

12 Herons Nest

699

POOL, WALL

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

MAY 2 1977

Permit No. 699

Date 29 APR 77
5/13/77

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

Owner GUSTAV SCHUCKENAUZ Present Address 2300 SE ocean Ph 283-0060

General Contractor ROGER MORGAN Address 2300 SE. ocean Ph 283-0060

Where licensed MARTIN Co License No. 27

Plumbing Contractor _____ License No. _____

Electrical Contractor _____ License No. _____

Street building will front on HERONS NEST

Subdivision RIO VISTA Lot No. 10 Area _____

Building area, inside walls (excluding garage, carport, porches) Sq ft 2100

Other Construction (Pools, additions, etc.) Pool, WALL

Contract Price (excluding land, rugs, appliances, landscaping) \$ 65,000-

Total cost of permit \$ 345.^{xy}/_{xy} 325
20

Plans approved as submitted _____ Plans approved as marked _____

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

Roger Morgan
Signed by General Contractor

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

G. Schuckenz
Signed by Owner

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

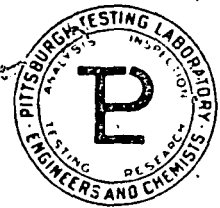
TOWN RECORD

Date submitted 5/12/77 J. K. Rank

Date approved 5/19/77 G. Morgan

Certificate of Occupancy issued _____ Date _____

10/27/77 11:30 AM
#699



PITTSBURGH TESTING LABORATORY

ESTABLISHED 1881
PITTSBURGH, PA.

AS A MUTUAL PROTECTION TO CLIENTS, THE PUBLIC AND OURSELVES, ALL REPORTS ARE SUBMITTED AS THE CONFIDENTIAL PROPERTY OF CLIENTS, AND AUTHORIZATION FOR PUBLICATION OF STATEMENTS, CONCLUSIONS OR EXTRACTS FROM OR REGARDING OUR REPORTS IS RESERVED PENDING OUR WRITTEN APPROVAL.

Order No. MA 917 WPB

Date May 5, 1977
Lab No. 6829

R E P O R T O F

MOISTURE - DENSITY RELATIONSHIP OF SOIL

RECEIVED
MAY 12 1977

For: Schickedanz Brothers
2300 South East Ocean Blvd
Stuart, Fla. 33494

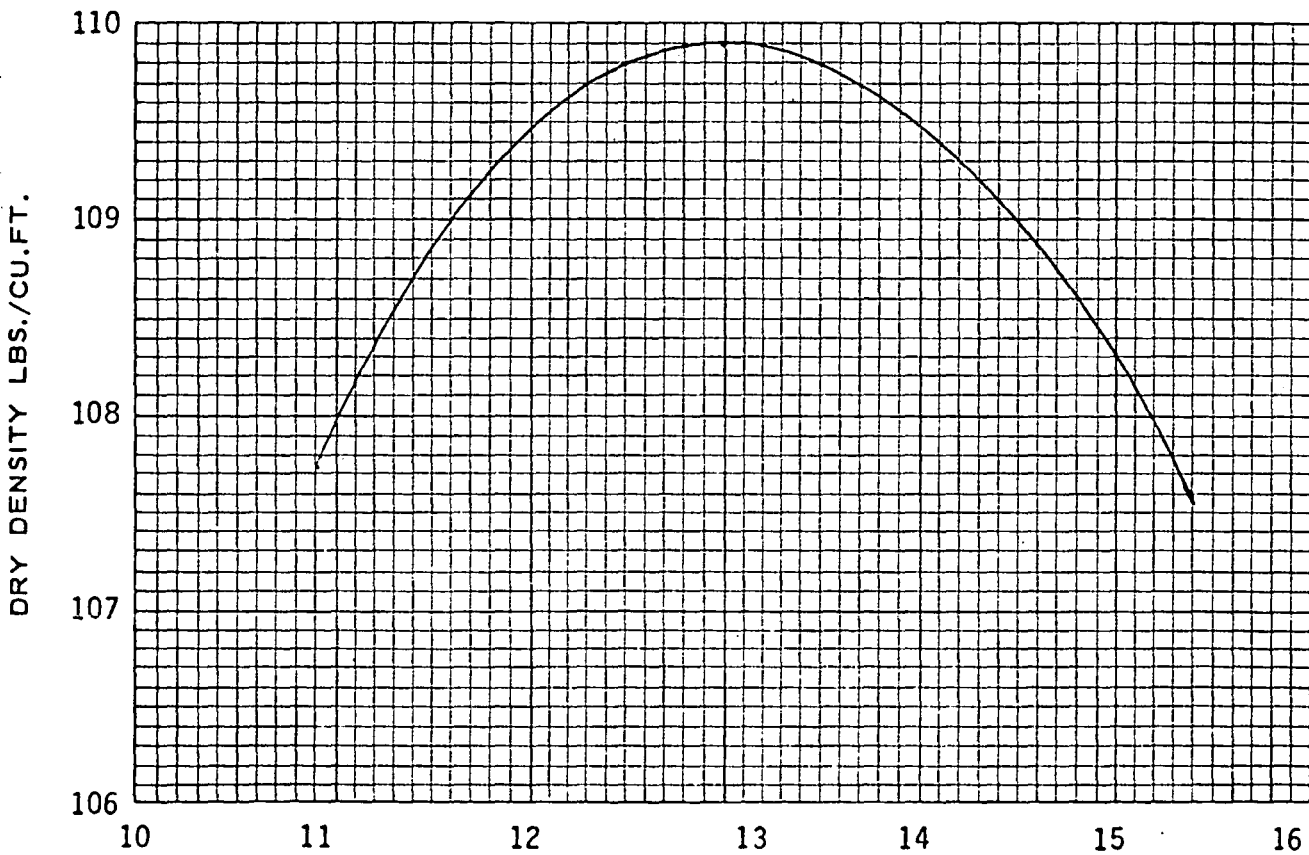
Project: Lot 10 Rio Vista Sub Sewells Pointe, Fla.

Location Rio Vista Lot 10 Stockpile Fill

Sample Tan Sand

Method of Test AASHTO T-180 A

MOISTURE - DENSITY RELATIONSHIP CURVE



Technician: Martin
jb

MOISTURE CONTENT %

Optimum Moisture 13.0 % Max. Dry Density 109.9 lbs./cu.ft.

- cc: 1 Client
- 1 Town Of Sewell's Pointe Sewell's Point Fla.
- 1 WPB
- 1 PG
- 1 MA

PITTSBURGH TESTING LABORATORY

John W. Karles
DISTRICT MANAGER

W
5/13/77
#699

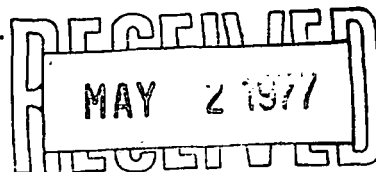
FROM: Larson & O'Neill, Inc.
Consulting Engineers
30 SE Ocean Boulevard
Stuart, Florida 33494

TO: All owners, agents for owners and installers of individual sewage disposal facilities involving septic tanks and drainfields.

The preparation of a permit by the above Consulting Engineers and the approval by the applicable Florida County Health Department means that an individual sewage disposal facility, (commonly referred to as a septic tank and drainfield), may be installed strictly in accordance with the Rules of State of Florida, Department of Health and Rehabilitative Service, Division of Health, Chapter 10D-6.

The installer of the septic tank and/or drainfield shall verify all dimensions and locations of existing wells and drainfields, in the field, and shall not locate the septic tank and/or drainfield:

1. Within 50 feet of the high water line of a lake, stream or canal or other waters.
2. Within 75 feet of any private well.
3. Within 100 feet of any public water supply.
4. Within 10 feet of water supply pipes.
5. Within 5 feet of property line.
6. Within 100 feet of any public sewer system.
7. Within 5 feet of any building.



The Consulting Engineers, Larson & O'Neill, Inc. will assume no responsibility whatever in the improper or illegal installation of individual sewage disposal facilities.

Kenneth G. Larson, P.E.
Kenneth G. Larson, President

Larson & O'Neill, Inc.

#699

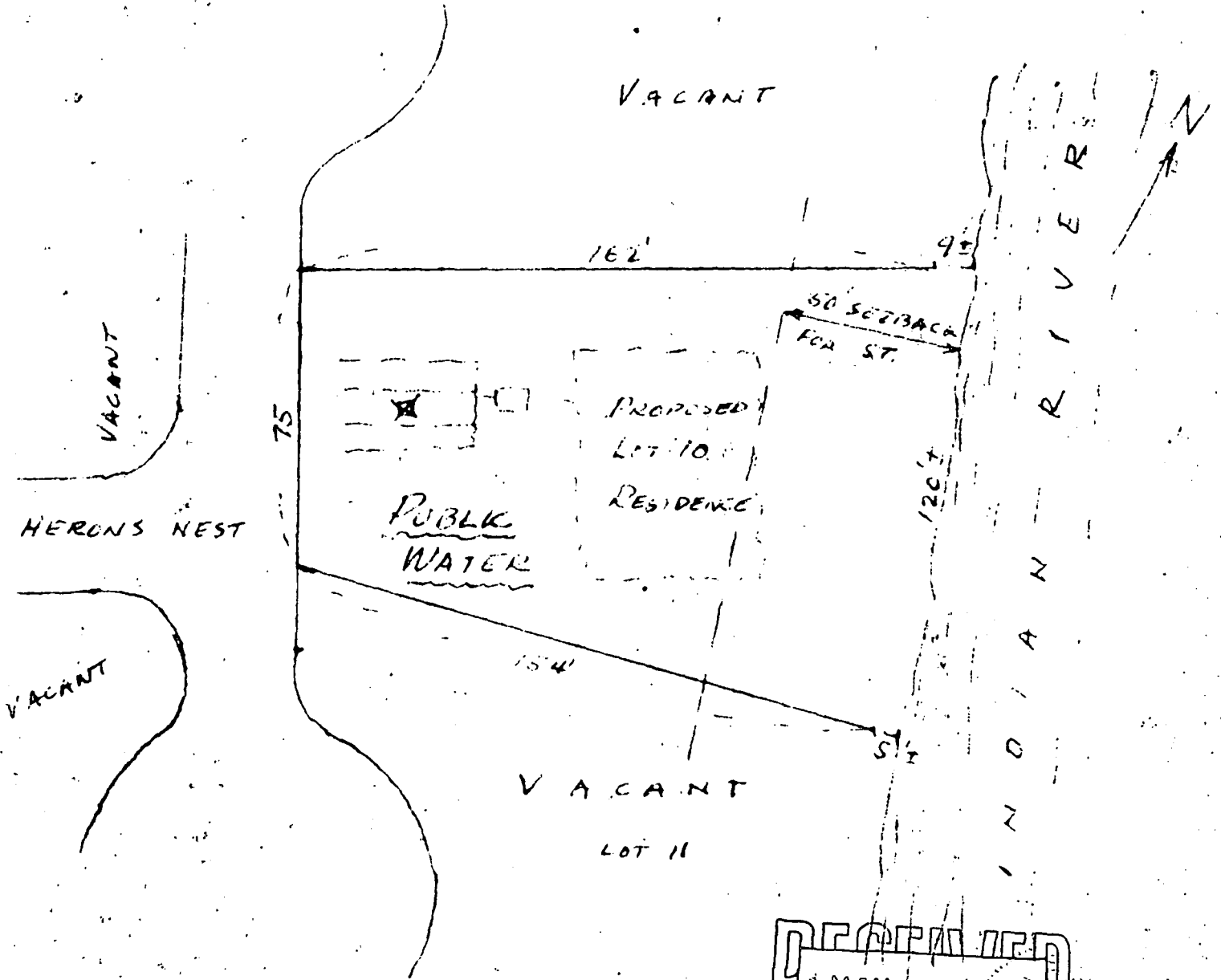
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH

INDIVIDUAL SEWAGE DISPOSAL FACILITIES

DATA SHEET

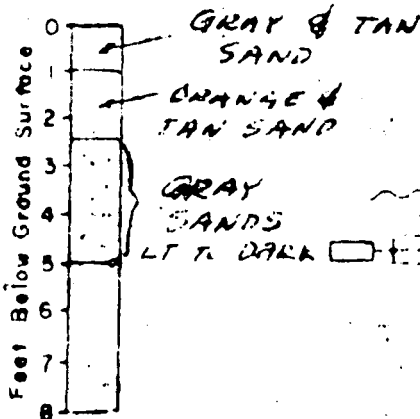
Location: LOT 10 HERONS NEST Applicant: SCHUCKERDANZ BROS.
RIO VISTA S/O County: MARTIN

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



RECEIVED
MAY 2 1977
J. Larson

SOIL DATA



LEGEND

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

SOIL BORING LOG

Soil Identification CLASS I GROUP SW
Soil Characteristics SANDY

Percolation Rate 1/4 min/inch
Water Table Depth OVER 5' (4-20-77)
Water Table Depth During Wet Season 3' ESTIMATE
Compacted Fill Of 0 Road
Compacted Fill Checked By: _____
Date _____

CERTIFIED BY: J. Larson
FLORIDA PROFESSIONAL No. 16552
Date 4-20-77 Job No. 77-49-03

Application and Permit
of

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

Application/Permit
No. HD 77-302

MARTIN County Health Department

Section I - Instructions:

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

Notes:

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

Section II - Information:

1. Property Address (Street & House No.) HERONS NEST
Lot 10 Block - Subdivision RIO VISTA
Date Platted 1975 Directions to Job AIA NORTH TO SEWALLS PT,
SOUTH ON SEWALLS PT ROAD TO HERONS NEST ON LEFT
2. Owner or Builder SCHICKEDANZ BROS
P.O. Address OCEAN EAST MALL, STUART, FL 33494
Septic tank system to be installed by:

Scale 1" = 50'

3 BEDROOMS

(Rear)

3. Specifications:

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

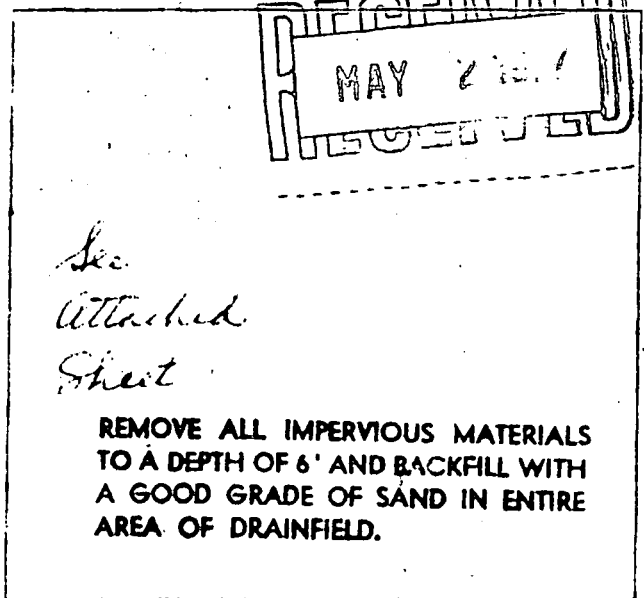
4. House to be constructed:
Check one: FHA
VA Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: SCHICKEDANZ BROS
Please Print

Signature: Schickedanz Bros / J. A. Jones

(Name of Street or State Road)
(Side)



(Name of Street or State Road)
(Side)

(Front)

(Name of Street or State Road)

Date: 4-26-77

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: TRENCHES ONLY - KEEP SYSTEM HIGH - MAINTAIN 10' SEPARATION FROM PUBLIC WATER LINES.

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

By: Mark A. Wise County Health Dept. MARTIN Date 4/20/77

Section IV - Final Construction Approval

Construction of installation approved: Yes No

Date: _____ By: _____

FHA No. _____ VA No. _____

#699

SCHICKEDANZ

Rio Vista ... homes of distinction ...

Residential Contractors

2300 S.E. OCEAN BOULEVARD
STUART, FLORIDA 33494
Telephone (305) 283-0060

 OCEAN EAST MALL

ROGER G. MORGAN
General Manager

16 May 1977

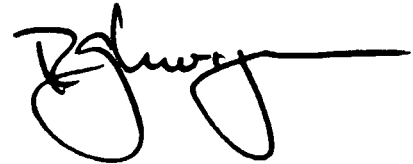
Building Department
Town of Sewall's Point
1 S. Sewall's Point Road
Jensen Beach, Fl 33457

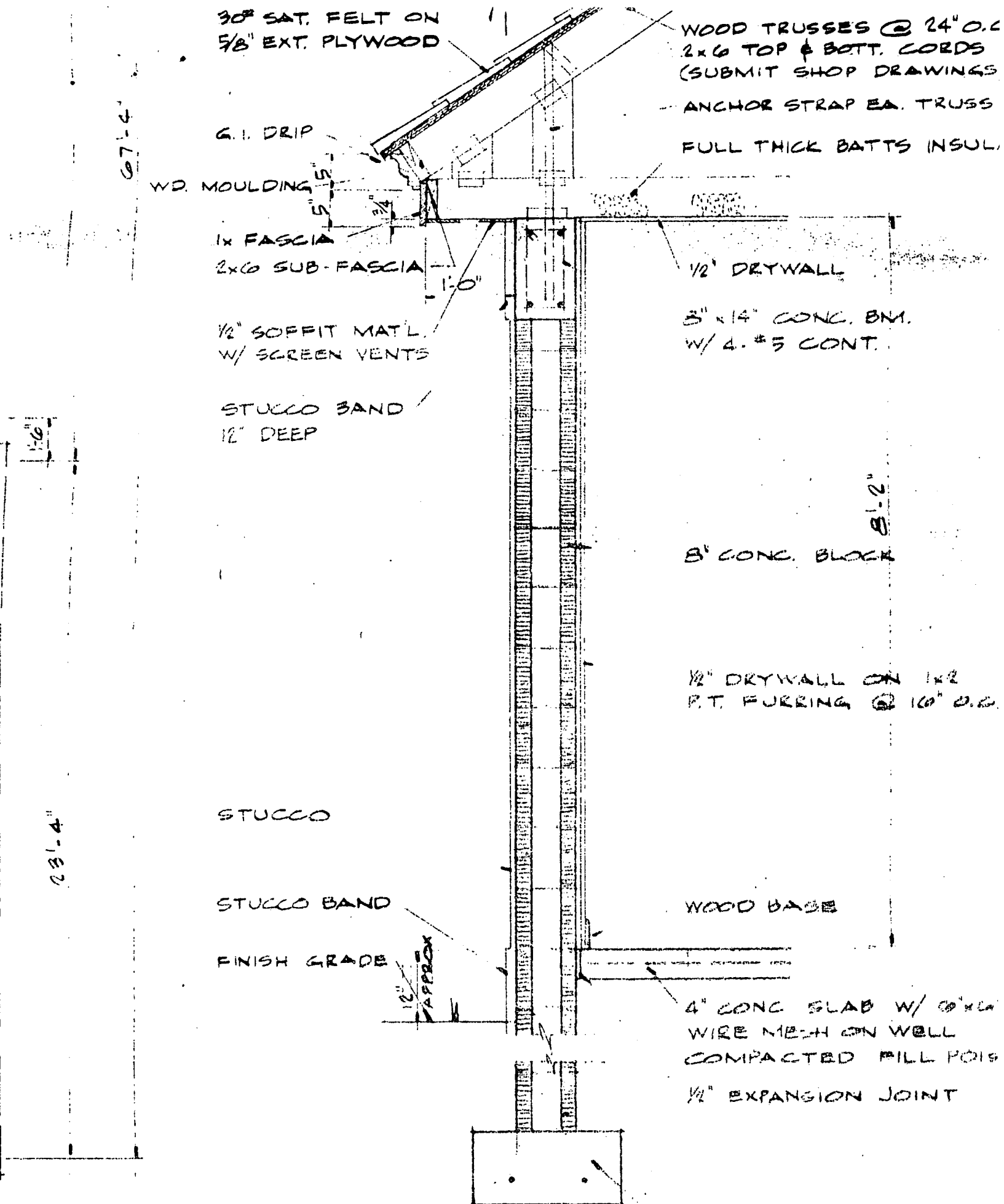
Gentlemen:

As a result of the recent mechanical compaction of the fill on lot 10 in the Rio Vista subdivision and the accompanying laboratory report indicating an average of 98% desity, it has been decided to use a footing and stem wall construction method in lieu of the monolithic pour depicted on the approved building plan.

Attached is a copy of the new typical wall section for your records.

Sincerely,





TYPICAL WALL SECTION

3/4" = 1'-0"

[Handwritten signature]

20' SAT. FELT ON
5/8" EXT. PLYWOOD

WOOD TRUSSES @ 24" O.C.
2x6 TOP & BOTT. CORDS
(SUBMIT SHOP DRAWINGS)
ANCHOR STRAP EA. TRUSS
FULL THICK BATTS INSUL.

ST-9

G.I. DRIP

WD. MOULDING

1x FASCIA
2x6 SUB-FASCIA

1/2" SOFFIT MATL.
W/ SCREEN VENTS

STUCCO BAND
1/2" DEEP

1/2" DRYWALL

3" x 4" CONC. BM.
W/ 4-#5 CONT.

8" CONC. BLOCK

1/2" DRYWALL ON 1x2
PT FURRING @ 16" O.C.

STUCCO

STUCCO BAND

FINISH GRADE

WOOD BASE

4" CONC SLAB W/ #4 WIRE MESH ON WELL
COMPACTED FILL WITH

1/2" EXPANSION JOINT

20" x 10" CONC. FTG
W/ 2-#5 CONT.

TYPICAL WALL SECTION

3/4" = 1'-0"

23'-4"

30' SAT. FELT ON
5/8" EXT. PLYWOOD

WOOD TRUSSES @ 24" O.C.
1/2" TOP & BOTTOM COARDS
(SUBMIT SHOP DRAWINGS)
ANCHOR STRAP BA TRUSS
FULL THICK BATT'S INSUL

G.I. DRIP

WD MOULDING

1/2" FASCIA
1/2" SUB FASCIA

1/2" SOPRIT MAT'L
W/ SCREEN VENTS

STUCCO BAND
12" DEEP

1/2" DRYWALL

8" x 14" CONC. BM
W/ 4-#5 CONT.

8" CONC. BLOCK

1/2" DRYWALL ON 1/2"
P.T. FURRING @ 10" O.C.

STUCCO

STUCCO BAND

FINISH GRADE

WOOD BASE

4" CONC. SLAB W/ 0#4
WIRE MESH ON WELL
COMPACTED FILL FOLLO
1/2" EXPANSION JOINT

20" x 10" CONC. FTG
W/ 2-#5 CONT.

TYPICAL WALL SECTION

3/4" x 10"

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 4/29/77

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

For property built under Permit No. 699 Dated 5/14/77

when completed in conformance with the Approved Plans.

Signed _____

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	5/20/77	5/31/77 POOL
Rough plumbing	5/29/77	
Perimeter beam	6/7/77	
Rough electric	> 7/25/77	6/6/77 POOL
Close in		
Final plumbing	> 10/7/77	
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector [Signature] date

Approved by Town Commission [Signature] date

Utilities notified 10/7/77 date

Original Copy sent to ROGER MORGAN

(Keep carbon copy for Town files)

BUILDING PERMIT REQUIREMENTS

Permit No. 699

Date Issued 5/13/77

REQUEST FOR PERMIT TO BUILD: Residence, pool, wall

COPY OF DEED: O.R. Book Rio Vista Page Plate

THREE COPIES PLANS Received May 2/77

CERTIFIED BY N/A Date _____
(If necessary re deed restrictions)

COUNTY SEWAGE DISPOSAL PERMIT # HD 77-302

REQUEST FOR CERTIFICATE OF OCCUPANCY

SCHICKEDANZ
LOT 10
RIO VISTA

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

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

For property built under Permit No. 699 Dated 5/13/77

when completed in conformance with the Approved Plans.

Signed [Signature]

RECORD OF INSPECTIONS

Item _____ Date _____ Approved by _____

- Footings
- Rough plumbing
- Perimeter beam
- Rough electric
- Close in
- Final plumbing
- Final electric

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector _____ date

Approved by Town Commission _____ date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

5945

DEMOLITION WALL/DECK

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8-28-02

BUILDING PERMIT NO. 5945

Building to be erected for GREGG PLITT

Type of Permit DEMOLITION OF WALL/DECK

Applied for by O/B

(Contractor)

Building Fee 35.00

Subdivision RIO VISTA Lot 10 Block _____

Radon Fee _____

Address 12 HERON'S NEST

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

12384100200000/0060000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00

Check # _____

Cash 35.00

Other Fees (_____)

Total Construction Cost \$ 1,500.00

TOTAL Fees 35.00

Signed _____

Applicant

Signed _____

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: GREG PLITT City: STUART State: FL Zip: 32086

Legal Description of Property: LOT 10 RIO VISTA Parcel Number: 12384/00200000/0060000

Location of Job Site: 12 HERON'S NEST Type of Work To Be Done: REMOVE WALL & PATIO

CONTRACTOR/Company Name: _____ Phone Number: _____

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

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

ARCHITECT: _____ Phone Number: _____

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

ENGINEER: _____ Phone Number: _____

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

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

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

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

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

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

COST AND VALUES Estimated Cost of Construction or Improvements: 1,500.00 Estimated Fair Market Value (FMV) Prior

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

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

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

National Electrical Code 2002 Florida Energy Code 2001

Florida Accessibility Code 2001

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

OWNER OR AGENT SIGNATURE (Required) [Signature]

State of Florida, County of: Martin

This the 27th day of August, 2002

by Greg Plitt who is personally

known to me or produced Fla. I.

as identification. [Signature]

Notary Public

My Commission Expires: _____

Joan H. Barrow

MY COMMISSION # CC763645 EXPIRES November 30, 2009 BONDED THRU TROY FAIN INSURANCE, INC.



CONTRACTOR SIGNATURE (Required)

On State of Florida, County of: _____

This the _____ day of _____, 200__

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

Seal

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

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

DISCLOSURE STATEMENT

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

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

Name: Greg Pitt Date: 8/27/02

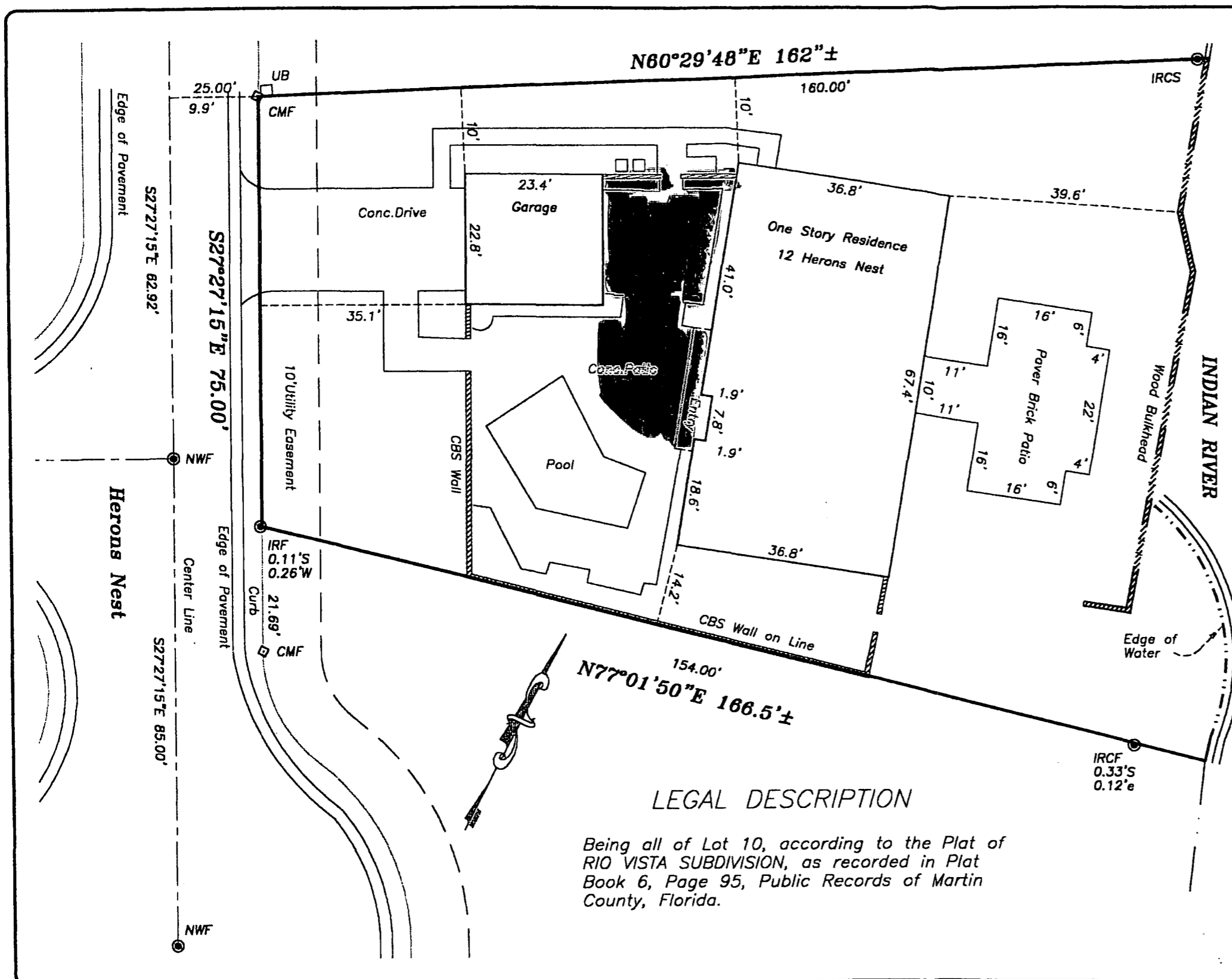
Signature: Greg Pitt

Address: 12 HERONS NEST

City & State: STUART, FL. 33496

Permit No. 5945

This form is for all permits except electrical.



