

105 Hillcrest Court

4595

SFR

C

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 4595

4-19-99

Building to be erected for J+M Brunier Type of Permit S.F. R.

Applied for by St. Clair Builders (Contractor) Building Fee 2304

Division Hillcrest Lot 5 Block _____ Radon Fee 29.38

Address 3 St. Lucie Ct. Impact Fee 1508.20

Use of structure RES. A/C Fee 120.-

Electrical Fee 120.-

Plumbing Fee 120.-

Roofing Fee 120.-

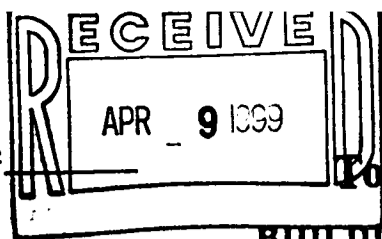
Parcel Control Number: 0138410140000005050000

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

Construction Cost \$ 240,000 TOTAL Fees 4321.-

Signed [Signature] Signed [Signature]
Applicant Town Building Inspector

11/10/99
ADDL PERMIT FEE:
254,500
FINAL CONST COST ~~277,000~~
PERMIT " " 240,000
ADDL COST ~~39,000~~
" FEE 14,500
(@ 9.60/hour) \$ ~~374.40~~
\$ 139.20
PD (DATE) 11/12/99
CK NO. 6127
AMT. 139.20



Bldg. Pmt#

Town of Sewall's Point

Date _____

BUILDING PERMIT APPLICATION

Owner's Name: JEFFREY C. & MARTHA C. BRUNER Phone No. 561-283-0283
Owner's Present Address: PO Box 1515 STUART, FL 34995
Fee Simple Titleholder's Name & Address if other than owner _____

Location of Job Site:

TYPE OF WORK TO BE DONE:

CONTRACTOR INFORMATION

Contractor/Company Name: ST. CLAIR BUILDERS, INC. Phone No. (561) 871-7911
COMPLETE MAILING ADDRESS 2637 SE EMMETT RD. PT. ST. LUCIE, FL 34952
State Registration _____ State License CGC 028565
Legal Description of Property LOT 5, HILLCREST
Parcel Number 0138410140000050

ARCHITECT/ENGINEER INFORMATION

Architect ST. CLAIR BUILDERS, INC Phone No. (561) 871-7911
Address 2637 SE EMMETT RD PT. ST. LUCIE, FL 34952
Engineer WALTER KARPINIA Phone No. (561) 743-1400
Address 11406 177th PLACE, NORTH JUPITER, FL 33478
Area Square Footage: Living Area 2938 Garage Area 581 Carport N/A
Accessory Bldg. N/A Covered Patio 405 Scr. Porch N/A Wood Deck N/A
Type Sewage: SEPTIC Septic Tank Permit # from Health Dept. 43-55-01005
NEW electrical SERVICE SIZE 200 AMPS

FLOOD HAZARD INFORMATION

flood zone 1A minimum Base Flood Elevation (BFE) 10.0 NGVD
proposed finish floor elevation 22 NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement \$240,000.00
Fair Market Value (FMV) prior to improvement -0-
Substantial Improvement 50% of FMV yes X No _____
Method of determining FMV CONTRACT

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

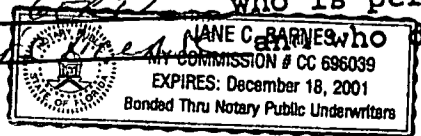
Electrical RON HORSTMEIER ELEC State License ME 00274
Mechanical KRAUSS & CRANE State License# CAC 049286
Plumbing DAVE'S PLUMBING State License# CFL 051625
Roofing CARDINAL ROOFING State License# SPD 0662

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIRCONDITIONERS, DOCKS, SEAWALLS, ACCESSORY BLDGS, SAND REMOVAL, TREE REMOVAL.

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE Jeffrey C Bruner Martha C Bruner
Sworn to and subscribed before me this 7th day of April, 1999 by
JEFFREY C BRUNER who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.
CONTRACTOR SIGNATURE Michael D. Barnes AS PRESIDENT, ST. CLAIR BLDRS, INC.
Sworn to and subscribed before me this 7th day of April, 1998
by MICHAEL D. BARNES who is personally known to me or has produced _____ did (did not) take an oath.



Jane C Barnes
JANE C. BARNES

TREE REMOVAL (Attach sealed survey)

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

1. ALL APPLICATIONS REQUIRE :

- ✓A. Property Appraiser's Parcel Number.
- ✓B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- ✓C. Contractor's name, address, phone number & license numbers.
- ✓D. Name all sub-contractors (properly licensed).
- ✓E. Current Survey
- ✓F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
- ✓G. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
- ✓A. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:
 1. Floor Plan
 2. Foundation Details
 3. Elevation Views - Elevation Certificate due after slab inspection.
 4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
 5. Truss layout
 6. Vertical Wall Sections (one detail for each wall that is different)
 7. Fireplace drawing: If prefabricated submit manufacturers data.

ADDITIONAL Required Documents are:

1. Use Permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (Atlantic Ave. only).
2. Well Permit or information on existing well & pump.
3. Flood Hazard Elevation (if applicable).
4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
5. Statement of Fact (for Homeowner Builder), and proof of ownership - (Deed or Tax receipt).
6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.
9. Replat required upon completion of slab or footing inspection and prior to any further inspections.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of COUNTY OF MARTIN, and there may be additional permits required from other governmental entities such as water management districts, state and federal agencies.

Approved by Building Official _____

Approved by Town Engineer _____

ST. CLAIR BUILDERS, INC.

CUSTOM RESIDENTIAL DESIGN AND CONSTRUCTION

STATE CERTIFIED GENERAL CONTRACTORS

2637 S.E. EMMETT RD., PORT ST. LUCIE, FL 34952

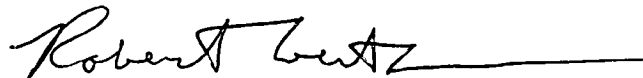
DESIGN CENTER: (561) 871-7911 FAX: (561) 871-9278

April 14, 1999

NOTES TO ACCOMPANY BUILDING PERMIT APPLICATION FOR BRUNER RESIDENCE, LOT 5, HILLCREST, SEWALL'S POINT, FL

1. The structure is designed for 140 mph winds as certified by the engineer's seal below.
2. All wedge bolts and anchor bolts shall have 2X2 washers.
3. Roof shall be vented by five 10x10 gooseneck roof vents painted to match the roof, in addition to the continuous soffit vents shown.
4. Smoke detectors shall be installed inside all bedrooms and in the hallway outside all bedrooms. All smoke detectors shall be wired together.
5. Guest Bath entry door shall be 2'-8" wide.
6. Hurricane shutters shall be provided for all windows, and for doors with glass. Shutter engineering is available.
7. A well permit shall be obtained prior to well installation.
8. Notice of Commencement and Landscape Plan with tree locations are included herewith.

Sincerely,



Robert Gertz
Vice President, St. Clair Builders, Inc.

I, Walter Karpinia certify that the structure is designed for wind speeds of 140 mph.

SEAL:



ALBERTA
01333160

1973
 1973
 1973

Phone 3-36-1-616-060-8080-8000
 Office at 363-04-4319
 Office at 363-04-4719

Warranty Deed

This instrument was on the 19th day of November, 1998 A.D. between CHARLES W. BAILEY and KATHRYN A. BAILEY, his wife,

JEFFREY C. BRUNER and MARTHA BRUNER, his wife,

more or less 2668 SW BRADDOCK TR., PALM CITY, Florida 32980

Witnesseth that the CHARITERS, for and in consideration of the sum of (TEN & NO/100S DOLLARS) and other good and valuable considerations to CHARLES W. BAILEY and KATHRYN A. BAILEY, his wife, the CHARITERS, have and lawfully do hereby conveyed, sold, granted, conveyed and sold to the said CHARLES W. BAILEY and KATHRYN A. BAILEY, his wife, the following described tract of land, being and being in the County of MARTIN State of Florida to-wit:

Lot 3, PLAT OF HILLCREST, according to the Plat thereof on file in the office of the clerk of the Circuit Court in and for Martin County, Florida recorded in Plat Book 10, page 39, said lands situate, lying and being in Martin County, Florida.

Subject to restrictions, reservations and easements of record, if any, which are not reimposed hereby, and taxes subsequent to December 31, 1998.

and the grantee do hereby say, warrant the title to said land and say without the same against the title of all persons claiming to be the grantee hereof, in witness whereof, the grantee has hereunto set their hands and say the day and year that these writings signed, sealed and delivered by our presence

Jeffrey C. Bruner
 Jeffrey C. Bruner
 Married Person
 Witness to be 2008

Charles W. Bailey
 Charles W. Bailey
 Married Person
 Witness to be 2008

Kathryn A. Bailey
 Kathryn A. Bailey
 Married Person
 Witness to be 2008

STATE OF FLORIDA
 COUNTY OF MARTIN
 CHARLES W. BAILEY and KATHRYN A. BAILEY, his wife,



Jeffrey C. Bruner
 Jeffrey C. Bruner
 Notary Public
 State of Florida
 Commission Expires 12/31/2001

November 1998

Post-Net Fax Note 7671

To	Mr. Jeffrey C. Bruner
Company	
Address	
City	
State	
Zip	
Phone	
Fax	219-4236



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

CENTRAX #: 43-SS-01005
DATE PAID: _____
FEE PAID: _____

CONSTRUCTION PERMIT FOR:

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

APPLICANT: BRUNER, JEFFREY AGENT: 95-0, PROPERTY OWNER

PROPERTY STREET ADDRESS: HILLCREST Ct SEWALLS POINT FL 34996

LOT: 5 BLOCK: _____ SUBDIVISION: HILLCREST

[Section/Township/Range/Parcel No.]

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

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

SYSTEM DESIGN AND SPECIFICATIONS

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

D [444] SQUARE FEET PRIMARY DRAINFIELD SYSTEM Trenches, or
R [571] SQUARE FEET Bed SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [] MOUND [] 3 Trenches X 49.33'
I CONFIGURATION: [] TRENCH [] BED [] or Bed = 9'w x 63.44'L

F LOCATION TO BENCHMARK: Crown of Road 8.60'
I ELEVATION OF PROPOSED SYSTEM SITE [35.4] [INCHES] [] BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [41.4] [INCHES] [] BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [15.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES

OTHER REMARKS:

*1.25
2.60
9.85*

The top of the stubout pipe to be a minimum elv. of 21" BELOW CR 8.60'. The top of the drainfield pipe to be a minimum elv. of 31" BELOW CR 8.60'. The top of the septic tank to be a minimum elv. of 17" BELOW CR 8.60'. The drainfield aggregate must be a least 20 feet from the REAR property line AND 10 feet from the SIDE property line. 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 TITLE: _____

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

DATE ISSUED: 3/9/99 EXPIRATION DATE: 9/9/00



Martin County Health Department

SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: Bruner PERMIT NO.: 43-SS-1005
SUBDIVISION: Lot 5 Hillcrest

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

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

SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3

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



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

CENTRAX #: 43-SS-01005
OSTDSNBR : 99-1110-N

APPLICANT: BRUNER, JEFFREY

AGENT: 95-0 PROPERTY OWNER,

LOT: 5 BLOCK: _____ SUBDIVISION: HILLCREST ID#: ---

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

PROPERTY SIZE CONFORMS TO SITE PLAN: [] YES [] NO NET USABLE AREA AVAILABLE: 0.56 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY [64E-6, TABLE 1]
AUTHORIZED SEWAGE FLOW: 1400 GALLONS PER DAY [1500GPD/ACRE OR 2500GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 2200 SQFT UNOBSTRUCTED AREA REQUIRED: Trach 888 SQFT
Bed 1142

BENCHMARK/REFERENCE POINT LOCATION: Crown of Road 8.60'
ELEVATION OF PROPOSED SYSTEM SITE IS 35.4 [INCHES] [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: 61 FT
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 95 FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES [] NO 10 YEAR FLOODING? [] YES [] NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT NGVD SITE ELEVATION: 5.65 FT NGVD

SOIL PROFILE INFORMATION SITE 1		
Munsell #/Color	Texture	Depth
<u>10yR 8/1 white</u>	<u>F Sand</u>	<u>0 to 48</u>
<u>10yR 5/3 Brown</u>	<u>F Sand</u>	<u>48 to 66</u>
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
USDA SOIL SERIES:	<u>Jonathan Sand 41</u>	

SOIL PROFILE INFORMATION SITE 2		
Munsell #/Color	Texture	Depth
<u>10yR 8/1 white</u>	<u>F Sand</u>	<u>0 to 48</u>
<u>10yR 5/3 Brown</u>	<u>F Sand</u>	<u>48 to 70</u>
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
USDA SOIL SERIES:	<u>Jonathan Sand 41</u>	

OBSERVED WATER TABLE: 40 INCHES [BELOW] EXISTING GRADE TYPE: [APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 30 INCHES [Below] EXISTING GRADE.
HIGH WATER TABLE VEGETATION: [] YES [] NO MOTTLING: [] YES [] NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: Sand / 0.90 (or 0.70 Bed) DEPTH OF EXCAVATION: N/A INCHES
DRAINFIELD CONFIGURATION: [] TRENCH or [] BED [] OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: [Signature] DATE: 3-3-99

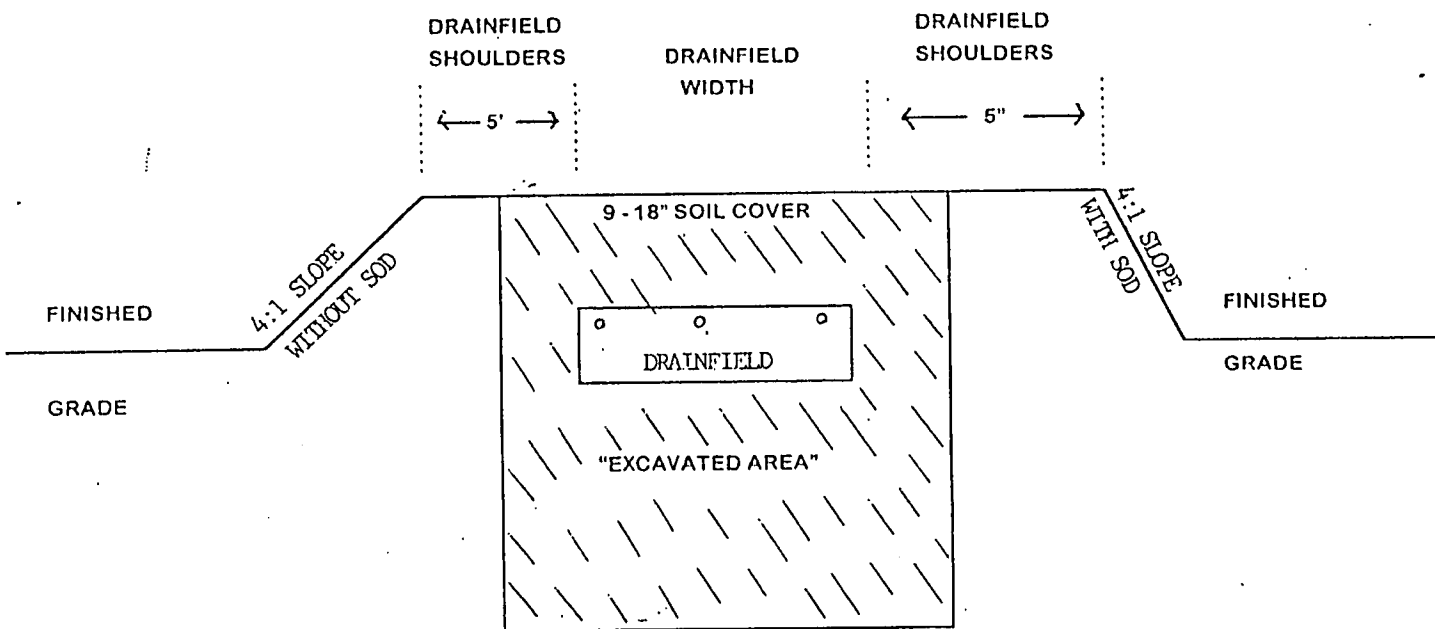
29. Any alteration of the information or conditions of this permit found to be in non compliance with 64E-6, Florida Administrative Code, will be sufficient cause for revocation of this permit.

30. The engineer of record must certify that the installed system complies with the approved design and installation requirements.

31. 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 ___ Commercial System).

32. 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).

DRAINFIELD MOUND REQUIREMENTS



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

33. A well construction permit is required prior to well installation.

34. Other: _____

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

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



Martin County Health Department

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Jeffrey Bruner SEPTIC TANK PERMIT NO.: 43-SS-0005
LEGAL DESCRIPTION: Lot 5 Hillcrest

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.

- 1. Building Permit Number: 4595 - TOWN OF SEWALL'S POINT (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 15 inches (circle one) above / below crown of road elevation shown on septic tank permit.
4. I certify that the top of the drainfield pipe elevation is inches (circle one) above / below BM / CR.
5. I certify that all moderate and or severely limited soils have been removed from an area of feet by feet a minimum depth of. Surveyor must submit 2 plot plans to scale of excavated area.
6. I certify that all moderately and or severely limited soils have been removed in an area feet wide or 33% of the area of the drainfield.

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. c. Condition numbers 5 and 6 may be satisfied with excavation certification from the certified septic installer responsible for drainfield installation.

CERTIFIED BY: Arthur Speedy, P.S. & M. ARTHUR SPEEDY

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

Date: April 26, 1999 Job Number:

(Signature)

MARTIN COUNTY HEALTH DEPT Environmental Health 620 So. Dixie Hwy. Stuart, FL 34994 (561) 221-4090

FOR MARTIN COUNTY HEALTH DEPARTMENT USE ONLY

Martin County Health Department Approval Signature

4/27/99 (Date)

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

NOT to exceed 18" of cover over drainfield



RECEIVED

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

FEB. 20 1999

PERMIT # 43.55.071005
DATE PAID 2.26.99
FEE PAID \$ 95.
RECEIPT # 25062

APPLICATION FOR:

- [X] New System [] Existing System [] Holding Tank [] Temporary/Experimental
[] Repair [] Abandonment [] Other (Specify)

APPLICANT: Jeffrey C. Bruner

TELEPHONE: 283-0283

AGENT:

MAILING ADDRESS: 2060 S.W. BriarOak Trail; Palm City, FL 34990

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: 5 BLOCK: - SUBDIVISION: HILLCREST DATE OF SUBDIVISION: 8/27/86

PROPERTY ID #: [Section/Township/Range/Parcel No.] ZONING:

PROPERTY SIZE: 0.56 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: [] PRIVATE [X] PUBLIC

PROPERTY STREET ADDRESS: XXX HILLCREST COURT; SEWALL'S POINT

DIRECTIONS TO PROPERTY: SEE ATTACHED SITE LOCATION MAP

BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL

Table with 6 columns: Unit No, Type of Establishment, No. of Bedrooms, Building Area Sqft, # Persons Served, Business Activity For Commercial Only. Row 1: 1, SINGLE FAMILY RESIDENCE, 4, 2938.

- [X] Garbage Grinders/Disposals [] Spas/Hot Tubs [] Floor/Equipment Drains
[] Ultra-low Volume Flush Toilets [] Other (Specify)

APPLICANT'S SIGNATURE: x Jeffrey C Bruner

DATE: 2/26/99

APPLICANT'S NAME: Jeffrey C. Bruner

LEGAL DESCRIPTION: Lot 5 HILLCREST, Town of Sewall's 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 2200 square feet of available, unobstructed, contiguous land to install the septic system. This area excludes interferences. Shade this available area on the site plan.

