

**23 East High Point Rd**

**4434**

**SFR**

MASTER PERMIT NO. 4434

**TOWN OF SEWALL'S POINT**

Date 7-15-98

**BUILDING PERMIT NO. 4434**

Building to be erected for George Grandinetti Type of Permit RESIDENCE

Applied for by D. M. Smith (Contractor)

Building Fee 4397.00

Subdivision HIGH POINT Lot 55 Block       

Radon Fee 24.00

Address 23 E. H. R. Rd.

Impact Fee 1505.00

Type of structure RESIDENCE

A/C Fee 100.00

Parcel Control Number:

Electrical Fee 100.00

1333310020000055790000

Plumbing Fee 100.00

Amount Paid 3329.00 Check # 6479 Cash        Other Fees (        )       

Roofing Fee 100.00

Total Construction Cost \$ 174,200.

TOTAL Fees 3329.00

Signed [Signature]

Signed [Signature]

Applicant

Town-Building Inspector

Fasten Receipt in this Space

## BUILDING PERMIT

4434

FORM BOARD SURVEY	DATE <u>8-5-98</u>
COMPACTION TESTS	DATE _____
GROUND ROUGH	DATE _____
SOIL POISONING	DATE _____
FOOTINGS / PIERS	DATE _____
SLAB ON GRADE	DATE _____
TIE-BEAMS & COLUMNS	DATE _____
STRAPS AND ANCHORS	DATE _____
DRIVEWAY	DATE _____
AS-BUILT SURVEY	DATE _____

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

FLOOD ZONE \_\_\_\_\_

LOWEST HABITABLE FLOOR ELEV. \_\_\_\_\_

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

**WORK HOURS – 8:00 AM UNTIL 5:00 PM**

**MONDAY THROUGH SATURDAY**

☐ New Construction   ☐ Remodel   ☐ Addition   ☐ Demolition

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

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

MASTER PERMIT NO. \_\_\_\_\_

# TOWN OF SEWALL'S POINT

Date 7-15-98 BUILDING PERMIT NO. 4434

Building to be erected for George Grandinetti Type of Permit residence

Applied for by D.M. Smith (Contractor) Building Fee 1397.00

Subdivision High Point Lot 55 Block \_\_\_\_\_ Radon Fee 24.00

Address 23 E. Hi Pt. Rd. Impact Fee 1508.20

Type of structure residence A/C Fee 100.00

Parcel Control Number: \_\_\_\_\_ Electrical Fee 100.00

1338310020000055090000 Plumbing Fee 100.00

Amount Paid 3329.20 Check # 6479 Cash \_\_\_\_\_ Other Fees ( ) \_\_\_\_\_

Total Construction Cost \$ 174700 TOTAL Fees 3329.20

Signed [Signature] Signed [Signature]

Applicant Town Building Inspector

## BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE <u>10-28-98</u>
COMPACTION TESTS	DATE _____	FRAMING	DATE <u>10-28</u>
GROUND ROUGH	DATE <u>8-24-98</u>	INSULATION	DATE <u>11-7-98</u>
SOIL POISONING	DATE <u>8-24-98</u>	ROOF DRY-IN	DATE <u>10-28</u>
FOOTINGS / PIERS	DATE <u>8-28-98</u>	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE <u>8-26-98</u>	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE <u>9-19-98</u>	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE <u>10-28-98</u>	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE _____

FLOOD ZONE \_\_\_\_\_ LOWEST HABITABLE FLOOR ELEV. \_\_\_\_\_

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

**WORK HOURS – 8:00 AM UNTIL 5:00 PM**

MONDAY THROUGH SATURDAY

☐ New Construction ☐ Remodel ☐ Addition ☐ Demolition

This permit must be visible from the street, and FURTHER CONDITIONS ARE SET FORTH IN THE NOTATIONS ON THE APPROVED SUBMITTALS, AND A DO NOT FASTEN THIS OR ANY OTHER

**Patrick Exterminating, Inc.**  
 3061 SE Jay Street, Stuart, FL 34997  
 Stuart 561-286-6812 Vero Beach 561-562-3700  
 Hobe Sound 561-546-3722 Jupiter 561-744-2681

Termite Pre-Treatment  
 Address 23 E. High Point Rd.  
 Date 8-24-98 Lot 55

SUB CONTRACTORS LIST  
RESIDENTIAL & ADDITIONS & COMMERCIAL

APPLICANT'S NAME: DON SMITH BLDG. PERMIT NO. \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_GRANDINETTE\_\_\_\_\_

MAILING ADDRESS: P.O. BOX 1510, PORT SALERNO, FL 34992

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE INSPECTIONS DEPARTMENT. WE REQUIRE, PRIOR TO STARTING WORK, UPDATE, CHANGES, AND ADDITIONS THROUGHOUT CONSTRUCTION. USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR ANY INFORMATION, YOU MAY CONTACT THE CONTRACTORS' LICENSING OFFICE AT 561-288-5482 OR 561-288-5483

PLEASE INCLUDE ALL MARTIN COUNTY COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. (NOT OCCUPATIONAL LICENSE NUMBERS)

TYPE	COMPANY NAME	LICENSE NUMBER
CFO CONCRETE - FORM CFI - FINISH	. ESKER CONCRETE " "	SP00161 "
BM BLOCK MASON	. CHARLES R. PHILLIPS	SP01230
CB COLUMNS & BEAMS	. COOPER ENTERPRISES	CGC016980
CA CARPENTRY-ROUGH	. DM SMITH	CRC014488
GD GARAGE DOOR	. WAYNE DALTON DOORS	SP02459
DH DRYWALL- HANG DF - FINISH	. LANCER DRYWALL	SP01539
IN INSULATION	. DAVIDSON INSULATION	SP00375
LA LATHING		
FI FIREPLACE		
PAV PAVERS		
AL ALUMINUM		
LP LP GAS		
PA PAINTING	. DON SMITH	CRC014488
PL PLASTER & STUCCO	. M&M PLASTERING	CBC022059
ST STAIRS & RAILS		

PAGE 2

RO ROOFING

PACKARD ROOFING

CCCA017517

TM TILE & MARBLE

ALGER & ASSOCIATES

SP00741

WD WINDOW & DOOR

DM SMITH

CRC014488

PL \*PLUMBING

BO WALTON PLUMBING

00002

AC \*HARV

G&H AIR CONDITIONING

CAC036795

EL \*ELECTRICAL

COOK ELECTRIC CO.

00152

\*LOW VOLTAGE

AL BURGLAR ALARM

MELLON SECURITY

SP00327

VS VACUUM SOUND

IR \*IRRIGATION

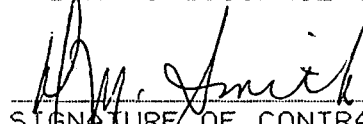
EVERGREEN IRRIGATION

SP02421

\* REQUIRES SEPARATE VERIFICATION FORMS

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

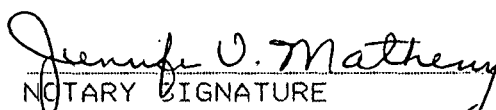
I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED  
PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

  
SIGNATURE OF CONTRACTOR

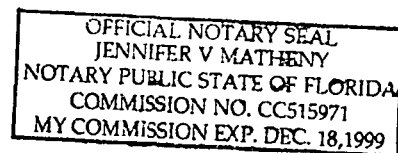
STATE OF FLORIDA

COUNTY OF MARTIN

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS  
10 DAY OF July, 1998, BY D. M. Smith,  
WHO IS PERSONALLY KNOWN TO ME OR WHO PRODUCED \_\_\_\_\_  
AND WHO DID NOT TAKE ON OATH.

  
NOTARY SIGNATURE

SEAL



# Certificate of Insurance



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

**Certificate Holder's Name and Address:**

**D M SMITH BUILDERS  
PO BOX 1510  
PORT SALERNO, FL 34992**

**Insured's Name and Address:**

**RAY COOKE ENTERPRISES INC  
DBA<RAY COOKE'S SEPTIC TANK SERVICE  
PO BOX 64  
STUART, FL 34995**

TYPE OF INSURANCE	POLICY NUMBER AND ISSUING COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS OF LIABILITY (*Limits At Inception)
<input checked="" type="checkbox"/> GENERAL LIABILITY  <input checked="" type="checkbox"/> Premises-Operations <input checked="" type="checkbox"/> Products-Completed Operations  <input checked="" type="checkbox"/> Personal & Advertising Injury <input checked="" type="checkbox"/> Medical Expense <input checked="" type="checkbox"/> Fire Damage Legal <input type="checkbox"/> Other Liability  <input type="checkbox"/> GARAGE LIABILITY-PREMISES	77-PR-007751-0001  NATIONWIDE PROPERTY & CASUALTY CO.	1-15-98	1-15-99	General Aggregate* 2,000,000 Pr. Comp. Op. Agg.* 1,000,000 Each Occurrence 1,000,000  Any One Person/Org. 1,000,000 Any One Person 5,000 Any One Fire 50,000  Each Accident Aggregate*
AUTOMOBILE LIABILITY # <input checked="" type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> GARAGE <input checked="" type="checkbox"/> Owned <input checked="" type="checkbox"/> Hired <input checked="" type="checkbox"/> Non-Owned  # Fill in Either Combined Single Limits or Split Limits	77-BA-007751-0002  NATIONWIDE PROPERTY & CASUALTY CO.	1-15-98	1-15-99	Bodily Injury (Each Person) (Each Accident) Property Damage (Each Accident) Combined Single Limit 1,000,000
EXCESS LIABILITY  <input type="checkbox"/> Umbrella Form				Each Occurrence Aggregate*
<input checked="" type="checkbox"/> Workers' Compensation  and  <input checked="" type="checkbox"/> Employers' Liability	WC-178502-0750  FLORIDA PREFERRED RISK	3-1-98	3-1-99	STATUTORY LIMITS  Bodily Injury      Each Accident by accident      100,000  Bodily Injury      Each Employee by Disease      100,000  Bodily Injury      Policy Limit by Disease      500,000

Insurance in force only for hazards indicated by X.

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

Authorized Representative

Date Certificate Issued  
Cas. 3640-A (9-89)

Countersigned at:

*Ernest J. Schrick*



# ACORD CERTIFICATE OF INSURANCE

CSR VH  
ESKEC-1

DATE (MM/DD/YY)  
02/25/98

**PRODUCER**

Stuart Insurance, Inc.  
3070 S W Mapp  
Palm City FL 34990

Kimberlee D Wiley  
561-286-4334

**INSURED**

Gary Esker Concrete, Inc.  
7000 SW Markel Street  
Palm City FL 34990-5237

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 Hanover Insurance Company  
COMPANY B Auto Owners Insurance Co  
COMPANY C ZC Insurance Company  
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	VDJ5495213	11/09/97	11/09/98	GENERAL AGGREGATE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 500,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY	96-758-866	11/09/97	11/09/98	COMBINED SINGLE LIMIT \$ 1,000,000
	<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 \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	19796400098	03/01/98	03/01/99	<input checked="" type="checkbox"/> STATUTORY LIMITS \$
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL				EACH ACCIDENT \$ 100,000
					DISEASE - POLICY LIMIT \$ 500,000
	OTHER				DISEASE - EACH EMPLOYEE \$ 100,000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Concrete Paving/Construction - State of Florida

**CERTIFICATE HOLDER**

DMSMI - 2

D.M. Smith Builders  
P.O. Box 1550  
Port Salerno FL 34992

**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

Kimberlee D Wiley

*Kimberlee D Wiley*

**ACORD****CERTIFICATE OF LIABILITY INSURANCE**EP ID: D5  
CHARL21

DATE (MM/DD/YY)

04/30/98

## PRODUCER

Plastridge Agency, Inc.  
2101 S. E. Ocean Blvd.  
Stuart FL 34996

Jean R. Parks

Phone No. 561-287-5532 Fax No. 561-287-5572

## INSURED

Charles R. Phillips  
667 S.E. Harbor View Drive  
Port St. Lucie FL 34982

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

Ohio Casualty Insurance Co.

## COMPANY

B

FCCI Mutual

## 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	BHO52315452	12/19/97	12/19/98	GENERAL AGGREGATE \$ 600000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 600000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 300000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 300000
					FIRE DAMAGE (Any one fire) \$ 100000
					MED EXP (Any one person) \$ 5000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	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				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001WC97A39050	08/14/97	08/14/98	WC STATU- TORY LIMITS OTH- ER \$
	<input type="checkbox"/> INCL				EL EACH ACCIDENT \$ 100000
	<input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT \$ 500000
	OTHER				EL DISEASE - EA EMPLOYEE \$ 100000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

## CERTIFICATE HOLDER

DMVBL-1

DMV Builders  
PO Box 1510  
Pt Salerno FL 34995

## 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

Jean R. Parks

# ACORD. CERTIFICATE OF INSURANCE

CSR VH  
COOPE-1

DATE (MM/DD/YY)  
02/25/98

PRODUCER

Stuart Insurance, Inc.  
3070 S W Mapp  
Palm City FL 34990

Cabot W. Lord, CIC.  
561-286-4334

INSURED

Cooper Enterprises, Inc.  
P.O. Box 97-6069  
Stuart FL 34997

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 Auto Owners Insurance Co  
COMPANY B Owners Insurance Company  
COMPANY C FCCI Fund  
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
B	GENERAL LIABILITY	20536300	08/01/97	08/01/98	GENERAL AGGREGATE \$ 300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 300,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 300,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 10,000
A	AUTOMOBILE LIABILITY	20350169	08/01/97	08/01/98	COMBINED SINGLE LIMIT \$ 300,000
	<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 \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	36490	03/01/98	03/01/99	<input checked="" type="checkbox"/> STATUTORY LIMITS \$
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$ 100,000
					DISEASE - POLICY LIMIT \$ 500,000
					DISEASE - EACH EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Concrete Construction - State of Florida

CERTIFICATE HOLDER

DMSMC-1

D.M. Smith Construction  
PO Box 1510  
Port Salerno FL 34992

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

Cabot W. Lord, CIC.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
03/30/98

<b>PRODUCER</b>  Rick Carroll Insurance Agency 2160 N.E. Dade Highway P.O. Box 877 Jensen Beach FL 34958-0877	<b>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.</b>	
	<b>COMPANIES AFFORDING COVERAGE</b>	
	COMPANY <b>A</b>	FCCI Mutual Insurance Co
	COMPANY <b>B</b>	
<b>INSURED</b>  Donald Smith dba DM Smith Builders PO Box 1510  Pt Salerno FL 34992	COMPANY <b>C</b>	
	COMPANY <b>D</b>	

**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	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	\$
						\$
						\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
<b>A</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001WC97A36811	03/07/98	03/07/99	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$ 100,000
					EL DISEASE - POLICY LIMIT	\$ 500,000
					EL DISEASE - EA EMPLOYEE	\$ 100,000
					OTHER	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY

<b>CERTIFICATE HOLDER</b>  Martin County Building Department fax 288-5911 2401 SE Monterey Road Stuart FL 34996	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE R. Keith Carroll Jr.
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**ACORD****CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)

5/26/98

## PRODUCER

J&H MARSH & MCLENNAN OF OHIO, INC  
1301 E. NINTH ST. SUITE 1900  
CLEVELAND, OHIO 44114-1824

TRACEY J. FISCHER (216) 523-3652

## INSURED

WAYNE-DALTON OF PALM BEACH  
DIVISION OF WAYNE-DALTON CORP.  
2879-B S.W. 42ND AVENUE  
PALM BEACH, FL 34990

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** NUTMEG INS CO

## COMPANY

**B** HARTFORD FIRE INS CO

## COMPANY

**C** FEDERAL INS CO

## COMPANY

**D** HARTFORD CASUALTY INS CO

## 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	45CSED61902	6/01/98	6/01/99	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 10,000
B	AUTOMOBILE LIABILITY	45CSED61901	6/01/98	6/01/99	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	<input checked="" type="checkbox"/> PHYSICAL DAMAGE				
	<input checked="" type="checkbox"/> "SELF-INSURED"				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
C	EXCESS LIABILITY	79732859	3/03/97	6/01/99	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 10,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	45WWD61900	6/01/98	6/01/99	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	EL EACH ACCIDENT				\$ 1,000,000
	EL DISEASE - POLICY LIMIT				\$ 1,000,000
	EL DISEASE - EA EMPLOYEE				\$ 1,000,000
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS).

## CERTIFICATE HOLDER

D.M. SMITH CONSTRUCTION  
P O BOX 1510  
PORT SALERMO FL 34992

## 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

*Sandra J. Billow*

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
3-5-98

PRODUCER  
PORT ST. LUCIE INSURANCE AGENCY  
8731 S. US HIGHWAY 1  
PORT ST. LUCIE, FL 34952  
561-878-2022

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

## INSURERS AFFORDING COVERAGE

INSURED  
LANCER ENTERPRISES, INC.  
LANCER DBA  
1713 SW LEAFY  
PORT ST. LUCIE, FL 34986

INSURER A: ASSURANCE COMPANY OF AMERICA  
INSURER B: ASSURANCE COMPANY OF AMERICA  
INSURER C: RELIANCE INSURANCE COMPANY  
INSURER D:  
INSURER E:

## COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	SCP31059281	03/01/98	03/01/99	EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	SCP31059281	03/01/98	03/01/99	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ICW1000994	03/01/98	03/01/99	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

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

PLASTERING AND DRYWALL CONTRACTOR

30 DAY NOTICE REQUIRED FOR CANCELLATION OF WORKERS COMPENSATION ONLY.....

## CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

## CANCELLATION

D.M. SMITH BUILDERS  
PO BOX 1510  
PORT SALERNO, FL 34992

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

AUTHORIZED REPRESENTATIVE

# Certificate of Insurance

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

## This is to Certify that

Davidson Insulation & Acoustics, Inc.  
P.O. Box 380939  
Murdoch, FL 33938-0939

Name and  
address of  
Insured.



is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP. DATE <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM	POLICY NUMBER	LIMIT OF LIABILITY	
WORKERS COMPENSATION	4/1/99	WC7-151-491734-118	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: FLORIDA	<b>EMPLOYERS LIABILITY</b> Bodily Injury By Accident \$500,000 Each Accident Bodily Injury By Disease \$500,000 Policy Limit Bodily Injury By Disease \$500,000 Each Person
GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE	4/1/99  <div>RETRO DATE</div>	TB7-151-491734-128	General Aggregate - Other than Products/Completed Operations \$2,000,000 Products/Completed Operations Aggregate \$1,000,000 Bodily Injury and Property Damage Liability \$1,000,000 Per Occurrence Personal Injury \$1,000,000 Per Person/ Organization Other \$100,000 FIRE LEGAL Other \$5,000 MED. PAY	
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED	4/1/99	AS7-151-491734-018	\$1,000,000 Each Accident - Single Limit B.I. and P.D. Combined Each Person Each Accident or Occurrence Each Accident or Occurrence	
OTHER UMBRELLA EXCESS	4/1/99	TH1-151-491734-098	\$3,000,000 Single Limit for Liability Injury, for Bodily Injury and Property Damage over underlying limits.	

ADDITIONAL COMMENTS

\* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

SPECIAL NOTICE-OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE

THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED

UNDER THE ABOVE POLICIES UNTIL AT LEAST 30 DAYS

NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

D.M. Smith

P.O. Box 1510

Port Salerno, Florida 34992

555

*Ralph L. Barnes*

Ralph L. Barnes

AUTHORIZED REPRESENTATIVE

Liberty Mutual Group

CERTIFICATE  
HOLDER

Tampa, FL

04/01/98

OFFICE

PHONE NUMBER

DATE ISSUED

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

04/13/88

PRODUCER  
R.J. BERUBE INS.  
351 S. U.S. 1 SUITE 102

JUPITER, FL 33477-5978  
407-746-4514

INSURED  
DONALD SMITH  
P.O. BOX 1510  
PORT SALERNO, FL  
34992-

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

## COMPANIES AFFORDING COVERAGE

COMPANY  
A ASSURANCE COMPANY OF AMERICA  
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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT	RGP23424337	11/12/97	11/12/98	GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMPOP AGG \$ 600,000 PERSONAL & ADV INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 10,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
INCLUDES COVERAGE AT: 5023 SW ORCHARD BAY DRIVE, PALM CITY, FL

CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED LESSOR

## CERTIFICATE HOLDER

CHARLES & CHRISTINE HIBBS  
1811 SW PALM CITY ROAD APT#401  
STUART, FL 34994

## 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

*Richard J. Berube*



**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)  
02/19/98**PRODUCER**Day Agency, Inc.  
11320 SE Federal Hwy.  
Hobe Sound, FL 33455  
(561) 546-5767

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 ZC Insurance Co.

**COMPANY**

B Hartford Insurance Group

**COMPANY**

C

**COMPANY**

D

**INSURED**M&M Plastering & Stucco, Inc.  
1798 SW Ardmore St.  
Port St. Lucie, FL 34953**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
B	<b>GENERAL LIABILITY</b>	21UECKD8702	09/01/97	09/01/98	GENERAL AGGREGATE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any one fire) \$
					MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	19734018098	03/01/98	03/01/99	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$100,000
	<input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT \$500,000
	OTHER				EL DISEASE - EA EMPLOYEE \$100,000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**Plastering & Stucco - Employees in State of Florida  
30 days notice applies to workers compensation**CERTIFICATE HOLDER**D.M. Smith Construction  
P.O. Box 1510  
Port Salerno, FL 34992**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

*Alexis Janney*

JUL 14 1998 4:23PM

NO. 795

P. 1/1

**ACORD CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)  
07/14/1998

PRODUCER (954)925-2590 FAX (954)925-7004

Smith Watson Parker Insurance  
2590 Hollywood Blvd  
Hollywood, FL 33020THIS 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 Mc. Hawley

COMPANY B Bankers Insurance Co.

COMPANY C

COMPANY D

Attn: Nita Sparks

Ext: 113

INSURED

Packard Roofing & Waterproofing, Inc.  
2162 Reserve Park Trace  
Port St Lucie, FL 34986THIS 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 LTA	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNERS & CONTRACTOR'S PROT	MGL120187	08/01/1997	08/01/1998	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS COMPROP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 PRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ EXCLUDED
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NONOWNED AUTOS	FJC3747087100	08/01/1997	08/01/1998	COMBINED SINGLE LIMIT \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR, PARTNER, EXECUTIVE OFFICERS ARE OTHER				INCL EXCL E1. EACH ACCIDENT \$ E2. DISEASE - POLICY LIMIT \$ E3. DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, SPECIAL ITEMS

SENT VIA FAX TO #361-468-9978

CERTIFICATE HOLDER

DM Smith Builders  
P. O. Box 1510  
Port Salerno, FL 34992

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

GREG WALTZ

Greg Waltz

# ACORD. CERTIFICATE OF INSURANCE

CSR TJ  
AGLEA-1

DATE (MM/DD/YY)  
03/31/98

**PRODUCER**

Stuart Insurance, Inc.  
3070 S W Mapp  
Palm City FL 34990

Cabot W. Lord, CIC.  
561-286-4334

**INSURED**

Agler Tile & Carpet, Inc.  
3631 NW Federal Hwy  
Jensen Beach FL 34957

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 Hartford Select Customer

COMPANY  
B Auto Owners Insurance Co

COMPANY  
C Clarendon National Ins Co

COMPANY  
D

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	21SBADX8857	12/29/97	12/29/98	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 300,000
					MED EXP (Any one person) \$ 10,000
B	AUTOMOBILE LIABILITY	95-435-002	04/18/98	04/18/99	COMBINED SINGLE LIMIT \$ 300,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	770-01508	04/01/98	04/01/99	<input checked="" type="checkbox"/> STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL				EACH ACCIDENT \$ 100000
					DISEASE - POLICY LIMIT \$ 500000
					DISEASE - EACH EMPLOYEE \$ 100000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
Retail Tile Store - State of Florida

**CERTIFICATE HOLDER**

DMSMC-1

D.M. Smith Construction  
Attn: Lorraine  
PO Box 1510  
Port Salerno FL 34992

**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

Cabot W. Lord

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4/16/98

## PRODUCER

KEARNS AGENCY OF FLORIDA, INC.  
P. O. BOX 1849  
JENSEN BEACH, FL. 34958-1849

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

## INSURED

BO WALTON PLUMBING INC.  
346 ALICE AVENUE  
STUART, FL. 34994

COMPANY LETTER A AUTO OWNERS INSURANCE COMPANY

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

## 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
<b>GENERAL LIABILITY</b>					
A	X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. OWNER'S & CONTRACTOR'S PROT.	20516086	7-16-97	7-16-98	GENERAL AGGREGATE \$ 300,000 PRODUCTS-COMP/OP AGG. \$ 300,000 PERSONAL & ADV. INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
<b>AUTOMOBILE LIABILITY</b>					
A	ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS GARAGE LIABILITY	20258289	7-16-97	7-16-98	COMBINED SINGLE LIMIT \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
<b>EXCESS LIABILITY</b>					
	UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>					
	One Man Operation Workers Comp Exclusion Form Executed (See Attached)				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$

## OTHER

## CERTIFIED COPY

KEARNS AGENCY OF FLA., INC.

By: SebDate: 4/16/98

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

PLUMBING - STATE OF FLORIDA

## CERTIFICATE HOLDER

D.M. SMITH BUILDERS  
P. O. BOX 1510  
PT. SALERNO, FL. 34993

## 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

LAWRENCE E. KEARNS

*Lawrence E. Kearns*

THIS DOCUMENT IS COURTESY WITH FORM



# CERTIFICATE OF LIABILITY INSURANCE

CSR MW  
GHAIRC1

DATE (MM/DD/YY)

02/27/98

## PRODUCER

**SLATON INSURANCE**  
P.O. Box 3857  
West Palm Beach FL 33402

**Tony C. Davenport**  
Phone No. 561-683-8383 Fax No. 561-684-5995

## INSURED

**G & H Air Conditioning, Inc.**  
64 Goforth Blvd.  
Port St. Lucie FL 34952

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

## COMPANIES AFFORDING COVERAGE

COMPANY A	Auto-Owners Insurance Company
COMPANY B	Owners Insurance Company
COMPANY C	AmCOMP Preferred Ins. Co.
COMPANY D	

## COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	GENERAL LIABILITY	20509293 912312	03/01/98	03/01/99	GENERAL AGGREGATE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 500,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> AGGREGATE LIMITS				FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY	9542358300	03/01/98	03/01/99	COMBINED SINGLE LIMIT \$
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ 100/300/
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ 300,000
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$ 50,000
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	407875901	02/04/98	02/04/99	WC STATUTORY LIMITS OTH-ER \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$ 100,000
					EL DISEASE - POLICY LIMIT \$ 500,000
					EL DISEASE - EA EMPLOYEE \$ 100,000
B	PROPERTY	20509294	03/01/98	03/01/99	500 DED 150,000 BUILDING

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

STATE OF FLORIDA REQUIRES 30 DAYS NOTICE OF CANCELLATION ON WORKERS COMPENSATION. FLORIDA EMPLOYEES ONLY.

## CERTIFICATE HOLDER

DMSMITH

**D.M. Smith Builders**  
P.O. Box 1510  
Port Salerno, FL 34992

## 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

  
Tony C. Davenport



## CERTIFICATE OF INSURANCE

HOME OFFICE: ONE NATIONWIDE PLAZA • COLUMBUS, OHIO 43216

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

## CERTIFICATE HOLDER:

D M SMITH CONSTRUCTION  
PO BOX 1510  
PORT SALERNO, FL 34992

## INSURED:

COOK ELECTRIC INC  
POST OFFICE BOX 1104  
PORT SALERNO, FL 34992

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	77-PR-507954-0008	05-27-98	05-27-99	
[X] Liability and Medical Expense	NATIONWIDE PROPERTY & CASUALTY CO.			Any One Occurrence..... \$ 500.000
[X] Personal and Advertising Injury				Any One Person/Org ..... \$ 500.000
[X] Medical Expenses				ANY ONE PERSON ..... \$ 5.000
[X] Fire Legal Liability				Any One Fire or Explosion \$ 50.000
				General Aggregate* ..... \$ 1,000.000
				Prod/Comp Ops Aggregate* . \$ 1,000.000
[ ] Other Liability				
AUTOMOBILE LIABILITY	77-BA-507954-0009	05-27-98	05-27-99	
[X] BUSINESS AUTO	NATIONWIDE MUTUAL INSURANCE CO.			Bodily Injury (Each Person) ..... \$
[X] Owned				(Each Accident) ..... \$
[X] Hired				Property Damage (Each Accident) ..... \$
[X] Non-Owned				Combined Single Limit .... \$ 500.000
EXCESS LIABILITY	77-CU-507954-0011	05-27-98	05-27-99	
	Nationwide			Each Occurrence ..... \$ 1,000.000
[X] Umbrella Form	Insurance Co.			Prod/Comp Ops/Disease Aggregate* ..... \$ 1,000.000
	77-WC-507954-0010	05-27-98	05-27-99	STATUTORY LIMITS
[X] Workers' Compensation and	Nationwide Mutual Insurance Co.			BODILY INJURY/ACCIDENT ... \$ 100.000
[X] Employers' Liability				Bodily Injury by Disease EACH EMPLOYEE ..... \$ 100.000
				Bodily Injury by Disease POLICY LIMIT ..... \$ 500.000

DESCRIPTION OF OPERATIONS/LOCATIONS  
VEHICLES/RESTRICTIONS/SPECIAL ITEMS

Effective Date of Certificate: 05-27-1998  
Date Certificate Issued: 05-29-1998

Authorized Representative: RYAN FLYNN KONKUS  
Countersigned at: 2159 SE OCEAN BOULEVARD  
STUART, FL 34996

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR LH  
MELLO-1

DATE (MM/DD/YY)  
02/19/98

## PRODUCER

Atlantic Pacific Insurance-PBG  
11382 Prosperity Farms, #123  
Palm Beach Gardens FL 33410

## Nordman-Henrion Insurance

Phone No. 800-538-0487 Fax No. 561-626-3153

## INSURED

Mellon Vacuum & Sound Inc.,  
7922 Coral Street  
Lantana FL 33462

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## COMPANIES AFFORDING COVERAGE

### COMPANY

A Old Dominion Insurance Co.

### COMPANY

B FCCI Mutual Insurance Co.

### COMPANY

C

### COMPANY

D

## COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	MPG01518	03/01/98	03/01/99	GENERAL AGGREGATE \$ 2000000
	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COM/OP AGG \$ 2000000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1000000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 50000
					MED EXP (Any one person) \$ 5000
	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				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001-WC96A-33536	03/01/98	03/01/99	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER \$
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL				EL EACH ACCIDENT \$ 100,000
					EL DISEASE - POLICY LIMIT \$ 500,000
					EL DISEASE - EA EMPLOYEE \$ 100,000
	OTHER				

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

THIRTY DAYS NOTICE OF CANCELLATION GIVEN ON WORKERS COMPENSATION

## CERTIFICATE HOLDER

D.M. SM

D.M. SMITH BUILDERS  
P.O. BOX 1510  
PORT SALERNO FL 34992

## 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

*David S. Henrion*  
Nordman-Henrion Insurance



# PRIMARIY INSURANCE AGENCY

# CERTIFICATE OF LIABILITY INSURANCE

ID: 561 220 8107

PAGE 1/1

SP ID AL  
EVERG-2

DATE (MM/DD/YY)  
05/18/98

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## COMPANIES AFFORDING COVERAGE

COMPANY A	United Business Owners
COMPANY B	The Hartford
COMPANY C	
COMPANY D	

Insurance Agency  
Associates, Inc.  
27 East Seminole Street  
Stuart FL 34994

Gary Insurance Agency  
Phone No. 561-283-2600 Fax No. 561-220-8107  
INSURED

Evergreen Irrigation of  
South Florida, Inc.  
Stephen D. Meldau  
2889 SW Vittorio Street  
Port St. Lucia FL 34953

## COVERAGES

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CO TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	GENERAL LIABILITY	TR2	05/07/98	05/07/99	GENERAL AGGREGATE \$ 600000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMPROP AGG \$ 600000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 300000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 300000
					FIRE DAMAGE (Any one fire) \$ 300000
					MED EXP (Any one person) \$ 10000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	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	49581972097	03/01/98	03/01/99	WC STATUTORY LIMITS OTHER
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$ 100000
					EL DISEASE - POLICY LIMIT \$ 500000
					EL DISEASE - EA EMPLOYEE \$ 100000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES SPECIAL ITEMS

## CERTIFICATE HOLDER

DMSMITH

D. M. Smith Builders  
PO Box 1510  
Port Salerno FL 34992

## CANCELLATION

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AUTHORIZED REPRESENTATIVE

Gary Insurance Agency

Lawton Chiles  
Governor



James T. Howell, M.D., M.P.H.  
Secretary

**STUBOUT ELEVATION AND EXCAVATION CERTIFICATION**

APPLICANT: George Grandinette SEPTIC TANK PERMIT NO.: HD 43-55-245  
LEGAL DESCRIPTION: Lot 55 High Point.

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

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

\_\_\_\_\_  
FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

\_\_\_\_\_  
Martin County Health Unit Approval Signature

\_\_\_\_\_  
(Date)

Revised 01/17/97

Martin County Health Department  
620 South Dixie Highway • Stuart, FL 34994  
(561) 221-4090 SunCom 269-4090 Fax (561) 221-4967



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

PERMIT # : **43-SS-00245**  
DATE PAID: \_\_\_\_\_  
FEE PAID : \_\_\_\_\_  
RECEIPT : \_\_\_\_\_  
OSTDSNBR : **98-0220-N**

CONSTRUCTION PERMIT FOR:

[ ☒ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative Other  
[ ] Repair [ ] Abandonment [ ] Temporary [ ] \_\_\_\_\_

APPLICANT: **GRANDINETTE, GEORGE** AGENT: **96-1256, BROWN STEPHEN**

PROPERTY STREET ADDRESS: **HIGH POINT SEWALLS POINT FL 34996**

LOT: **55** BLOCK: \_\_\_\_\_ SUBDIVISION: **HIGH POINT**

[Section/Township/Range/Parcel No.]

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

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC  
REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS  
EXPIRE ONE YEAR FROM THE DATE OF ISSUE. DOH APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY  
PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A  
BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH  
MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID.

SYSTEM DESIGN AND SPECIFICATIONS

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

D [ **333** ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM **TRENCHES, OR**  
R [ **500** ] SQUARE FEET **BED** SYSTEM  
A TYPE SYSTEM: [ ☒ ] STANDARD [ ☒ ] FILLED [ ☒ ] MOUND [ ☒ ] **TRENCHES x 37 1/2**  
I CONFIGURATION: [ ☒ ] TRENCH [ ☒ ] **BED** [ ☒ ] **12'W x 41.7' L**  
N  
F LOCATION TO BENCHMARK: **Crown of Road 26.77'**

E ELEVATION OF PROPOSED SYSTEM SITE [ **14.7** ] [ **INCHES** ] [ **ABOVE** ] BENCHMARK/REFERENCE POINT  
L BOTTOM OF DRAINFIELD TO BE [ **15.3** ] [ **INCHES** ] [ **BELOW** ] BENCHMARK/REFERENCE POINT  
D FILL REQUIRED: [ **0.0** ] INCHES EXCAVATION REQUIRED: [ **0.0** ] INCHES

OTHER REMARKS:

The top of the stubout pipe to be a minimum elv. of 5" ABOVE CR 26.77'. The top of the drainfield pipe to be a minimum elv. of 5" BELOW CR 26.77'. The top of the septic tank to be a minimum elv. of 9" ABOVE CR 26.77'. The drainfield aggregate must be a least 5 feet from the property line(s). Install an approved outlet filter device in the septic tank. Do not exceed 18" of cover on the top of the drainfield.  
"See the attached special conditions list."

SPECIFICATIONS BY: **EDGARDO MORALES, R.S.** TITLE: **Env. Specialist**

APPROVED BY: **Cross, Ray** *R. Cross* TITLE: **Env. Supervisor** **Martin** CHD

DATE ISSUED: **6/9/98**

EXPIRATION DATE: **12/9/99**

DH 4016, 03/97 (Obsoletes previous editions which may not be used)  
(Stock Number: 5744-001-4016-0) [ostds\_cons\_4016-1]

#4434

## Town of Sewall's Point

P.L.N. \_\_\_\_\_

Date July 1, 1998

## BUILDING PERMIT APPLICATION

to construct

☒ NEW CONSTRUCTION    ☐ ADDITION    ☐ ALTERATION    ☐ DEMOLITION☒ RESIDENTIAL    ☐ COMMERCIAL    \_\_\_\_\_ SF    \_\_\_\_\_ CF

OTHER: \_\_\_\_\_ CONTRACT PRICE \_\_\_\_\_

Owner's Name Mr. & Mrs. George GrandinetteOwner's Address SE Fairway West, Stuart, FL 34997

Fee Simple Titleholder's Name (If other than owner) \_\_\_\_\_

Fee Simple Titleholder's Address (If other than owner) \_\_\_\_\_

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

Contractor's Name Don Smith, D.M. Smith, BuildersContractor's Address P.O. Box 1510,City Port Salerno, State FL Zip 34992Job Name GrandinetteJob Address Lot 55, High Point RoadCity Sewalls Point State FL Zip \_\_\_\_\_Legal Description Lot 55, High Point

Bonding Company \_\_\_\_\_

Bonding Company Address \_\_\_\_\_

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

Architect/Engineer's Name M.A. Corson & Associates, Inc.Architect/Engineer's Address Stuart, FL

Mortgage Lender's Name \_\_\_\_\_

Mortgage Lender's Address \_\_\_\_\_

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.

George Grandette Mary Ellen Grandette 6/20/98  
Owner or Agent Date  
[Signature] 7/2/98  
Contractor Date

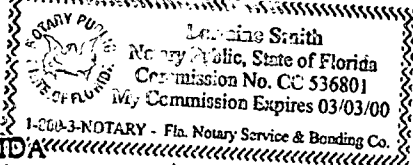
COUNTY OF MARTIN  
STATE OF FLORIDA

Sworn to and subscribed before me this 20 day of June, 1998 by George and Mary Ellen Grandette who: [☒] is/are personally known to me, or [☐] has/have produced \_\_\_\_\_ as identification, and who did not take an oath.

Name: [Signature]  
LORENE SMITH

Typed, printed or stamped

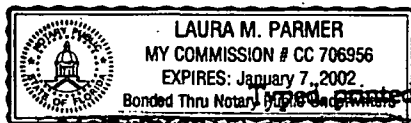
(NOTARY SEAL)



STATE OF FLORIDA  
COUNTY OF MARTIN

I am a Notary Public of the State of Florida having a commission number of \_\_\_\_\_ and my commission expires: \_\_\_\_\_

Sworn to and subscribed before me this 2 day of July, 1998 by D. M. Smith who: [☒] is/are personally known to me, or [☐] has/have produced \_\_\_\_\_ as identification, and who did not take an oath.



(NOTARY SEAL)

Name: [Signature]  
Laura M Parmer

Typed, printed or stamped

I am a Notary Public of the State of Florida having a commission number of CC 706956 and my commission expires: 1-7-2002

Certificate of Competency Holder

Contractor's State Certification or Registration No. CRCO-14488

Contractor's Certificate of Competency No. \_\_\_\_\_

APPLICATION APPROVED BY \_\_\_\_\_ Permit Officer

\_\_\_\_\_ Building Commissioner

Address Lot 55 High Point Date Received \_\_\_\_\_ Date Issued \_\_\_\_\_

Plan Reviewed by Bob Bott Date Reviewed 7-8-98 Date Approved 7-8-98

Zoning Reviewed by Bob Bott Date Reviewed 7-8-98 Date Approved 7-8-98

Owner/Contractor Contacted by \_\_\_\_\_ Date Contacted \_\_\_\_\_ Date Approved \_\_\_\_\_

## Residential Permit Application and Plan Submittal Checklist

### BUILDING:

- ☒ Signed, sealed, dated truss engineering, ~~to be submitted~~
- ☒ Energy calcs - new home or additions and 3 sets of cover sheets, properly signed
- ☒ Window calcs - 100 MPH, egress windows in bedrooms - new home or additions
- ☒ Door calcs - 100 MPH - new home or additions → to be onsite @ rough
- ☒ Health Department septic permit or sewer conform or waiver
- ☐ Proof of potable water if applicable, copy of well permit or water receipt
- ☒ Mechanical location of AHU, condenser
- ☒ Electrical - riser diagram, location, load calcs, ALC
- ☐ Gas - riser - BTU input - pipe size - material -
- ☒ Attic Access 22 x 36 minimum
- ☒ Smoke detectors, all bedrooms, tied together
- ☒ 2 ft. 8 inch bathroom door (min. 29 inch clear) for accessibility
- ☒ Location of fireplace, sections through roof, if applicable
- ☒ Safety glazing where needed indicated on plans
- ☒ Roof slope, overhangs, ventilation
- ☒ Standard for hurricane resistant residential construction SSTD 10-93 or 10-96 approved worksheets included with plans or signed and sealed engineering
- ☒ Porch guard rails and stair handrails and lighting, if applicable
- ☒ Crawl space ventilation and access panels (18 inch x 24 inch minimum)
- ☒ Footing, lapping and reinforcement, location dimensions, if dowels and vertical steel
- ☒ Bottom of all footings at least 12 inches below grade. ~~All rebar ends to be 60~~
- ☒ Wall sections, bearing walls - shear walls
- ☒ 2 sets of plans and all other paperwork
- ☒ Completed building permit application

### ZONING:

- ☐ Finish Floor Elevation, Crown of Road Elevation, Flood Zone Certification
- ☒ Tree Permit
- ☒ Plot Plan setbacks, curves, easements, driveway and apron
- ☐ Zoning OK
- ☐ FEMA flood zone OK
- ☐ Wetland (DNR - Docks) NA
- ☒ Structure located on plot plan with dimensions to lot lines

Approved as noted

Bob Bott  
BU000842

*George Prandotto*  
owner or builder

# M.A. CORSON & ASSOCIATES, Inc.

ARCHITECTURE      STRUCTURAL DESIGN

7188 S. E. Seagate Lane Stuart, Fl. 34997

(561) 223-8227 \* Lic.# AA2971

To: Sewall's Point Building Department

Date: 6/12/98

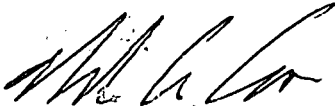
Re: Grandinette Residence  
Lot #55 High Point

This office approves of the following:

1. I here by certify that all areas of the structure, for the above mentioned residence, shall meet all of the structural load requirements for the 140 mile per hour wind loading as required for the area. The new structure is designed to meet all gravity, lateral, and uplift loads which will be created by a 140 wind force.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark A. Corson', written in a cursive style.

Mark A. Corson A.I.A.

cc: Grandinette

Lawton Chiles  
Governor



James T. Howell, M.D., M.P.H.  
Secretary

*Martin County Health Department*

**SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST**

APPLICATION NAME: Grandinette PERMIT NO.: 43-SS-245  
SUBDIVISION: Lot 55 High Point

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

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

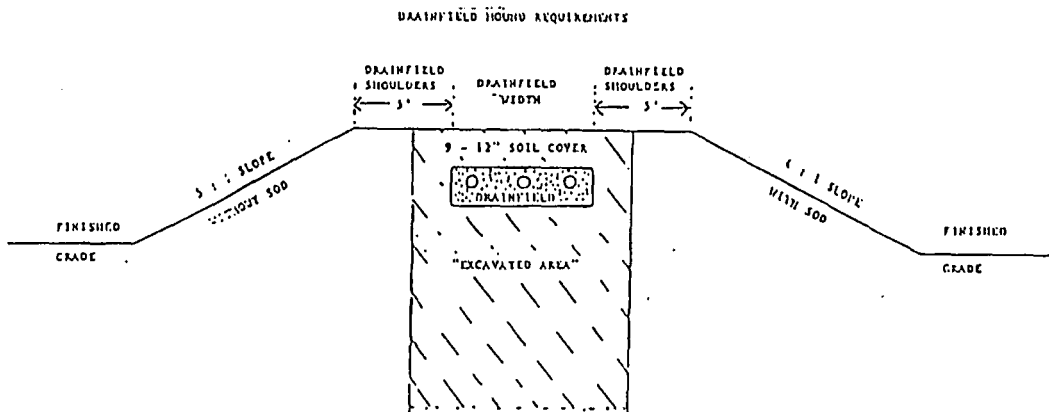
☒ **SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3**



**SPECIAL CONDITION REQUIREMENTS (Page 2 of 3) Revised 04/10/98**

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

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



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

- ☒ 32. Other: DROP BOT DRAINFIELD METHOD MAY BE  
NEEDED BECAUSE OF SLOPE CHANGES IN  
AVAIL. AREA

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

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

at: special confr. 04/10/98



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE DISPOSAL SYSTEM  
SITE EVALUATION AND SYSTEM SPECS.  
AUTHORITY, CHAPTER 381, F.S. & CHAPTER 100-6, F.A.C.

PERMIT # 43-SS-00245

APPLICANT:

George Brandenette

AGENT:

Steve J. Brown

LOT:

55

BLOCK:

SUBDIVISION:

High Point

PROPERTY ID #:

[Section/Township/Range/Parcel No. or Tax ID Number]

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

PROPERTY SIZE CONFORMS TO SITE PLAN: ☒ YES ☐ NO NET USABLE AREA AVAILABLE: 0.44 ACRES  
TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY [RESIDENCES-TABLE 1 / OTHER-TABLE 2]  
AUTHORIZED SEWAGE FLOW: 1100 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]  
UNOBSTRUCTED AREA AVAILABLE: 1200 SQFT UNOBSTRUCTED AREA REQUIRED: Trench 666 SQFT  
or Bed 1000

BENCHMARK/REFERENCE POINT LOCATION:

Crown of Road 26.77'

ELEVATION OF PROPOSED SYSTEM SITE IS 14.76 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:  
SURFACE WATER: N/A FT DITCHES/SWALES: N/A FT NORMALLY WET? ☐ YES ☒ NO  
WELLS: PUBLIC: N/A FT LIMITED USE: N/A FT PRIVATE: N/A FT NON-POTABLE: 57 FT  
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 7 FT POTABLE WATER LINES: 70 FT

SITE SUBJECT TO FREQUENT FLOODING: ☐ YES ☒ NO 10 YEAR FLOODING? ☐ YES ☒ NO  
10 YEAR FLOOD ELEVATION FOR SITE: \_\_\_\_\_ FT MSL/NGVD SITE ELEVATION: 28.0 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth
<u>10YR 6/1 Gray</u>	<u>Sand</u>	<u>0 to 20</u>
<u>10YR 8/1 White</u>	<u>Sand</u>	<u>20 to 72</u>
		to
		to
		to
		to
		to
		to
		to
		to
USDA SOIL SERIES: <u>St. Lucie Sand #7</u>		

Munsell #/Color	Texture	Depth
<u>10YR 6/1 Gray</u>	<u>Sand</u>	<u>0 to 20</u>
<u>10YR 8/1 White</u>	<u>Sand</u>	<u>20 to 72</u>
		to
		to
		to
		to
		to
		to
		to
		to
USDA SOIL SERIES: <u>St. Lucie Sand #7</u>		

NOT OBSERVED  
OBSERVED WATER TABLE: \_\_\_\_\_ INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]  
ESTIMATED WET SEASON WATER TABLE ELEVATION: 54 INCHES [ABOVE / BELOW] EXISTING GRADE  
HIGH WATER TABLE VEGETATION: ☐ YES ☒ NO MOTTLING: ☐ YES ☒ NO DEPTH: \_\_\_\_\_ INCHES  
SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: Sand / 1.22 (1.80) DEPTH OF EXCAVATION: 0 INCHES  
DRAINFIELD CONFIGURATION: ☒ TRENCH OR ☒ BED ☐ OTHER (SPECIFY) \_\_\_\_\_  
REMARKS/ADDITIONAL CRITERIA: \_\_\_\_\_

SITE EVALUATED BY:

Steve J. Brown, R.S.

DATE: 6-1-98



RECEIVED

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
ONSITE SEWAGE DISPOSAL SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT  
Authority: Chapter 381, FS & Chapter 10D-6, FAC

MAY 28 1998

Hillsborough County  
Public Health Unit

PERMIT # 43-SS-00245  
DATE PAID 5-28-98  
FEE PAID \$ 25  
RECEIPT # 22675  
NO WELL

## APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Temporary/Experimental  
☐ Repair ☐ Abandonment ☐ Other (Specify) \_\_\_\_\_

APPLICANT:

LEONARD GRANDINETTE

TELEPHONE:

288-7176

AGENT:

S. J. Brown, Inc.

MAILING ADDRESS:

290 FLA. STREET, SUITE, FLA.

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION (IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED)

LOT: 55 BLOCK: N/A SUBDIVISION: HIGH POINT DATE OF SUBDIVISION: 10/19/71  
PROPERTY ID #: [Section/Township/Range/Parcel No.] ZONING: \_\_\_\_\_

PROPERTY SIZE: 0.44 ACRES (Sqft/43560) PROPERTY WATER SUPPLY: ☐ PRIVATE ☒ PUBLIC

PROPERTY STREET ADDRESS:

HIGH POINT ROAD SEWALLS PT.

DIRECTIONS TO PROPERTY:

SEWALLS POINT,  
EAST A-1-A TO SEWALLS POINT  
SOUTH ON SEWALLS POINT ROAD

## BUILDING INFORMATION

☒ RESIDENTIAL☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	SINGLE FAMILY	3	<del>2470</del>		
2			2470		
3					
4					

☒ Garbage Grinders/Disposals  
☒ Ultra-low Volume Flush Toilets

☒ Spas/Hot Tubs  
☒ Other (Specify) \_\_\_\_\_

☐ Floor/Equipment Drains

APPLICANT'S SIGNATURE:

STEPHEN J. BROWN

DATE:

3/3/98

APPLICANT'S NAME: GEORGE GRANDINETTE

LEGAL DESCRIPTION: LOT 55, HIGH POINT

## PROPOSED SEPTIC SYSTEM SITE INFORMATION

CIRCLE ONE ANSWER FOR EACH QUESTION (FOR ITEMS 1-17 BELOW).

N/A MEANS THAT THE QUESTION IS NOT APPLICABLE.

1. Is there a septic system within 75 feet of the proposed private well? ----- Yes No N/A
2. Is there a potable private well within 75 feet of the available area for the proposed septic system? ----- Yes No
3. Is there a non-potable well within 50 feet of the available area for the proposed septic system? ----- Yes No
4. Is there a proposed well within 25 feet of the building foundation? ----- Yes No
5. Is there a public well that serves less than 25 people or less than 15 homes or businesses within 100 feet of the proposed septic system? ----- Yes No
6. Is there a public well that serves more than 25 people or more than 15 homes or businesses within 200 feet of the proposed septic system? ----- Yes No
7. Is there a gravity sewer line or lift station within 50 feet of the proposed lot? ----- Yes No
8. Is there a lake, stream, wetland, or surface water within 75 feet of the available area for the proposed septic system? ----- Yes No
9. Is there a proposed or existing public drinking water line within 10 feet of the proposed septic system? ----- Yes No
10. Is there a storm water retention area or drainage easement within 15 feet of the proposed septic system? ----- Yes No
11. Is the proposed septic system in an area proposed for paving or vehicular traffic? ----- Yes No
12. Are all private wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicant's lot shown on the site plan? ----- Yes No N/A
13. Are all public wells within 200 feet of the applicant's lot shown on the site plan? ----- Yes No N/A
14. Does the site plan include a plat of the lot or total site ownership drawn to scale, boundaries with dimensions, locations of building or residences, swimming pools, recorded easements, proposed or existing septic systems, any proposed or existing wells, public water lines, paved areas or driveways, and surface waters such as lakes, ponds, streams, canals, or wetlands? ----- Yes No
15. Does the site plan show the general slope of the property, recorded easements from the recorded plat, filled areas and drainage features and surface waters such as lakes, ponds, streams, canals, or wetlands? ----- Yes No
16. Are the natural grade elevation in the area of the septic system and the benchmark shown on the site plan? ----- Yes No
17. Is the public water line location from the water meter to the house shown on the site plan? ----- Yes No N/A
18. There is 1200 square feet of available, unobstructed, contiguous land to install the septic system. This area excludes interferences. Shade this available area on the site plan.

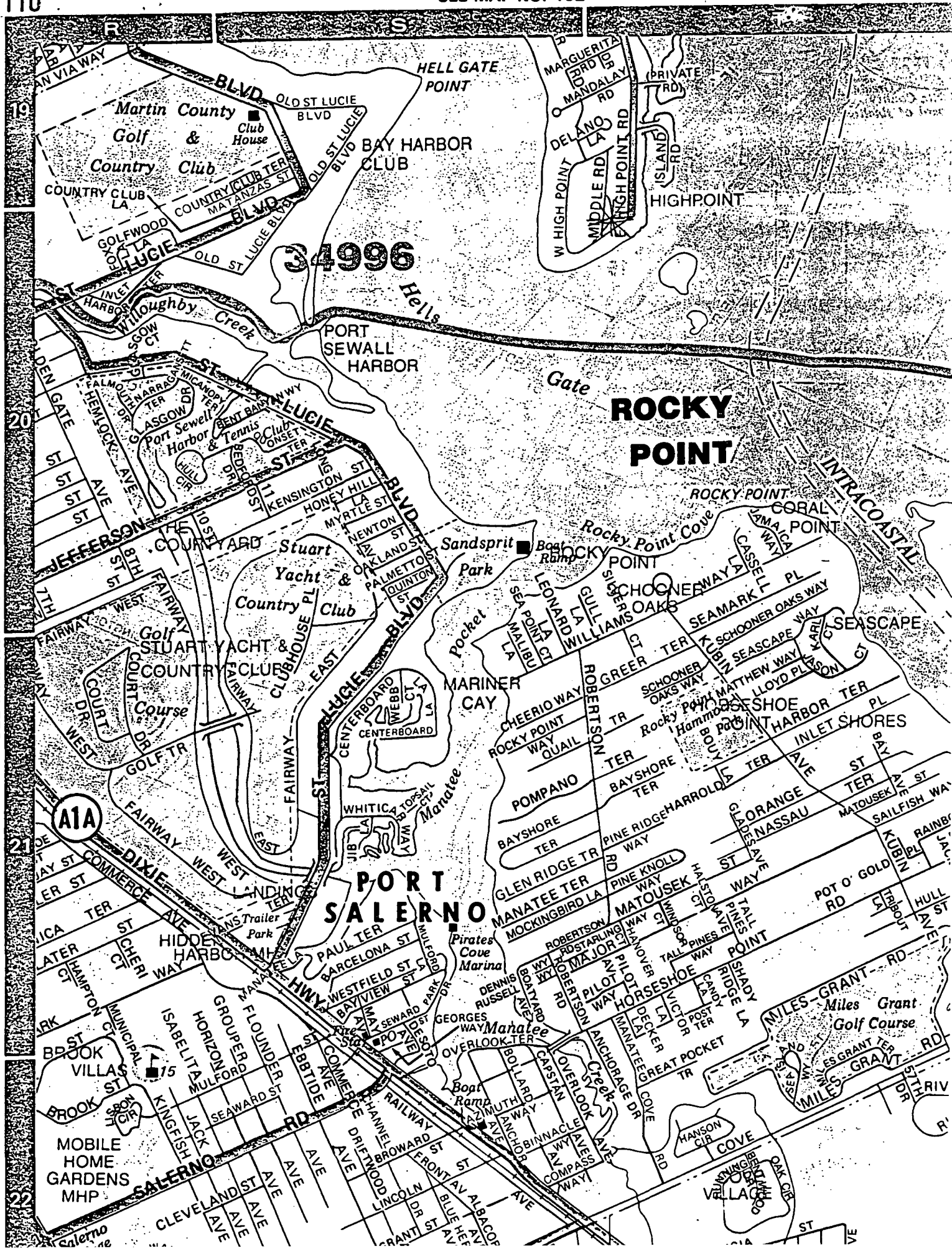
## SITE ELEVATIONS

1. Crown of road elevation 26.77 NGVD. Show location on the site plan. If the road is not paved, benchmark elevation \_\_\_\_\_ NGVD. Show location on site plan.
2. Natural grade elevation in the area of the proposed septic system 28.0 NGVD. Show location on site plan.
3. Is the building location in a flood hazard area "A" or "V" as identified on F.E.M.A. maps? Yes or No If yes, what is the minimum required flood hazard floor elevation of the building? \_\_\_\_\_ NGVD.

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

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

CERTIFIED BY: STEPHEN J. BROWN  
FLORIDA PROFESSIONAL NO.: 4049  
DATE: 3/3/98 JOB NO.: 2781-01-01



Department of Community Affairs - FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION  
FORM 600A-93 Residential Whole Building Performance Method A SOUTH 7 8 9

PROJECT NAME: AND ADDRESS:	BUILDER: <u>DM Smith</u>	CLIMATE ZONE: 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
OWNER: <u>M/M GRANDINETTE</u>	PERMIT NO.: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	JURISDICTION NO.: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

1. New construction or addition
2. Single family detached or Multifamily attached
3. If Multifamily—No. of units covered by this submission
4. If Multifamily, is this a worst case (yes / no)
5. Conditioned floor area (sq. ft.)
6. Predominant eave overhang (ft.)
7. Porch overhang length (ft.)
8. Glass type and area:
  - a. Clear glass
  - b. Tint, film or solar screen
9. Floor type and insulation:
  - a. Slab on grade (R-value + perimeter)
  - b. Wood, raised (R-value + sq. ft.)
  - c. Concrete, raised (R-value)
10. Net Wall type, area and insulation:
  - a. Exterior:
    1. Concrete block (Insulation R-value)
    2. Wood frame (Insulation R-value)
    3. Steel frame (Insulation R-value)
    4. Log (Insulation R-value)
  - b. Adjacent:
    1. Concrete block (Insulation R-value)
    2. Wood frame (Insulation R-value)
    3. Steel frame (Insulation R-value)
    4. Log (Insulation R-value)
11. Ceiling type, area and insulation:
  - a. Under attic (Insulation R-value)
  - b. Single assembly (Insulation R-value)
12. Air distribution system:
  - a. Ducts (Insulation + Location)
  - b. Air Handler( Insulation + Location)
13. Cooling system:  
(Types: central-split, central-single pkg., room unit, PTAC., none)
14. Heating system:  
(Types: heat pump, elec. strip, nat. gas, L.P. gas, room or PTAC, none)
15. Hot water system:  
(Types: elec., natural gas, solar, L.P. gas, none)
16. Hot Water Credits:
  - a. Heat Recovery (HR)
  - b. Dedicated Heat Pump(DHP)
17. Infiltration practice: 1, 2 or 3
18. HVAC Credits (Type in Letter designation: CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)
19. EPI (must not exceed 100 points)

#4434

Please Type		CK
1.	<u>New</u>	
2.	<u>Single</u>	
3.		
4.		
5.	<u>2470</u> sq. ft.	
6.	<u>2</u> ft.	
7.	<u>15</u> ft.	
	Single Pane Double Pane	
8a.	<u>546</u> sq. ft.	
8b.		
9a.	R= <u>0</u> , <u>306</u> l. ft.	
9b.	R= , sq. ft.	
9c.	R= , sq. ft.	
10a-1	R= <u>4.2</u> <u>2149</u> sq. ft.	
10a-2	R= , sq. ft.	
10a-3	R= , sq. ft.	
10a-4	R= , sq. ft.	
10b-1	R= , sq. ft.	
10b-2	R= <u>11</u> <u>2060</u> sq. ft.	
10b-3	R= , sq. ft.	
10b-4	R= , sq. ft.	
11a.	R= <u>19</u> <u>2525</u> sq. ft.	
11b.	R= , sq. ft.	
12a.	R= <u>6</u> , <u>uncond</u> (cond./uncond.)	
12b.	R= , (cond./uncond.)	
13a.	Type: <u>central</u>	
13b.	SEER/EER/COP: <u>11</u>	
13c.	Capacity:	
14a.	Type: <u>ELEC</u>	
14b.	HSPF/COP/AFUE: <u>1.00</u>	
14c.	Capacity:	
15a.	Type: <u>ELEC</u>	
15b.	EF: <u>.97</u>	
16a.		
16b.		
17.	<u>2</u>	
18.	<u>MZ</u>	
19.	<u>98.86</u>	
19a.	<u>41418.79</u>	
19b.	<u>41895.29</u>	

- a. Total As-Built points
- b. Total Base points

$$EPI = \frac{\text{Total As-Built points}}{\text{Total Base points}} \times 100$$

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

PREPARED BY: David Ingle DATE: 6/18/98  
I hereby certify that this building is in compliance with the Florida Energy Code.

OWNER AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

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.

BUILDING OFFICIAL: Bob Roth B410000848  
DATE: 7-8-98

Department of Community Affairs  
FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SN: 5267

FORM 600A-93 Residential Component Prescriptive Method A

SOUTH

PROJECT NAME: SINGLE FAMILY RES. I BUILDER: D.M. SMITH  
AND ADDRESS:

I PERMITTING  
I OFFICE:

I CLIMATE

I ZONE: 71\_1 81\_1 91\_1

OWNER: M/M GRANDINETTE I PERMIT NO.

I JURISDICTION NO.

CK

1. New construction or addition	1. New Construction	_____
2. Single family detached or Multifamily attached	2. Single-Family	_____
3. If Multifamily-No. of units	3. 0	_____
4. If Multifamily, is this a worst case (yes/no)	4. _____	_____
5. Conditioned floor area (sq.ft.)	5. 2470.00	_____
6. Predominant eave overhang (ft.)	6. 2.00	_____
7. Porch overhang length (ft.)	7. 15.00	_____
8. Glass area and type:	Single Pane Double Pane	_____
a. Clear Glass	8a. 546.0sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 0.0sqft 0.00sqft	_____
9. Floor type and insulation:	9a. R= 0.00 , 306.00 ft	_____
a. Slab on grade (R-value, perimeter)		_____
10. Net Wall type area and insulation:	10a-1 R= 4.20, 2149.00sqft	_____
a. Exterior: 1. Concrete (Insulation R-value)	10a-2 R=11.00, 206.00sqft	_____
a. Adjacent: 2. Wood frame (Insulation R-value)		_____
11. Ceiling type area and insulation:	11a. R=19.00 , 2525.00sqft	_____
a. Under attic (Insulation R-value)		_____
12. Air distribution systems	12a. R= 6.00 , uncond	_____
a. Ducts (Insulation + Location)	13. Type: Central A/C	_____
13. Cooling system	EER: 11.00	_____
14. Heating System:	14. Type: Strip Heat	_____
15. Hot water system:	COP: 1.00	_____
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	15. Type: Electric	_____
17. Infiltration practice: 1, 2 or 3	EF: 0.97	_____
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	16. _____	_____
19. EPI (must not exceed 100 points)	17. 2	_____
a. Total As_Built points	18. MZ	_____
b. Total Base points	19. 98.86	_____
	19a. 41418.79	_____
	19b. 41895.29	_____

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

PREPARED BY: DAVID M. DISULATO  
DATE: 6/18/98

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

OWNER/AGENT: \_\_\_\_\_  
DATE: \_\_\_\_\_

I 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: Bob Bott B440000848  
DATE: 7-8-98



\*\*\*\*\*

SUMMER CALCULATIONS

\*\*\*\*\*

=== BASE ===

=== AS-BUILT ===

=====

GLASS-----

ORIEN AREA x BSPM = POINTS | TYPE SC ORIEN AREA x SPM x SOF = POINTS

-----

N 158.00 109.7 17332.6 | SGL CLR N 28.0 64.5 .70 1264.2

| SGL CLR N 10.0 64.5 .53 341.8

| SGL CLR N 28.0 64.5 .89 1609.6

| SGL CLR N 30.0 64.5 .86 1673.3

| SGL CLR N 30.0 64.5 .85 1642.6

| SGL CLR N 4.0 64.5 .79 204.3

| SGL CLR N 20.0 64.5 .85 1095.1

| SGL CLR N 8.0 64.5 .83 425.9

NE 72.00 109.7 7898.4 | SGL CLR NE 72.0 94.8 .89 6087.4

E 140.00 109.7 15358.0 | SGL CLR E 30.0 136.3 .86 3514.6

| SGL CLR E 20.0 136.3 .83 2256.5

| SGL CLR E 64.0 136.3 .59 5146.7

| SGL CLR E 26.0 136.3 .41 1458.1

SE 48.00 109.7 5265.6 | SGL CLR SE 48.0 146.2 .60 4210.6

S 108.00 109.7 11847.6 | SGL CLR S 26.0 135.6 .33 1169.6

| SGL CLR S 72.0 135.6 .34 3290.6

| SGL CLR S 10.0 135.6 .77 1049.1

W 20.00 109.7 2194.0 | SGL CLR W 8.0 136.3 .86 937.2

| SGL CLR W 12.0 136.3 .90 1475.1

-----

15 x COND. FLOOR / TOTAL GLASS = ADJ. x GLASS = ADJ GLASS | GLASS

AREA AREA FACTOR POINTS POINTS | POINTS

-----

.15 2,470.00 546.00 .679 59,896.20 40,643.86 | 38,852.32

=====

NON GLASS-----

AREA x BSPM = POINTS | TYPE R-VALUE AREA x SPM = POINTS

-----

WALLS-----

Ext 2149.0 1.6 3438.4 | Ext NormWtBlock In 4.2 2149.0 2.28 4899.7

Adj 206.0 1.0 206.0 | Adj Wood Frame 11.0 206.0 1.00 206.0

-----

DOORS-----

Ext 27.7 6.4 177.2 | Ext Insulated 27.7 6.40 177.2

Adj 19.0 2.6 49.5 | Adj Wood 19.0 3.80 72.4

-----

CEILINGS-----

JA 2470.0 .8 1976.0 | Under Attic 19.0 2525.0 1.50 3787.5

-----

FLOORS-----

Slab 306.0 -20.0 -6120.0 | Slab-on-Grade .0 306.0 -20.00 -6120.0

-----

INFILTRATION-----

2470.0 14.7 36309.0 | Practice #2 2470.0 14.70 36309.0

=====

TOTAL SUMMER POINTS |

76,679.91 | 78,184.05

=====

TOTAL x SYSTEM = COOLING | TOTAL x CAP x DUCT x SYSTEM x CREDIT = COOLING

SUM PTS MULT POINTS | COMPOUN RATIO MULT MULT MULT POINTS

-----

76,679.91 .37 28,371.57 | 78,184.05 1.00 1.100 .310 .950 25,327.72

=====

*****										
WINTER CALCULATIONS										
*****										
=== BASE ===				I	=== AS-BUILT ===					
=====										
GLASS-----				I						
ORIEN	AREA	x BWPM =	POINTS	I	TYPE	SC	ORIEN	AREA	x WPM	x WOF = POINTS
-----										
N	158.00	-.4	-63.2	I	SGL CLR		N	28.0	3.7	1.14 118.1
				I	SGL CLR		N	10.0	3.7	1.26 46.6
				I	SGL CLR		N	28.0	3.7	1.05 108.7
				I	SGL CLR		N	30.0	3.7	1.06 117.9
				I	SGL CLR		N	30.0	3.7	1.07 118.4
				I	SGL CLR		N	4.0	3.7	1.10 16.2
				I	SGL CLR		N	20.0	3.7	1.07 79.0
				I	SGL CLR		N	8.0	3.7	1.08 31.9
NE	72.00	-.4	-28.8	I	SGL CLR		NE	72.0	2.9	1.10 230.4
E	140.00	-.4	-56.0	I	SGL CLR		E	30.0	.1	4.00 12.0
				I	SGL CLR		E	20.0	.1	4.67 9.3
				I	SGL CLR		E	64.0	.1	11.04 70.7
				I	SGL CLR		E	26.0	.1	18.01 46.8
SE	48.00	-.4	-19.2	I	SGL CLR		SE	48.0	-2.1	.21 -20.8
S	108.00	-.4	-43.2	I	SGL CLR		S	26.0	-2.0	-1.66 86.5
				I	SGL CLR		S	72.0	-2.0	-1.61 232.3
				I	SGL CLR		S	10.0	-2.0	.69 -13.8
W	20.00	-.4	-8.0	I	SGL CLR		W	8.0	.1	4.00 3.2
				I	SGL CLR		W	12.0	.1	3.14 3.8
-----										
15 x COND. FLOOR / TOTAL GLASS = ADJ.				x	GLASS	=	ADJ GLASS	I	GLASS	
AREA				FACTOR	POINTS		POINTS	I	POINTS	
-----										
15	2,470.00		546.00	.679	-218.40		-148.20	I	1,297.12	
=====										
NON GLASS-----				I						
AREA x BWPM = POINTS				I	TYPE	R-VALUE	AREA	x WPM	= POINTS	
-----										
WALLS-----				I						
Ext	2149.0	.3	644.7	I	Ext NormWtBlock In	4.2	2149.0	1.02	2192.0	
Adj	206.0	.5	103.0	I	Adj Wood Frame	11.0	206.0	.50	103.0	
-----										
DOORS-----				I						
Ext	27.7	1.8	49.8	I	Ext Insulated		27.7	1.80	49.8	
Adj	19.0	1.3	24.8	I	Adj Wood		19.0	1.90	36.2	
-----										
CEILINGS-----				I						
JA	2470.0	.1	247.0	I	Under Attic	19.0	2525.0	.30	757.5	
-----										
FLOORS-----				I						
Slab	306.0	-2.1	-642.6	I	Slab-on-Grade	.0	306.0	-2.10	-642.6	
-----										
INFILTRATION-----				I						
	2470.0	1.2	2964.0	I	Practice #2		2470.0	1.20	2964.0	
=====										
TOTAL WINTER POINTS				I						
				I						
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\*\*\*\*\*  
WATER HEATING  
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==== BASE ==== I ==== AS-BUILT ====

=====

NUM OF BEDRMS	x	MULT	=	TOTAL	I	TANK VOLUME	EF	TANK RATIO	x	MULT	x	CREDIT	=	TOTAL
												MULT		
3		3319.0		9,957.00	I	50	.97	1.0000		3010.0		1.00		9,030.00

=====

\*\*\*\*\*  
SUMMARY  
\*\*\*\*\*

==== BASE ==== I ==== AS-BUILT ====

=====

COOLING POINTS	HEATING POINTS	HOT WATER POINTS	=	TOTAL POINTS	I	COOLING POINTS	HEATING POINTS	HOT WATER POINTS	=	TOTAL POINTS
28371.6	3566.7	9957.0		41,895.29	I	25327.7	7061.1	9030.0		41,418.79

=====

\*\*\*\*\*  
\* EPI = 98.86 \*  
\*\*\*\*\*

# ENERGY GUIDE

For detailed information  
of the EPI rating number  
or for any ITEM listed,  
ask your Builder for  
DOCA Form 600A-93  
or Form 600B-93

EPI= 98.9

0 10 20 30 40 50 60 70 80 90 100  
|-----X-----|

The maximum allowable EPI is 100. The lower the EPI the more efficient the home

## RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency	
		SINGL CLR		DBL TINT	
WINDOWS.....	Single Clear	X-----			
INSULATION.....					
Ceiling	R-Value..... 19.0	R-10		R-30	
		-----X-----			
Wall	R-Value..... 4.8	R-0		R-7	
		-----X-----			
Floor	R-Value..... 0.0	R-0		R-19	
		X-----			
AIR CONDITIONER.....					
SEER/EER.....	11.4	10.0	SEER	17.0	
		----X-----			
		9.7	EER	16.0	
HEATING SYSTEM.....					
Electric	COP/HSPF..... 1.0	2.50		COP	
		X-----		4.19	
Gas	AFUE..... 0.00	0.78		AFUE	
		-----		0.90	
WATER HEATER.....					
Electric	EF..... 0.97	0.88		0.96	
		-----X			
Gas	EF..... 0.00	0.54		0.90	
		-----			
Solar	EF.....	0.40		0.80	
		-----			

OTHER FEATURES.....

I certify that these energy saving features required for the Florida  
Energy Code have been installed in this house.

