

# **6 Indialucie Parkway**

**5573**

**SFR**

MASTER PERMIT NO. N/A C

### TOWN OF SEWALL'S POINT

Date 10/24/01

BUILDING PERMIT NO. 5573

Building to be erected for MICHAEL & JENNIFER FLAUGH Type of Permit S.F.R.

Applied for by GMY HUFNAGEL INC. (Contractor) Building Fee 2400.00

Subdivision INDIALUCIE Lot 9 Block A Radon Fee 36.75

Address 7 SIMARA ST - 6 INDIALUCIE PKWY. Impact Fee 4024.92

Type of structure S.F.R. AC Fee 120.00

Parcel Control Number: 35-37-41-002-004-0009.030000 Electrical Fee 120.00

FINAL CONSTRUCTION COST. 265,000  
PERMIT CONSTRUCTION COST 250,000 \$  
7/23/02 CK # 0235  $15,000 \times 9.40 / 1100 = 144$

Plumbing Fee 120.00

Roofing Fee 120.00

Amount Paid 7229.67 Check # 2320 Cash Other Fees (288.00) 288.00

Total Construction Cost \$ 250,000.00 TOTAL Fees 7229.67

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Inspector  
OFFICIAL



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

RECEIVED  
SEP - 4 2001

Bldg. Permit Number: 5573

Owner or Titleholder's Name MICHAEL AND JENNIFER FLAUGH Phone No. (561) 223-4138

Street: 7 SIMARA ST City STUART (SEWALL PT) State: FL Zip 34994

Legal Description of Property: LOT 9, BLOCK 4, PLAT BOOK 4 PAGE 77

~~La. INDIALUCIE PARISH~~ Parcel Number: 35-37-41-002-004-0009.0-

Location of Job Site: LOT 9 INDIALUCIE SEWALLS POINT FL 30000

TYPE OF WORK TO BE DONE: NEW SINGLE FAMILY HOME 4 BRM 3 BATH

CONTRACTOR/Company Name: GARY HUENAGEL INC. Phone No. ( ) 260-9618

Street: 825 SE ST LUCIE BLVD City STUART State: FL Zip 34996

State Registration: CBC 028627 State License: \_\_\_\_\_

ARCHITECT: BC ARCHITECTS (BRIAN CAIRNS Phone No. (561) 223-0010

Street: 900 E OSCEOLA ST. City STUART State: FL Zip 34994

ENGINEER: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

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

**AREA SQUARE FOOTAGE - SEWER - ELECTRIC:**

Living Area: 21632658 Garage Area: 611 Carport: \_\_\_\_\_ Accessory Bldg: \_\_\_\_\_

Covered Patio: 342 Scr. Porch: \_\_\_\_\_ Wood Deck: \_\_\_\_\_

Type Sewage: SEPTIC Septic Tank Permit # from Health Dept. \_\_\_\_\_

New Electrical Service Size: 200 A. AMPS

**FLOOD HAZARD INFORMATION**

Flood zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD

Proposed first habitable floor finished elevation: \_\_\_\_\_ NGVD (minimum 1 foot above BFE)

**COSTS AND VALUES**

Estimated cost of construction or improvement: \$ 250,000

Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_

If Improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_ NO \_\_\_

Method of determining Fair Market Value: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)**

Electrical: ZANE CARTER ELECTRIC, INC. State: FL License # ME00554

Approved by Town Engineer (if required)

Approved by Building Official:

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.

**TREE REMOVAL (Attach sealed survey)**

Number of trees to be removed: \_\_\_\_\_ Number of trees to be retained: \_\_\_\_\_ Number of trees to be planted: \_\_\_\_\_ Number of Specimen trees removed: \_\_\_\_\_  
Fee: \$ \_\_\_\_\_ Authorized/Date: \_\_\_\_\_

**DEVELOPMENT ORDER # \_\_\_\_\_**

**1. ALL APPLICATIONS REQUIRE**

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers.
- d. Name all sub-contractors (property licensed).
- e. Current Survey

2. 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 architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. 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 (State Road A-1-A East Ocean Boulevard 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. Replat required upon completion of slab or footing inspection And Prior to any further inspections.

NOTICE OF COMMENCEMENT

FLA. 1967 LAWS

This Notice of Commencement is filed in connection with Mortgage filed in O.R. Book \_\_\_\_\_, page \_\_\_\_\_, Public Records of Martin County, Florida.

State of Florida  
County of Martin

Parcel ID#: 35-37-41-002-004-00090

Loan Number: 5024119041

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

Description of Property  
**LENGTHY LEGAL SEE ATTACHED SCHEDULE A**

General description of improvements SINGLE FAMILY RESIDENCE AND ALL IMPROVEMENTS

Owner: **MICHAEL D. FLAUGH, JENNIFER T. FLAUGH**

Address: **7 SIMARA STREET, STUART, FL 34996-**

Owner's interest in site of the improvement FEE SIMPLE  
This instrument prepared by  
**HARBOR FEDERAL SAVINGS BANK**

Fee Simple Title Holder (if other than owner)

Name NONE

Address NONE

Contractor: **GARY HUFNAGEL, INC.** Phone #: **(561) 283-6722.**

Address: **825 SE ST. LUCIE BLVD. STUART, FL 34996.**

Surety (if any) NONE  
Address NONE Amount of Bond \$ NONE

Name of any person making a loan for the construction of the above improvements:

HARBOR FEDERAL SAVINGS BANK Telephone # 561-460-7239  
POST OFFICE BOX 249  
FORT PIERCE, FLORIDA 34954

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

HARBOR FEDERAL SAVINGS BANK Telephone # 561-460-7239  
POST OFFICE BOX 249  
FORT PIERCE, FLORIDA 34954

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

[Signature]  
Owner

[Signature]  
Owner

The foregoing instrument was acknowledged before me this 2nd day of October, 2001, by Michael D. Flaugh and Jennifer T. Flaugh who is personally known to me or who has produced \_\_\_\_\_, as identification.



Thomas H. Thurlow, III  
MY COMMISSION # CC77526 EXPIRES  
September 15, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

[Signature]  
Notary Public  
My Commission Expires:  
My Commission No.:

EXPIRATION DATE OF THE NOTICE OF COMMENCEMENT IS 1 YEAR FROM THE DATE OF RECORDING, UNLESS OTHERWISE SPECIFIED.

# OWNER'S AFFIDAVIT OF BUILDING COSTS

(To be submitted at time of final inspection for Certificate of Occupancy)

STATE OF FLORIDA  
MARTIN COUNTY

**BEFORE ME**, the undersigned authority, personally appeared the undersigned Affidavit, who, being first duly sworn, under penalty of perjury, deposes and says:

1. That Affidavit is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affidavit's signature.
2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.
3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 265,000.00.
4. That this Affidavit is made for the purpose of inducing the Building Official of the Town to issue a Certificate of Occupancy for the improvements, with the intention that it be relied upon for that purpose.

Affidavit's Signature:

Property Address:

CR INDIA LUCIE PARKWAY

SWORN TO and subscribed before me this 12<sup>th</sup> day of July, 2002, by M. Flough, who is personally known to me or produced \_\_\_\_\_ as identification.

Joan H. Barrow

Notary Public

My commission expires: \_\_\_\_\_



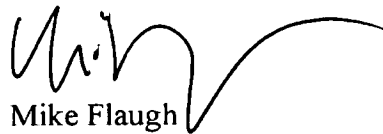
Joan H. Barrow  
MY COMMISSION # CC763645 EXPIRES  
November 30, 2002  
BONDED THRU TROY FAIN INSURANCE INC

DATE 7.11.02  
TO Sewalls Point Building Department  
FROM Mike Flaugh  
6 Indialucie Pkwy.  
RE Construction costs of new home

To whom it may concern,

The cost of the construction for our new home at 6 Indialucie Parkway is approximately 256,000.00. I say approximately because many of the finish items were purchased directly by my wife and I. Considering those items, the amount of 256,000.00 is reasonably accurate.

If you have any questions, do not hesitate to call.



Mike Flaugh  
Office 287-5149  
Cell 201-9733



MASTER PERMIT NO. N/A

### TOWN OF SEWALL'S POINT

Date 10/24/01

BUILDING PERMIT NO. 5573

Building to be erected for MICHAEL & JENNIFER FLAUGH Type of Permit S.F.R.

Applied for by GARY HUFNABEL INC. (Contractor) Building Fee 2400.00

Subdivision \_\_\_\_\_ Lot 9 Block 4 Radon Fee 36.75

Address 7 SIMARA ST. Impact Fee 4024.92

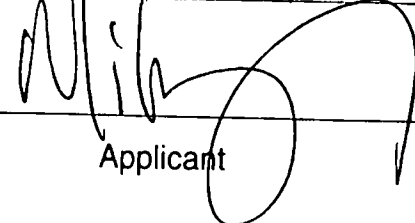
Type of structure S.F.R. A/C Fee 120.00

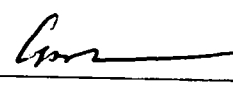
Parcel Control Number: \_\_\_\_\_ Electrical Fee 120.00

35-37-41-002-004-0009.030000 Plumbing Fee 120.00

Amount Paid 7229.67 Check # 2320 Cash \_\_\_\_\_ Other Fees (PLAN REVIEW) 288.00

Total Construction Cost \$ 250,000.00 TOTAL Fees 7229.67

Signed  Applicant

Signed  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 _____

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!**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID I.P.  
GARYH-1

DATE (MM/DD/YY)  
10/01/01

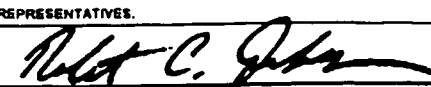
<b>PRODUCER</b>  R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 561-287-3366 Fax: 561-287-4255	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURERS AFFORDING COVERAGE</b>	
<b>INSURED</b>  Gary Hufnagel Inc 825 SE St Lucie Blvd Stuart FL 34996	INSURER A: <b>Auto-Owners Insurance Co</b> INSURER B: <b>FCCI Insurance Company</b> INSURER C: INSURER D: INSURER E:

## COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	972312 20547067	06/01/01	06/01/02	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
	GEN'L AGGREGATE LIMIT APPLIES PER				PERSONAL & ADV INJURY \$ 1000000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2000000
	<b>AUTOMOBILE LIABILITY</b>	NOT COVERED			COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>	NOT COVERED			AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	<b>EXCESS LIABILITY</b>	NOT COVERED			EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	001WC01A33641	03/01/01	03/01/02	<input type="checkbox"/> WC STATL TOPY LIMITS <input type="checkbox"/> OTH-EP
	E.L. EACH ACCIDENT \$ 100000				
	E.L. DISEASE - EA EMPLOYEE \$ 100000				
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 30 days notice of cancellation for workers compensation coverage.

<b>CERTIFICATE HOLDER</b>  TOWN024  Town of Sewalls Point 1 S. Sewalls Point Road Stuart FL 34996	<b>CANCELLATION</b>  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.  
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MASTER PERMIT NO. 5573

**TOWN OF SEWALL'S POINT**

Date 1/22/02

BUILDING PERMIT NO. 5575

Building to be erected for MICHAEL FLAUGH Type of Permit SUB-ELEC

Applied for by GARY GIFFORD ELECT. (Contractor) Building Fee \_\_\_\_\_

Subdivision INDIALUCIE Lot 9 Block 4 Radon Fee \_\_\_\_\_

Address 6 INDIALUCIE PKWY. Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee \_\_\_\_\_

QUALIFIER: GARY GIFFORD  
LIC: ME00030

Electrical Fee SEE 5573

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

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_ Roofing Fee \_\_\_\_\_

Total Construction Cost \$ \_\_\_\_\_ TOTAL Fees \_\_\_\_\_

Signed [Signature]  
Applicant

Signed Meryl Simmons / me  
Town Building Inspector  
OFFICIAL

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
1-17-02

**PRODUCER**

Kearns Agency fo Florida, Inc.  
P.O. Box 1849  
Jensen Beach, FL 34958

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

**INSURERS AFFORDING COVERAGE**

**INSURED**

Gary J. Gifford, Inc.  
Gary J. & Maya L. Gifford DBA  
350 SW Linden Street  
Stuart, FL 34997

INSURER A: **Auto-Owners Insurance**

INSURER B: **Everest National**

INSURER C:

INSURER D:

INSURER E:

**RECEIVED**

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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20521484-01	10-04-01	10-04-02	EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	95434730-00	10-04-01	04-04-02	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	2700008361021	01-01-02	01-01-03	WC STATU. OTH- <input checked="" type="checkbox"/> IORRY LIMITS ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

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

Electrical Contractor

**CERTIFICATE HOLDER**

ADDITIONAL INSURED; INSURER LETTER:

**CANCELLATION**

Town of Sewalls Point  
One Sewalls Point Road  
Stuart, FL 34996

Fax to: 561 220-4765

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

Lawrence E. Kearns

DUNEDIN COUNTY, FLORIDA

Construction Industry Lic Bd

Certificate of Competency

License: ME 00 030

Expires September 30, 2 003

GARY J GIFFORD

NAME: GARY J GIFFORD INC

ADDRESS: 350 SW Linden St

CLAY, ST: Stuart FL 34997

LICENSE TYPE: MASTER ELECTRICIAN



MASTER PERMIT NO. 5573

TOWN OF SEWALL'S POINT

Date 10/24/01

BUILDING PERMIT NO. 5576

Building to be erected for MICHAEL + JENNIFER FLAUGA Type of Permit SUB-PLUMBING

Applied for by GARY ALVARADO INC MASTER PLUMBER (Contractor) Building Fee \_\_\_\_\_

Subdivision INDIUCIA Lot 9 Block 4 Radon Fee \_\_\_\_\_

Address 6 INDIA CURIE PKWY Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_ Plumbing Fee SEE 5573

35 37 - 41 - 002 - 004 - 0009 - 030000 Roofing Fee \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ \_\_\_\_\_ TOTAL Fees 120.00

Signed [Signature] Applicant Signed [Signature] Town Building Inspector  
PAID on 5573

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 _____

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

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NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.  
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

OP ID SB  
MASTP-1

DATE (MM/DD/YY)  
10/04/01

**PRODUCER**  
 Stuart Insurance, Inc.  
 3070 S W Mapp  
 Palm City FL 34990  
 Phone: 561-286-4334 Fax: 561-286-9389

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**  
 Masters Plumbing, Inc. of  
 Martin County dba  
 Master Plumbing  
 2551 SE Clayton Street  
 Stuart FL 34997-5017

INSURER A: Southern Owners  
 INSURER B: Auto Owners Insurance Co  
 INSURER C:  
 INSURER D:  
 INSURER E:

**FILE**  
*lit/ins*

RECEIVED

### COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	20592185	10/09/01	10/09/02	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> blnkt contractl				PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 1,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B	AUTOMOBILE LIABILITY	4248759300	10/09/01	10/09/02	COMBINED SINGLE LIMIT (Ea accident)	\$
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ 500000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$ 500000
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$ 500000
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY					
	<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$	
					OTHER THAN EA ACC \$	
					AUTO ONLY: AGG \$	
B	EXCESS LIABILITY	20593643	10/09/01	10/09/02	EACH OCCURRENCE	\$ 2000000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 2000000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 10000					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

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

Plumbing Contractor - State of Florida

CERTIFICATE HOLDER

N

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

TOWSP - 1

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

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

AUTHORIZED REPRESENTATIVE

*Joseph E. Coont*

# JRD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
3/23/01

JCER

Aon Risk Services, Inc.  
1001 Brickell Bay Dr.  
Suite 1100  
Miami, FL 33131-4937  
305-372-9950

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

### COMPANIES AFFORDING COVERAGE

COMPANY  
**A NATIONAL FIRE INS CO OF HTFD**

COMPANY  
**B CONTINENTAL CASUALTY COMPANY**

COMPANY  
**C**

COMPANY  
**D**

**RECEIVED**

MAR 28 2001

BY: *nlc*

INSURED  
**OASIS OUTSOURCING, INC.**  
(FORMERLY PEM)  
Sarasota Center  
1819 Main Street, 8th Floor  
Sarasota, FL 34236

*FILE*  
*lucian*

### COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	194268115 194268129	4/01/01	4/01/02	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS   OTH- ER EL EACH ACCIDENT \$ 1000000 EL DISEASE - POLICY LIMIT \$ 1000000 EL DISEASE - EA EMPLOYEE \$ 1000000
<b>B</b>	OTHER				

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ONLY THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:  
MASTER PLUMBING

### CERTIFICATE HOLDER

TOWN OF SEWALLS POINT  
1 S SEWALLS POINT ROAD  
SEWALLS POINT, FL 34996

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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

*Joseph Teetzel*

015687432





# BC Architects, Inc.

September 8, 2001

Martin County Building Department

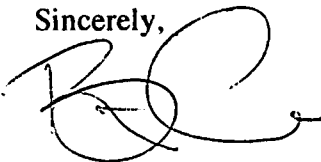
RE: Flaugh Residence

Dear Building Official:

In response to the review comments for a building permit, the drawings were revised and the changes were marked with a revision no. 1. The following addresses the issues:

- 3a. There is a 5 1/2" step down to the porch. See 20-A4
- 3b. There is no downdraft range.
- 3c/d. The columns and sizes are indicated on the foundation plan.
- 4a. The ceiling junction boxes to support a ceiling fan or pendant light fixture is indicated per the legend on A9 and A10.
- 4b. All A/C equipment is located within closet. A pull chain light fixture is indicated for the attic access.
- 6a. The piping layout is indicated on the foundation plan.
- 6b. The fixtures are indicated on the foundation plan.
- 6c. The slope is indicated on the foundation plan.
- 7a. The trusses were figured on a worst case bases (1100 lbs. truss and 4500 lbs. girder) of uplift. The connectors accommodate all trusses as laid out. The truss manufacture must submit their uplift values to verify.
- 7b. See A9 and A10.
- 8a. The owner is locating a custom railing that complies to the min specification. See specification 10-3.

Sincerely,



Brian Carnes, NCARB

SUPPORT REPORT		JOB DESCRIPTION:		1923				
WIND CODE: ASCE 7-93		WIND MPH: 120		BLDG TYPE: CLOSED				
TRUSS DESC	TRUSS SPAN-ft	SUPPORT SIZE-in.	SUPPORT TYPE	BEARING XLOC-ft.	BEARING YLOC-ft.	REACT. MAX.+#	REACT. MAX.-#	MAX WIND UPLFT.-#
A1	25.000	3.000	HANGER	0.000	9.208	3142		-1800
A1	25.000	4.000	WALL	24.667	9.208	3335		-1930
A2	25.000	3.000	HANGER	0.000	9.208	1375		-910
A2	25.000	4.000	WALL	24.667	9.208	1375		-950
A3	34.667	3.000	HANGER	0.833	9.208	1794		-1200
A3	34.667	8.000	WALL	33.167	9.875	1927		-1290
A4	34.667	3.500	HANGER	0.833	10.542	411		-220
A4	34.667	8.000	WALL	8.500	9.875	1807		-1280
A4	34.667	8.000	WALL	33.167	9.875	1503		-980
A5	34.667	8.000	WALL	0.833	10.542	499		-310
A5	34.667	8.000	WALL	8.500	9.875	1841		-1290
A5	34.667	8.000	WALL	33.167	9.875	1472		-980
A6	27.167	8.000	WALL	0.833	10.542	540		-310
A6	27.167	8.000	WALL	8.500	9.875	1445		-1050
A6	27.167	8.000	WALL	26.500	9.875	1003		-670
A7	28.000	8.000	WALL	0.833	10.542	543		-310
A7	28.000	8.000	WALL	8.500	9.875	1418		-1050
A7	28.000	8.000	WALL	26.500	9.875	1119		-760
A8	34.667	8.000	WALL	0.833	10.542	475		-310
A8	34.667	8.000	WALL	8.500	9.875	1853		-1270
A8	34.667	8.000	WALL	32.833	9.875	1485		-1000
A9	27.000	8.000	WALL	1.500	9.875	244		-180
A9	27.000	8.000	WALL	8.500	9.208	1622		-1030
A9	27.000	6.000	WALL	26.500	9.208	939		-660
A10	27.167	8.000	WALL	0.833	9.875	496		-270
A10	27.167	8.000	WALL	8.500	9.208	1502		-940
A10	27.167	3.000	HANGER	26.917	9.208	990		-610
A11	9.167	8.000	WALL	0.833	10.542	578		-410
A11	9.167	8.000	WALL	8.500	10.542	431		-450
B1	27.000	304.000	WALL	0.833	9.208	2970		-2370
B2	27.000	8.000	WALL	0.833	9.208	1485		-910
B2	27.000	8.000	WALL	25.500	9.208	1485		-910
B3	27.000	8.000	WALL	0.833	9.208	1536		-930
B3	27.000	18.000	WALL	25.500	9.208	1434		-850
B4	25.833	8.000	WALL	0.833	9.208	1488		-1010
B4	25.833	4.000	WALL	25.500	9.208	1354		-910
B5	25.833	200.000	WALL	0.833	9.208	2479		-900
B5	25.833	4.000	WALL	25.500	9.208	363		-810
C1	18.333	8.000	WALL	0.833	9.208	1907		-1130
C1	18.333	8.000	WALL	16.833	9.208	1907		-1130
C2	18.333	8.000	WALL	0.833	9.208	1008		-630
C2	18.333	8.000	WALL	16.833	9.208	1008		-630
C3	18.333	8.000	WALL	0.833	9.208	1008		-630
C3	18.333	8.000	WALL	16.833	9.208	1008		-630
C4	18.333	3.500	WALL	-2.833	7.931	1107		-650
C4	18.333	8.000	WALL	16.833	9.208	1222		-760
C5	17.500	8.000	WALL	0.833	9.208	4759		-3070
C5	17.500	8.000	WALL	16.833	9.208	6227		-3940
D1	18.667	3.000	HANGER	0.833	9.208	1894		-1100
D1	18.667	8.000	WALL	17.167	9.208	2105		-1230
D2	18.667	8.000	WALL	0.833	9.208	912		-550

D2	18.667	8.000	WALL	17.167	9.208	1050	-640
D3	18.667	8.000	WALL	0.833	9.208	912	-550
D3	18.667	8.000	WALL	17.167	9.208	1049	-640
D4	17.833	8.000	WALL	0.833	9.208	935	-540
D4	17.833	8.000	WALL	17.167	9.208	935	-720
D5	17.000	8.000	WALL	0.000	9.208	993	-730
D5	17.000	8.000	WALL	16.333	9.208	1868	-1010
D6	25.167	8.000	WALL	0.000	9.208	1377	-1000
D6	25.167	3.000	HANGER	24.917	9.875	1391	-750
E1	15.167	8.000	WALL	0.833	19.875	1476	-990
E1	15.167	3.000	HANGER	14.917	19.875	1307	-950
E2	15.167	8.000	WALL	0.833	19.875	904	-640
E2	15.167	3.000	HANGER	14.917	19.875	765	-530
E3	16.000	8.000	WALL	0.833	19.875	889	-620
E3	16.000	8.000	WALL	14.500	19.875	871	-620
E4	16.000	8.000	WALL	0.833	19.875	1586	-1060
E4	16.000	8.000	WALL	14.500	19.875	1586	-1060
E5	16.667	8.000	WALL	0.833	19.875	2138	-1390
E5	16.667	8.000	WALL	15.167	19.875	2063	-1380
E6	15.000	8.000	WALL	0.000	19.875	3664	-2370
E6	15.000	8.000	WALL	14.333	19.875	2352	-1530
J7A	7.000	8.000	WALL	0.833	9.208	339	-200
J7A	7.000	3.000	HANGER	6.750	9.208	339	-340
HR5	7.071	11.314	WALL	1.241	9.208	567	-330
HR5	7.071	1.500	NAILED	7.071	9.208	74	-260
HR5	7.071	1.500	NAILED	7.071	11.515	251	
HR3	6.471	2.726	WALL	1.295	9.208	453	-270
HR3	6.471	1.500	NAILED	6.471	9.208	60	-220
HR3	6.471	1.500	NAILED	6.471	11.595	197	
HR2	6.156	8.380	WALL	0.892	9.208	400	-220
HR2	6.156	1.500	NAILED	6.156	9.208	10	-190
HR2	6.156	1.500	NAILED	6.156	11.393	132	
HR1	4.503	9.186	WALL	0.957	9.208	353	-210
HR1	4.503	3.500	NAILED	4.503	9.208	143	-180
HR5	7.071	11.314	WALL	1.241	19.875	566	-350
HR5	7.071	1.500	NAILED	7.071	19.875	90	-300
HR5	7.071	1.500	NAILED	7.071	22.465	234	
HR7E	9.899	11.314	WALL	1.241	19.875	862	-540
HR7E	9.899	1.500	NAILED	9.899	19.875	428	-560
HR7E	9.899	1.500	NAILED	9.899	23.382	294	
J1	1.000	3.500	NAILED	0.000	9.208	78	-180
J1	1.000	2.002	WALL	0.833	9.208	32	-180
J3	3.000	8.000	WALL	0.833	19.875	270	-180
J3	3.000	1.500	NAILED	3.000	19.875	26	-180
J3	3.000	1.500	NAILED	3.000	21.554	59	
JG3	3.000	8.000	WALL	0.833	9.208	270	-180
JG3	3.000	1.500	NAILED	3.000	9.208	18	-180
JG3	3.000	1.500	NAILED	3.000	10.604	56	
J6	6.333	8.000	WALL	0.833	9.208	427	-230
J6	6.333	1.500	NAILED	6.333	9.208	68	-220
J6	6.333	1.500	NAILED	6.333	11.604	202	
J6	5.971	8.000	WALL	0.833	9.208	408	-220
J6	5.971	1.500	NAILED	5.971	9.208	62	-210
J6	5.971	1.500	NAILED	5.971	11.432	186	
J7	7.000	8.000	WALL	0.833	9.208	462	-290
J7	7.000	3.000	HANGER	6.750	9.208	308	-340

J5	5.000	8.000	WALL	0.833	19.875	359		-190
J5	5.000	1.500	NAILED	5.000	19.875	40		-250
J5	5.000	1.500	NAILED	5.000	22.471	151		
J8	9.750	8.000	WALL	3.583	19.875	834		-820
J8	9.750	3.000	HANGER	9.500	19.875	197		-240
JE5	7.328	8.000	WALL	3.583	19.875	789		-830
JE5	7.328	3.000	HANGER	7.078	19.875	107	-24	-180
JD5	4.582	8.000	WALL	0.833	9.208	338		-190
JD5	4.582	1.500	NAILED	4.582	9.208	40		-180
JD5	4.582	1.500	NAILED	4.582	10.846	126		
V1	5.492	65.908	WALL	0.000	10.884	604		-1740
V2	7.460	89.526	WALL	0.000	10.134	821		-1870
V3	3.682	44.182	WALL	0.000	11.071	405		-1850
V4	5.318	63.818	WALL	0.000	10.321	585		-1950
V5	4.909	58.909	WALL	0.000	11.501	540		-2060
V6	3.273	39.273	WALL	0.000	12.251	360		-1960
V7	1.636	19.636	WALL	0.000	13.001	180		-1040
V8	6.667	80.000	WALL	0.000	21.264	733		-3550
V9	4.667	56.000	WALL	0.000	22.181	513		-3440
V10	2.667	32.000	WALL	0.000	23.097	293		-1820



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

Robert L. Clark  
PGT Industries  
1070 Technology Drive  
Nokomis, FL 34275

### NOTICE OF PROPOSED ACTION

To: *Members of the Building Code and Product Review Committee and PGT Industries, Applicant*

In accordance with Dade County Administrative Order 10-3, which governs the product review process, the Product Control Section of the Office of Code Compliance, intends to issue a Product Control Notice of Acceptance to PGT Industries for 1"x Std. Wall - Aluminum Tube Clipped Mullions , No. 00-0912.05 , to allow its use in Dade County and its municipalities.

To: *Members of the Building Code and Product Review Committee:*

The documentation being provided to you represents the recommendation of the Product Control Section of the Office of Code Compliance in regards to the submittal of PGT Industries for 1"x Std. Wall - Aluminum Tube Clipped Mullions , No. 00-0912.05. 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: **PGT Industries, Applicant**

The Product Control Section 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 1"x Std. Wall - Aluminum Tube Clipped Mullions , No. 00-0912.05, to be used in Dade County and its municipalities, unless a member of the Building Code and Product Review Committee 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 Building Code and Product Review Committee.

Sincerely,

Raul Rodriguez  
Product Control Supervisor

Francisco J. Quintana, R.A.  
Director

**DATE OF MAILING: 06/08/2001**

Mailed by: L. Loujade



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

PGT Industries  
1070 Technology Drive  
Nokomis

FL 34274

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

CONTRACTOR ENFORCEMENT SECTION  
(305) 375-2166 FAX (305) 375-2908

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

Your application for Product Approval of:  
*Series FD-101 Outswing Aluminium French Door*  
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.: 99-0615.01

Expires: 07/22/2002

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.

Francisco J. Quintana, R.A.  
Director

Miami-Dade County  
Building Code Compliance Office

Approved: 07/22/1999

1 of 3





MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

PGT Industries  
1070 Technology Drive  
Nokomis, FL 34275

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) 375-2534

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

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

Your application for Notice of Acceptance (NOA) of:  
Series "SH-4000" Aluminum Single Hung Window  
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.: 01-0516.10  
EXPIRES: 09/30/2006

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.

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

APPROVED: 09/30/2001





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**

PGT Industries  
1070 Technology Drive  
Nokomis FL 34274

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:  
*Series 6000 Aluminum Fixed Window*

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.: 99-1110.04

Expires: 12/02/2002

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.

Francisco J. Quintana, R.A.

Director  
Miami-Dade County  
Building Code Compliance Office

Approved: 01/07/2000

1 of 3





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**

**Pioneer Concrete Tile**  
1340 S.W. 34 Avenue  
Deerfield Beach FL 33442

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:

**Pioneer Spanish "S"**

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.: 99-0803.06 (Revises No.: 98-0901.07)

Expires: 12/16/2002

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.

Francisco J. Quintana, R.A.  
Director

Miami-Dade County  
Building Code Compliance Office

Approved: 12/16/1999

1 of 8



# MR. & MRS. FLAUGH HVAC LOAD ANALYSIS

for

B.C. Architects

**Elite Software**

**RHVAC** Residential and Light  
Commercial HVAC Loads

Prepared By:

Paulo Goncalves

Wojcieszak & Associates

833 E. 5th St.

Stuart, Florida 34994

561-286-8696

06-12-01



### Project Summary

Client:	B.C. Architects	Company:	Wojcieszak & Associates
Address:		Representative:	Paulo Goncalves
City:		Address:	833 E. 5th St.
Phone:		City:	Stuart, Florida 34994
Fax:		Phone:	561-286-8696
		Fax:	
		Comment:	

### Design Data

Project Name: Mr. & Mrs. Flaugh  
Reference City: West Palm Beach, Florida  
Daily Temperature Range: Medium  
Latitude: 26 Degrees  
Elevation: 15 Feet

	<u>Outdoor Dry Bulb</u>	<u>Outdoor Wet Bulb</u>	<u>Indoor Rel.Hum.</u>	<u>Indoor Dry Bulb</u>	<u>Grains Difference</u>
Winter:	45	N/A	N/A	72	N/A
Summer:	91	79	50%	75	66

### Check Figures

Total Building Supply CFM:	4270	CFM per square foot:	1.549
Square feet of room area:	2,756	Square feet per ton:	403.263

### Building Loads

Total heating required with outside air:	46,685 Btuh	46.685 MBH
Total sensible gain:	40,684 Btuh	77 %
Total latent gain:	12,089 Btuh	23 %
Total cooling required with outside air:	52,773 Btuh	4.398 Tons (based on sensible + latent)
		6.834 Tons (based on 85% sensible capacity)

### Notes

Calculations are based on 7th edition of ACCA Manual J.  
All computed results are estimates as building use and weather may vary.  
Be sure to select a unit that meets both sensible and latent loads.



**Total Building Summary Loads**

Component Description	Area Quan	Sen. Loss	Lat. Gain	Sen. Gain	Total Gain
1A Window Tint Glass Wood Frame	555	14,839	0	18,055	18,055
1C Window Tint Glass Metal Frame	13	405	0	803	803
8C Glass Door Single Tnt Glass Metal Frame	21	655	0	806	806
10G Door Wood Panel	63	1,140	0	828	828
12C Wall R-11 + 1/2" Gypsum(R-0.5)	130	316	0	229	229
12H Wall R-19 + 1/2" Gypsum Board(R-0.5)	207	335	0	244	244
14C Wall 8" or 12" Block + R-11	3,068	6,379	0	2,911	2,911
16G Ceiling R-30 Insulation	2,515	2,240	0	3,320	3,320
20I Floor Over Open Crawl Carpet + R-19	453	587	0	239	239
22A Slab on Grade No Edge Insulation	405	8,856	0	0	0
Subtotals for structure:	7,430	35,752	0	27,435	27,435
Active People:	12	0	2,760	3,600	6,360
Inactive People:	12	0	1,800	3,000	4,800
Appliances:	0	0	0	0	0
Lighting:	0	0	0	0	0
Ductwork:	0	2,224	0	3,699	3,699
Infiltration: Winter CFM: 293.3, Summer CFM: 167.6	652	8,709	7,529	2,950	10,479
Ventilation: Winter CFM: 0.0, Summer CFM: 0.0	0	0	0	0	0
Sensible Gain Total:				40,684	
Temperature Swing Multiplier:				X1.00	
<b>Building Load Totals:</b>		<b>46,685</b>	<b>12,089</b>	<b>40,684</b>	<b>52,773</b>

**Check Figures**

Total Building Supply CFM:	4270	CFM per square foot:	1.549
Square feet of room area:	2,756	Square feet per ton:	403.263

**Building Loads**

Total heating required with outside air:	46,685 Btuh	46.685 MBH
Total sensible gain:	40,684 Btuh	77 %
Total latent gain:	12,089 Btuh	23 %
Total cooling required with outside air:	52,773 Btuh	4.398 Tons (based on sensible + latent)
		6.834 Tons (based on 85% sensible capacity)

**Notes**

Calculations are based on 7th edition of ACCA Manual J.  
 All computed results are estimates as building use and weather may vary.  
 Be sure to select a unit that meets both sensible and latent loads.

**System #1 Summary Loads**

Component Description	Area Quan	Sen. Loss	Lat. Gain	Sen. Gain	Total Gain
1A Window Tint Glass Wood Frame	107	2,861	0	4,522	4,522
1C Window Tint Glass Metal Frame	13	405	0	803	803
12C Wall R-11 + 1/2" Gypsum(R-0.5)	63	153	0	111	111
14C Wall 8" or 12" Block + R-11	794	1,651	0	753	753
16G Ceiling R-30 Insulation	917	816	0	1,211	1,211
22A Slab on Grade No Edge Insulation	147	3,214	0	0	0
<b>Subtotals for structure:</b>	<b>2,041</b>	<b>9,100</b>	<b>0</b>	<b>7,400</b>	<b>7,400</b>
Active People:	0	0	0	0	0
Inactive People:	0	0	0	0	0
Appliances:	0	0	0	0	0
Lighting:	0	0	0	0	0
Ductwork:	0	589	0	830	830
Infiltration: Winter CFM: 89.5, Summer CFM: 51.2	120	2,658	2,298	901	3,199
Ventilation: Winter CFM: 0.0, Summer CFM: 0.0	0	0	0	0	0
<b>Sensible Gain Total:</b>				<b>9,131</b>	
<b>Temperature Swing Multiplier:</b>				<b>X1.00</b>	
<b>System Load Totals:</b>		<b>12,347</b>	<b>2,298</b>	<b>9,131</b>	<b>11,429</b>

**Check Figures**

Supply CFM:	415	CFM per square foot:	0.487
Square feet of room area:	853	Square feet per ton:	668.146

**System Loads**

Total heating required with outside air:	12,347 Btuh	12.347 MBH
Total sensible gain:	9,131 Btuh	80 %
Total latent gain:	2,298 Btuh	20 %
Total cooling required with outside air:	11,429 Btuh	0.952 Tons (based on sensible + latent)
		1.277 Tons (based on 85% sensible capacity)

**Notes**

Calculations are based on 7th edition of ACCA Manual J.  
 All computed results are estimates as building use and weather may vary.  
 Be sure to select a unit that meets both sensible and latent loads.

**System #2 Summary Loads**

Component Description	Area Quan	Sen. Loss	Lat. Gain	Sen. Gain	Total Gain
1A Window Tint Glass Wood Frame	318	8,502	0	7,343	7,343
-10G Door Wood Panel	21	380	0	276	276
14C Wall 8" or 12" Block + R-11	1,284	2,671	0	1,218	1,218
16G Ceiling R-30 Insulation	876	781	0	1,157	1,157
22A Slab on Grade No Edge Insulation	175	3,826	0	0	0
Subtotals for structure:	2,674	16,160	0	9,994	9,994
Active People:	12	0	2,760	3,600	6,360
Inactive People:	12	0	1,800	3,000	4,800
Appliances:	0	0	0	0	0
Lighting:	0	0		0	
Ductwork:	0	1,000	0	1,790	1,790
Infiltration: Winter CFM: 129.8, Summer CFM: 74.2	339	3,853	3,331	1,304	4,635
Ventilation: Winter CFM: 0.0, Summer CFM: 0.0	0	0	0	0	0
Sensible Gain Total:				19,688	
Temperature Swing Multiplier:				X1.00	
System Load Totals:		21,013	7,891	19,688	27,579

**Check Figures**

Supply CFM:	895	CFM per square foot:	0.758
Square feet of room area:	1,181	Square feet per ton:	269.396

**System Loads**

Total heating required with outside air:	21,013 Btuh	21.013 MBH
Total sensible gain:	19,688 Btuh	71 %
Total latent gain:	7,891 Btuh	29 %
Total cooling required with outside air:	27,579 Btuh	2.298 Tons (based on sensible + latent)
		4.384 Tons (based on 85% sensible capacity)

**Notes**

Calculations are based on 7th edition of ACCA Manual J.  
 All computed results are estimates as building use and weather may vary.  
 Be sure to select a unit that meets both sensible and latent loads.

**System #3 Summary Loads**

Component Description	Area Quan	Sen. Loss	Lat. Gain	Sen. Gain	Total Gain
1A Window Tint Glass Wood Frame	70	1,872	0	3,465	3,465
8C Glass Door Single Tnt Glass Metal Frame	21	655	0	806	806
12C Wall R-11 + 1/2" Gypsum(R-0.5)	67	163	0	118	118
12H Wall R-19 + 1/2" Gypsum Board(R-0.5)	207	335	0	244	244
14C Wall 8" or 12" Block + R-11	428	890	0	406	406
16G Ceiling R-30 Insulation	453	403	0	598	598
20I Floor Over Open Crawl Carpet + R-19	453	587	0	239	239
Subtotals for structure:	1,699	4,905	0	5,876	5,876
Active People:	0	0	0	0	0
Inactive People:	0	0	0	0	0
Appliances:	0	0	0	0	0
Lighting:	0	0		0	
Ductwork:	0	318	0	637	637
Infiltration: Winter CFM: 48.9, Summer CFM: 27.9	91	1,452	1,255	492	1,747
Ventilation: Winter CFM: 0.0, Summer CFM: 0.0	0	0	0	0	0
Sensible Gain Total:				7,005	
Temperature Swing Multiplier:				X1.00	
System Load Totals:		6,675	1,255	7,005	8,260

**Check Figures**

Supply CFM:	2,400	CFM per square foot:	5.298
Square feet of room area:	453	Square feet per ton:	649.721

**System Loads**

Total heating required with outside air:	6,675 Btuh	6.675 MBH
Total sensible gain:	7,005 Btuh	85 %
Total latent gain:	1,255 Btuh	15 %
Total cooling required with outside air:	8,260 Btuh	0.688 Tons (based on sensible + latent)
		0.697 Tons (based on 85% sensible capacity)

**Notes**

Calculations are based on 7th edition of ACCA Manual J.  
 All computed results are estimates as building use and weather may vary.  
 Be sure to select a unit that meets both sensible and latent loads.





### System #4 Summary Loads

Component Description	Area Quan	Sen. Loss	Lat. Gain	Sen. Gain	Total Gain
1A Window Tint Glass Wood Frame	60	1,604	0	2,725	2,725
10G Door Wood Panel	42	760	0	552	552
14C Wall 8" or 12" Block + R-11	562	1,167	0	534	534
16G Ceiling R-30 Insulation	269	240	0	354	354
22A Slab on Grade No Edge Insulation	83	1,816	0	0	0
Subtotals for structure:	1,016	5,587	0	4,165	4,165
Active People:	0	0	0	0	0
Inactive People:	0	0	0	0	0
Appliances:	0	0	0	0	0
Lighting:	0	0	0	0	0
Ductwork:	0	317	0	442	442
Infiltration: Winter CFM: 25.1, Summer CFM: 14.3	102	746	645	253	898
Ventilation: Winter CFM: 0.0, Summer CFM: 0.0	0	0	0	0	0
Sensible Gain Total:				4,860	
Temperature Swing Multiplier:				X1.00	
System Load Totals:		6,650	645	4,860	5,505

### Check Figures

Supply CFM:	560	CFM per square foot:	2.082
Square feet of room area:	269	Square feet per ton:	564.568

### System Loads

Total heating required with outside air:	6,650 Btuh	6.650 MBH
Total sensible gain:	4,860 Btuh	88 %
Total latent gain:	645 Btuh	12 %
Total cooling required with outside air:	5,505 Btuh	0.459 Tons (based on sensible + latent)
		0.476 Tons (based on 85% sensible capacity)

### Notes

Calculations are based on 7th edition of ACCA Manual J.  
 All computed results are estimates as building use and weather may vary.  
 Be sure to select a unit that meets both sensible and latent loads.

**Room Load Summary Reports**

**System #1 Room Load Summary**

No	Room Description	Area SF	Htg Sens Btuh	Htg Nom CFM	Run Duct Size	Clg Sens Btuh	Clg Lat Btuh	Clg Nom CFM	Zone Adj Fact	Clg Adj CFM	Air Sys CFM
--Zone 1--											
1	Bedroom 1	154	1,969	26	1-5	1,529	249	70	1.25	87	70
2	Bedroom 2	154	1,527	20	1-6	1,558	306	71	1.25	89	71
3	Bedroom 3	165	4,680	61	2-6	4,016	1,149	183	1.05	192	183
4	Bath 1	98	833	11	1-4	561	77	26	1.00	26	26
5	Hall	152	1,014	13	1-4	221	0	10	1.00	10	10
6	Cabana Bath	30	978	13	1-4	542	287	25	1.00	25	25
7	Utility	100	1,346	17	1-4	704	230	32	1.17	37	32
System 1 Totals		853	12,347	895		9,131	2,298	895		465	415

Main Trunk Size: 12x8 in.

**System #1 Cooling System Summary**

	Cooling Tons	Sensible/Latent Split	Sensible Btuh	Latent Btuh	Total Btuh
Net Required:	0.952	80%/20%	9,131	2,298	11,429
Recommended:	1.277	85%/15%	13,022	2,298	15,320

**Room Load Summary Reports**

**System #2 Room Load Summary**

Room No	Description	Area SF	Htg Sens Btuh	Htg Nom CFM	Run Duct Size	Clg Sens Btuh	Clg Lat Btuh	Clg Nom CFM	Zone Adj Fact	Clg Adj CFM	Air Sys CFM
---Zone 1---											
8	Living Room	494	9,788	127	4-6	9,061	3,767	412	1.00	412	412
9	Dining Room	186	3,421	44	3-6	4,895	2,391	223	1.35	300	223
10	Stairs	91	596	8	1-4	189	0	9	1.00	9	9
11	Pantry	30	582	8	1-4	166	0	8	1.00	8	8
12	Kitchen	260	1,684	22	2-4	2,603	976	118	1.00	118	118
13	Breakfast Room	120	4,942	64	2-5	2,774	757	126	1.00	126	126
System 2 Totals		1181	21,013	650		19,688	7,891	650		973	895
											Main Trunk Size: 14x12 in.

**System #2 Cooling System Summary**

	Cooling Tons	Sensible/Latent Split	Sensible Btuh	Latent Btuh	Total Btuh
Net Required:	2.298	71%/29%	19,688	7,891	27,579
Recommended:	4.384	85%/15%	44,716	7,891	52,607

**Room Load Summary Reports**

**System #3 Room Load Summary**

Room No	Room Description	Area SF	Htg Sens Btuh	Htg Nom CFM	Run Duct Size	Clg Sens Btuh	Clg Lat Btuh	Clg Nom CFM	Zone Adj Fact	Clg Adj CFM	Air Sys CFM
--Zone 1--											
14	Mas. Bedroom	225	3,545	1,275	2-6	3,890	717	1,333	1.00	177	1,333
15	W.I.C.	72	425	153	1-4	344	0	118	1.00	16	118
16	Mas. Bath	156	2,705	973	2-5	2,771	538	949	1.00	126	949
<b>System 3 Totals</b>		<b>453</b>	<b>6,675</b>	<b>2,400</b>		<b>7,005</b>	<b>1,255</b>	<b>2,400</b>		<b>318</b>	<b>2,400</b>

\*Main Trunk Size: 20x16 in.  
 \*Main Trunk velocity constraints were not met due to duct schedule limitations.  
 Main Trunk Air Velocity = 1154 Feet/Minute

**System #3 Cooling System Summary**

	Cooling Tons	Sensible/Latent Split	Sensible Btuh	Latent Btuh	Total Btuh
Net Required:	0.688	85%/15%	7,005	1,255	8,260
Recommended:	0.697	85%/15%	7,112	1,255	8,367

**Room Load Summary Reports**

**System #4 Room Load Summary**

Room No	Room Description	Area SF	Htg Sens Btuh	Htg Nom CFM	Run Duct Size	Clg Sens Btuh	Clg Lat Btuh	Clg Nom CFM	Zone Adj Fact	Clg Adj CFM	Air Sys CFM
---Zone 1---											
17	Guest House	114	4,212	355	3-5	3,929	512	453	1.25	223	453
18	Bath	45	446	38	1-4	149	0	17	1.00	7	17
19	Studio	110	1,992	168	1-4	782	133	90	1.00	36	90
<b>System 4 Totals</b>		<b>269</b>	<b>6,650</b>	<b>560</b>		<b>4,860</b>	<b>645</b>	<b>560</b>		<b>266</b>	<b>560</b>
Main Trunk Size: 12x10 in.											