SURVEYOR'S REPORT

- 1 This Survey shall not be valid unless sealed with an embossed Surveyor's seal.
- 2 No underground improvements have been located
- 3 Survey date: 05.8.2002
- 4 This survey was prepared without the benefit of the provision any record documents other than the Plat of record
- 5 This survey meets all requirements for accuracy as set forth in the Minimum Technical Standards (61G17-6FAC)
- 6 This survey shown hereon is not covered by professional liability insurance but the Surveyor ensures financial responsibility in the amount of the survey's worth.
- 7 Bearings are in accordance to the record Plat and are based on the center line of Herons Nest at S27°27'15"E
- 8 There are no easements shown on the record Plat.
- 9 There may be violations regarding Building set backs.
- 10 Property Line locations are base and held to the monumented center line of Herons Nest

LEGEND

- Conc. - Concrete
- WM - Water Meter
- UB - Utility Box
- PF - Privacy Fence
- PP - Power Pole
- GV - Gate Valve
- FH - Fire Hydrant
- CAC - Concrete Pad with Air Conditioninh
- CPE - Concrete Pad with Pool Equipment
- NDF - Found PK Nail with Washer
- IRF - Found Iron Rod with NO ID
- IRCF - Found Iron Rod with Cap LB#6018
- CMF - Found Concrete Monuemnt
- IRCS - Set Iron Rod with Cap PSM#4363

LEGAL DESCRIPTION

Being all of Lot 10, according to the Plat of RIO VISTA SUBDIVISION, as recorded in Plat Book 6, Page 95, Public Records of Martin County, Florida.

Flood Zone Data:
 Flood Zone: V10 (EL.10)
 Community #: 120164
 Panel #: 0002
 Suffiz: D
 Date: June 16, 1992

PREPARED FOR:
 Fidelity National Title Company
 Janet and Gregory Plitt

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

Prepared For:
Janet and Gregory Plitt
 Martin County Florida

REGINA C. KARNER
 PROFESSIONAL SURVEYOR & MAPPER
 2740 SW Martin Downs Blvd.#333, Palm City, Fl.34990
 Phone: 1-772-288 7206 Fax: 1-772-223 8181



Date	By	Revision	Description

Sheet Title Boundary / Mortgage Survey	
Scale: 1"=320'	Date: 5.09.02
Drawn By: CADD-1	Field Book: Murr.Cov
Job No: 0205.05	CADD File: RIOVista10
Sheet No: 1 of 1	File No:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/20, 2003 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6280	GIBSON	REPL SIDING	Pass	close
(4)	134 S. RIVER RD LOPEZ	FINAL		INSPECTOR: <i>[Signature]</i>
6092	PLITT	LATH	Failed	(wrong steps)
(10)	12 HERON'S NEST O/B			INSPECTOR: <i>[Signature]</i>
6106	PLITT	REPL WINDOWS-	Mix up.	not called
(11)	12 HERON'S NEST O/B	FINAL		INSPECTOR: <i>[Signature]</i>
5945	PLITT	DEMOWALL/DECK	Failed	close
(12)	12 HERON'S NEST O/B	FINAL		INSPECTOR: <i>[Signature]</i>
6293	Mc GOVERN	FINAL ROOF	Pass	
(12)	2 CASTLE HILL WAY. CERTIFIED INSURANCE	REPAIR.		INSPECTOR: <i>[Signature]</i>
TREE	COMBS	TREE	Passed	
(5)	1 MANDALAY ISLAND			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

5988

ELECTRICAL SERVICE REPAIR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 9-27-02

BUILDING PERMIT NO. 5988

Building to be erected for GREG PLITT Type of Permit Electric SVC Repair

Applied for by ALL PHASE ELECTRIC (Contractor) Building Fee 35-00

Subdivision RIO VISTA Lot 10 Block _____ Radon Fee _____

Address 12 HERON'S NEST Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: 1238410020006006006000 Electrical Fee _____
Plumbing Fee _____
Roofing Fee _____

Amount Paid 35-00 Check # 3138 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 250.00 TOTAL Fees 35-00

Signed [Signature] Applicant Signed [Signature] Town Building Official

PERMIT

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

INSPECTIONS

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


INTERDEPARTMENTAL REFERRAL

To:

Building Dept. Maintenance Dept. Police Dept. Other

Date: 9/25/02 Time: 2055hrs Location: 12 Heron's
JANET PLITT?

Nature of Problem: No permit visible

<u>9/26/02 - PN 5945 - Wall/Deck</u> <u>ISSUED 8/28/02</u>	<u>Draunfeld</u> 
---	---

Observed By: Ofc. K. S. Dambam 029-46

Action Taken: Debris - remove or get Dumpster
Display permit

Cell
(561 486-2949)

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____
 Owner or Titleholder Name: GREG PLITT City: SEWALLS POINT State: FL Zip: 34916
 Legal Description of Property: 10 RIO VISTA Parcel Number: _____
 Location of Job Site: 12 HERON'S NEST Type of Work To Be Done: ELECTRICAL SERVICE CHANGE

CONTRACTOR/Company Name: All Phase Electric Phone Number: 772 465-1660
 Street: 411 Granada City: Ft. Pierce State: FL Zip: 34949
 State Registration Number: EC0002725 State Certification Number: EC0002725 Martin County License Number: _____

ARCHITECT: _____ Phone Number: _____
 Street: _____ City: _____ State: _____ Zip: _____

ENGINEER: _____ Phone Number: _____
 Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ ScreenedPorch: _____
 Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____
 Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
 Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: 25000 Estimated Fair Market Value (FMV) Prior
 To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____
 Mechanical: _____ State: _____ License Number: _____
 Plumbing: _____ State: _____ License Number: _____
 Roofing: _____ State: _____ License Number: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
 National Electrical Code _____ Florida Energy Code _____
 Florida Accessibility Code _____

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

OWNER OR AGENT SIGNATURE (Required)
 State of Florida, County of: Martin
 This the 26th day of Sept., 2002
 by G. Plitt who is personally
 known to me or produced G. Plitt
 as identification. Fl. d. l.

CONTRACTOR SIGNATURE (Required) Jeffrey Thompson
 On State of Florida, County of: Martin
 This the 27th day of Sept., 2002
 By Jeffrey Thompson who is personally
 known to me or produced Fl. d. l.
 As identification. Joan M. Barrow

Notary Public
 My Commission Expires: Joan M. Barrow
 MY COMMISSION # CC763645 EXPIRES
 November 30, 2002
 BONDED THRU TROY FAIR INSURANCE, INC.

Notary Public
 My Commission Expires: Joan M. Barrow
 MY COMMISSION # CC763645 EXPIRES
 November 30, 2002
 BONDED THRU TROY FAIR INSURANCE, INC.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CW
ALLPH-1
DATE (MM/DD/YY)
06/14/02

PRODUCER

HARBOR INSURANCE AGENCY
 2222 Colonial Road, Suite 100
 Fort Pierce FL 34950-5309
 Phone: 772-461-6040 Fax: 772-460-2315

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

INSURED

 All Phase Electric
 Jeff Thompson d/b/a
 411 Granada Street
 Fort Pierce FL 34949

INSURERS AFFORDING COVERAGE

INSURER A:	Assurance Company of America
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

RECEIVED
JUN 17 2002
BY: _____

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	040681703	06/14/02	06/14/03	EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 300,000
					MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Town of Sewalls Point Fax 561-220-4765 Attn: Building Dept 1 South Sewalls Point Road Stuart FL 34996	SEWAL-1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE James G. Flynn <i>James G. Flynn</i>

NOTICE OF ELECTION TO BE EXEMPT **PAID**

Please refer to the written instructions prepared by the Division of Workers' Compensation before completing this form.

STATE USE ONLY

Effective/Issue Date: 1/24/00

Expiration Date: 7/2002

Control Number: _____

Postmark Date: NPD

Received Date: _____

1731-00021367

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application - refer to the instruction sheet for more details.

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY Sole Proprietor Partner Corporate Officer (your corp. title: _____) **-OR-**

NON-CONSTRUCTION INDUSTRY Corporate Officer (your corp. title: _____)

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"):

N/A

RECEIVED

JAN 24 2000

Are you a sole proprietor, partner, or corporate officer in any business entity other than the business to which this application applies?
 NO YES list the name of all other businesses in which you have an ownership interest: _____

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: <u>All Phase Electric</u>		Trade Name; d/b/a; or a/k/a:	
Business Mailing Address: <u>411 Granada Street</u>		City: <u>Fort Pierce</u>	State: <u>FL</u>
County: <u>St. Lucie</u>	Phone No.: <u>(561) 465-1660</u>	Nature of Business: <u>Electrical Contractor</u>	FEIN: <u>273-44-4365</u>
Unemployment Compensation Tax No:	Date Business Established: <u>3/87</u>	No. of Employees: <u>0</u>	

Do you have a certified or registered license issued to you pursuant to Chapter 489, Florida Statutes? NO YES - identify the license and list the license no. of all licenses issued to you: ER0012230

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

Jeffrey M. Thompson 273,44,14365 06 130 157
 NAME OF PERSON APPLYING FOR EXEMPTION SOCIAL SECURITY NO. mo. day yr.
Jeffrey M. Thompson 1/24/00
 APPLICANT'S SIGNATURE DATE SIGNED

CITY OF FLORIDA, COUNTY OF St. Lucie

I am to and subscribed before me this 24th day of January, 2000, by Sharon Waldron

Sharon Waldron
 Commissioner # 00 835080
 Expires May 26, 2003
 Bonded Through
 Atlantic Bonding Co., Inc.

FILE *he/ins*

RECEIVED
FEB 22 2001
BY: *[Signature]*

STATE OF FLORIDA AC# 6160046
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 EC -0002725 02/12/2001 00020893
 CERTIFIED ELECTRICAL CONTRACTOR
 THOMPSON, JERRY M
 ALL PHASE ELECTRIC
 IS CERTIFIED under the provisions of Ch. 489 FS.
 Expiration Date: AUG 31, 2002

6106

WINDOW REPLACEMENT

TOWN OF SEWALL'S POINT

Date 1/29/03 BUILDING PERMIT NO. 6106
 Building to be erected for PLITT, CREA Type of Permit REPLACE WINDOW
 Applied for by O/B (Contractor) Building Fee 35.00
 Subdivision RIO VISTA Lot 10 Block _____ Radon Fee _____
 Address 12 HERON'S NEST Impact Fee _____
 Type of structure SFR A/C Fee _____

Parcel Control Number: _____
1238410020000010060000 Plumbing Fee _____
 Roofing Fee _____

Amount Paid 35.00 Check # 306 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2400.00 TOTAL Fees 35.00

Signed [Signature] Applicant
 Signed [Signature] Town Building Official

PERMIT

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

INSPECTIONS

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

4/2/04 DD RENEWAL: 1/29/04 - 4/29/04, 3 mo x 3.50/mo = \$10.50 PAID CK #1259

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/29/03 BUILDING PERMIT NO. 6106
 Building to be erected for PLITT, GREG Type of Permit REPLACE WINDOW
 Applied for by O/B (Contractor) Building Fee 35.00
 Subdivision RIO VISTA Lot 10 Block _____ Radon Fee _____
 Address 12 HERON'S NEST Impact Fee _____
 Type of structure SFR A/C Fee _____
 Electrical Fee _____
 Plumbing Fee _____
 Roofing Fee _____
 Parcel Control Number: _____
1238410020000010060000
 Amount Paid 35.00 Check # 306 Cash _____ Other Fees (_____) _____
 Total Construction Cost \$ 2400.00 TOTAL Fees 35.00

Signed [Signature] Applicant
 Signed Gene Simmons (Yours) Town Building Official

Greg Plitt
 Janet O. Plitt
 12 Herons Nest
 Stuart, FL 34996

Date 4/2/04 1259
 63-4/630 FL 1510

Pay to the order of Town of Sewalls Point \$ 418.50
four hundred eighteen & 50/100 Dollars

Bank of America Bank of America Advantage®

ACH R/T 083100277

MP

PRIDE IN AMERICA'S DEPTA

4/2/04 PD RENEWAL: 1/29/04 - 4/29/04, 3 mo x 3.50/mo = \$10.50 PAID CK #1259 C
~~5/5/04 PD RENEWAL: 4/29/04 - 5/29/04, 1 mo x 3.50/mo = \$3.50 PAID CK #1285~~
MASTER PERMIT NO.

TOWN OF SEWALL'S POINT

Date 1/29/03 BUILDING PERMIT NO. 6106
Building to be erected for PLITT, CREG Type of Permit REPLACE WINDOW
Applied for by O/B (Contractor) Building Fee 35.00
Subdivision RIO VISTA Lot 10 Block _____ Radon Fee _____
Address 12 HERON'S NEST Impact Fee _____
Type of structure SFR A/C Fee _____
Electrical Fee _____
Parcel Control Number: _____ Plumbing Fee _____
1238410020000010060000 Roofing Fee _____
Amount Paid 35.00 Check # 306 Cash _____ Other Fees (_____) _____
Total Construction Cost \$ 2400.00 TOTAL Fees 35.00

Signed [Signature] Applicant
Signed Gene Simmons (Yard) Town Building Official

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: GREG PLITT Building Permit Number:
City: SEWALLS POINT State: FL. Zip: 34906
Legal Description of Property: 10 RIO VISTA Parcel Number:
Location of Job Site: 12 HERONS NEST Type of Work To Be Done: ROOFACE Windows

CONTRACTOR/Company Name: Owner Builder. Cell 486-2949 Phone Number: 220-4823
Street: City: State: Zip:
State Registration Number: State Certification Number: Martin County License Number:

ARCHITECT: Phone Number:
Street: City: State: Zip:

ENGINEER: Phone Number:
Street: City: State: Zip:

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: ScreenedPorch:
Carport: Total Under Roof Wood Deck: Accessory Building:
Type Sewage: Septic Tank Permit Number From Health Dept. Well Permit Number:

FLOOD HAZARD INFORMATION Flood Zone: Minimum Base Flood Elevation (BFE): NGVD
Proposed First Floor Habitable Floor Finished Elevation: NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: 2400.00 Estimated Fair Market Value (FMV) Prior
To Improvements: If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO

SUBCONTRACTOR INFORMATION
Electrical: State: License Number:
Mechanical: State: License Number:
Plumbing: State: License Number:
Roofing: State: License Number:

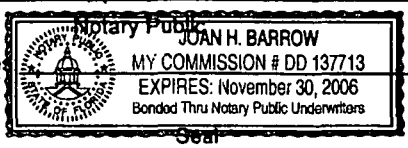
I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILERS,
HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE
REMOVAL AND RELOCATIONS.

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

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

OWNER OR AGENT SIGNATURE (Required) Greg Plitt
State of Florida, County of: Martin
This the 27th day of January, 2003
by G. Plitt who is personally
known to me or produced
as identification: Jason H. Barrow

My Commission Expires

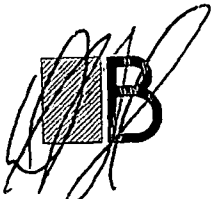


CONTRACTOR SIGNATURE (Required)
On State of Florida, County of:
This the day of 200
by who is personally
known to me or produced
As identification.

Notary Public

My Commission Expires:

Seal

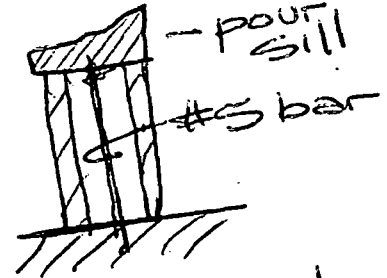
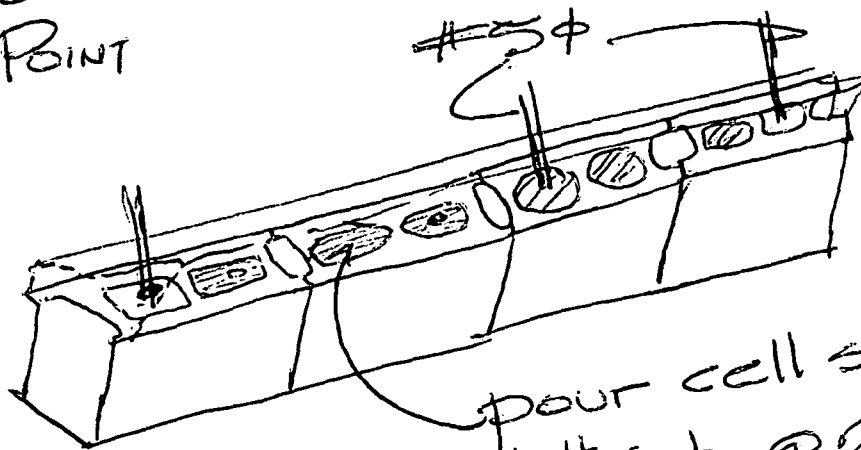


BRADEN & BRADEN, A. I. A., P. A.

Architects & Planners

417 COCONUT AVENUE, STUART, FLORIDA 34994
TELEPHONE (561) 287-8258 FAX (561) 287-8283
#AAC-000032

PLITT JOB
Jan 22, 2003
Sewalls Point



pour cell solid w/ concrete
& #5φ @ 24" o.c. max

WINDOW SILL DETAIL
NTS

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 1/27/03
BUILDING OFFICIAL
Gene Simmons

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: PLITT Address: 12 HERONS NEST City, State: SEWALLS POINT, FL Owner: PLITT RESIDENCE Climate Zone: South	Builder: Permitting Office: Permit Number: Jurisdiction Number:
--	--

<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">New</td><td style="text-align: center;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: center;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: center;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">2</td><td style="text-align: center;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">No</td><td style="text-align: center;">___</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">2515 ft²</td><td style="text-align: center;">___</td></tr> <tr><td>7. Glass area & type</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Clear - single pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. Clear - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> c. Tint/other SHGC - single pane</td><td style="text-align: right;">362.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> d. Tint/other SHGC - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td>8. Floor types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Slab-On-Grade Edge Insulation</td><td style="text-align: right;">R=0.0, 204.0(p) ft</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>9. Wall types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Concrete, Int Insul, Exterior</td><td style="text-align: right;">R=4.2, 1470.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> d. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> e. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>10. Ceiling types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Under Attic</td><td style="text-align: right;">R=19.0, 2735.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>11. Ducts</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Sup: Unc. Ret: Unc. AH: Attic</td><td style="text-align: right;">Sup. R=6.0, 150.0 ft</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> </table>	1. New construction or existing	New	___	2. Single family or multi-family	Single family	___	3. Number of units, if multi-family	1	___	4. Number of Bedrooms	2	___	5. Is this a worst case?	No	___	6. Conditioned floor area (ft ²)	2515 ft ²	___	7. Glass area & type		___	a. Clear - single pane	0.0 ft ²	___	b. Clear - double pane	0.0 ft ²	___	c. Tint/other SHGC - single pane	362.0 ft ²	___	d. Tint/other SHGC - double pane	0.0 ft ²	___	8. Floor types		___	a. Slab-On-Grade Edge Insulation	R=0.0, 204.0(p) ft	___	b. N/A		___	c. N/A		___	9. Wall types		___	a. Concrete, Int Insul, Exterior	R=4.2, 1470.0 ft ²	___	b. N/A		___	c. N/A		___	d. N/A		___	e. N/A		___	10. Ceiling types		___	a. Under Attic	R=19.0, 2735.0 ft ²	___	b. N/A		___	c. N/A		___	11. Ducts		___	a. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 150.0 ft	___	b. N/A		___	<table style="width: 100%; border-collapse: collapse;"> <tr><td>12. Cooling systems</td><td></td><td></td></tr> <tr><td> a. Central Unit</td><td style="text-align: right;">Cap: 60.0 kBtu/hr</td><td style="text-align: center;">___</td></tr> <tr><td></td><td style="text-align: right;">SEER: 12.00</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>13. Heating systems</td><td></td><td></td></tr> <tr><td> a. Electric Strip</td><td style="text-align: right;">Cap: 31.0 kBtu/hr</td><td style="text-align: center;">___</td></tr> <tr><td></td><td style="text-align: right;">COP: 1.00</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>14. Hot water systems</td><td></td><td></td></tr> <tr><td> a. Electric Resistance</td><td style="text-align: right;">Cap: 50.0 gallons</td><td style="text-align: center;">___</td></tr> <tr><td></td><td style="text-align: right;">EF: 0.88</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. Conservation credits</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> (HR-Heat recovery, Solar</td><td></td><td></td></tr> <tr><td> DHP-Dedicated heat pump)</td><td></td><td></td></tr> <tr><td>15. HVAC credits</td><td style="text-align: right;">PT, ___</td><td style="text-align: center;">___</td></tr> <tr><td></td><td>(CF-Ceiling fan, CV-Cross ventilation,</td><td></td></tr> <tr><td></td><td>HF-Whole house fan,</td><td></td></tr> <tr><td></td><td>PT-Programmable Thermostat,</td><td></td></tr> <tr><td></td><td>MZ-C-Multizone cooling,</td><td></td></tr> <tr><td></td><td>MZ-H-Multizone heating)</td><td></td></tr> </table>	12. Cooling systems			a. Central Unit	Cap: 60.0 kBtu/hr	___		SEER: 12.00	___	b. N/A		___	c. N/A		___	13. Heating systems			a. Electric Strip	Cap: 31.0 kBtu/hr	___		COP: 1.00	___	b. N/A		___	c. N/A		___	14. Hot water systems			a. Electric Resistance	Cap: 50.0 gallons	___		EF: 0.88	___	b. N/A		___	c. Conservation credits		___	(HR-Heat recovery, Solar			DHP-Dedicated heat pump)			15. HVAC credits	PT, ___	___		(CF-Ceiling fan, CV-Cross ventilation,			HF-Whole house fan,			PT-Programmable Thermostat,			MZ-C-Multizone cooling,			MZ-H-Multizone heating)	
1. New construction or existing	New	___																																																																																																																																																								
2. Single family or multi-family	Single family	___																																																																																																																																																								
3. Number of units, if multi-family	1	___																																																																																																																																																								
4. Number of Bedrooms	2	___																																																																																																																																																								
5. Is this a worst case?	No	___																																																																																																																																																								
6. Conditioned floor area (ft ²)	2515 ft ²	___																																																																																																																																																								
7. Glass area & type		___																																																																																																																																																								
a. Clear - single pane	0.0 ft ²	___																																																																																																																																																								
b. Clear - double pane	0.0 ft ²	___																																																																																																																																																								
c. Tint/other SHGC - single pane	362.0 ft ²	___																																																																																																																																																								
d. Tint/other SHGC - double pane	0.0 ft ²	___																																																																																																																																																								
8. Floor types		___																																																																																																																																																								
a. Slab-On-Grade Edge Insulation	R=0.0, 204.0(p) ft	___																																																																																																																																																								
b. N/A		___																																																																																																																																																								
c. N/A		___																																																																																																																																																								
9. Wall types		___																																																																																																																																																								
a. Concrete, Int Insul, Exterior	R=4.2, 1470.0 ft ²	___																																																																																																																																																								
b. N/A		___																																																																																																																																																								
c. N/A		___																																																																																																																																																								
d. N/A		___																																																																																																																																																								
e. N/A		___																																																																																																																																																								
10. Ceiling types		___																																																																																																																																																								
a. Under Attic	R=19.0, 2735.0 ft ²	___																																																																																																																																																								
b. N/A		___																																																																																																																																																								
c. N/A		___																																																																																																																																																								
11. Ducts		___																																																																																																																																																								
a. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 150.0 ft	___																																																																																																																																																								
b. N/A		___																																																																																																																																																								
12. Cooling systems																																																																																																																																																										
a. Central Unit	Cap: 60.0 kBtu/hr	___																																																																																																																																																								
	SEER: 12.00	___																																																																																																																																																								
b. N/A		___																																																																																																																																																								
c. N/A		___																																																																																																																																																								
13. Heating systems																																																																																																																																																										
a. Electric Strip	Cap: 31.0 kBtu/hr	___																																																																																																																																																								
	COP: 1.00	___																																																																																																																																																								
b. N/A		___																																																																																																																																																								
c. N/A		___																																																																																																																																																								
14. Hot water systems																																																																																																																																																										
a. Electric Resistance	Cap: 50.0 gallons	___																																																																																																																																																								
	EF: 0.88	___																																																																																																																																																								
b. N/A		___																																																																																																																																																								
c. Conservation credits		___																																																																																																																																																								
(HR-Heat recovery, Solar																																																																																																																																																										
DHP-Dedicated heat pump)																																																																																																																																																										
15. HVAC credits	PT, ___	___																																																																																																																																																								
	(CF-Ceiling fan, CV-Cross ventilation,																																																																																																																																																									
	HF-Whole house fan,																																																																																																																																																									
	PT-Programmable Thermostat,																																																																																																																																																									
	MZ-C-Multizone cooling,																																																																																																																																																									
	MZ-H-Multizone heating)																																																																																																																																																									

Glass/Floor Area: 0.14	Total as-built points: 34093 Total base points: 35242	PASS
------------------------	--	------