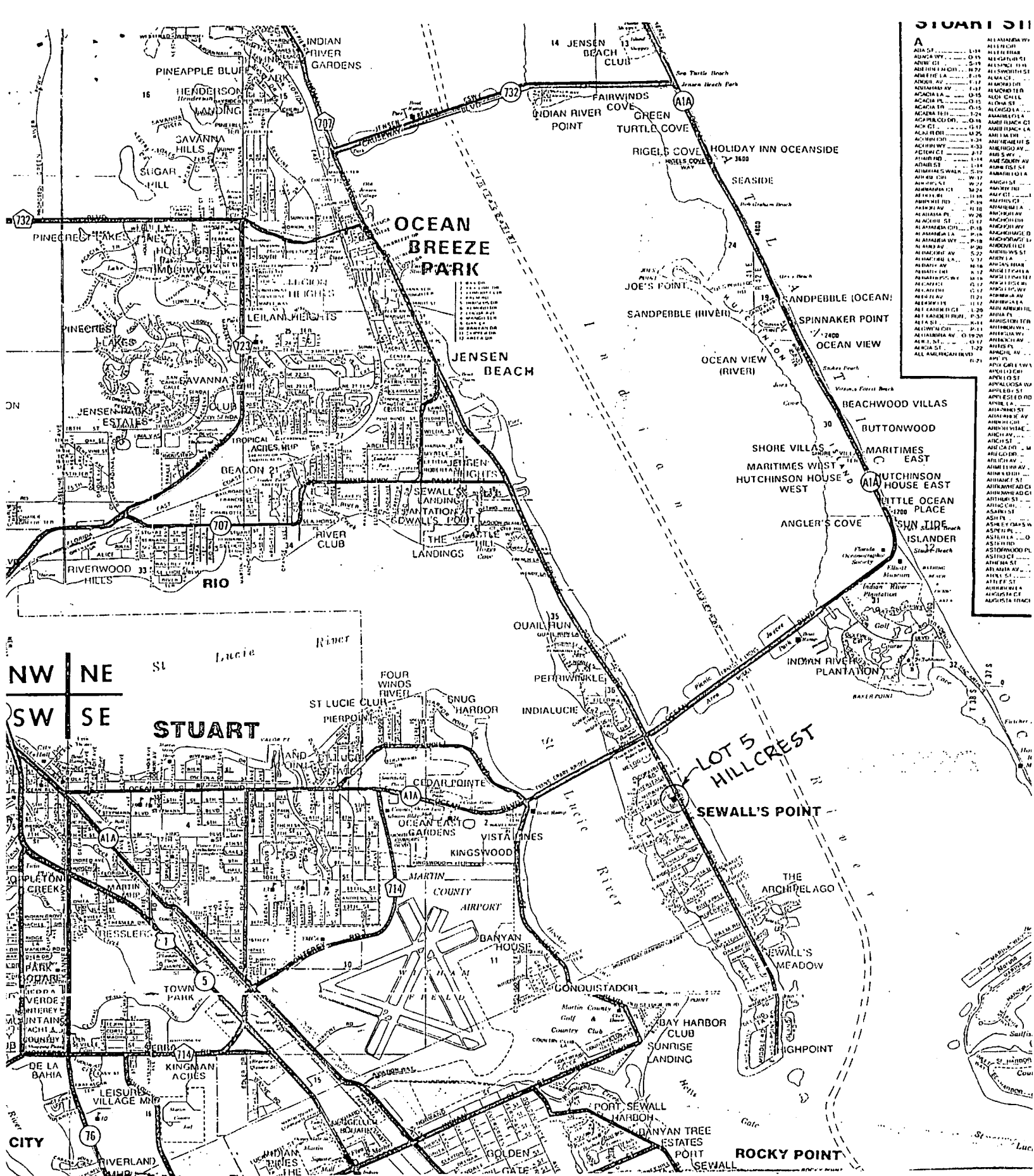
SITE ELEVATIONS

- 1. Crown of road elevation 8.60 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 5.65 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? 8.0 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.

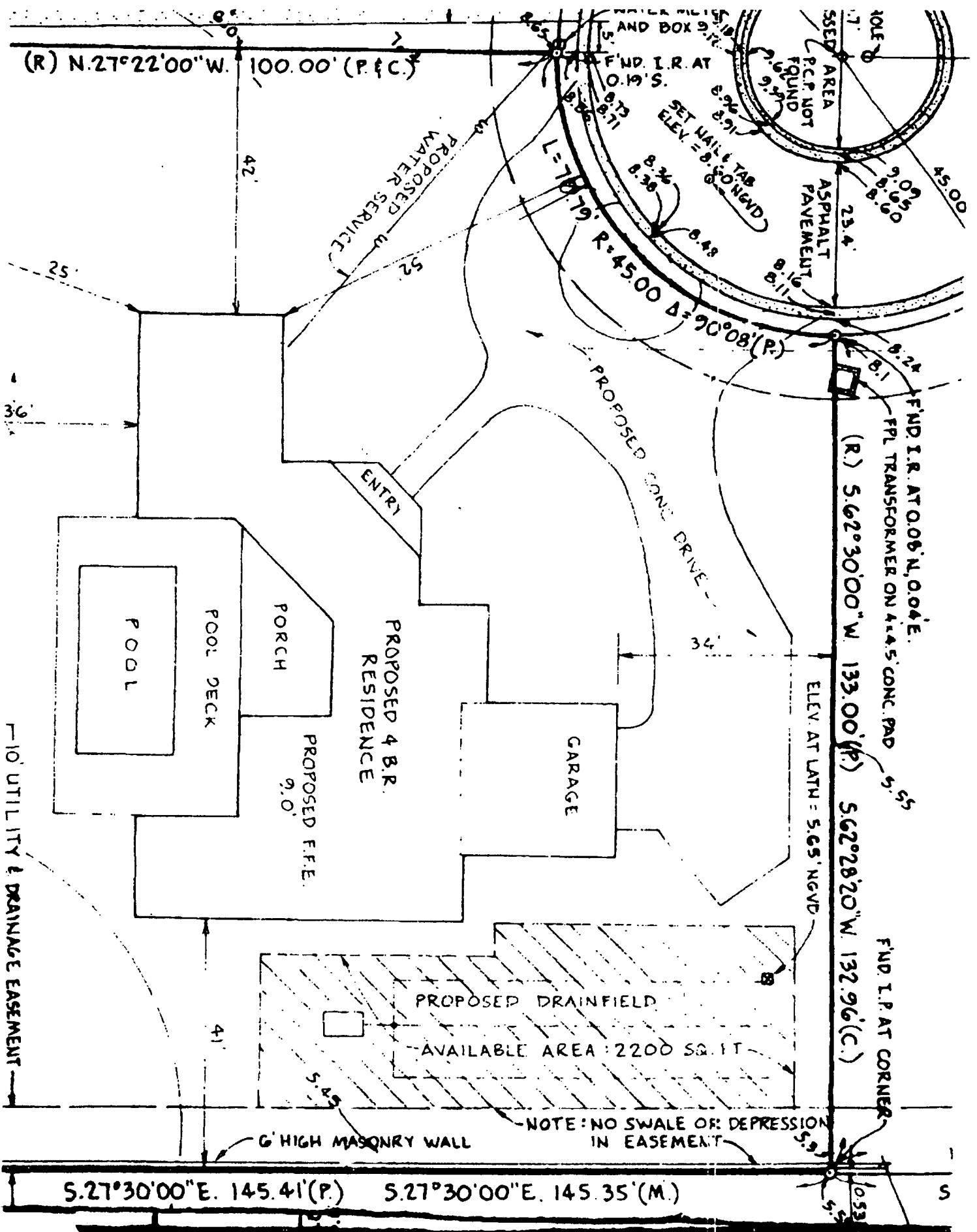
CERTIFIED BY: ARTHUR SPEEDY
FLORIDA PROFESSIONAL NO.: 3343 P.S.&M.
DATE: FEB. 24, 1999 JOB NO.: _____



STUART 511

A	ADAMS ST.	111	ADAMS ST.	111
A	ADAMS ST.	112	ADAMS ST.	112
A	ADAMS ST.	113	ADAMS ST.	113
A	ADAMS ST.	114	ADAMS ST.	114
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A	ADAMS ST.	198	ADAMS ST.	198
A	ADAMS ST.	199	ADAMS ST.	199
A	ADAMS ST.	200	ADAMS ST.	200

SITE LOCATION MAP
 Residence for Mr. & Mrs. Jeffrey C. Bruner
 Lot 5, HILLCREST, Town of Sewall's Point
 SHEET 4 OF 4



(R) N.27°22'00"W. 100.00' (P.&C.)

10' UTILITY & DRAINAGE EASEMENT

PROPOSED WATER SERVICE

ENTRY

POOL

POOL DECK

PORCH

PROPOSED 4 B.R. RESIDENCE

PROPOSED F.F.E. 9.0'

GARAGE

PROPOSED CONC. DRIVE

PROPOSED DRAINFIELD

AVAILABLE AREA: 2200 SQ. FT.

6' HIGH MASONRY WALL

NOTE: NO SWALE OR DEPRESSION IN EASEMENT

S.27°30'00"E. 145.41'(P.)

S.27°30'00"E. 145.35'(M.)

(R) 5.62°30'00"W. 133.00'(P.) 5.62°28'20"W. 132.96'(C.)

FIND I.P. AT CORNER

FIND I.R. AT 0.08' N, 0.04' E.
FPL TRANSFORMER ON 4.45' CONC. PAD

ELEV. AT LATH = 5.65' NGVD

ASPHALT PAVEMENT

SEED AREA P.C.P. NOT FOUND

SET MAIL & TAB CONDUIT
ELEV. = 8.80' NGVD

L = 78.79' R = 45.00' Δ = 90°08'(P.)

WATER METER AND BOX SITE

FIND I.R. AT 0.19' S.

S

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: BRUNER RESIDENCE Address: 105 HILLCREST COURT City, State: , FL TOWN OF SEWALL'S POINT Owner: BRUNER Climate Zone: Central	Builder: ST. CLAIRE Permitting Office: TOWN OF SEWALL'S POINT Permit Number: Jurisdiction Number:
---	--

<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">New</td><td style="text-align: center;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: center;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: center;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">3</td><td style="text-align: center;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">Yes</td><td style="text-align: center;">___</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">2938 ft²</td><td style="text-align: center;">___</td></tr> <tr><td>7. Glass area & type</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. 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Concrete, Int Insul, Exterior</td><td style="text-align: right;">R=5.0, 2402.9 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. Frame, Wood, Adjacent</td><td style="text-align: right;">R=11.0, 186.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> c. Frame, Wood, Exterior</td><td style="text-align: right;">R=11.0, 280.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> d. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> e. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>10. Ceiling types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Under Attic</td><td style="text-align: right;">R=30.0, 2938.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>11. Ducts</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Sup: Unc. Ret: Unc. AH: Garage</td><td style="text-align: right;">Sup. R=6.0, 75.0 ft</td><td style="text-align: center;">___</td></tr> <tr><td> b. Sup: Unc. Ret: Unc. AH: Garage</td><td style="text-align: right;">Sup. R=6.0, 75.0 ft</td><td style="text-align: center;">___</td></tr> </table>	1. New construction or existing	New	___	2. Single family or multi-family	Single family	___	3. Number of units, if multi-family	1	___	4. Number of Bedrooms	3	___	5. Is this a worst case?	Yes	___	6. Conditioned floor area (ft ²)	2938 ft ²	___	7. Glass area & type		___	a. Clear - single pane	513.1 ft ²	___	b. Clear - double pane	0.0 ft ²	___	c. Tint/other SC/SHGC - single pane	0.0 ft ²	___	d. Tint/other SC/SHGC - double pane	0.0 ft ²	___	8. Floor types		___	a. Slab-On-Grade Edge Insulation	R=5.0, 340.5(p) ft	___	b. N/A		___	c. N/A		___	9. Wall types		___	a. Concrete, Int Insul, Exterior	R=5.0, 2402.9 ft ²	___	b. 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Glass/Floor Area: 0.17	Total as-built points: 36654.00	PASS
	Total base points: 38803.00	

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

PREPARED BY: PATRICIA ZIMMERMAN


DATE: 4-6-99

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

OWNER/AGENT: [Signature]

DATE: 4-08-99

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



BUILDING OFFICIAL: [Signature]

DATE: 4/14/99

RIGHT-J LOAD AND EQUIPMENT SUMMARY

03/31/99

File name: SCBRUNER.RSR Zone: Entire House
 For: ST. CLAIRE BLDRS.
 BRUNER RES/LOT 5, HILLCREST SUB
 SEWELL'S PT. FL
 Phone: Fax:
 By: COMFORT CONTROL OF SLC, INC.
 1691 S. MACEDO BLVD.
 PORT ST. LUCIE FL 34984
 Phone: (561) 785-9010 Fax:
 Job #:
 Wthr: West Palm Beach AP FL
 Notes:

WINTER DESIGN CONDITIONS

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

SUMMER DESIGN CONDITIONS

Outside db: 91 °F
 Inside db: 75 °F
 Design TD: 16 °F
 Daily Range L
 Rel. Hum. : 50 %
 Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 44337 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 44337 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 48465 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 °F
 Use Mfg. Data n
 Rate/Swing Mult. 0.96
 Total Sens Equip Load 46527 Btuh

INFILTRATION

Method Simplified
 Construction Quality Average
 Fireplaces 0

	HEATING	COOLING
Area (sq.ft.)	2938	2938
Volume (cu.ft.)	29154	29154
Air Changes/Hour	0.7	0.4
Equivalent CFM	341	195

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 1150 Btuh
 Ventilation 0 Btuh
 Infiltration 7946 Btuh
 Tot Latent Equip Load 9096 Btuh
 Total Equip Load 55623 Btuh

HEATING EQUIPMENT SUMMARY

Make n/a
 Trade n/a
 n/a

Efficiency n/a
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 °F
 Actual Heating Fan 0 CFM
 Htg Air Flow Factor 0.000 CFM/Btuh

Space Thermostat n/a

COOLING EQUIPMENT SUMMARY

Make n/a
 Trade n/a
 n/a
 n/a

Efficiency n/a
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 0 CFM
 Clg Air Flow Factor 0.000 CFM/Btuh

Load Sens Heat Ratio 0

MANUAL J: 7th Ed. Right-Suite: Ver 4.1.27 S/N RSR21053

RIGHT-J LOAD AND EQUIPMENT SUMMARY

03/31/99

File name: SCBRUNER.RSR Zone: ZONE #1
 For: ST. CLAIRE BLDRS.
 BRUNER RES/LOT 5, HILLCREST SUB
 SEWELL'S PT. FL
 Phone: Fax:
 By: COMFORT CONTROL OF SLC, INC.
 1691 S. MACEDO BLVD.
 PORT ST. LUCIE FL 34984
 Phone: (561) 785-9010 Fax:
 Job #:
 Wthr: West Palm Beach AP FL
 Notes:

WINTER DESIGN CONDITIONS

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

SUMMER DESIGN CONDITIONS

Outside db: 91 °F
 Inside db: 75 °F
 Design TD: 16 °F
 Daily Range L
 Rel. Hum. : 50 %
 Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 20455 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 20455 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 25269 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 °F
 Use Mfg. Data n
 Rate/Swing Mult. 0.96
 Total Sens Equip Load 24258 Btuh

INFILTRATION

Method Simplified
 Construction Quality Average
 Fireplaces 0

	HEATING	COOLING
Area (sq.ft.)	1147	1147
Volume (cu.ft.)	12245	12245
Air Changes/Hour	0.8	0.4
Equivalent CFM	155	88

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 460 Btuh
 Ventilation 0 Btuh
 Infiltration 3605 Btuh
 Tot Latent Equip Load 4065 Btuh
 Total Equip Load 28323 Btuh

HEATING EQUIPMENT SUMMARY

Make n/a
 Trade
 n/a

Efficiency 100.0 EFF

Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 °F
 Actual Heating Fan 1351 CFM
 Htg Air Flow Factor 0.066 CFM/Btuh

COOLING EQUIPMENT SUMMARY

Make RUUD AIR COND
 Trade Ruud UAMA Series
 UAMA-036JA
 RCHA-36A1

Efficiency 12.0 SEER

Sensible Cooling 23940 Btuh
 Latent Cooling 10260 Btuh
 Total Cooling 34200 Btuh
 Actual Cooling Fan 1351 CFM
 Clg Air Flow Factor 0.053 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio 86

MANUAL J: 7th Ed. Right-Suite: Ver 4.1.27 S/N RSR21053

RIGHT-J LOAD AND EQUIPMENT SUMMARY

03/31/99

File name: SCBRUNER.RSR Zone: ZONE #2
 For: ST. CLAIRE BLDRS.
 BRUNER RES/LOT 5, HILLCREST SUB
 SEWELL'S PT. FL
 Phone: Fax:
 By: COMFORT CONTROL OF SLC, INC.
 1691 S. MACEDO BLVD.
 PORT ST. LUCIE FL 34984
 Phone: (561) 785-9010 Fax:
 Job #:
 Wthr: West Palm Beach AP FL
 Notes:

WINTER DESIGN CONDITIONS

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

SUMMER DESIGN CONDITIONS

Outside db: 91 °F
 Inside db: 75 °F
 Design TD: 16 °F
 Daily Range L
 Rel. Hum.: 50 %
 Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 23882 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 23882 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 26806 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 °F
 Use Mfg. Data n
 Rate/Swing Mult. 0.96
 Total Sens Equip Load 25734 Btuh

INFILTRATION

Method Simplified
 Construction Quality Average
 Fireplaces 0

	HEATING	COOLING
Area (sq.ft.)	1792	1792
Volume (cu.ft.)	16909	16909
Air Changes/Hour	0.7	0.4
Equivalent CFM	186	106

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 690 Btuh
 Ventilation 0 Btuh
 Infiltration 4341 Btuh
 Tot Latent Equip Load 5031 Btuh
 Total Equip Load 30765 Btuh

HEATING EQUIPMENT SUMMARY

Make n/a
 Trade
 n/a

Efficiency 100.0 EFF

Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 °F
 Actual Heating Fan 1283 CFM
 Htg Air Flow Factor 0.054 CFM/Btuh

COOLING EQUIPMENT SUMMARY

Make RUUD AIR COND
 Trade Ruud UAMA Series
 UAMA-036JA
 RCHA-36A1

Efficiency 12.0 SEER

Sensible Cooling 23940 Btuh
 Latent Cooling 10260 Btuh
 Total Cooling 34200 Btuh
 Actual Cooling Fan 1283 CFM
 Clg Air Flow Factor 0.048 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio 84

MANUAL J: 7th Ed. Right-Suite: Ver 4.1.27 S/N RSR21053

S/N RSR21053

RIGHT-J SHORT FORM

03/31/99

File name: SCBRUNER.RSR

Job #:

For: ST. CLAIRE BLDRS.
BRUNER RES/LOT 5, HILLCREST SUB
SEWELL'S PT. FL

	Htg	Clg
Outside db	45	91
Inside db	70	75
Design TD	25	16
Daily Range	-	L
Inside Humid.	-	50
Grains Water	-	60
Method	Simplified	
Const. qlty	Average	
Fireplaces	0	

By: COMFORT CONTROL OF SLC, INC.
1691 S. MACEDO BLVD.
PORT ST. LUCIE FL 34984
(561) 785-9010

HEATING EQUIPMENT

COOLING EQUIPMENT

Make n/a
Trade n/a
n/a
Efficiency n/a
Heating Input 0 Btuh
Heating Output 0 Btuh
Heating Temp Rise 0 Deg F
Actual Heating Fan 0 CFM
Htg Air Flow Factor 0.000 CFM/Btuh

Make n/a
Trade n/a
n/a
Efficiency n/a
Sensible Cooling 0 Btuh
Latent Cooling 0 Btuh
Total Cooling 0 Btuh
Actual Cooling Fan 0 CFM
Clg Air Flow Factor 0.000 CFM/Btuh

Space Thermostat

n/a

Load Sensible Heat Ratio

0

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
ZONE #1 n p	1147	20455	25269	1351	1351
ZONE #2 n p	1792	23882	26806	1283	1283
Entire House d	2938	44337	48465	2634	2634
Ventilation Air		0	0		
Equip. @ 0.96 RSM			46527		
Latent Cooling			9096		
TOTALS	2938	44337	55623	2634	2634

S/N RSR21053

RIGHT-J SHORT FORM

03/31/99

File name: SCBRUNER.RSR

Job #:

For: ST. CLAIRE BLDRS.
BRUNER RES/LOT 5, HILLCREST SUB
SEWELL'S PT. FL

Outside db	Htg	Clg
	45	91
Inside db	70	75
Design TD	25	16
Daily Range	-	L
Inside Humid.	-	50
Grains Water	-	60
Method	Simplified	
Const. qlty	Average	
Fireplaces	0	

By: COMFORT CONTROL OF SLC, INC.
1691 S. MACEDO BLVD.
PORT ST. LUCIE FL 34984
(561) 785-9010

HEATING EQUIPMENT

Make n/a
Trade
n/a
Efficiency 100.0 EFF
Heating Input 0 Btuh
Heating Output 0 Btuh
Heating Temp Rise 0 Deg F
Actual Heating Fan 1351 CFM
Htg Air Flow Factor 0.066 CFM/Btuh

COOLING EQUIPMENT

Make RUUD AIR COND
Trade Ruud UAMA Series
UAMA-036JA
Efficiency 12.0 SEER
Sensible Cooling 23940 Btuh
Latent Cooling 10260 Btuh
Total Cooling 34200 Btuh
Actual Cooling Fan 1351 CFM
Clg Air Flow Factor 0.053 CFM/Btuh

Space Thermostat

Load Sensible Heat Ratio

86

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
FORMAL LIVING	473	11496	14241	759	762
STORAGE/HALL	32	233	161	15	9
LAUNDRY	83	1120	2207	74	118
MASTER BATH	163	2476	2269	164	121
MASTER WIC	122	1255	810	83	43
MASTER BDRM	276	3876	5580	256	298
ZONE #1 n p	1147	20455	25269	1351	1351
Ventilation Air Equip. @ 0.96 RSM		0	0		
Latent Cooling			24258		
			4065		
TOTALS	1147	20455	28323	1351	1351

S/N RSR21053

RIGHT-J SHORT FORM

03/31/99

File name: SCBRUNER.RSR

Job #:

For: ST. CLAIRE BLDRS.
BRUNER RES/LOT 5, HILLCREST SUB
SEWELL'S PT. FL

	Htg	Clg
Outside db	45	91
Inside db	70	75
Design TD	25	16
Daily Range	-	L
Inside Humid.	-	50
Grains Water	-	60
Method	Simplified	
Const. qlty	Average	
Fireplaces	0	

By: COMFORT CONTROL OF SLC, INC.
1691 S. MACEDO BLVD.
PORT ST. LUCIE FL 34984
(561) 785-9010

HEATING EQUIPMENT

Make n/a
Trade
n/a
Efficiency 100.0 EFF
Heating Input 0 Btuh
Heating Output 0 Btuh
Heating Temp Rise 0 Deg F
Actual Heating Fan 1283 CFM
Htg Air Flow Factor 0.054 CFM/Btuh

