

114 Hillcrest Terrace

3479

SFR

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER Mr Joseph Smitell

CONTRACTOR Marlin Const Co

LOT 23 BLOCK _____ SUB hillcrest

NO. 114 hillcrest Terr

NO. 3479 DATE ISSUED 10/6/93

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.
- PORTABLE TOILET FACILITIES MUST BE ON JOB SITE BEFORE INITIAL INSPECTION.
- WORKING HOURS ARE FROM 8:00 TO 5:00 P.M. MONDAY THRU SATURDAY.

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION	OK	10/25/93
3. FOOTING - SLAB	OK	10/28/93 QB
4. ROUGH PLUMBING	OK	10/26/93 QB
5. ROUGH ELECTRIC	OK	2/14/94 QB
6. LINTEL	OK	11/17/93 QB
7. ROOF <i>Shedding</i>	OK	1/5/94 QB
8. FRAMING	OK	2/14/94 QB
9. INSULATION	OK	2/18/94 QB
10. A/C DUCTS	OK	2/14/94 QB
11. FINAL ELECTRIC	OK	5/31/94 QB
12. FINAL PLUMBING	OK	5/31/94 QB
13. FINAL CONSTRUCTION	OK	5/31/94 QB

TO CONSTRUCT New house

HRS-MARTIN COUNTY PUBLIC HEALTH UNIT

Your septic system was inspected on 3/9/94
HD 93-240

- Approved and Cover
- Cover but hold for:
- Final Grade (see Permit for specifications)
- Other: _____
- Do not cover, disapproved for the following reasons:
- Well and well reinspection fee
- Other: Hold for cover or shut-out elevation
- System Reinspection Not Approved
- Reason(s): _____
- Final Grade Pass-System Approved
- Please allow this office two working days to schedule a reinspection. If you have any questions, contact Gene at 221-4090.

HRS-MARTIN COUNTY
PUBLIC HEALTH UNIT

Your septic system was inspected on 6-1-94

HD 93-290

- Approved and Cover
- Cover but hold for:
 - Final Grade (see Permit for specifications)
 - Other: _____

- Do not cover, disapproved for the following reasons:
 - Well and well reinspection fee _____
 - Other: _____

- System Reinspection Not Approved
- Reason(s): _____

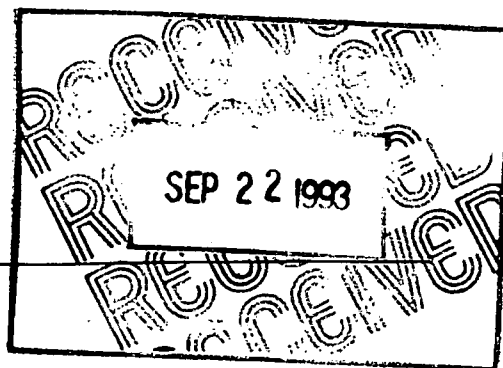
Final Grade Pass-System Approved

Please allow this office two working days to schedule a reinspection. If you have any questions, contact Grey

_____ at 221-4090.

3479

Tax Folio No. _____



TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name Joseph + Kathy Smitelli

Owner's Address 10701 S. Ocean Dr. Jensen Bch. 34957

Owner's Telephone 229-2549

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

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

City _____ State _____ Zip _____

Contractor's Name Marlin Const + Dev. Inc.

Contractor's Address 5305 SE Reef way

City Stuart State FL Zip 34997

Contractor's Telephone 283-7220 License Number CGC 040 300

Job Name Smitelli Job

Job Address 114 SE Hillcrest Terr.

City Town of Sewall's Point State Florida Zip 34996

Legal Description Lot 23 Hillcrest Subdiv. Martin Co.

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name Kelly + Kelly

Architect/Engineer's Address 119 W. 6TH Str. Stuart 34994

Mortgage Lender's Name Sea board Savings

Mortgage Lender's Address _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

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

Plumbing Contractor Coastal Plumbing License No. _____

Electrical Contractor Ren Taylor Elec. License No. _____

Roofing Contractor R.T.S. License No. _____

A/C Contractor K. Geary Air License No. CA035593

Description of Building or Alterations new, 2 story CBS residence

Name of Street Designated as Front Building Line and Front Yard Hillcrest Terr.

Subdivision Hillcrest Lot 23 Block _____

Building Area (air conditioned) 3308 sq. ft.

Garage, Porch, Carport Area 1574 sq. ft.

Contract Price (excluding carpet, land, appliance, landscaping) \$ 274,500

275,000 M. x \$8.00 = \$ 2,200 Building Fee

25% Owner/Builder Fee \$ NR (if applicable)

A/C Fee \$ 100.00

Electrical Fee \$ 100.00

Plumbing Fee \$ 100.00

Roofing Fee \$ 100.00

Radon Fee \$ 48.82

24.42 Radon
24.42 Building insp

County Impact Fee \$ 1508.20

TOTAL PERMIT FEE \$ 4,157.02

PAYMENT RECEIVED Dale Brown 10/6/93
Signature Date

Joseph J. Amitelli
Kathryn Amitelli

DATE 20th September 1993

(Owner or Authorized Agent)

Sworn and Subscribed before me this

20th day of September 1993

(SEAL)

Thomas R. Strunk

NOTARY PUBLIC THOMAS R. STRUNK
State of Florida at Large AA 732094
My Commission Expires: Notary Public, State of Florida
My Commission Expires Dec. 20, 1993

Rich Hapenau
(Contractor)

DATE 9-17-93

Sworn and Subscribed before me this

17th day of Sept. 1993

(SEAL)

Joynt K. Barrow

NOTARY PUBLIC
State of Florida at Large
My Commission Expires: Notary Public, State of Florida
My Commission Expires Nov. 16, 1994
Bonded Thru Troy Fain - Insurance Inc.

Certificate of Competency Holder

Contractor's State Certification or Registration No. CGC 040 300

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Dale Brown Permit Officer

A. C. [Signature] 10/6/93

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked ✓ Date 9/27/93

A/C Area 3308 sq. ft. x \$60. = \$ 198,480⁰⁰

Non A/C Area 1574 sq. ft. x \$25. = \$ 39,350⁰⁰

Total = \$ 237,830⁰⁰

Contract Price \$ 274,500 (fee will be charged on higher amount)

ADDITIONAL MATERIALS REQUIRED
WITH
BUILDING PERMIT APPLICATION

THIS LIST IS FOR THE APPLICANT'S CONVENIENCE ONLY. THE APPLICANT MAY BE REQUIRED TO SUBMIT MATERIALS TO THE TOWN IN CONNECTION WITH THE BUILDING PERMIT APPLICATION WHICH ARE NOT LISTED HERE. COMPLETE INFORMATION REGARDING BUILDING PERMIT APPLICATION MATERIALS AND LAND DEVELOPMENT REGULATIONS ARE FOUND IN CHAPTERS 2, 2.5, 4, 6.1, 11, 13, APPENDIX A AND APPENDIX B OF THE TOWN CODE OF ORDINANCES, THE SOUTH FLORIDA BUILDING CODE, AND THE TOWN OF SEWALL'S POINT COMPREHENSIVE PLAN.

1. Florida Certification of Contractor and Sub-Contractor.
2. Certification of Liability and Workers' Compensation Insurance.
3. Three sets of Building Plans which must include:
 - a. 1/4" scale building drawings.
 - b. Plot plan at a minimum scale of 1" = 10' certifying proposed coverage by impermeable materials; show existing trees 4 or more inches in diameter at chest height; show all completed structures (C.O. issued), existing or proposed wells, all structures under construction (Building Permit issued), and all proposed structures (Building Permit Application filed or being filed); detailed surface water management practices shall be shown through use of swales, berms, retaining walls, etc. designed to meet the water quality requirements of South Florida Water Management District retain, on site, water from a 3-day 25-year storm event, and to prevent normal run-off onto adjoining parcels. Common swales on property lines are encouraged.
 - c. A topographic survey; sealed by an appropriate professional, indicating existing natural grade and grade changes proposed on the site, except when grade changes are limited to the area beneath the floor of dwelling units.

Each sheet of plans, and the cover sheet of specifications, for buildings and structures; alterations; repairs and improvements; replacements and additions; costing \$15,000.00 or more, shall bear the date, impress seal and signature of a licensed Architect or registered Professional Engineer. Plans for work which is predominately of Architectural nature shall be prepared by and bear the impress seal of a licensed Architect, and work which involves extensive computation based on structural stresses shall, in addition, bear the impress seal of a Professional Engineer.

- c. Foundation Plan.
- d. Floor Plan.

- e. Wall and Roof cross-sections.
 - f. Plumbing, electrical and A/C layouts.
 - g. At least two elevations showing height of building from finished floor.
4. Landscaping and Habitat Management Permit if the removal, relocation, or replacement of any vegetation or habitat is necessitated by the land development
 5. Recorded warranty deed to the property.
 6. Septic tank permit and one set of plans with Martin County Health Department seal.
 7. Energy code calculations.
 8. Certification of elevation from licensed surveyor and determination of flood zone.
 9. Amount of fill anticipated - rough sketch showing location and height of fill.
 10. Manufacturers' schedule of windows.
 11. Except for an improvement which is exempt pursuant to Florida Statutes, an owner or authorized agent before actually commencing to improve any real property, or re-commencing completion of any improvement after default or abandonment, whether or not a project has a payment bond complying with Florida Statutes, shall record a Notice of Commencement in the clerk's office and immediately post either a certified copy of the notice or a notarized statement that the Notice of Commencement has been filed for recording along with a copy of the unrecorded notice.
 12. In special flood hazard areas, a certificate of an appropriately licensed professional stating fully enclosed areas below lowest floor are designed to automatically equalize hydrostatic flood forces on exterior walls by allowing for the entry and exit of flood waters.
 13. In coastal high hazard areas (V Zones), a certificate of an appropriately licensed professional stating breakaway wall collapse shall result from a water load less than that which would occur during the base flood; and the elevated portion of the building and supporting foundation shall not be subject to collapse, displacement or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (structural and non-structural).

THE TOWN'S APPROVAL OF A BUILDING PERMIT APPLICATION DOES NOT RELIEVE OWNER OR CONTRACTOR FROM COMPLIANCE WITH THE TOWN CODE OF ORDINANCES OR OTHER REGULATIONS.

THE TOWN OFFICE HOURS ARE 8:00 A.M. TO 4:00 P.M. MONDAY THROUGH FRIDAY. INSPECTIONS ARE MADE FROM 8:00 A.M. TO 12:00 P.M. NOON ONLY. TWENTY-FOUR HOURS PRIOR NOTICE IS REQUIRED FOR INSPECTIONS.

TOWN OF SEWALL'S POINT, FLORIDA

Before a certificate of occupancy is issued, development permit holders shall provide an "as built" survey meeting the requirements prescribed below. This shall apply to all new building construction and any improvements to existing buildings which alter the dimension or height of the building. The survey shall:

- (a) Be prepared by a licensed surveyor registered in Florida, signed, dated and sealed, and shall bear the name, firm or residence address, city, certificate number of the surveyor and date of the field survey;
- (b) Be dated not more than 30 days prior to the certificate of occupancy;
- (c) Contain a complete legal description;
- (d) Reference the source of information used in making the survey;
- (e) Contain the address of the property, including street name and number, and show the proximity of all boundary streets;
- (f) Indicate the flood zone(s) in which any portion of the building is located, even though the property may not be in a flood hazard area;
- (g) Show the exact lot dimensions, including boundary lines and area, which must match the Plat, with any variations being noted;
- (h) The scale of the map shown on the survey shall be at least 1" = 10'.
- (i) Show the location, dimensions, and accurate identity of all easements as required under Rule 21 HH-6.03(15) of the Minimum Technical Standards;
- (j) Show all setback requirements;
- (k) Show the location and identification of all encroachments, including the type of improvement comprising the encroachment;
- (l) Show the location and dimension of all structures, driveways, sidewalks, irrigation wells, septic tanks, drain fields and drainage improvements (including swales, berms and pipe invert elevation);
- (m) Contain a certification to the Town of Sewall's Point;
- (n) State for whom the survey is done;
- (o) Show the location, dimensions and square footage of the native habitat preservation area required by Section 11-60 of this Code.

(p) Indicate the lowest habitable floor, average natural grade, and average crown of road elevations in accordance with applicable Code provisions.

(q) Contain a tabulation of the impermeable and permeable areas;

(r) In coastal high hazard areas (V-Zones), indicate the elevation of the top of pier, pile or column.

(s) Contain any other information the building department may require to confirm the construction or improvements comply with applicable Code provisions. (BUILDING HEIGHT FROM F.F.E.)

Ordinance # 215, 3/11/92

July 20, 1993

SUMMARY OF NEW HURRICANE RELATED CHANGES TO
THE SOUTH FLORIDA BUILDING CODE

THIS IS A SUMMARY OF RECENT CHANGES OR ADDITIONS TO THE SOUTH FLORIDA BUILDING CODE. IT DOES NOT INCLUDE ALL ASPECTS OF THE CODE. EACH APPLICANT FOR A DEVELOPMENT ORDER WITHIN THE TOWN IS SOLELY RESPONSIBLE FOR COMPLYING WITH ALL PROVISIONS OF THE TOWN OF SEWALL'S POINT CODE OF ORDINANCES, THE SOUTH FLORIDA BUILDING CODE AND ALL OTHER PROVISIONS OF LAW APPLICABLE WITHIN THE TOWN. THIS SUMMARY MAY NOT BE RELIED UPON AS A COMPLETE SUMMARY OF CHANGES TO THE SOUTH FLORIDA BUILDING CODE.

Effective immediately:

- °Precast concrete elements and their attachments to be designed by and bear the seal of a Florida registered engineer.
 - °Masonry vertical courses shall be vertical joints lapped in relation to adjacent unit above or below.
 - °Horizontal joint reinforcement in every other course of masonry construction is required and is to be developed into the columns or reinforced concrete columns.
 - °The maximum area of masonry wall framed by concrete members shall not exceed 240 sq. ft.
 - °Concrete tie columns shall be required in exterior walls of unit masonry. At all corners, at intervals not to exceed 20 ft. center to center of columns, adjacent to any corner opening exceeding 4 ft. in width and at the ends of free standing walls exceeding 2 ft. in length.
- Tie columns shall be provided on each side of all openings in excess of 8 ft.
- All gable and shed end corners shall have tie columns.
- °Openings between 3 and 8 ft. in width shall have one #5 vertical reinforcing bar at each side. These hook bars are to be continuous in concrete filled cells and extend into footings and tie bars, splices, where needed, shall be 30 inch minimum.
 - °All tie beams, as a minimum, will require four #3 ties (rings) at 12" c/c at corners and at each bend and at 48" c/c elsewhere.

- °A U-bond beam is permitted if calculations are submitted to show compliance with required loads and if it does not exceed an unsupported span of 7 ft.
- °Corner bars and hooks at all tie beam corners have been increased from 18" to 30" on each side of corner.
- °A tie beam can follow the rake of a gable or shed end wall provided the slope does not exceed 3 in 12 and all other horizontal thrust forces are taken into consideration and accounted for.
- °Tie beams shall be designed for all external acting forces, including uplift and lateral. Tie beams used over openings shall be designed accordingly.
- °GABLE END AND SHED END WALLS: A horizontal tie beam shall be provided in line with the lower ends of the gables and sheds except as permitted in Section 2704.2 (c) (6) and designed in accordance with 2704.2 (a) (2), (3) and load requirements as set forth in Chapter 23 of this Code. A concrete coping following the rake of the gable, not less than 64 square inches in area reinforced with 2-#5 shall be provided. Any intermediate tie columns required within the gable shall extend to the coping beam. Tie beams resting on masonry which are not subject to uplift and lateral wind forces shall be provided according to 2704.2 (c) (2).

All gable end and shed end walls of masonry structures shall comply with Section 2704.2 (d).

- °All masonry construction shall have its gable end and/or shed end all constructed of masonry.
- °Gables shall not be used as individual load carrying structural members. During review of the effects of Hurricane Andrew, it was found that gables did not perform well under lateral loading conditions as tension members.
- °All roofing material shall comply with applicable ASTM standards.
- °Minimum roof covering has been upgraded from number 55 to 90 ASTM tested granular surface wide salvage roll roofing.
- °Built up covering must consist of two layers of #15 ASTM tested felt and one layer of surfacing material.
- °Roofing inspections shall be required:

After installation of anchor sheet.

For mortar set tile during cap sheet installation, before cap sheet is completed and at time of tile installation.

For nail on tile at time of tile installation.

After all work has been completed.

- °Reroofing or roofing over existing shall comply with all the requirements of new construction.
- °All exterior wall components, including structural glazing, doors and windows shall be protected by engineered storm shutters.
- °Storm shutters shall be designed as a stand alone system and constructed to insure a minimum of 1 inch separation at maximum deflection with components they are designed to protect.
- °Storm shutter design calculations and detailed drawings, including attachments to the main structure, shall be prepared by and bear the seal of a Florida registered engineer.
- °Design information of the storm shutters shall be submitted with the permit.
- °There shall be a designated area identified for the storage of the shutters.

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08/03/92

AUDIT CONTROL NO. 1912879

LICENSE NO.

BATCH NO.

AMOUNT PAID

CG C040300

00279

\$240.00

CONSTRUCTION INDUSTRY LICENSING BOARD
POST OFFICE BOX 2
JACKSONVILLE, FL 32201

Richard J. Harpenau

LICENSEE SIGNATURE

1" WALLET CARD — FOLD HERE 1

STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY
LICENSING BOARD

CERTIFIED GENERAL CONTRACTOR

HARPENAU, RICHARD JOHN
MARLIN CONST/DEVELOPMENT INC

HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S.,
FOR THE YEAR EXPIRING AUG 31, 1994

Lawton Chiles
LAWTON CHILES
GOVERNOR

George Stuart, Jr.
GEORGE STUART, JR.
SECRETARY, D.P.R.

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

9-7-93

PRODUCER Stuke & Associates, Inc. P.O. Box 14698 North Palm Beach, FL 33408	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE COMPANY A Association Employers Insurance Co. COMPANY B Fla. Homebuilders Self Ins. Fund COMPANY C COMPANY D
INSURED Marlin Construction & Development Inc. 5305 SE Reef Way Stuart, Florida 34997	

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONT PROT	CPP 0004417 00 41	11-17-92	11-17-93	GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS-COMP/OP AGG \$ 1,000,000
					PERSONAL & ADV INJURY \$ 500,000
					EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CA 0004417 00 41	11-17-92	11-17-93	COMBINED SINGLE LIMIT \$ 500,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	UL 0004417 00 41	11-17-92	11-17-93	EACH OCCURRENCE \$ 1,000,000
					AGGREGATE \$ 1,000,000
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	860-30828	4-24-93	3-1-94	STATUTORY LIMITS
					EACH ACCIDENT \$ 500,000
					DISEASE - POLICY LIMIT \$ 500,000
					DISEASE - EACH EMPLOYEE \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

30 day notice of cancellation given on Workers Compensation policies only

CERTIFICATE HOLDER

Sewalls Point Bldg. Dept.
 1 South Sewalls Pt. Road
 Stuart, Florida 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Robert C. Stuke

735034

THIS INSTRUMENT PREPARED BY:

Lawrence E. Crary III, Esquire
 CRARY, BUCHANAN, BOWDISH & BOVIE, Chtd.
 555 S.W. Colorado Avenue, Suite 1
 Post Office Drawer 24
 Stuart, Florida 34995-0024

WARRANTY DEED
 (FROM CORPORATION)

THIS WARRANTY DEED made and executed the 12 day of October, 1988 by FAIRVIEW PROPERTIES, INC., a Virginia corporation qualified to do business in the State of Florida as FAIRVIEW SOUTH, INC., and having its principal place of business at 453 Riverside Drive, Stuart, Florida 34994, hereinafter called the grantor, to JOSEPH J. SMITELLI and KATHRYN M. SMITELLI, his wife, whose post office address is 10701 South Ocean Drive, #748, Jensen Beach, Florida 34957, hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

W I T N E S S E T H:

That the grantor, for and in consideration of the sum of TEN AND NO/100 (\$10.00) DOLLARS, and other good and valuable considerations, the receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the grantee, all that certain land situate in Martin County, Florida, viz:

Lot 23, Plat of HILLCREST, according to the Plat thereof recorded in Plat Book 10, Page 39, Martin County, Florida, public records.

SUBJECT TO the following restrictions which, upon the delivery and acceptance of this Deed, shall be binding upon the Grantee, his heirs, successors and assigns, as follows: Any residence constructed upon this property shall contain a minimum of two thousand (2,000) square feet of air-conditioned living space, exclusive of porches, balconies, and garages; said residence shall include an attached garage to accommodate at least two (2) automobiles ("two-car garage"); and said residence shall have a cedar shake, barrel tile or cement tile roof.

THIS CONVEYANCE IS ALSO SUBJECT TO: (1) The Declaration of Covenants and Restrictions for Hillcrest recorded in Official Records Book 701, Page 1092, public records of Martin County, Florida; (2) Reservations, restrictions, easements and rights of way of public record; (3) zoning and other governmental regulations in force and effect; and (4) taxes accruing subsequent to December 31, 1987.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

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

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

FLA. DOC. PAID
 \$ 412.50
 Meralda Stiller
 Clerk of Circuit Court
 Martin Co., Fla.
 By BW D.C.

O. R. BOOK 784 PAGE 1539

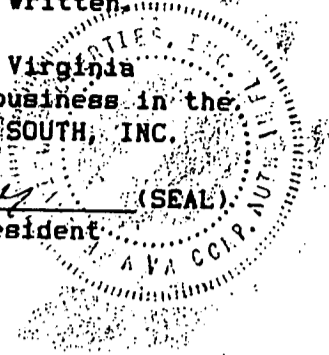
IN WITNESS WHEREOF the grantor has caused these presents to be executed in its name, and its corporate seal to be hereunto affixed, by its proper officer thereunto duly authorized, the day and year first above written.

Signed, sealed and delivered in the presence of:

[Signature]
[Signature]
Witnesses

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

BY: [Signature] (SEAL)
Lloyd E. Dutcher, Vice President



STATE OF FLORIDA
COUNTY OF MARTIN

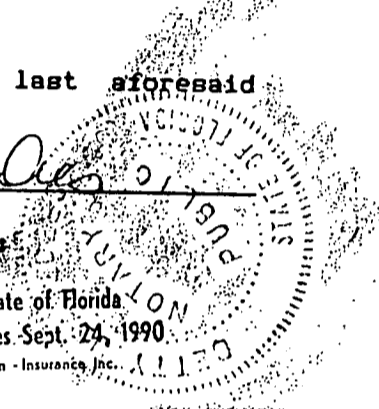
I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Lloyd E. Dutcher, well known to me to be the Vice-President of the corporation named as grantor in the foregoing deed, and that he acknowledged executing the same in the presence of two subscribing witnesses freely and voluntarily under authority duly vested in him by said corporation and that the seal affixed thereto is the true corporate seal of said corporation.

WITNESS my hand and official seal in the County and State last aforesaid this 12 day of October, 1988.

(NOTARY SEAL)

[Signature]
NOTARY PUBLIC
My Commission Expires: [Date]

Notary Public, State of Florida
My Commission Expires Sept. 24, 1990
Bonded Thru Troy Fain - Insurance, Inc.



Parcel Identification Number: 01-38-41-014-000-00230-8

Grantees' Social Security Numbers: (1) _____
(2) _____

FILED FOR RECORD
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MARGARET STILLER
CLERK OF CIRCUIT COURT
BY [Signature] D.C.



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT # H093-292

APPLICANT: Joseph Smittell AGENT: Marlin Construction

LOT: 23 BLOCK: _____ SUBDIVISION: Hillcrest

PROPERTY ID #: _____ [Section/Township/Range/Parcel No. or Tax ID Number]

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

PROPERTY SIZE CONFORMS TO SITE PLAN: YES [] NO NET USABLE AREA AVAILABLE: 1/2 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 450 GALLONS PER DAY [RESIDENCES-TABLE 1 / OTHER-TABLE 2]
AUTHORIZED SEWAGE FLOW: 600 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1968 SQFT UNOBSTRUCTED AREA REQUIRED: 1140 SQFT

BENCHMARK/REFERENCE POINT LOCATION: B.M. - IN ROAD - PK + NAIL
ELEVATION OF PROPOSED SYSTEM SITE IS 11 [INCHES/FT] [~~ABOVE~~/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:
SURFACE WATER: NA FT DITCHES/SWALES: NA FT NORMALLY WET? [] YES NO
WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: NA FT
BUILDING FOUNDATIONS: 7 FT PROPERTY LINES: 16.2 ft FT POTABLE WATER LINES: 2-9? FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES NO 10 YEAR FLOODING? [] YES [] NO
10 YEAR FLOOD ELEVATION FOR SITE: NA FT MSL/NGVD SITE ELEVATION: 10.3 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth
<u>10YR 5/1 yellowish brown</u>	<u>sand</u>	<u>0 to 2'</u>
<u>10YR 7/7 yellowish brown</u>	<u>sand</u>	<u>2' to 4.5'</u>
<u>10YR 5/8 yellowish brown</u>	<u>sand</u>	<u>4.5' to 6.0'</u>
		to
		to
		to
		to
		to
		to
		to
USDA SOIL SERIES: <u>Paola #6</u>		

Munsell #/Color	Texture	Depth
<u>10YR 5/1 yellowish brown</u>	<u>Dead</u>	<u>0 to 2.5'</u>
<u>10YR 7/1 light gray</u>	<u>Dead</u>	<u>2.5' to 4.5'</u>
<u>10YR 5/8 yellowish brown</u>	<u>Dead</u>	<u>4.5' to 6.0'</u>
		to
		to
		to
		to
		to
		to
		to
USDA SOIL SERIES: <u>Paola #6</u>		

OBSERVED WATER TABLE: 772 INCHES [~~ABOVE~~ / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 72 (16) INCHES [~~ABOVE~~ / BELOW] EXISTING GRADE.
HIGH WATER TABLE VEGETATION: [] YES NO MOTTLING: [] YES NO DEPTH: NA INCHES
SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 1.75 DEPTH OF EXCAVATION: _____ INCHES
DRAINFIELD CONFIGURATION: TRENCH [] BED [] OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: Greg Ingram DATE: 9-9-93



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

PERMIT # HD93-292
 DATE PAID _____
 FEE PAID \$ _____
 RECEIPT # _____

HD93-292
 PERMIT NO. / APPLICANT
 Smitelli

H.R.S. - MARTIN COUNTY PUBLIC HEALTH UNIT
 CONSTRUCTION PERMIT FOR:

New System Existing System Holding Tank Temporary/Experimental
 Repair Abandonment Other (Specify) _____

APPLICANT: Joseph Smitelli AGENT: Marlin Construction

PROPERTY STREET ADDRESS: Hillcrest Terrace

LOT: 23 BLOCK: _____ SUBDIVISION: Hillcrest

PROPERTY ID #: _____ [SECTION/TOWNSHIP/RANGE/PARCEL NUMBER]
 _____ [OR TAX ID NUMBER]

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

~~SEPTIC TANKS REQUIRED TO BE AT~~
~~LEAST 18 INCHES OF COVER OVER DRAINFIELD ROCK.~~

SYSTEM DESIGN AND SPECIFICATIONS

T [1350] [GALLONS / GPD] SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN SERIES:
 A [] [GALLONS / GPD] _____ CAPACITY MULTI-CHAMBERED/IN SERIES: []
 N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
 K [] GALLONS PER DOSE DOSE TANK CAPACITY DOSE RATE [] PER 24 HRS NO. OF PUMPS: []

D [428] SQUARE FEET PRIMARY DRAINFIELD SYSTEM (4 Trenches x 36' x 2')
 R [] SQUARE FEET _____ SYSTEM
 A TYPE SYSTEM: STANDARD FILLED MOUND _____
 I CONFIGURATION: TRENCH BED _____

NOTE: If trenches are used, each trench must be 2ft/3ft wide w/ 2ft between each trench.

LOCATION OF BENCHMARK/ Fixed Point of Reference: CROWN OF ROAD 11.19
 I ELEVATION OF PROPOSED SYSTEM SITE [11] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
 E BOTTOM OF DRAINFIELD TO BE [34] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

L
 D FILL REQUIRED: [] INCHES EXCAVATION REQUIRED: [] INCHES
 -Drainfield rock must be 5 ft. from property lines. Excavation must be a minimum of
 O ~~One/ Three ft. beyond drainfield installation area ftW x ftL x ftD~~
 T -Top of building stubout is required to be a minimum elv. of 14" Below CR 11.19 WGD
 H -Top of drainfield pipe is required to be a minimum elv. of 24" " " " "
 E -Top of septic tank is required to be a minimum elv. of 10" " " " "
 R

** SEE ATTACHED SPECIAL CONDITIONS FORM **

SPECIFICATIONS BY: _____ TITLE: _____

APPROVED BY: [Signature] TITLE: EHS Marlin CPHU

DATE ISSUED: 9/14/93 Variance Y (N) EXPIRATION DATE: 9/14/94
 (W/A Includes Variance Expiration)



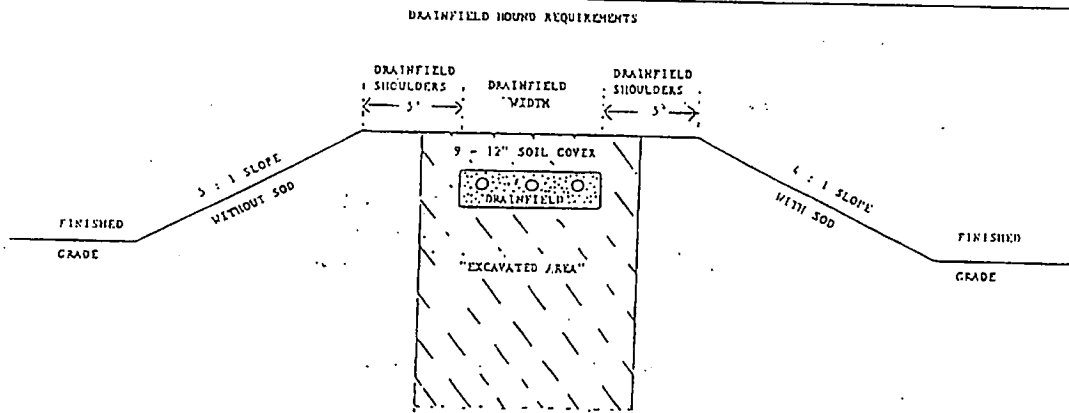
STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

CONDITIONS OF PERMIT

APPLICANT Smittell SEPTIC TANK PERMIT # H093292

For permit specifications see attached HRS-H Form 4016

1. Applicant is responsible for replacing excavated soils with a good grade of sand.
2. If fill is required, contact Martin County Building Division.
3. If building stubout is placed more than 20 feet from septic tank or drainfield, stubout elevation must be higher than permitted elevation and have prior approval.
4. P.A. reinspection fee required if well is not installed at time of onsite sewage disposal system initial inspection.
5. Inspection results will be posted on building permit. A copy of construction approval is available upon request.
6. If any information on this permit changes, an amended application is required to be filed immediately.
7. Any alteration to the information and conditions of this permit found to be in non-compliance with 10D-6 FAC shall be sufficient cause for immediate revocation of this permit.
8. If round drainfield is proposed, see following sketch of additional requirements.
9. Special Conditions: _____



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

MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

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

Authority: Chapter 381, F.S. & Chapter 10D-6, F.A.C.

Building Permit #:
Application/Permit Number AD93-292
Date Application Received 9/9/93
Fee Amount Paid 185
Receipt # 10486
Date Paid 9/9/93

Application Is For:

New System: Repair: _____ Existing System: _____ Experimental System (Temporary): _____
Tank Abandonment: _____ Holding Tank: _____ Other (Specify): _____

NOTE: PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUANCE AND ARE NOT RENEWABLE. REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM DATE OF ISSUANCE. APPROVAL OF A SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME.

TO BE COMPLETED BY APPLICANT:

GENERAL INFORMATION

Owner: Joseph Smittell Telephone: (Work) 283-3492 (Home) _____

Owner's Mailing Address: 10701 S Ocean Drive City: Jensen Beach State: FL Zip: 34957

Owner's Agent: Metric Construction Telephone: (W) 283-7220 (H) _____

Agent's Mailing Address: 5305 SE Reef Way City: Stuart State: Florida Zip: 34997

Property Street Address: Hillcrest Terrace

Exact Directions to Property: SEE ATTACHED MAP

Lot # 23 Block # _____ Subdivision: Hillcrest Unit: _____ Date Subdivided: 8/27/86

Section: _____ Township: _____ Range: _____ Parcel Number: _____ Zoning Designation: _____

Property size: 20,181 Square Feet Acres Water Supply: Private: _____ Public: Limited Use: _____

Is Sanitary Sewer Available: Yes _____ No If No, approximate the distance to the sewer line closest to your property: 50

Is Public Water Available: Yes No _____ If No, approximate the distance to the water line closest to your property: _____

BUILDING INFORMATION

Type of Establishment Commercial/Residential (circle one)	# Of Units	Building Area (Square Feet) & Number of Bedrooms	# Of Persons	# Of Seats	Hours of Operation
<u>Single Family</u>	<u>1</u>	<u>3308 / 4</u>			

Plumbing Fixtures: Garbage Grinders/Disposals: 1 Spas/Hot Tubs: 0 Floor/Equipment Drains: 0
Ultra-low volume Flush Toilets: _____ Other: _____

BUILDING PLANS MUST BE ATTACHED SHOWING OFFICES, BEDROOMS, TOTAL BUILDING AREA, AND ANY PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, F.A.C. IN ADDITION, A DETAILED SITE PLAN AND/OR SURVEY, DRAWN TO SCALE, MUST BE ATTACHED SHOWING PROPERTY DIMENSIONS, BUILDING LOCATIONS, AND PERTINENT FEATURES REQUIRED TO BE SUBMITTED PER CHAPTER 10D-6.046, F.A.C.

Applicant's Signature: Barbara Martineke Date: 9/9/93



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICANT Martin County

LEGAL DESCRIPTION Lot 23 Hillcrest

-----SITE INFORMATION-----

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? Yes (Inactive) Sewall's Point
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? Yes
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? Yes
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? Yes
14. THERE IS 1968 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION 11.19 NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION _____ NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 10.3 NGVD 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.

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

CERTIFIED BY: 
FL. PROFESSIONAL NO. PLS 4557
DATE: 9/8/13 JOB NO. 92-227



SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: Joseph Smitelli PERMIT NO. (HD) 93-292
SUBDIVISION: Hilcrest

N O T E SPECIAL CONDITION(S) MARKED "X" ARE IN EFFECT.

1. DRAINFIELD MUST BE MAINTAINED UNDER GRASS; ___ AND PROTECTED FROM VEHICULAR TRAFFIC (TRAFFIC BARRIERS).
2. OPERATIONAL TEST OF DOSING PUMP(S) AND HIGH WATER ALARM (AUDIBLE / VISUAL) REQUIRED PRIOR TO FINAL CONSTRUCTION APPR.
3. DRIVEWAY / SIDEWALK ELEVATION MUST BE 9" HIGHER THAN DRAINFIELD PIPE ELEVATION.
4. SEPTIC SYSTEM MUST BE 25' FROM SURFACE WATER / WETLANDS / MEAN HIGH WATER LINE.
5. EXCAVATE ONE / THREE FEET BEYOND DRAINFIELD AREA TO A DEPTH OF 4.5' BELOW DRAINFIELD ROCK.
6. IN ADDITION TO ITEM #5, 33% OF UNSUITABLE SOILS AT DEPTHS GREATER THAN 4.5' BELOW THE BOTTOM OF THE DRAINFIELD MUST BE REMOVED TO A DEPTH OF SLIGHTLY LIMITED SOILS.
7. EXISTING WELL(S) MUST BE PROPERLY ABANDONED BY A CERTIFIED WELL DRILLER. THE ATTACHED WELL ABANDONMENT FORM(S) MUST BE COMPLETED BY THE WELL DRILLER AND SUBMITTED TO THIS OFFICE PRIOR TO INITIAL BUILDING CONSTRUCTION OR SYSTEM INSTALLATION.
8. SEPTIC TANK ABANDONMENT PERMIT, FEE AND ABANDONMENT APPROVAL FOR THE EXISTING TANK(S) MUST BE RECEIVED BY THIS OFFICE PRIOR TO FINAL CONSTRUCTION APPROVAL.
9. MOUND AREA MUST BE SODDED OR STABILIZED WITH SEED AND HAY PRIOR TO FINAL GRADE INSPECTION.
10. ANY FUTURE PONDS OR SURFACE-WATER CREATED ONSITE MUST BE 75' FROM SEPTIC SYSTEM(S).
11. AVAILABLE AREA FOR SEPTIC INSTALLATION MUST TO BE EVENLY FILLED AND LEVELED.
- SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS.

MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

SPECIAL CONDITION REQUIREMENTS

PAGE 2

- 12. SEPTIC SYSTEM MUST BE A MINIMUM OF 15 FEET FROM DRAINAGE CULVERTS, DRY RETENTION AREAS, STORM WATER DRAINAGE SYSTEMS.
- 13. OCCUPATIONAL APPROVAL WILL NOT BE GIVEN UNTIL ALL REQUIREMENTS FOR PUBLIC WATER SYSTEM/ FOODSERVICE/ INSTITUTIONAL/ SEPTIC SYSTEM ARE MET.

- 14. SEPTIC TANK/ DOSING CHAMBER/ GREASE TRAP MUST HAVE TRAFFIC LIDS WITH TWO MANHOLES COVERS PER TANK EXTENDING TO THE SURFACE.
- 15. _____ GALLON OUTSIDE GREASE TRAP(S) IS REQUIRED. THE GREASE TRAP SHOULD BE CONNECTED WITH THE OUTLET TEE EXTENDING TO WITHIN 8" OF THE BOTTOM OF THE TANK. THE FOLLOWING MUST BE CONNECTED TO THE GREASE TRAP.
 - A) HANDWASH SINK(S).
 - B) THREE COMPARTMENT SINK(S).
 - C) FLOOR DRAINS.
 - D) CAN WASH, JANITOR'S SINK(S).
 - E) DISHWASHER IF PRESENT.ALL OTHER GREASELESS FLOW SHOULD BE CONNECTED DIRECTLY TO THE SEPTIC TANK.

- 16. _____ TO BE DOSED TWO / SIX TIMES IN A TWENTY-FOUR HOUR PERIOD IS REQUIRED. A HIGH WATER ALARM THAT GIVES AUDIBLE AND VISUAL SIGNALS IS REQUIRED. IF TWO DRAINFIELDS ARE USED, EACH FIELD MUST BE CONNECTED TO AN INDIVIDUAL PUMP.
- 17. TWO PUMPS ARE REQUIRED TO ALTERNATELY DOSE INTO AT LEAST TWO SEPARATE FIELDS.
- 18. NO SPRINKLERS, ROOF DRAINAGE OR GUTTER DRAINS ARE ALLOWED TO DRAIN INTO DRAINFIELD ROCK AREA.
- 19. WATER LINE MUST BE TEN FEET FROM DRAINFIELD OR; A. DOUBLE SLEEVED. B. ENCASED IN CONCRETE.
- 20. OTHER: _____

N O T E - \$25.00 REINSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION.

QUESTIONS CONCERNING SPECIAL CONDITIONS CAN BE ANSWERED BY CALLING Alta AT (407) 221-4090.

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

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

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME JOSEPH & KATHRYN SMITELLI	POLICY NUMBER	
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER 114 HILLCREST TERRACE	COMPANY NAIC NUMBER	
OTHER DESCRIPTION (Lot and Block Numbers, etc.) LOT 23, HILLCREST SUBDIVISION		
CITY STUART	STATE FL	ZIP CODE

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION <small>(in AO Zones, use depth)</small>
120164	000Z	C	4/3/84	B&C	NOT SHOWN

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

SECTION C BUILDING ELEVATION INFORMATION

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

SECTION D COMMUNITY INFORMATION

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

SECTION E CERTIFICATION

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

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

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

ANDREW V. ASBURY **FLLS 5252**

CERTIFIER'S NAME: **V.P.** LICENSE NUMBER (or Affix Seal): **SOUTH FLORIDA PROFESSIONAL LAND SURVEYORS**

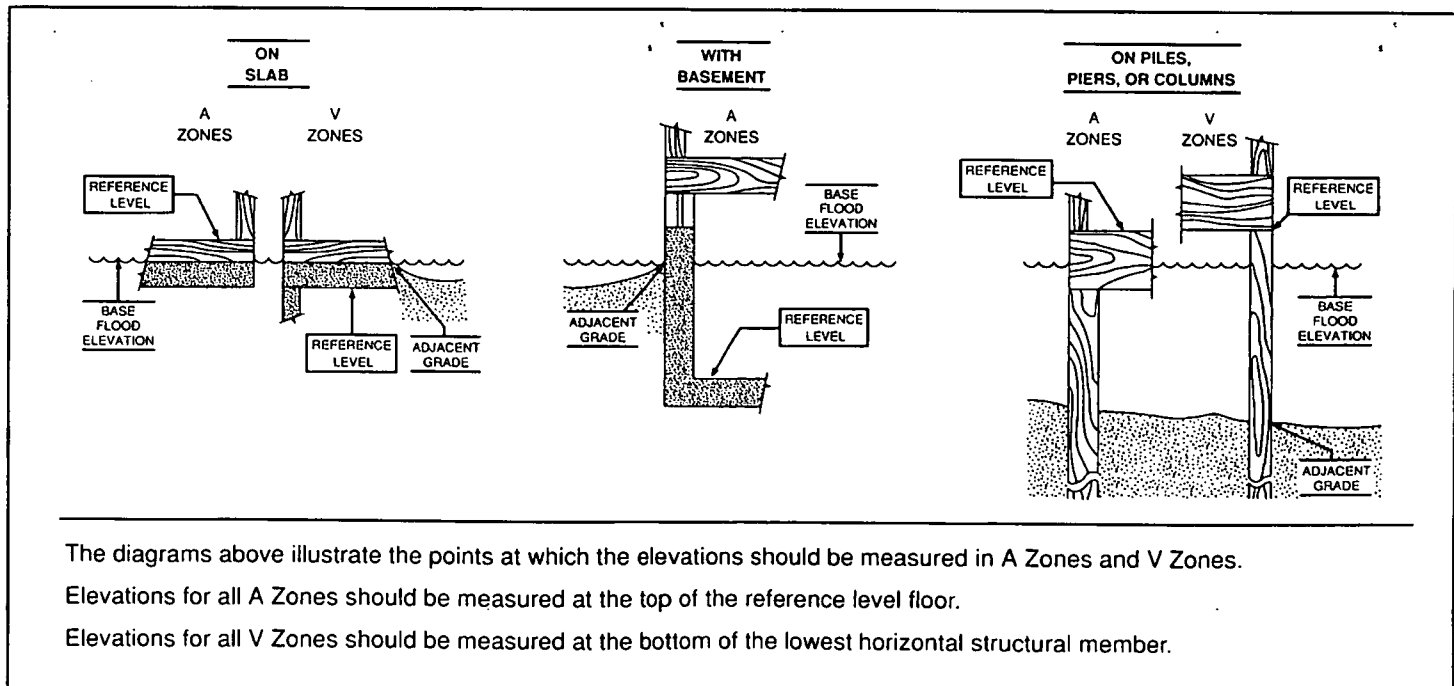
TITLE: **2434 NE MYRTLE ST., STE 1000, JENSEN BEACH FL 34957** COMPANY NAME: _____

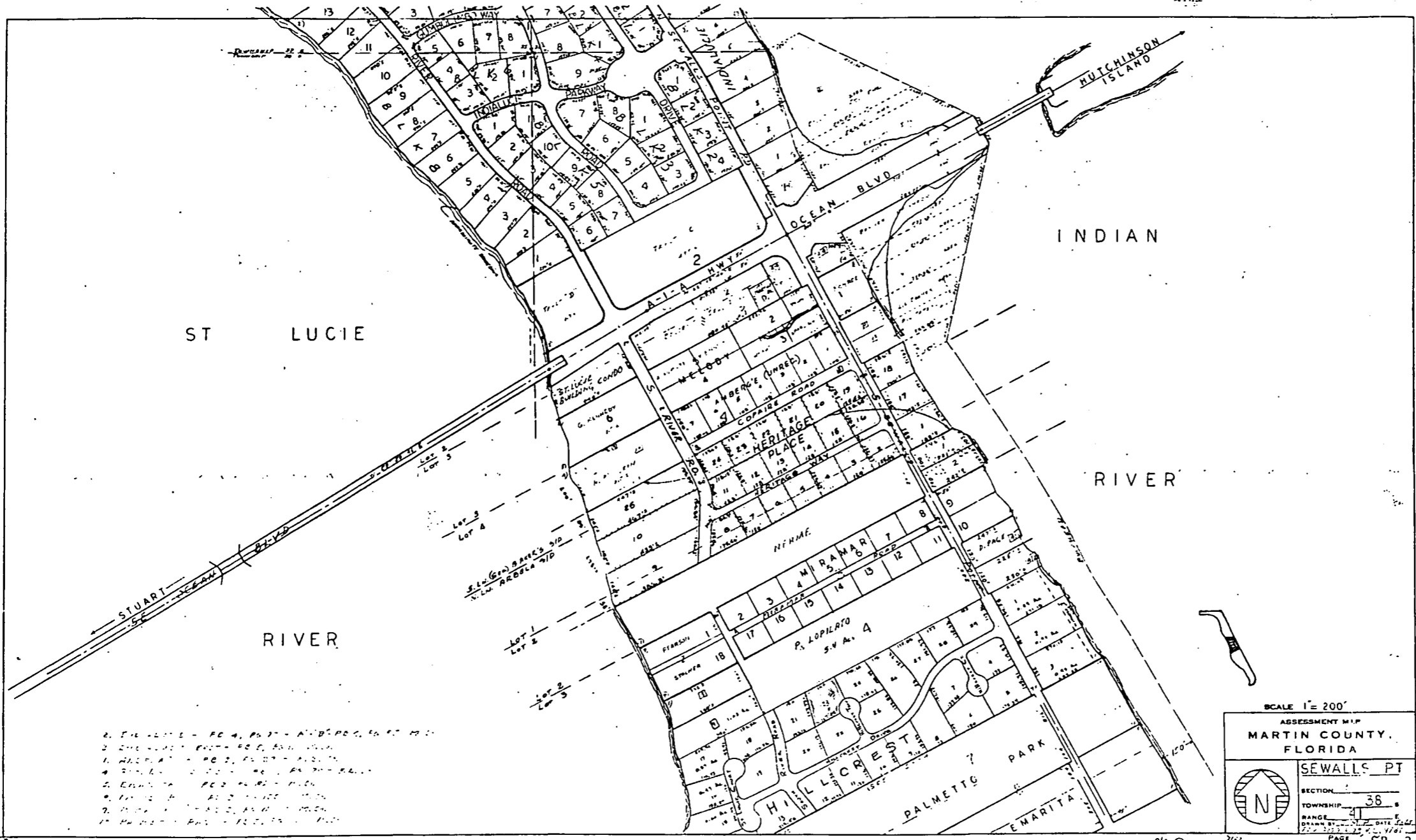
ADDRESS: **Andrew Asbury** CITY: _____ DATE: **6/7/94** STATE: **(407)** ZIP: **334-2585**

SIGNATURE: _____ PHONE: _____

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

COMMENTS: _____





2. FIVE LOTS - PC 4, P. 17 - A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z
 3. FIVE LOTS - PC 4, P. 17 - A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z
 4. FIVE LOTS - PC 4, P. 17 - A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z
 5. FIVE LOTS - PC 4, P. 17 - A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z
 6. FIVE LOTS - PC 4, P. 17 - A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z
 7. FIVE LOTS - PC 4, P. 17 - A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z
 8. FIVE LOTS - PC 4, P. 17 - A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z

SCALE 1" = 200'

ASSESSMENT MAP
MARTIN COUNTY,
FLORIDA

SEWALLS PT

SECTION _____
TOWNSHIP 36 S
RANGE 4 E
DATE 1/1/01
DRAWN BY _____
PAGE SP-3

Dale

Re: 114 Wilcrest Smitelli

Surveyor says that lot is in FL zone C and there is no need for Elev. certif. If this is not correct call me or him.

I am hoping to get final draw check Tues. -

- Elev certif.

- P/up C.O.

Monday - call me - I'll

P/up today - because of bridge

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

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

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

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

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$286,400.⁰⁰.

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

Richard J. Wap, agent

Affiant
Property street address:
114 Hillcrest Terr.
2

Sworn to and subscribed
before me this 3rd day of
June, 1994.

Joan H. Barrow

Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)

Notary Public, State of Florida
My Commission Expires Nov. 16, 1994
Bonded Through Troy Fain Insurance Inc.

01021803

93 SEP 29 PM 3:59

Permit No.:

Tax Folio No.: 1-38-41-014-000-02300-80000

NOTICE OF COMMENCEMENT

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

1. Description of Property: xxx Hillcrest Terrace
Stuart, Florida 34996

Lot 23, HILLCREST, according to the plat thereof, recorded in Plat Book 10, Page 39, Public Records of Martin County, Florida.
2. General description of improvement:
Construction of Single Family Residence
3. Owner Information: Joseph J. Smitelli and
Kathryn M. Smitelli, his wife
10701 S. Ocean Drive #748
Jensen Beach, Florida 34957

Fee Simple Ownership
4. Contractor: Marlin Construction and Development
5305 S.E. Reef Way
Stuart, Florida 34997
5. Surety: N/A
6. Lender: Seaboard Savings Bank, F.S.B.
715 Colorado Avenue
Stuart, Florida 34994
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: N/A
8. In addition to himself, Owner designates, Seaboard Savings Bank, F.S.B., 715 Colorado Avenue, Stuart, Florida 34994, to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
9. Expiration date of Notice of Commencement: 1 year from the date of recording of this instrument.

Joseph J. Smitelli

Joseph J. Smitelli

Kathryn M. Smitelli

Kathryn M. Smitelli

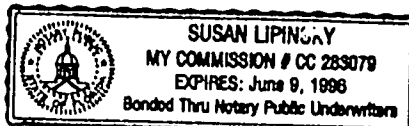
STATE OF FLORIDA
COUNTY OF MARTIN

SWORN TO AND SUBSCRIBED before me this 28th day of September, 1993, by Joseph J. Smitelli and Kathryn M. Smitelli, his wife, who [] are personally known to me, or [X] have produced Florida Driver Licenses as identification.

Susan Lipinsky

Notary Public - State of Florida
Printed Name SUSAN LIPINSKY

My Commission Expires:

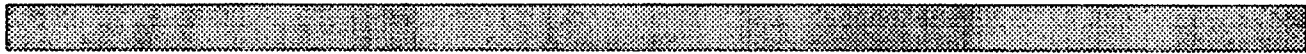


(Notary Seal)



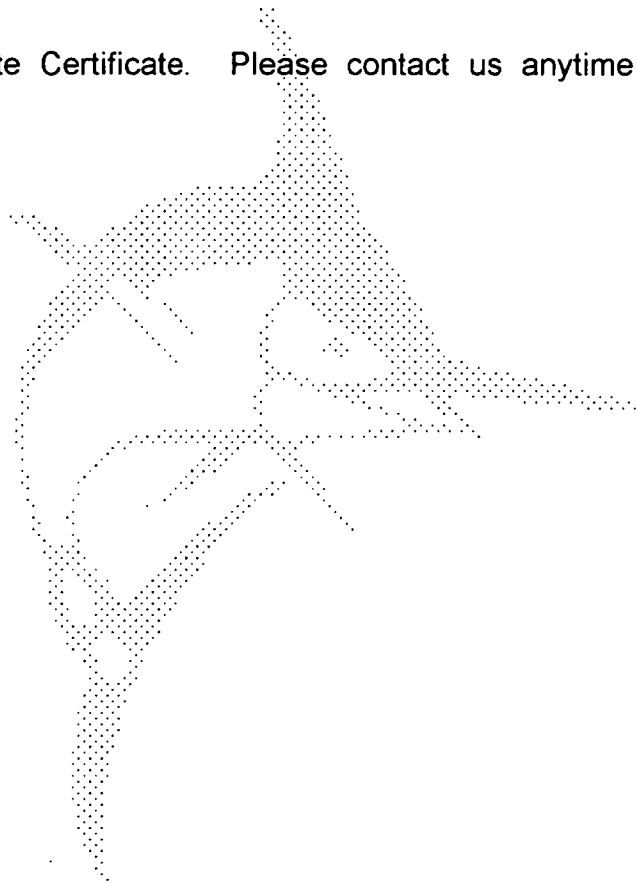
TRANSMITTAL

5305 SE Reef Way
Stuart, FL 34997
Office (407) 546-8663 Fax (407) 283-3042



Date: October 28, 1993
From: Barbara Martinke
To: Dale Brown
Re: Smitelli Residence - 114 Hillcrest Terr. Permit #3479

Enclosed is the Termite Certificate. Please contact us anytime if you have any questions or advice.



Dele Brown

permit #

Re 3479

HC 23

Smitelli Residence

**PATRICK EXTERMINATING, INC.
SUBTERRANEAN TERMITE CONTROL LIMITED GUARANTEE**

Treatment Address 114 HILLCREST TER STUART, FL 34996
Original Treatment Date 10/25/93 Annual Renewal Commences on 10/25/94
Annual Renewal Fee (not to be increased within first 5 years) NINETY FIVE DOLLARS
Contract # 72050 Area Treated Under This Contract 3110 SQ FT

YOUR LIMITED GUARANTEE

IN consideration of sums received and to be received by us for treating the above premises for Subterranean Termites, we guarantee to inspect annually above premises and to apply any necessary treatment to said premises. AT NO EXTRA COST, if Subterranean Termite infestation is found therein during the period that this Limited Guarantee remains in force.

TERMS AND CONDITIONS

Initial payment under this Limited Guarantee for termite treatment performed by us is the amount stated above under "Initial Treatment," receipt of which is hereby acknowledged. Initial period of the Limited Guarantee shall be ONE year(s), commencing on the date of the initial treatment. In addition to initial period you may, at your option, renew this Limited Guarantee annually for a period of ONE additional years by making the above annual renewal payments on or before said renewal date of each subsequent year. If such annual renewal payments are made without lapse during said additional period, this Limited Guarantee shall be for LIFE year(s) from the date of initial treatment. If annual renewal payment is NOT made on or before said renewal date, this Limited Guarantee shall terminate and become null and void as of the renewal date on which said payment is due. Patrick Exterminating, Inc. reserves the right to adjust the annual renewal rate, if necessary, to offset ever increasing operating costs.

THIS Limited Guarantee covers the premises as of the date of initial treatment and in the event the premises are structurally modified, altered, or otherwise changed after the date of initial treatment, this Limited Guarantee shall terminate, unless a prior written agreement shall have been entered into by the owner for the Company to re-inspect the premises, provide additional treatment if necessary and/or adjust the annual renewal payment. Patrick Exterminating, Inc. will not be held responsible for termites or termite damage which enter structures from outside treated areas or that occur as a result of wood in direct contact with the soil.

BY OWNER OR AGENT

Rich Harper

BY PATRICK EXTERMINATING, INC

Patrick C. Patrick

P.O. Box 249, Hobe Sound, FL 33475-0249
Telephone: 407-546-3722 (Hobe Sound/Jupiter)
407-286-6812 (Stuart/Palm City)



ALLTERRA ENGINEERING & TESTING, INC.

836 Indiantown Road • Jupiter, Florida 33458 • 575-0012

REPORT OF DENSITY TESTS:

JOB NO. 89-146A

PROJECT Proposed Residence - 114 Hillcrest Terrace - Sewell's Point - Martin County
CLIENT Marlin Construction / Joe Smitelli

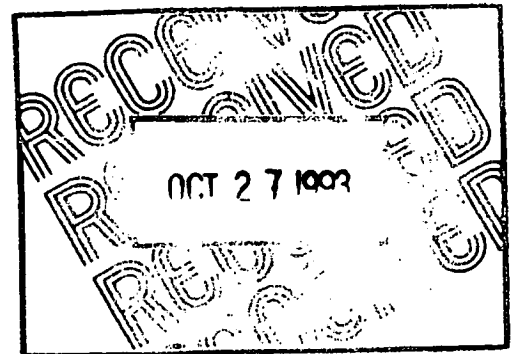
NO. OF SAMPLES 4 TESTED BY SWS DATE 10-22-93

SOURCE In Place REPORTED TO Client

INTENDED USE Compacted Soil - Building Area

SPECIFICATIONS GOVERNING 95% of T-180

LOCATION	DEPTH	IN PLACE DENSITY	PROCTOR	% DENSITY
Northwest Corner of Building Area	0'-1'	104.1	106.0	98.2
Northeast Corner of Building Area	0'-1'	103.7	106.0	97.8
Southeast Corner of Building Area	0'-1'	103.3	106.0	97.5
Southwest Corner of Building Area	0'-1'	105.2	106.0	99.2



These Tests are Representative of Surface Compaction.
This is not a statement of Bearing Value.

These tests are representative of and apply only to the location and depth as shown above.



ALLTERRA ENGINEERING & TESTING, INC.

836 Indianatown Road • Jupiter, Florida 33458 • 575-0012

PROCTOR ANALYSIS:

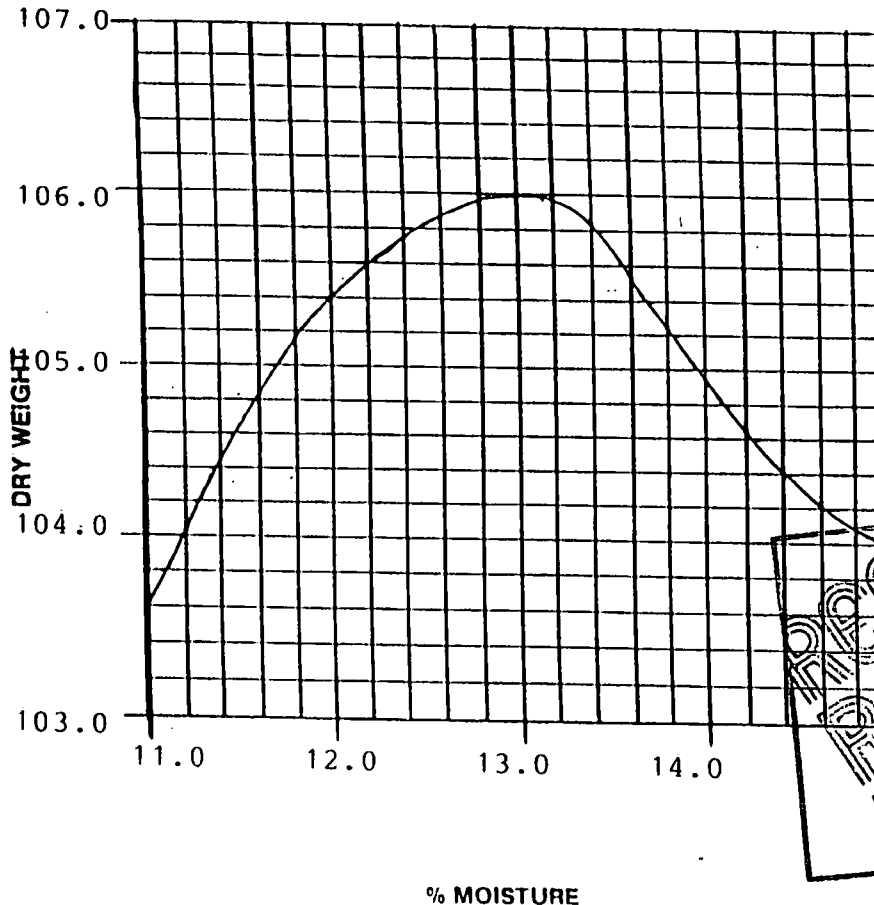
JOB NO. 89-146A

PROJECT Proposed Residence - 114 Hillcrest Terrace - Sewell's Point - Martin
CLIENT Smitelli c/o Marlin Construction County
DATE SAMPLED 10-22-93 SAMPLED BY SWS
DATE TESTED 10-22-93 TESTED BY SWS
SOURCE OF MATERIAL In Place REPORTED TO Client
SPECIFICATION GOVERNING 95% of T-180

114 HILLCREST TERRACE

REMARKS/DESCRIPTION OF MATERIAL

T-180
Tan & Grey medium fine sand



MAX. DENSITY 106.0 #/CU. FT.
OPTIMUM MOISTURE CONTENT 13.0

AT ALLTERRA ENGINEERING & TESTING, INC.

836 Indian Creek Road • Jupiter, Florida 33458 • 575-0012

REPORT OF DENSITY TESTS: JOB NO. 89-146A

PROJECT Proposed Residence - 114 Hillcrest Terrace - Sewell's Point - Martin County

CLIENT Marlin Construction / Joe Smitelli

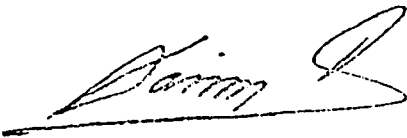
NO. OF SAMPLES 4 TESTED BY SWS DATE 10-22-93

SOURCE In Place REPORTED TO Client

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ALLTERRA ENGINEERING & TESTING, INC.

836 Indiantown Road • Jupiter, Florida 33458 • 575-0012

PROCTOR ANALYSIS:

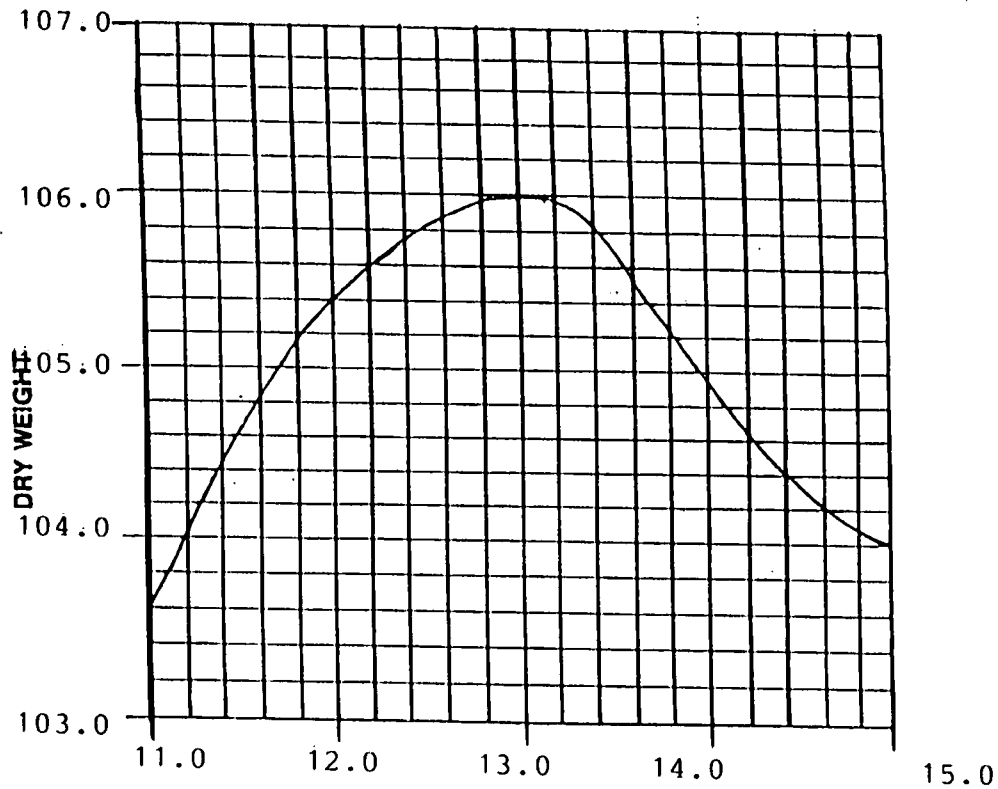
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PROJECT Proposed Residence - 114 Hillcrest Terrace - Sewell's Point - Martin
CLIENT Smitelli c/o Marlin Construction County
DATE SAMPLED 10-22-93 SAMPLED BY SWS
DATE TESTED 10-22-93 TESTED BY SWS
SOURCE OF MATERIAL In Place REPORTED TO Client
SPECIFICATION GOVERNING 95% of T-180

114 HILLCREST TERRACE

REMARKS/DESCRIPTION OF MATERIAL
T-180

Tan & Grey medium fine sand



% MOISTURE

MAX. DENSITY 106.0 #/CU. FT.

OPTIMUM MOISTURE CONTENT 13.0

SOUTH FLORIDA
PROFESSIONAL LAND SURVEYORS

MAPPING CONSULTANTS AND LAND PLANNERS

2434 N.E. MYRTLE STREET, SUITE 100, JENSEN BEACH, FLORIDA 34957
(407) 334-8772 (407) 334-2585 FAX (407) 334-2584

Date: 10/25/93

Building Permit No.: #3479

Dear Sir:

This is to certify that we have obtained the top elevation of the form boards for the residence building situated on the following described property:

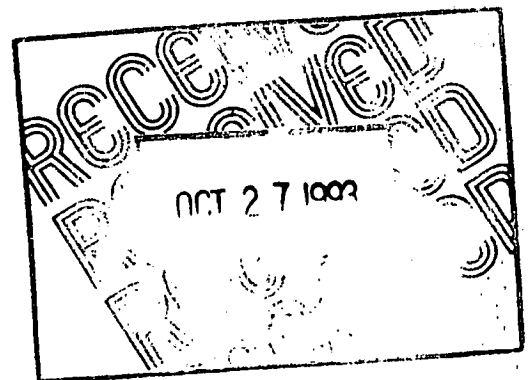
Lot 23, Hillcrest
Address: 11A Hillcrest Terrace

Our resultant elevation of these form boards is 13.64 feet. This elevation is related to the National Geodetic Vertical Datum of 1929, formerly known as Mean Sea Level.

South Florida Professional Land Surveyors



Terry L. MacDevitt, P.L.S.
Florida Certificate No. 4557



SOUTH FLORIDA
PROFESSIONAL LAND SURVEYORS

MAPPING CONSULTANTS AND LAND PLANNERS

2434 N.E. MYRTLE STREET, SUITE 100, JENSEN BEACH, FLORIDA 34957
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Lot 23, Hillcrest

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South Florida Professional Land Surveyors



Terry L. MacDevitt, P.L.S.
Florida Certificate No. 4557

01021803

93 SEP 29 PM 3:59

Permit No.:

Tax Folio No.: 1-38-41-014-000-02300-80000

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Kathryn M. Smitelli, his wife
10701 S. Ocean Drive #748
Jensen Beach, Florida 34957

Fee Simple Ownership
4. Contractor: Marlin Construction and Development
5305 S.E. Reef Way
Stuart, Florida 34997
5. Surety: N/A
6. Lender: Seaboard Savings Bank, F.S.B.
715 Colorado Avenue
Stuart, Florida 34994
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8. In addition to himself, Owner designates, Seaboard Savings Bank, F.S.B., 715 Colorado Avenue, Stuart, Florida 34994, to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
9. Expiration date of Notice of Commencement: 1 year from the date of recording of this instrument.



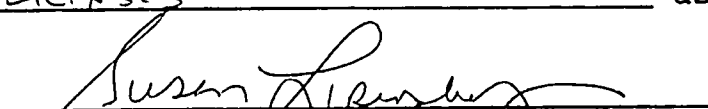
Joseph J. Smitelli



Kathryn M. Smitelli

STATE OF FLORIDA
COUNTY OF MARTIN

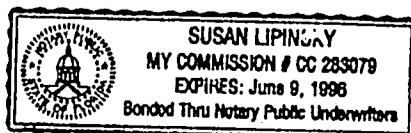
SWORN TO AND SUBSCRIBED before me this 28th day of September, 1993, by Joseph J. Smitelli and Kathryn M. Smitelli, his wife, who [] are personally known to me, or [X] have produced Florida Driver Licenses as identification.



Notary Public - State of Florida

Printed Name SUSAN LIPINSKY

My Commission Expires:



(Notary Seal)

SOUTH FLORIDA PROFESSIONAL LAND SURVEYORS

LEGEND

AC	Acre	MH	Manhole
AP	Anchor Pole	MEAS	Measured
ANC	Anchor	N	North
ASP	Asphalt	NO	Number
BM	Bench Mark	NGVD	National Geodetic Vertical Datum
BLK	Block	OE	Overhang Easement
BLDG	Building	OR	Official Record
C	Chord	OIPL	Overhead Powerline
CB	Catch Basin	P	Plat
CL	Clear	PB	Plat Book
CM	Concrete Monument	PC	Point of Curvature
CS	Concrete Slab	PP	Power Pole
CBS	Concrete Block Structure	PCC	Point of Compound Curvature
CHB	Chord Bearing	PCP	Permanent Control Point
CLF	Chain Link Fence	PLS	Professional Land Surveyor
CLI	Centerline Intersection	POB	Point of Beginning
CMP	Corrugated Metal Pipe	POC	Point of Commencement
COR	Corner	PRC	Point of Reverse Curvature
CVC	Concrete Valley Curb	PRM	Permanent Reference Monument
CALC	Calculated	PUE	Private Utility Easement
CATV	Cable Television Box	R	Radius
CONC	Concrete	R/W	Right-of-Way
☉	Centerline	RCP	Reinforced Concrete Pipe
DE	Drainage Easement	RES	Reserved
Δ	Delta	RLS	Registered Land Surveyor
E	East	S	South
EM	Electric Meter	ST	Septic Tank
EP	Edge of Pavement	S/W	Sidewalk
ES	Electric Service	SBT	Southern Bell Telephone Box
ELEV	Elevation	SQ FT	Square Feet
ENCRO	Encroachment	SSMH	Sanitary Sewer Manhole
FH	Fire Hydrant	TT	Tin Tab
FFE	Finish Floor Elevation	TOB	Top of Bank
FND	Found	U/C	Under Construction
HW	Headwall	UE	Utility Easement
IP	Iron Pipe	UDE	Utility & Drainage Easements
IR	Iron Rod	W	West
INV	Invert	WD	Wood
L	Arc Length	WM	Water Meter
LB	License Business	WP	Well Point
		WV	Water Valve

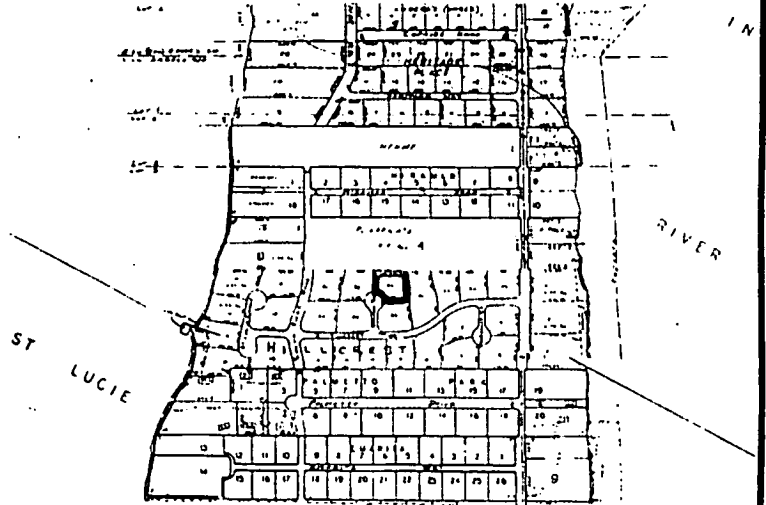
DESCRIPTION

LOT 23, PLAT OF HILLCREST, AS RECORDED IN PLAT BOOK 10, PAGE 39, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA. SUBJECT TO ANY APPLICABLE EASEMENTS, RIGHTS-OF-WAY, OR OTHER RESTRICTIONS OF RECORD.

NOTES:

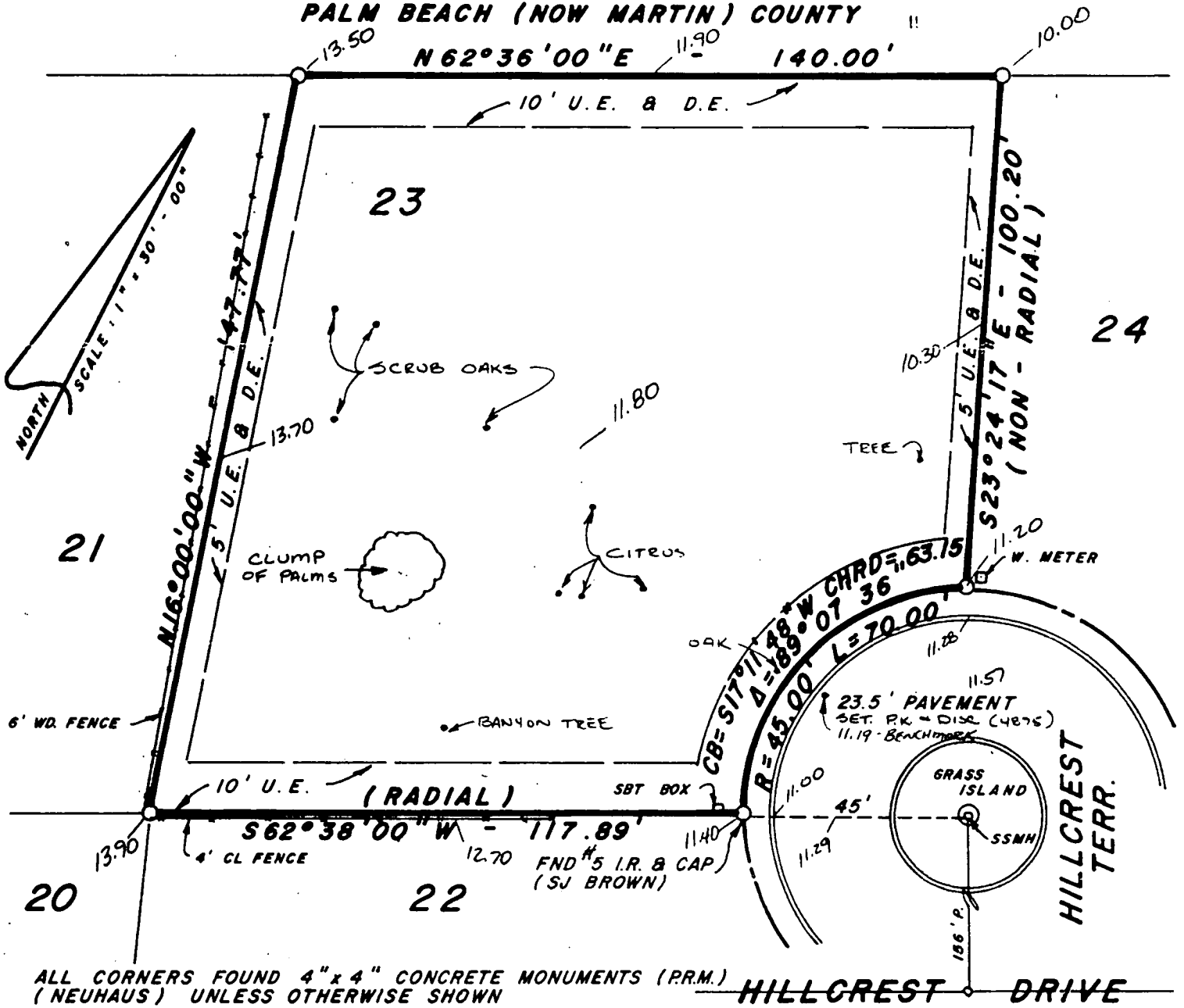
1. A SEARCH OF THE PUBLIC RECORDS HAS NOT BEEN MADE BY THIS OFFICE.
2. BEARINGS SHOWN HEREON REFER TO THE CENTERLINE OF HILLCREST TERRACE AS SHOWN ON THE PLAT OF RECORD.
3. ELEVATIONS SHOWN HEREON ARE RELATED TO N.G.V.D. OF 1929.
4. DESCRIPTION PROVIDED BY CLIENT OR CLIENT'S REPRESENTATIVE.
5. PROPERTY LIES IN FLOOD ZONE "C" AS SHOWN ON PANEL 120164-0002 C PRINTED 4/3/84.
6. CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL SITE PLAN INFORMATION PRIOR TO CONSTRUCTION.
7. THE GENERAL SLOPE OF THE PROPERTY, RECORDED EASEMENTS FROM THE RECORD PLAT, FILLED AREAS AND DRAINAGE FEATURES ARE AS SHOWN.
8. CENTRAL WATER IS AVAILABLE.
9. CERTIFIED TO JOSEPH SMITELLI.

VICINITY MAP



BOUNDARY SURVEY

ARBELA
PLAT BOOK 3, PAGE 29
PALM BEACH (NOW MARTIN) COUNTY



ALL CORNERS FOUND 4" x 4" CONCRETE MONUMENTS (P.R.M.) (NEUHAUS) UNLESS OTHERWISE SHOWN

SOUTH FLORIDA
PROFESSIONAL
LAND SURVEYORS

SMITELLI

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY MADE UNDER MY DIRECTION AND THAT SAID SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS OF FLORIDA ADMINISTRATIVE CODE RULE 21-44-6 PURSUANT TO F.S. CHAPTER 472 AND THAT THERE ARE NO ABOVE GROUND ENCROACHMENTS UNLESS OTHERWISE SHOWN, NOT VALID UNLESS SEALED WITH AN EMBOSSED SEAL.

2434 N. E. MYRTLE STREET - SUITE 100
 JENSEN BEACH, FLORIDA 34957
 MAILING ADDRESS : 2155 RUSTIC PLACE
 JENSEN BEACH, FLORIDA 34957
 (407) 334-8772 (407) 334-1800

REVISIONS			
No.	DESCRIPTION	DATE	BY
1			
2			
3			
4			

DRAWN BY: DPK DATE DRAWN: 4/8/92
 FIELD BOOK: MC-8 PAGE: 41
 CHECKED BY: DATE IN FIELD: 4/7/92
 JOB No.: 92-227 SHEET 2 of 2

JOSEPH L. MACDEVITT
 PROFESSIONAL LAND SURVEYOR
 FLORIDA CERTIFICATE No. 4557

Department of Community Affairs SN: 5504

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600A-93 Residential Component Prescriptive Method A SOUTH

PROJECT NAME: SMITELLI RESIDENCE | BUILDER: MARLIN CONSTRUCTION

AND ADDRESS: HILLCREST TERRACE, S | PERMITTING | CLIMATE

STUART, FLORIDA 349 | OFFICE: TOWN OF SEWA | ZONE: 7 | 8 | 9

OWNER: JOE & KATHY SMITELLI | PERMIT NO. | JURISDICTION NO. 531300

<p>1. New construction or addition</p> <p>2. Single family detached or Multifamily attached</p> <p>3. If Multifamily-No. of units</p> <p>4. If Multifamily, is this a worst case (yes/no)</p> <p>5. Conditioned floor area (sq.ft.)</p> <p>6. Predominant eave overhang (ft.)</p> <p>7. Porch overhang length (ft.)</p> <p>8. Glass area and type:</p> <p style="margin-left: 20px;">a. Clear Glass</p> <p style="margin-left: 20px;">b. Tint, film or solar screen</p> <p>9. Floor type and insulation:</p> <p style="margin-left: 20px;">a. Slab on grade (R-value, perimeter)</p> <p>10. Net Wall type area and insulation:</p> <p style="margin-left: 20px;">a. Exterior: 1. Concrete (Insulation R-value)</p> <p style="margin-left: 20px;">a. Exterior: 2. Wood frame (Insulation R-value)</p> <p style="margin-left: 20px;">a. Adjacent: 2. Wood frame (Insulation R-value)</p> <p>11. Ceiling type area and insulation:</p> <p style="margin-left: 20px;">a. Under attic (Insulation R-value)</p> <p>12. Air distribution systems</p> <p style="margin-left: 20px;">a. Ducts (Insulation + Location)</p> <p>13. Cooling system</p> <p>13. Cooling system</p> <p>13. Cooling system</p> <p>14. Heating System:</p> <p>14. Heating System:</p> <p>14. Heating System:</p> <p>15. Hot water system:</p> <p>15. Hot water system:</p> <p>16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)</p> <p>17. Infiltration practice: 1, 2 or 3</p> <p>18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)</p> <p>19. EPI (must not exceed 100 points)</p> <p style="margin-left: 20px;">a. Total As_Built points</p> <p style="margin-left: 20px;">b. Total Base points</p>	<p>1. New Construction</p> <p>2. Single-Family</p> <p>3. 0</p> <p>4.</p> <p>5. 3308.00</p> <p>6. 3.00</p> <p>7. 10.00</p> <p style="margin-left: 40px;">Single Pane Double Pane</p> <p>8a. 0.0sqft 0.00sqft</p> <p>8b. 725.0sqft 0.00sqft</p> <p>9a. R= 0.00 , 275.00 ft</p> <p>10a-1 R= 5.40, 1667.00sqft</p> <p>10a-2 R=11.00, 1352.00sqft</p> <p>10a-2 R=11.00, 334.00sqft</p> <p>11a. R=19.00 , 2318.00sqft</p> <p>12a. R= 0.00 , cond</p> <p>13. Type: Central A/C</p> <p style="margin-left: 40px;">EER: 10.00</p> <p>13. Type: Central A/C</p> <p style="margin-left: 40px;">EER: 10.00</p> <p>13. Type: Central A/C</p> <p style="margin-left: 40px;">EER: 10.00</p> <p>14. Type: Strip Heat</p> <p style="margin-left: 40px;">COP: 1.00</p> <p>14. Type: Strip Heat</p> <p style="margin-left: 40px;">COP: 1.00</p> <p>14. Type: Strip Heat</p> <p style="margin-left: 40px;">COP: 1.00</p> <p>15. Type: LP Gas</p> <p style="margin-left: 40px;">EF: 0.54</p> <p>15. Type: LP Gas</p> <p style="margin-left: 40px;">EF: 0.54</p> <p>16.</p> <p>17. 2</p> <p>18. CF MZ</p> <p>19. 83.75</p> <p>19a. 47876.57</p> <p>19b. 57167.73</p>
---	--

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

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy

Florida Energy Code.

PREPARED BY: Mary Horvath
DATE: 08.31.93

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

OWNER/AGENT: _____
DATE: _____

Code. Before construction is completed
this building will be inspected for
compliance in accordance with Section
553.908 F.S.

BUILDING OFFICIAL: _____
DATE: _____

 SUMMER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIENT	AREA	x BSPM	= POINTS	TYPE	SC	ORIENT	AREA	x SPM	x SOF	= POINTS
N	173.00	109.7	18978.1	SGL TINT		N	25.0	65.2	.77	1247.6
				SGL TINT		N	9.0	65.2	.91	531.4
				SGL TINT		N	96.0	65.2	.70	4381.4
				SGL TINT		N	12.0	65.2	.81	637.3
				SGL TINT		N	6.0	65.2	.70	273.8
				SGL TINT		N	15.0	65.2	.79	774.4
				SGL TINT		N	10.0	65.2	.59	382.5
E	159.00	109.7	17442.3	SGL TINT		E	4.0	133.9	.59	316.0
				SGL TINT		E	24.0	133.9	.92	2967.2
				SGL TINT		E	24.0	133.9	.80	2568.0
				SGL TINT		E	30.0	133.9	.45	1825.5
				SGL TINT		E	42.0	133.9	.92	5192.6
				SGL TINT		E	35.0	133.9	.74	3451.0
				SGL TINT		E	59.0	132.5	.70	5465.1
S	79.00	109.7	8666.3	SGL TINT		S	20.0	132.5	.65	1724.9
				SGL TINT		S	59.0	132.5	.70	5465.1
W	314.00	109.7	34445.8	SGL TINT		W	16.0	133.9	.69	1483.2
				SGL TINT		W	156.0	133.9	.44	9144.5
				SGL TINT		W	12.0	133.9	.63	1014.8
				SGL TINT		W	10.0	133.9	.63	845.6
				SGL TINT		W	90.0	133.9	.45	5476.5
				SGL TINT		W	30.0	133.9	.39	1571.8
				SGL TINT		W	30.0	133.9	.39	1571.8

.15 x COND. FLOOR /	TOTAL GLASS	= ADJ. x	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS		POINTS	POINTS
.15	3,308.00	725.00	.684	79,532.50	54,433.14	51,275.17

NON GLASS-----										
AREA	x	BSPM	= POINTS	TYPE	R-VALUE	AREA	x	SPM	= POINTS	
WALLS-----										
Ext	3019.0	1.6	4830.4	Ext NormWtBlock In	5.4	1667.0	1.92	3200.6		
				Ext Wood Frame	11.0	1352.0	2.70	3650.4		
Adj	334.0	1.0	334.0	Adj Wood Frame	11.0	334.0	1.00	334.0		
DOORS-----										
Ext	48.0	6.4	307.2	Ext Wood		48.0	9.40	451.2		
Adj	17.0	2.6	44.2	Adj Wood		17.0	3.80	64.6		
CEILINGS-----										
UA	2318.0	.8	1854.4	Under Attic	19.0	2318.0	1.50	3477.0		
FLOORS-----										
Slb	275.0	-20.0	-5500.0	Slab-on-Grade	.0	275.0	-20.00	-5500.0		
INFILTRATION-----										
	3308.0	14.7	48627.6	Practice #2		3308.0	14.70	48627.6		

=====
 TOTAL SUMMER POINTS

104,930.94

105,580.61

TOTAL SUM PTS	x SYSTEM MULT	= COOLING POINTS	TOTAL COMPON	x CAP RATIO	x DUCT MULT	x SYSTEM MULT	x CREDIT MULT	= COOLING POINTS
104,930.94	.37	38,824.45	105,580.61	1.00	1.000	.340	.817	29,328.18

WINTER CALCULATIONS

=== BASE ===				=== AS-BUILT ===						
GLASS ORIENT	AREA	x BWPM	= POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS
N	173.00	-.4	-69.2	SGL TINT		N	25.0	3.7	1.11	102.8
				SGL TINT		N	9.0	3.7	1.04	34.7
				SGL TINT		N	96.0	3.7	1.14	404.9
				SGL TINT		N	12.0	3.7	1.08	48.1
				SGL TINT		N	6.0	3.7	1.14	25.3
				SGL TINT		N	15.0	3.7	1.10	60.8
E	159.00	-.4	-63.6	SGL TINT		N	10.0	3.7	1.22	45.0
				SGL TINT		E	4.0	.2	11.04	8.8
				SGL TINT		E	24.0	.2	2.71	13.0
				SGL TINT		E	24.0	.2	5.31	25.5
				SGL TINT		E	30.0	.2	14.83	89.0
				SGL TINT		E	42.0	.2	2.71	22.8
S	79.00	-.4	-31.6	SGL TINT		S	35.0	.2	6.92	48.4
				SGL TINT		S	59.0	-1.8	.54	-56.9
W	314.00	-.4	-125.6	SGL TINT		S	20.0	-1.8	.42	-15.1
				SGL TINT		W	16.0	.2	8.15	26.1
				SGL TINT		W	156.0	.2	16.06	501.2
				SGL TINT		W	12.0	.2	9.93	23.8
				SGL TINT		W	10.0	.2	9.93	19.9
				SGL TINT		W	90.0	.2	14.83	267.0
				SGL TINT		W	30.0	.2	19.17	115.0

.15 x COND. FLOOR AREA	TOTAL GLASS AREA	= ADJ. FACTOR	x GLASS POINTS	= ADJ GLASS POINTS	GLASS POINTS
.15 3,308.00	725.00	.684	-290.00	-198.48	1,810.17

NON GLASS									
AREA	x BWPM	= POINTS	TYPE	R-VALUE	AREA	x WPM	= POINTS		
WALLS									
Ext	3019.0	.3	905.7	Ext NormWtBlock In	5.4	1667.0	.86	1433.6	
				Ext Wood Frame	11.0	1352.0	.60	811.2	
Adj	334.0	.5	167.0	Adj Wood Frame	11.0	334.0	.50	167.0	
DOORS									
Ext	48.0	1.8	86.4	Ext Wood		48.0	2.80	134.4	
Adj	17.0	1.3	22.1	Adj Wood		17.0	1.90	32.3	
CEILINGS									
UA	2318.0	.1	231.8	Under Attic	19.0	2318.0	.30	695.4	

FLOORS-----													
Slb	275.0	-2.1	-577.5	Slab-on-Grade	.0	275.0	-2.10	-577.5					
INFILTRATION-----													
	3308.0	1.2	3969.6	Practice #2		3308.0	1.20	3969.6					
TOTAL WINTER POINTS			4,606.62							8,476.19			
TOTAL WIN PTS	x	SYSTEM MULT	= HEATING POINTS	TOTAL COMPON	x	CAP RATIO	x	DUCT MULT	x	SYSTEM MULT	x	CREDIT MULT	= HEATING POINTS
4,606.62		1.10	5,067.28	8,476.19		1.00		1.000		1.000		.950	8,052.38

WATER HEATING

=== BASE ===				=== AS-BUILT ===							
NUM OF BEDRMS	x	MULT	= TOTAL	TANK VOLUME	EF	TANK RATIO	x	MULT	x	CREDIT MULT	= TOTAL
4		3319.0	13,276.00	50	.54	.500		2624.0		1.00	5,248.00
				50	.54	.500		2624.0		1.00	5,248.00
			13,276.00								10,496.00

SUMMARY

=== BASE ===					=== AS-BUILT ===								
COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS	COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
38824.4		5067.3		13276.0		57,167.73	29328.2		8052.4		10496.0		47,876.57

* EPI = 83.75 *

ENERGY GUIDE

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

EPI= 83.7

0 10 20 30 40 50 60 70 80 90 100

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

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency	High Efficiency
WINDOWS.....	Single Tint	SINGL CLR	DBL TINT
		-----X-----	
INSULATION.....			
Ceiling R-Value.....	19.0	R-10	R-30
		-----X-----	
Wall R-Value.....	8.2	R-0	R-7
		-----X	
Floor R-Value.....	0.0	R-0	R-19
		X-----	
AIR CONDITIONER.....			
SEER/EER.....	10.3	10.0 SEER	17.0
		X-----	
		9.7 EER	16.0
HEATING SYSTEM.....			
Electric COP/HSPF.....	1.0	2.50 COP	4.19
		X-----	
Gas AFUE.....	0.00	0.78 AFUE	0.90

WATER HEATER.....			
Electric EF.....	0.00	0.88	0.96

Gas EF.....	0.54	0.54	0.90
		X-----	
Solar EF.....		0.40	0.80

OTHER FEATURES.....			
.....			

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

Address: _____ Builder Signature: _____ Date: _____

City/Zip _____

RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 5/31/94

This is to request that a Certificate of Approval for Occupancy be issued to Mr Joseph Smitell.

For property at 114 Hillcrest Terr built under Permit No. 3479 Dated 10/6/93 when completed in conformance with the Approved Plans.

Signed Rich Hapenau

ITEM	DATE	APPROVED BY (initials)
1. Form board tie in	<u>10/25/93</u>	<u>DB</u>
2. Termite protection	<u>10/25/93</u>	<u>DB</u>
3. Footing - slab	<u>10/28/93</u>	<u>DB</u>
4. Rough plumbing - slab	<u>10/26/93</u>	<u>DB</u>
5. Rough electric - slab	<u>10/26/93</u>	<u>DB</u>
6. Lintel	<u>11/12/93</u>	<u>DB</u>
7. Dry in (final)	<u>1/5/94</u>	<u>DB</u>
8. Roof	<u>3/15/94</u>	<u>DB</u>
9. Framing	<u>2/14/94</u>	<u>DB</u>
10. Rough electric	<u>2/14/94</u>	<u>DB</u>
11. Rough plumbing	<u>2/14/94</u>	<u>DB</u>
12. A/C Ducts	<u>2/14/94</u>	<u>DB</u>
13. Insulation	<u>2/16/94</u>	<u>DB</u>
14. Final electric	<u>5/31/94</u>	<u>DB</u>
15. Final plumbing	<u>5/31/94</u>	<u>DB</u>
16. Final construction	<u>5/31/94</u>	<u>DB</u>
17. As-built survey	<u>5/26/94</u>	<u>DB</u>
18. Affidavit of cost	<u>6/3/94</u>	<u>DB</u>

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector Dale Brown 6/7/94 date

Approved by Building Commissioner V. VORRASSO 6-7-94 date

Utilities notified F.P.L. 5/31/94 date

Original Copy sent to OWNER date
(owner)

(Keep carbon copy for Town files)

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

This is to request that a Certificate of Approval for Occupancy be issued to _____

For property built under Permit No. _____ Dated _____ when completed in conformance with the Approved Plans.

Item

1. LOT STAKES/SET BACKS	_____
2. TERMITE PROTECTION	_____
3. FOOTING - SLAB	_____
4. ROUGH PLUMBING	_____
5. ROUGH ELECTRIC	_____
6. LINTEL	_____
7. ROOF	_____
8. FRAMING	_____
9. INSULATION	_____
10. A/C DUCTS	_____
11. FINAL ELECTRIC	_____
12. FINAL PLUMBING	_____
13. FINAL CONSTRUCTION	_____

Rich Harper
Signed

Approved by _____

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector _____ date _____

Approved by Building Commissioner _____ date _____

Utilities notified _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

3509
POOL

TOWN OF SEWALL'S POINT FLORIDA

Permit No. _____

Date 11-30-93

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

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

Owner SMITELLI, Joseph Present address 114 Hillcrest Ter

Phone 225 2222

Contractor Pools By GREG Address 8086 S FEDERAL AVE

Phone 321 9713

Where licensed _____ License number 5P000

Electrical contractor RON TAYLOR License number ~~5P000~~ 255

Plumbing contractor Pools By GREG License number _____

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

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

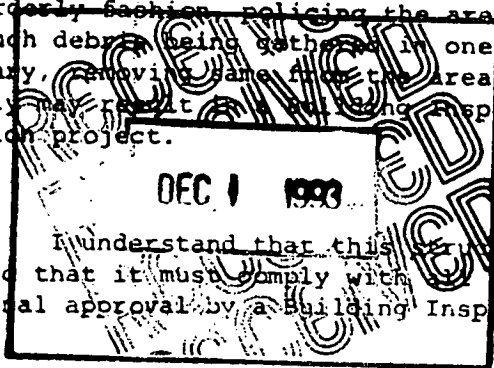
114 Hillcrest Ter.

Subdivision Hillcrest Lot No. 23

Contract price \$ 11850.00 Cost of Permit \$ 200.00

Plans approved as submitted 2 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 a Town Commissioner "Red-tagging" the construction project.



Contractor Kev M. (AGENT)

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

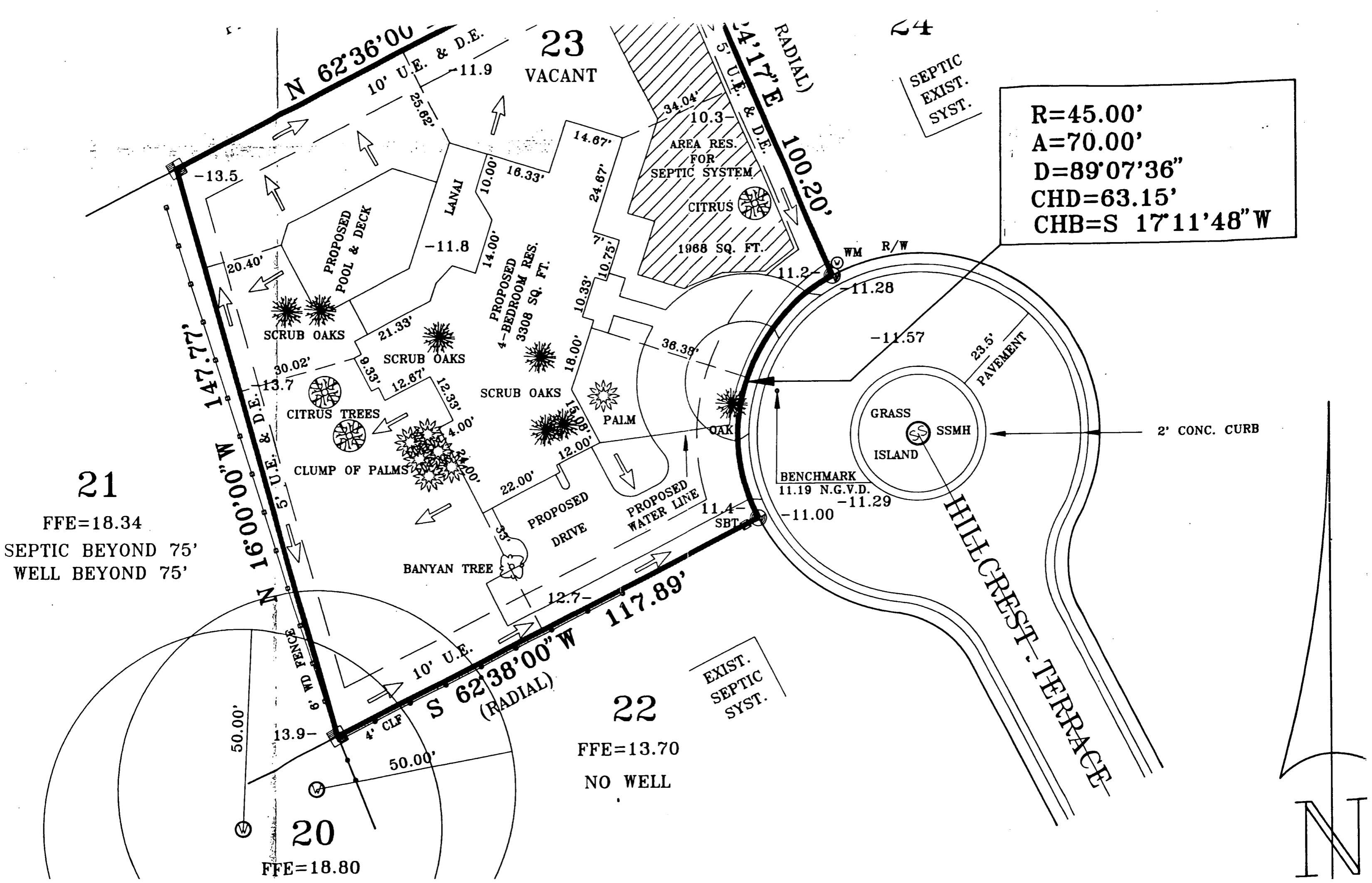
Owner Kathryn Smitelli

Approved: Dale Brown TOWN RECORD Date submitted 12/2/93
Building Inspector Date

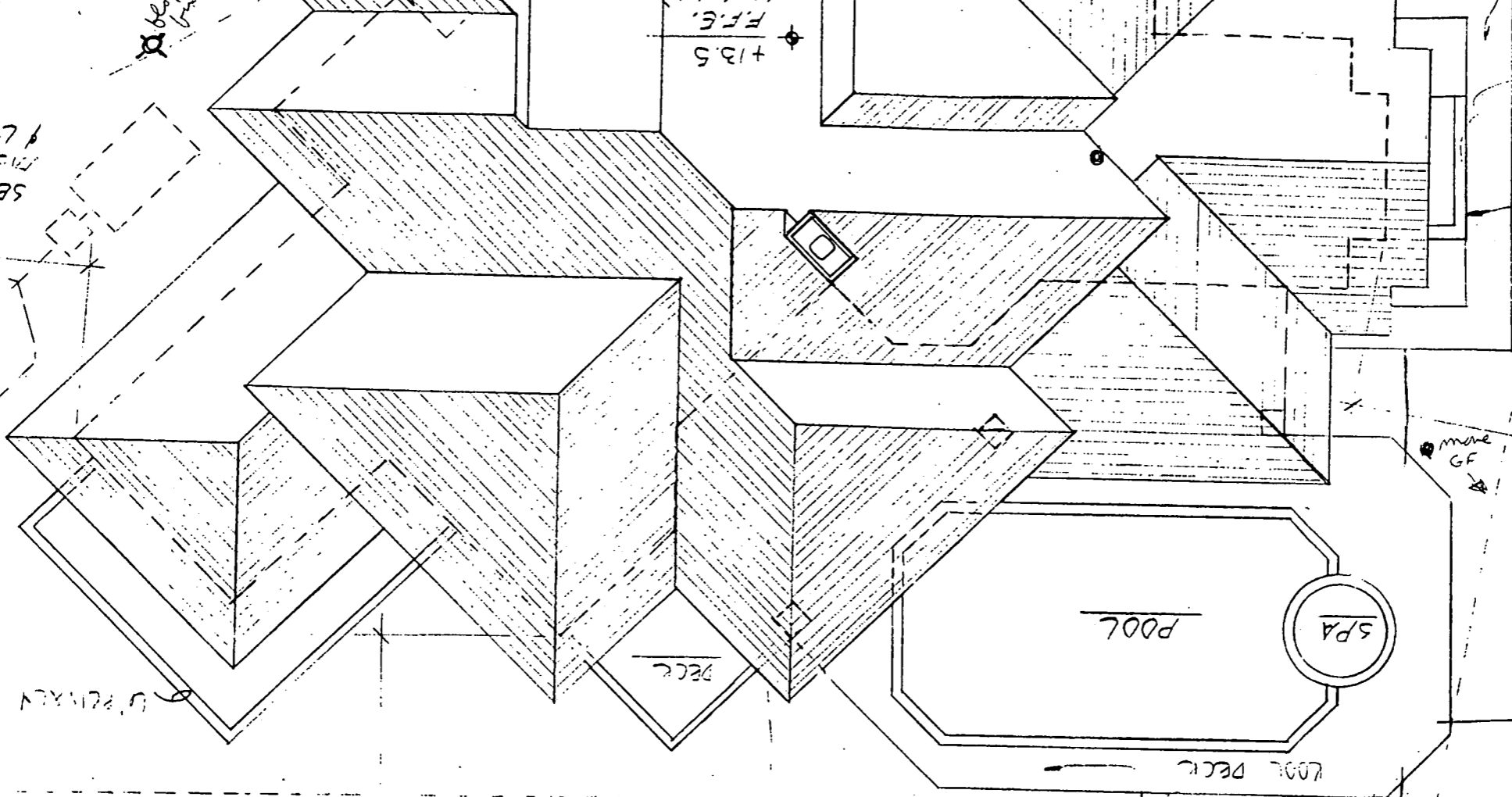
Approved: [Signature] Commissioner Date 12/8/93

Final Approval given: _____ Date

Certificate of Occupancy issued _____ Date



SEPTIC SYSTEM TO MEET ALL STATE & LOCAL CODES



4' EQUIP. (OPTIONAL)

+13.5 F.F.E.

30'

20'

POOL

SPA

WOOD DECK

DECK

PERIMETER WALL

4213AK

220'D

10'

GLASS

EAST

25'

11.0'

35'±

25'

13.0'

13.5'

N 62° 36' 00" E 140.00'

11.90'

20'

3597

Pool Screen Enclosure

TAX FOLIO NO. _____

DATE 4/21/94

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

3597

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 Smittelli Residence Present address _____

Phone _____

Contractor SCREENS NORTH Address 114 Hillcrest Terr

Phone 1-800-826-7867

Where licensed MARTIN COUNTY FLORIDA License number 87-320-067 RB 0003206

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: POOL SCREEN ENCLOUSER

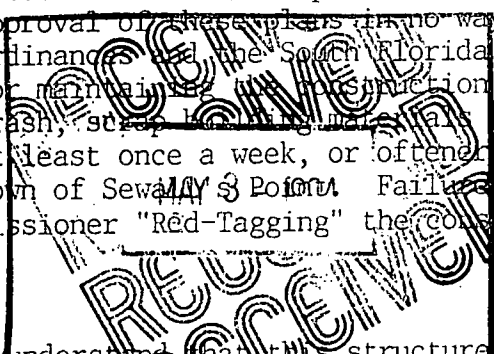
State the street address at which the proposed structure will be built:

Subdivision Hillcrest Sewalls Point Lot Number 23 Block Number _____

Contract price \$ 2490.00 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 Ordinance 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 Rich Hapeman for

TOWN RECORD Joe Smittelli
Approved: Dale Brown 5/3/94
Building Inspector Date

Date submitted _____
Approved: [Signature] 3/13/94
Commissioner Date Final approval given: _____ Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date

PERMIT NO. _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

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

DESCRIPTION OF PROPERTY:

General description of improvements: POOL SCREEN ENCLOUSER

Owner: SMITTELLI
Address: 114 HILLCREST TERR

Owner's interest in site of the improvement: RESIDENCE

Contractor: SCREENCO NORTH INC
Address: 3608 E. INDUSTRIAL WAY RIVIERA BEACH FL 33404

Surety (if any): N/A
Address: _____
Amount of Bond: _____

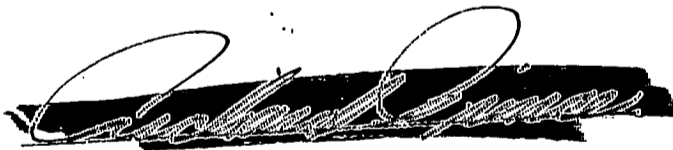
Lender: NA
Address: _____

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

Name: _____
Address: _____

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

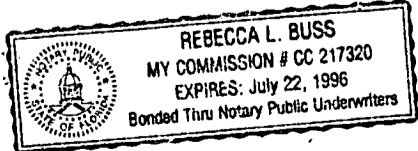
Name: _____
Address: _____



Sworn to and subscribed before me this 26th day
of April, 1994.

Rebecca L. Buss

(NOTARY SEAL)



I am a Notary Public of the
STATE OF FL AT LARGE, and
My Commission Expires:
7-22-96

DESCRIPTION

LOT 23, PLAT OF HILLCREST, AS RECORDED IN PLAT BOOK 10, PAGE 19, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA, SUBJECT TO ANY APPLICABLE EASEMENTS, RIGHTS-OF-WAY, OR OTHER RESTRICTIONS OF RECORD.

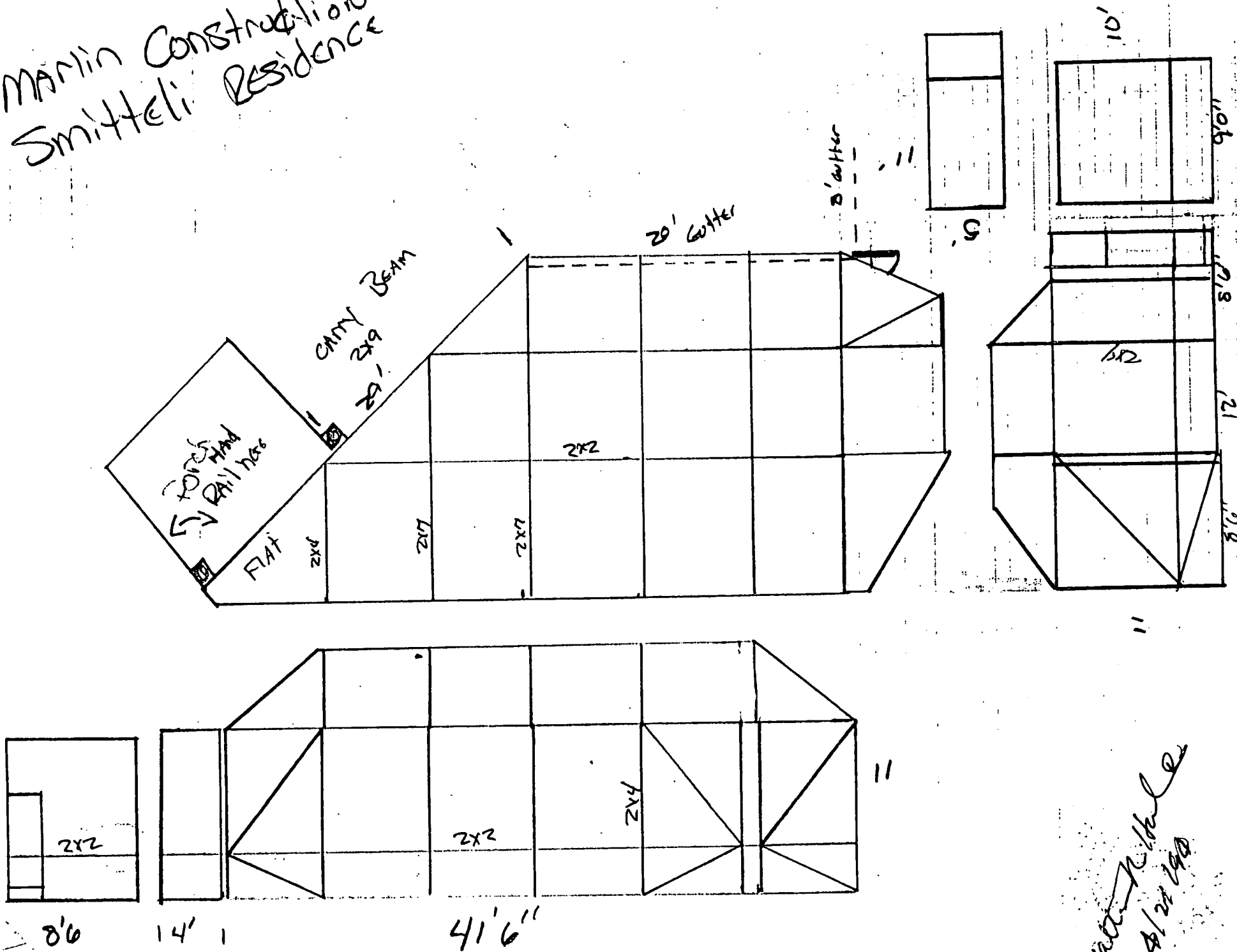
NOTES:

1. A SEARCH OF THE PUBLIC RECORDS HAS NOT BEEN MADE BY THIS OFFICE.
2. BEARINGS SHOWN HEREON REFER TO THE CENTERLINE OF HILLCREST TERRACE AS SHOWN ON THE PLAT OF RECORD.
3. ELEVATIONS SHOWN HEREON ARE RELATED TO N.G.V.D. OF 1929.
4. DESCRIPTION PROVIDED BY CLIENT OR CLIENT'S REPRESENTATIVE.
5. PROPERTY LIES IN FLOOD ZONE "C" AS SHOWN ON MAP NUMBER 120164 0002 C PRINTED 4/3/84.
6. CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL SITE PLAN INFORMATION PRIOR TO CONSTRUCTION.
7. THE GENERAL SLOPE OF THE PROPERTY, RECORDED EASEMENTS FROM THE RECORD PLAT, FILLED AREAS AND DRAINAGE FEATURES ARE AS SHOWN.
8. CENTRAL WATER.
9. CERTIFIED TO JOSEPH SMITELLI & TOWN OF SEWALL'S POINT.

VICINITY MAP



Martin Construction Smitteli Residence



Walter K. Kahl
4/21/90

ARBELA
PLAT BOOK 3, PAGE 29
PALM BEACH (NOW MARTIN) COUNTY

24

N 62°36'00" E 140.00'
10' U.E. & D.E. 35.63'

S 23°24'17" E 100.20'
(NON-RADIAL)
5' U.E. & D.E. 34.48'

21

N 16°00'00" W 147.77'
5' U.E. & D.E. 29.78'

16'
16'

29.78'

3.97' 9.33' 21.33'

4.40' 4.70' 5.50' 12.80'

FORMBOARDS

12.67' 12.33' 4.00' 24.00'

8.33' 4.87' 3.00' 18.00'

22.00' 15.08' 12.00'

32.49'

39.79'

14.00' 14.87' 24.67'

7' 10.75'

16.33'

10.00' 17.50'

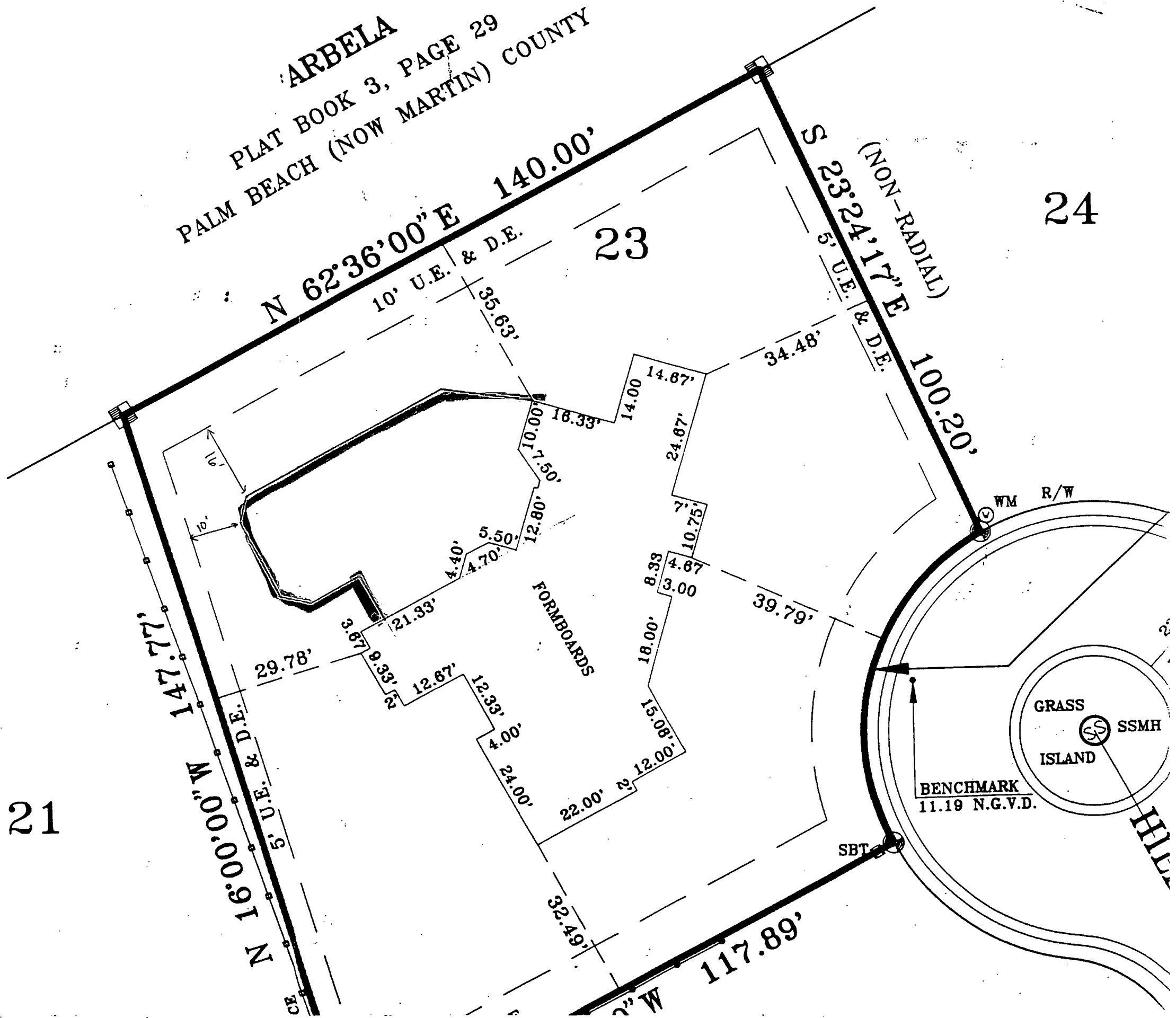
WM R/W

SBT

BENCHMARK
11.19 N.G.V.D.

GRASS ISLAND SSMH

HILL



8313

FENCE

TOWN OF SEWALL'S POINT

Date 7-12-06 BUILDING PERMIT NO. 8313
Building to be erected for Stabley Type of Permit Fence
Applied for by Treasure Coast Fence (Contractor) Building Fee _____
Subdivision Hillcrest Lot 23 Block _____ Radon Fee _____
Address 114 Hillcrest Ter Impact Fee _____
Type of structure SFR A/C Fee _____
Electrical Fee _____
Parcel Control Number: _____ Plumbing Fee _____
13841-014-000-0023-080000 Roofing Fee _____
Amount Paid \$30 Check # 2111 Cash _____ Other Fees (Fence) 30
Total Construction Cost \$ 6300 TOTAL Fees 30

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



MARTIN COUNTY BUILDING PERMIT

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

Permit Number: SP01 - 20060069
Permit Type: SEWALLS POINT
Date Issued: 03-JUL-06
Project:
Scope of Work: Fence (addition to and repair)

Applicant/Contact:	KASPEROWSKI, GARY A /	
Parcel Control Number:	01-38-41-014-000-0023.0-80000	
Subdivision:	HILLCREST (SEWALL'S PT)	
Construction Address:	114 SE HILLCREST TER	
Location Description:		
Owner Name:	STABLEY, JASON P & SARA S	
Prime Contractor:	KASPEROWSKI, GARY A 2340 SW DEEPWOOD PASS PALM CITY, FL 34990	TREASURE COAST FENCE, INC 772-286-6694 License No.: SP01861

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

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

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

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

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

INSPECTIONS

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

6099 Residential Final _____

RECEIVED
6-28-06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 6/26/2006 Permit Number: _____

OWNER/TITLEHOLDER NAME: Jason and Sara Stabley Phone (Day) 772-463-7064 (Fax) _____

Job Site Address: 114 Hillcrest Terrace City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Hillcrest Lot 23 Parcel Number: 0138 41 014 000 60230, 80000

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

Description of Work To Be Done: Fence (addition to + repair)

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 4,300.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Gary Kasprowski Phone: 772-286-6694 Fax: 772-283-4560

Street: 2340 SW Deepwood Pass City: Palm City State: FL Zip: 34990

State Registration Number: _____ State Certification Number: _____ Martin County License Number: 5P01861

SUBCONTRACTOR INFORMATION:

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

ARCHITECT _____ Lic.#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER _____ Lic.# _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Sara S. Stabley

State of Florida, County of: Martin
This the 26th day of June, 2006

by Sara S. Stabley who is personally known to me or produced FLDL# 5014-797-68-6230 as identification.

My Commission Expires: _____
VALERIE MEYER
MY COMMISSION # DD552119
EXPIRES: May 14, 2010

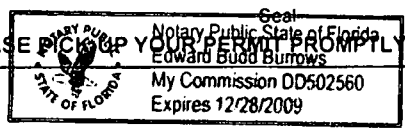
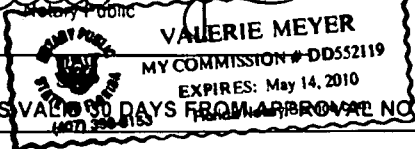
CONTRACTOR SIGNATURE (required)
Gary Kasprowski

On State of Florida, County of: MARTIN
This the 27th day of June, 2006

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

My Commission Expires: _____
Notary Public

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



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/03/2006

PRODUCER (772)546-5600 FAX (772)546-1008
Campbell-Wilson Ins. Agency
12892 SE Suzanne Drive
Hobe Sound, FL 33455 9747

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 Treasure Coast Fence, Inc.
2340 SW Deepwood Pass
Palm City, FL 34990 7710

INSURER A: Auto Owners Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:

#01 0613836

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	902312 20411544 06	03/02/2006	03/02/2007	EACH OCCURRENCE \$ 300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Liability plus				PERSONAL & ADV INJURY \$ 300,000
					GENERAL AGGREGATE \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 300,000
A	AUTOMOBILE LIABILITY	95 423 065 00	03/02/2006	03/02/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
A	GARAGE LIABILITY	NONE			AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS LIABILITY	NONE			EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NONE			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
State of Florida - Tennis court construction/fence I/S/R

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Town of Sewall's Point
1 S Sewalls Point Road
Sewalls Point, FL 34996

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

AUTHORIZED REPRESENTATIVE

Joanne Wilson/JO



Auto-Owners

Page 1

55040 (11/87)

Issued 01-17-2006

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

TAILORED PROTECTION POLICY DECLARATIONS

Renewal Effective 03-02-2006

AGENCY CAMPBELL-WILSON INSURANCE AGEN
12-0087-00 MKT TERR 068 (772) 546-5600
INSURED TREASURE COAST FENCE INC

POLICY NUMBER 902312-20411544-06

ADDRESS 2340 SW DEEPWOOD PASS
PALM CITY, FL 34990-7710

Company
Bill

POLICY TERM	
12:01 a.m.	12:01 a.m.
03-02-2006	to 03-02-2007

In consideration of payment of the premium shown below, this policy is renewed. Please attach this
Declarations and attachments to your policy. If you have any questions, please consult with your agent.

COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations)	\$300,000
Products-Completed Operations Aggregate Limit	300,000
Personal And Advertising Injury Limit	300,000
Each Occurrence Limit	300,000
Fire Damage Limit	100,000 Any One Fire
Medical Expense Limit	10,000 Any One Person

"General Aggregate Limit" shown above, is reinstated once per policy period at no
additional charge, in accordance with form 55050.

AUDIT TYPE: Annual Audit

FORMS THAT APPLY TO LIABILITY: 59350 (02-03) 55091 (01-89) 55068 (08-89)
 IL0021 (11-85) 55081 (08-88) 55029 (07-87) CG0001 (11-88) IL0017 (11-85)
 55050 (07-87) 55064 (07-87) CL175 (02-86) 55069 (01-88) CG0220 (07-92)
 55118 (08-91) CG2147 (09-89) 55137 (06-92) 55146 (07-96) 55157 (07-96)
 55145 (12-01) 55229 (01-02) 55209 (01-01)

LOCATION OF PREMISES YOU OWN, RENT OR OCCUPY

LOC 001 BLDG 001 2340 Sw Deepwood Pass
Palm City, FL 34990

TERRITORY: 006 COUNTY: Martin

Classification	Subline	Premium Basis	Rates	Premium
Commercial General Liability Plus Endorsement Included At 7% Of The Premises Operation Premium	Prem/Op	Prem/Op Prem Inc	Inc	Inc
Contractors - Subcontracted Work - In Connection With Construction, Reconstruction, Erection Or Repair - Not Buildings	Prem/Op Prod/Comp Op	Total Costs 50,000 50,000	Each 1000 .974 2.130	\$49.00 \$107.00
Fence Erection Contractors	Prem/Op Prod/Comp Op	Payroll 15,900 15,900	Each 1000 27.048 6.522	\$430.00 \$104.00



01-25-2006

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

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

**** CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 02/23/2006 ** EXPIRATION DATE: 02/23/2008

PERSON: KASPEROWSKI GARY

FEIN: 010613836

BUSINESS NAME AND ADDRESS: TREASURE COAST FENCE INC
2340 SW DEERWOOD PASS
PALM CITY FL 34990

SCOPE OF BUSINESS OR TRADE: 1- FENCE ERECTION


MEETS REISSUANCE REQUIREMENTS

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p>  <p>EFFECTIVE: 02/23/2006 ** EXPIRATION DATE: 02/23/2008</p> <p>PERSON: GARY KASPEROWSKI FEIN: 010613836</p> <p>BUSINESS NAME AND ADDRESS: TREASURE COAST FENCE INC 2340 SW DEERWOOD PASS PALM CITY, FL 34990</p> <p>SCOPE OF BUSINESS OR TRADE: 1- FENCE ERECTION</p>	<p style="writing-mode: vertical-rl; text-orientation: mixed;">F O L D H E R E</p> <p style="text-align: center;">IMPORTANT</p> <p>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.</p> <p style="text-align: right;">QUESTIONS? (850) 413-1609</p>
--	---

CUT HERE

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

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



Martin County Building Department

2401 SE Monterey Road

Stuart, FL 34996

(772) 288-5482

Fax (772) 288-5911

KASPEROWSKI, GARY A
TREASURE COAST FENCE, INC
2340 SW DEEPWOOD PASS
PALM CITY, FL 34990

NOTICE TO ALL CONTRACTORS

PLEASE BE ADVISED THAT MARTIN COUNTY, FLORIDA SECTION 43.42 REQUIRES COMPLIANCE WITH THE FOLLOWING EXERPT FROM THE GENERAL ORDINANCES OF THE MARTIN COUNTY CODE:

PROHIBITED ACTIVITIES:

43.42 R Advertising contracting work in any advertisement to the public in a newspaper or telephone directory without including in the advertisement the number of the contractor license issued to the person or business being advertised.

43.42 S Operating any commercial vehicle in the course of conducting the practice of contracting that fails to display the contractor license number of the contractor.

If you have any questions relating to the information in this letter , please contact the Martin County Contractor's Licensing Division of the Martin County Building Department.



**MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency**

FENCE ERECTION

License Number SP01861 Expires: 30-SEP-2007

KASPEROWSKI, GARY A
TREASURE COAST FENCE, INC
2340 SW DEEPWOOD PASS
PALM CITY, FL 34990

Prepared By: Steven McPherson
Fast Title, Inc.
32 E Osceola St., Suite A
Stuart, FL
incidental to the issuance of a title insurance policy.
File Number: 1010-sm-03
Parcel ID #: 01384101400000230
Grantee(s) SS #:

WARRANTY DEED

This WARRANTY DEED, dated 12/15/03 by Joseph J. Smitelli, a single man, individually and as Trustee of the Joseph J. Smitelli Revocable Trust of 1998 U/T/A 6/5/1998, whose post office address is: 114 Hillcrest Terr, Stuart, FL 34996 hereinafter called the GRANTOR, to Jason P. Stabley and Sara S. Stabley, his wife whose post office address is: 414 Winwood Dr., Willow Street, PA 17584 hereinafter called the GRANTEE:

(Wherever used herein the terms "Grantor" and "Grantee" include all parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations.)

WITNESSETH: That the GRANTOR, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the GRANTEE, all that certain land situate in Martin County, Florida, viz:

Lot 23, PLAT OF HILLCREST, according to the plat thereof, recorded in Plat Book 10, Page 39, Martin County, Florida public records

Subject to restrictions, reservations and easements of record, if any, and taxes subsequent to 2003.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

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

AND THE GRANTOR hereby covenants with said GRANTEE that except as above noted, the GRANTOR is lawfully seized of said land in fee simple; that the GRANTOR has good right and lawful authority to sell and convey said land; that the GRANTOR hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, GRANTOR has signed and sealed these presents the date set forth above.

SIGNED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

Signature: [Handwritten Signature]
Print Name: Joseph Philipponi

[Handwritten Signature]
Joseph J. Smitelli, Individually and
as Trustee U/T/A 6/5/1998

Signature: [Handwritten Signature]
Print Name: Gina Suorani

State of Florida
County of Martin

THE FOREGOING INSTRUMENT was sworn and acknowledged before me on 12/15/03 by: Joseph J. Smitelli, a single man, individually and as Trustee of the Joseph J. Smitelli Revocable Trust of 1998 U/T/A 6/5/1998, who is personally known to me or who has produced FL DEED UK as identification.

(Wherever used herein the terms "Grantor" and "Grantee" include all parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations.)

WITNESSETH: That the GRANTOR, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the GRANTEE, all that certain land situate in Martin County, Florida, viz:

Lot 23, PLAT OF HILLCREST, according to the plat thereof, recorded in Plat Book 10, Page 39, Martin County, Florida public records

Subject to restrictions, reservations and easements of record, if any, and taxes subsequent to 2003.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

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

AND THE GRANTOR hereby covenants with said GRANTEE that except as above noted, the GRANTOR is lawfully seized of said land in fee simple; that the GRANTOR has good right and lawful authority to sell and convey said land; that the GRANTOR hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, GRANTOR has signed and sealed these presents the date set forth above.

SIGNED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

Signature: *[Handwritten Signature]*
Print Name: Joseph Filippone

Signature: *[Handwritten Signature]*
Print Name: Joseph J. Smitelli, Individually and as Trustee U/T/A 6/5/1998

Signature: *[Handwritten Signature]*
Print Name: Gina S Volponi

State of Florida
County of Martin

THE FOREGOING INSTRUMENT was sworn and acknowledged before me on 12/15/03 by: Joseph J. Smitelli, a single man, individually and as Trustee of the Joseph J. Smitelli Revocable Trust of 1998 U/T/A 6/5/1998, who is personally known to me or who has produced FL DRIV LIC as identification.

Signature: *[Handwritten Signature]*
Print Name:



Gina S. Volponi
MY COMMISSION # DD019358 EXPIRES
July 6, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # ~~11870~~ ¹¹⁸⁷⁰ 01-38-41-014-000-00230.80000

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

Hillcrest, Lot 23 114 Hillcrest Terrace Stuart, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT:

X OWNER: Jason and Sara Stabley

ADDRESS: 114 Hillcrest Terrace Stuart, FL 34996

PHONE #: 772-463-7064 FAX #: _____

CONTRACTOR: Gary Kasperowski, Treasure Coast Fence Inc.

ADDRESS: 2340 SW Deepwood Pass Palm City, FL 34990

PHONE #: 772-286-6694 FAX #: 772-283-4560

SURETY COMPANY (IF ANY): _____

ADDRESS: _____ STATE OF FLORIDA
MARTIN COUNTY

PHONE #: _____ FAX #: _____

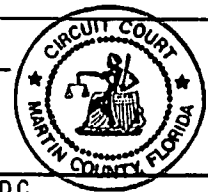
BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK



BY: [Signature] D.C.
DATE: 6/28/06

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

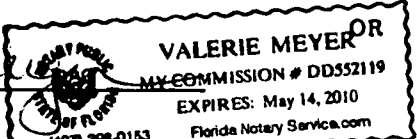
IN ADDITION TO HIMSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1XB), FLORIDA STATUTES.
PHONE #: _____ FAX #: _____

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

X [Signature: Sara S. Stabley]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 26TH DAY OF June 2006
BY SARA S. STABLEY

[Signature: Valerie Meyer]
NOTARY SIGNATURE



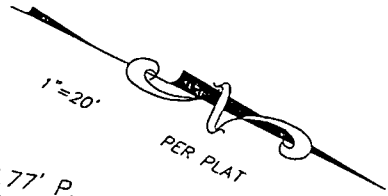
PERSONALLY KNOWN
PRODUCED ID
TYPE OF ID FLN# 5314-797-68-623

INST# 1943927 DR BK 02157 PG 0473 RECD 06/28/2006 10:37:12 A
Pg 0473: (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK 5 Phoenix

The original hereof received,
reviewed and approved this _____
day of _____, 20____

Sara S. Staley

LOT 21



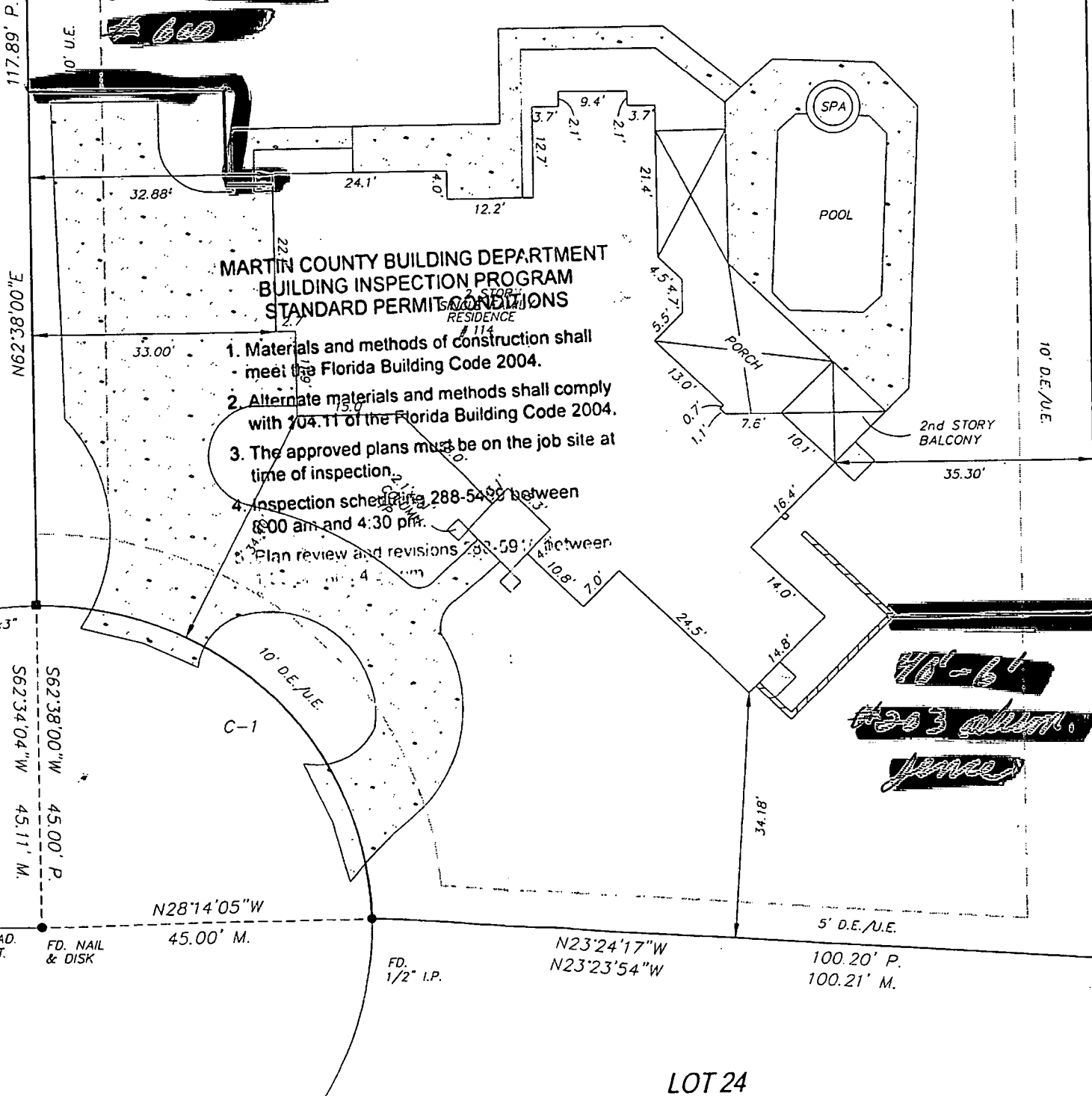
S16°00'00"E

5' D.E./U.E.

147.77' P.

~~50'-6' above fence~~ LOT 23

~~# 640~~



MARTIN COUNTY BUILDING DEPARTMENT
BUILDING INSPECTION PROGRAM
STANDARD PERMIT CONDITIONS

1. Materials and methods of construction shall meet the Florida Building Code 2004.
2. Alternate materials and methods shall comply with 704.11 of the Florida Building Code 2004.
3. The approved plans must be on the job site at time of inspection.
4. Inspection scheduling 288-5400 between 8:00 am and 4:30 pm.
Plan review and revisions 288-5911 between 8:00 am and 4:30 pm.

C-1

~~40'-6'~~
~~#203 above~~
~~fence~~

LOT 24

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TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-28, 2006 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0051	on 0058 go		PASS	
4	105 ABBIE CT. 3 TUSCAN			INSPECTOR: <i>[Signature]</i>
		DUPLICATION	PASS	
X	12 ADMIRAL WALK FOOTERS			INSPECTOR:
0071		FENCE	PASS	
7	114 HILLCREST TER			INSPECTOR: <i>[Signature]</i>
0071	CARLSON	TEAR POWER	PASS	
8	TUSCAN LANE NONI ESTATES LOT 20 283-2096 MASTERPIECE	FOOTERS	FAIL	INSPECTOR: <i>[Signature]</i>
		DUPLICATION	PASS	
X	23 RIDGE LANE			INSPECTOR:
0023		SHUTTERS	PASS	
10	108 N. S. P.R.			INSPECTOR: <i>[Signature]</i>
		CANCEL	PASS	
6	55 SEWALLS PT RD. CODE REQ.	287-2829		INSPECTOR: <i>[Signature]</i>
OTHER: <i>[Handwritten notes]</i>				

COWAN, ERIC G & GAIL M

100 HILLCREST DR, STUART, FL, 34996

Owners:

Permit Number: SP01 20060069 SEWALLS POINT **Entered:** 28-JUN-2006
Project: **Issued:** 03-JUL-2006
Status: DONE/COMPLETE

Proposed Development: Fence (addition to and repair)

Applicant: KASPEROWSKI, GARY A **Related Permit:** SP01 T71
Contractor: KASPEROWSKI, GARY A, TREASURE COAST FENCE, INC

Value: \$6,300.00 **Sqft.:** **Number Units:**

Parcel: 01-38-41-014-000-0023.0-80000 **Blk:** 000 **Lot:** 0023 **Subd:** HILLCREST (SEWALL'S PT)

Address: 114 SE HILLCREST TER

Owners: STABLEY, JASON P & SARA S 114 HILLCREST TER, STUART, FL, 34996

Permit Number: SP01 20060070 SEWALLS POINT **Entered:** 29-JUN-2006
Project: **Issued:** 03-JUL-2006

Status: OPEN

Proposed Development: 6' wood fence

Applicant: BALDWIN, SHANNON C **Related Permit:** SP01 T75
Contractor: BALDWIN, SHANNON C, AMERICAN FENCE CREATIONS INC

Value: \$1,440.00 **Sqft.:** **Number Units:**

Parcel: 26-37-41-015-000-0026.0-90000 **Blk:** 000 **Lot:** 0026 **Subd:** CASTLE HILL

Address: 1 PALAMA WAY

Owners: KARR, STEPHEN L 1 PALAMA WAY, STUART, FL, 34996

Permit Number: SP01 20060071 SEWALLS POINT **Entered:** 05-JUL-2006
Project: **Issued:** 06-JUL-2006

Status: DONE/COMPLETE

Proposed Development: Removing existing AC system and replacing with new

Applicant: WOLF, RICHARD F **Related Permit:** SP01 T77
Contractor: WOLF, RICHARD F, WOLF AIR COND & HEATING INC

Value: \$5,350.00 **Sqft.:** **Number Units:**

Parcel: 01-38-41-005-000-0001.0-50000 **Blk:** 000 **Lot:** 0001 **Subd:** EMARITA

Address: 45 SEWALLS POINT RD

Owners: ERB, CHERYL M 45 S SEWALLS POINT RD, STUART, FL, 34996

Permit Number: SP01 20060072 SEWALLS POINT **Entered:** 28-JUN-2006
Project: **Issued:** 06-JUL-2006

Status: OPEN

Proposed Development: REPLACE EXISTING DOUBLE FRENCH DOORS / FRAME WITH IMPACT GLASS UNIT

Applicant: NOHEJL, MICHAEL & JULIE **Related Permit:** SP01 T74
Contractor: OWNER, CONTACT OWNER

Value: \$1,800.00 **Sqft.:** **Number Units:**

Parcel: 13-38-41-002-000-0029.0-40000 **Blk:** 000 **Lot:** 0029 **Subd:** HIGH POINT

9154

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:	9154	DATE ISSUED:	MAY 6, 2009
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS:			
CONTRACTOR:	PHOENIX A/C		
PARCEL CONTROL NUMBER:	013841014-000-002308	SUBDIVISION	HILLCREST - LOT 23
CONSTRUCTION ADDRESS:	114 HILLCREST TERR		
OWNER NAME:	STABLEY		
QUALIFIER:	ANTHONY CASELLA	CONTACT PHONE NUMBER:	561-966-9995

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 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

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

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

RECEIVED

DATE: 5-6-09
TOWN OF SEWALL'S POINT

Town of Sewall's Point

Date: 5-4-09 BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: Stabley, Jason P & SARAS Phone (Day) 772-463-7064 (Fax) _____

Job Site Address: 114 Hillcrest Terr. City: Stuart State: FL Zip: 34996

Legal Description: Hillcrest Lot 23 Parcel Control Number: 01-38-41-014-000-00230-8

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

Scope of work (Please be specific): A/C Change out

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 3275.00
(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

OK

CONTRACTOR/Company: Phoenix Air Conditioning LLC Phone: 561-966-9995 Fax: 561-966-5499

Street: 3285 Lake Worth Rd K City: Palm Springs State: FL Zip: 33461

State License Number: CAC060358 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Claire Phone Number: 561-966-9995

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____

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

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): 2007 Edition
National Electrical Code: 2005 Florida Energy Code: 2007 Florida Accessibility Code: 2007 Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS; OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

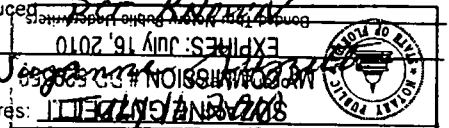
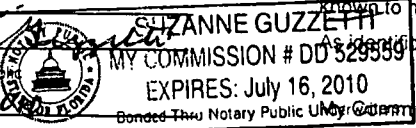
APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Sara Stabley
State of Florida, County of: Palm Beach
This the 5 day of MAY, 2009
by _____ who is personally

CONTRACTOR SIGNATURE: (required)
Anthony P Casella
On State of Florida, County of: Palm Beach
This the 4th day of MAY, 2009
by ANTHONY P CASELLA who is personally

known to me or produced as identification: Suzanne Guzzetti
Notary Public
My Commission Expires: July 16 2010

known to me or produced as identification: Dr. Anthony Casella
My Commission Expires: July 16 2010



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



Martin County, Florida

Laurel Kelly, C.F.A

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

Summary

print Owner 2 of 3

Parcel Info

Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-014-000-00230-8	114 HILLCREST TC	17870	Owner	0	1

Summary

Property Location 114 HILLCREST TC
Tax District 2200 Seawalls Point
Account # 17870
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.463

Legal Description
Property Information
 HILLCREST, LOT 23

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 STABLEY, JASON P & SARA S

Mail Information
 114 HILLCREST TER
 STUART FL 34996

Assessment Info
 Front Ft. 0.00

Market Land Value \$228,000
Market Impr Value \$475,060
Market Total Value \$703,060

Site Functions

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Recent Sale
 Sale Amount \$635,000

Sale Date 12/15/2003
Book/Page 1849 0298

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 5/3/2009



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

9-29

2009

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9247 156	Gilbert 29 Fieldway H Solar East	Final solar	Fail	INSPECTOR <i>[Signature]</i>
9154	114 Helcrest Ter Phoenix	Final AC	Pass	INSPECTOR <i>[Signature]</i>
8823 2nd	Sebastian 6W High Pt OB	Framing LAST FINAL	Pass Fail	INSPECTOR <i>[Signature]</i>
9261 10AM	Walcott 7 Ireland Flynn's AC	Final A/H	Pass	Close INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR

9516

**Repair Damaged Drywall, Door
& Trim in 3 Rooms**



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:	9516	DATE ISSUED:	JULY 21, 2010
SCOPE OF WORK:	REPAIR DAMAGED DRYWALL, DOORS & TRIM IN 3 ROOMS		
CONDITIONS :			
CONTRACTOR:	TEAM PARKS		
PARCEL CONTROL NUMBER:	013841-014-000-002308	SUBDIVISION	HILLCREST-LOT 23
CONSTRUCTION ADDRESS:	114 HILLCREST TERR		
OWNER NAME:	STABLEY		
QUALIFIER:	RYAN STROM	CONTACT PHONE NUMBER:	781-1616

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

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

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

REQUIRED INSPECTIONS

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

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

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: **9516**

Date: _____
OWNER/TITLEHOLDER NAME: DR. AND MRS. JASON STABLEY Phone (Day) _____ (Fax) _____

Job Site Address: 114 HILLCREST TERRACE City: STUART State: FL Zip: 34996

Legal Description _____ Parcel Control Number: _____

Owner Address (if different): 114 HILLCREST TERRACE City: STUART State: FL Zip: 34996

Scope of work (please be specific): REPAIR DAMAGED DRYWALL, DOORS AND TRIM IN 3 ROOMS

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: \$ 7,540.00
(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

CONTRACTOR/Company: TEAM PARKS, INC Phone: 772 781-1616 Fax: 772 781-0620

Street: 3481 SE WILLOUGHBY BLVD SUITE 102 City: STUART State: FL Zip: 34994

State License Number: OCB1254616 OR: Municipality: _____ License Number: _____

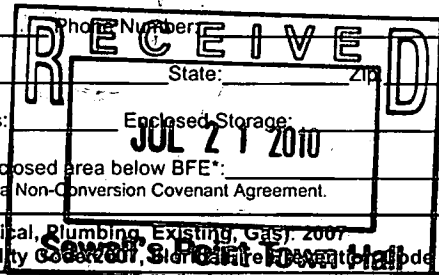
LOCAL CONTACT: TJ FREITAS Phone Number: 772-781-1616

DESIGN PROFESSIONAL: _____ Lic# _____

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

AREAS SQUARE FOOTAGE: Living: 150 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): 2007
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2001, Florida Building Code: 2007

NOTICES TO OWNERS AND CONTRACTORS:

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

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS 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 SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
[Signature]
State of Florida, County of: Martin
This the 21 day of July, 2010
by Jason Stabley who is personally
known to me or produced D.L.
as identification.

CONTRACTOR SIGNATURE: (required)
[Signature]
On State of Florida, County of: Martin
This the 21 day of July, 2010
by Ryan Strom who is personally
known to me or produced _____
as identification.

My Commission Expires: _____
Notary Public **DEBBIE B. SABIN**
MY COMMISSION # DD 875524
EXPIRES: May 30, 2013
Bonded Thru Notary Public Underwriters

My Commission Expires: _____
Notary Public **DEBBIE B. SABIN**
COMMISSION # DD 875524
EXPIRES: May 30, 2013
Bonded Thru Notary Public Underwriters

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



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

Site Provided by...
 governmax.com T1.13

Summary

Print | 1 | 1 | -/ -/ | Address
 1 of 1

Parcel Info

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-014-000-00230-8	114 HILLCREST TC	17870	Address	0	1

- Summary**
- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Summary
Property Location 114 HILLCREST TC
Tax District 2200 Sewall's Point
Account # 17870
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.463

Legal Description
Property Information
 HILLCREST, LOT 23

Search By

- Parcel ID
- Owner
- Address**
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 STABLEY, JASON P & SARA S

Mail Information
 114 HILLCREST TER
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$165,300
Market Impr Value \$417,960
Market Total Value \$583,260

Site Functions

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Recent Sale
Sale Amount \$635,000

Sale Date 12/15/2003
Book/Page 1849 0298

Print | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 4/29/2010



9514

NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

INSTR # 2225162 DR BK 02468 PG 0963 RECD 02/03/2010 11:14:27 AM
Pg 09637 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK

PERMIT #: _____ TAX FOLIO #: _____
STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):
114 Hillcrest Terr. Stuart, Fl. 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Repair damaged drywall, Door trim in 3 rooms.

OWNER NAME: Dr. & Mrs. Jason Stabley
ADDRESS: 114 Hillcrest Terrace Stuart, Fl. 34996
PHONE NUMBER: _____ FAX NUMBER: _____

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

CONTRACTOR: Team Parks, Inc.
ADDRESS: 3481 SE. Willoughby Blvd. Suite 102
PHONE NUMBER: 781-1616 FAX NUMBER: 781-0620

SURETY COMPANY (IF ANY): _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

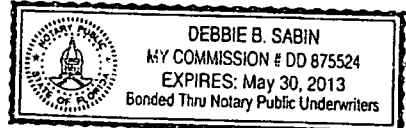
NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES:
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

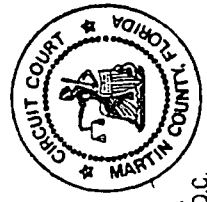
Sara S. Stabley
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER
SIGNATORY'S TITLE/OFFICE _____



THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 21 DAY OF July, 2010
BY: Sara Stabley AS _____ FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED
PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____
TYPE OF IDENTIFICATION PRODUCED _____
Debbie B. Sabin
NOTARY SIGNATURE/SEAL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

Sara S. Stabley
(Signature of Natural Person Signing Above)



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
Marsha Ewing
DATE 8-3-10

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

7-27

2010

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9479	AKRAWI 53 S SPT RD James Thomas	FOOTING + SLABS	Pass	INSPECTOR <i>[Signature]</i>
9455	WHITE 15 RIDGELAND RUSCANNY BAY	FRAMING & BRACES	FAIL	SMOKE DETS STRIPPING INSPECTOR <i>[Signature]</i>
9327	WOODS 32 E. HIGHWAY Capital	R. RUMP FLOOR STEEL	Pass	INSPECTOR <i>[Signature]</i>
9516	Stoney 114 HOWARD Team Parks	ROUGH	Pass	INSPECTOR <i>[Signature]</i>
9507	Sharfi 13 N Sewalls Mosley	COLUMNS	Pass	RENNIS BLDG INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **5-19-11** Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9181	Hardin	Final		
2 nd	27 Sliver Rd	Retaining wall	Pass	Close
	Station			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9298	Hardin	Final		
2 nd	275 Sliver Rd	Storage shed	Pass	Close
	Station			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9631	Hardin	Final		
2 nd	275 Sliver Rd	Basement remodel	Pass	Close
	Station			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9737	Stabley	Final DAC		
	114 Hillcrest Ter		Pass	Close
	Phoenix Air			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9516	Stabley	Final		
	114 Hillcrest Ter	air conditioning	Pass	Close
	ten m park			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9747	Schwartz	column steel		
1 st	70 N Sewalls		Pass	
	Driftwood			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9789	Woods	wall footer		
	32 E. High Pt		Pass	
	Capital Auto			INSPECTOR <i>JA</i>

9737

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:	9737	DATE ISSUED:	MARCH 10, 2011
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	PHOENIX AC		
PARCEL CONTROL NUMBER:	013841014-000-002308	SUBDIVISION	HILLCREST - LOT 23
CONSTRUCTION ADDRESS:	114 HILLCREST TERR		
OWNER NAME:	STABLEY		
QUALIFIER:	PAUL WELLER	CONTACT PHONE NUMBER:	561-966-9995

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

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

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

REQUIRED INSPECTIONS

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

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

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 3-8-11

Permit Number: 9737

OWNER/TITLEHOLDER NAME: Stabley, Jason P. + Susan S. Phone (Day) 772-463-7064 (Fax) _____

Job Site Address: 114 Hillcrest Ter. City: Stuart State: FL Zip: 34996

Legal Description: Hillcrest Lot 23 Parcel Control Number: 01-38-41-014-000-00230-8

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

SCOPE OF WORK (PLEASE BE SPECIFIC): A/C Change out 2 ton Trane 16 SEER Split w/5kw Heat

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO X

Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO X
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 3125.00
(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: Phoenix Air Conditioning LLC Phone: 561-966-9995 Fax: 561-966-5499

Qualifiers name: Paul F Weller Street: 3550 23rd AVE SW, #3 City: Lake Worth State: FL Zip: 33461

State License Number: CAC1816659 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Clare / Sue Phone Number: 561-966-9995

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

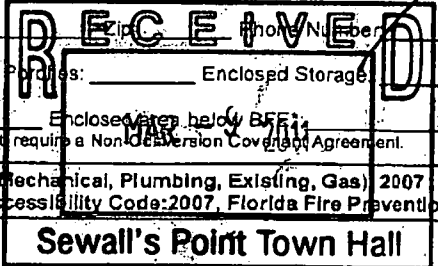
AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof: _____ Elevated Deck: _____ Enclosed area below BFF: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Deeversion Coverage Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas) 2007
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

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



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

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

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

Sara S. Stabley
State of Florida, County of: PAIM BEACH

On This the 8 day of MARCH SUZANNE GUZZETTI

by SARA STABLEY MY COMMISSION # DD 971763

known to me or produced DR. [Signature] EXPIRES: July 16, 2014

As identification. [Signature] Notary Public

My Commission Expires: 7-16-14

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)

Paul F. Weller
State of Florida, County of: PAIM BEACH

On This the 8 day of MARCH SUZANNE GUZZETTI

by PAUL F WELLER MY COMMISSION # DD 971763

known to me or produced [Signature] EXPIRES: July 16, 2014

As identification. [Signature] Notary Public

My Commission Expires: 7-16-14



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

Site Provided by...
governmentmax.com 1.11

Summary



Owner
1 of 3

Tabs

- Summary**
- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- Parcel Map →
- Trim Notice →

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
01-38-41-014-000-00230-8	17870	114 HILLCREST TERR, SEWALL'S POINT	\$559,730	3/5/2011 8

Searches

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Maps →

Owner Information

Owner(Current)	STABLEY JASON P & SARA S
Owner/Mail Address	114 HILLCREST TER STUART FL 34996
Sale Date	12/15/2003
Document Number	1715856
Document Reference No.	1849 0298
Sale Price	635000

Account #		Location/Description	
17870	Map Page No.	SP-03	
2200	Legal Description	HILLCREST, LOT 23	
Parcel Address	114 HILLCREST TERR, SEWALL'S POINT		
Acres	.4630		

Functions

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Parcel Type

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

Assessment Information

Market Land Value	\$207,000
Market Improvement Value	\$352,730
Market Total Value	\$559,730

Print Back to List First Previous Next Last

Legal Disclaimer / Privacy Statement





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

Air Conditioning Change out Affidavit

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Residential [X] Commercial _____
Split Sys. [X] Yes [X] No (Use Condenser side of form below for equipment listing)

Duct Replacement ___ Yes ___ No - Refrigerant line replacement ___ Yes [X] No
Flushing Existing Refrigerant lines [X] Yes ___ No - Adding Refrigerant Drier [X] Yes ___ No
Rooftop A/C Stand Installation ___ Yes [X] No - Curb Installation ___ Yes [X] No
Smoke Detector in Supply (over 2000 CFM) ___ Yes [X] No

One form required for each A/C system installed

AHRI # 4150904
Attached

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: TRANE Model# 4TR502481000A
Volts 240 CFM's _____ Heat Strip 5 Kw
Min. Circuit Amps _____ Wire gauge 10
Max. Breaker size 30 Min. Breaker size 30
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type 410A
Location: Existing [X] New _____
Attic/Garage/Closet (specify) walk-in closet
Access: _____

Condenser: Mfg TRANE Model# GAM570A18M115A
Volts 240 SEER/EER 16 BTU's 22,000
Min. Circuit Amps _____ Wire gauge 10
Max. Breaker size 15 Min. Breaker size 9
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type 410A
Location: Existing [X] New _____
Left/Right/Rear/Front/Roof _____
Condensate Location cond. unit - ground

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Carrier Model# FB4ANFO24000RA
Volts 240 CFM's _____ Heat Strip 5 Kw
Min. Circuit Amps _____ Wire gauge 10
Max. Breaker size 30 Min. Breaker size 30
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R22
Location: Ext. [X] New _____
Attic/Garage/Closet (specify) walk-in closet
Access: _____

Condenser: Mfg Carrier Model# 38BR024300A
Volts 240 SEER/EER 10 BTU's _____
Min. Circuit Amps _____ Wire gauge 10
Max. Breaker size 15 Min. Breaker size 9
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R22
Location: Ext. [X] New _____
Left/Right/Rear/Front/Roof _____
Condensate Location cond. unit ground

Certification:

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

Signature Paul J. Walker

Date 3/8/11



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011.

Certificate of Product Ratings

AHRI Certified Reference Number: 4150904

Date: 3/8/2011

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

Outdoor Unit Model Number: 4TTR3024E1

Indoor Unit Model Number: GAM5A0A18M11

Manufacturer: TRANE

Trade/Brand name: XR15

Manufacturer responsible for the rating of this system combination is TRANE

Rated as follows in accordance with AHRI Standard 210/240-2008 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): 22000

EER Rating (Cooling): 14.00

SEER Rating (Cooling): 16.75

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

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

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CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating,
and Refrigeration Institute

©2010 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.:

129440752365254870

Trane Quick Select

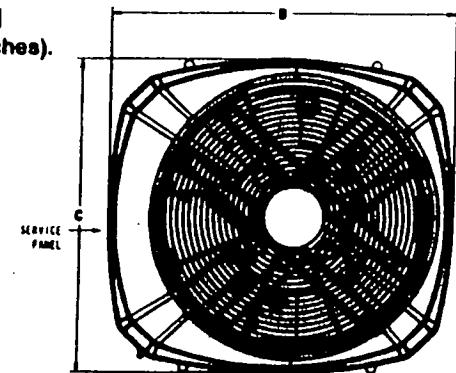
Single Phase Residential Condensing Unit Data

South Florida Trane Residential Solutions

MODELS	DIMENSIONS (INCHES)			COMPRESSOR			FACTORY INSTALLED START KIT?	ACCESSORY START KIT MODEL #	CRANKCASE HEATER	EXTREME CONDITIONS MOUNTING KIT	OD FAN MOTOR		SUCTION LINE	LIQUID LINE	MIN. BR. CIR. AMPACITY	MAX. PROTECTION (AMPS)	NET WEIGHT (LBS)	HAT	
	H	W	D	RLA	LRA	TYPE					HP	FLA							
	XR 15																		
4TTR5018E1000A	30	33	30	8.4	38.6	R	YES			BAYCCHT300	BAYECMT023	1/8	0.70	5/8	3/8	9	15	200	
4TTR5024E1000A	30	33	30	9.1	39.6	R	YES			BAYCCHT300	BAYECMT023	1/8	0.70	3/4	3/8	9	15	200	
4TTR5030E1000A	33	37	34	9.1	57.8	R	YES			BAYCCHT300	BAYECMT004	1/8	0.70	3/4	3/8	9	15	201	
4TTR5036E1000A	37	37	34	14.1	77.0	S	NO	BAYKSKT260		BAYCCHT302	BAYECMT004	1/5	1.10	3/4	3/8	12	20	234	
4TTR5042E1000A	41	37	34	17.9	112.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/5	1.10	7/8	3/8	19	30	228	
4TTR5048E1000A	45	37	34	19.9	109.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/5	1.10	7/8	3/8	23	40	272	
4TTR5060E1000A	45	37	34	28.4	134.0	S	YES			BAYCCHT301	BAYECMT004	1/5	1.10	7/8	3/8	26	45	282	
XR 15 NEW 4-6 TON Higher Efficiency Models July 2010																			
4TTR5048E1000A	45	37	34	19.9	109.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/3	2.80	7/8	3/8	28	45	267	
4TTR5061E1000A	45	37	34	28.8	152.8	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/3	2.80	1 1/8	3/8	39	60	275	

4TTR5 Outline Drawing
Note: All dimensions are in MM (Inches).

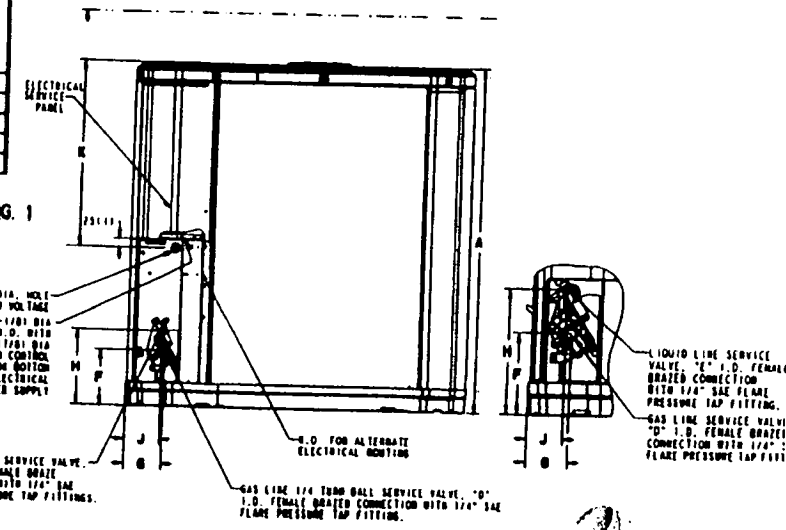
MODELS	BASE	A	B	C	D	E	F	G	H	J	K
4TTR5018E	3	730 (28-3/4)	829 (32-5/8)	756 (29-3/4)	5/8	3/8	127 (5)	76 (3)	197 (7-3/4)	57 (2-1/4)	508 (20)
4TTR5024E	3	730 (28-3/4)	829 (32-5/8)	756 (29-3/4)	3/4	3/8	127 (5)	76 (3)	197 (7-3/4)	57 (2-1/4)	508 (20)
4TTR5030E	4	841 (33-1/8)	948 (37-1/4)	870 (34-1/4)	3/4	3/8	152 (6)	98 (3-7/8)	219 (8-5/8)	86 (3-3/8)	508 (20)
4TTR5036E	4	943 (37-1/8)	948 (37-1/4)	870 (34-1/4)	3/4	3/8	152 (6)	98 (3-7/8)	219 (8-5/8)	86 (3-3/8)	508 (20)
4TTR5042E	4	1045 (41 1/8)	948 (37-1/4)	870 (34-1/4)	7/8	3/8	152 (6)	98 (3-7/8)	219 (8-5/8)	86 (3-3/8)	508 (20)
4TTR5048E	4	1147 (45 1/8)	948 (37-1/4)	870 (34-1/4)	7/8	3/8	152 (6)	98 (3-7/8)	219 (8-5/8)	86 (3-3/8)	508 (20)
4TTR5049E	4	1147 (45 1/8)	948 (37-1/4)	870 (34-1/4)	7/8	3/8	152 (6)	98 (3-7/8)	219 (8-5/8)	86 (3-3/8)	508 (20)
4TTR5060E	4	1147 (45 1/8)	948 (37-1/4)	870 (34-1/4)	7/8	3/8	152 (6)	98 (3-7/8)	219 (8-5/8)	86 (3-3/8)	508 (20)
4TTR5061E	4	1147 (45 1/8)	948 (37-1/4)	870 (34-1/4)	1-1/8	3/8	152 (6)	98 (3-7/8)	219 (8-5/8)	86 (3-3/8)	508 (20)



TOP DISCHARGE AREA SHOULD BE UNRESTRICTED FOR AT LEAST 1324 (43 FEET) ABOVE UNIT. UNIT SHOULD BE PLACED SO GOOD RUN-OFF WATER DOES NOT POUR DIRECTLY ON UNIT AND SHOULD BE AT LEAST 100 (33 FEET) FROM WALL AND ALL SURROUNDING SURVEYING ON TWO SIDES. OTHER TWO SIDES UNRESTRICTED.

ELECTRICAL AND REPAIR COMPONENT CLEARANCE PER PREVAILING CODES

MODEL	MANUFACTURER'S BASE LIMITED WARRANTY			MANUFACTURER'S REGISTERED LIMITED WARRANTY*			OPTIONAL LEGACY EXTENDED WARRANTY 10 YEAR P & L	OPTIONAL "LABOR PLUS" SYSTEM EXTENDED PARTS AND LABOR WARRANTY**	DIGITAL THERMOSTATS
	COMP	OD COIL	PARTS	COMP	OD COIL	PARTS			
4TTR5018-60	5	5	5	10	10	10	TAYWAR004	TAYWRR004	TCONT200AH11AA (Non-program.) TCONT600AF11MA (5 DAY Prog)
4TTR5061	5	5	5	10	10	10	TAYWAR004	TAYWRR004	TCONT800AB11AA (PROG. 7 DAY) TCONT402AKS3DA (NON-PROG) TCONT803AB32DA (PROG 7 DAY)



*Dual Compressors
R=Trane Rotoluff Reciprocating Compressor
S=Trane Climatuff Scroll Compressor

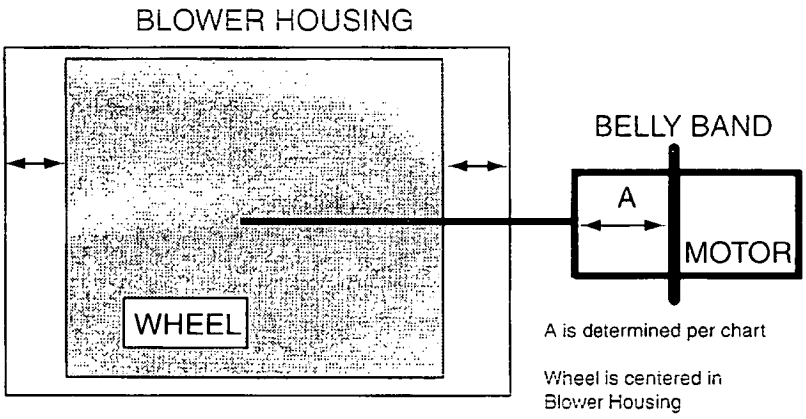
WIRING DATA

GAM5A0A18M11SA

Heater Model No.	No. of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	2.8*	4	15	-	-	2.8*	4	15
BAYEAAC05++	1	4.80	16400	20	29	30	3.60	12300	17.30	25	25
BAYEAAC08++	1	7.68	26200	32	44	45	5.76	19700	27.70	38	40
BAYEAAC10++	1	9.60	32800	40	54	60	7.20	24600	34.60	47	50

Note: * Motor Amps

DISTANCE FROM BELLY BAND TO SHAFT FACE OF MOTOR FOR MINIMUM VIBRATION



MODEL	DIM "A"
GAM5A0A18M11SA	1-1/8
GAM5A0A24M21SA	1-1/8
GAM5A0B30M21SA	1-1/8
GAM5A0B36M31SA	1-1/2
GAM5A0C42M31SA	1-1/2
GAM5A0C48M41SA	2-1/4
GAM5A0C60M51SA	2-1/4

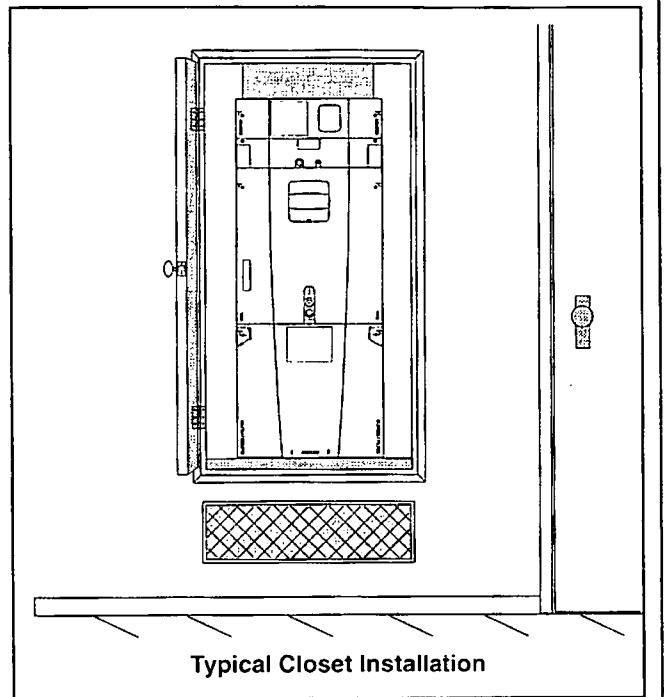
A is determined per chart
 Wheel is centered in Blower Housing

Section 7. Setting the Unit Vertical Installation

7.1 Considerations

Provide a minimum height of 14 inches for proper unrestricted airflow below the unit. Allow a minimum of 21 inches clearance in front of the air handler to permit maintenance and removal of filter.

- Position unit on suitable foundation. If a manufacturer approved accessory is not used, a frame strong enough to support the total weight of the unit, accessories, and duct work must be provided.
- Isolate unit from the foundation using a suitable isolating material.



7.2 Upflow Installation

TASB Installation

1. Assemble the TASB using the TASB's Installer Guide.

TASB accessories can be purchased from:

Miami Tech Inc.

3611 NW 74 Street

Miami, FL 33147

Phone: 800-339-2290

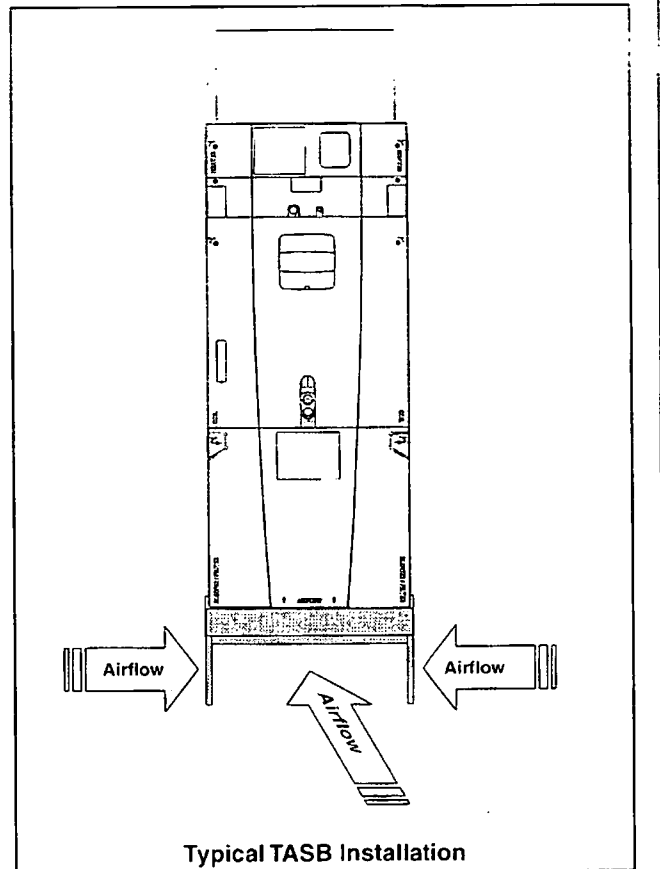
Fax: 305-693-6152

www.miamitech.com

TASB175 for use with 17.5" cabinets

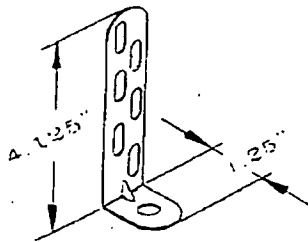
TASB215 for use with 21.5" cabinets

TASB235 for use with 23.5" cabinets



CUTD

FEATURES AND CONSTRUCTION



Material: Fabricated from cold-rolled galvanized steel as per ASTM A 653.

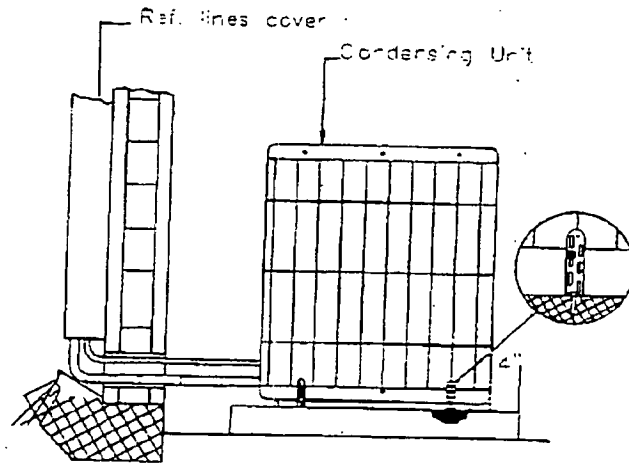
Gauge: 14 Gauge.

Options: Available bulk-packed.

Features: Peg board display package.
Meets or exceeds municipality codes.
Slat pattern designed for universal mount.

AVAILABLE SIZES

B	W	H	PACK QTY
1.25"	1"	4.125"	4



NOTE: ALL DRAWINGS SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.



MIAMI TECH INC.

3611 N.W. 74 St. Miami FL 33147

305-693-9395

C/U TIE DOWN

SPECIFICATION DATA SHEET

Drawn By: AV

Date: 10/20/02

Rev. No.

Rev. Date: 05/30/03

Approved By: ISI

Drawing No. CUTD:

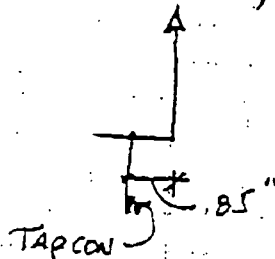
ALFREDO ARTEAGA JR. & ASSOCIATES INC.
ENGINEERING CONSULTANT
850 WEST 68TH ST.
HIALEAH, FLORIDA 33014-5235
305-828-7876 FAX 305-828-9556

JOB: Condensing Unit Tie
Down
SHEET NO: 1 OF 3
CALCULATIONS BY: AA
DATE: 9/1/02 SCALE:

MTI - Miami Tech Inc. - (Universal Condensing Unit Tie Down
clip)

- A) CAPACITY OF TAPCON 3/16" DIA IN CONCRETE PULLOUT
ACCEPTANCE No. 01-1003-G 1 3/4" EMBEDMENT = 354#
- B) CLIP DIMENSIONS 1" WIDE x .070" THICK GALV.
- C) DISTANCE TO TAPCON FOR BENDING = .85"
- D) STEEL 33KSC GALV

STRAP BENDING



CHECK

BY TAPCON CAPACITY 354# (.85") = 301#-10

NET WIDTH = 1" - (.875") = .125"

$\frac{301 \#}{6 (33000 \text{ psi})} = \frac{.125" (t)^2}{6} \quad t = .106"$

SINCE ACTUAL = .070" ADJUST FOR MAX. LOAD

$\frac{.6 (33000 \text{ psi}) (.125") (.070")^2}{6 (.85")} = P = 15.5 \#$

Reinforcing w/ 1/16" Galv. plate 1" x 1"

$t_{TOTAL} = .125" + .070" = .195"$

$\therefore \frac{.6 (33000 \text{ psi}) (.125") (.195")^2}{6 (.85)} = 120 \#$

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ALFREDO ARTEAGA JR. P.E.
FLA. REG. # 33070 DATE: 9/1/02

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 ENGINEERING CONSULTANT
 850 WEST 68TH ST.
 HIALEAH, FLORIDA 33014-5235
 305-828-7876 FAX 305-828-9556

JOB: Condensing Unit TR
Dawn
 SHEET NO: 2 OF 3
 CALCULATIONS BY: AR
 DATE: 9/10/02 SCALE:

Check Wind loads on A/C UNIT

DIMENSIONS 30" x 35" x 40"

UNIT PROFILE = 35" x 40"
 ASCE 7-98 CHAPTER C

$$q_z = .00256 K_z K_{zt} K_d V^2 I \quad \text{EQ. 6-13}$$

I = 1.0 V = 100 MPH K_d = 0.85 TAB 6.4 K_{zt} = 1.0
 K_z = .05 0-15' EXP C TAB 6.5

$$q_z = .00256 (.05)(1.0)(.85)(100)^2(1.0) = 39.4 \text{ psf}$$

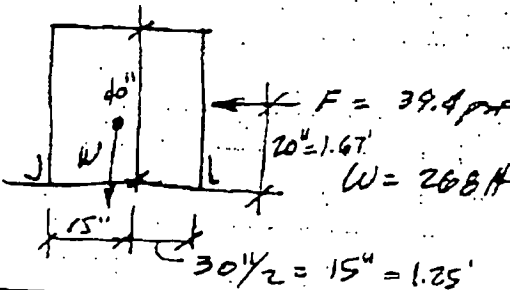
DESIGN PRESSURE OTHER STRUCTURES EQ. 6-20

$$F = q_z G C_p A_f$$

q_z = 39.4 psf C_p TAB 6-10 AS TANKS & SIM STRUCTURES

$$\frac{h}{D} = \frac{40''}{35''} = 1.14 \quad C_p = 1.3 \text{ interpolation}$$

$$G = 1.0 \quad A_f = 2.92' \times 3.33' = 9.72 \text{ FT}^2$$



$$F = 39.4 \text{ psf} (1.3) (9.72 \text{ FT}^2) = 498 \text{ LBS}$$

$$M_w = 498 \text{ LBS} (1.67) = 832 \text{ LBS-FT}$$

$$M_r = 268 \text{ LBS} (1.25) = 335 \text{ LBS-FT}$$

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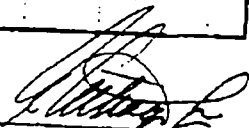
Alfredo Arteaga Jr.
 ALFREDO ARTEAGA JR. P.E.
 FLA. REG. # 33070. DATE: 9/10/02

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ENGINEERING CONSULTANT
850 WEST 68TH ST.
HIALEAH, FLORIDA 33014-5235
305-828-7876 FAX 305-828-9556

JOB: Condensing Unit Tie
Down
SHEET NO: 3 OF 3
CALCULATIONS BY: AA
DATE: 9/14/02 SCALE: _____

W/ 1.5 SAFETY FACTOR.
REQUIRED UPLIFT CONNECTION = 1.5 (372# FT) - 335# FT = 913 # FT.
 $\frac{913 \# \text{ FT}}{30"} = 30.4 \# \therefore$ ONE SPAN EA. SIDE.
Conclusion: Need 1- HIT - Miami Tech Inc. Tie down
EA. SIDE OF Condensing Unit 1- 3/16" dia
1 3/4" embedment into concrete slab

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FLA. REG. # 33070, DATE 9/14/02

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ENGINEERING CONSULTANT
850 WEST 68TH ST.
HIALEAH, FLORIDA 33014-5235
305-828-7876 FAX 305-828-9556

JOB: Addendum to Condensing
UNIT 716 Down (MTI)
SHEET NO: 1A OF 3
CALCULATIONS BY: AA
DATE: 12-14-10 SCALE:

A) DESIGN OF SCREW INTO STEEL

#10 SCREW $t_{\text{strap}} = .070"$

$t_{\text{STRAP}} = .125" \text{ MIN}$

#10 SCREW $d = .19"$
 $d_w = .3175"$

STRAP $F_u = 33 \text{ KSI}$

STEEL TUBULAR

STRAP $F_u = 46 \text{ KSI}$
IF ANGLES $F_u = 36 \text{ KSI}$

D) PULL OUT

$P_{\text{PULL OUT}} = .85 t_{\text{STRAP}} d F_u$

$= (.85 \times .125") (.190") (46 \text{ KSI}) = .928 \text{ KIPS}$

$OR = (.85 \times .125") (.190") (36 \text{ KSI}) = .726 \text{ KIPS}$

2) PULL OVER

$P_{\text{PULL OVER}} = 1.5 t d_w F_u$

$= 1.5 (.070") (.3175") (33 \text{ KSI}) = 1.1 \text{ KIPS}$

PULL OUT GOVERNS AT $.726 \text{ KIPS}$ w/ STEEL ANGLE STRUCTURE

ASD DESIGN STRENGTH

$\frac{P_n}{\Omega} = \frac{.726 \text{ KIPS}}{3.0} = .242 \text{ KIPS} = \underline{242 \#}$

3) TENSION IN SCREW

A #10 SCREW $T_n = 2.42 \text{ KIPS}$ $\Omega_c = 3.1$ $\phi_c = .68$

$V_n = 1.4 \text{ KIPS}$ $\Omega_v = 3.2$ $\phi_v = .47$

$T_n = 2.42 \text{ KIPS}$

$1.25 P_{\text{PULL OUT}} = 1.25 (.726 \#) = 907.5 \# < 2.42 \text{ KIPS} \therefore \underline{OK}$

ASD DESIGN

$\frac{T_n}{\Omega_c} = \frac{2.42 \text{ KIPS}}{3.1} = .781 \text{ KIPS}$

$\Omega_c = 3.1$

\therefore CONCLUSION 1) #10 SCREW CAPACITY IN TENSION = $\underline{242 \#} > 304 \#$

AS PER SHEET 3 OF 3 MAIN CALCULATIONS APPLIED.
2) USE OF $1/8"$ THICK STEEL ANGLE STRAP OR TUBULAR STRUCTURE IS ACCEPTABLE

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FLA. REG. # 33070, DATE: 12/14/10

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 ENGINEERING CONSULTANT
 850 WEST 68TH ST.
 HIALEAH, FLORIDA 33014-5235
 305-828-7876 FAX 305-828-9556

JOB: Addendum to Condensing Unit RE DOWN (MTI)
 SHEET NO: 2A OF 3
 CALCULATIONS BY: AA
 DATE: 12-16-08 SCALE: _____

3) REINFORCING OR STRAP BY A 1x1x1/8 STEEL ANGLE REQUIRED AT ALL STRAP POINTS.

B) DESIGN OF SCREW INTO ALUMINUM

ALUMINUM MANUAL SEC. 5.3.2 REQUIRED THAT A WASHER W/ OUTSIDE DIAMETER $D_w > 7/16"$ BE USED

PULL OUT FORCE P_{POUT} SEC. 5.3.2.1
 USING 1/8" THICK STRUCTURE AS A BASE

$$P_{POUT} = K_s D t_c F_{ty} = (1.01)(.25")(.625")(23KSI) = .726 KIPS = \underline{726\#}$$

PULL OVER FORCE P_{POV} PER SEC. 5.3.2.2

$$P_{POV} = C_t F_{tu} (D_w - D_h) = (1.0)(.07")(33KSI)(.5" - .25") = .577 KIPS = \underline{577\#}$$

P_{POUT} LESSER OR P_{POV} OR P_{POV}


$$\therefore P_{AT} = \underline{577\#}$$

$$P_{AT} = \frac{P_{POV}}{3.0} = \frac{577\#}{3.0} = 192.3\# \text{ ALLOWABLE TENSION}$$

STILL > 30.4# APPLIED

∴ CONCLUSION: 1) USING A 1/4" DIA SCREW SELF TAPPING 7015-T73 ALUMINUM ALLOY JOINING A ALUMINUM BASE W/ 3003-H14 AS A MINIMUM ALLOY IS OK
 6063 T6 F_{ty} = 25KSI < 23KSI USED
 2) OPTIMAL 1/4" DIA. STAINLESS STEEL SCREW

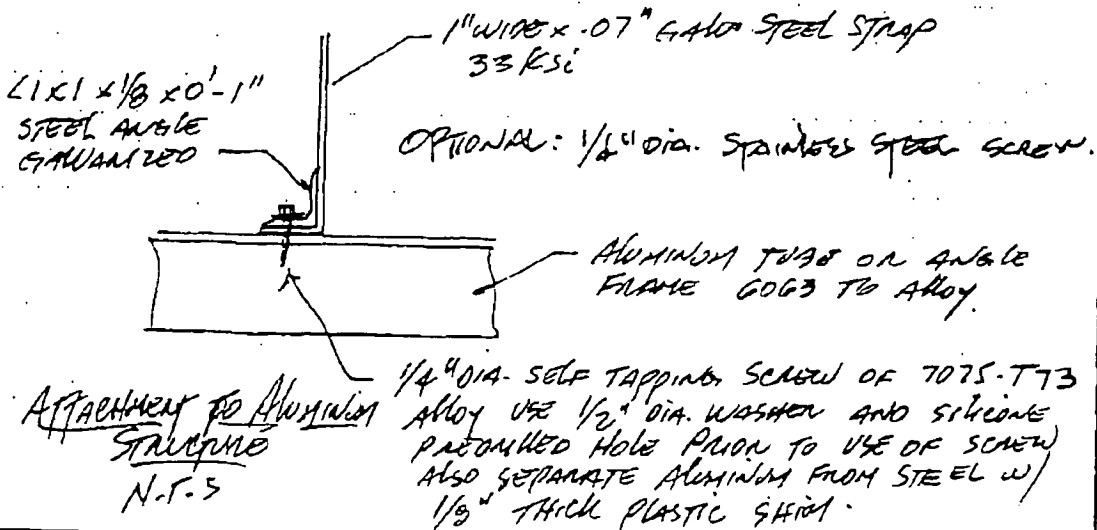
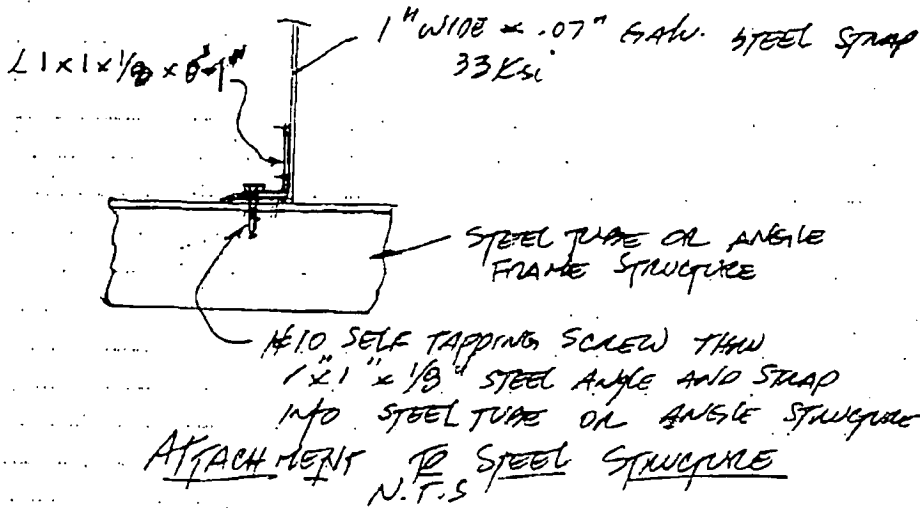
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 FLA. REG. # 35070, DATE: 12/16/08

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ENGINEERING CONSULTANT
850 WEST 68TH ST.
HIALEAH, FLORIDA 33014-5235
305-828-7876 FAX 305-828-9556

JOB: ADDENDUM TO CONDENSING
UNIT TIE (RAIN (MTI))
SHEET NO: 3A OF 3
CALCULATIONS BY: AA
DATE: 12/12/10 SCALE: _____

*DETAILS FOR ATTACHMENT TO STEEL
OR ALUMINUM STRUCTURE*



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Alfredo Arteaga Jr.
ALFREDO ARTEAGA JR. P.E.
FLA. REG. # 33070, DATE: 12/12/10

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **5-19-11** Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9181	Hardin	Final		
2nd	27 Sliver Rd	Retaining wall	Pass	Close
	Station			INSPECTOR <i>JA</i>
9298	Hardin	Final		
2nd	275 Sliver Rd	Storage shed	Pass	Close
	Station			INSPECTOR <i>JA</i>
9631	Hardin	Final		
2nd	275 Sliver Rd	Basement remodel	Pass	Close
	Station			INSPECTOR <i>JA</i>
9181	Hardin	Final	Pass	Close
2nd	275 Sliver Rd	Basement remodel	Pass	Close
	Station			INSPECTOR <i>JA</i>
9181	Hardin	Final	Pass	Close
2nd	275 Sliver Rd	Basement remodel	Pass	Close
	Station			INSPECTOR <i>JA</i>
9516	Stabley	Final		
	114 Hillcrest Ter	drywall	Pass	Close
	ten parks	door trim		INSPECTOR <i>JA</i>
9747	Schwartz	column steel		
1st	70 N Sewalls		Pass	
	Driftwood			INSPECTOR <i>JA</i>
9789	Woods	wall footer		
	32 E High Pt		Pass	
	Capital Auto			INSPECTOR <i>JA</i>

10774

Addition



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:	10774	DATE ISSUED:	02/19/2014
SCOPE OF WORK:	ADDITION TO SINGLE FAMILY RESIDENCE		
CONTRACTOR:	GLENMARK HOMES, INC.		
PARCEL CONTROL NUMBER:	013841014000002308	SUBDIVISION	HILLCREST LOT 23
CONSTRUCTION ADDRESS:	114 HILLCREST TERRACE		
OWNER NAME:	JASON P STABLEY		
QUALIFIER:	GLEN HUTCHINS	CONTACT PHONE NUMBER:	772 225-7010

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10774
ADDRESS	114 HILLCREST TERRACE
DATE 02/19/2014	SCOPE OF WORK ADDITION TO SINGLE FAMILY HOME

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	75,000.00
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)	s.f.		88,877.50
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)	s.f.		
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.		\$	
Total Construction Value:		\$	88,877.50
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$100 per insp.)			888.77
Total number of inspections (Value < \$200K)@\$100ea	12	\$	1,200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	31.33
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	31.33
Road impact assessment: (.04% of construction value - \$5 min.)			35.55
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	2,186.98

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

*Pa 2/21/14
 CK 7091*

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: 10774

Date: 1/30/14

OWNER/LESSEE NAME: DA JASON STABLEY Phone (Day) 214-7492 (Fax)

Job Site Address: 104 HILLCREST TR City: SEWALLS PT State: FL Zip: 34896

Legal Description: HILLCREST, LOT - 23, SP-03 Parcel Control Number: 01-38-41-014-000-00 230-8

Fee Simple Holder Name: Address:

City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): ADDITION.

SEE ATTACHED

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: \$ 25,000 - 18,877.50

(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change)

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: GLENMARK HOMES INC Phone: 225-7010 Fax: 225-7010

Qualifiers name: GLEN HUTCHINS Street: P.O. BOX 654 City: STUART State: FL Zip: 34995

State License Number: CBC056057 OR: Municipality: License Number:

LOCAL CONTACT: GLEN HUTCHINS Phone Number: 341-2250

DESIGN PROFESSIONAL: GARY POWELL Fla. License#

Street: 76 SILVER DR City: SEWALLS PT State: FL Zip: 34896 Phone Number: 223-1755

AREAS SQUARE FOOTAGE: Living: 780 Garage: Covered Patios/ Porches: Enclosed Storage:

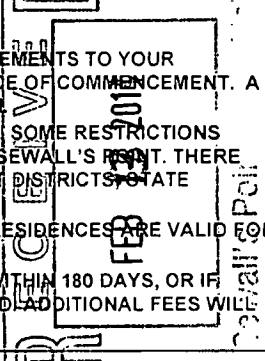
Carport: Total under Roof Elevated Deck: Enclosed area below BFE:

* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

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



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

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

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:

X [Signature]

State of Florida, County of: Martin

On This the 30 day of January, 2014

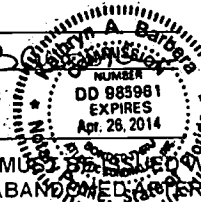
by Jason P. Stabley who is personally

known to me or produced FL D.L.

As identification, [Signature]

Notary Public

My Commission Expires:



CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X [Signature]

State of Florida, County of: Martin

On This the 7 day of February, 2014

by Glen Hutchins who is personally

known to me or produced FL D.L.

As identification, [Signature]

Notary Public

STATE OF FLORIDA

Commission Expires

Comm# EE13449

3.18.14

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 180 DAYS OF APPROVAL. NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



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

Handwritten calculation:

$$\begin{array}{r} 730 \\ \times 121.75 \\ \hline 88,877.50 \end{array}$$

IMPORTANT NOTICE

MINIMUM CONSTRUCTION VALUE DETERMINATION METHOD

FEBURARY 2011

THE BUILDING DEPARTMENT COLLECTS PERMIT FEES BASED ON DECLARED CONSTRUCTION VALUE. IN ORDER TO STANDARDIZE THESE VALUES, THE METHOD USED TO DETERMINE THE MINIMUM VALUES WILL BE AN AVERAGE CALCULATION OF THE INTERNATIONAL CODE COUNCIL GUIDELINES EFFECTIVE FEBRUARY 2011. ANY UPDATES TO THIS METHOD WILL BE BASED ON FUTURE VERSIONS OF THE CODE AND THESE GUIDELINES.

SINCE THESE CALCULATIONS ARE BASED ON THE NINE CONSTRUCTION TYPES FOR RESIDENTIAL AND COMMERCIAL BUILDINGS AND THEIR OCCUPANCIES, IT IS NECESSARY FOR THE BUILDING DEPARTMENT TO STREAMLINE THIS PROCESS FOR RESIDENTIAL APPLICATIONS. COMMERCIAL APPLICATIONS HOWEVER, WILL NOT BE AVERAGED AND BASED ON ACTUAL CONSTRUCTION TYPES AND OCCUPANCY.

USING THE AVERAGE OF THE SIX CONSTRUCTION TYPE VALUES, ALL RESIDENTIAL PERMIT FEES ARE TO BE BASED ON THE FOLLOWING MINIMUM VALUES:

1. SINGLE FAMILY ~~NEW CONSTRUCTION VALUE (AIR CONDITIONED SPACE) \$121.75/SQ. FT.~~
2. SINGLE FAMILY GARAGE, PORCHS, ETC. (UNCONDITIONED SPACE) \$59.81/SQ. FT.
3. COMPLETE REMODEL/GUT OF CONDITIONED SPACE \$59.81/SQ. FT.
4. COMPLETE REMODEL/GUT INCLUDING NEW TRUSSES \$90.78/ SQ. FT.
5. SINGLE FAMILY HOMES IN THE FLOOD HAZARD AREA ARE ASSESSED WITH A MULTIPLIER TO REFLECT INCREASED CONSTRUCTION COSTS (VE-ZONE x 1.15, AE-ZONE x 1.07)

ANY APPLICATIONS NOT COMPLYING WITH THE ABOVE FORMULA MUST BE ACCOMPANIED BY VERIFIABLE DATA TO JUSTIFY LOWER CONSTRUCTION VALUES. ALL OTHER APPLICATIONS BELOW THE MINIMUM WILL BE ADJUSTED BY THE BUILDING DEPARTMENT PRIOR TO PERMIT ISSUANCE.

THE INFORMATION USED FOR THE BASIS OF VALUE DETERMINATION IS AVAILABLE AT <http://www.iccsafe.org/cs/techservices>. A COPY OF THIS DOCUMENT IS ALSO AVAILABLE AT TOWN HALL.

JOHN R. ADAMS
 BUILDING OFFICIAL

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 2/18/2014 9:50:41 AM EST
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-014-000-00230-8	17870	114 HILLCREST TERR, SEWALL'S POINT	\$548,430	2/15/2014

Owner Information

Owner(Current)	STABLEY JASON P & SARA S
Owner/Mail Address	114 HILLCREST TER STUART FL 34996
Sale Date	12/15/2003
Document Book/Page	1849 0298
Document No.	1715856
Sale Price	635000

Location/Description

Account #	17870	Map Page No.	SP-03
Tax District	2200	Legal Description	HILLCREST, LOT 23
Parcel Address	114 HILLCREST TERR, SEWALL'S POINT		
Acres	.4630		

Parcel Type

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

Assessment Information

Market Land Value	\$180,000
Market Improvement Value	\$368,430
Market Total Value	\$548,430



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

SUBCONTRACTORS LIST
 RESIDENTIAL, ADDITIONS, COMMERCIAL

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

APPLICANT'S NAME GLENMARK HOMES INC BLDG. PERMIT # _____

MAILING ADDRESS: 114 HILLCREST AVE, SEWALLS PT, FLA,

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION. USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. (NOT OCCUPATIONAL LICENSE NUMBERS)

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH	GLENMARK HOMES INC	CBC-056057
BM	BLOCK MASON	OCEANSIDE MASONRY	CGC1506132
CB	COLUMNS & BEAMS	GLENMARK HOMES INC	CBC-056057
CA	CARPENTRY ROUGH	" "	" "
GD	GARAGE DOOR	_____	
DH	DRYWALL - HANG	GLENMARK HOMES INC	CBC-056057
DF	- FINISH		
IN	INSULATION	DAVIDSON	MCIN00375
LA	LATHING	PALM CITY PLASTERING	MCP5003049
FI	FIREPLACE	_____	_____
PAV	PAVERS	_____	_____
AL	ALUMINUM	_____	_____
LP	LP GAS	_____	_____
PAV	PAINTING	MES PAINTING	PTG-4725
PL	PLASTER & STUCCO	PALM CITY PLASTERING	mcp5003049
ST	STAIRS & RAILS	_____	_____
RO	ROOFING	ALL AMERICAN	CCC-1329384
TM	TILE & MARBLE	GLENMARK HOMES	CBC-056057
WD	WINDOWS & DOORS	" "	" "
PLU	* PLUMBING	MASTER PLUMBING	CFC 1428579
AC	* HARV	ST LUCIE HEATING & AIR	CAC 1815179
EL	* ELECTRICAL	PNO CONTROL	MCM E 5876



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

AL	* LOW VOLTAGE BURGLAR ALARM		
VS	VACUUM SOUND	_____	_____
IR	* IRRIGATION	_____	_____
SH	SHUTTERS	_____	_____

* REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

[Signature]

SIGNATURE OF CONTRACTOR
(OR OWNER BUILDER IF APPLICABLE)

STATE OF Florida
 COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this 7 day
 of February 20 14

[Signature]
 NOTARY PUBLIC

MY COMMISSION EXPIRES: 3-18-14



KIMBERLY A. WALKER
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# EE134449
 Expires 3/18/2014



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

CONTRACTOR OR OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT

Date: 1/30/14 Building Permit # _____

Site Address: 114 HILLCREST TER, SEWALLS PT, FL., 34996.

FBC 104.1.10 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

(1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.

(2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.

(b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.

(3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)

Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

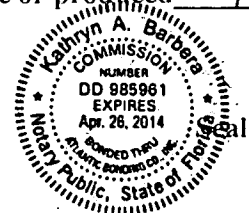
Contractor or Owner/Builder Signature [Signature]

Subscribed and sworn to before me this 30 day of January, 2014, personally appeared

Jason P. Stabley who is personally known to me or produced FL D.C. as

identification, and who did/did not take an oath.

Notary Public Signature [Signature]



NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: _____ TAX FOLIO #: 01-38-41-014-000-00230-8

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):

HILLCREST, LOT-23, SP-03

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY

GENERAL DESCRIPTION OF IMPROVEMENT: ADDITION

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT

NAME: DR. JASON STABLEY
ADDRESS: 114 HILLCREST TER, SEWALLS PT, FL., 34996
PHONE NUMBER: _____ FAX NUMBER: _____
INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: GLENMARE HOMES INC. / GLEN HUTCHINS
ADDRESS: P.O. BOX 654, STUART FL., 34995
PHONE NUMBER: 225-7010 FAX NUMBER: 225-7010

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY:

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

PHONE NUMBER: _____ FAX NUMBER: _____ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

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

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

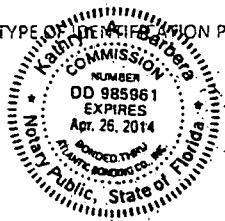
SIGNATORY'S TITLE/OFFICE _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 30 DAY OF January 20 14

BY: Jason P. Stabley AS owner FOR PARTY ON BEHALF OF WHOM INSTRUMENT

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED FL D.L.

NOTARY SIGNATURE/ SEAL



STATE OF FLORIDA MARTIN COUNTY THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS/A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE. CAROLYN TIMMANN, CLERK BY DATE 2-10-14 D.C.

INSR # 2439538 DR BK 2701 PG 2323 RECD 02/10/2014 08:36:19 AM
CAROLYN TIMMANN MARTIN COUNTY CLERK
DEED DOC \$0.00, NITG DOC \$0.00, INTANGIBLE \$0.00

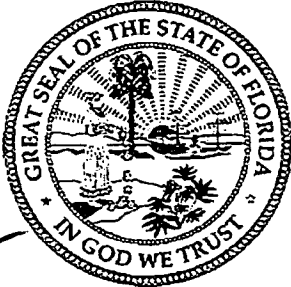
FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: STABLEY ADDITION Street: 114 HILLCREST TERRACE City, State, Zip: SEWALLS POINT , FL , Owner: Design Location: FL, West Palm Beach	Builder Name: Permit Office: Permit Number: Jurisdiction:
--	--

<table style="width:100%;"> <tr> <td>1. New construction or existing</td> <td style="text-align: right;">Addition</td> </tr> <tr> <td>2. Single family or multiple family</td> <td style="text-align: right;">Single-family</td> </tr> <tr> <td>3. Number of units, if multiple family</td> <td style="text-align: right;">1</td> </tr> <tr> <td>4. Number of Bedrooms(Bedrms In Addition)</td> <td style="text-align: right;">1(1)</td> </tr> <tr> <td>5. Is this a worst case?</td> <td style="text-align: right;">No</td> </tr> <tr> <td>6. Conditioned floor area above grade (ft²)</td> <td style="text-align: right;">678</td> </tr> <tr> <td> Conditioned floor area below grade (ft²)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>7. Windows(85.0 sqft.)</td> <td style="text-align: right;">Description</td> <td style="text-align: right;">Area</td> </tr> <tr> <td> a. 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Glass/Floor Area: 0.125	Total Proposed Modified Loads: 17.68	PASS
	Total Standard Reference Loads: 22.52	

<p>I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.</p> <p>PREPARED BY: <u><i>[Signature]</i></u> DATE: <u>2/10/2014</u></p> <p>I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.</p> <p>OWNER/AGENT: _____ DATE: _____</p>	<p>Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.</p> <div style="text-align: right;">  </div> <p>BUILDING OFFICIAL: <u><i>[Signature]</i></u> DATE: <u>2-10-14</u></p>
--	---

- Compliance requires certification by the air handler unit manufacturer that the air handler enclosure qualifies as certified factory-sealed in accordance with 403.2.2.1.1.
- Compliance requires completion of a Florida Air Barrier and Insulation Inspection Checklist

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

PROJECT

Title:	STABLEY ADDITION	Bedrooms:	1	Address Type:	Street Address
Building Type:	User	Conditioned Area:	678	Lot #	
Owner:		Total Stories:	1	Block/SubDivision:	
# of Units:	1	Worst Case:	No	PlatBook:	
Builder Name:		Rotate Angle:	45	Street:	114 HILLCREST TERR
Permit Office:		Cross Ventilation:		County:	Martin
Jurisdiction:		Whole House Fan:		City, State, Zip:	SEWALLS POINT , FL ,
Family Type:	Single-family				
New/Existing:	Addition				
Comment:					

CLIMATE

✓	Design Location	TMY Site	IECC Zone	Design Temp		Int Design Temp		Heating Degree Days	Design Moisture	Daily Temp Range
				97.5 %	2.5 %	Winter	Summer			
_____	FL, West Palm Beach	FL_WEST_PALM_BEAC	2	44	90	70	75	316	60	Medium

BLOCKS

Number	Name	Area	Volume
1	Block1	678	6780

SPACES

Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Infil ID	Finished	Cooled	Heated
1	Main	678	6780	No	4	1	1	Yes	Yes	Yes

FLOORS

✓	#	Floor Type	Space	Perimeter	R-Value	Area	Tile	Wood	Carpet	
_____	1	Slab-On-Grade Edge Insulatio	Main	84 ft	0	678 ft²	---	0	0	1

ROOF

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	SA Tested	Emitt Tested	Deck Insul.	Pitch (deg)	
_____	1	Hip	Composition shingles	734 ft²	0 ft²	Light	0.96	No	0.9	No	0	22.6

ATTIC

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Partial cathedral cei	Vented	300	678 ft²	N	N

CEILING

✓	#	Ceiling Type	Space	R-Value	Area	Framing Frac	Truss Type
_____	1	Under Attic (Vented)	Main	30	678 ft²	0.11	Wood

WALLS

✓ #	Omt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft In	Height Ft In	Area	Sheathing R-Value	Framing Fraction	Solar Absor	Below Grade%
1	N=>NE	Exterior	Concrete Block - Int Insul	Main	4.0999	19	10	190.0 ft²		0	0.35	0
2	NE=>E	Exterior	Concrete Block - Int Insul	Main	4.0999	17	10	170.0 ft²		0	0.35	0
3	E=>SE	Exterior	Concrete Block - Int Insul	Main	4.0999	22	10	220.0 ft²		0	0.35	0
4	SE=>S	Exterior	Concrete Block - Int Insul	Main	4.0999	4	10	40.0 ft²		0	0.35	0
5	S=>SW	Exterior	Concrete Block - Int Insul	Main	4.0999	12	10	120.0 ft²		0	0.35	0
6	W=>NW	Exterior	Concrete Block - Int Insul	Main	4.0999	14	10	140.0 ft²		0	0.35	0

DOORS

✓ #	Omt	Door Type	Space	Storms	U-Value	Width Ft In	Height Ft In	Area
1	W=>NW	Insulated	Main	None	.46	3	8	24 ft²

WINDOWS

Orientation shown is the entered orientation (=>) changed to As Built (rotated 45 degrees).

✓ #	Omt	Wall ID	Frame	Panes	NFRC	U-Factor	SHGC	Area	Overhang Depth	Overhang Separation	Int Shade	Screening
1	N=>NE	1	Metal	Single (Tinted)	Yes	0.96	0.5	40.0 ft²	2 ft 0 in	1 ft 0 in	None	None
2	E=>SE	3	Metal	Single (Tinted)	Yes	0.96	0.5	15.0 ft²	2 ft 0 in	1 ft 0 in	None	None
3	S=>SW	5	Metal	Single (Tinted)	Yes	0.96	0.5	30.0 ft²	2 ft 0 in	1 ft 0 in	None	None

INFILTRATION

#	Scope	Method	SLA	CFM 50	ELA	EqLA	ACH	ACH 50
1	Wholehouse	Best Guess	.0005	889.2	48.82	91.81	.345	7.869

HEATING SYSTEM

✓ #	System Type	Subtype	Efficiency	Capacity	Block	Ducts
1	Electric Strip Heat	None	COP: 1	15.5 kBtu/hr	1	sys#1

COOLING SYSTEM

✓ #	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Block	Ducts
1	Central Unit	None	SEER: 16	19.5 kBtu/hr	585 cfm	0.75	1	sys#1

SOLAR HOT WATER SYSTEM

✓ FSEC Cert #	Company Name	System Model #	Collector Model #	Collector Area	Storage Volume	FEF
				ft²		

DUCTS

✓ #	— Supply —		— Return —		Leakage Type	Air Handler	CFM 25 TOT	CFM25 OUT	QN	RLF	HVAC #	
	Location	R-Value	Area	Location							Area	Heat
1	Attic	6	135.6 ft	Attic	33.9 ft ²	Default Leakage	Main	(Default)	(Default)		1	1

TEMPERATURES

Programable Thermostat: Y													Ceiling Fans:												
Cooling	<input type="checkbox"/>	Jan	<input type="checkbox"/>	Feb	<input type="checkbox"/>	Mar	<input type="checkbox"/>	Apr	<input type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input checked="" type="checkbox"/>	Oct	<input type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec	<input checked="" type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input checked="" type="checkbox"/>	Apr	<input checked="" type="checkbox"/>	May	<input type="checkbox"/>	Jun	<input type="checkbox"/>	Jul	<input type="checkbox"/>	Aug	<input type="checkbox"/>	Sep	<input type="checkbox"/>	Oct	<input type="checkbox"/>	Nov	<input type="checkbox"/>	Dec	<input type="checkbox"/>
Venting	<input type="checkbox"/>	Jan	<input type="checkbox"/>	Feb	<input type="checkbox"/>	Mar	<input type="checkbox"/>	Apr	<input type="checkbox"/>	May	<input type="checkbox"/>	Jun	<input type="checkbox"/>	Jul	<input type="checkbox"/>	Aug	<input type="checkbox"/>	Sep	<input type="checkbox"/>	Oct	<input type="checkbox"/>	Nov	<input type="checkbox"/>	Dec	<input type="checkbox"/>

Thermostat Schedule: HERS 2006 Reference		Hours												
Schedule Type		1	2	3	4	5	6	7	8	9	10	11	12	
Cooling (WD)	AM	78	78	78	78	78	78	78	78	80	80	80	80	
	PM	80	80	78	78	78	78	78	78	78	78	78	78	
Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	78	78	78	
	PM	78	78	78	78	78	78	78	78	78	78	78	78	
Heating (WD)	AM	66	66	66	66	66	68	68	68	68	68	68	68	
	PM	68	68	68	68	68	68	68	68	68	68	66	66	
Heating (WEH)	AM	66	66	66	66	66	68	68	68	68	68	68	68	
	PM	68	68	68	68	68	68	68	68	68	68	66	66	

MECHANICAL VENTILATION

Type	Supply CFM	Exhaust CFM	Fan Watts	HRV	Heating System	Run Time	Cooling System
None	0	0		0	1 - Electric Strip Heat	0%	1 - Central Unit

Florida Code Compliance Checklist
 Florida Department of Business and Professional Regulations
 Residential Whole Building Performance Method

ADDRESS: 114 HILLCREST TERRACE SEWALLS POINT, FL.	PERMIT #:
--	-----------

MANDATORY REQUIREMENTS SUMMARY - See individual code sections for full details.

COMPONENT	SECTION	SUMMARY OF REQUIREMENT(S)	CHECK
Air leakage	402.4	To be caulked, gasketed, weatherstripped or otherwise sealed. Recessed lighting IC-rated as meeting ASTM E 283. Windows and doors = 0.30 cfm/sq.ft. Testing or visual inspection required. Fireplaces: gasketed doors & outdoor combustion air. Must complete envelope leakage report or visually verify Table 402.4.2.	
Thermostat & controls	403.1	At least one thermostat shall be provided for each separate heating and cooling system. Where forced-air furnace is primary system, programmable thermostat is required. Heat pumps with supplemental electric heat must prevent supplemental heat when compressor can meet the load.	
Ducts	403.2.2 403.3.3	All ducts, air handlers, filter boxes and building cavities which form the primary air containment passageways for air distribution systems shall be considered ducts or plenum chambers, shall be constructed and sealed in accordance with Section 503.2.7.2 of this code. Building framing cavities shall not be used as supply ducts.	
Water heaters	403.4	Heat trap required for vertical pipe risers. Comply with efficiencies in Table 403.4.3.2. Provide switch or clearly marked circuit breaker (electric) or shutoff (gas). Circulating system pipes insulated to = R-2 + accessible manual OFF switch.	
Mechanical ventilation	403.5	Homes designed to operate at positive pressure or with mechanical ventilation systems shall not exceed the minimum ASHRAE 62 level. No make-up air from attics, crawlspaces, garages or outdoors adjacent to pools or spas.	
Swimming Pools & Spas	403.9	Pool pumps and pool pump motors with a total horsepower (HP) of = 1 HP shall have the capability of operating at two or more speeds. Spas and heated pools must have vapor-retardant covers or a liquid cover or other means proven to reduce heat loss except if 70% of heat from site-recovered energy. Off/timer switch required. Gas heaters minimum thermal efficiency=78% (82% after 4/16/13). Heat pump pool heaters minimum COP= 4.0.	
Cooling/heating equipment	403.6	Sizing calculation performed & attached. Minimum efficiencies per Tables 503.2.3. Equipment efficiency verification required. Special occasion cooling or heating capacity requires separate system or variable capacity system. Electric heat >10kW must be divided into two or more stages.	
Ceilings/knee walls	405.2.1	R-19 space permitting.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 79

The lower the EnergyPerformance Index, the more efficient the home.

114 HILLCREST TERRACE, SEWALLS POINT, FL,

<p>1. New construction or existing Addition</p> <p>2. Single family or multiple family Single-family</p> <p>3. Number of units, if multiple family 1</p> <p>4. Number of Bedrooms 1(1)</p> <p>5. Is this a worst case? No</p> <p>6. Conditioned floor area (ft²) 678</p> <p>7. Windows**</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">a. U-Factor:</td> <td style="width: 35%;">Sgl, U=0.96</td> <td style="width: 15%;">Area</td> <td style="width: 35%;">85.00 ft²</td> </tr> <tr> <td></td> <td>SHGC:</td> <td></td> <td>SHGC=0.50</td> </tr> <tr> <td>b. U-Factor:</td> <td>N/A</td> <td></td> <td>ft²</td> </tr> <tr> <td></td> <td>SHGC:</td> <td></td> <td></td> </tr> <tr> <td>c. U-Factor:</td> <td>N/A</td> <td></td> <td>ft²</td> </tr> <tr> <td></td> <td>SHGC:</td> <td></td> <td></td> </tr> <tr> <td>d. U-Factor:</td> <td>N/A</td> <td></td> <td>ft²</td> </tr> <tr> <td></td> <td>SHGC:</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Area Weighted Average Overhang Depth:</td> <td></td> <td>2.000 ft.</td> </tr> <tr> <td colspan="2">Area Weighted Average SHGC:</td> <td></td> <td>0.500</td> </tr> </table> <p>8. Floor Types</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">a. Slab-On-Grade Edge Insulation</td> <td style="width: 15%;">Insulation</td> <td style="width: 15%;">Area</td> <td style="width: 55%;">R=0.0 678.00 ft²</td> </tr> <tr> <td>b. N/A</td> <td>R=</td> <td></td> <td>ft²</td> </tr> <tr> <td>c. N/A</td> <td>R=</td> <td></td> <td>ft²</td> </tr> </table>	a. U-Factor:	Sgl, U=0.96	Area	85.00 ft²		SHGC:		SHGC=0.50	b. U-Factor:	N/A		ft²		SHGC:			c. U-Factor:	N/A		ft²		SHGC:			d. U-Factor:	N/A		ft²		SHGC:			Area Weighted Average Overhang Depth:			2.000 ft.	Area Weighted Average SHGC:			0.500	a. Slab-On-Grade Edge Insulation	Insulation	Area	R=0.0 678.00 ft²	b. N/A	R=		ft²	c. N/A	R=		ft²	<p>9. Wall Types</p> <p>a. Concrete Block - Int Insul, Exterior</p> <p>b. N/A</p> <p>c. N/A</p> <p>d. N/A</p> <p>10. Ceiling Types</p> <p>a. Under Attic (Vented)</p> <p>b. N/A</p> <p>c. N/A</p> <p>11. Ducts</p> <p>a. Sup: Attic, Ret: Attic, AH: Main</p> <p>12. Cooling systems</p> <p>a. Central Unit</p> <p>13. Heating systems</p> <p>a. Electric Strip Heat</p> <p>14. Hot water systems - None required</p> <p>a.</p> <p>b. Conservation features</p> <p>15. Credits</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Insulation</td> <td style="width: 15%;">Area</td> </tr> <tr> <td>R=4.1</td> <td>880.00 ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Insulation</td> <td style="width: 15%;">Area</td> </tr> <tr> <td>R=30.0</td> <td>678.00 ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">R</td> <td style="width: 15%;">ft²</td> </tr> <tr> <td>6</td> <td>135.6</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">kBtu/hr</td> <td style="width: 15%;">Efficiency</td> </tr> <tr> <td>19.5</td> <td>SEER:16.00</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">kBtu/hr</td> <td style="width: 15%;">Efficiency</td> </tr> <tr> <td>15.5</td> <td>COP:1.00</td> </tr> </table> <p>Cap: N/A</p> <p>EF:</p> <p>Pstat</p>	Insulation	Area	R=4.1	880.00 ft²	R=	ft²	R=	ft²	R=	ft²	Insulation	Area	R=30.0	678.00 ft²	R=	ft²	R=	ft²	R	ft²	6	135.6	kBtu/hr	Efficiency	19.5	SEER:16.00	kBtu/hr	Efficiency	15.5	COP:1.00
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I certify that this home has complied with the Florida Energy Efficiency Code for Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____



*Note: This is not a Building Energy Rating. If your Index is below 70, your home may qualify for energy efficient mortgage (EEM) incentives if you obtain a Florida EnergyGauge Rating. Contact the EnergyGauge Hotline at (321) 638-1492 or see the EnergyGauge web site at energygauge.com for information and a list of certified Raters. For information about the Florida Building Code, Energy Conservation, contact the Florida Building Commission's support staff.

**Label required by Section 303.1.3 of the Florida Building Code, Energy Conservation, if not DEFAULT.

Residential System Sizing Calculation

Summary

114 HILLCREST TERRACE
SEWALLS POINT, FL

Project Title:
STABLEY ADDITION

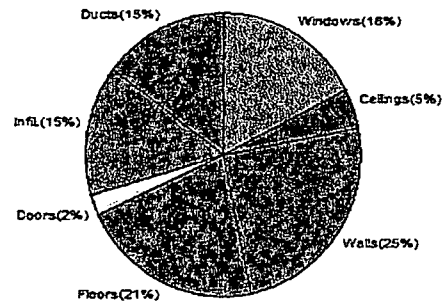
2/10/2014

Location for weather data: West Palm Beach, FL - Defaults: Latitude(26.68) Altitude(20 ft.) Temp Range(M)			
Humidity data: Interior RH (50%) Outdoor wet bulb (78F) Humidity difference(64gr.)			
Winter design temperature(MJ8 99%)	47 F	Summer design temperature(MJ8 99%)	90 F
Winter setpoint	70 F	Summer setpoint	75 F
Winter temperature difference	23 F	Summer temperature difference	15 F
Total heating load calculation	10698 Btuh	Total cooling load calculation	13426 Btuh
Submitted heating capacity	% of calc Btuh	Submitted cooling capacity	% of calc Btuh
Total (Electric Strip Heat)	144.9 15500	Sensible (SHR = 0.75)	150.4 14625
		Latent	131.7 4875
		Total	145.2 19500

WINTER CALCULATIONS

Winter Heating Load (for 678 sqft)

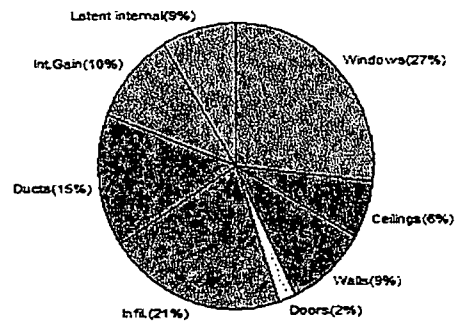
Load component		Load	
Window total	85 sqft	1877	Btuh
Wall total	771 sqft	2646	Btuh
Door total	24 sqft	254	Btuh
Ceiling total	678 sqft	497	Btuh
Floor total	678 sqft	2280	Btuh
Infiltration	62 cfm	1577	Btuh
Duct loss		1567	Btuh
Subtotal		10698	Btuh
Ventilation	0 cfm	0	Btuh
TOTAL HEAT LOSS		10698	Btuh



SUMMER CALCULATIONS

Summer Cooling Load (for 678 sqft)

Load component		Load	
Window total	85 sqft	3603	Btuh
Wall total	771 sqft	1266	Btuh
Door total	24 sqft	287	Btuh
Ceiling total	678 sqft	864	Btuh
Floor total		0	Btuh
Infiltration	47 cfm	771	Btuh
Internal gain		1380	Btuh
Duct gain		1553	Btuh
Sens. Ventilation	0 cfm	0	Btuh
Blower Load		0	Btuh
Total sensible gain		9724	Btuh
Latent gain(ducts)		468	Btuh
Latent gain(infiltration)		2035	Btuh
Latent gain(ventilation)		0	Btuh
Latent gain(internal/occupants/other)		1200	Btuh
Total latent gain		3703	Btuh
TOTAL HEAT GAIN		13426	Btuh



8th Edition

EnergyGauge® System Sizing

PREPARED BY: *[Signature]*

DATE: 2/10/2014

System Sizing Calculations - Summer

Residential Load - Room by Room Component Details

114 HILLCREST TERRACE
SEWALLS POINT, FL

Project Title:
STABLEY ADDITION

2/10/2014

Reference City: West Palm Beach, FL Temperature Difference: 15.0F(MJ8 99%) Humidity difference: 64gr.

Component Loads for Room #1: Main
--

Window	Type*						Overhang		Window Area(sqft)			HTM		Load
	Panes	SHGC	U	InSh	IS	Ornt	Len	Hgt	Gross	Shaded	Unshaded	Shaded	Unshaded	
1	1 NFRC	0.50, 0.96	No	No	NE	2.0ft	1.0ft	40.0	0.0	40.0	25	49	1949 Btuh	
2	1 NFRC	0.50, 0.96	No	No	SE	2.0ft	1.0ft	15.0	7.8	7.2	25	49	551 Btuh	
3	1 NFRC	0.50, 0.96	No	No	SW	2.0ft	1.0ft	30.0	15.6	14.4	25	49	1103 Btuh	
Window Total								85 (sqft)					3603 Btuh	
Walls	Type	U-Value		R-Value		Area(sqft)		HTM		Load				
				Cav/Sheath										
1	Concrete Blk, Hollow - Ext	0.15	4.1/0.0			150.0		1.6	246 Btuh					
2	Concrete Blk, Hollow - Ext	0.15	4.1/0.0			170.0		1.6	279 Btuh					
3	Concrete Blk, Hollow - Ext	0.15	4.1/0.0			205.0		1.6	337 Btuh					
4	Concrete Blk, Hollow - Ext	0.15	4.1/0.0			40.0		1.6	66 Btuh					
5	Concrete Blk, Hollow - Ext	0.15	4.1/0.0			90.0		1.6	148 Btuh					
6	Concrete Blk, Hollow - Ext	0.15	4.1/0.0			116.0		1.6	190 Btuh					
Wall Total						771 (sqft)				1266 Btuh				
Doors	Type	U-Value		R-Value		Area (sqft)		HTM		Load				
1	Insulated - Exterior					24.0		12.0	287 Btuh					
Door Total						24 (sqft)				287 Btuh				
Ceilings	Type/Color/Surface	U-Value		R-Value		Area(sqft)		HTM		Load				
1	Vented Attic/Light/Shingle	0.032	30.0/0.0			678.0		1.27	864 Btuh					
Ceiling Total						678 (sqft)				864 Btuh				
Floors	Type	U-Value		R-Value		Size		HTM		Load				
1	Slab On Grade			0.0		678 (ft-perimeter)		0.0	0 Btuh					
Floor Total						678.0 (sqft)				0 Btuh				
Zone Envelope Subtotal:											6019 Btuh			
Infiltration	Type	Wholehouse ACH		Volume(cuft)		Wall Ratio		CFM=		Load				
Natural		0.41	6780	1.00	46.8					771 Btuh				
Internal gain	Occupants	Btuh/occupant		Appliance		Load								
	6	X	230	+	1200	2580 Btuh								
Sensible Envelope Load:											9371 Btuh			
Duct load	Average sealed, Supply(R6.0-Attic), Return(R6.0-Attic)								(DGM of 0.190)		Load			
Sensible Zone Load											11152 Btuh			

Manual J Summer Calculations

Residential Load - Component Details (continued)

114 HILLCREST TERRACE
SEWALLS POINT, FL

Project Title: Climate:FL_WEST_PALM_BEACH_INTL_A
STABLEY ADDITION

2/10/2014

Manual J Summer Calculations

Residential Load - Component Details (continued)

114 HILLCREST TERRACE
SEWALLS POINT, FL

Project Title: Climate: FL_WEST_PALM_BEACH_INTL_A
STABLEY ADDITION

2/10/2014

WHOLE HOUSE TOTALS

Whole House Totals for Cooling	Sensible Envelope Load All Zones	8171 Btuh
	Sensible Duct Load	1553 Btuh
	Total Sensible Zone Loads	9724 Btuh
	Sensible ventilation	0 Btuh
	Blower	0 Btuh
	Total sensible gain	9724 Btuh
	Latent infiltration gain (for 64 gr. humidity difference)	2035 Btuh
	Latent ventilation gain	0 Btuh
	Latent duct gain	468 Btuh
	Latent occupant gain (6.0 people @ 200 Btuh per person)	1200 Btuh
	Latent other gain	0 Btuh
	Latent total gain	3703 Btuh
	TOTAL GAIN	13426 Btuh

EQUIPMENT

1. Central Unit	#	19500 Btuh
-----------------	---	------------

*Key: Window types (Panels - Number and type of panes of glass)
 (SHGC - Shading coefficient of glass as SHGC numerical value)
 (U - Window U-Factor)
 (InSh - Interior shading device: none(No), Blinds(B), Draperies(D) or Roller Shades(R))
 - For Blinds: Assume medium color, half closed
 - For Draperies: Assume medium weave, half closed
 - For Roller shades: Assume translucent, half closed
 (IS - Insect screen: none(N), Full(F) or Half(½))
 (Omt - compass orientation)



Version 8



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

**DESIGN CERTIFICATION FOR WIND LOAD
 COMPLIANCE BY ARCHITECT OR ENGINEER OF RECORD**

PROJECT NAME Stabley Residence BLDG. PERMIT# _____
 ADDRESS 114 Hillcrest PERM. OCCUPANCY TYPE Residential
SEWALLS POINT, FL CONST. TYPE III A

STATEMENT

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

DESIGN PARAMETERS AND ANALYSIS

CODE EDITIONS: 2010 ~~2004~~ FLORIDA BUILDING CODE W/ 2006 REVISIONS
 CHAPTER 6 OF ASCE 7-02 7.10

BUILDING / STRUCTURE DESIGN AS: PARTIALLY ENCLOSED _____ ENCLOSED OPEN _____
 WIND TUNNEL TEST _____ OTHER _____

BASIC WIND SPEED: EAST OF TURNPIKE 140 MPH 3 SECOND GUST 100

BUILDING CATEGORY I _____ II III _____ IV _____ OTHER _____

WIND IMPORTANCE/USE FACTOR 1.0

INTERNAL PRESSURE COEFFICIENT .18

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

DOOR DESIGN PRESSURE (INT. ZONE) _____ +psf _____ -psf (END ZONE) 44.0 +psf 58.1 -psf

WINDOW DESIGN PRESSURE (INT. ZONE) _____ +psf _____ -psf (END ZONE) 44.1 +psf 58.1 -psf

EXPOSURE B


IMPACT PROTECTION (EXTERIOR OPENINGS): APPROVED SHUTTERS _____ IMPACT RESIST. GLASS

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

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

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

NAME GARY PAVELL ARCHITECT
 CERTIFICATION # 12125
 DATE 2-11-14
 DESIGN FIRM GARY PAVELL
 OTHER _____

SEAL 
2-11-14



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

PRODUCT APPROVAL CHECKLIST

Permit Type: _____ Permit Number: _____ Date 2/11/16

Owner's Name: Stablesy Residuary Job Site Location: 119 Hillcrest Terr

Design Professional Name A/E: Gray Powell

Rule 9 B-72 requires the following information as promulgated by the Florida Building Commission. In the event that information required for product approval has been incorporated in to the plans, specifications or general notes; simply indicate page number on the affidavit.

Product	Model Number	Manufacturer	Evaluation Agency	Expiration Date
Windows	SH 700	PGT	MIAMI DADE	Mar. 26, 2016
Exit Doors	SGD 770	PGT	MIAMI DADE	Feb 17, 2015
Garage Doors	NUM SL. GL DR.			
Ridge Vents	French	PGT	MIAMI DADE	OCT. 18, 2017
Soffits	DR.			
Skylights				
Shutters				
Roofing Materials	^{sub} Boral tile	Boral	MIAMI DADE	7.31.17
Panel Walls	Roof tile Estate S.	Integra	FLORIDA	—
Structural Components and Cladding	HIP & RIDGE GROUND WALLS	East Coast Metal	FLORIDA	—
New/Alternative Materials				
Null Bar	PGT Clipped extruded TUBE	PGT	MIAMI DADE	May 26, 2016
	Mullion			

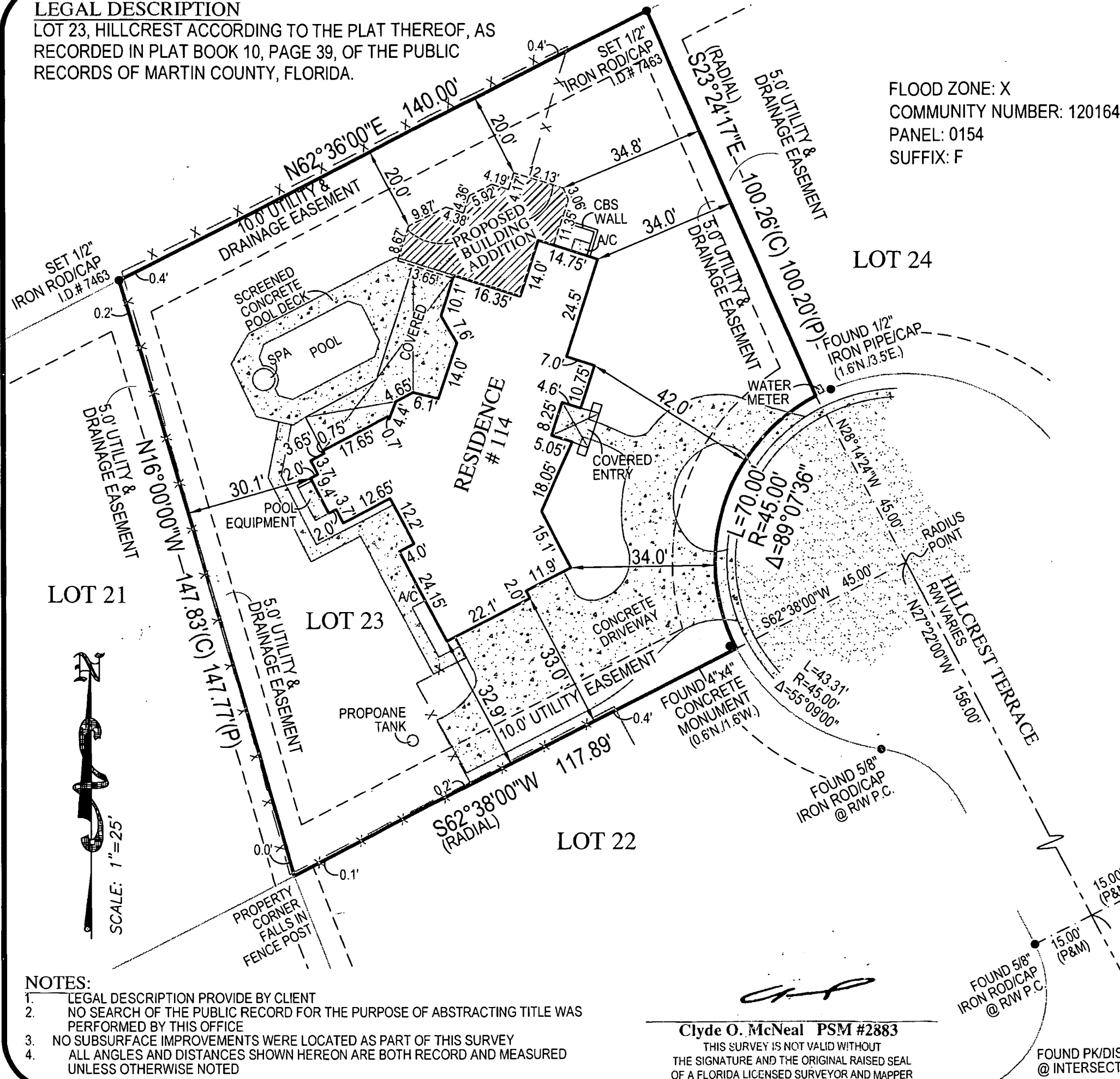
In accordance with the Florida Architects and Engineers product approval system, this affidavit certifies that I have performed the building envelope evaluation as required by the Florida Building Code.

Gray Powell
 Architect/Engineer Signature & Seal

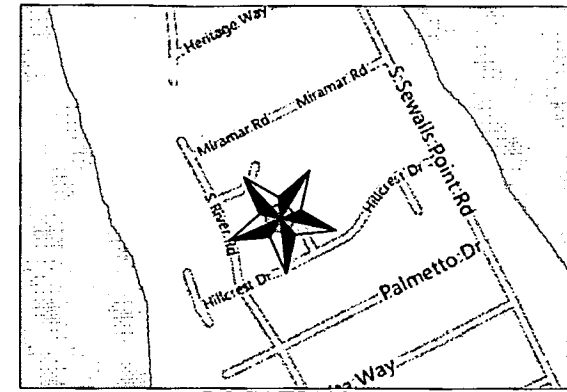
12125
 FL Certification/Registration Number

LEGAL DESCRIPTION

LOT 23, HILLCREST ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 10, PAGE 39, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.



FLOOD ZONE: X
 COMMUNITY NUMBER: 120164
 PANEL: 0154
 SUFFIX: F



LOCATION MAP
 NOT TO SCALE

LEGEND

- A/C AIR CONDITIONER
- B.F.P. BACKFLOW PREVENTER
- C.M. CONCRETE MONUMENT
- CATV CABLE RISER
- C.B.S. CONCRETE BLOCK STRUCTURE
- EL. ELEVATION
- F.F. FINISHED FLOOR
- F.C.M. FOUND CONCRETE MONUMENT
- F.P.K. FOUND PARKER-KALON NAIL
- F.I.R. FOUND IRON ROD
- F. FOUND
- I.D. IDENTIFICATION
- L. LENGTH
- L.B. LICENSED BUSINESS
- M. MEASURED
- N.T.S. NOT TO SCALE
- N&D NAIL & DISC
- N.A.V.D. NORTH AMERICAN VERTICAL DATUM
- N.G.V.D. NATIONAL GEODETIC VERTICAL DATUM
- O.R.B. OFFICIAL RECORDS BOOK
- P. PLAT
- PSM PROFESSIONAL SURVEYOR AND MAPPER
- P.R.M. PERMANENT REFERENCE MONUMENT
- PG. PAGE
- P.B. PLAT BOOK
- PK. PARKER KYLON NAIL
- R. RADIUS
- S.I.R. SET IRON ROD & CAP
- S.P.K. SET PARKER-KALON NAIL
- S.S. SHIP SPIKE
- TAN. TANGENT
- T.B.M. TEMPORARY BENCH MARK
- TYP. TYPICAL
- U.E. UTILITY EASEMENT
- U.P. UTILITY POLE
- C.L. CENTERLINE
- P.L. PROPERTY LINE
- AND NUMBER
- Δ DELTA OR CENTRAL ANGLE
- CONCRETE

SPECIFIC PURPOSE "SITE PLAN OF PROPOSED IMPROVEMENTS" SURVEY OF
 114 HILLCREST TERRACE
 SEAWALLS POINT, FL. 34996
 PREPARED FOR
 JASON STABLEY &
 SARA STABLEY

C-12539	
02-10-2014	1 of 1
1"=25'	

6250 N. MILITARY TRAIL
 SUITE 102
 WEST PALM BEACH, FL 33407
 www.compassurveying.net

COMPASS SURVEYING

LB. 7463 PHONE: 561.640.4800 FAX: 561.640.0576

- NOTES:**
- LEGAL DESCRIPTION PROVIDE BY CLIENT
 - NO SEARCH OF THE PUBLIC RECORD FOR THE PURPOSE OF ABSTRACTING TITLE WAS PERFORMED BY THIS OFFICE
 - NO SUBSURFACE IMPROVEMENTS WERE LOCATED AS PART OF THIS SURVEY
 - ALL ANGLES AND DISTANCES SHOWN HEREON ARE BOTH RECORD AND MEASURED UNLESS OTHERWISE NOTED

Clyde O. McNeal PSM #2883
 THIS SURVEY IS NOT VALID WITHOUT
 THE SIGNATURE AND THE ORIGINAL RAISED SEAL
 OF A FLORIDA LICENSED SURVEYOR AND MAPPER

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

February 03, 2014

Jason Stabley
114 Hillcrest Terrace
Stuart, FL 34996

RE: Contingency Letter
Application Document No: AP1133666
Centrax Permit Number: 43-SS-1517741
OSTDS Number:

Jason Stabley
114 Hillcrest Ter
Stuart, FL 34996

Lot:23 Block: Subdivision: HILLCREST

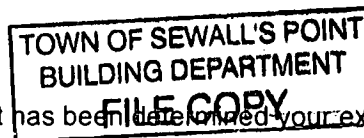
Dear Applicant:

This will acknowledge receipt of an application dated 01/28/2014 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

This office has reviewed and verified the floor plan and site plan you submitted, for the proposed remodeling addition or modification to your single-family home. Based on the information you provided, the Health Department concludes:

1. the proposed remodeling addition or modification is not adding a bedroom; and
2. it does not appear to cover any part of the existing system or encroach on the required setback or unobstructed area.
3. No existing system inspection or evaluation and assessment, or modification, replacement, or upgrade authorization is required.

Because an inspection or evaluation of the existing septic system was not conducted, the Department cannot attest to the existing system's current condition, size, or adequacy to serve the proposed use. You may request a voluntary inspection and assessment of your system from a licensed septic tank contractor or plumber, or a person certified under section 381.0101, Florida Statutes.



From a review of your completed application, it has been determined your existing system is adequate for the proposed use.

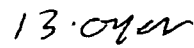
Jason Stabley
Page two
February 03, 2014

If you have any questions on this matter, please call our office at (772) 221-4090 x 2114.

Sincerely,

Handwritten signature of Ray Cross, consisting of the letters 'R. Cross' in a cursive style.

Ray Cross, Environmental Specialist

Handwritten initials or date, possibly '13.04.14', written in a cursive style.

Enclosures
cc:



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
MARTIN COUNTY HEALTH DEPT.
APPLICATION FOR CONSTRUCTION PERMIT

RECEIVED
JAN 28 2014

43-SS-1517741
PERMIT NO.
DATE PAID: 1-28-14
FEE PAID: 589.00
RECEIPT #: 2343448
AP 1133666

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary Inspection

APPLICANT: JASON STABLEY

AGENT: Same TELEPHONE: 772-214-749

MAILING ADDRESS: 114 Hillcrest Terrace Street, FL 34996

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 23 BLOCK: _____ SUBDIVISION: Hillcrest PLATTED: Aug 27 1986

PROPERTY ID #: 013841014006002308 ZONING: SF I/M OR EQUIVALENT: Y N

PROPERTY SIZE: .463 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? Y N DISTANCE TO SEWER: None FT

PROPERTY ADDRESS: 114 Hillcrest Terr. Sewalls Point

DIRECTIONS TO PROPERTY: Ocean Biv East to Sewalls Point take right at
lite go down to hillcrest on kite side, go down to Cold SAC
on kite.

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SFR	4	3194	4006PD
2	Addition	0	677	
3	office addition			
4	TOTAL		3871	

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature] DATE: 1/27/14



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: JASON STABLEY
CONTRACTOR / AGENT: Keith HAMILTON
LOT: 23 BLOCK: _____ SUBDIV: Hillcrest ID#: 013841

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

EXISTING TANK INFORMATION

[1350] GALLONS SEPTIC TANK/GPD ATU LEGEND: None MATERIAL: concrete BAFFLED: Y / N
[] GALLONS SEPTIC TANK/GPD ATU LEGEND: _____ MATERIAL: _____ BAFFLED: [] Y / N
[] GALLONS GREASE INTERCEPTOR LEGEND: _____ MATERIAL: _____
[] GALLONS DOSING TANK LEGEND: _____ MATERIAL: _____ # PUMPS: []

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON 25 JAN 14 BY ALLSTAR Septic, HAVE THE VOLUMES SPECIFIED AS DETERMINED BY (DIMENSIONS) / FILLING / LEGEND, ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, AND HAVE A (SOLIDS DEFLECTION DEVICE) / OUTLET FILTER DEVICE INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR: Keith HAMILTON INC. BUSINESS NAME: _____ DATE: 25 JAN 14

EXISTING DRAINFIELD INFORMATION

[1432] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [3] DIMENSIONS: 3 x 38
[] SQUARE FEET _____ SYSTEM NO. OF TRENCHES [] DIMENSIONS: 3 x 48
TYPE OF SYSTEM: STANDARD [] FILLED [] MOUND [] DIMENSIONS: 144x3=432 FT
CONFIGURATION: TRENCH [] BED []
DESIGN: [] HEADER D-BOX GRAVITY SYSTEM [] DOSED SYSTEM
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE 20 INCHES [ABOVE] BELOW

SYSTEM FAILURE AND REPAIR INFORMATION

[1994] SYSTEM INSTALLATION DATE TYPE OF WASTE DOMESTIC [] COMMERCIAL
[400] GPD ESTIMATED SEWAGE FLOW BASED ON [] METERED WATER TABLE 1, 64E-6, FAC

SITE CONDITIONS: NO DRAINAGE STRUCTURES POOL NO PATIO / DECK NO PARKING
 SLOPING PROPERTY INSPECTION

NATURE OF FAILURE: [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE
[] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE NONE

FAILURE SYMPTOM: [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD
[] PLUMBING BACKUP NONE

REMARKS/ADDITIONAL CRITERIA System inspected on 25 JAN 14 TANK Pumped. Levels in tank normal. on this day system working as designed.

1350 TANK HAS BAFFLE. 3 TANKS 3' wide x 45', 55', 65' 495 FT

SUBMITTED BY: Keith HAMILTON TITLE/LICENSE: SM 089 06 99 DATE: 25 JAN 14

1/30 SCALE



SITE PLAN 114 Hillcrest

KATH HAMILTON
JANIS MANN
SM0810699

ARBELA
PLAT BOOK 3, PAGE 29
PALM BEACH (NOW MARTIN) COUNTY
VACANT LAND

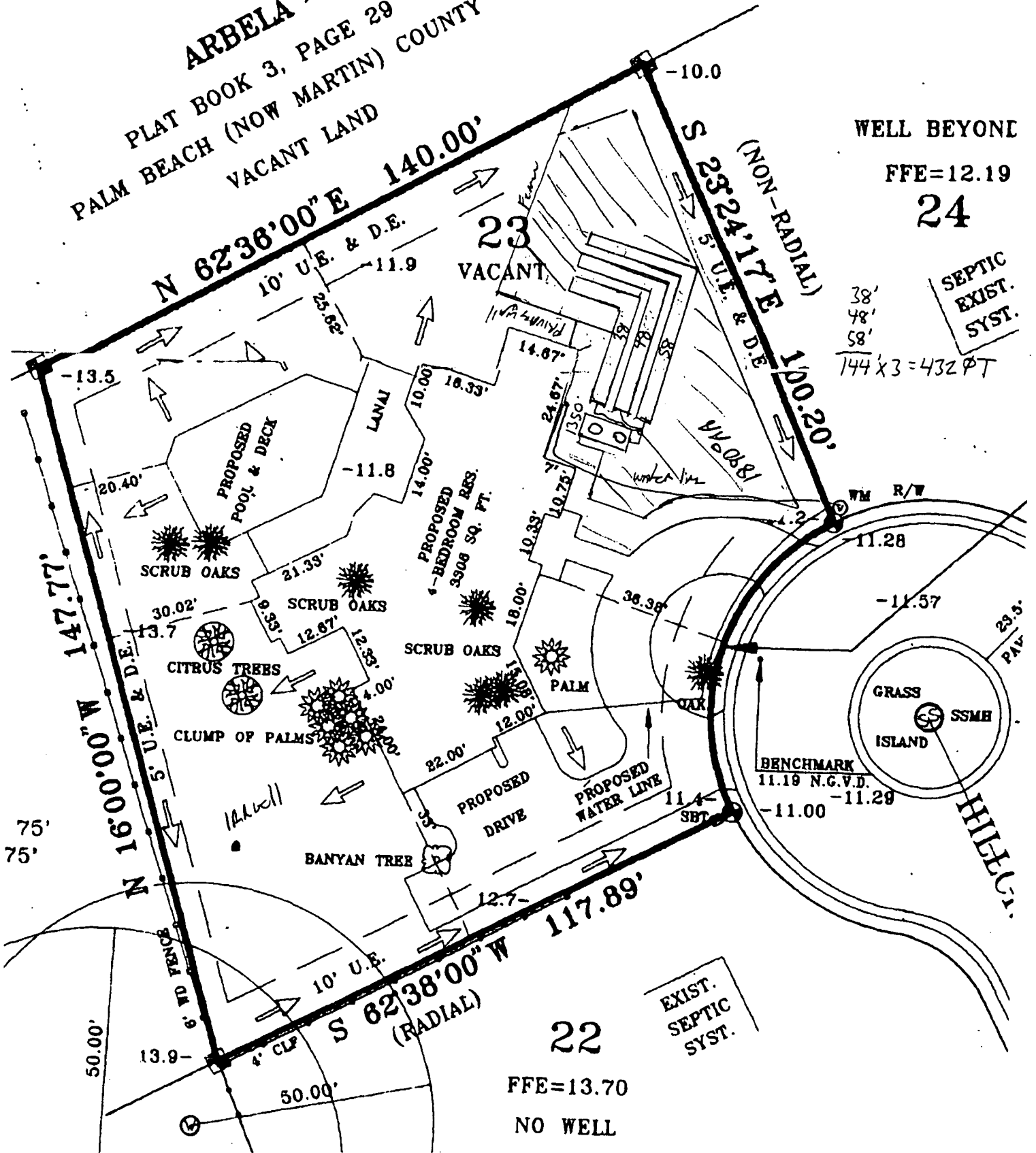
WELL BEYOND

FFE=12.19

24

SEPTIC
EXIST.
SYST.

38'
48'
58'
144' x 3 = 432 PT



EXIST.
SEPTIC
SYST.

22
FFE=13.70
NO WELL

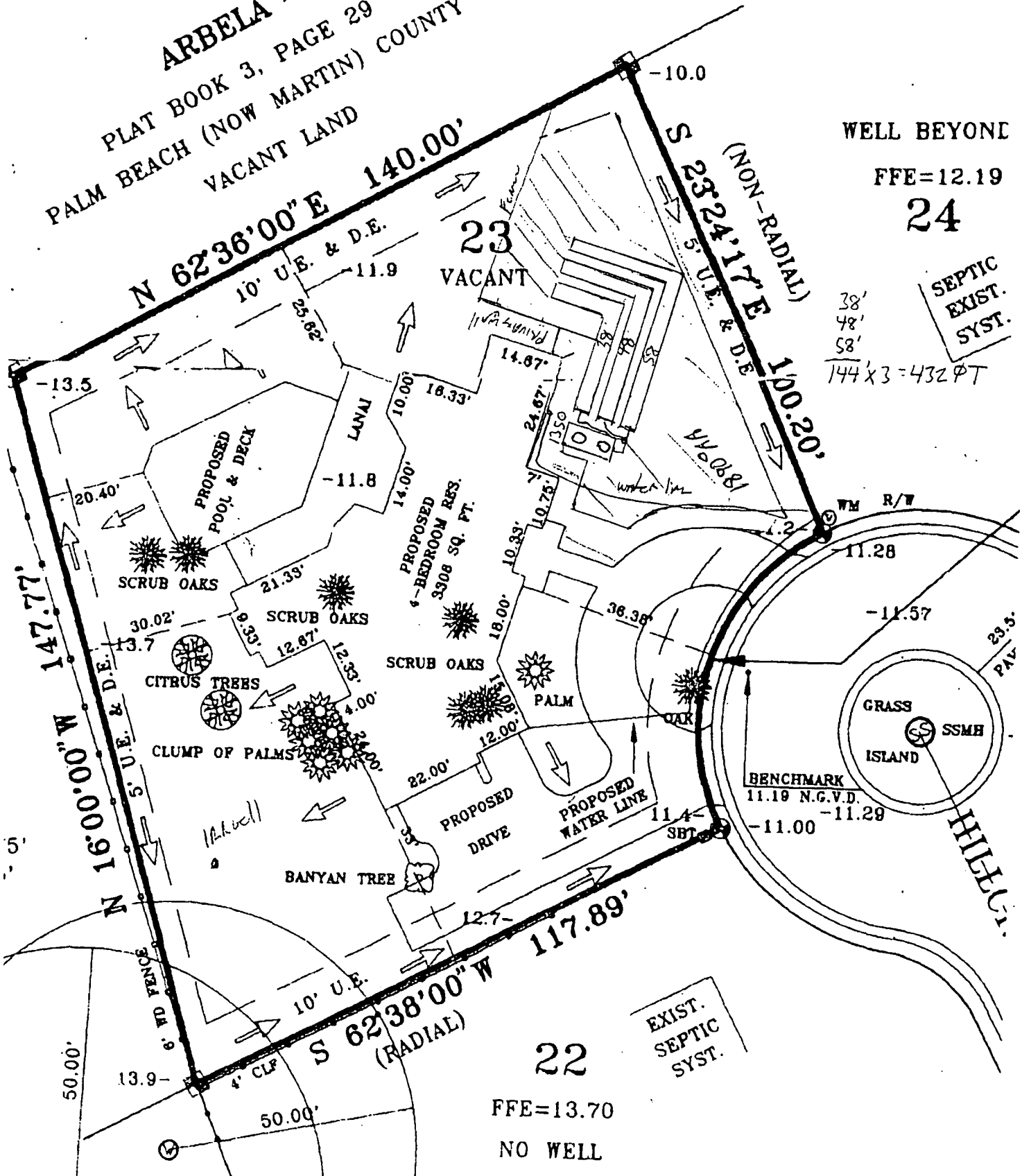
1/30 SCALE



SITE PLAN 114 HILLCREST

KATH HAMILTON
JAMES IRM
570290699

ARBELA
PLAT BOOK 3, PAGE 29
PALM BEACH (NOW MARTIN) COUNTY
VACANT LAND



WELL BEYOND
FFE=12.19

24

SEPTIC
EXIST.
SYST.

38'
48'
58'
144 x 3 = 432 FT

EXIST.
SEPTIC
SYST.

22

FFE=13.70

NO WELL



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

REVISIONS – CORRECTIONS REQUEST FORM
MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: 3/5/14 PERMIT NUMBER: 10774
 JOB ADDRESS: 114 HOLLNREST TER, SEWALLS PT

PLEASE CHECK ONE OF THE FOLLOWING:

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

****ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING****

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): CHANGE FROM POOR BEAM & CORNERS
TO BOND BEAM & PRECAST HINTERS.

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: GLEN HUTCHINS SIGNATURE: [Signature]
 PHONE NUMBER: 341-2750 FAX NUMBER: _____

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 3-10-14 Approve Deny _____

Additional conditioned space _____ sq. ft. @ \$104.65 per sq. ft. _____ x 2% = _____
 Additional non-conditioned space _____ sq. ft. @ \$ 48.90 per sq. ft. _____ x 2% = _____
 Other declared value increase (must be based on value not cost) _____ x 2% = _____

Other additional fees: _____ Revision review fee: _____ Pages @ \$25.00/Page _____

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ N/A

Applicant notified by: _____ Date: _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 3/4 - 14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10774	Stabley	Rough		341-2750
(PAN)	114 Hillcrest Terr Greenmark Homes	Underground Plumbing	PASS	INSPECTOR <i>[Signature]</i>
10784	Gill	Final		Mark Close
(Pm)	34 RIO VISTA DR. Ferrellgas	on Tank	PASS	1-866-418-6245 INSPECTOR <i>[Signature]</i> X 23101
10750	GARY	IN PROGRESS		
	36 RIO VISTA ROOF ADDONITY		PASS	INSPECTOR <i>[Signature]</i>
10767	MARINDINO			
	2 CASTLE HILL ALL Amer A/C & ELK	A/C FINAL	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
		963522		INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **3-5-14** Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10765	Fitzsimmons 99 N. Sewall's Pt Rd JMC Contracting	BATH	Pass	Doug 287-0390 INSPECTOR <i>AF</i>
		Final Roof gk below		AF INSPECTOR
	7 Perruente ON SHORE ROOFING			INSPECTOR
10573	Higgins 16 S. Via Lucia Assoc. CC PSL	AC Final	CANCEL	INSPECTOR <i>AF</i>
10498	Grace Stern 9 Lantana Freedom Home Bldg	Final	Pass	772-600-7644 Kelly CLOSE INSPECTOR <i>AF</i>
10774	Stalder 114 Hillcrest Terr Glenmark Holmes	Factor/Struc Inspection	Pass	Open INSPECTOR <i>AF</i>
10754	MANGAN 16 Perruente Ln Onshore Roofing	Final Roof	Fail AF Pass	Beauca On Shore Roofing 772 283-1505 INSPECTOR <i>AF</i>
	Galford 8 Sewall's Pt. Rd. Terrell Gas	Prohibit Covering area	—	1-866 418-6245 x 25100 Call first. INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

2/13 - 14

Page ___ of ___

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10774	Stewart	Columns		
AS LATE IN MOON AS POSS	114 Hillcrest Ter Oleanmark	Beam	PASS	
				INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10573	HIGGINS	A/C		
	18 S. VIA LUCINDIA	FINR	PASS	CLORE
	ASSOC AIR			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10518	WILLIAMS	GAS TANK		
	24 CASTLE HILL	& LINE	PASS	
	DRIFTWOOD HOMES			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10776	SHARFI	PARTIAL		
10774	73 N. RIVER RD	FOOTER & BEAM	PASS	
	WORMER			INSPECTOR <i>PASS</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 3/26-14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10274	Staley 114 Hillcrest Ter Benchmark Homes	Roof Sheeting	Pass	Open 341-2750 INSPECTOR <i>[Signature]</i>
10724	WATKINS 122 S. Seawalls Pt Rd	FINAL MUD	FINAL PASS	CLOSE INSPECTOR <i>[Signature]</i>
10775	DE JONN 10 HERITAGE	ELECT FRAMING	PARTIAL PASS	INSPECTOR <i>[Signature]</i>
10763	CAMBLER 12 S. RIDGEVIEW ACTION WELD	FENCE	PASS	263 3505 INSPECTOR <i>[Signature]</i>
10762	16 E. HIGH PT DREAMWORKS	COLUMN & BEAM	PASS	INSPECTOR <i>[Signature]</i>
10785	SATREFI 73 N. SEAWALLS PT M D Custom Homes	PARTIAL SLAB/FOOTING	PASS	INSPECTOR
	27. N RIVER 49 RIO VISTA	TREE TREE	N.G.	INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

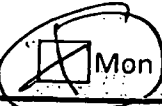
Date of Inspection Mon Tue Wed Thur Fri 4/1 - 14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10807	^{11/17/26} FALCO	Final Hc		692-1701
10-12 Adv Time	15 N. RIVER Treasure Coast Hc		PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10790 ADV-TUES	^{11/42 A} Sharfi 73 N. River Rd. CSI-	Final Elec	PASS	561-7195018 Chris Pickering CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10762 adv Tues PM	^{3/27 3211} Tufano 16 E HIGH Pt. Rd. Dreamworks	Plumbing rough In	CANCEL	283-7742 INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10800 Adv. Tues	^{3/29 949A} Melissie 14 E High Pt. Scott Holmes Bldg	SILT FENCE & Util. Disconnect	PASS	220-4780 INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10774 adv. Tues.	Stably 114 Hillcrest Tr. Glenmark Homes	Underlayment	PASS	341-2750 INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10742 adv Tues PM	Eileen Ceccorelli 19 Rio Vista	Door	Partial PASS	210-2213 INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10728	Smith Heritage Way Smith Bros.	Final & Set back for pool (he needs to know)	PASS	772-260-5252 CLOSE INSPECTOR <i>[Signature]</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection


 Tue

 Wed

 Thur

 Fri

4/24-14

Page ___ of ___

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10828	Armstrong 41 W High Point Rd Bright Elec.	Meter-Jual	PASS	772-529-1194 READY FOR FPL CLOSE INSPECTOR <i>JF</i>
<u>Pm</u>				
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10774	STADLEY 114 HILLcrest	Mech TRADES	PASS	INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10672	Duke 25 ISLAND RD CDR BLDG	ROOF STRATH TRUSS END & STRAPPING	PASS	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10809	11 PALM CARDS ROOFING	FINAL ROOF	CANCEL	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10820	HOUDESHELL 14 COPMRE APEX PAVEN	FINAL PATIO	PASS	CLOSE INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
2:00	PEETERSEN 104 Henry Sewal FLYNN'S	A/C FINAL	PASS	CLOSE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

4/17-14

Page ___ of ___

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10824	FIELDS	A/C FINAL		
9:30	14 RAGLAND RD PREFERRED A/C		PASS	CLOSE INSPECTOR <i>[Signature]</i>
10774	Stapley	Insulation		341-2750
13 ⁵ u AM	114 NELLEATTER & LATH. Glenmark		PASS	INSPECTOR
10762	TUFANO 16 E HIGH PT DREAM WORKS	R. ELEC	FAIL	CONTRACTOR HAS LIST INSPECTOR <i>[Signature]</i>
	DIPPY	INSPECT DRAINAGE	OK	INSPECTOR
10773	FIELDS GOLDEN 15 MIDDLE D. GIOLIA CONST	P POU SPAWN & DECK	PASS	INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

56 - 14 Page ____ of ____

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10774	Stabily	Roof Metal		341-2750
	114 Hillcrest Tr Glen Mark Homes	Underlay	Pass	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10843	CASH	Window Door		
1:00	7 MIDDLE RD R A Conso	ATTACHMENT	Pass	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10777 10778	NEKME 49 S. Sewalls Pt Rd OCEANFRONT PLD RD	TEMP POLE	Pass	READY FOR FPL INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	TANDY 10 OAKHILL WAY	TREE	NG.	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	HERITAGE BMAK	IRRIGATION		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 5/29 - 14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10830	B LEDOU 2 KNOWLES RD DGS Bldg Inc.	Final window kept outside siding	PASS	772 7082323 CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10774	STABLE	REPAIR		
	114 AULLEST TR GLENMARK	W/MK-THRU	—	— INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	WINSLOW 10 S. SEWALLS GREEN	PUMP	CANCEL	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10848	GERARD 14 S SEWALLS SCOTT HOLMS	P. POOR STAIRS	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	DE JOAN 10 HERMITAGE	TREE	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	18 HERON'S NEST	INVESTIGATE		INSPECTOR

11165

Master Bath Remodel



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:	11165	DATE ISSUED:	February 4, 2015
SCOPE OF WORK:	Master Bath Remodel		
CONTRACTOR:	Glenmark Homes		
PARCEL CONTROL NUMBER:	01-38-41-014-000-00230-8	SUBDIVISION:	Hillcrest, Lot 23
CONSTRUCTION ADDRESS:	114 Hillcrest Terrace		
OWNER NAME:	Stabley		
QUALIFIER:	Glen Hutchins	CONTACT PHONE NUMBER:	341-2750

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:	11165		
ADDRESS:	114 Hillcrest Terrace		
DATE ISSUED:	2/4/2015	SCOPE OF WORK:	Master Bath Remodel

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:	\$	\$ 9,886.00
Total number of inspections:	@ \$ 100.00 per insp.	# insp	\$ 300.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			
		\$	\$ 4.50
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			
		\$	\$ 4.50
Road impact assessment: (.04% of construction value - \$5 min.)			
		\$	\$ 5.00
TOTAL ACCESSORY PERMIT FEE:			
		\$	\$ 314.00

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 11165

Date: 1/12/15

OWNER/LESSEE NAME: DR JASON STABLEY Phone (Day) 214-7492 (Fax)

Job Site Address: 114 HILLCREST TERN City: SEWALLS PT State: FL Zip: 34996

Legal Description: LOT-23 HILLCREST, PLAT BOOK 10 Parcel Control Number: 01-38-41-014-000-00230-8

Fee Simple Holder Name: Address:

City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): MASTER BATH REMODEL.

WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application) YES [] NO [X]

Has a Zoning Variance ever been granted on this property?

YES [] (YEAR) NO [X] (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 9,886.00

(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: GLENMARK HOMES INC Phone: 225-7010 Fax: 225-7010

Qualifiers name: GLEN HUTCHINS Street: P.O. BOX 654 City: STEWART State: FL Zip: 34956

State License Number: CBL-056057 OR: Municipality: License Number:

LOCAL CONTACT: GLEN HUTCHINS Phone Number: 341-2750

DESIGN PROFESSIONAL: Fla. License#

Street: City: State: Zip: Phone Number:

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage:

Carport: Total under Roof ALL EXISTING Elevated Deck: Enclosed area below BFE*:

* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

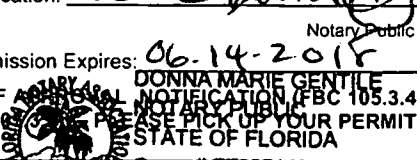
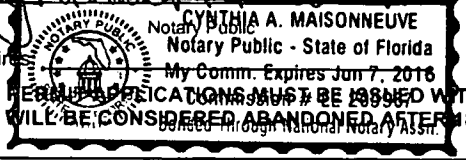
- 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE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

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

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

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE: Jason Stabley State of Florida, County of: Martin On This the 12th day of January, 2015 by Jason Stabley who is personally known to me or produced As identification.

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: Glen Hutchins State of Florida, County of: Martin On This the 2nd day of February, 2015 by Glen Hutchins who is personally known to me or produced As identification.



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

Comm# FF097142 Expires 6/14/2018



JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 4/4/2014 **EXPIRATION DATE:** 4/3/2016

PERSON: HUTCHINS GLEN

FEIN: 522369598

BUSINESS NAME AND ADDRESS:

GLENMARK HOMES INC

PO. BOX654

STUART FL 34995

SCOPES OF BUSINESS OR TRADE:

LICENSED BUILDING
CONTRACTOR

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

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

QUESTIONS? (850)413-1609

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



LICENSE NUMBER

CBC056057

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 F.S.
Expiration date: AUG 31, 2016

HUTCHINS, GLEN KENNETH
GLENMARK HOMES INC
1934 LAKE PL
JENSEN BEACH FL 34957



ISSUED: 07/15/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1407150000828

2013-2014

2014-2015

MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604

ACCOUNT 2001-513-0001 CERT# CBC05605
PHONE (561) 225-7010 SIC NO 233210
LOCATION:
9967 DR VENTURA SW PC

CHARACTER COUNTS IN MARTIN COUNTY

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

HUTCHINS, GLEN
GLENMARK HOMES, INC.
PO BOX 654
STUART, FL 34995



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

06 DAY OF AUGUST 20 14
AND ENDING SEPTEMBER 30, 2015

11 2013 42944.0001 26.25 PAID



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/2/2015

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 Campbell-Wilson Insurance Agency 8827 SE Bridge Road Hobe Sound FL 33455-5310 INSURED Glenmark Homes, Inc. PO Box 654 Stuart FL 34995-0654	CONTACT NAME: Commercial Lines Department PHONE (A/C No. Ext): (772) 546-5600 FAX (A/C. No.): (772) 546-1008 E-MAIL ADDRESS: cwia@campbell-wilson.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Owners Insurance Company</td> <td style="text-align: center;">32700</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Owners Insurance Company	32700	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Owners Insurance Company	32700														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER: 2015** **REVISION NUMBER:**

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

INBR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			72584717	3/2/2015	3/2/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			None			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			None			EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	None			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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)
 State of Florida - Builder.
 Job: 114 Hillcrest Terrace, Sewall's Point, FL.

CERTIFICATE HOLDER (772) 220-4765 Town of Sewall's Point 1 S Sewalls Point Road Sewalls Point, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Joanne Wilson/JO
--	--

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: _____ TAX FOLIO #: 01-38-41-014-000-00230-8

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): HILL CREST, LOT-23, SP 03

GENERAL DESCRIPTION OF IMPROVEMENT: REMODEL- MASTER BATH

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT

NAME: DA. JASON STABLEY
ADDRESS: 114 HILL CREST TER, SEWELLS PT, FL, 34996
PHONE NUMBER: 214-7492 FAX NUMBER:
INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: CHENMARK HOMES INC.
ADDRESS: P.O. BOX 654, STUART, FL, 34995
PHONE NUMBER: 225-2010 FAX NUMBER:

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)
ADDRESS:
PHONE NUMBER: FAX NUMBER:
BOND AMOUNT:

LENDER/MORTGAGE COMPANY:
ADDRESS:
PHONE NUMBER: FAX NUMBER:

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

NAME:
ADDRESS:
PHONE NUMBER: FAX NUMBER:

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

PHONE NUMBER: _____ FAX NUMBER: _____ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

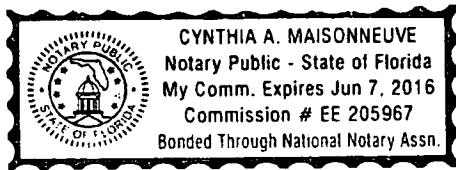
SIGNATORY'S TITLE/OFFICE OWNER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 27th DAY OF Jan 2015

BY: Cynthia Maisonneuve Notary FOR Jason Stabley PARTY ON BEHALF OF WHOM INSTRUMENT WAS SIGNED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED Driver's License

NOTARY SIGNATURE/ SEAL



STATE OF FLORIDA MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS/A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE
BY: CAROLYN TIMMANN, CLERK
DATE: 1-30-15
CIRCUIT CLERK
MARTIN COUNTY, FLORIDA
INSTR # 2495955 OR BK 2764 PG 297 RECD 01/30/2015 01:59:29 PM



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

CONTRACTOR OR OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT

Date: 1/12/15 Building Permit # _____

Site Address: 114 HILLCREST TERN, SEWALLS PT, FL, 34996

FBC 104.1.10 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

(1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.

(2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.

(b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.

(3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)

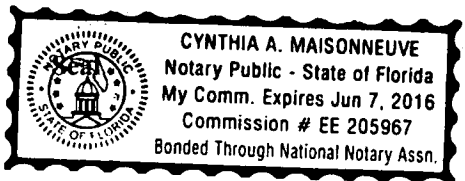
Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

____ Contractor or Owner/Builder Signature [Signature]

Subscribed and sworn to before me this 27th day of January, 2015 personally appeared Jason Stables who is personally known to me or produced Driver's license

identification, and who did/did not take an oath.

Notary Public Signature Cynthia A. Maisonneuve



**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 2/4/2015 11:23:32 AM EST
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-014-000-00230-8	17870	114 HILLCREST TERR, SEWALL'S POINT	\$645,290	1/31/2015

Owner Information

Owner(Current)	STABLEY JASON P & SARA S
Owner/Mail Address	114 HILLCREST TER STUART FL 34996
Sale Date	12/15/2003
Document Book/Page	<u>1849 0298</u>
Document No.	1715856
Sale Price	635000

Location/Description

Account #	17870	Map Page No.	SP-03
Tax District	2200	Legal Description	HILLCREST, LOT 23
Parcel Address	114 HILLCREST TERR, SEWALL'S POINT		
Acres	.4630		

Parcel Type

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

Assessment Information

Market Land Value	\$230,000
Market Improvement Value	\$415,290
Market Total Value	\$645,290

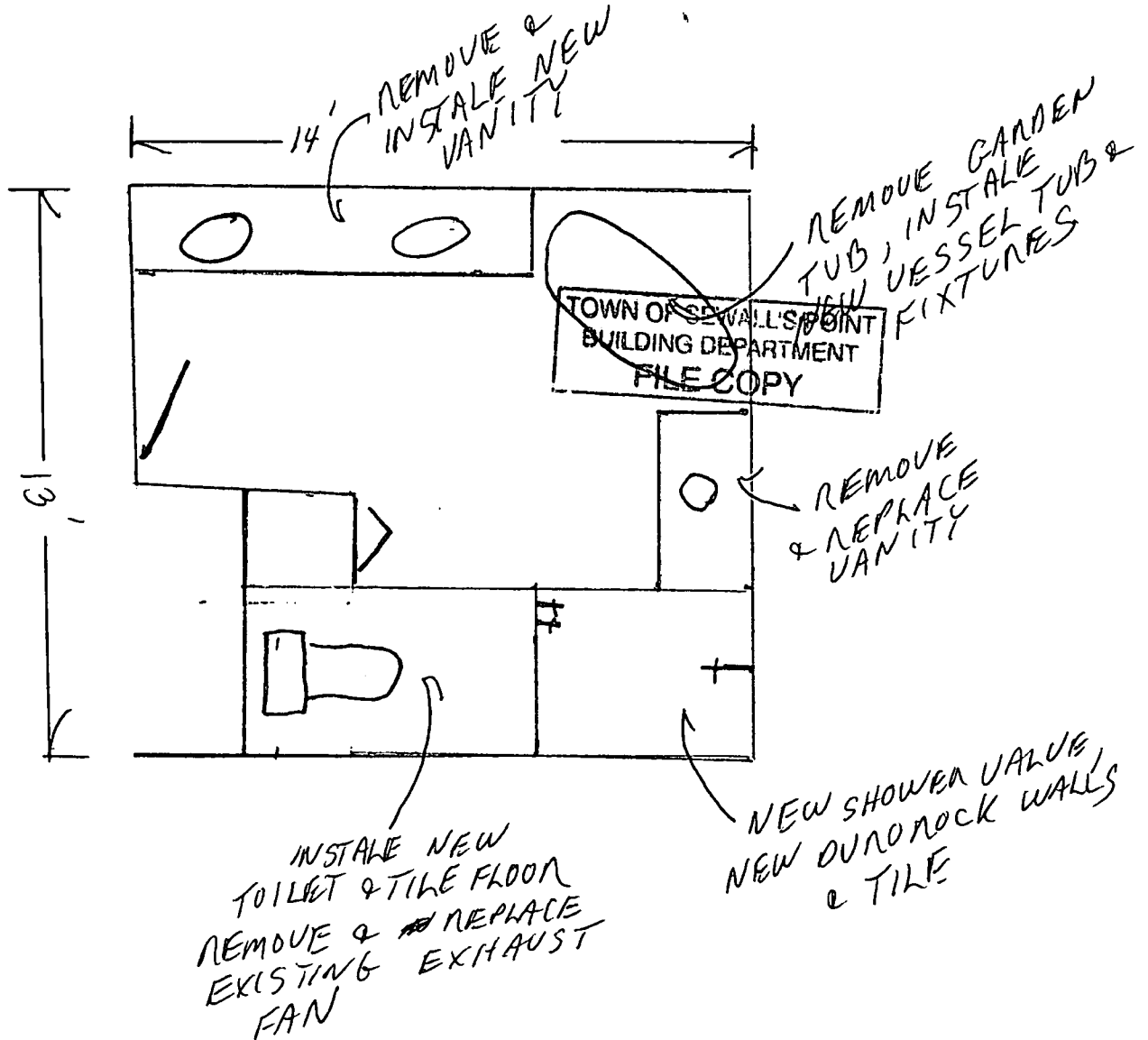
OWNER / JOB ADDRESS

DR. JASON STABLEY
114 HILLCREST TER.
SEWELLS PT, FL, 34996

CONTRACTOR

GLENMARK HOMES INC.
P.O. BOX 654
STUART, FL. 34995
PA# 341-2750

MASTER BATH REMODEL



TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 2/10/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10937	Fabricy 6 Oak Hill Way Seagate Bldrs	Pool Deck Slab	CANCEL	INSPECTOR
10659	Sharfi 4 Quail Run Lane John Worrell Construction	Partial landgrading	PASS	INSPECTOR <i>[Signature]</i>
10896	Boucher 2 Fieldway Drive 0/3	Garage Slab	PASS	INSPECTOR <i>[Signature]</i>
11165	Stabley 1114 Hillcrest Tear Glenmark Homes	Rough Electrical + Plumbing	FAIL	INSPECTOR <i>[Signature]</i>
11101	Barnes 7 Marguerita Rd DW Rice	^{PER} Un ground Electric	PASS	INSPECTOR <i>[Signature]</i>
10935	Harammis 172 S River Rd J Conroy	Open UNDERGROUND Trench elect Electrical	PASS	INSPECTOR <i>[Signature]</i>
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 3/17/15 Page 1 of

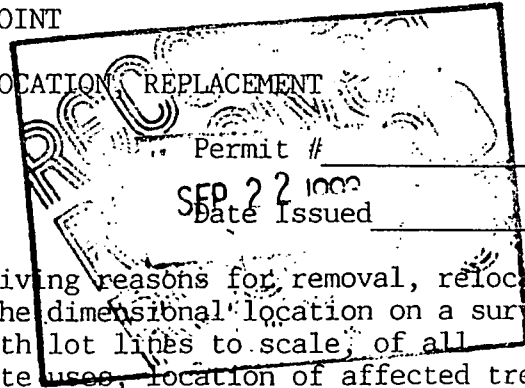
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11167	Melosh	Final Overpour		
Am Requested	132 S Sewalls Pt Rd	+ Door Replacement	Pass	Close
	Richard A. Haager, Inc.			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11165	Stabley	Master Bath		
Am Requested	114 Hillcrest Terr	Remodel final	Pass	Close
	Glenmark Homes			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11210	Pare	A/c		
	61 N River Road	Final	Rescheduled	FOR NEXT WK
	Jensen Beach Air			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Zavatka	Tree Removal		
	6 Copaire Rd	Permit	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11201	Vanseekamm	Final		
	10 E High Pt Rd	Paver	Pass	Close
	Apex Paver	Walkway		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TREE

TOWN OF SEWALL'S POINT

559

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT



Permit # _____

SEP 22 1993
Date Issued _____

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

Owner Joe Smitzelli Address 10701 Ocean Dr. Gen. Bldg 34957 Phone 229-2549

Contractor Marlin Const Address 5305 SE Reef way Stuart 34997 Phone 283-7220

Number of trees to be removed (list kinds of trees) 2 (one oak and one black olive)

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):
4-5 oaks

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

Permit Fee \$ 35.00 (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.)

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant Rich Hays Date submitted 9-20-93

Approved by Building Inspector Dale Bro Date 9/20/93

Approved by Building Commissioner [Signature] Date 9/21/93

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

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

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION

OWNER NAME: Joe + Kathy Smitelli

ADDRESS: 10701 S. Ocean Dr.

Jensen Bch FL 34957

CONTRACTOR: Marlin Const + Dev. Inc.

ADDRESS: 5305 SE Reef Way

Stuart FL 34997

LICENSE NUMBER: CGC 040300

PHONE: 229-2549 283-7220
Owner Contractor

CONTRACT PRICE: \$ 30,000

PERMIT FEE: \$ 35,000 PAID: _____
Date

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:

in way of new house to be constructed

baricade, band + flag exists trees + vegetation

APPLICATION MATERIAL CHECK LIST:

- Plan showing shape and dimension of lot or parcel, together with existing and proposed location of structure and improvements.
- N/A Plan showing all proposed re-plants of trees or other vegetation, by species and size, along with the type of ground cover to be installed, including the proposed new location for the trees.
- Statement regarding how trees are to be protected during land clearing and construction.
- Statement and drawing showing how vegetation not proposed for removal or relocation will be protected during land clearing and construction (a diagram and notation of a protective barrier).
- Plan showing location and dimensions of all setbacks and easements.
- Topographical survey sealed by an appropriate professional registered in the state of Florida indicating grade changes proposed for the site (not necessary when the grade changes are limited to beneath the floor area of the dwelling unit).
- Plan showing location of all trees, specimen trees, specimen tree stands, wet lands, native vegetative communities or buffers, which are on or within ten feet of the site being developed. Vegetation proposed to remain, to be transplanted or to be removed, shall be identified.

APPLICABLE PERMIT CONDITIONS

Required

- 1. Applicant must relocate trees being removed or replace the trees inch for inch.
- 2. Applicant shall provide special construction techniques and designs to increase oxygen exchange and water and nutrient availability to trees (tree wells, turf or paving block, aeration systems, or stem walls).

_____ 3. Applicant shall install silt barriers, hay bales, or similar erosion control barriers in any area where erosion or siltation may cause protective vegetation to be damaged.

4. Other: _____

APPROVED: Dale Brown Date: 9/30/93
Building Inspector

DENIED: _____ Date: _____
Building Inspector

_____ Date: _____
Building Commissioner

REASON FOR DENIAL, IF APPLICABLE:

ARBELA
 PLAT BOOK 3, PAGE 29
 PALM BEACH (NOW MARTIN) COUNTY
 VACANT LAND

Smitelli