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

PREPARED BY: ROBERT WEIDMAN


DATE: _____

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

OWNER/AGENT: _____

DATE: _____

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



BUILDING OFFICIAL: _____

DATE: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 12 HERONS NEST, SEWALLS POINT, FL,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt		Area X SPM X SOF = Points				
.18	2515.0	32.50	14712.8	Single, Tint	N	1.5	4.0	10.0	27.68	0.89	245.0
				Single, Tint	W	1.5	6.0	48.0	54.85	0.92	2417.1
				Single, Tint	W	1.5	8.0	28.0	54.85	0.96	1473.9
				Single, Tint	S	1.5	4.0	4.0	52.00	0.76	157.8
				Single, Tint	E	1.5	8.0	180.0	61.31	0.96	10584.9
				Single, Tint	E	1.5	6.0	92.0	61.31	0.92	5175.1
As-Built Total:				362.0				20053.9			
WALL TYPES				Area X BSPM = Points		Type	R-Value	Area X SPM = Points			
Adjacent	0.0	0.00	0.0	Concrete, Int Insul, Exterior		4.2	1470.0	2.28	3351.6		
Exterior	1470.0	2.70	3969.0								
Base Total:				1470.0		3969.0		As-Built Total:		1470.0	
DOOR TYPES				Area X BSPM = Points		Type	Area X SPM = Points				
Adjacent	0.0	0.00	0.0	Exterior Insulated		24.0	6.40	153.6			
Exterior	24.0	6.40	153.6								
Base Total:				24.0		153.6		As-Built Total:		24.0	
CEILING TYPES				Area X BSPM = Points		Type	R-Value	Area X SPM X SCM = Points			
Under Attic	2515.0	2.80	7042.0	Under Attic		19.0	2735.0	3.72 X 1.00	10174.2		
Base Total:				2515.0		7042.0		As-Built Total:		2735.0	
FLOOR TYPES				Area X BSPM = Points		Type	R-Value	Area X SPM = Points			
Slab	204.0(p)	-20.0	-4080.0	Slab-On-Grade Edge Insulation		0.0	204.0(p)	-20.00	-4080.0		
Raised	0.0	0.00	0.0								
Base Total:				-4080.0		As-Built Total:		204.0		-4080.0	
INFILTRATION				Area X BSPM = Points				Area X SPM = Points			
				2515.0 18.79 47256.8				2515.0 18.79 47256.8			

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 12 HERONS NEST, SEWALLS POINT, FL,	PERMIT #:
---	-----------

BASE			AS-BUILT					
Summer Base Points:		69054.2	Summer As-Built Points:			76910.2		
Total Summer Points	X System Multiplier	= Cooling Points	Total Component	X Cap Ratio	X Duct Multiplier <small>(DM x DSM x AHU)</small>	X System Multiplier	X Credit Multiplier	= Cooling Points
69054.2	0.4266	29458.5	76910.2 76910.2	1.000 1.00	<small>(1.073 x 1.165 x 1.00)</small> 1.250	0.284 0.284	0.950 0.950	25954.1 25954.1

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 12 HERONS NEST, SEWALLS POINT, FL,	PERMIT #:
---	-----------

BASE	AS-BUILT																																																																			
GLASS TYPES .18 X Conditioned X BWPM = Points Floor Area	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Type/SC</th> <th colspan="3" style="text-align: center;">Overhang</th> <th rowspan="2" style="width: 10%;">Area X</th> <th rowspan="2" style="width: 10%;">WPM X</th> <th rowspan="2" style="width: 10%;">WOF =</th> <th rowspan="2" style="width: 10%;">Points</th> </tr> <tr> <th style="width: 5%;">Ornt</th> <th style="width: 5%;">Len</th> <th style="width: 5%;">Hgt</th> </tr> </thead> <tbody> <tr> <td>Single, Tint</td> <td>N</td> <td>1.5</td> <td>4.0</td> <td>10.0</td> <td>4.98</td> <td>0.99</td> <td>49.1</td> </tr> <tr> <td>Single, Tint</td> <td>W</td> <td>1.5</td> <td>6.0</td> <td>48.0</td> <td>4.60</td> <td>1.00</td> <td>220.4</td> </tr> <tr> <td>Single, Tint</td> <td>W</td> <td>1.5</td> <td>8.0</td> <td>28.0</td> <td>4.60</td> <td>1.00</td> <td>128.5</td> </tr> <tr> <td>Single, Tint</td> <td>S</td> <td>1.5</td> <td>4.0</td> <td>4.0</td> <td>3.80</td> <td>1.07</td> <td>16.2</td> </tr> <tr> <td>Single, Tint</td> <td>E</td> <td>1.5</td> <td>8.0</td> <td>180.0</td> <td>3.99</td> <td>1.02</td> <td>729.8</td> </tr> <tr> <td>Single, Tint</td> <td>E</td> <td>1.5</td> <td>6.0</td> <td>92.0</td> <td>3.99</td> <td>1.02</td> <td>375.1</td> </tr> <tr> <td colspan="4">As-Built Total:</td> <td>362.0</td> <td></td> <td></td> <td>1519.1</td> </tr> </tbody> </table>	Type/SC	Overhang			Area X	WPM X	WOF =	Points	Ornt	Len	Hgt	Single, Tint	N	1.5	4.0	10.0	4.98	0.99	49.1	Single, Tint	W	1.5	6.0	48.0	4.60	1.00	220.4	Single, Tint	W	1.5	8.0	28.0	4.60	1.00	128.5	Single, Tint	S	1.5	4.0	4.0	3.80	1.07	16.2	Single, Tint	E	1.5	8.0	180.0	3.99	1.02	729.8	Single, Tint	E	1.5	6.0	92.0	3.99	1.02	375.1	As-Built Total:				362.0			1519.1
Type/SC	Overhang			Area X	WPM X					WOF =	Points																																																									
	Ornt	Len	Hgt																																																																	
Single, Tint	N	1.5	4.0	10.0	4.98	0.99	49.1																																																													
Single, Tint	W	1.5	6.0	48.0	4.60	1.00	220.4																																																													
Single, Tint	W	1.5	8.0	28.0	4.60	1.00	128.5																																																													
Single, Tint	S	1.5	4.0	4.0	3.80	1.07	16.2																																																													
Single, Tint	E	1.5	8.0	180.0	3.99	1.02	729.8																																																													
Single, Tint	E	1.5	6.0	92.0	3.99	1.02	375.1																																																													
As-Built Total:				362.0			1519.1																																																													
WALL TYPES Area X BWPM = Points	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type</th> <th style="width: 10%;">R-Value</th> <th style="width: 10%;">Area X</th> <th style="width: 10%;">WPM =</th> <th style="width: 10%;">Points</th> </tr> </thead> <tbody> <tr> <td>Adjacent</td> <td></td> <td>0.0</td> <td>0.00</td> <td>0.0</td> </tr> <tr> <td>Exterior</td> <td></td> <td>1470.0</td> <td>0.60</td> <td>882.0</td> </tr> <tr> <td colspan="2">Base Total:</td> <td>1470.0</td> <td></td> <td>882.0</td> </tr> <tr> <td colspan="2">As-Built Total:</td> <td>1470.0</td> <td></td> <td>1499.4</td> </tr> </tbody> </table>	Type	R-Value	Area X	WPM =	Points	Adjacent		0.0	0.00	0.0	Exterior		1470.0	0.60	882.0	Base Total:		1470.0		882.0	As-Built Total:		1470.0		1499.4																																										
Type	R-Value	Area X	WPM =	Points																																																																
Adjacent		0.0	0.00	0.0																																																																
Exterior		1470.0	0.60	882.0																																																																
Base Total:		1470.0		882.0																																																																
As-Built Total:		1470.0		1499.4																																																																
DOOR TYPES Area X BWPM = Points	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type</th> <th style="width: 10%;">Area X</th> <th style="width: 10%;">WPM =</th> <th style="width: 10%;">Points</th> </tr> </thead> <tbody> <tr> <td>Adjacent</td> <td>0.0</td> <td>0.00</td> <td>0.0</td> </tr> <tr> <td>Exterior</td> <td>24.0</td> <td>1.80</td> <td>43.2</td> </tr> <tr> <td colspan="2">Base Total:</td> <td>24.0</td> <td>43.2</td> </tr> <tr> <td colspan="2">As-Built Total:</td> <td>24.0</td> <td>43.2</td> </tr> </tbody> </table>	Type	Area X	WPM =	Points	Adjacent	0.0	0.00	0.0	Exterior	24.0	1.80	43.2	Base Total:		24.0	43.2	As-Built Total:		24.0	43.2																																															
Type	Area X	WPM =	Points																																																																	
Adjacent	0.0	0.00	0.0																																																																	
Exterior	24.0	1.80	43.2																																																																	
Base Total:		24.0	43.2																																																																	
As-Built Total:		24.0	43.2																																																																	
CEILING TYPES Area X BWPM = Points	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type</th> <th style="width: 10%;">R-Value</th> <th style="width: 10%;">Area X</th> <th style="width: 10%;">WPM X</th> <th style="width: 10%;">WCM =</th> <th style="width: 10%;">Points</th> </tr> </thead> <tbody> <tr> <td>Under Attic</td> <td></td> <td>2515.0</td> <td>0.10</td> <td>251.5</td> <td></td> </tr> <tr> <td>Under Attic</td> <td></td> <td>19.0</td> <td>2735.0</td> <td>0.14 X 1.00</td> <td>382.9</td> </tr> <tr> <td colspan="2">Base Total:</td> <td>2515.0</td> <td></td> <td>251.5</td> <td></td> </tr> <tr> <td colspan="2">As-Built Total:</td> <td>2735.0</td> <td></td> <td></td> <td>382.9</td> </tr> </tbody> </table>	Type	R-Value	Area X	WPM X	WCM =	Points	Under Attic		2515.0	0.10	251.5		Under Attic		19.0	2735.0	0.14 X 1.00	382.9	Base Total:		2515.0		251.5		As-Built Total:		2735.0			382.9																																					
Type	R-Value	Area X	WPM X	WCM =	Points																																																															
Under Attic		2515.0	0.10	251.5																																																																
Under Attic		19.0	2735.0	0.14 X 1.00	382.9																																																															
Base Total:		2515.0		251.5																																																																
As-Built Total:		2735.0			382.9																																																															
FLOOR TYPES Area X BWPM = Points	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type</th> <th style="width: 10%;">R-Value</th> <th style="width: 10%;">Area X</th> <th style="width: 10%;">WPM =</th> <th style="width: 10%;">Points</th> </tr> </thead> <tbody> <tr> <td>Slab</td> <td></td> <td>204.0(p)</td> <td>-2.1</td> <td>-428.4</td> </tr> <tr> <td>Raised</td> <td></td> <td>0.0</td> <td>0.00</td> <td>0.0</td> </tr> <tr> <td colspan="2">Base Total:</td> <td></td> <td></td> <td>-428.4</td> </tr> <tr> <td colspan="2">As-Built Total:</td> <td>204.0</td> <td></td> <td>-428.4</td> </tr> </tbody> </table>	Type	R-Value	Area X	WPM =	Points	Slab		204.0(p)	-2.1	-428.4	Raised		0.0	0.00	0.0	Base Total:				-428.4	As-Built Total:		204.0		-428.4																																										
Type	R-Value	Area X	WPM =	Points																																																																
Slab		204.0(p)	-2.1	-428.4																																																																
Raised		0.0	0.00	0.0																																																																
Base Total:				-428.4																																																																
As-Built Total:		204.0		-428.4																																																																
INFILTRATION Area X BWPM = Points	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Area X</th> <th style="width: 10%;">WPM =</th> <th style="width: 10%;">Points</th> </tr> </thead> <tbody> <tr> <td>2515.0</td> <td>-0.06</td> <td>-150.9</td> </tr> <tr> <td colspan="2">As-Built Total:</td> <td>-150.9</td> </tr> </tbody> </table>	Area X	WPM =	Points	2515.0	-0.06	-150.9	As-Built Total:		-150.9																																																										
Area X	WPM =	Points																																																																		
2515.0	-0.06	-150.9																																																																		
As-Built Total:		-150.9																																																																		

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 12 HERONS NEST, SEWALLS POINT, FL,	PERMIT #:
---	-----------

BASE				AS-BUILT						
Winter Base Points:		1665.8		Winter As-Built Points:				2865.3		
Total Winter Points	X System Multiplier	= Heating Points		Total Component	X Cap Ratio	X Duct Multiplier <small>(DM x DSM x AHU)</small>	X System Multiplier	X Credit Multiplier	= Heating Points	
1665.8	0.6274	1045.1		2865.3 2865.3	1.00 1.00	(1.099 x 1.137 x 1.00) 1.250	1.00 1.000	0.950 0.950	3401.4 3401.4	

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: 12 HERONS NEST, SEWALLS POINT, FL,	PERMIT #:
---	-----------

BASE				AS-BUILT								
WATER HEATING												
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank Ratio	X Multiplier	X Credit Multiplier	= Total	
2		2369.00	4738.0	50.0	0.88	2		1.00	2369.00	1.00	4738.0	
											As-Built Total:	4738.0

CODE COMPLIANCE STATUS												
BASE					AS-BUILT							
Cooling Points	+	Heating Points	+	Hot Water Points	= Total Points	Cooling Points	+	Heating Points	+	Hot Water Points	= Total Points	
29459		1045		4738	35242	25954		3401		4738	34093	

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: 12 HERONS NEST, SEWALLS POINT, FL,	PERMIT #:
---	-----------

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

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

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

COMPONENTS	SECTION	REQUIREMENTS	CHECK

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 82.8

The higher the score, the more efficient the home.

PLITT RESIDENCE, 12 HERONS NEST, SEWALLS POINT, FL,

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 2 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 2515 ft² <input type="checkbox"/></p> <p>7. Glass area & type</p> <p style="padding-left: 20px;">a. Clear - single pane 0.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Clear - double pane 0.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Tint/other SHGC - single pane 362.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">d. Tint/other SHGC - double pane 0.0 ft² <input type="checkbox"/></p> <p>8. Floor types</p> <p style="padding-left: 20px;">a. Slab-On-Grade Edge Insulation R=0.0, 204.0(p) ft <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types</p> <p style="padding-left: 20px;">a. Concrete, Int Insul, Exterior R=4.2, 1470.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types</p> <p style="padding-left: 20px;">a. Under Attic R=19.0, 2735.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts</p> <p style="padding-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Attic Sup. R=6.0, 150.0 ft <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p>	<p>12. Cooling systems</p> <p style="padding-left: 20px;">a. Central Unit Cap: 60.0 kBtu/hr <input type="checkbox"/></p> <p style="padding-left: 20px;">SEER: 12.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>13. Heating systems</p> <p style="padding-left: 20px;">a. Electric Strip Cap: 31.0 kBtu/hr <input type="checkbox"/></p> <p style="padding-left: 20px;">COP: 1.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>14. Hot water systems</p> <p style="padding-left: 20px;">a. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/></p> <p style="padding-left: 20px;">EF: 0.88 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump) <input type="checkbox"/></p> <p>15. HVAC credits PT, <input type="checkbox"/></p> <p style="padding-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
---	---

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

Builder Signature: _____

Date: _____

Address of New Home: _____

City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStarTM designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

EnergyGauge® (Version: FLRCPB v3.2)

Residential System Sizing Calculation

Summary

PLITT RESIDENCE
12 HERONS NEST
SEWALLS POINT, FL

Project Title:
PLITT

Code Only
Professional Version
Climate: South

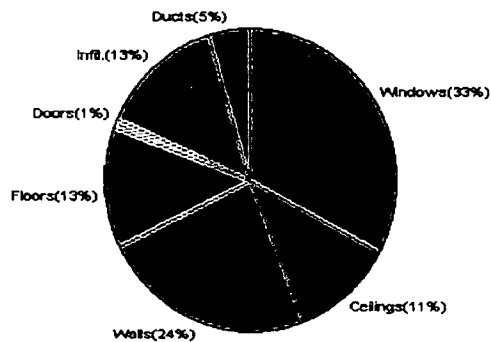
1/25/2003

Location for weather data: West Palm Beach - Defaults: Latitude(26) Temp Range(M)			
Humidity data: Interior RH (50%) Outdoor wet bulb (78F) Humidity difference(60gr.)			
Winter design temperature	45 F	Summer design temperature	91 F
Winter setpoint	70 F	Summer setpoint	75 F
Winter temperature difference	25 F	Summer temperature difference	16 F
Total heating load calculation	31579 Btuh	Total cooling load calculation	43677 Btuh
Submitted heating capacity	31000 Btuh	Submitted cooling capacity	60000 Btuh
Submitted as % of calculated	98.2 %	Submitted as % of calculated	137.4 %

WINTER CALCULATIONS

Winter Heating Load (for 2515 sqft)

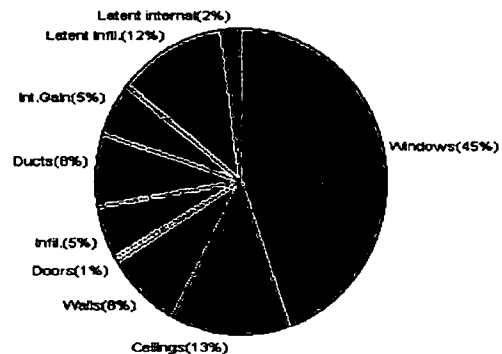
Load component		Load	
Window total	362 sqft	10462	Btuh
Wall total	1470 sqft	7497	Btuh
Door total	24 sqft	282	Btuh
Ceiling total	2735 sqft	3556	Btuh
Floor total	204 ft	4121	Btuh
Infiltration	151 cfm	4158	Btuh
Subtotal		30075	Btuh
Duct loss		1504	Btuh
TOTAL HEAT LOSS		31579	Btuh



SUMMER CALCULATIONS

Summer Cooling Load (for 2515 sqft)

Load component		Load	
Window total	362 sqft	19530	Btuh
Wall total	1470 sqft	3630	Btuh
Door total	24 sqft	220	Btuh
Ceiling total	2735 sqft	5853	Btuh
Floor total		0	Btuh
Infiltration	132 cfm	2329	Btuh
Internal gain		2400	Btuh
Subtotal(sensible)		33962	Btuh
Duct gain		3396	Btuh
Total sensible gain		37359	Btuh
Latent gain(infiltration)		5398	Btuh
Latent gain(internal)		920	Btuh
Total latent gain		6318	Btuh
TOTAL HEAT GAIN		43677	Btuh



EnergyGauge® System Sizing based on ACCA Manual J.

PREPARED BY: _____

DATE: _____



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

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

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2538

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

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

Your application for Notice of Acceptance (NOA) of:
Series SGD-70 Aluminum Sliding Glass Door-Impact,
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of
Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade
County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 00-0628.11
EXPIRES: 11/09/2005

Raul Rodriguez
Chief Product Control Division

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

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

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

APPROVED: 11/09/2000

PGT Industries

ACCEPTANCE No.: 00-0628.11

APPROVED : November 9, 2000

EXPIRES : November 9, 2005

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

- 1.1 This approves an aluminum sliding glass door, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code (SFBC), 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

- 2.1 The **SGD-70 Series Aluminum Sliding Glass Door – Large Missile Impact Resistant** and its components shall be constructed in strict compliance with the following documents: Drawing No **4345-1**, titled "SGD-70 OXXO." Sheets 1 through 4 of 4 dated 03-15-99, last revised on 10-13-00, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

- 3.1 This approval applies to single unit applications only, as shown in approved drawings.
3.2 Head receptor is not allowed to be used in this installation.

4. INSTALLATION

- 4.1 The aluminum sliding glass door and its components shall be installed in strict compliance with the approved drawings.
4.2 Hurricane protection system (shutters): The installation of this unit will not require a hurricane protection system.

5. LABELING

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

6. BUILDING PERMIT REQUIREMENTS

- 6.1 Application for building permit shall be accompanied by copies of the following:
6.1.1 This Notice of Acceptance
6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.
6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.

Ishaq I. Chanda
Ishaq I. Chanda, P.E. Product Control Examiner
Product Control Division

PGT Industries

ACCEPTANCE No.: 00-0628.11

APPROVED : November 9, 2000

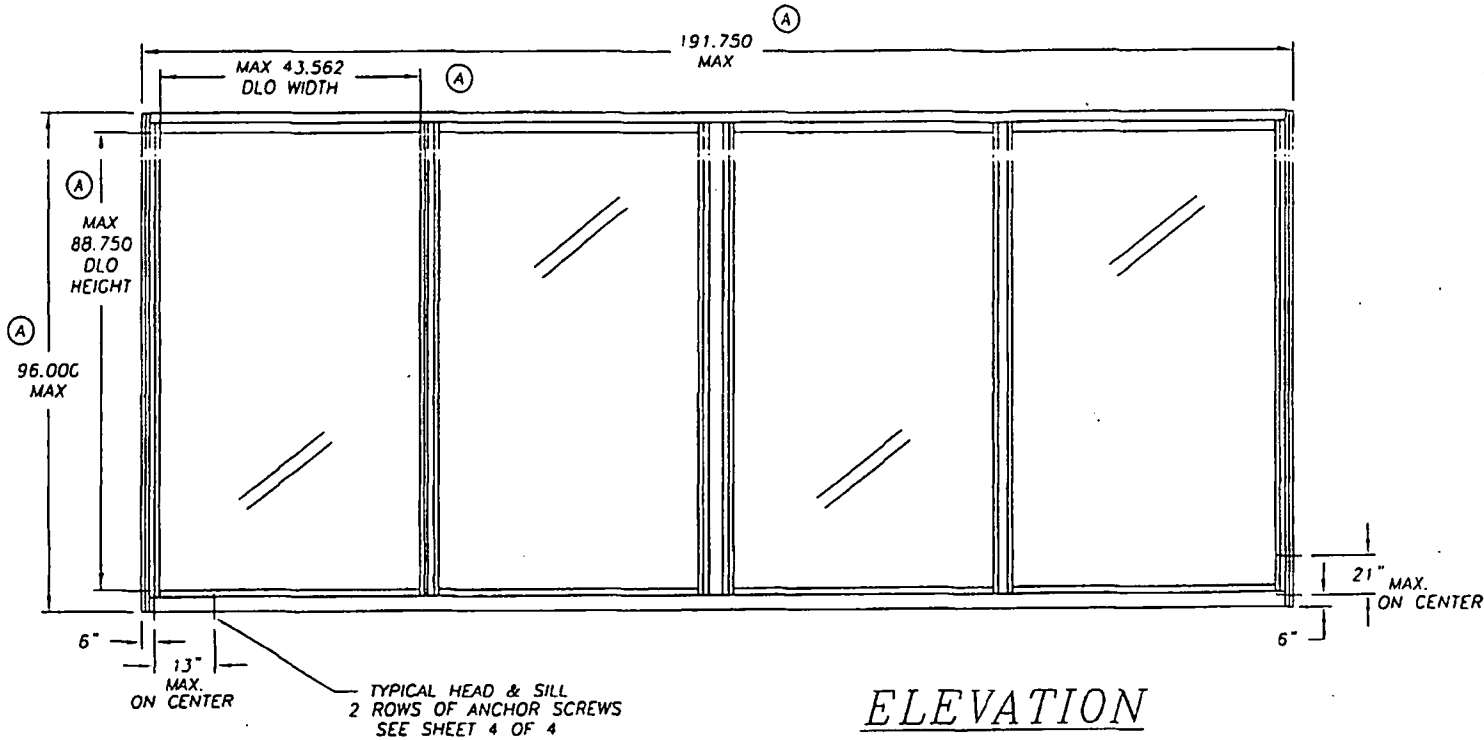
EXPIRES : November 9, 2005

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

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

Ishaq I. Chanda
Ishaq I. Chanda, P. E. Product Control Examiner
Product Control Division

END OF THIS ACCEPTANCE



ELEVATION

DESIGN PRESSURE RATING	
POSITIVE	+ 60 PSF
NEGATIVE	- 60 PSF

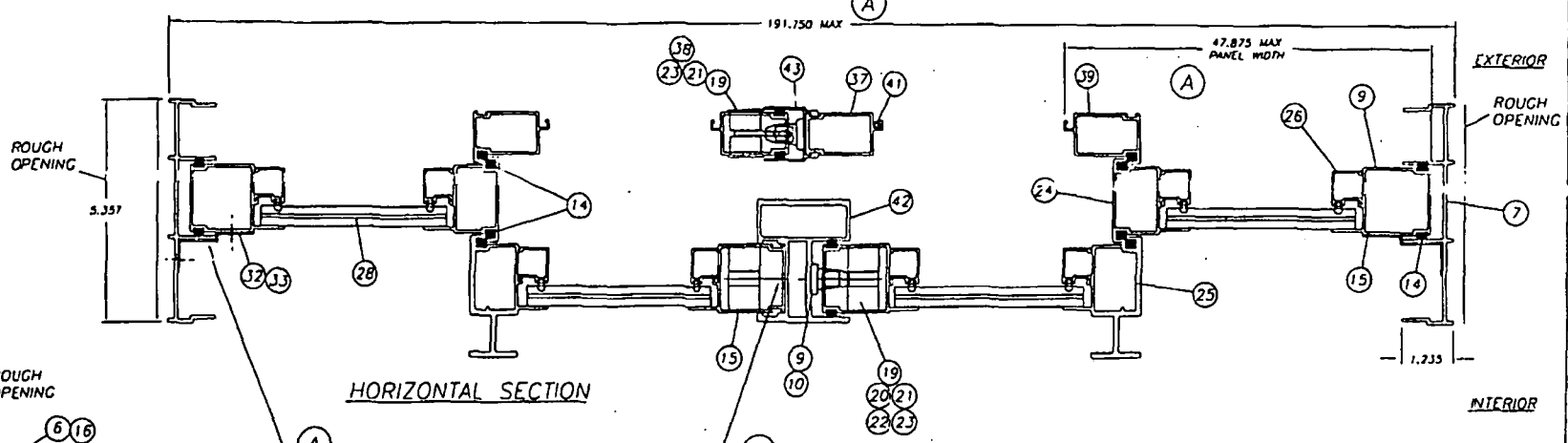
APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE November 09, 2000
 BY Isaac L. Clark
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO 00-0628-11

LARGE MISSILE IMPACT DOORS

- 1.) GLAZING: 7/16" LAMINATED
- 2.) CONFIGURATIONS: OXXO
- 3.) SEALANT: FRAME CORNER, INSTALLATION SCREWS & PANEL CORNERS
 SEALED WITH SCHNEE/MOREHEAD #SM5504 SEAM SEALER (A)
- 4.) ANCHORS:
 MAX. 6" FROM EACH CORNER (HEAD & SILL)
 MAX. 6" FROM EACH CORNER (JAMBS)
 MAX. SPACING AT HEAD & SILL: 13.000 (A)
 MAX. SPACING AT JAMBS: 21.000
- 5.) SHUTTER REQUIREMENT:
 NO SHUTTERS REQUIRED
- 6.) REFERENCE TEST REPORT: FTL-2369

Robert Clark
 10/15/00
 Robert Clark
 #39712

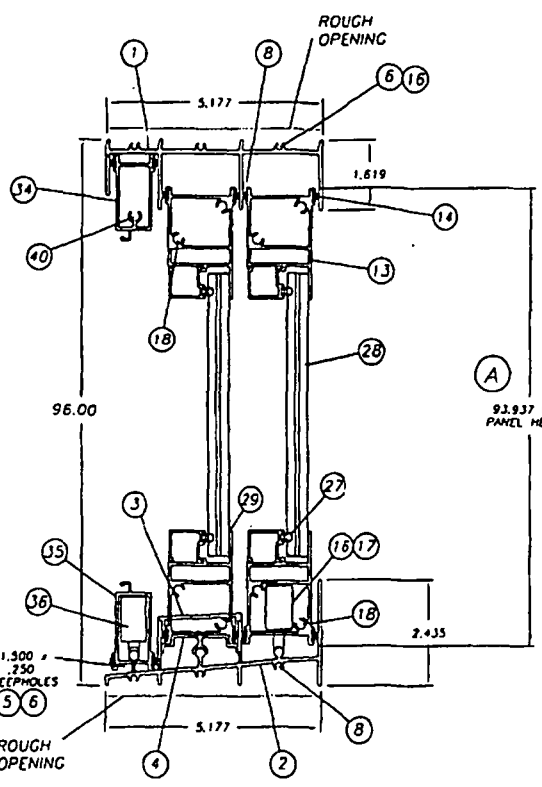
Revisions:		Tolerances Unless Noted: Fractions: 1/8" Decimal: .005 Angular: 1/2°		1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275		PGT INDUSTRIES			
REV. A 10/13/00 F.K.		Series/Model: SGD-70		P.O. BOX 1529 NOKOMIS, FL 34274					
Material: -		Description: SGD-70 OXXO - ELEVATION							
Revised By:	Date:	Chkd By:	Date:	PCT NO:	VENDOR NO:	Scale:	Sheet:	Drawing No.	Rev:
Drawn By:	D.B.	Date:	3/15/99			-	1 of 4	4345-1	A



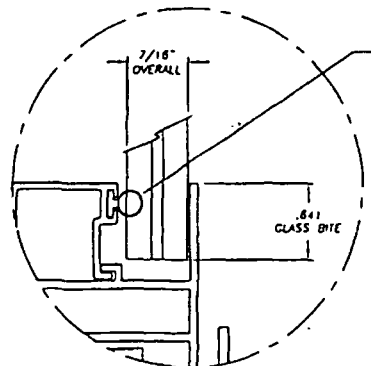
HORIZONTAL SECTION

ATTACH ITEM 32 (FIXED PANEL CLIP) WITH (2) ITEM 33 (88x1" PH. PH. SWS) AT 18.25, 38.75, 60.50 & 77.00 FROM BOTTOM

ITEM 33, 88x1" PH PH SWS LOCATED ON B" ON CENTER



VERTICAL SECTION



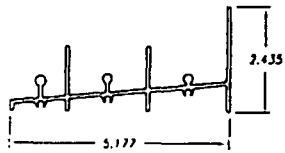
7/16" LAMINATED GLAZING DETAIL

CONSTRUCTION DETAIL: OVERALL 7/16" LAMINATED CONSIST OF 3/16" HS GLASS LITES (EXTERIOR & INTERIOR SIDE) WITH .088 SAFELEX 111G PVB INTERLAYER BY SOLUTIA, BETWEEN LITES.