Address: \_\_\_\_\_ Builder  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

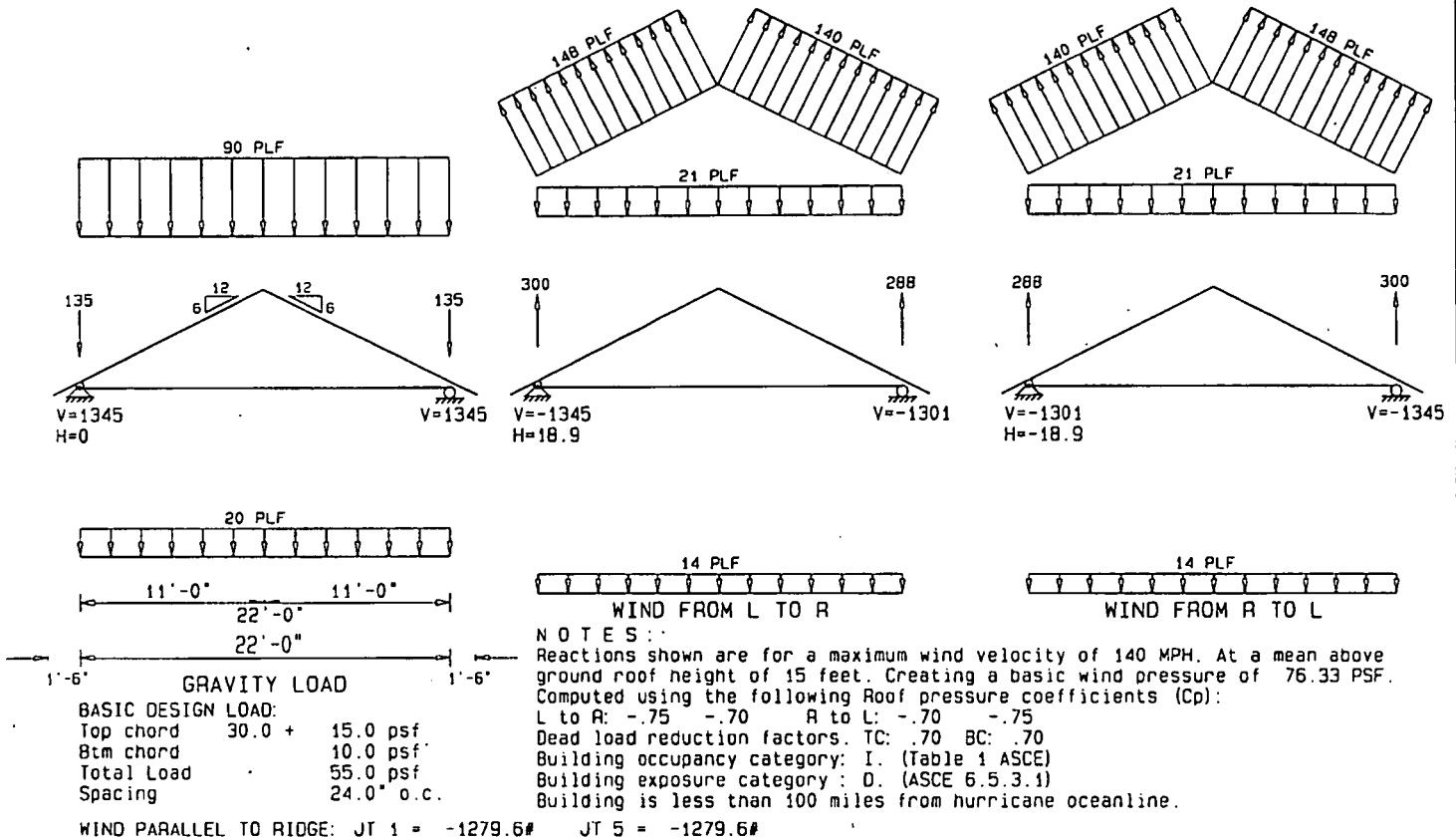
City/Zip \_\_\_\_\_

# WIND ANALYSIS UPLIFT REPORT

## GRANDINETTE

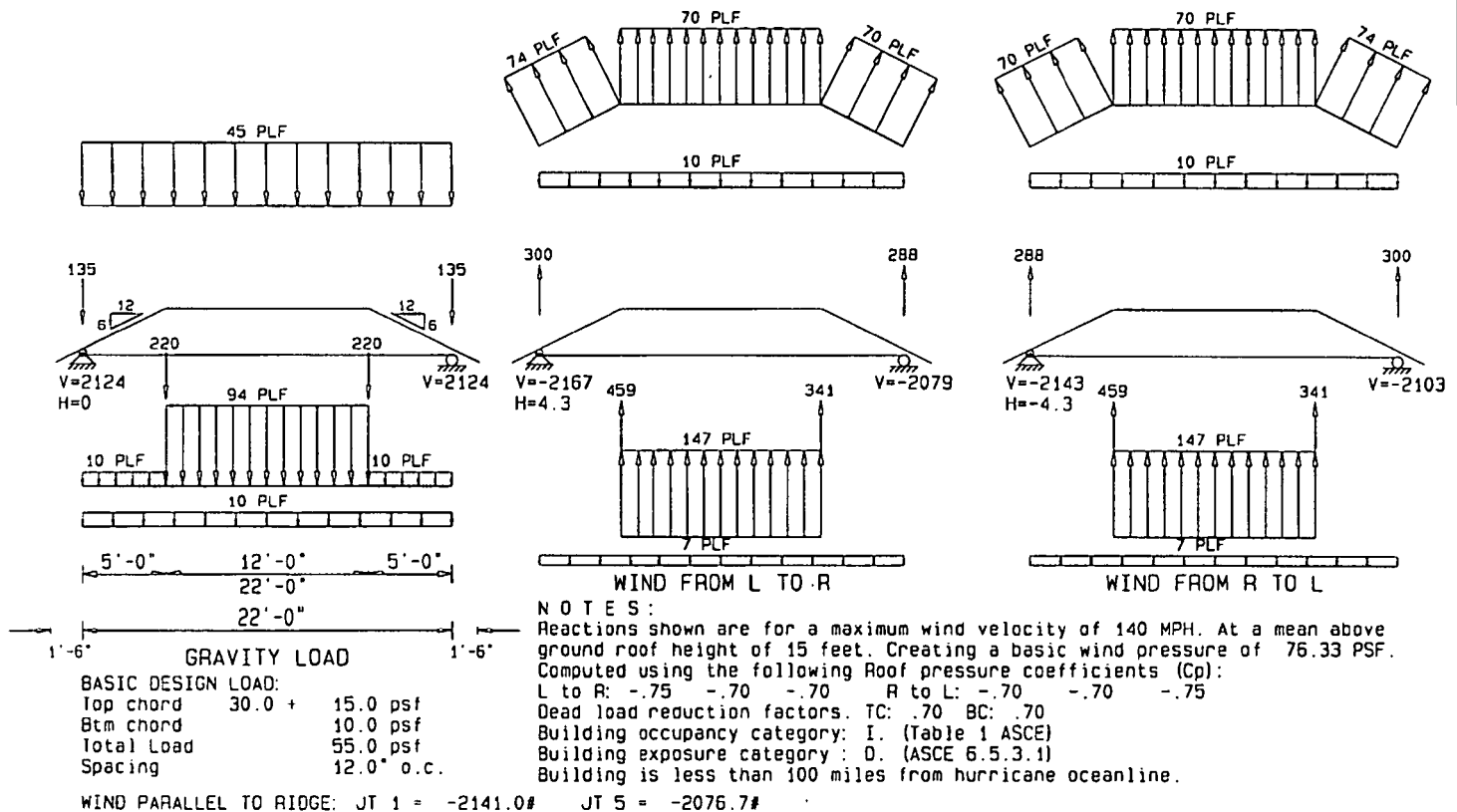
M.A. Corson & Assoc.

TYPE: T-1



Based on ASCE 7-88 (Formerly ANSI A58.1)

TYPE: H5-T1

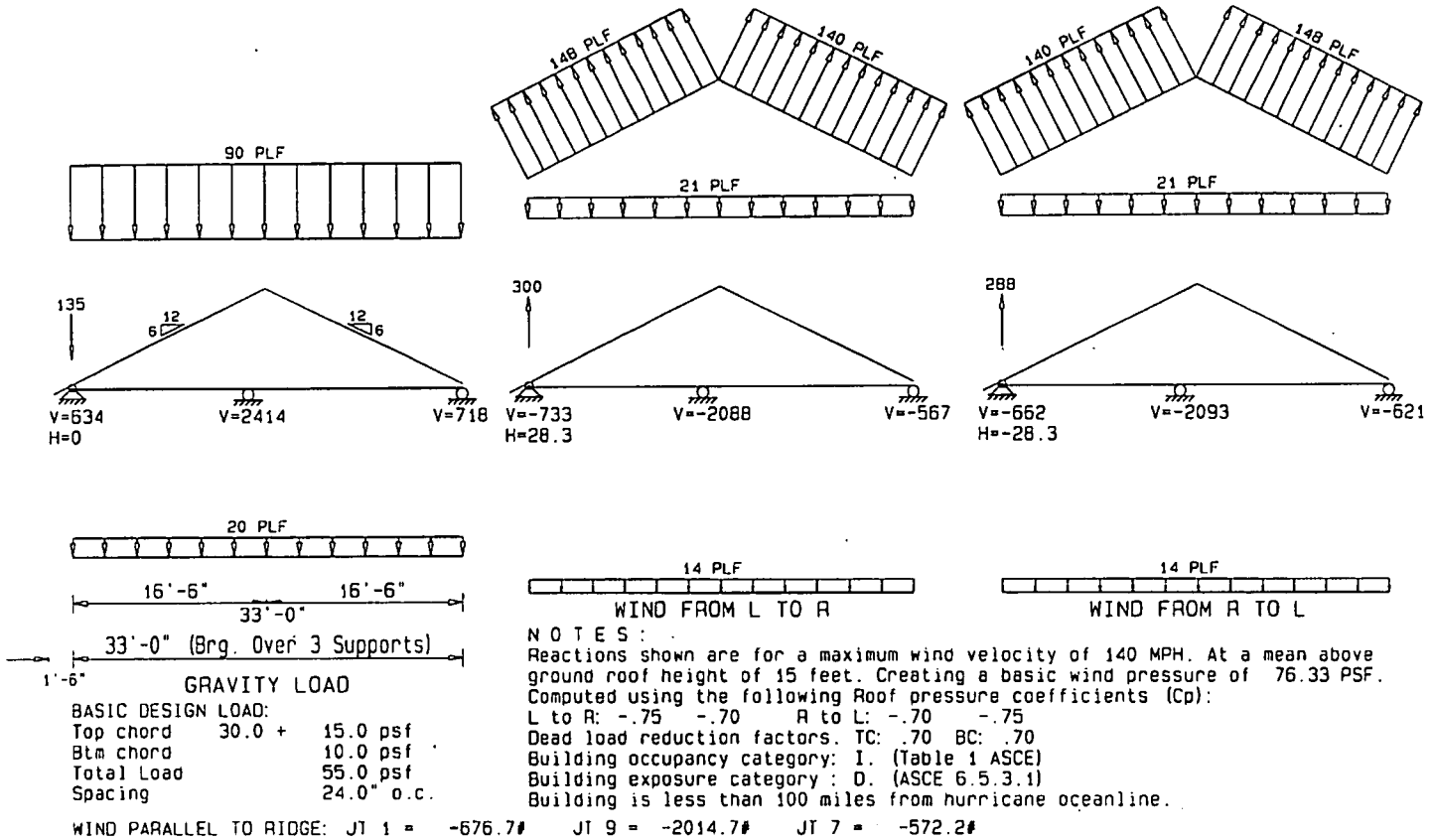


# WIND ANALYSIS UPLIFT REPORT

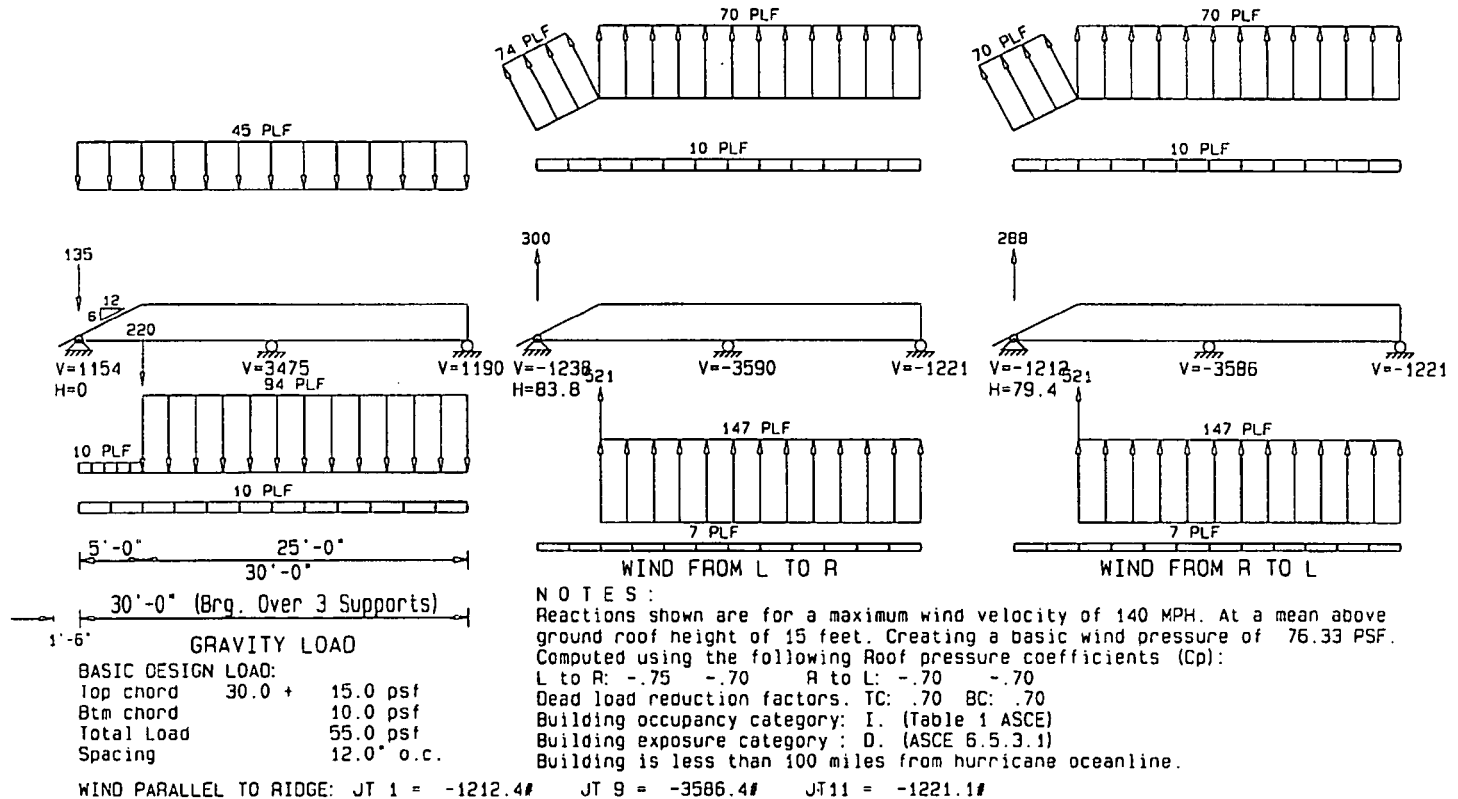
M.A. Corson & Assoc.

GRANDINETTE

TYPE: T2



TYPE: H5-T2

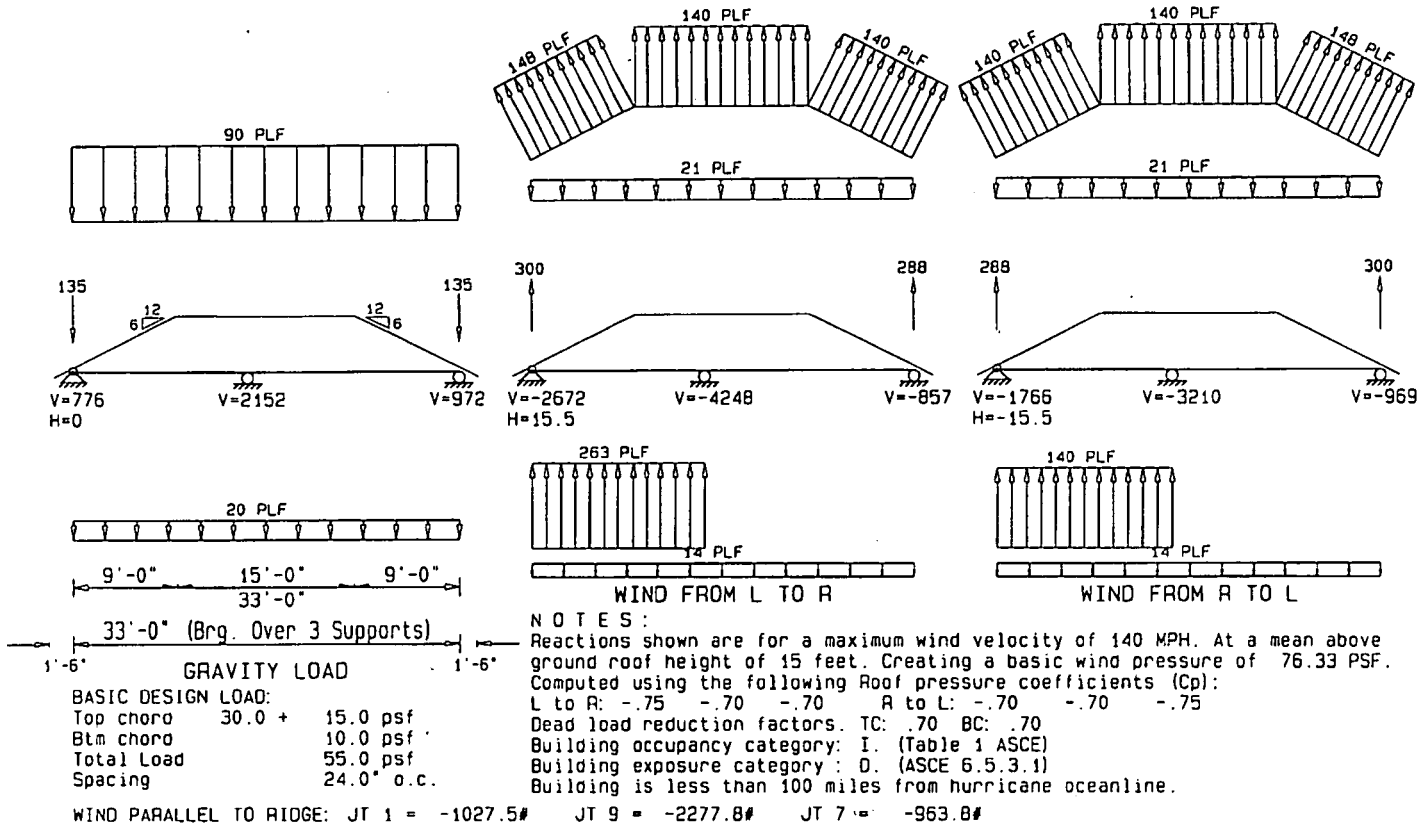


# WIND ANALYSIS UPLIFT REPORT

## GRANDINETTE

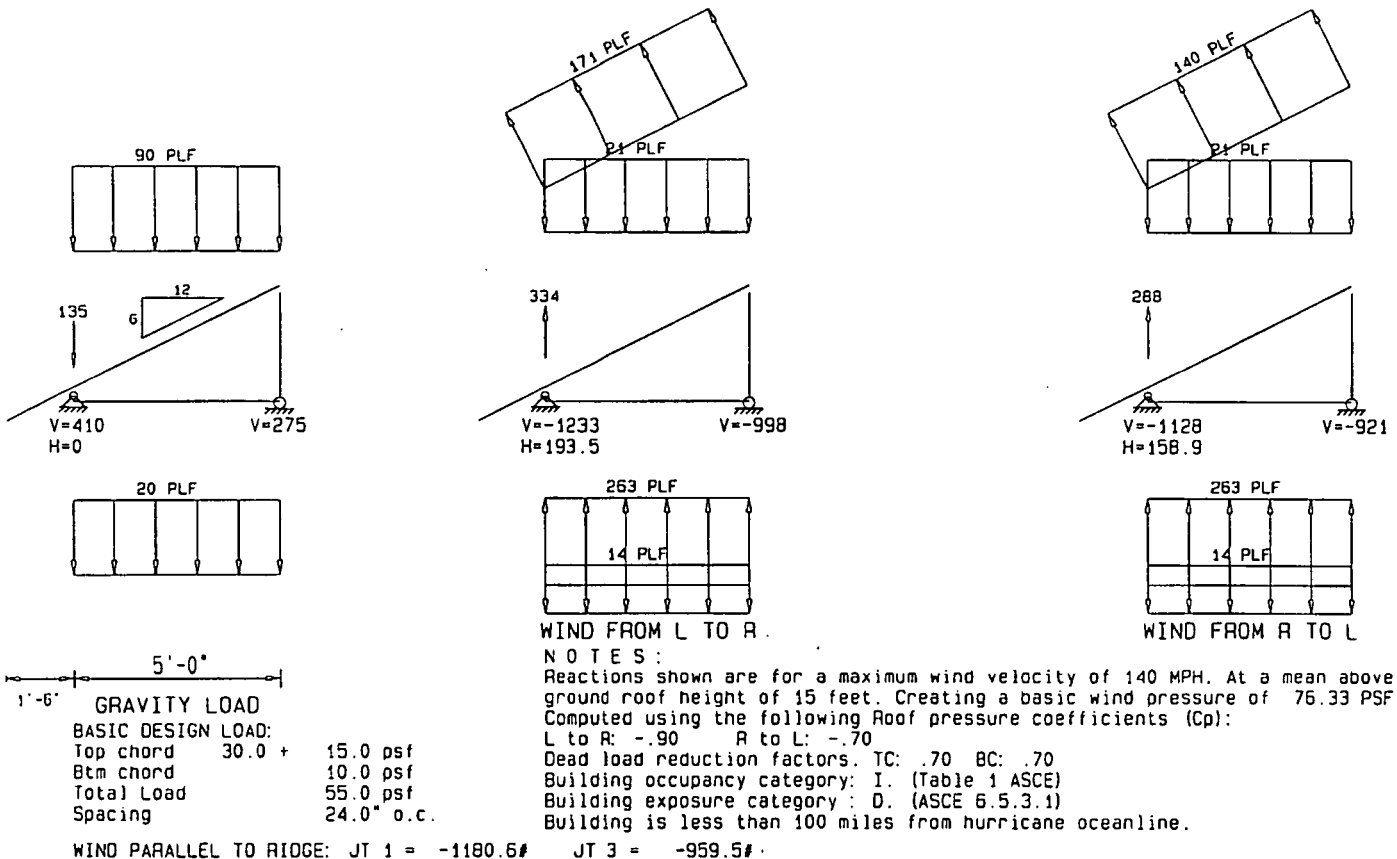
M.A. Corson & Assoc.

TYPE: T2A



Based on ASCE 7-88 (Formerly ANSI A58.1)

TYPE: PJ



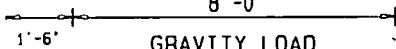
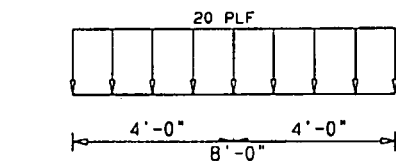
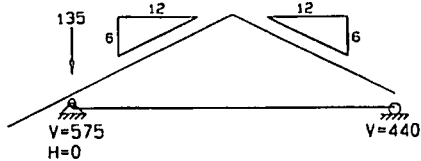
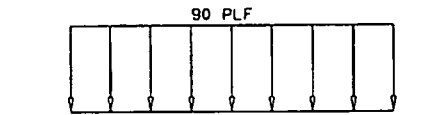
WIND PARALLEL TO RIDGE: JT 1 = -1180.6# JT 3 = -959.5#

# WIND ANALYSIS UPLIFT REPORT

M.A. Corson & Assoc.

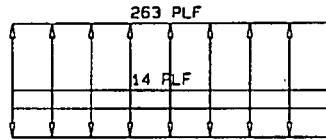
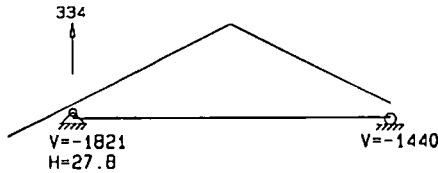
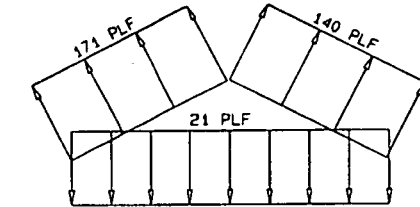
GRANDINETTE

TYPE: PT



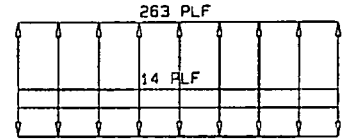
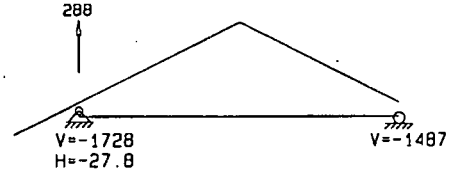
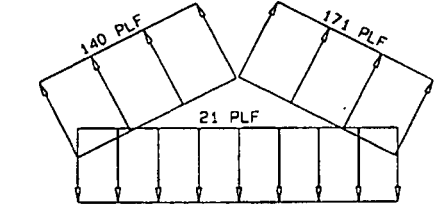
**GRAVITY LOAD**  
BASIC DESIGN LOAD:  
Top chord 30.0 + 15.0 psf  
Btm chord 10.0 psf  
Total Load 55.0 psf  
Spacing 24.0" o.c.

WIND PARALLEL TO RIDGE: JT 1 = -1696.7# JT 3 = -1409.1#



WIND FROM L TO R

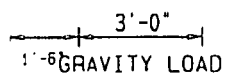
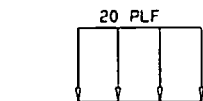
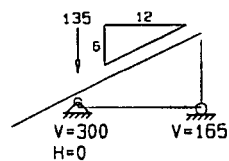
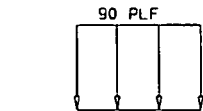
**NOTES:**  
Reactions shown are for a maximum wind velocity of 140 MPH. At a mean above ground roof height of 15 feet. Creating a basic wind pressure of 76.33 PSF. Computed using the following Roof pressure coefficients (Cp):  
L to R: -.90 -.70 R to L: -.70 -.90  
Dead load reduction factors: TC: .70 BC: .70  
Building occupancy category: I. (Table 1 ASCE)  
Building exposure category: D. (ASCE 6.5.3.1)  
Building is less than 100 miles from hurricane oceanline.



WIND FROM R TO L

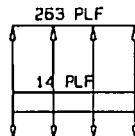
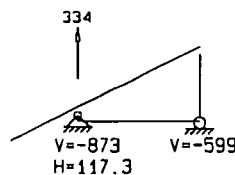
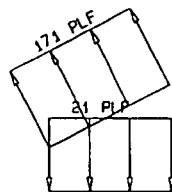
Based on ASCE 7-88 (Formerly ANSI A58.1)

TYPE: PJ2



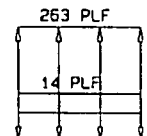
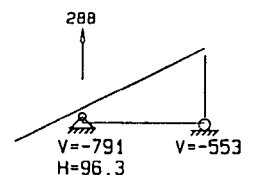
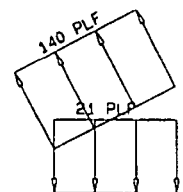
**GRAVITY LOAD**  
BASIC DESIGN LOAD:  
Top chord 30.0 + 15.0 psf  
Btm chord 10.0 psf  
Total Load 55.0 psf  
Spacing 24.0" o.c.

WIND PARALLEL TO RIDGE: JT 1 = -832.0# JT 3 = -576.3#



WIND FROM L TO R

**NOTES:**  
Reactions shown are for a maximum wind velocity of 140 MPH. At a mean above ground roof height of 15 feet. Creating a basic wind pressure of 76.33 PSF. Computed using the following Roof pressure coefficients (Cp):  
L to R: -.90 -.70 R to L: -.70 -.90  
Dead load reduction factors: TC: .70 BC: .70  
Building occupancy category: I. (Table 1 ASCE)  
Building exposure category: D. (ASCE 6.5.3.1)  
Building is less than 100 miles from hurricane oceanline.



WIND FROM R TO L

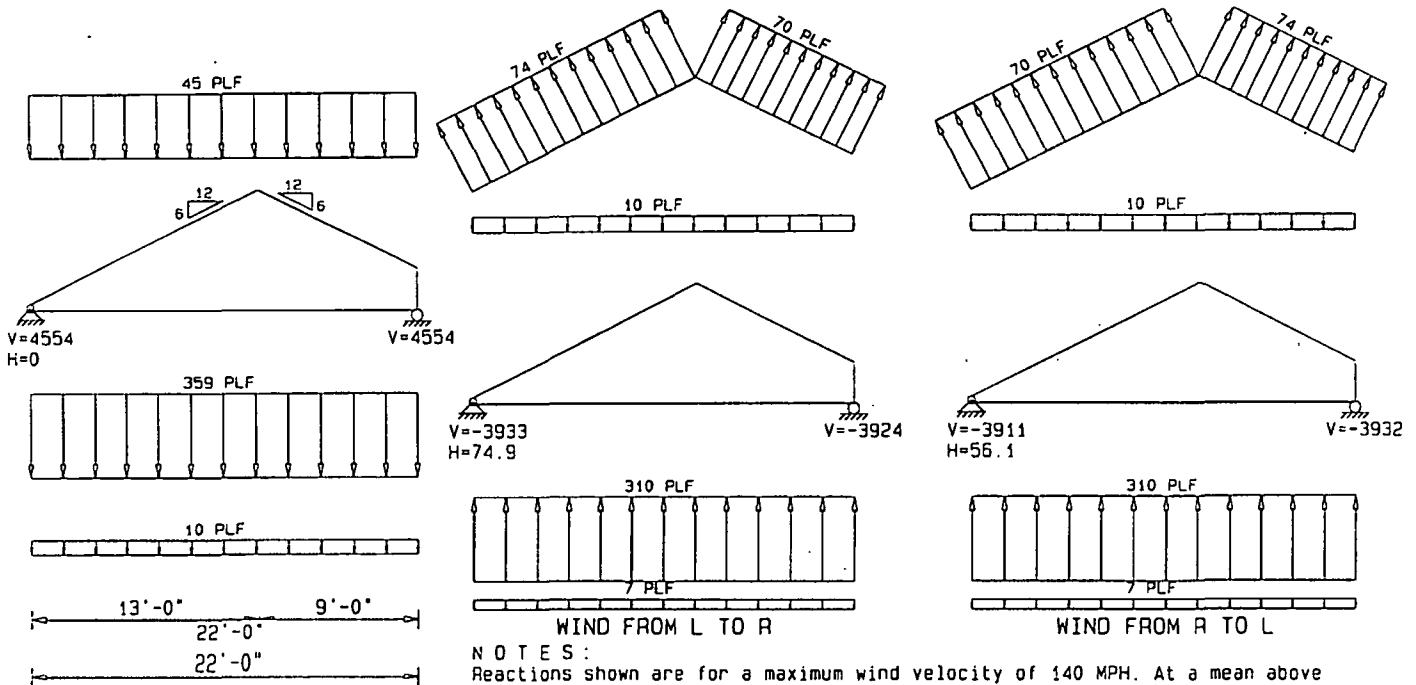


# WIND ANALYSIS UPLIFT REPORT

M.A. Corson & Assoc.

GRANDINETTE

TYPE: G1

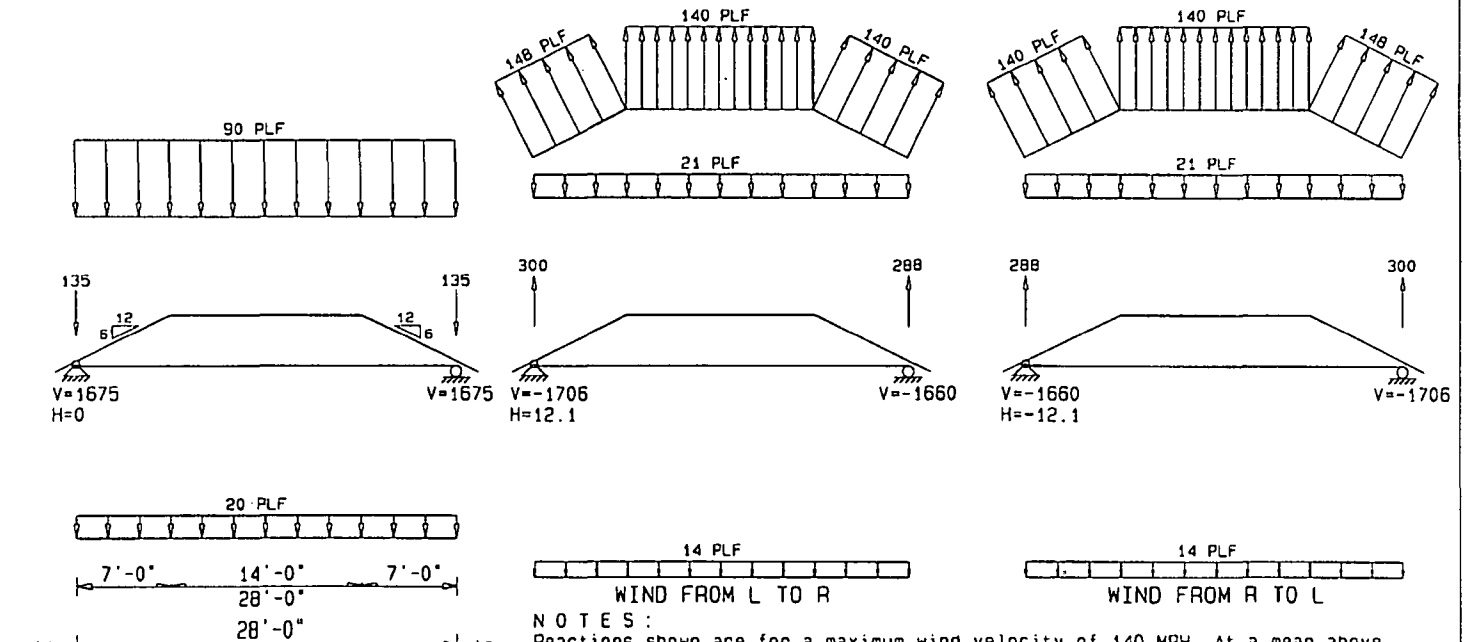


BASIC DESIGN LOAD:  
 Dead Load 15.0 psf  
 Windward Chord 10.0 psf  
 Total Load 55.0 psf  
 Spacing 12.0" o.c.

NOTES:  
 Reactions shown are for a maximum wind velocity of 140 MPH. At a mean above ground roof height of 15 feet. Creating a basic wind pressure of 76.33 PSF. Computed using the following Roof pressure coefficients (Cp):  
 L to R: -.75 -.70 R to L: -.70 -.75  
 Dead load reduction factors. TC: .70 BC: .70  
 Building occupancy category: I. (Table 1 ASCE)  
 Building exposure category: D. (ASCE 6.5.3.1)  
 Building is less than 100 miles from hurricane oceanline.

Based on ASCE 7-88 (Formerly ANSI A58.1)

TYPE: T3



BASIC DESIGN LOAD:  
 Top chord 30.0 + 15.0 psf  
 Btm chord 10.0 psf  
 Total Load 55.0 psf  
 Spacing 24.0" o.c.

NOTES:  
 Reactions shown are for a maximum wind velocity of 140 MPH. At a mean above ground roof height of 15 feet. Creating a basic wind pressure of 76.33 PSF. Computed using the following Roof pressure coefficients (Cp):  
 L to R: -.75 -.70 -.70 R to L: -.70 -.70 -.75  
 Dead load reduction factors. TC: .70 BC: .70  
 Building occupancy category: I. (Table 1 ASCE)  
 Building exposure category: D. (ASCE 6.5.3.1)  
 Building is less than 100 miles from hurricane oceanline.

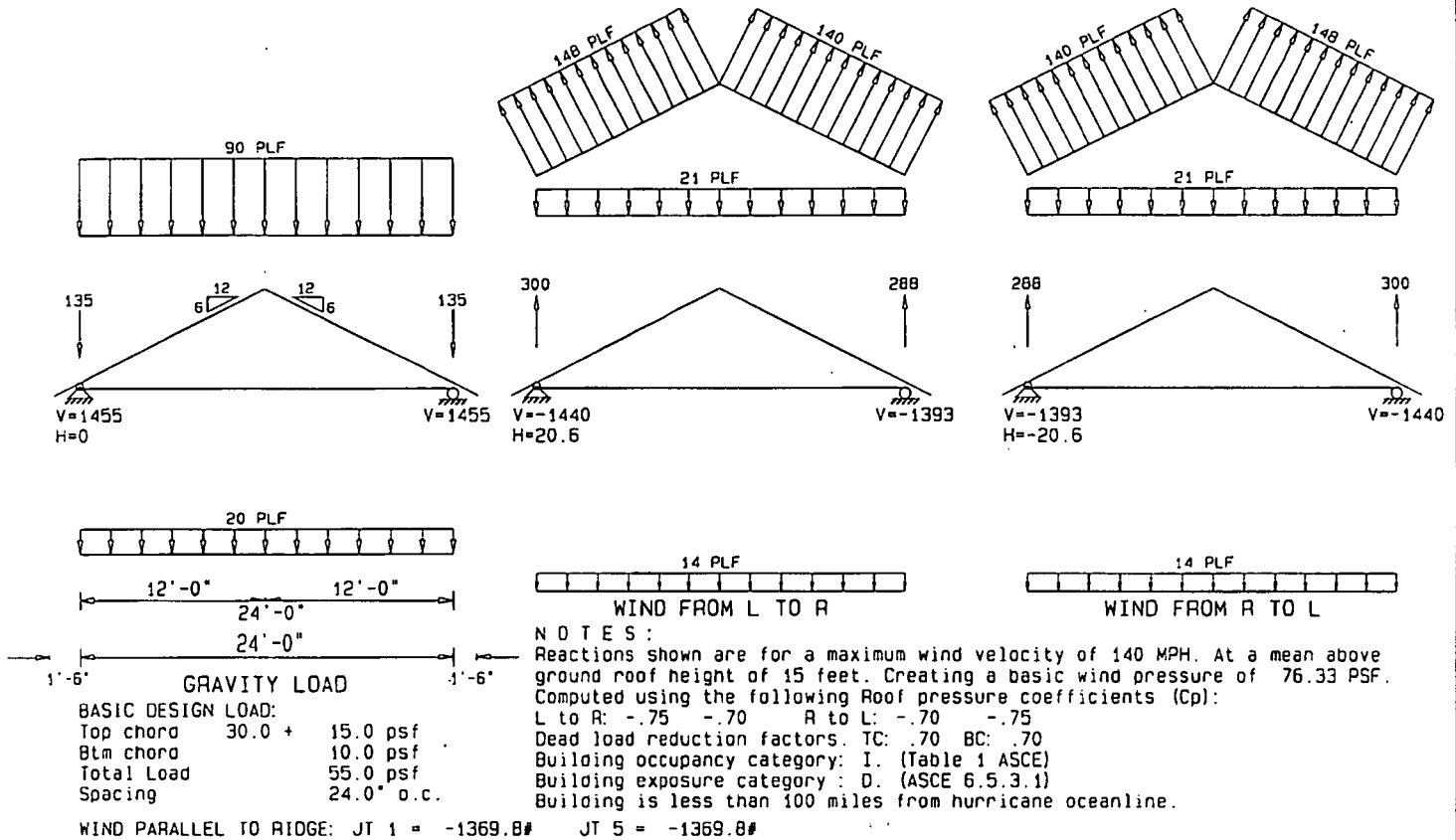
WIND PARALLEL TO RIDGE: JT 1 = -1653.6# JT 5 = -1653.6#

# WIND ANALYSIS UPLIFT REPORT

## GRANDINETTE

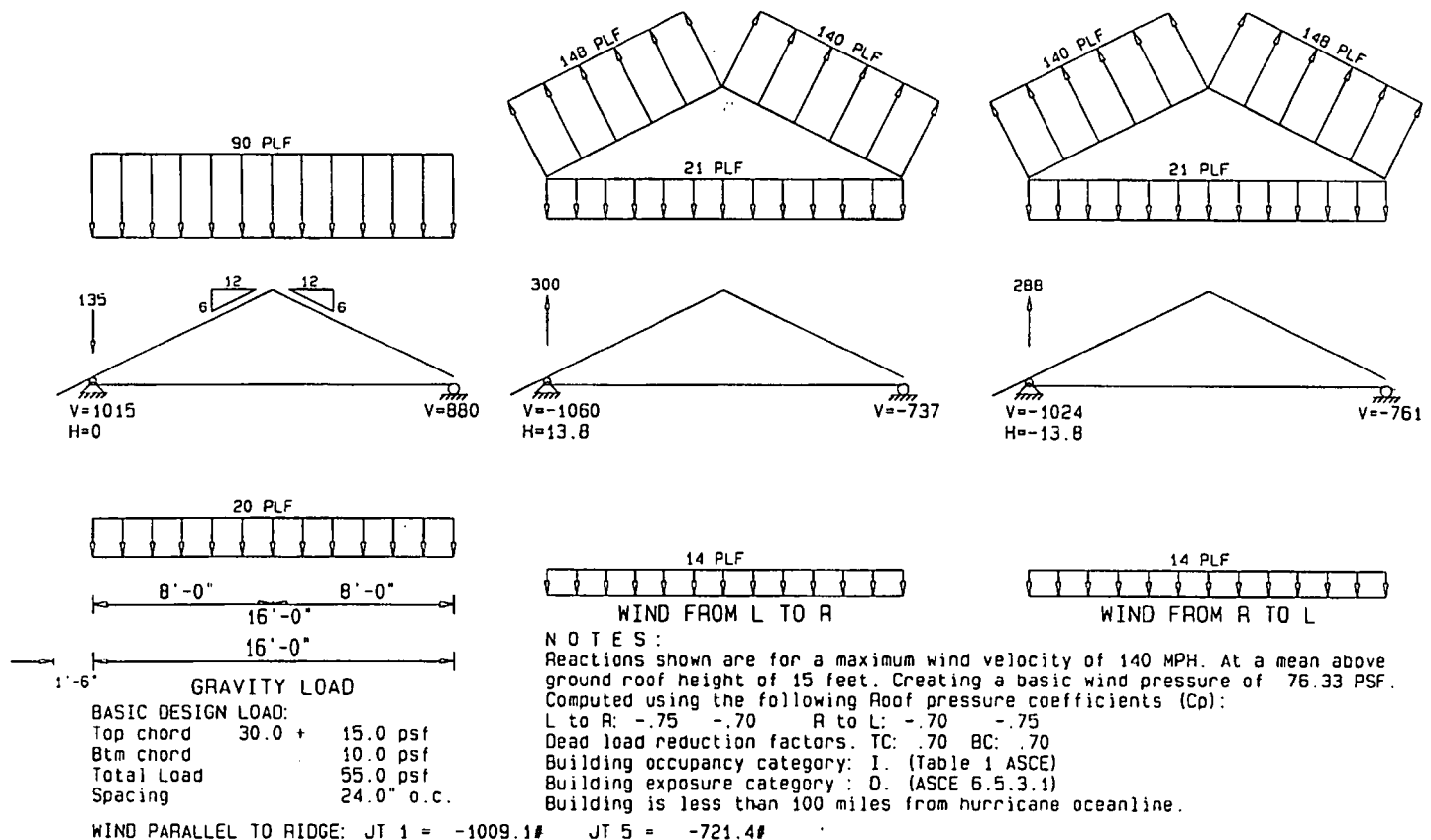
M.A. Corson & Assoc.

TYPE: T4



Based on ASCE 7-88 (Formerly ANSI A59.1)

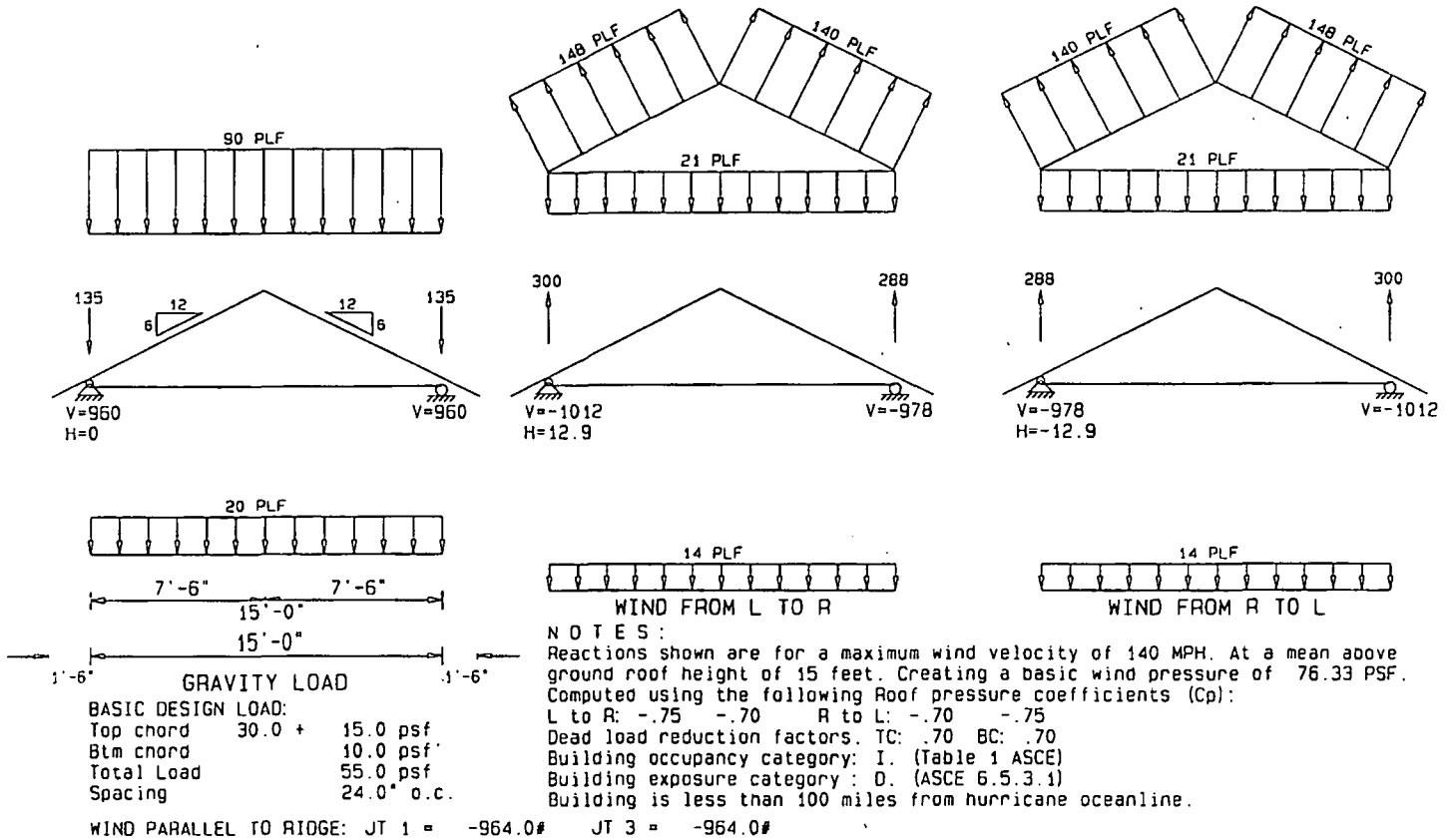
TYPE: T5



# WIND ANALYSIS UPLIFT REPORT GRANDINETTE

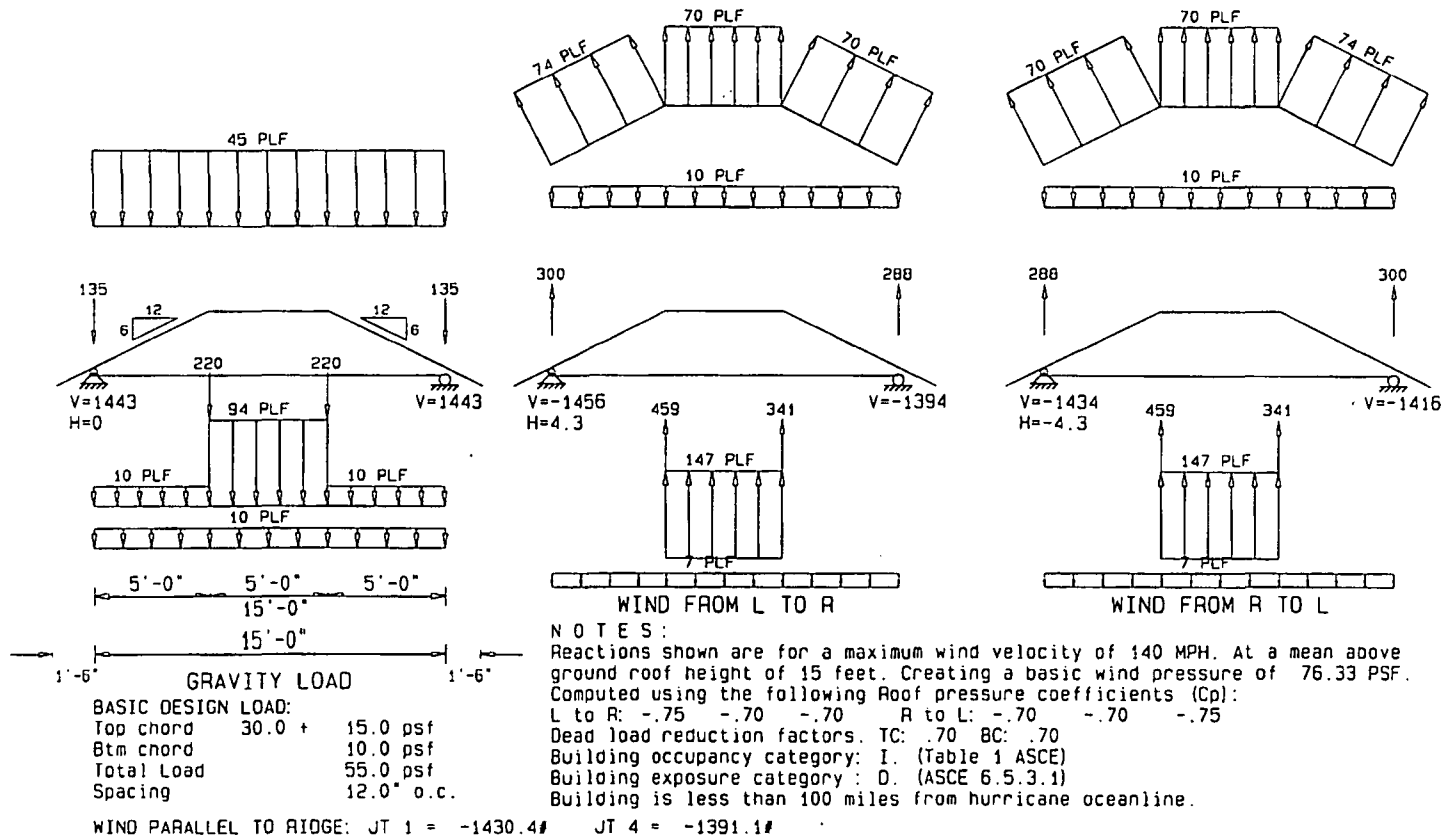
M.A. Corson & Assoc.