COOLING EQUIPMENT

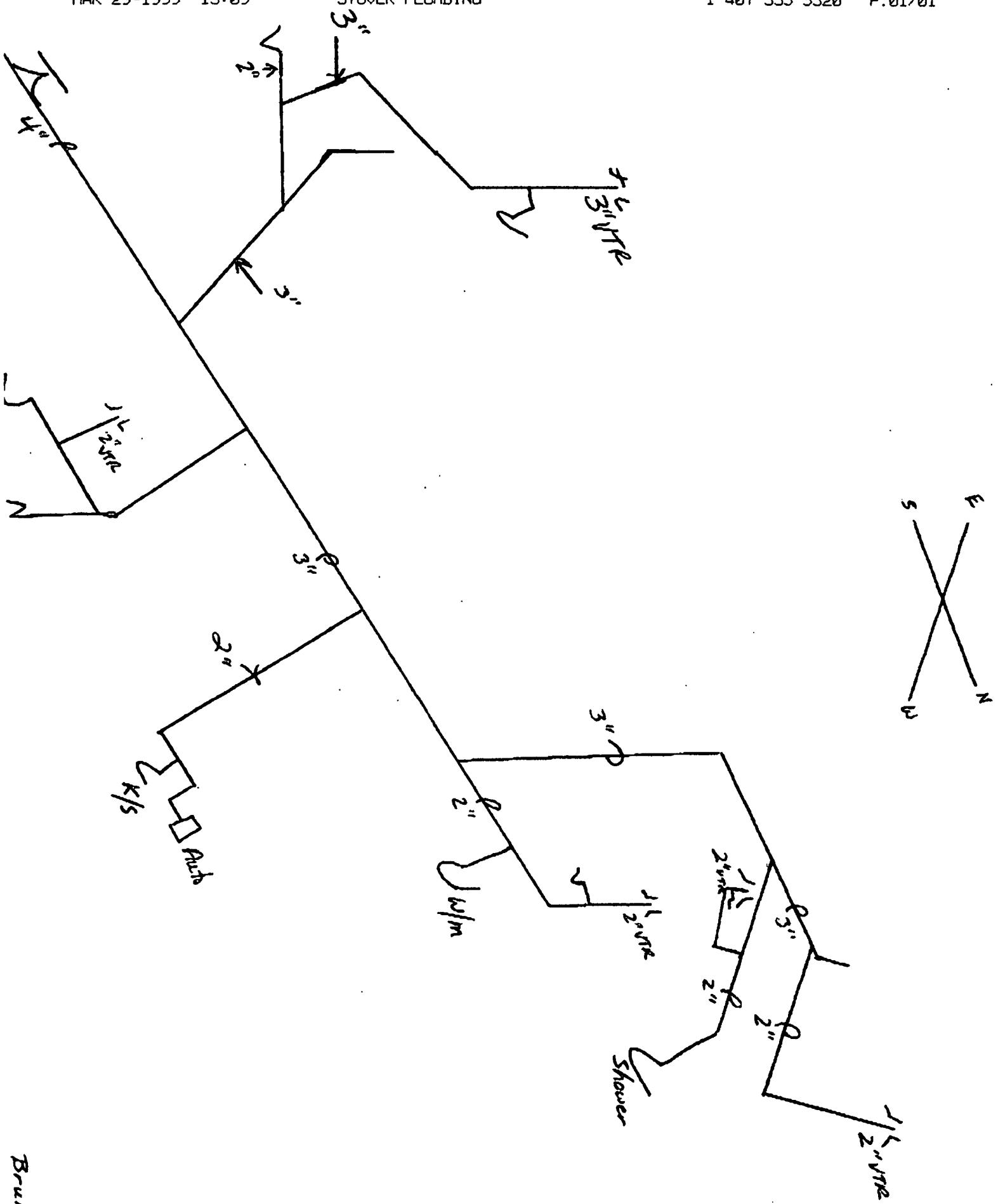
Make RUUD AIR COND
Trade Ruud UAMA Series
UAMA-036JA
Efficiency 12.0 SEER
Sensible Cooling 23940 Btuh
Latent Cooling 10260 Btuh
Total Cooling 34200 Btuh
Actual Cooling Fan 1283 CFM
Clg Air Flow Factor 0.048 CFM/Btuh

Space Thermostat

Load Sensible Heat Ratio

84

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
BREAKFAST	189	3150	3523	169	169
FORMAL DINING	184	3766	3794	202	182
FAMILY	347	4726	4837	254	231
KITCHEN	259	1466	2410	79	115
GUEST SUITE	240	4551	5133	244	246
GUEST BATH	85	619	543	33	26
BDRM #2	202	1501	2123	81	102
BATH/HALL	93	650	564	35	27
OFFICE	194	3453	3879	185	186
ZONE #2 n p	1792	23882	26806	1283	1283
Ventilation Air Equip. @ 0.96 RSM		0	0		
Latent Cooling			25734		
			5031		
TOTALS	1792	23882	30765	1283	1283



Brunner &

MICHAEL VARNEY
P.O. BOX 2297
Stuart, FL 34995
TELE: 561-223-4651

7 April 99

Mr. Jeff Bruner
Lot 5
Hillcrest Subdivision
Sewall's Point, FL 34996

RE: Architectural Review Committee
Bruner Residence
St. Clair Builders, Inc. Residential Drawings, dated 19 March 99

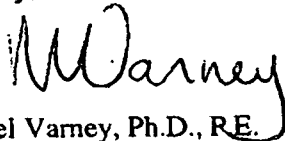
Dear Mr. Bruner:

The Architectural Review Committee of the Hillcrest Property Owner's Association(HPOA) has reviewed the referenced residential plans, including a clarification letter from St. Clair Builders dated 6 April 99, and finds them in keeping with the general architectural requirements of the HPOA. If any changes to the referenced drawings are made which substantially alter the front, rear, and side elevations of the proposed house, those changes must also be reviewed by the committee.

Our review of your proposed home is solely for architectural compatibility with the other homes in the HPOA. Our favorable review of your drawings in no way implies state and local building code review and/or approval. Those approvals must be obtained through the appropriate agencies.

A copy of this letter should be attached to your Sewall's Point Building Permit Application.

Sincerely,



Michael Varney, Ph.D., R.E.
Chair, HPOA Architectural Review Committee

AJF ENGINEERING & TESTING INC.**FARLEY & ASSOCIATES****P.O. BOX 12059****LAKE PARK, FL 33403****SOIL DENSITY REPORT MODIFIED
PROCTOR TEST ASTM D 2922**

Date: APRIL 1, 1999
Job #: P99- 0695
Permit #:
Client: ST. CLAIR BUILDERS

Contractor: ST. CLAIR BUILDERS

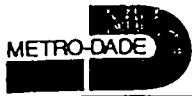
Job Location: HILLCREST ROAD
 LOT 5
 SEWALL'S POINT, FLORIDA

Test No.	Test Sample Location	Depth	Pen. In Place Res. Dry Density	Moisture Density Relationship Test No.	Density Maximum Dry Density	% Compacted
Density - Foundation Fill						
Below Slab Grade						
1	NW Corner	0-1'	102.9	1	106.3	96.8%
2	SW Corner	0-1'	103.6	1		97.5%
3	Center	0-1'	103.4	1	"	97.3%
4		1-2'	104.0	1		97.8%
5	NE Corner	0-1'	103.7	1		97.6%
6		1-2'	105.0	1		98.8%
7		2-3'	103.3	1		97.2%
8	SE Corner	0-1'	102.8	1	"	96.7%
9		1-2'	103.2	1		97.1%
10		2-3'	104.1	1		97.9%

Frank W. Farley,
 P.E. 40111

AJF ENGINEERING & TESTING, INC

PHONE: (561) 845-7445 WEST PALM BEACH (561) 337-7755 MARTIN-ST. LUCIE
 (561) 564-0940 INDAIN RIVER (561) 845-8876 FAX



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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Ocean Shutters Manufacturing, Inc.
4900-B N.E. 11th Avenue
Ft. Lauderdale FL 33334

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

Your application for Product Approval of:

0.063" Aluminum Storm Panel

under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *Applicant, along with drawings prepared by V. J. Knezevich, P.E.*

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

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

Acceptance No.: 98-0114.01 (Revises No.: 97-0115.02)

Expires: 08/07/00

Raul Rodriguez
Product Control Supervisor

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

BUILDING CODE COMMITTEE

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

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

Approved: 05/28/98





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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Case Shutters Manufacturing, Inc.
4900-B N.E. 11th Avenue
Ft. Lauderdale FL 33334

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

Your application for Product Approval of:

20 ga. Galvanized Steel Storm Panel

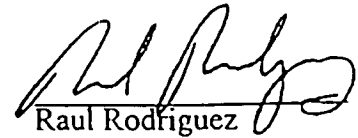
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *Applicant, along with Drawing No. 95-592, Sheets 1 thru 4 of 4. (For listing, see Section 8 of this Notice of Acceptance)*

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

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

Acceptance No.: 96-0502.03


Expires: 08/22/99


Raul Rodriguez
Product Control Supervisor

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

BUILDING CODE COMMITTEE

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


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

Approved: 08/22/96

WIND LOAD SPECIFICATION

Model: Thermowayne Model 36 & Model 38

Style: Raised Panel and Flush

Size: 14' & 15' Wide

Test Pressure: Pos./Neg. 55 PSF

Test Sample: (4) Section - 16' x 8' (Solid)

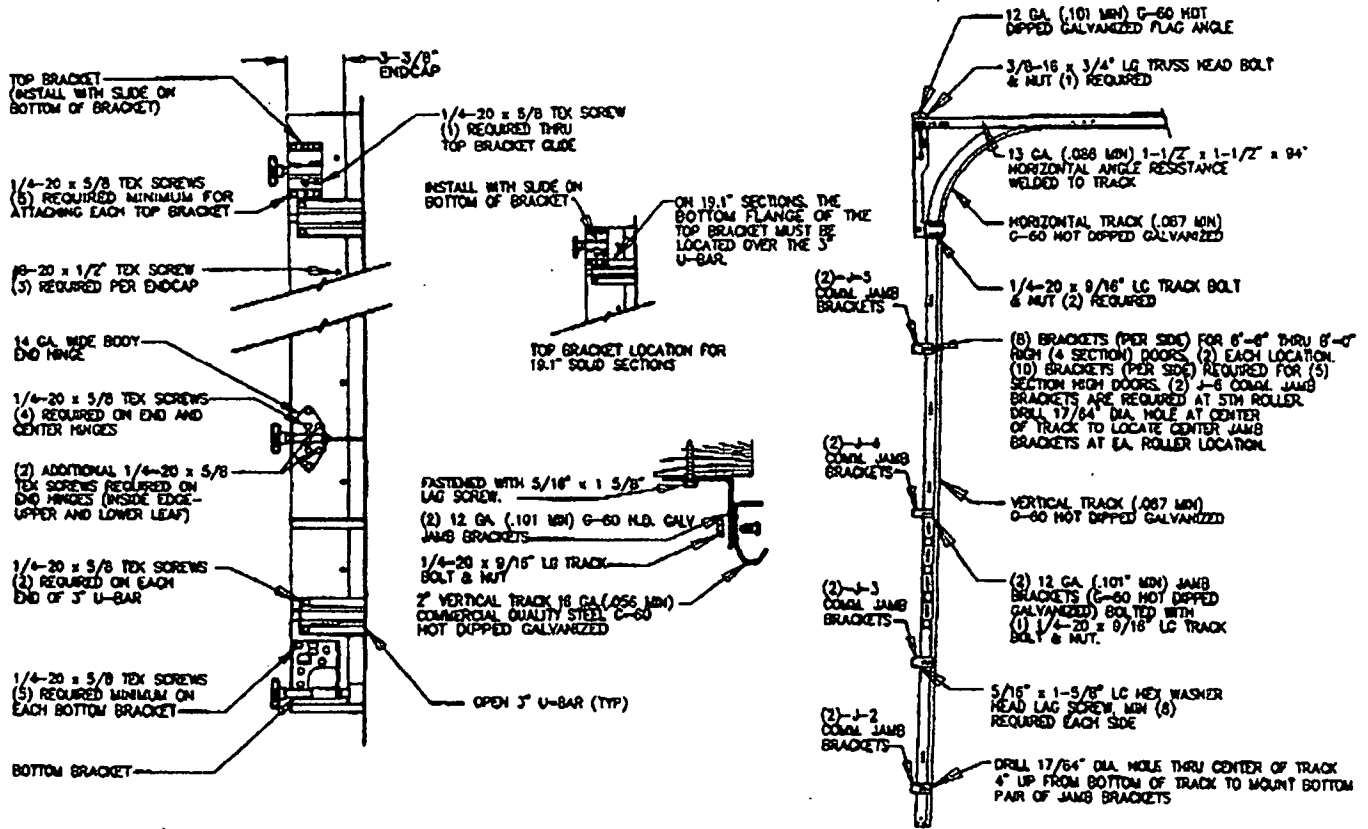
(4) Section - 16' x 7'9" (Glazed)

Approved Door Sizes:

NOTES:

1. Struts, track, and door steel to have a minimum yield of 33,000 PSI.

TRACK



RESIDENTIAL TRACK DETAIL (BMW)

Approved: *David Mansour*

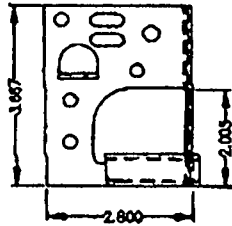
David Mansour
CERTIFICATION NO. 0048475

Date: 4-15-97

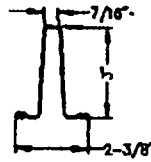
REPORT # WC94.020 & WC94.004

PART NO. 431

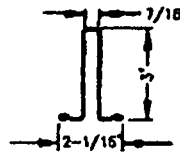
Wagne Dalton	DRAWING NO.	REV	OPTION CODE	THERMOWAYNE 36 & 38	PAGE
	WP94.004B	P	944B	14' & 15' WIDE	1 OF 4



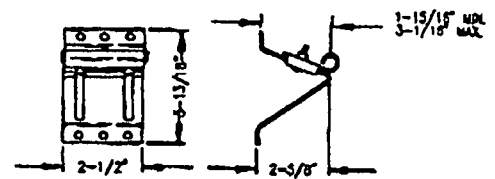
BOTTOM BRACKET
16 GA. (.060 MIN.)
HOT DIPPED GALVANIZED



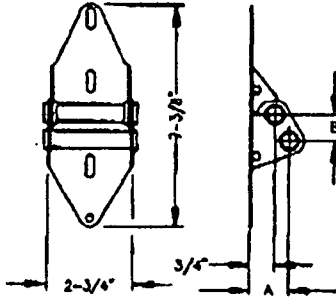
3" U BAR STRUT-OPEN
20 GA. (.034 MIN.)
HOT DIPPED GALVANIZED



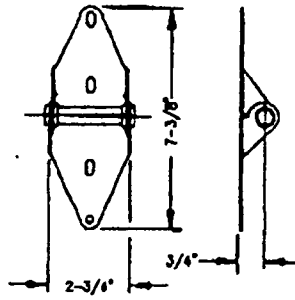
5" U BAR STRUT-CLOSED
20 GA. (.034 MIN.)
HOT DIPPED GALVANIZED



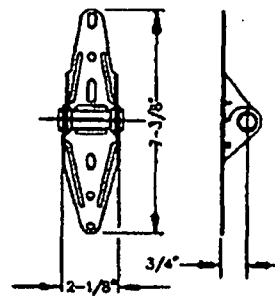
TOP BRACKET
16 GA. (.060 MIN.)
HOT DIPPED GALVANIZED



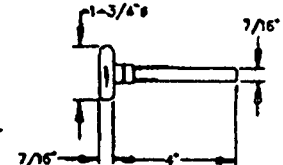
WIDE BODY END HINGE
14 GA. (.071 MIN.)
HOT DIPPED GALVANIZED



WIDE BODY CENTER HINGE
14 GA. (.071 MIN.)
HOT DIPPED GALVANIZED



NARROW BODY CENTER HINGE
18 GA. (.045 MIN.)
HOT DIPPED GALVANIZED



**NYLON SHORT ROLLER
OR 7 BALL STEEL ROLLER**

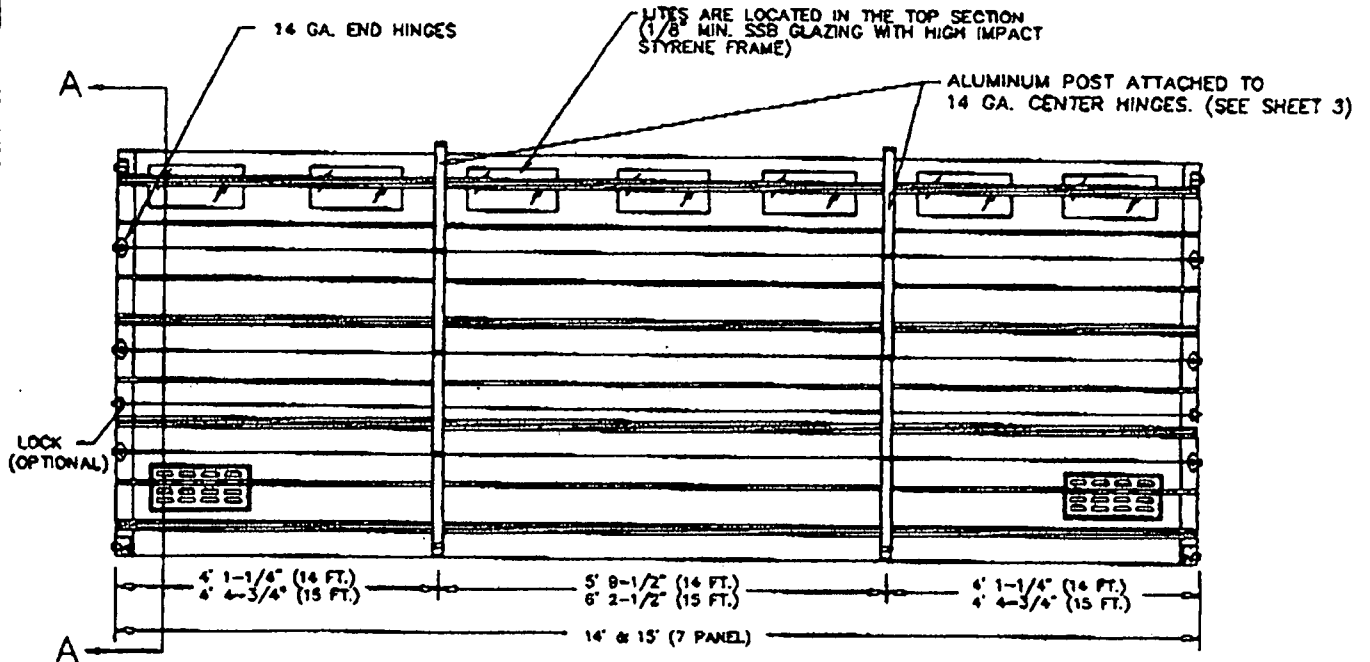
A	B
R-1"	R-13/16"
R-1-1/4"	R-3/4"
R-1-1/2"	R-11/16"
R-1-3/4"	R-5/8"

GLASS DISCLAIMER:

"NO CONCLUSIONS OF ANY KIND REGARDING THE ADEQUACY OR INADEQUACY OF THE GLASS IN THE TEST SPECIMEN MAY BE DRAWN FROM THE TEST." (1993 ASTM E330)



NOTE: (OPTIONAL)
LOUVERS TO BE LOCATED IN THE END PANELS OF THE BOTTOM SECTION. (.080" ALUMINUM)



Approved: *David Monsour*
David Monsour
CERTIFICATION NO. 0046475
Date: *4-15-97*

SECTION MAKE-UP (STYLELINE):
8'-0" HIGH - (5) 19.1" SECTIONS
7'-8" HIGH - (2) 24" & (2) 20.8" SECTIONS
7'-0" HIGH - (4) 20.8" SECTIONS
6'-6" HIGH - (4) 19.1" SECTIONS

SECTION MAKE-UP (SOLID):
8'-0" HIGH - (5) 19.1" SECTIONS or (4) 24" SECTIONS
7'-8" HIGH - (2) 24" & (2) 20.8" SECTIONS
7'-0" HIGH - (4) 20.8" SECTIONS
6'-6" HIGH - (4) 19.1" SECTIONS

PART NO. 155431



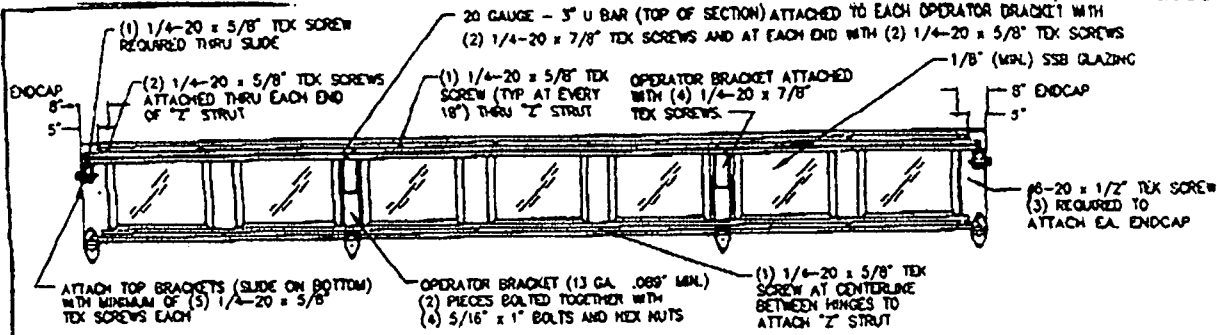
DRAWING NO.
WP94.004B

REV
P

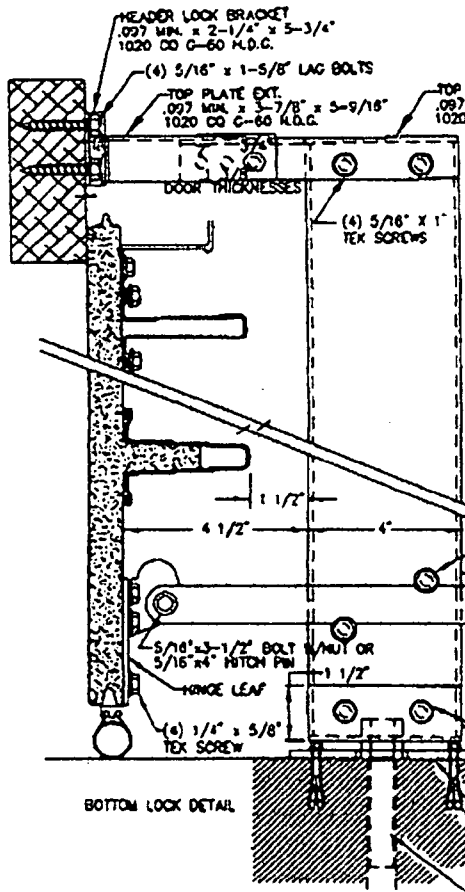
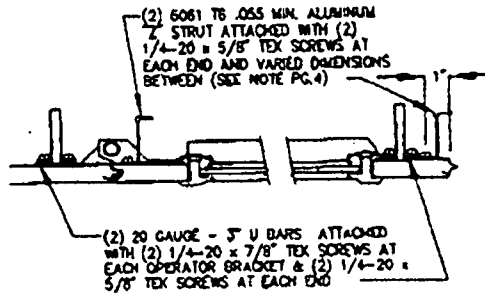
OPTION CODE
944B

THERMOWAYNE 36 & 38
14' & 15' WIDE

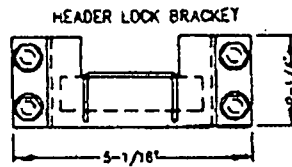
PAGE
2 OF 4



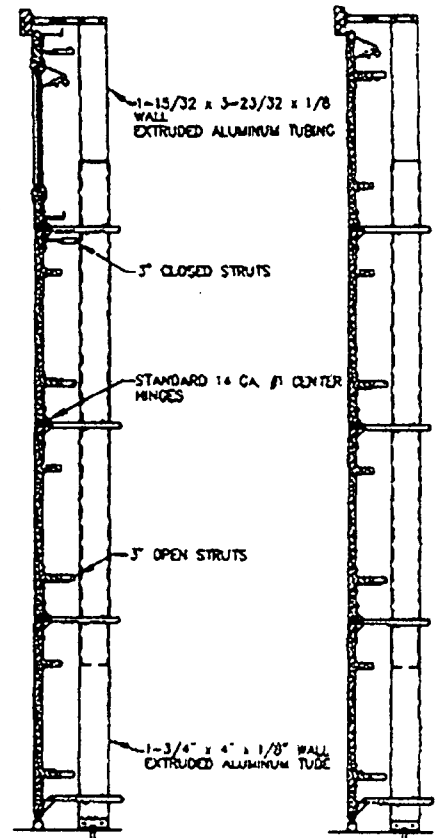
DOUBLE CAR 18'-0"



TOP LOCK DETAIL



NOTE:
 EACH HEADER LOCK BRACKET MUST BE SECURED WITH A MINIMUM OF (4) 5/16" x 1-5/8" LAG BOLTS SREWED INTO A 2" x 5" (OR LARGER) YELLOW PINE (OR DOVSER) WOOD. WHICH SHALL BE ANCHORED TO THE EXISTING STRUCTURE PER LOCAL AND STATE BUILDING CODES.



STYLELINE

SOLID

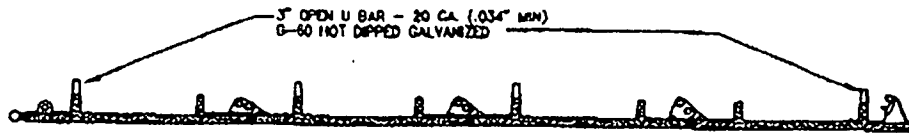
NOTE: DISABLE MOTOR OPERATOR BEFORE INSTALLING ABOVE SHOWN POST. DO NOT ENABLE MOTOR OPERATOR UNTIL POST IS REMOVED.

Approved: *David Monsour*
 David Monsour
 CERTIFICATION NO. 0048475
 Date: 4-15-97

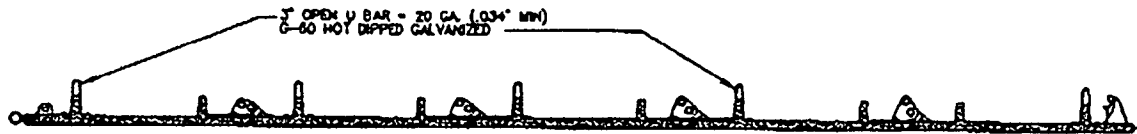
PART NO. .431



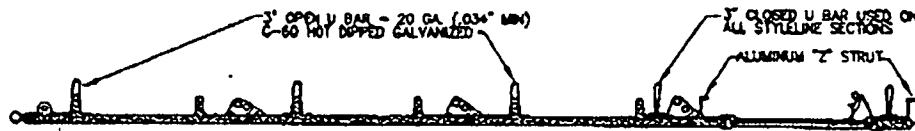
DRAWING NO. WP94.004B	REV P	OPTION CODE 944B	THERMOWAYNE 36 & 38 14' & 15' WIDE	PAGE 3 OF 4
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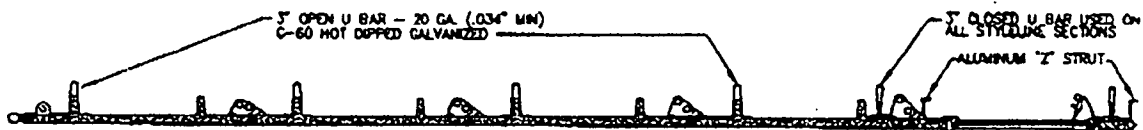
SECTION A-A - 4 SECTION SOLID CONFIGURATION



SECTION A-A - 5 SECTION SOLID CONFIGURATION



SECTION A-A - 4 SECTION GLAZED CONFIGURATION

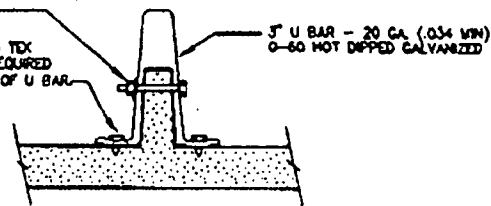


SECTION A-A - 5 SECTION GLAZED CONFIGURATION

NOTE:
DOORS & HARDWARE MEET OR EXCEED
ANSI #102-1978 SPECIFICATION.

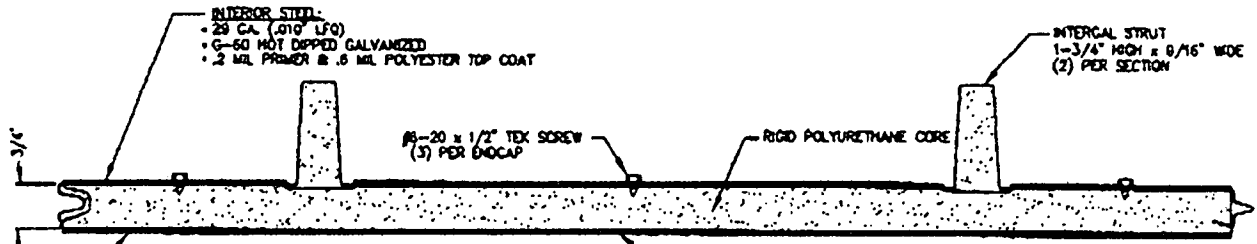
THRU BOLT THE 3" U BAR
AT PRE-PUNCHED HOLE LOCATIONS
WITH (1) 1/4"-20 x 1-1/4" BOLT
& NUT.

1/4"-20 x 5/8" TEX
SCREWS (2) REQUIRED
AT EACH END OF U BAR.



INTERIOR STEEL:
• 20 GA. (.010" LFO)
• C-60 HOT DIPPED GALVANIZED
• .2 MIL PRIMER & .6 MIL POLYESTER TOP COAT

INTERCAL STRUT
1-3/4" HIGH x 0.16" WIDE
(2) PER SECTION



EXTERIOR STEEL:
• .009" MIN. THICKNESS
• C-60 HOT DIPPED GALVANIZED
• .2 MIL PRIMER & .7 MIL POLYESTER TOP COAT

STEEL ENDCAP
18 GA. (.046" MIN) C-60 HOT DIPPED GALVANIZED
3-3/8" WIDE ON DOORS

EXTERIOR SKIN - 33,000 P.S.I. MIN. YIELD STRENGTH

Approved: *David Monsour*

David Monsour
CERTIFICATION NO. 0048475

Date: 4-15-97

PART NO. 155431



DRAWING NO. WP94.004B	REV P	OPTION CODE 944B	THERMOWAYNE 36 & 38 14' & 15' WIDE	PAGE 4 OF 4
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WINDLOAD TEST REPORT #'s WC94.020 & WC94.004

PRODUCT TESTED: Thermowayne 36 Raised Panel 16'-0" x 7'9" & 16'-0" x 8'0" 4 section

TEST NUMBER: WC94.020 & WC94.004

TEST REQUIREMENT: To remain intact at a maximum simulated windload of \pm 55 PSF

TEST DATE: 08-19-94

REPORT DATE: 11-03-94

DESCRIPTION OF PRODUCT AS TESTED:

0.75 inch thick door section with urethane core, 0.009" steel exterior skin, 0.010" steel interior skin with (2) 1-3/4" deep integral struts.

1 Row of Lites: SSB glass, Styrene Frame

18 gauge endcaps

0.036" metal retainer

Plastic rollers

Double jamb brackets at each roller location

DRAWING NUMBERS: DC361P1 - DC361P10

REDRAWN AS: WP94.004A, WP94.004B, WP94.004C

TEST PROCEDURE: Followed ASTM E-330-90

Conversion Factor:

PSF = Inches of Water x 5.197

WITNESSES: Javier Trevino (Omega Point Laboratories), Dave Monsour, Roger Dague, Norm Lelless

RESULTS: \pm 55 PSF

ULTIMATE LOAD (PSF)	DWELL TIME (sec.)	DEFLECTION (in.)
+ 57	10.40	4-3/4
- 57	10.31	3-1/4

OBSERVATIONS: The door remained intact and operable following the test. During the positive test, the roller hinges started to deform slightly and some jamb brackets were slightly bent. During the negative test, the integral struts creased slightly at several locations.

CONCLUSIONS: This test demonstrated the ability of a 16'-0" x 7'9" & 16'-0" x 8'0" Thermowayne 36 as defined by drawings

TEST NUMBER: WC94.020 & WC94.004.

APPROVAL BY SIMILARITY:

Capability equal to or better than the test door is claimed for the following products:

- 1) Doors of lesser width than the door tested that are otherwise the same. Reducing the width of a door reduces the stress on it and causes less load to be transmitted to the rollers, track and brackets.
- 2) Glazed doors with 4 sections of lesser height than the sections of the tested door that are otherwise the same. Reducing the height of a section reduces the stress and causes less load to be transmitted to the rollers, track, and brackets. This covers doors 6'6", 7'0", and 7'6" high.
- 3) Glazed doors with 5 sections, with equal width and 8'0" high that are otherwise the same except: 6 rollers and 6 sets of jamb brackets shall be used per jamb instead of five. The stress (σ) in the individual sections is less for the 5 section high door since the individual section heights are less. The stress in the jamb components (rollers, track, jamb brackets, etc.) of the 5 section compares to the 4 section roughly as follows:

$$\frac{\sigma_5}{\sigma_4} = \frac{8'}{7.75} \times \frac{5(\text{brkts / rollers})}{6(\text{brkts / rollers})} = 0.86$$

- 4) Solid doors with equal width and 8'0" high or less that are otherwise the same except: there is one less strut on the solid doors. Data from test #'s WC94.002 - WC94.004 and WC94.018 - WC94.023 shows that four section high solid doors are equivalent to or stronger than four section high glazed doors. It also follows that five section high solid doors are equivalent to or stronger than five section high glazed doors.

TEST NUMBER: WC94.020 & WC94.004

NOTE: The maximum pressure capability of the blower used together with the wind chamber is 83 PSF. The doors that withstood this amount of pressure were still operable and may not have reached their wind load limit.

APPROVED OPTIONS: Based on other test as being equivalent.

7 Ball Steel Rollers (Test # WC93.008)

Aluminum Louvers (Test #'s WC94.015 & WC94.019)

PVC Window Frame Assembly (Test #'s WC94.015 & WC94.016)



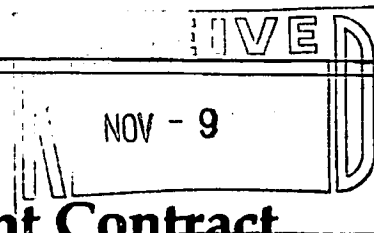
4-15-97

Thermowayne 36 Windload Door

Part Number Listing

For Drawings: WP94.002, WP94.004A, WP94.004B, WP94.004C,
WP94.022, WP94.023, WP94.025, WP94.026

Description	Part Number
TW-36 Bottom Bracket	123812-WD
Residential Top Bracket	107836-WD
#1 - 18 Ga. Narrow Body Hinge	100266-WD
#1 - 14 Ga. Wide Body Hinge	100509-WD
#2 - 14 Ga. Wide Body Hinge	100510-WD
#3 - 14 Ga. Wide Body Hinge	100511-WD
#4 - 14 Ga. Wide Body Hinge	100512-WD
#5 - 14 Ga. Wide Body Hinge	107325-WD
Nylon Roller - 5" Stem	125482-WD
Operator Trolley Bracket	107319-WD / 107320-WD
J-2 Commercial Jamb Bracket	108018-WD
J-3 Commercial Jamb Bracket	108149-WD
J-4 Commercial Jamb Bracket	100248-WD
J-5 Commercial Jamb Bracket	100249-WD
12 Ga. Flag Angle	108197-WD
16 Ga. Horizontal Track (96" Long)	125735-WD
16 Ga. Horizontal Angle (80" Long)	108204-WD
16 Ga. Vertical Track (76" Long)	125875-WD
Aluminum (.080 min.) Louver	123707-WD
18 Ga. Steel Endcap	124433-WD
1/4-20 x 1-1/4" Bolt	102631-WD
1/4-20 Hex Nut	107703-WD
1/4-20 x 5/8" Long Tek Screw	100277-WD
1/4-20 x 7/8" Long Tek Screw	100507-WD
#6-20 x 1/2" Tek Screw	124467-WD
1/4-20 x 9/16" Track Bolt	100276-WD
1/4-20 Flanged Hex Nut	100279-WD
5/16-18 x 1" Bolt	101250-WD
5/16-18 x 3-1/2" Bolt	103097-WD
3/8" Lock Washer	100293-WD
5/16-18 Hex Nut	100256-WD
3/8-16 x 3/4" Truss Head Bolt	124478-WD
3/8-16 Hex Nut	100313-WD
5/16" x 1-5/8" Lag Bolt	100292-WD



Subterranean Termite Treatment Contract and Final Treatment Certification

Specific terms & conditions are noted on the back page of this contract. Should holder have any questions with reference to this contract, holder should call 1-800-698-7998 or direct questions in writing to the address on the bottom of this page. This contract is transferable and is for the primary structure noted below. It does not include, unless specified in writing, fences, detached structures, decks and additional construction provided after the date of final treatment. It is understood that any reference to termites applies to common native Eastern Subterranean Termites only. This contract does not provide for protection of any other wood destroying organism, insect or pest including the Formosan Termite.

General Conditions & Treatment - Repair Warranty

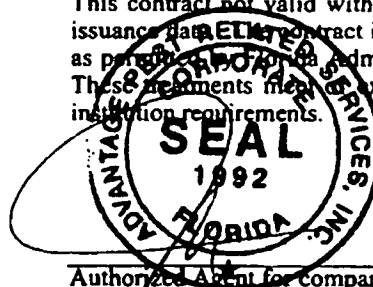
Company agrees to warranty the structure for a period of one (1) year from the date the original owner closes on the property. If termite infestation occurs at any time during this period the company will inspect property and provide remedial treatment(s), spot or full, with a liquid termiticide as required to eliminate or control termites. Should termite damage be noted through inspection, company or a subcontractor(s) chosen or approved by company, will repair damage caused by termites at no cost to property owner. For an annual fee specified below, holder may extend this warranty / contract for a maximum period of four (4) additional years, as specified in paragraph two (2) of terms and conditions noted on the back of this page.

Residential Treatment Information

The treatments provided are for preventative purposes only. The treatments were requested by the contractor or builder noted below. The "provided" treatments meet or exceed minimum requirements as set forth and allowed by the product manufacturer label. The initial treatment date is noted below. Supplemental and final treatment(s) (patio, entryway, abutting foundation, perimeter, etc.) was provided subsequent to the initial treatment date, as notified of readiness by builder. The warranty on the structure begins on the date the original owner closes on the property.

Cert Issue Date: 11/3/99	Builder: St. Clair Builders
Initial Date: 4/27/99	Subdivision: Sewalls Pointe
Property Address: 105 Hillcrest Court Sewalls Point, FL 34994	Lot/Block: Lot 5/Block
Treatment Cost: Billed to Contractor	
Renewal Fee: \$110.00	
Treatment Area: 3924	
Product(s): Chlorpyrifos	

This contract not valid without company seal and certificate issuance. This contract is initiated through verbal request as per Florida Administrative Code section 105.2K. These treatments may exceed building code or financial institution requirements.



Authorized Agent for company

4439
License No.

Permit No. _____ Tax Folio No. _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

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

1. Description of property: Lot 5, PLAT OF HILLCREST, according to the Plat thereof on file in the Office of the Clerk of the Circuit Court in and for Martin County, Florida recorded in Plat Book 10, page 39; said lands situate, lying and being in Martin County, Florida.

2. General description of improvements: SINGLE FAMILY RESIDENCE

3. Owner Information:

a. Name and address: JEFFREY C. BRUNER
MARTHA C. BRUNER
2060 SW BRIAROAK TRAIL, PALM CITY, FL 34990

b. Interest in property: FEE SIMPLE

c. Name and address of fee simple titleholder (if other than owner):

4. Contractor: ST. CLAIR BUILDERS INC.
2637 SE EMMETT ROAD
PORT ST. LUCIE, FLORIDA 34952

5. Surety:

a. Name and Address:

b. Amount of bond: \$

6. Lender: First National Bank and Trust Company of the Treasure Coast
P.O. Box 9012
Stuart, Florida 34995-9012
ATTN: PENNY MARSTON

7. 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:

8. In addition to himself, owner designates:

to receive a copy of the Lianor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified):

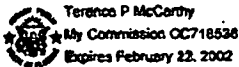
Jeffrey C Bruner
JEFFREY C. BRUNER

Martha C Bruner
MARTHA C. BRUNER

Sworn to and subscribed before me this 7th day of April, 1999.

Terence P. McCarthy
NOTARY PUBLIC

My Commission Expires:



(seal)

SEWALL'S POINT

IIL BUILDING INDUSTRY SERVICES

Date: 4/14/99

To: ST. CLAIR BUILDERS Fax: _____

The building permit for property located at 105 HILLCREST

has been denied for the following reasons:

1. ROOF DESIGN FOR WINDLOADING SHOWS 110 MPH ON SH. 7 OF 9 BUT 140 MPH ON SH. 9 OF 9 - CORRECT.
2. CEDGE BATS REQUIRE 2X2 WABERS - NOT NOTED ON DETAIL.
3. SHOW METHOD OF ROOF VENT. ON ELEVATIONS.
4. SMOKE DETECTORS ARE REQUIRED IN ALL BEDROOMS, BEDROOM HALLWAYS/OUTSIDE BEDROOMS AND ALL ARE TO BE INTERCONNECTED
5. ONE BATHROOM DOOR REQUIRED TO BE ACCESSIBLE WITH 7-8 DOOR - RECOMMEND GUEST BATH DOOR BE CHANGED OUT FROM 2-6 TO 2-8.
6. ENSURE WINDOW & DOOR PROTECTION FOR 140 MPH WITH SHEETPIPS OR ENGINEERING NOTE.
7. NEED:
 - a. TREE SURVEY/LANDSCAPE PLAN.
 - b. NOTICE OF COMMENCEMENT.
 - c. WELL PERMIT.

F. Collins C.B.O.

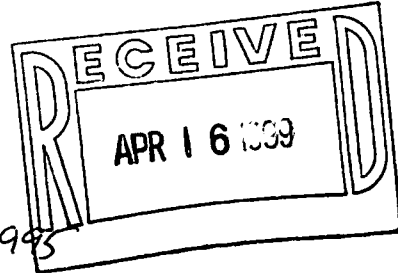
SEWALL'S POINT
BUILDING DEPARTMENT
PLAN REVIEW FEE

DATE: April 16, 1999

NAME: Jeffrey C. Martha Bruner

ADDRESS: PO Box 1515 Stuart, FL 34995

PHONE NUMBER: 561-283-0283



ESTIMATED COST OF PROJECT BEING REVIEWED 240,000

PROJECT COST 240,000

X \$9.60/m =	<u>\$ 2304</u>	ESTIMATED
X 10% =	<u>\$ 230.00</u>	BLDG. PERMIT FEE
		PLAN REVIEW FEE

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

Signature [Handwritten Signature]
Date 4-16-99

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No 3067-0077
Expires May 31, 1993

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

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME Mr. & Mrs. Jeffrey C. Bruner	POLICY NUMBER	
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER Hillcrest Court, Town of Sewall's Point	COMPANY NAIC NUMBER	
OTHER DESCRIPTION (Lot and Block Numbers, etc.) Lot 5, HILLCREST S/D		
CITY Stuart	STATE FL	ZIP CODE 34996

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

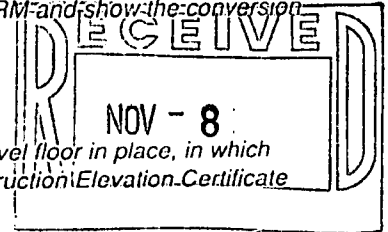
Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
120164	0001	E	10-16-96	A 10	E1.9

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

SECTION C BUILDING ELEVATION INFORMATION

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



SECTION D COMMUNITY INFORMATION

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

SECTION E CERTIFICATION

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

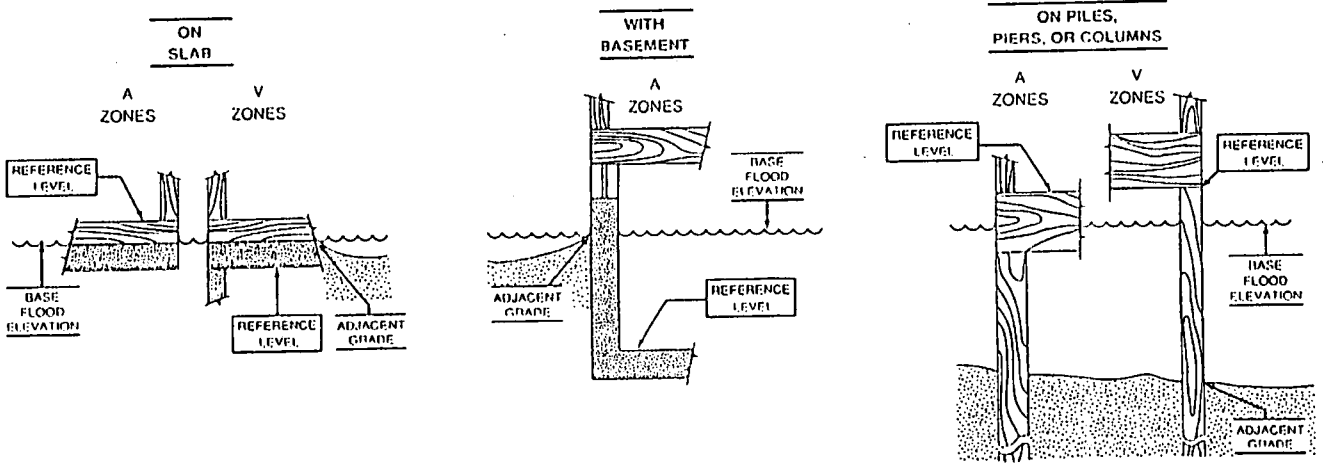
Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under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

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Arthur Speedy	LICENSE NUMBER (or Affix Seal) 3343 (Surveyor)
TITLE Professional Surveyor	COMPANY NAME _____
ADDRESS P.O. Box 92	CITY Stuart
SIGNATURE <i>Arthur Speedy</i>	DATE 11/5/99
	STATE FL ZIP 34995
	PHONE (561) 287-3636

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

COMMENTS: _____



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

SECTION E CERTIFICATION

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

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

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Arthur Speedy LICENSE NUMBER (or Affix Seal) 3343 (Surveyor)

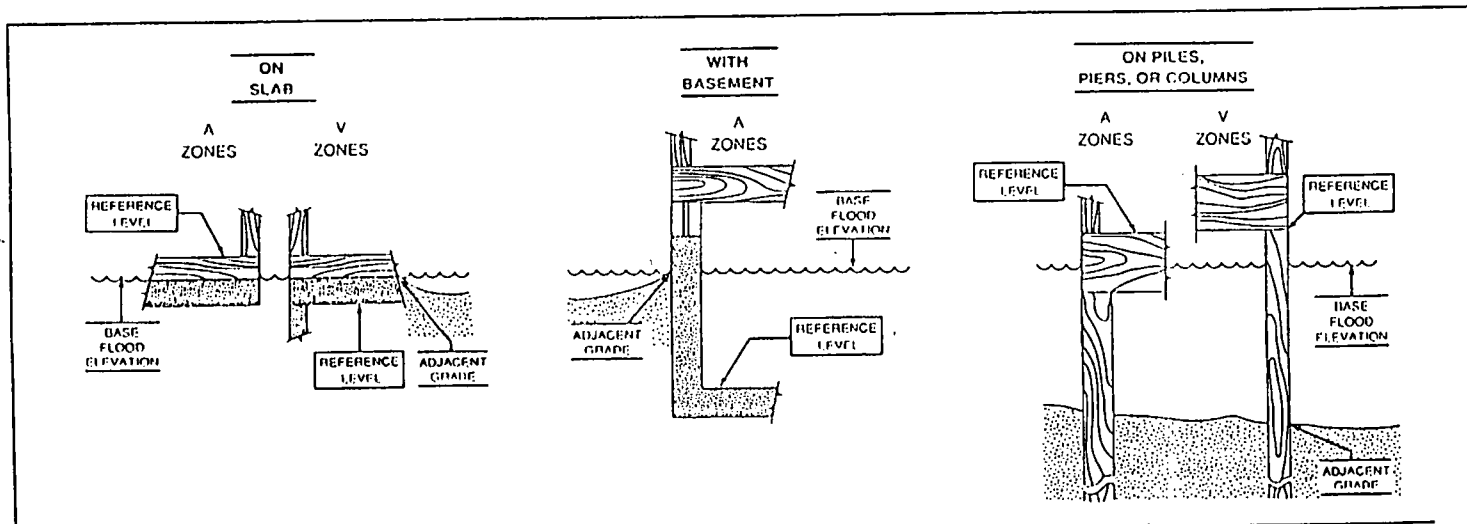
TITLE Professional Surveyor COMPANY NAME _____

ADDRESS P.O. Box 92 CITY Stuart STATE FL ZIP 34995

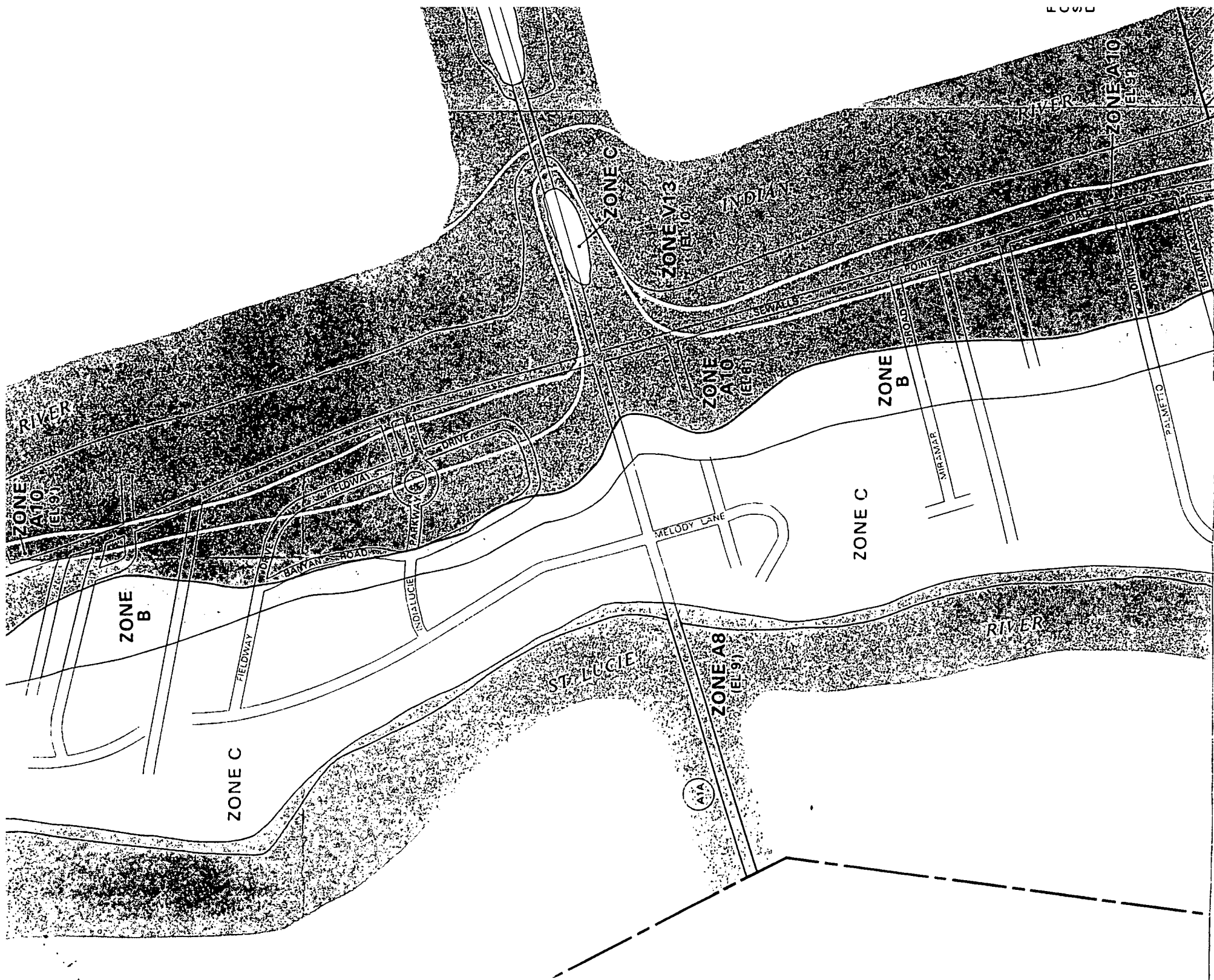
SIGNATURE Arthur Speedy DATE 11/5/99 PHONE (561) 287-3636

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

COMMENTS: _____



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





1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4567	23 S.S. Pt ROAD	TEMP METAL	OK	Called F.P.L.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4540	6 PINEAPPLE	FINAL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4573	SEWALLS MEADOW	GR. ROUGH	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4595	103 W. Hillcrest Ct.	GR. ROUGH	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4557	18 ST LUCIE CT	STEM WALL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4580	83 CASTLE HILL	SLAB	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____ **DATE:** 4-23-99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4579	76 S.S. Pt Rd	GROUND ROUGH + SLAB	OK	
4578	18 E Hi Pt.	FRAMING + MECH.	OK	
	23 W Hi Pt.	1 st Floor ALL TRADES	OK	
4575	1411/1025	SLAB	OK	VERED FORM BOARD SOIL TREATMENT
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____ **DATE:** 7-28-99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	READ Lot 22 5 EMERITA	Roof FINAL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4459	37 CASTLE Hill			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4595	105 Hillcrest	WIRE BEAM + Column	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4538	10 ISLAND	NAIL SHEATHING	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: LOT 5 HERITAGE WAY - OAK TREE
 24 W. Hi POINT HEDGE TOO HIGH

INSPECTOR: _____ **DATE:** 5-7-99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4595	105 HILLCREST CT	SHEATHING ^{ROOF}	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4286	21 N. RIVER	ROOF + STAIR	FINAL	OK
4281	21 N. RIVER	ROOF SHEATHING	FINAL	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4516	6 ISLAND RD	ROOF SHEATHING	PARTIAL OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4623	171 S.S. PT RD	SHEATHING	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4621	51 N. RIVER RD	SLAB	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4579	76 S.S. PT. RD	ALL TRADES	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4626	14 S.S. PT. RD	FINAL SOFFIT-	OK	

OTHER: _____

INSPECTOR: _____ **DATE:** 6-16-99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4595	105 Hillcrest Ct	FRAME ALL	OK	
4580	23 Castle Hill Wy	INSULATION	OK	
4511	33 N. River Rd	ALL TRADES	OK	
4613	8 Palm Ct	BEAM		
4635	46 S. Sewall Pt Rd	Roof	OK	NO PERMIT ON SITE FOUND PERMIT
4644	5 Worth Ct	GENERAL FINAL		OK
4636	38 E. Hi Pt	Dock FINAL	OK	

OTHER: _____

INSPECTOR: _____

R L Moore

RECEIVED

DATE: 23



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4595	105 Hillcrest	INSULATION	OK	
4617	105 Hillcrest	POOL-STEEL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	16 S.S. POINT RD	STRAPS-TIE DOWN		NO CONNECTOR SCHEDULE - ON SITE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4566	6 RIDGELAND	SEWER LINE	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4621	51 N. RIVER	INSULATION	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4613	8 PALM CT	BEAM	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4589	128 N. S. POINT RD	FOOTINGS- SLAB-	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: 985-2326

335-1817 CO. ELECT

INSPECTOR: RY MACREY **DATE:** 7-29-99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

Wed., 8-25

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4578	Arch 18 Palm Rd.	final - renovations		Cancel
4653	Clements 11 W. High Pt. Rd	electrical inspect (CLOSE PERMIT)	PASSED (late PM warp.)	FPL METER SET RELEASE 8/26 9:50 AM "SHERI" - CONTRACTOR ADVISED 287-0938
4505	BRUNER 105 HILLCREST ST (late AM - 11:00) (LOT 5)	CODE COMPLIANCE (MIKE GURTZ - S CLAIR BLDGS 871-7911 (284-4891))	MR. BRUNER MIKE GURTZ BOB GURTZ RISA	REVIEWED GARAGE SEPARATION REQ. REVISED Pkg TO BE SUBMITTED IN COMPL (RAISE HALL TO 7" ABOVE GARAGE; 5/8" TYPE X HOUSING WALL GAP. etc.; CLOSE OFF D.R.; SELF CLOSE N
4660	Harbour Bay 3766 S.E. OCEAN 283-6722 - 284-6224	framing inspect	Passed	TIE BM W/R; SHEATH/INSUL W/R STRAPPING ✓ FRAMING ✓
4654	Conway 17 NE Seftonia PLANTATION LOT 20 Wed.	Temp. Review elec.	Passed (NOTE TO ADJUST)	ONSITE SERVICES IN PLACE ✓ OK (WATER, DUMPSTER, SAN.)
4588	Grimes 15 Castle Hill Way	Roof Structure inspect		FPL SERVICE ORDER 8/25 1:05 "SHERI" Cancel
4628	Hellebrand 11 Castle Hill Way	garage slab & door location	failed	contractor on site; reviewed defects; will correct & reschedule recomp. fee \$30.00

OTHER: 11 CASTLE HILL WAY SOLI COMPLETION & FORMWORK SURVEY PERM. 8/24

INSPECTOR: _____


DATE: 8/25/99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
 Fri., 10-29-99

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4595	Broner 105 Hillcrest Crt.	driveway	PASSED	CONST. NOT STARTED. NOT ON SITE
4589	Steve Conway/Const. 130 N.S Pt. Rd.	ten toes & metal	PASSED	
4710	Sadatenis 19 Island Rd.	mail + to show inspect.	PASSED	
4534	Benton 1 Castlehill	final for c.o.	PASSED w/cor AS NOTED (Doc's req.)	11:00-12:00 Y&P CORR REQ. 10:AM says plans were stolen from job site
4713	McSwirey 6 Miramar	final inspection	PASSED	INSPECT SOFFIT REPAIRS @ FINAL.
4503	Luciao 2 Sabel Crt	temp. el.	FAIL	G-C./ELECT. NOT ON SITE; NO TEMP. POWER REQUEST ON FILE.

OTHER: 4595-BRONER: 105 HILLCREST: final review of site grading w/cuth. will increase retention area @ south & improve west drainage from driveway to south into retention area.

INSPECTOR: 

DATE: 10/29/99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
Mon, 11-8-99

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4620	Laraway 15 Middle Rd.	footing	X	re-inspect CANNOT BE BY CONTR 4/18 8:30
4691	Wattles 20 N. Ridgeview	plumbing	FAILED REINSPECT IN PASSED	DOES NOT CONFORM TO PERMIT DOCS - REINSP. FEE
4555	Read 12 Simara	final ? (PLUMB. CO. REINSP)	PASSED	message on ans. machine unclear
4720		SHUTTER - FINAL	PASSED	10:30-10:45
4478	Hetherington 8 Admirals Walk (Rio Vista)	final - addition	FAILED EXPIRED PERMIT FINAL SURVEY	REMARKS call 260-0279 Roy Kramer so he can open door
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
ROLL OVER TO TUES: 11/9/99 (SCHEDULE ERROR)				
4595	BRUNER 105 HILLCREST ST. CLMR 876-7911	FINAL	FAIL	OUTSIDE DISCONNECT REQUIRED FINAL SURVEY/ BEED. CERT.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4505	66 S. SEWALLS	257-6017	POE ALLOWAY	CHECK STATUS

OTHER: _____

INSPECTOR: _____ **DATE:** _____

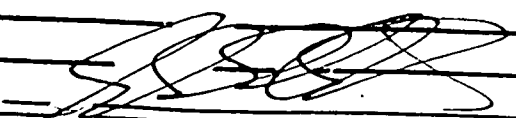


1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
 Wed., 11-10-99

530-3933

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4699	Taormina 26 Fieldway	final roof	FAILED	- NO ACCESS - NO PERMIT - NOBODY
4590	Gabbert 2 E. Hill Pt.	insulation	PASSED	
4595	Brunner - 103 Hill Pt.	meter	PASSED	11/10 9:50 called NYC - MORE REC
4620	Laraway 15 Middle Rd.	footing	PASSED	
4527	Seeley 37 N/E Lofting Way	footing	PARTIAL PASSED	REINSPECT PM ✓
4722	Neese 87 S. River Rd.	tin cog	PASSED	
4651	Demarkian 19 C. Hill Way	tie beam	PARTIAL PASSED	letter in your box - REINSPECT P.M. ✓
4058	Feglia - 103 H. Sewell	bonding column	CANCEL	prefer PM NOT READY
4650	Swiss Am 4 Banyan (Indialucie)	roof & wall sheathing	PASSED	prefer AM - Call Helmut if a problem 334-7700 or 530-7730

OTHER: _____

INSPECTOR:  **DATE:** 11/10/99

ST. CLAIR BUILDERS, INC. RECEIVED

CUSTOM RESIDENTIAL DESIGN AND CONSTRUCTION
STATE CERTIFIED GENERAL CONTRACTORS
2637 S.E. EMMETT RD., PORT ST. LUCIE, FL, 34952
Tel.: (561) 871-7911 Fax: (561) 871-9278

FAXED NOV - 3 1999
NOV. 3 1999

FAX TO: MR. ED ARNOLD, SEWALL'S POINT BUILDING OFFICIAL
RE: PERMIT # 4595, BRUNER RES., 105 HILLCREST CT.

DEAR MR. ARNOLD: WE HEREBY REQUEST A FINAL (C/O) INSPECTION FOR THIS PROPERTY FOR NEXT MONDAY, NOVEMBER 8TH. AS WE DISCUSSED, THE STORM SHUTTER INSPECTION SHOULD ALSO BE DONE AT THAT TIME. BY THEN, THE MARTIN COUNTY HEALTH DEPARTMENT WILL HAVE NOTIFIED YOU OF THEIR FINAL APPROVAL OF THE SEPTIC SYSTEM. (IT IS BEING INSPECTED THIS THURSDAY, NOVEMBER 4TH.) YOU HAVE ALREADY REVIEWED THE DRAINAGE OF THE SITE WHEN YOU APPROVED THE DRIVEWAY, SO I ANTICIPATE NO PROBLEMS THERE. IF THERE IS ANYTHING ELSE YOU NEED PRIOR TO C/O INSPECTION, PLEASE LET ME KNOW AT ONCE. THE HOMEOWNER IS ON AN EXTREMELY TIGHT SCHEDULE, AND WE WANT TO BE CERTAIN THERE WILL BE NO PROBLEMS. TO THIS END WE HAVE TRIED TO DO ALL WE CAN TO HAVE THINGS IN ORDER. HOWEVER, THIS IS OUR FIRST HOME IN SEWALL'S POINT, AND THE REPLACEMENT OF THE PRIOR BUILDING INSPECTOR HAS COMPLICATED MATTERS. AGAIN, I WOULD APPRECIATE HEARING FROM YOU AT ONCE IF THERE IS ANY PROBLEM WITH HAVING THE C/O INSPECTION MONDAY. IF I DON'T HEAR FROM YOU, I WILL ASSUME ALL IS IN ORDER, AND THAT WE CAN EXPECT TO MEET WITH YOU ON THE PROPERTY THEN. I AM CONFIDENT WE CAN HAVE A SUCCESSFUL MEETING AND INSPECTION AT THAT TIME. THANK YOU.

MICHAEL GERTZ

OFFICE: 871-7911 (IF NO ANSWER AT OFFICE: CELL # 284-4891)

11/5 8:20 AM - Called & left detailed message as to final CO req. also - How wood requested @ the shop will verify @ final
- Mr. Alder for final left w/ clerk (over-attended, staff copy, & summary req)
+ rev. to elec. cert.

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

Form No 3067-0077
Expires May 31, 1993

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

SECTION A PROPERTY INFORMATION

BUILDING OWNER'S NAME

Mr. & Mrs. Jeffrey C. Bruner

STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER

Hillcrest Court, Town of Sewall's Point

OTHER DESCRIPTION (Lot and Block Numbers, etc.)