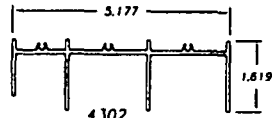
APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE DATE November 09, 2000 BY Isheq I. Chanda PRODUCT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE ACCEPTANCE NO. 00-0628-11

Robert Clark
10/15/00
ROBERT CLARK
229712

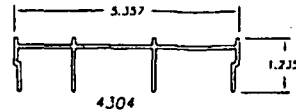
Revisions:		Inferences Unless Noted: Fractions: 1/16 Decimal: .001 Angular: 1/16		1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275		P&G INDUSTRIES			
REV. A 10/13/00 F.K.		Series/Model: SGD-70		P.O. BOX 1529 NOKOMIS, FL 34274					
Material:		Description: SGD-70 OXO (SECTION VIEWS)							
Revised By:	Date:	Checked By:	Date:	P&G NO.:	VENDOR NO.:	Scale:	Sheet:	Drawing No.:	Rev.:
						-	2 of 4	4345-2	A



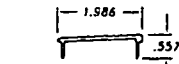
4303
2-TRACK SILL
AF-12246



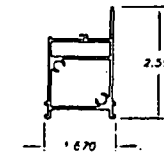
4302
2-TRACK HEAD
AF-12245



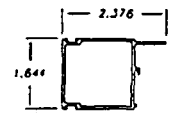
4304
2-TRACK JAMB
AF-12247



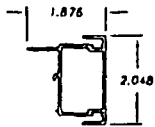
4315
2-TRACK THRESHOLD
AF-12255



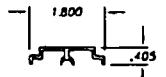
4305
TOP & BOT. RAIL
AF-12248



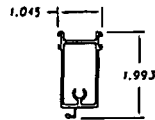
4306
SIDE RAIL
AF-12249



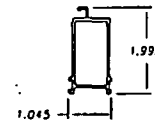
4308
MEET. RAIL (FIXED)
AF-12251



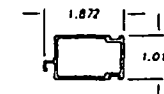
4314
FIXED PANEL ADAPTER
AF-12254



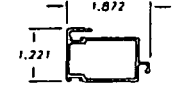
4317
SCREEN TOP RAIL
AF-12256



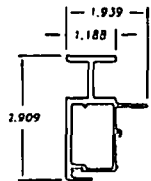
4318
SCREEN BOT. RAIL
AF-12257



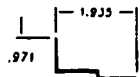
4319
SCREEN SIDE RAIL
AF-12258



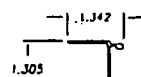
4320
SCREEN MEET. RAIL
AF-12259



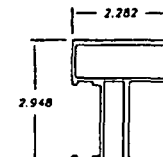
4326
MOVING PANEL
MEET. RAIL (M.D.)
AF-12261



4328
FIXED PANEL CLIP
AF-12262



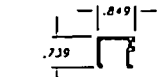
4344
SCREEN ASTRAGAL (OXXO)



4342 (MODIFIED)
PANEL ASTRAGAL (OXXO)
644932

MAT'L: 6063-T6 ALUM.

(A)



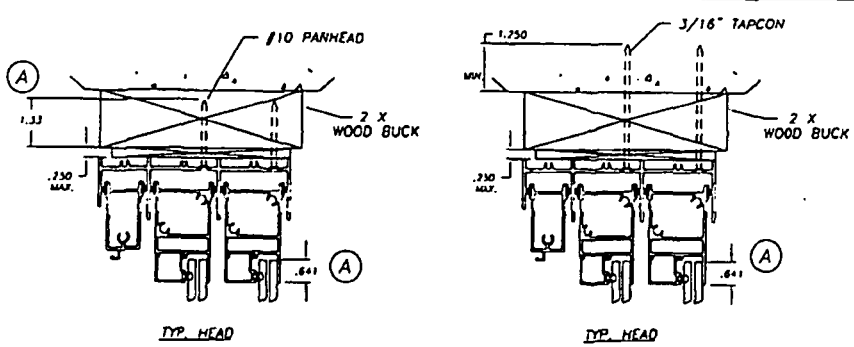
4324
GLAZ. BEAD (7/16" Lam.)
AF-534601

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE November 09, 2000
BY J. S. S. S. S.
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 00-0628-11

NOTE: ALL OTHER EXTRUSIONS ARE 6063-T5 ALUM.

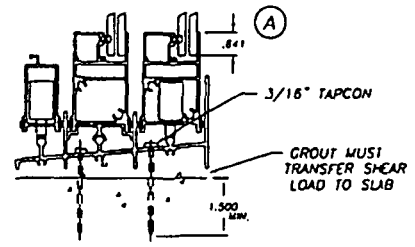
Robert Carter
10/15/00
ROBERT CARTER
39712

Revisions:		Tolerances Unless Noted: Fractions: ± 1/32 Decimal: .001 Angular: ± 1°		1078 TECHNOLOGY DRIVE NOKOMIS, FL 34275		P&G INDUSTRIES			
REV. A 10/13/00 F.K.		Series/Model: SGD-70		P.O. BOX 1529 NOKOMIS, FL 34274					
Material: -		Description: SGD-70 OXXO (Extrusion Profiles)							
Revised By:	Date:	Chkd By:	Date:	P&G NO:	VENDOR NO:	Scale:	Sheet:	Drawing No.	Rev:
						-	3 of 4	4345-3	A

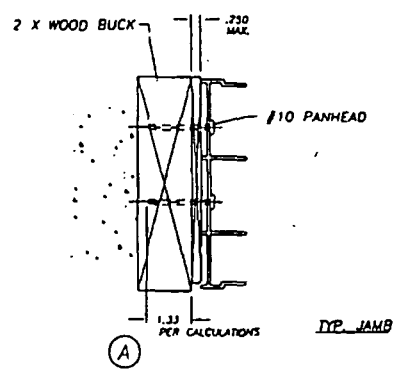


TYP. HEAD

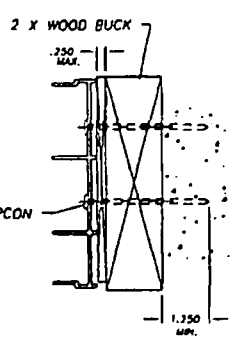
TYP. HEAD



TYP. SILL



TYP. JAMB



ITEM	DESCRIPTION	V.T. #	QTY.	VENDOR	VENDOR #
1	Frame Head, 2 Track	612245	1	Alumax	AF-12245
2	Frame Sill, 2 Track	612246	1	Alumax	AF-12246
3	Threshold Cover, 2-Track	612255	2	Alumax	AF-12255
4	Fixed Adapter, Frame Sill	612254	2	Alumax	AF-12254
5	Weep Housing	70250	3 (1@ea. end & 1@ center)	Scherer	
6	Weep Flap	70251	3 (1@ea. end & 1@ center)	Scherer	
7	Frame Jamb, 2-Track	612247	2	Alumax	AF-12247
8	1/8 x 1.000 Oval Ph. SMS	781POA	12 (6/Jamb)		
9	Latch Keeper	75DYKEP	2	Nu-Gr-Wide	
10	1/8 x .375 Ph. Pn. SMS	7838PA	4 (2/Latch Keeper)		
11	Bumper	72087K	2 (1/Jamb - Opr. Trk.)	Eastcoast R&P	
12	1/8 x .375 Ph. Pn. TEK	78X38PPT	2 (1/Bumper)		
13	Top/Bot. Rail	612248	8 (2/Panel)	Alumax	AF-12248
14	Wslp., .170 x .270 back - 1/2 in seal	67S16G	42 (Fixed, Oper. & Scr. Panels)	Schlegel	FS-7516-187
15	Side Rail (Fixed/Operable)	612249	4 (1/Panel)	Alumax	AF-12249
16	Roller, Tandem Steel	71049	8 (2/Panel)	Truth Hardware	39-10
17	1/8 x .375 Ph. Pn. SMS	78X38PPA	16 (2/Roller)		
18	1/4-20 x 1.000 Ph. Pn. MS	720X1A	32 (8/Panel)		
19	Lockset	7LOCK	3	Nationwide	
20	1/10-32 x 1.75 Oval MS	710J2X134MSK	4 (2/Panel)		
21	X Cam Latch	7X1720X	3 (1/Lock)		
22	Cam Spacer	42502N	2 (1/Panel Lock) - not Screen	PGT Industries	
23	1/10-32 x .500 Tr. Ph. MS	710J2X121PMS	3 (1/Lock - Cam Latch Screw)		
24	Fixed Panel Meet. Rail	612251	2 (1/Fixed Panel)	Alumax	AF-12251
25	Oper. Panel Meet. Rail	612261	2 (1/Operable Panel)	Alumax	AF-12261
26	Glazing Bead (7/16")	6534601	16 (4/Panel)	Alumax	534601
27	Vinyl Bulb	6TP247	16 (1/Glazing Bead)	Team Plastics	TP-247
28	7/16" Laminated Glass		4 (1/Panel)	PPG, LOF	
29	Silicone	62899C		Dow Corning	899
30	Seam Sealer	6SM55W		Schnee-Marehead	SM5504
32	Fixed Panel Clip	612262		Alumax	AF-12262
33	1/8 x 1.000 Ph. Pn. SMS	78X1PPA	Fixed Panel Clip Screws		
34	Screen Top Rail	612256	2	Alumax	AF-12256
35	Screen Bot. Rail	612257	2	Alumax	AF-12257
36	Single Rollers	7SRAZ	4 (2/Screen Panel)		
37	Screen Side Rail	612258	2 (1/Screen Panel)	Alumax	AF-12258
38	1/10-32 x .875 Ph. Fl. MS	71078	2 (Screw Lock)		
39	Screen Meeting Rail	612259	2 (1/Screen Panel)	Alumax	AF-12259
40	1/4 x 1.500 Ph. Pn. SMS	714X112PPA	4 (Screen Assy. Screws)		
41	Screen Spline	60170K		Team Plastics	
42	Panel Astragal		1	Indalex	
43	Screen Astragal		1	Indalex	

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE November 09, 2000
 BY Ishag I. Claude
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 07-0628-11

Revisions:	Interferences Unless Noted: Fractions: 1/64 Decimal: .001 Angular: 1/2°	1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275	PGT INDUSTRIES
REV. A 10/13/00 F.K.	Series/Model: SGD-70	P.O. BOX 1529 NOKOMIS, FL 34274	
Material:		Description: SGD-OXXO - BILL OF MATERIALS	
Revised By: Date:	Checked By: Date:	PGT NO:	VENDOR NO:
Drawn By: O.B.	Date: 3/15/99	Scale:	Sheet: 4 of 4
Drawing No. 4345-4		Rev: A	

Robert Clark
 10/15/00
 ROBERT CLARK
 #37412



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

Your application for Notice of Acceptance (NOA) of:

1"x Heavy Wall - Aluminum Tube Clipped Mullion

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

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

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

ACCEPTANCE NO.: 01-0323.02
EXPIRES: 06/28/2006

Raul Rodriguez
Chief Product Control Division

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

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

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

APPROVED: 06/28/2001

PGT Industries

ACCEPTANCE No.: 01-0323.02

APPROVED : JUN 28 2001

EXPIRES : JUN 28 2006

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

1.1 This approves a clipped mullion system, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code (SFBC), 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

2.1 The 1"x Heavy Wall - Aluminum Tube Clipped Mullion and its components shall be constructed in strict compliance with the following documents: Drawing No 6621, Sheets 1 through 6 of 6, titled "1" Heavy Wall Mullion Arrangement Detail", prepared by manufacturer, dated 4/28/00, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control approval stamp; with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

- 3.1 This approval applies to clipped structural mullions to be installed vertically or horizontally, as shown in the approved drawings.
- 3.2 For Design Pressure Rating vs. Mullion Length and Opening Width, for either 1x2x.375 (2 anchors) mullion, 1x2.75x.375 (3/4 anchors) mullion, 1x2.75x.650 (3/4 anchors) mullion or 1x4x.375 (4/6 anchors) mullion, see corresponding table in approved drawings.
- 3.3 Window sizes and design pressures are to be limited only to those appearing on charts referenced above and also listed in the individual window's Notice of Acceptance.

4. INSTALLATION

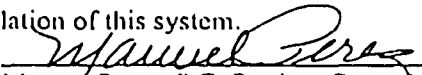
- 4.1 The clipped mullion system and its components shall be installed in strict compliance with the approved drawings.
- 4.2 This mullion can be installed as part of an impact resistant unit.

5. LABELING

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

6. BUILDING PERMIT REQUIREMENTS

- 6.1 Application for building permit shall be accompanied by copies of the following:
- 6.1.1 This Notice of Acceptance, with mullion option indicated.
- 6.1.2 The Notice of Acceptance of each door and/or fixed lite attached to mullion.
- 6.1.3 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.
- 6.1.4 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.


Manuel Perez, P.E. Product Control Examiner
Product Control Division

PGT Industries

ACCEPTANCE No.: 01-0323.02

APPROVED : JUN 28 2001

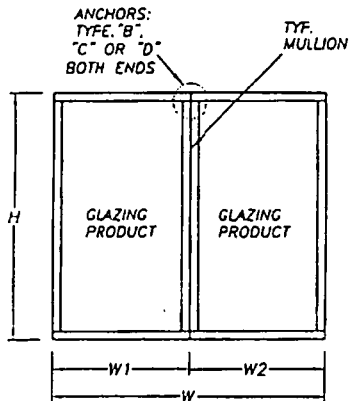
EXPIRES : JUN 28 2006

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

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

END OF THIS ACCEPTANCE

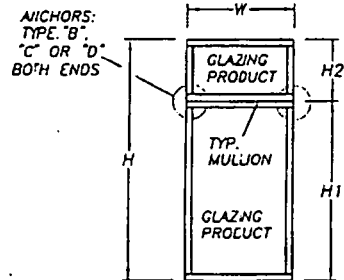

Manuel Perez, P.E., Product Control Examiner
Product Control Division



$$W = W1 + W2$$

(2) WINDOWS MULLED TOGETHER

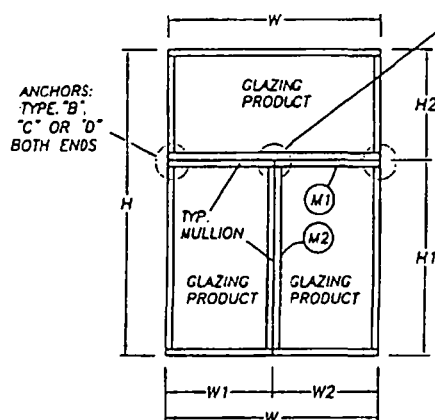
FOR DETERMINING MAX ALLOWABLE DESIGN PRESSURE SEE TABLES ON PAGE 5 & 6
 MAX OPENING = W OR W1+W2
 MULL LENGTH = H



$$H = H1 + H2$$

(1) WINDOW MULLED W/ONE ABOVE

FOR DETERMINING MAX ALLOWABLE DESIGN PRESSURE SEE TABLES ON PAGE 5 & 6
 MAX OPENING = H OR H1+H2
 MULL LENGTH = W

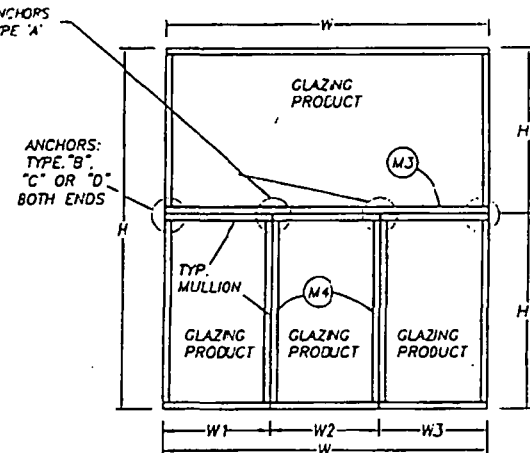


$$W = W1 + W2$$

$$H = H1 + H2$$

(2) WINDOWS MULLED W/ONE ABOVE

FOR DETERMINING MAX ALLOWABLE DESIGN PRESSURE SEE TABLES ON PAGE 5 & 6
 M1) MAX OPENING = H OR H1+H2
 MULL LENGTH = W OR W1+W2
 M2) MAX OPENING = W OR W1+W2
 MULL LENGTH = H1



$$W = W1 + W2 + W3$$

$$H = H1 + H2$$

(2) MULTIPLE WINDOWS MULLED W/ONE ABOVE

FOR DETERMINING MAX ALLOWABLE DESIGN PRESSURE SEE TABLES ON PAGE 5 & 6
 M3) MAX OPENING = H OR H1+H2
 MULL LENGTH = W OR W1+W2+W3
 M4) MAX OPENING = W1+W2 OR W2+W3
 MULL LENGTH = H1

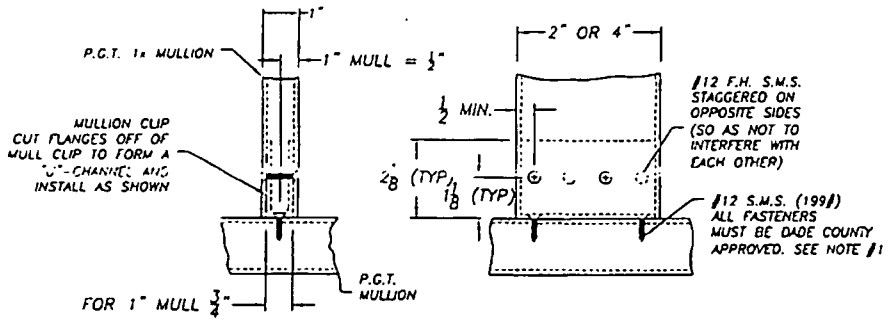
NOTES:

1. FOR ANCHORAGE TYPE, QUANTITY AND LOCATION REFER TO SHEETS 2, 3, 5 AND 6
2. WINDOWS MAY BE MULLED TO A MAX. OF 5 UNITS
3. MULLIONS ARE APPROVED FOR IMPACT AND NON-IMPACT
4. REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

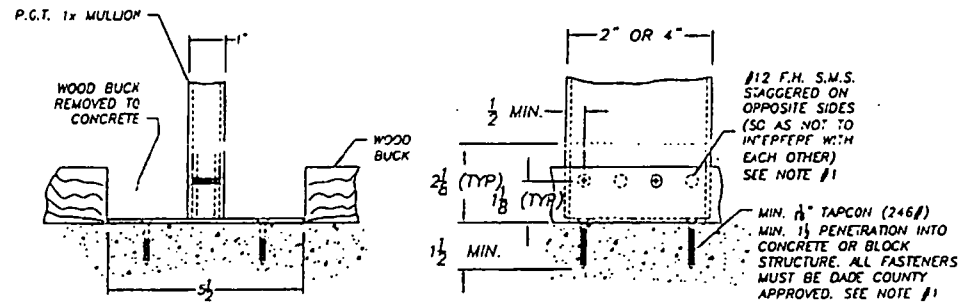
R.L. Clark
 5/24/01
 Robert L. Clark, P.E.
 P.E. #39712
 Structural

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE JUN 28 2001
 BY *Manuel Terry*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 01-0323.02

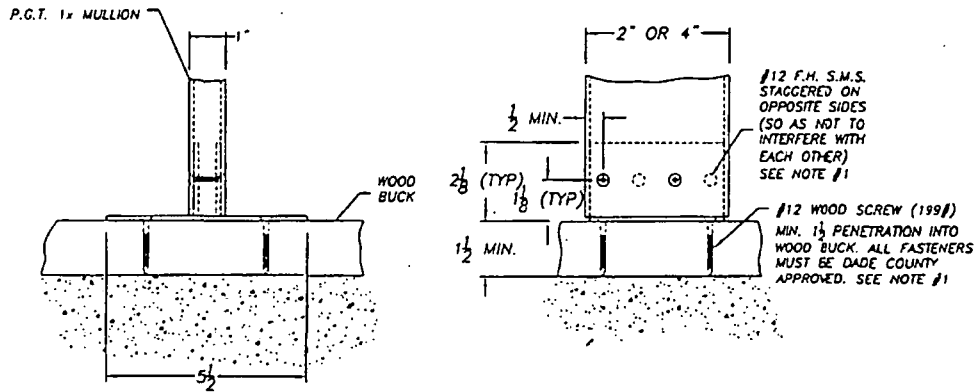
PGT INDUSTRIES	Revised By:	Date:	Chkd By:	Date:	Revisions:
	Drawn By:	P.J.P.	Date:	4/28/00	
Description: 1" HEAVY WALL MULLION ARRANGEMENT DETAIL					
1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275	P.O. BOX 1529 NOKOMIS, FL 34274	Series/Model: MULLS	Scale: 1x	Sheet: 1 of 6	Drawing No. 6621



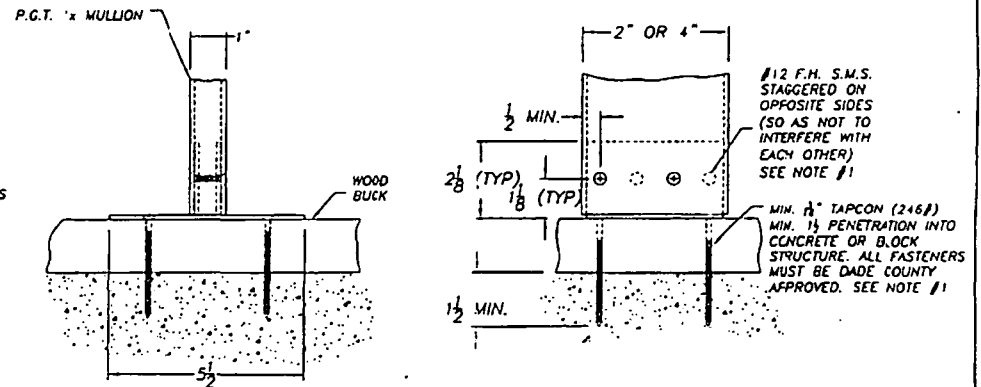
TYPICAL MULLION TO MULLION INSTALLATION TYPE "A"



TYPICAL MULLION TO STRUCTURE WITH WOOD BUCK REMOVED FROM CONC. TYPE "C"



TYPICAL MULLION TO STRUCTURE WITH WOOD BUCK TYPE "B"



TYPICAL MULLION TO STRUCTURE WITH WOOD BUCK AND CONC. TYPE "D"

NOTE:

- FOR MULL SIZE AND QUANTITY OF ANCHORS REQUIRED SEE SHEETS 5 & 6. FOR ANCHOR LOCATIONS SEE SHEET 3. QUANTITY OF ANCHORS FOR MULL-TO-CLIP IS THE SAME AS THE QUANTITY OF ANCHORS FROM CLIP-TO-OPENING.
- REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

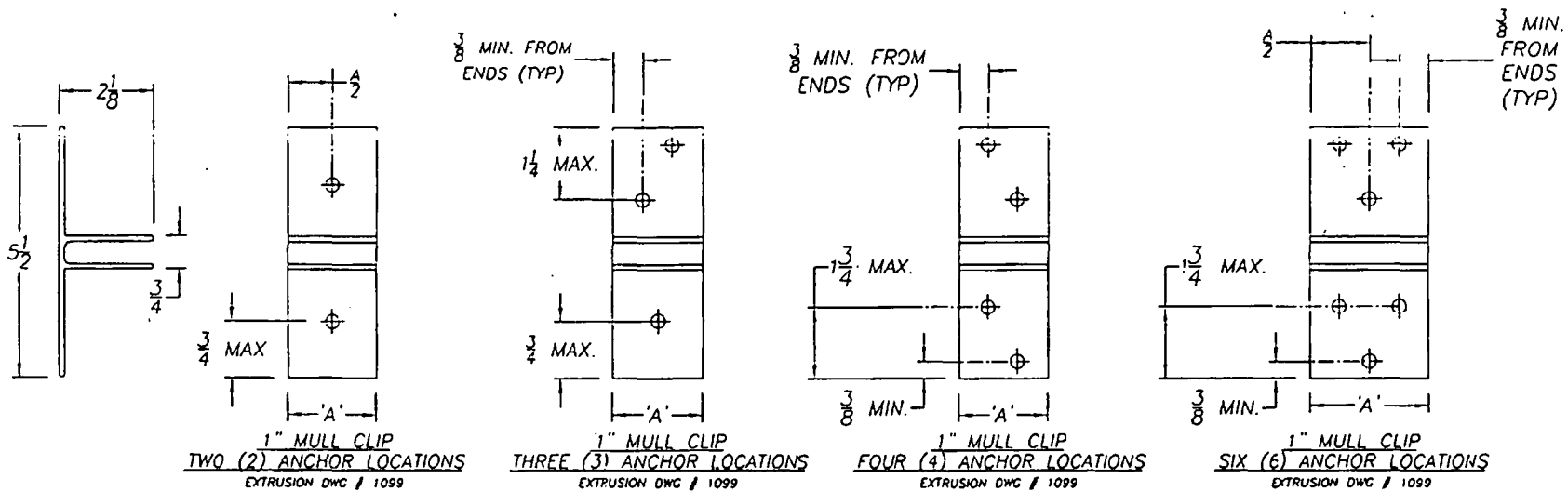
IMPORTANT:

QUANTITY OF ANCHORS SHOWN ARE FOR A PICTORIAL REPRESENTATION ONLY. FOR CORRECT QUANTITY OF ANCHORS PLEASE REFER TO CHARTS AND FIND THE CORRECT MULL SIZE AND PRESSURE REQ'D FOR YOUR SPECIFIC APPLICATION.

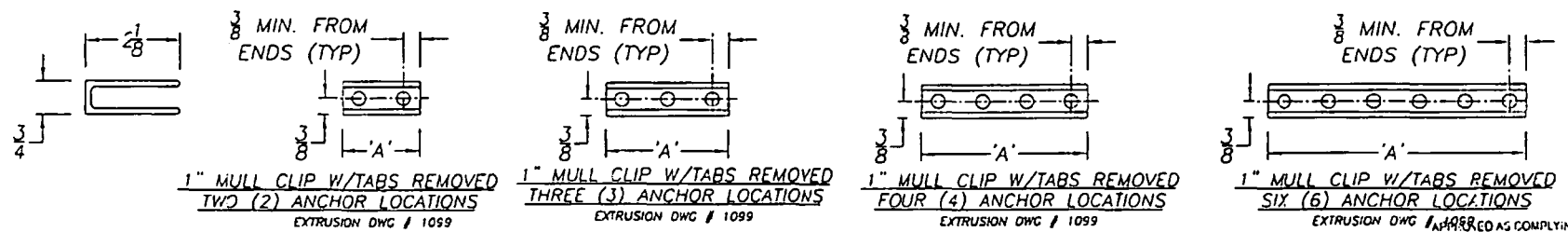
R-L Clark
5/24/01
Robert L. Clark, P.E.
P.E. #39712
Structural

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
DATE JUN 28 2001
BY *Mauro*
PROJECT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 01-0123-02

		Rev'd By: _____ Date: _____ Ch'd By: _____ Date: _____ Revisions: _____			
Drawn By: P.J.P. Date: 4/28/00					
Description: 1" HEAVY WALL MULLION & CLIP INSTALLATION DETAIL					
1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275	P.O. BOX 1529 NOKOMIS, FL 34274	Series/Model: MULLS	Scale: 1x	Sheet: 2 of 6	Drawing No. 6621



IMPORTANT:
 QUANTITY OF ANCHORS SHOWN ARE FOR A PICTORIAL REPRESENTATION ONLY. FOR CORRECT QUANTITY OF ANCHORS PLEASE REFER TO CHARTS AND FIND THE CORRECT MULL SIZE AND PRESSURE REQD FOR YOUR SPECIFIC APPLICATION.