TYPE: T6



Based on ASCE 7-88 (Formerly ANSI A58.1)

TYPE: H5-T6



**ACORD CERTIFICATE OF LIABILITY INSURANCE**

PRODUCER

Stuart Insurance, Inc.  
3070 S W Mapp  
Palm City FL 34990

Cabot W. Lord, C.I.C.

Phone No. 561-286-4334 Fax No.  
INSURED

Cooper Enterprises, Inc.  
P.O. Box 97-6069  
Stuart FL 34997

CSR VH  
COOPE-1

DATE (MM/DD/YY)  
08/05/98

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 Auto Owners Insurance Co  
COMPANY B Owners Insurance Company  
COMPANY C FCCI Fund  
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
B	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	20536300	08/01/98	08/01/99	GENERAL AGGREGATE \$ 300,000 PRODUCTS - COM/PROP AGG \$ 300,000 PERSONAL & ADV INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	9664191800	08/01/98	08/01/99	COMBINED SINGLE LIMIT \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	36490	03/01/98	03/01/99	<input checked="" type="checkbox"/> WC STATU- TORY LIMIT <input type="checkbox"/> OTH- ER EL EACH ACCIDENT \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLE/SPECIAL ITEMS

Concrete Construction - State of Florida

**CERTIFICATE HOLDER**

DMSMI-1

D. M. Smith Builders  
PO Box 1510  
Port Salerno FL 34992

**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 LBP. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Cabot W. Lord, C.I.C.

ACORD CORPORATION 1988

**ACORD. CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

7/17/98

**PRODUCER**

KEARNS AGENCY OF FLORIDA, INC.  
P. O. BOX 1849  
JENSEN BEACH, FL. 34958-1849

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****INSURED**

BO WALTON PLUMBING INC.  
346 ALICE AVENUE  
STUART, FL. 34994

COMPANY LETTER **A** AUTO OWNERS INSURANCE COMPANY  
COMPANY LETTER **B**  
COMPANY LETTER **C**  
COMPANY LETTER **D**  
COMPANY LETTER **E**

**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
<b>GENERAL LIABILITY</b>					
<b>A</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT.	20516086	7-16-98	7-16-99	GENERAL AGGREGATE \$ 300,000 PRODUCTS-COMP/OP AGG. \$ 300,000 PERSONAL & ADV. INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
<b>AUTOMOBILE LIABILITY</b>					
<b>A</b>	ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY	20258289	7-16-98	7-16-99	COMBINED SINGLE LIMIT \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ EACH OCCURRENCE \$ AGGREGATE \$
<b>EXCESS LIABILITY</b>					
	UMBRELLA FORM OTHER THAN UMBRELLA FORM				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE POLICY LIMIT \$ DISEASE EACH EMPLOYEE \$
<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>					
	One Man Operation Workers Comp Exclusion Form Executed (See Attached)				
<b>OTHER</b>					

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

PLUMBING - STATE OF FLORIDA

**CERTIFICATE HOLDER**

D M SMITH BUILDERS  
P.O. BOX 1510  
PT. SALRNO, FL. 34993

**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

LAWRENCE E. KEARNS

# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET

FORT PIERCE, FLORIDA 34946

VERO BEACH (561) 567-6167

FORT PIERCE (561) 461-7598

STUART (561) 283-7711

FT. PIERCE 1-800-233-9011

## Report of MOISTURE DENSITY RELATIONSHIP ASTM 1557-78

CLIENT: D.M. Smith Construction

P.O. #:

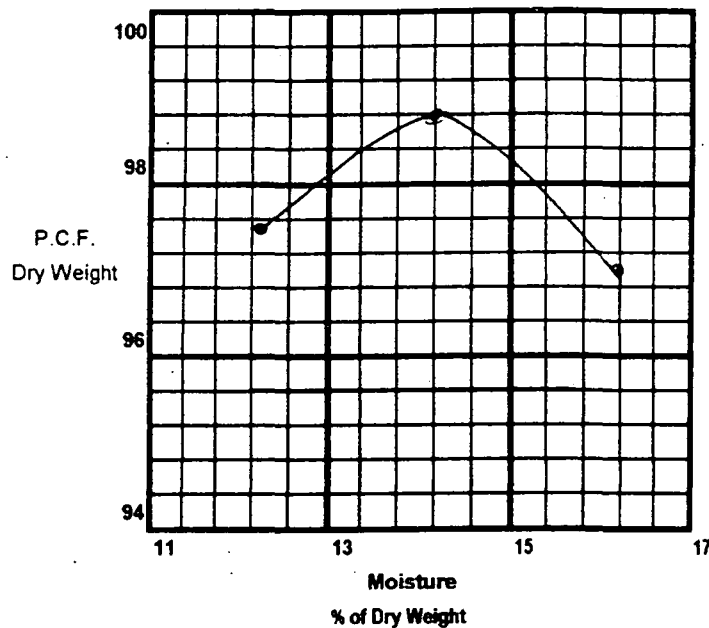
DATE: 8/6/98

CONTRACTOR: Client

JOB #: 1084

SITE: 23 E. High Point Rd., Lot 55

PERMIT #: 4434



Test No.	Test Method	Sample Location	Optimum Moisture %	Max. Dry Density- P.C.F.	Soil Description
7392	B	Composite	14.2	98.7	Tan fine sand with trace of shell fragments.

Copies: Client - 1  
Sewall's Point Bldg. Dept. - 1

Respectfully submitted,

FRASER ENGINEERING AND TESTING, INC.

Alexander H. Fraser, P.E., Florida Reg. No. 16178

D.M. SMITH. BUILDERS

Mailing: P.O. Box 1510, Port Salerno, Fl. 34992

FAX 561-286-7667  
OFFICE 561-286-3089

## FAX COVER

DATE August 7, 1998

TIME \_\_\_\_\_

NUMBER OF PAGES 7 (INCLUDING COVER)TO: Building Dept, Sewalls PointATTENTION: Dick MaceyFAX NUMBER: 220-4765RE: Permit # 4434, 23 E High Point RoadAttached: Insurances CertificateBo Walton Plumbing, Cooper Enterprises, Packard Roofing.Compaction Test. Stubout Elevation CertificateTermite Treatment Certificate to come, the work will be done  
prior to pouring concrete.FROM: Don SmithNOTE: This transmission will be followed by a  
mailing of the original ( ) Yes ( x ) No

The information contained in this facsimile message is intended only for the use of the entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via the US Postal Service.

THANK YOU.

FAX-DMS

Lawton Chiles  
Governor



James T. Howell, M.D., M.P.H.  
Secretary

### STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: George Grandinette SEPTIC TANK PERMIT NO.: IID 43-55-245  
LEGAL DESCRIPTION: Lot 55 High Point.

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

- ☒ 1. Building Permit Number: # 41434 (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 23 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 moderate or severely limited soils have been removed from an area of \_\_\_\_\_ feet by \_\_\_\_\_ feet a minimum depth of \_\_\_\_\_. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram \_\_\_\_\_ A / \_\_\_\_\_ B on reverse side) Date Observed: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ 6. I certify that all moderately and 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: STEPHEN J. BROWN

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

Date: 8/2/98 Job Number: 2781-01-01

(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

[Signature]  
Martin County Health Unit Approval Signature

8-4-98

(Date)

Revised 01/17/97

Robert E. Martin County Health Department  
620 South Dixie Highway • Stuart, FL 34994  
(561) 221-4090 SunCom 269-4090 Fax (561) 221-4967



# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET - FORT PIERCE - FLORIDA - 34946

VERO BEACH (561) 567-6167

FORT PIERCE (561) 481-7508

STUART (561) 283-7711

FT. PIERCE 1-800-233-9011

## Report of DENSITY OF SOIL IN PLACE ASTM D2922

CLIENT: D.M. Smith Construction

P.O.#:

DATE: 6-Aug-98

CONTRACTOR: Client

JOB #: 1084

SITE: 23 E. High Point Rd., Lot 55  
Foundation Fill

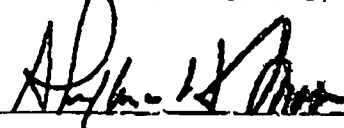
PERMIT #: 4434

DENSITY TEST NO.	DATE TESTED	LOCATION	ELEVATION	H2O %	MOISTURE-DENSITY RELATIONSHIP		IN PLACE DRY DENSITY	PERCENT COMPACTION
					TEST NO.	MAX. DRY WT.		
7392	8/6/98	SE Corner	0 - 1'		7392	98.7	99.5	100.8
		"	1 - 2'				99.9	101.2
		"	2 - 3'				100.6	101.9
		Center	0 - 1'				100.3	101.6
		"	1 - 2'				100.5	101.8
		"	2 - 3'				100.6	101.9
		NW Corner	0 - 1'				99.8	101.1
		"	1 - 2'				100.4	101.7
		"	2 - 3'				96.9	95.2
		All Elevations Below Slab Grade						

Copies: Client - 1  
Sewall's Point Bldg. Dept. - 1

Respectfully submitted,

FRASER ENGINEERING AND TESTING, INC.



Alexander H. Fraser, P.E. Fla. Reg. No. 16178

# FRASER ENGINEERING AND TESTING, INC.

1504 INDUSTRIAL 33RD STREET

FORT PIERCE, FLORIDA 34946

VERO BEACH (561) 567-6167

FORT PIERCE (561) 461-7588

STUART (561) 283-7711

FT. PIERCE 1-800-233-9011

## Report of MOISTURE DENSITY RELATIONSHIP ASTM 1557-78

CLIENT: D.M. Smith Construction

P.O. #:

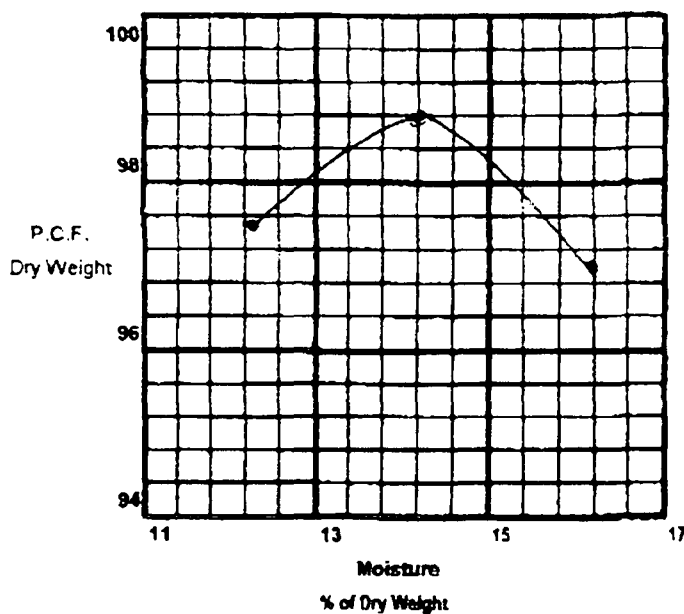
DATE: 8/6/98

CONTRACTOR: Client

JOB #: 1084

SITE: 23 E. High Point Rd., Lot 55

PERMIT #: 4434



Test No.	Test Method	Sample Location	Optimum Moisture %	Max. Dry Density- P.C.F.	Soil Description
7392	B	Composite	14.2	98.7	Tan fine sand with trace of shell fragments.

Copies: Client - 1  
Sewall's Point Bldg. Dept. - 1

Respectfully submitted.

FRASER ENGINEERING AND TESTING, INC.

  
 Alexander H. Fraser, P.E., Florida Reg. No. 16178

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3504 INDUSTRIAL 33rd STREET • FORT PIERCE • FLORIDA • 34946

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## Report of DENSITY OF SOIL IN PLACE ASTM D2922

CLIENT: D.M. Smith Construction

CONTRACTOR: Client

SITE: 23 E. High Point Rd., Lot 55  
Foundation Fill

P.O.#:

DATE: 6-Aug-98

JOB #: 1084

PERMIT #: 4434

DENSITY TEST NO.	DATE TESTED	LOCATION	ELEVATION	H2O %	MOISTURE-DENSITY RELATIONSHIP		IN PLACE DRY DENSITY	PERCENT COMPACTION
					TEST NO.	MAX. DRY WT.		
7392	8/6/98	SE Corner	0 - 1'		7392	98.7	99.5	100.8
		"	1 - 2'	99.9			101.2	
		"	2 - 3'	100.6			101.9	
		Center	0 - 1'	100.3			101.6	
		"	1 - 2'	100.5			101.8	
		"	2 - 3'	100.6			101.9	
		NW Corner	0 - 1'	99.8			101.1	
		"	1 - 2'	100.4			101.7	
		"	2 - 3'	96.9			98.2	
		All Elevations Below Slab Grade						

Copies: Client - 1  
Sewall's Point Bldg. Dept. - 1

Respectfully submitted,

FRASER ENGINEERING AND TESTING, INC.

Alexander H. Fraser, P.E. Fla. Reg. No. 16178

PERMIT # \_\_\_\_\_ TAX FOLIO # \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

STATE OF FLORIDA COUNTY OF MARTIN

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

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

LOT 55 HIGH POINT, SEWALL'S POINT, FLORIDA

**GENERAL DESCRIPTION OF IMPROVEMENT:** SINGLE FAMILY RESIDENCE

**OWNER:** GEORGE J AND MARYELLEN GRANDINETTE

**ADDRESS:** 4002 SE FAIRWAY WEST, STUART, FL 34997

**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**CONTRACTOR:** D.M. SMITH

**ADDRESS:** P.O. BOX 1510, PORT SALERNO, CL 34992

**PHONE #:** 286-3089 **FAX #:** 286-7667

**SURETY COMPANY(IF ANY)** -

**ADDRESS:** -

**PHONE #** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**BOND AMOUNT:** -

**LENDER:** -

**ADDRESS:** -

**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

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

**NAME:** -

**ADDRESS:** -

**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

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

**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

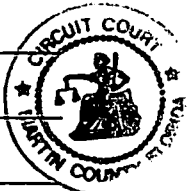
**EXPIRATION DATE OF NOTICE OF COMMENCEMENT:** \_\_\_\_\_  
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

George Grandinette Maryellen Grandinette  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 29 DAY OF June  
1998 BY personally known Grandinette  
OR \_\_\_\_\_ PERSONALLY KNOWN ☒  
PRODUCED ID \_\_\_\_\_  
TYPE OF ID \_\_\_\_\_

Louanne Smith  
NOTARY SIGNATURE

STATE OF FLORIDA  
MARTIN COUNTY  
THIS IS TO CERTIFY THAT THE  
FOREGOING 1 PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL  
MADE BY \_\_\_\_\_  
BY [Signature]  
DATE 6/29/98



# INSPECTION REPORT AND

# NOTICE OF NONCOMPLIANCE

INSPECTION DATE 10-28-98

PAGE 1 OF 1

Owner's Name	Address	City	State	Zip

Contractor's Name	Address	City	State	Zip
-------------------	---------	------	-------	-----

Job Location	City/County
--------------	-------------

BUILDING PERMIT NO'S. 4432

INSPECTION TYPE

☐ FOOTING



ROUGH

☐ FINAL

FOUNDATION

☐ BLDG. CONST.

AN INSPECTION OF THE ABOVE HAS DISCLOSED THE FOLLOWING VIOLATION(S)

[illegible]

OK for a while  
will cook

**CONTRACTORS: PLEASE LEAVE THIS LIST ON JOB SITE**

# NOTICE OF NONCOMPLIANCE.

All cited violations shall be ordered within 30 days after written notification, unless an extension of time is granted. Each day that the violation continues after notice shall constitute offense and is subject to remedies and penalties by the authority having jurisdiction.

## Violations Explained to

Compliance Date

**Certified Inspector**

Telephone



OFFICIAL RECEIPT  
(FOR MONEY RECEIVED)

bus. ck 6478

No. 536364

DATE 7.15., 1998

Legal Svcs. SCHOOL

RECEIVED FROM Dm Smith Bldgs. \$ 1,006.03  
(NAME OR ORGANIZATION)

FOR Lot 55, High Point

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

D. Sales

PRINCIPAL OR RESPONSIBLE OFFICER

Lot 55 High Point Rd.

M/M Grandinette

INDEPENDENT INSPECTIONS, LTD.

This Plan has been reviewed and approved for permitting.

Discipline	Initials	Date
Zoning	OK BB	7-8-98
Structural	as noted	
Plumbing	OK	
Mechanical	OK	
Electrical	OK	
Fire	OK	
Health	OK	

\* List of Sub Contractors + General Contractor License - Ins

② have owner or builder sign attachment + copy to same

PREPARED BY AND RETURN TO:  
Town of Sewall's Point  
1 S. Sewall's Point Road  
Stuart, FL 34996

[Space above this line for recording]

Date: 12-18-98

This is to request a Certificate of Approval for Occupancy to be issued to:  
N/M Grandinette for Permit No. 4434 issued to construct a SFD  
upon property described as follows:

Lot 55, Block -, Section -, Subdivision High point  
known as: 23 High point, East When completed in conformance  
with the approved plans and approval of the following required inspections.

# CERTIFICATE OF OCCUPANCY

## TOWN OF SEWALL'S POINT, FLORIDA

Lot Stakes/Setbacks	Approved: <u>8-5-98</u>	Termite Protection	Approved: <u>8-28-98</u>
Footings/Slab	Approved: <u>8-5-98</u>	Rough Plumbing	Approved: <u>10-28-98</u>
Rough Electric	Approved: <u>10-28-98</u>	Lintel/Tie-beam	Approved: <u>9-14-98</u>
Roofing	Approved: <u>10-28-98</u>	Framing/Furring	Approved: <u>10-28-98</u>
Insulation	Approved: <u>11-4-98</u>	HVAC Rough	Approved: <u>10-28-98</u>
Final Electric	Approved: <u>12-18-98</u>	Final Plumbing	Approved: <u>12-18-98</u>
Final HVAC	Approved: <u>12-18-98</u>	Storm Shutters	Approved: <u>12-18-98</u>
Tie-in Survey	Approved: <u>8-5-98</u>	Landscape	Approved: <u>12-18-98</u>

ISSUED THIS 18 DAY OF December, 1998

Robert A. Bott  
Building Inspector



**4483**

**POOL**

# Town of Sewall's Point

PLN \_\_\_\_\_

Date \_\_\_\_\_

## POOL / SPA PERMIT APPLICATION

to construct:

☐ NEW CONSTRUCTION   ☐ ADDITION   ☐ ALTERATION   ☐ DEMOLITION

☐ RESIDENTIAL   ☐ COMMERCIAL

OTHER: POOL CONTRACT PRICE 16,500

Owner's Name GEORGE + MARYELLEN GRANDINETTE

Owner's Address 4002 SE FAIRWAY WEST STUART 34997

Fee Simple Titleholder's Name (If other than owner) \_\_\_\_\_

Fee Simple Titleholder's Address (If other than owner) \_\_\_\_\_

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

Contractor's Name LOUDEN POOLS

Contractor's Address 4306 SUSI

City FT. PIERCE State FL Zip 34982

Job Name GRANDINETTE

Job Address LOT 23 EAST HIGHPOINT RD

City SEWALLS PT State FL Zip 34

Legal Description LOT 55 133831 002 000 00 550  
90000

Bonding Company \_\_\_\_\_

Bonding Company Address \_\_\_\_\_

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

Architect/Engineer's Name \_\_\_\_\_

Architect/Engineer's Address \_\_\_\_\_

Mortgage Lender's Name \_\_\_\_\_

Mortgage Lender's Address \_\_\_\_\_

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.

OK to issue Permit  
Bob Bott

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.

George Girardinette 10-1-98  
Owner or Agent Date  
R S A 10-1-98  
Contractor Date

COUNTY OF MARTIN  
STATE OF FLORIDA

Sworn to and subscribed before me this 1 day of Oct, 1998 by  
George Girardinette who: [ ☒ ] is/are personally known to me, or [ ] has/have produced \_\_\_\_\_  
as identification, and who did not take an oath.



JOSANDRA A. LONDO  
My Comm Exp. 12/19/99  
(NOTARY SEAL)  
Bonded By Service Ins  
No. CC514684  
☒ Personally Known ☐ Other I. D.

Name: Josandra A Londo  
Typed, printed or stamped

I am a Notary Public of the State of Florida having a  
commission number of \_\_\_\_\_ and my  
commission expires: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF MARTIN

Sworn to and subscribed before me this 1 day of Oct, 1998 by  
Robert S Bruhn who: [ ☒ ] is/are personally known to me, or [ ] has/have produced \_\_\_\_\_  
as identification, and who did not take an oath.



JOSANDRA A. LONDO  
My Comm Exp. 12/19/99  
(NOTARY SEAL)  
Bonded By Service Ins  
No. CC514684  
☒ Personally Known ☐ Other I. D.

Name: Josandra A Londo  
Typed, printed or stamped

I am a Notary Public of the State of Florida having a  
commission number of \_\_\_\_\_ and my  
commission expires: \_\_\_\_\_

Certificate of Competency Holder

Contractor's State Certification or Registration No. RP0066790

Contractor's Certificate of Competency No. \_\_\_\_\_

APPLICATION APPROVED BY Robert A Bott Permit Officer

\_\_\_\_\_  
Building Commissioner



**Town of Sewall's Point**  
**Phone: (561) 287-2455**      **Fax: (561) 220-4765**  
*One South Sewall's Point Road, Sewall's Point, Florida 34996*

## 5004 WATER SUPPLY AND DISPOSAL

**5004.1 APPLICATION OF PIPING:** Piping permits shall be required for pool, spa or hot tub piping. Actual connections to potable water supply and sanitary sewers shall be in accordance with the technical requirements of Chapter 46 of this Code.

**5004.2 WATER SUPPLY:** The water supply shall be clean and meet bacterial requirements for a domestic supply. To avoid a cross-connection, an atmospheric break shall be provided between the pool, spa or hot tub water and each water line connected to a municipal or other public supply. Filling of pools spas or hot tubs by hose from an approved permanent siphon breaker or a permanent over-rim fill spout will be acceptable.

**5004.3 WATER DISPOSAL:** A means of disposing of backwash water a method  
**5004.3(Cont.)** of emptying the pool, spa or hot tub shall be provided by one of the following methods; except that backwash water from pressure diatomite filters so piped to permit backwash to waste shall be deployed to a settling basin before final disposal; Paragraphs (a), (b), (c), (e) and (f) herein if a pool, and Paragraphs (a),(b),(c), and (e) herein if a spa or hot tub.

(a) By disposing to sewers either publicly or privately owned carrying sanitary or storm sewage or to a disposal well where approved by the authority having jurisdiction. The methods of connection shall be as set forth in Chapter 46 of this Code and there shall be no direct connection.

(b) By disposal to an open waterway, bay or ocean where permitted by the approving authority.

(c) By disposal to a drain-field sized in accordance with Table 50-A, if a swimming pool. The installation and method of construction of a drain-field shall be as set forth in Section 4615 of this Code.

(d) By disposal through a sprinkler system for irrigation purposes. Disposal shall be within the confines of the property from which such water originates. There shall be not flow on or across any adjoining property or sidewalk either public or private. Backwash water shall not be discharged through a sprinkler system.

(e) In any filter system not designed for pressure backwash the contents of the filter tank may be emptied to the ground surface.

(f) By disposal to a soakage pit having a volume as set forth in Table 50-A for pools and an effective depth no greater than 5'-0" below grade. A drainage pit consisting of a trench filled with washed ballast rock, may be used in lieu of soakage pit provided that the rock has not less than 50% voids, that the volume of the rock be not less than twice that set forth for the soakage pit, that the pit be covered with 30# asphalt-saturated felt for a distance of 3'-0" out each side and provided the effective depth shall be not greater than 5'-0" below grade. Soakage pits shall conform to requirements for septic tanks as set forth in Subsection 4611.6 of this Code excepts that the lids thereof shall conform with the requirements for septic tanks as set forth in Subsection 4615.5 of this Code.

(g) Where sufficient pervious area exists remote from water-supply wells, disposal systems, soakage pits, septic tanks, drain-fields and non-tidal bodies of water such pervious area may be used for the disposal of pool, spa, or hot tub water under the following conditions:

(1) Surface grading is such as to confine any ponding to this area and such ponding or standing water shall not persist for more than one hour after discharge.

5004.3(g) (2) A minimum distance of 50'-0" for pools is maintained between this area and any supply well and 25'-0" minimum distance to any disposal works.

(3) The pervious area for pools shall be a minimum of 15 times the area set forth in Table 50-A. The Building Official may require percolation tests where the percolation for said pools ability of the soil is questionable.

**TABLE 50-A**  
**SWIMMING POOL BACKWASH DRAINAGE SIZING CHART**

Pool Volume (Gallons)	Flow Rate (Gal. per min.)	Filter Area Sq. Ft.	Backwash Volume (Gallons)	Soakage Pit Area (Based on 4 Min/inch Perc) Sq. Ft.	Drain-field Area (Based on Area 3.3 X Soakage pit area) Sq. Ft.
Up To 16,800	23.3	1.2	466	33.5	110.6
16,800 to 23,000	32	1.6	640	46.1	152.1
23,000 to 34,000	47	2.4	940	67.7	223.4
34,000 to 46,000	64	3.2	1280	92.2	304.3
Over 46,000	Submit design data.				

\* Table based on a Flow Rate of 20 gpm per sq. ft. of Filter Area.

Pod Permit 4483

TO SCHEDULE INSPECTIONS CALL INDEPENDENT INSPECTIONS, LTD. 1-800-422-5220		UNIFORM ELECTRICAL PERMIT APPLICATION <small>TYPE OR PRINT IN BLACK INK ONLY</small>		PERMIT NO. 4491	
ISSUING MUNICIPALITY		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> COUNTY OF <u>Sewall's Point</u>	PROJECT LOCATION (Building Address) <u>23 E. High Point Rd</u>	TAX KEY #	
OWNER'S NAME <u>George Grandtette</u>		MAILING ADDRESS - Include City & Zip <u>23 East High Point Rd</u>		TELEPHONE - Include Area Code	
CONTRACTOR'S NAME (Lic. No.) <u>PAUK Electric ME00451</u>		MAILING ADDRESS - Include City & Zip <u>2501 Calusa Ave Ft. Myers FL</u>		TELEPHONE - Include Area Code <u>561-337-4197</u>	
ESTIMATED COST <u>500.00</u>		LICENSE NUMBER <u>ME00451</u>			
SCHEDULE OF INSPECTION FEES					
NEW BUILDING		Base Fee	\$30.00	COUNT	FEE
		Plus	\$ .60/Thousand Valuation	Thousands	
REPLACEMENT, MODIFICATIONS AND MISC. ITEMS					
1. Light, switch, and convenience outlet		.40			
2. Power receptacle over 150 volts, first 30 amps		5.00			
over 30 amps		6.00			
3. Lighting fixtures - incandescent		.40			
4. Tubular lamp, such as florescent, per tube		.25			
5. Arc light, search light, floodlight, mercury light pole base and poles		3.00			
6. Temporary service and temporary wiring installation		25.00			
7. Service switch, each or alteration thereof					
first 200 amperes		25.00			
over 200 amperes - additional per 100 amps					
or a fraction thereof		10.00/100 amps			
8. Range, oven, clothes dryer, dishwasher, disposal, water heater		5.00			
9. Refrigeration unit up to 5 HP plus 1.00 per HP over 5		5.00 min.			
10. Residential gas burner, oil burner, electrical furnace		5.00			
11. Air conditioner up to 5 ton Plus 1.00 per ton over 5 ton		5.00			
12. Combination heating and air conditioning unit up to 5 ton		10.00			
over 5 ton		20.00			
13. Feeder, subfeeder, and raceway - per 100 ampere capacity, or fraction thereof		5.00/100 amps			
14. Each motor, per HP or fraction thereof		.50/HP - 1.00 min			
15. Dispenser - gasoline, fuel oil, permanent vending machines, and well pump		6.00			
16. Each generator, transformer, reactor, rectifier, capacitor, welder, converter and electric furnace		.50/kw			
17. Electric unit heating device (including remote Thermostat)		2.00			
18. Dimmer and rheostats		2.00			
19. Swimming pool (Electrical wiring and grounding)		25.00			
20. Sign - Florescent, neon or Incandescent		15.00			
21. Strip lighting, plug-in strip, trolley duct wire way, gutter		.50 ft.			
22. Audible or visual electric signal or communication device		1.00			
23. Fans - Bath - Paddle and miscellaneous under 1 HP		1.00			
24. Hydro Massage & Hot tubs		10.00			
25. Photo cell, clocks, smoke detectors		1.00			
26. Fire alarm system		15.00			
27. Exit lighting system		15.00			
28. Approved assembly's Not included above and other's		25.00			
29. Other (Specify)		25.00			
Minimum Permit Fee		25.00			
Reinspect Fee		\$30.00 each			
Failure to call for inspection		\$30.00 each			
DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.					
The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections, call 1-800-422-5220. Give at least 24 hours notice on all inspections.					
SIGNATURE OF APPLICANT		DATE <u>Oct 28 98</u>			
FEES:		PERMIT(S) REQUIRED	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:	
Plan Review Fee <u>NA</u>		<input type="checkbox"/> Construction	Permit expires two years from date issued unless otherwise noted below:	Name <u>Robert A Bott</u>	
Inspection Fee		<input type="checkbox"/> HVAC		Date <u>10-28-98</u>	
Administration Fee		<input type="checkbox"/> Electrical		Certification No. <u>64 0000898</u>	
Other		<input type="checkbox"/> Plumbing			
Total <u>25.00</u>		<input checked="" type="checkbox"/> Other <u>Pool</u>			

P.C.P.  
FUDPKATT

267.03' 184°05'00"  
175.00' 105°55'00"E  
1,030.00' (P)  
FUDPKATT

Lot 45

Lot 46

Lot 44

S47°27'25"E 65.95'  
10' U.E. 2

APPROVED  
20000848  
R=366.80'

HIGH POINT ROAD

28.64' PKATT

Lot 517E 19,177.389GFT

N05°55'00"E 150.00'

POOL

PHELLING UNDER  
CONSTRUCTION

REDED  
PORTION OF  
LOT 55  
OR 331  
PAGE 1418

Original Lot Line

145.26'

S84°36'30"E

37.79'

26.77' PKATT

**9542**

**AC CHANGEOUT**



**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:	9542	DATE ISSUED:	AUGUST 26, 2010
SCOPE OF WORK:	2 AC CHANGEOUTS		
CONDITIONS:			
CONTRACTOR:	G&H AIR CONDITIONING		
PARCEL CONTROL NUMBER:	133841002-000-00550-9	SUBDIVISION	HIGH POINT -LOT 55
CONSTRUCTION ADDRESS:	23 E HIGH POINT RD		
OWNER NAME:	GRANDINETTE		
QUALIFIER:	GREG HARDING	CONTACT PHONE NUMBER:	464-4666

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

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

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

**REQUIRED INSPECTIONS**

UNDERGROUND PLUMBING	_____	UNDERGROUND 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:	9542		
ADDRESS	23 E HIGH PT RD		
DATE:	8/26/10	SCOPE:	2 AC CHANGEOUTS

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 foot air conditioned space (@ \$110.25 per sq. ft.)			

### G & H AIR CONDITIONING, INC.

PH: 772-464-4666 878-9363  
64 GOFORTH BLVD.  
PT. ST. LUCIE, FL 34952

7793

PAY TO THE  
ORDER OF

Town of Sewall's Pt.

8-25 2010

\$ 80.00

Eighty Dollars - 8/10/10

DOLLARS

### SunTrust

SunTrust Bank, Central-Florida, N.A.  
700 VIRGINIA AVENUE  
FORT PIERCE, FLORIDA 34982

*Brandon Hardsy*

TOTAL BUILDING PERMIT FEE:	\$	
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ACCESSORY PERMIT	Declared Value:	\$	4600
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Total number of inspections @ \$75.00 each	\$	75
--	----	----

Road impact assessment: (.04% of construction value - \$5.00 min.)	\$	5
--	----	---

TOTAL ACCESSORY PERMIT FEE:	\$	80
-----------------------------	----	----

*ck# 7793*

# Town of Sewall's Point

## BUILDING PERMIT APPLICATION

Date: 8/24/2010 Permit Number: 9542  
 OWNER/TITLEHOLDER NAME: George Grandinette Phone (Day) 772-219-8679 (Fax) \_\_\_\_\_  
 Job Site Address: 23 E High Point Rd. City: Stuart State: FL Zip: 34996  
 Legal Description: High Pointe Lot 55 Parcel Control Number: 13-38-41-002-000-00550-  
 Owner Address (if different): Same City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: 92774

### SCOPE OF WORK (PLEASE BE SPECIFIC): 2 System A/C Replacement

**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: \$ 4600  
 (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 \_\_\_\_\_ AEB \_\_\_\_\_ X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
 Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
 (Fair Market Value of the Primary Structure only, Minus the land value)  
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: G+H Air Conditioning Inc. Phone: 772-464-4666 Fax: 772-464-4934  
 Qualifiers name: Greg Harding Street: 64 Goforth Rd. City: PSL State: FL Zip: 34952  
 State License Number: CACD36795 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: Greg Harding Phone Number: 772-464-4666

### DESIGN PROFESSIONAL:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Fla. License: \_\_\_\_\_

AREAS SQUARE FOOTAGE: Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios/ Porches: \_\_\_\_\_  
 Enclosed area below BFE: \_\_\_\_\_

Carport: \_\_\_\_\_ Total under Roof \_\_\_\_\_ Elevated Deck: \_\_\_\_\_  
 \* 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, Electrical, Fire Protection) 2007  
 National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code: 2007

### NOTICES TO OWNERS AND CONTRACTORS:

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

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

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

OWNER NOTORIZED SIGNATURE: (required per 713.435 F.S.)  
 OR OWNERS LEGAL AUTHORIZED AGENT (PROX. REQUIRED per 713.435 F.S.)

x George Grandinette  
 State of Florida, County of: Martin  
 On This the 25 day of August  
 by Maryellen Grandinette  
 known to me or produced FDH#G653-540-51-901-0  
 As identification: Valerie Meyer  
 Notary Public

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

CONTRACTOR NOTORIZED SIGNATURE (required per 713.435 F.S.)

x Greg Harding  
 State of Florida, County of: St. Lucie  
 On This the 24<sup>th</sup> day of August, 2010  
 by Greg Harding who is personally  
 known to me or produced \_\_\_\_\_  
 As identification: Shari A. Neishman  
 Notary Public

**SHARI A. NEISHMAN**  
 Notary Public - State of Florida  
 My Commission Expires Oct. 28, 2011  
 (BC 105.3.4) ALL OTHER  
 PERMITS MUST BE PICKED UP BY THE PERMITTEE PROMPTLY!

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 180 DAYS OF THE DATE OF THE PERMIT APPLICATION. APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS.



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

Site Provided by...  
 governmax.com T1.12

## Summary

print | | | - / - | Own  
 10

### Tabs

#### Summary

Print View

Land

Improvements

Assessments &

Exemptions

Sales

Taxes →

Parcel Map →

### Searches

Parcel ID

Owner

Address

Account #

Land Use

Legal Description

Neighborhood

Sales

Maps →

### Functions

#### Property Search

Contact Us

On-Line Help

County Home

Site Home

County Login

Parcel ID	Account #	Unit Address	Market Total Value	Dat
13-38-41-002- 000-00550-9	27742	23 E HIGH POINT RD, SEWALL'S POINT	\$579,440	08/

Owner Information	
<b>Owner(Current)</b>	GRANDINETTE GEORGE J GRANDINETTE MARY I
<b>Owner/Mail Address</b>	23 E HIGH POINT RD STUART FL 34996
<b>Transfer Date</b>	03/06/1998
<b>Document Number</b>	
<b>Document Reference No.</b>	1294 0569

Location/Description		Map Page No.	SP
<b>Account #</b>	27742		
<b>Tax District</b>	2200		
<b>Parcel Address</b>	23 E HIGH POINT RD, SEWALL'S POINT		
<b>Acres</b>	.5080		
		<b>Legal Description</b>	HIC PC LO (LE TR IN CC

High Pt  
 2-55

Parcel Type	
<b>Land Use</b>	0100 Single Family
<b>Neighborhood</b>	120000 HighPoint - Sewall's Point

Assessment Information	
<b>Market Land Value</b>	\$200,000
<b>Market Improvment Value</b>	\$379,440
<b>Market Total Value</b>	\$579,440

Print First Previous Next Last

Legal Disclaimer / Privacy Statement



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

## A/C PERMIT APPLICATION

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

Please make sure you have ALL required copies before submitting permit application

☒ 1 Copy Completed permit application

☒ 2 Copies of the following:

☒ a. Manufacturer's data sheet to include make, model, seer/eer, tonnage, electrical requirements, refrigerant piping size, and AHRI listing page.

☒ b. ~~Replacing ductwork requires Manual D layout plan with grille sizes~~

☒ c. ~~Replacing entire system including ductwork requires Manual J and Energy calculations~~

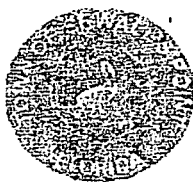
☒ d. Condenser tie down and Air Handler mounting details

☒ e. A/C change out affidavit

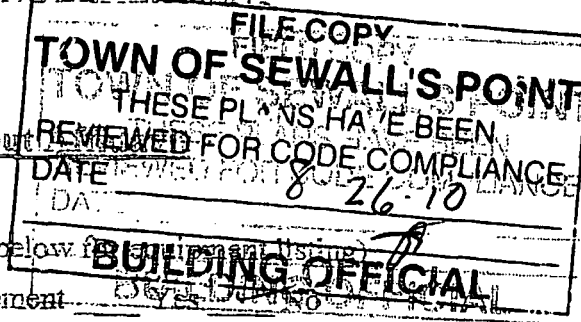
## COMMERCIAL APPLICATIONS ADDITIONALLY REQUIRE

\_\_\_\_\_ 2 Copies A/C Stand NOA or Engineers letter to retrofit to existing mounts.

\_\_\_\_\_ Smoke Detectors in supply duct for units over 2000 CFM



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
One S. Sewall's Point Road  
Sewall's Point, Florida 34996  
Tel 772-287-2455 Fax 772-2304765



Air Conditioning Change out

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

<u>Air handler:</u> Mfg: <u>Trane</u> Model# <u>4TEE3C04A</u>	<u>Condenser:</u> Mfg: <u>Trane</u> Model# <u>4TR5042E</u>
Volts <u>208/230</u> CFM's <u>1400</u> Heat Strip <u>10</u> Kw	Volts <u>208/230</u> SEER/EER <u>16</u> BTU's <u>42000</u>
Min. Circuit Amps <u>40</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>23</u> Wire gauge <u>8</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>60</u>	Max. Breaker size <u>40</u> Min. Breaker size <u>40</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>R-410A</u>	Refrigerant type <u>R-410A</u>
Location: Existing <input checked="" type="checkbox"/> New <input type="checkbox"/>	Location: Existing <input checked="" type="checkbox"/> New <input type="checkbox"/>
Attic/Garage/Closet (specify) _____	Left/Right/Rear/Front/Roof <u>Right</u>
Access: _____	Condensate Location <u>Same</u>

EXISTING SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: <u>Trane</u> Model# <u>Tuc042P</u>	<u>Condenser:</u> Mfg: <u>Trane</u> Model# <u>KR1200</u>
Volts <u>230</u> CFM's <u>1400</u> Heat Strip <u>10</u> Kw	Volts <u>230</u> SEER/EER <u>12</u> BTU's <u>42000</u>
Min. Circuit Amps <u>40</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>23</u> Wire gauge <u>8</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>60</u>	Max. Breaker size <u>40</u> Min. Breaker size <u>40</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>R-22</u>	Refrigerant type <u>R-22</u>
Location: Ext. <input checked="" type="checkbox"/> New <input type="checkbox"/>	Location: Ext. <input checked="" type="checkbox"/> New <input type="checkbox"/>
Attic/Garage/Closet (specify) <u>Shelf Garage</u>	Left/Right/Rear/Front/Roof <u>Right</u>
Access: <u>IN GARAGE</u>	Condensate Location <u>Same</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

Date

8/24/10



This combination qualifies for a Federal Energy  
Efficiency Tax Credit when placed in service  
between Feb 17, 2009 and Dec 31, 2010.

# Certificate of Product Ratings

AHRI Certified Reference Number: 3435462

Date: 8/23/2010

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

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

Outdoor Unit Model Number: 4TTR5042E1

Indoor Unit Model Number: 4TEE3C04A1

Manufacturer: TRANE

Trade/Brand name: XR15

Manufacturer responsible for the rating of this system combination is TRANE

Rated as follows in accordance with AHRI Standard 210/240-2006 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): 40000

EER Rating (Cooling): 13.00

SEER Rating (Cooling): 16.00

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

## DISCLAIMER

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## CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at [www.ahridirectory.org](http://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 below.



Air-Conditioning, Heating,  
and Refrigeration Institute

©2010 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 129270461729829600

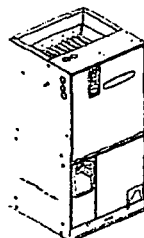


**TRANE®**

*It's Hard To Stop A Trane.®*

# Variable Speed Convertible Air-Tite™ Air Handlers

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY



4TEE3C01-10

**Table AH-3-A — Variable Speed R-410A Air-Tite™ with Comfort-R™ Enhanced Mode Option 200-230/1/60/3/3/3**

Unit Model No.	Cooling Capacity (Btuh)	Dimensions (in.) H x W x D	Shipping Weight (lbs.)	Supply Opening ①②	Return Opening ①	Filter Sizes	Line Size Gas Liquid	
4TEE3C01A1000A	31,000	43x21.5x21	142	18.22x11.02	19.5x18.07	20x20x1	3/4	3/8
4TEE3C02A1000A	37,000	45x23.5x21	142	20.22x11.02	21.5x18.07	20x20x1	3/4	3/8
4TEE3C03A1000A	24,000	57.9x23.5x21	165	20.22x11.02	21.5x18.07	20x20x1	5/8	3/8
4TEE3C04A1000A	36,000	57.9x23.5x21	165	20.22x11.02	21.5x18.07	20x20x1	3/4	3/8
4TEE3C05A1000A	40,000	51.75x26x21	174	22.72x11.02	24x18.07	20x25x1	3/4	3/8
4TEE3C06A1000A	48,000	57.9x23.5x21	170	20.22x11.02	24x18.07	20x20x1	3/4	3/8
4TEE3C07A1000A	49,000	57.9x26x21	188	22.72x11.02	21.5x18.07	20x25x1	3/4	3/8
4TEE3C08A1000A	64,000	57.9x23.5x21	170	20.22x11.02	21.5x18.07	20x22x1	3/4	3/8
4TEE3C09A1000A	65,000	62.75x26x21	218	22.72x11.02	24x18.07	20x25x1	3/4	3/8
4TEE3C10A1000A	65,000	62.75x26x21	218	22.72x11.02	24x18.07	20x25x1	3/4	3/8

① Actual opening does not include flange.

② Adjustable duct flange allows for a flush fit with 1½ inch insulation or ¾ inch or 1 inch insulation.

③ Variable fan speed.

④ Metering Device = TXV-NB.

⑤ Air handler in 24V non-communicating mode.

⑥ Can also be connected in communicating mode; see communication section.

**See Heater Tables on Pages AH-14-15**



**TRANE***It's Hard To Stop A Trane.®*

# Variable Speed Convertible Air-Tite™ Air Handlers

4TEE3C01-10

**Table AH-4-A — Features**

• 1" thick foil face insulated cabinet .....	✓
• 200/230 volt primary & 24 volt secondary transformer .....	✓
• Access to heater circuit breakers / pull disconnects .....	✓
• Built-in indoor fan delay function for increased efficiency .....	✓
• ComfortLink™ II - system .....	✓
• User interface for system configuration - Easy to use navigation buttons and plain text for clear description of features .....	✓
• Service diagnostics with faults reported at the user interface .....	✓
• Humidifier/EAC hook-up capability .....	✓
• Comfort-R™ enhanced dehumidification start-up .....	✓
• Compact 21" depth .....	✓
• Corrosion resistant galvanized metal with attractive finish .....	✓
• Easy Air-Tite™ access to coil .....	✓
• Electrical, refrigerant, condensate & blower access convertible to either side .....	✓
• Energy savings continuous fan .....	✓
• Enhanced cooling/heating control .....	✓
• Exclusive duct flange thermal break/seal .....	✓
• External brazed refrigerant connections .....	✓
• Filter panel with door seal .....	✓
• Internally checked Non-Bleed Thermal Expansion Valve .....	✓
• Internally enhanced finned coil tubing .....	✓
• Low voltage terminal board .....	✓
• Meets or exceeds Florida's 2% leakage criteria .....	✓
• Polarized plugs for making motor and transformer electrical connections from air handler control box to electric heaters .....	✓
• Primary and secondary drain connections .....	✓
• Serial communicating ECM motor .....	✓
• Ships vertical - converts to horizontal by laying on side .....	✓
• Six-way convertibility - upflow & horizontal, right, front & rear access; downflow and horizontal left with kit .....	✓
• Soft start - ON cycle fan speed is increased gradually to reduce sound and drafts .....	✓
• Uses 1400 & 3400 series heaters .....	✓
• Versatile duct flange - allows flush fit 3/4", 1" or 1.5" duct insulation .....	✓
• 10-year registered limited warranty on coil & all other functional parts (Residential Use)® .....	✓
• Optional extended warranties available .....	✓

**Table AH-4-B — Optional Accessories**

Model Number	Description	Shipping Weight	
AY28X079 .....	Evaporator Defrost Control .....	1 .....	✓
AY28X084 .....	Evaporator Defrost Control .....	1 .....	✓
BAY99X123® .....	Knockout Cover Plate® .....		✓
BAYSPEK140B .....	Single Power Entry Kit .....	5 .....	✓
TAYBASE100 .....	Downflow Subbase .....	16 .....	02
TAYBASE101 .....	Downflow Subbase .....	16 .....	01
TAYBASE102 .....	Downflow Subbase .....	16 .....	05,07,09
TAYPLNM100® .....	Pedestal Plenum Upflow .....	10 .....	01,02
TAYPLNM101 .....	Pedestal Plenum Upflow .....	10 .....	05-10
BAYPLNM120® .....	Pedestal Plenum Upflow .....		✓
TASB215® .....	21.5" Cabinet Mounting Stand .....		01
TASB235® .....	23.5" Cabinet Mounting Stand .....		02-04,06-08
TASB260® .....	26" Cabinet Mounting Stand .....		05,07,09-10

**Comfort Controls — See Comfort Controls/Zone Sensors Section**

- ① 4TEE3C01,02;2TEE3C31A-center on plenum for 2" difference in width.  
 ② Minimum order 1 unit ( 1 unit = 50 pieces).  
 ③ Required if no electric heat is used.  
 ④ BAYPLNM120 or TASB stand is required for upflow air handler with open air return.  
 ⑤ Must be used with air handlers with IFD. Purchase direct from Miami Tech Inc., 800-339-2290, [www.miamitech.com](http://www.miamitech.com).  
 ⑥ Registered Limited Warranty terms are available when you register within 60 days of installation. You can register online at [trane.com](http://trane.com) or by phone at 800-654-6412 otherwise Trane Base Limited Warranty terms will apply. Base Limited Warranty information on specific products can be found on [Comfortsite.com](http://Comfortsite.com).

**TRANE***It's Hard To Stop A Trane.®*

# Split System Cooling Single Phase – 1½-5 Tons

**Table SC-6-A — Features**

	XR15 (4TTR5)	XR13 (4TTR3)
• SEER up to .....	17.00	14.00
• Climatuff™ compressor .....	✓	✓
• Comfort-R™ mode approved .....	✓	✓
• DuraTuff™ base, fast complete drain, weatherproof .....	✓	✓
• Quick-Sess™ cabinet, service access & refrigerant connections with full coil protection .....	✓	✓
• Spine Fin™ coil .....	✓	✓
• Compressor sound enclosure .....	✓	1½-3
• Compressor sump heat - factory installed .....	—	5
• Factory supplied charge .....	R-410A	R-410A
• Glossy corrosion resistant finish .....	✓	✓
• High pressure switch .....	✓	✓
• Internal high / low pressure & temperature protection .....	✓	✓
• Liquid line filter drier - factory installed .....	✓	✓
• Quick start kit - factory installed .....	1½-2½, 5	1½-3, 5
• Tarpaulin gray cabinet .....	✓	✓
• 10-year registered limited warranty on compressor, outdoor coil & all other functional parts <sup>①</sup> (Residential Use) <sup>②</sup> .....	✓	✓
• Extended warranties available .....	✓	✓

**Table SC-6-B — Optional Accessories**

Model Number	Description	Shipping Weight		
AY28X079 .....	Evap. Defrost Control Kit .....	1 .....	✓	✓
BAYCCHT300 .....	Crankcase Heater Kit (Reciprocating) .....	1 .....	1½-2½	1½-3
BAYCCHT301 .....	Crankcase Heater Kit (Scroll) .....	1 .....	3½-5	3½-4
BAYCCHT302 .....	Crankcase Heater Kit (Scroll) .....	1 .....	3	—
BAYECMT023 .....	Extreme Conditions Mounting Kit (Base 2/3) .....	2 .....	1½-2	1½-3
BAYECMT004 .....	Extreme Conditions Mounting Kit (Base 4) .....	2 .....	2½-5	3½-5
BAYISLT101 .....	Rubber Isolators .....	1 .....	✓	✓
BAYKSKT260 .....	Start Kit (Scroll) .....	1 .....	3-4½	3½-4
BAYLEGS002 .....	Snow Legs - Base and Cap 6" High (Black) .....	1 .....	✓	✓
BAYLEGS003 .....	4" Extension (Black) .....	1 .....	✓	✓
BAYLOAM103 .....	Low Ambient Kit .....	1 .....	✓	✓
BAYSDEN003 .....	Small Scroll Compressor Enclosures .....	8 .....	—	3½-4
BAYSEAC001 .....	Seacoast Kit .....	1 .....	✓	✓
TAYASCT501A <sup>③</sup> .....	Anti-Short Cycle Timer .....	2 .....	✓	✓

**Comfort Controls — See Comfort Controls/Zone Sensors Section**

① Not for use with programmable thermostats.

② Activated on Power Off.

③ Registered Limited Warranty terms are available when you register within 60 days of installation. You can register online at [trane.com](http://trane.com) or by phone at 800-554-6413; otherwise Trane Base Limited Warranty terms will apply. Base Limited Warranty information on specific products can be found on [Comfortsite.com](http://Comfortsite.com).

④ The ten year Functional Parts Limited Warranty extends to the indoor gas or oil furnace, coil, air handler and thermostat when installed as part of a complete XL or XR comfort system. An XL or XR comfort system includes an AHRI certified matching Trane outdoor unit, indoor unit and thermostat installed at the same time.



**ENGINEERING  
EXPRESS®**

A FRANK L. BENNARD, P.E., INC. INNOVATION

attn: Mitchell

June 16, 2009

Work Prepared For:

Miami Tech, Inc.  
3611 NW 74<sup>th</sup> Street  
Miami, FL 33147

Certification valid for  
one (1) project site  
only.

Regarding: A/C Unit Tiedown to Concrete

Attention: Building Official

This office has reviewed the design requirements for the installation of air conditioning units onto concrete slabs using Miami Tech Condensing Unit Tiedowns (CUTD-1). The tiedown or clip used for the installation shall be fabricated using galvanized steel (ASTM A653, Grade 33 minimum), measuring 4"-18" tall x 1" wide x 14ga (0.070" minimum), with layout as described below, and a maximum height of 60" per unit. The lower leg of each clip shall be anchored to the concrete host structure with (1) 1/4" diameter ITW Buildex (or equivalent) carbon steel Tapcon embedded 1-3/4" minimum into 3,000 psi concrete with 2-1/2" minimum edge distance. The upper leg of each clip shall utilize a minimum of (2) #10 sheet metal screws anchored through the clip into the minimum 22-gauge (0.028" minimum) steel housing (ASTM A653, Grade 33 minimum). Maximum wind pressures for use with this installation are as noted below; additional anchors may be utilized to achieve higher pressures, as shown:

**Table 1:** (1) clip required at each corner of unit or (2) each opposite face  
for a total of (4) per unit

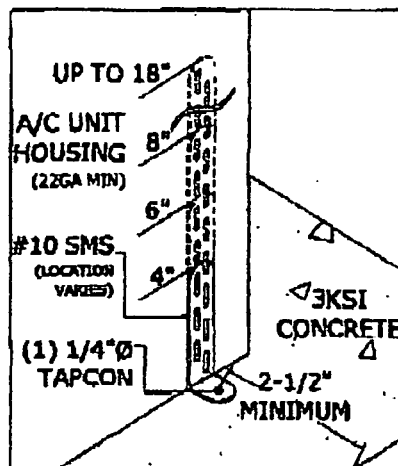
Maximum Unit Face Area (ft <sup>2</sup> )	(2) SMS	(3) SMS	(4) SMS
4	+/- 114 PSF	+/- 150 PSF	+/- 150 PSF
7	+/- 65 PSF	+/- 98 PSF	+/- 127 PSF
9	+/- 50 PSF	+/- 76 PSF	+/- 98 PSF
12	+/- 38 PSF	+/- 57 PSF	+/- 74 PSF
15	+/- 30 PSF	+/- 45 PSF	+/- 59 PSF

Note: (1) Tapcon acceptable for both one- and two-anchor hole versions of the CUTD.

**Table 2:** (2) clips required at each corner of unit or (4) each opposite face  
for a total of (8) per unit

Maximum Unit Face Area (ft <sup>2</sup> )	(2) SMS	(3) SMS	(4) SMS
20	+/- 45 PSF	+/- 68 PSF	+/- 91 PSF
25	+/- 36 PSF	+/- 54 PSF	+/- 73 PSF
30	+/- 33 PSF	+/- 50 PSF	+/- 66 PSF
35	+/- 30 PSF	+/- 46 PSF	+/- 61 PSF

Note: (1) Tapcon acceptable for both one- and two-anchor hole versions of the CUTD.



All other installation work shall follow the minimum requirements of the 2007 Florida Building Code with 2009 supplements. Thank you for your attention to this matter.

Respectfully,  
**JUN 17 2009**  
Frank L. Bennard, P.E.  
ENGINEERING EXPRESS®  
#PE0046549 | Cert. Auth. 9885  
09-MTI-0001

**APPROVED FOR MASTER FILE**

City of Port Orange  
Community Development  
Building Division

Master File No.: 10 Date: 8/10/09

Approved By: 103

Building Official: [Signature]

160 SW 12<sup>TH</sup> AVENUE #106 DEERFIELD BEACH, FL 33442  
PHONE: 954-354-0660 FAX: 954-354-0443  
WWW.ENGEKP.COM



# PRODUCT SPECIFICATIONS

 PAGE  
1 OF 1

## STANDARD CONSTRUCTION

**MATERIAL:**  
16 GAUGE/3.00 ASTM A-633 COLD-ROLLED GALVANIZED STEEL

### STANDARD SIZES:

TYPE	BASE DEPTH	WIDTH	HEIGHT	PACK QTY.
CUTD1	1.25"	1"	4"	4 PKG.
CUTD1B	1.25"	1"	4"	BULK
CUTD1-6	1.25"	1"	6"	4 PKG.
CUTD1B-6	1.25"	1"	6"	BULK
CUTD1B-8	1.25"	1"	8"	BULK
CUTD1B-11	1.25"	1"	11"	BULK
CUTD1B-14	1.25"	1"	14"	BULK
CUTD1B-18	1.25"	1"	18"	BULK
CUTD1B-21	1.25"	1"	21"	BULK

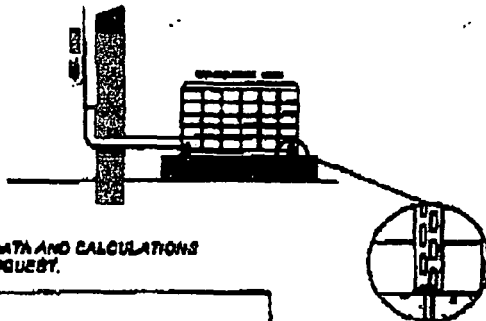
### FEATURES

GALVANIZED STEEL PROVIDES EXCELLENT CORROSION RESISTANCE AND LONGEVITY.

SLATED DESIGN PROVIDES A UNIVERSAL MOUNT.

SOLD IN P88 BOARD DISPLAY PACKAGES (4 PER PACKAGE).

OPTION: BULK PACKAGING AVAILABLE. AVAILABLE SIZES 6", 8", 11", 14", 18" AND 21"

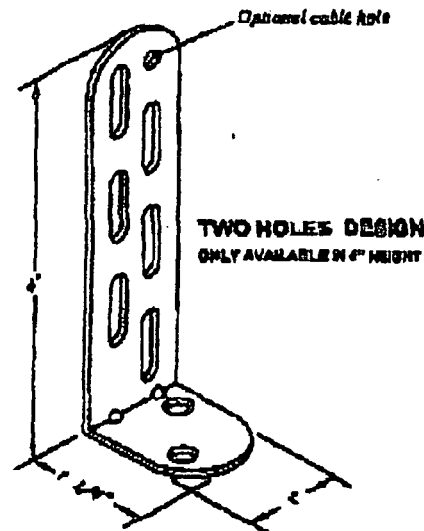
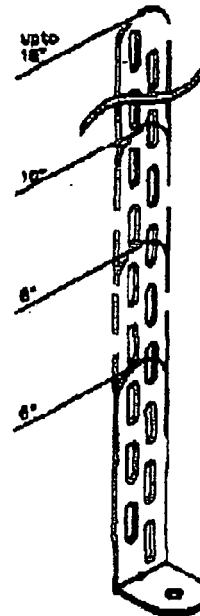


NOTE: ENGINEERING DATA AND CALCULATIONS AVAILABLE UPON REQUEST.

JOB NAME:
LOCATION:
ARCHITECT:
ENGINEER:
CONTRACTOR:
CONTACT MIAMI TECH INC. FOR ADDITIONAL INFORMATION OR WITH SPECIAL REQUIREMENTS. 3611 NW 74TH ST MIAMI, FL 33147 PHONE: 305-893-7064 FAX: 305-893-8152 WEB: WWW.MIAMITECH.COM EMAIL: SALES@MIAMITECH.COM

Anchor with (1) 1/4" diameter ITW Builder (or equivalent) carbon steel Tapeson embedded 1-3/4" minimum into 3,000 psi concrete with 2-1/2" minimum edge distance.

## SINGLE HOLE DESIGN



TWO HOLES DESIGN  
ONLY AVAILABLE IN 6" HEIGHT

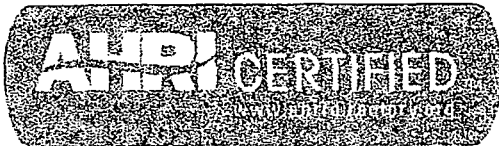
## CUTD1

CONDENSING UNIT TIE DOWN  
PRODUCT SPECIFICATIONS

NOTE: ALL DIMENSIONS SUBJECT TO CHANGE WITHOUT NOTICE



AF	08.01.2005	NOT TO SCALE	CUTD1
IV	06.01.2009	10	

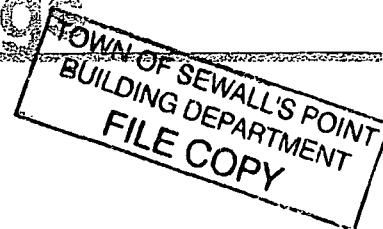


This combination qualifies for a Federal Energy  
Efficiency Tax Credit when placed in service  
between Feb 17, 2009 and Dec 31, 2010.

# Certificate of Product Ratings

AHRI Certified Reference Number: 3432361

Date: 8/23/2010



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

Outdoor Unit Model Number: 4TTR5036E1

Indoor Unit Model Number: 4TEE3F39A1

Manufacturer: TRANE

Trade/Brand name: XR15

Manufacturer responsible for the rating of this system combination is TRANE

Rated as follows in accordance with AHRI Standard 210/240-2006 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): 33600

EER Rating (Cooling): 13.00

SEER Rating (Cooling): 16.00

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

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CERTIFICATE NO.: 129270452220401952



**TRANE**

*Hard To Stop A Trane®*

# Variable Speed Convertible Air Handlers 2½-5 Tons

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY



4TEE3F

**Table AH-5-A — Variable Speed R-410A Air-Tite™ with Comfort-R™ Enhanced Mode Option 200-230/1/60①②**

Unit Model No.	Cooling Capacity (Btuh)	Dimensions (in.) H x W x D	Shipping Weight (lbs.)	Supply Opening①②	Return Opening①	Filter Sizes	Line Size Gas Liquid	
4TEE3F31B1000B	31,000	43x21.5x21	134	18.22x11.02	19.5x18.07	20x20x1	¾	⅝
4TEE3F37B1000B	37,000	45x23.5x21	142	20.22x11.02	21.5x18.07	20x20x1	¾	⅝
4TEE3F40B1000B	40,000	51.8x26x21	174	22.72x11.02	24x18.07	20x25x1	¾	⅝
4TEE3F49B1000B	49,000	57.9x26x21	188	22.72x11.02	24x18.07	20x25x1	7/8	⅝
4TEE3F65B1000B③	65,000	62.8x26x21	218	22.72x11.02	24x18.07	20x25x1	7/8	⅝

**Table AH-5-B — Dual Circuit-Variable Speed R-410A Air-Tite™ with Comfort-R™ Enhanced Mode Option 200-230/1/60①②**

Unit Model No.	Cooling Capacity (Btuh)	Dimensions (in.) H x W x D	Shipping Weight (lbs.)	Supply Opening①②	Return Opening①	Filter Sizes	Line Size Gas Liquid	
4TEE3F62B1000A④	65,000	62.75x26x21	218	22.72x11.02	24x18.22	20x25x1	¾	⅝

**Table AH-5-C — Variable Speed - with Vortica™ R-410A Air-Tite™ with Comfort-R™ Enhanced Mode Option 200-230/1/60①②**

Unit Model No.	Cooling Capacity (Btuh)	Dimensions (in.) H x W x D	Shipping Weight (lbs.)	Supply Opening①②	Return Opening①	Filter Sizes	Line Size Gas Liquid	
4TEE3F39A1000A⑤	39,000	57.9x23.5x21	160	20.22x11.02	21.5x18.07	20x20x1	¾	⅝
4TEE3F48A1000A⑤	48,000	57.9x23.5x21	170	20.22x11.02	21.5x18.07	20x20x1	7/8	⅝
4TEE3F64A1000A⑤	64,000	57.9x23.5x21	170	20.22x11.02	21.5x18.07	20x22x1	7/8	⅝

① Actual opening does not include flange.

② Adjustable duct flange allows for a flush fit with 1½ Inch Insulation or ¾ inch or 1 inch insulation.

③ Variable fan speed.

④ Metering Device = TXV-NB.

⑤ Two piece cabinet.

⑥ Mechanical connections on the TXV.

**See Heater Tables on Pages AH-14-15**

**TRANE®***It's Hard To Stop A Trane.®*

## Variable Speed Convertible Air Handlers 2½-5 Tons

**Table AH-6-A — Features**

	4TEE3F31-65 2½-5
• 1" thick foil face insulated cabinet .....	✓
• 200/230 volt primary & 24 volt secondary transformer .....	✓
• Access to heater circuit breakers / pull disconnects .....	✓
• Built-in indoor fan delay function for increased efficiency .....	✓
• Check valve for heat pump application .....	✓
• <b>Comfort-R™</b> enhanced dehumidification start-up .....	✓
• Compact 21" depth .....	✓
• Corrosion resistant galvanized metal with attractive finish .....	✓
• Direct drive blower .....	✓
• <b>Easy Air-Tite™</b> access to coil .....	✓
• Energy savings continuous fan .....	✓
• Enhanced cooling/heating control .....	✓
• Exclusive duct flange thermal break/seal .....	✓
• External brazed refrigerant connections .....	✓
• Filter panel with door seal .....	✓
• Internally checked Non-Bleed Thermal Expansion Valve .....	✓
• Internally enhanced finned coil tubing .....	✓
• Low voltage terminal board .....	✓
• Meets or exceeds Florida's 2% leakage criteria .....	✓
• Polarized plugs for making motor and transformer electrical connections from air handler control box to electric heaters .....	✓
• Primary and secondary drain connections .....	✓
• Ships vertical - converts to horizontal by laying on side .....	✓
• Six-way convertibility - upflow & horizontal, right, front & rear access; downflow and horizontal left with kit .....	✓
• Soft start - ON cycle fan speed is increased gradually to reduce sound and drafts .....	✓
• Uses 1400 series heaters .....	✓
• Variable speed ECM motor .....	✓
• Versatile duct flange - allows flush fit ¾", 1" or 1.5" duct insulation .....	✓
• <b>10-year registered limited warranty on coil &amp; all other functional parts (Residential Use)®</b> .....	✓
• <b>Optional extended warranties available</b> .....	✓

**Table AH-6-B — Optional Accessories**

Model Number	Description	Shipping Weight	
AY28X079 .....	Evaporator Defrost Control .....	1 .....	✓
AY28X084 .....	Evaporator Defrost Control .....	1 .....	✓
BAY99X123® .....	Knockout Cover Plate® .....	.....	✓
BAYSPEK140B .....	Single Power Entry Kit .....	5 .....	✓
TAYBASE100 .....	Downflow Subbase .....	16 .....	3
TAYBASE101 .....	Downflow Subbase .....	16 .....	2½
TAYBASE102 .....	Downflow Subbase .....	16 .....	3-5
TAYPLNM100® .....	Pedestal Plenum Upflow .....	10 .....	2½-3
TAYPLNM101 .....	Pedestal Plenum Upflow .....	10 .....	3-5
BAYPLNM120 .....	Pedestal Plenum Upflow .....	.....	✓
TASB215® .....	21.5" Cabinet Mounting Stand .....	.....	2½
TASB235® .....	23.5" Cabinet Mounting Stand .....	.....	3
TASB260® .....	26" Cabinet Mounting Stand .....	.....	3-5

**Comfort Controls — See Comfort Controls/Zone Sensors Section**

- ① 2TEE3F31A;4TEEF31B-center on plenum for 2" difference in width.  
 ② Minimum order 1 unit ( 1 unit = 50 pieces).  
 ③ Required if no electric heat is used.  
 ④ For TASB ordering information see page AH-4.  
 ⑤ Registered Limited Warranty terms are available when you register within 60 days of installation. You can register online at [trane.com](http://trane.com) or by phone at 800-554-6413; otherwise Trane Base Limited Warranty terms will apply. Base Limited Warranty information on specific products can be found on [Comfortsite.com](http://Comfortsite.com).

**TRANE®***It's Hard To Stop A Trane.®*

# Split System Cooling Single Phase – 1½-5 Tons

**Table SC-6-A — Features**

	XR15 (4TTR5)	XR13 (4TTR3)
• SEER up to .....	17.00	14.00
• Climatuff™ compressor .....	✓	✓
• Comfort-R™ mode approved .....	✓	✓
• DuraTuff™ base, fast complete drain, weatherproof .....	✓	✓
• Quick-Sess™ cabinet, service access & refrigerant connections with full coil protection .....	✓	✓
• Spine Fin™ coil .....	✓	✓
• Compressor sound enclosure .....	✓	1½-3
• Compressor sump heat - factory installed .....	—	5
• Factory supplied charge .....	R-410A	R-410A
• Glossy corrosion resistant finish .....	✓	✓
• High pressure switch .....	✓	✓
• Internal high / low pressure & temperature protection .....	✓	✓
• Liquid line filter drier - factory installed .....	✓	✓
• Quick start kit - factory installed .....	1½-2½,5	1½-3,5
• Tarpaulin gray cabinet .....	✓	✓
• 10-year registered limited warranty on compressor, outdoor coil & all other functional parts <sup>①</sup> (Residential Use) <sup>②</sup> .....	✓	✓
• Extended warranties available .....	✓	✓

**Table SC-6-B — Optional Accessories**

Model Number	Description	Shipping Weight		
AY28X079 .....	Evap. Defrost Control Kit .....	1 .....	✓	✓
BAYCCHT300 .....	Crankcase Heater Kit (Reciprocating) .....	1 .....	1½-2½	1½-3
BAYCCHT301 .....	Crankcase Heater Kit (Scroll) .....	1 .....	3½-5	3½-4
BAYCCHT302 .....	Crankcase Heater Kit (Scroll) .....	1 .....	3	—
BAYECMT023 .....	Extreme Conditions Mounting Kit (Base 2/3) .....	2 .....	1½-2	1½-3
BAYECMT004 .....	Extreme Conditions Mounting Kit (Base 4) .....	2 .....	2½-5	3½-5
BAYISLT101 .....	Rubber Isolators .....	1 .....	✓	✓
BAYKSKT260 .....	Start Kit (Scroll) .....	1 .....	3-4½	3½-4
BAYLEGS002 .....	Snow Legs - Base and Cap 6" High (Black) .....	1 .....	✓	✓
BAYLEGS003 .....	4" Extension (Black) .....	1 .....	✓	✓
BAYLOAM103 .....	Low Ambient Kit .....	1 .....	✓	✓
BAYSDEN003 .....	Small Scroll Compressor Enclosures .....	8 .....	—	3½-4
BAYSEAC001 .....	Seacoast Kit .....	1 .....	✓	✓
TAYASCT501A <sup>③④</sup> .....	Anti-Short Cycle Timer .....	2 .....	✓	✓

**Comfort Controls — See Comfort Controls/Zone Sensors Section**

① Not for use with programmable thermostats.

② Activated on Power Off.

③ Registered Limited Warranty terms are available when you register within 60 days of installation. You can register online at [trane.com](http://trane.com) or by phone at 800-554-6413; otherwise Trane Base Limited Warranty terms will apply. Base Limited Warranty information on specific products can be found on [Comfortsite.com](http://Comfortsite.com).

④ The ten year Functional Parts Limited Warranty extends to the indoor gas or oil furnace, coil, air handler and thermostat when installed as part of a complete XL or XR comfort system. An XL or XR comfort system includes an AHRI certified matching Trane outdoor unit, indoor unit and thermostat installed at the same time.



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

☐ Mon

☐ Tue

☒ Wed

☐ Thur

☐ Fri

9-1

2010 Page

1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9344	Woods	UNDER GROUND	PASS	
	32 E High Pt	plumbing	PASS	
	Capital Auto.			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9495	WALKER			
	6 CRANES NEST	GENERATOR	PASS	Close
	DIETZ ELEC	FINAL		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
2642	Grandview	Final A/C		
1PM	23 E High Pt		PASS	Close
	GTH A/C			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	INVASIVES			
	PLANTATION 2 LOTS			
	LOFTING WAY	PRD 31 & 37		INSPECTOR

**TREE**

**REPLACE/REMOVE/ RELOCATE**

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 339

Date Issued 7-22-98

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 Grandinette Address 23 E High Point Road Phone 286-3089

Contractor Dr. Smith Address P.O. Box 1510 Phone 286-3089

Number of trees to be removed(list kinds of trees) Port Salerno, FL 34992  
10 - OAK, PALM, HOLLY

n/a  
Number of trees to be relocated within 30 days(no fee)(list kinds of trees):

n/a  
Number of trees to be replaced (list kinds of trees):

n/a

Permit Fee \$ 95.00 (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.

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

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant Dr. Smith Date submitted 7/22/98

Approved by Building Inspector [Signature] Date 7-22-98

Approved by Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_

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 PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

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

TOWN OF SEWALL'S POINT, FLORIDA

FILE

Date 7/18/01 19 01 TREE REMOVAL PERMIT No 0475

APPLIED FOR BY GEORGE GRANDWATER (Contractor or Owner)

Owner 23 E. HIGH POINT (CONTRACTOR: TALKER TREE)

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees OK - BLANDON STORM

No. Of Trees: REMOVE 1

No. Of Trees: RELOCATE -0- WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE -0- WITHIN 30 DAYS

REMARKS SEE APPL FOR LOCATION

FEE \$ 0  
FEE \$ 0  
WAIVED  
EMERGENCY  
REMOVAL

Signed, George Grandwater Applicant Signed, [Signature] Town Clerk FLORIAN OFFICER

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection

WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK.

# TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION \_\_\_\_\_

REMARKS \_\_\_\_\_

FILE



TOWN OF SEWALL'S POINT

MTA W/LOWERS  
# CONTRACTOR  
THREE OF STRUCTURE  
7/18 EMERGENCY  
PERMIT  
7/17 STORM BLOW-DOWN

RECEIVED  
JUL 18 2001  
BY: [Signature]

Permit # 0475  
Date Issued 7/18/01

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

Owner George Grandinette Address 23 E High Point Phone 219 8670

Contractor Timber Tree Address [Redacted] Phone 283-6298

Number of trees to be removed (list kinds of trees) oak 1

REASON FOR REMOVAL Storm & wind Damage

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

Number of trees to be replaced (list kinds of trees):

Permit Fee \$ (325.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00) \$15.00

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

Plans approved as submitted ✓ Plans approved, as marked

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant George Grandinette Date submitted 7/18/01

Approved by Building Inspector [Signature] Date 7/18/01

Approved by Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_

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 PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

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

WORK ON SKETCH ON REVERSE

10/10/01  
11/10/01  
12/10/01