**System #4 Cooling System Summary**

	Cooling Tons	Sensible/Latent Split	Sensible Btuh	Latent Btuh	Total Btuh
Net Required:	0.459	88%/12%	4,860	645	5,505
Recommended:	0.476	85%/15%	4,860	858	5,718

# FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs  
Residential Whole Building Performance Method A

<b>Project Name:</b> Flaugh Residence <b>Address:</b> <b>City, State:</b> <b>Owner:</b> Mr. & Mrs. Flaugh <b>Climate Zone:</b> Central	<b>Builder:</b> <b>Permitting Office:</b> <b>Permit Number:</b> <b>Jurisdiction Number:</b>
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<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">New</td><td style="text-align: right;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: right;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: right;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">4</td><td style="text-align: right;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">No</td><td style="text-align: right;">___</td></tr> <tr><td>6. Conditioned floor area (ft<sup>2</sup>)</td><td style="text-align: right;">2756 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>7. Glass area &amp; type</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>  a. Clear - single pane</td><td style="text-align: right;">0.0 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>  b. Clear - double pane</td><td style="text-align: right;">0.0 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>  c. Tint/other SC/SHGC - single pane</td><td style="text-align: right;">589.0 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>  d. Tint/other SC/SHGC - double pane</td><td style="text-align: right;">0.0 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>8. Floor types</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>  a. Slab-On-Grade Edge Insulation</td><td style="text-align: right;">R=0.0, 200.0(p) ft</td><td style="text-align: right;">___</td></tr> <tr><td>  b. Raised Wood, Adjacent</td><td style="text-align: right;">R=19.0, 453.0ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>  c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>9. Wall types</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>  a. Frame, Wood, Exterior</td><td style="text-align: right;">R=11.0, 337.0 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>  b. Concrete, Int Insul, Exterior</td><td style="text-align: right;">R=4.2, 3068.0 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>  c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>  d. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>  e. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>10. Ceiling types</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>  a. Under Attic</td><td style="text-align: right;">R=30.0, 2515.0 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>  b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>  c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>11. Ducts</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>  a. Sup: Unc. Ret: Unc. AH: Interior</td><td style="text-align: right;">Sup. R=6.0, 1.0 ft</td><td style="text-align: right;">___</td></tr> <tr><td>  b. N/A</td><td></td><td style="text-align: right;">___</td></tr> </table>	1. New construction or existing	New	___	2. Single family or multi-family	Single family	___	3. Number of units, if multi-family	1	___	4. Number of Bedrooms	4	___	5. Is this a worst case?	No	___	6. Conditioned floor area (ft <sup>2</sup> )	2756 ft <sup>2</sup>	___	7. Glass area & type		___	a. Clear - single pane	0.0 ft <sup>2</sup>	___	b. Clear - double pane	0.0 ft <sup>2</sup>	___	c. Tint/other SC/SHGC - single pane	589.0 ft <sup>2</sup>	___	d. Tint/other SC/SHGC - double pane	0.0 ft <sup>2</sup>	___	8. Floor types		___	a. Slab-On-Grade Edge Insulation	R=0.0, 200.0(p) ft	___	b. 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Conservation credits</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>    (HR-Heat recovery, Solar</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>    DHP-Dedicated heat pump)</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>15. HVAC credits</td><td style="text-align: right;">MZ-C, CF,</td><td style="text-align: right;">___</td></tr> <tr><td>    (CF-Ceiling fan, CV-Cross ventilation,</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>    HF-Whole house fan,</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>    PT-Programmable Thermostat,</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>    RB-Attic radiant barrier,</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>    MZ-C-Multizone cooling,</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>    MZ-H-Multizone heating)</td><td></td><td style="text-align: right;">___</td></tr> </table>	12. 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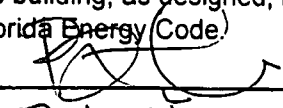
Glass/Floor Area: 0.21	Total as-built points: 42276.00	PASS
	Total base points: 42393.00	

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

**PREPARED BY:** PAULO GONCALVES


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

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

**OWNER/AGENT:** 

**DATE:** 7.17.01

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.



**BUILDING OFFICIAL:** \_\_\_\_\_

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

# SUMMER CALCULATIONS

## Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT							
<b>GLASS TYPES</b>											
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Ornt	Overhang Len Hgt		Area X SPM X SOF =	Points		
.18	2756.0	42.08	20873.8	Single, Tint	W	1.0	4.5	13.0	44.87	0.94	545.9
				Single, Tint	W	1.0	6.0	16.0	44.87	0.97	695.3
				Single, Tint	N	1.0	6.0	24.0	22.93	0.97	536.1
				Single, Tint	E	1.0	8.0	36.0	49.89	0.99	1774.7
				Single, Tint	W	1.0	4.0	4.0	44.87	0.92	164.3
				Single, Tint	N	8.0	7.0	15.0	22.93	0.70	241.7
				Single, Tint	S	1.0	5.0	12.0	37.29	0.92	410.0
				Single, Tint	S	1.0	8.0	45.0	37.29	0.98	1643.4
				Single, Tint	N	8.0	8.5	124.0	22.93	0.73	2083.1
				Single, Tint	S	1.0	7.0	50.0	37.29	0.97	1809.5
				Single, Tint	E	1.0	5.0	14.0	49.89	0.95	663.7
				Single, Tint	N	8.0	4.0	8.0	22.93	0.64	117.4
				Single, Tint	N	1.0	7.0	50.0	22.93	0.99	1129.4
				Single, Tint	W	8.0	7.0	15.0	44.87	0.51	344.6
				Single, Tint	E	8.0	8.0	12.0	49.89	0.53	317.3
				Single, Tint	N	1.0	8.0	12.0	22.93	0.99	272.0
				Single, Tint	E	1.0	6.0	30.0	49.89	0.97	1449.9
				Single, Tint	S	1.0	5.0	5.0	37.29	0.92	170.8
				Single, Tint	E	1.0	5.0	5.0	49.89	0.95	237.1
				Single, Tint	W	1.0	6.0	8.0	44.87	0.97	347.6
				Single, Tint	N	1.0	6.0	16.0	22.93	0.97	357.4
				Single, Tint	E	1.0	6.0	6.0	49.89	0.97	290.0
				Single, Tint	E	1.0	8.0	9.0	49.89	0.99	443.7
				Single, Tint	N	1.0	6.0	12.0	22.93	0.97	268.0
				Single, Tint	W	1.0	8.0	36.0	44.87	0.99	1596.7
				Single, Tint	S	1.0	6.0	12.0	37.29	0.94	422.4
				<b>As-Built Total:</b>				<b>589.0</b>			<b>18332.0</b>
<b>WALL TYPES</b>				<b>Type</b>		<b>R-Value</b>		<b>Area X SPM = Points</b>			
Area X BSPM = Points											
Adjacent	0.0	0.0	0.0	Frame, Wood, Exterior		11.0		337.0	1.90	640.3	
Exterior	3405.0	1.90	6469.5	Concrete, Int Insul, Exterior		4.2		3068.0	1.16	3558.9	
<b>Base Total:</b>	<b>3405.0</b>		<b>6469.5</b>	<b>As-Built Total:</b>				<b>3405.0</b>		<b>4199.2</b>	
<b>DOOR TYPES</b>				<b>Type</b>		<b>Area X SPM = Points</b>					
Area X BSPM = Points											
Adjacent	0.0	0.00	0.0	Exterior Wood				63.0	7.20	453.6	
Exterior	63.0	4.80	302.4	<b>As-Built Total:</b>				<b>63.0</b>		<b>453.6</b>	
<b>Base Total:</b>	<b>63.0</b>		<b>302.4</b>								

**SUMMER CALCULATIONS**

## Residential Whole Building Performance Method A - Details

ADDRESS: , , ,

PERMIT #:

<b>BASE</b>				<b>AS-BUILT</b>											
<b>CEILING TYPES</b> Area X BSPM = Points				Type	R-Value	Area	X	SPM	=	Points					
Under Attic	2450.5	0.60	1470.3	Under Attic	30.0	2515.0	0.60	1509.0							
<b>Base Total:</b>	<b>2450.5</b>		<b>1470.3</b>	<b>As-Built Total:</b>		<b>2515.0</b>		<b>1509.0</b>							
<b>FLOOR TYPES</b> Area X BSPM = Points				Type	R-Value	Area	X	SPM	=	Points					
Slab	200.0(p)	-31.8	-6360.0	Slab-On-Grade Edge Insulation	0.0	200.0(p)	-31.90	-6380.0							
Raised	453.0	-3.43	-1553.8	Raised Wood, Adjacent	19.0	453.0	1.00	453.0							
<b>Base Total:</b>			<b>-7913.8</b>	<b>As-Built Total:</b>				<b>-5927.0</b>							
<b>INFILTRATION</b> Area X BSPM = Points				Area X SPM = Points											
	2756.0	14.31	39438.4			2756.0	14.31	39438.4							
<b>Summer Base Points: 60640.6</b>				<b>Summer As-Built Points: 58005.1</b>											
Total Summer Points	X	System Multiplier	=	Cooling Points	Total Component	X	Cap Ratio	X	Duct Multiplier	X	System Multiplier	X	Credit Multiplier	=	Cooling Points
<b>60640.6</b>		<b>0.3577</b>		<b>21691.1</b>	58005.1		1.000		0.975		0.262		0.902		13383.5
					<b>58005.1</b>		<b>1.00</b>		<b>0.975</b>		<b>0.262</b>		<b>0.902</b>		<b>13383.5</b>



# WINTER CALCULATIONS

## Residential Whole Building Performance Method A - Details

ADDRESS: , , ,

PERMIT #:

BASE				AS-BUILT							
<b>GLASS TYPES</b>											
.18 X Conditioned X BWPM = Points Floor Area				Type/SC	Ornt	Overhang Len Hgt		Area X WPM X WOF = Points			
.18	2756.0	4.79	2376.0	Single, Tint	W	1.0	4.5	13.0	11.21	1.01	146.9
				Single, Tint	W	1.0	6.0	16.0	11.21	1.00	179.9
				Single, Tint	N	1.0	6.0	24.0	12.59	1.00	301.4
				Single, Tint	E	1.0	8.0	36.0	10.54	1.01	381.3
				Single, Tint	W	1.0	4.0	4.0	11.21	1.01	45.3
				Single, Tint	N	8.0	7.0	15.0	12.59	0.99	186.6
				Single, Tint	S	1.0	5.0	12.0	8.59	1.02	105.4
				Single, Tint	S	1.0	8.0	45.0	8.59	1.00	385.4
				Single, Tint	N	8.0	8.5	124.0	12.59	0.99	1544.7
				Single, Tint	S	1.0	7.0	50.0	8.59	1.00	429.4
				Single, Tint	E	1.0	5.0	14.0	10.54	1.01	149.3
				Single, Tint	N	8.0	4.0	8.0	12.59	0.99	99.2
				Single, Tint	N	1.0	7.0	50.0	12.59	1.00	628.1
				Single, Tint	W	8.0	7.0	15.0	11.21	1.09	183.7
				Single, Tint	E	8.0	8.0	12.0	10.54	1.16	147.0
				Single, Tint	N	1.0	8.0	12.0	12.59	1.00	150.8
				Single, Tint	E	1.0	6.0	30.0	10.54	1.01	318.8
				Single, Tint	S	1.0	5.0	5.0	8.59	1.02	43.9
				Single, Tint	E	1.0	5.0	5.0	10.54	1.01	53.3
				Single, Tint	W	1.0	6.0	8.0	11.21	1.00	89.9
				Single, Tint	N	1.0	6.0	16.0	12.59	1.00	200.9
				Single, Tint	E	1.0	6.0	6.0	10.54	1.01	63.8
				Single, Tint	E	1.0	8.0	9.0	10.54	1.01	95.3
				Single, Tint	N	1.0	6.0	12.0	12.59	1.00	150.7
				Single, Tint	W	1.0	8.0	36.0	11.21	1.00	403.6
				Single, Tint	S	1.0	6.0	12.0	8.59	1.01	103.9
				<b>As-Built Total:</b>				<b>589.0</b>			<b>6588.6</b>
<b>WALL TYPES</b> Area X BWPM = Points				<b>Type</b>		<b>R-Value</b>		<b>Area X WPM = Points</b>			
Adjacent	0.0	0.0	0.0	Frame, Wood, Exterior		11.0		337.0		2.00 674.0	
Exterior	3405.0	2.00	6810.0	Concrete, Int Insul, Exterior		4.2		3068.0		3.26 10001.7	
<b>Base Total:</b>	<b>3405.0</b>		<b>6810.0</b>	<b>As-Built Total:</b>				<b>3405.0</b>		<b>10675.7</b>	
<b>DOOR TYPES</b> Area X BWPM = Points				<b>Type</b>		<b>Area X WPM = Points</b>					
Adjacent	0.0	0.00	0.0	Exterior Wood		63.0		7.60		478.8	
Exterior	63.0	5.10	321.3	<b>As-Built Total:</b>		<b>63.0</b>		<b>478.8</b>			

# WINTER CALCULATIONS

## Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
----------------	-----------

BASE				AS-BUILT			
<b>CEILING TYPES</b> Area X BWPM = Points				Type	R-Value	Area X WPM	= Points
Under Attic	2450.5	0.60	1470.3	Under Attic	30.0	2515.0	0.60 1509.0
<b>Base Total:</b>	<b>2450.5</b>		<b>1470.3</b>	<b>As-Built Total:</b>		<b>2515.0</b>	<b>1509.0</b>
<b>FLOOR TYPES</b> Area X BWPM = Points				Type	R-Value	Area X WPM	= Points
Slab	200.0(p)	-1.9	-380.0	Slab-On-Grade Edge Insulation	0.0	200.0(p)	2.50 500.0
Raised	453.0	-0.20	-90.6	Raised Wood, Adjacent	19.0	453.0	1.00 453.0
<b>Base Total:</b>			<b>-470.6</b>	<b>As-Built Total:</b>			<b>953.0</b>
<b>INFILTRATION</b> Area X BWPM = Points						Area X WPM	= Points
	2756.0	-0.28	-771.7			2756.0	-0.28 -771.7
<b>Winter Base Points: 9735.3</b>				<b>Winter As-Built Points: 19433.4</b>			
Total Winter Points	X System Multiplier	=	Heating Points	Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier X Credit Multiplier = Heating Points
<b>9735.3</b>	<b>1.0730</b>		<b>10446.0</b>	19433.4	1.000	0.998	1.000 1.000 19392.4
				<b>19433.4</b>	<b>1.00</b>	<b>0.998</b>	<b>1.000 1.000 19392.4</b>

# Code Compliance Checklist

## Residential Whole Building Performance Method A - Details

ADDRESS: , , ,

PERMIT #:

**6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST**

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

**6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)**

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

# ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

**ESTIMATED ENERGY PERFORMANCE SCORE\* = 81.1**

The higher the score, the more efficient the home.

Mr. & Mrs. Flaugh, , , ,

<p>1. New construction or existing <span style="float: right;">New <input type="checkbox"/></span></p> <p>2. Single family or multi-family <span style="float: right;">Single family <input type="checkbox"/></span></p> <p>3. Number of units, if multi-family <span style="float: right;">1 <input type="checkbox"/></span></p> <p>4. Number of Bedrooms <span style="float: right;">4 <input type="checkbox"/></span></p> <p>5. Is this a worst case? <span style="float: right;">No <input type="checkbox"/></span></p> <p>6. Conditioned floor area (ft<sup>2</sup>) <span style="float: right;">2756 ft<sup>2</sup> <input type="checkbox"/></span></p> <p>7. Glass area &amp; type <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 20px;">a. Clear - single pane <span style="float: right;">0.0 ft<sup>2</sup> <input type="checkbox"/></span></p> <p style="padding-left: 20px;">b. Clear - double pane <span style="float: right;">0.0 ft<sup>2</sup> <input type="checkbox"/></span></p> <p style="padding-left: 20px;">c. Tint/other SC/SHGC - single pane <span style="float: right;">589.0 ft<sup>2</sup> <input type="checkbox"/></span></p> <p style="padding-left: 20px;">d. Tint/other SC/SHGC - double pane <span style="float: right;">0.0 ft<sup>2</sup> <input type="checkbox"/></span></p> <p>8. Floor types <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 20px;">a. Slab-On-Grade Edge Insulation <span style="float: right;">R=0.0, 200.0(p) ft <input type="checkbox"/></span></p> <p style="padding-left: 20px;">b. Raised Wood, Adjacent <span style="float: right;">R=19.0, 453.0ft<sup>2</sup> <input type="checkbox"/></span></p> <p style="padding-left: 20px;">c. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p>9. Wall types <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 20px;">a. Frame, Wood, Exterior <span style="float: right;">R=11.0, 337.0 ft<sup>2</sup> <input type="checkbox"/></span></p> <p style="padding-left: 20px;">b. Concrete, Int Insul, Exterior <span style="float: right;">R=4.2, 3068.0 ft<sup>2</sup> <input type="checkbox"/></span></p> <p style="padding-left: 20px;">c. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 20px;">d. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 20px;">e. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p>10. Ceiling types <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 20px;">a. Under Attic <span style="float: right;">R=30.0, 2515.0 ft<sup>2</sup> <input type="checkbox"/></span></p> <p style="padding-left: 20px;">b. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 20px;">c. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p>11. Ducts <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Interior <span style="float: right;">Sup. R=6.0, 1.0 ft <input type="checkbox"/></span></p> <p style="padding-left: 20px;">b. N/A <span style="float: right;"><input type="checkbox"/></span></p>	<p>12. Cooling systems <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 20px;">a. Central Unit <span style="float: right;">Cap: 84.0 kBtu/hr <input type="checkbox"/></span></p> <p style="padding-left: 40px;">SEER: 13.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 20px;">c. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p>13. Heating systems <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 20px;">a. Electric Strip <span style="float: right;">Cap: 84.0 kBtu/hr <input type="checkbox"/></span></p> <p style="padding-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 20px;">c. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p>14. Hot water systems <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 20px;">a. Electric Resistance <span style="float: right;">Cap: 80.0 gallons <input type="checkbox"/></span></p> <p style="padding-left: 40px;">EF: 0.95 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 20px;">c. Conservation credits <span style="float: right;"><input type="checkbox"/></span></p> <p style="padding-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits <span style="float: right;">MZ-C, CF, <input type="checkbox"/></span></p> <p style="padding-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
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I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: \_\_\_\_\_

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

Address of New Home: \_\_\_\_\_

City/FL Zip: \_\_\_\_\_



*\*NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar™ designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 407/638-1492 or see the Energy Gauge web site at [www.fsec.ucf.edu](http://www.fsec.ucf.edu) for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

## Schedule A

Lot 9 in Block 4 of INDIALUCIE according to the original plat thereof on file and of record in the office of the Clerk of the Circuit Court in and for Martin County, Florida, in Plat Book 4 at page 77; as Supplemented by the Plat of Tracts A and B thereof on file and of record in said office in Plat Book 4 at page 85; and as corrected by the affidavit and map of Block 4 as recorded in Official Records Book 333, at page 2407, Martin County, Florida public records; LESS and EXCEPTING therefrom that part of said Lot 9 described as follows:

BEGIN at the Southwest corner of Lot 8, Block 4 of Indialucie; thence North  $75^{\circ} 45' 43$  East along the South line of said Lot 8 a distance of 135.00 feet to the Southeast corner of said Lot 8; thence South  $35^{\circ} 28' 12''$  West a distance of 85.07 feet; thence South  $78^{\circ} 41' 26''$  West radial to next described curve a distance of 71.52 feet to a point in a non-tangent curve concave westerly, the chord of which bears North  $15^{\circ} 54' 35''$  West and having a radius of 1005.02 feet; thence Northwesterly along the arc of said curve through a central angle of  $02^{\circ} 55' 45''$  a distance of 51.38 feet to the POINT OF BEGINNING.

**F E**

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**BC Architects, Inc.**

January 11, 2002

Martin County Building Department

PN 5573

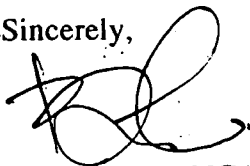
RE: Flaugh Residence

Dear Building Official:

In response to the inspection comments for revisions to the drawings the following address the issues:

1. The change of construction for the 2<sup>nd</sup> floor porch from wood joist to cast in place concrete is approved. The concrete slab shall be 6" thick with #5 bars 6" OC each way and 90° bend turned down into perimeter tie beam. I inspected the reinforcement of the 2<sup>nd</sup> floor porch 1-8-02 and was satisfactory.
2. The window head height shall be raised from 6'-8" to 8'-0". The lesser depth of the beam above the windows are satisfactory. Provide the same reinforcement as previously indicated.
  - a. The poured in place concrete beam at the arched wall in the dining room is 8" x 22" deep with 4 - #5 bars cont.
  - b. The poured in place concrete beam at the arched wall in the breakfast room is 8" x 14 1/2" deep with 4 - #5 bars cont.
  - c. The poured in place concrete beam at the garage is 8" x 21 1/2" deep with 4 - #5 bars cont.

Sincerely,



Brian Carnes, NCARB

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**BC Architects, Inc.**

January 8, 2002

Martin County Building Department

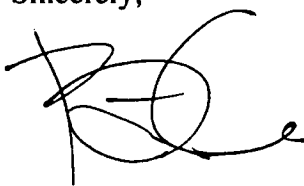
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Dear Building Official:

In response to the inspection comments for revisions to the drawings the following address the issues:

1. The change of construction for the 2<sup>nd</sup> floor porch from wood joist to cast in place concrete is approved. The concrete slab shall be 6" thick with #5 bars 6" OC each way and 90° bend turned down into perimeter tie beam. I inspected the reinforcement of the 2<sup>nd</sup> floor porch 1-8-02 and was satisfactory.
2. The window head height shall be raised from 6'-8" to 8'-0". The lesser depth of the beam above the windows are satisfactory. Provide the same reinforcement as previously indicated.

Sincerely,



Brian Carnes, NCARB

**CRITIQUE SHEET**

**FLAUGH RESIDENCE**  
**Lot 9 Indialucia Parkway**  
**Builder: Gary Hufnagel Inc.**

**DATE: 10/04/01**  
**Phone: 260-9618**

**PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS  
FOR SINGLE FAMILY RESIDENTS AND ADDITIONS**

**Submittals (2 copies)**

1. Product approvals from Miami/Dade for the following items:
  - a. Windows
  - b. Exterior Doors
  - c. Roof System
  - d. Garage Door
  - e. Hurricane Shutters
2. A certified copy of the Notice of Commencement for any work over \$2500.00
3. Letter from Home Owners or Subdivision Associations stating design is per their deed restriction or covenants

**The following documents must be signed and sealed by a registered Architect or Engineer. (2 copies)**

1. Plot/Site plan containing the following information:
  - a. Dimensions of driveway and turnabouts
  - b. Location of proposed or existing well
  - c. Stormwater retention areas
  - d. Survey indicate Flood Zone A8 but it is actually A10 elevation 8 (revise)
2. Floor Plan containing the following information:
  - a. Door to first floor bath must be minimum width of 2'-8"
3. Foundation Plan containing the following information:
  - a. Step down for back porch if any
  - b. Show underslab mechanical duct work for down draft stove is applicable
  - c. Column Layout
  - d. Columns Schedule
4. Electrical Plan containing the following information:
  - a. Ceiling fan locations
  - b. Attic receptacles and fixtures for attic access and a/c equipment
5. Heating/Air Conditioning Plan containing the following information:
  - a. Air Handler locations showing kw rating
  - b. Condensing unit locations
  - c. Duct layout showing sizes of duct and size of diffusers
  - d. CFM per outlet
  - e. Distribution box locations

GARY 260-9618



- f. Equipment callouts with name of equipment, model numbers and sizes
- g. Sensible and latent heat quantities
- h.
- 6. Plumbing Plan containing the following information:
  - a. Piping layout showing all pipe sizes
  - b. All fixtures, sanitary drainage, vents, water supply, water heaters
  - c. Indicate all slopes
- 7. Truss Layout containing the following information:
  - a. Uplift quantities for all trusses
  - b. Connectors schedule for all trusses and girders
- 8. Section/Detail Drawings and Schedules showing the following information:
  - a. Stair details handrail with baluster and newel post design showing distance between balusters and height of handrail from leading edge of tread

STEVE FORSTBERG

---

**BC Architects, Inc.**

April 9, 2002

Sewalls Point Building Department  
Sewalls Point, FL

~~573 PERMIT NO.~~  
#6 INDIA LUCIE

**FILE**

RE: Flaugh Residence

Dear Building Official:

In response to the inspection comments for revisions to the drawings the following address the issues:

1. Masonry screws maybe used to fasten trusses to the cast in place concrete tie beam. A 250 lb value maybe applied to each 3/16" dia screw with a 1 1/2" min embedment and a minimum 16 gage steel strap. The number of screws multiplied by 250; not to exceed the manufactures maximum load per strap shall be used as the required amount.
2. A poured in place 2<sup>nd</sup> floor concrete tie beam (elev. 19'-10 1/2") 8" x 14" deep with 4 - #5 bars cont. shall be used to span 8'-6" from the master bathroom to the master W.I.C. without the masonry column in between.

Sincerely,



Brian Carnes, NCARB

HUFNAGEL / FLAUGH

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BC Architects, Inc.

November 18, 2001

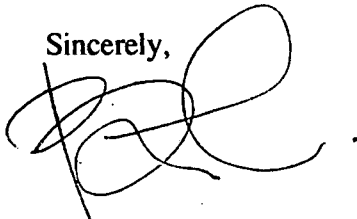
Sewalls Point Building Department

RE: Flaugh Residence

Dear Building Official:

In response to the foundation reinforcement method as requested. Only the outside corner steel reinforcement in the footing shall require a 90 degree bend bar lapped 40 x the diameter. The other reinforcement may cross and be tied in the corners.

Sincerely,



Brian Carnes, NCARB



Martin County Health Department  
(561) 221-4090 Fax. (561) 221-4967

TO: BUILDING DEPARTMENT: MARTIN JUPITER ISL. SEWALLS PT. STUART

FROM: Ray Cross

DATE: 06/27/02

SUBJECT: FINAL APPROVAL FOR SEPTIC SYSTEMS

HEALTH DEPT. PERMIT

BUILDING DEPT. PERMIT

LOCATION

• 43-SS- 03656

TSPA # 5573 #6 INDALUCIA PKWY  
L. ROSENBERG

• 43-SS- \_\_\_\_\_

FLAUGH RESIDENCE

• 43-SS- \_\_\_\_\_

6 INDALUCIE PKY.

**FILE**

• 43-SS- \_\_\_\_\_

• 43-SS- \_\_\_\_\_

• 43-SS- \_\_\_\_\_

• 43-SS- \_\_\_\_\_

• 43-SS- \_\_\_\_\_



Martin County Health Department  
(561) 221-4090 Fax. (561) 221-4967

TO: BUILDING DEPARTMENT: MARTIN JUPITER ISL. SEWALLS PT. STUART

FROM: Evelyn

DATE: 7/10/02

SUBJECT: FINAL APPROVAL FOR SEPTIC SYSTEMS

HEALTH DEPT. PERMIT

BUILDING DEPT. PERMIT

LOCATION

• 43-SS-

• 43-SS- 03656

5573

• 43-SS-

6 India Lucia  
PKW

• 43-SS-

• 43-SS-

• 43-SS-

• 43-SS-

• 43-SS-

JA...IEH\DOCS\FORMS\OSTDS APPROVALS.DOC 03/01

260 9618 Gary

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077.  
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>			For Insurance Company Use:		
BUILDING OWNER'S NAME MICHAEL & JENNIFER FLAUGH			Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 6 INDIALUCIE PARKWAY			Company NAIC Number		
CITY STUART	STATE FL	ZIP CODE 34994			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 9 BLOCK 4 INDIALUCIE PLAT BOOK 4 PAGE 77					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL					
LATITUDE/LONGITUDE (OPTIONAL) (###-##-### or ###.####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

<b>SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER TOWN OF SEWALL'S POINT 120164		B2. COUNTY NAME MARTIN		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 120164 0001	B5. SUFFIX E	B6. FIRM INDEX DATE 6-16-92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 10-16-96	B8. FLOOD ZONE(S) A 10	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 8.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____					

<b>SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)</b>	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Building Diagram Number <u>1</u> (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)	
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum <u>NGVD 1929</u> Conversion/Comments <u>N/A</u> Elevation reference mark used <u>N/A</u> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>8.67</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>8.27</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>N/A</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>7.8</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>8.5</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>NA</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h <u>NA</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

*Robert Bloomster Jr.*  
PLS. 4134  
2-8-02

<b>SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</b>			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.			
CERTIFIER'S NAME	Robert Bloomster Jr.	LICENSE NUMBER	4134
TITLE	Professional Land Surveyor	COMPANY NAME	Bloomster Professional Land Surveyors, Inc.
ADDRESS	791 N.E. Dixie Highway	CITY	Jensen Beach
SIGNATURE	<i>Robert Bloomster Jr.</i>	STATE	FL
		ZIP CODE	34957
		DATE	2/8/02
		TELEPHONE	561-334-0868

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 6 INDIALUCIE PARKWAY			Policy Number
CITY STUART	STATE FL	ZIP CODE 34994	Company NAIC Number

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_ ft.(m) \_\_ in.(cm)  above or  below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_ ft.(m) \_\_ in.(cm) above the highest adjacent grade.
- E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  
 Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments







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

Treatment Address 6 INDIA LUCIA WAY SEWALLS POINT FL  
Original Treatment Date 11-15-01 Annual Renewal Commences on 11-15-02  
Annual Renewal Fee ONE HUNDRED FIFTEEN DOLLARS Contract Number 70108  
Area Treated Under This Agreement 2774 SQ. FT.

**YOUR LIMITED GUARANTEE**

In consideration of sums received and/or to be received by us for treating the above premises for Subterranean Termites, we guarantee to inspect annually the above premises and to apply any liquid barrier treatments necessary to said premises if Subterranean Termite infestation is found therein during the period that this Limited Guarantee remains in force. Such treatments will be AT NO EXTRA COST. Under NO circumstances, unless provided in writing, will damage be covered under this Limited Guarantee.

**TERMS AND CONDITIONS**

The initial period of the Limited Guarantee shall be one year, commencing on the date of the initial treatment. In addition to the initial period you may, at your option, renew this Limited Guarantee annually for a period of four additional years by making the above annual renewal payments on or before said renewal date of each subsequent year. If such annual renewal payments are made without lapse during said additional period then, at the end of said additional period, Patrick Exterminating shall recommend if additional treatment is necessary. If such treatment is recommended customer agrees to pay additional charges. If annual renewal payment is not made on or before said renewal date, this Limited Guarantee shall terminate and become null and void as of the renewal date on which said payment is due. Patrick Exterminating reserves the right to adjust the annual renewal rate, if necessary, to offset ever increasing operating costs.


Patrick Exterminating shall not be liable for retreatment to covered premises that have been added to or structurally altered unless Patrick Exterminating has been notified prior to the beginning of any alteration or addition, and any additional treatment or retreatment Patrick Exterminating finds necessary is performed. Such alterations and additions must be serviced by Patrick Exterminating, as soon as practical, at the expense of the owner. Additions or alterations include the addition or removal of soil around the foundation. Patrick Exterminating reserves the right to adjust the annual renewal amount if such additions or alterations are made. Patrick Exterminating will not be held responsible for termites which enter the structure from outside treated areas, wood in direct contact with the soil and/or masonry failure. This agreement excludes Formosan Termites.

Patrick Exterminating shall have no responsibility for termites that are attributed to an alternate moisture supply allowing termites to live without accessing soil. Purchaser is responsible for making timely repairs where such alternate water sources are found. Upon completion of repairs by customer, Patrick Exterminating will provide, if necessary, additional treatment to control infestation at Purchaser's expense. Patrick Exterminating shall have no liability under this agreement should customer refuse to allow Patrick Exterminating access to the covered premises or any additions for the purpose of carrying out the terms and conditions of this agreement.

By Owner or Agent

\_\_\_\_\_

By Patrick Exterminating, Inc.

  
3226 SE Gran Park Way, Stuart FL 34997  
Stuart 561-286-6812      Vero Beach 561-562-3700  
Jupiter 561-744-2681      Hobe Sound 561-546-3722

# ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

**ESTIMATED ENERGY PERFORMANCE SCORE\* = 83.8**

The higher the score, the more efficient the home.

FLAUGH, 6 INDIA LUCIA PKWAY., SEWELLS PT., FL,

<p>1. New construction or existing <span style="float: right;">New <input type="checkbox"/></span></p> <p>2. Single family or multi-family <span style="float: right;">Single family <input type="checkbox"/></span></p> <p>3. Number of units, if multi-family: <span style="float: right;">1 <input type="checkbox"/></span></p> <p>4. Number of Bedrooms <span style="float: right;">4 <input type="checkbox"/></span></p> <p>5. Is this a worst case? <span style="float: right;">No <input type="checkbox"/></span></p> <p>6. Conditioned floor area (ft<sup>2</sup>) <span style="float: right;">2640 ft<sup>2</sup> <input type="checkbox"/></span></p> <p>7. Glass area &amp; type <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">a. Clear - single pane <span style="float: right;">430.1 ft<sup>2</sup> <input type="checkbox"/></span></p> <p style="margin-left: 20px;">b. Clear - double pane <span style="float: right;">0.0 ft<sup>2</sup> <input type="checkbox"/></span></p> <p style="margin-left: 20px;">c. Tint/other SHGC - single pane <span style="float: right;">0.0 ft<sup>2</sup> <input type="checkbox"/></span></p> <p style="margin-left: 20px;">d. Tint/other SHGC - double pane <span style="float: right;">0.0 ft<sup>2</sup> <input type="checkbox"/></span></p> <p>8. Floor types <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">a. Slab-On-Grade Edge Insulation <span style="float: right;">R=0.0, 284.8(p) ft <input type="checkbox"/></span></p> <p style="margin-left: 20px;">b. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">c. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p>9. Wall types <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">a. Concrete, Int Insul, Exterior <span style="float: right;">R=5.0, 2149.5 ft<sup>2</sup> <input type="checkbox"/></span></p> <p style="margin-left: 20px;">b. Frame, Wood, Adjacent <span style="float: right;">R=11.0, 188.0 ft<sup>2</sup> <input type="checkbox"/></span></p> <p style="margin-left: 20px;">c. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">d. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">e. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p>10. Ceiling types <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">a. Under Attic <span style="float: right;">R=30.0, 2639.5 ft<sup>2</sup> <input type="checkbox"/></span></p> <p style="margin-left: 20px;">b. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">c. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p>11. Ducts <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Attic <span style="float: right;">Sup. R=6.0, 80.0 ft <input type="checkbox"/></span></p> <p style="margin-left: 20px;">b. N/A <span style="float: right;"><input type="checkbox"/></span></p>	<p>12. Cooling systems <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">a. Central Unit <span style="float: right;">Cap: 59.0 kBtu/hr <input type="checkbox"/></span> <span style="float: right;">SEER: 12.50 <input type="checkbox"/></span></p> <p style="margin-left: 20px;">b. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">c. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p>13. Heating systems <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">a. Electric Strip <span style="float: right;">Cap: 59.0 kBtu/hr <input type="checkbox"/></span> <span style="float: right;">COP: 1.00 <input type="checkbox"/></span></p> <p style="margin-left: 20px;">b. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">c. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p>14. Hot water systems <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">a. Electric Resistance <span style="float: right;">Cap: 40.0 gallons <input type="checkbox"/></span> <span style="float: right;">EF: 0.88 <input type="checkbox"/></span></p> <p style="margin-left: 20px;">b. N/A <span style="float: right;"><input type="checkbox"/></span></p> <p style="margin-left: 20px;">c. Conservation credits <span style="float: right;"><input type="checkbox"/></span> (HR-Hear recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits <span style="float: right;">CF, <input type="checkbox"/></span> (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
---	--

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

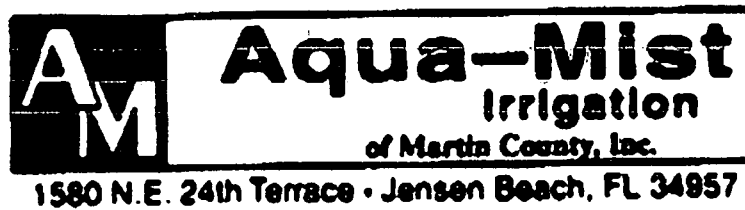
Builder Signature: *[Signature]*  
Address of New Home: *6 India Lucia*

Date: *7/12/02*  
City/FL Zip: *Stuart, Fl. 34996*



*\*NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar™ designation), your home may qualify for energy efficiency mortgage (EFM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

EnergyGauge® (Version: FLRCSB v3.21)



7/11/02

6 India Lucie Pkwy.

Sirs,

This letter is to confirm the type and style of installation for the irrigation system at #6 India Lucie Parkway. The system was installed to Martin County standards using RainBird heads, valves, and controller. Wilkens PVB Vacuum Breakers were installed on both the city and well water feeds in accordance to Martin County code. The system design includes a RainBird Rainswitch and also makes the best use of the heads and low volume nozzles to prevent overwatering and make the system as efficient as possible.

Rain shutoff integrated *J 7/12/2*

Sincerley,

Robert L. Witherow  
President



**TOWN OF SEWALL'S POINT**

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

**CORRECTION NOTICE**

ADDRESS: G Ludigloie

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. Plumb / AC / El.

Plumbing : strip copper pipe

AC ducts strangled downstairs

Draft stoppers

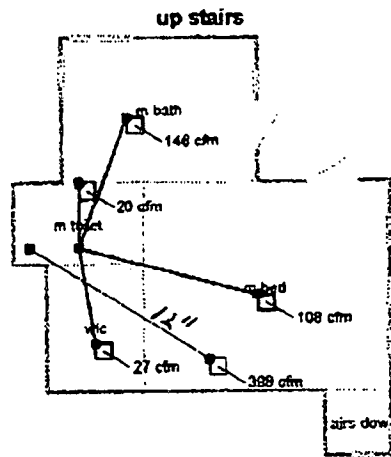
You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.

DATE: 2/22/2

[Signature]  
INSPECTOR

**DO NOT REMOVE THIS TAG**





**Job #:**  
**Performed by Jim Jarvis for:**

**Custom Air Systems Inc.**  
 1615 SE. village Green dr.  
 Port St. Lucie, FL 33952  
 Phone: 561-335-3232 Fax: 561-335-1968

**Scale: 1 : 135**  
 Page 2  
 Right-Suite Residential (tm)  
 5.0.66 RSR29105  
 2002-Apr-10 14:00:22  
 vents\wrightsoft HVAC\2002\HUF. 2002



# RIGHT-J CALCULATION PROCEDURES A, B, C, D

## Entire House

Custom Air Systems Inc.

1815 SE. Village Green dr., Port St. Lucie, FL 33952 Phone: 561-335-3232 Fax: 561-335-1868

### Procedure A - Winter Infiltration HTM Calculation\*

1. Winter infiltration AVF	0.70	ach	x	20849	ft <sup>2</sup>	x	0.0167	=	244	cfm
2. Winter infiltration load	1.1	x	244	cfm	x	28	°F	Winter TD =	7507	Btuh
3. Winter infiltration HTM	7507	Btuh	/	564	ft <sup>2</sup>	Total window =			13.3	Btuh/ft <sup>2</sup>
						and door area				

### Procedure B - Summer Infiltration HTM Calculation

1. Summer infiltration AVF	0.40	ach	x	20849	ft <sup>2</sup>	x	0.0167	=	139	cfm
2. Summer infiltration load	1.1	x	139	cfm	x	15	°F	Summer TD =	2298	Btuh
3. Summer infiltration HTM	2298	Btuh	/	564	ft <sup>2</sup>	Total window =			4.1	Btuh/ft <sup>2</sup>
						and door area				

### Procedure C - Latent Infiltration Gain

0.68	x	61	gr/lb	moist.diff.	x	139	cfm	=	5816	Btuh
------	---	----	-------	-------------	---	-----	-----	---	------	------

### Procedure D - Equipment Sizing Loads

1. Sensible sizing load												
Sensible ventilation load												
1.1	x	0	cfm	vent.	x	15	°F	Summer TD	=	0	Btuh	
Sensible load for structure (Line 19)										+ 37691	Btuh	
Sum of ventilation and structure loads										=	37691	Btuh
Rating and temperature swing multiplier										x	0.95	
Equipment sizing load - sensible										=	35807	Btuh
2. Latent sizing load												
Latent ventilation load												
0.68	x	0	cfm	vent.	x	61	gr/lb	moist.diff.	=	0	Btuh	
Internal loads =										+ 230	Btuh	
Infiltration load from Procedure C										+ 5816	Btuh	
Equipment sizing load - latent										=	6276	Btuh

\*Construction Quality is: a

No. of Fireplaces is: 0

Printout certified by ACCA to meet all requirements of Manual J 7th Ed.

**wrightsoft** Right-Size Residential™ 3.0.86 RSR29105  
 ACCA C:\My Documents\Wrightsoft HVAC\2002\HUF. 2002\FLAUGH.rsr

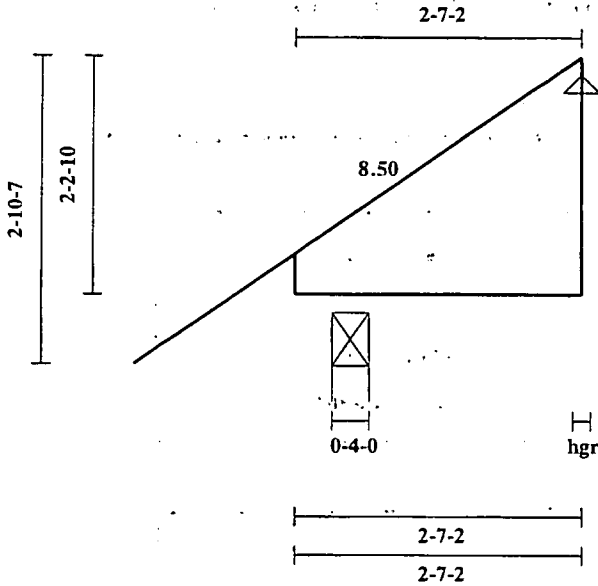
2002-Apr-10 14:07:39  
 Page 1



Job Name: HUFNAGEL  
Work Order: BRADFIELD

Truss ID CJ2  
Quantity 1

Number of Plys 1  
Date: 01-07-02



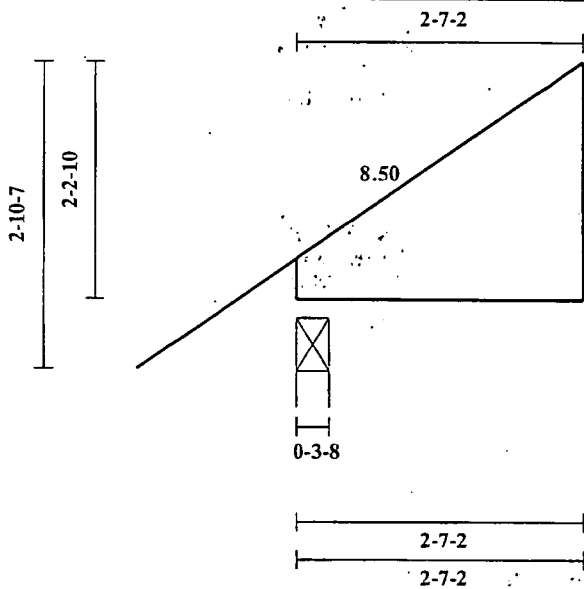
Left Heel Height .... 00-04-09  
Left Seat Cut ..... 00-00-00  
Left Overhang ..... 01-05-07  
Left Cantilever ..... 00-04-00

Right Heel Height .... 02-02-10  
Right Seat Cut ..... 00-00-00  
Right Overhang ..... 00-00-00  
Right Cantilever ..... 00-00-00

Job Name: HUFNAGEL  
Work Order: BRADFIELD

Truss ID CJ2A  
Quantity 1

Number of Plys 1  
Date: 01-07-02



Left Heel Height .... 00-04-09  
Left Seat Cut ..... 00-00-00  
Left Overhang ..... 01-05-07  
Left Cantilever ..... 00-00-00

Right Heel Height .... 02-02-10  
Right Seat Cut ..... 00-00-00  
Right Overhang ..... 00-00-00  
Right Cantilever ..... 00-00-00



# RIGHT-J LOAD AND EQUIPMENT SUMMARY

## Entire House

Custom Air Systems Inc.

1615 SE. Village Green dr., Port St. Lucie, FL 33952 Phone: 561-335-3232 Fax: 561-335-1960

### Project Information

For: **HUF. RAUSH**

Notes:

### Design Information

Weather: Fort Pierce, FL, US

#### Winter Design Conditions

Outside db	42 °F
Inside db	70 °F
Design TD	28 °F

#### Summer Design Conditions

Outside db	90 °F
Inside db	75 °F
Design TD	15 °F
Daily range	L
Relative humidity	50 %
Moisture difference	61 gr/lb

#### Heating Summary

Building heat loss	44550 Btuh
Ventilation air	0 cfm
Ventilation air loss	0 Btuh
Design heat load	44550 Btuh

#### Sensible Cooling Equipment Load Sizing

Structure	37691 Btuh
Ventilation	0 Btuh
Design temperature swing	3.0 °F
Use mfg. data	n
Rate/swing multiplier	0.95
Total sens. equip. load	35807 Btuh

#### Infiltration

Method	Simplified Average	
Construction quality	Average	
Fireplaces	0	
	Heating	Cooling
Area (ft <sup>2</sup> )	2218	2218
Volume (ft <sup>3</sup> )	20849	20849
Air changes/hour	0.70	0.40
Equiv. AVF (cfm)	244	139

#### Latent Cooling Equipment Load Sizing

Internal gains	460 Btuh
Ventilation	0 Btuh
Infiltration	5816 Btuh
Total latent equip. load	6276 Btuh
Total equipment load	42083 Btuh

#### Heating Equipment Summary

Make	n/a
Trade	n/a
Efficiency	100.0 EFF
Heating input	0 Btuh
Heating output	0 Btuh
Heating temp rise	0 °F
Actual heating fan	2000 cfm
Heating air flow factor	0.045 cfm/Btuh
Space thermostat	

#### Cooling Equipment Summary

Make	Trans
Trade	XE 1200
	TTP060D
	TWE060P13
Efficiency	12.6 SEER
Sensible cooling	44250 Btuh
Latent cooling	14750 Btuh
Total cooling	59000 Btuh
Actual cooling fan	2000 cfm
Cooling air flow factor	0.053 cfm/Btuh
Load sensible heat ratio	86 %

Printout certified by ACCA to meet all requirements of Manual J 7th Ed.

**wrightsoft** Right-Size Residential™ 5.0.66 RSR29105  
 C:\My Documents\Wrightsoft HVAC\2002\HUF. 2002\FLAUGH.rtr

2002-Apr-10 14:07:39

Page 1

6A-1 SUMMER OVERHANG FACTORS (SOF) FOR SINGLE AND DOUBLE PANE GLASS.

SELECT BY OR	OH Ratio	00-11	12-17	18-26	27-35	36-46	47-57	58-70	71-83	84-118	119-172	173-273	274 & up
	North	1.00	0.993	0.971	0.932	0.891	0.847	0.810	0.774	0.745	0.692	0.646	0.606
	Northeast	1.00	0.995	0.966	0.909	0.849	0.782	0.726	0.673	0.633	0.561	0.504	0.459
	East	1.00	0.993	0.964	0.904	0.837	0.759	0.691	0.625	0.574	0.484	0.415	0.462
	Southeast	1.00	0.999	0.960	0.881	0.799	0.713	0.645	0.585	0.542	0.471	0.422	0.386
	South	1.00	0.995	0.945	0.854	0.770	0.689	0.630	0.581	0.546	0.492	0.455	0.428
	Southwest	1.00	0.997	0.958	0.882	0.805	0.723	0.657	0.599	0.555	0.482	0.427	0.386
	West	1.00	0.994	0.965	0.905	0.840	0.767	0.704	0.645	0.599	0.518	0.455	0.404
	Northwest	1.00	0.995	0.967	0.914	0.861	0.805	0.760	0.718	0.686	0.629	0.583	0.545
	OH Length	0.0'	1.0'	1.5'	2.0'	3.0'	3.5'	4.5'	5.5'	6.5'	9.5'	14.0'	20.0'

6A-2 WALL SUMMER POINT MULTIPLIERS (SPM)

FRAME					CONCRETE BLOCK (NORMAL WT)				FACE BRICK				LOG		
WOOD		STEEL			INTERIOR INSULATION			EXT. INSUL.	R-VALUE	WOOD FR	R-VALUE	BLOCK	LOG		
R-VALUE	EXT	ADJ	EXT	ADJ	R-VALUE	EXT	ADJ	EXT	0-6.9	4.6	0-2.9	2.3	R-VALUE	EXT	8 INCH
0-6.9	8.5	3.4	11.6	4.4	0-2.9	4.2	1.9	4.2	7-10.9	1.3	3-6.9	1.6	0-2.9	2.8	1.9
7-10.9	3.2	1.3	5.5	2.1	3-4.9	2.7	1.3	1.7	11-18.9	1.1	7-9.9	.9	3-6.9	1.9	1.4
11-12.9	2.7	1.0	4.2	1.6	5-6.9	2.0	1.1	1.2	19-25.9	.6	10 & UP	.7	7 & Up	1.5	1.2
13-18.9	2.4	.9	3.9	1.5	7-10.9	1.6	.8	.7	26 & Up	.3					
19-25.9	1.6	.6	3.4	1.3	11-18.9	1.0	.6	.3							
26 & Up	1.0	.3	1.9	.7	19-25.9	.5	.3								
					26 & Up	.3	.2								

NOTE: SEE SECTION 2.0 OF APPENDIX C FOR MULTIPLIERS OF ENVELOPE COMPONENTS NOT ON THIS FORM.

6A-3 DOOR SUMMER POINT MULTIPLIERS (SPM)

DOOR TYPE	EXTERIOR	ADJACENT
WOOD	9.4	3.8
INSULATED	6.4	2.6

6A-4 CEILING SUMMER POINT MULTIPLIERS (SPM)

UNDER ATTIC		SINGLE ASSEMBLY		CONCRETE DECK ROOF		
R-VALUE	SPM	R-VALUE	SPM	R-VALUE	CEILING TYPE	
					EXPOSED	DROPPED
19-21.9	1.5	10-10.9	4.0	10-13.9	4.14	3.60
22-25.9	1.3	11-12.9	3.6	14-20.9	2.91	2.58
26-29.9	1.0	13-18.9	3.3	21 & Up	1.75	1.59
30-37.9	.8	19-25.9	2.5			
38 & Up	.6	26-29.9	1.6			
RBS Credit	0.70	30 & Up	1.2			

6A-5 FLOOR SUMMER POINT MULTIPLIERS (SPM)

SLAB-ON-GRADE EDGE INSULATION		RAISED CONCRETE		RAISED WOOD		
R-VALUE	SPM	R-VALUE	SPM	POST OR PIER CONSTRUCTION	STEM WALL w/ UNDER FLOOR INSULATION	ADJACENT
				R-VALUE	SPM	SPM
0-2.9	-20.0	0-2.9	.8	0-6.9	5.02	4.2
3-4.9	-17.4	3-4.9	-.3	7-10.9	2.58	1.3
5-6.9	-16.6	5-6.9	-.4	11-18.9	2.08	1.0
7 & Up	-16.0	7 & Up	-.5	19 & Up	1.58	.6

6A-6 INFILTRATION & INTERNAL GAINS (SPM)

Air Infiltration	7.43
Internal Gains	11.36
Infiltration/Internal Gains (Combined)	18.79

6A-7A AIR HANDLER MULTIPLIERS (SPM)

Located in attic	1.05
Located in garage	1.00
Located in conditioned area	0.93
Located on exterior of building	1.04

6A-7 DUCT MULTIPLIERS (DM) See Table 6-10 for Code minimums.

SUPPLY DUCTS IN:	DUCT R-Value	RETURN DUCTS IN:		
		UNCONDITIONED SPACE	ATTIC WITH RBS	CONDITIONED SPACE
Unconditioned Space	4.2	1.058	1.054	1.053
	6.0	1.043	1.040	1.039
	8.0	1.033	1.032	1.031
Attic with Radiant Barrier (RBS)	4.2	1.040	1.038	1.035
	6.0	1.030	1.028	1.026
	8.0	1.023	1.022	1.021
Conditioned Space	4.2	1.002	1.001	1.0
	6.0	1.002	1.001	1.0
	8.0	1.001	1.001	1.0

6A-8 COOLING SYSTEM MULTIPLIERS (CSM)

SYSTEM TYPE	See Table 6-3 for Code minimums	COOLING SYSTEM MULTIPLIERS (CSM)										
	Rating	7.5-7.9	8.0-8.4	8.5-8.8	8.9-9.4	9.5-9.9	10.0-10.4	10.5-10.9	11.0-11.4	11.5-11.9	12.0-12.4	
Central Units (SEER)	CSM	.45	.43	.40	.38	.36	.34	.32	.31	.30	.28	
PTAC & Room Units (EER)	Rating	12.5-12.9	13.0-13.4	13.5-13.9	14.0-14.4	14.5-14.9	15.0-15.4	15.5-15.9	16.0-16.4	16.5-16.9	17.0-17.4	17.5 & Up
	CSM	.27	.26	.25	.24	.24	.23	.22	.21	.21	.20	.19

6A-9 HOT WATER MULTIPLIERS (HWM)

SYSTEM TYPE	See Table 6-12 for Code minimums	HOT WATER MULTIPLIERS (HWM)										
	EF				80-81	82-83	84-85	86-87	88-90	91-93	94-96	97 & Up
Electric Resistance	HWM				2606	2543	2482	2424	2369	2290	2218	2149
	EF	43-47	48-49	50-51	52-53	54-55	56-57	58-59	60-61	62-63	64-65	66 & Up
Natural Gas	HWM	1848	1655	1589	1528	1471	1419	1370	1324	1281	1241	1203
LP Gas	HWM	2353	2107	2023	1945	1874	1806	1744	1686	1631	1581	1533
Ded. HP or Solar System with Tank	EF	1.0-1.49	1.5-1.99	2.0-2.49	2.5-2.99	3.0-3.49	3.5-3.99	4.0-4.49	4.5-4.99	5.0-Up		
	HWM	2085	1390	1042	834	695	596	521	463	417		

*Wrightsoft  
New  
CALC's*

<< Interrupted Transmission >>

**Design Information**

Weather: Fort Pierce, FL, US

**Winter Design Conditions**

Outside db 42 °F  
 Inside db 70 °F  
 Design TD 28 °F

**Summer Design Conditions**

Outside db 90 °F  
 Inside db 75 °F  
 Design TD 15 °F  
 Daily range L  
 Relative humidity 50 %  
 Moisture difference 61 gr/lb

**Heating Summary**

Building heat loss 44550 Btuh  
 Ventilation air 0 cfm  
 Ventilation air loss 0 Btuh  
 Design heat load 44550 Btuh

**Sensible Cooling Equipment Load Sizing**

Structure 37691 Btuh  
 Ventilation 0 Btuh  
 Design temperature swing 3.0 °F  
 Use mfg. data n  
 Rate/swing multiplier 0.95  
 Total sens. equip. load 35807 Btuh

**Infiltration**

Method	Simplified	
Construction quality	Average	
Fireplaces	0	
	Heating	Cooling
Area (ft <sup>2</sup> )	2218	2218
Volume (ft <sup>3</sup> )	20849	20849
Air changes/hour	0.70	0.40
Equiv. AVF (cfm)	244	139

**Latent Cooling Equipment Load Sizing**

Internal gains 460 Btuh  
 Ventilation 0 Btuh  
 Infiltration 5816 Btuh  
 Total latent equip. load 6276 Btuh  
 Total equipment load 42083 Btuh

**Heating Equipment Summary**

Make n/a  
 Trade n/a  
 Efficiency 100.0 EFF  
 Heating input 0 Btuh  
 Heating output 0 Btuh  
 Heating temp rise 0 °F  
 Actual heating fan 2000 cfm  
 Heating air flow factor 0.045 cfm/Btuh  
 Space thermostat

**Cooling Equipment Summary**

Make Trane  
 Trade XE 1200  
 TTP060D  
 TWE060P13  
 Efficiency 12.6 SEER  
 Sensible cooling 44250 Btuh  
 Latent cooling 14750 Btuh  
 Total cooling 59000 Btuh  
 Actual cooling fan 2000 cfm  
 Cooling air flow factor 0.053 cfm/Btuh  
 Load sensible heat ratio 86 %

Printout certified by ACCA to meet all requirements of Manual J 7th Ed.

**Department of Community Affairs - FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION**  
**FORM 600A-97 Residential Whole Building Performance Method A SOUTH 7 8 9**

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

1. New construction or addition
2. Single family detached or Multifamily attached
3. If Multifamily—No. of units covered by this submission
4. Is this a worst case? (yes / no)
5. Conditioned floor area (sq. ft.)
6. Predominant eave overhang (ft.)
7. Glass type and area:
  - a. Clear glass
  - b. Tint, film or solar screen
8. Floor type and insulation:
  - a. Slab-on-grade (R-value + perimeter)
  - b. Wood, raised (R-value + sq. ft.)
  - c. Concrete, raised (R-value)
9. Net Wall type, area and insulation:
  - a. Exterior:
    1. Concrete block (Insulation R-value)
    2. Wood frame (Insulation R-value)
    3. Steel frame (Insulation R-value)
    4. Log (Insulation R-value)
    5. Other: \_\_\_\_\_
  - b. Adjacent:
    1. Concrete block (Insulation R-value)
    2. Wood frame (Insulation R-value)
    3. Steel frame (Insulation R-value)
    4. Log (Insulation R-value)
10. Ceiling type, area and insulation:
  - a. Under attic (Insulation R-value)
  - b. Single assembly (Insulation R-value)
  - c. Radiant barrier installed (yes / no)
11. Air distribution system:
  - a. Ducts (Insulation + Location)
  - b. Air Handler (Location)
12. Cooling system:  
(Types: central-split, central-single pkg., room unit, PTAC., gas, none)
13. Heating system:  
(Types: heat pump, elec. strip, nat. gas, L.P. gas, gas h.p., room or PTAC, none)
14. Hot water system:  
(Types: elec., natural gas, solar, L.P. gas, none)
15. Hot Water Credits:
  - a. Heat Recovery (HR)
  - b. Dedicated Heat Pump(DHP)
  - c. Solar
16. HVAC Credits  
(Use: CF-Ceiling Fan, CV-Cross vent, PT-Programmable thermostat, HF-Whole house fan, MZ-Multizone)
17. COMPLIANCE STATUS: (PASS if As-Built Pts. are less than Base Pts.)
  - a. Total As-Built points
  - b. Total Base points

		Please Type		CK
1.	_____			_____
2.	_____			_____
3.	_____			_____
4.	_____			_____
5.	_____	sq. ft.		_____
6.	_____	ft.		_____
		Single Pane      Double Pane		
7a.	_____	sq. ft.	_____	sq. ft. _____
7b.	_____	sq. ft.	_____	sq. ft. _____
8a.	R= _____		_____	l. ft. _____
8b.	R= _____		_____	sq. ft. _____
8c.	R= _____		_____	sq. ft. _____
9a-1	R= _____		_____	sq. ft. _____
9a-2	R= _____		_____	sq. ft. _____
9a-3	R= _____		_____	sq. ft. _____
9a-4	R= _____		_____	sq. ft. _____
9b-1	R= _____		_____	sq. ft. _____
9b-2	R= _____		_____	sq. ft. _____
9b-3	R= _____		_____	sq. ft. _____
9b-4	R= _____		_____	sq. ft. _____
10a.	R= _____		_____	sq. ft. _____
10b.	R= _____		_____	sq. ft. _____
10c.	_____			_____
11a.	R= _____		_____	(cond./uncond.) _____
11b.	_____		_____	(cond./uncond.) _____
12a.	Type: _____			_____
12b.	SEER/EER/COP: _____			_____
12c.	Capacity: _____			_____
13a.	Type: _____			_____
13b.	HSPF/COP/AFUE: _____			_____
13c.	Capacity: _____			_____
14a.	Type: _____			_____
14b.	EF: _____			_____
15a.	_____			_____
15b.	_____			_____
15c.	_____			_____
16.	_____			_____
17.	_____			_____
17a.	_____			_____
17b.	_____			_____

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code.

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S.

BUILDING OFFICIAL: \_\_\_\_\_  
 DATE: \_\_\_\_\_

5573  
# 6 INDIALUCIC  
FLAG

# ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

**ESTIMATED ENERGY PERFORMANCE SCORE\* = 83.8**

The higher the score, the more efficient the home.

1. New construction or existing	New	12. Cooling system:	
2. Single family or multi-family	Single family	a. Central Unit	Cap: 59.0 kBtu/hr
3. Number of units, if multi-family	1		SEER: 12.50
4. Number of Bedrooms	4	b. N/A	
5. Is this a worst case?	No	c. N/A	
6. Conditioned floor area (ft <sup>2</sup> )	2640 ft <sup>2</sup>		
7. Glass area & type		13. Heating system:	
a. Clear - single pane	430.1 ft <sup>2</sup>	a. Electric Strip	Cap: 59.0 kBtu/hr
b. Clear - double pane	0.0 ft <sup>2</sup>	b. N/A	COP: 1.00
c. Tint/other SHGC - single pane	0.0 ft <sup>2</sup>	c. N/A	
d. Tint/other SHGC - double pane	0.0 ft <sup>2</sup>		
8. Floor types		14. Hot water systems	
a. Slab-On-Grade Edge Insulation	R=0.0, 284.8(p) ft	a. Electric Resistance	Cap: 40.0 gallons
b. N/A		b. N/A	EF: 0.88
c. N/A		c. Conservation credits	
9. Wall types		(HR-Heat recovery, Solar	
a. Concrete, Int Insul, Exterior	R=5.0, 2149.5 ft <sup>2</sup>	DHP-Dedicated heat pump)	
b. Frame, Wood, Adjacent	R=11.0, 188.0 ft <sup>2</sup>	15. HVAC credits	CF, —
c. N/A		(CF-Ceiling fan, CV-Cross ventilation,	
d. N/A		HF-Whole house fan,	
e. N/A		PT-Programmable Thermostat,	
10. Ceiling types		RB-Attic radiant barrier,	
a. Under Attic	R=30.0, 2639.5 ft <sup>2</sup>	MZ-C-Multizone cooling,	
b. N/A		MZ-H-Multizone heating)	
c. N/A			
11. Ducts			
a. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 80.0 ft		
b. N/A			

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: \_\_\_\_\_

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

Address of New Home: \_\_\_\_\_

City/FL Zip: \_\_\_\_\_



\*NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar<sup>SM</sup> designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at [www.fsec.ucf.edu](http://www.fsec.ucf.edu) for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.

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5573  
# 6 INDIALUCIC  
FLAG

# ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

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The higher the score, the more efficient the home.

1. New construction or existing	New	12. Cooling systems:	
2. Single family or multi-family	Single family	a. Central Unit	Cap: 59.0 kBtu/hr
3. Number of units, if multi-family	1		SEER: 12.50
4. Number of Bedrooms	4	b. N/A	
5. Is this a worst case?	No	c. N/A	
6. Conditioned floor area (ft <sup>2</sup> )	2640 ft <sup>2</sup>		
7. Glass area & type		13. Heating systems:	
a. Clear - single pane	430.1 ft <sup>2</sup>	a. Electric Strip	Cap: 59.0 kBtu/hr
b. Clear - double pane	0.0 ft <sup>2</sup>	b. N/A	COP: 1.00
c. Tint/other SHGC - single pane	0.0 ft <sup>2</sup>	c. N/A	
d. Tint/other SHGC - double pane	0.0 ft <sup>2</sup>		
8. Floor types		14. Hot water systems	
a. Slab-On-Grade Edge Insulation	R=0.0, 284.8(p) ft	a. Electric Resistance	Cap: 40.0 gallons
b. N/A		b. N/A	EF: 0.88
c. N/A		c. Conservation credits	
9. Wall types		(HR-Heat recovery, Solar	
a. Concrete, Int Insul, Exterior	R=5.0, 2149.5 ft <sup>2</sup>	DHP-Dedicated heat pump)	
b. Frame, Wood, Adjacent	R=11.0, 188.0 ft <sup>2</sup>	15. HVAC credits	CF, —
c. N/A		(CF-Ceiling fan, CV-Cross ventilation,	
d. N/A		HF-Whole house fan,	
e. N/A		PT-Programmable Thermostat,	
10. Ceiling types		RB-Attic radiant barrier,	
a. Under Attic	R=30.0, 2639.5 ft <sup>2</sup>	MZ-C-Multizone cooling,	
b. N/A		MZ-H-Multizone heating)	
c. N/A			
11. Ducts			
a. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 80.0 ft		
b. N/A			

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: \_\_\_\_\_

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

Address of New Home: \_\_\_\_\_

City/FL Zip: \_\_\_\_\_



\*NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar<sup>SM</sup> designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at [www.fsec.ucf.edu](http://www.fsec.ucf.edu) for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.

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**BC Architects, Inc.**

April 9, 2002

Sewalls Point Building Department  
Sewalls Point, FL

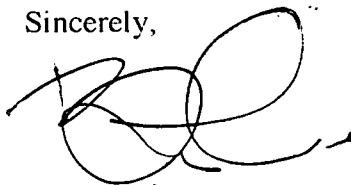
RE: Flaugh Residence

Dear Building Official:

In response to the inspection comments for revisions to the drawings the following address the issues:

1. Masonry screws maybe used to fasten trusses to the cast in place concrete tie beam. A 250 lb value maybe applied to each 3/16" dia screw with a 1 1/2" min embedment and a minimum 16 gage steel strap. The number of screws multiplied by 250; not to exceed the manufactures maximum load per strap shall be used as the required amount.
2. A poured in place 2<sup>nd</sup> floor concrete tie beam (elev. 19'-10 1/2") 8" x 14" deep with 4 - #5 bars cont. shall be used to span 8'-6" from the master bathroom to the master W.I.C. without the masonry column in between.

Sincerely,



Brian Carnes, NCARB



5573  
# 6 INDIAN LUCIC  
FLAUGER

# ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

**ESTIMATED ENERGY PERFORMANCE SCORE\* = 83.8**

The higher the score, the more efficient the home.

1. New construction or existing	New	12. Cooling systems:	
2. Single family or multi-family	Single family	a. Central Unit	Cap: 59.0 kBtu/hr
3. Number of units, if multi-family	1		SEER: 12.50
4. Number of Bedrooms	4	b. N/A	
5. Is this a worst case?	No	c. N/A	
6. Conditioned floor area (ft <sup>2</sup> )	2640 ft <sup>2</sup>	13. Heating systems:	
7. Glass area & type		a. Electric Strip	Cap: 59.0 kBtu/hr
a. Clear - single pane	430.1 ft <sup>2</sup>		COP: 1.00
b. Clear - double pane	0.0 ft <sup>2</sup>	b. N/A	
c. Tint/other SHGC - single pane	0.0 ft <sup>2</sup>	c. N/A	
d. Tint/other SHGC - double pane	0.0 ft <sup>2</sup>	14. Hot water systems	
8. Floor types		a. Electric Resistance	Cap: 40.0 gallons
a. Slab-On-Grade Edge Insulation	R=0.0, 284.8(p) ft		EF: 0.88
b. N/A		b. N/A	
c. N/A		c. Conservation credits	
9. Wall types		(HR-Heat recovery, Solar	
a. Concrete, Int Insul, Exterior	R=5.0, 2149.5 ft <sup>2</sup>	DHP-Dedicated heat pump)	
b. Frame, Wood, Adjacent	R=11.0, 188.0 ft <sup>2</sup>	15. HVAC credits	CF, —
c. N/A		(CF-Ceiling fan, CV-Cross ventilation,	
d. N/A		HF-Whole house fan,	
e. N/A		PT-Programmable Thermostat,	
10. Ceiling types		RB-Attic radiant barrier,	
a. Under Attic	R=30.0, 2639.5 ft <sup>2</sup>	MZ-C-Multizone cooling,	
b. N/A		MZ-H-Multizone heating)	
c. N/A			
11. Ducts			
a. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 80.0 ft		
b. N/A			

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: \_\_\_\_\_

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

Address of New Home: \_\_\_\_\_

City/FL Zip: \_\_\_\_\_



\*NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar™ designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at [www.fsec.ucf.edu](http://www.fsec.ucf.edu) for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.

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Job Name: HUFNAGEL

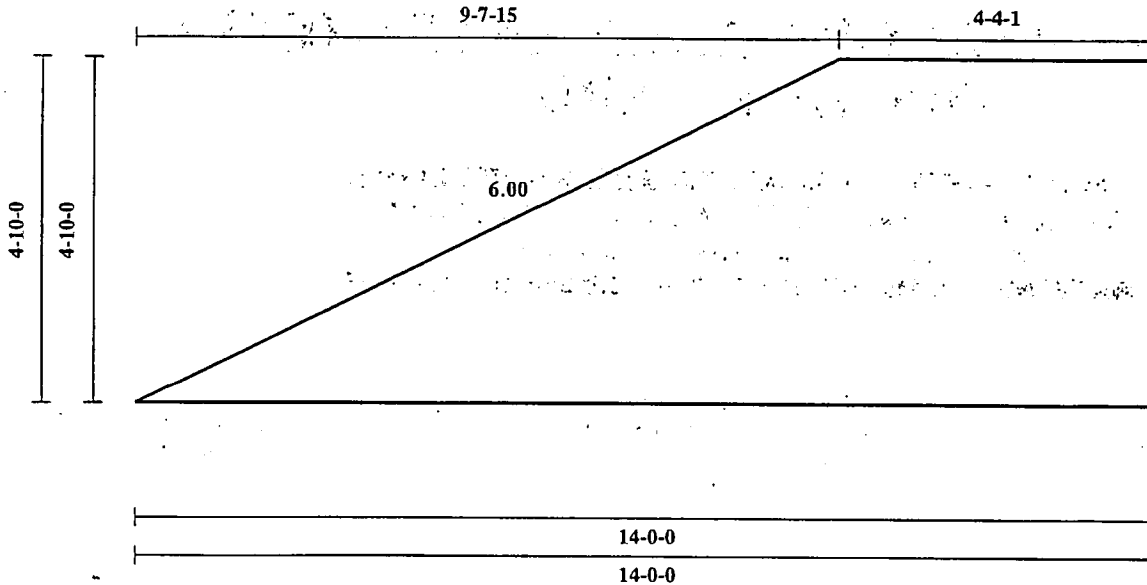
Truss ID MHV14

Number of Plys 1

Work Order: BRADFIELD

Quantity 1

Date: 01-07-02



Left Heel Height	.... 00-00-00	Right Heel Height	.... 04-10-00
Left Seat Cut	..... 00-00-00	Right Seat Cut	..... 00-00-00
Left Overhang	..... 00-00-00	Right Overhang	..... 00-00-00
Left Cantilever	..... 00-00-00	Right Cantilever	..... 00-00-00

Job Name: HUFNAGEL

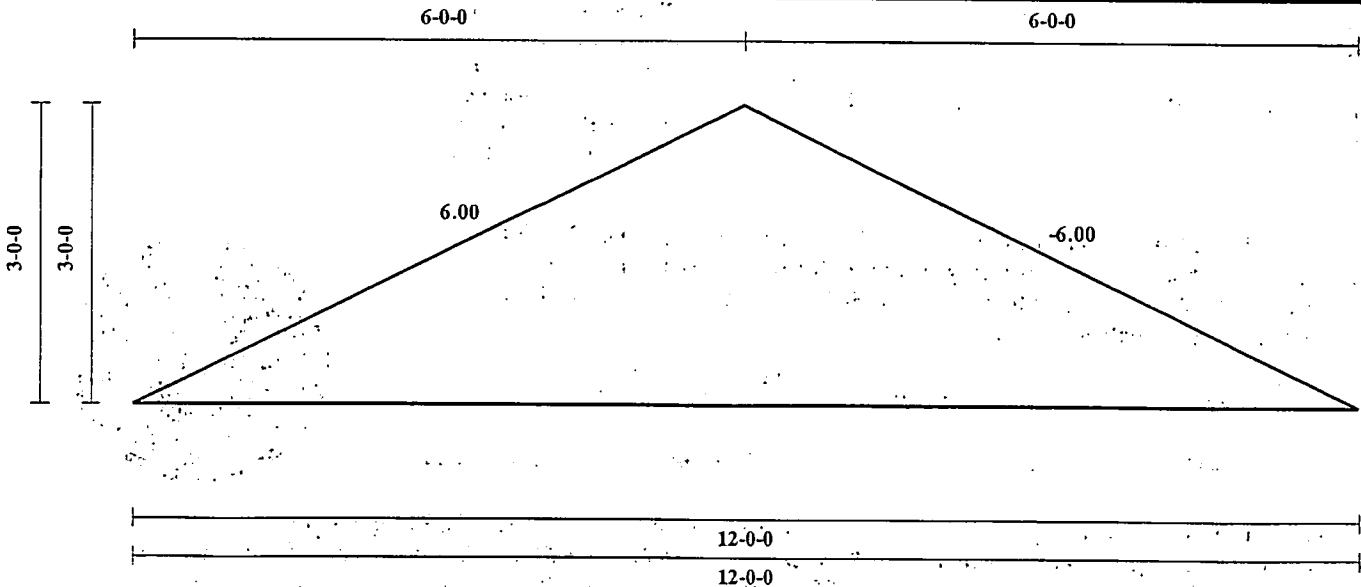
Truss ID V12

Number of Plys 1

Work Order: BRADFIELD

Quantity 2

Date: 01-07-02



Left Heel Height	.... 00-00-00	Right Heel Height	.... 00-00-00
Left Seat Cut	..... 00-00-00	Right Seat Cut	..... 00-00-00
Left Overhang	..... 00-00-00	Right Overhang	..... 00-00-00
Left Cantilever	..... 00-00-00	Right Cantilever	..... 00-00-00

# Code Compliance Checklist

## Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
----------------	-----------

**6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST**

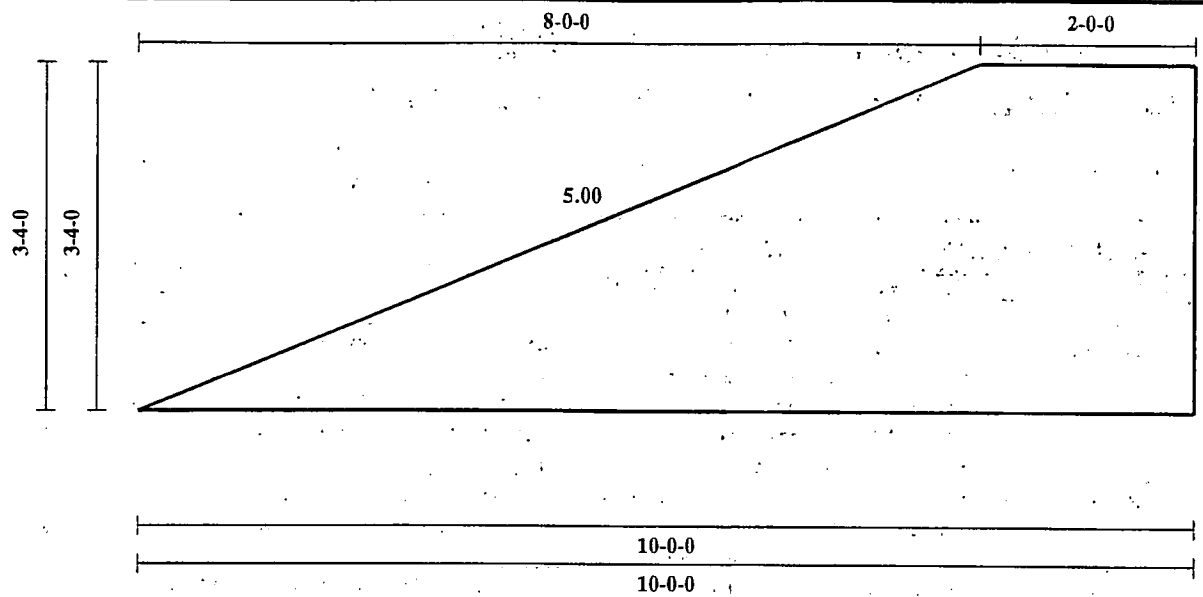
COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

**6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)**

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

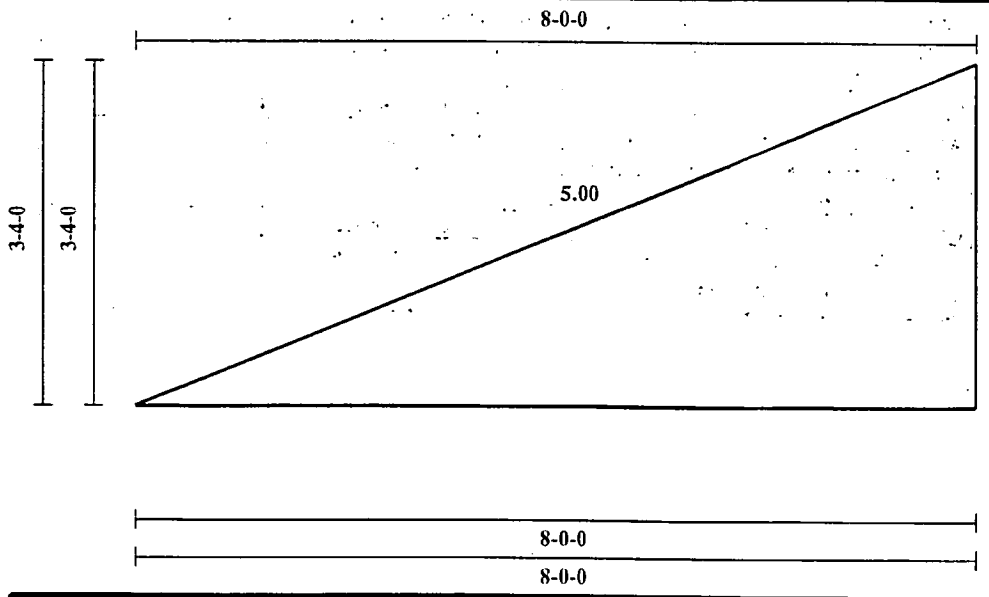
(Cy) 5

Job Name: HUFNAGEL, GARY	Truss ID MHV10	Number of Plys 1
Work Order: GILIO RES.	Quantity 1	Date: 08-28-00



Left Heel Height	.... 00-00-00	Right Heel Height	.... 03-04-00
Left Seat Cut	..... 00-00-00	Right Seat Cut	..... 00-00-00
Left Overhang	..... 00-00-00	Right Overhang	..... 00-00-00
Left Cantilever	..... 00-00-00	Right Cantilever	..... 00-00-00

Job Name: HUFNAGEL, GARY	Truss ID MV8	Number of Plys 1
Work Order: GILIO RES.	Quantity 1	Date: 08-28-00



Left Heel Height	.... 00-00-00	Right Heel Height	.... 03-04-00
Left Seat Cut	..... 00-00-00	Right Seat Cut	..... 00-00-00
Left Overhang	..... 00-00-00	Right Overhang	..... 00-00-00
Left Cantilever	..... 00-00-00	Right Cantilever	..... 00-00-00

# FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs  
Residential Whole Building Performance Method A

<b>Project Name:</b> FLAUGH <b>Address:</b> <b>City, State:</b> <b>Owner:</b> <b>Climate Zone:</b> South	<b>Builder:</b> <b>Permitting Office:</b> <b>Permit Number:</b> <b>Jurisdiction Number:</b>
--	--

<p>1. New construction or existing <span style="float: right;">New</span> <input type="checkbox"/></p> <p>2. Single family or multi-family <span style="float: right;">Single family</span> <input type="checkbox"/></p> <p>3. Number of units, if multi-family <span style="float: right;">1</span> <input type="checkbox"/></p> <p>4. Number of Bedrooms <span style="float: right;">4</span> <input type="checkbox"/></p> <p>5. Is this a worst case? <span style="float: right;">No</span> <input type="checkbox"/></p> <p>6. Conditioned floor area (ft<sup>2</sup>) <span style="float: right;">2640 ft<sup>2</sup></span> <input type="checkbox"/></p> <p>7. Glass area &amp; type</p> <p style="margin-left: 20px;">a. Clear - single pane <span style="float: right;">430.1 ft<sup>2</sup></span> <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Clear - double pane <span style="float: right;">0.0 ft<sup>2</sup></span> <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Tint/other SHGC - single pane <span style="float: right;">0.0 ft<sup>2</sup></span> <input type="checkbox"/></p> <p style="margin-left: 20px;">d. Tint/other SHGC - double pane <span style="float: right;">0.0 ft<sup>2</sup></span> <input type="checkbox"/></p> <p>8. Floor types</p> <p style="margin-left: 20px;">a. Slab-On-Grade Edges Insulation <span style="float: right;">R=0.0, 284.8(p) ft</span> <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types</p> <p style="margin-left: 20px;">a. Concrete, Int Insul, Exterior <span style="float: right;">R=5.0, 2149.5 ft<sup>2</sup></span> <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Adjacent <span style="float: right;">R=11.0, 188.0 ft<sup>2</sup></span> <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types</p> <p style="margin-left: 20px;">a. Under Attic <span style="float: right;">R=30.0, 2639.5 ft<sup>2</sup></span> <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts</p> <p style="margin-left: 20px;">a. Sup: Unc. Rct: Unc. AH: Attic <span style="float: right;">Sep. R=6.0, 80.0 ft</span> <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p>	<p>12. Cooling systems</p> <p style="margin-left: 20px;">a. Central Unit <span style="float: right;">Cap: 59.0 kBtu/hr</span> <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 12.50 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>13. Heating systems</p> <p style="margin-left: 20px;">a. Electric Strip <span style="float: right;">Cap: 59.0 kBtu/hr</span> <input type="checkbox"/></p> <p style="margin-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>14. Hot water systems</p> <p style="margin-left: 20px;">a. Electric Resistance <span style="float: right;">Cap: 40.0 gallons</span> <input type="checkbox"/></p> <p style="margin-left: 40px;">EF: 0.88 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/></p> <p style="margin-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits <span style="float: right;">CF, <input type="checkbox"/></span></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HP-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
---	---

Glass/Floor Area: 0.16	Total as-built points: 41370	PASS
	Total base points: 42254	

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

**PREPARED BY:** \_\_\_\_\_


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

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

**OWNER/AGENT:** \_\_\_\_\_

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

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.



**BUILDING OFFICIAL:** \_\_\_\_\_

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

Job Name: HUFNAGEL, GARY

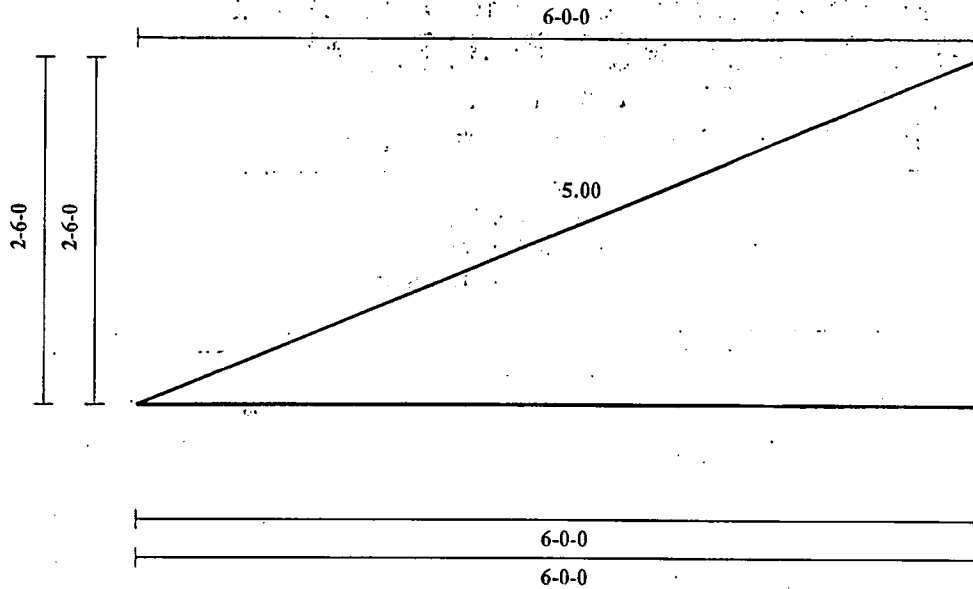
Truss ID MV6

Number of Plys 1

Work Order: GILIO RES.

Quantity 1

Date: 08-28-00



Left Heel Height .... 00-00-00

Right Heel Height .... 02-06-00

Left Seat Cut ..... 00-00-00

Right Seat Cut ..... 00-00-00

Left Overhang ..... 00-00-00

Right Overhang ..... 00-00-00

Left Cantilever ..... 00-00-00

Right Cantilever ..... 00-00-00

Job Name: HUFNAGEL, GARY

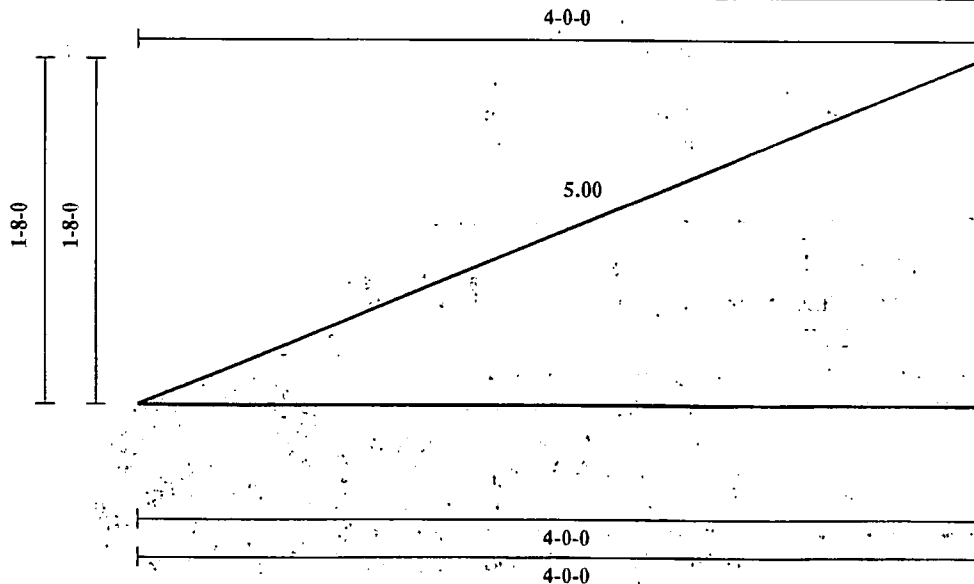
Truss ID MV4

Number of Plys 1

Work Order: GILIO RES.

Quantity 1

Date: 08-28-00



Left Heel Height .... 00-00-00

Right Heel Height .... 01-08-00

Left Seat Cut ..... 00-00-00

Right Seat Cut ..... 00-00-00

Left Overhang ..... 00-00-00

Right Overhang ..... 00-00-00

Left Cantilever ..... 00-00-00

Right Cantilever ..... 00-00-00

# WINTER CALCULATIONS

## Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
----------------	-----------

BASE			AS-BUILT					
INFILTRATION Area X BWPM = Points			Area X WPM = Points					
2640.0   -0.06   -158.4			2640.0   -0.06   -158.4					
<b>Winter Base Points:            2239.4</b>			<b>Winter As-Built Points:            3751.4</b>					
Total Winter X System = Heating Points            Multiplier            Points			Total X Cap X Duct X System X Credit = Heating Component    Ratio    Multiplier    Multiplier    Multiplier    Points <small>(DM x DSM x AHU)</small>					
<b>2239.4            0.6274            1405.0</b>			<b>3751.4            1.000    (1.099 x 1.137 x 1.14)    1.000            1.000            5343.9</b> <b>3751.4            1.00            1.425            1.000            1.000            5343.9</b>					

# WINTER CALCULATIONS

## Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
----------------	-----------

BASE	AS-BUILT
<b>GLASS TYPES</b> .18 X Conditioned X BWPM = Points Floor Area	Overhang Type/SC Ornt Len Hgt Area X WPM X WOF = Points
.18      2640.0      2.36      1121.6	Single, Clear      W   2.0   5.0   12.0   4.47   1.00   53.7 Single, Clear      W   2.0   5.0   8.0   4.47   1.00   35.8 Single, Clear      E   2.0   6.0   36.3   3.76   1.03   140.3 Single, Clear      W   2.0   5.0   35.3   4.47   1.00   158.1 Single, Clear      N   2.0   6.2   23.0   4.91   0.99   111.7 Single, Clear      S   2.0   6.1   78.5   3.55   1.05   284.3 Single, Clear      N   2.0   4.5   7.6   4.91   0.98   38.7 Single, Clear      W   2.0   6.0   15.0   4.47   1.00   67.0 Single, Clear      N   2.0   6.0   43.3   4.91   0.99   210.1 Single, Clear      S   2.0   8.0   54.3   3.55   1.02   196.2 Single, Clear      N   2.0   8.0   106.8   4.91   0.99   520.4 Single, Clear      S   2.0   4.0   12.0   3.55   1.13   48.1 As-Built Total:                                                             430.1      1862.6
<b>WALL TYPES</b> Area X BWPM = Points	Type      R-Value      Area X WPM = Points
Adjacent      188.0      0.50      94.0	Concrete, Int Insul, Exterior      5.0      2149.5      0.90      1934.5
Exterior      2149.5      0.60      1289.7	Frame, Wood, Adjacent      11.0      188.0      0.50      94.0
Base Total:      2337.6      1383.7	As-Built Total:      2337.6      2028.5
<b>DOOR TYPES</b> Area X BWPM = Points	Type      Area X WPM = Points
Adjacent      0.0      0.00      0.0	Exterior Wood      126.0      2.80      352.8
Exterior      126.0      1.80      226.8	
Base Total:      126.0      226.8	As-Built Total:      126.0      352.8
<b>CEILING TYPES</b> Area X BWPM = Points	Type      R-Value      Area X WPM X WCM = Points
Under Attic      2639.5      0.10      264.0	Under Attic      30.0      2639.5      0.10 X 1.00      264.0
Base Total:      2639.5      264.0	As-Built Total:      2639.5      264.0
<b>FLOOR TYPES</b> Area X BWPM = Points	Type      R-Value      Area X WPM = Points
Slab      284.8(p)      -2.1      -598.1	Slab-On-Grade Edge Insulation      0.0      284.8(p)      -2.10      -598.1
Raised      0.0      0.00      0.0	
Base Total:                -598.1	As-Built Total:      284.8      -598.1







# WATER HEATING & CODE COMPLIANCE STATUS

## Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
----------------	-----------

BASE	AS-BUILT
<b>WATER HEATING</b>	
Number of Bedrooms X Multiplier = Total	Tank Volume EF Number of Bedrooms X Tank X Multiplier X Credit = Total Multiplier
4                      2369.00              9476.0	40.0    0.88              4              1.00              2369.00              1.00              9476.0
	As-Built Total: <span style="float: right;">9476.0</span>

CODE COMPLIANCE STATUS							
BASE				AS-BUILT			
Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points	
31373		1405		9476		42254	
26551		5344		9476		41370	

PASS





**RIGHT-J WORKSHEET**  
**Entire House**  
 Custom Air Systems Inc.

5573  
 #6 INDIALUCIG  
 FLAUGH

1815 SE. Village Green Dr., Port St. Lucie, FL 33852 Phone: 561-335-3212 Fax: 561-335-1968

1	MANUAL J: 7th Ed.				m bed			m bath			wic			m toilet		
	Name of room				32.0 ft			30.0 ft			14.0 ft			10.0 ft		
2	Length of exposed wall				15.0 x 13.0 ft			12.0 x 9.0 ft			6.0 x 8.0 ft			8.0 x 8.0 ft		
3	Room dimensions				9.4 ft heat/cool			9.4 ft heat/cool			9.4 ft heat/cool			9.4 ft heat/cool		
4	Ceilings				Condt. Option			Condt. Option			Condt. Option			Condt. Option		
	TYPE OF EXPOSURE	CST NO.	HTM Htg	HTM Ctg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Ctg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Ctg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Ctg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Ctg
5	Gross Exposed walls and partitions	a 14B b 13C c d e f	4.0 1.3 0.0 0.0 0.0 0.0	2.2 1.3 0.0 0.0 0.0 0.0	301 0 0 0 0 0	778 0 0 0 0 0	107 0 0 0 0 0	282 0 0 0 0 0	822 0 0 0 0 0	132 0 0 0 0 0	531 0 0 0 0 0	290 0 0 0 0 0	94 0 0 0 0 0	379 0 0 0 0 0	207 0 0 0 0 0	
6	Windows and glass doors Heating	a 1C b 9C c d e f	32.3 33.9 0.0 0.0 0.0 0.0	-- -- -- -- -- --	24 0 0 0 0 0	778 0 0 0 0 0	107 0 0 0 0 0	282 0 0 0 0 0	822 0 0 0 0 0	132 0 0 0 0 0	531 0 0 0 0 0	290 0 0 0 0 0	94 0 0 0 0 0	379 0 0 0 0 0	207 0 0 0 0 0	
7	Windows and glass doors Cooling	North NE/NW E/W SE/SW South Horz	27.0 0.0 85.0 0.0 0.0 0.0	4 0 20 0 0 0	4 0 20 0 0 0	97 0 1703 0 0 0	0 0 1703 0 0 0	0 0 107 0 0 0	0 0 822 0 0 0	0 0 866 0 0 0	0 0 866 0 0 0	0 0 866 0 0 0	0 0 866 0 0 0	0 0 866 0 0 0	0 0 866 0 0 0	
8	Other doors	a 10A b c	10A 0.0 0.0	15.7 0.0 0.0	12.7 0.0 0.0	21 0 0	329 0 0	268 0 0	21 0 0	329 0 0	268 0 0	21 0 0	329 0 0	268 0 0	21 0 0	329 0 0
9	Net exposed walls and partitions	a 14B b 13C c d e f	4.0 1.3 0.0 0.0 0.0 0.0	2.2 1.3 0.0 0.0 0.0 0.0	256 0 0 0 0 0	1031 0 0 0 0 0	564 0 0 0 0 0	233 0 0 0 0 0	837 0 0 0 0 0	512 0 0 0 0 0	132 0 0 0 0 0	531 0 0 0 0 0	290 0 0 0 0 0	94 0 0 0 0 0	379 0 0 0 0 0	207 0 0 0 0 0
10	Ceilings	a 16G b c d e f	0.9 0.0 0.0 0.0 0.0 0.0	1.4 0.0 0.0 0.0 0.0 0.0	195 0 0 0 0 0	180 0 0 0 0 0	277 0 0 0 0 0	108 0 0 0 0 0	100 0 0 0 0 0	153 0 0 0 0 0	48 0 0 0 0 0	44 0 0 0 0 0	68 0 0 0 0 0	40 0 0 0 0 0	37 0 0 0 0 0	67 0 0 0 0 0
11	Floors (Note: room perimeter is displ. for slab floors)	a 22A b c d e f	22.7 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0	4 0 0 0 0 0	97 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	
12	Infiltration	a	13.3	4.1	45	569	183	50	658	202	0	0	0	0	0	0
13	Subtotal loss=6+8+.11+12					3013			2947			578			416	
	Less external heating					0			0			0			0	
	Less transfer					0			0			0			0	
14	Duct loss				5%	151		5%	147		5%	29		5%	21	
15	Total loss = 13+14					3164			3095			604			437	
16	Int. gains: People @			300	2	600	0		0	0	0	0	0	0	0	0
	Appl. @			1200	0	0	0		0	0	0	0	0	0	0	0
17	Subtot RSH gain=7+8+.12+16					3700			2494			358			264	
	Less external cooling					0			0			0			0	
	Less transfer					0			0			0			0	
18	Duct gain				10%	370		10%	249		10%	36		10%	26	
19	Total RSH gain=(17+18)*PLF				1.00	4070		1.00	2743		1.00	394		1.00	290	
20	Air required (cfm)					142			139			27			20	

Printout certified by ACCA to meet all requirements of Manual J 7th Ed.



# RIGHT-J WINDOW DATA

Custom Air Systems Inc.

1615 SE. Village Green dr., Port St. Lucie, FL 33952 Phone: 561-335-3232 Fax: 561-335-1968

W N D W	S K Y	D I R	W A L L	G L A Z	L O W E	S T R M	S H A D	O V H G	N G L Z	A N G L	S H C O	O V R X	O V R Y	W H G T	C H T M	W N A R	S H A R
toilet																	
a	n	w	a	c	n	0	n	1	1	90	1.0	2.0	1.0	4.0	85.0	12.0	2.0
bath																	
bed 3																	
a	n	n	a	c	n	0	n	1	1	90	1.0	3.0	1.0	6.0	27.0	21.5	0.0
b	n	e	a	c	n	0	n	1	1	90	1.0	4.0	1.0	7.0	85.0	35.0	11.6
m bed																	
a	n	e	a	c	n	0	n	1	1	90	1.0	2.0	1.0	4.0	85.0	24.0	4.0
m bath																	
a	n	e	a	c	n	0	n	1	1	90	1.0	2.0	1.0	3.0	85.0	4.5	1.0
a	n	w	a	c	n	0	n	1	1	90	1.0	2.0	1.0	4.0	85.0	8.0	1.3
a	n	n	a	c	n	0	n	1	1	90	1.0	2.0	1.0	4.0	27.0	16.0	0.0
wic																	
m toilet																	
bed 2																	
a	n	w	a	c	n	0	n	1	1	90	1.0	2.0	1.0	6.0	85.0	24.0	2.6
bed 1																	
a	n	w	a	c	n	0	n	1	1	90	1.0	2.0	1.0	6.0	85.0	24.0	2.6
dining																	
a	n	s	a	c	n	0	n	1	1	90	1.0	2.0	1.0	5.1	44.0	76.5	76.5
kit																	
a	n	e	a	c	n	0	n	1	1	90	1.0	2.0	1.0	4.0	85.0	12.0	2.0
a	n	n	a	c	n	0	n	1	1	90	1.0	2.0	1.0	5.0	27.0	20.0	0.0

**pantry**

**living**

a	n	n	a	c	n	0	n	1	1	90	1.0	2.0	1.0	1.0	27.0	18.0	0.0
a	n	s	a	c	n	0	n	1	1	90	1.0	2.0	1.0	5.0	44.0	45.0	45.0
b	n	n	a	c	n	0	n	1	1	90	1.0	2.0	1.0	6.0	27.0	90.0	0.0

**breakfast**

a	n	w	a	c	n	0	n	1	1	90	1.0	2.0	1.0	5.0	85.0	15.0	2.0
a	n	n	a	c	n	0	n	1	1	90	1.0	2.0	1.0	5.0	27.0	43.3	0.0

**utility**

a	n	s	a	c	n	0	n	1	1	90	1.0	2.0	1.0	3.0	44.0	12.0	12.0
---	---	---	---	---	---	---	---	---	---	----	-----	-----	-----	-----	------	------	------

**cabana bath**



## TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

### CORRECTION NOTICE

ADDRESS: 6 INDIALUCIE PKWY

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.

UNDERGD. PLUMBING - NEED TO SLEEVE

MAIN @ FRONT OF HOUSE

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: 11/14/01

GENE

INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 11/14, 2001; Page 1 of   .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5152	MUSSCO.	CO. FINAL	Failed	need paper work
3	18 S. RIVER RD. HARRY BLUE			INSPECTOR: <u>J 11/13</u>
5123	PICBU.	ALL TRADES	PASSED	ELEC.
4	65 S. RIVER RD. SEAGATE BLDGS'	FRAMING. FALLOD. — <sup>Truss</sup> Framing; Plan	"	HVAC INSPECTOR: <u>M</u>
5068	WINER	ROUGH PLUMBING	PASSED	
2	19 RIDGELAND DR LEAR DEVELOPMENT			INSPECTOR: <u>G</u>
5565	RUPP	TIE BEAM	Passed	
6	19 W. HIGHPOINT EMMICK			INSPECTOR: <u>J 11/13</u>
5573	<del>FLAUGH</del>	<del>ROUGH</del>	<del>Failed</del>	
1	6 INDIALUCIE PKWY HUFNAGEL	PLUMBING		INSPECTOR: <u>J 11/13</u>
5567	WEBER	FOOTING	Failed	O.K. to pour (dirty but req.)
5	4 MANDRAY BAYFOLD			INSPECTOR: <u>J 11/13</u>
5460	O/B.	ALL TRADES +	Passed	
7	LE SABLE CT. STANTON.	FRAMING. TRUSS ENGR.		INSPECTOR: <u>J 11/13</u>

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



**AJF ENGINEERING & TESTING INC.**

P.O. BOX 12059  
LAKE PARK, FL 33403

**IN PLACE SOIL DENSITY  
(NUCLEAR METHOD) ASTM D 2922**

Date: NOVEMBER 15, 2001  
Job #: P01-2534  
Permit #: **5573**  
Client: GARY HUFNAGER

Contractor: GARY HUFNAGER

Job Location: **6 INDIRA LUCIA WAY**  
SEWALL'S POINT, FLORIDA

Test No.	Test Sample Location	Depth	In Place Dry Density	Maximum Dry Density	%Com-pacted
Density - Foundation Fill					
Below Slab					
Grade					
1	NW Corner	0-1'	103.2	105.6	97.7%
2		1-2'	104.0		98.5%
3		2-3'	102.8		97.3%
4	Center	0-1'	102.6		97.2%
5		1-2'	103.7		98.2%
6		2-3'	103.1		97.6%
7	SE Corner	0-1'	102.8		97.3%
8		1-2'	103.8		98.3%
9		2-3'	102.6		97.2%

*Frank W. Farley*  
11/15/01

P.E. 1011

AJF ENGINEERING & TESTING INC.

PHONE: (561) 845-7445 WEST PALM BEACH (561) 337-7755 MARTIN-ST. LUCIE  
(561) 564-0940 INDIAN RIVER (561) 845-8876 FAX

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri NOV. 16, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5373	<del>FLIGHT</del>	<del>ROOFING</del>	<del>PASSED</del>	
(1)	6 INDIALUCIE PKWY. MUFNACEL	Plumbing	Passed	INSPECTOR: <i>[Signature]</i>
5352	CLEMENTS	STEEL/STAIRS	Passed	
(7)	11 W. HIGH POINT W.W. MDLTER			INSPECTOR: <i>[Signature]</i>
5541	MILORD.	PLUMB UNDERGD	Passed	
(8)	144 N. SEWALLS PT RD. WHITES PLUMBING	BRYAN 287-6925		INSPECTOR: <i>[Signature]</i>
5460	STANTON	INSULATION	PASSED	
(9)	6 SABLE - G/B.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

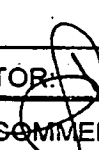
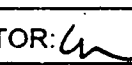
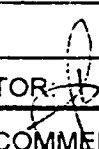
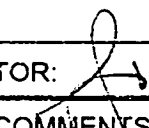

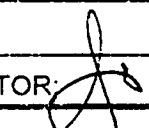

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# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri ~~September 26~~, 2001; Page 1 of   .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5013	Dennis	CO	Fail	
(4)	16 Ridgeland FL Finest			INSPECTOR: 
5427	Foglia	Sheathing	Pass	
(6)	105 Abbie Ct. Foglia			INSPECTOR: 
5068	Winer	laty	Fail/pc	
(3)	19 Ridgeland Lea Dev.			INSPECTOR: 
5302	Whehl	Driveway Repair	Failed	late
(9)	6 Ridgerview Rd. Ro-Ray-wal			INSPECTOR: 
5294.	LEHMAN	C.O. FINAL.	Failed	
(5)	6. RIDGELAND DR. GRIFFIN			INSPECTOR: 
5501.	AUMAN.	Tie Beam	n. ready	
(2)	3 SUMMER CT. AUMAN. O/B		Failed	INSPECTOR: 
5515	ELMICH	RESTROOM SLAB.	Pass	
(1)	6 INDIALUCIE LN. HUENACEL			INSPECTOR: 

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

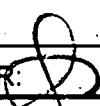
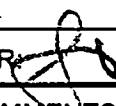
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# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri ~~JAN 7~~ , 2001; Page \_\_\_ of \_\_\_.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5538	<del>MATTAWAY</del> 141 S. RIVER RD. SIB MARINE	<del>STEEL</del>	<del>Passed</del>	Late  INSPECTOR: 
5572	<del>Flough</del> Gladialucie Pwy Hufnagel	<del>STEEL</del>	<del>Passed</del>	  INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:  INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:  INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:  INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:  INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:  INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:  INSPECTOR:

OTHER: \_\_\_\_\_  
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**TOWN OF SEWALL'S POINT**

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

**CORRECTION NOTICE**

ADDRESS: 6 INDIA LUCIE PKWY

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.

SLAB - NO FORM BOARD SURVEY  
- NEED CORNER BARS ON ALL RUNS  
OF STEEL

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.

TE: 11/14/01

GENE

INSPECTOR

**DO NOT REMOVE THIS TAG**



## TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

### CORRECTION NOTICE

ADDRESS: 62 INDIALUCIE PARKWAY

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.

TIE BEAM - NOT READY

FEE \$ 35.00

NEED TO BURY BOTTOM OF SLOT SCREEN  
IN DIRT.

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: 1/7/01

LOENE

INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri JAN 9, 2001<sup>2</sup> Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5573	FLAUGH. 6 INDIALUCIE HUFNAGEL.	TIE BEAM.	Painted	140 FEET? INSPECTOR: <i>[Signature]</i>
5477	MORRIS. 24 RIDGELAND. TEAM.	LATH.	Pressed	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:

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



## TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

### CORRECTION NOTICE

ADDRESS: 60 INDIA LUCIE PARKWAY.

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.

- TIE BEAM - FORMED BEAMS NOT PER PLAN
- STEEL TOUCHING FORMS IN FORMED  
~~COLUMNS~~ BEAMS.
- CLEAN OUT NOT DONE.

NEED REVISED DRAWING FROM DESIGN  
ENGR.

FEE \$ 30

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: 1/9/01

GENE

INSPECTOR

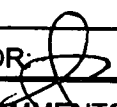
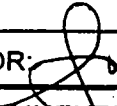
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# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 11/14, 2007 Page 2 of 2.


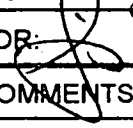

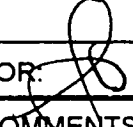
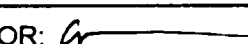

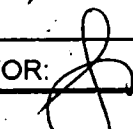
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5493	VITALE	LATH A/C, ELEC	0 = passed	
(2)	15 KNOWLES RD. DECOR.	FRAMING, ROOF ON PROGRESS		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	<del>Flough</del>	<del>Te. Down</del>	<del>Final</del>	
	6 Indialucie Pwy Hefnagal			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri ~~THURSDAY~~ 1/16, 2001; Page 1 of 3.

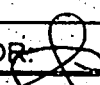

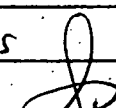

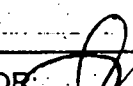
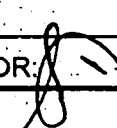
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>55413</del>	<del>MEYER</del>	<del>TRUSS ENGR.</del>	<del>Passed</del>	<del>(Over time)</del>
①	6 INDIALUCIE HUFNAGEL	GARAGE		INSPECTOR: 
5646	WHALEN	PLYWOOD	Passed	9:30 ish
②	9 KNOWLES RD. CARDINAL	NAILING - IN PROGRESS		(Partial) Sunday !!! INSPECTOR: 
5427	FOLIA	TRUSS ENGR.	PASSED	PA INSPECTOR: 
	105 ABBIE CT. FOLIA			
5625	HENRY	PLUMBING	Passed	INSPECTOR: 
	8 HIGH POINT SCHILLER			
5489.	STRACUZZI.	ALL TRADES.	FAILED	INSPECTOR: 
	12 RIO VISTA DR. RUCCOLO	TRUSS ENGR.		
5187	Jordan	Rival	Passed	4 Hours INSPECTOR: 
③	110 N. Sewall Pt. WDC 211588			
5599	Sheeb Watson	Sheeting	→ Passed	(Partial) INSPECTOR: 
④	30 N. River Pacific	TT + Detail		

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri JAN 23, 2007; Page 1 of 3.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5599	WATSON	SHEATHING/TIN	Passed	
(2)	30 N. RIVER RD. PACIFIC	TAC		INSPECTOR: 
5460	STATION	MU/TRUSS. ENG?	Ac	Passed
(7)	6 SABLE CT. O/B	TRADES EI Failed	Plumb	Passed INSPECTOR: 
5636	FRANCIS 5 S. RIVER DR. WILBOREDWAY	STEM WALL FTGS.	PASSED	- MS INSPECTOR:
5627	SADDLER	Rough Elec.	Failed	No permit
(8)	9 RIVERVIEW DR. ZANGRE Elec/Grants	Pumps Rough A/C DUCT Wk.		No access INSPECTOR: 
5573	<del>FLAUGHT</del>	<del>TAMP. ELEC</del>	<del>Passed</del>	
(1)	6 INDIALUCIE HYENACRL			INSPECTOR: 
5551	SMALL	FINAL -	Passed	
(6)	62 S. RIVER RD. WOODLAND	BATH/KITCHEN (ELECT/PLUMB/BLDG)		INSPECTOR: 
5541	MILORD	TIE BEAM	Passed	
(5)	144 N. SPR O/B			INSPECTOR: 

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 2/14/03, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>5653</del>	<del>BRADEN</del>	<del>SHEATHING</del>		
(9)	12 OAK DAWE <del>PACIFIC</del>			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5636	FRANCIS.	STEEL FTG/COL.	PASSED	
✓	5 S. RIVER RD. WILBERLINE			INSPECTOR: <i>lm</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5642	WILLET.	SHEATHING		?
(4)	3 <del>KEMPER ST.</del> <sup>TIMOR</sup> (Simara) PACIFIC			INSPECTOR: <i>J</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5653	BRADEN	SHEATHING		?
(5)	12 OAKWOOD DR (Baku) PACIFIC			INSPECTOR: <i>J</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>5573</del>	<del>ELABAH</del>	<del>ROOF SHEATHING</del>	<del>PASSED</del>	<del>Partial</del>
(11)	6 MDIALUCIE PRW. HUFNAGEL			INSPECTOR: <i>J</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri FEBRUARY 13, 2001; Page 2 of   .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>5573</del>	<del>FLORIAN</del>	<del>TIE BEAM</del>	<del>Pass</del>	
(12)	6 INDIALUCIE BLD. HUFNAGEL			INSPECTOR: <i>[Signature]</i>
5500	BUSHA	PLUMBING	Pass	Pump pistons
(10)	10 PALM CT. SCHILLER			INSPECTOR: <i>[Signature]</i>
5662	Tenny	Final	Pass	
(1)	6 S. Sewall Pt Rd. J+B Boyle			INSPECTOR: <i>[Signature]</i> 2/13
T/R	Duryod	Tree	Pass	
(4)	3 Palmetto Dr.			INSPECTOR: <i>[Signature]</i>
T/R	Garvin	Tree		
	<del>109 Hillcrest</del>			INSPECTOR: <i>[Signature]</i>
T/R	Whaley	Tree	?	to be evaluated
(11)	9 Knowles			INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>

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



**TOWN OF SEWALL'S POINT**

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

**CORRECTION NOTICE**

ADDRESS: Indra Lucie Pkway

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.

Tie Beam

Change of Beam

Need eng. letter to  
approve change from lintel  
to tie beam with 4x#5

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: 2/13/02



[Signature]  
INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri March 11, 2001, Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
SS61	WEBER	ROUGH ELEC	Passal	
(6)	4 MANDALAY BILFORD	ROOF IN PROGRESS	Passed	INSPECTOR: 
<del>SS72</del>	<del>Flaust</del>	<del>Shooting</del>	<del>Passed</del>	<del>(X Octagon)</del>
(1)	6 Judicial Pkw. Hufnagel	(260 9618)		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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



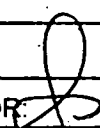
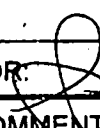
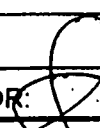

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# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri March 13, 2001, Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5669	<u>BRUCKER</u>	<u>FINAL ROOF</u>	<u>Passed</u>	
(6)	<u>1 PINEAPPLE</u> <u>STUART ROOFING</u>			INSPECTOR: 
5381	<u>NARROW BAN PLACE.</u>		<u>Passed</u>	
(1)	<u>ROOFMAN</u>	<u>CALL</u> <u>719 8737.</u>		INSPECTOR: 
5713	<u>HOOPER</u>	<u>FIG.</u>	<u>Failed</u>	
(4)	<u>175 S. SEWALLS PT RD</u> <u>O/B</u>			INSPECTOR: 
<del>5573</del>	<del>FRANCO</del>	<del>STAIRS</del>	<del>Passed</del>	<del>change: need letter</del>
N (2)	<u>6 UNDAULICH</u> <u>HOFFMAGEL</u>	<u>260 9618</u>		INSPECTOR: 
5636	<u>Francis</u>	<u>Tie Beam</u>	<u>Passed</u>	
(12)	<u>5 S. River Rd.</u> <u>Wilberdome</u>			INSPECTOR: 
5585	<u>PERRON</u>	<u>POOL FINAL</u>	<u>Passed</u>	
	<u>4 PALAMA WAY</u> <u>ORANGEWOOD</u>			INSPECTOR: 
				INSPECTOR:

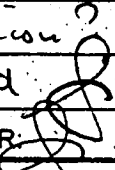

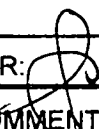
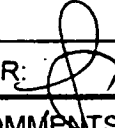

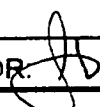
OTHER: \_\_\_\_\_



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri MARCH 27, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5671	ATEN	DECK POOL.	Passed	Compaction? Received
(9)	103 ARBIE CT. HARBOR BAY	878 8806		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	Davis	Tree rem.	Passed	
(8)	5 Palm Rd. (Simara)			INSPECTOR: 
	O/B			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5709		Sheathing (Masad)	Passed	
(1)	<del>2227</del> Plaza 3725			INSPECTOR: 
	Pacific			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>5572</del>	<del>Flaugh</del>	<del>TT + Metal</del>	<del>Passed</del>	
(2)	6 Indialucie Pkw.			INSPECTOR: 
	Pacific			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	Miraglia	Tree rem.		
(7)	66 N Sewalls Pt. Rd.			INSPECTOR:
	O/B			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5358	INGRAM	PARTIAL -	Passed	
	101 N. SPR	DRIVEWAY		INSPECTOR: 
	BUFORD			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5719	GRIMES	ROOF -	Passed	= 1 <sup>st</sup> inspection !!
(3)	6 PERRIWINKLE CIR	FINAL		INSPECTOR: 
	STUART REG			

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



## TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

### CORRECTION NOTICE

ADDRESS: 6 Indialucie Pkwy.

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.

Gas line to be grounded

Draft stopping all int. walls

Ac ducts strangled

Water lines to be pumped

Fill blocks (water pipes) with mud

Air handler to be wired

" " need secondary drain

Plumbing upstairs not done

AC + EI layout needed as built  
+ load calculation

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

4/6/12

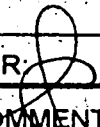

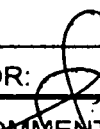
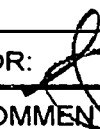
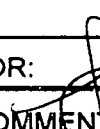

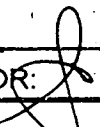
INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri APRIL 5, 2004 Page 1 of 1.

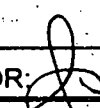
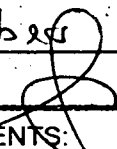
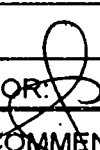
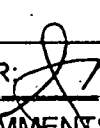
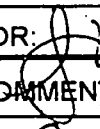
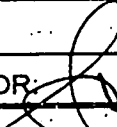

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5022	SMITH 133 S. RIVER MACARI	ROOF SHEATHING (GUEST HOUSE)	Passed	
				INSPECTOR: 
5700	D'ALESSANDRO 107 ABBIE CT. FRAZER	FOOTING STEM WALL 263-1159	Passed	later
				INSPECTOR: 
<del>5573</del>	<del>FLAUBI</del>	<del>FRAMING</del>	<del>Failed</del>	
①	6 INDIALUXIE HUFNAGEL	FALL TRADES	Failed	
				INSPECTOR: 
5713	HOOVER 175 S. SPR 01B	FRAMING	Passed	(in progress)
				INSPECTOR: 
5731	FERRARO 3601 SE OCEAN BLD GULICK	RE-INSPECT ROUGH IN & ALL TRADES	Passed	
				INSPECTOR: 
5612	DEGARMO 24 W. HIGH POINT DEGARMO	PARTIAL LATH.	Passed	
				INSPECTOR: 
5663	HORVIT 11 PERIWINKLE DECOR	INSULATION	Passed Plumbj.	passed
				INSPECTOR: 

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

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

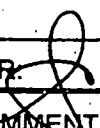
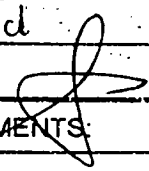
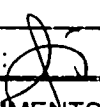
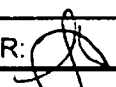

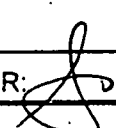
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5022	SMITH	ROOFING	Pass	863-6550
(8)	133 S. RIVER RD. MACARI	DRY IN		INSPECTOR: 
5352	CLEMENTS	ROUGH PLUMBING	Passed	x A/Da
(9)	11 W. HIGH POINT MOLTER			? air chambers INSPECTOR: 
5753	HORVIT	SHEATHING	Passed	
(1)	11 PERRIWINKLE LN PACIFIC	TT + Melae	Passed	INSPECTOR: 
5748	KELSO	AWNING -	Passed	
(5)	26 RIO VISTA MAJOR CANVAS	FINAL		INSPECTOR: 
5754	YOKUM	FORM FOR DRUMMING	Pass	Ducked edge 1/5
(4)	22 RIDGELAND DR			INSPECTOR: 
5573	<del>SMITH</del>	<del>LANE</del>	<del>PASSED</del>	<del>Stops ?</del>
(3)	6 INDIALUCIE PKY MUFNABEL			INSPECTOR: 
T/R	3 Knowles	(2)		
T/R	6 Admirals walk	(6)		No !!
T/R	21 N Via Lucindia	(7)		INSPECTOR: 

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri APRIL 22, 2001; Page \_\_\_ of \_\_\_.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>5573</del>	<del>BLANCHARD</del>	<del>AIRC. &amp; PL</del>	<del>Passed</del>	
(3)	6 INDIALUCIE HUFNAGEL	ELECT. PL Plumbing PL	Passed Passed	INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5352	CLEMENTS	INSULATION	Ceiling.	OK
(8)	11 W. HIGH POINT MOLTER		Walls to	be verified INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1685	Wardes	Drain + Repair final	Passed	
(5)	26 Simara PL Finest			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5710	FOWLER	SHEATHING		
(7)	22 MIDDLE ROAD. CARDINAL			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5026	SMITH	IN PROGRESS	TI/Retal	Passed
(6)	133 S. RIVER ROAD. CAMPY	ROOF.		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5772	WAKEFIELD.	SHEATHING - TINTAB	Sheddy.	Passed
(4)	19 SIMARA ST PACIFIC 263 0116 (ROBERT)	Passed		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5541	MYLORD	TRUSS ENGR	Passed	
(1)	144 N. SEWALLS PT RD. MYLORD			INSPECTOR: 

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri April 19th, 2001; Page \_\_\_ of \_\_\_.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5541	MYLORD	ROUGH ELEC	Failed	→ attic light only
(2)	144 N. SEWALL ALPHASE			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	Doss	T/R	Passed	
(9)	85 S. River O/R			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5572	<del>Flowah</del>	<del>Driveway</del>	<del>Passed</del>	
(10)	6 Indialucie Hufnager			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri April 24, 2001<sup>2</sup> Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5501	ALLMAN	Framing ELEC	Passing	Failed
(4)	3 Summer Ln ALLMAN	GAS, PLUMB, MECH UG only		INSPECTOR:
5541	MILORD	MECHANICAL		W4: lower door?
(11)	144 N. SPR	FRAMING/Gas ROUGH	Frug.	incomplete stairs Ridge INSPECTOR:
5754	JOCHEM	DRIVEWAY	Passed	
(3)	22 RIDGELAND OAK HAMMOCK	FINAL		INSPECTOR:
5776	PANTON	STEEL		
(9)	17 ISLAND RD. J+B BOATLIFT			INSPECTOR:
5772	WAKEFIELD	TIN TAB	Passed	Partial
(2)	19 SIMARA PACIFIC			INSPECTOR:
5714	ROMANO	FT6	Passed	
(1)	21 SIMARA ST. WOODWARD ROMANO	220-4282 WHEN?		INSPECTOR:
5573	FLUGH	INSULATION	Passed	
(12)	6 INIALUCIE PKWY. HUFNAGEL			INSPECTOR:

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

\_\_\_\_\_

\_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri APRIL 26, 2002; Page \_\_\_ of \_\_\_.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5143	GIFFORD	TEMP.	Failed	
(5)	85 N. SPR HOLMES	ELECTRIC		INSPECTOR: [Signature]
5734	ABESADA - TERK	TEMP. POLE	Passed	FPL!
(3)	8 MORGAN CIR. (Ridgeview/Rio V.) CONWAY			INSPECTOR: [Signature]
5358	INGRAM	CO - FINAL	Failed	
(6)	101 N. SPR BUFORD			INSPECTOR: [Signature]
5572	<del>Flough</del>	<del>Pools, Preparation</del>	<del>Passed</del>	
(4)	G Ludia Lucie Puy Hufnagel			INSPECTOR: [Signature]
5356	Clowouts	Roof Tile in progr.	Passed	
(1)	11 W High Pt. RTS 227 0005 (1265 Robin)			INSPECTOR: [Signature]
5388	Walker	Pool Deck	Passed	
(2)	6 Cranes Nest. Olympic Pools			INSPECTOR: [Signature]
5541	Milord	Framing	Passed	Frid. as. Hand
	144 N Sewalls Pt. O/B			INSPECTOR: [Signature]

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



2

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6-12, 2009 Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Bruce	TREE	Passed	
(4)	2 Cranes Nest TCT	Removal		INSPECTOR: <i>[Signature]</i>
5766	D'ALESSANDRO	Tie Beam	Passed	
(7)	107 Abbie Ct Brose, Dudley			INSPECTOR: <i>[Signature]</i>
5811	Milford	Gas Tank	Passed	
(1)	144 N. Sewall's Pt Ho Gas Corp	Underground		INSPECTOR: <i>[Signature]</i>
5785	Bellum	Screen Enclosure	Passed	
(5)	105 ABBIE CT Pioneer			INSPECTOR: <i>[Signature]</i>
5803	EASTON	In Progress	Passed	Permit pouch lost
(10)	27 W High Point Rd J. ATAYLOR	Sheddy. TT+M		Permit copy on site INSPECTOR: <i>[Signature]</i>
5573	Flaugh	Meter Final	Failed	
(2)	6 India Lane MC. Propene			INSPECTOR: <i>[Signature]</i>
5643	Foglia	Final Pool	Passed	Permit ?? not found
(6)	105 ABBIE CT A+G Pools			INSPECTOR: <i>[Signature]</i>

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri June 14, 2008 Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5833	JOHN MORRISON	Final A/C	Failed	
5826 (2)	2 Palmetto owner Horigo	Replace Ridax?	Passed	EI. INSPECTOR:
<del>5525</del>	Lowell	Tie beam	Failed	\$30. -
5761 (7)	7 W. High Pt Rd Wm. B. Laniero			6/4/08 Rd fine ck # 2164 \$30.00 INSPECTOR:
<del>5573</del>	<del>Flaugh</del>	<del>Meter final</del>	<del>Passed</del>	<del>FPL 12/15</del>
(9)	6 India Lucie PKWY			INSPECTOR:
5483	Vitale		Good	Late
(12)	13 Knowles Rd Occor Bath & Kitchen	Final Plumb		INSPECTOR:
5483	Vitale	Final Bldg	Passed	Late
(13)	13 Knowles Rd Decor Bath & Kitchen			INSPECTOR:
5388	Walker	Final Pool	Passed	
(3)	Le Crenes Nest Olympic Pools			INSPECTOR:
T/R	Walos	Troop room	Passed	
(14)	Morgan Circle O/R			INSPECTOR:

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 7-10-02, 2002; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5853	BRADICE	Final Shutters	Passed	
(2)	96 S. River Rd Custom Shutters			INSPECTOR: <i>[Signature]</i>
5454	Picew	Pool FENCE + Alarm	Passed	* See
(1)	65 S. River Rd Advantage Pools			INSPECTOR: <i>[Signature]</i>
TREE	MADDEN	TREE	Passed	repl. ?
(2)	160 S. River Rd			See ? INSPECTOR: <i>[Signature]</i>
5855	Weber	FINAL-FENCE	Passed	
5692	4 Mandalay TREASURE Coast	Pool passed = separate childr. fence	Passed	INSPECTOR: <i>[Signature]</i>
5573	<del>Flugh</del>	<del>Et. 21 -&gt; what inspection -&gt;</del>		
(8)	6 India Lucie Pkwy GARY HUMMEL			INSPECTOR: <i>[Signature]</i>
5501	ALLMAN	Meter Insp.	Failed	
(7)	3 Summer Lane O/B			INSPECTOR: <i>[Signature]</i>
5631	Hart	Framing	Failed	
(6)	61 S. River Rd Windchip	Completion of Roof Metal	Passed	INSPECTOR: <i>[Signature]</i>

OTHER:

\* 65 S. River

bt window slider down stairs ?

5689 2a island Hardware  
strappings / slab / Passed  
on deck *[Signature]*

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri July 12, 2002, Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>5573</del>	<del>F.rough</del>	<del>Final</del>	<del>Failed</del>	<del>Eng. Statement</del>
(11)	6 India Lucie Pkwy AUFNA gel			INSPECTOR:
5824	Butler	Pool Deck	Passed	(*)
(9)	8 S. River Rd A+G Concrete			INSPECTOR:
5489	Stracuzzi	Final	Passed	
(1)	12 Rio Vista Dr. Ruce - - -			INSPECTOR:
5798	Panton	Column +	Passed	
8	17 Island Rd Kieft + Dunm	Beam Steel	Passed	INSPECTOR:
5500	Bush A	Final Pool	→	→ Monday
(10)	10 Palm Ct Schiller			INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: (\*) Huge Banyan Tree ?? needs to be trimmed  
City property

# STATEMENT OF INSPECTION

(To be submitted at final inspection for Certification of Occupancy)

COMPLIANCE WITH SECTION 0307.2 OF THE SOUTH FLORIDA BUILDING CODE

To: Building Official, Town of Sewall's Point  
From: Architect or Engineer of Record  
Re: Subject Structure Described As Follows:

In accordance with the requirements of Town of Sewall's Point and the Florida Building Code, a "Statement of Inspection", executed by the Architect or Engineer who sealed and signed the plans, shall be issued and dated following completion of the work, and delivered as a condition precedent to the issuance by the Building Official of any temporary or final Certificates of Occupancy or Certificates of Completion.

Owner: MIKE FLAHERTY Address: 16 INDIA LUCIE BLVD.  
Project Address: SAXE Legal Description: Lot 9 Blk \_\_\_\_\_ Subdivision INDIA LUCIE  
General Contractor: GARY HUFNAEGER Lic/Cert No. CC6028627  
Address: 825 SE. SJ. LUCIE BLVD Tel: 260 9618 Fax: 226 2946  
Architect or Engineer: BC ARCHITECTS, INC Lic/Reg No. AA12305  
Address: 900 E. DORCELA ST Tel: 223 0610 Fax: \_\_\_\_\_  
Permit No: 5573 Date of Issue: 10/24/01 Date of This Statement: 7-19-02

1. I am the Architect or Engineer who sealed and signed the plans for the subject structure.
2. To the best of my knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents.
3. To the best of my knowledge, belief and professional judgment, the approved permit plans represent the as-build condition of the structural and envelope components of the structure.

Executed at Sewall's Point this 19<sup>th</sup> day of July, 2002.  
Name: DELAN CARNES; Signature: [Signature]; Lic. No: AA12305

STATE OF FLORIDA  
COUNTY OF Martin

Sworn to and subscribed before me this 19<sup>th</sup> day of July, 2002 by B. Carnes, who is  
Personally known to me or who has produced Fl. d.l. as identification and who did not take an oath.

(NOTARY SEAL)



Joan H. Barrow  
MY COMMISSION # CC763645 EXPIRES  
November 30, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

Joan H. Barrow

Name: Joan H. Barrow

I am a Notary Public of the State of Florida and  
my commission expires: \_\_\_\_\_

ROBERT M. WIENKE  
Mayor

MARC S. TEPLITZ  
Vice Mayor

DAWSON C. GLOVER, III  
Commissioner

THOMAS P. BAUSCH  
Commissioner

E. DANIEL MORRIS  
Commissioner

# TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY  
Town Manager

JOAN H. BARROW  
Town Clerk

LARRY E. McCARTY  
Chief of Police

GENE SIMMONS  
EDWIN B. ARNOLD  
Building Official

JOSE TORRES, JR.  
Maintenance

## CERTIFICATE OF OCCUPANCY

Single Family Residence       Other \_\_\_\_\_

OWNER: MICHAEL R JENNIFER FLAUGH ; PROPERTY ADDRESS: 60 INDIALUCIE PARKWAY

LEGAL DESCRIPTION: LOT 9 BLOCK \_\_\_\_\_ SUBDIVISION INDIALUCIE

GENERAL CONTRACTOR: GARY HUFNAGEL INC. ; LIC/CERT No CGC028627

ADDRESS: 825 S.E. ST. LUCIE BLVD. STUART. ; TEL 260968, FAX 220-2946

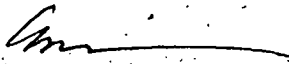
ARCHITECT OR ENGINEER: BC ARCHITECTS. ; LIC/REG. No. AA12305

ADDRESS: 900 E OSCOLA ST. ; TEL 223 0010, FAX \_\_\_\_\_

PERMIT No: 5573 ; DATE OF ISSUE: 10/24/01 ; RENEWAL PERMIT No: \_\_\_\_\_ ; DATE OF ISSUE: \_\_\_\_\_

In accordance with the requirements of the South Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 23 day of JULY, 2002

  
GENE SIMMONS, CBO  
Edwin B. Arnold, AIA, CBO  
Building Official, Town of Sewall's Point

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



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

**5796**  
**POOL**

**TOWN OF SEWALL'S POINT**

Date 5/20/02

**BUILDING PERMIT NO. 5796**

Building to be erected for FLAUGH Type of Permit POOL

Applied for by SOUTH FLORIDA CUSTOM POOLS (Contractor) Building Fee 240.00

Subdivision INDIALUCIE Lot 9 Block 4 Radon Fee \_\_\_\_\_

Address 6 INDIALUCIE PARKWAY Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee \_\_\_\_\_

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

3537410020040009030000 Plumbing Fee \_\_\_\_\_

Amount Paid 264.00 Check # 1000 Cash \_\_\_\_\_ Other Fees (<sup>PLAN</sup> REV) 24.00

Total Construction Cost \$ 18,000.00 TOTAL Fees 264.00

Signed Rod J. Main  
Applicant

Signed Mene Simmons / nlc  
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 checked="" 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	_____



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID JY RODS-01	DATE (MM/DD/YY) 05/14/02
<b>PRODUCER</b> Merritt & McKenzie, Inc. 400 Northcreek, Ste 400 Atlanta GA 30327 Phone: 404-266-7160 Fax: 404-266-7199		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.	
		<b>INSURERS AFFORDING COVERAGE</b>	
<b>INSURED</b> <del>Rod's Concrete Services, Inc.</del> <del>dba: Sewall's Point Custom Pools</del> 5015 Whipoorwill Avenue Palm City FL 34990		INSURER A: <b>CNA Insurance Group</b>	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	


**COVERAGES** IBY:

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ.JECT <input type="checkbox"/> LOC	B1071878959	07/27/01	07/27/02	EACH OCCURRENCE \$ 500,000 F'RE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 500,000								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	B1071953675	07/27/01	07/27/02	COMBINED SINGLE LMIT (Ea accident) \$ 1,000,000 BOO'LY INJURY (Per person) \$ BOO'LY 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 LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC171891873	07/27/01	07/27/02	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">WC STATUTORY LIMITS</td> <td style="width:50%;">OTHR</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LMIT</td> <td>\$ 500,000</td> </tr> </table>	WC STATUTORY LIMITS	OTHR	E.L. EACH ACCIDENT	\$ 100,000	E.L. DISEASE - EA EMPLOYEE	\$ 100,000	E.L. DISEASE - POLICY LMIT	\$ 500,000
WC STATUTORY LIMITS	OTHR												
E.L. EACH ACCIDENT	\$ 100,000												
E.L. DISEASE - EA EMPLOYEE	\$ 100,000												
E.L. DISEASE - POLICY LMIT	\$ 500,000												
	OTHER												

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

**SWIMMING POOL CONSTRUCTION INSTALLATION SERVICE OR REPAIR**

<b>CERTIFICATE HOLDER</b> N	<b>ADDITIONAL INSURED; INSURER LETTER:</b> THE T001	<b>CANCELLATION</b> 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 
<b>The Town of Sewall's Point</b> Attn: Gene Simmons Fax 772.220.4765 1 South Sewall's Point Road Sewall's Point FL 34996		

# NOTICE OF COMMENCEMENT

FLA. 1967 LAWS



This Notice of Commencement is filed in connection with Mortgage filed in O.R. Book 1586 page 0687 Public Records of Martin County, Florida.

State of Florida  
County of Martin

Parcel ID#: 35-37-41-002-004-00090

Loan Number: 5024119041

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

Description of Property  
**LENGTHY LEGAL SEE ATTACHED SCHEDULE A**

General description of improvements SINGLE FAMILY RESIDENCE AND ALL IMPROVEMENTS

Owner: **MICHAEL D. FLAUGH, JENNIFER T. FLAUGH**

Address: **7 SIMARA STREET, STUART, FL 34996**

Owner's interest in site of the improvement SEE SIMPLE

This instrument prepared by

**HARBOR FEDERAL SAVINGS BANK**

Fee Simple Title Holder (if other than owner)

Name NONE

Address NONE

Contractor: GARY HUFNAGEL, INC. Phone #: (561) 283-6722

Address: 825 SE ST. LUCIE BLVD. STUART, FL 34996

Surety (if any) NONE

Address NONE Amount of Bond \$ NONE

Name of any person making a loan for the construction of the above improvements:

HARBOR FEDERAL SAVINGS BANK Telephone # 561-460-7239  
POST OFFICE BOX 249  
FORT PIERCE, FLORIDA 34954

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

HARBOR FEDERAL SAVINGS BANK Telephone # 561-460-7239  
POST OFFICE BOX 249  
FORT PIERCE, FLORIDA 34954

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

[Signature]  
Owner

[Signature]  
Owner

The foregoing instrument was acknowledged before me this 2nd day of October, 2001, by Michael D. Flaugh and Jennifer T. Flaugh who is personally known to me or who has produced \_\_\_\_\_, as identification.



Thomas H. Thurlow, III  
MY COMMISSION # CC775584 EXPIRES  
September 15, 2002  
BONDED TRU TROY FARM INSURANCE INC.

[Signature]  
Notary Public  
My Commission Expires:  
My Commission No.:

EXPIRATION DATE OF THE NOTICE OF COMMENCEMENT IS 1 YEAR FROM THE DATE OF RECORDING, UNLESS OTHERWISE SPECIFIED.

# AJF ENGINEERING & TESTING INC.

P.O. BOX 530059  
LAKE PARK, FL 33403

RECEIVED

SEP 09 2002

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

## IN PLACE SOIL DENSITY BY HAND CONE PENETROMETER AND NUCLEAR METHOD (ASTM D 2922)

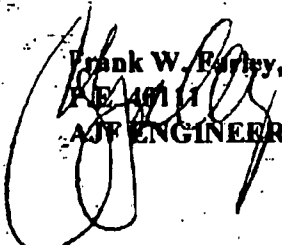
**Date:** SEPTEMBER 9, 2002  
**Job #:** P02-2025  
**Permit #:** 5706  
**Client:** SOUTH FLORIDA CUSTOM POOLS

**Contractor:** SOUTH FLORIDA CUSTOM POOLS

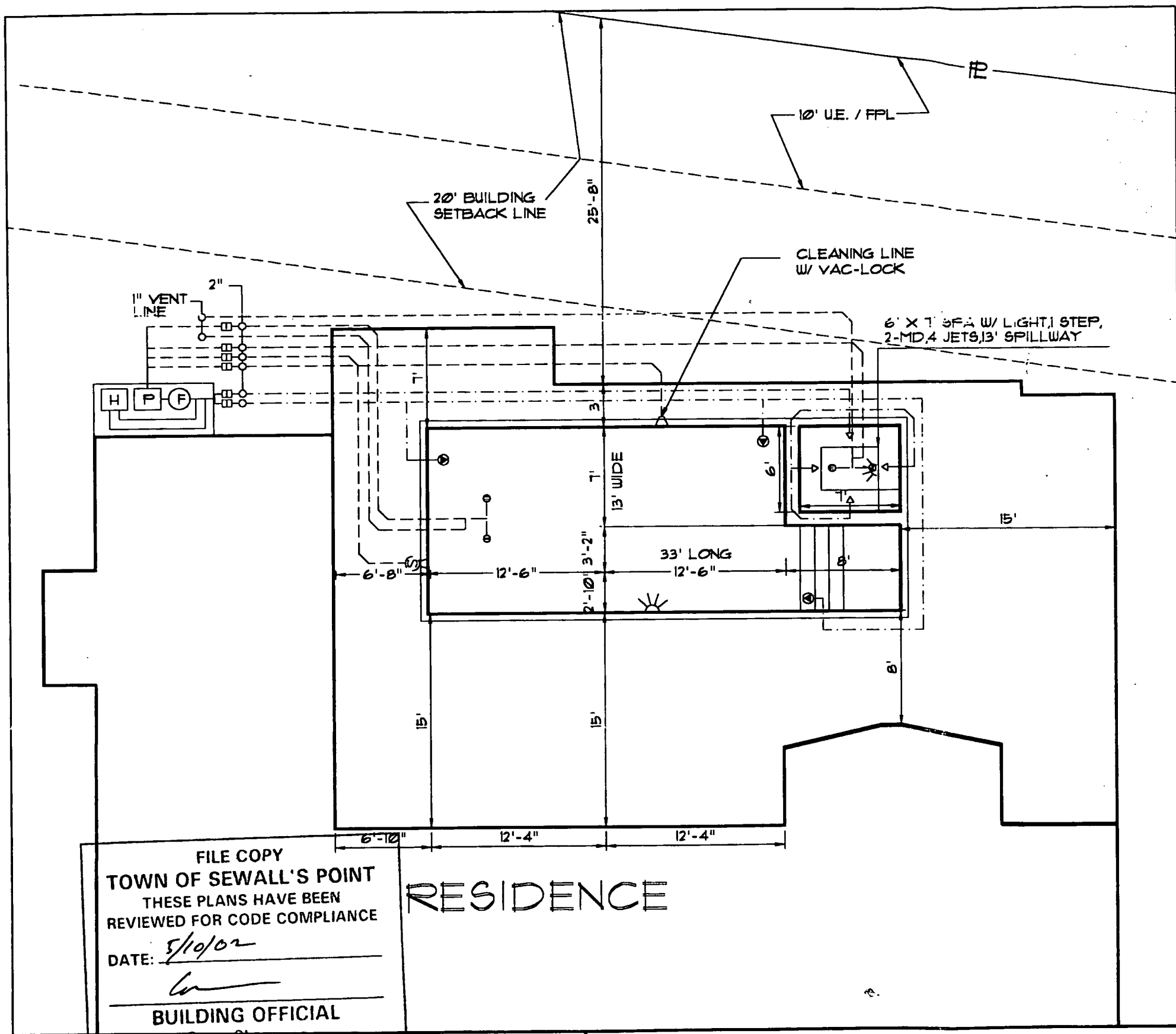
**Job Location:** 6 INDIALUCIE PARKWAY  
SEWALL'S POINT, FLORIDA

### POOL DECK DENSITY

TEST SAMPLE LOCATION	DEPTH BELOW SLAB	IN PLACE DRY DENSITY ASTM D-2922	PENETROMETER READING	MAXIMUM DRY DENSITY ASTM D-1557	%
1 SOUTH SECTION	0'-1'	100.2	150	105.3	95.2
	1'-2'		150		95.+
	2'-3'		155		95.+
4 WEST SECTION	0'-1'	100.6	155	105.3	95.5
	1'-2'		160		95.+
	2'-3'		155		95.+
7 EAST SECTION	0'-1'	100.7	155	105.3	95.6
	1'-2'		160		95.+
	2'-3'		155		95.+


  
 Frank W. Farley, P.E. 48111  
 AJF ENGINEERING & TESTING INC.,

**PHONE: (661) 845-7445 WEST PALM BEACH (661) 337-7755 MARTIN-ST. LUCIE**  
**(661) 864-0940 INDIAN RIVER (581) 845-8876 FAX**



FILE COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 5/10/02  
 \_\_\_\_\_  
 BUILDING OFFICIAL  
 Gene Simmons

RESIDENCE

- CONSTRUCTION NOTES
- 1) PROVIDE OVERFLOW LINE
  - 2) POOL PUMP IS DYNAGLAS 11/2 HP

POOL PLAN

SCALE: 1/8" = 1'-0"



SPECIFICATIONS	
POOL SIZE:	13' X 33'
POOL PERIMETER:	92'
VOLUME: (GALLONS)	12835
POOL DEPTH:	3'-5'
POOL AREA SQ. FT.:	429'
TURNOVER RATE	2.67
POOL EQUIPMENT	
POOL PUMP:	11/2 HP
POOL FILTER:	200 PLM
POOL INLETS:	3
SKIMMER:	1
POOL LIGHT:	1-300W
POOL HEATER TYPE:	LAARS LX
POOL HEATER SIZE:	400,000
CLEANING LINE:	VAC
CLEANING SYSTEM:	N/A
CHLORINATOR:	IN LINE
AUXILLIARY POOL EQUIPMENT	
AUX. POOL PERIMETER	26'
AUXILLIARY PUMP:	11/2 HP
AUX. POOL JETS:	4
AUX. POOL LIGHT:	1-75 W
AUX. HEATER TYPE:	N/A
AUX. HEATER SIZE:	N/A
RAISED:	N/A
STEP(S):	1
BLOWER:	N/A
TURNOVER RATE:	3.92
POOL FINISH ITEMS	
COPING:	YES
TILE:	6" X 6"
SWIMOUT:	N/A
LADDER:	NO
HANDRAIL:	NO
HANDHOLDS:	NO
INTERIOR FINISH:	GEM -
DECK S.F.:	1654'
CAPPING S.F.:	N/A
DECK TYPE:	PAVER
WATER FEATURES	
AUX. POOL SPILLWAY SIZE:	13'
LIONS HEAD:	N/A
SPRITZER/SPRAY HEAD:	N/A
THERAPY JETS:	N/A
FOUNTAIN FEATURE:	NO NO
SHEER DESCENT:	N/A
OTHER:	N/A
OTHER:	N/A
LIGHT FEATURES	
FIBER OPTIC SPOT(S):	N/A
PERIMETER LIGHTS:	N/A
REMOTE :	NO
LIGHT SWITCH:	YES
COLOR WHEEL:	N/A
# OF COLORS:	N/A
ADDITIONAL FEATURES	
POOL ENCLOSURE:	NONE
FOOTERS L.F.:	N/A
DECO-O-DRAIN:	PER PLAN
PILING POOL:	NO
GLASS BLOCK TYPE:	N/A
GLASS ROWS HT:	N/A
GLASS ROWS WTH.	N/A
# OF GLASS BLOCKS.	N/A

NAME: FLAUGH  
 ADDRESS: 7 SIMARA ST.  
 CITY/STATE: STUART, FLA.

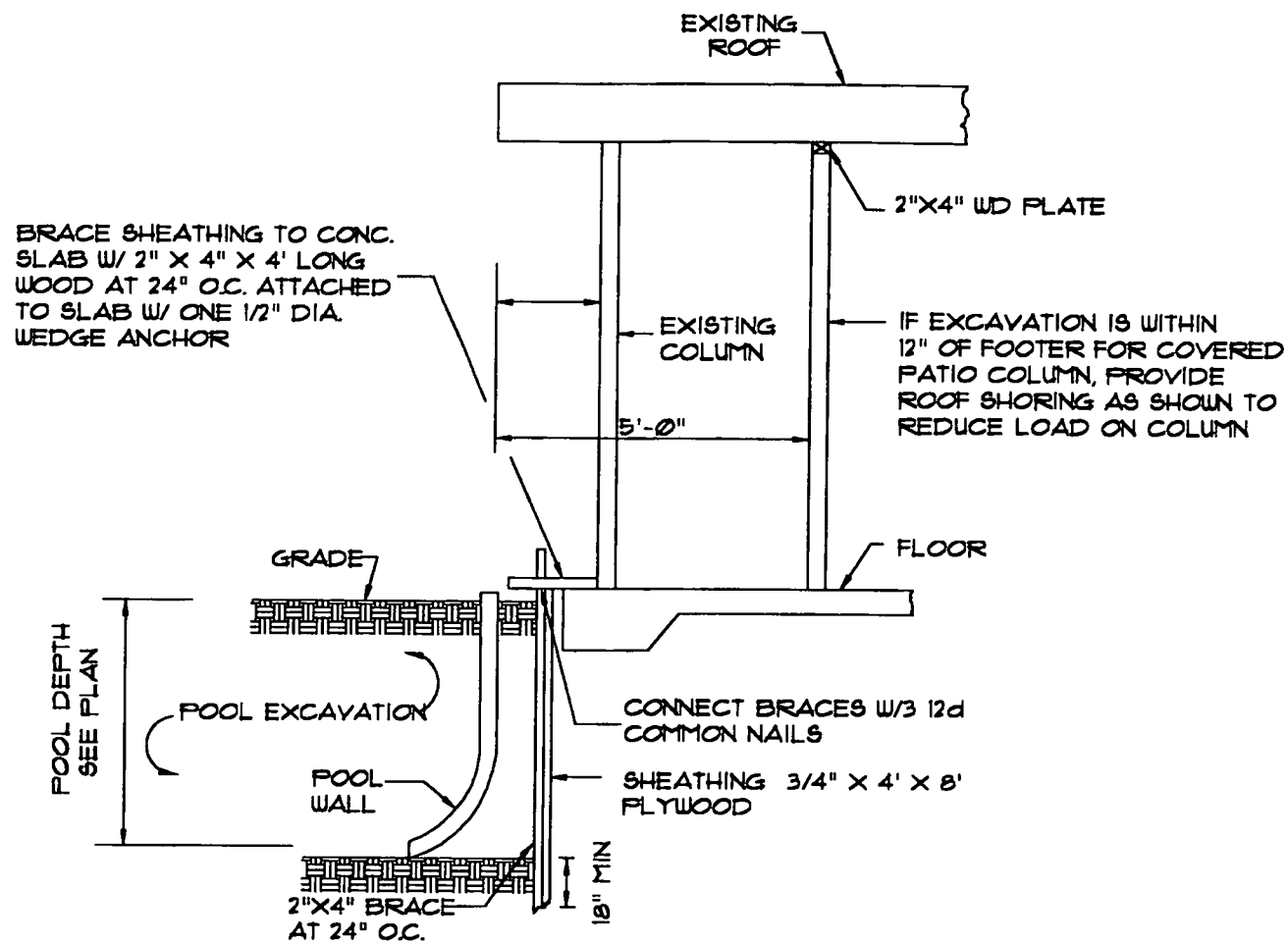
HCE# 02-999-104      JOB# 02-999-104  
 DRAWN BY: GA      DATE: 04/22/02      PAGE 1 OF 5

LOT 9    BLOCK 4    PAGE    BOOK  
 SUBDIVISION: SUBDIVISION Indialucie Sewalls Point  
 COUNTY:      WPB

SOUTH FLORIDA CUSTOM POOLS

APR 25 2002  
 JOHN M. CARROLL JR. P.E.  
 LICENSE # 1610

PHONE NO: (954) 772-4940    FAX NO: (954) 772-6840  
 HORNER CONSULTING ENGINEERS, INC. EB#5848    FT. LAUDERDALE FL. 33309  
 5755 POWERLINE ROAD.



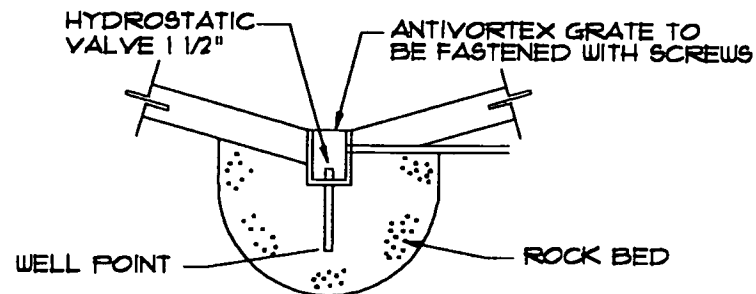
**SHEATHING AND SHORING DETAIL**

NTS

IF NEEDED

**NOTE :**

- SHEATHING WILL BE REQUIRED BETWEEN THE EXISTING SCREENED PORCH AND PROPOSED POOL. SHEATHING SHALL REMAIN UNTIL THE CONCRETE ATTAINS INITIAL STRENGTH AND THE AREA IS BACKFILLED.
- ABOVE REQUIREMENTS ARE MINIMUM AND ACTUAL SHEETING DESIGN SHOULD BE DETERMINED IN THE FIELD IN ACCORDANCE WITH SITE CONDITIONS.
- A TEMPORARY GUTTER IS RECOMMENDED UNTIL AREA IS BACKFILLED.
- IF ANY UNDERMINING OF EXISTING SLAB OCCURS PRIOR TO PLACEMENT OF SHEATHING, FLASH EMBANKMENT WITH SHOTCRETE.



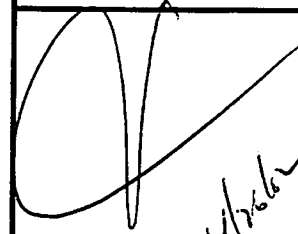
**WELL POINT DETAIL** N.T.S.

**RESIDENTIAL SWIMMING POOL SAFETY ACT COMPLIANCE**

- THE  HOME OWNER  CONTRACTOR  HOME OWNER AGREES TO COMPLY WITH THE FLORIDA STATUTE OF THE RESIDENTIAL SWIMMING POOL SAFETY ACT 518, BY PROVIDING THE FOLLOWING (CHECK ALL THAT APPLY)
- A BARRIER WHICH ENCLOSES THE POOL AND PROVIDES ISOLATION FROM THE HOME THAT MEETS ALL OF THE FOLLOWING CONDITIONS:
    1. IS AT LEAST 48" HIGH, AND
    2. IS NOT PASSABLE OR CLIMB-ABLE BY SMALL CHILDREN, AND
    3. IS LOCATED AROUND THE PERIMETER OF THE POOL, BUT PLACED A SUFFICIENT DISTANCE FROM THE WATER'S EDGE TO PREVENT A CHILD OR FRAIL, ELDERLY PERSON FROM FALLING INTO THE POOL IF THEY DO GET PAST THE BARRIER, AND
    4. IS NOT SITUATED CLOSE TO PERMANENT STRUCTURES OR EQUIPMENT THAT COULD BE USED TO CLIMB OVER THE BARRIER.
  - AN APPROVED (ASTM F346-93) POOL SAFETY COVER.
  - AUDIBLE EXIT ALARMS (MINIMUM 85 DECIBELS AT 10 FT) INSTALLED ON ALL DOORS AND WINDOWS PROVIDING DIRECT ACCESS FROM THE HOME TO THE POOL.
  - SELF-CLOSING AND SELF-LATCHING DEVICES, WITH A RELEASE MECHANISM PLACED NO LOWER THAN 34 INCHES ABOVE THE FLOOR, INSTALLED ON ALL DOORS PROVIDING DIRECT ACCESS FROM THE HOME.

NAME: FLAUGH  
 ADDRESS: 7 SIMARA ST.  
 CITY/STATE: STUART, FLA.

HCE# 02-999-104      JOB# 02-999-104  
 DRAWN BY: GA      DATE: 04/22/02      PAGE 2 OF 5

 JOHN M. CARROLL JR. P.E. LICENSE # 41610	LOT 9    BLOCK 4    PAGE    BOOK
	SUBDIVISION: SUBDIVISION
	COUNTY:            WPB
	SOUTH FLORIDA CUSTOM POOLS

1. THIS SAFETY VACUUM RELIEF SYSTEM IS A NON-MECHANICAL VENT SYSTEM THAT WILL LIMIT THE TRANSMISSION OF SUCTION AT THE OUTLET TO A MAXIMUM OF 4.5 INCHES OF MERCURY.

2. THIS SYSTEM IS A BACKUP TO PROVIDE SUCTION RELIEF SHOULD ENTRAPMENT OCCUR.

3. POOL AND SPA SUCTION INLETS SHALL BE PROVIDED WITH A COVER THAT COMPLIES WITH ANSI/ASME A112.19.2M

4. THE VELOCITY ON THE SUCTION SIDE OF THE CIRCULATION SYSTEM SHALL NOT EXCEED SIX (6) FPS.

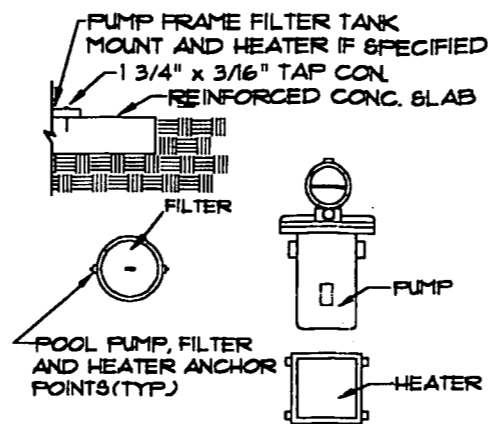
5. CHECK VALVES CANNOT BE INSTALLED ON THE SUCTION SYSTEM.

6. THIS SYSTEM SHALL BE INSTALLED AND TESTED BY A QUALIFIED, LICENSED SWIMMING POOL PROFESSIONAL.

7. THE VENT LINE LENGTH MUST NOT EXCEED THE TOTAL LENGTH OF THE MAIN DRAIN LINE.

8. VENT OPENING MUST BE COVERED WITH WIRE MESH SCREEN TO PREVENT INSECTS, DEBRIS COLLECTION AND BACTERIA.

9. LABEL VENT: POOL SAFETY DEVICE- DO NOT HANDLE

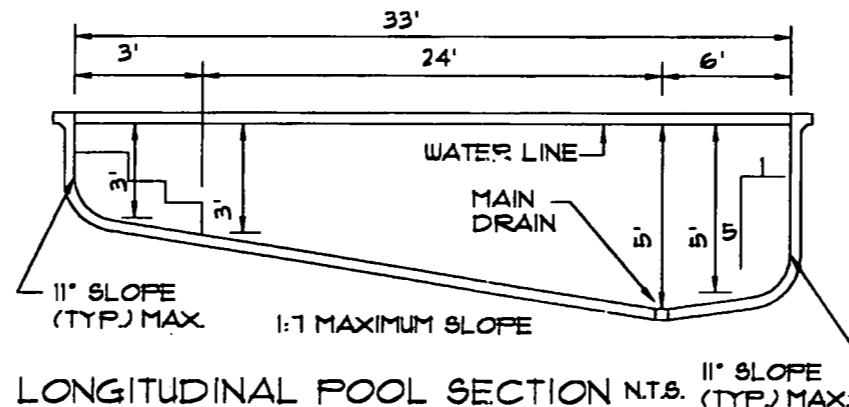


NOTES: ANCHOR BOLTS THROUGH BASE (1 3/4" x 3/16") (TAP CON) FOR POOL PUMP & FILTER HEATER SHOWN AS OPTIONAL  
 (4) 1 1/2" ANGLE BRACKETS (GAS HEATER)  
 (4) 2 1/2" ANGLE BRACKETS (HEAT PUMP)  
 WITH (4) 1 3/4" x 3/16" TAP CON AND  
 (4) 1/2" SELF TAPPING SHEET METAL SCREWS.

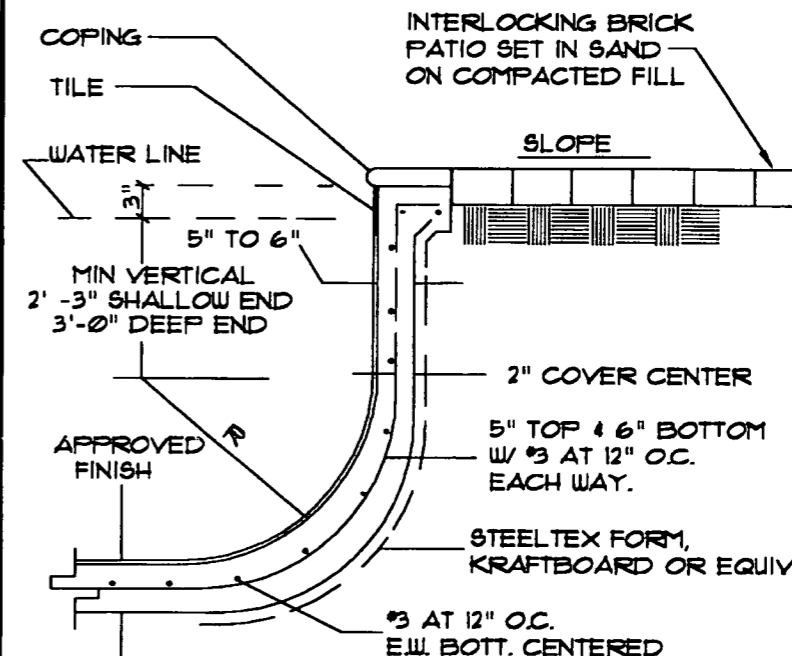
POOL EQUIPMENT ANCHORING N.T.S.

IMPORTANT NOTE:

NO DIVING BOARD AND NO DIVING IS ALLOWED ON ANY POOL LESS THAN 8'-0" DEEP AND SPECIFICALLY DESIGNED FOR DIVING. THIS POOL IS NOT DESIGNED FOR DIVING.

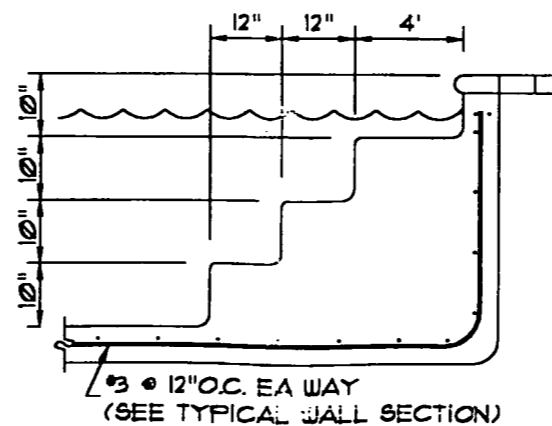
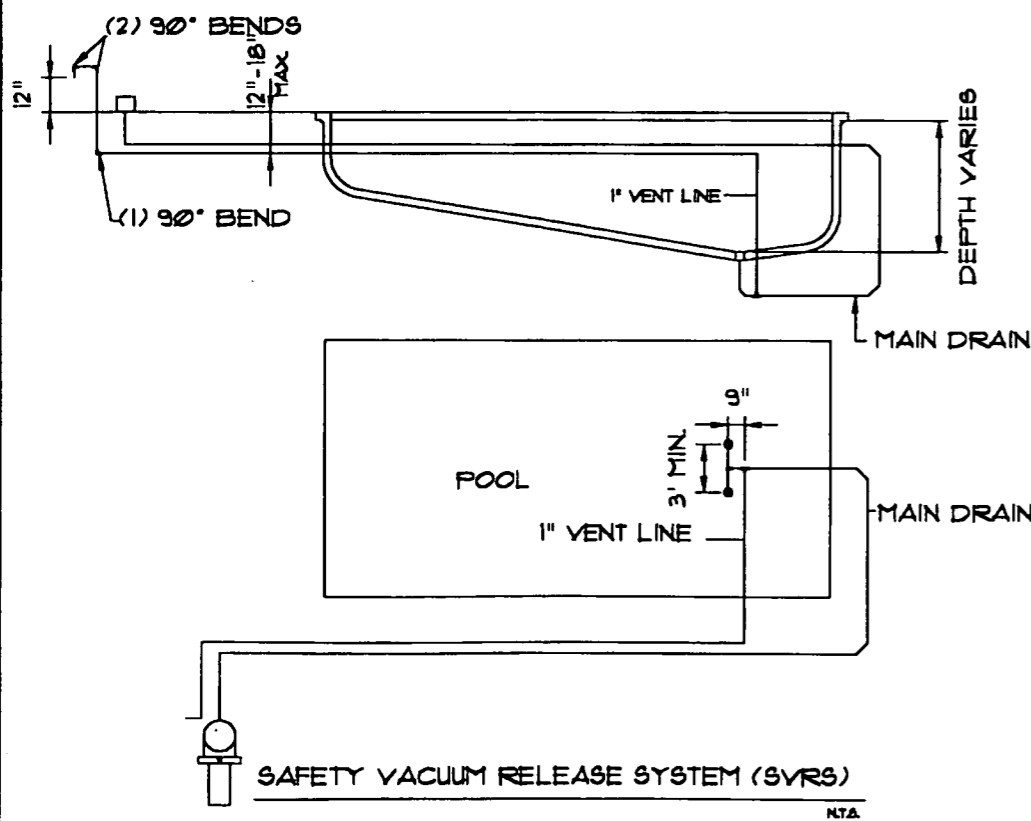


LONGITUDINAL POOL SECTION N.T.S.



TYPICAL WALL SECTION  
 (FOR DEPTHS TO 6'-0") N.T.S.

NOTE:  
 THE #3 HOOPS SHOWN ON THE BEAM ARE NOT REQUIRED & ARE THE BUILDERS DISCRETION



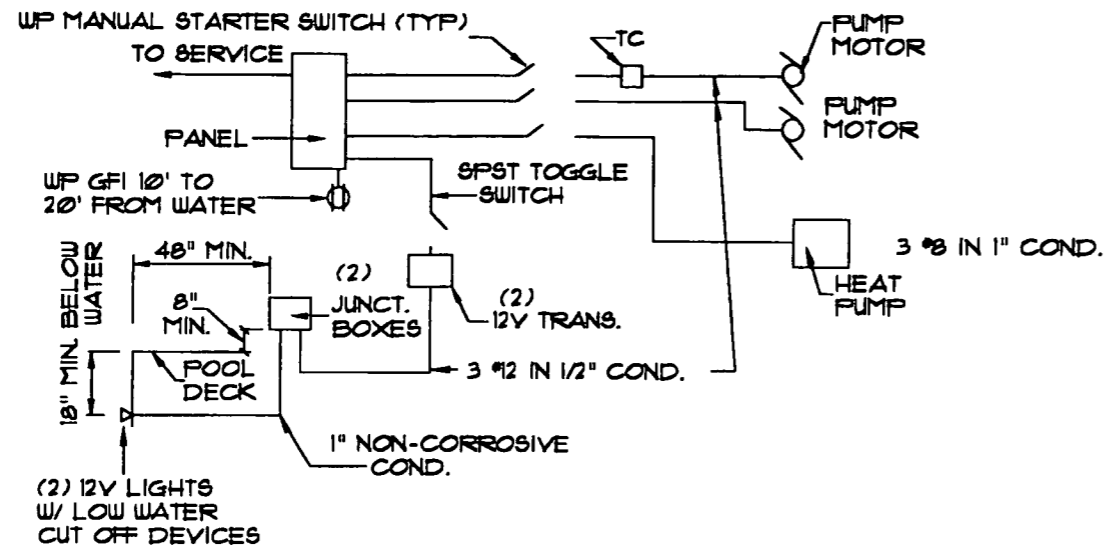
DETAIL OF STEPS N.T.S.

NAME: FLAUGH  
 ADDRESS: 7 SIMARA ST.  
 CITY/STATE: STUART, FLA.

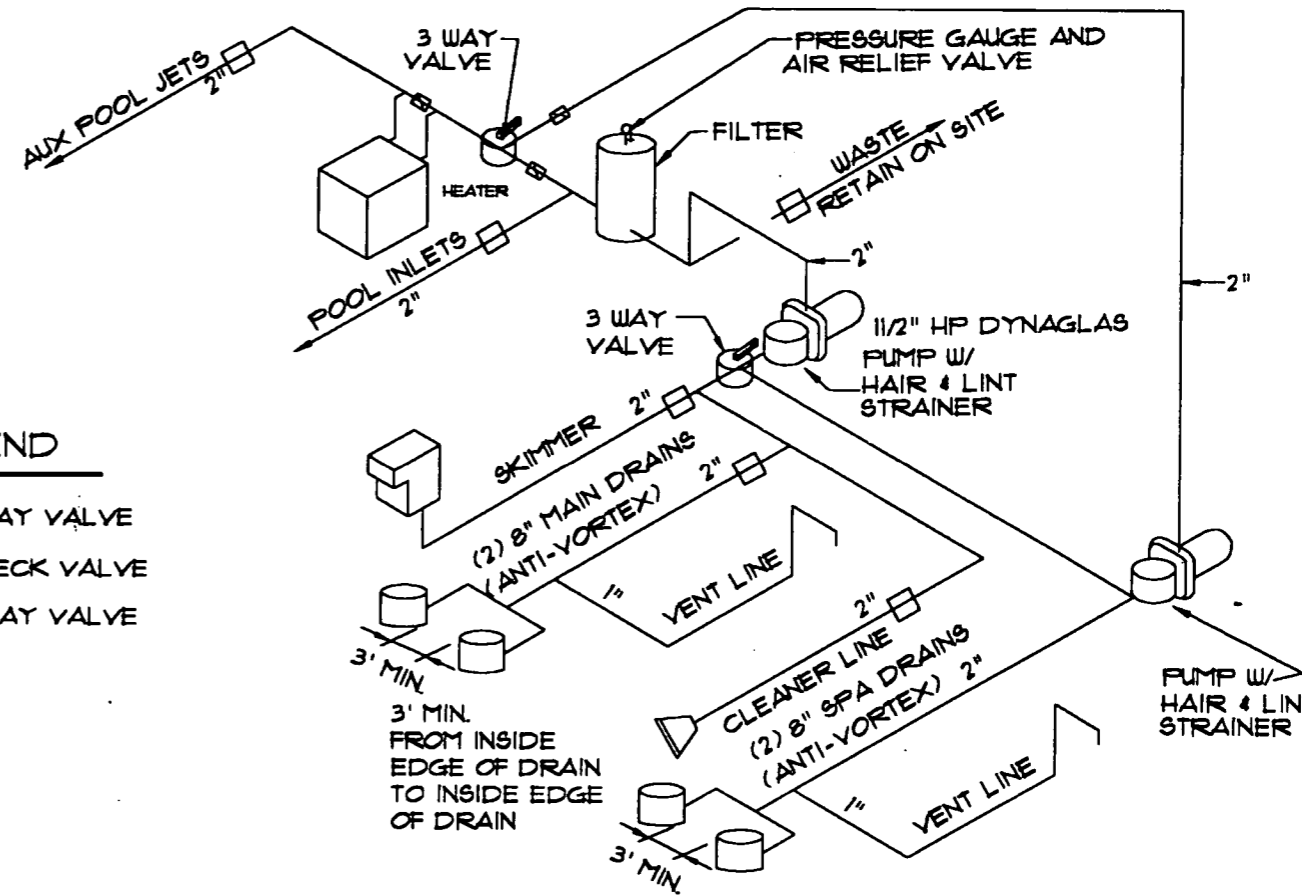
HCE# 02-999-104 JOB# 02-999-104  
 DRAWN BY: GA DATE: 04/22/02 PAGE 3 OF 5

LOT 9 BLOCK 4 PAGE BOOK  
 SUBDIVISION: SUBDIVISION  
 COUNTY: WPB

SOUTH FLORIDA CUSTOM POOLS  
 JOHN M. CARROLL JR. P.E. LICENSE # 41610



**ELECTRICAL DIAGRAM**



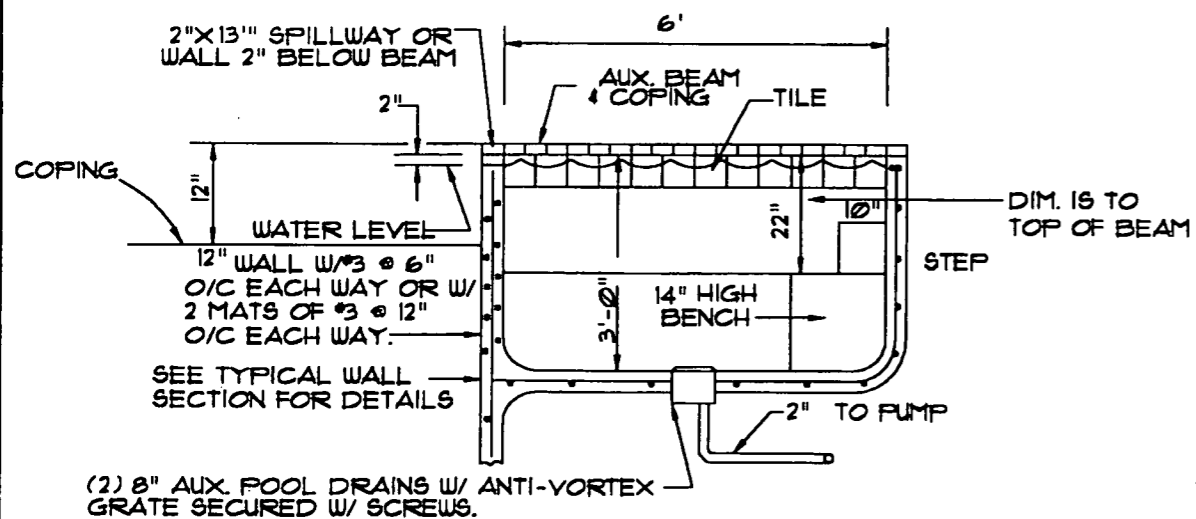
**LEGEND**

- 2 WAY VALVE
- ▣ CHECK VALVE
- ⊕ 3 WAY VALVE

PUMP FLOW RATE  
1 1/2 HP 80 GPM @ 60' TDH.

**PIPING SCHEMATIC**

N.T.S.



**AUX. POOL DETAIL**

N.T.S.

NAME: FLAUGH  
ADDRESS: 7 SIMARA ST.  
CITY/STATE: STUART, FLA.

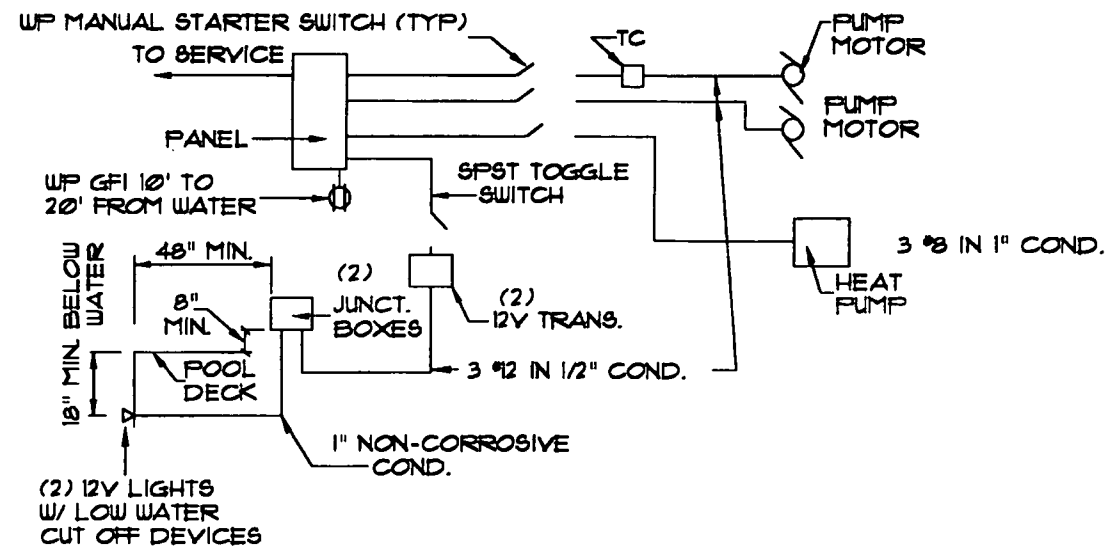
HCE# 02-999-104 JOB# 02-999-104  
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LOT 9 BLOCK 4 PAGE BOOK  
SUBDIVISION: SUBDIVISION  
COUNTY: WPB

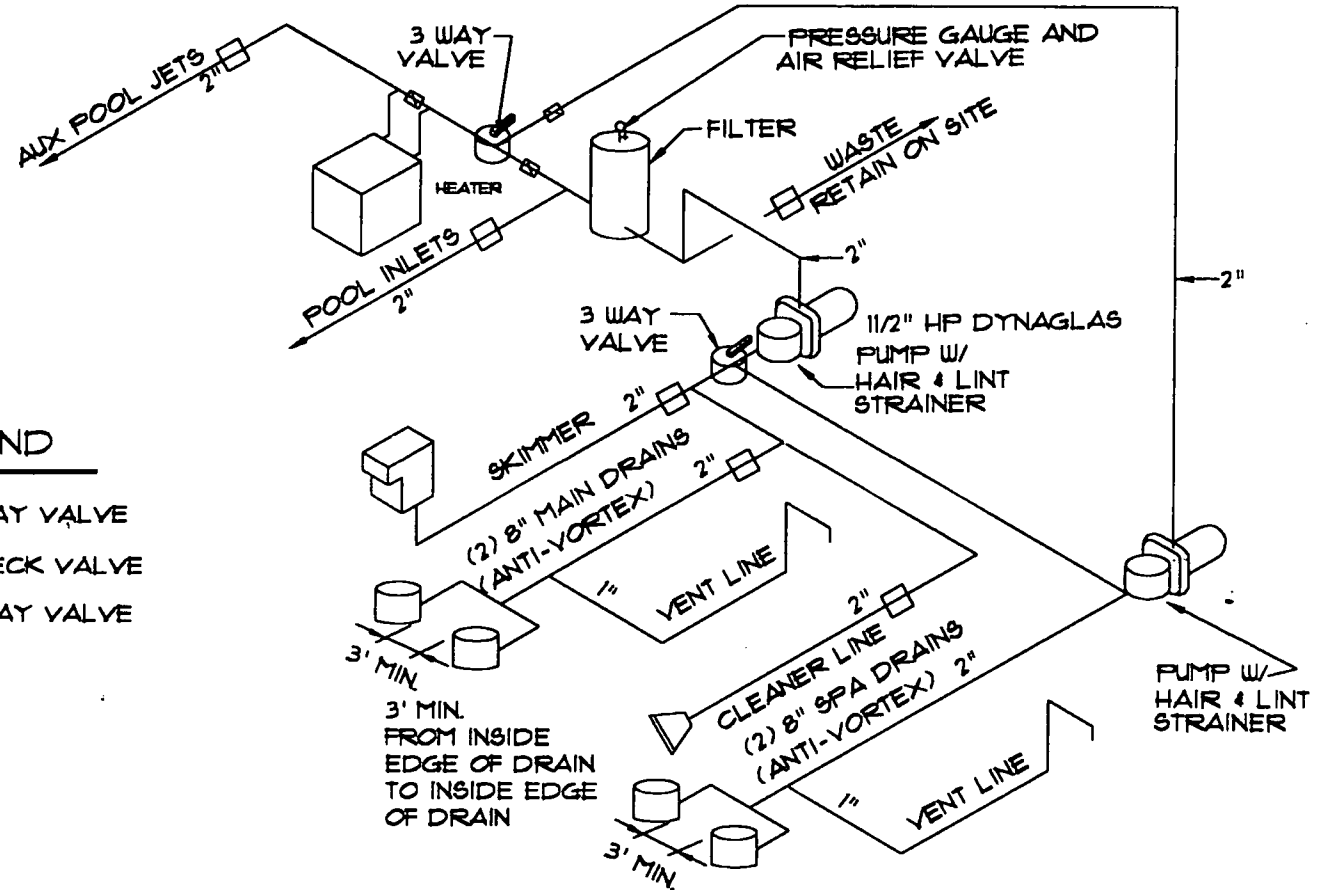
SOUTH FLORIDA CUSTOM POOLS

APR 26 2002  
JOHN M. CARROLL JR. P.E.  
LICENSE # 41610





**ELECTRICAL DIAGRAM**



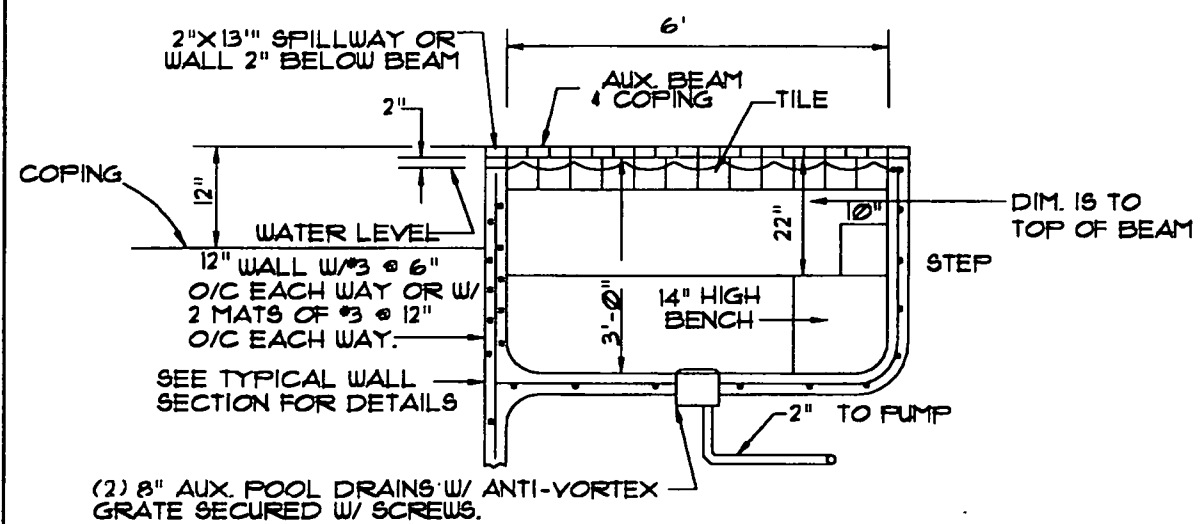
**LEGEND**

- 2 WAY VALVE
- ▣ CHECK VALVE
- ⊕ 3 WAY VALVE

PUMP FLOW RATE  
1 1/2 HP 80 GPM @ 60' TDH.

**PIPING SCHEMATIC**

N.T.S.



**AUX. POOL DETAIL**

N.T.S.

NAME: FLAUGH	
ADDRESS: 7 SIMARA ST.	
CITY/STATE: STUART, FLA.	
HCE# 02-999-104	JOB# 02-999-104
DRAWN BY: GA	DATE: 04/22/02
PAGE 4 OF 5	
	LOT 9 BLOCK 4 PAGE BOOK
	SUBDIVISION: SUBDIVISION
	COUNTY: WPB
SOUTH FLORIDA CUSTOM POOLS	





Lot 9, Block 4, Indialucite  
Plat Book 4, Page 27  
Martin County, FL.

EXISTING RESIDENCE  
1 FLOOR ELEVATION = 8.98'

LOT 8

EXISTING  
SEPTIC TANK

FOUND #5 IRON ROD  
(SU BROWN, LH 4049)

ELECTRIC  
SERVACE

CABLE  
TV BOX

PHONE RISER

EXISTING RESIDENCE  
FINISH FLOOR ELEVATION = 8.

LOT 1

N75°45'43"E 135.00'

RECEPTION  
VACANT

S35°28'12"W 85.07'

26"W 71.52'

S62°45'41"E

164.03'

FORMBOARD DE IN  
FORMBOARD  
ELEVATION = 8.67'

10' UTILITY  
& LIGHT  
EASEMENT GRANTED TO FLORIDA POWER  
(COMPANY) RECORDED IN OPTICAL RECORDS  
BOOK 979, PAGE 22.

25' BUILDING  
SET BACK LINE

35' BUILDING  
SET BACK LINE

20' BUILDING  
SET BACK LINE

35' BUILDING  
SET BACK LINE

04/16/2002 07:09

561206269E

50 FLA CUSTOM POOLS

PAGE 06

APR 26 2002

1. THIS SAFETY VACUUM RELIEF SYSTEM IS A NON-MECHANICAL VENT SYSTEM THAT WILL LIMIT THE TRANSMISSION OF SUCTION AT THE OUTLET TO A MAXIMUM OF 4.5 INCHES OF MERCURY.

2. THIS SYSTEM IS A BACKUP TO PROVIDE SUCTION RELIEF SHOULD ENTRAPMENT OCCUR.

3. POOL AND SPA SUCTION INLETS SHALL BE PROVIDED WITH A COVER THAT COMPLIES WITH ANSI/ASME A112.19.2M

4. THE VELOCITY ON THE SUCTION SIDE OF THE CIRCULATION SYSTEM SHALL NOT EXCEED SIX (6) FPS.

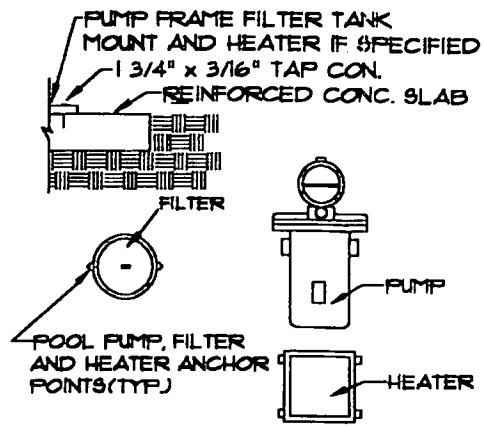
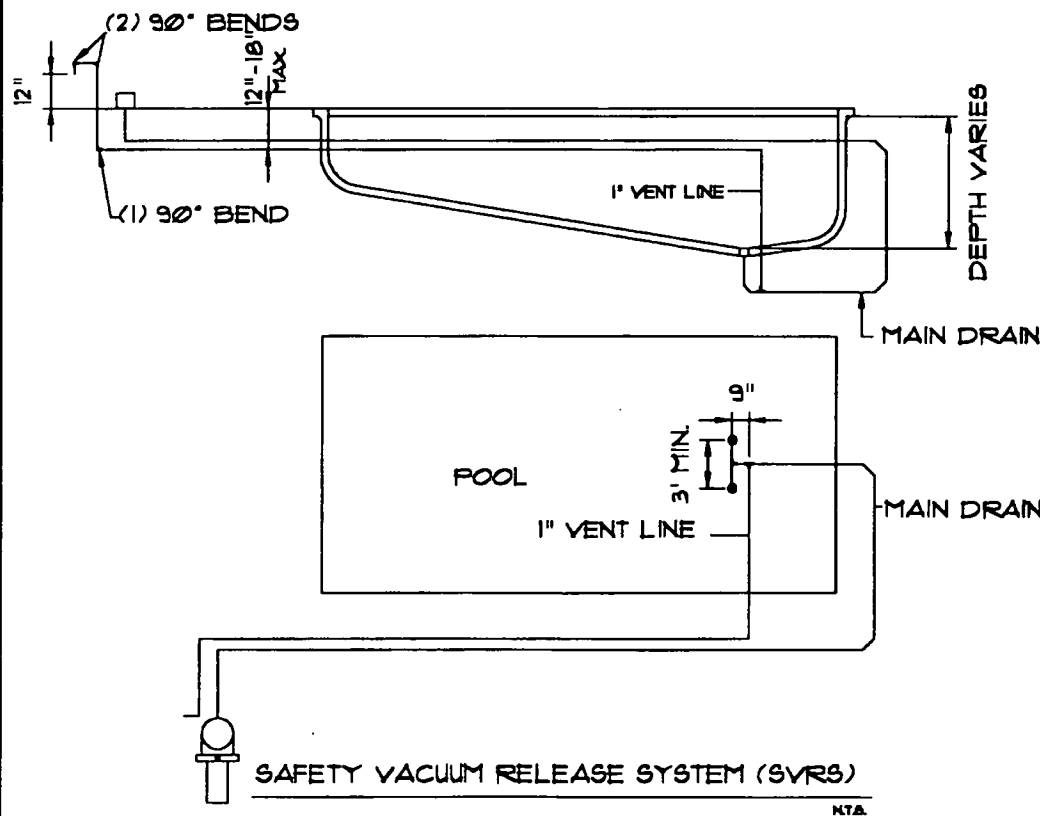
5. CHECK VALVES CANNOT BE INSTALLED ON THE SUCTION SYSTEM.

6. THIS SYSTEM SHALL BE INSTALLED AND TESTED BY A QUALIFIED, LICENSED SWIMMING POOL PROFESSIONAL.

7. THE VENT LINE LENGTH MUST NOT EXCEED THE TOTAL LENGTH OF THE MAIN DRAIN LINE.

8. VENT OPENING MUST BE COVERED WITH WIRE MESH SCREEN TO PREVENT INSECTS, DEBRIS COLLECTION AND BACTERIA.

9. LABEL VENT: POOL SAFETY DEVICE- DO NOT HANDLE

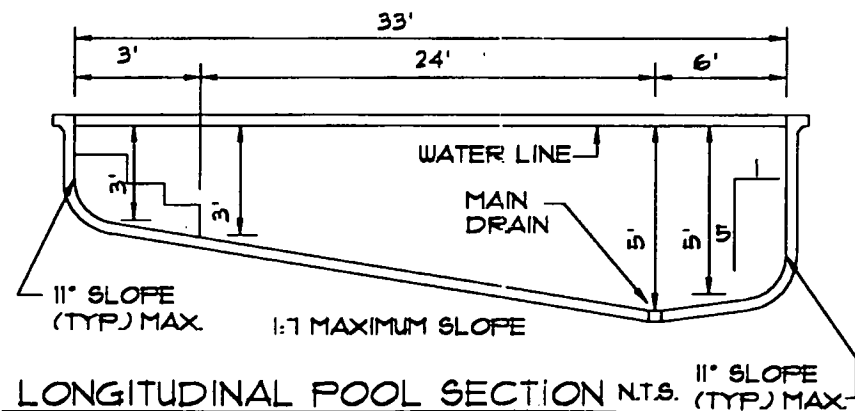


NOTES: ANCHOR BOLTS THROUGH BASE (1 3/4" x 3/16") (TAP CON) FOR POOL PUMP & FILTER HEATER SHOWN AS OPTIONAL  
 (4) 1 1/2" ANGLE BRACKETS (GAS HEATER)  
 (4) 2 1/2" ANGLE BRACKETS (HEAT PUMP)  
 WITH (4) 1 3/4" x 3/16" TAP CON AND  
 (4) 1/2" SELF TAPPING SHEET METAL SCREWS.

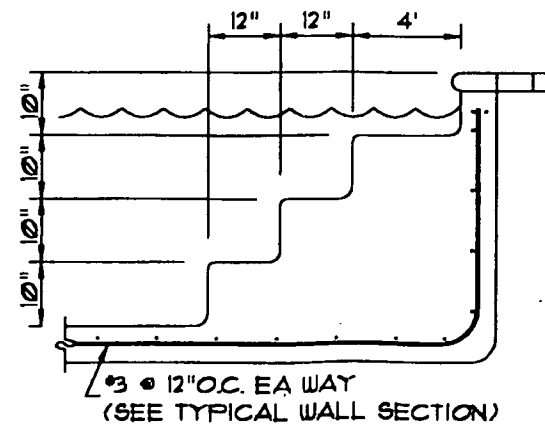
POOL EQUIPMENT ANCHORING NTA

IMPORTANT NOTE:

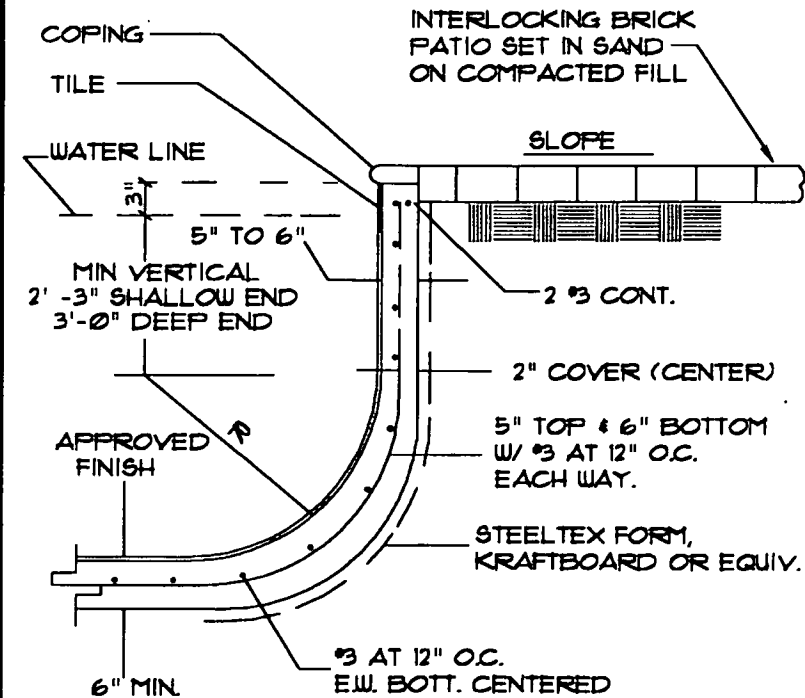
NO DIVING BOARD AND NO DIVING IS ALLOWED ON ANY POOL LESS THAN 8'-0" DEEP AND SPECIFICALLY DESIGNED FOR DIVING. THIS POOL IS NOT DESIGNED FOR DIVING.



LONGITUDINAL POOL SECTION N.T.S.



DETAIL OF STEPS N.T.S.



TYPICAL WALL SECTION  
 (FOR DEPTHS TO 6'-0") N.T.S.

FILE COPY  
**TOWN OF SEWALL'S POINT**  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 8/30/0  
 BUILDING OFFICIAL  
 Gene Simmons

NAME: FLAUGH  
 ADDRESS: 7 SIMARA ST.  
 CITY/STATE: STUART, FLA.

HCE# 02-999-104 JOB# 02-999-104  
 DRAWN BY: GA DATE: 04/22/02 PAGE 3 OF 5

LOT 9 BLOCK 4 PAGE BOOK  
 SUBDIVISION: SUBDIVISION  
 COUNTY: WPB

AUG 30 2002  
 JOHN M. CARROLL JR. P.E.  
 LICENSE # 41610

SOUTH FLORIDA CUSTOM POOLS  
 #5796 - FLAUGH



PHONE NO: (954) 772-4940  
 FAX NO: (954) 772-6840

PHONE NO: (954) 772-4940  
 FAX NO: (954) 772-6840

HORNER CONSULTING ENGINEERS, INC. EB#5848  
 5755 POWERLINE ROAD, FT. LAUDERDALE FL. 33309





**TOWN OF SEWALL'S POINT**

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

*Plot # 5796*

**CORRECTION NOTICE**

ADDRESS: 6 INDIALUCIE 1

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.

POOL STEEL - STEEL NOT TURNED @ TOP  
OF WALL + #3 MISSING - PER  
SECTION DRAWING

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

DATE: 8/16/02

GENIE  
INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri July 16, 2001; Page      of     .

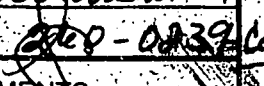
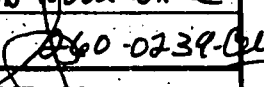

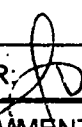
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>5796</del>	<del>FLAUGH</del>	<del>POOL STEEL</del>	<del>FAILED</del>	
(5)	6 MADRUCIA PKY. S.F. CUSTOM POOLS.			INSPECTOR: <u>    </u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  <sup>Tues</sup> Wed  Fri September 9, 2009 Page      of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5714	Romano 21 Semara St. O/B	Elect Plumb Framing	Pass	Reg. Early Pls call - Don Woodward INSPECTOR: 
5714	Romano 21 Semara St O/B	ROOF	Pass	Reg. Early Pls call Don Woodward INSPECTOR: 
<del>5716</del>	<del>Thugh</del> 6 Indiana Ave SF Custom Pools	<del>Pool Plumb</del>	<del>Pass</del>	<del>    </del> INSPECTOR: 
5948	Graham 100 N. Sewall Pt Rd O/B	FENCE - Final	Pass	<del>    </del> INSPECTOR: 
				INSPECTOR: <del>    </del>
				INSPECTOR: <del>    </del>
				INSPECTOR: <del>    </del>
				INSPECTOR: <del>    </del>
				INSPECTOR: <del>    </del>

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



**TOWN OF SEWALL'S POINT**

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

**CORRECTION NOTICE**

ADDRESS: 6 Indiraucie Plkw.

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.

Pool dock

Parcel: need Formboard Survey

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

DATE: 9/6/12

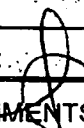
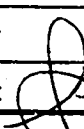
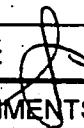
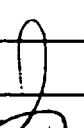
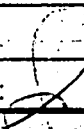
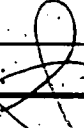
[Signature]  
INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri September 6, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	STRAIT 17 Rio Vista Dr.	TREE	Passed	INSPECTOR: 
<del>TREE</del>	<del>Graham</del> <del>100 N. Sewall's Pt. Rd</del>	<del>TREE</del>		INSPECTOR:
5714	RAMANO SIMARA WOODWARD	INSULATION	Passed	INSPECTOR: 
5868	STUCKLE 7 LANTANA LN. MAS 1	WALL SHEATHING.	Passed	INSPECTOR:  JENNIFER 282 2096
5734	Abesada-Tenk 8 Morgan Circle CONWAY	Roof Nailing Tie Down + Fig. (GARAGE ONLY)	Passed Passed	INSPECTOR: 
5916	Rice 5 BANYAN Drive A+G	Patio	Failed	wood F-Board Surv. INSPECTOR: 
5796	Flaugh 6 Indalucia Pkwy SF Custom POOLS	Pool Deck	Failed	wood F-Board Surv. INSPECTOR: 

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



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9-11-02, 2002 Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	Lucas	TREE	Passed	Dogs on Property
(7)	<del>Sewall's Pt Road</del> 1 Mandalay			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5958	<del>SK</del> SKINNER	HURRICANE	Failed	No Permit No Layout
(5)	15 S.E. PALMETTO DR SKINNER	SHUTTERS		\$30. INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5944	JONES	FINAL ROOF	Passed	
(4)	18 Emerita Way A/R AMERICAN			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	LURIEA	TREE	Passed	
(3)	3 S. Sewall's Pt Rd			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>5946</del>	<del>Thompson</del>	<del>Pool Deck</del>	<del>Passed</del>	
(2)	6 India Lucia PKWY SF Custom Pools	re-inspec - Join Road SURVEY		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5965	Thompson	Sheating +		(unless it rains) ✓
(6)	95 S. Sewall's Pt. Rd Rhoades Roofing	Dry-IN + METAL		→ Friday INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5501	ALLMAN	RD06 FINAL	UTG	Swales/R-Road Surv
(8)	3 SUMMIT W. ALLMAN	1) Pool safety fence (up to Gate) 2) Pay 1113.00 3) Health Dept		\$30 INSPECTOR: <i>[Signature]</i>

OTHER: 18 S. River Paver Driveway → permit at office? *[Signature]* ✓ completed  
 23 SPT/Miramar Fence permit not vis. nobody there ✓  
 17 Island Rd Permit not visible: it is *[Signature]* ✓

~ 11 Riverview / S. River Dumpster? no permit



5796

**TOWN OF SEWALL'S POINT**

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

**CORRECTION NOTICE**

ADDRESS: 6 Indialucie Aaway

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.

Pool fence

~~→ Failed: the 2 fence gates  
would be self  
closing/self locking~~

Done OK. 6/16/2

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: 6/30/2


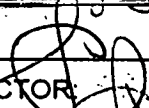

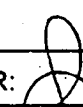
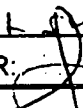

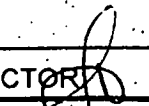
[Signature]  
INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 10-30-02, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5755	De Groff	Re-inspect A/C	Passed	
(10)	9 Castle Hill O/B	Floor joists	Passed	INSPECTOR: 
<del>5796</del>	<del>Flough</del>	<del>ENCLOSURE</del>	<del>Passed</del>	<del>Self locking gates?</del>
(8)	6 India Luce PKWY S. Florida Custom Pools		Passed	6/15 INSPECTOR: 
TREE	Marsh	T/R	Passed	
(4)	16 S Sewalls Pt. Rd			INSPECTOR: 
5068	Winer	FINAL-GAS	Passed	
(7)	19 Ridgeland Rd. Lear			INSPECTOR: 
5993	S. S. River	Drawings		Tuss Drg + Eng Drg
(9)	Pronin Wilbedin	(nobody there)		For airt. small bldg INSPECTOR: 
5915	Kupczyk	Final-roof	Passed	
(2)	9 E. High Pt. Rd Pacific			INSPECTOR: 
5705	Clements	Final Gas	Passed	
(3)	11 W. H. Pt. Rd. Treasure Coast			INSPECTOR: 

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

**5813**

**GAS LINES**

**TOWN OF SEWALL'S POINT**

Date 5/29/02

**BUILDING PERMIT NO. 5813**

Building to be erected for FLAUGH, Michael D

Type of Permit GASLINES

Applied for by MARTIN County Propane (Contractor)

Building Fee 35.00

Subdivision INDIA LUCIE Lot 9 Block 4

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

Address 6 INDIALUCIE PKWY

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

Type of structure SRR

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

Parcel Control Number:

353741002004000903000

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

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

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

Amount Paid 35.00 Check # 2925 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 1000.00

TOTAL Fees 35.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

**PERMIT**

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

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

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

**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

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

Owner or Titleholder Name: FLAUGH City: SEWALL'S PT State: FLA. Zip: \_\_\_\_\_

Legal Description of Property: ~~Lot 1 Block 4~~ Lot 1 Block 4 Parcel Number: 353741002004000

Location of Job Site: India Lucia Pkwy Type of Work To Be Done: PROPANE EXCAVATE & DUMP  
500 gal. storage tank. Interior gas line to w/h, stove, & exterior gas line to pool heater

CONTRACTOR/Company Name: Martin County PROPANE Phone Number: 772-287-1900

Street: 3586 S.W. Martin Hwy City: Palm City State: FLA Zip: 32950

State Registration Number: \_\_\_\_\_ State Certification Number: 5594 Martin County License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

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

Type Sewage: \_\_\_\_\_ Septic Tank Permit Number From Health Dept. \_\_\_\_\_ 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: \$1000.- 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: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNANCE, 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) \_\_\_\_\_ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) \_\_\_\_\_

National Electrical Code \_\_\_\_\_ Florida Energy Code \_\_\_\_\_ Florida Accessibility Code \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES. LAWS AND ORDINANCES DURING THE BUILDING PROCESS. OWNER OR AGENT SIGNATURE (required) \_\_\_\_\_ CONTRACTOR SIGNATURE: [Signature]

State of Florida, County of: \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_, 20002  
by \_\_\_\_\_ who is personally  
known to me or produced \_\_\_\_\_  
as identification. \_\_\_\_\_

Notary Public

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

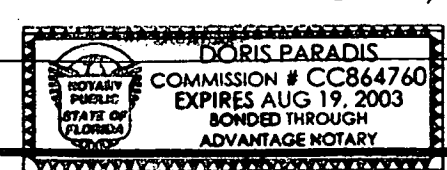
Seal

On State of Florida, County of: Martin  
This the 23 day of may, 20002  
by Frank Kovacs who is personally  
known to me or produced \_\_\_\_\_  
As identification. Doris Paradis

Notary Public

My Commission Expires: Aug 19, 2003

Seal



0030000

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID SB MCPET-1	DATE (MM/DD/YY) 05/21/02
PRODUCER <b>Stuart Insurance, Inc.</b> 3070 S W Mapp Palm City FL 34990 Phone: 561-286-4334 Fax: 561-286-9389		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 <b>Como Oil Company of Florida</b> dba Martin County Petroleum & Propane P.O. Box 386 Palm City FL 34991		INSURERS AFFORDING COVERAGE	
		INSURER A: <b>Westport Insurance</b>	<b>RECEIVED</b>
		INSURER B: <b>Genesis Insurance Co</b>	
		INSURER C: <b>FPLIPA</b>	
		INSURER D:	
		INSURER E:	


**COVERAGES**

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

INBR 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 checked="" type="checkbox"/> incl pollution	WHL000157002	01/02/02	01/02/03	EACH OCCURRENCE \$ 1,000,000
	GEPL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> incl pollution	WHL000157002	01/02/02	01/02/03	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	YUB001248A	01/02/02	01/02/03	EACH OCCURRENCE \$ 3,000,000
					AGGREGATE \$ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS \$ OTHER \$ E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
C	POLLUTION LIAB RENTED EQUIPMENT	FPL8084806 WHL000157001	01/01/02 01/02/02	01/01/03 01/02/03	1,000,000 20,000

DESCRIPTION OF OPERATION & LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Gasoline Distributor / State of Florida

CERTIFICATE HOLDER TOWNS-1 Town of Sewalls Point FAX: 220-4765 1 S Sewalls Point Road Stuart 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 <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 
--	-------------------------------------	--	---



POST LICENSE  
CONSPICUOUSLY

State of Florida  
Department of Agriculture and Consumer Services

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

License Number: 05594  
Expiration Date: AUGUST 31, 2002  
Date of Issue: SEPTEMBER 01, 2001  
License Fee: \$425.00  
Type and Class: 0601

**Liquefied Petroleum Gas License**  
**Category I LP Gas Dealer**  
GOOD FOR ONE LOCATION

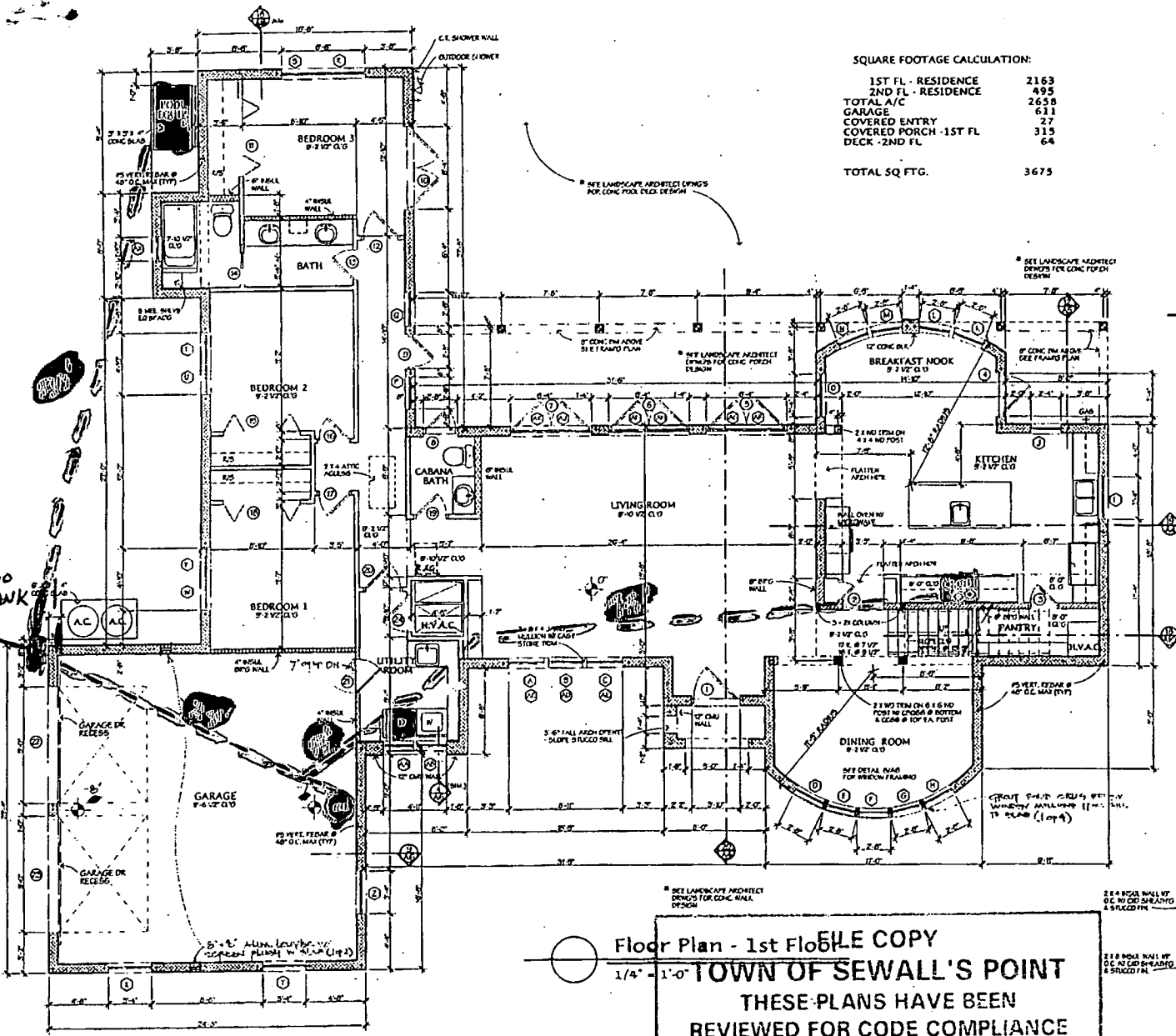
This license is issued under authority of Section 527.02, Florida Statutes, to:

MARTIN COUNTY PROPANE  
3586 SW MARTIN HWY  
PALM CITY, FL 34990

CHARLES H. BRONSON  
COMMISSIONER OF AGRICULTURE

DACE-03801  
3/94





SQUARE FOOTAGE CALCULATION:

1ST FL. - RESIDENCE	2163
2ND FL. - RESIDENCE	495
TOTAL A/C	2658
GARAGE	611
COVERED ENTRY	27
COVERED PORCH - 1ST FL.	313
DECK - 2ND FL.	64
<b>TOTAL SQ FTG.</b>	<b>3675</b>

**BT.U. LOAD**

1. 50gal. w/h = 48,000

~~2. STOVE = 60,000~~

3. STOVE = 60,000

108,000 ~~Interior~~

4. Pool Heater 250,000 EXTERIOR

---

EXTERIOR LINE - 80' 1/2" CTS

INTERIOR LINE - 80' 3/4" TITHEM @ GALVANIZED RISERS

Floor Plan - 1st Floor

1/4" = 1'-0"

**TOWN OF SEWALL'S POINT**

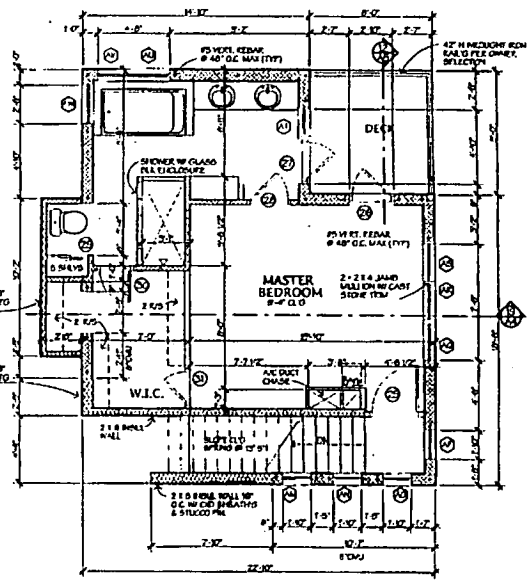
THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE

DATE: 5/24/02

*Gene Simmons*

**BUILDING OFFICIAL**

Gene Simmons



Floor Plan - 2nd Floor

1/4" = 1'-0"

REVISIONS

DATE

DESCRIPTION

Job # 02

DATE 02

SHEET

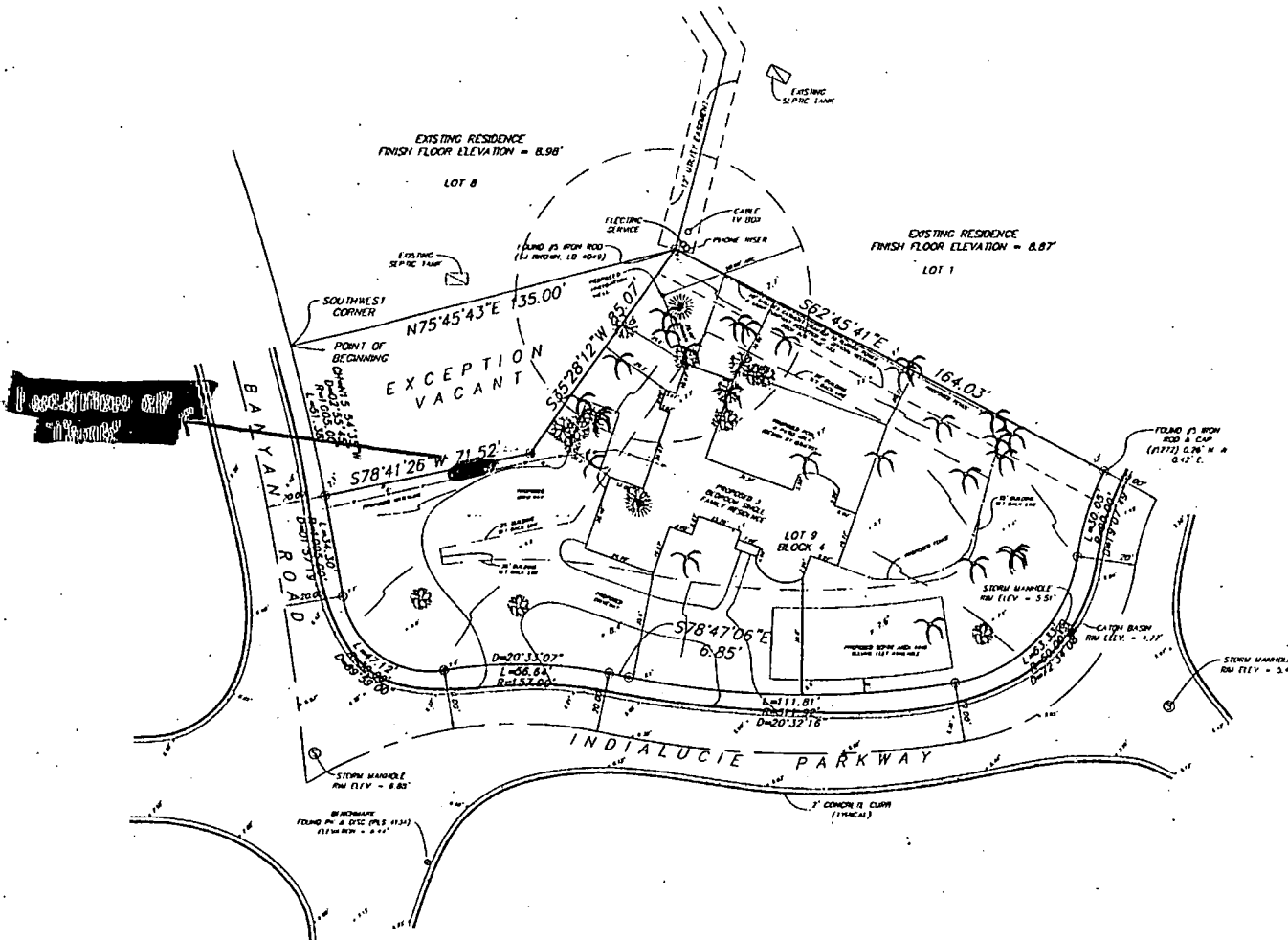
**NEW RESIDENCE FOR:**

**Mr. & Mrs. Flaugh**

**A**

# BOUNDARY SURVEY

TOPOGRAPHIC SURVEY  
LOT 9, BLOCK 4, INDIALUCIE  
PLAT BOOK 4, PAGE 77  
MARTIN COUNTY, FLORIDA.



### LEGAL DESCRIPTION:

ALL OF LOT 8, BLOCK 4, ACCORDING TO THE PLAT OF INDIALUCIE AS RECORDED IN PLAT BOOK 4, PAGE 77, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA, EXCEPT A PORTION OF LOT 8, BLOCK 4, OF SAID PLAT OF INDIALUCIE AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

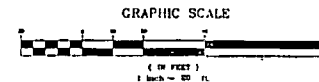
BEGIN AT THE SOUTHWEST CORNER OF LOT 8, BLOCK 4, INDIALUCIE, THENCE NORTH 75°45'43" EAST ALONG THE SOUTH LINE OF SAID LOT 8, A DISTANCE OF 135.00 FEET TO THE SOUTHEAST CORNER OF SAID LOT 8; THENCE SOUTH 35°20'12" WEST A DISTANCE OF 85.01 FEET; THENCE SOUTH 78°41'26" WEST RADIAL TO NEXT DESCRIBED CURVE A DISTANCE OF 71.53 FEET TO A POINT ON A NON-TANGENT CURVE CONCAVE WESTWARD, THE CHORD OF WHICH BEARS NORTH 155°33' WEST AND HAVING A RADIUS OF 1003.02 FEET; NORTHWESTERLY ALONG THE ARC OF SAID CURVE THROUGH A CENTRAL ANGLE OF 02°55'45" A DISTANCE OF 51.38 FEET TO THE POINT OF BEGINNING.

### SURVEYOR'S NOTES:

1. LOTS SHOWN HEREON WERE NOT ADJUSTED FOR EASEMENTS AND/OR RIGHTS OF WAY OF RECORD EXCEPT AS SHOWN ON THE RECORD PLAT IF ANY.
2. NO ATTEMPT WAS MADE BY THIS FIRM TO LOCATE UNDERGROUND FOOTINGS OF BUILDINGS OR FINCHES ON/OR ADJACENT TO THIS SITE.
3. BEARINGS SHOWN HEREON REFER TO AN ASSUMED MERIDIAN OF S 78°41'26" W ALONG THE NORTH LINE OF SAID LOT 8.
4. THIS SITE LIES IN FLOOD ZONE 'A10' (HAZE ELEVATION = 8.0) AS SCALED AND INTERPOLATED ON FEMA MAP NO. 120164-0001-D, DATED: JUN 16, 1996.
5. SITE AREA: 24,502.67 SQUARE FEET OR 0.5625 ACRES OF 100% OF LOT AREA. TOTAL PROPOSED IMPROVEMENTS = 8,481.32 SQUARE FEET OR 34.4% OF LOT AREA. PROPOSED BUILDING = 2,796.30 SQUARE FEET OF 11.4% OF LOT AREA. PROPOSED DRIVEWAY = 4,006.45 SQUARE FEET OF 16.3% OF LOT AREA. PROPOSED ENTRANCE = 28.62 SQUARE FEET OF 0.1% OF LOT AREA. PROPOSED POOL AND PAVED AREA = 1,579.92 SQUARE FEET OR 6.4% OF LOT AREA.
6. LEGAL DESCRIPTION FURNISHED BY CLIENT.
7. CITY WATER AVAILABLE.

### CERTIFICATION:

1. MICHAEL D. AND JENNIFER T. FLAUGH
2. HARBOR FEDERAL SAVINGS BANK
3. A FORTNEY'S TITLE INSURANCE FUND, INC.
4. THURLOW & THURLOW, P.A.
5. 11/11/01 OF SERIAL'S POINT



### SURVEYOR'S CERTIFICATION:

I HEREBY CERTIFY THAT THIS PLAT OF SURVEY WAS PREPARED UNDER MY RESPONSIBLE CHARGE AND THAT IT IS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS AND MAPMERS IN CHAPTER 61C17-6, FLORIDA STATUTES, AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

*Robert Bloomster*  
ROBERT BLOOMSTER, JR.  
PROFESSIONAL LAND SURVEYOR  
NO. 4124, STATE OF FLORIDA

**BLOOMSTER**  
PROFESSIONAL LAND SURVEYORS, INC.  
L.B. #6018  
791 N.E. DIXIE HIGHWAY  
JENSEN BEACH, FLORIDA 34957  
PHONE 561-334-0868

SHEET 1 OF 1	
SCALE: 1" = 20'	BY:
DATE: 03-30-2001	
F.B. SKETCH	
JOB NO. 1850	
1/24/01 SITE PLAN	A.C.
8/15/01 AREA CALCULATIONS	A.C.
1/14/01 ADD. DETAILS	A.C.
10/01/00 UPDATE	A.C.

PREPARED FOR: MICHAEL D. & JENNIFER T. FLAUGH  
LOT 9, BLOCK 4, PLAT OF INDIALUCIE  
MARTIN COUNTY, FLORIDA

5" IRON ROD & CAP  
10" UNLESS OTHERWISE NOTED  
18" PALM TREES  
18" MISC. TREES  
18" OAK TREES  
18" PINE TREES  
ARROWS

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri May 31, , 20012 Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>5812</del>	<del>Flanagan</del>	<del>GAS Rough</del>	<del>Passed</del>	<del>CELL# GARY</del>
	6 INIA Lucie Alley MARTIN County Property		except tank + turn ground	960-9618- INSPECTOR: <i>[Signature]</i>
5789	WALT MURKINEN 4 MIRAMAR O/B	FINAL	Passed	INSPECTOR: <i>[Signature]</i>
5769	BOAS, MARK 12 RIO VISTA DR. STRACUZZI	Pool Plumbing	Passed	INSPECTOR: <i>[Signature]</i>
5739	SCOTT GASIUREK 67 N. River Rd CONWA	Insulation	Passed	INSPECTOR: <i>[Signature]</i>
	ED Reilly	TREE REMOVAL	Passed	INSPECTOR: <i>[Signature]</i>
5761	BILL INERS 7 W. H.P.	ILAB + garage column	Passed	INSPECTOR: <i>[Signature]</i>
5820	PICUE 45 RIVER RD. ILLUMINAY	GROUND ROUGH ELEC. (Landscaping)	Passed	INSPECTOR: <i>[Signature]</i>

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri August 14, 2002; Page      of     .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5841	TENNY	Final Retain	Passed	
(3)	10 S. Sewalls Pt Rd Tropic Marine	WALK		INSPECTOR: <i>[Signature]</i>
5813	<del>Flough</del>	<del>Final</del>	<del>    </del>	<del>NO access ??</del>
(1)	6 Indialucia Hwy Martin County Propane	<del>Reschedule</del> 8/21/02		Gas ?? INSPECTOR: <i>[Signature]</i>
TREE	Schroeder	TREE	Passed	
(4)	4 Ridgeland Dr.			INSPECTOR: <i>[Signature]</i>
TREE	Hillman, Lynda	TREE		Pls call B4 going - 781-0919
(2)	1 Heritage Way West End of Bldg	Contractor said Travelers Palm	Passed	mit to house needs 2 go INSPECTOR: <i>[Signature]</i>
5887	Madden	FRAMING Deck	Passed	
(5)	160 S. River Rd R.P.D. Const			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>

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

\_\_\_\_\_

\_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri Aug 21, 2008 Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>5813</del>	<del>Flaugh</del>	<del>Final</del>	<del>Passed</del>	
(3)	6 Indialucia Pkway Martin County Propane	Gas U gra.		INSPECTOR: <i>[Signature]</i>
5761	Lowell	ELECTRICAL	Passed	
(8)	7 W. High Pt. RD IANIERO			INSPECTOR: <i>[Signature]</i>
5899	BIRKFIELD	DEMO'd	Passed	Rear of Residence
(9)	9 Mandalay IANIERO	Guest House FINAL		Just need to be clean + INSPECTOR: <i>[Signature]</i>
5900	LIPSCULTZ	METAL & SHEETING	Passed	
(6)	53 S. River Rd. PALMER (743-3227)			INSPECTOR: <i>[Signature]</i>
5917	ELDER	ELC		→ was called for Friday
(7)	4 AMIRITA WAY DUNNIGAN	287 1354 X1220		INSPECTOR: <i>[Signature]</i>
FREE	2 BANVAN RD	T/R	Failed	Need to replace ♂
(2)		→ ready	to replace !!	INSPECTOR: <i>[Signature]</i>
5916	POCA	POOL STRAIL	Passed	
(1)	5 BANVAN RD A+G Pads			INSPECTOR: <i>[Signature]</i>

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

**5929**

**Wood Gate**

### TOWN OF SEWALL'S POINT

Date 8-22-02

BUILDING PERMIT NO. 5929

Building to be erected for Mike Flaugh

Type of Permit Wood Gate

Applied for by O/B

(Contractor)

Building Fee 30.00

Subdivision IndiaLucie Lot 9

Block 4

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

Address 6 IndiaLucie Pkwy

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

Type of structure SFR

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

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

Parcel Control Number:

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

353 741 002 004 000 90 30000

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

Amount Paid 60.00 Check # 2852 Cash \_\_\_\_\_

Other Fees <sup>Starting work</sup> (w/o permit) 30.00

Total Construction Cost \$ 400.00

TOTAL Fees 60.00

Signed Mike Flaugh  
Applicant

Signed Gene Simmons (RPN)  
Town Building Official

## PERMIT

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

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

- MECHANICAL
  - POOL/SPA/DECK
  - FENCE
  - GAS
  - RENOVATION
  - ADDITION
- WOOD GATE

## 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

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

Owner or Titleholder Name: MIKE FLAUGH City: SPART State: FL Zip: 34996
Legal Description of Property: LOT 9, BLOCK 4, INDIALUCIE Parcel Number: 3537410020040009030000
Location of Job Site: 6 INDIALUCIE PRKY Type of Work To Be Done: INSTALL GATE

CONTRACTOR/Company Name: N/A Phone Number:
Street: City: State: Zip:
State Registration Number: State Certification Number: Martin County License Number:

ARCHITECT: N/A Phone Number:
Street: City: State: Zip:

ENGINEER: N/A Phone Number:
Street: City: State: Zip:

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: ScreenedPorch:
Carport: Total Under Roof Wood Deck: Accessory Building:
Type Sewage: Septic Tank Permit Number From Health Dept. 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: 40000 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: N/A State: License Number:
Plumbing: State: License Number:
Roofing: State: License Number:

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) South Florida Building Code (Structural, Mechanical, Plumbing, Gas)
National Electrical Code Florida Energy Code
Florida Accessibility Code

THEREBY 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 20th day of August, 2002
by M. Flough who is personally
known to me or produced
as identification. Joan H. Barrow

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

Notary Public

My Commission Expires:
Joan H. Barrow
MY COMMISSION # CC763645 EXPIRES
November 30, 2002
BONDED THRU TROY INSURANCE INC.

My Commission Expires:

Seal





**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: Mike Fluzh Date: 8/20/02

Signature: 

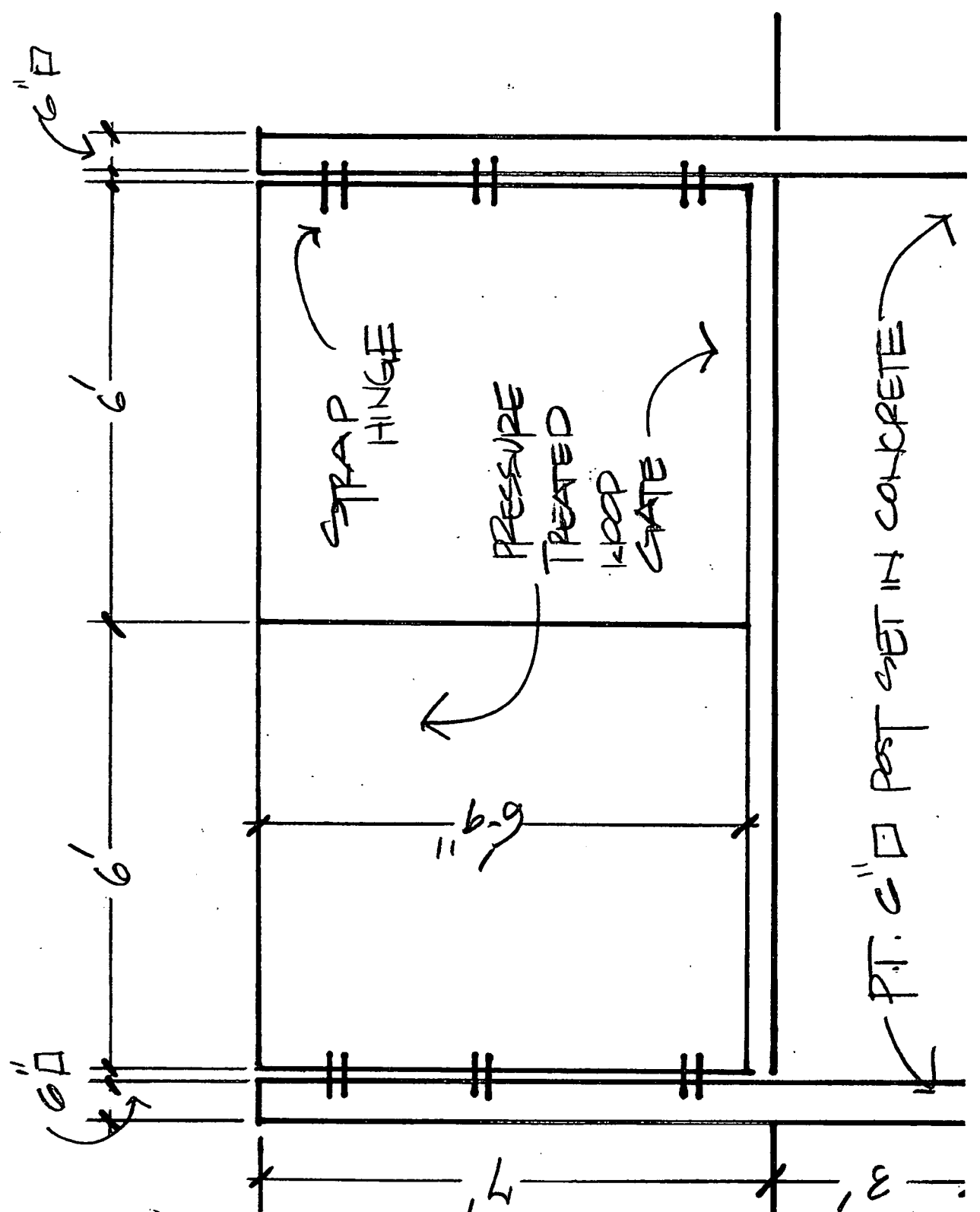
Address: 6 INDIALUCIA PKWY

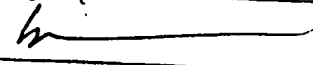
City & State: STUART FL

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

**This form is for all permits except electrical.**

# FLIGHT 6 INDALUCIE PRNUY



FILE COPY  
TOWN OF SEWALL'S POINT  
THESE PLANS HAVE BEEN  
REVIEWED FOR CODE COMPLIANCE  
DATE: 8/20/02  
  
BUILDING OFFICIAL  
Gene Simmons

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4-9, 2003 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5767	CLEMENTS	FENCE/BECHWAU	Failed	
(6)	6 MIDDLE ROAD O/B			INSPECTOR: <i>[Signature]</i>
TREE	ENRIQUEZ	TREE	Passed	
(8)	1 KINGSTON CT			INSPECTOR: <i>[Signature]</i>
TREE	BENZING	TREE	Passed	
(9)	137 S. RIVER			INSPECTOR: <i>[Signature]</i>
TREE	BRUCIA	TREE	Passed	
(7)	2 KINGSTON CT			INSPECTOR: <i>[Signature]</i>
6127	CLARK	TINTAG	Passed	
(2)	33 FIELDWAY PAR ONE			INSPECTOR: <i>[Signature]</i>
6096	MCMATHON	NAIL OFF/	Failed	
(3)	5 MELODY HILL O/B	SIDING		INSPECTOR: <i>[Signature]</i>
<del>5929</del>	<del>FLAUGHER</del>	<del>FENCE</del>	<del>Passed</del>	<del>close pool fence</del>
(1)	BINDIALUCIE O/B			INSPECTOR: <i>[Signature]</i>
OTHER:				

**5984**  
**FENCE**

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

### TOWN OF SEWALL'S POINT

Date 9-25-02

BUILDING PERMIT NO. 5984

Building to be erected for MIKE Flaugh

Type of Permit FENCE

Applied for by ADRON FENCE

(Contractor)

Building Fee 30.00

Subdivision INDIALUCIE Lot 9 Block 4

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

Address 6 INDIALUCIE PKWY

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

Type of structure SFR

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

Parcel Control Number:

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

3537410020040009030000

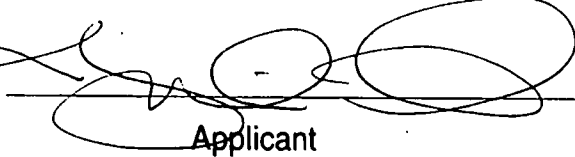
Plumbing Fee \_\_\_\_\_

Amount Paid 30.00 Check # 6726 Cash \_\_\_\_\_

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

Total Construction Cost \$ 1,727,00

TOTAL Fees 30.00

Signed   
Applicant

Signed   
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 checked="" 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: Mike Flouah Building Permit Number:
City: Sewalls Pt., State: FL Zip: 34996
Legal Description of Property: lot 9 BK 4 Plat BK 4 PG 77 Parcel Number: 35-37-41-002-004-0009
Location of Job Site: 6 Indalucie Parkway Type of Work To Be Done: Install 195' of 4'x6-3 Black vinyl chainlink fence
CONTRACTOR/Company Name: Adron fence Co. Phone Number: 283-4540
Street: 2762 NW 4th Street City: Okeechobee State: FL Zip: 34972
State Registration Number: N/A State Certification Number: N/A Martin County License Number: SP03127

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 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: 1727.00 Estimated Fair Market Value (FMV) Prior
To Improvements: If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO X

SUBCONTRACTOR INFORMATION
Electrical: State: License Number:
Mechanical: State: License Number:
Plumbing: State: License Number:
Roofing: State: License Number:

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) South Florida Building Code (Structural, Mechanical, Plumbing, Gas)
National Electrical Code Florida Energy Code
Florida Accessibility Code

THEREBY 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) Ross A. Chambers
State of Florida, County of: Okeechobee
This the 12 day of September, 2002
by Ross A. Chambers who is personally known to me or produced as identification.
DANNIE J. BASTIANELLI
Notary Public, State of Florida
Comm. No. GC928455
Notary Public

My Commission Expires:

CONTRACTOR SIGNATURE (Required) Ross A. Chambers
On State of Florida, County of: Okeechobee
This the 12 day of September, 2002
by Ross A. Chambers who is personally known to me or produced as identification.
DANNIE J. BASTIANELLI
Notary Public, State of Florida
My Comm. expires April 17, 2004
Comm. No. GC928455
Notary Public

My Commission Expires:

# PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR A FENCE

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

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

1. Property Appraisers Parcel Number or Property Control Number ✓
2. Legal Description of property (Can be found on your deed survey or Tax Bill) ✓
3. Contractors name, address, phone number and license numbers. ✓
4. Name all sub-contractors (properly licensed) *N/A*
5. Architects or Engineers name, address, & phone number. *N/A*
6. Estimated cost of construction. ✓
7. Original signature of owner and notarized ✓
8. Original signature of Contractor and notarized. ✓

## Submittals (2 copies)

1. Current survey (boundary & topographic) containing the following information:
  - a. Legal Description of Lot
  - b. Lot dimensions and bearings
  - c. Street and Waterway names
  - d. Easements
  - e. ROW's
  - f. Canals, Ponds, or Riverfront locations
  - g. Location of existing and proposed fences
  - h. Description of type and height of fence at all locations
2. Statement of Fact (owner/builder affidavit) ✓
3. Proof of ownership (deed or tax recpt.)
4. Letter from Home Owners or Subdivision Associations stating design is per their deed restriction or covenants
5. Application for tree removal or relocation (attach tree survey and removal or *N/A* relocation plan)
6. A certified copy of the Notice of Commencement for any work over \$2500.00 *N/A*
7. Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
8. Copy of Workmen's Compensation
9. Copy of Liability Insurance

} Enclosed  
with  
Cendant  
mobility  
Permit app.  
Submitted

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

  
\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

DATE SUBMITTED: 9-13-02

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
12/26/2001

PRODUCER (863)467-0600 FAX (863)467-5142  
DEAKINS-LAWRENCE INSURANCE  
P. O. Box 549  
2020 S Parrott Ave  
Okeechobee, FL 34973-0549

INSURED Adron Fence Company, Inc  
2762 Nw 4th Street  
Okeechobee, FL 34972

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.

**RECEIVED**  
SEP 09 2002  
BY: \_\_\_\_\_

INSURERS AFFORDING COVERAGE	
INSURER A:	Assurance Company of America
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	PPS037313591	12/31/2001	12/31/2002	EACH OCCURRENCE \$ 1,000.00
					FIRE DAMAGE (Any one fire) \$ 300.00
					MED EXP (Any one person) \$ 10.00
					PERSONAL & ADV INJURY \$ 1,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000.00 PRODUCTS - COMP/OP AGG \$ 2,000.00
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PPS037313591	12/31/2001	12/31/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000.00
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

Fence Erection

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Town of Sewell's Point 1 South Sewell Point Stuart, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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 Ronnie Lawrence <i>[Signature]</i>

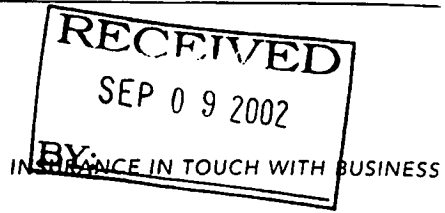


**Certificate of Insurance**

This certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed below.

**Named Insured(s):**

Staff Leasing Inc. d/b/a Gevity HR and its wholly owned subsidiaries including Gevity HR, LP; Gevity HR IV, LP; Gevity HR IX, LP; and Gevity HR X, LP  
  
600 301 Boulevard West, Suite 202  
Bradenton, Florida 34205



**Insurer Affording Coverage**  
Continental Casualty Company

**Coverages:**

The policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits	
Workers Compensation	1-1-2003	WC 189165165 WC 189165182 WC 247848874 WC 247848888	<b>Employers Liability</b>	
			Bodily Injury by Accident	\$1,000,000 Each Accident
			Bodily Injury by Disease	\$1,000,000 Policy Limit
			Bodily Injury by Disease	\$1,000,000 Each Person

Other:

Employees Leased to:  
11309 Adron Fence Co. Inc.

Effective Date: 1/1/02

FL O H 047630

The above referenced workers compensation policy(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies), not to the employees of any other employer.

\*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

**Notice of Cancellation:** (Not applicable unless a number of days are entered below)

Before the stated expiration date, the company will not cancel or reduce the insurance afforded under the above policy(ies) until at least 30 days notice of such cancellation has been mailed to:

Certificate Holder:

Town of Sewall Point  
1 S Sewalls Point Rd  
Stuart, FL 34996-6736

Trudy Williams  
Authorized Representative

St. Louis, MO  
Office

(877) 427-5567  
Phone

12/15/01  
Date Issued



MARTIN COUNTY, FLORIDA  
 Construction Industry Lic Bd  
 Certificate of Competency  
 License: SP0300

Expires September 30, 2003

Name: ADRON CHAMBERS  
 Company: ADRON FENCE COMPANY  
 Address: 2762 NW 4th St  
 City, ST: Okeechobee FL 34972  
 License Type: FENCE ERECTION CONTRACT



MARTIN COUNTY, FLORIDA  
 Construction Industry Lic Bd  
 Certificate of Competency  
 License: SP03127

Expires September 30, 2003

Name: ROSS A CHAMBERS  
 Company: ADRON FENCE COMPANY INC  
 Address: 2762 NW 4th St  
 City, ST: Okeechobee FL 34972  
 License Type: FENCE ERECTION CONT

RECEIVED  
 SEP 09 2002  
 BY: \_\_\_\_\_

2002-2003 MARTIN COUNTY ORIGINAL  
 COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
 (561) 288-5604

LICENSE ~~973-518-106~~ CERT \_\_\_\_\_

PHONE ~~18001282-5172~~ SIC NO 023599

LOCATION:

2762 NW 4TH ST. MAR

CHARACTER COUNTS IN MARTIN COUNTY

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

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

29 DAY OF AUGUST 2002  
 AND ENDING SEPTEMBER 30, 2003

CHAMBERS, ROSS A  
 ADRON FENCE COMPANY  
 2762 NW 4TH ST  
 OKEECHOBEE FL 34972

12 02082601 000701

ADRON FENCE COMPANY INC.  
2762 N.W. 4<sup>TH</sup> STREET  
OKEECHOBEE, FL. 34972  
1-800-282-5172  
FAX 863-763-8404

\*\*\*\*\*

DATE: 9/23/02 FROM: Ucker  
TO: Gene PAGES TRANSMITTED: ✓  
FIRM: Sewalls Point FAX#: 772-220-4765

\*\*\*\*\*

NOTES: Ref: Flaugh Permit

Attached please find Easement  
release from FPL. Please  
advise whom we can pick up  
permit  
Thank You  
Ucker

IF YOU HAVE ANY QUESTIONS, OR DID NOT RECEIVE ALL THE PAGES OF THIS TRANSMITTAL, PLEASE CALL

OKEECHOBEE 863-763-6255 VERO BEACH 772-562-0022 SEBRING 863-385-4493 JUPITER 561-744-1303 STUART 772-283-4540 BELLE GLADE 561-924-3419 FT. PIERCE 561-465-3890

ADRON FENCE COMPANY, "FENCING YOU IN SINCE 1962"

561 228 4288

T-406 P.002/003 F-056

Sep-23-2002 02:22pm From-SRO CLERK

# EASEMENT AGREEMENT

## GENTLEMEN:

I PROPOSE TO APPLY FOR A SEWALLS POINT PERMIT TO ERECT A FENCE IN THE UTILITY EASEMENT ON MY PROPERTY AT:

6 Indalucie Parkway

LEGAL DISCRIPTION: LOT 9 BLOCK 4 S/D

BRIEF DESCRIPTION OF DIMENSIONS AND LOCATION FROM PROPERTY LINES:

104' 7 4' BIK Vinyl Chain Link - Rear Prop. Area

I UNDERSTAND YOUR COMPANY WILL NOT BE RESPONSIBLE IN ANY WAY FOR REPAIR REPLACEMENT OF ANY PORTION OF THE FENCE AND THAT ANY REMOVAL OR REPLACEMENT OF SUCH NECESSARY FOR YOUR USE OF THIS EASEMENT WILL BE DONE AT MY EXPENSE.

IF THERE IS NO OBJECTION TO THIS PROJECT, PLEASE COMPLETE THIS FORM AND RETURN TO ME AT:

ADRON FENCE COMPANY FAX 863-763-8404 (1-800-282-5172)

THIS PORTION TO COMPLETED BY UTILITY COMPANY

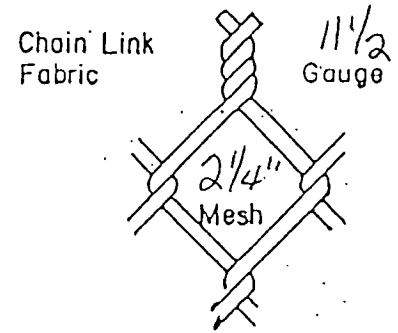
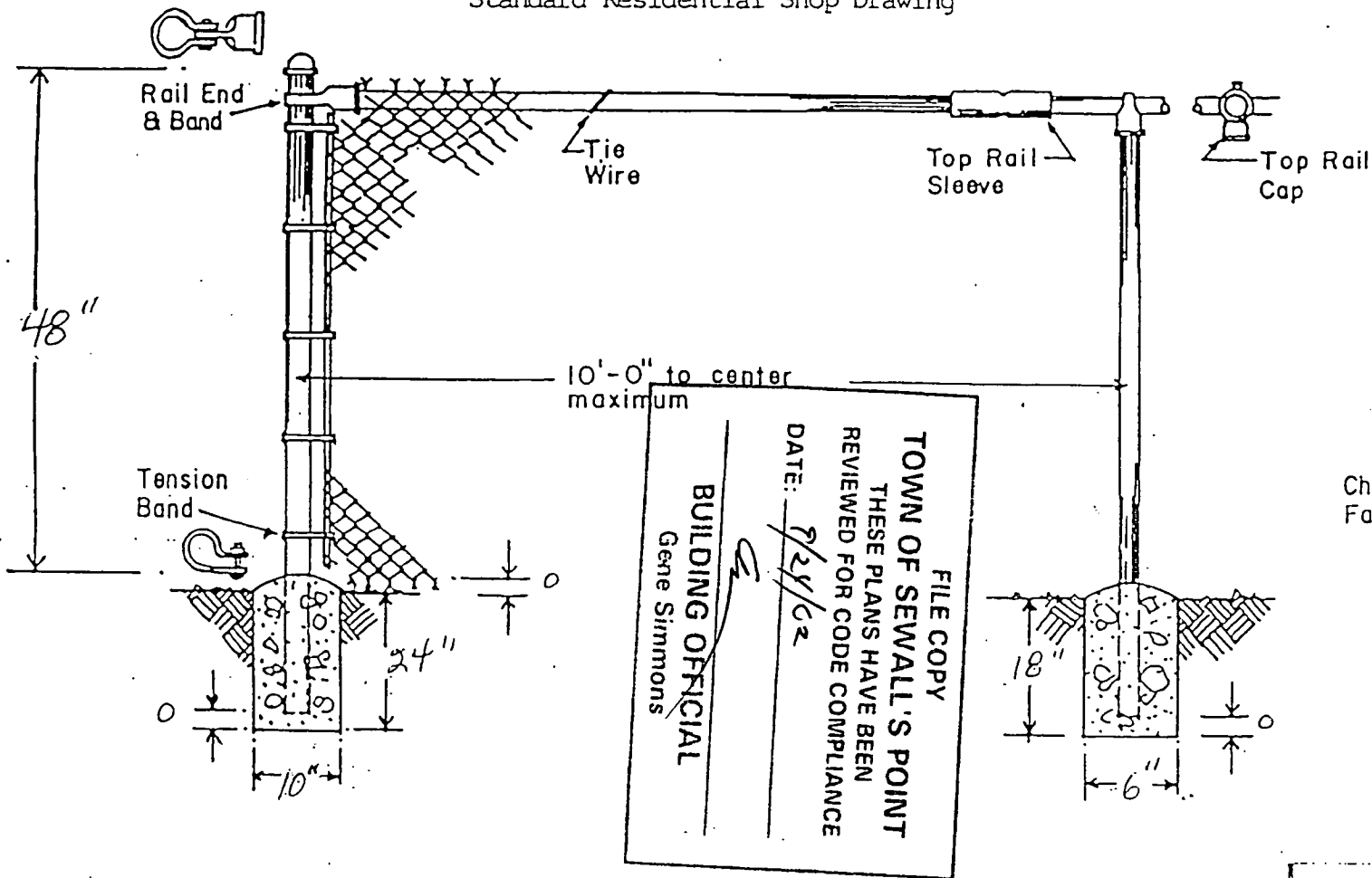
WE AGREE TO THE PROPOSED CONSTRUCTION UNDER THE CIRCUMSTANCES DESCRIBED ABOVE.

COMPANY FPL  
BY MIKE LAMARTINA TITLE DESIGNER

COMPANY RECORDS INDICATE  POTENTIAL CONFLICT  
(DOES)  (DOES NOT) EXIST.

THE CONFLICT IS: \_\_\_\_\_

Standard Residential Shop Drawing



Post hole diameter is 4 times the diameter of the post.

TERMINAL POST		LINE POST		TOP RAIL	
Size	Wt. per ft.	Size	Wt. per ft.	Size	Wt. per ft.
2 1/2"	.055wall	1 5/8"	.047wall	1 3/8"	.047wall
* Size-Is outside dimension			* Weight-Is pounds per linear foot		

**ADRON FENCE CO.**  
 2762 N.W. 4th ST.  
 OKEECHOBEE, FL 34972  
 1-800-282-5172



OKEECHOBEE  
(863) 763-8255

VERO BEACH  
(772) 562-0022

SEBRING  
(863) 385-4493

JUPITER  
(561) 744-1303

STUART  
(772) 283-3540

BELLE GLADE  
(561) 324-3419

FORT PIERCE  
(772) 465-3890

(800) 282-5172  
FAX: (863) 763-8403



"FENCING YOU IN SINCE 1962"

CC# FF 1535



2762 N.W. 41st Street  
Okeechobee, FL 34972

JOB NAME: FLAUGH, Mike DATE: 8-27-02  
 JOB ADDRESS: 6 Indalvie Parkway CONTACT: Mike  
 CITY COUNTY: STUART FL. PHONE: 561-201-9733  
 MAILING ADDRESS: \_\_\_\_\_ WORK: \_\_\_\_\_  
 PROP. I.D. # \_\_\_\_\_ FAX: 561-287-5276  
 DEED RESTRICTIONS: YES  HOMEOWNER'S ASSOC. NO  JOB # 0827FLA1LM JS2  
 DIRECTIONS: \_\_\_\_\_  
 CLOSEST INTERSECTING STREET: N. River dr. PERMIT #: \_\_\_\_\_

STYLE FENCE: Black Vinyl System  
 HEIGHT: 4 FOOTAGE: 195-8-187

\* Customer to clear fence line!

HEIGHT \_\_\_\_\_ FOOTAGE \_\_\_\_\_

GAUGE: 9X2 EXTRD

LINE POST: 1 5/8 X 6' .065 6 9

TERMINAL POST: 2 1/2 X 6' .065 8 9

TOP/BRAVE/BOTTOM RAIL: 1 3/8 .065 10 O.C.

TENSION WIRE: 9ga smooth

BARBED WIRE: \_\_\_\_\_

WALK GATE: 2 SIZE: 4 FRAME: 1 3/8

WALK GATE: \_\_\_\_\_ SIZE: \_\_\_\_\_ FRAME: \_\_\_\_\_

WALK GATE POST: 2 1/2 X 6' .065 10 9

DRIVE GATE: \_\_\_\_\_ SIZE: \_\_\_\_\_ FRAME: \_\_\_\_\_

DRIVE GATE POST: \_\_\_\_\_ CONCRETE: \_\_\_\_\_

DRIVE GATE: \_\_\_\_\_ SIZE: \_\_\_\_\_ FRAME: \_\_\_\_\_

DRIVE GATE POST: \_\_\_\_\_ CONCRETE: \_\_\_\_\_

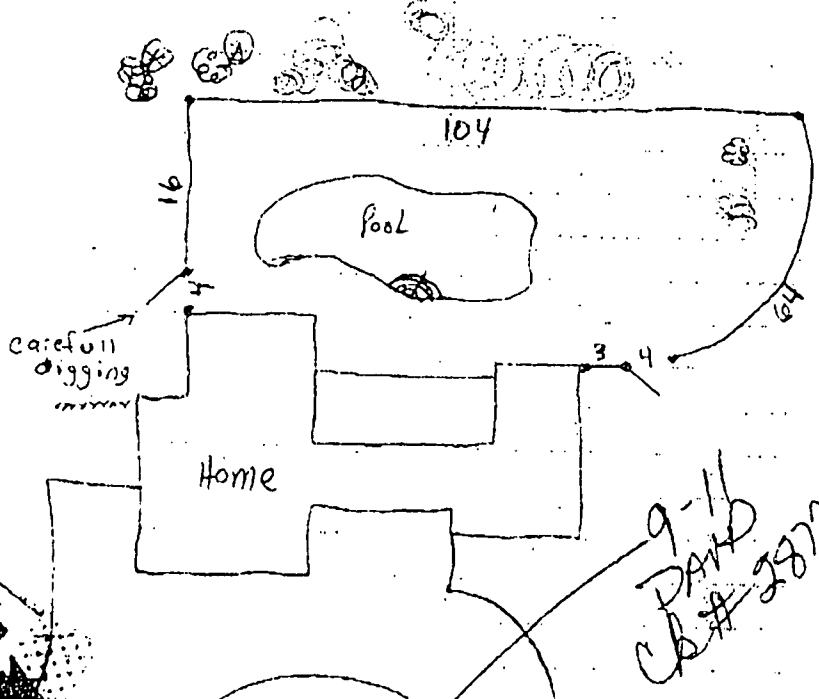
CORE DRILL/ASPHALT: \_\_\_\_\_

PRIVACY SLATS: \_\_\_\_\_

PROP. LINES CLEARED: By Owner YES  NO

PROP. MARKS VISIBLE: NO YES  NO

SPECIAL INSTRUCTIONS: add extra post around radius, and child proof hardware for pool code



CUSTOMER APPROVAL:

COST \$1727.00 DEPOSIT \$570.00 BALANCE \$1157.00

TERMS: 1/3 down, Balance On completion

THIS PRICE EFFECTIVE UNTIL: 9-15-02 OVER PHONE LEFT MESSAGE

PERSONNEL: Jm INSTALLER: \_\_\_\_\_ DATE: \_\_\_\_\_

Financing Available

MF

ADRON FENCE COMPANY, INC. 2762 NW 4TH STREET \* OKEECHOBEE, FL 34972  
863-763-6255 \* 863-763-8404 FAX

CUSTOMER IS RESPONSIBLE FOR THE FOLLOWING ITEMS, PRIOR TO ARRIVAL OF INSTALLATION CREW. (Initials required)

- ↳ MF (Int.) 1. PROPERTY PINS MUST BE MARKED OR BE VISIBLE.
- ↳ MF (Int.) 2. ALL LINES WHERE FENCE IS TO BE ERECTED MUST BE CLEARED.
- ↳ MF (Int.) CUSTOMER ACKNOWLEDGES THAT ADRON FENCE WILL CHARGE \$120.00 FOR EACH TRIP MADE TO CUSTOMER'S JOB SITE IF THE ABOVE ARE INCOMPLETE.

ADRON FENCE COMPANY, UNDER ANY CIRCUMSTANCE, ASSUMES NO RESPONSIBILITY CONCERNING PROPERTY LINES OR IN ANY WAY GUARANTEES THEIR ACCURACY. IF PROPERTY PINS CAN NOT BE LOCATED, IT IS RECOMMENDED THAT THE CUSTOMER HAVE THE PROPERTY SURVEYED.

ADRON FENCE COMPANY agrees to guarantee the fence to be free from defects in materials and workmanship for one year. Other manufacturer guarantees may apply.

ADRON FENCE COMPANY shall advise the customer as to local zoning regulations and ADRON FENCE COMPANY will obtain a permit when necessary, but responsibility for complying with said regulations, shall rest with the customer.

ADRON FENCE COMPANY will notify Sunshine State One Call Center in accordance with the "Underground Facilities Damage Prevention and Safety Act", Florida statute 556.10111 that requires all public utilities to be notified at least 48 hours in advance when any kind of underground excavation takes place.

ADRON FENCE COMPANY assumes no responsibility for unmarked sprinkler lines, or any other unmarked buried lines or objects. The customer will assume all liability for any damage caused by directing ADRON FENCE COMPANY to dig in the immediate vicinity of known utilities, or underground objects.

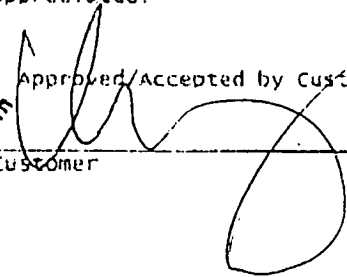
work performed will be in accordance with the job sheet (reverse side), but the final billing will be based on the actual footage of fencing built and the work performed. Partial billing for materials delivered to the job site and work completed may be sent at weekly intervals. Adjustments for materials used on this job and adjustments for labor will be charged or credited at the currently established rates. Any changes must be cleared through the main office and additional charges for any extra work not covered in this contract that was requested by the customer will also be added. The full amount of this contract along with any additional charges will become payable upon completion of all work whether or not it has invoiced.

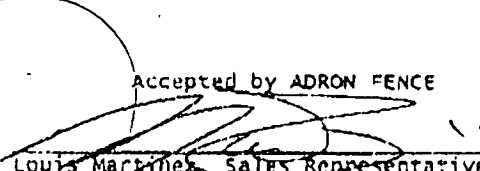
Once the contract has been signed and returned, paperwork is processed, in order to begin the installation/repair. If at any time, the contract/job is cancelled, there will be a minimum \$25.00 processing fee assessed in order to compensate ADRON FENCE COMPANY for the time and preparation of such documents. Other fees, charged may include restocking fee for special order items, permit costs etc.

PAYMENT TERMS: ALL PAYMENTS ARE DUE IN FULL, UPON COMPLETION OF YOUR PROJECT. A finance charge of 1 1/2% per month (or a minimum of \$2.00), which is an annual percentage rate of 18%, will be applied to accounts that are not paid within 10 days. All materials remain the property of ADRON FENCE COMPANY until all invoices pertaining to this job are paid in full. Right of access and removal is granted to ADRON FENCE COMPANY in the event of non-payment under the terms of this contract. The customer agrees to pay all interest and any costs incurred in the collection of this debt.

Please sign the preceding agreement and job sheet (reverse side) then mail or fax back to our office as soon as possible. Processing will not begin until this agreement and required deposit is received in our office. Your cooperation is greatly appreciated.

SIGN HERE

Approved/Accepted by Customer  
  
\_\_\_\_\_  
Customer Date

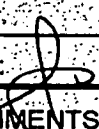

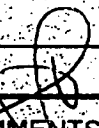

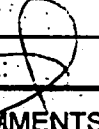
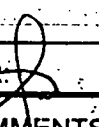

Accepted by ADRON FENCE  
  
\_\_\_\_\_  
Louis Martinez, Sales Representative



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 10-2-02, 2004, Page 1 of    

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>5984</del>	<del>FLAUCH</del>	<del>FENCE-Final</del>	<del>Passed</del>	
(1)	6 India Lucie PKWY A. DRON			INSPECTOR: 
5979	LANDI	FENCE-Final	Passed	
(6)	2 W. H Pt Rd Adron			INSPECTOR: 
5734	Absada-TEK	Plumbing UGrd	Passal	
(4)	8 Morgan Cir CONWAY	<del>Stab</del>		INSPECTOR: 
TREE	Kipling-wash.	TREE	Passal	
(5)	143 S. River Rd O/B			INSPECTOR: 
5900	LIP	FINAL-RE-ROOF	Failed	3" hood lap/screws?
(3)	53 S. River Rd PALMEDA	SHARON. (561)743 3227		INSPECTOR: 
5880	Harte	Plumbing Rough	Passal	
(7)	3 E High Pt Rd NAVARRO			INSPECTOR: 
5991	GEARY	HEATING	Passal	
(2)	10 River View Pacific			INSPECTOR: 

OTHER:

5 S. River (insulation)  
8 King. Circle pool pump  
Jones: Car + front yard

**9130**  
**FENCE**



**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:	9130	DATE ISSUED:	MARCH 30, 2009
SCOPE OF WORK:	FENCE		
CONDITIONS :			
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER:	353741002-004-000903	SUBDIVISION	INDIALUCIE - LOT 9
CONSTRUCTION ADDRESS:	6 INDIALUCIE PKWY		
OWNER NAME:	FLAUGH		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	223-4138

**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 DEPARTMENT  
 One S. Sewall's Point Road  
 Sewall's Point, Florida 34996  
 Tel 772-287-2455 Fax 772-220-4765

## BUILDING PERMIT RECEIPT

<b>PERMIT NUMBER:</b>	9130		
<b>ADDRESS</b>	6 INDIALUCIE PKWY		
<b>DATE:</b>	3/30/09	<b>SCOPE:</b>	FENCE

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$110.25 per sq. ft.)		s.f.	
Total square feet non-conditioned space: (@ \$51.60 per sq. ft.)		s.f.	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)			
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
Radon Fee (\$.005 per sq. ft. under roof):		\$	
DBPR Licensing Fee: (\$.005 per sq. ft. under roof)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections @ \$75.00 each	1	\$	75
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	80 pd-cash

RECEIVED  
DATE: 3-26-09  
TOWN OF SEWALL'S POINT

Date: 3/25/09 **TOWN OF SEWALL'S POINT** BUILDING PERMIT APPLICATION Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: MICHAEL + JENNIFER FLAUGH Phone (Day) 223-4138 (Fax) -

Job Site Address: 6 INDIANUCIE PARKWAY City: SEWALLS PT State: FL Zip: 34996

Legal Description: LOT 9, BLOCK 4, INDIANUCIE Parcel Control Number: 35-37-41-002-004-00090-3

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

Scope of work (please be specific): RENOVATION  
**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: \$ 4000  
(Notice of Commencement required when over \$2500 prior to first inspection. \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10 AE9 AE8  X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

State License Number: \_\_\_\_\_ OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DESIGN PROFESSIONAL: \_\_\_\_\_ Lic# \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Carport: \_\_\_\_\_ Total under Roof \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_  
\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2004 W/ 2006 REV.  
National Electrical Code: 2005 Florida Energy Code: 2004/6 Florida Accessibility Code: 2004/6 Florida Fire Prevention Code 2004/6

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

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

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

OWNER SIGNATURE: (required)  
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

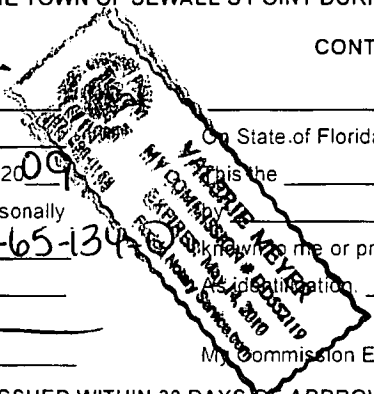
CONTRACTOR SIGNATURE: (required)

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

This the 26th day of March, 2009 This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by MICHAEL FLAUGH who is personally \_\_\_\_\_ who is personally \_\_\_\_\_  
known to me or produced FLDL# F420-544-65-134 known to me or produced \_\_\_\_\_  
as identification. \_\_\_\_\_ as identification: \_\_\_\_\_

Valerie  
Notary Public



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





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

**OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT  
 MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE**

**APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES  
 AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE**

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: Michael Flagg

Site address of the proposed building work: 6 INDIAN LKIE PKWAY

Name of legal title owner of the address above: Michael and Jennifer Flagg

Describe the scope of work for the proposed new construction: erect a gate

Name of Architect of Record: NA Structural Engineer of Record: NA

Who will supervise the trade work to meet the applicable code? self

What provisions have you made for Liability and Property Damage Insurance? FULL COVERAGE

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? NO ONE TO BE HIRED

What previous Owner/Builder improvements have you done in the State of Florida?

Location: NONE Scope of Work Done: \_\_\_\_\_ Year: \_\_\_\_\_

Location: \_\_\_\_\_ Scope of Work Done: \_\_\_\_\_ Year: \_\_\_\_\_

What code books do you have available for reference? Building: ON LINE

Electric: \_\_\_\_\_ Plumbing: \_\_\_\_\_ HVAC: \_\_\_\_\_

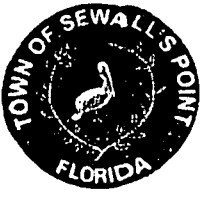
Other: \_\_\_\_\_

I have internet access and will view The Florida Building code at [www.floridabuilding.org](http://www.floridabuilding.org) YES  NO

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? yes (yes/no)

Have you consulted with your Homeowner's Insurance Agent? yes Lender? NO Attorney? NO

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. MF (initials).



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

**OWNER/BUILDER DISCLOSURE STATEMENT**

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

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







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

## FENCE and or POOL BARRIER CHECKLIST

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

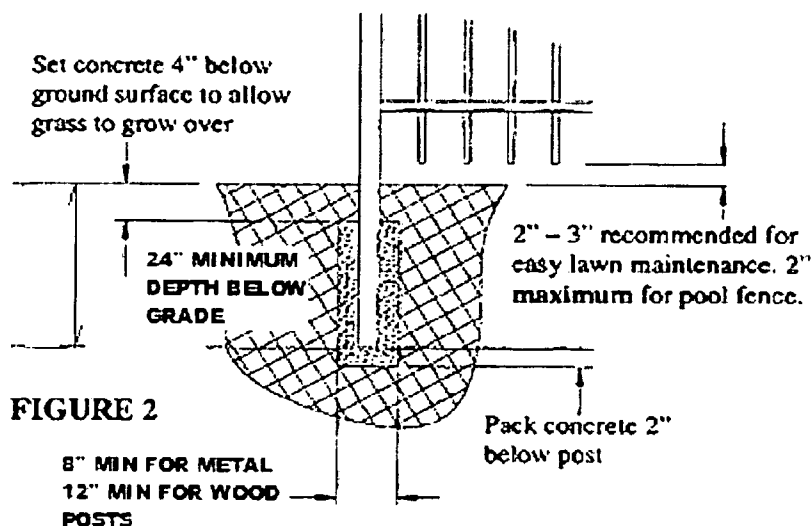
Please make sure you have ALL required copies before submitting permit application

- ✓ 1 Copy Completed permit application
- ✓ 2 Copies Survey or site plan showing the following:
  - All existing structures on property
  - Location of proposed fence
  - Setbacks from the fence to property lines
  - Height & type of fence
  - Location of all easements
  - Street & house number on site plans

**\*DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS\***

- ✓ 2 Copies support post footer sketch indicating size of footers. Fences to be used as a Pool Barrier (other than chain link fence) must include an accurate sketch or drawing indicating barrier requirement compliance.
- ~~NA~~ 2 Copies, if fence crosses any easement, Easement agreement from all utility Companies are required. Agreement form included in permit package.

Typical Fence Footer





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

**FENCE or WALL EASEMENT AGREEMENT**

Date: 12/25/09

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a (type of fence/wall) \_\_\_\_\_

In the (utility/drainage) easement on my property located at NA

LEGAL DESCRIPTION: LOT \_\_\_\_\_, BLOCK \_\_\_\_\_, SUBDIVISION \_\_\_\_\_

Give a brief description of dimensions and location from property lines:

In the event you have no objection to this project, please complete this form and return to me at:

Address: \_\_\_\_\_

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

I understand your company will not be responsible in any way for repair or replacement of any portion of This \_\_\_\_\_ and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*

**\*\*\*THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY\*\*\***

We agree to the proposed construction under the circumstances described above.

Company: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Company records indicate that a potential conflict DOES DOES NOT exist.

The conflict consists of: \_\_\_\_\_



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

UTILITY CONTACT LIST

MARTIN COUNTY UTILITIES:

PHIL KEATHLY  
772-223-7977

JIM CHRIST  
772-288-3034

FLORIDA POWER AND LIGHT:

BOB PIRSON  
772-223-4253

TANEISHA WHILBY  
772-223-4253

COMCAST:

WAYNE INGRAM  
772-692-9010 EXT. 29

BELLSOUTH:

SHEILA  
772-460-4407



**10053**

**GATE**



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:	10053	DATE ISSUED:	APRIL 2, 2012
SCOPE OF WORK:	DECORATIVE GATE		
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER:	353741002-004-000903	SUBDIVISION	INDIALUCIE, L9, BL 4
CONSTRUCTION ADDRESS:	6 INDIALUCIE PKWY		
OWNER NAME:	FLAUGH		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	201-9733

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

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

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

### INSPECTIONS

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

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

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

Date: 3/30/2012 Permit Number: 10053

OWNER/TITLEHOLDER NAME: Michael Flaugh Phone (Day) 772-201-9133 (Fax) \_\_\_\_\_

Job Site Address: INDIALUCIE PKWY City: STAT State: FL Zip: 34996

Legal Description LOT 9 BLOCK 4 PAT 4 PG 77 Parcel Control Number: 3537410020040009030000

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

Scope of work (please be specific): GATE (Decorative)

**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: \$ 3000  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10 \_\_\_\_\_ AE9 \_\_\_\_\_ AE8  X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

State License Number: \_\_\_\_\_ OR Municipality License Number: \_\_\_\_\_

LOCAL CONTACT: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DESIGN PROFESSIONAL: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Carport: \_\_\_\_\_ Total under Roof \_\_\_\_\_ Elevation \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_

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

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

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

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

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

OWNER SIGNATURE (required) \_\_\_\_\_ CONTRACTOR SIGNATURE (required) \_\_\_\_\_  
OR OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

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

This the 30 day of March This the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

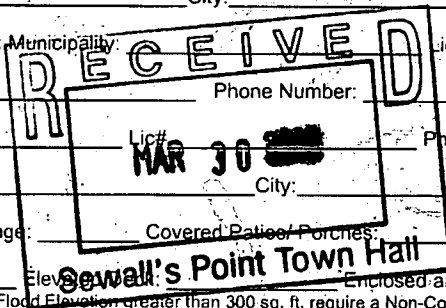
by Michael Flaugh who is personally \_\_\_\_\_ by \_\_\_\_\_ who is personally \_\_\_\_\_  
known to me or produced FLDL#F420-544-65-134-0 known to me or produced \_\_\_\_\_

as identification. Valerie Meyer As identification. \_\_\_\_\_

Notary Public Notary Public

My Commission Expires: \_\_\_\_\_ 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 4/2/2012 11:50:25 AM EDT*

**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
35-37-41-002-004-00090-3	9445	6 INDIALUCIE PKY, STUART	\$428,710	3/31/2012

**Owner Information**

<b>Owner(Current)</b>	FLAUGH MICHAEL D & JENNIFER T
<b>Owner/Mail Address</b>	6 INDIALUCIE PKY STUART FL 34996
<b>Sale Date</b>	9/20/2001
<b>Document Book/Page</b>	1586 0685
<b>Document No.</b>	JKB
<b>Sale Price</b>	80000

**Location/Description**

<b>Account #</b>	9445	<b>Map Page No.</b>	SP-03
<b>Tax District</b>	2200	<b>Legal Description</b>	INDIALUCIE, LOT 9 BLK 4 (LESS: BEG SW COR LOT 8, NELY ALG S/LN LT 8 135' TO SE COR, S35DEG28'12"W 85.07', S78DEG41'26"W 71.52' TO CURVE, NWLY ALG CURVE 51.38' TO POB)
<b>Parcel Address</b>	6 INDIALUCIE PKY, STUART		
<b>Acres</b>	.5630		

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120500 Melody Hill,India Lucie

**Assessment Information**

<b>Market Land Value</b>	\$138,000
<b>Market Improvement Value</b>	\$290,710
<b>Market Total Value</b>	\$428,710



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

## FENCE and or POOL BARRIER CHECKLIST

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

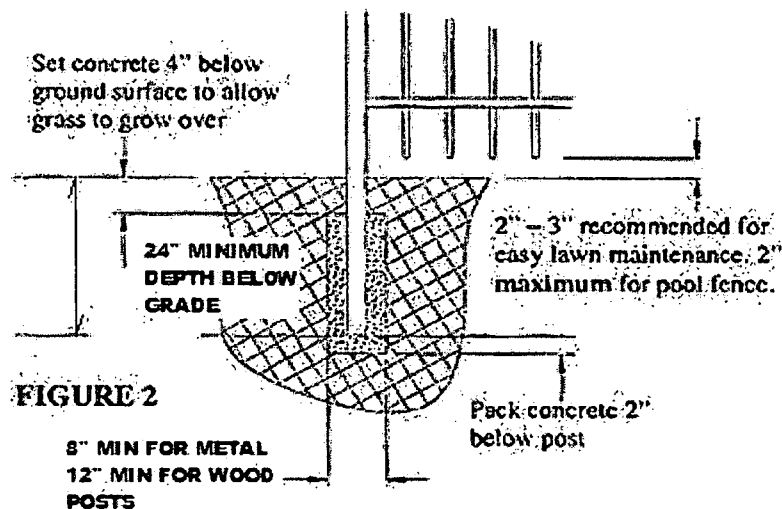
**Please make sure you have ALL required copies before submitting permit application**

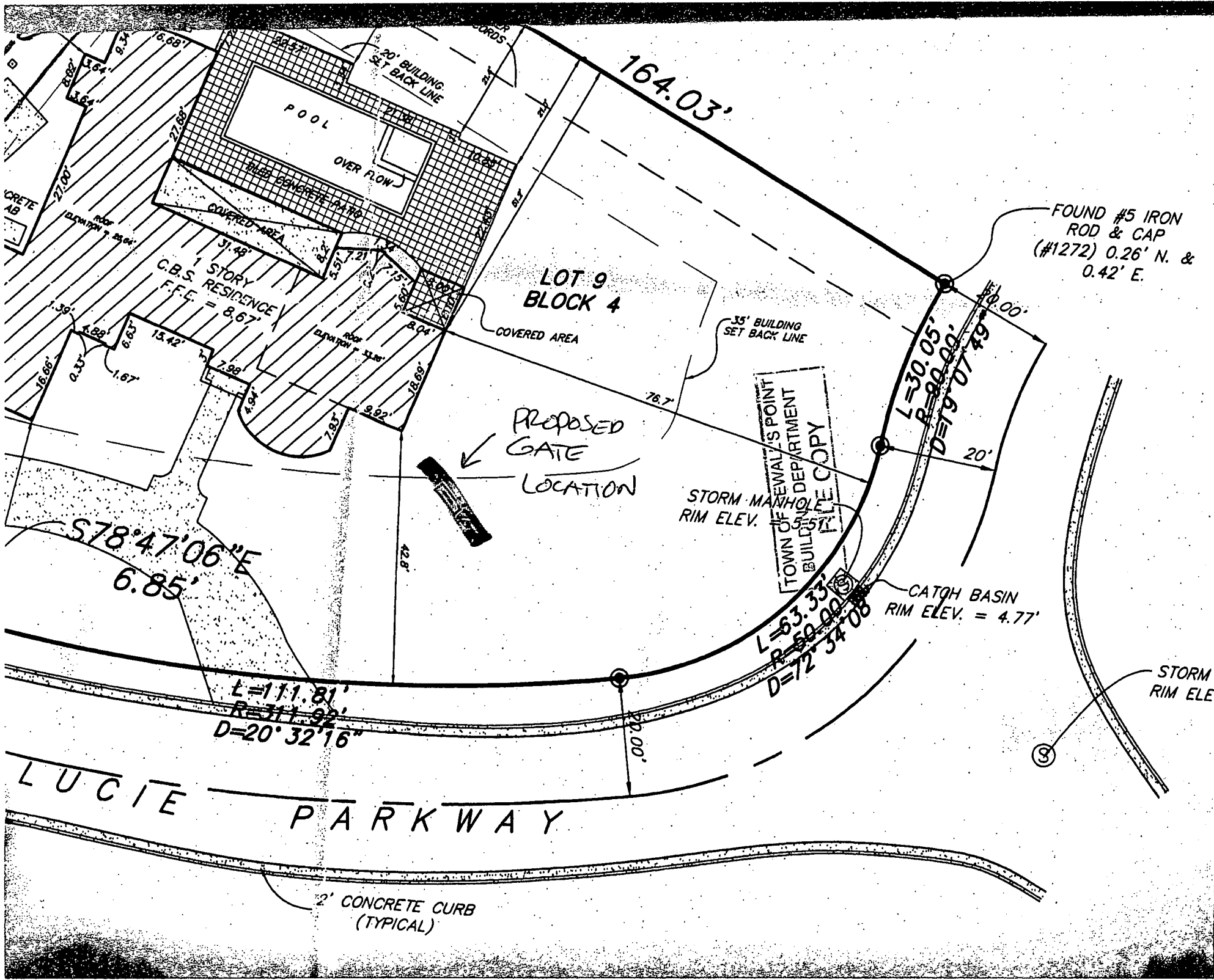
- 1 Copy** Completed permit application
- 2 Copies** Survey or site plan showing the following:
  - All existing structures on property
  - Location of proposed fence
  - Setbacks from the fence to property lines
  - Height & type of fence
  - Location of all easements
  - Street & house number on site plans

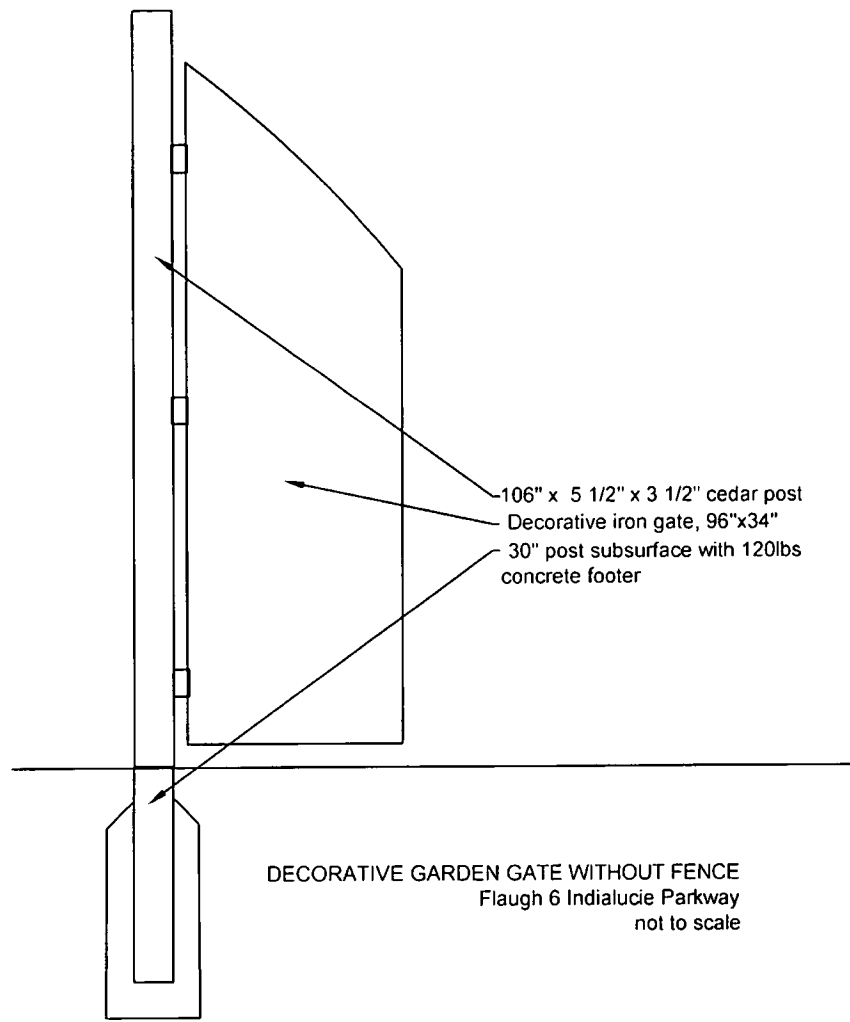
**\*DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS\***

- \_\_\_\_\_ **2 Copies** support post footer sketch indicating size of footers. Fences to Be used as a Pool Barrier (other than chain link fence) must include an Accurate sketch or drawing indicating barrier requirement compliance.
- \_\_\_\_\_ **2 Copies**, if fence crosses any easement, Easement agreement from all utility Companies are required. Agreement form included in permit package.

### Typical Fence Footer







- 106" x 5 1/2" x 3 1/2" cedar post
- Decorative iron gate, 96"x34"
- 30" post subsurface with 120lbs concrete footer

DECORATIVE GARDEN GATE WITHOUT FENCE  
Flaugh 6 Indialucie Parkway  
not to scale

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **4-13-12** Page **2** of **2**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10055	Castow 225 Sewalls Twin Palm Bldg	Final shutters	Pass	CPME INSPECTOR <i>[Signature]</i>
<del>10053</del>	<del>Plough 6600</del>	<del>Final</del>	<del>Pass</del>	<del>CPME</del>
	OB	(on side of property)		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

**10860**

**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:	10860	DATE ISSUED:	5/13/2014
SCOPE OF WORK:	A/C CHANGE OUT		
CONTRACTOR:	NISAIR A/C		
PARCEL CONTROL NUMBER:	353741002004000903	SUBDIVISION	INDIALUCIE LOT 9, BLK 4
CONSTRUCTION ADDRESS:	6 INDIALUCIE PKY		
OWNER NAME:	FLAUGH		
QUALIFIER:	PHILIP NISA JR	CONTACT PHONE NUMBER:	772 466-8115

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

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

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

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

### INSPECTIONS

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

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



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

**BUILDING PERMIT RECEIPT**

<b>PERMIT NUMBER:</b>	10860		
<b>ADDRESS:</b>	6 INDIALUCIE PARKWAY		
<b>DATE ISSUED:</b>	5/13/2014	<b>SCOPE OF WORK:</b>	A/C CHANGE OUT

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

<b>ACCESSORY PERMIT</b>	<b>Declared Value:</b>	\$	\$ 6,980.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)			\$ 5.00

<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	109.00
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*Pd 5/13/14  
 CK 30780*



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

Date: 5-8-14 Permit Number: 10860

OWNER/LESSEE NAME: Michael Flaugh Phone (Day) 201-9733 (Fax) 201-9299

Job Site Address: 6 Indialume Pkwy City: Stuart State: FL Zip: 34996

Legal Description \_\_\_\_\_ Parcel Control Number: 35-37-41-002-004-00090-3

Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):** Like for Like A/C Change out 5 ton

**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: \$ 6480.00  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10 \_\_\_\_\_ AE9 \_\_\_\_\_ AE8  X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Disair A/C Phone: 466-8115 Fax: 468-9745

Qualifiers name: Philip Nisajk Street: 3700 S. US Hwy 1 City: St Paul State: FL Zip: 34982

State License Number: CA041199 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: Phil Nisajk Phone Number: 466-8115

DESIGN PROFESSIONAL: \_\_\_\_\_ Fla. License# \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Carport: \_\_\_\_\_ Total under Roof: \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE: \_\_\_\_\_  
\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

**WARNINGS TO OWNERS AND CONTRACTORS:**

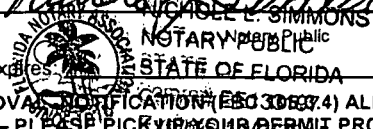
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- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCOMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
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**\*\*\*\*\* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS \*\*\*\*\***

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

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

**CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:**  
X \_\_\_\_\_  
State of Florida, County of St Leon  
On This the 8 day of May, 2014  
by Philip Nisajk Jr who is personally  
known to me or produced \_\_\_\_\_  
As identification, Nichole L. Simmons  
My Commission Expires \_\_\_\_\_



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 306.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP PERMIT PROMPTLY!



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

NISA, PHILIP ANTHONY JR
NISAIR AIRCONDITIONING
3700 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers.

Official license stamp for NISA, PHILIP ANTHONY JR, NISAIR AIRCONDITIONING. Includes AC# 6172185, CAC041199, 06/23/12 117061426, and expiration date AUG 31, 2014.

DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6172185

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12062300256

Table with columns: DATE, BATCH NUMBER, LICENSE NBR. Row 1: 06/23/2012, 117061426, CAC041199

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

NISA, PHILIP ANTHONY JR
NISAIR AIRCONDITIONING
3700 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982

RICK SCOTT GOVERNOR

KEN LAWSON SECRETARY

DISPLAY AS REQUIRED BY LAW





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2013

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

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

<b>PRODUCER</b> The Plastridge Agency-STO 10337 N. Military Trail Palm Beach Gardens, FL 33410 Jean Reed Parks	Phone: 772-287-5532 Fax: 772-287-5572	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): E-MAIL ADDRESS:	FAX (A/C No.):
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Nisair Air Conditioning 3700 S US HWY 1 Fort Pierce, FL 34982	<b>INSURER A:</b> Zenith Insurance Co.		
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Z069531607	01/01/2014	01/01/2015	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b>  Sewalls Point 1 S. Sewalls Point Road Stuart, FL 34996	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

2013 / 2014 **ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT** RECEIPT # 1711-20060002  
CHRIS CRAFT, ST. LUCIE COUNTY TAX COLLECTOR

EXPIRES SEPTEMBER 30, 2014

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 29

TYPE OF BUSINESS 1711 AIR COND/PLUMBING CONTRACTOR (AIR CONDITIONING)

BUSINESS/ Philip Anthony Nisa Jr

DBA NAME Nisair Air Conditioning  
MAILING Nisair Air Conditioning  
ADDRESS 3700 S US Hwy 1  
Fort Pierce, FL 34982

BUSINESS 3700 S US Hwy 1  
LOCATION Fort Pierce, FL 34982

City of Fort Pierce



RENEWAL ORIGINAL TAX \$27.55  
PENALTY  
COLLECTION COST  
TOTAL \$27.55

575220

Paid 07/15/2013 27.55

0019-20130715-008140

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

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

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

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

Local Business Taxes are subject to change according to law.

Nisair Air Conditioning  
3700 S US Hwy 1  
Fort Pierce, FL 34982

**Martin County, Florida  
Laurel Kelly, C.F.A**
*generated on 5/13/2014 8:17:21 AM EDT*
**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
35-37-41-002-004-00090-3	9445	6 INDIALUCIE PKY, STUART	\$434,700	5/10/2014

**Owner Information**

<b>Owner(Current)</b>	FLAUGH MICHAEL D & JENNIFER T
<b>Owner/Mail Address</b>	6 INDIALUCIE PKY STUART FL 34996
<b>Sale Date</b>	9/20/2001
<b>Document Book/Page</b>	1586 0685
<b>Document No.</b>	JKB
<b>Sale Price</b>	80000

**Location/Description**

<b>Account #</b>	9445	<b>Map Page No.</b>	SP-03
<b>Tax District</b>	2200	<b>Legal Description</b>	INDIALUCIE, LOT 9 BLK 4 (LESS: BEG SW COR LOT 8, NELY ALG S/LN LT 8 135' TO SE COR, S35DEG28'12"W 85.07', S78DEG41'26"W 71.52' TO CURVE, NWLY ALG CURVE 51.38' TO POB)
<b>Parcel Address</b>	6 INDIALUCIE PKY, STUART		
<b>Acres</b>	.5630		

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120500 Melody Hill,India Lucie

**Assessment Information**

<b>Market Land Value</b>	\$170,000
<b>Market Improvement Value</b>	\$264,700
<b>Market Total Value</b>	\$434,700



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

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: <u>Ruud</u> Model# <u>R4117M6024</u>	<u>Condenser:</u> Mfg: <u>Ruud</u> Model# <u>14A7M54A01</u>
Volts <u>230</u> CFM's <u>60000</u> Heat Strip <u>10</u> Kw	Volts <u>230</u> SEER/EER <u>16</u> BTU's <u>54000</u>
Min. Circuit Amps <u>42</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>35</u> Wire gauge <u>8</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>45</u>	Max. Breaker size <u>60</u> Min. Breaker size <u>35</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>R410A</u>	Refrigerant type <u>R410A</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>Attic</u>	Left/Right/Rear/Front/Roof _____
Access: _____	Condensate Location <u>SW</u>

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

EXISTING SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: <u>N/A</u> Model# <u>NA</u>	<u>Condenser:</u> Mfg: <u>N/A</u> Model# <u>NA</u>
Volts _____ CFM's _____ Heat Strip <u>10</u> Kw	Volts _____ SEER/EER <u>10</u> BTU's <u>60000</u>
Min. Circuit Amps <u>45</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>35</u> Wire gauge <u>8</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>45</u>	Max. Breaker size <u>60</u> Min. Breaker size <u>35</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>R22</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</u>	Left/Right/Rear/Front/Roof _____
Access: _____	Condensate Location <u>SW</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]

Date 5-8-14



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

10860  
FWP

**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: Michael Flaugh Contractor name: Disair A/C  
 Street address: 6 Indialucie pkwy Jurisdiction: \_\_\_\_\_  
 City: Stuart Permit No.: \_\_\_\_\_  
 Zip: 34996 Final inspection date: \_\_\_\_\_

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

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

Signature: [Signature] Date: 5-9-14  
 Printed Name: PHILIP AUSA JR  
 Contractor License #: CA0041199

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: \_\_\_\_\_





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: 3799471

Date: 5/8/2014

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

Outdoor Unit Model Number: 14AJM56

Indoor Unit Model Number: RHLL-HM6024+RCSL-H\*6024

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM, RUUD, WEATHERKING

Series name:

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

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

Cooling Capacity (Btuh):	54000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	

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

#### DISCLAIMER

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

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#### CERTIFICATE VERIFICATION

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

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we make life better™

CERTIFICATE NO.:

130440534828603293



# DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems

The New Degree of Comfort™

## Customer Information

Street Address	6 INDIALUCIE PKWY, Stuart, FL 34996
Latitude, Longitude	26.6726°, -80.0706°
House Square Footage:	2663 sq. ft.
Name:	FLAUGH
Phone:	
Email:	

## House Information

SHR	75
Number of residents	2
Ceiling height	9
Wall U-value   R-value	0.09   11
Floor U-value   R-value	0.2   5
Ceiling U-value   R-value	0.053   19
Window U-value	0.5
Window SHGF	0.85
Moisture grains	64
Duct loss %	10
Duct gain %	10
Cooling infiltration (ACH)	0.6
Heating infiltration (ACH)	0.8
Winter ventilation	0
Summer ventilation	0

# Design Conditions

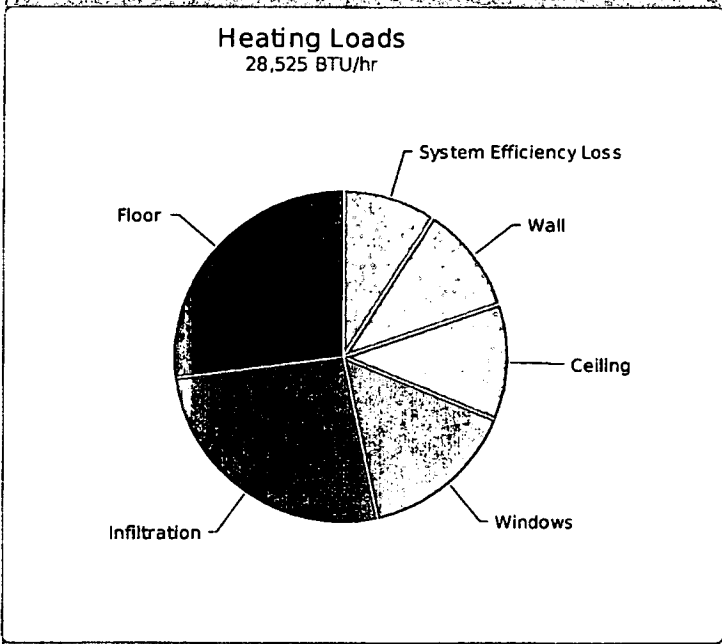
Outdoor	Heating	Cooling
Dry bulb (°F)	47	90
Daily range		M
Relative humidity		50%
Moisture difference		64

Indoor	Heating	Cooling
Indoor temperature (°F)	70	75
Design temperature difference(°F)	23	15

# Heating Loads

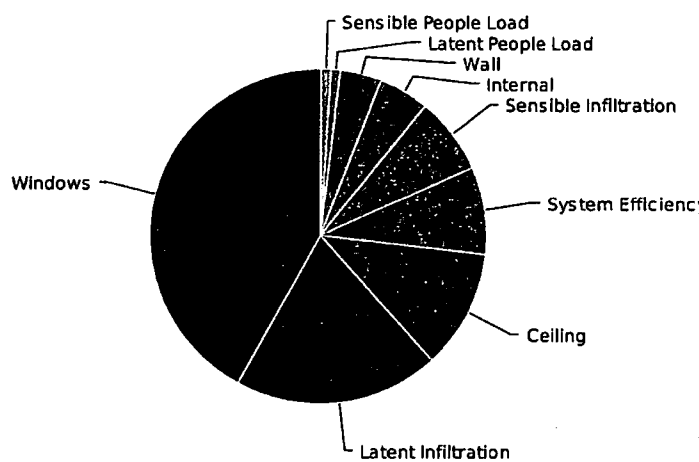
Area	Btuh	% of load
Wall	3055	10.7
Floor	7719	27.1
Ceiling	3246	11.4
Windows	4393	15.4
Infiltration	7519	26.4
System Efficiency Loss	2593	9.1
Total	28525	



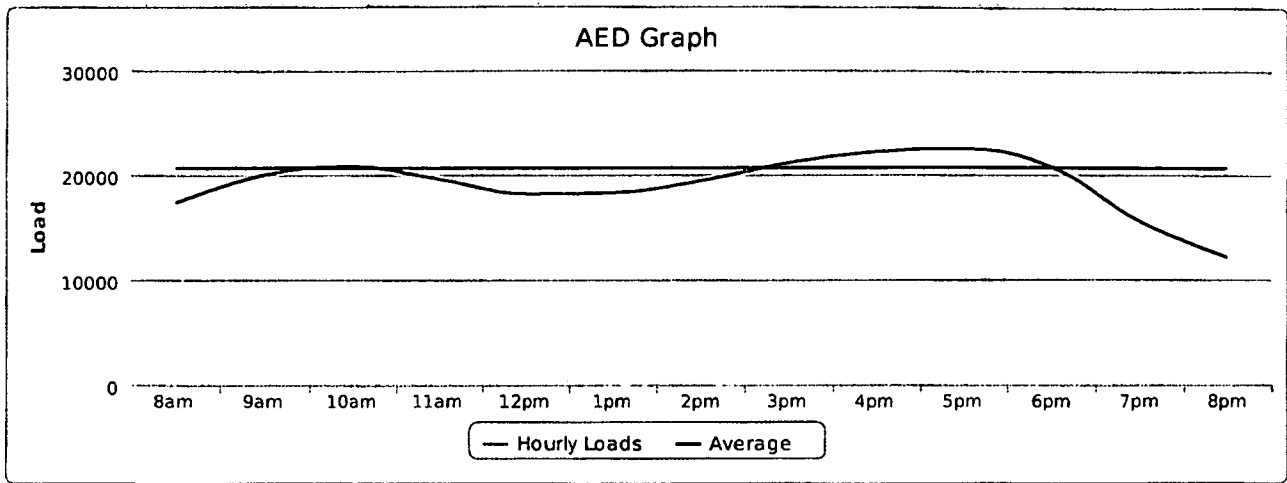
# Cooling Loads

Area	Btuh	% of load
Wall	1992	4.1
Ceiling	5646	11.5
Windows	20653	42
Sensible Infiltration	3678	7.5
Latent Infiltration	9700	19.7
System Efficiency Gain	4167	8.5
Internal	2400	4.9
Sensible People Load	460	0.9
Latent People Load	460	0.9
<b>Total</b>	<b>49155</b>	
<b>Sensible load</b>	<b>38995</b>	
<b>Latent load</b>	<b>10160</b>	
<b>SHR</b>	<b>0.79</b>	
<b>Capacity at 75 SHR</b>	<b>4.33 Tons</b>	

Cooling Loads  
49,155 BTU/hr



# Adequate Exposure Diversity



# Equipment selection

System equipment selection will be made using the following derived values.

Glass (E)	193 sq. ft.
Glass (S)	27 sq. ft.
Glass (N)	27 sq. ft.
Glass (W)	135 sq. ft.
Summer Outdoor	90°F
Summer Wet Bulb	78°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	47°F
Winter Indoor	70°F
Sensible Cooling	38,995 Btuh
Latent Cooling	10,160 Btuh
Required Cooling Airflow	1,773 CFM
Sensible Heating	28,525 Btuh
Required Heating Airflow	370 CFM

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree.



Featuring  
Industry Standard  
R-410A Refrigerant

**R-410A**



## 14.5 SEER VALUE SERIES CONDENSING UNITS

### Features

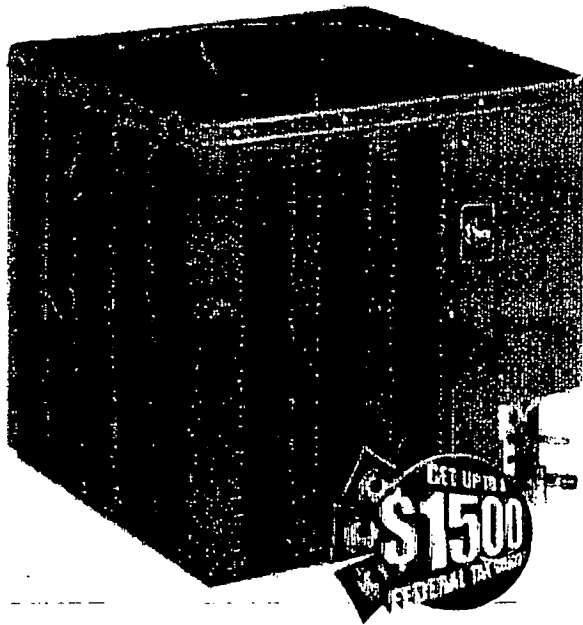
- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)

### Applications

Outdoor condensing unit designed for ground level or rooftop installations. These units offer comfort and dependability for single, multi-family and light commercial applications.

### Accessories

- Low Pressure Control (RXAC-A07)
- High Pressure Control (RXAB-A07)
- Low Ambient Control (RXAD-A08)
- Compressor Time Delay Control
- Crankcase Heater
- Sound Enclosure



\*Visit [www.Rheem.com](http://www.Rheem.com)  
for complete details.\*

### 14AJM-

14.5 SEER Models

Efficiencies up to 17 SEER/13.50 EER

Nominal Sizes 1 1/2 to 5 Tons

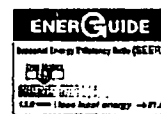
[5.28 kW] to [17.6 kW]

### Nine Models

Cooling Capacities

19,600 to 56,500 BTU/HR

[5.74 to 16.56 kW]



*\*Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet ENERGY STAR criteria. Ask your Contractor for details or visit [www.energystar.gov](http://www.energystar.gov).\**

# 115V/208V/240V/460V Airflow Performance Data—RHLL (X-13 (ECM) Motor)

Model No. RHLL	Tonnage Application	Motor Speed From Factory	Manufacturer Recommended Air-Flow Range (Min/Max) CFM	Blower Size/ Motor HP (W) # of Speed	Motor Speed	X-13 CFM (L/s) Air Delivery/RPM/Watts—115/208/240 Volts									
						External Static Pressure—Inches W.C. (kPa)									
						0.1 (.02)	0.2 (.05)	0.3 (.07)	0.4 (.10)	0.5 (.12)	0.6 (.15)	0.7 (.17)			
-2417 No Heater	1.5 Ton	5	509/681 CFM [240/321 L/s]	10x6 1/3 HP [249] 5 Speed	2	CFM	689 [325]	644 [304]	602 [284]	563 [266]	509 [240]	—	—		
						RPM	580	633	683	728	781	—	—		
						Watts	66	84	86	88	91	—	—		
					3	CFM	—	—	—	—	681 [321]	644 [304]	603 [285]	—	—
						RPM	—	—	—	—	835	878	916	—	—
						Watts	—	—	—	—	136	143	152	—	—
-2417 with 13 kW Heater	1.5 Ton	5	480/666 CFM [231/314 L/s]	10x6 1/3 HP [249] 5 Speed	2	CFM	670 [318]	625 [295]	583 [275]	544 [257]	490 [231]	—	—		
						RPM	608	661	711	756	809	—	—		
						Watts	75	93	95	47	100	—	—		
					3	CFM	—	—	—	—	686 [314]	629 [297]	588 [277]	—	—
						RPM	—	—	—	—	855	899	938	—	—
						Watts	—	—	—	—	144	151	160	—	—
-2417 No Heater	2 Ton	5	730/851 CFM [345/307 L/s]	10x6 1/3 HP [249] 5 Speed	4	CFM	875 [413]	839 [396]	804 [379]	762 [360]	730 [345]	—	—		
						RPM	679	724	765	810	852	—	—		
						Watts	121	131	135	142	143	—	—		
					5	CFM	—	—	—	—	862 [407]	828 [391]	801 [378]	—	—
						RPM	—	—	—	—	904	940	970	—	—
						Watts	—	—	—	—	203	215	228	—	—
-2417 with 13 kW Heater	2 Ton	5	711/826 CFM [336/296 L/s]	10x6 1/3 HP [249] 5 Speed	4	CFM	856 [404]	820 [387]	785 [370]	743 [351]	711 [336]	—	—		
						RPM	707	752	793	838	880	—	—		
						Watts	130	140	144	151	152	—	—		
					5	CFM	—	—	—	—	837 [395]	803 [379]	776 [368]	—	—
						RPM	—	—	—	—	924	960	990	—	—
						Watts	—	—	—	—	211	223	238	—	—
-3617 No Heater	2.5 Ton	5	935/1084 CFM [441/512 L/s]	10x8 1/2 HP [373] 5 Speed	2	CFM	1083 [516]	1050 [496]	1017 [480]	977 [461]	935 [441]	—	—		
						RPM	671	725	764	809	852	—	—		
						Watts	153	168	174	180	188	—	—		
					3	CFM	—	—	—	—	1084 [512]	1040 [491]	1001 [472]	—	—
						RPM	—	—	—	—	886	936	971	—	—
						Watts	—	—	—	—	249	257	261	—	—
-3617 with 18 kW Heater	2.5 Ton	5	910/1059 CFM [429/500 L/s]	10x8 1/2 HP [373] 5 Speed	2	CFM	1058 [504]	1025 [484]	992 [468]	952 [449]	910 [429]	—	—		
						RPM	711	765	804	849	892	—	—		
						Watts	164	179	185	191	199	—	—		
					3	CFM	—	—	—	—	1059 [500]	1015 [479]	976 [461]	—	—
						RPM	—	—	—	—	936	976	1011	—	—
						Watts	—	—	—	—	260	268	272	—	—
-3617 No Heater	3 Ton	5	1130/1275 CFM [533/602 L/s]	10x8 1/2 HP [373] 5 Speed	4	CFM	1270 [599]	1237 [584]	1199 [566]	1165 [550]	1130 [533]	—	—		
						RPM	775	818	848	882	926	—	—		
						Watts	237	249	259	268	277	—	—		
					5	CFM	—	—	—	—	1275 [602]	1244 [587]	1211 [571]	—	—
						RPM	—	—	—	—	963	999	1029	—	—
						Watts	—	—	—	—	338	348	363	—	—
-3617 with 18 kW Heater	3 Ton	5	1105/1250 CFM [521/590 L/s]	10x8 1/2 HP [373] 5 Speed	4	CFM	1245 [588]	1212 [572]	1174 [554]	1140 [538]	1105 [521]	—	—		
						RPM	815	856	886	922	966	—	—		
						Watts	248	260	270	279	286	—	—		
					5	CFM	—	—	—	—	1250 [590]	1219 [575]	1186 [560]	—	—
						RPM	—	—	—	—	1003	1039	1069	—	—
						Watts	—	—	—	—	349	359	374	—	—

Notes: X-13 (ECM) motor speed changes.

All X-13 (ECM) motors have 5 speed tabs. Speed tab 1 is for continuous fan. Speed tab 2 (low static) and Speed tab 3 (high static) are for lower tonnage. Speed tab 4 (low static) and Speed tab 5 (high static) are for higher tonnage.

X-13 (ECM) air handlers are always shipped from factory at Speed tab 5, except for -4824, which is set at Speed tab 3. For instance, RHLL-HM2417JA is always shipped at high static 2-ton airflow (Speed tab 5). To change to 1.5-ton airflow, move the blue wire to Speed tab 2 or 3 on the X-13 (ECM) motor. The low static Speed tab 2 (lower tonnage) and 4 (higher tonnage) are used for external static below 0.5" WC. The high static Speed tab 3 (lower tonnage) and 5 (higher tonnage) are used for external static exceeding 0.5" WC. Move the blue wire to the appropriate Speed tab as required by the application needs.

• The airflow for continuous fan (Speed tab 1) is always set at 50% of the Speed tab 4.

• The above airflow table lists the airflow information for air handlers without heater and air handler with maximum heater allowed for each model.

• The following formula can be used to calculate the approximate airflow, if a smaller (N kW) than the maximum heater kit is installed.

Approximate Airflow = Airflow without heater - (Airflow without heater - Airflow with maximum heater) x (N kW/maximum heater kW)

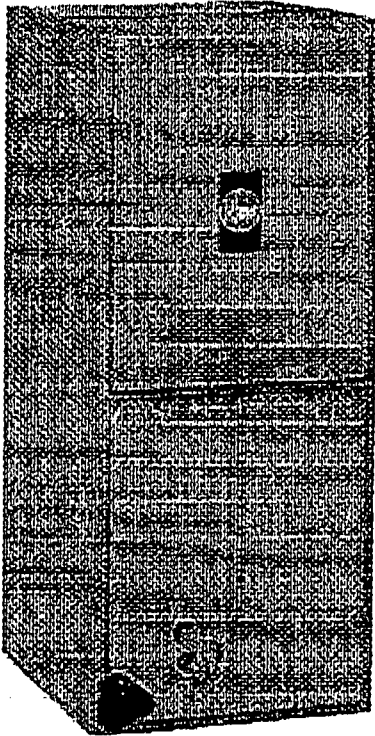
[ ] Designates Metric Conversions

Rheem Heating, Cooling and Water Heating

11



# AIR HANDLERS



## AIR HANDLERS

**RHLL- High Efficiency**  
featuring Industry Standard  
R-410A Refrigerant

~~R-410A~~

**RHSL- Standard Efficiency**  
featuring Industry Standard  
R-410A Refrigerant

~~R-410A~~

### Features

- RHLA/RHLL feature GE's new X-13 (ECM) motor which provides enhanced SEER performance with most Rheem outdoor units.
- 1 1/2 ton [5.3 kW] through 5 ton [17.6 kW] models are between 42 1/2 to 55 1/2 inches [1080 to 1410 mm] tall and 22 inches [559 mm] deep.
- Versatile 4-way convertible design for upflow, downflow, horizontal left and horizontal right applications.
- Factory-installed high efficiency indoor coil.
- All models meet or exceed 330 to 400 CFM [156 to 189 L/s] per ton at .3 inches [.7 kPa] of external static pressure.
- Enhanced airflow up to .7" external static pressure.
- Sturdy construction with 1.0 inch [.24 kPa] of reinforced foil faced jacket insulation for excellent thermal and sound insulation.
- Field-installed auxiliary electric heater kits provide exact heat for indoor comfort. Kits include circuit breakers which meet UL and cUL requirements for service disconnect.



Rheem - outside  
12,000 per ton

### Electrical and Physical Data

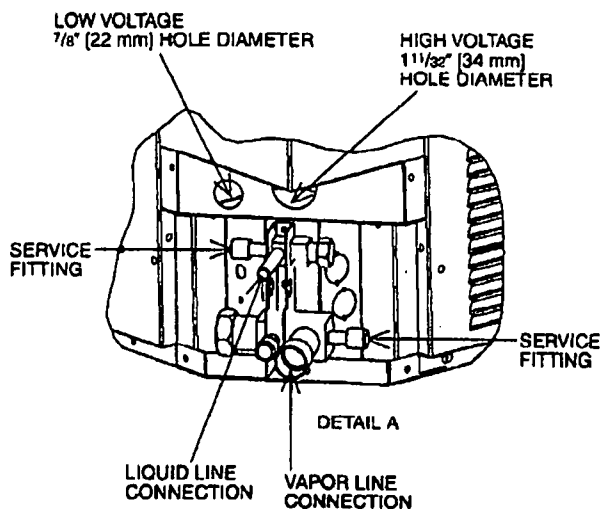
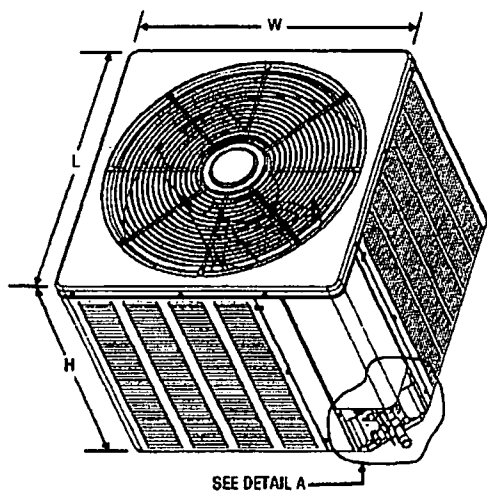
Model No. 14AJM	ELECTRICAL							PHYSICAL						
	Phase Frequency (HZ) Voltage (Volts)	Compressor		Fan Motor Full Load Amperes (FLA)	Minimum Circuit Ampacity Amperes	Fuse or HACR Circuit Breaker		Outdoor Coil			Refrigerant Per Circuit Oz. (g)	Weight		
		Rated Load Amperes (RLA)	Locked Rotor Amperes (LRA)			Minimum Amperes	Maximum Amperes	Face Area Sq. Ft. (m <sup>2</sup> )	No. Rows	CFM (L/s)		Net Lbs. (kg)	Shipping Lbs. (kg)	
Rev. 3/11/2010														
18	1-60-208/230	9/9	48	0.8	12/12	15/15	20/20	16.39 [1.52]	1	2805 [1324]	112 [3175]	154 [69.9]	171 [77.6]	
24	1-60-208/230	13.5/13.5	58.3	0.8	18/18	25/25	30/30	16.39 [1.52]	1	2805 [1324]	105.6 [2994]	154 [69.9]	171 [77.6]	
30	1-60-208/230	12.8/12.8	64	1.4	18/18	25/25	30/30	16.39 [1.52]	1	2915 [1376]	112 [3175]	157 [71.2]	175 [79.4]	
36	1-60-208/230	18.7/16.7	79	1.9	23/23	30/30	35/35	21.85 [2.03]	1	3435 [1621]	130.4 [3697]	181 [82.1]	201 [91.2]	
42	1-60-208/230	17.9/17.9	112	2.8	26/26	30/30	40/40	21.85 [2.03]	1	3550 [1675]	145.12 [4114]	205 [93]	225 [102.1]	
48	1-60-208/230	21.8/21.8	117	2.8	31/31	40/40	50/50	21.85 [2.03]	2	4310 [2034]	216 [6124]	249 [112.9]	269 [122]	
49	1-60-208/230	19.9/19.9	109	1.9	27/27	35/35	45/45	21.85 [2.03]	2	3615 [1706]	213 [6039]	249 [112.9]	269 [122]	
56	1-60-208/230	21.4/21.4	135	1.9	29/29	35/35	50/50	21.85 [2.03]	2	3615 [1706]	241 [6832]	254 [115.2]	274 [124.3]	
60	1-60-208/230	28.4/26.4	134	2.8	36/36	45/45	60/60	21.85 [2.03]	2	4310 [2034]	240 [6804]	254 [115.2]	274 [124.3]	

NOTE: Factory Refrigerant Charge Includes refrigerant for 15 feet of standard line set.

### Unit Dimensions

Model No. 14AJM	Unit Dimensions		
	Width "W" Inches (mm)	Length "L" Inches (mm)	Height "H" Inches (mm)
18, 24, 30	31 <sup>3</sup> / <sub>8</sub> [803]	31 <sup>3</sup> / <sub>8</sub> [803]	27 <sup>3</sup> / <sub>8</sub> [695]
36, 42, 48, 49, 56, 60	31 <sup>3</sup> / <sub>8</sub> [803]	31 <sup>3</sup> / <sub>8</sub> [803]	35 <sup>3</sup> / <sub>8</sub> [899]

[ ] Designates Metric Conversions



# THE METAL SHOP

Custom Metal Manufacturer

Consulting Engineer

## ANCHOR CLIPS Installer's Guide

Douglas W. Lowe, P.E.  
FLA# 13355  
1206 Millennium Parkway  
Brandon, FL 33511

**WARNING: HAZARDOUS VOLTAGE. DISCONNECT POWER BEFORE SERVICING**

### PART NUMBER

- #771 (4 pk)
- #772 (100 box)
- #773 (4 pk including hardware)

### CONSTRUCTION

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

### PACKAGING DETAILS

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

### INSTALLATION

Minimum of 4 clips required per condenser unit.  
Minimum of 2 #14 x 3/4" screws with neoprene washer required to fasten clip to condenser unit.  
1/4" x 1 3/4" Tapon screw required to fasten clip to condenser pad.

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

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

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

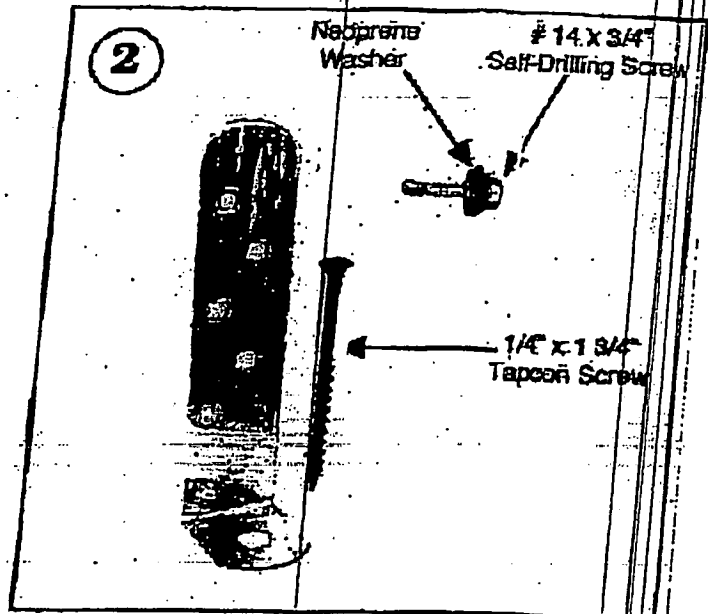
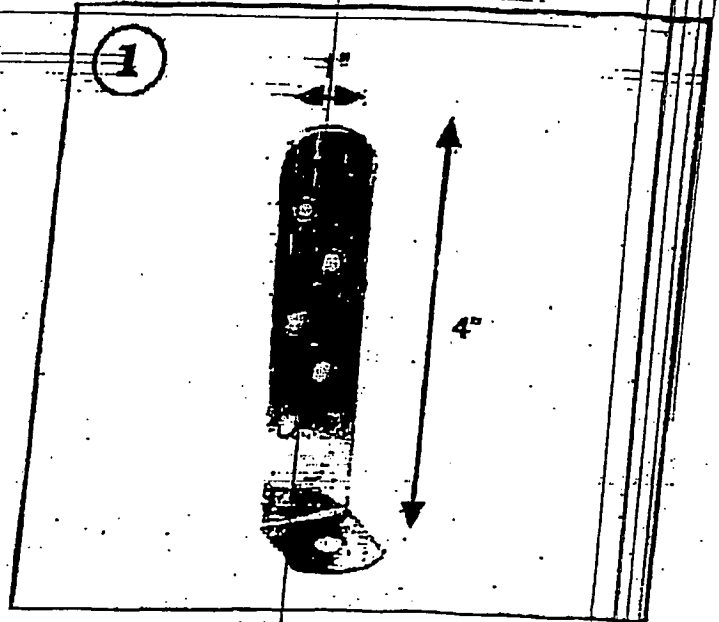
Anchor clip design meets requirements of The Florida Building Code, 2007 (Building) Chapter 301.12 for wind resistance up to 140 MPH.

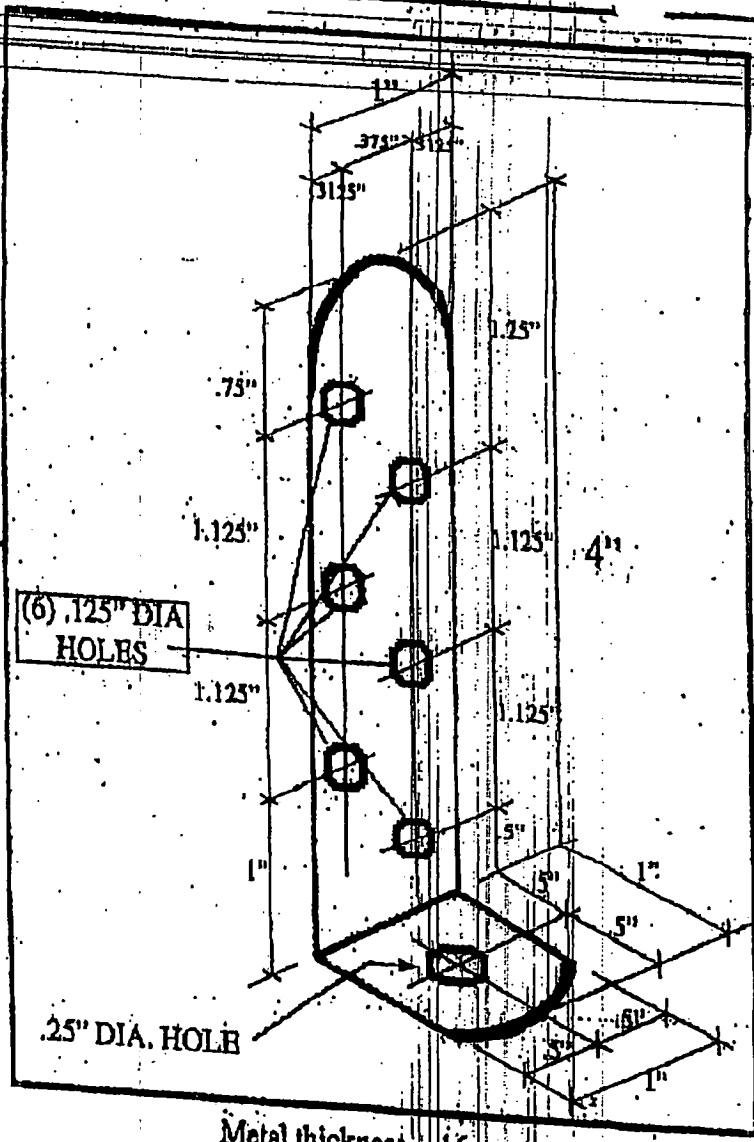
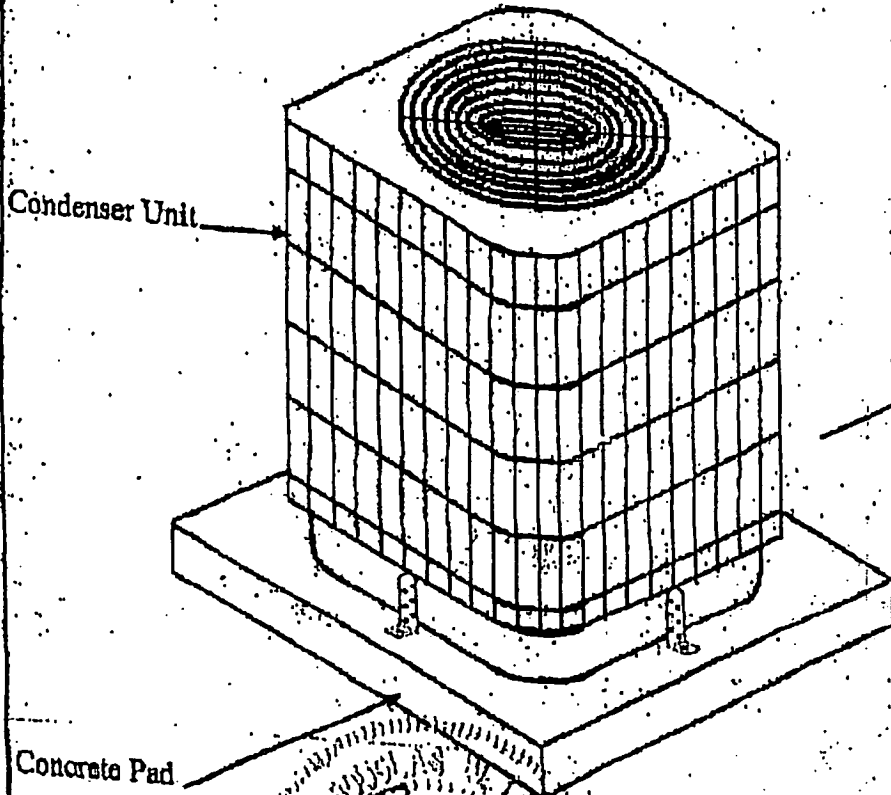
### FEATURES

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

### NOTE

Above installation instruction suitable for up to 5 ton units.





*Handwritten signature and date: 2/14/08*

The Metal Shop  
 1139 Eldridge Street  
 Clearwater  
 FL 33765

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

Consulting Engineer:  
 Douglas W. Lowe, P.E.  
 FLA # 13356  
 1206 Millennium Parkway  
 Brandon, FL 33511

Revision Date:  
 2/14/08

Drawn by:  
 K.P.R.

Page:  
 1 of 1

Scale - Not to scale



# ESTIMATE



**AIR CONDITIONING** Lic. # CACO-41189

3700 S US Highway One  
Fort Pierce, FL 34982

Martin: (772) 283-0904  
St. Lucie: (772) 466-8115  
Toll Free 1-877-7NISAIR

NAME MIKE FLAUGH  
ADDRESS 6 INDIA LANE PLUM  
STUART FL 34996  
Hm# 201-9737 Fax# \_\_\_\_\_

DATE 5-7-14  
JOB LOCATION \_\_\_\_\_  
FPL Acct/Meter # 0250184421

**THERMOSTATS**

- Digital Thermostat 206-T-STAT
- Humidistat

**ELECTRIC INDOOR AND OUTDOOR**

- New Disconnect Box & Wiring
- High Voltage Wiring
- New Weatherproof Conduit & Connections For Outside Unit
- New Weatherproof Conduit & Connections For Inside Unit

**AIR DISTRIBUTION/DUCT MODIFICATION**

- Increase Return Duct Size to: \_\_\_\_\_
- New Return Air Grille Size to: \_\_\_\_\_
- Modify New Fiberglass Return Plenum \_\_\_\_\_
- Modify New Fiberglass Supply Air Plenum \_\_\_\_\_
- Strap, Hang and Support New Plenums
- Seal Wall Cracks and Crevices to not Draw Attic Air
- Liquid Mastic Sealant All New Duct Connections
- New Wood Top & Paint White
- Polyboard Insulate Return Air Platform & Mastic Seal
- Seal Off Return Air Platform for Air Leaks

**FILTRATION / CLEAN AIR**

- BWT Poly Media Air Filter 20x20-1 plum (6)
- High Efficiency Cleaner 20x20-1 w/ (6)
- Ultra Violet Light System 20x20-1 MESH (6)

**PIPING & FITTINGS**

- Repipe Suction & Liquid Lines at new Unit. Insulate New Suction Line & Secure Low Voltage Wiring.
- New Refrigerant Copper Tubing Line Set Overhead Exterior Line cover Includes Armaflex & Detailed Workmanship.

**RECLAIM / EVACUATION / REFRIGERANT**

- Reclaim Refrigerant According to EPA Regulations
- Liquid Line Drier  Suction Line Drier
- Triple Evacuation to Remove Moisture & Impurities
- Refrigerant Weighed in to Factory Specifications

**EQUIPMENT ACCESSORIES**

- Precast Concrete Slab
- Condensate Pump. Power Cord & Fuse
- Vibration Pads under the Outdoor Unit
- Emergency Drain Pan & Support
- Overflow Water Safety Switch
- 5 Minute Time Delay/Compressor Protector
- Hurricane Strap Outdoor Unit to Ground
- Potential Relay & Start Capacitor for Compressor
- Clean, Treat & Flush Drain Line System

**\*\*Please Note - Duct Sealing if Required by Florida Statutes Code 101.4.7.1.1 \$85/Hr Plus Materials**

Main panel breakers may need to be resized to new unit requirements, not included in our cost

Warranties (Under Terms of Warranty, Routine Scheduled Maint. Must be Performed on System)		
LUNOX <b>A</b> HOER	RUPD <b>B</b> HOER	C
AH Model # <u>CBX27UH-060</u>	AH Model # <u>RHLLAM6021TA</u>	AH Model # <u>ARUF060014</u>
Cond Model # <u>1WACX-059</u>	Cond Model # <u>1WATM-56A01</u>	Cond Model # <u>V5X-1360A01</u>
SEER <u>15</u> Aux. Heat <u>10</u> KW	SEER <u>16</u> Aux. Heat <u>10</u> KW	SEER <u>13</u> Aux. Heat <u>10</u> KW
Compressor <u>10</u> year	Compressor <u>10</u> year	Compressor <u>10</u> year
Condenser Coil <u>10</u> year	Condenser Coil <u>10</u> year	Condenser Coil <u>10</u> year
Evaporator Coil <u>10</u> year	Evaporator Coil <u>10</u> year	Evaporator Coil <u>10</u> year
Manufacture Parts <u>10</u> year	Manufacture Parts <u>10</u> year	Manufacture Parts <u>10</u> year
Labor <u>1</u> year	Labor <u>1</u> year	Labor <u>1</u> year
Job Quote \$ <u>7310.00</u>	Job Quote \$ <u>6980</u>	Job Quote \$ _____
FPL Rebate \$ <u>-640.00</u>	FPL Rebate \$ <u>-825</u>	FPL Rebate \$ _____
Discounts \$ _____	Discounts \$ _____	Discounts \$ _____
Amount Due By Customer \$ <u>6670.00</u>	Amount Due By Customer \$ <u>6085</u>	Amount Due By Customer \$ <u>5760.00</u>

We hereby propose to complete work as specified above for the sum of \$ \_\_\_\_\_

Payment options: Finance \_\_\_\_\_ (Subject to approval) Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

\*Finance Plan: \_\_\_\_\_ Total \_\_\_\_\_ Down payment = \_\_\_\_\_ Amount financed \_\_\_\_\_

**PAYMENT TERMS:** 25% deposit required with balance upon completion of installation (unless 100% financed)

**SPECIAL COMMENTS & MODIFICATIONS:**

10 yrs all parts & labor made w/ active log.

60/60 Carrier Hummer

6-2-16-2

INSTALL 9:00/9:30

1/2 HR ABOVE COMP.

ME: 201-9733

1/2 hrs: 201-9299

Tech Signature: [Signature] Customer Signature: [Signature]

12-19 Penniman

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 8/19 - 14 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10840</del>	Flaugh	Final A/C		
9 AM	<del>61 Indiantown Pkwy</del> Nis Air		<del>Pass</del>	<del>CLOSE</del> INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10664	MARTIN	Final		
	3 Quail Run Ln	Concrete	PASS	CLOSE
	Concrete Plus	walkway (Expired permit)		INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9314	Slater	Final		
	31 Lofting Way	Fence	PASS	CLOSE
	Lowe's	(Expired permit)		INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10778	Nehme	Sheathing		
9 AM	44 S SPR	Roof	PASS	
	Ocean front			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10683	Novins	Final		
	111 S SPR	Screen Enclosure	PASS	CLOSE
	RJ Maddox + Sons	+ stairs (expired)		INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10625	Elders	Fence +		
	110 S SPR	Block Wall	PASS	CLOSE
	O/B	(Expired)		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10626	Elder	WATER Feature		
	110 S SPR	Fountain	PASS	CLOSE
	O/B	(Expired)		INSPECTOR <i>A</i>

**TREE**



TOWN OF SEWALL'S POINT, FLORIDA

Date 10/24/01 19\_\_\_\_ TREE REMOVAL PERMIT No 0509

APPLIED FOR BY MICHAEL FLAUGH (Contractor or Owner)

Owner MICHAEL FLAUGH

Sub-division INDIALUCIE 6 INDIALUCIE PKWY., Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees SEE SURVEY

No. Of Trees: REMOVE

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

Signed, [Signature] Applicant FEE \$ 15<sup>00</sup>

Signed, [Signature] Town Clerk  
BUILDING OFFICER

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 notes or additional information]

PROJECT DESCRIPTION \_\_\_\_\_

[Empty lines for project description]

REMARKS \_\_\_\_\_

[Empty lines for 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 Michael Flagh Address 7 Simara Phone 20-9733, 223-4138

Contractor Gary Hufnagel Address \_\_\_\_\_ Phone \_\_\_\_\_

Number of trees to be removed (list kinds of trees) see attached

11

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

11

Number of trees to be replaced: (list kinds of trees):

Permit Fee \$ 15.00

\$15.00

(No permit fee for trees which are relocated on property or lie within a utility easement and are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

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

Permit good for one year. Fee for renewal of expired permit is \$5.00.

Signature of applicant [Signature] Plans approved as marked \_\_\_\_\_

Approved by Building Inspector [Signature] Date submitted: 10/24/01

Approved by Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_

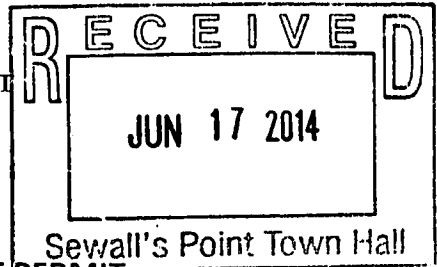
Completed 10/24/01  
Date Checked by \_\_\_\_\_

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGER 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



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 FLAUGHT Address G INDIALUCIE Phone 772-419-0024  
 Contractor OWNER Address \_\_\_\_\_ Phone \_\_\_\_\_  
 No. of Trees: REMOVE 2 Species: CANARY ISLAND DATE, CHERRY LAUREL  
 No. of Trees: RELOCATE \_\_\_\_\_ Species: \_\_\_\_\_  
 No. of Trees: REPLACE \_\_\_\_\_ Species: \_\_\_\_\_

\*\*\*ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION\*\*\*

**ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY**

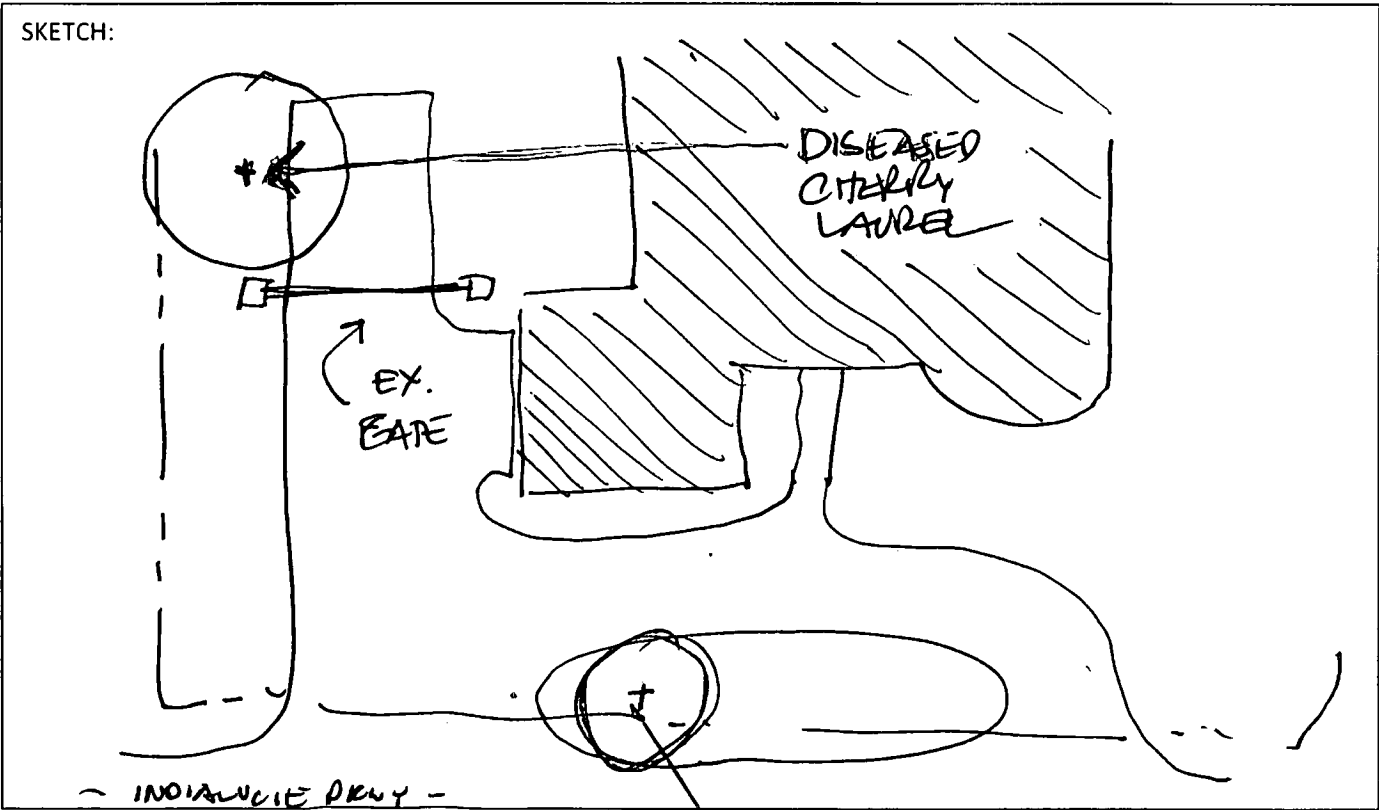
Reason for tree removal /relocation (See notice above) SEE ATTACHED, CANARY DIED FROM PALM BEETLE, CHERRY LAUREL HAS EXTENSIVE DISEASE

Signature of Property Owner [Signature] Date 6/17/2014

Approved by Building Inspector: [Signature] Date 6-18-14 Fee: N/C

NOTES: \_\_\_\_\_

DAMAGE  
ADV  
6/19/14  
V/M



DEAD CANARY



Canary Island Date died suddenly, I suspect from a palm beetle.



Bark splitting from disease and insect invasion on trunk of Cherry Laurel



Wood rot from old wound on Cherry Laurel

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 6/18-14 Page \_\_\_\_\_ of \_\_\_\_\_

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10518	Williams 24 Castle Hill Way Driftwood Homes	Jenal Co.	Pass	215-0074 ISSUE C.O. INSPECTOR <i>[Signature]</i>
10833	16 Oak Hill Way	LATHE INSULATION	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	<del>FLAUBER</del>	<del>TREE</del>		
	6 INDIANUCIE		OK	INSPECTOR
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
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		- 631 0438		INSPECTOR