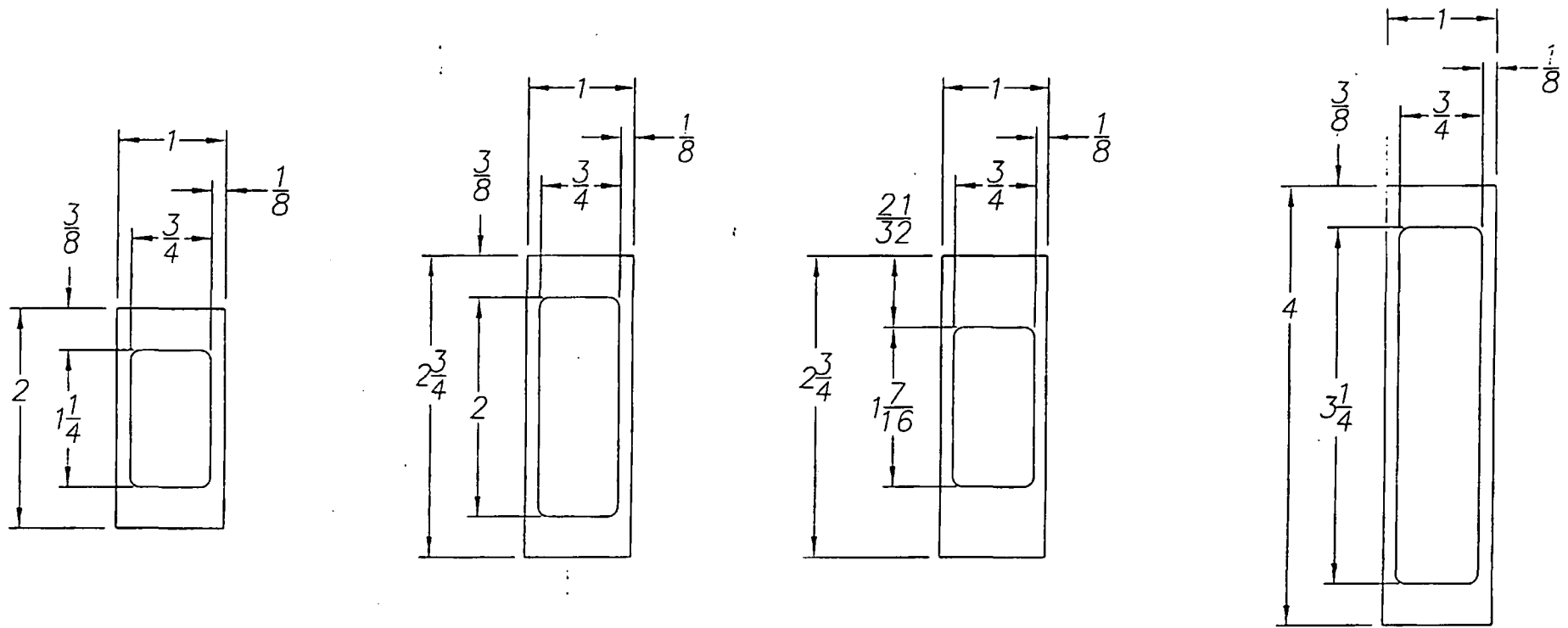


MULL SIZE	'A'
1 x 2 x $\frac{1}{2}$	$1 \frac{1}{8}$
1 x 2 $\frac{1}{2}$ x $\frac{1}{2}$	$1 \frac{3}{8}$
1 x 2 $\frac{1}{2}$ x $\frac{3}{4}$	$1 \frac{1}{2}$
1 x 4 x $\frac{1}{2}$	$3 \frac{1}{8}$

NOTE:
 1. REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

P. J. P.
 S/engr
 ALLCARE
 #39712
 STRUCTURAL

		Revisd By: _____ Date: _____ Chgd By: _____ Date: _____ Revisions: _____	AS REQUIRED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE DATE: JUN 28 2001 BY: <i>Manuel Cruz</i> PROJECT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE ACH 10000 NO. 01-0122.0-0
Drawn By: P.J.P. Date: 5/21/01		Description: ANCHOR LOCATIONS File: 1" MULLION CLIP	
1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275	P.O. BOX 1529 NOKOMIS, FL 34274	Series/Model: MULLS	Scale: 1 Sheet: 3 of 6 Drawing No. 6621 Rev:



1x HEAVY WALL MULLS

MAT'L: 6063-T6

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE JUN 28 2001
 BY [Signature]
 PROJECT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 01-0323-02

NOTE:

1. REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

[Signature]
 Robert L. Clark, P.E.

P.E. #39712

Structural

PGT INDUSTRIES		Revsd By:	Date:	Chkd By:	Date:	Revisions:
		Drawn By:	P.J.P.	Date:	5/22/00	
Description: 1" HEAVY WALL MULLION PROFILES						
1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275	P.O. BOX 1529 NOKOMIS, FL 34274	Series/Model:	MULLS	Scale:	1x	Sheet: 4 of 6
					Drawing No.:	6621
					Rev:	

1x2x.375 2 Anchors		OPENING WIDTH IN INCHES									
		50	60	70	80	90	100	110	120	130	160
MULL LENGTH IN INCHES	42	155	142	134	130	130	130	130	130	130	130
	48	129	116	107	102	100	99	99	99	99	99
	50.625	115	100	91	85	82	80	80	80	80	80
	54	94	81	73	68	64	63	62	62	62	62
	60	67	58	51	47	44	42	41	41	41	41
	63	58	49	44	40	37	35	34	34	34	34
	66	50	43	38	34	32	30	29	28	28	28
	72	38	32	29	26	24	22	21	20	20	20
	76	32	27	24	22	20	18	17	17	16	16
	78	30	25	22	20	18	17	16	15	15	-
	84	24	20	17	16	-	-	-	-	-	-
	90	19	16	-	-	-	-	-	-	-	-
	96	16	-	-	-	-	-	-	-	-	-
	108	-	-	-	-	-	-	-	-	-	-
111	-	-	-	-	-	-	-	-	-	-	
144	-	-	-	-	-	-	-	-	-	-	

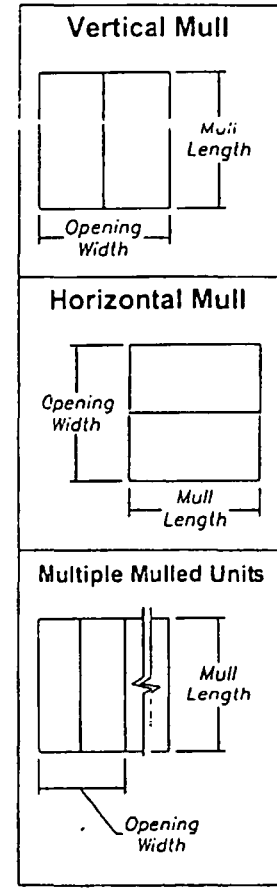
1x2.75x.375 3/4 Anchors		OPENING WIDTH IN INCHES									
		50	60	70	80	90	100	110	120	130	160
MULL LENGTH IN INCHES	42	170	170	170	170	170	170	170	170	170	170
	48	170	170	161	170	154	170	150	170	149	170
	50.625	170	170	161	170	148	170	140	170	136	170
	54	166	170	147	170	135	165	126	153	121	146
	60	145	152	127	131	116	116	101	107	100	100
	63	131	131	112	112	99	99	90	90	84	84
	66	113	113	97	97	85	85	77	77	72	72
	72	86	86	73	73	65	65	58	58	54	54
	76	73	73	62	62	54	54	49	49	45	45
	78	67	67	57	57	50	50	45	45	41	41
	84	54	54	45	45	40	40	35	35	32	32
	90	43	43	37	37	32	32	28	28	26	26
	96	36	36	30	30	26	26	23	23	21	21
	108	25	25	21	21	18	18	16	16	-	-
111	23	23	19	19	17	17	15	15	-	-	
144	-	-	-	-	-	-	-	-	-	-	

NOTES:

1. MAXIMUM ALLOWABLE PRESSURE IN PSF.
2. DESIGN IS BASED ON OPENING WIDTH. FOR MULTIPLE UNITS, CONSIDER ONLY TWO ADJACENT UNITS AT A TIME. SEE SHEET 1.
3. REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

Handwritten signature and initials:
 P.J.P.
 5/23/01
 R.L. CLARK
 #39712

STRUCTURAL

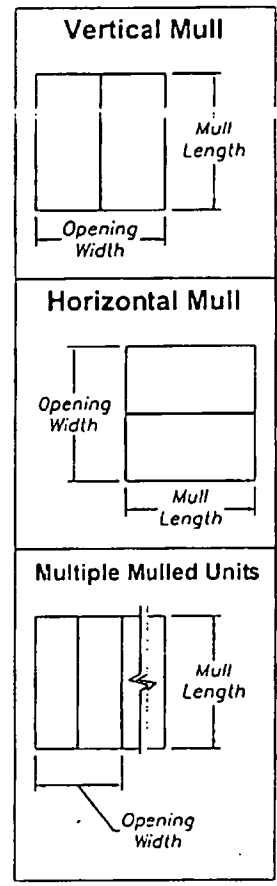


APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE JUN 28 2001
 BY *Handwritten signature*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 01-0323-02

Revised By:	Date:	Chd By:	Date:	Revisions:
Drawn By:	P.J.P.	Date:	4/28/00	
Description: PRESSURE CHARTS				
Title: 1" HEAVY WALL MULLION				
1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275	P.O. BOX 1529 NOKOMIS, FL 34274	Series/Model: MULLS	Scale: NTS	Sheet: 5 of 6
Drawing No 6621			Rev:	

1x2.75x.650 3/4 Anchors		OPENING WIDTH IN INCHES																					
		50	60	70	80	90	100	110	120	130	160												
3	42	170	170	170	170	170	170	170	170	170	170	170	170	170									
	48	170	170	160	170	148	169	141	161	138	158	137	157	137	157	170	157	170	157				
	50.625	166	170	148	169	136	156	129	148	125	143	123	141	123	141	123	141	123	141				
	54	152	170	135	155	124	142	116	133	112	128	109	125	108	124	108	124	108	124				
	60	133	152	117	134	106	122	99	113	94	107	90	103	88	101	88	100	88	100				
	63	125	143	110	126	99	114	92	105	87	99	83	95	81	93	80	91	80	91				
	66	118	135	103	118	93	107	86	97	81	90	77	85	75	82	73	80	73	79	73	79		
	72	106	108	92	92	81	81	73	73	67	67	63	63	60	60	58	58	56	56	56	56		
	76	91	91	77	77	68	68	61	61	56	56	52	52	49	49	47	47	46	46	45	45		
	78	84	84	71	71	63	63	56	56	51	51	48	48	45	45	43	43	42	42	40	40		
	84	67	67	57	57	50	50	44	44	40	40	37	37	35	35	33	33	32	32	30	30		
	90	54	54	46	46	40	40	36	36	32	32	30	30	28	28	26	26	25	25	23	23		
	96	44	44	38	38	33	33	29	29	26	26	24	24	23	23	21	21	20	20	18	18		
	108	31	31	26	26	23	23	20	20	18	18	17	17	15	15	-	-	-	-	-	-		
111	29	29	24	24	21	21	18	18	17	17	15	15	-	-	-	-	-	-	-	-			
144	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			

1x4x.375 4/6 Anchors		OPENING WIDTH IN INCHES																					
		50	60	70	80	90	100	110	120	130	160												
4	42	170	170	170	170	170	170	170	170	170	170	170	170	170									
	48	170	170	170	170	170	170	170	170	170	170	170	170	170									
	50.625	170	170	170	170	170	170	170	170	170	170	170	170	170									
	54	170	170	170	170	169	170	162	170	158	170	157	170	157	170	157	170	157	170				
	60	170	170	170	170	154	170	143	170	136	170	131	170	128	170	127	170	127	170	127	170		
	63	170	170	159	170	144	170	133	170	126	170	121	170	117	169	116	166	116	165	116	165		
	66	170	170	150	170	135	170	125	170	117	166	112	156	108	150	106	145	105	144	105	144		
	72	154	170	134	170	120	165	110	148	103	136	98	127	94	120	91	115	89	112	88	111		
	76	144	170	125	160	112	140	102	126	95	116	90	108	86	102	83	98	81	95	79	93		
	78	140	170	121	148	108	129	99	116	92	106	87	99	83	93	80	89	78	87	75	84		
	84	128	138	111	117	98	102	90	92	83	83	77	77	73	73	69	69	66	66	62	62		
	90	112	112	95	95	82	82	74	74	67	67	62	62	58	58	54	54	52	52	48	48		
	96	92	92	78	78	67	67	60	60	54	54	50	50	47	47	44	44	42	42	38	38		
	108	64	64	54	54	47	47	42	42	37	37	34	34	32	32	30	30	28	28	25	25		
111	59	59	50	50	43	43	38	38	34	34	31	31	29	29	27	27	26	26	23	23			
144	27	27	22	22	19	19	17	17	15	15	-	-	-	-	-	-	-	-	-	-			



APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
DATE JUN 28 2001
BY *Edward Wey*
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO 01-2323-02

NOTES:

1. MAXIMUM ALLOWABLE PRESSURE IN PSF.
2. DESIGN IS BASED ON OPENING WIDTH. FOR MULTIPLE UNITS, CONSIDER ONLY TWO ADJACENT UNITS AT A TIME. SEE SHEET 1.
3. REFERENCE TEST REPORT FTL-2902, 2903 AND 2975

R.L. Clark
5/4/01
R.L. CLARK
3971L

PGT INDUSTRIES		Revised By:	Date:	Chkd By:	Date:	Revisions:	
		Drawn By:	P.J.P.	Date:	4/28/00		
		Description:	PRESSURE CHARTS				
		Title:	1" HEAVY WALL MULLION				
1070 TECHNOLOGY DRIVE NOKOMIS, FL 34275	P.O. BOX 1529 NOKOMIS, FL 34274	Series/Model:	MULLS	Scale:	NTS	Sheet:	6 of 5
		Drawing No.:	6621				
		Rev:					



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

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

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

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

Your application for Notice of Acceptance (NOA) of:
SH-701 Aluminum Single Hung Window Impact Resistant
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0629.08
EXPIRES: 11/01/2006

Raul Rodriguez
Chief Product Control Division

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

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

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

APPROVED: 11/01/2001

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No. : 01-0629.08

APPROVED : November 01, 2001

EXPIRES : November 01, 2006

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

This revises & renews Notice of Acceptance No. 98-0223.01, which was issued on October 22, 1998. It approves an aluminum single hung window, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

The Series SH-701 Aluminum Single Hung Window – Impact and its components shall be constructed in strict compliance with the following document: Drawing No. 4040, titled "SH-701 Aluminum Single Hung window" Sheets 1 thru 4 of 4, prepared by manufacturer, dated 2/9/98, 08-18-98 and last revised on 10-11-2001, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

- 3.1 This approval applies to single unit applications only, as shown in approved drawings.
- 3.2 Water infiltration requirements: see design pressure table.

4. INSTALLATION

- 4.1 The aluminum single hung window and its components shall be installed in strict compliance with the approved drawings.
- 4.2 The installation of this product will not require a hurricane protection system.

5. LABELING

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

6. BUILDING PERMIT REQUIREMENTS

- 6.1 Application for building permit shall be accompanied by copies of the following:
 - 6.1.1 This Notice of Acceptance.
 - 6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.
 - 6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.

Ishaq I. Chanda
Ishaq I. Chanda, P.E., Product Control Examiner
Product Control Division

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No. : 01-0629.08

APPROVED : November 01, 2001

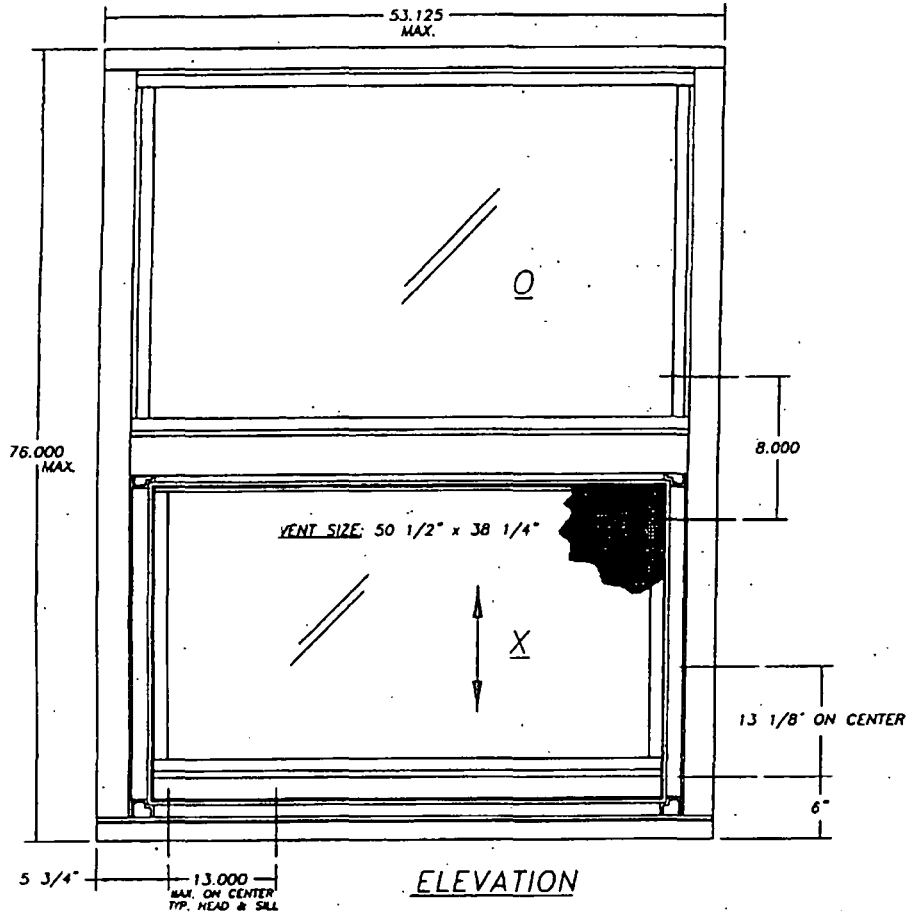
EXPIRES : November 01, 2006

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

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

END OF THIS ACCEPTANCE

Ishaq I. Chanda
Ishaq I. Chanda, P.E., Product Control Examiner
Product Control Division



ELEVATION

LARGE MISSILE IMPACT WINDOWS

- 1.) GLAZING OPTIONS: A. 5/16" (.350) LAMINATED GLASS
(1/8" annealed/.090 film/1/8" annealed)
B. 5/16" (.350) LAMINATED GLASS
(1/8" heat strengthened/.090 film/1/8" heat strengthened)
- 2.) CONFIGURATIONS: OX
- 3.) DESIGN PRESSURE RATING: SEE TABLE
- 4.) ANCHORS:
MAX. 5 3/4" FROM EACH CORNER (HEAD & SILL)
MAX. 6" FROM EACH CORNER (JAMBS)
MAX. SPACING AT HEAD & SILL: 13.000
MAX. SPACING AT JAMBS: 13.125
- 5.) SHUTTER REQUIREMENT:
NO SHUTTERS REQUIRED
- 6.) REFERENCE TEST REPORT: FTL-188

ITEM	DESCRIPTION	V.T. #	QTY. / LOCATION	VENDOR	VENDOR #
1	FLANGED FRAME HEAD (Alum. 6063-T5)	612225	1	ALUMAX	AF-12225
2	FLANGED FRAME SILL (Alum. 6063-T5)	612226	1	ALUMAX	AF-12226
3	FLANGED FRAME JAMB (Alum. 6063-T5)	612227	2	ALUMAX	AF-12227
4	FIXED MEETING RAIL (Alum. 6063-T5)	612228	1	ALUMAX	AF-12228
5	SASH TOP RAIL (Alum. 6063-T5)	612229	1	ALUMAX	AF-12229
6	SASH BOTTOM RAIL (Alum. 6063-T5)	612230	1	ALUMAX	AF-12230
7	SASH SIDE RAIL (Alum. 6063-T5)	612231	2	ALUMAX	AF-12231
8	GLAZING BEAD (Alum. 6063-T5)	6534571	2	ALUMAX	AF-534571
9	WEATHERSTRIP - VINYL BULB	6TP247K	8 (1 per Glazing Bead)	TEAM PLASTICS	TP-247
10	SILICON	62899C		DOW CORNING	899
11	5/16" (.350) W/SAFLEX BY SOLUTIA INTERLAYER		2	H.P.G.	
12	5/16" (.350) W/DUPONT PVB INTERLAYER		2	H.P.G.	
13	1/8" x .750 PHIL. PN. HD.	7658PFAM	2 (to attach Balances to Jamb)	AQUA FASTENERS	
14	SWEEP LATCH		1(11.5" from end of vent top rail) 2(if width is >= 42")	MINIATURE DIE CASTING	PGT.214.XX
15	1/8" x .625 PHIL. FLT. HD.	7858WW	2 (Sweep Latch Screws) 4 (when using 2 Sweep Latches)	MERCHANTS FASTENER	
16	WINDLOAD ADAPTER (Alum. 6063-T5)	612236	2 (to frame jamb, 30" from bot.)	ALUMAX	AF-12236
17	1/8" x .375 PHIL. P.H. TEK	78X3BRPT	4 (Windload Adapter Screws)	MERCHANTS FASTENER	
18	WEATHERSTRIP - VINYL BULB SASH	6TP249K	1 (at Vent Bottom Rail)	TEAM PLASTICS	TP-249
19	SASH TOP GUIDE		2 (1 per each balance)	MASTER TOOL	
20	SCREEN		1	VINYL TECH./PGT	
21	BALANCE COVER		2 (1 per each balance)	WYBORG	STAVE
22	BALANCE		2 (1 @ each frame jamb)	CALDWELL	
23	WEATHERSTRIP - PILE FINSEAL	61062W	3 (to vent jamb & vent top rail)	SCHLEGEL CORP.	FS7826-187
24	SASH FACE GUIDE	71087	2 (1/vent jamb, 2.5" from bot.)	VINYL TECH./PGY	
25	1/8" x .500 PHIL. FLT. HD.	78X1ZPAW	(sash face guide screws)	SCHERER IND. PROD.	
26	SASH STOP (Alum. 6063-T5)	612244	2 (to top of each frame jamb)	ALUMAX	AF-12244
27	1/8" x 1.000 PHIL. P.H. SMS	78X1PPA	4 (Frame & Vent Assr. screws)	MERCHANTS FASTENER	
28	SEAM SEALER	65M55W		SCHNEEF/MOREHEAD	SM5504
29	WINDLOAD ADAPTER (PLASTIC)	61207	2 (to frame jamb, 30" from bot.)	PROTOTYPE	WC996-1207

DESIGN PRESSURE RATING (P.S.F.)			
5/16 LAMINATED W/ ANNEALED GLASS		5/16 LAMINATED W/ HEAT STRENGTHENED GLASS	
WATER INFILTRATION REQUIRED	WATER INFILTRATION NOT REQUIRED	WATER INFILTRATION REQUIRED	WATER INFILTRATION NOT REQUIRED
-50.0	+50.0	-80.0	+66.7
		-80.0	+80.0

PRODUCT RENEWED
ACCEPTANCE No. 01-0629-08
EXPIRATION DATE: November 01, 2000

Robert L. Clark, P.E.
PE #39712
Structural

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

Revised By: F.K. Date: 10/11/0
Revised By: D.B. Date: 8/16/98
Revised By: D.B. Date: 2/9/98

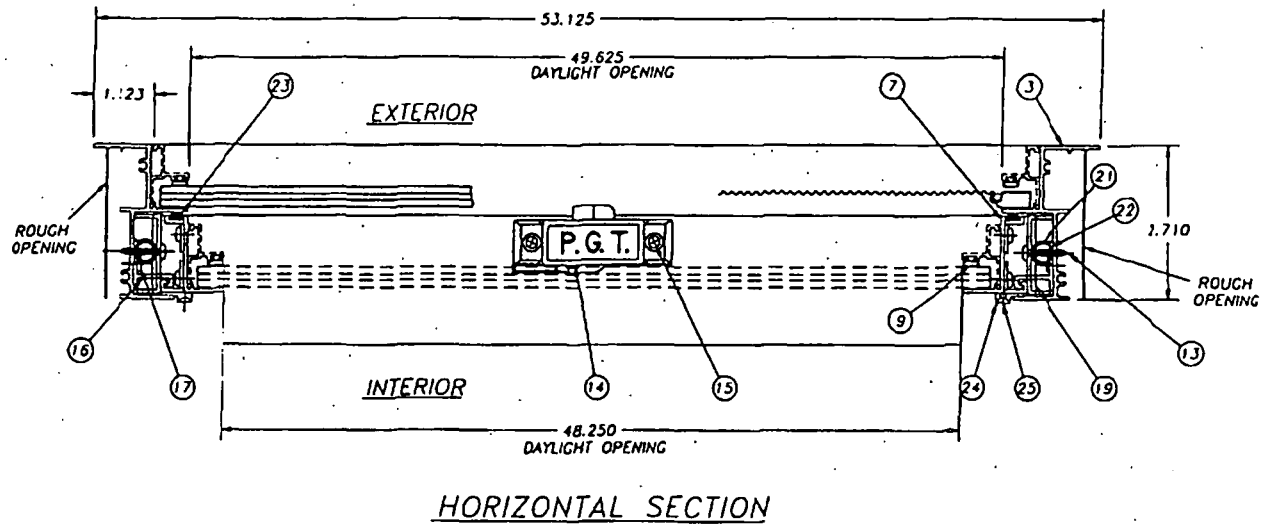
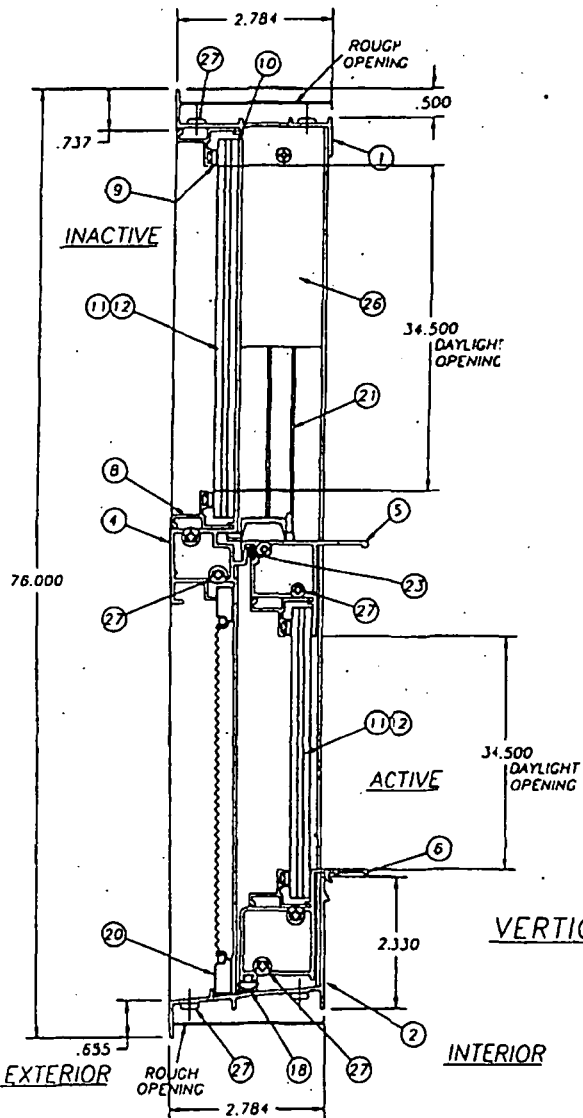
Revisions: TB, TABLE, EXTR.
Revisions:

Description: ELEVATION & PARTS LIST

Title: ALUMINUM SINGLE HUNG WINDOW

Series/Model: SH-701 Scale: NTS Sheet: 1 of 4 Drawing No. 4040 Rev: B

By: Ishag I. Chanda
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE



REFERENCE TEST REPORT: FTL-1889

PRODUCT RENEWED
 ACCEPTANCE NO. 01-0629-08
 EXPIRATION DATE NOV 21 2026
 (Signature)
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE

(Signature)
 10/14/01
 Robert L. Clark, P.E.
 PE #39712
 Structural

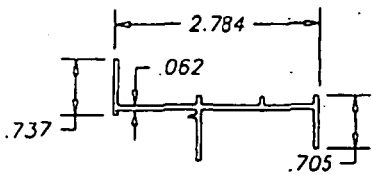
P.G.T.
INDUSTRIES
 1070 TECHNOLOGY DRIVE
 NOKOMIS, FL 34275
 P.O. BOX 1529
 NOKOMIS, FL 34274

Revised By: F.K.	Date: 10/11/01	Revisions: TB, TABLE, EXTR.
Revised By: D.B.	Date: 8/18/98	Revisions:
Drawn By: D.B.	Date: 2/9/98	

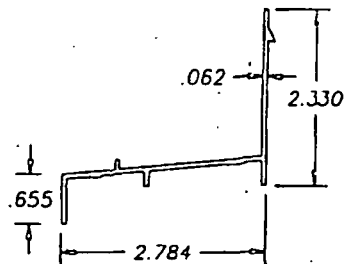
Description:
SECTIONS

Title:
ALUMINUM SINGLE HUNG WINDOW

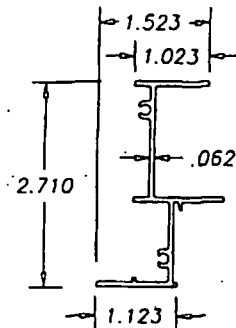
Series/Model: SH-701	Scale: NTS	Sheet: 2 of 4	Drawing No. 1240	Rev: B
----------------------	------------	---------------	------------------	--------



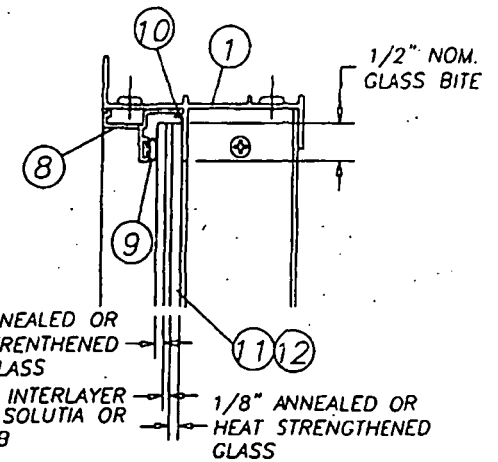
① ALUM. 6063-T5



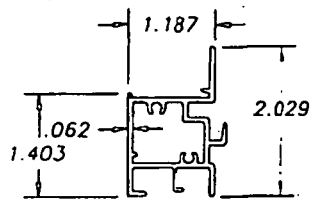
② ALUM. 6063-T5



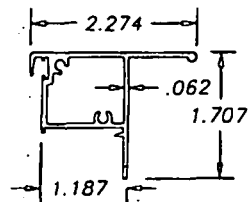
③ ALUM. 6063-T5



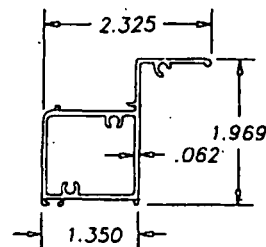
5/16" LAMINATED GLAZING DETAILS



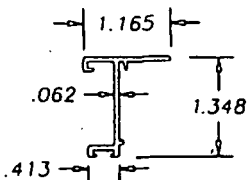
④ ALUM. 6063-T5



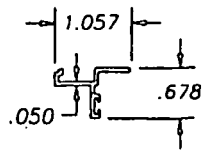
⑤ ALUM. 6063-T5



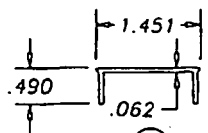
⑥ ALUM. 6063-T5



⑦ ALUM. 6063-T5



⑧ ALUM. 6063-T5



②⑥ ALUM. 6063-T5

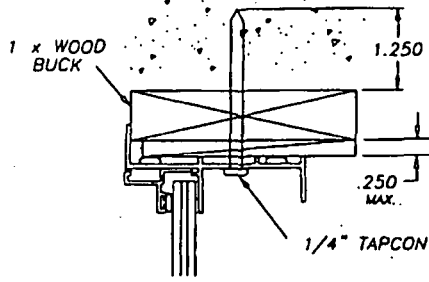
REFERENCE TEST REPORT: FTL-1889

PRODUCT REVIEWED	
ACCEPTANCE: 01-0629-08	EXPIRATION DATE: MAY 01, 2006
By: <i>Shawn L. Chaudhry</i>	
PRODUCT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE	

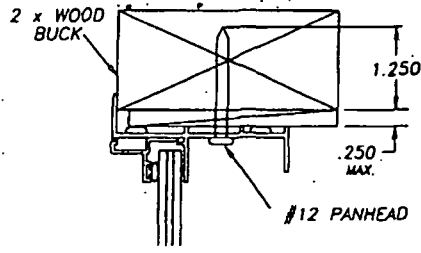
Robert L. Clark
10/11/01
Robert L. Clark, P.E.
PE #39712
Structural

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

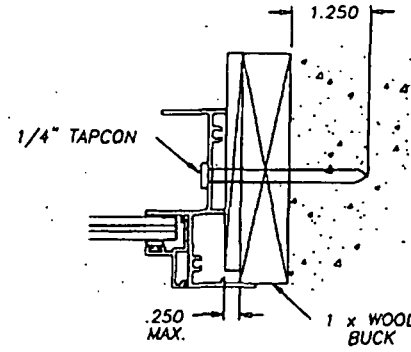
Revised By: F.K.	Date: 10/11/01	Revisions: TB, TABLE, EXTR.
Revised By: D.B.	Date: 8/18/98	Revisions:
Drawn By: D.B.	Date: 2/9/98	
Description: EXTRUSIONS & GLAZING OPTIONS		
Title: ALUMINUM SINGLE HUNG WINDOW		
Series/Model: SH-701	Scale: NTS	Sheet: 3 of 4
Drawing No. 4040		Rev: B



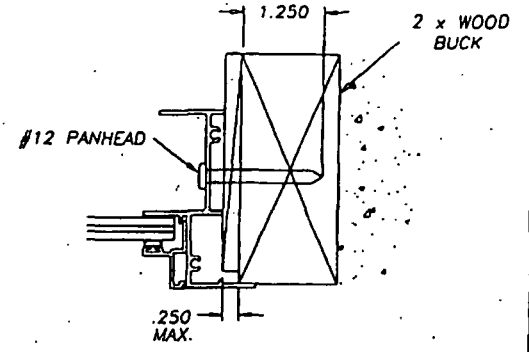
TYP. HEAD



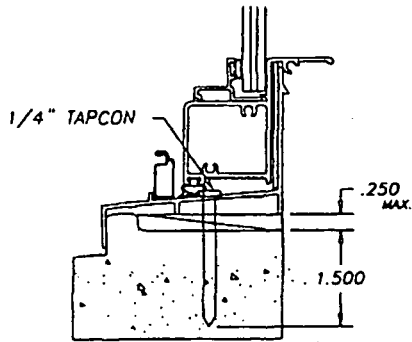
TYP. HEAD



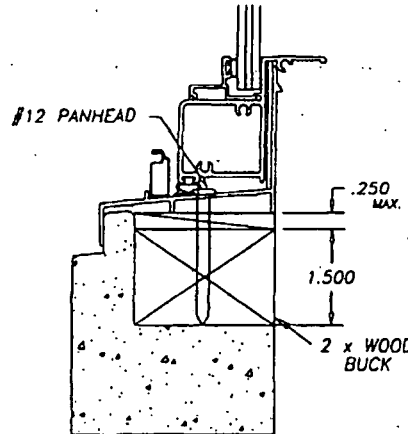
TYP. JAMB



TYP. JAMB



TYP. SILL



TYP. SILL

REFERENCE TEST REPORT: FTL-1889

PRODUCT RENEWED
 ACCEPTANCE NO. 01-06290K
 INSPECTION DATE: NOVEMBER 20, 2001
 By: Ishan J. Chanda
 PRODUCT CONTROL DIVISION
 BUILDING & CODE COMPLIANCE DEPT.

[Signature]
 Robert L. Clark, P.E.
 PE #39712
 Structural



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

Revised By: F.K.	Date: 10/11/01	Revisions: TB, TABLE, EXTR.
Revised By: D.B.	Date: 8/18/98	Revisions:
Drawn By: D.B.	Date: 2/9/98	
Description: ANCHORAGE		
Title: ALUMINUM SINGLE HUNG WINDOW		
Series/Model: SH-701	Scale: NTS	Sheet: 4 of 4
Drawing No. 4040		Rev: B

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-10, 20013 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	SHARFI	TREE	Passed	
	73 N. SEWALLS Pt			
				INSPECTOR: <i>[Signature]</i>
6106	CREA...	FOOTING	Passed	Q on
①	12 HERON'S NEST O/B			
				INSPECTOR: <i>[Signature]</i>
5352	CLEMENTS	POOL FINAL	Failed	Deck = Pavers?? OK
	11 W HIGH POINT WW MOLTER		↳	deck in setback
				INSPECTOR: <i>[Signature]</i>
6156	FREUDENBERG	ROUGH ELEC	Passed	
②	115 N. SEWALLS Pt Rd LANIERO	FOOTER Ply/Princ	Passed Passed	
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR: <i>[Signature]</i>

OTHER: 4 repair screen work, no permit



Ardaman & Associates, Inc.
 460 NW Concourse Place, Unit #1
 Port St. Lucie, Florida 34986
 (772) 878-0072

FIELD DENSITY REPORT

FILE NO.: 03-5536

DATE OF TEST: 2/28/03

PROJECT: Garage Addition to Residence at #12 Herons Nest Road/Permit No. 6092

SUBMITTED TO: North American Resource Group

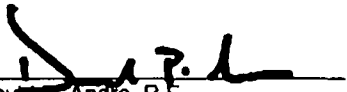
(MAXIMUM DENSITY DETERMINED IN ACCORDANCE WITH ASTM D-1557/AASHTO T-180)

(FIELD DENSITY DETERMINED IN ACCORDANCE WITH ASTM D-2922/AASHTO T-238)

Test No.	Location: garage addition floor slab and footing subgrade	OMC (%)	Max. Density (lb/ft ³)	Moisture at time of test (%)	Field Density (lb/ft ³)	% of Max. Density	Job Spec	Elevation
1	2' east of west end of north footing	12.3	108.8	8.5	108.6	100**	95	0 to -1' F
2	2' west of east end of north footing	12.3	108.8	9.0	109.2	100+**	95	0 to -1' F
3	2' west of east end of south footing	12.3	108.8	8.8	108.4	100**	95	0 to -1' F
4	Center of south footing	12.3	108.8	9.7	109.2	100+	95	0 to -1' F

**indicates density retest meets or exceeds project requirement

F-soil directly below subgrade; FS-soil under floor slab; GA-soil in general compacted area; PAV-soil below stabilized section; PSSG-stabilized subgrade; PB-pavement base; NSSG-non stabilized subgrade; TOP-top of pipe; BOP-bottom of pipe; BOS - bottom of structure


 David P. Andre, P.E.
 Branch Manager
 FL Reg. No. 53969



Ardaman & Associates, Inc.

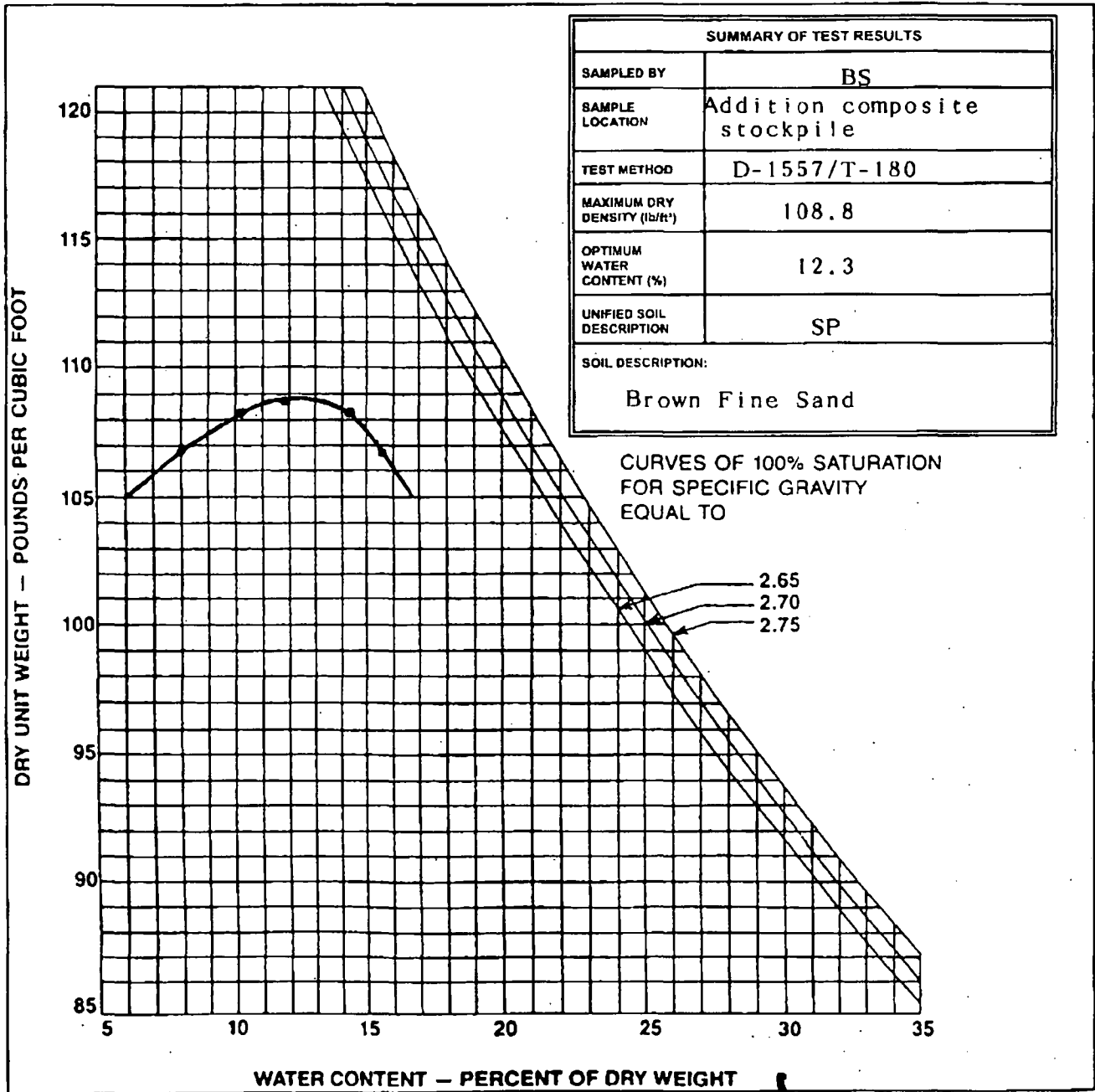
460 NW Concourse Place, Unit #1
Port St. Lucie, Florida 34986
Phone (772) 878-0072
Fax (772) 878-0097



Moisture-Density Relationship

PROJECT: Garage Addition at #12 Herons Nest Road
REPORTED TO: North American Resource Group

FILE NO. 03-5536
DATE: 2/25/03



By David P. Andro P.E.
FL Reg. No. 53969



Ardaman & Associates, Inc.
 460 NW Concourse Place, Unit #1
 Port St. Lucie, Florida 34986
 (772) 878-0072

FIELD DENSITY REPORT

FILE NO.: 03-5536

DATE OF TEST: 2/25/03

PROJECT: Garage Addition to Residence at #12 Herons Nest Road/Permit No. 6092

SUBMITTED TO: North American Resource Group

(MAXIMUM DENSITY DETERMINED IN ACCORDANCE WITH ASTM D-1557/AASHTO T-180)

(FIELD DENSITY DETERMINED IN ACCORDANCE WITH ASTM D-2922/AASHTO T-238)

Test No.	Location: garage addition floor slab and footing subgrade	OMC (%)	Max. Density (lb/ft ³)	Moisture at time of test (%)	Field Density (lb/ft ³)	% of Max. Density	Job Spec	Elevation
1	Center of pad	12.3	108.8	11.6	108.6	100	95	0 to -1' FS
2	2' east of west end of north footing	12.3	108.8	13.3	99.7	92*	95	0 to -1' F
3	2' west of east end of north footing	12.3	108.8	10.6	101.3	93*	95	0 to -1' F
4	2' east of west end of south footing	12.3	108.8	9.6	107.2	99	95	0 to -1' F
5	2' west of east end of south footing	12.3	108.8	8.1	96.4	89*	95	0 to -1' F

*indicates density test does not meet project requirement


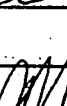
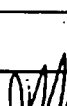
F-soil directly below subgrade; FS-soil under floor slab; GA-soil in general compacted area; PAV-soil below stabilized section; PSSG-stabilized subgrade; PB-pavement base; NSSG-non stabilized subgrade; TOP-top of pipe; BOP-bottom of pipe; BOS - bottom of structure

David P. Andre, P.E.
 Branch Manager
 FL Reg. No. 53969

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/14, 2004 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6413	POWERS	FOOTER EXTENSION	PASS	
8	70 S. SEWALL'S PT FLORIDA'S FINEST			INSPECTOR: 
6405	POITZ	FINAL REAR WINDOW	PASS	CLOSE
9	12 HERON'S NEST O/B			INSPECTOR: 
6480	WADE	ROUGH IN FLEK	FAIL	
7	9 E. HIGHT POINT PINE DECHARD BROS	RUMBING	FAIL	INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER:

6217

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/10/03

BUILDING PERMIT NO. 6217

Building to be erected for PLITT

Type of Permit RE-ROOF

Applied for by An American Roofing (Contractor)

Building Fee 120.00

Subdivision Rio Vista Lot 10 Block _____

Radon Fee _____

Address 12 Heron's Nest

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

12384100200000100600

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 120.00 Check # 1743 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 8560.00

TOTAL Fees 120.00

Signed Kendra S. Beale

Signed Gene Simmons (CDD)

Applicant

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: GREGORY & JANE PLITT City: SEWALL'S POINT State: FL Zip: 34996

Legal Description of Property: RIO VISTA SUBDIVISION LOT 10 Parcel Number: 12384100200000100600

Location of Job Site: 12 HERON'S NEST Type of Work To Be Done: RE-ROOF TILE TO TILE

**ALL AMERICAN ROOFING
OF THE TREASURE COAST, INC**

CONTRACTOR/Company Name: _____ Phone Number: 463-8055

Street: 3006 SE WAALER ST. City: STUART State: FL Zip: 34997

State Registration Number: _____ State Certification Number: CCC058118 Martin County License Number: 2002-513-008

ARCHITECT: _____ Phone Number: _____

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

ENGINEER: _____ Phone Number: _____

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

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

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

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

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

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

COST AND VALUES Estimated Cost of Construction or Improvements: \$ 8,560.00 Estimated Fair Market Value (FMV) Prior

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

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

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

National Electrical Code 2002 Florida Energy Code 2001

Florida Accessibility Code 2001

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

OWNER/AGENT SIGNATURE (Required) [Signature]
State of Florida, County of: MARTIN
This the 9th day of APRIL, 2003
by GREGORY PLITT who is personally
known to me or produced FL DR
as identification. Dendra S. Bramble

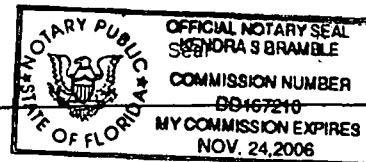
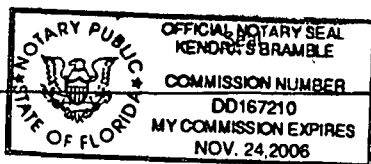
Notary Public

My Commission Expires: 11/24/06

CONTRACTOR SIGNATURE (Required) [Signature]
On State of Florida, County of: MARTIN
This the 9th day of APRIL, 2003
by PAUL D. WILKINS who is personally
known to me or produced _____
As identification. _____

Notary Public

My Commission Expires: 11/24/06



PERMIT# _____ TAX FOLIO# 12384100200000100600

NOTICE OF COMMENCEMENT

STATE OF: FLORIDA

COUNTY OF: MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE): 12 HERON'S NEST
RIO VISTA SUBDIVISION LOT-10

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

OWNER: GREGORY & JANE PLITT

ADDRESS: 12 HERON'S NEST, SEWALL'S POINT, FL 34996

PHONE #: 220-4323

FAX #: _____

CONTRACTOR: ALL AMERICAN ROOFING OF THE TREASURE COAST, INC.

ADDRESS: 3006 SE WAALER STREET, STUART, FL 34997

PHONE#: (772)463-8055

FAX#: (772)463-8054

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

STATE OF FLORIDA
MARTIN COUNTY

BOND AMOUNT: _____

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

LENDER: _____

MARSHA EWING, CLERK

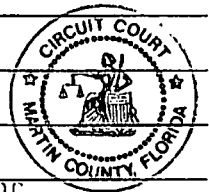
ADDRESS: _____

BY [Signature] D.C.

PHONE #: _____

FAX #: _____

DATE 4/9/09



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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____

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

PHONE #: _____

FAX #: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

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

SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 8th DAY OF APRIL

2009 BY GREGORY PLITT

[Signature]

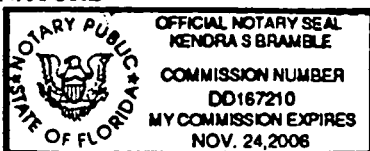
NOTARY SIGNATURE

OR

PERSONALLY KNOWN _____

PRODUCED ID X

TYPE OF ID FLDL



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/18/2002

PRODUCER (772)287-2030 FAX (772)288-2481

Deakins-Carroll Insurance Agency
www.deakinscarroll.com
P.O. Box 1597
Pt. Salerno, FL 34992

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

INSURERS AFFORDING COVERAGE

INSURED ALL American Roofing of The Treasure Coast, Inc
3091 SE Waaler Street
Stuart, FL 34997

INSURER A: Burlington Ins.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

RECEIVED
OCT 21 2002
BY: _____

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	BINDERG33432	10/16/2002	10/16/2003	EACH OCCURRENCE \$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$ Excluded MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 500,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

Sewall's Point, Town of
1 South Sewall's Point Road
Stuart, FL 34996

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

AUTHORIZED REPRESENTATIVE

David Deakins/MDB

David Deakins

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
03/11/2003

PRODUCER CONDON-MEEK, INC. 1211 COURT ST. CLEARWATER, FL 34616-5897	Serial #	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC#</th> </tr> <tr> <td>INSURER A: CONTINENTAL CASUALTY COMPANY</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> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: CONTINENTAL CASUALTY COMPANY		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC#													
INSURER A: CONTINENTAL CASUALTY COMPANY														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														

INSURED CRUM STAFFING II, INC. 3040 GULF TO BAY BLVD., SUITE #200 CLEARWATER, FL 33759	
--	--

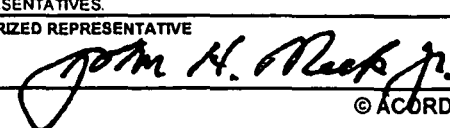
COVERAGES

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

INSR LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$																
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$																
A		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC247855307	12/31/02	04/30/03	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%;">WC STATU-TORY LIMITS</td> <td style="width:15%;">OTH-ER</td> <td style="width:55%;"></td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td></td> <td></td> <td>\$ 100,000</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td>\$ 100,000</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td>\$ 500,000</td> </tr> </table>		WC STATU-TORY LIMITS	OTH-ER		EL EACH ACCIDENT			\$ 100,000	EL DISEASE - EA EMPLOYEE			\$ 100,000	EL DISEASE - POLICY LIMIT			\$ 500,000
	WC STATU-TORY LIMITS	OTH-ER																				
EL EACH ACCIDENT			\$ 100,000																			
EL DISEASE - EA EMPLOYEE			\$ 100,000																			
EL DISEASE - POLICY LIMIT			\$ 500,000																			
		OTHER																				

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

This certificate remains in effect provided the client's account is in good standing with Crum Staffing II, Inc. Coverage is not provided for any employee for which the client is not reporting hours to Crum Staffing II, Inc. Applies to 100% of the employees of Crum Staffing II, Inc. leased to **ALL AMERICAN ROOFING OF THE TREASURE COAST, INC.**

CERTIFICATE HOLDER TOWN OF SEWALLS POINT 1 S. SEWALLS POINT RD SEWALLS POINT, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	--

AC# 0265462

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

SEQ# 01111500090

DATE	BATCH NUMBER	LICENSE NBR
11/15/2001	01012332	QB -0020109

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2003
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS THE
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER,)

ALL AMERICAN ROOFING OF THE TREASURE COAST IN
3091 WAALER STREET
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

AC# 0475369

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L02070500775

DATE	BATCH NUMBER	LICENSE NBR
07/05/2002	200003598	CCC058118

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

WILKINS, PAUL D
ALL AMER ROOF OF THE TREASURE COAST INC
3091 SE WAALER ST
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

2002-2003 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENS ~~2002-513-011~~ CERT CC-0058118

PHONE (561) 463-8055 SIC NO 023561

LOCATION:

3091 SE WAALER ST STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL		<u>25.00</u>	

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

30 DAY OF AUGUST 2002
AND ENDING SEPTEMBER 31, 2003

WILKINS, PAUL D (QUALIFIER)
ALL AMERICAN ROOFING OF THE
TREASURE COAST, INC.
3091 SE WAALER ST
STUART, FL 34997

12 02083001 001796

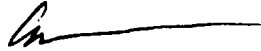
All American Roofing of The Treasure Coast, Inc.

3091 SE Waaler Street, Stuart, FL 34997

Lic. #CC-C058118

SCOPE OF WORK

- Removal and disposal of existing roof down to substrate.
- Complete installation of an ASTM 30# felt, fastened to code.
- Complete installation of a cement tile.

