

112 Hillcrest Terrace

2275

SFR

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER Fairview South
CONTRACTOR Mosley & Son Const
LOT 24 BLOCK _____ SUB Hillcrest
NO. 112 Hillcrest Terrace St. or Ave.

NO. 2275 Date Issued 4/13/88

Call 287-2455 From 8:00 A.M. - 12:00 Noon and
1:00 P.M. - 4:00 P.M. For Inspections of Items 1 thru 13.

TOWN OF SEWALL'S POINT BUILDING PERMIT

- * REQUESTS FOR INSPECTIONS REQUIRE AT LEAST 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.
- * WORKING HOURS ARE FROM 8:00 to 5:00 P.M. MONDAY THRU SATURDAY. PORTABLE TOILET FACILITIES MUST BE ON JOB SITE BEFORE INITIAL INSPECTION.

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION		
3. FOOTING - SLAB	OK 5/5/88 DB	Slab OK 5/13/88 DB
4. ROUGH PLUMBING	OK 5/12/88 DB	
5. ROUGH ELECTRIC	OK 6/28/88 DB	
6. LINTEL	OK 5/31/88 DB	
7. ROOF		
8. FRAMING	OK 6/28/88 DB	
9. INSULATION	OK 7/1/88 DB	
10. A/C DUCTS	OK 6/28/88 DB	
11. FINAL ELECTRIC		
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION		

TO CONSTRUCT New Residence

REMARKS:

TRAVIS EJ
5-13-88 AB
Pat: p
5-17-88 AB

TOWN OF SEWALL'S POINT FLORIDA

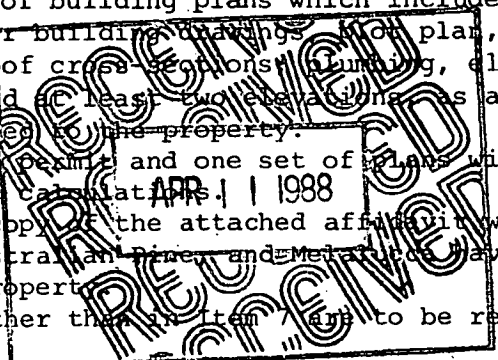
Application for a Permit to Build a House or Commercial Building

PERMIT NO. 2275

DATE 3/28/88

To obtain this permit, the following documents are necessary:

1. Florida certification of Builder and Sub-contractors.
2. Certificate of insurance from Contractor or owner builder for liability and workmen's compensation.
3. Three sets of building plans which include:
1/4" scale for building drawings. Plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing, electrical and air-conditioning layouts, and at least two elevations as applicable.
4. Warranty deed to the property.
5. Septic tank permit and one set of plans with Health Dept. seal.
6. Energy code calculations. 1988
7. Notorized copy of the attached affidavit which states that all Brazilian Pepper, Australian Pine, and Melaleuca have been permanently removed from the property.
8. If trees other than in item 7 are to be removed, a separate tree removal permit.
9. Designation of the Flood Control Zone in which the property is located as defined by the latest Flood Control Map. If the location is questionable, it must be certified by a licensed surveyor. If in "A" Zone, the proposed slab elevation should be specified. If in "V-13", the proposed elevation of the top of pier or piling is required.
10. A manufacturer's window schedule with symbols of sizes.



Owner FAIRVIEW SOUTH Present Address 3601 SE OCEAN BLVD.

Phone 286-7600 STUART, FL.

General Contractor MOSLEY & SON CONSTRUCTION Address 1400 SE MONTEREY RD.

Phone 287-6962 STUART, FL.

Where Licensed STATE OF FLORIDA License No. CGC - 036047

Plumbing Contractor DAVES PLUMBING License No. 00030

Electrical Contractor FORWARD ELECTRIC License No. 00092

Roofing Contractor PANACHE CONST. License No. CGC A07037

Air-Conditioning Contractor FLYNNS License No. 00017

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

Name the street on which the building, its front building line and its front yard will face 112 HILLCREST TERRACE

Subdivision HILLCREST Lot No. 24 Area _____

Building area, inside walls 2748 (2172 LIVING, 576 GARAGE)

Area of garage-carport-porch-square feet 500 PORCH

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 150,739.00

Cost of permit \$ 160.00 Plans approved as submitted _____ or, as marked

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

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

Signed Contractor

Philip W. Morgan, Jr. Qualifying Agent

Owner

Dale Brown
Dale Brown

Approved by Building Inspector
Approved by Commissioner
Certificate of Occupancy issued

Date 4/13/88
Date 4/13/88
Date _____

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

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: MOSLEY + SON CONST
LEGAL DESCRIPTION: LOT 24 HILCREST S/D
SEPTIC TANK PERMIT NUMBER: HD88-207

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

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

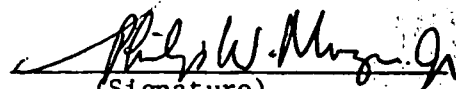
Date Observed: _____

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

CERTIFIED BY: _____

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

Date: _____ Job Number: _____


(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

(Signature of Environmental Health Specialist)

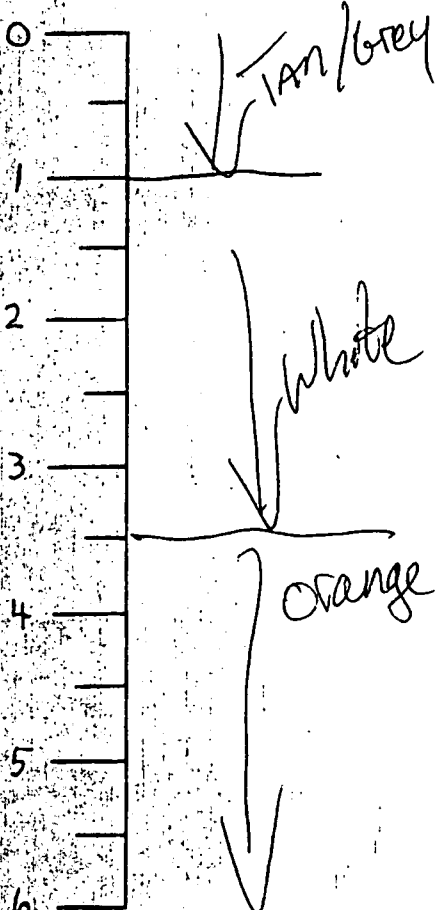
(Date)

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

APPLICANT: Mosley & Son Const

LEGAL DESCRIPTION: Lot 24 Hillcrest Slp

SOIL PROFILE



USDA SOIL TYPE Paola

USDA SOIL NUMBER 6

Impervious soils are present at 36' below natural grade.

Present Water Depth Below Natural Grade 36'

Wet Season Range Per Soil Survey 67

Estimated Wet Season Water Depth Below Natural Grade 67

Indicator Vegetation Present Citrus, Cacti, Oak, Royal Palm, Cabbage Palm, Mango

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

Approximate Amount of Fill on Neighboring Lots N/A

Other Findings:

EVALUATION BY: Jacqueline Kelly

DATE: 4-5-88

W5⑥

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

DATE: 4-6-88
888-1111

PERMIT NUMBER: HD 88-207

NAME OF APPLICANT: Mosley & Son Construction HOME PHONE: _____

WORK PHONE: 287-6962

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

LOT 24 BLOCK _____ SUBDIVISION HILLCREST S/D

PLAT BOOK 10 PAGE 39 DATE SUBDIVIDED AUG. 1986

RESIDENTIAL: NUMBER DWELLING UNITS ONE NUMBER BEDROOMS THREE

HEATED OR COOLED AREA OF HOME 2374 SQUARE FEET

COMMERCIAL: TYPE OF BUSINESS PROPOSED _____ NUMBER PEOPLE _____

AFFIDAVIT

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

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

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

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 1050 GALLONS

DRAINFIELD SIZE 400 SQUARE FEET

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

MINIMUM SETBACK REQUIRED FROM PROPERTY LINES TO DRAINFIELD ROCK IS 5'

*NOT TO EXCEED 18" OF COVER OVER DRAINFIELD ROCK

ISSUED BY: J. King McKe... ENVIRONMENTAL HEALTH SPECIALIST

DATE: 4-6-88

PLEASE NOTE:

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

1. THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE.
2. IF BUILDING STUBOUT IS MORE THAN 20 FEET FROM SEPTIC TANK AND DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
3. IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
4. IF ANY INFORMATION ON THIS PERMIT CHANGES, PLEASE SUBMIT AN UPDATED APPLICATION TO THIS OFFICE.
5. IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS.

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

FINAL INSPECTION

CONSTRUCTION APPROVED BY: _____ ENVIRONMENTAL HEALTH SPECIALIST

DATE: _____

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

SITE INFORMATION

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE A LIMITED USE NON-COMMUNITY OR OTHER PUBLIC WELL WITHIN 100 FEET OF PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC SEWER WITHIN 100 FEET OF THE PROPOSED LOT? NO
6. IS THERE A LAKE, STREAM, WETLAND, OR OTHER BODY OF WATER WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
7. IS THERE A PROPOSED OR EXISTING PUBLIC WATER LINE WITHIN TEN FEET OF THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? YES, BUT NO SWALE OR DEPRESSION IN DRAIN. EASEM'T.
9. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
10. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
11. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDINGS OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
13. THERE IS 2500 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA.

ELEVATIONS

1. CROWN OF ROAD ELEVATION 11.48' M.S.L. SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 9.75' M.S.L. SHOW LOCATION ON PLOT PLAN.
3. 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 1929 (ELEVATION OPTIONAL)

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

CERTIFIED BY: Arthur Speedy
FL. PROFESSIONAL NO: 3343 P.L.S.
DATE: MAR 30, '88 JOB NO: 880305

SITE DIRECTIONS

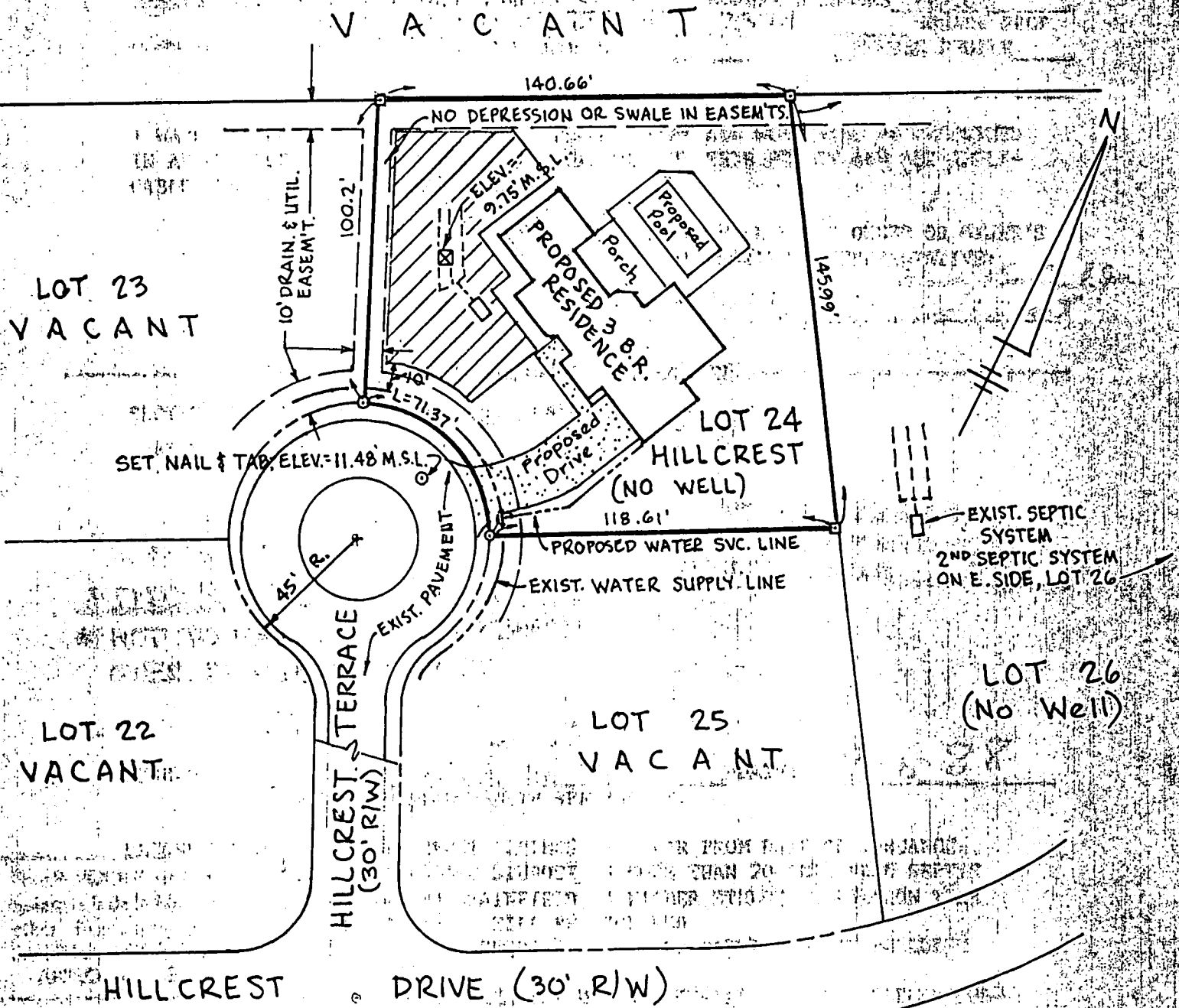
ATTACH SITE LOCATION MAP OR EXPLAIN DIRECTION TO SITE BELOW

DIRECTIONS TO SITE: East on E. Ocean Blvd. across first bridge to S. Sewall's Point Road; South on S. Sewall's Pt. Rd for 2000'± to Hillcrest Drive; West on Hillcrest Dr. for 700'± to Hillcrest Terrace; North on Hillcrest Terr. to end of cul-de-sac. Building site (Lot 24) is on right hand side.

INDIVIDUAL SEWAGE DISPOSAL FACILITIES
DATA SHEET

Location: Lot 24, HILLCREST S/D on Hillcrest Terr. in Sewall's Point Applicant: Mosley & Son Construction
County: MARTIN

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



PLAN SCALE: 1" = 50'

LEGEND

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

CERTIFIED BY: Arthur J. Jesty

FLORIDA PROFESSIONAL No. 3343 P.L.S.

Date Mar. 30, 1988 Job No. 880305

Sheet 3 of 3

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 9/12/88

This is to request that a Certificate of Approval for Occupancy be issued to Fairview South
 For property built under Permit No. 2275 Dated 3/28/88 when completed in
 conformance with the Approved Plans.

Item	Signed	Approved by
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION		
3. FOOTING - SLAB	<u>5/5/88 5/13/88</u>	
4. ROUGH PLUMBING	<u>5/12/88</u>	
5. ROUGH ELECTRIC	<u>6/28/88</u>	
6. LINTEL	<u>5/31/88</u>	
7. ROOF	<u>6/28/88</u>	
8. FRAMING	<u>6/28/88</u>	
9. INSULATION	<u>7/1/88</u>	
10. A/C DUCTS	<u>6/28/88</u>	
11. FINAL ELECTRIC	<u>9/12/88</u>	
12. FINAL PLUMBING	<u>9/12/88</u>	
13. FINAL CONSTRUCTION	<u>9/12/88</u>	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 9/12/88 date

Approved by Building Commissioner Rolores del C. Clarke date

Utilities notified F.P.L. 9/12/88 date

Original Copy sent to Mosley & Son

(Keep carbon copy for Town files)

2313 POOL

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER Frank Russo

CONTRACTOR DeStefano & Martin

LOT 24 BLOCK - SUB Hillcrest

NO. 112 Hillcrest Terrace (St. or Ave.)

NO. 2313

Date Issued 6-9-88

Call 287-2455 From 8:00 A.M. - 12:00 Noon and 1:00 P.M. - 4:00 P.M. For Inspections of Items 1 thru 13.

TOWN OF SEWALL'S POINT BUILDING PERMIT

- * REQUESTS FOR INSPECTIONS REQUIRE AT LEAST 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.
- * WORKING HOURS ARE FROM 8:00 to 5:00 P.M. MONDAY THRU SATURDAY. PORTABLE TOILET FACILITIES MUST BE ON JOB SITE BEFORE INITIAL INSPECTION.

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION		
3. FOOTING - SLAB		
4. ROUGH PLUMBING	<u>deck OK 7/29/88</u>	
5. ROUGH ELECTRIC	<u>STEEL & Ground OK 6/24/88 DB</u>	
6. LINTEL		
7. ROOF		
8. FRAMING		
9. INSULATION		
10. A/C DUCTS		
11. FINAL ELECTRIC		
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION		

TO CONSTRUCT pool

REMARKS:

Permit No. **2313**

Date **6-3-88**

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

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

Owner FRANK RUSSO Present Address 4440 Sand Pebble Trace

Phone 225-4256 STUART

Contractor DESTEFANO & MARTIN POOLS Address 1501 DECKER AVE #304

Phone 692-2450 STUART FL 34994

Where licensed MARTIN CO License number SPO0807

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

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

112 HILLCREST TERR. SEWALLS POINT

Subdivision HILLCREST S/D Lot number 24 Block number _____

Contract price \$ 11,244.00 Cost of permit \$ 100.00

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 Terry Destefano

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 Frank Russo

TOWN RECORD

Date submitted _____ Approved: Dale Brown 6/6/88
Building Inspector Date

Approved: Dale Dale Corlie 6/6/88
Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282

Permit No. **2313**

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.

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 9/30/88

This is to request that a Certificate of Approval for Occupancy be issued to Russell
For property built under Permit No. 2313 Dated 6-9-88 when completed in
conformance with the Approved Plans.

Item	
1. LOT STAKES/SET BACKS	
2. TERMITE PROTECTION	
3. FOOTING - SLAB	
4. ROUGH PLUMBING	<u>deck 7/29-88</u>
5. ROUGH ELECTRIC	<u>Steel + Ground 6-24-88</u>
6. LINTEL	
7. ROOF	
8. FRAMING	
9. INSULATION	
10. A/C DUCTS	
11. FINAL ELECTRIC	<u>9/30/88</u>
12. FINAL PLUMBING	<u>9-30-88</u>
13. FINAL CONSTRUCTION	<u>9-30-88</u>

Signed _____

Approved by _____

Final Inspection for Issuance of Certificate for Occupancy:

Approved by Building Inspector Dale Bro

9/30/88 date

Approved by Building Commissioner _____

date

Utilities notified _____

date

Original Copy sent to _____

(Keep carbon copy for Town files)

2347

Pool Enclosure

TOWN OF SEWALL'S POINT, FLORIDA

Date 6-8-88

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

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

Owner FRANK RUSSO Present Address 112 Hillcrest terrace

Phone _____ Jewells Pt. Florida

Contractor Pioneer Screen Address 3121 SE Lozier St.

Phone 283-9197 Stuart, Florida 34997

Where licensed Martin County License number SP00409

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Roofing contractor _____ License number _____

Air conditioning contractor _____ License number _____

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

Pool Enclosure

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

112 Hillcrest Terrace Jewells Point

Subdivision Hillcrest Lot number 24 Block number _____

Contract price \$ 3756.00 Cost of permit \$ _____

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, the State of Florida Model Energy Efficiency Building Code 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 Ortiz Rice, Inc.

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 Frank Russo

TOWN RECORD

Date submitted _____ Approved Dale Brown Building Inspector Date _____

Approved Hell Clarke 6/25/88 Final Approval given _____ Date _____
Commissioner Date Date

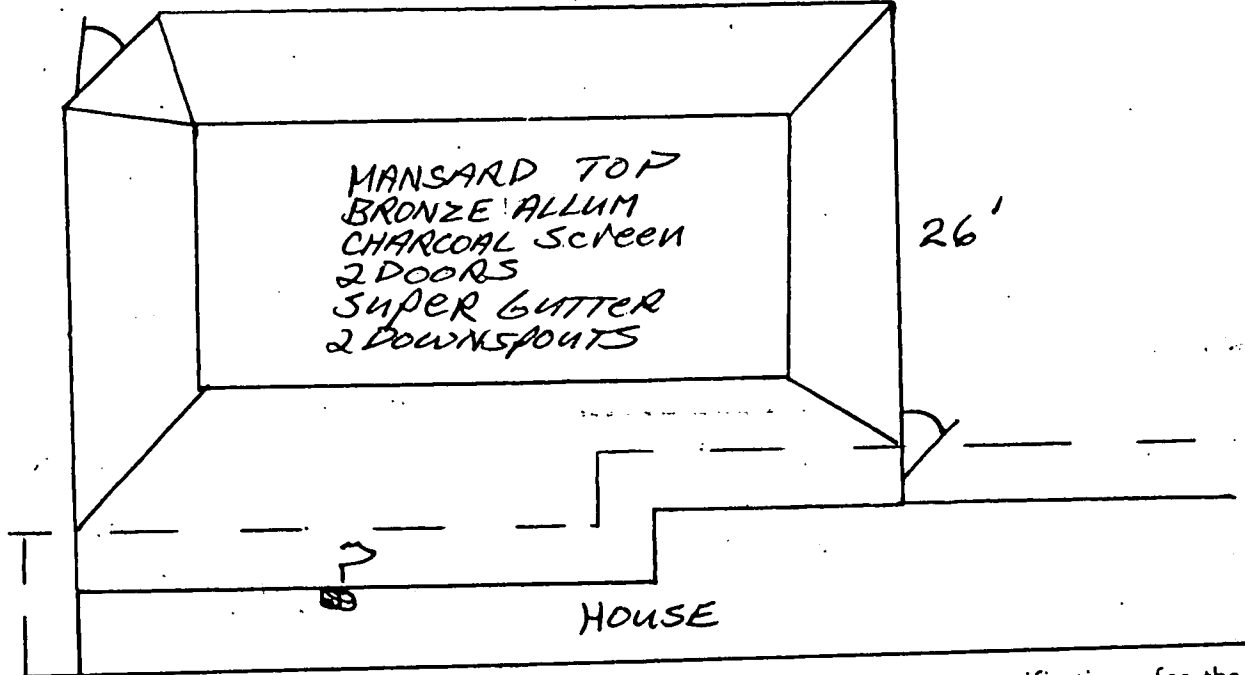
Certificate of Occupancy issued (if applicable) _____ Date _____

PIONEER SCREEN INC.

3121 S.E. Waaler Street
 Stuart, Florida 34997
 283-9197

PROPOSAL SUBMITTED TO <i>Mr & Mrs FRANK RUSSO</i>		PHONE	DATE <i>6-2-88</i>
STREET <i>112 HILLCREST TERR</i>		JOB NAME	
CITY, STATE AND ZIP CODE <i>SEWALLS PT</i>		JOB LOCATION <i>LOT-24 HILLCREST S/P</i>	
ARCHITECT	DATE OF PLANS	JOB PHONE	

We hereby submit specifications and estimates for:



WE PROPOSE hereby to furnish material and labor & complete in accordance with above specifications, for the sum of

Payment to be made as follows: 10% DEPOSIT dollars (\$ 3,756.00)
75% JOB START
15% COMPLETE

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance.

Authorized Signature

Terry [Signature]

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

ACCEPTANCE OF PROPOSAL - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. Owner agrees to pay all attorneys fees if this contract should go to court for collection for any reason, and pay 1 1/2% interest per month on unpaid balance.

Signature

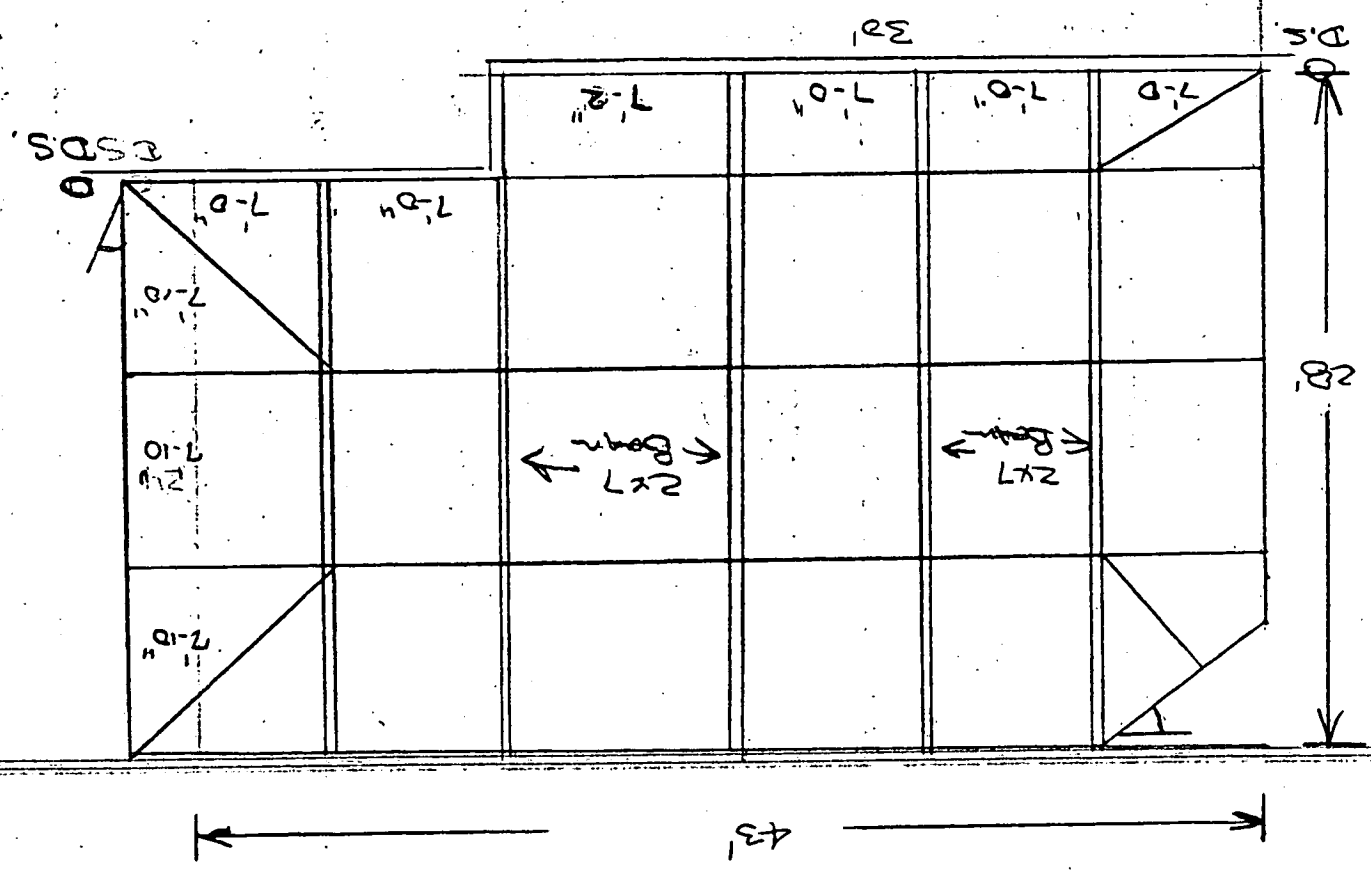
Baylan [Signature]

