

**112 Henry Sewall Way**

**9909**

**SFR**

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 9909

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

OWNER/TITLEHOLDER NAME: CHAIS Two Hwy

Phone (Day) 221 7083 (Fax) \_\_\_\_\_

Job Site Address: 1121 Henry Sewall's way

City: STUART State: FL Zip: 34996

Legal Description: Lot 14 Sewall's Meadows Parcel Control Number: 1338410130000014000000

Owner Address (if different): 844 E Ocean Blvd

City: STUART State: FL Zip: 34994

SCOPE OF WORK (PLEASE BE SPECIFIC): NEW SFR

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: \$ 615,824.95 (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: \$ 414 (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Sebaste Builders Inc Phone: 772 220 7660 Fax: 220 7660

Qualifiers name: Len Polanski Street: 1501 Delmar 1123 City: STUART State: FL Zip: 34994

State License Number: CGC047306 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: Sebaste Phone Number: 263 4448 220 7660

DESIGN PROFESSIONAL: M/A Cozson & ASS Fla. License# AR91665

Street: 1121 SE Ocean Blvd City: STUART State: FL Zip: 34996 Phone Number: 2238227

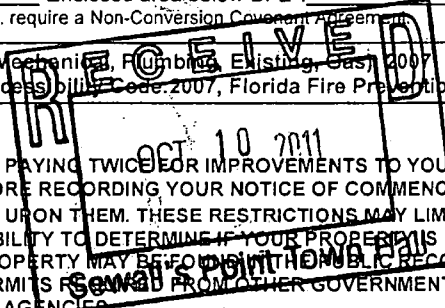
AREAS SQUARE FOOTAGE: Living: 4250 Garage: 890 Covered Patios/ Porches: 755 Enclosed Storage: \_\_\_\_\_

Carport: \_\_\_\_\_ Total under Roof: 5895 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 Affidavit

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Electrical, Existing, Gas) 2007 National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Access Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

- 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95. 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - 5.



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

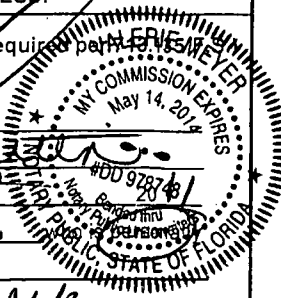
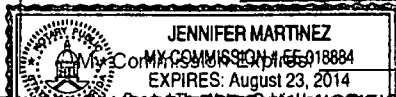
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER NOTORIZED SIGNATURE: (required per 713-135 F.S.) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

X [Signature] State of Florida, County of: MARTIN On This the 5th day of October, 2011 by CHRISTOPHER J. TWOMEY who is personally known to me or produced by Jennifer Martinez As identification: Jennifer Martinez Notary Public My Commission Expires: \_\_\_\_\_

CONTRACTOR NOTORIZED SIGNATURE: (required per 713-135 F.S.)

X [Signature] State of Florida, County of: MARTIN On This the 10th day of October, 2011 by Leonard Polanski who is personally known to me or produced by Valerie Meyer As identification: Valerie Meyer Notary Public My Commission Expires: May 14, 2014



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

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

*generated on 10/10/2011 3:29:39 PM EDT*

**Summary**

*112 Henry Sewall Way*

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
13-38-41-013-000-00140-0	119118	HENRY SEWALL WAY, SEWALL'S POINT	\$209,000	10/8/2011

**Owner Information**

<b>Owner(Current)</b>	TWOHEY CHRISTOPHER J (TR)
<b>Owner/Mail Address</b>	119 HILLCREST DR STUART FL 34996
<b>Sale Date</b>	1/12/2011
<b>Document Book/Page</b>	2497 0080
<b>Document No.</b>	2254219
<b>Sale Price</b>	253000

**Location/Description**

<b>Account #</b>	119118	<b>Map Page No.</b>	
<b>Tax District</b>	2200	<b>Legal Description</b>	LOT 14 SEWALL'S MEADOW (PB 14 PG 32)
<b>Parcel Address</b>	HENRY SEWALL WAY, SEWALL'S POINT		
<b>Acres</b>	.5270		

**Parcel Type**

<b>Use Code</b>	0000 Vacant Residential
<b>Neighborhood</b>	120300 Sewall's Meadow

**Assessment Information**

<b>Market Land Value</b>	\$209,000
<b>Market Improvement Value</b>	
<b>Market Total Value</b>	\$209,000

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <b>CHRISTOPHER TWOHEY</b> 805-102		For Insurance Company Use:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>112 HENRY SEWALL WAY</b>		Policy Number	Company NAIC Number
City <b>STUART</b> State <b>FL</b> ZIP Code <b>34996</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>JUL 30 2012</b>  <b>Sewall's Point Town Hall</b> </div>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOT 14, SEWALL'S MEADOW</b>			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>		Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
A5. Latitude/Longitude: Lat. <b>27°11'02"N</b> Long. <b>80°11'27"W</b>		A9. For a building with an attached garage:	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		a) Square footage of attached garage <b>N/A</b> sq ft	
A7. Building Diagram Number <b>1B</b>		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>N/A</b>	
A8. For a building with a crawlspace or enclosure(s):		c) Total net area of flood openings in A9.b <b>N/A</b> sq in	
a) Square footage of crawlspace or enclosure(s) <b>N/A</b> sq ft		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>N/A</b>			
c) Total net area of flood openings in A8.b <b>N/A</b> sq in			

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <b>SEWALL'S POINT, TOWN OF 120164</b>		B2. County Name <b>MARTIN</b>		B3. State <b>FLORIDA</b>	
B4. Map/Panel Number <b>12085C0162</b>	B5. Suffix <b>F</b>	B6. FIRM Index Date <b>10/04/02</b>	B7. FIRM Panel Effective/Revised Date <b>10/04/02</b>	B8. Flood Zone(s) <b>AE</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>8.0</b>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.  
Benchmark Utilized **MARTIN CTY ENG DEPT** Vertical Datum **NGVD 1929**  
Conversion/Comments **NONE**

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<b>10.05</b>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<b>22.05</b>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<b>N/A</b>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<b>DETACHED</b>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<b>9.32</b>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	<b>7.45</b>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	<b>8.42</b>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<b>N/A</b>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

## SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Certifier's Name <b>STEPHEN J. BROWN</b>		License Number <b>#4049</b>	
Title <b>SURVEYOR &amp; MAPPER</b>	Company Name <b>STEPHEN J. BROWN, INC.</b>		
Address <b>619 E 5<sup>TH</sup> STREET</b>	City <b>STUART</b>	State <b>FL</b>	ZIP Code <b>34994</b>
Signature	Date <b>07/26/12</b>	Telephone <b>(772) 288-7176</b>	

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 112 HENRY SEWALL WAY	Policy Number
City STUART State FL ZIP Code 34986	Company NAIC Number

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

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

Comments C2 e IS THE AC UNIT

Signature STEPHEN J. BROWN

Date 07/26/12

FORMCHECKBOX  Check here if attachments

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

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
  - a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

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

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments

Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

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

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_
- G10. Community's design flood elevation \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_

Local Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Community Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

Comments

Check here if attachments

# Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 112 HENRY SEWALL WAY	For Insurance Company Use: Policy Number
City STUART State FL ZIP Code 34996	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.

DATE OF ALL PHOTOS: 07/25/12



# Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 112 HENRY SEWALL WAY	For Insurance Company Use: Policy Number
City STUART State FL ZIP Code 34996	Company NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."	

DATE OF ALL PHOTOS: 07/25/12



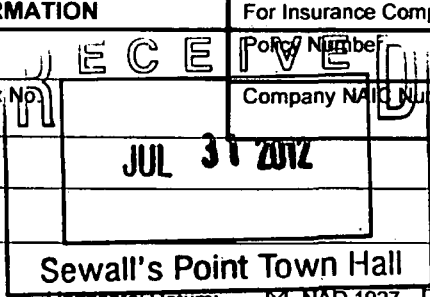


# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

## SECTION A - PROPERTY INFORMATION

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A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>112 HENRY SEWALL WAY</b>		Policy Number	Company NAIC Number
City <b>STUART</b> State <b>FL</b> ZIP Code <b>34996</b>			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOT 14, SEWALL'S MEADOW</b>			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>		Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
A5. Latitude/Longitude: Lat. <b>27°11'02"N</b> Long. <b>80°11'27"W</b>			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number <b>1B</b>			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawlspace or enclosure(s) <b>N/A</b> sq ft	a) Square footage of attached garage <b>N/A</b> sq ft		
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>N/A</b>	b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>N/A</b>		
c) Total net area of flood openings in A8.b <b>N/A</b> sq in	c) Total net area of flood openings in A9.b <b>N/A</b> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <b>SEWALL'S POINT, TOWN OF 120164</b>		B2. County Name <b>MARTIN</b>		B3. State <b>FLORIDA</b>	
B4. Map/Panel Number <b>12085C0162</b>	B5. Suffix <b>F</b>	B6. FIRM Index Date <b>10/04/02</b>	B7. FIRM Panel Effective/Revised Date <b>10/04/02</b>	B8. Flood Zone(s) <b>AE</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>9.0</b>
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## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
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Benchmark Utilized **MARTIN CTY ENG DEPT Vertical Datum NGVD 1929**  
Conversion/Comments **NONE**

Check the measurement used.

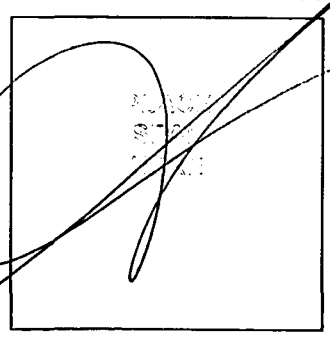
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <b>10.05</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor <b>22.05</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) <b>N/A</b>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) <b>DETACHED</b>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <b>9.32</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) <b>7.45</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
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## SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Certifier's Name <b>STEPHEN J. BROWN</b>	License Number <b>#4049</b>
Title <b>SURVEYOR &amp; MAPPER</b>	Company Name <b>STEPHEN J. BROWN, INC.</b>
Address <b>619 E 5<sup>TH</sup> STREET</b>	City <b>STUART</b> State <b>FL</b> ZIP Code <b>34994</b>
Signature	Date <b>07/31/12</b> Telephone <b>(772) 288-7176</b>



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 112 HENRY SEWALL WAY	Policy Number
City STUART State FL ZIP Code 34996	Company NAIC Number

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

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

Comments C2 e IS THE AC UNIT  


Signature STEPHEN J. BROWN

Date 07/31/12

Check here if attachments

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

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
  - a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

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

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments \_\_\_\_\_

Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

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

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
-------------------------	------------------------------	---

- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_
- G10. Community's design flood elevation \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_

Local Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Community Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

Comments \_\_\_\_\_

Check here if attachments

01/17/2009 12:27 7723485990

- Termite Inspection
- Termite Pretreatment
- Pest Control
- Rodent Service
- Fire Ant Lawn Service
- Licensed & Insured



**772-323-7921**

Fax: 772-340-5990  
Email: Evictabug@gmail.com

1740 SW St. Lucie West Blvd. #216  
Port St. Lucie FL. 34986

**Notice of Preventative Treatment for Termites**

(as required by Florida Building Code (FBC) 104.26 and Broward County Chapter FBC 105.2.2)

PEST PREVENTION | FIRE ANT SERVICE | TERMITE SERVICE | RODENT EXCLUSION & REMOVAL

DATE OF SERVICE 8-20-2012 TIME 2:15

DEVELOPMENT NAME (PROJECT) <u>Seawalls Point</u>	CONTRACTOR'S NAME <u>Seagate Builders</u>	CONTACT PERSON <u>Len</u>
STRUCTURE ADDRESS (LOT/BLOCK) <u>117 Henry Seawall way</u>	CITY, STATE, ZIP CODE <u>Seawall/Spaint Marsh</u>	COUNTY
NOTES <u>Final # 9904 permit</u>		

**TREATMENT TYPE/AREA**

- FLOATING     MONOLITHIC     PATIO     GARAGE     DRIVEWAY     STEM WALL     ADDITION  
 CUTOUTS     FOOTER     FRONT ENTRY     RETREAT     BORA CARE TREATMENT     PLUMBING CUT OUTS  
 TAMP & TREAT     TREAT ONLY     FINAL     POOL DECK     OTHER \_\_\_\_\_

**PRODUCTS**

- BASELINE     PROBUILD TC     DRAGNET     DEMON TC     TERMIDOR TC     BORACARE     OTHER \_\_\_\_\_

ACTIVE INGREDIENT B. Fetherin

**CONCENTRATION**

- .06%     .12%     .25%     .5%     .23%     OTHER \_\_\_\_\_

GALLONS APPLIED 2.00

SQUARE FOOTAGE \_\_\_\_\_ LINEAR FOOTAGE 425

**SQUARE FOOTAGE VERIFIED**

- YES     NO     MEASURED OR VERIFIED PER PLANS

**IS READY CONDITIONS MET**

- YES     NO    DETAILS \_\_\_\_\_

per 104.2.6 FBC - If soil chemical barrier method for termite prevention is used. Final exterior treatment shall be completed prior to final building approval.

**Statement of Compliance:** The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services. (Per the Florida Building Code.)

is notice is for the final exterior treatment. initial and date this line T.S.

**AL STICKER**

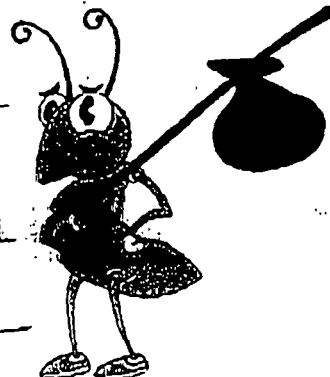
- ELECTRICAL PANEL     WATER HEATER     OTHER \_\_\_\_\_

Payment Terms: Payment due at time of service.

8-20-2012

Todd B...  
APPLICATOR: (Evict-A-Bug Termite and Pest Control Inc.)

Customer (Property Owner or Agent)



2204765

# EVICT-A-BUG TERMITE & PEST CONTROL INC.

**From the Desk of:  
Paul C. Lugara Jr.**

Cell: 772-323-7921

Fax: 772-340-5990

Email: [evictabug@gmail.com](mailto:evictabug@gmail.com)

Date: 8-20-2012

To: Building Dept Fax: 772-340-5990

Attn: From: Paul Lugara Jr.

Re: Final Termite Certificate  
For Seagate Bldgs Number of Pages w/cover = 2

Remit # 9904  
Hard Copy Mailed    yes    no

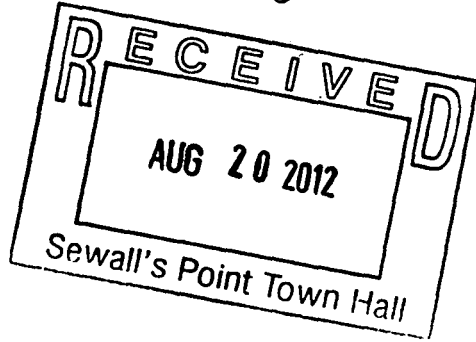
**EVICT-A-BUG TERMITE & PEST CONTROL**  
1740 SW ST. LUCIE WEST BLVD. #216, P.S.L., FL 34986  
[www.evict-a-bug.com](http://www.evict-a-bug.com)

Southern Irrigation, Inc.  
5207 SW Moore Street  
Palm City, FL 34990  
772-288-1883  
772-288-1894 fax

*OUT OF FILE*

August 20, 2012

Town Of Sewalls Point  
15 Sewalls Point Road  
Sewalls Point, FL 34996



RE: 112 Henry Sewalls Way

To Whom It May Concern:

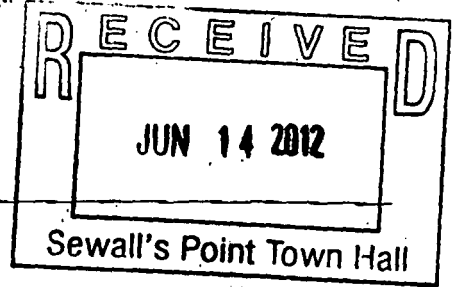
As per section 22-146, the irrigation is installed as a low volume irrigation system with a rain sensor devise.

Martin County Competency #MCIS00734

Sincerely,

*Robin G. Henn*

Robin G. Henn  
Sec. / Tres.



Martin County Health Department

FOR FINAL APPROVAL TO BUILDING DEPARTMENT:

MARTIN COUNTY: FAX 419-6934, PHONE 288-5489

CITY OF STUART: Fax 288-5388 Phone 288-5326

JUPITER ISLAND: Fax 545-0188 Phone 545-0150

SEWALLS POINT: Fax 220-4765 Phone 2872455

FROM: Dunwoode O'Grady

DATE: 06/14/2012

SEPTIC SYSTEMS (SS)

LIMITED USE PUBLIC WATER SYSTEM (57)

HEALTH DEPT. PERMIT #

BUILDING DEPT. PERMIT #

LOCATION

• 43-SS- 1369502

9908

34 W KILMER RD  
SEWALLS POINT

43-57- \_\_\_\_\_

~~43-SS- 1369502 9908 34 W Kilmer Rd Sewalls Point~~

43-57- \_\_\_\_\_

• 43-SS- \_\_\_\_\_

43-57- \_\_\_\_\_

• 43-SS- \_\_\_\_\_

43-57- \_\_\_\_\_

• 43-SS- \_\_\_\_\_

43-57- \_\_\_\_\_

j:environmental health/ostds/forms

**M.A. CORSON & ASSOCIATES, INC.**  
**ARCHITECTURE \* STRUCTURAL DESIGN**

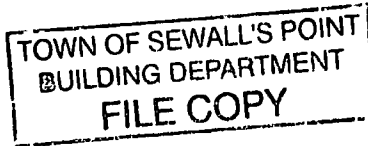
To: Sewall's Point Building Department

Date: 2/8/12

Re: Twohey Residence

Lot #14 Sewall's Meadow, Sewall's Point

Permit # 9909



This office approves of the following:

It is acceptable the Icynene LD-C-50 spray foam insulation is installed without an applied ignition barrier. The ignition barrier is not required if installed as per the ICC Evaluation Service, ICC-ES Evaluation report # ERS-1826 section 4.4.2.

Thank you for your time and consideration. If you have any questions please call.

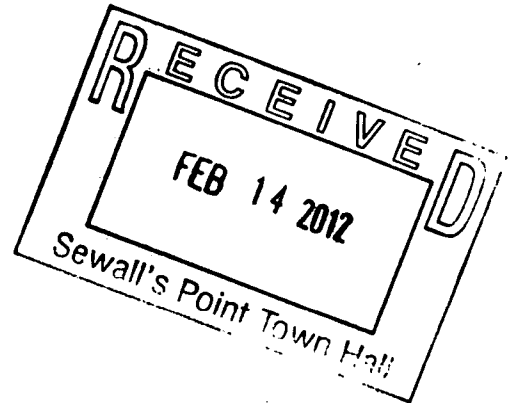
Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Corson".

Mark A. Corson A.I.A.

cc: file

seagate





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:	9909	DATE ISSUED:	10-19-2011
SCOPE OF WORK:	NEW SINGLE FAMILY HOUSE		
CONTRACTOR:	SEAGATE BUILDERS		
PARCEL CONTROL NUMBER:	13-38-41-013-000-00140-0	SUBDIVISION	SEWALL'S MEADOW #14
CONSTRUCTION ADDRESS:	112 HENRY SEWALL WAY		
OWNER NAME:	CHRISTOPHER TWOHEY		
QUALIFIER:	LEN POLANSKI	CONTACT PHONE NUMBER:	223-8227

**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**





**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

FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.

**BUILDING PERMIT RECEIPT**

PERMIT NUMBER:	9909
ADDRESS	112 HENRY SEWALL WAY
DATE 10-19-2011	SCOPE OF WORK NEW SINGLE FAMILY HOUSE

**SEAGATE BUILDERS, INC.**  
 1501 DECKER AVE., SUITE 123-A  
 STUART, FLORIDA 34994  
 (772) 220-7660

EXPLANATION	AMOUNT
Two Henry Permit	

14940

63-8413-2670

CHECK AMOUNT

\$ 12,932.37

NT *twelve thousand nine hundred thirty two and 37/100*

TO THE ORDER OF	GROSS	FED. W.H.	FICA	DOLLARS	CHECK NUMBER
<i>Town of Sewall's pt</i>					

**CHASE**  
 JPMorgan Chase Bank, N.A.  
 www.Chase.com

AUTHORIZED SIGNATURE *[Signature]*

DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	189.75
Road impact assessment: (.04% of construction value - \$5.00 min.)		246.33
Martin County Impact Fee: Paid # 503	\$	8,035.86
<b>TOTAL BUILDING PERMIT FEE:</b>	\$	12,932.37

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



**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

**FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.**

**BUILDING PERMIT RECEIPT**

<b>PERMIT NUMBER:</b>	9909
<b>ADDRESS</b>	112 HENRY SEWALL WAY
<b>DATE 10-19-2011</b>	<b>SCOPE OF WORK</b> NEW SINGLE FAMILY HOUSE

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>	Declared Value	\$	615,824.99
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)	s.f.	4250	
			517,437.50
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)	s.f.	98,387.45	
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.	\$		
<b>Total Construction Value:</b>	\$		615,824.95
Building fee: (2% of construction value SFR or >\$200K)	\$		12,316.50
Building fee: (1% of construction value < \$200K + \$75 per insp.)			
Total number of inspections (Value < \$200K) @\$75 ea.	\$		
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$		184.75
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$		184.75
Road impact assessment: (.04% of construction value - \$5.00 min.)			246.37
Martin County Impact Fee: Paid # 503	\$		8,035.86
<b>TOTAL BUILDING PERMIT FEE:</b>	\$		12,932.37

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

<b>TOTAL ACCESSORY PERMIT FEE:</b>	\$		
------------------------------------	----	--	--



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

*PW01461*

### BUILDING PERMIT RECEIPT

PERMIT NUMBER:	
ADDRESS	
DATE:	SCOPE OF WORK

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)	s.f.		<i>4250 517,437.50</i>
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)	s.f.		<i>1645 = 98,387.45</i>
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.	\$		
Total Construction Value:	\$		<i>615,824.95</i>
Building fee: (2% of construction value SFR or >\$200K)	\$		<i>12,316.50</i>
Building fee: (1% of construction value < \$200K + \$75 per insp.)			
Total number of inspections (Value < \$200K) @\$75 ea.	\$		
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$		<i>189.75</i>
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$		<i>189.75</i>
Road impact assessment: (.04% of construction value - \$5.00 min.)			<i>246.33</i>
Martin County Impact Fee:	\$		
<b>TOTAL BUILDING PERMIT FEE:</b>	\$		<i>12,932.33</i>

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



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:	
ADDRESS	112 Henry Sewalls Way
DATE:	SCOPE OF WORK

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	500,000.00
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)		s.f.	517,437.50
Total square feet non-conditioned space, or interior remodel: (@		s.f.	
1645 \$59.81 per sq. ft.)			
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.		\$	98,387.45
Total Construction Value:		\$	615,824.95
Building fee: (2% of construction value SFR or >\$200K)		\$	12,316.49
Building fee: (1% of construction value < \$200K + \$75 per insp.)		\$	
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	184.74
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	184.74
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	246.38
Martin County Impact Fee:		\$	- 8035.80
<b>TOTAL BUILDING PERMIT FEE:</b>	12,932.53	\$	20,968.21

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

**SEAGATE BUILDERS, INC.**  
 1501 DECKER AVE., SUITE 123-A  
 STUART, FLORIDA 34994  
 (772) 220-7660

EXPLANATION	AMOUNT
<i>Twenty Permit</i>	

14912

63-8413-2670

*Three Hundred Fifty and 00/100* — DOLLARS

TO THE ORDER OF	GROSS	FED. W.H.	FICA				CHECK NUMBER
<b>TOWN OF SEWALL'S POINT</b>							
DESCRIPTION							

CHECK AMOUNT

\$ *350.00*

**CHASE**  
 JPMorgan Chase Bank, N.A.  
 www.Chase.com

AUTHORIZED SIGNATURE



**RECEIPT**

DATE *10/10/11* No. *926987*

RECEIVED FROM *Seagate Builders* \$ *350.00*

*Three hundred fifty and 00/100* DOLLARS

FOR RENT  FOR *Plan Review - 112 Henry Sewall St*

ACCOUNT		FROM _____ TO _____
PAYMENT	<i>350.00</i>	
BAL. DUE		

CASH  
 MONEY ORDER  
 CHECK  
 CREDIT CARD

BY: *BSB*

# TOWN OF SEWALL'S POINT

JACQUI THURLOW-LIPPISH  
Mayor

THOMAS P BAUSCH  
Vice Mayor

PAUL SCHOPPE  
Commissioner

PAMELA BUSHA  
Commissioner  
Commissioner

ROBERT L. KELI  
Town Manager

ANN-MARIE S. B.  
Town Clerk

ERIC CERNIGL  
Chief of Police

JOHN R. ADAI  
Building Officer

JOSE TORRE  
Maintenance



## MEMO

DATE: September 26, 2011  
TO: SeaGate Builders  
RE: Impact fees

Please be advised of the following:

1. School Board Fees are to be paid and receipt submitted with permit package. The amount is \$5756.12 paid to the Martin County School District, 300 E Ocean, Stuart, Diane falls 772-219-1200
2. Martin County Impact Fees are paid to the Town of Sewall's Point with the permit fees. The amount is \$8035.86.

If you have any further questions, please contact me.

Thank you,

Valerie



One S. Sewall's Pt.  
Town Hall (772) 281-1111  
Police Department

CHRISTOPHER J TWOHEY 08-11		63-965922 660
HOUSEHOLD ACCOUNT 844 E OCEAN BLVD. SUITE A STUART, FL 34994-2473		DATE 10-3-11
PAY TO THE ORDER OF	TOWN OF SEWALL'S POINT	\$8,035.86
EIGHT THOUSAND THIRTY FIVE DOLLARS - 86/100		DOLLARS
NORTHERN TRUST, NA		
Northern Trust		
MEMO Lot 14, Sewall's Pt. Admin		
⑆066007650⑆ 2810719706⑆ 00503		

# TOWN OF SEWALL'S POINT

JACQUI THURLOW-LIPPISH  
Mayor

THOMAS P BAUSCH  
Vice Mayor

PAUL SCHOPPE  
Commissioner

PAMELA BUSHA  
Commissioner  
Commissioner

ROBERT L. KELI  
Town Manager

ANN-MARIE S. B.  
Town Clerk

ERIC CERNIGL  
Chief of Police

JOHN R. ADAI  
Building Officer

JOSE TORRE  
Maintenance



## MEMO

DATE: September 26, 2011  
TO: SeaGate Builders  
RE: Impact fees

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If you have any further questions, please contact me.

Thank you,

Valerie



One S. Sewall's Pt  
Town Hall (772) 284-0719  
Police Department

CHRISTOPHER J TWOHEY 08-11		63-965922 660
HOUSEHOLD ACCOUNT 844 E OCEAN BLVD. SUITE A STUART, FL 34994-2473		DATE 10-3-11
PAY TO THE ORDER OF	TOWN OF SEWALL'S POINT	\$ 8,035.86
EIGHT THOUSAND THIRTY FIVE DOLLARS - 86/100		DOLLARS
NORTHERN TRUST, NA		
Northern Trust		
LOT 14, SEWALL'S MEADOW		
MEMO		
00650098500 2840719206 00503		

MARK  
KLINGENSMITH  
Mayor

# TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

JACQUI THURLOW-  
LIPPISCH  
Vice Mayor

PAUL SCHOPPE  
Commissioner

THOMAS P. BAUSCH  
Commissioner

PAMELA M. BUSH  
Commissioner



ROBERT KELLOGG  
Town Manager

JOHN R. ADAMS  
Building Official

ERIC CERNIGLIA  
Chief of Police

ANN-MARIE  
SULLIVAN BASLER  
Town Clerk

JOSE TORRES, JR.  
Maintenance

## IMPORTANT NOTICE

### MINIMUM CONSTRUCTION VALUE DETERMINATION METHOD

FEBURARY 2011

THE BUILDING DEPARTMENT COLLECTS PERMIT FEES BASED ON DECLARED CONSTRUCTION VALUE. IN ORDER TO STANDARDIZE THESE VALUES, THE METHOD USED TO DETERMINE THE MINIMUM VALUES WILL BE AN AVERAGE CALCULATION OF THE INTERNATIONAL CODE COUNCIL GUIDELINES EFFECTIVE FEBRUARY 2011. ANY UPDATES TO THIS METHOD WILL BE BASED ON FUTURE VERSIONS OF THE CODE AND THESE GUIDELINES.

SINCE THESE CALCULATIONS ARE BASED ON THE NINE CONSTRUCTION TYPES FOR RESIDENTIAL AND COMMERCIAL BUILDINGS AND THEIR OCCUPANCIES, IT IS NECESSARY FOR THE BUILDING DEPARTMENT TO STREAMLINE THIS PROCESS FOR RESIDENTIAL APPLICATIONS. COMMERCIAL APPLICATIONS HOWEVER, WILL NOT BE AVERAGED AND BASED ON ACTUAL CONSTRUCTION TYPES AND OCCUPANCY.

USING THE AVERAGE OF THE SIX CONSTRUCTION TYPE VALUES, ALL RESIDENTIAL PERMIT FEES ARE TO BE BASED ON THE FOLLOWING MINIMUM VALUES:

1. SINGLE FAMILY NEW CONSTRUCTION VALUE (AIR CONDITIONED SPACE) \$121.75/SQ. FT.
2. SINGLE FAMILY GARAGE, PORCHS, ETC. (UNCONDITIONED SPACE) \$59.81/SQ. FT.
3. COMPLETE REMODEL/GUT OF CONDITIONED SPACE \$59.81/SQ. FT.
4. COMPLETE REMODEL/GUT INCLUDING NEW TRUSSES \$90.78/ SQ. FT.

