

**107 Hillcrest Court**

2084  
**PERMIT #**

SFR  
**DESCRIPTION**

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



1 2084  
TOWN OF SEWALL'S POINT, FLORIDA

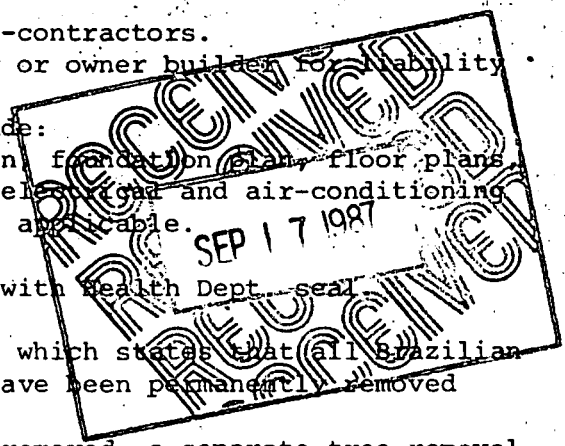
Application for a Permit to Build a House or Commercial Building

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

DATE 9/22/87

To obtain this permit, the following documents are necessary:

1. Florida certification of Builder and Sub-contractors.
2. Certificate of insurance from Contractor or owner builder for liability and workmen's compensation.
3. Three sets of building plans which include:
  - 4" scale for building drawings, plot plan, foundation plan, floor plans, wall and roof cross-sections; plumbing, electrical and air-conditioning layouts, and at least two elevations, as applicable.
4. Warranty deed to the property.
5. Septic tank permit and one set of plans with Health Dept. seal.
6. Energy code calculations.
7. Notorized copy of the attached affidavit which states that all Brazilian Pepper, Australian Pine, and Melaluca have been permanently removed from the property.
8. If trees other than in Item 7 are to be removed, a separate tree removal permit.
9. Designation of the Flood Control Zone in which the property is located as defined by the latest Flood Control Map. If the location is questionable, it must be certified by a licensed surveyor. If in "A" Zone, the proposed slab elevation should be specified. If in "V-13", the proposed elevation of the top of pier or piling is required.
10. A manufacturer's window schedule with symbols of sizes.



Owner FAIRVIEW SOUTH REALTY Present Address 3601 SE OCEAN BLVD.

Phone 286-7600 STUART, FL.

General Contractor MOSLEY & SON CONST. INC. Address 1400 SE MONTGOMERY RD.

Phone 287-6962 STUART, FL. 33497

Where Licensed FLORIDA License No. CGC 036047

Plumbing Contractor DAVES PLUMBING License No. 00030

Electrical Contractor FORWARD ELECTRIC License No. 00092

Roofing Contractor PANACHE CONST. License No. CGC A07037

Air-Conditioning Contractor J&G AIR CONDITIONING License No. CA - C014451

Describe the building, or alteration to existing building SINGLE FAMILY RESIDENCE,  
2-STORY.

Name the street on which the building, its front building line and its front yard will face LOT 6 HILLCREST 107 HILLCREST COURT

Subdivision HILLCREST Lot No. 6 Area \_\_\_\_\_

Building area, inside walls 3841 LIVING

Area of garage-carport-porch-square feet 1059

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 204,142.00

Cost of permit \$ 1,140 Plans approved as submitted \_\_\_\_\_ or, as marked

F.M.P. 365  
40  
1505

In addition, the following are understood by owner and contractor:

1. The building area inside walls is required to show conformance to the ordinance requiring a minimum of 155 sq. ft.
2. The contract price is the expected cost of the building including all but land, carpeting, appliances and landscaping. The permit fee is calculated at \$5.00 per thousand of this. If no contract is submitted as proof, it will be based on a cost of \$60.00 per sq.ft. for inside walls; \$25.00 per sq.ft. for any other area. In addition, a \$10.00 fee for each subcontractor is included in the permit fee.
3. Before a C.O. is issued the following are necessary:
  - a. An owner's affidavit of building cost. A standard form is available. Any discrepancy between original permitfee and new fee based on affidavit will be adjusted here.
  - b. If property is in "A" flood zone, an affidavit from a licensed surveyor showing slab elevation.  
If property is in "V" zone, an affidavit from a licensed surveyor showing elevation of top of piers or pilings.  
In addition, certification by a qualified engineer or architect of the structural adequacy of dwelling. Elevation is distance above mean sea level. A standard affidavit form is available.
  - c. Rough grading and clean-up of grounds.
  - d. Approval by the Health Dept. of Septic installation.
4. The South Florida Building Code latest revision is part of the Town's ordinance.
5. Building permits are issued for 1 year's duration. If construction takes longer, a full year's renewal fee is required. Construction must be started within 180 days of issuance or the permit is subject to revocation with the forfeiture of fee.
6. Any changes in plan must be approved by the Building Inspector.
7. Work hours are from 8:00 AM to 5:00 PM Monday through Saturday.
8. Portable toilet must be provided.
9. The grounds should be policed each day to clean up trash and scrap building material. A dumpster should be provided to contain these.
10. Inspections are performed from Monday through Friday from 8:00 AM to Noon. Twenty-four hours notice is required.
11. To facilitate set-back inspection at the start of the project, lines shall be strung along the property lines of the lot.
12. Within 90 days after a C.O. is issued, the grounds must be landscaped to be compatible with the neighborhood.
13. THIS SUMMARY IS NOT A SUBSTITUTE FOR TOWN ORDNANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OR BUILDER FROM COMPLIANCE WITH TOWN ORDNANCES.

Signed Contractor Philip W. Morgan Jr. *Moakley & Son Const. Inc*

Owner \_\_\_\_\_

Approved by Building Inspector Dale Brown Date 9/22/87  
 Approved by Commissioner \_\_\_\_\_ Date \_\_\_\_\_  
 Certificate of Occupancy issued \_\_\_\_\_ Date \_\_\_\_\_

MARTIN COUNTY PUBLIC HEALTH UNIT  
131 East 7th Street  
Stuart, Florida, 34997  
287-2277

#20

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Morley and Son Const.  
LEGAL DESCRIPTION: LOT 6 HILLCREST  
SEPTIC TANK PERMIT NUMBER: HD97-630

The items noted below must be certified by a surveyor or engineer and returned to the Health Department prior to the first plumbing inspection by the Building Department.

- 1. Building Permit Number: \_\_\_\_\_.
- 2. I certify that the elevation of the top of the lowest plumbing stubout is \_\_\_\_\_ inches above benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building plumbing stubout is \_\_\_\_\_ inches ~~above~~ crown of road elevation shown on septic tank permit.
- 4. I certify that all severe limited soil has been removed from an area of \_\_\_\_\_ feet by \_\_\_\_\_ feet to a minimum depth of six (6) feet below top of required stubout elevation. Submit plot plan to scale of excavated area.

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

- NOTE: a. Severe limited soil includes but is not limited to hardpan, clay, silt, marl or muck.
- b. Drainfield must be centered in the excavated area. Please set stakes to identify the excavated area boundaries. Drainfield will not be approved if severe limited soils are not removed.

CERTIFIED BY: \_\_\_\_\_

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

Date: \_\_\_\_\_ Job Number: \_\_\_\_\_

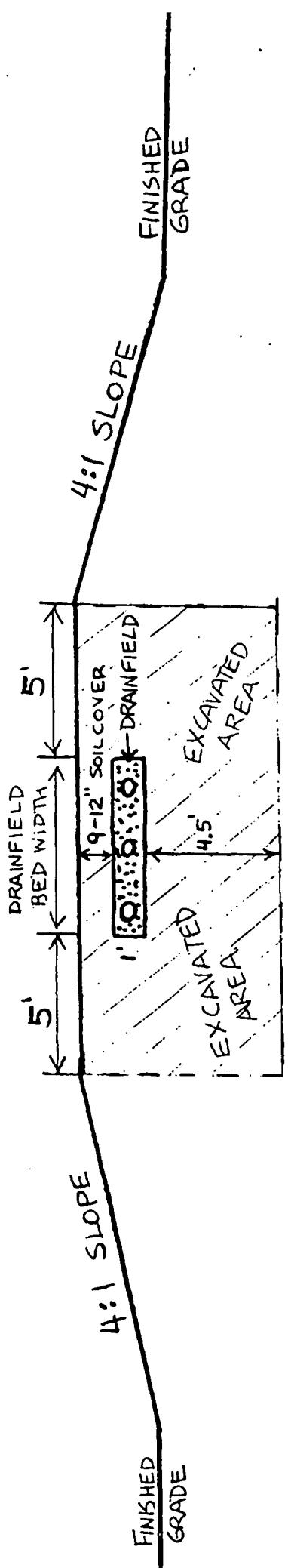
Philip W. Morse, Jr.  
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

\_\_\_\_\_  
(Signature of Environmental Health Specialist)

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

# DRAINFIELD MOUND REQUIREMENTS

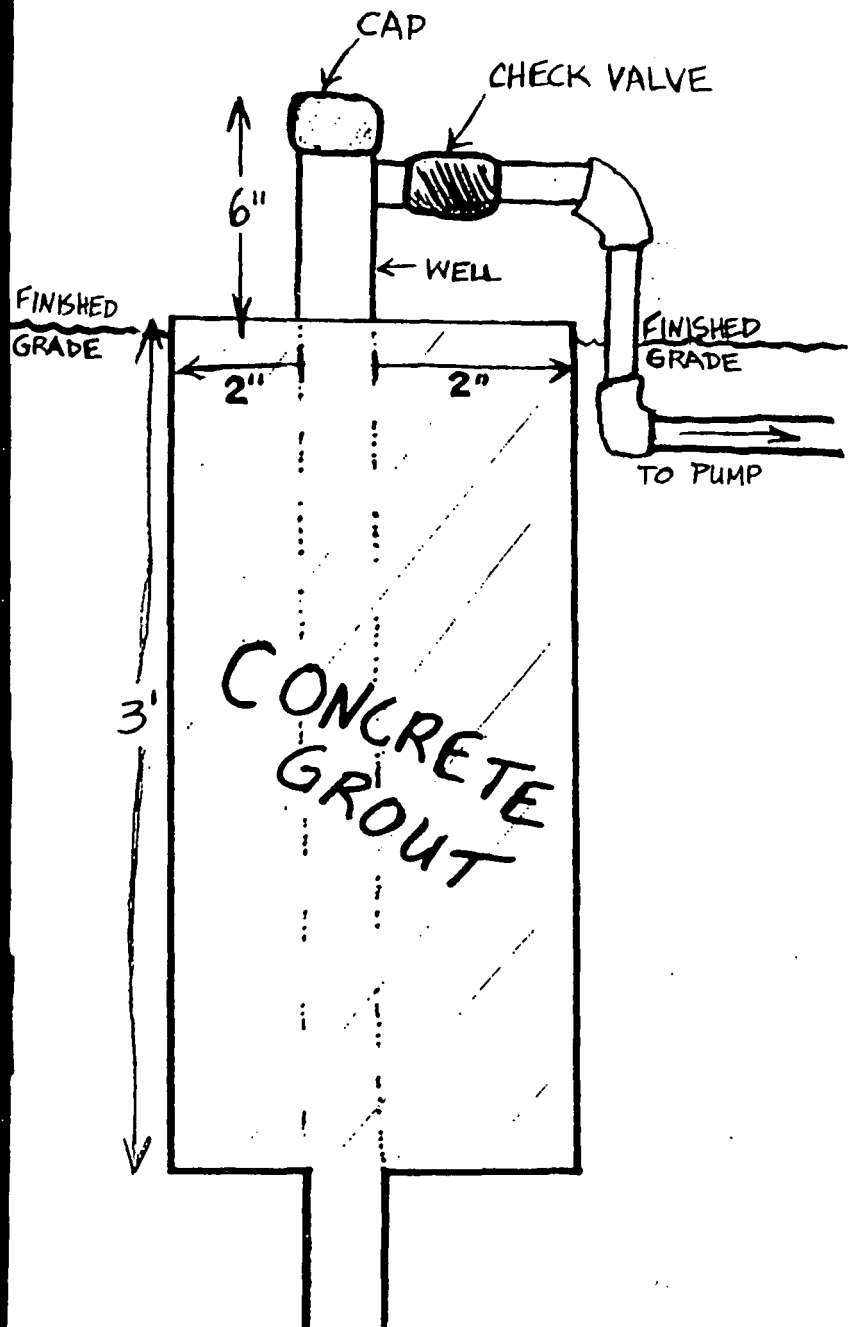


**NOTES** THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.

IMMC 4/85

# WELL REQUIREMENTS

**NOTE:** ALL WELLS MUST BE GROUTED AT LEAST 2" AROUND WELL CASING TO A DEPTH OF 3'. WELL CASING MUST EXTEND 6" ABOVE FINISHED GRADE AS SHOWN BELOW. NOTE LOCATION OF CHECK VALVE.

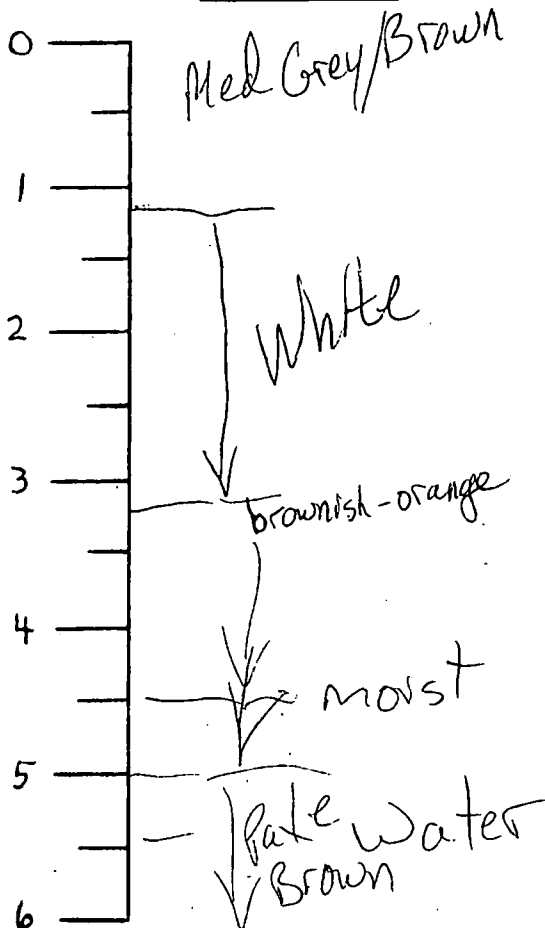


MARTIN COUNTY PUBLIC HEALTH UNIT  
131 East 7th Street  
Stuart, Florida 34997  
287-2277  
SITE EVALUATION

APPLICANT: Mosley & Son Construction.

LEGAL DESCRIPTION: Lot 6 HILLSREST

SOIL PROFILE



USDA SOIL TYPE Bonello  
~~Jonathan~~

USDA SOIL NUMBER #9

Impervious soils are present at 76' below natural grade.

Present Water Depth Below Natural Grade 5.5'

Wet Season Range Per Soil Survey 24-40"

Estimated Wet Season Water Depth Below Natural Grade 3

Indicator Vegetation Present Laural Oak, Banyan, Coconut Palm, Cabbage

Is Benchmark Located on Plot Plan and Present on Site? yes

Approximate Amount of Fill on Neighboring Lots N/A

Other Findings: Natural grade appears to be 1-2' below crown of rd.

EVALUATION BY Jacqueline D Kelly

DATE: 9-16-87



WS (3)

MARTIN COUNTY PUBLIC HEALTH UNIT  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER: HD87-630

NAME OF APPLICANT: Mosley & Son Construction

HOME PHONE: \_\_\_\_\_

WORK PHONE: 287-6962

MAILING ADDRESS OF APPLICANT: P.O. Box 1736, Stuart, FL 34995

LOT 6 BLOCK - SUBDIVISION HILLCREST

PLAT BOOK 10 PAGE 39 DATE SUBDIVIDED AUG. 1986

RESIDENTIAL: NUMBER DWELLING UNITS ONE NUMBER BEDROOMS FOUR

HEATED OR COOLED AREA OF HOME 3841 SQUARE FEET

COMMERCIAL: TYPE OF BUSINESS PROPOSED \_\_\_\_\_ NUMBER PEOPLE \_\_\_\_\_

AFFIDAVIT

I HAVE REVIEWED THIS PERMIT AND I CERTIFY THAT ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS PERMIT AND ANY APPLICABLE STATE OR COUNTY REGULATIONS.

SIGNATURE OF PROPERTY OWNER OR OWNER'S LEGALLY AUTHORIZED REPRESENTATIVE:

Philip W. Mosley, Jr. Mosley & Son Const. Inc

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 1200 GALLONS

DRAINFIELD SIZE 625 SQUARE FEET

MINIMUM SETBACK REQUIRED FROM PROPERTY LINES TO DRAINFIELD ROCK IS 12'

TOP OF BUILDING STUB OUT IS REQUIRED TO BE A MINIMUM ELEVATION OF

17" Below Crown of Road EL (8.66) msl

TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELEVATION OF

13" Below Crown of Road EL (8.66) msl

ISSUED BY: Jeff Owens ENVIRONMENTAL HEALTH SPECIALIST

DATE: 9/17/87

PLEASE NOTE:

1. Permit VOID if well or septic system is installed in a location other than area permitted. PRIOR HEALTH DEPARTMENT APPROVAL REQUIRED

2. THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE. IF BUILDING STUBOUT IS MORE THAN 20 FEET FROM SEPTIC TANK AND DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.

3. IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.

4. IF ANY INFORMATION ON THIS PERMIT CHANGES, PLEASE SUBMIT AN UPDATED APPLICATION TO THIS OFFICE.

5. IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS.

Inspection Results Will be Posted on Building Permit or on Electrical Box.

FINAL INSPECTION

CONSTRUCTION APPROVED BY: \_\_\_\_\_ ENVIRONMENTAL HEALTH SPECIALIST

DATE: \_\_\_\_\_

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

MARTIN COUNTY PUBLIC HEALTH UNIT  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

SITE INFORMATION

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE A LIMITED USE NON-COMMUNITY OR OTHER PUBLIC WELL WITHIN 100 FEET OF PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC SEWER WITHIN 100 FEET OF THE PROPOSED LOT? NO
6. IS THERE A LAKE, STREAM, WETLAND, OR OTHER BODY OF WATER WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
7. IS THERE A PROPOSED OR EXISTING PUBLIC WATER LINE WITHIN TEN FEET OF THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
9. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
10. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
11. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDINGS OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
13. THERE IS 2500 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA.

ELEVATIONS

1. CROWN OF ROAD ELEVATION 8.66' M.S.L. SHOW LOCATION ON PLOT PLAN.  
IF ROAD IS NOT PAVED, BENCHMARK ELEVATION — SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 6.55' M.S.L. A.S.  
SHOW LOCATION ON PLOT PLAN. 9-15-87
3. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? YES IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? 8.0' NGVD 1929 (ELEVATION OPTIONAL)

NOTE: MUST BE CERTIFIED BY REGISTERED SURVEYOR OR ENGINEER IN THE STATE OF FLORIDA.

CERTIFIED BY: Arthur Speedy  
FL. PROFESSIONAL NO: 3343 P.L.S.  
DATE: 9-11-87 JOB NO: —

SITE DIRECTIONS

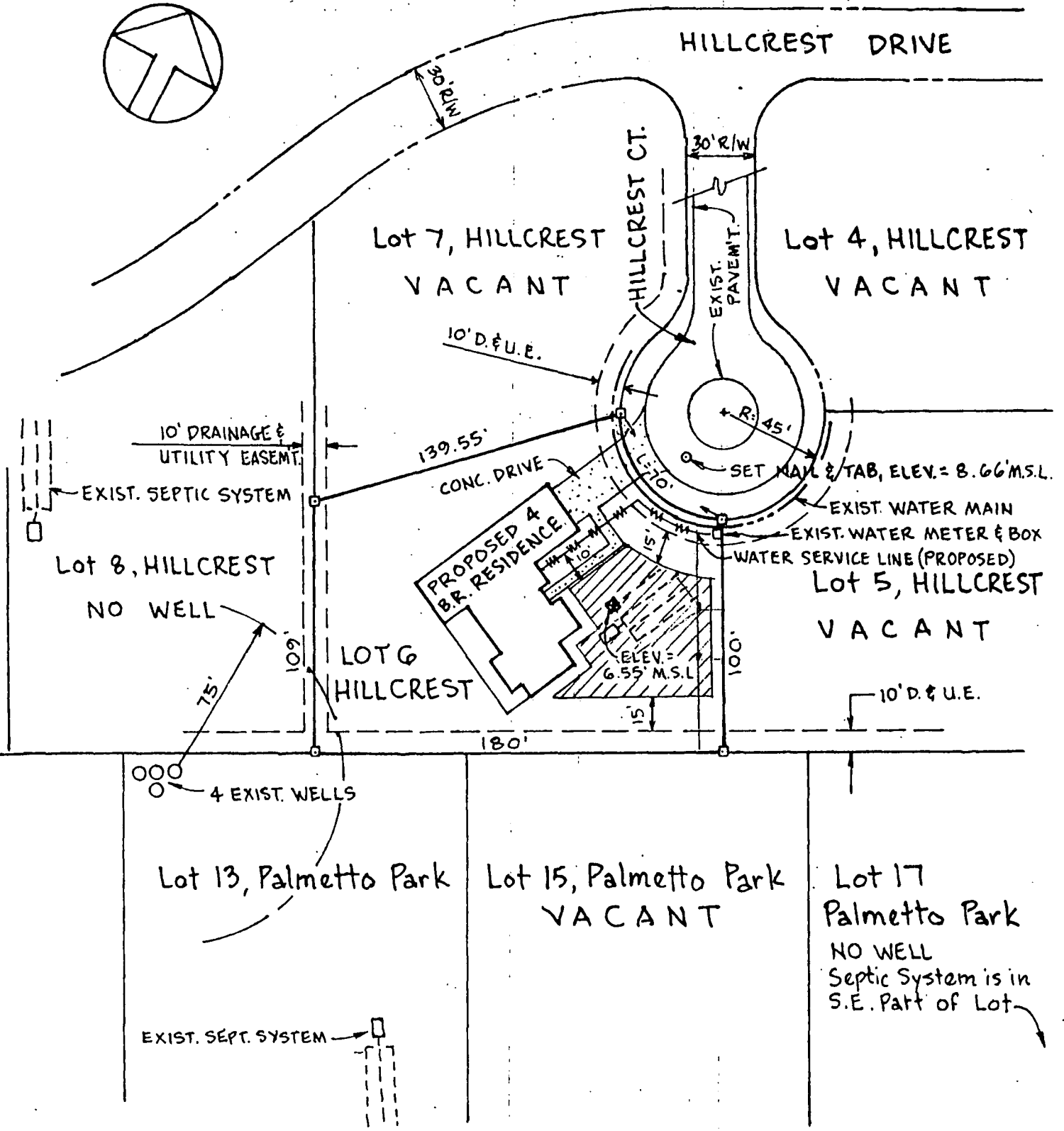
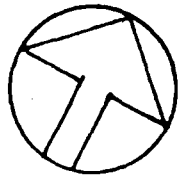
ATTACH SITE LOCATION MAP OR EXPLAIN DIRECTION TO SITE BELOW

DIRECTIONS TO SITE: E. Ocean Blvd. East across 1<sup>st</sup> bridge to S. Sewall's Point Rd., South on Sewall's Pt. Rd. for 2000'± to Hillcrest Drive; West on Hillcrest Dr. to Hillcrest Court; South on Hillcrest Court to end of cul-de-sac; Building site is on S.W. side of South end of cul-de-sac.

**INDIVIDUAL SEWAGE DISPOSAL FACILITIES  
DATA SHEET**

Location: Lot 6, HILLCREST S/D on Hillcrest Court in Sewall's Pt. Applicant: Mosley & Son Const.  
County: M A R T I N

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



**PLAN SCALE: 1" = 60'**

**LEGEND**

- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well

CERTIFIED BY: Arthur Speedy

FLORIDA PROFESSIONAL No. 3343 P.L.S.

Date Sept. 11, 1987 Job No. \_\_\_\_\_

**RECORD OF INSPECTIONS**

TOWN OF SEWALL'S POINT, FLORIDA

**CERTIFICATE OF APPROVAL FOR OCCUPANCY**

Date 3/24/88

This is to request that a Certificate of Approval for Occupancy be issued to Fairview South  
 For property built under Permit No. 2084 Dated 9/25/87 when completed in  
 conformance with the Approved Plans.

Items		Signed	Approved by
1. LOT STAKES/SET BACKS			
2. TERMITE PROTECTION	<u>10/8/87</u>		
3. FOOTING - SLAB	<u>10/9/87</u>		
4. ROUGH PLUMBING	<u>10/7/87</u>		
5. ROUGH ELECTRIC	<u>12/5/87</u>		
6. LINTEL			
7. ROOF	<u>1/5/88</u>		
8. FRAMING	<u>1/5/88</u>		
9. INSULATION	<u>1/7/88</u>		
10. A/C DUCTS	<u>1/5/88</u>		
11. FINAL ELECTRIC	<u>3/24/88</u>		
12. FINAL PLUMBING	<u>3/24/88</u>		
13. FINAL CONSTRUCTION	<u>3/24/88</u>		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 3/24/88 date

Approved by Building Commissioner Dale Della Valle Clarke date

Utilities notified F.P.L. 3/24/88 date

Original Copy sent to Masley & Son

(Keep carbon copy for Town files)

**3248**

**Move Wall & Garage Door**

3248  
**PERMIT #**

MOVE WALL & GARAGE DOOR  
**DESCRIPTION**

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

3298

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

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

Owner: FAIRVIEW SOUTH, INC. Present Address MONTEREY TRIANGLE 2400 S. PEO. HIGHWAY SUITE 300 STUART, FL. 34994-4531 Phone 220-2800

Contractor MOSLEY & SON CONST. INC. Address 1400 SE MONTEREY RD. Phone 287-6962 STUART, FL. 34994

Where licensed FLORIDA License number CGC 036047

Electrical contractor N/A License number

Plumbing contractor N/A License number

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: EXISTING WALL & GARAGE DOOR TO BE SET BACK 14" ON EXISTING SLAB/FOOTING

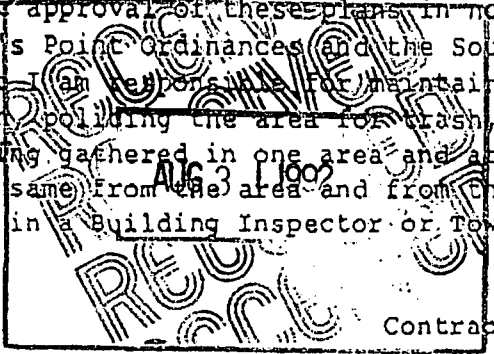
State the street address at which the proposed structure will be built: 107 HILLCREST COURT

Subdivision HILLCREST Lot number 6 Block number

Contract price \$2,400.00 Cost of permit \$ 24.00

Plans approved as submitted [checked] 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, polluting 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 Philip W. Morgan Qualifying Agent

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

Owner Philip W. Morgan (P.W.M.)

TOWN RECORD

Date submitted 8/31/92 Approved: Dale Brown 8/31/92 Building Inspector Date

Approved: [Signature] 8/31/92 Date Final Approval given: Date Commissioner Date

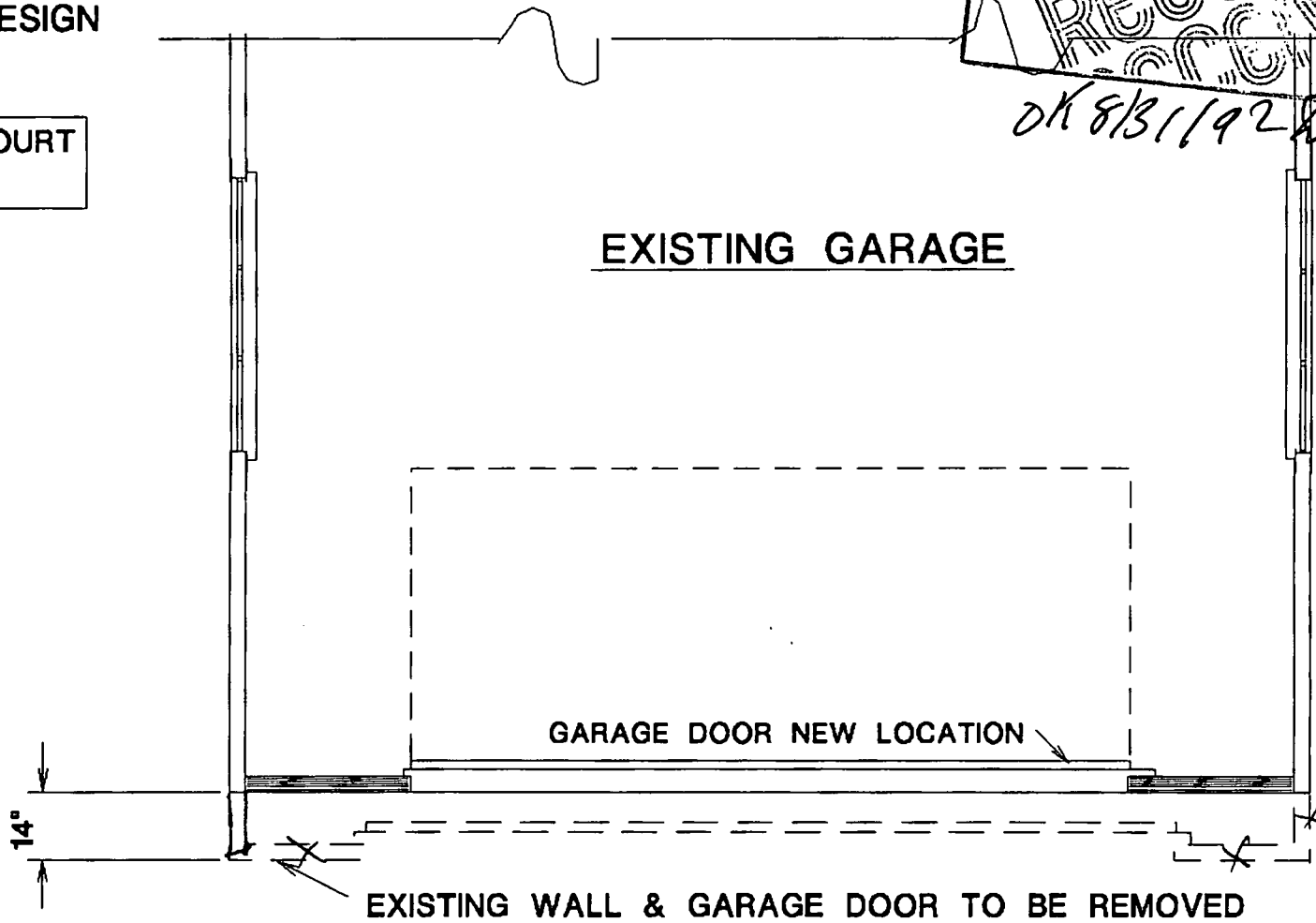
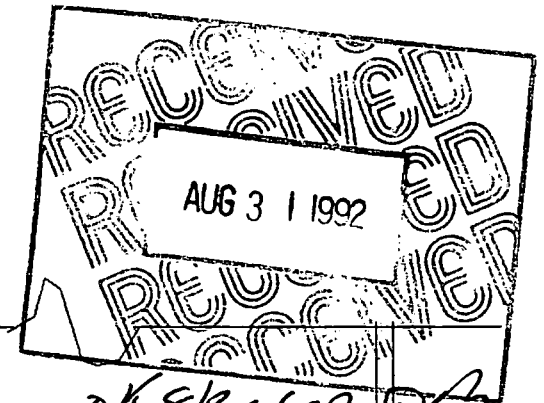
Certificate of Occupancy issued (if applicable) Date

Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida

DAN HENDERSON  
RESIDENTIAL DESIGN

119 W. SIXTH STREET  
STUART, FLORIDA 34994

107 HILLCREST COURT  
GARAGE



PLAN

1/4" = 1'-0"



**DAN HENDERSON  
RESIDENTIAL DESIGN**

119 W. SIXTH STREET  
STUART, FLORIDA 34994

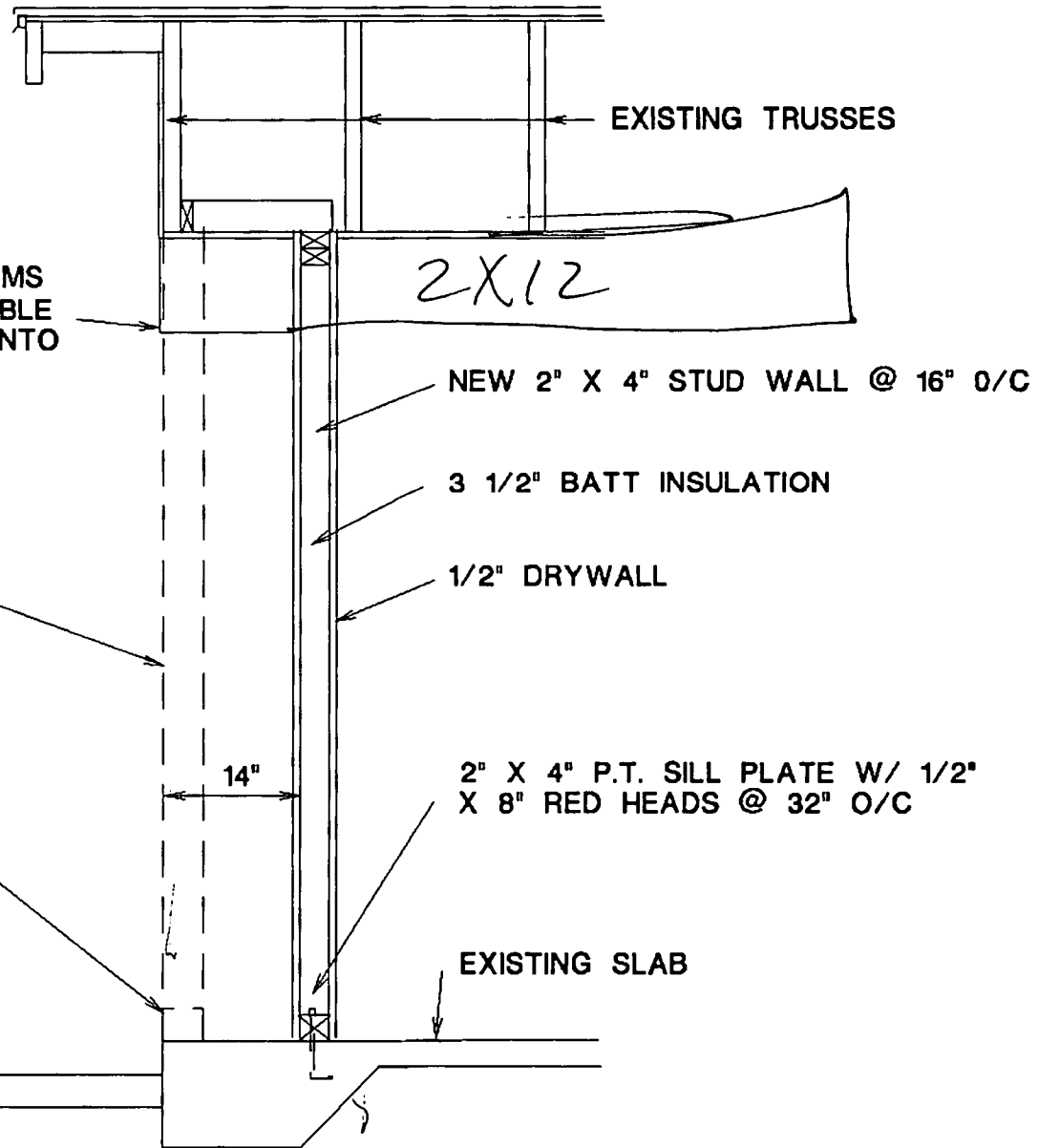
**107 HILLCREST COURT**

PROVIDE 2-2"X12" CANTILIVERED BEAMS  
@ EACH SIDE WALL TO CARRY GABLE  
END TRUSS, EXTEND BEAMS 4'-0" INTO  
EXISTING WALL

EXISTING WALL TO BE REMOVED

EXISTING CONC. CURB TO BE  
REMOVED

EXISTING DRIVEWAY SLAB



**SECTION**

1/2" = 1'-0"

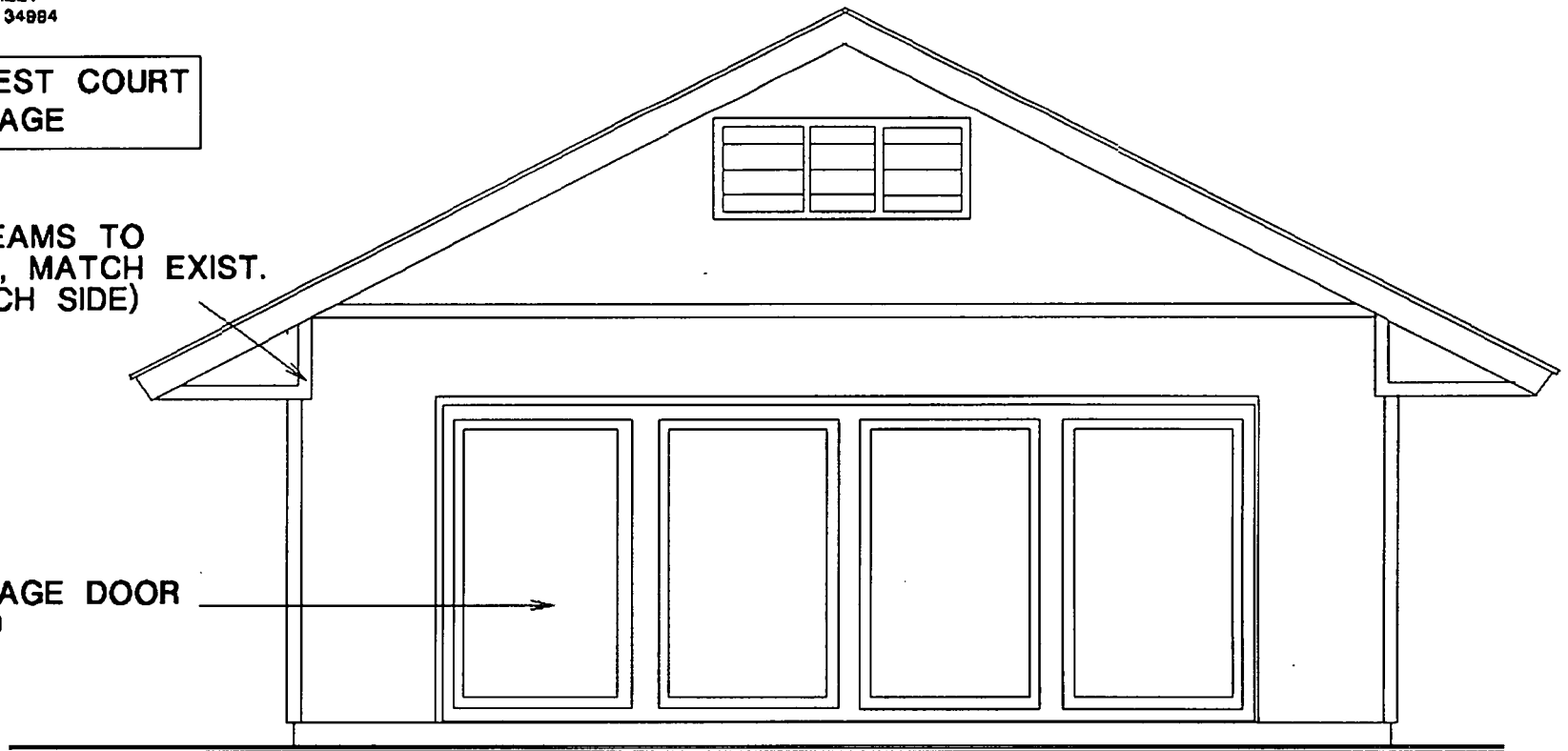
**DAN HENDERSON  
RESIDENTIAL DESIGN**

119 W. SIXTH STREET  
STUART, FLORIDA 34984

**107 HILLCREST COURT  
GARAGE**

2-2" X 12" BEAMS TO  
BE BOXED IN, MATCH EXIST.  
(TYPICAL EACH SIDE)

EXIST. GARAGE DOOR  
RELOCATED



**ELEVATION**

1/4"=1'-0"

**3275**

**New Garage/Remodel Existing**  
**Garage**

3275  
**PERMIT #**

NEW GARAGE  
REMODEL EXISTING GARAGE  
**DESCRIPTION**

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

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

3275

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

Owner DR. GEORGE McLAIN Present Address 3663 OLD ST LUCIE BLVD

Phone 288-5816 STUART, FL.

Contractor MOSLEY & SON CONST. INC Address 1400 SE MONTEREY RD

Phone 287-6962 STUART, FL 34994

Where licensed FLORIDA License number CGC 036047 PHILIP W. MURRAY, JR.

Electrical contractor FORWARD ELECTRIC License number ME 00092

Plumbing contractor DAVES PLUMBING License number MP 00030

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: NEW SEPARATE TWO CAR GARAGE, REMODEL EXISTING

GARAGE, REMODEL UPSTAIRS SCREEN PORCH TO MAKE BEDROOM/BATH

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

107 HILLCREST COURT SEWALLS POINT

Subdivision HILLCREST Lot number 6 Block number \_\_\_\_\_

Contract price \$ 68,420.00 Cost of permit \$ 958.00

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-tacking" the construction project.

86.38 Radon

Contractor Philip W. Murray, Jr. CGC 036047  
*Qualifying Agent*

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

Owner [Signature]

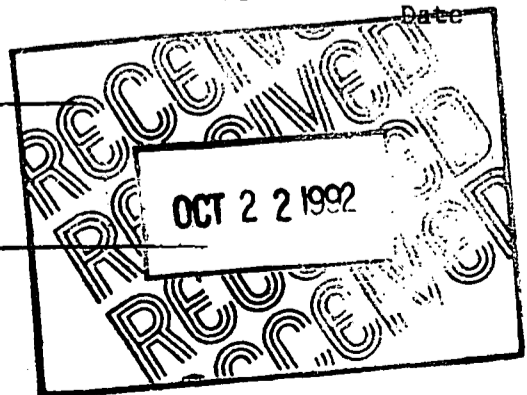
TOWN RECORD

Date submitted \_\_\_\_\_ Approved: Dale Brown 10/29/92  
Building Inspector Date

Approved: [Signature] 10/29/92 Final Approval given: \_\_\_\_\_  
Commissioner Date

Certificate of Occupancy issued (if applicable) \_\_\_\_\_  
Date

SP1282 Permit No. \_\_\_\_\_



Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida

Parcel I.D. Number: 01-38-41-014-000-00060-3

Grantee 1 TIN #

Grantee 2 TIN #

WARRANTY DEED

THIS WARRANTY DEED, made this 21st day of October, 1992, by and between FAIRVIEW PROPERTIES, INC., a Virginia corporation qualified to do business in the State of Florida as FAIRVIEW SOUTH, INC., whose address is 2400 S. Federal Highway, Suite 300, Stuart, Florida 34994, hereinafter referred to as "Grantor," and GEORGE E. McLAIN and LINDA L. McLAIN, his wife, whose address is 107 Hillcrest Court, Stuart, Florida 34996, hereinafter referred to as "Grantee".

WITNESSETH:

THAT GRANTOR, for and in consideration of the sum of Ten (\$10.00) Dollars and other good and valuable consideration to it in hand paid by Grantee, the receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee and the heirs, executors, administrators, personal representatives, successors and assigns of Grantee, the following real property, situate, lying and being in the County of Martin, State of Florida, particularly described as follows:

Lot 6, Hillcrest, according to the plat thereof, recorded in Plat Book 10, Page 39, Public Records of Martin County, Florida.

SUBJECT TO restrictions, reservations and easements of record, if any, and taxes subsequent to December 31, 1991.

TO HAVE AND TO HOLD the same in fee simple forever.

AND GRANTOR HEREBY COVENANTS with Grantee that it is lawfully seized of said land in fee simple; that it has good right and lawful authority to sell and convey said land; that it hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, Grantor has caused these presents to be executed the day and year first above written.

Signed, sealed and delivered in the presence of:

FAIRVIEW PROPERTIES, INC., a Virginia corporation qualified to do business in the State of Florida as FAIRVIEW SOUTH, INC.

Signature of W. Martin Bonan  
Printed Name: W. MARTIN BONAN

By: Signature of Stephen J. Broderick  
Stephen J. Broderick, Executive Vice President

Signature of Susan L. DeChristofaro  
Printed Name: SUSAN L. DECHRISTOFARO

{Corporate Seal}

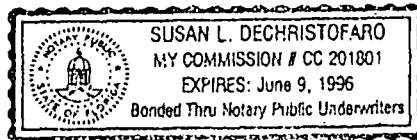
STATE OF FLORIDA  
COUNTY OF MARTIN

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED before me this 21ST day of October, 1992, by Stephen J. Broderick, as Executive Vice President of FAIRVIEW PROPERTIES, INC., a Virginia corporation qualified to do business in the State of Florida as FAIRVIEW SOUTH, INC., on behalf of the corporation, who [X] is personally known to me, or [ ] has produced \_\_\_\_\_ as identification.

Signature of Susan L. DeChristofaro  
Notary Public - State of Florida  
Printed Name: SUSAN L. DECHRISTOFARO

My Commission Expires:

{Notary Seal}



**NOTICE OF COMMENCEMENT**

Building Permit No. \_\_\_\_\_ Tax Folio No. \_\_\_\_\_

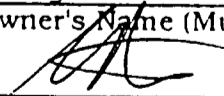
STATE OF FLORIDA

COUNTY OF MARTIN

(Do not write in this blank area.  
Reserved for recording purposes only)

THE UNDERSIGNED hereby gives notice that improvements 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: 107 Hillcrest Court, Stuart, Florida 34994  
(legal description of the property, and street address if available) Lot 6, Hillcrest
2. General Description of Improvements: Renovations/Pool
3. Owner Information: George E. McLain and Linda L. McLain
  - a. Name and address: 107 Hillcrest Court, Stuart, Florida 34994
  - b. Interest in property: Fee Simple
  - c. Name and address of fee simple titleholder (if other than owner):
4. Contractor: Mosley & Son Construction, Inc.  
(name and address) 1400 SE Monterey Road, PO Box 1736  
 Stuart, Florida 34995-1736
5. Surety:
  - a. Name and address:
  - b. Amount of bond \$ \_\_\_\_\_
6. Lender Information: Sun Bank/Treasure Coast, N.A.
  - a. Name and address: 2400 SE Federal Highway  
 Stuart, Florida 34994
  - b. Designated Contact: Mary P. Dooley
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:  
(name and address)
8. In addition to himself, Owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
9. Expiration date of Notice of Commencement (the expiration date is One (1) Year from the date of recording unless a different date is specified). Other expiration date: \_\_\_\_\_

George E. McLain  
Owner's Name (Must be typed)  
  
Signature of Owner

STATE OF FLORIDA  
COUNTY OF MARTIN

Sworn to and subscribed before me, the undersigned authority, this 21st day of October, 19 92

Debra A. Sigafos  
(Name) DEBRA A. SIGAFOS

NOTARY PUBLIC  
NOTARY PUBLIC, STATE OF FLORIDA;  
MY COMMISSION EXPIRES: NOV. 19, 1993;  
BONDED THRU NOTARY PUBLIC UNDERWRITERS;  
My Commission Expires:

**FORM 1000-C-91  
SMALL ADDITIONS  
AND RENOVATIONS**

**FLORIDA ENERGY EFFICIENCY CODE  
FOR BUILDING CONSTRUCTION**  
Section 10 — Residential Prescriptive Compliance Method  
Department of Community Affairs

Climate Zones  
**SOUTH 7 8 9**

Compliance with Section 10 of the Florida Energy Efficiency Code may be demonstrated by use of Form 1000C-91 for additions of 600 square feet or less, and renovations to single and multifamily residences. Alternative methods are provided for additions by use of Form 1000A-91 or 900A-91.

<b>PROJECT NAME: AND ADDRESS:</b>	<u>McLain Residence</u>	<b>BUILDER:</b>	
<b>OWNER:</b>	<u>George McLain</u>	<b>PERMITTING OFFICE:</b>	
		<b>PERMIT NO.:</b>	
		<b>CLIMATE ZONE:</b>	7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/>
		<b>JURISDICTION NO.:</b>	

<b>RENOVATION</b>	<input type="checkbox"/>	If Multifamily, number of units covered by this submittal: <input type="checkbox"/>	<b>CONDITIONED FLOOR AREA</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NEW GLASS AREA AND TYPE</b>	
<b>ADDITION</b>	<input checked="" type="checkbox"/>		<b>PREDOMINANT EAVE OVERHANG LENGTH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clear <input type="checkbox"/> Tint, Film, Solar Screen <input type="checkbox"/>
<b>MULTIFAMILY ATTACHED</b>	<input type="checkbox"/>		<b>PORCH OVERHANG LENGTH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-pane <input type="checkbox"/> SQ. FT. <input type="checkbox"/> Single-pane <input type="checkbox"/> SQ. FT. <input type="checkbox"/>
<b>SINGLE-FAMILY DETACHED</b>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Double-pane <input type="checkbox"/> SQ. FT. <input type="checkbox"/> Double-pane <input type="checkbox"/> SQ. FT. <input type="checkbox"/>

<b>FOR ADDITIONS ONLY</b>	<b>WALL TYPE AND INSULATION</b>		<b>CEILING TYPE AND INSULATION</b>		<b>FLOOR TYPE AND INSULATION</b>	
	<b>WOOD FRAME</b>		<b>MASONRY</b>		<b>WOOD</b>	
	<b>EXTERIOR:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>ADJACENT:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>DUCTS</b>	<b>COOLING SYSTEM</b>	<b>HEATING SYSTEM</b>	<b>HOT WATER SYSTEM</b>
<input type="checkbox"/> Unconditioned Space R= <input type="checkbox"/>	<input type="checkbox"/> Central <input type="checkbox"/> Room <input type="checkbox"/> PTAC <input checked="" type="checkbox"/> No New System <input type="checkbox"/> None SEER/EER= <input type="checkbox"/>	<input type="checkbox"/> Electric Strip <input type="checkbox"/> Natural Gas <input type="checkbox"/> Room Unit/PTHP <input checked="" type="checkbox"/> No New System COP/HSPF/AFUE= <input type="checkbox"/>	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other Fuels <input checked="" type="checkbox"/> No New System EF= <input type="checkbox"/> SF/EF= <input type="checkbox"/>
<input type="checkbox"/> In Conditioned Space R= <input type="checkbox"/>			<input type="checkbox"/> Solar <input type="checkbox"/> Heat Recovery <input type="checkbox"/> Dedicated Heat Pump
			<b>NUMBER OF BEDROOMS=</b> <input type="checkbox"/>

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code. PREPARED BY: <u>San Mad...</u> DATE: <u>10/31/92</u>	Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S. BUILDING OFFICIAL: _____ DATE: _____
I hereby certify that this building is in compliance with the Florida Energy Code. OWNER AGENT: _____ DATE: _____	

TABLE 10A MINIMUM REQUIREMENTS FOR ALL PACKAGES			
COMPONENTS	SECTION	REQUIREMENTS	CHECK
Windows	904.1	Maximum of 0.34 CFM per linear foot of operable sash crack (includes sliding glass doors).	
Exterior & Adjacent Doors	904.1	Maximum of 0.5 CFM per sq. ft. of door area: solid core, wood panel, insulated or glass doors only.	
Exterior Joints & Cracks	904.1	To be caulked, gasketed, weatherstripped or otherwise sealed.	
Sole & Top Plates	903.2	Sole plates and penetrations through top plates of exterior walls must be sealed.	
Infiltration Barrier	903.2	Infiltration barrier must be installed in exterior walls & raised wood floors.	
Interior Joints & Cracks	903.2	All openings in interior surfaces of ceilings and exterior walls must be sealed.	
Fireplaces	903.2	Fireplaces must have flue dampers, glass doors and outside combustion air intakes.	
Exhaust Fans	903.2	Exhaust fans vented to unconditioned space shall have dampers, except for combustion devices with integral exhaust ductwork.	
Water Heaters	904.2	Comply with efficiency requirements in Table 9-7A. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	904.3	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have minimum thermal efficiency of 78%.	
Hot Water Pipes	904.4	Insulation is required only for recirculating systems, including heat recovery units. In such cases, piping heat loss shall be limited to a maximum of 17.5 BTUH per linear foot of pipe.	
Shower Heads	904.5	Water flow must be restricted to no more than 3 gallons per minute at 80 PSIG.	
HVAC Duct Construction, Insulation & Installation	904.6	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section 904.6. Ducts in unconditioned space and air handlers located in attics must be insulated to a minimum R-4.2 (R-6 after 1/1/92).	
HVAC Controls	904.7	Separate readily accessible manual or automatic thermostat for each system.	
Renovations Only Glass	1003.0	Meets the requirements of sec. 1003.0. See step 3 of page 2 of this form.	



**TABLE 10B. Prescriptive Requirements for Small Additions (600 Sq. Ft. and Less) and for Renovations to Existing Buildings.**

COMPONENT		MINIMUM INSULATION	INSULATION INSTALLED	EQUIPMENT	MINIMUM EFFICIENCY		INSTALLED EFFICIENCY	
WALLS	Concrete	R-5	<u>R-11</u>	COOL	Central A/C	1991	1992	SEER = _____
	Wood frame 2" x 4"	R-11				SEER = 9.0	10.0	
	Wood frame 2" x 6"	R-19		Room unit or PTAC	EER = 8.5	8.5	EER = _____	
	Common Wood frame*	R-11			ANY			
	Common Masonry*	R-3						
CEILINGS	Under attic	R-30	<u>R-19</u>	SPACE HEATING	Electric Resistance	ANY		
	Single assembly	R-19			Heat Pump	HSPF = 6.4	6.8	HSPF = _____
	Common Wood frame*	R-11			Room unit or PTHP	COP = 2.6	2.7	HSPF/ COP = _____
FLOORS	Slab-on-grade	No Minimum		HOT WATER	Gas, natural or propane	AFUE = .70	.78	AFUE = _____
	Raised wood	R-11			Fuel Oil	AFUE = .76	.78	AFUE = _____
	Raised concrete	R-5			Electric Resistance	EF = .88		EF = _____
	Common Wood frame*	R-11			Gas, natural or propane	EF = .54		EF = _____
DUCT	In unconditioned space	1991 R-4.2	<u>R-6</u>		Fuel Oil	EF = .54		EF = _____
	In conditioned space	1992 R-6						

\*Common components are those which separate two conditioned living units in a multifamily building.

**TABLE 10C. Prescriptive Requirements for Glass Areas in ADDITIONS ONLY (Renovations see 3 below)**

GLASS TYPE, OVERHANG, AND SHADING COEFFICIENT (TINTING) REQUIRED FOR GLASS PERCENTAGE ALLOWED		Maximum % = <u>90</u>	Installed % = <u>26</u>
Maximum percentage glass to floor area allowed is selected by type, overhang length, and shading coefficient. See below.			
UP TO 20%		UP TO 30%	
Single	Double	Single	Double
OH - SC	OH - SC	OH - SC	OH - SC
1' - 1.0 0' - .86	0' - .90	2' - 1.0 1' - .86 0' - .65	1' - .90 0' - .70
UP TO 40%		UP TO 50%	
Single	Double	Single	Double
OH - SC	OH - SC	OH - SC	OH - SC
3' - 1.0 2' - .86 1' - .65 0' - .45	2' - .90 1' - .70 0' - .50	4' - 1.0 3' - .86 2' - .65 1' - .45 0' - .35	3' - .90 2' - .70 1' - .50 0' - .40
Shading coefficients (SC) may be obtained from the manufacturer of the glass. Typical shading coefficients are: single-pane clear SC = 1.0, double-pane clear SC = .90, and single-pane tint SC = .86.			

Form 1000C may be used to comply the following types of construction:

**SMALL ADDITIONS TO EXISTING RESIDENCES.** Additions which have 600 square feet or less of conditioned area may comply with the Energy Code using this form. The prescriptive requirements in Tables 10A, 10B and 10C apply only to the components of the addition, not to the existing building. Space heating, cooling, and water heating equipment efficiency levels must be met only when equipment is installed specifically to serve the addition or is being installed in conjunction with the addition construction. Components separating unconditioned spaces from conditioned spaces must meet the prescribed minimum insulation levels.

**RENOVATIONS:** Residential buildings undergoing renovations costing more than 30% of the assessed value of the building must comply with the Energy Code using this form. The prescriptive requirements in Tables 10A and 10B apply only to the components and equipment being renovated or replaced.

**GENERAL DIRECTIONS:**

- On the left side of Table 10B in the column titled "INSULATION INSTALLED", indicate the R-value of the insulation being added to each component. On the right side of Table 10B indicate the efficiency levels of the equipment being installed in the column titled "EFFICIENCY INSTALLED". All R-values and efficiencies installed must meet or exceed the minimum values prescribed in the preceding column for that component. Components and equipment neither being added nor renovated may be left blank.
- ADDITIONS ONLY.** Determine the percentage of new glass to conditioned floor area in the addition as follows. Total the areas of all glass windows, sliding glass doors and glass panels in doors which are more than 1/3 of the area of the door. Double the area of all non-vertical roof glass and add it to the previous total. When glass in existing exterior walls is being removed or enclosed by the addition, an amount equal to the total area of this glass may be subtracted from the total glass area. Divide the adjusted glass area total by the conditioned floor area of the addition. Multiply by 100 to get the percent. Find the largest glass percentage under which your calculated percentage falls on Table 10C. For example, 29% glass would qualify for the "Up to 30%" column. Prescriptives are given by the type of glass (Single or Double pane) and the overhang (OH) paired with a shading coefficient (SC). Any pair within the selected "Up To" category is acceptable. For a given glass type and overhang, the maximum shading coefficient allowed is specified. Indicate the category into which the percentage falls in the box at the top titled "Maximum % = \_\_\_\_". In the next column titled "Installed", indicate the calculated percentage of glass in the addition. Actual glass windows and doors previously in the exterior walls of the house and being reinstalled in the addition, do not have to comply with the overhang and shading coefficient requirements on Table 10C. All new glass in the addition must meet the requirements for one of the options in the glass percentage category you indicated. The overhang (OH) distance is measured perpendicularly from the face of the glass to a point directly under the outermost edge of the overhang.
- RENOVATIONS ONLY.** Only glass areas which are being replaced as part of the renovations need to meet the following requirements. Any glass type and shading coefficient may be used for glass areas which are under at least a two foot overhang and whose lowest edge does not extend further than 8 feet from the overhang. Glass areas being renovated that do not meet this criteria must be either single-pane tinted, double-pane clear, or double-pane tinted.
- Complete the information requested on the top half of page 1.
- Read "Minimum Requirements for Small Additions and Renovations", Table 10A on page 1, and check to indicate your intention to comply with all applicable items.
- Read, sign and date the "Owner/Agent" certification statement on page 1.

**3279**

**Pool & Patio**

3279  
**PERMIT #**

POOL & PATIO  
**DESCRIPTION**

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

Permit No. \_\_\_\_\_

Date \_\_\_\_\_

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

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

Owner DR & MRS. GEORGE McCLAIN Present Address 107 HILLCREST DRIVE  
 Phone 220-3026 SEWELLS Pt. 7/2 HILLCREST) FL.  
 Contractor DE STEFANO CUSTOM POOLS, INC Address 2900 WALKER STREET 34996  
 Phone 288-7447 SMART, FL 34996

Where licensed MARTIN COUNTY License number 89-520-159

Electrical contractor \_\_\_\_\_ License number \_\_\_\_\_

Plumbing contractor DE STEFANO POOLS License number 89-520-159

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

SWIMMING POOL & PATIO

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

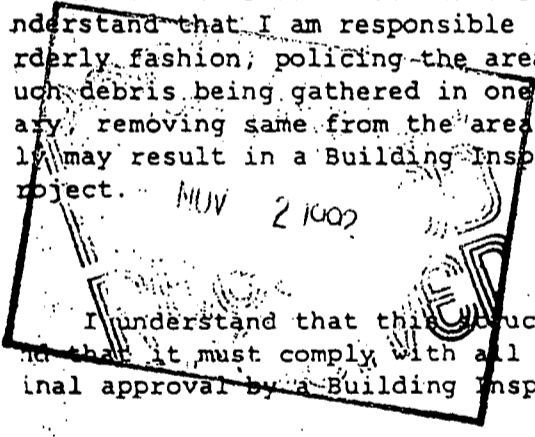
107 HILLCREST DRIVE SEWELLS POINT LOT-6

Subdivision HILLCREST Lot number 6 Block number \_\_\_\_\_

Contract price \$ 20,947.00 Cost of permit \$ 200.00

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

I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion; 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-tacking" 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.

Owner [Signature]

TOWN RECORD

Date submitted 11/2/92 Approved: Dale Brown 11/5/92  
Building Inspector Date

Approved: [Signature] 11/6/92 Final Approval given: 11/18/92  
Commissioner Date Date

Certificate of Occupancy issued (if applicable) \_\_\_\_\_  
Date

Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Building Code and the State of Florida Fuel Energy Efficiency Building Code.

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE 11/03/92

PRODUCER
INSURANCE BY KEN BROWN INC
P O BOX 540569
1339 ARLINGTON STREET
ORLANDO, FL 32854-0569

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

COMPANIES AFFORDING COVERAGE

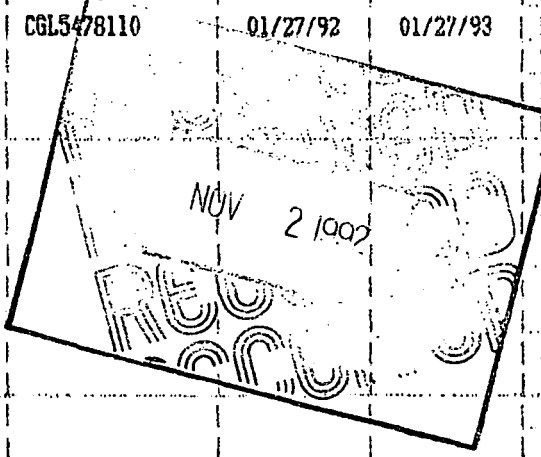
- COMPANY LETTER A GULF INSURANCE COMPANY
COMPANY LETTER B FTBA SELF INSURERS FUND
COMPANY LETTER C
COMPANY LETTER D
COMPANY LETTER E

INSURED
DESTEFANO CUSTON POOLS INC
2900 HAALER STREET
STUART
FLORIDA 34997

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.

Table with columns: TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF. DATE, POLICY EXP. DATE, LIMITS. Includes rows for General Liability, Automobile Liability, and Worker's Compensation.



DESCRIPTION OF OPERATIONS/LUCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

SEWALLS POINT TOWN MALL
#1 S. SEWALLS POINT RD
STUART
FLORIDA 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

Nancy Hays



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.

Legal Description of Property (include street address, if available)

107 HILLCREST DRIVE / LOT-6  
S/D HILLCREST SEWELLS POINT FL.

General Description of Improvements:

SWIMMING POOL & PATIO

Owner: DR. ~~GEORGE~~ GEORGE M. CLAIN

Address: 107 HILLCREST DR. (S/D HILLCREST) SEWELLS POINT FL

Owner's interest in property: 100%

34996

Fee Simple Title Holder (if other than owner):

Address:

Contractor: DeBlelano Custom Pools

Address: 4900 Winter Street Hillcrest Florida

Surety Co. (if)

Address: STATE OF FLORIDA  
COUNTY OF MARTIN  
I HEREBY CERTIFY THIS IS A  
TRUE AND CORRECT COPY OF THE  
ORIGINAL.

Amt. of Bond \$

Lender's Name:

Address: MARSHA MILLER, CLERK  
Johnson DC

Persons within the State of Florida designated by Owner upon whom notices of other documents may be served as provided by Section 713.13(1)(a) 7., Florida Statutes:

Name:

Address:

In addition to himself, Owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

[Signature]  
Signature of Owner

Sworn to and subscribed before me this 27<sup>th</sup> day of OCT 1992

[Signature]  
Notary Public

My Commission Expires:

NOTARY PUBLIC, STATE OF FLORIDA,  
MY COMMISSION EXPIRES: MAR. 27, 1993,  
BONDED THRU NOTARY PUBLIC UNDERWRITER

**3325**

**Remodel Bathroom/Add Hall &  
Bathroom to Rec Room**



<u>3325</u>	<u>REMODEL BATHROOM</u> <u>ADD HALL &amp; BATHROOM TO REC ROOM</u>
<b>PERMIT #</b>	<b>DESCRIPTION</b>

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

TAX FOLIO NO

3325

DATE 1-27-93

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

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

Owner DR. GEORGE McLAIN Present Address 107 HILLCREST COURT

Phone 288-5816 Sewalls Pt.

Contractor MOSLEY & SON CONST. INC Address 1400 SE MONTEREY RD. STUART FL

Phone 287-6962

Where licensed FLORIDA License Number CGC 036047

Electrical Contractor FORWARD ELECTRIC License Number ME 00092

Plumbing Contractor DAVES PLUMBING License Number MP 00030

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: REMODEL EXISTING BATHROOM TO ELIMINATE TUB, ADD HALLWAY TO

RECREATION ROOM, ADD NEW BATHROOM IN RECREATION ROOM

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

107 HILLCREST COURT SEWALLS POINT

Subdivision HILLCREST Lot Number 6 Block Number

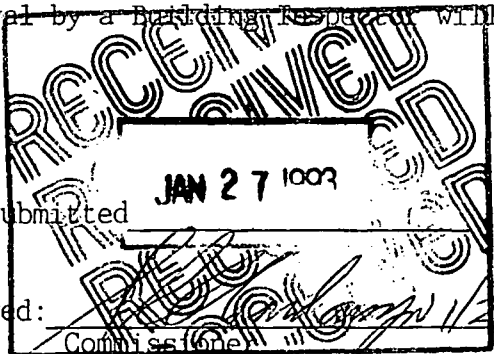
Contract Price \$7,236.00 Cost of Permit \$ 264.00

Plans approved as submitted [checked] 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 of Town Commissioner "Red-Tagging" the construction project.

Contractor Philip W. Meyer Jr. Qualifying Agent

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



Owner Linda McLain [checked]

TOWN RECORD

Date submitted

JAN 27 1003

Approved: Dale Brown 1/27/93 Building Inspector Date

Approved: [Signature] 1/29/93 Date

Final Approval given: Date

Certificate of Occupancy issued(if applicable) Date

SP1282

Permit No.

3466  
**PERMIT #**

FENCE  
**DESCRIPTION**

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

TAX FOLIO NO.

DATE 9.20.93

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.

**3466**

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

Owner GEORGE MCCOY Present Address 17 HILLCREST CT.

Phone \_\_\_\_\_

Contractor UNITED FENCE Address 367 WOLFEY DR. FT. P.

Phone 335.2627

Where licensed MARTIN License Number 00541

Electrical Contractor \_\_\_\_\_ License Number \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ License Number \_\_\_\_\_

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought 64' FENCE, 6' SHAD. BOX

SAME

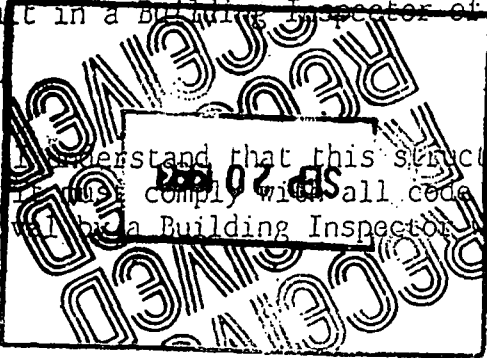
State the street address at which the proposed structure will be built:

Subdivision HILLCREST Lot Number 6 Block Number \_\_\_\_\_

Contract Price \$ 1,391.00 Cost of Permit \$ 24.00

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 George J. ...

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

Owner Geo. McClain

TOWN RECORD

Date submitted 9.20.93

Approved: Dale Brown 9/20/93  
Building Inspector Date

Approved: [Signature] 9/21/93 Final Approval given: \_\_\_\_\_  
Commissioner Date Date

Certificate of Occupancy issued(if applicable) \_\_\_\_\_  
Date



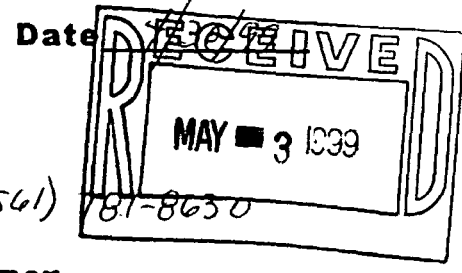
4603  
**PERMIT #**

FENCE  
**DESCRIPTION**

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

Bldg. Pmt# 4603

# Town of Sewall's Point



## BUILDING PERMIT APPLICATION

Owner's Name: Gerald & Denise Herrmann Phone No. (561) 81-8630  
Owner's Present Address: 107 Hillcrest Court, Stuart, FL  
Fee Simple Titleholder's Name & Address if other than owner \_\_\_\_\_

Location of Job Site: 107 Hillcrest Court

TYPE OF WORK TO BE DONE: Fence

### CONTRACTOR INFORMATION

Contractor/Company Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

COMPLETE MAILING ADDRESS \_\_\_\_\_

State Registration \_\_\_\_\_ State License \_\_\_\_\_

Legal Description of Property: LOT 6 HILLCREST PLAT BOOK 10 PAGE 39

Parcel Number: \_\_\_\_\_

### ARCHITECT/ENGINEER INFORMATION

Architect \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Engineer \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_ day of \_\_\_\_\_, 1998 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 \_\_\_\_\_ day of \_\_\_\_\_, 1998 by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ and who did (did not) take an oath.

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 \_\_\_\_\_



**4643**

**Re-Roof**

4643  
**PERMIT #**

REROOF  
**DESCRIPTION**

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

8/2/00 1 MONTH PERMIT EXTENSION (7/8/00 - 8/7/00)  
FEE PAID \$12.00 (CASH) = 10% OF PERMIT

MASTER PERMIT NO. N/A

**TOWN OF SEWALL'S POINT**

Date 7/8/01

BUILDING PERMIT NO. 4643

Building to be erected for GERALD & DENISE HERREMAN Type of Permit RE-ROOF

Applied for by APOSTOLOPOULOS & PAULICK (Contractor) Building Fee \_\_\_\_\_

Subdivision HILLCREST Lot 6 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 107 HILLCREST CT. Impact Fee \_\_\_\_\_

Type of structure S.F.P. A/C Fee \_\_\_\_\_

Electrical Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_ Plumbing Fee \_\_\_\_\_

138410140000006030000 Roofing Fee 120.00

Amount Paid \$120.00 Check # 152 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 18,000.00 TOTAL Fees 120.00

Signed [Signature]  
Applicant

Signed [Signature] BLMG OFF.  
Town Building Inspector

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 7/8/

BUILDING PERMIT NO. 4643

Building to be erected for GERALD & DENISE HEREMANN Type of Permit RE-ROOF

Applied for by APOSTOLOPOULOS & PAULICK (Contractor) Building Fee \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 107 HILLCREST Impact Fee \_\_\_\_\_

Type of structure S.F.R. A/C Fee \_\_\_\_\_

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

Amount Paid \$120.00 Check # 152 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 18,000.00 TOTAL Fees 120.00

Signed [Signature]  
Applicant

Signed [Signature] BLMG OFF.  
Town Building Inspector

# RE-ROOFING PERMIT

### INSPECTIONS

DRY IN  
PROGRESS

DATE \_\_\_\_\_  
DATE \_\_\_\_\_

PROGRESS  
FINAL

DATE \_\_\_\_\_  
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!**

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 7/8/99

BUILDING PERMIT NO. 4643

Building to be erected for GERALD & DENISE HERRMANN

Type of Permit RE-ROOF

Applied for by APOSTOLOPOULOS & PAULICK

(Contractor)

Building Fee \_\_\_\_\_

Subdivision \_\_\_\_\_

Lot \_\_\_\_\_

Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 107 HILLCREST

Impact Fee \_\_\_\_\_

Type of structure S.F.R.

A/C Fee \_\_\_\_\_

Electrical Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_

Plumbing Fee \_\_\_\_\_

Roofing Fee 120.00

Amount Paid \$120.00

Check # 152

Cash \_\_\_\_\_

Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 18,000.00

TOTAL Fees 120.00

Signed \_\_\_\_\_

Applicant

Signed \_\_\_\_\_

Town Building Inspector

BUNG OFF.

# RE-ROOFING PERMIT

### INSPECTIONS

DRY IN  
PROGRESS

DATE \_\_\_\_\_  
DATE \_\_\_\_\_

PROGRESS  
FINAL

DATE \_\_\_\_\_  
DATE \_\_\_\_\_

**24 HOURS NOTICE REQUIRED FOR INSPECTIONS.**

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- New Construction**
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- Demolition**

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

Bldg. Pmt# 4643  
7/8/99

### Town of Sewall's Point

Date 7-6-99

### BUILDING PERMIT APPLICATION

Owner's Name: Gerald Herrmann & Denise Phone No. 781-8630  
 Owner's Present Address: \_\_\_\_\_  
 Fee Simple Titleholder's Name & Address if other than owner \_\_\_\_\_  
107 Hillcrest Ct  
 Location of Job Site: \_\_\_\_\_  
 TYPE OF WORK TO BE DONE: Re roof : Cedar shakes to 30 yr shingles  
 CONTRACTOR INFORMATION  
 Contractor/Company Name: Apostolopoulos & Paulick Const Inc Phone No. 220-7505  
 COMPLETE MAILING ADDRESS 1501 DECKER AVE 1294 STUART FLA 33494  
 State Registration \_\_\_\_\_ State License CCRC 003907  
 Legal Description of Property \_\_\_\_\_  
 Parcel Number \_\_\_\_\_

#### ARCHITECT/ENGINEER INFORMATION

Architect \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Engineer \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 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 10,000.00  
 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.)

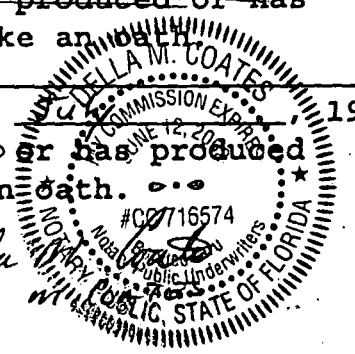
Electrical \_\_\_\_\_ State License \_\_\_\_\_  
 Mechanical \_\_\_\_\_ State License# \_\_\_\_\_  
 Plumbing \_\_\_\_\_ State License# \_\_\_\_\_  
 Roofing Apostolopoulos + Paulick Const State License# CCRC 003907

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 [Signature]  
 Sworn to and subscribed before me this 6<sup>th</sup> day of July, 1999 by COSTA Apostolopoulos who is personally known to me or has produced or has produced \_\_\_\_\_ and who did (did not) take an oath.  
 CONTRACTOR SIGNATURE [Signature]  
 Sworn to and subscribed before me this 6<sup>th</sup> day of \_\_\_\_\_, 1999 by COSTA Apostolopoulos who is personally known to me or has produced \_\_\_\_\_ and who did (did not) take an oath.



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.
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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 \_\_\_\_\_

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

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

# NOTICE OF COMMENCEMENT

STATE OF FLA

COUNTY OF MARTIN

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

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

107 Hillcrest Ct Swalls Point

GENERAL DESCRIPTION OF IMPROVEMENT: Reroof cedar shingles to 30 yr acc

OWNER: Gerald F. Herrmann & DeWise H. Herrmann

ADDRESS: 107 Hillcrest Ct Swalls Point

PHONE #: 781-8630 FAX #: \_\_\_\_\_

CONTRACTOR: Apostolopoulos & Paulick Const. Inc

ADDRESS: 1501 Decker Ave 129 A

PHONE #: 220-7505 FAX #: 220-4408

**SURETY COMPANY(IF ANY)**

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

PHONE # \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_ BY 1 copy DATE 7-6-99 D.C.

LENDER: \_\_\_\_\_

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

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

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

NAME: \_\_\_\_\_

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

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

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

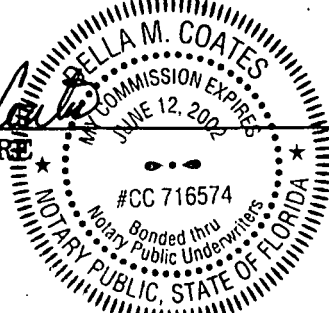
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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

[Signature]  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 6<sup>th</sup> DAY OF July 1999 BY Gerald F. Herrmann

[Signature]  
NOTARY SIGNATURE



OR PERSONALLY KNOWN  PRODUCED ID \_\_\_\_\_ TYPE OF ID \_\_\_\_\_



# ACORD CERTIFICATE OF LIABILITY INSURANCE

7-8-99

**PRODUCER**  
**A Better Deal Insurance**  
 1028 Bayshore Blvd  
 Port St Lucie, FL 34984  
 (888) 871-1875

**INSURED**  
 APOSTOLOPOULOS & PAULICK CONST. INC  
 1501 SE DECKER AVENUE ;  
 UNIT 329A  
 STUART FL 34994

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

### INSURERS AFFORDING COVERAGE

INSURER A: MARYLAND INSURANCE CO  
 INSURER B: International Specialty Underwriters  
 INSURER C:  
 INSURER D:  
 INSURER E:

**DECEIVED**  
LKB/DC

### COVERAGES

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

NR	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  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	SCP 031610232	7-19-99	7-19-00	EACH OCCURRENCE \$300,000 FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$300,000 GENERAL AGGREGATE PRODUCTS - COMP/OP AGO \$300,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	APOP602S	12-08-98	12-8-00	WC STATUTORY LIMITS E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000
	OTHER				

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

CARPENTRY

### CERTIFICATE HOLDER

Town Of Sewall's Point  
Fax: 220 4765

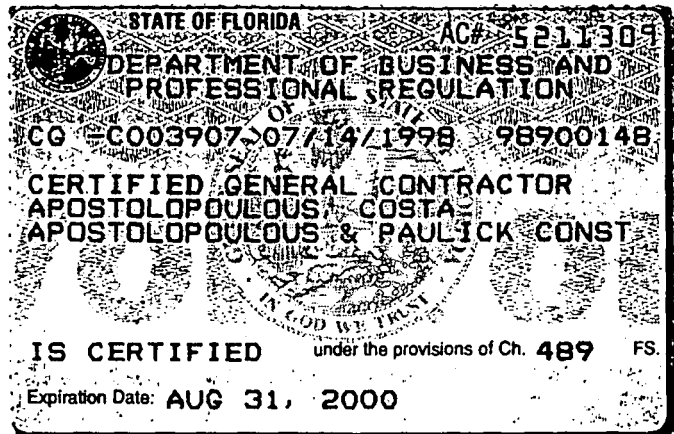
ADDITIONAL INSURED; INSURER LETTER:

### CANCELLATION

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

AUTHORIZED REPRESENTATIVE

*Jennifer L. Macaselli*



STATE OF FLORIDA

AC# 5211309

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

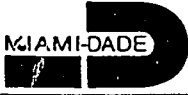
CG #C003907507714/1998 98900148

CERTIFIED GENERAL CONTRACTOR  
APOSTOLOPOULOUS, COSTA  
APOSTOLOPOULOUS & PAULICK CONST

IS CERTIFIED under the provisions of Ch. 489 FS.

Expiration Date: AUG 31, 2000

167 N. H. Cross



RECEIVED  
MAY 18 2000  
BY:

MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

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

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

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

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

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

Clarke Group Marketing  
Post Office Box 515  
Sumas, WA 98295

Your application for Product Approval of:

~~Clarke Group Cedar Shakes and Shingles~~

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

Center For Applied Engineering, Inc.,

has been recommended for acceptance by the Building Code Compliance Department to be used in Dade County, Florida under the specific conditions set forth on pages 2 through 9 and the standard conditions set forth on page 10.

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

Raul Rodriguez  
Product Control, Chief

Acceptance No.: 98-0918.01

Expires: 11/20/00

**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.

ST/100 REVIEWED REG. MIT SUBMITTAL  
TOWN OF SHELLEY'S POINT  
Review: [Signature]  
BLDG. OFFICER

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

Approved: 10.22.98

TOWN COPY  
107 HILLCREST

**PN 4643**



**JON E. CHICKY, SR.**  
Mayor

# TOWN OF SEWALL'S POINT

**JOAN H. BARROW**  
Town Clerk

**ROBERT M. WIENKE**  
Vice Mayor

**WILBUR C. KIRCHNER**  
Chief of Police

**DAWSON C. GLOVER, III**  
Commissioner

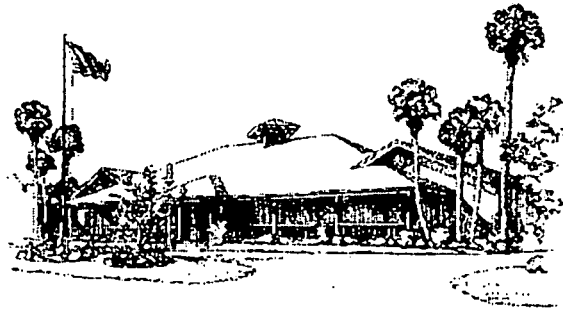
**EDWIN B. ARNOLD**  
Building Official

**CYRUS KISSLING**  
Commissioner

**RICHARD L. MACEY**  
Building Inspector

**DONALD B. WINER**  
Commissioner

**JOSE TORRES, JR.**  
Maintenance



August 2, 1999

Mr. Michael Varney, Chair,  
Architectural Review Committee  
Hillcrest Property Owner's Association  
106 Hillcrest Drive  
Stuart, Florida 34996

Re: Gerald & Denise Herrmann  
107 Hillcrest Drive

Dear Mr. Varney:

Thank you for the opportunity to meet with you here at the office this morning to discuss the respective rights, duties and obligations of the Association and the Town Building Department regarding applications for building permits within Hillcrest.

Your letter to the Herrmanns' of July 30, 1999, a copy of which you delivered to me today, clearly states the Association position regarding the roofing materials which they propose to use in re-roofing their home. This roofing system is in compliance with the South Florida Building Code, and upon application by a duly licensed and insured roofing contractor, a permit for this work was issued by me on July 8, 1999.

You may rest assured that in the future I shall make every effort to ensure that applicants are fully aware of their responsibilities toward the Property Owner's Association, and to that end will request evidence of approval/acceptance of proposed work. However, it is beyond my authority to withhold permitting for failure to comply with private regulations outside the Codes and Ordinances of the Town of Sewall's Point.

Sincerely,

Edwin B. Arnold, AIA, CBO  
Building Official

cc: Building Commissioner  
Town Attorney

8/7/99 REDISTRIBUTE TO COMM. KISSLING &  
TIM WRIGHT W/ATTACHMENTS  
1. VARNEY LET. TO HERRMANN'S  
2. COPY OF ROOF PERMIT

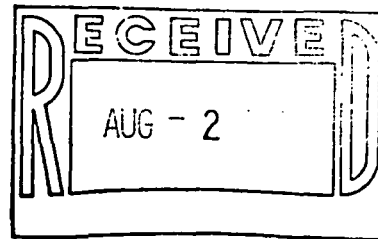


One South Sewall's Point Road, Sewall's Point, Florida 34996  
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org  
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

**HILLCREST PROPERTY OWNER'S ASSOCIATION**

106 Hillcrest Drive  
Stuart, FL 34996

30 July 99



Mr. Gerald F. Herrmann  
107 Hillcrest Court  
Sewall's Point, FL 34996

RE: Architectural Review Committee  
Replacement of Roof at 107 Hillcrest Court  
Per Letter Request from Herrmann dated 27 July 99

Dear Mr. Herrmann:

The Architectural Review Committee of the Hillcrest Property Owner's Association (HPOA) has reviewed the referenced letter dated 27 July 99 in which you express your desire to replace your existing cedar shake roof with an "architectural asphalt shingle." After serious deliberation, the Architectural Review Committee finds that an asphalt shingle roof is not in keeping with the general architectural requirements of the HPOA and is declining your request. Specifically, the Bylaws of HPOA and the Declaration of Covenants and Restrictions for Hillcrest include in **Article II, Section 1. Statement of Purpose** specific language stating that such declaration is designed and may be enforced such that ".....; and that the value of all properties within the development be preserved and enhanced." Since there are currently no homes in the HPOA with an asphalt shingle roof and the cost factor for asphalt shingle is less than either a cedar shake roof or a metal roof, the Architectural Review Committee has concluded that an asphalt shingle roof would not be in keeping with the Covenants and Restrictions for Hillcrest, and maintenance of the integrity, quality, and/or value of the project.

Our review of your proposed request is for architectural compatibility with the other homes in the HPOA and compliance with our Bylaws and Covenants. Our review of your request in no way bypasses 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., P.E.  
Chair, HPOA Architectural Review Committee

cc: Mr. Edwin Arnold, Building Inspector, Town of Sewall's Point, Florida

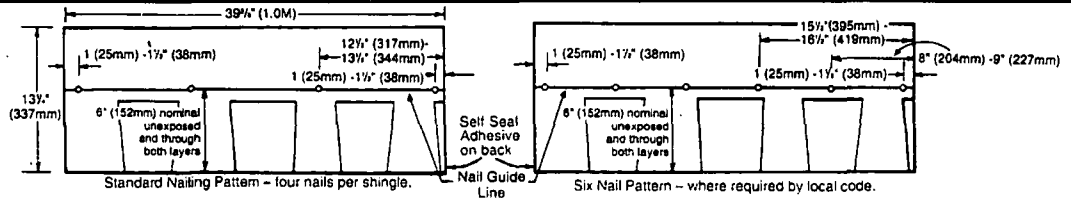


## Fiberglass Class A Asphalt Roof Shingles

COVERING THE FOLLOWING PLANTS:  
 Dallas, Erie (metric only) Fontana, Houston, Minneapolis,  
 Mobile, Mt. Vernon, Savannah, Tampa

# APPLICATION INSTRUCTIONS

Note: These shingles must be nailed a nominal 6" (152mm) from bottom of shingles, as shown, to allow for penetration through the double ply area just above the tabs.

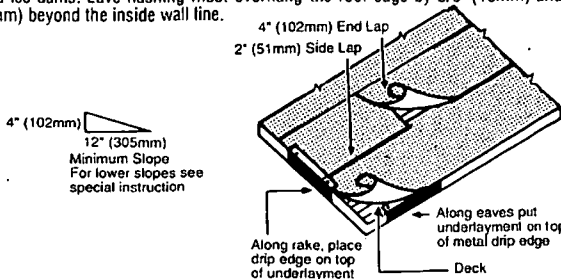


## GENERAL INSTRUCTIONS

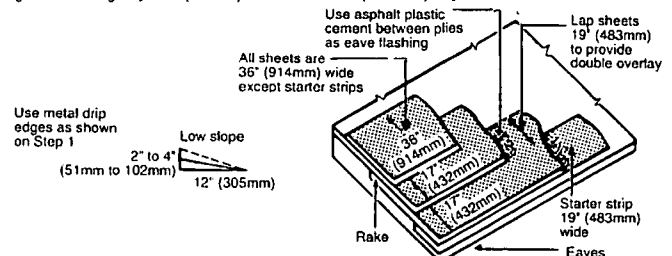
- ROOF DECKS:** For use on new or reroofing work over well-seasoned, supported wood deck, tightly-constructed with maximum 6" (152mm) wide lumber, having adequate nail-holding capacity and smooth surface. Plywood decking as recommended by the American Plywood Assn. is acceptable. Plywood decks for Class A installations must be 3/8" (10mm) thick or greater with underlayments as noted below. Shingles must not be fastened directly to insulation or insulated deck unless authorized by GAF Materials Corporation. Roof decks and existing surfacing material must be dry prior to application of shingles.
- UNDERLAYMENT:** Underlayment is required on new construction and required for reroofing when old roof is removed from the deck. Use only "breather type" material like GAF Materials Corporation Shingle-Mate® Underlayment or equivalent. Underlayments must be installed flat, without wrinkles.
- FASTENERS:** Use of nails is recommended (Staple specifications and application instructions are available from GAF Materials Corporation, Technical Services Dept., 1361 Alps Road, Wayne, NJ 07470.) Use only zinc coated steel or aluminum, 10-12 gauge, barbed or deformed shank roofing nails with heads 3/8" (10mm) to 7/16" (12mm) in diameter. Fasteners should be long enough to penetrate at least 3/4" (19mm) into wood decks or just through the plywood decks. Fasteners must be driven flush with the surface of the shingle. Over driving will damage the shingle. Raised fasteners will interfere with the sealing of the shingles. Four fasteners must be installed per shingle, a nominal 6" (152mm) up from the bottom of the shingle. Fasteners must be installed approximately 1" (25mm) and 13" (330mm) from each side.
- WIND RESISTANT:** These shingles have a special thermal sealant that firmly bonds the shingles together after application when exposed to sun and warm temperatures. Shingles installed in Fall or Winter may not seal until the following Spring. If shingles are damaged by strong winds before sealing or are not exposed to adequate surface temperatures, or if the self-sealant gets dirty, the shingles may never seal. Failure to seal under these circumstances results from

- the nature of self-sealing shingles and is not a manufacturing defect. To insure immediate sealing, apply 4 quarter-sized dabs of shingle tab adhesive on the back of the shingle 1" (25mm) and 13" (330mm) in from each side and 1" (25mm) up from bottom of the shingle. The shingle must be pressed firmly into the adhesive.
- NOTE:** Application of excess tab adhesive can cause blistering of the shingle. For maximum wind resistance, in a strip 4" (102mm) wide along the rake, adhere the shingles to the underlayment and to each other with shingle tab adhesive, being careful not to apply the adhesive too heavily to avoid blistering.
- NOTE:** The film strip on the back (in the case of Dallas, Fontana, Minneapolis and Mt. Vernon) or on the face (in the case of Tampa, Savannah and Mobile) of each shingle is to prevent sticking together of the shingles while in the bundle. Its removal is NOT required during application.
- MANSARD AND STEEP SLOPE APPLICATIONS:** For roof slopes greater than 21° (1750mm/m) per foot (do not use on vertical side walls), shingle sealing must be enhanced by hand sealing. After fastening the shingle in place, apply 4 quarter-sized dabs of shingle tab adhesive on the back of the shingle 1" (25mm) and 13" (330mm) in from each side and 1" (25mm) up from bottom of the shingle. The shingle must be pressed firmly into the adhesive.
- NOTE:** Excess application of tab adhesive can cause blistering of the shingle.
- EXPOSURE:** 5-5/8" (143mm)
- THROUGH VENTILATION:** All roof structures must be provided with through ventilation to prevent entrapment of moisture laden air behind roof sheathing. Ventilation provisions must meet or exceed current F.H.A. or H.U.D. minimum requirements.
- NONCORRODING METAL DRIP EDGES:** Recommended along rake and eave edges on all decks, especially plywood decks.
- ASPHALT PLASTIC CEMENT:** Must conform to ASTM D4586 Type I or II.

**1 Underlayment: Standard Slope 4/12 (333mm/m) or more.**  
 Application of underlayment and noncorroding metal drip edges: Cover deck with one layer of underlayment installed without wrinkles. Use only enough nails to hold underlayment in place until covered by shingles.  
 Application of eave flashing: Install eave flashing such as GAF Materials Corporation Weather Watch® waterproof underlayment in localities where leaks may be caused by water backing up behind ice dams. Eave flashing must overhang the roof edge by 3/8" (10mm) and extend 24" (610mm) beyond the inside wall line.



**1a Underlayment: Low Slope 2/12-4/12 (167mm-333mm/m).**  
 Application of underlayment, non-corroding metal drip edges and eave flashing: Completely cover the deck with two layers of underlayment as shown. Use only enough nails to hold underlayment in place until covered by shingles. Use blind nailing for eave flashings. For climates where ice dams can occur, install at eaves using either one layer of GAF Materials Corporation Weather Watch® waterproof underlayment or two plies of underlayment with a continuous layer of asphalt plastic cement between the plies. Eave flashing must overhang the roof edge by 3/8" (10mm) and extend 24" (610mm) beyond the inside wall line.



**2 Starter Course.**  
 Apply as shown.

**3 First Course.** Start and continue with full shingles laid flush with the starter course. Shingles may be laid from left to right or right to left. DO NOT lay shingles straight on the roof since this procedure can cause an incorrect color blend on the roof and may damage the shingles.

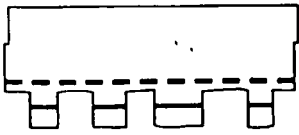
CONTINUED ON BACK

*Handwritten notes:*  
 W 4643  
 10/10/04  
 10/10/04



# Product Specifications

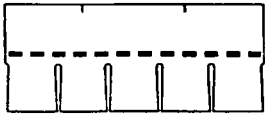
## Grand Sequoia™



17"x 40"

40-Year Limited Warranty	(Approx.) Pieces Per Sq.	72
Fiberglass Asphalt Shingle	Bundles Per Sq.	5
Rated Class A from UL	(Approx.) Nails Per Sq.	360
UL 997	Exposure	5"
ASTM D3018 Type 1		
ASTM D3161 Type 1		
ASTM D3462		
Matching Grand Sequoia™ Hip and Ridge Shingles		

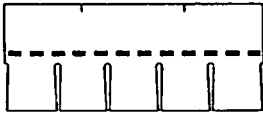
## Slateline® Color Contrast™



17"x 40"

30-Year Limited Warranty	(Approx.) Pieces Per Sq.	48
Fiberglass Asphalt Shingle	Bundles Per Sq.	4
Rated Class A from UL	(Approx.) Nails Per Sq.	288
UL 997	Exposure	7½"
ASTM D3018 Type 1		
ASTM D3161 Type 1		
ASTM D3462 / Dade County Approved		
Matching Timbertex® Hip and Ridge Shingles		

## Slateline®



17"x 40"

30-Year Limited Warranty	(Approx.) Pieces Per Sq.	48
Fiberglass Asphalt Shingle	Bundles Per Sq.	4
Rated Class A from UL	(Approx.) Nails Per Sq.	288
UL 997	Exposure	7½"
ASTM D3018 Type 1		
ASTM D3161 Type 1		
ASTM D3462 / Dade County Approved		
Matching Timbertex® Hip and Ridge Shingles		

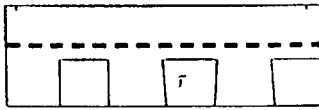
## Timberline Ultra®



13½" x 39½" Metric  
12" x 36" English

		Metric	English
40-Year Limited Warranty	(Approx.) Pieces Per Sq.	64	80
Fiberglass Asphalt Shingle	Bundles Per Sq.	4	4
Rated Class A from UL	(Approx.) Nails Per Sq.	256	320
UL 997	Exposure	5½"	5"
ASTM D3018 Type 1			
ASTM D3161 Type 1			
ASTM D3462 / Dade County Approved			
Matching Timbertex® Hip and Ridge Shingles			

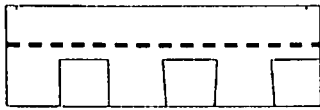
## Timberline®



13½" x 39½" Metric  
12" x 36" English

		Metric	English
30-Year Limited Warranty	(Approx.) Pieces Per Sq.	64	80
Fiberglass Asphalt Shingle	Bundles Per Sq.	4	4
Rated Class A from UL	(Approx.) Nails Per Sq.	256	320
UL 997	Exposure	5½"	5"
ASTM D3018 Type 1			
ASTM D3161 Type 1			
ASTM D3462 / Dade County Approved (Tampa production only)			
Matching Timbertex® Hip and Ridge Shingles			

## Timberline® 25



13½" x 39½" Metric  
12" x 36½" English

		Metric	English
25-Year Limited Warranty	(Approx.) Pieces Per Sq.	64	78
Fiberglass Asphalt Shingle	Bundles Per Sq.	3	3
Rated Class A from UL	(Approx.) Nails Per Sq.	256	312
UL 997	Exposure	5½"	5"
ASTM D3018 Type 1			
ASTM D3161 Type 1			
Matching Timbertex® Hip and Ridge Shingles			

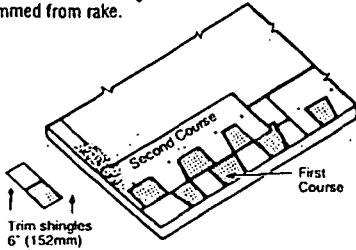
All products listed above that are shipped into the state of Wisconsin comply with the 1995 Wisconsin Uniform Dwelling Code, Section ICHR 21.27 (3)(A). The following plants supply metric size Timberline Series shingles: Dallas, Fortuna, Houston, Minneapolis, Mobile, Mt. Vernon, Savannah, Tampa. The Erie plant supplies both metric and English size Timberline Series shingles.



#### 4 Second Course.

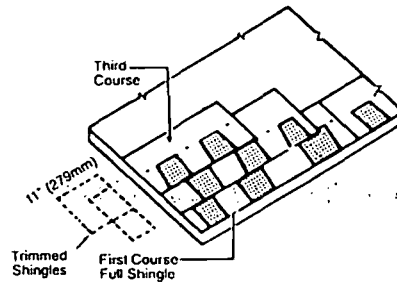
Start and continue second course as shown. Butt of shingle should be applied to the top of saw tooth of underlying shingle so that there will be 5" (127mm) of each shingle exposed. Strike a chalk line about every 6 courses to check parallel alignment with eaves.

NOTE: Shingles may be laid from either left or right hand side. Start at either rake edge with shingles having 6" (152mm) trimmed from rake.



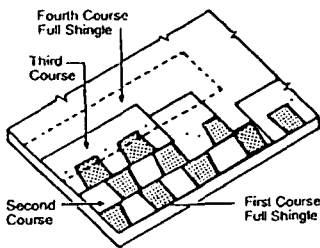
#### 5 Third Course.

Start at the rake with shingle having 11" (279mm) trimmed from rake edge.



#### 6 Fourth Course and Remaining Courses.

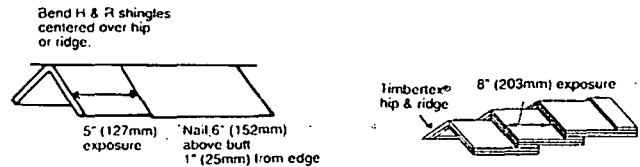
Start and continue with full shingles across the roof. Repeat the application method as shown for the second, third and fourth courses.



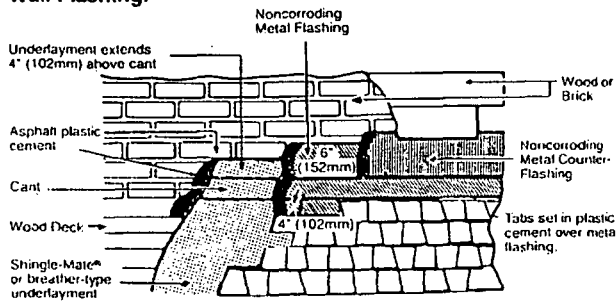
#### 7 Hip and Ridge.

For single layer application, use hip and ridge shingles and apply as shown. (One bundle of GAF Materials Corporation precut hip and ridge shingles, where available, covers 33-1/3 lineal ft.-10.3 meters.)

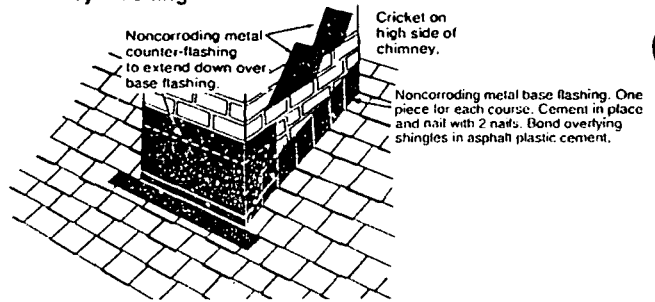
To enhance appearance, use GAF Timbertex® Hip & Ridge shingles or a double layer application of GAF Materials Corporation precut H & R. (One bundle of Timbertex® Hip & Ridge covers 20 lineal ft.-6.1 meters.) For double application, start with triple thickness of precut H & R shingles and continue remainder with double thickness. Fasten in same manner as single application shown. Apply laps away from prevailing wind direction.



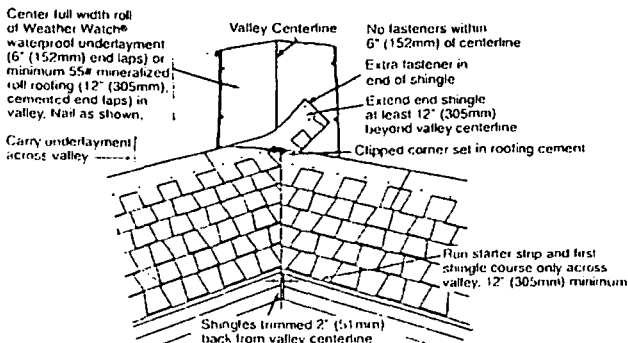
#### 8 Wall Flashing.



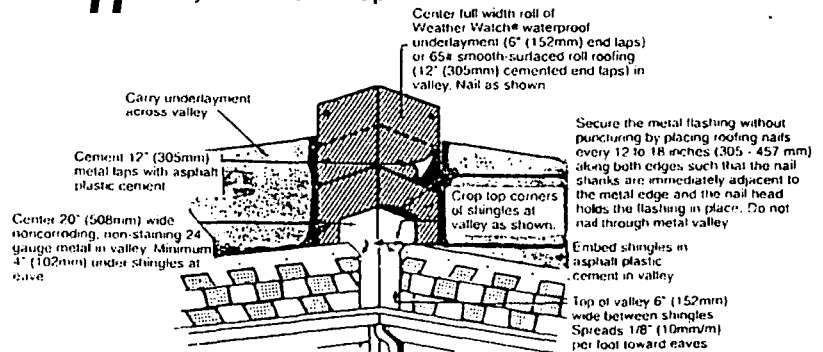
#### 9 Chimney Flashing.



#### 10 Valley Construction—Closed Cut.



#### 11 Valley Construction—Open.



#### Precautionary Notes

Timberline® Series shingles are fiberglass, self-sealing asphalt shingles. Because of the natural characteristics of the high quality waterproofing material used, these shingles will be stiff in cold weather and flexible in hot weather.

1. Bundles should not be dropped on edge nor should attempt be made to separate shingles by "breaking" over ridge or other bundles. This is normal good roofing practice and particularly important below temperatures of 40° F (4°C).
2. Handle carefully. Shingles can easily be broken in cold weather or their edges damaged in hot weather.
3. All exposed materials must be of Class A type.
4. Storage should be in a covered, ventilated area—maximum temperature 110°F (43°C.) Store on flat surface and weight equalization boards must be used if pallets are to be double stacked. Shingles must be protected from weather when stored at job site. Do not store near steam pipes, radiators, etc., or in sunlight. All rolls must be stored on ends.

This product is sold with an express LIMITED WARRANTY only. A copy of the LIMITED WARRANTY stating its terms and restrictions is printed on the product wrapper or may be obtained from the distributor of this product or directly from GAF Materials Corporation.

Any deviation from printed instructions shall be the responsibility of applicator and/or specifier.

©1996 GAF Materials Corporation

5. If shingles are to be applied during prolonged cold periods or in areas where airborne dust or sand can be expected before sealing occurs, the shingles must be hand sealed. See Mansard and Steep Slope instructions.

#### Re-Roofing

If old asphalt shingles are to remain in place, nail down or cut away all loose, curled or lifted shingles; replace with new; and just before applying the new roofing, sweep the surface clean of all loose debris. Since any irregularities may show through the new shingles, be sure the underlying shingles provide a smooth surface. Fasteners must be of sufficient length to penetrate the wood deck at least 3/4" (19mm) or just through plywood. Follow other above instructions for application. Note: Shingles can be applied over wood shingles when precautions have been taken to provide an acceptable smooth surface. This includes cutting back old shingles at eaves and rakes and installing new wood edging strips as needed. Make surface smooth and use beveled wood strips if necessary. For details see your GAF Materials Corporation Territory Manager. See UL Roofing Materials and System Directory for classifications over old wood shingle roofs.



# TIMBERLINE® ULTRA®

TIMBERLINE® SERIES

# TIMBERLINE®

TIMBERLINE® SERIES

**NATURAL SHADOW**

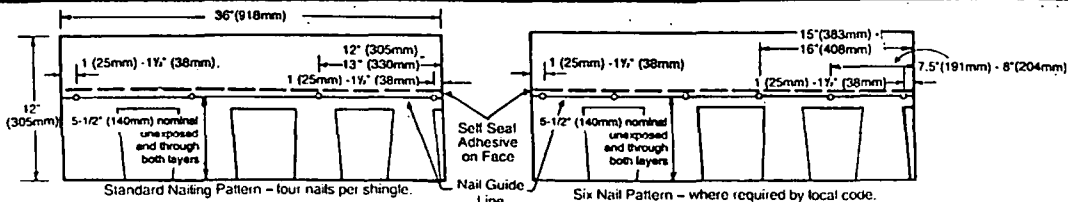
## Fiberglass Class A Asphalt Roof Shingles

COVERING THE FOLLOWING PLANTS:

Baltimore, Erie and Millis

## APPLICATION INSTRUCTIONS

Note: These shingles must be nailed a nominal 5-1/2" (140mm) from bottom of shingles, as shown, to allow for penetration through the double ply area just above the tabs.

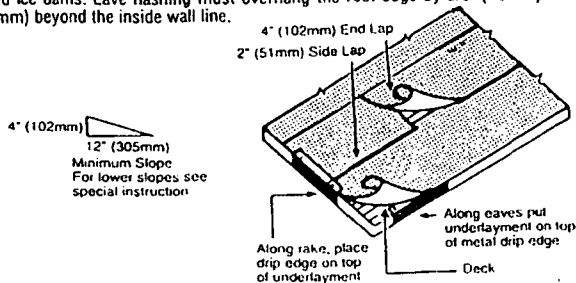


### GENERAL INSTRUCTIONS

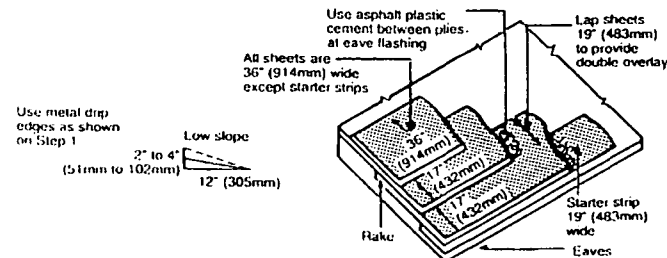
- **ROOF DECKS:** For use on new or reroofing work over well-seasoned, supported wood deck, tightly-constructed with maximum 6" (152mm) wide lumber, having adequate nail-holding capacity and smooth surface. Plywood decking as recommended by the American Plywood Assn. is acceptable. Plywood decks for Class A installations must be 3/8" (10mm) thick or greater with underlayments as noted below. Shingles must not be fastened directly to insulation or insulated deck unless authorized by GAF Materials Corporation. Roof decks and existing surfacing material must be dry prior to application of shingles.
- **UNDERLAYMENT:** Underlayment is required on new construction and required for reroofing when old roof is removed from the deck. Use only "breather type" material like GAF Materials Corporation Shingle-Mate® Underlayment or equivalent. Underlayments must be installed flat, without wrinkles.
- **FASTENERS:** Use of nails is recommended (Staple specifications and application instructions are available from GAF Materials Corporation, Technical Services Dept., 1361 Alps Road, Wayne, NJ 07470.) Use only zinc coated steel or aluminum, 10-12 gauge, barbed or deformed shank roofing nails with heads 3/8" (10mm) to 7/16" (12mm) in diameter. Fasteners should be long enough to penetrate at least 3/4" (19mm) into wood decks or just through the plywood decks. Fasteners must be driven flush with the surface of the shingle. Over driving will damage the shingle. Raised fasteners will interfere with the sealing of the shingles. Four fasteners must be installed per shingle, a nominal 5-1/2" (140mm) up from the bottom of the shingle. Fasteners must be installed approximately 1" (25mm) and 13" (330mm) from each side.
- **WIND RESISTANT:** These shingles have a special thermal sealant that firmly bonds the shingles together after application when exposed to sun and warm temperatures. Shingles installed in Fall or Winter may not seal until the following Spring. If shingles are damaged by strong winds before sealing or are not exposed to adequate surface temperatures, or if the self-sealant gets dirty, the shingles may never seal. Failure to seal under these circumstances results from

- the nature of self-sealing shingles and is not a manufacturing defect. To insure immediate sealing, apply 4 quarter-sized dabs of shingle tab adhesive on the back of the shingle 1" (25mm) and 13" (330mm) in from each side and 1" (25mm) up from bottom of the shingle. The shingle must be pressed firmly into the adhesive.
- NOTE: Application of excess tab adhesive can cause blistering of the shingle.
- For maximum wind resistance, in a strip 4" (102mm) wide along the rake, adhere the shingles to the underlayment and to each other with shingle tab adhesive, being careful not to apply the adhesive too heavily to avoid blistering.
- NOTE: The film strip on the back of each shingle is to prevent sticking together of the shingles while in the bundle. Its removal is NOT required during application.
- **MANSARD AND STEEP SLOPE APPLICATIONS:** For roof slopes greater than 21° (1750mm/m) per foot (do not use on vertical side walls), shingle sealing must be enhanced by hand sealing. After fastening the shingle in place, apply 4 quarter-sized dabs of shingle tab adhesive on the back of the shingle 1" (25mm) and 12" (305mm) in from each side and 1" (25mm) up from bottom of the shingle. The shingle must be pressed firmly into the adhesive.
- NOTE: Excess application of tab adhesive can cause blistering of the shingle.
- **EXPOSURE:** 5" (127mm)
- **THROUGH VENTILATION:** All roof structures must be provided with through ventilation to prevent entrapment of moisture laden air behind roof sheathing. Ventilation provisions must meet or exceed current F.H.A. or H.U.D. minimum requirements.
- **NONCORRODING METAL DRIP EDGES:** Recommended along rake and eave edges on all decks, especially plywood decks.
- **ASPHALT PLASTIC CEMENT:** Must conform to ASTM D4586 Type I or II.

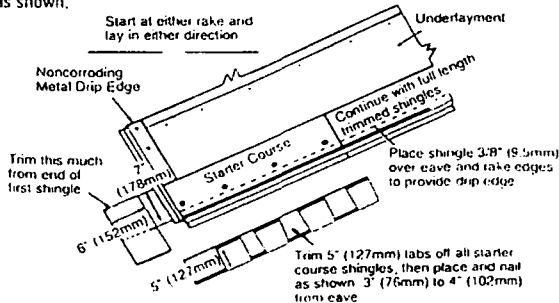
- Underlayment: Standard Slope 4/12 (333mm/m) or more.**  
Application of underlayment and noncorroding metal drip edges: Cover deck with one layer of underlayment installed without wrinkles. Use only enough nails to hold underlayment in place until covered by shingles.  
Application of eave flashing: Install eave flashing such as GAF Materials Corporation Weather Watch® waterproof underlayment in localities where leaks may be caused by water backing up behind ice dams. Eave flashing must overhang the roof edge by 3/8" (10mm) and extend 24" (610mm) beyond the inside wall line.



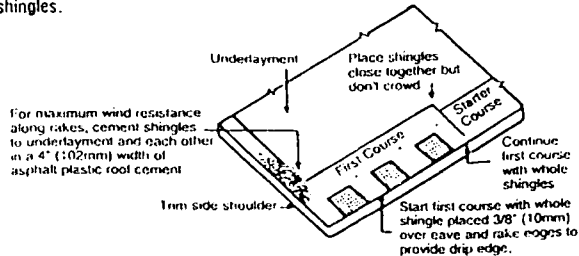
- Underlayment: Low Slope 2/12-4/12 (167mm-333mm/m).**  
Application of underlayment, non-corroding metal drip edges and eave flashing: Completely cover the deck with two layers of underlayment as shown. Use only enough nails to hold underlayment in place until covered by shingles. Use blind nailing for eave flashings. For climates where ice dams can occur, install at eaves using either one layer of GAF Materials Corporation Weather Watch® waterproof underlayment or two plies of underlayment with a continuous layer of asphalt plastic cement between the plies. Eave flashing must overhang the roof edge by 3/8" (10mm) and extend 24" (610mm) beyond the inside wall line.



- Starter Course.**  
Apply as shown.



- First Course.** Start and continue with full shingles laid flush with the starter course. Shingles may be laid from left to right or right to left. DO NOT lay shingles straight up the roof since this procedure can cause an incorrect color blend on the roof and may damage the shingles.



CONTINUED ON BACK

Hilti, Inc.  
#6 Aluminum Screws  
#8 Aluminum Screws

800-879-6000  
Uncollated  
Uncollated

918-254-08

Markimex, Inc.

714-901-9019

714-9

7/8" x .121"

Smooth Shank Stainless Steel Coil Roofing Nail

1" x .121"

Smooth Shank Stainless Steel Coil Roofing Nail

1-1/4" x .121"

Smooth Shank Stainless Steel Coil Roofing Nail

1-1/2" x .121"

Smooth Shank Stainless Steel Coil Roofing Nail

1-3/4" x .121"

Smooth Shank Stainless Steel Coil Roofing Nail

7/8" x .121"

Ring Shank Stainless Steel Coil Roofing Nail

1" x .121"

Ring Shank Stainless Steel Coil Roofing Nail

1-1/4" x .121"

Ring Shank Stainless Steel Coil Roofing Nail

1-1/2" x .121"

Ring Shank Stainless Steel Coil Roofing Nail

1-3/4" x .121"

Ring Shank Stainless Steel Coil Roofing Nail

Pam Fastening Technologies, Inc.

704-394-3141

704-

WCSS8212 2-1/4" Stainless Steel.

Senco of Florida

*1 3/8" - 1 1/2" galvanized  
Roofing Nails*

407-277-0412

407-28-

Senco R Brand #KC27AGB 3" Stainless Steel

Stanley Fastening Systems

401-884-2500

401-88-

Collated Stainless Steel Roofing Nails

CR2DCSS 7/8" x 0.120

CR3DSS 1" x 0.120

CR4DSS 1 1/2" x 0.120

CR5DSS 1 3/4" x 0.120

Stainless Steel Collated Nails

C4R90BDSS 1 1/4" x 0.120 Ring Shank

C6R90BDSS 2" x 0.090 Ring Shank

C7R90BDSS 2-3/16" x 0.99 Ring Shank

Take off 1x6 Battens

Install

5/8 CDX plywood

# 8 @ Rintsbant

nails

4" @ ends  
6" @ middle

February 17, 2000  
Gerald F. Herrmann  
107 Hillcrest Ct.  
Sewall's Point, FL 34996

RE: Submittal of Owens Corning Mira Vista Shakes

Dear Mr. Herrmann;

Please be advised that you have submitted a shingle for approval that is not approved for use in Martin County, which includes Sewall's Point.

All windows, doors, and roofing components must have a Miami-Dade Notice of Acceptance sheet, per the South Florida Building Code. Currently the shingle you are proposing does not have that acceptance.

Previously your attorney claimed (letter of Sept 24) that you could not use a barrel roof or cement tile because your existing trusses could not handle the additional weight of 130lbs of new plywood plus the weight of the heavy tile. The Mira Vista Shake weights 450lbs per square, well within the realm of barrel tile or cement shingles. **Does this mean you have had an engineering study done of your roof, which has shown it can handle the additional weight?**

We started this process July 27, 1999 with your first roofing submittal that claimed you couldn't use wood shakes because they only last ten years. We provided you with information on wood shingle warranties of thirty years that also are impregnated with fire retardant and meet all Class C, B, and A roof systems requirements and are insurable by any reputable insurance company.

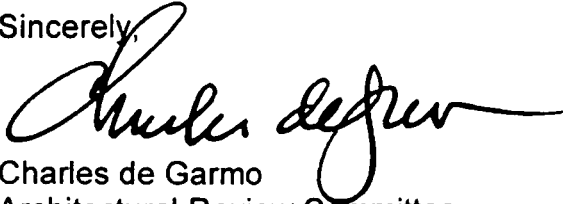
You have previously claimed you wouldn't use a metal roof because no guarantee could be issued if the house was within 2000 meters of water. Approximately 6000 feet for us feet people. We provided you and your attorney with information of metal roofs (made in Florida) that have guarantees of 20 years with no limitations on closeness to water.

At the annual meeting your wife agreed to come back to the Architectural Review Committee with an answer on metal roofs by December 7, 1999. Which, by the way, she stated was her "first choice" for a new roof. We never got an answer. Are we to surmise that your new submittal dated February 9, 2000 is your answer?

page 2

The Architectural Review Committee sincerely hopes that you will submit plans for an approved roof system at your earliest opportunity.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles de Garmo". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Charles de Garmo  
Architectural Review Committee

cc: Ed Arnold  
Att Richard Levinstein  
Hillcrest Property Owners

enc.

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6-14-53, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N ✓ 4859	Abbott	pool	Passed	FINAL "AS BUILT" SURVEY
(1)	108 N.S.P. Rd. E.S. UNLIMITED	final owner to call	B.G.	REQ. W/ COMPLETE DECK, (Pending Final Survey)
S ✓ 4761	Foglia	final pool	Passed	re-inspect FINAL SURVEY IN MASTER FILE
(5)	103 H. Sewall Way STARLITE POOLS			
N ✓ 4949	Conway	pool	Passed	FORMER BOARD SURVEY RECORD
(2)	4 Oak Hill Way OLYMPIC POOLS	steel		
N ✓ 4628	Hellmigel 11 C. Hill Way STRATMORE	tree removal	Consultation	12" DIA. PALM TREE REMOVED: PROPOSED RET. WALL/WRAP
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4565	Kennedy	plumbing	Reject	re-inspect
N ✓ (3)	3 Oak Hill Way WINDMILL CONST.	(PTL. FINAL REINSPECTION)	B.G. No Fee	Need Gas WATER Heater Vent Hooked up
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
<del>4643</del>	HERRMANN	<del>SPRINKLING</del>	Partial	
S ✓ (6)	<del>107 HILLCREST CT</del> A&P RFG		B.G.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: TIR APPL. 14 HERON'S NEST - JONES (BAYSHORE LANDMAINT.)

INSPECTOR (Name/Signature): \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6-16-00, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4860	Demarkanan	plumbing	X	CANCEL BY COMR
X	19 C. Hill Way	rough	X	6/16 AM
	HARBOR BAY DOORS-TRACY	878-8806		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4803	Foglia	truss reinspection	Passed	Picked up 2 Letters FOR TRUSS REPAIR.
②	107 H. Sewall	from trades	BG	Does NOT include windows + doors.
	FOGLIA			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4865	Kennedy	temp. el.	Passed	LTR. REQUEST RCVD
①	3 Oak Hill Way	hook-up	BG	NOTE: EQUIPMENT CIRCUIT ONLY (INCL. APPL.)
			(Took Keys)	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
<del>4643</del>	<del>Arnold HERRMANN</del>	<del>sheathing</del>	Passed	
③	<del>AP CONST.</del>	<del>Partially dry</del>	BG	
	AP CONST.	in		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

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

INSPECTOR (Name/Signature): \_\_\_\_\_



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6-24-06, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4817	Follweiler 11 Lofting Way PACIFIC ROOF (MPP 4813)	tinted & metal	Passed BG.	
S 4882	Woods 116 S. River Rd. EMHICK CONST.	roof sheath ing, nail-in	Passed Bg.	
S <del>4843</del>	107 HERMANN <del>107 Hillcrest</del> A&P ROOF	<del>metal</del> drywall	Passed BG.	Partial
N 4877	Loyola/Osborne 20 C. Hill Way BUFORD CONST.	tie-beam Partial	Passed Bg.	1st Fl. House only, Bea
4912	CHICO'S FAS INC 3730 SE OCEAN (HAWKOR RPT) MORRAY COSTELLO CONST (219-4862)	FINAL	Partial BG.	Fire Dept not there yet. Will take dividing wall down
4984	Winer 3 Middle Rd. Pacific Roofing	Sheathing	Passed BG.	

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

INSPECTOR (Name/Signature): \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8-2-00, 2000; Page 1 of 1

SEE ATTACHED SIG

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4882	Woods (BHMICK OUT)	rough el.	Partial	REINSP. FEE REQ. PAID? <u>    </u>
<b>5</b>	116 S. River Rd. AC Electric (508 IN 4883)	3 <sup>RD</sup> INSP. REQUEST. 335-7954 TIM Add3	BG.	(WILL DELIVER PRIOR TO INSP.) INSP. BETWEEN 10:00-11:00
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4951	Stukel	wall sheathing	OK BG.	
<b>6</b>	7 Lantana Ln Masterpiece	roof sheathing <del>roof</del>	OK BG.	OFF RIO VISTA
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4813	Folweiler	screw for	OK	
<b>1</b>	11 Lofting Way ARK	drywall	Bg.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5031	Oughterson	sheathing	OK	(Perriwinkle
<b>3</b>	110 N. River Rd. Stuart Roofing		BG.	subdivision)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5038	WATTLES	STORM SHUTTER -	PASSED	INSP. 12:30
<b>7</b>	20 N. RIDGEVIEW View EXPERT SHUTTER SERVICE	FINAL	EN	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5043	Herrman	final roof	OK	PERMIT EXPIRED 7/7/00
<b>4</b>	107 Hillcrest A & P Roofing 220-7505 (COSTA APOSTOLOPOULOS)		BG.	1 MO. RENEWAL REQUIRED 100% = \$12.00.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4771	Van Wagner	driveway	OK	
<b>2</b>	3 Paloma Diaz	pre-pour	BG.	

OTHER: 5001 BERCAW (RENR DEVEL.) TEMP. BLCT. Reject No Fee  
2A 11 RIVERCREST CT. BG Water meter  
 INSPECTOR (Name/Signature):      Full of Ants.  
Need Hose Bib.

8464  
**PERMIT #**

TIKI HUT  
**DESCRIPTION**

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

TOWN OF SEWALL'S POINT

After the fact

Date 12-1-06

BUILDING PERMIT NO. 8464

Building to be erected for Valley

Type of Permit Tiki Hut

Applied for by O/B

(Contractor) Building Fee 250

Subdivision Hillcrest Lot 6 Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 107 Hillcrest Ct

Impact Fee \_\_\_\_\_

Type of structure SFR

A/C Fee \_\_\_\_\_

Electrical Fee \_\_\_\_\_

Plumbing Fee \_\_\_\_\_

Parcel Control Number: 13841-014-000-000-603-000

Roofing Fee \_\_\_\_\_

Amount Paid \$250 Check # 1272 Cash \_\_\_\_\_ Other Fees (\_\_\_\_\_) \_\_\_\_\_

Total Construction Cost \$ 5000 TOTAL Fees 250

Signed Loa Valle

Signed John Adams

Applicant

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Date: 11-10-06 **RECEIVED** 11-22-06 **Town of Sewall's Point**  
**BUILDING PERMIT APPLICATION** Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: JOSEPH VALKO Phone (Day) 712-261-0471 (Fax) 712-871-0029

Job Site Address: 107 HILCREST CT City: SEWALLS POINT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) HILCREST LOT 6 Parcel Number: 9-38-41-014-000-00060-3

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

Description of Work To Be Done: TIKI HUT

**WILL OWNER BE THE CONTRACTOR?:**

YES  NO

**COST AND VALUES:**

Estimated Cost of Construction or Improvements: \$ 5000  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 332,880

Is improvement cost 50% or more of Fair Market Value? YES  NO

Method of Determining Fair Market Value: MC PROPERTY APPRAISED

(If no, fill out the Contractor & Subcontractor sections below)  
(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: N/A (OWNER-BUILDER) Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION:**

Electrical: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER CSM ENGINEERS, LLC Lic.# PE 62332 Phone Number: 772-220-4601  
Street: 183 SW MONTEREY RD City: STUART State: FL Zip: 34994

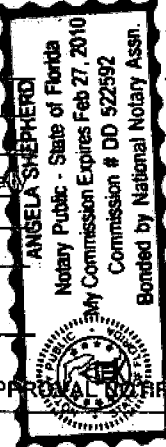
AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ Screened Porch: \_\_\_\_\_  
Carpport: \_\_\_\_\_ Total Under Roof: \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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 this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004  
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

OWNER OR AGENT SIGNATURE (required)  
Joseph Valko  
State of Florida, County of: MARTIN  
This the 10th day of NOVEMBER, 2006  
by JOSEPH VALKO who is personally  
known to me or produced  
as identification. Angela Shepherd  
Notary Public



CONTRACTOR SIGNATURE (required)  
\_\_\_\_\_  
On State of Florida, County of: \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_  
by \_\_\_\_\_ who is personally  
known to me or produced  
as identification. \_\_\_\_\_  
Notary Public

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

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL - PLEASE PICK UP YOUR PERMIT PROMPTLY!

November 10, 2006

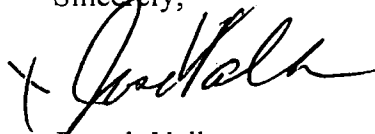
Town of Sewalls Point  
1 S. Sewalls Point Rd  
Sewalls Point, FL 34996

RE: 107 Hillcrest Ct

To Whom It May Concern:

Please be advised that Frank Desantis and/or Angela Shepherd have the authority to make any and all decisions and sign on my behalf for permits on the above-referenced address.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Valko", with a small cross-like mark to the left of the first letter.

Joseph Valko

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

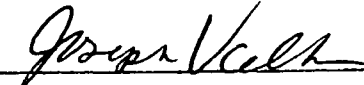
**TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT**  
**(To be submitted if permit is to be pulled by Owner/Builder)**

**DISCLOSURE STATEMENT**

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

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

Name: JOSEPH VALKO Date: 11-10-06

Signature: 

Address: 107 SW HILLCREST CT

City & State: SEWALL'S POINT, FL 34996

Permit No. \_\_\_\_\_

## FENCE (Revised 12/28/05)

### PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR A FENCE

**IMPORTANT NOTICE:** All items listed below must accompany your permit application. No application will be accepted unless all items that are applicable are submitted.

#### Application form must contain the following information:

1. Property appraiser's parcel number or property control number
2. Legal description of property (can be found on your deed, survey or tax bill)
3. Contractors name, address, phone, fax and license numbers.
4. Name all sub-contractors (properly licensed)
5. Architect's or engineer's name, address, & phone number (if masonry wall)
6. Scope of work
7. Estimated cost of construction.
8. Original signature of owner, notarized
9. Original signature of contractor, notarized

#### Submittals (2 copies)

1. Current survey or site plan containing the following information:
  - a. Location of existing and proposed fence or wall
  - b. Height of existing and proposed fence, gates, wall, etc.
2. Statement of Fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. Application for tree removal or relocation (attach tree survey and removal or relocation plan if required)
5. A certified copy of the Notice of Commencement for any work over \$2500.00
6. Copy of License (either Martin County Certificate of Competency or state certified or registered contractor license)
7. Copy of certificate of workmen's compensation insurance or exemption
8. Copy of certificate of liability insurance

**If the fence is going to be a masonry wall then the following documents are required.**

**The following documents must be signed and sealed by a registered architect or engineer. (2 copies) Note: All plans must be certified for compliance with 2004 FBC with amendments.**

1. **Elevation Plan containing the following information:**
  - a. Front elevations
  - b. All heights from natural grade
  - c. Wall finishes



d. Vertical features and horizontal projections

**2. Foundation Plan containing the following information:**

- a. All footings and pad locations
- b. Dimensions of all footing and pads
- c. Step downs
- d. Footing and pad call outs for size (width and depth), steel (size, lap and placement)
- e. Column layout

**3. Section/Detail Drawings and Schedules showing the following information:**

- a. Wall section drawings showing footer, wall, and beam with steel callouts and spacing

**ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE  
ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE**



---

(SIGNATURE OF APPLICANT)

DATE SUBMITTED: \_\_\_\_\_

11-10-06

**Permit Fee:**

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

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

**Application procedures:**

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

Owner JOSEPH VALKO Address 107 HILLCREST CT Phone 712 201-0477

Contractor N/A (OWNER-BUILDER) Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE  Type: \_\_\_\_\_

No. of Trees: RELOCATE  WITHIN 30 DAYS Type: \_\_\_\_\_

No. of Trees: REPLACE  WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: \_\_\_\_\_

Signature of Property Owner Joseph Valko Date 1/17/06

Approved by Building Inspector: \_\_\_\_\_ Date \_\_\_\_\_ Fee: \_\_\_\_\_

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_

# TOWN OF SEWALL'S POINT OWNER/BUILDER DISCLOSURE STATEMENT

## APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES AND ACCESSORY STRUCTURES

PERMIT NUMBER \_\_\_\_\_

### OWNER/BUILDER DISCLOSURE STATEMENT

NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION:

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE, THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS OR CODE SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)
12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.
13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.
14. AS AN OWNER/BUILDER YOU MAY BECOME LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT ON THIS 1 DAY OF December, 2006

PROPERTY ADDRESS 107 Hillcrest Ct

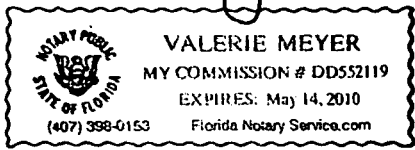
CITY Sewalls Point STATE FL ZIP 34996

Lisa Vallo  
SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF 1<sup>st</sup> December  
2006 BY LISA VALLO

PERSONALLY KNOWN OR PRODUCED ID  FLDL# VV20-553-78-720-0  
TYPE OF ID \_\_\_\_\_

Valerie Meyer  
NOTARY SIGNATURE



NOTICE OF COMMENCEMENT

TAX FOLIO NO. 01-38-41-014-000-00060-3

STATE OF FLORIDA

COUNTY OF: MARTIN

The undersigned hereby give Notice that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of the property: Hillcrest Lot 6; 107 Hillcrest Court, Sewall's Point, FL 34996

2. General description of the improvement: Install Tiki Hut

3. The owner: Joseph Valko

Address: same as above

Phone # 772-878-2496

Owner's interest in the site of the improvement: [fee simple] 1 IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

4. Fee simple title holder (if other than owner): N/A

5. Contractor: N/A (Owner/Builder)

6. Surety (if any): N/A

7. Lender (Persons or entities making a loan for construction of improvements): N/A

8. Name and address of person within the State of Florida designated by the owner as person upon whom notices or other documents may be served as provided by Florida Statute Section 713.13(1)(a)(7): N/A

9. The owner has designated the following person, in addition to himself, to receive a copy of the lienor's notice as provided in Section 713.13(1)(b) of the Florida Statutes: N/A

10. Expiration date of Notice of Commencement: (the expiration date is one (1) year from the date of recording unless a different date is specified): The recording of this Notice of Commencement does not constitute a lien, cloud or encumbrance on the described real property, but gives constructive notice that claims of lien may be filed under Chapter 713 of the Florida Statutes.

The foregoing instrument was acknowledge before me this 26<sup>th</sup> day of May, 2006, by Joseph Valko, who is/are personally known to me or who has/have produced as identification and who did/did not take an oath.

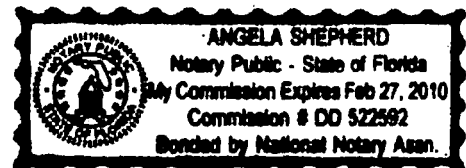
Joseph Valko

Joseph Valko

Instrument Prepared by:

Angela Shepherd

NOTARY PUBLIC SEAL:



Return to:  
293 SW Port St. Lucie Blvd  
Port St. Lucie FL 34986

STATE OF FLORIDA  
MARTIN COUNTY

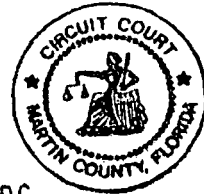
THIS IS TO CERTIFY THAT THE  
FOREGOING 1 PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.

MARSHA EWING, CLERK

BY

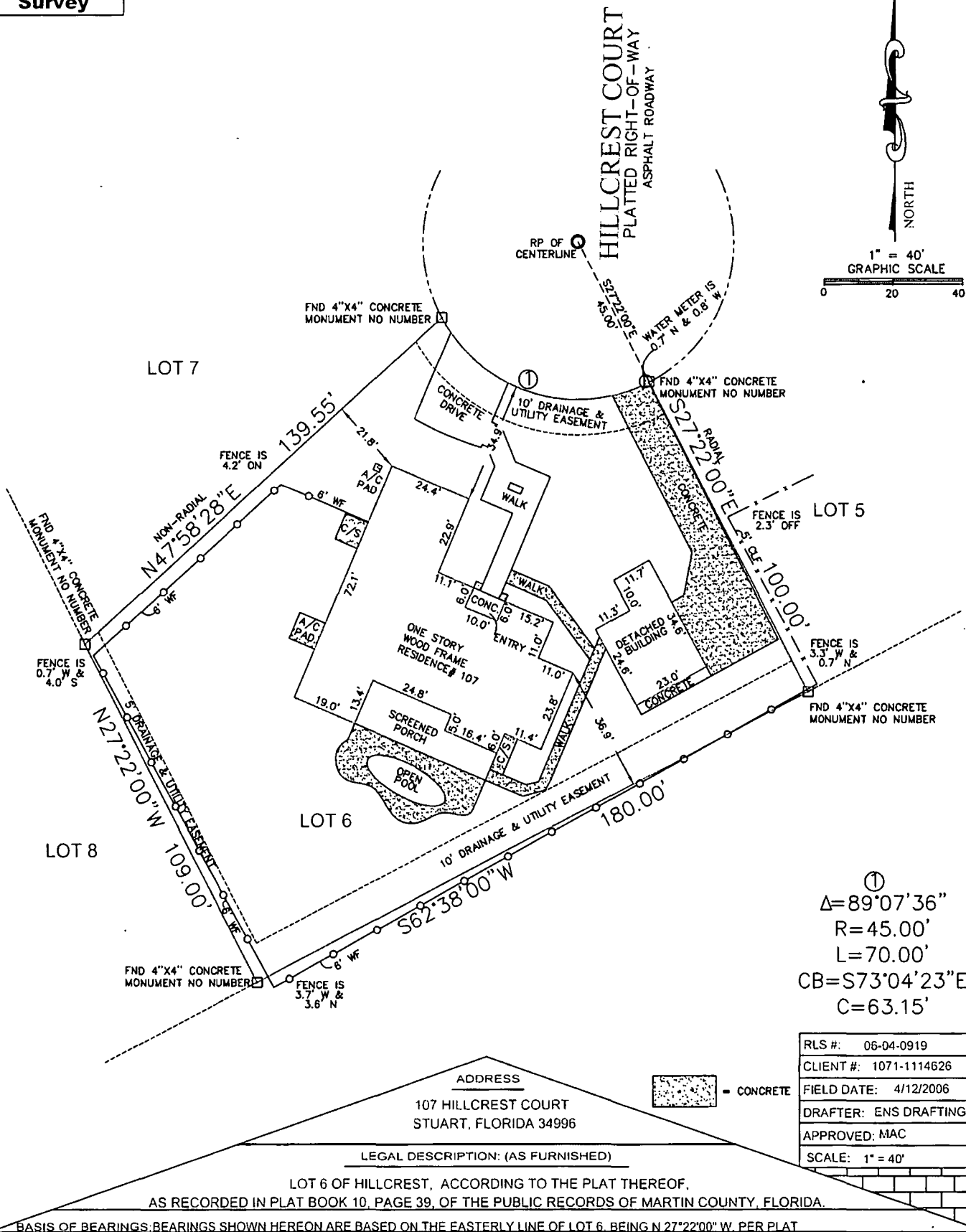
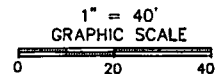
DATE

D.C.



INSTR # 1936465 OR BK 02147 PG 1003 RECD 05/30/2006 10:30:33 AM  
Pg 1003: (1pg)  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L Wood

**Boundary Survey**



ADDRESS  
107 HILLCREST COURT  
STUART, FLORIDA 34996

LEGAL DESCRIPTION: (AS FURNISHED)

LOT 6 OF HILLCREST, ACCORDING TO THE PLAT THEREOF.

AS RECORDED IN PLAT BOOK 10, PAGE 39, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

BASIS OF BEARINGS: BEARINGS SHOWN HEREON ARE BASED ON THE EASTERLY LINE OF LOT 6, BEING N 27°22'00" W, PER PLAT

LIST OF POSSIBLE ENCROACHMENTS:

<p>SURVEYING AND MAPPING SERVICES, INC. 2908 LAKEVIEW DRIVE, SUITE 128/132 CASSELBERRY, FLORIDA 32730 TEL: (407)834-1206</p>	<p>COORDINATED BY: <b>RESIDENTIAL LAND SERVICES, INC.</b> 621 24TH AVENUE S.W. NORMAN, OKLAHOMA 73069 FAX: (405) 701-1002 PHONE (405) 701-1100 WWW.RLSNOW.COM</p>	<p><b>FIRST AMERICAN</b> Title Insurance Company</p>	<p><b>Patrick Stracuzzi</b> REAL ESTATE TEAM (772) 283-9991 www.stracuzzi.com</p>							
<p><b>SURVEYOR FILE NUMBER: RLS06-4-0919</b> The Certified Registered Professional Land Surveyor signing this survey attests to the accuracy and sufficiency of the survey provided hereon.</p> <p><b>CERTIFIED TO: (AS FURNISHED)</b> FIRST AMERICAN TITLE INSURANCE COMPANY WASHINGTON MUTUAL BANK, FA JOSEPH VALKO AND LISA VALKO</p>	<p><b>LEGEND</b> A/C: AIR CONDITIONER D/B/A: DOING BUSINESS AS (C): CALCULATED C.B.: CHORD BEARING CBW: CONCRETE BLOCK WALL : CENTERLINE C.N.A.: CORNER NOT ACCESSIBLE CONC.: CONCRETE COV: COVERED C/S: CONCRETE SLAB (D.): DESCRIPTION DW: DRIVEWAY ENC.: ENCROACHMENT E.O.W.: EDGE OF WATER (M.): MEASURED MAS.: MASONRY N&amp;D: NAIL &amp; DISK FND: FOUND R: RADIUS Δ: DELTA OHU: OVERHEAD UTILITY LINE (P.): PLATTED P.C.: POINT OF CURVATURE P.C.P.: PERMANENT CONTROL POINT P.I.: POINT OF INTERSECTION P.O.B.: POINT OF BEGINNING P.O.C.: POINT OF COMMENCEMENT P.P.: POWER POLE P.R.C.: POINT OF REVERSE CURVATURE P.R.M.: PERMANENT REFERENCE MONUMENT P.T.: POINT OF TANGENCY RW: RIGHT OF WAY S/W: SIDEWALK CLF: CHAIN LINK FENCE WF: WOOD FENCE HWF: HOG-WIRE FENCE CH: CHORD L: LENGTH TYP: TYPICAL</p>	<p><b>SURVEYOR'S CERTIFICATE</b> I hereby certify that the survey represented hereon meets the minimum technical standards for land surveys in Florida. As set forth in Chapter 61G 17-6, Florida administrative code, Pursuant to Chapter 472.027, Florida statutes.</p> <p><i>Miguel A. Edrles</i> MIGUEL A. EDRELES No. 5620 STATE OF FLORIDA REGISTERED SURVEYOR &amp; MAPPING ENGINEER</p> <p>FOR THE FIRM DATED: 4/17/2006</p>								
<p><b>NOTES</b> 1. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A COMMITMENT FOR TITLE INSURANCE. 2. UNDERGROUND UTILITY INSTALLATIONS, UNDERGROUND IMPROVEMENTS, FOUNDATIONS AND/OR OTHER UNDERGROUND STRUCTURES WERE NOT LOCATED BY THIS SURVEY. 3. UNLESS NOTED OR DEPICTED OTHERWISE, ALL PROPERTY CORNERS SHOWN HAVE NO L.S. OR L.B. IDENTIFICATION. 4. THE PURPOSE OF THIS SURVEY IS FOR USE IN OBTAINING TITLE INSURANCE AND FINANCING AND SHOULD NOT BE USED FOR CONSTRUCTION PURPOSES. THIS SURVEY IS PREPARED FOR THE EXCLUSIVE USE AND BENEFIT OF THE PARTIES LISTED HEREON. LIABILITY TO THIRD PARTIES MAY NOT BE TRANSFERRED OR ASSIGNED.</p>	<p><b>FLOOD ZONE</b> (FOR INFORMATIONAL PURPOSES ONLY) SUBJECT PROPERTY SHOWN HEREON APPEARS TO BE LOCATED IN FLOOD ZONE AE, AREA INSIDE THE 100 YEAR FLOODING, PER F.I.R.M. SFE 8' PANEL NUMBER 120164 0154 F. LAST REVISION DATE 10/4/2002 THIS SURVEYOR MAKES NO GUARANTEES AS TO THE ACCURACY OF THE ABOVE INFORMATION. THE LOCAL F.E.M.A. AGENT SHOULD BE CONTACTED FOR VERIFICATION. FOR ALL INQUIRIES CONTACT RESIDENTIAL LAND SERVICES, INC. AT (405) 701-1100 Form 3.2FL</p>	<p><b>SURVEYOR'S NAME</b> NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL</p> <table border="1"> <thead> <tr> <th>DATE</th> <th>REVISION</th> <th>DATE</th> <th>REVISION</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DATE	REVISION	DATE	REVISION				
DATE	REVISION	DATE	REVISION							

Reviewed & Accepted by: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

107 Hillcrest

Valero

told neighbors (in their driveway)  
that she has to sign a variance  
for his Tiki Hut - since he has  
so many permits that he missed  
this one

Completely gutted

- Removed all vegetation in rear
- Extended pool deck
- New front door
- New kitchen & bath
- Interior walls
- Support for mobile stairs

Tiki Hut has steps so when people  
are in they can look into the yard -  
Height Restriction

11-3-06 Angela Premier called - will bring in paperwork  
next week - will remove & reinstall whenever we  
tell them - C

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: 6-9-06  
6-7-06

Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: JOSEPH VALKO

Phone (Day) 772-204-0477 (Fax) 772-871-0029

Job Site Address: 107 HILCREST CT

City: SEWALL'S POINT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) HILCREST LOT 6

Parcel Number: 01-38-41-014-000-00060-3

Owner Address (if different): \_\_\_\_\_

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

Description of Work To Be Done: TIKI HUT

FRANK DESANTI'S

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$5000-

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to Improvement: \$332,880.00

Is Improvement cost 50% or more of Fair Market Value? YES  NO

Method of Determining Fair Market Value: MC PROPERTY APPRAISER

(If no, fill out the Contractor & Subcontractor sections below)

(If yes, Owner Builder Affidavit must also be completed)

CONTRACTOR/Company: N/A (OWNER BUILDER)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION:

Electrical: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER CSM ENGINEERS, LLC

Lic# PE# 02332 Phone Number: 772-220-4601

Street: 183 SW MONTEREY RD City: SEWALL'S POINT State: FL Zip: 34994

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

Carpport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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 this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004  
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

OWNER OR AGENT SIGNATURE (required)

CONTRACTOR SIGNATURE (required)

State of Florida, County of: MARTIN

On State of Florida, County of: \_\_\_\_\_

This the 7<sup>th</sup> day of JUNE, 2006

This the \_\_\_\_\_ day of \_\_\_\_\_, 2006

by JOSEPH VALKO who is personally

by \_\_\_\_\_ who is personally

known to me or produced \_\_\_\_\_

known to me or produced \_\_\_\_\_

as identification. \_\_\_\_\_

as identification. \_\_\_\_\_

Notary Public

Notary Public

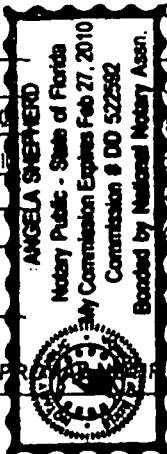
My Commission Expires: \_\_\_\_\_

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

Seal

Seal

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL DATE - PLEASE PICK UP YOUR PERMIT PROMPTLY!





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

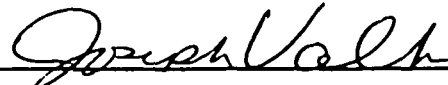
**TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT**  
**(To be submitted if permit is to be pulled by Owner/Builder)**

**DISCLOSURE STATEMENT**

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

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

Name: JOSEPH VALKO Date: 6-7-06

Signature: 

Address: 107 SW HILCREST CT

City & State: SEWALL'S POINT, FL 34996

Permit No. \_\_\_\_\_



INSTR # 1929724  
 OR BK 02138 PG 1392  
 Pgs 1392 - 1393 (2pgs)  
 RECORDED 05/02/2006 09:13:31 AM  
 MARSHA EWING  
 CLERK OF MARTIN COUNTY FLORIDA  
 DEED DDC TAX 6,265.00  
 RECORDED BY C Walsh

Prepared by  
 Michelle Blaszkowiak, an employee of  
 First American Title Insurance Company  
 729 South Federal Highway, Suite 103  
 Stuart, Florida 34994  
 (772)286-0850

Return to: Grantee

File No.: 1071-1114626

**WARRANTY DEED**

This indenture made on 4-27-06 A.D., by

**Gerald F. Herrmann, a single man and Denise H. Herrmann, a single woman**

whose address is: **489 NE Lima Vias Street, Jensen Beach, FL 34957**  
 hereinafter called the "grantor", to

**Joseph Valko, a married man**

whose address is: **107 Hillcrest Court, Sewalls Point, FL 34996**  
 hereinafter called the "grantee":

(Which terms "Grantor" and "Grantee" shall include singular or plural, corporation or individual, and either sex, and shall include heirs, legal representatives, successors and assigns of the same)

**Witnesseth**, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in **Martin County, Florida**, to-wit:

Lot 6 of HILLCREST, according to the Plat thereof as recorded in Plat Book 10, Page(s) 39, of the Public Records of Martin County, Florida.

Parcel Identification Number: **01-38-41-014-000-0006.0-3-0000**

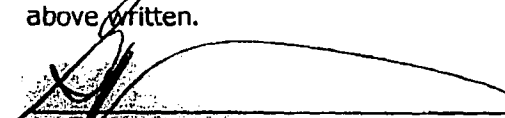
**Subject to** all reservations, covenants, conditions, restrictions and easements of record and to all applicable zoning ordinances and/or restrictions imposed by governmental authorities, if any.

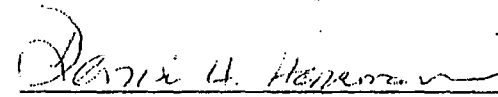
**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in any way appertaining.

**To Have and to Hold**, the same in fee simple forever.

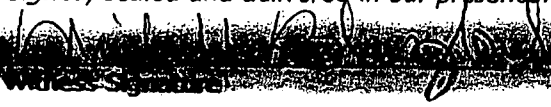
And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31st of 2005.

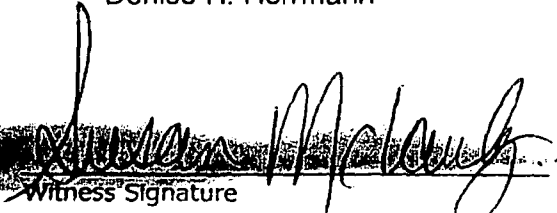
In Witness Whereof, the grantor has hereunto set their hand(s) and seal(s) the day and year first above written.

  
Gerald F. Herrmann

  
Denise H. Herrmann

Signed, sealed and delivered in our presence:

  
Witness Signature

  
Witness Signature

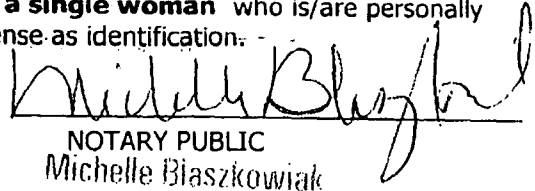
Print Name: Michelle Blaszkowiak

Print Name: Susan McCauley

State of **FL**

County of **Martin**

The Foregoing Instrument Was Acknowledged before me on \_\_\_\_\_, by **Gerald F. Herrmann, a single man and Denise H. Herrmann, a single woman** who is/are personally known to me or who has/have produced a valid driver's license as identification:

  
NOTARY PUBLIC  
Michelle Blaszkowiak



Notary Print Name \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

NOTICE OF COMMENCEMENT

TAX FOLIO NO. 01-38-41-014-000-00060-3

STATE OF FLORIDA

COUNTY OF: MARTIN

The undersigned hereby give Notice that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is provided in this Notice of Commencement.

- 1. Description of the property: Hillcrest Lot 6; 107 Hillcrest Court, Sewall's Point, FL 34996
- 2. General description of the improvement: Install Tiki Hut
- 3. The owner: Joseph Valko

Address: same as above

Phone # 772-878-2496

Owner's interest in the site of the improvement: [fee simple]

4. Fee simple title holder (if other than owner): N/A

5. Contractor: N/A (Owner/Builder)

6. Surety (if any): N/A

7. Lender (Persons or entities making a loan for construction of improvements): N/A

8. Name and address of person within the State of Florida designated by the owner as person upon whom notices or other documents may be served as provided by Florida Statute Section 713.13(1)(a)(7): N/A

9. The owner has designated the following person, in addition to himself, to receive a copy of the lienor's notice as provided in Section 713.13(1)(b) of the Florida Statutes: N/A

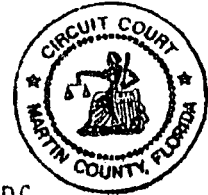
10. Expiration date of Notice of Commencement: (the expiration date is one (1) year from the date of recording unless a different date is specified): The recording of this Notice of Commencement does not constitute a lien, cloud or encumbrance on the described real property, but gives constructive notice that claims of lien may be filed under Chapter 713 of the Florida Statutes.

The foregoing instrument was acknowledge before me this 26<sup>th</sup> day of May, 2006, by Joseph Valko, who is/are personally known to me or who has/have produced as identification and who did/did not take an oath.

Joseph Valko  
Joseph Valko

Instrument Prepared by:  
Angela Shepherd

STATE OF FLORIDA  
MARTIN COUNTY  
THIS IS TO CERTIFY THAT THE  
FOREGOING 1 PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.  
MARSHA EWING CLERK  
BY Angela Shepherd D.C.  
DATE 5/30/06



NOTARY PUBLIC SEAL:



INSTR # 1936465 DR BK 02147 PG 1003 RECD 05/30/2006 10:30:33 AM  
Pg 1003: (1pg)  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L Wood

Return to:  
293 SW Port St. Lucie Blvd  
Port St. Lucie, FL 34952



MARTIN COUNTY BUILDING SERVICES DEPARTMENT
2401 S.E. MONTEREY ROAD
STUART, FL. 34996
(772) 288-5916

CSM Engineers, LLC
DESIGN CERTIFICATION FOR WIND LOAD
COMPLIANCE BY ARCHITECT OR ENGINEER
OF RECORD

PROJECT NAME AND ADDRESS

BUILDING DEPARTMENT USE ONLY

Joseph Valko
107 HILLCREST COURT
STUART, FLORIDA 34996

BLDG. PERMIT#
OCCUPANCY TYPE
CONST. TYPE
COMMENTS

STATEMENT

I certify that, to the best of my knowledge and belief, these plans and specifications have been designed to comply with the applicable structural portion of the Building Codes as amended, adopted, and enforced by Martin County Building Department. I also certify that the structural components, systems, and related elements provide adequate resistance to the wind loads and forces specified by the current Code provisions. I hereby accept responsibility for the structural design.

DESIGN PARAMETERS AND ANALYSIS

CODE EDITIONS: 2004 FLORIDA BUILDING CODE
CHAPTER 6 OF ASCE 7-98

BUILDING DESIGN AS: PARTIALLY ENCLOSED
ENCLOSED
OPEN
WIND TUNNEL TEST

BASIC WIND SPEED: WEST OF TURNPIKE 130 MPH 3 SECOND GUST
EAST OF TURNPIKE 140 MPH 3 SECOND GUST

BUILDING CATEGORY I II III IV

WIND IMPORTANCE/USE FACTOR

INTERNAL PRESSURE COEFFICIENT

GARAGE DOOR DESIGN PRESSURE +psf (positive) -psf (negative)

DOOR DESIGN PRESSURE (INT. ZONE) +psf -psf (END ZONE) +psf -psf

WINDOW DESIGN PRESSURE (INT. ZONE) +psf -psf (END ZONE) +psf -psf
EXPOSURE B

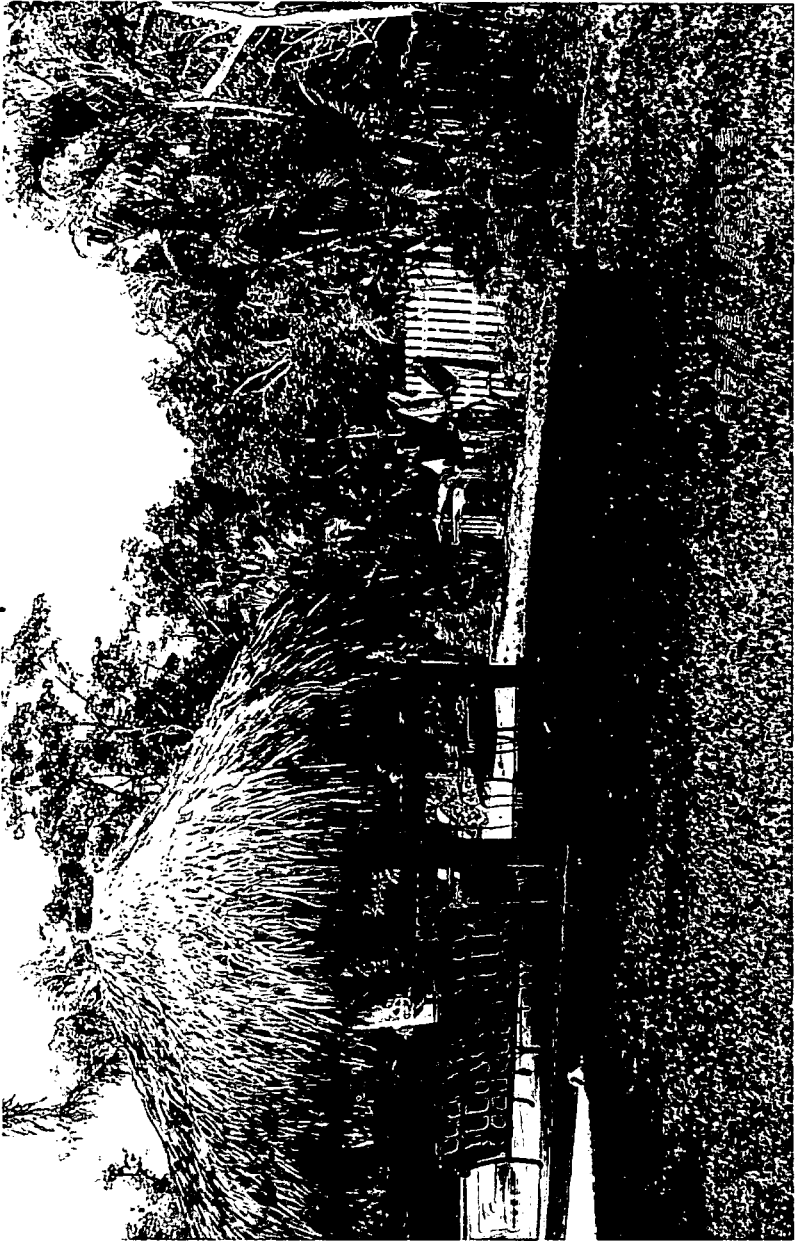
IMPACT PROTECTION (EXTERIOR OPENINGS): APPROVED SHUTTERS IMPACT RESIST. GLASS
(MUST BE INDICATED ON PERMIT DOCUMENTS FOR ALL RESIDENTIAL/COMMERCIAL BUILDINGS, ALTERATIONS, AND RENOVATIONS)

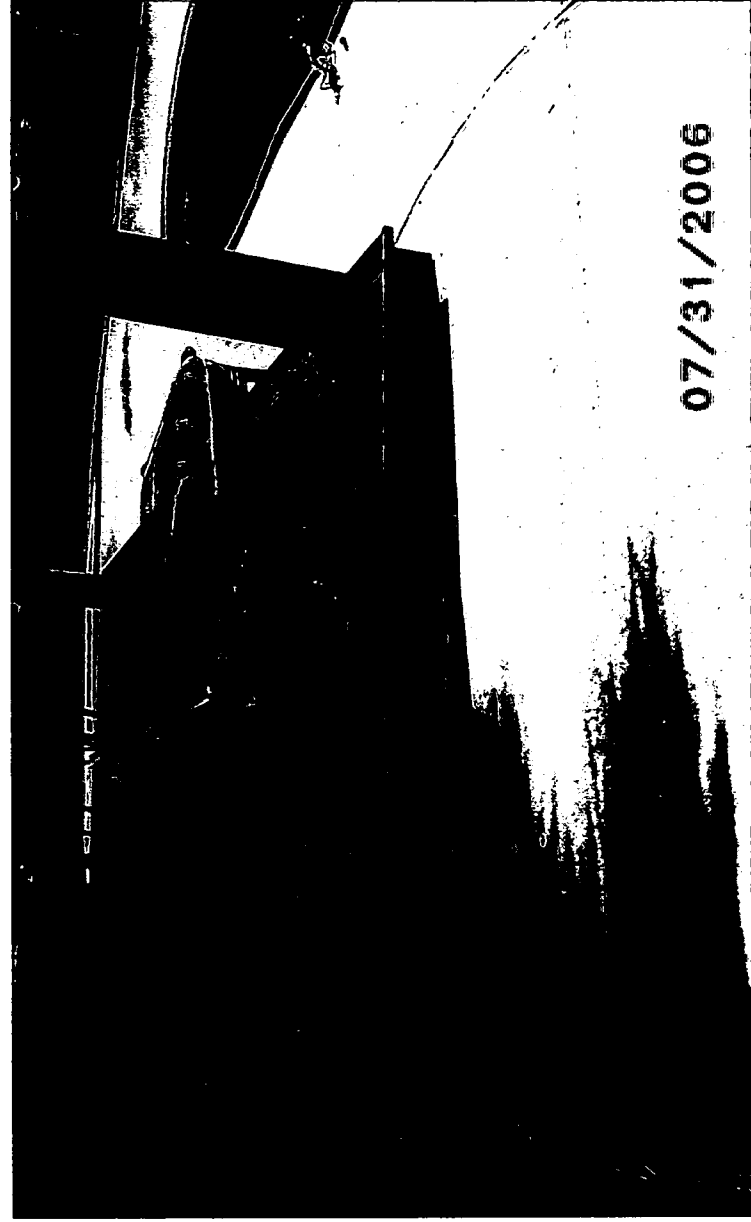
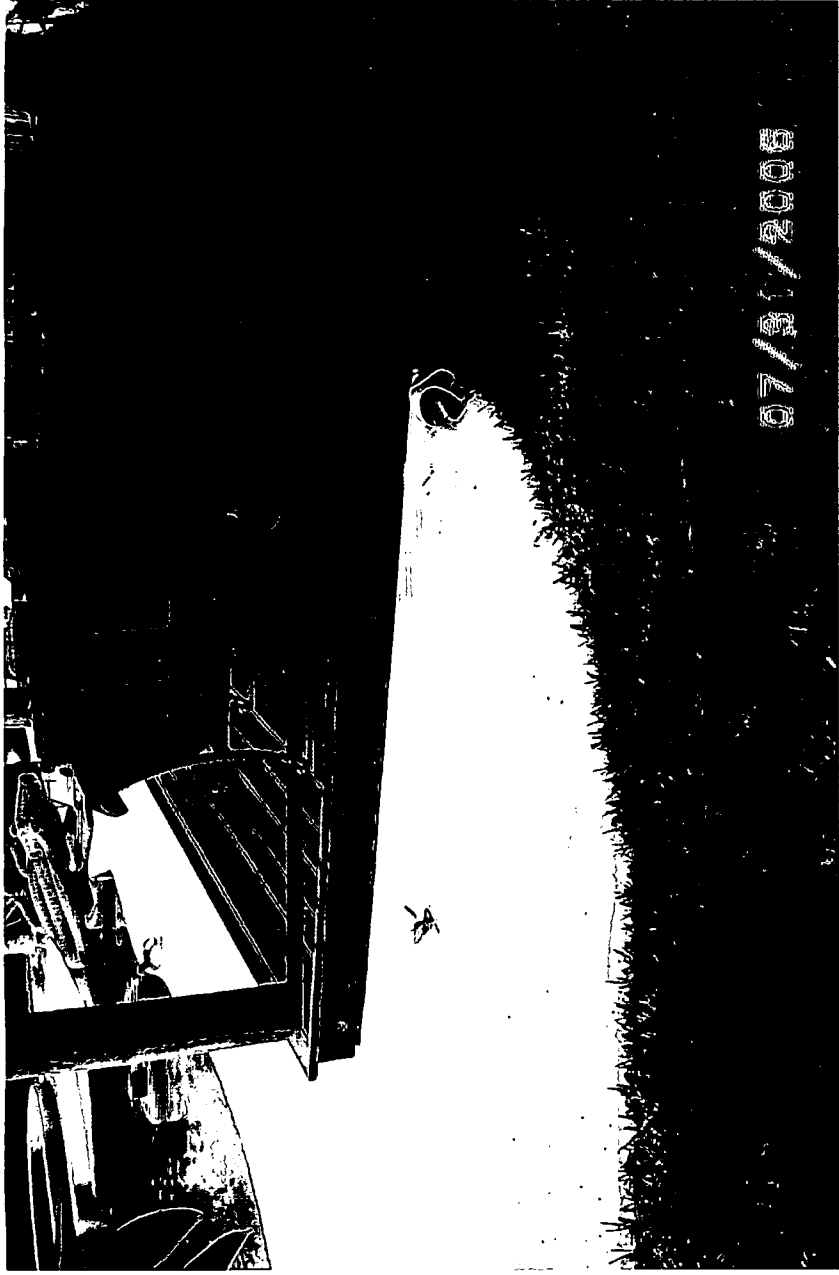
NOTE: ACTUAL DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND SIMILAR ENVELOPE ELEMENTS MUST ALSO BE INDICATED ON CONSTRUCTION PLANS.

As witnessed by my seal, I hereby certify that the above information is true and correct to the best of my knowledge.

NAME JUDY PERKINS
CERTIFICATION # FL 62332
DATE 06/01/2006
DESIGN FIRM CSM ENGINEERS, LLC
OTHER

SEAL
Judy Perkins
6/2/06









# STOP WORK ORDER

DATE: 7/21

ADDRESS: 107 HILLCREST

**OWNER/CONTRACTOR** is hereby notified to **STOP WORK** immediately upon reading this notice.

The work described below requires a permit:

INSTALLATION OF TIKI HUT  
COVER W/ CHAIR OR  
POLICE TO SET COURSE  
OF ACTION

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.

  
\_\_\_\_\_  
**BUILDING OFFICIAL OR INSPECTOR**

**DO NOT REMOVE THIS NOTICE  
UNTIL PERMIT IS OBTAINED!**

8-4-06

Frank DeSantis spoke to  
Chris -  
Will bring old file  
back - a set contact  
Larry Manning or see Phil  
regarding this on Monday

25' rear

Phil -

Will this be  
within setbacks  
once the ordinance  
is amended?



Remove tiki-hut  
NO permit - illegal  
service on ~~the~~ setback

# CAPTEC Engineering, Inc.

301 N.W. Foyler Avenue, Stuart, FL 34994

772.692.4344 \* Fax: 772.692.4341 - captec1

@aol.com



## Invoice

*6/23/06 Cancelled application  
for Frank de Santos  
no report  
pay \$153.75 next wk*

Monday, June 19, 2006

Invoice Number: 9292

To: Joseph Valko

107 Hillcrest Court  
Sewalls Point, FL 34996

**Project: 932.35 Town of Sewall's Point Review: Billing Permit Application to Construct a Tiki Hut at a Single Family Restaurant**

Professional Services for the Period: 6/1/2006 to 6/30/2006

### Task 2: Permit Application Review

#### Professional Services

##### Task 2: Permit Application Review

	<u>Bill Hours</u>	<u>Charge</u>
Assistant Office Manager	0.25	16.25
P.E. / Project Manager	1.00	110.00
Project Coordinator	0.25	13.75
Project Coordinator	0.25	13.75
<b>Task 2: Permit Application Review Total:</b>	<b>1.75</b>	<b>\$153.75</b>

**Professional Services Totals: \$153.75**

**\*\*\* Total Project Invoice Amount:**

**\$ 153.75**

**Aged Receivables: Please note - All project work will stop if receivables reach 60 days.**

<u>Current</u>	<u>+30 Days</u>	<u>+60 Days</u>	<u>+90 Days</u>	<u>120 Days +</u>
\$153.75	\$0.00	\$0.00	\$0.00	\$0.00



June 16, 2006  
932.35

Mr. Joseph Valko  
107 Hillcrest Ct.  
Sewalls Point, Fl 34996

***RE: Building Permit Application to construct a Tiki Hut at a single family resident***

Dear Mr. Valko:

Please be advised that a review has been performed of the materials received in our office on June 14, 2006, for the above referenced project and offer the following comment.

1. The rear yard setback for the proposed tiki hut shall be a minimum of 25 feet instead of the 20 feet represented on the survey.


CAPTEC Engineering, Inc., a professional consultant, has been retained by the Town of Sewall's Point to assist the community with zoning issues relative to building permits. Any service provided by CAPTEC Engineering, Inc. will be a 'pass-thru' fee to the applicant.

CAPTEC Engineering, Inc. performed this review for the Town of Sewall's Point in order to confirm compliance with the applicable Codes and Regulations. Neither the Reviewer nor the Town of Sewall's Point is the Design Engineer or Architect of Record and, therefore, neither entity accepts responsibility for the accuracy or contents of the design documents and/or other data submitted by the Applicant.

Please note suggestions provided by CAPTEC Engineering, Inc. are offered in order to assist the Applicant in complying with the Town of Sewall's Point Codes and Regulations. However, the Applicant bears the burden of demonstrating that their submittal meets the applicable Town Code requirements.

If you should need further clarification or have any questions with regard to this matter, please feel free to contact me.

Sincerely,

  
Monica Graziani  
Project Manager

HP Fax K1220

Log for  
Town of Sewall's Point  
(772)220-4765  
Jun 21 2006 2:28pm

---

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Jun 21	2:27pm	Fax Sent	8710029	0:33	2	OK

---

Faxed to  
Premier  
6/23/06 Hand delivered  
to Frank DeLuca's



INSTR # 1929724  
 OR BK 02138 PG 1392  
 Pgs 1392 - 1393 (2pgs)  
 RECORDED 05/02/2006 09:13:31 AM  
 MARSHA EWING  
 CLERK OF MARTIN COUNTY FLORIDA  
 DEED DDC TAX 6,265.00  
 RECORDED BY C Walsh

Prepared by  
 Michelle Blaszkowiak, an employee of  
 First American Title Insurance Company  
 729 South Federal Highway, Suite 103  
 Stuart, Florida 34994  
 (772)286-0850

Return to: Grantee

File No.: 1071-1114626

**WARRANTY DEED**

This indenture made on 4-27-06 A.D., by

**Gerald F. Herrmann, a single man and Denise H. Herrmann, a single woman**

whose address is: **489 NE Lima Vias Street, Jensen Beach, FL 34957**  
 hereinafter called the "grantor", to

**Joseph Valko, a married man**

whose address is: **107 Hillcrest Court, Sewalls Point, FL 34996**  
 hereinafter called the "grantee":

(Which terms "Grantor" and "Grantee" shall include singular or plural, corporation or individual, and either sex, and shall include heirs, legal representatives, successors and assigns of the same)

**Witnesseth**, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in **Martin County, Florida**, to-wit:

Lot 6 of HILLCREST, according to the Plat thereof as recorded in Plat Book 10, Page(s) 39, of the Public Records of Martin County, Florida.

Parcel Identification Number: **01-38-41-014-000-0006.0-3-0000**

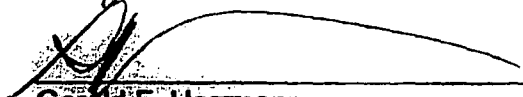
**Subject to** all reservations, covenants, conditions, restrictions and easements of record and to all applicable zoning ordinances and/or restrictions imposed by governmental authorities, if any.

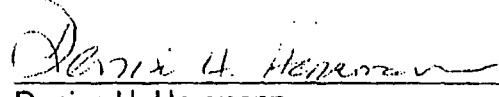
**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in any way appertaining.

**To Have and to Hold**, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31st of 2005.

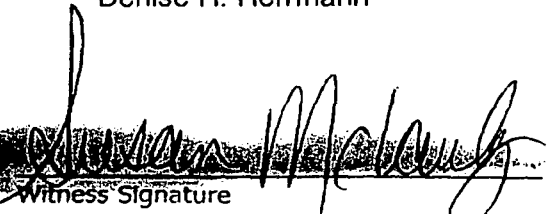
In Witness Whereof, the grantor has hereunto set their hand(s) and seal(s) the day and year first above written.

  
Gerald F. Herrmann

  
Denise H. Herrmann

Signed, sealed and delivered in our presence:

  
Witness Signature

  
Witness Signature

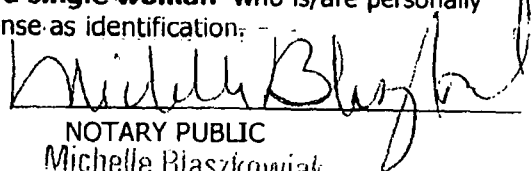
Print Name: Michelle Blaszkowiak

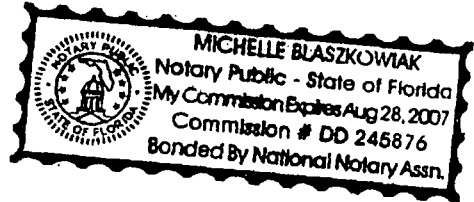
Print Name: Susan McCauley

State of FL

County of Martin

The Foregoing Instrument Was Acknowledged before me on \_\_\_\_\_, by **Gerald F. Herrmann, a single man and Denise H. Herrmann, a single woman** who is/are personally known to me or who has/have produced a valid driver's license as identification;

  
NOTARY PUBLIC  
Michelle Blaszkowiak



Notary Print Name \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



NOTICE OF COMMENCEMENT

TAX FOLIO NO. 01-38-41-014-000-00060-3

STATE OF FLORIDA

COUNTY OF: MARTIN

The undersigned hereby give Notice that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is provided in this Notice of Commencement.

- 1. Description of the property: Hillcrest Lot 6; 107 Hillcrest Court, Sewall's Point, FL 34996
- 2. General description of the improvement: Install Tiki Hut
- 3. The owner: Joseph Valko

Address: same as above

Phone # 772-878-2496

Owner's interest in the site of the improvement: [fee simple] THIS IS TO CERTIFY THAT THE

4. Fee simple title holder (if other than owner): N/A

5. Contractor: N/A (Owner/Builder)

6. Surety (if any): N/A

7. Lender (Persons or entities making a loan for construction of improvements): N/A

8. Name and address of person within the State of Florida designated by the owner as person upon whom notices or other documents may be served as provided by Florida Statute Section 713.13(1)(a)(7): N/A

9. The owner has designated the following person, in addition to himself, to receive a copy of the lienor's notice as provided in Section 713.13(1)(b) of the Florida Statutes: N/A

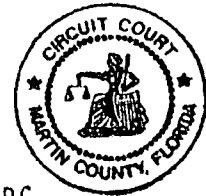
10. Expiration date of Notice of Commencement: (the expiration date is one (1) year from the date of recording unless a different date is specified): The recording of this Notice of Commencement does not constitute a lien, cloud or encumbrance on the described real property, but gives constructive notice that claims of lien may be filed under Chapter 713 of the Florida Statutes.

The foregoing instrument was acknowledge before me this 26<sup>th</sup> day of May, 2006, by Joseph Valko, who is/are personally known to me or who has/have produced as identification and who did/did not take an oath.

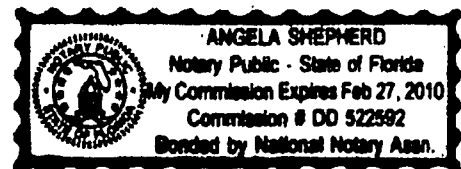
Joseph Valko  
Joseph Valko

Instrument Prepared by: Angela Shepherd

STATE OF FLORIDA  
MARTIN COUNTY  
I HEREBY CERTIFY THAT THE  
FOREGOING 1 PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.  
MARSHA EWING CLERK  
BY [Signature] D.C.  
DATE 5/30/06



NOTARY PUBLIC SEAL:



Return to:  
293 SW Port St. Lucie Blvd  
Port St. Lucie FL 34986

INSTR 4 1936465 OR BK 02147 PG 1003 RECD 05/30/2006 10:30:33 AM  
Pg 1003 (1pg)  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L Wood

MARTIN COUNTY BUILDING SERVICES DEPARTMENT  
2401 S.E. MONTEREY ROAD  
STUART, FL. 34996  
(772) 288-5916

CSM Engineers, LLC  
DESIGN CERTIFICATION FOR WIND LOAD  
COMPLIANCE BY ARCHITECT OR ENGINEER  
OF RECORD

PROJECT NAME AND ADDRESS

BUILDING DEPARTMENT USE ONLY

Joseph Valko  
107 HILLCREST COURT  
STUART, FLORIDA 34996

BLDG. PERMIT# \_\_\_\_\_  
OCCUPANCY TYPE \_\_\_\_\_  
CONST. TYPE \_\_\_\_\_  
COMMENTS \_\_\_\_\_

STATEMENT

I certify that, to the best of my knowledge and belief, these plans and specifications have been designed to comply with the applicable structural portion of the Building Codes as amended, adopted, and enforced by Martin County Building Department. I also certify that the structural components, systems, and related elements provide adequate resistance to the wind loads and forces specified by the current Code provisions. I hereby accept responsibility for the structural design.

DESIGN PARAMETERS AND ANALYSIS

CODE EDITIONS: 2004 FLORIDA BUILDING CODE  
CHAPTER 6 OF ASCE 7-98

BUILDING DESIGN AS: PARTIALLY ENCLOSED \_\_\_ ENCLOSED \_\_\_ OPEN   
WIND TUNNEL TEST \_\_\_

BASIC WIND SPEED: WEST OF TURNPIKE 130 MPH 3 SECOND GUST \_\_\_  
EAST OF TURNPIKE 140 MPH 3 SECOND GUST

BUILDING CATEGORY I \_\_\_ II  III \_\_\_ IV \_\_\_

WIND IMPORTANCE/USE FACTOR n/a

INTERNAL PRESSURE COEFFICIENT n/a

GARAGE DOOR DESIGN PRESSURE n/a +psf (positive) n/a -psf (negative)

DOOR DESIGN PRESSURE (INT. ZONE) n/a +psf n/a -psf (END ZONE) n/a +psf n/a -psf

WINDOW DESIGN PRESSURE (INT. ZONE) n/a +psf n/a -psf (END ZONE) n/a +psf n/a -psf

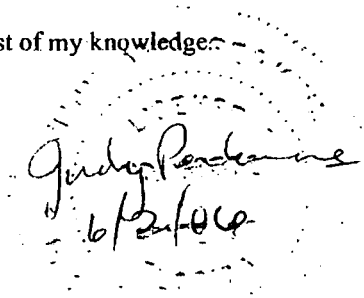
EXPOSURE B

IMPACT PROTECTION (EXTERIOR OPENINGS): APPROVED SHUTTERS \_\_\_ IMPACT RESIST. GLASS \_\_\_  
(MUST BE INDICATED ON PERMIT DOCUMENTS FOR ALL RESIDENTIAL/COMMERCIAL BUILDINGS, ALTERATIONS, AND RENOVATIONS)

NOTE: ACTUAL DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND SIMILAR ENVELOPE ELEMENTS MUST ALSO BE INDICATED ON CONSTRUCTION PLANS.

As witnessed by my seal, I hereby certify that the above information is true and correct to the best of my knowledge.

NAME JUDY PERKINS  
CERTIFICATION # FL 62332  
DATE 06/01/2006  
DESIGN FIRM CSM ENGINEERS, LLC  
OTHER \_\_\_\_\_

SEAL 

# TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

E. DANIEL MORRIS  
Mayor

PAMELA M. BUSHA  
Vice Mayor

THOMAS P. BAUSCH  
Commissioner

NEIL SUBIN  
Commissioner

DON OSTEN  
Commissioner



ROBERT KELLOGG  
Town Manager

JOAN H. BARROW  
Town Clerk

Chief of Police

JOHN R. ADAMS  
Building Official

## NOTICE OF VIOLATION

RE: PERMIT NO. N/A

DATE OF INSPECTION: 10/16/2006

DESCRIPTION OF VIOLATION: UNPERMITTED STRUCTURE LOCATED IN REQUIRED SETBACK

VIOLATION ADDRESS: 117 HILLCREST CT.

OWNER: JOSEPH VALKO

# FILE

Dear Mr. Valko,

An inspection was performed in response to a complaint on your property, which revealed an unpermitted structure located in the required rear setback (25 ft.), of your property. A permit is required for any structure erected on your property and must comply with The Florida Building Code, and the Town of Sewall's Point zoning laws.

You are hereby required to apply for a permit at this time that reflects building and zoning compliance, or remove the structure. The only other alternative is to apply for a permit as the structure is situated and a variance to the zoning laws.

Please contact my office within 10 days of to discuss your course of action, and avoid further steps of enforcement.

With best regards,

John R. Adams  
BUILDING OFFICIAL

*Frank De Santos*  
*WED 9 AM*



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

# TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

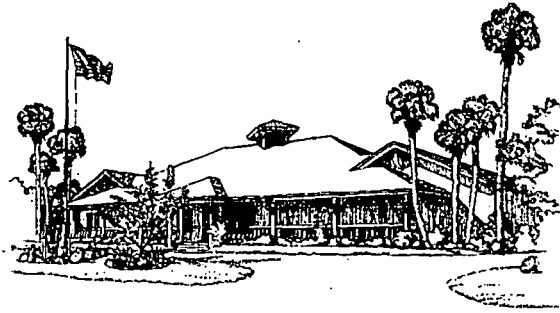
E. DANIEL MORRIS  
Mayor

PAMELA M. BUSHA  
Vice Mayor

THOMAS P. BAUSCH  
Commissioner

NEIL SUBIN  
Commissioner

DON OSTEN  
Commissioner



ROBERT KELLOGG  
Town Manager

JOAN H. BARROW  
Town Clerk

Chief of Police

JOHN R. ADAMS  
Building Official

Fay 871-0029

## NOTICE OF VIOLATION

**RE: PERMIT NO. N/A**

**DATE OF INSPECTION: 10/16/2006**

**DESCRIPTION OF VIOLATION: UNPERMITTED STRUCTURE LOCATED IN REQUIRED SETBACK**

**VIOLATION ADDRESS: 117 HILLCREST CT.**

**OWNER: JOSEPH VALKO**

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With best regards,

John R. Adams  
BUILDING OFFICIAL



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

HP Fax K1220

Log for  
Town of Sewall's Point  
(772)220-4765  
Oct 17 2006 9:39am

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Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Oct 17	9:38am	Fax Sent	8710029	0:25	1	OK

---

**TOWN OF SEWALL'S POINT**  
**INTER-OFFICE MEMORANDUM**

To: The Honorable E. Daniel Morris, Mayor and Commissioners  
From: Thomas J. Baird, Town Attorney  
Date: May 19, 2006  
Re: Encroachments/Non-conforming use

---

At its April, 2006 meeting the Town Commission requested that I review the applicable regulations concerning encroachments and non-conforming lots. Consequently, I reviewed Policy 2.2(c) of the Future Land Use Element of the Town's Comprehensive Plan and Article III, Sections 82-171 and 172 of the Town's Zoning Code concerning non-conforming uses. Policy 2.2 provides: "Land owners with non-conforming **uses**...shall bring their **lots**<sup>1</sup> into conformance with future land uses by the elimination of these **uses** through amortization procedures to be included in the 1990 Land Development Code..." Subsection (c) of Policy 2.2 states: "(c) no addition or expansion to a non-conforming use shall be allowed."

Article III of the Zoning Code address "nonconformities". While Article III (Sections 82-171 and 82-172) of the Zoning Code addresses non-conforming uses, it does not establish an amortization schedule for non-conforming structures, uses or lots. (I have assumed that the Town's Zoning Code operates as its "Land Development Code." If this is not the case someone will have to identify where the Land Development Code is located so I can review it.) Thus, it would appear that amortization procedures have not been included in the 1990 Land Development or Zoning Code, as the case may be. With respect to additions or expansions of a non-conforming structure, the language contained in Section 82-172(g) of Article III of the Zoning Code is similar to Policy 2.2(c) of the Comprehensive Plan, i.e., it prohibits the expansion of, or additions to a non-conforming structure.

It is my understanding that a previous Mayor and/or Commission interpreted Policy 2.2 of the Town's Comprehensive Plan as requiring property owners who had structures which encroach upon setbacks to bring their non-conforming lots/structures into "conformance" with the Town's setback requirements by obtaining variances to the Code. (This was apparently based upon the belief that the Comprehensive Plan policy itself, and not the Land Development Code required owners to come into conformance and eliminate "encroachments".) As a result, it is my understanding that over the years some property owners may have obtained "administrative variances" pursuant to Section 82-142 of the Town Code to eliminate their "encroachment."

---

<sup>1</sup> It should be noted that this policy is internally inconsistent as it begins by addressing non conforming "uses" but then requires the owner to bring the "lot" into conformance. It is likely that the policy was actually intended to address structures (homes) on lots which encroached on a setback.

Pursuant to Florida law, land development regulations<sup>2</sup> must be consistent with, and implement the goals, objectives, and policies of a local government's comprehensive plan. Here, the Town has a policy which requires property owners to eliminate non-conformities based upon an amortization schedule which was to have been established in its Land Development or Zoning Code. However, it appears that an amortization schedule was not adopted as part of the Town's Land Development or Zoning Code. Because no amortization schedule was adopted to implement Policy 2.2 of the Town's Comprehensive Plan, I am of the opinion that property owners do not have to bring their properties into conformance. It should be noted, however, that those owners who have structures which encroach upon front, rear or side setbacks have properties which are considered to be "non-conforming" because the structures located on their lots encroach into a legally established setback. The legal and practical significance of having non-conforming lots/structures is that permits can be issued to a property owner provided the permit is not for expanding the structure. See Section 82-172(g). So, for example, a dock permit could be issued for the construction or expansion of a dock (assuming this request conforms with the Town's regulations); however, the non-conforming house could not be expanded without being brought into conformance with the Code.

---

2 The terms "land development regulations" and "land development code" are interchangeable and may also be used interchangeably with the term Zoning Code. Some local government land development codes incorporate platting or building code regulations in additional to zoning regulations.

MARTIN COUNTY BUILDING SERVICES DEPARTMENT  
 2401 S.E. MONTEREY ROAD  
 STUART, FL. 34996  
 (772) 288-5916

CSM Engineers, LLC  
 DESIGN CERTIFICATION FOR WIND LOAD  
 COMPLIANCE BY ARCHITECT OR ENGINEER  
 OF RECORD

PROJECT NAME AND ADDRESS

BUILDING DEPARTMENT USE ONLY

Joseph Valko  
107 HILLCREST COURT  
STUART, FLORIDA 34996

BLDG. PERMIT# \_\_\_\_\_  
 OCCUPANCY TYPE \_\_\_\_\_  
 CONST. TYPE \_\_\_\_\_  
 COMMENTS \_\_\_\_\_

STATEMENT

I certify that, to the best of my knowledge and belief, these plans and specifications have been designed to comply with the applicable structural portion of the Building Codes as amended, adopted, and enforced by Martin County Building Department. I also certify that the structural components, systems, and related elements provide adequate resistance to the wind loads and forces specified by the current Code provisions. I hereby accept responsibility for the structural design.

DESIGN PARAMETERS AND ANALYSIS

CODE EDITIONS: 2004 FLORIDA BUILDING CODE  
CHAPTER 6 OF ASCE 7-98

BUILDING DESIGN AS: PARTIALLY ENCLOSED \_\_\_ ENCLOSED \_\_\_ OPEN   
 WIND TUNNEL TEST \_\_\_

BASIC WIND SPEED: WEST OF TURNPIKE 130 MPH 3 SECOND GUST \_\_\_\_\_  
 EAST OF TURNPIKE 140 MPH 3 SECOND GUST

BUILDING CATEGORY I \_\_\_\_\_ II  III \_\_\_\_\_ IV \_\_\_\_\_

WIND IMPORTANCE/USE FACTOR n/a

INTERNAL PRESSURE COEFFICIENT n/a

GARAGE DOOR DESIGN PRESSURE n/a +psf (positive) n/a -psf (negative)

DOOR DESIGN PRESSURE (INT. ZONE) n/a +psf n/a -psf (END ZONE) n/a +psf n/a -psf

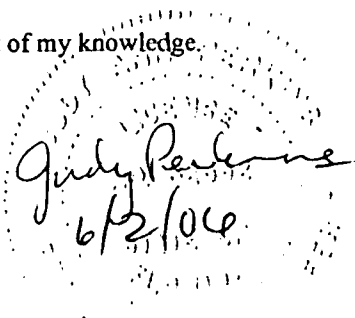
WINDOW DESIGN PRESSURE (INT. ZONE) n/a +psf n/a -psf (END ZONE) n/a +psf n/a -psf  
 EXPOSURE B

IMPACT PROTECTION (EXTERIOR OPENINGS): APPROVED SHUTTERS \_\_\_\_\_ IMPACT RESIST. GLASS \_\_\_\_\_  
 (MUST BE INDICATED ON PERMIT DOCUMENTS FOR ALL RESIDENTIAL/COMMERCIAL BUILDINGS, ALTERATIONS, AND RENOVATIONS)

NOTE: ACTUAL DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND SIMILAR ENVELOPE ELEMENTS MUST ALSO BE INDICATED ON CONSTRUCTION PLANS.

As witnessed by my seal, I hereby certify that the above information is true and correct to the best of my knowledge.

NAME JUDY PERKINS  
 CERTIFICATION # FL 62332  
 DATE 06/01/2006  
 DESIGN FIRM CSM ENGINEERS, LLC  
 OTHER \_\_\_\_\_

SEAL 



NOTICE OF COMMENCEMENT

TAX FOLIO NO. 01-38-41-014-000-00060-3

STATE OF FLORIDA

COUNTY OF: MARTIN

The undersigned hereby give Notice that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of the property: Hillcrest Lot 6; 107 Hillcrest Court, Sewall's Point, FL 34996

2. General description of the improvement: Install Tiki Hut

3. The owner: Joseph Valko

Address: same as above

Phone # 772-878-2496

Owner's interest in the site of the improvement: [fee simple]

4. Fee simple title holder (if other than owner): N/A

5. Contractor: N/A (Owner/Builder)

6. Surety (if any): N/A

7. Lender (Persons or entities making a loan for construction of improvements): N/A

8. Name and address of person within the State of Florida designated by the owner as person upon whom notices or other documents may be served as provided by Florida Statute Section 713.13(1)(a)(7): N/A

9. The owner has designated the following person, in addition to himself, to receive a copy of the lienor's notice as provided in Section 713.13(1)(b) of the Florida Statutes: N/A

10. Expiration date of Notice of Commencement: (the expiration date is one (1) year from the date of recording unless a different date is specified): The recording of this Notice of Commencement does not constitute a lien, cloud or encumbrance on the described real property, but gives constructive notice that claims of lien may be filed under Chapter 713 of the Florida Statutes.

The foregoing instrument was acknowledge before me this 26<sup>th</sup> day of May, 2006, by Joseph Valko, who is/are personally known to me or who has/have produced as identification and who did/did not take an oath.

Joseph Valko

Joseph Valko

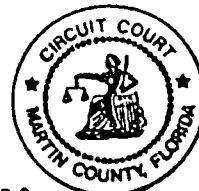
Instrument Prepared by:

Angela Shepherd

STATE OF FLORIDA  
MARTIN COUNTY

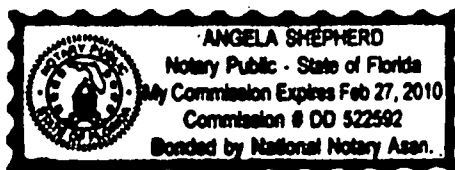
THIS IS TO CERTIFY THAT THE  
FOREGOING 1 PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.

MARSHA EWING CLERK  
BY [Signature]  
DATE 5/30/06



D.C.

NOTARY PUBLIC SEAL:



Return to:  
293 SW Port St. Lucie Blvd  
Port St. Lucie, FL 34984



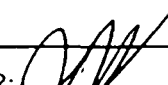

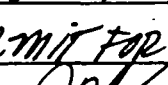
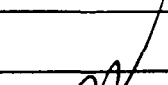
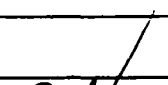
INSTR # 1936665 OR BK 02147 PG 1003 RECD 05/30/2006 10:30:23 AM  
Pg 1003; (1pg)  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L Wood

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri  , 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0132		GAS LINE TROUGH	PASS	CODE ALLOWS 5' FROM PROOF LINE FOR TANK
5	B RIDGELAND DR.			INSPECTOR: 
0079		FINAL ROOF	PASS	CLOSE
2	18 RIVERVIEW DR.			INSPECTOR: 
0114		FENCE	PASS	CLOSE
3	120 S. S. P. R.			INSPECTOR: 
0063		FINAL	PASS	CLOSE
4	28 SIMARA			INSPECTOR: 
		REMOVE PERMIT	---	ISSUED S.W.O.
	110 N. S. P. R.	(CHECK ROUNDED)		NO PERMIT FOR SHUTE
				INSPECTOR: 
		<del>FINAL INSPECTION?</del>	<del>NO</del>	
	<del>117 S. S. P. R.</del>	<del>GOPE</del>		INSPECTOR: 
		FENCE TOO HIGH IN FRONT?	YES.	
	66 S. S. P. R.			INSPECTOR: 

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

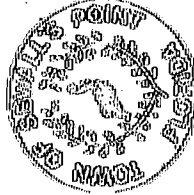
# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 12-22, 2006

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8425	Juriet	dock-final	PASS	CLOSE
6	14 Castle Hill Way Tropic Marine			INSPECTOR: <i>[Signature]</i>
<del>8996</del>	<del>Cooney</del>	<del>body lightning</del>	<del>PASS</del>	<del>CANCEL</del>
1	<del>17 Middle Rd</del> <del>ATG Roof</del>	<del>mech plumbing</del>	<del>PASS</del>	<del>Reschedule with</del> INSPECTOR: <i>[Signature]</i>
8051	Galino	Electric	PASS	
5	26 S Sewalls Driftwood	AC framing Roof metal	FAIL PASS PASS	INSPECTOR: <i>[Signature]</i>
<del>816</del>	<del>Walker</del>	<del>Inc Heat</del>	<del>PASS</del>	<del>FINISH THE INSULATION</del>
4	107 Hillcrest OB		FAIL	INSPECTOR: <i>[Signature]</i>
0117	Kelso	Final-remodel	FAIL	CLOSE
3	18 Rio Vista Sameo		PASS	REINSPECT LATE MORNING INSPECTOR: <i>[Signature]</i>
1819	Tidikis	LATHING SUPPORT-	PASS	
2	2 Cranes Nest Advanced			INSPECTOR: <i>[Signature]</i>
8470	Pare	Final	FAIL	<del>NOTE</del>
7	61 N. Rivier Rd JA Taylor Roof		PASS	INSPECTED LATE MORNING INSPECTOR: <i>[Signature]</i>
OTHER:				
8469	Cooney	dry-in	PASS	
	17 Middle Rd.	Respect		<i>[Signature]</i>
	Stuart Roof			



**TOWN OF SEWALLS POINT**

One South Sewalls Point Road

Sewalls Point, Florida 34999

(772) 267-2456

**CORRECTION NOTICE**

ADDRESS:

107 HILL STREET

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

FK1

WEED TIE IN SUBMER

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

DATE:

12/22

INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 1-19, 2007

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8489	TULLIEK	DRY-IN	FAIL	
8	39 N. RIVER	287-2829		
	CODE RED	NAILING	PASS	INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8441	DRESSLER	GAR. SLAB	PASS	
2	12 IS. ROAD.			
				INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8464</del>	<del>Novak</del>	<del>Final</del>	<del>PASS</del>	<del>CLOSE</del>
	107 Hillcrest			
	O/B			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1777	Cathay	Final-	PASS	CLOSE
	47 S. Sewall Pt			
	Driftwood			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

<u>8551</u>	<u>ALARM</u>
<b>PERMIT #</b>	<b>DESCRIPTION</b>

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

Renewal \$35.00 for Alarm #016/6/08 C# 1000264

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

### TOWN OF SEWALL'S POINT

Date 3-27-07  
 Building to be erected for Valko  
 Applied for by Brink's Home Sec.  
 Subdivision Hillcrest Lot 6 Block \_\_\_\_\_  
 Address 107 Hillcrest Ct  
 Type of structure SFR

BUILDING PERMIT NO. 8551  
 Type of Permit Alarm  
 (Contractor) Building Fee 35-  
 Radon Fee \_\_\_\_\_  
 Impact Fee \_\_\_\_\_  
 A/C Fee \_\_\_\_\_  
 Electrical Fee \_\_\_\_\_  
 Plumbing Fee \_\_\_\_\_  
 Roofing Fee \_\_\_\_\_  
 TOTAL Fees 35-

Parcel Control Number:  
1384-014-000-000603-0000  
 Amount Paid \$35- Check # 3632 Cash \_\_\_\_\_ Other Fees (\_\_\_\_\_) \_\_\_\_\_  
 Total Construction Cost \$ 199-

Signed [Signature] Applicant  
 Signed John Adamson Town Building Official

**BRINK'S HOME SECURITY INC.**  
**PERMIT ACCOUNT**  
 9000 BURMA ROAD, SUITE 109  
 PALM BEACH GARDENS, FL 33403

1000264  
 32-1/1110 TX  
 0

DATE 6/5/08

PAY TO THE ORDER OF TOWN OF SEWALL'S POINT  
SEVENTY <sup>00</sup>/<sub>100</sub> \$ 70 <sup>00</sup>/<sub>100</sub> DOLLARS

Bank of America  
 Customer Connection

FOR RENEWALS

[Signature]

FROM : BRINKS HOME SECURITY 118

FAX NO. : 3058878493

Jun. 05 2008 09:44AM P2

06/04/2008 20:51 5616250177

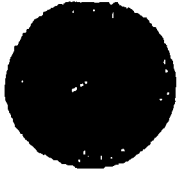
BRINKS WPB

PAGE 03/03

06-04-08;19:17 ;

15816250177 ;

# 1/ 1



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
One S. Sewall's Point Road  
Sewall's Point, Florida, 34996  
Tel 772-287-2456 Fax 772-328-4766

### PERMIT RENEWAL REQUEST

TO BE COMPLETED BY OWNER / BUILDER OR CONTRACTOR

DATE: 6/5 PERMIT NUMBER: # 8551

COMPANY: Brinks Home Security PHONE NUMBER: 561-625-3229

OWNER'S NAME: Lisa Valko QUALIFIER'S NAME: Douglas Bassett

PERMIT ADDRESS: 107 Hillcrest Ct

TYPE OF PERMIT: burglar alarm

Owner/Builder or Contractor's Signature: [Signature] Contractor License number: EF-0000921

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

STATUS OF PERMIT: The above permit has been inactive for        days. (since 9-27-07)

Date and type of last inspection: NONE Last inspection Passed        Failed       

Number and date(s) of previous renewals: NONE

Was the original permit submitted prior to October 1, 2005?        Yes or  No

According to the review of this file it has been determined that this permit is eligible for renewal.

       According to the review of this file it has been determined that the permit is not eligible for renewal and the applicant must reapply under the current applicable codes.

Permit Technician: Valerie  
Comments: Renew for final inspection

Renewal fees due: \$ 3500

Applicant notification date: 6/5/08



Renew: \$35

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

### TOWN OF SEWALL'S POINT

Date 3-27-07

BUILDING PERMIT NO. 8551

Building to be erected for Valko

Type of Permit \_\_\_\_\_

Applied for by Brinks Home Sec. (Contractor)

Building Fee 35

Subdivision Hillcrest Lot 6 Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 107 Hillcrest Ct

Impact Fee \_\_\_\_\_

Type of structure SFR

A/C Fee \_\_\_\_\_

Parcel Control Number:

13841-014-000-000603-0000

Electrical Fee \_\_\_\_\_

Plumbing Fee \_\_\_\_\_

Amount Paid \$35 Check # 3632 Cash \_\_\_\_\_

Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 199

TOTAL Fees 35

Signed [Signature]

Applicant

Signed John Adamo

Town Building Official

6-4-08 called Brinks to renew

## PERMIT

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

ALARM

## INSPECTIONS

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

RECEIVED  
3/26/07

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: 3/26/07 Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME Lisa Valko Phone (Day) (772) 223-0022 (Fax) \_\_\_\_\_

Job Site Address: 107 Hillcrest Ct City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Hillcrest, Lot 6 Parcel Number 01-38-41-014-000-00060-3

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

Description of Work To Be Done: Install 1 master 3 Demos

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 199-00  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_

(If no, fill out the Contractor & Subcontractor sections below)

Is improvement cost 50% or more of Fair Market Value? YES  NO

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: Heather Hope

CONTRACTOR/Company Brinks Home Sec. Phone: (305) 625-3229 Fax: 625-0177

Street: 9000 Burma Rd #109 City: PBG State: FL Zip: 33403

State Registration Number: EF0000921 State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION:

Electrical: Brinks Home Security State: FL License Number: EF0000921

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER \_\_\_\_\_ Lic# \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Carport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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 this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004  
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

OWNER OR AGENT SIGNATURE (required)  
Lisa Valko

CONTRACTOR SIGNATURE (required)  
Douglas Bassett

State of Florida, County of: Palm Beach

On State of Florida, County of: Palm Beach

This the 23rd day of March, 2007

This the 23rd day of March, 2007

by Lisa Valko who is personally

by Douglas Bassett who is personally

known to me or produced Drivers license  
as identification. Heather Hope

known to me or produced Heather Hope  
as identification. Heather Hope

Notary Public

Notary Public

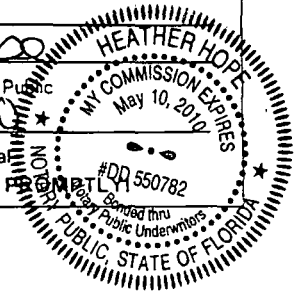
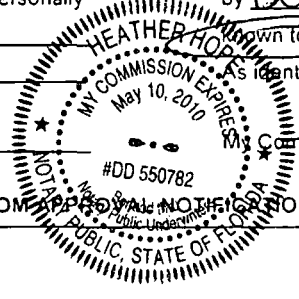
My Commission Expires: 5/10/10

My Commission Expires: 5/10/10

Seal

Seal

PERMIT APPLICATIONS VALID 30 DAYS FROM DATE OF ISSUANCE - PLEASE PICK UP YOUR PERMIT FROM THE TOWN OF SEWALL'S POINT



**Certificate of Insurance**

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

**This is to Certify that**

**BRINK'S HOME SECURITY, INC.**

NAME AND ADDRESS OF INSURED

8880 ESTERS BOULEVARD

IRVING

TX 75063



**Liberty Mutual**

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

TYPE OF POLICY	EXP DATE <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM	POLICY NUMBER	LIMIT OF LIABILITY	
<b>WORKERS COMPENSATION</b>	1/1/2008	WA7-61D-004177-297 WC7-611-004177-017	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: AL, AZ, AR, CA, CO, CT, DE, DC, FL, GA, IL, IN, IA, ID, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WI	<b>EMPLOYERS LIABILITY</b> Bodily Injury by Accident <b>1000000</b> Each Accident Bodily Injury By Disease <b>1000000</b> Policy Limit Bodily Injury By Disease <b>1000000</b> Each Person
<b>GENERAL LIABILITY</b> <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE			General Aggregate—Other than Products / Completed Operations Products / Completed Operations Aggregate Bodily Injury and Property Damage Liability Per Occurrence Personal Injury Per Person / Organization Other Other	
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED				Each Accident—Single Limit B.I. And P.D. Combined Each Person Each Accident or Occurrence Each Accident or Occurrence
<b>OTHER</b>				
<b>ADDITIONAL COMMENTS</b> All operations of the insured and all of its wholly owned subsidiaries				

\* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.  
SPECIAL NOTICE-OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

IMPORTANT NOTICE TO FLORIDA POLICYHOLDERS AND CERTIFICATE HOLDERS: IN THE EVENT YOU HAVE ANY QUESTIONS OR NEED INFORMATION ABOUT THIS CERTIFICATE FOR ANY REASON, PLEASE CONTACT YOUR LOCAL SALES PRODUCER WHOSE NAME AND TELEPHONE NUMBER APPEARS IN THE LOWER RIGHT HAND CORNER OF THIS CERTIFICATE. THE APPROPRIATE LOCAL SALES OFFICE MAILING ADDRESS MAY ALSO BE OBTAINED BY CALLING THIS NUMBER.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST 30 DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

Liberty Mutual Insurance Group

Certificate Holder

SEWELL'S POINT

2 S. SEWELL'S POINT ROAD  
SEWELL'S POINT FL 34996

*Denise Fenn*

Denise Fenn

Weston / 0102 AUTHORIZED REPRESENTATIVE  
Riverside Office Park, 9 Riverside Road  
Weston MA 02493-2298 781-891-8900 12/15/2006  
OFFICE PHONE DATE ISSUED



Protective Insurance Company  
1099 North Meridian Street  
Indianapolis, Indiana 46204  
(317) 636-9800 Ext. 254

Date issued: 12/06/06  
SEQ# 00007876  
00010992-003

### CERTIFICATE OF INSURANCE

**This certificate issued to:**

SEWELL'S POINT  
1 S. SEWELL'S POINT ROAD  
SEWELL'S POINT, FL 34996

**Certifies placement of insurance coverage for the account of**

BRINK'S HOME SECURITY, INC.  
8880 ESTERS BLVD.  
IRVING, TX 75063

**With the following insurers, individually and not jointly, providing insurance as listed:**

Protective Insurance Company Policies: X001573

**For the following coverages:**

Automobile Liability  
General Liability including Personal Injury and Property Damage

**For Limits of** \$2,000,000 CSL per occurrence/\$4,000,000 General Liability Aggregate

**Effective:** January 01 , 2007

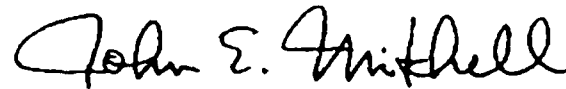
**Expiration:** January 01 , 2008

In the event of policy cancellation or material change, every reasonable effort will be made to advise the certificate holder named hereon, at the address indicated, of such cancellation or material change within 30 (Thirty) days thereof.

Signed at Indianapolis, Indiana this **6th** day of **December** , 2006

**THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER COVERAGE AFFORDED BY THE POLICY LISTED HEREIN.**

BY:

  
\_\_\_\_\_

AC# 2672665

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L06072101201

DATE	BATCH NUMBER	LICENSE NBR
07/21/2006	060058700	EF0000921

The ALARM SYSTEM CONTRACTOR I  
Named below IS CERTIFIED  
Under the provisions of Chapter 489, FS.  
Expiration date: AUG 31, 2008

BASSETT, DOUGLAS POPE  
BRINK'S HOME SECURITY, INC. DBA;  
BRINK'S HOME TECHNOLOGIES  
478 S.W. 12TH AVENUE  
DEERFIELD BEACH, FL 33442

JEB BUSH  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

DISPLAY AS REQUIRED BY LAW

2003-03895

STATE OF FLORIDA  
PALM BEACH COUNTY

CW-008  
CLASSIFICATION

OCCUPATIONAL LICENSE

EXPIRES: SEPTEMBER - 30 - 2007

BRINK'S HOME TECHNOLOGIES  
BASSETT DOUGLAS - QUALIFIER  
BRINKS HOME SECURITY INC

\*\* LOCATED AT  
9000 BURMA ROAD #109  
PALM BEACH GARDENS FL 33403

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:

ALARM CONTRACTOR I

EF 0000921

PETER H. CARNEY  
TAX COLLECTOR, PALM BEACH COUNTY

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR  
\$185.85 OCC 049 043933 09-13-2006

THIS LICENSE VALID ONLY WHEN RECEIPTED BY  
TAX COLLECTOR

2003-03900

STATE OF FLORIDA  
PALM BEACH COUNTY  
OCCUPATIONAL LICENSE

OC-032  
CLASSIFICATION

EXPIRES: SEPTEMBER - 30 - 2007

BRINK'S HOME TECHNOLOGIES  
BASSETT DOUGLAS - QUALIFIER  
BRINKS HOME SECURITY INC

\*\* LOCATED AT  
9000 BURMA ROAD #109  
PALM BEACH GARDENS FL 33403

CNTY \$27.50

TOTAL \$27.50

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:

ALARM CONTRACTOR I

EF0000921

PETER H. CARNEY  
TAX COLLECTOR, PALM BEACH COUNTY

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR  
\$27.50 OCC 049 043932 09-13-2006

THIS LICENSE VALID ONLY WHEN RECEIPTED BY  
TAX COLLECTOR

2003-03891

STATE OF FLORIDA  
PALM BEACH COUNTY  
OCCUPATIONAL LICENSE

OR-014  
CLASSIFICATION

EXPIRES: SEPTEMBER - 30 - 2007

BRINKS HOME SECURITY  
BASSETT DOUGLAS P-QUALIFIER  
BRINKS HOME SECURITY INC

\*\* LOCATED AT  
9000 BURMA ROAD #109  
PALM BEACH GARDENS FL 33403

CNTY \$33.00

TOTAL \$33.00

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:

ALARM SYSTEM STORE

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR  
\$33.00 OCC 049 043934 09-13-2006

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6-16, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8145	Geisinger 8 Custer Hill OB	Meter final	FAIL	INSPECTOR: <i>AM</i>
3972	Bear	insulation	PASS	
2	1125 Sewalls WB	Plb. DOUBT etc. "	PASS PASSES	INSPECTOR: <i>AM</i>
<del>851</del>	<del>Valko</del>	<del>Final</del>	<del>PASS</del>	<del>CLOSE</del>
3	107 Hillcrest Ct Bunks			INSPECTOR: <i>AM</i>
8901	Richardson 15 Ridgeland Everglades	plumbing electrical framing	FAIL FAIL FAIL	INSPECTOR: <i>AM</i>
8903	Alexander 86 S Sewalls Pt Nisler 10B (Mno 72-708-4838 any?)	Reinspect for final elec Code Violation	FAIL	INSPECTOR: <i>AM</i>
Tree	Quick 9 Island Rd	Tree	FAIL	INSPECTOR:
8482	Gensheimer 63 N River Rd Masterpiece	Final	PASS	CLOSE INSPECTOR: <i>AM</i>
OTHER: 8911	Wells 3 WORTHY CT ERIC JOHNSON	STRAPPING	PASS	<i>AM</i>

**10442**

**Remodel Bathroom & Exit**  
**Door**



<u>10442</u>	<u>REMODEL: BATHROOM &amp; EXIT DOOR</u>
<b>PERMIT #</b>	<b>DESCRIPTION</b>

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



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

## BUILDING PERMIT CARD

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

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

PERMIT NUMBER:	10442	DATE ISSUED:	MAY 6, 2013
SCOPE OF WORK:	BATHROOM REMODEL & EXIT DOOR		
CONTRACTOR:	GROUP ONE CONSTRUCTION		
PARCEL CONTROL NUMBER:	013841014-000-000603	SUBDIVISION	HILLCREST - LOT 6
CONSTRUCTION ADDRESS:	107 HILLCREST CT		
OWNER NAME:	BETHELL		
QUALIFIER:	MICHAEL MIRANDA	CONTACT PHONE NUMBER:	370-3074

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

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

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

### INSPECTIONS

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

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



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

### BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10442
ADDRESS	107 HILLCREST CT - BETHELL
DATE 5/6/13	SCOPE OF WORK BATHROOM REMODEL & EXIT DOOR

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)		s.f.	
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)		s.f.	
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.		\$	
Total Construction Value:		\$	7000.00
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$100 per insp.)			70.00
Total number of inspections (Value < \$200K)@\$100ea	5	\$	500.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	8.55
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	8.55
Road impact assessment: (.04% of construction value - \$5.00 min.)			5.00
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	592.10

*pd*  
*CK# 1060*

ACCESS	Declared Value:	\$	
--------	-----------------	----	--

Total num	<b>GROUP ONE CONSTRUCTION DEVELOPMENT, INC. OPERATING ACCOUNT</b> PO BOX 347 (772) 334-0803 JENSEN BEACH, FL 34958	1060 63-4/630 FL 24479
Dept. of C		
DBPR Lic		
Road imp		
<b>TOTAL</b>	<i>5/6/13</i> Town of Sewall's Point \$ 592.10 Five Hundred Ninety Two Dollars & 10/100	Security Features Details on Back

Bank of America  
 ACH R/T 063100277

INSTR # 2389042  
OR BK 2644 FG 79  
(1 Pgs)  
RECORDED 04/16/2013 01:56:18 PM  
CAROLYN TIMMANN  
MARTIN COUNTY CLERK

**NOTICE OF COMMENCEMENT**  
To be completed when construction value exceeds \$2,500.00

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

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS, IF AVAILABLE):  
Lot 6 of Hillcrest, Plat Book 10, Page 39, Public Records of Martin County, FL. 107 Hillcrest Court

GENERAL DESCRIPTION OF IMPROVEMENT: Master Bathroom remodel Sewall's Pt., FL 34996

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:  
Name: Robert C. Bethell  
Address: 4613 E. Cherry Hills Dr. Chandler AZ 85249  
Interest in property: Owner  
Name and address of fee simple title holder (If different from Owner listed above): \_\_\_\_\_

CONTRACTOR'S NAME: Group One Constr STATE OF FLORIDA MARTIN COUNTY Phone No.: (772) 70-3074  
Address: P.O. Box 347 Seaman Beach FL 34916

SURETY COMPANY (If applicable, a copy of the payment bond must be submitted with this document):  
Name and address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
BOND AMOUNT: \_\_\_\_\_

LENDER'S NAME: \_\_\_\_\_ BY: [Signature] Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ DATE: 4-16-13

Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7, Florida Statutes:

Name: Morgan E. Wehner Phone No.: 772-210-2253  
Address: 107 Hillcrest Court, Sewall's Point, FL 34996

In addition to himself or herself, owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.  
Phone number of person or entity designated by Owner: \_\_\_\_\_

Expiration date of Notice of Commencement:  
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): \_\_\_\_\_

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

Under penalty of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief.

Robert C. Bethell  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

Signatory's Title/Office

The foregoing instrument was acknowledged before me this 12th day of April, 2013  
By: Robert Bethell as owner for SELF  
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

[Signature]  
Notary Signature

(Print, Type, or Stamp Commissioned Name of Notary)

Personally known  or produced identification   
Type of identification produced AZ DL 527947188 / 8/2017

**STEFANIE CALLISON**  
Notary Public - Arizona  
Maricopa County  
My Comm. Expires May 5, 2013

Date: 4/12/13 Robert Beecher **Town of Sewall's Point** BUILDING PERMIT APPLICATION Permit Number: 10442

OWNER/LESSEE NAME: Morgan Webner Phone: 02-330-3918 (Fax)

Job Site Address: 107 Hillcrest St City: Stuart State: FL Zip: 34996

Legal Description \_\_\_\_\_ Parcel Control Number: 01-38-41-014 000-0006-3

Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

\*SCOPE OF WORK (PLEASE BE SPECIFIC): Bath Room Remodle + Exit Door

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

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

COST AND VALUES: (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 7000  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10 AE9 AE8 X  
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Group One Constr. Phone: (772) 370 3074 Fax: (772) 334-0804

Qualifiers name: Mike Miranda Street: PO Box 347 City: Sebastian State: FL Zip: 34950

State License Number: CBC 1250688 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: Mike Miranda Phone Number: (772) 370 3074

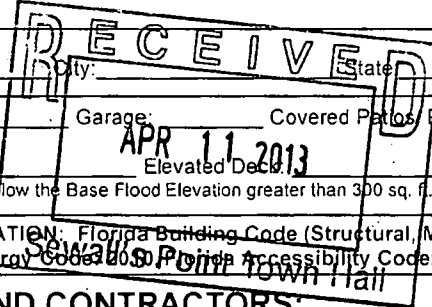
DESIGN PROFESSIONAL: \_\_\_\_\_ Fla. License# \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

AREAS SQUARE FOOTAGE: Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_

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

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



**WARNINGS TO OWNERS AND CONTRACTORS:**

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

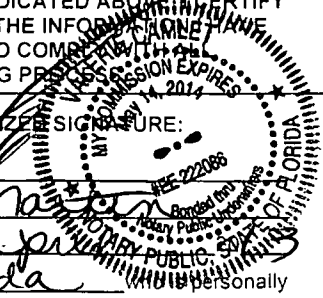
\*\*\*\*\* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS \*\*\*\*\*

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

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

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:  
X \_\_\_\_\_  
State of Florida, County of: \_\_\_\_\_  
On This the 12 day of April, 2013  
by Michael Miranda  
known to me or produced FLDL# M653-550-SS-416-U  
As identification \_\_\_\_\_  
Notary Public

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



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

generated on 4/12/2013 1:55:32 PM EDT

**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-014-000-00060-3	17853	107 HILLCREST CT, SEWALL'S POINT	\$474,260	4/6/2013

---

**Owner Information**

<b>Owner(Current)</b>	BETHELL ROBERT
<b>Owner/Mail Address</b>	107 HILLCREST CT STUART FL 34996
<b>Sale Date</b>	11/14/2012
<b>Document Book/Page</b>	2624 0092
<b>Document No.</b>	2371405
<b>Sale Price</b>	500000

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**Location/Description**

<b>Account #</b>	17853	<b>Map Page No.</b>	SP-03
<b>Tax District</b>	2200	<b>Legal Description</b>	HILLCREST, LOT 6
<b>Parcel Address</b>	107 HILLCREST CT, SEWALL'S POINT		
<b>Acres</b>	.5070		

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**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120100 Hillcrest, Noni Est, West End

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**Assessment Information**

<b>Market Land Value</b>	\$180,000
<b>Market Improvement Value</b>	\$294,260
<b>Market Total Value</b>	\$474,260



# Group One Construction & Development

(772) 370-3074

PO Box 347  
Jensen Beach, FL 34958  
FL CBC#1250688

BUYER/ OWNER	NAME Morgan / <i>Robert Bethell</i>			
	PROJECT ADDRESS Hillcrest	CITY Stuart	STATE/ZIP FL	PHONE
	ALTERNATE ADDRESS	CITY	STATE/ZIP	PHONE

SCOPE OF WORK: Remodel Bathroom	
1. Permit	\$800.00
2. Remove spa tube, Frame knee wall, Move plumbing install outside shower, Tile Tube deck, Tile for mirror, Remove Bath vanities and install Dark color 2 sink bases, 1 lower level, install granite, and new facets on vanity and tube.	\$4,400.00
3. Cut Out window install ousting 1 light French Impact door. In bathroom	1,300.00
4. Engineer Fee Plans	\$500.00
<b>Total</b>	<b>\$7,000.00</b>

Work performed at \_\_\_\_\_  
(Street Address and Legal Description If Known)

**TIME FOR COMPLETION:** The work to be performed by Contractor pursuant to this Agreement shall be commenced within thirty (30) days from this date or approximately on (\_\_\_\_): signing of contract and shall be substantially completed within \_\_\_\_ days or approximately on (\_\_\_\_) Commencement of work shall be defined as (Briefly describe type of work representing commencement)

**INTEREST:** Overdue payments will bear interest at the rate of 1.5% per month.

**PAYMENT: Owner agrees to pay Contractor a total cash price of \$1,500.00.**

Payment schedule follows:

Due At Completion

Upon satisfactory payment being made for any portion of the work performed, the Contractor shall, prior to any further payment being made furnish to the person contracting for this improvement, a full and unconditional release from any claim or Mechanic's Lien, for that portion of the work for which payment has been made.

CONTRACTOR SIGNATURE

*Robert C. Bethell*  
OWNER/BUYER SIGNATURE DATE 03/26/2013

---

OWNER/BUYER SIGNATURE DATE 03/26/2013



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

**SUBCONTRACTORS LIST**  
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME Robert Bethell BLDG. PERMIT # 10442  
 MAILING ADDRESS 107 Hillcrest Court Sewell's Pt, FL. 34996

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

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMNS & BEAMS		
CA	CARPENTRY ROUGH	Group one Constr.	
GD	GARAGE DOOR		
DH	DRYWALL - HANG		
DF	- FINISH		
IN	INSULATION		
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING	Group One Constr	
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS	Group One Constr	
PLU	* PLUMBING	Coastal Plumbing Services	CFC 1428462
AC	* HARV		
EL	* ELECTRICAL	East Oca Electric of FL Inc	EC 000187

OK

OK-OK  
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

AL	* LOW VOLTAGE BURGLAR ALARM		
VS	VACUUM SOUND		
IR	* IRRIGATION		
SH	SHUTTERS		

\* REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

MICHAEL J. MIRANDA  
 SIGNATURE OF CONTRACTOR  
 (OR OWNER BUILDER IF APPLICABLE)

STATE OF Florida  
 COUNTY OF Manatee



SWORN TO AND SUBSCRIBED before me this 16 day  
 of April, 2013

Valerie Camlet  
 NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



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

DATE: April 22, 2013  
TO: GROUP ONE CONSTRUCTION  
FAX #: 334-0804  
RE: Contractor Licensing

*PN 10442*

---

For: BETHELL RESIDENCE - 107 Hillcrest Ct

Please provide the following:

*OK* COASTAL PLUMBING SERVICES - Business Tax Receipt & Gen'l Liability Insurance  
naming the Town of Sewall's Point as the Certificate Holder

*OK* EAST OCEAN ELECTRIC OF FLORIDA - Gen'l Liability Insurance naming the Town of  
Sewall's Point as the Certificate Holder

OK



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

VERIFICATION OF CONTRACTOR

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

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

OWNERS NAME: Robert Bethell

CONSTRUCTION ADDRESS: 167 Hillcrest Court

PERMIT TYPE:  RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- ELECTRIC
- \_\_\_\_\_ PLUMBING
- \_\_\_\_\_ HVAC
- \_\_\_\_\_ IRRIGATION
- \_\_\_\_\_ FUEL GAS

TYPE OF SERVICE: \_\_\_\_\_ NEW SERVICE \_\_\_\_\_ EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: Add outside Light and Tub motor + Ground

VALUE OF CONSTRUCTION \$ \$50.00

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

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

Robert Kocurek East Ocean Electric  
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR  
1531 bayridge pl Wellington Fl. 33414

COMPANY OR QUALIFIER'S NAME: Robert Kocurek

TELEPHONE NO: (561) 252-9650 FAX NO: (561) 229-9374

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC 0000187

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

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

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

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

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

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

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

AK



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

VERIFICATION OF CONTRACTOR

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

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

OWNERS NAME: Robert Bethell

CONSTRUCTION ADDRESS: 107 Hillcrest Court

PERMIT TYPE:  RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: \_\_\_\_\_ NEW SERVICE \_\_\_\_\_ EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: Install outside water and Replace spa + Vanity

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

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

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

Chris Rogers Coastal Plumbing Services  
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR  
433 SE Skipper Ln Port St Lucie 34983

COMPANY OR QUALIFIER'S NAME: Chris Rogers  
PLEASE PRINT

TELEPHONE NO: (772) 940-1144 FAX NO: \_\_\_\_\_

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFC1423462

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

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

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

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

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

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

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

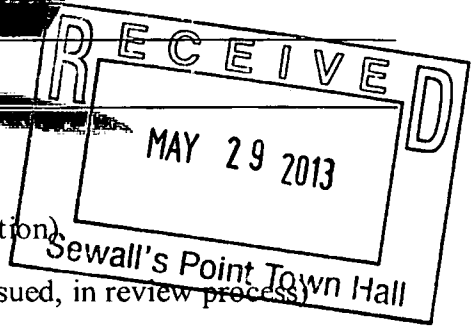


TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
 One S. Sewall's Point Road  
 Sewall's Point, Florida 34996  
 Tel 772-287-2455 Fax 772-2204765

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

DATE: 5/29/2013 PERMIT NUMBER: [REDACTED]

JOB ADDRESS: [REDACTED]



**PLEASE CHECK ONE OF THE FOLLOWING:**

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

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

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

DESCRIPTION OF REVISION(S): Required Access Light Tower Hook  
Clouded Areas - E-12

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

CONTACT NAME: Mike Muraud SIGNATURE: [Signature]

PHONE NUMBER: (772) 370-3074 FAX NUMBER: 772-334-0804

**FOR OFFICE USE ONLY:**

Reviewed by: [Signature] Date: 6-5-13 Approve  Deny

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

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

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

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

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

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ N/C

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

# THERMA TRU®

THERMA TRU DOORS  
118 INDUSTRIAL DR., EDGERTON, OH 43517  
TEL. (419)298-1740

## "SMOOTH STAR", "FIBER CLASSIC", "CLASSIC CRAFT" & "CLASSIC CRAFT RUSTIC"

GLAZED FIBERGLASS DOOR  
INSWING / OUTSWING  
"IMPACT"

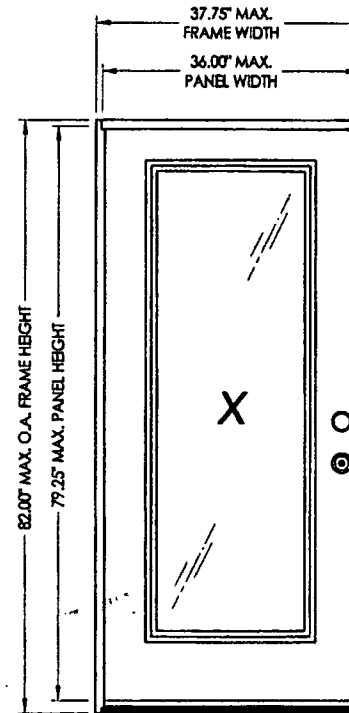
### GENERAL NOTES

1. This product has been evaluated and is in compliance with the 2010 Florida Building Code (FBC) structural requirements excluding the "High Velocity Hurricane Zone" (HVHZ).
2. Product anchors shall be as listed and spaced as shown on details. Anchor embedment to base material shall be beyond wall dressing or stucco.
3. When used in areas requiring wind borne debris protection this product complies with Section 1609.1.2 of the FBC and does not require an impact resistant covering. This product meets missile level "D" and includes Wind Zone 4 as defined in ASTM E 1996 and Section 1609.1.2.4 of the FBC.
4. For 2x stud framing construction, anchoring of these units shall be the same as that shown for 2x buck masonry construction.
5. Site conditions that deviate from the details of this drawing require further engineering analysis by a licensed engineer or registered architect.

TABLE OF CONTENTS

SHEET #	DESCRIPTION
1	Typical elevations, design pressures & general notes
2	Smooth Star door panel & glazing details
3	Fiber Classic door panel & glazing details
4	Classic Craft/Classic Craft Rustic door panel & glazing details
5	Horizontal cross sections
6	Vertical cross sections
7	Buck and frame anchoring - 2X buck masonry construction
8	Frame anchoring - 1X buck masonry construction
9	Bill of Materials & Components

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY



"SMOOTH STAR", "FIBER CLASSIC"  
"CLASSIC CRAFT" & "CLASSIC CRAFT RUSTIC"

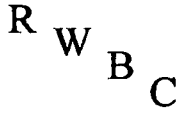
SWING	OVERALL FRAME DIMENSION	OVERALL D.I.O. DIMENSION	DESIGN PRESSURE (PSF)	
			POSITIVE	NEGATIVE
INSWING	37.75" x 82.00"	21.00" x 63.25"	+47.0	-53.0
OUTSWING	37.75" x 80.62"	21.00" x 63.25"	+50.0	-50.0

Documents Prepared By:  
**RW** BUILDING CONSULTANTS, INC.  
P.O. Box 230 Veruca FL 33585  
Phone No.: 813.689.9187  
Florida Board of Professional Engineers  
Certificate of Authorization No. 9813  
*RW* 6.13.12  
Lynson F. Schmidt, P.E. No. 42409

PRODUCT: THERMA-TRU  
GLAZED FIBERGLASS DOOR  
PART OR ASSEMBLY:  
TYPICAL ELEVATION, DESIGN PRESSURES & GENERAL NOTES

NO.	DATE	BY	REVISIONS
1	8/11/12	JK	UPDATE TO 2010 FBC

DATE: 4/21/08  
SCALE: N.T.S.  
DWG. BY: AL  
CHK. BY: LFS  
DRAWING NO.: FL-7640.1  
SHEET 1 of 9



# R W Building Consultants, Inc.

Consulting and Engineering Services for the Building Industry

P.O. Box 230 Valrico, FL 33595 Phone 813.659.9197

Florida Board of Professional Engineers Certificate of Authorization No. 9813

## Product Evaluation Report

Report No.: FL-7640.1

Date: June 13, 2012

Product Category	Sub Category	Manufacturer	Product Name
Exterior Doors	Swinging Exterior Door Assemblies	Therma Tru Corporation 118 Industrial Drive Edgerton, OH 43517 Phone 419.298.1740	"Smooth Star", "Fiber Classic" "Classic Craft" & "Classic Craft Rustic" Glazed Fiberglass Door Inswing / Outswing "Impact"

**Scope:** This is a Product Evaluation report issued by R W Building Consultants, Inc. and Lyndon F. Schmidt, P.E. for Therma Tru Corporation based on Rule Chapter No. 9N-3, Method 1D of the State of Florida Product Approval, Department of Business & Professional Regulation.

RW Building Consultants and Lyndon F. Schmidt, P.E. do not have nor will acquire financial interest in the company manufacturing or distributing the product or in any other entity involved in the approval process of the product named herein.

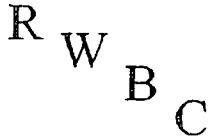
### Limitations:

1. This product has been evaluated and is in compliance with the 2010 Florida Building Code (FBC) structural requirements excluding the "High Velocity Hurricane Zone" (HVHZ).
2. Product anchors shall be as listed and spaced as shown on details. Anchor embedment to base material shall be beyond wall dressing or stucco.
3. When used in areas requiring wind borne debris protection this product complies with Section 1609.1.2 of the FBC and does not require an impact resistant covering. This product meets missile level "D" and includes Wind Zone 4 as defined in ASTM E1996 and Section 1609.1.2.4 of the FBC.
4. For 2x stud framing construction, anchoring of these units shall be the same as that shown for 2x buck masonry construction.
5. Site conditions that deviate from the details of drawing FL-7640.1 require further engineering analysis by a licensed engineer or registered architect.
6. See drawing FL-7640.1 for size and design pressure limitations.

### Supporting Documents:

- |   |  |  |  |
|---|--|--|--|
| 1. <u>Test Report No.</u><br>TEL 06-0718-1  | <u>Test Standard</u><br>ANSI/AAMA/NWDA 101/I.S.2/A440-05<br>ASTM E1996/1888-02 | <u>Testing Laboratory</u><br>Testing Evaluation Lab., Inc. | <u>Signed by</u><br>Wendell W. Haney, P.E.               |
| 2. <u>Miami Dade NOA</u><br>08-0206.01  | <u>Materials Testing</u><br>Saflex HP Glass Interlayer                         |  |  |
| 3. <u>Drawing No.</u><br>No. FL-7640.1  | <u>Prepared by</u><br>RW Building Consultants, Inc. (CA #9813)                 |  | <u>Signed &amp; Sealed by</u><br>Lyndon F. Schmidt, P.E. |
| 4. <u>Calculations</u><br>Anchoring   | <u>Prepared by</u><br>RW Building Consultants, Inc. (CA #9813)                 |  | <u>Signed &amp; Sealed by</u><br>Lyndon F. Schmidt, P.E. |
| 5. <u>Quality Assurance</u><br>Certificate of Participation issued by National Accreditation and Management Institute, certifying that Therma Tru Corporation is manufacturing products within a quality assurance program that complies with ISO/IEC 17020 and Guide 53. |  |  |  |

Lyndon F. Schmidt, P.E.  
FL PE No. 43409  
6/21/2012



# R W Building Consultants, Inc.

Consulting and Engineering Services for the Building Industry

P.O. Box 230 Valrico, FL 33595 Phone 813.659.9197

Florida Board of Professional Engineers Certificate of Authorization No. 9813

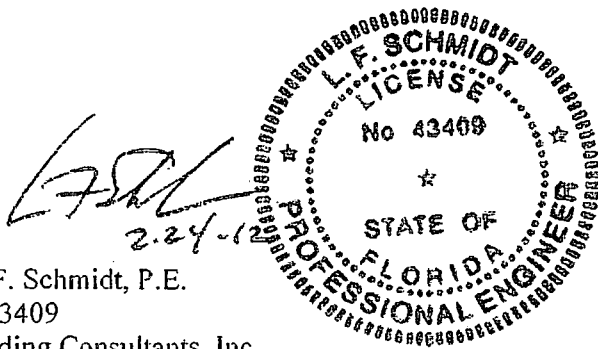
February 24, 2012

RE: Florida Product Approval FL-7640 R2  
Product Evaluation Reports and Drawings (FL-7640.1 –7640.10)  
Swinging Exterior Door Assemblies for Therma-Tru Corporation

To Whom It May Concern:

## Affirmation of Conformance to the 2010 Florida Building Code

The products referenced above in this Product Approval were previously approved and found in conformance to the 2007 Florida Building Code (FBC). In addition, R W Building Consultants and Lyndon F. Schmidt, P.E. have determined that these products are also found to be in conformance to the 2010 FBC. The Product Evaluation Report(s) and Installation Drawing(s) remain unchanged.

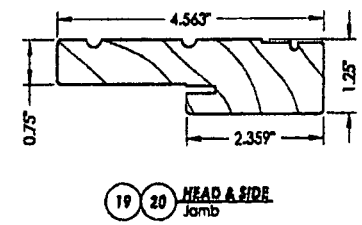
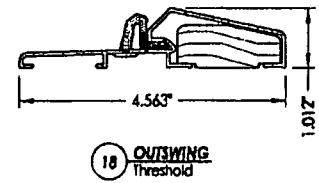
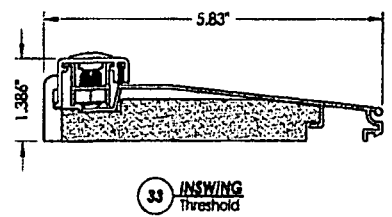
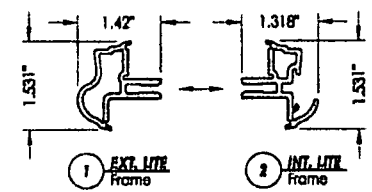
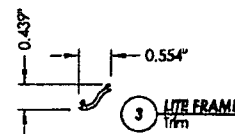


Lyndon F. Schmidt, P.E.  
FL No. 43409  
RW Building Consultants, Inc.  
CA No. 9813



02.1A - Projects/Project Folders/Proj. 1001-1.1000/107612010 FBC/FL-7640.1-5.dwg, 9.1

BILL OF MATERIALS					
ITEM	DESCRIPTION	MATERIAL	ITEM	DESCRIPTION	MATERIAL
A	1X BUCK SG >= 0.55	WOOD	40	FIBERGLASS DOOR PANEL - SMOOTH STAR	-
B	2X BUCK SG >= 0.55	WOOD	41	FIBERGLASS SMC SKIN MIN 0.065" THICKNESS	SMC
C	MAX. 1/4" SHIM SPACE	WOOD	42	TOP RAIL	COMPOSITE
D	1/4" X 2-3/4" PFH ELCO OR ITW CONCRETE SCREW	STEEL	43	LATCH STILE	WOOD
E	MASONRY - 3,192 PSI MIN. CONCRETE CONFORMING TO ACI 301 OR HOLLOW BLOCK CONFORMING TO ASTM C90	CONCRETE	44	HINGE STILE	WOOD
F	1/4" X 1-3/4" PFH ITW CONCRETE SCREW	STEEL	45	BOTTOM RAIL	WOOD
G	3/16" X 3-1/4" PFH ITW CONCRETE SCREW	STEEL	46	POLYURETHANE FOAM CORE - BASF 1.9 LBS. DENSITY	FOAM
H	1/4" X 3-1/4" PFH ITW CONCRETE SCREW	STEEL	47	LOCK BLOCK REINFORCEMENT	WOOD
I	1/4" X 2-1/4" PFH ITW CONCRETE SCREW	STEEL	50	FIBERGLASS DOOR PANEL - FIBER CLASSIC	-
J	1/4" X 3-3/4" PFH ITW CONCRETE SCREW	STEEL	51	FIBERGLASS SMC SKIN MIN 0.065" THICKNESS	SMC
K	#8 X 2-1/2" PFH WOOD SCREW	STEEL	52	TOP RAIL	COMPOSITE
L	#10 X 2-1/2" PFH WOOD SCREW	STEEL	53	LATCH STILE	WOOD
1	EXTERIOR LITE FRAME	ALUMINUM	54	HINGE STILE	WOOD
2	INTERIOR LITE FRAME	ALUMINUM	55	BOTTOM RAIL	COMPOSITE
3	LITE FRAME TRIM	PVC	56	POLYURETHANE FOAM CORE - BASF 1.9 LBS. DENSITY	FOAM
4	#10 X 1-1/2" PFH SCREW	STEEL	57	LOCK BLOCK REINFORCEMENT	WOOD
7	MEDIUM REACH COMPRESSION WEATHER-STRIP (THERMA-TRU)	FOAM	60	FIBERGLASS DOOR PANEL - CLASSIC CRAFT & CLASSIC CRAFT RUSTIC	-
8	LONG REACH COMPRESSION WEATHER-STRIP (THERMA-TRU)	FOAM	61	FIBERGLASS SMC SKIN MIN 0.090" THICKNESS	SMC
9	4" X 4" HINGE .097" THK. (THERMA-TRU)	STEEL	62	TOP RAIL	COMPOSITE
10	#10 X 3/4" PFH WOOD SCREW (HINGE TO FRAME)	STEEL	63	LATCH STILE	WOOD
17	PASSAGE LOCK - KWIKSET SIGNATURE SERIES	STEEL	64	HINGE STILE	WOOD
18	THRESHOLD OUTSWING (THERMA-TRU)	ALUM./WOOD	65	BOTTOM RAIL	COMPOSITE
19	HEADER JAMB (4.656" X 1.25" THERMA-TRU, PINE) SG >= 0.42	WOOD	66	POLYURETHANE FOAM CORE - BASF 1.9 LBS. DENSITY	FOAM
20	SIDE JAMB (4.656" X 1.25" THERMA-TRU) SG >= 0.42	WOOD			
21	DEADBOLT - KWIKSET SIGNATURE SERIES (780)	STEEL			
27	LATCH STRIKE PLATE	STEEL			
28	DEADBOLT PLATE	STEEL			
32	DOOR BOTTOM SWEEP	PVC			
33	INSWING THRESHOLD	ALUM.COMP.			



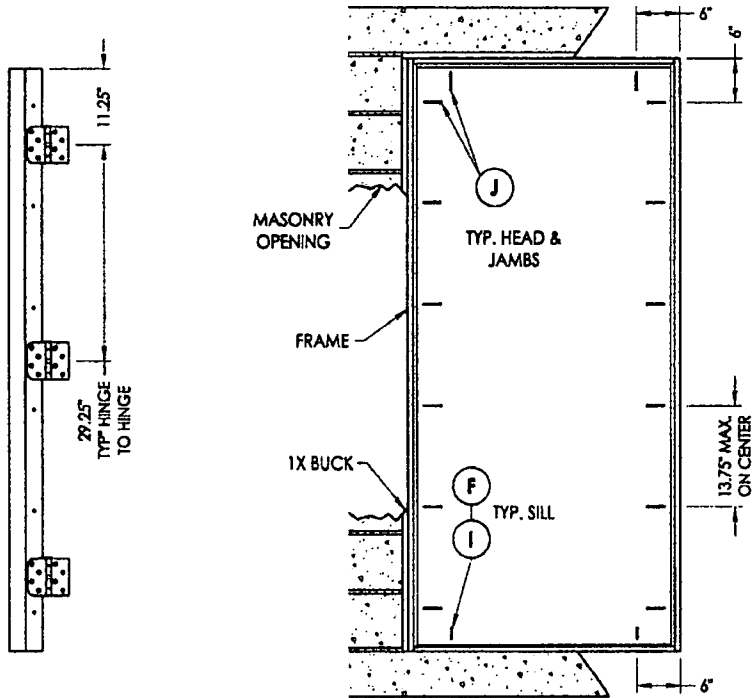
Documents Prepared By: BUILDING CONSULTANTS, INC.  
 P.O. Box 230 Venice FL 33595  
 Phone No.: 813.689.8187  
 Florida Board of Professional Engineers  
 Certificate of Authorization No. 9813  
 Lyndon F. Schmitt, P.E. No. 43400

PRODUCT: THERMA-TRU GLAZED FIBERGLASS DOOR  
 PART OR ASSEMBLY: BILL OF MATERIAL & COMPONENTS

NO.	DATE	REVISIONS
1	8/11/12	UPDATE TO 2010 FBC

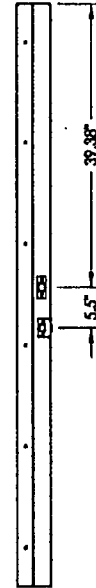
DATE: 4/21/08  
 SCALE: N.T.S.  
 DRG. BY: AL  
 CHK. BY: LFS  
 DRAWING NO.: FL-7640.1  
 SHEET 9 of 9

© 2009 R.W. BUILDING CONSULTANTS INC.

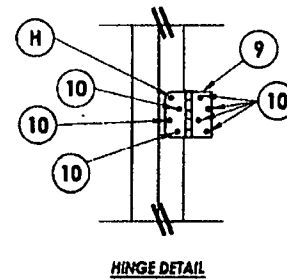
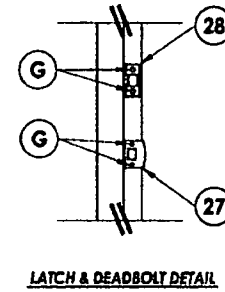


**HINGE JAMB**

**FRAME ANCHORING**  
Masonry 1X buck construction



**STRIKE JAMB**



**CONCRETE ANCHOR NOTES:**

1. Substitution of equal concrete anchors from a different supplier may have different edge distance and center distance requirements.
2. Concrete anchor locations at the corners may be adjusted to maintain the min. edge distance to mortar joints. If concrete anchor locations noted as "MAX. ON CENTER" must be adjusted to maintain the min. edge distance to mortar joints, additional concrete anchors may be required to ensure the "MAX. ON CENTER" dimensions are not exceeded.
3. Concrete anchor table:

ANCHOR TYPE	ANCHOR SIZE	MIN. EMBEDMENT	MIN. CLEARANCE TO MASONRY EDGE	MIN. CLEARANCE TO ADJACENT ANCHOR
ITW	1/4"	1-1/4"	2-1/2"	3"
ITW	3/16"	1-1/4"	2-5/8"	1-1/4"

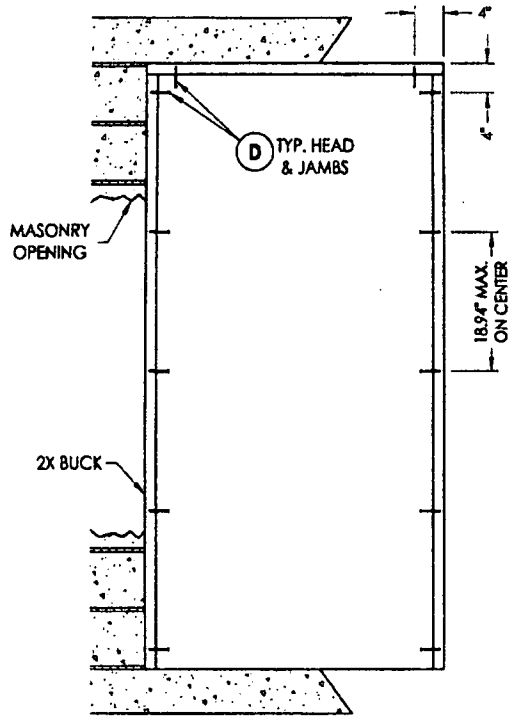
Documents Prepared By:  
**RW** BUILDING CONSULTANTS, INC.  
 P.O. Box 230 Vero Beach, FL 33595  
 Phone No.: 813.630.8187  
 Florida Board of Professional Engineers  
 Certificate Of Authorization No. 9813  
 6.23.12  
 Lyndon F. Schmidt, P.E. No. 43409

PRODUCT: THERMA-TRU GLAZED FIBERGLASS DOOR  
 PART OR ASSEMBLY: FRAME ANCHORING 1X BRICK MASONRY CONSTRUCTION

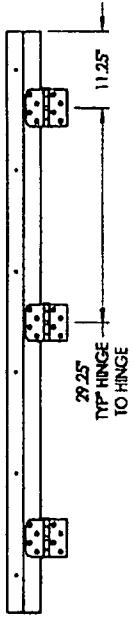
NO.	DATE	REVISIONS
1	6/11/12	UPDATE TO 2010 FBC
		JK
		BT

DATE: 4/21/08  
 SCALE: N.T.S.  
 DWG. BY: AL  
 CHK. BY: LFS  
 DRAWING NO.: FL-7640.1  
 SHEET 8 of 9

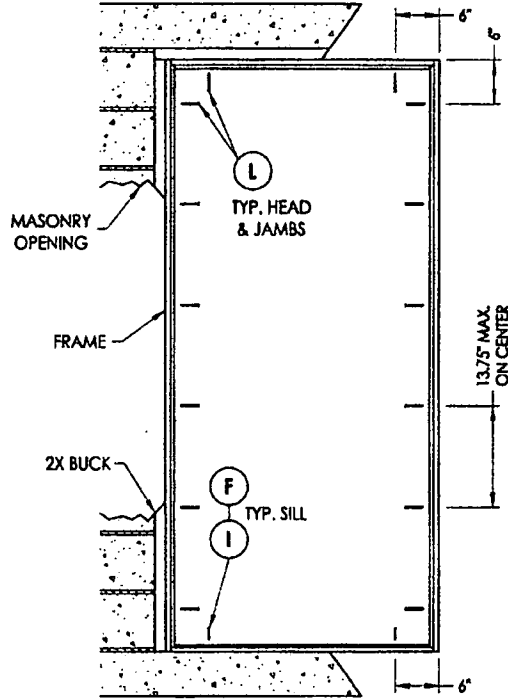
© 2008 G. W. BUILDING CONSULTANTS INC.



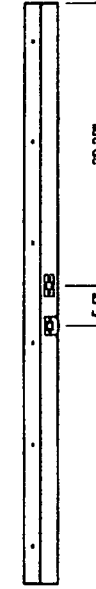
**BUCK ANCHORING**



**HINGE JAMB**



**FRAME ANCHORING**  
Masonry 2x buck construction

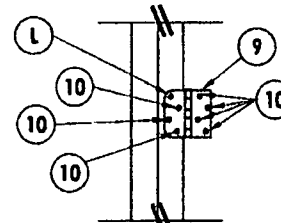


**STRIKE JAMB**

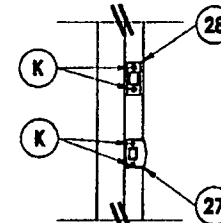
**CONCRETE ANCHOR NOTES:**

1. Substitution of equal concrete anchors from a different supplier may have different edge distance and center distance requirements.
2. Concrete anchor locations at the corners may be adjusted to maintain the min. edge distance to mortar joints. If concrete anchor locations noted as "MAX. ON CENTER" must be adjusted to maintain the min. edge distance to mortar joints, additional concrete anchors may be required to ensure the "MAX. ON CENTER" dimensions are not exceeded.
3. Concrete anchor table:

ANCHOR TYPE	ANCHOR SIZE	MIN. EMBEDMENT	MIN. CLEARANCE TO MASONRY EDGE	MIN. CLEARANCE TO ADJACENT ANCHOR
ITW	1/4"	1-1/4"	2-1/2"	3"
ELCO	1/4"	1-1/4"	1"	4"



**HINGE DETAIL**



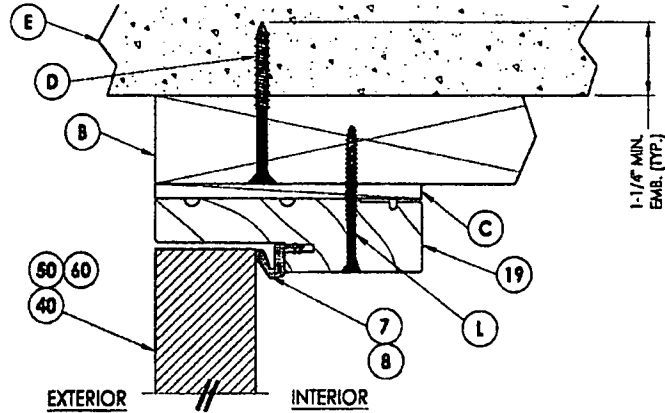
**LATCH & DEADBOLT DETAIL**

Documents Prepared By:  
**RW** BUILDING CONSULTANTS, INC.  
 P.O. Box 230 Vero Beach, FL 33593  
 Phone No.: 813.690.9187  
 Florida Board of Professional Engineers  
 Certificate of Authorization No. 9813  
 Lyndon F. Schwabe, P.E. No. 43469

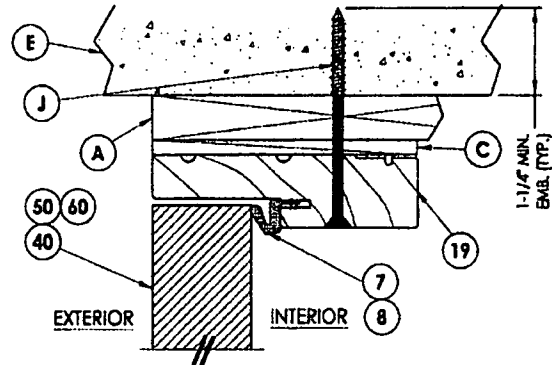
**PRODUCT:** THERMA-TRU GLAZED FIBERGLASS DOOR  
**PART OR ASSEMBLY:** BUCK & FRAME ANCHORING 2X BUCK MASONRY CONSTRUCTION

JK	BY
1	6/11/12
NO	DATE
REVISIONS	
DATE: 4/21/08	
SCALE: N.T.S.	
DWD. BY: AL	
CHK. BY: LFS	
DRAWING NO.: FL-7640.1	
SHEET 7 of 9	

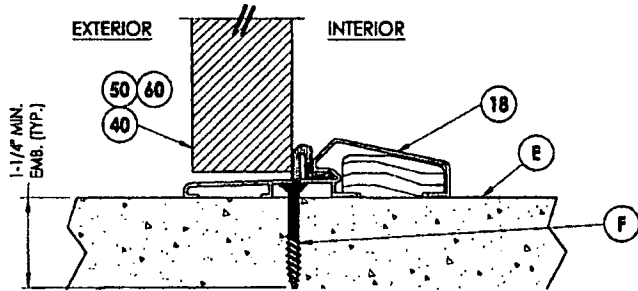
© 2009 R.W. BUILDING CONSULTANTS, INC.



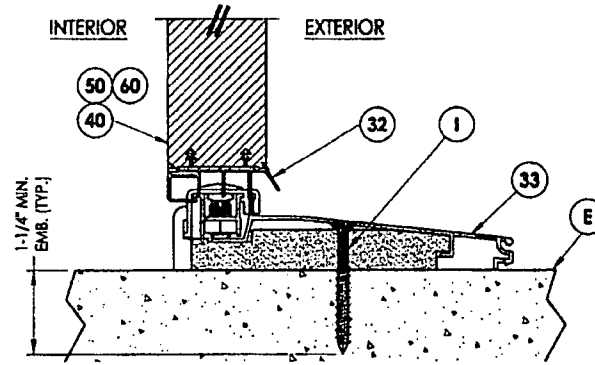
**1** VERTICAL CROSS SECTION  
6 Outswing configuration



**2** VERTICAL CROSS SECTION  
6 Shown w/1X sub-buck



**3** VERTICAL CROSS SECTION  
6 Outswing configuration



**4** VERTICAL CROSS SECTION  
6 Inswing configuration

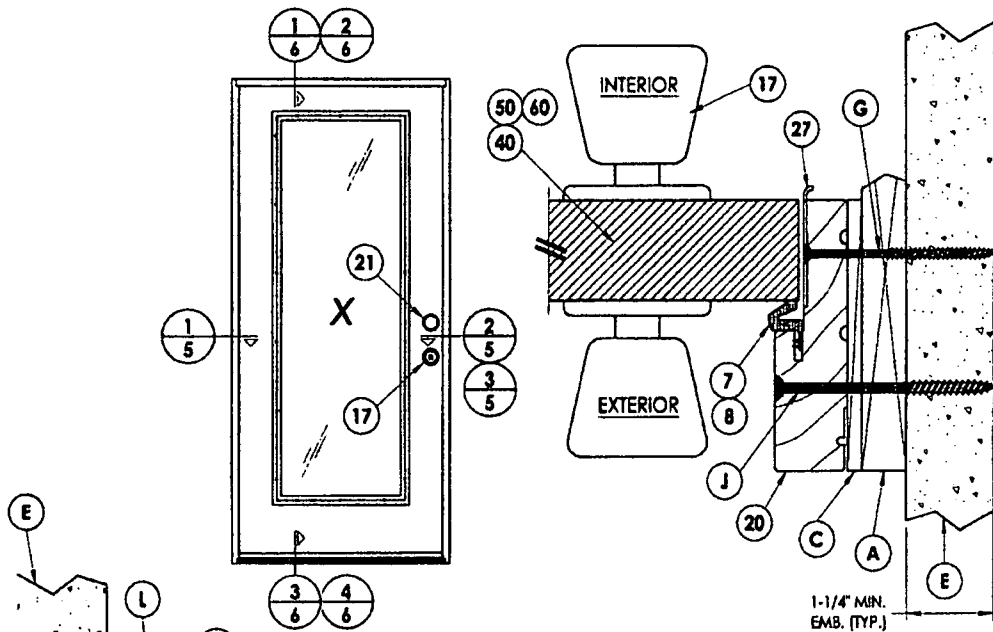
Documents Prepared By:  
**R.W.** BUILDING CONSULTANTS, INC.  
 P.O. Box 230 Vero Beach, FL 33595  
 Phone No.: 813.659.9197  
 Florida Board of Professional Engineers  
 Certificate of Authorization No. 8913  
 Lyndon T. Schmidt, P.E. No. 43409

PRODUCT: THERMA-TRU GLAZED FIBERGLASS DOOR  
 PART OR ASSEMBLY: VERTICAL CROSS SECTIONS

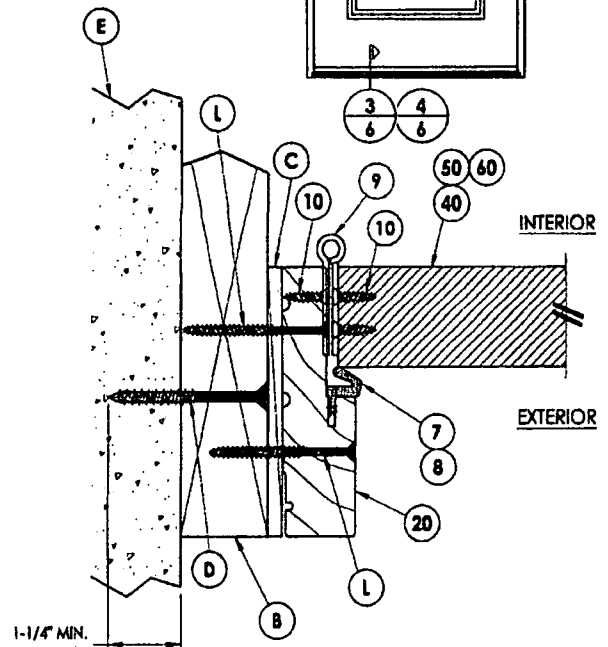
NO.	DATE	BY	REVISIONS
1	8/11/12	JK	UPDATE TO 2010 FBC
		BT	

DATE: 4/21/08  
 SCALE: N.T.S.  
 DWG. BY: AL  
 CHK. BY: LFS  
 DRAWING NO.: FL-7640.1  
 SHEET 6 OF 9

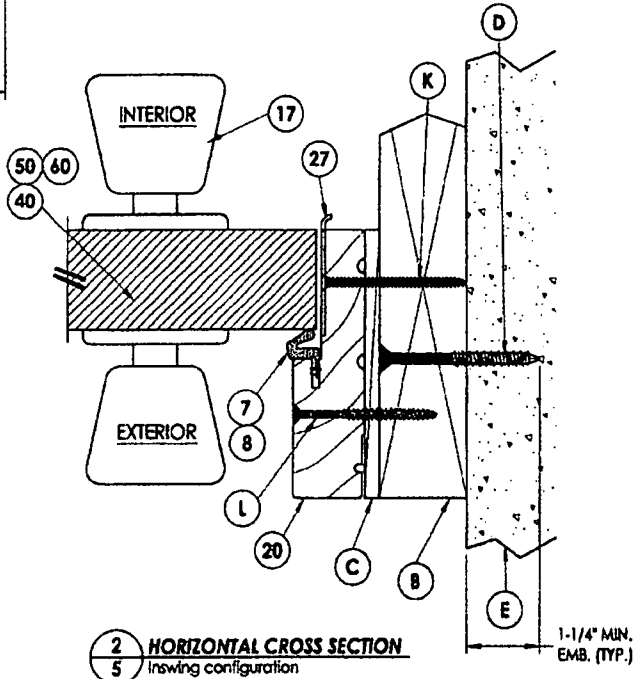
© 2009 R.W. BUILDING CONSULTANTS INC.



**3** HORIZONTAL CROSS SECTION  
**5** Shown w/1X sub-buck



**1** HORIZONTAL CROSS SECTION  
**5** Inswing configuration



**2** HORIZONTAL CROSS SECTION  
**5** Inswing configuration

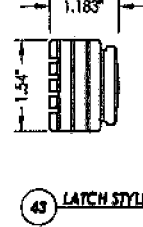
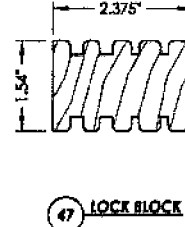
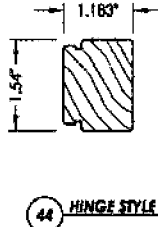
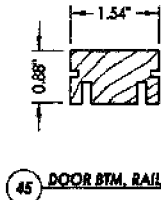
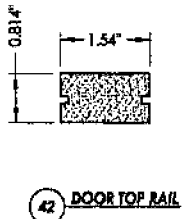
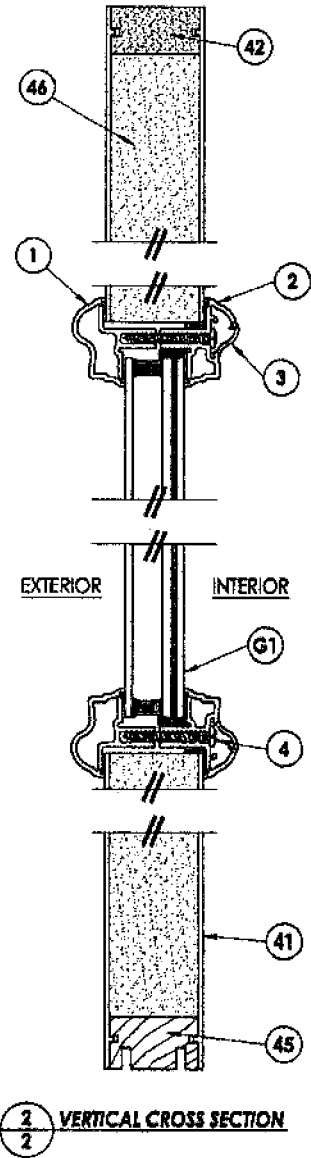
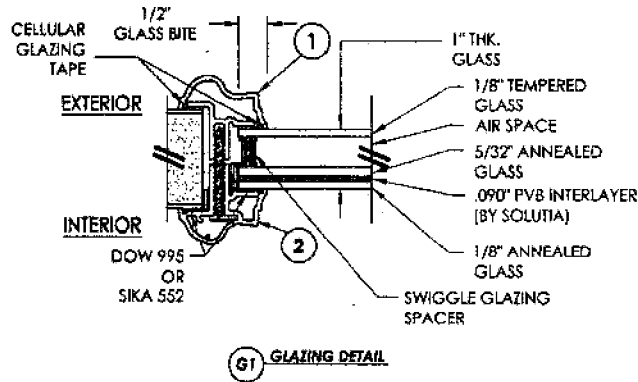
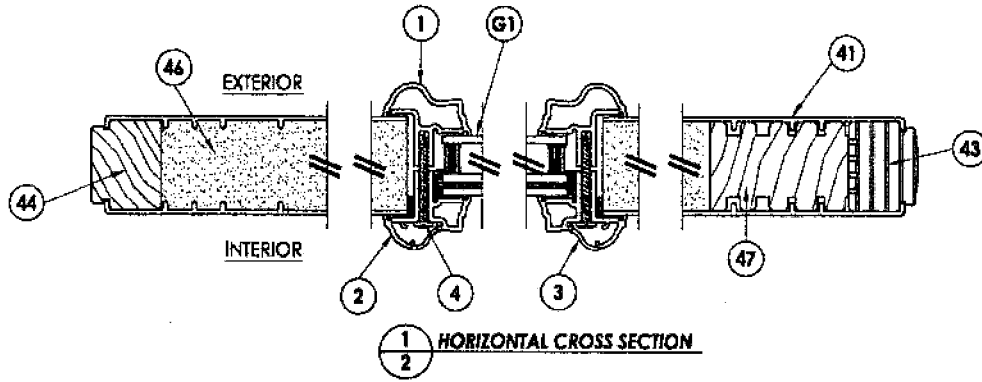
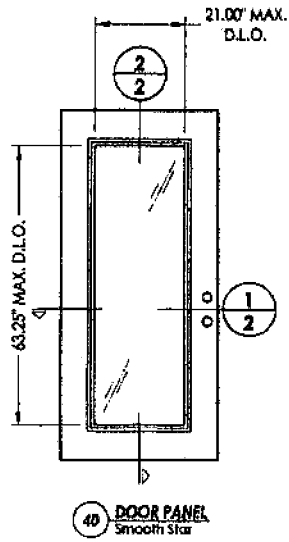
Documents Prepared By:  
**RW** BUILDING CONSULTANTS, INC.  
 P.O. Box 230 Venice FL 33595  
 Phone No.: 813.998.9197  
 Florida Board of Professional Engineers  
 Certificate Of Authorization No. 9813  
 Lynden F. Schmidt, P.E. No. 43408

PRODUCT: THERMA-TRU GLAZED FIBERGLASS DOOR  
 PART OR ASSEMBLY: HORIZONTAL CROSS SECTION

NO.	DATE	BY
1	6/11/12	LFS
REVISIONS		
UPDATE TO 2010 FBC		

DATE: 4/21/08  
 SCALE: N.T.S.  
 DWG. BY: AL  
 CHK. BY: LFS  
 DRAWING NO.: FL-7640.1  
 SHEET 5 OF 8

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Documents Prepared By:  
**R.W.**  
 BUILDING CONSULTANTS, INC.  
 P.O. Box 230 Vero Beach, FL 33595  
 Phone No.: 813.886.8187  
 Florida Board of Professional Engineers  
 Certificate of Authorization No. 9813  
 License No. 6-9-12  
 Lyndon F. Scornick, P.E. No. 43400

PRODUCT: THERMA-TRU GLAZED FIBERGLASS DOOR  
 PART OR ASSEMBLY: SMOOTH STAR DOOR PANEL & GLAZING DETAILS

NO.	DATE	BY	REVISIONS
1	5/11/12	JK	UPDATE TO 2010 FBC
2		BY	

DATE: 4/21/08  
 SCALE: N.T.S.  
 DWG. BY: AL  
 CHK. BY: LFS  
 DRAWING NO.: FL-7640.1  
 SHEET 2 of 9

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# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

5-23-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10430	Polsky	Final AC	PASS	CLOSE
1PM	110 Hillcrest Ter Ranger AC			INSPECTOR <i>[Signature]</i>
10437	Ngo	Final Fence	PASS	CLOSE
	146 N Sewalls Stuart Fence			INSPECTOR <i>[Signature]</i>
<del>10442</del>	<del>Bethel</del>	<del>Rough plumbing</del>	<del>PASS</del>	<del>NO PLAN</del>
	<del>110 Hillcrest Ct</del>			<del>CHANGED</del>
	Group One Const	(side door on left)		INSPECTOR <i>[Signature]</i>
10082	Goudis	EQUIPOTENTIAL		
	25 S. RIVER	BONDING GRID	PASS	
	OLYMPIC POOL			INSPECTOR <i>[Signature]</i>
10386	Fillet	pool piping		
PM	3 Turner St Flamingo Pool		PASS	INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
		INVESTIGATE		
	20 VIA LUCINDIA	REMODEL		
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **6-5-13** Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10442</del>	<del>Bettel</del>	<del>Final</del>	<del>Pass</del>	<del>Work Educational</del>
	<del>107 Hillcrest</del>	<del>Remodel</del>	<del>Pass</del>	<del>Work over top</del>
	Group One			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10354	Bettel/Wehner	Final	Pass	
	107 Hillcrest	AC	<del>Pass</del>	Close
	Hayden Air			INSPECTOR <i>off</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10404	Brekany	Final		
	6 Riverview	Bath	Pass	Close
	Freedom			INSPECTOR <i>off</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10461	Hogarth	Final		
<i>PM</i>	179 S River Rd	AC	RESET	
	Flynns Ac			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10459	Noble	in progress		Pictures on permit box
	60 S Sewalls	Final - roof	Pass	Close
	Stuart Roof Rep.	<del>in progress</del> repairs		INSPECTOR <i>off</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10448	Stern	slab		
<i>1-1:30</i>	9 Lantana Ln		Pass	
	Freedom Home			INSPECTOR <i>off</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10314	Fitch	landscape		
<i>11AM</i>	3 Timon	trees	OK	
	Seagate			INSPECTOR



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **6-6-13** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10192	Vasko	Final remodel	Pass	Close
AM	11 Emainita OB			INSPECTOR <i>[Signature]</i>
10468	Helso	Final AC	Pass	Close
9 AM TST	18 Rio Vista Classic Cooling			INSPECTOR <i>[Signature]</i>
10425	<del>Ernie</del>	roofing		
<del>AM</del>	<del>Palmetto</del>			INSPECTOR
10442	<del>Budin</del>	Final		
1 PM	<del>10740</del> Group One	<del>Remodel</del>	<del>Pass</del>	<del>Close</del> INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

**10729**

**A/C Change Out**

10729  
**PERMIT #**

AC CHANGEOUT  
**DESCRIPTION**

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



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

## BUILDING PERMIT CARD

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

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

PERMIT NUMBER:	10729	DATE ISSUED:	JANUARY 8, 2014
SCOPE OF WORK:	AC CHANGEOUT		
CONTRACTOR:	HONEST AIR		
PARCEL CONTROL NUMBER:	013841014-000-000603	SUBDIVISION	HILLCREST - L 6
CONSTRUCTION ADDRESS:	107 HILLCREST CT		
OWNER NAME:	BTHELL		
QUALIFIER:	MITCHELL MAZZILLI	CONTACT PHONE NUMBER:	232-1114

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

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

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

### INSPECTIONS

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

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



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

**BUILDING PERMIT RECEIPT**

PERMIT NUMBER:	10729
ADDRESS	107 HILLCREST CT - BETHELL/WEHNER
DATE 1/8/13	SCOPE OF WORK AC CHANGEOUT

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			

**HONEST AIR, INC**  
 1265 SW 34TH TERRACE  
 PALM CITY, FL 34990-3307  
 PH. 772-232-1114

**BB&T**  
 BRANCH BANKING AND TRUST COMPANY  
 1-800-BANK BBT BBT.com  
 63-9138/2631

2885

PAY TO THE ORDER OF

*City of Sewall's Point*  
*One hundred nine & 10/100*

*1-8-13*

*\$ 109<sup>00</sup>*

DOLLARS

MEMO

*Wehner permit*

*Permit Myzille*  
 AUTHORIZED SIGNATURE

Martin County impact Fee:	\$	
<b>TOTAL BUILDING PERMIT FEE:</b>	\$	

ACCESSORY PERMIT	Declared Value:	\$	3129
Total number of inspections @ \$100.00 each			100
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$	2	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	2	
Road impact assessment: (.04% of construction value - \$5 min.)	\$	5	
<b>TOTAL ACCESSORY PERMIT FEE:</b>	\$	109	

*pd*  
*ck# 2885*

A/C Change out

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: 1/6/14 Permit Number: 10729

OWNER/LESSEE NAME: Kevin Wehner Phone (Day) 210-2253 (Fax)

Job Site Address: 107 Hillcrest Ct. City: Stuart State: FL Zip: 34996

Legal Description Hillcrest lot 6 Parcel Control Number: 01-38-4-014-000-00060-3

Fee Simple Holder Name: Address: City: State: Zip: Telephone:

\*SCOPE OF WORK (PLEASE BE SPECIFIC): A/C Changeout

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

COST AND VALUES: (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 3129.00  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10 AE9 AEB X  
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:  
Estimated Fair Market Value prior to improvement: \$  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Honest Air, Inc. Phone 232-1114 Fax: 232-1118

Qualifiers name: Mitch Mazzilli Street: 12655 SW 31st Ave City: Palm City State: FL Zip: 34990

State License Number: CAC058508 OR: Municipality: License Number:

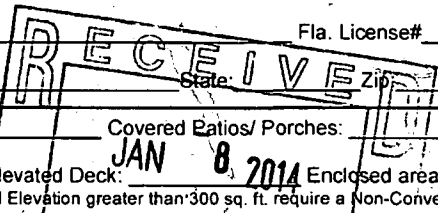
LOCAL CONTACT: Penny Mazzilli Phone Number: (772) 232-1114

DESIGN PROFESSIONAL: DIA Fla. License#

Street: City: State: Zip: Phone Number:

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

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



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

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

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

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

CONTRACTOR  
OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:  
X [Signature]  
State of Florida, County of: Martin  
On This the 7th day of January 2013  
by Mitchell Mazzilli who is personally  
known to me or produced  
As identification [Signature]  
Notary Public  
My Commission Expires: April 24, 2017

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:  
X [Signature]  
State of Florida, County of:  
On This the 7th day of January 2013  
by [Signature] (who is personally  
known to me or produced  
As identification [Signature]  
Notary Public  
My Commission Expires: [Signature]

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



**Martin County, Florida  
Laurel Kelly, C.F.A**
*generated on 1/8/2014 10:57:53 AM EST*
**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-014-000-00060-3	17853	107 HILLCREST CT, SEWALL'S POINT	\$468,810	1/4/2014

---

**Owner Information**

<b>Owner(Current)</b>	BETHELL ROBERT
<b>Owner/Mail Address</b>	107 HILLCREST CT STUART FL 34996
<b>Sale Date</b>	11/14/2012
<b>Document Book/Page</b>	2624 0092
<b>Document No.</b>	2371405
<b>Sale Price</b>	500000

---

**Location/Description**

<b>Account #</b>	17853	<b>Map Page No.</b>	SP-03
<b>Tax District</b>	2200	<b>Legal Description</b>	HILLCREST, LOT 6
<b>Parcel Address</b>	107 HILLCREST CT, SEWALL'S POINT		
<b>Acres</b>	.5070		

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**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120100 Hillcrest, Noni Est, West End

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**Assessment Information**

<b>Market Land Value</b>	\$180,000
<b>Market Improvement Value</b>	\$288,810
<b>Market Total Value</b>	\$468,810



# CERTIFICATE OF LIABILITY INSURANCE

HONEA-1 OP ID: LA

DATE (MM/DD/YYYY)

10/28/13

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

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

<b>PRODUCER</b> <b>Stuart Insurance, Inc.</b> 3070 S W Mapp Palm City, FL 34990 Cabot W. Lord, CIC.	<b>Phone: 772-286-4334</b> <b>Fax: 772-286-9389</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C No, Ext):</b> <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A: Old Dominion Insurance Company</b>		<b>40231</b>
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
<b>INSURER E:</b>			
<b>INSURER F:</b>			

<b>INSURED</b>	<b>Honest Air Inc</b> <b>1465 SW 34th Street</b> <b>Palm City, FL 34990</b>
----------------	---

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		MPG92792	11/07/13	11/07/14	EACH OCCURRENCE	\$ 300,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Business Owners					PERSONAL & ADV INJURY	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 600,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC		PRODUCTS - COMP/OP AGG	\$ 600,000				
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
DED <input type="checkbox"/> RETENTION \$							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Air Conditioning / State of Florida

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
10/17/2013

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

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

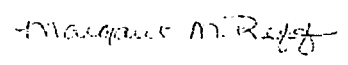
<b>PRODUCER</b> <b>PAYCHEX INSURANCE AGENCY, INC.</b> <b>150 SAWGRASS DRIVE</b> <b>ROCHESTER, NY 14620</b>	<b>CONTACT NAME:</b> Paychex Insurance Agency Inc <b>PHONE (A/C, NO. EXT):</b> 877-266-6850 <b>E-MAIL ADDRESS:</b> Certs@paychex.com	<b>FAX (A/C, No):</b> 585-389-7426
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>Paychex Business Solutions, Inc.</b> <b>Honest Air Inc</b> <b>911 PANORAMA TRAIL SOUTH</b> <b>ROCHESTER, NY 14625-0397</b>	<b>INSURER A:</b> ILLINOIS NATIONAL INSURANCE COMPANY 23817	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	013255888	06/01/2013	06/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Worker's Compensation coverage is provided to only those employees leased to, but not subcontractors of the named insured.  
 Client Inception Date with PBS is 09/25/2013

<b>CERTIFICATE HOLDER</b> Town of Sewalls Point 1 South Sewalls Point Rd Sewalls Point, FL 34996	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  <b>AUTHORIZED REPRESENTATIVE</b> 
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AC# 6174634

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12062600568

DATE	BATCH NUMBER	LICENSE NBR
06/26/2012	118194407	CAC058508

The CLASS B AIR CONDITIONING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2014

MAZZILLI, MITCHELL  
HONEST AIR INC  
1465 SW 34TH STREET  
PALM CITY FL 34990

RICK SCOTT  
GOVERNOR

KEN LAWSON  
SECRETARY

DISPLAY AS REQUIRED BY LAW

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

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

*On file*

Owner: <u>Kevin wehner</u>	Contractor name: <u>Honest Air Inc</u>
Street address: <u><del>107 Hillcrest</del></u>	Jurisdiction: _____
City: <u>Stuart</u>	Permit No.: <u>1012</u>
Zip: <u>34996</u>	Final inspection date: _____

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

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

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

Printed Name: \_\_\_\_\_

Contractor License #: CAC058508

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

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

Printed Name: \_\_\_\_\_



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

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

**Air Conditioning Change out Affidavit**

Residential  Commercial \_\_\_\_\_

Package Unit \_\_\_ Yes  No (Use Condenser side of form below for equipment listing)

Duct Replacement \_\_\_ Yes \_\_\_ No  Refrigerant line replacement \_\_\_ Yes  No

Flushing Existing Refrigerant lines \_\_\_ Yes  No - Adding Refrigerant Drier  Yes \_\_\_ No

Rooftop A/C Stand Installation \_\_\_ Yes  No - Curb Installation \_\_\_ Yes  No

Smoke Detector in Supply (over 2000 CFM) \_\_\_ Yes  No

**One form required for each A/C system installed**

**REPLACEMENT SYSTEM COMPONENTS**

**Air handler:** Mfg: Rigidair Model# BEEMX48KC  
 Volts 240 CFM's 1600 Heat Strip 10 Kw  
 Min. Circuit Amps 56.3 Wire gauge #6  
 Max. Breaker size 60 Min. Breaker size 56.3  
 Ref. line size: Liquid 3/8 Suction 7/8  
 Refrigerant type R410A  
 Location: Existing  New \_\_\_  
 Attic/Garage/Closet (specify) upstairs closet  
 Access: main hallway

**Condenser:** Mfg: Rigidair Model# ES4BD048KB  
 Volts 240 SEER/EER 14/11 BTU's 46,500  
 Min. Circuit Amps 50 Wire gauge #6  
 Max. Breaker size 50 Min. Breaker size 28.7  
 Ref. line size: Liquid 3/8 Suction 7/8  
 Refrigerant type R410A  
 Location: Existing  New \_\_\_  
 Left/Right/Rear/Front/Roof Right  
 Condensate Location ground

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

**EXISTING SYSTEM COMPONENTS**

**Air handler:** Mfg: Lennox Model# unknown  
 Volts 240 CFM's \_\_\_ Heat Strip 10 Kw  
 Min. Circuit Amps 60 Wire gauge #6  
 Max. Breaker size \_\_\_ Min. Breaker size \_\_\_  
 Ref. line size: Liquid 3/8 Suction 7/8  
 Refrigerant type R-22  
 Location: Ext.  New \_\_\_  
 Attic/Garage/Closet (specify) upstairs closet  
 Access: main hallway

**Condenser:** Mfg: Lennox Model# unknown  
 Volts 240 SEER/EER unknown BTU's unknown  
 Min. Circuit Amps 50 Wire gauge #6  
 Max. Breaker size \_\_\_ Min. Breaker size \_\_\_  
 Ref. line size: Liquid 3/8 Suction 7/8  
 Refrigerant type R-22  
 Location: Ext.  New \_\_\_  
 Left/Right/Rear/Front/Roof Right  
 Condensate Location ground

**Certification:**

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

[Signature]  
 Signature

11/13  
 Date



Lic.# CAC058508

1265 SW 34th Terrace, Palm City, FL 34990  
Ph (772) 232-1114 Fx (772) 232-1118

Estimate

Date: 12/31/13 10:11:30

Name of Tech: John

Name: ~~John~~ Wehner

Address: 107 Hillcrest Ct  
Stuart

Email Address: Bpkmd@aol.com

Phone: 634-3426

Alt Phone 772-210-2253

Replace Existing A/C Equipment with the following:

Initial Option Chosen	Good	Better	Best
	Option #1	Option #2	Option #3
Equip. Brand:	Fridgidaire	Mayer	Rheem
Size & SEER:	4 ton 14 seer	4 ton 14 seer	4 ton 14 seer
Cost of Equip:	3434.00	4002.00	4265.00
FPL Rebate:	( 305.00 )	( 305.00 )	( 305.00 )
Add'l Credits:	( )	( )	( )
Final Cost to Cust:	3129.00	3697.00	3960.00
Tax Credit Eligible	No	No	No
Warranty:	12 year all parts 2 year labor	12 year all parts 2 year labor	10 year all parts 2 year labor

Additional Work to be Performed:

New service disconnect at A/H

Price includes all Taxes permits labor & materials, unit excluded.

I accept price and scope of work above:

Margan Wehner

Customer Signature

By signing this agreement you agree to pay stated price above for the option chosen, and scope of work listed and/or equipment listed, the same day the work is performed. No EXCEPTION!

Note I: Price good for 30 days from date stated above.

Note II: If paid by Credit Card, there will be an additional 2% charge added to final bill.

Existing Equipment

Manufacturer Lennox  
A/H Breaker size \_\_\_\_\_  
A/H Wire size \_\_\_\_\_  
A/H Location \_\_\_\_\_  
Liq. Line Pipe size \_\_\_\_\_

Unit excluded

Manufacturer \_\_\_\_\_  
C/U Breaker size \_\_\_\_\_  
C/U Wire size \_\_\_\_\_  
C/U Location \_\_\_\_\_  
Suction Line Pipe size \_\_\_\_\_

Unit previously was denied service and expired. Needs all new unit option!



# Certificate of Product Ratings

AHRI Certified Reference Number: 5055474      Date: 1/6/2014

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

Outdoor Unit Model Number: ES4BD-048KB

Indoor Unit Model Number: B6EMMX48K-C

Manufacturer: FRIGIDAIRE

Trade/Brand name: FRIGIDAIRE

Series name:

Manufacturer responsible for the rating of this system combination is FRIGIDAIRE

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

Cooling Capacity (Btuh):	46500
EER Rating (Cooling):	11.00
SEER Rating (Cooling):	14.00
IEER Rating (Cooling):	

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

#### DISCLAIMER

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

#### TERMS AND CONDITIONS

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#### CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at [www.ahridirectory.org](http://www.ahridirectory.org), click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

## Project Information

For: Wehner  
 107 Hillcrest CT, Stuart, FL 34996

Notes: Replacing 1 of 4 systems. Calcs are for the system on the 2nd floor.

## Design Information

Weather: West Palm Beach Intl AP, FL, US

### Winter Design Conditions

Outside db	48 °F
Inside db	70 °F
Design TD	22 °F

### Summer Design Conditions

Outside db	90 °F
Inside db	75 °F
Design TD	15 °F
Daily range	L
Relative humidity	50 %
Moisture difference	59 gr/lb

### Heating Summary

Structure	19634 Btuh
Ducts	0 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	19634 Btuh

### Sensible Cooling Equipment Load Sizing

Structure	34326 Btuh
Ducts	0 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.95
Equipment sensible load	32678 Btuh

### Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	<b>Heating</b>	<b>Cooling</b>
Area (ft <sup>2</sup> )	1292	1292
Volume (ft <sup>3</sup> )	11628	11628
Air changes/hour	0.41	0.22
Equiv. AVF (cfm)	80	43

### Latent Cooling Equipment Load Sizing

Structure	1725 Btuh
Ducts	0 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	1725 Btuh
Equipment total load	34403 Btuh
Req. total capacity at 0.70 SHR	3.9 ton

### Heating Equipment Summary

Make	
Trade	
Model	
AHRI ref	
Efficiency	100 EFF
Heating input	5.8 kW
Heating output	19634 Btuh
Temperature rise	11 °F
Actual air flow	1600 cfm
Air flow factor	0.081 cfm/Btuh
Static pressure	0.10 in H2O
Space thermostat	

### Cooling Equipment Summary

Make	Frigidaire
Trade	Frigidaire
Cond	ES4BD048KB
Coil	B6EMMX48KC
AHRI ref	5055474
Efficiency	11.0 EER, 14 SEER
Sensible cooling	32550 Btuh
Latent cooling	13950 Btuh
Total cooling	46500 Btuh
Actual air flow	1600 cfm
Air flow factor	0.047 cfm/Btuh
Static pressure	0.10 in H2O
Load sensible heat ratio	0.95

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

1265 SW 34th Terr, Palm City, FL 34990 Phone: 772-232-1114 Fax: 772-232-1118 Email: honestair@bellsouth.net Web: WWW.honestairinc.com

1 2 3 4 5	Room name Exposed wall Room height Room dimensions Room area				2nd fl 9.0 ft 220.0 ft 1292.0 ft <sup>2</sup>				2 nd Fl 9.0 ft 220.0 ft 1.0 x 1292.0 ft 1292.0 ft <sup>2</sup>					
	Ty	Construction number	U-value (Btuh/ft <sup>2</sup> -°F)	Or	HTM (Btuh/ft <sup>2</sup> )		Area (ft <sup>2</sup> ) or perimeter (ft)		Load (Btuh)		Area (ft <sup>2</sup> ) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12B-0sw	0.097	n	2.10	2.69	531	382	804	1029	531	382	804	1029
	G	1A-c1om	1.270	n	27.56	35.03	149	0	4101	5212	149	0	4101	5212
	W	12B-0sw	0.097	e	2.10	2.69	459	385	810	1035	459	385	810	1035
	G	1A-c1om	1.270	e	27.56	91.37	74	0	2050	6798	74	0	2050	6798
11	W	12B-0sw	0.097	s	2.10	2.69	531	419	883	1129	531	419	883	1129
	G	1A-c1om	1.270	s	27.56	38.13	112	0	3076	4255	112	0	3076	4255
	W	12B-0sw	0.097	w	2.10	2.69	459	385	810	1035	459	385	810	1035
	G	1A-c1om	1.270	w	27.56	91.37	74	0	2050	6798	74	0	2050	6798
	C	16C-7w	0.112	-	2.43	4.89	1292	1292	3140	6316	1292	1292	3140	6316
	C	C part ceiling.	0.218	-	0.00	0.00	0	0	0	0	0	0	0	0
	F	22A-tpf	0.989	-	0.00	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion													
	Envelope loss/gain													
	17724 33608 17724 33608													
12	a) Infiltration													
	b) Room ventilation													
	1911 717 1911 717													
	0 0 0 0													
13	Internal gains: Occupants @ 230													
	Appliances/other													
	0 0 0 0													
	Subtotal (lines 6 to 13)													
	19634 34326 19634 34326													
	Less external load													
	Less transfer													
	Redistribution													
	Subtotal													
14	19634 34326 19634 34326													
15	Duct loads													
	0% 0% 0 0 -0% 0% 0 0													
	Total room load													
	Air required (cfm)													
	19634 34326 19634 34326													
	1600 1600 1600 1600													

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.





**Component Constructions**  
**2nd fl**  
**Honest Air, Inc.**

Job:  
 Date: Jan 06, 2014  
 By:

1265 SW 34th Terr, Palm City, FL 34990 Phone: 772-232-1114 Fax: 772-232-1118 Email: honestair@bellsouth.net Web: WWW.honestairinc.com

**Project Information**

For: Wehner  
 107 Hillcrest CT, Stuart, FL 34996

**Design Conditions**

<b>Location:</b>			<b>Indoor:</b>	<b>Heating</b>	<b>Cooling</b>
West Palm Beach Intl AP, FL, US			Indoor temperature (°F)	70	75
Elevation: 20 ft			Design TD (°F)	22	15
Latitude: 27°N			Relative humidity (%)	50	50
			Moisture difference (gr/lb)	14.7	59.2
<b>Outdoor:</b>	<b>Heating</b>	<b>Cooling</b>	<b>Infiltration:</b>		
Dry bulb (°F)	48	90	Method	Simplified	
Daily range (°F)	-	13 ( L )	Construction quality	Average	
Wet bulb (°F)	-	78	Fireplaces	0	
Wind speed (mph)	15.0	7.5			

**Construction descriptions**

	Or	Area ft²	U-value Btu/ft²·°F	Insul R ft²·°F/Btu	Htg HTM Btu/ft²	Loss Btu/h	Clg HTM Btu/ft²	Gain Btu/h
<b>Walls</b>								
12B-0sw: Frm wall, stucco ext, 1/2" wood shth, r-11 cav ins, 1/2" gypsum board int fnsh, 2"x6" wood frm								
	n	382	0.097	11.0	2.10	804	2.69	1029
	e	385	0.097	11.0	2.10	810	2.69	1035
	s	419	0.097	11.0	2.10	883	2.69	1129
	w	385	0.097	11.0	2.10	810	2.69	1035
	all	1571	0.097	11.0	2.10	3306	2.69	4228
<b>Partitions</b> (none)								
<b>Windows</b>								
1A-c10m: 1 glazing, clr glz, mtl no brk frm mat, 1/8" thk								
	n	149	1.270	0	27.6	4101	35.0	5212
	e	74	1.270	0	27.6	2050	91.4	6798
	s	112	1.270	0	27.6	3076	38.1	4255
	w	74	1.270	0	27.6	2050	91.4	6798
	all	409	1.270	0	27.6	11277	56.4	23064
<b>Doors</b> (none)								
<b>Ceilings</b>								
16C-7w: Attic ceiling, wood shingles/shakes roof mat, r-7 ceil ins, 5/8" gypsum board int fnsh								
		1292	0.112	7.0	2.43	3140	4.89	6316
<b>Floors</b> (none)								

### Project Information

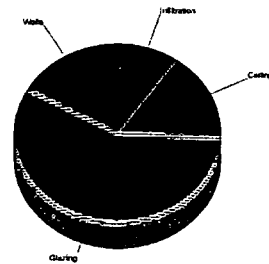
For: Wehner  
 107 Hillcrest CT, Stuart, FL 34996

### Design Conditions

<b>Location:</b> West Palm Beach Intl AP, FL, US Elevation: 20 ft Latitude: 27°N	<b>Outdoor:</b> Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	<b>Heating</b> 48 - - 15.0	<b>Cooling</b> 90 13 ( L ) 78 7.5	<b>Indoor:</b> Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb)	<b>Heating</b> 70 22 50 14.7	<b>Cooling</b> 75 15 50 59.2
				<b>Infiltration:</b> Method Construction quality Fireplaces	<b>Simplified</b> Average 0	

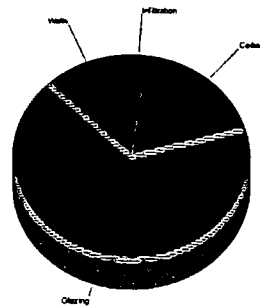
### Heating

Component	Btuh/ft <sup>2</sup>	Btuh	% of load
Walls	2.1	3306	16.8
Glazing	27.6	11277	57.4
Doors	0	0	0
Ceilings	2.4	3140	16.0
Floors	0	0	0
Infiltration	1.0	1911	9.7
Ducts		0	0
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
<b>Total</b>		<b>19634</b>	<b>100.0</b>



### Cooling

Component	Btuh/ft <sup>2</sup>	Btuh	% of load
Walls	2.7	4228	12.3
Glazing	56.4	23064	67.2
Doors	0	0	0
Ceilings	4.9	6316	18.4
Floors	0	0	0
Infiltration	0.4	717	2.1
Ducts		0	0
Ventilation		0	0
Internal gains		0	0
Blower		0	0
Adjustments		0	0
<b>Total</b>		<b>34326</b>	<b>100.0</b>



Latent Cooling Load = 1725 Btuh  
 Overall U-value = 0.250 Btuh/ft<sup>2</sup>-°F

WARNING: window to floor area ratio = 31.7% - more than 25%.

## Project Information

For: Wehner  
 107 Hillcrest CT, Stuart, FL 34996

Notes: Replacing 1 of 4 systems. Calcs are for the system on the 2nd floor.

## Design Information

Weather: West Palm Beach Intl AP, FL, US

### Winter Design Conditions

Outside db	48 °F
Inside db	70 °F
Design TD	22 °F

### Summer Design Conditions

Outside db	90 °F
Inside db	75 °F
Design TD	15 °F
Daily range	L
Relative humidity	50 %
Moisture difference	59 gr/lb

### Heating Summary

Structure	24189 Btuh
Ducts	0 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	24189 Btuh

### Sensible Cooling Equipment Load Sizing

Structure	31262 Btuh
Ducts	0 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.95
Equipment sensible load	29761 Btuh

### Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	<b>Heating</b>	<b>Cooling</b>
Area (ft <sup>2</sup> )	3251	3251
Volume (ft <sup>3</sup> )	29259	29259
Air changes/hour	0.23	0.12
Equiv. AVF (cfm)	111	59

### Latent Cooling Equipment Load Sizing

Structure	2384 Btuh
Ducts	0 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	2384 Btuh
Equipment total load	32146 Btuh
Req. total capacity at 0.70 SHR	3.5 ton

### Heating Equipment Summary

Make	
Trade	
Model	
AHRI ref	
Efficiency	80 AFUE
Heating input	0 MBtuh
Heating output	0 Btuh
Temperature rise	0 °F
Actual air flow	1422 cfm
Air flow factor	0.059 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

### Cooling Equipment Summary

Make	
Trade	
Cond	
Coil	
AHRI ref	
Efficiency	0 SEER
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	1422 cfm
Air flow factor	0.045 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.93

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

**Right-J® Worksheet  
(Rest of House)  
Honest Air, Inc.**

Job:  
Date: Jan 06, 2014  
By:

1265 SW 34th Terr, Palm City, FL 34990 Phone: 772-232-1114 Fax: 772-232-1118 Email: honestair@bellsouth.net Web: WWW.honestairinc.com

				(Rest of House)				1 St Fl						
				304.0 ft				304.0 ft						
				9.0 ft				9.0 ft						
				3251.0 ft <sup>2</sup>				1.0 x 3251.0 ft						
				3251.0 ft <sup>2</sup>				3251.0 ft <sup>2</sup>						
	Ty	Construction number	U-value (Btuh/ft <sup>2</sup> -°F)	Or	HTM (Btuh/ft <sup>2</sup> )		Area (ft <sup>2</sup> ) or perimeter (ft)		Load (Btuh)		Area (ft <sup>2</sup> ) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12B-0sw	0.097	n	2.10	2.69	621	621	1307	1672	621	621	1307	1672
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	12B-0sw	0.097	e	2.10	2.69	747	747	1572	2011	747	747	1572	2011
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
11	W	12B-0sw	0.097	s	2.10	2.69	621	621	1307	1672	621	621	1307	1672
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	12B-0sw	0.097	w	2.10	2.69	747	747	1572	2011	747	747	1572	2011
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	C	16C-7w	0.112	-	0.00	0.00	0	0	0	0	0	0	0	0
	C	C part ceiling.	0.218	-	4.73	11.69	1959	1959	9265	22907	1959	1959	9265	22907
	F	22A-tpl	0.989	-	21.46	0.00	3251	304	6524	0	3251	304	6524	0
6	c) AED excursion									0				0
	Envelope loss/gain								21548	30271			21548	30271
12	a) Infiltration								2640	991			2640	991
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								24189	31262			24189	31262
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								24189	31262			24189	31262
15	Duct loads						0%	0%	0	0	-0%	0%	0	0
	Total room load								24189	31262			24189	31262
	Air required (cfm)								1422	1422			1422	1422

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



**Component Constructions**  
**(Rest of House)**  
Honest Air, Inc.

Job:  
Date: Jan 06, 2014  
By:

1265 SW 34th Terr, Palm City, FL 34990 Phone: 772-232-1114 Fax: 772-232-1118 Email: honestair@bellsouth.net Web: WWW.honestairinc.com

**Project Information**

For: Wehner  
107 Hillcrest CT, Stuart, FL 34996

**Design Conditions**

<b>Location:</b>		<b>Indoor:</b>		<b>Heating</b>	<b>Cooling</b>
West Palm Beach Intl AP, FL, US		Indoor temperature (°F)		70	75
Elevation:	20 ft	Design TD (°F)		22	15
Latitude:	27°N	Relative humidity (%)		50	50
<b>Outdoor:</b>		Moisture difference (gr/lb)		14.7	59.2
	<b>Heating</b>	<b>Cooling</b>	<b>Infiltration:</b>		
Dry bulb (°F)	48	90	Method		
Daily range (°F)	-	13 ( L )	Construction quality		
Wet bulb (°F)	-	78	Fireplaces		
Wind speed (mph)	15.0	7.5	Simplified		
			Average		
			0		

**Construction descriptions**

**Walls**

12B-0sw: Frm wall, stucco ext, 1/2" wood shth, r-11 cav ins, 1/2" gypsum board int fnsh, 2"x6" wood frm

Or	Area ft²	U-value Btu/ft²·°F	Insul R ft²·°F/Btu	Htg HTM Btu/ft²	Loss Btu	Clg HTM Btu/ft²	Gain Btu
n	621	0.097	11.0	2.10	1307	2.69	1672
e	747	0.097	11.0	2.10	1572	2.69	2011
s	621	0.097	11.0	2.10	1307	2.69	1672
w	747	0.097	11.0	2.10	1572	2.69	2011
all	2736	0.097	11.0	2.10	5759	2.69	7365

**Partitions**  
(none)

**Windows**  
(none)

**Doors**  
(none)

**Ceilings**

C part ceiling, C part ceiling, carpet fir fnsh, frm flr, 6" thkns, 5/8" gypsum board int fnsh

1959	0.218	1.0	4.73	9265	11.7	22907
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**Floors**

22A-tpl: Bg floor, light dry soil, on grade depth, tile fir fnsh

304	0.989	0	21.5	6524	0	0
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### Project Information

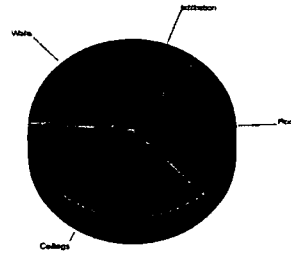
For: Wehner  
107 Hillcrest CT, Stuart, FL 34996

### Design Conditions

<b>Location:</b>		<b>Indoor:</b>		<b>Heating</b>	<b>Cooling</b>
West Palm Beach Intl AP, FL, US		Indoor temperature (°F)		70	75
Elevation: 20 ft		Design TD (°F)		22	15
Latitude: 27°N		Relative humidity (%)		50	50
		Moisture difference (gr/lb)		14.7	59.2
<b>Outdoor:</b>	<b>Heating</b>	<b>Cooling</b>	<b>Infiltration:</b>		
Dry bulb (°F)	48	90	Method	Simplified	
Daily range (°F)	-	13 ( L )	Construction quality	Average	
Wet bulb (°F)	-	78	Fireplaces	0	
Wind speed (mph)	15.0	7.5			

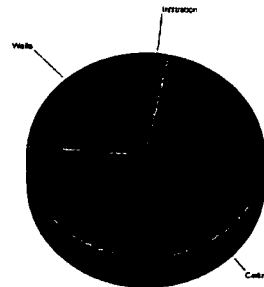
### Heating

Component	Btuh/ft <sup>2</sup>	Btuh	% of load
Walls	2.1	5759	23.8
Glazing	0	0	0
Doors	0	0	0
Ceilings	4.7	9265	38.3
Floors	2.0	6524	27.0
Infiltration	1.0	2640	10.9
Ducts		0	0
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
<b>Total</b>		<b>24189</b>	<b>100.0</b>



### Cooling

Component	Btuh/ft <sup>2</sup>	Btuh	% of load
Walls	2.7	7365	23.6
Glazing	0	0	0
Doors	0	0	0
Ceilings	11.7	22907	73.3
Floors	0	0	0
Infiltration	0.4	991	3.2
Ducts		0	0
Ventilation		0	0
Internal gains		0	0
Blower		0	0
Adjustments		0	0
<b>Total</b>		<b>31262</b>	<b>100.0</b>



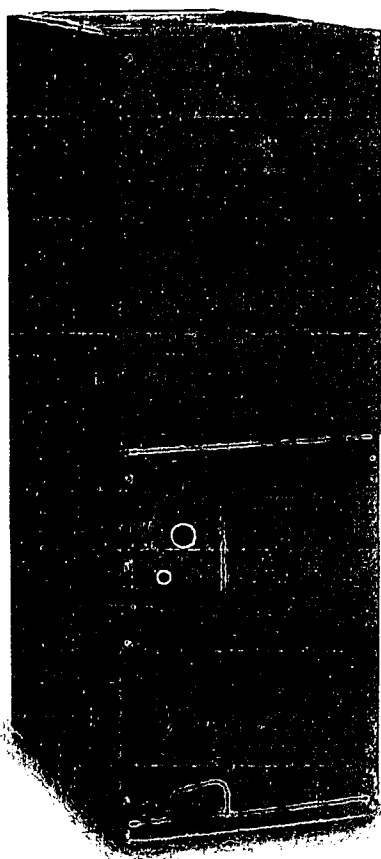
Latent Cooling Load = 2384 Btuh  
Overall U-value = 0.125 Btuh/ft<sup>2</sup>-°F

WARNING: window to floor area ratio = 0.0% - less than 5%.

## B6EMMX Series

**Air Handler with TXV  
14-15 SEER Residential System  
18,000 - 60,000 Btuh (Heat Pump  
& Air Conditioner)  
R-410A Refrigerant**

The B6EMMX Series of air handlers, when combined with our heat pump or air conditioner, offers a full line of quality, split system heating and cooling equipment.



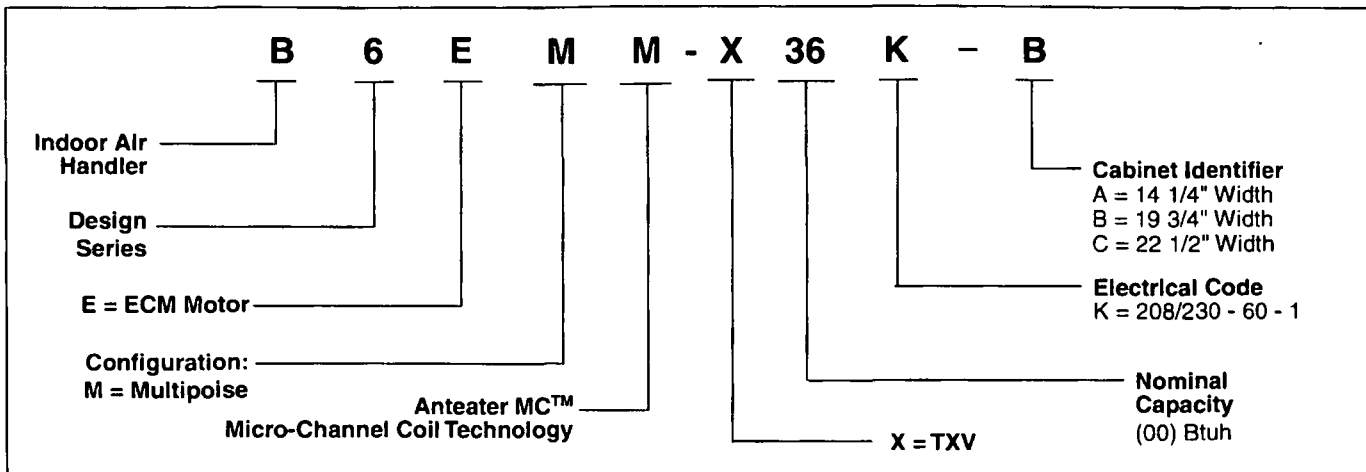
### WARRANTY

- This product carries a 5-year all parts warranty. When installed with a matched outdoor unit, the air handler will carry the outdoor system warranty. See current warranty document or visit our consumer web site for warranty details.

### FEATURES and BENEFITS

- **Energy Efficient Fixed Speed ECM Motor:** Provides 16 field-selectable cooling airflows and 16 field-selectable heating airflows to match any application.
- **Quiet Blower Operation:** Extra quiet and smooth blower on and off cycles.
- **Reduced air stratification:** This results in improved air quality by optimizing humidity removal and filtration capabilities.
- **Multi-poised:** Can be used in horizontal, upflow, downflow and vertical applications.
- **Built in Filter Rack:** makes the air handler easy to service.
- **Plug-in Heater Kit:** Available in 5 kw through 30 kw (Not for use in 115 Volt units)
- **Circuit Board:** Incorporating blower time delay relay, low voltage terminal strip, and heat-strip sequencing.
- **Breaker Accessibility:** Breaker accessible from the front of the unit when heater is applied.
- **Plastic Drain Pan:** Provides corrosion resistance.
- **Durable Cabinet:** Galvanized steel with a polyurethane finish. The finish will endure 950 hours of salt spray and resist corrosion 50% better than comparable units.
- **Designed to meet the requirements 610.2.A.2:** Meets Florida building code requirements for air leakage.
- **Thermal Expansion Valve:** Factory installed externally equalized thermal expansion valve provides precise refrigerant control under varying load conditions.
- **Cabinet Insulation:** 1" insulation with an R-value of 4.2 contributes to quiet operation and prevents cabinet sweating in difficult applications.
- **Anteater MC™ Micro-Channel Coil Technology:** All aluminum coil provides high corrosion resistance.

## MODEL IDENTIFICATION CODE



## SPECIFICATIONS

Model B6EMMX	24K-A	24K-B	30K-A	30K-B	36K-B	42K-B	48K-C	60K-C
Refrigerant Flow Control	TXV	TXV	TXV	TXV	TXV	TXV	TXV	TXV
Maximum Available Auxiliary Heat (kw)	15	20	15	20	20	20	30	30
Nominal Blower Size (D X W)	10 x 6	11 x 8	10 x 6	11 x 8	11 x 8	11 x 8	11 x 10	11 x 10
Variable Speed Motor HP	1/2	1/2	1/2	1/2	1/2	1/2	3/4	3/4
Filter Size	12 x 20 x 1	18 x 20 x 1	12 x 20 x 1	18 x 20 x 1	18 x 20 x 1	18 x 20 x 1	20 x 20 x 1	20 x 20 x 1
Approximate Shipping Weight (lbs.)	93	105	95	107	110	117	140	140

NOTES: See current AHRI Directory for certified combinations and ratings. [www.ahridirectory.org](http://www.ahridirectory.org)

## MINIMUM HEATING AIRFLOW SETTINGS (in CFM)

Cabinet	Nominal Electric Heat KW						
	5	8	10	15	20	25	30
A	800	900	1000	1300	N/A	N/A	N/A
B	900	1000	1100	1300	1500	N/A	N/A
C	1000	1100	1200	1400	1600	1800	2000



## ACCESSORIES

Accessory Kit Description	Cabinet Size			Part Number
	A	B	C	
Downflow Adaptor Kit	X			917342
		X		919321
			X	919322
Single Circuit Adaptor for 2 Circuit Breakers	X	X	X	913874
Single Circuit Adaptor for 3 Circuit Breakers	n/a	n/a	X	913556

### 240v Single-Phase Electric Heater Kits

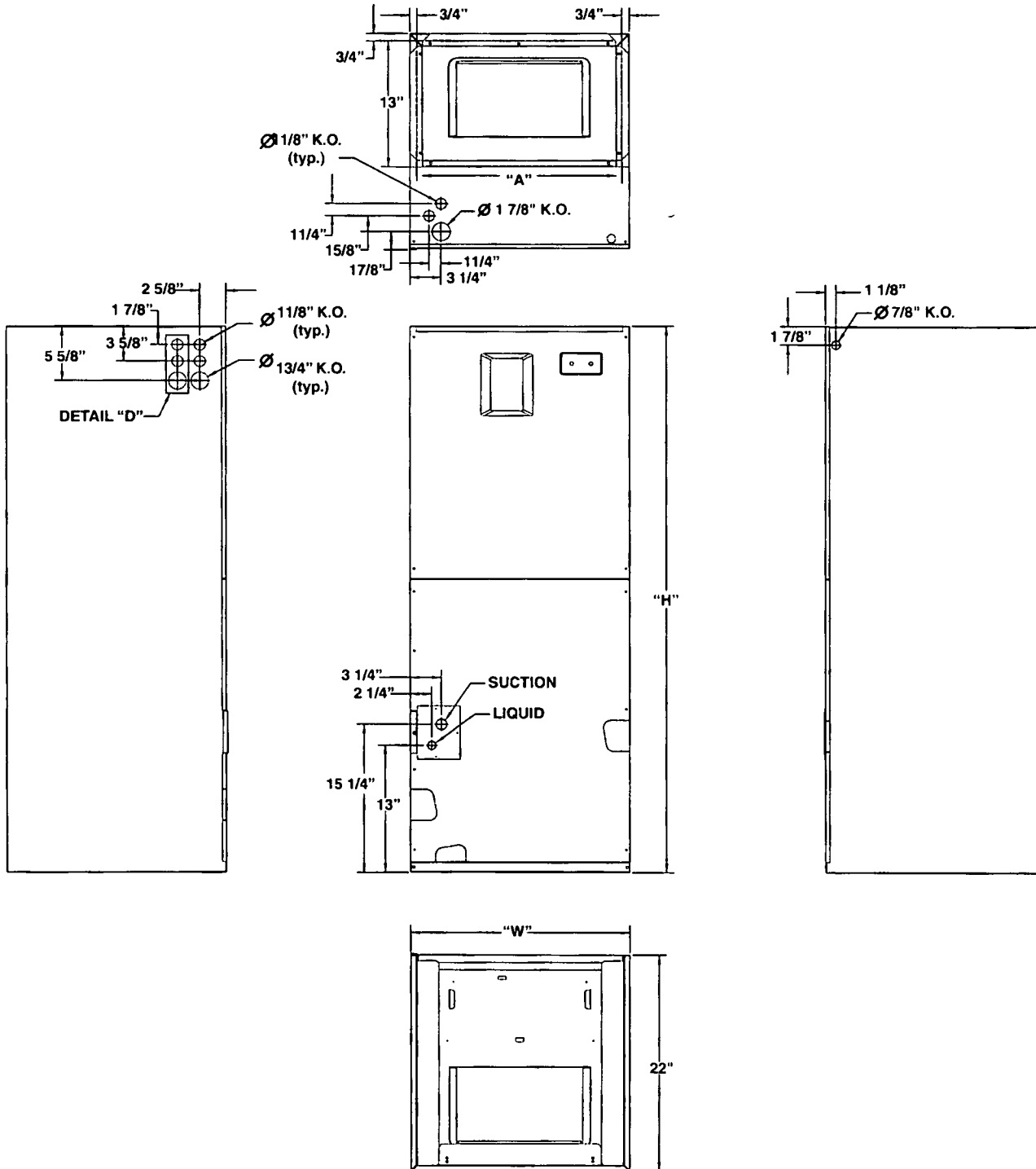
Nominal KW	Matched Units								Part Number	
	24K-A	24K-B	30K-A	30K-B	36K-B	42K-B	48K-C	60K-C	With Circuit Breakers	Without Circuit Breakers
5	X	X	X	X	X	X	X	X	904407	904406
8	X	X	X	X	X	X	X	X	904409	904408
10	X	X	X	X	X	X	X	X	904412	904411
15	X	X	X	X	X	X	X	X	904414	n/a
20	n/a	X	n/a	X	X	X	X	X	904416	n/a
25	n/a	n/a	n/a	n/a	n/a	n/a	X	X	921609	n/a
30	n/a	n/a	n/a	n/a	n/a	n/a	X	X	921610	n/a

### 240v Three-Phase Electric Heater Kits

Nominal KW	Matched Units								Part Number	
	24K-A	24K-B	30K-A	30K-B	36K-B	42K-B	48K-C	60K-C	With Circuit Breakers	Without Circuit Breakers
9	X	X	X	X	X	X	X	X	904410	n/a
15	X	X	X	X	X	X	X	X	904415	n/a

# DIMENSIONS

Models B6EMMX	Height	Width	Refrigerant Connections		Filter Size	Supply Air Duct Dimensions
			Suction Dia.	Liquid Dia.		
24K-A	43 1/2	14 1/4	3/4	3/8	12 x 20 x 1	12 7/8 x 12 3/4
24K-B	43 1/2	19 3/4	3/4	3/8	18 x 20 x 1	12 7/8 x 18 1/4
30K-A	43 1/2	14 1/4	3/4	3/8	12 x 20 x 1	12 7/8 x 12 3/4
30K-B	43 1/2	19 3/4	3/4	3/8	18 x 20 x 1	12 7/8 x 18 1/4
36K-B	49 1/2	19 3/4	7/8	3/8	18 x 20 x 1	12 7/8 x 18 1/4
42K-B	49 1/2	19 3/4	7/8	3/8	18 x 20 x 1	12 7/8 x 18 1/4
48K-C	56	22 1/2	7/8	3/8	20 x 20 x 1	12 7/8 x 21
60K-C	56	22 1/2	7/8	3/8	20 x 20 x 1	12 7/8 x 21



# ELECTRICAL DATA

Cabinet	Capacity	Model Number H6HK-	Voltage 240								Voltage 208							
			Minimum Circuit Ampacity				Maximum Over-current Rating				Minimum Circuit Ampacity				Maximum Over-current Rating			
			Circuit A	Circuit B	Circuit C	Single Circuit	Circuit A	Circuit B	Circuit C	Single Circuit	Circuit A	Circuit B	Circuit C	Single Circuit	Circuit A	Circuit B	Circuit C	Single Circuit
A	24/30	None	4.5	-	-	4.5	15.0	-	-	15.0	4.8	-	-	4.8	15.0	-	-	15.0
		005H-XX	29.5	-	-	29.5	30.0	-	-	30.0	26.4	-	-	26.4	30.0	-	-	30.0
		008H-XX	44.1	-	-	44.1	45.0	-	-	45.0	39.1	-	-	39.1	40.0	-	-	40.0
		010H-XX	54.5	-	-	54.5	60.0	-	-	60.0	48.1	-	-	48.1	50.0	-	-	50.0
		015H-XX	54.5	25.0	-	68.1	60.0	30.0	-	80.0	48.1	21.7	-	69.8	50.0	25.0	-	70.0
		009Q-XX	-	-	-	31.6	-	-	-	35.0	-	-	-	28.2	-	-	-	30.0
		015Q-XX	-	-	-	47.8	-	-	-	50.0	-	-	-	42.3	-	-	-	45.0
B	24/30/ 36/42	None	4.5	-	-	4.5	15.0	-	-	15.0	4.8	-	-	4.8	15.0	-	-	15.0
		005H-XX	29.5	-	-	29.5	30.0	-	-	30.0	26.4	-	-	26.4	30.0	-	-	30.0
		008H-XX	44.1	-	-	44.1	45.0	-	-	45.0	39.1	-	-	39.1	40.0	-	-	40.0
		010H-XX	54.5	-	-	54.5	60.0	-	-	60.0	48.1	-	-	48.1	50.0	-	-	50.0
		015H-XX	54.5	25.0	-	68.1	60.0	30.0	-	80.0	48.1	21.7	-	69.8	50.0	25.0	-	70.0
		020H-XX	54.5	50.0	-	104.5	60.0	60.0	-	110.0	48.1	43.3	-	91.4	50.0	45.0	-	100.0
		009Q-XX	-	-	-	31.6	-	-	-	35.0	-	-	-	28.2	-	-	-	30.0
		015Q-XX	-	-	-	47.8	-	-	-	50.0	-	-	-	42.3	-	-	-	45.0
C	48/60	None	6.3	-	-	6.3	15.0	-	-	15.0	6.8	-	-	6.8	15.0	-	-	15.0
		005H-XX	31.3	-	-	31.3	35.0	-	-	35.0	28.4	-	-	28.4	30.0	-	-	30.0
		008H-XX	45.8	-	-	45.8	50.0	-	-	50.0	41.1	-	-	41.1	45.0	-	-	45.0
		010H-XX	56.3	-	-	56.3	60.0	-	-	60.0	50.1	-	-	50.1	60.0	-	-	60.0
		015H-XX	56.3	25.0	-	81.3	60.0	30.0	-	90.0	50.1	21.7	-	71.8	60.0	25.0	-	80.0
		020H-XX	56.3	50.0	-	106.3	60.0	60.0	-	110.0	50.1	43.3	-	93.4	60.0	45.0	-	100.0
		025H-XX	56.3	50.0	25.0	131.3	60.0	60.0	60.0	150.0	50.1	43.3	21.7	115.1	60.0	45.0	45.0	125.0
		030H-XX	56.3	50.0	50.0	156.3	60.0	60.0	60.0	175.0	50.1	43.3	43.3	136.8	60.0	45.0	45.0	150.0
		009Q-XX	-	-	-	33.3	-	-	-	35.0	-	-	-	30.2	-	-	-	35.0
		015Q-XX	-	-	-	49.6	-	-	-	50.0	-	-	-	44.3	-	-	-	45.0

# AIRFLOW DATA

	Switch Settings				Cooling or Heating Airflow (CFM)							
					Dry Coil ESP							
	1/5	2/6	3/7	4/8	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8
<b>B6EMMX A-cabinet</b>	0	0	0	0	585	550	520	460	420	405		
	1	0	0	0	710	670	650	610	560	530	475	440
	0	1	0	0	845	790	765	715	680	655	625	580
	1	1	0	0	890	865	840	785	760	710	680	655
	0	0	1	0	955	925	900	850	825	790	770	720
	1	0	1	0	1030	995	975	940	910	870	840	815
	0	1	1	0	1115	1085	1060	1020	995	965	925	905
	1	1	1	0	1155	1130	1095	1070	1040	1010	985	950
	0	0	0	1	1200	1175	1145	1110	1085	1060	1025	1000
	1	0	0	1	1240	1215	1195	1170	1140	1110	1080	1060
	0	1	0	1	1320	1290	1265	1240	1215	1185	1160	1130
	1	1	0	1	1355	1330	1305	1280	1255	1220	1200	1175
	0	0	1	1	1405	1375	1345	1325	1295	1275	1250	1210
	1	0	1	1	1440	1415	1385	1355	1325	1290	1255	1215
	0	1	1	1	1465	1425	1390	1355	1320	1290	1260	1215
	1	1	1	1	1465	1425	1390	1355	1320	1290	1260	1215
<b>B6EMMX B-cabinet</b>	0	0	0	0	600	550	430	390				
	1	0	0	0	660	610	540	460	425			
	0	1	0	0	830	750	695	640	580	520		
	1	1	0	0	860	825	765	690	630	600	525	485
	0	0	1	0	935	895	835	790	710	655	620	585
	1	0	1	0	1045	975	920	875	830	795	720	685
	0	1	1	0	1095	1040	995	950	900	850	805	750
	1	1	1	0	1155	1105	1060	1010	965	920	870	825
	0	0	0	1	1230	1185	1140	1090	1045	1010	965	920
	1	0	0	1	1285	1260	1210	1165	1125	1080	1040	1010
	0	1	0	1	1330	1290	1245	1205	1170	1125	1085	1045
	1	1	0	1	1395	1365	1315	1275	1235	1205	1160	1130
	0	0	1	1	1450	1405	1375	1335	1295	1260	1220	1180
	1	0	1	1	1490	1450	1410	1385	1340	1300	1270	1230
	0	1	1	1	1530	1485	1460	1425	1380	1350	1310	1280
	1	1	1	1	1530	1490	1465	1425	1390	1350	1310	1285

NOTE: 0 = OFF, 1 = ON

# AIRFLOW DATA continued

	Switch Setting				Cooling or Heating Airflow (CFM)							
					Dry Coil ESP							
	1/5	2/6	3/7	4/8	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8
<b>B6EMMX C-cabinet</b>	0	0	0	0	710	580	395					
	1	0	0	0	830	690	675	530	505			
	0	1	0	0	930	875	710	665	560	530		
	1	1	0	0	1065	1015	900	840	800	705	665	635
	0	0	1	0	1185	1115	1010	960	925	875	830	745
	1	0	1	0	1275	1220	1175	1120	1060	970	930	890
	0	1	1	0	1365	1350	1255	1200	1150	1105	1060	1025
	1	1	1	0	1480	1430	1370	1325	1265	1225	1185	1140
	0	0	0	1	1560	1535	1485	1430	1375	1335	1285	1240
	1	0	0	1	1650	1600	1545	1500	1450	1405	1360	1305
	0	1	0	1	1730	1685	1660	1610	1570	1520	1470	1420
	1	1	0	1	1785	1740	1695	1645	1615	1545	1510	1470
	0	0	1	1	1865	1820	1785	1750	1695	1655	1605	1560
	1	0	1	1	1920	1890	1850	1805	1765	1715	1675	1640
	0	1	1	1	2010	1965	1960	1900	1850	1810	1775	1730
	1	1	1	1	2065	2020	1985	1955	1915	1880	1840	1810

NOTE: 0 = OFF, 1 = ON

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**GENERAL TERMS OF LIMITED WARRANTY**

NORDYNE will furnish a replacement for any part of this product which fails in normal use and service within the first five years of installation, in accordance with the terms of the warranty.

For complete details of the Limited Warranty, including applicable terms and conditions, see your local installer or contact the NORDYNE warranty department for a copy.

**NORDYNE**

COMPLETE COMFORT. GENUINE VALUE. 8000 Phoenix Parkway | O'Fallon, MO 63368-3827

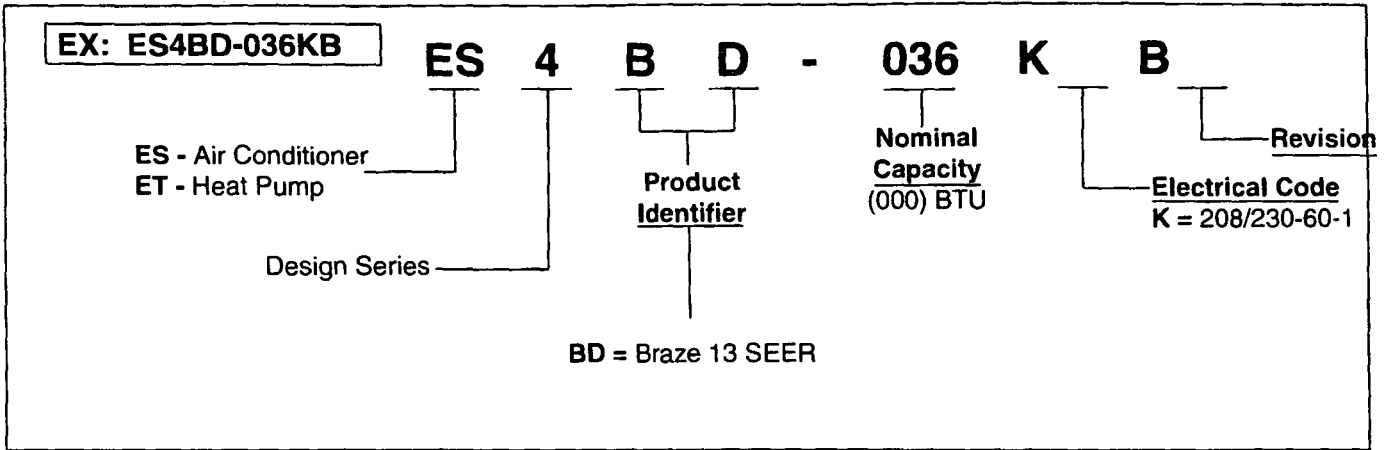
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839D-0612 (Replaces 839D-0512)

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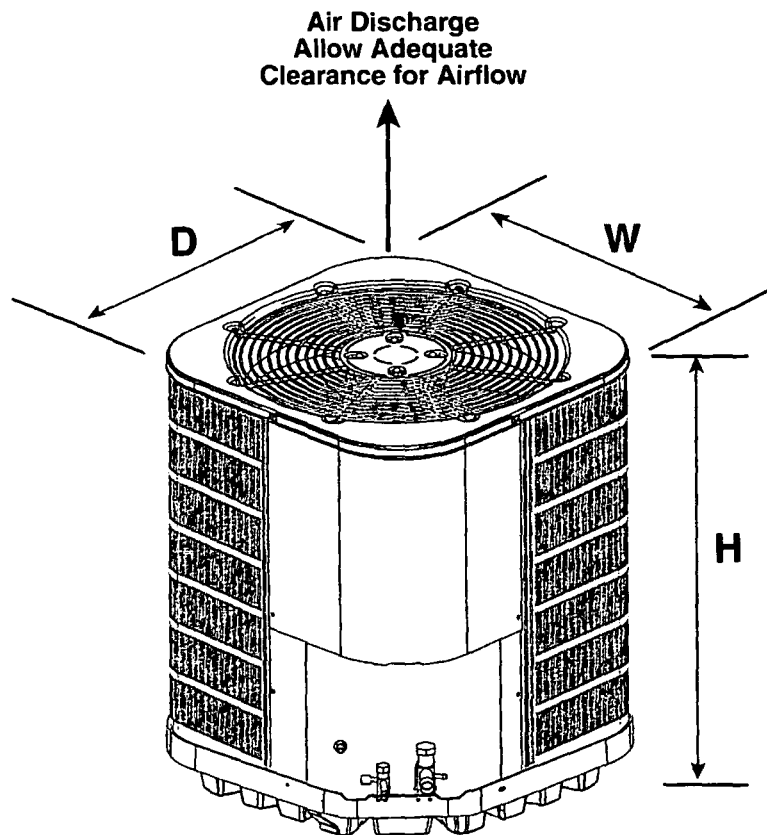
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# MODEL IDENTIFICATION CODES



## DIMENSIONS AIR CONDITIONER OUTDOOR SECTION

ES4BD	018KB	024KB	030KB	036KB	042KB	048KB	060KB
H	23 1/2	23 1/2	27 1/2	27 1/2	27 1/2	27 1/2	31 1/2
W	22 3/4	22 3/4	22 3/4	22 3/4	30 3/4	30 3/4	30 3/4
D	22 3/4	22 3/4	22 3/4	22 3/4	30 3/4	30 3/4	30 3/4



# PHYSICAL AND ELECTRICAL SPECIFICATIONS / OUTDOOR UNITS

## 13 SEER — High Efficiency — Single Phase

Model Number ES4BD		018KB	024KB	030KB	036KB	042KB	048KB	060KB	
Electrical Data	Volts-Cycles-Phase (1)	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	208/230-60-1	
	Total Amps	9.3	13.5	14.8	18.0	19.4	23.2	27.8	
	Delay Fuse Max. (2)	20	25	30	35	40	50	60	
	Min. Circuit Ampacity	11.6	16.7	18.3	22.2	23.9	28.7	34.4	
Component Data	Coil	Area	8.3	8.3	10.0	10.0	15.3	15.3	17.9
		Rows-FPI	1-18	1-18	1-18	1-18	1-18	1-18	1-18
		Tube Dia	Micro-Channel	Micro-Channel	Micro-Channel	Micro-Channel	Micro-Channel	Micro-Channel	Micro-Channel
	Fan Motor	Type	PSC	PSC	PSC	PSC	PSC	PSC	PSC
		Amps	0.35	0.7	0.7	1.4	1.5	1.5	1.5
		HP	0.05	0.1	0.1	0.25	0.25	0.25	0.25
	Fan Blade	Dia - # Blades	18" - 3	18" - 3	18" - 3	18" - 4	24" - 2	24" - 2	24" - 2
		SCFM	2600	2800	3000	3000	3500	3500	3800
	Compressor Data	RLA	9.0	12.8	14.1	16.6	17.9	21.8	26.4
		LRA	48.0	58.3	73.0	79.0	112.0	117.0	134.0
Refrigerant suction line O.D. NOTE: Liquid line is 3/8" O.D. for entire length.	0-24 ft.	3/4"	3/4"	3/4"	3/4"	7/8"	7/8"	7/8"	
	25-39 ft.	3/4"	3/4"	3/4"	7/8" (3)	7/8"	7/8"	1-1/8" (4)	
	40-75 ft.	3/4"	3/4"	3/4"	7/8" (3)	7/8"	7/8"	1-1/8" (4)	
Approximate Weight (lbs.)	Net	109	125	138	140	179	179	188	
	Ship	114	130	144	146	187	187	197	
Sound Rating db		72	72	72	75	79	79	79	

(1) Operating Voltage Range: 187v min. — 253v max.

(2) HACR Type Circuit Breakers may be used.

(3) Requires 7/8" to 3/4" reducer from line to unit.

(4) Requires 7/8" to 1-1/8" reducer from line to unit.

(5) Additional charge for line sets above 15 feet.

Values based on suction line as follows with 3/8" liquid line.

a) 3/4" = 0.6 oz. per additional foot.

b) 7/8" = 0.7 oz. per additional foot.

c) 1 1/8" = 0.8 oz per additional foot.

## ACCESSORIES - Condensing Unit

### Start Assist Kit - 912933

Provides additional starting torque for the compressor motor when operating with low line voltage or high operating temperatures.

### Extreme Wind Condition Mounting Kit - 920900



**SYSTEM COOLING CAPACITIES**  
**13 SEER — High Efficiency — Single Phase**

Outdoor Unit	Indoor Unit	A Cap	SEER	EER	CFM
ES4BD-018KB	C7B(A,H)M01824(C,U)-A	17,600	13.00	11.00	605
ES4BD-018KB	C7B(A,H)M01824(C,U)-B	17,600	13.00	11.00	535
ES4BD-024KB	C7B(A,H)M01824(C,U)-A	23,400	13.00	11.00	700
ES4BD-024KB	C7B(A,H)M01824(C,U)-B	23,400	13.00	11.00	700
ES4BD-030KB	C7B(A,H)M03036(C,U)-A	28,600	13.00	11.00	960
ES4BD-030KB	C7B(A,H)M03036(C,U)-B	28,600	13.00	11.00	960
ES4BD-030KB	C7B(A,H)M030(C,U)-C	28,600	13.00	11.00	960
ES4BD-036KB	C7B(A,H)M03036(C,U)-A	35,000	13.00	11.00	1055
ES4BD-036KB	C7B(A,H)M03036(C,U)-B	35,000	13.00	11.00	1055
ES4BD-036KB	C7B(A,H)M03642(C,U)-B	35,000	13.00	11.00	1055
ES4BD-036KB	C7B(A,H)M03648(C,U)-C	35,000	13.00	11.00	1055
ES4BD-042KB	C7B(A,H)M03642(C,U)-B	40,000	13.00	11.00	1290
ES4BD-042KB	C7B(A,H)M03648(C,U)-C	40,000	13.00	11.00	1290
ES4BD-042KB	C7B(A,H)M042(C,U)-D	40,000	13.00	11.00	1290
ES4BD-048KB	C7B(A,H)M03648(C,U)-C	46,000	13.00	10.90	1415
ES4BD-048KB	C7B(A,H)M048(C,U)-C	45,500	13.00	10.90	1305
ES4BD-048KB	C7B(A,H)M048(C,U)-D	45,500	13.00	10.90	1305
ES4BD-060KB	C7B(A,H)M060(C,U)-C	55,000	13.00	11.00	1445
ES4BD-060KB	C7B(A,H)M060(C,U)-D	55,000	13.00	11.00	1445

See current AHRI Directory for certified combinations and ratings. All ratings are with time delay relay.  
[www.ahridirectory.org](http://www.ahridirectory.org)

Outdoor Unit	Indoor Unit	A Cap	SEER	A EER	CFM
ES4BD-018KB	B6BMM024K-A	17,400	13.00	11.00	555
ES4BD-018KB	B6BMM024K-B	17,500	13.00	11.00	550
ES4BD-024KB	B6BMM024K-A	23,000	13.00	11.00	700
ES4BD-024KB	B6BMM024K-B	23,000	13.00	11.00	720
ES4BD-030KB	B6BMM030K-A	28,400	13.00	11.00	920
ES4BD-030KB	B6BMM030K-B	28,400	13.00	11.00	890
ES4BD-036KB	B6BMM036K-B	35,000	13.00	10.90	1160
ES4BD-042KB	B6BMM042K-B	40,000	13.00	11.00	1370
ES4BD-048KB	B6BMM048K-B	46,500	13.00	11.00	1355
ES4BD-048KB	B6BMM048K-C	47,500	13.00	11.00	1630
ES4BD-060KB	B6BMM060K-C	57,500	13.00	11.00	1950

See current AHRI Directory for certified combinations and ratings. All ratings are with time delay relay.  
[www.ahridirectory.org](http://www.ahridirectory.org)

# COOLING EXPANDED RATINGS

ES4BD-018KB C7B(A,H)M01824(C,U)-A

O.D.T		65°F			75°F			85°F			95°F			105°F			115°F			
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
525	80	62	18.4	14.6	1.10	17.6	14.4	1.23	16.8	14.5	1.37	15.9	14.2	1.52	14.92	14.67	1.69	14.03	13.79	1.88
	80	67	20.3	11.8	1.12	19.4	11.7	1.26	18.5	11.8	1.39	17.5	11.5	1.55	16.40	11.27	1.72	15.24	10.44	1.91
	80	72	22.5	9.2	1.16	21.6	9.1	1.29	20.5	9.3	1.44	19.5	9.1	1.59	18.30	8.90	1.76	17.05	9.08	1.96
	75	63	18.6	11.4	1.10	17.8	11.3	1.23	17.0	11.3	1.37	16.0	11.0	1.52	14.97	9.93	1.69	13.84	10.74	1.88
600	80	62	19.0	15.7	1.14	18.2	16.0	1.27	17.3	15.6	1.40	16.4	15.4	1.56	15.59	15.06	1.73	14.65	14.52	1.92
	80	67	20.7	12.6	1.16	19.8	12.9	1.29	18.9	12.5	1.43	17.8	12.4	1.58	16.73	12.30	1.76	15.55	12.22	1.95
	80	72	23.0	9.7	1.20	22.0	10.1	1.33	21.0	9.8	1.48	19.8	9.7	1.63	18.62	9.71	1.80	17.26	9.72	1.99
	75	63	19.1	12.1	1.14	18.3	12.4	1.27	17.4	12.0	1.41	16.4	11.8	1.56	15.31	11.71	1.73	14.15	11.57	1.91
675	80	62	19.4	17.0	1.17	18.6	17.1	1.30	17.9	16.6	1.44	17.1	16.2	1.60	16.14	15.60	1.77	15.15	15.09	1.97
	80	67	21.2	13.5	1.20	20.2	13.6	1.33	19.2	13.3	1.47	18.2	13.2	1.62	17.01	13.02	1.79	15.83	13.33	1.98
	80	72	23.4	10.4	1.24	22.4	10.6	1.37	21.3	10.3	1.51	20.1	10.3	1.67	18.77	10.19	1.84	17.41	10.25	2.03
	75	63	19.5	13.0	1.17	18.6	13.1	1.30	17.7	12.7	1.44	16.7	12.6	1.59	15.56	12.38	1.76	14.42	12.61	1.95

ES4BD-024KB C7B(A,H)M01824(C,U)-B

O.D.T		65°F			75°F			85°F			95°F			105°F			115°F			
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
700	80	62	24.4	19.0	1.48	23.5	18.9	1.64	22.5	19.0	1.82	21.5	18.7	2.02	20.26	19.69	2.25	18.94	18.41	2.50
	80	67	26.7	15.4	1.53	25.7	15.3	1.69	24.7	15.5	1.87	23.5	15.2	2.07	22.25	14.89	2.30	20.78	13.68	2.55
	80	72	29.6	12.0	1.61	28.6	12.0	1.77	27.4	12.3	1.95	26.2	12.0	2.16	24.75	11.83	2.39	23.06	12.07	2.66
	75	63	24.7	14.9	1.48	23.8	14.8	1.64	22.8	14.9	1.82	21.6	14.5	2.02	20.37	13.27	2.25	18.99	14.29	2.50
800	80	62	25.1	20.5	1.53	24.2	20.9	1.69	23.2	20.5	1.87	22.1	20.3	2.07	20.94	20.12	2.30	19.86	19.69	2.56
	80	67	27.4	16.3	1.59	26.4	16.8	1.75	25.3	16.4	1.93	24.1	16.2	2.12	22.74	16.22	2.35	21.19	16.13	2.61
	80	72	30.3	12.6	1.67	29.2	13.3	1.84	28.0	12.9	2.02	26.7	12.8	2.22	25.15	12.89	2.45	23.31	12.91	2.72
	75	63	25.3	15.8	1.53	24.3	16.2	1.70	23.3	15.8	1.87	22.1	15.6	2.07	20.86	15.47	2.30	19.39	15.32	2.55
900	80	62	25.7	22.2	1.58	24.8	22.3	1.74	23.8	21.9	1.92	22.8	21.6	2.13	21.78	21.05	2.36	20.53	20.45	2.62
	80	67	27.9	17.5	1.64	26.9	17.7	1.80	25.7	17.3	1.98	24.5	17.3	2.18	23.10	17.11	2.41	21.47	17.09	2.67
	80	72	30.8	13.5	1.73	29.7	13.9	1.89	28.4	13.5	2.07	27.0	13.6	2.27	25.30	13.48	2.50	23.54	13.55	2.78
	75	63	25.8	16.9	1.59	24.8	17.1	1.75	23.7	16.6	1.92	22.5	16.5	2.12	21.21	16.31	2.35	19.72	16.24	2.60

ES4BD-030KB C7B(A,H)M03036(C,U)-A

O.D.T		65°F			75°F			85°F			95°F			105°F			115°F			
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
875	80	62	29.6	22.4	1.78	28.5	22.9	1.97	27.3	23.0	2.17	25.9	22.6	2.40	24.44	23.82	2.66	22.82	22.23	2.96
	80	67	32.5	18.7	1.83	31.3	18.5	2.01	29.9	18.7	2.21	28.5	18.3	2.44	26.84	17.97	2.71	25.04	16.48	3.01
	80	72	36.3	14.7	1.89	34.9	14.6	2.08	33.4	15.0	2.28	31.7	14.6	2.51	29.92	14.40	2.78	27.67	14.66	3.11
	75	63	30.0	18.1	1.79	28.8	17.9	1.97	27.5	18.0	2.18	26.1	17.6	2.40	24.53	15.96	2.67	22.83	17.18	2.96
1000	80	62	30.5	24.9	1.85	29.3	25.4	2.03	28.0	24.8	2.23	26.7	24.5	2.46	25.29	24.29	2.73	23.96	23.76	3.03
	80	67	33.4	19.8	1.89	32.0	20.4	2.07	30.7	19.8	2.28	29.1	19.6	2.51	27.46	19.54	2.77	25.57	19.40	3.07
	80	72	37.1	15.5	1.96	35.6	16.2	2.14	34.0	15.7	2.35	32.2	15.6	2.58	30.05	15.65	2.84	27.90	15.56	3.17
	75	63	30.8	19.1	1.85	29.5	19.6	2.03	28.2	19.0	2.23	26.7	18.7	2.46	25.10	18.61	2.72	23.31	18.40	3.02
1125	80	62	31.3	26.9	1.90	30.0	27.1	2.09	28.7	26.5	2.29	27.6	26.1	2.53	26.32	25.43	2.80	24.77	24.66	3.10
	80	67	34.1	21.2	1.95	32.7	21.5	2.13	31.2	20.9	2.34	29.7	20.8	2.57	27.93	20.60	2.83	25.90	20.52	3.14
	80	72	37.6	16.6	2.01	35.9	17.0	2.20	34.2	16.5	2.40	32.4	16.4	2.63	30.52	16.26	2.91	28.33	16.29	3.25
	75	63	31.4	20.5	1.91	30.1	20.6	2.09	28.7	20.0	2.29	27.2	19.9	2.52	25.55	19.59	2.78	23.69	19.47	3.08

ES4BD-036KB C7B(A,H)M03036(C,U)-B

O.D.T		65°F			75°F			85°F			95°F			105°F			115°F			
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
1050	80	62	36.7	27.9	2.26	35.4	28.4	2.49	33.7	28.5	2.75	31.9	28.0	3.03	29.73	29.16	3.39	27.72	27.20	3.80
	80	67	40.5	23.1	2.33	38.8	23.0	2.56	37.0	23.2	2.82	34.9	22.6	3.13	32.61	22.07	3.49	30.37	20.29	3.86
	80	72	44.7	18.1	2.43	42.9	18.0	2.66	40.9	18.3	2.95	38.7	17.8	3.25	36.53	17.54	3.58	34.14	17.93	3.95
	75	63	37.3	22.4	2.27	35.8	22.2	2.50	34.1	22.3	2.75	32.2	21.7	3.04	29.85	19.41	3.41	27.47	21.02	3.79
1250	80	62	38.2	31.7	2.37	36.7	32.2	2.60	35.0	31.5	2.85	33.1	31.1	3.14	31.26	30.20	3.54	29.43	29.18	3.91
	80	67	41.5	24.6	2.41	39.7	25.3	2.64	37.8	24.6	2.90	35.6	24.2	3.22	33.37	24.09	3.56	31.04	23.94	3.93
	80	72	45.8	19.0	2.51	43.8	19.9	2.76	41.7	19.2	3.04	39.5	19.0	3.33	37.22	19.13	3.66	34.70	19.19	4.03
	75	63	38.3	23.8	2.35	36.7	24.4	2.58	34.9	23.7	2.83	32.9	23.3	3.12	30.50	22.93	3.49	28.11	22.62	3.86
1450	80	62	39.4	34.9	2.47	37.8	35.1	2.70	36.5	34.0	2.96	34.6	32.9	3.29	32.70	31.59	3.65	30.74	30.61	4.02
	80	67	42.3	26.4	2.49	40.5	26.7	2.72	38.4	26.0	2.99	36.2	25.7	3.30	33.94	25.47	3.64	31.56	25.46	4.00
	80	72	46.6	20.4	2.59	44.5	20.8	2.84	42.3	20.1	3.11	40.1	20.2	3.40	37.63	20.06	3.73	35.01	20.24	4.10
	75	63	39.0	25.5	2.42	37.4	25.7	2.65	35.5	25.0	2.90	33.4	24.7	3.20	30.94	24.17	3.57	28.61	24.03	3.94

# COOLING EXPANDED RATINGS (CONTINUED)

ES4BD-042KB C7B(A,H)M03642(C,U)-B

O.D.T			65°F			75°F			85°F			95°F			105°F			115°F		
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
1150	80	62	41.5	31.9	2.54	39.8	31.6	2.76	38.0	31.7	3.01	35.9	31.0	3.32	33.53	32.32	3.68	31.21	30.07	4.05
	80	67	45.6	26.6	2.60	43.8	26.4	2.82	41.8	26.6	3.09	39.6	26.0	3.40	37.23	25.46	3.74	34.73	23.06	4.12
	80	72	50.5	20.7	2.69	48.5	20.6	2.92	46.3	21.0	3.20	43.9	20.5	3.49	41.43	20.20	3.83	38.72	20.66	4.21
	75	63	42.1	25.7	2.55	40.5	25.5	2.76	38.6	25.6	3.02	36.4	24.9	3.33	33.98	22.57	3.69	31.58	24.33	4.06
1300	80	62	42.5	34.0	2.61	40.8	34.6	2.83	38.9	33.7	3.08	36.7	33.1	3.40	34.39	32.65	3.75	32.16	31.88	4.13
	80	67	46.6	28.1	2.67	44.8	28.9	2.90	42.6	28.1	3.17	40.4	27.7	3.48	37.94	27.63	3.81	35.37	27.50	4.19
	80	72	51.5	21.7	2.77	49.3	22.7	3.00	47.1	22.0	3.27	44.6	21.8	3.57	41.87	21.91	3.90	39.12	21.96	4.28
	75	63	43.0	27.1	2.62	41.3	27.8	2.83	39.4	27.0	3.09	37.1	26.5	3.41	34.66	26.30	3.76	32.20	26.03	4.13
1450	80	62	43.3	36.4	2.68	41.6	36.5	2.90	39.6	35.6	3.15	37.4	35.0	3.48	35.23	34.04	3.82	33.20	33.06	4.20
	80	67	47.4	30.0	2.75	45.5	30.4	2.97	43.3	29.6	3.24	41.0	29.4	3.55	38.50	29.10	3.88	35.88	29.11	4.26
	80	72	52.2	23.2	2.84	49.9	23.7	3.08	47.5	23.0	3.33	45.0	23.0	3.64	42.30	22.79	3.97	39.57	22.99	4.35
	75	63	43.8	29.0	2.69	42.1	29.2	2.90	40.0	28.4	3.16	37.7	28.1	3.48	35.19	27.66	3.82	32.62	27.39	4.19

ES4BD-048KB C7B(A,H)M03648(C,U)-C

O.D.T			65°F			75°F			85°F			95°F			105°F			115°F		
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
1400	80	62	48.9	37.3	3.13	46.7	36.9	3.45	44.4	36.9	3.78	42.0	36.1	4.16	39.31	37.74	4.58	36.53	35.07	5.05
	80	67	53.7	31.1	3.22	51.5	30.8	3.53	49.1	31.0	3.86	46.4	30.3	4.24	43.62	29.73	4.67	40.70	26.91	5.14
	80	72	59.2	24.2	3.33	56.7	24.1	3.63	54.2	24.5	3.98	51.4	23.9	4.36	48.38	23.51	4.79	45.11	24.01	5.26
	75	63	49.7	30.1	3.14	47.5	29.7	3.46	45.1	29.8	3.80	42.6	29.1	4.17	39.93	26.33	4.59	37.00	28.44	5.06
1600	80	62	50.1	39.9	3.22	47.8	40.5	3.54	45.5	39.4	3.88	43.0	38.7	4.25	40.34	38.20	4.68	37.62	37.30	5.15
	80	67	54.9	33.0	3.32	52.6	33.9	3.63	50.1	32.9	3.96	47.4	32.5	4.34	44.47	32.39	4.77	41.40	32.23	5.24
	80	72	60.4	25.4	3.43	57.9	26.6	3.74	55.1	25.7	4.09	52.2	25.5	4.46	48.95	25.56	4.88	45.75	25.62	5.37
	75	63	50.8	31.9	3.24	48.6	32.6	3.55	46.1	31.6	3.89	43.5	31.1	4.26	40.79	30.88	4.69	37.79	30.56	5.16
1800	80	62	51.0	42.7	3.32	48.7	42.8	3.64	46.4	41.6	3.97	43.9	41.0	4.34	41.29	39.89	4.77	38.85	38.69	5.26
	80	67	55.9	35.3	3.42	53.5	35.7	3.72	50.9	34.7	4.06	48.1	34.5	4.43	45.11	34.19	4.86	42.02	34.22	5.34
	80	72	61.3	27.2	3.53	58.5	27.8	3.83	55.7	26.9	4.18	52.7	26.9	4.55	49.62	26.67	4.98	46.33	26.91	5.47
	75	63	51.7	34.1	3.34	49.4	34.3	3.65	46.9	33.3	3.98	44.2	33.0	4.35	41.39	32.55	4.78	38.33	32.18	5.25

ES4BD-060KB with C7B(A,H)M060(C,U)-C

O.D.T			65°F			75°F			85°F			95°F			105°F			115°F		
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
1300	80	62	55.8	39.0	3.54	53.5	38.6	3.91	51.0	38.6	4.30	48.3	37.7	4.75	45.23	39.46	5.26	41.87	36.53	5.83
	80	67	61.9	33.0	3.64	59.4	32.7	4.00	56.7	32.9	4.41	53.8	32.2	4.87	50.74	31.49	5.39	47.49	28.03	5.97
	80	72	68.5	26.6	3.79	65.8	26.4	4.15	63.0	26.9	4.58	60.0	26.2	5.03	56.77	25.69	5.56	53.30	26.29	6.15
	75	62	55.7	33.3	3.54	53.4	32.8	3.90	50.9	32.9	4.30	48.2	32.0	4.75	45.10	28.87	5.25	41.76	31.13	5.83
1450	80	62	57.4	41.2	3.62	55.0	42.0	3.98	52.4	40.8	4.38	49.5	40.2	4.83	46.48	39.87	5.35	43.04	39.04	5.92
	80	67	63.4	34.6	3.73	60.8	35.6	4.09	58.1	34.6	4.50	55.2	34.1	4.96	51.99	33.98	5.48	48.54	33.80	6.06
	80	72	70.2	27.6	3.89	67.5	28.9	4.25	64.5	27.9	4.68	61.4	27.6	5.13	58.02	27.71	5.66	54.43	27.82	6.25
	75	62	57.2	34.9	3.62	54.8	35.7	3.98	52.2	34.6	4.38	49.4	33.9	4.83	46.33	33.62	5.35	42.91	33.18	5.91
1600	80	62	58.7	43.9	3.70	56.2	44.1	4.07	53.5	42.9	4.46	50.6	42.2	4.91	47.42	41.55	5.43	43.98	41.19	6.00
	80	67	64.8	36.8	3.82	62.2	37.2	4.18	59.3	36.1	4.58	56.3	35.9	5.05	52.99	35.51	5.57	49.49	35.56	6.15
	80	72	71.7	29.3	3.98	68.8	29.9	4.34	65.8	28.9	4.76	62.5	28.9	5.23	59.04	28.71	5.76	55.24	29.05	6.34
	75	62	58.6	37.0	3.70	56.1	37.3	4.06	53.3	36.1	4.46	50.4	35.7	4.91	47.36	35.20	5.43	43.80	34.93	5.99

# COOLING EXPANDED RATINGS

ES4BD-018KB with B6BMM024K-(A,B)

CFM	O.D.T		65°F			75°F			85°F			95°F			105°F			115°F		
	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
400	80	62	17.3	12.5	1.08	16.6	12.5	1.20	15.9	12.6	1.32	15.1	12.3	1.46	14.16	12.96	1.62	13.16	12.05	1.79
	80	67	19.2	10.5	1.10	18.4	10.4	1.22	17.6	10.5	1.35	16.7	10.2	1.49	15.70	10.04	1.64	14.61	9.13	1.81
	80	72	21.3	8.4	1.13	20.5	8.3	1.25	19.6	8.5	1.38	18.6	8.3	1.52	17.57	8.10	1.68	16.44	8.27	1.86
	75	63	17.6	10.2	1.09	16.9	10.0	1.20	16.1	10.1	1.33	15.3	9.8	1.46	14.33	8.93	1.62	13.30	9.65	1.79
550	80	62	18.7	15.2	1.15	17.9	15.4	1.27	17.1	15.1	1.39	16.2	14.9	1.53	15.31	14.74	1.69	14.44	14.32	1.86
	80	67	20.5	12.2	1.17	19.6	12.6	1.29	18.7	12.2	1.42	17.7	12.1	1.56	16.63	12.03	1.71	15.49	11.95	1.89
	80	72	22.7	9.5	1.21	21.8	9.9	1.33	20.8	9.6	1.46	19.7	9.5	1.60	18.51	9.52	1.76	17.25	9.54	1.94
	75	63	18.8	11.8	1.15	18.0	12.1	1.27	17.2	11.7	1.39	16.2	11.5	1.53	15.22	11.46	1.69	14.18	11.54	1.86
700	80	62	19.7	17.7	1.22	19.0	17.6	1.34	18.2	17.0	1.47	17.4	16.5	1.61	16.49	15.93	1.76	15.49	15.43	1.94
	80	67	21.3	14.0	1.24	20.4	14.1	1.36	19.4	13.8	1.49	18.4	14.0	1.63	17.23	13.84	1.78	16.04	13.84	1.96
	80	72	23.5	10.7	1.28	22.5	10.9	1.40	21.4	10.6	1.53	20.1	10.6	1.67	18.88	10.50	1.83	17.58	10.55	2.00
	75	63	19.6	13.4	1.21	18.8	13.6	1.34	17.9	13.5	1.46	16.9	13.3	1.60	15.82	13.16	1.75	14.66	13.09	1.92

ES4BD-024KB with B6BMM024K-(A,B)

CFM	O.D.T		65°F			75°F			85°F			95°F			105°F			115°F		
	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
550	80	62	22.6	16.1	1.37	21.8	16.0	1.53	21.0	16.1	1.70	20.1	16.2	1.91	19.05	17.15	2.13	17.84	16.07	2.38
	80	67	24.9	13.5	1.42	24.1	13.4	1.58	23.2	13.6	1.76	22.2	13.4	1.95	21.05	13.15	2.18	19.77	12.03	2.43
	80	72	27.5	10.8	1.49	26.6	10.7	1.66	25.6	11.0	1.83	24.6	10.8	2.04	23.36	10.63	2.27	21.94	10.88	2.54
	75	63	23.0	13.1	1.38	22.2	13.0	1.54	21.4	13.2	1.71	20.4	12.9	1.91	19.33	11.83	2.14	18.07	12.74	2.39
700	80	62	24.0	18.8	1.44	23.1	19.3	1.60	22.2	18.9	1.78	21.2	18.7	1.97	20.13	18.69	2.20	18.90	18.60	2.45
	80	67	26.3	15.1	1.50	25.4	15.6	1.66	24.4	15.2	1.84	23.3	15.1	2.04	22.06	15.11	2.26	20.64	15.07	2.51
	80	72	28.9	11.7	1.58	28.0	12.4	1.75	26.9	12.0	1.93	25.7	11.9	2.13	24.40	12.04	2.36	22.84	12.08	2.63
	75	63	24.3	14.6	1.45	23.4	15.1	1.61	22.5	14.7	1.78	21.4	14.5	1.98	20.24	14.47	2.20	18.95	14.40	2.45
850	80	62	24.9	21.3	1.51	24.1	21.5	1.67	23.2	21.1	1.85	22.2	20.9	2.05	21.36	20.63	2.28	20.21	20.12	2.54
	80	67	27.2	16.8	1.57	26.2	17.0	1.74	25.2	16.7	1.91	24.0	16.6	2.11	22.73	16.55	2.33	21.24	16.61	2.59
	80	72	30.0	12.9	1.66	28.9	13.3	1.83	27.7	12.9	2.01	26.5	13.0	2.21	25.04	12.95	2.45	23.39	13.10	2.72
	75	63	25.1	16.2	1.51	24.2	16.4	1.67	23.2	16.0	1.85	22.1	16.0	2.04	20.88	15.81	2.27	19.53	15.83	2.52

ES4BD-030KB with B6BMM030K-(A,B)

CFM	O.D.T		65°F			75°F			85°F			95°F			105°F			115°F		
	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
750	80	62	28.4	20.8	1.79	27.4	20.6	1.97	26.3	20.8	2.17	25.2	21.0	2.41	23.85	22.25	2.68	22.38	20.87	2.99
	80	67	31.3	17.3	1.86	30.2	17.2	2.05	29.0	17.4	2.25	27.7	17.1	2.49	26.24	16.83	2.76	24.60	15.51	3.08
	80	72	34.5	13.7	1.95	33.3	13.6	2.14	32.0	13.9	2.35	30.6	13.6	2.59	28.99	13.43	2.88	27.16	13.74	3.22
	75	63	29.0	16.8	1.80	27.9	16.7	1.98	26.8	16.9	2.19	25.5	16.5	2.42	24.15	15.18	2.69	22.62	16.33	3.00
900	80	62	29.7	23.7	1.87	28.6	24.2	2.05	27.4	23.7	2.26	26.2	23.5	2.49	24.79	23.46	2.76	23.51	23.24	3.08
	80	67	32.5	18.8	1.94	31.3	19.4	2.13	30.0	18.9	2.33	28.6	18.8	2.57	27.05	18.79	2.85	25.28	18.74	3.17
	80	72	35.8	14.6	2.03	34.5	15.3	2.22	33.1	14.9	2.44	31.6	14.8	2.69	29.81	14.87	2.98	27.90	14.93	3.31
	75	63	30.0	18.2	1.88	28.9	18.8	2.06	27.7	18.3	2.26	26.4	18.1	2.50	24.93	18.02	2.77	23.30	17.93	3.07
1050	80	62	30.6	26.2	1.94	29.5	26.4	2.13	28.3	25.9	2.33	27.2	25.7	2.58	26.05	25.17	2.86	24.62	24.51	3.19
	80	67	33.4	20.6	2.02	32.1	20.8	2.20	30.7	20.4	2.41	29.3	20.3	2.65	27.65	20.20	2.92	25.78	20.25	3.25
	80	72	36.8	15.9	2.11	35.4	16.3	2.30	33.9	15.8	2.52	32.3	15.8	2.77	30.41	15.76	3.06	28.47	15.97	3.39
	75	63	30.9	19.9	1.95	29.7	20.1	2.13	28.4	19.6	2.34	27.0	19.5	2.57	25.50	19.33	2.84	23.79	19.33	3.15

ES4BD-036KB with B6BMM036K-B

CFM	O.D.T		65°F			75°F			85°F			95°F			105°F			115°F		
	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
1000	80	62	35.4	26.9	2.25	34.2	26.7	2.47	32.7	26.8	2.72	31.1	26.3	3.01	29.31	27.64	3.35	27.16	25.61	3.78
	80	67	39.0	22.4	2.33	37.5	22.3	2.55	36.0	22.5	2.81	34.3	22.1	3.11	32.18	21.67	3.48	30.17	19.73	3.86
	80	72	43.0	17.5	2.43	41.5	17.5	2.67	39.8	17.9	2.94	37.8	17.5	3.25	35.83	17.22	3.59	33.63	17.65	3.97
	75	63	36.0	21.7	2.26	34.6	21.6	2.48	33.2	21.7	2.73	31.5	21.3	3.02	29.62	19.28	3.37	27.46	20.82	3.79
1150	80	62	36.4	28.8	2.32	35.0	29.4	2.55	33.5	28.7	2.80	31.9	28.3	3.09	30.02	27.97	3.45	28.00	27.42	3.86
	80	67	39.9	23.9	2.41	38.5	24.6	2.63	36.8	24.0	2.89	34.9	23.7	3.19	32.94	23.69	3.55	30.80	23.63	3.93
	80	72	44.0	18.5	2.51	42.4	19.4	2.75	40.5	18.8	3.02	38.6	18.6	3.32	36.43	18.77	3.67	34.16	18.88	4.06
	75	63	36.9	23.1	2.33	35.5	23.7	2.56	33.9	23.1	2.81	32.3	22.8	3.10	30.27	22.64	3.45	28.05	22.42	3.86
1300	80	62	37.1	30.9	2.39	35.8	31.1	2.62	34.3	30.4	2.87	32.6	30.0	3.16	30.72	29.32	3.53	28.80	28.68	3.93
	80	67	40.6	25.6	2.48	39.1	26.0	2.71	37.4	25.4	2.96	35.5	25.3	3.27	33.46	25.07	3.62	31.29	25.14	4.00
	80	72	44.7	19.8	2.59	43.0	20.3	2.82	41.0	19.7	3.10	39.1	19.7	3.40	36.93	19.63	3.74	34.66	19.88	4.14
	75	63	37.5	24.7	2.40	36.1	25.0	2.63	34.5	24.4	2.88	32.8	24.2	3.17	30.67	23.88	3.53	28.52	23.66	3.92

# COOLING EXPANDED RATINGS (CONTINUED)

ES4BD-042KB with B6BMM042K-B

O.D.T			65°F			75°F			85°F			95°F			105°F			115°F		
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
1200	80	62	40.5	31.7	2.61	39.1	31.5	2.82	37.6	31.7	3.06	35.8	31.1	3.33	33.79	32.47	3.67	31.65	30.42	4.05
	80	67	44.5	26.3	2.69	42.9	26.2	2.91	41.1	26.5	3.16	39.2	26.0	3.44	37.17	25.58	3.77	34.92	23.46	4.13
	80	72	49.2	20.4	2.79	47.3	20.4	3.02	45.4	20.8	3.28	43.3	20.4	3.57	40.95	20.17	3.90	38.44	20.69	4.27
	75	63	41.1	25.4	2.63	39.6	25.3	2.83	38.0	25.5	3.07	36.2	25.0	3.34	34.19	22.87	3.68	31.92	24.64	4.05
1350	80	62	41.4	33.6	2.69	39.9	34.3	2.89	38.3	33.5	3.14	36.5	33.1	3.41	34.50	32.71	3.75	32.44	32.17	4.13
	80	67	45.3	27.7	2.77	43.6	28.6	2.99	41.8	27.9	3.24	39.8	27.6	3.52	37.72	27.64	3.84	35.45	27.61	4.21
	80	72	50.0	21.4	2.87	48.0	22.4	3.10	46.0	21.8	3.36	43.7	21.6	3.65	41.34	21.77	3.98	38.89	21.89	4.35
	75	63	41.9	26.8	2.70	40.3	27.5	2.91	38.7	26.8	3.15	36.8	26.5	3.42	34.72	26.39	3.76	32.45	26.24	4.13
1500	80	62	42.2	35.8	2.76	40.6	36.0	2.98	38.9	35.1	3.22	37.2	34.7	3.50	35.18	33.99	3.83	33.33	33.19	4.21
	80	67	46.0	29.6	2.84	44.3	30.0	3.06	42.4	29.3	3.32	40.4	29.2	3.60	38.21	29.00	3.92	35.86	29.12	4.29
	80	72	50.5	22.8	2.94	48.5	23.3	3.17	46.4	22.6	3.44	44.2	22.7	3.73	41.80	22.59	4.06	39.23	22.86	4.43
	75	63	42.5	28.5	2.77	40.9	28.8	2.99	39.2	28.1	3.22	37.3	28.0	3.50	35.15	27.66	3.83	32.85	27.49	4.20

ES4BD-048KB with B6BMM048K-(B,C)

O.D.T			65°F			75°F			85°F			95°F			105°F			115°F		
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
1200	80	62	47.9	35.0	2.99	45.8	34.6	3.31	43.3	34.4	3.65	40.8	33.6	4.02	37.96	34.66	4.43	36.36	33.20	4.66
	80	67	52.9	29.2	3.07	50.6	28.9	3.39	48.2	29.1	3.72	45.7	28.4	4.09	42.78	27.79	4.52	39.79	25.59	4.98
	80	72	58.4	23.2	3.16	56.1	23.0	3.47	53.5	23.4	3.81	50.7	22.8	4.19	47.77	22.29	4.61	44.56	22.74	5.08
	75	63	48.8	28.4	3.00	46.6	28.0	3.32	44.2	28.0	3.67	41.7	27.3	4.03	38.86	24.30	4.45	35.62	26.38	4.91
1350	80	62	49.1	37.0	3.06	46.9	37.6	3.38	44.4	36.5	3.73	41.8	35.9	4.09	39.01	35.44	4.51	37.45	35.61	4.74
	80	67	54.2	30.8	3.15	51.8	31.7	3.46	49.4	30.7	3.80	46.7	30.3	4.17	43.74	30.13	4.59	40.61	29.94	5.06
	80	72	59.8	24.1	3.24	57.3	25.3	3.55	54.6	24.4	3.89	51.8	24.1	4.27	48.71	24.12	4.69	45.46	24.15	5.17
	75	63	50.0	29.9	3.08	47.7	30.5	3.40	45.3	29.6	3.74	42.7	29.0	4.11	39.85	28.71	4.53	36.52	28.24	4.98
1500	80	62	50.1	39.5	3.14	47.8	39.6	3.46	45.3	38.5	3.80	42.7	38.0	4.16	39.88	37.30	4.58	38.40	37.59	4.81
	80	67	55.3	32.9	3.22	52.9	33.2	3.53	50.3	32.3	3.87	47.5	32.0	4.24	44.44	31.65	4.67	41.21	31.62	5.13
	80	72	60.9	25.7	3.32	58.4	26.2	3.63	55.6	25.3	3.97	52.6	25.3	4.35	49.46	25.08	4.77	46.09	25.32	5.25
	75	63	51.0	31.8	3.16	48.6	32.0	3.48	46.2	31.0	3.81	43.5	30.6	4.18	40.53	30.13	4.60	37.24	29.85	5.06

ES4BD-060KB with B6BMM060K-C

O.D.T			65°F			75°F			85°F			95°F			105°F			115°F		
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
1800	80	62	60.2	45.0	3.78	57.6	44.4	4.15	54.8	44.4	4.56	51.9	43.3	5.02	48.66	44.96	5.53	45.11	41.68	6.11
	80	67	65.5	37.5	3.89	62.7	37.0	4.25	59.9	37.2	4.66	56.8	36.3	5.12	53.54	35.45	5.64	50.03	32.06	6.22
	80	72	71.5	30.0	4.02	67.8	29.7	4.36	64.6	30.1	4.77	61.4	29.3	5.23	57.92	28.59	5.75	54.16	28.97	6.33
	75	63	60.5	36.3	3.78	57.8	35.7	4.17	55.1	35.8	4.57	52.1	34.7	5.02	48.80	31.18	5.54	45.15	33.49	6.11
1950	80	62	61.1	46.7	3.85	58.4	47.4	4.23	55.7	45.8	4.64	52.7	45.0	5.09	49.37	44.36	5.61	45.85	43.57	6.18
	80	67	66.4	38.6	3.96	63.6	39.6	4.33	60.7	38.4	4.74	57.6	37.7	5.20	54.22	37.47	5.71	50.60	37.08	6.29
	80	72	71.7	30.7	4.08	68.7	31.9	4.44	65.6	30.8	4.85	62.2	30.3	5.31	58.62	30.21	5.83	54.80	30.06	6.41
	75	63	61.4	37.4	3.86	58.7	38.1	4.24	55.9	36.8	4.64	52.8	36.1	5.09	49.47	35.58	5.61	45.82	34.96	6.18
2100	80	62	61.9	49.0	3.92	59.1	48.6	4.30	56.3	47.3	4.70	53.3	46.7	5.16	50.00	45.80	5.68	46.51	45.12	6.25
	80	67	67.2	40.4	4.04	64.4	40.7	4.40	61.4	39.5	4.81	58.2	39.1	5.27	54.82	38.54	5.79	51.15	38.36	6.36
	80	72	72.5	32.0	4.15	69.5	32.6	4.52	66.3	31.4	4.93	62.9	31.2	5.39	59.21	30.81	5.90	55.32	30.87	6.48
	75	63	62.2	39.0	3.93	59.4	39.2	4.30	56.5	37.9	4.71	53.4	37.3	5.16	50.05	36.60	5.68	46.36	36.12	6.25

# COOLING EXPANDED RATINGS WITH AIR HANDLER

ES4BD-018KB B6EMMX24K-A

O.D.T			65°F			75°F			85°F			95°F			105°F			115°F		
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
525	80	62	18.3	14.6	0.99	17.7	14.5	1.13	16.9	14.6	1.27	16.2	14.4	1.44	15.35	15.03	1.62	14.46	14.16	1.85
	80	67	19.9	11.8	0.99	19.2	11.7	1.13	18.3	11.8	1.29	17.5	11.6	1.45	16.50	11.38	1.64	15.48	10.74	1.86
	80	72	22.0	9.1	1.00	21.2	9.1	1.15	20.2	9.2	1.30	19.2	9.0	1.48	18.09	8.90	1.68	16.98	9.14	1.88
	75	62	18.1	11.9	0.99	17.5	11.8	1.13	16.7	11.9	1.27	15.9	11.6	1.44	15.09	10.75	1.62	14.18	11.77	1.83
600	80	62	18.9	15.8	1.00	18.2	16.1	1.14	17.4	15.8	1.29	16.7	15.6	1.45	15.94	15.40	1.64	15.06	14.93	1.87
	80	67	20.4	12.5	1.00	19.6	12.9	1.15	18.8	12.6	1.30	17.9	12.4	1.47	16.80	12.40	1.67	15.78	12.39	1.87
	80	72	22.5	9.6	1.01	21.6	10.1	1.16	20.6	9.8	1.32	19.4	9.6	1.50	18.25	9.73	1.69	17.11	9.77	1.89
	75	62	18.6	12.7	1.00	17.9	13.0	1.14	17.1	12.7	1.29	16.3	12.8	1.45	15.44	12.78	1.63	14.43	12.70	1.86
675	80	62	19.4	17.1	1.01	18.6	17.2	1.15	18.0	16.7	1.30	17.3	16.4	1.47	16.44	15.88	1.66	15.53	15.47	1.88
	80	67	20.8	13.5	1.01	20.0	13.6	1.16	19.1	13.3	1.31	18.2	13.3	1.48	17.09	13.46	1.69	16.06	13.53	1.89
	80	72	22.9	10.3	1.02	21.9	10.6	1.17	20.8	10.3	1.33	19.6	10.2	1.52	18.50	10.16	1.70	17.37	10.27	1.91
	75	62	19.0	13.6	1.01	18.3	14.1	1.15	17.5	13.8	1.30	16.6	13.7	1.46	15.71	13.58	1.65	14.68	13.57	1.87

ES4BD-024KB B6EMMX24K-A

O.D.T			65°F			75°F			85°F			95°F			105°F			115°F		
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
700	80	62	24.5	19.2	1.32	23.7	19.1	1.50	22.8	19.2	1.70	21.7	18.8	1.93	20.67	19.81	2.17	19.55	18.74	2.44
	80	67	26.6	15.4	1.34	25.6	15.3	1.52	24.5	15.5	1.73	23.5	15.2	1.95	22.34	14.99	2.19	21.10	14.08	2.45
	80	72	29.3	12.0	1.38	28.2	12.0	1.58	27.1	12.3	1.77	25.9	12.1	1.98	24.56	11.93	2.22	23.00	12.28	2.48
	75	62	24.3	15.6	1.32	23.4	15.5	1.50	22.5	15.6	1.69	21.4	15.3	1.93	20.36	14.18	2.17	19.19	15.17	2.43
800	80	62	25.2	20.6	1.35	24.3	21.1	1.52	23.3	20.6	1.73	22.3	20.4	1.95	21.28	20.40	2.19	20.33	20.13	2.46
	80	67	27.2	16.4	1.36	26.2	16.9	1.55	25.1	16.4	1.76	24.0	16.3	1.97	22.82	16.31	2.21	21.54	16.31	2.47
	80	72	29.9	12.7	1.41	28.7	13.3	1.60	27.5	12.9	1.80	26.0	12.9	2.00	24.67	12.94	2.24	23.30	13.02	2.50
	75	62	24.9	16.6	1.34	24.0	17.0	1.52	23.0	16.6	1.72	21.9	16.4	1.95	20.81	16.34	2.19	19.64	16.72	2.45
900	80	62	25.8	22.3	1.37	24.9	22.5	1.55	23.9	22.0	1.76	23.0	21.8	1.98	22.09	21.34	2.22	20.99	20.90	2.48
	80	67	27.7	17.5	1.39	26.7	17.8	1.58	25.6	17.3	1.78	24.4	17.3	2.00	23.22	17.20	2.23	21.89	17.29	2.50
	80	72	30.1	13.6	1.43	28.8	13.9	1.63	27.6	13.5	1.82	26.4	13.5	2.03	25.09	13.47	2.27	23.66	13.63	2.53
	75	62	25.4	17.8	1.36	24.5	17.9	1.54	23.4	17.5	1.75	22.3	17.4	1.97	21.20	17.76	2.21	19.99	17.79	2.48

ES4BD-030KB B6EMMX30K-A

O.D.T			65°F			75°F			85°F			95°F			105°F			115°F		
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
875	80	62	30.0	24.1	1.66	28.9	23.9	1.86	27.6	23.9	2.07	26.3	23.5	2.32	24.87	24.33	2.60	23.37	22.86	2.91
	80	67	32.6	19.8	1.68	31.3	19.6	1.88	29.9	19.8	2.10	28.4	19.5	2.34	26.82	19.13	2.62	24.92	17.99	2.97
	80	72	35.8	15.2	1.71	34.3	15.1	1.91	32.7	15.4	2.13	31.0	15.1	2.38	28.96	14.81	2.68	26.69	14.99	3.04
	75	62	29.8	20.1	1.66	28.6	19.9	1.86	27.4	20.0	2.07	26.0	19.6	2.31	24.57	17.94	2.59	22.96	19.27	2.91
1000	80	62	30.7	25.8	1.70	29.5	26.2	1.90	28.3	25.6	2.11	26.9	25.1	2.35	25.53	24.67	2.63	24.08	23.88	2.96
	80	67	33.3	21.1	1.71	31.9	21.7	1.91	30.4	21.1	2.13	28.9	20.9	2.37	27.25	20.81	2.65	25.21	20.62	3.01
	80	72	36.4	16.1	1.74	34.8	16.8	1.94	33.0	16.3	2.16	31.3	16.1	2.41	29.23	16.06	2.72	27.06	15.98	3.07
	75	62	30.4	21.3	1.69	29.2	21.8	1.89	27.9	21.3	2.10	26.5	21.0	2.35	25.00	20.88	2.62	23.34	20.71	2.94
1125	80	62	31.4	27.7	1.73	30.1	27.7	1.92	28.9	26.8	2.14	27.6	26.2	2.39	26.24	25.36	2.67	24.61	24.51	3.02
	80	67	33.8	22.7	1.75	32.4	23.0	1.95	30.9	22.3	2.16	29.3	22.2	2.41	27.58	22.02	2.69	25.48	21.91	3.05
	80	72	36.7	17.3	1.77	35.0	17.6	1.98	33.4	17.0	2.20	31.7	17.0	2.44	29.50	16.78	2.77	27.34	16.83	3.10
	75	62	31.0	22.9	1.72	29.7	23.1	1.92	28.3	22.5	2.14	26.9	22.3	2.38	25.34	22.07	2.66	23.63	21.95	2.97

# COOLING EXPANDED RATINGS WITH AIR HANDLER (CONTINUED)

ES4BD-036KB B6EMMX36K-B

O.D.T			65°F			75°F			85°F			95°F			105°F			115°F		
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
1050	80	62	37.6	29.3	2.06	36.3	29.1	2.30	34.8	29.2	2.57	33.2	28.7	2.87	31.26	29.90	3.25	29.37	28.09	3.67
	80	67	40.9	24.2	2.09	39.3	24.0	2.33	37.7	24.3	2.60	35.8	23.7	2.94	33.81	23.32	3.31	31.79	21.79	3.69
	80	72	44.9	18.8	2.13	43.1	18.7	2.38	41.1	19.1	2.68	38.8	18.7	3.00	36.48	18.38	3.34	34.41	18.79	3.73
	75	62	37.4	24.5	2.06	36.0	24.3	2.30	34.5	24.5	2.56	32.9	24.0	2.86	30.96	21.97	3.23	28.95	23.49	3.66
1200	80	62	38.6	31.4	2.10	37.2	32.0	2.34	35.7	31.2	2.60	34.0	30.8	2.91	32.03	30.43	3.30	30.16	29.90	3.70
	80	67	41.8	25.7	2.12	40.2	26.5	2.37	38.5	25.8	2.65	36.4	25.4	2.99	34.42	25.39	3.34	32.40	25.36	3.73
	80	72	45.5	19.8	2.16	43.4	20.7	2.42	41.3	20.0	2.72	39.3	19.8	3.04	37.20	19.88	3.37	35.00	19.94	3.76
	75	62	38.2	26.1	2.09	36.8	26.7	2.34	35.2	26.0	2.60	33.5	25.6	2.90	31.49	25.40	3.28	29.51	25.22	3.70
1350	80	62	39.4	33.7	2.13	38.0	33.8	2.38	36.4	33.0	2.64	34.6	32.5	2.97	32.72	31.62	3.35	31.05	30.92	3.74
	80	67	42.5	27.6	2.16	40.9	27.9	2.41	39.1	27.2	2.69	36.9	27.0	3.04	34.92	26.82	3.38	32.83	26.81	3.76
	80	72	45.9	21.2	2.19	44.0	21.5	2.47	41.8	20.8	2.77	39.8	20.8	3.07	37.71	20.70	3.41	35.45	20.90	3.80
	75	62	38.9	28.0	2.13	37.4	28.1	2.37	35.8	27.4	2.64	34.1	27.2	2.94	31.95	26.80	3.33	29.97	26.72	3.73

ES4BD-042KB B6EMMX42K-B

O.D.T			65°F			75°F			85°F			95°F			105°F			115°F		
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
1225	80	62	42.4	32.4	2.33	40.9	32.1	2.56	39.2	32.3	2.83	37.2	31.6	3.16	35.26	33.20	3.53	33.24	31.30	3.92
	80	67	46.4	26.7	2.34	44.7	26.6	2.58	42.7	26.8	2.88	40.6	26.3	3.20	38.44	25.93	3.56	36.19	24.17	3.95
	80	72	50.8	20.7	2.37	48.7	20.6	2.63	46.6	21.0	2.92	44.4	20.6	3.23	42.02	20.30	3.59	39.54	20.85	3.98
	75	62	42.3	27.1	2.33	40.8	26.9	2.56	39.1	27.2	2.83	37.1	26.6	3.16	35.09	24.59	3.53	33.03	26.38	3.92
1400	80	62	43.5	34.5	2.36	41.9	35.2	2.60	40.1	34.4	2.87	38.0	33.9	3.21	35.99	33.71	3.57	33.97	33.33	3.97
	80	67	47.5	28.4	2.38	45.6	29.2	2.63	43.5	28.5	2.93	41.4	28.2	3.24	39.17	28.24	3.60	36.80	28.27	3.99
	80	72	51.8	21.7	2.41	49.6	22.7	2.67	47.5	22.1	2.95	45.1	21.9	3.27	42.67	22.08	3.63	40.08	22.25	4.02
	75	62	43.3	28.8	2.36	41.7	29.6	2.60	39.9	28.8	2.87	37.9	28.4	3.21	35.75	28.37	3.57	33.62	28.31	3.96
1575	80	62	44.3	37.0	2.40	42.7	37.2	2.64	40.7	36.3	2.92	38.8	35.9	3.26	36.62	35.32	3.62	34.80	34.65	4.01
	80	67	48.3	30.4	2.42	46.3	30.8	2.67	44.2	30.0	2.97	42.0	30.0	3.28	39.70	29.79	3.64	37.31	29.99	4.03
	80	72	52.6	23.2	2.45	50.4	23.8	2.71	48.1	23.1	2.99	45.7	23.1	3.31	43.19	23.06	3.67	40.57	23.38	4.06
	75	62	44.1	30.8	2.40	42.4	31.1	2.64	40.5	30.4	2.92	38.4	30.2	3.26	36.28	29.94	3.61	34.08	29.80	4.00

ES4BD-048KB B6EMMX48K-C

O.D.T			65°F			75°F			85°F			95°F			105°F			115°F		
CFM	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
1400	80	62	49.5	37.8	2.87	47.6	37.4	3.21	45.4	37.4	3.57	43.2	36.7	3.96	40.93	38.49	4.41	38.51	36.22	4.90
	80	67	53.8	31.1	2.91	51.5	30.8	3.25	49.3	31.1	3.60	46.9	30.5	4.00	44.44	30.04	4.45	41.80	28.03	4.94
	80	72	58.9	24.2	2.93	56.5	24.1	3.28	53.9	24.5	3.64	51.2	24.0	4.04	48.37	23.69	4.48	45.22	24.29	4.98
	75	62	49.3	31.6	2.87	47.3	31.3	3.21	45.2	31.5	3.57	43.0	30.8	3.96	40.72	28.44	4.40	38.27	30.50	4.90
1600	80	62	50.6	40.1	2.93	48.6	40.9	3.26	46.4	39.9	3.62	44.2	39.4	4.01	41.78	39.08	4.46	39.36	38.62	4.95
	80	67	55.0	33.0	2.96	52.7	33.9	3.30	50.3	33.0	3.65	47.9	32.6	4.05	45.25	32.64	4.50	42.52	32.62	4.99
	80	72	59.9	25.4	2.99	57.4	26.6	3.33	54.6	25.8	3.69	51.8	25.5	4.09	48.96	25.67	4.53	46.01	25.79	5.03
	75	62	50.4	33.5	2.93	48.4	34.3	3.26	46.1	33.4	3.62	43.9	32.9	4.01	41.49	32.82	4.46	38.95	32.68	4.95
1800	80	62	51.6	43.0	2.98	49.5	43.2	3.32	47.2	42.1	3.67	44.9	41.7	4.06	42.63	40.85	4.51	40.30	40.13	5.01
	80	67	55.9	35.3	3.01	53.6	35.7	3.35	51.1	34.8	3.70	48.6	34.7	4.10	45.89	34.41	4.55	43.14	34.58	5.05
	80	72	60.5	27.2	3.03	58.0	27.7	3.37	55.3	26.9	3.75	52.5	26.9	4.14	49.60	26.72	4.58	46.58	27.03	5.08
	75	62	51.4	35.8	2.98	49.1	36.1	3.32	46.9	35.2	3.67	44.6	34.9	4.06	42.07	34.60	4.51	39.45	34.40	5.00

# COOLING EXPANDED RATINGS WITH AIR HANDLER (CONTINUED)

ES4BD-060KB B6EMMX60K-C

CFM	O.D.T		65°F			75°F			85°F			95°F			105°F			115°F		
	E.D.B.	E.W.B.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.	T.C.	S.C.	K.W.
1600	80	62	60.0	44.8	3.55	57.6	44.4	3.97	55.3	44.7	4.42	52.8	43.7	4.92	50.17	45.92	5.49	47.40	43.39	6.15
	80	67	65.1	37.1	3.64	62.5	36.8	4.03	60.0	37.2	4.48	57.3	36.5	4.99	54.43	35.97	5.57	51.42	33.66	6.21
	80	72	71.4	28.9	3.71	68.7	28.8	4.12	65.8	29.4	4.57	62.7	28.9	5.07	59.51	28.48	5.65	56.09	29.30	6.29
	75	62	59.7	37.7	3.55	57.3	37.3	3.97	55.0	37.6	4.41	52.5	36.8	4.92	49.91	34.20	5.49	47.11	36.60	6.14
1750	80	62	61.0	46.8	3.60	58.6	47.8	4.02	56.1	46.4	4.46	53.6	45.9	4.97	50.89	45.83	5.54	48.05	45.63	6.19
	80	67	66.1	38.5	3.68	63.5	39.7	4.08	60.9	38.7	4.53	58.1	38.3	5.03	55.18	38.35	5.61	52.08	38.40	6.26
	80	72	72.4	29.9	3.75	69.6	31.3	4.17	66.5	30.4	4.62	63.3	30.2	5.12	59.97	30.46	5.69	56.33	30.75	6.33
	75	62	60.7	39.2	3.60	58.3	40.1	4.01	55.9	39.1	4.46	53.3	38.6	4.97	50.60	38.54	5.54	47.71	38.46	6.19
1900	80	62	61.8	49.1	3.65	59.4	49.4	4.06	56.9	48.3	4.51	54.3	48.1	5.02	51.54	47.61	5.59	48.68	47.50	6.24
	80	67	67.0	40.6	3.72	64.4	41.1	4.13	61.7	40.1	4.58	58.8	40.0	5.08	55.80	39.75	5.66	52.62	40.02	6.30
	80	72	73.2	31.5	3.80	70.2	32.3	4.21	67.1	31.3	4.66	63.7	31.5	5.16	60.26	31.37	5.73	56.81	31.82	6.37
	75	62	61.5	41.2	3.64	59.1	41.5	4.06	56.6	40.5	4.50	54.0	40.3	5.01	51.17	39.96	5.58	48.19	40.06	6.23





#### GENERAL TERMS OF LIMITED WARRANTY

NORDYNE will furnish a replacement for any part of this product which fails in normal use and service within the first ten years of installation, in accordance with the terms of the warranty.

For complete details of the Limited Warranty, including applicable terms and conditions, see your local installer or contact the NORDYNE warranty department for a copy.

## NORDYNE

COMPLETE COMFORT. GENUINE VALUE. 8000 Phoenix Parkway | O'Fallon, MO 63368-3827

Specifications and illustrations subject to change without notice and without incurring obligations. Printed in U.S.A (05/2013)

473D-0513 (Replaces 473D-1112)

[www.frigidaire.net](http://www.frigidaire.net)

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

**FLORIDA ENERGY CONSERVATION CODE**

**Mandatory Duct Inspection Certification for HVAC change-out**

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

Owner: Kevin Wehner Contractor name: Honest Air Inc.  
 Street address: 107 Hillcrest Ct. Jurisdiction: Martin Cty.  
 City: Stuart Permit No.: \_\_\_\_\_  
 Zip: 34996 Final inspection date: \_\_\_\_\_

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

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

Signature: Mitch Mazzilli Date: 1/7/13  
 Printed Name: Mitch Mazzilli  
 Contractor License #: CAC 058508

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 1-27-14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10736	Besson 7 Copair Rd H Solar East	Final Solar Pool	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10120	Walker 21 W High Pt Wm Day Inc	Rough plumbing Rough elect Rough mech.	PASS	INSPECTOR <i>[Signature]</i>
10685	Dickinson 19 Emarita Pioneer Screen	Final Screen	Fail	Egress LIGHTING INSPECTOR <i>[Signature]</i>
10729	<del>Berkel (Welding)</del> 107 Hillcrest Ct Honest Air	Final AC	PASS	<del>CLOSE</del> INSPECTOR <i>[Signature]</i>
10734	Allen Sherman 171 SR Rd	Final Roof	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10732	Kevin Adrian 86 MSP Rd Pinnacle	Final Roof	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10731	WILLIAMS 24 CASTLE HILL S. PL Custom Pools	Piping	PASS	INSPECTOR <i>[Signature]</i>

**10990**

**Remove/Replace Partial**  
**Driveway**

10990  
**PERMIT #**

REMOVE/REPLACE PARTIAL DRIVEWAY  
**DESCRIPTION**

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



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

## BUILDING PERMIT CARD

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

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

PERMIT NUMBER:	10990	DATE ISSUED:	August 27, 2014
SCOPE OF WORK:	Remove & Replace 2 Driveway Sections		
CONTRACTOR:	Franco Construction Inc		
PARCEL CONTROL NUMBER:	01-38-41-014-000-00060-3	SUBDIVISION:	Hillcrest, Lot 6
CONSTRUCTION ADDRESS:	107 Hillcrest Court		
OWNER NAME:	Currier		
QUALIFIER:	Vincent Franco	CONTACT PHONE NUMBER:	334-9118

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

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

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

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

### INSPECTIONS

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

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



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

**BUILDING PERMIT RECEIPT**

PERMIT NUMBER:	10990		
ADDRESS:	107 Hillcrest Court		
DATE ISSUED:	8/27/2014	SCOPE OF WORK:	Remove & Replace 2 Driveway Sections

SINGLE FAMILY HOME ADDITION

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

1639



Franco Construction Inc  
 1960 NE Steven Ave  
 Jensen Beach, FL 34957  
 (772) 334-9118

TD-BANK NATIONAL ASSOCIATION  
 63-1482/670

9/3/2014

TOWN OF SEWALL'S POINT

PAY TO THE ORDER OF:

\$ 211.00

*Two Hundred & Eleven*

211 DOLLARS

MEMO

*Driveway Permit*

*[Signature]*

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

<b>ACCESSORY PERMIT</b>	Declared Value:	\$	\$ 4,000.00
Total number of inspections:	@ \$ 100.00 per insp. # insp	\$ 2.00	\$ 200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 3.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 3.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	\$ 211.00

Inquire CheckLock™ Secure Check Details on Back



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

### BUILDING PERMIT RECEIPT

<b>PERMIT NUMBER:</b>	10990		
<b>ADDRESS:</b>	107 Hillcrest Court		
<b>DATE ISSUED:</b>	8/27/2014	<b>SCOPE OF WORK:</b>	Remove & Replace 2 Driveway Sections

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

<b>ACCESSORY PERMIT</b>	Declared Value:	\$	\$ 4,000.00
Total number of inspections: @ \$ 100.00 per insp. # insp.		\$ 2.00	\$ 200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 3.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 3.00
Road impact assessment: (.04% of construction value - \$5 min.)			\$ 5.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	\$ 211.00



Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10990

Date: 8/22/14

OWNER/LESSEE NAME: Romin Currier Phone (Day) (Fax)

Job Site Address: 107 Hillcrest Court City: Stuart State: FL Zip: 34996

Legal Description: Home Hillcrest Lot 6 Parcel Control Number: 01-38-41-014-000-00060-3

Fee Simple Holder Name: Address:

City: State: Zip: Telephone:

\*SCOPE OF WORK (PLEASE BE SPECIFIC): Remove & Replace Driveway Section (Due to Damage)

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

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$4,000 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Franco Construction Inc Phone: 772 334 9118 Fax: 772 679 6222

Qualifiers name: Vincent Franco Street: 740 NE Jensen Beach Blvd City: Jensen Beach State: FL Zip: 34987

State License Number: CC1512181 OR: Municipality: License Number:

LOCAL CONTACT: Phone Number:

DESIGN PROFESSIONAL: Fla. License#

Street: City: State: Zip: Phone Number:

AREAS SQUARE FOOTAGE: Living: 4,543 Garage: Covered Patios/ Porches: Enclosed Storage:

Carport: Total under Roof Elevated Deck: Enclosed area below BFE:

\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

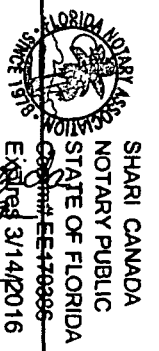
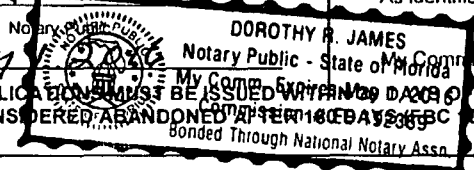
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE: X Romin Currier State of Florida, County of: Palm Beach On This the 22nd day of August 2014 by Romin Currier who is personally known to me or produced As identification.

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: X Vincent Franco State of Florida, County of: Martin On This the 26th day of August 2014 by Vincent Franco who is personally known to me as a producer Driver License - Florida As identification. Shari Canada

My Commission Expires: MAY 2014 Notary Public - State of Florida My Commission Expires: 3/14/2016 Notary Public

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







STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

FRANCO, VINCENT
FRANCO CONSTRUCTION INC
1960 NE STEVEN AVE
JENSEN BEACH FL 34957

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers.



STATE OF FLORIDA AC# 6265016
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1512181 08/13/12 118211932

CERTIFIED GENERAL CONTRACTOR
FRANCO, VINCENT
FRANCO CONSTRUCTION INC

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2014 L12081301260

DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6265016

STATE OF FLORIDA

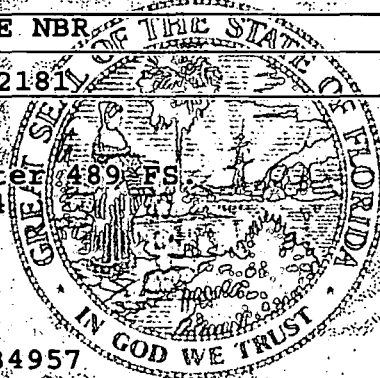
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12081301260

Table with 3 columns: DATE, BATCH NUMBER, LICENSE NBR. Row 1: 08/13/2012, 118211932, CGC1512181

The GENERAL CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2014

FRANCO, VINCENT
FRANCO CONSTRUCTION INC
1960 NE STEVEN AVE
JENSEN BEACH FL 34957



RICK SCOTT GOVERNOR

KEN LAWSON SECRETARY

DISPLAY AS REQUIRED BY LAW

2013-2014

**MARTIN COUNTY ORIGINAL  
BUSINESS TAX RECEIPT**

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

ACCOUNT 2005-513-0017 CERT CGC1512181

PHONE (772) 334-9118 SIC NO 233210

LOCATION:  
**1960 NE STEVEN AVE JB**

**CHARACTER COUNTS IN MARTIN COUNTY**

PREV YR.	\$ <u>.00</u>	LIC. FEE	\$ <u>26.25</u>
	\$ <u>.00</u>	PENALTY	\$ <u>2.63</u>
	\$ <u>.00</u>	COL. FEE	\$ <u>6.60</u>
	\$ <u>.00</u>	TRANSFER	\$ <u>.00</u>

TOTAL 35.48

**FRANCO, VINCENT ( QUALIFIER)**

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

OF **GENERAL CONSTRUCTION OFFICE**

**FRANCO CONTRUCTION, INC.**

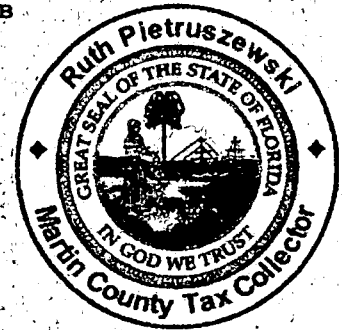
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

**1960 NE STEVEN AVE**

**JENSEN BEACH, FL 34957**

17 DAY OF OCTOBER 2013  
AND ENDING SEPTEMBER 30, 2014

801 2013 00409.0001 PAID





INSTR # 2472834 OR BK 2737 PG 99 RECD 08/26/2014 10:38:38 AM  
(1 Pgs)

CAROLYN TIMMANN MARTIN COUNTY CLERK  
**NOTICE OF COMMENCEMENT**  
FEE \$0.00, INTANGIBLE \$0.00  
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: \_\_\_\_\_ TAX FOLD #: 01-38-41-014-000-00060-3  
STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):  
107 Hillcrest Ct, Stuart FL 34996 Hillcrest Lot 6

GENERAL DESCRIPTION OF IMPROVEMENT: Drive way Repair

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT  
NAME: Romin Currier  
ADDRESS: 107 Hillcrest Ct Stuart FL 34996  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
INTEREST IN PROPERTY: \_\_\_\_\_

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

CONTRACTOR: Franco Construction, Inc.  
ADDRESS: 742 NE Jensen Beach Blvd, Jensen Beach FL 34957  
PHONE NUMBER: 772 334 9118 FAX NUMBER: 772 679 6222

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED):  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
BOND AMOUNT: \_\_\_\_\_

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

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

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

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

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

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

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

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

Romin Currier

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

SIGNATORY'S TITLE/OFFICE Owner

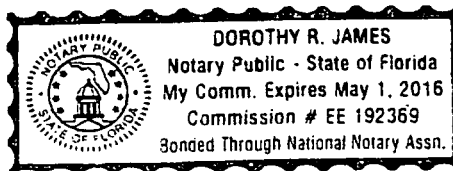
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 22<sup>nd</sup> DAY OF Aug 2014

BY: Romin Currier AS Owner FOR \_\_\_\_\_  
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN  OR PRODUCED IDENTIFICATION \_\_\_\_\_ TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

Dorothy R. James  
NOTARY SIGNATURE/ SEAL

DOROTHY R. JAMES



STATE OF FLORIDA MARTIN COUNTY  
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE  
CAROLYN TIMMANN, CLERK  
BY [Signature] DATE 8/26/14



TYPE OF SURVEY: BOUNDARY

JOB NUMBER: SU-14-2492

**LEGAL DESCRIPTION:**

LOT 6 OF HILCREST, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 10, AT PAGE 39 OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

ADDRESS: 107 HILCREST COURT SEAWALLS POINT, FL 34996

FLOOD ZONE: AE  
BASE FLOOD ELEVATION: 8' NGVD  
CONTROL PANEL NUMBER: 120164-0154-F  
EFFECTIVE: REVISED: 10/4/2002

LOWEST FLOOR ELEVATION: 8.93' NGVD (FRONT DOOR ELEV: 9.38' NGVD)  
GARAGE FLOOR ELEVATION: 7.67' NGVD  
LOWEST ADJACENT GRADE: 7.51' NGVD  
HIGHEST ADJACENT GRADE: 8.80' NGVD

REFERENCE BENCH MARK: FL DEPT OF ENVIRONMENTAL PROTECTION BM#Q 236 1965  
ELEV: 4.10' NGVD AT TIDE STA. 872.2371

**CERTIFY TO:**

1. ROMIN CURRIER
2. GROUP ONE MORTGAGE, INC. ISAO/ATIMA
3. NISHAD KHAN P.L.
4. OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
- 5.
- 6.

**EASEMENTS ACCORDING TO THE AFORESAID PLAT:**

- 10' UTILITY AND DRAINAGE EASEMENT ALONG THE SOUTH BOUNDARY.
- 5' DRAINAGE AND UTILITY EASEMENT ALONG THE WEST BOUNDARY.
- 10' UTILITY EASEMENT ALONG THE NORTHEAST BOUNDARY.

**ABOVE GROUND ENCROACHMENTS ACCORDING TO THE AFORESAID PLAT:**

- DRIVEWAY IN ROAD RIGHT OF WAY AND 10' UTILITY EASEMENT ALONG THE NORTHEAST BOUNDARY.
- FENCE IN 10' UTILITY AND DRAINAGE EASEMENT ALONG THE SOUTH BOUNDARY.
- FENCE IN 5' DRAINAGE AND UTILITY EASEMENT ALONG THE WEST BOUNDARY.

**NOTICE:**

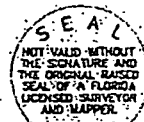
THIS SURVEY IS MADE FOR MORTGAGE AND TITLE PURPOSES ONLY AND SHOULD NOT BE USED FOR DESIGN OR CONSTRUCTION PURPOSES.

**NOTES:**

1. THIS SURVEY CONSISTS OF A MAP AND A TEXT REPORT, ONE IS NOT VALID WITHOUT THE OTHER.
2. OWNERSHIP OF FENCE AND WALLS IF ANY NOT DETERMINED.
3. THIS SURVEY IS MADE FOR THE EXCLUSIVE USE OF THE CERTIFIED HEREON TO BE VALID ONE YEAR FROM THE DATE OF SURVEY AS SHOWN HEREON.

**LEGEND OF ABBREVIATIONS:**

A	CENTRAL ANGLE	10	ELEVATIONS BASED ON MVD 1279	MAINT.	MAINTENANCE	D.A.	DEED BOOK
A.D.	ARC LENGTH	10	SQUARE FEET	S.E.R.	SEMI-PUBLIC COUNTY RECORDS	C.L.P.	CHAIN LINK FENCE
R	CIRCULAR BEARING	10	PERMANENT CONTROL POINT	D.E.R.	DADE COUNTY RECORDS	H.F.	HOOD FENCE
R.W.	RIGHT OF WAY	10	PLAT	P.D.	PLAT BOOK	B.V.	BOLIVARIAN
P.C.	POINT OF CURVATURE	10	PLAT & DEED	O.R.B.	OFFICIAL RECORDS BOOK	A.D.	ASSUMED DATUM
P.T.	POINT OF TANGENCY	10	PLAT & DEED	P.F.	FINISHED FLOOR	U.M.	UBIQUITOUS
WM	WATER METER	10	PLAT & DEED	E.M.	ENCROACHMENT	I.R.	IRON ROD
OH	OVERHANG	10	PLAT & DEED	CH.L.F.	CHAIN LINK FENCE	P.R.M.	PERMANENT REFERENCE MARK
N	NORTH	10	PLAT & DEED	W.F.	WOOD FENCE	N.G.V.D.	NATIONAL GEODESIC VERTICAL DATUM
S	SOUTH	10	PLAT & DEED	M.F.	METAL FENCE	U.E.	UTILITY EASEMENT
E	EAST	10	PLAT & DEED	P.F.C.	PRECAST CONCRETE FENCE	D.E.	DRAINAGE EASEMENT
W	WEST	10	PLAT & DEED	C.W.F.	CONCRETE WALL	A.E.	ANCHOR EASEMENT
B.M.	BENCHMARK	10	PLAT & DEED	W.F.	WOOD FENCE	G.A.R.	GARAGE
PH	PERMITS	10	PLAT & DEED	C.W.F.	CONCRETE WALL	C.A.	CENTERLINE
OFF	OFFSET	10	PLAT & DEED	W.F.	WOOD FENCE	M.	MEASURED
SEC.	SECTION	10	PLAT & DEED	W.F.	WOOD FENCE	L.P.	LIGHT POLE
TRAP	TRAP	10	PLAT & DEED	W.F.	WOOD FENCE		
RANGE	RANGE	10	PLAT & DEED	W.F.	WOOD FENCE		



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **9-3-14** Page **14** of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10785	Sharfi	Final Tennis		
	73 N SPR	Court + Curbing	PASS	CLOSE
	MV Custom Homes			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10971	Pomales	Window/Door		
	31 Fieldway Dr	in progress	PASS	
	Atlantic Window			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10975	Millard	ROOF		
	5 Indialucie Pkwy	Final	PASS	CLOSE
	Sunshine Roofing			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10940</del>	Currier	Pre-pour		
	107 Hillcrest Ct	Driveway	<del>PASS</del>	
	Franco Construction	please call 359-0099 want to be there for inspection		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10958	Stejskal	Pool	PASS	PENDING BILLING
	108 S SPR	Steel		REPORT
	South FL Custom Pools			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	51 N. River Rd	PRE-CON	ON	
	MASTEN PACE BLDG			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10864	MANTIL	Window &		
	32 Rio Vista Dr	FINAL	PASS	CLOSE
	Florida Window & Door			INSPECTOR <i>[Signature]</i>



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 9-11-14 Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10698</del>	Smith <del>2 Heritage Way</del> A/C Mann	Final Mechanical (Expired)	Cancel	will reschedule
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10990</del>	Currier <del>107 Hillcrest Ct</del> Franco Const.	Driveway Final	<del>Pass</del>	<del>Close</del>
				INSPECTOR <del>    </del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10980	DIPPY 38 E Hish Pt. Rd Ed's Island Services	Dock <del>In Progress</del> FINAL	Pass	Close
Morning				INSPECTOR <del>    </del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10974	Polsky 110 Hillcrest Terr Ranger A/c	Final Mechanical	Pass	Close
After noon				INSPECTOR <del>    </del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	HARRINGTON 5 S. VIA LUCINDIA	TREE	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

**10992**

**Re-Roof Garage**

10992  
**PERMIT #**

REROOF GARAGE  
**DESCRIPTION**

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



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

## BUILDING PERMIT CARD

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

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

PERMIT NUMBER:	10992	DATE ISSUED:	August 29, 2014
SCOPE OF WORK:	Re- Roof		
CONTRACTOR:	Durham Brothers, Inc		
PARCEL CONTROL NUMBER:	01-38-41-014-000-00060-3	SUBDIVISION:	Hillcrest Lot 6
CONSTRUCTION ADDRESS:	107 Hillcrest Ct		
OWNER NAME:	Currier		
QUALIFIER:	John Durham	CONTACT PHONE NUMBER:	(561) 315-1835

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

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

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

**INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY**

### INSPECTIONS

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

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



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

### BUILDING PERMIT RECEIPT

<b>PERMIT NUMBER:</b>	10992		
<b>ADDRESS:</b>	107 Hillcrest Ct		
<b>DATE ISSUED:</b>	8/29/2014	<b>SCOPE OF WORK:</b>	Re- Roof

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>		<b>Declared Value</b>	\$	
---	--	-----------------------	----	--

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

<b>ACCESSORY PERMIT</b>	<b>Declared Value:</b>	\$	\$ 8,500.00
Total number of inspections: @ \$ 100.00 per insp. # insp.		\$ 3.00	\$ 300.00
<b>Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)</b>		\$	\$ 4.50
<b>DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)</b>		\$	\$ 4.50
<b>Road impact assessment: (.04% of construction value - \$5 min.)</b>			\$ 5.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	\$ 314.00



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

**BUILDING PERMIT RECEIPT**

PERMIT NUMBER:	10992		
ADDRESS:	107 Hillcrest Ct		
DATE ISSUED:	8/29/2014	SCOPE OF WORK:	Re- Roof

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

Plan Submittal Fee (\$350.00 SFR. \$175.00 Remodel < \$200K)		\$	
<b>DURHAM BROTHERS INC</b> 15897 82ND PLACE N. LOXAHATCHEE, FL 33470-3449 561-315-1835	1454 63-8419/2670 728	\$	-
<b>TOWN OF SEWALL'S POINT</b>	9/3/2014	\$	-
Pay to the Order of <i>Three hundred and forty four and 00/100</i>	\$ 344.00	\$	-
<b>PNC BANK</b> PNC Bank, N.A. 001		\$	-
From 107 Hillcrest Permit		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	\$ -

<b>ACCESSORY PERMIT</b>	Declared Value:	\$	\$ 8,800.00
Total number of inspections:	@ \$ 100.00 per insp. # insp	\$ 3.00	\$ 300.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 4.50
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 4.50
Road impact assessment: (.04% of construction value - \$5 min.)			\$ 5.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	\$ 314.00

**Martin County, Florida  
Laurel Kelly, C.F.A**
*generated on 8/29/2014 2:27:12 PM EDT*
**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-014-000-00060-3	17853	107 HILLCREST CT, SEWALL'S POINT	\$553,230	8/23/2014

---

**Owner Information**

<b>Owner(Current)</b>	CURRIER ROMIN
<b>Owner/Mail Address</b>	504 51ST ST WEST PALM BEACH FL 33407
<b>Sale Date</b>	8/7/2014
<b>Document Book/Page</b>	<u>2734 2744</u>
<b>Document No.</b>	2470888
<b>Sale Price</b>	604000

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**Location/Description**

<b>Account #</b>	17853	<b>Map Page No.</b>	SP-03
<b>Tax District</b>	2200	<b>Legal Description</b>	HILLCREST, LOT 6
<b>Parcel Address</b>	107 HILLCREST CT, SEWALL'S POINT		
<b>Acres</b>	.5070		

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**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120100 Hillcrest, Noni Est, West End

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**Assessment Information**

<b>Market Land Value</b>	\$230,000
<b>Market Improvement Value</b>	\$323,230
<b>Market Total Value</b>	\$553,230

# Town of Sewall's Point

## BUILDING PERMIT APPLICATION

Permit Number: 10992

Date: \_\_\_\_\_  
OWNER/LESSEE NAME: Romin Currier Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Job Site Address: 107 Hillcrest Ct City: Sewall's Point State: FL Zip: 34996  
Legal Description Hillcrest, Lot 6 Parcel Control Number: 01-38-41-014-000-00060-3  
Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):** Re-Roof

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

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

**COST AND VALUES:** (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 8,800  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10  AE9  AE8   
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Durham Brothers, Inc. Phone: (561) 315-1835 Fax: (561) 491-1997

Qualifiers name: John Durham Street: 15897 62nd Place N City: Loxahatchee State: FL Zip: 33470

State License Number: CCC1326757 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: John Durham Phone Number: (561) 315-1835

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

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

**WARNINGS TO OWNERS AND CONTRACTORS:**

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

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

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

OWNER/AGENT/LESSEE/NOTARIZED SIGNATURE:

X Romin Currier  
State of Florida, County of: PAIM BEACH  
On This the 20th day of August, 2014  
by Romin Currier who is personally  
known to me or produced \_\_\_\_\_  
As identification: \_\_\_\_\_

Notary Public

My Commission Expires: MAY 1, 2016

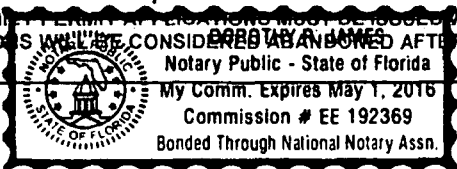
CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X \_\_\_\_\_  
State of Florida, County of: \_\_\_\_\_  
On This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who is personally  
known to me or produced \_\_\_\_\_  
As identification: \_\_\_\_\_

Notary Public

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

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









JEFF ATWATER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 8/24/2013

**EXPIRATION DATE:** 8/24/2015

**PERSON:** DURHAM

JOHN

F

**FEIN:** 202804003

**BUSINESS NAME AND ADDRESS:**

DURHAM BROTHERS INC

15897 62ND PLACE N

LOXAHATCHEE

FL

33470

**SCOPES OF BUSINESS OR TRADE:**

LICENSED GENERAL  
CONTRACTOR

ROOFING - ALL KINDS  
AND DRIVER

CONTRACTOR-PROJECT  
MANAGER, CO

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783


(850) 487-1395

DURHAM, JOHN FARAND  
DURHAM BROTHERS INC  
1371 THE 12TH FAIRWAY  
WELLINGTON FL 33414-5740

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CCC1326757 ISSUED: 07/31/2014

CERTIFIED ROOFING CONTRACTOR  
DURHAM, JOHN FARAND  
DURHAM BROTHERS INC

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date: AUG 31, 2015 L1407310001688

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER
CCC1326757

The ROOFING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016



DURHAM, JOHN FARAND  
DURHAM BROTHERS INC  
1371 THE 12TH FAIRWAY  
WELLINGTON FL 33414-5740





**ANNE M. GANNON**  
 CONSTITUTIONAL TAX COLLECTOR  
 Serving Palm Beach County

P.O. Box 3353, West Palm Beach, FL 33402-3353  
 www.pbctax.com Tel: (561) 355-2264

**\*\*LOCATED AT\*\***  
 15897 62ND PL N  
 LOXAHATCHEE, FL 33470-3449

*Serving you.*

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
23-0051 GENERAL CONTRACTOR	DURHAM JOHN	CGC1507147	U13.727336 - 09/03/13	\$1.00	B40189774

This document is valid only when received by the Tax Collector's Office.

DURHAM BROTHERS INC  
 DURHAM BROTHERS INC  
 15897 62ND PL N  
 LOXAHATCHEE, FL 33470-3449



**STATE OF FLORIDA  
 PALM BEACH COUNTY  
 2013/2014 LOCAL BUSINESS TAX RECEIPT**

**LBTR Number: 201102339  
 EXPIRES: SEPTEMBER 30, 2014**

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.

**NOTICE OF COMMENCEMENT**  
**TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)**

PERMIT #: \_\_\_\_\_ TAX FOLIO #: 01-38-41-014-000-00060-3

STATE OF FLORIDA COUNTY OF MARTIN

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

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

Hilcrest, Lot n6 107 Hilcrest Ct, Seawall's Point, FL 34566

**GENERAL DESCRIPTION OF IMPROVEMENT:** Tear-off existing Wood shake roof covering in guest house and replace with new wood shake roof covering

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

NAME: Romin Currier  
 ADDRESS: 107 Hilcrest Ct Stuart FL 34996  
 PHONE NUMBER: 772 334 9168 FAX NUMBER: 772 679 6222  
 INTEREST IN PROPERTY: Roof Repair

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

**CONTRACTOR:** John F Durham (Durham Brothers, Inc.)  
 ADDRESS: 15897 62nd Place N, Loxahatchee, FL 33470  
 PHONE NUMBER: (561) 315-1835 FAX NUMBER: (561) 491-1997

**SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)**  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 BOND AMOUNT: \_\_\_\_\_

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

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

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

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

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

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

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

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

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

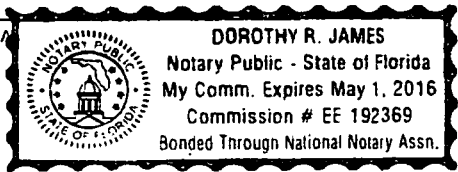
SIGNATORY'S TITLE/OFFICE Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 20<sup>th</sup> DAY OF Aug, 2014

BY: Romin Currier AS OWNER FOR \_\_\_\_\_  
 NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN  OR PRODUCED IDENTIFICATION \_\_\_\_\_ TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

NOTARY SIGNATURE/ SEAL



STATE OF FLORIDA  
 MARTIN COUNTY

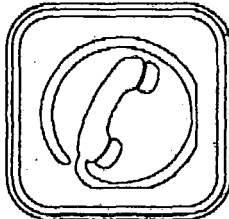
THIS IS TO CERTIFY THAT THE FOREGOING \_\_\_\_\_ PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE  
 CAROLYN TIMMANN, CLERK  
 BY [Signature] DATE 8/28/14

INST. # 2473423 OR BK 2737 PG 2194 RECD 08/28/2014 03:38:00 PM  
 (1 Pgs)  
 CAROLYN TIMMANN MARTIN COUNTY CLERK  
 DEED DOC \$0.00, MTG DOC \$0.00, INTANGIBLE \$0.00

**PERMIT APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION:**

**INCOMPLETE APPLICATIONS WILL BE REJECTED AND MUST BE RESUBMITTED**

**CONTACT INFORMATION**



EMAIL ADDRESS	johnfdurham @ msn.com
TELEPHONE NUMBER	(561) 315-1835
PROPERTY ADDRESS	107 HILLCREST CT.

**LICENSES AND INSURANCE**



COPY OF CONTRACTOR LICENSE	<input checked="" type="checkbox"/>
PROOF OF LIABILITY INSURANCE	<input checked="" type="checkbox"/>
PROOF OF WORKER'S COMPENSATION INSURANCE	<input checked="" type="checkbox"/>
BUSINESS TAX RECEIPT	<input checked="" type="checkbox"/>

**OTHER DOCUMENTS**



PARCEL CONTROL SHEET FROM PROPERTY APPRAISER'S WEBSITE	<input checked="" type="checkbox"/>
OWNER'S NOTARIZED SIGNATURE OR EXECUTED AGREEMENT WITH CONTRACTOR	<input checked="" type="checkbox"/>
NOTICE OF COMMENCEMENT (AS REQUIRED BY LAW)	<input checked="" type="checkbox"/>

**PLEASE DO NOT CALL. RETURN TO TOWN HALL TO PICK UP YOUR PERMIT 2 BUSINESS DAYS AFTER SUBMISSION OF THE APPLICATION.**

**IF THE APPLICATION WAS COMPLETE, THE PERMIT WILL BE READY.**



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

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

RE-ROOF CERTIFICATION

PERMIT # \_\_\_\_\_  
 CONTRACTOR'S NAME: DRIFHAM BROTHERS INC. PHONE # (561) 315-1835 FAX: (561) 491-1997

OWNER'S NAME ROMIN CURRIER  
 CONSTRUCTION ADDRESS: 107 HILLCREST CT CITY SEWALL'S PT STATE FL

RE-ROOF:  RESIDENTIAL (SINGLE FAMILY)  
 COMMERCIAL \*\*--REMOVE/REINSTALL ROOF TOP HVAC EQUIP  YES  NO  
 \*\*...DISCONNECT/RECONNECT HVAC ELECTRIC  YES  NO

\*\* REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION  
 RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S.  YES  NO - INSURED VALUE OF RESIDENCE: \$ \_\_\_\_\_

ROOF TYPE:  HIP  BOSTON-HIP  GABLE  FLAT \_\_\_\_\_ OTHER \_\_\_\_\_

ROOF PITCH: \_\_\_\_\_ /12 SLOPE

ROOF DECK: \*  SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED  
 RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF  
 NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER  
 FLORIDA BUILDING CODE "2004".  
 SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED-  
 SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME  
 SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK  
 NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".  
 EXISTING DECK TO REMAIN/REPAIRED & RENAILED

EXISTING ROOF COVERING wood shakes EXISTING COVERING TO BE REMOVED? YES  NO

PROPOSED NEW ROOF COVERING: wood shakes

MANUFACTURER WATKINS SAWMILLS LTD PRODUCT NAME CEDAR SHAKES PRODUCT APPR # 12-1120.06  
 (APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL)  
 MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

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

PROPOSED FLASHING:  GALV./STEEL  ALUMINUM  COPPER  OTHER \_\_\_\_\_

RIDGEVENT TO BE INSTALLED:  YES  NO

DESCRIPTION OF WORK: REMOVE SHAKE ROOF COVERING FROM DETACHED GARAGE AND INSTALL NEW

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

[Signature] DATE: 1/28/2014  
 SIGNATURE OF CONTRACTOR







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

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

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

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

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

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

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

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

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

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

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



DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)  
BOARD AND CODE ADMINISTRATION DIVISION

MIAMI-DADE COUNTY  
PRODUCT CONTROL SECTION  
11805 SW 26 Street, Room 208  
Miami, Florida 33175-2474  
T (786) 315-2590 F (786) 315-2599  
[www.miamidade.gov/economy](http://www.miamidade.gov/economy)

**NOTICE OF ACCEPTANCE (NOA)**

Watkins Sawmills Ltd.  
P.O. Box 3280  
Mission, BC V2V 4J4  
Canada

**SCOPE:**

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

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

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

**DESCRIPTION: Cedar Shakes & Shingles**

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

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

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

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

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

This renews NOA#07-1116.09 consists of pages 1 through 4.  
The submitted documentation was reviewed by Alex Tigera.



NOA No.: 12-1120.06  
Expiration Date: 02/20/18  
Approval Date: 02/07/13  
Page 1 of 4

## ROOFING ASSEMBLY APPROVAL

<b>Category:</b>	Roofing
<b>Sub-Category:</b>	Wood Shingles and Shakes
<b>Materials</b>	Wood
<b>Deck Type:</b>	Wood

### SCOPE

This approves roofing system using wood shingles and shakes as manufactured by *Watkins Sawmills Ltd*, a member of the Cedar Shake and Shingle Bureau Association and as described in Section 2 of this Notice of Acceptance, designed to comply with the Florida Building Code, high Velocity Hurricane Zone.

### PRODUCT DESCRIPTION

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Certigrade Shingles (Grade 1)	Length 16", 18" Width 4 to 4 to 11"	Red Cedar sawn shingles and Hip and Ridge from clear heart wood: 100% edge grain, no defects	Certigrade Shingles (Grade 1)
Certi-Last Shingles (Grade 1)	Length 16", 18" Width 4 to 4 to 11"	Preservative treated Red Cedar sawn shingles made from Certigrade shingles	Certi-Last Shingles (Grade 1)
Certi-Cut (Grade 1)	Length 16", 18" Various	Red Cedar sawn shingles made from Certigrade shingles	Certi-Cut (Grade 1)
Certi-Guard (Grade 1)	Length 16", 18" Width 4 to 4 to 11"	Fire-retardant treated Red Cedar sawn shingles made from Certigrade shingles	Certi-Guard (Grade 1)
Certi-Split (Grade 1)	Length 15", 18", & 24" Width 4 to 4 to 11"	Handsplit and Resawn Shakes and Hip and Ridge from clear heart wood: 20% maximum flat grain	Certi-Split (Grade 1)
Certi-Guard (Grade 1)	Length 15", 18", & 24" Width 4 to 4 to 11"	Fire-retardant treated Red Cedar shakes made from Certi-Split shakes	Certi-Guard (Grade 1)
Certi-Last (Grade 1)	Length 15", 18", & 24" Width 4 to 4 to 11"	Preservative treated Red Cedar shakes made from Certi-Split shakes	Certi-Last (Grade 1)
Certi-groove (Grade 1)	Length 15", 18", & 24" Width 4 to 4 to 11"	Machine grooved shakes made from Certi-Split shakes	Certi-groove (Grade 1)
Certi-Sawn (Grade 1)	Length 15", 18", & 24" Width 4 to 4 to 11"	Taper Sawn Cedar Shakes, 100% clear face with a maximum 10% flat grain.	Certi-Sawn (Grade 1)



**MANUFACTURING LOCATION**

1. Maple Ridge, B.C.

**EVIDENCE SUBMITTED**

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
PRI Construction Materials	TAS 100-95	CSSB-002-02-04	03/02/07
PRI Construction Materials	TAS 100-95	CSSB-001-02-04	03/02/07
PRI Construction Materials		Fastener Pull-Through Resistance Test	

**LIMITATIONS**

1. Fire classification is not part of this acceptance; refer to a current Approved Roofing Materials Directory for fire ratings of this product.
2. Shall not be installed on roof mean heights in excess of 33 ft.
3. This acceptance is for wood deck applications. Minimum deck requirements shall be in compliance with applicable Building Code
4. Cedar Shake and Shingle bureau members shall have a quality control testing program by an approved independent listing agency having unannounced follow up visit. Follow up test results shall be made available to Miami Dade Product Control upon request.
5. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9N-3 of the Florida Administrative Code.

**INSTALLATION**

1. Watkins Sawmills Ltd Cedar Shakes and Shingles and its components shall be installed in strict compliance with Roofing Application Standard 130.

<b>Fastener Pull Through Resistance</b>	
<u>Description</u>	<u>Maximum Pull Force (lbs)</u>
Red Cedar Shingles 18"	119
Red Cedar Shakes 24"	134
1. Maximum thickness of 1/4"	

**LABELING**

1. Shingle/Shake Bundles shall be labeled with the Miami-Dade Seal as seen below, or the wording "Miami-Dade County Product Control Approved".



## **BUILDING PERMIT REQUIREMENTS**

1. Application for building permit shall be accompanied by copies of the following:
  - 1.1 This Notice of Acceptance.
  - 1.2 Any other documents required by the Building Official or the applicable code in order to properly evaluate the installation of this system.

**END OF THIS ACCEPTANCE**



NOA No.: 12-1120.06  
Expiration Date: 02/20/18  
Approval Date: 02/07/13  
Page 4 of 4

Florida · State · | 2007 Florida Building Code; Test Protocols (First Printing), Includes 2009 Supplement |

**Roofing Application Standards (RAS)**

**Chapter No. 130 - Installation Criteria for Wood Shingles and Shakes Application**



Table of Contents

- Section 1. Scope
- Section 2. Definitions
- Section 3. General
- Section 4. Wood Shingles
- Section 5. Wood Shakes



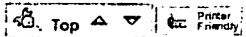
**1. Scope**

1.1 This application standard provides the minimum installation criteria for wood shingles and shakes application.



**2. Definitions**

2.1 For definitions of terms used in this application standard, refer to ASTM D 1079 and the *Florida Building Code, Building*.



**3. General**

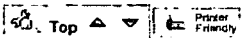
3.1 Maximum exposure for wood shingles and shakes shall comply with Table 1 herein, unless specifically specified in the roof assemblies Product Approval.

3.2 Wood shingles and shakes may be applied over solid or spaced sheathing. In spaced sheathing applications, the first 36 in. above the eave line shall be solidly sheathed. All wood decks shall comply with the provisions set forth in Chapters 15 and 23 (High-Velocity Hurricane Zones) of the *Florida Building Code, Building*.

3.3 Wood shingles and shakes shall not be installed on roof mean heights greater than 33 feet, unless specifically specified in the roof assemblies Product Approval.

TABLE 1 MAXIMUM EXPOSURE TO WEATHER FOR WOOD SHINGLES AND SHAKES IN INCHES			
Shingle Length			
Roof Slope	16 in.	18 in.	24 in.
3 1/2:12 to 4:12	3.75 in.	4.25 in.	5.75 in.
4:12 or greater	5 in.	5.5 in.	7.5 in.
Shake Length			
		18 in.	24 in.
4:12 or greater		7.5 in.	10 in.

1. Calculated in accordance with ASCE 7.



**4. Wood Shingles**

**4.1 Underlayment**

**Solid Sheathing:** Two plies of ASTM D 226, Type I felt overlapped 19 in., or a single layer of ASTM D 226 Type II felt overlapped a minimum of 4 in. on side laps, and 6 in. on the end laps. Fastened with corrosion resistant 12 ga. roofing nails through tin caps. Fasten with two staggered rows in the field of the sheet with a maximum fastener spacing of 12 in. o.c., and one row at the laps fastened 6 in. o.c.

**Spaced Sheathing:** Underlayment shall be installed at a minimum of 36 in. wide at the eave line, and shall be a minimum of two plies of ASTM D 226, Type I felt overlapped 19 in., or a single layer of ASTM D 226 Type II felt overlapped a minimum of 4 in. on side laps, and 6 in. on the end laps. Fastened with corrosion resistant 12 ga. roofing nails through tin caps. Fasten with two staggered rows in the field of the sheet with a maximum fastener spacing of 12 in. o.c., and one row at the laps fastened 6 in. o.c., at a minimum of 36 in. from the eave of the roof.

Roofing nails shall be of sufficient length to penetrate through the plywood panel or wood plank decking not less than <sup>3</sup>/<sub>16</sub> in., or to penetrate into a 1 in., or greater, thickness of lumber not less than 1 in.

4.2 Edge metal shall comply with Section 1517.6 of the *Florida Building Code, Building*, and RAS 111.

4.3 Valleys may be installed open or closed. A 36 in. wide sheet of minimum ASTM D 226 Type II organic felt shall be installed over the underlayment and centered in the valley, fastened 6 in. o.c. through tin-caps at each edge of the sheet. Minimum end laps shall be 12 in. and fully adhered with approved flashing cement.

4.4 Valley metals shall comply with the Section 1517.6 of the *Florida Building Code, Building*. Valley metal shall be preformed with side returns and a minimum 1 in. high center water diverter. Valley metal shall have a minimum formed width of 20 in. Valley metal shall be fastened with minimum 2 in. wide metal clips spaced 12 in. o.c. Metal clips shall be fabricated of similar metal and fastened with minimum two approved 1 1/4 in. annular ring shank roofing nails at every clip (see Detail A).

4.5 Metal laps shall be a minimum of 12 in., and shall be sealed with approved flashing cement. For open valley installations, the wood shingles are to be cut to form a straight edge. The open area of the valley shall be no less than 4 in. and no more than 8 in. wide. For closed valley installations, the wood shingles are to be miter cut along the center water diverter. Wood shingle fasteners shall be kept back at least 8 in. from the valley centerline. Wider wood shingles and the positioning of the fasteners higher at the valley may be required.

4.6 The maximum exposure to the weather for wood shingle applications shall comply with Table I herein.

4.7 An optional interlayment sheet may be installed between wood shingles in solid sheathing applications. Interlayment shall be required in all spaced sheathing applications. Interlayment shall be a minimum of ASTM D 226, Type I felt with a minimum width of 18 in. and shall be applied between each succeeding course of wood shingles. Interlayment shall be fastened on the upper edge of the sheet. The bottom edge of the interlayment shall be positioned above the butt edge of each course of wood shingles, a distance equal to triple the weather exposure of the wood shingles. Extend interlayment up vertical surfaces a minimum of 4 in. No felt shall be exposed.

4.8 The beginning or starter course of wood shingles at the eave line shall be doubled as a minimum. The wood shingles shall project a minimum  $\frac{3}{4}$  in. to a maximum of 2 in. beyond the drip edge at both eaves and rakes. Spacing between shingles (joints or key ways) shall be a minimum of  $\frac{1}{4}$  in. and a maximum of  $\frac{5}{8}$  in. Shingles shall be positioned so that they cover the joints in the preceding course and adjacent courses shall be offset a minimum of  $1\frac{1}{2}$  in. In any three courses (adjacent), no two joints should be directly aligned (see Detail B).

4.9 Each shingle shall be fastened with a minimum of two (2) 5d hot-dipped, galvanized box nails. Fastened  $\frac{3}{4}$  in. to 1 in. from the edge of the shingle, and  $1\frac{1}{2}$  in. to 2 in. above the butt line of the next course. In all cases, fasteners shall be of sufficient length to penetrate through the plywood panel or wood plank decking not less than  $\frac{3}{16}$  in., or to penetrate into a 1 in., or greater, thickness of lumber not less than 1 in. Nails shall be driven straight and flush. Nails shall not be overdriven (see Detail C).

4.10 Hip and ridges may be installed from pre-manufactured units or field assembled units from manufacturer's shingles. The exposed juncture of the roof hip and ridge areas shall be covered with a minimum 6 in. wide strip of ASTM D 226 Type II organic felt, prior to installing the hip and ridge units. No felt shall be left exposed. Lay alternate overlapping hip and ridge units, starting with a double starter course. Each side of the hip and ridge units shall be a minimum of 4 in. wide. Each hip and ridge unit shall be fastened to the roof with two fasteners of the same type as that used for the field shingles. Fasteners shall be of sufficient length to penetrate the plywood panel or wood plank decking not less than  $\frac{3}{16}$  in.; or to penetrate into a 1 in., or greater, thickness of lumber not less than 1 in. Nails shall be driven straight and flush. Nails shall not be overdriven (see Detail C).

4.11 Metal flashing materials shall comply with Section 1517.6 of the *Florida Building Code, Building*. Metal step flashing shall be used at all vertical side walls. The length of the step flashing units shall be 3 in. longer than the exposure of the shingles. The step-flashing unit shall be installed just up slope from the exposed area of the wood shingle, in such a manner as to be covered by the next wood shingle, while maintaining a minimum 3 in. headlap. Step flashing metal shall extend 5 in. up the vertical surface and 5 in. horizontally onto the wood shingle. Nail each step-flashing unit near the upper corner. Location of the shingle fasteners must be adjusted to insure that the step flashing is not penetrated. Vertical head walls shall be flashed with apron type metal flashing. Wood shingles shall be installed up to the vertical head wall and out over the top course of wood shingles a minimum of 5 in. Wall treatment or flashing or head wall flashing a minimum of 3 in. and shall terminate a minimum of 1 in. above the surface of the wood shingles. Metal counter flashing shall be installed in compliance with Roofing Application Standard RAS 111.

4.12 Roof penetration that protrude through a roof shall be flashed at all intersecting angles to prevent leakage. Flashing details shall be in compliance with manufacturer's recommendations, unless otherwise indicated in roof assembly's Product Approval.

## 5. Wood Shakes

### 5.1 Underlayments:

**Solid Sheathing:** Two plies of ASTM D 226, Type I felt overlapped 19 in., or a single layer of ASTM D 226 Type II felt overlapped a minimum of 4 in. on side laps and 6 in. on the end laps. Fasten with corrosion resistant 12 ga. roofing nails through tin caps. Fasten with two staggered rows in the field of the sheet with a maximum fastener spacing of 12 in. o.c., and one row at the laps fastened 6 in. o.c.

**Spaced Sheathing:** Underlayment shall be installed at a minimum of 36 in. wide at the eave line, and shall be a minimum of two plies of ASTM D 226, Type I felt overlapped 19 in., or a single layer of ASTM D 226 Type II felt overlapped a minimum of 4 in. on side laps and 6 in. on the end laps. Fasten with corrosion resistant 12 ga. roofing nails through tin caps. Fasten with two staggered rows in the field of the sheet with a maximum fastener spacing of 12 in. o.c. and one row at the laps, fastened 6 in. o.c., at a minimum of 36 in. from the eave of the roof.

Roofing nails shall be of sufficient length to penetrate through the plywood panel or wood plank decking not less than  $\frac{3}{16}$  in., or to penetrate into a 1 in., or greater, thickness of lumber not less than 1 in.

5.2 Interlayment shall be a minimum of ASTM D 226 Type I felt with a minimum width of 18 in. and shall be applied between each succeeding course of shakes. Interlayment shall be fastened on the upper edge of the sheet. The bottom edge of the interlayment shall be positioned above the butt edge of each course of shakes, a distance equal to twice the weather exposure of the wood shakes. Extend interlayment up vertical surfaces a minimum of 4 in. No felt shall be exposed.

5.3 Edge metal shall comply with Section 1517.6 of the *Florida Building Code, Building* and RAS 111.

5.4 Valleys may be installed open or closed. A 36 in. wide sheet of minimum ASTM D 226 Type II organic felt shall be installed over the underlayment and centered in the valley, fastened 6 in. o.c. through tin-caps at each edge of the sheet. Minimum end laps shall be 12 in. and fully adhered with approved flashing cement.

5.5 Valley metals shall comply with the Section 1517.6 of the *Florida Building Code, Building*. Valley metal shall be performed with side returns and a minimum 1 in. high center water diverter. Valley metal shall have a minimum formed width of 20 in. Valley metal shall be fastened with minimum 2 in. wide metal clips spaced 12 in. o.c. Metal clips shall be fabricated of similar metal and fastened with minimum two approved  $1\frac{1}{4}$  in. annular ring shank roofing nails at every clip (see Detail A).

5.6 Metal laps shall be a minimum of 12 in., and shall be sealed with approved flashing cement. For open valley installations, the wood shakes are to be cut to form a straight edge. The open area of the valley shall be no less than 4 in. and no more than 8 in. wide. For closed valley installations, the wood shakes are to be miter cut along the center water diverter. Wood shake fasteners shall be kept back at least 8 in. from the valley centerline. Wider wood shakes and the positioning of the fasteners higher at the valley may be required.

5.7 The maximum exposure to the weather for wood shakes shall comply with Table I herein. An interlayment sheet shall be installed between each shake. The beginning or starter course of wood shakes at the eave line shall be doubled as a minimum. The wood shakes shall project a minimum  $\frac{3}{4}$  in. to a maximum 2 in. beyond the drip edge at both eaves and rakes.

5.8 Spacing between shakes (joints or key ways) shall be a minimum  $\frac{1}{4}$  in. and a maximum of  $\frac{5}{8}$  in. Shakes shall be positioned so that they cover the joints in the preceding course. Adjacent courses shall be offset a minimum of  $1\frac{1}{2}$  in. In any three courses (adjacent), no two joints should be directly aligned (see Detail D).

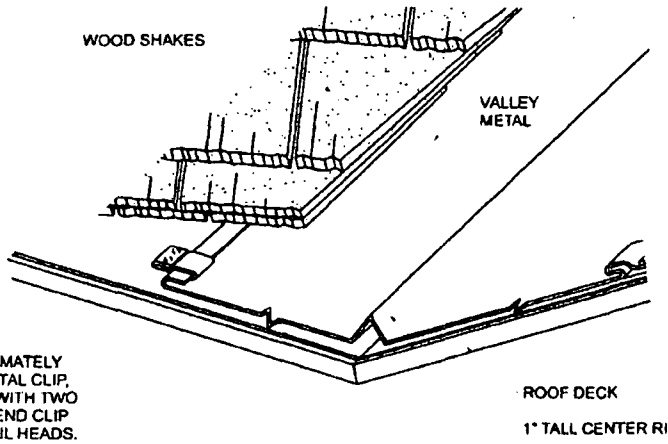
5.9 Each shake shall be fastened with a minimum of two (2) 6d hot-dipped, galvanized box nails. Fastened  $\frac{3}{4}$  in. to 1 in. from the edge of the shake, and  $1\frac{1}{2}$  in. to 2 in. above the butt line of the next course. In all cases, fasteners shall be of sufficient length to penetrate through the plywood panel or wood plank decking not less than  $\frac{3}{16}$  in., or to penetrate into a 1 in., or greater, thickness of lumber not less than 1 in. Nails shall be driven straight and flush. Nails shall not be overdriven (see Detail C).

5.10 Hip and ridges may be installed from pre-manufactured units or field assembled units from manufacturer's shakes. The exposed juncture of the roof hip and ridge areas shall be covered with a minimum 6 in. wide strip of ASTM D 226 Type II organic felt, prior to installing the hip and ridge units. No felt shall be left exposed. Lay alternate overlapping hip and ridge units, starting with a double starter course. Each side of the hip and ridge units shall be a minimum of 4 in. wide. Each hip and ridge unit shall be fastened to the roof with two fasteners of the same type as that used for the field shakes. Fasteners shall be of sufficient length to penetrate the plywood panel or wood plank decking not less than  $\frac{3}{16}$  in.; or to penetrate into a 1 in., or greater, thickness of lumber not less than 1 in. Nails shall be driven straight and flush. Nails shall not be overdriven (see Detail C).

5.11 Metal flashing materials shall comply with Section 1517.6 of the *Florida Building Code, Building*. Metal step flashing shall be used at all vertical side walls. The length of the step flashing units shall be 3 in. longer than the exposure of the shakes. The step-flashing unit shall be installed just up slope from the exposed area of the wood shake, in such a manner as to be covered by the next wood shake while maintaining a minimum 3 in. headlap. Step flashing metal shall extend 5 in. up the vertical surface and 5 in. horizontally onto the wood shake. Nail each step-flashing unit near the upper corner. Location of the shake fasteners must be adjusted to insure that the step flashing is not penetrated. Vertical head walls shall be flashed with apron type metal flashing. Wood shake shall be installed up to the vertical head wall. The head wall flashing shall then be installed to extend up the vertical surface 5 in., and out over the top course of wood shake a minimum of 5 in. Wall treatment or metal counterflashing shall be brought down over all vertical flanges of the step flashing or head wall flashing a minimum of 3 in. and shall terminate a minimum of 1 in. above the surface of the wood shake. Metal counterflashing shall be installed in compliance with RAS 111.

5.12 Roof penetrations that protrude through a roof shall be flashed at all intersecting angles to prevent leakage. Flashing details shall be in compliance with manufacturer's recommendations, unless otherwise

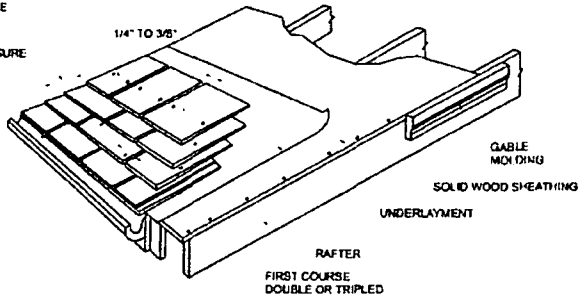
indicated in roof assembly's Product Approval.



**DETAIL A**

TWO NAILS FOR EACH SHINGLE 3/4" FROM EDGE AND 1-1/2" ABOVE BUTT LINE OF NEXT COURSE

FOR MAXIMUM EXPOSURE SEE TABLE 1 HEREIN



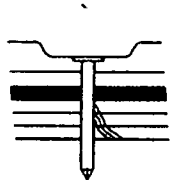
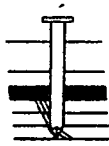
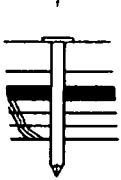
ADJACENT COURSES SHOULD BE OFFSET 1-1/2" MINIMUM

ALTERNATE COURSE JOINTS SHOULD BE NOT ALIGN

**DETAIL B**

**PROPERLY DRIVEN**

**IMPROPERLY DRIVEN**



WOOD SHAKE  
UNDERLAYMENT  
PLYWOOD ROOF DECK

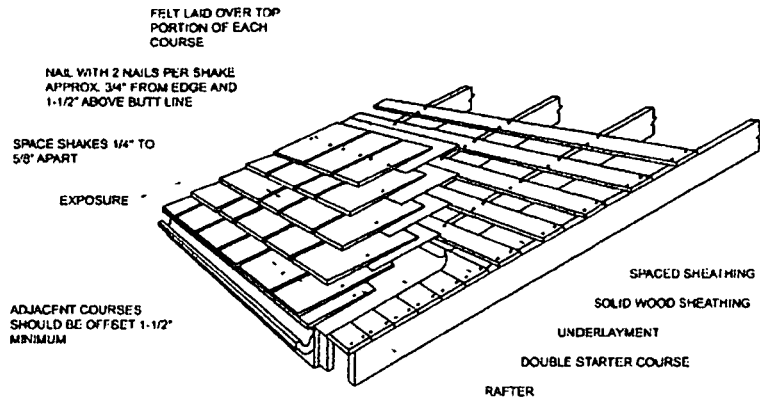
DRIVEN STRAIGHT, GOOD PENETRATION, AND HEAD BEARS FIRMLY AGAINST THE WOOD SURFACE

UNDERDRIVEN, INADEQUATE DECK PENETRATION.

OVERDRIVEN, CUTS INTO SHAKE AND DAMAGES WOOD

**DETAIL C**





**DETAIL D**



[Home](#) | [States](#) | [Florida](#) | [State](#) | | 2007 Florida Building Code: Test Protocols (First Printing), Includes 2009 Supplement | | [Top](#) |

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

RE: Permit # 10992

Date 9/26/2014

**Inspection Affidavit**

I John F. Durham, licensed as a(n) Contractor\* /Engineer/Architect,  
 (please print name and circle Lic. Type) FS 468 Building Inspector\*

License #: CCC1326757

On or about 9/24/2014, I did personally inspect the roof  
 (Date & time)

deck nailing and/or secondary water barrier work at 107 Hillcrest Ct,  
 (circle one) (Job Site Address)

Seawall's Point, FL 34996

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

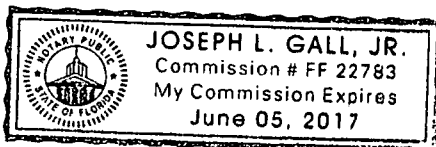
John F. Durham  
 Signature

STATE OF FLORIDA  
 COUNTY OF

Sworn to and subscribed before me this 26 day of September, 2014

By John Durham

Notary Public, State of Florida



Joseph L. Gall, Jr.  
 (Print, type or stamp name)

Commission No.: FF 22783

Personally known      or  
 Produced Identification     

Type of identification produced. FLDL

\* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.

# TOWN OF SEWALL'S POINT

## Building Department – Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 9/30/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10962	Greenspan 3 Oakhill Way Agler Tile	Final Bath Remodel	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>10992</del>	Currier <del>107 Hillcrest Ct</del> Durham Bros	Final Roof	<del>PASS</del>	NO EDGE METAL DRIP INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10987	Kudson 13 S Via Lucindia Treasure Coast A/c	Final Mechanical	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10942	Vallecillo 18 S Via Lucindia Joseph Lina Svs	Underground electrical	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10573	Conch Property 19 Lantana Conch Property	filled cells + kneewall	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10983	Escobar 22 E High Pt. Rd Onshore Roofing	Metal + Dry-in	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Miser 21 Island Rd	Tree Removal	OK	INSPECTOR <i>[Signature]</i>



**10354**

**A/C Change Out**

10354  
**PERMIT #**

AC CHANGEOUT  
**DESCRIPTION**

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



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

## BUILDING PERMIT CARD

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

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

PERMIT NUMBER:	10354	DATE ISSUED:	FEBRUARY 13, 2013
SCOPE OF WORK:	AC CHANGEOUT		
CONTRACTOR:	HAYDEN AIR		
PARCEL CONTROL NUMBER:	013841014-000-000603	SUBDIVISION	HILLCREST - LOT 6
CONSTRUCTION ADDRESS:	107 HILLCREST CT		
OWNER NAME:	BTHELL		
QUALIFIER:	JEFFREY EISENBERGER	CONTACT PHONE NUMBER:	546-4431

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

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

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

### INSPECTIONS

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

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



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

### BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10354
ADDRESS	107 HILLCREST CT - BETHEL
DATE 2/13/13	SCOPE OF WORK AC CHANGEOUT

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)		s.f.	
Unconditioned space or interior remodel: (@		s.f.	

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

**HAYDENAIR**  
 AIR CONDITIONING

2740 S.W. MARTIN DOWNS BLVD. #241  
 PALM CITY, FL 34990

WELLS FARGO BANK, NA  
 HOBE SOUND, FL  
 63-643/670

09767

2/7/2013

PAY TO THE ORDER OF TOWN OF SEWALL'S POINT

\$ \*\*\*\*\*109.00

One Hundred -nine Dollars and Zero Cents

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT

DOLLARS

*[Handwritten Signature]*



ACCESSORY PERMIT	Declared Value:	\$	109.00
Total number of inspections @ \$100.00 each			100
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	2
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	2
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	109

*[Handwritten Signature]*  
 CK# 09767

© 2011 INTUIT INC. # 785 1-800-433-8810

MEMO



# Town of Sewall's Point

## BUILDING PERMIT APPLICATION

Date: 1/31/13 Permit Number: 10354

OWNER/LESSEE NAME: Morgan Wehner Phone (Day) 602-330-3918 (Fax) \_\_\_\_\_  
 Job Site Address: 107 Hillcrest Court City: Sewalls Point State: FL Zip: 34996  
 Legal Description Hillcrest Lot 6 Parcel Control Number: 01-38-41-014-000-000-60-3  
 Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):** AC CHANGE OUT

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

**COST AND VALUES:** (Required on ALL permit applications)  
 Estimated Value of Improvements: \$ 3,536.21  
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
 Is subject property located in flood hazard area? VE10  AE9  AE8  X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
 Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
 (Fair Market Value of the Primary Structure only, Minus the land value)  
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: HAYDEN AIR INC. Phone: 772-546-4431 Fax: \_\_\_\_\_  
 Qualifiers name: Jeffrey Eisenberger Street: 766 SW Jack Young Dr. City: Shut State: FL Zip: 34997  
 State License Number: CAC1814408 OR: \_\_\_\_\_ Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_  
 LOCAL CONTACT: JOHN CALL Phone Number: 772-546-4431  
 DESIGN PROFESSIONAL: \_\_\_\_\_ Fla. License# \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

**WARNINGS TO OWNERS AND CONTRACTORS:**

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

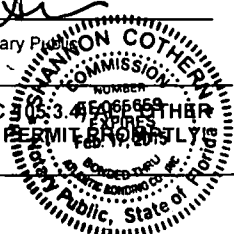
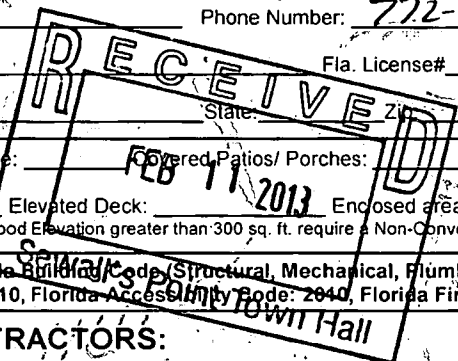
**\*\*\*\*\* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS\*\*\*\*\***

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

**OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:**  
 X \_\_\_\_\_  
 State of Florida, County of: \_\_\_\_\_  
 On This the \_\_\_\_\_ day of \_\_\_\_\_, 2013  
 by \_\_\_\_\_ who is personally  
 known to me or produced \_\_\_\_\_  
 As identification: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

**CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:**  
 X Jeffrey Eisenberger  
 State of Florida, County of: St. Lucie  
 On This the (18th) day of February, 2013  
 by Jeffrey Eisenberger who is personally  
 known to me or produced \_\_\_\_\_  
 As identification: \_\_\_\_\_  
 My Commission Expires: 2/17/2011

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT FROM THE TOWN OF SEWALL'S POINT OFFICE.



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

generated on 2/11/2013 1:26:06 PM EST

**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-014-000-00060-3	17853	107 HILLCREST CT, SEWALL'S POINT	\$474,260	2/9/2013

---

**Owner Information**

Owner(Current)	BETHELL ROBERT
Owner/Mail Address	107 HILLCREST CT STUART FL 34996
Sale Date	11/14/2012
Document Book/Page	2624 0092
Document No.	2371405
Sale Price	500000

---

**Location/Description**

Account #	17853	Map Page No.	SP-03
Tax District	2200	Legal Description	HILLCREST, LOT 6
Parcel Address	107 HILLCREST CT, SEWALL'S POINT		
Acres	.5070		

---

**Parcel Type**

Use Code	0100 Single Family
Neighborhood	120100 Hillcrest, Noni Est, West End

---

**Assessment Information**

Market Land Value	\$180,000
Market Improvement Value	\$294,260
Market Total Value	\$474,260



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

## A/C PERMIT APPLICATION 2010 FLORIDA BUILDING CODE

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

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

1 Copy Completed permit application

2 Copies of the following:

- a. Manufacturer's data sheet to include make, model, seer/eer, tonnage, electrical requirements, refrigerant piping size, and AHRI listing page.
- b. Replacing ductwork requires Manual D layout plan with grille sizes *NO*
- c. Manual J calculations.
- d. Condenser tie down and Air Handler mounting details *Closest in attic*
- e. A/C change out affidavit
- f. Mandatory Duct inspection Certification *on job*

\*\*\*\*NOTE: LOCKING ACCESS PORT CAPS ARE REQUIRED FOR REFRIGERANT LINES  
LOCATED OUT DOORS PER FBC/R – M1411.6

### COMMERCIAL APPLICATIONS ADDITIONALLY REQUIRE

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

Smoke Detectors in supply duct for units over 2000 CFM



**PROPOSAL**

CA-C058554

Customer Name: <u>Morgan Weber</u>		Job Address: <u>107 Hillcrest Court</u>		Date: <u>2/18/13</u>
Customer / Billing Address:		Apt.	City: <u>Sewell Pt.</u>	Zip: <u>34996</u>
Phone: <u>602-330-3918</u>	Other Phone:		Fax:	

**PROPOSAL**

**THERMOSTATS**

- Digital Thermostat
- Humidistat
- Communicating Thermostat

**ELECTRICAL INDOOR AND OUTDOOR**

- New Disconnect Box & Wiring
- New Weatherproof Conduit & Connectors For Outside Unit
- New Weatherproof Conduit & Connectors For Inside Unit
- High Voltage Wiring

**AIR DISTRIBUTION / DUCT MODIFICATION**

- Increase Return Duct Size To:
- Increase Return Air Grille Size To:
- Modify/Adapt/New Fiberglass Return Plenum
- Modify/Adapt/New Fiberglass Supply Air Plenum
- Strap, Hang and Support New Plenums
- Seal Wall Cracks And Crevices To Not Draw Attic Air
- Liquid Mastic Sealant All New Duct Connections
- New Wood Top & Paint White
- Polyboard Insulate Return Air Platform & Mastic Seal
- Seal Off Return Air Platform For Air Leaks

**FILTRATION / CLEAN AIR / INSULATION**

- Poly Media Air Filter
- Ultra Violet Light System
- Blue Tube U.V. Single
- Dual U.V. 2 Year Bulb
- Dual APCO U.V.
- Dynamic Filter
- Purify Air Filter
- Rheem Perfect Fit
- Insulation
- R-30  R-19
- Duct Cleaning
- # Drops
- Duct Sealing
- Supply  Return

Main panel breakers may need to be resized to new unit requirements, not included in our cost.

**PIPING & FITTING**

- Repipe Suction And Liquid Lines At New Unit. Insulate New Suction Line And Secure Low Voltage Wiring.
- New Refrigerant Copper Tubing Line Set Overhead Exterior Line Cover, Includes Armaflex And Detailed Workmanship.

**RECLAIM / EVACUATION / REFRIGERANT**

- Reclaim Refrigerant According To EPA Regulations
- Liquid Line Drier  Suction Line Drier
- Triple Evacuation To Remove Moisture & Impurities
- Refrigerant Superheated To Factory Specifications

**EQUIPMENT ACCESSORIES**

- Precast Concrete Slab
- Condensate Pump, Power Cord & Fuse
- Vibration Pads Under The Outdoor Unit
- Emergency Drain Pan And Support
- Overflow Water Safety Switch
- 5 Minute Time Delay / Compressor Protector
- Hurricane Strap Outdoor Unit To Ground
- Potential Relay & Start Capacitor For Compressor
- Clean, Treat & Flush Drain Line System
- MicroGuard Corrosion Protection

**WARRANTIES (Under Terms of Warranty, Routine Scheduled Service Must Be Performed on System)**

(A)	(B)	(C)
<p><u>Rheem</u> <u>Rheem</u></p> <p>SEER <u>16.5</u> Aux. Heat <u>10</u> KW</p> <p>Compressor _____ Year</p> <p>Condenser Coil <u>10</u> Year</p> <p>Evaporator Coil <u>10</u> Year</p> <p>Parts <u>10</u> Year</p> <p>Labor <u>1</u> Year</p> <p>Equipment Quote \$ <u>3,929.12</u></p> <p>Indoor Air Quality \$ _____</p> <p>FPL Rebate \$ <u>-685.00</u></p> <p>Discounts \$ <u>-392.91</u></p> <p>Amt. Due by Customer \$ <u>2,851.21</u></p>	<p>SEER _____ Aux. Heat _____ KW</p> <p>Compressor _____ Year</p> <p>Condenser Coil _____ Year</p> <p>Evaporator Coil _____ Year</p> <p>Parts _____ Year</p> <p>Labor _____ Year</p> <p>Equipment Quote \$ _____</p> <p>Indoor Air Quality \$ _____</p> <p>FPL Rebate \$ _____</p> <p>Discounts \$ _____</p> <p>Amt. Due by Customer \$ _____</p>	<p>SEER _____ Aux. Heat _____ KW</p> <p>Compressor _____ Year</p> <p>Condenser Coil _____ Year</p> <p>Evaporator Coil _____ Year</p> <p>Parts _____ Year</p> <p>Labor _____ Year</p> <p>Equipment Quote \$ _____</p> <p>Indoor Air Quality \$ _____</p> <p>FPL Rebate \$ _____</p> <p>Discounts \$ _____</p> <p>Amt. Due by Customer \$ _____</p>

We hereby propose to complete work as specified above, for the sum of \_\_\_\_\_

Finance Option\*  
Monthly Investment \_\_\_\_\_

Buyer hereby declares that Buyer holds title to property in which merchandise is being installed. And has legal authority to order the work outlined above. The seller retains title to all materials and property listed herein until payments have been made in full. Accounts not paid within 30 days of being invoiced are in default, a late payment charge computed at a periodic rate of 1 1/2% per month will be added. Buyer agrees to any reasonable attorneys or collection fees incurred by seller in securing payment for this contract.

Payment Terms

\*Subject to approval by finance company  
\*Certain restrictions apply

Company Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

Financed\*

50% Down; balance due upon installation

Customer Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

SPECIAL COMMENTS & MODIFICATIONS

1 year Maint.

475

ON AMEX ON SERVICE TICKET 34317

M. Weber



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

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

**Air Conditioning Change out Affidavit**

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

**One form required for each A/C system installed**

**REPLACEMENT SYSTEM COMPONENTS**

<b>Air handler:</b> Mfg: <u>Rheem</u> Model# <u>RHL-11M-3821A</u>	<b>Condenser:</b> Mfg: <u>Rheem</u> Model# <u>RAPM-0423EC</u>
Volts <u>230</u> CFM's _____ Heat Strip <u>7</u> Kw _____	Volts <u>230</u> SEER/EER <u>16</u> BTU's <u>41000</u>
Min. Circuit Amps _____ Wire gauge <u>#6</u>	Min. Circuit Amps _____ Wire gauge <u>10</u>
Max. Breaker size <u>45</u> Min. Breaker size <u>40</u>	Max. Breaker size <u>40</u> Min. Breaker size <u>30</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>R-410A</u>	Refrigerant type <u>R-410A</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing _____ New <input checked="" type="checkbox"/>
Attic/Garage/Closet (specify) <u>Closet</u>	Left/Right/Rear/Front/Roof <u>Right</u>
Access: <u>Stairs</u>	Condensate Location <u>Ground Outside</u>

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

**EXISTING SYSTEM COMPONENTS**

<b>Air handler:</b> Mfg: <u>Lennox</u> Model# <u>CB-30H-410</u>	<b>Condenser:</b> Mfg: <u>Lennox</u> Model# <u>12-ACB36-4P</u>
Volts <u>230</u> CFM's _____ Heat Strip <u>10</u> Kw _____	Volts <u>230</u> SEER/EER _____ BTU's _____
Min. Circuit Amps _____ Wire gauge <u>6</u>	Min. Circuit Amps _____ Wire gauge <u>10</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>50</u>	Max. Breaker size <u>35</u> Min. Breaker size <u>20</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>R-22</u>	Refrigerant type <u>R-22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>Closet</u>	Left/Right/Rear/Front/Roof <u>Right</u>
Access: <u>Stairs</u>	Condensate Location <u>Outside</u>

**Certification:**

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

[Signature]  
 Signature

2/1/2013  
 Date



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

# Certificate of Product Ratings

AHRI Certified Reference Number: 3806900

Date: 1/31/2013

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

Outdoor Unit Model Number: RAPM-042JEZ

Indoor Unit Model Number: RHLL-HM3821+RCSL-H\*3821

Manufacturer: RHEEM MANUFACTURING COMPANY

Trade/Brand name: RHEEM RAPM SERIES

Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY

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

Cooling Capacity (Btuh):	41000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

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

#### DISCLAIMER

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#### TERMS AND CONDITIONS

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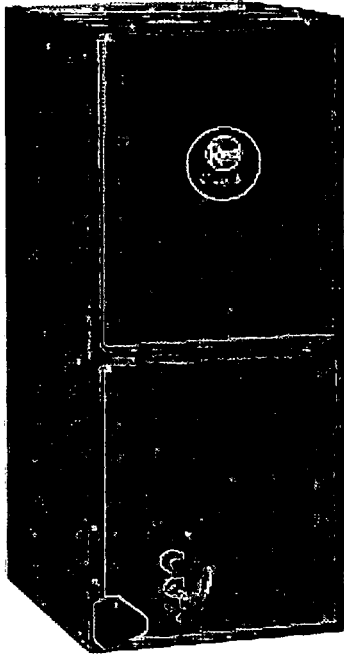
#### CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at [www.ahridirectory.org](http://www.ahridirectory.org), click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

# Rheem SALES FACT SHEET



## Classic<sup>®</sup> Plus

### AIR HANDLERS

**RHLA- High Efficiency**  
featuring R-22 Refrigerant

**RHLL- High Efficiency**  
featuring Earth-Friendly  
R-410A Refrigerant



### Features

- RHLA/RHLL models feature GE's new X-13 motor which provides enhanced SEER performance with most Rheem outdoor units.
- 1½ ton [5.3 kW] through 5 ton [17.6 kW] models are between 42½ to 55½ inches [1080 to 1410 mm] tall and 22 inches [559 mm] deep.
- Versatile 4-way convertible design for upflow, downflow, horizontal left and horizontal right applications.
- Factory-installed high efficiency indoor coil.
- All models meet or exceed 330 to 400 CFM [156 to 189 L/s] per ton at .3 inches [.7 kPa] of external static pressure.
- Enhanced airflow up to .7" external static pressure.
- Sturdy construction with 1.0 inch [.24 kPa] of reinforced foil faced jacket insulation for excellent thermal and sound insulation.
- Field-installed auxiliary electric heater kits provide exact heat for indoor comfort. Kits include circuit breakers which meet UL and cUL requirements for service disconnect.
- The most compact unit design available, all standard heat air handler models only 42½ to 55½ inches [1079 to 1409 mm] high.
- Attractive pre-painted cabinet exterior.
- Rugged wall steel cabinet construction, designed for added strength and versatility.

### GENERAL TERMS OF LIMITED WARRANTY

Rheem will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

Indoor Coils leaks caused by factory defects .....Five (5) Years  
Electric Heating Element .....Five (5) Years  
Any Other Part .....Five (5) Years

For Complete Details of the Limited Warranty, including Applicable Terms & Conditions, See Your Local Installer or Contact the Manufacturer for a Copy.

<u>R</u>	<u>H</u>	<u>L</u>	<u>A</u>	<u>—</u>	<u>HM</u>	<u>24</u>	<u>17</u>	<u>J</u>	<u>A</u>
RHEEM	CLASSIFICATION	L = HI-EFFICIENCY (X-13 MOTOR)	REFRIGERANT	A/C OR HP MULTI- POSITION (VERTICAL UPFLOW/ HORIZONTAL LEFT IS THE FACTORY CONFIGURATION)		CAPACITY	CABINET SIZE	VOLTAGE	DESIGN VARIATION
	H = AIR HANDLER		A = R-22 L = R-410A			24 = 18,000/24,000 BTU/HR [5.27/7.03 kW] 36 = 30,000/36,000 BTU/HR [6.79/10.55 kW] 48 = 42,000/48,000 BTU/HR [12.31/14.07 kW] 60 = 60,000 BTU/HR [17.58 kW]	17 = 17.5" [431.8 mm] (800-1200 CFM) 21 = 21" [533.4 mm] (1400-1600 CFM) 24 = 24.5" [609.6 mm] (1600-1800 CFM)	A = 115/1/60 J = 208/240/1/60	A = 1ST DESIGN

Price	Starting at: \$
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"CERTIFIED UNDER THE  
A.R.I. CERTIFICATION PROGRAM—A.R.I.  
STANDARDS 210/240-84"

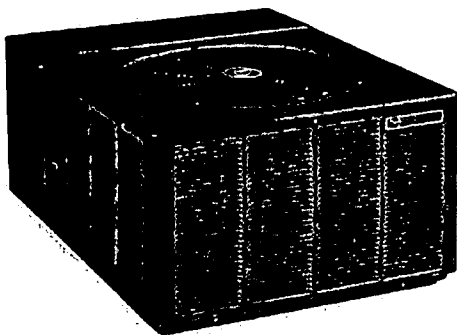




# SALES FACT SHEET

## RAPM-JEZ SERIES

Efficiencies up to 16 SEER/13.55 EER  
 Nominal Sizes 1.5 to 5 Ton  
 [5.28 to 17.6 kW]  
 Cooling Capacities 18.8 to 62.5 kBTU  
 [5.50 to 18.32 kW]



## Rheem Prestige Series™ Air Conditioners equipped with the *Comfort Control System™*

### Equipped with the *Comfort Control System™*

- Increased system reliability and efficiency
- Exclusive Design with dual 7-segment LED display
- Provides on board diagnostics and fault history

### GENERAL TERMS OF LIMITED WARRANTY\*

Rheem will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

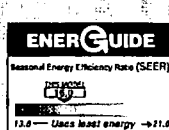
Conditional Compressor  
 (Registration Required).....Ten (10) Years  
 Parts .....Ten (10) Years

\*For complete details of the Limited and Conditional Warranties, including applicable terms and conditions, contact your local contractor or the Manufacturer for a copy of the product warranty certificate.

### Features:

- The *Comfort Control System™* provides on-board diagnostics and fault history for condensing units with single-phase compressors by detecting system and electrical problems without adding sensors. It can also communicate "fault codes" to enabled "L terminal" thermostats. The integrated diagnostics with *Active Protection™* prevents compressor operation when damage would occur.
- 7-Segment LED Display is exclusive only to Rheem products. The information-display quickly and accurately shows technicians the source of malfunctions.
- Five-year conditional unit replacement warranty.
- Compressor sound blanket is standard to provide quiet operation.
- Attractive, louvered wrap-around jacket protects the coil from yard hazards and weather extremes. Top grille is steel reinforced for extra strength. Cabinet is powder painted for all-weather protection.
- Air is discharged upward away from bushes and shrubs. The discharge pattern of the top grille provides minimum air restriction.
- Combination Grille/Motor Mount secures the motor to the underside of the discharge grille. The grille protects the motor windings and bearings from rain and snow.
- Removable top grille provides access to the condenser fan motor and condenser coil.
- Single speed 8-pole fan motor designed for low speed, quiet, energy-saving operation.
- All models meet or exceed a 1000-hour salt spray test per ASTM B117 Standard Practice for Operating Salt Spray Testing Apparatus.

MODEL	Nominal Cooling Capacity (BTU/HR)	VOLTAGE	PHASE	HEIGHT	WIDTH	LENGTH	Shipping Weight	Service Valve - Liquid	Service Valve - Suction	PRICE
018JEZ	18,000	208/230	1	19"	27 - 5/8"	40 - 1/2"	160.5	3/8"	3/4"	
024JEZ	24,000	208/230	1	29"	31 - 1/2"	44 - 3/8"	214.5	3/8"	3/4"	
030JEZ	30,000	208/230	1	29"	31 - 1/2"	44 - 3/8"	214	3/8"	3/4"	
036JEZ	36,000	208/230	1	33"	31 - 1/2"	44 - 3/8"	227	3/8"	7/8"	
042JEZ	42,000	208/230	1	33"	31 - 1/2"	44 - 3/8"	256	3/8"	7/8"	
048JEZ	48,000	208/230	1	33"	31 - 1/2"	44 - 3/8"	298	3/8"	7/8"	
056JEZ	56,000	208/230	1	33"	31 - 1/2"	44 - 3/8"	306.5	3/8"	7/8"	
060JEZ	60,000	208/230	1	33"	31 - 1/2"	44 - 3/8"	306.5	3/8"	7/8"	



\*Proper sizing and installation of equipment is critical to achieve optimal performance. Ask your Contractor for details or visit [www.energystar.gov](http://www.energystar.gov).



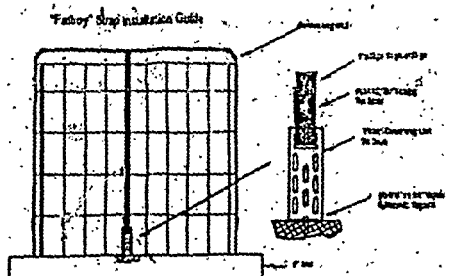
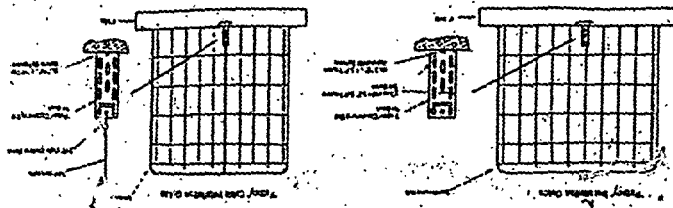


# SALES FACT SHEET

## ACCESSORIES

Description	Part No.	Price
Low Ambient Control (RXAD-A08)	RXAD-A08	
Crankcase Heater for 1.5 - 3 ton Models	44-17402-44	
Crankcase Heater for 3.5 - 5 ton Models	44-101884-01	

**Total Price** \$

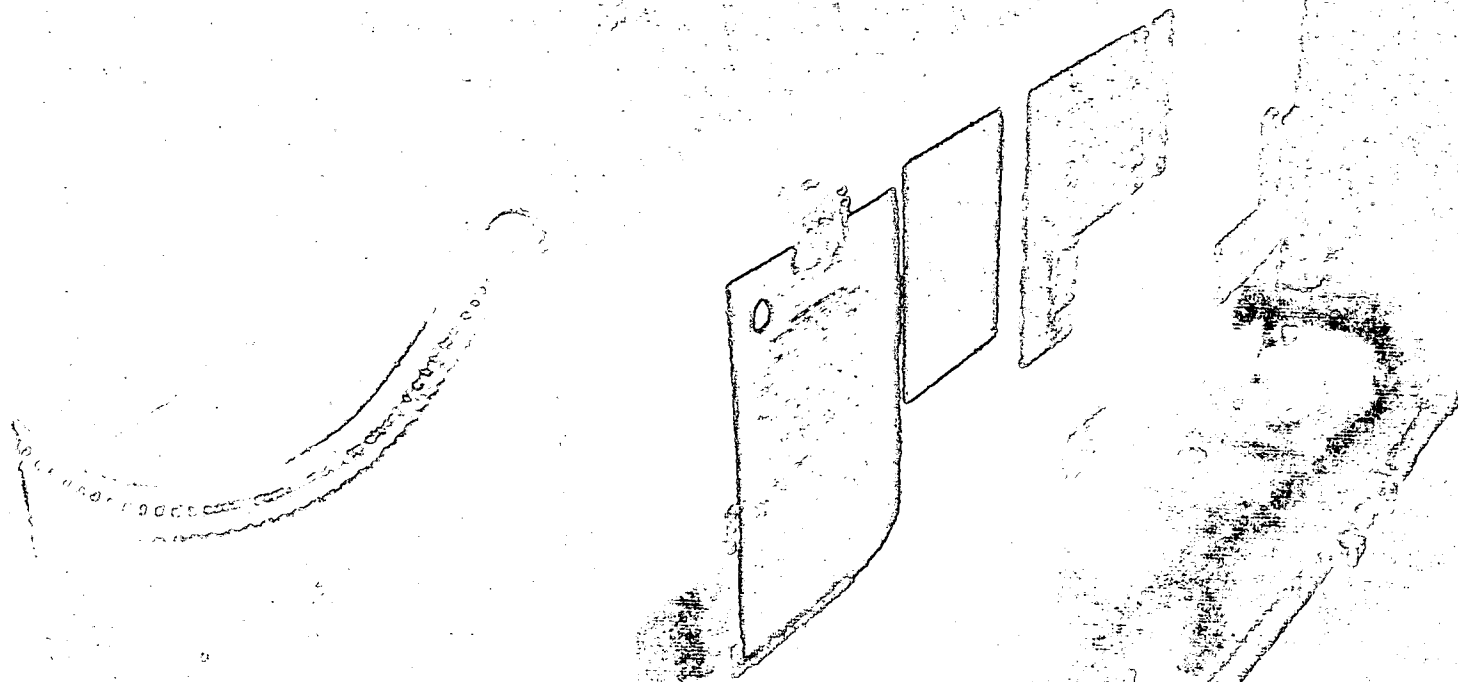


**FATBOY®**  
Patent Pending



Design Conforms to  
ASCE 7-02 Chapter  
6 Wind Loads.

**CONDENSING UNIT TIE DOWN**





# DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems only

The New Degree of Comfort™

## Customer Information

### Location:

Street Address 107 Hilcrest Court, Stuart, FL 34996

Latitude, Longitude 26.6726°, -80.0706°

House Square Footage: 1600 sq. ft.

Name: Morgan Wehner

Phone:

Email:

## House Information

SHR .75

Number of residents 2

Ceiling height 9

Wall U-value | R-value 0.09 | 11

Floor U-value | R-value 0.2 | 5

Ceiling U-value | R-value 0.053 | 19

Window U-value 0.5

Window SHGF 0.85

Moisture grains 64

Duct loss % 10

Duct gain % 10

Cooling infiltration (ACH) 0.6

Heating infiltration (ACH) 0.8

Winter ventilation 0

Summer ventilation 0

## Design Conditions

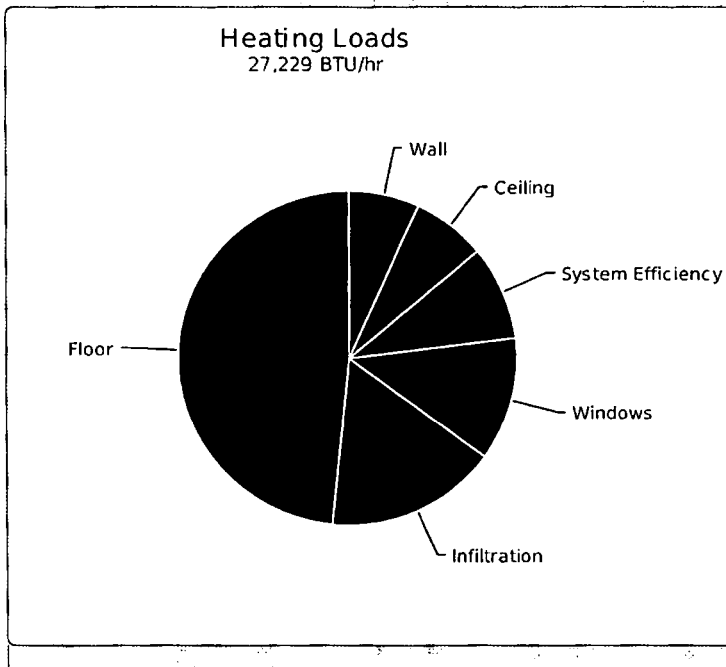
<b>Outdoor</b>	<b>Heating</b>	<b>Cooling</b>
Dry bulb (°F)	47	90
Daily range		M
Relative humidity		50%
Moisture difference		64

<b>Indoor</b>	<b>Heating</b>	<b>Cooling</b>
Indoor temperature (°F)	70	75
Design temperature difference(°F)	23	15

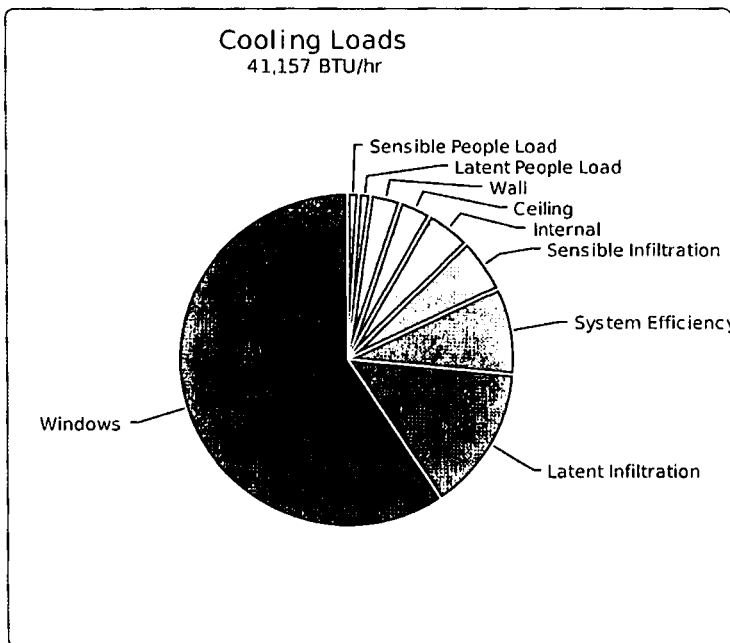
# Heating Loads

Area	Btuh	% of load
Wall	1850	6.8
Floor	13170	48.4
Ceiling	1950	7.2
Windows	3266	12
Infiltration	4518	16.6
System Efficiency Loss	2475	9.1
Total:	27229	

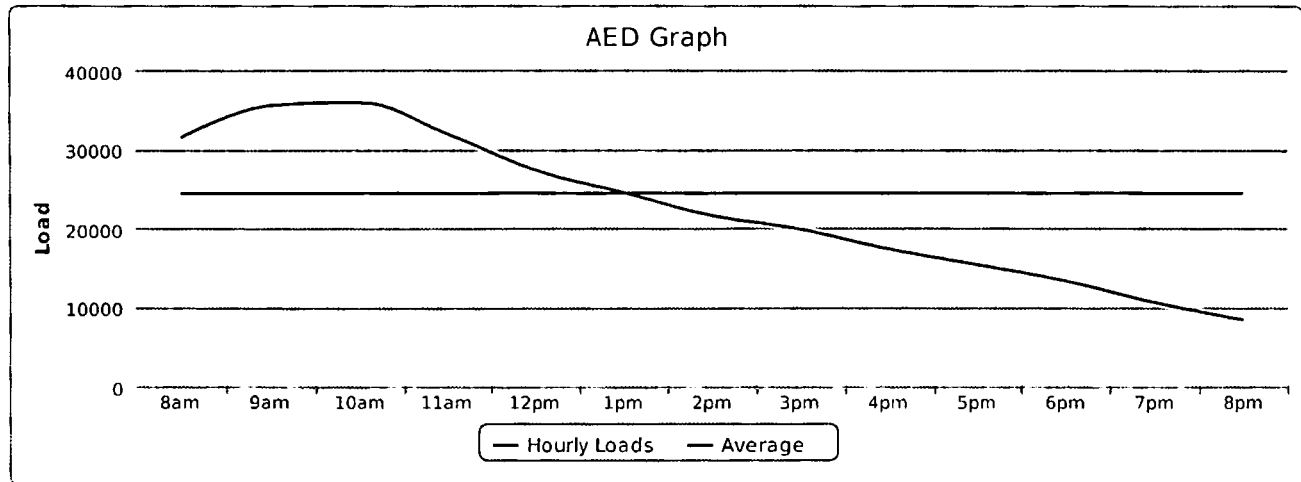


# Cooling Loads

Area	Btuh	% of load
Wall	1206	2.9
Ceiling	1272	3.1
Windows	24431	59.4
Sensible Infiltration	2210	5.4
Latent Infiltration	5828	14.2
System Efficiency Gain	3495	8.5
Internal	1795	4.4
Sensible People Load	460	1.1
Latent People Load	460	1.1
<b>Total:</b>	<b>41157</b>	
<b>Sensible load</b>	<b>34869</b>	
<b>Latent load</b>	<b>6288</b>	
<b>SHR</b>	<b>0.85</b>	
<b>Capacity at .75 SHR</b>	<b>3.87 Tons</b>	



## Adequate Exposure Diversity



## Equipment selection

System equipment selection will be made using the following derived values.

Summer Outdoor	90°F
Summer Wet Bulb	78°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	47°F
Winter Indoor	70°F
Sensible Cooling	34,869 Btuh
Latent Cooling	6,288 Btuh
Required Cooling Airflow	1,585 CFM
Sensible Heating	27,229 Btuh
Required Heating Airflow	354 CFM

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree



on job @ A/H.



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

**FLORIDA ENERGY CONSERVATION CODE**

**Mandatory Duct Inspection Certification for HVAC change-out**

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

Owner: Morgan Werner Contractor name: Hayden Air Inc

Street address: 107 Hillcrest Ct. Jurisdiction: \_\_\_\_\_

City: Sewalls Point, FL Permit No.: \_\_\_\_\_

Zip: 34996 Final inspection date: \_\_\_\_\_

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

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

Signature: *Derek Johnson* Date: 2/6/2013

Printed Name: Derek Johnson

Contractor License #: CAC1814408

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

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

Printed Name: \_\_\_\_\_

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **6-5-13** Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10442	Bethel 107 Hillcrest Group One	Final Bath remodel	Fail	Wet Location FRM over job  INSPECTOR
<del>10334</del>	<del>Bethel</del> <del>107 Hillcrest</del>	<del>Final</del> <del>AC</del>	<del>Pass</del> <del>AD-AP</del>	<del>Comments</del>  INSPECTOR <i>gf</i>
10404	Brekny 6 Riverview Freedom	Final Bath	Pass	CLOSE  INSPECTOR <i>gf</i>
10461	Hogarth 179 S River Rd Flynn's Ac	Final AC	RESET	  INSPECTOR
10457	Noble 60 S Sewalls Stuart Roof Rep.	in progress - Final - roof repair <del>in progress</del>	Pass	Pictures on permit box CLOSE  INSPECTOR <i>gf</i>
10448	Stern 9 Lantana Ln Freedom Home	slab	Pass	  INSPECTOR <i>gf</i>
10314	Fitch 3 Timor Seagate	landscape trees	OK	  INSPECTOR

<u>PERMIT #</u>	<u>TREE PERMITS</u> <u>DESCRIPTION</u>
-----------------	---

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

533

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_

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

Owner DR. GEORGE McLAIN Address 3663 OLD ST. LUCIE BLVD. STUART, FL Phone 288-5816

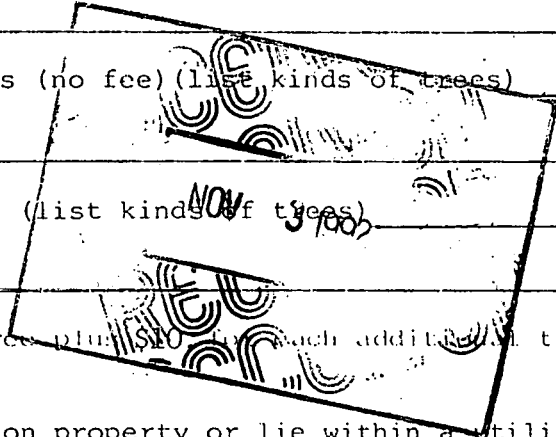
Contractor MOSLEY & SON CONST. INC Address 1400 SE MONTEREY RD STUART, FL Phone 287-6962

Number of trees to be removed (list kinds of trees) - 2 EUCALYPTUS

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

Number of trees to be replaced within 30 days (list kinds of trees)

Permit Fee: 35.00 \$25. for first tree plus \$10 for each additional tree - not to exceed \$100.



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

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

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

Signature of applicant, [Signature] Date submitted \_\_\_\_\_

Approved by Building Inspector [Signature] Date 11/3/92

Approved by Building Commissioner [Signature] Date 11/3/92

Completed \_\_\_\_\_  
Date \_\_\_\_\_ Checked by \_\_\_\_\_

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

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



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

4. Other: \_\_\_\_\_

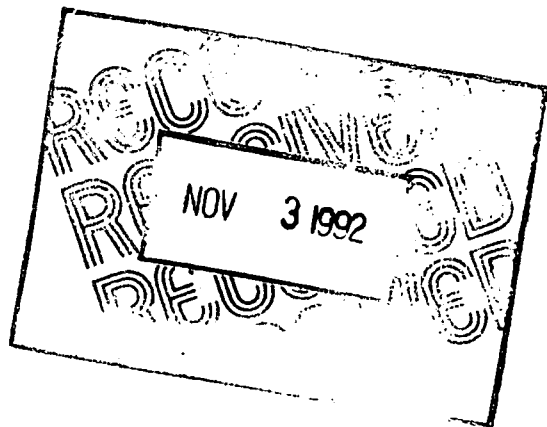
APPROVED: Dale Brown Date: 11/3/92  
Building Inspector

DENIED: \_\_\_\_\_ Date: \_\_\_\_\_  
Building Inspector

\_\_\_\_\_  
Building Commissioner Date: \_\_\_\_\_

REASON FOR DENIAL, IF APPLICABLE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**TOWN OF SEWALL'S POINT, FLORIDA**

Date 5-15-02 19\_\_\_\_ **TREE REMOVAL PERMIT** No 2047

APPLIED FOR BY Gerald Hemman (Contractor or Owner)

Owner Gerald Hemman 107 Hillcrest CT

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

Kind of Trees 2 Sea Grapes

No. Of Trees: REMOVE 2

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

FEE \$ 15.00

Signed, \_\_\_\_\_  
Applicant

Signed, Jane Simmons (JN)  
Town Clerk

**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

Blank lined area for notes or additional information.

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

Blank lined area for project description.

REMARKS \_\_\_\_\_

Blank lined area for remarks.

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 2047

Date Issued: 5/15/02

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

Owner GERALD HERRON Address 102 HILLCREST CT. Phone 781-8630

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Number of trees to be removed (list kinds of trees) SEA GRAPES (2)

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

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

Permit Fee \$ 15<sup>00</sup>

\$15.00

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

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

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

Signature of applicant Deri Heumen Plans approved as marked \_\_\_\_\_

Approved by Building Inspector \_\_\_\_\_ Date submitted: \_\_\_\_\_

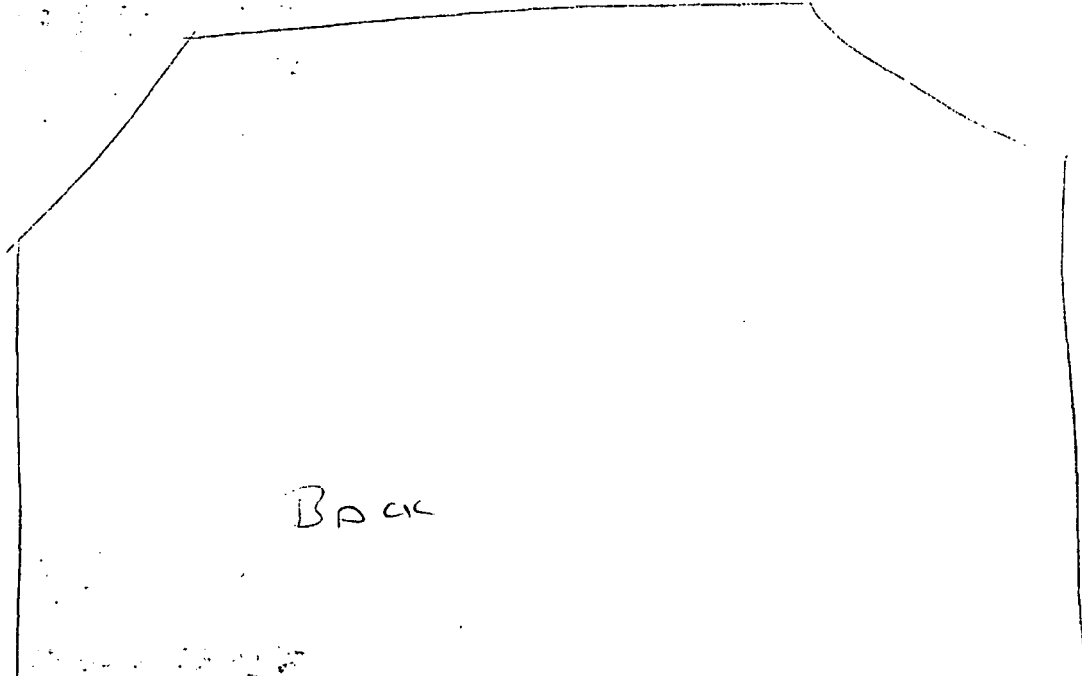
Completed \_\_\_\_\_  
Date \_\_\_\_\_ Checked by \_\_\_\_\_

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

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

See attached Tree Species List

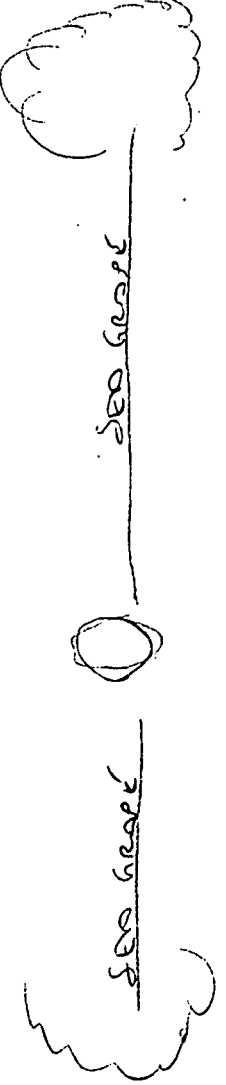




Back

Handwritten notes or scribbles, possibly describing the area or providing additional context. The text is faint and difficult to read.

pool  
—



TOWN OF SEWALL'S POINT, FLORIDA

Date OCTOBER 27 2003 TREE REMOVAL PERMIT No 2129

APPLIED FOR BY HEERMAN (Contractor or Owner)

Owner 107 HILLCREST CT

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

Kind of Trees MISC. - DEAD

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

Signed, \_\_\_\_\_ Applicant

Signed, [Signature] Town Clerk

FEE \$ 0

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for notes or drawings]

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

[Lined area for project description details]

REMARKS \_\_\_\_\_

[Lined area for remarks]

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

**Tree Defined:** Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

**No permit required for:**

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

**Permit Fee:**

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

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

**Application procedures:**

1. Fill out application information below to include:
  - a. applicant information
  - b. written statement giving reasons for removal, relocation, or replacement if necessary
  - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
  - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Deni Herremann Address 107 Hillcrest Ct. Phone 781-8630

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 1 Type: OK to remove

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: diseased

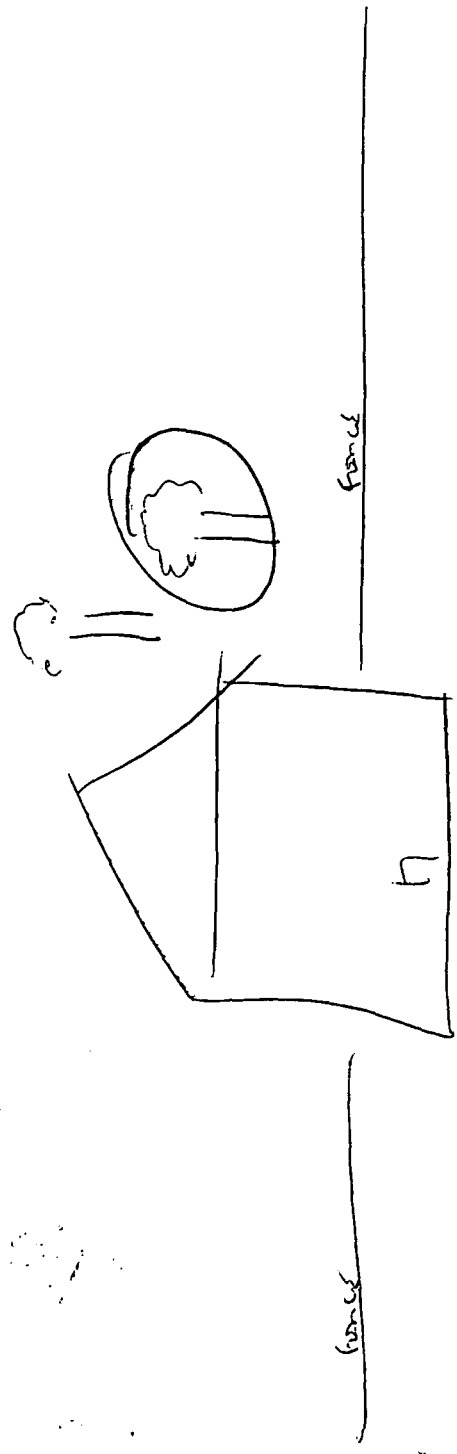
No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: TREE IS DEAD & WE DON'T WANT TO INTERFERE TREE NEXT TO IT.

Signature of Applicant Deni Herremann Date 10-27-03

Approved by Building Inspector: [Signature] Date 6/27/3 Fee: 0



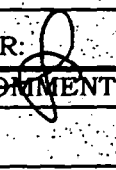

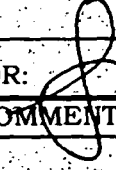
Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 10/27, 20013 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6459	BONNER	CHANGE OUT		
	1 N. SEWALL'S POINT	METER FINAL		
	ARLINGTON ELEC	← Call *		INSPECTOR: 
6232	MOORE	ROOF SHEATHING <sup>UPPER ROOF</sup> <del>Passad</del>		
	5 OAK HILL			
	AR MARTIN			INSPECTOR: 
Tree	GRIFFIS	TREE	Failed	→ identify
	140 S. SEWALLS PT			
				INSPECTOR: 
Tree	<del>HECMANN</del>	<del>TREE</del>	Passed	
	107 HILLCREST Ct.			
				INSPECTOR: 
Tree	Gruber	Tree	Passed	
	6 Periwinkle Circ.			
				INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

**OTHER:**

22 SIMARA - tree removal? nobody home?



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 Kenn W. Haver Address 102 Hillcrest Ct Phone 310-2253

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 1 Species: Eucalyptus

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**

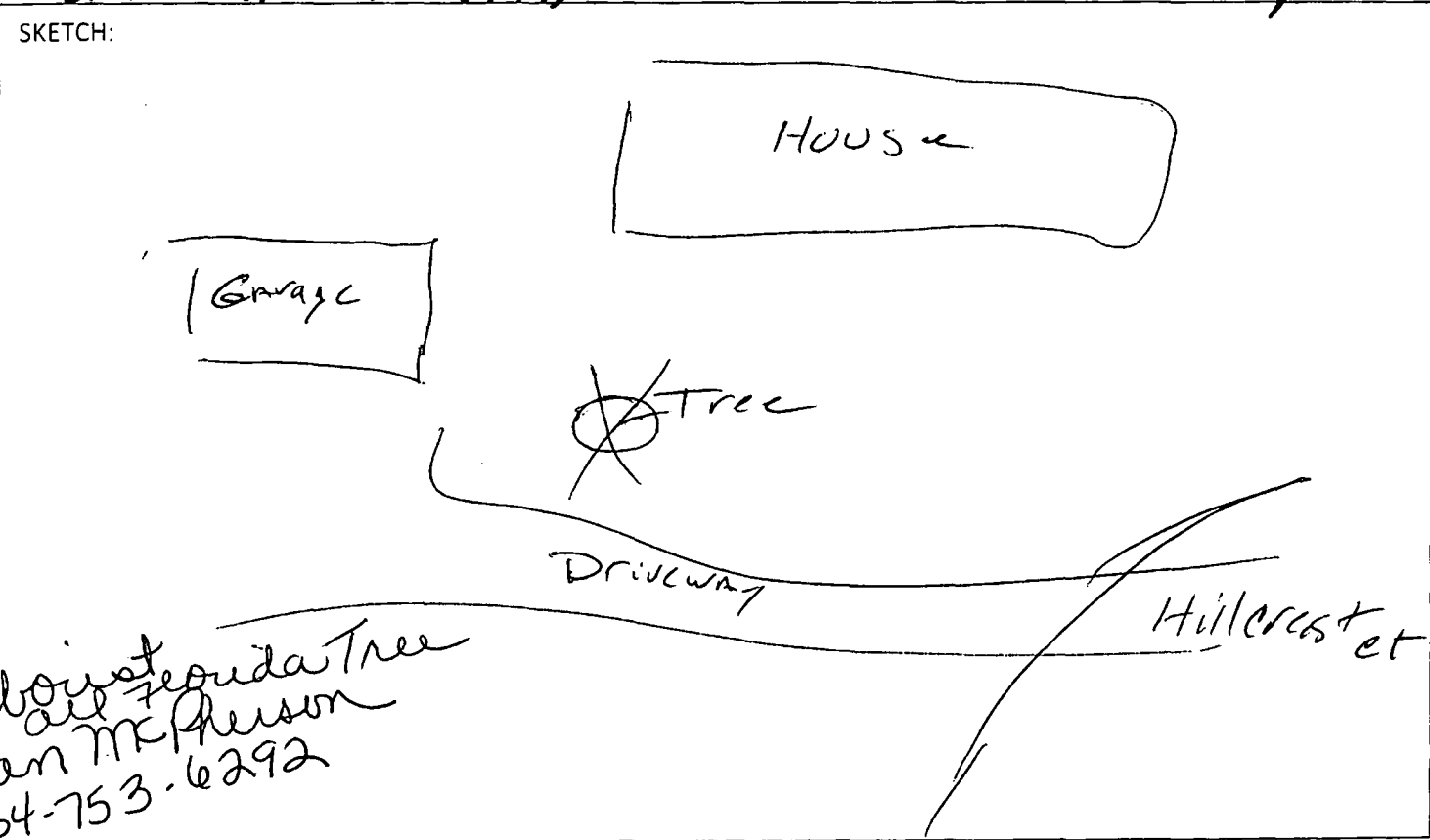
Reason for tree removal /relocation (See notice above) Dead Tree

Signature of Property Owner [Signature] Date 9-11-13

Approved by Building Inspector: [Signature] Date 9-12-13 Fee: N/C

NOTES: Tree is not dead, but needs professional help. Requires

opinion of certified arborist to determine the viability.



Arborist Florida Tree  
Alan McPherson  
954-753-6292