

9 Indialucie Parkway

336

POOL

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 336
Date 6/21

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

Owner Mr & Mrs JOSEPH MACARI Present Address Locks Rd. 281-5954

General Contractor JACK HOOPP Address ZIMINGO AVE Ph 281-0142

Where licensed MARTIN CO. License No. _____

Plumbing Contractor HOWARD BROS License No. _____

Electrical Contractor BRAUSS CBANK License No. _____

Street building will front on INDIA LUCIE, BAYVIEW

Subdivision INDIAN LUCIE Lot No. 11-BLKS Area INDIA LUCIE

Building area, inside walls (excluding garage, carport, porches) Sq ft 2100

Other Construction (Pools, additions, etc.) _____

Contract Price (excluding land, rugs, appliances, landscaping) \$ 50,000.00

Total cost of permit \$ 270.00

Plans approved as submitted _____ Plans approved as marked _____

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

Jack Hoopp
Signed by General Contractor

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

Signed by Owner

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

TOWN RECORD

Date submitted _____

Date approved _____

Certificate of Occupancy issued _____ Date

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

RECEIVED
MAY 17 1976

Permit No. #602
Date 5/24/76

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

Owner JOSEPH MACARI Present Address INDIA LUCIE PKW Ph287-5958

General Contractor IMPERIAL POOLS Address 109 ATLANTA AVE Ph287-1148

Where licensed MARTIN COUNTY License No. 54

Plumbing Contractor _____ License No. _____
Electrical Contractor _____ License No. _____

Street building will front on 15 INDIA LUCIE PKWY

Subdivision INDIA LUCIE Lot No. 11 Block 5 Area _____

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

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

Contract Price (excluding land, rugs, appliances, landscaping) \$ 4,000.00 (ELECTRIC YES) PLUMBING-NO

Total cost of permit \$ ~~4,000.00~~ 30.00 $\frac{5}{20}$ $\frac{10}{30}$ ELEC

Plans approved as submitted Plans approved as marked 30

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

Signed by Joe Macari General Contractor

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

Signed by Owner _____

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

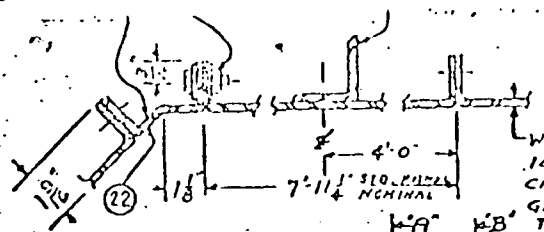
TOWN RECORD

Date submitted 5/24/76 Joe Macari

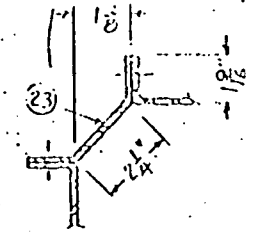
Date approved 5/24/76 Chub a D...

Certificate of Occupancy issued 6/28/76 Date

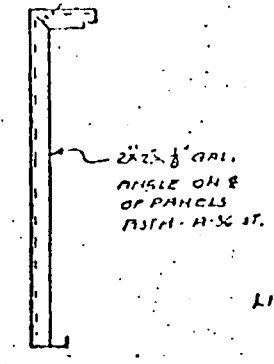
#602



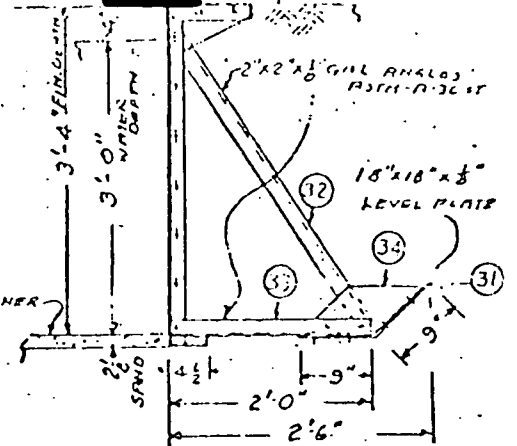
TYPICAL
HORIZONTAL SECTION
POOL WALL PANEL



CORNER PIECE
800 SERIES POOLS

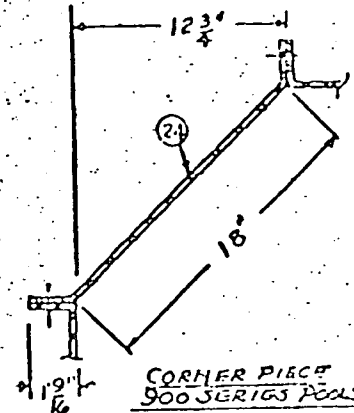


SECTION "AA"
WALL STIFFENER

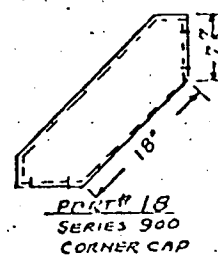


TYPICAL SECTION - SHALLOW

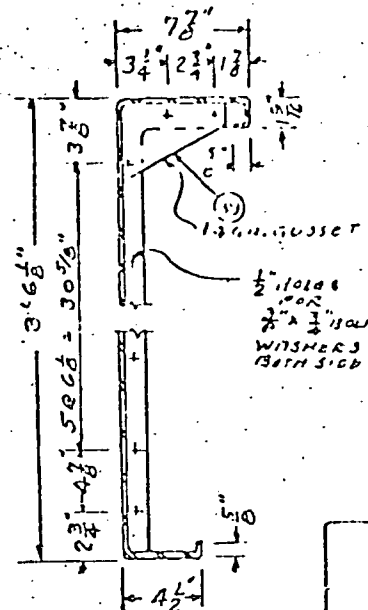
SEE POOL PLAN FOR LOCATION OF SUPPORT AND LEVEL PL



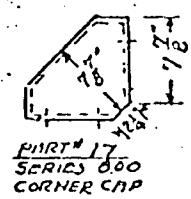
CORNER PIECE
900 SERIES POOLS



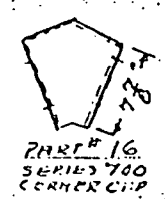
PART # 18
SERIES 900
CORNER CAP



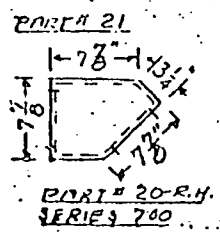
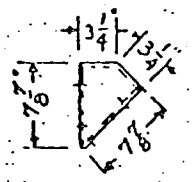
SECTION "BB"
WALL JOINT



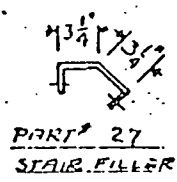
PART # 17
SERIES 800
CORNER CAP



PART # 16
SERIES 700
CORNER CAP



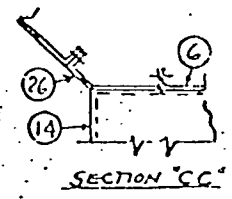
PART # 20-R.H.
SERIES 700



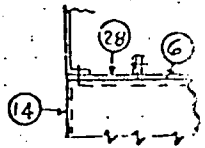
PART # 27
STAIR FILLER



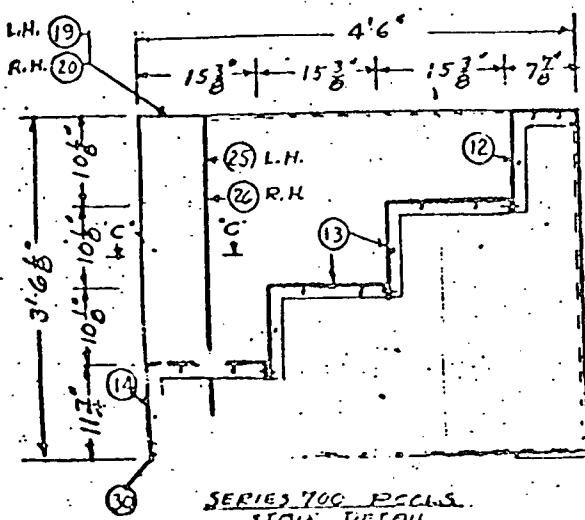
PART # 19-L.H.
SERIES 700



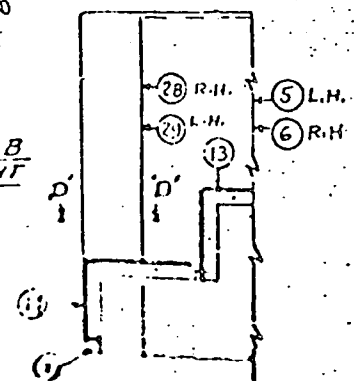
SECTION "CC"



SECTION "DD"



SERIES 700 POOLS
STAIR DETAIL
SEE SECTION "CC"



SERIES 800 POOLS



IMPERIAL POOLS,
1967 CENTRAL AVE.
COLONIE, N. Y. 12203

DETAILS AND SECTIONS
IMPERIAL POOLS

Charles J. Goyen, P.E.
Date: 5/24/76
No. 976

#602
5/24/76
5/24/76
Charles J. Goyen

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date May 24

This is to request that a Certificate of Approval for Occupancy be issued to MACAB 1 Pool
For property built under Permit No. 602 Dated _____
when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	5/27/78	HE
Rough plumbing		
Perimeter beam		
Rough electric	6/28/78	[Signature]
Close in		
Final plumbing		
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

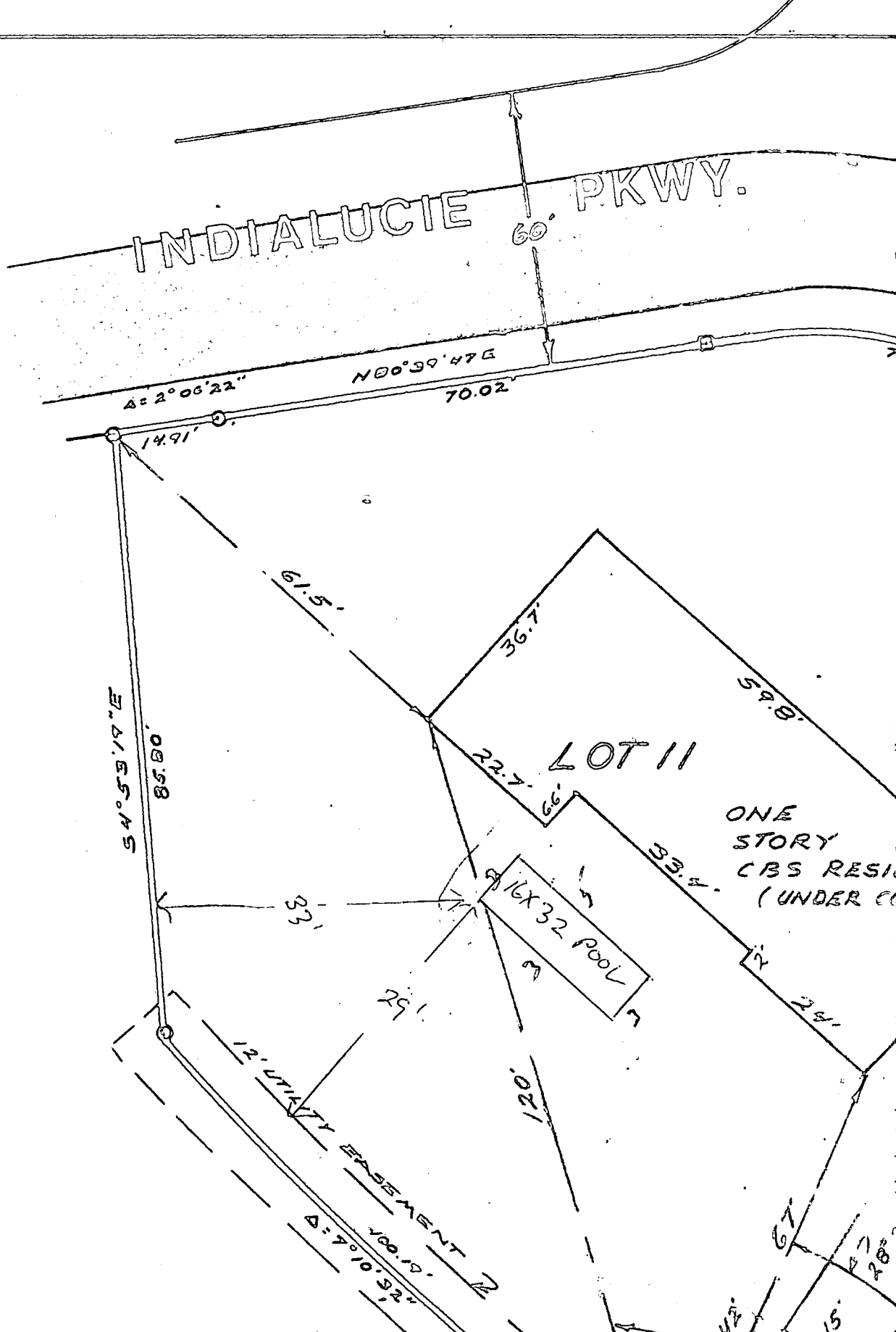
Approved by Building Inspector _____ date

Approved by Town Commission _____ date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

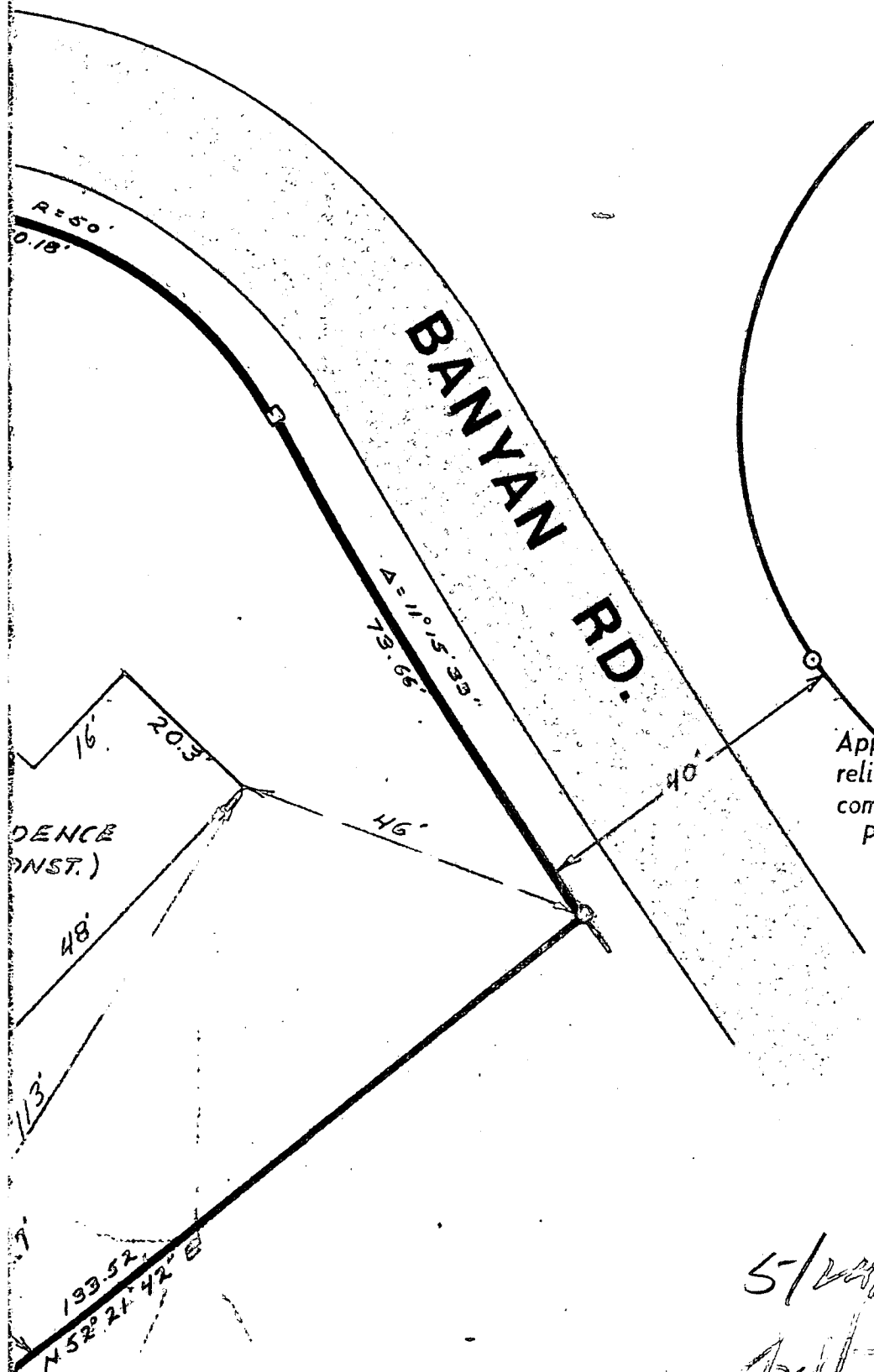


Map of Survey FOR Joseph Sharon Z. Macari

SHOWING LOT 11, BLOCK 5, INDIALUCIE SID AS RECORDED
IN PLAT BOOK 4, PAGE 77 PUBLIC RECORDS OF

MARTIN COUNTY, FLORIDA. 287-5954

#602



MUNICIPAL ENGINEER
 MAY 17 1972
 APPROVED

Approval of these plans in NO-WAY
 relieves the contractor or builder of
 complying with the Town of Sewall's
 Point's Ordinances and the South
 Florida Building Code.

5/24/72 J.R. Rankin
John Rankin

PAR

□ = CONCRETE MONUMENT
 ○ = IRON PIPE

Date: 2-12-72	Scale: 1=20	Plat Book: M4	Page: 77
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I HEREBY CERTIFY that the plat shown hereon is a true and correct representation of a survey made under my direction, and that said survey is accurate to the best of my knowledge and belief, and that unless otherwise shown, there are no encroachments.

Paul K. ...
 Registered Land Surveyor
 Florida Certificate No. 2297

Book: 72-04
 Order No. 72-037

(72-258)

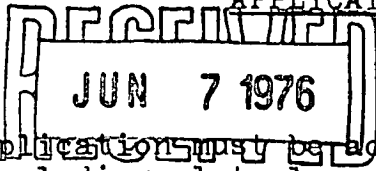
606

Pool Enclosure

POOL PERMIT #602

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT



Permit No. #606

Date 6-7-76

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

Owner Joseph Macari Present Address 9 Indialucie Parkway Ph 2876760

General Contractor Climatrol Fla. Corp Address 529 S. Industry Rd. Coloa Ph 7272600

Where licensed State License No.

Plumbing Contractor License No. Electrical Contractor License No.

Street building will front on

Subdivision Indialucie Lot No. 11 BK 5 Area

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

Other Construction (Pools, additions, etc.) Pool enclosure

Contract Price (excluding land, rugs, appliances, landscaping) \$ 1000

Total cost of permit \$ 1000 NO plumbing or electrical

Plans approved as submitted [checked] Plans approved as marked

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

Signed by General Contractor Michael A. Jonsin

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

Signed by Owner

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

TOWN RECORD

Date submitted 6/8/76 Joe Macari

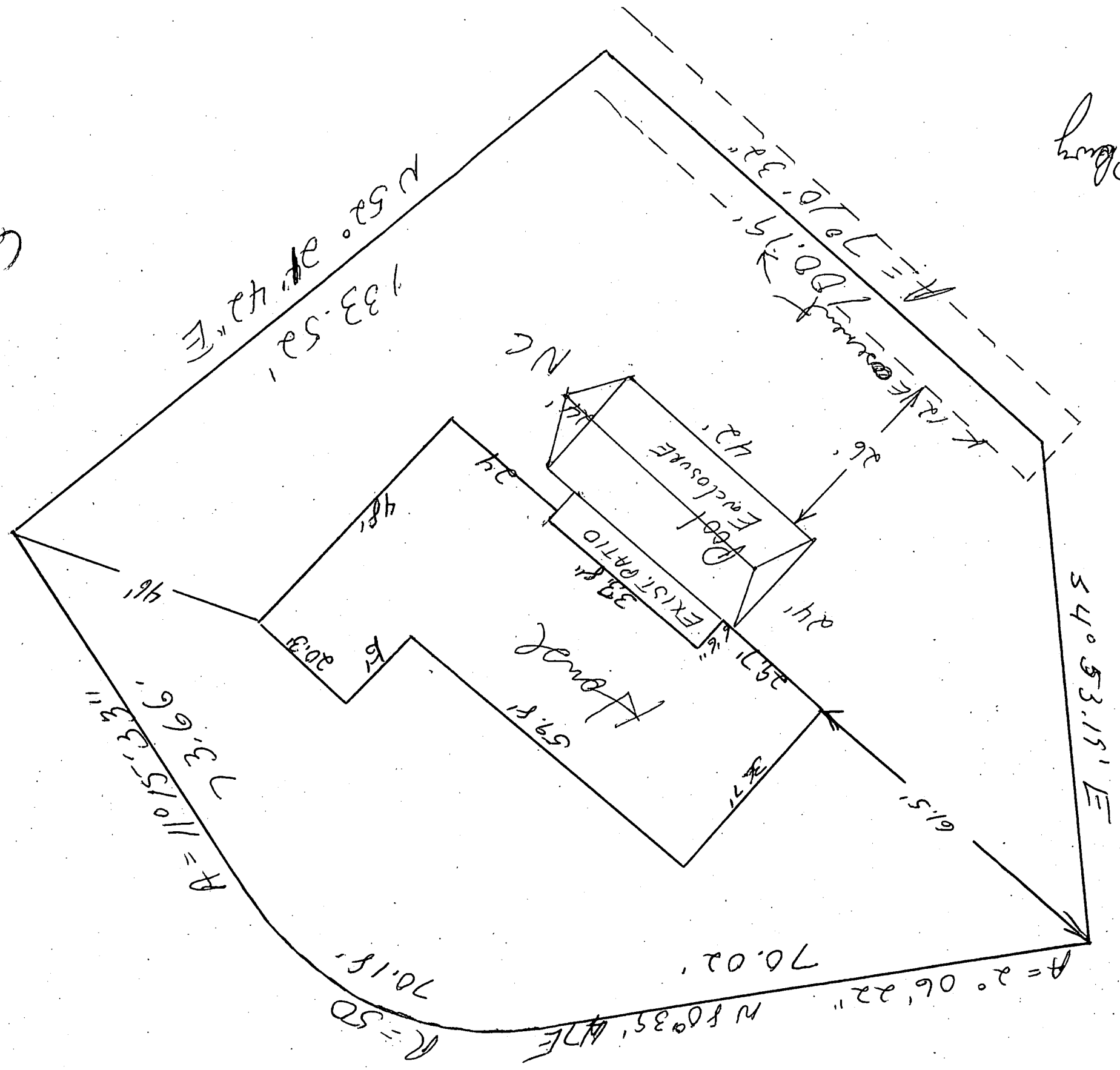
Date approved 6/8/76 Michael A. Jonsin

Certificate of Occupancy issued 7/2/76 Date

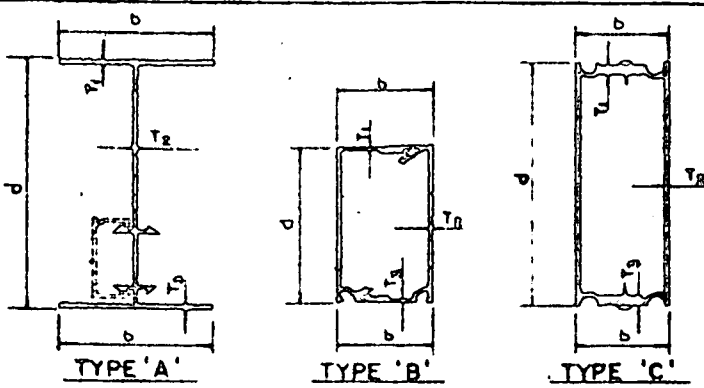
#606

6/8/76
 6/8/76
 [Signature]

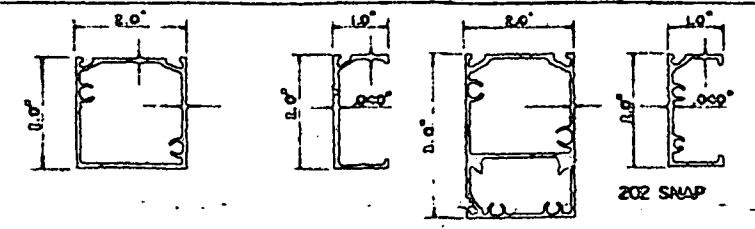
L 11
 BIK.S
 Joseph Mason
 19 Andrew Drive
 Sunnyside



RECORDED
 JUN 7 1976
 REGISTERED



RECEIVED
JUL 7 1976



BEAMS AND COLUMNS

MISCELLANEOUS COMPONENTS

BEAM AND COLUMN SCHEDULE											
MARK	TYPE	SIZE		THICKNESS			MAX. BEAM SPAN SPACED			REMARKS	
		b	d	T ₁	T ₂	T ₃	6'-0"	7'-0"	8'-0"		
ALL SPANS SHOWN ARE MAXIMUM OUT TO OUT.											
603	A	3.00	6.00	3.00	.094	.060	.094	26'-0"	24'-0"	22'-0"	W/2-1 X 2'S SNAPPED ON
703	A	3.00	7.00	3.00	.125	.066	.125	32'-0"	29'-9"	28'-0"	DO.
804	A	4.00	8.00	4.00	.125	.070	.125	38'-0"	35'-0"	32'-0"	DO.
1004	A	4.00	10.00	4.00	.140	.096	.140	48'-2"	45'-0"	42'-0"	DO.
302	B	2.00	3.00		.060	.050	.050	12'-0"	11'-0"	10'-0"	
202	MISC.	2.00	2.00		.040	.040	.040	8'-0"	8'-0"	7'-0"	
402	B	2.00	4.00		.060	.050	.060	13'-0"	12'-2"	11'-4"	#10 X 1/2" S.M.S. AT 24" O.C.
602	C	2.00	6.00		.090	.050	.180	25'-9"	24'-4"	23'-0"	DO.
702	C	2.00	7.00		.140	.060	.180	32'-2"	30'-4"	28'-10"	DO.

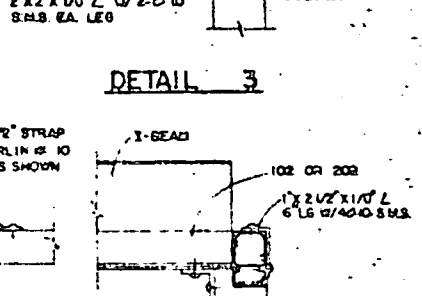
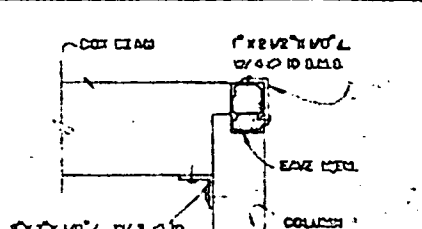
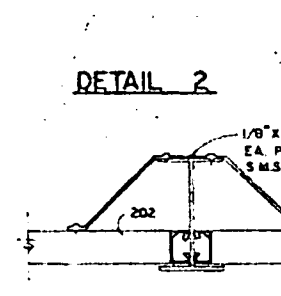
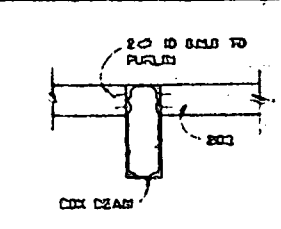
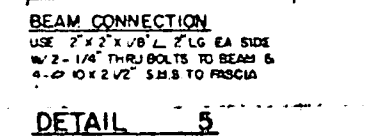
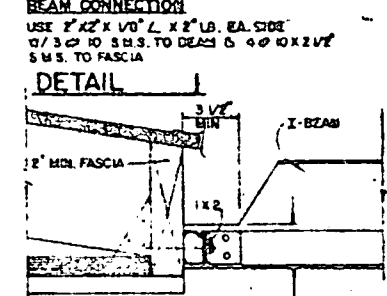
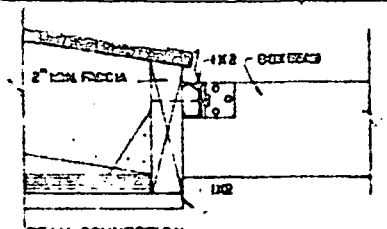
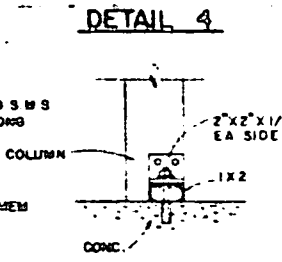
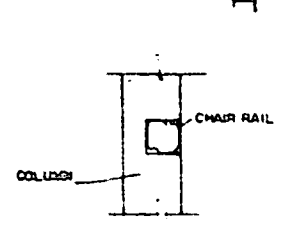
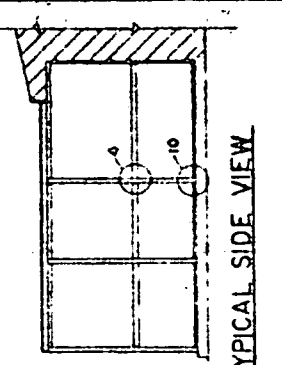
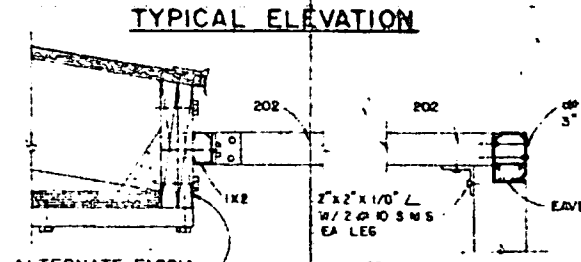
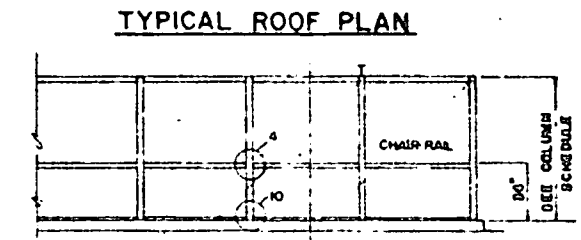
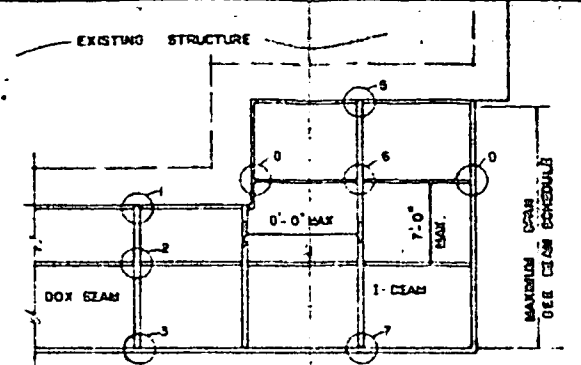
COLUMN SCHEDULE											
MARK	TYPE	SIZE		THICKNESS			MAX. COLUMN HT. SPACED			SPACE CHAIR RAIL	
		b	d	T ₁	T ₂	T ₃	6'-0"	7'-0"	8'-0"		
302	B	2.00	3.00		.050	.060	9'-0"	8'-6"	8'-0"	DO.	
402	C	2.00	4.00		.060	.050	.120	18'-0"	11'-0"	16'-0"	DO.

MISCELLANEOUS FASTENING SCHEDULE		
MEMBER	DESCRIPTION	FASTENER
202	STRUT TO I02 AT BEAM	2 # 10 X 3/4" S.M.S.
202	STRUT TO EAVE SECTION	DO.
202	CHAIR RAIL TO COLUMN	DO.
1X2	PERIMETER MEM JOINED	DO.
1X2	PERIMETER MEM TO COL.	DO.
1X2	PERIMETER MEM. TO CONC.	ANCHOR AT 24" C-C
1X2	PERIMETER MEM. TO WOOD	#10 X 2 1/2" S.M.S. 24" CC

SCREEN WALL CABLE SCHEDULE				
HEIGHT	SPAN	CABLES	SPAN	CABLES
8'-0"	12'-0"	1 SET (2 CABLES)	24'-0"	2 SETS (4 CABLES)
9'-0"	15'-0"	1 SET (2 CABLES)	30'-0"	2 SETS (4 CABLES)
10'-0"	18'-0"	1 SET (2 CABLES)	36'-0"	2 SETS (4 CABLES)
11'-0"	21'-0"	1 SET (2 CABLES)	42'-0"	2 SETS (4 CABLES)
12'-0"	24'-0"	1 SET (2 CABLES)	48'-0"	2 SETS (4 CABLES)

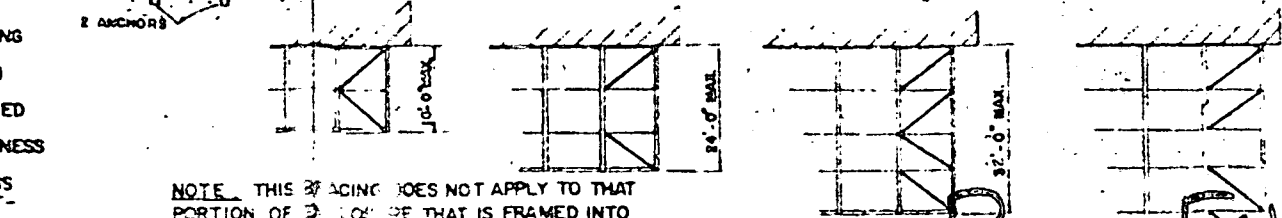
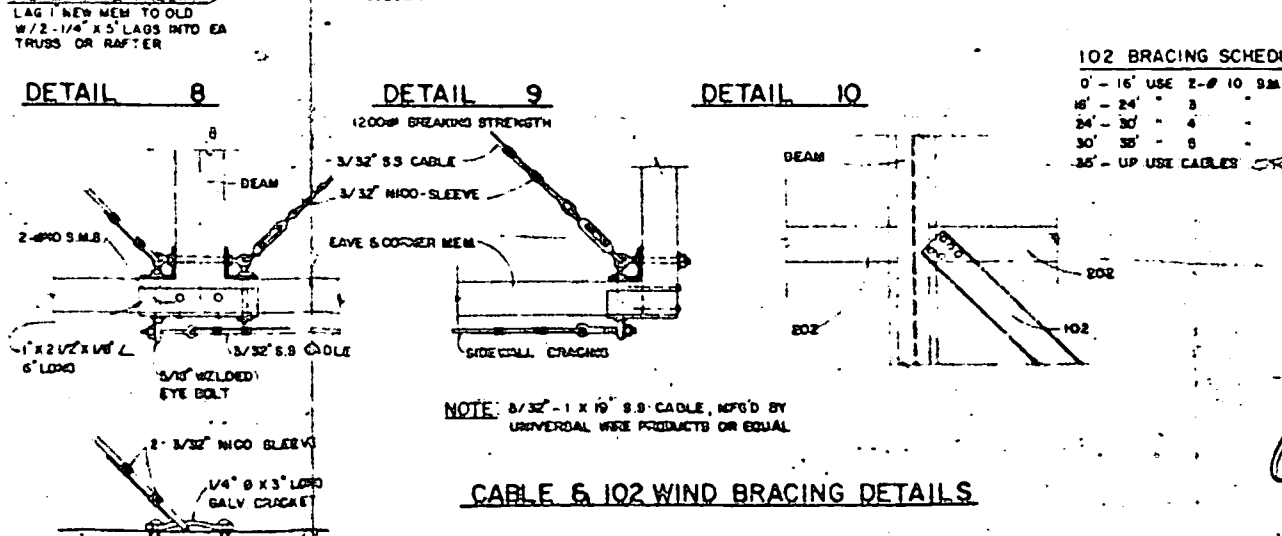
DESIGN CRITERIA:
WALLS: DESIGN WIND LOAD IN & OUT 10 PS.F.
 TEST LOAD WIND IN & OUT 15 PS.F.
ROOF: DESIGN LIVE LOAD DOWN 6 PS.F.
 DESIGN WIND LOAD UP 6 PS.F.
 TEST LOAD UP & DOWN 9 PS.F.
 RECOVERY AT TEST LOAD 90% MIN.

