

5 East High Point Rd

3281

SFR

PERMITS AND INSURANCE
 4019 INDUSTRIAL BLVD
 CHATTANOOGA, TN 37418
 615-892-7243
 407-783-7080



PERMITS OR INSURANCE WILL BE ADDED TO THE CONTRACT ON THIS JOB IN ACCORDANCE WITH MANUFACTURING INSTRUCTIONS AND ORDERS FOR PERMITS OR INSURANCE FOR PERMITS.

FURNISHED BY: Perdue
 (CONTRACTOR)
 AND OBTAINED BY: D. Mahala
 (GENERAL CO. REPRESENTATIVE)

OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER _____
 OWNER DR's Joseph + Patricia Gogo
 ADDRESS 5 E High point
 CITY/ST/ZIP SP 34996
 TELEPHONE _____

PERMIT NUMBER 3281
 DATE ISSUED 11-11-92
 CONTRACTOR OR OWNER/BLDR. Bailey + Sabin
 ADDRESS 721 Colorado
 CITY/ST/ZIP STUART 34994
 TELEPHONE 288-0400

FLOOD ZONE A-8
 TO BE CONSTRUCTED New house
 SITE ADDRESS 5 E High point
 SUBDIVISION High point
 CONSTRUCTION VALUE 386 000 00

REMODELING/NEW CONSTRUCTION New
 IMPACT 1,508 20
 RADON 574.15
 SEPTIC _____
 WELL _____
 FENCE _____
 POOL _____
 DOCK _____

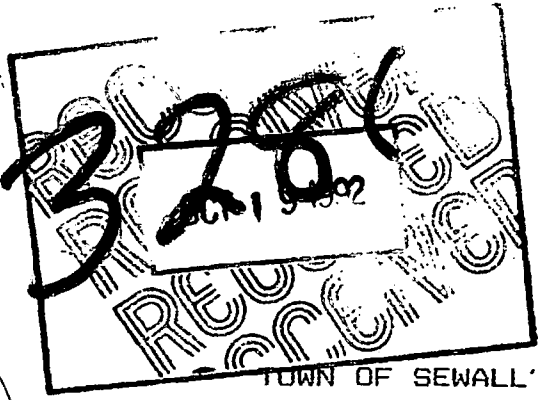
FEES

PLUMBING 100.00
 ELECTRICAL 100.00
 MECH./A.C. 100.00
 ROOF 100.00
 WALL _____
 POOL ENCLOSURE _____
 OWNER/BUILDER Bailey + Sabin
 TOTAL \$ 5,070 36
 PAID BY CHECK 0002421

BUILDING INSPECTION (SIGN OFF)		(FOR OFFICIAL USE ONLY)	
FOOTER <u>OK</u>	DATE <u>11/25/92</u>	NAILING _____	DATE _____
FORM BOARD SURVEY _____	DATE _____	ROOF <u>NAILING OK</u>	DATE <u>2-23-93</u> <i>Rlu</i>
ROUGH PLUMBING <u>OK</u>	DATE <u>12/9/92</u> <i>DB</i>	INSULATION <u>OK</u>	DATE <u>3/24/93</u> <i>DB</i>
TERMITE PROTECTION <u>OK</u>	DATE <u>12-14-92</u> <i>DB</i>	FINAL ELECTRIC _____	DATE _____
FOOTING-SLAB <u>OK</u>	DATE <u>12/17/92</u> <i>DB</i>	FINAL PLUMBING _____	DATE _____
LINTEL _____	DATE _____	SEPTIC FINAL <u>4/14/93</u>	DATE _____
ROUGH ELECTRIC <u>OK</u>	DATE <u>3/19/93</u> <i>DB</i>	DRIVEWAY _____	DATE _____
FRAMING <u>OK</u>	DATE <u>3/19/93</u> <i>DB</i>	FINAL C.O. <u>6/15/93</u>	DATE <u>DB</u>
A/C DUCTS <u>OK</u>	DATE <u>3/19/93</u>		

PERMIT AUTHORIZED BY Dale Brown

- Call 287-2455 from 8:00 a.m. to 4:00 p.m. for inspections.
- Requests for inspections require 24 hours notice.
- All work must be in compliance with the Town of Sewall's Point ordinances, the South Florida Building Code, the State of Florida Energy Efficiency Building Code and Elevations based on the latest flood insurance rate map.
- Portable toilet facilities and haul-off trash container must be in job site before initial inspection.
- Working hours are from 8:00 a.m. to 5:00 p.m. Monday through Saturday.
- No trucks, trailers or other commercial vehicles may be left on job site overnight unless totally concealed. Violators will be cited. Questions regarding such equipment should be directed to the Building or Police Departments.



Tax Folio No. _____

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name Dr.'s Joseph and Patricia Gage

Owner's Address 31 Fieldway Drive Stuart, Florida 34996

Owner's Telephone 407-286-8426

Fee Simple Titleholder's Name (if other than owner) _____

Fee Simple Titleholder's Address (if other than owner) _____

City _____ State _____ Zip _____

Contractor's Name Bailey & Sabin

Contractor's Address 721 Colorado Ave.

City Stuart State FL Zip 34994

Contractor's Telephone 407-288-0400 License Number CG C 022768

Job Name Dr.s Joseph and Patricia Gage

Job Address Lot 62 Highpoint

City Town of Sewall's Point State Florida Zip 34996

Legal Description Known as the North 50 feet of Lot 62, and all of Lot 63, Highpoint S/D, as recorded in Plat Book 3, page 108 Public Records

Bonding Company N/A

Bonding Company Address N/A

City _____ State _____

Architect/Engineer's Name Armin L. Wessel Architects, Inc.

Architect/Engineer's Address Steve J. Brown, Inc.

Mortgage Lender's Name Barnett Bank NA

Mortgage Lender's Address _____

3088
1508
400
7414
367036

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

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

Plumbing Contractor Dylewski Plumbing License No. 00089

Electrical Contractor Fred J. Fairchild Elec. License No. ER 0010037

Roofing Contractor Panache License No. CGC A 07037

A/C Contractor Personalized A/C of Stuart License No. CAC 029403

Description of Building or Alterations New house

Name of Street the Front Building Line and Front Yard Will

Face #5 E High point Road

Subdivision High point Lot N 1/2 62+63 Block _____

Building Area (inside walls) 5.720 Garage, Porch, Carport

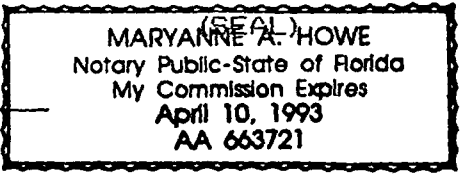
Area 1.696

Contract Price (excluding carpet, land, appliance, landscaping)

\$ 386.000 00

[Signature] DATE 11/4/92
(Owner or Authorized Agent)

Sworn and Subscribed before me this
4th day of November 1992



[Signature]
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

[Signature] DATE 10/19/92
(Contractor)

Sworn and Subscribed before me this
19th day of October 1992 (SEAL)

[Signature]
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:
Notary Public, State of Florida
My Commission Expires Nov. 16, 1994
Bonded Thru Troy Fein - Insurance Inc.

Certificate of Competency Holder

Contractor's State Certification or Registration No. CG C 022768

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY [Signature] 11/2/92 Permit Officer
[Signature] 11/2/92

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked [Signature] Date 10/27/92 DB

Permit Fee \$ 5070.36

Payment Received check # 0002421 Date 11-11-92

County Impact Fee \$ 1,508.20

Plumbing Fee \$ 100.00

Radon Fee \$ 74.16

Roofing Fee \$ 100.00

A/C Fee \$ 100.00

Building Fee \$ 3,088.00

Electrical Fee \$ 100.00

TOTAL \$ 5,070.36

HRS-MARTIN COUNTY
PUBLIC HEALTH UNIT

Your septic system was inspected on 6/4/93

HD 92-264

- Approved and Cover
- Cover but hold for:
 - Final Grade (see Permit for specifications)
 - Other: _____

- Do not cover, disapproved for the following reasons:
 - Well and well reinspection fee _____
 - Other: _____

- System Reinspection Not Approved
- Reason(s): _____

Final Grade Pass-System Approved

Please allow this office two working days to schedule a reinspection. If you have any questions, contact J. Carter at 221-4090.

REV. 4/90

February 20, 1990

Dr. and Mrs. David E. Wertheimer
4 Oakwood Drive
Sewall's Point, Florida
34996

Honorable Commission
Town of Sewall's Point
1 South Sewall's Point Road
Sewall's Point, Florida
34996

Honorable Commission:

We are in the process of preparing plans for construction of a residence at Lot 90, Isle Addition to High Point. In doing so we would like to apply for a variance from Town Ordinance found on page 957, paragraph 2, of Appendix "B", Zoning, of Ordinances of the Town of Sewall's Point.

Although the house itself will be situated within the building setbacks as listed in Town Ordinances, the swimming pools and pool decks as planned would require a variance of twenty four feet from ordinance, being twenty six feet from mean high water.

We feel this request is reasonable in that the property to the North of our lot has pool and decking eastward of our proposed location, and that the property to the south appears to have pool and deck in the fifty foot setback and is situated such that our proposed pool and deck would not impinge on their view.

We ask that you consider this request and schedule us at the March Town meetings for discussion and vote.

Sincerely,



David E. Wertheimer M.D.

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

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

1. That Affiant is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affiant's signature.

2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 386,000.

4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

Charlott Salvi

Affiant

Property street address:

5 EAST HIGH POINT Rd.
SEWELLS POINT, FL. 34996

Sworn to and subscribed
before me this 14th day of
June, 1993.

Joan H. Bonow

Notary Public

STATE OF FLORIDA AT LARGE

My Commission Expires:

(NOTARY SEAL)

Notary Public, State of Florida

My Commission Expires Nov. 16, 1994

Bonded Through Troy Fair - Insurance Inc.

968865

NOTICE OF COMMEN

STATE OF FLORIDA
COUNTY OF MARTIN

Post-It™ brand fax transmittal memo 7671		# of pages	1
To	<u>Dale Brown</u>		
From			
Co.	<u>Bailey & Sabin</u>		
Dept.			
Phone #	<u>288 4-0400</u>		
Fax #	<u>220-4765</u>		

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

DESCRIPTION OF PROPERTY:

General description of improvements: Construction of Single Family Home

Owner: Dr.'s Joseph and Patricia Gage
Address: 31 Fieldway Drive Stuart, Florida 34996

Owner's interest in site of the improvement: _____

Contractor: Bailey & Sabin Construction
Address: 721 Colorado Ave. Stuart, Florida 34994

Surety (if any): _____
Address: _____
Amount of Bond: _____

Lender : Barnett Bank
Address: Cove Center ,P. O. Box 9027, Stuart, Fla. 34995

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

Name: _____
Address: _____

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

Name: _____
Address: _____

Patricia P. Gage

Sworn to and subscribed before me this 4 day
of Nov, 19 92.

(NOTARY SEAL)

Ruby Hecker
I am a Notary Public of the
STATE OF Florida AT LARGE, and
My Commission Expires:
2-20-94



BY [Signature]
MARSHA STILL
CLERK OF CIRCUIT
22 NOV - 4 AM
FILED FOR REC
MARTIN CO. FL

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 461-7508
 VERO BEACH: (407) 567-6167
 STUART: (407) 283-7711

Report
 of
DENSITY OF SOIL IN PLACE
 ASTM D2922

Client Bailey & Sabin Construction

Date November 13, 1992

Contractor Client

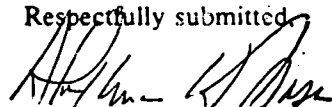
Site Lot 5E, High Point
 Sewalls Point S/D

Permit #3281

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
7314	N.E. Corner	0 - 1'	98.0	7314	102.7	95.4
	N.E. Corner	1 - 2'	98.1			95.5
	N.W. Corner	0 - 1'	100.7			98.1
	Center	0 - 1'	101.3			98.6
	Center	1 - 2'	100.1			97.5
	S.W. Corner	0 - 1'	100.6			98.0
	S.E. Corner	0 - 1'	98.8			96.2
	S.E. Corner	1 - 2'	100.0			97.4
All elevations below slab grade.						

Copies Client - 1
 Sewalls Point Bldg. Dept. - 1

Respectfully submitted,



ALEXANDER H. FRASER, P. E.

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 461-7508
 VERO: (407) 567-6167
 STUART: (407) 283-7711

Report of MOISTURE DENSITY RELATIONSHIP ASTM 1557-70

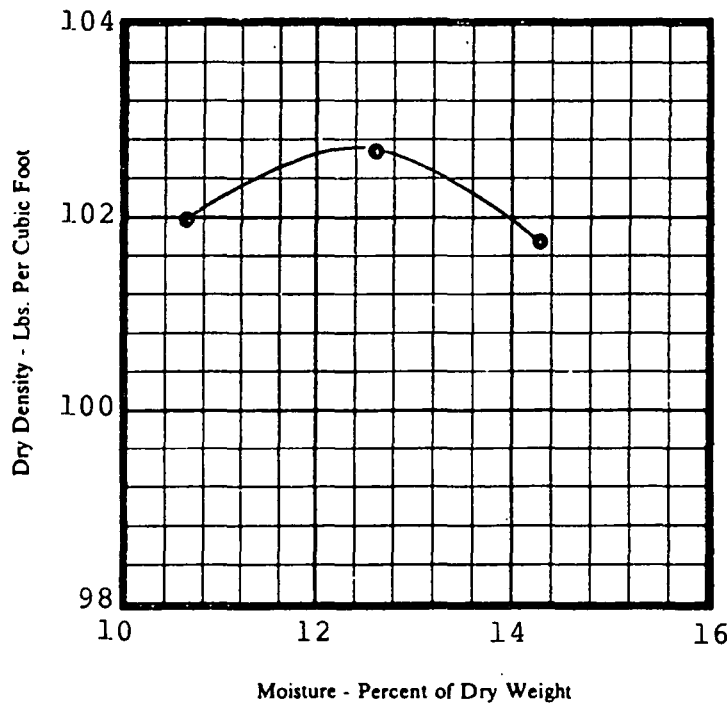
Client Bailey & Sabin Construction

Date November 13, 1992

Contractor Client

Site Lot 5E, High Point
 Sewalls Point S/D

Permit #3281



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
7314	A	Composite	12.6	102.7	Brown fine sand.

Copies

Respectfully submitted,

ALEXANDER H. FRASER, P. E.

CUSTOMER # 16944

CERTIFICATE OF INSURANCE

ISSUE DATE: 01/12/93

PRODUCER
ARCH HOLMES BROTHER
NOTTINGHAM INSURANCE
6122 WASHINGTON STREET
HOLLYWOOD, FLORIDA
ZIP CODE 33023

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

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER A AETNA L & C
- COMPANY LETTER B AGC-SIF
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

INSURED
BAILEY-SARIN
CONSTRUCTION, INC.
416 FLAMINGO AVENUE
STUART, FLORIDA
ZIP CODE 34996

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> <input type="checkbox"/>	023ACH2184662	01/01/93	01/01/94	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/DP AGG. \$ 1,000,000 PERSONAL & ADV. INJURY \$ 500,000 EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (ANY ONE FIRE) \$ 100,000 MED. EXPENSE (ANY ONE PERS) \$ 5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>				COMBINED SINGLE LIMIT \$ BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACC) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
B	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	980-02311	01/01/93	01/01/94	<input type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 2,000,000 DISEASE-POLICY LIMIT \$ 2,000,000 DISEASE-EACH EMPLOYEE \$ 2,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

POLICY LIMITS ARE THOSE SHOWN ON POLICY AS OF INCEPTION DATE.

CERTIFICATE HOLDER

SEWELL'S POINT BLDG DEPT.
ATTN: DALE BROWN
1 S. SEWELL'S PT RD.
STUART, FLORIDA
ZIP CODE 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
JAMES E. DICKMEYER

James E. Dickmeyer

ADDITIONAL MATERIALS REQUIRED
WITH
BUILDING PERMIT APPLICATION

THIS LIST IS FOR THE APPLICANT'S CONVENIENCE ONLY. THE APPLICANT MAY BE REQUIRED TO SUBMIT MATERIALS TO THE TOWN IN CONNECTION WITH THE BUILDING PERMIT APPLICATION WHICH ARE NOT LISTED HERE. COMPLETE INFORMATION REGARDING BUILDING PERMIT APPLICATION MATERIALS AND LAND DEVELOPMENT REGULATIONS ARE FOUND IN CHAPTERS 2, 2.5, 4, 6.1, 11, 13, APPENDIX A AND APPENDIX B OF THE TOWN CODE OF ORDINANCES, THE SOUTH FLORIDA BUILDING CODE, AND THE TOWN OF SEWALL'S POINT COMPREHENSIVE PLAN.

1. Florida Certification of Contractor and Sub-Contractor.
2. Certification of Liability and Workers' Compensation Insurance.
3. Three sets of Building Plans which must include:
 - a. 1/4" scale building drawings.
 - b. Plot plan at a minimum scale of 1" = 10' certifying proposed coverage by impermeable materials; show existing trees 4 or more inches in diameter at chest height; show all completed structures (C.O. issued), existing or proposed wells, all structures under construction (Building Permit issued), and all proposed structures (Building Permit Application filed or being filed); detailed surface water management practices shall be shown through use of swales, berms, retaining walls, etc. designed to meet the water quality requirements of South Florida Water Management District retain, on site, water from a 3-day 25-year storm event, and to prevent normal run-off onto adjoining parcels. Common swales on property lines are encouraged.
 - c. A topographic survey, sealed by an appropriate professional, indicating existing natural grade and grade changes proposed on the site, except when grade changes are limited to the area beneath the floor of dwelling units.

Each sheet of plans, and the cover sheet of specifications, for buildings and structures; alterations; repairs and improvements; replacements and additions; costing \$15,000.00 or more, shall bear the date, impress seal and signature of a licensed Architect or registered Professional Engineer. Plans for work which is predominately of Architectural nature shall be prepared by and bear the impress seal of a licensed Architect, and work which involves extensive computation based on structural stresses shall, in addition, bear the impress seal of a Professional Engineer.

- c. Foundation Plan.
- d. Floor Plan.

TOWN OF SEWALL'S POINT, FLORIDA

Before a certificate of occupancy is issued, development permit holders shall provide an "as built" survey meeting the requirements prescribed below. This shall apply to all new building construction and any improvements to existing buildings which alter the dimension or height of the building. The survey shall:

(a) Be prepared by a licensed surveyor registered in Florida, signed, dated and sealed, and shall bear the name, firm or residence address, city, certificate number of the surveyor and date of the field survey;

(b) Be dated not more than 30 days prior to the certificate of occupancy;

(c) Contain a complete legal description;

(d) Reference the source of information used in making the survey;

(e) Contain the address of the property, including street name and number, and show the proximity of all boundary streets;

(f) Indicate the flood zone(s) in which any portion of the building is located, even though the property may not be in a flood hazard area;

(g) Show the exact lot dimensions, including boundary lines and arcs, which must match the Plat, with any variations being noted;

(h) The scale of the map shown on the survey shall be at least 1" = 10'.

(i) Show the location, dimensions, and accurate identity of all easements as required under Rule 21 HH-6.03(15) of the Minimum Technical Standards;

(j) Show all setback requirements;

(k) Show the location and identification of all encroachments, including the type of improvement comprising the encroachment;

(l) Show the location and dimension of all structures, driveways, sidewalks, irrigation wells, septic tanks, drain fields and drainage improvements (including swales, berms and pipe invert elevation);

(m) Contain a certification to the Town of Sewall's Point;

(n) State for whom the survey is done;

(o) Show the location, dimensions and square footage of the native habitat preservation area required by Section 11-60 of this Code.

- e. Wall and Roof cross-sections.
 - f. Plumbing, electrical and A/C layouts.
 - g. At least two elevations showing height of building from finished floor.
4. Landscaping and Habitat Management Permit if the removal, relocation, or replacement of any vegetation or habitat is necessitated by the land development
 5. Recorded warranty deed to the property.
 6. Septic tank permit and one set of plans with Martin County Health Department seal.
 7. Energy code calculations.
 8. Certification of elevation from licensed surveyor and determination of flood zone.
 9. Amount of fill anticipated - rough sketch showing location and height of fill.
 10. Manufacturers' schedule of windows.
 11. Except for an improvement which is exempt pursuant to Florida Statutes, an owner or authorized agent before actually commencing to improve any real property, or re-commencing completion of any improvement after default or abandonment, whether or not a project has a payment bond complying with Florida Statutes, shall record a Notice of Commencement in the clerk's office and immediately post either a certified copy of the notice or a notarized statement that the Notice of Commencement has been filed for recording along with a copy of the unrecorded notice.
 12. In special flood hazard areas, a certificate of an appropriately licensed professional stating fully enclosed areas below lowest floor are designed to automatically equalize hydrostatic flood forces on exterior walls by allowing for the entry and exit of flood waters.
 13. In coastal high hazard areas (V Zones), a certificate of an appropriately licensed professional stating breakaway wall collapse shall result from a water load less than that which would occur during the base flood; and the elevated portion of the building and supporting foundation shall not be subject to collapse, displacement or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (structural and non-structural).

