

3 Indialucie Parkway

281

SFR

TOWN OF SEWALL'S POINT - FLORIDA

Application For Building Permit

Owner Conway-Phillips Present Address Rt. 2 Stuart Phone 287-4577
 Architect R.G. Phillips Address Rt. 2 Stuart
 General Contractor R.G. Phillips Address Rt. 2 Stuart Phone 287-4577
 Where Licensed Martin County License No. 133
 Plumbing Contractor Pete Arnold Where Licensed Martin No. _____
 Electrical Contractor EVANS Where Licensed Martin No. _____
 Property Location Indiluce Subdivision ^{Blk.} 3 Lot No. 1
 Lot Dimensions _____ Lot Area _____ Sq. Ft. _____
 Purpose of Building Residence Type of Construction CBS
 Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)
 Outside of Walls _____ Inside of Walls 2100 sq. ft.
 Street or Road building will front on Indiluce parkway
 Clearances - Front 45 Back 55 Side 35 Side 20 River _____
 Well Location N. R. Septic Tank Location West side.
 Building elevation (By Ordinance Definition) 12" above finish grade
 Contract Price (Include Plumbing, Electrical, Air Conditioning) 38,000.⁰⁰

<u>PERMIT FEE</u>	<u>New Home</u>	<u>Additions</u>	<u>Others</u>
General (\$3.00 per \$1000 or Fraction)	_____	_____	_____
Plumbing (Flat Fee)-----	\$10.00	\$3.00	_____
Electrical (Flat Fee) -----	\$10.00	\$3.00	_____
Total (To be paid by General Contractor or Owner) -----	_____	_____	_____

SIGNED: - General Contractor or Owner [Signature]
 Building Inspector Comments: Check & Design

FOR TOWN RECORDS: Date Drawings submitted 7/9/71
 Date Permit approved 7/16/71
 Date Permit Fee paid 7/16/71
 Date First Inspection _____
 Date Final Inspection _____
 Date Occupancy approved _____

#281

487 POOL

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 487

Date Sept. 3/74

(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable)

Owner DR. ANDREW F. GREENE, M.D. Present Address #3 INDIA-LUCIA AVE Ph _____

General Contractor LOWDEN CONTRACTORS Address _____ Ph 465-2700

Where licensed MARTIN CO. License No. 6005581

Plumbing Contractor _____ License No. _____

Electrical Contractor _____ License No. _____

Street building will front on INDIA LUCIE

Subdivision INDIA LUCIE Lot No. 1 Area BLK 3

Building area, inside walls (excluding garage, carport, porches) Sq ft _____

Other Construction (Pools, additions, etc.) 16x32

Contract Price (excluding land, rugs, appliances, landscaping) \$ 11,500

Total cost of permit \$ _____

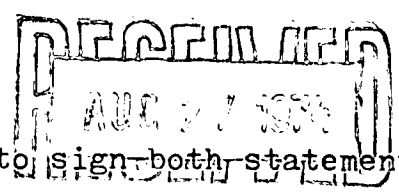
Plans approved as submitted _____ Plans approved as marked _____

I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period.

Robert J. Haney
Signed by General Contractor

I understand that this building must be in accordance with the approved plan and comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I, also, agree that within 90 days after the building has been approved for occupancy, that the property will, also, be landscaped as to be compatible with the neighborhood.

Andrew F. Greene, M.D.
Signed by Owner



Note: Speculation Builders will be required to sign both statements.

TOWN RECORD

Date submitted _____

Date approved 9/3/74

Certificate of Occupancy issued 1/10/75 Date _____

487

TOWN OF SEWALL'S POINT

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. 487 Dated Sept 3/74 when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item Date Approved by

Footings
Rough plumbing
Perimeter beam
Rough electric
Close in
Final plumbing
Final electric

2/10/75 *Ch.*

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles A. Perry 1/15/75 date

Approved by Town Commission _____ date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date Sept 3 74

This is to request that a Certificate of Approval for Occupancy be issued to A. GREENE 3 INDIAN LANE PRINNY For property built under Permit No. 487 Dated _____ when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings		
Rough plumbing		
Perimeter beam		
Rough electric		
Close in		
Final plumbing	<u>11/6/74</u>	
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector _____ date

Approved by Town Commission _____ date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

2003

Replace Porch Screens with
Windows

2003

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number _____

Date 9/12/00

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

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

Owner Richard + Catherine Wegman Present Address 3 Inovalucie Pkwy

Phone 283-9352

Contractor R Wegman - Tom Allen Carpenter Address 3 Inovalucie Pkwy

Phone 283-9352

Where licensed _____ License number _____

Electrical contractor — N/A License number _____

Plumbing contractor — N/A License number _____

Roofing contractor — N/A License number _____

Air conditioning contractor N/A License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: REPAIR SCREENS WITH WINDOWS IN PORCH

3 Inovalucie Pkwy
State the street address at which the structure will be built:

Subdivision Inovalucie Lot number 3 Block number _____

Contract price \$ 4,000.00 Cost of permit \$ 25.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor R Wegman

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 R Wegman

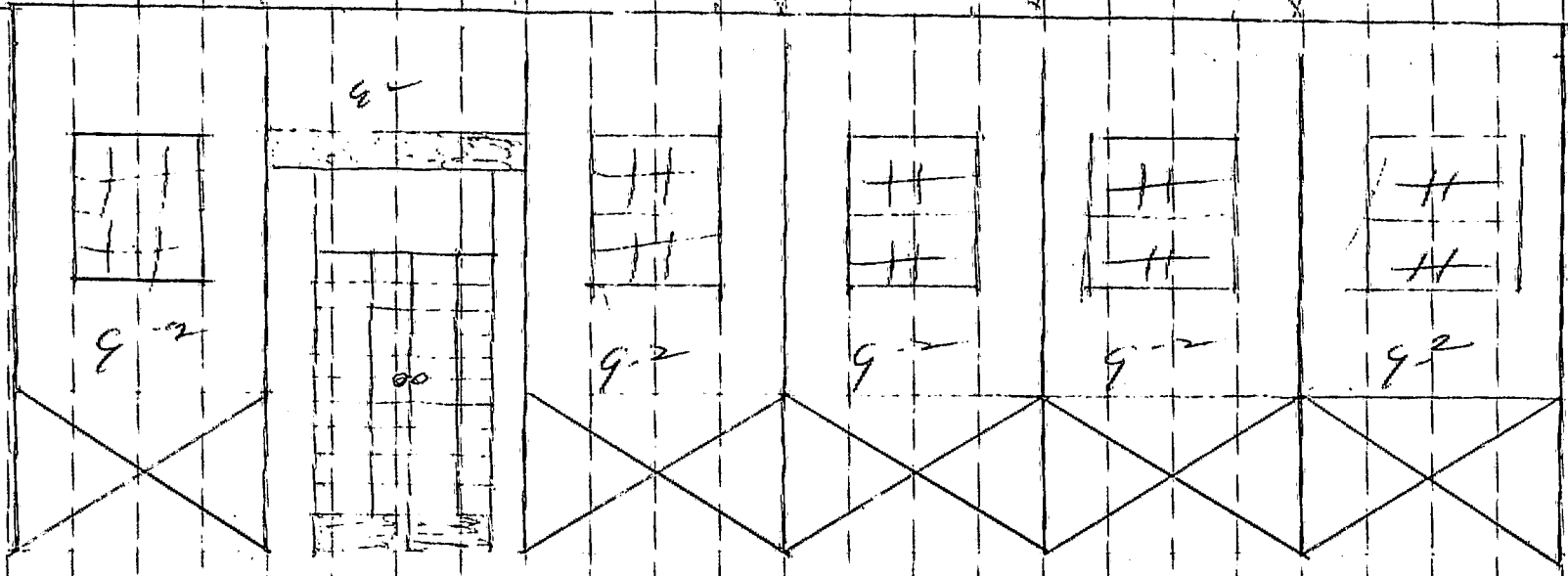
TOWN RECORD

Date submitted _____ Approved Dale Brown
Building Inspector Date

Approved _____ Final Approval given _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

FLAT ROOF EXISTING



8 FT

47 FOOT

2003

ADD WINDOWS TO REPLACE SCREENS -

NO ROOF WORK
NO SLAB WORK
ALL UNDER EXISTING ROOF

3257

Remodel Bed & Bathrooms

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

3257

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: Eileen & John MACDONALD Present Address 3 India Lucie Pkwy

Phone 286-5014 Stuart FL

Contractor owner Address

Phone

Where licensed License number

Electrical contractor Heritage License number

Plumbing contractor Atlantic License number

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

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

Rem Bed + Bath Rooms

Subdivision India Lucie Lot number 1 Block number 3

Contract price \$10,900 Cost of permit \$248.00

Plans approved as submitted [checked] Plans approved as marked

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

Contractor Eileen Macdonald Murrin

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 Eileen Macdonald Murrin

TOWN RECORD

Date submitted 9/24/92 Approved: Dale Brown 9/24/92 Building Inspector date

Approved: [Signature] 9/24/92 Commissioner Date Final Approval given: Date

Certificate of Occupancy issued (if applicable) Date

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

3259

Replace Driveway

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

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

Owner: Eileen & John Macdonald Present Address 3 India Lucie Pkwy

Phone 286-4123 5014

Contractor OWARC Address _____

Phone _____

Where licensed _____ License number _____

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: _____

replacing existing driveway
State the street address at which the proposed structure will be built: _____

Subdivision India Lucie Lot number 1 Block number 3

Contract price \$ 3,000.- Cost of permit \$ 248.00

Plans approved as submitted Plans approved as marked _____

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

Contractor Eileen Macdonald

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 Eileen Macdonald

TOWN RECORD

Date submitted 9/24/92 Approved: Dale Brown 9/24/92
Building Inspector Date

Approved: [Signature] 9/24/92 Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

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

5101

Siding Replacement

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 10/5/00
Building to be erected for JOHN MAC DONALD
Applied for by SEARS SIDING & WINDOWS (Contractor)
Subdivision INDIALUCIE Lot 1 Block 3
Address 3 INDIALUCIE PKWY
Type of structure SFR

BUILDING PERMIT NO. 5101
Type of Permit SIDING - REPL.
Building Fee \$ 67.20
Radon Fee _____
Impact Fee _____
A/C Fee _____
Electrical Fee _____
Plumbing Fee _____
Roofing Fee _____
Other Fees (PLAT REV) 6.72
TOTAL Fees \$ 73.92

Parcel Control Number:
3S-37-41-002-003-0001-02 0000
Amount Paid \$ 73.92 Check # 15,561 Cash _____
Total Construction Cost \$ 6,989.00

Signed Kristine Seibert
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>10/25/00</u>

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

Bldg. Pmt# _____

Town of Sewall's Point

Date 9/14/00

BUILDING PERMIT APPLICATION

RECEIVED
SEP 15 2000

Owner's Name: John MacDonald Phone No. (561) 286-5014

Owner's Present Address: _____
Fee Simple Titleholder's Name & Address if other than owner _____

Location of Job Site: 3 India Lane Pkwy Stuart FL 34994

TYPE OF WORK TO BE DONE: Replace Vinyl Siding

CONTRACTOR INFORMATION Sears Siding & Windows

Contractor/Company Name: PO Box 522290 Phone No. (561) 662-3598

COMPLETE MAILING ADDRESS: Longwood FL 32752-2290

State Registration: _____ State License: CBC039161

Legal Description of Property: Lot 1 Blk 3 India Lane Plat Bk 4

Parcel Number: 35-37-41-002 003 0001-02 0000

ARCHITECT/ENGINEER INFORMATION

Architect: _____ Phone No. _____

Address: _____

Engineer: N A Phone No. _____

Address: _____

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

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

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

NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

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

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

Cost of construction or Improvement: \$ 1989.00

Fair Market Value (FMV) prior to improvement _____

Substantial Improvement 50% of FMV yes _____ No _____

Method of determining FMV _____

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

Electrical _____ State License _____

Mechanical _____ State License# _____

Plumbing _____ State License# _____

Roofing _____ State License# _____

Application is hereby made to obtain a permit to do the work and

installations as indicated. I certify that no work or installation has

commenced prior to the issuance of a permit and that all work will be

performed to meet the standard of all laws regulating construction in this

jurisdiction. I understand that a separate permit from the Town may be

required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES,

BOILERS, HEATERS, TANKS, AIRCONDITIONERS, DOCKS, SEAWALLS, ACCESSORY BLDGS, SAND

REMOVAL, TREE REMOVAL.

I HEREBY CERTIFY: THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION

IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH

ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS,

INCLUDING FLORIDA MODEL ENERGY CODES.

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE _____

Sworn to and subscribed before me this _____ day of _____, 1998 by

_____ who is personally known to me or has produced or has

produced _____ and who did (did not) take an oath.

CONTRACTOR SIGNATURE Frank Wisniski

Sworn to and subscribed before me this 28th day of August, ~~1998~~

by Frank Wisniski who is personally known to me or has produced 2000

and who did (did not) take an oath.



Kristine Seibert
Commission # OC 872489
Expires Sep. 21, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

TREE REMOVAL (Attach sealed survey)
 No. of trees to be removed _____ No. to be retained _____ No. to be planted _____
 Specimen tree removed _____ Fee _____ Authorized/Date _____
DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
 - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - C. Contractor's name, address, phone number & license numbers.
 - D. Name all sub-contractors (properly licensed).
 - E. Current Survey
 - F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:

- 1. Floor Plan
- 2. Foundation Details
- 3. Elevation Views - Elevation Certificate due after slab inspection.
- 4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- 5. Truss layout
- 6. Vertical Wall Sections (one detail for each wall that is different).
- 7. Fireplace drawing: If prefabricated submit manufacturers data.

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____
 Approved by Town Engineer _____

Bldg. Pmt# _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

RECEIVED
Date
SEP 27 2000

Owner's Name: John MacDonald Phone No. 813-988-5888
Owner's Present Address: 3 Indialucic PKWY
Fee Simple Titleholder's Name & Address, if other than owner: Same 9/1/00

Location of Job Site: 3 Indialucic PKWY (OWNER SIGNATURE)
TYPE OF WORK TO BE DONE: Vinyl Siding
CONTRACTOR INFORMATION
Contractor/Company Name: Seas Siding & Windows Phone No. (561) 662-3598
COMPLETE MAILING ADDRESS: P.O. Box 522290 Longwood, FL 32752-2290
State Registration: _____ State License: CB0039161
Legal Description of Property: Lot 1 BIK 3 OF A Plat of Indialucic
Parcel Number: 35 37 41 002 003 001-020000 Plat BK Py 77 Makin Co

ARCHITECT/ENGINEER INFORMATION
Architect: _____ Phone No. _____
Address: _____
Engineer: N/A Phone No. _____
Address: _____
Area Square Footage: Living Area _____ Garage Area _____ Carport _____
Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION
flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD
proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
Cost of construction or improvement: _____
Fair Market Value (FMV) prior to improvement: _____
Substantial Improvement 50% of FMV yes _____ No _____
Method of determining FMV _____

SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)
Electrical: _____ State License _____
Mechanical: _____ State License# _____
Plumbing: _____ State License# _____
Roofing: _____ State License# _____

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

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

Kristine Seibert
Commission # CC 872489
Expires Sep. 21, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

OWNER/ CONTRACTOR MUST SIGN APPLICATION
OWNER or AGENT SIGNATURE: John MacDonald
Sworn to and subscribed before me this 27th day of Sept, 2000 by _____ who is personally known to me or has produced or has produced anvys wurse and who did (did not) take an oath.
CONTRACTOR SIGNATURE: Frank Wisniski
Sworn to and subscribed before me this 27th day of Sept, 2000 by Frank Wisniski who is personally known to me or has produced 200 and who did (did not) take an oath.

Kristine Seibert
Commission # CC 872489
Expires Sep. 21, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

Kristine Seibert
Page 1

TREE REMOVAL (Attach sealed survey)
 No. of trees to be removed _____ No. to be retained _____ No. to be planted _____
 Specimen tree removed _____ Fee _____ Authorized/Date _____
 DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
 - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - C. Contractor's name, address, phone number & license numbers.
 - D. Name all sub-contractors (properly licensed).
 - E. Current Survey
 - F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
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- 1. Floor Plan
- 2. Foundation Details
- 3. Elevation Views - Elevation Certificate due after slab inspection.
- 4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway)
- 5. Truss layout
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- 7. Fireplace drawing: If prefabricated submit manufacturers data.

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____
 Approved by Town Engineer _____

MARSH USA INC.

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
CHI-000054592-00

PRODUCER
MARSH USA INC.
500 W. MONROE STREET
CHICAGO, IL 60661
Attn: SANDRA GRANDISON 312 627 6162

COPY
lee/100
FILE
permut
FILE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY
A LIBERTY MUTUAL FIRE INSURANCE COMPANY
COMPANY
B
COMPANY
C
COMPANY
D

RECEIVED
OCT 05 2000
BY: *[Signature]*

INSURED
SEARS, ROEBUCK AND CO.
SEARS SIDING & WINDOWS, INC.
ATTN.: DEBRA WAGNER
3333 BEVERLY ROAD
D/769RM, B5 172B
HOFFMAN ESTATES, IL 60179

COVERAGES: This certificate supersedes and replaces any previously issued certificate.
THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS 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 & CONTRACTOR'S PROT	RG2-C41-004249-369	10/01/00	04/01/01	GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ 5,000,000 EACH OCCURRENCE \$ 5,000,000 FIRE DAMAGE (Any one fire) \$ 1,000,000 MED EXP (Any one person) \$ 500
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PHYSICAL DAMAGE	AS2-C41-004249-449	10/01/00	04/01/01	COMBINED SINGLE LIMIT \$ 5,000,000 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 \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	WA2-C4D-004249-029 (AOS) WC2-C41-004249-039 (AK,ID,KS,OR,WI) LA,MA,ME,RI SELF-INSURED	10/01/00 10/01/00	04/01/01 04/01/01	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 5,000,000 EL DISEASE-POLICY LIMIT \$ 5,000,000 EL DISEASE-EACH EMPLOYEE \$ 5,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)
ANYONE WHO IS DESIGNATED BY WRITTEN CONTRACT/AGREEMENT WITH THE NAMED INSURED TO BE AN ADDITIONAL INSURED SHALL BE SO DEEMED.
FRANK WISNISKI
CBC039161

CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT
1 S. SEWALL PT. RD.
SEWALL PT., FL 34996

CANCELLATION

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

MARSH USA INC.
By: Mary Hollis

Mary Hollis

MM1(9/99)

VALID AS OF: 08/10/00



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONST. INDUSTRY LICENSING BOARD
7960 ARLINGTON EXPRESSWAY
STE 300
JACKSONVILLE FL 32211-7467

(904) 727-6530

WISNISKI, FRANK G JR
SEARS SIDING & WINDOWS INC
P O BOX 522290
LONGWOOD

FL 32752-2290

STATE OF FLORIDA AC# 5908623
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CB -C039161 07/12/2000 009001
CERTIFIED BUILDING CONTRACTOR
WISNISKI, FRANK G JR
SEARS SIDING & WINDOWS INC
IS CERTIFIED under the provisions of Ch. 489
Expiration Date: AUG 31, 2002

DETACH HERE



DATE	BATCH NUMBER	LICENSE NBR
07/12/2000	00900110	CB -C039061

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2002

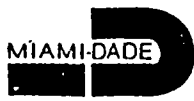
WISNISKI, FRANK G JR
SEARS SIDING & WINDOWS INC
P O BOX 522290
LONGWOOD

FL 32752-2290

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Alcoa Building Products, Inc.
2600 Campbell Rd
Sidney OH 45365

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

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

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

Your application for Product Approval of:
Vinyl Siding

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing.

If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

The expense of such testing will be incurred by the manufacturer.

Acceptance No.: 99-0610.03 (Revises No.: 99-0305.02)

Expires: 04/25/2002

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

10/2/00 TOWN OF SEWELL'S POINT
REVIEW:
BCCO OFFICIAL

Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance Office

FILE TOWN COPY
3 PAGES WERE PREP

Approved: 12/09/1999

PN

- ORLANDO (407) 767-0990
- MIAMI (561) 588-0671
- JACKSONVILLE (904) 399-5540
- ATLANTA (770) 921-1412
- TAMPA (813) 621-9774
- GREENSBORO (910) 272-5267
- COLUMBIA (803) 330-9948
- NASHVILLE (615) 254-5959
- PENSACOLA (904) 478-1535
- LOUISVILLE (502) 491-1810
- KNOXVILLE (423) 675-6373
- BIRMINGHAM (205) 733-9088
- CHARLOTTE (704) 357-9377
- HOUSTON (713) 697-7771
- DALLAS (214) 350-4403
- SAN ANTONIO (210) 829-7868
- MEMPHIS (901) 547-8151
- NEW ORLEANS (504) 734-8011
- JACKSON (601) 853-6887
- TULSA (918) 610-8131

Name: Mr. JOHN S. MACDONALD Phone: Res. 561-286-5014 Bus. _____
 Address: 3 INDIAN LUGIE PKWY City: STUART St.: FL Zip: 34996

I/We, the owners of the premises described below, hereinafter referred to as "Purchaser" offer to contract with Sears Siding & Windows hereinafter referred to as "Contractor", to furnish, deliver, and arrange for installation of all materials necessary to improve the premises located at:

Same

(Street) _____ (City) _____ (State) _____ (Zip) _____

According to the following specifications:

	INCLUDED	NOT INCLUDED	SPECIFICATIONS
PREPARATION:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Obtain all necessary permits and insurances.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Inspect surfaces in work area - re-nail loose wood, replace rotten surface wood where necessary in work area excluding roof, decking or rafters, and structural members.
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Remove Existing siding: Type: _____
	<input type="checkbox"/>	<input type="checkbox"/>	4. Fir out walls on brick, block, metal or stucco areas: Location: _____
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Caulk and seal around all windows & doors in work area as necessary.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Install approved non-corrosive starter strip.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Install insulation on flatwall areas to be sided with "3/4" (1/4") extruded poly-styrene insulation.
INSULATION:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Custom Vyna-Klad aluminum fascia system: Color: _____
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Remove and reattach/dispose of existing guttering.
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Cover soffit areas of home with vinyl soffit system, except those areas noted below. Color: _____ Pattern: _____
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Custom Vyna-Klad aluminum frieze boards: Location: _____ Color: _____ Size: _____
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12. Jump/Butt window trim: Location: _____ Color: _____
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Custom wrap windows/sills/mulls/headers with Vyna-Klad aluminum: Color: <u>ALMOND</u>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. Remove and reinstall existing storm windows/awnings/shutters.
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. Custom wrap door facings with Vyna-Klad aluminum: Location: _____ Color: <u>ALMOND</u>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Custom wrap garage door single/double with Vyna-Klad aluminum: Color: _____
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Remove and reinstall storm doors.
CUSTOM TRIM:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Deluxe corner posts: Color: <u>ALMOND</u>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. ALCLIP locking system: Location: _____
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Install S-100/Premium <u>PREMIUM</u> Solid vinyl siding. TYPE: Horizontal/Vertical STYLE: <u>HORIZONTAL</u> COLOR: <u>ALMOND</u>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21. Porch ceilings: Location: _____ Color: _____
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. Porch posts: Location: _____ Color: _____
SIDING:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Porch beams: Location: _____ Color: _____
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Clean up and removal of all job related debris.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Each job is over-shipped to avoid delays. Remove excess materials and re-stock.
PORCH SYSTEMS:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Mail customer warranty after satisfactory completion.
CLEAN UP:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WARRANTIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SPECIAL ITEMS:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Work not to be done: NO DRIP EDGE COVERED - NO PAINT APPLIED

DO NOT DO INSIDE REAR SCREENED AREA, ALSO INDOOR PATIO OIL. CEMENT AREAS - NO OTHER PRODUCTS

NOTE: THE WARRANTY PROVISIONS AS STATED ON THE REVERSE HAVE BEEN EXPLAINED AND I/WE UNDERSTAND THEM FULLY. ADDITIONAL PROVISIONS AND WARRANTIES ARE STATED ON REVERSE SIDE AND ARE PART OF THIS CONTRACT.

Please read the following bold type and initial corresponding line. Verbal understandings and agreements with representative shall not be binding. All understandings and agreements must be set forth in writing in this Contract.

The TOTAL PRICE for all Labor & Materials (including any applicable discounts) is \$ 6989.00
 Down Payment \$ _____
 Balance Payable \$ 6989.00

Amount: _____
 Terms: Credit (Subject to the approval of the Credit Department)
 Cash (Final Payment payable to Installer upon completion) Funded by: Bank _____ City _____ St. _____ Acct # _____

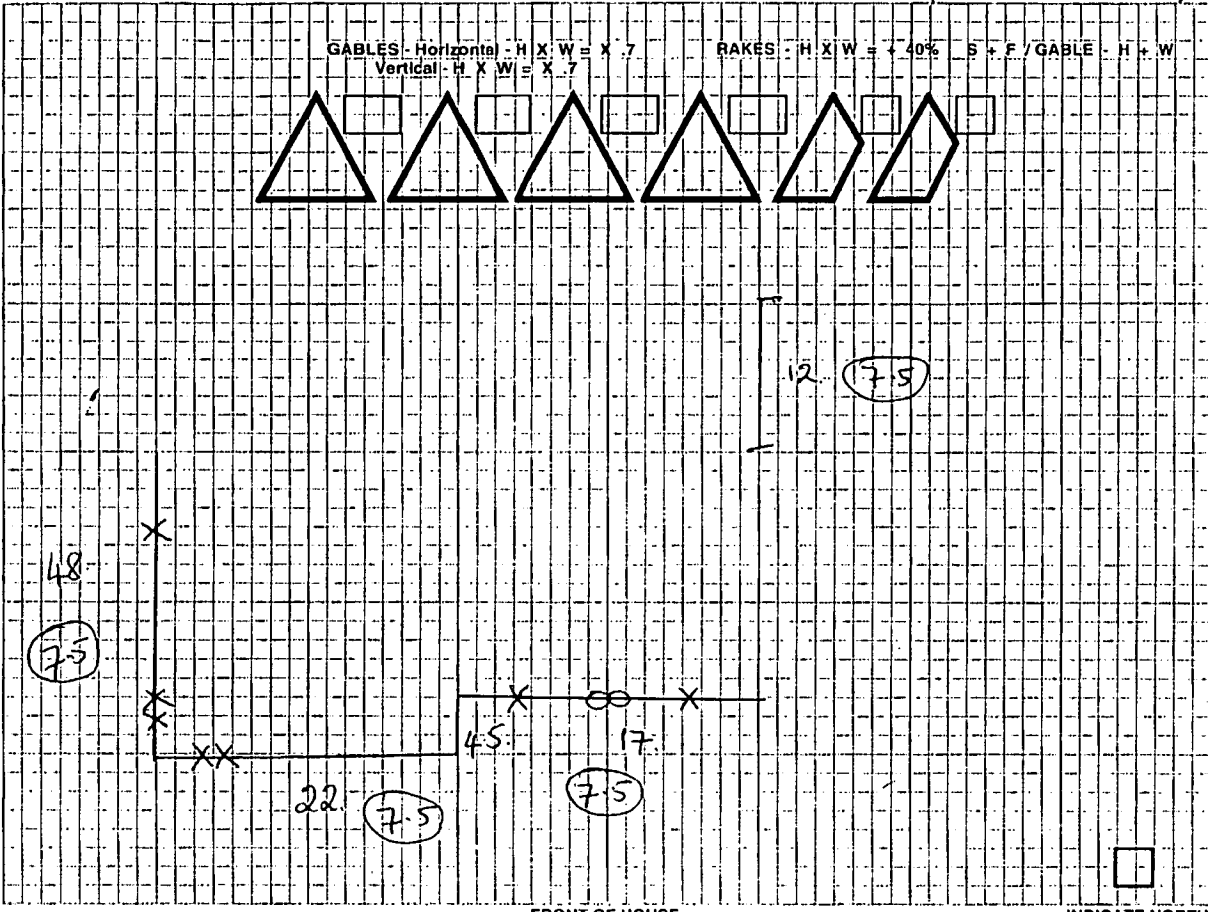
If this is a credit transaction, the agreement for credit is contained in a separate document which is incorporated herein by reference and made a part hereof. I/We the undersigned are hereby authorizing Sears Siding & Windows to verify and review my/our credit record with an independent credit reporting agency and release them from all liability incurred from inadvertent omissions or errors.
 IN WITNESS WHEREOF Purchaser(s) have hereunto signed their name(s) this 23 day of August, 2000 and acknowledge receipt of a true copy of this Contract and unless otherwise specified, it is understood that the owner is ready for this work to begin.

THIS MESSAGE APPLIES TO DOOR-TO-DOOR SALES ONLY. You the Purchaser(s) may cancel this transaction any time prior to midnight of the third day after the date of this transaction. See accompanying notice of cancellation form for an explanation of this right.

SUBMITTED BY: Representative Walter Abbott Date 8/23/00
 ACCEPTED BY: Authorized Signature for Sears Siding & Windows _____ Date _____

Signature affixed below acts as receipt that Purchaser(s) received separate cancellation forms.
 Purchaser John S Macdonald Date 8/23/00
 SSN 146 12 1 7418
 Purchaser _____ Date _____
 SSN _____

CUSTOMER MR JOHN + EILEEN MACDONALD ADDRESS 3 INDIAN LUCIE PKWY STUART DATE 8/28/10



FRONT OF HOUSE INDICATE NORTH

	H	V	T/C
FRONT- 17 x 7.5 =	128		
4.5 x 7.5 =	33		
FRONT GABLE- 22 x 7.5 =	165		
LEFT SIDE- x =			
48 x 7.5 =	360		
GABLE x x.7			
BACK- x =			
x =			
GABLE x x.7			
RIGHT SIDE- 12 x 7.5 =	90		
x =			
GABLE x x.7			
ADDITIONAL ... □ +	776		
OPENINGS	110		
SUBTOTAL	666		
5% WASTE	33		
TOTAL SQ. FT. ... H	699	v	
TOTAL SQUARES ... H	877	v	
WALL HEIGHT			

	<input type="checkbox"/> SOFFIT & FASCIA	<input type="checkbox"/> FASCIA ONLY
FRONT-		
GABLE HGT =		
LEFT SIDE-		
GABLE HGT =		
BACK-		
GABLE HGT =		
RIGHT SIDE-		
GABLE HGT =		
ADDITIONAL ... S&F+		
CORNERS		
10% WASTE		
TOTAL RUNNING FT. =	S/F	FO
DIMENSIONS SOFFIT-		FASCIA
PORCH CEILING		

1 STORY 2 STORY OTHER

ADDITIONAL COMMENTS DO NOT DO INSIDE REAR SCREENED AREA, DO NOT DO INDOOR PATIO OR CEMENT AREAS

HORIZONTAL WALL HEIGHT TABLE			VERTICAL WALL HEIGHT TABLE
41" - 50" = 4.2'	91" - 100" = 8.3'	141" - 150" = 12.5'	12.2'
51" - 60" = 5'	101" - 110" = 9.2'	151" - 160" = 13.3'	201" - 210" = 17.5'
61" - 70" = 5.8'	111" - 120" = 10'	161" - 170" = 14.2'	211" - 220" = 18.3'
71" - 80" = 6.7'	121" - 130" = 10.8'	171" - 180" = 15'	221" - 230" = 19.2'
81" - 90" = 7.5'	131" - 140" = 11.7'	181" - 190" = 15.8'	231" - 240" = 20'

Muntz & Wolf
MEASURED BY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Wed~~ Fri 10-25, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4702	Perry 18 N. Ridgeview owner/builder	all trades	X	Fri.
5101	McDonald [redacted] SEARS SIDING & WINDOWS	final inspect. siding	PASSED	
4978	Rimer - Bird 29 S. River Rd. Lear	footer for rear stem wall	PASSED	10:00 NOT READY 11:45 REUSPECT
4803	Foglia 101 H Sewall Way Foglia TODD 1-954-444-6126	final ✓ c.o. (INCL. PD 5114 12216 FUR)	PASSED	will arrange specific time AS HULT SURVEY TO SITE IRREG. PERMIT TO BE (5425) (51)
5025	VASQUEZ 82 S SEWALLS Pt. RD. Gloria BLDG.	FOOTERS & FLOOR SLAB.	PASSED	ARCH. REV. LTR. TO SITE
T/R	HECKENBERG 5 N.E. LAGOON ISLAND CT. O/B "TODD" 521-3099	FIELD VERIF.	PASSED	
T/R	KRAMEK 11 S. RIDGEVIEW RD. MONTE'S TREE SERV.	FIELD VERIF.	PASSED	

OTHER: _____

INSPECTOR (Name/Signature): _____

6069
RE-ROOF

TOWN OF SEWALL'S POINT

Date 12/20/09 **BUILDING PERMIT NO. 6069**
 Building to be erected for Linda Lapikas Type of Permit RZ-ROOF
 Applied for by Pacific Roofing (Contractor) Building Fee 120.00
 Subdivision INDIALUCIE Lot 1 Block 3 Radon Fee _____
 Address 3 India Lucie PKWY Impact Fee _____
 Type of structure SFR A/C Fee _____
 Parcel Control Number: Electrical Fee _____
3537410020030001020000 Plumbing Fee _____
 Amount Paid 120.00 Check # 1145 Cash _____ Other Fees (_____) Roofing Fee _____
 Total Construction Cost \$ 18,600.00 TOTAL Fees 120.00
 Signed [Signature] Signed [Signature] (dpu)
 Applicant Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: LINDA LAPIKAS Building Permit Number:
City: STUART State: FL Zip: 34986
Legal Description of Property: INDIALUCIE LOT 1 BLK 3 Parcel Number:
Location of Job Site: 3 INDIALUCIE PKWY Type of Work To Be Done: RE-ROOF, TILE TO METAL

CONTRACTOR/Company Name: PACIFIC ROOFING Phone Number: 283-7663
Street: P.O. Box 2697 City: STUART State: FL Zip: 34995
State Registration Number: State Certification Number: CCC056793 Martin County License Number:

ARCHITECT:
Street: Phone Number:
City: State: Zip:

ENGINEER:
Street: Phone Number:
City: State: Zip:

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 384 Garage: Covered Patios: ScreenedPorch:
Carport: Total Under Roof Wood Deck: Accessory Building:
Type Sewage: Septic Tank Permit Number From Health Depart. Well Permit Number:

FLOOD HAZARD INFORMATION Flood Zone: Minimum Base Flood Elevation (BFE): NGVD
Proposed First Floor Habitable Floor Finished Elevation: NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: 13,000.00 Estimated Fair Market Value (FMV) Prior
To Improvements If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO

SUBCONTRACTOR INFORMATION
Electrical: State: License Number:
Mechanical: State: License Number:
Plumbing: State: License Number:
Roofing: PACIFIC ROOFING State: FL License Number: CCC056793

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

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

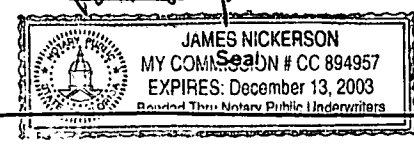
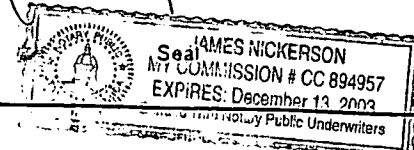
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY
KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (Required) Linda Lapikas
State of Florida, County of: MARTIN
This the 22 day of NOV, 2002
by LINDA LAPIKAS who is personally
known to me or produced
as identification.

Notary Public
My Commission Expires:

CONTRACTOR SIGNATURE (Required) [Signature]
On State of Florida, County of: MARTIN
This the 22 day of NOV, 2002
by RICHARD J. GUNMES who is personally
known to me or produced
as identification.

Notary Public
My Commission Expires:



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/01/2002

PRODUCER (561)746-4546 FAX (561)746-9599
Tequesta Agency, Inc.
218 S. US Highway One, Ste 300
Tequesta, FL 33469
Debra Hicks

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 Pacific Roofing Corp., Inc.
PO Box 2697
Stuart, FL 34994

INSURER A: American Casualty Company

INSURER B: Transportation Insurance Co.

INSURER C:

INSURER D:

INSURER E:

RECEIVED

NOV 05 2002

BY:

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	<input type="checkbox"/> GENERAL LIABILITY	C2020206931	10/28/2002	10/28/2003	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000	
	<input type="checkbox"/>				PERSONAL & ADV INJURY	\$ 1,000,000	
	<input type="checkbox"/>				GENERAL AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/>				PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/>				GEN'L AGGREGATE LIMIT APPLIES PER:		
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
B	<input type="checkbox"/> AUTOMOBILE LIABILITY	C2020206945	10/28/2002	10/28/2003	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
	<input type="checkbox"/> GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$	
					AUTO ONLY: AGG	\$	
	<input type="checkbox"/> EXCESS LIABILITY				EACH OCCURRENCE	\$	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$	
	<input type="checkbox"/>					\$	
	<input type="checkbox"/> DEDUCTIBLE					\$	
	<input type="checkbox"/> RETENTION \$					\$	
							\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER	
					E.L. EACH ACCIDENT	\$	
					E.L. DISEASE - EA EMPLOYEE	\$	
					E.L. DISEASE - POLICY LIMIT	\$	
	<input type="checkbox"/> OTHER						

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

TOWN OF SEWALLS POINT
ATTN: ED ARNOLD
1 SOUTH SEWALLS POINT ROAD
STUART, 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

Mark Kastan/DEBBIE

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/05/02
RECEIVED THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFECT, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		RECEIVED NOV 05 2002 BY:
INSURERS AFFORDING COVERAGE Insurer A: <u>Kemper Insurance</u> Insurer B: Insurer C: Insurer D: Insurer E:		
ISSUANCE Onea Staffing, Inc. / Onea Staff Leasing Services Group, Inc. Staffing Services Group, Inc. 4 Commercial Drive Cranford, NJ 07016 908.937.9848		

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.

TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRES DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN. AGGREGATE LIMIT <input type="checkbox"/> POLICY <input type="checkbox"/> PERIOD <input type="checkbox"/> CC				EACH OCCURRENCE 10 LIMITS TO WHICH POLICY IS SUBJECT 0 MED EXP ONLY AND COSTS 0 PERSONAL & ADV INJURY 0 COMM. AUTOMOBILE 0 PRODUCTS - COMMER. ACC 0
AUTOMOBILE LIABILITY <input type="checkbox"/> ALL AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HOUS. AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COVERED WHILE IN USE 0 BODILY INJURY (Per person) 0 BODILY INJURY (Per accident) 0 PROPERTY DAMAGE (Per accident) 0
UMBRELLA LIABILITY <input type="checkbox"/> ALL AUTO				AUTO OIL F. & ACCIDENT 0 OTHER THAN AUTO OIL F. 0 MED EXP 0
EMPLOYERS' GBL LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> BODILY INJURY <input type="checkbox"/> DETENTION				EACH OCCURRENCE 0 AGGREGATE 0
WORKERS COMPENSATION AND EMPLOYERS LIABILITY	68R0085107	7/1/2002	7/1/2003	<input checked="" type="checkbox"/> 1 - 100% S. L. EACH ACCIDENT 0 1,000,000 S. L. DISEASE - GA EMPLOYEE 0 1,000,000 S. L. DISEASE - POLICY LIMIT 0 1,000,000

SECTION OF OPERATIONS / CLASSIFICATION / CODES / EXCLUSIONS / CODES BY SUBSEQUENT / SPECIAL OPERATIONS

For employees leased to but not subcontractors of Pacific Roofing Corp.

CERTIFICATE HOLDER Town of Sewall's Pt. Bldg. Dept. 1 South Sewall's Pt. Road Stuart, FL 34997	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURANCE COVERAGE WILL BE LIMITED TO THE DATE WHEN THE POLICY WAS CANCELLED. THE CERTIFICATE HOLDER AGREES TO THE LEFT, BUT FAILS TO BE SO STATE, UNDER NO CIRCUMSTANCES OR LIABILITY OF ANY KIND SHALL THE ISSUER, ITS AGENTS OR REPRESENTATIVES BE RESPONSIBLE FOR THE CANCELLATION OF ANY POLICY. LINE 1000 / L12 <i>[Signature]</i>
--	--

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L0206100081

DATE	BATCH NUMBER	LICENSE NBR
06/10/2002	011129085	CCC056793

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

RECEIVED
NOV 05 2002
BY: _____

GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART

FL 34995

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-BRYER
SECRETARY

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 35-37-41-002-003-0001.0-2

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):

INDIALUCIE, LOT 1 BLK 3

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

OWNER: LINDA LAPIKAS

ADDRESS 3 INDIALUCIE STUART, FL. 34986

PHONE # _____ FAX # _____

CONTRACTOR: PACIFIC ROOFING

ADDRESS: P.O. Box 2697 STUART, FL 34995

PHONE # 283-7663 FAX # 283-9505

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

BOND AMOUNT: _____

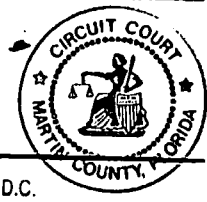
LENDER: _____

ADDRESS: _____

PHONE # _____

STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK



BY [Signature] D.C.

DATE 10/11/02

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

NAME: _____

ADDRESS: _____

PHONE # _____

FAX # _____

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

PHONE # _____

FAX # _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

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

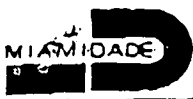
Linda Lapikas
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 11 DAY OF Nov. 2002
BY LINDA LAPIKAS

[Signature]
NOTARY SIGNATURE

JAMES NICKERSON
COMMISSION # CC 89-957
Expires December 13, 2003
Public Underwriters

PERSONALLY KNOWN
OR
PRODUCED ID
TYPE OF ID _____



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

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2528

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

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

Your application for Notice of Acceptance (NOA) of:
JM "SV" Crimp Architectural Metal Roof System
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at any time from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined by BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

The expense of such testing will be incurred by the manufacturer.

ACCEPTANCE NO.: 01-0622.02
EXPIRES: 08/16/2006

PACIFIC ROOFING CORPORATION
808 SE DIXIE HIGHWAY
STUART, FLORIDA 34994-3803

Raul Rodriguez
Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET. SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

WARNING

Francisco J. Quintana
Francisco J. Quintana, R.A.

THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION OWNED BY J.M. METALS. IT IS INTENDED FOR SPECIFIC USE BY J.M. METALS, AND ITS AUTHORIZED DEALERS ONLY, WHEN PROVIDING J.M. METALS PRODUCTS, CALCULATIONS, AND APPROVALS CONTAINED HEREIN. AND IS ONLY VALID WHEN USED IN CONJUNCTION WITH CERTIFIED J.M. METALS MATERIAL. OTHER PRODUCTS MAY NOT PERFORM THE SAME, AND ARE SPECIFICALLY OMITTED FROM COVERAGE FROM THIS DOCUMENT AND WARRANTIES AVAILABLE THRU J.M. METALS.

APPROVED: 08/16/2001

ONLY TRUE CERTIFIED COPIES OF THIS DOCUMENT BEAR THE RAISED SEAL OF J. MILA ENTERPRISES, INC. (THE PARENT COMPANY OF J.M. METALS)

Director
Miami-Dade County
Building Code Compliance Office

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE

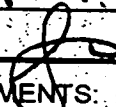
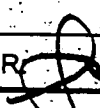
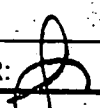
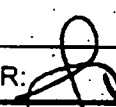
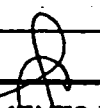

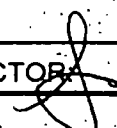
DATE: 12/11/02

Gene Simmons
BUILDING OFFICIAL
Gene Simmons

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1-3, 2003; Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6080	SPIEVACK	ROOF REPAIRS		7 nobody there
(5)	30 W. HIGHPOINT RD ALL AMERICAN			rain ? INSPECTOR: 
6045	VASQUEZ	Final	Passed	
(7)	82 S. Sewall's Pt Rd J+B Boatlift			INSPECTOR: 
TREE	HULL	TREE	Passed	
(8)	2 HERITAGE WAY			INSPECTOR: 
TREE	FABINSKY	TREE	Passed	
(4)	10 MANDALAY RD			INSPECTOR: 
5908	WILBERDING	Strapping -	Passed	
(2)	2 PALAMA WAY O/B	2nd Floor only		INSPECTOR: 
6075	DICKER	Elec Panel - Pool	Passed	
(6)	165 S. SEWALL'S PT RD KRAUSS + CRANE	Heater		INSPECTOR: 
6069	LAPIERRE	SHEATHING	Passed	
(1)	3 INDALUCIA RD. PARIFIC.	263 DOSS		INSPECTOR: 

OTHER: 95 S. River ?



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

CORRECTION NOTICE

ADDRESS: 3 Indialucie

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

Tin Tab

Failed \$ 30.-

Incomplete
wrong, insufficient pattern

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

DATE: 1/10/3



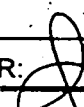
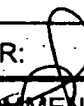
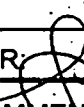


[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/10, 2004, Page of .





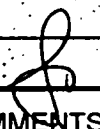
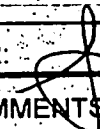
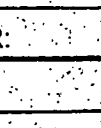
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5755	De Graff 9 Castle Hill Way	temp elec.	Passed	
				INSPECTOR: 
6069	LAPIRAS	TIN TPB	Failed	\$30.
	3 INDIALUCIA PACIFIC			INSPECTOR: 
5734	ABESADA-TURK 8 MORGAN CIRCLE	LOWER ROOF NAILING	Passed	
				INSPECTOR: 
6089	STANFORD 73 N. RIVER ROAD STUART ROOFING	SHEETING	Passed	
				INSPECTOR: 
6086	NEILD 12 MIRAMAR RD PAULICK CONST.	FINAL-ROOF	Passed	
				INSPECTOR: 
Tree	Tetamanti 19 Elsfing way Prady's	Tree rem/dem	Passed	
				INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1				
				INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JAN 12, 2001; 3 Page of .



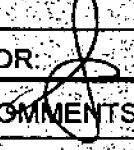

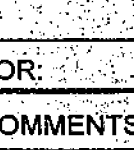
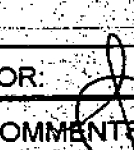
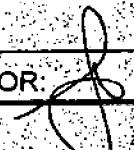
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	FRANCIS 55 RIVER ROAD WILBERDING	TREE	Passed	INSPECTOR: 
6005	HENDERSON 24 ISLAND BUFORD	FINAL-ALL Driveway	Passed Passed	close out INSPECTOR: 
5968	BOWER 18 FIELDWAY SMITH	POOL SCREEN FINAL	Passed	INSPECTOR: 
6069	LAPIKAS 3 INDIANUCIA PACIFIC	263 0055'	Passed	INSPECTOR: 
T/R	Berk 16 Mandalay Bernie Trees	Tree	Passed	INSPECTOR: 
	Middle road 22	Playhouse		To be picked up INSPECTOR: 
				INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/22, 20013 Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5969	HB ASSOC LTD 3766 SE OCEAN KIRCHMAN	Sign	Failed	no photo → Informal Contractor (Kirchman)
N				INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6049	Latika	Final roof	Passed	
N	3 Indialucie Drive Pacific Roof			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6097	Risedorph 17 S. Via Lucindia Marc Provencher Roofing	Roof sheathing	Passal	INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5919	Burr 21 Riverview Dr O/B	underslab plumbing	Passed	INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6013	FABINSKY 10 MANDALAY Florida Finest	PRE POUE COLUMNS		Late INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5880	HARTE 3 E. High Point Rd NAVARRO & MAGGART	PLUMBING & ELEC FINAL	Passed	INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
	Burr 21 Riverview Dr. O/B	Duplicate	Passed	INSPECTOR: 

OTHER: 5 St. Lucie Ct. ??
8 Morgan Ct.

7184

Garage Door

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/10/05

BUILDING PERMIT NO. 7184

Building to be erected for LAPIKAS

Type of Permit GARAGE DOOR

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision INDIALUCIE Lot 1 Block 3

Radon Fee _____

Address 3 INDIALUCIE PKWY

Impact Fee _____

Type of structure GARAGE

A/C Fee _____

Parcel Control Number:
3537410020030001020000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 970 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 925.00

TOTAL Fees 35.00

Signed Linda Lapikas
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 1/3/05

Permit Number: _____

OWNER/TITLEHOLDER NAME: JOHN & LINDA LAPIKAS Phone (Day) 287-9499 (Fax) _____

Job Site Address: 3 INDIALUCIE PKWY. City: STUART State: FL Zip: 34996

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

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

Description of Work To Be Done: REPLACE EXISTING GARAGE DOOR

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 975.⁰⁰
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.#: _____ Phone Number: _____

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

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

Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required)

Linda Lapikas

State of Florida, County of: Martin

This the 3 day of Jan., 2005

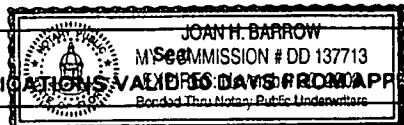
by Linda Lapikas who is personally

known to me or produced

as identification Joan H. Barrow

Notary Public

My Commission Expires:



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 2005

by _____ who is personally

known to me or produced _____

As identification: _____

Notary Public

My Commission Expires: _____

Seal

PERMIT APPLICATIONS VALID 15 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

TOWN OF SEWALL'S POINT

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

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT

(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

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

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

Name: LINDA LAPIKAS Date: 1/10/05

Signature: Linda Lapikas

Address: 3 Indialucie Parkway

City & State: Stuart, FL 34996

Permit No. _____

PROPOSAL

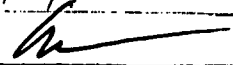
Page No. 01 of 01 Pages

AG GARAGE DOOR
1244 SE Naples Ln.
Fort St. Lucie, FL 34983
Phone: (772) 342-4215

PROPOSAL BY: J. Indelicato (772) 315-0888
 STREET: 3. Indelicato
 CITY, STATE, ZIP CODE: Fort St. Lucie, FL 34983
 ARCHITECT: Indelicato DATE OF PLANS: _____

We hereby submit specifications and estimates for:

① 16' x 7' steel (insulated) door
 Springs
 Track
 Hardware
 (5) 3/4" U-Bars
 (1) Post 1140 MPH

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
 DATE: 1/4/05

BUILDING OFFICIAL
 Gene Simmons

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of _____ dollars (\$ 975.00).

Payment to be made as follows: _____

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

Authorized Signature: Lourdes Gonzalez
 Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: _____ Signature: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~THU~~ 1-17-05, 2005 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7134	LAPINKAS	GARAGE DOOR	PASS	CLOSE
2	3 INDIA LUCIE Pkwy O/B			INSPECTOR: <i>[Signature]</i>
1053	DUNN	PLUMBING A/C	FAIL PASS	
1	31 N. RIVER RD FIRST FLORIDA	ELECTRICAL FRAMING	FAIL FAIL	RENEWAL
		* FIRST THING		INSPECTOR:
7151	HARRIGAN	FRAMING	PASS	
6	2 PALMETTO DR Worcester	ELECTRICAL MECHANICAL	PASS PASS	INSPECTOR: <i>[Signature]</i>
TREE	BABBITT	TREE	PASS	
	76 S. SEWALL'S PT			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	JOINER	TREE	PASS	
	85 S.S.P.R.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	O'STEEN	TREE	PASS	12 PILES TO BE REMOVED
	1 RIDGEVIEW AMBUS			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

7840

Paver Deck

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10-21-05

BUILDING PERMIT NO. 7840

Building to be erected for LAPIKAS

Type of Permit PAVER DECK

Applied for by O/B

(Contractor) Building Fee 48.00
35K x 9.60/1000

Subdivision INDIALUCIE Lot 1 Block 3

Radon Fee _____

Address 3 INDIALUCIE PARKWAY

Impact Fee _____

Type of structure SPR

A/C Fee _____

Parcel Control Number:

Plumbing Fee _____

3537410020030001020000

Roofing Fee _____

Amount Paid 60.00 Check # 1229 Cash _____

Other Fees (256.00) 12.00

Total Construction Cost \$ 5,000.

TOTAL Fees 60.00

Signed Linda Lapikas

Signed Gene Simmons

Applicant

Town Building Official

PERMIT

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

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

- MECHANICAL
- POOL/~~SPA~~ DECK patio
- FENCE
- GAS
- RENOVATION
- ADDITION

INSPECTIONS

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

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 10/18/05

Permit Number: _____

OWNER/TITLEHOLDER NAME: JOHN & LINDA LAPIKAS Phone (Day) (912) 287-9499 (Fax) —

Job Site Address: 3 INDIALUCIE PARKWAY City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) INDIALUCIE, LOT 1, BLOCK 3 Parcel Number: 35-37-41-002-003-00010-2

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

Description of Work To Be Done: INSTALL PAVER DECK AROUND POOL

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 5,000.⁰⁰
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required)

Linda Lapikas

State of Florida, County of: Martin

This the 18th day of October, 2005

by Linda Lapikas who is personally

known to me or produced as identification. Joan H. Barrow

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)

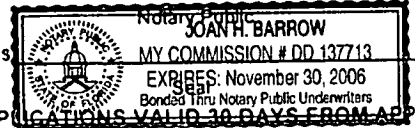
On State of Florida, County of: _____

This the _____ day of _____, 200____

by _____ who is personally

known to me or produced _____

As identification. _____
Notary Public
My Commission Expires: _____



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

DECK → WOOD TO PAVER → 2 COPIES OF SURVEY SHOWING
(NOT CHG'G FOOTPRINT) EXISTING DECK DOES NOT
ENCROACH SETBACKS

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

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

DISCLOSURE STATEMENT

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

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

Name: LINDA LAPIKAS Date: 10/18/05

Signature: Linda Lapikas

Address: 3 INDIALUCIE PARKWAY

City & State: STUART, FL

Permit No. _____

FLOOD ZONE A10 ELEV. = 8.0
 FIRM PANEL 1201640001E
 DATED OCTOBER 16, 1996

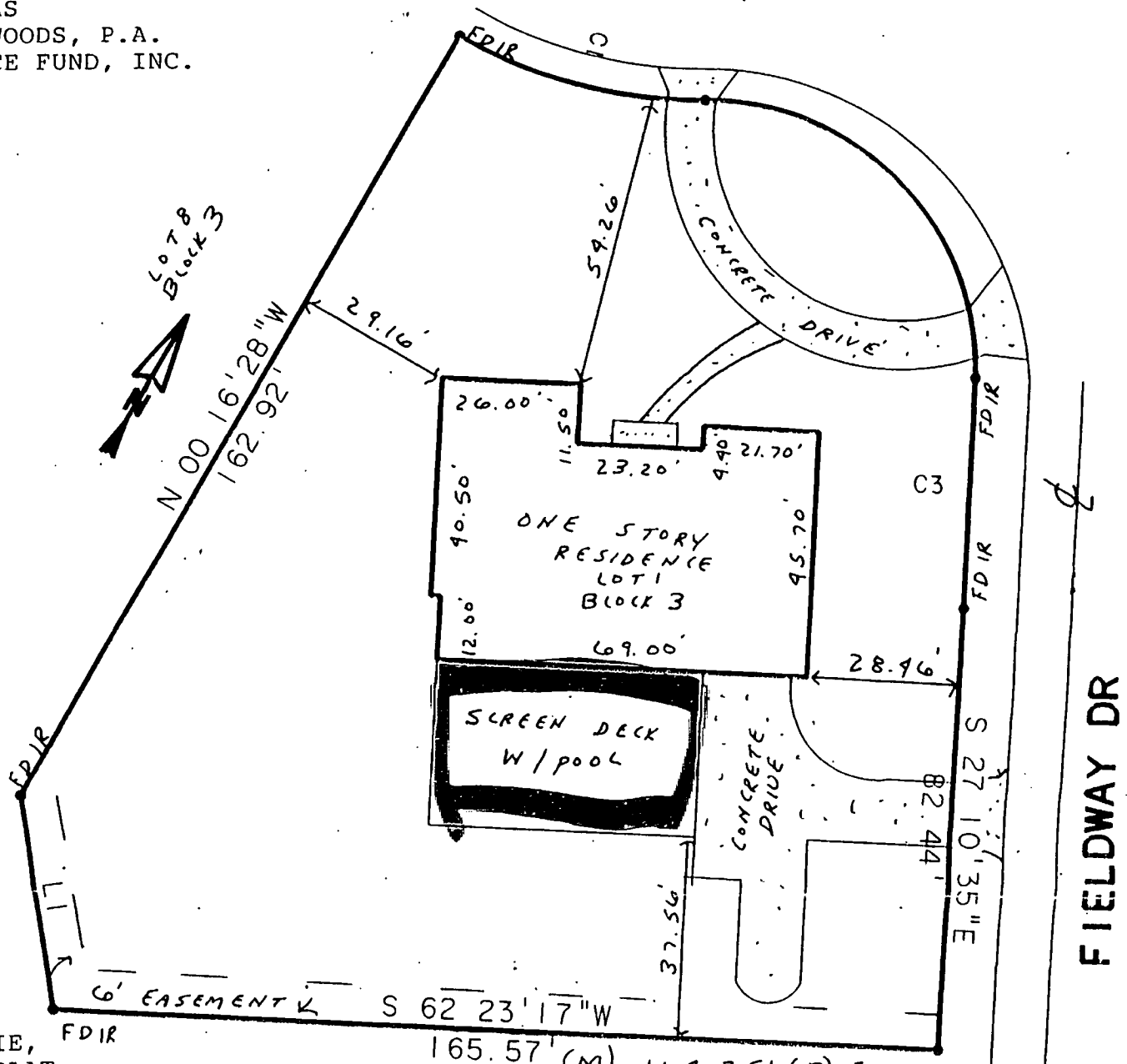
FD IR
 RAD PT INDIA LUCIE

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 10/20/05
 BUILDING OFFICIAL
 Gene Simmons

CERTIFIED TO:

WASHINGTON MUTUAL BANK, F.A.
 JOHN A. & LINDA M. LAPIKAS
 OUGHTERSON, SUNDHEIM & WOODS, P.A.
 ATTORNEYS' TITLE INSURANCE FUND, INC.

- LEGEND
- A=ARC
 - ASPH. = ASPHALT
 - C = CALCULATED
 - CH = CHORD
 - C/L = CENTERLINE
 - CH = CONCRETE MONUMENT
 - Δ = DELTA
 - D = DESCRIPTION
 - D.E. = DRAINAGE EASEMENT
 - FD = FOUND
 - G.W. = GUY WIRE
 - I.P. = IRON PIPE
 - I.R. & C. = IRON ROD & CAP
 - L.P. = LIGHT POLE
 - M = MEASURED
 - N & W = NAIL & WASHER
 - O.E. = OVERHEAD ELECTRIC
 - P. = PLAT
 - PAVT. = PAVEMENT
 - P.C. = POINT OF CURVE
 - P.C.C. = POINT OF COMPOUND CURVE
 - P.P. = POWER POLE
 - P.R.C. = POINT OF REVERSE CURVE
 - P.T. = POINT OF TANGENT
 - P.C.P. = PERMANENT CONTROL POINT
 - P.R.M. = PERMANENT REFERENCE MARKER
 - R = RADIUS
 - ROW = RIGHT OF WAY
 - U.E. = UTILITY EASEMENT
 - H.P. = HIGH POINT
 - BLK. = BLOCK
 - B.M. = BENCHMARK
 - F.F. = FINISHED FLOOR
 - SET I.R. & C. = SET IRON ROD & CAP LB # 6153
 - CONC. = CONCRETE
 - N.T.S. = NOT TO SCALE



DESCRIPTION

LOT 1, BLOCK 3, INDIALUCIE, ACCORDING TO THE MAP OR PLAT THEREOF, AS RECORDED IN PLAT BOOK 4, PAGE 77, AND AFFIDAVIT RECORDED IN OFFICIAL RECORDS BOOK 248, PAGE 303, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

SAID LANDS SITUATE IN MARTIN COUNTY, FLORIDA.

STREET ADDRESS: 3 INDIALUCIE

SURVEYOR'S CERTIFICATE:

THIS CERTIFIES THAT A SURVEY OF THE PROPERTY DESCRIBED HEREON WAS MADE UNDER MY SUPERVISION AND THAT THE SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES. AND, THAT THE SKETCH HEREON IS A TRUE AND ACCURATE REPRESENTATION THEREOF TO THE BEST OF MY KNOWLEDGE AND BELIEF. SUBJECT TO NOTES AND NOTATIONS SHOWN HEREON.

NOTES:

- 1) REPRODUCTIONS OF THIS SURVEY ARE NOT VALID UNLESS SEALED WITH AN EMBROSSED SURVEYOR'S SEAL.
- 2) LANDS SHOWN HEREON WERE NOT ABSTRACTED BY OFFICE FOR RIGHTS-OF-WAY, EASEMENTS OF RECORD, OWNERSHIP, MURPHY ACT, DEEDS, OR ADJOINING DEEDS.
- 3) LAND DESCRIBED SHOWN HEREON WAS PROVIDED BY THE CLIENT OR HIS/HER AGENT.
- 4) NO ATTEMPT WAS MADE BY THIS OFFICE TO LOCATE SUBSURFACE IMPROVEMENTS OR ENCROACHMENTS OTHER THAN THOSE SHOWN HEREON.
- 5) UNDERGROUND FOUNDATIONS NOT LOCATED.
- 6) BASE OF BEARINGS IS THE CENTERLINE OF INDIALUCIE AS SHOWN ON THE PLAT OF INDIALUCIE RECORDED IN PLAT BOOK 4, PAGE 77, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

NOT VALID UNLESS SEALED WITH AN EMBROSSED SURVEYOR'S SEAL.

DATED 11/1/02

Gerald W. Tansky
 GERALD W. TANSKY

PROFESSIONAL REGISTRATION NO. 4464

AS BUILT SURVEY PREPARED FOR: OUGHTERSON

DBAWN: D.K.T.
 CHECKED: G.W.T.
 DATE: 11/1/2002
 SCALE: 1"=30'
 JOB #: 02-614
 SHEET ONE

TREASURE COAST LAND SURVEYORS
 LB # 6453 PROFESSIONAL LAND SURVEYORS
 PHONE # 3250 CANDICE AVE.
 334-2663 JENSEN BEACH, FLORIDA 34957

REVISIONS	BY	DATE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Dec 28, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7689	HART	FINAL RENOVATION	FAIL	
3	3 E. High Point Rd			INSPECTOR: <i>[Signature]</i>
	First Florida			
7957	Morris	Pre-Pour Wall	PASS	
1	120 Huccess Dr			INSPECTOR: <i>[Signature]</i>
	O/B	*FIRST PLEASE*		
7698	Beiscoe	Rght In Ejector Way	PASS	
9	5 Cumbo Limbway			INSPECTOR: <i>[Signature]</i>
	O/B			
7813	Parks	TIE BEAM	PASS	
2	3 MINDORO ST			INSPECTOR: <i>[Signature]</i>
	PARKS + CO.	*2ND PLEASE*		
7809	D'ALESSANDRO	Pre-Pour Slab	FAIL	
6	4 EMARITA WAY			INSPECTOR: <i>[Signature]</i>
	O/B	*		
7840	LAPIKAS	Paver Pool Deck	PASS	D. LOSE
8	3 INAWCEPWAY	FINAL		INSPECTOR: <i>[Signature]</i>
	O/B			
7823	NOHEJL	METER		
10	26 W. High Point			INSPECTOR:
	O/B	11-12 PLEASE		

OTHER: _____

7929
SIDING

Renew: ~~12/1/05 to 12/1/07~~ \$36.70
Pd 414070X # 1139

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12-1-05

BUILDING PERMIT NO. 7929

Building to be erected for LAPIKAS Type of Permit SIDING

Applied for by Saks Home Improvement (Contractor) Building Fee \$3823 x 9.60/1000 = 36.70

Subdivision INDIALUCIE Lot 1 Block 3 Radon Fee _____

Address 3 INDIALUCIE PARKWAY Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____
3337410030030001020000 Electrical Fee _____
Plumbing Fee _____
Roofing Fee _____

Amount Paid 36.70 Check # 24165 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 3823 TOTAL Fees 36.70

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12-1-05

BUILDING PERMIT NO. 7929

Building to be erected for LAPIKAS

Type of Permit Siding

Applied for by SEARS Home Improvement (Contractor)

* $3823 \times 9.60/1000 = 36.70$
Building Fee 36.70

Subdivision INDIAWUCIE Lot 1 Block 3

Radon Fee _____

Address 3 INDIAWUCIE PARKWAY

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:
3537410020030001020000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 36.70 Check # 24165 Cash _____ Other Fees (_____)

TOTAL Fees 36.70

Total Construction Cost \$ 3823

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED

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

Date: _____ Permit Number: _____

OWNER/TITLEHOLDER NAME: John Lapikas Phone (Day) _____ (Fax) _____

Job Site Address: 3 Indialucie Phwy City: Stuart State: FL Zip: 34994

Legal Desc. Property (Subd/Lot/Block) Indialucie lot 1 blk 3 Parcel Number: 353741002003000102

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

Description of Work To Be Done: Replace 30 # of string

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

(If yes, Owner Builder Affidavit must accompany application)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 3823⁰⁰

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Sears Home Improvement Phone: 9545902203 Fax: 9545902207

Street: 1024 Florida Center Plwy City: Longwood State: FL Zip: 32750

State Registration Number: 66012538 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT N/A Lic.#: _____ Phone Number: _____

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

ENGINEER N/A Lic# _____ Phone Number: _____

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

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

Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required)

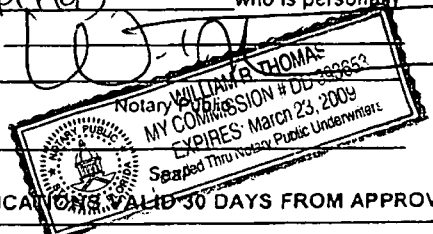
State of Florida, County of: Martin

This the 11 day of October, 2005

by John Lapikas who is personally

known to me or produced as identification.

My Commission Expires:



CONTRACTOR SIGNATURE (required)

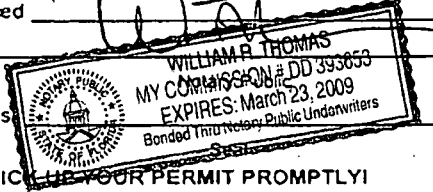
On State of Florida, County of: Martin

This the 11 day of October, 2005

by Alfred Nymus who is personally

known to me or produced as identification.

My Commission Expires:





STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

NYMAN, ALFRED WILLIAM JR
SEARS HOME IMPROVEMENT PRODUCTS INC
1024 FLORIDA CENTRAL PARKWAY
LONGWOOD FL 32750

STATE OF FLORIDA AC# 1954740
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CMC1249510 03/31/05 040582278
CERTIFIED MECHANICAL CONTRACTOR
NYMAN, ALFRED WILLIAM JR
SEARS HOME IMPROVEMENT PRODUCTS INC
IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2006 L05033300155

DETACH HERE

AC# 1954740 STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L05033300155

DATE	BATCH NUMBER	LICENSE NBR
03/31/2005	040582278	CMC1249510

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

NYMAN, ALFRED WILLIAM JR
SEARS HOME IMPROVEMENT PRODUCTS INC
1024 FLORIDA CENTRAL PARKWAY
LONGWOOD FL 32750

JEB BUSH GOVERNOR
DIANE CARR SECRETARY
DISPLAY AS REQUIRED BY LAW

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

04/01/2006

DATE (MM/DD/YY)
04/06/2005

PRODUCER
LOCKTON COMPANIES
525 W. Monroe, Suite 600
CHICAGO IL 60661
(312) 669-6900

INSURED
1062126 Sears Holdings Corporation
d/b/a Sears Home Improvement Products, Inc.
Attn: Risk Management B5-177B
3333 Beverly Rd.
Hoffman Estates IL 60179

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

INSURERS AFFORDING COVERAGE

INSURER A: Self Insured Retention
INSURER B: Indemnity Ins. Co. of North America
INSURER C: Ace American Insurance Company
INSURER D:
INSURER E:

COVERAGES SEAHO04 C7

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


INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	SELF INSURED RETENTION \$5,000,000	04/01/2005	04/01/2006	EACH OCCURRENCE \$ XXXXXXXX FIRE DAMAGE (Any one fire) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMPI/OP AGG \$ XXXXXXXX
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ XXXXXXXX OTHER THAN AUTO ONLY: EA ACC AGG \$ XXXXXXXX
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> UMBRELLA FORM RETENTION \$	NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX \$ XXXXXXXX
B C C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLRC44187012 (AOS) WLRC44187000 (CA) (DED.) SCFC44187024 (WI) (RETRO)	04/01/2005 04/01/2005 04/01/2005	04/01/2006 04/01/2006 04/01/2006	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Alfred W. Nyman, Jr., License #CGC012538 located @ 1024 Florida Central Parkway, Longwood, FL 32750 and Alfred W. Nyman, Jr., License #CMC1249510 located @ 1024 Florida Central Parkway, Longwood, FL 32750

CERTIFICATE HOLDER
2268112
Town of Sewall's Point
1 S. Sewall Pt. Rd.
Sewall Pt. FL 34996

ADDITIONAL INSURED: INSURER LETTER: _____

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

AUTHORIZED REPRESENTATIVE 



8/03/05

2005 - 2006

City of Longwood

175 W. Warren Avenue, Longwood, FL 32750

OCCUPATIONAL LICENSE

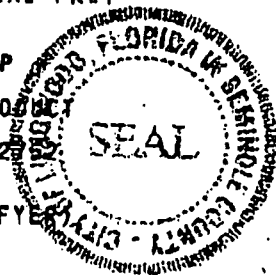
LOCATION: 1024 FLORIDA CENTRAL PKWY

For the Occupation:

CONTRACTOR/OVER 30 EMP

SEARS HOME IMPROVEMENT PRODUCTS
PO BOX 522290
LONGWOOD FL 32750

GOOD, MARK/NYMAN, A (QUALIFIED)



O.L.#: 06-09460

STATE#	GC012538
LICENSE FEE	\$ 200.00
ADMINISTRATIVE FEE	\$ 10.00
TRANSFER FEE	\$.00
PENALTY %	\$.00
COUNTY TAX	\$ 45.00

TOTALS 255.00

LIC YEAR: 10/05 - 09/06

CITY CLERK

LICENSE MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION.

SEARS HOME IMPROVEMENT PRODUCT
PO BOX 522290
LONGWOOD FL 32752

6

APPROVED PERMIT SERVICES INC

935 NW 31 AVE "D"

PERMIT NUMBER:

PO BOX 100 BCH, FL 33069

954-590-2203



INSTR # 1883883
OR BK 02075 PG 1090
RECORDED 10/21/2005 12:41:01 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY S Phoenix

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 the Notice of Commencement.

1. DESCRIPTION OF PROPERTY (Legal description and street address, if available) TAX FOLIO NUMBER: 35-37-41-002-003-00010-2

SUBDIVISION Indialucce BLOCK 3 TRACT _____ LOT 1 BLDG _____ UNIT _____
3 Indialucce Pkwy Stuart FL 34996

2. GENERAL DESCRIPTION OF IMPROVEMENT:
Windows, shutters & siding

3. OWNER INFORMATION: 1. Name John Lapikas 2. Address 3 Indialucce Pkwy, Stuart FL 34996
3. Interest in property owner 4. Name and address of fee simple titleholder (if other than Owner) _____

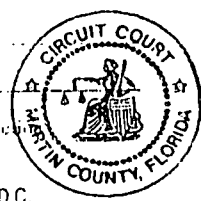
4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:
SEARS HOME IMP. PROD.
1024 FL. CENTRAL PKWY.
LONGWOOD, FL 32750

5. SURETY'S NAME, ADDRESS, PHONE NUMBER AND BOND AMOUNT:
N/A 954 590 2203
QUAL. ALFRED NYMAN

6. LIENOR'S NAME, ADDRESS AND PHONE NUMBER:
N/A

STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK
BY [Signature] D.C.
DATE 10-20-05



7. Persons within the State of Florida designated by Owner upon whom notices or other documents be served as provided in Section 713.13(1)(b), Florida Statutes:
NAME, ADDRESS, AND PHONE NUMBER
N/A

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
NAME, ADDRESS, AND PHONE NUMBER
N/A

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified):
20

[Signature] SIGNATURE OF OWNER
JOHN LAPIKAS PRINTED NAME OF OWNER

STATE OF FLORIDA, COUNTY OF Broward

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 11 DAY OF October
2005 BY John Lapikas

PERSONALLY KNOWN PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED _____

NOTARY

OFFICIAL NOTARY SEAL
James S. Taylor
Commission # DD107060
My Commission Expires
APRIL 03, 2006

[Signature]
NOTARY SIGNATURE



November 2004

LETTER OF AUTHORIZATION

I, A. W. Nyman, Jr., Assistant Secretary and State of Florida Qualifier for Sears Home Improvement Products, Inc., give permission to Approved Permit Services, Inc. which includes, Joe Thomas, Geoconda Bonilla, Mitch Esfermos, Sam Ratcliffe, Jock Coleman and Orlando Felix, to be able to submit permits and licenses, pick up permits and licenses, make changes to permits, licenses and plans and initial changes made by the building department on behalf of Sears Home Improvement Products, Inc.

I also give permission to Approved Permit Services, Inc. which includes, Joe Thomas, Geoconda Bonilla, Mitch Esfermos, Sam Ratcliffe, Jock Coleman and Orlando Felix to purchase permits and/or licenses with a company check, personal check, personal credit card or cash. This authorization is valid through December 31, 2005.

I certify that the above information is true and correct.

A. W. Nyman, Jr., Assistant Secretary and
State of Florida Qualifier (CGC 012538)
Sears Home Improvement Products, Inc.

STATE of Florida
COUNTY of Seminole

SWORN TO AND SUBSCRIBED BEFORE ME THIS 4th day of NOVEMBER, AD, 2004.

Print Name: Deborah Pressley
Notary Public, State of Florida

Deborah Pressley
Commission #DD241134
Expires: Aug 13, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

MY COMMISSION EXPIRES: Aug. 13, 2007

Sears Home Improvement Products, Inc.
License No. CB C039161
P.O. Box 522290 ♦ Longwood, FL 32752-2290



Job No.: 5000614
Phone #: 800 749 2424
Location: Mn

Name: John + Linda Lapides Siding 772 Phone: Res. 287-9499 Bus. _____
Address: 3 Indiv. Ln. Pkwy City: Stuart St.: FL Zip: 34996

I/We, the owners of the premises described below, hereinafter referred to as "Purchaser" offer to contract with Sears Home Improvement Products hereinafter referred to as "Contractor", to furnish, deliver, and arrange for installation of all materials necessary to improve the premises located at:

(Street)

(City)

(State)

(Zip)

According to the following specifications:

	INCLUDED	NOT INCLUDED	SPECIFICATIONS
PREPARATION:			
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Obtain all necessary permits and insurances.
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspect surfaces in work area - re nail loose wood, replace rotten surface wood where necessary in work area excluding roof, decking or rafters, and structural members.
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Remove Existing siding: Type: _____
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fir out walls on brick, block, metal or stucco areas: Location: <u>Masonry over</u>
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulk and seal around all windows & doors in work area as necessary.
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Install approved non-corrosive starter strip.
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Install insulation on flat wall areas to be sided with "3/4" x "1/4" extruded poly-styrene insulation. (circle one) <u>Underlayment System</u>
8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Custom Vyna-Klad aluminum fascia system: Color: _____
9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Remove and reattach/dispose of existing guttering.
10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cover soffit areas of home with vinyl soffit system, except those areas noted below. Weatherbeater <input type="checkbox"/> Max <input type="checkbox"/> Plus <input type="checkbox"/> Weatherbeater <input type="checkbox"/> Other _____ (check one) Color: _____ Pattern: _____
11.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Custom Vyna-Klad aluminum frieze boards: Location: _____ Color: _____ Size: _____
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jump <u>Build</u> window trim: Location: _____ Color: <u>G. White</u>
13.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Custom wrap windows/sills/mulls/headers with Vyna-Klad aluminum: Color: _____
14.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Remove and reinstall existing storm windows/awnings/shutters.
15.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Custom wrap door facings with Vyna-Klad aluminum: Location: _____ Color: _____
16.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Custom wrap garage door facings single/double with Vyna-Klad aluminum: Color: <u>G. White</u>
17.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Remove and reinstall storm doors
18.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Deluxe corner posts: Color: <u>G. White</u>
19.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clip locking system: Location: <u>as needed</u>
20.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Install Weatherbeater <input type="checkbox"/> Max <input checked="" type="checkbox"/> Plus <input type="checkbox"/> Weatherbeater <input type="checkbox"/> Other _____ Solid vinyl siding. (check one) TYPE: Horizontal / Vertical COLOR: <u>G. White</u>
21.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Porch ceilings: Location: _____ Color: _____
22.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Porch posts: Color: _____
23.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Porch beams: Color: _____
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clean up and removal of all job related debris.
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Each job is over-shipped to avoid delays. Remove excess materials and re-stock.
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Manufacturer's warranty sent upon completion.

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 11/10/05
BUILDING OFFICIAL
Gene Simmons

Work not to be done: NO DRIP EDGE COVERED, NO PAINT APPLIED
repair small area on east wall that has crack. Frame over two small areas under window. Clean up front door and cover in sty.
No work on west wall. No work on existing vinyl area.
One year work on exterior sale priority include 10% P.C.D.

NOTE: THE WARRANTY PROVISIONS AS STATED ON THE REVERSE HAVE BEEN EXPLAINED AND I/WE UNDERSTAND THEM FULLY. ADDITIONAL PROVISIONS AND WARRANTIES ARE STATED ON REVERSE AND ARE PART OF THIS CONTRACT.

Please read the following bold type and initial corresponding line. Verbal understandings and agreements with representative shall not be binding. All understandings and agreements must be set forth in writing in this Contract. Purchaser initials: X/L

The TOTAL PRICE for all Labor & Materials (including any applicable discount) is \$ 3823.00
Down Payment \$ 0.00
Balance Payable \$ 3823.00

Contract Price \$ 3823
State Sales Tax (____%) \$ 0
(If applicable)
Total Contract Price \$ 3823

Terms: Credit (Subject to the approval of the Credit Department)
Cash (Final payment payable to installer upon completion) Funded by: Bank: _____
City: _____ St: _____
Acct # _____

10% Preferred Customer Discount (PCD) awarded for any future Sears Home Improvement Products purchases. Current pricing available for one (1) year. If this is a credit transaction, the agreement for credit is contained in a separate document which is incorporated herein by reference and made a part hereof. I/We the undersigned are hereby authorizing Sears Home Improvement Products to verify and review my/our credit record with an independent credit reporting agency and release them from all liability incurred from inadvertent omissions or errors.

IN WITNESS WHEREOF Purchaser(s) have herunto signed their name(s) this 11 day of Oct, 2005 and acknowledge receipt of a true copy of this Contract and unless otherwise specified, it is understood that the owner is ready for this work to begin.

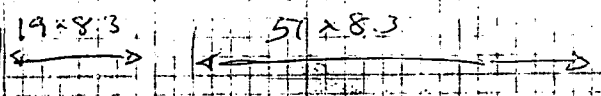
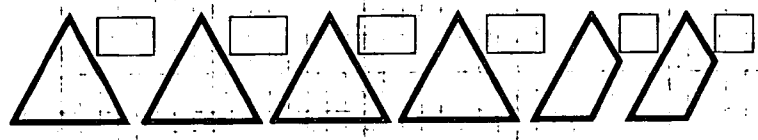
THIS MESSAGE APPLIES TO DOOR-TO-DOOR SALES ONLY. You the Purchaser(s) may cancel this transaction any time prior to midnight of the third day after the date of this transaction. See accompanying notice of cancellation form for an explanation of this right.

SIGN	SUBMITTED BY: Representative	Date	SIGN	Purchaser	Date
	ACCEPTED BY: Authorized Signature for Sears Home Improvement Products, Inc.	Date		Purchaser	Date

[Signature] 10/11/05
[Signature] 10/11/05

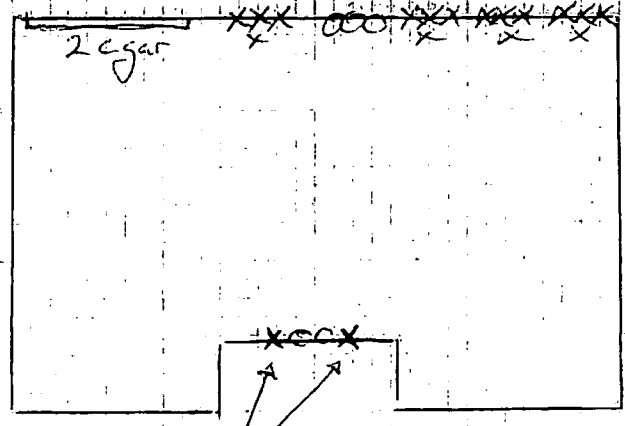
CUSTOMER John W. Dehapike ADDRESS Stuart FL DATE 10/4/5

GABLES - Horizontal - H X W = X .7
Vertical - H X W = X .7
RAKES - H X W = + 40% S + F / GABLE - H + W



No work on sides

No work on sides



replace one damaged panel (previous Sears Job)

sidings only under side windows



FRONT OF HOUSE

INDICATE NORTH

	H	V	FIR	T/C
FRONT- (2 x 3)	12			
GABLE	x	x.7		
LEFT SIDE-	x			
GABLE	x	x.7		
BACK- (70 x 8.3)	581			
GABLE	x	x.7		
RIGHT SIDE-	x			
GABLE	x	x.7		
ADDITIONAL ... garage	100			
OPENINGS	280			
SUBTOTAL	273			
5% WASTE	14			
TOTAL SQ. FT.	H 287	V		
TOTAL SQUARES	H 301	V		
WALL HEIGHT	Vertical			

FRONT-		
GABLE HGT =		
LEFT SIDE-		
GABLE HGT =		
BACK-		
GABLE HGT =		
RIGHT SIDE-		
GABLE HGT =		
ADDITIONAL ... S&F+		
CORNERS		
10% WASTE		
TOTAL RUNNING FT. =	S/F	FO
DIMENSIONS SOFFIT-		FASCIA
PORCH CEILING		

1 STORY 2 STORY OTHER

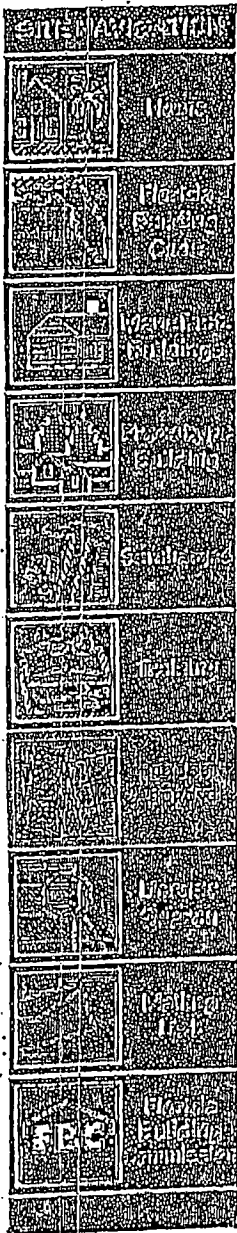
ADDITIONAL COMMENTS Around garage is block - rest of back is T-111

HORIZONTAL WALL HEIGHT TABLE			VERTICAL WALL HEIGHT TABLE	
41" - 50" = 4.2'	31" - 100" = 8.3'	141" - 150" = 12.5'	191" - 200" = 16.7'	22.2'
51" - 60" = 5'	101" - 110" = 9.2'	151" - 160" = 13.3'	201" - 210" = 17.5'	
61" - 70" = 5.8'	111" - 120" = 10'	161" - 170" = 14.2'	211" - 220" = 18.3'	
71" - 80" = 6.7'	121" - 130" = 10.8'	171" - 180" = 15'	221" - 230" = 19.2'	
81" - 90" = 7.5'	131" - 140" = 11.7'	181" - 190" = 15.8'	231" - 240" = 20'	

Taylor
MEASURED BY



Department of Building & Community Affairs Building Code Information System



[Home](#)
[Overview](#)
[Product Search](#)
[Organization Search](#)
[Product Application](#)
[View Attachments](#)

User: Public User - Not Associated with Organization -

[Need Help?](#)

Application #: FL495
 Date Submitted: 11/03/2003
 Product Manufacturer: Alside
 Address/Phone/email: 3773 State Road
 Cuyahoga Falls, OH 44223

Category: Panel Walls

Subcategory: Siding

Evaluation Method: Evaluation Report from a Florida
 Registered Architect or Florida
 Professional Engineer

Referenced Standards from the Florida Building Code:	Section	Standard	Year
	1403.9.1	Florida Building Code	2001

Florida Engineer or Architect Name: Allen N. Reeves

Florida License: PE- 19354

Quality Assurance Entity: Architectural Testing, Inc.

Validation Entity: Allen N. Reeves, P.E.
 Date Validated: 11/03/2003

Authorized Signature: Brian Martucci
 bmartucci@alside.com

Evaluation/Test Reports Uploaded:
[PTID 495 T 001.pdf](#)
[PTID 495 T 002.pdf](#)
[PTID 495 T 003.pdf](#)
[PTID 495 T 004.pdf](#)
[PTID 495 T 005.pdf](#)
[PTID 495 T 006.pdf](#)
[PTID 495 T 007.pdf](#)

[PTID 495 T 006.pdf](#)
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[PTID 495 T 014.pdf](#)
[PTID 495 T 015.pdf](#)
[PTID 495 T 016.pdf](#)
[PTID 495 T 017.pdf](#)

Installation Documents Uploaded:

Product Approval Method:

Method 1 Option D

Application Status:

Approved

Date Validated:

11/03/2003

Date Approved:

11/19/2003

Date Certified to the 2004 Code:

Page:

Page 1 / 1

App/Seq #	Product Model # or Name	Model Description	Limits of Use
495.1	Alliance T4	Vinyl Soffit	
495.2	Architectural Classics II Shak	Vinyl Siding	
495.3	Board and Batten	Vinyl Siding	
495.4	CenterLock	Vinyl Siding	
495.5	Charter Oak	Vinyl Siding	
495.6	Charter Oak	Vinyl Soffit	
495.7	Conquest	Vinyl Siding	
495.8	Double 5" Soffit	Vinyl Soffit	
495.9	Greenbriar	Vinyl Soffit	
495.10	Landscape	Vinyl Siding	
495.11	Odyssey Plus	Vinyl Siding	
495.12	Pelican Bay Shakes	Vinyl Siding	
495.13	Seneca	Vinyl Siding	
495.14	Super Span	Vinyl Soffit	
495.15	Williamsport	Vinyl Siding	



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mgo

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1363
(305) 375-2901
FAX (305) 375-2908

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

Benjamin L. McGarry
Alside, Inc.
P.O. Box 2010
Akron, OH 44309

NOTICE OF PROPOSED ACTION

To: *Members of the Board of Rules and Appeals and
Alside, Inc., Applicant*

In accordance with Dade County Administrative Order 10-3, which governs the product review process, the Product Control Division of the Office of Code Compliance, intends to issue a Product Control Notice of Acceptance to Alside, Inc. for Alside Vinyl Siding, No. 03-1105.05, to allow its use in Dade County and its municipalities.

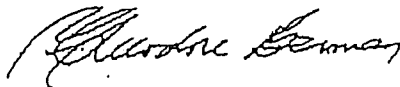
To: *Members of the Board of Rules and Appeals :*

The documentation being provided to you represents the recommendation of the Product Control Division of the Office of Code Compliance in regards to the submittal of Alside, Inc. for Alside Vinyl Siding, No. 03-1105.05. Under the provisions of Dade County Administrative Order 10-3, which governs the product review process. You must review this documentation. If within 20 days from the date of mailing, we do not receive any written objection stating the reason(s) for your disapproval, this product will be automatically approved.

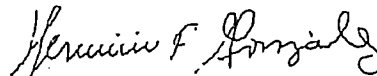
To: *Alside, Inc., Applicant*

The Product Control Division of the Office of Code Compliance, in accordance with Dade County Administrative Order 10-3, which governs the product review process, has issued this notice of proposed action and intends to issue a Product Control Notice of Acceptance for your Alside Vinyl Siding, No. 03-1105.05, to be used in Dade County and its municipalities, unless a member of the Board of Rules and Appeals or yourself has any objections. Should you not be in accord with this notice of proposed action and wish to appeal our recommendation, you must make a written request, stating the reasons for your objection(s), to our office within 20 days of the date of mailing. Upon receipt of your written request a hearing date will be set so that you can present your objection(s) to the Board of Rules and Appeals.

Sincerely,




Theodore Berman
Deputy Director



Herminio Gonzalez
Director

DATE OF MAILING: 01/16/2004

Mailed by: 

\\0450002\pe2000\templates\notice proposed action.doc

Internet mail address: postmaster@buildingcodeonline.com



Homepage: <http://www.buildingcodeonline.com>



BUILDING CODE COMPLIANCE OFFICE (BCCO)
 PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Alside, Inc.
 3773 State Road
 P.O. Box 2010
 Akron, OH 44309

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

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

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

DESCRIPTION: Vinyl Siding & Soffit

APPROVAL DOCUMENT: Drawing No. DC005, titled "Installation Design Drawing Charter Oak 10" Soffit", sheets: 1 of 1, prepared by Alside Inc, dated 04/08/02, with no revisions, signed and sealed R. J. Quiroga, PE, bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: None

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

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

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

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

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

This NOA consists of this page 1 as well as approval document mentioned above.
 The submitted documentation was reviewed by Candido Font, PE.



NOA No 01-1107.02
 Expiration Date: November 21, 2007
 Approval Date: November 21, 2002
 Page 1

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-1, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5333	West 7 Palmetto Dr OIB	concrete pour windows		Cancel
8162	McCormick	Final	FAIL	
8A	59 N River Rd Advantage Pool			INSPECTOR: <i>AM</i>
7930	Lapikas	windows only	PASS	
9	3 Indialucie Plwy Sears			INSPECTOR: <i>AM</i>
7929	Lapikas	SIDING	PASS	USE
9	3 Indialucie Plwy Sears			INSPECTOR: <i>AM</i>
8606	Larsen	footers & slab	FAIL	
3	11 Lantern La APD		PASS	REINSPECTED LATE MON.
				INSPECTOR: <i>AM</i>
8172	Mariano	temp power	PASS	
2	23 Middle Rd Ken Wendell			INSPECTOR: <i>AM</i>
8145	Geisenger	concrete pour	PASS	
8	8 Curdell Hill OIB	in hallway		INSPECTOR: <i>AM</i>

OTHER:

7930

Windows & Shutters

Renew: 12/1/06 = 12/1/07 \$ 10948
Pd 1/12/07 - CK # 1140

C

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12-1-05

BUILDING PERMIT NO. 7930

Building to be erected for LARIKAS

Type of Permit W. N. DOWNS - SHUTTERS

Applied for by SEAKS HOME IMPROVEMENT (Contractor) ^{11,404.90/1000}

Building Fee 10948

Subdivision INDIANWICKE Lot 1 Block 3

Address 3 INDIANWICKE PIWAY

Type of structure CFR

Radon Fee _____

Impact Fee _____

AC Fee _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Parcel Control Number:

3537410020030001000000

Amount Paid 109.48 Check # 24165 Cash _____

Other Fees (_____)

Total Construction Cost \$ 11,404

TOTAL Fees 10948

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

Call at 11/10/05

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

INSPECTIONS

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

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12-1-05

BUILDING PERMIT NO. 7930

Building to be erected for LAPIKAS

Type of Permit W. N. DOORS + SHUTTER

Applied for by SEARS HOME IMPROVEMENT

(Contractor) Building Fee 109.48

Subdivision INDIAWUCIE Lot 1 Block 3

Radon Fee _____

Address 3 INDIAWUCIE PRWY

Impact Fee _____

Type of structure STR

A/C Fee _____

Parcel Control Number:

353741002003000100000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 109.48 Check # 24165 Cash _____

Other Fees (_____) _____

Roofing Fee _____

Total Construction Cost \$ 11,404

TOTAL Fees 109.48

Signed Mitch Spence

Signed Jane Sumner

Applicant

Town Building Official

1-407 called APS - 954-590-2203 - will look into call back

PERMIT

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

INSPECTIONS

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

Date: 11/15/05 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: John Lapikas Phone (Day) _____ (Fax) _____

Job Site Address: 3 Indialucie Phwy City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Indialucie lot 1 blk 3 Parcel Number: 353741002003000102

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

Description of Work To Be Done: Replace 7 windows & install 12 sets of shutters

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 11404.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: Sears Home Improvement Phone: 9545902203 Fax: 9545902207

Street: 1024 Florida Central Phwy City: Longwood State: FL Zip: 32780

State Registration Number: CGC012538 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

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

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT N/A Lic.#: _____ Phone Number: _____

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

ENGINEER N/A Lic# _____ Phone Number: _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: Martin

This the 11 day of October, 2005

by John Lapikas who is personally known to me or produced as identification. W. R. Thomas

My Commission Expires: _____

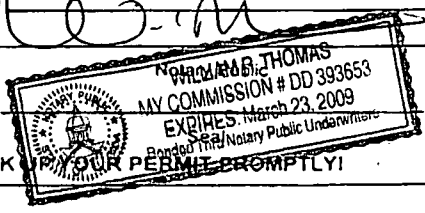
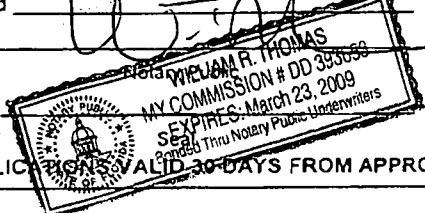
CONTRACTOR SIGNATURE (required)

On State of Florida, County of: Martin

This the 11 day of October, 2005

by Alfred Piquan who is personally known to me or produced as identification. W. R. Thomas

My Commission Expires: _____



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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

04/01/2006

DATE (MM/DD/YY)
04/06/2005

PRODUCER
LOCKTON COMPANIES
525 W. Monroe, Suite 600
CHICAGO IL 60661
(312) 669-6900

INSURED
1062126 Sears Holdings Corporation
d/b/a Sears Home Improvement Products, Inc.
Attn: Risk Management B5-177B
3333 Beverly Rd.
Hoffman Estates IL 60179

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

INSURERS AFFORDING COVERAGE

INSURER A: Self Insured Retention
INSURER B: Indemnity Ins. Co. of North America
INSURER C: Ace American Insurance Company
INSURER D:
INSURER E:

COVERAGES SEAHO04 C7

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.

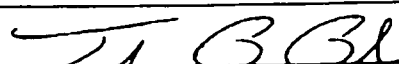
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	SELF INSURED RETENTION \$5,000,000	04/01/2005	04/01/2006	EACH OCCURRENCE	\$ XXXXXXXX
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ XXXXXXXX
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ XXXXXXXX
					PERSONAL & ADV INJURY	\$ XXXXXXXX
					GENERAL AGGREGATE	\$ XXXXXXXX
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ XXXXXXXX
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY	NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	\$ XXXXXXXX
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ XXXXXXXX
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$ XXXXXXXX
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX
<input type="checkbox"/> HIRED AUTOS						
<input type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT	\$ XXXXXXXX
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC AGG	\$ XXXXXXXX
	EXCESS LIABILITY	NOT APPLICABLE			EACH OCCURRENCE	\$ XXXXXXXX
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ XXXXXXXX
	<input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> UMBRELLA FORM					\$ XXXXXXXX
	<input type="checkbox"/> RETENTION \$					\$ XXXXXXXX
						\$ XXXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLRC44187012 (AOS)	04/01/2005	04/01/2006	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER
C		WLRC44187000 (CA) (DED.)	04/01/2005	04/01/2006	E.L. EACH ACCIDENT	\$ 1,000,000
C		SCFC44187024 (WI) (RETRO)	04/01/2005	04/01/2006	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Alfred W. Nyman, Jr., License #CGC012538 located @ 1024 Florida Central Parkway, Longwood, FL 32750 and Alfred W. Nyman, Jr., License #CMC1249510 located @ 1024 Florida Central Parkway, Longwood, FL 32750

CERTIFICATE HOLDER
2268112
Town of Sewall's Point
1 S. Sewall Pt. Rd.
Sewall Pt. FL 34996

ADDITIONAL INSURED; INSURER LETTER: _____

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

AUTHORIZED REPRESENTATIVE 



8/03/05

2005 - 2006

City of Longwood

175 W. Warren Avenue, Longwood, FL 32750

OCCUPATIONAL LICENSE

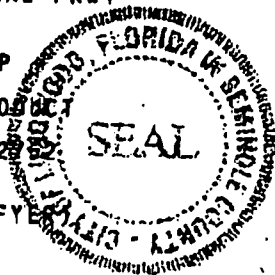
LOCATION: 1024 FLORIDA CENTRAL PKWY

For the Occupation:

CONTRACTOR/OVER 30 EMP

SEARS HOME IMPROVEMENT PRODUCT
PO BOX 522290
LONGWOOD FL 32750

GOOD, MARK/NYMAN, A QUALIFYE



O.L.#: 06-09460

STATE# GC012538
LICENSE FEE \$ 200.00
ADMINISTRATIVE FEE \$ 10.00
TRANSFER FEE \$.00
PENALTY % \$.00
COUNTY TAX \$ 45.00

TOTAL\$ 255.00

LIC YEAR: 10/05 - 09/06

CITY CLERK

LICENSE MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION.

SEARS HOME IMPROVEMENT PRODUCT
PO BOX 522290
LONGWOOD FL 32752

6



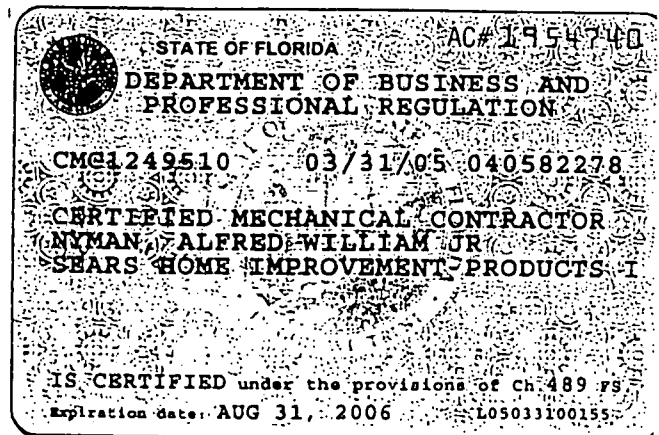
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

NYMAN, ALFRED WILLIAM JR
SEARS HOME IMPROVEMENT PRODUCTS INC
1024 FLORIDA CENTRAL PARKWAY
LONGWOOD FL 32750



DETACH HERE

AC# 1954740

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

SEQ# L05033300155

DATE	BATCH NUMBER	LICENSE NBR
03/31/2005	040582278	CMC1249510

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

NYMAN, ALFRED WILLIAM JR
SEARS HOME IMPROVEMENT PRODUCTS INC
1024 FLORIDA CENTRAL PARKWAY
LONGWOOD FL 32750

JEB BUSH GOVERNOR

DIANE CARR SECRETARY

DISPLAY AS REQUIRED BY LAW



November 2004

LETTER OF AUTHORIZATION

I, A. W. Nyman, Jr., Assistant Secretary and State of Florida Qualifier for Sears Home Improvement Products, Inc., give permission to Approved Permit Services, Inc. which includes, Joe Thomas, Geoconda Bonilla, Mitch Esfermos, Sam Ratcliffe, Jock Coleman and Orlando Felix, to be able to submit permits and licenses, pick up permits and licenses, make changes to permits, licenses and plans and initial changes made by the building department on behalf of Sears Home Improvement Products, Inc.

I also give permission to Approved Permit Services, Inc. which includes, Joe Thomas, Geoconda Bonilla, Mitch Esfermos, Sam Ratcliffe, Jock Coleman and Orlando Felix to purchase permits and/or licenses with a company check, personal check, personal credit card or cash. This authorization is valid through December 31, 2005.

I certify that the above information is true and correct.

A. W. Nyman, Jr., Assistant Secretary and
State of Florida Qualifier (CGC 012538)
Sears Home Improvement Products, Inc.

STATE of Florida
COUNTY of Seminole

SWORN TO AND SUBSCRIBED BEFORE ME THIS 4th day of NOVEMBER, AD, 2004.


Print Name: Deborah Pressley
Notary Public, State of Florida



Deborah Pressley
Commission #DD241134
Expires: Aug 13, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

MY COMMISSION EXPIRES: Aug. 13, 2007

APPROVED PERMIT SERVICES INC
935 NW 31 AVE "D"
PERMIT NUMBER: PO 07740 BCH, FL 33069
954-590-2203


INSTR # 1883883
OR BK 02075 FG 1090
RECORDED 10/21/2005 12:41:01 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY S Phoenix

23751 2375
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 the Notice of Commencement.

1. DESCRIPTION OF PROPERTY (Legal description and street address, if available) TAX FOLIO NUMBER: 35-37-41-002-003-00010-2

SUBDIVISION Indialucce BLOCK 3 TRACT _____ LOT 1 BLDG _____ UNIT _____
3 Indialucce Pkwy Stuart FL 34996

2. GENERAL DESCRIPTION OF IMPROVEMENT:
Windows, shutters & siding

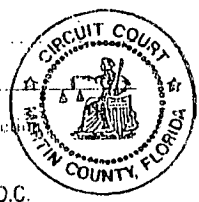
3. OWNER INFORMATION 1. Name John Lapikas 2. Address 3 Indialucce Pkwy, Stuart FL 34996
3. Interest in property owner 4. Home and address of fee simple titleholder (if other than owner) _____

4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:
SEARS HOME IMP. PROD.
1024 FL. CENTRAL PKWY.
LONGWOOD, FL 32750

5. SURETY'S NAME, ADDRESS, PHONE NUMBER AND BOND AMOUNT:
N/A 954 590 2203
QUAL. ALFRED NYMAN

6. LESTER'S NAME, ADDRESS AND PHONE NUMBER:
N/A STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK
BY Shirley D.C.
DATE 10-21-05



7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided in Section 713.13(1)(a)7, Florida Statutes:
NAME, ADDRESS, AND PHONE NUMBER
N/A

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
NAME, ADDRESS, AND PHONE NUMBER
N/A

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

John Lapikas
SIGNATURE OF OWNER
JOHN LAPIKAS
PRINTED NAME OF OWNER

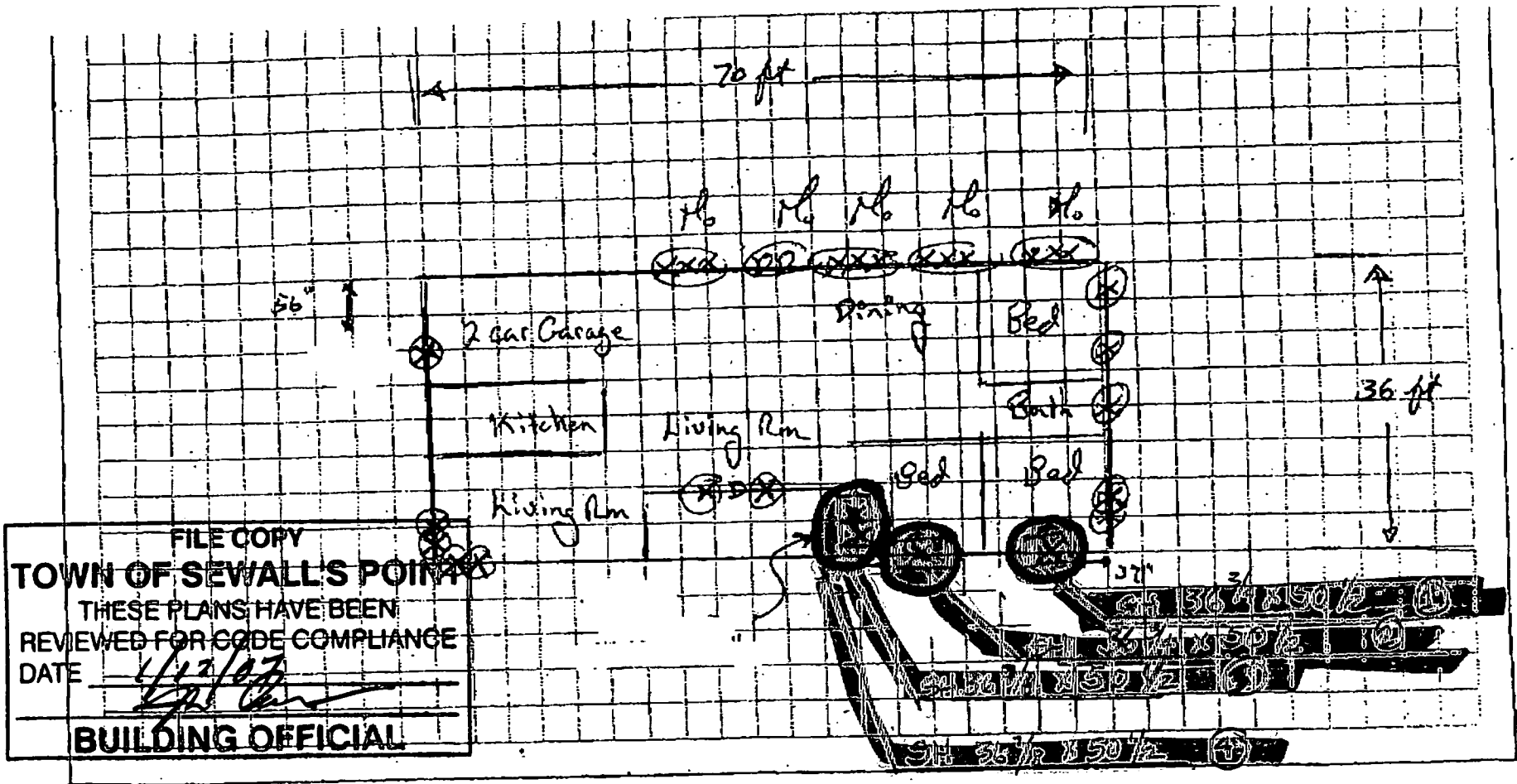
STATE OF FLORIDA, COUNTY OF Broward
SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 11 DAY OF October
2005 BY John Lapikas
PERSONALLY KNOWN () PRODUCED IDENTIFICATION ()
TYPE OF IDENTIFICATION PRODUCED _____

NOTARY

OFFICIAL NOTARY SEAL
James S. Taylor
Commission # DD107060
My Commission Expires
APRIL 03, 2006

James S. Taylor
NOTARY SIGNATURE

~~CHANGE OF CONTRACT - WINDOWS ARE IMPACT WINDOWS~~



FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 1/12/07
 [Signature]
BUILDING OFFICIAL

Mean Roof Height: 12 ft 10 in
 Type of Wall: CBS
 # of Stories: one
 # of Openings: 19
 # of Openings to be replaced: 4

Hurricane Shutters:
 Yes: _____
 No: X
 Do Not Do: Impact
 (Windows Not to be replaced)

Building Dimensions:
 Length: 70
 Width: 36

SITE PLAN
 Exterior Information

Customer Name: Lipakes
 Address: 3 Indian Lane Phwy
 City: Stuart Zip: 34992
 Completed By: _____
 Phone Number: _____



Sears Home Improvement Products
 1024 Florida Central Parkway
 Longwood, FL 32750
 PH. 800.222.5030
 Fax 407.222.0210

Revision Permit # 7930

SEARS HOME IMPROVEMENT PRODUCTS
PGT Order Form

Location: Boynton Beach

Job Name: Linda Lapikas

Job Number: 5060614

Installer: Jiri Kral

Date: 6/19/06

#	QTY	Window Style	Size Code	Overall Size		to of	Frame Color	Solar Cool	Clear	Bronze	Gray	Obscure	Tempered	Insulated	Impact	Colonial	Mullis
				Width	Height												
1	01	SH		36 3/4	50 1/2		WHITE				X				X		
2	01	SH		36 3/4	50 1/2						X				X		
3	01	SH	MULL	36 7/8	50 1/2						X				X		X
4	01	SH		36 7/8	50 1/2		↓					X			X		X
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	

Order one million 1x4x51" w. clips



ALL WINDOWS WILL HAVE FLANGE FRAME

WINDOWS # 1, 2, 3, 4



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

www.buildingcodeonline.com

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

SCOPE:

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

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

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

DESCRIPTION: Series SH-700 Aluminum Single Hung Window - L.M.I.

APPROVAL DOCUMENT: Drawing No. 4040-20, titled "Alum. Single Hung Window, Impact", sheets 1 through 11 of 11, dated 9/1/05, with revision dated 1/24/06, prepared by PGT Industries, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

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

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

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

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

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by Manuel Perez, P.E.



NOA No 05-1013.01
Expiration Date: March 23, 2011
Approval Date: March 23, 2006

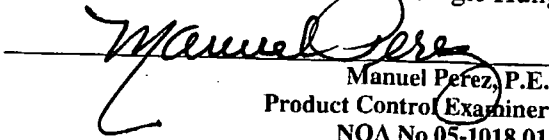
NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. DRAWINGS

1. Manufacturer's die drawings and sections.
2. Drawing No **4040-20**, Sheets 1 through 11 of 11, titled "Alum. Single Hung Window, Impact", dated 9/1/05, with revision A dated 1/24/06, prepared by PGT Industries, signed and sealed by Robert L. Clark, P.E.

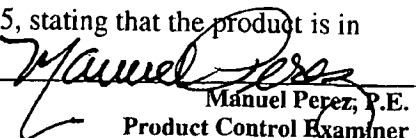
B. TESTS

1. Test reports on 1) Large Missile Impact Test per FBC, TAS 201-94
2) Cyclic Wind Pressure Loading per FBC, TAS 203-94
along with marked-up drawings and installation diagram of Aluminum Single Hung Window, Impact, prepared by Fenestration Testing Laboratory, Test Report No. **FTL-4645**, dated 08/11/05, signed and sealed by Edmundo Largaespada, P.E.
2. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
2) Uniform Static Air Pressure Test, Loading per FBC TAS 202-94
3) Water Resistance Test, per FBC, TAS 202-94
4) Small Missile Impact Test per FBC, TAS 201-94
5) Cyclic Wind Pressure Loading per FBC, TAS 203-94
6) Forced Entry Test, per FBC 3603.2 (b) and TAS 202-94
along with marked-up drawings and installation diagram of an Aluminum Single Hung Window, Impact, prepared by Fenestration Testing Laboratory, Inc., Test Report No. **FTL-4647**, dated 08/11/05, signed and sealed by Edmundo Largaespada, P.E.
3. Test reports on 1) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
2) Large Missile Impact Test per FBC, TAS 201-94
3) Cyclic Wind Pressure Loading per FBC, TAS 203-94
along with marked-up drawings and installation diagram of an Aluminum Single Hung Window, Impact, prepared by Fenestration Testing Laboratory, Inc., Test Report No. **FTL-4648**, dated 08/10/05, signed and sealed by Edmundo Largaespada, P.E.
4. Test reports on 1) Large Missile Impact Test per FBC, TAS 201-94
2) Cyclic Wind Pressure Loading per FBC, TAS 203-94
along with marked-up drawings and installation diagram of Aluminum Single Hung Window, Impact, prepared by Fenestration Testing Laboratory, Test Report No. **FTL-4649**, dated 08/11/05, signed and sealed by Edmundo Largaespada, P.E.
5. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
2) Uniform Static Air Pressure Test, Loading per FBC TAS 202-94
3) Water Resistance Test, per FBC, TAS 202-94
4) Small Missile Impact Test per FBC, TAS 201-94
5) Cyclic Wind Pressure Loading per FBC, TAS 203-94
6) Forced Entry Test, per FBC 3603.2 (b) and TAS 202-94
along with marked-up drawings and installation diagram of an Aluminum Single Hung


Manuel Perez, P.E.
Product Control Examiner
NOA No 05-1018.01
Expiration Date: March 23, 2011
Approval Date: March 23, 2006

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

- Window, Impact, prepared by Fenestration Testing Laboratory, Inc., Test Report No. **FTL-4650**, dated 08/11/05, signed and sealed by Edmundo Largaespada, P.E.
6. Test reports on 1) Large Missile Impact Test per FBC, TAS 201-94
2) Cyclic Wind Pressure Loading per FBC, TAS 203-94
along with marked-up drawings and installation diagram of Aluminum Single Hung Window, Impact, prepared by Fenestration Testing Laboratory, Test Report No. **FTL-4649**, dated 08/11/05, signed and sealed by Edmundo Largaespada, P.E.
 7. Test reports on 1) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
2) Large Missile Impact Test per FBC, TAS 201-94
3) Cyclic Wind Pressure Loading per FBC, TAS 203-94
along with marked-up drawings and installation diagram of an Aluminum Single Hung Window, Impact, prepared by Fenestration Testing Laboratory, Inc., Test Report No. **FTL-4646**, dated 08/11/05, signed and sealed by Edmundo Largaespada, P.E.
 8. Test reports on 1) Large Missile Impact Test per FBC, TAS 201-94
2) Cyclic Wind Pressure Loading per FBC, TAS 203-94
along with marked-up drawings and installation diagram of Aluminum Single Hung Window, Impact, prepared by Fenestration Testing Laboratory, Test Report No. **FTL-4723**, dated 10/05/05, signed and sealed by Edmundo Largaespada, P.E.
- C. CALCULATIONS**
1. Anchor Calculations and structural analysis, complying with FBC-2004, prepared by PGT Engineering, dated 10/12/05, signed and sealed by Robert L. Clark, P.E.
Complies with ASTM E1300-98/02
- D. QUALITY ASSURANCE**
1. Miami Dade Building Code Compliance Office (BCCO).
- E. MATERIAL CERTIFICATIONS**
1. Notice of Acceptance No. **05-1208.02** issued to E.I. DuPont DeNemours for "**DuPont Butacite® PVB**" dated 01/05/06, expiring on 12/11/10.
 2. Notice of Acceptance No. **03-0827.08** issued to Solutia Inc. for their "**Solutia Interlayer**" dated 03/04/04, expiring on 03/04/09.
- F. STATEMENTS**
1. Statement letter of conformance and no financial interest, dated 10/12/05, signed and sealed by Robert L. Clark, P.E.
 2. Statement letter of code compliance, dated 10/12/05, signed and sealed by Robert L. Clark, P.E.
- G. OTHER**
1. Letter from the consultant, dated December 15, 2005, stating that the product is in compliance with the Florida Building Code (FBC).


Manuel Perez, P.E.
Product Control Examiner
NOA No 05-1018.01
Expiration Date: March 23, 2011
Approval Date: March 23, 2006

~~1 A 65 0528 04 / windows 3 # 4~~



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

www.buildingcodeonline.com

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
1070 Technology Drive
Nokomis, FL 3427

SCOPE:

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

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

DESCRIPTION: 1" Std. Wall Aluminum Tube Clipped Mullion-L.M.H.

APPROVAL DOCUMENT: Drawing No. 6220, titled "1" STD. Wall, Elevations Aluminum Tube Clipped Mullion", sheets 1 through 5 of 5, prepared by PGT Industries, signed and sealed by Robert L. Clark, P.E., dated 04/28/00, with last revision on 05/30/06, bearing the Miami-Dade County Product Control Renewal Stamp with last the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA revises and renews NOA # 04-0528.04 and, consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by Jaime D. Gascon, P.E.



J. Gascon
6/28/06

NOA No 04-012506
Expiration Date: June 28, 2011
Approval Date: July 20, 2006

PGT Industries

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. DRAWINGS

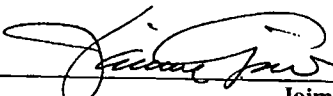
1. Manufacturer's die drawings and sections.
2. Drawing No **6220**, Sheets 1 through 5 of 5, titled "1" STD. Wall, Elevations Aluminum Tube Clipped Mullion, prepared by PGT Industries, dated 04/28/00, with last revision on 05/30/06, signed and sealed by Robert L. Clark, P.E.

B. TESTS

1. Test reports on 1) Uniform Load Static Air Pressure Test, per FBC, TAS 202-94
2) Large Missile Impact Test, FBC, TAS 201-94
3) Cyclic Loading Test, per FBC, TAS 203-94
along with installation diagram of a pair of fixed alum. windows (OO configuration) 60" x 54" mullied together with a 1x 2 x std. wall mullion, prepared by Fenestration Testing Laboratory, Inc., Test Report No. **FTL-2902**, dated 01/05/01, signed and sealed by Antonio Acevedo, P.E.
"Submitted under NOA# 04-0528.04"
2. Test reports on 1) Uniform Load Static Air Pressure Test, per FBC, TAS 202-94
2) Large Missile Impact Test, FBC, TAS 201-94
3) Cyclic Loading Test, per FBC, TAS 203-94
along with installation diagram of a pair of fixed alum. windows (OO configuration) 80" x 76" mullied together with a 1x 4 x std. wall mullion, prepared by Fenestration Testing Laboratory, Inc., Test Report No. **FTL-2903**, dated 01/05/01, signed and sealed by Antonio Acevedo, P.E.
"Submitted under NOA# 04-0528.04"
3. Test reports on 1) Uniform Load Static Air Pressure Test, per FBC, TAS 202-94
2) Large Missile Impact Test, FBC, TAS 201-94
3) Cyclic Loading Test, per FBC, TAS 203-94
along with installation diagram of a pair of fixed alum. windows with a transom lite (O/OO configuration) mullied together with a 1x 2 x 3/4" wall vertical mullion and a 2 x 6" x 1/4" wall horizontal mullion, prepared by Fenestration Testing Laboratory, Inc., Test Report No. **FTL-2975**, dated 01/23/01, signed and sealed by Antonio Acevedo, P.E.
"Submitted under NOA# 04-0528.04"

C. CALCULATIONS

1. Revised Anchor Calculations and structural analysis, complying with FBC-2004, prepared by PGT Industries, dated 05/30/06, signed and sealed by Robert L. Clark, P.E.



Jaime D. Gascon, P.E.
Chief, Product Control Division
NOA No 06-0125.06
Expiration Date: June 28, 2011
Approval Date: July 20, 2006

PGT Industries

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

D. QUALITY ASSURANCE

1. Miami Dade Building Code Compliance Office (BCCO).

E. MATERIAL CERTIFICATIONS

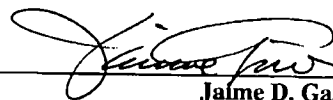
1. Notice of Acceptance No. **04-0721.01** issued to Elco Textron, Inc., for Tapcon Concrete Anchor, dated 03/09/06, expiring on 01/08/11.

F. STATEMENTS

1. Statement letter of conformance and no financial interest, dated 01/23/06, signed and sealed by Robert L. Clark, P.E.

G. OTHER

1. Notice of Acceptance No. **04-0528.04**, issued to PGT Industries for 1" x Std. Wall-Aluminum Tube Clipped Mullions, dated 07/08/04 and expiring on 06/28/06.



Jaime D. Gascon, P.E.
Chief, Product Control Division
NOA No 06-0125.06
Expiration Date: June 28, 2011
Approval Date: July 20, 2006

Sears Home Improvement Products, Inc.

License No. CB C039161
P.O. Box 522290 • Longwood, FL 32752-2290



Location: Miami
Phone #: 800-749-7498
Job No.: 5060614

Replacement Windows ⁷⁷²

Name: John + Linda Lapikas Phone: Res: 287-9499 Bus: _____
Address: 3 Indialcoke Pkwy City: Stuart St.: FL Zip: 34996

I/We, the owners of the premises described below, hereinafter referred to as "Purchaser" offer to contract with Sears Home Improvement Products, Inc. hereinafter referred to as "Contractor", to furnish, deliver, and arrange for installation of all materials necessary to improve the premises located at:

(Street) Scuma (City) _____ (State) _____ (Zip) _____

According to the following specifications:

- Remove existing units to be replaced. (NOTE: Removed units are likely to be damaged.)
- Prepare openings as necessary to receive replacement units.
(No finish work other than normal installation is to be done unless otherwise noted below.)
- Install Sears all windows listed Windows in openings described below to the following specifications:

Color: White Beige White/Light Woodgrain White/Dark Woodgrain
Type: DH SH 2-LR 3-LR PW Other
Qty _____ Qty 5 Qty _____ Qty _____ Qty 7 Qty _____
Glass: Clear Bronze OBS 1/2
 Low E²/Argon Gray OBS Full Keepsafe
Insulated

NOTE: Tempered glass will be installed to meet building codes.

Grids:

	Bevel	Col Sculp	Col Flat	Diamond
Clear				
White				
Tan				
Wd Grain				
Brass				

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
Screens: CHECK IF OTHER THAN FIBERGLASS:
DATE: 11/16/05
 Solar
BUILDING OFFICIAL
Gene Simmons

Warranty: Manufacturer's Warranty sent upon completion.

- Existing units NOT to be replaced; No repair (south) or right side (west) JAL
No alarm No northeast bedroom
- If applicable, after completion of project, the application and removal (storage) of shutter panels shall be the responsibility of the purchaser. In the event the project requires the installation of storm shutters or egress windows, Contractor will not re-install any effected security bars. JAL
- Special instructions: Price includes shutters on entire home except alarm
One year lock on current sale pricing including 10% PCD
- Clean up job related debris and provide necessary permits and insurance.
- If applicable, in the event that Contractor is unable for whatever reason to obtain the proper permits prior to the commencement of any work, Contractor shall refund any previous payment and this transaction shall be automatically cancelled.
- Allow approximately 20 weeks for installation. \$-10 hrs JAL

NOTE: THE WARRANTY PROVISIONS AS STATED ON THE REVERSE HAVE BEEN EXPLAINED AND I/WE UNDERSTAND THEM FULLY.
ADDITIONAL PROVISIONS AND WARRANTIES ARE STATED ON THE REVERSE SIDE AND ARE A PART OF THIS CONTRACT. JAL

Please read the following bold type and initial corresponding line.

Verbal understandings and agreements with representative shall not be binding. All understandings and agreements must be set forth in writing in this Contract. Due to climatic conditions, interior condensation may occur. Purchaser Initials: JAL

The TOTAL PRICE for all Labor & Materials (including any applicable discount) is \$ 11,409.00
Down Payment \$ 0.00
Balance Payable \$ 11,409.00

Contract Price	\$ 11,409
State Sales Tax (____%)	\$ 0
(If applicable)	
Total Contract Price	\$ 11,409

Terms: Credit (Subject to the approval of the Credit Department)
Cash (Final Payment payable to installer upon completion) Funded by: Bank _____
City _____ St. _____
Acct # _____

10% Preferred Customer Discount (PCD) awarded for any future Sears Home Improvement Products purchases. Current pricing available for one (1) year.

If this is a credit transaction, the agreement for credit is contained in a separate document which is incorporated herein by reference and made a part hereof. I/We the undersigned are hereby authorizing Sears Home Improvement Products, Inc. to verify and review my/our credit record with an independent credit reporting agency and release them from all liability incurred from inadvertent omissions or errors.

IN WITNESS WHEREOF Purchaser(s) have hereunto signed their name(s) this 11 day of October, 2005 and acknowledge receipt of a true copy of this Contract and unless otherwise specified, it is understood that the owner is ready for work to begin.

THIS MESSAGE APPLIES TO DOOR-TO-DOOR SALES ONLY: You the Purchaser(s) may cancel this transaction any time prior to midnight of the third day after the date of this transaction. See accompanying notice of cancellation form for an explanation of this right.

SUBMITTED BY: [Signature] Date: 10-11-05
ACCEPTED BY: Sears Home Improvement Products, Inc. Date: _____

Purchaser: [Signature] Date: 10/11/05
Purchaser: [Signature] Date: 10/11/05

Offer Code: Mo/No



SEARS SIDING & WINDOWS
License No. CB C039161
P.O. Box 522290 • Longwood, FL 32752-2290

WINDOW PROPOSAL WORKSHEET

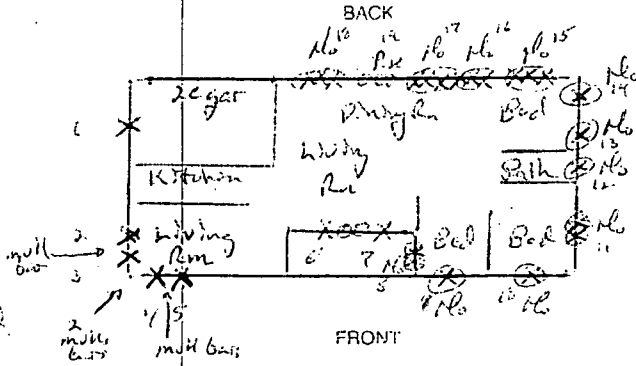
Date: 10/11/15
Phone: 772 287 9499
Customer: John & Linda Hopkins Sales Rep: Taylor
City: Steward Lead No.: 5060614

ENTER WIDTH & HEIGHT FOR EACH UNIT TO BE REPLACED AND ENTER CORRESPONDING NUMBER

#	WD	HT	#	WD	HT	#	WD	HT
	X			X			X	
	X			X			X	

#	WD	LEFT	HT
1	52	X	50
2	52	X	72
3	52	X	72
7	52	X	72
5	52	X	72
	X		

Series Alum. Insulated



#	WD	RIGHT	HT
	X		
	X		
	X		
	X		
	X		
	X		

#	WD	HT	#	WD	HT	#	WD	HT
	X		6	36	X50			X
	X		7	36	X50			X

For second story - use additional worksheet

ITEM #	MODEL	COLOR	U.I.	GLASS	SCREEN	GRID	MISC.	\$ AMOUNT
1	SH	W	102	Insull		No		930
2	SH	W	124	Green				1085
3	SH	W	124					1085
4	SH	W	124					1085
5	SH	W	124					1085
6	PW	W	86		No		Temp	630 + 140
7	PW	W	86		No		Temp	630 + 140
8	shutter	48 x 56	104	M/A	M/A	M/A		6530 substitute
9	unit	48 x 56	104					
10		48 x 56	104					
11		110 x 56	166					
12		36 x 73	79					
13		48 x 67	115					
14		48 x 67	115					
15		110 x 72	182					
16		110 x 72	182					
17		110 x 72	182					
18		110 x 72	182					
19		110 x 58	158					Total \$

MODEL	
PD	Patio Door
DH	Double Hung
SH	Single Hung
2LR	Two-Lite Roller
EV	Three-Lite Roller
PW	Picture
CR	Casement Right
CL	Casement Left
AWN	Awning
COLOR:	
White	
Tan	
LWG	Light Woodgrain
DWG	Dark Woodgrain
GLASS:	
CLE	Clear
LOW/W	Low E/Argon
E2	Low E/Square
GRAY	Gray Tint
BRZ	Bronze
OBS	Obscure
OBSBOT	Obs. Bottom
AZUR	Azurite
KEEP	Keepsafe
TEMP	Tempered
GRIDS:	
CF	Colonial Full
CT	Colonial Top
DF	Diamond Full
DT	Diamond Top
SCULP	Sculptured
BEVEL	BevelCut
SCREENS:	
FULL	
SOLAR	
MISCELLANEOUS	
MULL	Mullions
CAP	Cap Facing
XL	Extra Labor
Prep	Opening Prep

SPECIAL INSTRUCTIONS
 Shutters → 2500 U.I. @ 2.65 #/U.I. = 6560
 Cap exterior of seven windows @ 400
 All - No openings are shutters only
 Four mull bars → 4 @ 90 = 360
 Temp two PW in front of 6 and 7 @ 110 each = 220
 Additional labor - vinyl siding - shutters touch = 451
 TOTAL RETAIL = 14,907

RETAIL PRICE	DISCOUNT
\$1,500.00 - \$2,499.00	5%
\$2,500.00 - \$12,999.00	10%
\$13,000 - \$22,999.00	15%
\$23,000.00 - \$27,999.00	20%
\$28,000.00 & Up	25%

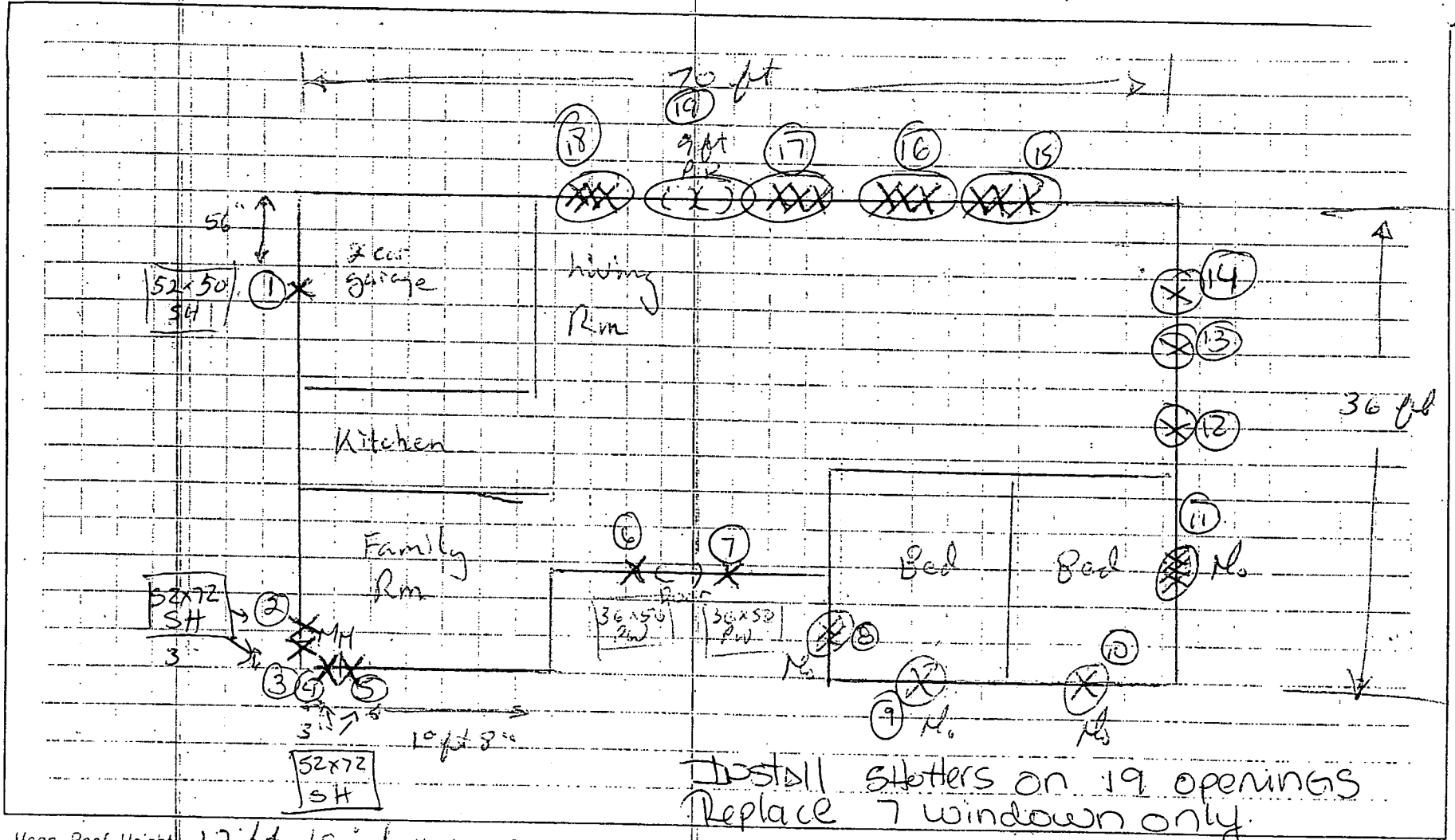
OFFICE USE ONLY

AP \$ _____
 CP \$ _____
 V \$ _____
 V% _____

SALES MANAGER APPROVAL _____

Volume Savings 15% (\$ -2236)
 SUB TOTAL (\$ 12671)
 I.V.D. (Coupon) (\$ _____)
 Other Mo/No (\$ 12671)
 CASH DISCOUNTS _____% (\$ -1267)
 TOTAL 11,404

IMPORTANT INFORMATION: Corner of Bldg to edge of window and Window Sizes



Mean Roof Height: 17 ft 10 inch

Type of Wall: CBS

of Stories: one

of Openings: 19

of Openings to be replaced: 7

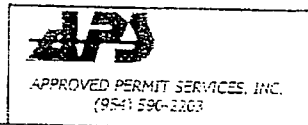
Hurricane Shutters:
 Yes: all windows and P.O.
 No: _____

Do Not Do: (X)
 (Windows Not to be replaced)

Building Dimensions:
 Length: 70
 Width: _____

SITE PLAN Exterior Information

Customer Name: Lakawas
 Address: _____
 City: _____ Zip: _____
 Completed By: _____
 Phone Number: _____





BUILDING CODE COMPLIANCE OFFICE (BCCO)
 PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
 P.O. Box 1529
 Nokomis, FL 34274

SCOPE:

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

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

DESCRIPTION: Series "SH-4000" Aluminum Single Hung Window

APPROVAL DOCUMENT: Drawing No. 2736, titled "Aluminum Single Hung Window (TG-A)", sheets 1 through 8 of 8, prepared, signed and sealed by Robert L. Clark, P.E., dated 8/31/01, bearing the Miami-Dade County Product Control Revision Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: None

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

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

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

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

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

This NOA revises NOA # 01-0516.10 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berman, P.E.



NOA No 02-0702.02
 Expiration Date: September 30, 2006
 Approval Date: July 15, 2002
 Page 1



MIAMI-DADE
BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
 P.O. Box 1529
 Nokomis, FL 34274

SCOPE:

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

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

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

DESCRIPTION: Series PW-701: Aluminum Fixed Window

APPROVAL DOCUMENT: Drawing No. 4231, titled "Aluminum Fixed Window", sheets 1 through 8 of 8, prepared, signed and sealed by Robert L. Clark, P.E., dated 8/22/01, bearing the Miami-Dade County Product Control Revision Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Non-Impact & Impact Resistant

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

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

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

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

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

This NOA revises NOA # 01-0102.01 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berman, P.E.



NOA No 02-0701.07
 Expiration Date: September 13, 2006
 Approval Date: July 12, 2002
 Page 1



BUILDING CODE COMPLIANCE OFFICE (BCCO)
 PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
 P.O. Box 1529
 Nokomis, FL 34274

SCOPE:

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

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

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

DESCRIPTION: 1"x Std. Wall-Aluminum Tube Clipped Mullions

APPROVAL DOCUMENT: Drawing No. 6620, titled " 1" STD. Wall Mullion", sheets 1 through 5 of 5, prepared, signed and sealed by Robert L.Clark, P.E., dated 5/24/01, bearing the Miami-Dade County Product Control Revision Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA revises NOA # 00-0912.05 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berman, P.E.



NOA No 02-0701.05
 Expiration Date: June 28, 2006
 Approval Date: July 10, 2002
 Page 1



BUILDING CODE COMPLIANCE OFFICE (BCCO)
 PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Madden Manufacturing Co.
 1889 N. W. 22nd Street
 Pompano Beach, FL 33069

SCOPE:

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

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

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

DESCRIPTION: 0.050" Aluminum Storm Panels Shutter

APPROVAL DOCUMENT: Drawing No. 00-380, titled "0.050" Aluminum Storm Panels", sheets 1 through 10 of 10, prepared by Knezevich & Associates, Inc., dated March 6, 2001, last revision #2 dated February 19, 2002, bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA revises and renews NOA #98-1110.03 and consists of this page 1 as well as approval document mentioned above.

The submitted documentation was reviewed by Helmy A. Makar, P.E.



NOA No 01-0313.20
 Expiration Date: 03/13/2008
 Approval Date: 03/21/2002
 Page 1

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of inspection: Mon Wed Fri 6-1, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5333	West 7 Palmetto DR O/B	Windows		Cancel
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8162	McCormick	Final	FAIL	
8A	59 N River Rd Advantage Pool			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7930	Lapikas	Windows	Pass	
9	3 Individual Pkwy Sears	only		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7929	Lapikas	SIDING	PASS	Close
9	3 Individual Pkwy Sears			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8606	Larsen	Footst slab	FAIL	
3	11 Lantana La AP		PASS	REINSPECTED LATE MON.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8172	Mariano	Temp Power	PASS	
2	23 Middle Rd Ken Wendell			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8145	Geisinger	concrete pour	PASS	
8	3 Curlett Hill O/B	in hallway		INSPECTOR: <i>[Signature]</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-18, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8427	HEP WORTH	FINAL	CANCEL	
3	8 RIO VISTA SAND CASTLE			WILL RESCHEDULE INSPECTOR: <i>[Signature]</i>
8533	West 7 Palmetto Dr OIB	windows	PASS	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7930	Laportas	Final-Structure	PASS	CLOSE
5	3 Indialucie Pkwy Sears			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8620	Burner 17 W High Pt All American	FLAT ROOF? Scaffolding in progress	PASS	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8602	Armstrong 41 W High Pt All American	in-progress	Wed	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8627	Briceve 5 Gumbodimba Shield of Protection	Fence final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Giachino 19 Simara St	Tree	PASS	INSPECTOR: <i>[Signature]</i>
Tree	Kelso 26 Rio Vista		PASS	<i>[Signature]</i>

8065

Pool Screen Enclosure

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/21/06

BUILDING PERMIT NO. **8065**

Building to be erected for LAPIKAS

Type of Permit Pool Enclosure

Applied for by SULLIVAN DESIGN ASSOC (Contractor)

Building Fee 120.00

Subdivision INDIANWICK Lot 1 Block 3

Radon Fee _____

Address 3 INDIANWICK PKWY

Impact Fee _____

Type of structure SPR

A/C Fee _____

Parcel Control Number:
3537410020030001020000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 120.00 Check # 138 Cash _____ Other Fees (_____)

TOTAL Fees 120.00

Total Construction Cost \$ 18,388

Signed Glenn M. M...
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

HURRICANE

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: John Lapikas Phone (Day) 287-9499 (Fax) _____

Job Site Address: 3 INDIALUCIE PKWY City: Supert State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) INDIALUCIE Lot 1 Blk 3 Parcel Number: 35-3741-002-003-00010-2

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

Description of Work To Be Done: Pool Enclosure

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 18,388¹⁴
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: Sullivan Design Assoc. Phone: 772-365-0380 Fax: 407-210-4809

Street: 2665 49TH ST City: Vero Beach State: FL Zip: 32906

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER Do Kim PC. Lic# 9584 Phone Number: 800-749-4067

Street: P.O. Box Drawer 15398 City: Tampa State: FL Zip: 33684

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: 306469

Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required)
Linda Lapikas
State of Florida, County of: MARTIN
This the 6th day of FEBRUARY, 2006
by LINDA LAPIKAS who is personally
known to me or produced
as identification: [Signature]

CONTRACTOR SIGNATURE (required)
Robert Sullivan
On State of Florida, County of: Volusia
This the 25 day of January, 2006
by Robert Sullivan who is personally
known to me or produced FDI-5415770563400
As identification: Paul M. Boudreau

My Commission Expires: _____
Notary Public - State of Florida
Commission # DD 205981
EXPIRES: April 26, 2007
Bonded By National Notary Assn.

My Commission Expires: GAIL B. BOUDREAU
Notary Public - State of Florida
Commission Expires Jul 31, 2009
Commission # DD 43808
Bonded By National Notary Assn.

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 1/13/2006
PRODUCER Sturdevant-Beach & Associates, LLC 1126 Pelican Bay Drive Daytona Beach FL 32119 (386) 322-6046 (386) 845-9270	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Sullivan Design Associates, LLC 889 Bullhead Ave. New Smyrna Beach FL 32169	INSURERS AFFORDING COVERAGE INSURER A: Mid-Continent Casualty Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	04-GL-000612897	12/6/2005	12/6/2006	EACH OCCURRENCE	\$ 500,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
	MED EXP (Any one person)				\$ Excluded	
	PERSONAL & ADV INJURY				\$ 500,000	
	GENERAL AGGREGATE				\$ 1,000,000	
	PRODUCTS - COM/PROP AGG				\$ 1,000,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER	
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
	OTHER				E.L. DISEASE - POLICY LIMIT	\$

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

None

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

12-08-2004



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: 12/08/2004

** EXPIRATION DATE: 12/08/2006

PERSON: SULLIVAN

ROBERT J

FEIN: 201852087

BUSINESS NAME AND ADDRESS: SULLIVAN DESIGN ASSOCIATES LLC
889 BULLHEAD AVE
NEW SMYRNA BEACH FL 32169

SCOPE OF BUSINESS OR TRADE: 1- CERTIFIED GENERAL CONTRACTOR

MLP
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.

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

QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

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



CONSTRUCTION INDUSTRY
CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW

EFFECTIVE: 12/08/2004
** EXPIRATION DATE: 12/08/2006

PERSON: SULLIVAN
ROBERT J

FEIN: 201852087

BUSINESS NAME AND ADDRESS: SULLIVAN DESIGN ASSOCIATES LLC
889 BULLHEAD AVE
NEW SMYRNA BEACH FL 32169

SCOPE OF BUSINESS OR TRADE:
1- CERTIFIED GENERAL CONTRACTOR

REISSUANCE REQUIREMENTS

F
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IMPORTANT

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

CUT HERE

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

AC# 1939459

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L05032400

DATE	BATCH NUMBER	LICENSE NBR
03/24/2005	040568421	QB39210

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2005
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

SULLIVAN DESIGN ASSOCIATES LLC
889 BULLHEAD AVE
NEW SMYRNA BEACH FL 32169

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

AC# 1941787

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L05032402

DATE	BATCH NUMBER	LICENSE NBR
03/24/2005	040568424	CGC1507939

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

SULLIVAN, ROBERT JEROME
SULLIVAN DESIGN ASSOCIATES LLC
889 BULLHEAD AVE.
NEW SMYRNA BEACH FL 32169

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

THIS LICENSE IS FURNISHED IN FURTHERANCE OF COUNTY ORDINANCE 79-61

FLORIDA LAW REQUIRES TANGIBLE PERSONAL PROPERTY TAX RETURN PRIOR TO APRIL 1ST EACH YEAR

STATE OF FLORIDA
VOLUSIA COUNTY OCCUPATIONAL LICENSE

DUE SEPT 14

LOCATION 887 BULLHEAD AV
NEW SMYRNA BEACH

4112210

RECEIPT 8034083 08/11/05

SECTION OF LAW

30101 GENERAL CONTRACTOR CLASS A

AA TOTAL PAID AA 18.00
13.00

This license represents a business tax only. It is not a competency card and is not meant to be a certification of the holders ability to perform the service in which he is licensed.

The individual or firm named below is hereby licensed to engage in the business, profession or occupation at address stated for period beginning on the first day of October, 2005 and ending on the 30th day of September, 2006.

The issuance of this occupational license does not constitute a permit to act in violation of any county codes, regulations, or ordinances.

TO:
SULLIVAN DESIGN ASSOCIATES LLC
SULLIVAN DESIGN ASSOCIATES LLC
887 BULLHEAD AV
NEW SMYRNA BEACH FL
32129

661507939	5052301	3	00
H0NECCCL			

THIS LICENSE IS FURNISHED IN FURTHERANCE OF COUNTY ORDINANCE 79-61

INSTR # 1908424
OR BK 02109 PG 1590
Pg 1590; (1pg)
RECORDED 02/06/2006 02:53:29 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY J Greisen

Permit Number _____
Parcel Identification Number 35-37-41-002-003-00010, 20000
Prepared By: _____

Return to: Sullivan Design Associates LLC
2626 49th St.
Vero Beach, Fl. 32966

NOTICE OF COMMENCEMENT

State of Florida
County of MARTIN

The undersigned hereby gives notice that improvement (s) 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: (legal description of property, and street address if available) INDIALUCIE LOT 1, BLK 3
3 INDIALUCIE PKWY.

2. General description of improvement (s) REBUILD SCREEN ENCLOSURE

3. Owner Information
Name JOHN & LINDA LAPIKAS
Address 3 INDIALUCIE PKWY.
STUART, FL 34996
Telephone Number (772) 380-9499
Fax Number NONE
Interest in Property HOMEOWNER

4. Fee Simple Title Holder (if other than owner shown above)
Name _____
Address _____
Telephone Number _____
Fax Number _____

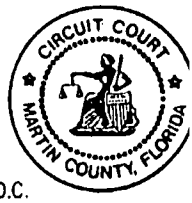
5. Contractor
Name Sullivan Design Associates LLC
Address 889 Bullhead Ave.
New Smyrna Beach, Fl. 32169
Telephone Number _____
Phone # 386-847-0744

6. Surety (if any)
Name _____
Address _____
Telephone Number _____
Fax Number _____
Amount of bond \$ _____

7. Lender (if any)
Name CHASE HOME FINANCE
Address P.O. Box 9001871
LOUISVILLE KY 40290-1871
Telephone Number 1-800-548-9136
Fax Number _____

8. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(a)7., Florida Statutes.
Name _____
Address _____
Telephone Number _____
Fax Number _____

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



9. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Name _____
Address _____
Telephone Number _____
Fax Number _____
BY: [Signature] D.C.
DATE: 02/06/06

10. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): _____

1/11/06
Date Signed _____
Linda Lapikas
Signature of owner [Note: per Section 713.13(1)(g), "Owner must sign ... and no one else may be permitted to sign in his or her stead."]

Sworn to and subscribed before me this 11th day of JANUARY, 2006 by
LINDA LAPIKAS
Who is personally known to me OR _____ produced _____

[Signature]
Signature of Notary (notarial seal to appear below)

Form revised 3/98



107-210-4809

Sullivan Design Associates LLC—Robert J. Sullivan Fl. State Certified General Contractor
Lic. CGC1507939

Phone # 561-628-6314

2665 49th St. Vero Beach, Fl. 32966

Toll Free 1-888-303-0005

John Lapikas 287-9499
Home Owner's Name Home telephone # Cell Phone # Work #
3 Ioianlocie Pkwy STUART FLA. 34996
St. or unit # Street City State Zip Code e mail info.

Your made to order custom screen enclosure will be built as follows:

Color: White _____ Bronze Type Roof: Mansard _____ Hip Gable _____ Dome _____ Flat _____ Elete _____
No of doors 2 Cost \$
Doors: Pool Ht. Right Hinge Pool Ht. Left Hinge EAST
Screen Size 18/14 Additional Screen ~~_____~~ PetScreen or Kick Plate and Size 16 24 36 Cost \$

A Code Enclosure _____ Custom Cage as per Addendum A-1

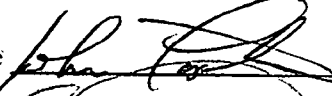
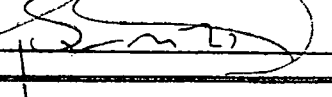
Remove Old Enclosure Yes _____ No Special Conditions none Temp. Fence Needed Cost \$

INSURANCE CLAIM # _____ INS. CO. _____ PHONE _____
INFORMATION: AGENT _____ AGENT'S # _____

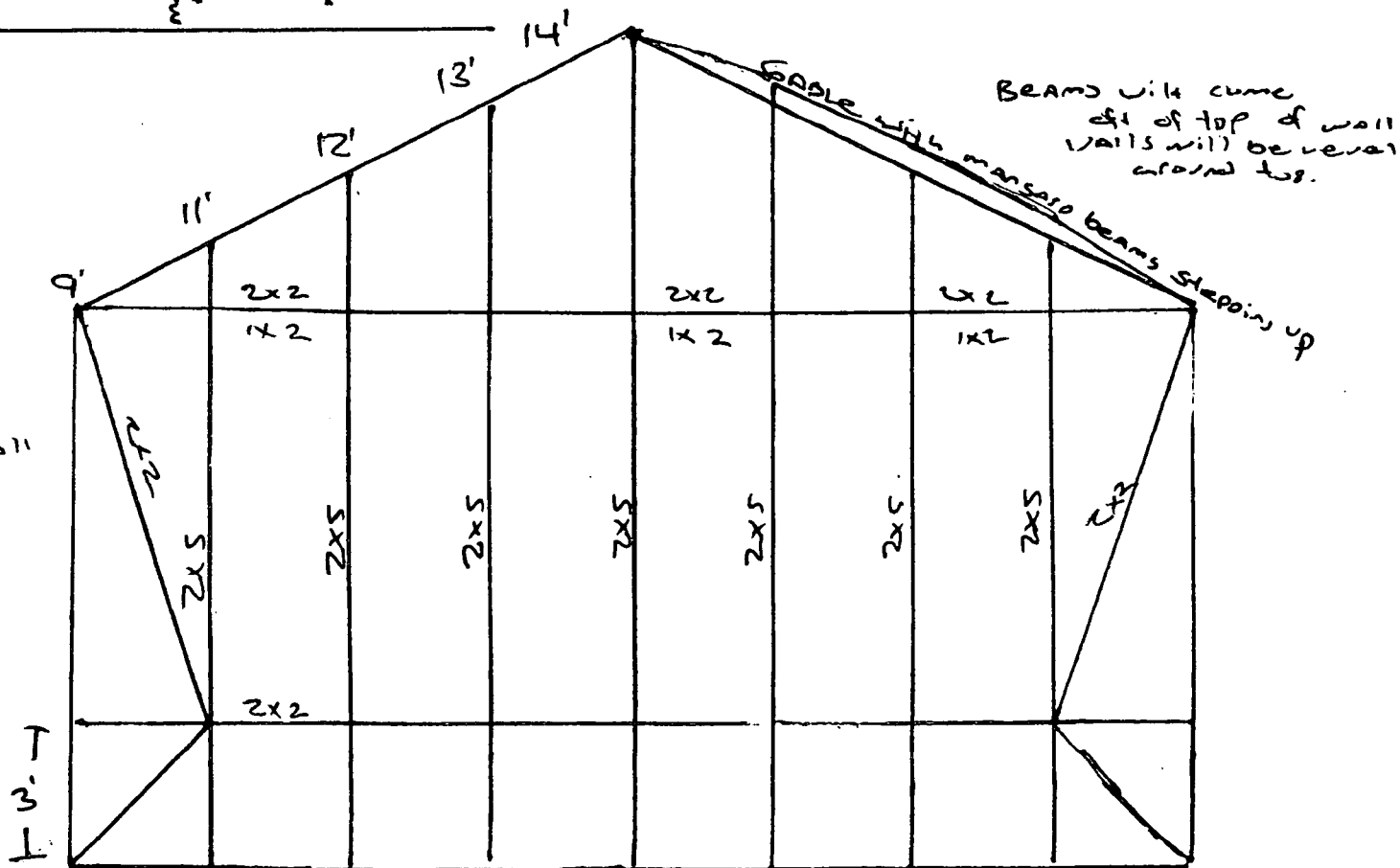
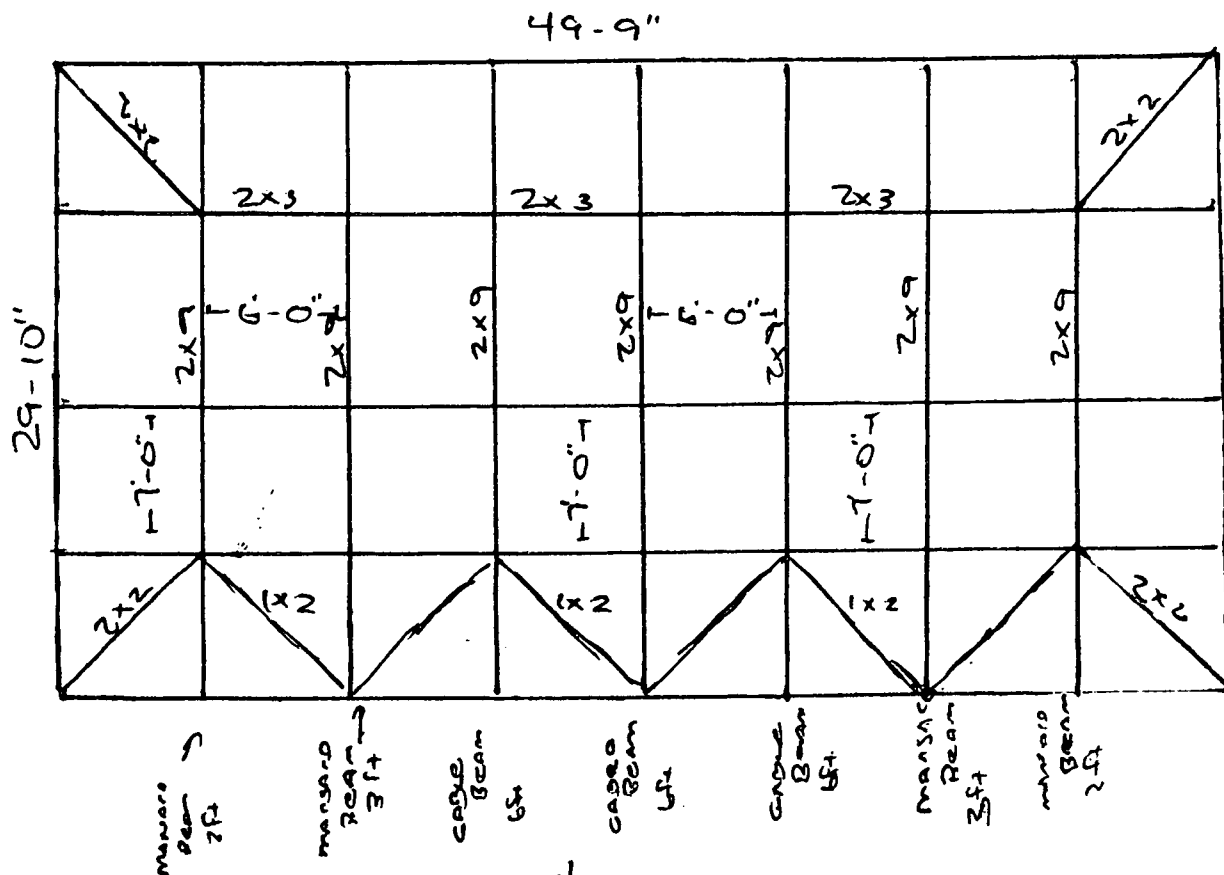
The Homeowners and Contractor agree to do the work as specified on the insurance Loss Sheet/Claim Form. All money paid by the insurance company to the home owner for the Contractor's work will be paid to the Contractor. THE ONLY COST TO THE HOMEOWNER IS THEIR PROPORTIONATE SHARE OF THEIR DEDUCTABLE PLUS THE FUNDS PAID TO THE HOMEOWNER BY THE INSURANCE COMPANY. WE WILL BUILD YOUR ENCLOSURE WITH NO OUT OF POCKET EXPENSE TO YOU. The only exception is in the event the homeowner has a cap limit, the homeowner will have to pay the difference.

3064⁶⁹ Square Feet @ \$ 6⁰⁰ /sq. ft. = \$ 18,388¹⁴ xx
Up Grades Bracing in Roof, Throushout Perimeter Extra Costs \$ 166⁰⁵ (SH)
2x3 K Brack, 2x3 Purlins, stainless screws Grand Total \$ 18,388¹⁴
Approx. Start Date: CERAMIC TAPCONS 1/27/06 20% DUE @ SIGNING \$ 3710⁸⁴ /xx
50% Of Remaining Balance Due When Materials Are Delivered \$ 7338⁶⁵ /xx
This contract supercedes the contract with costal cages (SH) 1/10/06 Due Upon Completion \$ 7338⁶⁵ /xx
Homeowner may choose to withhold \$1,000.00 until the final inspection has been completed and approved
 Balance with costal cages (SH) Due After Final Inspection \$ _____

Acceptance of Agreement: The above prices, specifications, terms and conditions are satisfactory and are hereby accepted by this homeowner. You are authorized to do work as specified above. Payments will be made as outlined above. Contractor shall not be responsible for any verbal representation by the Homeowner or the Account Executive. All terms to be completed by the Contractor must be in writing.
NOTE: This Agreement may be withdrawn by the Contractor at any time and all deposits would be refunded. This Agreement is subject to Contractor's approval.

Homeowner's Signature  Date 1/10/06
Authorized Signature  10yr. LABOR 1yr. MANUFACTURER WARRANTY. Permit fees included

Linda Capikas



FLOOD ZONE A10 ELEV. = 8.0
FIRM PANEL 1201640001E
DATED OCTOBER 16, 1996

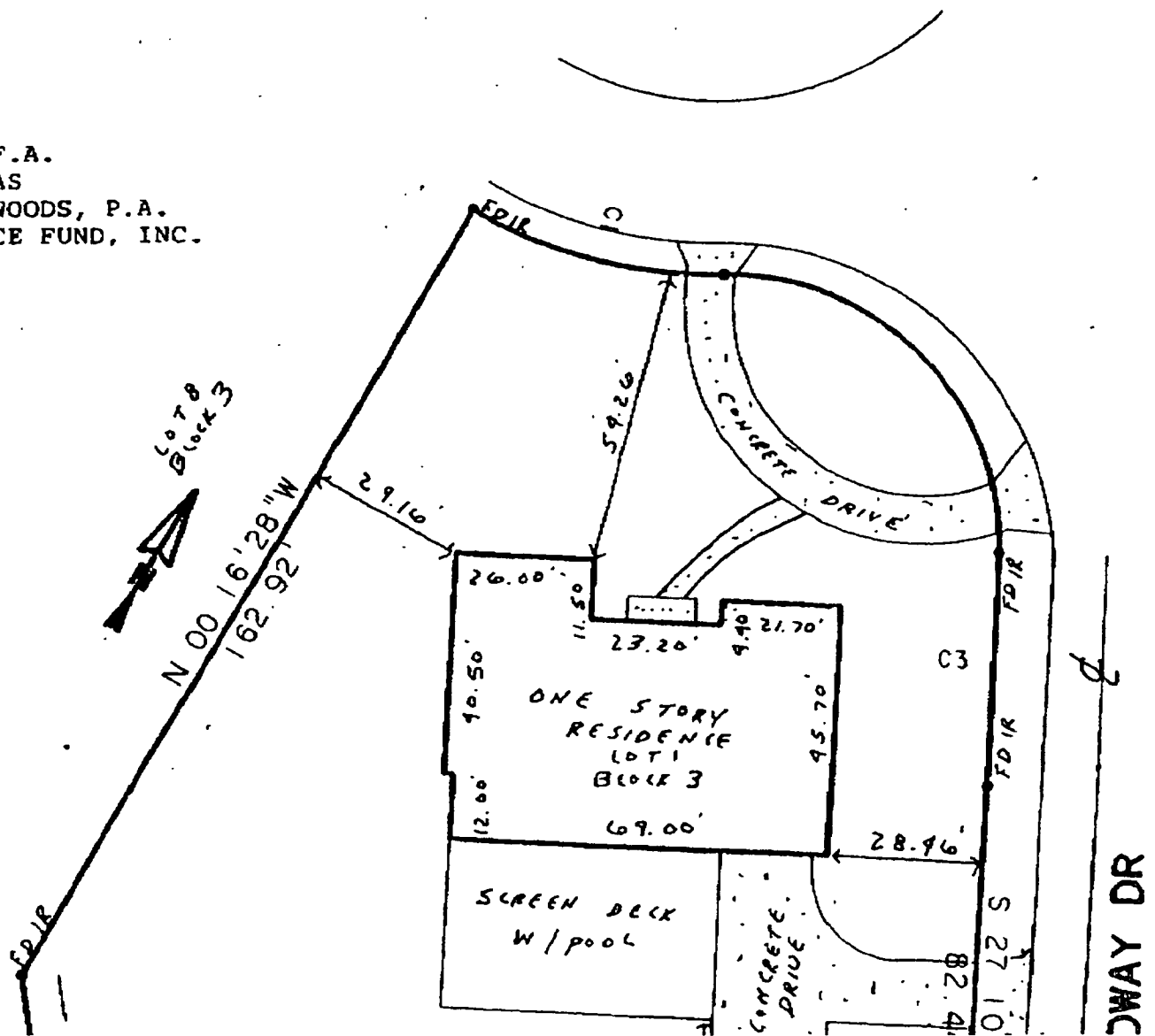
FD IR
RAD PT INDIA LUCIE

CERTIFIED TO:

WASHINGTON MUTUAL BANK, F.A.
JOHN A. & LINDA M. LAPIKAS
OUGHTERSON,, SUNDHEIM & WOODS, P.A.
ATTORNEYS' TITLE INSURANCE FUND, INC.

LEGEND

- A-ARC
- ASPH. = ASPHALT
- C = CALCULATED
- CH = CHORD
- C/L = CENTERLINE
- CM = CONCRETE MONUMENT
- Δ = DELTA
- D = DESCRIPTION
- D.E. = DRAINAGE EASEMENT
- FD. = FOUND
- O.W. = OUY WIRE
- I.P. = IRON PIPE
- I.B. & C. = IRON ROD & CAP
- L.P. = LIGHT POLE
- M = MEASURED
- B & W = BELL & WAHNER
- O.E. = OVERHEAD ELECTRIC
- P. = PLAT
- PAVT. = PAVEMENT
- P.C. = POINT OF CURVE
- P.C.C. = POINT OF COMPOUND CURVE
- P.P. = POWER POLE
- P.R.C. = POINT OF REVERSE CURVE
- P.T. = POINT OF TANGENT
- P.C.P. = PERMANENT CONTROL POINT
- P.R.M. = PERMANENT REFERENCE MARKER
- R = RADIIUS
- ROM = RIGHT OF WAY
- U.E. = UTILITY EASEMENT
- H.P. = HIGH POINT
- BLK. = BLOCK
- B.M. = BENCHMARK
- F.F. = FINISHED FLOOR
- SET I.B. & C. = SET IRON ROD & CAP LB # 655
- CONC. = CONCRETE
- N.T.S. = NOT TO SCALE



DESCRIPTION

LOT 1, BLOCK 3, INDIALUCIE, ACCORDING TO THE MAP OR PLAT THEREOF, AS RECORDED IN PLAT BOOK 4, PAGE 77, AND AFFIDAVIT RECORDED IN OFFICIAL RECORDS BOOK 248, PAGE 303, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

SAID LANDS SITUATE IN MARTIN COUNTY, FLORIDA.

STREET ADDRESS: 3 INDIALUCIE

SURVEYOR'S CERTIFICATE:

THIS CERTIFIES THAT A SURVEY OF THE PROPERTY DESCRIBED HEREON WAS MADE UNDER MY SUPERVISION AND THAT THE SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES. AND THAT THE SKETCH HERON IS A TRUE AND ACCURATE REPRESENTATION THEREOF TO THE BEST OF MY KNOWLEDGE AND BELIEF. SUBJECT TO NOTES AND NOTATIONS SHOWN HERON.

NOT VALID UNLESS SEALED WITH AN EMBROSSED SURVEYOR'S SEAL.

DATE: 11/1/02

GERALD W. TANSKY

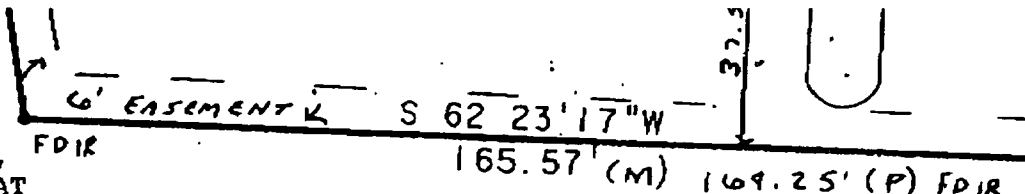
PROFESSIONAL REGISTRATION NO. 4464

AS BUILT SURVEY PREPARED FOR: OUGHTERSON

TREASURE COAST LAND SURVEYORS
 LB # 6453 PROFESSIONAL LAND SURVEYORS
 3250 CANDICE AVE.
 JENSEN BEACH, FLORIDA 34957
 PHONE # 334-2803

IBANN: D.K.T.
 CHECKED: S.W.T.
 DATE: 11/1/2002
 SCALE: 1"=30'
 JOB # 02-614
 SHEET 1 OF 1

REVISIONS	BY	DATE



FDIR

165.57' (M) 169.25' (P) FDIR

TRACT "B"

CURVE	DELTA ANGLE	RADIUS	ARC
C 1	30 30' 47"	90.00'	47.93'
C 2	92 15' 52"	50.00'	80.52'
C 3	01 20' 48"	1821.80'	42.82'

LINE	BEARING	DISTANCE
L 1	N 38 52' 41" W	40.35'

NOTES:

- 1) REPRODUCTIONS OF THIS SURVEY ARE NOT VALID UNLESS SEALED WITH AN EMBROSSED SURVEYOR'S SEAL.
- 2) LANDS SHOWN HEREON WERE NOT ABSTRACTED BY OFFICE FOR RIGHTS-OF-WAY, STATEMENTS OF RECORD, OWNERSHIP, MURPHY ACT, ETC., OR ADJOINING DEEDS.
- 3) LAND DESCRIBED HEREON WAS PROVIDED BY THE CLIENT OR HIS/HER AGENT.
- 4) NO ATTEMPT WAS MADE BY THIS OFFICE TO LOCATE SUBSURFACE IMPROVEMENTS OR ENCROACHMENTS OTHER THAN THOSE SHOWN HEREON.
- 5) UNDEVELOPED FOUNDATIONS NOT LOCATED.
- 6) BASE OF BEARINGS IS THE CENTERLINE OF INDIALUCIE AS SHOWN ON THE PLAT OF INDIALUCIE RECORDED IN PLAT BOOK 4, PAGE 77, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

FI



GUARDIAN
BUILDING PRODUCTS
CAMERON ASHLEY

January 12, 2006

Mr. Robert Sullivan
Sullivan Design Associates
176 44th Court
Vero Beach, Florida 32968

RE: Authorization to use Cameron Ashley's LRFD master set engineering

Dear Mr. Sullivan:

This letter authorizes Sullivan Design Associates and its representatives to use the master set engineering filing system that has been filed with the local building official or authority having jurisdiction. You may make copies of this letter for your use. Sullivan Design Associates and its representatives are authorized to use the master set engineering until **December 31, 2006**.

Please remember that as a condition of using the master set engineering, a representative of Sullivan Design Associates must attend an 8-hour CEU accredited training course on the use of the LRFD Manual at least once every twenty-four (24) months of use of our master set engineering.

If you or other parties such as the building official need to verify your authorized use of the master set engineering, please call (813) 882-4619 and ask to speak to someone in our engineering department.

Sincerely,

Do Y. Kim, P.E. (FL #49497)
Director of Technical Services

Table 2.5 Maximum Spans for 2x10 S.M.B. Gabled and Full Mansard Roof Beams for Screen Enclosures, Exposure C, 5' o.c. Beam-to-Beam Spacing

Design Wind Speed (mph) up to 150 mph. Table applies to Exposure C and mean roof heights up to 30 feet.

Roof Beam-Beam Spacing (ft)	2x10 SMB-Column Table (ft)					
	5					
Wind Speed Region (mph)	100	110	120	130	140	150
Column Height (ft)	Roof Span (ft)	Roof Span (ft)	Roof Span (ft)	Roof Span (ft)	Roof Span (ft)	Roof Span (ft)
2" x 2" x 0.044 x 0.044 Hollow						
5.0	42.5	42.5	42.0	42.0	41.5	40.5
8.0	42.0	42.0	41.5	-	-	-
2" x 3" x 0.045 x 0.045 Hollow						
7.0	42.5	42.5	42.0	42.0	41.5	40.5
8.0	42.0	42.0	41.5	41.5	41.0	-
10.0	41.5	41.5	41.0	-	-	-
2" x 4" x 0.050 x 0.050 Hollow						
8.0	42.5	42.5	42.0	42.0	41.5	40.5
10.0	42.0	42.0	41.5	41.5	41.0	-
12.0	41.5	41.5	41.0	-	-	-
14.0	41.0	41.0	-	-	-	-
2" x 4" THRU 2" x 8" S.M.B.						
8.0	42.5	42.5	42.0	42.0	41.5	40.5
10.0	42.0	42.0	41.5	41.5	41.0	-
12.0	41.5	41.5	41.0	41.0	-	-
14.0	41.0	41.0	40.5	40.5	-	-
16.0	40.5	40.5	-	-	-	-

Table 2.5 Maximum Spans for 2x10 S.M.B. Gabled and Full Mansard Roof Beams for Screen Enclosures, Exposure C, 6' o.c. Beam-to-Beam Spacing

Design Wind Speed (mph) up to 150 mph. Table applies to Exposure C and mean roof heights up to 30 feet.

Roof Beam-Beam Spacing (ft)	2x10 SMB-Column Table (ft)					
	6					
Wind Speed Region (mph)	100	110	120	130	140	150
Column Height (ft)	Roof Span (ft)	Roof Span (ft)	Roof Span (ft)	Roof Span (ft)	Roof Span (ft)	Roof Span (ft)
2" x 2" x 0.044 x 0.044 Hollow						
5.0	37.5	37.5	37.0	37.0	36.5	35.5
8.0	37.0	37.0	36.5	-	-	-
2" x 3" x 0.045 x 0.045 Hollow						
7.0	37.5	37.5	37.0	37.0	36.5	35.5
8.0	37.0	37.0	36.5	36.5	36.0	-
10.0	36.5	36.5	36.0	-	-	-
2" x 4" x 0.050 x 0.050 Hollow						
8.0	37.5	37.5	37.0	37.0	36.5	35.5
10.0	37.0	37.0	36.5	36.5	36.0	-
12.0	36.5	36.5	36.0	-	-	-
14.0	36.0	36.0	-	-	-	-
2" x 4" THRU 2" x 8" S.M.B.						
8.0	37.5	37.5	37.0	37.0	36.5	35.5
10.0	37.0	37.0	36.5	36.5	36.0	-
12.0	36.5	36.5	36.0	36.0	-	-
14.0	36.0	36.0	35.5	35.5	-	-
16.0	35.5	35.5	-	-	-	-



8065

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 3 INDIALUCIE

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

FINAL SCREEN ENCL.

NOT COMPLETE - NOT READY FOR INSP.
REMOVE ALL UNUSED MATERIAL
DEBRIS FROM SITE.

\$40 FEE

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

DATE: 3/13

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/13, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7338	Mc Cormick 59 N. River Rd PINE ORCHARD	SHEATHING		CANCELLED/ Posiv. to Wed INSPECTOR:
8062	CARLSON 6 PERRIN W. NUNEZ ROOF CONCEPTS	FINAL ROOF	FAIL	NO PERMIT POSTED \$40 FEE INSPECTOR: <i>OM</i>
3				
7969	SHAFFER 36 CASTLE HILL A & G POOLS	POOL Electric	PASS	 INSPECTOR: <i>OM</i>
2				
7718	SCHOPPE 9 Palm Road A&P Construction	TRUSS ENA	PASS	 INSPECTOR: <i>OM</i>
6				
8065	LARI CAS	FINAL SO ENA	FAIL	NOT READY \$40 FEE INSPECTOR: <i>OM</i>
1	3 INDIAN CREEK SULLIVAN DESIGN			
8101	DE SANTIS 82 S. Sewall's Pt OLB	Tiki Hut Electric	PASS	CLOSE INSPECTOR: <i>OM</i>
7				
8082	DESANTIS 82 S. Sewall's Pt Rd OLB	Tiki Hut	PASS	CLOSE INSPECTOR: <i>OM</i>
7				

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/20, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7297	MARTIN	FINAL ROOF	FAIL	
2	23 ISLAND RD PACIFIC ROOFING			INSPECTOR: <i>OW</i>
7913	MORROW	REP/REP DRYWALL FINAL	PASS	CLOSE
1	24 S. SEWALL'S Pt O/B			INSPECTOR: <i>OW</i>
7338	McCormick	STRAPPING	FAIL	
7	59 N. RIVER RD PINE ORCHARD	TRUSS ENG		INSPECTOR: <i>OW</i>
8070	ENGLEST	FINAL GARAGE DOOR	PASS	CLOSE
4	23 LANTANA O/B			INSPECTOR: <i>OW</i>
7993	GLACHINO	TIE BEAM	FAIL	
6	11 WENDY LA SEAGATE BLDGS			INSPECTOR: <i>OW</i>
6972	ELDER	FINAL SPR	CANCEL	
7	4 MARGUERITA OB			INSPECTOR:
8065	LAPIKAS	FINAL SCR. ENCL	PASS	CLOSE
5	3 INDIA WOOD PKWY SULLIVAN DESIGN			INSPECTOR: <i>OW</i>
OTHER: 8103	DONIFACE 63 S. RIVER RD BLUE WATER MAR.	TIE BACK	PASS	<i>OW</i>

9153

A/C Change Out Ductwork



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:	9153	DATE ISSUED:	05/05/2009
SCOPE OF WORK:	HVAC DUCT CHANGE-OUT		
CONDITIONS :			
CONTRACTOR:	NISAIR		
PARCEL CONTROL NUMBER:	35-37-41-002-003-000102	SUBDIVISION	INDIALUCIE - Lot 1 Bl 3
CONSTRUCTION ADDRESS:	3 INDIA LUCIE PKWY		
OWNER NAME:	LAPIKAS	283-0904	
QUALIFIER:	PHIL NISA	CONTACT PHONE NUMBER:	260-2067

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.

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: May 5, 2009

Permit Number: _____

OWNER/TITLEHOLDER NAME: John Lapikas Phone (Day) _____ (Fax) _____

Job Site Address: 3 India Lucie Pkwy City: Stuart State: FL Zip: 34996

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

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

Scope of work: Changeout Ductwork Two Systems

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: \$ 4490.00
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V _____ A9 _____ A5 _____ 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: Nissan Air Cond. Phone: 283-0904 Fax: 283-1229
Street: 3700 South US Highway one City: Fort Pierce State: FL Zip: 34983
State Registration Number: CA041199 State Certification Number: _____ Municipality License Number: _____

PROJECT SUPERINTENDANT: Jeff Anderson CONTACT NUMBER: 260-2067

ARCHITECT N/A Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas: 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

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 TO YOUR ADVANTAGE AND 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, AND 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 2004.

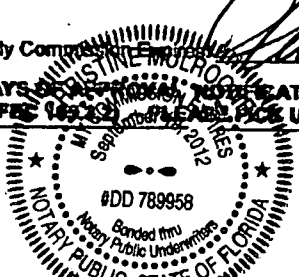
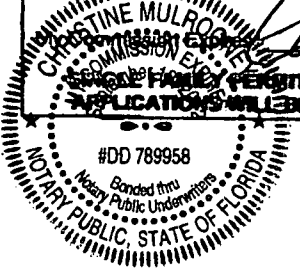
THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105A.1, 105A.1.1 - 5.
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.

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

OWNER SIGNATURE (required)
Linda Lapikas
State of Florida, County of: Martin
This the 5 day of May 2009
by _____ who is personally known to me or produced as identification

CONTRACTOR SIGNATURE (required)
Philip Nash
On State of Florida, County of: Martin
This the 5 day of May 2009
by Philip Nash who is personally known to me or produced as identification

My Commission Expires _____
Notary Public



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF RECEIVING 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...
governmentmax.com T1.12

Summary

print | | | | | Address
1 of 1

Parcel Info

Summary

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

Parcel ID	Unit Address	SerialIndex ID Order	Commercial	Residential
35-37-41-002-003-00010-2	3 NE INDIALUCIE PKY	9429 Address	0	1

Summary

Property Location 3 NE INDIALUCIE PKY
Tax District 2200 Seawalls Point
Account # 9429
Land Use 101 0100 Single Family
Neighborhood 120500
Acres 0.572

Legal Description
Property Information
 INDIALUCIE, LOT 1 BLK 3

Search By

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

Owner Information
Owner Information
 LAPIKAS, JOHN A & LINDA M

Mail Information
 3 INDIALUCIE PARKWAY
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$190,000
Market Impr Value \$221,180
Market Total Value \$411,180

Site Functions

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

Recent Sale
Sale Amount \$325,000

Sale Date 11/13/2002
Book/Page 1701 0884

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

Legal disclaimer / Privacy Statement

Data updated on 5/3/2009





Duct System Repair Worksheet

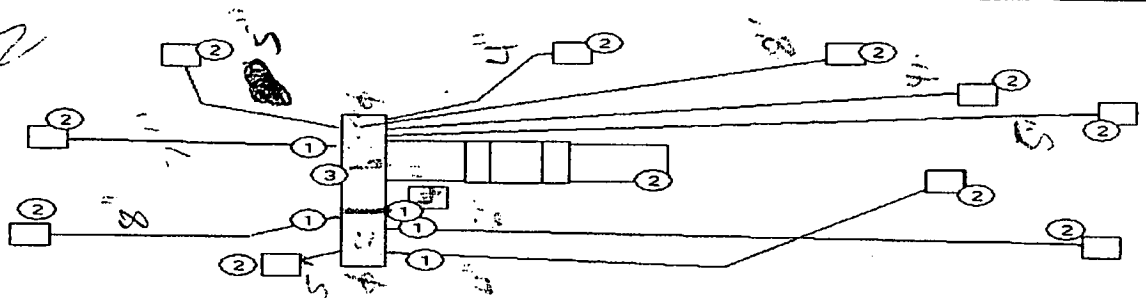
Customer Name: JOHN A LAPIKAS
Address: 3 INDIALUCIE PKWY
STUART 34996
Phone: (772) 287-9499
Bill Account: 6694494318
Contact No: (772) 781-3154
Representative: Donald Yates
Request Source: EMPLOYEE REFERRAL

Date: November 18, 2008
District: 44

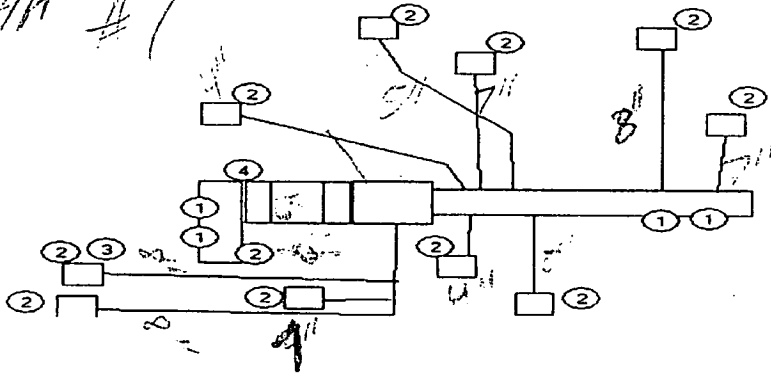
Watt Saver No & Certificate Amount

A/H #1	BHBSQ	87.00
A/H #2	BHBS	96.00

A/H #2



A/H #1



EAST

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

5-11 2009

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9133	Lopikas	Final	PASS	CLOSE
11AM	3 Indianucci Nisair			INSPECTOR <i>JW</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9145	Sree	Final	PASS	CLOSE
2	30 Fieldway DR Gulfstream Alum			INSPECTOR <i>JW</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9099	Hooker	DECK	PASS	NEED REVISED DETAILS FROM ENGINEER
1	6 MORGAN CR. BCHILLER			INSPECTOR <i>JW</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9150	Sree	Final AC	FAIL	
2	30 Fieldway Seneca air			INSPECTOR <i>JW</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

10546

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:	10546	DATE ISSUED:	AUGUST 2, 2013
SCOPE OF WORK:	AC CHANGEOUT	LADDER REQ'D FOR FINAL	
CONTRACTOR:	GRATEFUL AIR		
PARCEL CONTROL NUMBER:	353741002003000102	SUBDIVISION	INDIALUCIE, L1, BL 3
CONSTRUCTION ADDRESS:	3 INDIALUCIE PKY		
OWNER NAME:	LAPIKAS		
QUALIFIER:	TIMOTHY HESSING	CONTACT PHONE NUMBER:	283-7222

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 PERMIT APPLICATION

Permit Number:

10546

Date: 7-29-13

OWNER/LESSEE NAME: John + Linda Kapikas Phone (Day) 287-9499 (Fax)

Job Site Address: 3 Indialucie Parkway City: STUART State: FL Zip: 34986

Legal Description Parcel Control Number: 35-37-41-002-003-00010-2

Fee Simple Holder Name: Address:

City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): Remove + Replace 3.5 ton Residential Split AC system -

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: \$ 5775.00
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ 5775.00

Construction Company: GRATEFUL A/C Cond. & Heating Inc Phone: 772-283-7224 ax. 288-4412
Qualifiers name: Tim Hessing Street: 4932 SE Pompano Terrace City: STUART State: FL Zip: 34987
State License Number: CAE1814711 OR: Municipality: License Number:
LOCAL CONTACT: Tim Hessing Phone Number: cell - 260-4247

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

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage:
Carport: Total under Roof Elevated Deck Enclosed area below BFE*

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

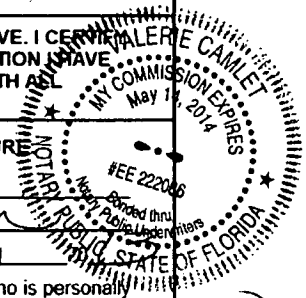
WARNINGS TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY... 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS... 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS... 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS...

*****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...

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

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: X [Signature] State of Florida, County of: On This the day of July by Timothy R Hessing who is personally known to me or produced As identification. Notary Public My Commission Expires:



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

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

generated on 7/31/2013 10:57:55 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
35-37-41-002-003-00010-2	9429	3 INDIALUCIE PKY, STUART	\$282,470	7/27/2013

Owner Information

Owner(Current)	LAPIKAS JOHN A & LINDA M
Owner/Mail Address	3 INDIALUCIE PARKWAY STUART FL 34996
Sale Date	11/13/2002
Document Book/Page	1701 0884
Document No.	
Sale Price	325000

Location/Description

Account #	9429	Map Page No.	SP-03
Tax District	2200	Legal Description	INDIALUCIE, LOT 1 BLK 3
Parcel Address	3 INDIALUCIE PKY, STUART		
Acres	.5720		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120500 Melody Hill,India Lucie

Assessment Information

Market Land Value	\$170,000
Market Improvement Value	\$112,470
Market Total Value	\$282,470

16.0 SEER

39,500 BTU's

GRATEFUL AIR CONDITIONING

4932 SE Pompano Terr.
Stuart, FL 34997

& Heating Inc.

CAC 1814711

283-7222
288-4412 (Fax)
260-4247 (Cell)

Proposal and Agreement

Customer Name John & Linda Lapikas Date 7-12-13

Address 3 Indialucie Parkway

City, State, Zip STUART FLA 34996 Phone 287-9499

We will furnish, install and service the equipment listed below at the price, terms and conditions outlined on both sides of this proposal.

EQUIPMENT SPECIFICATIONS

Make American Standard Model Number(s) 4A7A5042E cond.
GAM5A0B36 Air Handler w/ 10kw heater -

Installation shall include: Remove + Replace SAAD equipment -
New 7/8 + 3/8 copper line set for 410-A Refrig - New copper wire
to Air Handler - New outdoor whip - Solid - POOR COND. SCAB - OVER -
steel emery Pan w/ 2 Float switch - Touchscreen T-STAT w/ humid control -
MAN. I. heat ctrl - Permits - Full clean Pro JOB -

X in boxes = Yes

- New 2 Amp disconnect heat
- Reclaim refrigerant
- New low voltage wiring
- New fungus & mold strip
- New reinforced equipment pad POOR
- New properly sized refrigerant lines 7/8
- New clean, dry ACR copper tubing 3/8
- Insulate refrigerant suction line(s)
- Install refrigerant drier(s)
- Charge to manufacturer's specs
- Evacuate refrigerant system
- 180 MPH HOUR STRAPS
- Remove existing equipment from premises
- New copper wire from DISE to COND.
- Make air tight plenum transition
- _____ new supply diffuser(s)
- New duct run from AH to EXISTING
- Noise reducing flexible duct connector
- Balance for uniform supply air distribution
- New humidistat
- New time delay relay
- New digital thermostat
- Clean work area to customer's satisfaction
- 2 FLOAT SWITCHES
- New condensate drain system INSULATE
- New condensate pump
- Install aux. condensate drain pan O.S.
- New high efficiency air filter 6 pack
- New return air filter grill
- Meet all code requirements
- Complete system start up
- 10 year parts warranty
- 1 year labor warranty
- 10 year compressor warranty
- 2 year service agreement N/C

Option (below) Alternative (below) Is (Is Not) included in price

Installed price \$ 6960
FPL Rebate \$ - 685
AM. STAND - 500

\$300 TAX
QUALIF - y/stand

Total Amount \$ 5,775
Down Payment \$ _____
BALANCE DUE \$ _____

Terms: 50% upon order - 50% upon completion

Acceptance (Customer) By Linda Lapikas Date 7/30/13
Approval (Company) By J. Hess Date 7-12-13



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

Residential Commercial _____
 Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement ___ Yes No - Refrigerant line replacement Yes ___ No
 Flushing Existing Refrigerant lines ___ Yes No - Adding Refrigerant Drier ___ Yes No
 Rooftop A/C Stand Installation ___ Yes No - Curb Installation ___ Yes No
 Smoke Detector in Supply (over 2000 CFM) ___ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: <u>American Standard</u> Model# <u>GAMSA0071AM31</u>	Condenser: Mfg: <u>American Standard</u> Model# <u>4A7A504ZE1</u>
Volts <u>240</u> CFM's <u>1400</u> Heat Strip <u>10</u> (Kw)	Volts <u>240</u> SEER/EER <u>16.0</u> BTU's <u>39,500</u>
Min. Circuit Amps <u>50</u> Wire gauge <u>#6</u>	Min. Circuit Amps <u>23</u> Wire gauge <u>#8</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>50</u>	Max. Breaker size <u>40</u> Min. Breaker size <u>23</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>410-A</u>	Refrigerant type <u>410-A</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
<u>Attic</u> Garage/Closet (specify) <u>Attic - Hallway</u>	Left/Right/Rear/Front/Roof <u>EAST of Garage</u>
Access: <u>Hallway 6' Ladder</u>	Condensate Location <u>Right Home</u>

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

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: <u>Trane</u> Model# <u>N/A</u>	Condenser: Mfg: <u>Goodman</u> Model# <u>N/A</u>
Volts <u>240</u> CFM's <u>1400</u> Heat Strip <u>10</u> (Kw)	Volts <u>240</u> SEER/EER <u>LOW</u> BTU's <u>42,000</u>
Min. Circuit Amps <u>N/A</u> Wire gauge <u>#6</u>	Min. Circuit Amps <u>N/A</u> Wire gauge <u>#8</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>N/A</u>	Max. Breaker size <u>N/A</u> Min. Breaker size <u>N/A</u>
Ref. line size: Liquid <u>5/16</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>5/16</u> Suction <u>3/4</u>
Refrigerant type <u>R-22</u>	Refrigerant type <u>R-22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>Attic - Hallway</u>	Left/Right/Rear/Front/Roof <u>EAST of Garage</u>
Access: <u>Hallway 6' Ladder</u>	Condensate Location <u>Right Home</u>

Certification:

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

[Signature]
 Signature

7-29-13
 Date

3.5 TON STRAIGHT COOL - SPLIT SYSTEMS

PERFORMANCE										CONDENSING UNIT			AIR HANDLER				ELECTRIC HEATER		FPL REBATE	SYSTEM PRICE
SIZE	SEER	EER	HSPF	COOLING CAP.	ARI NO.	208/230V - 1 PHASE, 60Hz		DIMENSIONS			208/230V - 1 PHASE, 60Hz			MODEL NO.	UNIT PRICE					
						MODEL NO.	UNIT PRICE	HEIGHT	WIDTH	DEPTH	MODEL NO.	UNIT PRICE	HEIGHT			WIDTH	DEPTH			
PLEASE SEE LIMITED WARRANTY PAGE FOR ADDITIONAL WARRANTY INFORMATION																				
3.5 4A7A50 SERIES ALLEGIANCE 15 - GOLD SERIES XI - CONDENSING UNITS WITH AIR HANDLERS - CONDENSER WARRANTY (REGISTERED: COMPRESSOR 10 YRS., COIL & PARTS 10 YRS.)																				
3.5	16.25	13.50	0.00	42000	4151113	4A7A5042E1000A	\$1,031.00	41.0	37.0	34.0	GAM5A0C42M31SA	\$959.00	56.9	23.5	21.8	BAYEAAC10BK1AA	\$170.00	\$685.00	\$2,160.00	
3.5	16.00	13.00	0.00	41000	4385751	4A7A5042E1000A	\$1,031.00	41.0	37.0	34.0	TAM7A0C36H31SB	\$1,059.00	56.9	23.5	21.8	BAYEVAC10BK1AA	\$250.00	\$685.00	\$2,340.00	
3.5	16.00	13.00	0.00	42000	4385752	4A7A5042E1000A	\$1,031.00	41.0	37.0	34.0	TAM7A0C42H31SB	\$1,094.00	56.9	23.5	21.8	BAYEVAC10BK1AA	\$250.00	\$685.00	\$2,375.00	
3.5	14.75	12.00	0.00	40000	5200304	4A7A5042E1000A	\$1,031.00	41.0	37.0	34.0	GAT2A0B42S31SA	\$516.00	55.7	21.3	21.8	BAYEAAC10BK1AA	\$170.00	\$265.00	\$1,717.00	
3.5	14.50	12.00	0.00	40000	4646829	4A7A5042E1000A	\$1,031.00	41.0	37.0	34.0	TAM4A0B42S31SB	\$920.00	55.7	21.3	21.8	BAYEAAC10BK1AA	\$170.00	\$265.00	\$2,121.00	
3.5	14.00	11.50	0.00	38000	4643555	4A7A5042E1000A	\$1,031.00	41.0	37.0	34.0	TAM4A0A36S31SB	\$849.00	49.9	17.5	21.8	BAYEAAC10BK1AA	\$170.00	\$210.00	\$2,050.00	
3.5	13.50	11.50	0.00	37800	4941183	4A7A5042E1000A	\$1,031.00	41.0	37.0	34.0	GAF2A0A36S31SA	\$466.00	39.5	17.5	21.8	BAYECAA10LG1AA	\$170.00		\$1,667.00	
3.5 4TTB30 SERIES SILVER SERIES SI - CONDENSING UNITS WITH AIR HANDLERS - CONDENSER WARRANTY (REGISTERED: COMPRESSOR 10 YRS.) COIL & PARTS 10 YRS.																				
3.5	14.00	11.50	0.00	42500	5065037	4TTB3042D1000B	\$751.00	29.0	37.0	34.0	GAM5A0B36M31SA	\$917.00	55.7	21.3	21.8	BAYEAAC10BK1AA	\$170.00	\$265.00	\$1,838.00	
3.5	14.00	11.50	0.00	44500	5065038	4TTB3042D1000B	\$751.00	29.0	37.0	34.0	GAM5A0C42M31SA	\$959.00	56.9	23.5	21.8	BAYEAAC10BK1AA	\$170.00	\$265.00	\$1,880.00	
3.5	14.00	11.50	0.00	44000	5064606	4TTB3042D1000B	\$751.00	29.0	37.0	34.0	TAM7A0C36H31SB	\$1,059.00	56.9	23.5	21.8	BAYEVAC10BK1AA	\$250.00	\$265.00	\$2,060.00	
3.5	14.00	11.50	0.00	44000	5064607	4TTB3042D1000B	\$751.00	29.0	37.0	34.0	TAM7A0C42H31SB	\$1,094.00	56.9	23.5	21.8	BAYEVAC10BK1AA	\$250.00	\$265.00	\$2,095.00	
3.5	13.50	11.00	0.00	41500	5326725	4TTB3042D1000B	\$751.00	29.0	37.0	34.0	GAT2A0B42S31SA	\$516.00	55.7	21.3	21.8	BAYEAAC10BK1AA	\$170.00		\$1,437.00	
3.5	13.00	11.00	0.00	42000	5064604	4TTB3042D1000B	\$751.00	29.0	37.0	34.0	TAM4A0B42S31SB	\$920.00	55.7	21.3	21.8	BAYEAAC10BK1AA	\$170.00		\$1,841.00	
3.5 4TTM30 SERIES SILVER SERIES SI - CONDENSING UNITS WITH AIR HANDLERS - CONDENSER WARRANTY (REGISTERED: COMPRESSOR 10 YRS.) COIL & PARTS 10 YRS.																				
3.5	14.00	11.50	0.00	42500	5059303	4TTM3042A1000B	\$672.00	28.8	28-1/2	29-1/4	GAT2A0B42S31SA	\$516.00	55.7	21.3	21.8	BAYEAAC10BK1AA	\$170.00	\$265.00	\$1,358.00	
3.5	14.00	11.50	0.00	43000	5062851	4TTM3042A1000B	\$672.00	28.8	28-1/2	29-1/4	GAM5A0B36M31SA	\$917.00	55.7	21.3	21.8	BAYEAAC10BK1AA	\$170.00	\$265.00	\$1,759.00	
3.5	14.00	11.50	0.00	45500	5062852	4TTM3042A1000B	\$672.00	28.8	28-1/2	29-1/4	GAM5A0C42M31SA	\$959.00	56.9	23.5	21.8	BAYEAAC10BK1AA	\$170.00	\$305.00	\$1,801.00	
3.5	14.00	12.00	0.00	44500	5062644	4TTM3042A1000B	\$672.00	28.8	28-1/2	29-1/4	TAM7A0C42H31SB	\$1,094.00	56.9	23.5	21.8	BAYEVAC10BK1AA	\$250.00	\$265.00	\$2,016.00	
3.5	13.00	11.00	0.00	42500	5062642	4TTM3042A1000B	\$672.00	28.8	28-1/2	29-1/4	TAM4A0B42S31SB	\$920.00	55.7	21.3	21.8	BAYEAAC10BK1AA	\$170.00		\$1,762.00	

PLEASE SEE UNIT PAGE FOR ADDITIONAL UNIT SPECIFICATIONS
PRICES, SPECIFICATIONS & ARI NUMBERS SUBJECT TO CHANGE WITHOUT PRIOR NOTICE



Project Summary
Entire House
QUICK CALCS, INC.

Job:
 Date:
 By: *[Signature]*

317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-468-6799 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

Project Information

For: JOHN & LINDA LAPIKAS
 3 INDIALUCIE PARKWAY, STUART, FL

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

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

Summer Design Conditions

Outside db 90 °F
 Inside db 75 °F
 Design TD 15 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 59 gr/lb

Heating Summary

Structure 11693 Btuh
 Ducts 5459 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 17152 Btuh

Sensible Cooling Equipment Load Sizing

Structure 23171 Btuh
 Ducts 8338 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.95
 Equipment sensible load 29933 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	1690	1690
Volume (ft ³)	13520	13520
Air changes/hour	0.38	0.20
Equiv. AVF (cfm)	86	45

Latent Cooling Equipment Load Sizing

Structure 2802 Btuh
 Ducts 2196 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 4998 Btuh
 Equipment total load 34931 Btuh
 Req. total capacity at 0.70 SHR 3.6 ton

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref

Efficiency 100 EFF
 Heating input 2.9 kW
 Heating output 9802 Btuh
 Temperature rise 7 °F
 Actual air flow 1317 cfm
 Air flow factor 0.077 cfm/Btuh
 Static pressure 0 in H2O
 Space thermostat

Cooling Equipment Summary

Make American Standard
 Trade ALLEGIANCE 15
 Cond 4A7A5042E1
 Coil GAM5A0B36M31
 AHRI ref 4151112
 Efficiency 13.0 EER, 16 SEER
 Sensible cooling 27650 Btuh
 Latent cooling 11850 Btuh
 Total cooling 39500 Btuh
 Actual air flow 1317 cfm
 Air flow factor 0.042 cfm/Btuh
 Static pressure 0 in H2O
 Load sensible heat ratio 0.86

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



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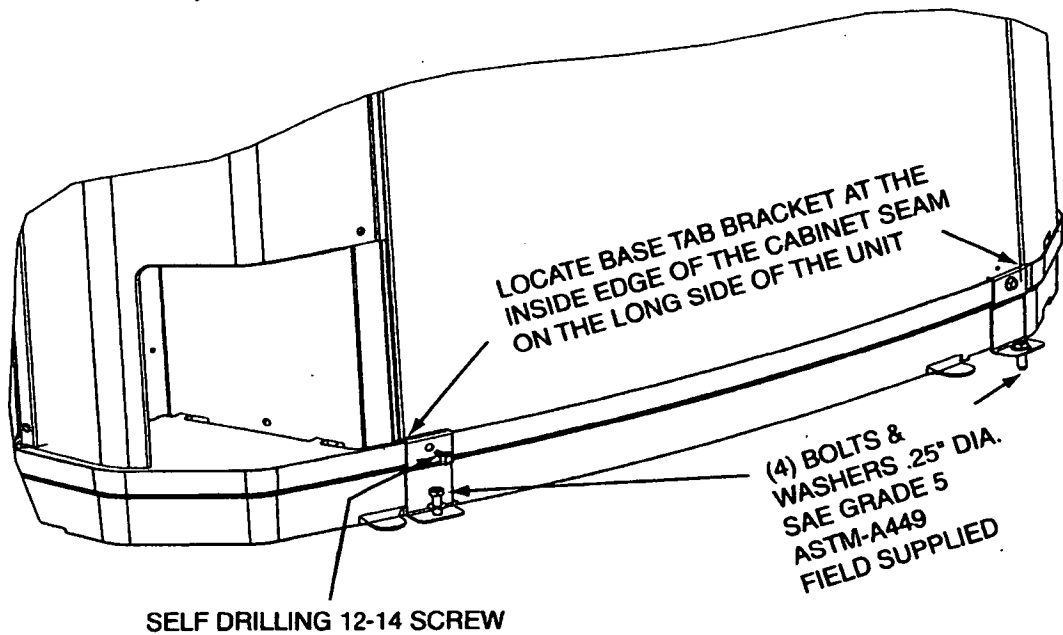
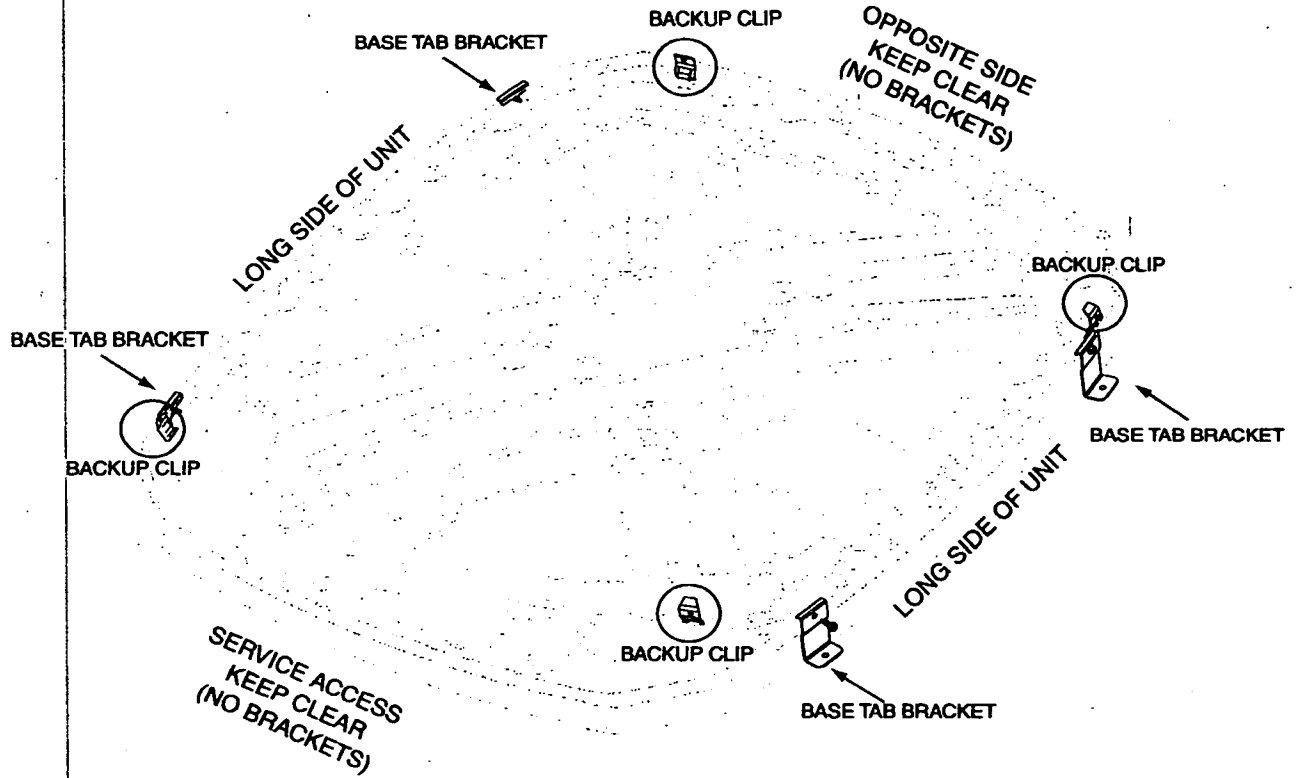
...ments\Wrightsoft HVAC\LAPIKAS, JOHN & LINDA.rup Calc = MJ8 Front Door faces: N

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Page 1

3

BAYECMT023 & BAYECMT004 (51" TALL OR LESS) BACKUP CLIP and BASE TAB BRACKET LOCATIONS





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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: John & Linda Laporte Contractor name: Timothy Hessing
 Street address: 3 Indialucie Pkwy Jurisdiction: _____
 City: Stuart Permit No.: 10546
 Zip: 34996 Final inspection date: _____

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

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

Signature: Tim Hessing Date: 7-29-13

Printed Name: Tim Hessing

Contractor License #: CAC 1814711

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

Signature: _____ Date: _____

Printed Name: _____

PW10546

AmStandard/Trane changed model #

Wrightsoft Project Summary
Entire House
QUICK CALCS, INC.

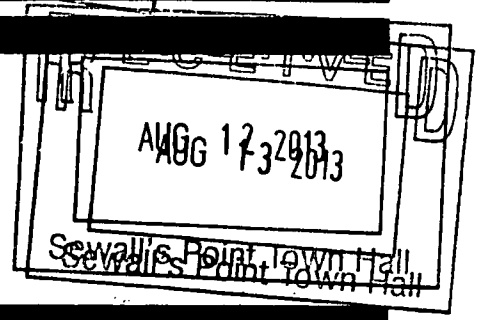
317 ST. LUCIE LN., FT. PIERCE, FL 34946 Phone: 772-466-6789 Fax: 772-466-6796 Email: QUICKCALCS@AOL.COM

Job: _____
Date: _____
By: *[Signature]*
TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Project Information

For: JOHN & LINDA LAPIKAS
3 INDIALUCIE PARKWAY, STUART, FL

Notes:



Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

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

Summer Design Conditions

Outside db	90 °F
Inside db	75 °F
Design TD	15 °F
Daily range	L
Relative humidity	50 %
Moisture difference	59 gr/lb

Heating Summary

Structure	11693 Btuh
Ducts	5459 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	17152 Btuh

Sensible Cooling Equipment Load Sizing

Structure	23171 Btuh
Ducts	8338 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh

Infiltration

Method	Simplified
Construction quality	Average
Fireplaces	0

Use manufacturer's data	n
Rate/swing multiplier	0.95
Equipment sensible load	29933 Btuh

	Heating	Cooling
Area (ft ²)	1690	1690
Volume (ft ³)	13520	13520
Air changes/hour	0.38	0.20
Equiv. AVF (cfm)	86	45

Latent Cooling Equipment Load Sizing

Structure	2802 Btuh
Ducts	2196 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	4998 Btuh

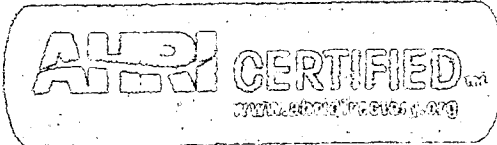
Heating Equipment Summary

Make	
Trade	
Model	
AHRI ref	
Efficiency	100 EFF
Heating input	2.9 kW
Heating output	9802 Btuh
Temperature rise	7 °F
Actual air flow	1317 cfm
Air flow factor	0.077 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make	American Standard
Trade	
Cond	4A7A6042
Coil	GAM5BOB36M31
AHRI ref	5874030
Efficiency	13.0 EER, 16 SEER
Sensible cooling	27650 Btuh
Latent cooling	11850 Btuh
Total cooling	39500 Btuh
Actual air flow	1317 cfm
Air flow factor	0.042 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.86

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



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 5874030

Date: 8/2/2013

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

Outdoor Unit Model Number: 4A7A6042H1

Indoor Unit Model Number: GAM5B0B36M31

Manufacturer: AMERICAN STANDARD, INC.

Trade/Brand name: GOLD XI

Manufacturer responsible for the rating of this system combination is AMERICAN STANDARD, INC.

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

Cooling Capacity (Btuh):	39500
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

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

DISCLAIMER

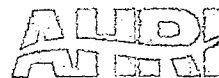
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This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied;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

CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

©2013 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 130199366407250685

TAG: _____

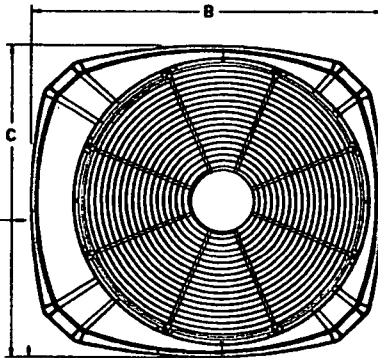
SPECIFICATION

NOTE: All dimensions are in mm/inches.

3 1/2 Ton Split System Cooling – 1 Ph 4A7A6042H

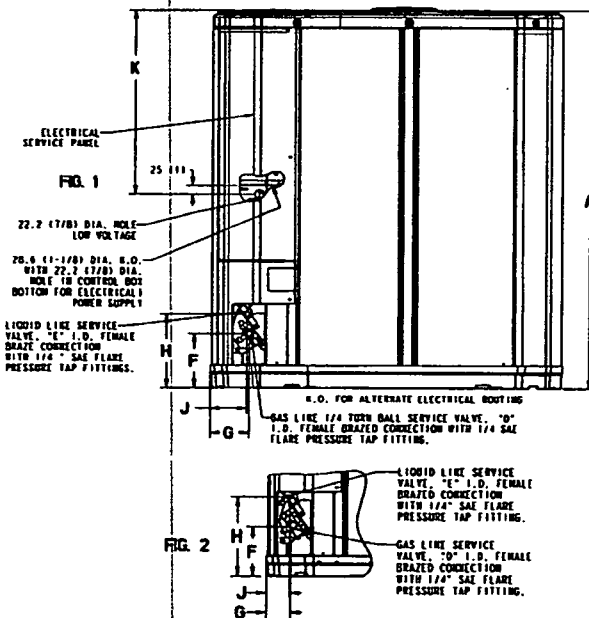
Product Specifications

OUTDOOR UNIT ①②	4A7A6042H1000A
POWER CONNS. — V/PH/Hz ③	208/230/1/60
MIN. BRCH. CIR. AMPACITY	23
BR. CIR. PROT. RTG. — MAX. (AMPS)	40
COMPRESSOR	DURATION™ - SCROLL
NO. USED - NO. SPEEDS	1 - 1
VOLTS/PH/Hz	208/230/1/60
R.L. AMPS ④ - L.R. AMPS	17.9 - 112
FACTORY INSTALLED	
START COMPONENTS ⑤	NO
INSULATION/SOUND BLANKET	YES
COMPRESSOR HEAT	NO
OUTDOOR FAN	PROPELLER
DIA. (IN.) - NO. USED	27.6 - 1
TYPE DRIVE - NO. SPEEDS	DIRECT - 1
CFM @ 0.0 IN. W.G. ⑥	4420
NO. MOTORS - HP	1 - 1/5
MOTOR SPEED R.P.M.	850
VOLTS/PH/Hz	200/230/1/60
F.L. AMPS	0.93
OUTDOOR COIL — TYPE	SPINE FIN™
ROWS - F.P.I.	1 - 24
FACE AREA (SQ. FT.)	27.86
TUBE SIZE (IN.)	3/8
REFRIGERANT	
LBS. — R-410A (O.D. UNIT) ⑦	8 LBS., 4 OZ.
FACTORY SUPPLIED	YES
LINE SIZE - IN. O.D. GAS ⑧	7/8
LINE SIZE - IN. O.D. LIQ. ⑧	3/8
CHARGING SPECIFICATION	
SUBCOOLING	8°F
DIMENSIONS	H X W X D
CRATED (IN.)	46.4 x 35.1 x 38.7
WEIGHT	
SHIPPING (LBS.)	272
NET (LBS.)	235



SERVICE PANEL
ELECTRICAL AND REFRIGERANT
COMPONENT CLEARANCES
PER PREVAILING CODES.

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



From Dwg. D152862

MODELS	BASE	A	B	C	D	E	F	G	H	J	K
4A7A6042H	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)

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

Sound Power Level

Model	A-Weighted Sound Power Level [dB(A)]	Full Octave Sound Power [dB]							
		63 Hz	125 Hz	250 Hz	500 Hz	1000 Hz	2000 Hz	4000 Hz	8000 Hz
4A7A6042H1	75	49	69	74	77	75	70	62	51

Note: Rated in accordance with AHRI Standard 270-2008

Mechanical Specification Options

General

The 4A7A6 is fully charged from the factory for up to 15 feet of piping. This unit is designed to operate at outdoor ambient temperatures as high as 115°F. Cooling capacities are matched with a wide selection of air handlers and furnace coils that are AHRI certified. The unit is certified to UL 1995. Exterior is designed for outdoor application.

Casing

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

Refrigerant Controls

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

Compressor

The DURATION™ compressor features internal over temperature and pressure protection and total dipped hermetic motor. Other features include: centrifugal oil pump and low vibration and noise.

Condenser Coil

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

Low Ambient Cooling

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

Accessories

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



American Standard
HEATING & AIR CONDITIONING

American Standard Heating & Air Conditioning
www.americanstandardair.com

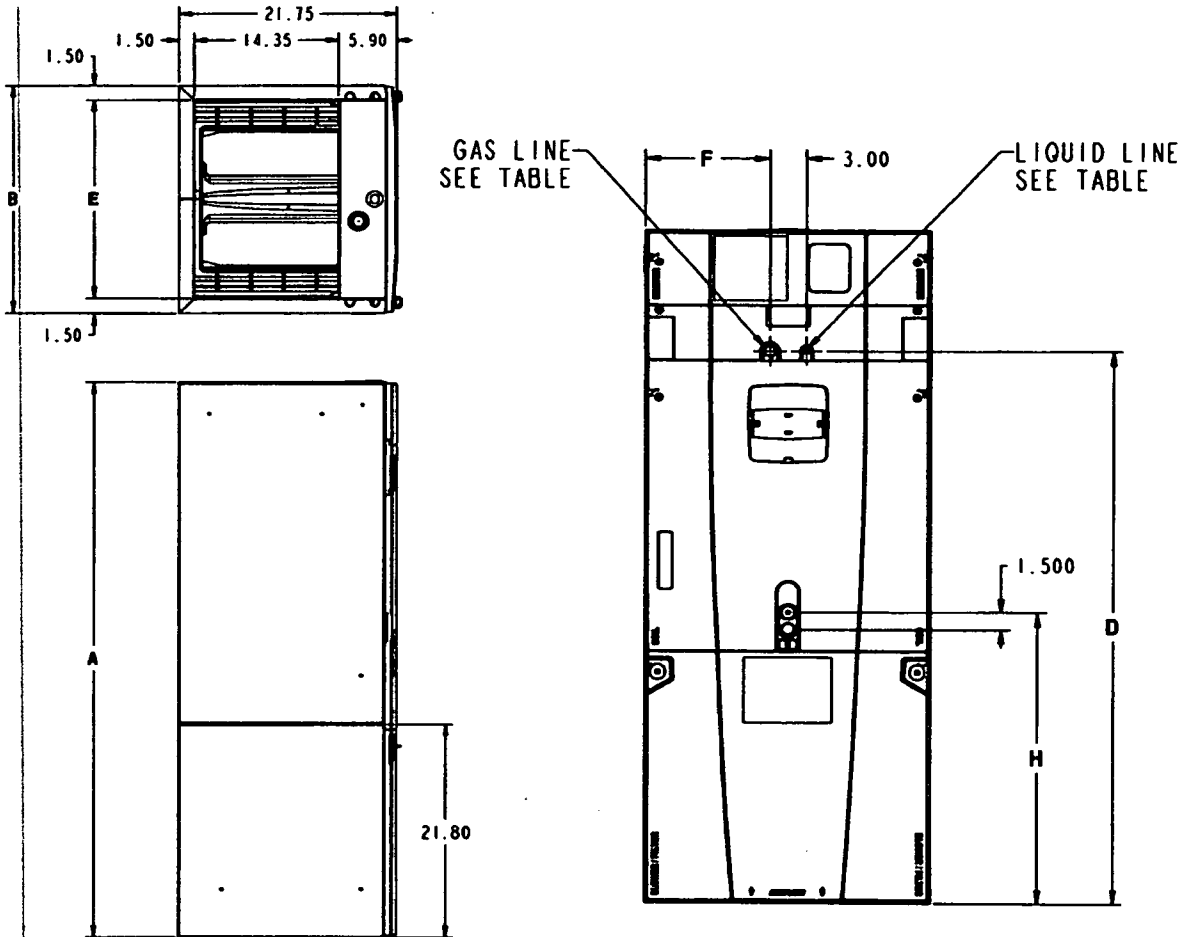
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American Standard Heating & Air Conditioning has a policy of continuous product and product data improvement and it reserves the right to change design and specifications without notice.

TAG: _____

Specification

3 Ton Convertible Air Handler GAM5B0B36M31SA



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

MODEL NO.	A	B	C	D	E	F	H	Flow Control	R-410A Gas Line BRAZE	R-410A Liq. Line BRAZE
GAM5B0B36	55.7	21.3	18.4	45.5	18.4	9.2	24.8	TXV	7/8	3/8

PRODUCT SPECIFICATIONS

PRODUCT SPECIFICATIONS	
MODEL	GAM5B0B36M31SA
RATED VOLTS/PH/Hz.	208-230/1/60
RATINGS ①	See O.D. Specifications
INDOOR COIL — Type	Plate Fin
Rows — F.P.I.	3 - 14
Face Area (sq. ft.)	5.04
Tube Size (in.)	3/8
Refrigerant Control	TXV
Drain Conn. Size (in.) ②	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing
INDOOR FAN — Type	Centrifugal
Diameter-Width (In.)	11 X 10
No. Used	1
Drive - No. Speeds	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table
No. Motors — H.P.	1 - 1/2
Motor Speed R.P.M.	1050
Volts/Ph/Hz	208-230/1/60
F.L. Amps	4.1
FILTER	
Filter Furnished?	No
Type Recommended	Throwaway
No.-Size-Thickness	1 - 20 X 20 - 1 in.
REFRIGERANT	R-410A
Ref. Line Connections	Brazed
Coupling or Conn. Size — in. Gas	7/8
Coupling or Conn. Size — in. Liq.	3/8
DIMENSIONS	H x W x D
Crated (In.)	57-1/4 x 24-1/4 x 25-3/4
Uncrated	55-3/4 x 21-1/4 x 21-3/4
WEIGHT	
Shipping (Lbs.)/Net (Lbs.)	150/142

- ① These Air Handlers are A.H.R.I. certified with various Split System Air Conditioners and Heat Pumps (AHRI STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.
- ② 3/4" Male Plastic Pipe (Ref.: ASTM 1785-76)



GAM5B0B36M31SA MINIMUM HEATER AIRFLOW CFM			
Heater	Minimum Air Speed Tap		
	Without HP	With HP	
BAYEAAC05BK1AA BAYEAAC05LG1AA	Tap 2	Tap 3	
BAYEAAC08BK1AA BAYEAAC08LG1AA	Tap 3	Tap 4	
BAYEAAC10BK1AA BAYEAAC10LG1AA	Tap 4	Tap 5	
BAYEAAC10LG3AA	Tap 4	Tap 5	
BAYEABC15BK1AA	Tap 4	Tap 5	
BAYEABC15LG3AA	Tap 4	Tap 5	
BAYEABC20BK1AA	-	-	
BAYEACC25BK1AA	-	-	

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

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

AIRFLOW PERFORMANCE										
GAM5B0B36M31SA										
EXTERNAL STATIC (in w.g)	AIRFLOW (CFM)									
	Speed Taps - 230 VOLTS					Speed Taps - 208 VOLTS				
	5	4 †	3	2	1	5	4 †	3	2	1
0	1438	1387	1197	1013	732	1435	1383	1194	1009	729
0.1	1394	1340	1143	945	552	1388	1334	1137	939	546
0.2	1350	1299	1090	892	413	1341	1291	1082	884	404
0.3	1301	1245	1031	817	305	1289	1233	1019	806	293
0.4	1253	1197	975	751	209	1239	1183	960	737	195
0.5	1205	1151	917	651	-	1188	1134	900	634	-
0.6	1155	1094	837	578	-	1136	1075	817	559	-
0.7	1099	1032	766	499	-	1077	1010	744	476	-
0.8	1039	972	691	453	-	1014	946	666	-	-
0.9	964	889	633	409	-	936	861	605	-	-

NOTES:

1. Values are with wet coil and without filters.
2. Contact your particular filter manufacturer for pressure drop data.
3. Electric heater pressure drop is negligible and is included within the airflow data.
4. Tap 1 is a continuous fan speed tap.
5. † Factory Setting

WIRING DATA											
GAM5B0B36M31SA											
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	-	-	-	4.1*	5	15	-	-	4.1*	5	15
BAYEAAC05BK1A BAYEAAC05LG1A	1	4.80	16400	20.0	30	30	3.60	12300	17.3	27	30
BAYEAAC08BK1A BAYEAAC08LG1A	1	7.68	26200	32.0	45	45	5.76	19700	27.7	40	40
BAYEAAC10BK1A BAYEAAC10LG1A	1	9.60	32800	40.0	55	60	7.20	24600	34.6	48	50
BAYEAAC10LG3A	1-3 PH	9.60	32800	23.1	33	35	7.20	24600	20.0	30	30
BAYEABC15LG3A	1-3 PH	14.40	49200	34.6	48	50	10.80	36900	30.0	42	45
BAYEABC15BK1A - Circuit 1 ⊙	2	9.60	32800	40	55	60	7.20	24600	34.6	48	50
BAYEABC15BK1A - Circuit 2		4.80	16400	20	25	25	3.60	12300	17.3	22	25

Note: * Motor Amps

⊙ MCA and MOP for circuit 1 contains the motor amps

Notes:

1. See Product Data or Air Handler nameplate for approved combinations of Air Handlers and Heaters
2. Heater model numbers may have additional suffix digits.

Mechanical Specifications

- Unique Cabinet Design
 - Double Wall Foamed and Formed Cabinet System
 - Water Proof Cabinet Design
 - R-4.2 Insulating Value (Avg Insulating Value R-8.2)
 - Composite Foamed Cabinet Doors
 - Sweat Eliminating Cabinet Design
 - Loose Fiber Eliminating Cabinet Design
 - Smooth Cleanable Cabinet Design
 - 2% or Less air leakage
 - Precision Durable Door Seals
 - Modular Cabinet
- Multi-Position UP/Down Flow Horizontal Left /Right
- Phillips head door fasteners
- Side Return Option
- Refrigerant Connections
- Condensate Connections
- Premarked Conduit Connection Locations
- Vortica® Blower with Integrated Slide Deck for Easy Removal
- Polarized Plug connections on Blower
- Aluminum Coil with Integrated Slide Deck for Easy Removal
- Slide in Electric Heaters with polarized plug connections (sold as accessory)
- Polarized Plug connections for Electric Heater
- UVC light kit with safety switch and polarized plug connections (sold as accessory)
- Labeled Panels and connections
- 1 1/4" to 1" And 3/4" to 1/2" Conduit connection on Left, Right and Top
- Molded in 1" Standard Filter rail
- R-410A Thermal Expansion Valve
- R-22 conversion Thermal Expansion Valve available (sold as accessory)
- Low Voltage Pigtail Connections
- Enhanced Coil Fin Patented
- Blow Through Design
- High Efficiency ECM Motor
- Maximum Width of 23.5"
- Compact 20.8" depth with doors removed
- Integrated Horizontal Drain pans
- Soft start fan motor operation
- Built in fan delay modes
- Single Color
- Fused 24V Power
- Safety Door Switch
- 5 year warranty
- 10-year warranty registered
- Optional extended warranty available

American Standard
Heating & Air Conditioning
6200 Troup Highway
Tyler, TX 75707



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

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8-16-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10546	Lapakis	Final	Pass	
1ST	Indaluce Grateful AC	AC	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10550	JEDOR 56 MANNA ALL AMERICAN	DRY- IN METAL	Cancel	
10565	Keith 10 N River Rd Coastal Htg & AC	Final AC	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10503	McBride 19 N Via Lucendia OB	last	Pass	INSPECTOR <i>[Signature]</i>
Tree	Morales 10 N Ridgeway	Tree	OK	INSPECTOR
WILL CALL	WINDSLOW 10 S. PAT RD	WORK TRAIL PRE CON	OK	INSPECTOR
Tree	Birdsall 49 N River Rd	Tree	NG.	INSPECTOR

TREE

TOWN OF SEWALL'S POINT, FLORIDA

Date 1/16 ~~X 2003~~ TREE REMOVAL PERMIT No 454

APPLIED FOR BY LAPIKAS (Contractor or Owner)

Owner 3 INDIALUCIE PKWY

Sub-division _____, Lot _____, Block _____

Kind of Trees NORFOLK ISLAND PINE, SCHEFFLERA, ARACA PALMS,

No. Of Trees: REMOVE → BENJAMINA FICUS AS PER LETTER + PLAN, ATTACHED

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

No. Of Trees: REPLACE / WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 15.00

Signed, Linda Lapikas
Applicant

Signed, Gene Simmons (M)
Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty lined box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued: _____

This application shall include a written statement giving reasons for removal, relocation, or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner JOHN & LINDA LAPIKAS Address 3 INDIALUCIE PKWY. Phone (772) 344-5672

Contractor JOHN LAPIKAS Address 3 INDIALUCIE PKWY. Phone (772) 344-5672

Number of trees to be removed (list kinds of trees) 3 : GUMBO LIMBO, BANYAN, AND NORFOLK ISLAND PINE . ALSO, NUMEROUS SCHEFFLEA, ARACA PALMS, AND
Number of trees to be relocated within 30 days (no fee) (list kinds of trees): PHILODENDRON

NONE
Number of trees to be replaced: _____ (list kinds of trees):

NONE

Permit Fee \$ 15.-

\$15.00

*prohib. species - Benjamina FICUS
Gumbo L. over septic syst.*

(No permit fee for trees which are relocated on property or lie within a utility easement and are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted _____ Plans approved as marked _____

Permit good for one year. Fee for renewal of expired permit is \$5.00.

Signature of applicant _____ Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: 1/6/2

Completed _____
Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA

See attached Tree Species List

979 1555
3 Indialucie Parkway
Stuart, FL 34996

January 2, 2003

**Mr. Gene Simmons, Manager
Building Department
Town of Sewall's Point
One South Sewall's Point Road
Stuart, FL 34996**

Dear Mr. Simmons:

**We hereby ask permission to remove the following trees located at
3 Indialucie Parkway in Sewall's Point:**

- (1) Banyan Tree and Schefflera located on right front of house;**
- (2) Gumbo Limbo Tree located on right side of house;**
- (3) Araca Palms located on right side of house;**
- (4) Philodendron and Schefflera located on left of circular driveway;**
- (5) Schefflera on left side of house;**
- (6) Norfolk Island Pine on left back of house after driveway.**

Our reasons for removal of these trees are:

- (1) the Banyan Tree and Schefflera on right front of house have a root structure hindering the foundation of the house; the roots are sticking up out of the ground posing a potential hazard for visitors if they trip over them, which could turn into a legal liability for us; the roots are a danger to the person mowing the lawn - a lawnmower's blades cannot mow over these big roots and may cause the blades to come off hitting someone and/or damage the lawnmower; the trees will cause damage to the new roof being put on the house because the limbs are hanging on the roof.**
- (2) the Gumbo Limbo on right side of house is directly over the present drainfield and its root structure will interfere with the new drainfield when installed; its root structure is also a hindrance to the foundation of the house; the limbs are hanging on the roof which will cause damage to the new roof being installed; the limbs are hanging over the chimney posing a fire threat; its root structure will constantly seek a water source and the closest water source will always be the drainfield; removing this tree would be more economical now when the new drainfield is installed than paying to have the drainfield replaced every two or three years because of the root structure growing into the drainfield.**

Mr. Gene Simmons

Page 2

- (3) the Araca Palms on right side of house are hanging on the roof and will cause damage to the new roof being installed; they are a hindrance while working on the pool pump.**
- (4) the Philodendron and Schefflera on left of circular driveway have been allowed to grow wild and obscure the view of the River from the house; poison ivy is also growing in the plants and needs to be destroyed.**
- (5) Schefflera on left side of house has been allowed to grow wild and hides the vinyl siding that was recently installed.**
- (6) Norfolk Island Pine on left back of house after driveway will cause damage to property if a storm knocks it down.**

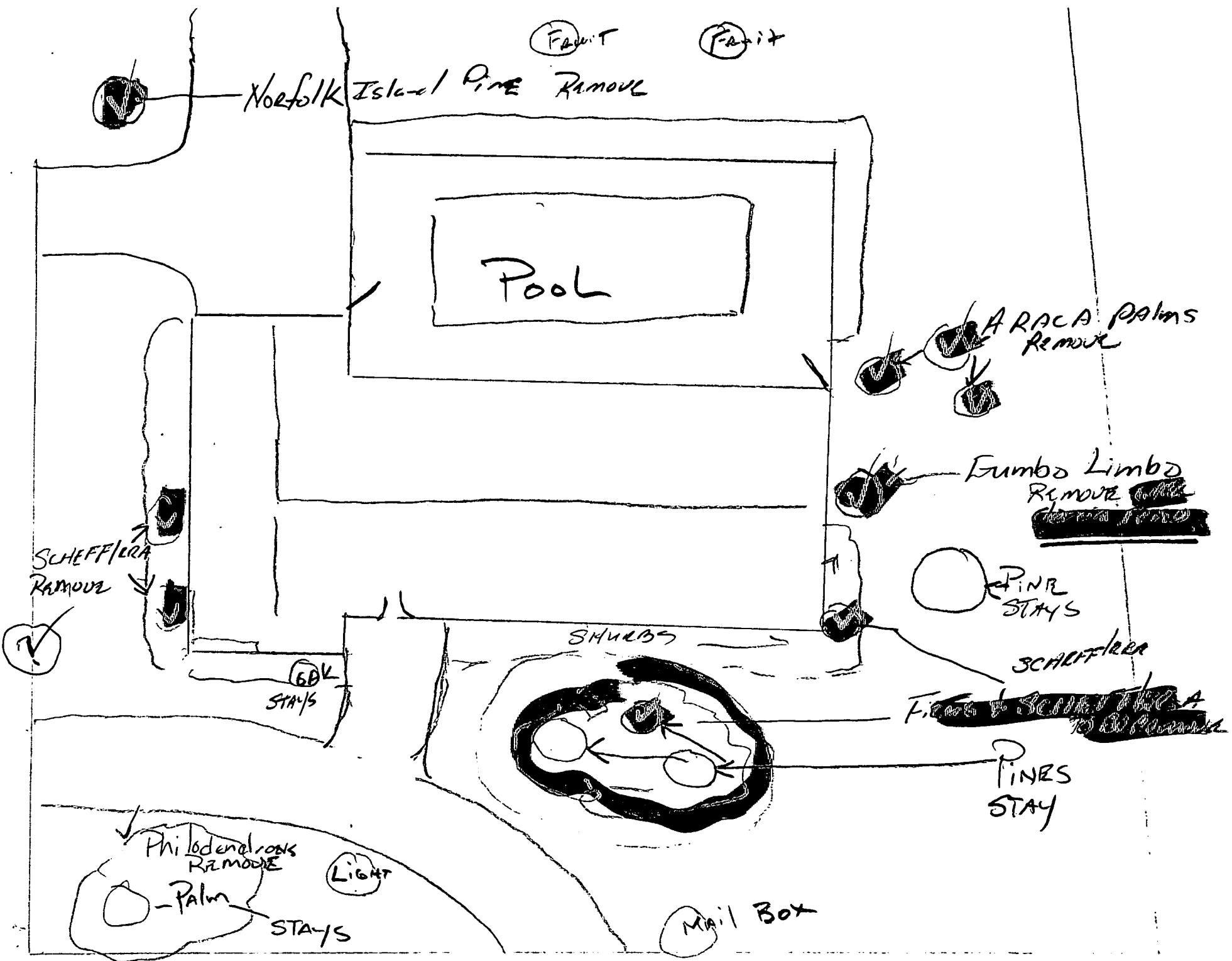
When receiving proposals from Pacific Roofing to have the roof replaced and Carroll Environmental to have the drainfield replaced, both Contractors recommended that the Banyan, Schefflera, Gumbo Limbo, Philodendron, and Araca Palms be removed so that we do not incur any damage to the new roof or the new drainfield.

We are striving to improve the quality of this property and, therefore, appreciate your consideration and approval to our requests. Please do not hesitate to contact us at (772) 344-5672 if you have any questions. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "John & Linda Lapikas".

John and Linda Lapikas



Norfolk Island Pine REMOVE

Fruit

Fruit

Pool

ARACA Palms REMOVE

Gumbo Limbo REMOVE

PINE STAYS

SCHEFFLERA REMOVE

SHUBS

SCHOFFLER

Ficus + Schefflera to be removed

PINES STAY

6PK STAYS

Philodendrons REMOVE

LIGHT

Palm

STAYS

MAIL BOX

//

TOWN OF SEWALL'S POINT, FLORIDA

Date 6/25/03 ~~16~~ TREE REMOVAL PERMIT No 1294

APPLIED FOR BY LAPIKAS (Contractor or Owner)

Owner 3 INDIA LUCIE PKWY

Sub-division _____, Lot _____, Block _____

Kind of Trees 3 BRAZILIAN PEPPERS

No. Of Trees: REMOVE 3

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed, Gene Simmons (GR) Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner JOHN & LINDA LAPIKAS Address 3 INDIALUCIE PKWY Phone 287-9499

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 3 Type: BRAZILIAN PEPPERS

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: PROHIBITED SPECIES ARE OVERSHADOWING ORANGE AND TANGERINE TREES AND PREVENTING GRASS FROM GROWING.

Signature of Applicant Linda Lapikas Date 6/23/03

Approved by Building Inspector: [Signature] Date 6/26/3 Fee: 0

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

PALMS
O O O
O O
O O

COCONUTS
LIVING COCONUTS

OAK
HEDGE

CABBAGE PALM
OAK

BANYAN
Analyze
RACK

ORANGE TREE

TAUGREINA TREE

LANDSCAPING

POOL

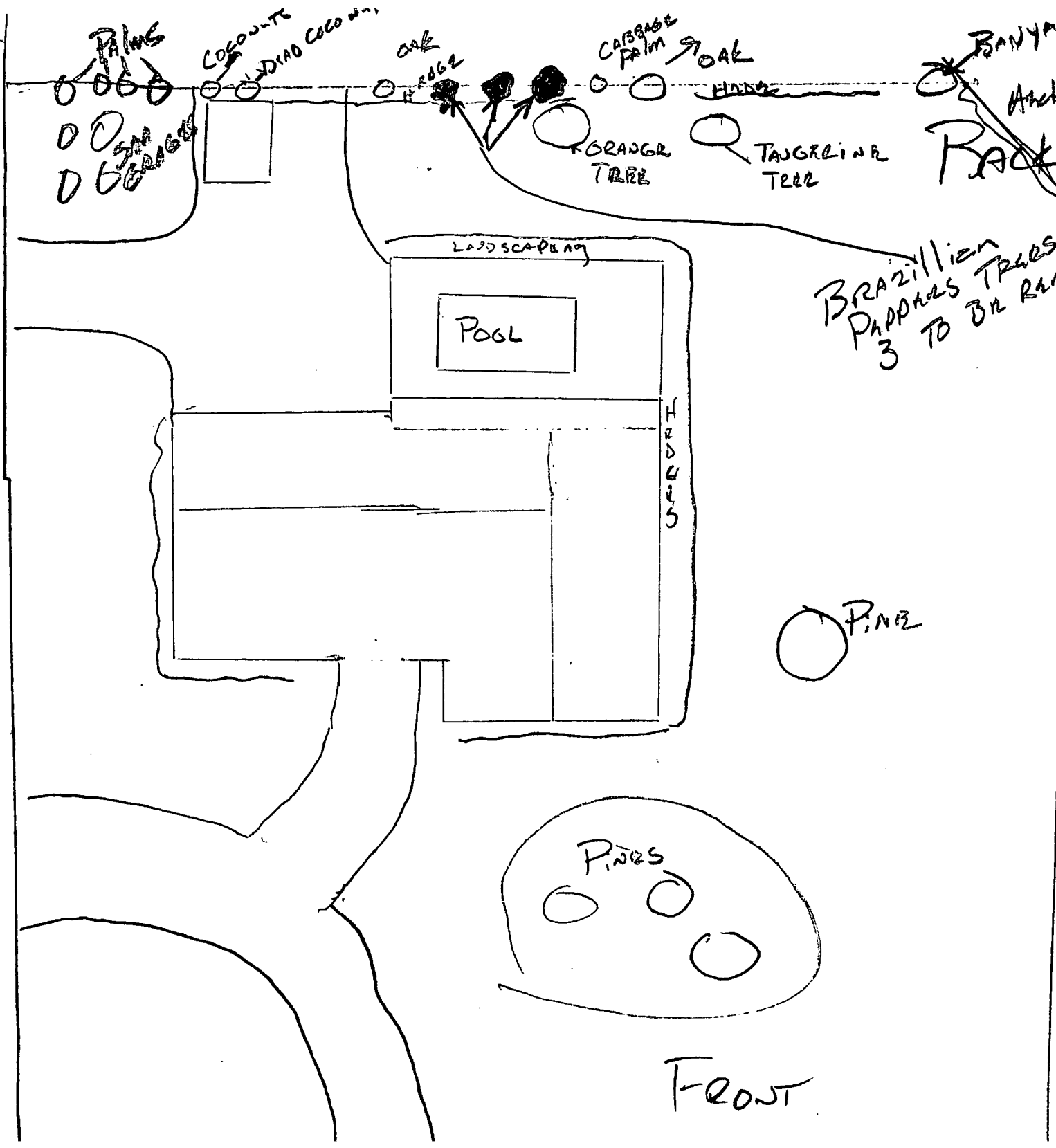
HURDLES

BRAZILLIAN
PAPPAAS TREES
3 TO BE REMOVED

PINE

PINES

FRONT



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/25, 2008 3 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6146	CONROY	FINAL	Failed	IG 1 62T & 2T9
(1)	12 PALMETTO O/B			(no fee! ac) INSPECTOR: [Signature]
6268	MORRISON	FINAL DECK	Passal	Close
(4)	23 SIMARA ST SYLVESTER			INSPECTOR: [Signature]
TREE	KURTIN	TREE	Passed	
(7)	4 CASTLE HILL WAY			INSPECTOR: [Signature]
TREE	LAPIKAS	TREE	Passed	
(6)	3 INDIA LUCIE AVE			INSPECTOR: [Signature]
6305	(PREMIER REALTY) BOHNER	IN PEAG ROOF	Passed	
(5)	2 N SEWALL'S PT RD REGENCY ROOFING	Shoofing	Passed	INSPECTOR: [Signature]
TREE	SCHROEDER	TREE	Passal	
(3)	4 RIDGELAND DR			INSPECTOR: [Signature]
TREE	LUBINA	TREE	Passal	
(2)	10 N. VIA LUCINDA			INSPECTOR: [Signature]
OTHER:				

TOWN OF SEWALL'S POINT, FLORIDA

Date 8/22 2003 TREE REMOVAL PERMIT No 2073

APPLIED FOR BY LAPIKAS (Contractor or Owner)

Owner 3 INDIALUCIE PKWY

Sub-division _____, Lot _____, Block _____

Kind of Trees PAUM

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed Gene Simmons (Pet) Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for drawing or site plan.

PROJECT DESCRIPTION _____

Four horizontal lines for project description details.

REMARKS _____

Four horizontal lines for remarks.

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner LINDA LAPIKAS **Address** 3 INDIALUCIE PKWY **Phone** 287-9499

Contractor SELF **Address** _____ **Phone** _____

No. of Trees: REMOVE 1 **Type:** PALM

No. of Trees: RELOCATE _____ **WITHIN 30 DAYS** **Type:** _____

No. of Trees: REPLACE _____ **WITHIN 30 DAYS** **Type:** _____

Written statement giving reasons: TREE IS DEAD

Signature of Applicant Linda Lapikas **Date** 8/20/03

Approved by Building Inspector: [Signature] **Date** 8/22/03 **Fee:** 0

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/22/2008 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6377	HESS	FINAL	Passed	close
	74 N SEWALLS PT O/B	SIDING RAIL		INSPECTOR: <i>[Signature]</i>
	TRUCK LARIKAS	TREE	Passed	
	3 INDIALUCIE Pkwy			INSPECTOR: <i>[Signature]</i>
6378	OLENY	FRAME (DOOR)	Passed	to close
	91 S. SEWALLS PT A&P			INSPECTOR: <i>[Signature]</i>
6322	BYERS	COLUMNS	Passed	close
	32 N. SEWALLS PT GRAND ENTRY	FINAL		INSPECTOR: <i>[Signature]</i>
6363	BYERS	LIGHTS	Passed	close
	32 N. SEWALLS PT O/B	FINAL		INSPECTOR: <i>[Signature]</i>
6154	BYERS	LANDSCAPING	Passed	close
	32 N. SEWALLS PT RD O/B	FINAL	Note:	Rip Rap cancelled INSPECTOR: <i>[Signature]</i>
6722	Morris	P/bg. U. grad.	Passed	
	5 Oakhill Way Dr. Martin	223 8688		INSPECTOR: <i>[Signature]</i>
OTHER:				

TOWN OF SEWALL'S POINT, FLORIDA

Date FEBRUARY 11 2004 TREE REMOVAL PERMIT No 2202

APPLIED FOR BY LAPIKAS (Contractor or Owner)

Owner 3 INDIAN LUCIE PARKWAY

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 2 PALM TREES - DEAD

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed Gene Simmons (2004)
Town Clerk
Building Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for notes or drawings]

PROJECT DESCRIPTION _____

[Lined area for project description details]

REMARKS _____

[Lined area for remarks]

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner LINDA LAPINAS Address 3 INDIALUCIE PKWY. Phone 287-9499

Contractor SELF Address _____ Phone _____

No. of Trees: REMOVE 2 Type: PALM TREES

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: TREES ARE DEAD

Signature of Applicant Linda Lapinas Date 2/10/04

Approved by Building Inspector: [Signature] Date 2/11 Fee: 0

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/11, 2002 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5734	ABESADA - TERL	FINAL SFR	FAIL	
9	8 MORGAN CR CONWAY			INSPECTOR: <i>[Signature]</i>
6578	BLANKETS	TREE	PASS	
7	3 INDIAN LK Pkwy			INSPECTOR: <i>[Signature]</i>
6578	DUNN	POOL STREET DRAIN	PASS	
6	3 IN. RIVE OLYMPIC POOLS			INSPECTOR: <i>[Signature]</i>
6131	PFEIFFER	FINAL SFR	PASS	
2	104 HENRY SEWALL BUFORD			INSPECTOR: <i>[Signature]</i> <i>Early please?</i>
6396	MUFSON	TIE BEAM	---	CANCEL
3	17 S. RIVER RD BUFORD			INSPECTOR: <i>[Signature]</i>
6590	PFEIFFER	FINAL SCR. ENCL	PASS	CLOSE
2	04 HENRY SEWALL PIONEER SCREEN			INSPECTOR: <i>[Signature]</i>
6353	TAYLOR	FINAL FLEC	PASS	FAIL
1	22 ^E HIGH PI. RD NADARDO			INSPECTOR: <i>[Signature]</i>
OTHER: _____				



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner CHRIS ROSE Address 44 JENNALUCIE PKWY Phone 772-485-2684

Contractor UNKNOWN Address _____ Phone NO CALL

No. of Trees: REMOVE 1 Species: ? - not sure

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

Reason for tree removal/relocation (See notice above) DANGEROUS - BRANCHES ALWAYS BREAKING OFF

Signature of Property Owner [Signature] Date 10/9/2011

Approved by Building Inspector: [Signature] Date 10-10-11 Fee: N/C

NOTES: _____