Lot 5, HILLCREST S/D

CITY

Stuart

STATE
FL

ZIP CODE

34996

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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

INDEX REV. DATE 10/16/96

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
120164	0001	D	6-16-92	A 10	E1.9

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

SECTION C BUILDING ELEVATION INFORMATION

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

SECTION D COMMUNITY INFORMATION

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

STATEMENT OF INSPECTION

RECEIVED
NOV - 8

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

OWNER: JEFFREY BRUNER ; ADDRESS: 105 HILLCREST CT, SEWALL'S POINT, FL

PROJECT ADDRESS: SAME ; LEGAL DESCRIPTION: LOT 5 BLK N/A SUB HILLCREST

GENERAL CONTRACTOR: ST. CLAIR BUILDERS, INC. ; LIC/CERT No. CGC#028565

ADDRESS: 2637 SE EMMETT RD, PORT ST. LUCIE, FL 34952 ; TEL 871-7911 ; FAX 871-9278

ARCHITECT OR ENGINEER: WALTER KARPINIA, P.E. ; LIC/REG No. 46635 PE

ADDRESS: 11406 172ND PL. NOR, JUPITER FL 33478 ; TEL 561-743-1400 ; FAX SAME

PERMIT No: 4595 ; DATE OF ISSUE: 4-19-99 ; DATE OF THIS STATEMENT: 11-08-99

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

- I am the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the substitute Architect or Engineer, having been accepted by the Building Official, for the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the threshold or special inspector used in accordance with this Code.
- To the best of my knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents.
- To the best of my knowledge, belief and professional judgment, the approved permit plans represent the as-built condition of the structural and envelope components of the structure.

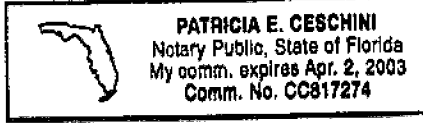
Executed at _____, this 8th day of NOV., 1999.

NAME: WALTER KARPINIA ; SIGNATURE: [Signature] ; Lic. No: PE 46635

STATE OF FLORIDA
COUNTY OF ST. LUCIE

Sworn to and subscribed before me this 8 day of Nov., 1999, by Walter Karpinia, who is personally known to me or who has produced _____ as identification and who did not take an oath.

(NOTARY SEAL)



Name Patricia E. Ceschini

I am a Notary Public of the State of Florida and my commission expires: _____

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

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

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

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

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ ~~279,000~~ 254,500 ^{Per}

4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose. ^{Pool & storm shutters separate permit}

Jeffrey C. Bruner
Affiant
Property street address:
105 Hillcrest Court

Sworn to and subscribed before me this 10th day of November, 19 99.

Joan H. Barrow
Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:



Joan H. Barrow
MY COMMISSION # CC763645 EXPIRES
November 30, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

(NOTARY SEAL)

This is to the best of my knowledge not all cost are shown from builder.

JON E. CHICKY, SR.
Mayor

ROBERT M. WIENKE
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

CYRUS KISSLING
Commissioner

DONALD B. WINER
Commissioner

TOWN OF SEWALL'S POINT



JOAN H. BARROW
Town Clerk

WILBUR C. KIRCHNER
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: JEFFREY BRUNER ; PROPERTY ADDRESS: 105 HILLCREST COURT

LEGAL DESCRIPTION: LOT 5 BLOCK _____ SUBDIVISION HILLCREST

GENERAL CONTRACTOR: ST. CLAIR BUILDERS, INC. ; Lic/CERT No. CGC 028565

ADDRESS: 2637 S.E. EMMETT RD., PORT ST. LUCIE, FL. 34952, TEL 871-7911 ; FAX 871-9278

ARCHITECT OR ENGINEER: WALTER KARPINIA, P.E. ; Lic/REG. No. 46635

ADDRESS: 11406 172ND PL, NORTH, JUPITER, FL 33478 ; TEL 743-1400 ; FAX 743-1400

PERMIT NO: 4595 ; DATE OF ISSUE: 4/19/99 ; RENEWAL PERMIT NO: N/A ; DATE OF ISSUE: N/A

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

Entered at Sewall's Point, Florida, this 10TH day of NOVEMBER, 1999.

Edwin B. Arnold, AIA, CBO
Building Official, Town of Sewall's Point

cc: TOWN CLERK
POLICE CHIEF

PROPERTY FILE

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



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

4617
POOL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/2/99

BUILDING PERMIT NO. 4617

Building to be erected for JEFFEREY C. BRUNER

Type of Permit POOL

Applied for by A G POOLS

(Contractor) Building Fee 240.00

Subdivision HILLCREST Lot 5 Block _____

Radon Fee _____

Address 105 HILLCREST

Impact Fee _____

Type of structure POOL

A/C Fee _____

Parcel Control Number: _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 240.00 Check # 25718 ^{25490 & 200.00} ~~40.00~~ Cash

Other Fees (_____) _____

Total Construction Cost \$ _____

TOTAL Fees 240.00

Signed  Applicant

Signed  Town Building Inspector

POOL / SPA PERMIT

		INSPECTIONS		
PN 4595 (BLUG) SETBACKS COMPACTION TESTS GROUND ROUGH STEEL & BOND LIGHT NITCHE	DATE <u>11/8/99</u>	} PROGR INST. R.M.	DECK	DATE <u>9/22/99</u>
	DATE _____		ENCLOSURE & LATCH	DATE <u>10/1/99</u>
	DATE _____		DOOR ALARM(S)	DATE <u>N/A</u>
	DATE _____		FINAL	DATE <u>12/1/99</u>
	DATE _____			

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

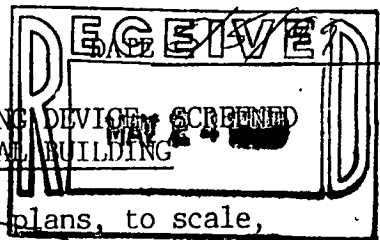
- New Construction Remodel Addition Demolition

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!

TAX FOLIO NO. 13841014000000505000



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

This application must be accompanied by three (3) sets of complete plans, to scale, including a plot plan showing set-backs, plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable. PERMIT NO 4617 MASTER # 4595

Owner Jeffrey C. Bruner Present address BRIAR OAK Terr.

Phone 283-0283

Contractor A3G Pools Address 410 SAEGER AVE. Ft Pierce

Phone 878-7752

Where licensed MARTIN License number SP01599

*Electrical Contractor Bob Hostmeier License number ME 00274

Plumbing Contractor A3G Pools License number _____

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

State the street address at which the proposed structure will be built:
Lot 5 Hillcrest 105 HILLCREST COURT

Subdivision TOWN OF Seawalls Point Lot Number 5 Block Number _____

Contract price \$ 19,750 per hour Cost of permit \$ 240.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

B 656-423-58-097
Owner * Jeffrey C Bruner

TOWN RECORD

Date submitted _____ Approved: _____
Building Inspector Date

Approved: _____ Final approval given: _____
Commissioner Date Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

III BUILDING INDUSTRY SERVICES

MEMORANDUM

Date: 5/27/99

To: AG POOLS

Re: LOT 5 HILLCREST

The following listed items are needed to process your permit application.

Please provide:

LOS HILLCREST CT STREET ADDRESS.

2 MORE 2. ADDITIONAL DRAWING FOR POOL.

3. POOL DECK REQUIRES 8" X 8" THICKENED
EDGE WITH MIN. ONE #3 CONTINUOUS

NOTE: PERMIT FEE \$240.⁰⁰

F. Collins, C.B.O.

will be
in WEARHOUSE
6/2/99
FOR PERMIT

5/28 3:15 PM
Called Steve @ AG POOLS
reviewed corrections:
- ok on street
- he will bring 2 copies of plan
- ok thickness edge - will
note on plan
- fee \$240; he'll check &
replace



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

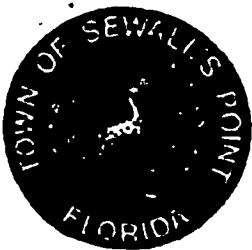
~~Wed 9-22-99~~

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4617	Brumer 105 Hillcrest Court	pool deck	PASSED	NOTE ON PERMIT TO RESTART 3" GRP. CLR. TO STC. @ THICKENED EDGE
4692	# Ezy 3768 L. Occochee	vacat. el. # FRAMING (ALL)	PASSED	AM if possible NOTE: CEG REPORT ISSD @ PLUTE.
4681	Brutvan * 23 E. Hi Pt. Rd.	temp. el.	PASSED	REISSUE 30 DAY RELEASE W/TODAY (9/22) AS START. 3 COPIES TO CONTR. FOR DISTR.
4565	Kennedy 3 Oak Hill	(REINSPECT) FRAMING ROOF FINAL	(ALL-COMPLETE) PASSED PASSED	REQUEST 1ST PM INSP.
4678	LUCIO 2 S. West Cit	lic. cc. #	PASSED	-FTG. COMPLIANCE LTR. ON FILE
4673	Topira 1107 H. Sewall's View	el. #	PASSED	NOTE: PROVIDE CC M-DC PLUMBING TO VAUER@TROPIC (-pp. 15/pg = \$
4671	Brutvan 23 E. Hi Pt. Rd.	lic. cc. #	PASSED	CANCEL

OTHER: *ADVISED CONTRACTOR PER. ON SITE RE: SETBACK VIOLATION OF
 BRUTVAN - FTG. FORM BOARD LOCATION ON NORTH "ASTRUM WALL"
 PN 4681 - FULL TELEPHONE REPORT TO ARCHITECT (GARY KELLY) @ 12:50 PM. OFFICE
 23 E. HP. (RTG. @ OWNER & G.C. @ 3:00 PM. - APPROVED FTG. PER @ CONTRACTOR RISK.

INSPECTOR: **DATE:** 9/22/99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
NOV. 9/27/99

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N
S

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4535	GULICK 75 SEWALL'S PT RD	STATUS INSP (MT. W/OWNER; CONTR)		1:00 PM S.P.C. #PPT.
4657	Demarkian 19 Casdell Hill	rough pl.	NOPE @ SITE 10:30 AM	FLOODED -
4683	BRUNO (ADDRESS) 3710 E. OCEAN (HARBOR BAY)	FINAL (REINSPECT)	PASSED	PO REV. W/CORR 9/29/99 (EXIST. STRUCT.; NO REV. TO SPEC/CLERK/REGLESS)
4360	BRUTMAN 23 W. HIGH POINT	PRIVACY WALL FNDN RET. WALL TIE BM	PASSED PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: ① 105 HILLCREST - A4617; FIELD COPY OF REV. PLAN (ABERC) TO SITE (POOL) ✓
 ② 15 MIDDLE ROAD - " 4684; " " FORMER BOARD SURVEY (DISAPPROVED) TO SITE (POOL) ✓

INSPECTOR: _____ **DATE:** _____



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

~~1100. 12-1-99~~

PAGE 2 OF 2

S

N

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4617	Bruner 105 #11eres Court	pool final	PASSED	
4723	Koch 71 N. River Rd	gr. plumbing	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____ **DATE:** _____

4729

Storm Shutters

ISSUED
12/2/99

MASTER PERMIT NO. 4595

TOWN OF SEWALL'S POINT

Date 11/8/99

BUILDING PERMIT NO. 4729

Building to be erected for JEFFREY & MARTHA BRUNER Type of Permit STORM SHUTTER

Applied for by OCEAN SHUTTERS MFG. INC. (Contractor) Building Fee 45.60

Subdivision HILLCREST Lot 5 Block _____ Radon Fee _____

Address 105 HILLCREST COURT Impact Fee _____

Type of structure S.F.R. (UNDER CONST.) A/C Fee _____

Parcel Control Number:

1384 101 4 000000 505 0000

Amount Paid \$ 50.16 Check # 1348 Cash _____ Other Fees (PCAD REVIEW) 4.56

Total Construction Cost \$ 4,750.00 TOTAL Fees \$ 50.16

Signed [Signature] Applicant Juan Lincoln

Signed [Signature] Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE _____

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

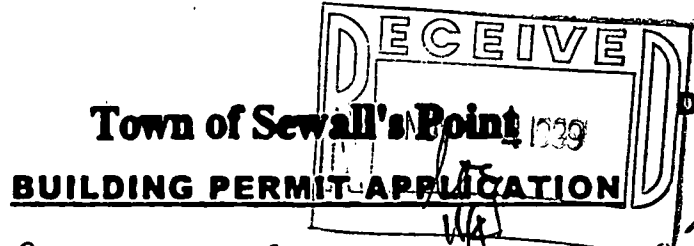
WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

**This permit must be visible from the street, accessible to the inspector.
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**

Bldg. Pmt# ~~4595~~
4729
11/8/99



Date _____

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner's Name: JEFFREY & MARTHA BRUNER Phone No. 954-489-7799 Fax 954-489-9797

Owner's Present Address: _____

Fee Simple Titleholder's Name & Address if other than owner
2060 SW BRIAROAK TRAIL, PALM CITY, FL 34990

Location of Job Site: _____

TYPE OF WORK TO BE DONE: _____

CONTRACTOR INFORMATION

Contractor/Company Name: Ocean Shutters Mfg. Inc Phone No. 954 4899797

COMPLETE MAILING ADDRESS 4900 NE 11th AVE. Fort Lauderdale FL 33334

State Registration _____ State License U-17945 (PBC)

Legal Description of Property LOT 5, PLAT OF HILLCREST - 105 HILLCREST CT.

Parcel Number _____

ARCHITECT/ENGINEER INFORMATION

Architect _____ Phone No. _____

Address _____

Engineer Knezevich & Ass. Phone No. _____
Address 1260 N. UNIVERSITY DR. PLANTATION FL 33322 305-8839571

Area Square Footage: Living Area _____ Garage Area _____ Carport _____

Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____

Type Sewage: _____ Septic Tank Permit # from Health Dept. _____

NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD

proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)

Cost of construction or Improvement \$4,750. (per owner)

Fair Market Value (FMV) prior to improvement _____

Substantial Improvement 50% of FMV yes _____ No _____

Method of determining FMV _____

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

Electrical _____ State License _____

Mechanical _____ State License# _____

Plumbing _____ State License# _____

Roofing _____ State License# _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIRCONDITIONERS, DOCKS, SEAWALLS, ACCESSORY BLDGS, SAND REMOVAL, TREE REMOVAL.

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE _____

Sworn to and subscribed before me this 4 day of Nov., 1999 by _____ who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.

CONTRACTOR SIGNATURE _____

Sworn to and subscribed before me this 4 day of Nov., 1999 by _____ who is personally known to me or has produced _____ and who did (did not) take an oath.

KELLY L. WOODS
COMMISSION # CC 594703
EXPIRES OCT 20, 2000
BONDED THRU
ATLANTIC BONDING CO., INC.

TREE REMOVAL (Attach sealed survey)

No. of trees to be removed _____ No. to be retained _____ No. to be planted _____

Specimen tree removed _____ Fee _____ Authorized/Date _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
 - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - C. Contractor's name, address, phone number & license numbers.
 - D. Name all sub-contractors (properly licensed).
 - E. Current Survey
 - F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
 4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:
 1. Floor Plan
 2. Foundation Details
 3. Elevation Views - Elevation Certificate due after slab inspection.
 4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
 5. Truss layout
 6. Vertical Wall Sections (one detail for each wall that is different)
 7. Fireplace drawing: If prefabricated submit manufacturers data.

ADDITIONAL Required Documents are:

1. Use Permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (Atlantic Ave. only).
2. Well Permit or information on existing well & pump.
3. Flood Hazard Elevation (if applicable).
4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
5. Statement of Fact (for Homeowner Builder), and proof of ownership - (Deed or Tax receipt).
6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.
9. Replat required upon completion of slab or footing inspection and prior to any further inspections.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of COUNTY OF MARTIN, and there may be additional permits required from other governmental entities such as water management districts, state and federal agencies.

Approved by Building Official _____

Approved by Town Engineer _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

GSR JK
OCEAN-A

DATE (MM/DD/YY)
11/04/99

PRODUCER

Edison Insurance Agency, Inc.
1835 Palm Beach Boulevard #A
Fort Myers FL 33916

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.

Sherry C. Scott

Phone No. 941-693-0400 Fax No. 941-693-2522

INSURED

Ocean Shutter Mfg., Inc.
4900 N.E. 11th Avenue
Fort Lauderdale FL 33334

COMPANIES AFFORDING COVERAGE

- COMPANY A AmComp Preferred Ins. Company
- COMPANY B Massachusetts Bay Insurance
- COMPANY C COLONY INSURANCE COMPANY
- COMPANY D CENTURY SURETY

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.

Permit file

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
C	GENERAL LIABILITY	GL106503	06/17/99	06/17/00	GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1000000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1000000
	OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> Broad Form Prop.				FIRE DAMAGE (Any one fire) \$ 50000
	<input checked="" type="checkbox"/> Contractual Liab.	XCU			MED EXP (Any one person) \$ 5000
B	AUTOMOBILE LIABILITY	ADJ577857101	06/25/99	06/25/00	COMBINED SINGLE LIMIT \$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
D	EXCESS LIABILITY	CCP186357	07/01/99	07/01/00	EACH OCCURRENCE \$ 2000000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 2000000
	OTHER THAN UMBRELLA FORM				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCV7011495	09/30/99	09/30/00	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$ 1000000
					EL DISEASE - POLICY LIMIT \$ 1000000
	OTHER				EL DISEASE - EA EMPLOYEE \$ 1000000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

SEAW007

Seawalls Point
Fax#561-220-4765
1 South Seawalls Point Road
Seawalls Point FL 34996

CANCELLATION

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

Sherry C. Scott *[Signature]*

SPECIALTY CONTR.

STATE OF FLORIDA
PALM BEACH COUNTY

CLASSIFICATION

COUNTY OCCUPATIONAL LICENSE

CW-008

THIS LICENSE IS IN ADDITION TO AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH AND ANY OTHER LAWFUL AUTHORITY. COUNTY ORDINANCE NUMBER 72-7.

1997-10546

OCEAN SHUTTERS MANUFACTURING
INC

MANGINI ANDREW
4900 NE 11TH AVE

FT LAUDERDALE FL 33334-3911

EXPIRES 9-30-00

LOCATED AT

SAME

C/WIDE \$185.85

TOTAL \$185.85

IS HEREBY LICENSED AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE FIRST DAY OF OCTOBER AND ENDING ON THE THIRTIETH DAY OF SEPTEMBER TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF
HURRICANE SHUTTERS/AWNING
U-17945

CONTRACTOR

**JOHN K. CLARK, CFC
TAX COLLECTOR, PALM BEACH COUNTY**

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR CK
\$185.85 OCC 3 03638 10-04-1999

THIS LICENSE VALID ONLY WHEN RECEIPTED BY TAX COLLECTOR
LICENSE MUST BE DISPLAYED CONSPICUOUSLY AT ESTABLISHMENT OR PLACE OF BUSINESS

STATE OF FLORIDA
PALM BEACH COUNTY

CLASSIFICATION

CONTRACTOR

COUNTY OCCUPATIONAL LICENSE

OC-032

THIS LICENSE IS IN ADDITION TO AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH AND ANY OTHER LAWFUL AUTHORITY. COUNTY ORDINANCE NUMBER 72-7.

1997-10545

OCEAN SHUTTLERS MANUFACTURING
TNC

** LOCATED AT

CNTY \$26.25

HANDINI ANDREW

SAME

4900 NC 11TH AVE

FT LAUDERDALE FL 33334-3511

TOTAL \$26.25

IS HEREBY LICENSED AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE FIRST DAY OF OCTOBER AND ENDING ON THE THIRTIETH DAY OF SEPTEMBER TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF:

HURRICANE SHUTTER/AWNING
U17945
CONTRACTOR

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR CK
\$26.25 OC 3 03637 10-04-1999

JOHN K. CLARK, CFC
TAX COLLECTOR, PALM BEACH COUNTY

THIS LICENSE VALID ONLY WHEN RECEIPTED BY TAX COLLECTOR
LICENSE MUST BE DISPLAYED CONSPICUOUSLY AT ESTABLISHMENT OR PLACE OF BUSINESS

IMPORTANT!
THIS IS YOUR CERTIFICATE OF COMPETENCY
PALM BEACH COUNTY, FLORIDA

PALM BEACH COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

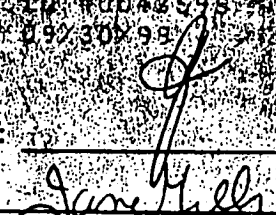
EXPIRES SEPTEMBER 30, 2001

AUDIT CONTROL NUMBER	CERTIFICATE NUMBER
A-9946008	U-17548

NAME ANDREW C. MANGINI
FIRM OCEAN SHUTTERS MANUFACTURING
INC
4900 NE 11TH AVENUE
FT. LAUDERDALE, FL 33334

FEE: 115.00
CERTIFIED CONTRACTOR
AMERICAN SHUTTER AWNING
CONTRACTOR
ID #0042995
09/30/98

SIGNATURE:



ATTEST:

CONSTRUCTION INDUSTRY LICENSING BOARD
OF PALM BEACH COUNTY

- 1) PLEASE CHECK ALL INFORMATION TO INSURE THAT IT IS CORRECT.
- 2) CERTIFICATE MUST BE SIGNED
- 3) FOLD THE CARD WHERE INDICATED FOR EASE IN CARRYING

Permit No. _____

Tax Folio No. _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

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

1. Description of property: Lot 5, PLAT OF HILLCREST, according to the Plat thereof on file in the Office of the Clerk of the Circuit Court in and for Martin County, Florida recorded in Plat Book 10, page 39; said lands situate, lying and being in Martin County, Florida.

2. General description of improvements: SINGLE FAMILY RESIDENCE

3. Owner information:

a. Name and address: **JEFFREY C. BRUNER
MARTHA C. BRUNER
2060 SW BRIAROAK TRAIL, PALM CITY, FL 34990**

b. Interest in property: FEE SIMPLE

c. Name and address of fee simple titleholder (if other than owner):

4. Contractor: **ST. CLAIR BUILDERS INC.
2637 SE ENNETT ROAD
FORT ST. LUCIE, FLORIDA 34952**

STATE OF FLORIDA
MARTIN COUNTY

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

[Signature]
DATE 4-15-99



5. Surety:

a. Name and Address:

b. Amount of bond: \$

6. Lender: **First National Bank and Trust Company of the Treasure Coast
P.O. Box 9012
Stuart, Florida 34993-9012
ATTN: PENNY MAILSTON**

7. 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:

8. In addition to himself, owner designates:

to receive a copy of the Lessor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified):

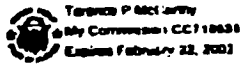
[Signature]
JEFFREY C. BRUNER

[Signature]
MARTHA C. BRUNER

Sworn to and subscribed before me this 11th day of April 1999.

[Signature]
NOTARY PUBLIC

My Commission Expires:



(seal)

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901
FAX (305) 375-2908**PRODUCT CONTROL NOTICE OF ACCEPTANCE**Ocean Shutters Manufacturing, Inc.
4900-B N.E. 11th Avenue
Ft. Lauderdale FL 33334PRODUCT CONTROL DIVISION
(305) 375-2902
FAX (305) 372-6339

Your application for Product Approval of:

0.063" Aluminum Storm Panelunder Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *Applicant, along with drawings prepared by V. J. Knezevich, P.E.*


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

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

Acceptance No.: 98-0114.01 (Revises No.: 97-0115.02)Expires: 08/07/00

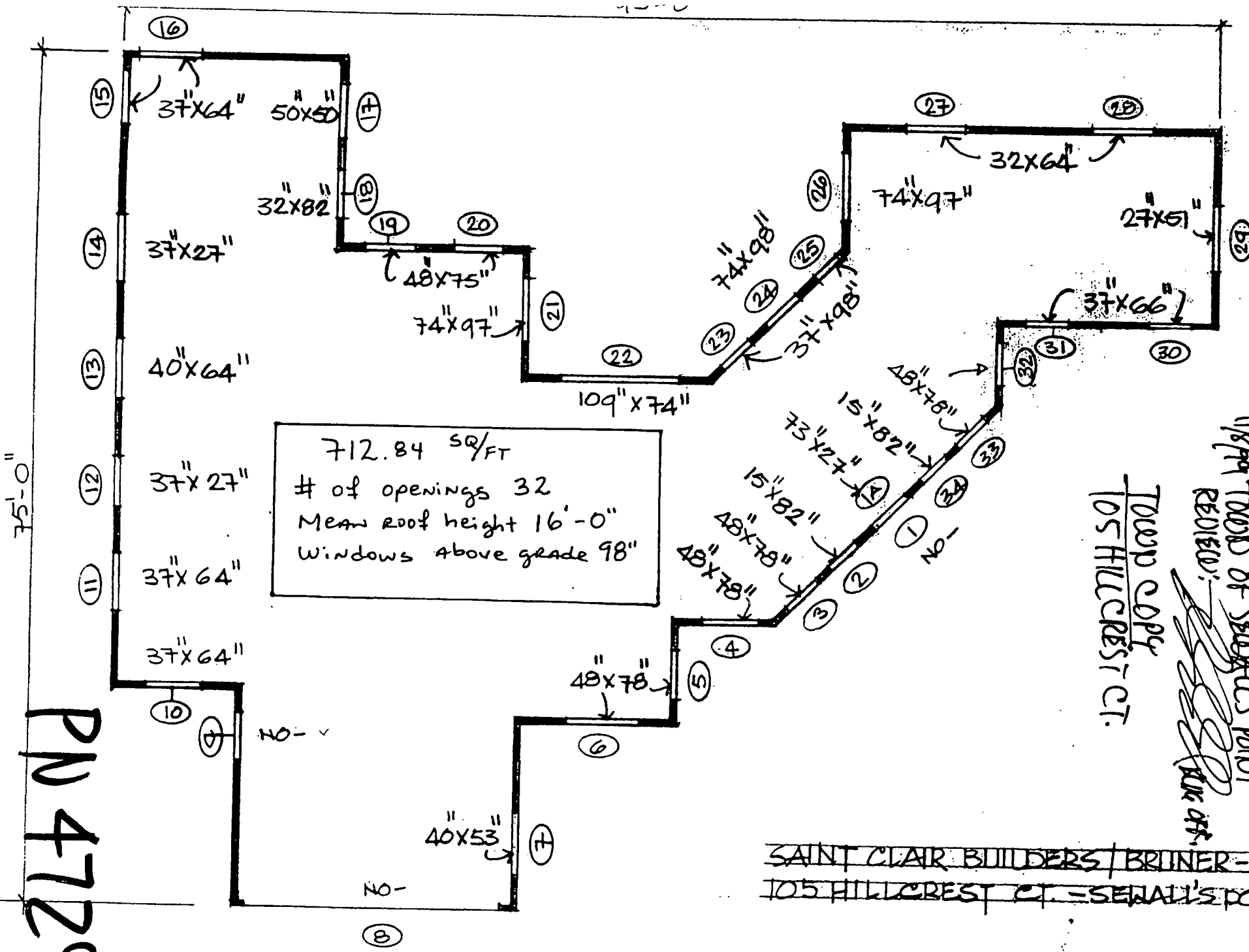
Raul Rodriguez
Product Control Supervisor**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS****BUILDING CODE COMMITTEE**

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


Charles Danger, P.E.
Director
Building Code Compliance Dept.
Metropolitan Dade CountyApproved: 05/28/98

- 1 -





October 29, 1999

Town of Sewall's Point
Building Official
1 S. Sewall's Point Rd.
Sewall's Point, FL 34996

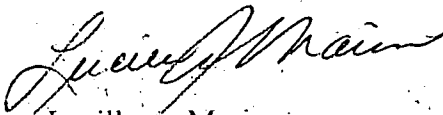
Dear Building Official,

We are the Dade County Notice of Acceptance Holder for .063 Aluminum Storm Panels under number 98-0114.01.

This letter authorizes Ocean Shutters Mfg., Inc. to use our .063 Aluminum Storm Panels approved under number 98-0114.01 at the following job:

Bruner Residence
105 Hillcrest Court

Sincerely,



Lucille A. Marino
President

1. This form must accompany the application for building permit and shall become part of the permit documents.
2. The authorized signature must bear the raised corporate seal of the company holding the Dade County Notice of Acceptance.

The Ultimate in Hurricane Protection

Specializing in: New Construction • Highrises • Commercial • Panels • Accordions • Roll-Up



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
 Wed, 11-10-99

530-3933

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4699	Taormina 26 Fieldway	final roof	FAILED	- NO ACCESS - NO PERMIT - NOBODY
4590	Gabbert 2 E. Hill Pt.	insulation	PASSED	
4595	Bruner - 105 Hill	meter	PASSED	11/10 9:50 called NYC - NOT RE
4620	Larsen 15 Middle Rd.	footing	PASSED	
4527	Seeley 37 N.E. Lofting Way	footing	PARTIAL	REINSPECT PM ✓
4722	Neese 87 S. River Rd.	truss	PASSED	
4651	Demarkian 19 C. Hill Way	tie beam	PARTIAL PASSED	letter in your box - REINSPECT P.M. ✓
463	1912-103 Hill	well bonding column	CANCEL	prefer PM NOT READY
4650	Swiss Am 4 Banyan (Indialucie)	roof & wall sheathing	PASSED	prefer AM - Call Helmut if a dumber 334-7700 or 530-7730

OTHER:

INSPECTOR: _____

DATE: 11/10/99

5036
FENCE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 7/21/00

BUILDING PERMIT NO. 5036

Building to be erected for JEFF BRUNER

Type of Permit FENCE (WD/CHAIN)

Applied for by ADRON FENCE COMPANY

(Contractor) Building Fee \$30.00

Subdivision HILLCREST Lot 5 Block _____

Radon Fee _____

Address 105 HILLCREST CT.

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

1-38-41-01400-0000S-050000

Plumbing Fee _____

Amount Paid \$30.00 Check # 5056 Cash _____ Other Fees (_____) _____

Roofing Fee _____

Total Construction Cost \$ 1,768.10 TOTAL Fees \$30.00

Signed [Signature] Applicant

Signed [Signature] Town Building Inspector [Signature]

FENCE PERMIT

INSPECTIONS

SETBACKS
FOOTINGS

DATE _____
DATE _____

HEIGHT
FINAL

DATE _____
DATE 8/4/00 ✓

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

- New Construction
- Remodel
- Addition
- Demolition

This permit must be visible from the street, accessible to the inspector.
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!



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

RECEIVED
Bldg. Permit Number
JUL 19 2000

5036

Owner or Titleholder's Name Jeff Bruner BY: _____ Phone No. (561) 283-0283
Street: 105 Hillcrest Court City Sewalls Point State: FL Zip 34996

Legal Description of Property: Lot 5 of Hillcrest according to the Plat thereof recorded in Plat Book 10 page 39 Public Records Parcel Number: 13841014000000505000

Location of Job Site: 105 Hillcrest Court ^{partia} Sewalls Point
TYPE OF WORK TO BE DONE: Install 184' of 5' green vinyl chainlink fence + 34' of 6' wood fence

CONTRACTOR/Company Name: Adron Fence Company Phone No. (863) 763-6255
Street: 2762 N.W 4th Street City Okeechobee State: FL Zip 34972
State Registration: License SP00300 State License: NA

ARCHITECT: _____ Phone No. () _____
Street: _____ City _____ State: _____ Zip _____

ENGINEER: _____ Phone No. () _____
Street: _____ City _____ State: _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION
Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
Estimated cost of construction or Improvement: \$ 1,768.00
Estimated Fair Market Value (FMV) prior to improvement: \$ _____
If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
Electrical: _____ State: _____ License # _____
Mechanical: _____ State: _____ License # _____
Plumbing: _____ State: _____ License # _____
Roofing: _____ State: _____ License # _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL.

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

OWNER or AGENT SIGNATURE (Required)

Owner
State of Florida, County of: _____ On
this the _____ day of _____, 2000,
by _____ who is personally
known to me or produced _____
as identification.

CONTRACTOR SIGNATURE (Required)

Contractor
State of Florida, County of: _____ On
this the _____ day of _____, 2000,
by _____ who is personally
known to me or produced _____
as identification.

Notary Public
My Commission Expires: _____

Notary Public
My Commission Expires: _____

Please see other page for notary and signature

TREE REMOVAL (Attach sealed survey)

Number of trees to be removed: _____ Number of trees to be retained: _____ Number of trees to be planted: _____ Number of Specimen trees removed: _____
Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE
 - a. Property Appraisers Parcel Number.
 - b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - c. Contractors name, address, phone number & license numbers.
 - d. Name all sub-contractors (properly licensed).
 - e. Current Survey

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:
 - a. Floor Plan
 - b. Foundation Details
 - c. Elevation Views - Elevation Certificate due after slab inspection,
 - d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
 - e. Truss layout
 - f. Vertical Wall Sections (one detail for each wall that is different)
 - g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

1. Use permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (State Road A-1-A East Ocean Boulevard only).
2. Well Permit or information on existing well & pump.
3. Flood Hazard Elevation (if applicable).
4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
5. Statement of Fact (for Homeowner Builder), and proof of ownership (Deed or Tax receipt).
6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.
8. Replat required upon completion of slab or footing inspection And Prior to any further inspections.

NOTICE: In, addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of COUNTY OF MARTIN, and there may be additional permits required' from other governmental entities such as water management districts, state and federal agencies.

Approved by Building Official: _____ Date: _____

Approved by Town Engineer _____ Date: _____
(If required)

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.

Owner or Agent

Date

Janet A. Chambers 7/11/00
Contractor Date

COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 12 day of July, 2000, by Daniel S. Chambers, who: is/are personally known to me, or has/have produced _____ as identification, and who did not take an oath.

Name: Vickie Malcolm

Typed, printed or stamped

(NOTARY SEAL)

I am a Notary Public of the State of Florida having a commission number of _____

commission expires: _____ and my
VICKIE MALCOLM
Notary Public, State of Florida
My comm. expires April 20, 2001
Comm. No. CC640056

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this ___ day of _____, 199_, by _____, who: is/are personally known to me, or has/have produced _____ as identification, and who did not take an oath.

Name: _____

Typed, printed or stamped

(NOTARY SEAL)

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. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY _____ Permit Officer

_____ Building Commissioner

Town of Sewall's Point

P.I.N. 13841014000005050000 Date 7/12/00

ACCESSORY STRUCTURE PERMIT APPLICATION

to construct:

- DOCK requires prerequisite approval from State and Army Corps of Engineers.
- BULKHEAD requires prerequisite approval from State and Army Corps of Engineers.
- DETACHED GARAGE SWIMMING POOL WALL
- SOLAR WATER HEATER SCREENED ENCLOSURE
- FENCE may not require sealed drawings.

OTHER: Install: 184' of 5' Green Vinyl Chain Link Fence + 34' of 6' Wood fence

Owner's Name Jeff Bremer

Owner's Address 105 Hillcrest Court Sewall's Point 34996

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

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

City Sewall's Point State FL Zip 34996

Contractor's Name Adron Fence Co.

Contractor's Address 2762 N.W. 4TH ST.

City Okeechobee State FL Zip 34972

Job Name Jeff Bremer

Job Address 105 Hillcrest Court Martin County, Stuart, FL 34966

Legal Description Hillcrest, Lot 5

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.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/07/2000

PRODUCER (941)467-0600 FAX (941)467-5142
 DEAKINS-LAWRENCE INSURANCE
 P. O. Box 549
 2020 S Parrott Ave
 Okeechobee, FL 34973-0549
 Attn: Marlene Buchanan
 INSURED
 Adron Fence Company, Inc
 2762 Nw 4th Street
 Okeechobee, FL 34972

FILE Ext:

FILE COPY
 UC/IPS
[Signature]

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 Am Casualty Company of Reading
 COMPANY B Transcontinental Ins Company
 COMPANY C
 COMPANY D

RECEIVED
 APR - 5 2000
 BY: *[Signature]*

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	B1031045896	12/31/1999	12/31/2000	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	B1031043663	12/31/1999	12/31/2000	COMBINED SINGLE LIMIT \$ 100,000 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/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS: OTHER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

COMP. ATTACHED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Fence Erection

CERTIFICATE HOLDER

Town of Sewell's Point
 1 South Sewell Point
 Stuart, FL 34996

CANCELLATION

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

Certificate of Insurance

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 by the policies listed below.

Named Insured(s):

Staff Leasing, LP, by Staff Acquisition, Inc., The General Partner, and The Affiliated Limited Partnerships of Which Staff Acquisition, Inc. is The General Partner and their Successor Corporations
 600 301 Boulevard West, Suite 202
 Bradenton, Florida 34205



Insurer Affording Coverage

Continental Casualty Company

Coverages:

The policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits	
Workers' Compensation	1-1-2001	WC 189165165 WC 189165182	Employer's Liability	
			Bodily Injury By Accident \$1,000,000	Each Accident
			Bodily Injury By Disease \$1,000,000	Policy Limit
			Bodily Injury By Disease \$1,000,000	Each Person

Other:

Employees Leased To:

Effective Date: 1/1/00

**11309
Adron Fence Co Inc**

The above referenced workers' compensation policy(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies), not to the employees of any other employer.

*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. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: (Not applicable unless a number of days are entered below)

Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policy(ies) until at least 30 days notice of such cancellation has been mailed to:

Certificate Holder:

TOWN OF SEWALL'S POINT
 1 S SEWALLS POINT RD
 STUART, FL 34996-6736

Martin Oosterbaan
 Authorized Representative

Office: St. Louis, MO 12/15/99
 Phone: (877) 427-5567 Date Issued

MARTIN COUNTY ORIGINAL
1999 COUNTY OCCUPATIONAL LICENSE 2000

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

LICENSE 1973 518 106 CERT _____

PHONE 800 282 5172 SIC NO 0000

LOCATION:
2762 NW 4TH ST

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>0.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>0.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>0.00</u>	COL. FEE \$	<u>0.00</u>
\$		TRANSFER \$	<u>0.00</u>
		TOTAL	<u>25.00</u>

ADRON FENCE COMPANY
2762 NW 4TH ST
OKEECHOBEE FL 34972

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

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 99
AND ENDING SEPTEMBER 30. 2000 999081302 1437 PAID

MEETS MARTIN COUNTY, FL REQUIREMENTS

MARTIN COUNTY CONTRACTORS LICENSING
 2401 S.E. Monterey Road
 Stuart, FL 34996

MARTIN COUNTY CONTRACTORS LICENSING
 2401 S.E. Monterey Road
 Stuart, FL 34996

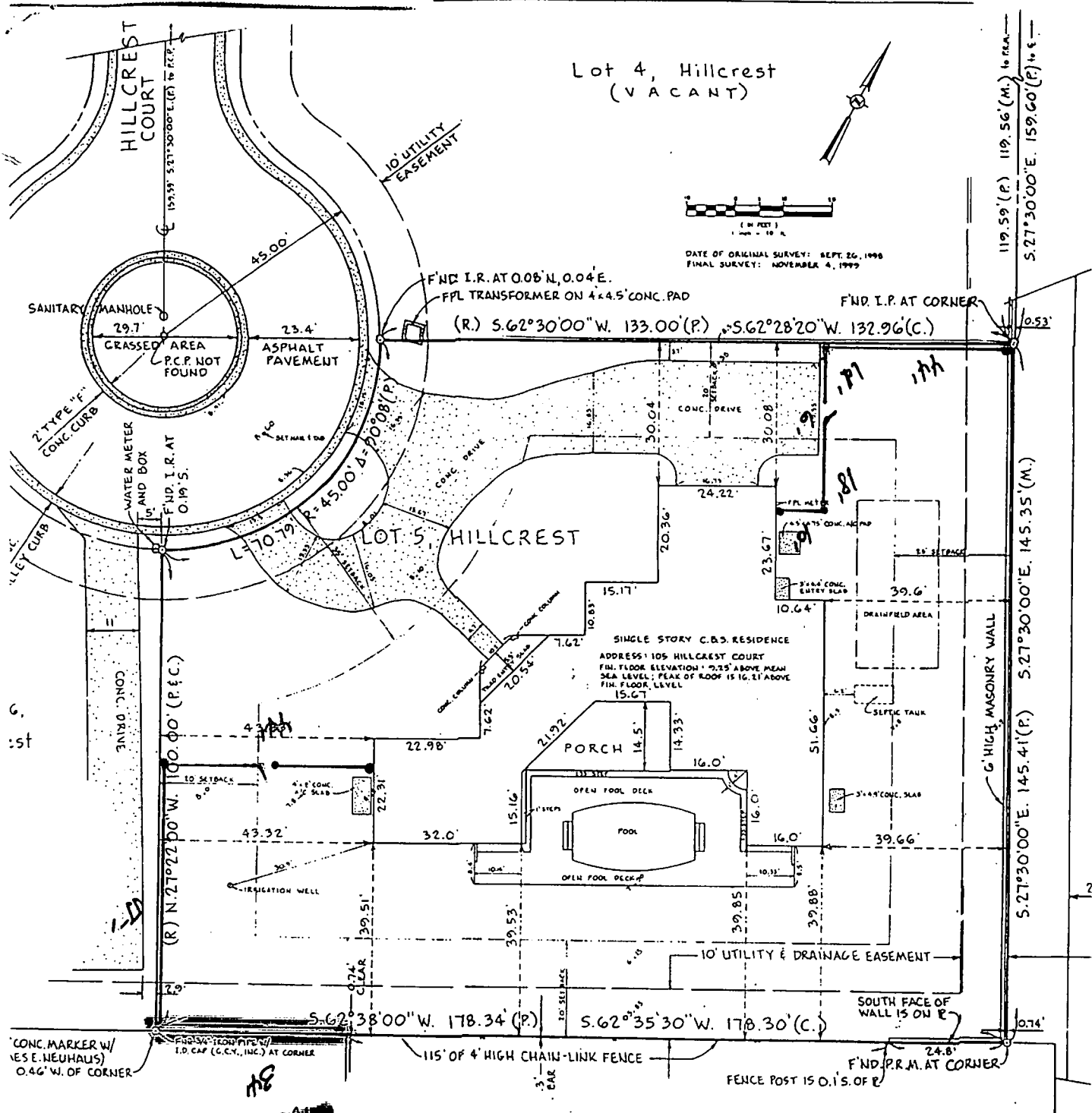
File	Actions	Permit	Laid	RFS	Insp	W/O	People	Has	Mat	System	Help	
							Name: CHAMBERS, ADRON				Id: 2858	
	X						Prof. Status: ACTIVE PRO	On Hold:			Bond Exempt:	
							Address: 2762 NW 4TH ST City: OKEECHOBEE	State: FL	Zip: 34972		Phone: 813-283-4540	
							Contact: ADRON FENCE COMPANY SSN: - -	DOB:			Phone: - - Contractors	
							Local Bus Licf: MARTIN	Date:			Class:	
							State Tax #:	Date:				
							Work Comp Ins: STAFF LEASING Policy #:	Date: 01-JAN-2001				
							Type	Description	State License #	Expires	Status	Hold
							FE	FENCE ERECTION	SP00300	30-SEP-2000		
							Qualifying Party	Exam Details	Charge / Comments			

Enter the professional specialty type
 Count: 1

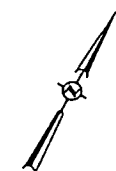
MARTIN COUNTY CONTRACTORS LICENSING
 2401 S.E. Monterey Road
 Stuart, FL 34996

MARTIN COUNTY CONTRACTORS LICENSING
 2401 S.E. Monterey Road
 Stuart, FL 34996

Lot 4, Hillcrest
(VACANT)



DATE OF ORIGINAL SURVEY: SEPT. 26, 1998
FINAL SURVEY: NOVEMBER 4, 1999

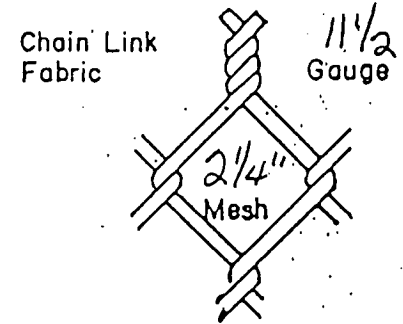
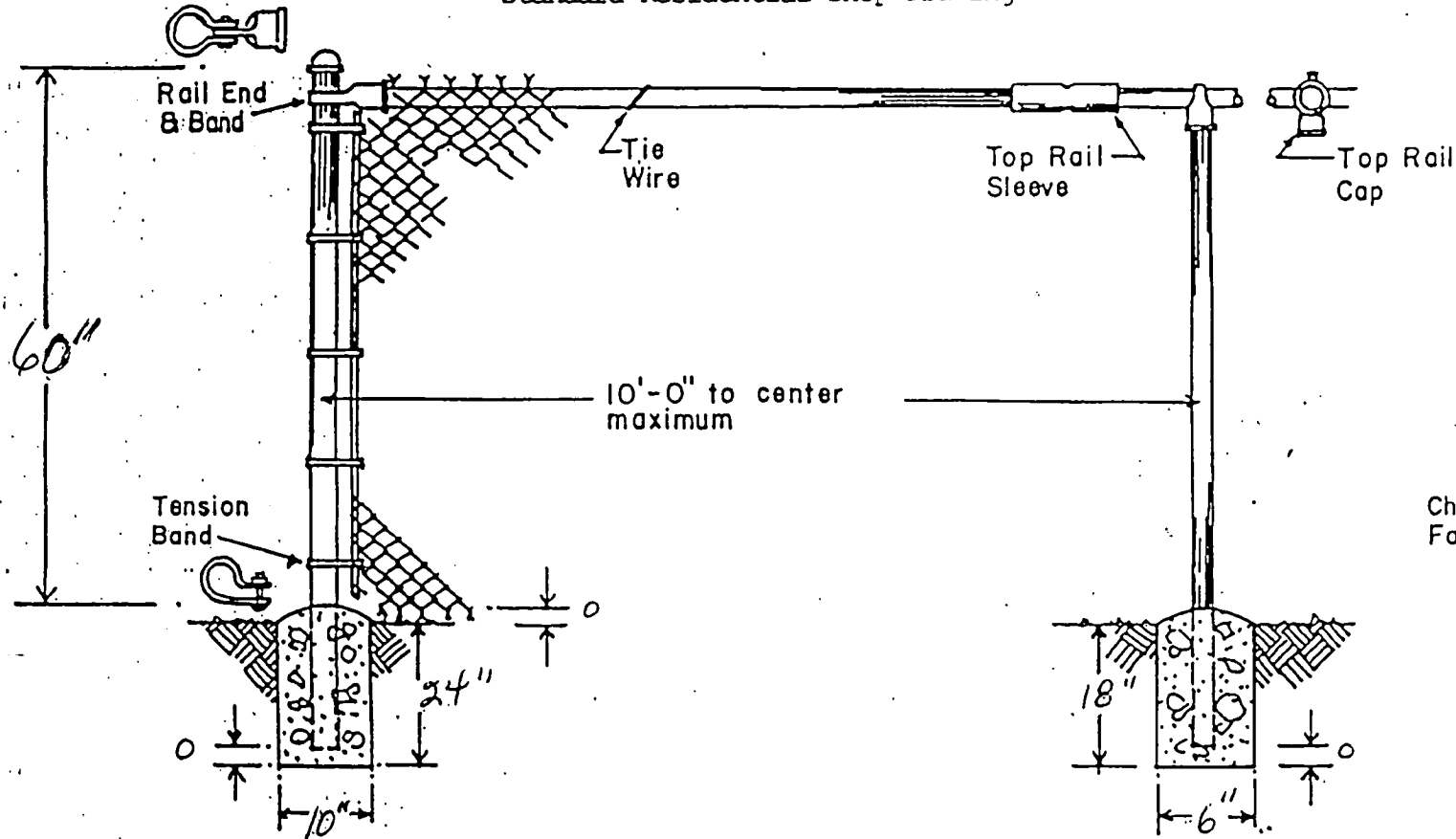


7/21/00 TOWN OF SEBASTIAN'S POINT
REVIEW: *[Signature]*
BLDG OFFICER

FILE TOWN COPY
105 HILLCREST CT

PN 5036

Standard Residential Shop Drawing



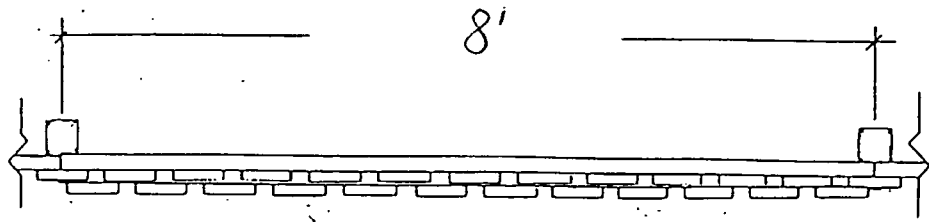
Post hole diameter is 4 times the diameter of the post.

TERMINAL POST		LINE POST		TOP RAIL	
Size	Wt. per ft.	Size	Wt. per ft.	Size	Wt. per ft.
2 1/2"	.055 wall	1 5/8"	.047 wall	1 3/8"	.047 wall
* Size-is outside dimension		* Weight-is pounds per linear foot			

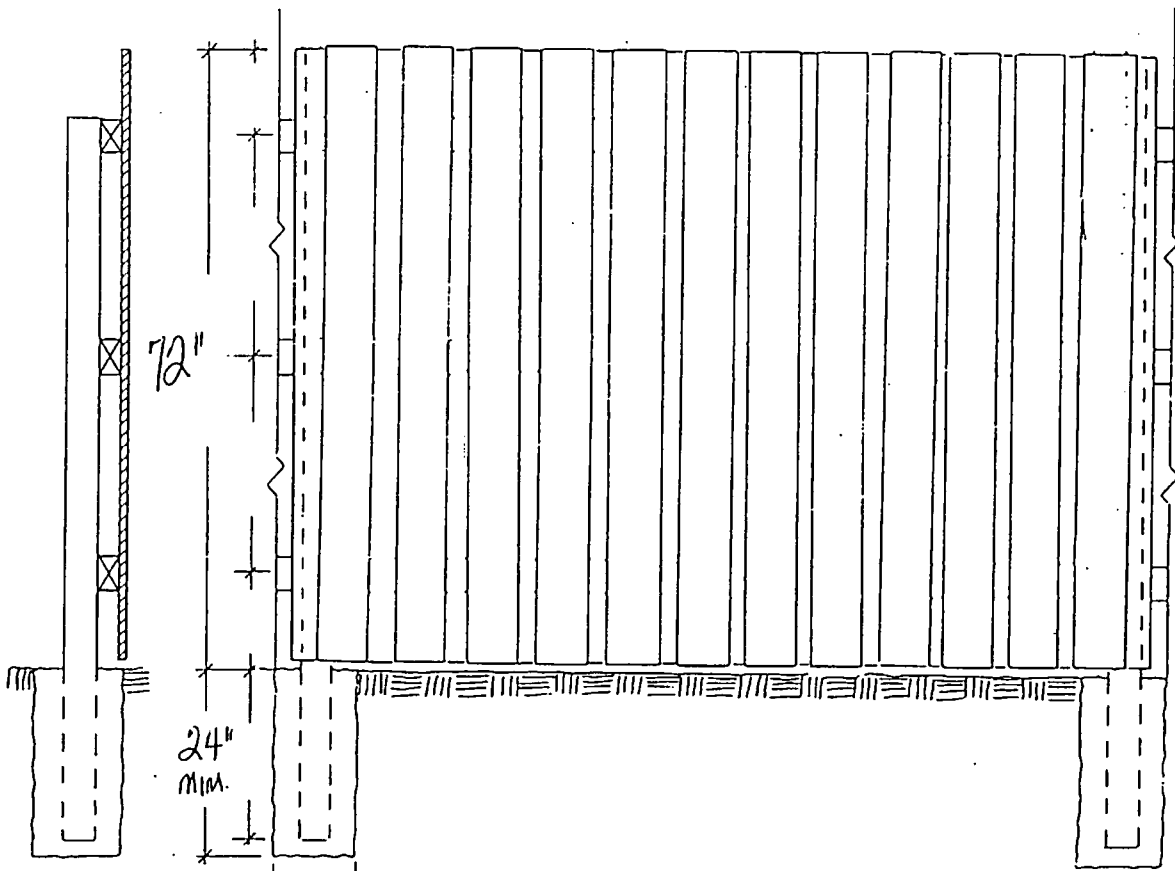
ADRON FENCE CO.
 2762 N.W. 4th ST.
 OKEECHOBEE, FL 34972
 1-800-282-5172



International
Fence
Industry
Association



PLAN VIEW



SIDE VIEW

FRONT VIEW

6' BOARD ON BOARD FENCE DETAIL

STYLE: FACE NAIL

NTS

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-4, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5030	Demarkarian	shutters	PASSED	VERIFY M-VC APPR. LABELS
N (9)	19 Castle Hill Way	FINAL-REINSPECTION	✓	(MPR. LTR. ON FILE)
	Superior Storm	Shutters (MPN 4651)	✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4943	Botwinick	slab	PASSED	1st thing in AM
S (1)	27 Emanta		✓	
	1st Fla. Dev.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4895	Seely	framing	OK	REMOVED FIRE-STOP
N (7)	37 Lofting Way	WALK-THRU; REINSPECTION	✓	\$ FROM REQUIREMENT
	Gibben	MONDAY 8/7 - NO FILE		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓	2000	final	PASSED	2/11/00 STL-BOND B.G.
N (11)	106 N.S.P. Rd.	pool?	✓	2/11/00 STL-BOND B.G.
	H&R Pools	IN PROGRESS INSP.?		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ (5036)	Jeruner	force final	PASSED	NO ONE HOME; DO P. DOCS
C (2)	1st Florida Storm	Force Final	✓	5' VIBR. CT. CHAIN NET/SUB
	Action Force	(verified records)		6' WIND STAKE DE-RATE (CPL)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4897	Van Wagner	deck	PASSED	COMP. TEST RCVD 8/4
✓ (10)	3 Paloma Way		✓	
	RHR Pools			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4921	Schram (after PINEAPPLE)	insulation	PASSED	
S (4)	109 S.S.P. Rd.		✓	
	Devision Insulation			

OTHER: ^{OK} T/R APPL - FIELD INSP.; 143 S. RIVER RD. - KIPLINGER (MAY TREE LONGE) O/B
 " " " " " " " " " " " " (" " ") MONTES TREE SERV.
 288-1715 ✓ CODE DEP. COMPL.; 16 RIDGECLAND, FL. FINEST CONSP. (DROWN) PD SOL3 - DRUGGERS? RILL (PER TINA 8/4)

BOY
 KRANER
 WILL
 SECURE
 TOWN

INSPECTOR (Name/Signature): _____

TREE

TOWN OF SEWALL'S POINT, FLORIDA

Date OCT 21, 19 99 TREE REMOVAL PERMIT No 275

APPLIED FOR BY JEFF BRUNER (Contractor or Owner)

Owner (SAME) 105 HILLCREST CT. (UNDER CONSTRUCTION)

Sub-division HILLCREST, Lot 5, Block _____

Kind of Trees (5) CABBAGE PALMS ; (2) DEAD/DISEASED/PREHIBITED

No. Of Trees: REMOVE 7

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

No. Of Trees: REPLACE 5 WITHIN 30 DAYS

REMARKS FEED WSP. 10/21/99

Signed, Jeff Bruner Applicant Signed, [Signature] Town Clerk
FEE \$ 15.00

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.

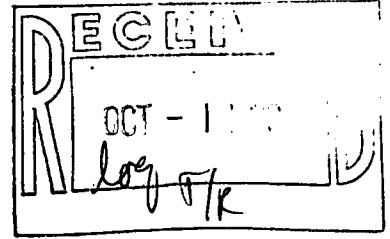
TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION _____

REMARKS _____

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION



OWNER NAME: Jeff & Sue Bruner

ADDRESS: 105 Hillcrest Court

NUMBER & TYPE TREES TO BE REMOVED: Cabbage palms (4) (1)? see plat

CONTRACTOR: St Clair Builders

ADDRESS: _____

LICENSE NUMBER: _____

PHONE: 283-0283 Owner INSP 10/9 Contractor ADD: 1 PER PER

CONTRACT PRICE: \$ _____

PERMIT FEE: \$ _____ PAID: _____ Date

* \$25.00 1ST; 10.00 EA. ADD'L.; MAX. \$100.00.

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:
dense overcrowding, rotten trunk (overcrowding)

APPLICANT SIGNATURE: Sue Bruner DATE: 10-1-99

APPROVED: _____ Date: _____
Building Inspector

DENIED: _____ Date: _____
Building Inspector

_____ Date: _____
Building Commissioner

REASON FOR DENIAL, IF APPLICABLE:



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

~~722-10-899~~

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4620	Lorraway 15 Middle Rd	Substation	PASSED	
4579	Bobbitt 76 S. Sewall's Pt. Rd.	final	PASSED	PROJ. APP. ENGR. DUXS REQ. (SHEET 1/2) - C.O. ISSUE THUR 10/16/99 UNO DOCUMENT SUBMITTAL
4486	Cook 12 Oak Hill Way	walk thru	PERFORMED w/ OWNER (CHECKOUT 17305)	FINAL C.O. INSP. SCHED FOR WEDNESDAY 10/13/99
4689	Schlumpf 10 Oak Hill Way	el. disconnect (C.O. REINSP.)	FAILED	NOT COMPLETE
46	Swiss Am 4 Ber Van HELMUT GIDDERLE 334-7730	tie down	FAILED	11:45 NO ONE ON SITE/NO ACCESS 12:15 LEFT MESSAGE w/ CONTR. 2:45 NO ONE ON SITE/NO ACCESS
4651	DERMARKARIAN 19 CASTLE HILL WAY (STRATHMORE)	SLAB (REINSPECT)	PASSED	REINSP FEE \$30.0 NOTATION FOR POPEL DOWELS
/	/	/	/	/

OTHER: L. BROWER: 105 HILLOST CT. W/R PERMIT INSP. ✓
 Z. OGDONOR: 16 FIELDWAY DR. " " " ✓

INSPECTOR: _____ **DATE:** _____

b

after 8/19

| BALFOORT contracting |

To: John Adams
From: Todd Balfourt
Date: 8/5/13
Re: 105 Hillcrest

John,

I'm handling the tree removal contract for the Owner. He closes on 8/19/13, and we'd like to do the work soon thereafter.

Please call with any questions, or let me know when permit ready for pick up.

Thanks,

Todd

~~772.600.7270~~

103 Hillcrest Ct • Stuart, FL • 34996
Facsimile 772.324.6550 • email: BCINC@Mindspring.com



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

954-325-0178

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Emile de Cuba Address 105 HILLCREST CT. Phone 772-359-1420

Contractor Monte's Tree Svc. Address P.O. BOX 523 PALM CITY 34991 Phone 772-287-1791

No. of Trees: REMOVE 2 Species: BLACK OLIVE

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) TREES CREATE ENORMOUS MESS, STAIN CONCRETE. NON-NATIVE SPECIES.

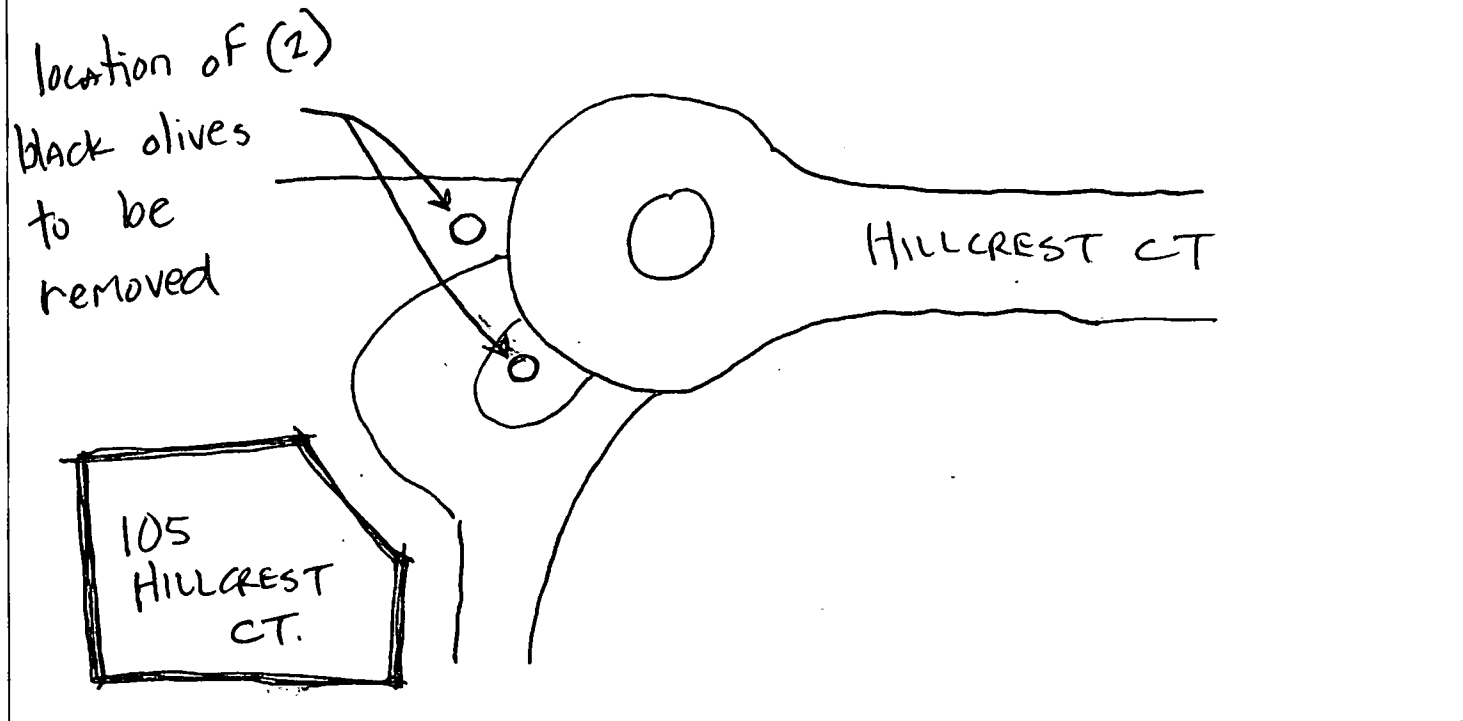
Signature of Property Owner [Signature] Date 8-5-13

Approved by Building Inspector: [Signature] Date 9-9-13 Fee: _____

NOTES: TREES ARE HEALTHY AND POSE NO APPARENT DETREMENT TO THE

PROPERTY - MAINTENANCE OF DROPPINGS FROM TREES IS NOT CONSIDERED
JUST CAUSE FOR REMOVAL

SKETCH:



OK



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Susan R. de Cuba Address 165 S. Hillcrest Court Phone 772-370-1150

Contractor (Husband) Emile de Cuba Address Same Phone Same

No. of Trees: REMOVE 1 Species: unknown - looks like overgrown vine

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) Overgrown / has dangerous thorns

Signature of Property Owner Susan R de Cuba Date 12/3/2013

Approved by Building Inspector: [Signature] Date 12-3-13 Fee: N/C

NOTES: _____

SKETCH:



Mayes Center for Hope
1201 SE Indian Street
Stuart, FL 34997
772-403-4500

William & Helen Thomas
Counseling Center
5000 Dunn Road
Ft. Pierce, FL 34981
772-462-8999

Corporate Administration

Fax:

To: Town of Sewall's Point Building Dept.

From: Candace E. Covello

Fax: 220-4765

Pages: 2 (Including Coversheet)

Phone:

Date: 12/3/2013 8:58:58 AM

Notes: Property Owner Susan de Cuba - 105 Hillcrest Court

St. Lucie Hospice House
5090 Dunn Road
Ft. Pierce, FL 34981
772-462-8900

Hay-Madeira & Harper Hospice House
1000 Ruhnke Street
Stuart, FL 34994
772-419-0460

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

* please see additional
information in
notes section

Susan de Cuba

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Susan R. de Cuba Address 105 Hillcrest Court Phone 772-370-1150

Contractor (Husband) Emile de Cuba Address Same Phone Same

No. of Trees: REMOVE 1 Species: unknown - looks like overgrown vine

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) Overgrown / has dangerous thorns

Signature of Property Owner *Susan R de Cuba* Date 12/3/2013

Approved by Building Inspector: _____ Date _____ Fee: _____

NOTES: Found out that
my husband did hire East Coast Stump Grinding to completely remove tree/vine

SKETCH:

