

110 Hillcrest Terrace

3153

SFR

TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER _____
 OWNER Mr Paul McGill
 ADDRESS 7 Fieldway Dr
 CITY/ST/ZIP SP
 TELEPHONE _____

PERMIT NUMBER 3153
 DATE ISSUED 3/12/92
 CONTRACTOR OR
 OWNER/BLDR. OWNER
 ADDRESS 7 Fieldway Dr
 CITY/ST/ZIP SP
 TELEPHONE _____

FLOOD ZONE H-10
 TO BE CONSTRUCTED NEW HOUSE
 SITE ADDRESS 118 Millcrest Terr
 SUBDIVISION MILLCREST
 CONSTRUCTION VALUE \$ 275,003.00

312 Travis Exterminating Co., Inc.
 Pest Control - Lawn Spraying - Termite Control
 P. O. Box 1906 Stuart, Florida 34995
32671 Phone 287-7411 481-7111 Shank

REMODELING/NEW CONSTRUCTION _____
 IMPACT \$ 1524
 RADON \$ 58.80
 SEPTIC _____
 WELL _____
 FENCE _____
 POOL _____
 DOCK _____

FEES

PLUMBING 100.00
 ELECTRICAL 100.00
 MECH./A.C. 100.00
 ROOF 100.00
 WALL _____
 POOL ENCLOSURE _____
 OWNER/BUILDER OWNER
 TOTAL \$ 4,820.78
 PAID BY CHECK 114

BUILDING INSPECTION
(SIGN OFF)

(FOR OFFICIAL USE ONLY)

FORM BOARD SURVEY _____	DATE _____	NAILING _____	DATE _____
ROUGH PLUMBING <u>OK</u>	DATE <u>3/12/92 DB</u>	ROOF _____	DATE _____
TERMITE PROTECTION _____	DATE <u>3/12/92</u>	INSULATION <u>OK</u>	DATE <u>6/30/92</u>
FOOTING-SLAB <u>OK</u>	DATE <u>3/26/92 DB</u>	FINAL ELECTRIC _____	DATE _____
LINTEL _____	DATE _____	FINAL PLUMBING _____	DATE _____
ROUGH ELECTRIC <u>OK</u>	DATE <u>6/26/92 DB</u>	SEPTIC FINAL <u>approved EJP</u>	DATE <u>9-16-92 for JC</u>
FRAMING <u>OK</u>	DATE <u>6/26/92 DB</u>	DRIVEWAY _____	DATE _____
A/C DUCTS <u>OK</u>	DATE <u>6/26/92 DB</u>	FINAL C.O. _____	DATE _____

PERMIT AUTHORIZED BY Dale Brown

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

142
1294
25
26470
2588
32350

2751 60
307518

275.160
32850
307.510

3254

2456
400
150880
5880
446280

1-38-41-014-000-002503000
m

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 3153

Date 3/17 19 92
Building to be erected for Dr Paul McGill Jr
Applied for by same (Contractor)
Subdivision Hillcrest Lot 25 Block _____
Address 110 Hillcrest Ter
Type of structure New House

Building Fee 4820.00, A/C Fee 50.00, Electrical Fee 50.00, Plumbing Fee \$50.00, Roofing Fee \$50.00,
Radon Fee 5880
TOTALS \$ 275,093.00 PAID - Check # 114, Cash _____

Signed Paul McGill Jr Applicant
Signed Dale Brewer Town Building Inspector

246.000
32350
278,350

279
8

2232
150820
3740
400
4140
5880
4199
1375
4574

To obtain a permit the following are required:

1. Florida certification of builder and sub-contractors.
2. Certification of insurance from contractor or owner/builder re: liability and workers' compensation.
3. Two sets of building plans which must include: a) 1/4" scale building drawings, b) plot plan, c) foundation plan, d) floor plans, e) wall and roof cross-sections, e) plumbing, electrical and air conditioning layouts, f) at least two elevations showing the height of building from finished floor. Plans must be sealed by a Florida registered architect or engineer.
4. Recorded warranty deed to the property.
5. Septic tank permit and one set of plans with Martin County Health Department seal.
6. Energy code calculations.
7. Tree removal permit (for trees other than nuisance trees)
8. Certification of elevation from licensed surveyor and determination of flood zone.
9. Amount of fill anticipated - rough sketch showing location of fill
10. Manufacturer's schedule of windows.

Owner Paul & Joan McGill, Jr. Current Address 7 Fieldway Dr. Stuart, Florida 34996
 Telephone 407-283-1605
 General Contractor Owner-Builder Address _____
 Telephone _____

Where Licensed _____ License Number _____
 Plumbing Contractor A.E. Kellett & Sons License Number MP 00136
 Electrical Contractor Chambers Electric License Number ME 00216
 Roofing Contractor Panache Construction License Number CGCA 07037
 A/C Contractor Personalized A.C. Service License Number CAC 041199

Describe the building or alterations 2 Story Frame/Stucco PVT. Residence

Name the street on which the building, its front building line and its front yard will face 110 Hillcrest Terrace

Subdivision Hillcrest Lot 25 Block Plat Book pg. 10.39

Building area (inside walls) 4586 Garage, porch, carport area 1294

Contract price (excluding carpet, land, appliances, landscaping) \$275,093.00

Cost of permit \$4820.79 Plans approved as submitted _____ as marked _____

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

1. Building area inside walls must be a minimum of 1,500 square feet.
2. Building permit fees are \$8. per \$1,000. of the cost of the building, plus \$50. each for plumbing, electric, a.c. and roof. For example a \$100,000. building x \$5. = \$500. plus \$200. (a.c., pl., el., roof) = \$700. cost of permit + \$365. impact fee = \$1,065. total. Also there is a charge of 1 cent per square foot for radon gas trust fund.
3. If no contract is submitted as proof as cost, the permit will be based on \$60. per square foot (inside walls) and \$25. per square foot (other areas). Owner-builder cost is 25% higher than the regular fee.
4. The Town has adopted the South Florida Building Code.
5. Building permits are issued for one year's duration.
6. Construction must be started within 180 days or permit will be subject to revocation and forfeiture of fee.
7. ALL changes in plans must be approved by the Building Department.
8. Work hours are 8:AM to 5:PM Monday through Friday. NO SUNDAY WORK
9. Portable toilets must be on all construction sites.

10. Inspections are made Monday through Friday, 8:AM to Noon, 1:PM to 4:PM. 24 hour notice is required prior to all inspections.

11. String lines along property lines to facilitate set back inspections.

12. Before a certificate of occupancy is issued, the following are required:

- a. An owner's affidavit of building cost (form available). Any discrepancy between the original fee and final fee (based on affidavit) will be adjusted.
- b. Approval of septic tank installation by Martin Co. Health Dept.
- c. Rough grading and clean up of grounds.
- d. Affidavit from licensed surveyor showing slab elevation (if in "A" zone).
- e. An interim proprietary and general service fee will be charged to defray costs to the Town on newly improved property prior to imposition of ad valorem taxes on such property. Building Department will compute charge at time of c.o..

13. THIS SUMMARY IS NOT A SUBSTITUTE FOR TOWN ORDINANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OR CONTRACTOR FROM COMPLIANCE WITH TOWN ORDINANCES.

14. 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.

Contractor's Signature Joan P. McGill Owner's Signature Paul & Joan McGill
 Approval by Building Inspector [Signature] Date 3/12/92
 Approval by Building Commissioner [Signature] Date 3/15/92

Return to: Name Warner, Fox, Seeley & Dungey
Address P.O. Drawer 6
Stuart, Florida 34995

RECORD VERIFIED

904473

This instrument was prepared by:
Name Laura F. Morgan, Esq.
Address 3415 Dynasty Drive
Boca Raton, Fl 33433

Grantee S.S. No. 205-34-3089
Name
Grantee S.S. No. 165-36-7745
Name

Property Appraiser's
Parcel Identification No. 01-38-41-014-000-002503

WARRANTY DEED (STATUTORY FORM — SECTION 689.02, F.S.)

This Indenture, made this 16th day of September 1991, Between

JAMES L. FRANCO, JR., and ABBY HERZOG FRANCO, Husband and Wife,

whose post office address is 8181 Boca Rio Road, Boca Raton,
of the County of Palm Beach, State of Florida, grantor*, and

PAUL M. MCGILL, JR., and JOAN P. MCGILL, His Wife,
whose post office address is 400 E. Osceola Street, Stuart
of the County of Martin, State of Florida 34994, grantee*,

Witnesseth that said grantor, for and in consideration of the sum of
Ten (\$10.00) Dollars,
and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby
acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following
described land, situate, lying and being in Martin County, Florida, to-wit:

Lot 25, Plat of HILLCREST, according to the Plat thereof
recorded in Plat Book 10, Page 39, Martin County, Florida
public records.

DOC-DEED \$ 810.00 MARSHA STILLER
DOC-MTG \$ _____ MARTIN COUNTY
DOC-ASM \$ _____ CLERK OF CIRCUIT COURT
INT. TAX \$ _____ BY cab D.C.

FILED FOR RECORD
MARTIN CO., FLA.
91 SEP 18 PM 4:25
MARSHA STILLER
CLERK OF CIRCUIT COURT
BY _____ D.C.

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

*"Grantor" and "grantee" are used for singular or plural, as context requires.

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

Signed, sealed and delivered in our presence:

Lillian Herzog (Seal)
Printed or typed name: LILLIAN HERZOG
Laura F. Morgan (Seal)
Printed or typed name: LAURA F. MORGAN
James L. Franco, Jr. (Seal)
Printed or typed name: James L. Franco, Jr.
Abby Herzog Franco (Seal)
Printed or typed name: Abby Herzog Franco

STATE OF FLORIDA
COUNTY OF PALM BEACH

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared

James L. Franco, Jr., and Abby Herzog Franco, Husband and Wife,
to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged before me that
L he y executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 16th day of September, 1991.

OFFICIAL NOTARY SEAL
LAURA F. MORGAN
NOTARY PUBLIC STATE OF FLORIDA
My Commission Expires FEB 25, 1994

Laura F. Morgan
Notary Public

Printed, typed or stamped name:
Laura F. Morgan

This Document Prepared By:

RECORD VERIFIED

RICHARD J. DUNGEY
WARNER, FOX, SEELEY & DUNGEY, ATTORNEYS, P.A.
1100 S. FEDERAL HIGHWAY P.O. DRAWER 6
STUART, FL 34995-0006

904474

This Mortgage Deed

Executed the 17th day of September A.D. 1991 by
PAUL M. MCGILL, JR. and JOAN P. MCGILL, his wife,

hereinafter called the mortgagor, to
JAMES L. FRANCO, JR. and ABBY HERZOG FRANCO, husband and wife,

hereinafter called the mortgagee;

(Wherever used herein the terms "mortgagor" and "mortgagee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations; and the term "note" includes all the notes herein described if more than one.)

Witnesseth, that for good and valuable considerations, and also in consideration of the aggregate sum named in the promissory note of even date herewith, hereinafter described, the mortgagor hereby grants, bargains, sells, aliens, remises, conveys and confirms unto the mortgagee all the certain land of which the mortgagor is now seized and in possession situate in Martin County, Florida, viz:

Lot 25, Plat of HILLCREST, according to the Plat thereof recorded in Plat Book 10, Page 39, Martin County, Florida, public records.

DOC-DEED \$ _____ MARSHA STILLER
DOC-MTG \$ 96.00 MARTIN COUNTY
DOC-ASM \$ _____ CLERK OF CIRCUIT COURT
INT. TAX \$ 60.00 BY CAB D.C.

To Have and to Hold the same, together with the tenements, hereditaments and appurtenances thereto belonging, and the rents, issues and profits thereof, unto the mortgagee, in fee simple.

And the mortgagor covenants with the mortgagee that the mortgagor is indefeasibly seized of said land in fee simple; that the mortgagor has good right and lawful authority to convey said land as aforesaid; that the mortgagor will make such further assurances to perfect the fee simple title to said land in the mortgagee as may reasonably be required; that the mortgagor 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 and clear of all encumbrances except those of record.

Provided Always, that if said mortgagor shall pay unto said mortgagee the certain promissory note hereinafter substantially copied or identified, to-wit:

MORTGAGE NOTE

\$ 30,000.00

STUART, FLORIDA
September 17th, 1991

For value received, the undersigned jointly and severally agrees and promises to pay to the order of:
JAMES L. FRANCO, JR. and ABBY HERZOG FRANCO, husband and wife,

the principal sum of \$ 30,000.00 with interest thereon at the rate of 10.000 per centum per annum from the date hereof until maturity, the interest being payable as set forth below in lawful money of the United States of America at:

8181 Boca Rio Drive
Boca Raton, Florida 33483-3802

or such other address as the holder from time to time may specify by written notice to the maker, the principal and interest to be paid as follows:

THE ENTIRE BALANCE OF PRINCIPAL AND ACCRUED INTEREST SHALL BE DUE AND PAYABLE ON JANUARY 17, 1992.

This note with interest is secured by a mortgage on real estate, of even date herewith, and shall be construed and enforced accordingly.

If there is a default in payment of any of the sums or interest or in said mortgage, or in the performance of any agreements contained herein or in said mortgage, and it continues for a period of thirty (30) days then, at the option of the holder of the note, the principal sum then remaining unpaid with accrued interest shall immediately become due and collectible without notice, time being of the essence of this contract, and the principal sum and accrued interest shall both bear interest at the highest rate allowable by law from the date of default until paid. All sums paid under this note shall be credited first to accrued interest and then to principal. Failure to exercise this option shall not constitute a waiver of the right to exercise the same in the event of any subsequent default.

Each maker and endorser waives presentment, protest, notice of protest and notice of dishonor and agrees to pay reasonable attorneys' fees and expenses in the enforcement of this note prior or subsequent to judgment and in any and all trial and appellate tribunals, whether suit be brought or not, after maturity of this note or default, or under said mortgage, counsel shall be employed to collect this note or to protect the security of said mortgage.

The indebtedness evidenced by this note may be prepaid in whole or in part at any time without penalty or premium.

/s/ _____ (SEAL)
PAUL M. MCGILL, JR.

MAKER'S ADDRESS:
400 E. Osceola Street
Stuart, Florida 34994

/s/ _____ (SEAL)
JOAN P. MCGILL

_____ (SEAL)

_____ (SEAL)

and shall perform, comply with and abide by each and every the agreements, stipulations, conditions and covenants thereof, and of this mortgage, then this mortgage and the estate hereby created, shall cease, determine and be null and void.

And the mortgagor hereby further covenants and agrees to pay promptly when due the principal and interest and other sums of money provided for in said note and this mortgage, or either; to pay all and singular the taxes, assessments, levies, liabilities, obligations, and encumbrances of every nature on said property; to permit, commit or suffer no waste, impairment or deterioration of said land or the improvements thereon at any time; to keep the buildings now or hereafter on said land fully insured in a sum of not less than the highest insurable amount

in a company or companies acceptable to the mortgagee, the policy or policies to be held by, and payable to, said mortgagee, and in the event any sum of money becomes payable by virtue of such insurance the mortgagee shall have the right to receive and apply the same to the indebtedness hereby secured, accounting to the mortgagor for any surplus; to pay all costs, charges, and expenses, including lawyer's fees and title searches, reasonably incurred or paid by the mortgagee because of the failure of the mortgagor to promptly and fully comply with the agreements, stipulations, conditions and covenants of said note and this mortgage, or either; to perform, comply with and abide by each and every the agreements, stipulations, conditions and covenants set forth in said note and this mortgage or either. In the event the mortgagor fails to pay when due any tax, assessment, insurance premium or other sum of money payable by virtue of said note and this mortgage, or either, the mortgagee may pay the same, without waiving or affecting the option to foreclose or any other right hereunder, and all such payments shall bear interest from date thereof at the highest lawful rate then allowed by the laws of the State of Florida.

If any sum of money herein referred to be not promptly paid within thirty (30) days next after the same becomes due, or if each and every the agreements, stipulations, conditions and covenants of said note and this mortgage, or either, are not fully performed, complied with and abided by, then the entire sum mentioned in said note, and this mortgage, or the entire balance unpaid thereon, shall forthwith or thereafter, at the option of the mortgagee, become and be due and payable, anything in said note or herein to the contrary notwithstanding. Failure by the mortgagee to exercise any of the rights or options herein provided shall not constitute a waiver of any rights or options under said note or this mortgage accrued or thereafter accruing.

In Witness Whereof, the said mortgagor has hereunto signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Eleanor M. Dibley
Print Name: Eleanor M. Dibley

Debra A. Sigafosse
Print Name: Debra A. Sigafosse

Paul M. McGill, Jr. LS.
PAUL M. MCGILL, JR.

Joan P. McGill LS.
JOAN P. MCGILL

LS.

FILED FOR RECORD
MARTIN CO. FLA.
91 SEP 18 PM 4:25
MARSHA STEINER
CLERK OF CIRCUIT COURT
BY

STATE OF Florida
COUNTY OF Martin

I HEREBY CERTIFY that on this day, before me, an officer duly qualified to take acknowledgements, personally appeared PAUL M. MCGILL, JR. and JOAN P. MCGILL, his wife,

to me known to be the persons described in and who executed the foregoing instrument and they acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 17th day of September, 1991.

Debra A. Sigafosse
Debra A. Sigafosse

NOTARY PUBLIC
My Commission Expires:

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

INTANGIBLE PERSONAL PROPERTY RECEIPT

967269

BE ISSUED BY THE CLERK OF THE CIRCUIT COURT OR COUNTY COMPTROLLER IN THE PAYMENT OF TAX ON MORTGAGE, DEED OF TRUST OR OTHER LIENS UPON REAL PROPERTY BEARING DATE SUBSEQUENT TO DECEMBER 31, 1941.

STATE OF FLORIDA, COUNTY OF Martin 9-18 1941

Obligee James L. Franco, Jr, et al

30,000.00
CONSIDERATION

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE OR SIGNED BY THE CLERK, COMPTROLLER OR AUTHORIZED DEPUTY.

60.00
AMOUNT PAID

904474

cab

TAX MUST BE PAID TO ENTITLE ABOVE DESCRIBED INSTRUMENT TO RECORD. SEE CHAPTER 199, FLORIDA STATUTES.

CLERK, COUNTY COMPTROLLER OR AUTHORIZED DEPUTY
PAYMENT RECEIVED AS CERTIFIED ABOVE

ABW



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: PAUL McCall SEPTIC TANK PERMIT NO. HD91352
LEGAL DESCRIPTION: LOT 25 Hillcrest

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department.

- 1. Building Permit Number: _____ (Certification not required for this item).
- 2. I certify that the elevation of the top of the lowest plumbing stubout is _____ inches above benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building plumbing stubout is _____ inches below 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: _____

5. I certify that the top of the drainfield pipe elevation is _____.

- 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. 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: _____

Shalisa Hepler
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

Martin County Health Unit Approval Signature (Date)



APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER HD-91-352 HOME PHONE 283-1605
 NAME OF APPLICANT Paul McGill WORK PHONE _____
 MAILING ADDRESS OF APPLICANT 400 E. OSCEOLA ST.
STUART FLA. ZIP CODE _____
 LOT 25 BLOCK N/A SUBDIVISION Hillcrest
 IF NOT SUBDIVIDED, ATTACH A COMPLETE LEGAL DESCRIPTION
 PLAT BOOK 10 PAGE 39 DATE SUBDIVIDED 1986
 RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 5
 LOT SIZE 20,000 FT² HEATED OR COOLED AREA OF HOME 4586 FT²
 COMMERCIAL: TYPE OF BUSINESS PROPOSED _____
 BUILDING SIZE _____ FT²

JOB NO. 1285-14-01 -----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.
 SEPTIC TANK IS REQUIRED TO BE AT FINISHED SOIL GRADE, DO NOT EXCEED 18 INCHES OF COVER OVER DRAINFIELD ROCK.

SIGNATURE OF PROPERTY OWNER OR OWNER'S LEGALLY AUTHORIZED REPRESENTATIVE

STEPHEN J. BROWN

-----INSTALLATION SPECIFICATIONS-----

SEPTIC TANK CAPACITY 1350 GALLONS
 DRAINFIELD SIZE 600 SQUARE FEET
 DRAINFIELD ROCK MUST BE 5 FEET FROM FRONT OR REAR PROPERTY LINES AND 5 FEET FROM SIDE PROPERTY LINES. EXCAVATION CAN NOT EXTEND MORE THAN FIVE FEET FROM APPROVED INSTALLATION AREA.
 TOP OF BUILDING STUB OUT IS REQUIRED TO BE A MINIMUM ELEVATION OF 16" Below CRRD (el. 10.59 N610) TOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELEVATION OF 26" Below CRRD TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELEVATION OF 12" Below CRRD

ISSUED BY: MARTIN COUNTY PUBLIC HEALTH UNIT DATE _____

PLEASE NOTE:

mcgill
 HRS-MARTIN COUNTY PUBLIC HEALTH UNIT
 Your septic system was inspected on 9-15-92
 HD 91-352

- (1) IF BUILDING CONSTRUCTION DOES NOT BEGIN WITHIN 1 YEAR FROM DATE OF ISSUANCE, THIS PERMIT EXPIRES. BE EXTENDED AN ADDITIONAL 90 DAYS.
- (2) APPLICANT IS RESPONSIBLE FOR REPLACING GRADE OF SAND.
- (3) N/A REINSPECTION FEE IF WELL OR MOUND SEWAGE DISPOSAL SYSTEM INSPECTION.
- (4) INSPECTION RESULTS WILL BE POSTED ON ELECTRICAL BOX.
- (5) IF BUILDING STUBOUT IS PLACED MORE THAN 5 FEET FROM DRAINFIELD, A HIGHER STUBOUT ELEVATION IS REQUIRED.
- (6) IF FILL IS REQUIRED, CONTACT MARTIN COUNTY PUBLIC HEALTH UNIT.
- (7) IF ANY INFORMATION ON THIS PERMIT CHANGES, A HIGHER STUBOUT ELEVATION IS REQUIRED.
- (8) IF WELL OR MOUND DRAINFIELD IS PROPOSED, CONTACT MARTIN COUNTY PUBLIC HEALTH UNIT FOR ADDITIONAL SPECIAL REQUIREMENTS.

- Approved and Cover
- Cover but hold for:
- Final Grade (see Permit for specifications)
- Other: _____
- Do not cover, disapproved for the following reasons:
 - Well and well reinspection fee _____
 - Other: _____
- System Reinspection Not Approved
- Reason(s): _____
- Final Grade Pass-System Approved

CONSTRUCTION APPROVED BY: MARTIN COUNTY PUBLIC HEALTH UNIT

Please allow this office two working days to schedule a reinspection. If you have any questions, contact Janet Collier or Evelyn Carlucci at 221-4090.

NOV 15 1991 AN APPROVED SYSTEM DOES NOT GUARANTEE

REV. 4/90

Martin County
Public Health Unit
9348



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Prepared By: Stephen J. Brown, Inc. Prof. Land Surveyor
290 Florida Street, Stuart, FL. 34994
407-288-7176

APPLICANT Paul McGill
LEGAL DESCRIPTION Lot 25, Hillcrest

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? No
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? No
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? No
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? No
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? No
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? No
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? No
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? Yes
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? Yes
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? Yes
14. THERE IS 26000 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION 10.59 NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION _____ NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 9.70 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? No IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? _____ NGVD.

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

CERTIFIED BY: Stephen J. Brown
FL. PROFESSIONAL NO. 4049
DATE: 11/15/91 JOB NO. 128519-01

© Chesapeake Paper & Printing Co., Inc., 1987

Return to: (enclose self-addressed stamped envelope)
Name

Address:

This Instrument Prepared by:

Palm Beach County Title, Inc.
6685 Forest Hill Blvd., Ste 211
West Palm Beach, FL 33413

Property Appraisers Parcel Identification (Folio) Number(s):

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

Notice of Commencement

(PREPARE IN DUPLICATE)

To whom it may concern:

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal Description of property (Include Street Address, if available)

Lot 25, Plat of Hillcrest, according to the Plat thereof, as recorded in Plat Book 10, page 39, Martin County, Florida Public Records.

General description of Improvements Single Family Residence

Owner Paul M. McGill, Jr. and Joan P. McGill, his wife

Address 110 Hillcrest Terrace, Stuart, Florida 34996

Owner's interest in site of the improvement Fee Simple

Fee Simple Title holder (if other than owner)

Name

Address

Contractor Paul M. McGill, Jr. and Joan P. McGill, his wife

Address 110 Hillcrest Terrace, Stuart, FL 34996

Surety (if any)

Address

Amount of bond \$

Any person making a loan for the construction of the improvements:

Name Flagler National Bank

Address 501 S. Flagler Drive, West Palm Beach, FL 33401

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

Name

Address

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (h), Florida Statutes. (Fill in at Owner's option).

Name Flagler National Bank

Address 501 S. Flagler Drive, West Palm Beach, FL 33401

Paul M. McGill, Jr.
Paul M. McGill, Jr (Owner)

Joan P. McGill
Joan P. McGill Owner

Sworn to and subscribed before me this 6th

day of March

1992

Florida Driver's License Provided as Proof of identification

516-92

Karen A. Zden
Notary Public



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

Applicant Paul Mc Gill
HD 91-352

Permit Application Number HD 91-352

PART III - SITE EVALUATION INFORMATION

- Lot size appears to be as indicated on site plan: Yes No
- Anticipated sewage flow from Part I 450 GPD Authorized sewage flow 1148 GPD
- Benchmark location CRD 10.59 NGVD
(A) APPROX. AMOUNT OF FILL ON NEIGHBOR LOTS: 1.0 ft. (B) IN SOIL PROFILE: 0.0 ft.
- Existing elevation (at time of site evaluation) of the proposed system site in relation to the benchmark is 0.89 inches above/below the benchmark.
- Proposed system distance to: Surface water N/A feet ___ feet ___ feet; Private potable wells N/A feet ___ feet ___ feet; Community public wells N/A feet ___ feet ___ feet; Other public wells N/A feet ___ feet ___ feet; Non-potable wells N/A feet ___ feet ___ feet;
- Unobstructed area available for system installation 2600 ft² ___ ft² ___ ft²
- Is lot subject to frequent flooding? Yes ___ No , 10 year flood? Yes ___ No
If subject to a 10 year flood indicate: (a) the 10 year flood elevation in the area N/A feet MSL
(b) property elevation at proposed system location N/A feet MSL.

SOIL PROFILE - SAMPLE SITE 1

COLOR	TEXTURE	DEPTH
gray	fine sand	0" to 18"
white	fine sand	18" to 48"
yellow-orange	sand	48" to 60"
yellow-orange white mix	sand	60" to 70"
gray-yellow orange brown	sand	70" to 72"
		" to "

SOIL PROFILE - SAMPLE SITE 2

COLOR	TEXTURE	DEPTH
grayish brown	fine sand	0" to 6"
gray/brown gray mix	fine sand	6" to 18"
white-gray	fine sand	18" to 48"
yellow-brown-orange brown	"	48" to 72"
		" to "
		" to "

3.5 feet
from organic material

USDA Soil Series Name (if Known) Paola (Paola/Urden) USDA Soil Series Name (if Known) Paola/Paola/Urden

USDA Soil texture classification on which drainfield size should be based Fine Sand

Water table at time of evaluation 72 inches below/above existing grade

Estimated wet season water table 72 inches below/above existing grade

Type water table:
Perched ___ Apparent

Is mottling found in the soil? Yes ___ No
At what depth? ___ Inches ___ Inches

Are vegetative species indicative of high water table? Yes ___ No
VEG. TYPE: citrus trees oak palm trees (grapefruit)

For property with contiguous ditches: N/A
Depth of ditches ___ inches ___ inches
Depth of water in ditches ___ inches ___ inches

Other findings: _____

Date of Site Evaluation 11-21-91

Evaluator's Signature James Coren
(Include seal if performed by P.E.)



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

Authority: Chapter 381, FS
 Chapter 10D-6, FAC

Applicant Paul McGill

Permit Number HD 91-352

----- **PART I - SYSTEM CONSTRUCTION SPECIFICATIONS AND CONSTRUCTION APPROVAL** -----

Treatment Tank		Minimum Draintrench Size	OR	Minimum Absorption Bed Size
Septic tank or aerobic unit <u>1350</u> gallons	Grease interceptor <u>N/A</u> gallons	<u>N/A</u> Square Feet		<u>600</u> Square Feet
Septic tank or aerobic unit <u>N/A</u> gallons	Dosing tank <u>N/A</u> gallons	<u>N/A</u> Square Feet		<u>N/A</u> Square Feet
Graywater tank <u>N/A</u> gallons		<u>N/A</u> Square Feet		<u>N/A</u> Square Feet
Laundry waste tank <u>N/A</u> gallons		<u>N/A</u> Square Feet		<u>N/A</u> Square Feet

Other Requirements:

- (a) Installation must be in accord with requirements of chapter 10D-6, FAC.
- (b) A system construction permit is valid for a period of one calendar year from date of issue.
- (c) Final installation inspection and approval is required before the system is covered.
- (d) Invert of stub-out for House to be 16" below 10.59 ddd benchmark.
- Invert of stub-out for _____ to be _____ benchmark.
- Invert of stub-out for N/A to be N/A benchmark.
- Invert of stub-out for _____ to be _____ benchmark.

(e) Fill quality and quantity: Any fill used must meet 10D-6 FAC standards.

(f) Other: N/A

System design and specifications by: [Signature] Title N/A
 Construction authorized by: [Signature] Date 12/3/91
MARTIN County Public Health Unit

Note: Completed copies of this form will be provided to the applicant, installer and the building department.

AUDIT CONTROL NO. 134836



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

Authority: Chapter 381, FS
Chapter 10D-6, FAC

Date of Application 11/15/91 Permit Application Number HD91-352

----- PART I - APPLICATION -----

Name of Owner PAUL McGUIRE Telephone Number 283-1605
 Mailing Address of Owner 400 E. ~~W~~ OSCEOLA ST., STUART.
 Owner's Agent STEPHEN J. BROWN, INC. Builder OWNER
 Agent's Mailing Address 290 E.A. ST. STUART, Telephone No. 288-7176
 Property Street Address HILLCREST DRIVE
 Lot No. 25 Block No. N/A Subdivision HILLCREST Date Subdivided 1986

NOTE: IF NOT IN A SUBDIVISION ATTACH A METES AND BOUNDS DESCRIPTION

This Application is for: New System Repair _____ Existing System _____

Type of Establishment	Sewage Flow (Gallons per day)	Sewage Flow Based On
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

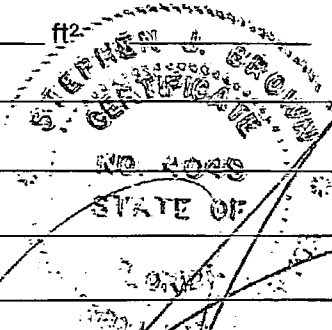
TOTAL FLOW = _____

Type of Residential	No. Bedrooms (each dwelling unit)	Heated or Cooled Area (each dwelling unit)	No. Dwelling Units	Sewage Flow (Gallons per day)
<u>Single Family</u>	<u>6</u>	<u>4586</u> ft ²	<u>1</u>	<u>900</u>

Exact Directions to Property See SITE

AUDIT CONTROL NO. ~~166909~~
134836

Applicant's Signature _____

HILLCREST PROPERTY OWNERS ASSOCIATION, INC.
Post Office Box 9012
Stuart, Florida 34995

October 30, 1991

Dr. and Mrs. Paul McGill
7 Fieldway Drive
Stuart, Florida 34996

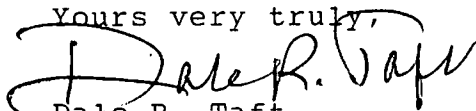
Dear Dr. and Mrs. McGill:

The Architectural Review Committee of the Hillcrest Property Owners Association, Inc. has reviewed the plans for the residence you propose to construct on Lot 25 of the Hillcrest Subdivision.

Your plans are approved by the Architectural Review Committee as meeting the criteria established in the Declaration of Covenants and Restrictions for Hillcrest adopted December 18, 1986.

A copy of this letter shall serve to notify the Town of Sewall's Point of this action.

Yours very truly,


Dale R. Taft
President

cc. Mr. Dale Brown
Building Inspector
Town of Sewall's Point

Return to: (enclose self-addressed stamped envelope)

Name

Address:

930788

This Instrument Prepared by:

✓ Palm Beach County Title, Inc.
6685 Forest Hill Blvd., Ste 211
West Palm Beach, FL 33413

Property Appraisers Parcel Identification (Folio) Number(s):

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

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(PREPARE IN DUPLICATE)

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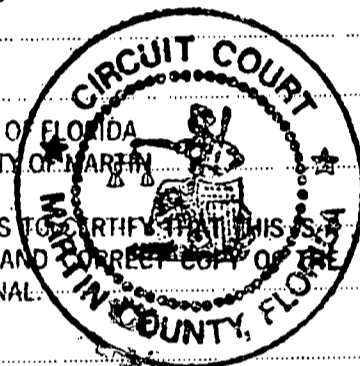
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General description of Improvements Single Family Residence

STATE OF FLORIDA
COUNTY OF MARTIN

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



Owner Paul M. McGill, Jr. and Joan P. McGill, his wife

MARSHA STILLER, CLERK

Address 110 Hillcrest Terrace, Stuart, Florida 34996

BY *D. S. S. S.* D.C.

Owner's Interest in site of the Improvement Fee Simple

DATE 3/10/92

Fee Simple Title holder (if other than owner)

Name

Address

Contractor Paul M. McGill, Jr. and Joan P. McGill, his wife

Address 110 Hillcrest Terrace, Stuart, FL 34996

Surety (if any)

Address

Amount of bond \$

Any person making a loan for the construction of the Improvements:

Name Flagler National Bank

Address 501 S. Flagler Drive, West Palm Beach, FL 33401

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

Name

Address

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(h), Florida Statutes. (Fill in at Owner's option).

Name Flagler National Bank

Address 501 S. Flagler Drive, West Palm Beach, FL 33401

Paul M. McGill, Jr.
Paul M. McGill, Jr (Owner)

Joan P. McGill
Joan P. McGill Owner

Sworn to and subscribed before me this 6th day of March 1992
Florida Driver's License Provided as Proof of identification

19 92

Karen E. Fisher

TOWN of SEWALL'S POINT

COMMISSIONERS:

WILLIAM H. BEDELL, MAYOR
SEWARD R. CHARDAVOYNE, VICE MAYOR
DOLORES de la C. CLARKE, COMMISSIONER
B.J. ESCUE, COMMISSIONER
JOAN PERRY WILCOX, COMMISSIONER



TELEPHONE: (407) 287-2455

FAX (407) 220-4765

TOWN CLERK
JOAN H. BARROW

CHIEF OF POLICE
LOUIS J. SAVINI

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 34996

May 14, 1992

Dr. Paul McGill
7 Fieldway Drive
Sewall's Point
Stuart, Fl. 34996

Dear Dr. McGill:

Enclosed herewith is a check in the amount of \$15.80, which represents a refund on impact fees collected for Permit #3153.

If you have any questions, please contact us.

Sincerely,
TOWN OF SEWALL'S POINT

Dale Brown, Bldg. Insp.

DB/vm
Encl.

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

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

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

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

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$247,251.87.

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

PAUL M. MCGINN, JR. DDS.

Paul M. McGinn, Jr. DDS.

Affiant
Property street address:
110 Hillcrest Terrace
STUART FL 34996

Sworn to and subscribed
before me this 15th day of
April, 1993.

Don H. Barrow

Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)

Notary Public, State of Florida
My Commission Expires Nov. 16, 1994
Bonded 11/16/93

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

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PAUL M. MCGILL, JR. DDS.

Paul M. McGill, Jr. (d.d.)
Affiant
Property street address:
110 Hillcrest Terrace
STUART FL 34996

Sworn to and subscribed
before me this 15th day of
April, 1993.

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

(NOTARY SEAL)

Notary Public, State of Florida
My Commission Expires Nov. 16, 1994
Bonded Thru Troy Full

✓ Closet Elegance ✓	2,732.00 OUT
✓ Mr. Gutter Cutter	1,525.00 OUT
Stuart Glass	720.00
Glass Plus	997.12
Adelphia Cable	203.81
Golden Gate Moving	1,287.00
Great Earth Landscaping	2,365.50
Stuart Sod	1,758.89
Coastline Tractor	378.00
John Sumner Masonry	3,675.00
Treasure Coast Marble	7,552.53
Keenan Brick - Marble	3,500.00
American Verticals	1,207.34
Hardware	2,744.61
✓ Imported Doors	3,030.41 IN
Martin County Health Department	-0-
John Wolf & Sons	3,031.00
Tri-County Gas	1,453.48
Ramey Rug	13,528.87
Home Depot	377.64
✓ Panache - Copper	2,650.00 <u>IN</u>

54,718.20

Page I total
Page II total

217,114.35
101,127.44
372,959.99

Total.
247,251.87

TOTAL

TOTAL COST 247,251.87
 charged on 275,093.00
 d.f. 27,841.13
 x 8/1,000
 Amt. McGills owed. \$222.73

MCGILL RESIDENCE LOT 25 HILLCREST

PLOP Jon	\$ 392.10	
Pals Appliances	8,280.19	
Kelly & Kelly Architects	8,187.50	
Florida Power & Light	114.68	
- Meter Deposit	110.00	
Martin County Utilities	200.40	
- Meter Deposit	275.00	
Clearwater Well Drilling	405.00	
Pest Ban	1,584.30	
Travis Exterminating	-0-	
Nichols Sanitation	2,329.07	
Workers Comp Insurance	1,256.00	
Calico Corners - Drapes	878.82	
Dinnettes & More	1,200.00	
✓ Seabreeze Cabinets	22,024.25	IN
Shamrock Pools	21,900.00	
Samiotis Painting	13,607.00	
Jack White Trucking	170.00	
Town of Sewalls Point - Impact Fee	90.00	
Town of Sewalls Point - Permit		
Wooden Fence	1,542.62	
Mellon Vacuum	720.00	
Mellon Sound	4,990.00	
Mellon Security	3,350.00	
Stephen Brown Surveyor	925.00	
✓ Capitol Lighting	2,490.86	IN
✓ David Chambers Electric	3,707.15	OUT
LFM Aeromarine	397.50	OUT.
TOTAL	101,127.44	

283-1605

MCGILL RESIDENCE LOT 25 HILLCREST

Stephen Brown, Surveyor	\$	760.00
A.E. Kellett & Sons Plumbing		10,849.25
Travis Exterminating		850.00
St. Lucie Truss Company		10,373.73
David Chambers Electric		17,965.00
Personalized Air Conditioning Service		10,862.00
Carpentry		37,854.42
Jack White Trucking		5,426.55
Lumber - W and W		40,249.79
Scotty's		11,664.98
Florida/Gale Insulation		2,867.00
Gary Ebright - Block Work		766.50
Glass Plastering		21,500.00
Panache Construction - Roof		16,474.00
Rinker Materials		142.04
Esker Concrete		13,163.75
Don Knipple - Fireplace		504.34
Labor Service		58.00
Jim Walter Doors		1,472.00
Ray Cook Septic		1,940.00
Lift All Crane Service		350.00
D. A. Scholes Construction		<u>11,021.00</u>
TOTAL	\$	217,114.35

out sod

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

110 Hillcrest Ter

Date 9/21/92

This is to request that a Certificate of Approval for Occupancy be issued to DR Paul McGill

For property built under Permit No. 3153 Dated 3/12/92 when completed in conformance with the Approved Plans.

Joan P. McGill
Signed

Approved by

Item	
1. LOT STAKES/SET BACKS	3/27/92
2. TERMITE PROTECTION	3/26/92
3. FOOTING - SLAB	3/26/92
4. ROUGH PLUMBING	3/25/92
5. ROUGH ELECTRIC	3/26/92
6. LINTEL	NA
7. ROOF	9/24/92
8. FRAMING	6/26/92
9. INSULATION	6/30/92
10. A/C DUCTS	6/26/92
11. FINAL ELECTRIC	9/22/92
12. FINAL PLUMBING	9/22/92
13. FINAL CONSTRUCTION	9/22/92

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 9/28/92 date

Approved by Building Commissioner [Signature] 10/14/92 date

Utilities notified FPL 9/24/92 date

Original Copy sent to OWNER

(Keep carbon copy for Town files)

3208

Pool & Deck

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

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

Owner ^{4 Joan} Paul Mc Gill Present Address 110 Hillcrest Ter Sewall's Pt 34996
Phone 407-283-8182

Contractor SHAMROCK Swimming Pools Address 1092 NE Industrial Blvd Jensen Beach 34997 34957
Phone 407-834-0555

Where licensed Martin County License number SPO 1779

Electrical contractor License number

Plumbing contractor S License number

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: NEW CONSTRUCTION SWIMMING POOL AND DECK

110 Hillcrest St Sewall's Point 34996
State the street address at which the proposed structure will be built:

110 Hillcrest St Sewall's Point 34996

Subdivision Hillcrest Lot number 25 Block number

Contract price \$ 18,160.00 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-tagging" the construction project.

Contractor Richard W. Hergenhan

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 x Paul Mc Gill (initials)

TOWN RECORD

Date submitted 6/23/92 Approved: Dale Brown 6/24/92
Building Inspector Date

Approved: [Signature] 6/24/92 Final Approval given: _____
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 Model Energy Efficiency Building Code.

948099

NOTICE OF COMMENCEMENT

STATE OF FLA
COUNTY OF MARTIN

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

DESCRIPTION OF PROPERTY:

General description of improvements: Swimming Pool & Deck
Owner: Paul & Joan McGill, Jr.
Address: 110 Hillcrest Terrace Sewalls Point 34996
Owner's interest in site of the improvement: 100%
Contractor: SHAMROCK SWIMMING POOLS INC
Address: 1092 NE INDUSTRIAL BLVD JENSEN BEACH 34957

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

Lender: CASH
Address: -

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

Name: -
Address: -

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

Name: -
Address: -

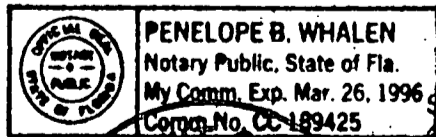
Paul R. McGill, Jr.
Joan P. McGill

Sworn to and subscribed before me this 23 day of June, 1992.

Penelope B. Whalen

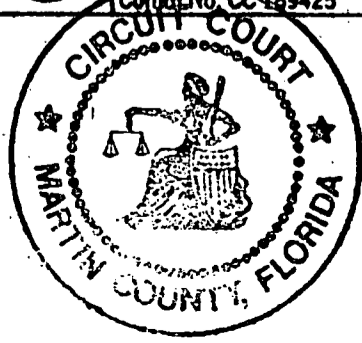
(NOTARY SEAL)

I am a Notary Public of the STATE OF Florida AT LARGE, and My Commission Expires: March 26, 1996



STATE OF FLORIDA
COUNTY OF MARTIN

* Personally known *



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

MARSHA STILLER, CLERK
BY [Signature]
DATE 6-23-92

8041

Gas Tank & Lines

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/1/06

BUILDING PERMIT NO. **8041**

Building to be erected for POLSKY Type of Permit GAS TANK + LINES

Applied for by PROPANE DISCOUNTERS (Contractor) Building Fee 35.00

Subdivision HILLCREST Lot 25 Block _____ Radon Fee _____

Address 110 HILLCREST TERRACE Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number:

138410140000025030006 Electrical Fee _____

Amount Paid 35.00 Check # 1983 Cash _____ Other Fees (_____) _____ Plumbing Fee _____

Total Construction Cost \$ 2300.00 Roofing Fee _____ TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED
1/27/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 1-25-06

Permit Number: _____

OWNER/TITLEHOLDER NAME: MARK D. POLSKY Phone (Day) 772-221-3518 (Fax) _____

Job Site Address: 110 Hillcrest Terrace City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 25 Hillcrest Parcel Number: _____

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

Description of Work To Be Done: Gas Tank & Lines

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2300.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to Improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Propane Discounters Phone: 215-0880 Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

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)

State of Florida, County of: MARTIN

This the 25th day of JANUARY, 2006

by MARK POLSKY who is personally

known to me or produced

as identification.

My Commission Expires:

Notary Public LAURA L. O'BRIEN
MY COMMISSION # DD 205961
EXPIRES: April 28, 2007

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: MARTIN

This the 27th day of JANUARY, 2006

by FAUCE SMITH who is personally

known to me or produced

As identification.

My Commission Expires:

Notary Public LAURA L. O'BRIEN
MY COMMISSION # DD 205961
EXPIRES: April 28, 2007

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR B2
PROPAND

DATE (MM/DD/YYYY)
11/11/05

PRODUCER MORRIS & REYNOLDS INSURANCE 14821 South Dixie Highway MIAMI FL 33176-7928 Phone: 305-238-1000 Fax: 305-255-9643	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURED Propane Discounters, L.C. Mr. Jayce Smith 1108 NE Industrial Blvd Jensen Beach FL 34957	INSURERS AFFORDING COVERAGE	NAIC # 24767
	INSURER A: St. Paul Fire and Marine InsCo	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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

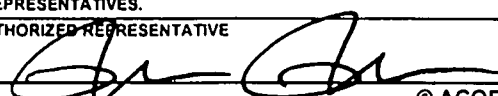
INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CK00217230	11/14/05	11/14/06	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
A	AUTOMOBILE LIABILITY	CK00217230	11/14/05	11/14/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	OTHER Property Section Special Form	CK00217230 REPLACEMENT COST	11/14/05	11/14/06	Contents	50,000
					Equipment	65,146

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

Propane Distributor

CERTIFICATE HOLDER

CANCELLATION

FLORID8 FL Department of Agriculture and Consumer Services, Bureau of LPG, 3125 Conner Boulevard, Suite N, Administration Bldg. Tallahassee FL 32399-1650	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	---



09-08-2005

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF EXEMPTION 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: 08/18/2005 ** EXPIRATION DATE: 08/18/2007

PERSON: SMITH JAYCE

FEIN: 050570266

BUSINESS NAME AND ADDRESS: PROPANE DISCOUNTERS L C
1108 NE INDUSTRIAL BLVD
JENSEN BEACH FL 34957

REISSUANCE REQUIREMENT

SCOPE OF BUSINESS OR TRADE: 1- GAS MAIN / METER INSTALLATION


IMPORTANT: 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.

QUESTIONS? (850) 413-1609

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY
CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW



EFFECTIVE: 08/18/2005
** EXPIRATION DATE: 08/18/2007

PERSON: JAYCE SMITH
FEIN: 050570266

BUSINESS NAME AND ADDRESS: PROPANE DISCOUNTERS L C
1108 NE INDUSTRIAL BLVD
JENSEN BEACH, FL 34957

SCOPE OF BUSINESS OR TRADE:
1- GAS MAIN / METER INSTALLATION

REISSUANCE REQUIREMENTS

F
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IMPORTANT

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.

QUESTIONS? (850) 413-1609

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENS 2004-320-006 CERT _____

PHONE (772) 225-7980 SIC NO 422711

LOCATION:
1108 NE INDUSTRIAL BLVD J

CHARACTER COUNTS IN MARTIN COUNTY

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

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

OF WHOLESALE DISTRIBUTION OF PROPANE

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

27 DAY OF SEPTEMBER 05
AND ENDING SEPTEMBER 30 2006

SMITH, JAYCE A
PROPANE DISCOUNTERS L.C
1108 NE INDUSTRIAL BLVD
JENSEN BEACH, FL 34957

RECEIPT of PAYMENT

LARRY C. O'STEEN 6810

99 09/30/2005 OCCI NORRAL

200432000006000

0220050930000520CK



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Exemption Detail Page

This Database was Last Updated: 9/13/2005 1:26:51 AM

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Exemption Details					
Name	Title	Effective Date	*Termination Date	Exemption Type	Employer Name
JAYCE SMITH	ME	Aug 18 2005	Aug 18 2007	Construction	PROPANE DISCOUNTERS L C
JAYCE SMITH	ME	Jan 14 2004	Aug 18 2005	Construction	PROPANE DISCOUNTERS L C
JAYCE SMITH	ME	Aug 19 2003	NR**	Construction	PROPANE DISCOUNTERS L C

* Termination may be through the revocation of the exemption, expiration of the exemption, or invalidation by failure to re-issue the exemption.

NR = Exemption Not Re-Issued as of 12/31/03. Due to statutory changes effective 1/1/2004, a construction industry exemption is not valid until re-issued. Therefore, even though exemptions are issued for a two year period, this exemption is invalid until the re-issuance requirements are met. When the re-issuance requirements are met, the re-issuance effective date will be displayed and the exemption expiration date will be displayed as the termination date.

[Return to Query Form](#)



POST LICENSE
CONSPICUOUSLY

State of Florida
Department of Agriculture and Consumer Services

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

License Number: 15540
Expiration Date: August 31, 2005
Date of Issue: September 1, 2004
License Fee: \$425.00
Type and Class: 0601

Liquefied Petroleum Gas License
CATEGORY I LP GAS DEALER

GOOD FOR ONE LOCATION

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

PROPANE DISCOUNTERS, L.C.
739 NE DIXIE HWY
JENSEN BEACH, FL 34957-6105

Charles H. Bronson
CHARLES H. BRONSON
COMMISSIONER OF AGRICULTURE



State of Florida
Department of Agriculture and Consumer Services

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

Certificate No: 13389
Exam Date: September 24, 1989
Issue Date: August 4, 2003
Expiration Date: August 4, 2006
Exam: 0601

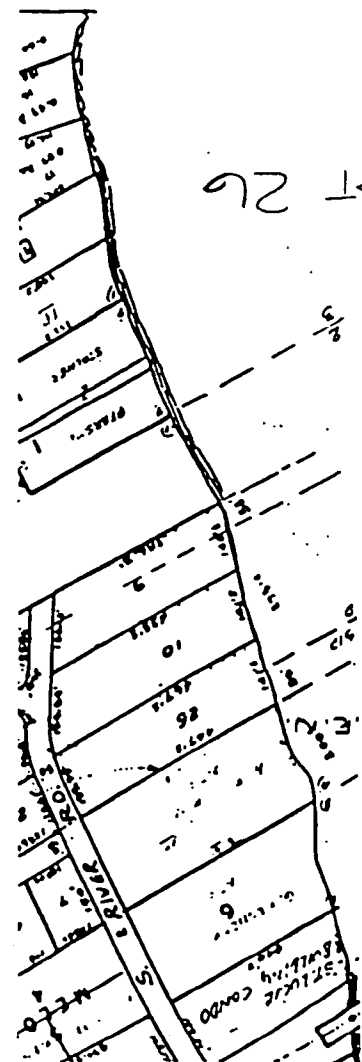
MASTER QUALIFIER CERTIFICATE

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

JAYCE SMITH

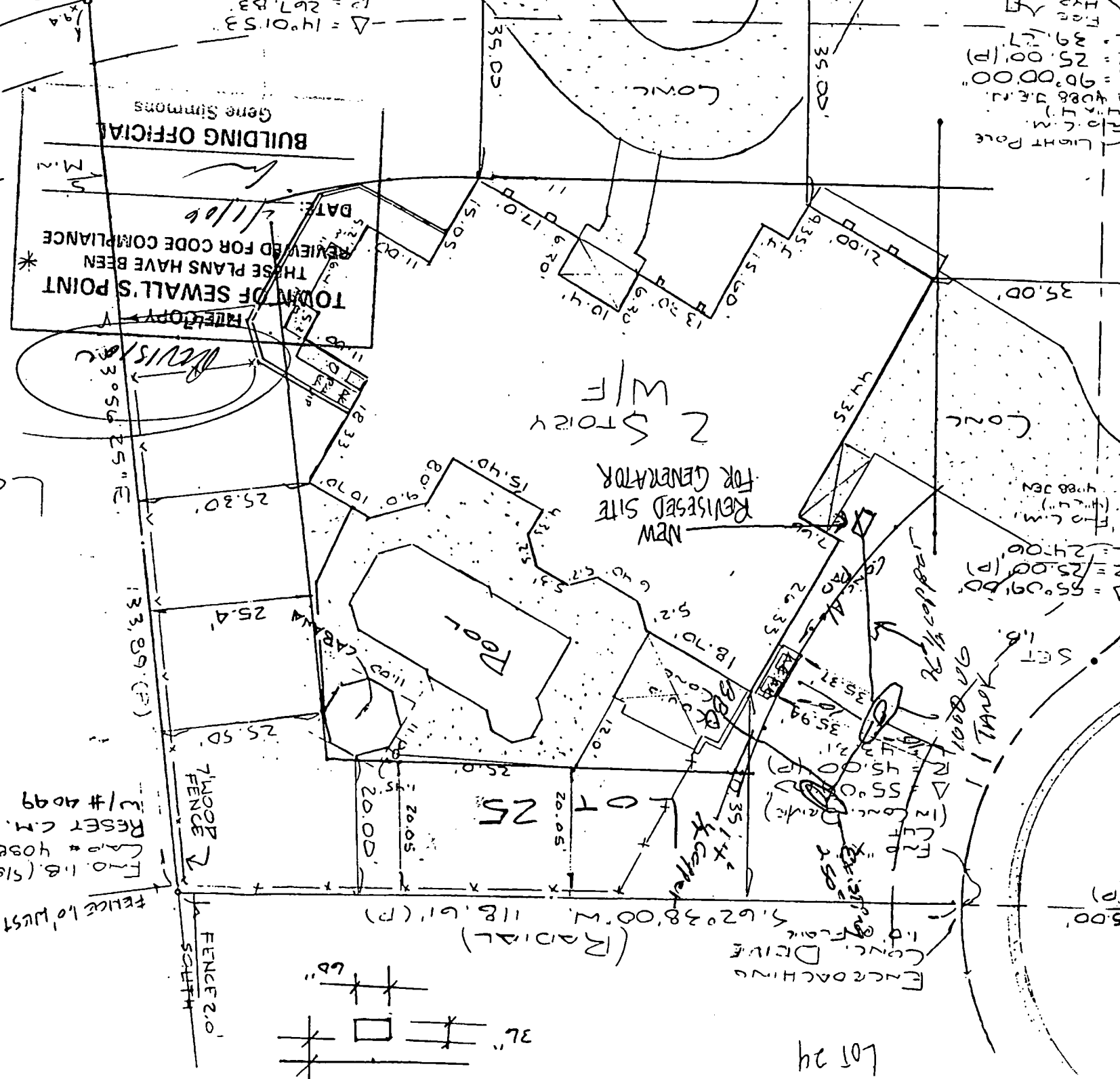
Valid For
License Number: 15540
PROPANE DISCOUNTERS, L.C.
739 NE DIXIE HWY
JENSEN BEACH, FL 34957-6105

Charles H. Bronson
CHARLES H. BRONSON
COMMISSIONER OF AGRICULTURE

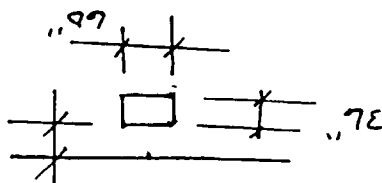


Maintained within all setbacks.

LOT 26



FENCE 20' SOUTH
WOOD FENCE
RESET C.M.
F.O. 118 (S101)
C.M. # 4086 J.E.C.
C/# 4049



LOT 24

Light Pole
F.O. 118 (S101)
C.M. # 4086 J.E.C.
C/# 4049
F.O. 118 (S101)
C.M. # 4086 J.E.C.
C/# 4049

NEW REVISED SITE FOR GENERATOR
2 STORY W/F
TOOL
CABANA

WOOD FENCE
FENCE 20' SOUTH
RADIAL
CONC. DRIVE
LIGHT POLE

DATE: 4/1/06
REVIEWED FOR CODE COMPLIANCE * THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE
MATERIAL
BUILDING OFFICIAL Gene Simmons

ACORD. CERTIFICATE OF LIABILITY INSURANCE		OP ID JC PROPAND	DATE (MM/DD/YYYY) 01/31/06
PRODUCER MORRIS & REYNOLDS INSURANCE 14821 South Dixie Highway MIAMI FL 33176-7928 Phone: 305-238-1000 Fax: 305-255-9643		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Propane Discounters, L.C. Mr. Jayce Smith 1108 NE Industrial Blvd Jensen Beach FL 34957		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: St. Paul Fire and Marine InsCo	24767
		INSURER B: Commerce and Industry	19410
		INSURER C:	
		INSURER D:	
		INSURER E:	

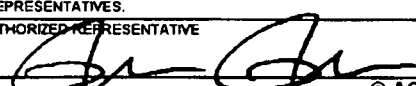
COVERAGES

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

INSR ADD'L LTR	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	CK00217230	11/14/05	11/14/06	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	
A		AUTOMOBILE LIABILITY	CK00217230	11/14/05	11/14/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		RETENTION \$					\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC2926072	01/01/06	01/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 100,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500,000
A		Property Section	CK00217230	11/14/05	11/14/06	Contents	50,000
		Special Form				REPLACEMENT COST	Equipment	65,146

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

Propane Distributor

CERTIFICATE HOLDER TOWNSEW Town of Sewall's Point Town Hall One S. Sewall's Point Road Sewall's Point FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	--

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/10, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7632	GERSINGER	FINAL REMODEL	FAIL	
2	8 CASTLE HILL WAY O/B	(Check sewer line)		INSPECTOR: <i>[Signature]</i>
7983	McKELVEY	FINAL REPAIR ELEC. RISER	PASS	
16	21 E. HIGH POINT ARUNGTON ELEC	(LATE AS POSS)	-GENE	INSPECTOR:
8041	PALESKY	INSTALL LINE	PASS	
9	110 HILLCREST TERR PROPANE DISCOUNTERS			INSPECTOR: <i>[Signature]</i>
8044	COWAN	FINAL GARAGE DOOR	FAIL	
10	100 HILLCREST DRIVE O/B			INSPECTOR: <i>[Signature]</i>
TREE	HELLIEGEL	TREE	PASS	
1	11 CASTLE HILL WAY			INSPECTOR: <i>[Signature]</i>
7867	CHICKY	FINAL REPAIR UTILITY SLAB + PATIO	PASS	CLOSE
5	5 KNOWLES ROAD O/B			INSPECTOR: <i>[Signature]</i>
7868	CHICKY	FINAL REPAIR FASCIA	PASS	CLOSE
5	5 KNOWLES RD O/B			INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/12, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7905	KISSLING	FINAL RESURFACE DECK	PASS	CLOSE
14	7 MINDORO ST O/B	after 9:30		INSPECTOR: <i>[Signature]</i>
7338	MCCORMICK	1ST FL. STAIRING	FAIL	
16	59 N. RIVER PINE ORCHARD			INSPECTOR: <i>[Signature]</i>
7310	WILCOX	FINAL POORCH + ELEC	FAIL	
8	95 S. RIVER RD TEC CO.			INSPECTOR: <i>[Signature]</i>
8041	POLSKY	FINAL GAS	PASS	CLOSE
12	110 HILLCREST TERR PROPANE DISCONNECT			INSPECTOR: <i>[Signature]</i>
8140	WILCOX	FINAL POORCH	FAIL	CLOSE
8	95 S. RIVER RD ROOSTH CONST		PASS	INSPECTOR: <i>[Signature]</i>
7576	SILAS	COURTESY INSP		GAP & ELEVATOR
15	10 CASTLE HILL WAY STATEWIDE			DOOR TO PLATFORM INSPECTOR: <i>[Signature]</i>
8143	CONNOLLY	SUB-SIDING	PASS	
13	23 N. RIDGEVIEW CUSTOM CRAFTSMAN			INSPECTOR: <i>[Signature]</i>

OTHER: _____

8026

Garage Door

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/23/06

BUILDING PERMIT NO. **8026**

Building to be erected for POLSKY

Type of Permit GARAGE DOOR

Applied for by TREASURE COAST GARAGE (Contractor)

Building Fee 35.00

Subdivision HILLCREST Lot 25 Block _____

Radon Fee _____

Address 110 HILLCREST COURT

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

138410140000025030000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 35.00 Check # _____ Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 2400.00

Roofing Fee _____

TOTAL Fees 35.00

Signed Mark Wagner
Applicant

Signed Gene Simmons
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
- GARAGE DOOR

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 _____

RECEIVED

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: _____ Permit Number: _____

OWNER/TITLEHOLDER NAME: MARK POLSKY Phone (Day) 221-3518 (Fax) _____

Job Site Address: 110 HILLCREST TERRACE City: SEWALLS POINT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: D1-38-41-D14-000-002503

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

Description of Work To Be Done: REPLACEMENT OF 2 OVERHEAD GARAGE DOORS

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2400.00 (Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: TREASURE COAST GARAGE DOORS INC Phone: _____ Fax: _____

Street: 421 SW BILLMORE ST City: PORT ST LUCIE State: FL Zip: 34983

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

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)

State of Florida, County of: MARTIN

This the 23rd day of JANUARY, 2006

by MARK POLSKY who is personally known to me

as identification. Notary Public

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: MARTIN

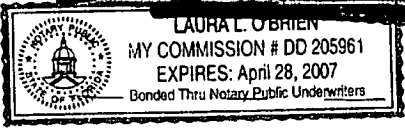
This the 23 day of JANUARY 2006

by MARK JAY WAGNER who is personally known to me or produced temporary ID # 5655051880

As identification. Notary Public

My Commission Expires: _____ Seal

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



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID KR
TREC004

DATE (MM/DD/YYYY)
06/27/05

PRODUCER

Huckleberry Sibley & Harvey
1020 N Orlando Ave. Suite 200
Maitland FL 32751
Phone: 800-300-6641 Fax: 407-628-1635

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

INSURED

Treasure Coast Garage Door Inc
Hellen Wagner
1421 SW Billimore
Port St Lucie FL 34983

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: BusinessFirst Insurance Co.

INSURER B: Auto-Owners Insurance Company

18988

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	0446122064863805	02/21/05	02/21/06	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	4493838200	02/21/05	02/21/06	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
B	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	4493838201	02/21/05	02/21/06	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	521-00807	07/09/05	07/09/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Fax 772-220-4785

CERTIFICATE HOLDER

TOWOFS1

Town of Sewalls Point
One South Sewalls Point Road
Sewalls Point FL 34996

CANCELLATION

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

B. C. [Signature]

2204765



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

GARAGE DOOR

License Number SP02444 Expires: 30-SEP-07

WAGNER, MARK J

TREASURE COAST GARAGE DOORS IN

1421 SW BILTMORE ST

PORT ST LUCIE, FL 34983

Treasure Coast Garage Doors, Inc. (772) 879-0487

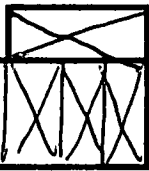
Field Survey

Date: 1-23-06	
Customer: MARK POLSKY	Phone: 221-3518
Owner: SAME	Phone:
Address: 110 HILLCREST TERR	Fax:
STUART, FL. 34996	Cell:

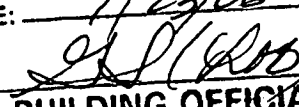
W x H	MFG	Model	Zone	Exp.	Design P.S.F	Test P.S.F
18 X 8	NORMAN	FLUSH	140	C	+42.51-59.5	+63.251-89.25
Building Style						
Wall Construction		Vertical Jambs		Header		Spring Pad
CMU (Wood)		2X6		2X6		NA
Required Anchors		SEE BELOW		NA.		NA
Remarks						

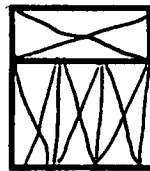
Floor Plan

Interior



Existing Wall

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 1/23/06

BUILDING OFFICIAL
 Gene Simmons



Existing Wall

Notes:

Attach tracks with 4 " x 5/16 " Lags & additional track brackets (as required) to secure thru existing 2 " x 6 " jamb with a minimum of 1 1/2" embedment into existing stud wall.

Treasure Coast Garage Doors, Inc. (772) 879-0487

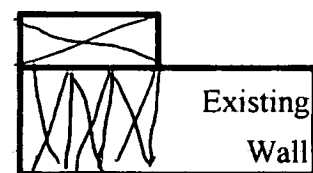
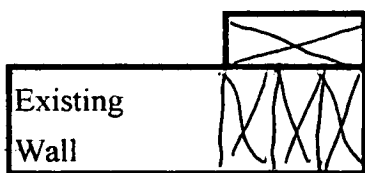
Field Survey

Date:	
Customer:	Phone:
Owner:	Phone:
Address:	Fax:
	Cell:

W x H	MFG	Model	Zone	Exp.	Design P.S.F	Test P.S.F
9 x 8	HORMAN	FLUSH	140	C	+51,0 1-65,0	+76.5 1-97,5
Building Style						
Wall Construction		Vertical Jamb		Header		Spring Pad
CMU / <u>Wood</u>		2x6		2x6		NA
Required Anchors		See Below		NA		NA
Remarks						

Floor Plan

Interior



Notes:

Attach tracks with 4 " x 5/16 " Lags & additional track brackets (as required) to secure thru existing 2 " x 6 " jamb with a minimum of 1 1/2" embedment into existing stud wall.

TABLE 1606.2C
ROOF OVERHANG COMPONENT AND CLADDING DESIGN WIND PRESSURES
FOR A BUILDING WITH MEAN ROOF HEIGHT OF 30 FEET LOCATED IN
EXPOSURE B (per)

Zone	Effective Wind Area (ft ²)	Basic Wind Speed v (mph - 3 second gust)						
		90	100	110	120	130	140	150
Roof Angle > 0-10 degrees								
2	10	-21.0	-25.9	-31.4	-37.3	-43.8	-50.8	-58.3
2	20	-20.6	-25.5	-30.8	-36.7	-43.0	-49.9	-57.3
2	100	-19.8	-24.4	-29.5	-35.1	-41.2	-47.8	-54.9
3	10	-34.8	-42.7	-51.6	-61.5	-72.1	-83.7	-96.0
3	20	-27.1	-33.5	-40.5	-48.3	-56.6	-65.7	-75.4
3	100	-10.0	-12.2	-14.8	-17.6	-20.6	-23.9	-27.4
Roof Angle > 10 - 30 degrees								
2	10	-27.2	-33.5	-40.6	-48.3	-56.7	-65.7	-75.5
2	20	-27.2	-33.5	-40.6	-48.3	-56.7	-65.7	-75.5
2	100	-27.2	-33.5	-40.6	-48.3	-56.7	-65.7	-75.5
3	10	-45.7	-56.4	-68.3	-81.2	-95.3	-110.6	-126.9
3	20	-40.5	-50.0	-60.5	-72.0	-84.5	-98.0	-112.5
3	100	-28.4	-35.1	-42.4	-50.5	-59.3	-68.7	-78.9
Roof Angle > 30 - 45 degrees								
2	10	-24.7	-30.5	-36.9	-43.9	-51.5	-59.8	-68.6
2	20	-24.0	-29.6	-35.8	-42.6	-50.0	-58.0	-66.5
2	100	-22.2	-27.4	-33.2	-39.5	-46.4	-53.8	-61.7
3	10	-24.7	-30.5	-36.9	-43.9	-51.5	-59.8	-68.6
3	20	-24.0	-29.6	-35.8	-42.6	-50.0	-58.0	-66.5
3	100	-22.2	-27.4	-33.2	-39.5	-46.4	-53.8	-61.7

For SI: 1 psf = 47.88 N/m², 1 ft² = 0.0929 m², 1 mph = 0.447 m/s.

Note: For effective areas between those given above the load may be interpolated, otherwise use the load associated with the lower effective area.

TABLE 1606.2D
HEIGHT AND EXPOSURE ADJUSTMENT COEFFICIENTS

Mean Roof Height (ft)	Exposure		
	B	C	D
15	1.00	1.21	1.47
20	1.00	1.29	1.55
25	1.00	1.35	1.61
30	1.00	1.40	1.66
35	1.05	1.45	1.70
40	1.09	1.49	1.74
45	1.12	1.53	1.78
50	1.16	1.56	1.81
55	1.19	1.59	1.84
60	1.22	1.62	1.87

Note: All table values shall be adjusted for other exposures and heights by multiplying by the above coefficients.

TABLE 1606.2E
GARAGE DOOR WIND LOADS FOR A BUILDING WITH A MEAN ROOF HEIGHT OF 30 FEET LOCATED IN EXPOSURE B (psf)

Effective Wind Width (ft)	Effective Wind Height (ft)	Basic Wind Speed V (mph - 3 second gust)							
		85	90	100	110	120	130	140	150
Roof Angle 0 - 10 degrees									
8	8	10.5 - 14.9	11.7 - 13.3	14.5 - 16.4	17.5 - 19.9	20.9 - 23.6	24.5 - 27.7	28.4 - 32.2	32.6 - 36.9
10	10	10.1 - 11.4	11.4 - 12.7	14.0 - 15.7	17.0 - 19.0	20.2 - 22.7	23.7 - 26.6	27.5 - 30.8	31.6 - 35.4
14	14	10.0 - 10.7	10.8 - 12.0	13.3 - 14.8	16.1 - 17.9	19.2 - 21.4	22.5 - 25.1	26.1 - 29.1	30.0 - 33.4
Roof Angle > 10 degrees									
8	8	11.4 - 12.9	12.8 - 14.5	15.8 - 17.9	19.1 - 21.6	22.8 - 25.8	26.7 - 30.2	31.0 - 35.1	35.6 - 40.2
10	10	10.9 - 12.2	12.3 - 13.7	15.2 - 16.9	18.3 - 20.4	21.8 - 24.3	25.6 - 28.5	29.7 - 33.1	34.1 - 38.0

For SI: 1 sq ft = 0.0929 sq m, 1 mph = 0.447 m/s, 1 psf = 47.88 N/sq m

Handwritten calculations and notes:
 18.07 - 19.74
 23.14
 32.01
 42.09
 72.19
 91.44
 95.26

[Table 1606.2E continued]

1. For effective areas or wind speeds between those given above, the load may be interpolated, otherwise use the load associated with the lower effective area.
2. Table values shall be adjusted for height and exposure by multiplying by adjustment coefficients in Table 1606.2D.
3. Plus and minus signs signify pressures acting toward and away from the building surfaces.
4. Negative pressures assume door has 2 feet of width in building's end zone.

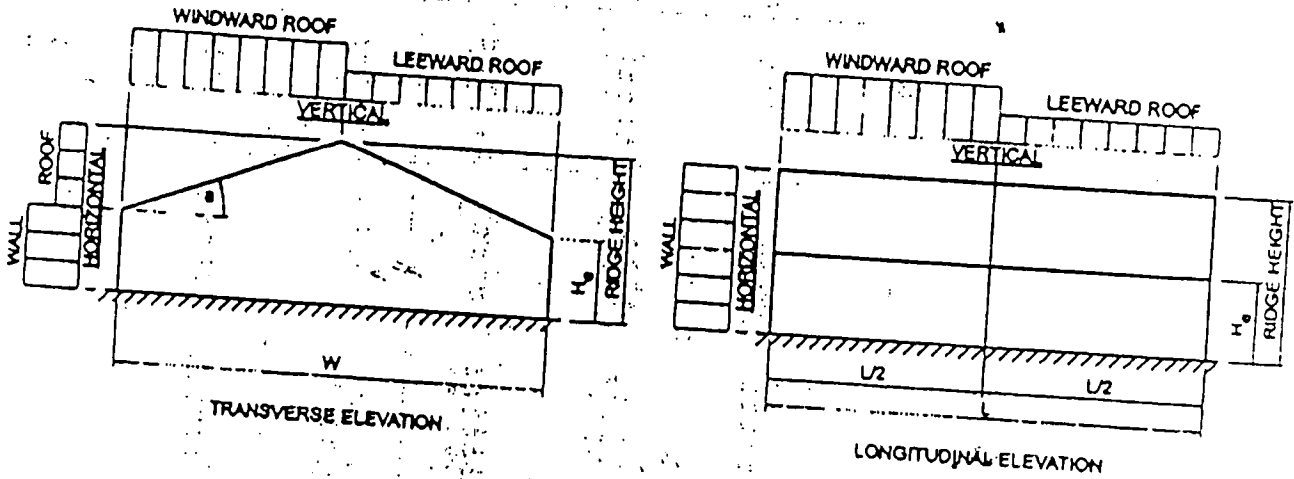


FIGURE 1606.2a
 APPLICATION OF MAIN WIND FORCE RESISTING SYSTEM
 LOADS FOR SIMPLE DIAPHRAGM BUILDINGS

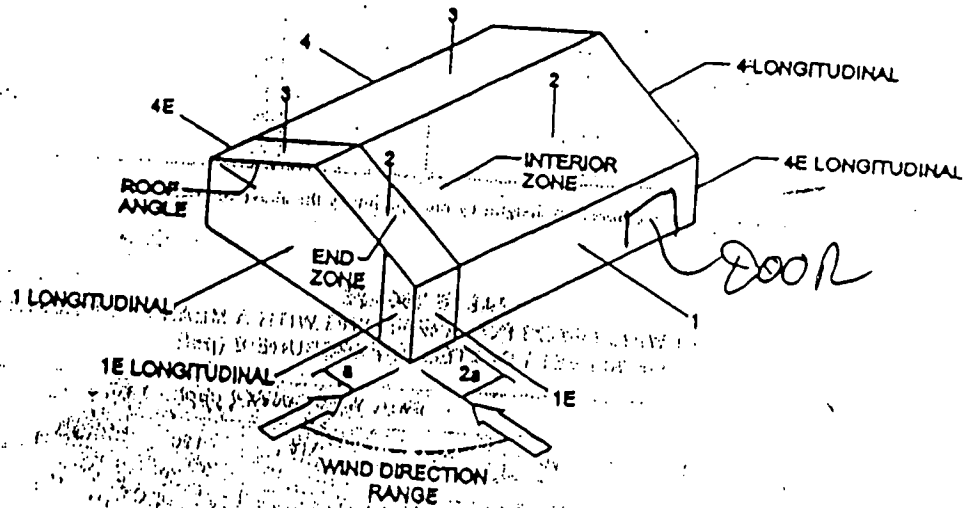


FIGURE 1606.2b
 MAIN WIND FORCE LOADING DIAGRAM

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/26, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7390	Goldman	Re-inspect early power	PASS	CALL FPL, TO INSPECT WITH INSPECTOR
6	4 Summer La O/B			
8078	Barnhill	Final Pool Screen Incl.	PASS	CLOSE
5	4 Ridgeway N. Bayview Court.			INSPECTOR
8009	POLSKY	FINAL GENERATOR	PASS	CLOSE
4	110 Hulcrest Terr O/B	PAD+ELECTRIC (NOT 9-10 PLEASE)		INSPECTOR
8021	POLSKY	GARAGE DOOR	PASS	CLOSE
4	110 Hulcrest Terr TREASURE COAST GAR	(NOT 9-10 PLEASE)		INSPECTOR
8194	McSweeney	WORK IN PROGRESS Flat deck	PASS	
8	16 Miramin Hamm Asp Court. (215-9660)	11 AM Please		INSPECTOR
8198	McCormack	Interior rough	PASS	
9	59 N River Rd Propane Service			INSPECTOR
8206	Irro	genlad-four	PASS	
	11 Heritage O/B			INSPECTOR

OTHER: _____

8009

Generator, Pad & Electric

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/17/06

BUILDING PERMIT NO. 8009

Building to be erected for POLSKY

Type of Permit GENERATOR, RAD+ELEC

Applied for by O/B

(Contractor) Building Fee 15K x 9.60/1000 = 144.00

Subdivision HILLCREST Lot 25 Block _____

Radon Fee _____

Address 110 HILLCREST TERR

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number: _____

Electrical Fee _____

0138410140001002500000

Plumbing Fee _____

Amount Paid 198.00 Check # 5418 Cash _____

Roofing Fee _____

Total Construction Cost \$ 15,000.

Other Fees 10% PREP (2590.00) 14.40
39.60

TOTAL Fees 198.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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
1/16/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____ OWNER/TITLEHOLDER NAME: MARK D. POLSKY Phone (Day) 772-221-3518 (Fax) 221-8474

Job Site Address: 110 Hillcrest Terrace City: Sewalls Pt State: FL Zip: 34996

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

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

Description of Work To Be Done: Installation of Generator Pad & Electric

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 15,000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Hardware Electrical Svcs. Inc Phone: 772-460-9455 Fax: 772-460-9554

Street: 500 Farmers Market Rd #15 City: Ft Pierce State: FL Zip: 34982

State Registration Number: ER13012651 State Certification Number: 1731-20020012 Martin County License Number: CME4318

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

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: _____

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)

Mark David Polsky
State of Florida, County of: MARTIN

This the 16th day of JANUARY, 2006

by Mark David Polsky who is personally known to me or produced _____

as identification. James G. O'Brien x 872/106

CONTRACTOR SIGNATURE (required)

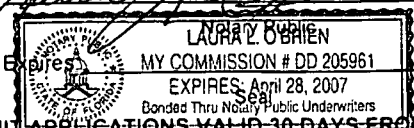
On State of Florida, County of: _____

This the _____ day of _____, 2006

by _____ who is personally known to me or produced _____

As identification. _____

My Commission Expires _____



My Commission Expires: _____

Notary Public

Seal

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

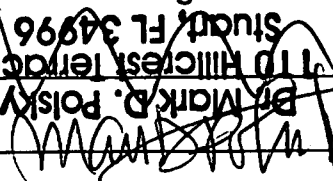
TOWN OF SEWALL'S POINT
ONE SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FLORIDA 34996

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: Dr. Mark D. Polsky Date: 1-7-06
Signature: 
Address: Dr. Mark D. Polsky
110 Hillcrest Terrace
City & State: Stuart, FL 34996
Permit No. _____

PERMIT # _____

TAX FOLIO # 01-38-41-014-000-00250

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):

Hillcrest lot 25
110 Hillcrest Terrace, Sewallis Point 34946 Residential

GENERAL DESCRIPTION OF IMPROVEMENT:

Generator

OWNER:

Mark D. Palsky

ADDRESS:

110 Hillcrest Terrace Summer, FL 34946

PHONE #:

221-3518

FAX #:

221-8474

CONTRACTOR:

Myself

ADDRESS:

Shmo

PHONE #:

FAX #:

STATE OF FLORIDA
MARTIN COUNTY

SURETY COMPANY (IF ANY):

Stephen J. Brown INC

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

ADDRESS:

PHONE #:

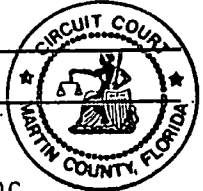
288-7176

FAX #:

Marsha Ewing Clerk

BOND AMOUNT:

BY [Signature] D.C.
DATE 1/17/06



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(1XA)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(1XB), FLORIDA STATUTES.

PHONE #:

FAX #:

EXPIRATION DATE OF NOTICE OF COMMENCEMENT:

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

SIGNATURE OF OWNER

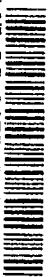
SWORN TO AND SUBSCRIBED BEFORE ME THIS 16th DAY OF JANUARY 2006 BY Mark David Palsky

PERSONALLY KNOWN _____
PRODUCED ID # FDI P420-544-301-D
TYPE OF ID 682106

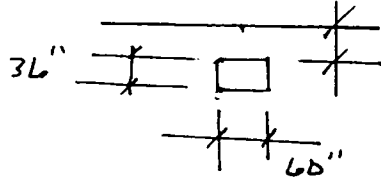
NOTARY SIGNATURE



INSTR # 1903543 DR BK 02103 PG 0432 RECD 01/17/2006
Pa 0432 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L Wood



LOT 24



ENCROACHING CONC. DRIVE (RADIAL)
1.10' @ FLANK
S. 62° 38' 00" W. 118.61' (P)

5.00' (P)

FENCE 2.0' SOUTH
7 WOOD FENCE

FENCE 6.0' WEST
FIND I.B. (510')
C.A. # 4088 J.E.N.
RESET C.M.
W/# 4049

FIND "X"
CONC. DRIVE
Δ = 55° 09' 00"
R = 45.00' (P)
L = 43.31'

LOT 25

SET I.B.
Δ = 55° 09' 00"
R = 25.00' (P)
L = 24.00'

NEW REVISED SITE FOR GENERATOR

2 STORY W/F

LOT 26

FIND C.M. (411.4')
4088 JEN.

CONC

REVISION

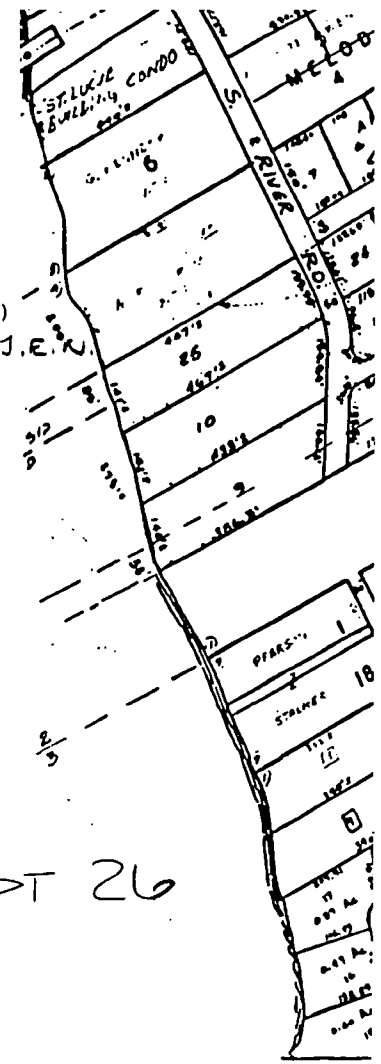
FILE/COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE
DATE: 2/1/06

BUILDING OFFICIAL
Gene Simmons

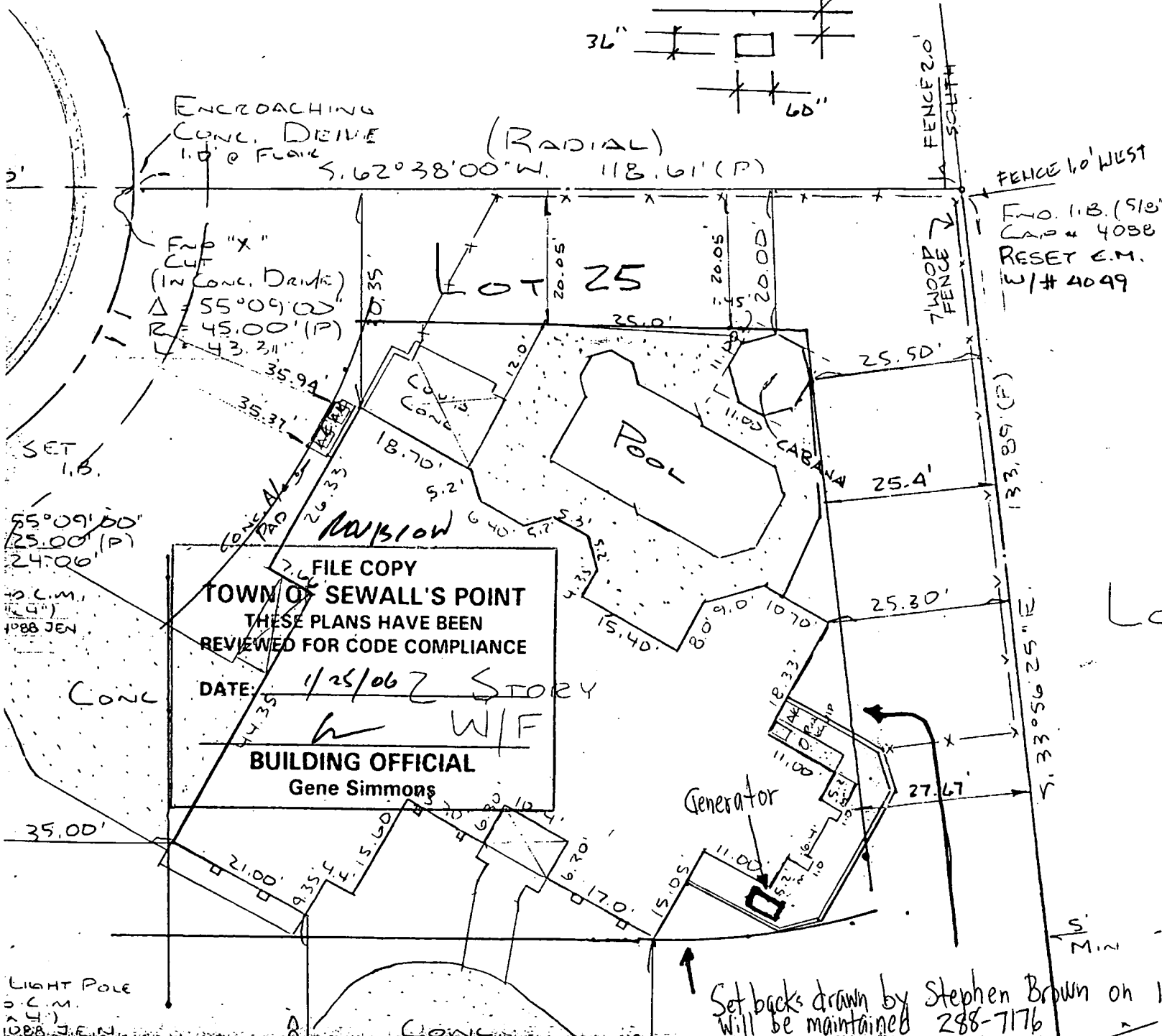
* maintained within all setbacks.

LIGHT POLE
FIND C.M. (411.4')
4088 J.E.N.
Δ = 90° 00' 00"
R = 25.00' (P)
L = 39.27'
FIRE HYD.

Δ = 14° 01' 53"
R = 267.83'



LOT 24



FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 1/25/06
W/F
BUILDING OFFICIAL
 Gene Simmons

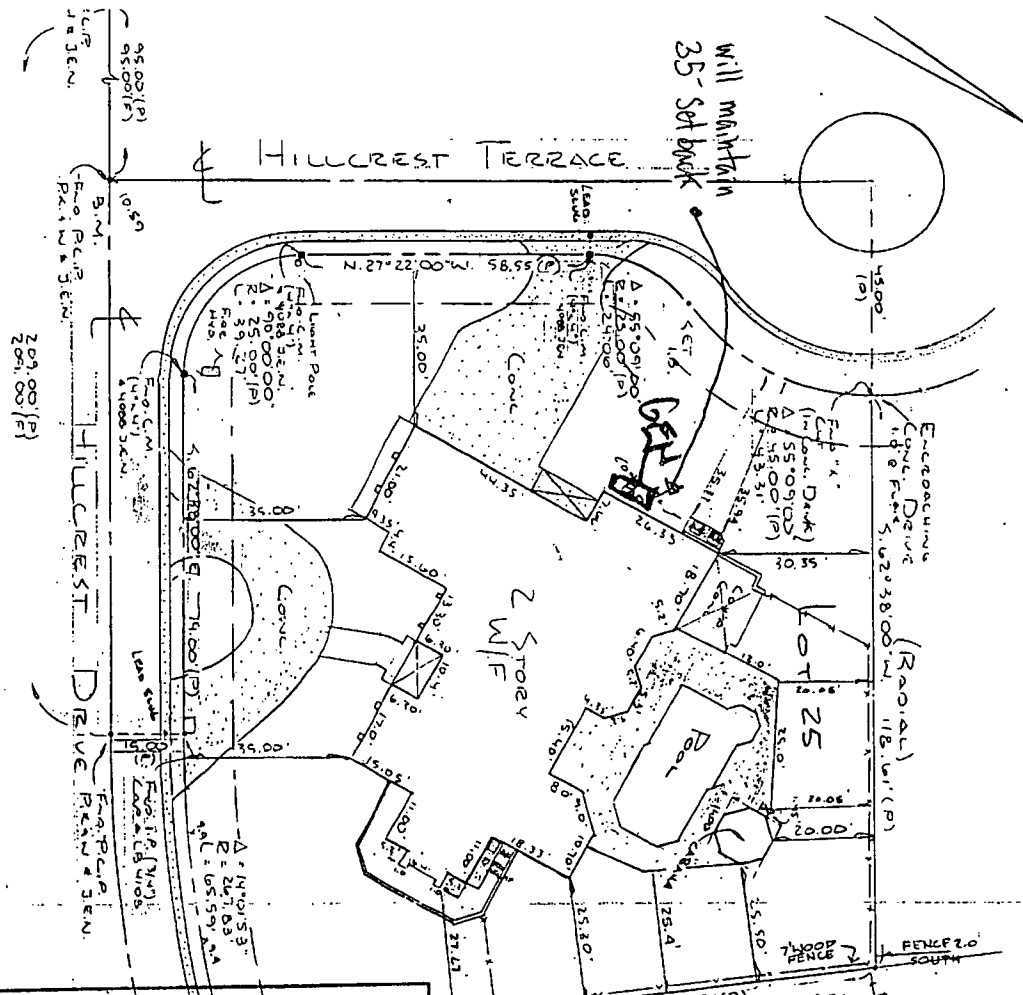
Generator

Lot 26

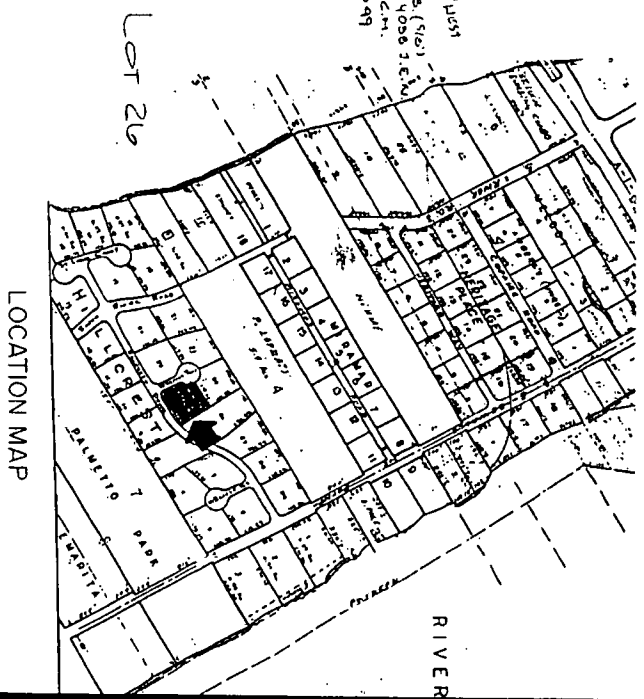
POLSKY
 110 Hillcrest Ter
 Sewalls Point

Set backs drawn by Stephen Brown on 1-20-06
 Will be maintained 288-7176

NORTH
Lot 24



TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 11/19/06
 FILE COPY
 Gene Simmons
 BUILDING OFFICIAL



SURVEYOR'S CERTIFICATE

WE HEREBY CERTIFY THAT THE BOUNDARY SURVEY AS SHOWN HEREON IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AS SURVEYED UNDER OUR DIRECTION. WE FURTHER CERTIFY THAT IT MEETS THE MINIMUM TECHNICAL STANDARDS UNDER RULE 61G07-6, F.L.A. ADMINISTRATIVE CODE, PURSUANT TO CHAPTER 472.027 F.L.A. STATUTES. NOT VALID, UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.

STEPHEN J. BROWN INC

Stephen J. Brown, Professional Land Surveyor
 REGISTRATION NO. 1049, STATE OF FLORIDA

- NOTES:**
1. Survey of description as furnished by Client
 2. Lands shown hereon were not abstracted for easements and/or rights-of-way of record.
 - (P) Denotes distance or bearing by description as furnished.
 - (F) Denotes measured distance or bearing.
 - (C) Denotes calculated distance or bearing.
 3. All bearings are referenced to the Instrument of record as shown hereon, unless otherwise noted.
 4. Elevation shown hereon are relative to National Geodetic Vertical Datum of 1929, and are based on bench mark.
 5. There are no above ground encroachments, unless otherwise shown.

PROPERTY LOCATED WITHIN FLOOD ZONE: X
 PROPERTY ADDRESS: 110 HILLCREST TERRACE
 CERTIFIED TO: MARK D. & JONNA M. POLSKY
 CHASE MANHATTAN MORTGAGE CORPORATION, ITS SUCCESSORS AND /OR ASSIGNS
 MCCARTHY, SUMMERS, BOBKO, WOOD, SAWYER & PERRY, P.A., COMMONWEALTH LAND TITLE INSURANCE COMPANY

- SET 1: B. - SET 3/8" IRON BAR & CAP #4019
 F.P.D. - FOUND OBJECT
 C.M. - CONCRETE MONUMENT
 I.B. - IRON BAR
 P.A. - P.A. NAIL
 R.S. - RAILROAD SERVICE

- CONC. - CONCRETE
 W.F. - WOOD FRAME
 P.O. - POWER POLE
 C.B. - CATCH BASIN

BOUNDARY SURVEY

PREPARED FOR: POLSKY
STEPHEN J. BROWN INC. LICENSED BUSINESS NUMBER: 6484
 SURVEYORS • DESIGNERS • LANDPLANNERS • CONSULTANTS
 619 EAST 5TH STREET, STUART, FLORIDA 34994 (772) 288-7176

REVISIONS	DATE	BY
3/22/92	3/22/92	SW
3/26/92	3/26/92	SW
3/27/92	3/27/92	SW
3/28/92	3/28/92	SW
3/28/92	3/28/92	SW
3/28/92	3/28/92	SW
3/28/92	3/28/92	SW
3/28/92	3/28/92	SW
3/28/92	3/28/92	SW
3/28/92	3/28/92	SW

DRAWN	DATE	SHEET
W.G.H. <td>12/25/14-01 <td>ONE</td> </td>	12/25/14-01 <td>ONE</td>	ONE
CHECKED <td></td> <td></td>		
SUB <td>14-15-91 <td></td> </td>	14-15-91 <td></td>	
SCALE <td>1"=20'</td> <td></td>	1"=20'	
SHEET <td></td> <td></td>		



TRANSFER SWITCHES 100 AMP AND 200 AMP MODELS

- All switch enclosures are powder paint coated steel
- NEMA 3R (Outdoor rated)

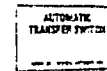
Standard 100 Amp and
200 Amp NEMA 3R

FEATURES

- 2 pole 250 VAC contactors
- 160 millisecond transfer time when contactor is energized
- Dual coil design
- Main contacts are silver plated or silver alloy to resist welding and sticking

AUTOMATIC OPERATION

When used in conjunction with one of the **Generac** home standby generators, the transfer switch receives its signal from the generator control circuit to provide safe and dependable transfer from utility to standby power without any intervention by the owner.



Service Disconnect 100 Amp
and 200 Amp NEMA 3R

STANDARD

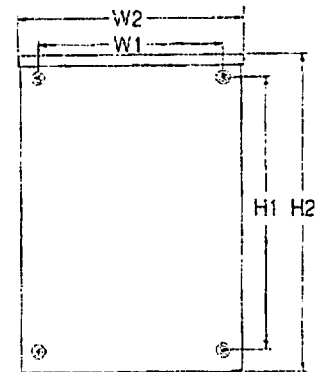
These models are utilized when essential circuits from a home's main distribution panel are to be relocated to a separate sub-panel. These critical circuits are then powered by the generator in a utility failure event.

SERVICE DISCONNECT

These models provide the ability to power a home's entire distribution panel when relocating circuits to a separate sub-panel is not practical. Reduces labor related installation costs. Suitable as service entrance equipment.



SPECIFICATIONS	STANDARD		SERVICE DISCONNECT	
	100A-STD	200A-STD	100A-SRV	200A-SRV
MODEL	100A-STD	200A-STD	100A-SRV	200A-SRV
MODEL NUMBER	04678	04635	05036	04945
RATED CURRENT	100 AMP	200 AMP	100 AMP	200 AMP
VOLTAGE	120/240V	120/240V	120/240V	120/240V
SERVICE DISCONNECT CIRCUIT BREAKER	NA	NA	100 AMP HACR TYPE	200 AMP HACR TYPE
TERMINAL WIRE RANGES				
Switch Terminal	1/0 - 14	250MCM - 6	1/0 - 14	250MCM - 6
Neutral Lug	2/0 - 14	350MCM - 6	2/0 - 14	350MCM - 6
Ground Lug	#4 - #14 AWG	#4 - #14 AWG	#4 - #14 AWG	#4 - #14 AWG
UL LISTING	1008	1003	1008	1008
UNIT DIMENSIONS (HxWxD)				
Height - H1/H2	16.5 / 20.0	16.5 / 20.0	20.75 / 23.5	20.75 / 23.5
Width - W1/W2	11.57 / 15.15	11.57 / 15.15	10.67 / 13.05	10.67 / 13.05
Depth	7.07	7.07	7.36	7.36
UNIT WEIGHT (LBS)	35	35	50	50



Specifications subject to
change without notice



STANDBY 40 kW

OPERATING DATA

		STANDBY 40 kW				
KW RATING - LP/NG		40/37				
ENGINE SIZE		3.9 Liter V-6				
GENERATOR OUTPUT VOLTAGE/KW - 60Hz 120/240V, 1-phase, 1.0 pf		KW LP 40 / NG 37	AMP LP 167 / NG 154.2	CB Size 175		
GENERATOR LOCKED ROTOR KVA AVAILABLE @ VOLTAGE DIP OF 35% Single phase		80				
FUEL - Natural Gas and LP Vapor Only Fuel consumption - 60Hz		<u>Exercise Cycle</u>	<u>25% Load</u>	<u>50% Load</u>	<u>75% Load</u>	<u>100% Load</u>
N.G. ft ³ /hr:		82	149	285	397	550
LP ft ³ /hr. (gal/hr - for reference only)		33.1 (90)	58.9 (162)	113.4 (312)	158 (434)	218.9 (601)
ENGINE COOLING						
Air flow (inlet air including alternator and combustion air) ft ³ /min.		2725				
Coolant capacity US gal.		3.0				
Heat rejection to coolant BTU/hr.		154,000				
Max. operating air temp. on radiator °C (°F)		60 (150)				
Max. ambient temperature °C (°F)		50 (140)				
COMBUSTION AIR REQUIREMENTS						
Flow at rated power 60 Hz cfm		122				
SOUND EMISSIONS IN DBA						
Exercising at 7 meters		60				
Full load at 7 meters		73				
EXHAUST						
Exhaust flow at rated output 60 Hz cfm		316				
Exhaust temp. at muffler outlet °F		936				
ENGINE PARAMETERS						
Rated synchronous RPM 60 Hz		1800				
HP at rated KW 50 Hz		61				
POWER ADJUSTMENT FOR AMBIENT CONDITIONS						
Temperature Deration						
5% for every 10 °C above - °C		25				
1.65% for every 10 °F above - °F		77				
Altitude Deration						
1% for every 100 m above - m		182				
3% for every 1000 ft. above - ft.		600				
TRANSFER SWITCH SPECIFICATIONS (if so equipped)						
No. of Poles		2				
Current Rating (amps)		200				
Voltage Rating (VAC)		250				
Service Disconnect Breaker		200 Amp HACR Type				
Utility Voltage Monitor (fixed)						
Pick-up		80%				
Dropout		60%				
Return to Utility		1 minute				
Exerciser 15 minutes weekly		Standard				
UL Listed		Standard				
Enclosure - NEMA 3R (Outdoor rated)		Standard				
Dimensions (H" x W" x D")		23.5 x 13.05 x 7.4				
Weight		50 lbs.				

Rating definitions - Standby: Applicable for supplying emergency power for the duration of the utility power outage. No overload capability is available for this rating. (All ratings in accordance with BS5514, ISO3045 and D'N6271). (AP ratings in accordance with BS5514, ISO3046, ISO9528 and D'N6271).

APPLICATION & ENGINEERING DATA



GENERATOR SPECIFICATIONS

TYPE	Synchronous
ROTOR INSULATION	Class H
STATOR INSULATION	Class H
TOTAL HARMONIC DISTORTION	<3.5%
TELEPHONE INTERFERENCE FACTOR (TIF)	<50
ALTERNATOR OUTPUT LEADS 3 PHASE	4 wire
BEARINGS	Sealed Ball
COUPLING	Flexible Disc
LOAD CAPACITY (STANDBY RATING)	40 kW
EXCITATION SYSTEM	Direct

NOTE: Generator rating and performance in accordance with ISO8528-5, BS5514, SAE J1349, ISO3046, and DIN271 standards.

VOLTAGE REGULATOR

TYPE	Electronic
SENSING	Single Phase
REGULATION	± 1%
FEATURES	V/F Adjustable Adjustable Voltage and Gain LED Indicators

GENERATOR FEATURES

- Revolving field heavy duty generator
- Directly connected to the engine
- Operating temperature rise 120 °C above a 40 °C ambient
- Insulation is Class H rated at 150 °C rise
- All models are fully prototyped tested

CONTROL PANEL FEATURES

- | | |
|---|--|
| <input type="checkbox"/> SEVEN LED INDICATOR LIGHTS | <input type="checkbox"/> ADDITIONAL FUNCTIONS |
| <ul style="list-style-type: none"> • System ready • Low fuel pressure • Low battery • Low oil pressure • High coolant temp./low coolant temp • Overspeed • Overcrank | <ul style="list-style-type: none"> • Utility sensing • Delay on utility failure for engine start • Engine warm-up before transfer • Delay to retransfer to utility • Engine cooldown timer • Exerciser reset |
| <input type="checkbox"/> INTERNAL FUNCTIONS: | |
| <ul style="list-style-type: none"> • 3 position switch (auto, off and manual) • 2 wire start for any transfer switch • Communicates with the Generac RTS transfer switch • Built-in 7 day exerciser • Selectable engine speed at exercise • Governor controller is built into the master control board • Temperature range -40 °C to 70 °C | |

ENGINE SPECIFICATIONS

MAKE	Generac
MODEL	V Type
CYLINDERS	6
DISPLACEMENT	3.9 Liter
BORE	3.91
STROKE	3.31
COMPRESSION RATIO	9.1:1
INTAKE AIR SYSTEM	Naturally Aspirated
VALVE SEATS	Precision ground
LIFTER TYPE	Hydraulic

GOVERNOR SPECIFICATIONS

TYPE	Electronic
FREQUENCY REGULATION	Isosynchronous
STEADY STATE REGULATION	± 2.5%
ADJUSTMENTS	
Speed	Yes
Drop	Yes

ENGINE LUBRICATION SYSTEM

OIL PUMP	Gear
OIL FILTER	F101 flow cartridge
CRANKCASE CAPACITY	4 Quarts

ENGINE COOLING SYSTEM

TYPE	Closed
WATER PUMP	Belt driven
FAN SPEED	2190
FAN DIAMETER	22 inches
FAN MODE	Pusher

FUEL SYSTEM

FUEL TYPE	Natural gas, propane vapor
CARBURETOR	Down Draft
SECONDARY FUEL REGULATOR	Standard
FUEL SHUT OFF SOLENOID	Standard
OPERATING FUEL PRESSURE VAPOR SYSTEMS	Nat. Gas 5" to 14" H ₂ O LP Vapor 5" to 14" H ₂ O

ELECTRICAL SYSTEM

BATTERY CHARGE ALTERNATOR	12V 30 Amp
STATIC BATTERY CHARGER	2 Amp
RECOMMENDED BATTERY	Group 24 525CCA
SYSTEM VOLTAGE	12 Volts

Rating Definitions - Standby: Applicable for supplying emergency power for the duration of the utility power outage. No overload capability is available for this rating. (All ratings in accordance with BS5514, ISO3046 and DIN271). (40 ratings in accordance with BS5514, ISO3046, ISO8523 and DIN271).

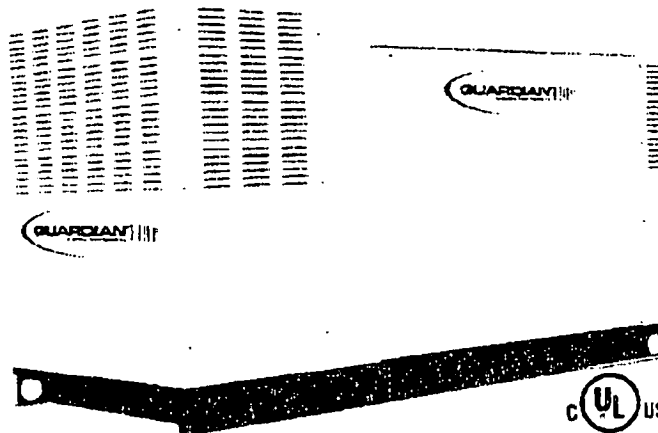
Standby Power Rating

40 kW 60 Hz

Liquid Cooled
Gas Engine
Generator Sets

Model Numbers:

05221
05221T



Ultra Quiet Mode
For Low Noise Exercise
- 60 dB(A) at 23 feet

GENERAC 3.9L ENGINE

Naturally Aspirated
Gaseous Fueled

UL 2200 Listed

Model 5221T is equipped with a
200 amp NEMA 3R Transfer Switch
with Service Disconnect.
Transfer Switch available for Model 5221.

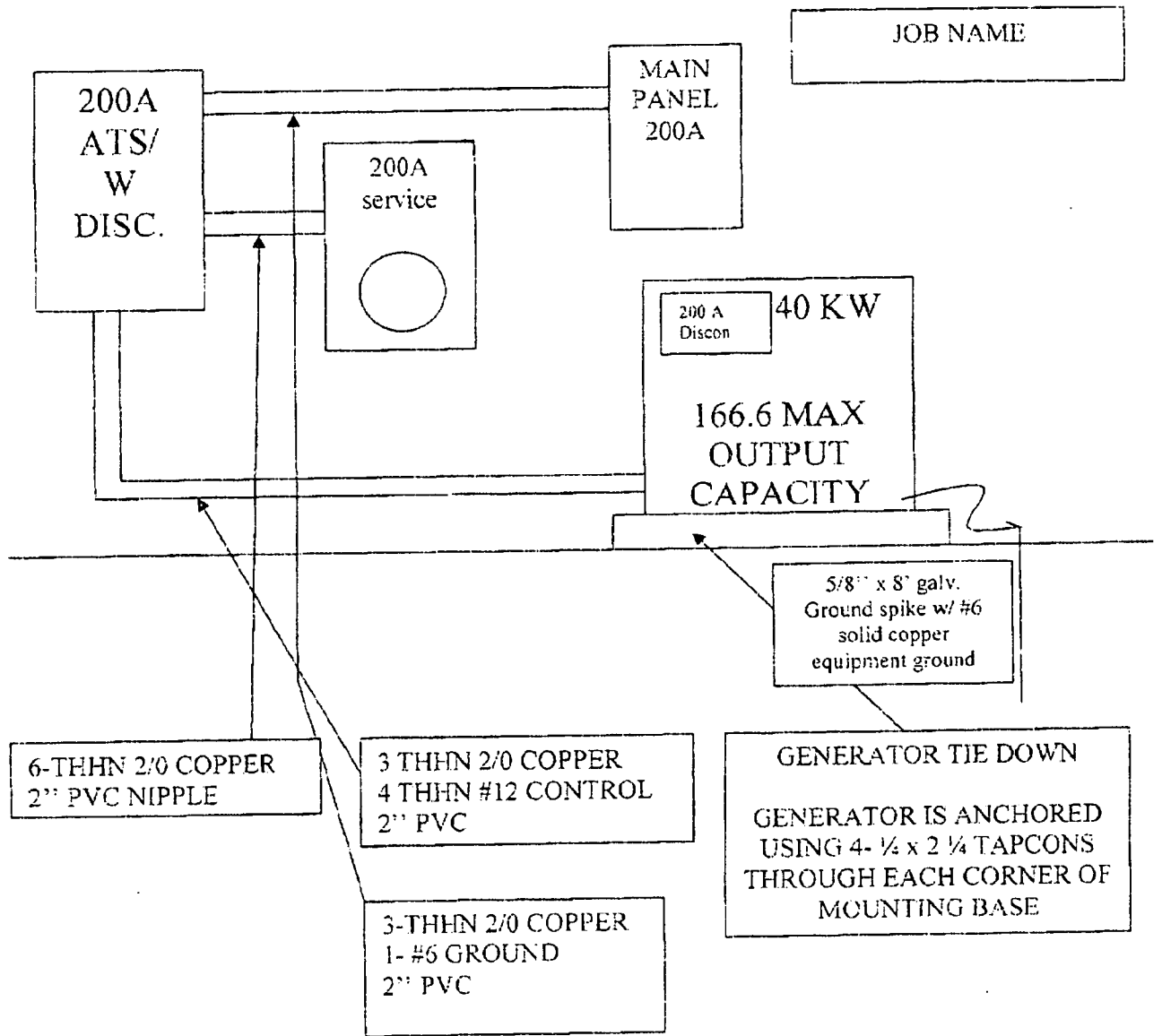
STANDARD EQUIPMENT

- All input connections in one single area
- High coolant temperature shutdown
- Low oil pressure shutdown
- Low coolant level automatic shutdown
- Overspeed automatic shutdown
- Crank timer
- Exercise timer
- Oil drain extension
- Cool flow radiator
- Closed coolant recovery system
- UV/Ozone resistant hoses
- Watertight state of the art electrical connectors
- Mainline circuit breaker
- Radiator drain extension
- Battery charge alternator
- 2 Amp static battery charger
- Battery cables
- Battery rack
- Fan and belt guards
- Isochronous governor

FEATURES

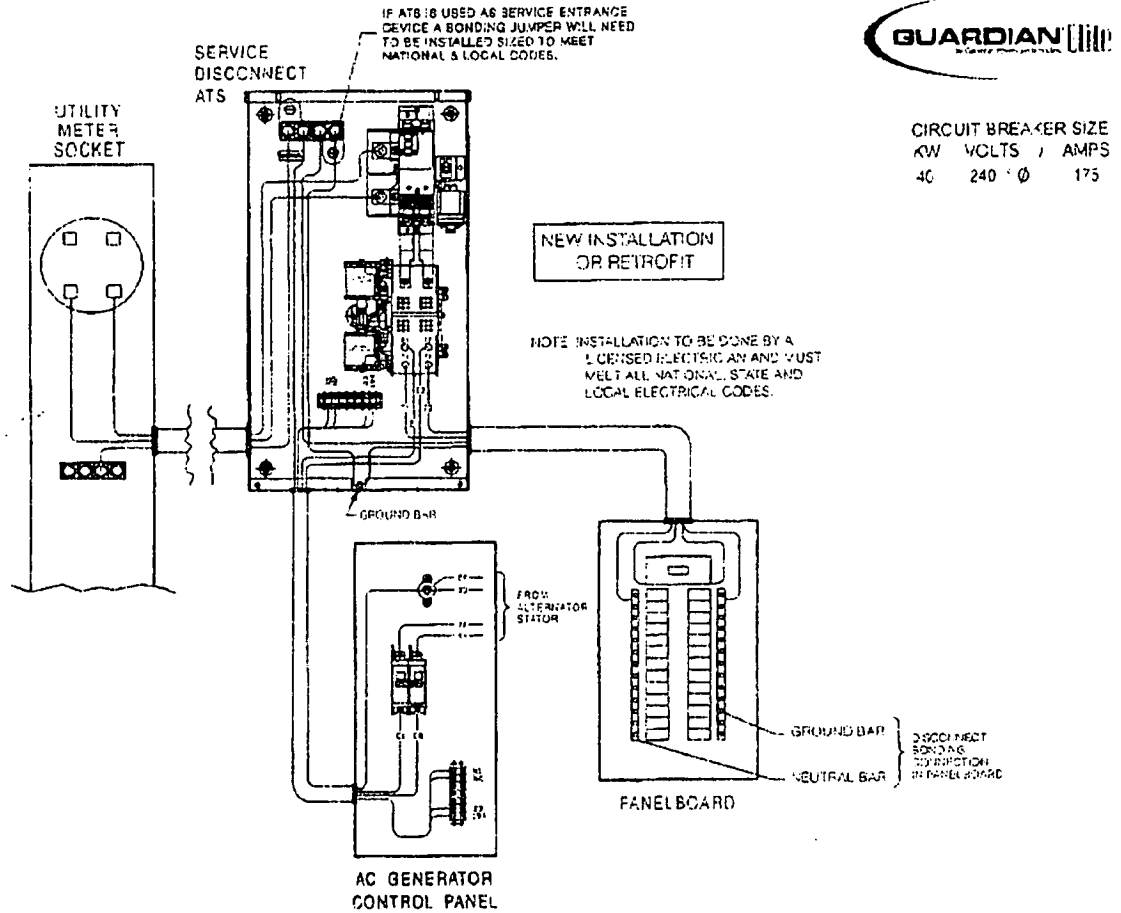
- Innovative design and fully prototype tested
- UL2200 Listed
- Solid state frequency compensated voltage regulator
- Dynamic and static battery charger
- Sound attenuated acoustically designed enclosure
- Ultra Quiet Mode for low noise level exercise
- Acoustically designed engine cooling system
- High flow low noise factory engineered exhaust system
- R100 digital control panel
- State of the art digital control system
- Watertight electrical connectors
- Rodent proof construction
- High efficiency, low distortion Generac designed alternator
- Vibration isolated from mounting base
- Matching Generac transfer switches engineered and tested to work as a system
- All components easily accessible for maintenance
- Electrostatically applied powder paint

GUARDIAN Elite
by Generac Power Systems, Inc.

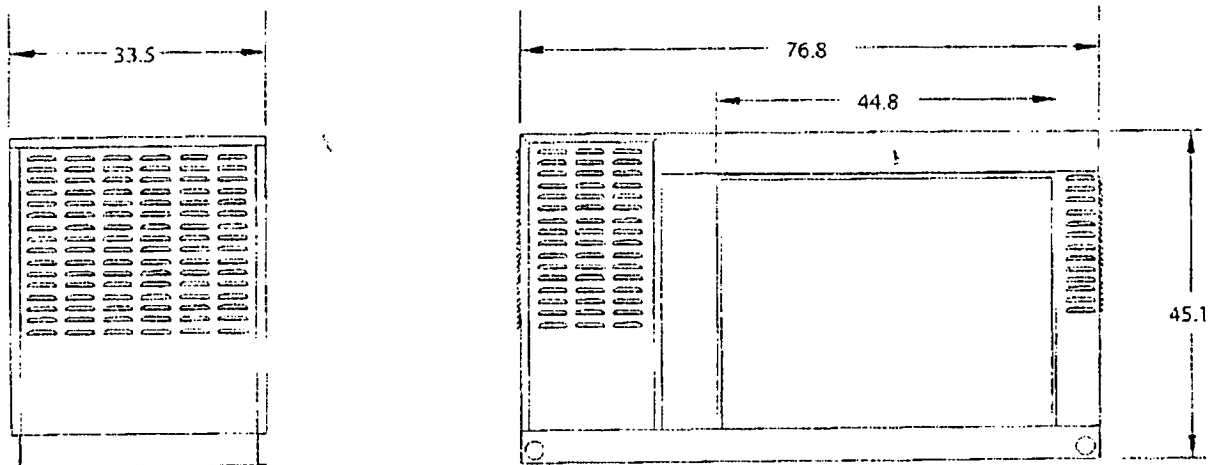


INTERCONNECTIONS

STANDBY 40 kW



INSTALLATION LAYOUT



UNIT WEIGHT 1658 LBS.

GENERAC[®] POWER SYSTEMS, INC. P.O. BOX 297 WHITEWATER, WI 53190

WEBSITE: guardiangenerators.com

Residential Standard Calculation 9/26/2001

Version 3.76
by Hardwire Elec

STEP 1 Article 220-11 and 16 (a) & (b)

3000	General Lighting load	9,000
2	Small Appliance	3,000
1	Laundry circuit	1,500

#####

Gen. Lgh., Sm. App. & Laun. Load 13,500
 3,000 @ 100% = 0 volt-amperes
 10,500 @ 35% = 3,675 volt-amperes
 0 @ 25% = 0 volt-amperes

STEP 2 Article 220-14 & 15 **General Lighting Demand Load** 3,675 VA

Heat load >>>> watts

5 ton	3,900	VA			
A/C #2	0	VA			
A/C #3	0	VA			
A/C #4	0	VA			

Greater of Heat @ 100% vs. A/C @ 125% 11,125 VA

Total A/C Load 11,125

STEP 3 Article 220-17

1	Wtr Htrs @ 2500VA	2,500			
1	Refrigerator	1,400			
	Freezer	0			
1	Dishwasher	1,030			
1	Disposals	690			
	Trash compactor	0			
1	Microwave	1,630			
<input type="checkbox"/>	Central Vac	0			
<input type="checkbox"/>	Min. refrigerator	0			
<input type="checkbox"/>		0			
<input type="checkbox"/>	Ironing Center	0			
<input type="checkbox"/>	select ▼ Jacuzzi Tub	0			
<input type="checkbox"/>	select ▼ Sprinkler Pump	0			
<input type="checkbox"/>	select ▼ Well Pump	0			
<input type="checkbox"/>	select ▼	0			
<input type="checkbox"/>	select ▼	0			
<input type="checkbox"/>	Pool Equip. Panel	0	100% Demand		
<input type="checkbox"/>		0	No Demand		
<input type="checkbox"/>		0	No Demand		

Appliance Demand Load 5,438 VA

Dryer Demand Load 5,000 VA

Range Demand Load 8,000 watts

Service Demand 33,238 VA

Demand Load 138 Ampere

Neutral Demand 68 Ampere

See Service Riser Brker

Copper

Total Appliance Load 7,250

4 or more demand @ 75% plus 100% demand loads 5,438

STEP 4 Article 220-18
Electric Clothes Dryers 5,000 VA

STEP 5 Article 220-19

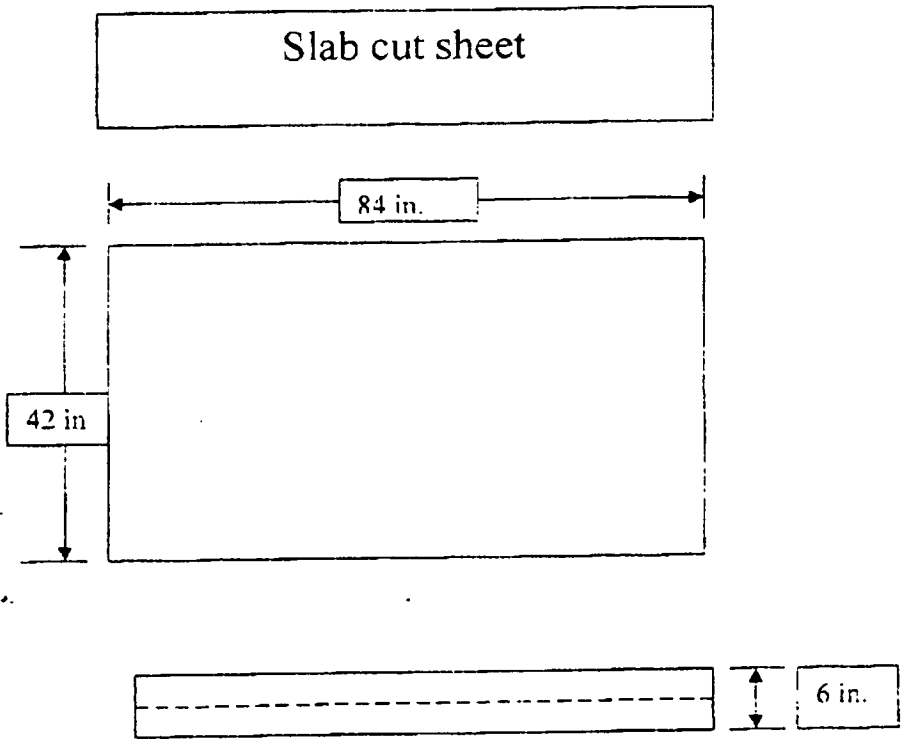
Electric Ranges 11,600 Col A demand 8,000 watts

Number of appliances 1

<input type="checkbox"/>	Cooktop	<input style="width: 50px;" type="text"/>	Col C demand	<input style="width: 50px;" type="text"/>
<input type="checkbox"/>	Cooktop	<input style="width: 50px;" type="text"/>	Col C demand	<input style="width: 50px;" type="text"/>
<input type="checkbox"/>	Oven(s)	<input style="width: 50px;" type="text"/>	Col C demand	<input style="width: 50px;" type="text"/>
<input type="checkbox"/>	Oven(s)	<input style="width: 50px;" type="text"/>	Col C demand	<input style="width: 50px;" type="text"/>

Number of appliances 0 Dem Factor 0%

Cooktop & Oven Demand Load 0 watts



PREFABRICATED FIBERCRETE SLAB
 REINFORCED W/WIRE MESH



Decibel Ratings for Guardian Product

Average sound levels are measured at full load, at a distance of 7 meters

Model	Description	DB Rating
4389	7kw prepack	68.0
4456	12kw prepack	70.5
4390	15kw prepack	71.5
4722	15kw liquid cooled	75.0
4724	20kw liquid cooled	81.0
4726	25kw liquid cooled	78.0
4988	30kw liquid cooled	72.0
4992	40kw liquid cooled	77.0
4916	11kw QuietSource	62.2
4917	30kw QuietSource	71.8
5030	15kw QuietSource L.C.	68.7
5028	20kw QuietSource L.C.	70.7
5031	25kw QuietSource L.C.	70.7
5012	40kw QuietSource L.C.	75.0
5054	15kw Elite L.C.	69.0
5053	20kw Elite L.C.	71.0
5040	25kw Elite L.C.	71.0

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/26, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7390	Goldman	Re-inspect early power	PASS	CALL FPL, to INSPECTOR
6	4 Summer La O/B			INSPECTOR: <i>[Signature]</i>
8078	Barnhill	Final Pool Screen Incl.	PASS	CLOSE
5	4 Ridgeway N. Bayview Court.			INSPECTOR: <i>[Signature]</i>
8009	Polisky	FINAL GENERATOR	PASS	CLOSE
4	110 Hulcrest Ter O/B	PAD+ELECTRIC (NOT 9-10 PLEASE)		INSPECTOR: <i>[Signature]</i>
8026	Polisky	GARAGE DOOR	PASS	CLOSE
4	110 Hulcrest Ter TREASURE COAST GAR	(NOT 9-10 PLEASE)		INSPECTOR: <i>[Signature]</i>
8194	McSweeney	WORK IN PROGRESS Flat deck	PASS	
8	16 Miramar <i>[Circled]</i> Asp Const. (215-9660)	11 AM Please		INSPECTOR: <i>[Signature]</i>
8198	McCormack	Interior rough	PASS	
9	59 N River Rd Propane Service			INSPECTOR: <i>[Signature]</i>
8206	Irro	genlad-four	PASS	
	11 Heritage O/B			INSPECTOR: <i>[Signature]</i>

OTHER: _____

8243

Hurricane Shutters

TOWN OF SEWALL'S POINT

Date 5-26-06 BUILDING PERMIT NO. 8243
Building to be erected for Tolsky Type of Permit Hurricane Shutters
Applied for by Gulfstream Alum (Contractor) Building Fee 120
Subdivision Hillcrest Lot 25 Block _____ Radon Fee _____
Address 110 Hillcrest Ter. Impact Fee _____
Type of structure SFR A/C Fee _____
Electrical Fee _____
Parcel Control Number: Plumbing Fee _____
01-38-41-014-000 00250-30000 Roofing Fee _____
Amount Paid \$120 Check # 11338 Cash _____ Other Fees (_____)
Total Construction Cost \$ 13500 TOTAL Fees 120

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



MARTIN COUNTY BUILDING PERMIT

Permit Number: SP01 - 20060008
 Permit Type: SEWALLS POINT
 Date Issued: 17-MAY-06
 Project:
 Scope of Work: STORM PANELS

Applicant/Contact:	O'BRIEN, JOHN L	
Parcel Control Number:	01-38-41-014-000-0025.0-30000	
Subdivision:	HILLCREST (SEWALL'S PT)	
Construction Address:	110 SE HILLCREST TER	
Location Description:		
Owner Name:	POLSKY, MARK D & JONNA M	
Prime Contractor:	O'BRIEN, JOHN L 3001 SE GRAN PARKWY STUART, FL 34997	GULFSTREAM ALUMINUM PROD IN 772-287-6476 License No.: CRC058017

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
 The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final _____

RECEIVED
5-11-06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 5/8/06

Permit Number: _____

OWNER/TITLEHOLDER NAME Mark Polsky

Phone (Day) 221-3518 (Fax) _____

Job Site Address: 110 Hillcrest Tr

City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Hillcrest Lox 25

Parcel Number: 01-38-41-014-000-00250-3

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

Description of Work To Be Done: storm panels

WILL OWNER BE THE CONTRACTOR?:

YES NO NO see memo Polsky 5/18/06

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$13,500-
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Gulfstream Alumin + Shuttles (Brown)

Phone: 287-6476 Fax: 287-9740

Street: 3001 SE GRAN PARKWAY

City: Stuart State: FL Zip: 34997

State Registration Number: CRC058017 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

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

N/A

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: _____

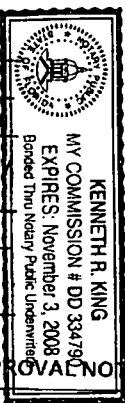
NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies,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

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

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)
Mark Polsky
State of Florida, County of: Martin
This the 11th day of May, 2006
by Mark Polsky who is personally
known to me or produced
as identification. Kenneth R King
Notary Public

My Commission Expires: 11-3-08
Seal



CONTRACTOR SIGNATURE (required)
John L. O'Brien
On State of Florida, County of: Martin
This the 9th day of MAY, 2006
by John L. O'Brien who is personally
known to me or produced
as identification. Kenneth R King
Notary Public

My Commission Expires: 11-3-08
Seal

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BB
GULFS-5

DATE (MM/DD/YYYY)
12/21/05

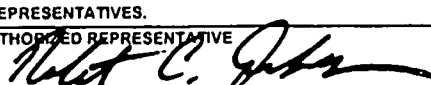
PRODUCER R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4255	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Gulfstream Aluminum & Shutter Corp dba Gulfstream Alum. Prod 3001 SE Gran Parkway Stuart FL 34997	INSURER A: Southern Owners Insurance	10190
	INSURER B: Auto-Owners Insurance Co	18988
	INSURER C: Bridgefield Casualty Ins Co	
	INSURER D:	
	INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	20654247	07/08/05	07/08/06	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
						Emp Ben.	1,000,000
B		AUTOMOBILE LIABILITY	4514445400	07/08/05	07/08/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC AGG	\$
B		EXCESS/UMBRELLA LIABILITY	4515545401	07/08/05	07/08/06	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$10,000					\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	196-03957	12/12/05	12/12/06	WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 500000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 500000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 30 days notice of cancellation for Workers Compensation coverage. Companies have the option to cancel 10 days for non-payment.

CERTIFICATE HOLDER TOWN024 Town of Sewalls Point 1 S. Sewalls Point Road Stuart FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
---	--

AC#1553709

STATE OF FLORIDA

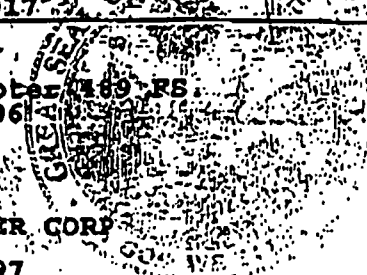
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L04081902325

DATE	BATCH NUMBER	LICENSE NBR
08/19/2004	040164182	CRC058017

The RESIDENTIAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489, FS.
Expiration date: AUG 31, 2006

O'BRIEN, JOHN L.
GULFSTREAM ALUMINUM & SHUTTER CORP
3001 SE GRAN PARK WAY
STUART FL 34997



JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

**2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Brien, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 1900-518-362 CERT _____
PHONE (561)282-6476 IC NO 001541

LOCATION: 3001 SE GRAN PARK WAY MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>0.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>0.00</u>
TOTAL		<u>25.00</u>	

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

15 DAY OF AUGUST 05
AND ENDING SEPTEMBER 30, 2006

12 00002004 000691



O'BRIEN, JOHN L
GULFSTREAM ALUMINUM & SHUTTER CORP
JOHN L O'BRIEN
3001 SE GRAN PARK WAY
STUART FL 34997



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

ALUMINUM/CONCRETE CONTRACTOR

License Number SP00107 Expires: 30-SEP-07

O'BRIEN, JOHN L
GULFSTREAM ALUMINUM PROD INC
3001 SE GRAN PARKWY
STUART, FL 34997

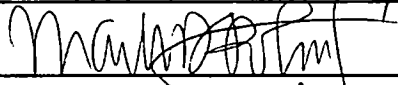
TOWN OF SEWALL'S POINT
ONE SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FLORIDA 34996

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: MARK D. POLSKY Date: 5-11-06
Signature: 
Address: 110 Hillcrest Terrace
City & State: STUART, FL 34966
Permit No. _____

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 01-38-41-04-000-00250-3

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):

Hillcrest Lot 25 110 Hillcrest Te

GENERAL DESCRIPTION OF IMPROVEMENT: Storm protection

OWNER: Mark Dolsky

ADDRESS: 110 Hillcrest Te Stuart FL

PHONE #: _____ FAX #: _____

CONTRACTOR: Gulfstream aluminum & Shutter Corp.

ADDRESS: 3001 SE Gran Park Way, Stuart, FL 34997

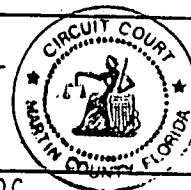
PHONE #: 772-287-6476 FAX #: 772-287-9740

SURETY COMPANY (IF ANY): _____

STATE OF FLORIDA
MARTIN COUNTY

PHONE # _____

FAX #: _____
THIS IS TO CERTIFY THAT THE
FOREGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK



BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____ DATE 5-11-06 D.C.

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 #: _____

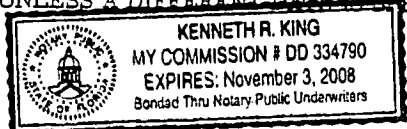
IN ADDITION TO HIMSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

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.

Mark Dolsky

SIGNATURE OF OWNER



SWORN TO AND SUBSCRIBED BEFORE ME THIS 8 DAY OF May
2006 BY Mark Dolsky

Kenneth R. King
NOTARY SIGNATURE

OR
PERSONALLY KNOWN
PRODUCED ID
TYPE OF ID FL. DR. LIC
940-544-54-301-0

INSR # 193364 DR.BK 02142 PG 0897 RECD 05/11/2006 01:50:28 PM



Bid Proposal

Bid Date: 4/15/2006

Gulfstream Aluminum and Shutter Corp 3001
SE Gran Park Way * Stuart, FL 34997
Phone: 772.287.6476 Fax: 772.287.9740
www.gulfshutters.com

Prepared For:		Bid Information	
Name	DR. MARK & JONNA POLSKI	Bid Type	HOME OWNER
Subdivision	SEWALL'S POINT	Job Name	POLSKI RES.
Job Address	110 HILLCREST TERR.	Installed	<input checked="" type="checkbox"/>
City-State-Zip	STUART, FL 34996	Phones	Home (772) 221-3518 Fax1 (772) 221-8474
Sales Person	KENNY KING		

OPG #	Type	Style	Opening		Finish		Bid Item Description
			Width	Height	Width	Height	
1	SP	050 Aluminum	74	96	6.5	104	Track Color: White; Rem.Track: B; Hdr/Bot: 2"H / SA
2	SP	050 Aluminum	73	93	6.5	101	Track Color: White ; Hdr/Bot: H / SA PLUS 24"TOP ,73"TRAP,MIT
3	SP	050 Aluminum	24	60	2	68	Track Color: White ; Hdr/Bot: H / SA
4	SP	050 Aluminum	36	21	3	29	Track Color: White ; Hdr/Bot: H / SA
5	SP	050 Aluminum	71.5	75	6	83	Track Color: White ; Hdr/Bot: H / SA 71.5" TRAP
6	SP	050 Aluminum	34	36	3	44	Track Color: White ; Hdr/Bot: H / SA
7	SP	050 Aluminum	57	72	5	80	Track Color: White ; Hdr/Bot: H / SMSA
8	SP	050 Aluminum	73	72	6.5	80	Track Color: White ; Hdr/Bot: H / SMSA
9	SP	050 Aluminum	143	94	12	102	Track Color: White; Rem.Track: B; Hdr/Bot: H / SA
10	SP	050 Aluminum	48	72	4	80	Track Color: White ; Hdr/Bot: H / SMSA
11	SP	050 Aluminum	48	72	4	80	Track Color: White ; Hdr/Bot: H / SMSA
12	SP	050 Aluminum	48	72	4	80	Track Color: White ; Hdr/Bot: H / SMSA
13	SP	050 Aluminum	62	82	5.5	90	Track Color: White; Rem.Track: B; Hdr/Bot: 2"H / SA
14	SP	050 Aluminum	48	72	4	80	Track Color: White ; Hdr/Bot: H / SMSA
15	SP	050 Aluminum	143	94	12	102	Track Color: White; Rem.Track: B; Hdr/Bot: H / SA
16	SP	050 Aluminum	143	41	12	49	Track Color: White ; Hdr/Bot: H / 1"SA PLUS 24" TOP, MITER TO
17	SP	050 Aluminum	29	60	2.5	68	Track Color: White ; Hdr/Bot: H / SA
18	SP	050 Aluminum	29	60	2.5	68	Track Color: White ; Hdr/Bot: H / SA
19	SP	050 Aluminum	24	48	2	56	Track Color: White ; Hdr/Bot: H / SA
20	SP	050 Aluminum	72.5	78	6	86	Track Color: White ; Hdr/Bot: H / SA PLUS 24" TOP,72.5" TRAP,
21	SP	050 Aluminum	73.5	63	6.5	71	Track Color: White ; Hdr/Bot: H / SA
22	SP	050 Aluminum	36	48	3	56	Track Color: White ; Hdr/Bot: H / SA
23	SP	050 Aluminum	72	84	6	92	Track Color: White ; Hdr/Bot: H / SA PLUS 24" TOP, MITER TOP
24	SP	050 Aluminum	108	36	9	44	Track Color: White
25	SP	050 Aluminum	72	60	5	80	Track Color: White 1" B/O LEFT & RIGHT
26	SP	050 Aluminum	84	48	7	56	Track Color: White ; Hdr/Bot: H / SA
27	SP	050 Aluminum	34	36	3	44	Track Color: White ; Hdr/Bot: H / SA
28	SP	050 Aluminum	144	60	12.5	68	Track Color: White ; Hdr/Bot: H / SA
29	SP	050 Aluminum	48	60	4	68	Track Color: White ; Hdr/Bot: H / SA
30	SP	050 Aluminum	48	60	4	68	Track Color: White ; Hdr/Bot: H / SA
31	SP	050 Aluminum	48	60	4	68	Track Color: White ; Hdr/Bot: H / SA
32	SP	050 Aluminum	60	60	5	68	Track Color: White ; Hdr/Bot: H / SA
33	SP	050 Aluminum	84	48	7	56	Track Color: White ; Hdr/Bot: H / SA
34	SP	050 Aluminum	36	18	3	26	Track Color: White ; Hdr/Bot: H / SA
35	SP	050 Aluminum	24	26	2	34	Track Color: White ; Hdr/Bot: 1"H / 1"SA

		Opening		Finish				
OPG #	Type	Style	Width	Height	Width	Height	Bid Item Description	
Custom Features								
Qty	Description						Unit \$	Total Cost
1	PERMIT						\$200.00	\$200.00
30	BUILD OUT						\$5.00	\$150.00
3	RESTRICTOR PANELS						\$50.00	\$150.00
5	MITER						\$75.00	\$375.00
13	SECOND FLOOR						\$50.00	\$650.00
Total Adder Cost							\$1,525.00	
Total Price							\$ [REDACTED]	

Bid Notes

INSTALLATION IN APPROX. 10/15 WEEKS FROM ACCEPTANCE OF PROPOSAL

Deposit 50% [REDACTED]

Balance On Completion [REDACTED]

ONE YEAR WARRANTY MATERIAL AND LABOR

It is understood that there are no verbal agreements and all items discussed are covered by this written contract. This is a proposal until signed by an officer of this corporation at which time it becomes an executed contract. Acceptance by owner must be within 30 days of proposal date. Buyer may cancel this contract within 3 working days after signing. No changes in measurements will be allowed except at prices mutually agreed upon, at the time these changes are made. Any physical or verbal changes after signing must be approved in writing by both parties. All agreements are contingent upon strikes, lockouts, accidents, acts of God, weather, fire, carrier delays, delay or failure to receive raw material deliveries, or by other causes, whether of like or different nature beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance. All material is property of Gulfstream until final payment and can be removed if not paid.

Interest - Buyer agrees to pay 1 1/2% per month interest charge on any unpaid balances.

Costs of Collection - Buyer agrees to be responsible for seller's attorney's fees (both trial and appeal) and all other costs of collection in the event full payment as outlined herein is not made within 10 days of the completion of the work outlined herein.

Acceptance of Proposal- the above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to do the work as specified. Cancellation Fee 20% of contract amount. Payment will be made as outlined above.

Signature: Maria D. Polm

Signature: [Handwritten Signature]

Date of Acceptance: [Handwritten Date]

Agent: KENNY KING

Thank You for the opportunity to be of Service!



3001 S.E. Gran Park Way, Stuart, Florida 34997

(772) 287-6476 • (800) 244-4143

FAX (772) 287-9740

E-mail: jobrien@gulfshutters.com

www.gulfshutters.com

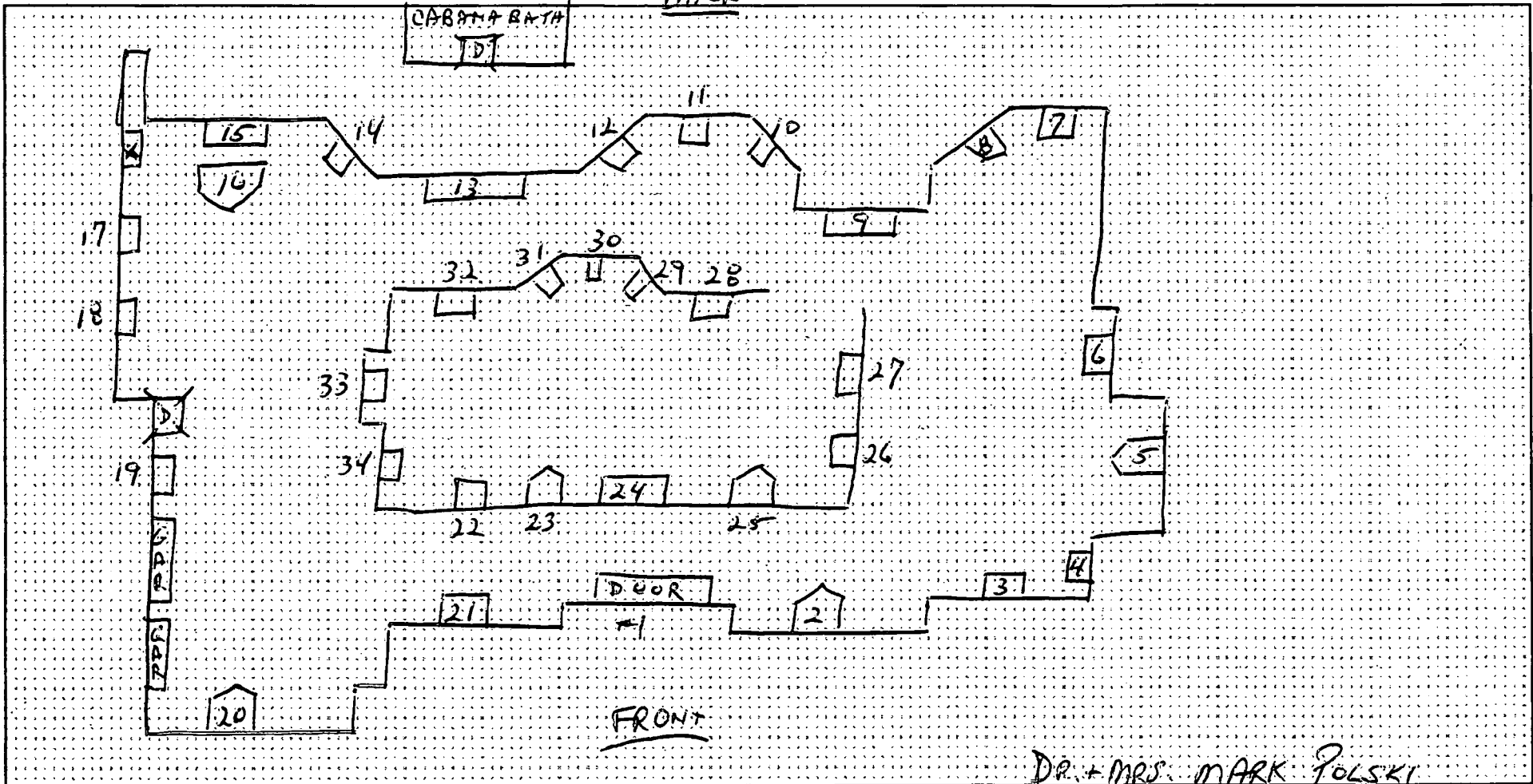
435 Lic. #MC00231, SL 1211, PB# U-17051 & CRC58017

Do It Once. Do It Right.
Since 1979

Key	
Storm Panels - SP	Rollups - RU
Accordions - AC	Lexan - LX
Bahamas - BA	Garage Brace - GB
Colonial - CO	

LAYOUT SHEET

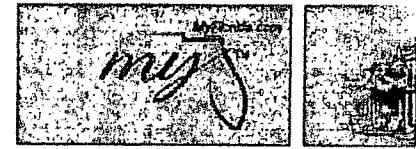
BACK



DR. + MRS. MARK POLSKI

Special Instructions: _____

Signature Mark Polski Date 4-26-06 Salesperson Kenny King Date 4/14/06
Gulfstream Aluminum and Shutter Corp.



 **Product Approval**
 USER: Public User

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > **Application Detail**

- COMMUNITY PLANNING
- HOUSING & COMMUNITY DEVELOPMENT
- BUILDING CODES
- FLORIDA COMMUNITIES TRUST
- FRONT PORCH FLORIDA
- EMERGENCY MANAGEMENT
- OFFICE OF THE SECRETARY
- NEWS
- FREQUENTLY ASKED QUESTIONS
- ABOUT OUR SECRETARY
- E-MAIL THE SECRETARY
- INSPECTOR GENERAL
- WEB ASSISTANCE
- CONTACT US
- OUR LOGO
- DCA EMPLOYEE SERVICES

FL #	FL419-R1
Application Type	Revision
Code Version	2004
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	Eastern Metal Supply
Address/Phone/Email	4268 Westroads Drive West Palm Beach, FL 33407 (561) 841-5480 bfeeley@easternmetal.com
Authorized Signature	Bill Feeley bfeeley@easternmetal.com
Technical Representative	
Address/Phone/Email	
Quality Assurance Representative	
Address/Phone/Email	
Category	Shutters
Subcategory	Storm Panels
Compliance Method	Evaluation Report from a Florida Registered Architect Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received
Florida Engineer or Architect Name who developed the Evaluation Report	Walter A. Tillit, Jr.
Florida License	PE-44167

Quality Assurance Entity
Validated By

National Accreditation and Management Institute
John Henry Kampmann Jr.

Certificate of Independence

Referenced Standard and Year (of Standard)	Standard SSTD 12-99	Year 2001
--	-------------------------------	---------------------

Equivalence of Product Standards
Certified By

Sections from the Code 1606.1.4

Product Approval Method Method 1 Option D

Date Submitted 09/15/2005

Date Validated 09/23/2005

Date Pending FBC Approval 09/29/2005

Date Approved 10/11/2005

Summary of Products

FL #	Model, Number or Name	Description
419.1	05-270	0.050 Bertha Aluminum Storm Panel
Limits of Use Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: Product to be installed only within NON HIGH VELOCITY HURRICANE ZONES as defined on section 1619.2 of the Florida Building Code.		Installation Instructions Verified By: Evaluation Reports PTID_419_R1_T_Certification of Independence.pdf PTID_419_R1_T_Drawing No05-271.pdf PTID_419_R1_T_Dwg_05-270.pdf PTID_419_R1_T_Dwg No. 05-276.pdf PTID_419_R1_T_Product Evaluation No 0907.04.pdf PTID_419_R1_T_Product Evaluation Re 05-0907.03.pdf PTID_419_R1_T_Report No. 05-0907.0
419.2	05-271	24ga. Galvanized Bertha Steel Panel
Limits of Use Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: Product to be installed only within NON HIGH VELOCITY HURRICANE ZONES as defined		Installation Instructions Verified By: Evaluation Reports

on section 1619.2 of the Florida Building Code.

419.3	05-276	Clear Bertha Storm Panel
Limits of Use Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: Product to be installed only within NON HIGH VELOCITY HURRICANE ZONES as defined on section 1619.2 of the Florida Building Code.		Installation Instructions Verified By: Evaluation Reports

[Back](#)

[Next](#)

DCA Administration

Department of Community Affairs
Florida Building Code Online
Codes and Standards

2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100

(850) 487-1824, Suncom 277-1824, Fax (850) 414-8436

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Product Approval Accepts:



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-19, 2006 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7959	McCormick Sq N. River Rd Wilco	Final boat lift	PASS	2ND BOAT LIFT INSIDE APPROVED MUCKING FILLING WEATHER FOOTPRINT. INSPECTOR: <i>OM</i>
0073	GOVEL	TEMP	PASS	CALL. FPL. ✓
14	24 CASTLE HILL	POWEN PILE.		SET METER INSPECTOR: <i>OM</i>
0016		ROOF SHEATH	FAIL	
4	3 EMARITA			INSPECTOR: <i>OM</i>
0008		HURRICANE	PASS	
5	110 HILLQUEST TERR.	SKUTTERS		INSPECTOR: <i>OM</i>
0019		DOOR REPLACE.	FAIL	WILL RECHECK. ✓
6	113 HILLCREST LN			INSPECTOR: <i>OM</i>
0007		GET PAID &	FAIL	
13	9 N.E LOFTINGWAY	EEL.		INSPECTOR: <i>OM</i>
0035		BOB CARROLLS	PASS	CLOSE
10	32 N. S.P.R.	ANNING		INSPECTOR: <i>OM</i>
OTHER: 0037	Shawji 73 P.S.P.R.		PAID	<i>OM</i>

8321

Re-Roof & Skylight Dome

TOWN OF SEWALL'S POINT

Date 7-24-06 BUILDING PERMIT NO. 8321
Building to be erected for Palsky Type of Permit Reroof
Applied for by Stuart Roofing (Contractor) Building Fee _____
Subdivision Hillcrest Lot 25 Block _____ Radon Fee _____
Address 110 Hillcrest Ter Impact Fee _____
Type of structure SFR A/C Fee _____
Electrical Fee _____
Parcel Control Number: Plumbing Fee _____
13841-014-000-00250-30000 Roofing Fee 120-
Amount Paid \$120- Check # 11422 Cash _____ Other Fees (_____) 0
Total Construction Cost \$ 54550- TOTAL Fees 120-

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official Dept. Clerk



MARTIN COUNTY BUILDING PERMIT

CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN 10 FEET OF THE STREET BEFORE WORK IS STARTED.

Permit Number: SP01 - 20060084
Permit Type: SEWALLS POINT
Date Issued: 19-JUL-06
Project:
Scope of Work: Re-roof

Applicant/Contact:	TURNER, JOHN W	/
Parcel Control Number:	01-38-41-014-000-0025.0-30000	
Subdivision:	HILLCREST (SEWALL'S PT)	
Construction Address:	110 SE HILLCREST TER	
Location Description:		
Owner Name:	POLSKY, MARK D & JONNA M	
Prime Contractor:	TURNER, JOHN W 140 NE DIXIE HWY STUART, FL 34994	STUART ROOFING CO INC 772-286-2317 License No.: CCC024411

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

**"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.**

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final _____ 6056 Roof Underlayment/FI _____

CC1326087 09/03/04 040078876

CERTIFIED ROOFING CONTRACTOR
 ARES, JAMES
 STUART ROOF REPAIR INC

CERTIFIED under the provisions of Ch. 489 FS.
 Expiration date: AUG 31, 2006 L04090300103

QB34110 09/03/04 040078870

QUALIFIED BUSINESS ORGANIZATION
 STUART ROOF REPAIR INC

(NOT A LICENSE TO PERFORM WORK.
 ALLOWS COMPANY TO DO BUSINESS IF
 IT HAS A LICENSED QUALIFIER.)
 IS QUALIFIED under the provisions of Ch. 489 FS.
 Expiration date: AUG 31, 2005 L04090300157

2004-2005 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE

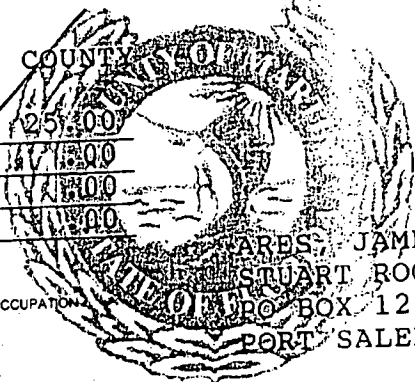
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (772) 288-5604

LICENSE# 1989-520-087 CERT CCC1326087
 PHONE (772) 286-0444 SIC NO 235110

LOCATION: 1690 SE COVE RD MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	LIC. FEE \$	25.00
\$	.00	PENALTY \$	0.00
\$	.00	COL. FEE \$	0.00
\$	.00	TRANSFER \$	25.00
TOTAL			



RECEIPT OF PAYMENT

6818
 LARRY C. O'STEEN
 99 89/13/2884 OCCI NORMAL
 19852166687666
 8228848138877930K \$25.00

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF
 OF ROOFING
 AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

ARES, JAMES (QUALIFIER)
 STUART ROOF REPAIR INC
 BOX 1269
 POINT SALERNO FL 34992

13 SEPTEMBER 2004
 DAY OF AND ENDING SEPTEMBER 30 2005

2005 Martin occupational

MARTIN COUNTY, FLORIDA
 Construction Industry Licensing Board
 Certificate of Competency
 ROOFING CONTRACTOR
 License Number: SP01171 Expires: 30-SEP-2005
 ARES, JAMES
 STUART ROOF REPAIR INC
 BOX 1269
 POINT SALERNO, FL 34997

STUART ROOF REPAIR INC
 BOX 1269
 POINT SALERNO, FL 34997

RECEIVED

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: POLSKY Phone (Day) _____ (Fax) _____

Job Site Address: 110 HILLCREST TERR. City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) HILLCREST, LOT 25 Parcel Number: 01-38-41-014-000-06250-3

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

Description of Work To Be Done: REROOF

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$54,550.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: STUART ROOFING Phone: 692-9854 Fax: 692-9856

Street: 140 NE DIXIE HWY. City: STUART State: FL Zip: 34994

State Registration Number: CCC-024411 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

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 647 Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required) _____

CONTRACTOR SIGNATURE (required) _____

State of Florida, County of: MARTIN

On State of Florida, County of: MARTIN

is the 11 day of JULY, 2006

This the 11 day of JULY, 2006

by MARK POLSKY who is personally

by JOHN W. TURNER who is personally

known to me or produced

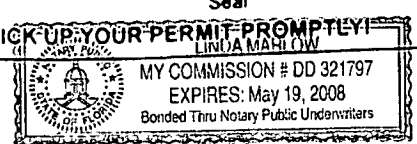
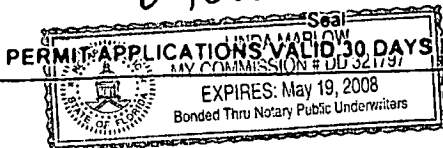
known to me or produced

As identification.

As identification.

Notary Public
My Commission Expires: Linda Malow

Notary Public
My Commission Expires: Linda Malow



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

INSTR # 1946885 OR BK 02161 PG 2312 RECD 07/12/2006 01:27:57 PM Pg 2312 (1pg) MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 01-38-41-014-000-00250-3

NOTICE OF COMMENCEMENT

STATE OF FL

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):
HILLCREST, LOT 25 110 HILLCREST TERR.

GENERAL DESCRIPTION OF IMPROVEMENT: PERGOL

OWNER: MARK + JUNNA POLSKY
ADDRESS: 110 HILLCREST TERR. STUART, FL 34996
PHONE #: _____ FAX #: _____

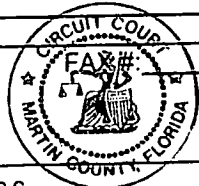
INTEREST IN PROPERTY: _____

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

CONTRACTOR: STUART ROOFING
ADDRESS: 140 NE DIXIE HWY. STUART, FL 34994
PHONE #: 692-9854 FAX #: 692-9856

SURETY COMPANY (IF ANY) STATE OF FLORIDA MARTIN COUNTY

ADDRESS: _____
PHONE # _____
BOND AMOUNT: _____
THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.



LENDER/MORTGAGE COMPANY MARSHA EWING, CLERK
ADDRESS: _____
PHONE #: _____
DATE 7-12-06

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 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 #: _____ FAX #: _____

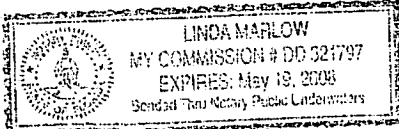
EXPIRATION DATE OF NOTICE OF COMMENCEMENT:
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

X MAMPOTM 7-11-06
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 11 DAY OF JULY 2006
BY MARK POLSKY

PERSONALLY KNOWN X
OR PRODUCED ID _____
TYPE OF ID _____

Linda Marlow
NOTARY SIGNATURE



MARTIN COUNTY REROOF CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: STUART ROOFING PHONE: 692-9854 FAX: 692-9856

OWNER'S NAME: POLSKY

CONSTRUCTION ADDRESS: 110 HILLCREST TERR. CITY STUART STATE FL

REROOF: RESIDENTIAL (SINGLE FAMILY)

COMMERCIAL/MULTI-FAMILY ** 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

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: 5 /12 SLOPE

ROOF DECK:*** SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED SHEATHING) - REQUIRES A FLORIDA REGISTERED ENGINEER'S WRITTEN SPECIFICATIONS AND PLANS WITH DETAILS DESCRIBING ATTACHMENT REQUIREMENTS (NAIL OR SCREW LENGTH AND FASTENING PATTERN INTO FRAMING MEMBERS); SPECIFICATIONS SHALL BE SUBMITTED AT TIME OF ROOFING PERMIT APPLICATION.

RE-SHEATH - (REMOVAL OF SPACED SHEATHING FOR APPLICATION OF PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2001".

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 "2001".

EXISTING DECK TO REMAIN

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

PROPOSED ROOF COVERING: METAL

MANUFACTURER J.M. METALS PRODUCT NAME STANDING SEAM PRODUCT APPR # 001070507
(APPROVED ROOF COVERING MATERIAL FROM MARTIN COUNTY'S APPROVED ROOF COVERING LIST)
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.

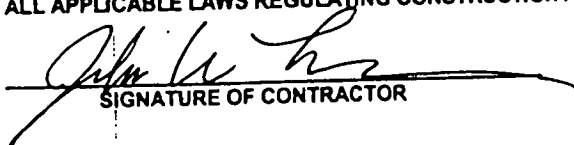
***NOTE: ANY REROOFING CATEGORIES ABOVE WITH AN ASTERISK (*) WILL REQUIRE THE PERMIT PACKAGE TO BE REVIEWED BY MARTIN COUNTY BUILDING DEPARTMENT. ALL OTHER CATEGORIES OF REROOFING WILL BE PERMITTED OVER THE COUNTER.

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

RIDGEVENT TO BE INSTALLED: YES NO

DESCRIPTION OF WORK: TEAR OFF EXISTING SHINGLE ROOF DOWN TO SHEETING, RENAIL PLYWOOD TO CODE, DRY-IN WITH 30# FELT, INSTALL PEEL & STICK, INSTALL STANDING SEAM METAL ROOF SYSTEM

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 OF CONTRACTOR

DATE: 7-19-06

MARTIN COUNTY BUILDING DEPARTMENT ROOFING MATERIAL LIST				
NO.	MATERIAL	QUANTITY	UNIT	REMARKS
1	35 rolls ASTM 30# felt	35 rolls		
2	35 modified peel & stick	35 rolls		
3	standing seam 24 gauge metal	70 squares		
4	System			
5	decktiles	5		
6	row lexan skylight	1		
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



MARTIN COUNTY BUILDING PERMIT

CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.

Permit Number: SP01 - 20060084
 Permit Type: SEWALLS POINT
 Date Issued: 19-JUL-06
 Project:
 Scope of Work: Re-roof, replacing skylights dome portion only

Applicant/Contact:	TURNER, JOHN W /	
Parcel Control Number:	01-38-41-014-000-0025.0-30000	
Subdivision:	HILLCREST (SEWALL'S PT)	
Construction Address:	110 SE HILLCREST TER	
Location Description:		
Owner Name:	POLSKY, MARK D & JONNA M	
Prime Contractor:	TURNER, JOHN W 140 NE DIXIE HWY STUART, FL 34994	STUART ROOFING CO INC 772-286-2317 License No.: CCC024411

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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INSPECTIONS

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 The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final _____ 6056 Roof Underlayment/FI _____

REVISIONS - CORRECTIONS REQUEST FORM

DATE: 8-11-06 PERMIT/TRACKING#: SPO1 20060084

PLEASE CHECK ONE OF THE FOLLOWING:

- CONDITION OF APPROVAL (Needed for an inspection)
- CORRECTION (S): (Permit not issued/still in review process)
- REVISIONS (Make changes to an issued permit)

All revisions must be highlighted or clouded

DESCRIPTION OF REVISION: Adding SKYLIGHTS REPLACING DOME PORTION ONLY

CONTACT NAME: _____

PHONE NUMBER: _____ FAX NUMBER: _____

FOR OFFICE USE ONLY:

Route to:

- Zoning/Site Compliance:

Decision: _____ Approve _____ Approve w/Conditions _____ Deny _____ N/A

Reviewed by: _____ Date: _____

- Structural and/or Electrical (please circle the appropriate review):

Decision: Approve _____ Approve w/Conditions _____ Deny _____ N/A

Reviewed by: PK _____ Date: 8/14/06

Applicant notified by: _____ Date: _____

M.C. PERMIT # SP01 20060084
POLSKY RES.
110 HILLCREST TERR.



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Maxim Industries, Inc.
6170 Vanderbilt Avenue
Dallas, TX 75214

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

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

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

DESCRIPTION: Dade Curb-Mount & Self-Flashing Skylight.

APPROVAL DOCUMENT: Drawing No. DCM-1 & DSF-1, titled "Dade Curb Mount & Dade Self Flashing", sheets No 1 and 2 of 2, prepared by Maxim Industries, Inc dated 04/01/03 with no revisions bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large & Small Missile Impact

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

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.

Failure to provide complete construction details in the building plans does not relieve the permit holder of their responsibility and editions of the following:

This NOA consists of this page 1 & approval document mentioned above
The submitted documentation was reviewed by Candido Font, P.E.

1. The Florida Building Code
2. The Florida Building Code
3. The Florida Building Code
4. The Florida Building Code
5. The Florida Building Code
6. The Florida Building Code
7. The Florida Building Code
8. National Electric Code
9. Martin County Code of Ordinances
10. F.E.M.A. National Flood Insurance Program

Martin County Building Dept. Inspections - 288-5489
Plan Review - 288-5916

REVIEWED FOR CODE COMPLIANCE 8/14/04 Date

DEPARTMENT OF BUILDING INSPECTION PROGRAM
STANDARD PERMIT CONDITIONS

1. Materials and methods of construction shall meet the Florida Building Code 2004.
2. Alternate materials and methods shall comply with 104.11 of the Florida Building Code 2004.
3. The approved plans shall be on the job site at the time of construction.
4. Inspection scheduling 288-5489 between 8:00 am and 4:30 pm.
5. Plan review and revisions 288-5916 between 1:30 pm and 4:30 pm.

NOA No 03-0224-11
Expiration Date: May 15, 2008
Approval Date: May 15, 2003
Page 1

SKYLIGHT IS EXISTING - REPLACING DOME PORTION ONLY

Maxim Industries, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

(For File ONLY. Not part of NOA)

A. DRAWINGS

1. Drawing No. DCM-1 & DSF-1, sheet 1 and 2 of 2, titled "Dade Curb Mount & Dade Self Flashing", prepared by Maxim Industries, Inc, dated 04/01/03, with no revision, signed and sealed by R. Boyette, P.E.

B. TESTS

1. Test report on Large Missile Impact Test per TAS 201, Cyclic Load Test per TAS 203 and Uniform Static air Pressure Test per TAS 202 on "Dade Self-Flashing, Dade Curb mount", prepared by Architectural Testing, Inc, report No. 01-43381.01 issued on 01/29/03, signed and sealed by S. M. Uric, P.E.

C. CALCULATIONS

1. Anchor calculations prepared by Richard Burette, signed and sealed by R. Burette on 02/11/03

D. MATERIAL CERTIFICATIONS

1. Notice of Acceptance No. 01-0709.07 issued to Sheffield Plastics, Inc on 08/23/01, expiring on 08/27/06.

E. STATEMENTS

1. Code compliance letter issued by Richard Burette, PE on 02/11/03, signed and sealed by R. Boyette, PE.



Candido F. Font, P. E.
Senior Product Control Examiner
NOA No 03-0224.11
Expiration Date: May 15, 2008
Approval Date: May 15, 2003



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

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

NOTICE OF ACCEPTANCE (NOA)

**J.M. Metals
1505 Cox Road
Cocoa, FL 32926**

SCOPE:

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

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

DESCRIPTION: JM 1.5 Standing Seam Architectural Metal Roof System

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.

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

This NOA renews NOA # 00-0705.07 and consists of pages 1 through 4.
The submitted documentation was reviewed by Frank Zuloaga, RRC



**NOA No 03-0507.05
Expiration Date: 08/31/08
Approval Date: 09/11/03
Page 1 of 4**

ROOFING SYSTEM APPROVAL:

Category: Roofing
Sub-Category: Metal, Panels (Non-Structural)
Material: Steel

Deck Type: Wood
Maximum Design Pressure -86.25 psf

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
JM 1.5 Standing Seam Metal Roof	l = varies w = 16" h = 1-1/2" Min. Thickness 0.023"	PA 110	Corrosion resistant galvanized or galvalume preformed, coated, prefinished, metal panels.
Panel Clip	l = 2"4 w = 1.5" h = 1.62" Min. Thickness 0.023"	PA 110	Corrosion resistant galvanized or galvalume preformed, coated, prefinished, metal clips.
Trim Pieces	l = varies w = varies Min. Thickness 0.023"	PA 110	Standard flashing and trim pieces. Manufactured for each panel width.

EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Valspar Corporation		ASTM G 23 ASTM B 117	
Celotex Corporation Testing Services	MTS 520600	PA 100	May 2000
Hurricane Test Laboratory, Inc.	0223-0301-00	PA 125	March 2000



APPROVED SYSTEMS:

SYSTEM A:	JM 1.5 Standing Seam Metal Roof Panel
Deck Type:	Wood, Non-insulated
Deck Description:	¹⁹ / ₃₂ " or greater plywood or wood plank.
Maximum Uplift Pressure:	The maximum allowable design pressure for the JM Standing Seam metal panel shall be -86.25 psf
Deck Attachment:	In accordance with applicable Building Code, but in no case shall it be less than 8d annular ring shank nails spaced 6" o.c. In reroofing, where the deck is less than ¹⁹ / ₃₂ " thick (Minimum ¹⁵ / ₃₂ ") the above attachment method must be in addition to existing attachment. 8d annular ring shank nails spaced 6" o.c.
Underlayment:	Minimum underlayment shall be an ASTM D 226 Type II installed with a minimum 4" side-lap and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 12 gauge 1 1/4" annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll. Or, any approved underlayment having a current NOA.
Fire Barrier Board:	Any approved fire barrier having a current NOA. Or for a class A or B fire rating, install minimum 1/4" thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Tritex, RockRoof (with current NOA) or ⁵ / ₈ " water resistant type X gypsum sheathing with treated core and facer.
Valleys:	Valley construction shall be in compliance with the minimum requirements provided in Roofing Application Standard RAS 133, and with JM Metals' current published installation instructions.
Metal Panels and Accessories:	<p>Install the "JM Standing Seam Panels" and accessories in compliance with JM Metals' current, published installation instructions and details. Flashing, penetrations, valley construction and other details shall be constructed in compliance with the minimum requirements provided in Roofing Application Standards RAS 133.</p> <p>Panels shall be installed with approved clips (2" long x 1.5" wide x 1.62" tall), attached to substrate with two corrosion resistant #10 screw of sufficient length to penetrate through the sheathing a minimum of ³/₁₆". Clip fastening shall start 3" from panel end and not exceed 16" o.c. there after. Standing seams shall be mechanically seamed to a full 90° seam, (single lock).</p>





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

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

NOTICE OF ACCEPTANCE (NOA)

**J.M. Metals
1505 Cox Road
Cocoa, FL 32926**

SCOPE:

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DESCRIPTION: JM 1.5 Standing Seam Architectural Metal Roof System

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.

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

This NOA renews NOA # 00-0705.07 and consists of pages 1 through 4.
The submitted documentation was reviewed by Frank Zuloaga, RRC



**NOA No 03-0507.05
Expiration Date: 08/31/08
Approval Date: 09/11/03
Page 1 of 4**

ROOFING SYSTEM APPROVAL:

Category: Roofing
Sub-Category: Metal, Panels (Non-Structural)
Material: Steel
Deck Type: Wood
Maximum Design Pressure -86.25 psf

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
JM 1.5 Standing Seam Metal Roof	l = varies w = 16" h = 1-1/4" Min. Thickness 0.023"	PA 110	Corrosion resistant galvanized or galvalume preformed, coated, prefinished, metal panels.
Panel Clip	l = 2"4 w = 1.5" h = 1.62" Min. Thickness 0.023"	PA 110	Corrosion resistant galvanized or galvalume preformed, coated, prefinished, metal clips.
Trim Pieces	l = varies w = varies Min. Thickness 0.023"	PA 110	Standard flashing and trim pieces. Manufactured for each panel width.

EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Valspar Corporation		ASTM G 23 ASTM B 117	
Celotex Corporation Testing Services	MTS 520600	PA 100	May 2000
Hurricane Test Laboratory, Inc.	0223-0301-00	PA 125	March 2000



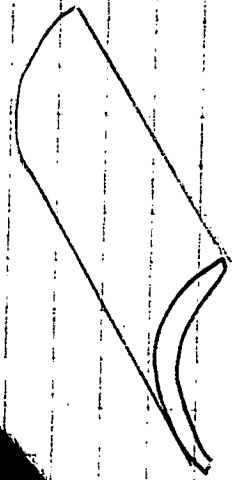
APPROVED SYSTEMS:

SYSTEM A:	JM 1.5 Standing Seam Metal Roof Panel
Deck Type:	Wood, Non-insulated
Deck Description:	¹⁹ / ₃₂ " or greater plywood or wood plank.
Maximum Uplift Pressure:	The maximum allowable design pressure for the JM Standing Seam metal panel shall be -86.25 psf
Deck Attachment:	In accordance with applicable Building Code, but in no case shall it be less than 8d annular ring shank nails spaced 6" o.c. In reroofing, where the deck is less than ¹⁹ / ₃₂ " thick (Minimum ¹⁵ / ₃₂ ") the above attachment method must be in addition to existing attachment. 8d annular ring shank nails spaced 6" o.c.
Underlayment:	Minimum underlayment shall be an ASTM D 226 Type II installed with a minimum 4" side-lap and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 12 gauge 1 1/4" annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll. Or, any approved underlayment having a current NOA.
Fire Barrier Board:	Any approved fire barrier having a current NOA. Or for a class A or B fire rating, install minimum 1/4" thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Tritex, RockRoof (with current NOA) or 5/8" water resistant type X gypsum sheathing with treated core and facer.
Valleys:	Valley construction shall be in compliance with the minimum requirements provided in Roofing Application Standard RAS 133, and with JM Metals' current published installation instructions.
Metal Panels and Accessories:	<p>Install the "JM Standing Seam Panels" and accessories in compliance with JM Metals' current, published installation instructions and details. Flashing, penetrations, valley construction and other details shall be constructed in compliance with the minimum requirements provided in Roofing Application Standards RAS 133.</p> <p>Panels shall be installed with approved clips (2" long x 1.5" wide x 1.62" tall), attached to substrate with two corrosion resistant #10 screw of sufficient length to penetrate through the sheathing a minimum of 3/16". Clip fastening shall start 3" from panel end and not exceed 16" o.c. there after. Standing seams shall be mechanically seamed to a full 90° seam, (single lock).</p>



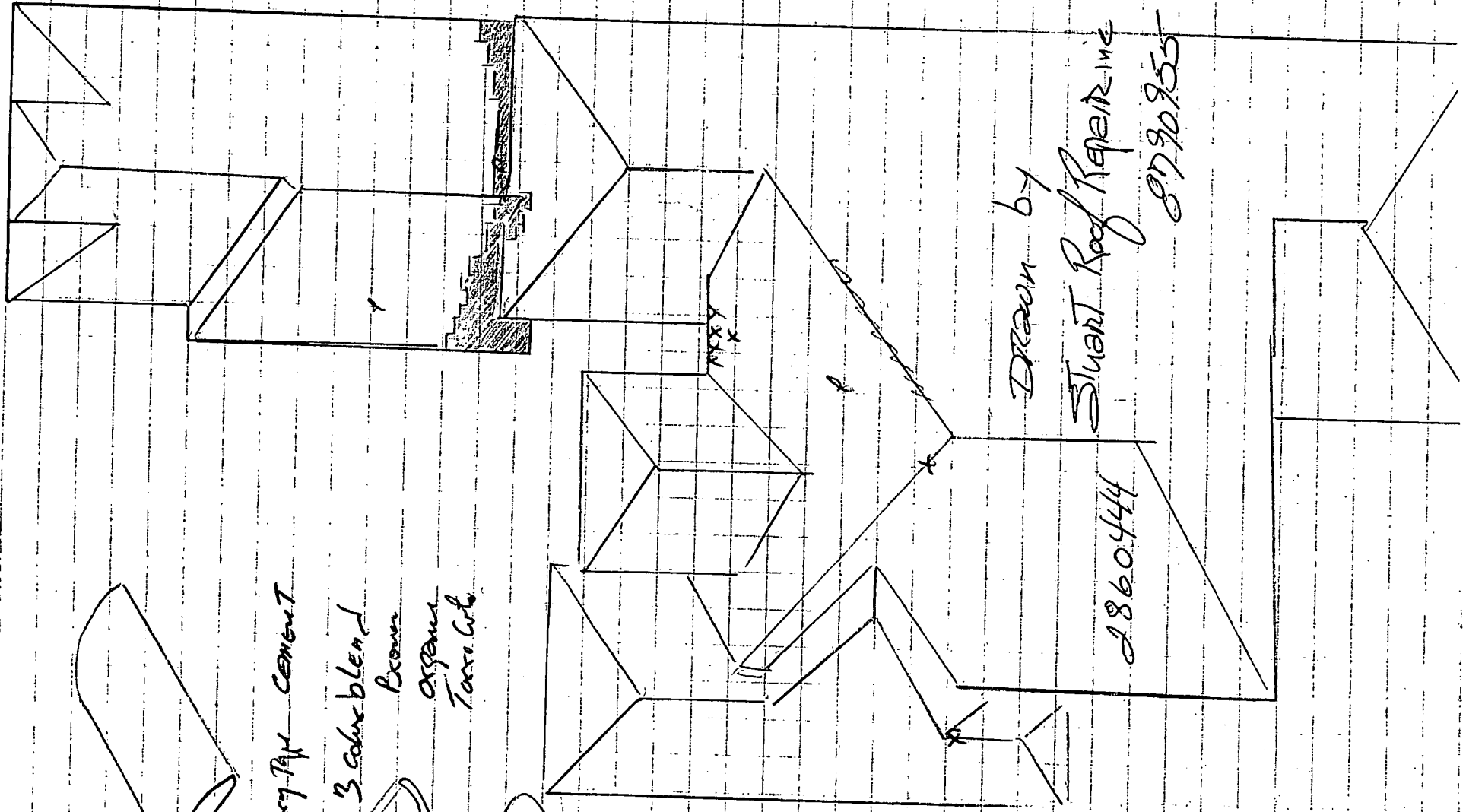
\$4000

110 Hércules



old Gray Tap Cement
3 color blend
Brown
Asphum
Terra Cotta

Not to Scale



Drawn by
Stuart Roof Repair Inc
817 909 955

2860444



0084

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 110 HILLCREST.

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.

DMJ-IN - PASSED

SUBMIT 2 COPIES
PRODUCT APPROVAL FOR
REPLACEMENT OF SKYLITE
DOMES, - need 8/9 -
8/10 sent to me for approval

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: 8/9/06

OK
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-9, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6149	Bruice	dry in sheathing	PASS	
8	5 Gumbo Gumbo TC Roofing	772-770-2880	call to meet contractor	INSPECTOR: <i>[Signature]</i>
0092	110 SE HILLCRESTER	DRY-IN	PASS	
5	110 SE HILLCRESTER			INSPECTOR: <i>[Signature]</i>
0090		DRY-IN	FAIL	
3	2 MINORO			INSPECTOR: <i>[Signature]</i>
0080		ROOF	FAIL	
4	55 S.S. P.R.			INSPECTOR: <i>[Signature]</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: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-13, 2006 Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8133	Slater	Final-gen+pad	FAIL	
8	4 NE Lagoon Isl. O/B			INSPECTOR: <i>[Signature]</i>
8080	Slater	Final	PASS	CLOSE
8	4 NE Lagoon Isl Propane base			INSPECTOR: <i>[Signature]</i>
7819	Teddis	Tie beams	FAIL	
10	12 Cranes Nest Advanced Concepts	Slab (Rate please)		INSPECTOR: <i>[Signature]</i>
0021		FINAL ^{GENERATOR} BASE	PASS	CLOSE
2	105 ABBIE CT.			INSPECTOR: <i>[Signature]</i>
0004	[REDACTED]	ROOF FINISH	PASS	CLOSE
7	110 HILLCREST			INSPECTOR: <i>[Signature]</i>
0033		FT6/SLAB	CANCEL	RESCHEDULE
9	27 NORTH RIVER			FRI FIRST INSPECTOR: <i>[Signature]</i>
0109		CRAS ROUGH	PASS	
4	18 N. RIDGEVIEW			INSPECTOR: <i>[Signature]</i>

OTHER: _____

Permit Number	Permit Type	Description	Status	Issue Date	Address	Value
20060084 ✓	SP01	SEWALLS POINT Subdivision ID: 013841014 Subdivision Name: HILLCREST (SEWALL'S PT)	OPEN	19-JUL-2006	01-38-41-014-000-0025.0-30000 Address: 110 SE HILLCREST TER	\$54,550.00
20060075 ✓	SP01	SEWALLS POINT Subdivision ID: 013841014 Subdivision Name: HILLCREST (SEWALL'S PT)	OPEN	07-JUL-2006	01-38-41-014-000-0029.0-50000 Address: 100 SE HILLCREST DR	\$14,460.00
20060079 ✓	SP01	SEWALLS POINT Subdivision ID: 123841001 Subdivision Name: RIVERVIEW - SEWALL'S POINT	OPEN	11-JUL-2006	12-38-41-001-000-0012.0-30000 Address: 18 SE RIVERVIEW DR	\$36,775.00
20060119	SP01	SEWALLS POINT <i>Incomp. Insp.</i> Subdivision ID: 123841002 Subdivision Name: RIO VISTA	OPEN	29-AUG-2006	12-38-41-002-000-0004.0-90000 Address: 8 CRANE'S NEST	\$40,905.00
20060127 ✓	SP01	SEWALLS POINT Subdivision ID: 123841002 Subdivision Name: RIO VISTA	OPEN	15-SEP-2006	12-38-41-002-000-0018.0-90000 Address: 16 CRANE'S NEST	\$5,700.00
20060110	SP01	SEWALLS POINT <i>Incomp. Insp.</i> Subdivision ID: 123841002 Subdivision Name: RIO VISTA	OPEN	14-AUG-2006	12-38-41-002-000-0048.0-60000 Address: 98 SOUTH RIVER RD	\$28,301.63
20060091	SP01	SEWALLS POINT <i>No Insp.</i> Subdivision ID: 123841002 Subdivision Name: RIO VISTA	OPEN	27-JUL-2006	12-38-41-002-000-0048.0-60000 Address: 98 SOUTH RIVER RD	\$11,000.00
20060117	SP01	SEWALLS POINT <i>Incomp. Insp.</i> Subdivision ID: 123841002 Subdivision Name: RIO VISTA	OPEN	29-AUG-2006	12-38-41-002-000-0072.0-60000 Address: 18 RIO VISTA DR	\$81,475.00
20060076	SP01	SEWALLS POINT <i>No Insp.</i> Subdivision ID: 123841002 Subdivision Name: RIO VISTA	OPEN	10-JUL-2006	12-38-41-002-000-0075.0-90000 Address: 92 SOUTH RIVER RD	\$10,000.00
20060120	SP01	SEWALLS POINT <i>No Insp.</i> Subdivision ID: 123841002 Subdivision Name: RIO VISTA	OPEN	05-SEP-2006	12-38-41-002-000-0077.0-50000 Address: 2 MORGAN CIR	\$40,000.00
20060130 ✓	SP01	SEWALLS POINT Subdivision ID: 123841002 Subdivision Name: RIO VISTA	OPEN	21-SEP-2006	12-38-41-002-000-0091.0-60000 Address: 46 RIO VISTA DR	\$9,100.00
20060098 ✓	SP01	SEWALLS POINT Subdivision ID: 123841002 Subdivision Name: RIO VISTA	OPEN	31-JUL-2006	12-38-41-002-000-0105.0-40000 Address: 93 SOUTH RIVER RD	\$2,400.00
20060114 ✓	SP01	SEWALLS POINT Subdivision ID: 133841000 Subdivision Name: SEWALL'S POINT HANSON GRANT LOT 1	OPEN	24-AUG-2006	13-38-41-000-000-0001.0-50000 Address: 120 SE SEWALLS POINT RD	\$2,475.00

10430

A/C Change Out



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10430	DATE ISSUED:	APRIL 23, 2013
SCOPE OF WORK:	AC CHANGEOUT		
CONTRACTOR:	RANGER A/C SERVICES		
PARCEL CONTROL NUMBER:	013841014-000-002503	SUBDIVISION	HILLCREST - LOT 25
CONSTRUCTION ADDRESS:	110 HILLCREST TERR		
OWNER NAME:	POLSKY		
QUALIFIER:	THOMAS RANGER	CONTACT PHONE NUMBER:	546-7777

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

Date: 4/22/13 BUILDING PERMIT APPLICATION Permit Number: 10430

OWNER/LESSEE NAME: Mark Polsky Phone (Day) 221-3518 (Fax)

Job Site Address: 110 Hillcrest Terr City: Stuart State: FL Zip: 34990

Legal Description: Hillcrest, Lot 25 Parcel Control Number: 01-38-41-014-000-00250-3

Fee Simple Holder Name: NA Address:

City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): Change out HVAC system

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)

CGST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 4314.00 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Ranger AC Services Inc Phone: 546-7777 Fax: 546-0322

Qualifiers name: Thomas Ranger Street: 9845 SE Federal Hwy City: Hope State: FL Zip: 33155

State License Number: CAC0009726 OR: Municipality: License Number:

LOCAL CONTACT: Ashley Phone Number: 772-546-7777

DESIGN PROFESSIONAL: City: State: Zip: Phone Number:

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

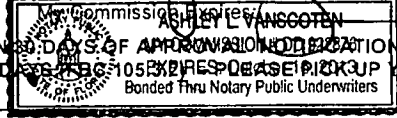
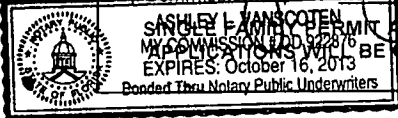
WARNINGS TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND 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 [Signature] State of Florida, County of: Martin On This the 22 day of April, 2013 by Joanna Polsky who is personally known to me or produced personally known As identification: Ashley Van Scoten Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: X [Signature] State of Florida, County of: Martin On This the 22 day of April, 2013 by Thomas Ranger who is personally known to me or produced personally known As identification: Ashley Van Scoten Notary Public



APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL AND BE CONSIDERED ABANDONED AFTER 180 DAYS. PLEASE PICK UP YOUR PERMIT PROMPTLY!

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

generated on 4/23/2013 11:21:57 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-014-000-00250-3	17872	110 HILLCREST TERR, SEWALL'S POINT	\$508,410	4/20/2013

Owner Information

Owner(Current)	POLSKY MARK D & JONNA M
Owner/Mail Address	110 HILLCREST TER STUART FL 34996
Sale Date	3/3/2003
Document Book/Page	1738 2740
Document No.	1640941
Sale Price	600000

Location/Description

Account #	17872	Map Page No.	
Tax District	2200	Legal Description	HILLCREST, LOT 25
Parcel Address	110 HILLCREST TERR, SEWALL'S POINT		
Acres	.4750		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120100 Hillcrest, Noni Est, West End

Assessment Information

Market Land Value	\$180,000
Market Improvement Value	\$328,410
Market Total Value	\$508,410



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: <u>Trane</u> Model# <u>GAP2AA3010</u>	Condenser: Mfg: <u>Trane</u> Model# <u>4TB4024E</u>
Volts <u>240</u> CFM's <u>1050</u> Heat Strip <u>5</u> Kw	Volts <u>240</u> SEER/EER <u>10.25/13.5</u> BTU's <u>21,000</u>
Min. Circuit Amps <u>30</u> Wire gauge <u>#10</u>	Min. Circuit Amps <u>9</u> Wire gauge <u>#10</u>
Max. Breaker size <u>30</u> Min. Breaker size <u>30</u>	Max. Breaker size <u>15</u> Min. Breaker size <u>9</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>R410A</u>	Refrigerant type <u>R410A</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) _____	Left/Right/Rear/Front/Roof _____
Access: <u>Contractor will provide</u>	Condensate Location <u>Outside</u>

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

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: <u>Grandair</u> Model# <u>GB38M</u>	Condenser: Mfg: <u>Grandair</u> Model# <u>JA3B024</u>
Volts <u>240</u> CFM's <u>1050</u> Heat Strip <u>5</u> Kw	Volts <u>240</u> SEER/EER <u>NA</u> BTU's <u>21,000</u>
Min. Circuit Amps <u>30</u> Wire gauge <u>#10</u>	Min. Circuit Amps <u>9</u> Wire gauge <u>#10</u>
Max. Breaker size <u>30</u> Min. Breaker size <u>30</u>	Max. Breaker size <u>15</u> Min. Breaker size <u>9</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>R22</u>	Refrigerant type <u>R22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) _____	Left/Right/Rear/Front/Roof _____
Access: _____	Condensate Location <u>Outside</u>

Certification:

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

Signature [Handwritten Signature]

Date 4/20/13

Project Information

For: polski
 FL

Notes:

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	13627 Btuh
Ducts	0 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	13627 Btuh

Sensible Cooling Equipment Load Sizing

Structure	17846 Btuh
Ducts	0 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	y
Rate/swing multiplier	1.00
Equipment sensible load	17846 Btuh

Infiltration

Method	Simplified	
Construction quality	Average	
Fireplaces	0	
	Heating	Cooling
Area (ft ²)	1152	1152
Volume (ft ³)	11520	11520
Air changes/hour	0.45	0.23
Equiv. AVF (cfm)	86	44

Latent Cooling Equipment Load Sizing

Structure	2375 Btuh
Ducts	0 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	2375 Btuh
Equipment total load	20221 Btuh
Req. total capacity at 0.70 SHR	2.1 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	812 cfm
Air flow factor	0.060 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make	Trane
Trade	
Cond	4ttb4030e1
Coil	Gaf2aac36
AHRI ref	5361688
Efficiency	16.3 SEER
Sensible cooling	14700 Btuh
Latent cooling	6300 Btuh
Total cooling	21000 Btuh
Actual air flow	812 cfm
Air flow factor	0.045 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.88

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



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: 5361653

Date: 4/23/2013

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

Outdoor Unit Model Number: 4TTB4024E1

Indoor Unit Model Number: GAF2A0A36M31+TDR

Manufacturer: TRANE

Trade/Brand name: XB14

Manufacturer responsible for the rating of this system combination is TRANE

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

Cooling Capacity (Btuh):	21000
EER Rating (Cooling):	13.50
SEER Rating (Cooling):	16.25

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

DISCLAIMER

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, 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

©2013 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 130111989177525364



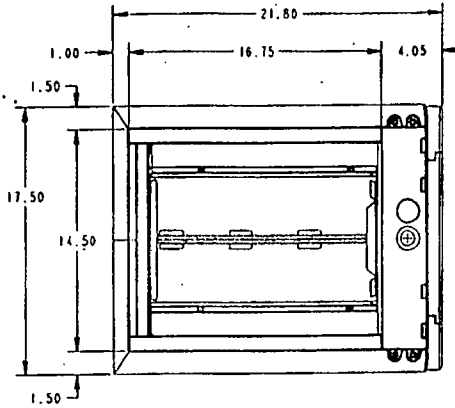
TRANE

GAF2A0A36M-SUB-1

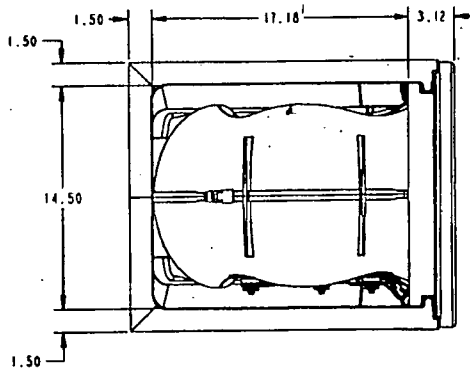
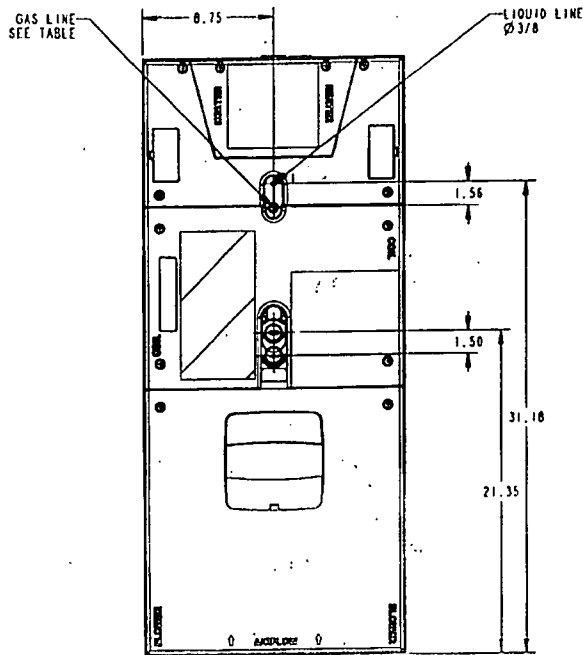
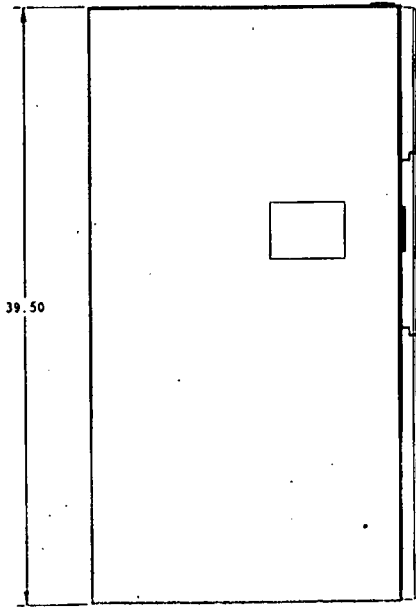
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Submittal

3 Ton Convertible Air Handler GAF2A0A36M31SA



MINIMUM UNIT CLEARANCE TABLE		
	TO COMBUSTIBLE MATERIAL (REQUIRED)	SERVICE CLEARANCE (RECOMMENDED)
SIDES	0"	2"
FRONT	0"	21"
BACK	0"	0"
INLET DUCT	0"	N/A
OUTLET DUCT	0"	N/A



MODEL NO.	FLOW CONTROL	LIQUID LINE BRAZE	GAS LINE BRAZE
GAF2A0A36M	EEV	3/8	3/4

Sys 1 Submittals

PRODUCT SPECIFICATIONS

MODEL	GAF2A0A36M31SA
RATED VOLTS/PH/Hz	208-230/1/60
RATINGS ①	See O.D. Specifications - Plate Fin
INDOOR COIL — Type	3 - 14
Rows — F.P.I.	3.21
Face Area (sq. ft.)	3/8
Tube Size (in.)	EEV
Refrigerant Control	3/4 NPT
Drain Conn. Size (in.) ②	See Outline Drawing
DUCT CONNECTIONS	Centrifugal
INDOOR FAN — Type	11 X 8
Diameter-Width (in.)	1
No. Used	Direct - 3
Drive - No. Speeds	See Fan Performance Table
CFM vs. in. w.g.	1 - 1/2
No. Motors — H.P.	1050
Motor Speed RPM ③	208-230/1/60
Volts/Ph/Hz	4.1
F.L. Amps - L.R. Amps	
FILTER	
Filter Furnished?	No
Type Recommended	Throwaway
No. Size Thickness	1 - 16 X 20 - 1 in.
REFRIGERANT	R-410A
Ref. Line Connections	Brazed
Coupling or Conn. Size — in. Gas	3/4
Coupling or Conn. Size — in. Liq.	3/8
DIMENSIONS	H x W x D
Crated (in.)	40.5 x 20 x 24.5
Uncrated	39.5 x 17.5 x 21.8
WEIGHT	
Shipping (Lbs.)/Net (Lbs.)	109/98



Intertek



① This Air Handler is AHRI certified with various Split System Air Conditioners and Heat Pumps (AHRI STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

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

③ Constant Torque Motor

GAF2A0A36M31SA MINIMUM HEATER AIRFLOW CFM		
Heater	Minimum Air Speed Tap	
	Without Heat Pump	With Heat Pump
BAYECAA05LG1AA	Tap 1	Tap 2
BAYECAA08LG1AA	Tap 5	Tap 5
BAYECAA10LG1AA	Tap 1	Tap 3

SEE AIR HANDLER NAMEPLATE OR PRODUCT DATA FOR EXCEPTIONS
Note: Heating and cooling speeds are the same, factory set at Speed Tap #4



TRANE®

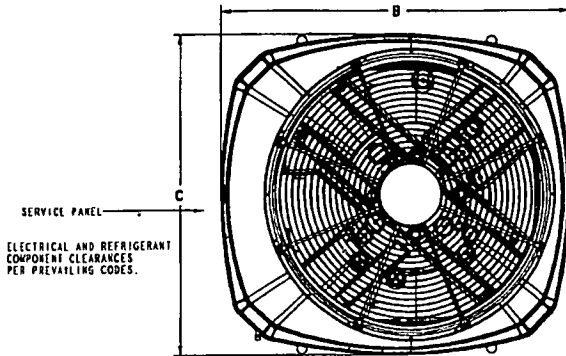
4TTB4024-SUB-101.02

TAG: _____

SUBMITTAL

NOTE: All dimensions are in mm/inches.

**2 Ton Split System Cooling – 1 Ph
4TTB4024E**



TOP DISCHARGE AREA SHOULD BE UNRESTRICTED FOR AT LEAST 1524 (15 FEET) ABOVE UNIT. UNIT SHOULD BE PLACED SO ROOF RUN-OFF WATER DOES NOT POUR DIRECTLY ON UNIT, AND SHOULD BE AT LEAST 305 (12") FROM WALL AND ALL SURROUNDING SHRUBBERY ON TWO SIDES. OTHER TWO SIDES UNRESTRICTED.

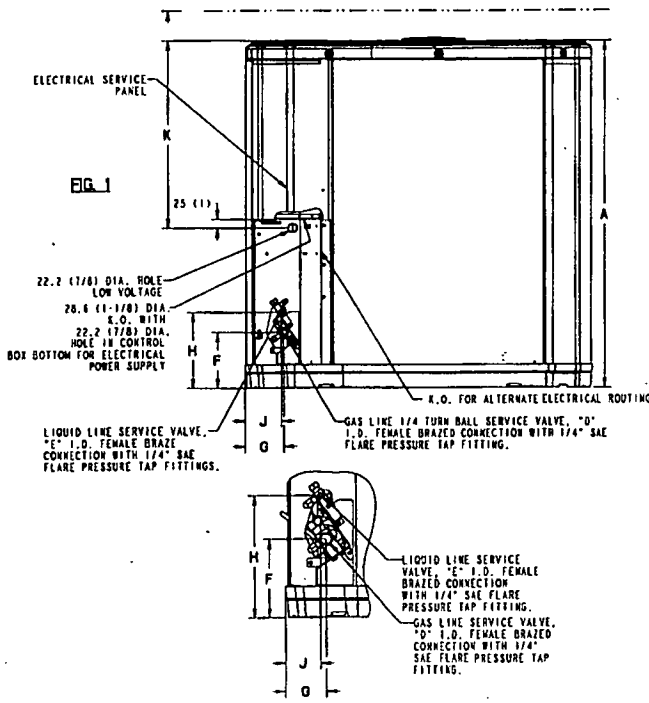


FIG. 2

From Dwg. D156010

MODELS	BASE	A	B	C	D	E	F	G	H	J	K
4TTB4024E	3	730 (28-3/4)	826 (32-5/8)	756 (29-3/4)	3/4	3/8	127 (5)	76 (3)	197 (7-3/4)	57 (2-1/4)	508 (20)

Product Specifications

OUTDOOR UNIT ①②	4TTB4024E1000A
POWER CONNS. — V/PH/HZ ③	208/230/1/60
MIN. BRCH. CIR. AMPACITY	9
BR. CIR. PROT. RTG. — MAX. (AMPS)	15
COMPRESSOR	CLIMATUFF®
NO. USED - NO. SPEEDS	1 - 1
VOLTS/PH/HZ	200/230/1/60
R.L. AMPS ④ - L.R. AMPS	6.8 - 38.6
FACTORY INSTALLED	
START COMPONENTS ⑤	YES
INSULATION/SOUND BLANKET	YES
COMPRESSOR HEAT	NO
OUTDOOR FAN	PROPELLER
DIA. (IN.) - NO. USED	23 - 1
TYPE DRIVE - NO. SPEEDS	DIRECT - 1
CFM @ 0.0 IN. W.G. ④	2690
NO. MOTORS - HP	1 - 1/8
MOTOR SPEED R.P.M.	850
VOLTS/PH/HZ	200/230/1/60
F.L. AMPS	0.74
OUTDOOR COIL — TYPE	SPINE FIN™
ROWS - F.P.I.	1 - 24
FACE AREA (SQ. FT.)	16.25
TUBE SIZE (IN.)	3/8
REFRIGERANT	
LBS. — R-410A (O.D. UNIT) ③	6 LBS., 3 OZ.
FACTORY SUPPLIED	YES
LINE SIZE - IN. O.D. GAS ⑥	3/4
LINE SIZE - IN. O.D. LIQ. ⑥	3/8
CHARGING SPECIFICATION	
SUBCOOLING	10°F
DIMENSIONS	
CRATED (IN.)	H X W X D 34 x 30.1 x 33
WEIGHT	
SHIPPING (LBS.)	201
NET (LBS.)	174

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

A-weighted Sound Power Level [dB(A)]

MODEL	SOUND POWER LEVEL [dB(A)]	A-WEIGHTED FULL OCTAVE SOUND POWER LEVEL dB - [dB(A)] High Stage							
		63	125	250	500	1000	2000	4000	8000
4TTB4024E1	79	23	45.4	57	70.9	74.2	70.5	62.9	52.6

Note: Rated in accordance with AHRI Standard 270-2008



Product Evaluation Report

November 4, 2011

Application Number: **FL #14239**
FLB Project Number: **11-BMP-0001-01**

Product Manufacturer: **BMP International**

Manufacturer Address: **4710 28th Street North
St. Petersburg, FL 33714**

Product Name: **Slotted Steel Tie-Down Clips, 1" and 2" Models**
Product Description: **Steel Tie-Down Clip System (For Use with Mechanical Units at Roof or Grade)**

Scope of Evaluation:

This Product Evaluation Report is being issued in accordance with the requirements of the Florida Department of Community Affairs (Florida Building Commission) Rule Chapter 9N-3.005, F.A.C. for statewide acceptance per Method 1(d). The product noted above has been tested and/or evaluated as summarized herein to show compliance with the 2010 Florida Building Code and is, for the purpose intended, at least equivalent to that required by the Code. Re-evaluation of this product shall be required following pertinent Florida Building Code modifications or revisions.

Substantiating Data:

- **PRODUCT EVALUATION DOCUMENTS**

FLB drawing #11-BMP-0001-01 titled "Mechanical Unit Steel Tie-Down Clip Capacities: At-Grade and Roof-Top Mounted Applications", sheets 1-4, prepared by Engineering Express, signed & sealed by Frank L. Bennardo, P.E. is an integral part of this Evaluation Report.

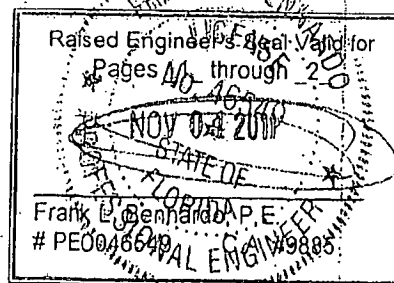
- **TEST REPORTS**

Ultimate test loading structural performance has been tested in accordance with ASTM D1761-88 test standards per test report(s) #TEL 01970387A and #TEL 01970387B by Testing Evaluation Laboratories, Inc.

- **STRUCTURAL ENGINEERING CALCULATIONS**

Structural engineering calculations have been prepared which evaluate the product based on comparative and/or rational analysis to qualify the following design criteria:

1. Maximum Allowable Unit Wind Pressures
2. Minimum Allowable Unit Width
3. Maximum Allowable Unit Height
4. Minimum Unit Weight
5. Maximum Allowable Unit Surface Area
6. Clip Configuration and Anchor Spacing
7. Anchor Capacity for Various Substrates



8. Maximum Allowable Additional Uplift per Clip in Combination with Lateral Forces (For Use with Rooftop Applications)

No 33% increase in allowable stress has been used in the design of this product.

Impact Resistance:

Not applicable to this product.

Wind Load Resistance

This product has been designed to resist wind loads as indicated in the design schedule(s) on the Product Evaluation Document (i.e. engineering drawing).

Installation

The product listed above shall be installed in strict compliance with the Product Evaluation Document (i.e. engineering drawing), along with all components noted therein.

The product components shall be of the material specified in the Product Evaluation Document (i.e. engineering drawing).

Limitations & Conditions of Use:

Use of this product shall be in strict accordance with the Product Evaluation Document (i.e. engineering drawing) as noted herein.

All supporting host structures shall be designed to resist all superimposed loads and shall be of a material listed in this product's respective anchor schedule. Host structure conditions which are not accounted for in this product's respective anchor schedule shall be designed for on a site-specific basis by a registered professional engineer.

All components which are permanently installed shall be protected against corrosion, contamination, and other such damage at all times.

This product has been designed for use within the High Velocity Hurricane Zone (HVHZ).

THE METAL SHOP

Custom Metal Manufacturer

Consulting Engineer:

Douglas W. Lowe, P.E.

FLA# 13355

1206 Millenium Parkway

Brandon, FL. 33511

ANCHOR CLIPS Installer's Guide

WARNING: HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

PART NUMBER

#771 (4 pk)

#772 (100 box)

#770 (4 pk including hardware)

CONSTRUCTION

16 gauge galvanized steel, G-90 rated for corrosion coastal applications.

PACKAGING DETAILS

All anchor clips are supplied as per package quantities described above.

INSTALLATION

Minimum of 4 clips required per condenser unit.
Minimum of 2 #14 x 3/4" screws with neoprene washer required to fasten clip to condenser unit.

1/4" x 1 3/4" Tapcon screw required to fasten clip to condenser pad.

Locate the anchor clips to fit comfortably between condenser unit and pad.

Adjust clip accordingly to fit on condenser unit and screw together, at the same time ensuring that the base of the clip is still in contact with the pad.

All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit.
Suitable for ground mounted units.

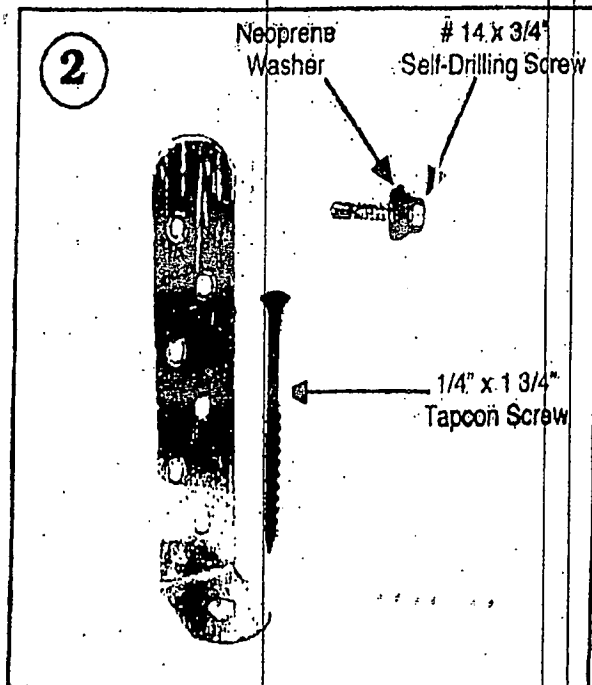
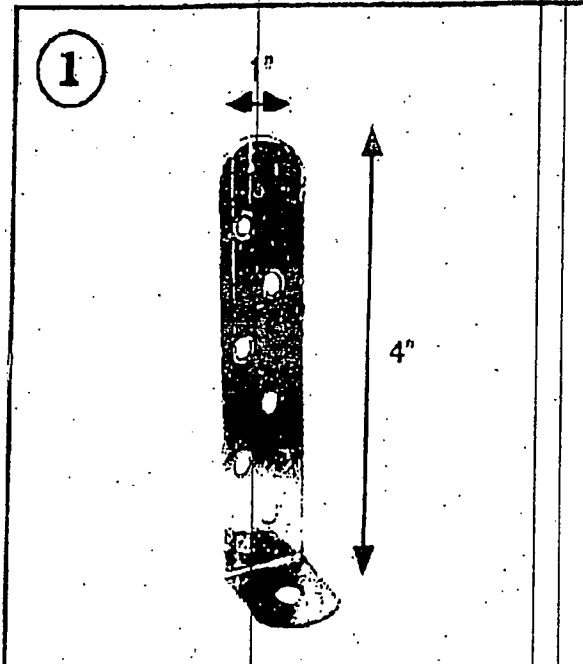
Anchor clip design meets requirements of The Florida Building Code 2007 (Building) chapter 301.12 for wind resistance up to 140 MPH.

FEATURES

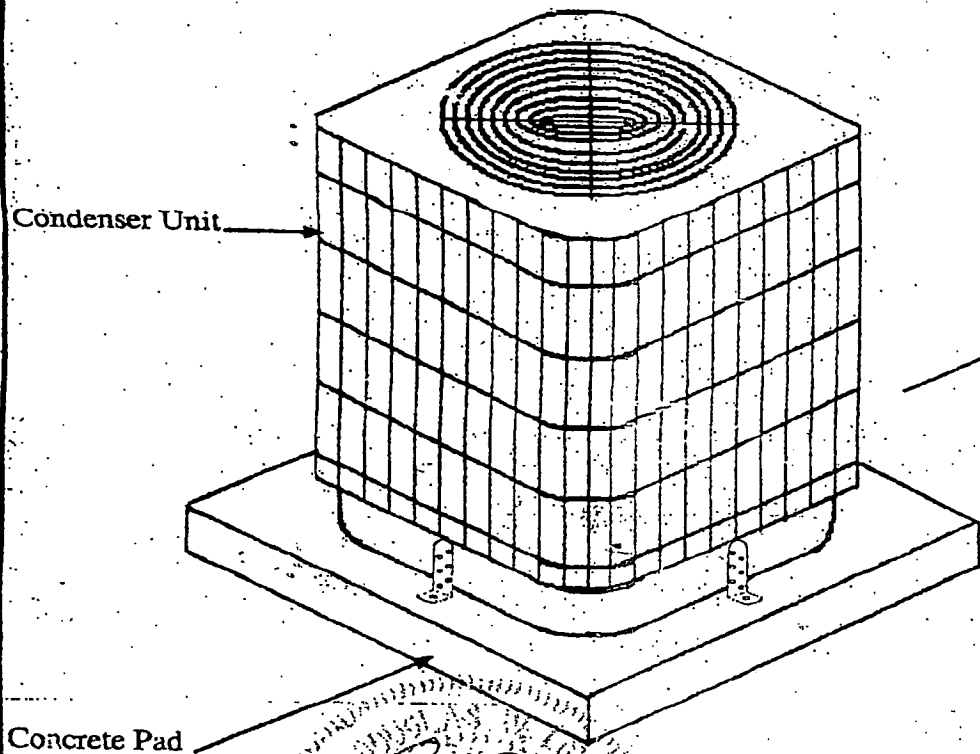
The use of "sized to fit" screw holes compared to slots means that security is never compromised. A tight, secure fit between pad and condenser ensures security for the condenser and offers great assurance during extreme weather conditions.

NOTE

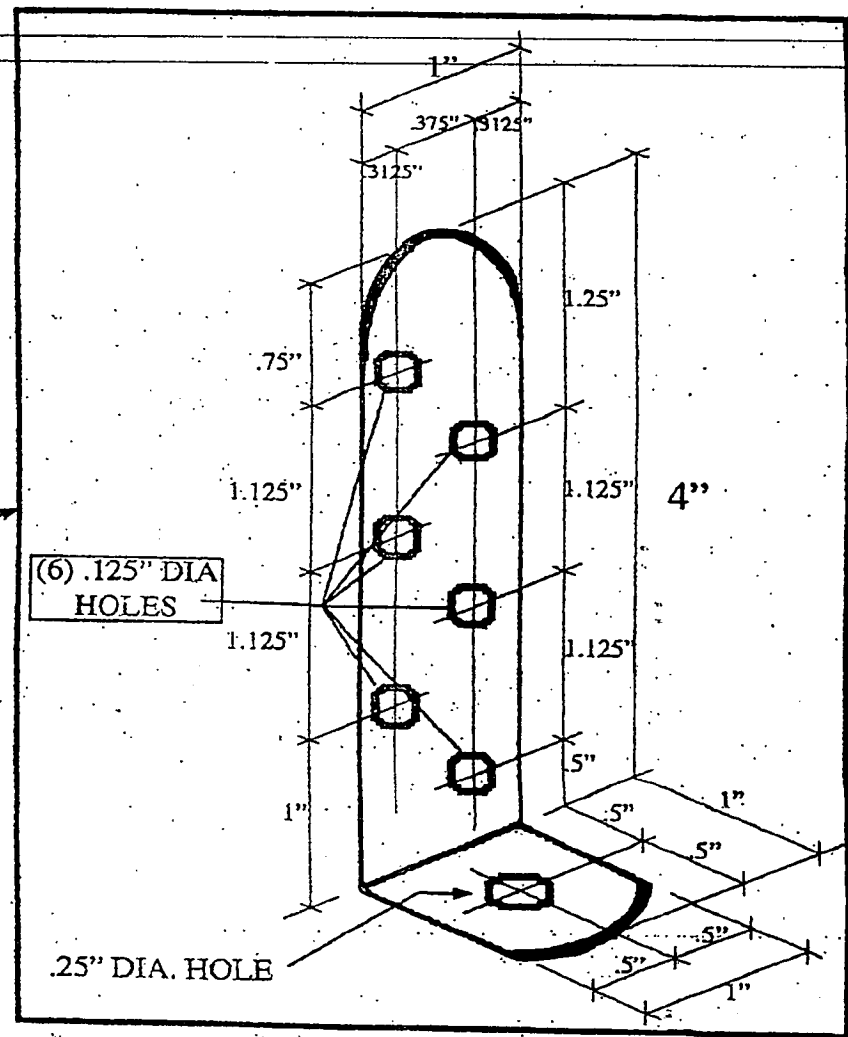
Above installation instruction suitable for up to 5 ton units.



#771 (4 pk.) / #772 (100 box) Anchor Clip



[Handwritten Signature]
2-14-08



Metal thickness = 16 gauge

The Metal Shop
1139 Eldridge Street
Clearwater
FL 33755

Ph: (727) 441-2492
Fax: (727) 442-8493
Web: www.metalshop.org

Consulting Engineer:
Douglas W. Lowe, P.E.
FLA # 13355
1206 Millenium Parkway
Brandon, FL 33511

Revision Date:
2/14/08

Drawn by:
K.P.R.

Page:
1 of 1

Scale - Not to scale



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: Mark Polsky Contractor name: Ranger A/C Service
Street address: 110 Hillcrest Terr Jurisdiction: _____
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: *Thomas Ranger* Date: 4/19/13

Printed Name: Thomas Ranger

Contractor License #: CAC009726

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 5-23-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10430	Falsky	Fence		
IPM	140 Hillcrest Ter Ranger Ac	AC	PASS	Close INSPECTOR <i>[Signature]</i>
10437	Ngo 146 N Sewalls Street	Fence	PASS	Close INSPECTOR <i>[Signature]</i>
10442	Bethel 107 Hillcrest Ct Group One Const	rough plumbing (side door on left)	PASS	NEED PLAN CHANGE INSPECTOR <i>[Signature]</i>
10082	Goudis 25 S. RIVER OLYMPIC POOL	EQUIPOTENTIAL BONDING GRID	PASS	INSPECTOR <i>[Signature]</i>
10386	Pittch 3 Turner St Flamingo Pool	pool piping	PASS	INSPECTOR <i>[Signature]</i>
				INSPECTOR
		INVESTIGATE		
	20 VIA LUCINDIA	REMODEL		INSPECTOR

10521

Paver Pool Deck



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:	| 10521 |	DATE ISSUED:	| JULY 10, 2013 |
SCOPE OF WORK:	| PAVER POOL PATIO |		
CONTRACTOR:	| APEX PAVERS |		
PARCEL CONTROL NUMBER:	| 013841014-000-002503 |	SUBDIVISION	| HILLCREST - LOT 25 |
CONSTRUCTION ADDRESS:	| 110 HILLCREST TERR |		
OWNER NAME:	| POLSKY |		
QUALIFIER:	| RYAN FIGMAN |	CONTACT PHONE NUMBER:	| 419-5151 |

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:	10521
ADDRESS	110 HILLCREST TERR
DATE 7/10/13	SCOPE OF WORK PAVER POOL PATIO

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:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	
Total number of inspections (Value < \$200K)@\$100ea		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	22,420.00
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.)		\$	8.96
TOTAL ACCESSORY PERMIT FEE:		\$	112.96

PO ✓ #103392

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

Permit Number: 10521

Date: _____
 OWNER/LESSEE NAME: Jonna Polsky Phone (Day) 221-3518 (Fax) _____
 Job Site Address: 110 Hillcrest Terr City: Sewalls Pt State: FL Zip: 34996
 Legal Description: Hillcrest, Lot 25 Parcel Control Number: 013841014000002503
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** BRICK PAVER POOL DECK

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 22,420
 (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: Apex Pavers & Pools Phone: 419-5151 Fax: 419-5101
 Qualifiers name: Ryan Fisman Street: 834 SE Lincoln City: Stuart State: FL Zip: 34994
 State License Number: _____ OR: Municipality: MC License Number: PB4701

LOCAL CONTACT: Doreen Buffa Phone Number: 419-5151
 DESIGN PROFESSIONAL: _____ 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 feet 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:
[Signature]
 State of Florida, County of: Martin
 On This the 21 day of June, 2013
 by Jonna Polsky who is personally known to me or produced
 As identification: Doreen Buffa

My Commission Expires: _____


CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X [Signature]
 State of Florida, County of: Martin
 On This the 21 day of June, 2013
 by Ryan Fisman who is personally known to me or produced
 As identification: Doreen Buffa

My Commission Expires: _____


SINGLE FAMILY PERMIT APPLICATIONS SHOULD BE ISSUED WITHIN 30 DAYS OF APPROVAL. 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 7/9/2013 1:26:09 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-014-000-00250-3	17872	110 HILLCREST TERR, SEWALL'S POINT	\$508,410	7/6/2013

Owner Information

Owner(Current)	POLSKY MARK D & JONNA M
Owner/Mail Address	110 HILLCREST TER STUART FL 34996
Sale Date	3/3/2003
Document Book/Page	1738 2740
Document No.	1640941
Sale Price	600000

Location/Description

Account #	17872	Map Page No.	
Tax District	2200	Legal Description	HILLCREST, LOT 25
Parcel Address	110 HILLCREST TERR, SEWALL'S POINT		
Acres	.4750		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120100 Hillcrest, Noni Est, West End

Assessment Information

Market Land Value	\$180,000
Market Improvement Value	\$328,410
Market Total Value	\$508,410

Record and Return to:
Apex Pavers
834 SE Lincoln Ave
Stuart, FL 34994

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

PERMIT #: _____ TAX FOLIO # 013841014000002503

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):
Hillcrest, lot 25, 110 Hillcrest Terrace, Sewalls Rd, 72

GENERAL DESCRIPTION OF IMPROVEMENT: Brick Paver pool deck

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:
Name: Jonna Palsky
Address: Same
Interest in property: OWNER
Name and address of fee simple title holder (if different from Owner listed above): _____

CONTRACTOR'S NAME: Ryan Figman, Apex Pavers Phone No.: _____
Address: 834 SE Lincoln Ave, Stuart, FL 34994

SURETY COMPANY (if applicable, a copy of the payment bond is attached):
Name and address: _____
Phone No.: _____ Bond amount: _____

LENDER'S NAME: _____
Address: _____

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: _____ Phone No.: _____
Address: _____

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 J, 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.

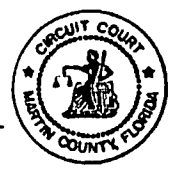
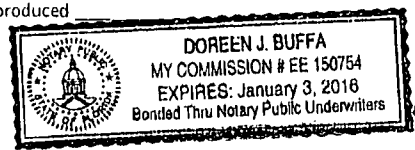
Jonna Palsky
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact
Jonna Palsky
Signatory's Title/Office

The foregoing Instrument was acknowledged before me this 21 day of June, 2013
By: Jonna Palsky as owner for _____
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Doreen J. Buffa
Notary's Signature

Personally known or produced identification
Type of identification produced

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



INST# 24022276 OR BK 2659 PG 2240 RECD 06/25/2013 01:54:06 PM
(1 Pgs)
CAROLYN TIMMANN MARTIN COUNTY CLERK
RECD DOC \$0.00, HTG DOC \$0.00, INTANGIBLE \$0.00

10974

A/C Change Out



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10974	DATE ISSUED:	8/14/2014
SCOPE OF WORK:	A/C Change Out		
CONTRACTOR:	Ranger Air Conditioning		
PARCEL CONTROL NUMBER:	01-38-41-014-000-00250-3	SUBDIVISION	Hillcrest Lot 25
CONSTRUCTION ADDRESS:	110 Hillcrest Terr		
OWNER NAME:	Polsky		
QUALIFIER:	Thomas Ranger	CONTACT PHONE NUMBER:	546-7777

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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:	10974		
ADDRESS:	110 Hillcrest Terr		
DATE ISSUED:	8/14/2014	SCOPE OF WORK:	A/C Change Out

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

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

ACCESSORY PERMIT	Declared Value:	\$	\$ 5,780.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00
TOTAL ACCESSORY PERMIT FEE:		\$	\$ 109.00

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 8-14-14 Permit Number: _____

OWNER/LESSEE NAME: Mark Polsky Phone (Day) _____ (Fax) _____

Job Site Address: 110 Hillcrest Ter City: Sewall Point State: FL Zip: 34996

Legal Description: Hillcrest Lot 25 Parcel Control Number: 01-38-41-014-000-00250-3

Fee Simple Holder Name: _____ Address: _____

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

***SCOPE OF WORK (PLEASE BE SPECIFIC):** HVAC 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: \$ 5180.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 **X**
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Ranger Air Phone: 772-546-1117 Fax: 772-546-0322

Qualifiers name: Thomas Ranger Street: 9845 SE Federal Hwy City: Hobe Sound State: FL Zip: 33455

State License Number: CA0009726 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Jim Phone Number: 772-546-1117

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

AREAS SQUARE FOOTAGE: Living: 4636 Garage: 711 Covered Patios/ Porches: 1215 Enclosed Storage: _____

Carpport: _____ 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

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- 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.

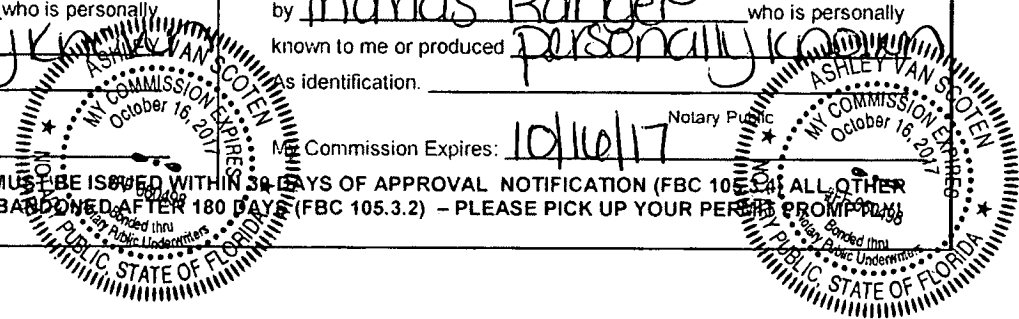
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

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 Mark Polsky
State of Florida, County of: Martin
On This the 14th day of Aug, 2014
by Jonna Polsky who is personally
known to me or produced personally known
As identification: _____
Notary Public
My Commission Expires: 10/16/17

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:
X Thomas Ranger
State of Florida, County of: Martin
On This the 14th day of Aug, 2014
by Thomas Ranger who is personally
known to me or produced personally known
As identification: _____
Notary Public
My Commission Expires: 10/16/17

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.2). 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 8/14/2014 3:54:10 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-014-000-00250-3	17872	110 HILLCREST TERR, SEWALL'S POINT	\$589,520	8/9/2014

Owner Information

Owner(Current)	POLSKY MARK D & JONNA M
Owner/Mail Address	110 HILLCREST TER STUART FL 34996
Sale Date	3/3/2003
Document Book/Page	1738 2740
Document No.	1640941
Sale Price	600000

Location/Description

Account #	17872	Map Page No.	
Tax District	2200	Legal Description	HILLCREST, LOT 25
Parcel Address	110 HILLCREST TERR, SEWALL'S POINT		
Acres	.4750		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120100 Hillcrest, Noni Est, West End

Assessment Information

Market Land Value	\$230,000
Market Improvement Value	\$359,520
Market Total Value	\$589,520



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/02/2014

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

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

PRODUCER R.V. Johnson Insurance (JCK) 2041 S.E. Ocean Blvd. Stuart, FL 34986 JCK Insurance	CONTACT NAME: JCK Insurance PHONE (A/C, No. Ext.): 772-287-3366 FAX (A/C, No.): 772-287-4439 E-MAIL ADDRESS: Cell 772-812-1299
INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A:
Ranger Air Conditioning Service Inc. 9845 SE Federal Hwy Hobe Sound, FL 33455-2015	Owners Insurance Company NAIC # 32700
	INSURER B:
	Auto-Owners Insurance Co 18988
	INSURER C:
	Bridgefield Employers Ins. 10701
	INSURER D:
	INSURER E:
	INSURER F:

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 WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			72616854	08/01/2014	08/01/2015	EACH OCCURRENCE \$ 1,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10.00
	<input checked="" type="checkbox"/> hno \$1000000						PERSONAL & ADV INJURY \$ 1,000.00
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 1,000.00 PRODUCTS - COM/POP AGG \$ 1,000.00
B	AUTOMOBILE LIABILITY			4370086400	08/01/2014	08/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000.00
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE							EACH OCCURRENCE \$ AGGREGATE \$
DED RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			830-293170000	08/01/2014	08/01/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NM)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000.00
							E.L. DISEASE - POLICY LIMIT \$ 1,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 30 days notice of cancellation for workers compensation coverage.
 Companies have the option to cancel 10 days for non-payment.

CERTIFICATE HOLDER TOWN024 Town of Sewalls Point 1 S. Sewalls Point Road Stuart, FL 34986	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--



CERTIFICATE OF LIABILITY INSURANCE

ERICK-1 UP ID: 55

DATE (MM/DD/YYYY)

07/16/2014

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

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


PRODUCER R.V. Johnson Insurance 2041 SE Ocean Blvd Stuart, FL 34996 R.V. Johnson Agency, Inc.	CONTACT NAME: R.V. Johnson Agency, Inc. PHONE (A/C, No, Ext): 772-287-3366 E-MAIL ADDRESS:	FAX (A/C, No): 772-287-4439
	INSURER(S) AFFORDING COVERAGE	
INSURED Eric R Oliver Electric, Inc 8602 SW Captain Dr Stuart, FL 34997	INSURER A: Ohio Casualty Group NAIC # 24074	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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.

INBR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			BKSS2595716	09/02/2014	09/02/2016	EACH OCCURRENCE \$ 1,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 15.00
	<input checked="" type="checkbox"/> Master Pak						PERSONAL & ADV INJURY \$ 1,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000.00
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000.00
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						WC STATU-TORY LIMITS
	RETENTION \$						OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER TOWN024 Town of Sewalls Point 1 S. Sewalls Point Road Stuart, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**ELECTRICAL CONTRACTORS LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

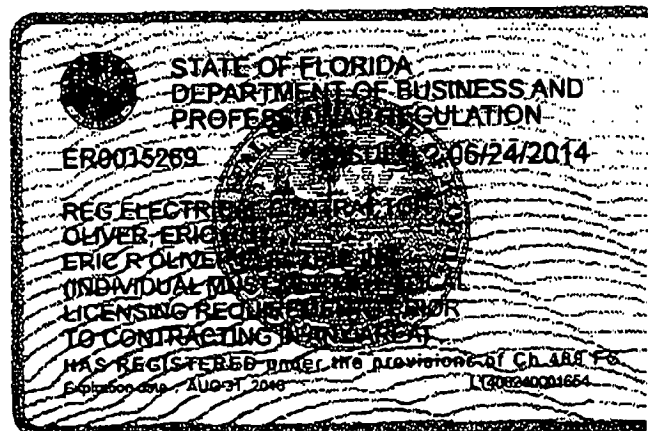
(850) 487-1395

**OLIVER, ERIC ROY
ERIC R OLIVER ELECTRIC INC
8602 SW SEA CAPTAIN DRIVE
STUART FL 34997**

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. 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!



DETACH HERE

RICK SCOTT, GOVERNOR


KEN LAWSON, SECRETARY


**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD**

LICENSE NUMBER	ER0015269
-----------------------	-----------

The **ELECTRICAL CONTRACTOR** Named below HAS REGISTERED Under the provisions of Chapter 489 FS
Expiration date: **AUG 31, 2016**
(INDIVIDUAL MUST MEET ALL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

**OLIVER, ERIC ROY
ERIC R OLIVER ELECTRIC INC
8602 SW SEA CAPTAIN DRIVE
STUART FL 34997**







**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**RANGER, THOMAS M
RANGER A/C SERVICE INC
9845 SE FEDERAL HWY
HOBE SOUND FL 33455-2015**

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.myfloridallicense.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**

CAC009726 ISSUED: 08/15/2014

**CERTIFIED AIR COND CONTR
RANGER, THOMAS M
RANGER A/C SERVICE INC**

**IS CERTIFIED under the provisions of Ch. 489, F.S.
Expiration date: AUG 31, 2016 L140815000092**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CAC009726	

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



**RANGER, THOMAS M
RANGER A/C SERVICE INC
9845 SE FEDERAL HWY
HOBE SOUND FL 33455-2015**



2014-2015 **MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT**
HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-3604

ACCOUNT 2004-508-0002 CERT RR0015269
PHONE (772) 219-8068 SIC NO 235310
LOCATION:
8602 SW SEA CAPTAIN DR MAR

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **MASTER ELECTRICIAN**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

OLIVER, ERIC R.
ERIC R. OLIVER ELECTRIC, INC.
8602 SW SEA CAPTAIN DRIVE
STUART, FL 34997



23 DAY OF JULY 2014
AND ENDING SEPTEMBER 30, 2015

11 2013 41210.0001 26.25 PAID

2014-2015 **MARTIN COUNTY ORIGINAL BUSINESS TAX RECEIPT**
 HONORABLE RUTH PIETRUSZEWSKI, CFC, TAX COLLECTOR
 3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
 (772) 288-3604

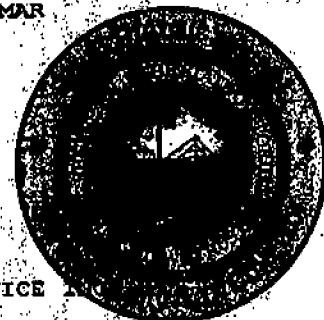
ACCOUNT 1987-518-0406 CERT CA6009726
 PHONE (772) 546-7689 SIC NO. 238220
 LOCATION:
 9845 SE FEDERAL HWY MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR.	\$ <u>00</u>	LIC. FEE	\$ <u>26.25</u>
	\$ <u>00</u>	PENALTY	\$ <u>00</u>
	\$ <u>00</u>	CDL FEE	\$ <u>00</u>
	\$ <u>00</u>	TRANSFER	\$ <u>00</u>
TOTAL		<u>26.25</u>	

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF **STATE CERTIFIED A/C CONTRACTOR**
 AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

RANGER, THOMAS M.
 RANGER AIR CONDITIONING SERVICE
 9845 SE FEDERAL HWY
 HOBE SOUND, FL 33455



22 DAY OF JULY 2014
 AND ENDING SEPTEMBER 30, 2015

11 2013 40919 0001 26.25 PAID



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

ALL REVIEWS COMPLETED
 DATE 8-14-14 B.O. [Signature]
 READY FOR PERMITTING

Air Conditioning Change out Affidavit

Residential Commercial

Package Unit Yes No (Use Condenser side of form below for equipment)

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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Trane Model# GAMB018
 Volts 220 CFM's _____ Heat Strip 10 Kw
 Min. Circuit Amps 60 Wire gauge 6
 Max. Breaker size 60 Min. Breaker size 60
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type 410
 Location: Existing New _____
 Attic/Garage/Closet (specify) Will provide ladder
 Access: _____

Condenser: Mfg: Trane Model# 4TB6019A
 Volts 220 SEER/EER 16 BTU's _____
 Min. Circuit Amps 26 Wire gauge 8
 Max. Breaker size 26 Min. Breaker size 45
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type 410
 Location: Existing New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location Side of House

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

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: ? Model# 829-46
 Volts 220 CFM's _____ Heat Strip 10 Kw
 Min. Circuit Amps 60 Wire gauge 6
 Max. Breaker size 60 Min. Breaker size 60
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) _____
 Access: _____

Condenser: Mfg: ? Model# 12A03-36
 Volts 220 SEER/EER 10 BTU's _____
 Min. Circuit Amps 24 Wire gauge 8
 Max. Breaker size 40 Min. Breaker size 24
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof 0
 Condensate Location of house

Certification:

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

[Signature]
 Signature

8-14-14
 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: 5886833 Date: 8/14/2014

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

Outdoor Unit Model Number: 4TTB6049A1

Indoor Unit Model Number: GAM5B0C48M41

Manufacturer: TRANE

Trade/Brand name: TRANE

Series name: XB16

Manufacturer responsible for the rating of this system combination is TRANE

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

Cooling Capacity (Btuh): 46500
 EER Rating (Cooling): 13.00
 SEER Rating (Cooling): 16.00
 IEER Rating (Cooling): 16.00
 www.ahrirectory.org

* 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.ahrirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

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

©2014 Air-Conditioning, Heating, and Refrigeration Institute



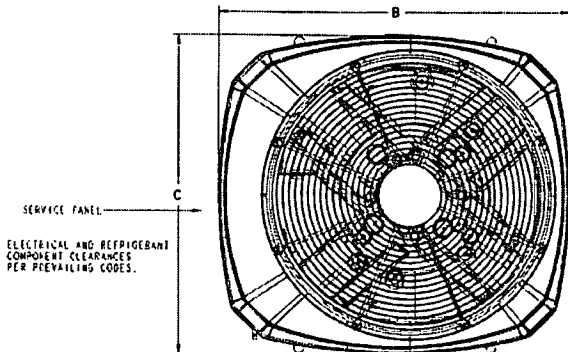
we make life better™

CERTIFICATE NO.: 130525100652060504

TAG: _____

SUBMITTAL

NOTE: All dimensions are in mm/inches.



TOP DISCHARGE AREA SHOULD BE UNRESTRICTED FOR AT LEAST 1524 (5 FEET) ABOVE UNIT. UNIT SHOULD BE PLACED SO RAIN OR OVER WATER DOES NOT POUR DIRECTLY ON UNIT, AND SHOULD BE AT LEAST 305 (12") FROM WALL AND ALL SURROUNDING SHRUBBERY ON TWO SIDES, OTHER TWO SIDES UNRESTRICTED.

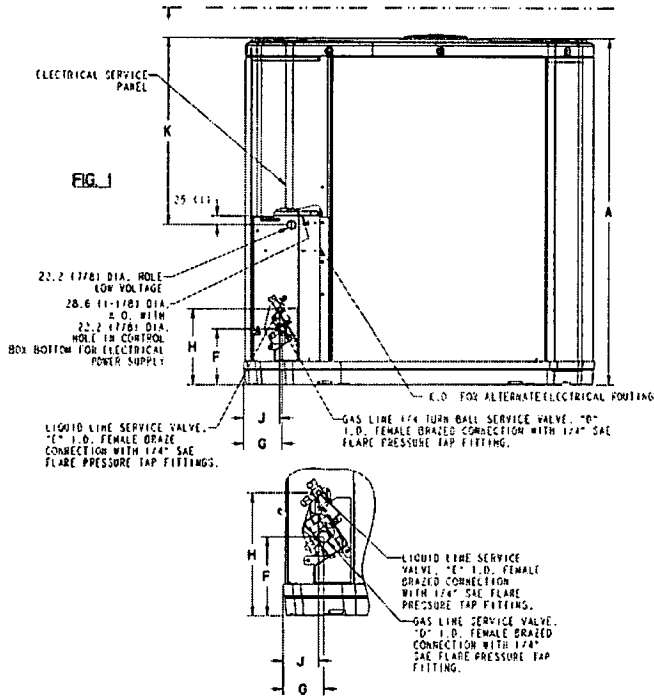


FIG. 2

From Dwg. D156010

MODELS	BASE	A	B	C	D	E	F	G	H	J	K
4TTB6049A	4	1147 (45 1/8)	646 (25 3/8)	870 (34 1/4)	7/8	3/8	152 (6)	99 (3-7/8)	219 (8-5/8)	88 (3-3/8)	508 (20)

4 Ton Split System Cooling – 1 Ph 4TTB6049A

Product Specifications

OUTDOOR UNIT ①②	4TTB6049A1000A
POWER CONNS. — V/PH/HZ ③	208/230/1/60
MIN. BRCH. CIR. AMPACITY	26
BR. CIR. PROT. RTG. — MAX. (AMPS)	45
COMPRESSOR	SCROLL
NO. USED - NO. SPEEDS	1 - 1
VOLTS/PH/HZ	208/230/1/60
R.L. AMPS ④ - L.R. AMPS	19.9 - 109
FACTORY INSTALLED	
START COMPONENTS ⑤	NO
INSULATION/SOUND BLANKET	NO
COMPRESSOR HEAT	NO
OUTDOOR FAN	PROPELLER
DIA. (IN.) - NO. USED	27.6 - 1
TYPE DRIVE - NO. SPEEDS	DIRECT - 1
CFM @ 0.0 IN. W.G. ⑥	4230
NO. MOTORS - HP	1 - 1/5
MOTOR SPEED R.P.M.	825
VOLTS/PH/HZ	200/230/1/60
F.L. AMPS	1.00
OUTDOOR COIL — TYPE	SPINE FIN™
ROWS - F.P.I.	1 - 24
FACE AREA (SQ. FT.)	30.79
TUBE SIZE (IN.)	3/8
REFRIGERANT	
LBS. — R-410A (O.D. UNIT) ⑦	11 LBS., 09 OZ.
FACTORY SUPPLIED	YES
LINE SIZE - IN. O.D. GAS ⑧	7/8
LINE SIZE - IN. O.D. LIQ. ⑨	3/8
CHARGING SPECIFICATION	
SUBCOOLING	8°F
DIMENSIONS	H X W X D
CRATED (IN.)	51 x 35.1 x 38.7
WEIGHT	
SHIPPING (LBS.)	304
NET (LBS.)	267

- ① Certified in accordance with the Air-Source Unitary Air-conditioner Equipment certification program, which is based on AHRI standard 210/240.
- ② Rated in accordance with AHRI standard 270.
- ③ Calculated in accordance with NEMA, Elnet, Coxles. Use only HACR circuit breakers or fuses.
- ④ Standard Air — Dry Coil — Outdoor.
- ⑤ This value approximate. For more precise value see unit nameplate.
- ⑥ Max. linear length 60 ft.; Max. lift - Suction 60 ft.; Max. lift - Liquid 60 ft.
- ⑦ For greater length consult refrigerant piping software Pub. No. 32-3312-0* (* denotes latest revision).
- ⑧ This value shown for compressor RLA on the unit nameplate and on this specification sheet is used to compute minimum branch circuit ampacity and max. fuse size. The value shown is the branch circuit selection current.
- ⑨ No means no start components. Yes means quick start kit components. PTC means positive temperature coefficient starter.

Sound Power Level

Model	A-Weighted Sound Power Level [dB(A)]	Full Octave Sound Power [dB]							
		63 Hz	125 Hz	250 Hz	500 Hz	1000 Hz	2000 Hz	4000 Hz	8000 Hz
4TTB6049A1	76	71	70	65	67	35	59	52	45

Note: Rated in accordance with AHRI Standard 270-2008

Mechanical Specification Options

General

The 4TTB6 is fully charged from the factory for up to 15 feet of piping. This unit is designed to operate at outdoor ambient temperatures as high as 115°F. Cooling capacities are matched with a wide selection of air handlers and furnace coils that are AHRI certified. The unit is certified to UL 1995. Exterior is designed for outdoor application.

Casing

Unit casing is constructed of heavy gauge, G90 galvanized steel and painted with a weather-resistant powder paint on all louvers, panels, prepaint on all other panels. Corrosion and weatherproof CMBP-G30 base.

Refrigerant Controls

Refrigeration system controls include condenser fan and compressor contactor. High and low pressure controls are inherent to the compressor. A factory installed liquid line drier is standard.

Compressor

The compressor features internal over temperature and pressure protection and total dipped hermetic motor. Other features include: roto lock suction and discharge refrigerant connections, centrifugal oil pump and low vibration and noise.

Condenser Coil

The outdoor coil provides low airflow resistance and efficient heat transfer. The coil is protected on all four sides by louvered panels.

Low Ambient Cooling

As manufactured, this unit has a cooling capability to 55°F. The addition of an evaporator defrost control with TXV permits low ambient cooling to 30° F.

Accessories

Thermostats — Cooling only and heat/cooling (manual and automatic changeover). Sub-base to match thermostat and locking thermostat cover.



Trane
www.trane.com

05/13

The manufacturer has a policy of continuous product and product data improvement and it reserves the right to change design and specifications without notice.



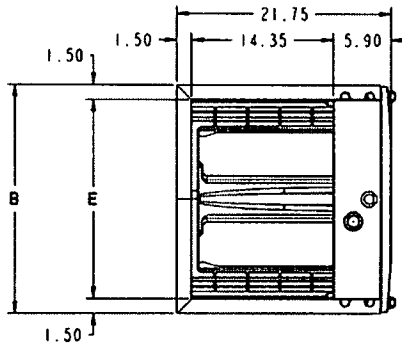
TRANE

GAM5B0C48-SUB-1A

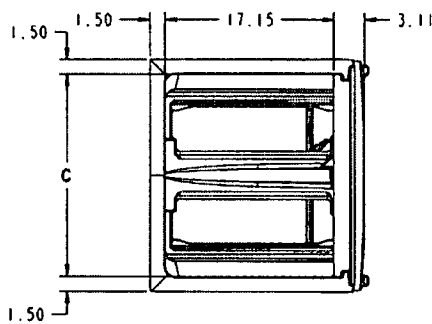
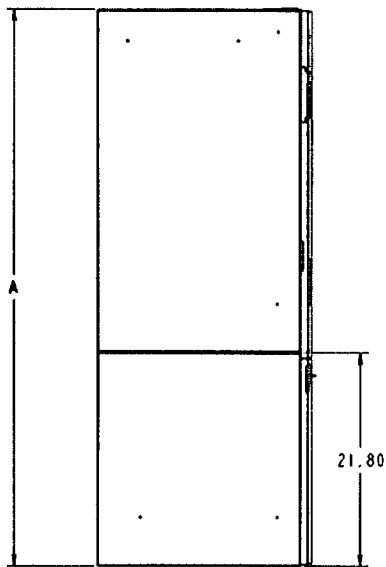
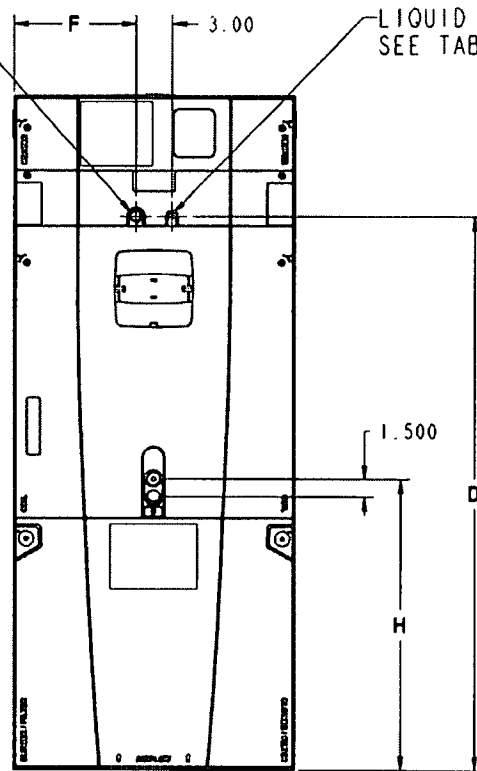
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Submittal

**4 Ton
Convertible Air Handler
GAM5B0C48M41SA**



GAS LINE SEE TABLE LIQUID LINE SEE TABLE



MINIMUM UNIT CLEARANCE TABLE		
	TO COMBUSTIBLE MATERIAL (REQUIRED)	SERVICE CLEARANCE (RECOMMENDED)
SIDES	0"	2"
FRONT	0"	21"
BACK	0"	0"
INLET DUCT	0"	
OUTLET DUCT	0"	

MODEL NO.	A	B	C	D	E	F	H	Flow Control	R-410A Gas Line	R-410A Liq. Line
GAM5B0C48	61.7	23.5	20.5	51.5	20.5	10.3	24.9	TXV	BRAZE 7/8	BRAZE 3/8

PRODUCT SPECIFICATIONS

PRODUCT SPECIFICATIONS	
MODEL	GAM5B0C48M41SA
RATED VOLTS/PH/HZ.	208-230/1/60
RATINGS ①	See O.D. Specifications
INDOOR COIL — Type	Plate Fin
Rows — F.P.I.	4 - 14
Face Area (sq. ft.)	5.96
Tube Size (in.)	3/8
Refrigerant Control	TXV
Drain Conn. Size (in.) ②	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing
INDOOR FAN — Type	Centrifugal
Diameter-Width (In.)	11 X 10
No. Used	1
Drive - No. Speeds	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table
No. Motors — H.P.	1 - 3/4
Motor Speed R.P.M.	1050
Volts/Ph/Hz	208-230/1/60
F.L. Amps	6.0
FILTER	
Filter Furnished?	No
Type Recommended	Throwaway
No.-Size-Thickness	1 - 22 X 20 - 1 in.
REFRIGERANT	R-410A
Ref. Line Connections	Brazed
Coupling or Conn. Size — in. Gas	7/8
Coupling or Conn. Size — in. Liq.	3/8
DIMENSIONS	H x W x D
Crated (In.)	63-1/4 x 27-1/2 x 25-3/4
Uncrated	61-3/4 x 23-1/2 x 21-3/4
WEIGHT	
Shipping (Lbs.)/Net (Lbs.)	176/166

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

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



GAM5B0C48M41SA MINIMUM HEATER AIRFLOW CFM		
Heater	Minimum Air Speed Tap	
	Without HP	With HP
BAYE AAC04BK1AA BAYE AAC04LG1AA	Tap 2	Tap 3
BAYE AAC05BK1AA BAYE AAC05LG1AA	Tap 2	Tap 3
BAYE AAC08BK1AA BAYE AAC08LG1AA	Tap 2	Tap 3
BAYE AAC10BK1AA BAYE AAC10LG1AA	Tap 2	Tap 3
BAYE AAC10LG3AA	Tap 2	Tap 3
BAYE ABC15BK1AA	Tap 3	Tap 4
BAYE ABC15LG3AA	Tap 3	Tap 4
BAYE ABC20BK1AA	Tap 3	Tap 4
BAYE ACC25BK1AA	Tap 4	Tap 5

Note: Heating and cooling speeds are the same, factory set at Speed Tap #4.

Note: A "G" only signal from the comfort control will run the blower at a lower speed, factory set at Speed Tap #1. See the Sequence of Operation for additional information.

Note: Speed Tap 1 is NOT used for two stage systems. Two stage systems will require an airflow adjustment



**ENGINEERING
EXPRESS[®]**

Product Evaluation Report

November 4, 2011

Application Number: **FL #14239**
FLB Project Number: **11-BMP-0001-01**

Product Manufacturer: **BMP International**

Manufacturer Address: **4710 28th Street North
St. Petersburg, FL 33714**

Product Name: **Slotted Steel Tie-Down Clips, 1" and 2" Models**
Product Description: **Steel Tie-Down Clip System (For Use with Mechanical Units at Roof or Grade)**

Scope of Evaluation:

This Product Evaluation Report is being issued in accordance with the requirements of the Florida Department of Community Affairs (Florida Building Commission) Rule Chapter 9N-3.005, F.A.C., for statewide acceptance per Method 1(d). The product noted above has been tested and/or evaluated as summarized herein to show compliance with the 2010 Florida Building Code and is, for the purpose intended, at least equivalent to that required by the Code. Re-evaluation of this product shall be required following pertinent Florida Building Code modifications or revisions.

Substantiating Data:

- PRODUCT EVALUATION DOCUMENTS

FLB drawing #11-BMP-0001-01 titled "Mechanical Unit Steel Tie-Down Clip Capacities: At-Grade and Roof-Top Mounted Applications", sheets 1-4, prepared by Engineering Express, signed & sealed by Frank L. Bennardo, P.E. is an integral part of this Evaluation Report.

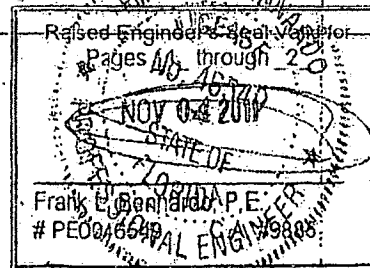
- TEST REPORTS

Ultimate test loading structural performance has been tested in accordance with ASTM D1761-88 test standards per test report(s) #TEL 01970387A and #TEL 01970387B by Testing Evaluation Laboratories, Inc.

- STRUCTURAL ENGINEERING CALCULATIONS

Structural engineering calculations have been prepared which evaluate the product based on comparative and/or rational analysis to qualify the following design criteria:

1. Maximum Allowable Unit Wind Pressures
2. Minimum Allowable Unit Width
3. Maximum Allowable Unit Height
4. Minimum Unit Weight
5. Maximum Allowable Unit Surface Area
6. Clip Configuration and Anchor Spacing
7. Anchor Capacity for Various Substrates



8. Maximum Allowable Additional Uplift per Clip in Combination with Lateral Forces (For Use with Rooftop Applications)

No 33% increase in allowable stress has been used in the design of this product.

Impact Resistance:

Not applicable to this product.

Wind Load Resistance

This product has been designed to resist wind loads as indicated in the design schedule(s) on the Product Evaluation Document (i.e. engineering drawing).

Installation

The product listed above shall be installed in strict compliance with the Product Evaluation Document (i.e. engineering drawing), along with all components noted therein.

The product components shall be of the material specified in the Product Evaluation Document (i.e. engineering drawing):

Limitations & Conditions of Use:

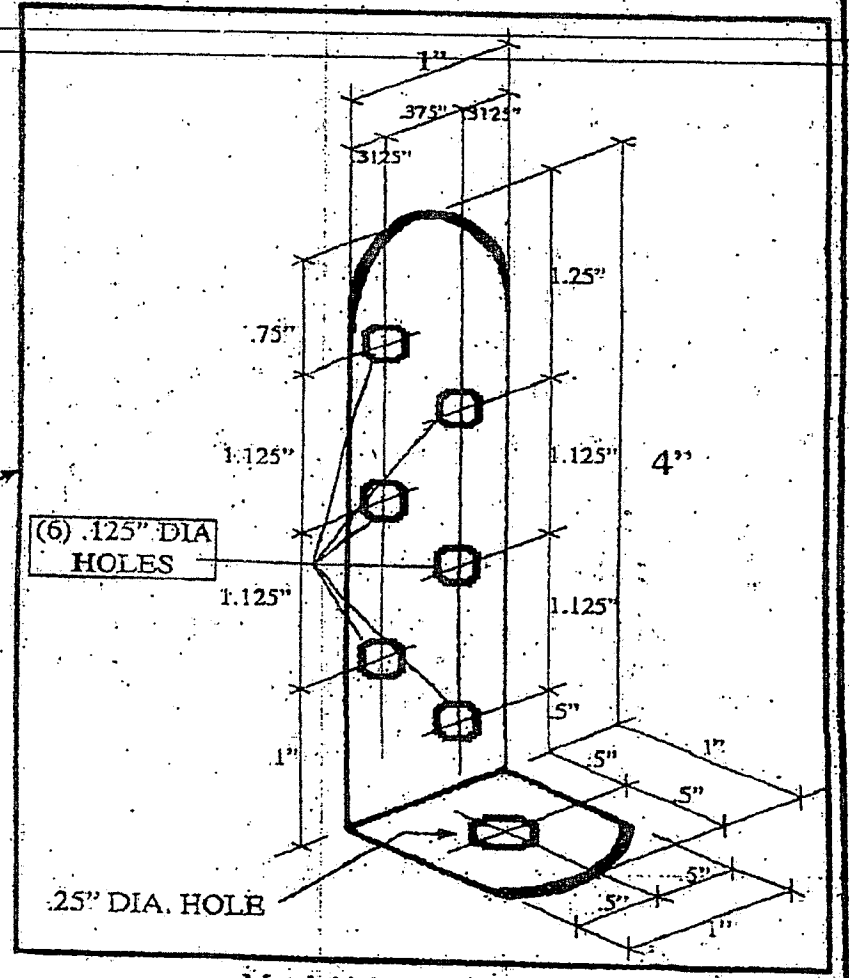
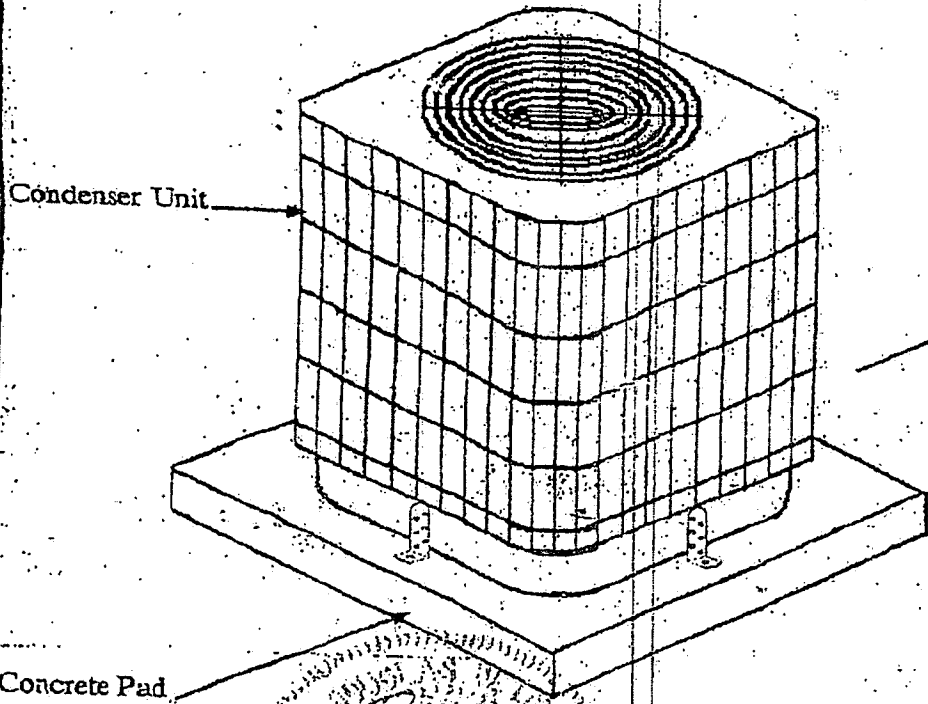
Use of this product shall be in strict accordance with the Product Evaluation Document (i.e. engineering drawing) as noted herein.

All supporting host structures shall be designed to resist all superimposed loads and shall be of a material listed in this product's respective anchor schedule. Host structure conditions which are not accounted for in this product's respective anchor schedule shall be designed for on a site-specific basis by a registered professional engineer.

All components which are permanently installed shall be protected against corrosion, contamination, and other such damage at all times.

This product has been designed for use within the High Velocity Hurricane Zone (HVHZ).

#771 (4 pk) / #772 (100 box) Anchor Clip



Metal thickness = 16 gauge

[Handwritten Signature]
2-7-08

The Metal Shop
1139 Eldridge Street
Clearwater
FL 33755

Ph: (727) 441-2492
Fax: (727) 442-8493
Web: www.metalsshop.org

Consulting Engineer:
Douglas W. Lowe, P.E.
FLA # 13355
1206 Millentum Parkway
Brandon, FL 33511

Revision Date:
2/14/08

Drawn by:
K.P.R.
Scale - Not to scale

Page:
1 of 1

THE METAL SHOP

Custom Metal Manufacturer

Consulting Engineer:

Douglas W. Lowe, P.E.

FLA# 13355

1206 Millenium Parkway

Brandon, FL 33511

ANCHOR CLIPS Installer's Guide

WARNING: HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

PART NUMBER

#771 (4 pk)

#772 (100 box)

#770 (4 pk including hardware)

CONSTRUCTION

16 gauge galvanized steel, G-90 rated for corrosion coastal applications.

PACKAGING DETAILS

All anchor clips are supplied as per package quantities described above.

INSTALLATION

Minimum of 4 clips required per condenser unit.
Minimum of 2 #14 x 3/4" screws with neoprene washer required to fasten clip to condenser unit.

1/4" x 1 3/4" Tapcon screw required to fasten clip to condenser pad.

Locate the anchor clips to fit comfortably between condenser unit and pad.

Adjust clip accordingly to fit on condenser unit and screw together, at the same time ensuring that the base of the clip is still in contact with the pad.

All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit.

Suitable for ground mounted units.

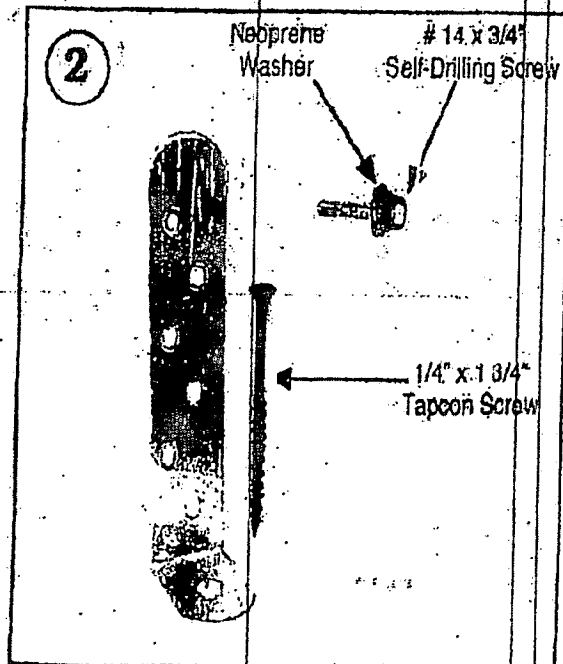
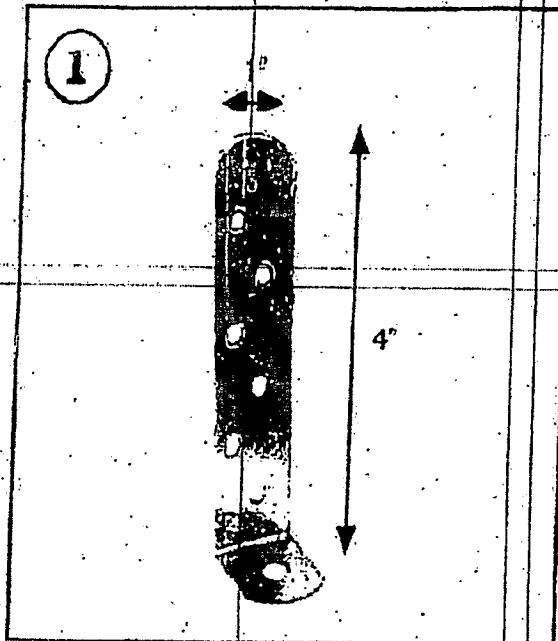
Anchor clip design meets requirements of The Florida Building Code 2007 (Building) chapter 301.12 for wind resistance up to 140 MPH.

FEATURES

The use of "sized to fit" screw holes compared to slots means that security is never compromised. A tight, secure fit between pad and condenser ensures security for the condenser and offers great assurance during extreme weather conditions.

NOTE

Above installation instruction suitable for up to 5 ton units.



Trane

18-HE44D2-1

Installer's Guide

Extreme Condition Mounting Kit

BAYECMT023
BAYECMT004

⚠ WARNING: HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

ALL phases of this installation must comply with NATIONAL, STATE AND LOCAL CODES

IMPORTANT — This Document is customer property and is to remain with this unit. Please return to service information pack upon completion of work.

KIT CONTENT - BAYECMT023:

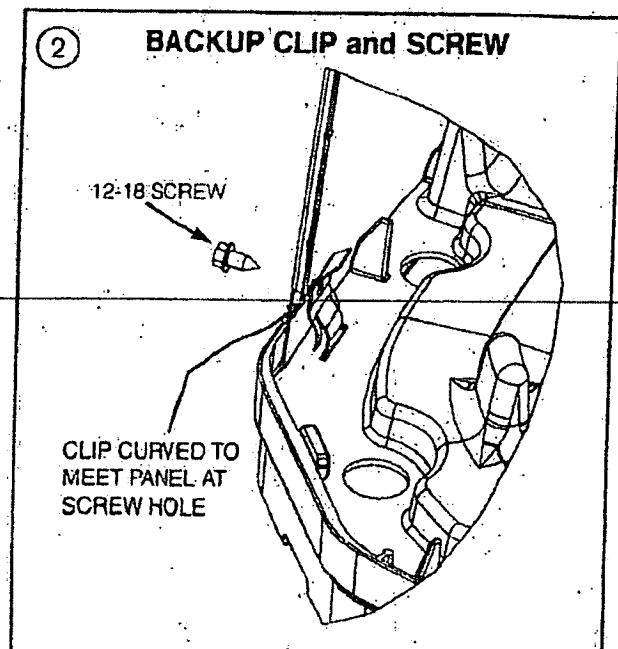
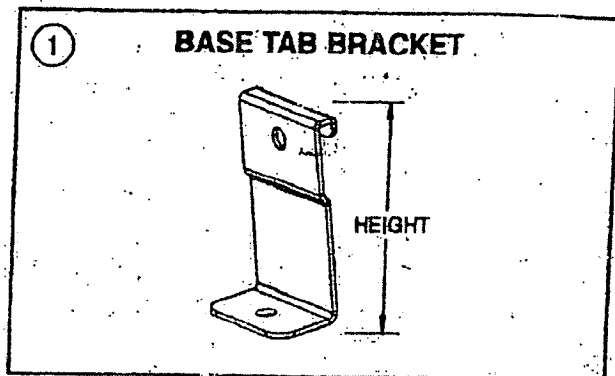
Will mount 10 individual units.
Base Tab Bracket - Qty 40 (Height 2.1"
for Base 2 & 3)
Backup Clip - Qty 40
Self drilling 12-14 Screws - Qty 45
12-18 Screws - Qty 45

KIT CONTENT - BAYECMT004:

Will mount 5 - 10 individual units depending on
unit height. See Installation - BAYECMT004
UNITS greater to or equal to 51" versus 54".
Base Tab Bracket - Qty 40 (Height 2.5"
for Base 4) Backup Clip - Qty 40
Self drilling 12-14 Screws - Qty 45
12-18 Screws - Qty 45

INSPECTION - ALL KITS:

Check carefully for any shipping damage.
This must be reported to and claims made
against the transportation company immedi-
ately. Any missing parts should be reported to
your supplier at once and replaced with au-
thorized parts only.





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: Mark Polsky Contractor name: Royce AC
 Street address: 110 Hillcrest Ter Jurisdiction: _____
 City: Sewall's Point Permit No.: _____
 Zip: 34996 Final inspection date: _____

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

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

Signature: [Signature] Date: 8-15-14
 Printed Name: Thomas Royce
 Contractor License #: CAL-009726

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

Signature: _____ Date: _____
 Printed Name: _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-11-14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10698	Smith	Final	Cancel	will reschedule
	2 Heritage Way	Mechanical		
	A/C Mann	(Expired)		

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10990	Currier	Driveway		
	107 Hillcrest Ct	Final	Pass	CLOSE
	Franco Const.			INSPECTOR <i>AF</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10980	DIPPY	Dock		
Morning	38 E High Pt. Rd	La Progress	Pass	CLOSE
	Ed's Island Services	FINAL		INSPECTOR <i>AF</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10974	Polisky	Final		
After noon	110 Hillcrest Terr	Mechanical	Pass	CLOSE
	Ranger A/c			INSPECTOR <i>AF</i>

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

TREE



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 Jonna + Mark POISKY Address [REDACTED] Phone 221-3518 ✓

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Species: Cabbage palm (PROTECTED - SEE

No. of Trees: RELOCATE _____ Species: _____ (FIRST PAGE)

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

X Reason for tree removal/relocation (See notice above) tree is leaning against fence and toward roof line / close to roof line.

Signature of Property Owner [Signature] Date 4/18/2013

Approved by Building Inspector: [Signature] Date 4-19-13 Fee: _____

NOTES: ~~TREE REMOVAL PERMIT - BUT UNRELATED TO THE PERMIT TO BE~~
~~AND RETURN TO BUREAU - NEED PERMIT TO CHISEL TREE~~