- NOTES:**
- 1) ROOF & SIDES SHALL BE COVERED WITH SCREEN CLOTH BEING 60% OR GREATER OPEN. THE ADDITION OF SOLID ROOFING OR SIDING IS NOT COVERED BY THIS SHEET.
 - 2) THE EXISTING STRUCTURE MUST BE CAPABLE OF SUPPORTING THE LOADED SCREEN ENCLOSURE.
 - 3) 6063-T6 ALUM. ALLOY BEAMS WILL BEAR IDENTIFICATION 1'-FT FROM EACH END OF BEAM.
 - 4) USE ADDITIONAL SETS OF CABLES WHERE BEAM SPANS EXCEED THOSE SHOWN IN CABLE SCHEDULE.
 - 5) A TOLERANCE OF .006" ± IS ALLOWED WHERE WALL THICKNESS EXCEEDS .055"
 - 6) EXPOSED FASTENERS SHALL BE NON-MAGNETIC STAINLESS STEEL OR ALUM. EXCEPT CABLE FASTENERS MAY BE HOT-DIP GALV. STEEL.
 - 7) MASONRY ANCHORS SHALL BE MADE OF NON-CORROSIVE METALIC CONC. OR OF VIRGIN P.V.C. PLASTIC.



NOTES:
 0' TO 32' SPAN USE 4-# 10 S.M.S. & 2 ANCHORS EA COLUMN.
 OVER 32' SPAN USE 6-# 10 S.M.S. & 4 ANCHORS EA COLUMN.
 USE 2 ANCHORS & 4 S.M.S. EA SIDE OF CORNER COLS.

102 BRACING SCHEDULE
 0' - 16' USE 2-# 10 S.M.S.
 16' - 24' " 3
 24' - 30' " 4
 30' - 35' " 5
 35' - UP USE CABLES OR 1X2 ANGLE



6/8/76
 6/8/76
 SCREEN ENCLOSURE DETAIL SHEET

CLIMATROL FLORIDA CORP.
 529 S.O. INDUSTRY RD. COCOA, FLORIDA
 ENGINEER: ROBERT S. MONSIEUR
 DATE: JAN. 15, 1975
 REVISED: MAY 27, 1976

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 6/11/76

This is to request that a Certificate of Approval for Occupancy be issued to MACARI POOL ENCLOSURE
For property built under Permit No. 606 Dated INDIALUCIE
when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings		
Rough plumbing		
Perimeter beam		
Rough electric		
Close in		
Final plumbing		
Final electric	<u>7/2/76</u>	<u>[Signature]</u>

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector [Signature] date _____
Approved by Town Commission _____ date _____

Utilities notified _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

2377

FENCE

Permit No.

Date

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

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

Owner Charles Famous Present Address 97.E. Cndialucie Parkway
Phone 283-2374

Contractor James Kuerstead Address 1753 SW 32nd Terr.
Phone 288-4839 Palm City, FL 34990

Where licensed Martin Cty./City License number SP01102

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Installation of 46' of 6' High Shadowbox Wood Fence

State the street address at which the proposed structure will be built: 97.E. Cndialucie Parkway, Stuart, FL

Subdivision Sewall's Pt. Lot number 11 Block number 5

Contract price \$ 825.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor James J. Kuerstead (cjk)

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

Owner Charles Famous (cjk)

TOWN RECORD
Approved: Dale Brown 8/23/88
Building Inspector Date

Date submitted _____

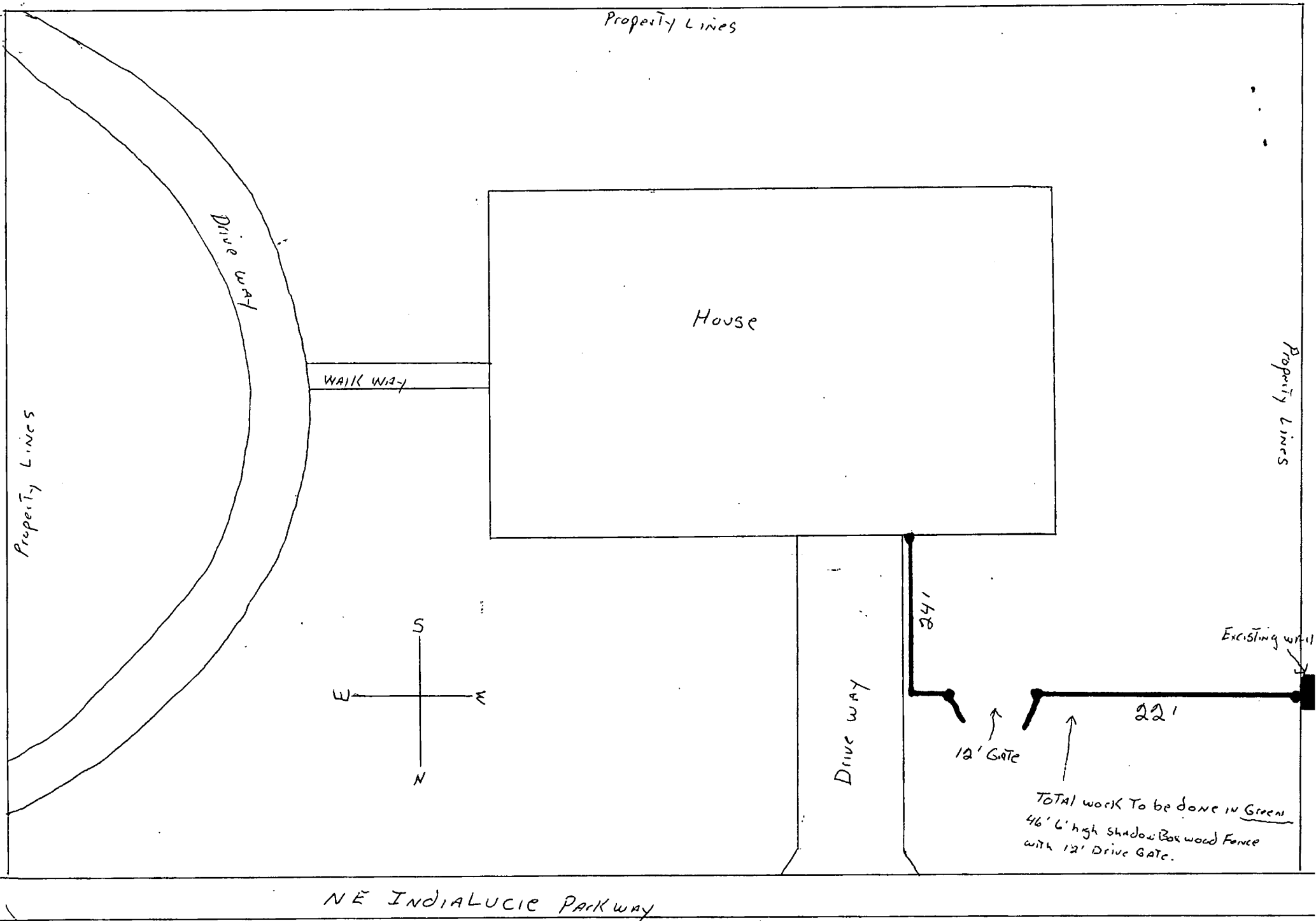
Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

SP1282

Permit No. _____

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



Property Lines

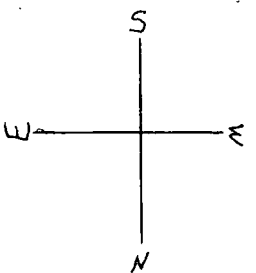
Property Lines

Property Lines

Drive way

Walk Way

House



Drive way

24'

12' Gate

22'

Existing wall

TOTAL work To be done in Green
46' L' high shadow Box wood Fence
with 12' Drive Gate.

NE INDIALUCIE PARKWAY

3686

RE-ROOF

TAX FOLIO NO. 35374HD200500110-60000

DATE 11-22-94

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

3684

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

Owner PROPERTY ASSET MANAGEMENT, INC. Present Address c/o DRESCHER REALTY, INC. 734 COLORADO AVE STUART, FL 34994

Phone 283-7200

9 Indialucie PARKWAY

Contractor Stein! Co., Inc Address 602 S. Market Avenue

Phone 465-9468

Where licensed State License Number CCCA42775

Electrical Contractor _____ License Number _____

Plumbing Contractor _____ License Number _____

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

9 Indialucie Parkway

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

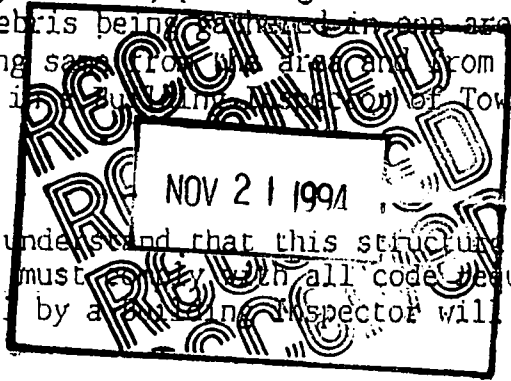
9 Indialucie Parkway

Subdivision Indialucie Lot Number 11 Block Number 5

Contract Price \$ 6700.00 Cost of Permit \$ 100.00

Plans approved as submitted _____ Plans approved as marked _____

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



Contractor [Signature]

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

Owner X B4: Gerald C. Drescher/Agent

TOWN RECORD

ate submitted _____

Approved: [Signature] 11/22/94
Building Inspector Date

approved: [Signature]
Commissioner Date

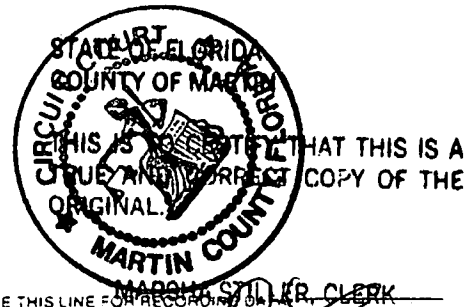
Final Approval given: _____
Date

ertificate of Occupancy issued(if applicable) _____
Date

602 S. Market Ave.
Address: Fort Pierce, FL 34982

This Instrument Prepared by:
Stein & Co., Inc
Address: 602 S. Market Ave
Fort Pierce, FL 34982

Property Appraisers Parcel Identification (Folio Number(s)):
35-37-41-002-005-00110-60000



SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING OFFICER, CLERK

Permit No. _____ NOTICE OF COMMENCEMENT BY _____ D.C.
State of Florida }
County of Martin } DATE 11/22/94

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

Legal description of property (Include Street Address, if available) _____
#9 Indialucie Parkway
Indialucie Lot 11 Blocks

General description of Improvements Reroof
Owner PROPERTY ASSET MANAGEMENT INC. (C/O DRESCHER REALTY, INC.)
Address 734 Colorado Avenue, Stuart, FL 34994
Owner's interest in site of the improvement _____
Fee Simple Title holder (if other than owner) _____

Name _____
Address _____
Contractor Stein & Co., Inc.
Address 602 S Market Av, Ft. Pierce, FL 34982
Surety _____
Address _____ Amount of bond \$ _____

Any person making a loan for the construction of the improvements:
Name _____
Address _____

Person within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.

Name GERALD C. DRESCHER
Address 734 COLORADO AVENUE, STUART, FL - 34994
In addition to himself, owner designates _____
or ABOVE

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

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

Gerald C. Drescher
Signature of Owner

GERALD C. DRESCHER
Printed Signature of Owner

NOTARY RUBBER STAMP SEAL

CHARLENE CONNOR
Notary Public - State of Florida
My Commission Expires
October 29, 1995
CC156259

I have relied upon the following identification of the Affiant _____
Personally known

Sworn to and subscribed before me this 22 day of November
19 94.

Charlene Connor
Notary Signature
Charlene Connor
Printed Notary Signature

6271
GARAGE
DOOR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 5/15/03

BUILDING PERMIT NO. 6271

Building to be erected for RITCHEY

Type of Permit GARAGE DOOR

Applied for by AMERICAN PALM BEACH GARAGE (contractor)

Building Fee 35.00

Subdivision INDIALUCIE Lot 11 Block 5

Radon Fee _____

Address 9 INDIALUCIE DR NW

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

3537410020050011060000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 489 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 1200.00

TOTAL Fees 35.00

Signed Robert Clarke

Applicant

Signed Gene Simmons

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

BUILDING PERMIT APPLICATION

Owner or Titleholder Name Lybetta Hitchey Seawalls Point Building Permit Number: _____
City Stuart State FL Zip 34996

Legal Description of Property _____ Parcel Number: _____
Location of Job Site 9 India Lucie Pkwy Type of Work To Be Done New Garage Door
installed + old one removed.

CONTRACTOR/Company Name AMERICAN PALM BEACH GARAGE DOOR Phone Number 285-8019
Street 2201 SE Indian St Unit H-2 City Stuart State FL Zip 34997

State Registration Number: _____ State Certification Number: _____ Martin County License Number SP01904

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

ENGINEER _____
Street: _____ Phone Number: _____
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) _____ NGVT _____
Proposed First Floor Habitable Floor Finished Elevation _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements 1200.00 Estimated Fair Market Value (FMV) Prior
To Improvements _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION
Electrical _____ State _____ License Number _____
Mechanical _____ State _____ License Number _____
Plumbing _____ State _____ License Number _____
Roofing _____ 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) 2001 South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
National Electrical Code 2002 Florida Energy Code 2001
Florida Accessibility Code 2001

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: _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
as identification. _____
Notary Public
My Commission Expires _____

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produces _____
as identification. _____
Notary Public
My Commission Expires _____

Seal

Seal
Leslie Garitson
My Commission CC879451
Expires November 12, 2003

ACORD

CERTIFICATE OF LIABILITY INSURANCE

OP ID MN
AMEPA01

DATE (MM/DD/YY)
08/12/02

PRODUCER

Gateway Insurance Agency
2430 W. Oakland Park Blvd.
Fort Lauderdale FL 33311
Phone: 954-735-5500 Fax: 954-735-2852

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

American Palm Beach Garage
Door Corporation
2201 SE Indian Street
Stuart FL 34997

INSURER A: National Trust Insurance Co.
INSURER B: AmCOMP Preferred Insurance Co.
INSURER C:
INSURER D:
INSURER E:

RECEIVED
AUG 16 2002
BY: _____

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CP0000109	08/01/02	08/01/03	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 1000000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
A	AUTOMOBILE LIABILITY	CA0000151	08/01/02	08/01/03	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$
	GARAGE LIABILITY				OTHER THAN EA ACC \$
	<input type="checkbox"/> ANY AUTO				AUTO ONLY: AGG \$
A	EXCESS LIABILITY	UMB0000109	08/01/02	08/01/03	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 1000000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC7009931	08/01/02	08/01/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
					E.L. EACH ACCIDENT \$ 500000
					E.L. DISEASE - EA EMPLOYEE \$ 500000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500000

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

CERTIFICATE HOLDER

N

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SEWPO01

TOWN OF SEWALL'S POINT
1 SOUTH SEWALL'S POINT RD
STUART FL 34996

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

AUTHORIZED REPRESENTATIVE

2001-2002 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

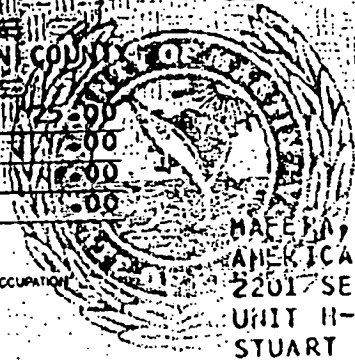
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(888) 288-5804

LICENSE 1978-518-026 CERT SPO 1904
PHONE (561) 283-4566 SIC NO 23551

LOCATION: 2201 SE INDIAN ST HC

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	.00	LIC. FEE \$	25.00
\$	.00	PENALTY \$	75.00
\$	.00	COL FEE \$	12.00
\$	.00	TRANSFER \$	25.00
TOTAL			



MAFERA, WARREN F
AMERICAN-PALM BEACH GARAGE DOOR CORP
2201 SE INDIAN AVE
UNIT H-2
STUART FL 34997

HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
MISC. CONTR.

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

14 DAY OF AUGUST 2001
AND ENDING SEPTEMBER 30, 2002

12 01081301 000965

CITY OF PORT ST LUCIE
CONTRACTORS
CERTIFICATE OF COMPETENCY
EXPIRES SEPTEMBER 30, 2002

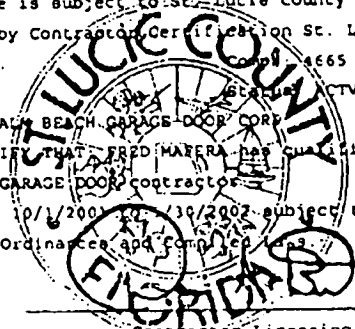
NAME: MAFERA, FRED
FIRM: AMERICAN-PALM BEACH GARAGE DOOR CORP
2201 SE INDIAN STREET H-2
STUART FL 34997

GARAGE DOOR INSTALLATION

TYPE: STATE: CITY: PSLO1-4197

This Certificate is subject to St. Lucie County revocation and suspension by Contractor Certification St. Lucie County Examining Board.

DBA: AMERICAN-PALM BEACH GARAGE DOOR CORP
THIS IS TO CERTIFY THAT FRED MAFERA has qualified as a certified GARAGE DOOR contractor for period from 01/1/2001 to 09/30/2002 subject to St. Lucie County Code of Ordinances and Comp. Ord. 1997-7



Date: 08/21/01

Contractor Licensing Official

MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP01904
Expires September 30, 2003

MAFERA, FRED III
AMER-PALM BCH GARAGE DOOR CORP
2201 SE INDIAN ST H-2
STUART, FL 34997
GARAGE DOOR



City of Stuart
Contractor Licensing

EXPIRES: 09/30/02

AP01080021 TYPE: GD
CONTRACTOR: AMERICAN PALM BEACH GARAGE
QUALIFIER: MAFERA, FRED
ADDRESS: 2201 SE INDIAN STREET H-2
STUART FL, 34997

Handwritten: AHN: Dee
The Quinn job is listed as:
Judith Burgess

PRODUCT CONTROL NOTICE OF ACCEPTANCE

DAB Door Company, Inc.
12195 NW 98 Avenue
Hialeah Gardens, FL 33018

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 160
MIAMI, FLORIDA 33130-156
(305) 375-2901 FAX (305) 375-290

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-255

CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2966 FAX (305) 375-290

PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 372-637

Your application for Notice of Acceptance (NOA) of:

Sectional Residential Garage 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 NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure the product or material at any time from a jobsite or manufacturer's plant for quality control testing. If the 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.: 01-0626.01

EXPIRES: 10/04/2006



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: 10/04/2001

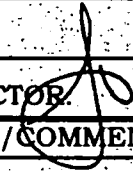
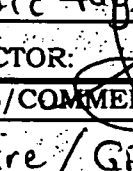
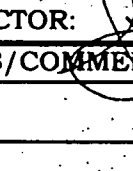
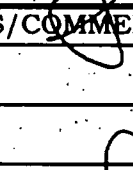
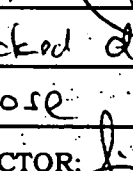
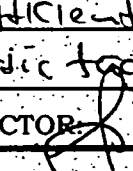

<p>FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE</p> <p>DATE: <u>5/7/03</u></p> <p> BUILDING OFFICIAL Gene Simmons</p>
--

\\0450001\pc2000\templates\notice acceptance cover page.doc

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-16, 2004 3 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5828	WALKER	FINAL	Passed	close
(7)	21 W HIGH POINT RD SCOTT HOLMES	REMODEL		INSPECTOR: 
6259	HILLMAN	DECK + DRY IN	Failed	nailed in sufficient
(5)	1 HERITAGE WAY STAUDOHAR			plastic tags INSPECTOR: 
6266	BERGAW	FINAL → remodel		12 wire / GFI ?
(3)	11 RIVERCREST RIVERSIDE	RECEPTACLES POOL FOUNTAIN	Switch nob. have	wol accessible INSPECTOR: 
5960	LEWIS	TIN TAB + METAL	Passed	
(6)	41 RIO VISTA DR PACIFIC			INSPECTOR: 
6251	DICKERSON	TANK + LINES	Passed	
(4)	19 EMERITA WAY TREASURE COAST	FOR GAS		INSPECTOR: 
6271	RITCHEY	FINAL	Passed	Hooked door
(2)	9 INDIANUCIE	GARAGE DOOR		close INSPECTOR: 
6259	HILLMAN	DECK ROOF	Failed	insufficient nailing
(1)	1 HERITAGE STAUDOHAR			plastic tags INSPECTOR: 
OTHER:				

7604

BATH REPAIR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/6/05 BUILDING PERMIT NO. 7604
 Building to be erected for RYLAND Type of Permit BATH REPAIR
 Applied for by STEPHEN CONWAY (Contractor) Building Fee \$66 x \$9.60/1000 = 57.60
 Subdivision INDIAWICIE Lot 11 Block 5 Radon Fee _____
 Address 9 INDAWICIE AVE Impact Fee _____
 Type of structure SEE A/C Fee _____
 Parcel Control Number: _____ Electrical Fee _____
35374100200500110 Plumbing Fee 35.00
 Amount Paid 92.60 Check # 5122 Cash _____ Other Fees (_____) _____
 Total Construction Cost \$ 6,000 TOTAL Fees 92.60

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

PERMIT

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

INSPECTIONS

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

RECEIVED
6/1/05

Town of Sawall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 5-26-05

OWNER/TITLEHOLDER NAME: John S. Ryland Phone (Day) 415-457-1500 (Fax) 415-457-1520

Job Site Address: 9 INDIALUCIA City: SEWALLS PT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Indialucia Lot 11 BK 5 Parcel Number: 35374100200500110

Owner Address (if different): 115 OAK DR City: SAN RAFAEL State: CA Zip: 94901

Description of Work To Be Done: REMODEL BATHS TILE, CABINETS, FIXTURES.

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 6,000

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to Improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Stephen P. Conway Phone: 220-0064 Fax: 220-8601

Street: P.O. Box 2373 City: STUART State: FL Zip: 34995

State Registration Number: _____ State Certification Number: CRC 053742 County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

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

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

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

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required): [Signature]

State of Florida, County of: MARIN

This the 27th day of May, 2005

by John S. Ryland who is personally known to me or produced

as identification: D. Matteucci Notary Public

My Commission Expires: 5-13-06 Seal

CONTRACTOR SIGNATURE (required): [Signature]

On State of Florida, County of: _____

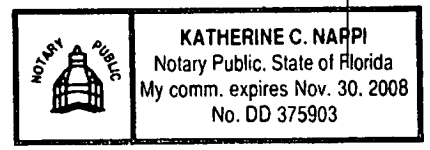
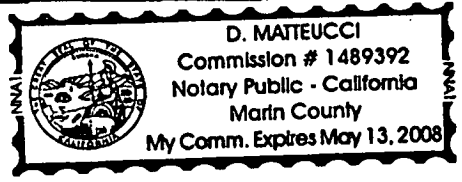
This the 31 day of May, 2005

by _____ who is personally known to me or produced

As identification: Katherine Nappi Notary Public

My Commission Expires: 5-31-05 Seal

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



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/19/2005

PRODUCER (407)647-7901 FAX (407)647-5604
Kraft Insurance Agency
231 North New York Avenue
Winter Park, FL 32789
BM

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 Stephen P. Conway, LLC
4 Oakhill Way
Stuart, FL 34996

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Mid-Continent Casualty Co	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY	04GL000282658	03/29/2005	03/29/2006	EACH OCCURRENCE \$ 300,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ Excluded
						PERSONAL & ADV INJURY \$ 300,000
						GENERAL AGGREGATE \$ 600,000
						GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG $ 600,000
	<input type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>	HIRED AUTOS				
	<input type="checkbox"/>	NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/>	ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/>	DEDUCTIBLE				\$
	<input type="checkbox"/>	RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
		OTHER				E.L. DISEASE - POLICY LIMIT \$

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

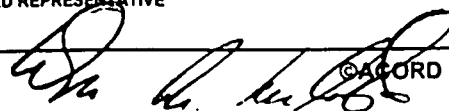
CERTIFICATE HOLDER

Town of Seawalls Point
Building Dept.
1 Seawalls Point Road
Stuart, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



RE-ISSUANCE

01-07-2004

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

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

ANCE

** RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION **

This certificate exempts the Officer of the Corporation or the Member of the Limited Liability Company listed below from the provision of Florida Workers' Compensation Law for the period indicated below.

EFFECTIVE DATE: 01/01/2004 EXPIRATION DATE: 09/29/2005

CORPORATE OFFICER/
LLC MEMBER NAME: CONWAY STEPHEN P

FEIN: 059425526

BUSINESS NAME AND
ADDRESS: STEPHEN P CONWAY LLC
416 SE CORTEZ AVE
STUART FL 34994

SCOPE OF BUSINESS OR TRADE: RESIDENTIAL CONTRACTOR

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

QUESTIONS? (850) 488-2333

VC-253 RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION REVISED 11-03

Please cut out the card below and retain for inspection by any Department of Financial Services representative while conducting work.

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>** RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION **</p> <p>This certificate exempts the Officer of the Corporation listed below from the provision of Florida Workers' Compensation Law for the period indicated below.</p> <p>EFFECTIVE DATE: 01/01/2004 EXPIRATION DATE: 09/29/2005</p> <p>CORPORATE OFFICER/ LLC MEMBER NAME: CONWAY STEPHEN</p> <p>FEIN: 059425526</p> <p>BUSINESS NAME AND ADDRESS: STEPHEN P CONWAY LLC 416 SE CORTEZ AVE STUART FL 34994</p> <p>SCOPE OF BUSINESS OR TRADE: RESIDENTIAL CONTRACTOR</p>	<p>IMPORTANT</p> <p>F This certificate applies only to the corporate officer named on this certificate and</p> <p>O applies only within the scope of the business or trade listed hereon.</p> <p>L</p> <p>D A copy of this card or the duplicate above must be carried and available for inspection at all time while conducting any construction work.</p> <p>H</p> <p>E Pursuant to chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>R</p> <p>E Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.</p> <p>QUESTIONS? (850) 488-2333</p>
---	--

CUT HERE

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

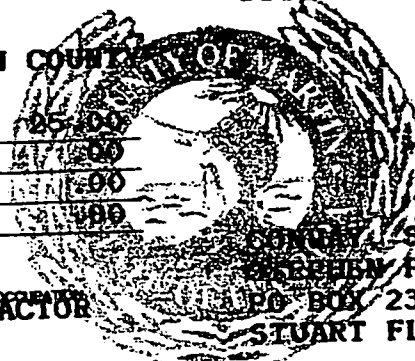
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-6604

LICENSE 2001-513-005 CERT _____
PHONE (561)220-0064 SIC NO 001521

LOCATION:
5519 SE REEF WAY ST

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>25.00</u>
TOTAL			<u>25.00</u>



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF
CERT. RESIDENTIAL CONTRACTOR

STEPHEN P CONWAY
STEPHEN P CONWAY
PO BOX 2373
STUART FL 34995-2373

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

17 DAY OF SEPTEMBER 2004
AND ENDING SEPTEMBER 302005 12 04091701 004052

AC# 1457207

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04062100884

DATE	BATCH NUMBER	LICENSE NBR
06/21/2004	030729136	CRC053742

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

CONWAY, STEPHEN P
STEPHEN P CONWAY LLC
4 OAK HILL WAY
STUART

FL 34996

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____ TAX FOLIO # 35374100 200 500 110

NOTICE OF COMMENCEMENT

STATE OF FL. COUNTY OF MARTIN

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

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

India Lucie Lot 11 Blk 5 9 India Lucie Parkway Stuart, FL

GENERAL DESCRIPTION OF IMPROVEMENT: Remodel BATH ROOMS

OWNER: John S. Ryland

ADDRESS: 115 OAK DR SAN RAFAEL CA 94901

PHONE #: 415-457-1500 FAX #: _____

CONTRACTOR: Stephen P. Conway LLC

ADDRESS: P.O. BOX 2373 STUART, FL 34995

PHONE #: _____ FAX #: _____

SURETY COMPANY (IF ANY): N/A

ADDRESS: _____

PHONE #: _____ FAX #: _____

BOND AMOUNT: _____

LENDER: N/A

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____

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

[Signature]
SIGNATURE OF OWNER

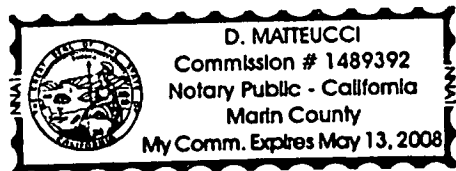
BY: [Signature] D.C.
DATE: 5/31/05



SWORN TO AND SUBSCRIBED BEFORE ME THIS 27th DAY OF May, 2005
BY John S. Ryland

[Signature]
NOTARY SIGNATURE

PERSONALLY KNOWN X
OR PRODUCED ID _____
TYPE OF ID _____



INGSTR # 1843493 DR BK 02019 PG 0945 RECD 05/31/2005 04:14:40 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L WOOD

12/01/99

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/25/05, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7682	Karrecko	Decking	FAIL	
7	6 Gumbalimbawky Karco Builders	FINAL?		INSPECTOR: <i>[Signature]</i>
7688	Dickenson	Finishing		
6	9 Emarita Way Pinnacle Roofing	Shedding →	PASS	INSPECTOR: <i>[Signature]</i>
7601	Coming	Final - Remodel	PASS	CLOSE
8	9 Indian Lake Bky O/B			INSPECTOR: <i>[Signature]</i>
7386	McCormick	Slab	PASS	
10	59 N. River Rd Pine Orchard			INSPECTOR: <i>[Signature]</i>
7605	Crane	Steel	FAIL	
4	2 Turner St			INSPECTOR: <i>[Signature]</i>
7646	Farrow	Dry-in	CANCEL	
9	47 N River Road Cardinal Roofing			INSPECTOR:
7128	Burrow	Final -	PASS	CLOSE
5	19 Riverview Ferrel Gas			INSPECTOR: <i>[Signature]</i>
OTHER:				

9879

Replace Pool & Patio



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:	9879	DATE ISSUED:	SEPTEMBER 22, 2011
SCOPE OF WORK:	REMOVE EXISTING POOL, REPLACE WITH CONCRETE & PAVER PATIO		
CONDITIONS :			
CONTRACTOR:	RD SCHILLER POOLS		
PARCEL CONTROL NUMBER:	353741002-005-001106	SUBDIVISION	INDIALUCIE, L11, B 5
CONSTRUCTION ADDRESS:	9 INDIALUCIE PKWY		
OWNER NAME:	AUGUSTINE		
QUALIFIER:	R DEAN SCHILLER	CONTACT PHONE NUMBER:	287-0768

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

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

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

REQUIRED INSPECTIONS

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

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

Town of Sewall's Point

Date: 9-8-11 BUILDING PERMIT APPLICATION Permit Number: 4879

OWNER/TITLEHOLDER NAME: MIKE & PATTI AUGUSTINE Phone (Day) 781-3736 (Fax)

Job Site Address: 9 INDIA LUCIE PARKWAY City: STUART State: FL Zip: 34996

Legal Description: LOT 11, BLOCK 5, INDIALUCIA Parcel Control Number: 35-37-41-002-005-00110-6-0000

Owner Address (if different): 1915 VIRGINIA AVE City: BEACH HAVEN State: NJ Zip: 08008

SCOPE OF WORK (PLEASE BE SPECIFIC): REMOVE EXISTING POOL & INGROUND CONCRETE SWIMMING POOL + PAVE PATIO

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NO X
Has a Zoning Variance ever been granted on this property? YES (YEAR) NO X

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 27,500
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: \$

Construction Company: R.D. SCHILLER POOLS Phone: 287-0768 Fax: 287-9970

Qualifiers name: ROBERT DEAN SCHILLER Street: 3590 SE DIXIE HWY City: STUART State: FL Zip: 34997

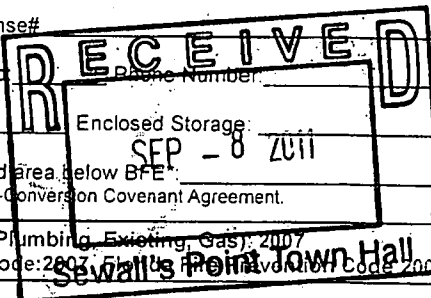
State License Number: CFC 1457983 OR: Municipality: License Number:

LOCAL CONTACT: DEAN SCHILLER Phone Number: 287-0768

DESIGN PROFESSIONAL: Fla. License#

Street: City: State: Zip: Phone Number:

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



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

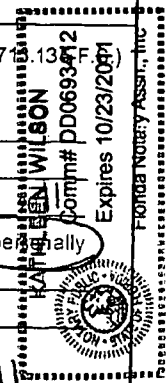
NOTICES TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY... 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS... 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE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

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

AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED) Patricia A. Augustine 8/22/11 State of Florida, County of: Ocean On This the 22nd day of August, 2011 by Patricia Augustine who is personally known to me or produced Drivers License As identification: Jill A. Pharo Notary Public My Commission Expires: 4-10-2013

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.) RD Schiller State of Florida, County of: Martin On This the 7th day of Sept by RD Schiller who is personally known to me or produced Jill A. Pharo Notary Public My Commission Expires 4/10/2013 My Commission Expires: 10/23/2011



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 9/8/2011 2:17:59 PM EDT
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
35-37-41-002-005-00110-6	9456	9 INDIALUCIE PKY, STUART	\$238,830	9/3/2011

Owner Information

Owner(Current)	AUGUSTINE MICHAEL J JR & PATRICIA
Owner/Mail Address	1915 VIRGINIA AVE BEACH HAVEN NJ 08008
Sale Date	6/9/2011
Document Book/Page	2529 1492
Document No.	2286064
Sale Price	225500

Location/Description

Account #	9456	Map Page No.	SP-03
Tax District	2200	Legal Description	INDIALUCIA LOT 11 BLK 5
Parcel Address	9 INDIALUCIE PKY, STUART		
Acres	.4670		

Parcel Type

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

Assessment Information

Market Land Value	\$138,000
Market Improvement Value	\$100,830
Market Total Value	\$238,830

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

PERMIT #: _____ TAX FOLIO #: 35-37-41-002-005-D0110-6-0000

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): LOT 11, BLOCK 5 INDIALUCA 9 INDIALUCA PKWY STUART, FL

GENERAL DESCRIPTION OF IMPROVEMENT: SWIMMING POOL & PAVER DECK

OWNER NAME: MICHAEL & PATRICIA AUGUSTINE ADDRESS: 1915 VIRGINIA AVE BEACH HAVEN NJ 08008 PHONE NUMBER: 609-492-1068 FAX NUMBER: _____

INTEREST IN PROPERTY: OWNERS

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

CONTRACTOR: ROBERT DEAN SCHILLER ADDRESS: 3590 SE DIXIE HWY STUART FL 34994 PHONE NUMBER: 287-0768 FAX NUMBER: 287-0768

SURETY COMPANY (IF ANY): _____ THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL. MARSHA EWING, CLERK

LENDER/MORTGAGE COMPANY: _____ ADDRESS: _____ PHONE NUMBER: _____ FAX NUMBER: _____ DATE: 9-15-11

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

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

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

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ (THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED). WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X Patricia A. Augustine 8-22-11 SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE _____ THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 22nd DAY OF August, 2011

BY: Patricia Augustine AS NAME OF PERSON TYPE OF AUTHORITY FOR NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION X

TYPE OF IDENTIFICATION PRODUCED Drivers License

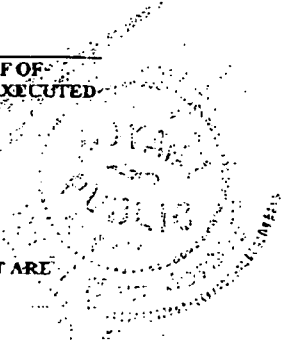
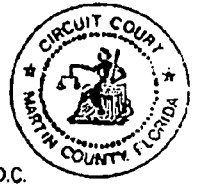
Jill A. Pharo NOTARY SIGNATURE

Jill A. Pharo Notary Public of New Jersey My Commission Expires 4/10/2013 NOTARY SEAL

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

X Patricia A. Augustine 8-22-11 (Signature of Natural Person Signing Above)

INSTR # 2292764 OR BK 02536 PG 1532 REGD 09/13/2011 02:55:53 PM Pg 1532 (109) MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Hunter



PERMIT # _____

**RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT
AFFIDAVIT OF REQUIREMENT COMPLIANCE**

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at (Print street address) 9 INDIALUCIE PKWY, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2007 Florida Building Code (FBC) effective March 1, 2009. Please check your choice of compliance.

Residential swimming pool safety feature options:

In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet the following requirements relating to pool safety features:

PLEASE NOTE THAT IF THE ALARM OPTION IS SELECTED, A LETTER OF CERTIFICATION FROM A FLORIDA LICENSED ALARM CONTRACTOR, ARCHITECT, OR ENGINEER STATING FULL COMPLIANCE WITH 2007 FBC R4101.17.1.9 PRIOR TO A FINAL INSPECTION IS REQUIRED. PLEASE INDICATE BY INITIALING THE FOLLOWING:

- _____ (a) The pool/spa must be equipped with an approved safety pool cover (4101.17 exceptions, no other barrier feature required).
- o (b) The pool/spa must be isolated from access by an enclosure that meets the pool barrier requirements of section (R4101.17.1 thru R4101.17.3;)
- _____ (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)
- _____ 1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm which produces an audible continuous warning when the door and its screen are opened. The alarm shall sound immediately after the door is opened and be capable of being heard **throughout the house during normal household activities**. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. Such deactivation shall last no more than 15seconds. The deactivation switch shall be located at least 54 inches above the threshold of the door.
- Exceptions:**
- a. Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level.
 - b. Windows facing the pool on floor above the first story.
 - c. Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath. (R4101.17.1.9 (1))
- _____ 2. All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction. (R4101.17.1.9 (2))

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

AFFIDAVIT OF REQUIREMENT COMPLIANCE

I UNDERSTAND THAT NOT HAVING ONE OF THE ABOVE INSTALLED AT THE TIME OF FINAL INSPECTION, OR WHEN THE POOL IS COMPLETED FOR CONTRACT PURPOSES, WILL CONSTITUTE A VIOLATION OF CHAPTER 515, F.S. AND WILL BE CONSIDERED AS COMMITTING A MISDEMEANOR OF THE SECOND DEGREE, PUNISHABLE AS ESTABLISHED IN THE FLORIDA STATUTE.

RD Schiller

CONTRACTOR'S SIGNATURE & DATE

x Patricia A. Augustine 8/22/11

OWNER'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR:

STATE OF FL

COUNTY OF Martin

ON THIS 7th DAY OF Sept 2011

BEFORE ME PERSONALLY APPEARED:

RD Schiller

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

SEAL (SIGNED) [Signature]

NOTARY AS TO OWNER:

STATE OF New Jersey

COUNTY OF Ocean

ON THIS 20th DAY OF August

BEFORE ME PERSONALLY APPEARED:

Patricia Augustine

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

SEAL (SIGNED) [Signature]

KATHLEEN WILSON
Comm# DD0693412
Expires 10/23/2011
Florida Notary Assn., Inc

Jill A. Pharo
Notary Public of New Jersey
My Commission Expires 4/10/2013

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO SCHEDULING THE FINAL INSPECTION.

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



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

SWIMMING POOL, DECK, AND SPA CHECKLIST

NOTICE: POOL OWNERS AND POOL CONTRACTORS ARE RESPONSIBLE FOR COMPLIANCE WITH THE PROVISIONS OF FLORIDA STATE STATUTE 515, "POOL SAFETY ACT" EFFECTIVE OCTOBER 1, 2000 AND 2007 FLORIDA BUILDING CODE, EFFECTIVE MARCH 1, 2009.

- 1 Copy completed permit application.
- 2 Copies complete sets of plans signed and sealed by an architect or engineer.
Maximum size plans are 24" x 36".
- 2 Copies survey showing the following:
 - ALL EXISTING STRUCTURES ON PROPERTY
 - LOCATION OF PROPOSED POOL AND POOL DECK
 - SETBACKS FROM POOL AND DECK TO PROPERTY LINES
 - LOCATION AND TYPE OF ANY EXISTING FENCING
 - LOCATION OF ALL EASEMENTS
 - STREET & HOUSE NUMBER ON SITE PLANS
 - LOCATION OF ANY OVERHEAD ELECTRICAL LINES
 - ALL FOUR BUILDING SETBACKS LINES.
 - INDICATE THE SIZE, SPECIES AND LOCATION OF ANY TREES TO BE REMOVED, RELOCATED OR PLANTED

DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS.

- 2 Copies Residential Swimming Pools, Spa & Hot Tub Safety Act Certification Forms.
- 1 Copy Florida Building Code Swimming Pool Plan Review Checklist.
Indicate all items applicable to this permit.
- 1 Copy Pool subcontractors list with Municipal or State Certification numbers. Must be signed and notarized by license holder.
- 1 Copy Compaction report and form board tie-in survey prior to deck inspection
Pool and deck elevation must be indicated on all river front lots.

Pool only permits need deck permit submittal or affidavit prior to issuance. Separate pool deck permits need to have a pool permit number before issuance. Failure to comply with the above and any other requirements will result in a delay of the issuance of the permit.

Pools that are designed to be 4' 11" deep must independently verified for maximum water depth by an architect, engineer or land surveyor registered in the state of Florida prior, to final inspection.

A tie-in survey is required for all pools in close proximity to setback lines prior to pool steel inspection. The entire pool wall must be kept within the building setback line.

APPLICATIONS, PLANS AND DOCUMENTS FOR FENCE, BARRIER, AND/OR SCREEN ENCLOSURE MUST BE SUBMITTED PRIOR TO ISSUANCE OF POOL PERMIT.



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

THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION

SWIMMING POOL AND SPA SUBCONTRACTORS LIST

Applicant's Name ROBERT DEAN SCHILLER Permit # _____

Mailing Address 3590 SE DIXIE HWY City STUART State FL Zip 34997

Please provide a subcontractors list for verification. Any changes to this list must be provided prior to final inspection. Using unlicensed contractors or subcontractors may prevent you from being eligible for inspections. For further information, please contact the Town of Sewall's Point Building Department at 772-287-2455.

Please include all Competency Card or State Certification numbers. Do not use occupational license numbers.

<u>CONTRACTOR/TRADE</u>	<u>COMPANY NAME</u>	<u>LICENSE #</u>
<u>CONCRETE POOL DECK FOOTERS</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC1457983</u>
<u>DECK FINISH PAVERS</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC1457983</u>
<u>MASTER ELECTRICIAN</u>	<u>EXISTING POOL EQUIPMENT</u>	
<u>POOL GUNITE</u>	<u>PRESTIGE GUNITE</u>	<u>CPC056953</u>
<u>INTERIOR POOL FINISH</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC1457983</u>
<u>POOL STEEL</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC1457983</u>
<u>BARRIER/ALARM</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC1457983</u>

I certify that the above information is accurate and that all work will be performed by eligible competency card holders or State Certified contractors.

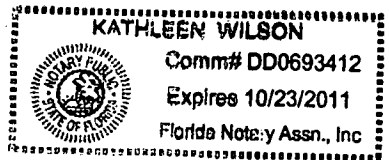
I understand that a complete notarized subcontractors list is required prior to final inspection.

[Signature]
 Signature of applicant

Sworn to and subscribed before me this 7th Sept day of 20 11 by

[Signature]
 Notary Public, State of Florida, County of Martin
 Personally Known Produced Identification

Type of ID Produced: _____



Sanders Screening & Repair, Inc.

5799 S.E. Ault Avenue • Stuart, Florida 34997

(772) 221-2116 • Fax (772) 219-1019

COMMERCIAL • RESIDENTIAL • SCREEN ROOMS • CUSTOM DOORS



Lic. & Ins.
SP02908

CUSTOMER Augustine Res. PHONE 732-208-3108 DATE 8/08/2011

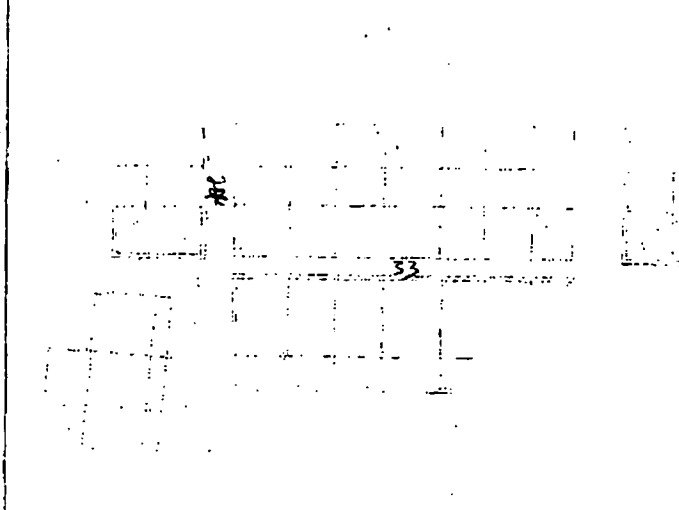
MAILING _____ CITY _____

INSTALLATION ADDRESS Indialucie Parkway CITY stuart fl

ROOF mansard	GUTTER & D.S. 5" 35"	PARCEL CONTROL #
WALL HT. 8'	SCREEN 18x14	
UPRIGHTS code	CHAIR RAIL 30"	LEGAL DESCRIPTION
DOORS TWO	COLOR white or bronze	

1. For the best price included by me for other agents to bid, deliver and install any of the above project.
2. This proposal does not become a contract until accepted and agreed by an officer of the seller company and if not accepted, my only purpose will be to receive.
3. Price, terms and other elements of the proposal are good for 30 days from the date and until completion of the seller's option.
4. No statement, agreement, printed or otherwise, representation or agreement, written or verbal, not appearing upon the face of this contract shall be binding upon the parties herein.
5. Seller expressly warrants all construction, materials and material made in which shall be accepted under any provision of law to ensure payment of the contract price and shall ensure and be the carrier as long as the job properly on which installation is made.
6. After your inspection and approval, payment will be paid upon completion of the job.
7. In the event payment on this contract is enforced through attorney or by suit or in bankruptcy or probate proceedings, seller may secure and purchase thereby agrees to pay reasonable attorney fees and costs of suit.
8. All work not paid on due shall bear interest at 15% per annum and unless otherwise stated all sums become due and payable upon completion of work.
9. Seller agrees to take all reasonable steps to ensure the fulfillment of orders received but no performance is subject to delay or cancellation caused by war, riot, strike, fire, flooding, or any other labor and material shortages, embargoes, transportation strikes and other government restrictions, prohibitions, and embargoes, failure on your part to give notice of your requirements and to proper measurements and other information and all other causes whether of the nature or different than affecting the subject or any part of seller's obligation hereunder.
10. Title, ownership and right to possession of said property described in this contract shall remain in Sanders Screening & Repair, Inc. until the final amount of the contract price has been paid in full, and this contract shall be in effect when any payment due hereunder shall not be paid when due. Such default shall nullify Sanders Screening & Repair, Inc. if it so desires, to repossess the property described in this contract on demand and without notice and to retain all sums previously paid. It is understood and agreed that Sanders Screening & Repair, Inc. shall not be responsible for any damage to the Purchaser's property caused by the removal of the property described in this contract from the premises of the Purchaser in order to repossess same.
11. Contractor or owner agree to supply electrical power at job site.
12. The undersigned acknowledges receipt of a true copy of this contract and acknowledges that he has read and understands the terms and conditions stated herein.
13. This contract shall be binding upon the parties herein, their heirs, successors and assigns.
14. Electrical grounding, if required, not a part of this contract.
15. Insurance fees and amounts secured or engineering unless stipulated.
16. Customer has three days to cancel order.
17. Subcontract to be paid upon completion.
18. Final Final - No payment shall be withheld for any reason.
19. Sanders Screening & Repair, Inc. has the right of refusal after third measurement due to job conditions.
20. Any physical or verbal changes after signing must be approved in writing by both parties.
21. Hire and Labor for 1 year will be guaranteed from installation date.

SKETCH
 Tear out old enclosure and install new job size is 24x33 permit & engineering is included. old job was priced out @22x42 this is my fault and i do apologise the new contract price is correct.



CONTRACT PRICE

INITIAL DEPOSIT

BALANCE UPON COMPLETION

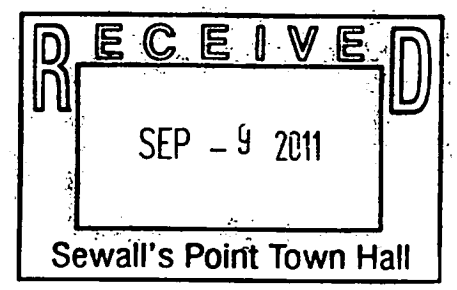
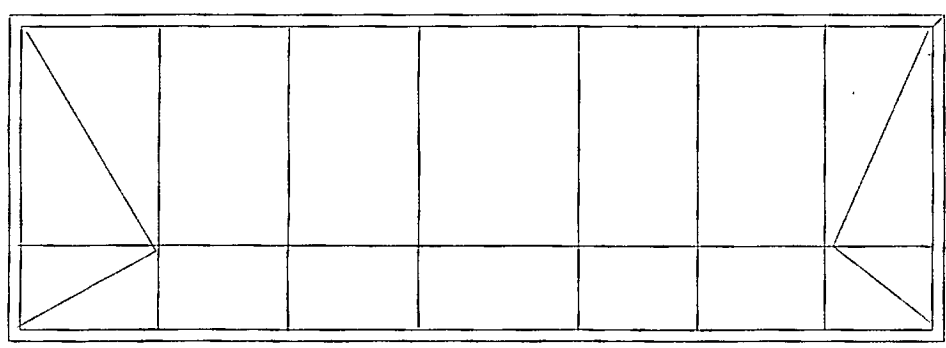
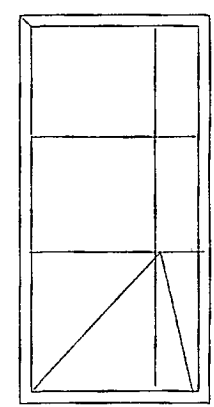
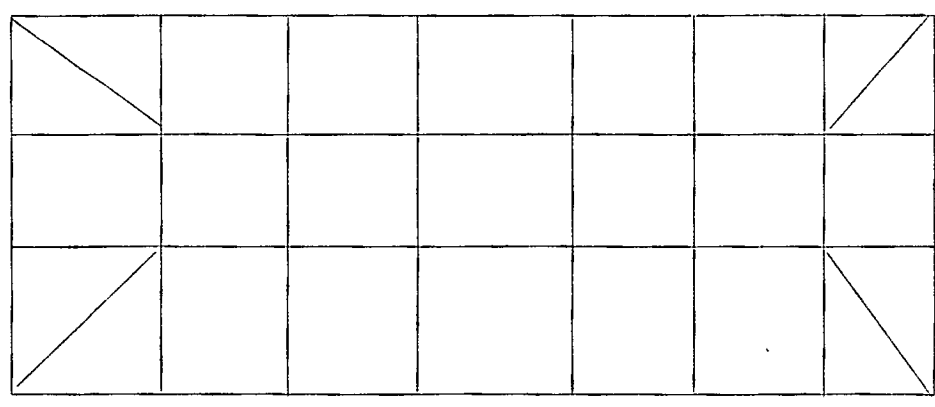
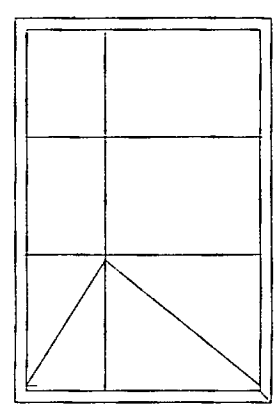
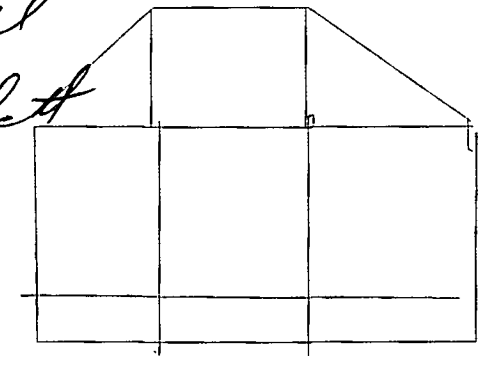
ACCEPTED BY
 By Patricia J. Augustine

AUTHORIZED SANDERS SCREENING REPRESENTATIVE
 By Robert Sanders

Job Sagustine 9 Indalica
contractor Sanders screening M&L 02908

9-8-11.

9-8-11. allow 2 weeks for engraving & we will
submit drawings with engraving @ the
time. Bob Saut



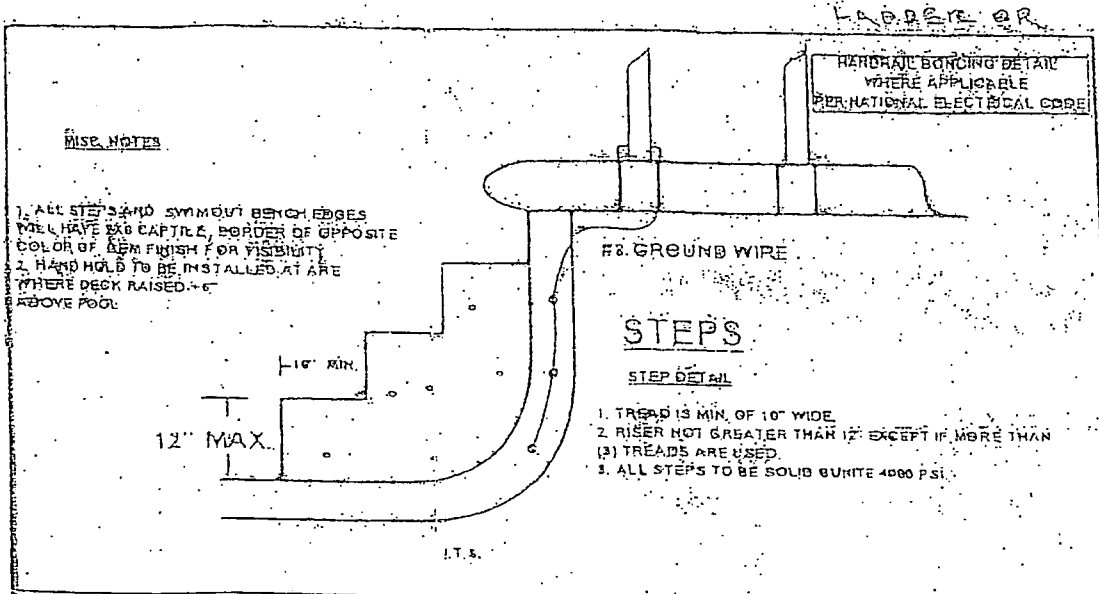
R.D. SCHILLER POOLS

3590 SE. DIXIE HWY.

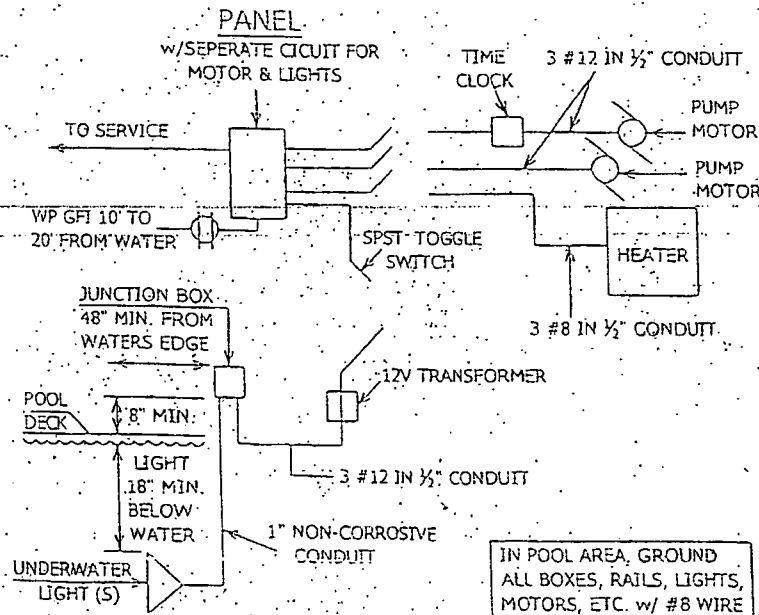
STUART, FL 34997

PH#772-287-0768

LIC.#CPC-1457983



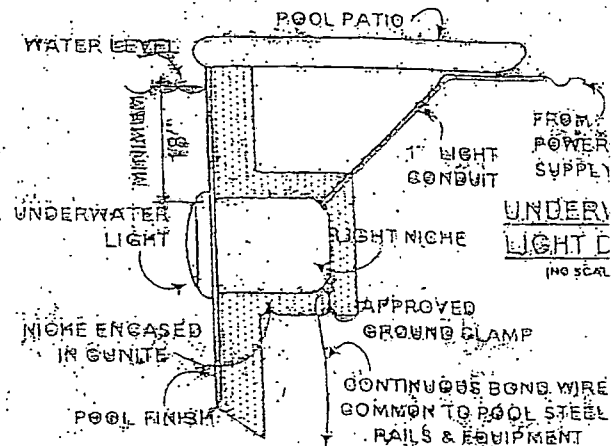
ELECTRICAL DIAGRAM



Location of GFI Recēptacle to be determined in field per NEC 680

WP GFI
10' TO 20'
FROM WATER

EQUOPOTENTIAL BONDING OF POOL PERIMETER DECKING w/#8 BARE COOPER WIRE BURIED 4" TO 6" BELOW SUBGRADE AND 18" TO 24" FROM INSIDE POOL/SPA WALL PER NEC 2008.



ANSI/APSP-7 2006 Specifies three methods for determining the maximum system flow rate. The following simplified TDH calculation is one of the methods specified.

Simplified Total Dynamic Head (TDH) Calculation Worksheet

Determine Maximum System Flow Rate:

Minimum Flow Rate Required: 35 gpm Per Skimmer (Required: 1 skimmer per 800 sf of surf. area)

- Calculate Pool Volume: $\frac{260}{(\text{Surf. Area})} \times \frac{4.5}{(\text{Avg. Depth})} \times 7.48 (\text{gal./cubic foot}) = \frac{8750}{(\text{Vol. in gal.})}$
 - Determine preferred Turnover Time in hours: $\frac{118}{(\text{Turnover in Min.})} \times 60 (\text{min. / hr.}) = \frac{118}{(\text{Turnover in Min.})}$
 - Determine Max Flow Rate: $\frac{8750}{(\text{Vol. in gal.})} / \frac{118}{(\text{Turnover Mins.})} = \frac{74}{(\text{Pool Flow Rate})} + \frac{35}{(\text{Feature Flow Rate})} = \frac{74}{(\text{System Flow Rate})}$
 - Spa Jets: $\frac{1}{(\text{No. of Jets})} \times \frac{1}{(\text{Jet Flow})} \text{ gpm per jet} = \frac{1}{(\text{Total Jet Flow Rate})} \text{ flow rate.}$
- (For single pump pool/spa combo, use the higher of No. 3 or No. 4 in the following calculations for the pool & spa)

Determine Pipe Sizes:

- Branch Piping to be NONE inch to keep velocity @ 6 fps max. at — gpm Maximum System Flow Rate.
- Trunk Piping to be 2 inch to keep velocity @ 8 fps max. at 82 gpm Maximum System Flow Rate.
- Return Piping to be 2 inch to keep velocity @ 10 fps max. at 103 gpm Maximum System Flow Rate.

Determine Simplified TDH:

- Distance from pool to pump in feet: _____
- Friction loss (in suction pipe) in _____ inch pipe per 1 ft. @ _____ gpm = _____ (from pipe flow/friction loss chart)
- Friction loss (in return pipe) in _____ inch pipe per 1 ft. @ _____ gpm = _____ (from pipe flow/friction loss chart)
- $\frac{\text{Length of Suct. Pipe}}{(\text{Length of Suct. Pipe})} \times \frac{\text{Friction Loss}}{(\text{Fr. of head/1 ft of Pipe})} = \text{TDH Suct. Pipe}$
- $\frac{\text{Length of Return Pipe}}{(\text{Length of Return Pipe})} \times \frac{\text{Friction Loss}}{(\text{Fr. of head/1 ft of Pipe})} = \text{TDH Return Pipe}$

TDH in Piping: _____

Filter loss in TDH (from filter data sheet): _____

Heater loss in TDH (from heater data sheet): _____

Total all other loss: _____

Total Dynamic Head (TDH): _____

Selected Pump and Main Drain Cover:

Pump selection PENTAIR SUPER FLO SF-NL-3/4 FE 3/4 H.P. using pump curve for TDH & System Flow Rate

Main Drain Cover AQUASTAR VGB 32CDFLXXX SERIES (System Flow Rate must not exceed approved cover flow rates)

Notes: Minimum system flow based on min. flow per skimmer of 35 gpm.

Determine the Number and Type of Required In-Floor Suction Outlets:

Check all that apply.

- 3'-0" 2 suction outlets @ gpm max. flow (see note 2).
- 3 suction outlets @ gpm max. flow (see note 3).
- 1 AQUASTAR VGB 32CDFLXXX channel drain @ 316 gpm w/ 1 ports (see note 4).

TDH Calculation Options

For each pump

- Check one.
- Simplified Total Dynamic Head (STDH)
Complete STDH Worksheet - Fill in all blanks.
- Total Dynamic Head (TDH)
Complete Program or other calcs. Fill in required blanks on worksheet & attach calculations.
- Maximum Flow Capacity
of the new or replacement pump.

Notes

- If a variable speed pump is used, use the max. pump flow in calculations.
- For side wall drains, use appropriate side wall drain flow as published by manufacturer.
- Insert manufacturer's name and approved maximum flow
- See installation instructions for number of ports to be used.
- In-Floor suction outlet cover/grate must conform to most recent edition of ASME/ANSI A112.19.8 and be embossed with that edition approval.
- Pump, Filter & Heater make and model cannot be changed, and equipment location cannot be moved closer to pool without submitting a revised plan and TDH calculation worksheet for approval.

Flow and Friction Loss Per Foot Schedule 40 PVC Pipe

Pipe Size	Velocity - Feet Per Second					
	6 fps		8 fps		10 fps	
1"	16 gpm	0.14'	21 gpm	0.23'	26 gpm	0.35'
1.5"	37 gpm	0.08'	50 gpm	0.14'	62 gpm	0.21'
2"	62 gpm	0.06'	82 gpm	0.10'	103 gpm	0.16'
2.5"	88 gpm	0.05'	117 gpm	0.09'	146 gpm	0.13'
3"	136 gpm	0.04'	181 gpm	0.07'	227 gpm	0.10'
4"	234 gpm	0.03'	313 gpm	0.05'	392 gpm	0.07'
6"	534 gpm	0.02'	712 gpm	0.03'	—	—

SCHILLER POOLS

Date _____

Contractors Signature _____

Contractors Printed Name _____

Contractors Cert. No. _____

Contractors telephone No. _____

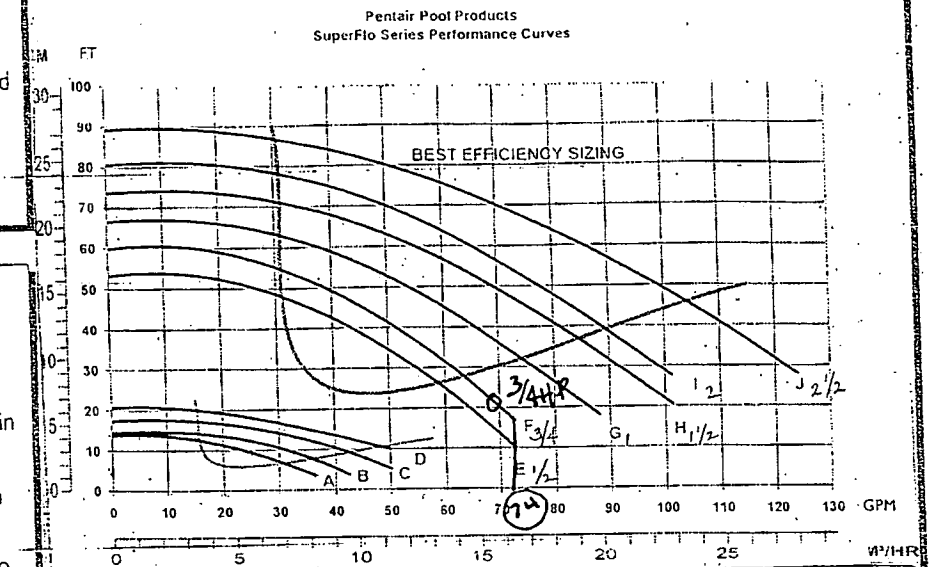
Date 9/15/11

Harvey Koehnen

HARVEY E. KOEHNEN
Professional Engineer PE-32831
7205 Elysse Circle
Port St. Lucie, FL 34952-3212
Fax (772) 489-3035

SuperFlo® Pumps

Dimensions and Performance



32" Channel Drain Flat Grate Anti-Entrapment Suction Outlet Cover and Three-Port Manufactured Sump

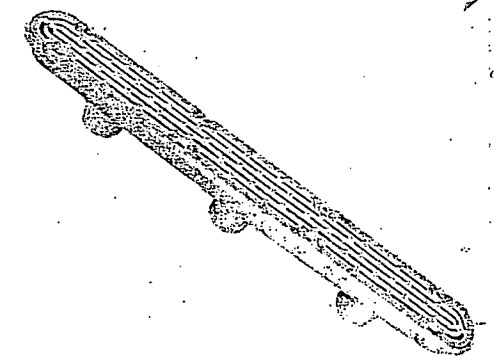
VGB Series Product Specification Sheet

The AquaStar line of suction outlet covers, compliant with the new Virginia Graeme-Baker Pool and Spa Safety Act (ASME/ANSI A112.19.8a-2008)

Features

- A single, unblockable suction outlet that exceeds the new VGB mandate and ASME/ANSI A112.19.8a-2008 standard
- For single or multiple drain use (see installation instructions for plumbing, hydrostatic valve/drain pipe and single or multi-pump connections)
- Single Floor: 316 GPM at 3.9 fps Walls: 208 GPM at 2.6 fps Floor/wall: 122 GPM at 1.5 fps 25.9 square inch opening #316 stainless steel screws Manufactured from superior UV-resistant engineered polymers Three ports: bottom 2" OD, 2" ID S/S; inside 2" threaded FPT; two 2" threaded plugs included Meets or exceeds NSF 50/ASME/ANSI A112.19.8a-2008 national standards and ASTM G154 UV testing Orange disposable plastic pre-gunit/plaster insert keeps debris out and retains sump shape during construction Must use transitional glue when attaching to PVC pipe Listed with IAPMO R&T 4 per case

The Unblockable!™



With sump (concrete pools) Part # 32CDFLXXX

Two Drains in One!

Swimming Pool Specification For:

AUGUSTINE RES
9 INDIALUCIA PKY
STUART FL 34996

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-13-11 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9873	Fearns	Generator		PROTECT VENT
	104 NSPR	Pool Gas lines	FAIL	FROM DAMAGE
	Energise Elec			INSPECTOR <i>JA</i>
9872	104 NSPR	New Generator	FAIL	INSPECTOR <i>JA</i>
9872	104 NSPR	Pool Gas lines	FAIL	INSPECTOR <i>JA</i>
9872	104 NSPR	Pool Gas lines	FAIL	INSPECTOR <i>JA</i>
9851	Allen	Power Pool		
	6 St. Leckle Ct.	Deck FINAL	PASS	CLOSE
	Apex Pavers	Pool Deck		INSPECTOR <i>JA</i>
	J. N. VIALUCINDIA	ADM. VARIANCE	OK	
				INSPECTOR
2:00	PURDIE Henry Lemmas	TREE REMOVAL review	OK	
				INSPECTOR <i>JA</i>
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **1/3-11** Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9908	Fleetwood	SEWER		
AFTER LUNCH	34 No River Seagate	STEM WALL FOOTER	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9879	Augustine	Pools/Patio		
	9 India Lucia Powers Schiller Pools	PLUMBING	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9153	BILLINGHAM			
	2 VIA DE CRISTO MASTERPIECE	Misc. footer	Pass	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
	12 WENDY LA.	MIRIE COOPER LANDSCAPING		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	102 S. RR SIDING - NO PERMIT			
	WHITE-VAN TAG # 192NW7			INSPECTOR

COASTAL TESTING LABORATORY, L.L.C.
PO BOX 2023
PALM CITY, FLORIDA 34991-2023
772-220-6688



COMPACTION TEST REPORT
ASTM D 6938-10

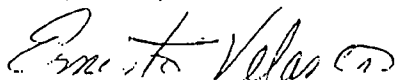
DATE : December 13, 2011
JOB NUMBER : 11-1204
PERMIT NUMBER : BP-9879
CLIENT : R. D. Schiller Pools
CONTRACTOR : R. D. Schiller Pools
JOB LEGAL : N/A
JOB ADDRESS : 9 Indialucie Parkway
Sewalls Point, FL

SOIL CLASSIFICATION & REMARKS : A4 Fine tan sandy soil

TEST SAMPLE LOCATION : 10' IS LR Corner - Center of Pad - 10' IS RF
Corner

	<u>IN PLACE DRY DENSITY</u>	<u>MAXIMUM DRY DENSITY</u>	<u>% COMPACTION</u>
1)	102.0	104.4	97.7
2)	101.8	104.4	97.5
3)	102.6	104.4	98.2

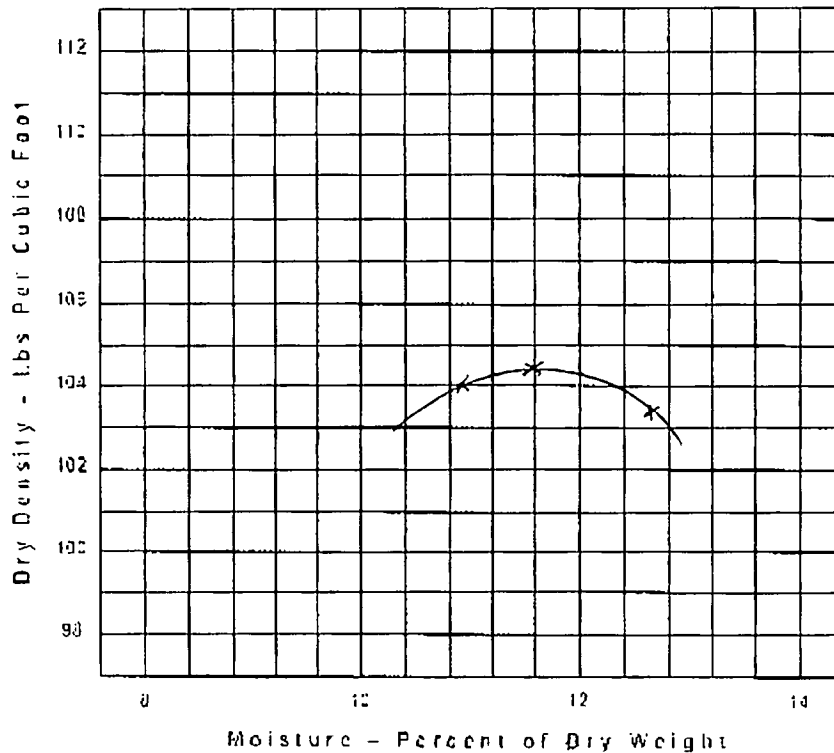
RESPECTFULLY SUBMITTED:


ERNESTO VELASCO, P.E.

COASTAL TESTING LABORATORY, L.L.C.
PO BOX 2023
PALM CITY, FLORIDA 34991-2023
772-220-6688

MOISTURE DENSITY RELATIONSHIP ASTM D 1557-09

DATE : December 13, 2011
CONTRACTOR : R. D. Schiller Pools
JOB NUMBER : 11-1204
PERMIT NUMBER : BP-9879



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 1/3 - 11 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9908	Fleetwood			
<u>After</u> <u>land</u>	34 No River			
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9879	Augustine	Pool/Patio		
	9. Emilia Lucia Powers			
	Schiller Pools	PLUMBING	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	BILLINGHAM			
	2 VIA DE CRISTO	Misc. Footing	PASS	
	MASONRY			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
	12 WENDY LA	MRIKE COOPER LANDSCAPING		
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	102 S. RR 300ING - NO PERMIT			
	WHITE - VAN TAG # 192NW7			
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 12-13-11 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9939 10 AM	Saravakay 6 Copaire Dr JB AIC	Final Ac	PASS	Close INSPECTOR <i>JA</i>
9939	Owner/Address/Contractor	Inspection Type	Results	Comments
	9939 Schiller Pool	Inspection Type	Results	Comments INSPECTOR <i>JA</i>
9754	HARD 34 N Sewalls DUNCAN GROUP	U.G. GAS TANK & LINE	PASS	INSPECTOR <i>JA</i>
9884 930	Creeden 176 S Sewalls MJK Cont.	audio/video wiring Low VOLTAGE WIRING	PASS	INSPECTOR <i>JA</i>
9952 1 PM	Doss 855 River Rd Cardinal	in-progress dry in / metal FINAL	PASS	Close INSPECTOR <i>JA</i>
9951	Smith 24 MIDDLE Jimmy Power ELEC	ELECT. F.W.R.	PASS	Close INSPECTOR <i>JA</i>
9944 1:30	Cherky 5 Knowles Rd JB AIC	Final	PASS	Close INSPECTOR <i>JA</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 12-20-11 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9855	Dalton	Final A/C		
150	6 Rio Vista Dr Advantage AC	duct	Pass	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9941	Ruppaport 9 River Crest JA Taylor	Final Roof	Fail	NOT READY INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9879	Augustine 9 Indialucie Schiller	duct	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9867	Augustine 9 Indialucie Onshore Roofing	Roof Final Framing on porch	PASS PASS	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9909	Twohey 112 Henry Sewall Seagate	2nd Fl column & beam	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9918	Bahner 17 W High Pt Cardinal	Final Roof	Pass	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	120 Hillcrest	Tree	OK	
	2811 Hick. Pk - gutter per PAO	???		INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

2-13-12

Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9965	I. Dickeer 165 SSP Rd. Onshore Roofing	roof-final	Pass	CLOSE INSPECTOR <i>JH</i>
9561	Woods 32 E High Pt Pool Crafters	Final SPA in master	Cancelled	INSPECTOR
9984	Hyne 22 Feldway OB	rough doors	Pass	INSPECTOR <i>JH</i>
9879	Deag... 9... Scheler	Final Pool	Pass	CLOSE INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	4 RIVERVIEW			
				INSPECTOR

9867

RE-ROOF



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:	9867	DATE ISSUED:	AUGUST 26, 2011
SCOPE OF WORK:	REROOF		
CONDITIONS :			
CONTRACTOR:	ONSHORE ROOFING		
PARCEL CONTROL NUMBER:	353741002-005-001106	SUBDIVISION	INDIALUCIE , L 11, BL 5
CONSTRUCTION ADDRESS:	9 INDIALUCIE PKY		
OWNER NAME:	AUGUSTINE		
QUALIFIER:	JOSEPH KOLINOSKI	CONTACT PHONE NUMBER:	283-1505

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

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

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

REQUIRED INSPECTIONS

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

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

gjb



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

RECEIVED
SEP 21
Sewall's Point Town Hall

REVISIONS - CORRECTIONS REQUEST FORM
MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: _____ PERMIT NUMBER: 9867 Augustine

JOB ADDRESS: 9 India Lucie Pkwn

is copied, ground visible, ck. when appeared

BANK ATLANTIC
PORT SALERNO
STUART, FL 34997

6427
63-8376/2670
184

ON SHORE ROOFING SPECIALIST, INC.
(OPERATING ACCOUNT)
PH. (772) 283-1505
1066 SE ST LUCIE BLVD
STUART, FL 34996

12/13/11
\$ 150.00

PAY TO THE Town of Sewall's Point

DESCRIPTION OF REVISION: 200sq. coffee & misc. work
Existing columns with decorative wood

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE: 2,000
INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: Trisha SIGNATURE: [Signature]

PHONE NUMBER: _____ FAX NUMBER: _____

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 9-21-11 Approve Deny

Additional conditioned space _____ sq. ft. @ \$104.65 per sq. ft. x 2% = _____

Additional non-conditioned space _____ sq. ft. @ \$ 48.90 per sq. ft. x 2% = _____

Other declared value increase (must be based on value not cost) _____ x 2% = _____

Other additional fees: * 2 INSP @ 75 Revision review fee: _____ Pages @ \$25.00/Page _____

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 150.00

Applicant notified by: Valerie John 9-21-11 Date: 12/14/11 \$150 CR#6427

* SEE ATTACHED

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

Permit Number: 9867

Date: 8.9.11

OWNER/TITLEHOLDER NAME: AUGUSTINE MICHAEL Phone (Day) 781-3736 (Fax) _____

Job Site Address: 9 INDIALUCIE PARKWAY City: STUART State: FL Zip: 34996

Legal Description: INDIALUCIE LOT 1 BKS Parcel Control Number: 35-37-41-002-005-0010-60

Owner Address (if different): 1915 VIRGINIA AVE. City: BEH HAVEN State: NJ Zip: 08008

Scope of work (please be specific): RE-ROOF

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 14,000.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: ONSTORE Roofing Phone: 283-1505 Fax: 283-1557
Street: 1501 SE DECKER AVE #304 City: STUART State: FL Zip: 34997

State License Number: CC1328994 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: BONNIE LOUAT Phone Number: 283-1505

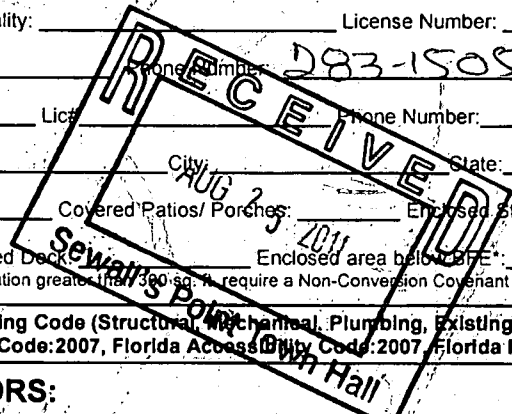
DESIGN PROFESSIONAL: _____ Lic: _____ Phone Number: _____

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

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

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

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 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)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
SEE ATTACHED PROPOSAL

State of Florida, County of: _____
This the _____ day of _____, 20____
by _____ who is personally
known to me or produced _____
as identification. _____

Notary Public

My Commission Expires: _____

Contractor SIGNATURE (required)
JOSEPH KALINOSKI

On State of Florida, County of: MARTIN
This the 15th day of AUGUST, 2011
by JOSEPH KALINOSKI who is personally
known to me or produced _____
As identification. _____

Notary Public State of Florida
Kim Lasken
My Commission 00977590

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 8/10/2011 3:44:17 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
35-37-41-002-005-00110-6	9456	9 INDIALUCIE PKY, STUART	\$247,450	8/6/2011

Owner Information

Owner(Current)	AUGUSTINE MICHAEL J JR & PATRICIA
Owner/Mail Address	1915 VIRGINIA AVE BEACH HAVEN NJ 08008
Sale Date	6/9/2011
Document Book/Page	2529 1492
Document No.	2286064
Sale Price	225500

Built 1979

Location/Description

Account #	9456	Map Page No.	SP-03
Tax District	2200	Legal Description	INDIALUCIA LOT 11 BLK 5
Parcel Address	9 INDIALUCIE PKY, STUART		
Acres	.4670		

Parcel Type

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

Assessment Information

Market Land Value	\$138,000
Market Improvement Value	\$109,450
Market Total Value	\$247,450

gsh



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 9867

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Augustine

CONSTRUCTION ADDRESS: 9 Indialucie Pkwy

PERMIT TYPE: RESIDENTIAL COMMERCIAL

ELECTRIC
 PLUMBING
 HVAC
 IRRIGATION
 FUEL GAS
other - soffit & fascia

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Replace soffit & fascia

VALUE OF CONSTRUCTION \$ 1,000

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK: _____ VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

[Signature]
SIGNATURE OF LICENSED CONTRACTOR
15670 91st Ave. Jupiter Fl.
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Steven Arbour / 2 Family Guys

TELEPHONE NO: 561-719-3133 FAX NO: 561-283-1557
PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: _____

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT. *****

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

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

PERMIT #: _____ TAX FOLIO #: 35-37-41-002-005-00110-6

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): 9 INDIA LUCIE PKWY
INDIA LUCIE LOT 11 PLS

GENERAL DESCRIPTION OF IMPROVEMENT: BE-HOOF

OWNER NAME: AUGUSTINE, MICHAEL & PATRICIA
ADDRESS: 1915 VIRGINIA AVE, BEAH HAVEN, NJ 08008
PHONE NUMBER: 791-3736 FAX NUMBER: _____

INTEREST IN PROPERTY: _____

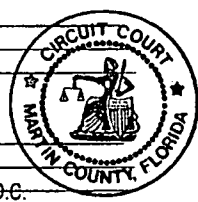
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

CONTRACTOR: ONSHORE HOME INC.
ADDRESS: 1565 ISOLDE DECKER HWY # 304 SUITE 1, E 34994
PHONE NUMBER: 283-1505 STATE OF FLORIDA 283-1557
MARTIN COUNTY

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

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

THIS IS TO CERTIFY THAT THE
FOREGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK
BY FAX NUMBER: _____ D.C.
DATE: 8-25-11



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

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

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

EXPIRATION DATE OF NOTICE OF COMMENCEMENT:
(THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Patricia A. Augustine
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

OWNER
SIGNATORY'S TITLE/OFFICE
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 15th DAY OF Aug, 2011,
BY: PATRICIA AUGUSTINE AS OWNER FOR SELF
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION ✓

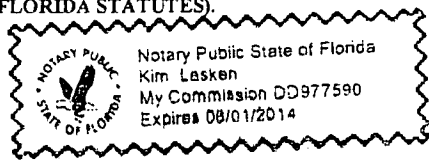
TYPE OF IDENTIFICATION PRODUCED D.L.

Kim Lasken
NOTARY SIGNATURE

NOTARY SEAL

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

Patricia A. Augustine
(Signature of Natural Person Signing Above)



INSTR # 2290196 OR BK 02533 PG 2314 RECD 08/25/2011 11:29:03 AM
Pg 2314 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S PHOENIX



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

RE-ROOF 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

The following minimum requirements must be provided for permitting and inspections:

- 1 Copy** Completed application
- 2 Copies** Complete list of proposed materials
- 2 Copies** Re-roof certification
- 1 Copy** Re-roof Inspection affidavit if used, prior to final inspection.

RESIDENTIAL REROOFS:

- 2 Copies** approved roofing manufacturer specifications for all products used.
 - Manufacturer specs/fastening schedule for roof shingles (must meet the minimum area wind load).
 - Manufacturer must have Florida Product Approval
 - Location of proposed re-roof (if only a partial re-roof) and area % calculation
 - Section/detail through hip and ridge tile caps per F.R.S.A. for tile roofs**
- N/A **2 Copies** Re-roof windstorm loss mitigation certification (and affidavit if applicable)

COMMERCIAL REROOFS:

- _____ **2 Copies** Roof Plan:
 - Show all features (pitch, drains, equipment, etc.)
 - Details: 3/4" = 1'.0" min. scale
 - Parapet or edge
 - Rooftop mounting or equipment expansion joints
 - Type of roofing (& insulation if any) being removed
 - Type of roof deck
- _____ **2 Copies** Approved roofing manufacturer specifications for all products used.
 - Manufacturers complete roofing system specifications & installation guidelines (Include fastening schedule meeting minimum area wind load).
- _____ **1 Copy** Verification of Contractor form
 - Contractor verification form (HVAC and/or electric) required if roof top HVAC equipment is removed/reinstalled and/or if HVAC electric is disconnected/reconnected.

****Concrete or ClayTile Roof: Specify how the roof field tile will be attached to the deck (reference F.S.R.A Installation Manual). Provide section details showing the installation/attachment of ridge and hip cap tile. Demonstrate compliance with the 2007 FBC 1507.3. & 2007 FBC/Residential R905.3. Also provide Product Approval for all roof adhesives.**

**All Product Approval & Installation Spec's must be on the job site for inspection.
All tile re-roofs require an "in progress" tile installation inspection or certified pull test at final.**



1501 SE Decker Avenue, Unit #304
 Stuart, FL 34994
 772-283-1505
 info@onshoreroofing.com

Work Order

September 21, 2011
 Reference #: 1177-108

Bill To:
 Michael & Patty Augustine
 1915 Virginia Avenue
 Beach Haven, NJ 08008

Job Name:
 Augustine
 9 Indialucie Parkway
 Sewall's Point
 FL, FL 34996

772-781-3736

732-208-3106 PATTY

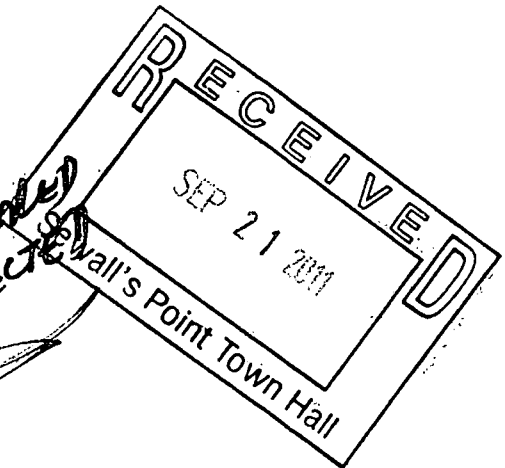
Description of Work

Back Porch

- Install Temp wall
- Remove existing Alumium Post
- Remove existing Header
- Install 4" high simpson brackets Read head (5/8 x 6" bolts) into concrete
- Install 4 new 4" x 4" wood posts
- Install new 3 ply header
- Strap all new work to Florida Building Codes
- Install Cedar Over all new Header and Posts
- Replace all soffits wih new soffits
- Replace all fascia No charge
- Replace 8 sheets of plywood No Charge

NOTE: CEILING NEEDS REPLACEMENT

*THIS WORK
 NEEDS TO
 BE UNCOVERED
 AND INSPECTED*

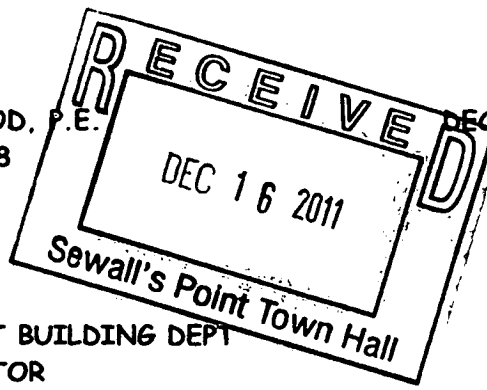


Material	Subtotal	Total
2000.00	2000.00	\$2,000.00

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon delays beyond our control. Purchaser agrees to pay all costs of collection, including attorney's fees.

Signature Patricia Augustine Date 9-21-11

FROM: STEVEN G. WOOD, P.E.
FL PE No. 34398
950 SULTAN DR
PSL, FL 34953
(772-878-7324)



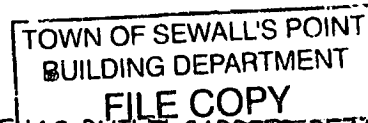
DECEMBER 13, 2011

SG Wood
12/13/11

TO: SEWALLS POINT BUILDING DEPT
ATTN: INSPECTOR

SUBJECT: CERTIFICATION FOR 'AS BUILT' CARRIER BEAM CONSTRUCTION

REFERENCE: PERMIT # 9867
AUGUSTINE RESIDENCE @
9 INDIALUCIE PKY
SEWALLS POINT, FL 34996



THE PURPOSE OF THIS LETTER IS TO CERTIFY THE ~~'AS BUILT' CARRIER BEAM~~ AND POSTS WHICH SUPPORT THE ROOF RAFTERS OVER THE EXISTING REAR PORCH AT THE ABOVE REFERENCED ADDRESS.

DURING THE RE-ROOF CONSTRUCTION PROCESS PER THE REFERENCED PERMIT NUMBER, THE REAR PORCH CARRIER BEAM WAS FOUND TO BE STRUCTURALLY COMPROMISED DUE TO WATER/LEAK DAMAGE.

THE DAMAGED BEAM AND SUPPORTING POSTS WERE REMOVED AND REPLACED WITH NEW WOOD MEMBERS AS DESCRIBED BELOW.

THIS ENGINEER PERFORMED AN INSPECTION OF THE 'AS BUILT' CARRIER BEAM AND POSTS ON 12/10/11. BASED ON THIS INSPECTION, PHOTOS AND DISCUSSIONS WITH THE CONTRACTOR, THE FOLLOWING FINDINGS WERE MADE:

- THE REBUILT CARRIER BEAM SPANS APPROX 34 FT AND IS SUPPORTED BY (4) PRESSURE TREATED 4x4 POSTS WHICH ARE ANCHORED TO THE EXISTING CONCRETE SLAB.
- THE REBUILT CARRIER (FLITCH) BEAM MATCHES THE ORIGINAL AND CONSISTS OF DOUBLE 2x8's WITH $\frac{1}{2}$ " PLYWOOD IN BETWEEN NAILED AT 8" O.C. IN 3 ROWS STAGGERED.
- EACH ROOF RAFTER IS CONNECTED TO CARRIER BEAM USING (1) SIMPSON MTS STRAP
- THE CARRIER BEAM IS ATTACHED TO EACH 4x4 POST USING (2) SIMPSON MSTA STRAPS.
- THE 4x4 POSTS ARE ANCHORED TO THE CONCRETE SLAB USING SIMPSON ABU44 BASE PLATES.

BASED ON THE ABOVE FINDINGS, THE 'AS BUILT' CARRIER BEAM AND POST CONSTRUCTION AS SPECIFIED ABOVE IS IN COMPLIANCE WITH THE 2007 FLORIDA BUILDING CODE, FOR 140 MPH WIND ZONE AND EXPOSURE 'C' CLASSIFICATION AND IS THEREFORE ACCEPTABLE AS IS.



Licensed & Insured Roofing Contractor
1501 SE Decker Avenue, Suite 304, Stuart, FL 34994

Job # 2081

August 5, 2011

Michael & Patty Augustine
1915 Virginia Avenue
Beach Haven, NJ 08008
Home: 772-781-3736
E-mail: miaugus@verizon.net

Jobsite:
Augustine Residence
9 Indialucie Parkway
Sewall's Point
Stuart, FL 34996

PROPOSAL

- Onshore Roofing will remove existing roof systems down to plywood decking.
- ORS will inspect plywood decking and re-nail to current local code.
- ORS will replace any damaged plywood and/or damaged fascia if needed at no charge.
- ORS will install a Titanium reinforced polyurethane underlayment fastened to code using plastic round caps.
*NOTE: Titanium underlayment comes with a **25yr. Warranty**.
- ORS will install 26ga. galvanized accessory metals fastened to code.
- ORS will install a 26ga. 5-V Crimp, Mill Finish Metal roof system, fastened with 20yr. Wood ZAC screws.
- **Flat Roof:** *↳ w/ STRIATIONS*
- ORS will install one (1) smooth modified bitumen cap sheet, fastened to code over base sheet.
- ORS will install one (1) white granular surfaced modified bitumen cap sheet, fastened to code over smooth modified.
- ORS will clean all roof debris from jobsite as needed and at completion of new roof system.
- Bid includes taxes, permit fees, labor and materials.
- Any work done beyond the scope of this contract will be charged and invoiced as an extra.
- A **10yr. No Leak Warranty** and any applicable manufacturer's warranties will be forwarded upon receipt of final payment.

We will furnish labor and material for the sum of: \$14,000.00

Terms: This proposal becomes a contract upon signing. Service will begin with the signed contract is received.

Payment Terms: 30% of the contract is due upon tear off of existing roof system. 40% of the contract is due at time of metal panel delivery and upon completion of the new roof system the remaining 30% of the contract price is due.

Note: Any alteration to the above specifications involving extra costs will be executed only upon written orders. Any changes to the above proposal will require a signed change order. Any additional replacement of plywood due to damage will be billed at 30% over time and materials. Roofing contractor is not responsible for driveway cracks, gutter damage or damage due to a hidden condition. If any client is in default in the payment of money due under this contract for a period of 30 days, fees will be charged at a rate of 1 1/2% per month on the unpaid balance. If any client is referred to an attorney for collections, client agrees to pay all fees incurred in the collection of the amount due, including all court costs and attorney's fees. Work will be scheduled upon written signature of client. Roofing contractor will supply all warranties and close out paperwork. *This proposal is valid for 30 days upon date received.

Accepted by: Authorized Signature: Patricia A. Augustine

Date: 8-15-11

Onshore Roofing Specialists: Joseph K. Chruslik

Date: 8.15.11

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

RE-ROOF CERTIFICATION

PERMIT # _____
CONTRACTOR'S NAME: ONSTORPHOF INC PHONE #: 283-1505 FAX: 283-1557

OWNER'S NAME: AUGUSTINE MICHAEL & PATRICIA
CONSTRUCTION ADDRESS: 9 INDIAN LUCIE Pkwy CITY SWAN STATE FL

RE-ROOF: RESIDENTIAL (SINGLE FAMILY)
 COMMERCIAL **--REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES NO

** DISCONNECT/RECONNECT HVAC ELECTRIC YES NO
** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S. YES NO - INSURED VALUE OF RESIDENCE 109,450⁰⁰

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: 5 /12 SLOPE

ROOF DECK:* SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED
 RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".
 SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED-SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".
 EXISTING DECK TO REMAIN/REPAIRED & RENAILED

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

PROPOSED NEW ROOF COVERING: METAL

MANUFACTURER: SUNGLAST PRODUCT NAME 5-VCRIMP PRODUCT APPR # FL10490.6 R1

(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL)
MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

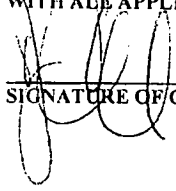
PROPOSED FLASHING: GALV./STEEL ALUMINUM COPPER OTHER

RIDGEVENT TO BE INSTALLED: YES NO

DESCRIPTION OF WORK: REMOVE ROOF DOWN TO DECK. INSTALL TITANIUM UNDERLAYMENT, GALV. ACCESSORY METALS AND PANELS - 5/8" FLAT ROOF.

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

SIGNATURE OF CONTRACTOR _____ DATE: 8-15-11



**RESIDENTIAL REROOF WINDSTORM LOSS
MITIGATION CERTIFICATION (FLORIDA STATUTE 553.844)**

The following information is to be provided by roofing contractor or owner/builder on all re-roof applications for the purpose of obtaining compliance with recent changes to State Statute and referenced "Hurricane Mitigation Manual". Effective date: October 1, 2007.

Note: These requirements apply to residential structures built prior to implementation of the FBC on March 1, 2002.

- Value: show proof of insured value of residential structure or a copy of the ad-valorem tax value.
- Provide copy of contract

All re-roofs regardless of value shall comply with the following:

Re-nailing: All sheathing and decking shall be re-nailed per section 201.1 and a secondary water barrier installed.

- Existing fasteners that are 8d clipped head, round head or ring shank and spaced 6 in. or less o.c. may be counted. Additional fasteners shall be 8d ring shank nails with round heads spaced at 6 in. o.c. along framing.
- Indicate below which method is to be used to satisfy the secondary water barrier requirements:

_____ All joints in roof sheathing shall be covered with a minimum of 4 in. strip of self-adhering polymer modified bitumen tape. Wood deck and self-adhering tape shall be covered by one layer of approved underlayment.

X _____ Entire roof deck shall be covered with an approved self-adhering polymer modified bitumen cap sheet. No additional underlayment is required.

_____ Outside of the HVHZ, an underlayment complying with section 1507.2.3 of the Florida Building Code, Building fastened as described below or a layer of asphalt impregnated approved #30 felt shall be installed. The felt is to be fastened with 1" round plastic cap or metal cap nails, attached to a nailable deck in a grid pattern of 12 inches (305 mm) staggered between the overlaps, with 6-inch (152 mm) spacing at the overlaps. For slopes of 2:12 to 4:12 an additional layer of felt shall be installed in a single-fashion and lapped 19" and fastened as described above. (No additional underlayment shall be required over the top of this sheet.)

_____ Exception: An approved 30# underlayment installed per HVHZ using nails and tin-tags and covered with an approved self-adhering polymer modified bitumen cap sheet or an approved cap sheet hot-moped shall be deemed to meet the requirements for secondary water barrier.

Residential Structures valued at \$300,000 or more shall comply with the following:

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.



CBUCK Engineering

Specialty Structural Engineering

CBUCK, Inc. Florida Certificate of Authorization # 8064

Evaluation Report

"5-V Crimp"

Metal Roof Assembly

Manufacturer:

Sunlast Metal, Inc.
2120 SW Poma Drive
Palm City, FL 34990
(772) 223-4055

for

Florida Product Approval

FL 10490.6 R1

Florida Building Code 2007

Per Rule 9N-3

Method: 1 - D

Category: Roofing

Sub - Category: Metal Roofing

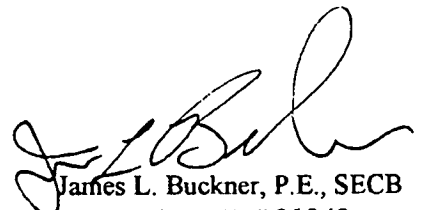
Product: "5-V Crimp" Roof Panel
Material: Steel
Panel Thickness: 26 Gauge
Panel Width: 24"
Support: Wood Deck

Prepared by:

James L. Buckner, P.E., S.E.C.B.
Florida Professional Engineer # 31242
Florida Evaluation ANE ID: 1916
Project Manager: Diana Galloway
Report No. 11-104-5V-24-S6W-ER
Date: 02 / 17 / 11

Contents:

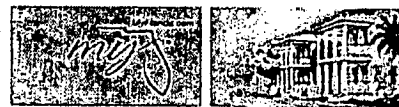
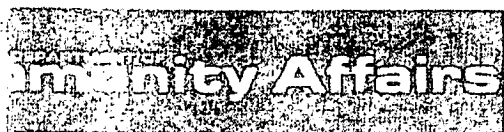
Evaluation Report Pages 1 - 7



James L. Buckner, P.E., SECB
Florida P.E. # 31242
2/22/11

CBUCK, Inc.

1334 S. Killian Drive, Suite 4, West Palm Beach, Florida 33403
Phone: (561)491-9927 Fax: (561)491-9928 Website: www.cbuckinc.net



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Product Approval
USER: Public User

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FL #	FL11602-R1						
Application Type	Revision						
Code Version	2007						
Application Status	Approved						
Comments							
Archived	<input type="checkbox"/>						
Product Manufacturer	InterWrap, Inc.						
Address/Phone/Email	32923 Mission Way Mission, NON-US 00000 (604) 820-5400 Ext 321 mseth@interwrap.com						
Authorized Signature	Manish Seth mseth@interwrap.com						
Technical Representative	Rodica Roua						
Address/Phone/Email	32923 Mission Way Mission, NON-US 00000 (604) 820-5400 Ext 321 rroua@interwrap.com						
Quality Assurance Representative							
Address/Phone/Email							
Category	Roofing						
Subcategory	Underlayments						
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received						
Florida Engineer or Architect Name who developed the Evaluation Report	Robert Nieminen						
Florida License	PE-59166						
Quality Assurance Entity	Intertek Testing Services NA Inc. - ETL/Warnock Hersey						
Quality Assurance Contract Expiration Date	03/01/2012						
Validated By	John W. Knezevich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received						
Certificate of Independence	FL11602_R1_COI_Trinity_ERD_Certification_of_Independence.pdf						
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th><u>Standard</u></th> <th><u>Year</u></th> </tr> </thead> <tbody> <tr> <td>ASTM D1970</td> <td>2001</td> </tr> <tr> <td>ASTM D226</td> <td>1997</td> </tr> </tbody> </table>	<u>Standard</u>	<u>Year</u>	ASTM D1970	2001	ASTM D226	1997
<u>Standard</u>	<u>Year</u>						
ASTM D1970	2001						
ASTM D226	1997						
Equivalence of Product Standards Certified By							



EXTERIOR RESEARCH & DESIGN, LLC.
 Certificate of Authorization #9503
 353 CHRISTIAN STREET, UNIT #13
 OXFORD, CT 06478
 PHONE: (203) 262-9245
 FAX: (203) 262-9243

EVALUATION REPORT

Interwrap, Inc.
 32923 Mission Way
 Mission, BC V2V-6E4
 Canada

Evaluation Report I11980.11.08-R1
FL11602-R1
Date of Issuance: 11/03/2008
Revision 1: 04/30/2009

SCOPE:

This Evaluation Report is issued under Rule 9B-72 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code and Florida Building Code, Residential Volume. The products described herein have been designed to comply with the 2007 Florida Building Code sections noted herein.

DESCRIPTION: Titanium™ Roof Underlayments

LABELING: Each unit shall bear labeling in accordance with the requirements the Accredited Quality Assurance Agency noted herein.

CONTINUED COMPLIANCE: This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement to notify Robert Nieminen, P.E. if the product changes or the referenced Quality Assurance documentation changes. Trinity|ERD requires a complete review of this Evaluation Report relative to updated Code requirements with each Code Cycle.

ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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

This Evaluation Report consists of pages 1 through 5.

Prepared by:

Robert J.M. Nieminen, P.E.
 Florida Registration No. 59166, Florida DCA ANE1983



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 04/30/2009. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

CERTIFICATION OF INDEPENDENCE:

1. Trinity|ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
2. Trinity|ERD is not owned, operated or controlled by any company manufacturing or distributing products it evaluates.
3. Robert Nieminen, P.E. does not have nor will acquire, a financial interest in any company manufacturing or distributing products for which the evaluation reports are being issued.
4. Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.

ROOFING COMPONENT EVALUATION:
1. SCOPE:
Product Category: Roofing

Sub-Category: Underlayment

Compliance Statement: Titanium™ Roof Underlayments, as produced by Interwrap, Inc., have demonstrated compliance with the following sections of the Florida Building Code through testing in accordance with the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

2. STANDARDS:

<u>Section</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
1507.2.3, 1507.3.3, 1507.5.3, 1507.7.3, T1507.8, 1507.8.3, 1507.9.3, 1507.9.4	Physical Properties	ASTM D226	1997
1507.2.4, 1507.2.9.2, 1507.3.3, 1507.5.3	Physical Properties	ASTM D1970	2001

3. REFERENCES:

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
ITS (TST1509)	Physical Properties	3146738COQ-003A	03/28/2008
ITS (TST1509)	Physical Properties	3146738COQ-003B	03/28/2008
ITS (TST1509)	Physical Properties	3126617COQ-005	10/31/2007
ERD (TST6049)	Physical Properties	I15010.04.09	04/29/2009
ITS (QUA1673)	Quality Control	ITS Listings	Current
ITS (QUA1673)	Quality Control	Service Confirmation	05/04/2009

4. PRODUCT DESCRIPTION:
4.1 Self-Adhering Underlayments:

4.1.1 **Titanium™ PSU 30** is an unreinforced polymer modified bitumen material adhered to the underside of a polymer-coated, synthetic woven sheet. The underside is backed with a release film. Unit weight 24 lbs/square.

4.2 Mechanically Fastened Underlayments:

4.2.1 **Titanium™ UDL-25** is a synthetic sheet-type underlayment comprised of a woven core coated on one side with a polymer coating. Unit weight 2.9 lbs/square.

4.2.2 **Titanium™ UDL-30** is a synthetic sheet-type underlayment comprised of a woven core coated on both sides with a polymer coating. Unit weight 4.0 lbs/square.

4.2.3 **Titanium™ UDL-50** is a synthetic sheet-type underlayment comprised of a woven core coated on both sides with a polymer coating. Unit weight 4.7 lbs/square.

4.2.4 **Titanium™ UDL-TT** is a synthetic sheet-type underlayment comprised of a woven core coated on one side with a polymer coating. Unit weight 2.9 lbs/square

4.2.5 **Titanium™ UDL-TF** is a synthetic sheet-type underlayment comprised of a woven core coated on both sides with a polymer coating. Unit weight 2.9 lbs/square.

4.2.6 **UDL-TTMC300** is a synthetic sheet-type underlayment comprised of a woven core coated on both sides with a polymer coating. Unit weight 3.2 lbs/square.



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Robert J.M. Nieminen, P.E.
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4. Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Polyglass USA, Inc.
150 Lyon Drive
Fernley, NV 89408

SCOPE:

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

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

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

DESCRIPTION: Polyglass Self-Adhered Roof System over Wood Decks

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

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

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

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

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

This NOA revises NOA No. 07-0822.10 and consists of pages 1 through 20.
The submitted documentation was reviewed by Jorge L. Acebo.



Jorge L. Acebo

NOA No.: 08-0226.06
Expiration Date: 10/11/12
Approval Date: 01/28/09
Page 1 of 20

TOWN OF SEWALLS POINT

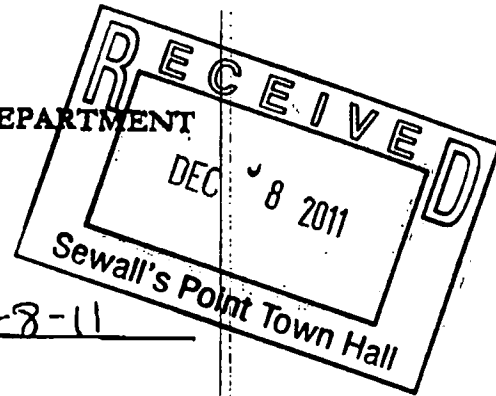
BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed **Thur** Fri **9-15-11** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9754	Duncan Hurd 34 N Sewalls Pt Duncan Group	Frame all bathroom	FAIL	NOT READY INSPECTOR <i>AH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9871	Mine 2 Melody Ln All Area Roof			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Finegold 21 Palmetto Dr	Tree	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9877 1 PM	Brunner 19 Riverview Dr Stuart Roofing	nauling	PASS	INSPECTOR <i>AH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9801	On Shore Roof			INSPECTOR <i>AH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



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



RE: Permit # 287-2455

Date 12-8-11

Inspection Affidavit

I Joseph Kolinski, licensed as a(n) Contractor* /Engineer/Architect
(please print name and circle Lic. Type) FS 468 Building Inspector*

License #: CCC 1328994

On or about 12-8-11, I did personally inspect the roof
(Date & time)

deck nailing and/or secondary water barrier work at 9 India Lucie Pkwy.
(circle one) (Job Site Address)

Stuart, FL

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

[Signature]
Signature

STATE OF FLORIDA
COUNTY OF

Sworn to and subscribed before me this 8th day of December, 2011

By JOSEPH KOLINSKI

Notary Public, State of Florida

[Signature]
(Print, type or stamp name)

Commission No.: _____

Personally known ✓ or
Produced Identification _____

Type of identification produced, N/A

* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plans of the roof with the permit # or address # clearly shown marked on the deck for each inspection.



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 12-20-11 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9855	Dalton	Final A/C		
<u>156</u>	6 Rio Vista Dr Advantage AC	duct	Pass	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9941	Ruppaport 9 River Crest JA Taylor	Final Roof	Fail	NOT READY INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9879	Augustine 9 Indialucie Schiller	deck	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9861	Augustine	Roof	Pass	
	Indialucie	Hammings on	Pass	
	On Shore Roofing	POWER	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9909	Twohey 112 Henry Sewall Seagate	2nd Fl column & beam	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9918	Bolner 17 W High Pt Cardinal	Final Roof	Pass	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<u>Tree</u>	120 Hillcrest	Tree	OK	
	2811 High Pt - gutter per PAO ???			INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur
 Fri

1-5-12

 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9860	Curry 5 River Crest Ct	Final AC	CANCEL 772-215-6864	
	All year Cooling	call Mr Curry for code		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9747	Schwartz 70 N Sewalls Driftwood	Framing rough framing " elec " plumbing " AC	FAIL	NOT READY INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9941	Reppaport 9 River Crest Ct JA Taylor	11 gas Final Roof	Pass	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Farmelee 21 S Ridgview	Tree	FOR	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9909	Twohey 112 Henry Sewall Seagate	roof nailing	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9960	Hleetwood 34 N River Rd Flaminio Pools	steel	FAIL	NEED 6x6 STEEL P. HOUSE FTR WALL INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9867	Augustine 9 Indalune On Shore	Final Final	Pass	INSPECTOR <i>JA</i>

9946

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:	9946	DATE ISSUED:	DECEMBER 5, 2011
SCOPE OF WORK:	AC CHANGEOUT		
CONTRACTOR:	FLYNN'S AC		
PARCEL CONTROL NUMBER:	353741002-005-001106	SUBDIVISION	INDIALUCIE-BL 5, L 11
CONSTRUCTION ADDRESS:	9 INDIALUCIE PKWY		
OWNER NAME:	AUGUSTINE		
QUALIFIER:	JOSEPH SLYNN	CONTACT PHONE NUMBER:	283-4114

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

Permit Number: 9946

Date: _____
 OWNER/TITLEHOLDER NAME: Augustine Phone (Day) 781-3736 (Fax) _____
 Job Site Address: 9 INDIALUCA PKWY City: SEWALL State: FL Zip: 34996
 Legal Description _____ Parcel Control Number: _____
 Owner Address (if different): _____ City: _____ State: _____ Zip: _____

SCOPE OF WORK (PLEASE BE SPECIFIC): 5 TON A/C REPLACEMENT

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 5400
 (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: Flynn's A/C Phone: 283-4114 Fax: 781-1307
 Qualifiers name: Joseph Flynn Street: 1323 THELMA City: PALM State: FL Zip: 34990
 State License Number: CAL055482 OR: _____ Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: 283-4114

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): 2007
 National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR THE TOWN'S TAX ON 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 2007 SECT. 105.4.1. 105.4.1.1 - .5.

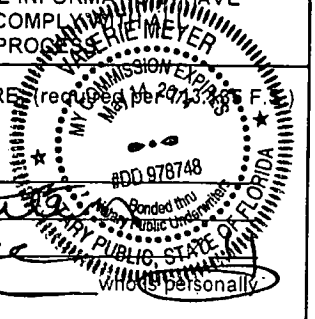
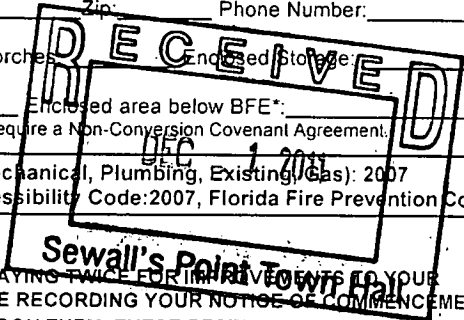
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

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

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.)
 OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
 X _____
 State of Florida, County of: _____
 On This the 1st day of December, 2008
 by Joseph Flynn who is personally
 known to me or produced _____
 As identification _____
 _____ Notary Public
 My Commission Expires: _____

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)
 X _____
 State of Florida, County of: Martin
 On This the 1st day of Dec
 by Joseph Flynn who is personally
 known to me or produced _____
 As identification: Value
 _____ Notary Public
 My Commission Expires: _____

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



Flynn's Air Conditioning Service Inc.

PROPOSAL

1323 SW Thelma Street • Palm City, FL 34990
(772) 283-4114 • Fax: (772) 781-1307

772-781-3736

To: <i>Mr. & Mrs. Augustini 9 Fairview Dr. Palm City</i>	Phone <i>732-208-3106</i>	Date <i>9-21-11</i>
	Job Name	
	Job Phone <i>609-492-1048</i>	Source

We hereby submit specifications and estimates for:

1. Install 5 ton high efficiency air conditioning system.
2. Install 5 ton matching air handler with 10kw electric heater.
3. Install new emergency drain pan with float switch. (Attics only)
4. Install new digital thermostat.
5. Install liquid line filter drier.
6. Undercoat condenser base pan.
7. Install time delay relay on compressor.
8. Secure Condenser to slab.
9. Supply (6) _____ x _____ R-85 filters.
10. One year labor warranty.

	BEST	BETTER	STANDARD
Brand	<i>CARLIN</i>	<i>CARLIN</i>	
Condenser	<i>24ACC660</i>	<i>24ABC660</i>	
Air Handler	<i>FV4DNF006</i>	<i>FX4DNF061</i>	
Efficiency (SEER)	<i>16.0</i>	<i>16.0</i>	
Parts Warranty	<i>10</i>	<i>10</i>	
Compressor Warranty	<i>10</i>	<i>10</i>	
PRICE	<i>7578</i>	<i>6295</i>	
FPL REBATE	<i>-1895</i>	<i>-895</i>	
YOUR COST	<i>6475</i>	<i>5400</i>	

Title on this equipment shall remain with seller until paid in full. This proposal does not reflect any permit fees which may be necessary.

We Propose hereby to furnish material and labor.....complete in accordance with the above specifications, for the sum of:

Five thousand four hundred Dollars

Dollars *5400*

Payment to be made as follows: 50% at contract acceptance/ 50% at completion.

Payments upon default by customer. Prices include 6% Florida sales tax. Customer agrees to pay all court costs, attorney fees or other expenses incurred in the collection of the above.

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

CONSTRUCTION INDUSTRIES RECOVERY FUND. Payment may be available from the Construction Industries Recovery Fund if you lose money on a project performed under contract, where the loss results from specified violations of Florida law by a state-licensed contractor. For information about the recovery fund and filing a claim, contact the Florida Construction Industry Licensing Board at the following telephone number and address: 1940 North Monroe St., Tallahassee, FL 32399-2202. Telephone: (850) 487-1395

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

Authorized Signature: *[Signature]*

Customer Signature: *Patricia A. Augustini*

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 12/1/2011 3:18:00 PM EST
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
35-37-41-002-005-00110-6	9456	9 INDIALUCIE PKY, STUART	\$238,830	11/26/2011

Owner Information

Owner(Current)	AUGUSTINE MICHAEL J JR & PATRICIA
Owner/Mail Address	1915 VIRGINIA AVE BEACH HAVEN NJ 08008
Sale Date	6/9/2011
Document Book/Page	2529 1492
Document No.	2286064
Sale Price	225500

Location/Description

Account #	9456	Map Page No.	SP-03
Tax District	2200	Legal Description	INDIALUCIA LOT 11 BLK 5
Parcel Address	9 INDIALUCIE PKY, STUART		
Acres	.4670		

Parcel Type

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

Assessment Information

Market Land Value	\$138,000
Market Improvement Value	\$100,830
Market Total Value	\$238,830



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: CARRIER Model# FX4DUF61
 Volts ___ CFM's 1800 Heat Strip 10 Kw
 Min. Circuit Amps ___ Wire gauge 6
 Max. Breaker size 60 Min. Breaker size 60
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type 410
 Location: Existing New ___
 Attic/Garage/Closet (specify) GARAGE
 Access: _____
(Contractor must provide ladder if required)

Condenser: Mfg SAIPE Model# 24AB660
 Volts ___ SEER/EER 16 BTU's 55.5
 Min. Circuit Amps ___ Wire gauge 6
 Max. Breaker size 45 Min. Breaker size ___
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type 410
 Location: Existing New ___
 Left/Right/Rear/Front/Roof _____
 Condensate Location _____

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: LENNOX Model# _____
 Volts ___ CFM's ___ Heat Strip 10 Kw
 Min. Circuit Amps ___ Wire gauge 6
 Max. Breaker size 60 Min. Breaker size ___
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type 22
 Location: Ext. New ___
 Attic/Garage/Closet (specify) GARAGE
 Access: _____

Condenser: Mfg _____ Model# _____
 Volts ___ SEER/EER ___ BTU's ___
 Min. Circuit Amps ___ Wire gauge 6
 Max. Breaker size 45 Min. Breaker size ___
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type 22
 Location: Ext. New ___
 Left/Right/Rear/Front/Roof FRONT
 Condensate Location _____

Certification:

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

[Signature]
 Signature

12/1/12
 Date

ELECTRICAL DATA

UNIT SIZE	V/PH	OPER VOLTS*		COMPR		FAN	MCA	MIN WIRE SIZE† 60° C	MIN WIRE SIZE† 75° C	MAX LENGTH ft. (m)‡ 60° C	MAX LENGTH ft. (m)‡ 75° C	MAX FUSE** or CKT BRK AMPS
		MAX	MIN	LRA	RLA	FLA						
18-31	208/230/1-60	253	197	48.0	9.0	0.50	11.8	14	14	67 (20.4)	64 (19.5)	20
24-30				58.3	13.5	0.75	17.7	14	14	46 (14.0)	43 (13.1)	25
30-30				64.0	12.8	0.75	16.8	14	14	44 (13.4)	41 (12.5)	25
36-30				77.0	14.1	0.50	18.1	12	12	57 (17.4)	54 (16.5)	30
42-30				112.0	17.9	1.20	23.6	10	10	85 (25.9)	81 (24.7)	40
48-31				109.0	19.9	1.20	26.1	10	10	70 (21.3)	67 (20.4)	40
49-30				117.0	21.8	1.20	26.1	10	10	70 (21.3)	67 (20.4)	40
60-30				135.0	21.4	1.20	28.0	8	10	91 (27.7)	56 (17.1)	40
61-30				134.0	25.0	1.20	32.5	8	10	94 (28.7)	58 (17.7)	50

* Permissible limits of the voltage range at which the unit will operate satisfactorily

† If wire is applied at ambient greater than 30°C, consult table 310-16 of the NEC (NFPA 70). The ampacity of non-metallic-sheathed cable (NM), trade name ROMEX, shall be that of 60°C conditions, per the NEC (NFPA 70) Article 334-80. If other than uncoated (no-plated), 60 or 75°C insulation, copper wire (solid wire for 10 AWG or smaller, stranded wire for larger than 10 AWG) is used, consult applicable tables of the NEC (NFPA 70).

‡ Length shown is as measured one way along wire path between unit and service panel for voltage drop not to exceed 2%.

** Time-Delay fuse.

FLA - Full Load Amps

LRA - Locked Rotor Amps

MCA - Minimum Circuit Amps

RLA - Rated Load Amps

NOTE: Control circuit is 24-V on all units and requires external power source. Copper wire must be used from service disconnect to unit.

All motors/compressors contain internal overload protection.

Complies with 2007 requirements of ASHRAE Standards 90.1

24ABC6

A-WEIGHTED SOUND POWER LEVEL (dBA)

Unit Size - Voltage, Series	Standard Rating (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dBA without tone adjustment)						
		125	250	500	1000	2000	4000	8000
018-31	76	52.5	59.0	65.5	70.5	64.5	59.0	54.5
024-30	76	57.5	64.0	69.0	71.0	69.0	64.5	60.0
030-30	76	55.0	63.5	68.0	69.5	67.0	63.5	58.5
036-30	76	50.5	59.5	64.5	70.5	62.0	59.5	54.5
042-30	78	52.5	62.0	66.0	73.5	68.0	62.0	55.5
048-31	78	57.5	61.5	66.0	70.5	65.5	59.5	53.5
049-30	78	51.5	62.0	67.5	73.5	69.0	64.5	62.0
060-30	78	55.0	62.5	67.5	70.5	65.0	61.0	53.5
061-30	78	56.5	63.0	65.5	69.0	67.0	61.5	56.0

NOTE: Tested in accordance with AHRI Standard 270-08 (not listed in AHRI).

A-WEIGHTED SOUND POWER LEVEL (dBA) WITH SOUND SHIELD

Unit Size - Voltage, Series	Standard Rating (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dBA without tone adjustment)						
		125	250	500	1000	2000	4000	8000
018-31	74	55.5	59.0	65.0	68.5	63.5	58.0	52.0
024-30	75	58.0	64.0	69.0	70.5	68.5	64.5	59.5
030-30	75	55.5	63.0	68.0	69.0	67.0	63.0	58.5
036-30	74	51.5	58.5	62.0	65.0	61.0	58.0	52.0
042-30	76	53.0	62.0	65.5	72.0	65.0	61.0	54.0
048-31	76	58.5	61.5	66.0	69.0	64.0	58.5	51.0
049-30	76	53.0	61.5	67.5	72.0	68.0	61.5	59.0
060-30	75	56.5	62.5	66.5	68.0	63.0	59.5	51.5
061-30	75	57.0	63.0	65.5	67.0	65.5	59.0	52.5

NOTE: Tested in accordance with AHRI Standard 270-08 (not listed in AHRI).

CHARGING SUBCOOLING (TXV-TYPE EXPANSION DEVICE)

UNIT SIZE - VOLTAGE, SERIES	REQUIRED SUBCOOLING °F (°C)
18-31	10 (5.6)
24-30	10 (5.6)
30-30	10 (5.6)
36-30	10 (5.6)
42-30	9 (5.0)
48-31	10 (5.6)
49-30	8 (4.4)
60-30	9 (5.0)
61-30	9 (5.0)

COMBINATION RATINGS

AHRI Ref. No.	Model Number	Indoor Model	Furnace Model	Capacity	EER	SEER
3631133	24ABC660A**30	CNPV*6024A**	58ME(B,C)120-20	54,000	13.0	16.0
3631609	24ABC660A**30	CNPV*6024A**	58PH*090-16	54,000	12.5	15.3
3631661	24ABC660A**30	CNPV*6024A**	58PH*110-20	54,000	13.0	15.5
3631689	24ABC660A**30	CNPV*6024A**	58PH*135-20	54,000	12.5	15.5
3631695	24ABC660A**30	CNPV*6024A**	58VLR120-20	54,000	12.5	15.2
4745005	24ABC660A**30	CNPV*6024A**	59*N*A120V24**22	54,000	12.7	15.5
4745006	24ABC660A**30	CNPV*6024A**	59*P5A120E24**22	54,000	12.7	15.5
3631921	24ABC660A**30	CNPV*6024A**+TDR		55,000	12.5	14.5
3630659	24ABC660A**30	CNPV*6124A**	58CV(A,X)110-20	55,000	13.0	16.0
3630710	24ABC660A**30	CNPV*6124A**	58CV(A,X)135-22	55,000	13.0	16.0
3630761	24ABC660A**30	CNPV*6124A**	58CV(A,X)155-22	55,500	13.0	16.0
3631102	24ABC660A**30	CNPV*6124A**	58ME(B,C)100-20	55,000	13.0	16.0
3631130	24ABC660A**30	CNPV*6124A**	58ME(B,C)120-20	55,000	13.0	16.0
3631427	24ABC660A**30	CNPV*6124A**	58MV(B,C)120-20	55,000	12.5	15.5
3631606	24ABC660A**30	CNPV*6124A**	58PH*090-16	55,000	13.0	16.0
3631658	24ABC660A**30	CNPV*6124A**	58PH*110-20	55,000	13.0	16.0
3631686	24ABC660A**30	CNPV*6124A**	58PH*135-20	55,000	13.0	16.0
3632218	24ABC660A**30	CNPV*6124A**	58UVB120-20	55,000	12.5	15.5
3631693	24ABC660A**30	CNPV*6124A**	58VLR120-20	55,000	12.5	15.2
3631698	24ABC660A**30	CNPV*6124A**	58VMR120-20	55,000	12.5	15.0
4745007	24ABC660A**30	CNPV*6124A**	59*N*A120V24**22	54,500	13.0	16.0
4745008	24ABC660A**30	CNPV*6124A**	59*P5A120E24**22	54,500	13.0	16.0
3630664	24ABC660A**30	CSPH*6012A**	58CV(A,X)110-20	54,000	12.5	15.5
3630715	24ABC660A**30	CSPH*6012A**	58CV(A,X)135-22	54,500	13.0	16.0
3630766	24ABC660A**30	CSPH*6012A**	58CV(A,X)155-22	55,000	13.0	16.0
3631057	24ABC660A**30	CSPH*6012A**	58ME(B,C)080-16	54,000	12.5	15.2
3631107	24ABC660A**30	CSPH*6012A**	58ME(B,C)100-20	54,000	13.0	16.0
3631135	24ABC660A**30	CSPH*6012A**	58ME(B,C)120-20	54,500	13.0	16.0
3631428	24ABC660A**30	CSPH*6012A**	58MV(B,C)120-20	54,000	12.5	15.2
3631611	24ABC660A**30	CSPH*6012A**	58PH*090-16	54,000	12.5	15.5
3631663	24ABC660A**30	CSPH*6012A**	58PH*110-20	55,000	13.0	16.0
3631691	24ABC660A**30	CSPH*6012A**	58PH*135-20	54,500	13.0	16.0
3631697	24ABC660A**30	CSPH*6012A**	58VLR120-20	54,000	12.5	15.2
4745013	24ABC660A**30	CSPH*6012A**	59*N*A120V24**22	54,000	13.0	16.0
4745014	24ABC660A**30	CSPH*6012A**	59*P5A120E24**22	54,500	13.0	16.0
3631923	24ABC660A**30	CSPH*6012A**+TDR		55,000	12.5	14.5
3804415	24ABC660A**30	FB4CNF060		54,000	13.0	15.0
3631719	24ABC660A**30	FE4ANB006+UI		55,000	13.0	16.0
3631815	24ABC660A**30	FV4CNB006		55,000	13.0	16.0
3632308**	24ABC660A**30	FX4DN(B,F)061-		55,500	13.5	16.0
3632315	24ABC660A**30	FY5BNB060		54,500	12.0	14.0
3838051	24ABC661A**30	†CNPV*6124A**+TDR		59,500	12.0	14.5
3838053	24ABC661A**30	CAP**6021A**	58CV(A,X)110-20	58,000	12.0	14.5
3838055	24ABC661A**30	CAP**6021A**	58ME(B,C)100-20	57,500	12.5	14.5
3838054	24ABC661A**30	CAP**6021A**	58PH*110-20	58,000	12.5	14.5
3838052	24ABC661A**30	CAP**6021A**+TDR		58,000	12.0	14.0
3838111	24ABC661A**30	CAP**6024A**	58CV(A,X)110-20	58,000	12.5	14.5
3838057	24ABC661A**30	CAP**6024A**	58CV(A,X)135-22	58,000	12.5	14.5
3838058	24ABC661A**30	CAP**6024A**	58CV(A,X)155-22	58,000	12.5	14.5
3838113	24ABC661A**30	CAP**6024A**	58ME(B,C)100-20	58,000	12.5	14.5
3838060	24ABC661A**30	CAP**6024A**	58ME(B,C)120-20	58,000	12.5	14.5
3838112	24ABC661A**30	CAP**6024A**	58PH*110-20	58,000	12.5	14.5
3838059	24ABC661A**30	CAP**6024A**	58PH*135-20	58,000	12.5	14.5
3838114	24ABC661A**30	CAP**6024A**	58VLR120-20	58,000	12.0	14.0
4745015	24ABC661A**30	CAP**6024A**	59*N*A120V24**22	58,000	12.0	14.5
4745016	24ABC661A**30	CAP**6024A**	59*P5A120E24**22	58,000	12.0	14.5
3838056	24ABC661A**30	CAP**6024A**+TDR		59,000	12.0	14.0
3838062	24ABC661A**30	CAP**6025A**	58CV(A,X)135-22	58,000	12.5	14.5
3838063	24ABC661A**30	CAP**6025A**	58CV(A,X)155-22	58,000	12.5	14.5
3838065	24ABC661A**30	CAP**6025A**	58ME(B,C)120-20	58,000	12.5	14.5
3838064	24ABC661A**30	CAP**6025A**	58PH*135-20	58,000	12.5	14.5
4745017	24ABC661A**30	CAP**6025A**	59*N*A120V24**22	58,000	12.0	14.5
4745018	24ABC661A**30	CAP**6025A**	59*P5A120E24**22	58,000	12.0	14.5
3838061	24ABC661A**30	CAP**6025A**+TDR		59,000	12.0	14.0
3838077	24ABC661A**30	CNPH*6024A**	58CV(A,X)110-20	58,000	12.5	14.5
3838078	24ABC661A**30	CNPH*6024A**	58CV(A,X)135-22	58,000	12.5	14.5
3838079	24ABC661A**30	CNPH*6024A**	58CV(A,X)155-22	58,000	13.0	15.2
3838082	24ABC661A**30	CNPH*6024A**	58ME(B,C)080-16	57,500	12.0	14.0
3838083	24ABC661A**30	CNPH*6024A**	58ME(B,C)100-20	58,000	12.5	14.5
3838084	24ABC661A**30	CNPH*6024A**	58ME(B,C)120-20	58,000	12.5	14.5
3838080	24ABC661A**30	CNPH*6024A**	58PH*110-20	58,000	12.5	14.5
3838081	24ABC661A**30	CNPH*6024A**	58PH*135-20	58,000	12.5	14.5

24ABC6

See notes on page 52

9963

Screen Enclosure



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:	9963	DATE ISSUED:	DECEMBER 29, 2011
SCOPE OF WORK:	SCREEN ENCLOSURE		
CONTRACTOR:	SANDERS SCREENING		
PARCEL CONTROL NUMBER:	353741002005-001106	SUBDIVISION	INDIALUCIE, L11, BL 5
CONSTRUCTION ADDRESS:	9 INDIALUCIE PKWY		
OWNER NAME:	AUGUSTINE		
QUALIFIER:	ROBERT SANDERS	CONTACT PHONE NUMBER:	221-2116

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

Date: 11-26-11 BUILDING PERMIT APPLICATION Permit Number: 9963

OWNER/TITLEHOLDER NAME: Augustine Phone (Day) 732 208 3106 (Fax)

Job Site Address: 9 Indulicia Pkwy City: Stuart State: FL Zip:

Legal Description Parcel Control Number:

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

SCOPE OF WORK (PLEASE BE SPECIFIC): Screen Enclosure over Pool

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 6200.00 (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: Sanders Screening Phone: 2212116 Fax: 2191019

Qualifiers name: Robert Sanders Street: 5799 SE Ault Ave City: Stuart State: FL Zip: 34997

State License Number: ME OR: Municipality: 24CA102908 License Number: MLC

LOCAL CONTACT: Robert Sanders Phone Number: 2156253

DESIGN PROFESSIONAL: Paul Welsh Fla. License# 29945

Street: 984 Bithman City: PSL State: FL Zip: Phone Number: 7859888

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

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 Flood Hazard Agreement.

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

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

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

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

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.) OR OWNERS LEGAL AUTHORIZED AGENT (PROFESSIONAL W/REG #DD 978748) Patricia A. Augustine State of Florida, County of: Martin On this the 9th day of Dec 2011 by Patricia Augustine who is personally known to me or produced by Notary Public Valerie Meyer

CONTRACTOR NOTORIZED SIGNATURE (required per 713.135 F.S.) My Commission Expires May 14, 2014 Robert W. Sanders State of Florida, County of: Martin On this the 8th day of Dec 2011 by Robert W. Sanders known to me or produced by Notary Public Valerie Meyer

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 12/9/2011 8:50:14 AM EST

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
35-37-41-002-005-00110-6	9456	9 INDIALUCIE PKY, STUART	\$238,830	12/3/2011

Owner Information

Owner(Current)	AUGUSTINE MICHAEL J JR & PATRICIA
Owner/Mail Address	1915 VIRGINIA AVE BEACH HAVEN NJ 08008
Sale Date	6/9/2011
Document Book/Page	2529 1492
Document No.	2286064
Sale Price	225500

Location/Description

Account #	9456	Map Page No.	SP-03
Tax District	2200	Legal Description	INDIALUCIA LOT 11 BLK 5
Parcel Address	9 INDIALUCIE PKY, STUART		
Acres	.4670		

Parcel Type

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

Assessment Information

Market Land Value	\$138,000
Market Improvement Value	\$100,830
Market Total Value	\$238,830

NOTICE OF COMMENCEMENT

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

PERMIT #: 9936 TAX FOLIO # _____

STATE OF FLORIDA COUNTY OF MARTIN

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

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

Y Induluce LL, BL 5 9 Induluce Parkway

GENERAL DESCRIPTION OF IMPROVEMENT:

Screen enclosure

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

Name: Maguaten
Address: 9 Induluce
Interest in property: owner
Name and address of fee simple title holder (if different from Owner listed above): _____

CONTRACTOR'S NAME: Sandus screening Phone No.: 2212116
Address: 5799 SE HAITAVE STUART

SURETY COMPANY (If applicable, a copy of the payment bond is attached):

Name and address: _____
Phone No.: _____ Bond amount: _____

LENDER'S NAME: _____ Phone No.: _____
Address: _____

Persons within the State of Florida designated by owner upon whom notices or other documents may be served, as provided by Section 713.13 (1) (a) 7, Florida Statutes:

Name: _____ Address: _____

In addition to himself or herself, owner designates _____ of _____ receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Phone number of person or entity designated by Owner: _____

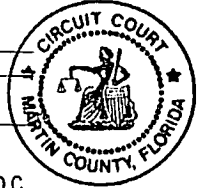
Expiration date of Notice of Commencement: _____
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): 3-30-12

STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA EWING, CLERK
BY: S Phoenix D.C.

DATE: 1-6-12



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

Under penalty of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief.

Patricia A. Augustine
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

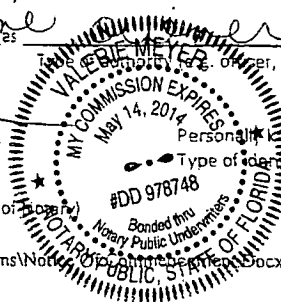
Owner

Signatory's Title/Office

The foregoing instrument was acknowledged before me this 9th day of December 2011

By: Patricia Augustine as _____ for _____
Name of person _____ Party on behalf of whom instrument was executed

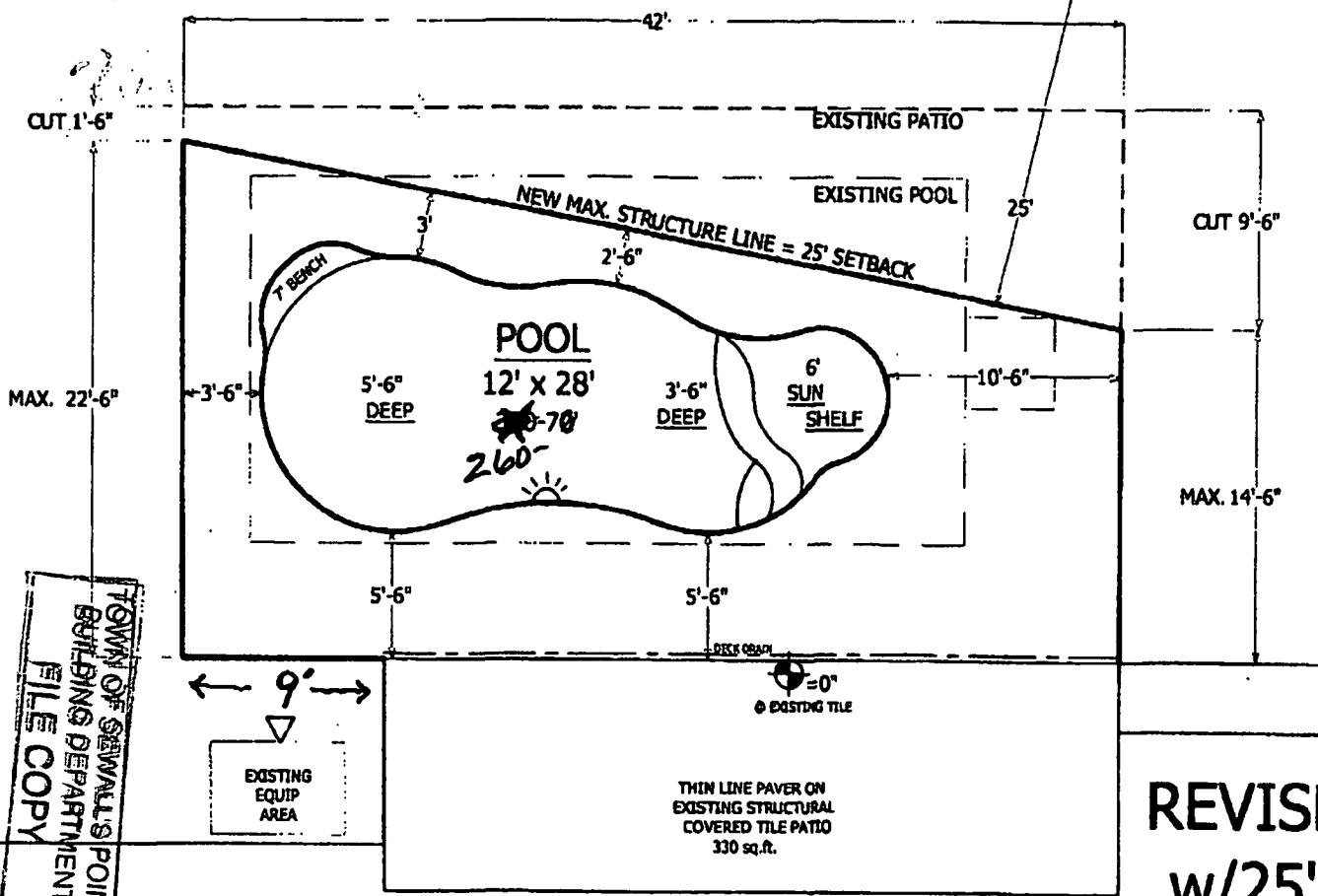
Valerie Meyer
Notary's Signature



Personally known or produced identification
Type of identification produced: RT-DCL 79142-6176-60544

(Print, Type, or Stamp Commissioned Name of Notary) _____
T:\BLD\Bldg_Forms\New Applications\Forms\Notary Public\Notary Public - State of Florida.docx

(219-1019)



TOWN OF SEWALLS POINT
 BUILDING DEPARTMENT
 FILE COPY

**REVISED 9-13-11
w/25' SETBACK**

RESIDENCE

R.D. SCHILLER POOLS office # 772-287-0768
 STEVE'S DESIGNS cell # 772-528-6437

SCALE 1/8" = 1'-0"

CONCEPT PLAN for:
AUGUSTINE RESIDENCE
 9 INDIALUCIE PKWY. SEWALLS PT.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

1-9-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9966	Bradice 96 S River Rd TC Fence	Final Gates FENCE	PASS	Close INSPECTOR <i>[Signature]</i>
9943	ARGUSTINE 9 RADIALUCE SANDERS	FINN SCREEN PERM	PASS	Close INSPECTOR <i>[Signature]</i>
	5 River Crest		<i>[Signature]</i>	INSPECTOR
9747	Schwartz 70 N Sewalls Diplwood	insulation FRAME & ALL TRAPS REINSPECT	PASS PASS	INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

10031

Door Replacement



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:	10031	DATE ISSUED:	03/12/2012
SCOPE OF WORK:	DOOR REPLACEMENT		
CONTRACTOR:	CREATION BUILDERS		
PARCEL CONTROL NUMBER:	35-37-41-002-005-001100-6	SUBDIVISION	INDIALUCIE
CONSTRUCTION ADDRESS:	9 INDIALUCIE PKY		
OWNER NAME:	AUGUSTINE		
QUALIFIER:	JIM WALTON	CONTACT PHONE NUMBER:	370-0549

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.

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 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY**

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10031
ADDRESS	9 INDIALUCIE PKY
DATE 03/12/2012	SCOPE OF WORK DOOR REPLACEMENT

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)		s.f.	
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)		s.f.	
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.		\$	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)			
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections @ \$75.00 each	2		150
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	2.25
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	2.25
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	159.50

PA
 CK# 1329

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

Date: _____ Permit Number: 10051

OWNER/TITLEHOLDER NAME: Patti Augustine Phone (Day) 781-3736 (Fax) _____

Job Site Address: 9 INDIALUCIE PKWY City: STUART State: FL Zip: 34996

Legal Description INDIALUCIA LOT 11 Block 5 Parcel Control Number: 35-37-41-002-005-00110-6

Owner Address (if different): 1915 Virginia Ave City: Red Haven State: NJ Zip: 08008

SCOPE OF WORK (PLEASE BE SPECIFIC): Replace front Door & Single Back Door

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 1750.00
(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: Creation Builders Inc. Phone: 370-0549 Fax: 878-9613

Qualifiers name: JAMES WALTON Street: 2613 OYEL RD City: P.S.L. State: FL Zip: 34952

State License Number: CGC 055872 OR: _____ Municipality: _____ License Number: _____

LOCAL CONTACT: James Walton Phone Number: 370-0549

DESIGN PROFESSIONAL: _____

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

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

Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE* _____
* 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, Electrical, Gas): 2007
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

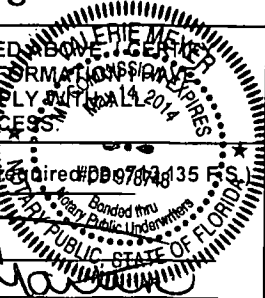
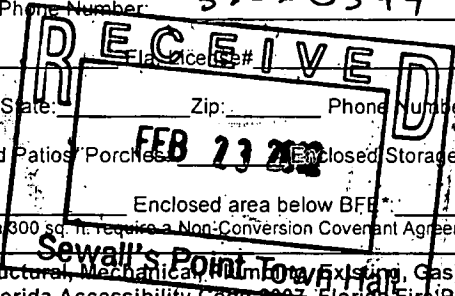
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
- THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE 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 2007 SECT. 105.4.1. 105.4.1.1 - 5.

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

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

OWNER NOTORIZED SIGNATURE: (required per #13.135-5)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
X Patricia A. Augustine
State of Florida, County of: Martin
On This the 27 day of Feb, 2012
by Patricia A. Augustine who is personally known to me or produced Notary # A9142-61761-60547
As identification Valued Meyer Notary Public
My Commission Expires: _____

CONTRACTOR NOTORIZED SIGNATURE: (required per #13.135-5)
X _____
State of Florida, County of: Martin
On This the 23 day of Feb, 2012
by James Walton who is personally known to me or produced Notary # W435-447-63-4090
As identification Valued Meyer Notary Public
My Commission Expires: _____



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

generated on 2/27/2012 10:10:48 AM EST

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
35-37-41-002-005-00110-6	9456	9 INDIALUCIE PKY, STUART	\$238,830	2/25/2012

Owner Information

Owner(Current)	AUGUSTINE MICHAEL J JR & PATRICIA
Owner/Mail Address	1915 VIRGINIA AVE BEACH HAVEN NJ 08008
Sale Date	6/9/2011
Document Book/Page	2529 1492
Document No.	2286064
Sale Price	225500

Location/Description

Account #	9456	Map Page No.	SP-03
Tax District	2200	Legal Description	INDIALUCIA LOT 11 BLK 5
Parcel Address	9 INDIALUCIE PKY, STUART		
Acres	.4670		

Parcel Type

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

Assessment Information

Market Land Value	\$138,000
Market Improvement Value	\$100,830
Market Total Value	\$238,830

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

WINDOW/DOOR SCHEDULE

ID NO	APPOX OPENING SIZE (WXH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	72x80	Front Door				Jeld-wen
2	36x80	Back Door		X		Feather River
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

TOTAL GLAZED OPENING AREA FOR STRUCTURE: 270 S.F.

*PERCENTAGE OF NEW GLAZED AREA: / %

(TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2007 FBC/ EXISTING BUILDING 507.3.

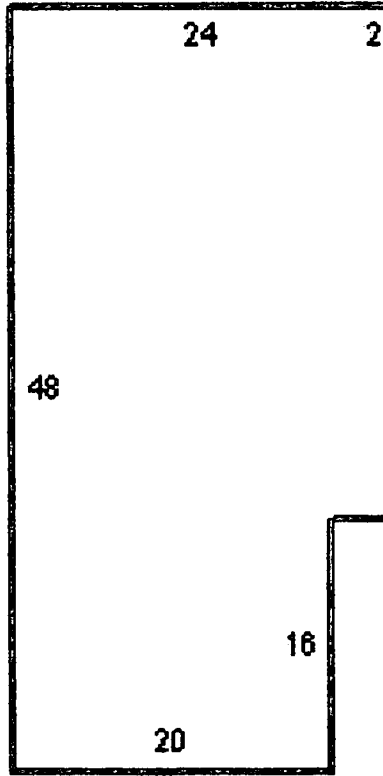
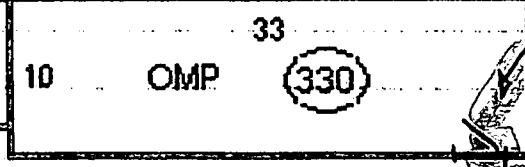
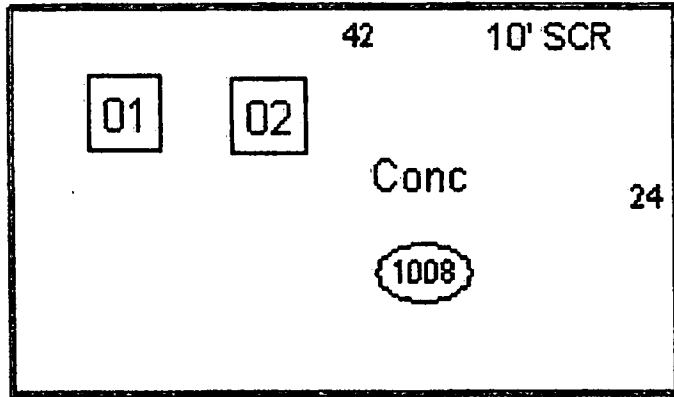
* TYPE WINDOWS

SH - SINGLE HUNG
 DH - DOUBLE HUNG

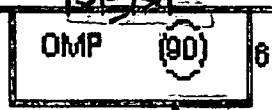
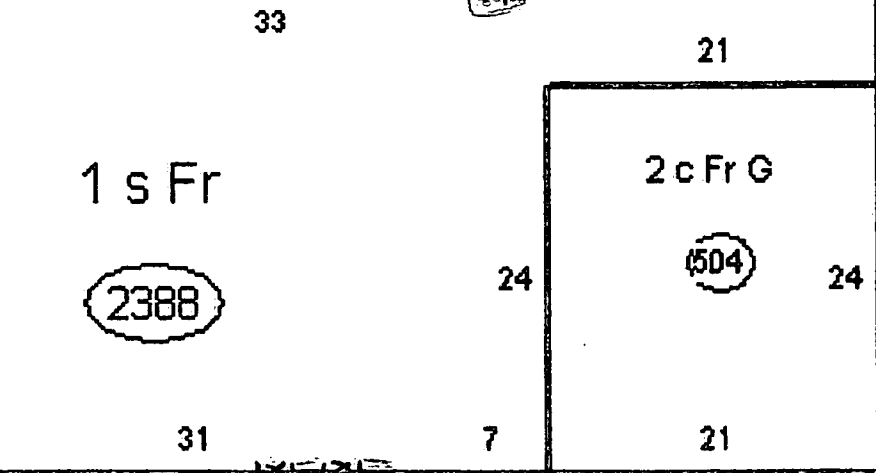
AWN - AWNING
 CAS - CASEMENT

SL - SLIDING
 FIX - FIXED

04 05



Impact
REAL DOOR
(NO 5:28 change TO opening)



FRONT DOOR UNIT
Impact DOOR
w/ Non Impact
SIDE LIGHTS
(NO 5:28 change TO opening)



MIAMI-DADE COUNTY, FLORIDA
 METRO-DADE FLAGLER BUILDING
 140 WEST FLAGLER STREET, SUITE 1603
 MIAMI, FLORIDA 33130-1563
 (305) 375-2901 FAX (305) 372-6339
www.miamidade.gov/buildingcode

**BUILDING CODE COMPLIANCE OFFICE (BCCO)
 PRODUCT CONTROL DIVISION
 NOTICE OF ACCEPTANCE (NOA)**

**Jeld-Wen, Inc. (OR)
 3737 Lakeport Blvd.
 Klamath Falls, OR 97601**

Front Door

SCOPE:

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

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

**DESCRIPTION: Series "Jeld-Wen(R) Steel" 6'8" S/ E Outswing Opaque Steel Door - L.M.I.
 With or Without Sidelites - N.I.**

LIMITATION: Sidelites Require Miami-Dade Approved Impact Resistant Shutters

APPROVAL DOCUMENT: Drawing No. S-2102-01, titled "Series Outswing Steel Edge Opaque Impact Steel Door Up To 9'0" x 6'8" With & Without Non-Impact Sidelites", sheets 1 through 7 of 7, dated 12/26/2001 with revision D, dated 10/02/2007, prepared by PTC, LLC., dated 10/12/2007, signed and sealed by Eric S. Nielsen, P.E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: None (Sidelites); Large and Small Missile Impact Resistant (Doors)

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

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

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

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

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA revises and renews NOA # 02-0107.02 and consists of this page 1 and evidence page E-1, as well as approval document mentioned above.

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



Manuel Perez

NOA No. 07-0618.10
 Expiration Date: July 03, 2012
 Approval Date: November 08, 2007
 Page 1

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. DRAWINGS

1. Manufacturer's die drawings and sections.
2. Drawing No. **S-2102-01**, titled "Series Outswing Steel Edge Opaque Impact Steel Door Up To 9'0" x 6'8" With & Without Non-Impact Sidelites", sheets 1 through 7 of 7, dated 12/26/01, with revision D dated 10/02/07, prepared by PTC, LLC., signed and sealed by Eric S. Nielsen, P.E.

B. TESTS

1. Test reports on
 - 1) Air Infiltration Test, PA 202-94
 - 2) Uniform Static Air Pressure Test, PA 202-94
 - 3) Water Resistance Test, PA 202-94
 - 4) Forced Entry Test, PA 202-94
 - 5) Large Missile Impact Test, PA 201-94
 - 6) Cyclic Wind Pressure, PA 203-94

along with marked-up drawings and installation diagram of an Outswing steel edge steel door, prepared by Certified Testing Laboratories, Test Report No. **CTLA 694W**, dated 04/20/2001, signed and sealed by Ramesh C. Patel, P.E.

(Submitted under NOA# 02-0107.02)

2. Test reports on
 - 1) Tensile Test per **ASTM E84-97a** and **ASTM D1929-91**along with marked-up drawings and installation diagram prepared by Intertek Testing Services, Inc., Test Report No. **J99006660-001**, dated 04/2/1999, tested.
(Submitted under NOA# 02-0107.02)

C. CALCULATIONS

1. Anchor verification calculations and structural analysis, complying with FBC-2004, prepared by PTC, LLC, dated 05/24/2007, signed and sealed by Eric S. Nielsen, P.E.
Complies with ASTM E1300-98/ 02

D. QUALITY ASSURANCE

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

E. MATERIAL CERTIFICATIONS

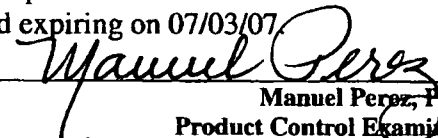
1. Notice of Acceptance No. **07-0801.05** issued to ODL, Inc. for "**ODL "HP Polypropylene High Performance Door Lite Material-Component Approval"**" dated 09/27/2007, expiring on 01/17/2011.

F. STATEMENTS

1. Statement letter of conformance, dated May 23, 2006, signed and sealed by Eric S. Nielsen, P.E.

G. OTHER

1. Notice of Acceptance No. **02-0107.02**, issued to Jeld-Wen, Inc. (OR), for their "Series Outswing Steel Edge Opaque Impact Steel Door Up To 9'0" x 6'8" With & Without Non-Impact Sidelites", approved on 07/03/02 and expiring on 07/03/07.



Manuel Perez, P.E.
Product Control Examiner
NOA No. 07-0618.10

Expiration Date: July 03, 2012
Approval Date: November 08, 2007



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

www.buildingcodeonline.com

Trinity Glass International
4621 192nd Street East
Tacoma, WA 98446

Back Door

SCOPE:

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

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

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

DESCRIPTION: 6'-8" Outswing Glazed Fiberglass Door w/ wo Sidelites-LMI

APPROVAL DOCUMENT: Drawing No. S-2728, titled "Glazed Fiberglass Outswing Door ", sheets 1 through 12 of 12, dated 10/05/06 and last revised on 01-14-2008, prepared by RW Building Consultants, Inc., signed and sealed by Lyndon F. Schmidt, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA consists of this page 1 and evidence page E-1, as well as approval document mentioned above. The submitted documentation was reviewed by **Ishaq I. Chanda, P.E.**



NOA No 06-1113.04
Expiration Date: February 21, 2013
Approval Date: February 21, 2008
Page 1

11/28/08

Trinity Glass International

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. DRAWINGS

1. Manufacturer's die drawings and sections.
2. Drawing No. S-2728, titled "Glazed Fiberglass Outswing Door", sheets 1 through 12 of 12, dated 10/05/06 and last revised on 01-14-2008, prepared by RW Building Consultants, Inc., signed and sealed by Lyndon F. Schmidt, P.E.

B. TESTS

1. Test reports on Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
2) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
3) Water Resistance Test, per FBC, TAS 202-94
4) Forced Entry Test, per FBC 2411 3.2.1 and TAS 202-94
5) Small Missile impact Test per FBC, TAS 201-94
6) Cyclic Wind Pressure Loading per FBC, TAS 203-94

along with marked-up drawings and installation diagram of 6'0 x 6'8 Glazed Fiber Glass Outswing doors w/ sidelites, prepared by Testing Evaluation Laboratories, Inc., Test Report No. **TEL-06-0918-1**, dated 10/1006 and revised on 12-05-07, signed and sealed by Wendell W. Haney, P.E.

2. Additional test report No. **TEL-06-0918-1**, per TAS 201, 202 and 203-94 for 6'0 x 6'8 opaque Fiber Glass Outswing doors w/ sidelites, issued by Testing Evaluation Laboratories, Inc.

C. CALCULATIONS

1. Anchor verification calculations and structural analysis, complying with FBC-2004, prepared by RW Building Consultants, Inc., dated 11/03/06, signed and sealed by Lyndon F. Schmidt, P.E.
2. Glazing complies w/ ASTM E1300-98/02.

D. QUALITY ASSURANCE

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

E. MATERIAL CERTIFICATIONS

1. Notice of Acceptance No. **05-1206.01** issued to Trinity Glass International, for their Unfinished Fiberglass Door Skin, expiring on 03/02/11.
2. Notice of Acceptance No. **07-0828.01** issued to Trinity Glass International, for their Trinity Lite Frame, expiring on 07/03/12.
3. Test Report No. **ETC-05-781-17122.1**, prepared by ETC Laboratories., issued to Trinity Glass International, dated 10/19/05 and revised on 01/020/8, Polyurethane Foam, tested per **ASTM 1929 D** "Self Ignition Temperature"; **ASTM E84** "Flame Spread Index" and "Smoke Developed Index", signed and sealed by Joseph Labora Doldan, P.E.

F. STATEMENTS

1. Statement letter of conformance and no financial interest, dated 01/14/08, signed and sealed by Lyndon Schmidt, P.E.
2. Statement letter of lab compliance as part of test report.

G. OTHER

1. "DSE-814" Silicone Adhesive Sealant by Dong Yang Silicone, co.

Ishaq I. Chanda

Ishaq I. Chanda, P. E.

Product Control Examiner

NOA No 06-1113.04

Expiration Date: February 21, 2013

Approval Date: February 21, 2008

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 3-20-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		radio tower		
	11 Evercrest Ct	??		Picture
		is it allowed		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10006	Schwartz	equipotential bond		
	70 N Sewalls Pt	deck	Pass	
	Schiller	POOL DECK		INSPECTOR <i>AT</i>
		9 BOND 6/2/12		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9904	Howley	insulation		
	14 Cranes Nest		Pass	
	Sherlock Homes			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
16031	Quigley	Deck		
156	Quigley	Deck	Pass	CLOSE
	Creation Bldg Co.	Deck		INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9986	Paland	Final Roof		Pics & AFFIDAVIT
<u>10AM</u>	97 N Sewalls		Pass	CLOSE
	Stuart Roofing -	Cont will meet w/ ladder	692-9854	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	4 Pineapple La	Tree	OK	
Tree	3 Melody La	Tree		WHO'S PROPERTY ARE TREES ON?
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9909	Twohey	Latke		
	112 Henry Sewall W		Pass	
	Seagull			INSPECTOR <i>A</i>

10173

Accordion Shutter



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:	10173	DATE ISSUED:	JULY 27, 2012
SCOPE OF WORK:	ACCORDIAN SHUTTER (1)		
CONTRACTOR:	GULFSTREAM ALUMINUM		
PARCEL CONTROL NUMBER:	353741002-005-001106	SUBDIVISION	INDIALUCIE, L11, BL 5
CONSTRUCTION ADDRESS:	9 INDIALUCIE PKWY		
OWNER NAME:	AUGUSTINE		
QUALIFIER:	JOHN O'BRIEN	CONTACT PHONE NUMBER:	287-6476

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: 6-25-12

Permit Number: 10173

OWNER/TITLEHOLDER NAME: Mike & Pat Augustine Phone (Day) 781-3736 (Fax) _____

Job Site Address: 9 Indialucia Pkwy City: Stuart State: FL Zip: 34990

Legal Desc. Property (Subd/Lot/Block) INDIALUCIA LOT 11 BKS Parcel Number: 35-37-41-002-005-00110-6

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

Scope of work: Install 1 Accordion Shutter

WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO X

Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO _____

(Must include a copy of all variance approvals with application)

COST AND VALUES:

Estimated Value of Construction or Improvements: \$ 1,8662
(Notice of Commencement required over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company Gulfstream Alarm & Shutter Corp Phone 281-6476 Fax: 281-9740

Street: 3001 SE Grand Park Way City: Stuart State: FL Zip: 34997

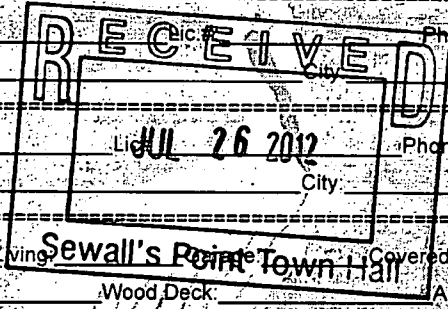
State Registration Number: CRC 058017 State Certification Number: _____ Municipality License Number: _____

ARCHITECT N/A Phone Number: _____

Street: _____ State: _____ Zip: _____

ENGINEER N/A Phone Number: _____

Street: _____ State: _____ Zip: _____



AREA SQUARE FOOTAGE (SEWER & ELECTRIC): Living 1000 Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof: _____ Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2010 (W/2006 Rev.)
National Electrical Code: 2010 Florida Energy Code: 2010 Florida Accessibility Code: 2010 Florida Fire Code 2010

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF: FBC 2004 W/2006 REVISIONS SECT. 105.4.1, 105.4.1.1, 5.
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AUTHORIZED AGENT SIGNATURE (required)
Patricia J. Augustine
State of Florida, County of: Martin
This the 25th day of June, 2012
by Patricia J. Augustine who is personally
known to me or produced _____
as identification: Kenneth R. King

CONTRACTOR SIGNATURE (required)
John D. O'Brien
On State of Florida, County of: Martin
This the 25th day of June, 2012
by John D. O'Brien who is personally
known to me or produced _____
As identification: Kenneth R. King

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 7/26/2012 11:01:03 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
35-37-41-002-005-00110-6	9456	9 INDIALUCIE PKY, STUART	\$238,830	7/21/2012

Owner Information

Owner(Current)	AUGUSTINE MICHAEL J JR & PATRICIA
Owner/Mail Address	9 INCIALUCIE PKY STUART FL 34996
Sale Date	6/9/2011
Document Book/Page	2529 1492
Document No.	2286064
Sale Price	225500

Location/Description

Account #	9456	Map Page No.	SP-03
Tax District	2200	Legal Description	INDIALUCIA LOT 11 BLK 5
Parcel Address	9 INDIALUCIE PKY, STUART		
Acres	.4670		

Parcel Type

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

Assessment Information

Market Land Value	\$138,000
Market Improvement Value	\$100,830
Market Total Value	\$238,830

3001 S.E. Gran Park Way, Stuart, Florida 34997
 (772) 287-6476 • (800) 244-4143 • FAX (772) 287-9740
 E-Mail: sales@gulfshutters.com
 www.gulfshutters.com
 License #CRC058017

Protected by



ORDER FORM

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

Application Key
 Wood - W
 Block - B
 Stucco Over - SO

Name M/M MIKE AUGUSTINE Date 6/14/12
 Address 9 INDIAL WOOD Subdivision _____
 City SEWALLS PT. State FL Zip 34996
 Phone (Home) 781-3736 (Work) _____ Approximate Installation 10 wks

OPG #	TYPE	OPENING WIDTH	OPENING HEIGHT	TRACK COLOR	COLOR PANEL/SLAT	GAUGE	STACK R/L	LOCK VO	REMOVABLE TRACKS	BUILD OUT	MOTOR/CRANK	STORM BARS	APPLICATION	FLOOR
1	AC	179	81	W/ST	WHITE	HV		IN	WALKOVER				B	1
PRICE INCLUDES PERMIT														

\$1866
 DEPOSIT 50% \$966
 BALANCE ON COMPLETION \$1000

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

5 YEAR GUARANTEE

CORRECTIONS REQUIRED SEE CONDITIONS FOR PERMIT APPROVAL DATE B.O.

TOWN OF SEWALLS POINT BUILDING DEPARTMENT FILE COPY

Electric: Buyer agrees that any necessary electrical connections will be made at the closest source of power. Any changes or variations will be an additional charge.
DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE READ ALL CONDITIONS OF THIS AGREEMENT

Interest - Buyer agrees to pay a 1 1/2 % per month interest charge on any unpaid balances. **Costs of Collection** - Buyer agrees to be responsible for seller's attorney's fees (both trial and appeal) and all other costs of collection in the event full payment as outlined herein is not made within 10 days of the completion of the work outlined herein. **Acceptance of Proposal** - The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to do the work as specified. Cancellation Fee 20% of contract. Payment will be made as outlined above.

Signature Ketevia Augustine Date 6-14-12 Salesperson Kenny Kline Date 6/14/12
 Gulfstream Aluminum and Shutter Corp.

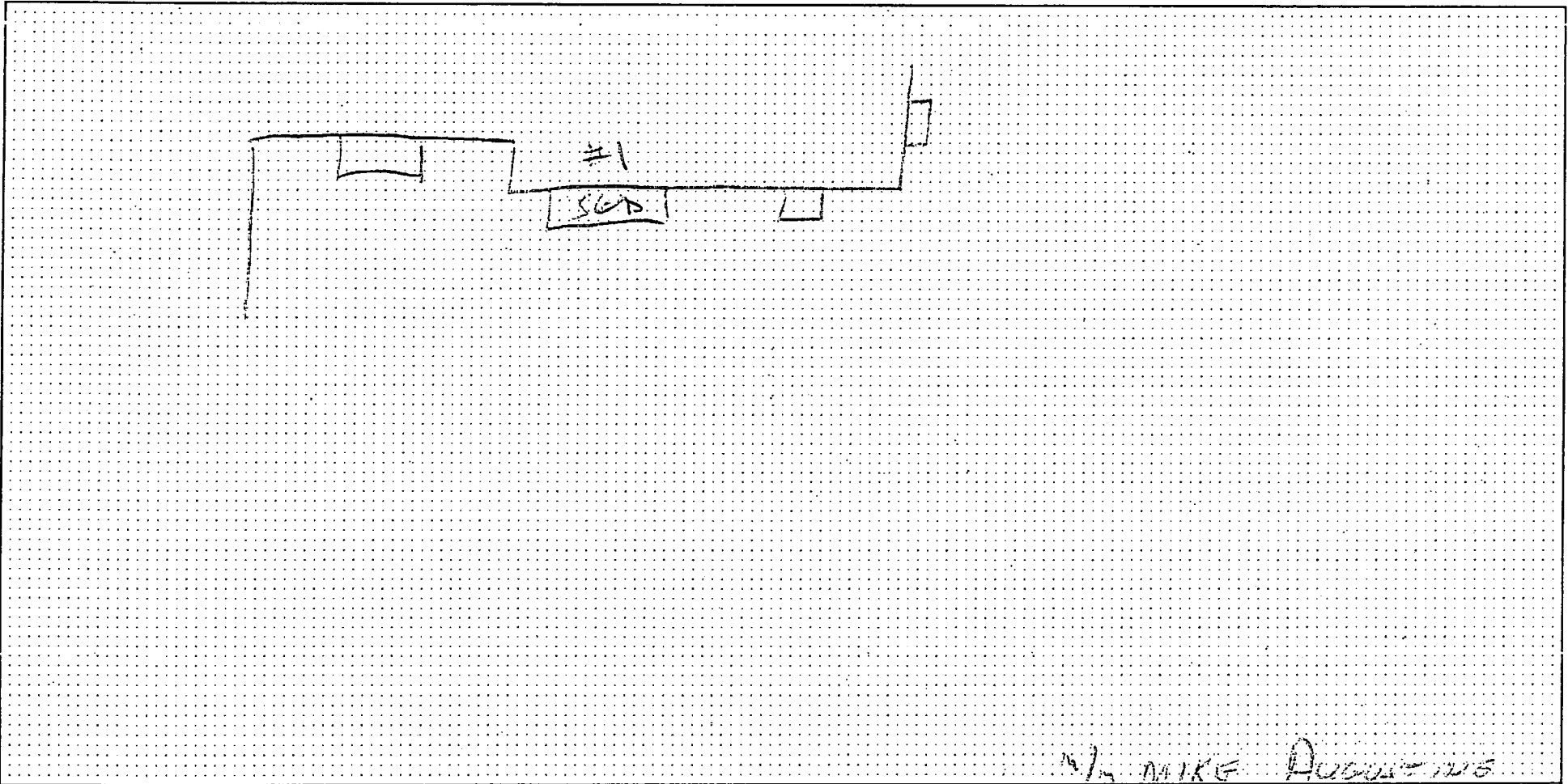


Do It Once. Do It Right.
Since 1979

3001 S.E. Gran Park Way, Stuart, Florida 34997
(772) 287-6476 • (800) 244-4143
FAX (772) 287-9740
E-Mail: jobrien@gulfshutters.com
www.gulfshutters.com
Lic. #MC00231, SL 1211, PB# U-17051, CRC58017

Key	
Storm Panels - SP	Rollups - RU
Accordions - AC	Windows/Doors - WD
Bahamas - BA	Retractable Awnings - RA
Colonials - CO	Ultra Lattice - UL

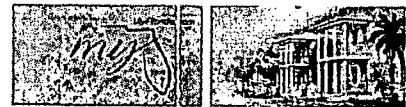
LAYOUT SHEET



M. MIKE AUGUST 2015

Special Instructions: _____

Signature _____ Date _____ Salesperson Kevin K... Date 4/19/12
Gulfstream Aluminum and Shutter Corp.



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Florida Department of
**Business & Professional
Regulation**



Product Approval
USER: Public User

License efficiently. Regulate fairly.

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



FL #
Application Type
Code Version
Application Status
Comments
Archived

FL389-R5
Revision
2010
Approved

Product Manufacturer
Address/Phone/Email

American Shutter Systems Association, Inc.
4268 Westroads Drive
West Palm Beach, FL 33407
(561) 209-8263
bfeeley@easternmetal.com

Authorized Signature

Bill Feeley
lrodriguez@easternmetal.com

Technical Representative
Address/Phone/Email

Quality Assurance Representative
Address/Phone/Email

Category
Subcategory

Shutters
Accordion

Compliance Method

Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer
 Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report

Walter A.. Tillit, Jr. P.E.

Florida License

PE-44167

Quality Assurance Entity

National Accreditation and Management Institute

Quality Assurance Contract Expiration Date

12/31/2013

Validated By

John Henry Kampmann Jr.

Validation Checklist - Hardcopy Received

Certificate of Independence

[FL389 R5 COI ASSA certification of independence drwg 11-192.pdf](#)

Referenced Standard and Year (of Standard)

Standard	Year
ASTM E-1886	2005
ASTM E-1996	2005
ASTM E-330	2002
TAS 201, 202, 203	1994

Equivalence of Product Standards Certified By

Florida Licensed Professional Engineer or Architect
[FL389 R5 Equiv EQUIVALENT LETTER ORIGINAL.pdf](#)



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



IMPACT PROTECTION INSTALLATION AFFIDAVIT

BLDG. PERMIT NUMBER: 10173

JOB SITE ADDRESS: 9 Indialucia Parkway

CONTRACTOR/OWNER: Gulfstream Aluminum / Augustine

PHONE NUMBER: 207-6476

QUALIFIER NAME: John L. O'Brien

LICENSE NUMBER: CR6 058017

John L. O'Brien
FWP

I John L. O'Brien, do hereby affirm:

Owner or Contractor - Please print name

The following impact protection was used as per the 2010 FBC 1609.1.4 for all exterior glazed openings at the above referenced job site.

Impact Resistant Glass

Approved Shutters

That I personally observed the complete installation of all hurricane panel/shutters on the above referenced project and further affirm that they are fitted properly for the openings they are intended to protect.

John L. O'Brien Date: 7/30/12
Signature of Owner or Contractor

Sworn to and subscribed before me this 30th Day of July 20 12

By John L. O'Brien

Notary Public, State of Florida Notary Seal/Stamp



Personally known to me X

Produced ID _____

Type _____

Sewall' Point Building Department will inspect the structural attachment of the panel rails and/or the shutter assembly attachment to the building, per the manufacturer's product approvals, ASCE 7 and the 2010 Florida Building code at final inspection.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

7-30-12

Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10170	Tettamanti 19 Lofting Way Custom Air	Final AC	PASS	CLOSE INSPECTOR <i>JA</i>
10095	Gould 485 Sewalls Crist Const.	Framing rough electric rough plumbing rough AC	PASS	INSPECTOR <i>JA</i>
10003	LAWLESS 12 MANDALAY SHILLET	ELECTRICAL FINAL Pool	PASS	INSPECTOR <i>JA</i>
10083	White 15 RIDGELAND Tuscany Bay	R. ELECTRIC R. AC	PASS	INSPECTOR <i>JA</i>
9999	mc Utilities 18 Lofting Way Paragon Electric	rough electric	PASS	INSPECTOR <i>JA</i>
10014	Twokey 112 Henry Sewall Hemming Pools	deck equipotential bond	PASS	INSPECTOR <i>JA</i>
10115	Gregg	AC	PASS	CLOSE
	Gulfstream Alum			INSPECTOR <i>JA</i>

10297
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:	10297	DATE ISSUED:	DECEMBER 7, 2012
SCOPE OF WORK:	FENCE		
CONTRACTOR:	DANIELS FENCE		
PARCEL CONTROL NUMBER:	353741002-005-001106	SUBDIVISION	INDIALUCIE, L 11, BL 5
CONSTRUCTION ADDRESS:	9 INDIALUCIE PKY		
OWNER NAME:	AUGUSTINE		
QUALIFIER:	DANIEL LAWRENCE	CONTACT PHONE NUMBER:	283-2383

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number **10297**

Date: _____
 OWNER/LESSEE NAME: Patricia Augustine Phone (Day) see contractor (Fax) 283-2565
 Job Site Address: 9 Indialucie Pky City: Stuart State: FL Zip: 34996
 Legal Description 35-37-41-002-005-00110-6 Parcel Control Number: lot 11 Block 5
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** 56' of both 6'+4' PVC w/ 2 gates 1-4' w
1-10' w

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: \$ 3,350.00
 (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
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: Daniels Ferrer Corp. Phone: 283-2383 Fax: 283-2565
 Qualifiers name: Daniel Lawrence Street: 2885 se Jefferson St City: Stuart State: FL Zip: 34997
 State License Number: _____ OR: Municipality: Martin Co. License Number: MCFE-6070
 LOCAL CONTACT: Shannon Reynolds - office mgr Phone Number: 283-2383

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 2019 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:
 Sewall's Point Town Hall
 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
Patricia A. Augustine
 State of Florida, County of: Martin
 On This the 6 day of Dec., 2012
 by Patricia Augustine who is personally known to me or produced _____
 As identification: PL Dr. Lic.
 Notary Public
 My Commission Expires: Shannon Reynolds

CONTRACTOR/LICENSEE/NOTARIZED SIGNATURE:
Daniel Lawrence
 State of Florida, County of: Martin
 On This the 6 day of Dec., 2012
 by Daniel Lawrence who is personally known to me or produced el
 As identification: _____
 Notary Public
 My Commission Expires: Shannon Reynolds

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



STATE OF FLORIDA
 Comm# EE027423
 Expires 9/18/2014

STATE OF FLORIDA
 Comm# EE027423
 Expires 9/18/2014

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

generated on 12/7/2012 1:39:15 PM EST

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
35-37-41-002-005-00110-6	9456	9 INDIALUCIE PKY, STUART	\$247,750	12/1/2012

Owner Information

Owner(Current)	AUGUSTINE MICHAEL J JR & PATRICIA
Owner/Mail Address	9 INDIALUCIE PKY STUART FL 34996
Sale Date	6/9/2011
Document Book/Page	2529 1492
Document No.	2286064
Sale Price	225500

Location/Description

Account #	9456	Map Page No.	SP-03
Tax District	2200	Legal Description	INDIALUCIA LOT 11 BLK 5
Parcel Address	9 INDIALUCIE PKY, STUART		
Acres	.4670		

Parcel Type

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

Assessment Information

Market Land Value	\$145,000
Market Improvement Value	\$102,750
Market Total Value	\$247,750

AFTER RECORDING - RETURN TO:

PERMIT NUMBER: _____

NOTICE OF COMMENCEMENT

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

1. DESCRIPTION OF PROPERTY (Legal description of the property & street address, if available) TAX FOLIO NO.: 35-37-41-002-005-00110-6
SUBDIVISION Indialucie BLOCK 5 TRACT _____ LOT 11 BLDG _____ UNIT _____

2. GENERAL DESCRIPTION OF IMPROVEMENT: 1-10' DD
50' of bath 4'H + 6'H PVC w/ 2 gates - 1-4' w gate

3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:
a. Name and address: Patricia Augustine 9 Indialucie Prkway
b. Interest in property: owner
c. Name and address of fee simple titleholder (if different from Owner listed above): self

4. a. CONTRACTOR'S NAME: Daniels Fence Corp.
Contractor's address: 2775 se Jefferson St. Stuart, 34997 b. Phone number: 72-283-2383

5. SURETY (if applicable, a copy of the payment bond is attached):
a. Name and address: _____
b. Phone number: _____ c. Amount of bond: \$ _____

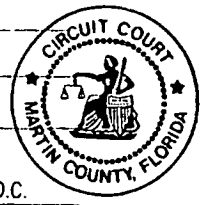
6. a. LENDER'S NAME: _____
Lender's address: _____ b. Phone number: _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:

a. Name and address: _____
b. Phone numbers of designated persons: _____

8. a. In addition to himself or herself, Owner designates _____ of _____
to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.
b. Phone number of person or entity designated by Owner: _____

THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
of _____
BY Marsha Ewing CLERK
DATE 12-6-12 D.C.



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

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

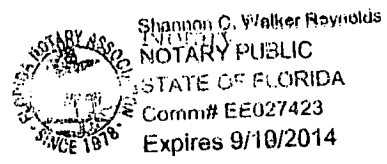
Patricia Augustine
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

Patricia Augustine
(Print Name and Provide Signatory's Title/Office)

State of Florida
County of Martin

The foregoing instrument was acknowledged before me this 6 day of Dec, 2012
by Patricia Augustine as owner
for self
(name of person) (type of authority, ...e.g. officer, trustee, attorney in fact)
(name of party on behalf of whom instrument was executed)

Personally Known _____ or Produced Identification X Type of Identification Produced Dr. Lic - R.



Shannon Reynolds
(Signature of Notary Public)
(Print, Type, or Stamp Commissioned Name of Notary Public)



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.
- n/a 2 Copies, if fence crosses any easement, Easement agreement from all utility Companies are required. Agreement form included in permit package.

Typical Fence Footer

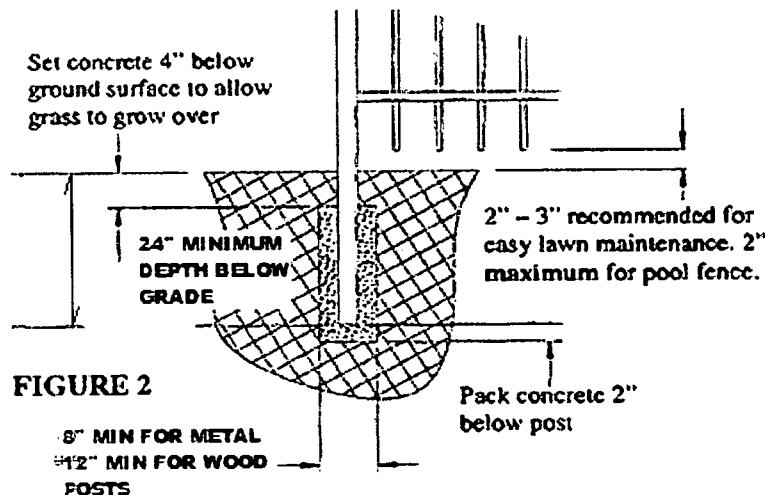
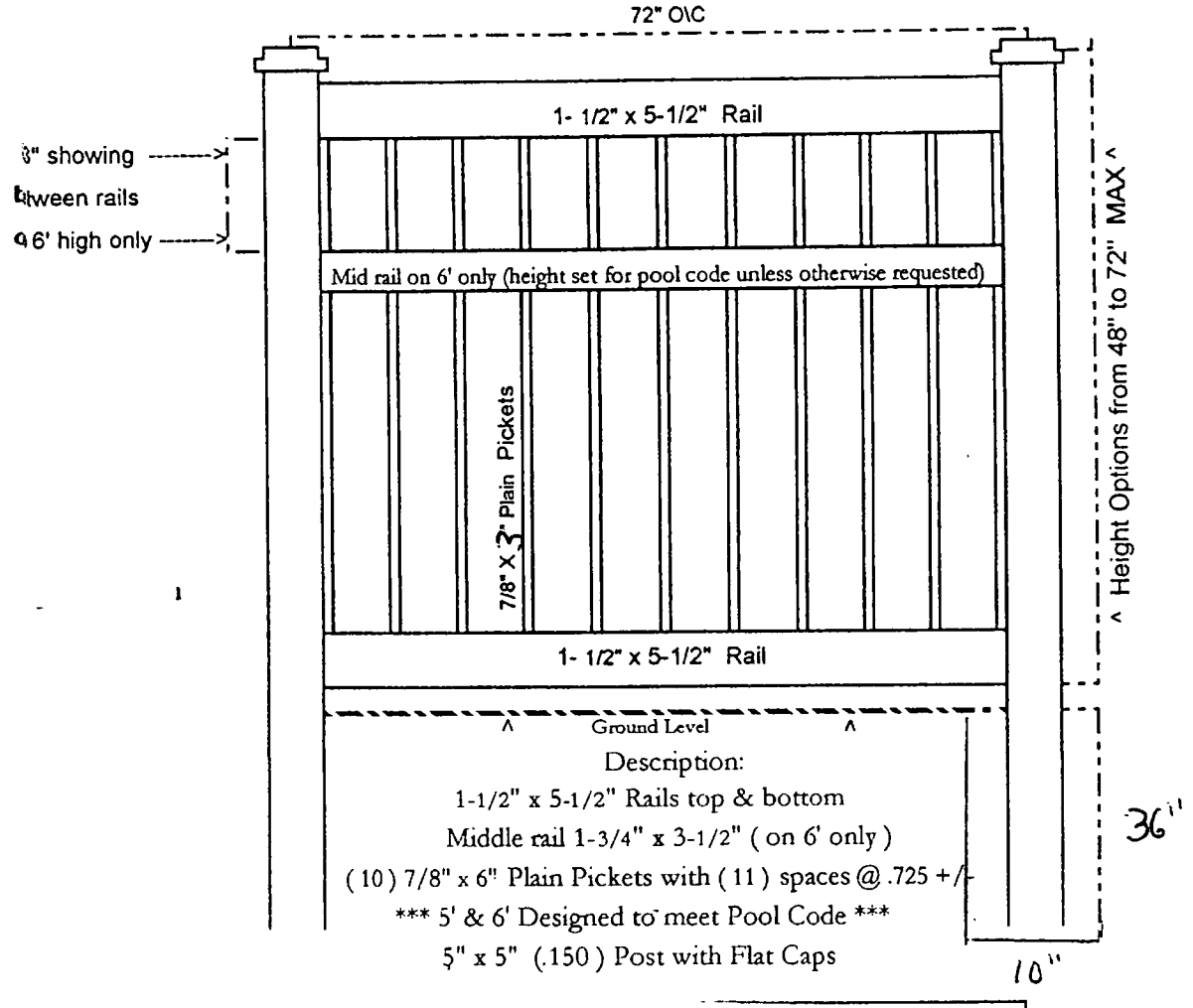


FIGURE 2

if this is not a pool barrier fence

4 ft PVC

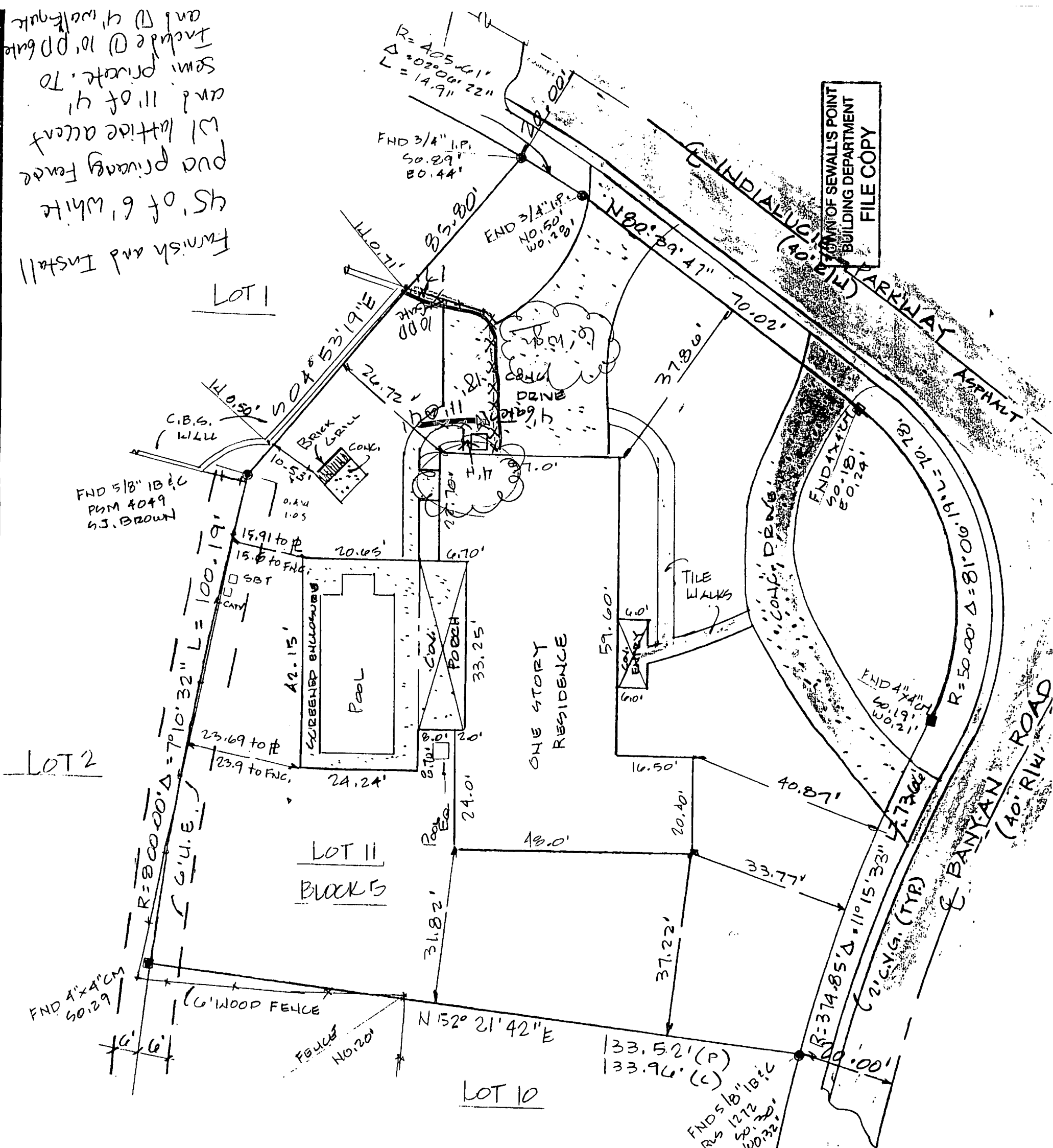
SEMI - PRIVATE CLOSED



TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Furnish and Install
 45' of 6' white
 vinyl privacy fence
 and 11' of 4'
 semi private. To
 include @ 10' private
 and @ 4' walkway

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY



AC	ACRE	CHD	CHORD	EP	EDGE OF PAVEMENT	I & E	INGRESS & EGRESS EASEMENT	N & TT	NAIL &
A/C	AIR CONDITIONER	CONC	CONCRETE	EW	EDGE OF WATER	INV	INVERT	N & W	NAIL &
ALUM	ALUMINUM	CBS	CONC. BLOCK STRUCTURE	EM	ELECTRIC METER	IB	IRON BAR	NGVD	NATION/
ANC	ANCHOR	CM	CONCRETE MONUMENT	ES	ELECTRIC SERVICE	IP	IRON PIPE	NTS	NOT TO
APPROX	APPROXIMATE	CNR	COULD NOT READ	ELEV	ELEVATION	IB & C	IRON BAR & CAP	N	NORTH
AVE	AVENUE	CPP	CONCRETE POWER POLE	ENCL	ENCLOSURE	P & C	IRON PIPE & CAP	NO	NUMBER
BRG	BEARING	COR	CORNER	X 17.00	EXISTING ELEVATION	L	ARC LENGTH	ORB	OFFICIAL
BLK	BLOCK	COV	COVERED	FT	FEET	LE	LANDSCAPE EASEMENT	O/S	OFFSET
BLVD	BOULEVARD	CMP	CORRUGATED METAL PIPE	F	FIELD MEASUREMENT	LB	LICENSED BUSINESS NUMBER	OH	OVERHA
BLDG	BUILDING	CVG	CONCRETE VALLEY GUTTER	FNC	FENCE	LP	LIGHT POLE	OHW	OVERHA
BM	BENCHMARK	D	DEED	FFE	FINISH FLOOR ELEVATION	LAE	LIMITED ACCESS EASEMENT	PG	PAGE
CATV	CABLE TELEVISION BOX	D/F	DRAINFIELD	FH	FIRE HYDRANT	MAG	MAG NAIL	PK	PARKER
C	CALCULATED	DE	DRAINAGE EASEMENT	FPL	FLORIDA POWER & LIGHT	ME	MAINTENANCE EASEMENT	PK & TT	PARKER
CB	CATCH BASIN	DE	DRAINAGE FLOW	FND	FOUND	MH	MANHOLE	PK & W	PARKER
Δ	CENTRAL ANGLE	ESMT	EASEMENT	GOVT	GOVERNMENT	MHWL	MEAN HIGH WATER LINE	PVMT	PAVEME
CLF	CHAINLINK FENCE	E	EAST	HSE	HOUSE	NL	NAIL	PRM	PERMAN

1. PROPERTY ADDRESS: 9 INDIALUCIE PARKWAY
2. CERTIFIED TO: MICHAEL J. AUGUSTINE, JR. & PATRICIA A. AUGUSTINE FIDELITY NATIONAL TITLE INSURANCE COMPANY LSI TITLE AGENCY, INC. CHRISTOPHER J. TWOHEY, P.A.

NOT VALID WITHOUT THE SIGN.
 ORIGINAL RAISED SEAL OF A
 SURVEYOR AND MAPPER.

STEPHEN J. BROWI

10514

Replace SGD & 2 Windows



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:	10514	DATE ISSUED:	JULY 5, 2013
SCOPE OF WORK:	REPLACE 1 SLIDING GLASS DOOR & 2 WINDOWS		
CONTRACTOR:	GULFSTREAM ALUMINUM		
PARCEL CONTROL NUMBER:	353741002-005-001106	SUBDIVISION	INDIALUCIE, L 11, BL 5
CONSTRUCTION ADDRESS:	9 INDIALUCIE PKY		
OWNER NAME:	AUGUSTINE		
QUALIFIER:	JOHN O'BRIEN	CONTACT PHONE NUMBER:	287-6476

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

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

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

INSPECTIONS

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

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

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

Date: 6/24/13 Permit Number: 10514
 OWNER/TITLEHOLDER NAME: MIKE + PAT AUGUSTINE Phone (Day) 791-3736 (Fax) _____
 Job Site Address: 9 INDIALUCIE PKY City: Stuart State: FL Zip: 34996
 Legal Description: INDIALUCIA LOT 11 BIK 5 Parcel Control Number: 35-37-41-002-005-00116-6
 Owner Address (if different): SAME AS ABOVE City: _____ State: _____ Zip: _____

SCOPE OF WORK (PLEASE BE SPECIFIC): Install 1 Sliding Glass Door + 2 Windows (All have storm protection)

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 1770
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC systems only)
 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: Gulfstream Annex + Sutter Phone: 287-6476 Fax: 287-9740
 Qualifiers name: John L. O'Brien Street: 3001 SE Green Park Way City: Stuart State: FL Zip: 34997
 State License Number: CRC058017 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: John L. O'Brien Phone Number: 287-6476
 DESIGN PROFESSIONAL: NA License # _____

Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
 AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 500 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007/2010
 National Electrical Code: 2009 (2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

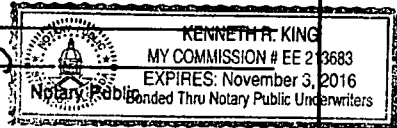
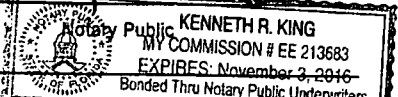
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
- THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE 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 2007 SECT. 105.4.1, 105.4.1.1 - 5.

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

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

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.)
 OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
 x Patricia A. Augustine
 State of Florida, County of: Martin
 On This the 24th day of June, 2013
 by Patricia A. Augustine who is personally
 known to me or produced _____
 As identification: Kenneth R. King

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)
 x John O'Brien
 State of Florida, County of: Martin
 On This the 24th day of June, 2013
 by John L. O'Brien who is personally
 known to me or produced _____
 As identification: Kenneth R. King



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 6/23/2013 10:26:07 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
35-37-41-002-005-00110-6	9456	9 INDIALUCIE PKY, STUART	\$247,750	6/22/2013

Owner Information

Owner(Current)	AUGUSTINE MICHAEL J JR & PATRICIA
Owner/Mail Address	9 INDIALUCIE PKY STUART FL 34996
Sale Date	6/9/2011
Document Book/Page	2529 1492
Document No.	2286064
Sale Price	225500

Location/Description

Account #	9456	Map Page No.	SP-03
Tax District	2200	Legal Description	INDIALUCIA LOT 11 BLK 5
Parcel Address	9 INDIALUCIE PKY, STUART		
Acres	.4670		

Parcel Type

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

Assessment Information

Market Land Value	\$145,000
Market Improvement Value	\$102,750
Market Total Value	\$247,750

AFTER RECORDING - RETURN TO:
Gulfstream Aluminum & Shutter Corp.
3001 SE Gran Park Way
Stuart, FL 34997
772-287-6476

INSTR # 2403189
OR BK 2660 PG 2796
(1 Pgs)
RECORDED 07/01/2013 09:48:23 AM
CAROLYN TIMMANN
MARTIN COUNTY CLERK

PERMIT NUMBER: _____

NOTICE OF COMMENCEMENT

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement. 35-37-41-002-005-00110-6

1. DESCRIPTION OF PROPERTY (Legal description of the property & street address, if available) TAX FOLIO NO.:
SUBDIVISION INDIALUCIA BLOCK 5 TRACT _____ LOT 11 BLDG _____ UNIT _____
INDIALUCIA LOT 11 BKS

2. GENERAL DESCRIPTION OF IMPROVEMENT: Hurricane Shutters + Window Replacement

3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:
a. Name and address: Michael + Patricia Augustine 9 Indialucia Pkwy Stuart FL 34996
b. Interest in property: N/A

c. Name and address of fee simple titleholder (if different from Owner listed above): N/A

4. a. CONTRACTOR'S NAME: Gulfstream Aluminum and Shutter Corp.
Contractor's address: 3001 SE Gran Park Way Stuart FL 34997 b. Phone number: 772-297-6476

5. SURETY (if applicable, a copy of the payment bond is attached):
a. Name and address: N/A

b. Phone number: _____ c. Amount of bond: \$ _____
STATE OF FLORIDA
MARTIN COUNTY

6. a. LENDER'S NAME: N/A
Lender's address: _____ b. Phone number: _____
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS/A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided in Section 713.13 (1) (a) 7., Florida Statutes:
a. Name and address: N/A
b. Phone numbers of designated person: N/A
BY: K. Winterrowd D.C.
DATE: 7/1/13

8. a. In addition to himself or herself, Owner designates N/A of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.
b. Phone number of person or entity designated by Owner: N/A

9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): _____, 20____

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

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

x Patricia A. Augustine
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

x Patricia A. Augustine
(Print Name and Provide Signatory's Title/Office)

State of Florida
County of Martin

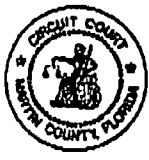
The foregoing instrument was acknowledged before me this 24th day of June, 2013

by Patricia A. Augustine as owner
(name of person) (type of authority...e.g. officer, trustee, attorney in fact)
for _____
(name of party on behalf of whom instrument was executed)

Personally Known _____ or Produced Identification X Type of Identification Produced FL DA Lic # 223-1681-54-877-0



Kenneth R. King
(Signature of Notary Public)
(Print, Type, or Stamp Commissioned Name of Notary Public)



PROPOSAL

Page No. of Pages



Phone: (800) 244-4143
Fax: (772) 287-9740
www.gulfshutters.com

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

Since 1979
Residential/Commercial
World Wide
License # CRC058017

Proposal Submitted to MIKE + PAT AUGUSTINE Phone 791-3736 Date 5/21/13
Street 9 INDIALUNA PKWY City STUART FL State FL Zip Code 34996

DO NOT SIGN THIS CONTRACT UNTIL YOU READ ALL CONDITIONS OF THE AGREEMENT.

We hereby submit specifications and estimates for: TO FURNISH AND INSTALL
Ø15' x 6'8" x 20 P6T 670 SERIES SLIDING
GLASS DOOR WITH WHITE FRAMES, CLEAR GLASS,
MORTIS LOCK, SECONDARY LOCK, LOW PROFILE
SILL WITH REMOVABLE FLAT ADAPTOR, TANDUM
ROLLERS, NO SCREEN

PRICE INCLUDES PERMIT

TOTAL	\$	5255-
DEPOSIT 50%	-	2500-
BALANCE ON COMPLETION		2755-

REC'D 5/20/13

FIVE (5) (X)

ONE YEAR WARRANTY MATERIAL AND LABOR

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

Electric- Buyer agrees that any necessary electrical connections will be made at the closest source of power. Any changes or variations will be an additional charge.

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

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

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to do the work as specified. Cancellation Fee 50% of contract. Payment will be made as outlined above.

SIGNATURE Patricia A. Augustine

SIGNATURE [Signature]

DATE OF ACCEPTANCE: 5/21/13

AGENT KENNY KING

PROPOSAL

Page No. of Pages



Phone: (800) 244-4143
Fax: (772) 287-9740
www.gulfshutters.com

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

Since 1979
Residential/Commercial
World Wide
License # CRC058017

Proposal Submitted to: MIKE + PATTY AUGUSTINE Phone: 781-3736 Date: 6-12-13
Street: 9 INDIAN WOOD PKWY City: STUART FL State: FL Zip Code: 34997

DO NOT SIGN THIS CONTRACT UNTIL YOU READ ALL CONDITIONS OF THE AGREEMENT.

We hereby submit specifications and estimates for: To FURNISH AND INSTALL
(2) P&T SH200 SERIES SINGLE HUNG WINDOWS WITH WHITE FRAMES + CLEAR GLASS. NO GRIDS

- ① 52x36 PASS THRU
- ① 37x39 S/H

ADD TO EXISTING ORDER

TOTAL	\$ 770-
DEPOSIT 50%	- 0
BALANCE ON COMPLETION	770-

THREE (3)

ONE YEAR WARRANTY MATERIAL AND LABOR

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

Electric- Buyer agrees that any necessary electrical connections will be made at the closest source of power. Any changes or variations will be an additional charge.

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

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

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to do the work as specified. Cancellation Fee 50% of contract. Payment will be made as outlined above.

SIGNATURE Patricia Q. Augustine

SIGNATURE [Signature]

DATE OF ACCEPTANCE: 6-12-13

AGENT KENNY KING

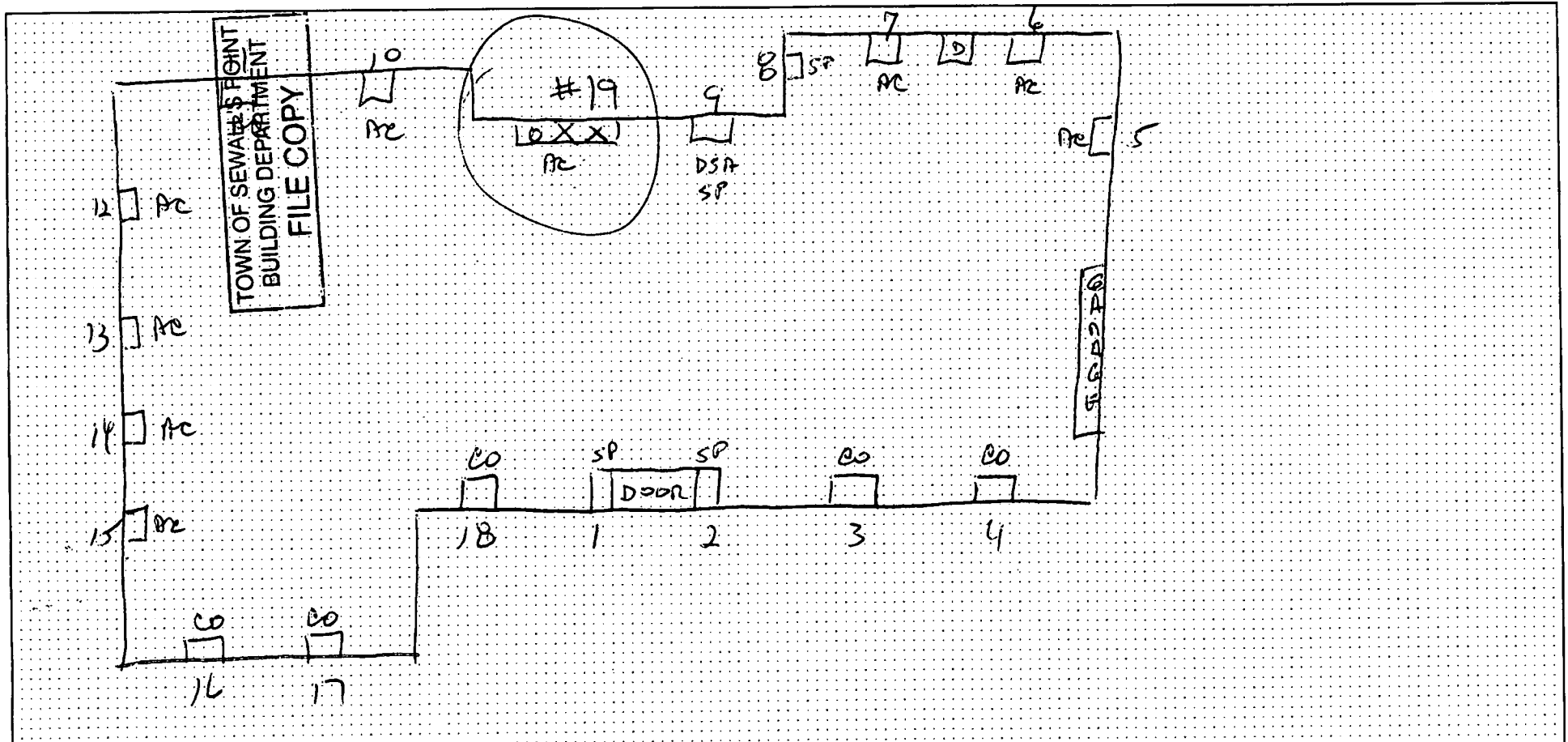


Do It Once. Do It Right.
Since 1979

3001 S.E. Gran Park Way, Stuart, Florida 34997
(772) 287-6476 • (800) 244-4143
FAX (772) 287-9740
E-Mail: jobrien@gulfshutters.com
www.gulfshutters.com
Lic. #MC00231, SL 1211, PB# U-17051, CRC58017

Key	
Storm Panels - SP	Rollups - RU
Accordions - AC	Windows/Doors - WD
Bahamas - BA	Retractable Awnings - RA
Colonials - CO	Ultra Lattice - UL

LAYOUT SHEET



MIKE & PATTY AUGUSTINE

Special Instructions: _____

Signature _____

Date _____

Salesperson _____

Kenny King
Gulfstream Aluminum and Shutter Corp.

Date

5/24/13

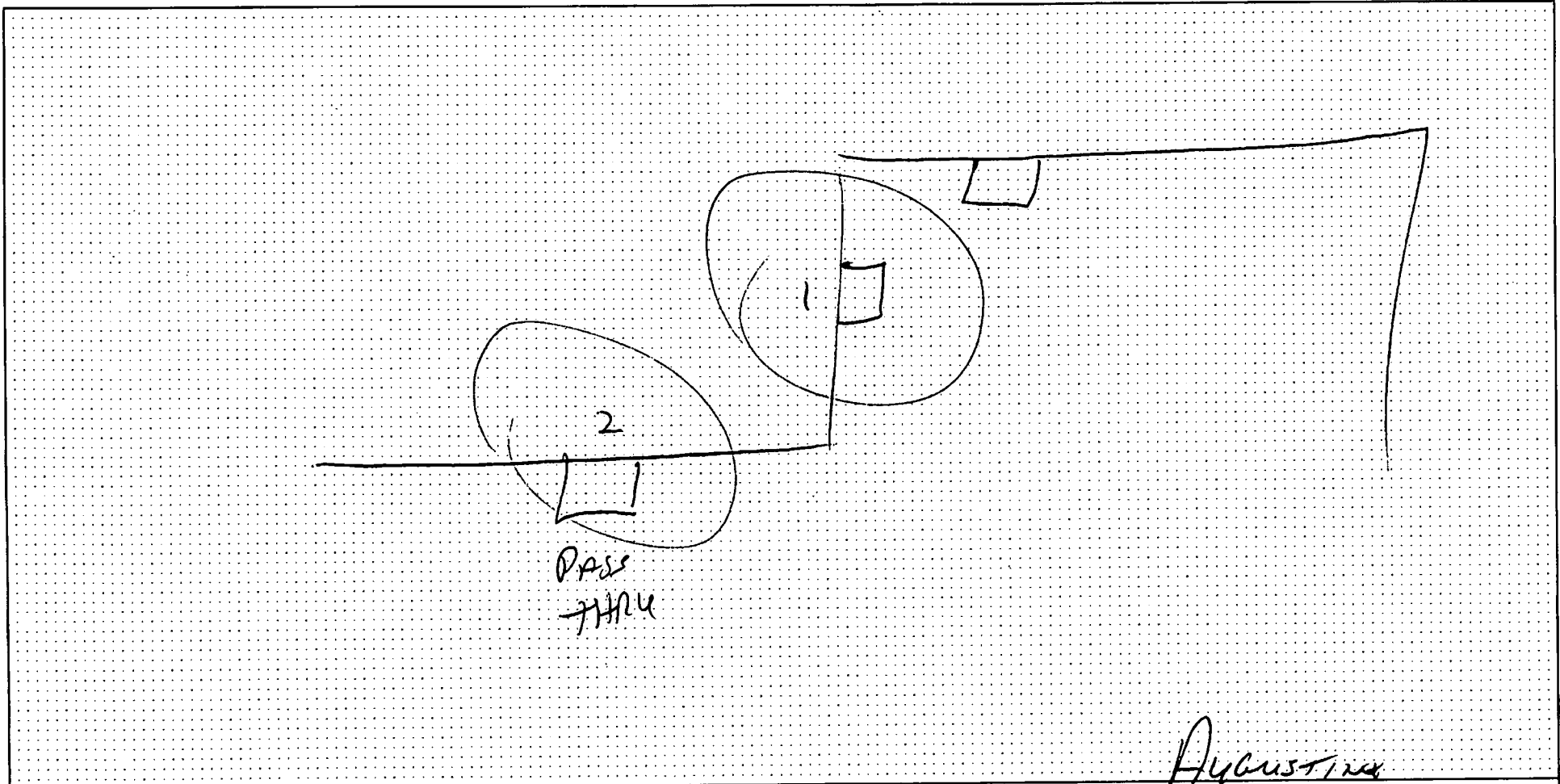


Do It Once. Do It Right.
Since 1979

3001 S.E. Gran Park Way, Stuart, Florida 34997
(772) 287-6476 • (800) 244-4143
FAX (772) 287-9740
E-Mail: jobrien@gulfshutters.com
www.gulfshutters.com
Lic. #MC00231, SL 1211, PB# U-17051, CRC58017

LAYOUT SHEET

Key	
Storm Panels - SP	Rollups - RU
Accordions - AC	Windows/Doors - WD
Bahamas - BA	Retractable Awnings - RA
Colonials - CO	Ultra Lattice - UL



Special Instructions: _____

Signature _____ Date _____ Salesperson _____ Date 6/12/12

TOWN OF SEWALL'S POINT

Y BUILDING DEPARTMENT



WINDOW / DOOR SCHEDULE

I.D. NO.	APPROX OPENING SIZE (WxH)	DESIGNATION	** TYPE	IMPACT PROTECTION			REMARKS
				IMPACT GLASS	NEW SHUTTER	EXISTING SHUTTER	
19	180 x 80			Non-Impact	No	AC	PGT 670 SGP

**Window Replacement using existing shutters to comply with impact protection will require the existing shutters to meet the requirements of the 2004 FBC/Residential (w/2006 Supplements) R301.2.1.2*

TOTAL GLAZED OPENING AREA FOR STRUCTURE: _____ S.F.

PERCENTAGE OF NEW GLAZED AREA : _____ %

(TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The Replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2004 FBC/EXISTING BUILDING 507.3

** TYPE WINDOWS

SH-SINGLE HUNG AWN-AWNING SL-SLIDING
 DH-DOUBLE HUNG CAS-CASEMENT FIX-FIXED

TOWN OF SEWALL'S POINT

~~MARTIN COUNTY~~ BUILDING DEPARTMENT
~~900 DEERWALK STREET~~
~~SEWALL'S POINT, FL 34984~~
~~(888) 200-5510~~
~~FAX (888) 200-5511~~

WINDOW / DOOR SCHEDULE

I.D. NO.	APPROX OPENING SIZE (WxH)	DESIGNATION	** TYPE	IMPACT PROTECTION			REMARKS
				IMPACT GLASS	NEW SHUTTER	EXISTING SHUTTER	
1	37 x 39			Non-Impact	Yes	SP	
2	37 x 39			Non-Impact	Yes	SP	← Allow 200

**Window Replacement using existing shutters to comply with impact protection will require the existing shutters to meet the requirements of the 2004 FBC/Residential (w/2006 Supplements) R301.2.1.2*

TOTAL GLAZED OPENING AREA FOR STRUCTURE: _____ S.F.

PERCENTAGE OF NEW GLAZED AREA : _____ %

(TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The Replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2004 FBC/EXISTING BUILDING 507.3

** TYPE WINDOWS

SH-SINGLE HUNG AWN-AWNING SL-SLIDING
 DH-DOUBLE HUNG CAS-CASEMENT FIX-FIXED



DEPARTMENT OF PERMITTING, ENVIRONMENT, AND REGULATORY
 AFFAIRS (PERA)
 BOARD AND CODE ADMINISTRATION DIVISION
NOTICE OF ACCEPTANCE (NOA)

MIAMI-DADE COUNTY
 PRODUCT CONTROL SECTION
 11805 SW 26 Street, Room 208
 Miami, Florida 33175-2474
 T (786) 315-2590 F (786) 315-2599
www.miamidade.gov/pera/

PGT Industries
 1070 Technology Drive
 North Venice, FL 34275

SCOPE:

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

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

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

DESCRIPTION: Series ~~SH-200~~ Aluminum Single Hung Window ~~N.I.~~

APPROVAL DOCUMENT: Drawing No. MD-SH200-01, titled "Single Hung Window Installation" sheets 1 through 8 of 8, dated 05/11/11 with revision A dated 10/10/11, prepared by manufacturer, signed and sealed by Anthony Lynn Miller, P.E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Section.

MISSILE IMPACT RATING: None

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

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

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

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

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA revises NOA # 11-0614.01 and consists of this page 1 and evidence page E-1, as well as approval document mentioned above.

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



NOA No. 11-1013.12
 Expiration Date: ~~September 01, 2016~~
 Approval Date: December 08, 2011

PGT Industries

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. DRAWINGS

1. Manufacturer's die drawings and sections.
2. Drawing No. **MD-SH200-01**, titled "Single Hung Window Installation" Sheets 1 through 8 of 8, dated 05/11/11 with revision A dated 10/10/11, prepared by manufacturer, signed and sealed by Anthony Lynn Miller, P.E.

B. TESTS

1. Test reports on: 1) Air Infiltration Test, per FBC, TAS 202-94
2) Uniform Static Air Pressure Test, Loading per FBC TAS 202-94
3) Water Resistance Test, per FBC, TAS 202-94
4) Forced Entry Test, per FBC 2411 3.2.1, TAS 202-94
along with marked-up drawings and installation diagram of series SH-200 aluminum single hung window, prepared by Fenestration Testing Laboratory, Inc., Test Report No. **FTL-6479**, specimens 1 thru 26, dated 03/28/11, signed and sealed by Marlin D. Brinson, P.E.
(Submitted under previous NOA #11-0614.01)

C. CALCULATIONS:

1. Anchor verification calculations and structural analysis, complying with FBC-2007 and FBC-2010, dated 06/08/11 and updated on 10/07/11, prepared, signed and sealed by Anthony Lynn Miller, P.E.
2. Glazing complies with ASTM E1300-04

D. QUALITY ASSURANCE

1. Miami-Dade Department of Permitting, Environment, and Regulatory Affairs (PERA).

E. MATERIAL CERTIFICATIONS

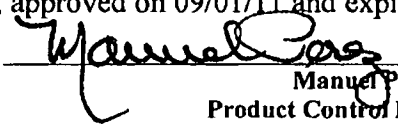
1. None.

F. STATEMENTS

1. Statement letter of conformance to the FBC-2007 and FBC-2010, dated 10/07/11, signed and sealed by Anthony Lynn Miller, P.E.
2. Statement letter of no financial interest, dated 10/07/11, signed and sealed by Anthony Lynn Miller, P.E.
3. Proposal No. **10-1066** issued by BNC, dated 11/09/10, signed by Ishaq Chanda, P. E.

G. OTHERS

1. Notice of Acceptance No. **11-0614.01**, issued to PGT Industries for their Series "SH-200" Aluminum Single Hung Window - N.I., approved on 09/01/11 and expiring on 09/01/16.


Manuel Perez, P.E.
Product Control Examiner
NOA No. 11-1013.12
Expiration Date: September 01, 2016
Approval Date: December 08, 2011



**DEPARTMENT OF PERMITTING, ENVIRONMENT, AND REGULATORY AFFAIRS (PERA)
BOARD AND CODE ADMINISTRATION DIVISION
NOTICE OF ACCEPTANCE (NOA)**

**MIAMI-DADE COUNTY
PRODUCT CONTROL SECTION**
11805 SW 26 Street, Room 208
Miami, Florida 33175-2474
T (786) 315-2590 F (786) 315-2599
www.miamidade.gov/pera/

**PGT Industries
1070 Technology Drive,
Nokomis, Fl. 34275**

SCOPE:

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

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

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

DESCRIPTION: Series "SGD-670" Aluminum Sliding Glass Doors w/ 90° corners -NI

APPROVAL DOCUMENT: Drawing No.PGT0001 Rev C, titled "Series 670 H.P. Alum SGD-NI", sheets 1 through 25 of 25, prepared by manufacturer, dated 08-05-07 and last revised on on 10/11/11, signed and sealed by Lynn Miller, P.E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Section.

MISSILE IMPACT RATING: None: Approved Hurricane Protection devices, complying w/ FBC, as applicable are required.

Limitations:

1. All 90 degree corners (inside or outside) Stiles require Heavy Duty Stiles.
2. See tables in sheets 6 through 11 of this approved drawing set for applicable SGD unit sizes, design pressures, standard or heavy duty stiles, glass types, sill riser and anchors requirements.
3. Egress operable doors must comply with min clear width per FBC, as applicable.

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

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

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

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

This NOA revises NOA # 09-0826.13 and consists of this page 1 and evidence pages E-1, as well as approval document mentioned above.

The submitted documentation was reviewed by Ishaq I. Chanda, P.E.



11/22/11

NOA No. 11-1018.17
Expiration Date: ~~April 07, 2015~~
Approval Date: December 01, 2011
Page 1

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. DRAWINGS

1. Manufacturer's die drawings and sections (transferred from file # 09-0826.13).
2. Drawing No. PGT0001 Rev C, titled "Series 670 H.P. Alum SGD-NI", sheets 1 through 25 of 25, prepared by manufacturer, dated 08-05-07 and last revised on 10/11/11, signed and sealed by Lynn Miller, P.E.

B. TESTS (transferred from file # 09-0826.13)

1. Test report on
 - 1) Air Infiltration Test, per FBC, TAS 202-94
 - 2) Uniform Static Air Pressure Test, per FBC, TAS 202-94
 - 3) Water Resistance Test, per FBC, TAS 202-94.
 - 4) Forced Entry Test, per FBC 2411.3.2.1 (b) and TAS 202-94

Along with marked-up drawings and installation diagram of Aluminum Sliding Glass Doors, prepared by Fenestration Testing Laboratory, Inc., Test Report No **FTL-5994, FTL-5997, FTL-6002, FTL-6034 & FTL-6035**, dated 08/10/09, all signed & sealed by Julio Gonzales, P.E.
Note: Additional reference test Reports No(s) # **FTL 5980, FTL 6001 and FTL 6015** have been revised and reissued on 12/29/09, signed and sealed by Julio Gonzales, P.E.

C. CALCULATIONS

1. Statement letter dated OCT 11, 2011, compliance to FBC 2007 & FBC 2010, prepared by PGT, signed & sealed by Lynn Miller, P.E.
2. Statement letter dated 10/07/11; Successor Engineer adopting the another engineer's work per FAR 61G15-27-001, signed & sealed by Lynn Miller, P.E.
3. Anchor verification and comparative analysis dated 08-19-09 and last revised on 03/16/09, prepared by PTC, LLC, Robert J. Amoruso, P.E. (transferred from file # 09-0826.13)
3. Glazing complies with ASTM E-1300-02 &-04

D. QUALITY ASSURANCE

1. Miami Dade Department of Permitting, Environment, and Regulatory Affairs (PERA).

E. MATERIAL CERTIFICATIONS

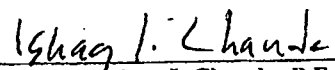
1. None

F. STATEMENTS

1. Statement letter dated OCT 11, 2011, compliance to FBC 2007 & FBC 2010 and "No financial interest", prepared by PGT, signed & sealed by Lynn Miller, P.E.
1. Statement letter of conformance to FBC 2007 and no financial interest, dated 08-19-09, signed by Robert J. Amoruso, P.E. (transferred from file # 09-0826.13)
2. Letter of lab compliance, part of the above test reports.

G. OTHER

1. This NOA revises # 09-0826.13, expiring April 07, 2015.
2. Test proposals No(s) # 09-0177, 0177-A, B & C approved by BCCO..



Ashaq I. Chanda, P.E.
Product Control Examiner
NOA No 11-1018.17
Expiration Date: April 07, 2015
Approval Date: December 01, 2011

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-18-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10514	Augustine 9 Indialucie Key Gulfstream	Final Slider windows	Pass	close INSPECTOR [Signature]
10517	Augustine 9 Indialucie Gulfstream	Final Shutter	Pass	close INSPECTOR [Signature]
10585	Bruce 2 Kingston Ct JB Alum	Final Screen room	Pass	close INSPECTOR [Signature]
10560	Mc Elvane 20 Castle Hill Way Vero Beach	file in progress	RESET FOR TURNS	INSPECTOR
10580	Wyckoff 26 N River Rd Halberger	pre-pour	Pass	INSPECTOR [Signature]
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

10517

Hurricane Shutters



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:	10517	DATE ISSUED:	JULY 5, 2013
SCOPE OF WORK:	HURRICANE SHUTTERS		
CONTRACTOR:	GULFSTREAM ALUMINUM		
PARCEL CONTROL NUMBER:	353741002-005-001106	SUBDIVISION	INDIALUCIE, L 11, BL 5
CONSTRUCTION ADDRESS:	9 INDIALUCIE PKY		
OWNER NAME:	AUGUSTINE		
QUALIFIER:	JOHN O'BRIEN	CONTACT PHONE NUMBER:	287-6476

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

Permit Number: 10517

Date: 6-24-13
 OWNER/TITLEHOLDER NAME: Mike + Pat Augustine Phone (Day) 781-3736 (Fax) _____
 Job Site Address: 9 Indialucia Pky City: Stuart State: FL Zip: 34990
 Legal Description Indialucia Lot 11 blk 5 Parcel Control Number: 35-37-41-002-005-00110-6
 Owner Address (if different): Same as above City: _____ State: _____ Zip: _____

SCOPE OF WORK (PLEASE BE SPECIFIC): Install 9 Accoions, 5 columns, 4 storm panel openings

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 71650 E
 (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: Gulfstream Aluminum Solut Phone: 287-6476 Fax: 287-9740
 Qualifiers name: John L. O'Brien Street: 3001 SE Grand Park way City: Stuart State: FL Zip: 34997

State License Number: CAC 058017 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: John L. O'Brien Phone Number: 287-6476

DESIGN PROFESSIONAL: NA 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): 2007 2010
 National Electrical Code: 2008 (2008 after 6/1/09) Florida Energy Code: 2007 Florida Accessibility Code: 2007 Florida Fire Prevention Code: 2007

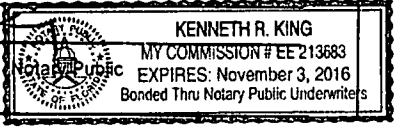
NOTICES TO OWNERS AND CONTRACTORS:

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

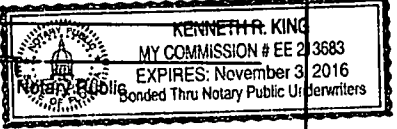
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

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

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.)
 OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
 x Patricia A. Augustine
 State of Florida, County of: Manatee
 On This the 24th day of June, 2013
 by Patricia A. Augustine who is personally
 known to me or produced
 As identification: Kenneth R. King
 My Commission Expires: _____



CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)
 x John L. O'Brien
 State of Florida, County of: Manatee
 On This the 24th day of June, 2013
 by John L. O'Brien who is personally
 known to me or produced
 As identification: Kenneth R. King
 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 6/23/2013 10:26:07 AM EDT
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
35-37-41-002-005-00110-6	9456	9 INDIALUCIE PKY, STUART	\$247,750	6/22/2013

Owner Information

Owner(Current)	AUGUSTINE MICHAEL J JR & PATRICIA
Owner/Mail Address	9 INDIALUCIE PKY STUART FL 34996
Sale Date	6/9/2011
Document Book/Page	2529 1492
Document No.	2286064
Sale Price	225500

Location/Description

Account #	9456	Map Page No.	SP-03
Tax District	2200	Legal Description	INDIALUCIA LOT 11 BLK 5
Parcel Address	9 INDIALUCIE PKY, STUART		
Acres	.4670		

Parcel Type

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

Assessment Information

Market Land Value	\$145,000
Market Improvement Value	\$102,750
Market Total Value	\$247,750

AFTER RECORDING - RETURN TO:
Gulfstream Aluminum & Shutter Corp.
3001 SE Gran Park Way
Stuart, FL 34987
772-287-6476

INSTR # 2403189
OR BK 2660 PG 2796
(1 Pgs)
RECORDED 07/01/2013 09:48:23 AM
CAROLYN TIMMANN
MARTIN COUNTY CLERK

PERMIT NUMBER: _____

NOTICE OF COMMENCEMENT

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

35-37-41-002-005-00110-6

1. DESCRIPTION OF PROPERTY (Legal description of the property & street address, if available) TAX FOLIO NO.:
SUBDIVISION INDIALUCIA BLOCK 5 TRACT _____ LOT 11 BLDG _____ UNIT _____
INDIALUCIA LOT 11 BKS 5

2. GENERAL DESCRIPTION OF IMPROVEMENT: HURRICANE SHUTTERS + WINDOW REPLACEMENT

3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

a. Name and address: Michael + Patricia Augustine 9 Indialucia Pky Stuart FL 34996

b. Interest in property: N/A

c. Name and address of fee simple titleholder (If different from Owner listed above): N/A

4. a. CONTRACTOR'S NAME: Gulfstream Aluminum and Shutter Corp.
Contractor's address: 3001 SE Gran Park Way Stuart FL 34997 b. Phone number: 772-297-6476

5. SURETY (if applicable, a copy of the payment bond is attached):
a. Name and address: N/A

b. Phone number: _____ c. Amount of bond: \$ _____ STATE OF FLORIDA
MARTIN COUNTY

6. a. LENDER'S NAME: N/A
Lender's address: _____ b. Phone number: _____

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

b. Phone numbers of designated persons: N/A

8. a. In addition to himself or herself, Owner designates N/A of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.
b. Phone number of person or entity designated by Owner: N/A

9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): _____, 20 _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

x Patricia A. Augustine
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

x Patricia A. Augustine
(Print Name and Provide Signatory's Title/Office)

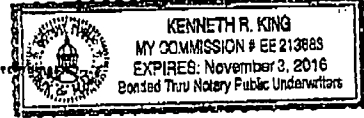
State of Florida
County of Martin

The foregoing instrument was acknowledged before me this 27th day of June, 20 13

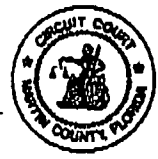
by Patricia A. Augustine as owner
(name of person) (type of authority....e.g. officer, trustee, attorney in fact)

for _____
(name of party on behalf of whom instrument was executed)

Personally Known _____ or Produced Identification X Type of Identification Produced Florida A225-681-54-877-0



Kenneth R. King
(Signature of Notary Public)
(Print, Type, or Stamp Commissioned Name of Notary Public)



TOWN OF SEWALL'S POINT

~~XXXXXXXXXX~~ BUILDING DEPARTMENT
~~000 02 RUMKLE STREET~~
~~STUART, FL 34994~~
~~(888) 890-5840~~
~~(888) (72) 288-5971~~

Augustine
 TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

SHUTTER SCHEDULE

I.D. NO.	APPROX OPENING SIZE (WxH)	APPROX SHUTTER WIDTH	APPROX HEIGHT	# OF STORM BARS REQ'D	ANCHOR SPACING	# OF WINDOW BARS EACH SIDE	HEADER REINF. REQ'D YES/NO	REMARKS
1	12 x 85	1	93	N/A	12/10.5	N/A	NO	SP H SA B
2	12 x 85	1	93	N/A	12/10.5			SP " " "
3	53 x 65	55	68.625	1	30			CO
4	53 x 65	55	68.625	1	30			CO
5	37 x 43	46	51	N/A	12			AC
6	27 x 43	33	51		12			AC
7	53 x 67	62.25	75		12			AC
8	37 x 39	3	47		12			SP H SA
9	52 x 39	3.5	60		12			SP DM
10	27 x 43	33	51		12			AC
11	74 x 43	85	51		12			AC
12	53 x 56	62.25	64		12			AC
13	53 x 56	62.25	64		12			AC
14	27 x 43	33	51		12			AC
15	74 x 73	85	81		12			AC
16	37 x 51	39	54.625	1	24			CO
17	37 x 51	39	54.625	1	24			CO
18	74 x 79	76	82.625	2	24			CO

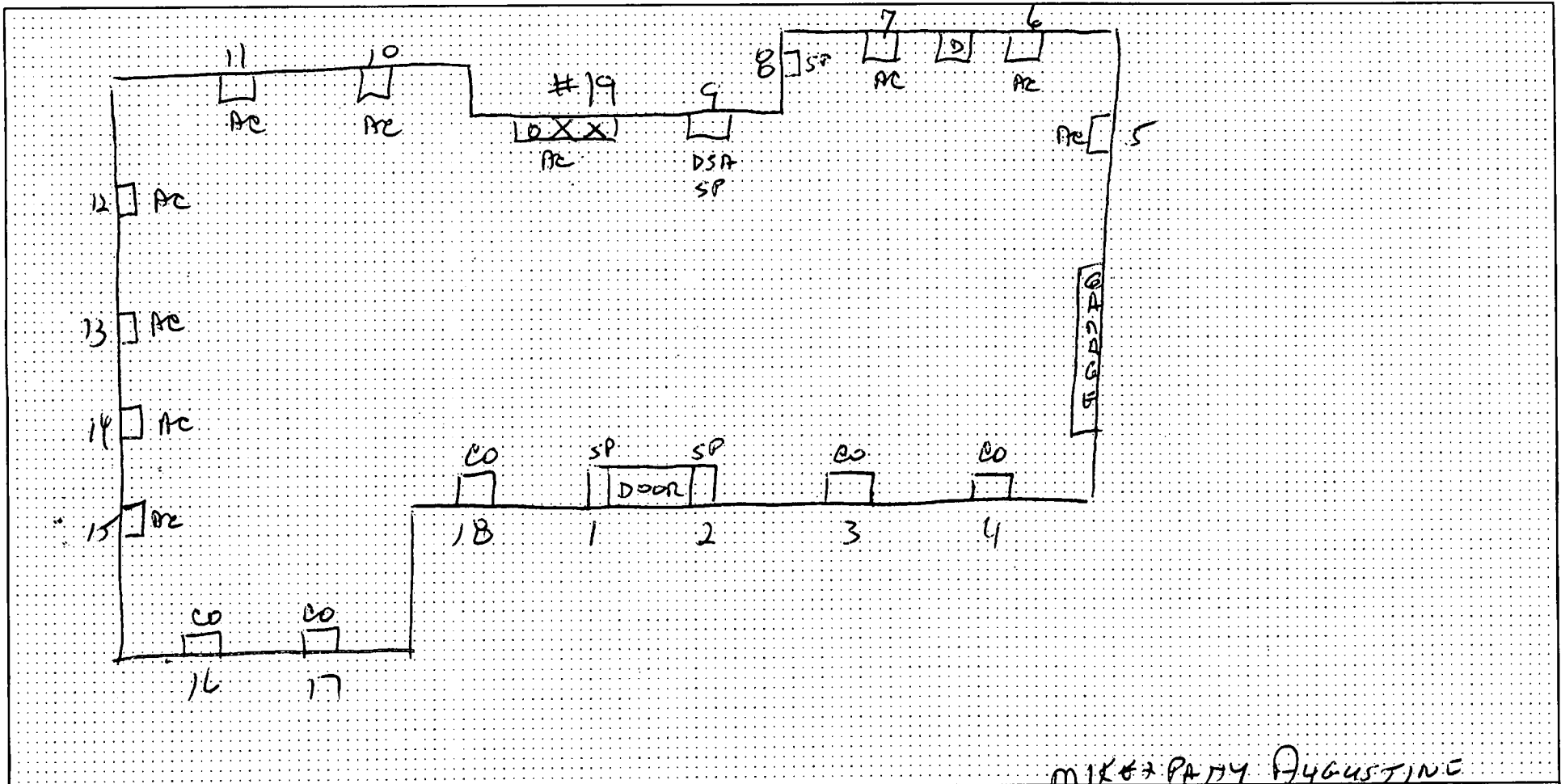


Do It Once. Do It Right.
Since 1979

3001 S.E. Gran Park Way, Stuart, Florida 34997
 (772) 287-6476 • (800) 244-4143
 FAX (772) 287-9740
 E-Mail: jobrien@gulfshutters.com
 www.gulfshutters.com
 Lic. #MC00231, SL 1211, PB# U-17051, CRC58017

Key	
Storm Panels - SP	Rollups - RU
Accordions - AC	Windows/Doors - WD
Bahamas - BA	Retractable Awnings - RA
Colonials - CO	Ultra Lattice - UL

LAYOUT SHEET



MIKE & PATTY AUGUSTINE

Special Instructions: _____

Signature _____ Date _____ Salesperson Kenny King Date 5/21/13
Gulfstream Aluminum and Shutter Corp.

3001 S.E. Gran Park Way, Stuart, Florida 34997
 (772) 287-6476 • (800) 244-4143 • FAX (772) 287-9740
 E-Mail: sales@gulfshutters.com
 www.gulfshutters.com
 License #CRC058017

Protected by



Since 1979

ORDER FORM

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

Application Key
 Wood - W
 Block - B
 Stucco Over - SO

Name MIKE + PATTY AUGUSTINE Date 5/21/13
 Address 9 INDIA LUCIE PKWY Subdivision SEWAN PT
 City STUART State FL Zip 34996
 Phone (Home) 781-3736 (Work) _____ Approximate Installation 10 WKS

OPG #	TYPE	OPENING WIDTH	OPENING HEIGHT	TRACK COLOR	COLOR PANEL/SLAT	GAUGE	STACK R/L	LOCK I/O	REMOVABLE TRACKS	BUILD OUT	MOTOR/ CRANK	STORM BARS	APPLICATION	FLOOR
3+4	CO	53	65	WHITE	WHITE	TUBE	DADE				B1-FWD		B	1
16+17	↓	37	51		↓	↓	↓							
18	↓	74	79		↓	↓	↓	Rock	#0978		B1-FWD			
1+2	SP	12	89		MILL	OSO	DADE			Bottom 3" Top				
8	↓	37	39		↓	↓	↓							
9	↓	52	"		↓	↓	↓		LTR		DSA			
5	AC	37	43		↓	↓	↓				(2)UP			
6,10,14	↓	27	"		↓	↓	↓				(2)UP			
7,12,13	↓	53	56		↓	↓	↓				(2)UP			
11+15	↓	74	43	↓	↓	↓	↓				(2)UP		↓	↓
PRICE INCLUDES PERMIT + COUPON														

\$7650-
 DEPOSIT 50% \$3800-
 BALANCE ON COMPLETION \$3850-

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

Electric: Buyer agrees that any necessary electrical connections will be made at the closest source of power. Any changes or variations will be an additional charge.
DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE READ ALL CONDITIONS OF THIS AGREEMENT

Interest - Buyer agrees to pay a 1 1/2% per month interest charge on any unpaid balances. **Costs of Collection** - Buyer agrees to be responsible for seller's attorney's fees (both trial and appeal) and all other costs of collection in the event full payment as outlined herein is not made within 10 days of the completion of the work outlined herein. **Acceptance of Proposal** - The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to do the work as specified. Cancellation Fee 20% of contract. Payment will be made as outlined above.

Signature Patricia Augustine Date 5-21-13 Salesperson Kenny King Date 5/21/13
 Gulfstream Aluminum and Shutter Corp.

5 YEAR GUARANTEE



DEPARTMENT OF PERMITTING, ENVIRONMENT, AND REGULATORY
AFFAIRS (PERA)
BOARD AND CODE ADMINISTRATION DIVISION

MIAMI-DADE COUNTY
PRODUCT CONTROL SECTION

11805 SW 26 Street, Room 208

Miami, Florida 33175-2474

T (786) 315-2590 F (786) 315-2599

www.miamidade.gov/building

NOTICE OF ACCEPTANCE (NOA)

Eastern Metal Supply, Inc.
4268 Westroads Drive
West Palm Beach, Florida 33407

SCOPE:

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

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

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

DESCRIPTION: 0.050" Solid Bertha Aluminum Storm Panels Shutter

APPROVAL DOCUMENT: Drawing No. 11-117, titled "0.050" Bertha Aluminum Storm Panel", sheets 1 through 15 of 15, and 1A of 15, prepared by Tilteco, Inc., last revision #1 dated November 15, 2011, signed and sealed by Walter A. Tillit Jr., P.E. on November 23, 2011, bearing Miami-Dade County Product Control revision stamp with the Notice of Acceptance number and expiration date by Miami-Dade County Product Control Section.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

LABELING: Each panel shall bear a permanent label with the manufacturer's name or logo, city, state, the following statement: "Miami-Dade County Product Control Approved", and NOA number, per TAS-201, TAS-202, and TAS-203, unless otherwise noted herein.

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

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

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

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

This NOA revises NOA # 08-0623.06 and consists of this page 1, evidence submitted pages E-1, E-2, E-3, & E-4 as well as approval document mentioned above.

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



Helmy A. Makar
05/10/2012

NOA No. 12-0209.06
Expiration Date: 08/07/2013
Approval Date: 05/10/2012
Page 1



DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES
BOARD AND CODE ADMINISTRATION DIVISION

MIAMI-DADE COUNTY
PRODUCT CONTROL SECTION
11805 SW 26 Street, Room 208
Miami, Florida 33175-2474
T (786) 315-2590 F (786) 315-2599
www.miamidade.gov/building

NOTICE OF ACCEPTANCE (NOA)

Gulfstream Aluminum and Shutter Corporation
3001 SE Gran Park Way
Stuart, Florida 34997

SCOPE:

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

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

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

DESCRIPTION: ~~"Impact" Aluminum Hinged Colonial Shutter~~

APPROVAL DOCUMENT: Drawing No. GSA002, titled "Aluminum Hinged Colonial Shutter (Impact)", sheets 1 through 9 of 9, prepared by Building Drops, Inc., dated September 28, 2009, last revision #B dated March 22, 2012, signed & sealed by Hermes F. Norero, P.E. bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Section.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state, the following statement: "Miami-Dade County Product Control Approved", and NOA number, per TAS-201, TAS-202, and TAS-203, unless otherwise noted herein.

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

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

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

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

This NOA revises NOA #11-0113.16 and consists of this page 1, evidence submitted pages E-1, E-2, & E-3 as well as approval document mentioned above.

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



Helmy A. Makar
08/02/2012

NOA No: 12-042609
Expiration Date: 05/06/2015
Approval Date: 08/02/2012



DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)
BOARD AND CODE ADMINISTRATION DIVISION

MIAMI-DADE COUNTY
PRODUCT CONTROL SECTION
11805 SW 26 Street, Room 208
Miami, Florida 33175-2474
T (786) 315-2590 F (786) 315-2599

www.miamidade.gov/economy

NOTICE OF ACCEPTANCE (NOA)

Gulfstream Aluminum and Shutter Corporation
3001 S.E. Gran Park Way
Stuart, Florida 34997

SCOPE:

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

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

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

DESCRIPTION: ~~"Bertha HV" Aluminum Accordion Shutter System~~

APPROVAL DOCUMENT: Drawing No. 12-085, titled "Bertha HV Accordion Shutter System", sheets 1 through 28 of 28, and sheet 28A, prepared by Tilteco, Inc., dated March 15, 2012, signed and sealed by Walter A. Tillit Jr., P.E., on March 16, 2012, bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and the expiration date by the Miami-Dade County Product Control Section.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state, the following statement: "Miami-Dade County Product Control Approved", and NOA number, per TAS-201, TAS-202, and TAS-203, unless otherwise noted herein.

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

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

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

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

This NOA revises and renews NOA # 07-0108.03 and consists of this page 1, evidence submitted pages E-1 & E-2 as well as approval document mentioned above.

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



Helmy A. Makar
10/18/2012

~~NOA NO. 12-085.01~~
Expiration Date: ~~05/29/2017~~
Approval Date: 10/18/2012
Page 1

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-18-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10514	Augustine 9 Indalucia Key Gulfstream	Final Sliders & windows	Pass	close INSPECTOR <i>[Signature]</i>
10514	Augustine 9 Indalucia Gulfstream	Final Sliders & windows	Pass	close INSPECTOR <i>[Signature]</i>
10585	Bruce 2 Kingston Ct JB Alum	Final Screen room	Pass	close INSPECTOR <i>[Signature]</i>
10560	McIlvane 20 Castle Hill Way Vero Beach	file in progress		RESERVED FOR TRAFFIC INSPECTOR
10580	Wyckoff 26 N River Rd Halberger	pre-pour	Pass	INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR

TREE

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

3/26/01 sched map

RECEIVED
MAR 23 2001
BY: SA (3/26/01)

Permit # 0425
Date Issued 3/26/01

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 BRIAN MANNION Address 9 INDIAN LUCIE PKWY Phone 221-1178

Contractor MONTE'S TREE SERVICE Address P.O. Box 523 PALM CITY FL Phone 283-8828

Number of trees to be removed (list kinds of trees) OAK - 2 - DEAD - 1

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

Number of trees to be replaced (list kinds of trees):

Permit Fee \$ (\$25.00 first tree plus \$10.00 - each additional tree - not to exceed \$100.00) \$15.00

(No permit fee for trees which are relocated on property or lie within a utility easement & are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted _____ Plans approved, as marked _____

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant Brian Mannion Date submitted _____

Approved by Building Inspector [Signature] Date 3/26/01

Approved by Building Commissioner _____ Date _____

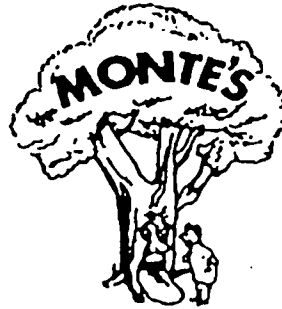
Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~OBTAINING A PERMIT~~ ^{FEE}. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?

Monte's Tree Service

P.O. Box 523
 Palm City, FL 34991
 Phone (561) 283-8828
 Fax (561) 287-1791



Estimate

DATE	ESTIMATE #
3/16/01	1-150

This Estimate is good for 30 days

Mannion, Marie
 9 India Lucie Parkway
 Stuart, Fl. 34996

JOB	221-1178
-----	----------

ITEM	DESCRIPTION	QTY	RATE	TOTAL
1	Oak - back south of pool (Tree # 3) uplift and trim off roof and out of fruit tree	1	185.00	185.00
1	Front - uplift Oak	1	125.00	125.00
1	(A) Oak - behind screen enclosure (Tree # 2) Removal	1	265.00	265.00
1	Grind Stump	1	85.00	85.00
1	(B) North of Pool - (tree # 1) Removal of dead tree	1	100.00	100.00
1	Grind Stump	1	40.00	40.00
1	(C) Northwest of pool by leaf pile - Removal of tree	1	165.00	165.00
1	Grind Stump	1	50.00	50.00
1	or if tree is topped the cost would be \$125.00			
1	Trim Queen Palms	8 ft	12.50	137.50
1	Trim all rest of palms	5	15.00	75.00
1	Shape Fruit tree	1	70.00	70.00
PLEASE CALL TO SCHEDULE		TOTAL		\$1,297.50

PLEASE NOTE

(A) HAZARDOUS TO POOL ENCLOSURE AND CAUSED POOL DECK TO CRACK IN TWO AREAS

(B) NOTE - DEAD

(C) TREE IS DISEASED

Please return original copy marking items you would like done. This work is fully covered by Property Damage, Public Liability and Comp Insurance. Monte's Tree Service will not be responsible for damage to property not visible where not specifically mentioned herein, especially underground installations.

Date: _____
 By: _____

ACCEPTED: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do work as specified. SUBJECT TO CHANGE DUE TO TYPOGRAPHICAL ERRORS, AND/OR ANY EXTRA WORK DONE ON SITE.

WILLIAM L. CREECH JR.

PROFESSIONAL LAND SURVEYOR. 4175 LEIGHTON FARMS AVE.
PALM CITY, FLORIDA. 34990 PHONE 407-283 5967

8463

SURVEY DRAWING
NUMBER.

RIVERSIDE NATIONAL BANK OF FLORIDA
PRESTIGE TITLE CO.
BRIAN P. & MAUREEN A. MANNION

★ CERTIFICATE OF SURVEY ★

ORDER NO. 8463

I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY OF THE PROPERTY DESCRIBED IN THE CAPTION THEREOF, MADE UNDER MY DIRECTION, AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS, UNLESS SHOWN.

I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 21HH-6 FLORIDA ADMINISTRATIVE CODE) FOR THE TYPE OF SURVEY SHOWN HEREON.

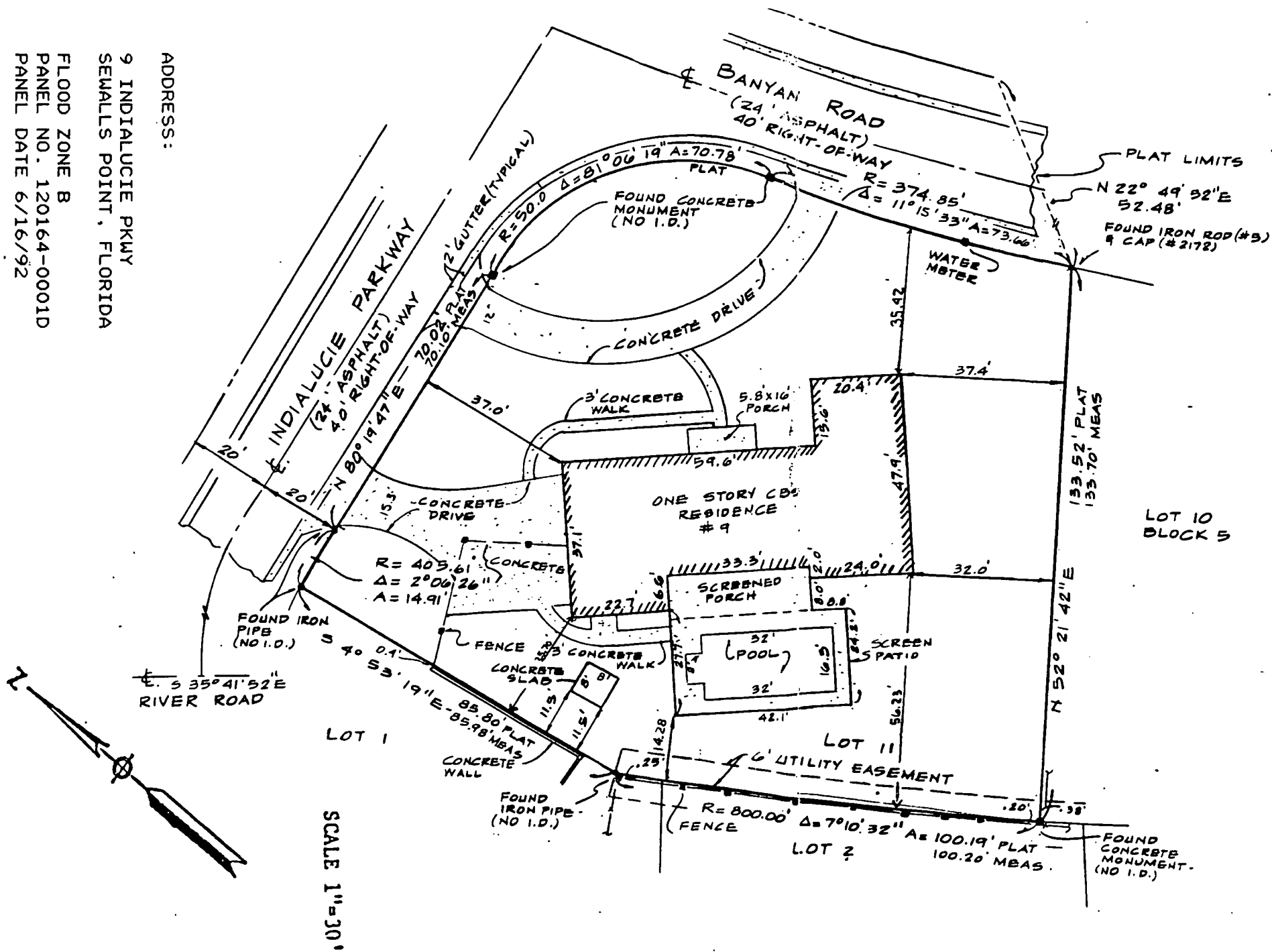
1. THIS PLAT OF SURVEY IS NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
2. NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.
3. THE SURVEY OF PROPERTY SHOWN HEREON IS EXCLUSIVELY IN ACCORDANCE WITH DESCRIPTION FURNISHED.
4. BASIS OF BEARINGS SHOWN, IF ANY, ARE ASSUMED OR ASSIGNED TO THE ADJACENT ROAD RIGHT-OF-WAY.
5. SKETCH CERTIFIED AS TO DATA SHOWN.

ANY FURTHER EXTRAPOLATION, INTERPOLATION, OR SCALING FOR ADDITIONAL DATA IS NOT PERMITTED.

CERTIFIED TO:

W. L. Creech Jr.

WILLIAM L. CREECH JR.
FLORIDA PROFESSIONAL LAND SURVEYOR
CERTIFICATE NUMBER 2370
FIELD SURVEY DATE
6/16/92



DESCRIPTION
SURVEY OF AND SHOWING LOT 11, BLOCK 5, INDIALUCIE, AS
RECORDED IN PLAT BOOK 4, PAGE 77, RECORDS OF MARTIN
COUNTY, FLORIDA.

ADDRESS:
9 INDIALUCIE PKWY
SEWALLS POINT, FLORIDA
FLOOD ZONE B
PANEL NO. 120164-0001D
PANEL DATE 6/16/92

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~MARCH 26~~, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	ENRIQUEZ	FIELD VERIF.	GK to	BP PENDING - NEW CONST
5	1 KINGSTON CT. DRIFTWOOD HOMES	(VACANT LOT)	Permit	INSPECTOR: <i>[Signature]</i> 3/26
T/R	MANNION	FIELD VERIF.	GK to	
9	9 WINDMILL CIRCLE - HUNT MONTE'S TREE SERV.		Permit	INSPECTOR: <i>[Signature]</i> 3/26
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: _____

OK



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

~~Transplant~~
~~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 Patty & Mike Augustine Address 9 Indian Wells Phone 732-208-3106

Contractor Dennis Serafini Address Po Box 38 Phone 772-521-4440

No. of Trees: REMOVE _____ Species: _____

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal /relocation (See notice above) New landscaping

Signature of Property Owner [Signature] Date 7-27-11

Approved by Building Inspector: [Signature] Date 7-28-11 Fee: N/A

NOTES: _____