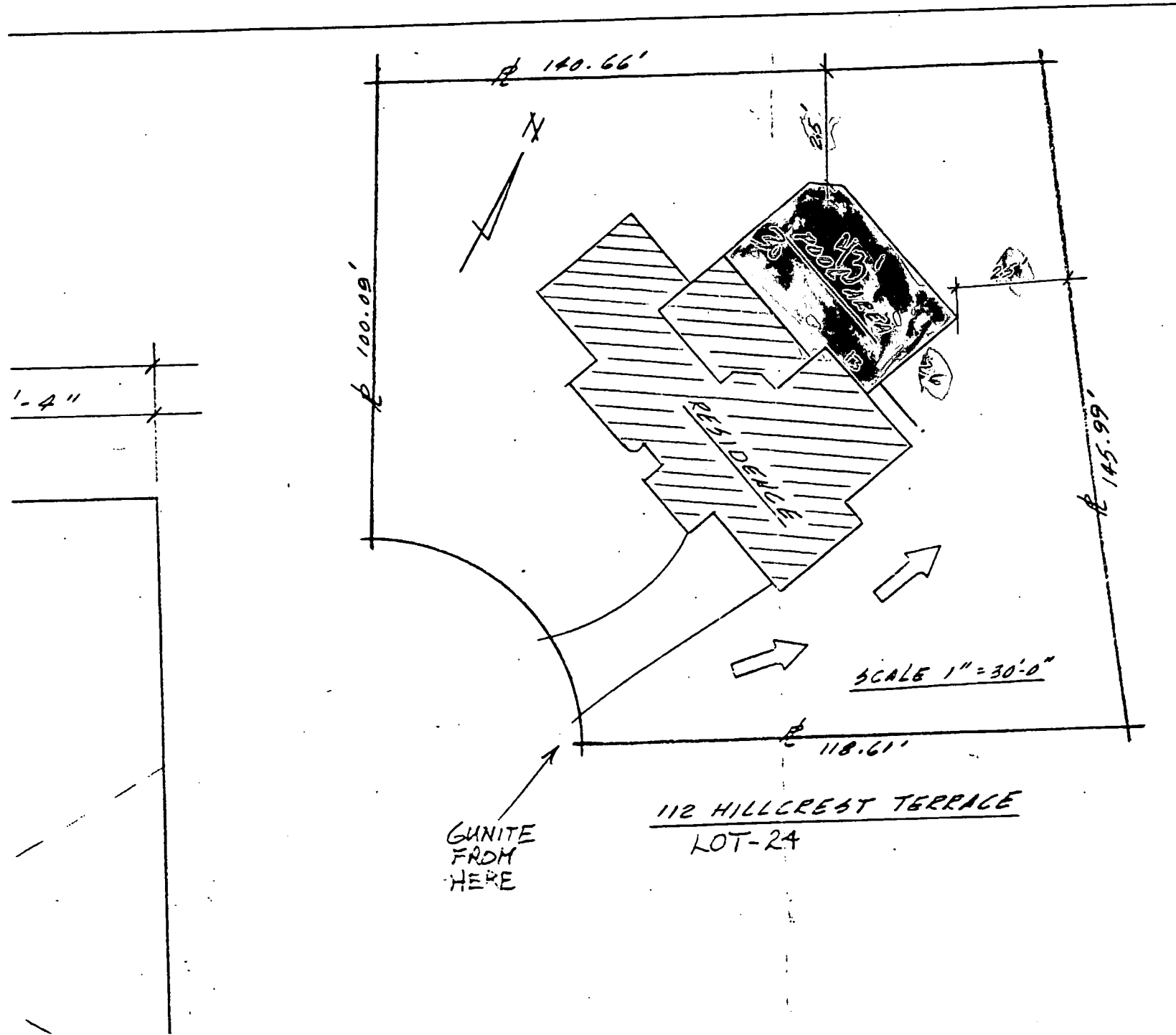
Signature

Frank Russo

Date of Acceptance: _____

FRANK RUSSO
112 HILL CREST TERR
SEWELL'S FARM





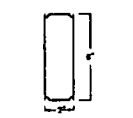
POOL SPECIFICAT

MAX. WIDTH	<u>15'-0"</u>	MAX LENGTH	
MIN. DEPTH	<u>3'-0"</u>	MAX. DEPTH	
SHAPE	<u>RECTANGLE</u>	ELEVATION	
DIRT FROM EXCAVATION	<u>LEAVE</u>		
JOB ENTRANCE	<u>PER PLAN</u>		
TILE	<u>FRC-104A</u>	INT. FINISH	
STEP TILE	<u>ANTIQUIC RED</u>		
FILTER	<u>S.S. D.E. 36"</u>	PUMP STA	
MOTOR H.P.	<u>1</u>	TIME CLOCK	
J. BOX	<u>YES</u>		
LIGHT	<u>300 WATT</u>	TRANSFORM	
MAIN DRAIN	<u>2"</u>	SKIMMER	
INLETS	<u>4</u>	THERAPY	
SWIM O. OR LADDER	<u>SWIMOU</u>		
HANDRAIL	<u>NO</u>		
DIVE BD.	<u>NO</u>	SLIDE	<u>NO</u>
HEATER	<u>NO</u>	TANK	<u>NO</u>
VAC. HEAD	<u>YES</u>	VAC. HOSE	
VAC. POLE	<u>YES</u>	BRUSH	
LEAF SKIMMER	<u>YES</u>	TEST KIT	
CHLORINATOR	<u>CL-200</u>	FILL LINE	
OVERFLOW LINE	<u>NO</u>	POOL CLEAN	
TREE REMOVAL	<u>NO</u>	STUMP REM	
WATER & ELECTRIC SUPPLY	<u>TEMP</u>		
BACK WASH LINE	<u>YES</u>		
SCREEN ENCLOSURE	<u>BY OTHER</u>		
ELECTRICAL HOOKUP	<u>BY OTHER</u>		

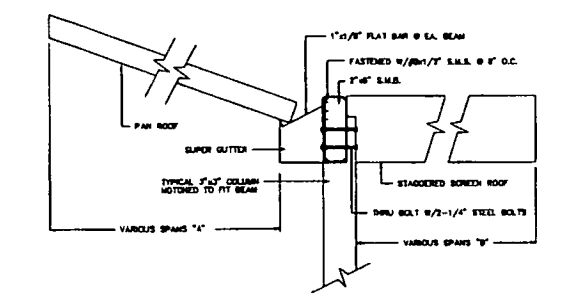
SUPER GUTTER
ALLOY 6063-T6
A = 1.20in²
WT = 1.44#/L.F.
I = 3.946in⁴
Sx = 1.973in³



2"x6" S.M.B.
ALLOY 6063-T6
A = 1.398in²
WT = 1.67#/L.F.
I = 8.46in⁴
Sx = 2.82in³



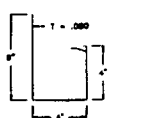
COMBINATION Sx = 4.80in³



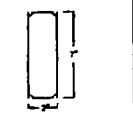
SPAN TABLE - FOR COMBINATION - SUPER GUTTER + 2"x6" S.M.B.

VARIOUS SPANS OF ROOF PANS "A"	VARIOUS SPANS OF SCREEN ROOFS "B"												
	18"	20"	22"	24"	26"	28"	30"	32"	34"	36"	38"	40"	42"
4'-0"	20'-0"	18'-10"	18'-0"	18'-10"	18'-0"	17'-10"	17'-0"	17'-10"	18'-0"	18'-2"	18'-10"	18'-0"	18'-0"
6'-0"	18'-0"	18'-0"	17'-0"	17'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"
8'-0"	17'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"
10'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"
12'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"
14'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"

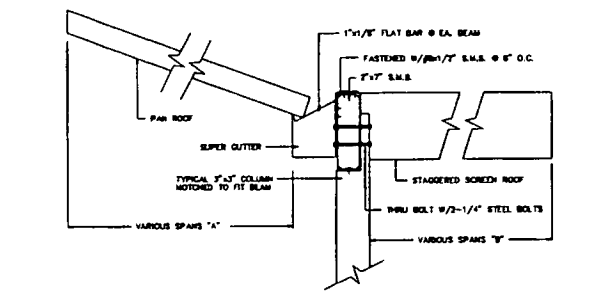
SUPER GUTTER
ALLOY 6063-T6
A = 1.20in²
WT = 1.44#/L.F.
I = 3.946in⁴
Sx = 1.973in³



2"x7" S.M.B.
ALLOY 6063-T6
A = 1.782in²
WT = 2.14#/L.F.
I = 17.139in⁴
Sx = 4.89in³



COMBINATION Sx = 6.87in³

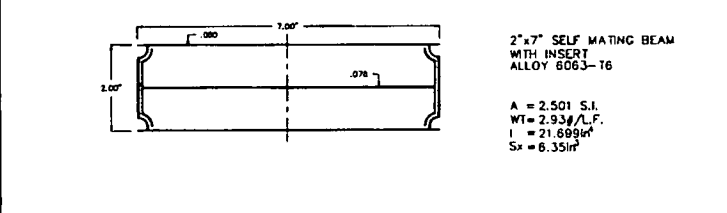
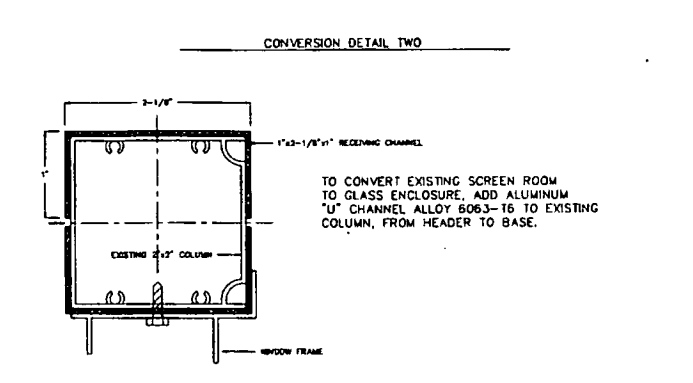
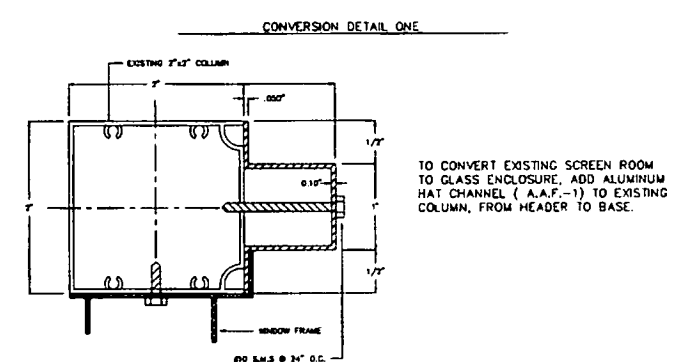


SPAN TABLE - FOR COMBINATION - SUPER GUTTER + 2"x7" S.M.B.

VARIOUS SPANS OF ROOF PANS "A"	VARIOUS SPANS OF SCREEN ROOFS "B"												
	18"	20"	22"	24"	26"	28"	30"	32"	34"	36"	38"	40"	42"
4'-0"	24'-0"	22'-0"	22'-0"	22'-0"	22'-0"	22'-0"	22'-0"	22'-0"	22'-0"	22'-0"	22'-0"	22'-0"	22'-0"
6'-0"	22'-0"	22'-0"	21'-0"	21'-0"	22'-0"	22'-0"	22'-0"	22'-0"	22'-0"	22'-0"	22'-0"	22'-0"	22'-0"
8'-0"	20'-0"	21'-0"	21'-0"	21'-0"	21'-0"	21'-0"	21'-0"	21'-0"	21'-0"	21'-0"	21'-0"	21'-0"	21'-0"
10'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"
12'-0"	17'-0"	17'-0"	17'-0"	17'-0"	17'-0"	17'-0"	17'-0"	17'-0"	17'-0"	17'-0"	17'-0"	17'-0"	17'-0"
14'-0"	16'-0"	16'-0"	16'-0"	16'-0"	16'-0"	16'-0"	16'-0"	16'-0"	16'-0"	16'-0"	16'-0"	16'-0"	16'-0"

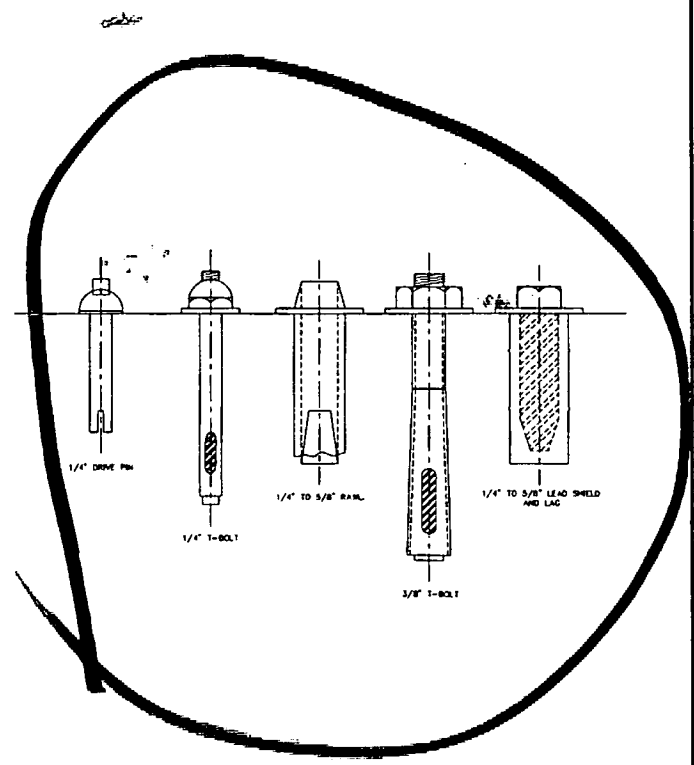
CARRIER BEAM - SPAN TABLE S-2
(SUPER GUTTER & 2"x6" S.M.B.)

CARRIER BEAM - SPAN TABLE S-3
(SUPER GUTTER & 2"x7" S.M.B.)

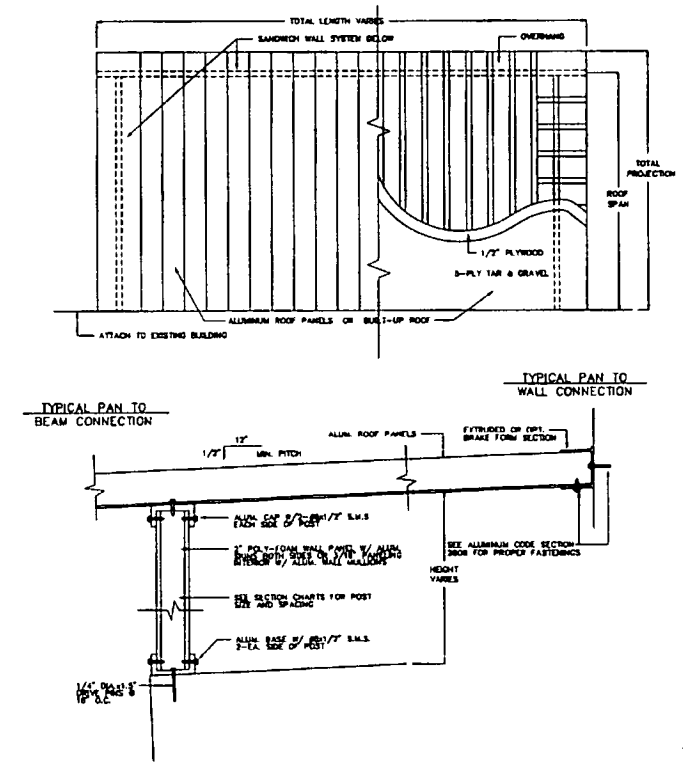


2"x7" SELF MATING BEAM WITH INSERT ALLOY 6063-T6
A = 2.501 S.I.
WT = 2.93#/L.F.
I = 21.699in⁴
Sx = 8.35in³

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	56'-9"	47'-6"	30'-0"	27'-5"
4'	49'-2"	41'-2"	26'-0"	23'-9"
5'	44'-0"	36'-10"	24'-3"	21'-3"
6'	40'-2"	33'-6"	21'-3"	19'-4"
7'	37'-2"	31'-1"	19'-8"	17'-11"
8'	34'-9"	29'-0"	18'-5"	16'-0"
9'	32'-9"	27'-5"	17'-4"	15'-10"
10'	31'-0"	26'-0"	16'-5"	15'-0"



MASONRY - CONCRETE FASTENERS



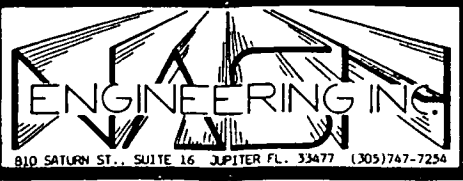
GLASS ROOMS
(SANDWICH SYSTEM)

GLASS ROOM "HAT"
(REINFORCEMENT OF .040 POST)

2"x7" S.M.B. WITH INSERT

DATE	BY	DESCRIPTION
3-23-88	JC	DETAILS 4-1, 4-2, 4-6 UPDATED
4-8-88	JC	MOVED DETAILS AROUND ON ALL 5 PAGES
4-15-88	JL	ADDED SPAN DEFINITION ENTS
REVISIONS		

TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA

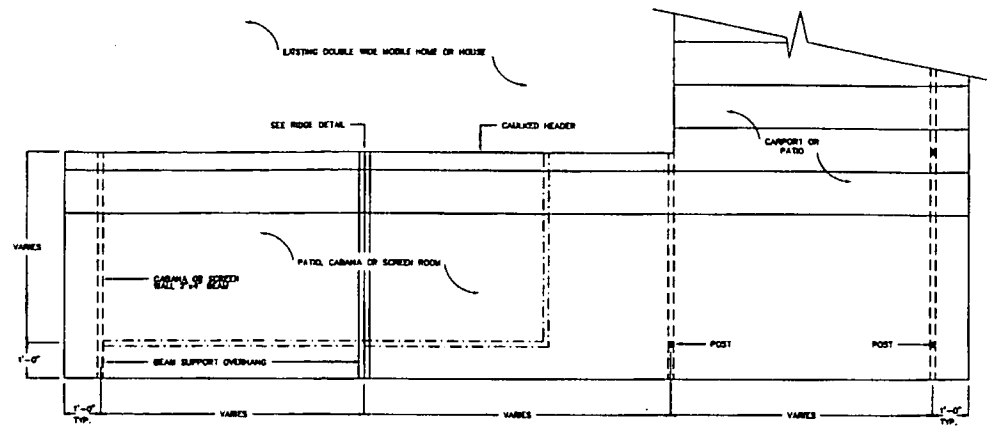


ALUMINUM CONSTRUCTION
DETAILS

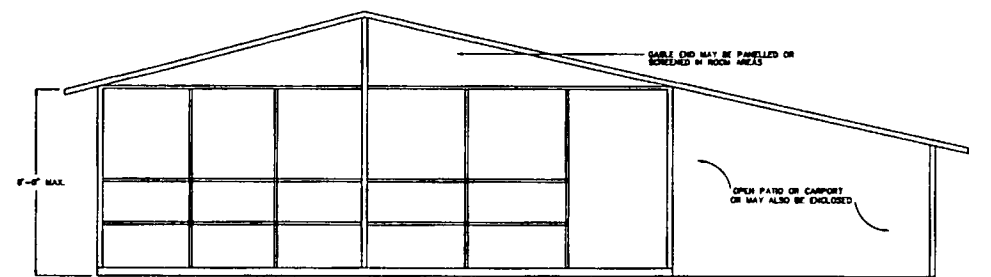
DRAWN	COMPTON
CHECKED	NASH
SCALE	NT.S.
DATE	MARCH 1988
JOB NO.	880B

SEAL
4/27/88

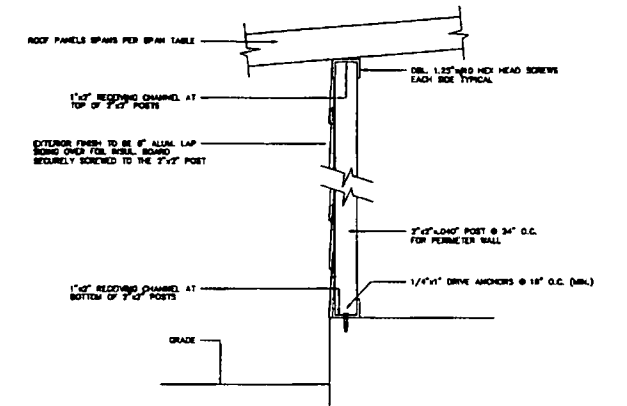
SHEET
4
OF FIVE SHEETS



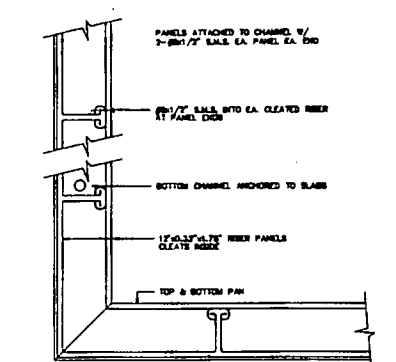
TYPICAL PLAN VIEW



TYPICAL ELEVATION



TYPICAL SECTION

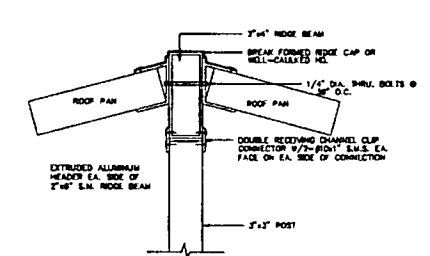


WALL DETAIL

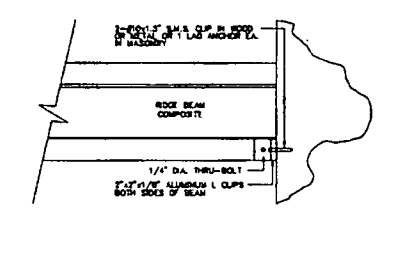
ATTACHED A-FRAME COMBINATION PATIO-CABANA OR CARPORT

TYPICAL UTILITY ROOM

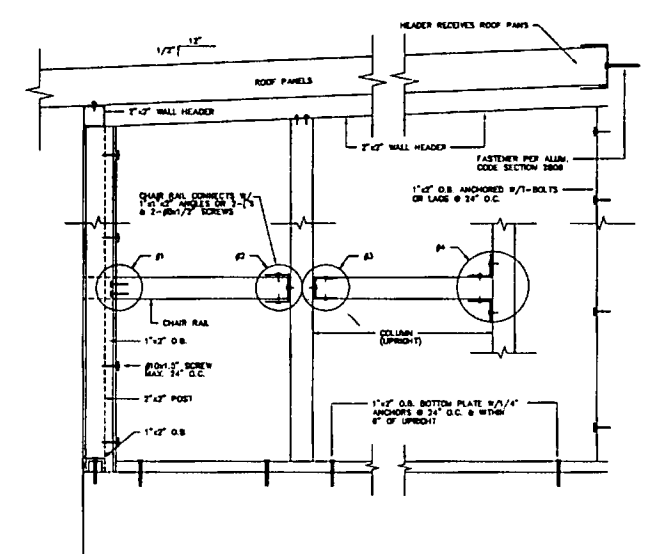
TYPICAL UTILITY ROOM



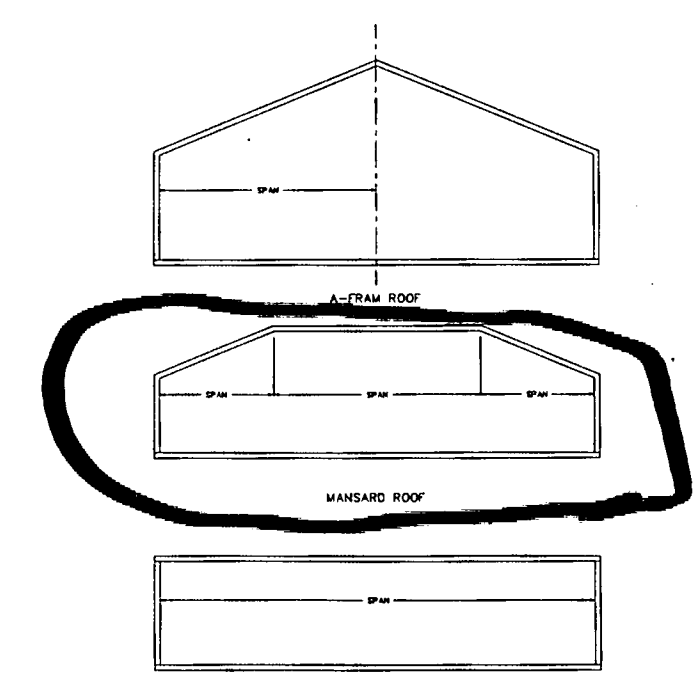
TYPICAL DETAIL



END CONNECTION



CHAIR RAIL CONNECTION ALTERNATIVES (PER CHAP. XXVIII SECTION 2803.)
 1. INTERNAL SCREWS
 2. EXTERNAL SCREWS
 3. INTERNAL "U" CHANNEL
 4. EXTERNAL ANGLES



SPAN DEFINITION

RIDGE BEAM

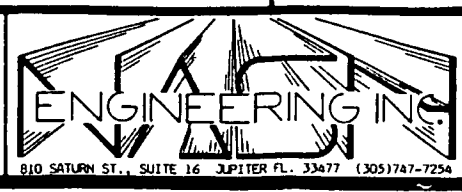
RIDGE BEAM

SCREEN ROOM
(WITH ALUMINUM ROOF)

SPAN DEFINITION

DATE	BY	DESCRIPTION
3-23-88	JC	DETAIL 5-6 UPDATED & DETAIL 5-7 ADDED
4-8-88	JC	MOVED DETAILS AROUND ON ALL 5 PAGES
4-25-88	JC	ADDED SPAN DEFINITION TO SHT. 5
REVISIONS		

TREASURE COAST CHAPTER, INC.
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 OF FLORIDA

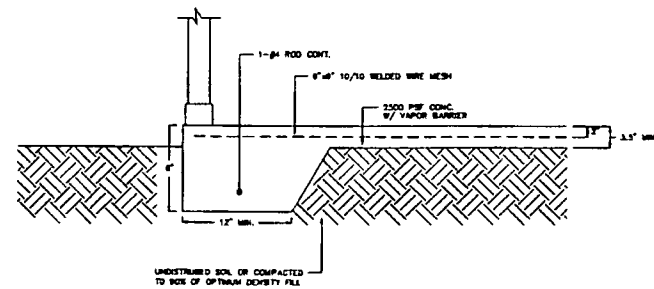


ALUMINUM CONSTRUCTION
 DETAILS

DRAWN	COMPTON
CHECKED	NASH
SCALE	N.T.S.
DATE	MARCH 1988
JOB NO.	88018

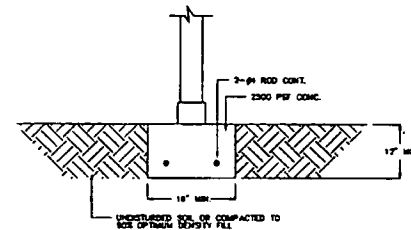
SEAL
John Nash
 4/27/88

SHEET
 5
 OF FIVE SHEETS



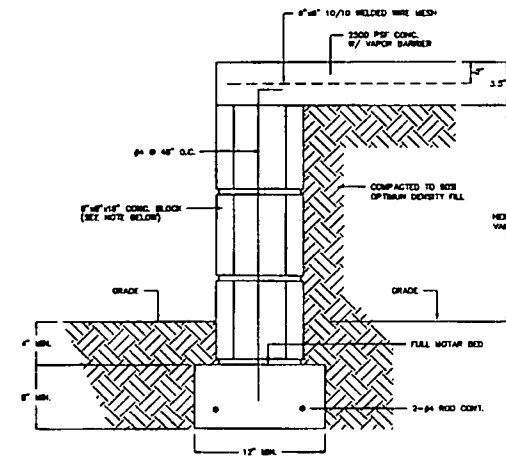
(NEW) SLAB ON GRADE

ALUMINUM SCREEN ROOMS, GLASS ROOMS, PATIO COVERS AND CARPORTS



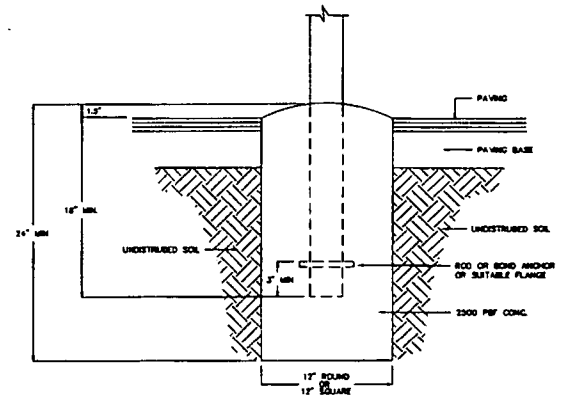
CONTINUOUS WALL FOOTING

FOR ALUMINUM ENCLOSURES WITH SOLID ALUMINUM ROOFS

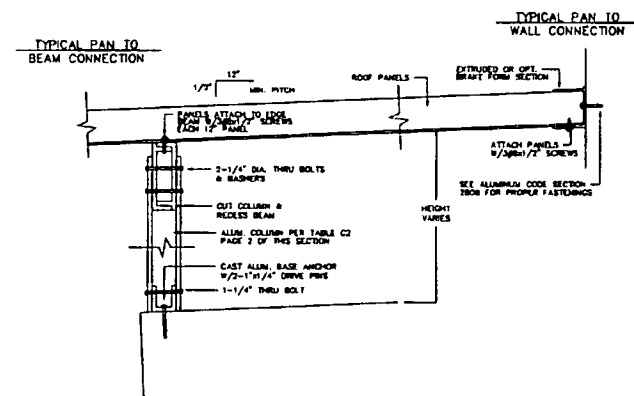
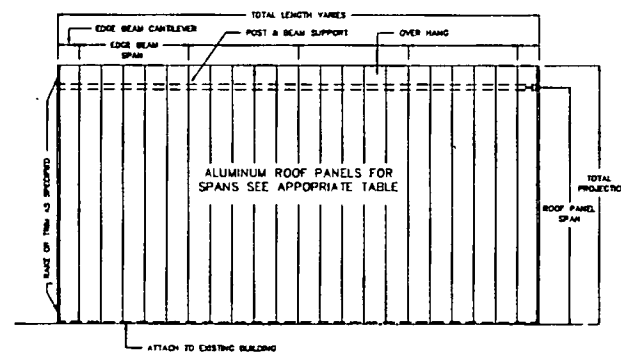


RAISED SLAB

WITH 8" CONC. BLOCK FOR ALUMINUM SCREEN ROOMS, GLASS ROOMS AND PATIO COVERS



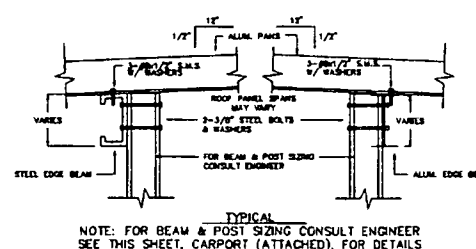
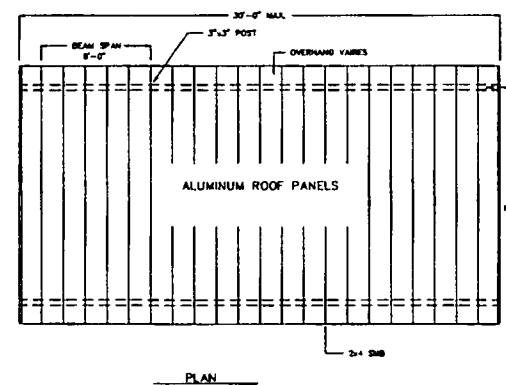
PIER TYPE FOOTING



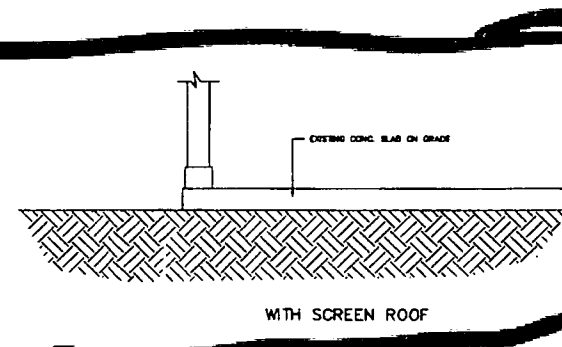
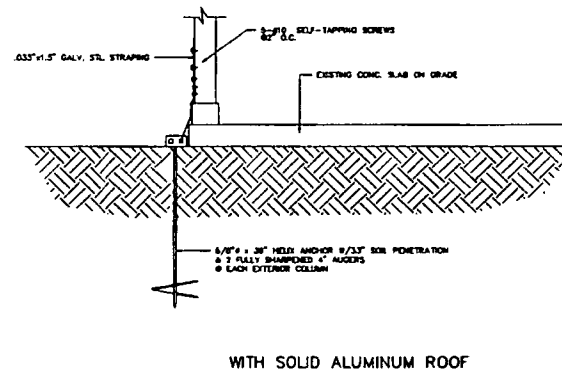
CARPORT
(ATTACHED)

BEAM SIZE AND SHAPE	MAXIMUM CLEAR BEAM SPANS CONT. EDGE BEAM FOR ROOF SPANS BELOW					TYPICAL POST SIZE & NO. OF BASE ANCHORS
	10'	12'	14'	15'	16'	
2"x2" L.040'	4'-10"	4'-5"	4'-0"	3'-11"	3'-10"	2"x2" L.040' POST 9/32" DIA. ANCHORS
2"x2" L.050'	6'-4"	5'-10"	5'-4"	5'-2"	5'-0"	FLAT POST 9/32" DIA. ANCHORS
1.5"x2" L.055'	5'-5"	5'-0"	4'-8"	4'-5"	4'-3"	
2"x2" S.M. BEAM	10'-0"	9'-1"	8'-8"	8'-3"	8'-0"	2"x2" L.040' OR 2"x2" POST W/NO. OF 1-3/8" BOLTS (OR) 4-25" BOLTS
2"x2" S.M. BEAM W/INVERT	12'-0"	11'-0"	10'-11"	10'-8"	10'-6"	
2"x2" S.M. BEAM	15'-3"	12'-1"	11'-3"	10'-3"	10'-0"	
2"x2" S.M. BEAM	20'-0"	18'-3"	17'-0"	16'-1"	15'-8"	2"x2" POST W/NO. OF 1-3/8" ANCHOR BOLTS + 3/8" ANCHOR BOLTS
2"x2" S.M. BEAM W/INVERT	22'-8"	20'-10"	19'-3"	18'-0"	18'-0"	
2"x2" I BEAM	17'-8"	16'-0"	14'-10"	14'-4"	14'-0"	
2"x2" I BEAM W/DAP	16'-3"	14'-8"	13'-8"	13'-3"	12'-8"	
2"x2" I BEAM W/DAP	20'-0"	18'-11"	18'-10"	18'-3"	15'-8"	

EDGE BEAM & POST SPAN TABLE C-1
(ATTACHED ROOFS ONLY)



CARPORT
(FREE STANDING)



EXISTING SLAB ON GRADE
(ALL ALUMINUM CONSTRUCTION ENCLOSURE)

DATE	BY	DESCRIPTION
3-24-88	JC	DETAILS 2-1, 2-2, 2-3, 2-4 UPDATED
4-8-88	JC	MOVED DETAILS AROUND ON ALL 5 PAGES
4-25-88	JL	ADDED SPAN DEFINITION DNTS
REVISIONS		

TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA

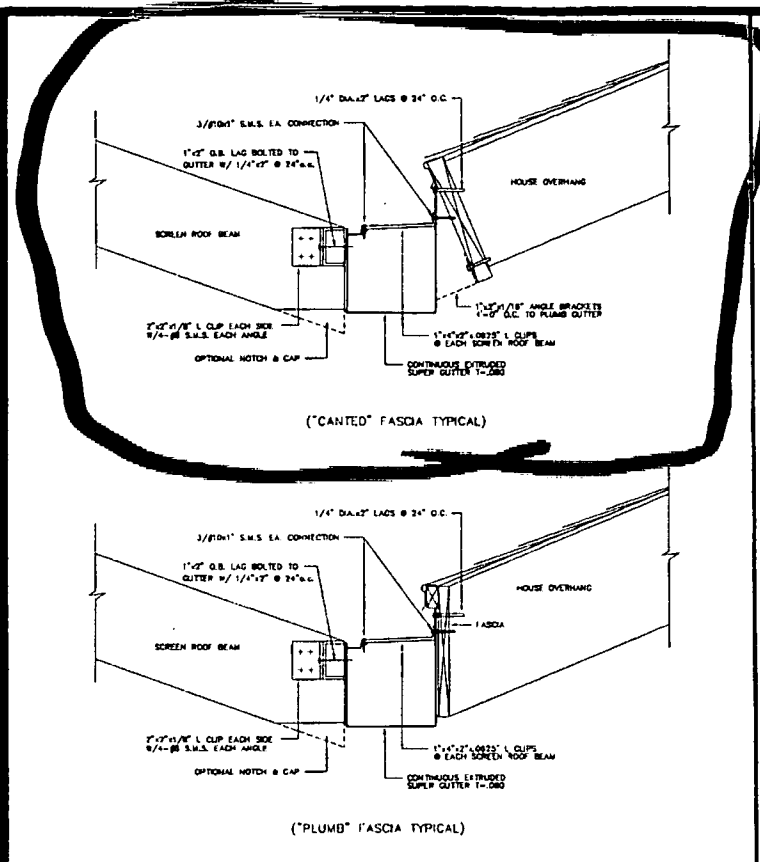


ALUMINUM CONSTRUCTION
DETAILS

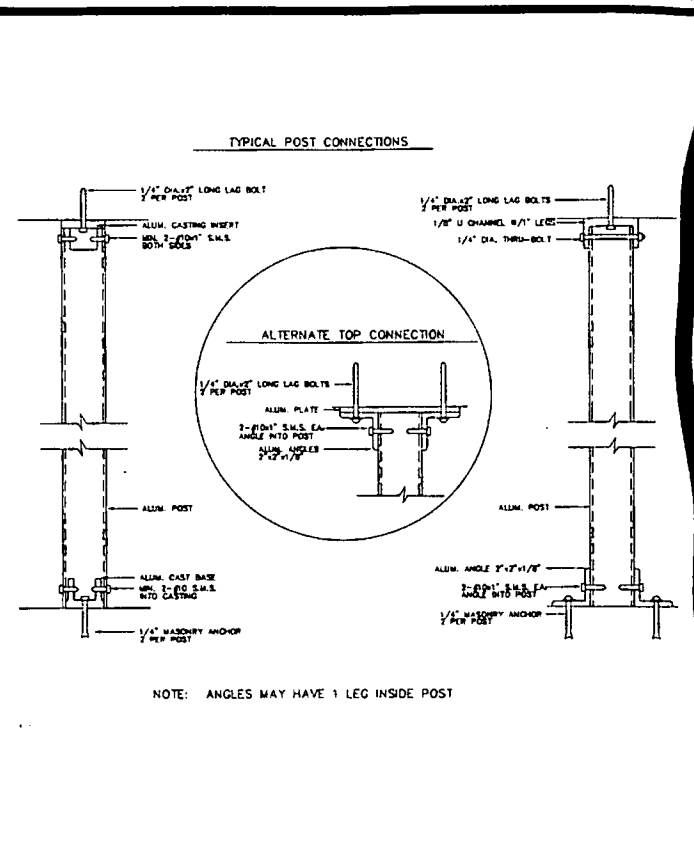
DRAWN	COMPTON
CHECKED	NASH
SCALE	N.T.S.
DATE	MARCH 1988
JOB NO.	88018

4/27/88
SEAL

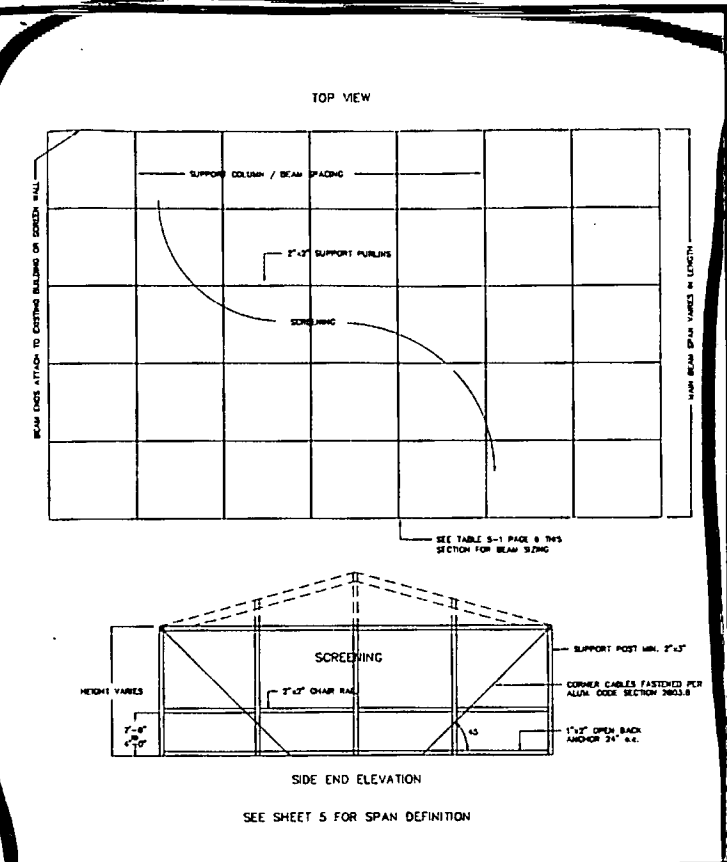
SHEET	OF	FIVE SHEETS
2		



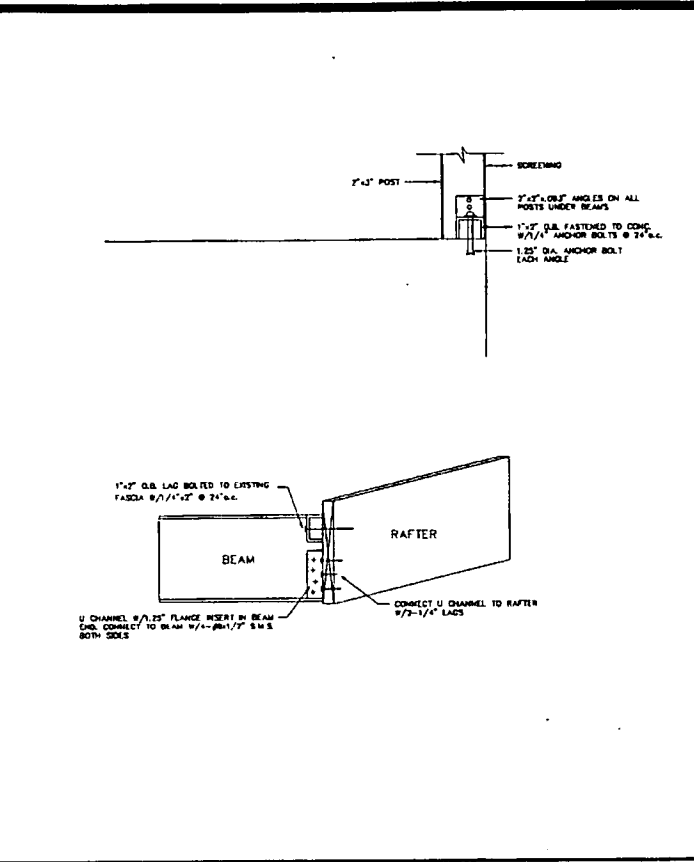
SUPER GUTTER - FASCIA ATTACHMENT



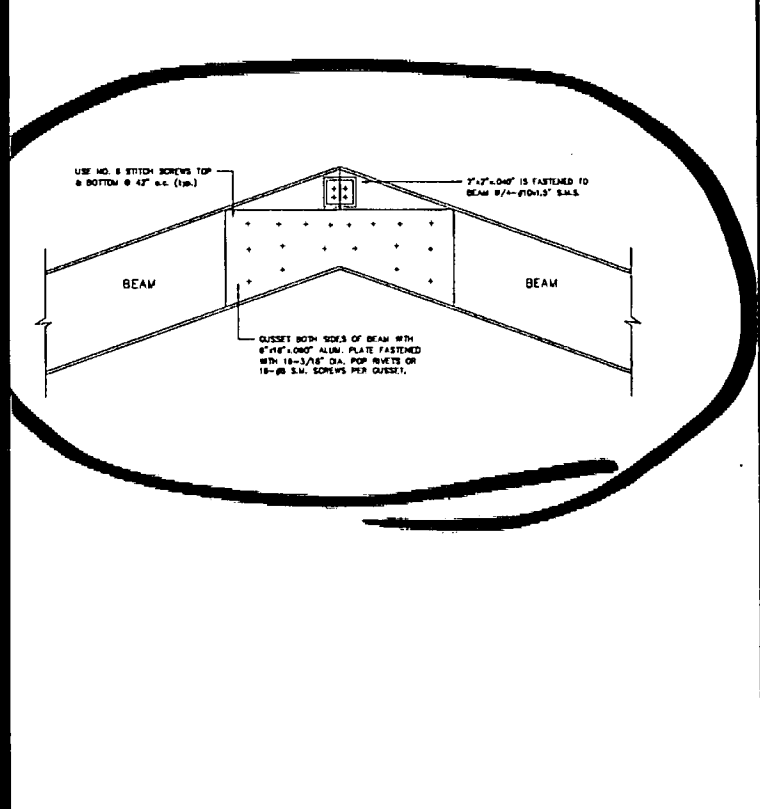
SCREEN ROOM (UNDER WOOD ROOF)



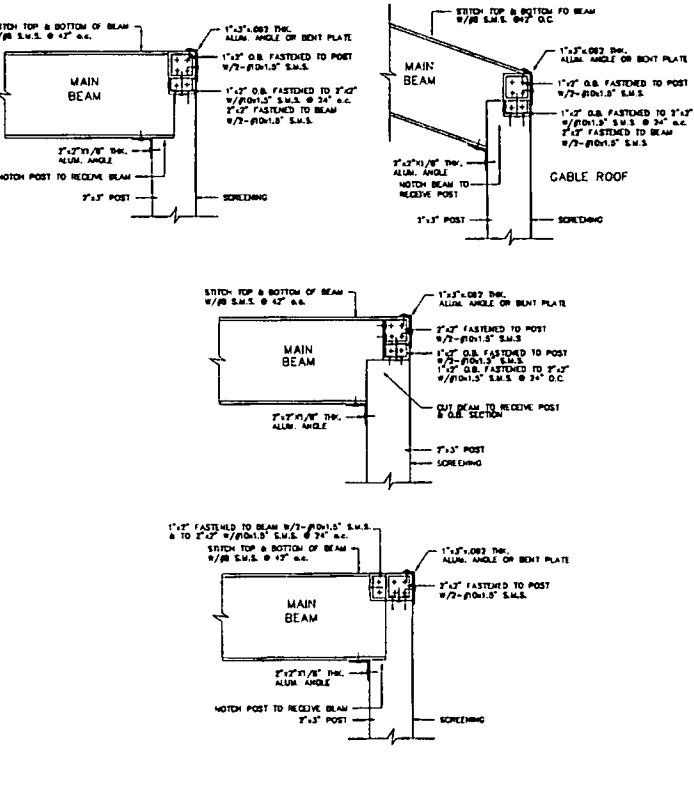
POOL ENCLOSURE (TYPICAL)



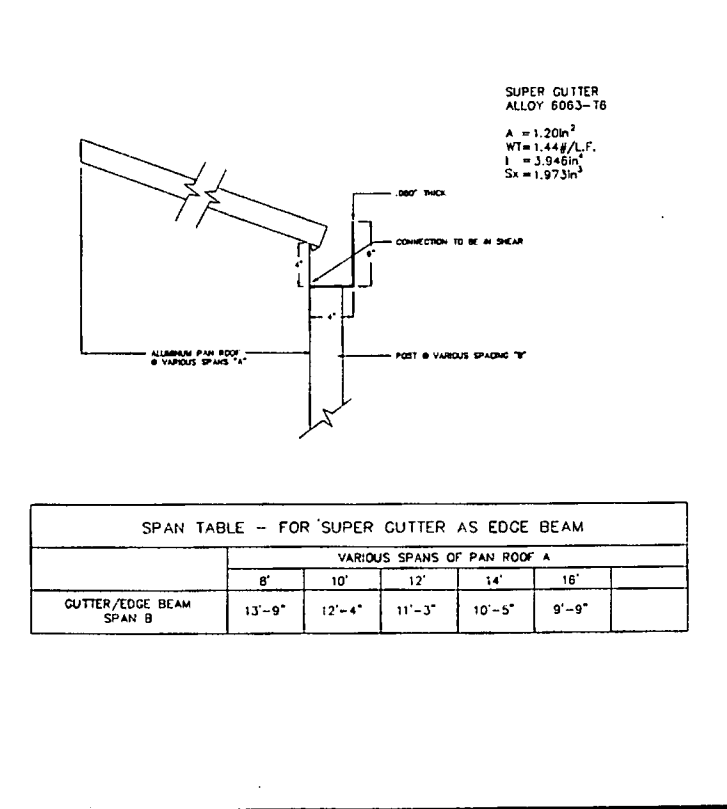
POOL ENCLOSURE & SCREEN ROOM WITH SCREEN ROOF



POOL ENCLOSURE (CONNECTION TYPICALS)



POOL ENCLOSURE (POST TO BEAM TYPICALS)



SUPER GUTTER AS EDGE BEAM SPAN TABLE C-2

MAXIMUM CLEAR SPAN FOR SCREENED ROOF BEAMS @ VARIOUS SPACING

BEAM SIZE	MAXIMUM CLEAR SPAN FOR SCREENED ROOF BEAMS @ VARIOUS SPACING							
	4'-0" C-C	5'-0" C-C	5'-6" C-C	6'-0" C-C	6'-6" C-C	7'-0" C-C	7'-6" C-C	8'-0" C-C
2" X 4" S.M. BEAM Sx = 1.25	21'-8"	19'-4"	18'-6"	17'-8"	17'-0"	16'-4"	15'-10"	15'-3"
2" X 4" S.M. BEAM W/ SNAP Sx = 1.785	25'-5"	22'-9"	21'-9"	20'-9"	20'-0"	19'-3"	18'-8"	18'-0"
2" X 6" S.M. BEAM Sx = 2.82	32'-9"	29'-4"	28'-0"	26'-9"	25'-9"	24'-9"	24'-0"	23'-2"
2" X 6" S.M. BEAM W/ SNAP Sx = 3.85	42'-9"	38'-3"	36'-7"	35'-0"	33'-8"	32'-9"	31'-4"	30'-3"
2" X 7" S.M. BEAM Sx = 6.35	49'-2"	44'-0"	42'-0"	40'-2"	38'-8"	37'-2"	36'-0"	34'-9"
3" X 7" I BEAM W/ SNAP Sx = 5.08	25'-10"	25'-0"	24'-3"	23'-7"	23'-0"	22'-5"	21'-11"	21'-5"
3" X 7" I BEAM W/ SNAP Sx = 3.19	34'-10"	31'-1"	29'-10"	28'-8"	27'-5"	26'-4"	25'-5"	24'-8"
4" X 8" I BEAM W/ SNAP Sx = 4.83	42'-10"	38'-4"	36'-8"	35'-0"	33'-9"	32'-5"	31'-5"	30'-4"
2" X 8" S.M. BEAM Sx = 3.21	--	--	--	52'-6"	50'-0"	48'-8"	47'-0"	45'-8"

NOTE: THIS TABLE IS BASED ON:
WINDLOAD OF 120 MPH LIVELOAD = 7 LBS/50. FT. SCREEN MESH 18X14

SCREEN ROOF BEAM - SPAN TABLE S-1

DATE	BY	DESCRIPTION
3-24-88	JC	DETAIL 3-4 UPDATED
4-8-88	JC	MOVED DETAILS AROUND ON ALL 5 PAGES
4-25-88	JC	ADDED SPAN DEFINITION TO SHT. 5
REVISIONS		

TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA



ALUMINUM CONSTRUCTION
DETAILS

DRAWN	COMPTON
CHECKED	NASH
SCALE	N.T.S.
DATE	MARCH 1988
JOB NO.	88017

SEAL

SHEET 3 OF FIVE SHEETS

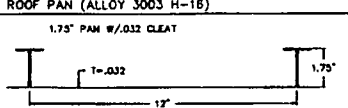
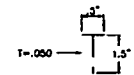
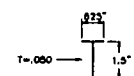
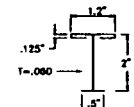
MARCH 1988

TREASURE COAST CHAPTER, INC
OF THE ALUMINUM ASSOCIATION
OF FLORIDA



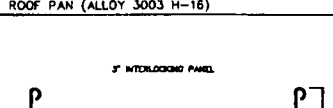
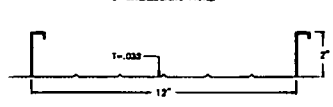
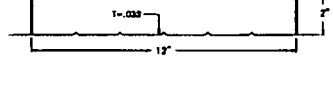
PREPARED BY:

NASH ENGINEERING, INC.
810 SATURN ST. SUITE 16
JUPITER, FLORIDA 33477
(305)747-7254

ROOF PAN (ALLOY 3003 H-16)	PAN THICKNESS	Sx	MAX. SPAN @ WIND VELOCITIES SHOWN		
			100MPH	110MPH	120MPH
1.75" PAN W/.032 CLEAT 	.032	.238in ³			10'
CLEAT ALTERNATIVES FOR 1-3/4" PAN					
T-BAR 	.032				11'
T-BAR 	.032				11'
EXTRUDED "T" CLEAT 	.032				13'

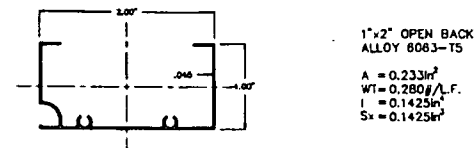
NOTE:
PANS MAY OVERHANG 1/3 OF SIMPLE SPAN. SPANS MAY BE INCREASED 2% FOR EACH 12" OF OVERHANG UP TO 3'-0". CONSULT AN ENGINEER FOR GREATER OVERHANG.

CLEATED ROOF PANS

ROOF PAN (ALLOY 3003 H-16)	PAN THICKNESS	Sx	MAX. SPAN @ WIND VELOCITIES SHOWN		
			100MPH	110MPH	120MPH
3" INTERLOCKING PANEL 	.024	.450in ³			13'-4"
2" INTERLOCKING PANEL 	.032	.608in ³			15'-6"
2" INTERLOCKING PANEL 	.032	.346in ³			11'-0"

NOTE:
PANS MAY OVERHANG 1/3 OF SIMPLE SPAN. SPANS MAY BE INCREASED 2% FOR EACH 12" OF OVERHANG UP TO 3'-0". CONSULT AN ENGINEER FOR GREATER OVERHANG.

INTERLOCKING ROOF PANS

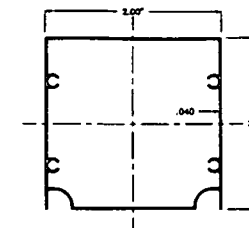


1"x2" OPEN BACK
ALLOY 6063-T5
A = 0.233in²
WT = 0.280#/L.F.
I = 0.1425in⁴
Sx = 0.1425in³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	6'-8"	7'-4"	4'-8"	4'-0"
4'	7'-4"	8'-2"	3'-10"	3'-8"
5'	6'-7"	5'-2"	3'-6"	3'-2"
6'	6'-0"	5'-0"	3'-2"	2'-10"
7'	5'-8"	4'-8"	2'-11"	2'-8"
8'	5'-2"	4'-4"	2'-9"	2'-8"
9'	4'-10"	4'-2"	2'-8"	2'-4"
10'	4'-8"	3'-10"	2'-5"	2'-3"

1"x2" OPEN BACK

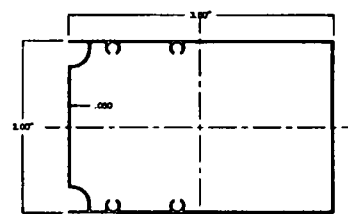


2"x2" PATIO BEAM
ALLOY 6063-T5
A = 0.412in²
WT = 0.494#/L.F.
I = 0.2133in⁴
Sx = 0.2133in³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	10'-5"	8'-8"	5'-8"	5'-0"
4'	9'-0"	7'-6"	4'-9"	4'-4"
5'	8'-0"	6'-9"	4'-3"	3'-10"
6'	7'-4"	6'-2"	3'-10"	3'-8"
7'	6'-10"	5'-8"	3'-8"	3'-4"
8'	6'-4"	5'-4"	3'-4"	3'-0"
9'	6'-0"	5'-0"	3'-2"	2'-11"
10'	5'-8"	4'-9"	3'-0"	2'-9"

2"x2" PATIO BEAM

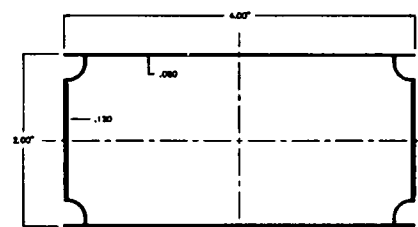


2"x3" PATIO BEAM
ALLOY 6063-T5
A = 0.85in²
WT = 0.78#/L.F.
I = 0.74in⁴
Rx = 1.068in
Sb = 0.4359in³
Sx = 0.57in³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	16'-5"	13'-9"	8'-8"	8'-0"
4'	14'-3"	11'-11"	7'-6"	6'-11"
5'	12'-9"	10'-8"	6'-9"	6'-2"
6'	11'-8"	9'-9"	6'-2"	5'-7"
7'	10'-9"	9'-1"	5'-8"	5'-2"
8'	10'-1"	8'-5"	5'-4"	4'-10"
9'	9'-6"	7'-11"	5'-0"	4'-7"
10'	9'-1"	7'-8"	4'-9"	4'-4"

2"x3" PATIO BEAM



2"x4" SELF MATING BEAM
ALLOY 6063-T5
WALL = .050
FLANGE = .120
A = 0.950in²
WT = 1.14#/L.F.
I = 2.45in⁴
Sx = 1.25in³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	25'-0"	20'-11"	13'-3"	12'-0"
4'	21'-8"	18'-1"	11'-5"	10'-5"
5'	19'-4"	16'-2"	10'-3"	9'-4"
6'	17'-8"	14'-9"	9'-4"	8'-8"
7'	16'-4"	13'-8"	8'-8"	7'-11"
8'	15'-3"	12'-10"	8'-0"	7'-4"
9'	14'-4"	12'-0"	7'-8"	7'-0"
10'	13'-8"	11'-5"	7'-3"	6'-7"

2"x4" SELF MATING BEAM

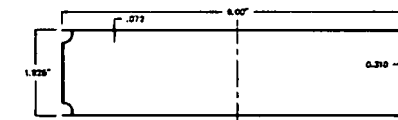


2"x6" SELF MATING BEAM
ALLOY 6063-T5
A = 1.396in²
WT = 1.67#/L.F.
I = 8.46in⁴
Sx = 2.82in³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	37'-10"	31'-8"	20'-0"	18'-3"
4'	32'-9"	27'-5"	17'-4"	15'-10"
5'	28'-4"	24'-6"	15'-8"	14'-2"
6'	26'-9"	22'-5"	14'-2"	12'-11"
7'	24'-9"	20'-8"	13'-1"	12'-0"
8'	23'-2"	19'-5"	12'-3"	11'-2"
9'	21'-10"	18'-3"	11'-6"	10'-8"
10'	20'-9"	17'-4"	11'-0"	10'-0"

2"x6" SELF MATING BEAM

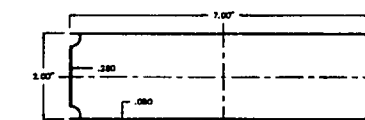


2"x9" SELF MATING BEAM
ALLOY 6063-T5
A = 2.630 S.I.
WT = 1.578#/L.F.
Sx = 7.21in³

MAXIMUM CLEAR SPAN FOR SCREENED ROOF BEAMS AT VARIOUS BEAM SPACING

5'-0"	5'-6"	6'-0"	6'-6"	7'-0"	7'-6"	8'-0"
---	---	52'-6"	50'-0"	48'-8"	47'-0"	45'-8"

2"x9" SELF MATING BEAM



2"x7" SELF MATING BEAM
ALLOY 6063-T5
A = 1.782in²
WT = 2.14#/L.F.
I = 17.13in⁴
Sx = 4.89in³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	49'-4"	41'-4"	28'-2"	23'-10"
4'	42'-9"	35'-9"	22'-8"	20'-8"
5'	38'-3"	32'-0"	20'-3"	18'-5"
6'	35'-0"	29'-2"	18'-5"	18'-10"
7'	32'-4"	27'-0"	17'-1"	15'-7"
8'	30'-3"	25'-3"	16'-0"	14'-7"
9'	28'-6"	23'-10"	15'-0"	13'-9"
10'	27'-0"	22'-8"	14'-4"	13'-0"

2"x7" SELF MATING BEAM

DATE	BY	DESCRIPTION
4-8-88	JC	MOVED DETAILS AROUND ON ALL 5 PAGES
4-25-88	JC	ADDED SPAN DEFINITION SHOTS
REVISIONS		

TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA



ALUMINUM CONSTRUCTION
DETAILS

DRAWN	COMPTON
CHECKED	NASH
SCALE	NT.S.
DATE	MARCH 1988
JOB NO.	88015

SEAL
4/27/88

SHEET
1
OF FIVE SHEETS

2659

SPA

Permit No. _____

Date 11-17-89

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 plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

Owner MR & MRS FRANK RUSSO Present Address 112 HILLCREST TERR

Phone 288-1281 STUART 34996

Contractor DESTEFANO CUSTOM POOLS INC Address 2900 SE WAALER ST STUART

Phone 288-7447

Where licensed MARTIN License number 3P00307

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

112 HILLCREST TERR STUART 34996

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

Subdivision HILLCREST Lot number 24 Block number _____

Contract price \$ 7,000.00 Cost of permit \$ _____

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 William Destefano

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 Barbara

TOWN RECORD

Date submitted _____ Approved: _____
Building Inspector Date

Approved: _____
Commissioner Date Final Approval given: _____
Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282 Permit No. _____

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

4102
FENCE

TAX FOLIO NO. 1-38-41-014-000-00240-60000 DATE 12-9-96

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

4102

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

Owner Kirsten Kraunslow Present Address 112 SE Hillcrest Terr.

Phone 219-1902 Sewall's Pt. Fl.

Contractor Professional Fence Address 581 Ron Rico Terr. Pt. St. Lucie

Phone 878-2159 Fl.

Where licensed St. County, Pt. St. Lucie License Number Stuart 6344 SCC 4751
Stuart, Ft. Pierce

Electrical Contractor _____ License Number _____

Plumbing Contractor _____ License Number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 5' chain link on N property line, 4' block

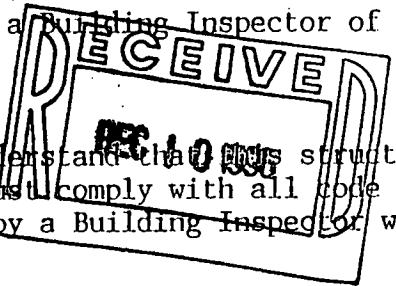
wall on the front returns driveway extension turn around.
State the street address at which the proposed structure will be built:

Subdivision Hillcrest Lot Number 24 Block Number _____

Contract Price \$ 4,100.00 Cost of Permit \$ 179.00

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 of Town Commissioner "Red-Tagging" the construction project.



Contractor William Penta

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 Kirsten Kraunslow

TOWN RECORD

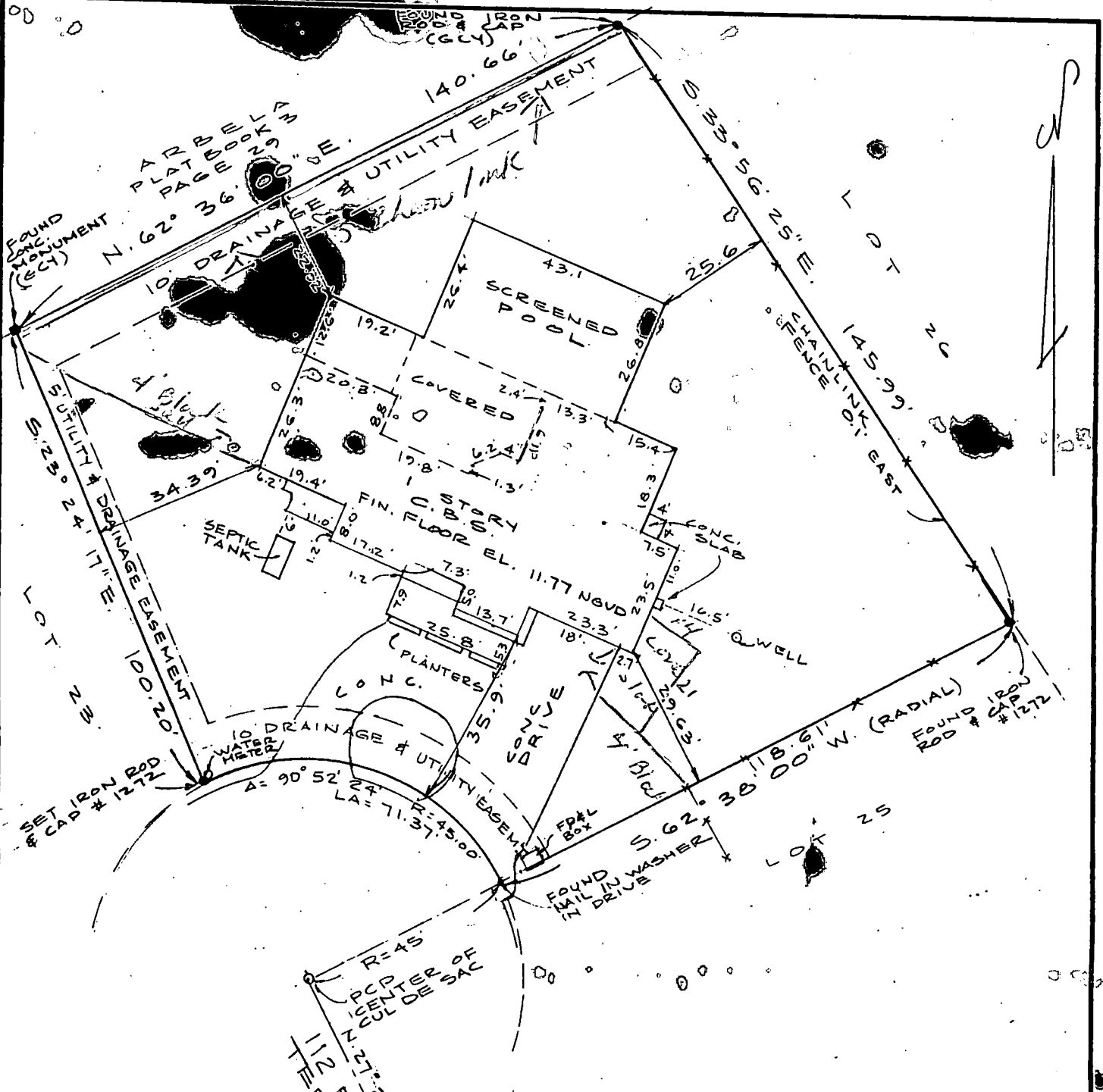
Date submitted _____

Approved: Dale Brown 12/9/96
Building Inspector Date

Approved: _____ Date _____ Final Approval given: _____ Date _____
Commissioner Date

Certificate of Occupancy issued(if applicable) _____ Date _____

SP1282 Permit No. _____



- NOTES**
- 1. LOCATED IN FLOOD ZONES "B&C"
 - 2. CL = CENTERLINE
 - 3. PCP = PERMANENT CONTROL POINT
 - 4. BEARINGS REFER TO SAID PLAT
 - 5. CONC = CONCRETE

A BOUNDARY SURVEY OF
LOT 24
 PLAT OF HILLCREST
 ACCORDING TO THE PLAT THEREOF
 AS RECORDED IN PLAT BOOK 10,
 PAGE 39, PUBLIC RECORDS OF
 MARTIN COUNTY, FLORIDA.
 FOR
KIRSTEN KRAUNSOE

This survey meets the minimum technical standards for Land Surveying in Florida, as prescribed in Chapter 21 HH-6, F.A.C. I Hereby Certify to First National Bank & Trust Company of The Treasure Coast, its successors and/or assigns, ATIMA; Crary Buchanan, Bowdish, Bovie, Lord, Roby & Evans Chartered, Leonard Rutland, Jr., P.A.; Attorneys' Title Insurance Fund, Inc.; Kirstin Kraunsoe that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief. There are no encroachments unless otherwise shown. No search of the public records made for errors or omissions of said description. Easements of record not shown unless furnished.

DON WILLIAMS & ASSOCIATES, INC.
 LAND SURVEYORS
 P.O. BOX 2342 STUART, FL. 34995
 PHONE: 283-2977
 FAX: 283-2979

W.L. Williams
W.L. WILLIAMS
 R.L.S. FLA. REG. No. 1272

SCALE: 1" = 30'	DATE: 11-2-94	PLAT BOOK: 10	PAGE: 39
		F.B. 26 B Page 76	W.O. # _____

4114

Screen Enclosure

TAX FOLIO NO. _____

DATE 12-23-96 **4114**

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

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

Owner Kristen Kraunsoep Present address 113 SE Hillcrest Terrace

Phone _____

Contractor Anchor Screens Inc. Address 204 SW Prima Vista Blvd

Phone 878-6096

Where licensed _____ License number 3CC056666

Electrical Contractor _____ License number _____

Plumbing Contractor _____ License number _____

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

SCREEN ENCLOSURE

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

113 SE Hillcrest Terrace

Subdivision _____ Lot Number 24 Block Number _____

*Contract price \$ 600.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner [Signature]

TOWN RECORD

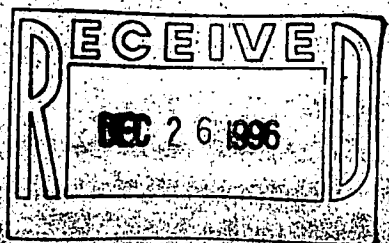
Date submitted _____ Approved: [Signature] Building Inspector Date _____

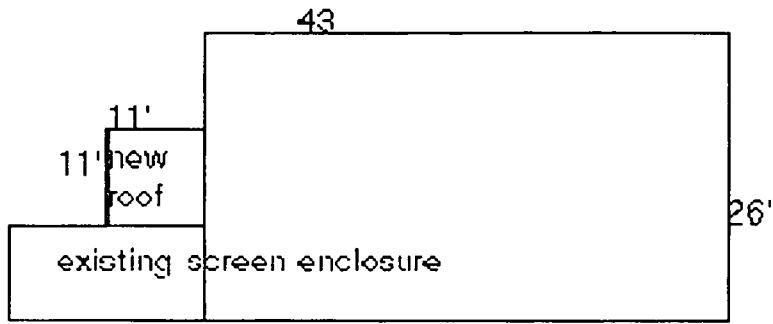
Approved: [Signature] Commissioner Date _____ Final approval given: _____ Date _____

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date _____

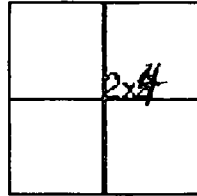
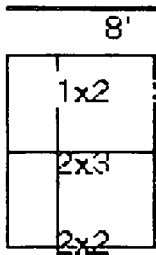
PERMIT NO. _____

SP1282
3/94

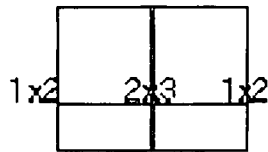




residence

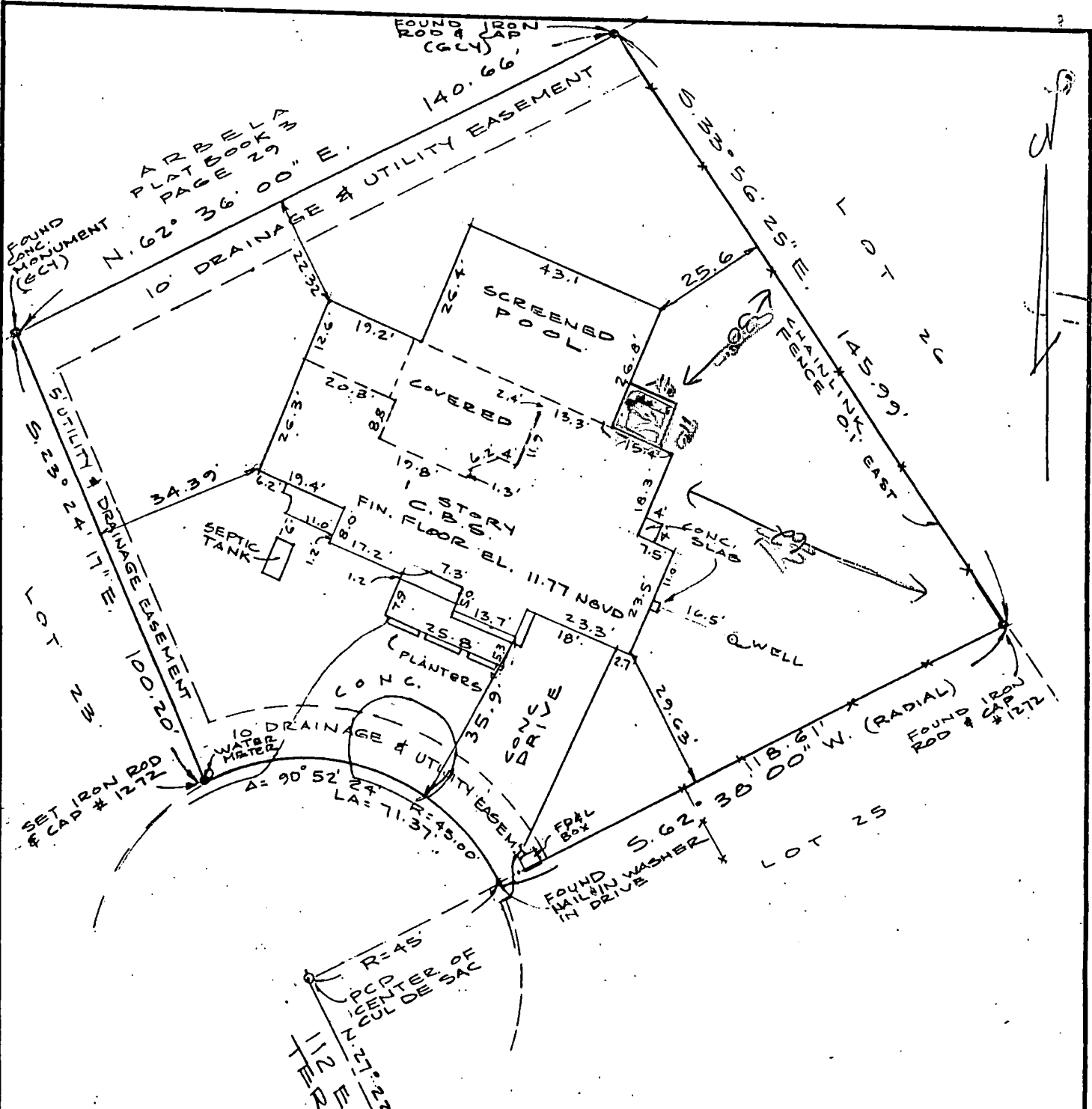


new section
11 x 11 2 walls and screen roof attached to
existing room



Kristen Krosloe
113 SE Hillcrest Terrace
Sewalls Point

ANCHOR SCREENS, INC.
204 S.W. PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 34983
407-878-6096



NOTES

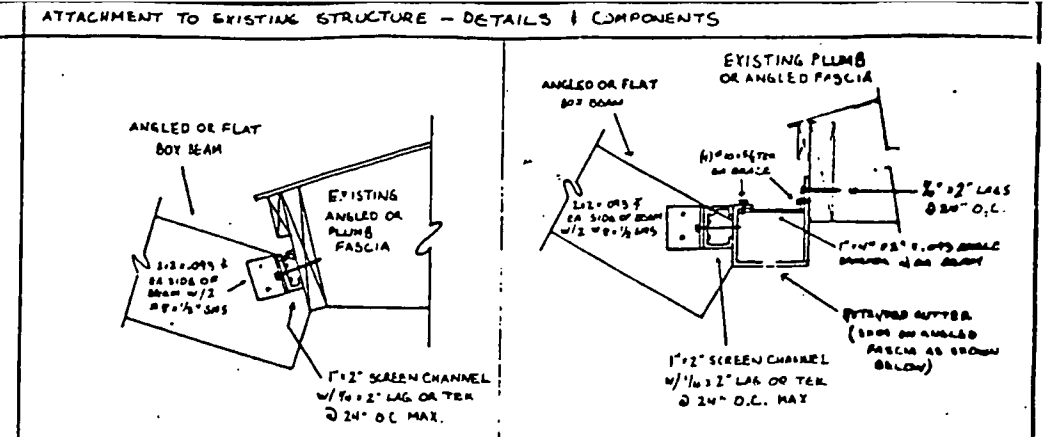
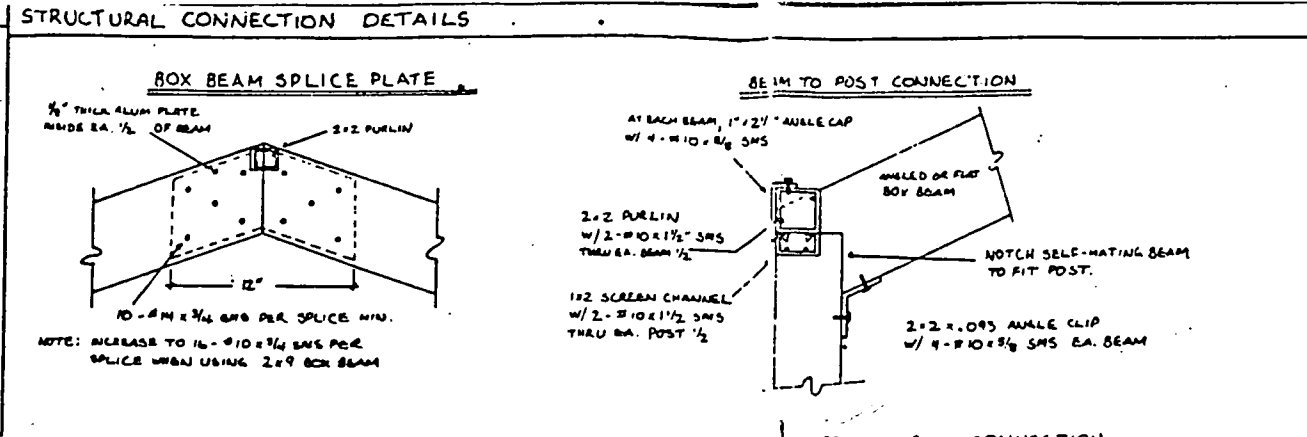
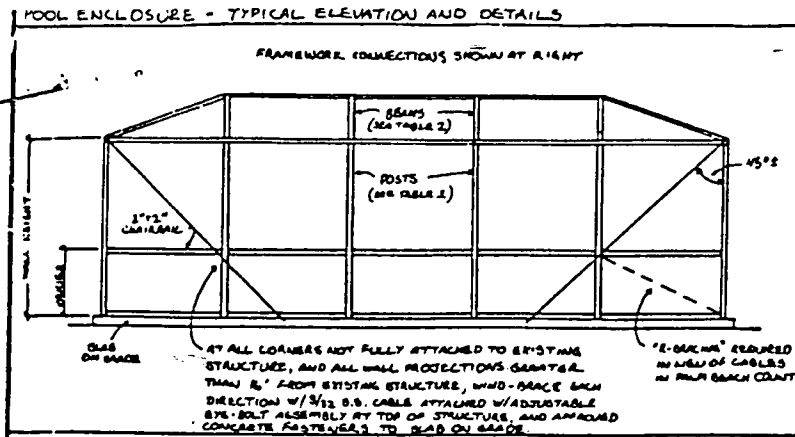
1. LOCATED IN FLOOD ZONES "B&C"
2. C = CENTERLINE
3. PCP = PERMANENT CONTROL POINT
4. BEARINGS REFER TO SAID PLAT
5. CONC = CONCRETE

A BOUNDARY SURVEY OF
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PLAT OF HILLCREST
ACCORDING TO THE PLAT THEREOF
AS RECORDED IN PLAT BOOK 10,
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MARTIN COUNTY, FLORIDA.
FOR
KIRSTEN KRAUNSOE

This survey meets the minimum technical standards for Land Surveying in Florida, as prescribed in Chapter 21HH-6, F.A.C. I Hereby Certify to First National Bank & Trust Company of The Treasure Coast, its successors and/or assigns, ATIMA; Cray Buchanan, Bowdish, Bovie, Lord, Roby & Evans, Chartered, Leonard Rutland, Jr., P.A.; Attorneys' Title Insurance Fund, Inc.; Kirstin Kraunsoe that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief. There are no encroachments unless otherwise shown. No search of the public records made for errors or omissions of said description. Easements of record not shown unless furnished.

DON WILLIAMS & ASSOCIATES, INC.
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 P.O. BOX 2342 STUART, FL. 34995
 PHONE: 283-2977
 FAX: 283-2979

W.L. Williams
W.L. WILLIAMS
 R.L.S. FLA. REG. No. 1272



EXTRUSIONS - SPECIFICATIONS

1 1/2" PERIMETER BEAM OR POST CHANNEL

1 1/2" PERIMETER SWAP CHANNEL

SECTION PROPERTIES

Section	I _x (in ⁴)	I _y (in ⁴)	A (in ²)	K _y
1 1/2" PERIMETER BEAM OR POST CHANNEL	0.040	0.060	0.430	1.175
1 1/2" PERIMETER SWAP CHANNEL	0.114	0.179	0.352	1.175

ALLOY 6063-T5

2x2 BEAM OR POST

SECTION PROPERTIES

Section	I _x (in ⁴)	I _y (in ⁴)	A (in ²)	K _y
2x2 BEAM OR POST	0.040	0.050	0.040	0.093
2x2 PERIMETER SWAP BEAM	0.320	0.370	0.324	0.430
2x2 SELF-MATING SWAP BEAM (2-Piece)	0.419	0.370	0.498	0.720

ALLOY 6063-T5

2x2 PERIMETER SWAP BEAM

2x2 SELF-MATING SWAP BEAM (2-PIECES)

SECTION PROPERTIES

Section	I _x (in ⁴)	I _y (in ⁴)	A (in ²)	K _y
2x2 PERIMETER SWAP BEAM	0.320	0.370	0.324	0.430
2x2 SELF-MATING SWAP BEAM (2-PIECES)	0.419	0.370	0.498	0.720

ALLOY 6063-T5

2x3 x .050 RATIO BEAM

SECTION PROPERTIES

Section	I _x (in ⁴)	I _y (in ⁴)	A (in ²)	K _y
2x3 x .050 RATIO BEAM	0.432	0.342	0.622	1.175

ALLOY 6063-T5

NOTE: COMPOSITE 2x2 x .050 ARMED WITH 1/2" Ø REBAR IS EQUAL TO ABOVE SECTION.

2x3 x .050 SELF-MATING SWAP BEAM IS ALSO EQUAL

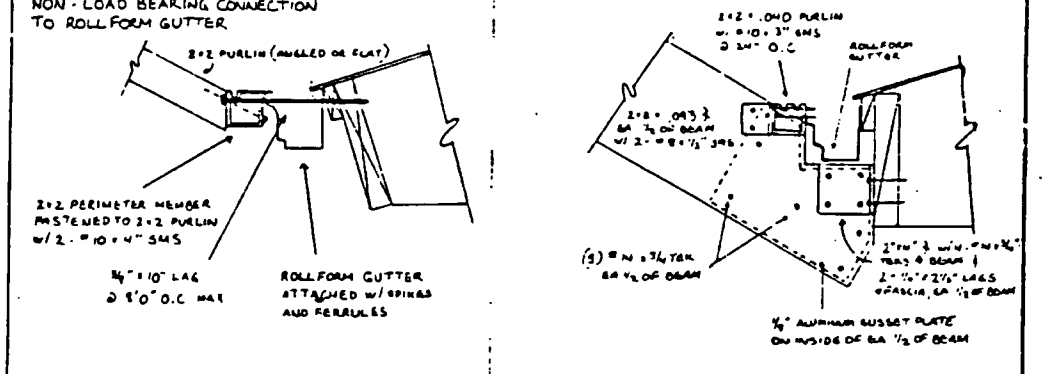
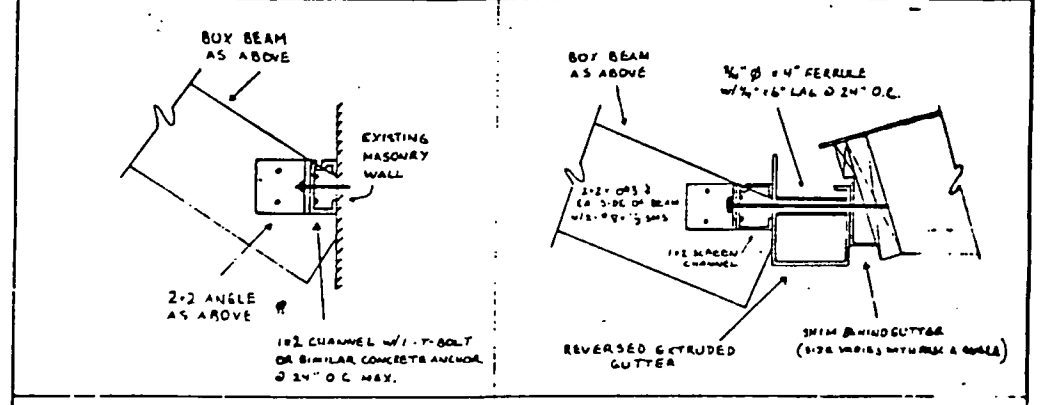
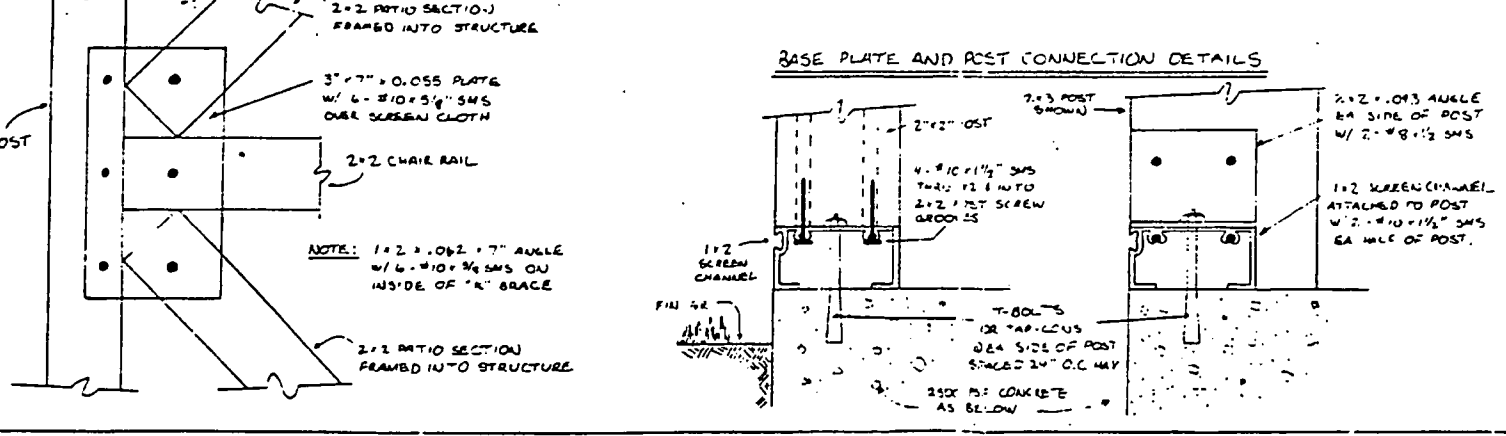
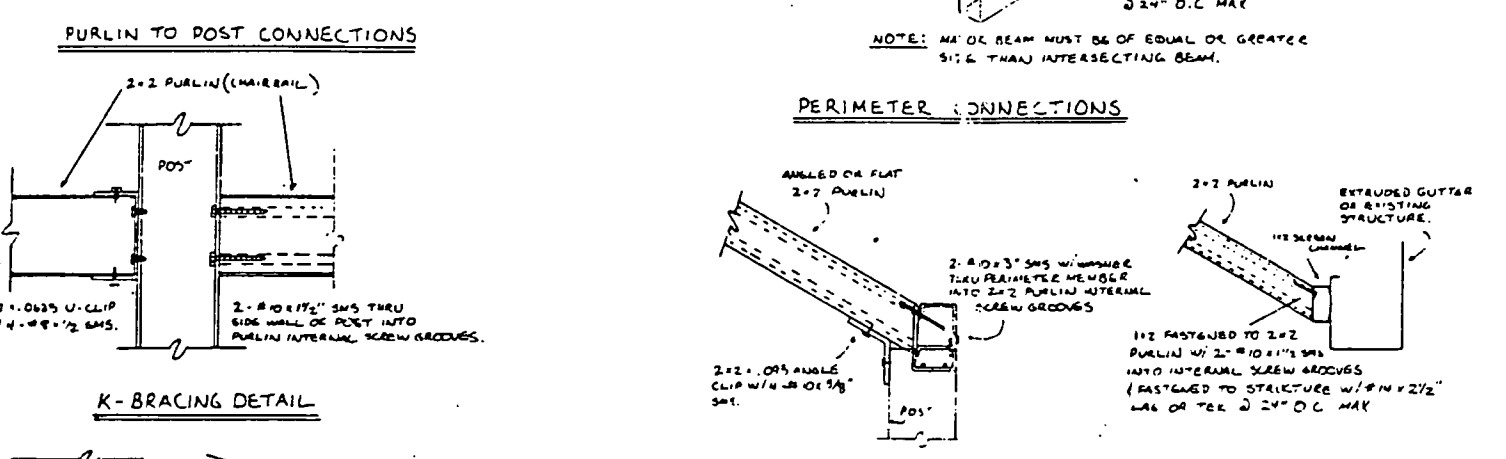
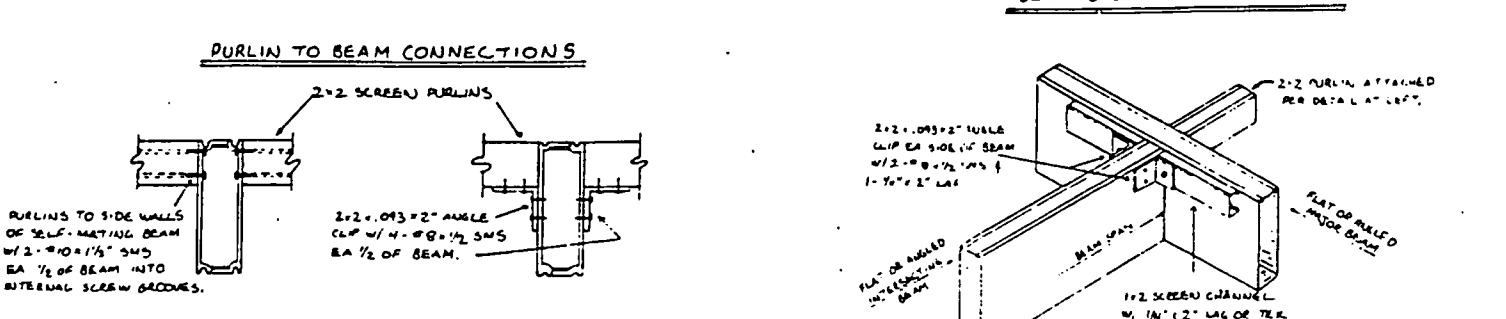
2" WIDE SELF-MATING BOX BEAMS

SECTION PROPERTIES

Section	I _x (in ⁴)	I _y (in ⁴)	A (in ²)	K _y
2" WIDE SELF-MATING BOX BEAMS	0.115	0.049	1.08	0.48
2" WIDE SELF-MATING SWAP BEAMS	0.109	0.055	1.86	0.75
2" WIDE SELF-MATING SWAP BEAMS	0.315	0.055	3.69	0.98
2" WIDE SELF-MATING SWAP BEAMS	0.310	0.072	6.92	1.24

K_y = 1.10

NOTE: FASTENERS MAY BE ELIMINATED WHEN SELF-MATING CONTINUOUS SWAP TYPE BEAMS ARE SUBSTITUTED.



POST SIZE	MAX. WALL HEIGHT	MAX. POST SPACING O.C.
1 1/2" x .050 OR EQUIV.	7'-7"	7'-1"
2x3 x .050 OR EQUIV.	7'-6"	9'-0"
	9'-5"	9'-4"
	9'-0"	7'-0"
	10'-0"	9'-0"
	9'-6"	17'-0"
	15'-0"	13'-0"
	15'-0"	13'-0"
	17'-0"	11'-0"
	19'-0"	10'-0"
	19'-0"	9'-0"
	20'-0"	9'-4"
	21'-0"	12'-0"
	22'-0"	11'-0"
	23'-0"	10'-0"
	24'-0"	9'-0"
	25'-0"	9'-4"

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS AT VARIOUS SPACINGS							
	4'0" O.C.	5'0" O.C.	5'6" O.C.	6'0" O.C.	6'6" O.C.	7'0" O.C.	7'6" O.C.	8'0" O.C.
2x4 S.M.B.	22'6"	20'0"	19'6"	19'0"	18'6"	18'0"	17'9"	17'6"
2x6 S.M.B.	31'0"	29'0"	28'0"	27'0"	26'3"	25'6"	25'3"	25'0"
2x7 S.M.B.	39'0"	35'0"	34'0"	33'0"	32'8"	32'4"	32'2"	32'0"
2x9 S.M.B.	46'0"	44'0"	42'0"	41'0"	40'3"	39'6"	39'9"	39'0"

STRUCTURES DETAILD IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH STANDARD BUILDING CODE. FOR LOAD CONDITIONS AS FOLLOWS:

DEAD LOADS: 30 PSF LIVE LOAD (Δ = 4/80 MAX.)

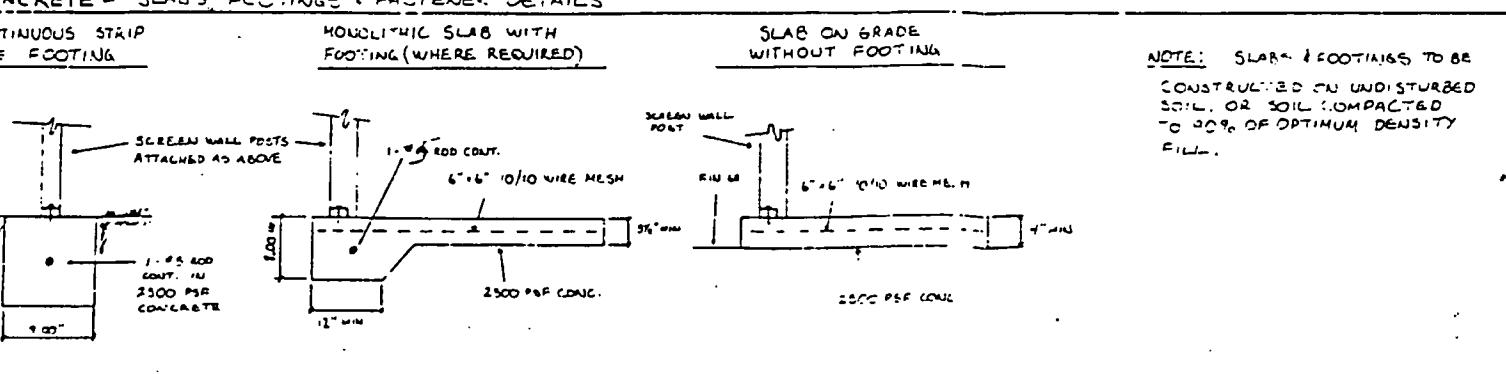
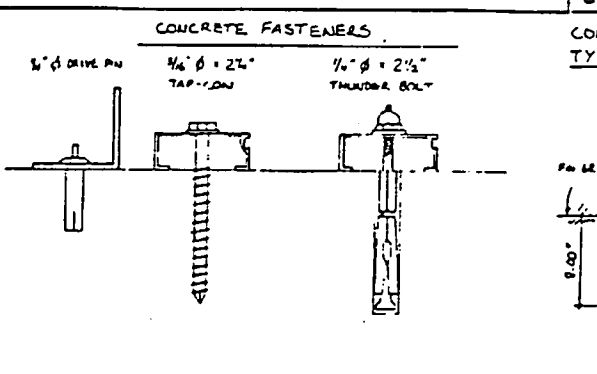
120 MPH WIND VELOCITY PRESSURES

- ADHERE TO LOCAL ORDINANCES WHICH IMPOSE FURTHER LIMITATIONS ON PROJECT ONS, SPANS, AND LOAD CONDITIONS.

- ALSO DESIGNED TO CONFORM TO PALM BEACH COUNTY WIDE CODE (30 PSF LL AND 29 PSF WL WITH APPROPRIATE FACTORS APPLIED)

- ALSO CONFORMS TO THE I.F.L.A. BUILDING CODE (LATEST EDITION) 1992

- S.M.S. FASTENER HOLDING CAPACITIES ARE CALCULATED PER ALUMINUM ASSOCIATION HANDBOOK.



GENERAL SPECIFICATIONS

- STEEL FASTENERS SHALL BE PLATED OR STAINLESS.
- ALUMINUM FASTENERS SHALL BE ALLOY 2024-T4
- S.M. BEAMS SHALL BE ALLOY 6063-T6
- POSTS, PURLINS, ANGLES, AND CHANNELS - ALLOY 6063-T5
- CONCRETE: F_c = 2500 PSI

NOTE: ALL EXTRUSIONS MUST ACCEPT FLAT OR ANGLE SPRAW, INSTALLED TO ALLOW SUFFICIENT W/ 1/2" MIN. EMBEDED SO. W/ 100% BOND.

MASTER PLANS

ALUMINUM SCREEN ENCLOSURES (120 MPH WIND REGIONS)

THESE PLANS ARE FOR EXCLUSIVE USE BY:

NAGENDRA M. KHANAL, AIA
 3155 LILLIAN ROAD
 W. P. B., FL. 33406
 TEL: (407) 433-5361

7216

Repair Screen Enclosure

TOWN OF SEWALL'S POINT

Date 1/20/05

BUILDING PERMIT NO. 7216

Building to be erected for KRAUNSOE

Type of Permit REPAIR SCREEN ENCLOSURE

Applied for by PIONEER SCREEN (Contractor)

Building Fee 120.00

Subdivision HILLCREST Lot 24 Block _____

Radon Fee _____

Address 112 HILLCREST TERR

Impact Fee _____

Type of structure SCREEN ENCLOSURE

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

0138410140000024060000

Plumbing Fee _____

Amount Paid 120.00 Check # 32602 Cash _____ Other Fees (_____) _____

Roofing Fee _____

Total Construction Cost \$ 6700.00

TOTAL Fees 120.00

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 checked="" 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 |

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 _____ |

BY: _____

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: KIRSTON KRAMSOE Phone (Day) 219-1902 (Fax) _____

Job Site Address: 112 Hillcrest Ter City: Sewalls Pt. State: FL Zip: 34996

Legal Description of Property: _____ Parcel Number: 01-38-41-014-000-00240-6

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

Description of Work To Be Done: Replace storm damaged Pool Enclosure

WILL OWNER BE THE CONTRACTOR?: Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: Pioneer Screen Phone: 283-9197 Fax: 283-3028

Street: 901 SW Old Kansas Ave City: Stuart State: FL Zip: 34997

State Registration Number: _____ State Certification Number: 5cc046064 Martin County License Number: 1987-520-086

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 6700 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: N/A State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER ERIC DOWDY - B.D.Q. INC Phone Number: _____

Street: PO BOX 20207 City: WPB State: FL Zip: 33416

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: 950

Carport: _____ Total Under Roof: _____ 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) _____

State of Florida, County of: _____

This the _____ day of _____, 2005

by _____ who is personally

known to me or produced _____

as identification. _____

Notary Public

My Commission Expires: _____

Seal

CONTRACTOR SIGNATURE (required) _____

On State of Florida, County of: MARTIN

This the 13th day of JAN, 2005

by CRAIG RICE who is personally

known to me or produced _____

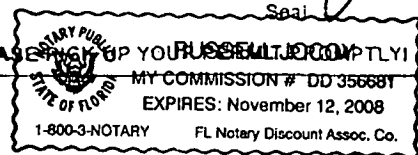
As identification. _____

Notary Public

My Commission Expires: _____

Seal

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT TO CONPLY



ACORD CERTIFICATE LIABILITY INSURANCE

DATE (MM/DD/YY)
1/03/05

PRODUCER

Kearns Agency of Florida Inc.
P O Box 1849
Jensen Beach, Fl. 34958

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

INSURERS AFFORDING COVERAGE

INSURED

Pioneer Screen Co. Inc.
9011 SW Old Kansas Ave.
Stuart, Fl. 34997

South


INSURER A: **Auto Owners Insurance Co.**
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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	20509791	1/01/05	1/01/06	EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	96-881-068-00	1/01/05	1/01/06	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
					BODILY INJURY (Per person) \$ 500,000
					BODILY INJURY (Per accident) \$ 500,000
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Town of Sewall's Point 1 South Sewall's Point Rd. Sewall's Point, FL 34996 attn: Laura		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>45</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 Lawrence E. Kearns 

CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

8/27/2004

PRODUCER
 TA RHEEL INSURANCE MANAGEMENT, INC.
 1061-521 CORPORATE CENTER, SUITE 140
 FORT MILL, SOUTH CAROLINA 29715
 803.396.5230

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
Progressive Employer Services
 7560 Commerce Ct
 Sarasota, FL 34243

South

INSURERS AFFORDING COVERAGE	AMB#
INSURER A: GUARANTEE INSURANCE CO.	2300
INSURER B: ESSEX INSURANCE COMPANY	2732
INSURER C:	
INSURER D:	
INSURER E:	

Alternate Employer: PIONEER SCREEN COMPANY, INC 3025

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$ -
						DAMAGE TO RENTED PREM	\$ -
						MED EXP (Any one person)	\$ -
						PERSONAL & ADV INJURY	\$ -
						GENERAL AGGREGATE	\$ -
						PRODUCTS-COMP/OP AGG	\$ -
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____				COMBINED SINGLE LIMIT (Each Accident)	\$ -
						BODILY INJURY (Each Person)	\$ -
						BODILY INJURY (Per Accident)	\$ -
						PROPERTY DAMAGE (Per Accident)	\$ -
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT	\$ -
						OTHER THAN EA ACC	\$ -
						AUTO ONLY AGG	\$ -
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$ -
						AGGREGATE	\$ -
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> No If, yes, describe under SPECIAL PROVISIONS below <input type="checkbox"/> Yes	GPEO 0702418-00	8/16/2004	8/16/2005	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
B						E.L EACH ACCIDENT	\$ 1,000,000
						E.L DISEASE-EA EMPLOYEE	\$ 1,000,000
						E.L DISEASE-POLICY LIMIT	\$ 1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Coverage is extended to the ASSIGNED EMPLOYEES of ALTERNATE EMPLOYER: PIONEER SCREEN COMPANY, INC 3025 Effective Date 8/16/2004

CERTIFICATE HOLDER

TOWN OF SEWALL POINT
 1 SOUTH SEWALL POINT ROAD
 STUART, FL 34996

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 ISSUER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE SIGNATURE

STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA EWING, CLERK

BY: T COPUS D.C.
DATE: 1.13.05



INSTR # 1806440
OR BK 01972 PG 2843
RECORDED 01/13/2005 03:23:07 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY T Copus (asst mgr)

SPACE ABOVE THIS LINE FOR RECORDING DATA

NOTICE OF COMMENCEMENT

Permit No. 7216

Tax Folio No. _____

State of Florida

County Of MARTIN

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with chapter 713 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

Legal description of property (include street address, if available) _____
lot #24 Hillcrest

General description of improvements Replace storm damaged Pool Enclosure

Owner's Name Kirsten Kraunscie
Address 112 Hillcrest Ter

Contractor: Pioneer Screen Company
Address: 9011 S.W. Old Kansas Avenue, Stuart, Florida Phone: 772-283-9197 Fax: 772-283-3028

Persons within the State of Florida designed 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: _____

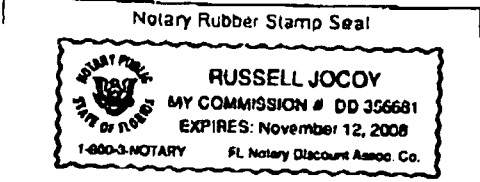
In addition to himself, owner designates _____
Of _____ Phone: _____ Fax: _____

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

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

Kirsten Kraunscie
Signature of Owner

KIRSTEN KRAUNSCIE
Printed Name of Owner
K652-511-41-542-0
Driver's License No. of Owner



I have relied upon the following identification of the Affiant
D.L.

Sworn to and subscribed before me this 13 day of JAN 13 2005

Russell Jocoj
Notary Signature
RUSSELL JOCOJ
Printed Name

- Aluminum Roofs
- Pool Enclosures
- Railings
- Screened Lanais
- Re-Screens
- Service Work
- Hurricane Protection
- Plastic Screen Inserts
- Screen Enclosures w/Aluminum Roofs
- Patio Enclosures



9011 SW Old Kansas Avenue
 Stuart, Florida 34997
 Construction License #SCC 046064
 Stuart (772) 283-9197
 West Palm Beach (561) 575-0033
 Fax (772) 283-3028

SOLD TO Kirsten ARAUNSOE	PHONE 219-1902	DATE 9-14-04
MAILING ADDRESS 112 Hillcrest Fea	INSTALLATION ADDRESS	
CITY, STATE AND ZIP CODE Sewalls Point 34996	PROPERTY OWNER AND ADDRESS	
APPROXIMATE FINISH DATE (AFTER PERMIT AND ASSOCIATION APPROVAL IF NEEDED) /WEATHER CONDITIONS MAY DELAY START AND FINISH DATE. 10 to 12 weeks		

Screen Color: Charcoal

Mesh Type: 18x12 20x20 20x30

Flat Gable

Hip Mansard A-Frame Porch

Beam(s) Type: Code

Uprights: Code

Aluminum Roof: Insulated Non-Insulated

Doors: 2

Chair Rail: Yes

Florida Glass: 18" x 24" 24" 36"

Kickplate: WU

Gutters: Super 7"

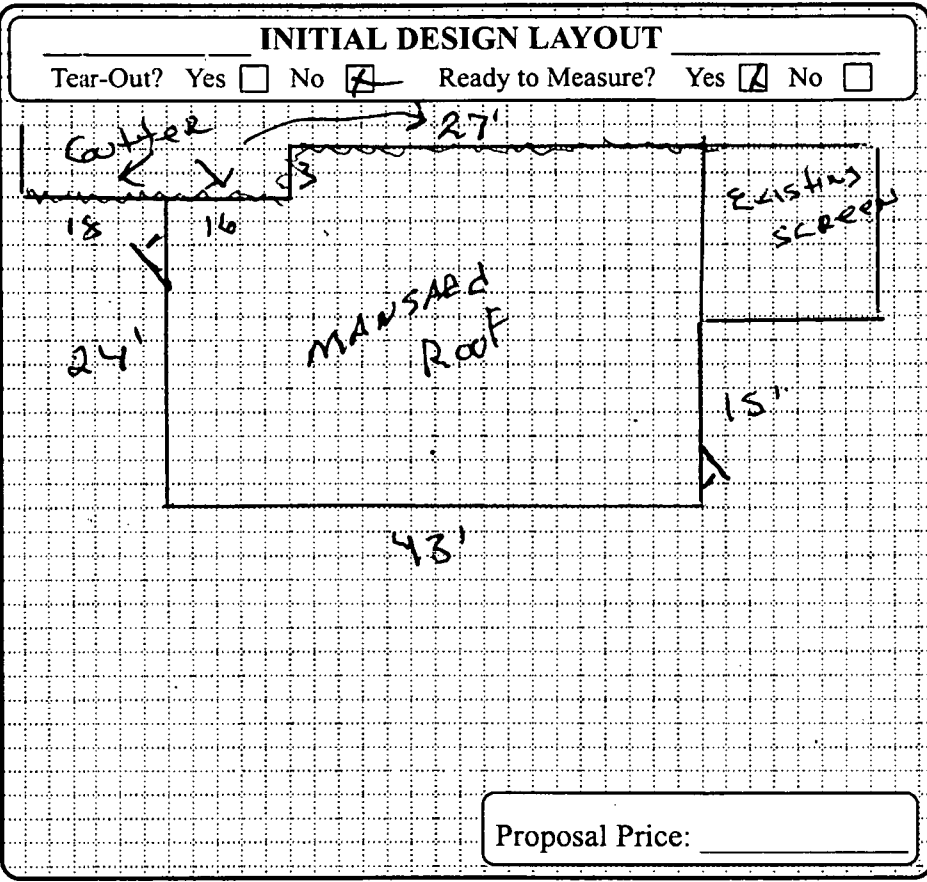
Frame Color: Bronze

Permit #: Ye

Lot: 24 Block:

Subdivision: S-Point

Concrete: Yes No



Proposal Price: _____

THIS PROPOSAL MAY BE WITHDRAWN BY US IF NOT ACCEPTED WITHIN 30 DAYS
 A survey sheet or a plot plan and complete legal description is required on all pool patio enclosures and aluminum roofs.

- CONDITIONS**
- It is understood that there are no verbal agreements and all items are covered by this written contract - this is a proposal until signed by an officer of the corporation at which time it becomes an executed contract.
 - A full one year unconditional guarantee against defects in purchased assemblies, materials and workmanship issued and takes effect at completion. Any warranty work necessary, however, shall not be done until such time as final payment. Owner's failure to make full payments to contractor according to the contract and work orders shall void this guarantee.
 - Any changes after final measurements will be charged accordingly.
 - Payment will be made as outlined. Owner agrees to pay all attorney fees if this contract should go to court for collection for any reason, and pay 1 1/2% interest per month on any unpaid balance.
 - Any cracks greater than 1/8 inch in width will be repaired by surface patching or painting. Builder is not responsible for color variations. Any cracks greater than 1/4 inch in width or 1/8 inch in vertical displacement will be repaired by surface patching or other remedies. Cracks exceeding 1/4 inch in width or 1/4 inch in vertical displacement will be repaired by patching or other remedies. The problem will be corrected so that the defect is not readily noticeable.

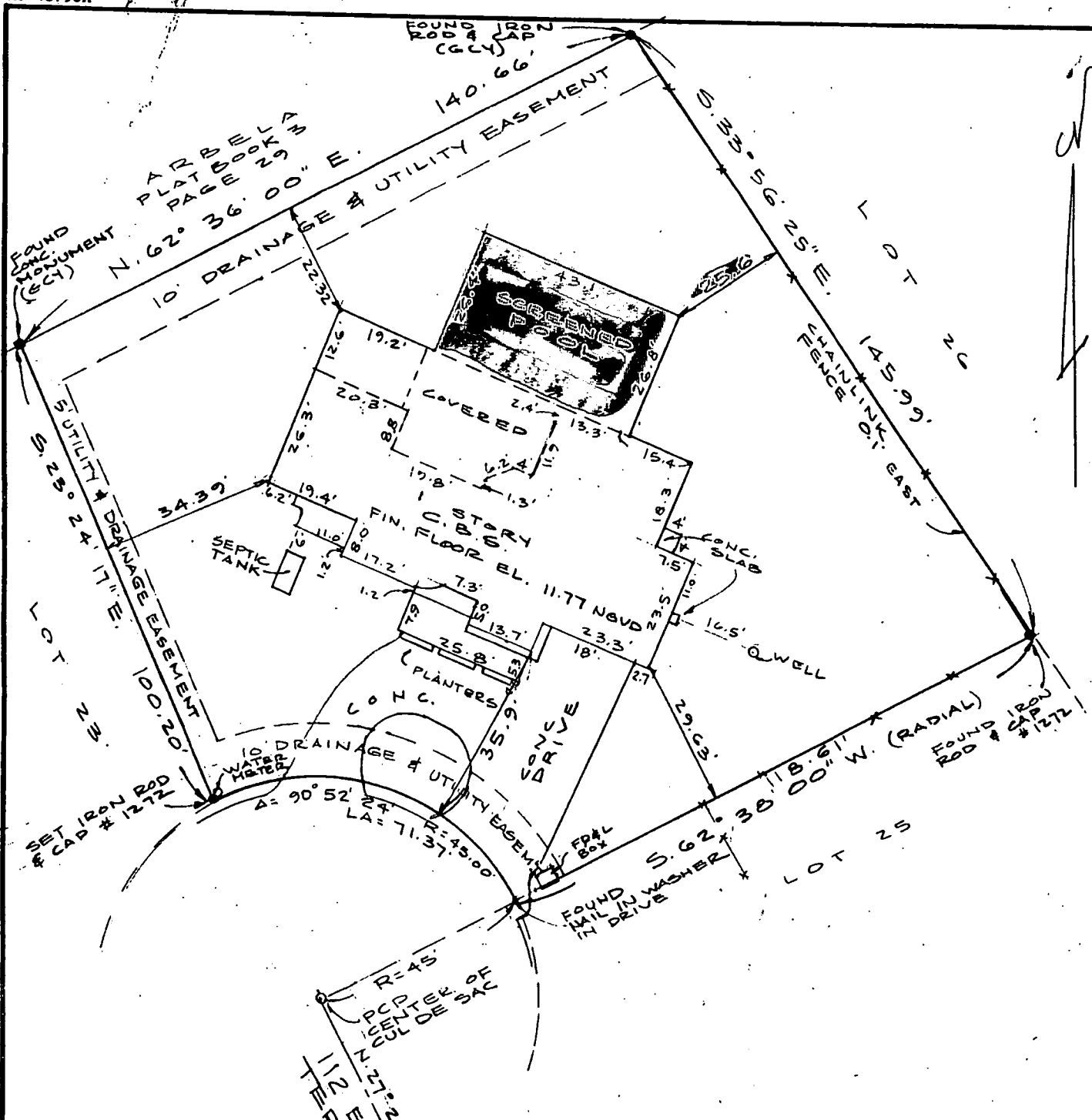
Section 501.025, Florida Statutes, (Consumer Protection) provides that "the buyer has the right to cancel a home solicitation sale until midnight of the third business day after the day on which the buyer signs an agreement."

The undersigned acknowledges receipt of a true copy of this contract and acknowledges that he has read and understands the contents thereof and accepts the same on terms and conditions stated herein. 35% Deposit required, 2/3 on delivery of material, balance on completion. Credit Card Fees apply at 2.37% per transaction.



		PAYMENT TOTALS WITH CREDIT CARD FEES 2.37%
Contract Price	6701	
35% Deposit	2345	
Concrete Draw	NA	
2/3 Screen Draw	2904	
Balance Due	1452	

Purchaser: Kirsten ARAUNSOE Date: 9/30/04
 Pioneer Screen Co., Inc.: Tim Brandman



NOTES

1. LOCATED IN FLOOD ZONES "B&C"
2. E = CENTERLINE
3. PCP = PERMANENT CONTROL POINT
4. BEARINGS REFER TO SAID PLAT
5. CONC = CONCRETE

A BOUNDARY SURVEY OF

LOT 24

**PLAT OF HILLCREST
ACCORDING TO THE PLAT THEREOF
AS RECORDED IN PLAT BOOK 10,
PAGE 39, PUBLIC RECORDS OF
MARTIN COUNTY, FLORIDA.
FOR**

KIRSTEN KRAUNSOE

This survey meets the minimum technical standards for Land Surveying in Florida, as prescribed in Chapter 21HH-6, F.A.C. I Hereby Certify to First National Bank & Trust Company of The Treasure Coast, its successors and/or assigns, ATIMA; Cray Buchanan, Bowdish, Bovie, Lord, Roby & Evans, Chartered, Leonard Rutland, Jr., P.A.; Attorneys' Title Insurance Fund, Inc.; Kirstin Kraunsoe that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief. There are no encroachments unless otherwise shown. No search of the public records made for errors or omission of said description. Easements of record not shown unless furnished.

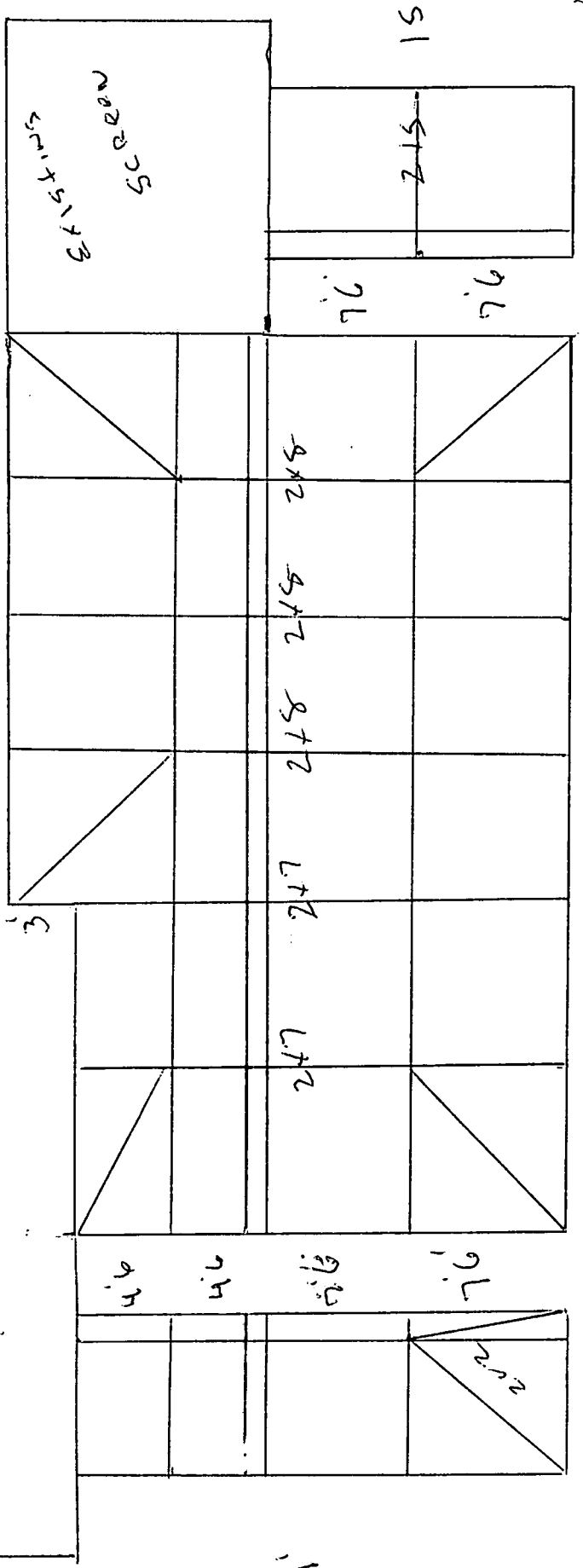
DON WILLIAMS & ASSOCIATES, INC.
LAND SURVEYORS
P.O. BOX 2342 STUART, FL. 34995
PHONE: 283-2977
FAX: 283-2979

W.L. Williams
W.L. WILLIAMS
R.L.S. FLA. REG. No. 1272

SCALE: 1" = 30'	DATE: 11-2-94	F.B. 26B Page 76	W.O. #
		PLAT BOOK: 10	PAGE: 39

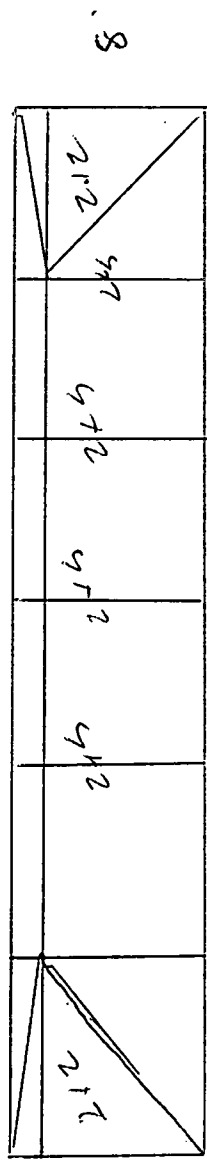
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3

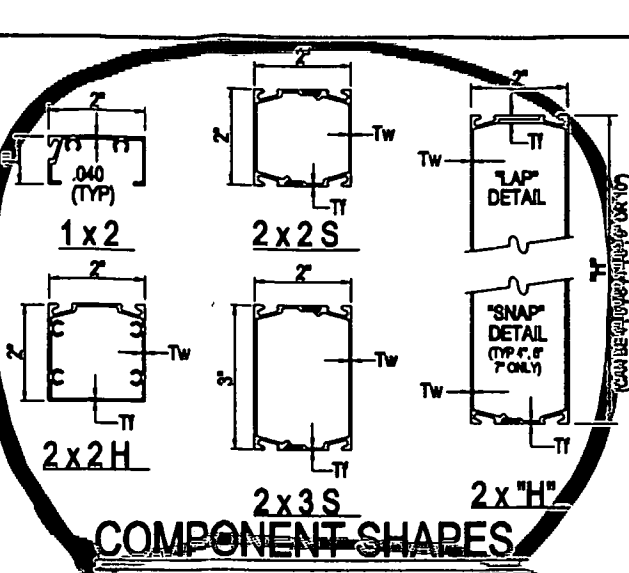
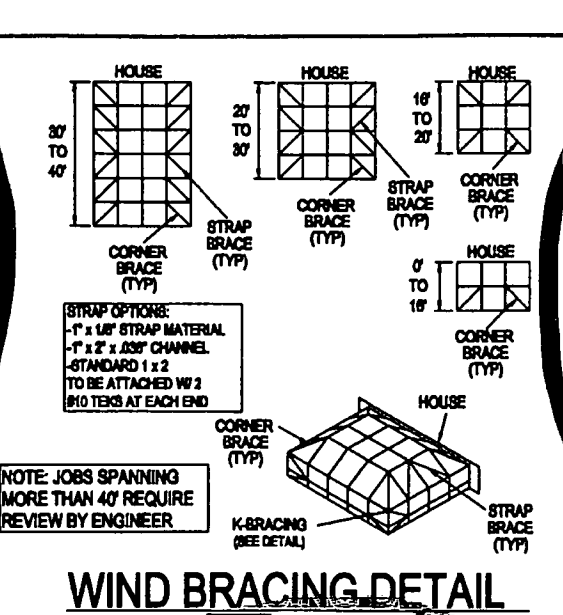
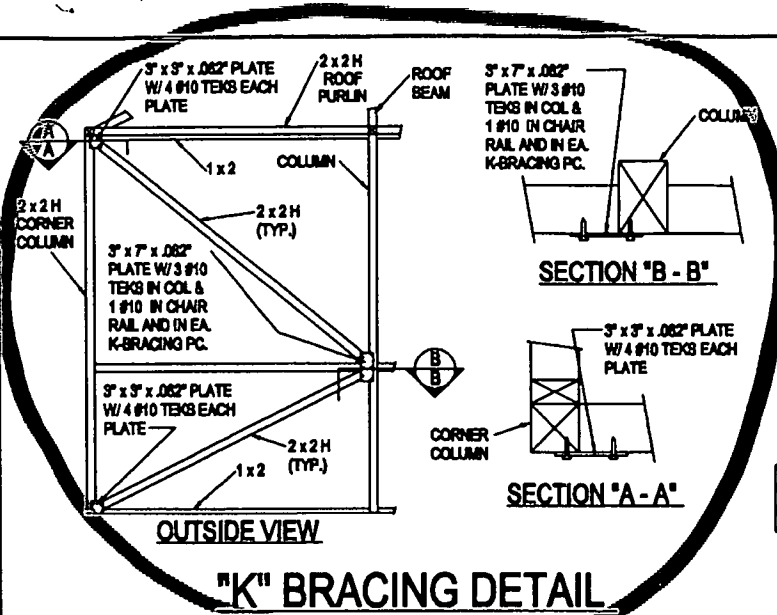


24'

8 8 8 6'9 6'9 6'9 6'9



43'



BEAM AND COLUMN SCHEDULE FLAT BEAMS L/80 MAX. (140 MPH, EXPOS. "B")

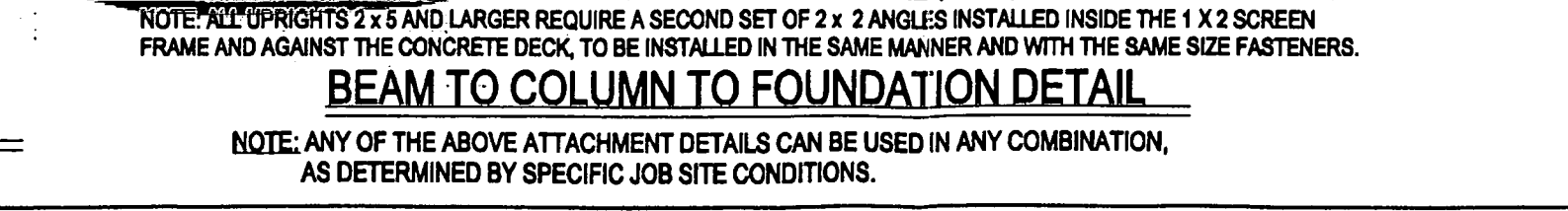
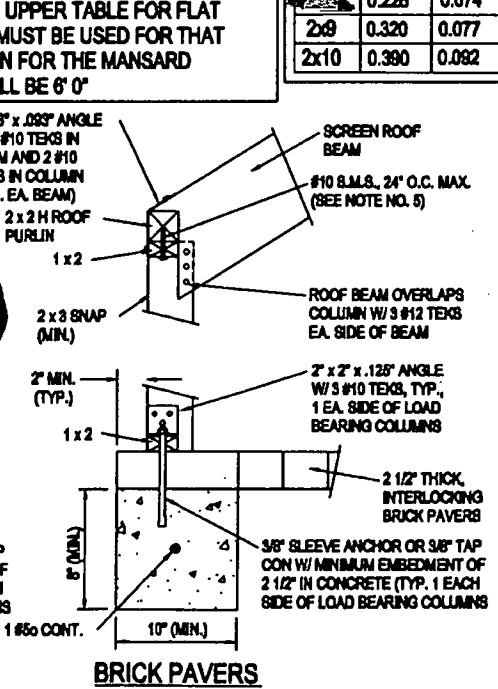
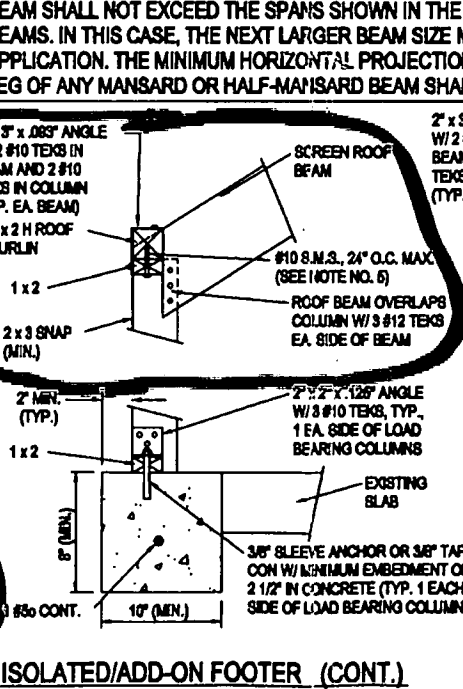
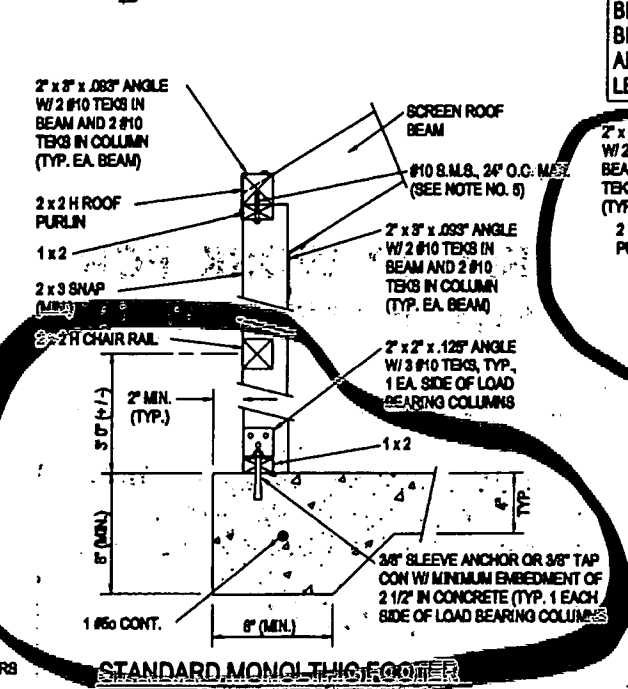
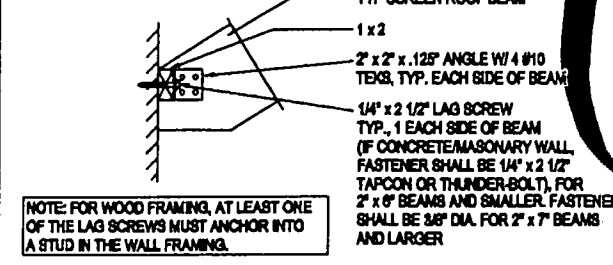
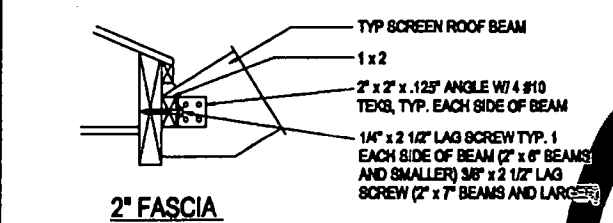
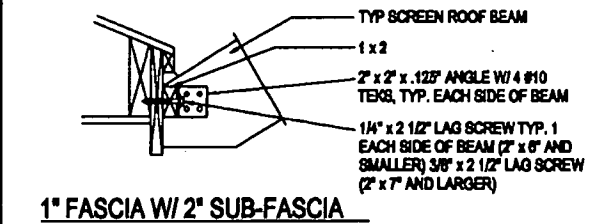
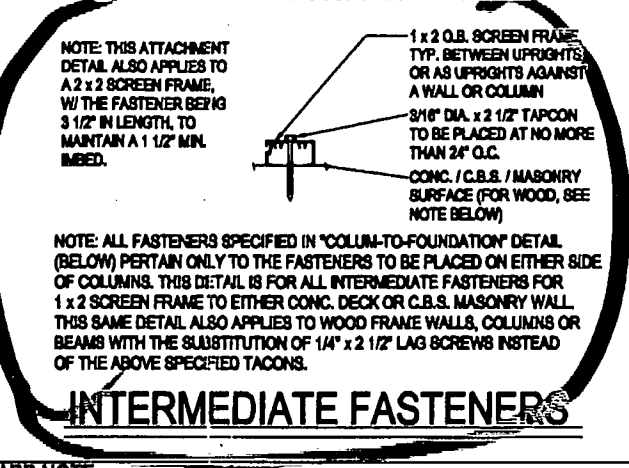
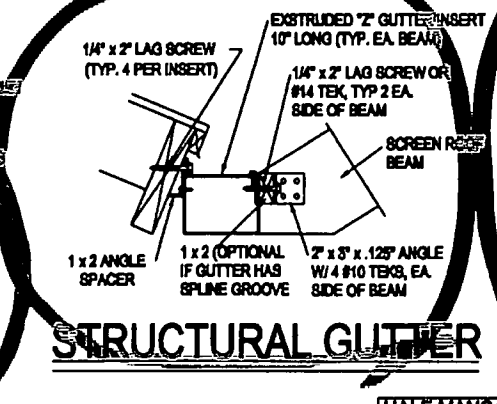
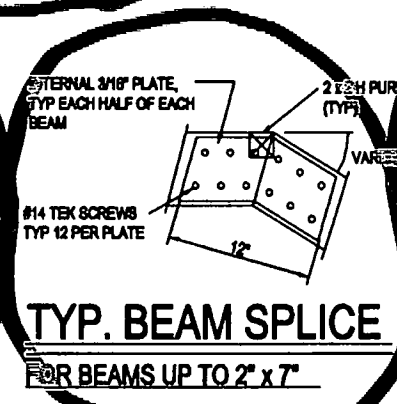
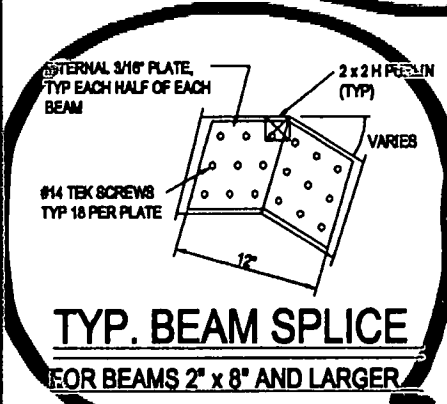
SIZE	DIMENSION		ROOF PANEL WIDTH vs BEAM SPAN								DESIGN PRESSURE = 10 PSF
	Tf	Tw	8'0"	7'6"	7'0"	6'6"	6'0"	5'6"	5'0"	4'6"	
2x2 H	0.050	0.050	6'0"	6'1"	6'3"	6'5"	6'7"	6'8"	7'0"	7'3"	7'6"
2x2 S	0.050	0.050	6'6"	6'7"	6'8"	6'11"	7'1"	7'4"	7'7"	7'10"	8'2"
2x3	0.050	0.050	8'11"	8'1"	8'4"	8'6"	8'10"	10'1"	10'5"	10'8"	11'3"
2x4	0.055	0.055	11'6"	11'8"	12'0"	12'4"	12'8"	13'0"	13'5"	14'1"	14'6"
2x5	0.055	0.055	14'8"	15'2"	15'6"	15'10"	16'3"	16'8"	17'4"	17'11"	18'6"
2x6	0.130	0.055	17'10"	18'3"	18'8"	18'2"	18'8"	20'8"	20'11"	21'8"	22'6"
2x7	0.153	0.071	22'5"	22'11"	23'6"	24'1"	24'8"	25'5"	26'3"	27'2"	28'3"
2x8	0.228	0.074	27'5"	28'0"	28'8"	28'5"	30'2"	31'1"	32'1"	33'3"	34'7"
2x9	0.320	0.077	30'1"	30'8"	31'6"	32'3"	33'2"	34'1"	35'3"	36'6"	37'11"
2x10	0.390	0.082	33'4"	34'1"	34'11"	35'8"	36'8"	37'10"	38'0"	40'5"	42'1"

BEAM AND COLUMN SCHEDULE WALL PANEL WIDTH vs COLUMN HEIGHT DESIGN PRESSURE = 18 PSF

SIZE	DIMENSION		WALL PANEL WIDTH vs COLUMN HEIGHT								DESIGN PRESSURE = 18 PSF
	Tf	Tw	4'8"	5'0"	5'2"	5'3"	5'5"	5'7"	5'8"	6'0"	
2x2 H	0.050	0.050	4'8"	5'0"	5'2"	5'3"	5'5"	5'7"	5'8"	6'0"	6'2"
2x2 S	0.050	0.050	5'4"	5'5"	5'7"	5'8"	5'10"	6'0"	6'3"	6'6"	6'7"
2x3	0.050	0.050	7'4"	7'6"	7'8"	7'10"	8'1"	8'3"	8'7"	8'10"	8'3"
2x4	0.055	0.055	9'8"	9'8"	9'10"	10'2"	10'5"	10'8"	11'0"	11'7"	11'11"
2x5	0.055	0.055	12'5"	12'9"	13'1"	13'5"	13'10"	14'3"	14'8"	15'4"	
2x6	0.130	0.055	14'8"	15'0"	15'4"	15'8"	16'2"	16'8"	17'2"	17'10"	18'6"
2x7	0.153	0.071	18'5"	18'10"	18'4"	18'10"	20'4"	20'11"	21'7"	22'4"	23'3"
2x8	0.228	0.074	22'7"	23'0"	23'7"	24'2"	24'10"	25'7"	26'5"	27'4"	28'5"
2x9	0.320	0.077	24'8"	25'3"	25'11"	26'6"	27'3"	28'0"	28'0"	30'0"	31'2"
2x10	0.390	0.082	27'5"	28'0"	28'8"	28'5"	30'3"	31'1"	32'1"	33'3"	34'7"

BEAM AND COLUMN SCHEDULE ROOF PANEL WIDTH vs BEAM SPAN MANSARD & HALF-MANSARD ONLY

SIZE	DIMENSION		ROOF PANEL WIDTH vs BEAM SPAN								MANSARD & HALF-MANSARD ONLY
	Tf	Tw	7'5"	7'8"	7'11"	8'2"	8'7"	8'11"	8'4"	8'10"	
2x2 S	0.050	0.050	7'5"	7'8"	7'11"	8'2"	8'7"	8'11"	8'4"	8'10"	10'6"
2x3	0.050	0.050	9'8"	10'1"	10'5"	10'10"	11'3"	11'9"	12'4"	13'0"	13'10"
2x4	0.055	0.055	12'4"	12'8"	13'3"	13'8"	14'3"	14'11"	15'6"	16'6"	17'6"
2x5	0.055	0.055	14'10"	15'4"	15'11"	16'6"	17'2"	17'11"	18'8"	18'10"	21'0"
2x6	0.130	0.055	18'7"	20'3"	20'11"	21'8"	22'8"	23'8"	24'8"	26'2"	27'8"
2x7	0.153	0.071	26'5"	27'4"	28'4"	28'6"	30'10"	32'4"	34'1"	36'2"	
2x8	0.228	0.074	32'4"	33'4"	35'10"	37'4"	38'0"	40'10"	43'1"	45'8"	
2x9	0.320	0.077	35'0"	36'2"	37'5"	38'10"	40'5"	42'4"	44'4"	46'8"	49'6"
2x10	0.390	0.082	38'8"	40'0"	41'8"	43'0"	44'8"	46'8"	49'0"	51'8"	54'10"



- GENERAL NOTES**
- DESIGN COMPLIES WITH THE FOLLOWING PARAMETERS AS SPECIFIED IN THE FLORIDA BUILDING CODE 2001:
 - A. WIND SPEED = 140 MPH
 - B. EXPOSURE CATEGORY = "B"
 - C. DESIGN PRESSURES:
 - ROOF: 10 PSF
 - WALLS: 18 PSF
 - D. MAXIMUM ROOF HEIGHT = 30'0"
 - E. ALLOWABLE DEFLECTION = L/80
 - F. CONTINUOUS LOAD PATH PROVIDED
 - MATERIALS (UNLESS OTHERWISE SPECIFIED)
 - A. EXTRUSIONS - ALUMINUM ALLOY 6063-T6 & 3003-H18
 - B. FASTENERS - ALUMINUM ALLOY 2024-T4 & 7075-T6, CAD PLATED STEEL, HOT-DIPPED GALVANIZED STEEL OR 300 SERIES STAINLESS STEEL
 - C. SCREEN CLOTH - VINYL COATED, WOVEN FIBERGLASS, 80% OPEN OR GREATER
 - BOLT AND SCREW FASTENINGS THROUGH AN OPEN EXTRUSION INTO SLAB, MASONRY OR WOOD FRAME WALL OR FASCIA MUST HAVE A 5/8" DIA. HEAD OR USE A 5/8" DIA. WASHER, 2" MAXIMUM SPACING.
 - WIND BRACING IS NOT REQUIRED WHEN AN ENCLOSURE IS FULLY SUPPORTED ON TWO SIDES BY THE HOUSE.
 - ALL SPECIFIED TIE DOWN ANGLES ARE REQUIRED ONLY ON COLUMNS THAT ARE SUPPORTING STRUCTURAL BEAMS (UNLESS OTHERWISE SPECIFIED ON SITE-SPECIFIC ENGINEERING).
 - SEE SITE SPECIFIC DRAWINGS FOR ACTUAL LOCATION OF WALL K-BRACING.
 - ALL DOORS SHALL BE SELF-CLOSING AND SELF-LATCHING.
 - PRINTS OR COPIES THEREOF ARE VALID FOR BUILDING PERMIT PURPOSES ONLY WHEN BEARING THE ORIGINAL SIGNATURE OF THE ENGINEER OF RECORD UNDER HIS EMBOSSED SEAL.
 - AS DEFINED IN SECTION #1804.14, ALL BUILDINGS NOT OVER ONE STORY IN HEIGHT AND LESS THAN 400 SQUARE FEET IN AREA ARE EXEMPT FROM ALL FOOTER / FOUNDATION REQUIREMENTS SPECIFIED IN SECTION #1804, SUBJECT TO APPROVAL BY THE BUILDING OFFICIAL OF THE MUNICIPALITY IN WHICH THE PERMIT IS BEING APPLIED FOR.

B.D.Q., INC.
P. O. BOX 20207
WEST PALM BEACH, FL 33416
D. A. DOWDY, P.E.
FL REG. NO. 22763
FLA. ENG. CERT. OF AUTH. NO. 8238

POOL / PATIO ENCLOSURE WITH SCREEN ROOF
140 MPH, EXP "B"

NOTE TO BUILDING OFFICIALS:
THE ENGINEERING IS ONLY VALID FOR BUILDING PERMIT PURPOSES WHEN IT BEARS THE ORIGINAL SIGNATURE AND RAISED / EMBOSSED SEAL FROM THE ENGINEER OF RECORD (PHOTOCOPIES ARE NOT TO BE ACCEPTED OR CONSIDERED AS VALID FOR PERMITTING)

DWN: E. DOWDY
DATE: 2/28/02
APPROVED: D. A. DOWDY, P.E.
DWG. NO. 02-140-XB
LAST REV. 1/12/03

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/23, 2005 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6298	PARKS	REPAIR SEWAGE	PASS	CLOSE
1	3 MINDORO ST. PARKS CO.	FINAL		INSPECTOR: <i>OM</i>
66661	PARKS	FINAL DEMO OF DECK	PASS	CLOSE
1	3 MINDORO ST. PARKS CO.			INSPECTOR: <i>OM</i>
6798	PARKS	FINAL CONC. DECK	FAIL	
1	3 MINDORO ST. PARKS + CO.			INSPECTOR: <i>OM</i>
7216	KEANBOE	FINAL SCREEN	PASS	CLOSE
4	112 HILLCREST PIONEER SCREEN			INSPECTOR: <i>OM</i>
TREE	LIPPS	TREE	PASS	
5	5 COPAIRE DR			INSPECTOR: <i>OM</i>
798	PETERSEN	FINAL SCREEN	PASS	CLOSE
3	49 RIO VISTA DR K&S INDUSTRIES			INSPECTOR: <i>OM</i>
7380	BONIFACE	EXT DOORS	FAIL	
2	63 S. RIVER RD WILSON BLDG			INSPECTOR: <i>OM</i>
OTHER:				

7290
RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/9/05

BUILDING PERMIT NO. 7290

Building to be erected for KRAUNSOE

Type of Permit PEREOP

Applied for by PACIFIC ROOFING CORP (Contractor)

Building Fee _____

Subdivision HILLCREST Lot 24 Block _____

Radon Fee _____

Address 112 HILLCREST TR

Impact Fee _____

Type of structure SFR

AC Fee _____

Parcel Control Number:

Electrical Fee _____

0138410140000024060000

Plumbing Fee _____

Amount Paid 120.00 Check # 8006 Cash _____ Other Fees (_____) 1

Roofing Fee 120.00

Total Construction Cost \$ 30,000.

TOTAL Fees 120.00

Signed [Signature]

Signed [Signature]

Applicant

Town Building Official

- 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

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 _____

BY:

Date: 13 January 2005

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Kirsten Kraussie Phone (Day) _____ (Fax) _____

Job Site Address: 112 Hillcrest TR City: Stuart State: FL Zip: 34990

Legal Description of Property: Hillcrest, Lot 24 Parcel Number: 01-38-41-014-000-00240-0

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

Description of Work To Be Done: Re-roof T/Fl to T/Fl

WILL OWNER BE THE CONTRACTOR?: Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: Pacific Roofing Phone: 283-7663 Fax: 283-9505

Street: P.O. Box 2697 City: Stuart State: FL Zip: 34994

State Registration Number: C-CC086793 State Certification Number: _____ Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 30,000 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: Pacific Roofing State: FL License Number: C-CC056795

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

Carport: _____ Total Under Roof 3,500 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)
Kirsten Kraussie

State of Florida, County of: _____
This the 13 day of January, 2005

by _____ who is personally known to me or produced as identification.

My Commission Expires: _____
Notary Public: James Nickerson

CONTRACTOR SIGNATURE (required)
Richard J. [Signature]

On State of Florida, County of: _____
This the 13 day of January, 2005

by _____ who is personally known to me or produced as identification.

My Commission Expires: _____
Notary Public: James Nickerson

Permit No. _____

Tax Folio No. 01384101400002406

NOTICE OF COMMENCEMENT



State of Florida
County of Florida

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

1. Legal description of property (include street address, if available): Hillcrest, Lot 2d

2. General description of improvement: Re-roof

3. Owner information - name and address: Kristen Kraunsae
112 SE Hillcrest Terrace

Interest in property: _____

Name and address of fee simple titleholder (if other than Owner): _____

4. Contractor - name and address: Pacific Roofing
P.O. Box 2697 Stuart, FL 34994

Phone number 283-7663 Fax number 283-9513

5. Surety - name and address: _____

Phone number _____ Fax number _____ Amount of bond: \$ _____

6. Lender - name and address: _____

Phone number _____ Fax number _____

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

Phone number _____ Fax number _____

8. In addition to himself, Owner designates _____ of _____

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

Phone number _____ Fax number _____

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

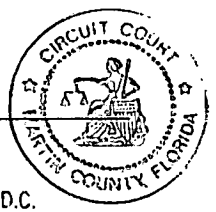
Kristen Kraunsae
Signature of Owner

Sworn to and subscribed before me this 13 day of January, 2005

James Nickerson
Notary Public

James Nickerson
My Commission DD271437
Expires December 13, 2007

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK
BY M. Ewing D.C.
DATE 1/13/05



INSTR # 1806348 OR BK 01972 PG 2585 RECD 01/13/2005 01:09:01 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK M Ferschte



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)

Hanson Roof Tile d.b.a. Pioneer Concrete Tile
1340 SW 34th Ave
Deerfield Beach, FL 33442

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) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. 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: Nordic Flat Roof Tile

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

RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

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

This NOA consists of pages 1 through 6.
The submitted documentation was reviewed by Frank Zuloaga, RRC

FILE COPY

TOWN OF SEWALL'S POINT

THESE PLANS HAVE BEEN

REVIEWED FOR CODE COMPLIANCE

DATE: 11/14/05

BUILDING OFFICIAL

Gene Simmons

NOA No.: 02-0916.10
Expiration Date: 12/16/07
Approval Date:
Page 1 of 6

ROOFING ASSEMBLY APPROVAL

Category: Roofing
 Sub Category: Roofing Tiles
 Material: Concrete

1. SCOPE

This renews a roofing system using Nordic Flat Roof Tile, as manufactured by Hanson Roof Tile d.b.a. Pioneer Concrete Tile described in Section 2 of this Notice of Acceptance. For the locations where the pressure requirements, as determined by applicable Building Code, does not exceed the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

2. PRODUCT DESCRIPTION

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Hanson Nordic Flat Tile	Length: 16½" Width: 13" Thickness 1¼"	TAS 112	Flat profile, interlocking, extruded concrete roof tile equipped with two nail holes. For direct deck or battened nail-on, mortar or adhesive set applications.
Trim Pieces	Length: varies Width: varies Varying thickness	TAS 112	Accessory trim, concrete roof pieces for use at hips, rakes ridges and valley terminations. Manufactured for each tile profile.

2.1 COMPONENTS OR PRODUCTS MANUFACTURED BY OTHERS

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Tile Nails	Min. 10dx 3"	TAS 114 Appendix E	Corrosion resistant screw or smooth shank nails	Generic (With current NOA)
Tile Screws	#8x 2 ½" long 0.335" head dia. 0.131" shank dia. 0.175" screw thread dia.	TAS 114 Appendix E	Corrosion resistant, coated, square drive, galvanized, coarse thread wood screws	Generic (With current NOA)
Hurricane Clip & Fasteners	Clips Min. ½" width Min. 0.060" thick Clip Fasteners Min. 8d x 1 ¼"	TAS 114 Appendix E	Corrosion resistant clips with corrosion resistant nails.	Generic (With current NOA)

3. LIMITATIONS

- 3.1 Fire classification is not part of this acceptance.
- 3.2 For mortar or adhesive set tile applications, a static field uplift test in accordance with RAS 106 may required, refer to applicable building code.
- 3.3 Applicant shall retain the services of a Miami-Dade County Certified Laboratory to perform quarterly test in accordance with TAS 112, appendix 'A'. Such testing shall be submitted to the Building Code Compliance Office for review.
- 3.4 Minimum underlayment shall be in compliance with the applicable Roofing Applications Standards listed section 4.1 herein.
- 3.5 30/90 hot mopped underlayment applications may be installed perpendicular to the roof slope unless stated otherwise by the underlayment material manufacturers published literature.
- 3.6 This acceptance is for wood deck applications. Minimum deck requirements shall be in compliance with applicable building code.

4. INSTALLATION

- 4.1 Hanson 'Nordic Flat' Roof Tile and its components shall be installed in strict compliance with Roofing Application Standard RAS 118,119, & 120
- 4.2 Data For Attachment Calculations

Table 1: Aerodynamic Multipliers - λ (ft ³)		
Tile Profile	λ (ft ³) Batten Application	λ (ft ³) Direct Deck Application
Hanson Nordic Flat Tile	0.267	0.289

Table 2: Restoring Moments due to Gravity - M_g (ft-lbf)										
Tile Profile	3": 12"		4": 12"		5": 12"		6": 12"		7": 12" or greater	
	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
Hanson Nordic Flat Tile	5.95	6.78	5.87	6.67	5.74	6.54	5.60	6.37	5.44	6.19

**Table 3: Attachment Resistance Expressed as a Moment - M_r (ft-lbf)
For Nail-On Systems**

Tile Profile	Fastener Type	Direct Deck (Min 15/32" plywood)	Direct Deck (Min. 19/32" plywood)	Battens
Hanson Nordic Flat Tile	2-10d Ring Shank Nails	30.9	38.1	17.2
	1-10d Smooth or Screw Shank Nail	7.3	9.8	4.9
	2-10d Smooth or Screw Shank Nails	14.0	18.8	7.4
	1 #8 Screw	30.8	30.8	18.2
	2 #8 Screw	51.7	51.7	24.4
	1-10d Smooth or Screw Shank Nail (Field Clip)	24.3	24.3	24.2
	1-10d Smooth or Screw Shank Nail (Eave Clip)	19.0	19.0	22.1
	2-10d Smooth or Screw Shank Nails (Field Clip)	35.5	35.5	34.8
	2-10d Smooth or Screw Shank Nails (Eave Clip)	31.9	31.9	32.2
		2-10d Ring Shank Nails ¹	50.3	65.5

¹ Installation with a 4" tile headlap and fasteners are located a min. of 2 1/2" from head of tile.

**Table 4: Attachment Resistance Expressed as a Moment M_r (ft-lbf)
For Two Patty Adhesive Set Systems**

Tile Profile	Tile Application	Minimum Attachment Resistance
Hanson Nordic Flat Tile	Adhesive	31.3 ³

² See manufactures component approval for installation requirements.
³ Flexible Products Company TileBond Average weights per patty 13.9 grams.
 Polyfoam Product, Inc. Average weight per patty 8 grams.

**Table 4A: Attachment Resistance Expressed as a Moment - M_r (ft-lbf)
For Single Patty Adhesive Set Systems**

Tile Profile	Tile Application	Minimum Attachment Resistance
Hanson Nordic Flat Tile	PolyPro™	118.9 ⁴
	PolyPro™	40.4 ⁵

⁴ Large paddy placement of 45 grams of PolyPro™.
⁵ Medium paddy placement of 24 grams of PolyPro™.

Table 4B: Attachment Resistance Expressed as a Moment - M_t (ft-lbf) for Mortar Set Systems		
Tile Profile	Tile Application	Attachment Resistance
Hanson Nordic Flat Tile	Mortar Set	39.0

5. **LABELING**

5.1 All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo, or following statement: "Miami-Dade County Product Control Approved".

6. **BUILDING PERMIT REQUIREMENTS**

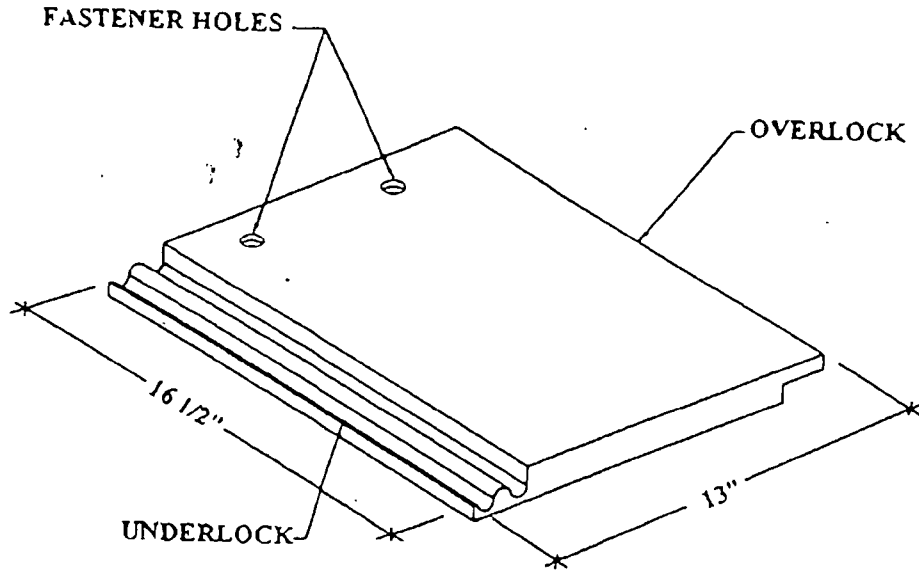
6.1 Application for building permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance.

6.1.2 Any other documents required by the Building Official or applicable Building Code in order to properly evaluate the installation of this system.

PROFILE DRAWING

HANSON "NORDIC FLAT" ROOF TILE



NORDIC FLAT

END OF THIS ACCEPTANCE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/27, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7290	KEAN SOE	SHEDDING	PASS	
4A	112 Hillcrest Dr Pacific Roofing	DRY IN	PASS	INSPECTOR: <i>[Signature]</i>
7298	Palter	DRY IN	PASS	
4B	91 S. River Rd Pacific Roofing			INSPECTOR: <i>[Signature]</i>
7110	BIRD 27 LOFTING PACIFIC	MEET @ 11:00 A.M.		DISCUSSED ROOF PROBLEMS W/ PERM INSPECTOR: <i>[Signature]</i> M/G
7611	SPRENGER 30 W. Hatt Pt	FINAL GEN ELEC		WED INSPECTION
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 112 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.

FINAL ROOF

NOT READY FOR INSPECTION

\$40 FEE

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: 7/11

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/11, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7665	McPHEE	GAR. DOOR FINAL	PASS	CLOSE
4A	8 ADMIRAL'S WALK TREASURE CONST. S.D.			INSPECTOR: <i>[Signature]</i>
7252	KINARD	SEAWALL CAP REBAR	PASS	
6	5 TIMOR STREET WILCO CONSTR.			INSPECTOR: <i>[Signature]</i>
7501	HALL	DRY-IN	FAIL	
7	4 N. VIA LUCINDIA ANCHOR ROOFING			INSPECTOR: <i>[Signature]</i>
7644	MADER	FOOTER	CANCEL	
I	106 ABBIE COURT BUFORD			INSPECTOR:
7289	KLAUS	FINAL ROOF	FAIL	
8	112 HILLCREST PACIFIC ROOFING			\$40 FEE INSPECTOR: <i>[Signature]</i>
7638	MONZON	FINAL ROOF	FAIL	
9	118 HILLCREST PACIFIC ROOFING			\$40 FEE INSPECTOR: <i>[Signature]</i>
7567	HICKS	F.INAL ROOF	PASS	CLOSE
3	7 MANDALAY DR PACIFIC ROOFING			INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JULY 20, 2005

Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7460	BRUNER	FINAL FENCE	PASS	CLOSE
2	19 RIVERVIEW DR O/B			INSPECTOR: <i>[Signature]</i>
7090	KEANSOE	TOTAL	PASS	
8	112 WILCEST TE PACIFIC ROSSINI			INSPECTOR: <i>[Signature]</i>
7634	LYDON	FINAL DRIVEWAY	PASS	CLOSE
9	108 N. SEWALL ST GAIANO CONCRETE			INSPECTOR: <i>[Signature]</i>
6781	SANGRATKA	FINAL PENOV ADDITION	FAIL	
5	20 S. VIA LUCINDIA AZTEKA	8-9 A.M.		INSPECTOR: <i>[Signature]</i>
6626	SANGRATKA	FINAL REEBOF	PASS	CLOSE
5	20 S. VIA LUCINDIA AZTEKA CONST.			INSPECTOR: <i>[Signature]</i>
6628	SANGRATKA	FINAL SIDING & W. WINDOW PER	PASS	CLOSE
5	20 S. VIA LUCINDIA AZTEKA CONST.			INSPECTOR: <i>[Signature]</i>
7572	NAEGLE	FINAL ROOF	PASS	CLOSE
6	23 S. RIDGEVIEW CARCO BUILDERS			INSPECTOR: <i>[Signature]</i>

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 112 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.

FINAL ROOF

MOST WEEP HOLES ARE
COMPLETELY OBSTRUCTED & NON
FUNCTIONAL - ALL WEEP HOLES
TO BE CLEANED AND MADE
FUNCTIONAL

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: 9/7

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri SEP 7, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7606	CRANE	ROUGH IN FLOOR	FAIL	
5	2 TIMOR DIVERSIFIED			INSPECTOR: <i>OM</i>
7576	SILAS	Summer Kitchen	PASS	
8	10 CASTLE HILL STATEWIDE	TIE BEAM		INSPECTOR: <i>OM</i>
7555	FOWLER	FINAL BATHRM RENOVATION	PASS	CLOSE
7	18 FIELDWAY DR OIB			INSPECTOR: <i>OM</i>
7290	KRANSOE	FINAL ROOF	FAIL	
6	112 HILLCREST PACIFIC ROOFING			INSPECTOR: <i>OM</i>
7203	AKERS	FINAL ROOF	FAIL	
1	38 W. HIGH POINT PACIFIC ROOFING			INSPECTOR: <i>OM</i> HAD FEE
7726	FREUDENBERG	RE ROOF-MAIN FINAL	PASS	CLOSE
8A	115 N. SEWALL'S PT SUPERIOR ROOFING			INSPECTOR: <i>OM</i>
7742	FREUDENBERG	RE ROOF CASANA FINAL	PASS	CLOSE
8A	115 N. SEWALL'S PT SUPERIOR ROOFING			INSPECTOR: <i>OM</i>

OTHER: _____

3115

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9/21, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7560	RADER	UG TANK LINES	PASS	
9	5 HERITAGE WAY MARTIN CITY PROP			INSPECTOR:
7290	KRANSBE	FINAL ROOF	PASS	CLOSE
8	112 HILLCREST? PACIFIC ROOFING			INSPECTOR:
7203	ALERS	FINAL ROOF	PASS	CLOSE
1	38 W High Pt PACIFIC ROOFING			INSPECTOR:
6972	QUINN	FINAL ROOF	PASS	CLOSE
3	98 S. SEWALL'S PT PACIFIC ROOFING			INSPECTOR:
7678	ROBINSON	FINAL RETG WALL	FAIL	
4	173 S. RIVER RD BLUE WATER MARINE			INSPECTOR:
7677	ALLEN	FINAL RETG WALL	FAIL	(SEE 173)
2	171 S. RIVER RD BLUE WATER MARINE			S. RIVER RD INSPECTOR:
7097	BARTEL	FINAL DOCK	FAIL	
10	3 ST. LUCIE COURT TROPIC MARINE			INSPECTOR:

OTHER: _____

10855

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:	10855	DATE ISSUED:	5/8/2014
SCOPE OF WORK:	A/C CHANGE OUT		
CONTRACTOR:	AMTEK AIR CORP.		
PARCEL CONTROL NUMBER:	013841014000002406	SUBDIVISION	HILLCREST LOT 24
CONSTRUCTION ADDRESS:	112 HILLCREST TERRACE		
OWNER NAME:	KRAUNSOE		
QUALIFIER:	CRAIG CANTRELL	CONTACT PHONE NUMBER:	772 801-3465

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

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10855		
ADDRESS:	112 HILLCREST TERRACE		
DATE ISSUED:	5/8/2014	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:	\$	\$
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

pd 5-19-14
CK1761

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 5/8/2014 9:27:57 AM EDT
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-014-000-00240-6	17871	112 HILLCREST TERR, SEWALL'S POINT	\$381,710	5/5/2014

Owner Information

Owner(Current)	KRAUNSOE KIRSTEN
Owner/Mail Address	112 HILLCREST TERR STUART FL 34996
Sale Date	12/8/1994
Document Book/Page	1100 2734
Document No.	
Sale Price	245000

Location/Description

Account #	17871	Map Page No.	SP-03
Tax District	2200	Legal Description	HILLCREST, LOT 24
Parcel Address	112 HILLCREST TERR, SEWALL'S POINT		
Acres	.4730		

Parcel Type

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

Assessment Information

Market Land Value	\$180,000
Market Improvement Value	\$201,710
Market Total Value	\$381,710

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

Permit Number: 10855

Date: 5-8-2014

OWNER/LESSEE NAME: Kirsten Kransoe Phone (Day) 219-1902 (Fax) _____
 Job Site Address: 112 HILLCREST TERR. City: STUART State: FL Zip: 34996

Legal Description: Hilcrest lot 2A Parcel Control Number: 01-38-41-014 000 002AD-6
 Fee Simple Holder Name: _____ Address: _____

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

***SCOPE OF WORK (PLEASE BE SPECIFIC):** EXACT replacement of two 2-ton system with 3 kw

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: \$ 1000 11,150.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AEB X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Auttek Air Cond Phone: 801-3465 Fax: _____
 Qualifiers name: Craig Cantrell Street: 571 Mercantile City: PSL State: FL Zip: 34996

State License Number: CAC181639 OR: Municipality: _____ License Number: _____
 LOCAL CONTACT: CRAIG CANTRELL Phone Number: 801-3465

DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: 2130 Garage: 552 Covered Patios/Porches: 1221 Enclosed Storage: _____
 Carport: _____ Total under Roof: 2130 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. NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

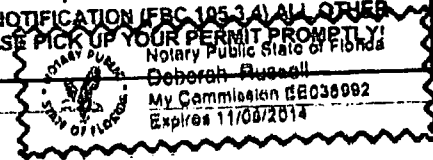
*******A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*******

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: St Lucie
 On This the _____ day of _____, 2014
 by _____ who is personally
 known to me or produced _____
 As identification: _____
 Notary Public
 My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: St Lucie
 On This the 7th day of May, 2014
 by Craig Cantrell who is personally
 known to me or produced _____
 As identification: Deborah Russell
 Notary Public
 My Commission Expires: 11/5/14

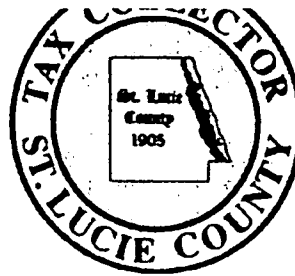
SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.1) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



BUSINESS/ Craig Cantrell

DBA NAME Amtek Air Conditioning Inc
MAILING Craig Cantrell
ADDRESS 571 NW Mercantile Pl #112
Port St Lucie, FL 34986

BUSINESS 571 NW Mercantile Pl #112
LOCATION Port St Lucie, FL 34986
City of Pt St Lucie



RENEWAL	
ORIGINAL TAX	\$12.35
PENALTY	\$1.24
COLLECTION COST	\$3.00
TOTAL	\$16.59

CAC1816639
P10000047614

Paid 10/11/2013 16.59

0019-20131011-000077

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the Local Business Taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession, or occupation.

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector shall be entitled to a collection cost fee of from \$1.00 to \$5.00, based on the amount of the Local Business Tax, which shall be collected from delinquent taxpayers after September 30th, of the business year.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county or cities. It also does not exempt the Local Business Taxpayer from any other taxes, licenses or permits that may be required by law.

Local Business Taxes are subject to change according to law.

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ******CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 10/21/2012

EXPIRATION DATE: 10/21/2014

PERSON: CANTRELL

CRAIG

T

FEIN: 900584427

BUSINESS NAME AND ADDRESS:

AMTEK AIR CONDITIONING INC

1516 SW ESCOBAR LN

PORT SAINT LUCIE - FL 34953

SCOPES OF BUSINESS OR TRADE:

HEATING, VENTILATION,
AIR-COND

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/4/2013

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

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

PRODUCER Deakins-Carroll Insurance Agency PO Box 1597 Port Salerno FL 34992	CONTACT NAME: Barbara Walenius	
	PHONE (A/C, No, Ext): (772) 287-2030	FAX (A/C, No): (772) 288-2481
E-MAIL ADDRESS: barbaraw@deakinscarroll.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Old Dominion Insurance Company		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

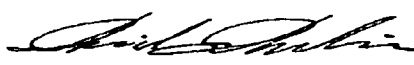
COVERAGES **CERTIFICATE NUMBER:** 13/14 GL **REVISION NUMBER:**

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	ADL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			MPG1131E	10/19/2013	10/19/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<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
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED		<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER **CANCELLATION**

220-4765 Sewall's Point, Town of 1 South Sewall's Point Road Stuart, FL 34996	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 David Deakins/RENEEA 
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Named below IS CERTIFIED
Under the provisions of Chapter 489, FS.
Expiration date: AUG 31, 2014

CANTRELL, CRAIG THOMAS
AMTEK AIR CONDITIONING, INC.
534 NW MERCANTILE PLACE #115
PORT ST LUCIE FL 34986

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 5/2/14

OWNER/LESSEE NAME: Kristen Kraunsoe Phone (Day) 219-1902 (Fax) _____

Job Site Address: 112 Hillcrest Terr City: Sewalls Point State: FL Zip: _____

Legal Description Hillcrest Lot 24 Parcel Control Number: 01-38-41-014-000-00240-6

Fee Simple Holder Name: _____ Address: _____

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

*SCOPE OF WORK (PLEASE BE SPECIFIC): exact replacement A/C unit

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 4150.00 (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: Amtek Air Conditioning, Inc Phone: 237-5254 Fax: _____

Qualifiers name: Craig Cantrell Street: 571 NW Mercantile Pl City: Port St Lucie State: FL Zip: 34986

State License Number: CA181818 OR: _____ Municipality: _____ License Number: _____

LOCAL CONTACT: Craig Cantrell Phone Number: (772) 237-5254

DESIGN PROFESSIONAL: _____ Fla. License# _____ Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

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

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

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

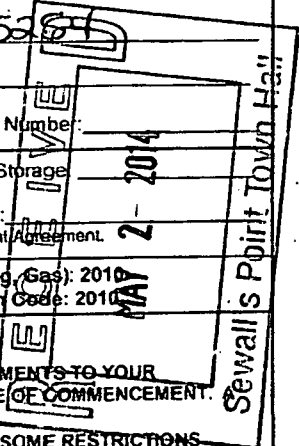
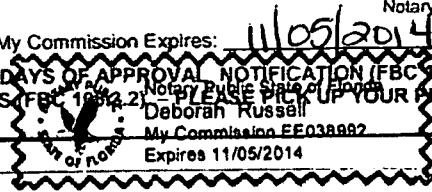
*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*****

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

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

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: X _____ State of Florida, County of: St. Lucie On This the 2nd day of May 20 14 by Craig Cantrell who is personally known to me or produced _____ As identification, Deborah Russell Notary Public My Commission Expires: 11/05/2014

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.4.2) NOTARY PLEASE PICK UP YOUR PERMIT PROMPTLY!



AC# 6123019

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12050900647

DATE	BATCH NUMBER	LICENSE NBR
05/09/2012	118181992	CAC1816639

The CLASS: B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489, FS
Expiration date: AUG 31, 2014

CANTRELL, CRAIG THOMAS
AMTEK AIR CONDITIONING, INC.
534 NW MERCANTILE PLACE #115
PORT ST LUCIE FL 34986

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/4/2013

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PRODUCER Deakins-Carroll Insurance Agency PO Box 1597 Port Salerno FL 34992	CONTACT NAME: Barbara Walenius	
	PHONE (A/C No. Ext): (772) 287-2030 FAX (A/C No.): (772) 288-2481 E-MAIL ADDRESS: barbaraw@deakinscarroll.com	
INSURED Amtek Air Conditioning, Inc. 571 NW Mercantile Place B12 Port St. Lucie FL 34986	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Old Dominion Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 13/14 GL REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			MPG1131E	10/19/2013	10/19/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			GENERAL AGGREGATE \$ 2,000,000			PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER CANCELLATION

220-4765 Sewall's Point, Town of 1 South Sewall's Point Road Stuart, FL 34996	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 David Deakins/RENEEA
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DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 10/21/2012

EXPIRATION DATE: 10/21/2014

PERSON: CANTRELL

CRAIG

T

FEIN: 900584427

BUSINESS NAME AND ADDRESS:

AMTEK AIR CONDITIONING INC

1516 SW ESCOBAR LN

PORT SAINT LUCIE - FL 34953

SCOPES OF BUSINESS OR TRADE:

HEATING, VENTILATION,
AIR-COND

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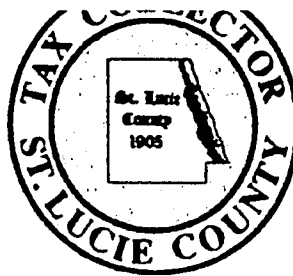
DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609

BUSINESS/ Craig Cantrell

DBA NAME Amtek Air Conditioning Inc
MAILING Craig Cantrell
ADDRESS 571 NW Mercantile Pl #112
Port St Lucie, FL 34986

BUSINESS 571 NW Mercantile Pl #112
LOCATION Port St Lucie, FL 34986
City of Pt St Lucie



RENEWAL	
ORIGINAL TAX	\$12.35
PENALTY	\$1.24
COLLECTION COST	\$3.00
TOTAL	\$16.59

CAC1816639
P10000047614

Paid 10/11/2013 16.59

0019-20131011-000077

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the Local Business Taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession, or occupation.

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector shall be entitled to a collection cost fee of from \$1.00 to \$5.00, based on the amount of the Local Business Tax, which shall be collected from delinquent taxpayers after September 30th, of the business year.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county or cities. It also does not exempt the Local Business Taxpayer from any other taxes, licenses or permits that may be required by law.

Local Business Taxes are subject to change according to law.



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

<u>Air handler: Mfg</u> <u>RHEEM</u> <u>Model#</u> <u>RHL140A</u>	<u>Condenser: Mfg</u> <u>RHEEM</u> <u>Model#</u> <u>14AJM25</u>
<u>Volts</u> <u>240</u> <u>CFM's</u> <u>800</u> <u>Heat Strip</u> <u>5</u> <u>Kw</u>	<u>Volts</u> <u>240</u> <u>SEER/EER</u> <u>16</u> <u>BTU's</u> <u>24,000</u>
<u>Min. Circuit Amps</u> <u>23</u> <u>Wire gauge</u> <u>#8</u>	<u>Min. Circuit Amps</u> <u>22</u> <u>Wire gauge</u> <u>#8</u>
<u>Max. Breaker size</u> <u>30</u> <u>Min. Breaker size</u> <u>30</u>	<u>Max. Breaker size</u> <u>30</u> <u>Min. Breaker size</u> <u>25</u>
<u>Ref. line size: Liquid</u> <u>3/8</u> <u>Suction</u> <u>3/4</u>	<u>Ref. line size: Liquid</u> <u>3/8</u> <u>Suction</u> <u>3/4</u>
<u>Refrigerant type</u> <u>R410A</u>	<u>Refrigerant type</u> <u>R-410A</u>
<u>Location: Existing</u> <input checked="" type="checkbox"/> <u>New</u> <input type="checkbox"/>	<u>Location: Existing</u> <input checked="" type="checkbox"/> <u>New</u> <input type="checkbox"/>
<u>Attic/Garage/Closet (specify)</u> <u>GARAGE</u>	<u>Left/Right/Rear/Front/Roof</u> <u>LEFT FRONT</u>
<u>Access:</u> <u>OPEN VERTICAL</u>	<u>Condensate Location</u> <u>SAME</u>

EXISTING SYSTEM COMPONENTS

<u>Air handler: Mfg</u> <u>TRANE</u> <u>Model#</u> <u>TVF24</u>	<u>Condenser: Mfg</u> <u>TRANE</u> <u>Model#</u> <u>TTB02A</u>
<u>Volts</u> <u>240</u> <u>CFM's</u> <u>800</u> <u>Heat Strip</u> <u>5</u> <u>Kw</u>	<u>Volts</u> <u>240</u> <u>SEER/EER</u> <u>10</u> <u>BTU's</u> <u>24,000</u>
<u>Min. Circuit Amps</u> <u>22</u> <u>Wire gauge</u> <u>#8</u>	<u>Min. Circuit Amps</u> <u>21</u> <u>Wire gauge</u> <u>#8</u>
<u>Max. Breaker size</u> <u>30</u> <u>Min. Breaker size</u> <u>30</u>	<u>Max. Breaker size</u> <u>30</u> <u>Min. Breaker size</u> <u>25</u>
<u>Ref. line size: Liquid</u> <u>3/8</u> <u>Suction</u> <u>3/4</u>	<u>Ref. line size: Liquid</u> <u>3/8</u> <u>Suction</u> <u>3/4</u>
<u>Refrigerant type</u> <u>R-22</u>	<u>Refrigerant type</u> <u>R-22</u>
<u>Location: Ext.</u> <input checked="" type="checkbox"/> <u>New</u> <input type="checkbox"/>	<u>Location: Ext.</u> <input checked="" type="checkbox"/> <u>New</u> <input type="checkbox"/>
<u>Attic/Garage/Closet (specify)</u> <u>GARAGE</u>	<u>Left/Right/Rear/Front/Roof</u> <u>LEFT FRONT</u>
<u>Access:</u> <u>OPEN AREA GARAGE</u>	<u>Condensate Location</u> <u>SAME</u>

Certification:

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

 Signature 5-5-2014
Date



Project Summary Entire House

Job: 456
Date: May 02, 2014
By: Russell

FL Email: 2shawnrussell@bellsouth.net

Project Information

For: Kirsten Kraunsoe, Amtek Air Cond
112 Hillcrest Terr, Stuart, FL 34996
Phone: 772-719-1902
Email: 2shawnrussell@bellsouth.net

Notes:

Design Information

Weather: West Palm Beach Intl AP, FL, US

Winter Design Conditions

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

Summer Design Conditions

Outside db 91 °F
Inside db 75 °F
Design TD 16 °F
Daily range L
Relative humidity 50 %
Moisture difference 57 gr/lb

Heating Summary

Structure 14335 Btuh
Ducts 2247 Btuh
Central vent (0 cfm) 0 Btuh
Humidification 0 Btuh
Piping 0 Btuh
Equipment load 16582 Btuh

Sensible Cooling Equipment Load Sizing

Structure 15269 Btuh
Ducts 5145 Btuh
Central vent (0 cfm) 0 Btuh
Blower 0 Btuh
Use manufacturer's data n
Rate/swing multiplier 0.96
Equipment sensible load 19679 Btuh

Infiltration

Method Simplified
Construction quality Average
Fireplaces 0

	Heating	Cooling
Area (ft ²)	1000	1000
Volume (ft ³)	9000	9000
Air changes/hour	0.45	0.23
Equiv. AVF (cfm)	68	35

Latent Cooling Equipment Load Sizing

Structure 1325 Btuh
Ducts 962 Btuh
Central vent (0 cfm) 0 Btuh
Equipment latent load 2287 Btuh
Equipment total load 21966 Btuh
Req. total capacity at 0.70 SHR 2.3 ton

Heating Equipment Summary

Make n/a
Trade n/a
Model n/a
AHRI ref n/a
Efficiency n/a
Heating input 0 Btuh
Heating output 0 Btuh
Temperature rise 0 °F
Actual air flow 807 cfm
Air flow factor 0.049 cfm/Btuh
Static pressure 0 in H₂O
Space thermostat

Cooling Equipment Summary

Make Rheem
Trade RHEEM, RUUD, WEATHERKING
Cond 14AJM25
Coil RHLL-HM2417++RCSL-H*2417
AHRI ref 5550388
Efficiency 13.0 EER, 16 SEER
Sensible cooling 16940 Btuh
Latent cooling 7260 Btuh
Total cooling 24200 Btuh
Actual air flow 807 cfm
Air flow factor 0.040 cfm/Btuh
Static pressure 0 in H₂O
Load sensible heat ratio 0.90

Bold/italic values have been manually overridden

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



wrightsoft

Right-Suite® Universal 2013 13.0.10 RSU09070

C:\Users\Shawn\Documents\AC LOADS\1000 SQ FT.rup Calc = MJ8 Front Door faces: SW

2014-May-02 08:26:26

Page 1



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: 5550388 Date: 5/2/2014

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

Outdoor Unit Model Number: 14AJM25

Indoor Unit Model Number: RHLL-HM2417+RCSL-H*2417

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM, RUUD, WEATHERKING

Series name:

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.

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):	24600*
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	

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

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St. Lucie Co.
772-237-5254
Martin Co.
772-801-3465
Palm Beach Co.
561-859-9935

Licensed & Insured
#CAC1816639



Master Bedroom

___ Proposal
___ Invoice

571 NW Mercantile Place #B-12
Port St. Lucie, FL 34953

No. 14 7356

PREVENTATIVE MAINTENANCE CHECK		LIMITED WARRANTY		NAME		
THERMOSTAT		All equipment, parts and materials are warranted by the manufacturer or suppliers written warranty only. All labor performed by AMTEK is warranted for 30 days. All parts installed by AMTEK will not be refundable or removed. All collections will be referred to an attorney after 90 days. All new equipment purchased, if cancelled will incur a restocking charge. AMTEK AC, Inc. holds the right to cancel any preferred maintenance policy due to delinquent and or unpaid invoices. Invoices become delinquent after 60 days of billing work performed. All returned checks will have a \$50 charge added to invoice. AMTEK is not liable for copper line or underground freon leaks. AMTEK is not responsible for rodent trapped in drain line resulting in leakage of water causing damage. AMTEK assumes no responsibility for fungus, mildew or mold, leaking roofs causing water damage. Unpaid balances will result in collections and/or a lien on property. 10% cancellation fee on all cancelled orders. AMTEK retains rights to all replaced parts and equipment. AMTEK retains rights to all installed equipment until invoice is paid in full.		Kirsten Kraussoe		DATE
CHECKED				5-1-14		
CALIBRATED				STREET		ZIP
REPLACED				1100 West 1st Street		34996
FILTERS <input type="checkbox"/> CLEAN <input type="checkbox"/> REPL.				PHONE		AM
CONDENSOR				772-219-1800		PM
HEAD PRESSURE ___ PSI				ALTERNATE		
SUCTION PRESSURE ___ PSI				NONE		
COMPRESSOR AMPERAGE				SERIAL #		
MOTOR AMPERAGE				K1111111111		
CHECK VOLTAGE		DESCRIPTION OF WORK PERFORMED				
LUBRICATE MOTOR		10% MINIMUM DEPOSIT REQUIRED ON ALL ORDERS		AMOUNT		
CLEANED COILS		2 TON Rheem 16 Seer		4,755		
CHK ELECTRICAL CONNECTIONS		410-1/2 Horizontal installation		- 500 material rebate		
FREON CHK ___ OK ADD LBS.		8kw Heat Kit		- 4,255		
SHOWING OXIDATION		New digital thermostat		- 405 flt		
CHECK CONTACTOR		Duct installation		3,850		
AIR HANDLER		PAYMENT				
MOTOR AMPERAGE		<input type="checkbox"/> Cash <input type="checkbox"/> Check				
CHECK VOLTAGE		Credit Card <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Disc				
ALGACIDE TABLETS		Card #				
RUST ON UNIT		Exp. Date				
CHK ELECTRIC CONNECTIONS		CCV				
LUBRICATE MOTOR		Auth Code				
VAC CONDENSATE DRAIN		COMMENTS / RECOMMENDATIONS				
STRIP		existing breakers 40-40		TOTAL 3,850		
CHK TEMP. DIFF W/LASER THERM		Challenges		DEPOSIT 500		
OTHER		installation 5-2-14 between 10-11 arrival		BALANCE		
		recommened Sipeke UV-system		OTHER		
		James Del		PAYMENT 500		
		Kirsten Kraussoe		NEW BALANCE 3,350		
		TECHNICIAN SIGNATURE		Thank you for your business!		
		CUSTOMER'S SIGNATURE				

THE METAL SHOP

Custom Metal Manufacturer

Consulting Engineer:

Douglas W. Lowe, P.E.

FLA# 13355

1206 Millennium Pkwy

Brandon, FL 33511

ANCHOR CLIPS Installer's Guide

WARNING: HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

PART NUMBER

#770 / 774 (4 pk of 4" / 6" tall clips with hardware)
#771 / 773 (4 pk of 4" / 6" tall clips only)

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 the 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.

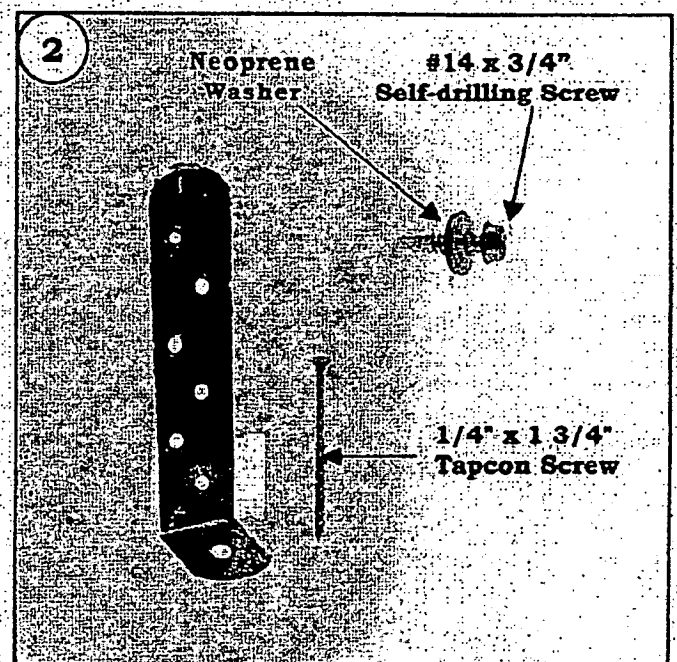
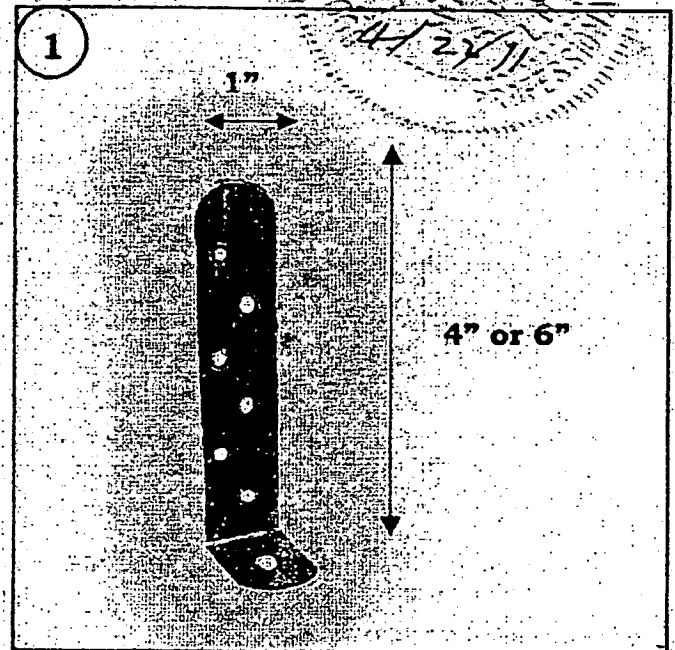
Anchor clip design meets requirements of The Florida Building Code 2007 (Building) chapter 301.12 for wind resistance up to 140 MPH.

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

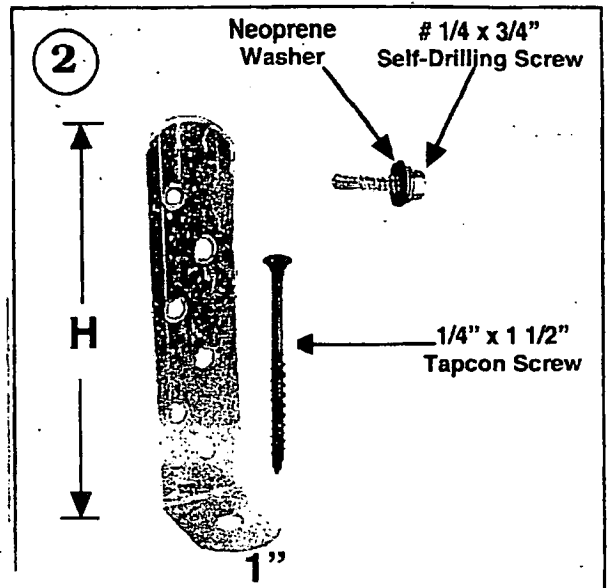
Above installation instruction suitable for up to 5 ton units.



PART NO:	H DIM:	W DIM:	DESCRIPTION:
# 771	4"	1"	4 pk: Clips only
# 773	6"	1"	4 pk: Clips only

ANCHOR CLIP NOTES:

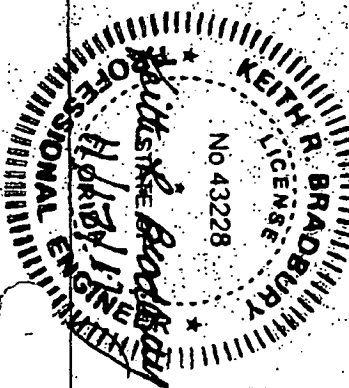
1. The anchor clip are 16 Gauge, G-90 hot-dip galvanized steel rated for corrosion of coastal applications.
2. 150 mph rating based on a condenser unit surface area of 10.4 sq. ft. facing wind; calculations based upon equations in ASCE 7-05 Chapter 6; and Chapter 16, Section 1609 - 2009 Supplement to 2007 FBC; Exposure C; importance category IV; Max. 600 Lb; condenser unit that withstands 150 mph wind speed.
3. On condenser units near bodies of water AHJ may require condenser units to be raised above ground level. (Suggest The Metal Shop's equipment wall stand for these areas)
4. The anchor clips with self-drilling screws and Tapcon screw are for ground mounted condensing units only on 2000 psi or higher psi concrete pads ONLY. Other pads or configurations must be custom engineered.
5. Engineer seal affixed hereto validates design as shown only. Use of this plan by Contractor, et. al, indemnifies and saves harmless this engineer and The Metal Shop for all costs & damages, including legal fees & appellate fees resulting from deviations of this plan.



ANCHOR CLIP

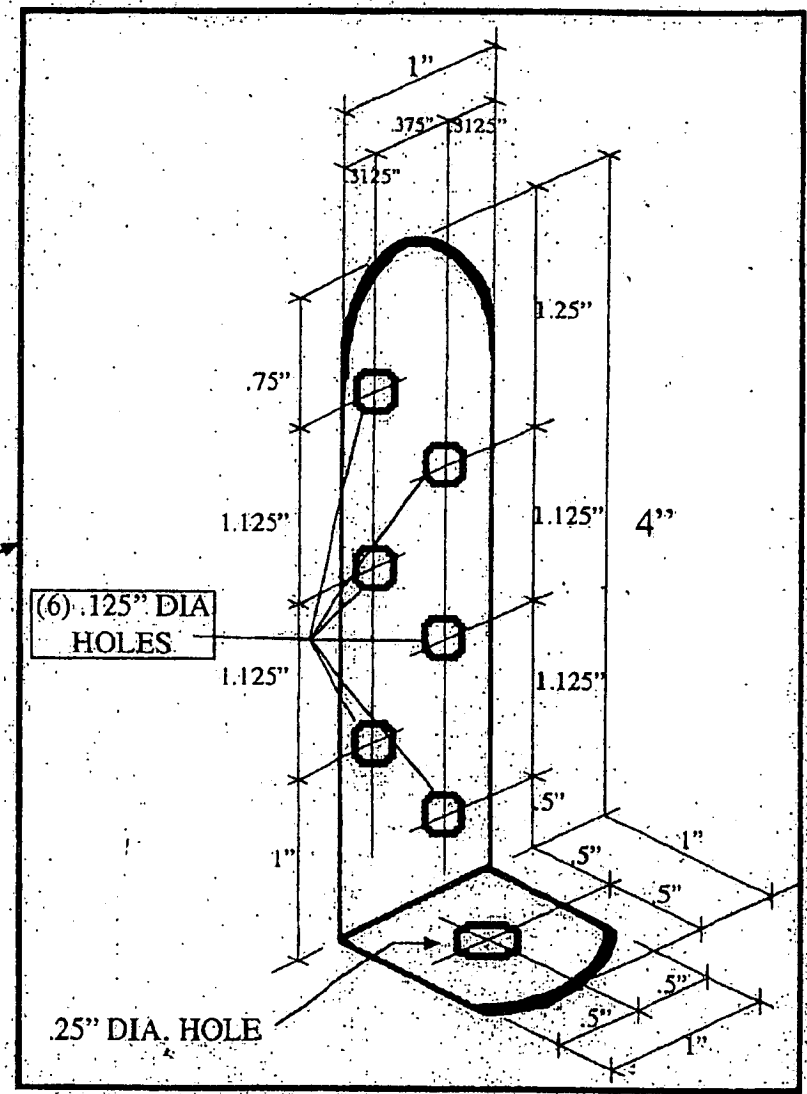
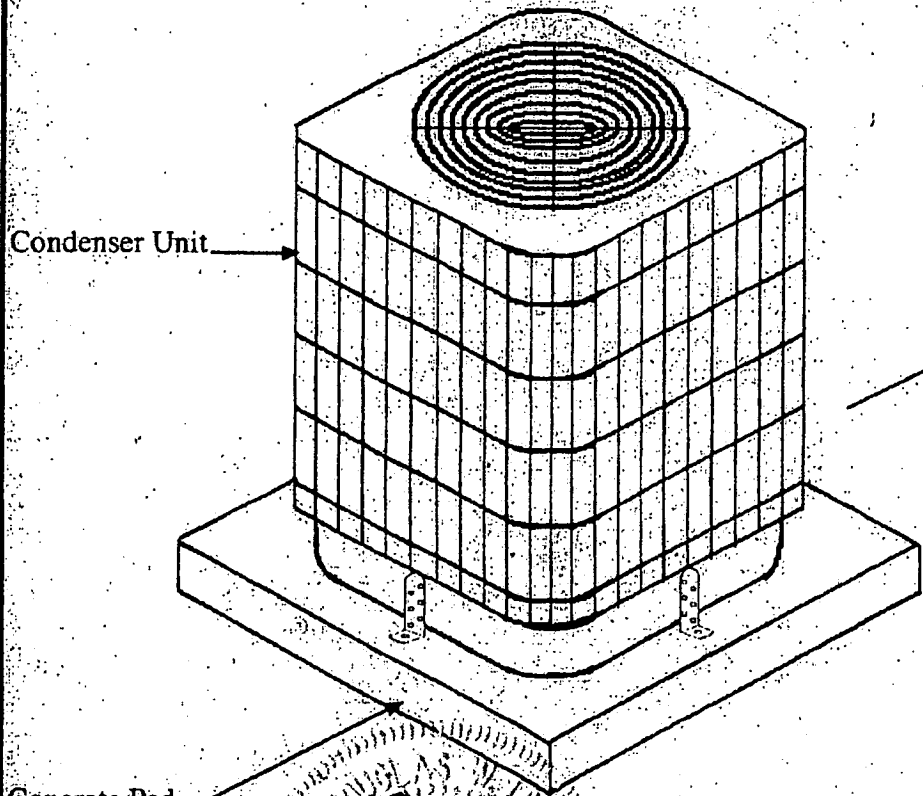
ANCHOR CLIP INSTALLATION INSTRUCTIONS:

1. SUITABLE FOR GROUND MOUNTED UNITS ONLY. DISCONNECT POWER BEFORE INSTALLATION.
2. Minimum of 4 clips required equally spaced around condensate unit; Minimum of 2- #14 x 3/4" self-drilling screws (per clip) with neoprene washer required to fasten 4 clips to condenser unit base. 1/4" x 1-3/4" Tapcon concrete screw required to fasten each anchor clip into concrete condenser pad (2000 psi or higher psi concrete).
3. Adjust anchor clip accordingly to fit on the condenser unit and attach 2 self-drilling screws through the anchor clip and into the condensate unit, at the same time ensuring that the base of the anchor clip is still in contact with the concrete pad.
4. Attach each Tapcon screw to the base of the anchor clip and into the concrete pad in accordance with Tapcon instructions.
5. All hardware must be fastened prior to connecting refrigerant lines and electrical power to the condensate unit.



ENGINEER: KEITH R. BRADBURY, P. E. P. E. No. 43228 8731 BAYWOOD PK. DR. SEMINOLE, FL 33777 727-319-3847 KBRADBURY4@TAMPABAY.RR.COM		The Metal Shop 2541 W. Dunneleon Rd. Dunneleon FL 34434 Ph: (352) 522-0006 Fax: (352) 522-0007 Web: www.metalsshop.org	
TITLE ANCHOR CLIP INSTALLATION INSTRUCTIONS- 150 MPH WIND SPEED			
SIZE B		REVISED FOR 2009 SUPPLEMENT TO 2007 FBC.	
COPYRIGHT 2011 Keith R. Bradbury, P. E.		SCALE: N. T. S.	DATE: November 11, 2011
		SHEET 1 OF 1	

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



Metal thickness = 16 gauge

[Handwritten Signature]
249.08

<p>The Metal Shop 1139 Eldridge Street Clearwater Fl. 33755</p>	<p>Ph: (727) 441-2492 Fax: (727) 442-8493 Web: www.metalshop.org</p>	<p>Consulting Engineer: Douglas W. Lowe, P.E. FLA # 13355 1206 Millenium Parkway Brandon, Fl. 33511</p>	<p>Revision Date: 2/14/08</p>	<p>Drawn by: K.P.R.</p>	<p>Page: 1 of 1</p>
<p>Scale - Not to scale</p>					

SYSTEM #2
HORIZONTAL MASTER
BEDROOM



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>RHEEM</u> Model# <u>R211104</u>	Condenser: Mfg <u>RHEEM</u> Model# <u>14AJM25</u>
Volts <u>240</u> CFM's <u>800</u> Heat Strip <u>5</u> Kw	Volts <u>240</u> SEER/EER <u>16</u> BTU's <u>24,000</u>
Min. Circuit Amps <u>23</u> Wire gauge <u>#8</u>	Min. Circuit Amps <u>22</u> Wire gauge <u>#8</u>
Max. Breaker size <u>30</u> Min. Breaker size <u>30</u>	Max. Breaker size <u>30</u> Min. Breaker size <u>25</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) <u>Attic Ladder there</u>	Left/Right/Rear/Front/Roof <u>RIGHT SIDE</u>
Access: <u>IN MASTER BEDROOM</u>	Condensate Location <u>SAME</u>
<u>(Contractor must provide ladder if required)</u>	

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: <u>RUUD</u> Model# <u>UAKN24</u>	Condenser: Mfg <u>RUUD</u> Model# <u>UEPB14</u>
Volts <u>240</u> CFM's <u>800</u> Heat Strip <u>5</u> Kw	Volts <u>240</u> SEER/EER <u>10</u> BTU's <u>24000</u>
Min. Circuit Amps <u>23</u> Wire gauge <u>#8</u>	Min. Circuit Amps <u>21</u> Wire gauge <u>#8</u>
Max. Breaker size <u>30</u> Min. Breaker size <u>30</u>	Max. Breaker size <u>30</u> Min. Breaker size <u>25</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>R-22</u>	Refrigerant type <u>R-22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic Garage/Closet (specify) <u>MASTER</u>	Left/Right/Rear/Front/Roof <u>RIGHT SIDE</u>
Access: <u>BEDROOM LADDER THERE</u>	Condensate Location <u>SAME</u>

Certification:

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

Signature

5-7-2014
Date



Project Summary Entire House

Job: 651
Date: May 7, 2014
By: Russell

SYSTEM # 2

Project Information

For: Kirsten Kransoe, Amtek Air Conditioning
112 Hillcrest Terr, Stuart, FL 34996
Phone: 772-219-1902
Email: 2shawnrussell@bellsouth.net

Notes:

Design Information

Weather: West Palm Beach Intl AP, FL, US

Winter Design Conditions

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

Summer Design Conditions

Outside db 91 °F
Inside db 75 °F
Design TD 16 °F
Daily range L
Relative humidity 50 %
Moisture difference 57 gr/lb

Heating Summary

Structure 14832 Btuh
Ducts 2424 Btuh
Central vent (0 cfm) 0 Btuh
Humidification 0 Btuh
Piping 0 Btuh
Equipment load 17257 Btuh

Sensible Cooling Equipment Load Sizing

Structure 14843 Btuh
Ducts 5546 Btuh
Central vent (0 cfm) 0 Btuh
Blower 0 Btuh
Use manufacturer's data n
Rate/swing multiplier 0.96
Equipment sensible load 19655 Btuh

Infiltration

Method Simplified
Construction quality Average
Fireplaces 0

	Heating	Cooling
Area (ft ²)	1155	1155
Volume (ft ³)	10395	10395
Air changes/hour	0.45	0.23
Equiv. AVF (cfm)	78	40

Latent Cooling Equipment Load Sizing

Structure 1531 Btuh
Ducts 1038 Btuh
Central vent (0 cfm) 0 Btuh
Equipment latent load 2569 Btuh
Equipment total load 22224 Btuh
Req. total capacity at 0.70 SHR 2.3 ton

Heating Equipment Summary

Make n/a
Trade n/a
Model n/a
AHRI ref n/a

Efficiency	n/a
Heating input	0 Btuh
Heating output	0 Btuh
Temperature rise	0 °F
Actual air flow	807 cfm
Air flow factor	0.047 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make Rheem
Trade RHEEM, RUUD, WEATHERKING
Cond 14AJM25
Coil RHLL-HM2417++RCSL-H*2417
AHRI ref 5550388
Efficiency 13.0 EER, 16 SEER

Sensible cooling	16940 Btuh
Latent cooling	7260 Btuh
Total cooling	24200 Btuh
Actual air flow	807 cfm
Air flow factor	0.040 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.89

Bold/italic values have been manually overridden

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



Project Summary Entire House

Job: 651
Date: May 7, 2014
By: Russell

SYSTEM #2

Project Information

For: Kirsten Kransoe, Amtek Air Conditioning
112 Hillcrest Terr, Stuart, FL 34996
Phone: 772-219-1902
Email: 2shawnrussell@bellsouth.net

Notes:

Design Information

Weather: West Palm Beach Intl AP, FL, US

Winter Design Conditions

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

Summer Design Conditions

Outside db 91 °F
Inside db 75 °F
Design TD 16 °F
Daily range L
Relative humidity 50 %
Moisture difference 57 gr/lb

Heating Summary

Structure 14832 Btuh
Ducts 2424 Btuh
Central vent (0 cfm) 0 Btuh
Humidification 0 Btuh
Piping 0 Btuh
Equipment load 17257 Btuh

Sensible Cooling Equipment Load Sizing

Structure 14843 Btuh
Ducts 5546 Btuh
Central vent (0 cfm) 0 Btuh
Blower 0 Btuh
Use manufacturer's data n
Rate/swing multiplier 0.96
Equipment sensible load 19655 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

	Heating	Cooling
Area (ft ²)	1155	1155
Volume (ft ³)	10395	10395
Air changes/hour	0.45	0.23
Equiv. AVF (cfm)	78	40

Latent Cooling Equipment Load Sizing

Structure 1531 Btuh
Ducts 1038 Btuh
Central vent (0 cfm) 0 Btuh
Equipment latent load 2569 Btuh
Equipment total load 22224 Btuh
Req. total capacity at 0.70 SHR 2.3 ton

Heating Equipment Summary

Make	n/a
Trade	n/a
Model	n/a
AHRI ref	n/a
Efficiency	n/a
Heating input	0 Btuh
Heating output	0 Btuh
Temperature rise	0 °F
Actual air flow	807 cfm
Air flow factor	0.047 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make	Rheem
Trade	RHEEM, RUUD, WEATHERKING
Cond	14AJM25
Coil	RHLL-HM2417++RCSL-H*2417
AHRI ref	5550388
Efficiency	13.0 EER, 16 SEER
Sensible cooling	16940 Btuh
Latent cooling	7260 Btuh
Total cooling	24200 Btuh
Actual air flow	807 cfm
Air flow factor	0.040 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.89

Bold/italic values have been manually overridden

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: 5550388 Date: 5/2/2014

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

Outdoor Unit Model Number: 14AJM25

Indoor Unit Model Number: RHLL-HM2417+RCSL-H*2417

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM, RUUD, WEATHERKING

Series name:

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.

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):	24600*
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	

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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: 5550388 Date: 5/2/2014

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

Outdoor Unit Model Number: 14AJM25

Indoor Unit Model Number: RHLL-HM2417+RCSL-H*2417

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM, RUUD, WEATHERKING

Series name:

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.

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):	24600*
EER Rating (Cooling):	13.00
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IEER Rating (Cooling):	

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©2014 Air-Conditioning, Heating, and Refrigeration Institute



CERTIFICATE NO.: 130435069294823100

System #1

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 & PS 553.912)

FWP
P/N 10855

Owner: <u>Kristen Kounsol</u>	Contractor name: <u>AMTEK Air Cond</u>
Street address: <u>112 Hillcrest Ter</u>	Jurisdiction: <u>SE Wall's Park</u>
City: <u>Stuart</u>	Permit No.: _____
Zip: _____	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: 5.6.14

Printed Name: CHRIS CONTRILLI

Contractor License #: CX1816639

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.16 in. w.c.).

Signature: _____ Date: _____

Printed Name: _____

SYSTEM #2

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 & PS 553.912)

Owner: <u>KIMSTEN KRONSON</u>	Contractor name: <u>AMTEK A/C COOD</u>
Street address: <u>112 Hillcrest Terr</u>	Jurisdiction: _____
City: <u>STUART</u>	Permit No.: _____
Zip: <u>34994</u>	First inspection date: _____

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

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

Signature:  Date: 5-7-2014

Printed Name: CRISTO CONTRERAS

Contractor License #: CA1816639

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: _____

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 & PS 553.912)

Owner: <u>Kirsten Kraunsoe</u>	Contractor name: <u>AMTEK AIR COND</u>
Street address: <u>112 Hillcrest Ter</u>	Jurisdiction: <u>Seawalls Point</u>
City: <u>Stuart</u>	Permit No.: _____
Zip: <u>34996</u>	Final inspection date: _____

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

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

Signature:  Date: 5/2/14

Printed Name: CHRIS CONTRILLI

Contractor License #: CA1816639

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

Signature: _____ Date: _____

Printed Name: _____



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

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

<u>Air handler:</u> Mfg: <u>RUUD</u> Model# <u>R2111K4</u>	<u>Condenser:</u> Mfg: <u>RUUD</u> Model# <u>14ATM25</u>
Volts <u>240</u> CFM <u>800</u> Heat Strip <u>5</u> Kw	Volts <u>240</u> SEER/EER <u>16</u> BTU's <u>24,000</u>
Min. Circuit Amps <u>23</u> Wire gauge <u>#8</u>	Min. Circuit Amps <u>22</u> Wire gauge <u>#8</u>
Max. Breaker size <u>30</u> Min. Breaker size <u>30</u>	Max. Breaker size <u>30</u> Min. Breaker size <u>25</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) <u>Garage</u>	Left/Right/Rear/Front/Roof <u>Ground/Left</u>
Access: <u>VERT</u>	Condensate Location <u>SAW</u>

(Contractor must provide ladder if required)

EXISTING SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: _____ Model# _____	<u>Condenser:</u> Mfg _____ Model# _____
Volts _____ CFM's _____ Heat Strip _____ Kw	Volts _____ SEER/EER _____ BTU's _____
Min. Circuit Amps _____ Wire gauge _____	Min. Circuit Amps _____ Wire gauge _____
Max. Breaker size _____ Min. Breaker size _____	Max. Breaker size _____ Min. Breaker size _____
Ref. line size: Liquid _____ Suction _____	Ref. line size: Liquid _____ Suction _____
Refrigerant type _____	Refrigerant type _____
Location: Ext. _____ New _____	Location: Ext. _____ New _____
Attic/Garage/Closet (specify) _____	Left/Right/Rear/Front/Roof _____
Access: _____	Condensate Location _____

REQUIRED!

Certification:

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

 Signature Date S-2-2014

Christine Bergeron

From: Christine Bergeron
Sent: Tuesday, May 06, 2014 10:39 AM
To: Shawn Russell
Subject: RE: PERMIT STATUS

It is being reviewed today. Hopefully it will be done today. I will email you when it is ready for pickup

Christine

From: Shawn Russell [mailto:2shawnrussell@bellsouth.net]
Sent: Tuesday, May 06, 2014 9:47 AM
To: Christine Bergeron
Subject: PERMIT STATUS

I am checking to see if a permit (mechanical a/c change out) is ready for pickup.

Location is 112 Hillcrest

Contractor is AMTEK AIR COND

Thank you,

Shawn Russell
772-828-0769

Christine Bergeron

To: Shawn Russell
Subject: RE: PERMIT STATUS

John Adams just reviewed your application. The Change out Affidavit needs to be complete and there needs to be 2 copies of it. The permit cannot be issued until you have this complete.

Christine

From: Shawn Russell [mailto:2shawnrussell@bellsouth.net]
Sent: Tuesday, May 06, 2014 10:47 AM
To: Christine Bergeron
Subject: RE: PERMIT STATUS

Ok thank you

Shawn

From: Christine Bergeron [mailto:CBergeron@sewallspoint.org]
Sent: Tuesday, May 6, 2014 10:39 AM
To: Shawn Russell
Subject: RE: PERMIT STATUS

It is being reviewed today. Hopefully it will be done today. I will email you when it is ready for pickup

Christine

From: Shawn Russell [mailto:2shawnrussell@bellsouth.net]
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Thank you,

Shawn Russell
772-828-0769

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 2/6/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10955	Kraunsoe	Final		
AM Request	112 Hillcrest Ter Amtek	A/C (Homeowner hard of hearing)	PASS	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11159	Darrow 7 Oak Hill Way O/B	Footer/Steel Retaining wall + Stairs	PASS	Photos INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11164	Gervato 10 N. Sewall's Pt Rd Martin Co. Propane	Underground Gas	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11102	Elliott 25 W. High Pt Rd His Air	Final A/C	PASS	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TREE

TOWN OF SEWALL'S POINT, FLORIDA

Date NOVEMBER 28 ~~16~~ 2005 TREE REMOVAL PERMIT No 2606

APPLIED FOR BY KRANSOE (Contractor or Owner)

Owner 112 Hillcrest

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 OAK

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant

Signed [Signature] Town Clerk
BURDINA OFFICE

FEE \$ 0

Call 287-2455 - 8:00 A.M.-12:00 Noon for inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than two inches.

Permit Fee:

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

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

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Kirsten Kraunsoe Address 1125E Hillcrest Phone 219-1902
 Contractor Monte Address Palm City Phone 283-8828

No. of Trees: REMOVE 1 Type: OAK
 No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____
 No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Dead & diseased + broken

Signature of Property Owner [Signature] Date 11/28/08

Approved by Building Inspector: [Signature] Date 11/28 Fee: 0

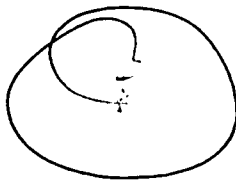
Plans approved as submitted _____ Plans approved as revised/marked: _____

Primary

garage

John

get



15 ft fence