ANY APPLICATIONS NOT COMPLYING WITH THE ABOVE FORMULA MUST BE ACCOMPANIED BY VERIFIABLE DATA TO JUSTIFY LOWER CONSTRUCTION VALUES. ALL OTHER APPLICATIONS BELOW THE MINIMUM WILL BE ADJUSTED BY THE BUILDING DEPARTMENT PRIOR TO PERMIT ISSUANCE.

THE INFORMATION USED FOR THE BASIS OF VALUE DETERMINATION IS AVAILABLE AT <http://www.iccsafe.org/cs/techservices>. A COPY OF THIS DOCUMENT IS ALSO AVAILABLE AT TOWN HALL.

JOHN R. ADAMS  
BUILDING OFFICIAL



One S. Sewall's Point Road, Sewall's Point, Florida 34996  
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: [clerk@sewallspoint.martin.fl.us](mailto:clerk@sewallspoint.martin.fl.us)  
Building Department (772) 287-2455 • Fax (772) 220-4765 • E-Mail: [jadams@sewallspoint.martin.fl.us](mailto:jadams@sewallspoint.martin.fl.us)





## Building Valuation Data – February 2011

The International Code Council is pleased to provide the following Building Valuation Data (BVD) for its members. The BVD will be updated at six-month intervals, with the next update in August 2011. ICC strongly recommends that all jurisdictions and other interested parties actively evaluate and assess the impact of this BVD table before utilizing it in their current code enforcement related activities.

The BVD table provides the "average" construction costs per square foot, which can be used in determining permit fees for a jurisdiction. Permit fee schedules are addressed in Section 109.2 of the 2009 *International Building Code* (IBC) whereas Section 109.3 addresses building permit valuations. The permit fees can be established by using the BVD table and a Permit Fee Multiplier, which is based on the total construction value within the jurisdiction for the past year. The Square Foot Construction Cost table presents factors that reflect relative value of one construction classification/occupancy group to another so that more expensive construction is assessed greater permit fees than less expensive construction.

ICC has developed this data to aid jurisdictions in determining permit fees. It is important to note that while this BVD table does determine an estimated value of a building (i.e., Gross Area x Square Foot Construction Cost), this data is only intended to assist jurisdictions in determining their permit fees. This data table is not intended to be used as an estimating guide because the data only reflects average costs and is not representative of specific construction.

This degree of precision is sufficient for the intended purpose, which is to help establish permit fees so as to fund code compliance activities. This BVD table provides jurisdictions with a simplified way to determine the estimated value of a building that does not rely on the permit applicant to determine the cost of construction. Therefore, the bidding process for a particular job and other associated factors do not affect the value of a building for determining the permit fee. Whether a specific project is bid at a cost above or below the computed value of construction does not affect the permit fee because the cost of related code enforcement activities is not directly affected by the bid process and results.

### Building Valuation

The following building valuation data represents average valuations for most buildings. In conjunction with IBC Section 109.3, this data is offered as an aid for the building official to determine if the permit valuation is underestimated. Again it should be noted that, when using this data, these are "average" costs based on typical construction methods for each occupancy group and type of construction. The average costs include foundation work, structural and nonstructural building components, electrical, plumbing, mechanical and interior finish material. The data is a national average and

does not take into account any regional cost differences. As such, the use of Regional Cost Modifiers is subject to the authority having jurisdiction.

### Permit Fee Multiplier

Determine the Permit Fee Multiplier:

1. Based on historical records, determine the total annual construction value which has occurred within the jurisdiction for the past year.
2. Determine the percentage (%) of the building department budget expected to be provided by building permit revenue.

$$\text{Permit Fee Multiplier} = \frac{\text{Bldg. Dept. Budget} \times (\%)}{\text{Total Annual Construction Value}}$$

### Example

The building department operates on a \$300,000 budget, and it expects to cover 75 percent of that from building permit fees. The total annual construction value which occurred within the jurisdiction in the previous year is \$30,000,000.

$$\text{Permit Fee Multiplier} = \frac{\$300,000 \times 75\%}{\$30,000,000} = 0.0075$$

### Permit Fee

The permit fee is determined using the building gross area, the Square Foot Construction Cost and the Permit Fee Multiplier.

$$\text{Permit Fee} = \text{Gross Area} \times \text{Square Foot Construction Cost} \times \text{Permit Fee Multiplier}$$

### Example

Type of Construction: IIB

Area: 1st story = 8,000 sq. ft.

2nd story = 8,000 sq. ft.

Height: 2 stories

Permit Fee Multiplier = 0.0075

Use Group: B

1. Gross area:  
Business = 2 stories x 8,000 sq. ft. = 16,000 sq. ft.
2. Square Foot Construction Cost:  
B/IIB = \$145.97/sq. ft.
3. Permit Fee:  
Business = 16,000 sq. ft. x \$145.97/sq. ft x 0.0075  
= \$17,516

## Important Points

- The BVD is not intended to apply to alterations or repairs to existing buildings. Because the scope of alterations or repairs to an existing building varies so greatly, the Square Foot Construction Costs table does not reflect accurate values for that purpose. However, the Square Foot Construction Costs table can be used to determine the cost of an addition that is basically a stand-alone building which happens to be attached to an existing building. In the case of such additions, the only alterations to the existing building would involve the attachment of the addition to the existing building and the openings between the addition and the existing building.
- For purposes of establishing the Permit Fee Multiplier, the estimated total annual construction value for a given time period (1 year) is the sum of each building's value (Gross Area x Square Foot Construction Cost) for that time period (e.g., 1 year).
- The Square Foot Construction Cost does not include the price of the land on which the building is built. The Square Foot Construction Cost takes into account everything from foundation work to the roof structure and coverings but does not include the price of the land. The cost of the land does not affect the cost of related code enforcement activities and is not included in the Square Foot Construction Cost.

## Square Foot Construction Costs <sup>a, b, c, d</sup>

Group (2009 International Building Code)	IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB
A-1 Assembly, theaters, with stage	211.15	203.98	198.73	190.05	178.25	173.30	183.31	162.97	156.05
A-1 Assembly, theaters, without stage	193.16	185.99	180.74	172.06	160.31	155.36	165.32	145.04	138.12
A-2 Assembly, nightclubs	163.22	158.56	154.17	148.00	138.96	135.24	142.52	126.06	121.36
A-2 Assembly, restaurants, bars, banquet halls	162.22	157.56	152.17	147.00	136.96	134.24	141.52	124.06	120.36
A-3 Assembly, churches	195.10	187.93	182.68	174.00	162.21	157.26	167.26	146.94	140.02
A-3 Assembly, general, community halls, libraries, museums	163.81	156.64	150.39	142.71	129.91	125.96	135.97	114.63	108.71
A-4 Assembly, arenas	192.16	184.99	178.74	171.06	158.31	154.36	164.32	143.04	137.12
B Business	164.76	158.78	153.49	145.97	132.45	127.63	139.92	116.43	110.93
E Educational	176.97	170.85	165.64	158.05	146.37	138.98	152.61	127.91	123.09
F-1 Factory and industrial, moderate hazard	97.87	93.28	87.66	84.46	75.44	72.26	80.79	62.17	58.48
F-2 Factory and industrial, low hazard	96.87	92.28	87.66	83.46	75.44	71.26	79.79	62.17	57.48
H-1 High Hazard, explosives	91.74	87.15	82.53	78.33	70.49	66.31	74.66	57.22	N.P.
H234 High Hazard	91.74	87.15	82.53	78.33	70.49	66.31	74.66	57.22	52.53
H-5 HPM	164.76	158.78	153.49	145.97	132.45	127.63	139.92	116.43	110.93
I-1 Institutional, supervised environment	164.82	159.04	154.60	147.90	135.84	132.25	144.15	121.88	117.55
I-2 Institutional, hospitals	277.07	271.09	265.80	258.28	243.90	N.P.	252.23	227.88	N.P.
I-2 Institutional, nursing homes	193.00	187.02	181.74	174.22	160.98	N.P.	168.16	144.96	N.P.
I-3 Institutional, restrained	187.72	181.73	176.45	168.93	156.64	150.82	162.87	140.63	133.13
I-4 Institutional, day care facilities	164.82	159.04	154.60	147.90	135.84	132.25	144.15	121.88	117.55
M Mercantile	121.57	116.92	111.53	106.36	96.96	94.25	100.88	84.07	80.36
R-1 Residential, hotels	166.21	160.43	155.99	149.29	137.39	133.80	145.70	123.43	119.10
R-2 Residential, multiple family	139.39	133.61	129.17	122.47	111.23	107.64	119.54	97.27	92.94
R-3 Residential, one- and two-family	131.18	127.60	124.36	121.27	116.43	113.53	117.42	108.79	101.90
R-4 Residential, care/assisted living facilities	164.82	159.04	154.60	147.90	135.84	132.25	144.15	121.88	117.55
S-1 Storage, moderate hazard	90.74	86.15	80.53	77.33	68.49	65.31	73.66	55.22	51.53
S-2 Storage, low hazard	89.74	85.15	80.53	76.33	68.49	64.31	72.66	55.22	50.53
U Utility, miscellaneous	71.03	67.02	62.71	59.30	52.86	49.43	56.33	41.00	39.06

- Private Garages use Utility, miscellaneous
- Unfinished basements (all use group) = \$15.00 per sq. ft.
- For shell only buildings deduct 20 percent
- N.P. = not permitted

**NOTICE OF COMMENCEMENT**  
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: \_\_\_\_\_ TAX FOLIO #: 133 8410130000014000000

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 (AND STREET ADDRESS IF AVAILABLE):  
Lot 14 Sewall's Meadow Henry Sewall's Way

GENERAL DESCRIPTION OF IMPROVEMENT: \_\_\_\_\_

OWNER NAME: Chris Twohey  
ADDRESS: 344 E Ocean Blvd Stuart FL 34994  
PHONE NUMBER: 221 2083 FAX NUMBER: \_\_\_\_\_

INTEREST IN PROPERTY: \_\_\_\_\_  
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): \_\_\_\_\_

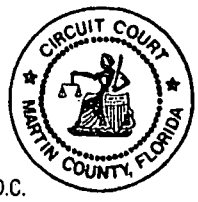
CONTRACTOR: Seagate Blinds Inc  
ADDRESS: 1501 Decker Ave #123 Stuart FL 34994  
PHONE NUMBER: 220 7660 FAX NUMBER: 220 7660

**TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY**

SURETY COMPANY (IF ANY): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
BOND AMOUNT: \_\_\_\_\_

LENDER/MORTGAGE COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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



PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES ON THESE DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (a) 7., FLORIDA STATUTES:  
DATE: 10-10-11

NAME: None  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

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

**WARNING TO OWNER:** ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER  
SIGNATORY'S TITLE/OFFICE: Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

BY: CHRISTOPHER J. TWOHEY Owner FOR \_\_\_\_\_  
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN  OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_  
NOTARY SIGNATURE/ SEAL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

(Signature of Natural Person Signing Above)



INSTR # 2296894 OR BK 02540 PG 1582 RECD 10/10/2011 03:13:44 PM  
 Pg 1582 of 1197  
 MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenia



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

**SINGLE FAMILY APPLICATION CHECKLIST  
 2007 FLORIDA RESIDENTIAL CODE**

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 PERMIT APPLICATION INCLUDING:
    - LEGAL DESCRIPTION
    - NOTARIZED SIGNATURE OF OWNER AND CONTRACTOR
    - ~~• PROOF OF OWNERSHIP (RECORDED WARRANTY DEED OR TAX BILL)~~
    - ~~• NON-REFUNDABLE \$350.00 PLAN SUBMITTAL FEE~~
  - ✓ 2 COPIES SURVEYS SHOWING THE FOLLOWING
    - LOCATION OF ALL STRUCTURES PROPOSED AND EXISTING WITH DIMENSIONS TO PROPERTY LINES
    - LOCATION OF DRIVEWAY AND REQUIRED TURNABOUTS WITH DIMENSIONS
    - WALKWAYS AND PLANTERS, LOCATION OF ALL FENCES
    - LOCATION OF ALL ACCESSORY BUILDINGS OR STRUCTURES
    - FLOOD ZONE LINE OR LINES IN RELATIONSHIP TO STRUCTURES PROPOSED OR EXISTING
    - FLOOD ZONE WITH BASE FLOOR ELEVATION WITH CURRENT ADOPTION DATE
    - LEGAL DESCRIPTION OF LOT
    - LOT DIMENSIONS AND BEARINGS
    - STREET AND WATERWAY NAMES
    - GRADE ELEVATIONS (PROPOSED AND EXISTING)
    - EXISTING AND PROPOSED STRUCTURES, DECKS, PADS, ETC.
    - PROPOSED FINISHED FLOOR ELEVATIONS
    - CROWN OF ROAD(S), EASEMENTS, BUILDING SETBACK LINES, ALL ENCROACHMENTS INTO SETBACKS
    - WELL LOCATIONS (PROPOSED AND EXISTING)
    - SEPTIC DRAIN FIELD(S) (PROPOSED AND EXISTING)
    - CANALS, PONDS, OR RIVERFRONT LOCATIONS, ROAD RIGHT-OF-WAYS
    - IMPERVIOUS/PERVIOUS CALCULATIONS
    - ALL ENCROACHMENTS MUST BE ABATED OR VARIANCES RECEIVED PRIOR TO ISSUANCE OF BUILDING PERMIT.
    - CERTIFICATION TO THE TOWN OF SEWALL'S POINT
  - ✓ 2 COPIES SITE PLAN INDICATING THE FOLLOWING"
    - SITE RETENTION CALCULATIONS, DELINEATED RETENTION AREAS AND DIRECTION OF DRAINAGE.
    - INDICATE THE SIZE, SPECIES AND LOCATION OF ANY TREES TO BE REMOVED, RELOCATED OR PLANTED
    - ALL AREAS OF EXCAVATION AND DISTURBED SOIL AND PROVISIONS FOR STABILIZATION
    - INDICATE PROVISIONS FOR STORMWATER EROSION PREVENTION DURING CONSTRUCTION (SILT FENCING, ETC.)
- \*\*\*\*\*  
 IF PROPERTY IS OVER ONE (1) ACRE THEN A FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION'S (FDEP) STORMWATER DISCHARGE PERMIT AND SITE RETENTION PLAN IS REQUIRED (APPLICATION AVAILABLE AT TOWN HALL).  
 \*\*\*\*\*
- ✓ 2 COPIES SEPTIC TANK PERMIT, IF APPLICABLE (PLANS MUST BE STAMPED BY HEALTH DEPT.).
  - 2 COPIES COMPLETE SETS OF PLANS WITH ALL REQUIRED PAGES SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER. MAXIMUM SIZE PLANS 24" X 36".
  - ~~2 COPIES THE FLORIDA ENERGY CODE FOR THE "SOUTH ZONE"~~
  - ~~2 COPIES MANUAL "I" - WEST PALM BEACH AREA (DRY BULB SUMMER 94 DEGREES WINTER 45 DEGREES). MUST SHOW EQUIPMENT SIZE AND TYPE.~~
  - ✓ 2 COPIES WINDLOAD CERTIFICATION SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER (IF APPLICABLE INFORMATION IS NOT ON THE PLANS).
  - ✓ 2 COPIES PRODUCT APPROVAL CHECKLIST SIGNED & SEALED BY THE ARCHITECT OR ENGINEER OF RECORD. (IF APPLICABLE INFORMATION IS NOT ON THE PLANS).
  - ✓ 1 COPY NOTICE OF COMMENCEMENT, MUST BE SUBMITTED PRIOR TO THE FIRST INSPECTION



**SPECIFICATIONS AND PRODUCT APPROVALS**

SPECS. FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, SHUTTERS, SIDING, ROOF COVERING AND SIMILAR ENVELOPE ELEMENTS MUST BE ON-SITE FOR INSPECTIONS. THESE PRODUCTS MUST BE TESTED BY AN APPROVED TESTING LAB AND DESIGN PRESSURES STATED. MUST HAVE ARCHITECT/ENGINEER OF RECORD REVIEW, TO VERIFY THAT IT MEETS THEIR DESIGN. ROOF COVERING SPECIFICATIONS/DADE COUNTY OR FLORIDA APPROVAL MUST INCLUDE MANUFACTURER/PRODUCT NAME AND TEST NUMBER.

**IMPACT PROTECTION FOR ALL EXTERIOR GLAZED OPENINGS REQUIRED PER  
F.B.C. 2007 1609.1.2 (IMPACT RESISTANT GLASS OR APPROVED SHUTTERS)**

**MANDATORY PLAN REQUIREMENTS: A - Y MUST BE PROVIDED**

- A. Product Approval Affidavit ✓
- B. Energy Code Form 600A-Version 04 - verify square footage ✓
- C. Manual "J"-91° summer/45° winter- South area weather, equip. size, & type ✓
- D. Health Department permit or Utilities verification /
- E. High/low lots must comply with Town ordinance Sect. 50-176 (b) (2) /
- F. Lowest habitable floor slab elevation or lowest horizontal structural member (V zone) /
- G. Foundation Plan:**
  - 1. Footing sizes and reinforcing steel ✓
  - 2. Interior bearing wall footings ✓
  - 3. Porch footings/pads ✓
  - 4. Column pads ✓
  - 5. Posts/columns locations and vertical reinforcement /
  - 6. Frame construction – min. 18" deep footings. /
  - 7. Structural concrete subject to salt spray (min. 5000 p.s.i.) /
- H. Roof Framing Plan /
- I. Truss Connector Schedule-address girders /
- J. Typical Wall Sections-frame and CBS ✓
- K. Roof assembly described - type, materials, fasteners, flashing, wind resistance rating. /
- L. Interior Bearing Wall Section /
- M. Exterior elevations, indicate overall building height AFF or NGVD (VE Zone) ✓
- N. Design Pressures – check exposure and end zones /
- O. Gable End Detail /
- P. Lintel/Header/Beam schedule-sizes/bearing, filled, reinforcing? /
- Q. Porch Framing-post and beam connectors, top & bottom /
- R. Correct Codes listed /
- S. Floor framing plan /
- T. Design wind load information:**
  - 1. Basic wind speed – verify /
  - 2. Importance factor /
  - 3. Exposure – verify ✓
  - 4. Internal pressure coefficient /
- U. Tile roof installation /
- V. Rated separation between residence and garage. /
- W. A/C duct layout plan in 1/4" scale. /
- X. Plumbing riser diagram /
- Y. "V" Zone Certification for foundations located in the CHHA /

**STANDARD SINGLE FAMILY PLAN REVIEW CHECKLIST**

**Floor Plans**

- 1. Egress Windows must be labeled on plan.
- 2. Handicap Accessible Bathroom indicated on plans (with fixture dimensions).
- 3. Water Heater- on plan? Relief line cannot be trapped.
- 4. Attic Access- minimum 22"x30" unless roof peak < 30"
- 5. Safety Glass- hazardous locations

✓  
✓  
✓  
✓  
✓

**Details**

- 1. Roof and wall sheathing – nailing zone pattern.
- 2. Buck details- windows, doors, and garage doors
- 3. Chimney/Fireplace/Dormer- construction details
- 4. Stair details- tread and riser, handrails and balcony railing
- 5. Butt glass- engineering details
- 6. Glass block details
- 7. Window head, jamb, & sill details. Impact or shuttered.  
(Shutter attachment and substructure for fasteners)
- 8. Frame to masonry connection details
- 9. Exit / Escape door

✓  
✓  
✓  
✓  
✓  
✓  
✓  
✓  
✓

**Electric Plans**

- 1. Bathroom – G.F.I. receptacles
- 2. Kitchen – G.F.I. receptacles at counters
- 3. Garage – Min. 1 G.F.I. receptacle, if more all G.F.I.
- 4. Electric Panel Location
- 5. Electric Riser Diagram
- 6. Receptacles – spacing and location
- 7. Outside receptacles – One G.F.I. / W.P. front and rear of house
- 8. Switches location
- 9. Smoke detectors per code – bedroom (sleeping) areas & stairs, AFCI protection
- 10. U.F.E.R. ground required
- 11. Attic access light w/pull chain or switch
- 12. Disconnects at Water Heater & A.C. Units
- 13. Branch circuit arc-fault protection in bedrooms
- 14. Toilet rooms (interior) shall be mechanically ventilated.

✓  
✓  
✓  
✓  
✓  
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✓  
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✓  
✓  
✓  
✓  
✓  
✓  
✓

**H.V.A.C.**

- 1. Balanced return air: transfer louvers or ducted return.
- 2. Access to equipment in attic.
- 3. Duct work, A/H protection in Garage.

✓  
✓  
✓



OFFICIAL RECEIPT  
(FOR MONEY RECEIVED)

No. 536518

DATE 10-5, <sup>2011</sup>~~10~~

Legal Svcs. SCHOOL

RECEIVED FROM Christopher Twomey \$ 5756.12  
(NAME OR ORGANIZATION)

FOR Lot 14, Sewalls Meadow school impact fee

FOR DEPOSIT IN \_\_\_\_\_ FUND(S)

D. Falls  
PRINCIPAL OR RESPONSIBLE OFFICER



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

*Twokey*  
 9909

**SUBCONTRACTORS LIST**  
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME Seagate Bldgs BLDG. PERMIT # 9909

MAILING ADDRESS 1501 Decker Ave #123 Stuart FL 34994

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION. USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. (NOT OCCUPATIONAL LICENSE NUMBERS)

	TYPE	COMPANY NAME	LICENSE NUMBER
ok	CFO CONCRETE - FORM		
	CFI - FINISH	Seagate	CGC047306 ✓
	BM BLOCK MASON	"	
	CB COLUMNS & BEAMS	"	
	CA CARPENTRY ROUGH	"	
	GD GARAGE DOOR	TBD	
	DH DRYWALL - HANG		
	DF - FINISH	ADDISON Drywall	M/C DE400253 ✓
ok	IN INSULATION	DAVISON Insul	M/C IN 00375 ✓
	LA LATHING	Seagate	CGC047306 ✓
	FI FIREPLACE	N/A	
	PAV PAVERS	Seagate	CGC047306 ✓
	AL ALUMINUM		
ok	LP LP GAS <i>Raulie propane</i>	<del>Seagate</del>	21029 - 24441
	PAV PAINTING	TBD	
	PL PLASTER & STUCCO	TBD	
	ST STAIRS & RAILS		
ok	RO ROOFING	ON SHORE	CC1328994 ✓
	TM TILE & MARBLE		
	WD WINDOWS & DOORS		
ok	PLU * PLUMBING	<del>DAVISON</del> AQUA	M/C - 00030/0FC051625 ✓
ok	AC * HARV	DS AIR Conditioning	
ok	EL * ELECTRICAL	DAVE Carter Electric	EC13002342 ✓



# TOWN OF SEWALL'S POINT

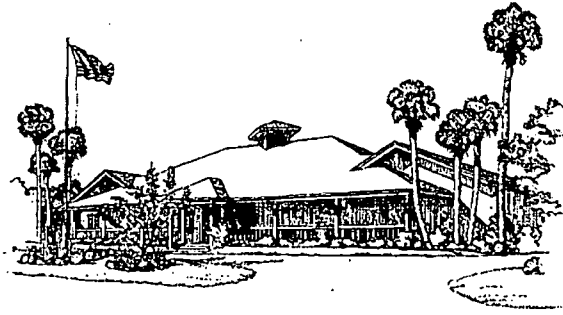
JACQUI THURLOW-  
LIPPISCH  
Mayor

PAUL SCHOPPE  
Vice Mayor

THOMAS P BAUSCH  
Commissioner

PAMELA BUSHA  
Commissioner

PAUL LUGER  
Commissioner



ROBERT L. KELLOGG  
Town Manager

ANN-MARIE S. BASLER  
Town Clerk

ERIC CERNIGLIA  
Chief of Police

JOHN R. ADAMS  
Building Official

JOSE TORRES  
Maintenance

DATE: December 30, 2011

TO: Seagate Builders

FAX #: 220-7660

RE: Contractor Licensing

---

For: TWOHEY (PN 9909) – 112 Henry Sewall Way

*OK* I received a Contractor Verification form from Aqua Dimensions. Did you change from Dave's Plumbing? If so, I need their County/City Business Tax Receipt

*OK* Davidson Insulation - General Liability & Workers Comp Insurance

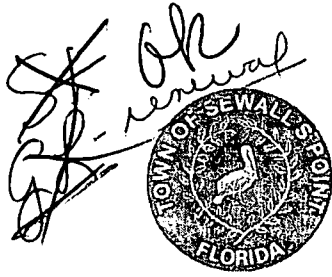
*OK* DS Air - Contractor verification form and Worker's Comp renewal (1/1/12)

*OK* Zane Carter Electric – Worker's Comp renewal (1/1/12)

Thanks,

*W*  
Valerie





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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 9909

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

OWNERS NAME: Twohey  
CONSTRUCTION ADDRESS: 112 Henry Sewall Way

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL  
 ELECTRIC  
 PLUMBING  
 HVAC  
 IRRIGATION  
 FUEL GAS  
 ROOFING

TYPE OF SERVICE:  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK: Install 500 Gallon Tank Run 150' UG Lines & 100' of Interior Line  
VALUE OF CONSTRUCTION \$ \_\_\_\_\_

LOW VOLTAGE  
TYPE OF EQUIPMENT:  SECURITY  VACUUM  SOUND SYSTEM  LANDSCAPE  OTHER  
SCOPE OF WORK: \_\_\_\_\_ VALUE \_\_\_\_\_

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

Paul D. Saghi 4100 SE Selerno RD  
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR  
COMPANY OR QUALIFIER'S NAME: Paulie Propane and Natural Gas Systems Inc  
TELEPHONE NO: 220 2616 PLEASE PRINT FAX NO: 220 2618  
634 4833  
MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: 24441

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_  
PARCEL CONTROL #: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_  
SITE ADDRESS: \_\_\_\_\_

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 9909

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

OWNERS NAME: Twohey

CONSTRUCTION ADDRESS: 112 Henry Sewall Way

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

*DS Air*

TYPE OF SERVICE:  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK: New HVAC system w/ duct work

VALUE OF CONSTRUCTION \$ 10,000.00

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK: _____ VALUE: _____

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

[Signature] PD BOX 197 Jensen Beach 34958  
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Daniel W Shawver Jr

TELEPHONE NO: 772-335-4531 FAX NO: 772-679-0103  
PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CAC058715

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

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

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

May 03 07 11:15a

bob.ludlum

oh  
CXX

TOWN OF SEWALL'S POINT  
VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 9909

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

OWNER'S NAME: Christopher Jucha

CONSTRUCTION ADDRESS: 112 Henry Sewall Way

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

*Atqua Dimensions*

TYPE OF SERVICE:  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK: Rough layout - final plumbing

VALUE OF CONSTRUCTION \$ \_\_\_\_\_

LOW VOLTAGE	
TYPE OF EQUIPMENT:	<input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK:	VALUE

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

SIGNATURE OF LICENSED CONTRACTOR: [Signature] ADDRESS OF CONTRACTOR: 1651 SW Macaroda Blvd Port St. Lucie

COMPANY OR QUALIFIER'S NAME: Robert Ludlum PLEASE PRINT

TELEPHONE NO: 772-344-8433 FAX NO: 772-343-7418

MARTIN COUNTY OR STATE OF FLORIDA CONTRACTORS LICENSE NUMBER: CFC 057526

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

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

Send or Fax to:  
Town of Sewall's Building Department  
18. Sewall's Point Road  
Sewall's Point, FL 34896  
FAX # (772) 220-4766

TOWN OF SEWALL'S POINT  
VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 9909

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

OWNERS NAME: Christopher Jurokey

CONSTRUCTION ADDRESS: 112 Henry Sewall Way

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

*Aqua Amensims*

TYPE OF SERVICE:  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK: Rough, Jopout - Final Plumbing

VALUE OF CONSTRUCTION \$ \_\_\_\_\_

<input type="checkbox"/> LOW VOLTAGE	
TYPE OF EQUIPMENT:	<input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK:	VALUE

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

SIGNATURE OF LICENSED CONTRACTOR: [Signature] ADDRESS OF CONTRACTOR: 1651 SW Macado Blvd Port St Lucie

COMPANY OR QUALIFIERS NAME: Robert Loum  
PLEASE PRINT

TELEPHONE NO: 772-344-8433 FAX NO: 772-343-7418

MARTIN COUNTY OR STATE OF FLORIDA CONTRACTORS LICENSE NUMBER: CFC057526

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\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ DLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

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

Send or Fax to:  
Town of Sewall's Building Department  
1 E. Sewall's Point Road  
Sewall's Point, FL 34996  
FAX # (772) 220-4766

220-4765



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

**VERIFICATION OF CONTRACTOR**

BUILDING PERMIT NUMBER: 9909

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

OWNERS NAME: Chris Twohey

CONSTRUCTION ADDRESS: 112 Henry Sewall Way

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS
- ROOFING

TYPE OF SERVICE:  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK: New Single Family House

VALUE OF CONSTRUCTION \$ 19,000.00

<input type="checkbox"/> LOW VOLTAGE TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER SCOPE OF WORK: _____ VALUE _____
--

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

[Signature] 1143 NW Spruce Ridge Dr. Stuart, Fl.  
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Zane Carter Electric Inc.  
PLEASE PRINT

TELEPHONE NO: 772-692-2048 FAX NO: \_\_\_\_\_

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC 13002342

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

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

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

NA

**V-ZONE CERTIFICATION**

Note: This V-Zone Certificate is not a substitute for and cannot be used without the required NFIP Elevation Certificate (See FEMA Fact Sheet No. 4), which is required for flood insurance rating. This certificate must be filled out by a Florida registered Architect or Engineer.