THE TOWN'S APPROVAL OF A BUILDING PERMIT APPLICATION DOES NOT RELIEVE OWNER OR CONTRACTOR FROM COMPLIANCE WITH THE TOWN CODE OF ORDINANCES OR OTHER REGULATIONS.

THE TOWN OFFICE HOURS ARE 8:00 A.M. TO 4:00 P.M. MONDAY THROUGH FRIDAY. INSPECTIONS ARE MADE FROM 8:00 A.M. TO 12:00 P.M. NOON ONLY. TWENTY-FOUR HOURS PRIOR NOTICE IS REQUIRED FOR INSPECTIONS.

(p) Indicate the lowest habitable floor, average natural grade, and average crown of road elevations in accordance with applicable Code provisions.

(q) Contain a tabulation of the impermeable and permeable areas;

(r) In coastal high hazard areas (V-Zones), indicate the elevation of the top of pier, pile or column.

(s) Contain any other information the building department may require to confirm the construction or improvements comply with applicable Code provisions. *(BUILDING HEIGHT FROM F.F.E.)*

Ordinance # 215, 3/11/92

Extra Copy

FLORIDA ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION

FORM 900-B-91

Section 9 — Residential Point System Method
Department of Community Affairs

Climate Zones
SOUTH 7 8 9

PROJECT NAME AND ADDRESS:	GAGE RESIDENCE	BUILDER:	CLIMATE ZONE: 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
	LOT 63, HIGH POINT SEWALL'S POINT, FLORIDA	PERMITTING OFFICE:	
OWNER:		PERMIT NO.:	JURISDICTION NO.:

NEW CONSTRUCTION ADDITION	<input checked="" type="checkbox"/>	IF MULTIFAMILY, NUMBER OF UNITS COVERED BY THIS SUBMITTAL: <input type="checkbox"/>	CONDITIONED FLOOR AREA	5720	SQ. FT.	GLASS AREA AND TYPE			
MULTIFAMILY ATTACHED	<input type="checkbox"/>	CHECK IF THIS SUBMITTAL REPRESENTS A WORST CASE CONDITION: <input type="checkbox"/>	PREDOMINANT EAVE OVERHANG LENGTH	11.5	FT.	CLEAR		TINT, FILM, SOLAR SCREEN	
SINGLE-FAMILY DETACHED	<input checked="" type="checkbox"/>		PORCH OVERHANG LENGTH	16.0	FT.	SINGLE-PANE	SQ. FT.	SINGLE-PANE	SQ. FT.
						DOUBLE-PANE	SQ. FT.	DOUBLE-PANE	838

NET WALL AREA AND INSULATION

EXTERIOR MASONRY	R =	EXTERIOR FRAME	R =	EXTERIOR STEEL	R =	EXTERIOR LOG	R =
<input type="checkbox"/>		5808	19	<input type="checkbox"/>		<input type="checkbox"/>	
ADJACENT MASONRY	R =	ADJACENT FRAME	R =	ADJACENT STEEL	R =	ADJACENT LOG	R =
<input type="checkbox"/>		585	19	<input type="checkbox"/>		<input type="checkbox"/>	

CEILING AREA AND INSULATION

FLOOR TYPE AND INSULATION

UNDER ATTIC	R =	SGL ASSEMBLY	R =	SLAB PERIMETER	R =	RAISED: WD <input type="checkbox"/> CON <input type="checkbox"/>	R =
6864	30	<input type="checkbox"/>		420	0	<input type="checkbox"/>	

DUCTS	COOLING SYSTEM	HEATING SYSTEM	HVAC CREDITS	HOT WATER SYSTEM	HOT WATER CREDITS
IN UNCONDITIONED SPACE R = 6.0 IN CONDITIONED SPACE R = <input type="checkbox"/>	<input checked="" type="checkbox"/> CENTRAL <input type="checkbox"/> ROOM <input type="checkbox"/> PACKAGE TERMINAL AIR CONDITIONER <input type="checkbox"/> NONE SEER/VEER = 10.0	<input checked="" type="checkbox"/> ELECTRIC STRIP <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> ROOM UNIT OR PACKAGE TERMINAL HEAT PUMP COP/HSPF/AFUE = <input type="checkbox"/>	<input checked="" type="checkbox"/> CEILING FANS <input type="checkbox"/> CROSS VENTILATION <input type="checkbox"/> WHOLE HOUSE FAN <input type="checkbox"/> ATTIC RADIANT BARRIER <input checked="" type="checkbox"/> MULTIZONE	<input type="checkbox"/> ELECTRIC <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER FUELS <input type="checkbox"/> NONE EF = 91	SOLAR: S.F. = <input type="checkbox"/> HEAT RECOVERY (CHECK) <input type="checkbox"/> DEDICATED HEAT PUMP: E.F. = <input type="checkbox"/> NUMBER OF BEDROOMS = 3

INFILTRATION PRACTICE USED	<input type="checkbox"/> #1 <input checked="" type="checkbox"/> #2 <input type="checkbox"/> #3	62059	÷	87995	× 100 =	705
		TOTAL AS-BUILT POINTS		TOTAL BASE POINTS		CALCULATED E.P.I.
CALCULATED ENERGY PERFORMANCE INDEX MUST NOT EXCEED 100 POINTS.						

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code.	PREPARED BY: <i>William Phillips</i> DATE: 9-4-92	Review of 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 in accordance with Section 553.908, F.S.
I hereby certify that this building is in compliance with the Florida Energy Code.	OWNER AGENT: <i>[Signature]</i> DATE: 9/15/92	BUILDING OFFICIAL: _____ DATE: _____

GAGE RESIDENCE
 FLORIDA ENERGY EFFICIENCY CODE
 FOR BUILDING CONSTRUCTION

Section 9 Compliance Program - Residential Point System Method
 Version 1.0 January, 1992
 Department Of Community Affairs

Printout generated by EPI92 and submitted in lieu of Form 900-A-91
 THIS COMPLIANCE FORM IS VALID IF SUBMITTED AFTER JANUARY 1, 1992

PROJECT NAME:	GAGE RESIDENCE	PERMITTING OFFICE:	
AND ADDRESS:	LOT 63, HIGH POINT SEWALL'S POINT, FLORIDA	CLIMATE ZONE:	7 8 9
BUILDER:		PERMIT NO.:	
OWNER:		JURISDICTION NO.:	

COMPONENT:	DIMENSION:	VALUE:	RATING:	VALUE:	OFFICIAL CHECKLIST
STRUCTURE TYPE:					
Single-Family					
PREDOMINANT EVE OVERHANG	Length:	1.50			
PORCH OVERHANG	Length:	16.00			
WINDOWS					
Double Tint	Total Area	838.00			
All Vertical Glass	Total Area	838.00			
All Skylight Glass	Total Area	.00			
WALLS					
Ext Wood Frame	Area:	5808.00	R-Val:	19.00	
Adj Wood Frame	Area:	585.00	R-Val:	19.00	
DOORS					
Ext Insulated	Area:	70.00			
Adj Insulated	Area:	19.00			
CEILINGS					
PITCHED Under Attic	Area:	6864.00	R-Val:	30.00	
FLOORS					
Slab-on-Grade	Perimeter:	420.00	R-Val:	.00	
DUCTS					
Unconditioned Space	Length ALL		R-Val:	6.00	
COOLING					
Central A/C			SEER:	10.00	
Multizone: Credit					
Ceiling Fan: Credit					
HEATING					
Strip Heat			STRIP:	1.00	
Multizone: Credit					
HOT WATER					
Electric			EF:	.91	
	Bedrooms:	3.00			
INFILTRATION					
Conditioned Floor	Area:	5720.00	Fract:	2	

AS BUILT POINTS / BASE POINTS * 100 = EPI
 62,059.16 / 87,994.81 * 100 = 70.53

GLASS TO FLOOR AREA RATIO = .1465

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

PREPARED BY: William Wilkins
DATE: 9-4-92

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

OWNER/AGENT: [Signature]
DATE: 9/15/92

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 in accordance with Section 553.908 F.S.

BUILDING OFFICIAL: _____
DATE: _____

** PRESCRIPTIVE MEASURES (Must be met or exceeded by all residences) **

COMPONENTS	SECTION	REQUIREMENTS
WINDOWS	904.1	Maximum of 0.34 CFM per linear foot of operable sash crack.
EXTERIOR & ADJACENT DOORS	904.1	Maximum of 0.5 CFM per sq. ft. of door area. Includes sliding glass doors, solid core, wood panel, insulated, or glass doors only.
EXTERIOR JOINTS & CRACKS	904.1	To be caulked, gasketed, weather stripped or otherwise sealed.
WATER HEATERS	904.2	Must bear label indicating compliance w/ASHRAE standard 90 or comply with efficiency and standby loss requirements. Switch or clearly marked circuit breaker (electric), or cut-off (gas) must be provided. An external or built in heat trap must be provided.
SWIMMING POOLS & SPAS	904.3	Spas and heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have minimum thermal efficiency of 78
HOT WATER PIPES	904.4	Insulation is required only for recirculating systems. In such cases, piping heat loss shall be limited to 17.5 BTU/H/Linear Ft. of pipe.
SHOWER HEADS	904.5	Water flow must be restricted to no more than 3 gallons per minute at 80 PSIG.
HVAC DUCT CONSTRUCTION	903.2 904.6	Constructed in accordance with industry standards & local mechanical codes. Ducts in unconditioned space must be insulated to minimum R-4.2 & joints must be sealed.
HVAC CONTROLS	904.7	Separate readily accessible manual or automatic thermostat for each system.
INSULATION	904.9	Ceilings minimum R-19. Common Walls - Frame R-11 or CBS R-3. Frame Common Ceilings & Floors R-11.

** INFILTRATION REDUCTION PRACTICE COMPLIANCE CHECKLIST **

COMPONENTS	REQUIREMENTS
PRACTICE #2	Comply with Practice #1 and the following.
Exterior Walls & Floors	Top plate penetrations sealed. Infiltration barrier installed. Sole plate/floor joint caulked or sealed.
Exterior Walls & Ceilings	Penetrations, joints and cracks on interior surface caulked, sealed, and gasketed.
DuctWork	Ductwork in unconditioned space must be sealed.
Fireplaces	Equipped with outside combustion air, doors, and flue dampers.
Exhaust Fans	Equipped with dampers. Combustion devices see 903.2 (f).
Combustion Appliances	Provided with outside combustion air.
:	
:	
:	
:	

SUMMER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIEN	AREA	x BSPM =	POINTS	TYPE	SC	ORIEN	AREA	x SPM	x SOF =	POINTS
N	180.00	60.2	10836.0	DBL TINT		N	28.0	54.9	.92	1406.5
				DBL TINT		N	18.0	54.9	.89	881.7
				DBL TINT		N	35.0	54.9	.91	1748.6
				DBL TINT		N	99.0	54.9	.93	5054.6
E	289.00	127.0	36703.0	DBL TINT		E	28.0	109.5	.34	1042.4
				DBL TINT		E	15.0	109.5	.46	751.0
				DBL TINT		E	36.0	109.5	.65	2562.3
				DBL TINT		E	27.0	109.5	.90	2670.7
				DBL TINT		E	112.0	109.5	.70	8537.6
				DBL TINT		E	42.0	109.5	.92	4246.4
				DBL TINT		E	17.0	109.5	.83	1545.0
				DBL TINT		E	12.0	109.5	.74	967.6
S	40.00	124.2	4968.0	DBL TINT		S	10.0	107.7	.92	985.5
				DBL TINT		S	30.0	107.7	.86	2767.9
SW	42.00	135.0	5670.0	DBL TINT		SW	42.0	116.1	.91	4448.2
W	254.00	127.0	32258.0	DBL TINT		W	55.0	109.5	.90	5440.3
				DBL TINT		W	72.0	109.5	.42	3327.3
				DBL TINT		W	60.0	109.5	.59	3876.3
				DBL TINT		W	30.0	109.5	.34	1116.9
				DBL TINT		W	33.0	109.5	.59	2132.0
				DBL TINT		W	4.0	109.5	.80	350.0
NW	33.00	88.0	2904.0	DBL TINT		NW	33.0	78.2	.93	2387.1

.15 x COND. FLOOR /	TOTAL GLASS =	ADJ. x	GLASS =	ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	5,720.00	838.00	1.024	93,339.00	95,566.66
					58,245.95

NON GLASS-----										
AREA	x	BSPM =	POINTS	TYPE	R-VALUE	AREA	x	SPM =	POINTS	
WALLS-----										
Ext	5808.0	1.6	9292.8	Ext Wood Frame	19.0	5808.0	1.60	9292.8		
Adj	585.0	1.0	585.0	Adj Wood Frame	19.0	585.0	.60	351.0		
DOORS-----										
Ext	70.0	6.4	448.0	Ext Insulated		70.0	6.40	448.0		
Adj	19.0	2.6	49.4	Adj Insulated		19.0	2.60	49.4		
CEILINGS-----										
UA	5720.0	.8	4576.0	Under Attic	30.0	6864.0	.80	5491.2		
FLOORS-----										
Slb	420.0	-20.0	-8400.0	Slab-on-Grade	.0	420.0	-20.00	-8400.0		
INFILTRATION-----										
	5720.0	14.7	84084.0	Practice #2		5720.0	14.70	84084.0		

TOTAL SUMMER POINTS	186,201.86								149,562.34
---------------------	------------	--	--	--	--	--	--	--	------------

TOTAL	x SYSTEM	= COOLING	TOTAL	x CAP	x DUCT	x SYSTEM	x CREDIT	= COOLING
SUM PTS	MULT	POINTS	COMPON	RATIO	MULT	MULT	MULT	POINTS
186,201.86	.37	68,894.69	149,562.34	1.00	1.100	.340	.774	43,294.71

 WINTER CALCULATIONS

=== BASE === | === AS-BUILT ===

GLASS-----				-----						
ORIENT	AREA	x BWPM =	POINTS	TYPE	SC	ORIENT	AREA	x WPM	x WOF	= POINTS
N	180.00	2.2	396.0	DBL TINT		N	28.0	2.4	1.05	70.3
				DBL TINT		N	18.0	2.4	1.06	45.9
				DBL TINT		N	35.0	2.4	1.05	88.2
				DBL TINT		N	99.0	2.4	1.04	246.3
E	289.00	-1.1	-317.9	DBL TINT		E	28.0	-.6	-2.41	40.5
				DBL TINT		E	15.0	-.6	-1.20	10.8
				DBL TINT		E	36.0	-.6	-.36	7.8
				DBL TINT		E	27.0	-.6	.66	-10.6
				DBL TINT		E	112.0	-.6	-.14	9.3
				DBL TINT		E	42.0	-.6	.72	-18.1
				DBL TINT		E	17.0	-.6	.41	-4.2
				DBL TINT		E	12.0	-.6	.04	-.3
S	40.00	-3.1	-124.0	DBL TINT		S	10.0	-2.4	.94	-22.6
				DBL TINT		S	30.0	-2.4	.89	-64.3
SW	42.00	-3.3	-138.6	DBL TINT		SW	42.0	-2.5	.91	-95.8
W	254.00	-1.1	-279.4	DBL TINT		W	55.0	-.6	.66	-21.6
				DBL TINT		W	72.0	-.6	-1.63	70.2
				DBL TINT		W	60.0	-.6	-.63	22.7
				DBL TINT		W	30.0	-.6	-2.41	43.4
				DBL TINT		W	33.0	-.6	-.63	12.5
				DBL TINT		W	4.0	-.6	.30	-.7
NW	33.00	1.4	46.2	DBL TINT		NW	33.0	1.8	1.11	66.1

.15 x COND. FLOOR /	TOTAL GLASS	= ADJ.	x	GLASS	=	ADJ GLASS		GLASS
AREA	AREA	FACTOR		POINTS		POINTS		POINTS
.15	5,720.00	838.00	1.024	-417.70		-427.67		495.78

NON GLASS-----				-----						
AREA	x	BWPM =	POINTS	TYPE	R-VALUE	AREA	x	WPM =	POINTS	
WALLS-----										
Ext	5808.0	.3	1742.4	Ext Wood Frame	19.0	5808.0	.30	1742.4		
Adj	585.0	.5	292.5	Adj Wood Frame	19.0	585.0	.30	175.5		
DOORS-----										
Ext	70.0	1.8	126.0	Ext Insulated		70.0	1.80	126.0		
Adj	19.0	1.3	24.7	Adj Insulated		19.0	1.30	24.7		
CEILINGS-----										
UA	5720.0	.1	572.0	Under Attic	30.0	6864.0	.10	686.4		
FLOORS-----										
Slb	420.0	-2.1	-882.0	Slab-on-Grade	.0	420.0	-2.10	-882.0		
INFILTRATION-----										
	5720.0	1.2	6864.0	Practice #2		5720.0	1.20	6864.0		

=====
 TOTAL WINTER POINTS | 8,311.93 | 9,232.78
 =====

TOTAL	x	SYSTEM	=	HEATING	TOTAL	x	CAP	x	DUCT	x	SYSTEM	x	CREDIT	=	HEATING
WIN PTS	MULT	POINTS		POINTS	COMPON	RATIO	MULT	MULT	MULT	MULT	MULT	MULT	POINTS		
8,311.93	1.10	9,143.13		9,232.78	1.00	1.100	1.000	.900	9,140.45						

 WATER HEATING

=== BASE ===

=== AS-BUILT ===

NUM OF BEDRMS	x MULT	= TOTAL	TANK VOLUME	EF	TANK RATIO	x MULT	x CREDIT MULT	= TOTAL
3	3319.0	9,957.00	80	.91	1.000	3208.0	1.00	9,624.00

 SUMMARY

=== BASE ===

=== AS-BUILT ===

COOLING POINTS	HEATING POINTS	HOT WATER POINTS	TOTAL POINTS	COOLING POINTS	HEATING POINTS	HOT WATER POINTS	TOTAL POINTS
68894.7	9143.1	9957.0	87,994.81	43294.7	9140.5	9624.0	62,059.16

 * EPI = 70.53 *

WARNER, FOX, SEELEY & DUNGEY
ATTORNEYS, P.A.

RICHARD J. DUNGEY*
M. LANNING FOX*
JOHN T. KENNEDY**
ROBERT L. SEELEY
GARY L. SWZET
THOMAS E. WARNER**

AARON A. FOOSANER
OF COUNSEL

*BOARD CERTIFIED REAL ESTATE LAWYER
**BOARD CERTIFIED CIVIL TRIAL LAWYER

1100 S. FEDERAL HIGHWAY
P.O. DRAWER 6
STUART, FLORIDA 34995-0006
(407) 287-4444
TELEFAX (407) 220-1489

ST. LUCIE COUNTY OFFICE
BARNETT CENTER
900 EAST PRIMA VISTA BOULEVARD
SUITE 400
PORT ST. LUCIE, FLORIDA 34952
(407) 878-3614
TELEFAX (407) 879-6327

L. DENISE COFFMAN
KENNETH W. FROMKNECHT, II
BETH TEARDO PRINZ
THOMAS R. SAWYER
***JAMES SOPKO
TIM B. WRIGHT

YVONNE M. KOEHLER, CLA

JUPITER (407) 744-6499
VERO BEACH (407) 778-0211

***BOARD CERTIFIED TAX LAWYER AND BOARD
CERTIFIED ESTATE PLANNING AND PROBATE LAWYER

October 22, 1992

Dale Brown, Building Inspector
Town of Sewall's Point
c/o Sewall's Point Town Hall
One South Sewall's Point Road
Stuart, Florida 34996

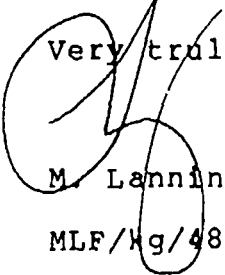
(VIA TELEFAX)

RE: Tree Removal Permit Suspension

Dear Dale:

At Commissioner Holly's direction, I have prepared the following notice for your signature in connection with suspending a tree removal permit previously issued pending the applicant's providing the Town with all materials required under the Habitat Management and Landscape Ordinance.

Very truly yours,


M. Lanning Fox

MLF/Hg/4826F

Enclosure

cc: Commissioner Eric B. Holly

915478

Deed

RECORD VERIFIED

This Deed, Dated this 3rd day of December, A. D. 1991 ,
between John Barringer, a single man,

hereinafter called the Grantor , which term shall include when used herein, wherever the context so requires or admits, his heirs and assigns,
Grantor's address: 7 Mindora Street, Stuart, Florida 34996
and Joseph S. Gage and Patricia P. Gage, his wife,

hereinafter called the Grantee s, which term shall include when used herein, wherever the context so requires or admits, their heirs and assigns.
Grantees' address: 31 Fieldway Drive, Stuart, Florida 34996

WITNESSETH: That for the sum of Ten Dollars (\$10.00) and other good and valuable considerations, said Grantor does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the said Grantees all that certain piece of property and tract of land situate in the County of Martin and State of Florida, described as follows:

The North 50 feet of Lot 62 and all of Lot 63, HIGH POINT, according to the plat thereof recorded in Plat Book 3, Page 108, public records of Martin County, Florida.

SUBJECT, however, to applicable zoning ordinances, to covenants, conditions, restrictions, reservations and easements of record, and to taxes for the year 1991 and subsequent years.

TO HAVE AND TO HOLD the same in fee simple forever, together with all of the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, subject only to the matters aforesaid.

Property Control No. 13-38-41-002-000-00620-5

Grantees' Tax I.D. Nos. 099-50-3044 and 162-48-4439

DOC-DEED \$ 960.00 MARSHA STILLER
DOC-MTG \$ _____ MARTIN COUNTY
DOC-ASM \$ _____ CLERK OF CIRCUIT COURT
INT. TAX \$ _____ BY [Signature] D.C.

This instrument was prepared by:
Cora Nell Haggard, Esq.
1000 ...
Stuart, Florida 34996

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

IN WITNESS WHEREOF, the said Grantor do es hereunto set his hand and seal the day and year aforesaid.

Signed, sealed and delivered in the presence of:

Nancy T. Harmon
Nancy T. Harmon

John Barringer
John Barringer (SEAL)

Cathy J. Bartels
Cathy J. Bartels

(SEAL)
FILED FOR RECORD
MARTIN CO. FLA.
DEC - 3 PM 4:05
MARSHA SILVER
CLERK OF CIRCUIT COURT
D.C.

STATE OF FLORIDA }
COUNTY OF MARTIN } SS.

Before me personally appeared John Barringer to me well known and known to me to be the individual described in and who executed the foregoing instrument, and acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal this 3rd day of December, 1991

Cathy J. Bartels
Notary Public in and for the County and State Aforesaid.

My commission expires:



CATHY J. BARTELS
MY COMMISSION # CC 145737 EXPIRES
September 23, 1995
BONDED THRU TROY FAIR INSURANCE, INC.

STATE OF }
COUNTY OF } SS.

Before me personally appeared to me well known and known to me to be the individual described in and who executed the foregoing instrument, and acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal this day of , 19

Notary Public in and for the County and State Aforesaid.

My commission expires:

144167

Deed

This Deed, Dated this

5th

day of

November

A. D. 19 69 .

between **BESSEMER SECURITIES CORPORATION,**
a Delaware corporation,

hereinafter called the Grantor , which term shall include when used herein, wherever the context so requires, or admits, its successors and assigns,

and **RICHARD K. CARROLL and JUDITH B. CARROLL, his wife,**
(Address: Post Office Box 377, Jensen Beach, Florida 33457)

hereinafter called the Grantees, which term shall include when used herein, wherever the context so requires or admits, their heirs and assigns,

WITNESSETH: That for the sum of Ten Dollars (\$10.00) and other good and valuable considerations, said Grantor does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the said Grantee s all that certain piece of property and tract of land situate in the County of **Martin,** and State of Florida, described as follows:

Lot 62, LESS the South 50 feet thereof, and Lots 63 and 64, all of HIGH POINT, according to the plat thereof on file and of record in the office of the Clerk of the Circuit Court in and for Martin County, Florida, in Plat Book 3, at page 108.

SUBJECT to taxes subsequent to the year 1968; to such easements, notes and setbacks as are shown on the aforesaid plat of HIGH POINT, including, but not limited to, a public utilities easement over the West 7 feet thereof; to a purchase money mortgage in the principal amount of \$11,750.00 delivered by the Grantees to the Grantor simultaneously with the delivery of the deed by the Grantors to the Grantees; and to the restrictive covenants running with the land as hereinafter set forth:

1. That no building shall be constructed or permitted to be on the premises, except one detached dwelling house (together with the usual outbuildings for use in connection therewith) for the use and occupancy of a single family and that such dwelling house shall have a floor area of not less than two thousand square feet (not including the

Witness

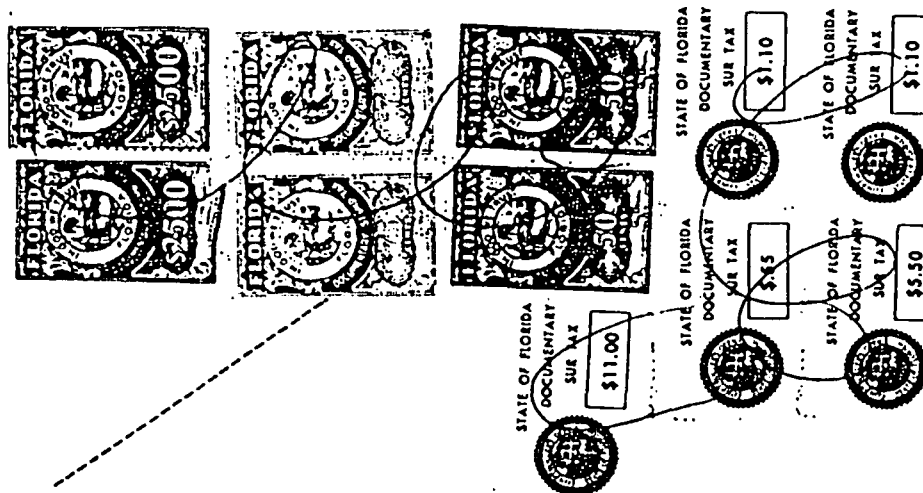
This instrument was prepared by
JOHN F. FLANIGAN, Esq.
Alley, Mass, Rogers, Lindsay & Chauncey
321 Royal Poinciana Plaza
P. O. Box 431
Palm Beach, Florida 33480

BOOK 283 PAGE 479

area of porches, unless roofed and closed in on three sides, carports or outbuildings) and shall cost not less than twenty thousand dollars; no building shall be constructed on the premises until the plans and specifications therefor, including the plan for the location thereof on the ground, have been submitted to and approved by the grantor. For the purpose of these restrictions, Lot 64 shall be considered as one lot, and Lot 63 and Lot 62 LESS the South 50 feet thereof, shall be considered as another lot. One dwelling house shall be permitted on each of these two lots subject to the aforementioned provisions of this paragraph.

2. That no use shall be made of the premises except use thereof as a place of residence of a single family.
3. That no building shall be constructed on the premises within twenty-five (25) feet of High Point Road (as shown on the aforesaid plat) or within ten (10) feet of any other exterior boundary line of the premises formed by the property herein described.
4. That no wall, fence, hedge or structure more than six (6) feet in height shall be constructed, erected, grown or permitted to be on any portion of the premises except within the area in which the terms of these covenants do not prohibit the construction of a building.
5. To comply with the zoning code or ordinance of the Town of Sewall's Point as well as the foregoing covenants.

TO HAVE AND TO HOLD the same in fee simple forever, together with all of the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.



And the said Grantor does hereby warrant and defend the title to said land against the lawful claims of all persons claiming under, by or through it.

IN WITNESS WHEREOF, the said Grantor has caused these presents to be executed by its Vice President, and its corporate seal to be affixed, attested by its Assistant Secretary, the day and year aforesaid.

BESSEMER SECURITIES CORPORATION



By Michael G. Phipps
Vice President

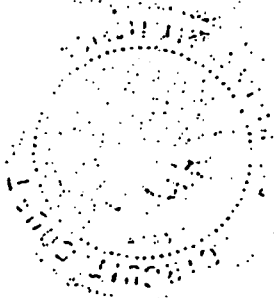
Attest:

W. J. Field
Assistant Secretary

Signed, sealed and delivered in the presence of:

Evelyn L. Smith
 Marcie C. Schmidt

FILED FOR RECORD
HARTLEY COUNTY, FLA.
70 JAN 28 PM 2:48
DOROTHY FIERCE
CLERK OF CIRCUIT COURT
BY Dorothy Pierce D.C.



STATE OF FLORIDA }
COUNTY OF PALM BEACH } SS.

Before me personally appeared MICHAEL G. PHIPPS
and W. J. FIELD
respectively, Vice President and Asst. Secretary of BESSEMER SECURITIES CORPORATION
to me well known, and they acknowledged before me that they executed the foregoing instrument as such officers of said corporation, and that they affixed thereto the official seal of said corporation; and I FURTHER CERTIFY that I know the said persons making said acknowledgment to be the individuals described in and who executed the said instrument.
WITNESS my hand and official seal this 5th day of November, 1969.



Evelyn L. Smith
Notary Public in and for the County and State Aforesaid.

My Commission expires:
NOTARY PUBLIC, STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES JAN. 20, 1971
BONDED THROUGH FRED W. DIEBTEL-HORBY

NOTICE OF SUSPENSION

TO: Bailey + Sabin
FROM: Dale Brown, Building Inspector, Town of Sewall's Point
RE: Permit No. 532

You are hereby notified that the referenced permit is suspended, effective immediately.

No further work shall be performed under the permit until the applicant has provided, and the Town has approved, all information required under Sections 11-55(b) and 11-64(4), as appropriate, of the Habitat Management and Landscape Ordinance.

DATED: October 20, 1992, at 12:00 o'clock A.M.

BY: Dale Brown
DALE BROWN, Building Inspector

STATE OF FLORIDA DEPARTMENT OF PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

CITY OF STUART
121 SW FLAGLER AVENUE
STUART, FLORIDA 34994

DATE	LICENSE NO.	BATCH NO.
05/28/92	01 0022768	42106

CERTIFIED GENERAL CONTRACTOR
ED BELOW IS CERTIFIED
ER THE PROVISIONS OF CHAPTER 489 F.S., FOR THE YEAR
RING

CITY OF STUART, FLORIDA
REGISTRATION CARD # 2477

CONTRACTOR TYPE: GENERAL

SABIN IV, CHARLES H

EXPIRES SEPTEMBER 30, 1993

BAILEY & SABIN CONSTRUCTION INC
721 COLORADO AVENUE
STUART FL 34994

GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

George Stuenkel III
GEORGE STUENKEL III
SECRETARY D.P.R.

MARTIN COUNTY

1992 COUNTY OCCUPATIONAL LICENSE 1993

THIS FORM BECOMES A RECEIPT ONLY WHEN VALKIATED BY RECEIPTING MACHINE
SHOWING TRANSACTION NUMBER, DATE AND AMOUNT PAID.

PENALTY 10% FOR MONTH OF OCTOBER,
5% ADDITIONAL EACH MONTH THEREAFTER
AFTER UP TO 25% PLUS COLLECTION COSTS.

PREV YR. \$	_____	LIC. FEE \$	9.00
TRANSFER \$	_____	HAZ. WST. \$	10.00
DEL PEN \$	_____	COL. FEE \$	2.00
SUBTOTAL \$	_____	SUBTOTAL \$	21.00

TOTAL _____

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

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1ST DAY OF **OCTOBER** 19**92** SEC _____
AND ENDING FIRST DAY OF OCTOBER IN 1993

LICENSE 89-513-097 CERT 89-513-097
PHONE 807-288-0470 SIC NO. 2521
LOCATION: 721 COLORADO AVE

33 51309789 00002100 9

MAKE CHECKS PAYABLE TO

Larry C. O'Steen, Tax Collector, P.O. Box 9010, Stuart, FL 34995
(407) 288-5804

BAILEY & SABIN CONSTRUCTION
721 COLORADO AVE
STUART FL 34994

89/21/9
08010340 ALL
9051309789 \$
LARRY O'STEEN -
OCCUPATIONAL

NOTE - A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS
LICENSE EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT
OR PLACE OF BUSINESS.

ORIGINAL

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
10/20/92

PRODUCER

Arch-Homes-Broder-Nottingham
6122 Washington Street
Hollywood, Florida 33023

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

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** Aetna L & C
- COMPANY LETTER **B** AGC-Crimms
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

Bailey-Sabin Construction, Inc.
721 Colorado Avenue
Stuart, Florida 34994

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$1,000,000
A X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT.	023ACM2184662	01/01/92	01/01/93	PRODUCTS-COMP/OP AGG. \$1,000,000 PERSONAL & ADV. INJURY \$ 500,000 EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	880-02311	03/21/92	12/31/92	STATUTORY LIMITS EACH ACCIDENT \$ 2,000,000 DISEASE-POLICY LIMIT \$ 2,000,000 DISEASE-EACH EMPLOYEE \$ 2,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Policy limits are those shown on policy as of inception date.

CERTIFICATE HOLDER

Sewell's Point Bldg. Dept.
ATTN: Dale Brown
1 S. Sewell's Pt. Rd.
Stuart, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE James E. Dickmeyer

James E. Dickmeyer

Do's

- Know the location and capacity of your septic tank system.
- Have a qualified person inspect the tank at least every three years.
- Have tank pumped when the combined depth of the sludge and scum equals 1/3 of the tank liquid volume.
- Install the system so that rainfall and surface water will flow away from the drainfield.
- Rain water from a roof should not discharge onto the drainfield.
- Grow grass or small plants above the system.
- Install water conservation fixtures or devices to reduce the total volume of water entering the system.
- Keep plumbing fixtures such as toilets and faucets in good repair to prevent leakage and wasting of water.

Don'ts

- Never flush paper towels, newspapers, wrapping paper, rags or sticks into the system.
- Never allow large, irregular, intermittent or constant volumes of clear water into the system, as with a leaking toilet or faucet.
- Never over-use ordinary household cleaning chemicals that will be flushed into the system.
- Never pour out or empty hobby or home industry chemicals into the system.
- Never allow waste from water softeners to enter the system.
- Never allow grease or other bulky waste to enter the system.
- Never flush toxic materials such as pesticides into the system.
- Never plant trees or shrubbery in the drainfield.
- Never allow vehicles (cars, trucks, etc.) to drive across or park on the drainfield. (Protect it from being crushed.)
- Never waste water.
- Never use chemical solvents to clean plumbing lines or a septic tank system.

HRS-MARTIN COUNTY PUBLIC HEALTH UNIT
 620 S. Dixie Hwy.
 Stuart, FL 34994
 (407) 221-4000 41090

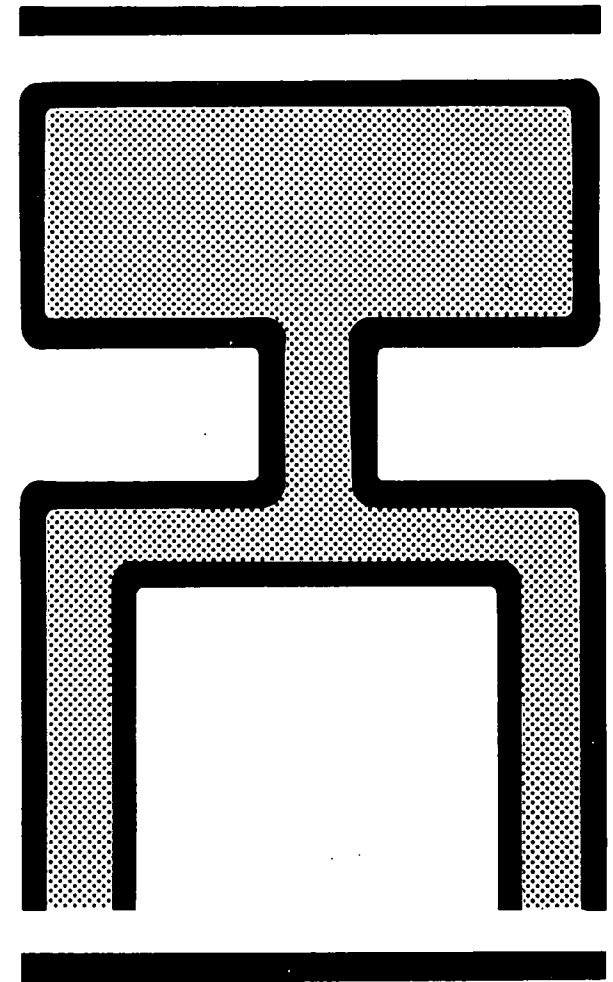
Received From: Barbely & Selby Cashier's Check # 0002078
 For: 1 septic pump Money Order # _____
 Name: Barbely & Selby Personal Check # _____
 Legal Description: 263 x 71.50' 63' 1/2" 1st 1st Cashier's Check # 1850
 Environmental Health
 039303 0918920831002001 11350A \$185.00
 Cashier's Signature [Signature] H10 # 93-264



This publication was produced at an approximate cost of 5 cents per copy to inform the public about proper use and maintenance of septic tank systems. HRS complies with state and federal nondiscrimination policies relating to race, sex, age and handicapping condition.

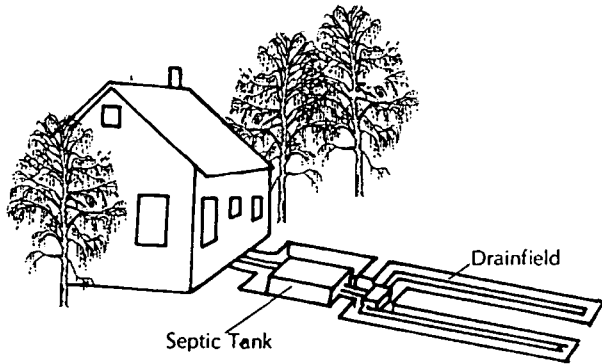
PUBLIC INFORMATION
 HRS/PI 150-88, 12/90

SEPTIC TANK SYSTEMS



Florida Department of Health and
 Rehabilitative Services
 Health Program

The Septic Tank Home Wastewater Treatment and Disposal System



A Typical Individual Home Septic Tank Disposal System

What Is A Septic Tank System?

A septic tank system consists of a large, water-tight tank that receives wastewater from the home plumbing system. The tank is followed by an underground drainfield consisting of a network of perforated pipe for distributing partially treated water from the septic tank to the soil for final treatment and disposal.

How Does It Work?

Septic tanks contain bacteria that grow best in oxygen-poor conditions. These bacteria carry out a portion of the treatment process by converting most solids into liquids and gases. Bacteria that require oxygen thrive in the drainfield and complete the treatment process begun in the septic tank. If the septic tank is working well, the wastewater which flows out of the tank is relatively clear, although it still has an odor and may carry disease organisms. It should flow nowhere except into the drainfield. **NEVER ONTO THE GROUND SURFACE OR INTO FLORIDA WATERS!!!**

Operation and Maintenance

After the septic tank system is placed in service, proper operation and maintenance of the system will ensure continued efficient service and prevent sudden replacement expenses. The septic tank and drainfield are designed and installed to handle a maximum calculated daily

sewage flow. Consistently exceeding the design flow will eventually overload the system and cause failure. The tank may receive new solids faster than it can dispose of the old ones and the drainfield may become saturated from excessive water use.

Various products are on the market which are said to start, accelerate or improve the action in the septic tank. Since all necessary bacterial are already present in the sewage entering the system, such products are not recommended.

Sketch the Location of Your Tank and Drainfield

Tank Capacity _____ gals. Drainfield Size _____ sq. ft.

Maintenance of a septic tank will depend largely on the daily sewage flow and individual household wastewater characteristics. With ordinary use and care, a septic tank should not require pumping out more than once every three to five years. It should, however, be inspected occasionally to determine the depth of accumulated sludge and grease.

Waste from kitchen garbage disposal units puts an extra load on a septic tank system. If a disposal is used, the capacity of the tank should be increased to handle the increased solid wastes. The tank may also require yearly pumping to remove accumulated solid waste buildup.

Failure to pump out a septic tank system when indicated, will result in solids or greases overflowing into the drainfield, which in turn may become clogged and stop functioning. In this event, not only will the tank have to be pumped out, but the drainfield may also have to be replaced.

Septic tanks can be cleaned by septic tank cleaning firms permitted by the county health department. This type of work should be done only by experienced professionals who will pump the entire contents of the tank into a tank truck and dispose of the contents in an approved, sanitary manner.

Location

Contaminants can travel long distances in some soils. Therefore, drinking water wells should be located at least 75 feet from any part of a septic tank system. With certain exceptions, septic tanks and drainfields must be located at least 75 feet away from the high water line of ponds, rivers and lakes. Also, the drainfield should be located so that it will not be saturated by surface water drainage.

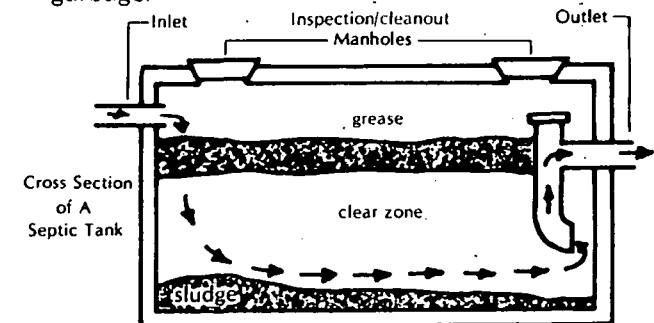
Preventing Failure

Septic Tank systems fail when the drainfield does not dispose of sewage as rapidly as it is being added to the system. Thus, improvements that reduce the amount of incoming water or improve the quality of wastewater passing through the system will increase the system's longevity. Other important considerations include the following:

A drainfield can be damaged by compaction due to vehicular traffic and can be blocked by excessive shrubbery or tree root growth. The drainfield should be unobstructed and seeded with grass. Grass and sunlight aid evaporation.

Washing machines are responsible for large volumes of water entering the septic tank. The surge of wash water can create turbulence in the tank which increases the amount of solids flushed into the drainfield. Space washings throughout the week rather than doing many loads at a time, or, install a separate system for washing machine water.

Cooking oils and grease are trouble makers. The type of bacteria found in septic tanks and drainfields do not survive or function well in solidified grease. Grease and cooking fats should never be washed down the sink drain. Save grease in jars or cans for disposal in the garbage.





STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: GAGE / BAILEY & SABIN SEPTIC TANK PERMIT NO. H092-264
LEGAL DESCRIPTION: N 50' LOT 62 & LOT 63, HIGH POINT

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

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

NOTE: a. Severely limited soil includes but is not limited to hardpan, clay, silt, marl or muck.
b. Drainfield must be centered in the excavated area. Drainfield will not be approved if severe limited soils are not removed.
c. Condition numbers 5, 6 and 7 may be satisfied with excavation certification from the certified septic installer responsible for drainfield installation.

CERTIFIED BY: _____

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

Date: _____ Job Number: _____

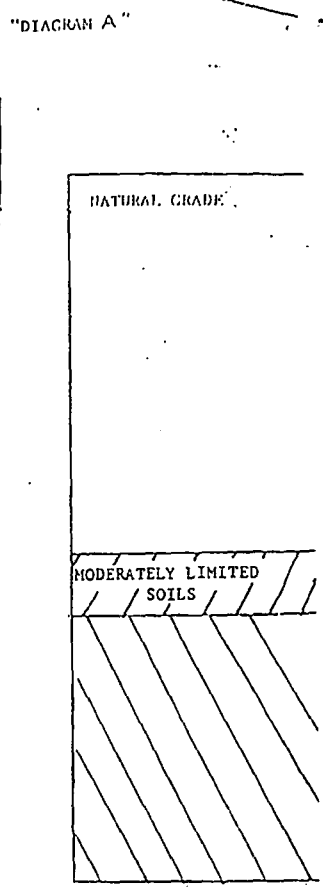
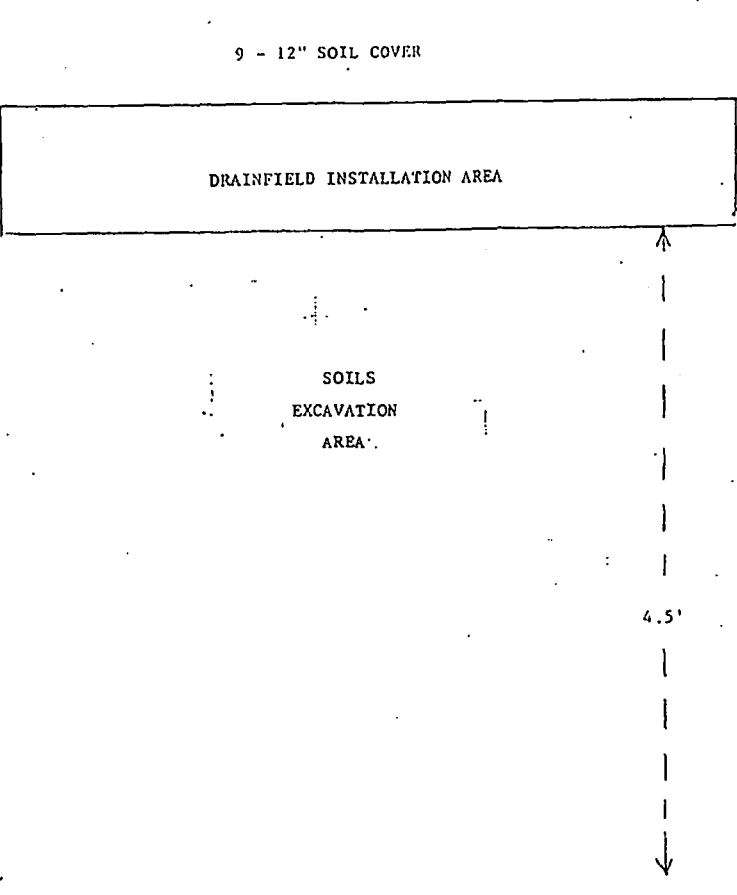
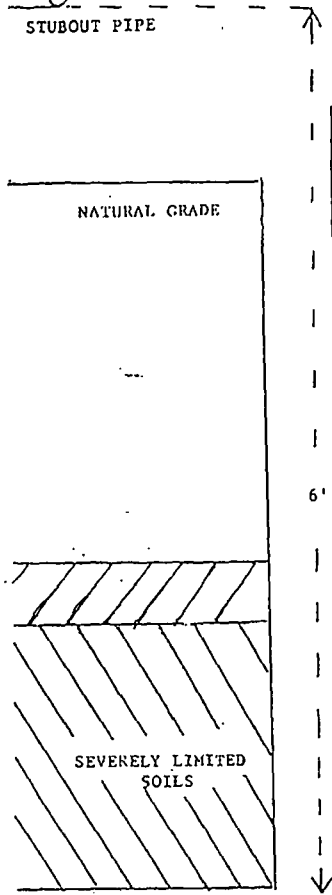
(Signature)

(Date)

-----FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY-----

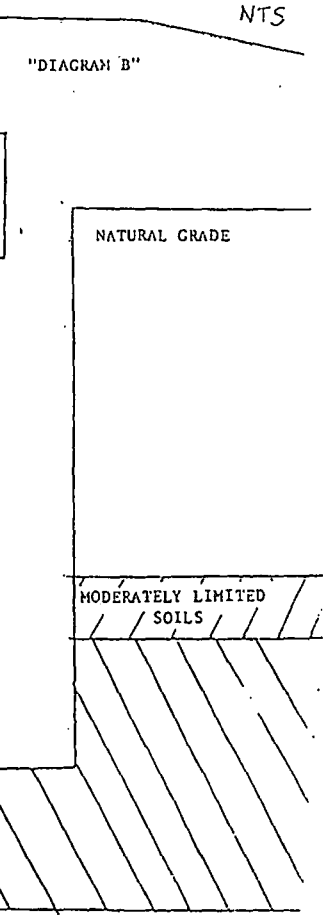
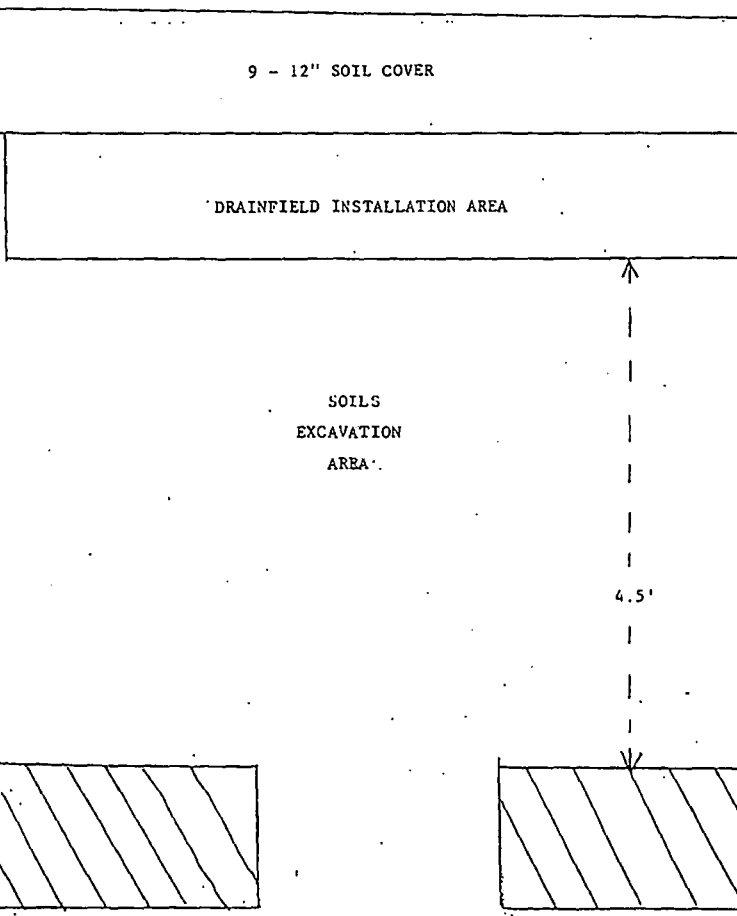
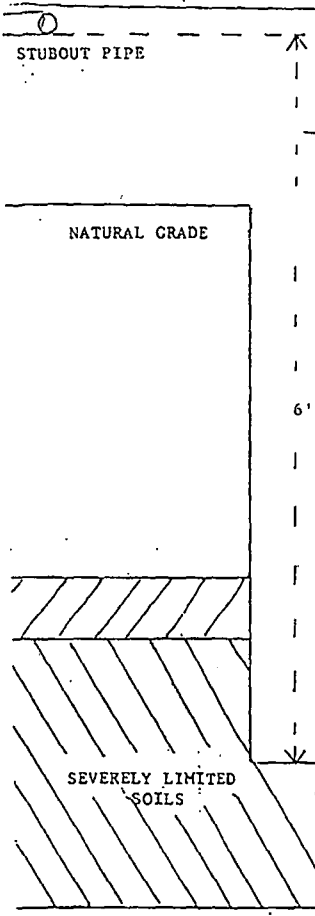
Martin County Health Unit Approval Signature

(Date)



SLIGHTLY LIMITED SOILS

4/92



SLIGHTLY LIMITED SOILS

NTS

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
PERMIT FOR CONSTRUCTION OF AN ONSITE SEWAGE DISPOSAL SYSTEM

Authority: Chapter 381, F.S. & Chapter 10D-6, F.A.C.

Application/Permit Number HP92-264

Permit is for:

New System: Repair: _____ Existing System: _____ Experimental System (Temporary): _____

Tank Abandonment: _____ Holding Tank: _____ Other (Specify): _____

GENERAL INFORMATION

Owner: GAGE/BAILEY & SABIN Telephone: (Work) 288-0400 (Home) _____

Property Street Address: HIGH PT. ROAD

Lot #: N50 LOT 62 Block #: _____ Subdivision: HIGH POINT Unit: _____

Section: 63 Township: _____ Range: _____ Parcel Number: _____

TO BE COMPLETED BY ENGINEER OR COUNTY PUBLICHEALTH UNIT EMPLOYEES ONLY. SYSTEM IS TO BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS SET FORTH IN CHAPTER 10D-6, F.A.C. PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUANCE AND ARE NOT RENEWABLE. REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM DATE OF ISSUANCE. APPROVAL OF A SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME.

SYSTEM DESIGN AND SPECIFICATIONS

Design Sewage Flow from Table II 1200 GPD Most Restrictive Soil Texture Used for System Sizing: SAND
Loading Rate: 1.75 Gallons/Square Foot/Day Standard: Filled: _____ Mound: _____ Other: _____

Disposal system configuration: Trench: _____ Bed: Other (describe): _____

Minimum absorption area required: 686 Square Feet 3 TRENCHES (3' W @) W/ 2' BETWEEN TRENCHES EX 76'
Bottom of drainfield absorption area must be 7 inches above/below (circle one) benchmark/ fixed point of reference.

Is Fill required? Yes _____ No If Yes, What is the Minimum Height of Fill Required: _____ Inches/Feet

Excavation Required: Yes _____ No Minimum Depth of Excavation: _____ Ft. Area Excavated: _____ Square Feet

Unobstructed area required: 1029 Square Feet Unobstructed area available: 2,000 Square Feet

Septic tank liquid capacity: 1,900 gallons.....Minimum Drainfield Area Required: 686 Square Feet

Laundry tank liquid capacity: _____ gallons.....Minimum Drainfield Area Required: _____ Square Feet

Gray water tank liquid capacity: _____ gallons.....Minimum Drainfield Area Required: _____ Square Feet

Aerobic treatment unit treatment capacity: _____ gpd.....Drainfield Area Required: _____ Square Feet

Grease interceptor capacity: _____ gallons Dosing Tank: Capacity/Volume per Dose (circle one): _____ gallons

Holding Tank Capacity (must be sufficient to handle all waste generated over a seven day period): _____ gallons

Additional construction criteria: Drainfield rock must be 8 feet from front or rear property lines
and 5 feet from side property lines: ~~Excavation must be a minimum of one / three feet beyond drainfield installation area.~~

-Top of building stub-out is required to be a minimum elevation of 27" ABOVE CR ELV. 5.64 NSWD

-Top of drainfield pipe is required to be a minimum elevation of 17" ABOVE CR ELV. 5.64

-Top of septic tank is required to be a minimum elevation of 31" ABOVE CR ELV 5.64

SEE ATTACHED SPECIAL CONDITIONS

Design by: _____ Title: _____

If designed by a P.E., provide registration number: _____ Place your seal upon the appropriate plans and attachments.

TO BE COMPLETED BY HEALTH UNIT:

Application Received: 9/18/92 Reviewed by: J. CASTON Title: _____ CPHU

Incomplete: Disapproved: _____ Date: 9/23/92 Reason: ELV. APPEARS HIGH AS

PROPOSED FOR LOT 64

Disapproved: _____ Date: 10/26/92 Reason: REVISIONS ON HIGH ELV PER

SP BD W/ DANUSIS & SBROWN

Approved: By: R. W. MARTIN CPHU Date: 10/26/92 REVISION

Date Issued: 10/1/92 Date of Expiration: 10/1/93 Amount of Fee Paid: \$185.00



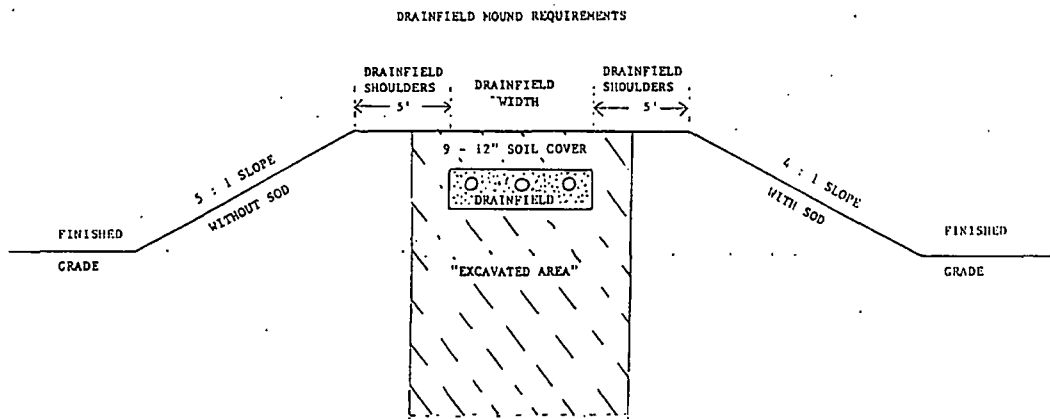
STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

CONDITIONS OF PERMIT

APPLICANT GASE / BAILEY - SABIN SEPTIC TANK PERMIT # HD97-764

For permit specifications see attached HRS-H Form 4016

1. Applicant is responsible for replacing excavated soils with a good grade of sand.
2. If fill is required, contact Martin County Building Division.
3. If building stubout is placed more than 20 feet from septic tank or drainfield, stubout elevation must be higher than permitted elevation and have prior approval.
4. N/A reinspection fee required if well is not installed at time of onsite sewage disposal system initial inspection.
5. Inspection results will be posted on building permit. A copy of construction approval is available upon request.
6. If any information on this permit changes, an amended application is required to be filed immediately.
7. Any alteration to the information and conditions of this permit found to be in non-compliance with 10D-6 FAC shall be sufficient cause for immediate revocation of this permit.
8. If mound drainfield is proposed, see following sketch of additional requirements.
9. Special Conditions: SEE ATTACHED CONDITIONS LIST



NOTE: THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.
SEE EXCAVATION CERTIFICATION SHEET FOR EXCAVATION DETAILS.

MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994



SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: SAGE / BARTLEY - SABIN PERMIT NO. (HD) 92-264
SUBDIVISION: N 50' LOT 62 & LOT 63 HIGH POINT

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

- 1. Drainfield must be maintained under grass and ~~protected from vehicular traffic (traffic barriers)~~.
- 2. Operational test of dosing pump(s) and high water alarm (audible / visual) required prior to final construction appr.
- 3. Driveway / sidewalk elevation must be 9" higher than drainfield pipe elevation.
- 4. Septic system must be 75' from surface water / wetlands / mean high water line.
- 5. Excavate one / three beyond drainfield area to a depth of 4.5' below drainfield rock.
- 6. In addition to item #5, 33% of unsuitable soils at depths greater than 4.5' below the bottom of the drainfield must be removed to a depth of slightly limited soils.
- 7. Existing well(s) must be properly abandoned by a certified well driller. The attached well abandonment form(s) must be completed by the well driller and submitted to this office prior to the initial building construction or system installation.
- 8. Septic tank abandonment permit, fee and abandonment approval for the existing tank(s) must be received by this office prior to final construction approval.
- 9. Annual Operating Permit received and Declaration of Restriction must be recorded prior to final construction approval.
- 10. Mound area must be sodded or stabilized prior to final construction approval.
- 11. Any future ponds or surface water created onsite must be 75' from septic system(s).
- 12. Available area for septic installation to be evenly filled and leveled.

** See reverse side for additional requirements.

SPECIAL CONDITION REQUIREMENTS

Page 2

13. Septic system must be a minimum of 15 feet from drainage culverts, dry retention areas, storm water drainage systems.
14. Occupational approval will not be given until all requirements for public water system/ foodservice/ institutional/ septic system are met (circle which ever may be applicable).

15. Septic tank/ dosing chamber/ grease trap must have traffic lids with manhole covers extending to the surface.

16. gallon outside grease trap(s) will be required. The grease trap should be connected with the outlet tee extending to within 8" of the bottom of the tank. The following must be connected to the grease trap.

- a) handwash sink(s).
- b) three compartment sink(s).
- c) floor drains.
- d) can wash, janitor's sink(s).
- e) dishwasher if present.

All other greaseless flow should be connected directly to the septic tank.

17. _____
to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible -visual signals is required. If two drainfields are use, each field must be connected to an individual pump.

18. Two pumps are required to alternately dose into at least two separate fields.

19. No sprinklers or roof drainage - gutter drains allowed to influence soils within 5' of drainfield rock.

20. Other: 19" MAXIMUM FILL COVER OVER DRAINFIELD

Questions concerning special conditions can be answered by calling B. [Signature] at (407) 221-4090.

Application/Permit Number _____

Permit Is For: New System Repair _____ Existing System _____ Experimental System(Temporary) _____ Other(specify) _____

TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEES, OR OTHER QUALIFIED PERSONS. SYSTEM IS TO BE CONSTRUCTED IN ACCORD WITH SPECIFICATIONS AND STANDARDS SET FORTH IN CHAPTER 10D-6, F.A.C.

SITE AND SOIL EVALUATION

The Elevation of proposed system site is: 52.32 inches above/below (circle one) the benchmark/reference point location.
 Benchmark/Reference Point Location: BM S. 84 Elevation: Assumed _____ Actual
 Setback to Surface Waters: > 100 Ft.
 Setback to Ditches/Swales from System Site: _____ Ft. Ditches/Swales contiguous to property normally: Wet _____ Dry
 Is the site subject to frequent flooding? Yes _____ No Is site subject to 10 Year flooding? Yes _____ No
 If subject, what is 10 year flood elevation for site: N/A Ft. MSL/NGVD Site Elevation: N/A Ft. MSL/NGVD
 Setback to wells from system site: Public N/A Ft. Limited Use LA Ft. Private _____ Ft. Non-potable > 50 Ft.

SOIL PROFILE INFORMATION SITE #1.

SOIL PROFILE INFORMATION SITE #2

MUNSELL # & COLOR	TEXTURE	DEPTH
10YR 2/1 med. grey	fine sand	0 to 12
10YR 7/1-7/2 light grey-brown	"	12 to 32
5YR 3/3 reddish-brown	sand	32 to 72

MUNSELL # & COLOR	TEXTURE	DEPTH
10YR 2/1 med. grey	fine sand	0 to 12
10YR 7/1-7/2 light grey-brown	"	12 to 42
5YR 3/3 reddish-brown	sand	42 to 72

USDA Soil Series Name: Jordan/Rosetta # 91 USDA Soil Series Name: Jordan/Rosetta # 91
 Observed Water Table at the time of the evaluation is: 772" above/below (circle one) existing grade
 Estimated Wet Season Water Table is: 48" above/below (circle one) existing grade
 Type water table: Perched _____ Apparent Is soil Mottled? Yes _____ No At What Depth: N/A
 Are the Vegetative species on site indicative of high wet season water table? Yes _____ No _____ Type: Coastal scrub
Sea grape at rear of lot.
 Site evaluated by: [Signature] Title: ES IT Date: 9/22/92

SYSTEM SPECIFICATIONS

Property size (net usable area): _____ Square Feet/Acres
 Total Estimated Sewage Flow: Table I _____ GPD Authorized Sewage Flow: _____ GPD
 Design Sewage Flow from Table II _____ GPD Most Restrictive Soil Texture Used for System Sizing: _____
 Loading Rate: _____ Gallons/Square Foot/Day Standard: _____ Filled: _____ Mound: _____ Other: _____
 Disposal system configuration: Trench: _____ Bed: _____ Other(describe): _____
 Absorption area required: _____ Square Feet Is Fill required? Yes _____ No _____
 Excavation Required: Yes _____ No _____ Minimum Depth of Excavation: _____ Ft. Area Excavated: _____ Ft. X _____ Ft.
 Unobstructed area required: _____ Square Feet Unobstructed area available: _____ Square Feet
 Additional construction criteria: _____

Design by: _____ Title: _____
 If designed by a P.E., provide registration number: _____ Place your seal upon the appropriate plans and attach.
 Specifications Approved by: _____ Title: _____ CPHU
 Date: _____/_____/_____

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

RECEIVED
SEP 18 1992

Authority: Chapter 381, F.S. & Chapter 10D-6, F.A.C.

Building Permit #: _____
Application/Permit Number HD-92-264
Date Application Received 9/18/92
Fee Amount Paid 185.00
Receipt # 1135
Date Paid 9/18/92

Application Is For: New System: Repair: Existing System: **Professional Unit**
Tank Abandonment: Holding Tank: Other (Specify): _____

NOTE: PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUANCE AND ARE NOT RENEWABLE. REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM DATE OF ISSUANCE. APPROVAL OF A SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME.

TO BE COMPLETED BY APPLICANT: **GENERAL INFORMATION**

Owner: GALE: BAILEY & SABIN Telephone: (Work) 288-0400 (Home) _____
Owner's Mailing Address: 721 COLORADO AVE City: STUART State: FLA Zip: _____
Owner's Agent: Stephen J. Brown Telephone: (W) 288-7176 (H) 287-2201
Agent's Mailing Address: 290 Florida Ave City: Stuart State: FL Zip: 34996
Property Street Address: HIGH POINT ROAD
Exact Directions to Property: SEE LOCATION MAP

N. 50' LOT 624
Lot # 63 Block # N/A Subdivision: HIGH POINT Unit: 1 Date Subdivided: 1958
Section: _____ Township: _____ Range: _____ Parcel Number: _____ Zoning Designation: _____
Property size: _____ Square Feet/Acres Water Supply: Private: _____ Public: Limited Use: _____
Is Sanitary Sewer Available: Yes _____ No If No, approximate the distance to the sewer line closest to your property: _____
Is Public Water Available: Yes No _____ If No, approximate the distance to the water line closest to your property: _____

BUILDING INFORMATION

Type of Establishment Commercial/Residential (circle one)	# Of Units	Building Area (Square Feet) & Number of Bedrooms	# Of Persons	# Of Seats	Hours of Operation
<u>SINGLE FAMILY</u>	<u>1</u>	<u>5720^{sq ft}</u> <u>3 BDRM</u>			

Plumbing Fixtures: Garbage Grinders/Disposals: Spas/Hot Tubs: Floor/Equipment Drains: _____
Ultra-low volume Flush Toilets: _____ Other: _____

BUILDING PLANS MUST BE ATTACHED SHOWING OFFICES, BEDROOMS, TOTAL BUILDING AREA, AND ANY PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, F.A.C. IN ADDITION, A DETAILED SITE PLAN AND/OR SURVEY, DRAWN TO SCALE, MUST BE ATTACHED SHOWING PROPERTY DIMENSIONS, BUILDING LOCATIONS, AND PERTINENT FEATURES REQUIRED TO BE SUBMITTED PER CHAPTER 10D-6.046, F.A.C.

Applicant's Signature: STEPHEN J. BROWN Date: 9 / 17 / 92



APPLICANT BAILEY & SABIN
LEGAL DESCRIPTION LOT 62 & 63, High Point

-----SITE INFORMATION-----

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? No
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? No
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? No
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? No
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? No
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? No
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? No
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
14. THERE IS 2000 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION NONE NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 5.64 NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 10.00 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? No IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? _____ NGVD.

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

CERTIFIED BY: STEPHEN J. BROWN
FL. PROFESSIONAL NO. 4049
DATE: 9/17/92 JOB NO. 712-58-01

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

* 5 East high point

Date 6/15/93

This is to request that a Certificate of Approval for Occupancy be issued to D.A.S. Gage
 For property built under Permit No. 3281 Dated 10/27/92 when completed in
 conformance with the Approved Plans.

Charles H. Galt
 Signed

Item	
1. LOT STAKES/SET BACKS	<u>12/14/92</u>
2. TERMITE PROTECTION	<u>12/14/92</u>
3. FOOTING - SLAB	<u>12/17/92</u>
4. ROUGH PLUMBING	<u>12/19/92</u>
5. ROUGH ELECTRIC	<u>3/19/93</u>
6. LINTEL	<u>N/A</u>
7. ROOF	<u>2/23/93</u>
8. FRAMING	<u>3/19/93</u>
9. INSULATION	<u>3/22/93</u>
10. A/C DUCTS	<u>3/19/93</u>
11. FINAL ELECTRIC	<u>6/14/93</u>
12. FINAL PLUMBING	<u>6/14/93</u>
13. FINAL CONSTRUCTION	<u>6/14/93</u>

Approved by

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 6/15/93 date
 Approved for Building Commissioner Chardavoyne by: 6-17-93 date
 Approved by Building Commissioner [Signature] date

Utilities notified F.P.L. 6/14/93 date

Original Copy sent to OWNER

(Keep carbon copy for Town files)

3353

POOL

TAX FOLIO NO. 13-38-41-002-000-00620-50000 DATE 3-10-93

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

This application must be accompanied by three (3) sets of complete plans, to scale, including a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

Owner DR. GAGE Present Address 5 E. Highpoint Rd

Phone _____

Contractor CHARLES D. PETILL Address 1016 E. 16th Ct. Stuart

Phone 407-288-4442

Where licensed Martin County License Number 5P-00064

Electrical Contractor _____ License Number _____

Plumbing Contractor _____ License Number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Pool

5 E. Highpoint Rd.

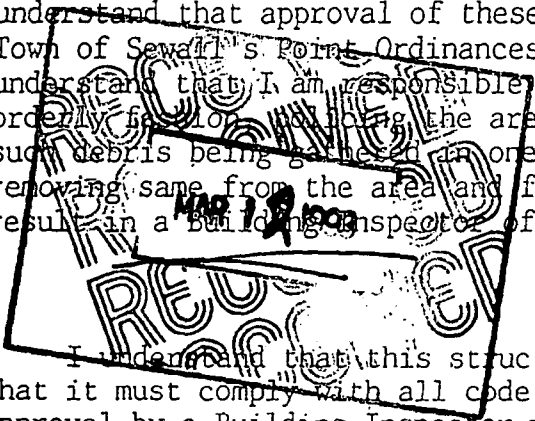
State the street address at which the proposed structure will be built:

Subdivision E. High Point Lot Number 62/263 Block Number _____

Contract Price \$ 14,450.00 Cost of Permit \$ 200.00

Plans approved as submitted Plans approved as marked _____

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



Contractor Charles D Petill

I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given.

Owner Charles H. Sali

TOWN RECORD

Date submitted _____

Approved: Dale Brown 3/12/93
Building Inspector Date

Approved: [Signature] 3/18/93
Commissioner Date

Final Approval given: _____
Date

Certificate of Occupancy issued(if applicable) _____
Date

989857

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

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

DESCRIPTION OF PROPERTY:

General description of improvements: CONSTRUCTION OF POOL

Owner: DRS. JOSEPH GAGE
Address: 31 FIELDWAY DRIVE, STUART, FL.

Owner's interest in site of the improvement: _____

Contractor: BAILEY & SABIN CONSTRUCTION
Address: 416 SE FLAMINGO AVE, STUART, FL. 34996

Surety (if any): _____
Address: _____
Amount of Bond: _____

Lender: BARNETT BANK
Address: P O BOX 9027, STUART, FL. 34995

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

Name: _____
Address: _____

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

Name: _____
Address: _____

[Handwritten Signature]

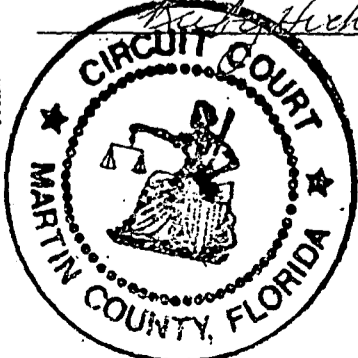
Sworn to and subscribed before me this 11 day
of MARCH, 1993.

STATE OF FLORIDA
COUNTY OF MARTIN
(NOTARY SEAL)

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

BY *[Signature]* MARGA STILLER, CLERK
DATE 3-00-93

I am a Notary Public of the
STATE OF FLORIDA AT LARGE, and
My Commission Expires: 2/20/94



3295

TEMPORARY

FENCE

TAX FUTURE NO.

DATE

3295

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

This application must be accompanied by three (3) sets of complete plans, to scale, including a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

Owner DR's Joseph + Patricia Gage Present Address _____

Phone _____

Contractor Bailey + Sabin Address 721 Colorado Ave Stuart

Phone 288-0400

Where licensed 177 COUNTY License Number CGC 022768

Electrical Contractor _____ License Number _____

Plumbing Contractor _____ License Number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: _____

Temp Fence

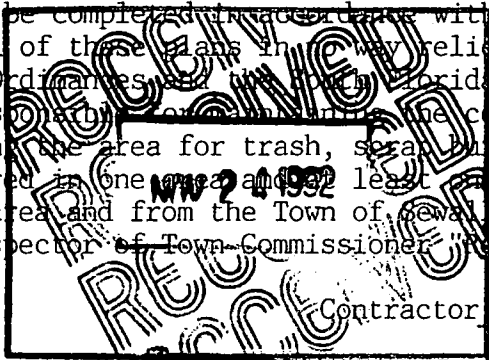
State the street address at which the proposed structure will be built: _____

Subdivision High point Lot Number 62263 Block Number _____

Contract Price \$ 100.00 Cost of Permit \$ 24.00

Plans approved as submitted K Plans approved as marked _____

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



Contractor Mark Sabin

I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given.

Owner [Redacted]

TOWN RECORD

Date submitted 11/24/92

Approved: Dee Brown 11/24/92
Building Inspector Date

Approved: A. R. [Redacted] 11/30/92
Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued(if applicable) _____
Date

4017

HURRICANE

SHUTTERS

4017

TAX FOLIO NO. 133 84 100 20000062050000

DATE 6-13-94

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

This application must be accompanied by three (3) sets of complete plans, to scale, including a plot plan showing set-backs, plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

Owner DR + MRS Joseph Gage Present address S E. High point Rd.

Phone 561-286-8426 Sewall's Pt., FL 34994

Contractor MASTERCARE Shutter Corp. Address 7788 Central Industrial Dr. #6

Phone 561-848-0007 Riviera Beach, FL 33404

Where licensed Martin County License number SP 01110

Electrical Contractor _____ License number _____

Plumbing Contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: INSTALL 36 SETS OF HURRICANE PANELS. ALL Removable TRACKS.

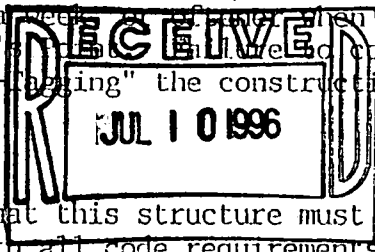
State the street address at which the proposed structure will be built:

Subdivision High Point Lot Number 63^{1/2} 262 Block Number _____

Contract price \$ 13,400.00 Cost of permit \$ 100⁰⁰ per Mr. Brown

Plans approved as submitted _____ Plans approved as marked _____

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



Contractor Michael Zamb

I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given.

Owner Patricia K. Gage

TOWN RECORD

Date submitted _____ Approved: Dale Brown 7/14/96
Building Inspector Date

Approved: [Signature] Final approval given: _____
Commissioner Date Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. # 4017

FINANCIAL SERVICES ASSOCIATES of AVENTURA, INC.

Issue Date: (MM/DD/YY)

6/14/96

Financial Services Associates
2999 NE 191st. St. Suite 803
Aventura, Fl. 33180

Master Care Shutter Corp.
 7788 Central Industrial Drive
 Suite 6
 Riviera Beach, FL 33404

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.

ATTENTION CERTIFICATE HOLDER: If you have any questions please contact 3 SATZ,STEPHEN at 1-800-753-1992

Companies Affording Coverage	
Company Letter A	TCI
Company Letter B	
Company Letter C	

Coverages

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OF 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.

CO LT	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	All Limits in Thousands	
	<input type="checkbox"/> General Liability <input type="checkbox"/> Commercial Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Owners & Contractors Protective				General Aggregate	\$
					Products- Comp/ Ops Aggregate	\$
					Personal & Advertising Injury	\$
					Each Occurrence	\$
					Fire Damage (any one fire)	\$
					Medical Expense (any one person)	\$
	<input type="checkbox"/> Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability				CSL	\$
					Bodily Injury	
					Per Person	\$
					Bodily Injury per Accident	\$
					Property Damage	\$
	<input type="checkbox"/> Excess Liability <input type="checkbox"/> Other Than Umbrella Form				Each Occurrence	Aggregate
					\$	\$
A	Workers' Compensation And Employers' Liability	50287	1/1/96	1/1/97	Statutory	
					\$ 100 (Each Accident)	
					\$ 500 (Disease- Policy Limit)	
					\$ 100 (Disease- Each Employee)	
	Other					

Description of Operations/ Locations/ Vehicles/ Restrictions/ Special Items

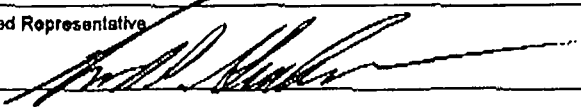
DBA:

Certificate Holder

Town of Sewalls Point
 1 South Sewalls Point Blvd.
 Sewalls Point FL 34996

Cancellation

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

Authorized Representative 

ACORD CERTIFICATE OF LIABILITY INSURANCE CSR DB MASTER-2 DATE (MM/DD/YY) 06/14/96

PRODUCER
Massey Insurance and Financial Services, Inc.
 801 Spencer Drive
 West Palm Beach FL 33409-4027

H.W. "Hank" Massey, Jr., CLU
 Phone No. 407-478-1660 Fax No. 407-478-6876

INSURED

Mastercare Shutter Corporation
Mr. Mike Strianese, Vice Pres.
 7788 Center Industrial Dr.#6
 Riviera Beach FL 33404

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

COMPANIES AFFORDING COVERAGE

COMPANY A **The Shelby Insurance Company**

COMPANY B

COMPANY C

COMPANY D

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	AP0771544	01/01/96	01/01/97	GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1000000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 150000
					MED EXP (Any one person) \$ 5000
					COMBINED SINGLE LIMIT \$
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> SCHEDULED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

SEWALLS

Town of Sewalls Point
 1 South Sewalls Point Blvd
 Sewalls Point FL 34996

CANCELLATION

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

E.W. "Hank" Massey, Jr., CLU

ACORD 25-S (1/95) ©ACORD CORPORATION 1988

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

ZANETTI, MICHAEL P
MASTERCARE SHUTTER CORP
3825 INVESTMENT LANE #7
RIVIERA BEACH, FL 33404

EXPIRES SEPTEMBER 30, 19 96

AUDIT
CONTROL
NUMBER

0021685

CERTIFICATE NUMBER

SP01110



FP/HTP/RG/Reed

METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
SUITE 1603
METRO DADE FLAGLER BUILDING
140 WEST FLAGLER STREET
MIAMI, FLORIDA 33130-1563
(305) 375-2901
FAX (305) 375-2908
INTERNET: mdcc01@shadow.net

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Poma Corporation
9040 Belvedere Road
West Palm Beach FL 33411

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

Your application for Product Approval of:

.063 ga. Aluminum Storm Panel

under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by:

Applicant, along with Drawing No. 96-47, Sheets 1 thru 3 of 3, (For listing, see Section 8 of this Notice of Acceptance).

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

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

Acceptance No.: 95-0717.06

Expires: 04/18/99

Raul Rodriguez
Product Control Supervisor

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

BUILDING CODE COMMITTEE

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

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

Approved: 04/18/96



FP/ATP/RG/READ

METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
SUITE 1603
METRO DADE FLAGLER BUILDING
140 WEST FLAGLER STREET
MIAMI, FLORIDA 33130-1563
(305) 375-2901
FAX (305) 375-2908
INTERNET: mdcc01@shadow.net

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Poma Corporation
9040 Belvedere Road
West Palm Beach FL 33411

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FAX (305) 372-6339

Your application for Product Approval of:
.063 ga. Aluminum Storm Panel
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by:
Applicant, along with Drawing No. 96-47, Sheets 1 thru 3 of 3, (For listing, see Section 8 of this Notice of Acceptance).

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

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

Acceptance No.: 95-0717.06

Expires: 04/18/99

Raul Rodriguez
Product Control Supervisor

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

BUILDING CODE COMMITTEE

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

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

Approved: 04/18/96



FP/HTP/RG/Reed

METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
SUITE 1603
METRO DADE FLAGLER BUILDING
140 WEST FLAGLER STREET
MIAMI, FLORIDA 33130-1563
(305) 375-2901
FAX (305) 375-2908
INTERNET: mdcc01@shadow.net

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Poma Corporation
9040 Belvedere Road
West Palm Beach FL 33411

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

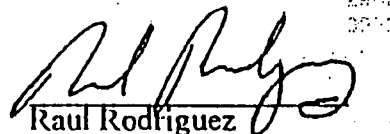
Your application for Product Approval of:
.063 ga. Aluminum Storm Panel
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *Applicant, along with Drawing No. 96-47, Sheets 1 thru 3 of 3, (For listing, see Section 8 of this Notice of Acceptance).*

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

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

Acceptance No.: 95-0717.06

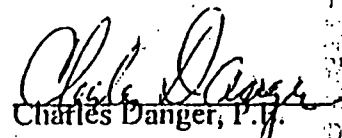
Expires: 04/18/99


Raul Rodriguez
Product Control Supervisor

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

BUILDING CODE COMMITTEE

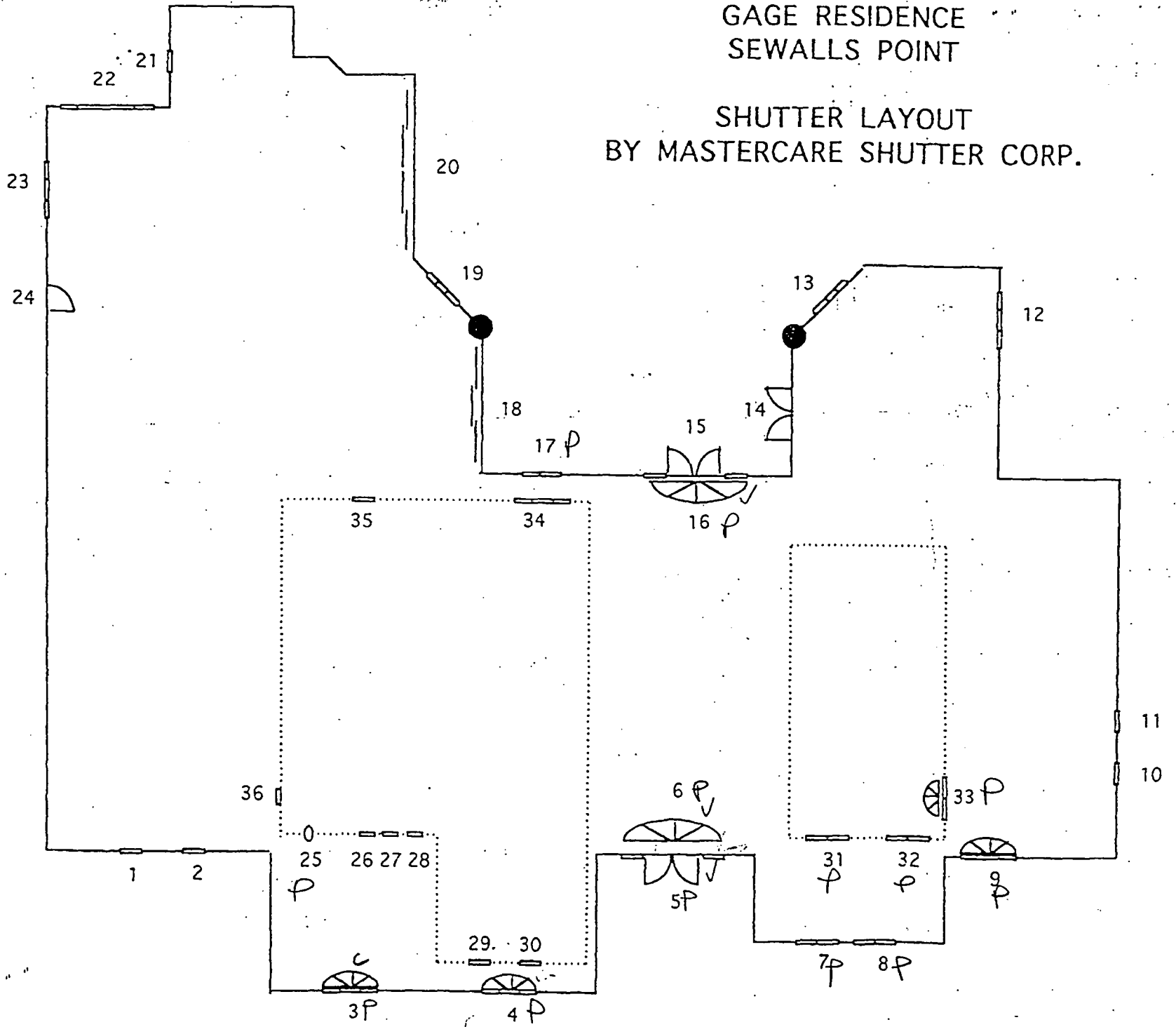
This application for Product Approval has been reviewed by the Metropolitan Dade County Building Code Compliance Department and approved by the Building Code Committee to be used in Dade County, Florida under the conditions set forth above.


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

Approved: 04/18/96

GAGE RESIDENCE
SEWALLS POINT

SHUTTER LAYOUT
BY MASTERCARE SHUTTER CORP.





METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

American Aluminum Enterprises
4000 Thor Drive
Boynton Beach FL 33426

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

Your application for Product Approval of:

.063" Aluminum Storm Panels

under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *Applicant (For listing, see Section 8 of this Notice of Acceptance)*

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

This approval shall be valid for a period of three years. The Office of Code Compliance reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Code Compliance Department may revoke, modify, or suspend the use of such product or material immediately. The Building Code Compliance Department reserves the right to require retesting of this product or material should any amendments to the South Florida Building Code be enacted affecting this product or material.

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

Acceptance No.: 94-1201.04 (supersedes No.: 94-1020.03)

Expires: 02/28/97

Raul Rodriguez
Product Control Division
Supervisor

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

BUILDING CODE COMMITTEE

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

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

Approved: 02/23/95

10174

ROOF REPAIR



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10174	DATE ISSUED:	JULY 27, 2012
SCOPE OF WORK:	ROOF REPAIR NOTE: SUBMIT PICTURES		
CONTRACTOR:	TROPICAL ROOFING SYSTEMS		
PARCEL CONTROL NUMBER:	133841002-000-006205	SUBDIVISION	HIGH PT- L63 & PT 62
CONSTRUCTION ADDRESS:	5 E HIGH PT RD		
OWNER NAME:	GAGE		
QUALIFIER:	WAYNE LARSEN	CONTACT PHONE NUMBER:	287-1433

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10174
ADDRESS	5 E HIGH PT RD - GAGE
DATE 7/27/12	SCOPE OF WORK ROOF REPAIR

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	111
(No plan submittal fee when value is less than \$200K)			
Total amount due		\$	111

THIS CHECK IS DELIVERED FOR PAYMENT ON THE FOLLOWING ACCOUNTS

DATE	INVOICE NO.	AMOUNT

TROPICAL ROOFING SYSTEMS, INC.
 2061 SE HARLOW ST.
 PORT ST. LUCIE, FLORIDA 34952
 (772) 335-1563 OR (772) 287-1433

1516

63-515/670

DATE 7-27-12

TOWN OF SEWALL'S POINT

PAY TO THE ORDER OF

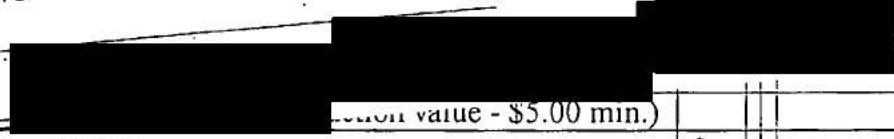
Security Fee

\$ 84.00

DOLLARS

FIRST NATIONAL BANK AND TRUST COMPANY
 1101 SE PORT ST. LUCIE BLVD.
 PORT ST. LUCIE, FLORIDA 34952

FOR



Construction value - \$5.00 min.)	\$	
Road impact Fee:	\$	
TOTAL BUILDING PERMIT FEE:	\$	

ACCESSORY PERMIT	Declared Value:	\$	6850
Total number of inspections @ \$75.00 each	1 + pictures	\$	75
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	2
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	2
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
TOTAL ACCESSORY PERMIT FEE:		\$	84

pd
ck #1516

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number:

10174

Date: 7-26-12

OWNER/LESSEE NAME: Patricia Gage Phone (Day) 233-1070 (Fax)
Job Site Address: 5 E High Point Rd. City: Stuart State: FL Zip: 34996
Legal Description: High Point N50' of Lot 62 and all of Lot 63 Parcel Control Number: 13-38-41-002-000-00620-5
Fee Simple Holder Name: Same Address:
City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): Partial re-roof - tile roof repair approx. 55 squares using existing tiles and new underlayment

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NO X
Has a Zoning Variance ever been granted on this property? YES (YEAR) NO X (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 6,850.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ 798 K (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Tropical Roofing Systems Inc Phone: 287-1433 Fax: 335-0343
Qualifiers name: Wayne Larsen Street: 2061 Settler St. City: PSL State: FL Zip: 34952
State License Number: CC057216 OR: Municipality: License Number:
LOCAL CONTACT: Phone Number:

DESIGN PROFESSIONAL: N/A
Street: City: State: Zip: Phone Number:

AREAS SQUARE FOOTAGE: Living: NA Garage: Covered Patios/Porches: Enclosed Storage:
Carport: Total under Roof NA Elevated Deck: Enclosed area below BFE*:
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010
National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Fire Prevention Code: 2010

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

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

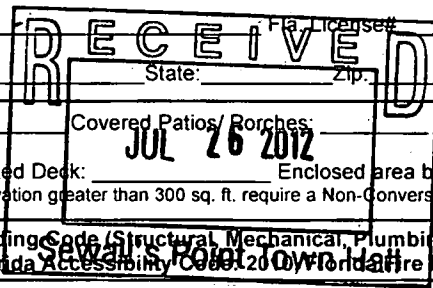
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X
State of Florida, County of
On This the day of , 20
by who is personally
known to me or produced
As identification
Notary Public
My Commission Expires:

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X
State of Florida, County of: St. Lucie
On This the 26th day of July 2012
by WAYNE LARSEN who is personally
known to me or produced
Notary Public
My Comm. Expires June 1, 2014
Commission Expires: June 1, 2014



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 90 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!





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

Site Provided by...
 governmax.com 1.14

Summary



Owner
 2 of 3

Tabs

Summary

- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes =>
- NEW: Navigator Parcel Map =>
- Notice of Prop. Taxes =>

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-002-000-00620-5	27748	5 E HIGH POINT RD, SEWALL'S POINT	\$1,068,670	7/21/201

Owner Information

Owner(Current)	GAGE JOSEPH S GAGE PATRICIA P
Owner/Mail Address	5 E HIGH POINT RD STUART FL 34996
Sale Date	2/6/1992
Document Book/Page	0943 0994
Document No.	
Sale Price	100

Searches

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- NEW: Navigator Maps =>

		Location/Description	Map Page No.	
Account #	27748			SP-4
Tax District	2200		Legal Description	HIG
Parcel Address	5 E HIGH POINT RD, SEWALL'S POINT			POI
Acres	.6740			N 50
				OF
				LOT
				62 8
				ALL
				OF
				LOT
				63

Functions

- Property Search
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Parcel Type

Use Code	0100 Single Family
Neighborhood	120000 HighPoint - Sewall's Point

Assessment Information

Market Land Value	\$270,000
Market Improvement Value	\$798,670
Market Total Value	\$1,068,670



NEW ROOFS • ROOF REPAIRS • RE-ROOFS • FLAT DECKS • SKYLIGHTS • ROOF VENTS
ROOF INSPECTIONS • ROTTEN WOOD REPLACED
SHINGLES • METAL • WOOD SHAKES • TILE • and MORE

"We Do It All"

Residential and Commercial

State Certified Roofing Contractor
Lic # CCC 057316

Wayne Larsen, President

PROPOSAL / CONTRACT

Date 7-26-12

Submitted To:

Work To Be Performed At:

Name Mrs. Patricia Gage
Street SE High Point Road
City Sewalls Point State FL Zip 34996
Telephone 233-1070

Street Same
City _____ State _____ Zip _____

We hereby propose to furnish all the materials and perform all the labor necessary for the completion of:

Remove section of roof tile above. The bottom of valley that was repaired as per contract dated 4-25-12

Remove existing valley metal and 90lb underlayment down to the plywood roof deck

Re nail existing plywood as per code

Install new TUFlys self adhering modified underlayment on top of plywood roof deck

Install new 16" wide Copper Valley Flashing

Install new 3X3 copper drip edge where necessary

Reinstall the tile that was removed and spare tile that owner has stock piled on the side of house

Owner knows that any new tile that we use may not match exactly with the existing tiles

Three year Repair Warranty in area we worked in.

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work for the sum of Six thousand Eight hundred Fifty Dollars (\$ 6,850.00) with payments as follows:

50% down 3425.00 and 50% upon completion 3425.00

All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate.

Authorized Signature [Signature]

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

Acceptance of Proposal: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. I (we) understand that if I (we) fail to make payments as specified, that the contractor may seek legal recourse for the amount due, as well as court costs and attorney's fees.

Signature X Patricia D. Gage

Date of Acceptance X 7-26-12

Signature _____

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

generated on 7/27/2012 10:48:03 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-002-000-00620-5	27748	5 E HIGH POINT RD, SEWALL'S POINT	\$1,068,670	7/21/2012

Owner Information

Owner(Current)	GAGE JOSEPH S GAGE PATRICIA P
Owner/Mail Address	5 E HIGH POINT RD STUART FL 34996
Sale Date	2/6/1992
Document Book/Page	0943 0994
Document No.	
Sale Price	100

Location/Description

Account #	27748	Map Page No.	SP-06
Tax District	2200	Legal Description	HIGH POINT N 50' OF LOT 62 & ALL OF LOT 63
Parcel Address	5 E HIGH POINT RD, SEWALL'S POINT		
Acres	.6740		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120000 HighPoint - Sewall's Point

Assessment Information

Market Land Value	\$270,000
Market Improvement Value	\$798,670
Market Total Value	\$1,068,670

INSTR # 2342265 OR BK 02590 PG 2409 RECD 07/26/2012 11:26:45 AM
Pg 2409 (1pp)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix

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

PERMIT #: _____ TAX FOLIO #: 13-38-41-002-000-00620-5
STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):
5 E. High Point Road, Stuart, FL 34996
GENERAL DESCRIPTION OF IMPROVEMENT: Partial Reroof / Repair Tile Roof

OWNER NAME: Patricia Grace
ADDRESS: 5 E. High Point Road, Stuart, FL 34996
PHONE NUMBER: 233-1070 FAX NUMBER: _____

INTEREST IN PROPERTY: Owner
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): N.A.

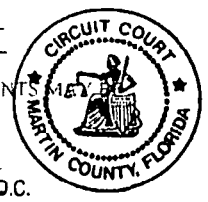
CONTRACTOR: Tropical Roofing Systems Inc.
ADDRESS: 2061 SE Hallow Street, Ft. St. 34452
PHONE NUMBER: 287-1433 FAX NUMBER: 335-0343

SURETY COMPANY (IF ANY): NA
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: NA STATE OF FLORIDA
ADDRESS: _____ MARTIN COUNTY
PHONE NUMBER: _____ FAX NUMBER: _____

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

NAME: NA BY: Marsha Ewing D.C.
ADDRESS: _____ DATE: 7-26-12
PHONE NUMBER: _____ FAX NUMBER: _____



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

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

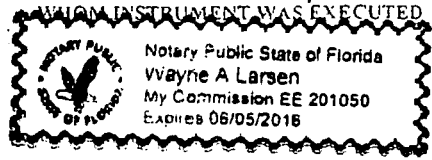
x Patricia P. Grace
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

Owner
SIGNATORY'S TITLE/OFFICE
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 26 DAY OF July, 2012
BY Patricia Grace AS Owner FOR Tropical Roofing Systems Inc.
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION PRODUCED DL

Wayne A. Larsen
NOTARY SIGNATURE

NOTARY SEAL



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

x Patricia P. Grace
(Signature of Natural Person Signing Above)



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

**RESIDENTIAL REROOF WINDSTORM LOSS
MITIGATION CERTIFICATION (FLORIDA STATUTE 553.844)**

ALL RE-ROOFS REGARDLESS OF VALUE SHALL COMPLY WITH THE FOLLOWING:

Re-nailing: All sheathing and decking shall be re-nailed per section 201.1 and a secondary water barrier installed.

- Existing fasteners that are 8d clipped head, round head or ring shank and spaced 6 in. or less o.c. may be counted. Additional fasteners shall be 8d ring shank nails with round heads spaced at 6 in. o.c. along framing.
- Indicate below which method is to be used to satisfy the secondary water barrier requirements:

_____ All joints in roof sheathing shall be covered with a minimum of 4 in. strip of self-adhering polymer modified bitumen tape. Wood deck and self-adhering tape shall be covered by one layer of approved underlayment.

✓ _____ Entire roof deck shall be covered with an approved self-adhering polymer modified bitumen cap sheet. No additional underlayment is required.

_____ Outside of the HVHZ, an underlayment complying with section 1507.2.3 of the Florida Building Code, Building fastened as described below or a layer of asphalt impregnated approved #30 felt shall be installed. The felt is to be fastened with 1" round plastic cap or metal cap nails, attached to a nailable deck in a grid pattern of 12 inches (305 mm) staggered between the overlaps, with 6-inch (152 mm) spacing at the overlaps. For slopes of 2:12 to 4:12 an additional layer of felt shall be installed in a single-fashion and lapped 19" and fastened as described above. (No additional underlayment shall be required over the top of this sheet.)

_____ Exception: An approved 30# underlayment installed per HVHZ using nails and tin-tags and covered with an approved self-adhering polymer modified bitumen cap sheet or an approved cap sheet hot-mopped shall be deemed to meet the requirements for secondary water barrier.

Residential Structures valued at \$300,000 or more shall comply with the following:

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.



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

RE-ROOF CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: Tropical Roofing Systems Inc PHONE #: 287-1433 FAX: 335-0343

OWNER'S NAME: Gage, Patricia

CONSTRUCTION ADDRESS: 5 E High Point Rd. CITY Stuart STATE FL

(Partial) RE-ROOF RESIDENTIAL (SINGLE FAMILY)

____ COMMERCIAL **--REMOVE/REINSTALL ROOF TOP HVAC EQUIP ____ YES ____ NO

**...DISCONNECT/RECONNECT HVAC ELECTRIC ____ YES NO

** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S. YES ____ NO - INSURED VALUE OF RESIDENCE: \$ 798 K

ROOF TYPE: HIP ____ BOSTON-HIP ____ GABLE ____ FLAT ____ OTHER

ROOF PITCH: 5 /12 SLOPE

ROOF DECK: * ____ SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED

____ RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".

____ SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED-SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".

EXISTING DECK TO REMAIN/REPAIRED & RENAILED

EXISTING ROOF COVERING: Tile EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED NEW ROOF COVERING: Same tile to go back

MANUFACTURER _____ PRODUCT NAME _____ PRODUCT APPR # _____

(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL)
 MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

PROPOSED FLASHING: ____ GALV./STEEL ____ ALUMINUM ____ COPPER OTHER

RIDGEVENT TO BE INSTALLED: ____ YES NO

DESCRIPTION OF WORK: Partial Reroof approx. 5 square of tile on the North west section of first floor

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

[Signature] DATE: 7-26-12
 SIGNATURE OF CONTRACTOR

(West)

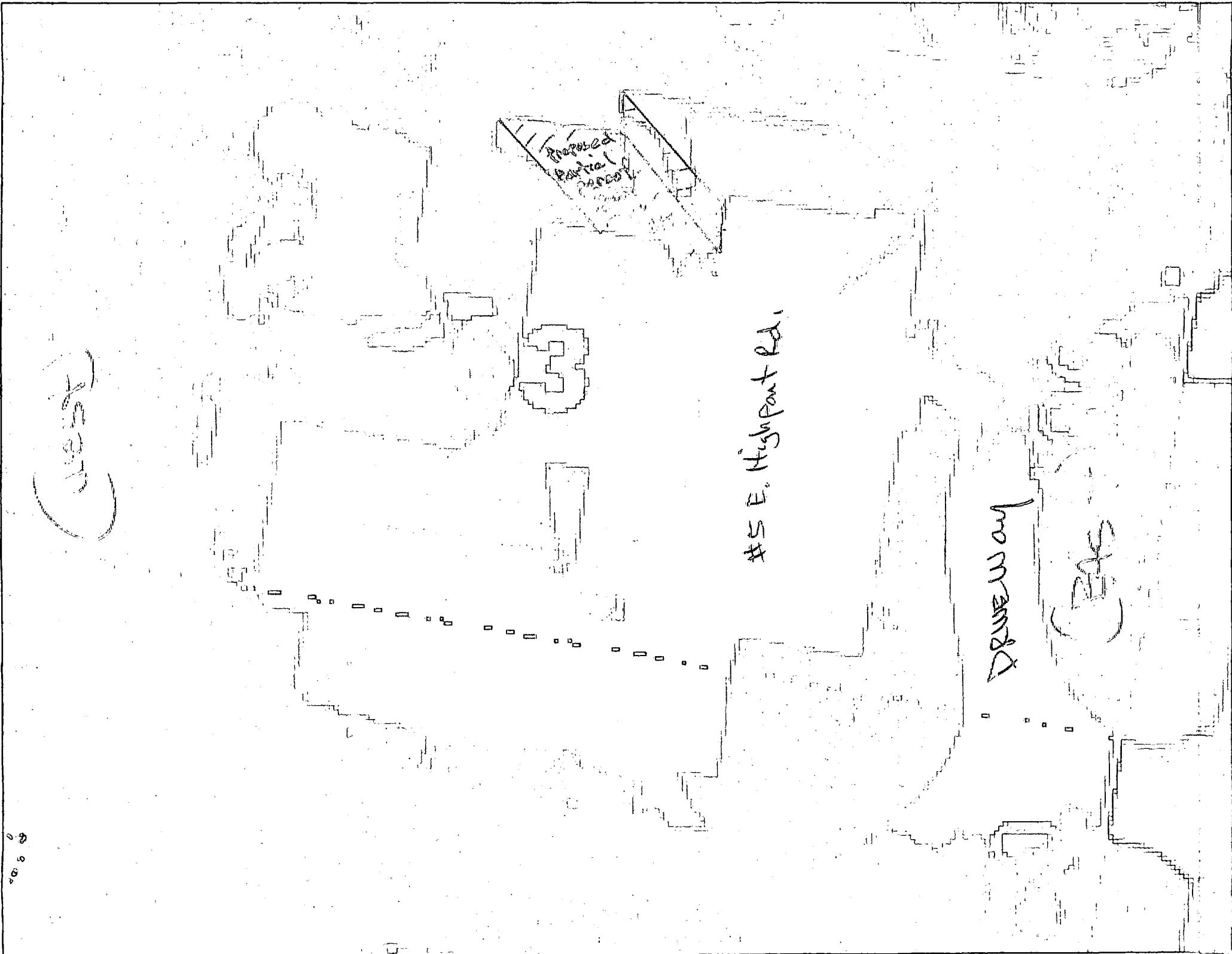
Proposed
Pavement
Area

#5 E. Highfont Rd.

Driveway

(East)

0
0
0



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

8-16 -12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10138	DEMARKARIAN			
1A	19 CASTLE HILL ASSOC A/C	FINAL A/C	PASS	CLOSE INSPECTOR [Signature]
10095	GOULD			370 4024
	48 SPTM CANIST CONST	GAS ROUGH	FAIL	NEED PANK TIED DOWN 9 BTU RATING ON F.P INSPECTOR [Signature]
10174	5211 [unclear]	[unclear]	[unclear]	[unclear]
	Tropical Roof			INSPECTOR [Signature]
tree	1325 Leuer Rd	Tree	N.G.	
				INSPECTOR
10175	LIEBHARDT			
	17 RIVerview COUNTRY CONST	Bram KERRA	Pass	INSPECTOR [Signature]
				INSPECTOR
				INSPECTOR

10986

AC CHANGE OUT



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10986	DATE ISSUED:	August 22, 2014
SCOPE OF WORK:	A/C Change Out		
CONTRACTOR:	Classic Cooling		
PARCEL CONTROL NUMBER:	13-38-41-002-000-00620-5	SUBDIVISION:	High Point N 50' Lot 62 and all Lot 63
CONSTRUCTION ADDRESS:	5 E High Point Road		
OWNER NAME:	Gage		
QUALIFIER:	Stephen Strait	CONTACT PHONE NUMBER:	283-8770

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10986		
ADDRESS:	5 E High Point Road		
DATE ISSUED:	8/22/2014	SCOPE OF WORK:	A/C Change Out
SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$

PERSONALIZED AIR CONDITIONING OF STUART, INC.
 DBA CLASSIC COOLING
 1259 SW 34TH STREET
 PALM CITY, FL 34990-3307

TD BANK
 AMERICA'S MOST CONVENIENT BANK

3480

DATE

Aug 21, 2014

Check Number 3480

Memo: A/C PERMIT

AMOUNT

\$109.00

One Hundred Nine and 00/100 Dollars

PAY TO THE ORDER OF:

TOWN OF SEWALLS POINT
 ONE SEWALLS POINT RD.
 SEWALLS POINT, FL 34996

[Handwritten Signature]
 AUTHORIZED SIGNATURE



Road impact assessment: (.04% of construction value - \$5 min.)		n/a
Martin County Impact Fee:	\$	
TOTAL BUILDING PERMIT FEE:	\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 4,650.00
Total number of inspections:	@ \$ 100.00 per insp. # insp	\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00
TOTAL ACCESSORY PERMIT FEE:		\$	\$ 109.00



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10986		
ADDRESS:	5 E High Point Road		
DATE ISSUED:	8/22/2014	SCOPE OF WORK:	A/C Change Out

SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	
---	--	----------------	----	--

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa	@ \$ 121.75 per sq. ft.	s.f.	\$ -
Total square feet non-conditioned space, or interior remodel:			
	@ \$ 59.81 per sq. ft.	s.f.	\$ -
Total square feet remodel with new trusses:	\$ 90.78 per sq. ft.	s.f.	\$ -
Total Construction Value:			
		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)			
		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)			
		\$	-
Total number of inspections (Value < \$200K)	\$ 100.00 per insp.	# insp.	n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			
		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			
		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			
		\$	n/a
Martin County Impact Fee:			
		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 4,650.00
Total number of inspections:	@ \$ 100.00 per insp.	# insp.	\$ 100.00
		\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			
		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			
		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)			
		\$	\$ 5.00
TOTAL ACCESSORY PERMIT FEE:		\$	\$ 109.00

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 8-21-14

OWNER/LESSEE NAME: Dr Joseph Gage Phone (Day): 233-1070 (Fax): _____

Job Site Address: 5 East High Point Rd. City: Stuart State: FL Zip: 34996

Legal Description: _____ Parcel Control Number: _____

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

*SCOPE OF WORK (PLEASE BE SPECIFIC): A/C Change Out

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES NO

Has a Zoning Variance ever been granted on this property?
YES (YEAR) _____ NO
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 4650.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Classic Cooling Phone: 283-8710 Fax: 283-8735

Qualifiers name: Stephen Strait Street: 1259 SW 34th St. City: Mulm Kty State: FL Zip: 34990

State License Number: CA022403 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Stephen Strait Phone Number: 283-8710

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE*: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010
National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

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

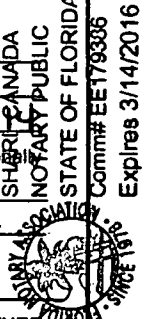
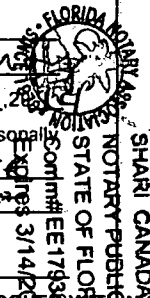
*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*****

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
x Patricia Gage
State of Florida, County of: Martin County
On This the 21st day of August 2014
by Patricia Gage who is personally known to me or produced by Driver's License
As identification: Shaw Canada
Notary Public.
My Commission Expires: 3/14/2016

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
x Stephen Strait
State of Florida, County of: Martin
On This the 21 day of August 2014
by Stephen Strait who is personally known to me or produced by Driver's License
As identification: Shaw Canada
Notary Public.
My Commission Expires: 3/14/2016

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 90 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!





CERTIFICATE OF LIABILITY INSURANCE

OP ID: MK

DATE (MM/DD/YYYY)

08/21/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Joseph E. Coons, CPCU. CIC.	Phone: 772-286-4334 Fax: 772-286-9389	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #: CLASC-1	
INSURED Classic Cooling Personalized A/C of Stuart Inc 1259 SW 34th Street Palm City, FL 34990	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : FCCI		10178
	INSURER B : Auto Owners Insurance Co		18988
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			72645560	01/01/14	01/01/15	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 500,000
							GENERAL AGGREGATE \$ 1,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
A	AUTOMOBILE LIABILITY			9543511302	01/01/14	01/01/15	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			001WC14A32893	01/01/14	01/01/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Heating & A/C Systems & Equip Installation, Service or Repair

CERTIFICATE HOLDER Towns-1 Town of Sewalls Point 1 S Sewalls Point Road Stuart, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

To: Sewalls Point

Ami Shari

For Gage A/C c/o permit.

2014-2015 MARTIN COUNTY ORIGINAL BUSINESS TAX RECEIPT

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR 3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994 (772) 288-5604

ACCOUNT# 1973-518-0384 CR# CAC029403

PHONE# (772) 283-8710 SIC NO. 235110

LOCATION: 1259 SW 34TH ST PC

CHARACTER COUNTS IN MARTIN COUNTY

00	LIC FEE	\$ 26.25
00	PENALTY	\$.00
00	COL FEE	\$.00
00	TRANSFER	\$.00
TOTAL		26.25

CLASSIFICATION IN THE BUSINESS, PROFESSION OR OCCUPATION AIR CONDITIONING CONTRACTOR

CLASSIC COOLING PERSONALIZED AIR CONDITIONING OF STUART, INC. 1259 SW 34TH STREET PALM CITY, FL 34990

23 JULY 2015

11 2013 41246.0001 26.25 PAID

RICK SCOTT, GOVERNOR

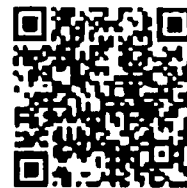
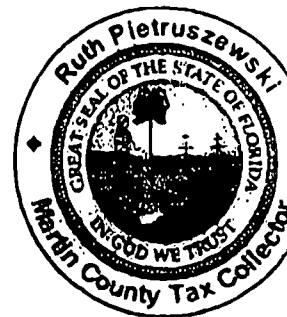
KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CAC029403	

The CLASS B AIR CONDITIONING CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS. Expiration date AUG 31, 2016

STRAIT, STEPHEN ALAN CLASSIC COOLING 1259 SW 34TH STREET PALM CITY FL 34990



**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 8/22/2014 1:44:19 PM EDT
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-002-000-00620-5	27748	5 E HIGH POINT RD, SEWALL'S POINT	\$884,400	8/16/2014

Owner Information

Owner(Current)	GAGE JOSEPH S GAGE PATRICIA P
Owner/Mail Address	5 E HIGH POINT RD STUART FL 34996
Sale Date	2/6/1992
Document Book/Page	<u>0943 0994</u>
Document No.	
Sale Price	100

Location/Description

Account #	27748	Map Page No.	SP-06
Tax District	2200	Legal Description	HIGH POINT N 50' OF LOT 62 & ALL OF LOT 63
Parcel Address	5 E HIGH POINT RD, SEWALL'S POINT		
Acres	.6740		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120000 HighPoint - Sewall's Point

Assessment Information

Market Land Value	\$270,000
Market Improvement Value	\$614,400
Market Total Value	\$884,400



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

Air Conditioning Change out Affidavit

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Residential Commercial _____
 Package Unit Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement Yes No - Refrigerant line replacement Yes No
 Flushing Existing Refrigerant lines Yes No - Adding Refrigerant Drier Yes No
 Rooftop A/C Stand Installation Yes No - Curb Installation Yes No
 Smoke Detector in Supply (over 2000 CFM) Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: <u>Trane</u> Model# <u>6AM7ADA36</u>	Condenser: Mfg <u>Trane</u> Model# <u>4TTB3036</u>
Volts <u>230</u> CFM's <u>1200</u> Heat Strip <u>10</u> Kw	Volts <u>230</u> SEER/EER <u>13.0</u> BTU's <u>34,000</u>
Min. Circuit Amps <u>50</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>20</u> Wire gauge <u>10</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>60</u>	Max. Breaker size <u>35</u> Min. Breaker size <u>35</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>R410</u>	Refrigerant type <u>R410</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>Attic</u>	Left/Right/Rear/Front/Roof <u>Left Rear</u>
Access: <u>Garage Pull Down</u>	Condensate Location <u>Near unit</u>

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: <u>Trane</u> Model# <u>DMH036</u>	Condenser: Mfg <u>Trane</u> Model# <u>TR036</u>
Volts <u>230</u> CFM's <u>1200</u> Heat Strip <u>10</u> Kw	Volts <u>230</u> SEER/EER <u>10</u> BTU's <u>36,000</u>
Min. Circuit Amps <u>40</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>20</u> Wire gauge <u>10</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>60</u>	Max. Breaker size <u>35</u> Min. Breaker size <u>35</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>R22</u>	Refrigerant type <u>R22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>Attic</u>	Left/Right/Rear/Front/Roof <u>Left Rear</u>
Access: <u>Garage Pull Down</u>	Condensate Location <u>Near Unit</u>

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N) 1107 & 1108

[Signature]
 Signature

8-27-14
 Date



TRANE®

4TTB3036E-SUB-103.00

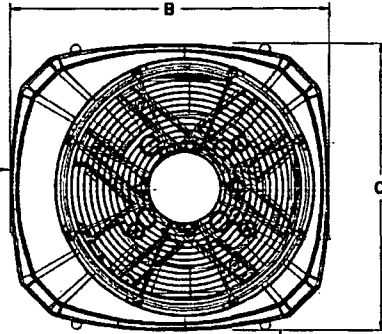
TAG: _____

SUBMITTAL

NOTE: All dimensions are in mm/inches.

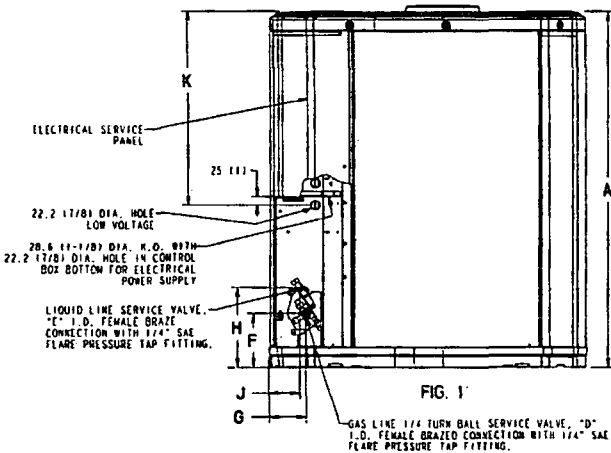
**3 Ton Split System
Cooling — 1 Phase
4TTB3036E**

Product Specifications



SERVICE PANEL
ELECTRICAL AND REFRIGERANT
COMPONENT CLEARANCES
PER PREVAILING CODES

TOP DISCHARGE AREA SHOULD BE UNRESTRICTED FOR AT LEAST 1524 (5 FEET) ABOVE UNIT. UNIT SHOULD BE PLACED SO ROOF RUN-OFF WATER DOES NOT POOR DIRECTLY ON UNIT, AND SHOULD BE AT LEAST 305 (12") FROM WALL AND ALL SURROUNDING SHROUDBERY ON TWO SIDES. OTHER TWO SIDES UNRESTRICTED.



ELECTRICAL SERVICE PANEL
25 (1)
22.2 (7/8) DIA. HOLE LOW VOLTAGE
20.6 (1-1/8) DIA. R.O. WITH 22.2 (7/8) DIA. HOLE IN CONTROL BOX BOTTOM FOR ELECTRICAL POWER SUPPLY
LIQUID LINE SERVICE VALVE, "E" 1" D. FEMALE BRAZE CONNECTION WITH 1/4" SAE FLARE PRESSURE TAP FITTING.
H
F
J
G

FIG. 1
GAS LINE 1/4 TURN BALL SERVICE VALVE, "D" 1" D. FEMALE BRAZED CONNECTION WITH 1/4" SAE FLARE PRESSURE TAP FITTING.

From Dwg. D153074

OUTDOOR UNIT ①②	4TTB3036E1000A
POWER CONNS. — V/PH/Hz ③	208/230/1/60
MIN. BRCH. CIR. AMPACITY	20
BR. CIR. PROT. RTG. - MAX. (AMPS)	35
COMPRESSOR	SCROLL
NO. USED - NO. SPEEDS	1 - 1
VOLTS/PH/Hz	208/230/1/60
R.L. AMPS ⑦ - L.R. AMPS	15.3 - 70
FACTORY INSTALLED	
START COMPONENTS ⑧	NO
INSULATION/SOUND BLANKET	NO
COMPRESSOR HEAT	NO
OUTDOOR FAN	PROPELLER
DIA. (IN.) - NO. USED	23 - 1
TYPE DRIVE - NO. SPEEDS	DIRECT - 1
CFM @ 0.0 IN. W.G. ④	2805
NO. MOTORS - HP	1 - 1/8
MOTOR SPEED R.P.M.	825
VOLTS/PH/Hz	200/230/1/60
F.L. AMPS	0.74
OUTDOOR COIL — TYPE	SPINE FIN™
ROWS - F.P.I.	1 - 24
FACE AREA (SQ. FT.)	12.89
TUBE SIZE (IN.)	3/8
REFRIGERANT	
LBS. — R-410A (O.D. UNIT) ⑤	5 LBS., 12 OZ.
FACTORY SUPPLIED	YES
LINE SIZE - IN. O.D. GAS ⑥	3/4
LINE SIZE - IN. O.D. LIQ. ⑥	3/8
CHARGING SPECIFICATION	
SUBCOOLING	10°F
DIMENSIONS	H X W X D
CRATED (IN.)	34 x 30.1 x 33
WEIGHT	
SHIPPING (LBS.)	186
NET (LBS.)	159

- ① Certified in accordance with the Air-Source Unitary Air-Conditioner Equipment certification program, which is based on AHRI standard 210/240.
- ② Rated in accordance with AHRI standard 270.
- ③ Calculated in accordance with Natl. Elec. Codes. Use only HACR circuit breakers or fuses.
- ④ Standard Air — Dry Coil — Outdoor
- ⑤ This value approximate. For more precise value see unit nameplate.
- ⑥ Max. linear length 60 ft.; Max. lift - Suction 60 ft.; Max lift - Liquid 60 ft. For greater length consult refrigerant piping software Pub. No. 32-3312-0* (* denotes latest revision).
- ⑦ This value shown for compressor RLA on the unit nameplate and on this specification sheet is used to compute minimum branch circuit ampacity and max. fuse size. The value shown is the branch circuit selection current.
- ⑧ No means no start components. Yes means quick start kit components. PTC means positive temperature coefficient starter.

MODELS	BASE	FIG.	A	B	C	D	E	F	G	H	J	K
4TTB3036E	3	1	730 (28-3/4)	829 (32-5/8)	756 (29-3/4)	3/4	3/8	137 (5-3/8)	79 (3-1/8)	197 (7-3/4)	60 (2-3/8)	508 (20)

A-WEIGHTED SOUND POWER LEVEL [dB(A)]									
MODELS	SOUND POWER LEVEL [dB(A)]	A-WEIGHTED FULL OCTOAVE SOUND POWER LEVEL Db - [dB(A)]							
		63	125	250	500	1000	2000	4000	8000
4TTB3036E	74	47.5	64.5	62.3	69.1	71.2	72.6	59.9	52.1

Note: Rated in accordance with AHRI Standard 270-2008

PRODUCT SPECIFICATIONS

MODEL	GAM2A0A36S31SE
RATED VOLTS/PH/HZ.	208-230/1/60
RATINGS ①	See O.D. Specifications
INDOOR COIL — Type	Plate Fin
Rows — F.P.I.	3 - 14
Face Area (sq. ft.)	3.67
Tube Size (in.)	3/8
Refrigerant Control	TXV
Drain Conn. Size (in.) ②	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing
INDOOR FAN — Type	Centrifugal
Diameter-Width (in.)	11 X 8
No. Used	1
Drive - No. Speeds	Direct - 3
CFM vs. in. w.g.	See Fan Performance Table
No. Motors — H.P.	1 - 1/2
Motor Speed R.P.M.	1075
Volts/Ph/Hz	208-230/1/60
F.L. Amps - L.R. Amps	2.4 - 3.8
FILTER	
Filter Furnished?	No
Type Recommended	Throwaway
No.-Size-Thickness	1 - 16 X 20 - 1 in.
REFRIGERANT	R-410A
Ref. Line Connections	Brazed
Coupling or Conn. Size — in. Gas	3/4
Coupling or Conn. Size — in. Liq.	3/8
DIMENSIONS	H x W x D
Crated (In.)	51 x 20 x 24-1/2
Uncrated	49-15/16 x 17-1/2 x 21-13/16
WEIGHT	
Shipping (Lbs.)/Net (Lbs.)	131/120

① These Air Handlers are A.H.R.I. certified with various Split System Air Conditioners and Heat Pumps (AHRl STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

② 3/4" Male Plastic Pipe (Ref.: ASTM 1785-76)

Note: 14th digit may be A-E



Intertek



GAM2A0A36S31S MINIMUM HEATER AIRFLOW CFM		
Heater	Minimum Air Speed Tap	
	With Heat Pump	Without Heat Pump
BAYEAA04BK1AA BAYEAA04LG1AA	Tap 1	Tap 1
BAYEAA05BK1AA BAYEAA05LG1AA	Tap 1	Tap 1
BAYEAA08BK1AA BAYEAA08LG1AA	Tap 2 ①	Tap 2 ①
BAYEAA10BK1AA BAYEAA10LG1AA	Tap 3 ②	Tap 2 ②
BAYEAA10LG3AA	Tap 1	Tap 1
BAYEABC15BK1AA	Tap 3	Tap 2
BAYEABC15LG3AA	Tap 3	Tap 1
BAYEABC20BK1AA	-	-

SEE AIR HANDLER NAMEPLATE OR PRODUCT DATA FOR EXCEPTIONS
 ① Heater not approved for Horizontal Left installations. Upflow installation approved for 240 Volts only.
 ② Approved for 240 Volts only. Approved for Upflow only.

Note: Heating and cooling speeds are the same, factory set at Speed Tap #2.



Certificate of Product Ratings

AHRI Certified Reference Number: 5720226

Date: 8/21/2014

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 4TTB3036E1

Indoor Unit Model Number: GAM2A0A36S31+TDR

Manufacturer: TRANE

Trade/Brand name: TRANE

Series name: XB13

Manufacturer responsible for the rating of this system combination is TRANE

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	34000	 www.ahridirectory.org
EER Rating (Cooling):	11.00	
SEER Rating (Cooling):	13.00	
IEER Rating (Cooling):		

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.

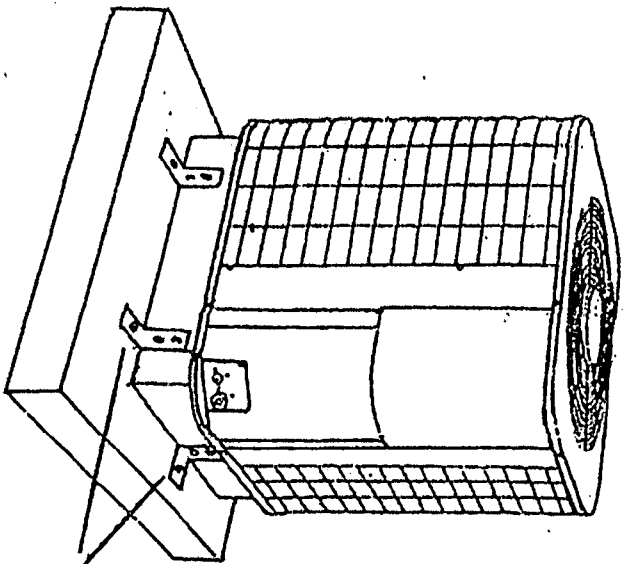
©2014 Air-Conditioning, Heating, and Refrigeration Institute



we make life better™

CERTIFICATE NO.:

130531017025688911



ANCHOR CLIPS

Section 9. Setting the Unit Horizontal Installation

9.1 Considerations

Important: Due to the unique design of this unit which allows the electrical wiring to be routed within the insulation, do not screw, cut, or otherwise puncture the unit cabinet in any location other than the ones illustrated in this Installer Guide or in an approved accessory's Installer Guide.

important: Make certain that the unit has been installed in a level position to ensure proper draining.

Important: Under no conditions should metal strapping be attached to the unit to be used as support mechanisms for carrying or suspension purposes.

STEP 1 - Support the unit from the bottom (near both ends). The service access must remain unobstructed.

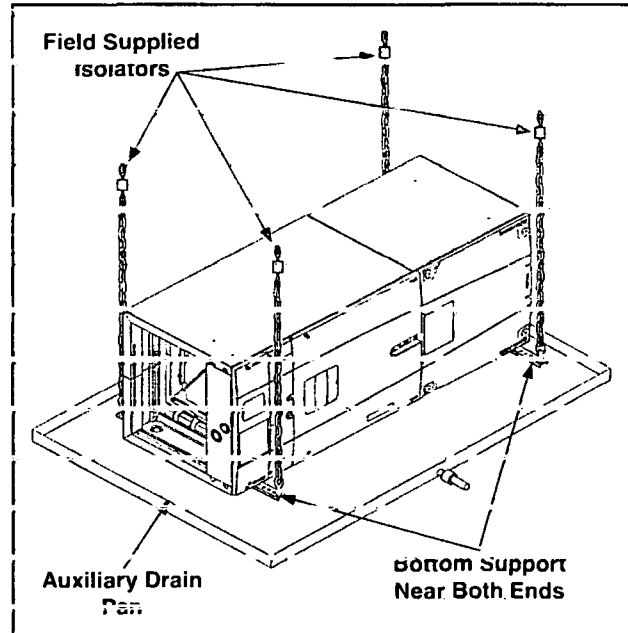
Important: The unit can only be supported from the bottom. Do not drill or screw supports into any area of the cabinet.

Note: Do not allow the unit to be used as strain relief.

- Approved bottom support methods are rails, u-channels (Unistrut®), or other load bearing materials.
- The unit must be isolated carefully to prevent sound transmission. Field supplied vibration isolators are recommended.

STEP 2 - Install an auxiliary drain pan under the horizontal air handler to prevent possible damage to ceilings.

- Isolate the auxiliary drain pan from the unit and from the structure.
- Connect the auxiliary drain pan to a separate drain line and terminate according to local codes.



Note: BAYHHKIT001A Hanging Bracket Kit may be ordered separately.

Important: The BAYHHKIT001A may not be used if the cabinet has been altered per Installer Guide 18-G.15AD1-1



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: Dr Joseph Gayle Contractor name: Classic Cooling
 Street address: 5 East High Point Rd Jurisdiction: _____
 City: Starv Permit No.: _____
 Zip: 34996 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: [Signature] Date: 8-21-14
 Printed Name: Stephen A Strait
 Contractor License #: CAC022403

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____
 Printed Name: _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

9/15

-14 Page

of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10986	Grage	Final		
	SE High Pt Rd Classic Cooling	Mechanical	Pass	Cancel INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree permit	Gu staf son 17 Palm Rd. Serafinis Landscape	Tree	OK	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10935 <i>PM</i>	Aaramis 1725 River Rd J Conroy	AA Prodes TIE BEAM & Columns	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10970 Pm inspection	Sea Coast 372 SE Ocean Blvd DBSI	Framing (Interior Partitions)	CANCEL	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TREE

REMOVE/RELOCATE/REPLACE

TOWN OF SEWALL'S POINT, FLORIDA

Date 8-2-06 ~~19~~ TREE REMOVAL PERMIT No 362

APPLIED FOR BY Gage (Contractor or Owner)

Owner 5 E High Point Rd

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 2

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed Phil Wintercorn Blair Inspect

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 site plan or map.

PROJECT DESCRIPTION _____

REMARKS _____

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 Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new 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.

*cell # 260-5227**

Owner Joseph & Patricia Cage Address 5 E. High Point Rd. Phone 286-8426
 Contractor _____ Address B Phone _____

No. of Trees: REMOVE 2 Type: 2 Queen Palms

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

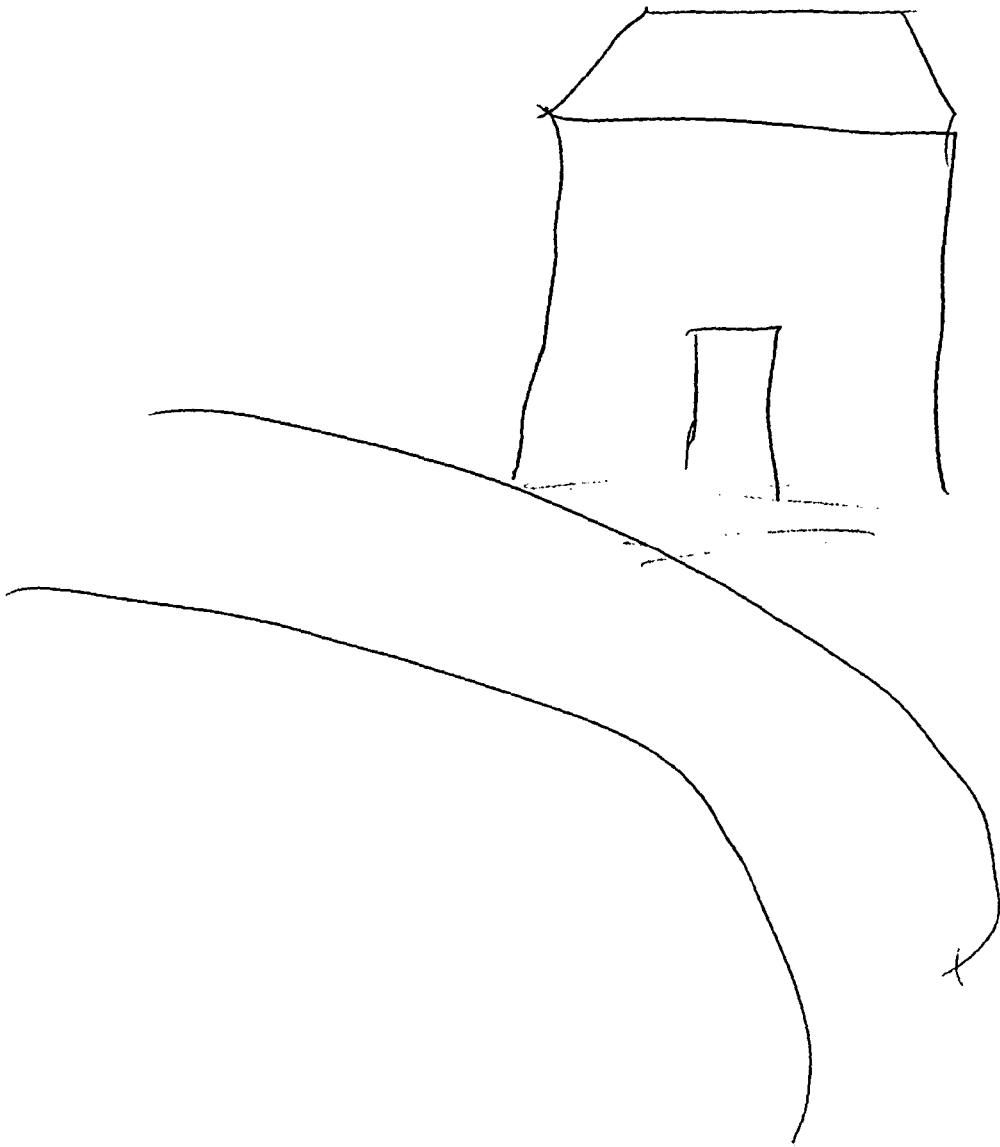
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Trees are dying according to our
gardner CB Lands caping

Signature of Property Owner Patricia Cage Date 7-28-06

Approved by Building Inspector: [Signature] Date 8/2 Fee: 0

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



Queen
Palms



Near
the
Habitat
Property

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 532

Date Issued 10/21/92

This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc..

Owner JOE + PAT GAGE Address 5 E High point T Phone 286-8426

Contractor BAILEY + SOBIN Address 721 Colorado Phone 288-0400

Number of trees to be removed (list kinds of trees) 0 SEBIA PALMS 2 Hickory

1 SMALL LIVE OAK 1 CUMPRUM LIMBA 3rd ~~Total Trees To be Removed~~

24 To be Relocated on site
Number of trees to be relocated 24 (no fee) (list kinds of trees) 0

15 Trees To be Replace on final landscape

Number of trees to be replaced within 15 (list kinds of trees) 0

Permit Fee: \$ 25. for first tree plus \$10. for each additional tree - not to exceed \$100.

(No permit fee for trees which are relocated on property or lie within a utility easement and are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted ✓ Plans approved as marked _____

Permit good for one year. Fee for renewal of expired permit \$5.

Signature of applicant, Charlett Sobin Date submitted 10/19/92

Approved by Building Inspector Dale Bryant Date 10/21/92

Approved by Building Commissioner [Signature] Date 10/23/92

Completed _____
Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSES OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA.



10-21-92, 1:30 P.M., #5
E. High Point Road, taken by
Dale Brown

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION

OWNER NAME: DRS JOSEPH & PATRICIA GAGE

ADDRESS: 31 FIELDWAY DRIVE, STUART

CONTRACTOR: BAILEY & SMITH

ADDRESS: 721 COLORADO AVE.
STUART

LICENSE NUMBER: CGC 022768

PHONE: 286-8426 288-0400
Owner Contractor

CONTRACT PRICE: \$ _____

PERMIT FEE: \$ 100.00 PAID: _____
Date

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:

TREES ARE IN THE WAY OF HOUSE, POOL OR DRIVE

APPLICATION MATERIAL CHECK LIST:

- Plan showing shape and dimension of lot or parcel, together with existing and proposed location of structure and improvements.
- Plan showing all proposed re-plants of 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.
- Flag Statement regarding how trees are to be protected during land clearing and construction.
- None Statement and drawing showing how vegetation not proposed for removal or relocation will be protected during land clearing and construction (a diagram and notation of a protective barrier).
- Plan showing location and dimensions of all setbacks and easements.
- Topographical survey sealed by an appropriate professional registered in the state of Florida indicating grade changes proposed for the site (not necessary when the grade changes are limited to beneath the floor area of the dwelling unit).
- Plan showing location of all trees, specimen trees, specimen tree stands, wet lands, native vegetative communities or buffers, which are on or within ten feet of the site being developed. Vegetation proposed to remain, to be transplanted or to be removed, shall be identified.

APPLICABLE PERMIT CONDITIONS

Required

1. Applicant must relocate trees being removed or replace the trees inch for inch.
2. Applicant shall provide special construction techniques and designs to increase oxygen exchange and water and nutrient availability to trees (tree wells, turf or paving block, aeration systems, or stem walls).

_____ 3. Applicant - shall install silt barriers, hay bales, or similar erosion control barriers in any area where erosion or siltation may cause protective vegetation to be damaged.

4. Other: _____

APPROVED: Dale Brown Date: 10/21/92
Building Inspector

DENIED: _____ Date: _____
Building Inspector

_____ Date: _____
Building Commissioner

REASON FOR DENIAL, IF APPLICABLE:



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

ok

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 Mr. + Mrs. Gage Address ~~3804 SW 78th Dr.~~ Phone 286-8426

Contractor A Better Service Address 3804 SW 78th Dr. P.O. FL. Phone 772-215-7987

No. of Trees: REMOVE 2 Type: 1 sm. Gumbo Limbo 1 tall Sabal palm

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

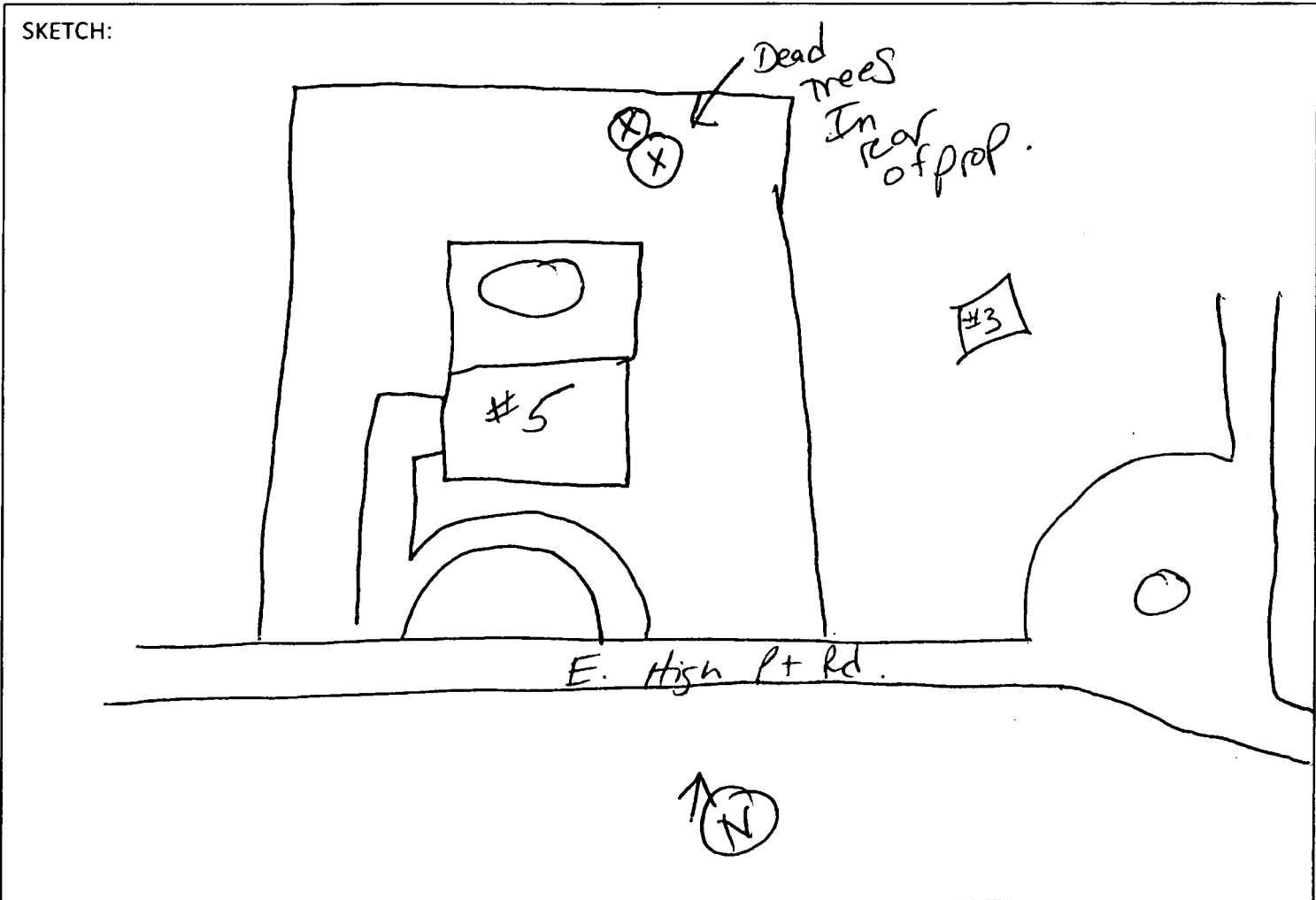
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Reason for tree removal/relocation The trees never did recover from the hurricanes and have since died.

Signature of Property Owner Patricia P. Gage Date _____

Approved by Building Inspector: [Signature] Date 1/23 Fee: —

NOTES: _____





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 Joseph & Patricia Gage Address 5 E. High Point Rd. Phone 772-219-8420 Home
 Contractor Alex's Tree Service Address 3686 Palm Beach Gardens Rd. Phone 772-233-1070 cell
 No. of Trees: REMOVE 1 Species: Queen Palm - front of home - Center tree
 No. of Trees: RELOCATE _____ Species: _____
 No. of Trees: REPLACE _____ Species: _____

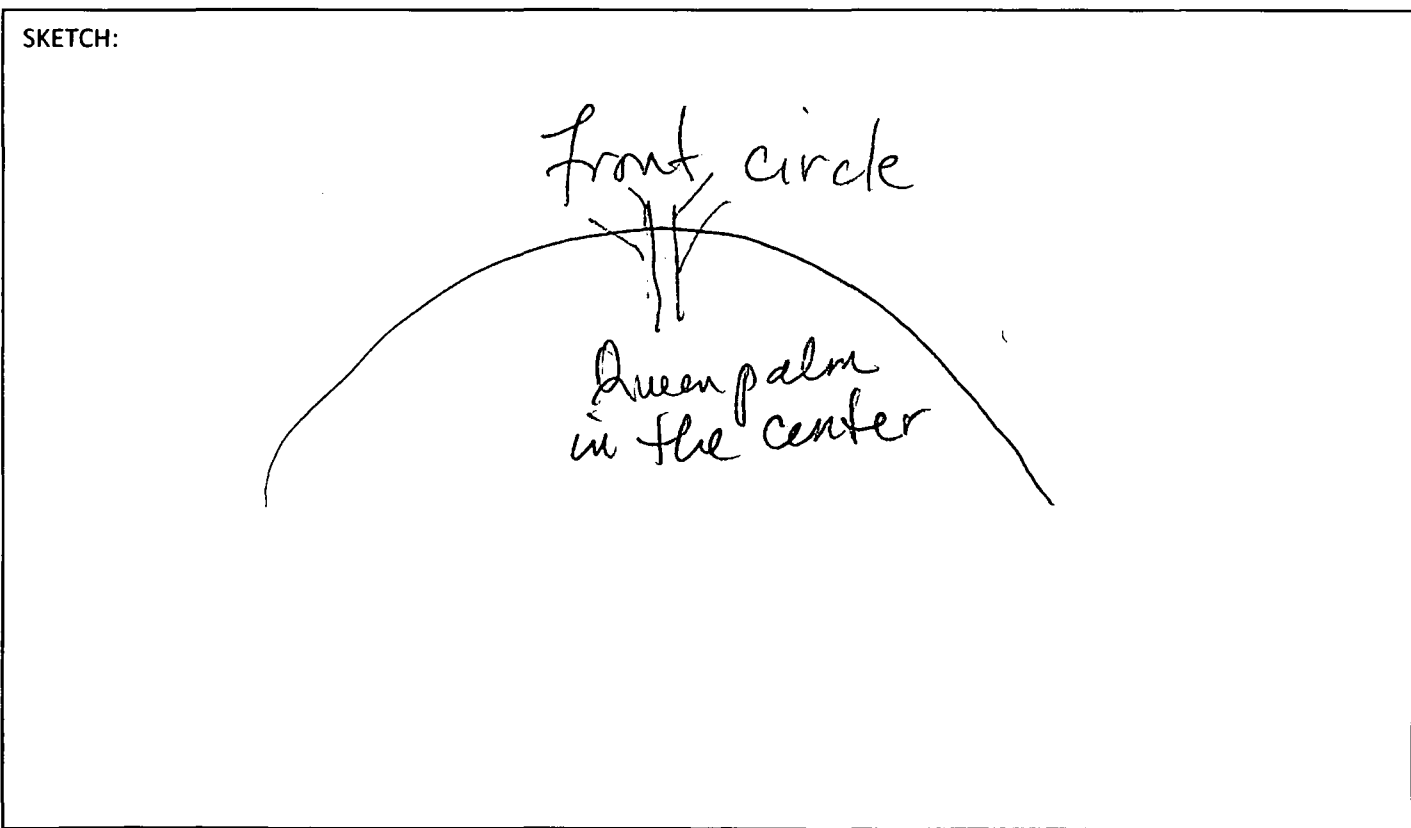
ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal/relocation (See notice above) Tree split on top and all branches turning yellow. Cannot be saved - attributed to lack of essential nutrients
 Signature of Property Owner Patricia Gage Date 7-16-14
 Photo available

Approved by Building Inspector: [Signature] Date 7-18-14 Fee: N/E

NOTES: Tree is dying





Tree Service



772-323-7835

stephenstreeservice1@gmail.com

3686 Palm Beach Gardens,
FL 33410

Pat

Date: 7-14-2014

Customer: Gage, Pat

Address: SE High Point Rd. Sewall's Point, FL

Phone #: (772) 233-1070

patricia@gageonline.org

Scope of Work	Quantity	Unit Price	Subtotal
<i>clean up</i> Parotis Palm Cluster	1	\$ 100. ⁰⁰	\$ 100. ⁰⁰
<i>clean up</i> Hibiscus Hedge Cluster	1	\$ 50. ⁰⁰	\$ 50. ⁰⁰
Southern Magnolia (Prune Away from Post)	1	\$ 25. ⁰⁰	\$ 25. ⁰⁰
Gumbo Limbo (remove dead clean up)	1	\$ 80. ⁰⁰	\$ 80. ⁰⁰ ✓
Live Oak (clean out vines lift limbs)	1	\$ 200. ⁰⁰	\$ 200. ⁰⁰ ✓
Sabal Palms	22	\$ 20. ⁰⁰ ea.	\$ 440. ⁰⁰
Queen Palms	9	\$ 20. ⁰⁰	\$ 180. ⁰⁰
Redalini Palms	10	\$ 10. ⁰⁰ ea.	\$ 100. ⁰⁰
Oleander Hedge	1	\$ 50. ⁰⁰	\$ 50. ⁰⁰
1 Queen Palm (Removal)	1	\$ 75. ⁰⁰	\$ 75. ⁰⁰
<i>4 Debris Removal Included</i>			
			Total: \$ 1,300. ⁰⁰

Permit Fee:

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

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

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new 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.

Fax 220-9149

Owner PERUAGAGE Address 5 E. High Point Rd Phone (772)286-8426

Contractor Tropical Palms Address _____ Phone _____

No. of Trees: REMOVE 1 Type: Black Olive
 No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: top left side of house
 No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: The tree died for unknown reasons. We have tried to nurse back with fertilizers, etc.

Signature of Property Owner Fabrice P. Gage Date 11/2/06

Approved by Building Inspector: [Signature] Date 11/3 Fee: 0

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

Fax to Town Hall 220-4765

TOWN OF SEWALL'S POINT, FLORIDA

Date 11-6-06 19 _____ TREE REMOVAL PERMIT No 393

APPLIED FOR BY Gage (Contractor or Owner)

Owner 5 E High Pt Rd

Sub-division _____, Lot _____, Block _____

Kind of Trees Black Olive

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed, Phil Wintercorn
Bldg Inspector
Town Clerk