475.00 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AEG AEB X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Krauss & Crane, Inc. Phone: 772-287-1227 Fax: 772-283-4055

Qualifiers name: John H. Crane III Street: 904 S. Dixie Hwy City: Stuart State: FL Zip: 34994

State License Number: CAC049286 OR: Municipality: License Number:

LOCAL CONTACT: John H. Crane III Phone Number: 772-287-1227

DESIGN PROFESSIONAL: Fla. License#

Street: City: State: Zip: Phone Number:

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage: Carport: Total under Roof Elevated Deck: Enclosed area below BFE*: * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95. 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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

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

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: X John Crane State of Florida, County of: Martin On This the day of May 2014 by John Crane III who is personally known to me or produced As identification: MICHELLE THOMAS MY COMMISSION #FF100795 EXPIRES March 23, 2018 Notary Public My Commission Expires: Florida Notary Public

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

AC# S225997

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L120725009

DATE	BATCH NUMBER	LICENSE NBR
07/25/2012	128017754	CAC049286



The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489, F.S.
Expiration date: AUG 31, 2014

CRANE, JOHN HENRY III
KRAUSS AND CRANE INC
904 S DIXIE HWY
PO BOX 1259
STUART

FL 34995-1259

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

2013-2014

MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604

ACCOUNT 1973-518-0285 CERT# CAC049286

PHONE (772) 287-1227 SIC NO 023511

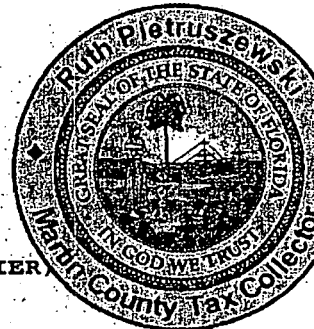
LOCATION:

904 S DIXIE HWY MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$.00	LIC. FEE \$ 26.25
\$.00	PENALTY \$.00
\$.00	COL. FEE \$.00
\$.00	TRANSFER \$.00
TOTAL 26.25	

CRANE, JOHN HENRY III (QUALIFIER)
KRAUSS & CRANE, INC.
P O BOX 1259
STUART, FL 34995-1259



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **A/C CONTRACTOR**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

13 DAY OF SEPTEMBER 20 13
AND ENDING SEPTEMBER 30, 2014

11 2012 33682.0001 26.25 PAID



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/21/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Joseph E. Coons, CPCU. CIC.	Phone: 772-286-4334 Fax: 772-286-9389	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):																				
	INSURED Krauss & Crane, Inc. John Crane P.O. Box 1259 Stuart, FL 34995		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>Southern Owners</td> <td>10190</td> </tr> <tr> <td>INSURER B :</td> <td>Auto Owners Insurance Co</td> <td>18988</td> </tr> <tr> <td>INSURER C :</td> <td>Zenith Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Southern Owners	10190	INSURER B :	Auto Owners Insurance Co	18988	INSURER C :	Zenith Insurance Company		INSURER D :			INSURER E :			INSURER F :	
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INSURER E :																							
INSURER F :																							

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

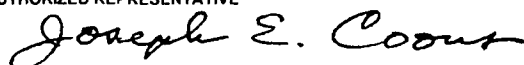
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			72057542	06/01/14	06/01/15	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
B	AUTOMOBILE LIABILITY			9543505401	06/01/14	06/01/15	COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ 500,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$ 500,000
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$ 500,000
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Z068006409	01/01/14	01/01/15	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Heating & A/C Systems

CERTIFICATE HOLDER

CANCELLATION

TOWSP-1 Town of Sewalls Point 1 South Sewalls Point Road Sewalls Point, FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

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

3214A2

generated on 5/27/2014 9:12:48 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-013-000-00130-0	119117	110 HENRY SEWALL WAY, SEWALL'S POINT	\$526,470	5/21/2014

Owner Information	
Owner(Current)	WILLIAMS CRAIG C & KATHERINE
Owner/Mail Address	110 HENRY SEWALL WAY STUART FL 34996
Sale Date	12/21/2000
Document Book/Page	1523 2517
Document No.	JMB
Sale Price	420000

Location/Description			
Account #	119117	Map Page No.	SP-05
Tax District	2200	Legal Description	LOT 13 SEWALL'S MEADOW (PB 14 PG 32)
Parcel Address	110 HENRY SEWALL WAY, SEWALL'S POINT		
Acres	.5200		

Parcel Type	
Use Code	0100 Single Family
Neighborhood	120300 Sewall's Meadow

Assessment Information	
Market Land Value	\$225,000
Market Improvement Value	\$301,470
Market Total Value	\$526,470



Krauss & Crane, Inc.

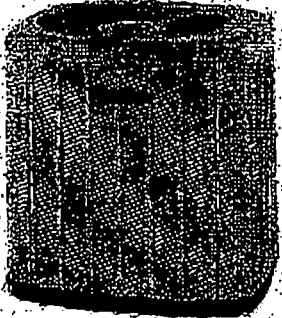


AIR CONDITIONING SALES AND SERVICE

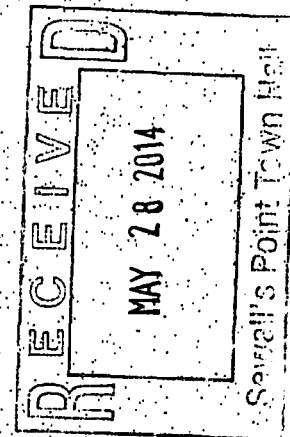
904 South Dixie Highway • P.O. Box 1259 • Stuart, Florida 34994-1259
 772-287-1227 • Fax 772-283-4055 • Email: kandc@kciac.com

License
CAC049286

FLORIDA'S OLDEST TRANE DEALER - THE LEADER IN RELIABILITY SINCE 1957

Name:	Craig Williams	Consultant:	Mike Foster
Site Address:	110 Henry Sewall Way	Date:	5/28/2014
City:	Stuart	Proposal #:	R105282014113827-1
State:	FL	City:	
Phone:	781-4344 631-7101	State:	
Zip:	34996	Phone:	
		Postal Code:	

Trane XR15 Cooling Unit	Trane Air Handler	System Investment
		
Base System:		\$9,300.26
Optional Items Total:		\$0.00
FPL Rebates:		<\$1,280.00>
Cash Discount:		<\$545.26>
Sales Tax:		\$0.00
System Total:		\$7,475.00
Initial Investment:		\$0.00
Balance:		\$7,475.00
Term:	Rate: %	Est. Payment: \$0.00
Investment Type:		Check
Net Investment After Credit & Rebates:		\$7,475.00





1957

Krauss & Crane, Inc.

AIR CONDITIONING SALES AND SERVICE

904 South Dixie Highway • P.O. Box 1259 • Stuart, Florida 34994-1259
772-287-1227 • Fax 772-283-4055 • Email: kande@keiac.com

License
CAC049286

FLORIDA'S OLDEST TRANE DEALER - THE LEADER IN RELIABILITY SINCE 1957

Name **Craig Williams** Proposal Number **R10523201482426-1** Date **5/23/2014**

Components in Base System Investment

Tax Credits and Rebates

Qty.	Model#	Description	Inclusions
1	GAM5B0B30M21SA	Trane Hyperion High Efficiency Air Handler	All work to be performed in a neat manner. Charge system to manufactures specifications. Clean up work area before leaving worksite. Complete system start up. Ensure proper condensate drainage. Evacuate refrigerant system to remove all moisture. Installation to meet or exceed all codes. Our own professional journeyman class technicians Quality Assurance Review. Properly dispose of old equipment off premises. Outside unit secured to hurricane code. Warranty is 10 years parts and 1 year labor.
1	4TTB6049A1000A	Trane XB16 4 Ton Cooling Unit	
1	GAM5B0C48M41SA	Trane Hyperion High Efficiency Air Handler	
1	4TTB6030A1000A	Trane XB16 2.5 Ton Cooling Unit	
2	LNFLSH1-3	Clean existing ref. piping for reuse with R-410A up to 3 tons	
1	BAYEAAC08BK1AA	8kw Trane strip heater for Series 4 and 5 air handlers with circuit breaker.	
1	BAYEAAC10BK1AA	10kw Trane strip heater for Series 4 and 5 air handlers with circuit breaker.	
1	TFD235ALAH000C	Trane Clean Effects Whole House Air Cleaner	
1	TFD215ALAH000C	Trane Clean Effects Whole House Air Cleaner	
1	ESA-1	One Year Energy Savings Agreement.	
4	ELECTRECON	Reconnect Electrical to Equipment	
2	DRIPPAN-FS	Drip Pan For Air Handler With Float Switch	
2	SUP PLENUM	New Supply Plenum	
2	HORZ-RETURN- PLENUM	New Horizontal Return Plenum	
1	PER-SP	Permit Fee for Sewalls Point	
2	EVAC-RECLAIM	Evacuate / Reclaim Existing Refrigerant	
2	AC-COND1	Outdoor Unit With Air Handler	
2	HORZ-AH3	Indoor Unit In Attic Area	

Exclusions

Homeowners are required to register equipment warranties within 60 days of installation.

Installation Instructions

By signing this agreement I acknowledge that I have read and understand each page, including the terms and conditions.

Customer

Date
5-23-14

Representative

Approved by

Date
5/23/14
Date
5/23/14



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

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Trane Model# 6AM560B30M21 Condenser: Mfg Trane Model# 4TTB030A1000A
Volts 208/230 CFM's 1000 Heat Strip 8 Kw Volts 208/230 SEER/EER 16/13 BTU's 30000
Min. Circuit Amps 38 Wire gauge 6 Min. Circuit Amps 15 Wire gauge 10
Max. Breaker size 40 Min. Breaker size 38 Max. Breaker size 25 Min. Breaker size 25
Ref. line size: Liquid 3/8 Suction 7/8 Ref. line size: Liquid 3/8 Suction 7/8
Refrigerant type R410A Refrigerant type R410A
Location: Existing Attic New Attic Location: Existing outside New outside
Attic/Garage/Closet (specify) Above garage Left/Right/Rear/Front/Roof Right of garage
Access: Scuttle Condensate Location At condenser
(Contractor must provide ladder if required)

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# RBHA17J11 Condenser: Mfg Rheem Model# RALB030JA2
Volts 208/230 CFM's 1000 Heat Strip 8 Kw Volts 208/230 SEER/EER 10 BTU's 30K
Min. Circuit Amps 38 Wire gauge 6 Min. Circuit Amps 20 Wire gauge 10
Max. Breaker size 40 Min. Breaker size 35 Max. Breaker size 25 Min. Breaker size 25
Ref. line size: Liquid 3/8 Suction 7/8 Ref. line size: Liquid 3/8 Suction 7/8
Refrigerant type R22 Refrigerant type R22
Location: Ext. Attic New Attic Location: Ext. outside New outside
Attic/Garage/Closet (specify) Above garage Left/Right/Rear/Front/Roof Right of garage
Access: Scuttle Condensate Location At condenser

Certification:

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

Signature [Handwritten Signature]

Date 5-28-14



TRANE®

General Data

PRODUCT SPECIFICATIONS

MODEL	GAM5B0A18M11SB GAM5B0A18M11EA	GAM5B0A24M21SB GAM5B0A24M21EA	GAM5B0B30M21SB GAM5B0B30M21EA
RATED VOLTS/PH/HZ.	208-230/1/60	208-230/1/60	208-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	3 - 14	3 - 14
Face Area (sq. ft.)	3.67	3.67	4.13
Tube Size (in.)	3/8	3/8	3/8
Refrigerant Control	TXV	TXV	TXV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 8	11 X 8	11 X 10
No. Used	1	1	1
Drive - No. Speeds	Direct - 5	Direct - 5	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/3	1 - 1/3	1 - 1/3
Motor Speed R.P.M.	1050	1050	1050
Volts/Ph/Hz	208-230/1/60	208-230/1/60	208-230/1/60
F.L. Amps	2.8	2.8	2.8
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No.-Size-Thickness	1 - 16 X 20 - 1 in.	1 - 16 X 20 - 1 in.	1 - 20 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed	Brazed
Coupling or Conn. Size — in. Gas	3/4	3/4	3/4
Coupling or Conn. Size — in. Liq.	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	51-3/8 x 20-1/2 x 25-3/4	51-3/8 x 20-1/2 x 25-3/4	53 x 24-1/4 x 25-3/4
Uncrated	49-7/8 x 17-1/2 x 21-3/4	49-7/8 x 17-1/2 x 21-3/4	51-1/2 x 21-1/4 x 21-3/4
WEIGHT			
Shipping (Lbs.)/Net (Lbs.)	126/120	126/120	140/132

PRODUCT SPECIFICATIONS

MODEL	GAM5B0B36M31SB GAM5B0B36M31EA	GAM5B0C42M31SB GAM5B0C42M31EA
RATED VOLTS/PH/HZ.	208-230/1/60	208-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	4 - 14
Face Area (sq. ft.)	5.04	5.04
Tube (in.)	3/8	3/8
Refrigerant Control	TXV	TXV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 10	11 X 10
No. Used	1	1
Drive - No. Speeds	Direct - 5	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/2	1 - 1/2
Motor Speed R.P.M.	1050	1050
Volts/Ph/Hz	208-230/1/60	208-230/1/60
F.L. Amps	4.1	4.1
FILTER		
Filter Furnished?	No	No
Type Recommended	Throwaway	Throwaway
No.-Size-Thickness	1 - 20 X 20 - 1 in.	1 - 22 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed
Coupling or Conn. Size — in. Gas	7/8	7/8
Coupling or Conn. Size — in. Liq.	3/8	3/8
DIMENSIONS	H x W x D	H x W x D
Crated (In.)	57-1/4 x 24-1/4 x 25-3/4	58-1/2 x 27-1/2 x 25-3/4
Uncrated	55-3/4 x 21-1/4 x 21-3/4	56-7/8 x 23-1/2 x 21-3/4
WEIGHT		
Shipping (Lbs.)/Net (Lbs.)	150/142	163/153

① These Air Handlers are A.H.R.I. certified with various Split System Air Conditioners and Heat Pumps (AHR1 STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

② 3/4" Male Plastic Pipe (Ref.: ASTM 1785-76)



System#1

General Data

Product Specifications

Model No. ①	4TTB6018A1000A	4TTB6024A1000A	4TTB6030A1000A	4TTB6036A1000A
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60
Min Cir Ampacity	9	9	15	19
Max Fuse Size (Amps)	15	15	25	30
Compressors	RECIP	RECIP	RECIP	SCROLL
No. Used - No. Stages	1-1	1-1	1-1	1-1
RL AMPS - LR AMPS	6.4 - 39	6.8 - 38.6	11.5 - 63.5	14.1 - 77
Outdoor Fan FL Amps	0.74	0.74	1.2	0.93
Fan HP	1/8	1/8	1/5	1/5
Fan Dia (inches)	23	23	27.6	27.6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	5/2-LB/OZ	6/3-LB/OZ	7/0-LB/OZ	7/4-LB/OZ
Line Size - (in.) O.D. Gas ③	5/8	3/4	3/4	3/4
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	34 x 30.1 x 33	34 x 30.1 x 33	38.4 x 35.1 x 38.7	42.4 x 35.1 x 38.7
Weight - Shipping	200	201	234	228
Weight - Net	173	174	201	193
Start Components	YES	YES	YES	NO
Sound Enclosure	YES	YES	YES	NO
Compressor Sump Heat	NO	NO	NO	NO
Optional Accessories: ④				
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control A/C	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Crank Case Heater Kit	BAYCCHT300	BAYCCHT300	BAYCCHT300	BAYCCHT300
Hard Start Kit Scroll				BAYKSKT260
Extreme Condition Mounting Kit	BAYECMT023	BAYECMT023	BAYECMT004	BAYECMT004
Snow Leg - Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg - 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Refrigerant Lineset ⑤	TAYREFLN950	TAYREFLN7*	TAYREFLN7*	TAYREFLN7*

① Certified in accordance with the Air-Source Unitary Heat Pump Equipment certification program which is based on AHRI Standard 210/240.

② Calculated in accordance with N.E.C. Only use HACR circuit breakers or fuses.

③ Standard line lengths - 80'. Standard lift - 60' Suction and Liquid line. For Greater lengths and lifts refer to refrigerant piping software Pub# 32-3312-01. (*denotes latest revision)

④ For accessory description and usage, see pages 5 and 6.

⑤ * = 15, 20, 25, 30, 40 and 50 foot lineset available.

Sound Power Level

Model	A-Weighted Sound Power Level [dB(A)]	Full Octave Sound Power [dB]							
		63 Hz	125 Hz	250 Hz	500 Hz	1000 Hz	2000 Hz	4000 Hz	8000 Hz
4TTB6018A1	79	51	61	65	74	74	72	61	51
4TTB6024A1	79	49	62	66	74	74	69	62	54
4TTB6030A1	80	54	69	72	78	76	72	64	54
4TTB6036A1	78	49	68	73	76	74	70	62	51
4TTB6042A1	80	49	69	74	77	75	70	62	51
4TTB6048A1	80	49	69	74	77	75	70	62	51
4TTB6049A1	76	71	70	65	67	35	59	52	45
4TTB6060A1	80	49	69	74	77	75	70	62	51
4TTB6061A1	76	68	70	66	69	66	57	57	53

Note: Rated in accordance with AHRI Standard 270-2008



It's Hard To Stop A Trane.



Home : Site Map : He

System#1

Select a Portal V

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SABRINA GILMOUR

- ▶ Order Center
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- ▶ Product Info
- ▶ Tech Support
- ▶ Admin Center

ARI REF #	AIR HANDLER	CFM	TOTAL CAPACITY	SENSIBLE CAPACITY	KW
5884259	4TXAC044BC3	1000	28600	20900	2.34
5884270	4TXCB004CC3	1000	29000	20900	2.38
5884286	4TXCB025BC3	875	27000	20000	2.31
5884315	4TXCB031BC3	1000	27600	20200	2.40
5884342	4TXCB032BC3	1000	28200	20600	2.35
5884353	4TXCB036BC3	1000	28200	20600	2.35
5884378	4TXCB042BC3	1000	28200	20600	2.45
5884494	4TXCC044BC3	1000	28600	20900	2.34
5884533	4TXFH033CC3	875	26800	17500	2.35
5884539	4TXFH036CZ3	940	28600	21300	2.33
5884556	4TXFH041CC3	940	28400	21200	2.31

CONDENSING UNIT WITH AIR HANDLERS

ARI REF #	AIR HANDLER	CFM	TOTAL CAPACITY	SENSIBLE CAPACITY	KW
5884579	GAF2A0A24S21+TDR	800	27600	21500	2.15
5884580	GAF2A0A30S21+TDR	875	27600	21100	2.26
5884581	GAF2A0A36M31+TDR	825	27800	21600	2.09
5884582	GAF2A0A36S31+TDR	1025	28400	21000	2.37
5884583	GAM2A0A24S21+TDR	875	27800	21200	2.28
5884584	GAM2A0A30S21+TDR	850	27600	21100	2.25
5884589	GAM5B0A18M11	835	28400	21900	2.13
5884590	GAM5B0A24M21	835	27800	21400	2.09
5884591	GAM5B0E30M21	1080	30000	22700	2.52
5884592	GAM5B0B36M31	1080	30000	22700	2.33
5883983	TAM4A0A24S21+TDR	800	27600	21500	2.23
5883984	TAM4A0A30S21+TDR	925	28000	21000	2.31
5883985	TAM7A0A24H21	845	27800	21600	2.09
5883986	TAM7A0B30H21	965	29600	22700	2.27
5883987	TAM7A0C36H31	925	29800	22700	2.27
5883988	TAM8A0A24V21+BYCC24V	905	28000	21300	2.21
5883989	TAM8A0B30V21+BYCC24V	965	29600	22700	2.27
5883990	TAM8A0C36V31+BYCC24V	925	29800	22700	2.27
6970254	TAM8C0A24V21+BYCC24V	905	28000	21300	2.21
6970255	TAM8C0B30V21+BYCC24V	965	29600	22700	2.27
6970256	TAM8C0C36V31+BYCC24V	925	29800	22700	2.27
5918099	TEM3A0B30S31+TDR	900	28400	22000	2.34
5918100	TEM3A0B36S31+TDR	900	28400	22000	2.34

CONDENSING UNIT WITH FURNACE AND COILS

ARI REF #	COIL	FURNACE	CFM	TOTAL CAPACITY	SENSIBLE CAPACITY	KW
5883991	4CXCA024CC3	TUD1B060A9H3	850	26400	17200	2.2
5883993	4CXCA024CC3	TUD1B080A9H3	860	26600	17300	2.2
5883994	4CXCA024CC3	TUD1B100A9H3	900	26800	17300	2.2
5883995	4CXCA024CC3	TUH2B060A9V3	890	26600	17200	2.2
5883996	4CXCA024CC3	TUH2B080A9V3	840	26200	17000	2.2



Electrical Data

WIRING DATA											
GAM5B0B30M21SB, GAM5B0B30M21EA											
Heater Model No.	No. of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	2.8*	4	15	-	-	2.8*	4	15
BAYEAAC04BK1A BAYEAAC04LG1A	1	3.84	13100	16.0	24	25	2.88	9800	13.8	21	25
BAYEAAC05BK1A BAYEAAC05LG1A	1	4.80	16400	20.0	29	30	3.60	12300	17.3	25	25
BAYEAAC08BK1A BAYEAAC08LG1A	1	7.68	26200	32.0	44	45	5.76	19700	27.7	38	40
BAYEAAC10BK1A BAYEAAC10LG1A	1	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEAAC10LG3A	1-3 PH	9.60	32800	23.1	32	35	7.20	24600	20.0	28	30
BAYEABC15LG3A ①	1-3 PH	14.40	49200	34.6	46	50	10.80	36900	30.0	41	45
BAYEABC15BK1A - Circuit 1 ②	2	9.60	32800	40	54	60	7.20	24600	34.6	47	50
BAYEABC15BK1A - Circuit 2		4.80	16400	20	25	25	3.60	12300	17.3	22	25

Note: * Motor Amps
 ① 208 V not approved for upflow installations
 ② MCA and MOP for circuit 1 contains the motor amps

WIRING DATA											
GAM5B0B36M31SB, GAM5B0B36M31EA											
Heater Model No.	No. of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	4.1*	5	15	-	-	4.1*	5	15
BAYEAAC04BK1A BAYEAAC04LG1A	1	3.84	13100	16.0	25	25	2.88	9800	13.8	22	25
BAYEAAC05BK1A BAYEAAC05LG1A	1	4.80	16400	20.0	30	30	3.60	12300	17.3	27	30
BAYEAAC08BK1A BAYEAAC08LG1A	1	7.68	26200	32.0	45	45	5.76	19700	27.7	40	40
BAYEAAC10BK1A BAYEAAC10LG1A	1	9.60	32800	40.0	55	60	7.20	24600	34.6	48	50
BAYEAAC10LG3A	1-3 PH	9.60	32800	23.1	33	35	7.20	24600	20.0	30	30
BAYEABC15LG3A	1-3 PH	14.40	49200	34.6	48	50	10.80	36900	30.0	42	45
BAYEABC15BK1A - Circuit 1 ①	2	9.60	32800	40	55	60	7.20	24600	34.6	48	50
BAYEABC15BK1A - Circuit 2		4.80	16400	20	25	25	3.60	12300	17.3	22	25

Note: * Motor Amps
 ① MCA and MOP for circuit 1 contains the motor amps



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

Certificate of Product Ratings

AHRI Certified Reference Number: 5884591 Date: 5/27/2014

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

Outdoor Unit Model Number: 4TTB6030A1

Indoor Unit Model Number: GAM5B0B30M21

Manufacturer: TRANE

Trade/Brand name: XB16

Series name:

Manufacturer responsible for the rating of this system combination is TRANE

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

Cooling Capacity (Btuh):	30000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	

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

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CERTIFICATE NO.: 130456972719394740

Project Information

For: Craig Williams
110 Henry Sewall Way, Stuart, FL 34996
Phone: 781-4344

Notes:

Design Information

Weather: West Palm Beach Intl AP, FL, US

Winter Design Conditions

Outside db	47 °F
Inside db	70 °F
Design TD	23 °F

Summer Design Conditions

Outside db	91 °F
Inside db	75 °F
Design TD	16 °F
Daily range	L
Relative humidity	50 %
Moisture difference	57 gr/lb

Heating Summary

Structure	12806 Btuh
Ducts	2524 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	15330 Btuh

Sensible Cooling Equipment Load Sizing

Structure	19694 Btuh
Ducts	2855 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.96
Equipment sensible load	21737 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft ²)	1224	1224
Volume (ft ³)	12240	12240
Air changes/hour	0.35	0.19
Equiv. AVF (cfm)	72	39

Latent Cooling Equipment Load Sizing

Structure	5080 Btuh
Ducts	816 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	5896 Btuh
Equipment total load	27633 Btuh
Req. total capacity at 0.70 SHR	2.6 ton

Heating Equipment Summary

Make	n/a
Trade	n/a
Model	n/a
AHRI ref no.	n/a
Efficiency	n/a
Heating input	
Heating output	0 Btuh
Temperature rise	0 °F
Actual air flow	0 cfm
Air flow factor	0 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	n/a

Cooling Equipment Summary

Make	n/a
Trade	n/a
Cond	n/a
Coil	n/a
AHRI ref no.	n/a
Efficiency	n/a
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	0 cfm
Air flow factor	0 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

System #1



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

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

Owner: Craig C. & Katherine Williams Contractor name: John H. Crane III

Street address: 110 Henry Sewall Way Jurisdiction: Town of Sewall's Point

City: Stuart Permit No.: _____

Zip: 34996 Final inspection date: _____

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

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

Signature: John Crane Date: 5-28-14

Printed Name: _____

Contractor License #: CAC049286

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

Signature: _____ Date: _____

Printed Name: _____



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

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: <u>Trane</u> Model# <u>6AM500C48M4</u>	Condenser: Mfg <u>Trane</u> Model# <u>4TBW49A1000A</u>
Volts <u>208/230</u> CFM's <u>1600</u> Heat Strip <u>10</u> Kw	Volts <u>208/230</u> SEER/EER <u>16/13</u> BTU's <u>46500</u>
Min. Circuit Amps <u>51</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>20</u> Wire gauge <u>10</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>60</u>	Max. Breaker size <u>45</u> Min. Breaker size <u>45</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>R410A</u>	Refrigerant type <u>R410A</u>
Location: Existing <u>Attic</u> New <u>Attic</u>	Location: Existing <u>outside</u> New <u>outside</u>
Attic/Garage/Closet (specify) <u>Above Garage</u>	Left/Right/Rear/Front/Roof <u>right of garage</u>
Access: <u>Scuttle</u>	Condensate Location <u>at condenser</u>
<u>(Contractor must provide ladder if required)</u>	

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: <u>Rheem</u> Model# <u>RBHA21J11</u>	Condenser: Mfg <u>Rheem</u> Model# <u>RALB045JA2</u>
Volts <u>208/230</u> CFM's <u>1600</u> Heat Strip <u>10</u> Kw	Volts <u>208/230</u> SEER/EER <u>10</u> BTU's <u>48K</u>
Min. Circuit Amps <u>50</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>30</u> Wire gauge <u>10</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>60</u>	Max. Breaker size <u>45</u> Min. Breaker size <u>45</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>R22</u>	Refrigerant type <u>R22</u>
Location: Ext. <u>Attic</u> New <u>Attic</u>	Location: Ext. <u>outside</u> New <u>outside</u>
Attic/Garage/Closet (specify) <u>Above Garage</u>	Left/Right/Rear/Front/Roof <u>right of garage</u>
Access: <u>Scuttle</u>	Condensate Location <u>At condenser</u>

Certification:

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

Signature Johm Cause

Date 5-28-14

**TRANE®**

General Data

PRODUCT SPECIFICATIONS		
MODEL	GAM5B0C48M4TEA GAM5B0C48M4TEA	GAM5B0C60M51SB GAM5B0C60M51EA
RATED VOLTS/PH/HZ.	208-230/1/60	208-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin
Rows — F.P.I.	4 - 14	4 - 14
Face Area (sq. ft.)	5.96	5.96
Tube Size (in.)	3/8	3/8
Refrigerant Control	TXV	TXV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 10	11 X 10
No. Used	1	1
Drive - No. Speeds	Direct - 5	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 3/4	1 - 1
Motor Speed R.P.M.	1050	1050
Volts/Ph/Hz	208-230/1/60	208-230/1/60
F.L. Amps	6.0	7.6
FILTER		
Filter Furnished?	No	No
Type Recommended	Throwaway	Throwaway
No.-Size-Thickness	1 - 22 X 20 - 1 in.	1 - 22 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed
Coupling or Conn. Size — in. Gas	7/8	7/8
Coupling or Conn. Size — in. Liq.	3/8	3/8
DIMENSIONS	H x W x D	H x W x D
Crated (In.)	63-1/4 x 27-1/2 x 25-3/4	63-1/4 x 27-1/2 x 25-3/4
Uncrated	61-3/4 x 23-1/2 x 21-3/4	61-3/4 x 23-1/2 x 21-3/4
WEIGHT		
Shipping (Lbs.)/Net (Lbs.)	176/166	180/170

① These Air Handlers are A.H.R.I. certified with various Split System Air Conditioners and Heat Pumps (AHRJ STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

② 3/4" Male Plastic Pipe (Ref.: ASTM 1785-76)

General Data

Product Specifications

Model No. ①	4TTB6042A1000A	4TTB6048A1000A	4TTB6049A1000A	4TTB6060A1000A	4TTB6061A1000A
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60	230/1/60
Min Cir Ampacity	23	26	26	34	37
Max Fuse Size (Amps)	40	45	45	60	60
Compressors	SCROLL	SCROLL	SCROLL	SCROLL	SCROLL
No. Used - No. Stages	1-1	1-1	1-1	1-1	1-2
RL AMPS - LR AMPS	17.9 - 112	19.9 - 109	19.9 - 109	26.4 - 134	28.8 - 152.9
Outdoor Fan FL Amps	0.93	0.93	1.0	0.93	2.80
Fan HP	1/5	1/5	1/5	1/5	1/3
Fan Dia (inches)	27.6	27.6	27.6	27.6	27.6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	8/4-LB/OZ	8/5-LB/OZ	11/9-LB/OZ	8/8-LB/OZ	12/9-LB/OZ
Line Size - (in.) O.D. Gas ③	7/8	7/8	7/8	7/8	1-1/8
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	46.4 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7
Weight - Shipping	272	282	304	285	312
Weight - Net	235	245	267	248	275
Start Components	NO	NO	NO	NO	NO
Sound Enclosure	NO	NO	NO	NO	NO
Compressor Sump Heat	NO	NO	NO	NO	NO
Optional Accessories: ④					
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control A/C	AY28X079	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Crank Case Heater Kit	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301
Hard Start Kit Scroll	BAYKSKT260	BAYKSKT260	BAYKSKT260	BAYKSKT260	BAYKSKT263
Extreme Condition Mounting Kit	BAYECMT004	BAYECMT004	BAYECMT004	BAYECMT004	BAYECMT004
Snow Leg - Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg - 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Refrigerant Lineset ⑤	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*	TAYREFLN*4

① Certified in accordance with the Air-Source Unitary Heat Pump Equipment certification program which is based on AHRI Standard 210/240.

② Calculated in accordance with N.E.C. Only use HACR circuit breakers or fuses.

③ Standard line lengths - 60'. Standard lift - 60' Suction and Liquid line. For 061 units, Max. linear length 60 ft.; Max. lift - Suction 25 ft.; Max lift - Liquid 25 ft.
 For Greater lengths and lifts refer to refrigerant piping software Pub# 32-3312-01. (*denotes latest revision)

④ For accessory description and usage, see pages 5 and 6.

⑤ * = 15, 20, 25, 30, 40 and 50 foot lineset available.



Home : Site Map : He

Select a Portal V

System #2

CLICK HERE TO VISIT

SABRINA GILMOUR

- ▶ Order Center
- ▶ Parts & Supplies
- ▶ Financial Center
- ▶ Marketing Center
- ▶ Warranty Center
- ▶ Training Center
- ▶ Nexia Home Intelligence
- ▶ Product Info
- ▶ Tech Support
- ▶ Admin Center

<u>5886481</u>	4TXCC044BC3	1500	45000	33100	3.72	14.50	12. ▲
<u>5886504</u>	4TXCC049BC3	1500	45000	33100	3.72	14.50	12.
<u>5886541</u>	4TXCC060BC3	1500	45500	33000	3.76	14.50	12.
<u>5886577</u>	4TXCD009CC3	1500	45000	33600	3.57	15.00	12.
<u>5886617</u>	4TXCD050BC3	1500	45000	33100	3.72	14.50	12.
<u>5886667</u>	4TXCD061BC3	1500	45500	33000	3.61	15.00	12.
<u>5886689</u>	4TXCD063BC3	1460	47500	36000	3.76	15.00	12.
<u>5886716</u>	4TXCD064BC3	1500	45000	33100	3.72	14.50	12.
<u>5886783</u>	4TXFH054CC3	1500	45500	34400	3.61	15.00	12.
<u>5886790</u>	4TXFH063CZ3	1500	46000	34900	3.65	15.00	12.

CONDENSING UNIT WITH AIR HANDLERS

ARI REF #	AIR HANDLER	CFM	TOTAL CAPACITY	SENSIBLE CAPACITY	KW
<u>5886825</u>	GAM2A0B42S31+TDR	1400	44000	31300	3.67
<u>5886826</u>	GAM2A0C48S41+TDR	1475	45000	33900	3.71
<u>5886831</u>	GAM5B0B36M31	1255	44000	31600	3.34
<u>5886832</u>	GAM5B0C42M31	1135	45500	36700	3.32
5886838	GAM5B0C42M41	1430	46500	35600	3.52
<u>5886834</u>	GAM5B0C60M51	1625	47000	35400	3.77
<u>5886246</u>	TAM4A0B42S31+TDR	1300	44000	31600	3.63
<u>5886247</u>	TAM4A0C48S41+TDR	1475	45000	33900	3.71
<u>5886248</u>	TAM7A0C42H31	1310	46000	35900	3.44
<u>5886249</u>	TAM7A0C48H41	1405	46500	36000	3.52
<u>5886250</u>	TAM8A0C42V31+BAYCC24V	1415	46500	35900	3.52
<u>5886251</u>	TAM8A0C48V41+BAYCC24V	1405	46500	36000	3.52
<u>6970265</u>	TAM8C0C42V31+BAYCC24V	1415	46500	35900	3.52
<u>6970266</u>	TAM8C0C48V41+BAYCC24V	1405	46500	36000	3.52
<u>5918105</u>	TEM3A0C48S41+TDR	1350	44500	31800	3.69

CONDENSING UNIT WITH FURNACE AND COILS

ARI REF #	COIL	FURNACE	CFM	TOTAL CAPACITY	SENSIBLE CAPACITY
<u>5977006</u>	4NXCD063BC3	TUD2D140A9V5	1360	46500	36200
<u>5977008</u>	4NXCD063BC3	TUD2D140ACV5	1370	46500	36000
<u>5977039</u>	4NXCD063BC3	TDF1M087A9V5	1330	44000	31700
<u>5977040</u>	4NXCD063BC3	TDH1C085A9H4	1225	44000	32000
<u>5977043</u>	4NXCD063BC3	TDH1D110A9H5	1375	44500	31900
<u>5977046</u>	4NXCD063BC3	TDH2B080A9V4	1340	43500	31200
<u>5977048</u>	4NXCD063BC3	TDH2C100A9V4	1265	44000	32000
<u>5977050</u>	4NXCD063BC3	TDH2D120A9V5	1230	44000	32000
<u>5977053</u>	4NXCD063BC3	TDHMDI20ACV5	1330	44000	31700
<u>5977056</u>	4NXCD063BC3	TDHMDI20BCV5	1415	44500	31900
<u>5977057</u>	4NXCD063BC3	TDX1C100A9H4	1275	44500	32300
<u>5976974</u>	4NXCD063BC3	TUD1C080A9H4	1345	47000	36200
<u>5976977</u>	4NXCD063BC3	TDX1D120A9H5	1395	44500	32100
<u>5976979</u>	4NXCD063BC3	TUD1D120A9H5	1400	47000	35900



TRANE®

System #2

Electrical Data

WIRING DATA											
GAM5B0C48M41SB, GAM5B0C48M41EA											
Heater Model No.	No. of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	6.0*	8	15	-	-	6.0*	8	15
BAYE AAC04BK1A BAYE AAC04LG1A	1	3.84	13100	16.0	28	30	2.88	9800	13.8	25	25
BAYE AAC05BK1A BAYE AAC05LG1A	1	4.80	16400	20.0	33	35	3.60	12300	17.3	29	30
BAYE AAC08BK1A BAYE AAC08LG1A	1	7.68	26200	32.0	48	50	5.76	19700	27.7	42	45
BAYE AAC10BK1A BAYE AAC10LG1A	1	9.60	32800	40.0	58	60	7.20	24600	34.6	51	60
BAYE AAC10LG3A	1-3 PH	9.60	32800	23.1	36	40	7.20	24600	20.0	32	35
BAYE ABC15LG3A	1-3 PH	14.40	49200	34.6	50	50	10.80	36900	30.0	44	45
BAYE ABC15BK1A - Circuit 1⓪	2	9.60	32800	40	58	60	7.20	24600	34.6	51	60
BAYE ABC15BK1A - Circuit 2		4.80	16400	20	25	25	3.60	12300	17.3	22	25
BAYE ABC20BK1A - Circuit 1⓪	2	9.60	32800	40	58	60	7.20	24600	34.6	51	60
BAYE ABC20BK1A - Circuit 2		9.60	32800	40	50	50	7.20	24600	34.6	43	45
BAYE ACC25BK1A - Circuit 1⓪	3	9.60	32800	40	58	60	7.20	24600	34.6	51	60
BAYE ACC25BK1A - Circuit 2		9.60	32800	40	50	50	7.20	24600	34.6	43	45
BAYE ACC25BK1A - Circuit 3		4.80	16400	20	25	25	3.60	12300	17.3	22	25

Note: * Motor Amps
 ⓪ MCA and MOP for circuit 1 contains the motor amps



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

Certificate of Product Ratings

System #2

AHRI Certified Reference Number: 5886833 Date: 5/27/2014

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

Outdoor Unit Model Number: 4TTB6049A1

Indoor Unit Model Number: GAM5B0C48M41

Manufacturer: TRANE

Trade/Brand name: XB16

Series name:

Manufacturer responsible for the rating of this system combination is TRANE

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

Cooling Capacity (Btuh):	46500
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	

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

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CERTIFICATE NO.: 130456973524874370

System #2

Project Information

For: Craig Williams
 110 Henry Sewall Way, Stuart, FL 34996
 Phone: 781-4344

Notes:

Design Information

Weather: West Palm Beach Intl AP, FL, US

Winter Design Conditions

Outside db 47 °F
 Inside db 70 °F
 Design TD 23 °F

Summer Design Conditions

Outside db 91 °F
 Inside db 75 °F
 Design TD 16 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 57 gr/lb

Heating Summary

Structure 16469 Btuh
 Ducts 3246 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 19715 Btuh

Sensible Cooling Equipment Load Sizing

Structure 31110 Btuh
 Ducts 4509 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 34337 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	1950	1950
Volume (ft ³)	19500	19500
Air changes/hour	0.23	0.13
Equiv. AVF (cfm)	76	41

Latent Cooling Equipment Load Sizing

Structure 5169 Btuh
 Ducts 1300 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 6469 Btuh
 Equipment total load 40805 Btuh
 Req. total capacity at 0.70 SHR 4.1 ton

Heating Equipment Summary

Make n/a
 Trade n/a
 Model n/a
 AHRI ref no. n/a
 Efficiency n/a
 Heating input
 Heating output 0 Btuh
 Temperature rise 0 °F
 Actual air flow 0 cfm
 Air flow factor 0 cfm/Btuh
 Static pressure 0 in H2O
 Space thermostat n/a

Cooling Equipment Summary

Make n/a
 Trade n/a
 Cond n/a
 Coil n/a
 AHRI ref no. n/a
 Efficiency n/a
 Sensible cooling 0 Btuh
 Latent cooling 0 Btuh
 Total cooling 0 Btuh
 Actual air flow 0 cfm
 Air flow factor 0 cfm/Btuh
 Static pressure 0 in H2O
 Load sensible heat ratio 0

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

System #2



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

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

Owner: Craig C. & Katherine Williams Contractor name: John H. Crane III

Street address: 110 Henry Sewall Way Jurisdiction: Town of Sewall's Point

City: Stuart Permit No.: _____

Zip: 34996 Final inspection date: _____

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

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

Signature: John Crane Date: 5-28-14

Printed Name: _____

Contractor License #: CAC049284

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

Signature: _____ Date: _____

Printed Name: _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7/18-14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10798	Robert Green Stuart Roof Repair 26 ISLAND RD	Final Inspection	PASS PICCOLI	CLOSE INSPECTOR <i>AF</i>
10927	AMM 17 ISLAND RD KRAUSS & CRANE	A/c FINAL	PASS	CLOSE INSPECTOR <i>AF</i>
10926	86 S. 8th RD KRAUSS & CRANE	M/C FINAL	PASS	CLOSE INSPECTOR <i>AF</i>
10889	WILLIAMS 110 KERRY SQUARE KRAUSS & CRANE	M/C FINAL	FAIL NO ANSWER No one there	called 7/22/14 Sabrina shall reschedule INSPECTOR <i>AF</i>
10922	MEAN 5 MIRAMAR ELITE GAS	INT GAS ROUGH	CANCEL	INSPECTOR
10833	DOUGHERTY 15 OAK HILL WY W. WHITE CONSO	FORKME # TRADES	PASS	INSPECTOR <i>AF</i>
10792	LARANA 1 PINEAPPLE ADVANCED CONCEPTS	ROOF FINAL	PASS	CLOSE INSPECTOR <i>AF</i>

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 11/24/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11066	Sapp	Meter	PASS	E-mail
	6 Miramar Rd	Final		FPL
	Energized Gas			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11082	Gerbino	windows	PASS	In progress
	91 S. River Rd	In Progress +		Pictures w/ permit
	Total Services of the TC	Final		close
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
110889	Williams	Mechanical	PASS	
Pm Requested	110 Henry Sewall's Way	Final		close
	Krauss + Crane	(A/C)		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

11231

FENCE



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

BUILDING PERMIT CARD

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	11231	DATE ISSUED:	April 6, 2015
SCOPE OF WORK:	Fence		
CONTRACTOR:	Stuart Fence Company		
PARCEL CONTROL NUMBER:	13-30-41-013-0000-0130	SUBDIVISION:	Sewall's Meadow Lot 13
CONSTRUCTION ADDRESS:	110 Henry Sewall's Way		
OWNER NAME:	Williams		
QUALIFIER:	Chester Richmond	CONTACT PHONE NUMBER:	288-1151

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY

INSPECTIONS

UNDERGROUND PLUMBING _____ UNDERGROUND MECHANICAL _____ STEM-WALL FOOTING _____ SLAB _____ ROOF SHEATHING _____ TIE DOWN /TRUSS ENG _____ WINDOW/DOOR BUCKS _____ ROOF DRY-IN/METAL _____ PLUMBING ROUGH-IN _____ MECHANICAL ROUGH-IN _____ FRAMING _____ FINAL PLUMBING _____ FINAL MECHANICAL _____ FINAL ROOF _____	UNDERGROUND GAS _____ UNDERGROUND ELECTRICAL _____ FOOTING _____ TIE BEAM/COLUMNS _____ WALL SHEATHING _____ INSULATION _____ LATH _____ ROOF TILE IN-PROGRESS _____ ELECTRICAL ROUGH-IN _____ GAS ROUGH-IN _____ METER FINAL _____ FINAL ELECTRICAL _____ FINAL GAS _____ BUILDING FINAL _____
---	--

ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.

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

Date: 3/25/15 Permit Number: _____

OWNER/LESSEE NAME: Craig Williams Phone (Day) _____ (Fax) _____
 Job Site Address: 110 Henry Sewall way City: Stuart State: FL Zip: 34996
 Legal Description: lot 13 Sewall's meadow Parcel Control Number: 13384101300000130
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):**

WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES NO
Has a Zoning Variance ever been granted on this property?
 YES (YEAR) _____ NO
 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 1620.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Stuart Fence company Phone: 772-288-1151 Fax: 772-288-3035
 Qualifiers name: Chester Richmond Street: PO box 2636 City: Stuart State: FL Zip: 34995
 State License Number: _____ OR: Municipality: _____ License Number: MCFE 3584
 LOCAL CONTACT: Tina Bojt Phone Number: 772-288-7151
 DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof: _____ Elevated Deck: _____ Enclosed area below BFE*: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

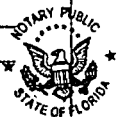
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - 5.

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
 x owner signature on contract
 State of Florida, County of _____
 On This the _____ day of _____, 2015
 by _____ who is personally
 known to me or produced _____
 As identification, _____
 Notary Public
 My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 x [Signature]
 State of Florida, County of: Martin
 On This the 25th day of March 2015
 by Chester Richmond who is personally
 known to me or produced _____
 As identification, _____
 Notary Public
 My Commission Expires: 6/29/18



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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11231		
ADDRESS:	110 Henry Sewall's Way		
DATE ISSUED:	4/6/2015	SCOPE OF WORK:	Fence

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
------------------------------------	----------------	----	--

1365

STUART FENCE COMPANY, INC.
 PO BOX 2636
 STUART, FL 34995
 772-288-1151

63.515:670

DATE: April 6, 2015

PAY TO THE ORDER OF: Sewall's Point building department \$ 179.50

one hundred seventy nine and 50/100 DOLLARS

SEACOAST NATIONAL BANK
 STUART, FL 34997

FOR: Williams

[Signature]

Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	n/a
Technology Fee: (0.04% of Construction Value - \$5 min)		n/a
Road impact assessment: (0.4% of construction value - \$20 min.)		n/a
Martin County Impact Fee:	\$	
TOTAL BUILDING PERMIT FEE:	\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 1,620.00
Total number of inspections:	@ \$ 150.00 per insp. # insp	1	\$ 150.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$	\$	2.25
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	\$	2.25
Technology Fee (0.04% of Construction Value - \$5 min.)		\$	5.00
Road impact assessment: (0.4% of construction value - \$20 min.)		\$	20.00
TOTAL ACCESSORY PERMIT FEE:		\$	179.50



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11231		
ADDRESS:	110 Henry Sewall's Way		
DATE ISSUED:	4/6/2015	SCOPE OF WORK:	Fence

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, Remodel >\$200K)		\$	
Plan Submittal Fee (175.00 Remodel <\$200K, Tennant Improvement)		\$	
Plan Submittal Fee (100.00 Remodel <\$100k)		\$	
Total square feet air-conditioned spa @ per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: @ per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Total number of inspections (Value < \$200K) \$ 150.00 per insp. # insp		\$	-
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Technology Fee: (0.04% of Construction Value - \$5 min)			n/a
Road impact assessment: (0.4% of construction value - \$20 min.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$
Total number of inspections: @ \$ 150.00 per insp. # insp		\$	150.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	2.25
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	2.25
Technology Fee (0.04% of Construction Value - \$5 min.)		\$	5.00
Road impact assessment: (0.4% of construction value - \$20 min.)		\$	20.00
TOTAL ACCESSORY PERMIT FEE:		\$	179.50



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

Site Provided by...
governmax.com 1.12

Summary



Tabs

Summary

Print View

Land

Improvements

Assessments &

Exemptions

Sales

Taxes →

NEW: Navigator

Parcel Map →

Notice of Prop.

Taxes →

Parcel ID

13-38-41-013-
000-00130-0

Account #

119117

Unit Address

110 HENRY SEWALL WAY, SEWALL'S
POINT

Market Total
Value

\$522,550

Owner Information

Owner(Current)

WILLIAMS CRAIG C & KATHERINE

Owner/Mail Address

110 HENRY SEWALL WAY
STUART FL 34996

Sale Date

12/21/2000

Document Book/Page

1523 2517

Document No.

JMB

Sale Price

420000

Location/Description

Account # 119117

Map Page No.

Tax District 2200

Legal Description

Parcel Address 110 HENRY SEWALL WAY, SEWALL'S POINT

Acres .5200

Parcel Type

Use Code

0100 Single Family

Neighborhood

120300 Sewall's Meadow

Searches

Parcel ID

Owner

Address

Account #

Use Code

Legal Description

Neighborhood

Sales

Navigator

Maps →

Functions

Property Search

Contact Us

On-Line Help

County Home

Site Home

County Login

Assessment Information

Market Land Value

\$225,000

Market Improvement Value

\$297,550

Market Total Value

\$522,550

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MANATRON

STUART FENCE COMPANY, INC.

(772) 288-1151

Fax (772) 288-3035

CFE3584

LICENSED & INSURED
BONDED

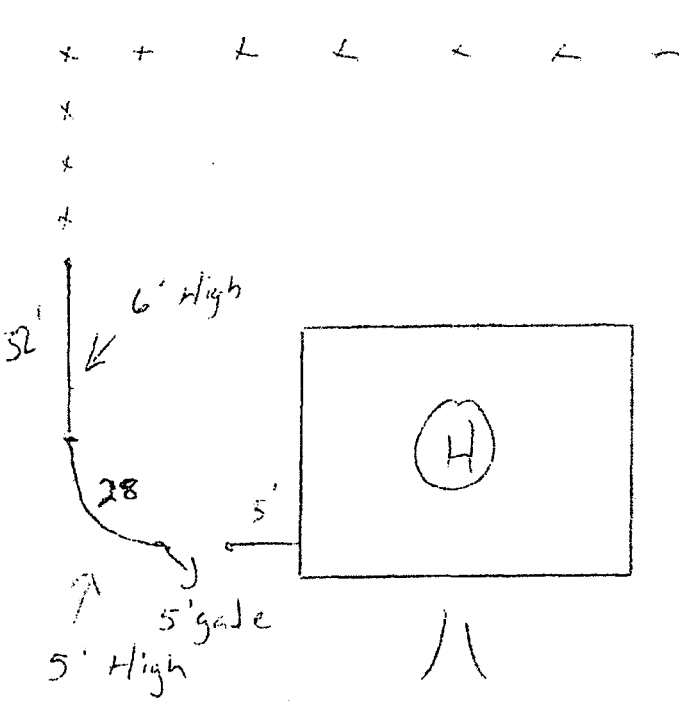
PROPOSAL - CONTRACT

Revised
P.O. Box 2999
Stuart, FL 34999

OWNER NAME CRAIG WILLIAMS		DATE 2/18/15	
ADDRESS 110 HENRY SEWALL WAY		CITY STUART	STATE FL
ZIP CODE 34999	BUSINESS PHONE	FAX 772-631-7101	MOBILE NUMBER 772-631-7101
PERMITS CLEARED Y / N	SURVEY GRAIG.WILLIAMS@MCKESSON.COM	TOTAL FOOTAGE 70'	

<input checked="" type="checkbox"/> CHAIN LINK
<input type="checkbox"/> FENCE TYPE
<input type="checkbox"/> WOOD
<input type="checkbox"/> WALK GATES
<input type="checkbox"/> D.D. GATES
<input type="checkbox"/> POOL FENCE
<input type="checkbox"/> WIRE GAUGE
<input type="checkbox"/> TENSION WIRE
<input type="checkbox"/> WOOD
<input type="checkbox"/> FENCE STYLE B.O.B.
<input type="checkbox"/> WALK GATES 6' STEEL
<input type="checkbox"/> D.D. GATES 5' STEEL
<input type="checkbox"/> POOL FENCE 4X4
<input type="checkbox"/> WIRE GAUGE 6X6

FURNISH AND INSTALL 32' OF 6' HIGH AND 38' OF 5' PRESSURE TREATED WOOD FENCE WITH ONE 5 WIDE STEEL FRAMED SINGLE GATE. ALL POSTS SET IN CONCRETE. REMOVE EXISTING FENCE AND DISPOSE OFF SITE. TOTAL INCLUDES ALL MATERIAL, LABOR & PERMIT FEES.



SPECIAL INSTRUCTIONS

- New Fence goes 1' inside of old fence location

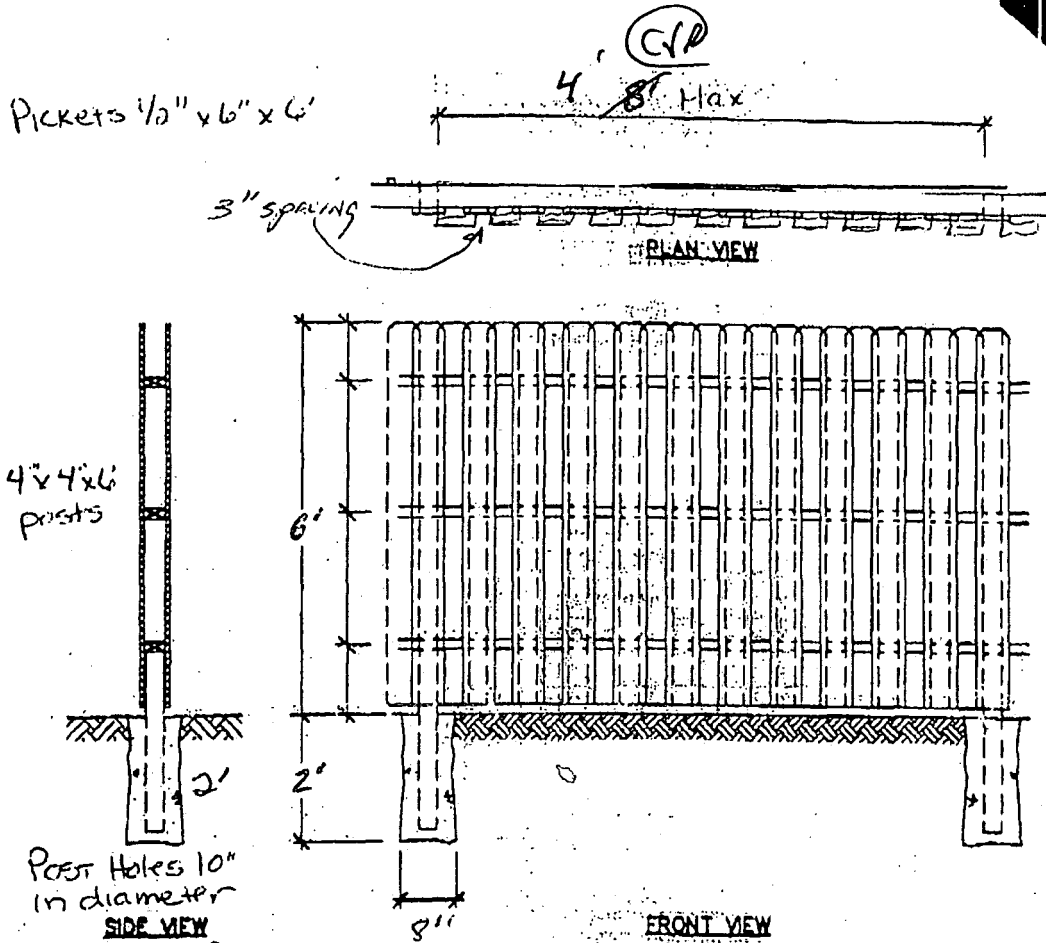
FENCE STYLE	OPTION "B"	PROPOSAL/CONTRACT SALE PRICE	OPTION "A"
WALK GATES		CONTRACT PRICE	91620
D.D. GATES		PERMIT	Incl.
POOL FENCE		TOTAL	
		LESS DEPOSIT	
		BALANCE DUE UPON COMPLETION	

AGREEMENT OF PROPOSAL - CONTRACT: The above prices, specifications and Terms/Conditions are on an "as is" basis and are subject to change. Stuart Fence Co. is authorized to accept or reject any order. Payment will be made as outlined above. Upon signing by Purchaser this document is binding on both parties.

CUSTOMER SIGNATURE: *[Signature]*
DATE: *[Signature]* Jason

STUART FENCE COMPANY, INC. IS NOT RESPONSIBLE FOR DAMAGE TO UNMARKED IRRIGATION LINES

AMERICAN
FENCE
ASSOCIATION



6' BOARD ON BOARD FENCE DETAIL

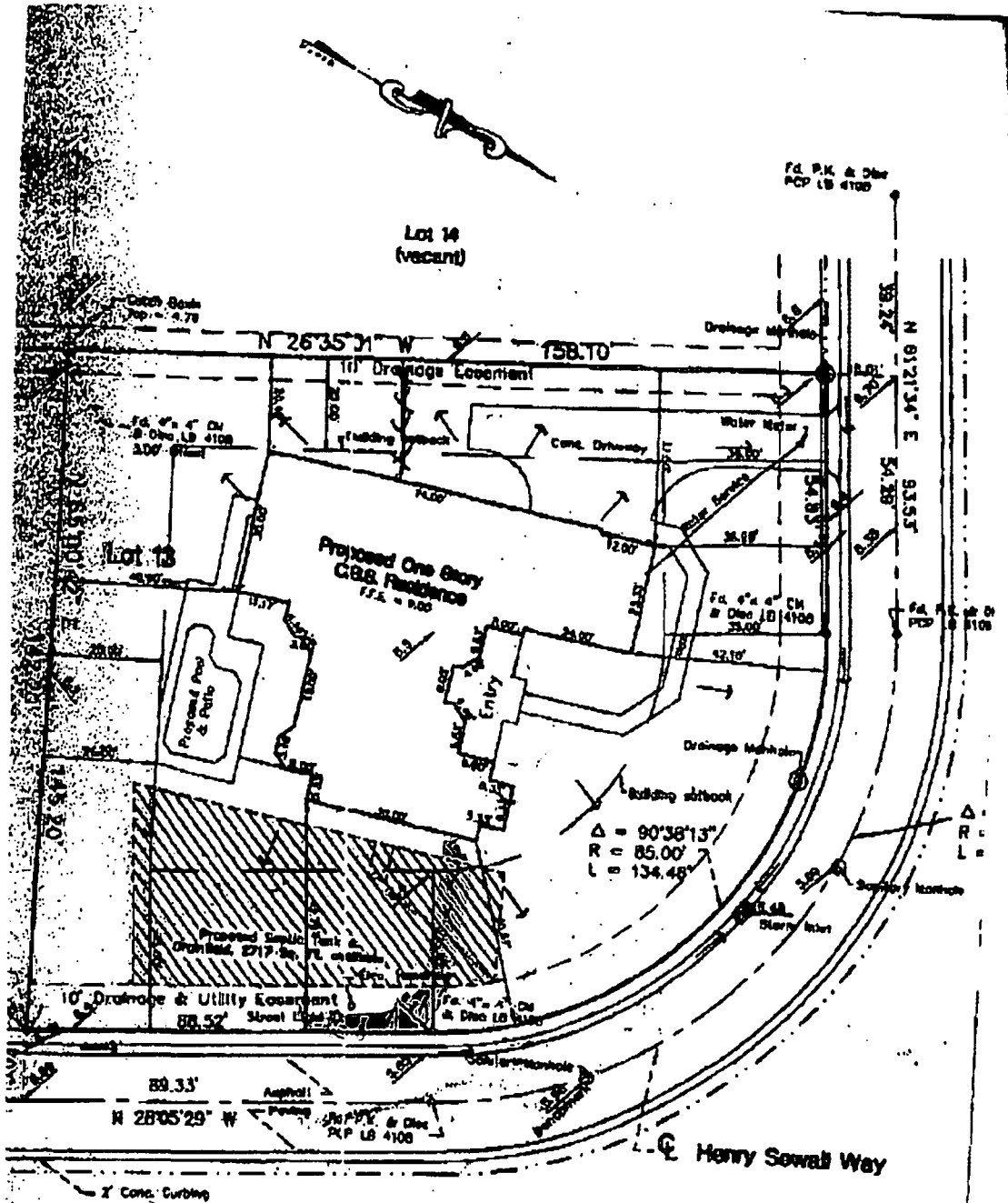
STYLE : DOG EARED (W-12)

NOTES:

SPECIFICATIONS		
COMPONENT	DIMENSIONS	MATERIAL
BACK RAILS	X X	
POSTS	X X	
PICKETS	X X	
FOOTING	DIA X DEEP	
NAILS/SCREWS		
TOP DESIGN		

copyright AFA - 1997

W-12



AREA CALCULATIONS
 Lot = 21,880 square feet
 Building = 4,880 square feet
 Drive & Walk = 1,820 square feet
 Pool & Patio = 880 square feet
 TOTAL IMPERMEABLE = 7,044 square feet
 TOTAL PERMEABLE = 0.3167%

Williams/Sewall's Point



MARTIN COUNTY, FLORIDA
Contractor's Licensing
Certificate of Competency

FENCE ERECTION - MC

License #: MCFE3584 Expires: 09/30/2016

RICHMOND, CHESTER J III
STUART FENCE COMPANY INC
P.O. BOX 2636
STUART, FL 34995

STUART, FL 34995

CERTIFICATE OF LIABILITY INSURANCE

Date
3/10/2015

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

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: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	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 <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		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)	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence	
						Aggregate	
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> OTH-ER
						E.L. Each Accident	\$1,000,000
						E.L. Disease - Ea Employee	\$1,000,000
						E.L. Disease - Policy Limits	\$1,000,000

Other

Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 34-65-485

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

Stuart Fence Company, Inc.

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

Project Name:

FAX: (772) 220-4765 / ISSUE 12-23-13 (ND) / REISSUE 01-03-14 (TLD) / REISSUE 06-27-14 (TLD) / REISSUE 01-07-15 (EP) / REISSUE 03-10-15 (AF)

Begin Date 5/10/2004

CERTIFICATE HOLDER

TOWN OF SEAWALLS POINT

1 S SEAWALLS POINTROAD
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 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

John A. Brown



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
8/11/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER RICK CARROLL INSURANCE AGENCY 2160 NE Dixie Highway PO Box 877 Jensen Beach FL 34958-0877	CONTACT NAME: Carla Green
	PHONE (A/C, No. Ext): (772) 334-3181 FAX (A/C, No.): (772) 334-7742 E-MAIL ADDRESS: carla@rickcarroll.com
INSURED Stuart Fence Company Inc. and Stuart Retail PO Box 2636 Stuart FL 34995	INSURER(S) AFFORDING COVERAGE
	INSURER A: First National Ins Co of Amer
	INSURER B: American States Ins Co
	INSURER C: American States Insurance 19704
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: CL1481106514 REVISION NUMBER:

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

NSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			25CC1663018	8/18/2014	8/18/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC						PRODUCTS - COM/PROP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			01CH3769389	8/18/2014	8/18/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							Uninsured motorist combined \$ 100,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			01SU41496660	8/18/2014	8/18/2015	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH: ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY. THE GENERAL LIABILITY POLICY CONTAINS ADDITIONAL INSURED PRIMARY NON-CONTRIBUTORY ENDT CG7680 10/02, ADDITIONAL INSURED-COMPLETE OPERATIONS CG8672 10/01, WAIVER OF TRANSFER OF RIGHTS CG2404 05/09, DESIGNATED PROJECTS GENERAL AGGREGATE CG2503 5/09

CERTIFICATE HOLDER

CANCELLATION

Town of Sewalls Point
1 S Sewalls Point Road
Sewalls Point, FL 34996

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Melissa D'Andola/CDG *Melissa D'Andola*

User ID: jv3965, Date/Time: 3/24/2015 3:43 PM, Document Name: DOC (4).PDF (SBC)

EASEMENT AGREEMENT

Date: _____

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a Fence

In the (utility/drainage) easement on my property located at 110 Henry Sewall way
Stuart FL

LEGAL DESCRIPTION: LOT 13, BLOCK _____, SUBDIVISION Sewall's meadow

(Give a brief description of dimensions and location from property lines)

FENCE drainage + utility easement

In the event you have no objection to this project, please complete this form and return to me at:

Address: FAN: 772-288-3035

City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of This Fence and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: [Signature] Phone: 772-288-1151

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY***

We agree to the proposed construction under the circumstances described above.

Company: AT&T
By: JAMES P VIRGA
Title: MGR OSPE

Company records indicate that a potential conflict () **DOES** **DOES NOT** exist.

The AT&T has buried facilities in this easement and facilities must be located prior to digging by calling 1-800-432-4770. Hand digging must be done within 2 feet of facilities. Should AT&T need access to our facilities in the future, it will be at the customer's expense

UTILITY CONTACT LIST

MARTIN COUNTY UTILITIES: JIM CHRIST 772-288-3034 - FAX: 221-1447 ✓

~~FLORIDA POWER AND LIGHT: BOB MORRIS 772-323-4211 FAX: 222-1221~~

~~CASTLE: TIM KORNDORF 772-692-9010 EXT. 29 FAX: 692-0750~~

AT&T: JAMES VIRGA 772-460-4458 FAX: 772-692-9937 ✓

EASEMENT AGREEMENT

Date: _____

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a Fence

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Stuart Fl.

LEGAL DESCRIPTION: LOT 13, BLOCK _____, SUBDIVISION Sewall's meadow

(Give a brief description of dimensions and location from property lines)

drainage + utility easement

In the event you have no objection to this project, please complete this form and return to me at:

Address: FAX: 772-288-3035

City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of this Fence and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: X [Signature] Phone: 772-288-0571

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY***

We agree to the proposed construction under the circumstances described above.

Company: Florida Power & Light Co

By: Shawn Allone

Title: Project manager

Company records indicate that a potential conflict DOES DOES NOT exist.

The conflict consists of: _____

UTILITY CONTACT LIST

MARTIN COUNTY UTILITIES: JIM CHRIST 772-288-3034 - FAX: 221-1447

FLORIDA POWER AND LIGHT: ROB MORRIS 772-223-4215 FAX: 223-4221

~~COMCAST: TIM KORNDORF 772-692-9010 EXT. 29 FAX: 692-0759~~

AT&T: JAMES VINGA 772-460-4452 FAX: 772-460-5657 772 692-9937



EASEMENT AGREEMENT

Date: _____

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a Fence

In the (utility/drainage) easement on my property located at 110 Henry Sewall Way
Stuart FL

LEGAL DESCRIPTION: LOT 13, BLOCK _____, SUBDIVISION Sewall's meadow

(Give a brief description of dimensions and location from property lines)

drainage + utility easement

In the event you have no objection to this project, please complete this form and return to me at:

Address: FON: 772-288-3035

City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of This Fence and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: X [Signature] Phone: 772-288-1571

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY***

We agree to the proposed construction under the circumstances described above.

Company Comcast CALL

By: Tim Korndorfer SUNSHINE

Title: Sa Field Coordinator 48 HOURS BEFORE

Company records indicate that a potential conflict DOES DOES NOT exist DIGGING

The conflict consists of: _____ 1-800-432-4770

UTILITY CONTACT LIST

MARTIN COUNTY UTILITIES: JIM CHRIST 772-288-3034 - FAX: 221-1447

FLORIDA POWER AND LIGHT: ROB MORRIS 772-223-4215 - FAX: 223-4221

COMCAST: TIM KORNDORFER 772-692-9010 EXT. 29 - FAX: 692-0759 ✓

AT&T: JAMES VINGA 772-460-4452 FAX: 772-466-5651

EASEMENT AGREEMENT

Date: _____

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a Fence

In the (utility/drainage) easement on my property located at 110 Henry Sewall way
Stuart Fl.

LEGAL DESCRIPTION: LOT 13, BLOCK _____, SUBDIVISION Sewall's meadow

(Give a brief description of dimensions and location from property lines)

drainage + utility easement

In the event you have no objection to this project, please complete this form and return to me at:

Address: FON: 772-288-3035

City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of This Fence and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: X [Signature] Phone: 772-288-1151

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY***

We agree to the proposed construction under the circumstances described above.

Company: MCU

By: J Christ [Signature]

Title: Associate Planner

Company records indicate that a potential conflict DOES DOES NOT exist.

The conflict consists of: _____

UTILITY CONTACT LIST

~~MARTIN~~ COUNTY UTILITIES: JIM CHRIST 772-288-3034 - FAX: 221-1447

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~~COMCAST~~: TIM KORNDOR 772-692-9010 EXT. 29 - FAX: 692-0759

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TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 7/16/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
B15-000079	Creeden			ACCESS TO A/H
	176 S Sewalls Pt Rd	Final	FAIL	NOT TO CODE, CONTR
	Advantage Air	A/C		TO PROVIDE PICTURE INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
B15-000074 B15-000044	Amaro	Electrical		
	8 Castle Hill Way	Rough	Pass	
	Dietz Electric			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
B15-000049	Clark	Plumbing		
	9 Pineapple Ln	Rough-in	Pass	
	South Shore Plumbing			INSPECTOR <i>P</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10958	Stejeskal	Pool		
	108 S Sewalls Pt Rd	Final	Pass	close
	South FL Custom Pool			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11231	Williams	Fence		
	110 Henry Sewall Way	Final	Pass	close
	Stuart Fence			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	11 Simara Street	Investigate		
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TREE

TOWN OF SEWALL'S POINT, FLORIDA

Date 7/25/13 19 TREE REMOVAL PERMIT No 2060

APPLIED FOR BY Williams (Contractor or Owner)

Owner _____

Sub-division _____, Lot _____, Block _____

Kind of Trees Blm

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE 2 WITHIN 30 DAYS

REMARKS Storm damage

_____ FEE \$ 7

Signed, _____ Applicant

Signed, [Signature] Town Clerk
Bid. Insp.

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Craig & Kathy Williams Address 110 Henry Sewall Way Phone 781-4344

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: Elm

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

No. of Trees: REPLACE 2 WITHIN 30 DAYS Type: _____

Written statement giving reasons: Tree blown away from storm on 7/22/03

Signature of Applicant Kathy Williams Date 7/24/03

Approved by Building Inspector: [Signature] Date 7/24/03 Fee: -0-

Plans approved as submitted _____ Plans approved as revised/marked: (STORM DAMAGE)

DAMAGE INSPECTION / SEWALL'S MEADOW 7/23/03 9:00 AM

TOWN OF SEWALL'S POINT, FLORIDA

Date JUNE 9 ~~16~~ 2004 TREE REMOVAL PERMIT No 2279

APPLIED FOR BY WILLIAMS (Contractor or Owner)

Owner 110 HENRY SEWALL WAY

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE _____

No. Of Trees: RELOCATE 1 WITHIN 30 DAYS (NO FEE) LIVE OAK

No. Of Trees: REPLACE 1 WITHIN 30 DAYS LIVE OAK

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed, Gene Simmons (AS) Building Official
Town Clerk

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspe.
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WOR

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Williams Address 110 Henry Sewall way Phone 772-781-4344

Contractor Concepts in Greenery Address 4170 SW Grove st. Phone 772-220-3676
Retel 263-1617

No. of Trees: REMOVE _____ Type: _____

No. of Trees: RELOCATE 1 WITHIN 30 DAYS Type: Live OAK

No. of Trees: REPLACE 1 WITHIN 30 DAYS Type: Live OAK.

Written statement giving reasons: Relocated Live OAK Damaged in Storm, Moving to Westside House, Install Live OAK in Relocated spot. Same size as Existing

Signature of Applicant Peter Pappalardo Date 6-7-04

Approved by Building Inspector: [Signature] Date 6/9 Fee: 0

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

Note: Relocated OAK is Tagged w/ Blue Tape. Relocated OAK Location will Be Flagged!

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/9, 2004 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6480	WADE	BOATH PLUMBING	FAIL	
1	9 E HIGH POINT DINE ORCHARD BOYS	ELECTRIC	FAIL	INSPECTOR: <i>[Signature]</i>
6726	PARADISE	POOL PLUMBING	PASS	
4	11 RIDGELAND BLUE HAVEN POOL			INSPECTOR: <i>[Signature]</i>
6500	COBUELA	SLABING	PASS	
4	8 N. SEWALLS PT PIZZERIA	MID AM?		INSPECTOR: <i>[Signature]</i>
TESS	WILLIAMS	TREE	PASS	
3	110 HENRY SEWALL			INSPECTOR: <i>[Signature]</i>
6741	OSTEEN	FOOTINGS	PASS	
5	1 S. RIDGEVIEW ANGUS ENTERPRISES			INSPECTOR: <i>[Signature]</i>
6682	MILORD	SLAB	FAIL	
7	10 N. SEWALLS PT MILORD DEV.			INSPECTOR: <i>[Signature]</i>
6752	LANGER	RETAINING WALL	PASS	
8	3 LOFTING FLORIDA'S FINES			INSPECTOR: <i>[Signature]</i>
OTHER:				
3 KNOWLES - HARD PLANK OVER EXISTING SIDING?				
5 OAK HILL CHICKLE HILL				

TOWN OF SEWALL'S POINT, FLORIDA

Date JANUARY 5 2005 TREE REMOVAL PERMIT No 2376

APPLIED FOR BY WILLIAMS (Contractor or Owner)

Owner 110 Henry Sewall Way

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 UNKNOWN

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant Signed Gene Summers FEE \$ 0
Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Empty lined box for drawing or site plan.

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

Application procedures:

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 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

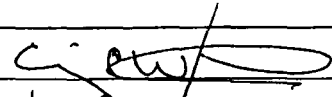
Owner Craig Williams Address 110 Henry Sewall Phone 781-4344
Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: unknown

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

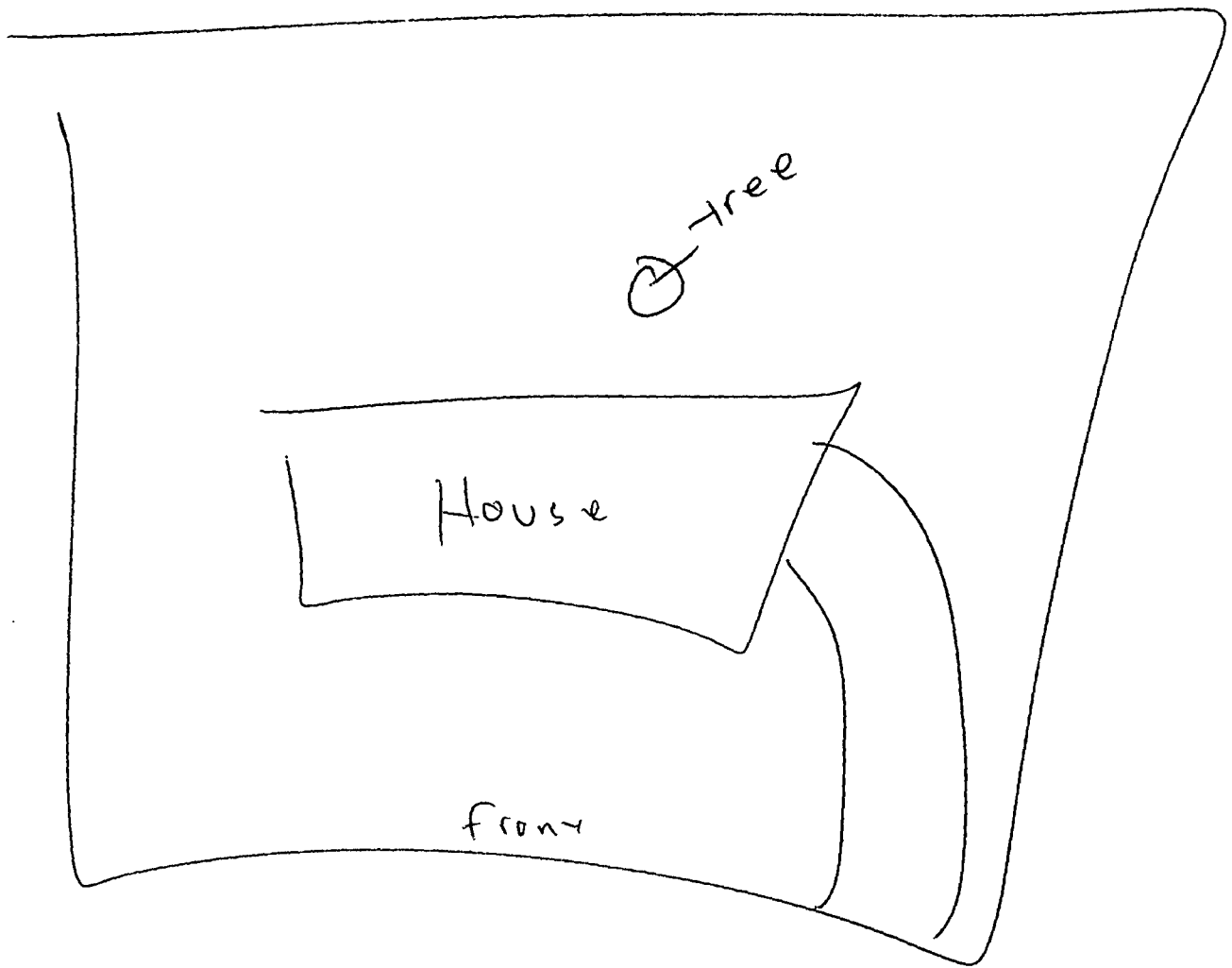
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: damaged in hurricanes, down again all the way!

Signature of Property Owner  Date _____

Approved by Building Inspector:  Date 1/3/05 Fee: 0

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



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JAN 3, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7146	WADE	FINAL GAS		→ RESCHEDULE
1	9 E. HIGH POINT BEACON APPLIANCES			FOR WED INSPECTOR:
60741	OSTEEN	ROUGH PLUMBING	FAIL	
4	1 RIDGEVIEW ANGUS ENT.			INSPECTOR:
7050	KNUDSON	SHEATHING	FAIL	
5	13 S. VIA LUCINDIA MATHENS ROOFING			INSPECTOR:
7078	FITZGERALD	FENCE FINAL	PASS	
1A	22 W. HIGH POINT O/B			INSPECTOR:
1066	WILLIAMS	TREE	PASS	
3	110 HENRY SEWALL			INSPECTOR:
7008	CHONTOS	GARAGE DOOR		→ CANCEL
	83 S. SEWALLS O/B	FINAL		INSPECTOR:
7109	DONOVAN	FINAL ROOF		CANCELLED
	6 QUAIL RUN PACIFIC ROOFING			INSPECTOR:
OTHER: <u>32 RIO VISTA - (COMPLETED) OAK/OAK STAIRS - (CLOSE?) CLOSE & PAINT</u>				

TOWN OF SEWALL'S POINT, FLORIDA

Date 10-25-06 19 TREE REMOVAL PERMIT No 390

APPLIED FOR BY Williams (Contractor or Owner)

Owner ~~110 Henry Sewall Way~~

Sub-division , Lot , Block

Kind of Trees ~~3~~ Palms

No. Of Trees: REMOVE 2

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

No. Of Trees: REPLACE WITHIN 30 DAYS

REMARKS Killed in hurricane

FEE \$ 0

Signed, Applicant Signed, Phil Wintercorn Town Clerk
Blog Shop

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION

REMARKS

Permit Fee:

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

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Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

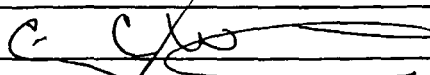
Owner Craig Williams Address 110 Henry Sewall^{Way} Phone 781-4344
Contractor _____ Address _____ Phone _____


No. of Trees: REMOVE 2 Type: _____

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

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

Written statement giving reasons: Killed in last hurricane

Signature of Property Owner  Date 10-23-06

Approved by Building Inspector:  Date 10/25 Fee: —

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

Over

Trees are in backyard.
Gate on west side of
home is unlocked.



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



TREE CITY USA

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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Craig & Kathy Williams Address 110 Henry Sewall Way Phone 772-631-7101

Contractor Rood Landscaping Address 7900 SE Bridge Rd, Hobe Sound Phone 561-746-5186

No. of Trees REMOVE 2 Species: Screw Pine Caliper @ 4' above soil 6 (inches) Height 25 (ft.)

No. of Trees RELOCATE 1 Species: Coconut Palm Caliper @ 4' above soil 9 (inches) Height 25 (ft.)

No. of Trees REPLACE 2 Species: Bismark Palms Caliper @ 4' above soil 20 (inches) Height 20 (ft.)

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

ALL PROHIBITED SPECIES AND VEGETATIVE WASTE MUST BE REMOVED FROM PROPERTY

Reason for tree removal /relocation Want to replace with trees that are more appealing to look at. The screw pine roots are popping up my pool decking & will start to clog my septic drains.

Replacing with two large Bismark Palm trees
 Signature of Property Owner [Signature] Date 4-24-15

This space for Official Use only:
 Approved by Building Official: [Signature] Date 4-27-15 Fee: 1500

BUILDING INSPECTOR NOTES: _____

Minimum Tree Requirements Met On Property

Prohibited Species Identified for Removal

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