<p>FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE DATE: <u>4/9/03</u>  BUILDING OFFICIAL Gene Simmons</p>

Telephone: (561)463-8055

Fax: (561)463-8057



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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Entegra Roof Tile Corporation
1201 N.W. 18 Street
Pompano Beach ,FL 33069

Your application for Notice of Acceptance (NOA) of:

Concrete Flat Roofing Tile

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

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

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

ACCEPTANCE NO.: 01-0417.09
EXPIRES: 06/07/2006

Raul Rodriguez
Chief Product Control Division

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

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

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

APPROVED: 06/07/2001

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/12, 2003 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6255	GOODMAN 6 OAKWOOD SAM CHESS	TIN TAG + MEAN	Passed	early INSPECTOR:
6217	ROTT	FINAL Ref	Passed	
	12 HERON'S NEST ALLAME	only		INSPECTOR:
6131	PFEIFFER 10 HENRY SEWALL BURFORD CONSTR.	PARTIAL GYMNASIUM PARTIAL EPICORE	Passed Passed	INSPECTOR:
5949	HOFFLER 173 S. SEWALL'S Pt Rd O/B	FINAL - ADDITION 757 695 roof	Passed	6/20/11 INSPECTOR:
	Greene 26 Island Rd.	Delive Drgs.	Passed	INSPECTOR:
	Levin 41 Rio Vista	Pickup drgs.	Passed	INSPECTOR:
6220	Gibson 134 S. River Rd. Frontier	286 525e	Passed	close roof INSPECTOR:
OTHER: _____				

ADMINISTRATIVE
VARIANCE

RESOLUTION NO. 578

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, GRANTING THE APPLICATION OF GREGORY PLITT AND JANET PLITT, HIS WIFE, FOR A VARIANCE OF THREE (3) ENCROACHMENTS ON LOT 10 RIO VISTA SUBDIVISION, AS RECORDED IN PLAT BOOK 6, PAGE 95, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

WHEREAS, Gregory Plitt and Janet Plitt, his wife, ("Applicants"), the owners of the above-described property (the "Property"), have applied for an administrative variance under Section 82-141 of the Town of Sewall's Point Code of Ordinances; and

WHEREAS, the Town Building Department received and recommended approval of the Applicants' application for a variance for the following:

1. An encroachment of 10.4 feet on the NE corner of the residence;
2. An encroachment of 0.8 feet on the SW corner of the residence;
3. An encroachment of 2.6 feet on the SW corner of the pool deck; and

WHEREAS, the Town Commission held a public hearing on the variance on December 17, 2002; and

WHEREAS, notice of the public hearing was posted at the Town Hall bulletin board and notice of the public hearing was sent by certified mail, return receipt requested, by the Applicants, to all record owners of property located adjacent to the Property and the date of the mailing was at least fifteen (15) days before the date of the hearing (or notice was waived by the adjacent owners); and

WHEREAS, the Applicants at the public hearing presented proof of the identity and address of the persons entitled to receive notice by mail and of the mailing of the notice to those persons (or their waiver); and

WHEREAS, the Town Commission at the public hearing made the finding that: The Applicants demonstrated an extreme hardship, which justified a variance of the Town Code.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, AS FOLLOWS:

1. The Applicants' variance is hereby conditionally granted by the Town Commission of the Town of Sewall's Point, Florida; and
2. This variance is also expressly conditioned upon the Applicants reimbursing the Town for all professional expenses of the Town incurred in connection with the application, pursuant to Section 46-31, Town of Sewall's Point Code of Ordinances;
3. The Town Building Department, upon the payment of the appropriate permit application fee and professional fees, shall issue a variance permit for the three (3) encroachments listed above, at 12 Herons Nest, Sewall's Point, Florida, in accordance with the plans and specifications reviewed by the Town Commission at the public hearing (attached as Exhibit "A"); and
4. This Resolution shall be recorded by the Applicants in the Martin County, Florida Public Records at the Applicants' expense.

The vote was as follows:

	A YE	N AY
THOMAS P. BAUSCH, Mayor	<u>✓</u>	<u> </u>
MARC S. TEPLITZ, Vice Mayor	<u>✓</u>	<u> </u>
RICHARD L. BARON, Commissioner	<u>✓</u>	<u> </u>
JAMES D. BERCAW, Commissioner	<u>✓</u>	<u> </u>
E. DANIEL MORRIS, Commissioner	<u>✓</u>	<u> </u>

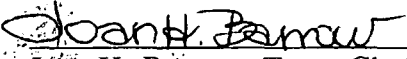
The Mayor thereupon declared this Resolution approved and adopted by the Town Commission of the Town of Sewall's Point on this 17th day of December, 2002.

TOWN OF SEWALL'S POINT, FLORIDA



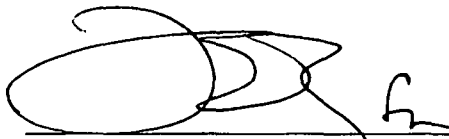
 THOMAS P. BAUSCH, Mayor

ATTEST:

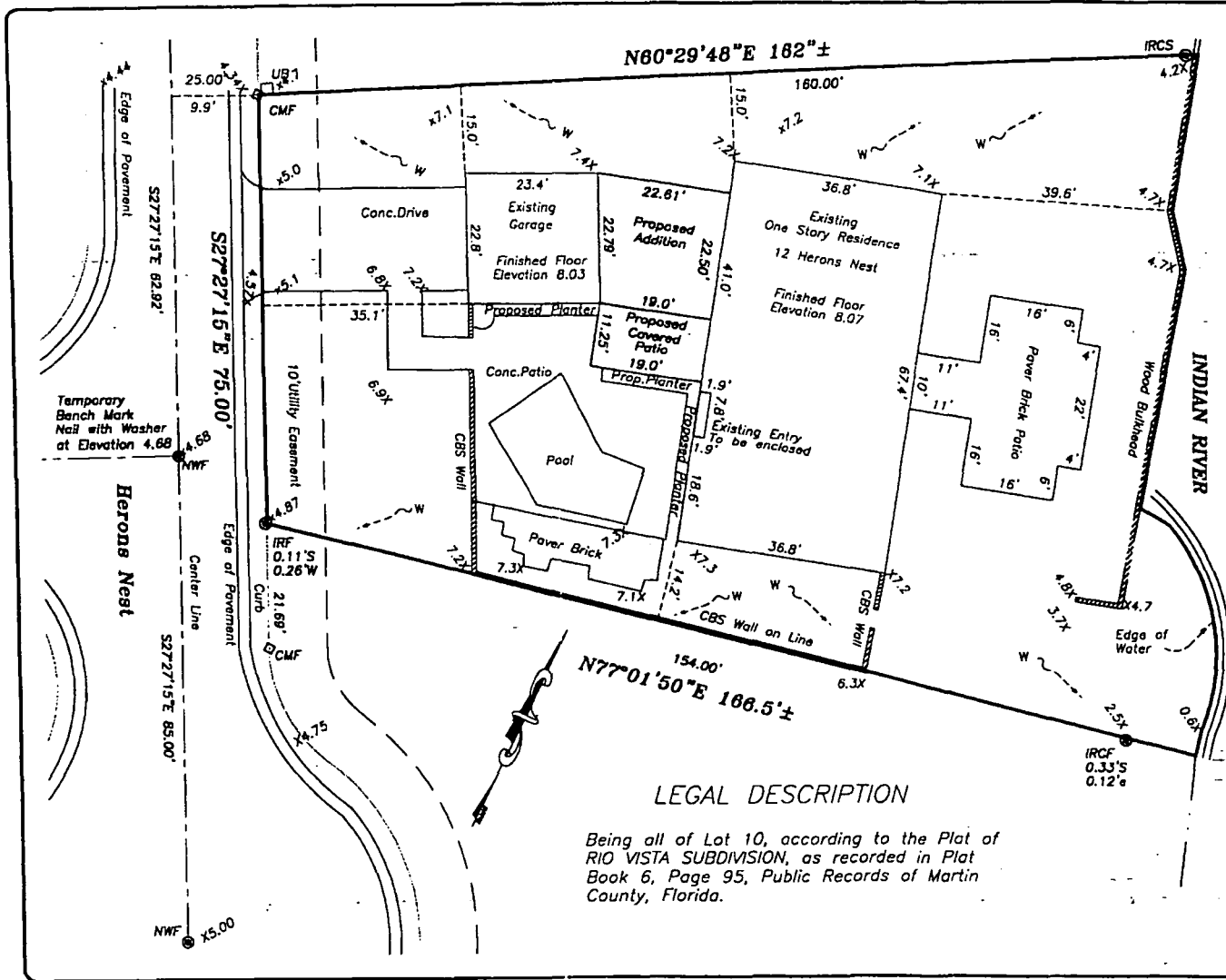


 Joan H. Barrow, Town Clerk





 Tim B. Wright, Town Attorney
 Approved as to form and
 legal sufficiency



SURVEYOR'S REPORT

- 1 This Survey shall not be valid unless sealed with an embossed Surveyor's seal.
- 2 No underground improvements have been located
- 3 Survey date: 05.8.2002
- 4 This survey was prepared without the benefit of the provision any record documents other than the Plat of record
- 5 This survey meets all requirements for accuracy as set forth in the Minimum Technical Standards (61G17-6FAC)
- 6 This survey shown hereon is not covered by professional liability insurance but the Surveyor ensures financial responsibility in the amount of the survey's worth.
- 7 Bearings are in accordance to the record Plat and are based on the center line of Herons Nest at S27°27'15"E
- 8 There are no easements shown on the record Plat.
- 9 There may be violations regarding Building set backs.
- 10 Property Line locations are base and held to the monument center line of Herons Nest
- 11 Elevations shown are relative to the National Geodetic Vertical Datum of 1929.

LEGEND

- Conc. - Concrete
- WM - Water Meter
- UB - Utility Box
- PF - Privacy Fence
- PP - Power Pole
- GV - Gate Valve
- FH - Fire Hydrant
- CAC - Concrete Pad with Air Conditioninh
- CPE - Concrete Pad with Pool Equipment
- NDF - Found PK Nail with Washer
- IRF - Found Iron Rod with NO ID
- IRCF - Found Iron Rod with Cap LB#6018
- IRCS - Found Iron Rod with Cap PSM#4363
- X0.00 - Existing Elevations
- W - Direction of Surface Water run off

Lot Size : 15,649.8 Sq.Ft. 100 %
 Existing Building: 3006.5 Sq.Ft. 19.2%
 Proposed Building: 470.3 Sq.Ft. 3.0%
 Existing & Proposed Concrete: 2121.5Sq.Ft. 13.5%
 TOTAL IMPERVIOUS AREA: 5,598.3 Sq.Ft. 35.7%
 Paver Brick Area: 825Sq.Ft. 5.3%

LEGAL DESCRIPTION

Being all of Lot 10, according to the Plat of RIO VISTA SUBDIVISION, as recorded in Plat Book 6, Page 95, Public Records of Martin County, Florida.

Flood Zone Data:
 Flood Zone: VE (EL,10)
 Community #: 120164
 Panel #: 0154
 Suffix: F
 Date: October 4, 2002

PREPARED FOR:
 Fidelity National Title Company
 Janet and Gregory Plitt

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

Prepared For:

Janet and Gregory Plitt

Martin County

Florida

REGINA C. KARNER

PROFESSIONAL SURVEYOR & MAPPER

2740 SW Martin Downs Blvd.#933, Palm City, FL.34990

Phone: 1-772-288 7208

Fax: 1-772-223 8181



Date	By	Revision Description
10.30.02		Update & Site Plan

Sheet Title		Sheet No.
Boundary Survey & Site Plan		1 of 1
Scale: 1"=20'	Date: 10/04/02	File No.: R10Meta10SP
Drawn By: FINE ARCH	Checked By: RKP	
Job No.: 0205.05	CAD: 11/02	

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

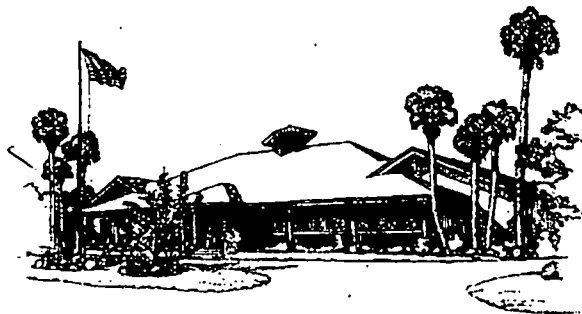
THOMAS P. BAUSCH
Mayor

MARC S. TEPLITZ
Vice Mayor

E. DANIEL MORRIS
Commissioner

JAMES D. BERCAW
Commissioner

RICHARD L. BARON
Commissioner



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

GENE SIMMONS
Building Official

JOSE TORRES, JR.
Maintenance

To: Mayor and Commissioners

Fm: 
Gene Simmons
Building Official

Ref: Request for Administrative Variance by Mr. & Mrs. Plitt residing at 12 Herons Nest

Date: December 11, 2002

Attached for your review and approval is an application for an administrative variance requested by Mr. & Mrs. Plitt residing at 12 Herons Nest.

The encroachments, which need to be addressed, are as follows:

1. NE corner of residence - existing setback of 39.6 feet - required 50 feet. An encroachment of 10.4 feet exists.
2. SW corner of residence - existing setback of 14.2 feet - required 15 feet. An encroachment of 0.8 feet exists.
3. SW corner of pool deck - existing setback of 12.4 feet - required 15 feet. An encroachment of 2.6 feet exists.

Per Administrative Ordinance No. 292 dated November 19, 2002 the applicant has met the following requirements as outline in the ordinance:

1. The setback violation(s) for the encroachment(s) shown on the survey was/were a good faith error(s) and was/were not intentional.
2. I have inspected the file of 12 Heron's Nest and have determined that the residence and pool/deck, for which variances are applied, were permitted under one permit number 699 dated May 1977.
3. I have received surveys (24" X 36" and one 8 1/2" X 11" for recording) containing all pertinent information.
4. Letters of No Objection or proof of service filed at least 15 days prior to the town meeting.
5. The encroachments are less than 30% of the setback requirements.

If any other information is requested please do not hesitate to contact me at 287-2455.

APPROVED.



Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

TOWN OF SEWALL'S POINT ADMINISTRATIVE VARIANCE APPLICATION

1. Owner of Property: JANET & GREG PLITT
2. Address of Property: HERONS NEST
3. Address of Applicant: HERONS NEST
4. Phone Number of Applicant: 372-486-2949
5. Length and location (front, rear, & side) of encroachment (if more than one, please list separately):

1. SW Corner of Pool Deck, 12.4' from property line

2. SW Corner of Residence, 14.2' from property line

3. NE Corner of Residence, 39.6' from ~~abundant~~ mean high water

6. The following items must accompany this application:
 - A. \$400.00 Filing Fee (non-refundable).
 - B. Certificate of Ownership (copy of warranty deed or tax receipt).
 - C. A list certifying the name and address of all adjacent property owners as shown in the Official Records of the Martin County Tax Collector's Office.
 - D. A building permit or building permit application with the building permit number indicated on it.
 - E. Original permit drawings, plans or surveys.
 - F. Current surveys (six each) 24" X 36" and one (1) 8 1/2" X 11".

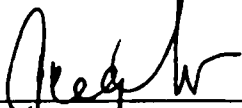
Surveys must be:

 - (1). Prepared by a licensed surveyor registered in Florida in accordance with the minimum technical standards established by the Florida Board of Professional Surveyors and Mappers.
 - (2). Contain the address of the property, including street name and number, and show the proximity of all boundary streets.
 - (3). Show the location of all buildings, structures, and above-ground encroachments and improvements.
 - (4). Show all setback requirements under the Town of Sewall's Point Code of Ordinances.
 - (5). Show location and identification of all encroachments into setbacks under this code, including the type of improvement comprising the encroachments and specifically identifying any encroachment that is the subject of the application.
 - (6). Contain a certification to the Town of Sewall's Point.
 - (7). Contain any other information the Town Commission may require to show whether the setback encroachment is entitled to an administrative variance.
 - G. Letters of No Objection from all adjacent property owners or proof that a copy of the administrative variance application has been sent to all adjacent property owners by certified mail with a written notice informing

them that any objections to the requested administrative variance must be filed with the Town Clerk within fifteen days of the date that the notice was mailed.

7. The Town Commission may grant the variance if the Town Commission finds that:
- A. The encroachment is less than or equal to thirty (30) percent of the setback requirement in effect on the date that the encroachment was created.
 - B. Either letters of no objection have been filed by the applicant for all adjacent property owners, or 15 days have [passed since the mailing to adjacent neighbors informing them of their right to file an objection with the town clerk, and no letter of objections to the administrative variance application have been filed.
 - C. The structure(s) for which a variance is sought was constructed under a valid permit. This requirement does not apply to variances with encroachments of less than twenty (20) inches.
 - D. The setback violation was a good faith error and was not intentional.

I hereby certify that all of the information above and the application materials I have provided are true and correct.



Applicant Signature

Dated this ~~5th~~ of ~~December~~ 2002

Dated This: 5th day of December 2002

Greg and Janet Plitt
12 Herons Nest
Sewall's Point, Fl. 34996

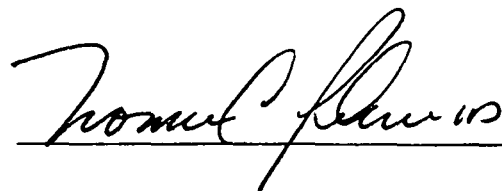
Dear Neighbor,

Janet and I are applying to the Commission for an administrative variance. Attached to this request is a copy of my survey showing the encroachments on the property. If you object to these encroachments please file a letter with me or the city prior to the next schedule commission meeting, December 17,2002.

Sincerely



Greg Plitt

 Date 12/4/02

Please acknowledge this letter with your signature

Greg and Janet Plitt
12 Herons Nest
Sewall's Point, Fl. 34996

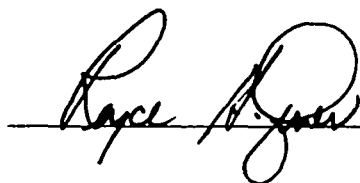
Dear Neighbor,

Janet and I are applying to the Commission for an administrative variance. Attached to this request is a copy of my survey showing the encroachments on the property. If you object to these encroachments please file a letter with me or the city prior to the next schedule commission meeting, December 17,2002.

Sincerely



Greg Plitt



Date 12-7-02

Please acknowledge this letter with your signature

10/29/2002
15:30:37

PROPERTY APPRAISER
2002 ASSESSMENT TAX ROLL

Owner	Acct/Geo/Old Acct/MPIN	Make/Model/Ser/Ttl/Lic	Exmpt Dist	Assessed
PALMERT, NORMAN A 10 HERON'S NEST STUART, FL 34996	27522 123841002000009080000 0010233601 SP-04 Subd: RIO VISTA S/T/R:12/38/41 Acreage:0.000 Int:1.000000 10	REAL ESTATE	HX HO C001 ICDS Agr L: IFND Impr: S001 Mfd: T221 Pers: WSFM Min: Tot: Mkt Ag:	
		HERONS NEST	SP	

RIO VISTA S/D LOT 9

Appraised	Assessed	Exemptions	Taxable	Taxes	Penalties
767,452	593,081	25,000	568,081	9,681.14	.00
PLITT, GREGORY & JANET 12 HERONS NEST STUART, FL 34997	27523 1238410020000010060000 0010233619 SP-04 Subd: RIO VISTA S/T/R:12/38/41 Acreage:0.000 Int:1.000000 12	REAL ESTATE			C001 Mkt L: ICDS Agr L: IFND Impr: S001 Mfd: T221 Pers: WSFM Min: Tot: Mkt Ag:
			HERON'S NEST		SP

RIO VISTA S/D LOT 10 TPP 21710-000

Appraised	Assessed	Exemptions	Taxable	Taxes	Penalties
450,438	450,438	0	450,438	7,676.27	.00
TRUST COMPANY OF OKLAHOMA (TR) P O BOX 3627 TULSA, OK 74101-3627	27524 1238410020000011040000 0010233627 SP-04 Subd: RIO VISTA S/T/R:12/38/41 Acreage:0.000 Int:1.000000 14	REAL ESTATE			C001 Mkt L: ICDS Agr L: IFND Impr: S001 Mfd: T221 Pers: WSFM Min: Tot: Mkt Ag:
			HERON'S NEST		SP

Royce Jones

RIO VISTA S/D LOT 11

Appraised	Assessed	Exemptions	Taxable	Taxes	Penalties
362,167	362,167	0	362,167	6,171.99	.00

General Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, That I, the undersigned, Janet O. Plitt, do hereby constitute and appoint George Gregory Plitt to be my lawful agent and attorney, for me and in my name and stead, to:

1. Collect all income due or to become due to me, and to give full receipts and acquittances therefore.
2. Sign checks or drafts on my bank account or accounts with _____ or any trust company, bank or bankers, withdraw money from such accounts, deposit money, checks, drafts, notes or other negotiable paper or evidences of debt to the credit of such accounts, endorse generally or specially all checks etc., so deposited, and generally in respect to such accounts, whether opened by me or my attorney, perform all such acts or make such agreements as I myself might do if personally signing or acting.
3. Make, sign, issue, endorse generally or otherwise, extend, guarantee or accept, promissory notes, drafts, bills of exchange or other instruments, negotiable or otherwise, with or without collateral security, deposit, assign, transfer or withdraw stocks, bonds or other securities or property as collateral security for such notes or other obligation, whether made by me or my said attorney, and generally in respect to such notes, etc., perform all such acts or make such agreements as I, myself, might do if personally present.
4. Sell, assign, transfer, pledge, repledge or otherwise dispose of any and all stocks, bonds, certificates of deposit or other securities, or personal property, whether registered in my name or otherwise, and, for the purposes of such sale, assignment, etc., or other disposition, execute all instruments of transfer or powers of attorney necessary or proper to effectuate such transfer in due form of law; also to execute any agreements for the reorganization of any corporation issuing such securities, or for the modification of the rights of all or any holders of such securities therein.
5. Sell, lease or otherwise dispose of any real or leasehold property, upon such terms as said agent and attorney may approve, and as to the purchase money or other consideration for such sales or other dispositions, to receive and give full receipts and acquittances therefore, and to execute all such deeds, leases or other instruments of conveyance as may be necessary and proper to effectuate and carry out any such sales or other dispositions, or to convey any property so sold to the purchaser or purchasers thereof, with all such covenants for title or other covenants as the said agent and attorney may deem proper and advisable.
6. Open and enter any safe deposit box leased or rented to me in my name individually or jointly with others the same as I myself might do if personally signing or acting, and to remove therefrom, or to place therein, from time to time, any papers, bonds, securities or other property said agent and attorney may wish; also to renew, terminate or otherwise alter the contract of lease or rental of any such safe deposit box upon such terms and in such manner as said agent and attorney may think best, and to lease or rent or substitute safes or boxes which shall be subject to like entry hereunder.

Giving and hereby granting unto my said agent and attorney full power and authority in and about the premises; with full power to use all means and process in the law for the full and effectual execution of the business herein described; and in my name to make and execute due acquittances and discharges; and especially with full power to make and substitute for any or all of the purposes aforesaid one or more attorneys in its stead, and to substitute or revoke again at pleasure. And generally to do and perform any and all matters and things relating to the premises as fully and effectually to all purposes as I, if present, might personally do, hereby ratifying and confirming whatsoever said agent or attorney or its substitute shall lawfully do or cause to be done, in and about the premises, by virtue of these presents.

This power of attorney is to continue in force until revoked in writing; and until said company be notified in writing of such revocation thereof. This power of attorney shall not be affected by my disability.

WITNESS my hand and seal this 8 day of May in the year ~~nineteen hundred and~~ 2002.

WITNESS: [Signature]

[Signature] (SEAL)

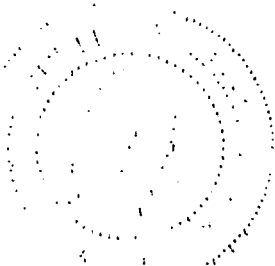
STATE OF Maryland CITY/COUNTY OF Baltimore, to wit:
I HEREBY CERTIFY that on this 8th day of May
in the year ~~nineteen hundred and~~ 2002 before me, the subscriber, a Notary
Public of the State of Maryland In and for Baltimore
City/County aforesaid, personally appeared Janet Platt
and acknowledged the foregoing power of attorney

to be his act.

WITNESS my hand and Notarial Seal.

Kathryn L. Yomier
Notary Public

My Commission Expires KATHRYN L. YOMIER
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires April 6, 2004



6367

PROPANE LINES/FITTINGS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8/7/03

BUILDING PERMIT NO. 6367

Building to be erected for DLITT

Type of Permit GAS TANK + LINE

Applied for by FERRELL GAS (Contractor)

Building Fee 35.00

Subdivision RIO VISTA Lot 10 Block _____

Radon Fee _____

Address 12 HERON'S NEST

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:
1238410020000010060000

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 1266 Cash _____ Other Fees (_____)

Total Construction Cost \$ 1090.00

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point AUG 05 2003

RECEIVED
AUG 06 2003

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: GREG PLITT Building Permit Number: _____
City: STUART State: FL Zip: 34996
Legal Description of Property: LOT 10 RIO SUB DIVISION Parcel Number: 12-38-41-002-0000-1-001-0000
Location of Job Site: 12 HERONS NEST Type of Work To Be Done: Propose Tank & Lines

CONTRACTOR/Company Name: FERRELL GAS Phone Number: 287-4330
Street: 3232 SE DIXIE HWY. City: STUART State: FL Zip: 34997
State Registration Number: 01237 State Certification Number: 13389 Martin County License Number: 1967-249-008

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____
Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$1090⁰⁰ Estimated Fair Market Value (FMV) Prior
To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO

SUBCONTRACTOR INFORMATION
Electrical: _____ State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

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

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

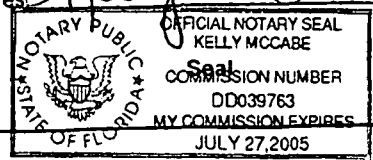
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (Required)
State of Florida, County of: _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
as identification. _____

Notary Public
My Commission Expires: _____

CONTRACTOR SIGNATURE (Required) Gary Korman
On State of Florida, County of: _____
This the 4 day of August, 2003
by GARY KORMAN who is personally
known to me or produced _____
As identification. _____

Notary Public
My Commission Expires: _____



Seal



RECEIVED
6/20/03 hu 3:40

Stuart -
KELLY -
give to Helen

Proposal to: Greg Plitt

3/3/03

Job Name: Residence @ 12 Heron's Nest, Stuart, FL 34996

Gas line & Service Connections for pool heater, cooktop, fireplace and grill.

a. Installation of 40' exterior gas line, regulators and interior service line to fireplace, cook top, PH and grill with final appliance connections and permit----- \$ 1090.00

Sales tax--\$ 65.40

TOTAL --- \$ 1155.40

Note: Propane fill billed separately.

Terms: 50% to start, 40% at rough in, balance on completion.

Customer's signature

date

2/22/03

Ferrellgas

Gary Kernan

date

8/1/03

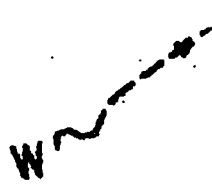
cell # 772-285-2534 fax# 772-287-3456

N60°29'48"E 162"±

160.00'

22.1'

7.2



16.0'

EXPOSED 1/2" GALV

RES →

38.8'

Existing One Story Residence

12 Herons Nest

Finished Floor Elevation 8.07

22.61' 5 1/2" APE →

GAS RANGE → @ 55,000 BTU

Proposed Addition

22.79'

22.50'

41.0'

19.0'

Proposed Covered Patio

11.25'

19.0'

Prop. Planter

Key Valve

NEW FIREPLACE UNVENTED GAS @ 22,000 BTU

67.4'

70" CSST APE OVERHEAD

Existing Entry To be enclosed

1.9'

7.8'

1.9'

1.9'

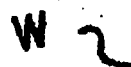
18.6'

Proposed Planter

Grill Stub out 36.8'

14.0'

7.3



CB

Ferrelgas
Gary
287-4330

4' Living Age

hed Floor Elevation 8.03

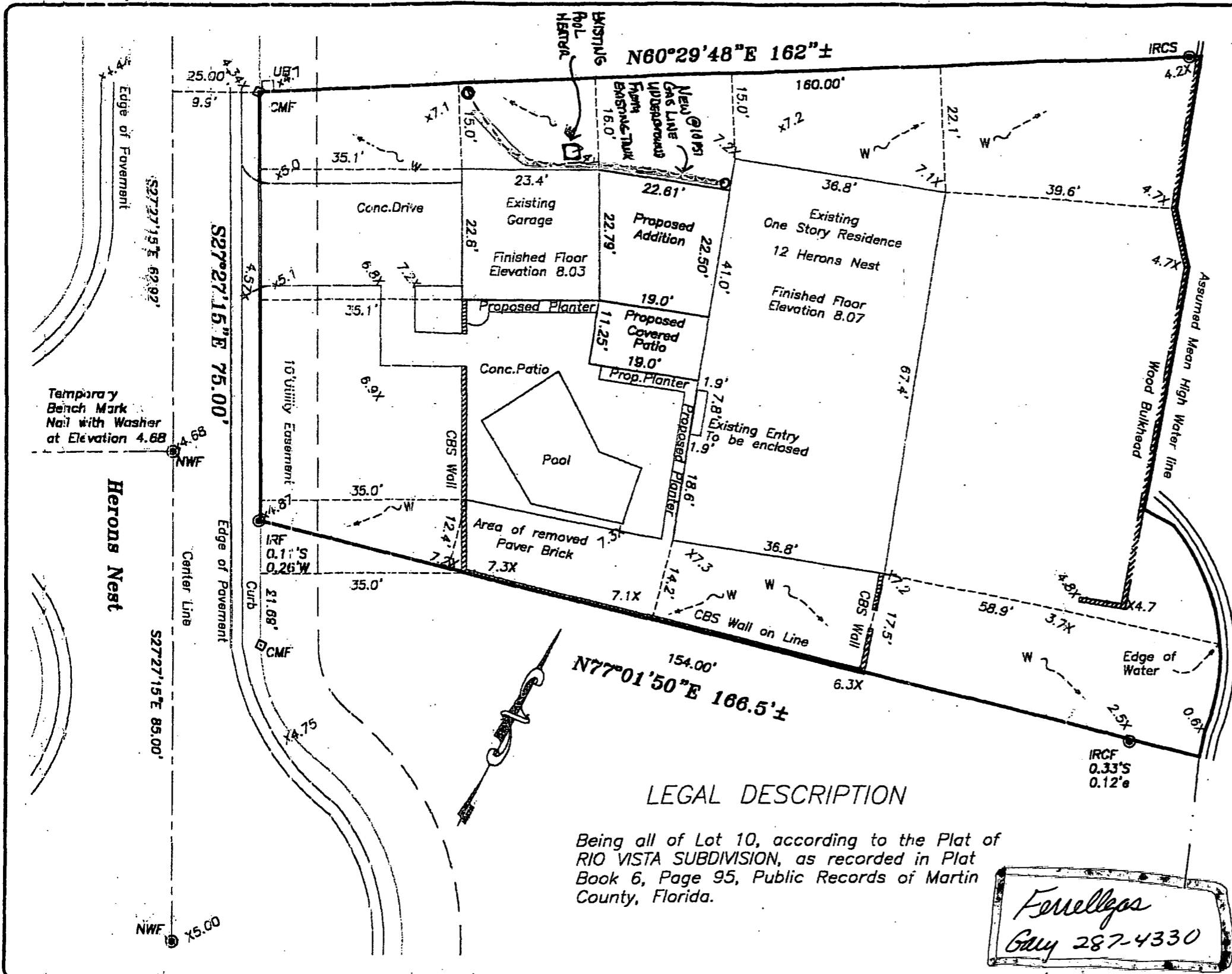
sed Planter

Patio

Pool

of removed Paver Brick

7.38



SURVEYOR'S REPORT

- 1 This Survey shall not be valid unless sealed with an embossed Surveyor's seal.
- 2 No underground improvements have been located
- 3 Survey date: 05.8.2002
- 4 This survey was prepared without the benefit of the provision any record documents other than the Plat of record
- 5 This survey meets all requirements for accuracy as set forth in the Minimum Technical Standards (61G17-6FAC)
- 6 This survey shown hereon is not covered by professional liability insurance but the Surveyor ensures financial responsibility in the amount of the survey's worth.
- 7 Bearings are in accordance to the record Plat and are based on the center line of Herons Nest at S27°27'15"E
- 8 There are no easements shown on the record Plat.
- 9 There may be violations regarding Building set backs.
- 10 Property Line locations are base and held to the monumented center line of Herons Nest
- 11 Elevations shown are relative to the National Geodetic Vertical Datum of 1929.

LEGEND

- Conc. - Concrete
- WM - Water Meter
- UB - Utility Box
- PF - Privacy Fence
- PP - Power Pole
- GV - Gate Valve
- FH - Fire Hydrant
- CAC - Concrete Pad with Air Conditioninh
- CPE - Concrete Pad with Pool Equipment
- NDF - Found PK Nail with Washer
- IRF - Found Iron Rod with NO ID
- IRCF - Found Iron Rod with Cap LB#6018
- CMF - Found Concrete Monuemnt
- IRCS - Set Iron Rod with Cap PSM#4565
- X0.00 - Existing Elevations
- W - Direction of Surface Water run off

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 8/5/03
ACTIVE BUILDING OFFICIAL
J. Anne Simmons
EDWARD B. ARNOLD

Lot Size : 15,649.8 Sq.Ft.
Existing Building: 3006.5 Sq.Ft.
Proposed Building: 470.3 Sq.Ft.
Existing & Proposed Concrete: 2121.55 Sq.Ft.
TOTAL IMPERVIOUS AREA: 5,598.3 Sq.Ft.
Paver Brick Area: 825 Sq.Ft.

PN 6367

Flood Zone Data:
Flood Zone: VE (EL.10)
Community #: 120164
Panel #: 0154
Suffiz: F
Date: October 4, 2002

PREPARED FOR:
Fidelity National Title Company
Janet and Gregory Plitt
By: Regina C. Karner, PSM
Florida Registration # 4363

Prepared For:
Janet and Gregory Plitt
Martin County
Florida

REGINA C. KARNER
PROFESSIONAL SURVEYOR & MAPPER
2740 SW Martin Downs Blvd. #333, Palm City, FL 34990
Phone: 1-772-288 7206 Fax: 1-772-223 8181

Date	By	Revision Description
10.30.02		Update & Site Plan
12.2.02		Add Add'l ties to improvements and note regarding assumed MHWL

Sheet Title:
Boundary Survey & Site Plan

Scale: 1" = 20'
Drawn By: F. Deane Murr. Cav
Job No: 0205.05

Sheet No:
1 of 1
File No: RIOVista10SP

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

08/01/2004

DATE (MM/DD/YY)
07/28/2003

PRODUCER
Lockton Companies
444 W. 47th Street, Suite 900
Kansas City Mo 64112-1906
(816) 960-9000

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

INSURERS AFFORDING COVERAGE

INSURED
80265 FERRELLGAS, L. P.
ONE LIBERTY PLAZA
LIBERTY MO 64068

INSURER A: ACE AMERICAN INSURANCE COMPANY

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES YA

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> (500,000 SIR) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	XSL G21731742	08/01/2003	08/01/2004	EACH OCCURRENCE \$ 3,000,000
	FIRE DAMAGE (Any one fire) \$ 1,000,000				
	MED EXP (Any one person) \$ 5,000				
	PERSONAL & ADV INJURY \$ 3,000,000				
					GENERAL AGGREGATE \$ 7,500,000
					PRODUCTS - COMP/OP AGG \$ Included
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ISA H07944937	08/01/2003	08/01/2004	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000
	BODILY INJURY (Per person) \$ XXXXXXXX				
	BODILY INJURY (Per accident) \$ XXXXXXXX				
	PROPERTY DAMAGE (Per accident) \$ XXXXXXXX				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ XXXXXXXX
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> UMBRELLA FORM RETENTION \$	NOT APPLICABLE			OTHER THAN AUTO ONLY: EA ACC \$ XXXXXXXX AGG \$ XXXXXXXX
					EACH OCCURRENCE \$ XXXXXXXX
					AGGREGATE \$ XXXXXXXX
					\$ XXXXXXXX
					\$ XXXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLR C43535730 (DEDUC. - AOS) SCF C43535699 (RETRO - MA, SC & WI)	08/01/2003	08/01/2004	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	OTHER CARGO	ISA H07944937	08/01/2003	08/01/2004	\$100,000

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

CERTIFICATE HOLDER

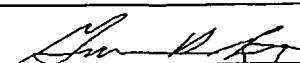
1681228
TOWN OF SEWALLS POINT
1 SOUTH SEWALLS POINT RD
STUART, FL 34996

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

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

AUTHORIZED REPRESENTATIVE





POST LICENSE
CONSPICUOUSLY

State of Florida
Department of Agriculture and Consumer Services

Division of Standards
Bureau of Liquefied Petroleum Gas
(850) 921-8001
Tallahassee, Florida

License Number: 01237
Expiration Date: August 31, 2004
Date of Issue: September 1, 2003
License Fee: \$425.00
Type and Class: 0601

Liquefied Petroleum Gas License
CATEGORY I LP GAS DEALER

GOOD FOR ONE LOCATION

This license is issued under authority of Section 527.02, Florida Statutes, to:

FERRELLGAS #5539
3232 SE DIXIE HWY
STUART, FL 34997-5239

Handwritten signature of Charles H. Bronson in cursive script.

CHARLES H. BRONSON
COMMISSIONER OF AGRICULTURE



6367

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 12 HERONS NEST

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

GAS LINE U.G.

NO TRACER WIRE OR I.D.
TAPE ABOVE GAS LINE WAS
FOUND.

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

DATE: 5/5

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/5, 2004 Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6732	MAUD	DRY WALL ^{PEE}	PASS	
8	21 N. RIVER RD O/B			INSPECTOR:
6520	HINES	FRAMING	PASS	
11	113 HENRY SEWALL	ROJAH PLUMBING	PASS	INSPECTOR:
	WINCHIP	ELECTRIC	PASS	
6520	HINES	A/C	PASS	
11	113 HENRY SEWALL WINCHIP			INSPECTOR:
6367	PUTT	POOL GAS	FAIL	
6	12 HERON'S NEST FERDELL GAS			INSPECTOR:
6495	LUBINA	FINAL POOL	PASS	CLOSE
5	10 N. VIA LUCINDIA HARBOR BAY POOL			INSPECTOR:
TREE	BAKER	TREE	PASS	
9	88 N. SEWALL'S PT RD			INSPECTOR:
6656	HINES	POOL PERMITS	PASS	
11	113 HENRY SEWALL ALMAR JACKSON	US PLUMBING		INSPECTOR:
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/12, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6613	COKER	PRE DRY IN	FAIL	
9	16 N. SEWALL'S PT. O/B	FOR DOCK ROOF		INSPECTOR: <i>OW</i>
6712	CHARDOVOYNE	STUART FENCE	FAIL	
8	22 FIELDWAY STUART FENCE			INSPECTOR: <i>W</i>
6355	PARADISE	POWER RELEASE	PASS	CALL FPL TO
6	11 RIDGELAND DR. TODD CUSTOM	GET RELEASE FORM		INSTALL METER INSPECTOR: <i>W</i>
6367	PLATT	GAS U.G.	PASS	CLOSE
	12 HERON'S NEST FERRELL			OLD PERMIT WAS NEVER CLOSED OUT INSPECTOR: <i>W</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

6835

GARAGE DOOR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 7/21/04

BUILDING PERMIT NO. 6835

Building to be erected for PUTT

Type of Permit REPL. GARAGE DOOR

Applied for by OIB

(Contractor) Building Fee 35.00

Subdivision RIOVISTA Lot 10 Block _____

Radon Fee _____

Address 12 HERON'S NEST

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

123841002 00000010060000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 1344 Cash _____ Other Fees (_____)

Total Construction Cost \$ 1600.00

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

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

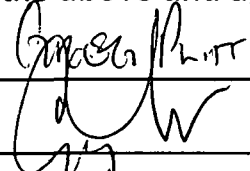
TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT
(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

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

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

Name: Gregory Platt Date: 7/21/04

Signature: 

Address: 12 Herons Nest

City & State: SEWALL, FL. 34996.

Permit No. _____



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

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

NOTICE OF ACCEPTANCE (NOA)

**Amarr Garage Doors.
165 Carriage Court
Winston Salem NC 27105**

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

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

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

DESCRIPTION: Sectional Garage Door 16'- 0" Wide.

APPROVAL DOCUMENT: Drawing No. IRC-9516-169-26, titled "Model 950 Heritage w/DuraSafe Short Panel, Long Panel and Flush Panel", drawn on 03/12/03 and checked on 03/14/03 with no revisions, sheets 1 and 2, prepared by Amarr Garage Doors, signed and sealed by T.L. Shelmerdine, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

LIMITATION: This approval requires the manufacturer to do testing of all coils used to fabricate door panels under this Notice of Acceptance. A minimum of 2 specimens shall be cut from each coil and tensile tested according to ASTM E-8 by a Dade County approved laboratory selected and paid by the manufacturer. Every 3 months, four times a year, the manufacturer shall mail to this office: a copy of the tested reports with confirmation that the specimen were selected from coils at the manufacturer production facilities. And a notarized statement from the manufacturer that only coils with yield strength of 32000 psi or more shall be used to make door panels for Dade County under this Notice of Acceptance

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

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

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

The submitted documentation was reviewed by Candide R. Font PE.



FILE COPY 03/04/03
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 7/21/04
Gene Simmons
BUILDING OFFICIAL
Gene Simmons

NOA No 03-0502.04
Expiration Date: September 04, 2008
Approval Date: September 04, 2003
Page 1

RECEIVED

Date: _____ Permit Number: _____

JUL 21 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Greg Pitt Phone (Day) 772-220-4343 (Fax) _____

Job Site Address: 12 Higgins Nest City: Stuart State: FL Zip: 34986

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

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

Description of Work To Be Done: Replace Garage Door

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

CONTRACTOR/Company: American Palm Beach Garage Phone: 283 4566 Fax: same

Street: 2201 SE Indian Street Unit H-2 City: Stuart State: FL Zip: 34987

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SP01904

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 1600.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required) _____

State of Florida, County of: Martin

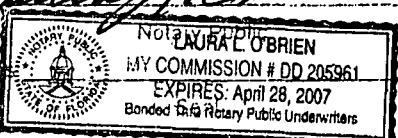
This the 21st day of JULY, 2004

by GREGORY PITT who is personally

known to me or produced _____

as identification. _____

My Commission Expires: _____



CONTRACTOR SIGNATURE (required) _____

On State of Florida, County of: Martin

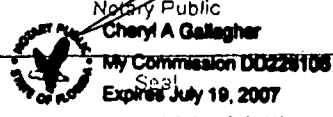
This the 20th day of JULY, 2004

by Fred Mabeza who is personally

known to me or produced _____

As identification. _____

My Commission Expires: _____



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JULY 23, 2002 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6544	LANCASTER	ROOF SHEATHING	PASS	
2	8 PINEAPPLE LA MASTERPIECE	+ TIN TAG		INSPECTOR:
6450	SMITH SMITH	FENCE	FAIL	
6451	133 S. RIVER RD 3 MACARI BLDGS	FENCE ELECTRIC	FAIL	INSPECTOR:
6792	RAPPAPORT 9 RIVER CREST	SHEATHING		CANCEL
6	GULICK + McLAUGHLIN	(later as poss. 6/23)		INSPECTOR:
6837	SMITH 11 W. HIA IRID VISTA LORETTA	SHEATHING		CANCEL
4	PACIFIC ROOFING			INSPECTOR:
6581	LASKY	TIN TAG + METAL	FAIL	
1	27 W. HIGH POINT PACIFIC ROOFING			INSPECTOR:
6835	PUTT	GARAGE DOOR	PASS	CLOSE
5	12 HERON'S NEST O/B			INSPECTOR:
6577	LANGER	POOL STEEL	PASS	
6	3 LOFTI OLYMPIC POOLS			INSPECTOR:

OTHER: _____

TREE

REMOVE, REPLACE, RELOCATE

TOWN OF SEWALL'S POINT, FLORIDA

Date APRIL 13 ~~14~~ 2006 TREE REMOVAL PERMIT No 2662

APPLIED FOR BY PLITT (Contractor or Owner)

Owner 12 HERON'S NEST

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 3 QUEEN PALM

No. Of Trees: RELOCATE _____ WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant

Signed

Gene Summers (Signature)
Town Clerk

FEE \$ 0

BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box with horizontal lines, likely for a site plan or drawing.

PROJECT DESCRIPTION _____

REMARKS _____

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than two inches.

Tree permits will be issued as outlined under the Town of Sewall's Point Habitat Management Ordinance. The removal of trees shall not exceed the required amount of trees per property as outlined below:

Sec. 70-21. Minimum tree requirements for residential properties.

Any applicant requesting a tree removal permit on an existing residential property with an existing residence must meet the following minimum requirements:

- (1) Lots not exceeding one-half acre: At least eight trees (excluding citrus) with a minimum caliper of three inches and a trunk at least eight feet tall. Palm trees of all types shall be counted at one-fourth of their caliper.
- (2) Lots greater than one-half acre, but not exceeding one acre: At least 12 trees (excluding citrus) with a minimum caliper of three inches and a trunk at least eight feet tall. Palm trees of all types shall be counted at one-fourth of their caliper.
- (3) Lots greater than one-acre: for the first acre at least 12 trees (excluding citrus) with a minimum caliper of three inches and a trunk at least eight feet tall. Palm trees of all types shall be counted at one-fourth of their caliper. For each additional one-half acre or portion thereof: Eight trees with a minimum caliper of three inches and a trunk at least eight feet tall. Palm trees of all types shall be counted at one-fourth of their caliper.

(Ord. No. 303, 7-20-04)

Sec. 70-22. Permit required for tree removal.

A permit as provided for in this chapter shall be required for the removal (or transplant) of any tree with a two-inch caliper or more upon any parcel upon which there is a residence under a validly issued permit. Permit requirements are outlined under article V. If the town has to procure the services of a suitable professional licensed in the State of Florida to ascertain the state or type of a tree(s) prior to or after removal of the tree(s) then the cost of such will be borne by the property owner.

(Ord. No. 303, 7-20-04)

Sec. 70-23. Permit not required for tree removal.

A permit is not required for removal of the following trees:

- (1) Citrus trees. If the town has to procure the services of a suitable professional licensed in the State of Florida to ascertain the type of a tree(s) prior to or after removal of the tree(s) then the cost of such will be borne by the property owner.

(Ord. No. 303, 7-20-04)

Tree removal, replacement or relocation permits for new single family residents must contain the following:

Sec. 70-85. Permit application procedures for single family lots.

(a) Procedure. Application shall be made by filing a written application with the department and paying a \$15.00 application fee. No fee shall be required to remove prohibited species, dead, dying, or damaged trees; however permits are required. The department may require the written opinion of a suitable professional registered in the State of Florida selected by the town to support the application, the cost of the arborist to be reimbursed by the applicant. The application shall be field verified by the building official who shall indicate the verification by signing and dating the sketch(s) on file before issuing or denying the permit. The applicant shall submit the following to the department:

- (1) A scaled sketch, site plan or survey showing:
 - a. where the trees to be removed are located;
 - b. the tree species;
 - c. the tree diameter, and approximate height of the trees to be removed;
 - d. the shape and dimensions of the lot or parcel, together with the existing and proposed locations of structures and improvements, if any; and
 - e. all proposed new or moved trees or other vegetation, by species and size, along with the type of ground cover to be installed, including the proposed new location for the trees or vegetation. In the case of a permit application in connection with the construction of a structure, the applicant shall provide a site plan in lieu of a sketch. The sketch, site plan or survey shall be prepared in accordance with chapter 11.5 of this Code titled surveys and drawings.
 - (2) If the applicant is not the owner of the property, the applicant must submit a written authorization from the owner of the property authorizing the applicant to submit and/or represent the application.
 - (3) The applicant shall mark the tree(s) subject to the permit on the site by tagging the tree(s) with red, yellow, or orange marking tape. The department may photograph the tree(s) marked for removal and place the photograph(s) in the permit file no later than 30 days after issuing or denying the permit.
 - (4) If land clearing is intended, an erosion control plan, showing topography of the site where trees are located and effect removal of the same would have on: erosion, soil, moisture, retention, increase or decreased flow or diversion in the flow of surface waters, and impact on overall surface water management, together with the reasons for clearing or grubbing of the site.
 - (5) Any other information requested by the department.
 - (6) The permit fee.
- (Ord. No. 303, 7-20-04)

Sec. 70-86. Evaluation criteria.

The department shall consider the following requirements and potential adverse impacts on urban and natural environment in evaluating the application:

- (1) Minimum number of trees: Must meet requirements as outlined under section 70-21(a).
- (2) Soil stabilization: Whether the removal of tree(s) or other vegetation will result in uncontrollable erosion of soils into surface waters, or adjacent properties.
- (3) Water quality and/or aquifer recharge: Whether the removal of tree(s) or other vegetation will lessen the ability for the natural assimilation of nutrients, chemical pollutants, heavy metals, silt and other noxious substance from ground and surface waters.
- (4) Ecological impacts: Whether the removal of tree(s) or other vegetation will have an adverse impact upon existing biological and ecological systems.
- (5) Noise pollution: Whether the removal of tree(s) or other vegetation will significantly increase ambient noise levels.
- (6) Wildlife habitat: Whether the removal of tree(s) or other vegetation will significantly reduce available habitat for wildlife existence and reproduction, or are likely to result in the emigration of wildlife from adjacent or associated ecosystems.
- (7) Aesthetic degradation: Whether the removal of tree(s) or other vegetation will have an adverse effect on property values in the neighborhood where the applicant's property is located or on other existing vegetation in the vicinity.
- (8) Endangered, threatened and species of special concern: Whether the removal of tree(s) or other protected species will significantly affect endangered, threatened, or other protected plants.
- (9) Wetland vegetation: Whether any alterations are planned for mangroves or other wetlands which are recognized to be of special ecological value. No mangroves or other wetland vegetation shall be removed, trimmed, pruned, chemically treated, filled upon or altered unless completed in accordance with state law and unless a state permit or written exemption is provided to the department.
- (10) Specimen tree or specimen tree stands: Whether the application calls for removal, trimming, pruning, or alteration to a specimen tree or specimen tree stand which has been designated as such under the provisions of this chapter.

(Ord. No. 303, 7-20-04)

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. Permit - No fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeve, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Green Plitt Address 12 HERONS NEST Phone 772-486-2949

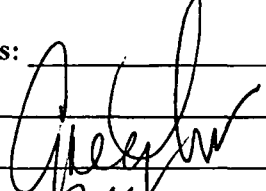
Contractor _____ Address _____ Phone _____

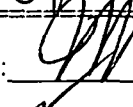
No. of Trees: REMOVE 3 Type: QUEEN PALM

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: _____

Signature of Property Owner  Date 4/11/06

Approved by Building Inspector:  Date 4/12 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/12, 2006 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	VESTERMAN	TREE	PASS	
6	HERON'S NEST & SSPR			INSPECTOR: <i>QW</i>
TREE	PLITT	TREE	PASS	
7	12 HERON'S NEST			INSPECTOR: <i>QW</i>
8012	TRANER	WINDOWS	PASS	
2	9 MIDDLE ROAD PARKS + Co.	FRAMING MAIA		INSPECTOR: <i>QW</i>
7183	MORAN	FINAL MINOR	DUPLICATE INSPECTION	
5A	2 DAWN ROAD O/B	DAWN REPAIR		INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____

\$15-



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Putt Address [REDACTED] Phone 772-486-2949

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Species: Brazil Pepper

No. of Trees: ^{Remove} RELOCATE 3 Species: Queen Palms

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

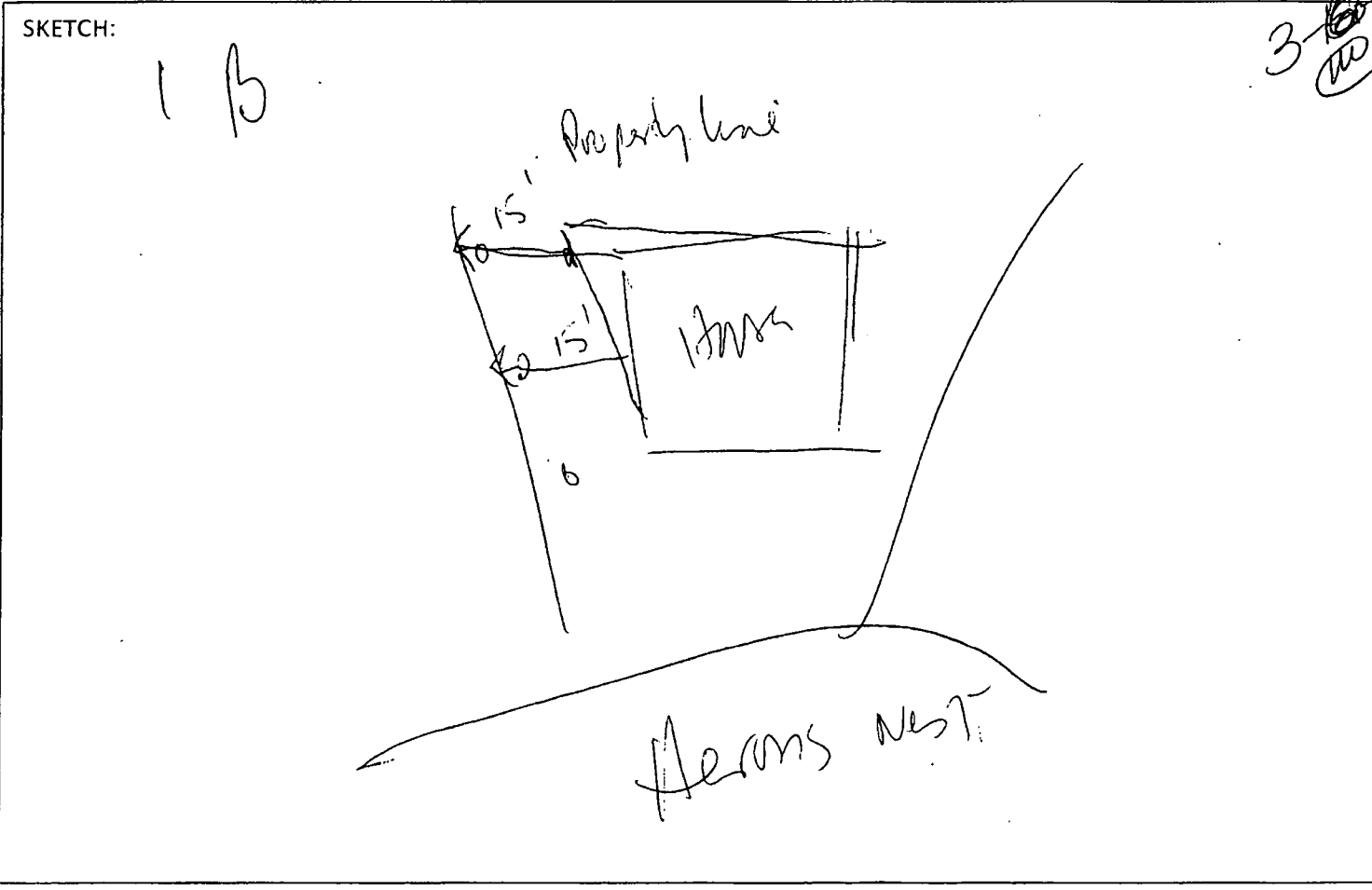
Reason for tree removal /relocation (See notice above) _____

Signature of Property Owner [Signature] Date 3/2/12

Approved by Building Inspector: [Signature] Date 3-5-12 Fee: 15⁰⁰

NOTES: _____

[Handwritten notes]
Pd
Cash
3-6-12
[Signature]



\$15-



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Plutt Address 12 Herons Nest Phone 772-480-2949

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Species: Brazil Pepper

No. of Trees: ^{Remove} RELOCATE 3 Species: Queen Palms

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal /relocation (See notice above) _____

Signature of Property Owner [Signature] Date 3/2/12

Approved by Building Inspector: [Signature] Date 3-5-12 Fee: 15⁰⁰

NOTES: _____

[Handwritten notes]
Pd
Cash
3-6-12
[Signature]

SKETCH:

1 B