Name \_\_\_\_\_ Insurance Policy No. \_\_\_\_\_

Building Address or Legal Description \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SECTION I: Flood Insurance Rate Map (FIRM) Information**

Community No. \_\_\_\_\_ Panel No. \_\_\_\_\_ Suffix \_\_\_\_\_ Date of FIRM index \_\_\_\_\_ Zone \_\_\_\_\_

**SECTION II: Elevation Information**

1. Elevation of the bottom of the lowest horizontal structural member..... feet (NGVD)
2. Base Flood Elevation (BFE)..... feet (NGVD)
3. Elevation of the lowest adjacent grade..... feet (NGVD)
4. Approximate depth of anticipated scour/erosion used for foundation design.... feet (NGVD)
5. Embedment depth of pilings or foundation below lowest adjacent grade..... feet (NGVD)

**SECTION III: V-Zone Certification Statement**

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest habitable floor (excluding piles and columns) is elevated one (1) foot above the BFE; and
- The pile and column foundation and structure attached hereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values are those required by the Florida Building Code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

**SECTION IV: Breakaway Wall Certification Statement**

*Note: This section must be certified when breakaway walls exceed a design safe loading resistance of 20 lbs. per sq. ft.*

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used for breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway wall collapse shall result from water loads less than that would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads (defined in section III) acting simultaneously on all building components.

**SECTION V: Certification**

Certifier's Name \_\_\_\_\_ Company Name \_\_\_\_\_

Title \_\_\_\_\_ Florida License No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Seal


# FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Performance Method A

Project Name: Twohey Street: LOT#14 SEWALLS MEADOW City, State, Zip: STUART, FL Owner: TWOHEY RESIDENCE Design Location: FL, West Palm Beach	Builder Name: DS AIR CONDITIONING Permit Office: TOWN OF SEWALL'S POINT Permit Number: Jurisdiction: BUILDING DEPARTMENT <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;">                     FILE COPY                 </div>
--	--

<table style="width:100%;"> <tr> <td>1. New construction or existing</td> <td>New (From Plans)</td> </tr> <tr> <td>2. Single family or multiple family</td> <td>Single-family</td> </tr> <tr> <td>3. Number of units, if multiple family</td> <td>1</td> </tr> <tr> <td>4. Number of Bedrooms</td> <td>5</td> </tr> <tr> <td>5. Is this a worst case?</td> <td>No</td> </tr> <tr> <td>6. Conditioned floor area (ft<sup>2</sup>)</td> <td>4250</td> </tr> <tr> <td>7. Windows (662.0 sqft.)</td> <td>Description Area</td> </tr> <tr> <td>a. U-Factor:</td> <td>Sgl, U=0.65 662.00 ft<sup>2</sup></td> </tr> <tr> <td>SHGC:</td> <td>SHGC=0.35</td> </tr> <tr> <td>b. U-Factor:</td> <td>N/A ft<sup>2</sup></td> </tr> <tr> <td>SHGC:</td> <td></td> </tr> <tr> <td>c. U-Factor:</td> <td>N/A ft<sup>2</sup></td> </tr> <tr> <td>SHGC:</td> <td></td> </tr> <tr> <td>d. U-Factor:</td> <td>N/A ft<sup>2</sup></td> </tr> <tr> <td>SHGC:</td> <td></td> </tr> <tr> <td>e. U-Factor:</td> <td>N/A ft<sup>2</sup></td> </tr> <tr> <td>SHGC:</td> <td></td> </tr> <tr> <td>8. Floor Types (3039.5 sqft.)</td> <td>Insulation Area</td> </tr> <tr> <td>a. Slab-On-Grade Edge Insulation</td> <td>R=0.0 3039.50 ft<sup>2</sup></td> </tr> <tr> <td>b. N/A</td> <td>R= ft<sup>2</sup></td> </tr> <tr> <td>c. N/A</td> <td>R= ft<sup>2</sup></td> </tr> </table>	1. New construction or existing	New (From Plans)	2. Single family or multiple family	Single-family	3. Number of units, if multiple family	1	4. Number of Bedrooms	5	5. Is this a worst case?	No	6. Conditioned floor area (ft <sup>2</sup> )	4250	7. Windows (662.0 sqft.)	Description Area	a. U-Factor:	Sgl, U=0.65 662.00 ft <sup>2</sup>	SHGC:	SHGC=0.35	b. U-Factor:	N/A ft <sup>2</sup>	SHGC:		c. U-Factor:	N/A ft <sup>2</sup>	SHGC:		d. U-Factor:	N/A ft <sup>2</sup>	SHGC:		e. U-Factor:	N/A ft <sup>2</sup>	SHGC:		8. Floor Types (3039.5 sqft.)	Insulation Area	a. Slab-On-Grade Edge Insulation	R=0.0 3039.50 ft <sup>2</sup>	b. N/A	R= ft <sup>2</sup>	c. N/A	R= ft <sup>2</sup>	<table style="width:100%;"> <tr> <td>9. Wall Types (5141.7 sqft.)</td> <td>Insulation Area</td> </tr> <tr> <td>a. Concrete Block - Int Insul, Exterior</td> <td>R=5.0 4911.70 ft<sup>2</sup></td> </tr> <tr> <td>b. Frame - Wood, Exterior</td> <td>R=13.0 230.00 ft<sup>2</sup></td> </tr> <tr> <td>c. N/A</td> <td>R= ft<sup>2</sup></td> </tr> <tr> <td>d. N/A</td> <td>R= ft<sup>2</sup></td> </tr> <tr> <td>10. Ceiling Types (3039.8 sqft.)</td> <td>Insulation Area</td> </tr> <tr> <td>a. Under Attic (Unvented)</td> <td>R=21.0 3039.80 ft<sup>2</sup></td> </tr> <tr> <td>b. N/A</td> <td>R= ft<sup>2</sup></td> </tr> <tr> <td>c. N/A</td> <td>R= ft<sup>2</sup></td> </tr> <tr> <td>11. Ducts</td> <td></td> </tr> <tr> <td>a. Sup: Interior Ret: Interior AH: Interior Sup. R= 6, 210 ft<sup>2</sup></td> <td></td> </tr> <tr> <td>12. Cooling systems (combined)</td> <td></td> </tr> <tr> <td>a. Central Unit</td> <td>Cap: 96.4 kBtu/hr SEER: 13</td> </tr> <tr> <td>13. Heating systems (combined)</td> <td></td> </tr> <tr> <td>a. Electric Strip Heat</td> <td>Cap: 63.7 kBtu/hr COP: 1</td> </tr> <tr> <td>14. Hot water systems</td> <td></td> </tr> <tr> <td>a. Electric</td> <td>Cap: 50 gallons EF: 0.97</td> </tr> <tr> <td>b. Conservation features</td> <td>None</td> </tr> <tr> <td>15. Credits</td> <td>None</td> </tr> </table>	9. Wall Types (5141.7 sqft.)	Insulation Area	a. Concrete Block - Int Insul, Exterior	R=5.0 4911.70 ft <sup>2</sup>	b. Frame - Wood, Exterior	R=13.0 230.00 ft <sup>2</sup>	c. N/A	R= ft <sup>2</sup>	d. N/A	R= ft <sup>2</sup>	10. Ceiling Types (3039.8 sqft.)	Insulation Area	a. Under Attic (Unvented)	R=21.0 3039.80 ft <sup>2</sup>	b. N/A	R= ft <sup>2</sup>	c. N/A	R= ft <sup>2</sup>	11. Ducts		a. Sup: Interior Ret: Interior AH: Interior Sup. R= 6, 210 ft <sup>2</sup>		12. Cooling systems (combined)		a. Central Unit	Cap: 96.4 kBtu/hr SEER: 13	13. Heating systems (combined)		a. Electric Strip Heat	Cap: 63.7 kBtu/hr COP: 1	14. Hot water systems		a. Electric	Cap: 50 gallons EF: 0.97	b. Conservation features	None	15. Credits	None
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Glass/Floor Area: 0.156	Total As-Built Modified Loads: 91.81 Total Baseline Loads: 110.23	PASS
-------------------------	--	------

<p>I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.</p> <p>PREPARED BY: <u>[Signature]</u>                  DATE: <u>10/10/11</u></p> <p>I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.</p> <p>OWNER/AGENT: _____                  DATE: _____</p>	<p>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.</p> <div style="text-align: center;">  </div> <p>BUILDING OFFICIAL: <u>[Signature]</u>                  DATE: <u>10-19-11</u></p>
--	--



**PROJECT**

Title:	Twohey	Bedrooms:	5	Adress Type:	Street Address
Building Type:	FLAsBuilt	ConditionedArea:	4250	Lot #	
Owner:	TWOHEY RESIDENCE	Total Stories:	2	Block/SubDivision:	
# of Units:	1	Worst Case:	No	PlatBook:	
BuilderName:	DS AIR CONDITIONING INC	Rotate Angle:	0	Street:	LOT#14 SEWALLS ME
Permit Office:		Cross Ventilation:	No	County:	MARTIN
Jurisdiction:		Whole House Fan:	No	City, State, Zip:	STUART , FL ,
Family Type:	Single-family				
New/Existing:	New (From Plans)				
Comment:					

**CLIMATE**

✓	Design Location	TMY Site	IECC Zone	Design Temp 97.5 %	Design Temp 2.5 %	Int Design Temp Winter	Int Design Temp Summer	Heating DegreeDays	Design Moisture	Daily Temp Range
_____	FL, West Palm Beach	FL_WEST_PALM_BEAC	2	44	90	75	70	316	60	Medium

**FLOORS**

✓	#	Floor Type	Perimeter	R-Value	Area	Tile	Wood	Carpet
_____	1	Slab-On-Grade Edge Insulation	305 ft	0	3039.51 ft	0	0	1

**ROOF**

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	Tested	Deck Insul.	Pitch
_____	1	Gable or shed	Metal	3204 ft²	506 ft²	Medium	0.9	N	21	18.4 deg

**ATTIC**

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Unvented	0	3040 ft²	N	N

**CEILING**

✓	#	Ceiling Type	R-Value	Area	Framing Frac	Truss Type
_____	1	Under Attic (Unvented)	21	3039.8 ft²	0.1	Wood

**WALLS**

✓	#	Ornt	Adjacent To	Wall Type	Cavity R-Value	Area	Sheathing R-Value	Framing Fraction	Solar Absor.
_____	1	NE	Exterior	Concrete Block - Int Insul	5	1158.333	0	0	0.8
_____	2	SE	Exterior	Concrete Block - Int Insul	5	1149.166	0	0	0.8
_____	3	SW	Exterior	Concrete Block - Int Insul	5	1389.166	0	0	0.8
_____	4	NW	Exterior	Concrete Block - Int Insul	5	1215 ft²	0	0	0.8
_____	5	-	Exterior	Frame - Wood	13	230 ft²	0	0.25	0.8

### DOORS

✓	#	Ornt	Door Type	Storms	U-Value	Area
✓	1	NW	Wood	None	0.6	28 ft²

### WINDOWS

Orientation shown is the entered, as Built orientation.

✓	#	Ornt	Frame	Panes	NFRC	U-Factor	SHGC	Storms	Area	Overhang		Int Shade	Screening
										Depth	Separation		
✓	1	NE	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	24 ft²	27 ft 0 in	0 ft 0 in	HERS 2006	None
✓	2	NE	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	45 ft²	2 ft 0 in	0 ft 0 in	HERS 2006	None
✓	3	NE	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	15 ft²	2 ft 0 in	0 ft 0 in	HERS 2006	None
✓	4	NE	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	48 ft²	2 ft 0 in	0 ft 0 in	HERS 2006	None
✓	5	SE	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	24 ft²	11 ft 0 in	0 ft 0 in	HERS 2006	None
✓	6	SE	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	24 ft²	100 ft 0 in	0 ft 0 in	HERS 2006	None
✓	7	SE	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	12 ft²	2 ft 0 in	0 ft 0 in	HERS 2006	None
✓	8	SE	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	8 ft²	2 ft 0 in	0 ft 0 in	HERS 2006	None
✓	9	SE	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	12 ft²	11 ft 0 in	0 ft 0 in	HERS 2006	None
✓	10	SE	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	30 ft²	11 ft 0 in	0 ft 0 in	HERS 2006	None
✓	11	SE	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	15 ft²	2 ft 0 in	0 ft 0 in	HERS 2006	None
✓	12	SE	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	36 ft²	2 ft 0 in	0 ft 0 in	HERS 2006	None
✓	13	SW	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	24 ft²	2 ft 0 in	0 ft 0 in	HERS 2006	None
✓	14	SW	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	48 ft²	2 ft 0 in	0 ft 0 in	HERS 2006	None
✓	15	SW	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	30 ft²	2 ft 0 in	0 ft 0 in	HERS 2006	None
✓	16	SW	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	72 ft²	2 ft 0 in	0 ft 0 in	HERS 2006	None
✓	17	NW	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	24 ft²	5 ft 0 in	0 ft 0 in	HERS 2006	None
✓	18	NW	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	60 ft²	2 ft 0 in	0 ft 0 in	HERS 2006	None
✓	19	NW	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	45 ft²	8 ft 0 in	0 ft 0 in	HERS 2006	None
✓	20	NW	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	48 ft²	2 ft 0 in	0 ft 0 in	HERS 2006	None
✓	21	NW	Vinyl	Single (Tinted)	Yes	0.65	0.35	N	18 ft²	5 ft 0 in	0 ft 0 in	HERS 2006	None

### INFILTRATION & VENTING

✓	Method	SLA	CFM 50	ACH 50	ELA	EqLA	---- Forced Ventilation ----		Run Time	Fan
							Supply CFM	Exhaust CFM	Fraction	Watts
✓	Default	0.00036	4013	6.30	220.3	414.3	0 cfm	0 cfm	0	0

### GARAGE

✓	#	Floor Area	Ceiling Area	Exposed Wall Perimeter	Avg. Wall Height	Exposed Wall Insulation
✓	1	904.75 ft²	904.75 ft²	64 ft	8 ft	1

COOLING SYSTEM									
✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Ducts	
✓	1	Central Unit	None	SEER: 13	12 kBtu/hr	cfm	0.7	sys#1	
✓	2	Central Unit	None	SEER: 13	57 kBtu/hr	cfm	0.7	sys#0	
✓	3	Central Unit	None	SEER: 13	27.4 kBtu/hr	cfm	0.7	sys#0	

HEATING SYSTEM						
✓	#	System Type	Subtype	Efficiency	Capacity	Ducts
✓	1	Electric Strip Heat	None	COP: 1	7.36 kBtu/hr	sys#1
✓	2	Electric Strip Heat	None	COP: 1	39.77 kBtu/hr	sys#0
✓	3	Electric Strip Heat	None	COP: 1	16.54 kBtu/hr	sys#0

HOT WATER SYSTEM							
✓	#	System Type	EF	Cap	Use	SetPnt	Conservation
✓	1	Electric	0.97	50 gal	80 gal	120 deg	None

SOLAR HOT WATER SYSTEM							
✓	FSEC	CompanyName	System Model #	Collector Model #	Collector Area	Storage Volume	FEF
✓	None	None			ft²		

DUCTS											
✓	#	--- Supply ---			--- Return ---		Air Handler	CFM 25	Percent Leakage	QN	RLF
		Location	R-Value	Area	Location	Area					
✓	1	Interior	6	210 ft²	Interior	50 ft²	DefaultLeakage	Interior	(Default) c	(Default) %	

TEMPERATURES																								
ProgramableThermostat: N					Ceiling Fans:																			
Cooling	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input checked="" type="checkbox"/>	Apr	<input checked="" type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input checked="" type="checkbox"/>	Oct	<input checked="" type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec
Heating	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input checked="" type="checkbox"/>	Apr	<input checked="" type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input checked="" type="checkbox"/>	Oct	<input checked="" type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec
Venting	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input checked="" type="checkbox"/>	Apr	<input checked="" type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input checked="" type="checkbox"/>	Oct	<input checked="" type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec

Thermostat Schedule: HERS 2006 Reference		Hours											
Schedule Type		1	2	3	4	5	6	7	8	9	10	11	12
Cooling (WD)	AM	78	78	78	78	78	78	78	78	78	78	78	78
	PM	78	78	78	78	78	78	78	78	78	78	78	78
Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	78	78	78
	PM	78	78	78	78	78	78	78	78	78	78	78	78
Heating (WD)	AM	68	68	68	68	68	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	68	68
Heating (WEH)	AM	68	68	68	68	68	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	68	68

## Code Compliance Checklist

### Residential Whole Building Performance Method A - Details

ADDRESS: LOT#14 SEWALLS MEADOW STUART, FL,	PERMIT #:
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**INFILTRATION REDUCTION COMPLIANCE CHECKLIST**

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	N1106.AB.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	N1106.AB.1.2	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	N1106.AB.1.2	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	N1106.AB.1.2	Between walls & ceilings; penetrations of ceiling plane to 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	N1106.AB.1.2	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 with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	N1106.AB.1.2	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	N1106.AB.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

**OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)**

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	N1112.AB.3	Comply with efficiency requirements in Table N1112.ABC.3 Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	N1112.AB.2.3	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%. Heat pump pool heaters shall have a minimum COP of 4.0.	
Shower heads	N1112.AB.2.4	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	N1110.AB	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section N1110.AB. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	N1107.AB.2	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	N1104.AB.1 N1102.B.1.1	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 INDEX\* = 83**

The lower the EnergyPerformance Index, the more efficient the home.

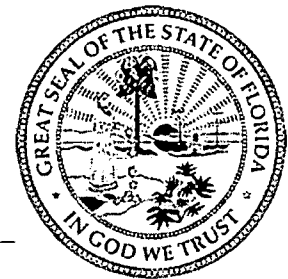
LOT#14 SEWALLS MEADOW, STUART, FL,

<p>1. New construction or existing 2. Single family or multiple family 3. Number of units, if multiple family 4. Number of Bedrooms 5. Is this a worst case? 6. Conditioned floor area (ft<sup>2</sup>) 7. Windows**</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;">Description</td> <td style="width: 15%;">Area</td> <td style="width: 15%;"></td> </tr> <tr> <td>a. U-Factor:</td> <td>Sgl, U=0.65</td> <td>662.00 ft<sup>2</sup></td> <td></td> </tr> <tr> <td>SHGC:</td> <td>SHGC=0.35</td> <td></td> <td></td> </tr> <tr> <td>b. U-Factor:</td> <td>N/A</td> <td>ft<sup>2</sup></td> <td></td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. U-Factor:</td> <td>N/A</td> <td>ft<sup>2</sup></td> <td></td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. U-Factor:</td> <td>N/A</td> <td>ft<sup>2</sup></td> <td></td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. 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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 Index is only available through the EnergyGauge USA - FlaRes2008 computer program. This is not a Building Energy Rating. If your Index is below 100, your home may qualify for incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at (321) 638-1492 or see the Energy Gauge web site at energygauge.com for information and a list of certified Raters. For information about Florida's Energy Efficiency Code for Building Construction, contact the

\*\*Label required by Section 13-104.4.5 of the Florida Building Code, Building, or Section B2.1.1 of Appendix G of the Florida Building Code, Residential, if not DEFAULT.



**Load Short Form**  
**AH 1**  
**DS AIR CONDITIONING INC**

Job:  
 Date: Oct 04, 2011  
 By: MAXINE SHAWVER

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

**Project Information**

For: TWOHEY RESIDENCE  
 LOT#14 SEWALLS MEADOW, STUART, FL

**TOWN OF SEWALL'S POINT**  
**BUILDING DEPARTMENT**  
**FILE COPY**

**Design Information**

	Htg	Clg		Infiltration	
Outside db (°F)	45	91	Method		Simplified
Inside db (°F)	70	75	Construction quality		Average
Design TD (°F)	25	16	Fireplaces		0
Daily range	-	L			
Inside humidity (%)	30	50			
Moisture difference (gr/lb)	-3	57			

**HEATING EQUIPMENT**

Make  
 Trade  
 Model  
 GAMA ID n/a

Efficiency 100 EFF  
 Heating input 0 Btuh  
 Heating output 39767 Btuh  
 Temperature rise 19 °F  
 Actual air flow 1900 cfm  
 Air flow factor 0.048 cfm/Btuh  
 Static pressure 0 in H2O  
 Space thermostat

**COOLING EQUIPMENT**

Make Payne  
 Trade PAYNE PA13  
 Cond PA13NA060-C  
 Coil CAP\*\*6025A\*\*\*+TDR  
 ARI ref no. 3377726

Efficiency 11.0 EER, 13 SEER  
 Sensible cooling 39900 Btuh  
 Latent cooling 17100 Btuh  
 Total cooling 57000 Btuh  
 Actual air flow 1900 cfm  
 Air flow factor 0.039 cfm/Btuh  
 Static pressure 0 in H2O  
 Load sensible heat ratio 0.89

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
DINING	157	5593	7684	267	297
FLORIDA ROOM	203	6112	11768	292	455
FOYER	114	3811	4680	182	181
GREAT ROOM	620	697	355	33	14
KITCHEN	223	2264	2104	108	81
LAUNDRY	111	1511	1081	72	42
MASTER BATH	254	1899	2583	91	100
MASTER SUITE	453	8366	9725	400	376
MUD ROOM	52	2633	1579	126	61
OFFICE	161	3179	4977	152	192
P.R.	42	0	0	0	0
WIC	213	3084	2090	147	81
WIC 2	77	619	503	30	19

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AH 1	2679	39767	49128	1900	1900
Other equip loads		0	0		
Equip. @ 0.96 RSM			47163		
Latent cooling			6242		
TOTALS	2679	39767	53405	1900	1900

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**Load Short Form  
AH 2  
DS AIR CONDITIONING INC**

Job:  
Date: Oct 04, 2011  
By: MAXINE SHAWVER

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

**Project Information**

For: TWOHEY RESIDENCE  
LOT#14 SEWALLS MEADOW, STUART, FL

**Design Information**

	Htg	Clg		Infiltration	
Outside db (°F)	45	91	Method		Simplified
Inside db (°F)	70	75	Construction quality		Average
Design TD (°F)	25	16	Fireplaces		0
Daily range	-	L			
Inside humidity (%)	30	50			
Moisture difference (gr/lb)	-3	57			

**HEATING EQUIPMENT**

**COOLING EQUIPMENT**

Make  
Trade  
Model  
GAMA ID n/a

Make Payne  
Trade PAYNE PA13  
Cond PA13NA030(G)-B  
Coil CAP\*\*3619A\*\*\*+TDR  
ARI ref no. 3752341

Efficiency 100 EFF  
Heating input 0 Btuh  
Heating output 16544 Btuh  
Temperature rise 16 °F  
Actual air flow 913 cfm  
Air flow factor 0.055 cfm/Btuh  
Static pressure 0 in H2O  
Space thermostat

Efficiency 10.8 EER, 13 SEER  
Sensible cooling 19180 Btuh  
Latent cooling 8220 Btuh  
Total cooling 27400 Btuh  
Actual air flow 913 cfm  
Air flow factor 0.036 cfm/Btuh  
Static pressure 0 in H2O  
Load sensible heat ratio 0.90

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
BATH 2	140	910	1249	50	45
BEDROOM 2	352	3373	6255	186	226
BEDROOM 3	281	3026	4422	167	160
EXERCISE	84	1875	2962	104	107
LOFT	169	3292	5677	182	205
STAIRS	85	1546	2474	85	89
STORAGE	65	1148	974	63	35
WIC 3	41	334	354	18	13
WIC 4	77	1039	940	57	34

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AH 2	1295	16544	25308	913	913
Other equip loads		0	0		
Equip. @ 0.96 RSM			24296		
Latent cooling			2901		
TOTALS	1295	16544	27197	913	913

Bold/italic values have been manually overridden

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.



**Load Short Form**  
**AH 3**  
**DS AIR CONDITIONING INC**

Job:  
 Date: Oct 04, 2011  
 By: MAXINE SHAWVER

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

**Project Information**

For: TWOHEY RESIDENCE  
 LOT#14 SEWALLS MEADOW, STUART, FL

**Design Information**

	Htg	Clg		Infiltration	
Outside db (°F)	45	91	Method		Simplified
Inside db (°F)	70	75	Construction quality		Average
Design TD (°F)	25	16	Fireplaces		0
Daily range	-	L			
Inside humidity (%)	30	50			
Moisture difference (gr/lb)	-3	57			

**HEATING EQUIPMENT**

**COOLING EQUIPMENT**

Make  
 Trade  
 Model  
 GAMA ID n/a

Make Mitsubishi Electric  
 Trade MR. SLIM  
 Cond MU-A12WA  
 Coil MS-A12WA  
 ARI ref no. 961213

Efficiency 100 EFF  
 Heating input 0 Btuh  
 Heating output 7361 Btuh  
 Temperature rise 17 °F  
 Actual air flow 400 cfm  
 Air flow factor 0.054 cfm/Btuh  
 Static pressure 0 in H2O  
 Space thermostat

Efficiency 11.2 EER, 13 SEER  
 Sensible cooling 8400 Btuh  
 Latent cooling 3600 Btuh  
 Total cooling 12000 Btuh  
 Actual air flow 400 cfm  
 Air flow factor 0.039 cfm/Btuh  
 Static pressure 0 in H2O  
 Load sensible heat ratio 0.94

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
CABANA BATH	88	2421	2180	132	84
CABANA	189	4940	8193	268	316
AH 3	277	7361	10372	400	400
Other equip loads		0	0		
Equip. @ 0.96 RSM			9957		
Latent cooling			716		
<b>TOTALS</b>	<b>277</b>	<b>7361</b>	<b>10673</b>	<b>400</b>	<b>400</b>

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**Project Information**

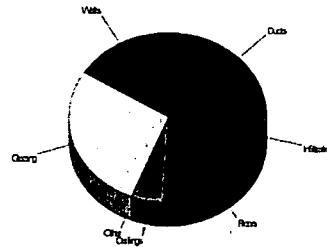
For: TWOHEY RESIDENCE  
LOT#14 SEWALLS MEADOW, STUART, FL

**Design Conditions**

<b>Location:</b> West Palm Beach, FL, US Elevation: 20 ft Latitude: 27°N	<b>Heating</b>	<b>Cooling</b>	<b>Indoor:</b> Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb)	<b>Heating</b> 70 25 30 -2.7	<b>Cooling</b> 75 16 50 57.2
<b>Outdoor:</b> Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	45 - - 15.0	91 13 ( L ) 78 7.5	<b>Infiltration:</b> Method Construction quality Fireplaces	Simplified Average 0	

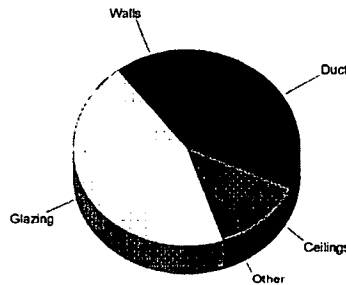
**Heating**

Component	Btuh/ft²	Btuh	% of load
Walls	3.1	6422	16.1
Glazing	26.5	11061	27.8
Doors	15.0	420	1.1
Ceilings	1.1	1632	4.1
Floors	2.8	7375	18.5
Infiltration	1.1	2790	7.0
Ducts		10068	25.3
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
<b>Total</b>		<b>39767</b>	<b>100.0</b>



**Cooling**

Component	Btuh/ft²	Btuh	% of load
Walls	2.5	5073	10.3
Glazing	52.9	22050	44.9
Doors	18.6	520	1.1
Ceilings	3.3	4860	9.9
Floors	0	0	0
Infiltration	0.4	957	1.9
Ducts		15668	31.9
Ventilation		0	0
Internal gains		0	0
Blower		0	0
Adjustments		0	0
<b>Total</b>		<b>49128</b>	<b>100.0</b>



Latent Cooling Load = 6242 Btuh  
Overall U-value = 0.162 Btuh/ft²·°F

Data entries checked.

Bold/italic values have been manually overridden

**Project Information**

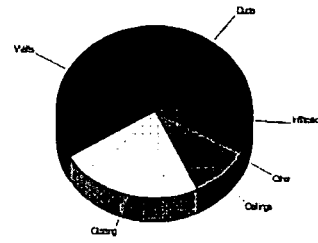
For: TWOHEY RESIDENCE  
LOT#14 SEWALLS MEADOW, STUART, FL

**Design Conditions**

<b>Location:</b> West Palm Beach, FL, US Elevation: 20 ft Latitude: 27°N			<b>Indoor:</b> Indoor temperature (°F) 70 Design TD (°F) 25 Relative humidity (%) 30 Moisture difference (gr/lb) -2.7	<b>Heating</b> 70 25 30 -2.7	<b>Cooling</b> 75 16 50 57.2
<b>Outdoor:</b> Dry bulb (°F) 45 Daily range (°F) - Wet bulb (°F) - Wind speed (mph) 15.0	<b>Heating</b> 45 - -	<b>Cooling</b> 91 13 ( L ) 78 7.5	<b>Infiltration:</b> Method Construction quality Fireplaces	Simplified Average 0	

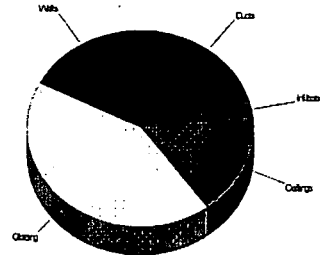
**Heating**

Component	Btuh/ft²	Btuh	% of load
Walls	3.1	5589	33.8
Glazing	27.0	3861	23.3
Doors	0	0	0
Ceilings	1.1	1408	8.5
Floors	2.4	206	1.2
Infiltration	1.1	2155	13.0
Ducts		3325	20.1
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
<b>Total</b>		<b>16544</b>	<b>100.0</b>



**Cooling**

Component	Btuh/ft²	Btuh	% of load
Walls	2.5	4415	17.4
Glazing	75.4	10786	42.6
Doors	0	0	0
Ceilings	3.3	4192	16.6
Floors	0	0	0
Infiltration	0.4	739	2.9
Ducts		5176	20.5
Ventilation		0	0
Internal gains		0	0
Blower		0	0
Adjustments		0	0
<b>Total</b>		<b>25308</b>	<b>100.0</b>



Latent Cooling Load = 2901 Btuh  
Overall U-value = 0.134 Btuh/ft²-°F

Data entries checked.

Bold/italic values have been manually overridden

**Project Information**

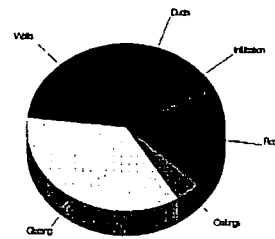
For: TWOHEY RESIDENCE  
LOT#14 SEWALLS MEADOW, STUART, FL

**Design Conditions**

<b>Location:</b> West Palm Beach, FL, US Elevation: 20 ft Latitude: 27°N			<b>Indoor:</b> Indoor temperature (°F) 70 Design TD (°F) 25 Relative humidity (%) 30 Moisture difference (gr/lb) -2.7	<b>Heating</b> 70 25 30 -2.7	<b>Cooling</b> 75 16 50 57.2
<b>Outdoor:</b> Drybulb (°F) 45 Daily range (°F) - Wet bulb (°F) - Wind speed (mph) 15.0	<b>Heating</b> 45 - -	<b>Cooling</b> 91 13 ( L ) 78 7.5	<b>Infiltration:</b> Method Construction quality Fireplaces	Simplified Average 0	

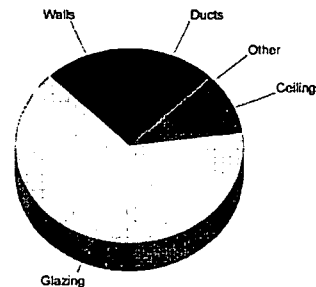
**Heating**

Component	Btuh/ft²	Btuh	% of load
Walls	2.8	1705	23.2
Glazing	25.7	2622	35.6
Doors	0	0	0
Ceilings	1.1	304	4.1
Floors	5.1	1416	19.2
Infiltration	1.1	536	7.3
Ducts		778	10.6
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
<b>Total</b>		<b>7361</b>	<b>100.0</b>



**Cooling**

Component	Btuh/ft²	Btuh	% of load
Walls	2.1	1269	12.2
Glazing	65.9	6722	64.8
Doors	0	0	0
Ceilings	3.3	906	8.7
Floors	0	0	0
Infiltration	0.4	184	1.8
Ducts		1292	12.5
Ventilation		0	0
Internal gains		0	0
Blower		0	0
Adjustments		0	0
<b>Total</b>		<b>10372</b>	<b>100.0</b>



Latent Cooling Load = 716 Btuh  
Overall U-value = 0.192 Btuh/ft²-°F

WARNING: window to floor area ratio = 36.9% - more than 25%.

Bold/italic values have been manually overridden



**Component Constructions**  
**AH 1**  
**DS AIR CONDITIONING INC**

Job:  
 Date: Oct 04, 2011  
 By: MAXINE SHAWVER

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

**Project Information**

For: TWOHEY RESIDENCE  
 LOT#14 SEWALLS MEADOW, STUART, FL

**Design Conditions**

<b>Location:</b> West Palm Beach, FL, US Elevation: 20 ft Latitude: 27°N		<b>Indoor:</b> Indoor temperature (°F) 70 Design TD (°F) 25 Relative humidity (%) 30 Moisture difference (gr/lb) -2.7	<b>Heating</b> 70 25 30 -2.7	<b>Cooling</b> 75 16 50 57.2
<b>Outdoor:</b> Dry bulb (°F) 45 Daily range (°F) - Wet bulb (°F) - Wind speed (mph) 15.0	<b>Heating</b> 45	<b>Cooling</b> 91 13 ( L ) 78 7.5	<b>Infiltration:</b> Method Simplified Construction quality Average Fireplaces 0	

**Construction descriptions**

Construction descriptions	Or	Area ft²	U-value Btu/h/ft²·°F	Insul R ft²·°F/Btu/h	Htg HTM Btu/h/ft²	Loss Btu/h	Clg HTM Btu/h/ft²	Gain Btu/h
<b>Walls</b>								
13A-5ocs: Blk wall, stucco ext, r-5 ext bd ins, 8" thk, 1/2" gypsum board int fnsh	ne	518	0.125	5.0	3.13	1619	2.47	1279
	se	494	0.125	5.0	3.13	1544	2.47	1220
	sw	584	0.125	5.0	3.13	1825	2.47	1442
	nw	459	0.125	5.0	3.13	1434	2.47	1133
	all	2055	0.125	5.0	3.13	6422	2.47	5073
<b>Partitions</b> (none)								
<b>Windows</b>								
10A-b: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 27 ft overhang (8 ft window ht, 0 ft sep.)	ne	24	0.970	0	24.3	582	36.3	871
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 2 ft overhang (5 ft window ht, 0 ft sep.)	ne	60	1.080	0	27.0	1620	68.7	4120
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 2 ft overhang (6 ft window ht, 0 ft sep.)	ne	48	1.080	0	27.0	1296	68.7	3296
	se	51	1.080	0	27.0	1377	46.4	2366
	sw	66	1.080	0	27.0	1782	46.4	3062
	nw	48	1.080	0	27.0	1296	68.7	3296
	all	213	1.080	0	27.0	5751	56.4	12019
10A-b: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 11 ft overhang (8 ft window ht, 0 ft sep.)	se	24	0.970	0	24.3	582	18.6	447
10A-b: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 100 ft overhang (8 ft window ht, 0 ft sep.)	se	24	0.970	0	24.3	582	18.6	447
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 11 ft overhang (4 ft window ht, 0 ft sep.)	se	12	1.080	0	27.0	324	33.0	396
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 11 ft overhang (5 ft window ht, 0 ft sep.)	se	30	1.080	0	27.0	810	33.0	990
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 8 ft overhang (5 ft window ht, 0 ft sep.)	nw	30	1.080	0	27.0	810	68.7	2060
<b>Doors</b>								
11J0: Door, mtl fbrgl type	nw	28	0.600	6.3	15.0	420	18.6	520

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**Ceilings**

16A-21md: Attic ceiling, mtl roof mat, r-21 ceil ins, 5/8" gypsum board int fnsh	1484	0.044	21.0	1.10	1632	3.28	4860
---	------	-------	------	------	------	------	------

**Floors**

22A-tpm: Bg floor, heavy dry or light damp soil, tile fir fnsh	250	1.180	0	29.5	7375	0	0
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Bold/italic values have been manually overridden





**Component Constructions**  
**AH 2**  
**DS AIR CONDITIONING INC**

Job:  
 Date: Oct 04, 2011  
 By: MAXINE SHAWVER

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

**Project Information**

For: TWOHEY RESIDENCE  
 LOT#14 SEWALLS MEADOW, STUART, FL

**Design Conditions**

<b>Location:</b> West Palm Beach, FL, US Elevation: 20 ft Latitude: 27°N		<b>Indoor:</b> Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb)	<b>Heating</b> 70 25 30 -2.7	<b>Cooling</b> 75 16 50 57.2
<b>Outdoor:</b> Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	<b>Heating</b> 45 - - 15.0	<b>Cooling</b> 91 13 ( L ) 78 7.5	<b>Infiltration:</b> Method Construction quality Fireplaces	Simplified Average 0

**Construction descriptions**

	Or	Area ft <sup>2</sup>	U-value Btu/h·ft <sup>2</sup> ·°F	Insul R ft <sup>2</sup> ·°F/Btu	Htg HTM Btu/h·ft <sup>2</sup>	Loss Btu/h	Clg HTM Btu/h·ft <sup>2</sup>	Gain Btu/h
<b>Walls</b>								
13A-5ocs: Blk wall, stucco ext, r-5 ext bd ins, 8" thk, 1/2" gypsum board int fnsh	ne	508	0.125	5.0	3.13	1588	2.47	1255
	se	370	0.125	5.0	3.13	1155	2.47	912
	sw	461	0.125	5.0	3.13	1440	2.47	1138
	nw	450	0.125	5.0	3.13	1405	2.47	1110
	all	1788	0.125	5.0	3.13	5589	2.47	4415
<b>Partitions</b> (none)								
<b>Windows</b>								
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 2 ft overhang (5 ft window ht, 0 ft sep.)	nw	60	1.080	0	27.0	1620	68.7	4120
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 2 ft overhang (4 ft window ht, 0 ft sep.)	se	20	1.080	0	27.0	540	35.0	700
	sw	48	1.080	0	27.0	1296	35.0	1680
	all	68	1.080	0	27.0	1836	35.0	2380
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 8 ft overhang (5 ft window ht, 0 ft sep.)	nw	15	1.080	0	27.0	405	68.7	1030
<b>Doors</b> (none)								
<b>Ceilings</b>								
16A-21md: Attic ceiling, mtl roof mat, r-21 ceil ins, 5/8" gypsum board int fnsh		1280	0.044	21.0	1.10	1408	3.28	4192
<b>Floors</b>								
22A-1pm: Bg floor, heavy dry or light damp soil, tile flr fnsh		7	1.180	0	29.5	206	0	0

Bold/italic values have been manually overridden



**Component Constructions**  
**AH 3**  
**DS AIR CONDITIONING INC**

Job:  
 Date: Oct 04, 2011  
 By: MAXINE SHAWVER

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

**Project Information**

For: TWOHEY RESIDENCE  
 LOT#14 SEWALLS MEADOW, STUART, FL

**Design Conditions**

<b>Location:</b> West Palm Beach, FL, US Elevation: 20 ft Latitude: 27°N		<b>Indoor:</b> Indoor temperature (°F) 70 Design TD (°F) 25 Relative humidity (%) 30 Moisture difference (gr/lb) -2.7	<b>Heating</b> 70 25 30 -2.7	<b>Cooling</b> 75 16 50 57.2
<b>Outdoor:</b> Dry bulb (°F) 45 Daily range (°F) - Wet bulb (°F) - Wind speed (mph) 15.0	<b>Heating</b> 45 - - 15.0	<b>Cooling</b> 91 13 ( L ) 78 7.5	<b>Infiltration:</b> Method Simplified Construction quality Average Fireplaces 0	

Construction descriptions	Or	Area ft²	U-value Btu/h/ft²-°F	Insul R ft²-°F/Btu/h	Htg HTM Btu/h/ft²	Loss Btu/h	Clg HTM Btu/h/ft²	Gain Btu/h
<b>Walls</b>								
13A-5ocs: Blk wall, stucco ext, r-5 ext bd ins, 8" thk, 1/2" gypsum board int fnsh	se	125	0.125	5.0	3.13	391	2.47	309
	sw	170	0.125	5.0	3.13	531	2.47	420
	nw	83	0.125	5.0	3.13	259	2.47	205
	all	378	0.125	5.0	3.13	1181	2.47	933
<b>Partitions</b>								
12C-0sw: Frm wall, stucco ext, r-13 cav ins, 2"x4" wood frm		230	0.091	13.0	2.27	523	1.46	336
<b>Windows</b>								
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 2 ft overhang (6 ft window ht, 0 ft sep.)	sw	36	1.080	0	27.0	972	46.4	1670
10A-b: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 2 ft overhang (8 ft window ht, 0 ft sep.)	sw	24	0.970	0	24.3	582	28.1	674
10A-b: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 5 ft overhang (8 ft window ht, 0 ft sep.)	nw	24	0.970	0	24.3	582	36.3	871
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/4" thk; 5 ft overhang (6 ft window ht, 0 ft sep.)	nw	18	1.080	0	27.0	486	68.7	1236
<b>Doors</b>								
(none)								
<b>Ceilings</b>								
16A-21md: Attic ceiling, mtl roof mat, r-21 ceil ins, 5/8" gypsum board int fnsh		277	0.044	21.0	1.10	304	3.28	906
<b>Floors</b>								
22A-tpm: Bg floor, heavy dry or light damp soil, tile flr fnsh		48	1.180	0	29.5	1416	0	0

Bold/italic values have been manually overridden



**Project Summary**  
**AH 1**  
**DS AIR CONDITIONING INC**

Job:  
 Date: Oct 04, 2011  
 By: MAXINE SHAWVER

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

**Project Information**

For: TWOHEY RESIDENCE  
 LOT#14 SEWALLS MEADOW, STUART, FL

Notes:

**Design Information**

Weather: West Palm Beach, FL, US

**Winter Design Conditions**

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

**Summer Design Conditions**

Outside db 91 °F  
 Inside db 75 °F  
 Design TD 16 °F  
 Daily range L  
 Relative humidity 50 %  
 Moisture difference 57 gr/lb

**Heating Summary**

Structure 29700 Btuh  
 Ducts 10068 Btuh  
 Central vent (0 cfm) 0 Btuh  
 Humidification 0 Btuh  
 Piping 0 Btuh  
 Equipment load 39767 Btuh

**Sensible Cooling Equipment Load Sizing**

Structure 33460 Btuh  
 Ducts 15668 Btuh  
 Central vent (0 cfm) 0 Btuh  
 Blower 0 Btuh  
 Use manufacturer's data n  
 Rate/swing multiplier 0.96  
 Equipment sensible load 47163 Btuh

**Infiltration**

Method	Simplified	
Construction quality	Average	
Fireplaces	0	
	<b>Heating</b>	<b>Cooling</b>
Area (ft <sup>2</sup> )	2679	2679
Volume (ft <sup>3</sup> )	26785	26785
Air changes/hour	0.23	0.12
Equip. AVF (cfm)	102	54

**Latent Cooling Equipment Load Sizing**

Structure 2114 Btuh  
 Ducts 4128 Btuh  
 Central vent (0 cfm) 0 Btuh  
 Equipment latent load 6242 Btuh  
 Equipment total load 53405 Btuh  
 Req. total capacity at 0.70 SHR 5.6 ton

**Heating Equipment Summary**

Make	
Trade	
Model	
GAMA ID	n/a
Efficiency	100 EFF
Heating input	0 Btuh
Heating output	39767 Btuh
Temperature rise	19 °F
Actual air flow	1900 cfm
Air flow factor	0.048 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

**Cooling Equipment Summary**

Make	Payne
Trade	PAYNE PA13
Cond	PA13NA060-C
Coil	CAP**6025A***TDR
ARI ref no.	3377726
Efficiency	11.0 EER, 13 SEER
Sensible cooling	39900 Btuh
Latent cooling	17100 Btuh
Total cooling	57000 Btuh
Actual air flow	1900 cfm
Air flow factor	0.039 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.89

Bold/italic values have been manually overridden

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**Project Summary**  
**AH 2**  
**DS AIR CONDITIONING INC**

Job:  
 Date: Oct 04, 2011  
 By: MAXINE SHAWVER

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

**Project Information**

For: TWOHEY RESIDENCE  
 LOT#14 SEWALLS MEADOW, STUART, FL

Notes:

**Design Information**

Weather: West Palm Beach, FL, US

**Winter Design Conditions**

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

**Summer Design Conditions**

Outside db 91 °F  
 Inside db 75 °F  
 Design TD 16 °F  
 Daily range L  
 Relative humidity 50 %  
 Moisture difference 57 gr/lb

**Heating Summary**

Structure 13219 Btuh  
 Ducts 3325 Btuh  
 Central vent (0 cfm) 0 Btuh  
 Humidification 0 Btuh  
 Piping 0 Btuh  
 Equipment load 16544 Btuh

**Sensible Cooling Equipment Load Sizing**

Structure 20132 Btuh  
 Ducts 5176 Btuh  
 Central vent (0 cfm) 0 Btuh  
 Blower 0 Btuh  
 Use manufacturer's data n  
 Rate/swing multiplier 0.96  
 Equipment sensible load 24296 Btuh

**Infiltration**

Method Simplified  
 Construction quality Average  
 Fireplaces 0

	Heating	Cooling
Area (ft <sup>2</sup> )	1295	1295
Volume (ft <sup>3</sup> )	13190	13190
Air changes/hour	0.36	0.19
Equip. AVF (cfm)	78	42

**Latent Cooling Equipment Load Sizing**

Structure 1633 Btuh  
 Ducts 1268 Btuh  
 Central vent (0 cfm) 0 Btuh  
 Equipment latent load 2901 Btuh  
 Equipment total load 27197 Btuh  
 Req. total capacity at 0.70 SHR 2.9 ton

**Heating Equipment Summary**

Make  
 Trade  
 Model  
 GAMA ID n/a

Efficiency 100 EFF  
 Heating input 0 Btuh  
 Heating output 16544 Btuh  
 Temperature rise 16 °F  
 Actual air flow 913 cfm  
 Air flow factor 0.055 cfm/Btuh  
 Static pressure 0 in H2O  
 Space thermostat

**Cooling Equipment Summary**

Make Payne  
 Trade PAYNE PA13  
 Cond PA13NA030(G)-B  
 Coil CAP\*\*3619A\*\*\*+TDR  
 ARI ref no. 3752341  
 Efficiency 10.8 EER, 13 SEER  
 Sensible cooling 19180 Btuh  
 Latent cooling 8220 Btuh  
 Total cooling 27400 Btuh  
 Actual air flow 913 cfm  
 Air flow factor 0.036 cfm/Btuh  
 Static pressure 0 in H2O  
 Load sensible heat ratio 0.90

Bold/italic values have been manually overridden

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**Project Summary**  
**AH 3**  
**DS AIR CONDITIONING INC**

Job:  
 Date: **Oct 04, 2011**  
 By: **MAXINE SHAWVER**

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

**Project Information**

For: **TWOHEY RESIDENCE**  
**LOT#14 SEWALLS MEADOW, STUART, FL**

Notes:

**Design Information**

Weather: **West Palm Beach, FL, US**

**Winter Design Conditions**

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

**Summer Design Conditions**

Outside db **91 °F**  
 Inside db **75 °F**  
 Design TD **16 °F**  
 Daily range **L**  
 Relative humidity **50 %**  
 Moisture difference **57 gr/lb**

**Heating Summary**

Structure **6582 Btuh**  
 Ducts **778 Btuh**  
 Central vent (0 cfm) **0 Btuh**  
 Humidification **0 Btuh**  
 Piping **0 Btuh**  
 Equipment load **7361 Btuh**

**Sensible Cooling Equipment Load Sizing**

Structure **9080 Btuh**  
 Ducts **1292 Btuh**  
 Central vent (0 cfm) **0 Btuh**  
 Blower **0 Btuh**  
 Use manufacturer's data **n**  
 Rate/swing multiplier **0.96**  
 Equipment sensible load **9957 Btuh**

**Infiltration**

Method	Simplified	
Construction quality	Average	
Fireplaces	0	
	<b>Heating</b>	<b>Cooling</b>
Area (ft²)	277	277
Volume (ft³)	2765	2765
Air changes/hour	0.42	0.23
Equip. AVF (cfm)	19	10

**Latent Cooling Equipment Load Sizing**

Structure **406 Btuh**  
 Ducts **310 Btuh**  
 Central vent (0 cfm) **0 Btuh**  
 Equipment latent load **716 Btuh**  
 Equipment total load **10673 Btuh**  
 Req. total capacity at 0.70 SHR **1.2 ton**

**Heating Equipment Summary**

Make  
 Trade  
 Model  
 GAMA ID **n/a**

Efficiency **100 EFF**  
 Heating input **0 Btuh**  
 Heating output **7361 Btuh**  
 Temperature rise **17 °F**  
 Actual air flow **400 cfm**  
 Air flow factor **0.054 cfm/Btuh**  
 Static pressure **0 in H2O**  
 Space thermostat

**Cooling Equipment Summary**

Make **Mitsubishi Electric**  
 Trade **MR. SLIM**  
 Cond **MU-A12WA**  
 Coil **MS-A12WA**  
 ARI ref no. **961213**  
 Efficiency **11.2 EER, 13 SEER**  
 Sensible cooling **8400 Btuh**  
 Latent cooling **3600 Btuh**  
 Total cooling **12000 Btuh**  
 Actual air flow **400 cfm**  
 Air flow factor **0.039 cfm/Btuh**  
 Static pressure **0 in H2O**  
 Load sensible heat ratio **0.94**

*Bold/italic values have been manually overridden*

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.



# Load Multizone Summary Report

Job:  
Date: Oct 04, 2011  
By: MAXINE SHAWVER

DS AIR CONDITIONING INC

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

## Infiltration Summary

ZONE NAME	Heating				Cooling			
	Volume ft³	ACH	AVF cfm	HTM Btuh/ft²	Volume ft³	ACH	AVF cfm	HTM Btuh/ft²
AH 3	2765	0.42	19	1.1	2765	0.23	10	0.4
AH 1	26785	0.23	102	1.1	26785	0.12	54	0.4
AH 2	13190	0.36	78	1.1	13190	0.19	42	0.4
Entire House	42740	0.28	199	1.1	42740	0.15	107	0.4

## Load and AVF Summary

ROOM NAME	Area ft²	Htg load Btuh	Clg load Btuh	Htg AVF cfm	Clg AVF cfm
CABANA BATH	88	2421	2180	132	84
CABANA	189	4940	8193	268	316
AH 3	277	7361	10372	400	400
DINING	157	5593	7684	267	297
FLORIDA ROOM	203	6112	11768	292	455
FOYER	114	3811	4680	182	181
GREAT ROOM	620	697	355	33	14
KITCHEN	223	2264	2104	108	81
LAUNDRY	111	1511	1081	72	42
MASTER BATH	254	1899	2583	91	100
MASTER SUITE	453	8366	9725	400	376
MUD ROOM	52	2633	1579	126	61
OFFICE	161	3179	4977	152	192
P.R.	42	0	0	0	0
WIC	213	3084	2090	147	81
WIC 2	77	619	503	30	19
AH 1	2679	39767	49128	1900	1900
BATH 2	140	910	1249	50	45
BEDROOM 2	352	3373	6255	186	226
BEDROOM 3	281	3026	4422	167	160
EXERCISE	84	1875	2962	104	107
LOFT	169	3292	5677	182	205
STAIRS	85	1546	2474	85	89
STORAGE	65	1148	974	63	35
WIC 3	41	334	354	18	13
WIC 4	77	1039	940	57	34
AH 2	1295	16544	25308	913	913
Entire House	4250	63672	84808	3213	3213



OWNER'S COPY

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

PERMIT #: 43-SS-1369584
APPLICATION #: AP1047447
DATE PAID:
FEE PAID:
RECEIPT #:

\$50

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

DOCUMENT # PR855050

H.D. PERMIT

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: Christopher Twohey

PROPERTY ADDRESS: Henry Sewall Way Stuart, FL 34996

LOT: 14 BLOCK: SUBDIVISION: SEWALL'S MEADOW

PROPERTY ID #: 13-38-41-013-000-00140-0 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. 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 DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [ 1,350 ] GALLONS / GPD Septic CAPACITY
A [ ] GALLONS / GPD N/A CAPACITY
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS #Pumps [ ]

D [ 1,000 ] SQUARE FEET If installed in a bed SYSTEM
R [ 750 ] SQUARE FEET If installed in trenches SYSTEM
A TYPE SYSTEM: [ ] STANDARD [x] FILLED [ ] MOUND [ ]
I CONFIGURATION: [ ] TRENCH [x] BED [ ]

N 6.53 Bottom D.F.
F LOCATION OF BENCHMARK: NAIL IN CROWN OF ROAD, ELV. 7.78FT NGVD

I ELEVATION OF PROPOSED SYSTEM SITE [ 15.00 ] [ INCHES ] FT [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [ 21.00 ] [ INCHES ] FT [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT
L 8.20 TOP STUB + 12" = 9.70

D FILL REQUIRED: [ 12.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3)(f), FAC.
See attached general and special conditions lists.

SPECIFICATIONS BY: Duen N Ogilvie TITLE: Environmental Specialist II

APPROVED BY: Ray R Cross TITLE: Environmental Specialist 11-0407 Martin CHD

DATE ISSUED: 09/23/2011 EXPIRATION DATE: 03/23/2013

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC



Martin County Health Department

SEPTIC SYSTEM GENERAL CONDITIONS LIST

PERMIT 43-SS- 136 9584

- If the minimum finished floor foundation elevation (F.F.F.E.) is below the drainfield filled elevation of N/A inches (above original grade \_\_\_\_\_), please contact this office to determine possible setback changes from the drainfield (setback is calculated by adding 4:1 slope, 4-foot shoulder and possible berm). Additionally, if the driveway or sidewalk is proposed to be lower than the drainfield filled elevation, please contact the department to determine possible setback changes. **Note: Local building authority determines minimum F.F.F.E. and stub out requirements. Health Department recommendations are used for drainfield fill and setback requirements only.**
- For single-family homes, 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.
- Septic system must be installed in unobstructed area as shown on the approved site plan. Alteration of the information or conditions of this permit found to be in non-compliance will be sufficient cause for revocation of this permit. If any information on a permit changes, an amended application and \$50 review fee must be submitted to our office immediately.
- Future ponds or surface water created onsite must be greater than 75' from septic system.
- The mound area must be sodded prior to a request for final grade inspection.
- Non-potable irrigation lines must be separated from the drainfield by two feet unless an approved backflow prevention device is properly installed.
- A \$75.00 re-inspection fee is required if violations are found during the septic system inspection.
- If an inspector does not witness the work conducted during a septic abandonment, the contractor must submit a statement that the work was completed.
- If a professional engineer designs the septic system, the engineer must certify that the installed system complies with the design and installation requirements.
- For commercial operations, occupational approval will not be given until all requirements for an onsite public water system, food operation or institutional establishment are met.

ADDITIONAL CONDITIONS LIST Special conditions marked "X" are in effect

1. Driveway and sidewalk elevation must be at least 6" higher than the top of the drainfield elevation. The driveway cannot be constructed within 4 feet of the system's available area.
2. Prior to final construction approval, the property owner must apply for an operating permit and pay the \$ \_\_\_\_\_ Annual Permit Fee (For \_\_\_ Indust./Manuf. \_\_\_ Aerobic System \_\_\_ Commercial System \_\_\_ Performance-Based).

Excavation requirements: (Note: Excavation refers to removal of natural or existing soils, not pad fill)

1. Excavate one foot beyond drainfield area to a depth of \_\_\_\_\_ inches below natural/ existing grade elevation of \_\_\_\_\_ feet N.G.V.D. / Assumed. In addition to item #1, 33% of unsuitable soils at depths greater than \_\_\_\_\_ inches below #1 elevation above must be removed to a depth of slightly limited soils.
2. If the proposed drainfield is to be installed within 10 feet of a building foundation or swimming pool structure, the four-foot drainfield shoulder must be filled with suitable soils prior to building construction.
3. If a mound or filled drainfield is proposed, see following sketch. An engineer's design is required if a retaining wall is proposed within the drainfield slope areas of a mound system. No boulders or trees are allowed within the drainfield or drainfield shoulder area. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.

Ray Cross 9/25/2017  
Completed By Date

See Reverse Side for Mound or Filled Drainfield Requirements







Martin County Health Department

SEPTIC SYSTEM SPECIAL CONDITIONS FOR PERMIT 43-SS- 1369580

The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3)(f), FAC.

- CONDUCT SOIL BORINGS DURING INSPECTION TO VERIFY SOIL TYPE AND WATER TABLE FROM OTHERS.
FILL REQUIRED NOTED ABOVE MUST BE OF SLIGHTLY LIMITED QUALITY IN THE INSTALLATION AREA WITH A MINIMUM OF 4 FOOT SHOULDER BEYOND THE DRAINFIELD SIDE WALL (ANY UNSUITABLE PAD FILL IN THE SHOULDER AND UNDER THE DRAINFIELD MUST BE REMOVED AND REPLACED WITH SUITABLE SOIL).
DRAINFIELD MUST BE A MINIMUM OF TEN FEET FROM BUILDING FOUNDATION.
MAINTENANCE SERVICE AGREEMENT REQUIRED.
ANNUAL OPERATING PERMIT FROM MARTIN CO. HEALTH DEPARTMENT IS REQUIRED.
MAINTAIN A MINIMUM OF FEET FROM SURFACE WATER.
THE DRAINFIELD MUST BE AT LEAST FEET FROM PROPERTY LINES BUILDING FOUNDATION OTHER (NOTE: For Mounded Drainfields Setback, Use four foot shoulder and 4:1 slope plus 1.5 foot Swale/ Berm Unless Applies to Repairs Using Shoulder Setback Reductions From Table V.)
INSTALL AN APPROVED OUTLET FILTER DEVICE IN THE SEPTIC TANK.
A MINIMUM OF 6 INCHES AND MAXIMUM OF 18 INCHES OF MODERATELY OR SLIGHTLY LIMITED SOIL CAP IS ALLOWED OVER DRAINFIELD.
STATE CODE REQUIRES A MINIMUM DRAINFIELD SIZE OF SQUARE FEET.
THE DRAINFIELD MUST BE PROPERLY GRADED AND STABILIZED PRIOR TO FINAL APPROVAL.
POTABLE WATER LINES WITHIN 10 FEET OF THE SYSTEM MUST BE SLEEVED AND SEALED UNLESS THE WATER LINES THEMSELVES CONSIST OF SCHEDULE 40 PVC OR STRONGER MATERIAL AND NEVER LESS THAN 24 INCHES FROM THE SYSTEM.
POTABLE WATER LINES WITHIN 5 FEET OF A DRAINFIELD SHALL NOT BE LOWER THAN THE DRAINFIELD ELEVATION.
POTABLE WATER LINES MUST BE INSTALLED AND EXPOSED AT THE TIME OF THE INITIAL INSTALLATION INSPECTION.
REPAIRED MOUND AND FILLED DRAINFIELDS MUST BE PROPERLY GRADED AND SODDED/ STABILIZED WITHIN 14 DAYS OF SYSTEM CONSTRUCTION APPROVAL.

RECOMMEND DRAINAGE FEATURE PREVENT RUNOFF INTO FOUNDATIONS.

P.E. SYSTEM DESIGN REQUIRED.

MAXIMUM DOSE CYCLE = 6 TIMES PER DAY.  PUMP(S) REQUIRED. DOSE ENTIRE DRAINFIELD EACH CYCLE. PUMP(S) MUST BE CERTIFIED AS SUITABLE FOR DISTRIBUTION OF SEWAGE EFFLUENT.

AN OPERATIONAL TEST OF THE PUMPS AND HIGH WATER ALARM (AUDIBLE AND VISUAL) IS REQUIRED PRIOR TO FINAL CONSTRUCTION APPROVAL.

EFFLUENT TRANSMISSION LINES MUST BE 5 FEET AWAY FROM POTABLE WATER LINES UNLESS THE TRANSMISSION IS SCHEDULE 40 PVC OR STRONGER AND IT IS AT LEAST 12 INCHES LOWER THAN THE POTABLE WATER LINE.

SEPTIC TANK MUST BE PUMPED PRIOR TO INSTALLION OF THE DRAINFIELD.

AGGREGATE, SOIL, AND OTHER COMPONENTS OF SPOIL MATERIALS FROM DRAINFIELD REPAIRS CANNOT BE USED IN SYSTEM REPAIR IN ANY MANNER. CONTRACTORS MUST PROPERLY DISPOSE OF SPOILS MATERIAL BEFORE FINAL INSPECTION AND NEVER CREATE A SANITARY NUISANCE WITH STORAGE OF SPOILS (SEE HSES MEMO 05-010).

SYSTEM REPAIRS MUST INSTALLATION MUST BE COMPLETED WITHIN 30 DAYS OF SYSTEM PERMITTING OR CONTRACT DATE UNLESS OTHERWISE EXTENDED BY THE APPLICANT.

LANDSCAPE FEATURES SUCH AS BOULDERS OR TREES ARE NOT ALLOWED ON FILLED OR MOUNDED DRAINFIELDS OR SHOULDERS.

VEGETATION COVER ON DRAINFIELDS OTHER THAN SOD MUST BE APPROVED BY THE STATE HEALTH OFFICE.

PUMP SEPTIC TANK (DONE BY CERTIFED COMPANY), CRUSH OR RUPTURE TANK BOTTOM, SUBMIT TANK PUMPOUT RECEIPT, CONTACT DEPARTMENT FOR INSPECTION.

ADDITIONAL FEES MAY APPLY.  \$ 50 2<sup>ND</sup> INSPECTION FEE.

ALL ATTACHED GENERAL AND SPECIAL CONDITIONS MUST BE COMPLETED PRIOR TO FINAL INSPECTION AND APPROVAL.

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

NAME: Ray Cross DATE: 9/23/2021



TICKET # 262101579 Ready 9/22/2011

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

49-SS-  
PERMIT #. 1369584

APPLICANT: Christopher Twohey AGENT: Steve Brown  
LOT: 14 BLOCK: \_\_\_\_\_ SUBDIVISION: Swallows' Meadow  
PROPERTY ID #: 18-38-41-013- [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS 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: 600 GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE 2]  
AUTHORIZED SEWAGE FLOW: 1,300 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]  
UNOBSTRUCTED AREA AVAILABLE: 1600 SQFT UNOBSTRUCTED AREA REQUIRED: 1,500 SQFT

BENCHMARK/REFERENCE POINT LOCATION: MAIL IN CROWN OF ROAD, ELV 7.78 NGVD  
ELEVATION OF PROPOSED SYSTEM SITE IS 15 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES  
SURFACE WATER: \_\_\_\_\_ FT DITCHES/SWALES: \_\_\_\_\_ FT NORMALLY WET?  YES  NO  
WELLS: PUBLIC: \_\_\_\_\_ FT LIMITED USE: \_\_\_\_\_ FT PRIVATE: \_\_\_\_\_ FT NON-POTABLE: \_\_\_\_\_ FT  
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 20 FT POTABLE WATER LINES: 64 FT

SITE SUBJECT TO FREQUENT FLOODING:  YES  NO 10 YEAR FLOODING?  YES  NO  
10 YEAR FLOOD ELEVATION FOR SITE: \_\_\_\_\_ FT MSL/NGVD SITE ELEVATION: 6.5 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

MUNSELL #/COLOR	TEXTURE	DEPTH
1042 7/2 LG	SAND	0 TO 12
1042 8/1 WH	SAND	12 TO 30
1042 4/3 BR	Loamy Sand	30 TO 36
1042 7/1 LG	SAND	36 TO 42
1042 8/1	SAND	42 TO 54
Reference (7.00 WET)		54 TO 72
		TO
		TO
		TO
OBSERVED H <sub>2</sub> O @ 42"		TO
USDA SOIL SERIES: <u>441 SANDHILL</u>		

SOIL PROFILE INFORMATION SITE 2

MUNSELL #/COLOR	TEXTURE	DEPTH
1042 7/2 LG	SAND	0 TO 12
1042 8/1 WH	SAND	12 TO 30
1042 4/3 BR	Loamy Sand	30 TO 36
1042 7/1 LG	SAND	36 TO 42
1042 8/1 WH	SAND	42 TO 54
Reference (7.00 WET)		54 TO 72
		TO
		TO
		TO
USDA SOIL SERIES: <u>441 SANDHILL</u>		

OBSERVED WATER TABLE: 42 INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]  
ESTIMATED WET SEASON WATER TABLE ELEVATION: 30 INCHES [ABOVE / BELOW] EXISTING GRADE  
HIGH WATER TABLE VEGETATION:  YES  NO MOTTLING:  YES  NO DEPTH: \_\_\_\_\_ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 0.8/0.6 SL DEPTH OF EXCAVATION: \_\_\_\_\_ INCHES  
DRAINFIELD CONFIGURATION:  TRENCH OR  BED  OTHER (SPECIFY)

REMARKS/ADDITIONAL CRITERIA: BM (WALL & DISC CROWN OF ROAD @ 7.78)  
ELV = 26" AA SITE #1 & 2 ELV = 39" AA 2x 13" Below BM  
ESTIMATE WET SEASON LOADS @ 30" AT 4/3 MATRIX WITH LOAMY SAND TEXTURE (SAND PARTICLE LOADS WITH ORGANIC MATTER IN).

SITE EVALUATED BY: Dennis Oblique R 9/23/11 DATE: 09/22/2011

## NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee, Florida 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.



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

RECEIVED  
 SEP 19 2011  
 MARTIN COUNTY HEALTH DEPT.

43-SS-136958 4  
 PERMIT NO.  
 DATE PAID: 9-19-2011  
 FEE PAID: 450  
 RECEIPT #: 18311

APPLICATION FOR:

- New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary

APPLICANT: CHRISTOPHER TWOHEY / SEAGATE BUILDERS

AGENT: STEPHEN J. BROWN, INC.    FAX: 288-9995  
 TELEPHONE: 288-7776

MAILING ADDRESS: 619 EAST 5TH STREET STUART, FL 34994

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: 14    BLOCK: \_\_\_\_\_    SUBDIVISION: SEWALL'S MEADOW    PLATTED: 5/8/97

PROPERTY ID #: 13-38-41-013-000-00140-0    ZONING: \_\_\_\_\_    I/M OR EQUIVALENT:

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

IS SEWER AVAILABLE AS PER 381.0065, FS?     DISTANCE TO SEWER: 1000 FT

PROPERTY ADDRESS: HENRY SEWALL WAY - SEWALL'S POINT

DIRECTIONS TO PROPERTY: EAST OCEAN BLVD EAST TO SEWALL'S POINT RD SOUTH TO HENRY SEWALL WAY FOLLOW AROUND TO LOT ON CORNER OF HENRY SEWALL WAY AND ABIBIE COURT

BUILDING INFORMATION

RESIDENTIAL     COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>SINGLE FAMILY</u>	<u>4</u>	<u>4250</u>	<u>600 GPD</u>
2				
3				
4				

Floor/Equipment Drains     Other (Specify) DISPOSAL

SIGNATURE: STEPHEN J. BROWN    DATE: 9/14/11

APPLICANT'S NAME: CHRISTOPHER T. JOHEY / SEAGATE BUILDERS  
LEGAL DESCRIPTION: LOT 14 SEWALL'S MEADOW

**PROPOSED SEPTIC SYSTEM SITE INFORMATION**

I certify that there are no potable private wells within 75 feet of the available area for the proposed septic system, that there are no non-potable wells within 50 feet of the available area for the proposed septic system, that there are no wells within 25 feet of a pesticide-treated building foundation, that there are no public wells that serve less than 25 people or less than 15 homes or businesses within 100 feet of the proposed septic system, that there are no public wells that serve more than 25 people or more than 15 homes or businesses within 200 feet of the proposed septic system, that the water line from the water meter or well to the structure is at least 10 feet from the available area for the proposed septic system unless the plans show the line to be double sleeved, that there is not a gravity sewer line, low pressure sewer line or vacuum sewage line in a public easement or right-of-way that abuts the property, that there are no lakes, streams, wetlands, or surface water within 75 feet of the available area for the proposed septic system unless the property was created prior to 1972, that the septic system is proposed on the side of the lot farthest from surface water, that all private wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicant's lot are shown on the site plan, that all public wells within 200 feet of the applicant's lot are shown on the site plan, and that the location of building or residences, swimming pools, recorded easements, paved areas or driveways, sidewalks, the general slope of the property, filled areas, drainage features, and surface waters such as lakes, ponds, streams, canals, or wetlands are shown on the applicants lot.

The natural grade elevation in the area of the proposed septic system and the benchmark must be shown on the site plan. Please locate the benchmark within 200 feet of the proposed septic system.

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

CERTIFIED BY: STEPHEN J. BROWN  
FLORIDA PROFESSIONAL NO.: 4049  
DATE: 9/14/11 JOB NO.: B05-102-0



STEPHEN J. BROWN, INC

Surveyors • Designers • Land Planners • Consultants

## LEGAL DESCRIPTION

LOT 14, SEWALL'S MEADOW, AS RECORDED  
IN PLAT BOOK 14, PAGE 32, PUBLIC RECORDS  
OF MARTIN COUNTY, FLORIDA.

I, CHRISTOPHER J. TWOHEY, owner of the above referenced property have authorized Stephen J. Brown, Inc. to act as my authorized representative and to act on my behalf in all aspects of an application for a septic system.

Owner

Date

9-14-11



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

*generated on 9/19/2011 8:49:11 AM EDT*

**Summary**

<b>Parcel ID</b>	<b>Account #</b>	<b>Unit Address</b>	<b>Market Total Value</b>	<b>Data as of</b>
13-38-41-013-000-00140-0	119118	HENRY SEWALL WAY, SEWALL'S POINT	\$209,000	9/17/2011

---

**Owner Information**

<b>Owner(Current)</b>	TWOHEY CHRISTOPHER J (TR)
<b>Owner/Mail Address</b>	119 HILLCREST DR STUART FL 34996
<b>Sale Date</b>	1/12/2011
<b>Document Book/Page</b>	2497 0080
<b>Document No.</b>	2254219
<b>Sale Price</b>	253000

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**Location/Description**

<b>Account #</b>	119118	<b>Map Page No.</b>	
<b>Tax District</b>	2200	<b>Legal Description</b>	LOT 14 SEWALL'S MEADOW (PB 14 PG 32)
<b>Parcel Address</b>	HENRY SEWALL WAY, SEWALL'S POINT		
<b>Acres</b>	.5270		

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**Parcel Type**

<b>Use Code</b>	0000 Vacant Residential
<b>Neighborhood</b>	120300 Sewall's Meadow

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**Assessment Information**

<b>Market Land Value</b>	\$209,000
<b>Market Improvement Value</b>	
<b>Market Total Value</b>	\$209,000

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 10-13-11 Page \_\_\_\_\_ of \_\_\_\_\_

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9873	Feavors	Generator		PROTECT VENT
	101 NSPR	Pool / Gas Lines	FAIL	FROM DAMAGE
	Energise Etc			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9879	Augustine	New Concrete		
	9 Indialucie	Pool / Power	<b>PASSED</b>	
	Schiller Park	Patio / POOL STEEL / BOND	MAIN DRAIN	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9851	Allen	Power Pool		
	6 St. Lucie Ct.	Deck FINAL	PASS	CLOSE
	Apex Pavers	<del>Pool / Deck / Bond</del>		INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	J. N. VIALUCINDIA	ADM. VARIANCE	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
2.00	<del>Henry Sewmas</del>	<del>TREE REMOVAL</del>	<del>OK</del>	
				INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 11-8-11 Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9908	R Fleetwood 34 No River Rd <del>Zane Carter Elec</del>	Fole Inspec SEAGATE BUILDERS	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>9909</del>	<del>Tucker</del> <del>112 Hwy Sewall</del> <del>Zane Carter Elec</del>	<del>Fole Inspec</del> SEAGATE BUILDERS	<del>PASS</del>	<del>INSPECTOR</del> <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9901	Demarkavian 19 Castle Hill Steve Conway	Roof Metal & Dry-IN	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10:00	85 N. S. Pt Rd	Temp Structures WALK THROUGH	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9908	Fleetwood 34 No River Rd SEAGATE BUILDERS	SPRM WALL	PASS	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	15 Palm Rd - TRUINE ROOFING -	SKYLIGHT	NO PERMIT	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 11-18-11 Page \_\_\_\_\_ of \_\_\_\_\_

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9908	Fleetwood	Plumbing		
Last thing	34 N River	Ground	Pass	INSPECTOR CA
	Seagate	Rough		
9909	Toohey	Plumbing		
Last thing	112 N. Hwy Sewall	Ground	Pass	INSPECTOR JA
	Seagate	Rough		
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR



**A. M. ENGINEERING AND TESTING, INC.**

590 N.W. MERCANTILE PLACE  
PORT ST. LUCIE, FLORIDA 34986

OFFICE: (772) 924-3575 FAX: (772) 924-3580

*Handwritten signature and date: 11-21-11 FWP*

**REPORT OF FOUNDATION PAD COMPACTION**

Client: **Seagate Builders, Inc.**  
**1501 Decker Avenue, Suite 123**  
**Stuart, Florida 34994**  
Site: **112 Henry Sewell Way**  
**Stuart, Martin County, Florida**  
**Foundation Pad**

Report Date: November 15, 2011  
Project No: 1073  
Lab No: 16  
Technician: M. Barkley  
Permit No.: 9909

Density tests and Hand Cone Penetrometer (HCP) readings were made at a minimum of three locations in the building pad. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade through the depth of fill. The density tests were performed in general compliance with ASTM D 6938. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No.	Date Tested	Location	Elevation (feet)	Dry Density (pcf)		Percent Compaction
				In Place	Proctor	
1	11/11/11	Northwest Area	0 - 1	120.3	122.1	98.5
2		Center Area	0 - 1	120.5	122.1	98.7
3		Southeast Area	0 - 1	121.1	122.1	99.2

\* Elevations are below bottom of slab.

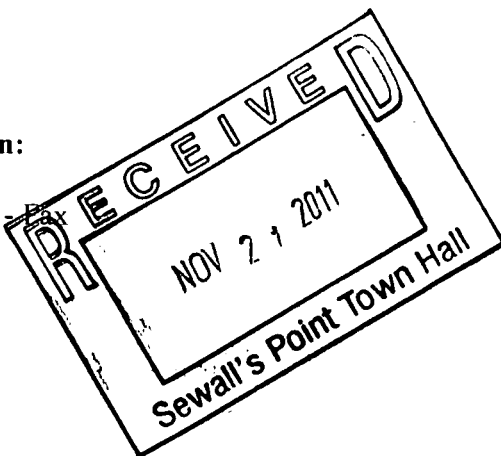
The depth of the fill was approximately four feet. The fill should extend at least five feet beyond the building perimeter. At the time of our testing no information was available regarding the foundation pad setbacks.

In the locations and depths that were tested, the fill has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557). No soil borings were performed below the recently placed fill.

**Distribution:**

Client - 2  
Bldg. Dept. - 1

PCM/em



**Submitted by:**

**A. M. ENGINEERING AND TESTING, INC.**

*Handwritten signature and date: 11/16/11*

Paul C. Martin, P.E.

Florida Registration No. 65051

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

1-23-11

Page

of

1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9932	Kendauer 3 Marguerita Monterey Construc	Slap Inspection	Pass	INSPECTOR <i>[Signature]</i>
9931	Clyde 7 Rickeland Stuart Reef Ins	Reef Find	Fair	Loose Tiles INSPECTOR <i>[Signature]</i>
<del>99109</del>	<del>Two Corners</del> <del>1100 Kennedy Swell</del> Seabate	<del>Slap</del>	<del>Pass</del>	INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR



**TOWN OF SEWALLS POINT**

**BUILDING DEPARTMENT - INSPECTION LOG**

Date of Inspection  Mon  Tue  Wed  Thur  Fri 12-20-11 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9855	Dalton	Final A/C		
<u>150</u>	6 Rio Vista Dr Adventure AC	# duct	Pass	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9941	Ruppaport	Final		
<u>PM</u>	9 River Crest JA Taylor	Roof	Fail	NOT READY INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9879	Augustine	deck		
	9 Indialucie Schiller		Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9867	Augustine	Roof Final	Pass	
	9 Indialucie Onshore Roofing	Framing on porch	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9909	<del>Turkey</del>	<del>2nd fl</del>		
<u>2nd</u>	112 Henry Sewalls Seagate	columns/beam	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9918	Bubner	Final		
	17 W High Pt Cardinal	Roof	Pass	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<u>Tree</u>	120 Hillcrest	Tree	<i>OK</i>	
	2811 High Pt - gutter per PAO	???		INSPECTOR



**TOWN OF SEWALLS POINT**

**BUILDING DEPARTMENT - INSPECTION LOG**

Date of Inspection  Mon  Tue  Wed  **Thur**  Fri **1-5-12** Page **1** of **2**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9860	Curry 5 River Crest Ct All year Cooling	Final AC call MR Curry for code	CANCEL 772-215-6864	INSPECTOR
9747	Schwartz 70 N Sewalls Driftwood	Framing rough framing " elec " plumbing " AC	FAIL	NOT READY INSPECTOR <del>CA</del>
9941	Koppaport 9 River Crest Ct JA Taylor	Final Roof " gas	PASS	INSPECTOR
Tree	Parmelee 21 S Ridgview	Tree	FOK	INSPECTOR
9909	<del>Henry Sewall</del> Seagate	<del>Final</del>	<del>PASS</del>	INSPECTOR <del>CA</del>
9960	Hettwood 34 N River Rd Flaminex Pools	Steel	FAIL	NEED 6x6 STEEL @ HOUSE FTR WALL INSPECTOR <del>CA</del>
9867	Augustine 9 Indialucie OnShore	Final Roof + soffits	PASS	LOSS INSPECTOR <del>CA</del>



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 3-14-12 Page 1 of    

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10019</del>	<del>Two</del>	<del>Panel</del>		
	42 Henry Sewall Seagate	Panel	PAS	INSPECTOR <i>GA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	43 W High Pt	Tree	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10032	Bew	Final		
<i>P</i>	86 NSPR Harbor Bay Marine	Dock decks	PAS	use INSPECTOR <i>GA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

3-20-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		Redw tower		
	11 Evercrest Ct	??		Picture
		is it allowed		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10006	Schwartz	equipotential bond		
	70 N Sewalls Pt	deck	PASS	
	Schiller	POOL DECK ET BOND Gaps		INSPECTOR <i>AT</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9904	Howley	insulation		
	14 Cranes Nest		PASS	
	Sherlock Homes			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10031	Augustine	<del>Final</del>		
<i>1st</i>	9 Indian Curie	<del>Final</del>	PASS	CLOSE
	Creation Bldg.	FINAL DOOR		INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9986	Poland	Final		Pics of AFFIDAVIT
	97 N Sewalls	Roof	PASS	CLOSE
<i>10AM</i>	Stuart Roofing -	Cont will meet w/ ladder	<del>692-9854</del>	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	4 Pineapple La	Tree	OK	
Tree	3 Melody La	Tree		WHO'S PROPERTY ARE TREES ON?
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>9909</del>	<del>Howley</del>	<del>Roof</del>		
	12 Henry Sewalls		PASS	
	Seagull			INSPECTOR <i>A</i>

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 4-3-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10049	Longmaid 66 S Sewalls Coastal AC	Final AC	PASS	CRUE INSPECTOR <i>[Signature]</i>
10024	Muener 19 Kennerly Dr Kamell Window	Window attachment	PASS	INSPECTOR <i>[Signature]</i>
<del>9909</del>	<del>Seagate</del>	<del>Final</del>	<del>PASS</del>	<del>INSPECTOR <i>[Signature]</i></del>
9895	Amos 114 S Sewalls Custom Craftsmen	Final Railing replacement	PASS	CRUE INSPECTOR <i>[Signature]</i>
10052	Gerhardt 14 S. SPT Rd S. Homes	SLAB	PASS	INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT -- INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

4-9-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10045	Woods/Grenvitz 15 Lantana La All Amer Roof	pt dry-in	Fail	Not Ready  INSPECTOR
10001	SREORDER 4 RIDGELAND DR GRUB MAIDR INC	DOOR FINAL	Pass	Close  INSPECTOR <i>[Signature]</i>
<del>10009</del>	<del>Woods/Grenvitz 15 Lantana La All Amer Roof</del>	<del>pt dry-in</del>	<del>Fail</del>	<del>Not Ready</del>  INSPECTOR
10030	Bauer Turcan La Seagate	UG <del>Plumb</del> plumbing	Pass	  INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection     Mon     Tue     Wed     Thur     Fri    4-10-12    Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10059 9AM	Kennedy 3 Redgview South Nislin	Final AC	PASS	Cost  INSPECTOR <i>[Signature]</i>
9991	BURKHARDT 106 S SPT RD DRIFTWOOD	PERMS ELEVATED + SLAB	PASS	  INSPECTOR <i>[Signature]</i>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
10028	Kaplan 11 Rivercrest Ct Et Beete SW	Final grade	PASS	  INSPECTOR <i>[Signature]</i>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 4-13-12 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9747	Schwartz 70 N Sewalls Draughtwood	Meter Final	Pass	I E-MAILED FPL INSPECTOR <i>A</i>
10052	Gerhardt 145 Sewalls Scott Holmes	<del>SPA</del> SPA cap & electric	Pass	Close INSPECTOR <i>A</i>
<del>9909</del>	<del>145 N Sewalls</del> <del>Scott Holmes</del>	<del>Final</del> <del>Progress</del>	<del>Pass</del>	<del>INSPECTOR <i>A</i></del>
9753	BELLINGHAM 2 VIA DE CRISTO Masterpiece	FINAL	Pass	Close INSPECTOR <i>A</i>
10048	Seely 37 Lofting Way Forward Elec	Final AC	Pass	Close INSPECTOR <i>A</i>
9772	BELLINGHAM 2 Via de Cristo Flamingo	Pool FINAL	Pass	Close INSPECTOR <i>A</i>
9917	FORD 98 N Sewalls Masterpiece	2ND FL Cowan & Berry	Pass	INSPECTOR <i>A</i>





# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

5-18-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10045	Wood/Greenville 15 Lantana La All American	Final <del>Final</del>		Inspector <i>Cancel</i>
10083	White 15 Ridgeland Tuscany Bay	Footer & SLAB	Pass	Inspector <i>[Signature]</i>
9969	FRI SOLI SD S. SPT DRIFTWOOD	BEAM & ELEVATED SLAB	Pass	Inspector <i>[Signature]</i>
<del>9109</del>	<del>113 Henry Sewall</del> Seagate	<del>FOOTER</del>	<del>Pass</del>	Inspector <i>[Signature]</i>
	Castro 225 Sewalls		<i>OK</i>	Inspector
9147	Schwartz TON Sewall Driftwood	Final - rec'd all necessary documents - OK for CO	Pass	Inspector <i>[Signature]</i> Close ✓
				Inspector

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

7-18-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10027	Gondis 25 Skinner Rd Team Parks	slab garage rebar basement Basement walls prepour		RESERVED FOR AM TOWN INSPECTOR
10030	Pauer 1 Tuscan La Seagate	rough plumbing rough electric rough framing rough AC FINAL ROOF	Pass	INSPECTOR [Signature]
<del>9909</del>	<del>Seagate</del>	<del>Seagate</del>	<del>Pass</del>	<del>READY FOR [Signature]</del>
9:30	Seagate		Pass	INSPECTOR [Signature]
9969	FRISOLI 50 S-SPR RD DRIFTWOOD HOMES	ROOF SHEATHING	Pass	INSPECTOR [Signature]
9991	BURKHART 106 S. SPR RD DRIFTWOOD HOMES	PRE-POUR STAIRS STRAPPING & ENG.	PASS Fair	NOT READY INSPECTOR [Signature]
10139	Lienhardt 17 Leveview On Shore	Pt metal Dry-IN & METAL	FAIL	NOT READY - NEED ENG ON STRUCTURAL REPAIRS INSPECTOR [Signature]
	Rio Vista + S.S.P.R.	obstruction from trees		INSPECTOR

**Valerie Meyer**

---

**From:** Valerie Meyer [vmeyer@sewallspoint.martin.fl.us]  
**Sent:** Wednesday, July 18, 2012 10:51 AM  
**To:** FPL (tc\_inspections@fpl.com)  
**Subject:** 112 Henry Sewall Way

Inspection complete and passed - Please install meter at

Twohey Residence  
112 Henry Sewall Way  
Sewall's Pt, FL

Thank you,

*Valerie Meyer*  
**BUILDING DEPT**  
**TOWN OF SEWALL'S POINT**  
**772-287-2455 EXT 13**

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of inspection  Mon  Tue  Wed  Thur  Fri **8-20-12** Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10168	Houdeshell 14 Copaine Seacoast Air	Final AC	Pass	Close INSPECTOR <i>GA</i>
10014	Turkey 112 Henry Sewall Wy Flamingo Pool	Final Pool	Pass	Close INSPECTOR <i>GA</i>
10171	Fotter 4 Periwinkle Cir Mr Hustle	Framing (SMAPPING EXT.)	Pass	INSPECTOR <i>GA</i>
	SHARFI			INSPECTOR
10019	Gilberto 107 S River Emel LaViole	Final Skylight	Pass	Close INSPECTOR <i>GA</i>
<del>7909</del>	<del>Turkey</del>	<del>CA ENR</del>	<del>Pass</del>	<del>Issue Close</del>
<del>1132</del>	<del>112 Henry Sewall Wy</del>	<del>Seacoast Air</del>	<del>Pass</del>	<del>INSPECTOR <i>GA</i></del>
				INSPECTOR





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



CERTIFICATE OF:  OCCUPANCY  COMPLETION

Single Family Residence  Other \_\_\_\_\_

Temporary: Expiration Date \_\_\_\_\_

Partial (Area description) \_\_\_\_\_

BUILDING PERMIT NO: 9909 DATE OF ISSUE: 10-19-11

OWNER(S): TWOHEY, CHRISTOPHER (CTR) PROPERTY ADDRESS: 112 Henry Sewall Way

LEGAL DESCRIPTION: LOT 14 BLOCK --- SUBDIVISION SEWALLS MEADOW

GENERAL CONTRACTOR: SEAGATE BUILDERS LIC/CERT NO: CGC047306

ARCHITECT OR ENGINEER: M.A. COBSON & ASSOC. LIC/CERT NO: AR91665

CODE EDITION: FBC 2007/09 CONST. TYPE: TLB USE: SFR OCCUPANCY: N/A

OCCUPANT LOAD: N/A SPRINKLERS REQUIRED: N/A SPRINKLERS USED: N/A


INSPECTION RECORDS

Inspection Type	Date Approved	Inspection Type	Date Approved
UNDERGROUND PLUMBING	<u>11-18-11</u>	TEMP POLE	<u>11-8-11</u>
UNDERGROUND MECHANICAL	_____	UNDERGROUND GAS	<u>5-16-12</u>
STEM-WALL FOOTING	_____	TANK+LINE	_____
SLAB	<u>11-23-11</u>	UNDERGROUND ELECTRICAL	_____
ROOF SHEATHING	_____	FOOTING	<u>5-18-12</u>
TIE DOWN / TRUSS ENG	_____	TIE BEAM/COLUMNS	<u>12-6-11, 12-20-11</u>
WINDOW/DOOR BUCKS	<u>1-23-12</u>	WALL SHEATHING	_____
ROOF NAILING	<u>1-5-12</u>	INSULATION	<u>4-9-12</u>
ROOF DRY-IN/METAL	<u>4-10-12</u>	LATH	<u>3-20-12</u>
PLUMBING ROUGH-IN	<u>4-3-12</u>	ROOF TILE IN-PROGRESS	<u>4-13-12</u>
MECHANICAL ROUGH-IN	<u>4-3-12</u>	ELECTRICAL ROUGH-IN	<u>3-14-12, 4-3-12</u>
FRAMING	_____	GAS ROUGH-IN	<u>4-3-12</u>
FINAL PLUMBING	<u>8-20-12</u>	METER FINAL	<u>7-18-12</u>
FINAL MECHANICAL	<u>8-20-12</u>	FINAL ELECTRICAL	<u>8-20-12</u>
FINAL ROOF	<u>8-20-12</u>	FINAL GAS	<u>8-20-12</u>
FINAL GRADE	<u>5-16-12</u>	BUILDING FINAL	<u>8-20-12</u>

The described structure (or portion thereof) has been inspected for compliance with the requirements of this code for occupancy and division of occupancy and the use for which the proposed occupancy is classified.

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

Entered at Sewall's Point, Florida, this 21<sup>st</sup> day of AUGUST, 2012.

  
 John R. Adams, CBO  
 Building Official, Town of Sewall's Point



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



CERTIFICATE OF:  OCCUPANCY  COMPLETION

Single Family Residence  Other \_\_\_\_\_

Temporary: Expiration Date \_\_\_\_\_

Partial (Area description) \_\_\_\_\_

BUILDING PERMIT NO: 9909 DATE OF ISSUE: 10-19-11

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GENERAL CONTRACTOR: SEAGATE BUILDERS LIC/CERT NO: CGC047306

ARCHITECT OR ENGINEER: M.A. CORSON & ASSOC. LIC/CERT NO: AR91665

CODE EDITION: FBC 2007/09 CONST. TYPE: TLLB USE: SFR OCCUPANCY: N/A

OCCUPANT LOAD: N/A SPRINKLERS REQUIRED: N/A SPRINKLERS USED: N/A


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Inspection Type	Date Approved	Inspection Type	Date Approved
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UNDERGROUND MECHANICAL	_____	UNDERGROUND GAS	<u>5-16-12</u>
STEM-WALL FOOTING	_____	TANK+LINE	_____
SLAB	<u>11-23-11</u>	UNDERGROUND ELECTRICAL	_____
ROOF SHEATHING	_____	FOOTING	<u>5-18-12</u>
TIE DOWN /TRUSS ENG	_____	TIE BEAM/COLUMNS	<u>12-6-11, 12-20-11</u>
WINDOW/DOOR BUCKS	<u>1-23-12</u>	WALL SHEATHING	_____
ROOF NAILING	<u>1-5-12</u>	INSULATION	<u>4-9-12</u>
ROOF DRY-IN/METAL	<u>4-10-12</u>	LATH	<u>3-20-12</u>
PLUMBING ROUGH-IN	<u>4-3-12</u>	ROOF TILE IN-PROGRESS	<u>4-13-12</u>
MECHANICAL ROUGH-IN	<u>4-3-12</u>	ELECTRICAL ROUGH-IN	<u>3-14-12, 4-3-12</u>
FRAMING	_____	GAS ROUGH-IN	<u>4-3-12</u>
FINAL PLUMBING	<u>8-20-12</u>	METER FINAL	<u>7-18-12</u>
FINAL MECHANICAL	<u>8-20-12</u>	FINAL ELECTRICAL	<u>8-20-12</u>
FINAL ROOF	<u>8-20-12</u>	FINAL GAS	<u>8-20-12</u>
FINAL GRADE	<u>5-16-12</u>	BUILDING FINAL	<u>8-20-12</u>

The described structure (or portion thereof) has been inspected for compliance with the requirements of this code for occupancy and division of occupancy and the use for which the proposed occupancy is classified.

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

Entered at Sewall's Point, Florida, this 21<sup>st</sup> day of AUGUST, 2012.

  
 John R. Adams, CBO  
 Building Official, Town of Sewall's Point



**10014**

**POOL**

**BLUEPRINTS AVAILABLE AT**

**TOWN HALL**

10014  
PERMIT #

Pool / Deck  
DESCRIPTION

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



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

## BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK**

**A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	10014	DATE ISSUED:	FEBRUARY 22, 2012
SCOPE OF WORK:	POOL & DECK		
CONTRACTOR:	FLAMINGO POOLS & PATIOS		
PARCEL CONTROL NUMBER:	133841013-000-001400	SUBDIVISION	SEWALLS MEADOW-L 14
CONSTRUCTION ADDRESS:	112 HENRY SEWALL WAY		
OWNER NAME:	TWOHEY		
QUALIFIER:	ROBERT GRABOWSKI	CONTACT PHONE NUMBER:	220-0627

**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:	10014
ADDRESS	112 HENRY SEWALL WAY - TWOHEY
DATE : 2/22/12	SCOPE OF WORK   POOL & DECK

25003




**FLAMINGO POOLS & PATIOS, INC.**

3400 S.E. DIXIE HIGHWAY  
 STUART, FLORIDA 34990  
 (772) 220-0627

Wells Fargo, N.A.

63-643-670

CHECK DATE 2-22-12

PAY *Four Hundred sixty nine 90/100* 

TO *Town of Sewall's Point*

AMOUNT 469.90

FLAMINGO POOLS & PATIOS, INC.

*David Grabowski*  
 AUTHORIZED SIGNATURE



DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)		
Martin County Impact Fee:	\$	
<b>TOTAL BUILDING PERMIT FEE:</b>	\$	

ACCESSORY PERMIT	Declared Value:	\$	16,000
Total number of inspections @ \$75.00 each			450.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$	6.75	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	6.75	
Road impact assessment: (.04% of construction value - \$5.00 min.)	\$	6.40	
<b>TOTAL ACCESSORY PERMIT FEE:</b>	\$	469.90	

*fa*  
*ck# 25003*

Security features. Details on back.

Town of Sewall's Point

Date: \_\_\_\_\_ BUILDING PERMIT APPLICATION Permit Number: 10014

OWNER/TITLEHOLDER NAME: CHRISTOPHER TWOHEY Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_

Job Site Address: 112 HENRY SEWALL WAY City: STUART State: FL Zip: 34996

Legal Description: LOT 14 SEWALLS MEADOW Parcel Control Number: 13-38-41-013-000-00140 0

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

SCOPE OF WORK (PLEASE BE SPECIFIC): ROOF CONSTRUCTION SWIMMING POOL

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: \$ 14000 16000 (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: FLAMINGO POOLS & PATIOS Phone: 220-0627 Fax: 220-4080

Qualifiers name: ROBERT W. GRABOWSKI Street: 3400 SE DIXIE HWY City: STUART State: FL Zip: 34997

State License Number: \_\_\_\_\_ OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: WHITEY GRABOWSKI 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 BFE\*: \_\_\_\_\_ \* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Flood Inversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007 National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

- 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 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. 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 OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED) X \_\_\_\_\_

State of Florida, County of: MARTIN

On This the 6th day of FEBRUARY, 2012

by CHRISTOPHER J. TWOHEY who is personally known to me or produced \_\_\_\_\_

As identification: Jennifer Martinez Notary Public

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

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.) X \_\_\_\_\_

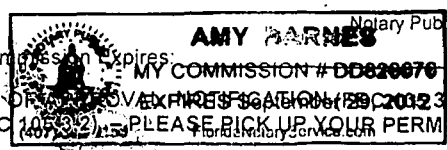
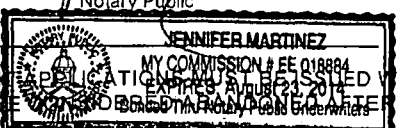
State of Florida, County of: MARTIN

On This the 9 day of FEB, 2012

by ROBERT W. GRABOWSKI who is personally known to me or produced \_\_\_\_\_

As identification: \_\_\_\_\_ Notary Public

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



SINGLE FAMILY PERMITS & APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OR OVERSIGHT EXPRESSES FOR 180 DAYS (FBC 105.4.1.1) PLEASE PICK UP YOUR PERMIT PROMPTLY!

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

generated on 2/15/2012 12:54:48 PM EST

**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-013-000-00140-0	119118	HENRY SEWALL WAY, SEWALL'S POINT	\$209,000	2/11/2012

---

**Owner Information**

<b>Owner(Current)</b>	TWOHEY CHRISTOPHER J (TR)
<b>Owner/Mail Address</b>	119 HILLCREST DR STUART FL 34996
<b>Sale Date</b>	1/12/2011
<b>Document Book/Page</b>	2497 0080
<b>Document No.</b>	2254219
<b>Sale Price</b>	253000

---

**Location/Description**

<b>Account #</b>	119118	<b>Map Page No.</b>	
<b>Tax District</b>	2200	<b>Legal Description</b>	LOT 14 SEWALL'S MEADOW (PB 14 PG 32)
<b>Parcel Address</b>	HENRY SEWALL WAY, SEWALL'S POINT		
<b>Acres</b>	.5270		

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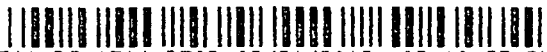
**Parcel Type**

<b>Use Code</b>	0000 Vacant Residential
<b>Neighborhood</b>	120300 Sewall's Meadow

---

**Assessment Information**

<b>Market Land Value</b>	\$209,000
<b>Market Improvement Value</b>	
<b>Market Total Value</b>	\$209,000



MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Oliveri

### NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: \_\_\_\_\_ TAX FOLIO #: 13-38-41-013-000-00140-0

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 (AND STREET ADDRESS IF AVAILABLE):  
LOT 14 SEWALLS MEADOW 112 HENRY SEWALL WAY STUART FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: CONSTRUCT SWIMMING POOL

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT

NAME: CHRISTOPHER TWOHEY  
ADDRESS: 844 EAST OCEAN ISLAND SUITE A, STUART FL 34994  
PHONE NUMBER: 772-221-8221 FAX NUMBER: 772-221-8225  
INTEREST IN PROPERTY: OWNER

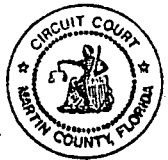
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):  
\_\_\_\_\_

CONTRACTOR: FLAMINGO POOLS + PATIOS INC  
ADDRESS: 3400 SE DIXIE HWY STUART FL 34997  
PHONE NUMBER: 270-0627 FAX NUMBER: 270-4080

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)

ADDRESS: \_\_\_\_\_ STATE OF FLORIDA  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ MARTIN COUNTY  
BOND AMOUNT: \_\_\_\_\_

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



LENDER/MORTGAGE COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ MARSHA EWING, CLERK

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM BY NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (a) 7., FLORIDA STATUTES: 02/21/12 D.C.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_  
( EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).

**WARNING TO OWNER:** ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

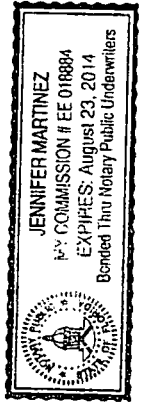
SIGNATORY'S TITLE/OFFICE: Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 6th DAY OF February, 2012

BY: CHRISTOPHER J. TWOHEY Owner FOR \_\_\_\_\_  
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN  OR PRODUCED IDENTIFICATION \_\_\_\_\_

TYPE OF IDENTIFICATION PRODUCED: \_\_\_\_\_  
Jennifer Martinez



*[Handwritten initials]*



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

THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION

SWIMMING POOL AND SPA SUBCONTRACTORS LIST

Applicant's Name FLAMINGO POOLS + PATIOS Permit # \_\_\_\_\_

Mailing Address 3400 SE DIXIE HWY City STUART State FL Zip 34997

Please provide a subcontractors list for verification. Any changes to this list must be provided prior to final inspection. Using unlicensed contractors or subcontractors may prevent you from being eligible for inspections. For further information, please contact the Town of Sewall's Point Building Department at 772-287-2455.

Please include all Competency Card or State Certification numbers. Do not use occupational license numbers.

<u>CONTRACTOR/TRADE</u>	<u>COMPANY NAME</u>	<u>LICENSE #</u>
CONCRETE POOL DECK	<del>BY OTHERS</del> <u>Flamingo</u>	
DECK FINISH		
MASTER ELECTRICIAN	<u>ZANE CARTER</u>	<u>CEC13002342</u>
POOL GUNITE	<u>FLAMINGO POOLS</u>	<u>RP0067264</u>
INTERIOR POOL FINISH		
POOL STEEL		
BARRIER/ALARM		

*[Handwritten initials]*

I certify that the above information is accurate and that all work will be performed by eligible competency card holders or State Certified contractors.

I understand that a complete notarized subcontractors list is required prior to final inspection.

*[Handwritten signature]*

Signature of applicant

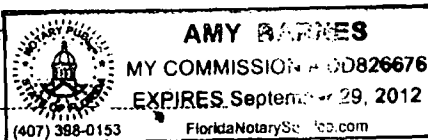
Sworn to and subscribed before me this FEB 9 day of 20 12 by

*[Handwritten signature]*

Notary Public, State of Florida, County of Martin

Personally Known  Produced Identification

Type of ID Produced: \_\_\_\_\_





*OK*



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: \_\_\_\_\_

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

OWNERS NAME: Chris Twibey

CONSTRUCTION ADDRESS: 112 Henry Sewall Way

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE:  NEW SERVICE,  EXISTING SERVICE  OTHER

SCOPE OF WORK: Pool Wiring

VALUE OF CONSTRUCTION \$ 800.00

<input type="checkbox"/> LOW VOLTAGE	
TYPE OF EQUIPMENT:	<input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK:	VALUE _____

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

[Signature] 1143 NW Service Ridge Drive  
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Zane Carter Electric Inc.

TELEPHONE NO: 772-692-2048 PLEASE PRINT FAX NO: same

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC13002342

NO WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

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

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

**FLORIDA BUILDING CODE SWIMMING POOL  
PLAN REVIEW CHECK LIST**

- Plot Plan to include pool size, patio size. Indicate the location of overhead electric line. Indicate the setbacks.
- Indicate the pool dimensions, volume in gallons and surface area (sq ft).
- Indicate provisions for Equipotential bonding grid.
- Provide a specific pool profile showing the depth and slope. Detail compliance with ANSI/NSPI.
- Provide the Typical Pool wall section. Indicate when in the angle of repose.
- Provide an angle of repose detail when required.
- Certified Shoring Details-when required
- Provide partial dwelling floor plan that indicates all doors and windows with direct access to the pool.
- Provide the pump motor make, model and capacity (horsepower).
- Water velocity maximum 10 ft/s except copper tubing maximum 9 ft/s. Section
- Turnover rate – equipment sizing minimum turnover of pool water at least once every twelve (12) hours.
- Provide the piping diagram.
  - A. Suction inlet covers must comply with ANSI/ASME A 112.19.8M, “Suction fittings for use in swimming pools, spas, hot tubs, and whirlpool bathtub appliances”.
  - B. Vacuum cleaner system with isolation valves must have protected inlets by either an approved Anti-vortex cover. 12” X 12” grate or larger, or other approved means.
  - C. Back-up system when grate covers are missing alternative vacuum relief devices shall include either:
    - 1. Approved vacuum release system
    - 2. Approved vent piping
    - 3. Other approved devices or means Provide engineering specific statement that distance from pump and “T” will cause system to react within the (3) second required time frame.
  - C. Minimum two (2) suction inlets per pump. Minimum three (3) feet separation, or located on Two (2) different planes. These suction inlets shall be plumbed such that water is drawn through them simultaneously through a common line to the pump.
  - D. Vacuum or pressure cleaner fitting(s) must be accessible at the minimum operating water level or as an attachment to the skimmer (s).
- **PUMPS**
  - A. Strainer on inlet side
  - B. Must be mounted on a substantial base
  - C. Capacity following heads
    - 1. Pressure diatomaceous earth – at least sixty (60) ft
    - 2. Vacuum diatomaceous earth – twenty (20) inch vacuum on the suction side and forty (40) ft total head
    - 3. Rapid sand – at least forty-five (45) ft
    - 4. High rate sand – at least sixty (60) ft
  - D. Must provide a pressure or vacuum gauge
- **VALVES**
  - A. When under concrete slab must be located in a pit minimum five (5) pipe diameters minimum of ten (10) inches with cover.
  - B. Full-way (gate) valves – When below overflow rim of pool a valve must be installed on discharge outlet and suction line.
  - C. Check valves must be of the swing or vertical check patterns.
- **WATER SUPPLY**
  - A. Must have back-flow
  - B. No over the rim fill spout unless under diving board or guarded.
- **TESTS**
  - A. All pool piping shall be inspected.
    - 1. Static water or air pressure no less than 35 PSI for 15 min.
  - B. Drain and waste piping
    - 1. Fill to overflow.

- **WATER HEATING EQUIPMENT**
  - A. Labeled equipment
  - B. Water retention – must provide positive means of retaining water in the heater when pump is not in operation.
  - C. Relief valve – closed system must have pressure relief valve on discharge side.
  - D. Florida Energy Code – Section 612.1.ABC.2.3
    - 1. On-off switch required
    - 2. Cover required designed to minimize heat loss
    - 3. Time clocks – run during off-peak electric demand periods.
- Provide pool barrier. (See pool barrier form)
- Show the stairs, ladders and swim outs.
- **LADDER AND STEPS**
  - A. Water depth more than 24 inches must have ladder or steps (max step rise 12”)
  - B. More than 5 foot depth must have ladders, stairs or underwater benches/swim-outs in deep end.
  - C. If diving equipment is used swim-out must be recessed or located in the corner.
- Show the ladder and handrail. Detail electric bonding and compliance to NEC 680.
- **SKIMMERS**
  - A. Surface skimmers are required
  - B. One (1) per 1000 sq. ft. of surface area
  - C. Minimum flow rate 25 GPM per skimmer.
- **MAIN OUTLET**
  - A. One (1) must be installed at the deepest point
- **HYDROSTATIC RELIEF DEVICE**
  - In areas of anticipated water table, an approved hydrostatic relief device shall be installed.
- **INLET FITTINGS**
  - A. One (1) per 15,000 gallons
  - B. Where more than one (1) is required must be a minimum of 10 ft. separation.
- Show the slide. Detail electric bonding and compliance to Manufacturer’s Specification
- Show the diving board. Detail electric bonding and compliance to Manufacturer’s Specifications
- Show the location of handholds when required. Detail compliance to Manufacturer’s Specifications
- Prove and Electric diagram.
- Provide a GFI outlet, located per NEC 680.
- Indicate equipment location.
- Equipment foundation and enclosures
  - A. Must be on one (1) concrete base or slab.
  - B. All heating and electrical equipment must be protected from the weather.
- Temporary construction fencing must be installed during construction.
- Pool plans must be signed and sealed by an architect or engineer licensed in Florida.
- **FINAL ELECTRICAL INSPECTION**
  - Must be completed and operational prior to pool being filled with water.
- **POOL FINAL INSPECTION**
  - Must be filled and operational, Barrier in place, and fitted thermal cover on for pools heated with non-renewable heat sources.



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

## SWIMMING POOL, DECK, AND SPA CHECKLIST

**NOTICE: POOL OWNERS AND POOL CONTRACTORS ARE RESPONSIBLE FOR COMPLIANCE WITH THE PROVISIONS OF FLORIDA STATE STATUTE 515, "POOL SAFETY ACT" EFFECTIVE OCTOBER 1, 2000 AND 2007 FLORIDA BUILDING CODE, EFFECTIVE MARCH 1, 2009.**

\_\_\_\_\_ 1 Copy completed permit application.

\_\_\_\_\_ 2 Copies complete sets of plans signed and sealed by an architect or engineer.  
Maximum size plans are 24" x 36".

\_\_\_\_\_ 2 Copies survey showing the following:

- ALL EXISTING STRUCTURES ON PROPERTY
- LOCATION OF PROPOSED POOL AND POOL DECK
- SETBACKS FROM POOL AND DECK TO PROPERTY LINES
- LOCATION AND TYPE OF ANY EXISTING FENCING
- LOCATION OF ALL EASEMENTS
- STREET & HOUSE NUMBER ON SITE PLANS
- LOCATION OF ANY OVERHEAD ELECTRICAL LINES
- ALL FOUR BUILDING SETBACKS LINES.
- INDICATE THE SIZE, SPECIES AND LOCATION OF ANY TREES TO BE REMOVED, RELOCATED OR PLANTED

### **DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS.**

\_\_\_\_\_ 2 Copies Residential Swimming Pools, Spa & Hot Tub Safety Act Certification Forms.

\_\_\_\_\_ 1 Copy Florida Building Code Swimming Pool Plan Review Checklist.  
Indicate all items applicable to this permit.

\_\_\_\_\_ 1 Copy Pool subcontractors list with Municipal or State Certification numbers. Must be signed and notarized by license holder.

\_\_\_\_\_ 1 Copy Compaction report and form board tie-in survey prior to deck inspection  
Pool and deck elevation must be indicated on all river front lots.

**Pool only permits need deck permit submittal or affidavit prior to issuance. Separate pool deck permits need to have a pool permit number before issuance. Failure to comply with the above and any other requirements will result in a delay of the issuance of the permit.**

**Pools that are designed to be 4' 11" deep must independently verified for maximum water depth by an architect, engineer or land surveyor registered in the state of Florida prior, to final inspection.**

**A tie-in survey is required for all pools in close proximity to setback lines prior to pool steel inspection. The entire pool wall must be kept within the building setback line.**

**APPLICATIONS, PLANS AND DOCUMENTS FOR FENCE, BARRIER, AND/OR SCREEN ENCLOSURE MUST BE SUBMITTED PRIOR TO ISSUANCE OF POOL PERMIT.**



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

Electrical Load Calculations

Electrical Contractor: Zane Carter Electric Inc. License No. EC 13002342  
Phone #: 772-642-2048 Fax #: same  
Project: Twohey Location: Lot 14 Sewall's Meadow  
Existing Service Feeder Size: 110 Existing Panel Size: 2-150 Amps  
Main Breaker Size: 2-150 amp Number of Breakers: \_\_\_\_\_

Existing Loads

<u>4250</u> sq. Ft. X 3 watts per sq. ft.....	<u>12750</u> watts
<u>2</u> Appliance cir. @1500 watts each.....	<u>3000</u> watts
<u>1</u> Laundry cir. @ 1500 watts each.....	<u>1500</u> watts
<u>1</u> Range @ 8 kw.....	<u>8000</u> watts
<u>2</u> Dishwasher and disposal @ 1500 watts each.....	<u>3000</u> watts
<u>1</u> Microwave @ 2000 watts.....	<u>2000</u> watts
<u>1</u> Water heater @ 4.5 kw.....	<u>4500</u> watts
_____ Tank less water heater.....	_____ watts
<u>1</u> Dryer @ 5 kw.....	<u>5000</u> watts
<u>1</u> Refrigerator @ 1500 watts.....	<u>1500</u> watts
_____ Bathroom 1 @ 1500 watts.....	_____ watts
<u>1</u> Sprinkler Pump.....	<u>2400</u> watts
<u>1</u> Other <u>misc</u> .....	<u>2400</u> watts
_____ Other.....	_____ watts
_____ Other.....	_____ watts
	<u>46050</u> Subtotal Watts

New Loads

<u>1</u> Pool pump.....	<u>2400</u> watts
<u>1</u> Pool light.....	<u>300</u> watts
_____ Heat pump.....	_____ watts
_____ Chlorine generator.....	_____ watts
_____ Blower.....	_____ watts
_____ Boatlift.....	_____ watts
_____ Other.....	_____ watts
_____ Other.....	_____ watts
_____ Other.....	_____ watts
	<u>48750</u> Total Watts
_____ First 10 kw @ 100%.....	<u>10000</u> watts
_____ Remainder @ 40%.....	<u>15500</u> watts
_____ A/C heat @ 100%.....	<u>15000</u> watts

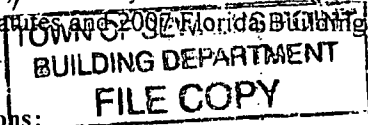
Total watts 40500 Divided by 240 volts = 168.75 Amps 300 Amp service provided

Prepared by: Zane Carter Date: 2/15/2012

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

**RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT  
AFFIDAVIT OF REQUIREMENT COMPLIANCE**

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at (Print street address) 112 HENRY SEWALL WAY and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes, and 2007 Florida Building Code (FBC) effective March 1, 2009. Please check your choice of compliance.



Residential swimming pool safety feature options:

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

**PLEASE NOTE THAT IF THE ALARM OPTION IS SELECTED, A LETTER OF CERTIFICATION FROM A FLORIDA LICENSED ALARM CONTRACTOR, ARCHITECT, OR ENGINEER STATING FULL COMPLIANCE WITH 2007 FBC R4101.17.1.9 PRIOR TO A FINAL INSPECTION IS REQUIRED. PLEASE INDICATE BY INITIALING THE FOLLOWING:**

- (a) The pool/spa must be equipped with an approved safety pool cover (4101.17 exceptions, no other barrier feature required).
- (b) The pool/spa must be isolated from access by an enclosure that meets the pool barrier requirements of section (R4101.17.1 thru R4101.17.3;)
- (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)
  - 1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm which produces an audible continuous warning when the door and its screen are opened. The alarm shall sound immediately after the door is opened and be capable of being heard **throughout the house during normal household activities**. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. Such deactivation shall last no more than 15seconds. The deactivation switch shall be located at least 54 inches above the threshold of the door.

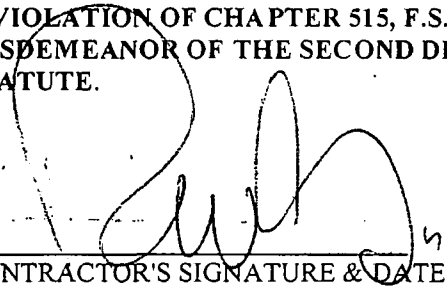
**Exceptions:**

- a. Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level.
- b. Windows facing the pool on floor above the first story.
- c. Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath. (R4101.17.1.9 (1))

- 2. All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction. (R4101.17.1.9 (2))

AFFIDAVIT OF REQUIREMENT COMPLIANCE

I UNDERSTAND THAT NOT HAVING ONE OF THE ABOVE INSTALLED AT THE TIME OF FINAL INSPECTION, OR WHEN THE POOL IS COMPLETED FOR CONTRACT PURPOSES, WILL CONSTITUTE A VIOLATION OF CHAPTER 515, F.S. AND WILL BE CONSIDERED AS COMMITTING A MISDEMEANOR OF THE SECOND DEGREE, PUNISHABLE AS ESTABLISHED IN THE FLORIDA STATUTE.

  
CONTRACTOR'S SIGNATURE & DATE

 2-6-12  
OWNER'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR:

STATE OF FLORIDA

COUNTY OF MARTIN

ON THIS 9 DAY OF FEB 2012

BEFORE ME PERSONALLY APPEARED:  
ROBERT W. GRABOWSKI

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

SEAL (SIGNED) 



NOTARY AS TO OWNER:


STATE OF FLORIDA

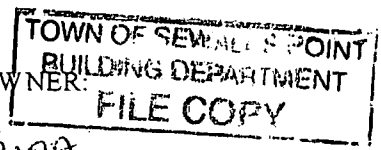
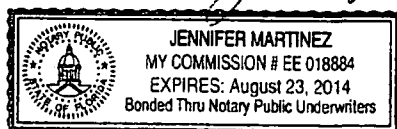
COUNTY OF MARTIN

ON THIS 6<sup>th</sup> DAY OF FEBRUARY, 2012

BEFORE ME PERSONALLY APPEARED:  
CHRISTOPHER J. TWOMEY

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

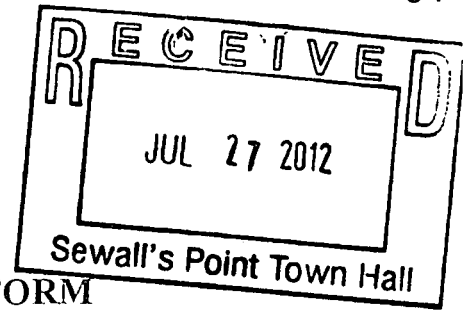
SEAL (SIGNED) 



THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO SCHEDULING THE FINAL INSPECTION.



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



**REVISIONS - CORRECTIONS REQUEST FORM**  
 MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: 7-27-12 PERMIT NUMBER: ~~10004~~ Twohey

JOB ADDRESS: 112 Henry Sewall Way LOT 14 SEWALL'S MEADOW

**PLEASE CHECK ONE OF THE FOLLOWING:**

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

\*\*\*\*ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING\*\*\*\*

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): ~~RE-DESIGN PAVED PATIO~~

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES  NO  VALUE \$ \_\_\_\_\_  
 \*\*\*INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL\*\*\*

CONTACT NAME: WHITEY SIGNATURE: Whitey  
 PHONE NUMBER: 220-0627 FAX NUMBER: 220-4080

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 7.31.12 Approve  Deny

Additional conditioned space \_\_\_\_\_ sq. ft. @ \$104.65 per sq. ft. \_\_\_\_\_ x 2% = \_\_\_\_\_

Additional non-conditioned space \_\_\_\_\_ sq. ft. @ \$ 48.90 per sq. ft. \_\_\_\_\_ x 2% = \_\_\_\_\_

Other declared value increase (must be based on value not cost) \_\_\_\_\_ x 2% = \_\_\_\_\_

Other additional fees: \_\_\_\_\_ Revision review fee: \_\_\_\_\_ Pages @ \$25.00/Page \_\_\_\_\_

Radon Fee \_\_\_\_\_ Professional Regulation Fee \_\_\_\_\_ Road impact assessment \_\_\_\_\_

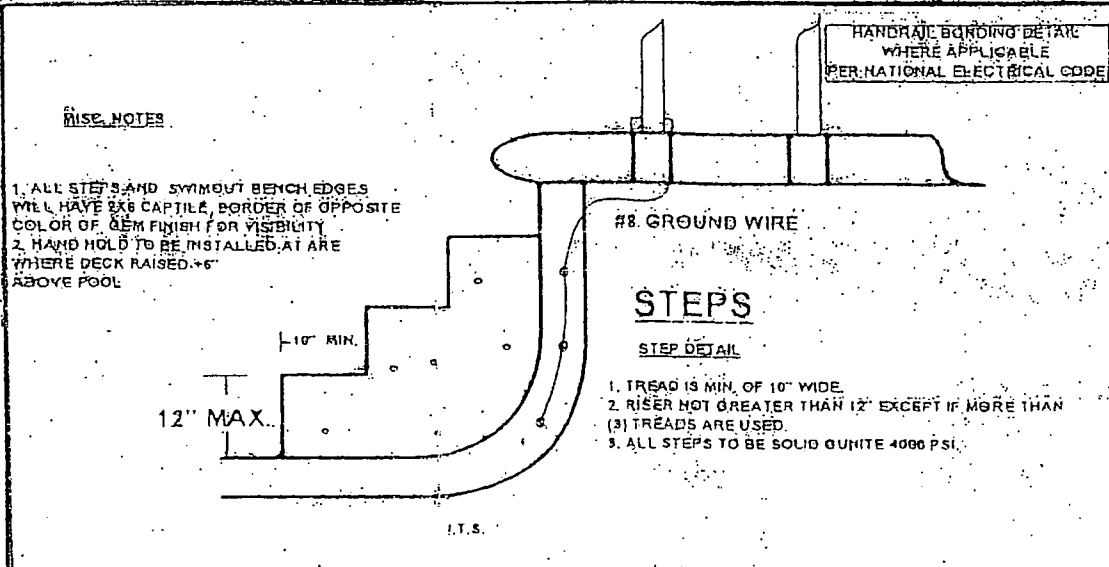
TOTAL ADDITIONAL BUILDING PERMIT FEE \$ N/c

Applicant notified by: \_\_\_\_\_ Date: \_\_\_\_\_



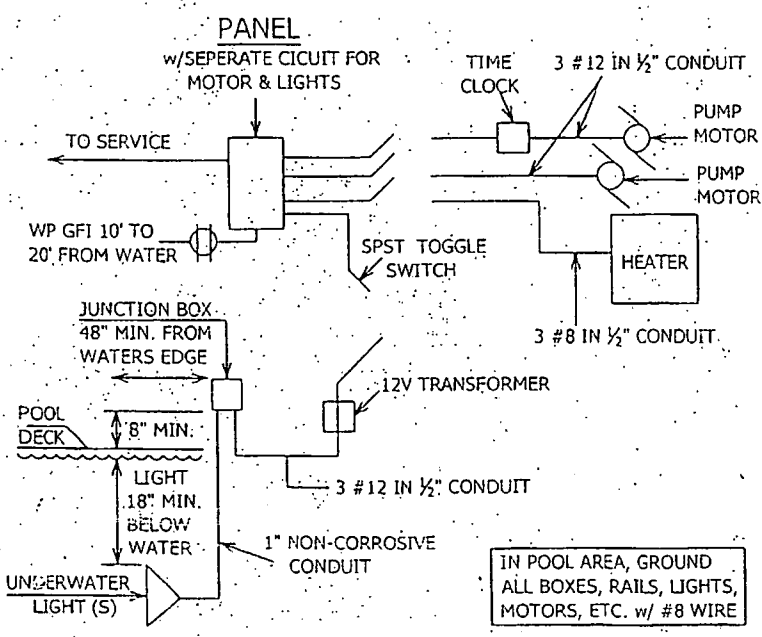


L.N.D.E.R. OR



TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

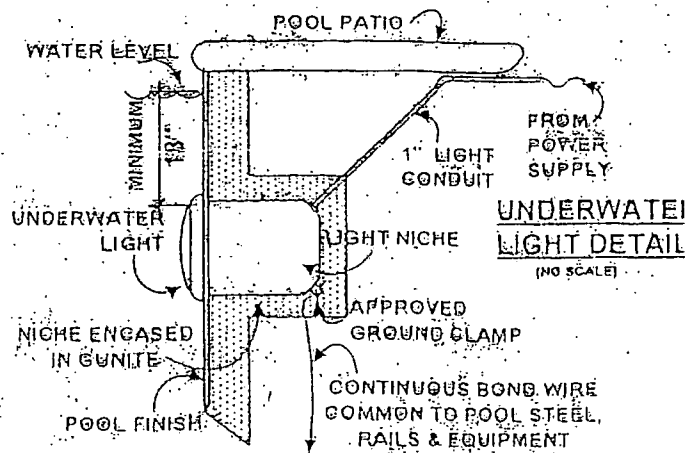
### ELECTRICAL DIAGRAM



Location of GFI Receptacle  
to be determined  
in field per NEC 680

**WP GFI**  
= ⊕ 10' TO 20'  
**FROM WATER**

EQUOPOTENTIAL BONDING OF POOL PERIMETER DECKING w/#8 BARE COOPER WIRE BURIED 4" TO 6" BELOW SUBGRADE AND 18" TO 24" FROM INSIDE POOL/SPA WALL PER NEC 2008



ANSI/APSP-7 2006 Specifies three methods for determining the maximum system flow rate. The following simplified TDH calculation is one of the methods specified.

### Simplified Total Dynamic Head (TDH) Calculation Worksheet

#### Determine Maximum System Flow Rate:

Minimum Flow Rate Required: 35 gpm Per Skimmer (Required: 1 skimmer per 800 sf of surf. area)

- Calculate Pool Volume:  $\frac{340}{(\text{Surf. Area})} \times \frac{4}{(\text{Avg. Depth})} \times 7.48 (\text{gal./cubic foot}) = 10200 (\text{Vol. in gal.})$
- Determine preferred Turnover Time in hours:  $\frac{1}{(\text{Hours})} \times 60 (\text{min. / hr.}) = 89 (\text{Turnover in "H"})$
- Determine Max Flow Rate:  $\frac{10200}{(\text{Vol. in gal.})} \div \frac{1}{(\text{Turnover Mins.})} = \frac{10200}{89} = 112 (\text{Pool Flow Rate})$   
 $\frac{112}{(\text{Total Jet Flow Rate})} = 112 (\text{System Flow Rate})$
- Spa Jets:  $\frac{1}{(\text{No. of Jets})} \times \frac{1}{(\text{Jet Flow})} = \frac{1}{1} \times \frac{1}{1} = 1 (\text{flow rate})$

(For single pump pool/spa combo, use the higher of No. 3 or No. 4 in the following calculations for the pool & spa)

#### Determine Pipe Sizes:

- Branch Piping to be 3" inch to keep velocity @ 6 fps max. at 136 gpm Maximum System Flow Rate.  
 Trunk Piping to be 2 1/2" inch to keep velocity @ 8 fps max. at 117 gpm Maximum System Flow Rate.  
 Return Piping to be 2 1/2" inch to keep velocity @ 10 fps max. at 146 gpm Maximum System Flow Rate.

#### Determine Simplified TDH:

- Distance from pool to pump in feet: \_\_\_\_\_
- Friction loss (in suction pipe) in \_\_\_\_\_ inch pipe per 1 ft @ \_\_\_\_\_ gpm = \_\_\_\_\_ (from pipe flow/friction loss chart)
- Friction loss (in return pipe) in \_\_\_\_\_ inch pipe per 1 ft @ \_\_\_\_\_ gpm = \_\_\_\_\_ (from pipe flow/friction loss chart)
- $\frac{\text{Length of Suct. Pipe}}{(\text{Length of Suct. Pipe})} \times \frac{\text{Friction Loss}}{(\text{Friction Loss})} = \text{TDH Suct. Pipe}$
- $\frac{\text{Length of Return Pipe}}{(\text{Length of Return Pipe})} \times \frac{\text{Friction Loss}}{(\text{Friction Loss})} = \text{TDH Return Pipe}$

TDH in Piping: \_\_\_\_\_

Filter loss in TDH (from filter data sheet): \_\_\_\_\_

Heater loss in TDH (from heater data sheet): \_\_\_\_\_

Total all other loss: \_\_\_\_\_

Total Dynamic Head (TDH): \_\_\_\_\_

#### Selected Pump and Main Drain Cover:

Pump selection **WHISPERFLO WFD5-3** 1 H.P. using pump curve for TDH & System Flow Rate  
(Pump model and size in Horsepower)

Main Drain Cover **WATERWAY 8" 640-231** (System Flow Rate must not exceed approved cover flow rates)  
(Make and Model)

Notes: Minimum system flow based on min. flow per skimmer of 35 gpm.

#### Determine the Number and Type of Required In-Floor Suction Outlets:

- Check all that apply.
- 3" 2 1/2" suction outlets @ 100 gpm max. flow (see note 2)
  - 3" 2 1/2" suction outlets @ \_\_\_\_\_ gpm max. flow (see note 3)
  - \_\_\_\_\_ channel drain @ \_\_\_\_\_ gpm w/ \_\_\_\_\_ ports (see note 4)

#### TDH Calculation Options

- For each pump
- Check one.
  - Simplified Total Dynamic Head (STDH)  
Complete STDH Worksheet - Fill in all blanks.
  - Total Dynamic Head (TDH)  
Complete Program or other calc's. Fill in required blanks on worksheet & attach calculations.
  - Maximum Flow Capacity  
of the new or replacement pump.

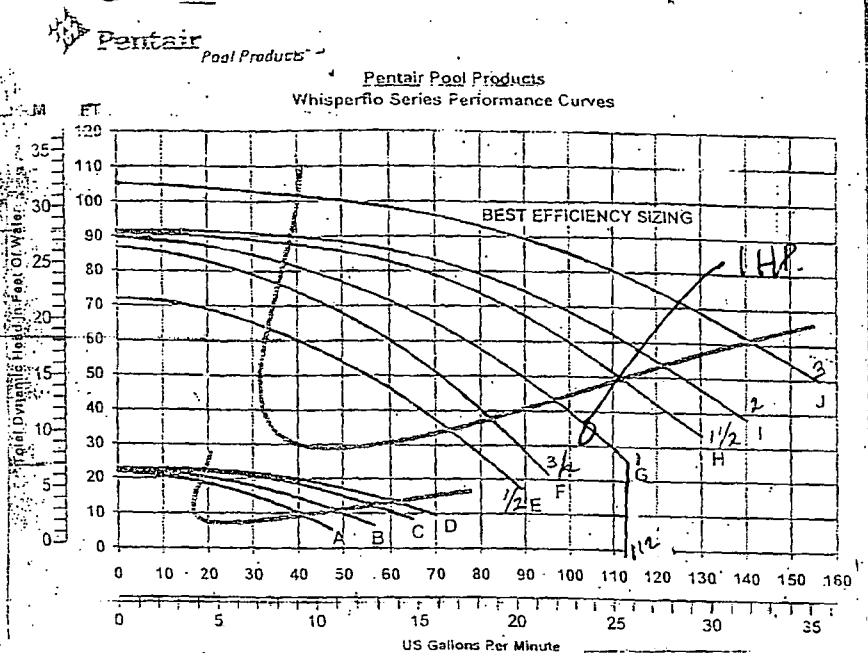
#### Notes

- If a variable speed pump is used, use the max. pump flow in calculations.
- For side wall drains, use appropriate side wall drain flow as published by manufacturer.
- Insert manufacturer's name and approved maximum flow
- See installation instructions for number of ports to be used.
- In-Floor suction outlet cover/grate must conform to most recent edition of ASME/ANSI A112.19.8 and be embossed with that edition approval.
- Pump, Filter & Heater make and model cannot be changed, and equipment location cannot be moved closer to pool without submitting a revised plan and TDH calculation worksheet for approval.

#### Flow and Friction Loss Per Foot Schedule 40 PVC Pipe

Pipe Size	Velocity - Feet Per Second					
	6 fps		8 fps		10 fps	
1"	16 gpm	0.14'	21 gpm	0.23'	26 gpm	0.35'
1.5"	37 gpm	0.08'	50 gpm	0.14'	62 gpm	0.21'
2"	62 gpm	0.06'	82 gpm	0.10'	103 gpm	0.16'
2.5"	88 gpm	0.05'	117 gpm	0.08'	146 gpm	0.13'
3"	136 gpm	0.04'	181 gpm	0.07'	227 gpm	0.10'
4"	234 gpm	0.03'	313 gpm	0.05'	382 gpm	0.07'
6"	534 gpm	0.02'	712 gpm	0.03'		

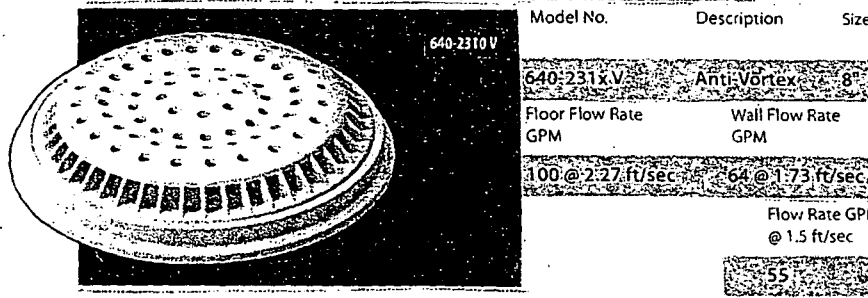
## WhisperFlo® High Performance Pumps



**Waterway**  
 Be Sure It's Genuine

Waterway Technical Bulletin VGB2008

**640-231xV**



**8" Anti-Entrapment Main Drain Cover and Frame**  
 Waterway main drain covers are compliant with the Virginia Graeme-Baker Pool and Spa Safety Act (ASME/ANSI A112.19.8-2007) and are UL Certified. They are designed for single or multiple drain use. This drain cover assembly includes frame and stainless steel screws with brass inserts. Packed 25 per case.

### FLAMINGO POOLS

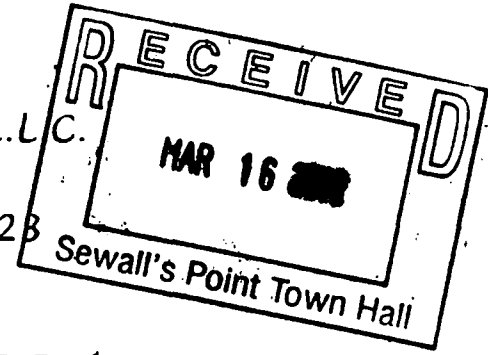
TOWN OF SEWALLS POINT  
 BUILDING DEPARTMENT  
 FILE COPY

Date: 2/7/12  
 Signature: Harvey E. Koehnen  
 HARVEY E. KOEHNEN  
 Professional Engineer, PE-32831  
 7205 Eyre Circle  
 Port St. Lucie, FL 34952-3212  
 Fax (772) 489-3035

Swimming Pool Specification For:  
TWOHEY RES.  
LOT #14 SEWALLSMEADOW  
SEWALLS POINT FL.

Scale: None Rev 0 - 2/16/09

COASTAL TESTING LABORATORY, L.L.C.  
PO BOX 2023  
PALM CITY, FLORIDA 34991-2023  
772-220-6688



COMPACTION TEST REPORT  
ASTM D 6938-10

*Or*  
*swf*  
*J*

DATE : March 15, 2012

JOB NUMBER : 12-0308

PERMIT NUMBER: ~~10014~~

CLIENT : Flamingo Pools

CONTRACTOR : Flamingo Pools

JOB LEGAL : N/A

JOB ADDRESS: ~~112 Henry Sewall Way~~  
~~Sewalls Point, FL~~

SOIL CLASSIFICATION & REMARKS : A3 Firm tan sandy soil

TEST SAMPLE LOCATION : 10' IS LR Corner - Center of Pad - 10' IS RF Corner

	<u>IN PLACE DRY DENSITY</u>	<u>MAXIMUM DRY DENSITY</u>	<u>% COMPACTION</u>
1)	101.4	102.8	98.6
2)	102.0	102.8	99.2
3)	101.0	102.8	98.2

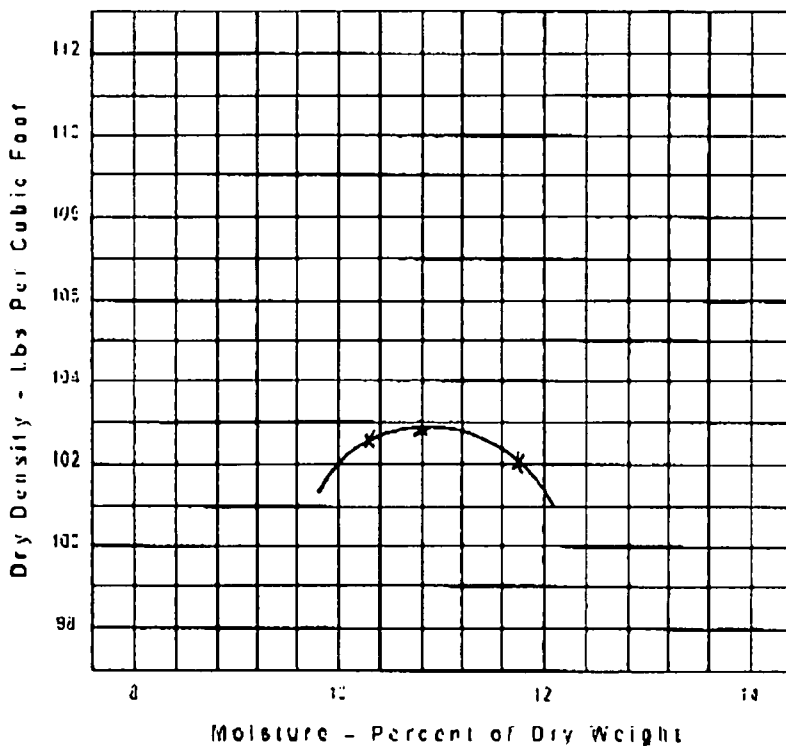
RESPECTFULLY SUBMITTED:

*Ernesto Velasco*  
ERNESTO VELASCO, P.E.

COASTAL TESTING LABORATORY, L.L.C.  
PO BOX 2023  
PALM CITY, FLORIDA 34991-2023  
772-220-6688

## MOISTURE DENSITY RELATIONSHIP ASTM D 1557-09

DATE : March 15, 2012  
CONTRACTOR : Flamingo Pools  
JOB NUMBER : 12-0308  
PERMIT NUMBER : 10014



COASTAL TESTING LABORATORY  
P.O. BOX 2023  
PALM CITY, FL 34991-2023  
OFFICE 772 220-6688  
FAX 772 287-1691

FAX COVER SHEET

<b>SEND TO</b>	
<b>CITY OF SEWALLS POINT</b>	<i>From</i>
<i>Attention</i> <b>BUILDING DEPT.</b>	<i>Date</i>
<i>Office location</i>	<i>Office location</i>
<i>Fax number</i> <b>772 220-4765</b>	<i>Phone number</i>

- Urgent     Reply ASAP     Please comment     Please review     For your information

Total pages, including cover: \_\_\_\_\_

COMMENTS

772-286 7669 FAX

287 2455 OFC.

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

2-27-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10014	Turkey	Steel Bond		NO PRESSURE
	112 Henry Sewall Flamingo	4 MIN ON MIN	FR 2	ON M. D
				INSPECTOR <i>[Signature]</i>
10014	Turkey	Steel bond	Reinspect	
PM	112 Henry Sewall Flamingo	4 min on min	<i>[Signature]</i>	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	Lot Acron From CASTLE HILL			
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 3-23-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10016</del>	<del>THE WALKER</del>	<del>PRO-C</del>		
	<del>FLAMINGO</del>	<del>INSPECTION</del>	<del>Pass</del>	
	FLAMINGO			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10028	KAPLAN	RET. WALL		
	11 RIVERVIEW CT	FOOTER	Pass	
	END SERVICES			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				WILL TRY TO
	101 S. SPT RD	TREE	HOLD	RELOCATE
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9991	BURKHART	GARAGE SLAB		
	106 S SPT RD		Pass	
	DRIFTWOOD			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	772-468 9748			
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 7-30-12 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10170	Tettamanti 19 Lofting Way Custom Air	Final AC	PASS	CLOSE INSPECTOR <i>JA</i>
10095	Gould 48 S Sewalls Crist Const.	framing rough electric rough plumbing rough AC	PASS	INSPECTOR <i>JA</i>
10003	LAULESS 12 MANDALAY SHILLET	ELECTRICAL FINAL Pool	PASS	INSPECTOR <i>JA</i>
10083	White 15 RIDGELAND Tuscany Bay	R. ELECTRIC R. AC	PASS	INSPECTOR <i>JA</i>
9999	mc Utilities 18 Lofting Way Paragon Electric	rough electric	PASS	INSPECTOR <i>JA</i>
<del>10014</del>	<del>112 Kemp Sewall</del> Flamingo Pools	<del>rough electric</del> Pool	<del>PASS</del>	INSPECTOR <i>JA</i>
10173	Augustine 9 Indialucie Pky Gulfstream Alum	Final Shutter	PASS	CLOSE INSPECTOR <i>JA</i>



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of inspection

 Mon

 Tue

 Wed

 Thur

 Fri

8-20-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10168	Houdeshell	Final		
1st	14 Copaine	AC	Pass	Close
	See Coast Air			INSPECTOR <i>[Signature]</i>
<del>1004</del>	<del>Turkey</del>	<del>Final</del>	<del>Pass</del>	<del>Close</del>
	<del>112 Henry Sewall Way</del>	<del>Pool</del>	<del>Pass</del>	<del>Close</del>
	Fleming Pool			INSPECTOR <i>[Signature]</i>
10171	Potter	Framing		
	4 Perrinville Cir	(SHIPPING EXT.)	Pass	
	McHustle			INSPECTOR <i>[Signature]</i>
	SHARFI			
				INSPECTOR
10019	Gilberto	Final		
	107 S River	Skylight	Pass	Close
	Emel LaViole			INSPECTOR <i>[Signature]</i>
9909	TWOKEY			ISSUE COFO
1:30	112 Henry Sewall Way	CO. FINAL	Pass	✓
	Seagate			INSPECTOR <i>[Signature]</i>
				INSPECTOR

**10128**

**FENCE**

**BLUEPRINTS AVAILABLE AT**

**TOWN HALL**



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

## BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK**

**A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	10128	DATE ISSUED:	JUNE 14, 2012
SCOPE OF WORK:	FENCE		
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER:	133841013-000-001400	SUBDIVISION	SEWALL MEADOW-L 14
CONSTRUCTION ADDRESS:	112 HENRY SEWALL WAY		
OWNER NAME:	TWOHEY		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	221-8221

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

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

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

### INSPECTIONS

UNDERGROUND PLUMBING	_____	UNDERGROUND GAS	_____
UNDERGROUND MECHANICAL	_____	UNDERGROUND ELECTRICAL	_____
STEM-WALL FOOTING	_____	FOOTING	_____
SLAB	_____	TIE BEAM/COLUMNS	_____
ROOF SHEATHING	_____	WALL SHEATHING	_____
TIE DOWN /TRUSS ENG	_____	INSULATION	_____
WINDOW/DOOR BUCKS	_____	LATH	_____
ROOF DRY-IN/METAL	_____	ROOF TILE IN-PROGRESS	_____
PLUMBING ROUGH-IN	_____	ELECTRICAL ROUGH-IN	_____
MECHANICAL ROUGH-IN	_____	GAS ROUGH-IN	_____
FRAMING	_____	METER FINAL	_____
FINAL PLUMBING	_____	FINAL ELECTRICAL	_____
FINAL MECHANICAL	_____	FINAL GAS	_____
FINAL ROOF	_____	BUILDING FINAL	_____

**ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.**

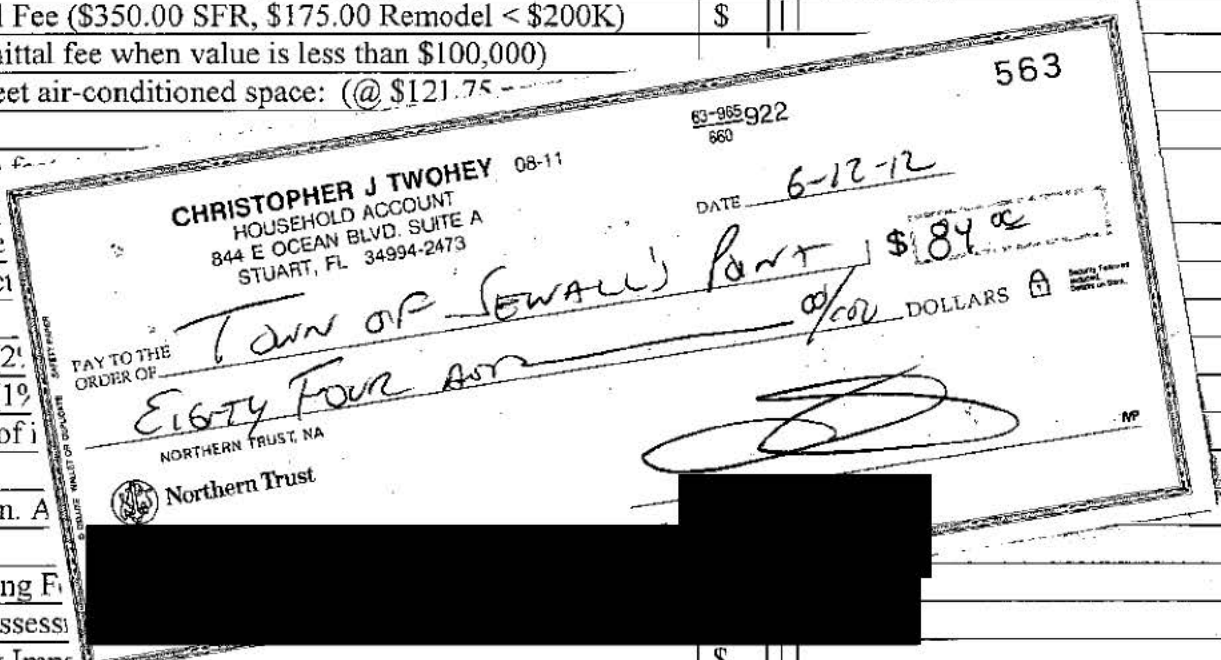


TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
 One S. Sewall's Point Road  
 Sewall's Point, Florida 34996  
 Tel 772-287-2455 Fax 772-220-4765

### BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10128
ADDRESS	112 HENRY SEWALL WAY - TWOHEY
DATE 6/14/12	SCOPE OF WORK 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)		\$	
Total square feet air-conditioned space: (@ \$121.75			
Total square feet			
Total square feet			
Total Construct			
Building fee: (2%			
Building fee: (1%			
Total number of i			
Dept. of Comm. A			
DBPR Licensing F			
Road impact assess			
Martin County Impe		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	



ACCESSORY PERMIT	Declared Value:	\$	4000
Total number of inspections @ \$75.00 each		\$	75
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	2
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	2
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	4
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	84

*pd*  
*CHK# 563*

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

Date: 6-12-12 Permit Number: 10128

OWNER/LESSEE NAME: CHRISTOPHER J. TWOHEY Phone (Day) 772-221-8221 (Fax) 772-221-8225  
 Job Site Address: 112 HENRY SEWALL WAY City: STUART State: FL Zip: 34996  
 Legal Description LOT 14, SEWALL'S MEADOW Parcel Control Number: 13-38-41-013-000-00140-0  
 Fee Simple Holder Name: CHRISTOPHER J. TWOHEY, TRUST Address: 844 EAST OCEAN BLVD, SUITE A  
 City: STUART State: FL Zip: 34996 Telephone: 772-221-8221

**\*SCOPE OF WORK (PLEASE BE SPECIFIC): FENCE**

**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: \$ 4,000.00  
 (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: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Qualifiers name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License Number: \_\_\_\_\_ OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: \_\_\_\_\_ Phone Number: \_\_\_\_\_

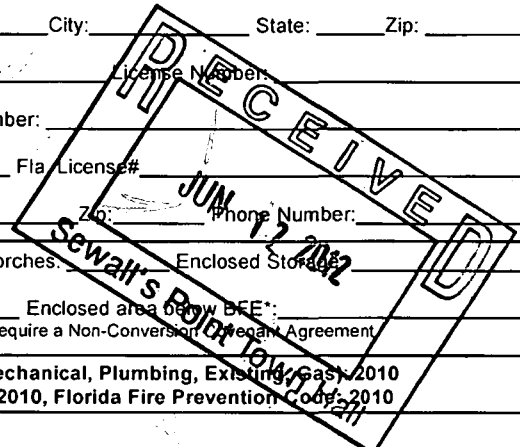
DESIGN PROFESSIONAL: \_\_\_\_\_ Fla License # \_\_\_\_\_

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 BFE: \_\_\_\_\_  
 \* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Permit 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. A 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 ENCOMBERED 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 [Signature]  
 State of Florida, County of: MARTIN  
 On This the 7<sup>th</sup> day of JUNE, 2012  
 by CHRISTOPHER J. TWOHEY who is personally  
 known to me or produced FL OL  
 As identification: [Signature]  
 Notary Public

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



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

generated on 6/12/2012 11:47:53 AM EDT

**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-013-000-00140-0	119118	112 HENRY SEWALL WAY, STUART	\$209,000	6/9/2012

---

**Owner Information**

<b>Owner(Current)</b>	TWOHEY CHRISTOPHER J (TR)
<b>Owner/Mail Address</b>	119 HILLCREST DR STUART FL 34996
<b>Sale Date</b>	1/12/2011
<b>Document Book/Page</b>	2497 0080
<b>Document No.</b>	2254219
<b>Sale Price</b>	253000

---

**Location/Description**

<b>Account #</b>	119118	<b>Map Page No.</b>	
<b>Tax District</b>	2200	<b>Legal Description</b>	LOT 14 SEWALL'S MEADOW (PB 14 PG 32)
<b>Parcel Address</b>	112 HENRY SEWALL WAY, STUART		
<b>Acres</b>	.5270		

---

**Parcel Type**

<b>Use Code</b>	0000 Vacant Residential
<b>Neighborhood</b>	120300 Sewall's Meadow

---

**Assessment Information**

<b>Market Land Value</b>	\$209,000
<b>Market Improvement Value</b>	
<b>Market Total Value</b>	\$209,000



**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: CHRISTOPHER J. TWOHEY

Site address of the proposed building work: 112 HENRY SEWALL WAY, STUART, FL 34996

Name of legal title owner of the address above: CHRISTOPHER J. TWOHEY, TRUSTEE

Describe the scope of work for the proposed new construction: FENCE INSTALATION

Name of Architect of Record: \_\_\_\_\_ Structural Engineer of Record: \_\_\_\_\_

Who will supervise the trade work to meet the applicable code? OWNER

What provisions have you made for Liability and Property Damage Insurance? BUILDER RISK IN PLACE

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: 119 HILLCREST DR, STUART, FL 34996 Scope of Work Done: FENCE & TREE Year: 2004

Location: 5 RIO VISTA DRIVE, STUART, FL 34996 Scope of Work Done: FENCE Year: 2001

What code books do you have available for reference? Building: \_\_\_\_\_

Electric: \_\_\_\_\_ Plumbing: \_\_\_\_\_ HVAC: \_\_\_\_\_

Other: \_\_\_\_\_

I have internet access and will view The Florida Building code at [www.floridabuilding.org](http://www.floridabuilding.org) YES  NO

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? N/A Attorney? N/A

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. CA (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. AS AN OWNER/BUILDER, YOU ARE LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

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 12<sup>th</sup> DAY OF JUNE, 2012.

PROPERTY ADDRESS 112 HENRY SEWALL WAY

CITY STUART STATE FL ZIP 34996

[Signature]  
 SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 12<sup>th</sup> DAY OF JUNE 2012

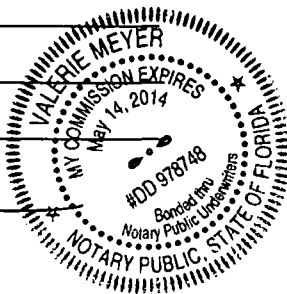
BY CHRISTOPHER TWOHEY

PERSONALLY KNOWN

OR PRODUCED ID

TYPE OF ID \_\_\_\_\_

[Signature]  
 NOTARY SIGNATURE



INSTR # 2336216  
OR BK 02582 PG 2913  
Pg 2913; (1pg)  
RECORDED 06/13/2012 02:52:59 PM  
MARGHERITA  
CLERK OF MARTIN COUNTY FLORIDA  
RECORDED BY C Oliveri

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$2,500.00)

PERMIT #: 10128 TAX FOLIO #: 13-38-41-013-00  
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 (AND STREET ADDRESS IF AVAILABLE):  
LOT 14, SEWALL'S MEADOW

GENERAL DESCRIPTION OF IMPROVEMENT: FENCE

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT  
NAME: CHRISTOPHER J. TWOMEY  
ADDRESS: 844 EAST OCEAN BLVD, SUITE A, STUART, FL 34994  
PHONE NUMBER: 772.221.8221 FAX NUMBER: 772.221.8225  
INTEREST IN PROPERTY: FEE SIMPLE

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

CONTRACTOR:  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
BOND AMOUNT: \_\_\_\_\_

LENDER/MORTGAGE COMPANY:  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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) (b) , FLORIDA STATUTES:  
NAME: CHRISTOPHER J. TWOMEY  
ADDRESS: 844 EAST OCEAN BLVD, SUITE A, STUART, FL 34994  
PHONE NUMBER: 772.221.8221 FAX NUMBER: 772.221.8225

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

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_  
**EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED**

**WARNING TO OWNER:** ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

SIGNATORY'S TITLE/OFFICE OWNER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 7 DAY OF JUNE, 2012

BY: CHRISTOPHER J. TWOMEY AS OWNER FOR \_\_\_\_\_  
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN  OR PRODUCED IDENTIFICATION \_\_\_\_\_ TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

Jennifer Martinez  
NOTARY SIGNATURE/ SEAL





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

## FENCE and or POOL BARRIER CHECKLIST

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.

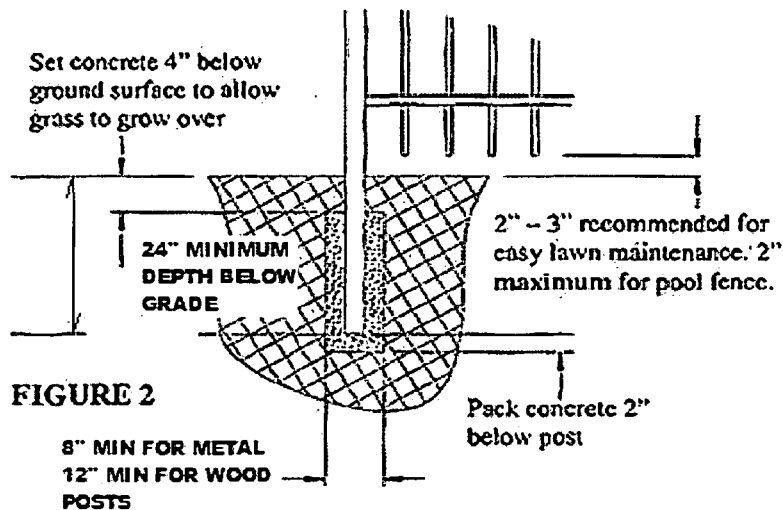
Please make sure you have ALL required copies before submitting permit application

- ✓ 1 Copy Completed permit application ✓
- ✓ 2 Copies Survey or site plan showing the following:
  - All existing structures on property
  - Location of proposed fence
  - Setbacks from the fence to property lines
  - Height & type of fence
  - Location of all easements
  - Street & house number on site plans

**\*DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS\***

- ✓ 2 Copies support post footer sketch indicating size of footers. Fences to be used as a Pool Barrier (other than chain link fence) must include an accurate sketch or drawing indicating barrier requirement compliance.
- N/A 2 Copies, if fence crosses any easement, Easement agreement from all utility Companies are required. Agreement form included in permit package.

Typical Fence Footer



EASEMENT AGREEMENT

N/A  
FENCE DOES NOT CROSS UTILITY EASEMENT

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

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a \_\_\_\_\_

In the (utility/drainage) easement on my property located at \_\_\_\_\_

LEGAL DESCRIPTION: LOT \_\_\_\_\_, BLOCK \_\_\_\_\_, SUBDIVISION \_\_\_\_\_

(Give a brief description of dimensions and location from property lines)

In the event you have no objection to this project, please complete this form and return to me at:

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

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

I understand your company will not be responsible in any way for repair or replacement of any portion of This \_\_\_\_\_ 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: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*

**THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY\*\*\***

We agree to the proposed construction under the circumstances described above.

Company: \_\_\_\_\_

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

Title: \_\_\_\_\_

Company records indicate that a potential conflict  DOES  DOES NOT exist.

The conflict consists of: \_\_\_\_\_

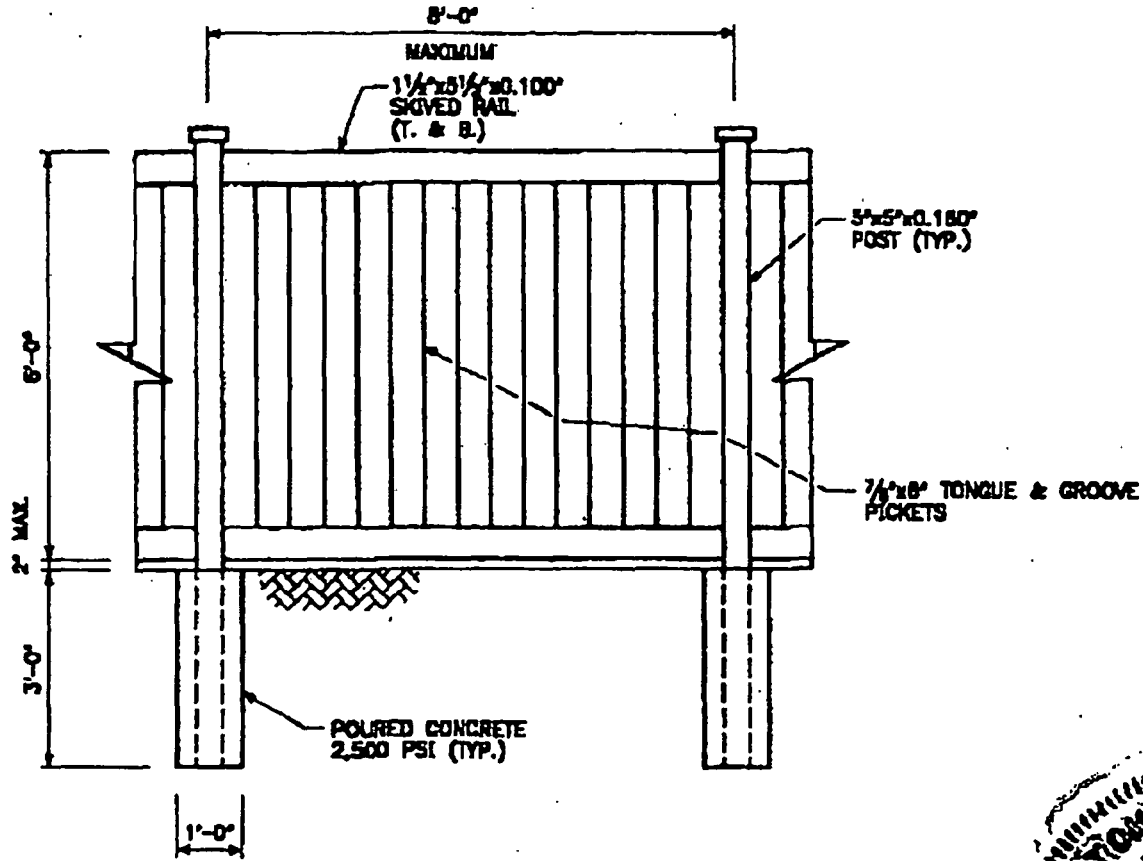
UTILITY CONTACT LIST

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: 772-466-5651



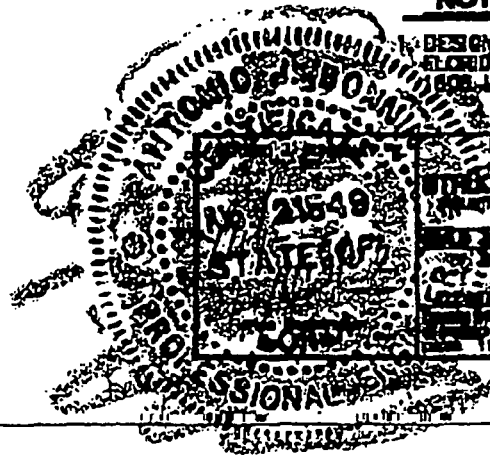
**TYPICAL - ELEVATION 8'-0" FENCE  
FOR UP TO 110 MPH PER 2001 FBC**

SCALE: 1/8"=1'-0"

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

**NOTED**

DESIGN CONFORMS WITH 2001  
FLORIDA BUILDING CODE SECTION  
1608-LOADING CRITERIA.



MICHAEL A. PENNER, P.E.		
STRUCTURAL ENGINEERING, INC.		
CIVIL, COMMERCIAL, AND RESIDENTIAL		
LAKELAND, FLORIDA		
PROJECT: SPECIALTY FENCE WHOLESALE, DEL.		
LAKELAND, FLORIDA		
DATE OF DESIGN: 05-17-12		
DESIGNED BY	CHECKED BY	DATE
MP	MP	8-01
0	0	0

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 7-23-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10124	Greenspan	Final AC	PASS	Close
830	3 Oakhill Way Nislin			
10154	BAUER 1 TUSCAN FLAMINGO POOLS	POOL PIPING	PASS	INSPECTOR <i>[Signature]</i>
<del>10128</del>	<del>[REDACTED]</del>	<del>[REDACTED]</del>	<del>[REDACTED]</del>	<del>[REDACTED]</del>
	<del>11724 S. JAMES WAY</del>	<del>FINAL</del>	<del>OK</del>	<del>Close</del> INSPECTOR <i>[Signature]</i>
<del>10050</del>	<del>[REDACTED]</del>			
	<del>10124</del>			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

**10834**

**CABANA ADDITION**

**BLUEPRINTS AVAILABLE AT**

**TOWN HALL**



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

## BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK**

**A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	10834	DATE ISSUED:	4/23/2014
SCOPE OF WORK:	CABANA ADDITION		
CONTRACTOR:	SEAGATE BUILDERS		
PARCEL CONTROL NUMBER:	133841013000001400	SUBDIVISION	LOT 14 SEWALL'S MEADOW
CONSTRUCTION ADDRESS:	112 HENRY SEWALL'S WAY		
OWNER NAME:	CHRISTOPHER J. TWOHEY TRUST		
QUALIFIER:	LEN POLANSKI	CONTACT PHONE NUMBER:	772 220-7660

**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:	10834		
ADDRESS:	112 HENRY SEWALL'S WAY		
DATE ISSUED:	4/23/2014	SCOPE OF WORK:	CABANA ADDITION

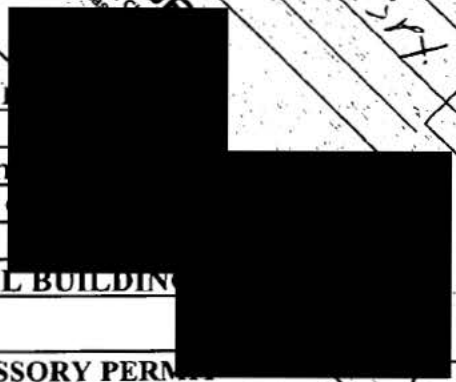
SINGLE FAMILY	REVISION / REMODEL	Declared Value	\$	\$ 12,500.00
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Plan Sub (No pl)	\$175.00 Remodel < \$200K)		\$	
Tot	less than \$100,000)			
	@ \$ 121.75 per sq. ft.	s.f.	\$	-
	Interior remodel:			
	\$ 59.81 per sq. ft.	s.f.	\$	-
	90.78 per sq. ft.	s.f.	\$	-
			\$	12,500.00
			\$	n/a
			\$	125.00
	# insp	\$ 5.00	\$	500.00
			\$	9.38
			\$	9.38
			\$	5.00
			\$	648.75

SEAGATE BUILDERS, INC.  
 1501 DECKER AVE. SUITE 122-A  
 STUART, FLORIDA 34994  
 (772) 220-7660

TO THE ORDER OF  
 Town of Sewall's Pt

DATE: 4/23/14  
 PAY AMOUNT OF: SIX THOUSAND FOUR HUNDRED EIGHTY AND 25/100



Dept. DBPR

Road in Martin

TOTAL BUILDING

ACCESSORY PERM

Total number of inspections:

Dept. of Comm. Affairs Fee: (1.5% of )

DBPR Licensing Fee: (1.5% of permit f

Road impact assessment: (.04% of cons

TOTAL ACCESSORY PERMIT FEE:

EXPLANATION: Twpky Cabana permit

AMOUNT: \$ 648.75

DOLLARS CHECK NUMBER: 17278

CHECK AMOUNT: \$ 648.75

63-8413-2670

PA 4-23-14  
 CK 17278



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**

<b>PERMIT NUMBER:</b>	<b>10834</b>		
<b>ADDRESS:</b>	<b>112 HENRY SEWALL'S WAY</b>		
<b>DATE ISSUED:</b>	<b>4/23/2014</b>	<b>SCOPE OF WORK:</b>	<b>CABANA ADDITION</b>

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>		Declared Value	\$	\$ 12,500.00
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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:			\$	\$ 12,500.00
Building fee: (2% of construction value SFR or >\$200K)			\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)			\$	125.00
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			\$ 5.00	\$ 500.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			\$	\$ 9.38
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			\$	\$ 9.38
Road impact assessment: (.04% of construction value - \$5 min.)			\$	5.00
Martin County Impact Fee:			\$	
<b>TOTAL BUILDING PERMIT FEE:</b>			\$	\$ 648.75

<b>ACCESSORY PERMIT</b>	Declared Value:		\$	
Total number of inspections: @ \$ 100.00 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
Road impact assessment: (.04% of construction value - \$5 min.)				n/a

<b>TOTAL ACCESSORY PERMIT FEE:</b>			\$	-
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*Pd 4-23-14  
 CK 17278*

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

Permit Number: 10834

Date: 4/21/14

OWNER/LESSEE NAME: Chris Two Hey Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Job Site Address: 112 Henry Sewalls way City: STUART State: FL Zip: 34996  
 Legal Description: lot 14 Sewalls Meadow Parcel Control Number: 13-38-41 013-000-00140-0  
 Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):**

CADANA ADDITION

**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 X  
 (Must include a copy of all variance approvals with application)

**COST AND VALUES:** (Required on ALL permit applications)  
 Estimated Value of Improvements: \$ 12,500  
 (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: Seagate Builders Inc Phone: 772 220760 Fax: 772 220 7660  
 Qualifiers name: LEN Polanski #123 Street: 1501 Decker Ave City: STUART State: FL Zip: 34994  
 State License Number: CGC 047306 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_  
 LOCAL CONTACT: LEN Polanski Phone Number: 772 220 7660  
 DESIGN PROFESSIONAL: M A Coeason + ASS Fla. License# AR 91665  
 Street: 1121 SE Ocean Blvd City: STUART State: FL Zip: 34994 Phone Number: 772 223 8227

AREAS SQUARE FOOTAGE: Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios/ Porches: 1584 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. A 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: MARTIN  
 On This the 21 day of April, 2014  
 by CHRISTOPHER T. TURPIN who is personally  
 known to me or produced by \_\_\_\_\_  
 As identification: CHRISTOPHER T. TURPIN  
 NOTARY  
 Kathleen T. Greco  
 Commission # EE034460 Notary Public  
 My Commission Expires NOV 13 2014

**CONTRACTOR/LICENSEE - NOTARIZED SIGNATURE:**  
 X \_\_\_\_\_  
 State of Florida, County of: MARTIN  
 On This the 21 day of April, 2014  
 by LEN Polanski who is personally  
 known to me or produced by \_\_\_\_\_  
 NOTARY PUBLIC STATE OF FLORIDA  
 Kathleen T. Greco  
 Commission # EE034460 Notary Public  
 My Commission Expires NOV 13 2014

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 90 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!

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: \_\_\_\_\_ TAX FOLIO #: 13-38-41-013-000-00140-0

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 (AND STREET ADDRESS IF AVAILABLE): Lot 14 Sewall's MEADOW - 112 Henry Sewall's way Stuart Fl 34996

GENERAL DESCRIPTION OF IMPROVEMENT: New Casana

OWNER NAME OR LESSEE INFORMATION, IE LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: Chris Twohey
ADDRESS: 112 Henry Sewall's way Stuart Fl 34996
PHONE NUMBER: 772 221 8013 FAX NUMBER: 772 221 8225
INTEREST IN PROPERTY: owner

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

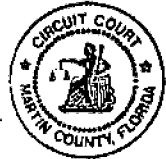
CONTRACTOR: Seagate Bldg inc
ADDRESS: 1501 Delco Ave #123 Stuart Fl 34994
PHONE NUMBER: 772 220 7660 FAX NUMBER: 772 220 7660

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)
ADDRESS: STATE OF FLORIDA
PHONE NUMBER: N/A FAX NUMBER: MARTIN COUNTY
BOND AMOUNT: THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.

LENDER/MORTGAGE COMPANY: N/A
ADDRESS: N/A
PHONE NUMBER: N/A FAX NUMBER: N/A

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICE OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (b), FLORIDA STATUTES:
NAME: NONE DATE: 4/21/14

NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_



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

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_
EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR
WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES)

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT
SIGNATORY'S TITLE/OFFICE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 21 DAY OF April 2014
BY: Kathleen T. Greco, Notary Public FOR CHRISTOPHER T. TWOHEY
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED
Kathleen T. Greco
NOTARY SIGNATURE/ SEAL NOTARY PUBLIC-STATE OF FLORIDA
Commission # EE034460
Expires: NOV. 03, 2014
BONDED THRU ATLANTIC BONDING CO., INC.

INSUR # 2451007 DE BK 2713 PG 1770 RECD 04/21/2014 12:36:05 PM
(1.795)
CASOLYN T. HANN
COUNTY CLERK
HIT \$0.00, INTANGIBLE \$0.00

AC# 6222169

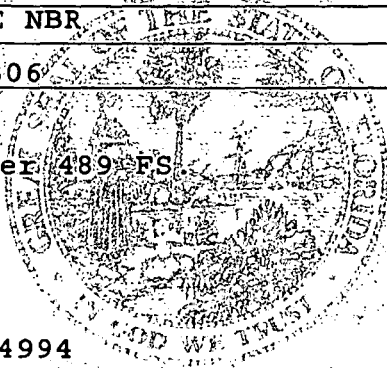
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12072300967

DATE	BATCH NUMBER	LICENSE NBR
07/23/2012	120037368	CGC047306

The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS  
Expiration date: AUG 31, 2014



POLANSKI, LEONARD  
SEAGATE BUILDERS INC  
1501 DECKER AVENUE #123A  
STUART FL 34994

RICK SCOTT  
GOVERNOR

KEN LAWSON  
SECRETARY

DISPLAY AS REQUIRED BY LAW



**CITY OF STUART**  
**LOCAL BUSINESS TAX RECEIPT**  
 2013-2014

RECEIPT NO.	ACCOUNT NO.	CATEGORY NO.
649	12067	170500

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

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

Local Business Taxing Questions 772-288-5319

BUSINESS TYPE	CONTRACTOR - GENERAL
OWNER AND LOCATION	POLANSKI, LEONARD 1501 SE DECKER AVE A-120
ST/CITY LICENSE	CGC043153
DESCRIPT:	

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

BUSINESS NAME AND MAILING ADDRESS	SEAGATE BUILDERS, INC POLANSKI, LEONARD 1501 DECKER AVE # 123 A STUART FL 34994
-----------------------------------	--

DATE	08/16/2013
------	------------

**CHERYL WHITE**  
 CITY CLERK

**KEEP THIS RECEIPT - NO TRANSFER WITHOUT ORIGINAL RECEIPT**



JEFF ATWATER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

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

**EFFECTIVE DATE:** 7/30/2013

**EXPIRATION DATE:** 7/30/2015

**PERSON:** POLANSKI

LEONARD

**FEIN:** 650086921

**BUSINESS NAME AND ADDRESS:**

SEAGATE BUILDERS INC

1501 DECKER AVE, SUITE 123

STUART FL 34994

**SCOPES OF BUSINESS OR TRADE:**

LICENSED GENERAL  
CONTRACTOR

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609



# CERTIFICATE OF LIABILITY INSURANCE

SEAGA-1

OP ID: SS

DATE (MM/DD/YYYY)  
07/31/2013

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).

<b>PRODUCER</b> Post Insurance & Financial, In Katherine E. Post 146 NW Central Park Plaza, 102 Port St. Lucie, FL 34986 Katherine Post	Phone: 772-878-8184 Fax: 772-878-8292	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : <b>Mid-Continent Casualty Co</b></td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Mid-Continent Casualty Co</b>		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b> <b>Seagate Builders Inc.</b> 1501 Decker Ave. #123-A Stuart, FL 34994															

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		04GL000827116	08/01/2013	08/01/2014	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATU-TORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ 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)

<b>CERTIFICATE HOLDER</b>  TOWNO-7  Town of Sewalls Point 1 South Sewalls Point Rd Sewalls Point, FL 34996	<b>CANCELLATION</b>  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 <i>Katherine E Post</i>
--	---

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**Martin County, Florida  
Laurel Kelly, C.F.A**
*generated on 4/23/2014 8:51:34 AM EDT*
**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-013-000-00140-0	119118	112 HENRY SEWALL WAY, STUART	\$711,230	4/19/2014

Owner Information	
<b>Owner(Current)</b>	TWOHEY CHRISTOPHER J (TR)
<b>Owner/Mail Address</b>	112 HENRY SEWALL WAY STUART FL 34996
<b>Sale Date</b>	1/12/2011
<b>Document Book/Page</b>	2497 0080
<b>Document No.</b>	2254219
<b>Sale Price</b>	253000

Location/Description			
<b>Account #</b>	119118	<b>Map Page No.</b>	
<b>Tax District</b>	2200	<b>Legal Description</b>	LOT 14 SEWALL'S MEADOW (PB 14 PG 32)
<b>Parcel Address</b>	112 HENRY SEWALL WAY, STUART		
<b>Acres</b>	.5270		

Parcel Type	
<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120300 Sewall's Meadow

Assessment Information	
<b>Market Land Value</b>	\$202,500
<b>Market Improvement Value</b>	\$508,730
<b>Market Total Value</b>	\$711,230



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

### ADDITION/REMODEL APPLICATION CHECKLIST 2010 FBC

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 PERMIT APPLICATION INCLUDING:

- LEGAL DESCRIPTION
- NOTARIZED SIGNATURE OF OWNER AND CONTRACTOR
- PROOF OF OWNERSHIP (RECORDED WARRANTY DEED OR TAX BILL)

✓ 2 COPIES CURRENT SURVEYS (DATED 2011 OR NEWER\*\*) SHOWING THE FOLLOWING:

- CURRENT FLOOD ZONES PER LOCAL FLOOD INSURANCE RATE MAP (FIRM)
- NGVD ELEVATIONS AT ALL CORNERS, MID POINTS AND AVERAGE CROWN OF ROAD
- ALL EXISTING STRUCTURES ON PROPERTY AND PROPOSED SETBACKS FROM THE PROPERTY LINE TO ALL SIDES OF THE PROPOSED ADDITION.
- FINISHED FLOOR ELEVATION OF PROPOSED ADDITION
- DRAINAGE ARROWS AND PERVIOUS/IMPERVIOUS CALCS. TO SHOW PROPOSED STORMWATER RETENTION

N/A 2 COPIES SEPTIC TANK PERMIT, IF APPLICABLE (PLANS MUST BE STAMPED BY HEALTH DEPT.).  
(\*\*ADDITIONS W/ LIVING SPACE ONLY\*\*)

✓ 2 COPIES COMPLETE SETS OF PLANS WITH ALL REQUIRED PAGES SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER. MAXIMUM SIZE PLANS 24" X 36".

N/A 2 COPIES THE FLORIDA ENERGY CODE FOR THE "SOUTH" ZONE 8, FORM 600A-04R (VERSION 4.0 OR LATER) OR 600C-04R. MUST BE SIGNED & DATED.

N/A 2 COPIES MANUAL "J" (ADDITIONS OVER 600 S.F. OR ENCLOSED AREAS PREVIOUSLY UNCONDITIONED) 2010 FBC ENERGY CONSERVATION CODE AIR DISTRIBUTION TEST REPORT

✓ 2 COPIES WINDLOAD CERTIFICATION SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER OR INDICATE ON THE PLANS. LEVEL 3 ALTERATIONS REQUIRES STRUCTURAL ANALYSIS BY ARCH/ENG

✓ 2 COPIES PRODUCT APPROVAL CHECKLIST SIGNED & SEALED BY THE ARCHITECT OR ENGINEER OR INDICATE ON THE PLANS.

✓ 1 COPY NOTICE OF COMMENCEMENT, IF VALUE IS OVER \$2500.00. MUST BE SUBMITTED PRIOR TO THE FIRST INSPECTION.

N/A 1 COPY ASBESTOS NOTIFICATION STATEMENT

#### SPECIFICATIONS AND PRODUCT APPROVALS

- SPECS. FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, SHUTTERS, SIDING, ROOF COVERING AND SIMILAR ENVELOPE ELEMENTS MUST BE ON-SITE FOR INSPECTIONS. THESE PRODUCTS MUST BE TESTED BY AN APPROVED TESTING LAB AND DESIGN PRESSURES STATED. MUST HAVE ARCHITECT/ENGINEER OF RECORD REVIEW, TO VERIFY THAT IT MEETS DESIGN.
- ROOF COVERING SPECIFICATIONS/DADE COUNTY OR FLORIDA APPROVAL MUST INCLUDE MANUFACTURER/PRODUCT NAME AND TEST NUMBER.
- SHUTTERS MUST BE DESIGNED IN ACCORDANCE WITH ASCE 7-02 AND SSTD-12. SPECIFICATIONS MUST BE HIGHLIGHTED AS TO WHICH MOUNT, DESIGN PRESSURE, FASTENER, AND FASTENER SPACING THAT WILL BE USED.

IMPACT PROTECTION FOR ALL EXTERIOR GLAZED OPENINGS REQUIRED PER F.B.C. 2007 - 1609.1.2

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **7/23-14** Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10802	Brunner 1 Palama Way Rizon Builders	Driveway Driv - Prep work PARTIAL	PASS	461-3738  INSPECTOR <i>[Signature]</i>
10731	Willeams 24 Cattle Hill Way SF Cust. Pools	Plumbing (POOL)	PASS	260-0848  INSPECTOR <i>[Signature]</i>
10775	Mc John 10 Heritage Way GJD Contracting	Windows & Door	PASS	Ste 320-8072  INSPECTOR <i>[Signature]</i>
10672	Duke 25 Island Rd. COR Builders	Tiedown & Treuss Engineering	PASS	215-8464 Curt  INSPECTOR <i>[Signature]</i>
	REIB A BARKY	TREE	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10834</del>	<del>TOWNE</del> 112 HENRY SEWALLS SERGEANT M2DM	<del>FOOTING</del>	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
			3780 407-721 <del>2380</del>	INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **5/19 - 14** Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10857	Emerquez 1 Kensington Ct. Felice Giuliani Hardscapes	Final Open	Pass	Close INSPECTOR <i>A</i>
10543	Gray Sharkey 33 RIO VISTA as of 5/16/14 NO RENEW PERMIT	Final - Kevin Sharkey says that it was inspected not sure if Prof	Pass	Kevin Sharkey 220-2487 Close INSPECTOR <i>A</i>
<del>10834</del>	<del>Town of Sewalls Pt</del> <del>125 Newby Sewalls Pt</del> Lex - Sea Gate Bldgs	<del>Roof Sheathing Strapping/ins</del> <del>Down</del> when you get there	<del>OK</del>	<del>Len Polansky</del> INSPECTOR <i>A</i>
<del>    </del>	<del>    </del> 48 S Sewall's Pt Rd	<del>    </del> Stem Wall footing	<del>    </del>	<del>    </del> 288-9489 Bob INSPECTOR
10849	COULD 48 S Sewall's Pt. Rd Karam Huddad	Stem Wall Footing	FAIL	288-9489 Bond steel/compaction INSPECTOR <i>A</i>
<del>    </del>	<del>    </del> 29 S. RIVER	<del>    </del> TREE	<del>    </del> 485-7683	<del>    </del> INSPECTOR <i>OK</i>
<del>0543</del>	<del>    </del> 33 ROOSTA DR SHARKEY AIR	<del>    </del> A/C FINISH	<del>    </del> SEE ABOVE	<del>    </del> INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **6-19-14** Page **14** of **14**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10834	[REDACTED]	FINAL		[REDACTED]
	112 HENRY SEWALL WAY		PASS	[REDACTED]
	SEASIDE MOBILE			INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10867	BREHENA	FINAL		
	6 RIVERVIEW		PASS	CLOSE
	FREEDOM HOME			INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10693	BAILY	Dry - IN		
	117 N BAILY	METAL	PASS	
	DRIETWOOD HOME			INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR