18 Indialucie Parkway

622 POOL ENCLOSURE

APPLICATION FOR BUILDING PERMIT

Permit No. #627 Date (

(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) Property Deed required for new home construction. 8818 AUBREY AVE, Owner ! HARLES BEHRINGER Present Address GLENDALE NEW VORK Ph 897-3417 General Contractor HANDCRAFTED HOMES THE Address 3411 S.E. DIXIS HWY STUART, FLA. Where licensed STATE OF FLA License No. CR-Plumbing Contractor John Heidingen License No. 24 License No. 38 4 Electrical ContractorALCO ELECTRIC D.J HARMAN INC. IIL NE DIKIG HY RID Street building will front on TNDIALVOIE PARKWAY Subdivision INDIALUCIE Lot No. 2 Area うしのと Building area, inside walls (excluding garage carport porches) Sq ft 2947.53 Other Construction (Pools, additions, etc.) POOL & SCRIIN ENCLOSURE Contract Price(excluding land, rugs, appliances, landscaping \$71,990,00 Total cost of permit

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. FRANK VALENTINO Signed by General Contractor HANDCRAFTED Ylomes INC.

Plans approved as submitted Plans approved as marked 300.

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. Malas De homiger

Signed by Owner Speculation Builders will be required to sign both statements.

TOWN RECORD

20 1976

bate submitted Datë approved

Certificate of Occupancy issued

Charles & Antoinette Behringer Lot 2, Block 6, Indialucie Residence - 18 Indialucie Pkwy. pool & Sc. enc.

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date April 7, 1977

This is to request that a Certificate of Approval for
Occupancy be issued to Charles & Antoinette Behringer
For property built under Permit No. 622 Dated August 24, 1976
when completed in conformance with the Approved Plans.
Signed
你你在你爷爷你你你你你你你你你你

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings 9/30/76 Rough plumbing 10/15/76 Perimeter beam 11/5/76 Rough electric 1/26/77 Close in 1/26/77 Final plumbing 4/7/77 Final electric 4/7/77	pool 12/20/76	Charles Duryea " " " " " " "
Final Inspection for Issu	uance of Certificat	
Approved by	y Building Inspecto	or 1 date date
Approved by	y Town Commission	Ju tank 4/2/27
	C	
Utilities notified Apri	1 7. 1977 da	te
Original Copy sent to M. (Keep carbon copy for Tov		2

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date My
This is to request that a Certificate of Approval for Occupancy be issued to for Indialum. For property built under Permit No. 622 Dated
Signed

RECORD OF INSPECTIONS
Footings Rough plumbing 10/15/76 Perimeter beam 12/29/76 Rough electrics 1/26/77 Close in Final plumbing Final electric Approved by Building Inspector for Occupancy. Approved by Building Inspector for Market 4/7/71 Approved by Building Inspector for Occupancy.
Approved by Town Commission
Original Copy sent to
(Keep carbon copy for Town files)

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES DIVISION OF HEALTH Application and Permit of Individual Sewage Disposal Facilities

Section I - Instructions:

- Percolation test data, soil profile and water table elevation information must be attached. · (Note: Test must be made at proposed location of system).
- Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).

- 5. Indicate name and date of recording of subdivision. not recorded, attach metes and bounds description.
- Complete the following information section.

- Not valid if sewer is available.
- Individual well must be 75 feet from any part of system.

Proposed location of septic	and give
tank must be shown on plan.	this office a 24-hour notice
Any pond or stream areas must	when ready for inspection.
be indicated on the plan.	
tion II - Information:	·
Property Address (Street & House No.)	
Lot Z Block 6 Subdivision I	NOIALUCIE
Date Recorded 1969 Directions to J	
Owner or Builder Handcrafted Home) IIVC.
P.O. Address 3411 SE DIXIE AVERTY STUP	
Specifications	
Tank Drainfield	Scale 1" = 50'
Gals. ft. of 6" clay tile	
or 5" perforated	(Rear)
plastic drain in a	
3' trench or 😅	
Gals. ft. of 4" clay drain	
or 4 periorated	
plastic drain in an 🖰	
18" trench	
House to be constructed:	
Check one: FHA ON Conventional	S S
	(Side
o r	
scribed in this application, and as	
is is to certify that the project scribed in this application, and as tailed by the plans and specifica-	91
vence by the praise the opecariou	
ons and attachments will be con-	
quirements.	
plicant: HANDCRAFTED HOMES INC.	(Front)
Please Print	(Name of Street or State Road)
	mane of otteet of state road,
gnature: William L. (Eccel) Date	e: 6-4-76
* * * * * * * * * * DO NOT WRITE BEI	OW THIS LINE * * * * * * * * * * * *
ction III - Application Approval & Construc	•
Installation subject to following special	
The shows simulational small services	
Florida Administration Case and	and to be in compliance with Chapter 17-13
Florida Administrative Code, and construct	tion is hereby approved, subject to the
above specifications and conditions. By: County He	ealth Dept. Date
* * * * * * * * * * * * * * * * * * *	
ction IV - Final Construction Approval	
Construction of installation approved:	Yes No
	
Date: By: VA No.	

TEMPORARY SAN 428 REV. 7/1/73

FLORIDA DEPARTMENT OF POLLUTION CONTROL

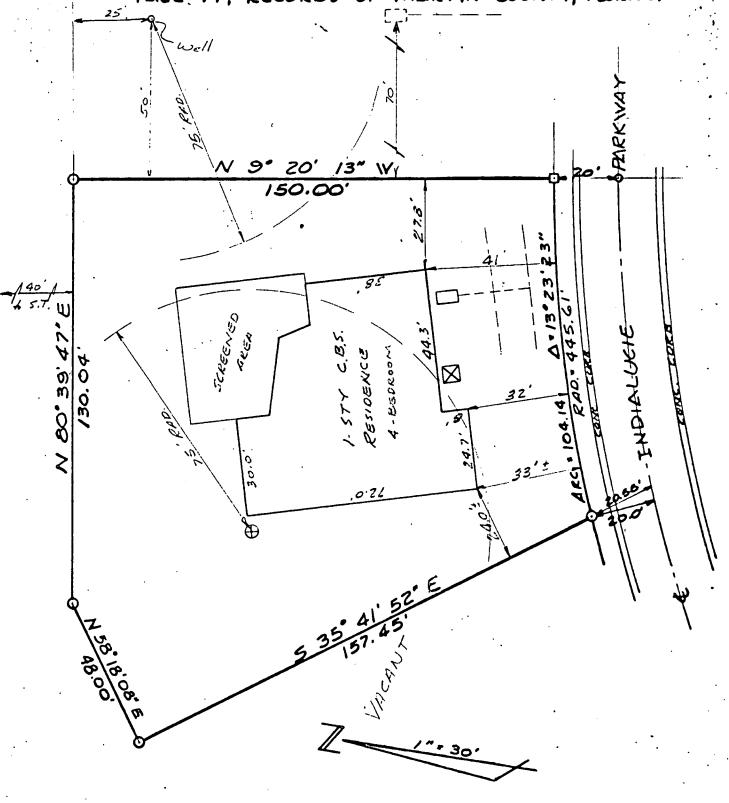
S. E. Subregion 806 South 6th Street Fort Pierce, Florida 33450 Tel. (305) 464-8525

INDIVIDUAL SEWAGE DISPOSAL FACILITIES DATA SHEET

	County: MARTIN
other waters, nor within 75 feet of any priva	50 feet of the high water line of a lake, stream, canal or ate well; nor within 100 feet of any public water supply; or within 100 feet of any public sewer system.
	•
·	
	Plot plan must show
	all data required in
	IOD-6.03 2(a) and all other pertinent
	data.
	•
	·
	ALL DISTANCE BETWEEN SEPTIC TANK
	AND WELLS MUST BE CHECKED AND VE
P	FIED IN THE FIELD BY THE CONTRACT LAN
Scale:	
SOIL DATA	· ···· <u>·LEGEND</u>
12" WHITE SAISO	→ Drainage Pattern
2 24" LIGHT TAIN SAND	Proposed Septic Tank and Drainfield
24" LIGHT TAIN SANO	Proposed Water Supply Well
3	© Existing Water Supply Well
36" GOLDEN BROWN	⊠Soil Boring and Percolation Test Location•
36" GOLDEN BROWN SAND	
7-	
8	
DIL BORING	
LOG pil Identification: CLASS GROUP	#622
oil Characteristics GROUP	#6"
	7'
ercolation Rate $\frac{C.35}{min/inch}$	
ercolation Rate $\frac{C.35}{C.35}$ min/inch after Table Depth $\frac{>}{\sim}$ $\frac{C}{C}$	CERTIFIED BY: William L. Come
ater Table Depth <u>> 6°</u>	CERTIFIED BY: Will L. Conches FLORIDA PROFESSIONAL No. 2370
	22.70

PLOT PLAN

INDIALUCIE AS RECORDED IN PAGE 77, RECORDS MARTIN COUNTY, FLORIDA



FOR HANDCRAFTED HOMES INC.

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.

ASSOCIATES CREECH & **SURVEYORS** LAND STUART, FLORIDA

CERTIFICATE

DRAWN BY: 40

PLAT BK. 4 PG. 77 FIELO- BK:

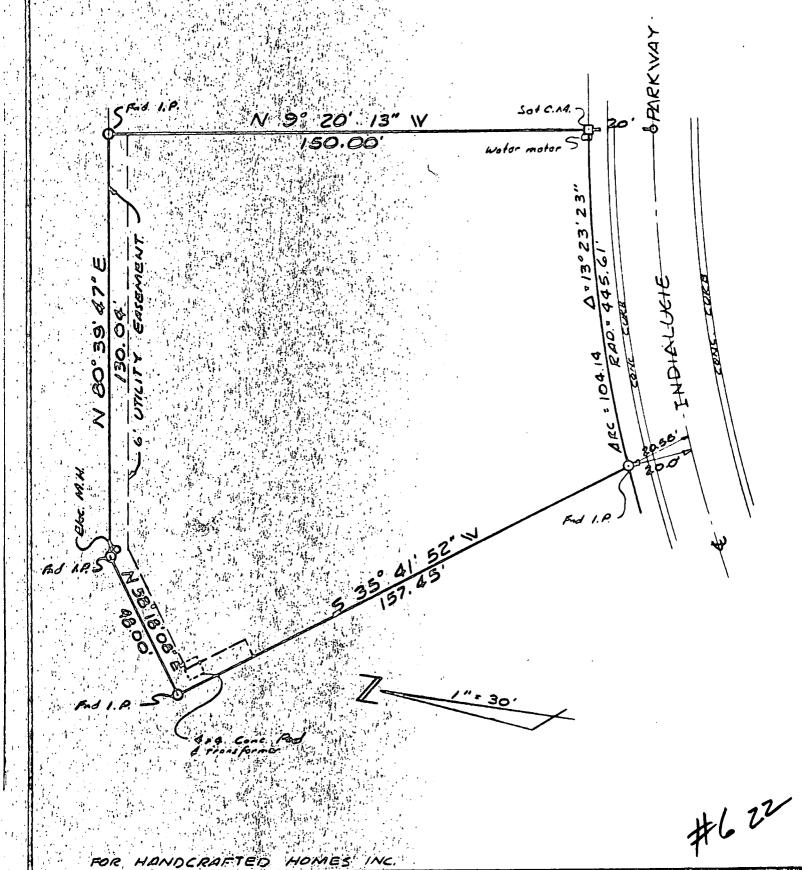
SCALE:

ORDER

#622

BOUNDARY SURVEY

BEING A SURVEY OF LOT Z, BLOCK 6, PLAT OF INDIALUCIE AS RECORDED IN PLAT BOOK 4. PAGE 77 RECORDS OF MARTIN COUNTY, FLORIDA.



FOR HANDCRAFTED HOMES INC.

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 bolief and that, unless otherwise shown, there are no encreachments.

CREECH & ASSOCIATES LAND SURVEYORS STUART, FLORIDA

DRAWN BY: SCALE: ORDER #

2370

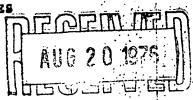
FLORIDA CERTIFICATE NO.

PLAT BK. 4 PG. 77 FIELD BK:

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES DIVISION OF HEALTH

Application and Permit of

Individual Sewage Disposal Facilities



Section I - Instructions:

- 1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
- 2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
- 3. Proposed location of septic tank must be shown on plan.
- 4. Any pond or stream areas must be indicated on the plan.

- 5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
- 6. Complete the following information section.

Notes:

- 1. Not valid if sever is available.
- 2. Individual well must be 75 feet from any part of system.
- 3. Call and give this office a 24-hour notice when ready for inspection.

·Lot Z	ress (Street & House No Block & Subdivisi		DIALUCIE		
Date Recorde		ns to Job			-
	· · · · · · · · · · · · · · · · · · ·	-			<u>-</u>
	1der Handcrafted	Homes	INC.		_
	3411 SE DIXIE HVELTY	STUARI	FLA.		• .
Specificatio	ns			•	•
Tank	Drainfield	i .	Scale 1" = 5	0'	
Gals	_ ft. of 6" clay tile		· /=		
	or 5" perforated	-	(Rear)	•	
	plastic drain in a				٦٠.
Colo	3' trench or	3			1
Gals	_ ft. of 4" clay drain	(Name		•	.
	or 4" perforated	0		. •	1
•	<pre>plastic drain in an 18" trench</pre>	***		• •	1
House to be	constructed:	St	•	**	1
Check one:	FHA	re (s	•		S
VA	Conventional	(Side			Side
	Convencional	<u>و</u> و		•	2
		1		•	}
	fy that the project	St			1
	s application, and as	atı			1
=	plans and specifica-	n			•
	nments will be con-	Rđ.			;
	ordance with state	ن			!
quirements.	•	}			;
nlicant. 1/00	IOCRAFTED HOMES IN	ا ا	(Front)		-
	lease Print	_	(Name of Street or Sta	to Boadl	
•		/	Mame of Scient of Sta	re road	٠.
gnature: <i>Wi</i>	11: I Corel	/ Date:	6-4-76		
gilacute. <u>W/</u>	, C. C.	Z Date:	6 4 76		
* * * * * *	* * * * * * * DO NOT WF	RITE BELOW	THIS LINE * * * * *		• •
	pplication Approval & C			•	
Installation	n subject to following	special c	onditions:		
The above s	igned application has b				
	inistrative Code, and o	onst ructi	on is hereby approved	, subject to t	he
		15.			
Florida Adm	fications and conditior				
Florida Adm		ounty Heal	th Dept.	Date	
Florida Adm above speci By:	Cc	ounty Heal	th Dept.	Date	• •
Florida Adm above speci By: * * * * * * ction IV - Fi		ounty Heal val	Yes	DateNo	

TEMPORARY SAN 428 REV. 7/1/73

FLORIDA DEPARTMENT OF POLLUTION CONTROL

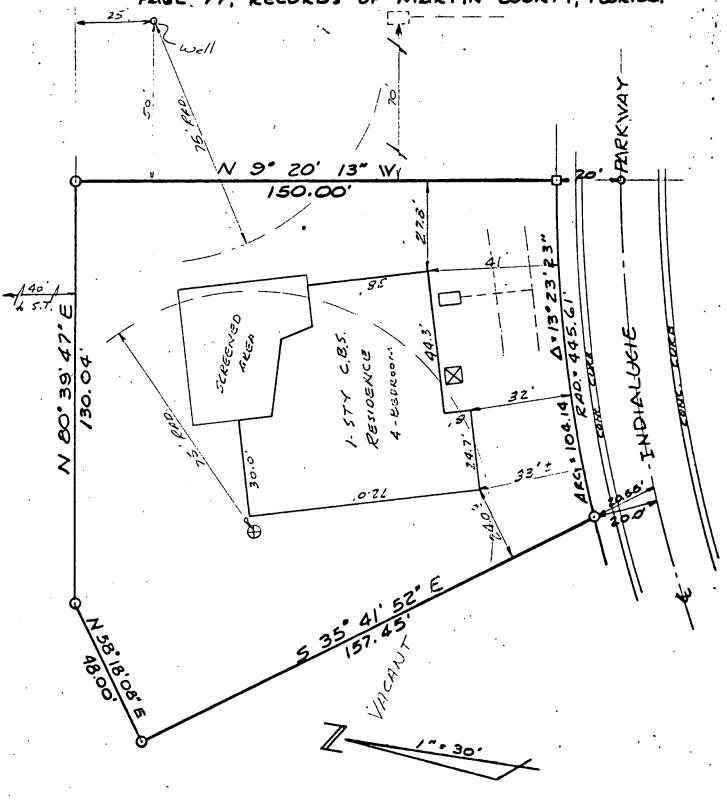
S. E. Subregion 806 South 6th Street Fort Pierce, Florida 33450 Tel. (305) 464-8525

INDIVIDUAL SEWAGE DISPOSAL FACILITIES DATA SHEET

ocation: LOT 2, Beack G. INDIA	County: County:	<u> </u>
OTE. This septic tank system is not located with other waters, nor within 75 feet of any nor within 10 feet of water supply pipes	thin 50 feet of the high water line o private well; nor within 100 feet of	any public water supply;
	•	
		Plot plan must show
		all data required in IOD = 6.03 2(a) and
		all other pertinent data.
•		
		•
·		
		oc petucen ceptic tanks
		CE BETWEEN SEPTIC TANKS
	·	MUST BE CHECKED AND VER
	PLAN	E FIELD BY THE CONTRACT
SOIL_DATA	rale: I" = <u>L</u> EGI	FND
12" WHITE SAND	Pro	inage Pattern posed Septic Tank and pinfield
2- 24" LIGHT TAIN SAND	⊕ Pro	posed Water Supply Well
3 -	_	sting Water Supply Well
36" GOLDEN BROWN 5- 36" GOLDEN BROWN		l Boring and Percolation of Location
66		
7-		•
DIL BORING		
LOG bil Identification: CLASS F. GROUP 57		
oil Characteristics GROUP		
arcolation Rate <u>0.35</u> min/inch		1 11 1
ater Table Depth ≥ 6.	CERTIFIED BY: Will	- L'Caroly
ater Table Depth > 6'	FLORIDA PROFESSIONAL N	0222
ompacted Fill OfReq'd ompacted Fill Checked By:	Date <u>6-4-76</u> J	ob No

PLOT PLAN

BEING A SURVEY OF LOT Z, BLOCK G, PLAT OF INDIALUCIE AS RECORDED IN PLAT BOOK 4, PAGE 77, RECORDS OF MARTIN COUNTY, FURIOS.



FOR HANDCRAFTED HOMES INC.

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.

CREECH & ASSOCIATES

LAND SURVEYORS

STUART, FLORIDA

DATE: 6-4-76

DRAWN BY: 40

PLAT BK. 4 PG. 77

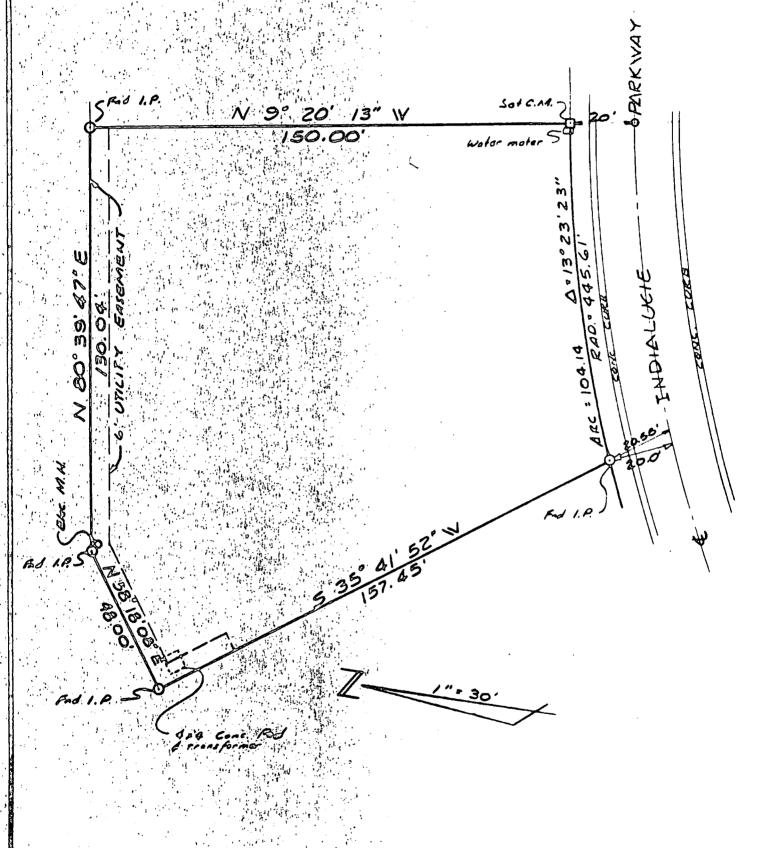
FIELD BK:

SCALE: /" - 30'

ORDER # 76-103

BOUNDARY SURVEY

SURVEY OF LOT Z, BLOCK 6, PLAT BEING A OF INDIALUCIE AS RECORDED IN PLAT BOOK & PAGE 77, RECORDS OF MARTIN COUNTY, FLORIDA.



FOR HANDCRAFTED HOMES INC

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 bolief and that, unless otherwise shown, there are no energially the said survey is

CREECH & ASSOCIATES LAND SURVEYORS

STUART, FLORIDA ...

PG. 77

PLAT BK. 4

FIELD BK:

FLORIDA CERTIFICATE NO.

6-4-76 DRAWN BY: MALE

SCALE: /" . 30'

693 FENCE

FUWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 693 117
Date April 171977

(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) Copy of property Deed required for new home construction.

applicable) Copy of property Deed required for new nome construction.
Owner DR BEHRINGER Present Address Two A Lucia PhPhPh
General Contractor HANDERAFIED Nome Address 3411 SEDIKIE Hu Ph 183-7/128
Where licensed STATE License No. 2330
Plumbing ContractorLicense No Electrical ContractorLicense No
Street building will front on FENCE 25:0ES 5 HIGH
Subdivision Lot No. 7 REAR 6' HIGH Area /
Building area, inside walls(excluding garage, carport, porches) Sq ft
Other Construction(Pools, additions, etc.)
Contract Price(excluding land, rugs, appliances, landscaping \$ 2.000.00
Total cost of permit \$ 2000 10.00
Plans approved as submittedPlans 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
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 Total Romanie Alarka 4/28/7) Clash Charges

Certificate of Occupancy issued 6/2/77

Date #693

TOWN OF SEWALL'S POINT FLORIDA

Permit	No	864
Date		

APPLICATION FOR BUILDING PERMIT

to scale (1" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing and electrical layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house construction.

copy of one property	
-Owner Dr. Charles Behringer Present	address 18 Indialucie Parkway
Phone 283-1321	Sewall's Point
-General contractor Owner	address Same
Phone	
Where licensed	License No
-Plumbing contractor	License No
-Electrical contractor	License No
-Street the building will front on	· .
Subdivision /NDIA LUCIE Lot No.	Area
-Building area, inside walls (excluding garage, carport, porches,	etc.)square feet
Other construction (pools, additions,	etc.) Storage Shed
-Contract price (excluding land, carpeting, applianc	es, landscaping, etc) \$855.00
-Total cost of permit \$	
-Plans approved as submitted Plan	s approved as marked
the approved plan, and that the site w within the 12 month period.	III be clean and rough-gradou
· · · · · · · · · · · · · · · · · · ·	General Contractor
I understand that this building mapproved plans and that it must comply before a Certificate of Approval for O property approved for all utility served and after the building has been approved be landscaped so as to be compating the speculation builders will be re-	with all code requirements ccupancy will be issued and the ices. I agree that within 90 ved for occupancy, the property ble with its neighborhood. National Summary Country C
above statements.	1
TOWN RECORD	•
Approved: Mel Canala Building Enspecto	Date submitted
Approved: Approved: Commissioner	8/16/18

Certificate of Occupancy issued

1706 ROOF ENCLOSURE

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.

3482 RE-ROOF

DEPARTMENT OF PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	LICENSE NO.		BATCH NO.
05/06/92	CC C055580	_	07180
THE CERTIFIED ROCE NAMED BELOW IS CEL UNDER THE PROVISIONS EXPERING	RTIFIED Of Chapter 429	* F.S.,	FOR THE YEAR

SAIBIE, DARRYL S INDIVIDUAL 8880 S OCEAN DRIVE APT 410 JENSEN BEACH FL 34957

VTON CHILES

DISPLAY IN A CONSPICUOUS PLACE

SECRETARY D.P.R.

	-006 00020. 3000 DATE 10/10/93
APPLICATION FOR A PERMIT TO BUE	ULD A DOCK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED STRUCTURE NOT A HOUSE OR A COMMERCIAL BUILDING.
This application must be accome including a plot plan showing and at least two (2) effection.	panied by three (3) sets of complete plans, to scale, set-backs; plumbing and electrical layouts, if applicable, s, as applicable.
Owner ANTOINEH BAHRING	Present Address 18 Indiahucie PKwy
Phone 407-283- 1321	
Contractor Danayl S. Spizic	Address 8215w Dwyen ST PSL. FC. 34983
Phone 283-2111	34983
Where licensed Floeion	License Number <u>CCC 0 53580</u>
Electrical Contractor	License Number
Plumbing Contractor	License Number
Describe the structure or addit	cion or alteration to an existing structure, for which this
permit is sought: Re Roof Flat	Deck w/ Mobilier GIRANULAN SONIACES
State the street address at which	h the proposed structure will be built:
SAME.	
Subdivision Ivain Lucia	Lot Number 2 Block Number 6 Cost of Permit \$ 40,00
Contract Price \$ 5000	Cost of Permit \$ 90,
Contract Trace v	
Plans approved as submitted	Plans approved as marked
I understand that this permit that the structure must be comple understand that approval of these Town of Sewall's Point Ordinances understand that I am responsible orderly family policy one are such a great that I am responsible orderly family policy one remove the first policy one result in Building Inspector of the such a great this structure.	Plans approved as marked It is good for 12 months from the date of its issue and ted in accordance with the approved plan. I further plans in no way relieves me of complying with the and the South Florida Building Code. Moreover, I for maintaining the construction site in a neat and of for trash, scrap building materials and other debris, area and at least once a week, or oftener when necessary, som the Town of Sewall's Point. Failure to comply may Town Commissioner "Red-Tagging" the construction project. Contractor Contracto
I understand that this permit that the structure must be comple understand that approval of these Town of Sewall's Point Ordinances understand that I am responsible orderly family policy one remove the first policy one result in a Building Inspector of the Building Inspector of	Plans approved as marked It is good for 12 months from the date of its issue and ted in accordance with the approved plan. I further plans in no way relieves me of complying with the and the South Florida Building Code. Moreover, I for maintaining the construction site in a neat and a for trash, scrap building materials and other debris, area and at least once a week, or oftener when necessary, om the Town of Sewall's Point. Failure to comply may Town Commissioner "Red-Tagging" the construction project. Contractor
I understand that this permit that the structure must be comple understand that approval of these Town of Sewall's Point Ordinances understand that I am responsible orderly family policy one are such a great that I am responsible orderly family policy one remove the first policy one result in Building Inspector of the such a great this structure.	Plans approved as marked It is good for 12 months from the date of its issue and ted in accordance with the approved plan. I further plans in no way relieves me of complying with the and the South Florida Building Code. Moreover, I for maintaining the construction site in a neat and a for trash, scrap building materials and other debris, area and at least once a week, or oftener when necessary, om the Town of Sewall's Point. Failure to comply may Town Commissioner "Red-Tagging" the construction project. Contractor Contractor Wed-Tagging the construction project. Contractor With the approved plans and requirements of the Town of Sewall's Point before final ill be given. Owner Owner Mutanith Behringer
I understand that this permit that the structure must be comple understand that approval of these Town of Sewall's Point Ordinances understand that I am responsible orderly family policy one are such a great that I am responsible orderly family policy one remove the first policy one result in Building Inspector of the such a great this structure.	Plans approved as marked It is good for 12 months from the date of its issue and ited in accordance with the approved plan. I further plans in no way relieves me of complying with the and the South Florida Building Code. Moreover, I for maintaining the construction site in a neat and if for trash, scrap building materials and other debris, area and at least once a week, or oftener when necessary, om the Town of Sewall's Point. Failure to comply may Town Comunissioner "Red-Tagging" the construction project. Contractor Contractor When Town of Sewall's Point before final ill be given. Owner Autumits Belrings
I understand that this permit that the structure must be completed understand that approval of these Town of Sewall's Point Ordinances understand that I am responsible orderly family policy he are such that I am responsible one removes the firm a Building Inspector of that it must comply with all code approval by a Building Inspector of BLPG. Commissioner	Plans approved as marked It is good for 12 months from the date of its issue and ted in accordance with the approved plan. I further plans in no way relieves me of complying with the and the South Florida Building Code. Moreover, I for maintaining the construction site in a neat and if for trush, scrap building materials and other debris, area and at least once a week, or oftener when necessary, om the Town of Sewall's Point. Failure to comply may Town Commissioner "Red-Tagging" the construction project. Contractor When I will be given. Owner Autorith Belringer TOWN RECORD Approved: Date Final Approval given: Date Date
I understand that this permit that the structure must be completed understand that approval of these Town of Sewall's Point Ordinances understand that I am responsible orderly family policy one are such that I am responsible orderly family policy one removes the Figure 1 and that this struct that it must comply with all code approval by a Building Inspector of Date submitted Date submitted	Plans approved as marked It is good for 12 months from the date of its issue and ted in accordance with the approved plan. I further plans in no way relieves me of complying with the and the South Florida Building Code. Moreover, I for maintaining the construction site in a neat and if for trush, scrap building materials and other debris, area and at least once a week, or oftener when necessary, om the Town of Sewall's Point. Failure to comply may Town Commissioner "Red-Tagging" the construction project. Contractor When I will be given. Owner Autorith Belringer TOWN RECORD Approved: Date Final Approval given: Date Date
I understand that this permit that the structure must be completed understand that approval of these Town of Sewall's Point Ordinances understand that I am responsible orderly family policy he are such that I am responsible one removes the firm a Building Inspector of that it must comply with all code approval by a Building Inspector of BLPG. Commissioner	Plans approved as marked It is good for 12 months from the date of its issue and ted in accordance with the approved plan. I further plans in no way relieves me of complying with the and the South Florida Building Code. Moreover, I for maintaining the construction site in a neat and for trush, scrap building materials and other debris, area and at least once a week, or oftener when necessary, om the Town of Sewall's Point. Failure to comply may Town Commissioner "Red-Tagging" the construction project. Contractor When I will be approved plans and requirements of the Town of Sewall's Point before final ill be given. Owner X Intentity Bedruger TOWN RECORD Approved: Building Inspector Date Pinal Approval given: Date Date

<u>4600</u> <u>RE-ROOF</u>

Town of Sewall's Point

DECEIVED.

BUILDING PERMIT APPLICATION

Owner's Name: <u>Internette Behringer</u>	Phone No. 56/1283-1321
Owner's Present Address: Fee Simple Titleholder's Name & Addre	ss if other than owner
ree bimpie 1202-01101001	
Location of Job Site: 18 INDIA LUCIE TYPE OF WORK TO BE DONE: Rop - Remove	HARKWAY
TYPE OF WORK TO BE DONE: ROOF - Remove	E HIE, INSTAUL OF
CONTRACTOR INFORMATION Contractor/Company Name: Samuel S	Places No. 336-2192
Contractor/Company Name: OAmutl C	Cuess Phone No.
COMPLETE MAILING ADDRESS State Registration <u>QC 006/026</u> State Registration of Property <u>Lot Z</u>	MCTH (2007) 51 00370
State Registration VE 000/025 St	Black & Tuoid Lucie
Legal Description of Property	Charle 1
Parcel Number	
ARCHITECT/ENGINEER INFORMATION	
Architect Low	Phone No.
Address	
Engineer ADNG	Phone No.
Area Square Footage: Living Area	Garage AreaCarport
Accessory BldgCovered Patio	Scr. PorchWood Deck
Septic Tank Pe	simil # liom medical = of -
NEW electrical SERVICE SIZE AM	MPS .
FLOOD HAZARD INFORMATION	NGVD
	od Elevation (BFE)
proposed finish floor elevation Cost of construction or Improvement	NGVD (minimum 1 1000 above 21-)
Cost of construction or Improvement	19,600
	4 CINCII C
Cubatantial Improvement 50% of FMV	yes
Method of determining FMV	
SUBCONTRACTOR INFORMATION: (Notify this of	fice if subcontractor's change.
SUBCONTRACTOR INFORMATION: (Notify this of ElectricalState	License
DLAUG	12.001.20 T
Plumbing State	License#
Plumbing State Roofing SAmuel E. Chass State	License#
**************************************	do the work and
application is hereby made to of	otain a permit to do the work and
ingtallations as indicated. I cer	tify that no work or installation has
remarked prior to the issuance of	a permit and that all work will be
commenced prize the standard of a	ll laws regulating construction in this
performed to motor understand that a	separate permit from the Town may be SIGNS. WELLS, POOLS, FURNACES,
jurisdiction. I ELECTRICAL, PLUMBIN	NG, SIGNS, WELLS, POOLS, FURNACES, DOCKS SEAWALLS, ACCESSORY BLDGS, SAND
required 101 2220 TANKS AIRCONDITIONER	RS, DOCKS, SEAWALLS, ACCESSORY BLDGS, SAND
BOILERS, REALERS, IMARS, IMARS	
REMOVAL, TREE REMOVAL.	TO THE TAXABLE PART OF THE PAR
GERTLEY.THAT THE INFORMATION	ON I HAVE FURNISHED ON THIS APPLICATION MY KNOWLEDGE AND I AGREE TO COMPLY WITH
I HEREBY CERTIFICATION THE BEST OF	MY KNOWLEDGE AND I AGREE TO COMPLY WITH
IS TRUE AND CORRECT TO THE AND OR	DINANCES DURING THE BUILDING PROCESS,
ALL APPLICABLE CODES, HAND INCLUDING FLORIDA MODEL ENERGY CODES	
OWNER/ CONTRACTO	R MUST SIGN APPLICATION
1.1 77. 3	77 .
OWNER or AGENT SIGNATURE CANOCALLY Sworn to and subscribed before me_t	his John day of APRIL, 1998 by
Sworn to and subscribed before me to ANTIONETTE DEHLINGATION is personally	known to me or has produced or has
ANTONETIC ICHINGENTO IN DELOCATE	ho did (did not) take an oath.
produced	
CONTRACTOR SIGNATURE Sworn to and subscribed before me to the subscribed before me to	his 28th day of april , 1998
Sworn to and subscribed becore me s	onally known to me or has produced 1999
by Januar & Gust who di	d (did not) take an oath.
and who di	CHERTLE BEDICO
1	Page 1 CHERT/E, BIBLE OF MY COMMISSION # CC 480277 EXPIRES: October 19, 1999
•	Bonded Thru Notary Public Underwriters

TREE REMOVAL (Attach sealed survey)
No of trees to be removedNo. to be retainedNo. to be planted
Specimen tree removedFeeAuthorized/Date
DEVELOPMENT ORDER #
1. ALL APPLICATIONS REQUIRE: A. Property Appraiser's Parcel Number. B. A Legal Description of your property. (Can be found on your deed
survey or Tax Bill.)
C. Contractor's name, address, phone number & license numbers. D. Name all <u>sub-contractors</u> (properly licensed).
To Commands Commons
F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision
3. Take the application showing Zoning approval (complete with plans & plot plan) to the <u>Health Department</u> for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:
1. Floor Plan
 Foundation Details Elevation Views - Elevation Certificate due after slab inspection.
4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
5. Truss layout
6. Vertical Wall Sections (one detail for each wall that is different)
7. Fireplace drawing: If prefabricated submit manufacturers data.
ADDITIONAL Required Documents are: 1. <u>Use Permit</u> (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (Atlantic Ave. only).
2. Well Permit or information on existing well & pump.
n wheed warrard Flevation (if applicable).
4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
5. Statement of Fact (for Homeowner Builder), and proof of ownership - (Deed or Tax receipt).
6. Irrigation Sprinkler System layout showing location of heads, valves,
etc. 7. A certified copy of the Notice of Commencement must be filed in this
office and posted at the job site prior to the first inspection. Replat required upon completion of slab or footing inspection and
prior to any further inspections.
NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in

the public records of COUNTYOFMARTIN, and there may be additional permits required from other governmental entities such as water management districts, state and federal agencies. Approved by Building Official_

Approved by Town Engineer

TYPE OF ID

OTARY SIGNATURE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

	ispection: Manual Manua	FR	_, 2002	Page of
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE		
5957	(APLAN	ROOFFINAL	Pailed	7Am)
	10 E. HIGHPOINT		為	Mond spors, makes
	PACIFICROOFING			INSPECTOR:
PERMIT		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5875	MADEON	SITE COMPLIANCE	Peral	
	95. RIVER			
	KNEPPER			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6301	SMITH	SERVEN CAP	162321	(Solgial)
	7 SIMARA ST			0
	WILCO CONST.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tess	20 10 10 10 10 10 10 10 10 10 10 10 10 10	TEE	Hisel	
	4 NE LAGOON ISLY			\cap
				INSPECTOR:
PERMIT .	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	Behinder	Leis Fin	Man	Close
	18 INDIALUCIE			\cap
:	AMERICANTENCE			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COLUMBNTS:
6315		Devenous	terral	dosp
	475. SEWAL'S PAR BUWALDA	FINAL-		
	BUWALDA			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
OTHER:				
. — —	The second secon	the state of the s	5 5 5 X	

•			Permit Number:_	
	BUILDING PERM	ewall's Point NT APPLICATION		
OWNER/TITLEHOLDER NAME:	Mas Behringer	Phone (Day)	831321 (Fax)	
Job Site Address: 18 India		City: Sewalls	_	
Legal Description of Property: LoT 2	^ .l		TOTAL State. 1	
Owner Address (if different):	PVC FRACE	City:	State:	Zip:
Description of Work To Be Done: 6	PVC rence			
WILL OWNER BE THE CONTRAC			e Contractor & Subcontr	actor sections below)
CONTRACTOR/Company	erican frice (reation 2 2n	3781650 Fax	3402805
	erbrooke Que	city: PSL	State: H	- 34989
State Registration Number:	State Certification Nu		State: / C	5003352
COST AND VALUES: Estimated Cost	of Construction or Improvemen	ts: \$ 800000	_ (Notice of Commenceme	ent needed over \$2500)
SUBCONTRACTOR INFORMATIO	ON:			
Electrical:		State:	License Number:	
Mechanical:		State:		
Plumbing:			License Number:	
Roofing:		State:	License Number:	
ARCHITECT	-			
Street:			State:	
ENGINEER				
Street:			State:	
AREA SQUARE FOOTAGE - SEWER - E	LECTRIC Living:	Garage:Cove	red Patios:Scree	nedPorch:
Carport: Total Under Roof	Wood Do	eck:A	ccessory Building:	
I understand that a separate permit fro FURNACE, BOILERS, HEATERS, TANKS	S DOCKS, SEA WALLS, ACCE REMOVAL ANI	or ELECTRICAL, PLUMBING	G, MECHANICAL, SIGNS, OR FILL ADDITION OR R	POOLS WELLS.
CODE EDITIONS IN EFFECT AT TIME OF National Electrical Code: 2002	APPLICATION: F	lorida Building Code (Stru gy Code: 2001		bing, Gas): 2001 bility Code: 2001
I HEREBY CERTIFY THAT THE INFORMA KNOWLEDGE AND I AGREE TO COMPL	ATION I HAVE FURNISHED ON Y WITH ALL APPLICABLE CO	DES, LAWS AND ORDINA	NCES DURING THE BUIL	DING PROCESS.
OWNER OR AGENT SIGNATURE (require	ed)	CONTRACTOR SIGI	NATURE (regulfreet)	
State of Florida, County of:		On State of Florida, (
This theday of		This the	day of <u>Jun</u>	<u>200_3</u>
by	who is personally	by		who is personally
known to me or produced		known to me or prod	uced DL	
as identification.		As identification.	inot 19	soto)
Notary	Public		Notary	ARUNDI CTESTA
My Commission Expires:		My Commission Exp	EXPI	MMISSION # DD 143082 PES. August 16, 2006
Se	eal		Bonde Se	A Votary Public Underwriters
PERMIT APPLICATIONS VALID	30 DAYS FROM APPROVAL	NOTIFICATION - PLEASE	PICK UP YOUR PERMIT	PROMPTLY!

Τ(OWN OF SEWAL	L'S POINT		
Date <u>6/23/03</u>	<u> </u>		PERMIT NO. 6307.	
Building to be erected for B	EHRINGER	Type of Per	mit FENCE	
Applied for by AMERICAN	FENCE CREATI	ONS (Contractor)	Building Fee 30.00	
Subdivision INDIALUCI	E_Lot_2	Block _	Radon Fee	
Address 18 NDIALL	ICIE PRWY		Impact Fee	
Type of structure For Co	5 ·		A/C Fee	
			Electrical Fee	
Parcel Control Number:			Plumbing Fee	
_353741002001				
Amount Paid 30.00 Ch	eck #_ <i>6</i> 40_Cash	Other Fe	es ()	
Total Construction Cost \$ \(\frac{\mathcal{L}}{\mathcal{L}} \)	200.00		TOTAL Fees 30,00	
a color	.	\bigcirc	2	
Signled Daniel S	Si Si	igned Jene	emmons (205)	
Applicant		, Town E	Building Official	
	DEDM			
	PERM	! ! 		
☐ BUILDING ☐ PLUMBING	☐ ELECTRICAL ☐ ROOFING	_ 	MECHANICAL POOL/SPA/DECK	
☐ DOCK/BOAT LIFT ☐ SCREEN ENCLOSURE	☐ DEMOLITION☐ TEMPORARY STR	NICTURE [FENCE GAS	
□ FILL	☐ HURRICANE SHU	TTERS	RENOVATION	
☐ TREE REMOVAL	STEMWALL	<u> </u>	ADDITION	
	INSPECTI	ONS		
UNDERGROUND PLUMBING	•	UNDERGROUND GAS		
UNDERGROUND MECHANICAL STEMWALL FOOTING		UNDERGROUND ELECT FOOTING	RICAL	
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				
FRAMING EARLY POWER RELEASE FINAL PLUMBING FINAL ELECTRICAL				
FINAL MECHANICAL FINAL GAS				
FINAL ROOF		BUILDING FINAL		

MASTER PERMIT NO.____

CERTIFICATE OF INSURANCE

	☐ STATE FARM FIRE AND ☐ STATE FARM GENERAL Holder for the coverages indices	. INSURANCE CO	PANY, Bloomingto MPANY, Blooming	on, Illinois yton, Illinois	
Name of policyholo		ldwin DBA	'American	Fence Creation	s, Inc
Address of policyh	older 557 NW She	rbrooke Ave	enue		
	Pt. St. Luc	cie, Florio	da 34983		
Location of operati	ons <u>Various</u>				
The religion listed below b	rations Fencing co lave been issued to the poli usions, and conditions of tho	cyholder for the p	olicy periods show	wn. The insurance descril	bed in these policies is d by any paid claims.
		POLICY	PERIOD	CHRITAGE	
POLICY NUMBER	TYPE OF INSURANCE	Effective Date E	xpiration Date	(at beginning of	policy period) SODILY INJURY AND
	Comprehensive	01 /1 / / 02	01/14/04	_	PROPERTY DAMAGE
98-PF-9931-3	Business Liability	01/14/03	01/14/04	•	RUPERTI DAMAGE
This insurance includes:	 ☑ Contractual Liability ☑ Underground Hazard Coverage Each Occurrence \$300,000 				\$300,000
	✓ Personal Injury✓ Advertising Injury			General Aggregate	\$ 600,000
	☐ Explosion Hazard Cove	rane		Products - Completed	,
	☐ Collapse Hazard Cover	•		Operations Aggregate	\$600,000
	☐ General Aggregate Lim		roject		
			•		
	<u> </u>				DOOREDTY DAMAGE
	EXCESS LIABILITY	POLICY PERIOD Effective Date Expiration Date		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
	Umbrella	Ellective Date	Expiration bate	Each Occurrence	\$
	☐ Other	1		Aggregate	\$
	Calci			Part 1 STATUTORY	
		ļ		Part 2 BODILY INJURY	
	Workers' Compensation				
	and Employers Liability			Each Accident	\$
				Disease Each Employer	
			<u> </u>	Disease - Policy Limit	\$
POLICY NUMBER	TYPE OF INSURANCE		PERIOD	LIMITS OF (at beginning o	
		Enecuve Date	Expiration Date	(at beginning o	poncy pency
	 	+			
		<u></u>	if any of	the described policies	are canceled before its
				date, State Farm will try	to mail a written notice to
					before cancellation. If
			however,	we fail to mail such notice imposed on State Fa	e, no obligation of liability
			represent		ann or no agains a
			•		
				10	
Name and Address of Ce	rtificate Holder		7-1	<i>M</i> (/	
Sewalls point			Yles	of Authorized Representative	
One So. Sewalls Pt. Rd.			Signature	ov kutnorizeo Kepresentague	•
Sewalls Point, Fl. 34996					
			Title 3	j	
			6/1	0/03	·
558-994 a 2-90 Printed in U.S.A			Date		

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

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE

01/28/2003

EXPIRATION DATE

01/27/2005

PERSON

BALDWIN

SHANNON

SSN

594-26-9018

FEIN

721544680

BUSINESS

BUSINESS:

AMERICAN FENCE CREATIONS INC

557 NW SHERBROOKE AVE

PORT SAINT LUCIE

FL34983

NOTE: Pursuant to Chapter 440 . 10(1) , (g) , 2 , F . S . , a sole proprietor , partner , or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440 .

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION 0 CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW D 01/28/2003 EFFECTIVE: H 01/27/2005 **EXPIRATION** E SHANNON BALDWIN R **PERSON**Ł 594-26-9018 SSN **FEIN** 721544680

AMERICAN FENCE CREATIONS INC 557 NW SHERBROOKE AVE

PORT SAINT LUCIE

FL 34983

Pursuant to chapter 440.10(1),(g),2, F.S., NOTE a sole proprietor, partner, or officer of an corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

CUT HERE

E

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION 0 CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW Pursuant to chapter 440.10(1),(g),2, F.S., D a sole proprietor, partner, or officer of an corporation who elects exemption from the Florida Workers' Compensation 01/28/2003 EFFECTIVE: Н Law may not recover benefits or compensation under Chapter 440. 01/27/2005 Ε EXPIRATION: R MELVIN SMITH PERSON: Ε 553-11-6886 SSN: 721544680 FEIN: AMERICAN FENCE CREATIONS INC 557 NW SHERBROOKE AVE PORT SAINT LUCIE FL 34983 BUSINESS:

CUT HERE

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

CITY OF PORT ST. LUCIE 105655 CONTRACTORS CERTIFICATE OF COMPETENCY **EXPIRES SEPTEMBER 30, 2003**

NAME: BALDIEN, SHANNON C

FIRM: AMERICAN FEMER CREATIONS INC

557 NW SHERBROOKE AVENUE

34983

STATE: PSL03-6414

Indian River County Contractor Licensing 1840 25th Street, Vero Beach, FL 32960 (561) 567.8000 Ext. 288

FENCE ERECTION SPECIALTY

Cert Nbr:12482 Exp:7/31/2004 Status:ACTIVE

State Nbr: Exp:

AMERICAN FENCE CREATIONS, INC.

SHANNON C. BALDWIN

557 NW SHERBROOKE AVENUE

PORT ST. LUCIE



MARTIN COUNTY, FLORIDA Construction Industry Lic Bd Certificate of Competency

License: SP03352

Expires September 302004

Name: SHANNON C BALDWIN

Company: AMERICAN FENCE CREATIONS Address: 557 NW Sherbrooke Ave INC

City, ST: PSL FL 34983

License Type: FENCE ERECTION CONT



City of Stuart Contractor Licensing

Expires: September 30, 2003

#AP 03040014

TYPE: FE

Contractor: American Fence Creations In

Qualifier: Shannon Baldwin

Address: 557 NW sherbrooke Ave

Port St Lucie, FL 34983

OCCUPATIONAL TAX RECEIPT CITY OF PORT ST. LUCIE

121 SW PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FLORIDA 34984-5099 THIS LICENSE VALID WHEN ALL STATE AND LOCAL REGULATED TRADE LICENSES / COMPETENCY CARDS ARE VALID FOR THE CURRENT FISCAL YEAR.

TERM: October 1, 2002 to September 30, 2003

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business. LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS. Business/Lic. 117291/03-1021957

VALID AT THIS BUSINESS ADDRESS ONLY

Business Address: 557 NW SHERBROOKE AVE

CONT CONTRACTOR

Issued to: AMERICAN FENCE CREATIONS, INC

557 NW SHERBROOKE AVE

34983 PORT ST LUCIE FL

781/007 KB

Fee:

BUSINESS/LICENSE COORDINATOR BUSINESS COPY

110.25

0.00

0.00 Total this payment : 120.75 Late Fees:

120.75

iscount:

Fees:

TO BE COMPLETED WHEN CONSTRU	CTION VALUE EXCEEDS \$2500.00
PERMIT #	TAX FOLIO #
	NOTICE OF COMMENCEMENT
STATE OF	COUNTY OF
THE UNDERSIGNED HEREBY GIVES IN ACCORDANCE WITH CHAPTER 71 TICE OF COMMENCEMENT.	NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IS, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NO-
LEGAL DESCRIPTION OF PROPERT	TY(INCLUDE STREET ADDRESS IF AVAILABLE):
GENERAL DESCRIPTION OF IMPRO	OVEMENT: 6 PVC Privary FericE
OWNER: ON	hringar
ADDRESS: 18 India	Lucy Sewalls Point
PHONE #: 283-1321	PAX #:
CONTRACTOR: AMERICA	n Fence Creations Inc
ADDRESS: 557 NWS	her Drooke Ave DSL EL 34903
PHONE #: 772-878-165	D FAX#: 772 - 340 - 2508
SURETY COMPANY(IF ANY)	
ADDRESS:	
PHONE #	
BOND AMOUNT:	
LENDER:	
ADDRESS:	
PHONE #:	
PERSONS WITHIN THE STATE OF FI	ORIDA DESIGNATED BY OUDER AMON HERE
NAME:	CTION 713.13(1)(A)7., FLORIDA STATUTES:
ADDRESS:	
PHONE #:	
IN ADDITION TO HIMSELF, OWNER DI	
713.13(1)(B), FLORIDA STATUTES.	TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION
PHONE #:	FAX #:
EXPIRATION DATE OF NOTICE OF COI THE EXPIRATION DATE IS ONE (1) Y ABOVE.	MMENCEMENT:EAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED
antoinette Behringer BIGNATURE OF OWNER	AMY R. TESTA MY COMMISSION # DD 143082 EXPIRES: August 16, 2006 Bonded Thru Notary Public Underwriters
SWORN TO AND SUBSCRIBED BEFORE ゆうりゅう	ME THIS _ DAY OF
VOTABY STORING	PERSONALLY KNOWN OR PRODUCED ID TYPE OF ID

EGD/ERCP-----PM

DATE OF PROCEDURE:

TIME TO ARRIVE AT FACILITY

FIVE DAYS PRIOR: Discontinue aspirin, and arthritis medications. If on Coumadin, doctor will discuss when to discontine.

The night prior to your procedure, you must not take anything solid by mouth after midnight until after your procedure the next day. You may take a clear liquid breakfast but nothing is permitted by mouth thereafter. If you are diabetic, you should not take any diabetes medication including insulin once fasting until after your procedure. Bring your insulin with you to the facility so you can take it promptly after you awake from sedation.

EXCEPTION: All prescription medications not excluded above should be taken both the day prior to and the day of your procedure:

As you will be receiving sedation, you will not be permitted to drive following your procedure and you must make arrangements to have someone drive you home. Your must also be sure that you will not be alone for extended periods of time for 24 hours following your procedure.

The facility and/or the anesthesiologist may be contacting you prior to your procedure to ask you further questions.

The doctor will discuss your results with you or your family after you awake from sedation and further recommendations will be made based on the results of your test.

7666 RE-ROOF

MASTER	PERMIT	NO
--------	--------	----

TOWN OF SEWALL'S POINT

Date	BUILDING PERMIT NO. 7666
Building to be greated for BEHEINGER	Type of Permit
Applied for by Frazer Roofina	(Contractor) Building Fee
Subdivision NDIAWCIE Lot 2 Blo	nck 6 Radon Fee
Subdivision No Factor Edition Silver Subdivision Silver Subdivi	Impact Fee
Address 18 INDIAWCIE PKWY	· · · · · · · · · · · · · · · · · · ·
Type of structure	A/C Fee
	Electrical Fee
David Central Number:	Plumbing Fee
Parcel Control Number: 3537 41002 006 000 20	3000 Roofing Fee 120.00
353741001006000	Thomas To The Table 1
Amount Paid 120.00 Check #3/93 Cash_	Other Fees ()
Total Construction Cost \$ 5800-00	TOTAL Fees 120.00
	$\mathcal{L}_{\mathcal{L}_{\mathbf{L}_{\mathbf{L}}}}$
Signe	Mine Sunnous (LTB)
	Town Building Official
Applicant	-
PERM	IIT
BUILDING PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL ELECTRICAL ROOFING DEMOLITION TEMPORARY STE HURRICANE SHU	
☐ PLUMBING ☐ ROOFING ☐ DOCK/BOAT LIFT ☐ DEMOLITION ☐ SCREEN ENCLOSURE ☐ TEMPORARY STR ☐ FILL ☐ HURRICANE SHU	☐ POOL/SPA/DECK ☐ FENCE RUCTURE ☐ GAS ITTERS ☐ RENOVATION ☐ ADDITION
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL ROOFING DEMOLITION TEMPORARY STE HURRICANE SHU STEMWALL INSPECTI	☐ POOL/SPA/DECK ☐ FENCE RUCTURE ☐ GAS ITTERS ☐ RENOVATION ☐ ADDITION
PLUMBING DOCK/BOAT LIFT DEMOLITION SCREEN ENCLOSURE FILL TREE REMOVAL INSPECTI UNDERGROUND PLUMBING	POOL/SPA/DECK FENCE GAS THERS ADDITION ONS
PLUMBING DOCK/BOAT LIFT DEMOLITION TEMPORARY STE HURRICANE SHU TREE REMOVAL INSPECTI UNDERGROUND PLUMBING UNDERGROUND MECHANICAL STEMWALL FOOTING	POOL/SPA/DECK FENCE GAS TTERS RENOVATION ADDITION ONS UNDERGROUND GAS UNDERGROUND ELECTRICAL FOOTING
PLUMBING DOCK/BOAT LIFT DEMOLITION TEMPORARY STE HURRICANE SHU TREE REMOVAL INSPECTI UNDERGROUND PLUMBING UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB	POOL/SPA/DECK FENCE GAS TTERS RENOVATION ADDITION ONS UNDERGROUND GAS UNDERGROUND ELECTRICAL FOOTING TIE BEAM/COLUMNS
PLUMBING DOCK/BOAT LIFT DEMOLITION TEMPORARY STE HURRICANE SHU TREE REMOVAL INSPECTI UNDERGROUND PLUMBING UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB ROOF SHEATHING	POOL/SPA/DECK FENCE GAS TTERS RENOVATION ADDITION ONS UNDERGROUND GAS UNDERGROUND ELECTRICAL FOOTING TIE BEAM/COLUMNS WALL SHEATHING
PLUMBING DOCK/BOAT LIFT DEMOLITION TEMPORARY STE HURRICANE SHU TREE REMOVAL INSPECTI UNDERGROUND PLUMBING UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS	POOL/SPA/DECK FENCE GAS TTERS RENOVATION ADDITION ONS UNDERGROUND GAS UNDERGROUND ELECTRICAL FOOTING TIE BEAM/COLUMNS WALL SHEATHING LATH
PLUMBING DOCK/BOAT LIFT DEMOLITION TEMPORARY STE HURRICANE SHU TREE REMOVAL INSPECTI UNDERGROUND PLUMBING UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL	POOL/SPA/DECK FENCE GAS TTERS RENOVATION ADDITION ONS UNDERGROUND GAS UNDERGROUND ELECTRICAL FOOTING TIE BEAM/COLUMNS WALL SHEATHING LATH ROOF-IN-PROGRESS
PLUMBING DOCK/BOAT LIFT DEMOLITION TEMPORARY STE HURRICANE SHU STEMWALL UNDERGROUND PLUMBING UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL PLUMBING ROUGH-IN	POOL/SPA/DECK SENCE GAS STTERS GAS STERNOVATION ADDITION ONS UNDERGROUND GAS UNDERGROUND ELECTRICAL FOOTING TIE BEAM/COLUMNS WALL SHEATHING LATH ROOF-IN-PROGRESS ELECTRICAL ROUGH-IN
PLUMBING DOCK/BOAT LIFT DEMOLITION TEMPORARY STE HURRICANE SHU STEMWALL UNDERGROUND PLUMBING UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL PLUMBING ROUGH-IN MECHANICAL ROUGH-IN	POOL/SPA/DECK FENCE GAS ITTERS RENOVATION ADDITION ONS UNDERGROUND GAS UNDERGROUND ELECTRICAL FOOTING TIE BEAM/COLUMNS WALL SHEATHING LATH ROOF-IN-PROGRESS ELECTRICAL ROUGH-IN GAS ROUGH-IN
PLUMBING DOCK/BOAT LIFT DEMOLITION TEMPORARY STE HURRICANE SHU TREE REMOVAL INSPECTI 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	POOL/SPA/DECK FENCE GAS TTERS GAS TTERS RENOVATION ADDITION ONS UNDERGROUND GAS UNDERGROUND ELECTRICAL FOOTING TIE BEAM/COLUMNS WALL SHEATHING LATH ROOF-IN-PROGRESS ELECTRICAL ROUGH-IN GAS ROUGH-IN EARLY POWER RELEASE
PLUMBING DOCK/BOAT LIFT DEMOLITION TEMPORARY STE HURRICANE SHU TREE REMOVAL INSPECTI 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	POOL/SPA/DECK FENCE GAS ITTERS RENOVATION ADDITION ONS 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
PLUMBING DOCK/BOAT LIFT DEMOLITION TEMPORARY STE HURRICANE SHU TREE REMOVAL INSPECTI 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 PLUMBING FINAL MECHANICAL	POOL/SPA/DECK FENCE GAS TTERS GAS TTERS RENOVATION ADDITION ONS UNDERGROUND GAS UNDERGROUND ELECTRICAL FOOTING TIE BEAM/COLUMNS WALL SHEATHING LATH ROOF-IN-PROGRESS ELECTRICAL ROUGH-IN GAS ROUGH-IN EARLY POWER RELEASE

	Town of Sewall's Poi	- 1-
Date:	BUILDING PERMIT APPL	
OWNER/TITLEHOLDER NAME:	oinette Behinger Prione	e (Day)772. 283.1321 (Fax)
	1	stuart state: fl. zip: 34996
Legal Desc. Property (Subd/Lot/Block) <u>しゃ</u> ける	BLKLO Indialuciraro	rel Number: 35 37 41-002-006-00020-3
Owner Address (if different):	City:	State:Zip:
Description of Work To Be Done:	re 3 Replace	
WILL OWNER BE THE CONTRACT(DD2: COST AND VAL	LUES:
YES NO	Estimated Cost of (Notice of Commence	Construction or Improvements: \$ 500. cement needed over \$2500) rket Value prior to Improvement: \$
(If no, fill out the Contractor & Subcontractor sect	tions below) Is improvement co	ost 50% or more of Fair Market Value? YES NO
(If yes, Owner Builder Affidavit must accompany		ining Fair Market Value:
CONTRACTOR/Company Fec. 70	1 Roofina Pho	ine: 772)461-6336 Fax: 772)461-6822
Street: 4000 5 US Hoy 1)	Ft. Pierce State: FL zip: 34982
`		Martin County License Number:
State Registration Number: SUBCONTRACTOR INFORMATION:	State Certification Number:	
Electrical:		License Number
Mechanical:	State:	License Number:
Plumbing:	State:	License Number.
Roofing: Feazel Poofix	State:	1 License Number: CC 132(a28)
	escod====================================	Ohona Number
	Lic.#:	Phone Number:
Street:		
ENGINEER	Lic#	Phone Number:
Street:	City	
AREA SQUARE FOOTAGE – SEWER – ELECTF		Covered Patios: Screened Porch:
Carport: Total Under Roof	Wood Deck:	
BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, A	CCESSORT BUILDING, SAND OR FILE ADD	LUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, INTION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.
CODE EDITIONS IN EFFECT AT TIME OF APPL National Electrical Code: 2002	ICATION: Florida Building Florida Energy Code: 2001	
	HALL APPLICABLE CODES, LAWS AN	ATION IS TRUE AND CORRECT TO THE BEST OF MY ND ORDINANCES DURING THE BUILDING PROCESS.
OWNER OR AGENT SIGNATURE (required)	CONTRA	TO THE (TEQUITED)
State of Florida, County of: Martin		of Florida, County of: By Lucie 2005
This the 28th day of June	,200 <u>5</u> This the	day of
by _///	who is personally by _/C	CILITICOLO
known to me or propyced		me or produced
as identification	As identif	CRYSTAL TYLER
My Commission William Notes Public State of F My Commission Public State of F My Commission From 1202 to	(ORGO	mission Expires: Comm# DD0410965 Expires 3/24/2009 Expires 3/24/2009 Expires 3/24/2009
	· •	1

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR RE-ROOFING

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

Application form must contain the following information:

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

Submittals (2 copies)

- 1. Product approvals from Miami/Dade for the following items:
 - a. Roofing
- 2. Statement of Fact (owner/builder affidavit)
- 3. Proof of ownership (deed or tax recpt.)
- 4. A certified copy of the Notice of Commencement for any work over \$2500.00
- 5. Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
- 6. Copy of Workmen's Compensation
- 7. Copy of Liability Insurance

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

antoinette	Bhringer
	IGNATURE OF APPLICANT)
DATE SUBMITTED:	

NOTICE OF COMMENCEMENT

State Of Florida	Tax Id NoCOUNTY OF	
THE UNDERSIGNED hereby gives notice the certain real property and in accordance with following information is provided in this Notice Legal Description of property and street address of 363	chapter 713, Florida Statutes, the ce of Commencement.	
General description of improvements Re-Re	oof - Flat Roof	
Uwier (/a//a /// // // // // // //) AI Y:	AND CORRECT COPY OF THE ORIGINAL.
Address 18 Inlikus frages Owners interest in site of improvement	aut 1/ 34996	Š
Owners interest in site of improvement		250
Fee Simple Title holder (if other than owner)		370
Address		윶
		유
Control 1 DD 1 DD 1 DD 1		吊
Contractor: FEAZEL ROOFING	PHONE # 772-461-633	꾫
Address: 4000 S US 1, Ft Pierce F1. 34982	FAX # 772-461-6822	Ä
Surety		
AddressAmount of Bond (\$)	FAX#	AAM
Amount of Bond (\$)		A
Lender	Phone #	
Address		
Persons within the state of Florida designated b	rax #	RIOA
Persons within the state of Florida designated bother documents may be served us provided by Statutes:	by the Owner upon whose notice of Section 713.13(i) (a) 7., Florida	RIOA
Persons within the state of Florida designated bother documents may be served us provided by Statutes: Name Address	oy the Owner upon whose notice of Section 713.13(i) (a) 7., Florida Phone #	RIOA
Persons within the state of Florida designated bother documents may be served us provided by Statutes: Name Address	oy the Owner upon whose notice of Section 713.13(i) (a) 7., Florida Phone #	RIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name Address Addition to himself, owner designates Phone # Fay #	py the Owner upon whose notice of Section 713.13(i) (a) 7., Florida Phone # Fax # of	RIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name Address Addition to himself, owner designates Phone # Fay #	py the Owner upon whose notice of Section 713.13(i) (a) 7., Florida Phone # Fax # of	RIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name Address n Addition to himself, owner designates Phone # Fax # Notice as provided in section 713.13 (D(b) Florida	Phone #	RIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name Address In Addition to himself, owner designates Phone # Fax # Notice as provided in section 713.13 (I)(b), Florida Expiration date of notice of commencement is one	Phone #	RIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name	py the Owner upon whose notice of Section 713.13(i) (a) 7., Florida Phone #	RIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name Address In Addition to himself, owner designates Phone # Fax # Notice as provided in section 713.13 (I)(b), Florida Expiration date of notice of commencement is one	py the Owner upon whose notice of Section 713.13(i) (a) 7., Florida Phone #	HIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name	py the Owner upon whose notice of Section 713.13(i) (a) 7., Florida Phone # Fax # of of to receive a copy of the Lienor's a Statutes. year from the date of recording unless	HIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name Address In Addition to himself, owner designates Phone #	py the Owner upon whose notice of Section 713.13(i) (a) 7., Florida Phone # Fax # of of to receive a copy of the Lienor's a Statutes. year from the date of recording unless	RIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name	py the Owner upon whose notice of Section 713.13(i) (a) 7., Florida Phone # Fax # of to receive a copy of the Lienor's a Statutes. year from the date of recording unless The Selvinger JRE	RIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name Address In Addition to himself, owner designates Phone # Fax # Notice as provided in section 713.13 (I)(b), Florida Expiration date of notice of commencement is one addifferent date is specified. County of Marion County	py the Owner upon whose notice of Section 713.13(i) (a) 7., Florida Phone #	RIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name	py the Owner upon whose notice of Section 713.13(i) (a) 7., Florida Phone #	RIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name	py the Owner upon whose notice of Section 713.13(i) (a) 7., Florida Phone #	RIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name Address In Addition to himself, owner designates Phone # Fax # Notice as provided in section 713.13 (I)(b), Florida Expiration date of notice of commencement is one a different date is specified. OWNERS SIGNATION Itate of Florida, County of MARTIN The foregoing instrument was acknowledge before me to 0.05, by Untrantle Suburinger, who is produced	py the Owner upon whose notice of Section 713.13(i) (a) 7., Florida Phone #	RIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name	py the Owner upon whose notice of Section 713.13(i) (a) 7., Florida Phone #	RIOA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name	phone #	A PAIDA
Persons within the state of Florida designated by other documents may be served us provided by Statutes: Name Address In Addition to himself, owner designates Phone # Fax # Notice as provided in section 713.13 (I)(b), Florida Expiration date of notice of commencement is one a different date is specified. OWNERS SIGNATURATE OF THE STATE O	phone #	RIOA

MARSHA TINSTIK

STATE OF FLORIDA MARTIN COUNTY

INSTR \$ 1849777 OR BK 02028 PG 0717 RECD 06/23/2005 11:17:32 AM MARSHA ENING MARTIN COUNTY DEPUTY CLERK C Walsh

ROOFING PERMIT APPLICATION INDIAN RIVER COUNTY/CITY OF VERO BEACH BUILDING DIVISION

TO ROOF ENLARGE REPAIR X RE-ROOF
PARCEL NUMBER: 384,000,000,000,000,000
owner's name halphis lois Huggett address: 836. live oak In
BUILDING PERMIT NUMBER (IF APPLICABLE):
JOB VALUE: 5 207* (Labor/Material/Overhead/Profit)
SQUARE FEET: ROOF TYPE: ROOF MATERIAL: Roof Slope:
DOES PREVIOUS ROOF MATERIAL CONTAIN ASBESTOS? YESNO
MINIMUM PERMIT FEE: \$30.00
PLEASE COMPLETE SECTION I, II, OR III BELOW AS APPLICABLE
I. LICENSED ROOFING CONTRACTOR: DBA TOO COMP Card #: 14195 DATE: BY: Signature of Roofing Contractor License Number: CCC 132628
State of Recountry of Recountry of State of Recountry of State of Recountry of State of Recountry of Rec
The foregoing instrument was acknowledged before me this day of
Official Signature of Notary Public Notary's Name, Typed, Printed or Stamped
Notary Seal: CRYSTAL TYLER Comm# DD0410965 Expires 3/24/2009 Bonded thru (800)432-4254 Florida Notary Assn. inc

ų	i l: 1195 1:579M	Policy Number: CPP 2284539	tereu. 3/21/2005
ACC	ORD, CERTIFICATE OF	LIABILITY INSURANCE	3/28/2005
RODUCER	Premier Risk Insurance Agency, dba Schneider Insurance Agency P.O. Box 538		THE CERTIFICATE END. EXTEND OR
	Westerville, Oh. 43086-0538 (614)891-2858 34-608	INSURERS AFFORDING COVERAGE	NAIC#
SURED	Feazel Roofing Company	INSURER A: Grange Mutual	
	I dunct noteing company	INSURER B:	
	5855 Chandler Court	INSURER C:	
	Westerville, OH 43082	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.

	ADD'L	ES. AGGREGATE LIMITS SHOWN M	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	8
ltr A	INSRC	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY		1/20/2005	1/20/2006	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (FA occurrence)	\$1,000,000 \$ 100,000
		CLAIMS MADE OCCUR	Form CG 2026 (11/85)			MED EXP (Any one person) PERSONAL & ADV INJURY	s 5,000 s1,000,000
		Add'l Insured	101m CG 2020 (11/03)			GENERAL AGGREGATE	, 2,000,000
		GENT AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMPIOP AGG	\$ 2,000,000
A		AUTOMOBILE LIABILITY ANY AUTO	CPP 2284539	1/20/2005	1/20/2006	COMBINED SINGLE LIMIT (Ea accident)	1,000,000
-		ALL OWNED AUTOS		; ;		BOOILY INJURY (Per person)	\$
		HIRED AUTOS				BODILY INJURY (Per eccident)	\$
						PROPERTY DAMAGE (Per socident)	8
	 	GARAGE UABILITY				AUTO ONLY - EA ACCIDENT	s
		ANY AUTO				OTHER THAN EA ACC	8
	-	EXCESSIUMBRELLA LIABILITY				EACH OCCURRENCE	\$5,000,000
A			CUP 2284540	1/20/2005	1/20/2006	AGGREGATE	\$5,000,000
		DEDUCTIBLE RETENTION \$0					3
	WOR	KERS COMPENSATION AND				WC STATU- OTH-	
	EMP	LOYERS' LIABILITY	CPP 2284539	1/20/2005	1/20/2006	E L EACH ACCIDENT	1,000,000
A	OFFI	PROPRIETOR/PARTNER/EXECUTIVÉ CER/MEMBER EXCLUDEO?	LEE 2204333	_,,,	_,,	E.L. DISEASE - EA EMPLOYEE \$ 1	,1,000,000
	I yea	describe under CAL PROVISIONS below					1,000,000
A			CPP 2284539	1/20/2005	1/20/2006	Building	\$ 551,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS LOCATION 1 is 5855 Chandler Ct., Westerville, OH. 43082 Location 2 is 4000 South U.S. 1, Ft. Pierce, FL. 34982

CER	TIE	CATE	HOL	DER

THE TOWN OF SEWALL'S POINT 1 3. SEWALL'S POINT ROAD SEWALL'S POINT, FL 34996

CANCELLATION

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

REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

CACORD CORPORATION 1988

ACORD 25 (2001/08)

1761-20040033 ACCOUNT 2004-2005 ST. LUCIE COUNTY OCCUPATIONAL LICENSE SEP 30, 2005 EXPIRES BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR **FACILITIES** EMPLOYEES 1-10 OR SEATS ROOMS MACHINES 1761 ROOFING/SHEET METAL CONTRACTOR TYPE OF RENEWAL BUSINESS **XNEW LICENSE** 4000 S US #1 City of Fort Fierce TRANSFER-BUSINESS 11.25 **ORIGINAL TAX** LOCATION CCC1326287 Todd D. Feazel Feazel Roofing Company Feazel, Todd D 5855 Chandler Court Westerville, DH 43082 **强 1200 800** 8 NAME Inc AMOUNT MAILING PENALTY ADDRESS **COLLECTION COST** 11.25 TOTAL

2434-801-0005-000/3

PAID BOB DAVIS, TAX COLLECTOR PAID Please see back for additional inframeters 2/9/05 2:28PM 00001316

2004 1761-20040033

F0500000258 0600 \$11.25

602004 00000000000 0000176120040033 0000 0000001125 0000000000 00009 9

AC#1839862

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L05012500080

BATCH NUMBER LICENSE NBR of THE STATE DATE QB37749 01/25/2005 040608725 The BUSINESS ORGANIZATION Named below IS QUALIFIED Under the provisions of Chapter 2005 Expiration date: AUG 31, (THIS IS NOT A LICENSE TO PEREO COMPANY TO DO BUSINESS ONLY IF FEAZEL ROOFING COMPANY 4000 SOUTH US 1 FT. PIERCE F FL 34982

JEB BUSH GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR SECRETARY

AC#1839816

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION SEQ#L05012500034

BATCH NUMBER LICENSE NBR DATE 01/25/2005 040608709 CCC132628 The ROOFING CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapte Expiration date: AUG 31, FEAZEL, TODD DEAN FEAZEL ROOFING COMPANY 316 SW MCKAY WAY TODD DEAN

PORT ST. LUCIE

FL 34986

JEB BUSH GOVERNOR

DIANE CARR SECRETARY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of I	nspection: Mon Wed	Fri	_, 2002 5	Page 2 of
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6705	ANDERSON	ROOF METAL	DAS	
· .	9 PALMETTO	DRY-IN		
	PANN BEACH CE.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6705	ANDERSON	FRAMING	PASS	
ا و	9 Palmetto			
	PAUM BEACH (R.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7380	BONIFACE	Br. Rovat	PHS	
1	635. RIVERRO			
1 4	WILSON BLOCK			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1320	BEATTLE	Der Intheral	FAIL	NOT READY/
ļ ,	4 DOMIRAL'S WALK			#10
5	SWART ROOFING			INSPECTOR: ///
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6857	PREISSMAN	SUC CHR	11155	
	28 RIO VISTA			
9	FORWARD HEA			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7415	SMITH	FENCE FINAL	1455	
7	111 S. SELANSPY			
	OB		, .	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
-10		SUMB	TPASS	
100	18 FIRMANIA	DIAWCIE		
IUH	DETHOMAS COUL.			INSPECTOR:
OTHER:	LABITSM	FIVAL FILL	W455	CLOSE
7199	3 RIV VISTH		- · · · · · · · · · · · · · · · · · · ·	
· ·	0.101			111



BUILDING CODE COMPLIANCE OFFICE (BCCO) PRODUCT CONTROL DIVISION

FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN

DATE:

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

GAE Materials Corporation 1361 Alps Road Wayne, NJ 07470

BUILDING OFFICIAL

Gene Simmons

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by the BCCO and accepted by the Building Code and Product Review Committee 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: GAF EverGuard Freedom TPO SA Single Ply Roofing 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 new NOA consists of pages 1 through 7.

The submitted documentation was reviewed by Frank Zuloaga, RRC.



NOA No: 04-0122.03 Expiration Date: 09/15/09 Approval Date: 09/15/04

Page 1 of 7

<u>8208</u> <u>RE-ROOF</u>

	MA	STER PERMIT NO
TO	WN OF SEWALL'S POINT	•
Date 4-24-06 Building to be erected for Bulk Applied for by Th. Taylor Subdivision Indiabate Address 18 Indiabate Type of structure 5f Parcel Control Number: 3537 41002 Amount Paid 100 Check Total Construction Cost \$ 665	Hungling Type Lot 2 Block 6 Pkuy Oolo 0002020 k#31838 Cash Ot	DING PERMIT NO. 8208 of Permit
Applicant		own Building Official
	PERMIT	
BUILDING PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL	☐ ELECTRICAL ROOFING DEMOLITION TEMPORARY STRUCTURE HURRICANE SHUTTERS STEMWALL	MECHANICAL POOL/SPA/DECK FENCE GAS RENOVATION ADDITION
,	INSPECTIONS	
UNDERGROUND PLUMBING UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL PLUMBING ROUGH-IN MECHANICAL ROUGH-IN FRAMING FINAL PLUMBING	UNDERGROUN FOOTING TIE BEAM/COL WALL SHEATH LATH ROOF-IN-PROC ELECTRICAL F GAS ROUGH-II EARLY POWEI	UMNS HING GRESS ROUGH-IN N R RELEASE
·-···-		

Date: 4-21-06 Town of Sewall's Point Date: 4-21-06 Permit Number:
OWNER/TITLEHOLDER NAME ANTOINETTE BEHRINGERhone (Day) 283.1321 (Fax)
b Site Address: 18 INDIALUCIE PARKWAY City: Stuart State: FL. Zip: 34991
Legal Desc. Property (Subd/Lot/Block) INDIALUCIE Lot 2616 Parcel Number 35:37.41.002.006.00000.
· · · · · · · · · · · · · · · · · · ·
Owner Address (if different): SAINE. City: State: Zip:
Description of Work To Be Done: TEAY-OFF REROOF (FLAT Sections (2) ONLY)
WILL OWNER BE THE CONTRACTOR?: COST AND VALUES: Estimated Cost of Construction or Improvements: \$_(0,050.00) (Notice of Commencement needed over \$2500)
YES NO (Notice of Commencement needed over \$2500) Estimated Fair Market Value prior to improvement: \$
(If no, fill out the Contractor & Subcontractor sections below) Is improvement cost 50% or more of Fair Market Value? YES NO
(If yes, Owner Builder Affidavit must accompany application) Method of Determining Fair Market Value:
CONTRACTOR/Company: JA TAYLOR ROOFING Phone: 466-4040 Fax: 468-8397
Street: 302 WELTON DrivE City: Ft. Pierce State: FL. Zip:349
State Registration Number:State Certification NumberState Certification Number
SUBCONTRACTOR INFORMATION:
Electrical: State:License Number:
Mechanical:State:License Number:
Plumbing: State:License Number:
Roofing:State:License Number:
RCHITECTLic.#:Phone Number:
Street: City: State: Zip:
ENGINEER Des Number
ENGINEER Lic# Phone Number: Street: City: State: Zip:
======================================
AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Covered Patios: Screened Porch:
Carport: Total Under Roof 1400 Wood Deck: Accessory Building:
NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Florida
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 DUILDING PROCESS.
GWNER GRAGENT SIGNATURE (required) CONTRACTOR SIGNATURE (required)
Untoinette Behringer
State of Florida, County of: 37. LUCIE On State of Florida, County of: 37. LUCIE
This the 20 day of 4pril 200 to This the 20 day of 4pril 200 to by ANTOINETTE BEHEINGER bo is personally by CHAD TAYLOY who is personally
known to me or produced DYIVER'S LICENSE known to me or produced 1
as identification. Karen S. Nells As identification. Karen S. Nells
Notary Public Karen S. Nielsen Notary Public
y Commission Expires: 10.12.0 Karen S. Nielsen Commission #DD344438 Seal Commission #DD344438 Bonded Thru Seal
PERMIT APPLICATIONS VALID 30 5 478 FROM REPROVAL NOTIFICATION APPLEASE PICK UP YOUR PERMIT PROMPTLY!

Atlantic Bonding Co., Inc.

PERMIT# TAX FOLIO	1435.37.41.002.000.00
	MMENCEMENT
NOTICE OF CO	MINTENCEIMENT
STATE OF FLORIDA CO	TOWN of JOWN of SEWAII'S POINT
	\mathcal{O}
THE UNDERSIGNED HEREBY GIVES NOTICE THAT I PROPERTY, AND IN ACCORDANCE WITH CHAPTER	MPROVEMENT WILL BE MADE TO CERTAIN REAL
INFORMATION IS PROVIDED IN THIS NOTICE OF CO	MMENCEMENT.
LEGAL DESCRIPTION OF PROPERTY (INCLUDE S	TREET ADDRESS IF AVAILABLE):
INDIALUCIE, LOT 2 BIK. L	
GENERAL DESCRIPTION OF IMPROVEMENT:	TEAK DEE PORCE TIME
OWNER: ANTOINETTE BEHRING	SER LEROOF FLATS ONLY
ADDRESS: 18 INDIALUCIE PARKWA	1 Line Ti 2000
PHONE#: 283-132/	Y STURYT FL. 34996
CONTRACTOR: JA TAYLOR ROOFING	7
ADDRESS: 302 MELTON DVIVE	H. PIPICE FI 201045
PHONE#: MARKE CONTINUA 040	FAX#: 4/08- 8397
SURETY COMPANY (IF ANY):	
ADDRESS: FOREGOING PACECICA TOUR	
PHONE#: AND CORRECT COPY OF THE ORIGINAL 2	FA INSTR # 1927231
BOND AMOUNT: MARSHA FWING CLERK	OR BK 02134 PG 2608
LENDER: COUNTY	P9 2608; (1pg) RECORDED 04/21/2006 09:35:54 AM
ADDRESS: DATE DE DIC.	MARSHA EWING
(TIONES.	FAX#: CLERK OF MARTIN COUNTY FLORIDA
PERSONS WITHIN THE STATE OF FLORIDA DESIGNA	TED BY OWNER UPON WHOM NOTICES OR OTHER
DOCCUMENTS MAY BE SEKAED AS AKOAIDED BA SEC	CTION 713.13(1)(A)7., FLORIDA STATUTES
(AWME:	
ADDRESS:	
PHONE#:	FAX#:
IN ADDITION TO HIMSELF, OWNER DESIGNATES	
OF TO RECEIVE A COPY OF	F THE LIENOR'S NOTICE AS PROVIDED IN SECTION
713.13(1)(B), FLORIDA STATUTES.	THE EIGHOR 3 NOTICE WS PROVIDED IN SECTION
PHONE#:	FAX#;
	10
EXPIRATION DATE OF NOTICE OF COMMENCEMENT:	
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE D	ATE OF RECORDING UNLESS A DIFFERENT DATE
IS SPECIFIED ABOVE.	
Detinte Boli	
Intrinctle Bedringer SIGNATURE OF OWNER	
SHOPN TO AND CURCOURER REFORM AT THE	
3 WORN TO AND SUBSCRIBED BEFORE ME THIS	P DAY OF LOCAL
SIGNATURE OF OWNER SWORN TO AND SUBSCRIBED BEFORE ME THIS 1- B652-000-30-688-1 2005. BY Antoinette BEHRINGER	7
PETRINGER	No December 17 17 17 17 17 17 17 17 17 17 17 17 17
2	OR PRODUCED ID 8652-000-30-688-1 TYPE OF ID Daine License
Maren S. Nielse	TVDE OF ID 0 - 30 - 688-1
Commission #DD3444	38 TYPE OF 11) Union License
NOTARY SIGNATURE	
Bonded Thru Vilastic Bonding Co., I	nc

Martin County, Florida

generated on 4/14/2006 12:43:41 PM EDT

Summary

Index Serial ID Parcel ID **Unit Address Commercial Residential** Order

35-37-41-002-006-18 INDIALUCIE PW 1 9458 Address 0 00020-3

Summary

Property Location 18 INDIALUCIE PW Tex District 2200 Sevel's Petra

Account # 9458

Land Use 101 0100 Single Family

Neighborhood 120500

Acres

Legal Description Property Information INDIALUCIE, LOT 2 BLK 6 OR

363/184

Owner Information Owner Information Mail Information

BEHRINGER, ANTOINETTE 18 INDIALUCIE PARKWAY STUART FL 34996-6629

Assessment info

Front Ft. 0.00 Market Land Value \$206,250

Market Impr Value \$243,390 Market Total Value \$449,640

Recent Sale

Sale Amount \$22,500 Sale Date 8/1/1973 Book/Page 0363 0184

Data updated on 4/10/2006

CERTIFICATE OF LIABILITY INSURANCE OPID LW JATAY-1 12/29/05 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 LARBOR INSURANCE AGENCY ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. :222 Colonial Road, Suite 100 ort Pierce FL 34950-5309 INSURERS AFFORDING COVERAGE NAIC # Phone: 772-461-6040 Fax: 772-460-2315 North Pointe Insurance INSURER A: FCCI Insurance Company INSURER B: J A Taylor Roofing Inc Taylor Made Metals 302 Melton Drive Fort Pierce FL 34982 INSURER C: INSURER D: INSURER E:

'O	νĖ	R	Δ	G	F	S

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.

THINSR TYPE OF INSURANCE GENERAL LIABILITY A COMMERCIAL GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X DEDUCTINE FOR THE PD GENT AGGREGATE LIMIT APPLIES PER POLICY X FEOT LOC AUTOMOBILE LIABILITY A NAY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS GARAGE LIABILITY ANY AUTO DEDUCTIBLE X RETENTION \$10,000 BOOLLY INJURY (Par accident) PROPERTY DAMAGE (Par accident) AUTO ONLY - EA ACC OTHER THAN AUTO ONLY - EACH OCCURRENCE A WORKERS COMPRISAND AND EMPLOYER'S LIABILITY ANY RETENTION \$10,000 B WORKERS COMPRISATION AND EMPLOYER'S LIBILITY ANY PROPIETTY PARTITICIZES CUITIVE OFFICER/MEMBER EXCLUDED? If yes, describe under the propietor Part Therexecutive of Fire Research PRODUCTS - COMPTO MED EXPLOYER'S LIABILITY ANY PROPIETTY DAMAGE (Par accident) A WORKERS COMPRISATION AND EMPLOYER'S LIABILITY ANY PROPIETTOR PARTITICIZES CUITIVE OFFICER/MEMBER EXCLUDED? If yes, describe under the propietor Part There is a country life of the propietor Part There is a country life of the propietor Part There is a country life of the propietor Part There is a country life of the propietor Part There is a country life of the propietor Part There is a country life of the propietor Part There is a country life of the propietor Part There is a country life of the propietor Part There is a country life of the part of the pa		S. AGGREGATE, LIMITS SHOWN MAY HAVE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	s
A COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR X Broad Form PD GENT AGGREGATE LIMIT APPLIES PER: POLICY X PRO LOC AUTOMOBILE LIABILITY A LI OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS ANY AUTO ANY AUTO ANY AUTO ANY AUTO ANY AUTO ANY AUTO DEDUCTIBLE X RETENTION \$10,000 BOOLLY INJURY ANY AUTO O1/01/06 O1/01/07 AGGREGATE PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) AUTO ONLY - EA ACC OTHER THAN AUTO ONLY: EACH OCCURRENCE X RETENTION \$10,000 BOOLLY INJURY ANY RETENTION \$10,000 BOOLLY INJURY ANY RETENTION \$10,000 CARGE LIABILITY ANY RETENTION \$10,000 AGGREGATE O5/19/05 O5/19/06 EL EACH ACCIDENT EL DISEASE - POLIC EL DISEAS	ISR		70207.70				\$1,000,000
EXCESSUMBRELLA LIABILITY A CARAGE LIABILITY A COCUR CALAGREGATE LIMIT APPLIES PER: POLICY X PRO LOC AUTOMOBILE LIABILITY A LI OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS HIRED AUTOS NON-OWNED AUTOS CARAGE LIABILITY ANY AUTO ANY AUTO ANY AUTO AVI O ONLY - EA ACC OTHER THAN AUTO ONLY: AVI O OCCUR CLAIMS MADE DEDUCTIBLE X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY POPIETIOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under PERSONAL & ADV INJ GENERAL AGGREGAT PRODUCTS - COMPING (Ea eccident) O1/01/06 01/01/07 COMBINED SINGLE LI (Ea eccident) PROPERTY DAMAGE (Per eccident) AUTO ONLY - EA ACC OTHER THAN AUTO ONLY: ACH OCCURRENCE X RETENTION \$10,000 X WC STATU- TORY LIMITS ELL DISEASE - POLIC		X COMMERCIAL GENERAL LIABILITY	2094107974	01/01/06	01/01/07	PREMISES (Ea occurence)	\$ 100,000
GENERAL AGGREGATE GENERAL AGGREGATE LIMIT APPLIES PER: POULCY POD POD POULCY POD POD POD POD AUTOMOBILE LIABILITY A NY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS ANY AUTO BECESSAUMBRELLA LIABILITY A OCCUR CLAIMS MADE CEXCESSAUMBRELLA LIABILITY A OCCUR CLAIMS MADE WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY POPPLET OR PROPERTY DAMAGE (Per accident) TO THER THAN AUTO ONLY: AGGREGATE AGGREGATE WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY POPPLET OR PROPERTY DAMAGE AGGREGATE AGGREGATE CENERAL AGGREGATE CLAIMS MADE OF 19 0 1 10 1 10 1 10 1 10 1 10 1 10 1 1		CLAIMS MADE X OCCUR					\$5,000 \$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROPERTY LOC AUTOMOBILE LIABILITY ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS ANY AUTO OTHER THAN AUTO OTHER THAN AUTO OTHER THAN AUTO ONLY: EXCESSIUMBRELLA LIABILITY ANY AUTO WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPERTY DAMAGE Per accident) DEDUCTIBLE X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPERTY DAMAGE OTHER THAN AUTO ONLY: EACH OCCURRENCE X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPERTY DAMAGE OTHER THAN AUTO ONLY: EACH OCCURRENCE X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPERTY DAMAGE Per accident) DEDUCTIBLE X RETENTION \$10,000 X WC STATU- LIABILITY ANY PROPERTY DAMAGE ELL EACH ACCIDENT ELL DISEASE - EA EM ELL DISEASE - POLICE		X Broad Form PD					\$2,000,000
BODILY IMPROVED AUTO SINGLE LIABILITY ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS CARAGE LIABILITY ANY AUTO AUTO AUTO ANY AUTO AUTO AUTO AUTO ANY AUTO AUTO AUTO AUTO AUTO AUTO AUTO AUTO							\$2,000,000
A AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS ANY AUTO ANY AUTO ANY AUTO DEDUCTIBLE X RETENTION \$10,000 WORKERS COMPENSATION AND ENTRY EXCEUTIVE OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION AND ENTRY EXCESSIVE BEACH OFFICER/MEMBER EXCLUDED? If yea, describe under a gestive under the property of the property is a control of the property of the proper						PRODUCTS - COMPTOP AGG	*2,000,000
A		 					
ALLOWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY ANY AUTO EXCESS/UMBRELLA LIABILITY ANY AUTO CLAIMS MADE DEDUCTIBLE X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under			0004307074	01/01/06	01/01/07		s 1,000,000
SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY ANY AUTO EXCESS/UMBRELLA LIABILITY A OCCUR CLAIMS MADE DEDUCTIBLE X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under		 - 	209410/9/4	01/01/00	01,01,0,	CODII V IN II IDV	
HIRED AUTOS NON-OWNED AUTOS ROPERTY DAMAGE (Per accident) ROPERTY DAMAGE (Per accident) AUTO ONLY - EA ACC OTHER THAN AUTO ONLY: EACH OCCURRENCE X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under		 					S
NON-OWNED AUTOS PROPERTY DAMAGE (Per accident)						BODILY INJURY	\$.
ANY AUTO ANY AUTO ANY AUTO ANY AUTO ANY AUTO CLAIMS MADE CLAIMS MADE DEDUCTIBLE X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LLABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under PROPERTY DAMAGE (Per accident) AUTO ONLY: AUTO ONLY - EA ACC OTHER THAN AUTO ONLY: EACH OCCURRENCE AGGREGATE X WC STATU- TORY LIMITS E.L. DISEASE - EA EM E.L. DISEASE - POLIC E.L. DISEASE - POLIC E.L. DISEASE - POLIC		├ ─ │					·
GARAGE LIABILITY ANY AUTO ANY AUTO COTHER THAN AUTO ONLY: EXCESS/UMBRELLA LIABILITY X OCCUR CLAIMS MADE 209411064502 01/01/06 01/01/07 AGGREGATE DEDUCTIBLE X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under EL. DISEASE - POLICE AUTO ONLY - EA ACC OTHER THAN AUTO ONLY: EACH OCCURRENCE AGGREGATE 209411064502 01/01/06 01/01/07 AGGREGATE 209411064502 05/19/05 EL. EACH ACCIDENT EL. DISEASE - POLICE EL. DIS							s
ANY AUTO EXCESS/UMBRELLA LIABILITY ANY OCCUR CLAIMS MADE 209411064502 01/01/06 01/01/07 EACH OCCURRENCE AGGREGATE DEDUCTIBLE X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDEO? If yes, describe under EL. DISEASE - POLICE CONTROLOGY ANY AUTO ONLY: CACH OCCURRENCE AGGREGATE O1/01/06 01/01/07 EACH OCCURRENCE AGGREGATE O5/19/05 O5/19/06 EL. EACH ACCIDENT EL. DISEASE - POLICE EL. DISEASE - POLICE EL. DISEASE - POLICE CONTROLOGY ANY AUTO ONLY: CACH OCCURRENCE AGGREGATE O5/19/05 O5/19/06 EL. DISEASE - POLICE EL. DISEASE - POLICE CONTROLOGY ANY AUTO ONLY: ANY AUTO ONLY: CACH OCCURRENCE AGGREGATE O5/19/05 O5/19/06 EL. EACH ACCIDENT EL. DISEASE - POLICE CONTROLOGY CONTROLOGY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDEO?						<u> </u>	
ANY AUTO ANY AUTO ANY AUTO CHAIR MADE EXCESS/UMBRELLA LIABILITY X OCCUR CLAIMS MADE 209411064502 01/01/06 01/01/07 AGGREGATE DEDUCTIBLE X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under E.L. DISEASE - EA EM E.L. DISEASE - POLICE E		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
EXCESS/UMBRELLA LIABILITY X OCCUR CLAIMS MADE 209411064502 01/01/06 01/01/07 AGGREGATE DEDUCTIBLE X RETENTION \$10,000 X WC STATU- EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under		OTUA YNA		•		ALITO OLILV	\$
A CCUR CLAIMS MADE 209411064502 01/01/06 01/01/07 AGGREGATE DEDUCTIBLE X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS LLABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under ELL DISEASE - POLICE						AGG	\$ 000,000
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under		EXCESS/UMBRELLA LIABILITY			1		\$1,000,000
WORKERS COMPENSATION AND EMPLOYERS' LLABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under X WC STATU- X TORY LIMITS E.L. DISEASE - EA EM E.L. DISEASE - POLICE E.L. DISEASE - P		X OCCUR CLAIMS MADE	209411064502	01/01/06	01/01/07	AGGREGATE	\$1,000,000
WORKERS COMPENSATION AND EMPLOYERS' LLABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under X WC STATU- X TORY LIMITS E.L. DISEASE - EA EM E.L. DISEASE - POLICE E.L. DISEASE - P							\$
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Valuation Valua		DEDUCTIBLE		Ì			\$
B ELL DISEASE - POLICE BY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under ELL DISEASE - POLICE ELL D		17.7				WC STATU- OTH-	\$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under E.L. DISEASE - EA EM				05/19/05	05/19/06		\$ 500,000
If yes, describe under	ANY	PROPRIETOR/PARTNER/EXECUTIVE	OUTMC02W40T4\	05/19/05	03/13/00	E.L. DISEASE - EA EMPLOYEE	
	If ye	es, describe under					\$ 500,000
SPECIAL PROVISIONS Delow		ECIAL PROVISIONS below					,
	0.,						

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

CERTIFICATE HOLDER		CANCELLATION
Town of Sewalls Point Fax: 772 220 4765 1 South Sewalls Point Road Stuart FL 34996	SEWAL-1	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 CINCY MCCall MCCALL
ACORD 25 (2004/08)		© ACORD CORPORATION 1981

LICENSE NBR 14/2004 030719245 CCC1325895 18 ROOFING CONTRACTOR med below IS CERTIFIED ider the provisions of Chapter cpiration date: AUG 31, 2006

HITE, KYLE L
.A. TAYLOR ROOFING,
12 MRITON DRIVE INC. MELTON DRIVE FL 34982 r PIERCE

JEB BUSH GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR SECRETARY

448348

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#104061400551

BATCH NUMBER LICENSE NBR ATE · · . 1/2004 |030719236 CCC1325720

ROOFING CONTRACTOR ed below IS CERTIFIED er the provisions of Chapter 489 FS. iration date: AUG 31, 2006

LOR, CHAD GEROME TAYLOR ROOFING INC FRENCH CREEK LANE T PIERCE FL 34982

EB BUSH OVERNOR

:S

ES

S

DISPLAY AS REQUIRED BY LAW

DIANE CARR SECRETARY

The second secon 2003-2004

ST. LUCIE COUNTY OCCUPATIONAL LICENSE STATE OF FLORIDA

EMPLOYEES 21+

CC C057019

ACCOUNT 1761-00930004 EXPIRES SEP 30, 2004

1761 ROOFING CONSTRACTOR

ROOMS

302 Melton Drive iS - St Lucie County)N

Ft Fierce, Fl

Terrence Mager Affl/w J A Taylor Roofing Inc Mager, Terrence Mager, Terrence 302 Melton Drive

34982

X RENEWAL **NEW LICENSE** TRANSFER-

ORIGINAL TAX

25.00

AMOUNT PENALTY

COLLECTION COST TOTAL

25.00

THIS LICENSE BECOMES NULL AND VOID IF BUSINESS NAME. CLASSIFICATION, OWNERSHIP OR ADDRESS IS CHANGED, UNLESS LICENSEE APPLIES TO TAX COLLECTOR FOR CORRECTION.

SUBJECT TO SUSPENSION OR REVOCATION IN LIAVIS, TAX COLLECTUR FAID BCB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY PAR COLLECTOR TANAL 00005832 3 3 37 (10) - 570 7 6 806 Ft 34954 2003 1761-009,50004 \$ 15. 7.1

5 25 July

1	F1 2005-2006			ACCOUNT 1761-0(J93 0 004
FACILITIES CR		BOB DAVIS, CPA, CGFO, CF	OCCUPATIONAL LICENSE G. ST. LUCIE COUNTY TAX COLLECTOR EMPLOYEES 21+	EXPIRES SEP 30	, 2006
HADHIJES	ROOMS	SEATS	ENFEDICES ZIV		
TYPE OF BUSINESS	1761-ROOFING CO	NSTRACTOR		X RENEWAL	
BUSINESS LOCATION	302 Melton Orive St Lucie County			HEW LICENSE TRANSFER- ORIGINAL TAX	25.0 0
HAME	Terrence Mager Af J A Taylor Roofin	fl/w	CC C057019		
MAILITIG ADDRESS	Mager, Terrence 302 Melton Drive Fort Pierce FL 34	_		AMOUNT PENALTY COLLECTION COST TOTAL	25.00

Please see back for additional information

PAID 08/03/2005

99-20050803-161676

25.00



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)

Johns Manville Corporation 717 17th Street Denver, CO 80202

SCOPE:

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

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

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

DESCRIPTION: Johns Manville APP Modified Bitumen Roofing Systems 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 consists of pages 1 through 16.

The submitted documentation was reviewed by Frank Zulpaga, RRCT

THESE PLANS HAVE BEEN

REVIEWED FOR CODE COMPLIANCE

DATE: 7

BUILDING OFFICIAL
Gene Simmons

NOA No.: 03-0212.01 Expiration Date: 06/14/06 Approval Date: 07/17/03 Page 1 of 16

TOWN OF SEWALL'S POINT **Building Department - Inspection Log** XFr 6-16 2006 Date of Inspection: Mon Wed NOTES/COMMENTS: RESULTS OWNER/ADDRESS/CONTR. INSPECTION TYPE WINDOW BUCK www.j.m INSPECTOR NOTES/COMMENTS: RESULTS OWNER/ADDRESS/CONTR. INSPECTION TYPE PERMIT Final pooldeck Mc Kinney andra. INSPECTOR NOTES/COMMENTS: RESULTS OWNER/ADDRESS/CONTR. INSPECTION TYPE INSPECTOR NOTES/COMMENTS: RESULTS OWNER/ADDRESS/CONTR. INSPECTION TYPE PERMIT LA PEGATES DAY INSPECTOR _ast NOTES/COMMENTS: RESULTS OWNER/ADDRESS/CONTR. INSPECTION TYPE PERMIT Main deal ormack 8162 INSPECTOR: NOTES/COMMENTS: RESULTS OWNER/ADDRESS/CONTR. INSPECTION TYPE PERMIT Electondoc CLOSE INSPECTOR: RESULTS NOTES/COMMENTS: **INSPECTION TYPE** OWNER/ADDRESS/CONTR. PERMIT Driver Dacto set INSPECTOR: OTHER:





TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: <u>& /VOIAL</u>	UCIE PLWY
	ture and these premises and have found y, County, and/or State laws governing
PERMIT MUST	BE POSTED FOR
	AN H
	40 100
	k shall be concealed upon these premises ted. When corrections have been made,
	INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT **Building Department - Inspection Log** Date of Inspection: [] Mon Wed Fri 2006 Page_ NOTES/COMMENTS: RESULTS OWNER/ADDRESS/CONTR. INSPECTION TYPE PERMIT Final Noof inducio x Kelou INSPECTOR RESULTS NOTES/COMMENTS INSPECTION TYPE OWNER/ADDRESS/CONTR. PERMIT Final Jener Emarita INSPECTOR: NOTES/COMMENTS: RESULTS OWNER/ADDRESS/CONTR. INSPECTION TYPE nal addition INSPECTOR: Rtwood NOTES/COMMENTS: RESULTS INSPECTION TYPE OWNER/ADDRESS/CONTR. PERMIT NOO Tree INSPECTOR: NOTES/COMMENTS RESULTS INSPECTION TYPE OWNER/ADDRESS/CONTR. PERMIT Nee INSPECTOR NOTES/COMMENTS: RESULTS OWNER/ADDRESS/CONTR. INSPECTION TYPE PERMIT Final-CO 9012 Tranter radle, Kol INSPECTOR NOTES/COMMENTS: OWNER/ADDRESS/CONTR. RESULTS INSPECTION TYPE PERMIT INU ivizello Fieldway DR INSPECTOR OTHER:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

١	Date of Inc	spection: Mon		JFH 6-26	, 2006	Page	_ of
•		OWNER/ADDRESS/C	ONTR. IN	ISPECTION TYPE	RESULTS	NOTES/COM	MENTS:
	2	Continuing	Care day	NOO NOOS	PAS		032
	6000	. 1		There was			
	0	(8 Indialuc				INSPECTOR	$\cap M$
		JATaylor		NSPECTION TYPE	RESULTS	NOTES/COM	MENTS:
	PERMIT	OWNER/ADDRESS/C	• • • • • • • • • • • • • • • • • • • •	10. 00.10.1	MAG		
	mc	HADID	10 0	nequal for	THI	·	
	0032	78 NSPld					
	6	08				INSPECTOR:	
	PERMIT	OWNER/ADDRESS/C	ONTR. I	NSPECTION TYPE	RESULTS	NOTES/COM	MENTS:
	1819	101LTS		elucited slab	FAIC		
	1011	12 Cranest	10.+	, ret		1	24/
	0	1a Curest	C	LIATE		INSPECTOR	. ! ////
	<u></u>	OWNER/ADDRESS/C	CONTR	NSPECTION TYPE	RESULTS	NOTES/COM	
	PERMIT				005		
	8012	Lerweder		Fullogress tile	PASS	<u> </u>	
	0	4 Kidgeland	LDR.		<u> </u>	· ·	M/
	0	Cardenal R	vol	1st Please		INSPECTOR	
٠	PERMIT	OWNER/ADDRESS/	CONTR.	INSPECTION TYPE	RESULTS	NOTES/CO	MMENTS.
	1998	Coldman		boldeck	145	<u> </u>	
		4 Summer	La				
	13	Advantage Po	^			INSPECTOR	t:////
	PERMIT	OWNER/ADDRESS/		INSPECTION TYPE	RESULTS	NOTES/CO	MMENTS:
				Power relime	FAIL		
	6813	<u> </u>	مدام	Power			
	1 1	100 abbie	1(1)		 . 	INSPECTOR	YY
		Buford		INSPECTION TYPE	RESULTS		
	PERMIT	OWNER/ADDRESS/	CONTR.		0066		Ay\$1325
-	1223	KAOS		FINAL	1/1/2		to insp.
		16 Cartle His	0+Day				
ļ	15	Scheller		WAIT FOR CALL FROM VAL.		INSPECTO	R: ///
	OTHER	4.74	(4	C			
	ļ	#1 60	2				
		#3 00	2	7			
	L	77 2 40		· · · · · · · · · · · · · · · · · · ·		INSF	PECTION LOG XIS

8380 SCREEN ENCLOSURE

Martin County # SP01 MASTER PERMIT NO 20060126

TOWN OF SEWALL'S	POINT
Date 9-18-06.	BUILDING PERMIT NO. 8380
	Type of Permit Screen Challesun
Applied for by Ochan Preeze Ellum.	(Contractor) Building Fee 120
Subdivision Indialucia Lot 2 Block	ck Radon Fee
Address 18 Indialucie Pkey	Impact Fee
Type of structure	A/C Fee
	Electrical Fee
Parcel Control Number:	Plumbing Fee
35-37-41-002-006-0002-0-3	3000
Amount Paid 120 Check #219 Cash_	Other Fees ()
Total Construction Cost \$ 13000 —	TOTAL Fees 100
Signed I and Ollrown Signed	Jaleue meye
Applicant	Town Building Official Over Cluck



MARTIN COUNTY BUILDING PERMIT

Permit Number: SP01 - 20060126
Permit Type: SEWALLS POINT
Date Issued: 15-SEP-2006

Project:

Scope of Work: | F

Pool Enclosure/Hurricane Damage

学学校、排列的CFT 15 6 1 1 1 1 1

Applicant/Contact:

BUTTON, RAYMOND A

- /

Parcel Control Number:

35-37-41-002-006-0002.0-30000

Subdivision:

INDIALUCIE
18 INDIALUCIE

Construction Address: Location Description:

Owner Name: Prime Contractor: BEHRINGER, ANTOINETTE

BUTTON, RAYMOND A 3201 SE SLATER ST BAY 1 & 2

STUART, FL 34997

OCEAN BREEZE ALUMINUM INC

772-223-5094 License No.: SP02390

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

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

"WARNING TO OWNER; YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

A CERTIFIED COPY OF RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.

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

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

INSPECTIONS

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

6099	Residential Final	
------	-------------------	--

/				Sewall's Poir			
Date:	2/04 -1-1-34			RMIT APPLI			umber:
OWNER/TITLE	HOLDER NAME	ANTOINETTE	BEHNI	OCEN Phone	(Day) <u>J83-</u>	/321_(Fax)_	
-	18 711/4/	UCIE PANUL	JAY	C:h	STUANT	State: Pt-	7in: 34996
Job Site Address:_	ty (Subd/Lat/Black)	INDIA LUCIE	COT & BU	ocu 6 Parcel	Number: 35-	state. <u>/ -</u> 37-41-002	-006-00030,
							Zip:
Owner Address (if o		POOL EN			ani Dans		ZIP
Description of Wo	rk To Be Done:			=======================================	=======================================		
WILL OWNE	R BE THE CON	TRACTOR?:	E:	OST AND VAL	onstruction or In		
				stimated Fair Mark	et Value prior to	improvement: \$_	- VEO 65
·		ractor sections below		improvement cos			
(If yes, Owner Buil	der Affidavit must ac	company application) M	ethod of Determin	ing Fair Market V	alue:	
CONTRACTOR	t/Company <u>: <i>O(</i></u>	TAN BREEZE					
Street: 3201	SF. SLATTER	ST.		City:_			
State Registration I	lumber:	State C	Certification N	umber:	Martin C	ounty License Nun	nber: <u>570 239</u>
SUBCONTRAC	TOR INFORMA	TION:					
Electrical:				State:	Lio	ense Number:	
			1/14				<u> </u>
Plumbing:			ारा _	State:	Lic	ense Number:	
Roofing:				State:	 Lic	ense Number	
Rooming.		22222222222					=======================================
ADCUITECT			/.	Lic.#:	Phone Nur	mber:	
Street:			14	City:		State:	
							=======================================
ENGINEER			1 / 1_Lic#		Phone Numb	per:	
		——————————————————————————————————————	<i> }</i>	City:			Zip:
Street:							
4854 0011485 5		- ELECTRIC	Livina:	Catade.	Covered Patio	s: Scree	ned Porch: /42
AREA SQUARE F	JUTAGE – SEWER		Wood i	Carage:	Accessor	v Building:	<u>,</u>
Carport:	Total Under Rooi			=======================================		,	=============
NOTICE: In addition	to the requirements of	this permit, there may t	be additional re	strictions applicable to	this property that management districts	sy be found in the pull state agencies or fe	blic records of this core ederal agencies.
CODE EDITIONS I	N EFFECT AT TIME Electrical Code: 20	OF APPLICATION:	: rgy Code: 20 =======	Florida Building C 104 Florida Ac	ode (Structural, l cessibility Code: ==========	Mechanical, Plum 2004 Florid	bing, Gas): 2004 a Fire Code 2004 ===========
LUCDERY CERTIS	THAT THE INCOM	RMATION I HAVE FU	URNISHED C	ON THIS APPLICAT	ION IS TRUE AN	D CORRECT TO	THE BEST OF MY
	IT SIGNATURE (red	quired)		Kon	TOR SIGNATURI	Butter	
0	ounty of: MART	112			Florida, County o	1: DAARTI	N
	da., at 🖊 a a	tembers.		This the		yor <u>sept</u>	2000
State of Florida, Co				by * 121	moved Du	tassa	who is person
State of Florida, Co This the	MINES HANGER	ELTON KOPPO 6 P	sonany	· 			MADONA
State of Florida, Co This the	SHERM SHERM	c - State of Florida	Sonany	· 	re or produced	Not Note	MARCIA-L. WOL
State of Florida, Co This the	Notary Public Sity Commission		sonany	known to m As identific	re or produced	To the state of th	MARCIA-L. WOL Try Public - State of commission Expires No. Promission # DD 33 Ted by National Not

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$	2500.00
PERMIT #	TAX FOLIO # 35-37-41-002-006-00020
NOTICE OF COMME	NCEMENT 3000
STATE OF FLORISA	COUNTYOF MARTIN
THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WAS ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLO COMMENCEMENT.	1 C L 2 RIVE CR
LEGAL DESCRIPTION OF PROPERTY(INCLUDE STREET ADDRE	SS IF AVAILABLE): 34 996 363/184
GENERAL DESCRIPTION OF IMPROVEMENT: Pock (A)	CLOSUM, HURYCAM DAMAGE
OWNER: ADDRESS: 18 DUSA LUCIE PARRIMAN	TE BEHNINGEN
ADDRESS: 18 DUSIA LUCIU PANUNAM PHONE #: 283 - 1321	57 VANT, FL 34996 FAX#:
PHONE #	T (V) #
INTEREST IN PROPERTY: OWNER	
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER(IF C	OTHER THAN OWNER):
CONTRACTOR: OCEAN BUTTE ALVMINUM	TNO
ADDRESS 3201 SE SUATE ST. STUART	Fi 34997
ADDRESS: 3201 ST. SCHOOL ST. STUAMT PHONE #: 223 - 5094	FAX#:
SURETY COMPANY(IF ANY)ADDRESS:	STATE OF FLORIDA MARTIN COUNTY
ADDRESS:	FAX #:THIS IS TO CERTIFY THAT THE
PHONE #/	FOREGOING PAGES IS A TRUE
LENDER/MORTGAGE COMPANY	AND CORRECT COPY OF THE ORIGINAL. MARSHA EWING, CLERK
ADDRESS:	FAX# COUNTY.
PHONE #:	DATE:
PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION	BY OWNER UPON WHOM NOTICES OR OTHER N 713.13(1)(A)7., FLORIDA STATUTES:
NAME:	<u> </u>
NAME: ADDRESS: PHONE #:	FAX #:
THE PROPERTY OF A PROPERTY OF A PARTY OF THE PROPERTY OF THE P	ATEC
IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNA	TO RECEIVE A COPY OF THE LIENOR'S
OFNOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA PHONE #:	STATUTES. FAX #:
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDS	
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDS	NG UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.
Intremtte Behringer SIGNATURE OF OWNER	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 320	DAY OF JUNE 2005
BYPERS	ONALLY KNOWN
	West Property 2020
Stery Ellar Kopp Co	ommission # DD213789
DE LI MA VANTINA ITALE	·

SCREEN ENCLOSURE (Revised 12/28/05)

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITALS FOR SCREEN ENCLOSURES

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

Application form must contain the following information:

- 1. Property Appraiser's parcel number or property control number
- 2. Legal description of property (can be found on your deed, survey or tax bill)
- 3. Contractor's name, address, phone, fax and license numbers.
- 4. Name all sub-contractors (properly licensed)
- 5. Architect or engineer name, address, & phone number.
- 6. Scope of work
- 7. Estimated cost of construction.
- 8. Original signature of owner, notarized
- 9 Original signature of contractor, notarized.

Submittals (2 copies)

- 1. Survey (mean high water survey if screen enclosure is being built in rear yard of waterfront property) containing the following information:
 - a. Legal description of lot
 - b. Lot dimensions and bearings
 - c. Street and waterway names
 - d. Proposed enclosure location with dimensions off property lines
 - e Easements
 - f. Setbacks
 - g. Road right-of-ways
 - h. Canals, ponds, or riverfront locations
- Statement of fact (owner/builder affidavit)
- 3. Proof of ownership (deed or tax recpt.)
- 4. Application for tree removal or relocation (attach tree survey and removal or relocation plan if required)
- 5. A certified copy of the Notice of Commencement for any work over \$2500.00
- Copy of license (either Martin County Certificate of Competency or state certified or registered contractor license)
- 7. Copy of certificate of workmen's compensation insurance or exemption
- 8. Copy of certificate of liability insurance

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

- 1. Manufactures specifications or shop drawings for screen enclosure
- Verification that existing footing is capable of supporting and resisting uplift of enclosure

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

ARE INCLUDED IN	THE MIT PERMIT APPLICATION LACKAGE
Ro	al a. Buth
	(SIGNATURE OF APPLICANT)
DATE SUBMITTED:	9/13/06

CORD CERTIFIC	CATE OF LIABIL	ITY INSU	JRAN(.		DATE (MM DOYY)			
Kearns Agency of Flor		THIS CERTIF	CONFERS NO	D AS A MATTER OF RIGHTS UPON THE E DOES NOT AMENI	CERTIFICATE D. EXTEND OR			
P.O. Box 1849	.Tua, Inc.	ALTER THE	ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
Jensen Beach, FL 3495	58	INSURERS AFFORDING COVERAGE INSURER A: Southern Owners Insurance						
RED								
Ocean Breeze Aluminu	m. Tnc.	INSURER B:	INSURER 8:					
3201 SE Slater Stree	INSURER C:							
Stuart FL 34997	4, 20, 12	INSURER D:	INSURER D:					
Stuart FE 34777	1	INSURER E:						
VERAGES HE POLICIES OF INSURANCE LISTED B NY REQUIREMENT, TERM OR CONDR AY PERTAIN, THE INSURANCE AFFOR OLICIES. AGGREGATE LIMITS SHOWN	DED BY THE POLICIES DESCRIBED I	HEREIN IS SUBJECT CLAIMS.	TO ALL THE TERM	ICY PERIOD INDICATED. N IICH THIS CERTIFICATE N IS, EXCLUSIONS AND CO	OTWITHSTANDING IAY BE ISSUED OR NOTTIONS OF SUCH			
,	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DDYY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT				
TIPE OF ELECTRICAL				EACH OCCURRENCE	s1,000,000			
GENERAL LIABILITY]		FIRE DAMAGE (Any one fire)	s 100,000 -			
CLAIMS MADE X OCCUR				MED EXP (Any one person)	10,000			
	20664302	1-28-06	1-28-07	PERSONAL & ADV INJURY	\$1,000,000			
	20007302			GENERAL AGGREGATE	\$1,000,000			
GENL AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMPIOP AGG	\$1,000,000			
X POUCY PRO- LOC		·	·	COMBINED SINGLE LIMIT (Ea accident)	s 300,000			
ALL OWNED AUTOS	20664202	1-28-06	1-28-07	BODILY INJURY (Per person)	\$			
SCHEDULED AUTOS HIRED AUTOS	20664302	1-20-00	1-20 0,	BOOILY BUJURY (Per accident)	\$			
X HON-OWNED AUTOS	• • •	\ :	İ	PROPERTY DAMAGE	1.			
	; ·	-		(Per accident)	8			
				AUTO ONLY - EA ACCIDENT	3			
GARAGE LIABILITY		l l	-	. 51.40				
OTUA YMA	· ·			OTHER THAN	G S			
			· · · ·	EACH OCCURRENCE	s			
EXCESS LIABILITY	·	· ·	Ì	AGGREGATE	\$			
OCCUR CLAIMS MADE				Addressie	\$			
	Ì							
DEDUCTIBLE .	1	1						
RETENTION \$				WC STATU 10	n+			
WORKERS COMPENSATION AND				118111.8	8			
EMPLOYERS' LIABILITY				ELL EACH ACCIDENT				
			.1	E.L. DISEASE - EA EMPLO				
	.			E.L. DISEASE - POUCY US	411] 4			
ОТИЕЯ								
	1				·.			
DESCRIPTION OF OPERATIONS/LOCATIONS/			SIONS					
Aluminum Screen I	nstallation - State of	f Florida						
	· · ·	:	·.	· · · · · · · · · · · · · · · · · · ·				
CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCEL	LATION					
CENTIFICATE HOLDEN		SHOULD A	ny of the above de	SCRIBED POLICIES BE CANCEL	20			
•		1 2125 715	DAYS WHITE					
		DAIEINE		NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SA				
Town Of Sewall's P		NOTICE TO	THE CERTIFICATE H	OLDER NAMED TO THE LEFT, E	UT FAILURE TO DO SO S			
1 Sewall's Point B	kd.	NOTICE TO	THE CERTIFICATE H	OLDER NAMED TO THE LEFT, E	UT FAILURE TO DO SO S			
	kd.	HOTICE TO	O THE CERTIFICATE H TO OBLICATION OR L	OLDER NAMED TO THE LEFT, B ABILITY OF ANY KIND UPON T	UT FAILURE TO DO SO S			
1 Sewall's Point B	kd.	NOTICE TO IMPOSE H REPRESE	o the certificate H 10 oblication or Li Ntativės. Ed representative	OLDER HAMED TO THE LEFT, B ABILITY OF ANY KIND UPON T	HE INSURER, IT'S AGENT			

ACORD CERTIFICATE OF LIABILITY INSURANCE							Эань 12/8/2005		
Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691			This Certificate	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.					
Phone: 727-938-5562 Fax: 727-937-2138				Ir	surers Affording Cove	rage	NAIC #		
15UI		uth East Personnel Leasing, Inc.		Insurer B:					
		39 U.S. Highway 19 N.		Insurer C:					
		bliday, FL 34691		Insurer D:					
	Pr	none : (727)938-5562		Insurer E:					
ove	erages								
h res	pect to which	rance listed below have been issued to the insure th this certificate may be issued or may pertain, the lave been reduced by paid claims.	named above for the pole insurance afforded by the	icy period indicated. Not e policies described here	vithstanding any requirement, in is subject to all the terms, (term or condition of any contrac exclusions, and conditions of suc	t or other document th policies. Aggregate		
_				Policy Effective	Policy Expiration	Lim	nits		
R	ADDL INSRD Type of Insurance		Policy Number	Date	Date				
4				(MM/DD/YY)	(MM/DD/YY)	Each Occurrence	T.		
1		GENERAL LIABILITY	i i		ł				
		Commercial General Liability Claims Made Occur				Damage to rented premises (occurrence)	EA B		
1			4 1			Med Exp	B		
	İ	<u> </u>	4 I			Personal Adv Injury	<u> </u>		
		General aggregate limit applies per:	1		1	General Aggregate	5		
		Policy Project LOC	1		l l	Products - Comp/Op Agg	3		
_			+			Combined Single Limit			
		AUTOMOBILE LIABILITY	1 1		1	(EA Accident)	k		
	1	Any Auto	1		1	Bodily Injury			
	1	All Owned Autos	1 1		Ì	(Per Person)	ķ		
		Scheduled Autos	I I	_		Bodity Injury			
	1	Hired Autos	1	; !		(Per Accident)	\$		
	1	Non-Owned Autos	1		1	Property Damage			
	1		-			(Per Accident)			
	 	GARAGE LIABILITY				Auto Only - Ea Accident	5		
	ŀ	Any Auto	· I	Ţ		Other Than EA	Acc S		
		H	1			Autos Only: AG	G. 3		
	↓					Each Occurrence			
	1	EXCESS/UMBRELLA LIABILITY			l l				
	1	Occur Claims Made		1		Aggregate			
	1	Deductible		Ì					
	1	Retention	1	1	<u> </u>				
A	Wart	ers Compensation and	WC 71949	01/01/2006	01/01/2007	X WC Statu- tory Limits	OTH- ER		
A	Empl	loyers' Liability	VVC / 1949	31/01/2000	3110112007	E.L. Each Accident	\$1000000		
	Any p	roprietor/partner/executive officer/member					S1000000		
	exclud	ded? , describe under special provisions below.	I I	1	1	E.L. Disease - Ea Emp	,,,,,,		
	" 58	, accounts and a special previous account		<u> </u>		E.L. Disease - Policy I	Limits \$1000000		
	Othe	r 0866653			TUDGE END! OVEES	LEASED NOT TO SUB	CONTRACTORS		
		Ocean Breeze Aluminum, Inc.				LEASED, NOT TO SUB			
	Description	ns of Operations/Locations/Vehicles/Exclusions	added by Endorsement	Special Provisions: MPLOYEES LEASED			ze Aluminum, Inc. *		
	FAX: 77	2-287-8115 & 772-220-4765 / ISSUE 08-30	-05 (TD)						
		Lion Insurance Con	npany is A.M. I	Best Company	rated A- (Excel	lent). AMB # 126	516		
Г	CERTIFIC	ATE HOLDER		CANCELLATIO	at a sala a dia a ba	cancelled before the expiration of	iste thereof, the assum		
TOWN OF SEWAL'S POINT					Should any of the above described policies be cancelled before the expiration date thereof, the assuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but takened so so shall impose no obligation or liability of any lund upon the insurer, its agents or representatives.				
		1 SOUTH SEWALL'S POINT ROAD	FL 34996		1	Il Some			
1		SEWALL'S POINT	FL 34996				D CORPORATION 196		



Martin County Building Department 2401 SE Monterey Road Stuart, FI 34996 (772) 288-5482 Fax (772) 288-5911

BUTTON, RAYMOND A OCEAN BREEZE ALUMINUM INC 3201 SE SLATER ST BAY 1 & 2 STUART, FL 34997

NOTICE TO ALL CONTRACTORS

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

PROHIBITED ACTIVITIES:

- 43.42 R Advertising contracting work in any advertisement to the public in a newspaper or telephone directory without including in the advertisement the number of the contractor license issued to the person or business being advertised.
- 43.42 S Operating any commercial vehicle in the course of conducting the practice of contracting that falls to display the contractor license number of the contractor.

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



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

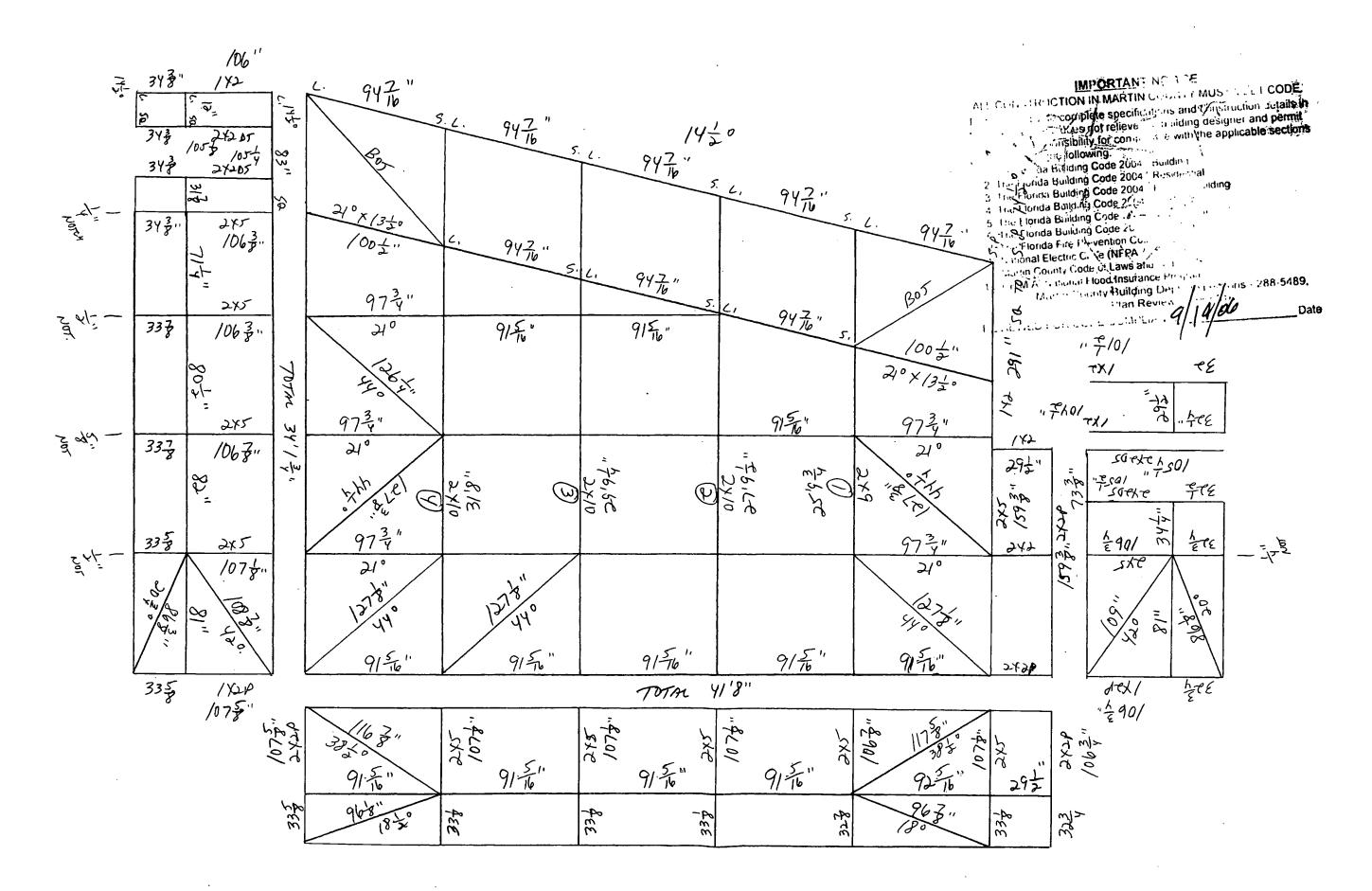
ALUMINUM/CONCRETE CONTRACTOR

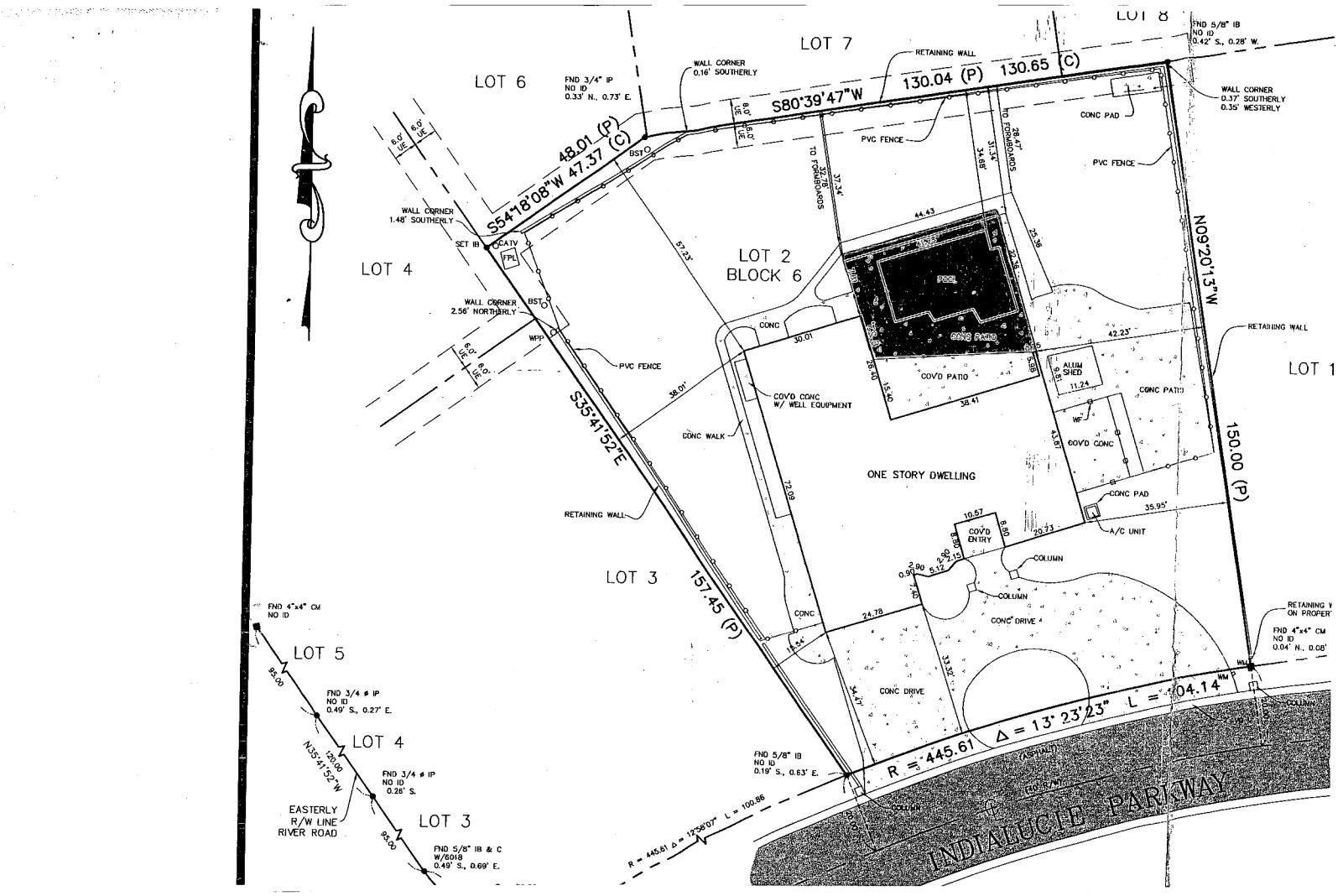
License Number SP02390 Expirea: 30-SEP-2007

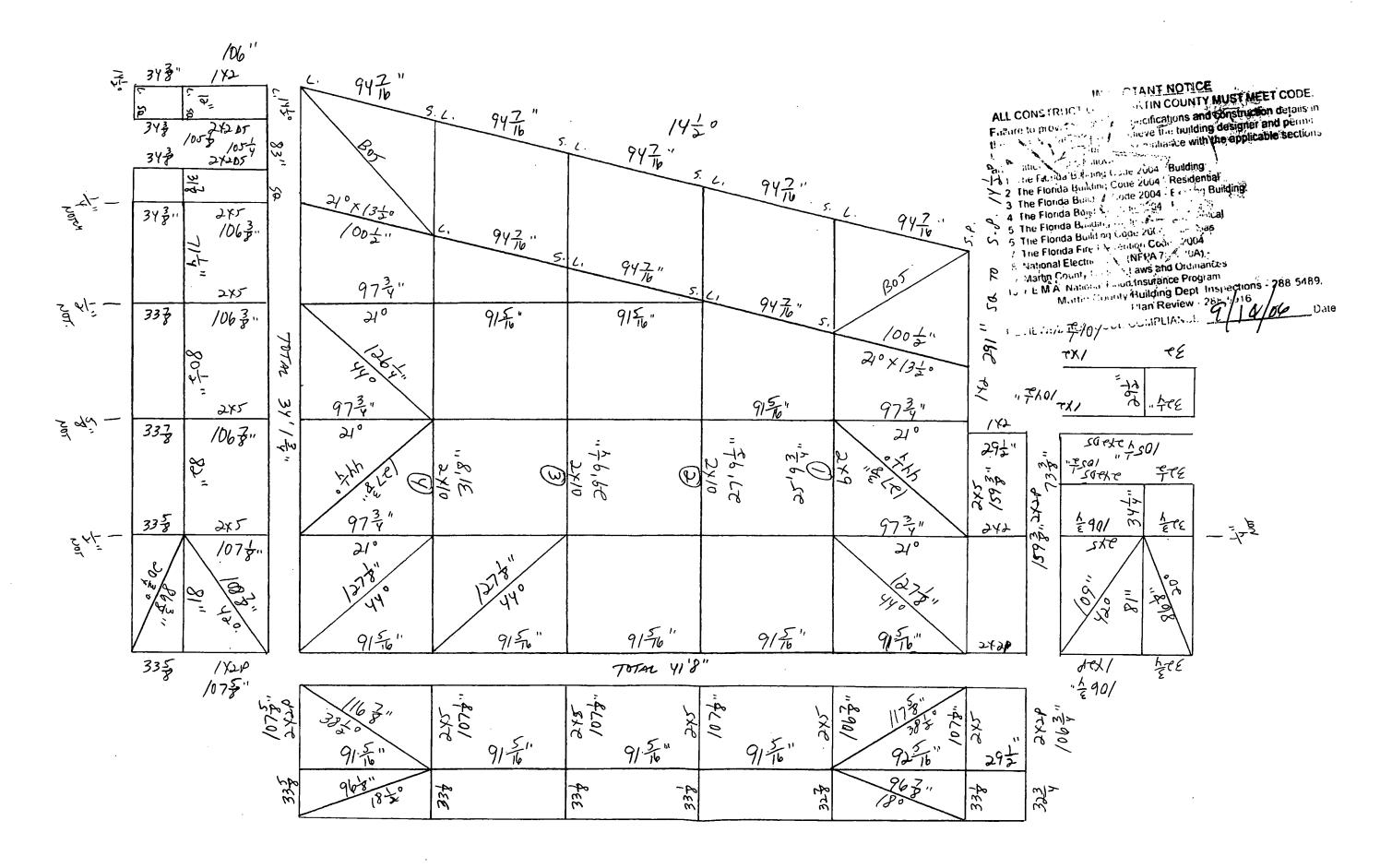
BUTTON, RAYMOND A

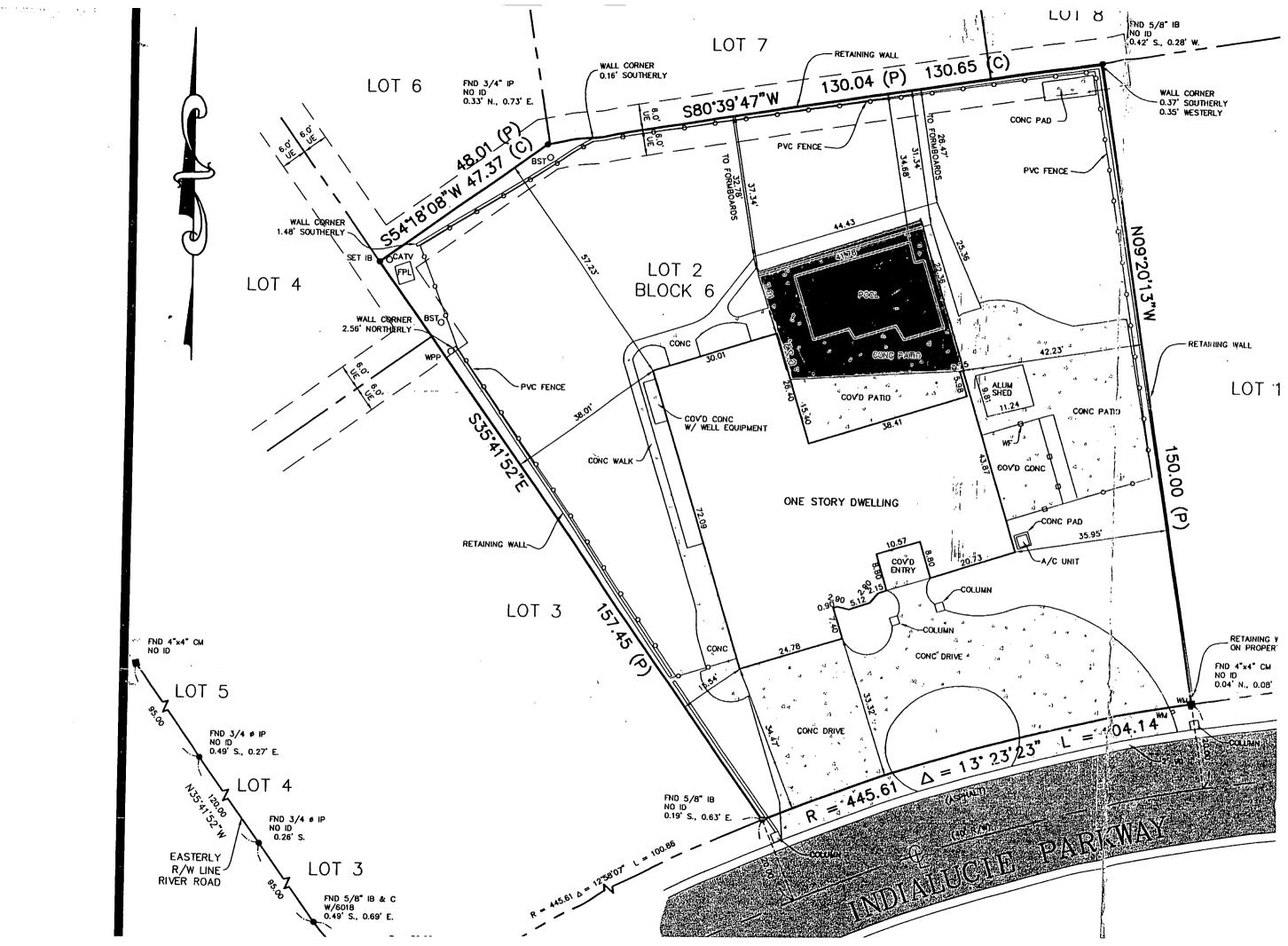
OCEAN BREEZE ALUMINUM INC 3201 SE SLATER ST BAY 1 & 2

STUART, FL 34997









Date of	Inspec	tion: Mo	ı Wed	X Fri	9/29	_, 2006	Page 3 of	2
PERMI	NWO 1	IER/ADDRES	S/CONTR.	INSPECTIO	N TYPE	RESULTS	NOTES/COMMENT	S:
0123	3			FENCE	FINAL	145		
1,,	18	CASTLE	HILL					
//							INSPECTOR:	
PERMI	1WO T	NER/ADDRES	S/CONTR.	INSPECTIO		I	NOTES/COMMENT	S:
Ø/12		to positive in the		poce	versive.	MAD	- CLASE	
1 0	18	INDIALO	HE					44/
8							INSPECTOR:	<u>//</u>
PERMI	T OWI	NER/ADDRES	S/CONTR.	INSPECTIO		RESULTS	NOTES/COMMENT	'S:
0/30	2			PERACE	ELLUSIA	e PAIC	*40 f	ET .
·	- 40	o PLO U	STA				1	A /
5)						INSPECTOR:	
PERMI	T OW	NER/ADDRES	S/CONTR.	INSPECTION	ON TYPE	RESULTS	NOTES/COMMENT	'S:
0118	3			6A5 0	INE	PHS		
1	9	7 N.S. F	!.K.					M/-
1/0							INSPECTOR:	<u> </u>
PERM	IT OW	NER/ADDRES	SS/CONTR.	INSPECTI	ON TYPE	RESULTS	NOTES/COMMENT	<u>rs:</u> /
008	8			0.6.1	WHEINE	1499		
1 ~	, 9	4 N.S.	P. K.					4/
] 7							INSPECTOR:	<u>/</u>
PERM	IT OW	NER/ADDRES	SS/CONTR.	INSPECTI		RESULTS	NOTES/COMMEN	rs:
004	w			U.G. 73	NX & CINE	# PHSS		
, ا	2	4 SIM.	ARA ST.				0.4	1/
14	-						INSPECTOR:	/
PERM	IT OW	NER/ADDRE	SS/CONTR.	INSPECTI	ON TYPE	RESULTS	NOTES/COMMEN	TS:
					<u>-</u>			
i							INSPECTOR:	
отн	ER:							

MARTIN COUNTY, FL Report: bidg14 Martin County Reports
Permit List by Parcel

Run Date: 18-OCT-20 Run Time: 15:49:18 Page: 5 of 5

The state of the s	direction of the second		Tought Co	T 10-4 - 64 - 15 (15 : 5	= VEIR
20060092 SP01 SEWAL Subdivision ID: 353741002	LS POINT Subdivision Name: INDIALUCIE	OPEN	27-JUL-2006	35-37-41-002-000-0001.0-80000 Address: 3766 SE OCEAN BLVD	\$25,000.00
2006007768 SP01 SEWAL Subdivision ID: 353741002	LS POINT Subdivision Name: INDIALUCIE	OPEN	11-JUL-2006	35-37-41-002-004-0008.0-50000 Address: 18 BANYAN RD	\$19,800.00
20060126 SEWAL Subdivision ID: 353741002	LS POINT Subdivision Name: INDIALUCIE	OPEN	15-SEP-2006	35-37-41-002-006-0002.0-30000 Address: 18 INDIALUCIE	\$13,000.00
20060121 SP01 SEWAL Subdivision ID: 353741002	LS POINTTNOMP. INSP Subdivision Name: INDIALUCIE	OPEN	06-SEP-2006	35-37-41-002-006-0003.0-10000 Address: 20 NORTH RIVER RD	\$20,000.00
20060122 SP01 SEWAL Subdivision ID: 353741002	LS POINT NO TINSO. Subdivision Name: INDIALUCIE	OPEN	06-SEP-2006	35-37-41-002-006-0006.0-40000 Address: 5 GUMBO LIMBO WAY	\$2,200.00
20060133 SP01 SEWAL Subdivision ID: 353741002	LS POINT NO TASP. / ORM CD.A Subdivision Name: INDIALUCIE	OPEN	25-SEP-2006	35-37-41-002-008-0006.0-00000 Address: 19 N RIVER ROAD	
20060102 SP01 SEWAL Subdivision ID: 353741002	LS POINT INCOMP. INSP. Subdivision Name: INDIALUCIE	OPEN	09-AUG-2006	35-37-41-002-008-0009.0-40000 Address: 25 NORTH RIVER RD	\$45,530.00
20060131() SP01 SEWAL Subdivision ID: 353741003	LS POINT Subdivision N ame: INDIALUCIE E	OPEN AST	21-SEP-2006	35-37-41-003-000-0002.0-50000 Address: 8 N SEWALLS POINT RD	\$4,150.00
20060081 SP01 SEWALI Subdivision ID: 353741007	LS POINTIUMP INSP Subdivision Name: TWIN RIVERS		13-JUL-2006	35-37-41-007-000-0001.0-30000 Address: 118 SEWALLS POINT PT	\$22,000.00
20060125 SP01 SEWALI Subd ivision ID: 353741007	LS POINT (AMP. In (A). Subdivision Name: TWIN RIVERS	OPEN	14-SEP-2006	35-37-41-007-000-0010.1-30000 Address: 11 N WENDY LN	\$2,400.00
200600947 SP01 SEWALI Subdivision ID: 353741008	S POINT Subdivision Name: KNOWLES	OPEN	28-JUL-2006	35-37-41-008-000-0011.0-10000 Address: 8 KNOWLES RD	\$6,000.00
200601044 SP01 SEWALI Subdivision ID: 353741008	S POINT Subdivision Name: KNOWLES	OPEN	09-AUG-2006	35-37-41-008-000-0021.0-00000 Address: 48 NORTH RIVER RD	\$2,800.00

7258 PATIO DECK

	MASI	ER PERMIT NO
TOW	N OF SEWALL'S POINT	
Date <u>2/2/05</u>	BUILD	ING PERMIT NO. 7258
Building to be erected for	EHRINGER Type of	Permit PAGO DECK
Applied for by DeTHOUAS	S CONCRETE (Contract	or) Building Fee 35.00
Subdivision INDIAUCIE	Lot Block <i>&</i> _	Radon Fee
Address 18 INDIAL	UCIE PARKWAY	Impact Fee
Type of structure Deck		A/C Fee
		Electrical Fee
Parcel Control Number:		Plumbing Fee
353741002	006000 2030000	Roofing Fee
Amount Paid 35.00 Check	# <u>0793</u> Cash Othe	r Fees ()
Total Construction Cost \$ 2400.		TOTAL Fees <u>35.00</u>
		O O
Signed Signed	Signed Lone	Summons (Sub)
Applicant	Tov	vn Building Official
of column		
Signed Applicant Applicant	PERMIT	
BUILDING	ELECTRICAL	MECHANICAL
PLUMBING	ROOFING	FENCE DECK
DOCK/BOAT LIFT	☐ DEMOLITION ☐ TEMPORARY STRUCTURE	FENCE GAS
☐ SCREEN ENCLOSURE ☐ FILL	☐ HURRICANE SHUTTERS	RENOVATION
☐ TREE REMOVAL	- STEMWALL	ADDITION
	INSPECTIONS	·
أخدان الأكاد الخبراء بمدور بينون بيسوا كالمراه والكالين وموسول	الخشيد بالنفوس بحق بالمكالة بالمستقد بالبريس والمستور في نوود	ND CAS
UNDERGROUND PLUMBING	UNDERGROU	ND GAS
UNDERGROUND PLUMBING UNDERGROUND MECHANICAL		ND ELECTRICAL
UNDERGROUND MECHANICAL	UNDERGROU	ND ELECTRICAL
UNDERGROUND MECHANICAL STEMWALL FOOTING	UNDERGROU	LUMNS
UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB	UNDERGROU FOOTING TIE BEAM/CO	LUMNS
UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB ROOF SHEATHING	UNDERGROUM FOOTING TIE BEAM/CO WALL SHEAT	LUMNS HING
UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS	UNDERGROU FOOTING TIE BEAM/CO WALL SHEAT LATH	LUMNS HING OGRESS
UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL	UNDERGROUM FOOTING TIE BEAM/CO WALL SHEAT LATH ROOF-IN-PRO	LUMNS HING OGRESS ROUGH-IN
UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL PLUMBING ROUGH-IN	UNDERGROUM FOOTING TIE BEAM/CO WALL SHEAT LATH ROOF-IN-PRO ELECTRICAL	LUMNS HING OGRESS ROUGH-IN
UNDERGROUND MECHANICAL STEMWALL FOOTING SLAB ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL PLUMBING ROUGH-IN MECHANICAL ROUGH-IN	UNDERGROUM FOOTING TIE BEAM/CO WALL SHEAT LATH ROOF-IN-PRO ELECTRICAL GAS ROUGH-	LUMNS HING OGRESS ROUGH-IN IN ER RELEASE

BUILDING FINAL

FINAL ROOF

BUDY I KINAI						.	
Date: 1/18/05	BUILDING		PPLICATION			ber:	
OWNER CITY SHOUDER NAM	AE ANTONENTE (TO	ni)Bahrinea	Phone (Day)		_ (Fax)		
OWNER THEE HOLDER AT TO	- ALUCIE Dont	Lu 14~	cin STUMET	ــــــ State	FL	zio: 349	
Job Site Address: /5 InD Legal Desc. Property (Subd/Lot/Block	PATRICLIE PARA		Ciry.	1072	BLOCK	6 11	<u></u>
Legal Desc. Property (Subd/Lot/Block	IN DIALUCIE		_ Parcel Number:	70,7	<u> </u>		
Owner Address (if different):			City:	State	e:	_Zip:	
Description of Work To Be Done:	ADD on to PAT	The Durk	===================================				
WILL OWNER BE THE CO	NTRACTOR?:	COST AN	D VALUES:			5 400	0-
YES (N		Estimated C (Notice of Co	O VALUES: ost of Construction mmencement neede	or Improvend over \$2500)	nents: \$	7700	
		Estimated F	air Market Value prident cost 50% or mo	or to improve	rkot Value?	YES	NO
(If no, fill out the Contractor & Subco							
(If yes, Owner Builder Affidavit must		===========	=======================================	:=======	========	:=======	
CONTRACTOR/Company:	EThomas Concel	5TE INC	Phone: 370-9	4113	Fax: <u> </u>	11/2	
Street Po Box 52 5	<u> </u>		_City: STUBACT	s	State: FL	Zip.3 <u>4</u>	795
State Registration Number:	State Certific	ation Number:	Mai	rtin County Lic	ense Numbe	er: <u>5<i>f o 3</i></u>	<u> ス</u> ス/
SUBCONTRACTOR INFORM	IATION:						
The second second		Sta	e:	License Nu	mber:		
M. A. Carlo		Stat	e:	_License Nu	mber:		
Plumbing:		Sta	le:	License Nu	mber		
D		Stat	e:	License Nu	moer		
Enderson State	=======================================	=======================================		:=======	=======	:::::::::::::::::::::::::::::::::::::::	
ARCHITECT		Lic.#	Pnone	Number:	State:	Zip:	
Street:	=======================================		City		========		
ENGINEER		lic#	Phone I	Number:			
			City:		State:	Zip:	
Street:			=======================================			ta=======	
	n runcanic Living	a: Garan	e Covered	Patios:	Screene	d Porch:	
Compet: Total Linder Roof		Wood Deck:	Acc	essory Buildir	ng:		
l understand that a separate per	mit from the Town may be re	equired for ELECTF	ICAL, PLUMBING, MEC	HANICAL, SIGI	NS. POOLS, W	ELLS, FURNA	TIONS.
CODE EDITIONS IN EFFECT AT THE	ME OF APPLICATION:	Florida B	illding Code (Struct	ural, Mechan Florid:	ical, Plumbi Accessibil	ng, Gas): 20 itv Code: 20	01 01
National Electrical Code: I HEREBY CERTIFY THAT THE INF KNOWLEDGE AND I AGREE TO CO							
OWNER OR AGENT SIGNATURE (Untoinette Be	required)	C	NIRACTOR BIGNA	TURE (requir	red)		
State of Florida, County of: MAR		 O:	State of Florida, Con	unty of: 1/2	ARTIN	/	
This the 20th day of Ja	NUARY 200	_	is the 1814	day of <u></u>	ANUAR	2420	<u>6</u>
	who is personal	by	FRANK JI			_who is pers	
known to me or produced			own to the or produce	got of	D3597	10-52-2	89-0 X6 K
as identification.	tankagang.	<u>.</u> A:	identification	us A	/ UE	m	
My Commission Ex	NSHEIRRABISON KOPF Sty. Public - State of Florida	м	Commission Expire:	s	LAURA L.	O'BRIEN N # DD 205961	1
	commission # DO213789 VALID TO DAYS FROM APP	DOVAL NOTICIS	ATION - PLEASE PL	CK UP YOUR	EXPIREMINAL PERMITER	oril 28, 2007 ROMPATLIXII	



CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:

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

DETHOMAS CONCRETE SERVICES. INC. PO BOX 52

STUART, FL 34995-C052

	POLICY NUMBER	POLICY	POLICY	LIMITS OF LIABILITY	
TYPE OF INSURANCE	& ISSUING CO.	EFF. DATE	EXP. CATE	(*LIMITS AT INCEPTION)	
LIABILITY	77-AC-770261-3C01	11-18-04	11-18-05		
[X] Liability and	YATIONWIDE	:	Ì	Any One Occurrence \$	300.000
Medical Expense	MUTUAL FIRE	j	i		
[X] Personal and	INSURANCE CO.	ĺ	i	Any One Person/Org \$	300,000
Advertising Injury		1	1	1	
[X] Medical Expenses			I	ANY ONE PERSON	5,000
[X] Fire Legal		:	ł	Any One Fire or Explosion \$	100,000
Liability]	1	1	
		1	1	General Aggregate*\$	600,000
}		1	}	Prod/Comp Ops Aggregate* . \$	600.000
[] Other Liability		1	1	1	
AJTOMOBILE LIABILITY			ļ		
() BUSINESS AUTO		!	ĺ	Bodily Injury	
i		1	1	[(Each Person) \$	
[] Owned		1	l	(Each Accident) \$	
[] Hired		ĺ)	Property Damage	
[] Non-Owned		l	Ì	(Each Accident) \$	
Í		l	[]	Combined Single Limit \$	
EXCESS LIABILITY		 		Each Occurrence\$	
ļ.		ł	j	Prod/Comp Ops/Disease	
[] Umbrella Form [1	l	İ	Aggregate* \$	
Ĭ				STATUTORY LIMITS	
[] Workers'				BODILY INJURY/ACCIDENT \$	
Compensation				Bodily Injury by Disease	
and 1			i	EACH EMPLOYEE \$	
[] Employers'				Bodily Injury by Disease	
Liability		l i	j	POLICY LIMITs	

DESCRIPTION OF OPERATIONS/LOCATIONS VEHICLES/RESTRICTIONS/SPECIAL ITEMS

Effective Date of Certificate: 11-18-2004 Date Certificate Issued:

01-19-2005

Authorized Representative: ARTHUR

Countersigred at:

FILL

2159 SE OCEAN BOULEVARD

S1UART, FL 34996



MARTIN COUNTY, FLORIDA Construction Industry Licensing Board Certificate of Competency

CONCRETE FORMING & FINISHING

License Number SP03221 Expires: 30-SEP-05
DETHOMAS, FRANK
DETHOMAS CONCRETE INC
4234 SE FAIRWAY EAST
STUART, FL 34997

A	COR	O CERTIFICAT	E OF LIAE	BILITY INS	SURANCE		Pats 1/18/2005		
Pro	ducer:	Lich Insurance Company 2739 U.S. Highway 19 N. Holiday, Ft. 34691		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.					
		Phone: 727-938-6562 Fax: 727-937-213	0		Insurers Affording Cove	rage	NAIC #		
				Insurer A:	Lion Insurance Company		HAIC V		
Insu		South East Personnel Leasing		Insurer B:					
		1739 U.S. Highway 19 N.		Insurer C:		1			
		Holiday, FL 34691 Phone (727)938-5562		Insurer D:					
				Insurer E:					
	erages					and the contract of the second	o esponsiones, manuer		
754 263 25 5 344 264 1712	a nate ma	fance i step tierow have been issued to the insured none relissued in may certain, me insurance aftirced by the p	ed actioner or the profity being exhibited described herein is	raindicated i socontratorial i subject to all the terms, e. ch	g styreguterrer i setti ilki komba i Jerone, end kondikone ot eurh pot-	thes in Apprepare firms shown may "alle	Seen reduce 15;		
445F 4TJ	AECL BUSAE	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits			
		GENERAL LIABILITY				Sach Decuments	:		
		Commercial General Liability Claims Made Occur				Camage to rented precinces (E.A. occurrence)	i		
			」			Med Exp	3		
			4 1			Personal Adv Injury	3		
		General aggregate limit applies per:				General Appregate	3		
		Folicy Froject Libri]			Fieducts - Complifip Age	-		
			 			Combined Single Limit			
		AUTOMOBILE LIABILITY	1			(CA Accident)	į		
		Arm Acid	1 1			Boday hjary			
		All Deviced Autors	1			(Per Person)	;		
		Schedulet Autos				Stable injury			
		Harad Autos Tuga-Okonéd Hutos	1 1	•		(Pier Roy dent)	ŧ		
•		H				Fricoery Camage			
			1			(Free Audident)	:		
		GARAGE LIABILITY	1			Auto Day - Ea Accident	:		
		AGE ACC	1			Other Than EA Ago	 		
		H	1			1	.		
						Also.	↓ —		
		EXCESS/UMBRELLA LIABILITY	ļ			Ealn Octomanda	<u> </u>		
		Learn's Made	1			* ppregare	<u> </u>		
		Clé despité			1		<u> </u>		
		Felention	_		<u> </u>				
A	Worker	s Compensation and	WC 7 1949	0:/01/2005	C1/01/2006	X VC Statu- tory Limits ER	•		
		ers' Liability			1	E.L. Each Accident	\$10,000		
	Any prop	orietor/partner/executive officer/member c?	1		1	E.L. Disease - Ea Employee	\$1500,900		
		escribe under special provisions below.				E.L. Disease - Policy Limits	De000.1		
	Other	0856103			<u>., </u>	,,			
	l.	DeThomas Concrete Services Inc. c/o	1		HOSE EMPLOYEES LE	ASED, NOT TO SUBCONT	RACTORS.		
0	CVERAG	Operations Locations Methicles Exclusions addect E APPLIES ONLY IN THE STATE OF FLORI y 'fax 772-220-9172 & 772-220-4765/ISSU	DA TO THOSE EMPL	Provisions: OYEES LEASE TO BU		ON DATE: 11/24,2004 S CF DeThornes Concrete Serv	ices.ina c/o		
CEI	RTIFICATE	HOLDER		CANCELLATION					
CEI		TOWN OF SEWALL'S POINT		Should any or the above and a control than 20 da	e describes palaties de cante ledi La aumen prime la celicem case d en Andlug Lordie insurér, la egera	before the expression date thereof the consider named to the edition of the local terms of the consider of the consider of the consider of the consider of the consider of the consider of the consider of the consider of the consider of the consider of the consider of the consider of the consider of the consider of the consider of the consider of the consider of the consider of the consideration of the cons	Stangarisuter vall spiscal (moster)		
		1 SOUTH SEWALLS POINT RD		rearry services in the may be					
ĺ			L 34996	1	and	· Ame			
ลี(สัย	15 (1001)					ACCRIGICAL S	Parkin nyak		



2000 NE Jensen Beach Boulevard Jensen Beach, Florida 34957 Ph: (772) 283-1413, Fax: (772) 220-7881

January 28, 2005 Project No. 25013

Mr. Frank DeThomas DeThomas Concrete, Inc. P.O. Box 52 Stuart, FL 34995

RE: LOT 2, BLOCK 6, INDIALUCIE

SEWALLS POINT

Dear Mr. DeThomas.:

You asked us to review a Site Plan for the above reference lot and calculate the percent of impervious area within this lot. The total area of this lot per the Plat of Indialucie is approximately 21,850 square-feet or approximately 0.50 acres. The Site Plan provided is a Field Copy from the Town of Sewall's Point Building Department. Based solely on this Site Plan, we have scaled approximate dimensions of the existing facilities as shown and have calculated an existing impervious area currently on this site of approximately 7,600 square-feet. This area includes the house, driveway, pool, pool deck, entrance walk, screened enclosure and A/C pad. This is based only on what is shown on the drawing provided and no field review has been conducted to confirm this information.

Again, based on the drawings provided, it is our understanding that the additional concrete decking being proposed is approximately 420 square-feet. Therefore, the total impervious area, including the proposed deck area, is approximately 8,020 square-feet or approximately 37% of the total lot area.

If you have any questions regarding the above, please feel free to contact me at our Jensen Beach office, (772) 283-1413.

Sincerely

Joffrey O. Norris, P.E. Senior Project Manager Creech Engineers, Inc. inorris@creechinc.com

JON/

TOWN OF SEWALL'S POINT Building Department - Inspection Log

Date of L	aspection: Mon Wed	Mrn Feb 4	<u>, 2004 5</u>	Page of
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7166	JAVORSKY	FINAL POOF	THE	(NOSE
	4 PINEAPPLE LA			
8	OB	(*LATE*)		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1056	Behringer	PATIO LIAB	JAHIL-	
12	18 [NDIAWCIEPKY			
10	DETHOMAS CONCEE			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7111	PALM ROW	Dock	VA55	Close /
1	120 S. SENAUS			
4	J&BBOATUFI			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
708	MINSLOW	TINTAG METAL	>	Reschedule Mos
	10 S. SEWALLSPY		****	
	PACIFIC ROOFINA			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7202	BABBITT	DOCKFINAL	1455	(108E /
	765. SEWAUS PT			$\sim M/$
9	765. SEWAUS PT			INSPECTOR:
PERMIT	765. SEWAUS PT OB OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	INSPECTOR: NOTES/COMMENTS:
PERMIT (LEE)	OB OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	
	OB OWNER/ADDRESS/CONTR.		RESULTS PASS	
	OB OWNER/ADDRESS/CONTR. SCHNABEL		RESULTS PASS	
	OB OWNER/ADDRESS/CONTR. SCHNABEL		RESULTS PASS	NOTES/COMMENTS:
Test 3	OB OWNER/ADDRESS/CONTR. SCHNABEL 122 S, Sevans	Trees	PASS RESULTS	NOTES/COMMENTS:
Test 3	OB OWNER/ADDRESS/CONTR. SCHNABEL 122 S, SEWAWS OWNER/ADDRESS/CONTR.	TREES INSPECTION TYPE	PASS RESULTS	NOTES/COMMENTS:
Test 3	OB OWNER/ADDRESS/CONTR. SCHNABEL 122 S, SEWAWS OWNER/ADDRESS/CONTR.	INSPECTION TYPE TINTAG+MEGA SKYLIGHTSCRE	PASS RESULTS	NOTES/COMMENTS:
Test 3	OB OWNER/ADDRESS/CONTR. SCHNABEL 122 S, SEWAWS OWNER/ADDRESS/CONTR.	INSPECTION TYPE TINTAG+MEGA	PASS RESULTS	INSPECTOR: NOTES/COMMENTS:
3 PERMIT 7043	OB OWNER/ADDRESS/CONTR. SCHNABEL 122 S, SEWAWS OWNER/ADDRESS/CONTR.	INSPECTION TYPE TINTAG+MEGA SKYLIGHTSCRE	PASS RESULTS	INSPECTOR: NOTES/COMMENTS:
7043	OB OWNER/ADDRESS/CONTR. SCHNABEL 122 S, SEWAWS OWNER/ADDRESS/CONTR.	INSPECTION TYPE TINTAG+MEGA SKYLIGHTSCRE	PASS RESULTS	NOTES/COMMENTS: INSPECTOR: NOTES/COMMENTS:



7258

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 18 INDIALUCIA PILMY
I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same. PATIO EXPENSION
17710 CAPERLOW
BXB SLAB EDGE W/ 1#5
BXB SLAB FORE W/ 1#5 CONT. MUST PSE AT ALL
EDUES ON NEW SLAB.
You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.
DATE: 4/1 (M/
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT Building Department - Inspection Log

12000 01 11	spection: Mon Wed			Page of
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7251	BORGEN	FINAL SCE. EVG.	PAS	CLOSE
	21 EmaeiTAWM		33463	
16	PIONEER SCEEN			INSPECTOR:
PERMIT		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6705	ANDERSON	DOOF METAL		WILLDESCHEDUL
	9 Parmetto	FRAMING		
	Paum BEACH (REA			INSPECTOR:
PERMIT .	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1300	KIMIEE	FOORER BENDAN		Kesch MON
	29 S. RIVERRO			
	LEAR DEVELOPMENT	(FIRST PLEASE		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7321	KIPUNGER	Dey IN		Acc
10 Table 10	143 S. RIVERED	TTAMERAL		
	STUARTROOM			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7950	Berengee	FOR BOLLO	PAIC	
111	18/NDIAWCE	PARIO		AN
14	DETHOMAS			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	LIPSHULTZ	Downold 16	PASS	
	53 S. RIVER RO	PIPELINE		
		(EARLY PLEASE)		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7120	TROILO	FINALROOF	PHS	Close /
1	3 Pacin Ross Pacific Roofina			m/
	ID. San Distriction			INSPECTOR:
1,4	PACIFIC KOOFING	15 可信贷的 12 15 15 15 15 15 15 15 15 15 15 15 15 15		
OTHER:	YACIFIC KOBFING			
OTHER:	YACIFIC KOBFINA			

TOWN OF SEWALL'S POINT Building Department - Inspection Log Date of Inspection: Mon Wed 2007 OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: OWNER/ADDRESS/CONTR. RESULTS NOTES/COMMENTS: PERMIT INSPECTION TYPE 3800 485-07.00 WALTER INSPECTOR: INSPECTION TYPE OWNER/ADDRESS/CONTR. RESULTS NOTES/COMMENTS: umbecualanu 10:30 INSPECTOR PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 1.00 INSPECTOR: INSPECTION TYPE RESULTS NOTES/COMMENTS: door INSPECTOR RESULTS INSPECTION TYPE NOTES/COMMENTS: INSPECTOR OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR: OTHER:

8769 WINDOWS AND DOORS



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

			101 20110111	· ·					
PERMIT NUMBE	R:	8769		DATE ISSUED:	NOVEMBER 27, 2	007			
SCOPE OF WORK	ζ:	REPLACE W	INDOWS & DOOR	RS					
CONDITIONS:					1				
CONTRACTOR:		HANDYMAN	MATTERS						
PARCEL CONTR	OL	NUMBER:	3537410020060	000203	SUBDIVISION	INDIALUCIE LOT2,BL6			
CONSTRUCTION	AD	DRESS:	18 INDIALUCIE	PKWY	<u> </u>				
OWNER NAME:	BE	HRINGER	<u> </u>	*:					
QUALIFIER:	ST	EVE FENTON		CONTACT PHO	NE NUMBER:	781-4291			
WITH YOUR LEND CERTIFIED COPY OF DEPARTMENT PRINCTICE: IN ADDITIONAL PERM ADDITIONAL PERM DISTRICTS, STATE A 24 HOUR NOTICE R	PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO THE FIRST REQUESTED INSPECTION. NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. 24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY								
UNDERGROUND PLUME UNDERGROUND MECHA STEM-WALL FOOTING SLAB ROOF SHEATHING TIE DOWN /TRUSS ENG WINDOW/DOOR BUCKS ROOF DRY-IN/METAL PLUMBING ROUGH-IN MECHANICAL ROUGH-II FRAMING FINAL PLUMBING FINAL MECHANICAL FINAL ROOF	ANIC/			FOOTING TIE BEAM/O WALL SHEA INSULATIO LATH ROOF TILE ELECTRICAL GAS ROUGH METER FINA FINAL ELEC FINAL GAS BUILDING F	DUND GAS DUND ELECTRICAL COLUMNS ATHING IN-PROGRESS L ROUGH-IN H-IN AL TRICAL				
ALL RE-INSPECTION	I FE	ES AND ADDI	TIONAL INSPECT	ION REQUESTS WIL	L BE CHARGED TO	THE PERMIT HOLDER.			

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.

4/ 4

09-18-07;12:52 :

4088089

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

PERMIT #:	TAX FOLIO#:	
STATE OF Florida	COUNTY OF Martin	MARSHA
	NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL VITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS	ENING
	TY (AND STREET ADDRESS IF AVAILABLE): DIK 6 05 363/184	MARTIN
GENERAL DESCRIPTION OF IMPRO	OVEMENT: <u>Replace Windows</u> doors (untru)	
OWNER NAME: ANTOINET ADDRESS: 18 11118 PHONE NUMBER: 283	re Benginger. Lucie PW Struct Fr 34996 - 1321 FAX NUMBER:	COUNTY DE
		DEPUTY
NAME AND ADDRESS OF FEE SIMPL	LE TITLE HOLDER (IF CTHER THAN OWNER):	
PHONE NUMBER: 781-	n Matters of the Treasure Coast Otrai Parkway Struct toping 3499 659 THIS IS NO CERTIFY THAT THE	CLERK S Pho
SURETY COMPANY (IF ANY):	THIS IS TO CERTISY THAT THE ASSOCIATION OF THE ASSO	Phoenix
PHONE NUMBER:	FAX NUMBERS 1 PAGES SATILLE AND CORRECT COPY OF THE ORIGINAL.	m is · · ·
 :	THE ENVIRON CLERKS	
LENDERMORTGAGE COMPANY:	TOUT NO	i.i.
	FAX NUMBER: 11-22-07	
DOCUMENTS MAY BE SERVED AS	LORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER PROVIDED BY SECTION 713.13 (1) (a) 7 FLORIDA STATUTES:	
PHONE NUMBER:	FAX NUMBER:	
IN ADDITION TO HIMSELF OR HER	OF TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION:	713.1 3 (1)(B),
FLORIDA STATUES: PHONE NUMB	DER: FAX NUMBER:	
EXPIRATION DATE OF NOTICE OF	COMMENCEMENT: FEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED.	FIED).
ARE CONSIDERED IMPROPER PAY IN YOUR PAYING TWICE FOR IMP	MENTS MADE BY THE OWNER AFFER THE EXPIRATION OF THE NOTICE OF COM YMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, PLORIDA STATUTES AND PROYEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE IDEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSEPORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF	RECORDED SULT WITH
SIGNATURE OF OWNER OR OWN	NER'S AUTHORIZED AGENT	
THE FOREGOING INSTRUMENT W	WAS ACKNOWLEDGED BEFORE ME THIS 24 DAY OF Sept, 2007.	
BY: Antoinette Behring	OF AS FOR NAME OF PARTY ON BEHAL	LF OF
	PRODUCED IDENTIFICATION	PVernien
TYPE OF IDENTIFICATION PROD	•	
WOTARY SIGNATURE NOTARY	ACALYN K MINGK Natury Public - State of Florida SEAL	



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road Scwall's Point, Florida 34996 Tel 772-287-2455 Fax 772-2204765

FILE COPY TOWN OF SEWALL'S POINT

THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE

| 0 · 12 · 07

WINDOW/DOOR SCHEDULE

BUILDING OFFICIAL

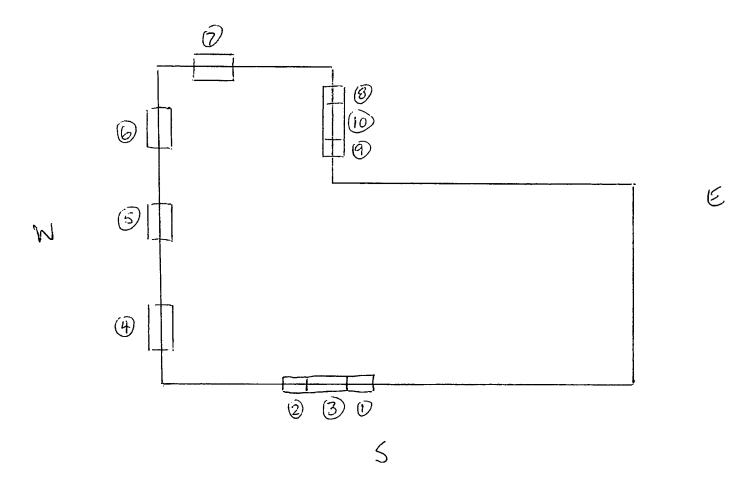
						- BUILDING OFF	OIAL
ID NO	APPOX OPENING SIZE	DESIGNATION	• TYPE	PROTE IMPACT	ACT CTION SHUTTER	REMARKS	
	(WXH)			GLASS		EXAMPLE	
	37" X 63"	25	SH		X		
1	19 X 63		SH	$\overline{}$		MULLED TOGETHER MULLED TOGETHER	
2	19 X 63		FIX	\		FIXED/MULLE D TO	FETHER
3	59 x 63 74 x 38			 	<u> </u>	TARRATION DO TO	W/#1+#2
4	14 X 38		SH	 	 		11, 11, 12
6	14 38	 	SH	 			
7	74138		SH	X	· · · · · · · · · · · · · · · · · · ·		Í
8	6-016-8		DOOR	 		FRENCH DOOR	
	3.0x6-8		0001-			SIDELIGHT FOR #8	ļ
	3-0×68					SIDELIGHT FOR #8	
11	<u> </u>						
12							ļ
13							
14							
15							
16							1
17							
18				ļ			}
19							4
20					ļ		1
21					 		4
22	ļ		 		<u> </u>		1
23	ļ		ļ	 			4
24			 	ļ			1
25			 	<u> </u>	 		†
26	ļ <u></u>		 	1	 		1
27	 		 		 		1
28	 	 	 	ļ			1
29	 	 	 		 		1
30	<u> </u>	<u> </u>				<u></u>	٠,

27			1		
28					
29					
30					
*PERCEN (TOTAL IN NOTE: The		ZED AREA: REA DIVIDED BY 25% of the aggregat If require impact pro	% TOTAL GLAZI te area of exterior stection on all pro	ED OPENING glazing (wind	GS FOR STRUCTURE) hows & down) in one & two family opening replacement (approved shutters
* TYPE W	INDOWS				
SH - SING DH - DOU	LE HUNG BLE HUNG	AWN - AWNIN CAS - CASEMI	ig Ent	SL – SLI FIX – FI	

Page 2

BEHRINGER 18 INDIALUCIE PKWY SENAU'S POINT

N



HANDY MAN MATTERS
P.O. BOX 1786
STUART, FL. 34995



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

www.buldingcodeonline.com

NOTICE OF ACCEPTANCE (NOA)

PGT Industries 1070 Technology Drive Nokomis, FL 34275

Scope:

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

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

DESCRIPTION: Series FD-750 Outswing Aluminum French Door w/Sidelites - L.M.I.

APPROVAL DOCUMENT: Drawing No. 8000-11, titled "Alum. French Door & Side Lites, Impact", sheets 1 through 11 of 11, prepared by the manufacturer, dated 12/23/04 with revision B dated 10/12/06, signed and sealed by Lucas A. Turner, 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: Large and Small Missile Impact Resistant

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

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

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

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

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA revises NOA # 05-0419.03 and consists of this page 1 and evidence pages E-1, E-2 and E-3, as well as approval document mentioned above.

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

W W

NOA No. 07-0103.02 Expiration Date: February 24, 2010 Approval Date: March 15, 2007

Page 1



BUILDING CODE COMPLIANCE OFFICE (BCCO) PRODUCT CONTROL DIVISION

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

www.buldingcodeonline.com

NOTICE OF ACCEPTANCE (NOA)

PGT Industries 1070 Technology Drive Nokomis, FL 34275

Scope:

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

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

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

APPROVAL DOCUMENT: Drawing No. 4040-20, titled "Alum. Single Hung Window, Impact", sheets 1 through 11 of 11, dated 9/1/05, with revision B dated 11/13/06, prepared by manufacturer, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

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

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

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

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

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA revises NOA # 05-1018.01 and consists of this page 1 and evidence pages E-1, E-2 and E-3, as well as approval document mentioned above.

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

W W

NOA No. 07-0322.06 Expiration Date: March 23, 2011 Approval Date: June 07, 2007 Page 1



BUILDING CODE COMPLIANCE OFFICE (BCCO) PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

PGT Industries 1070 Technology Drive Nokomis, FL 34275

Scope:

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

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

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

DESCRIPTION: Series 1"X Heavy Wall Aluminum Tube Clipped Mullion-L.M.I.

APPROVAL DOCUMENT: Drawing No. 6221, titled "1" Heavy Wall, Elevations Aluminum Tube Clipped Mullion", sheets 1 through 7 of 7, dated 04/28/00, with last revision on 05/30/06, prepared by PGT Industries, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Renewal Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA renews and revises NOA # 04-0528.05 and consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

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



J. CASO 06

NOA No 06-0125.07 Expiration Date: June 28, 2011 Approval Date: July 20, 2006 Page 1

Date: TOWN OF SEWALL'S POINT BUILDING PERMIT APPLICATION Permit Number:	
Date: TOWN OF SEWALL'S POINT BUILDING PERMIT APPLICATION Permit Number:	
OWNERTITLEHOLDER NAME: antoin ette Benring (Finance (Day) 283-1321 (Fix)	
Job Site Address: 18 Indialucie PW city: Stuart State: FL ZIP: 34996	262
Legal Desc. Property (Subd/Lot/Block) Indialucie Lot 2 BIK Parcel Number: 35-37-41-002-006-00 P	<i>30</i> -
Owner Address (if different):	
Owner Address (if different): Scope of work: WAR Replace Windows and Duris (Exterior)	
WILL OWNER BE THE CONTRACTOR? COST AND VALUES: (Required on ALL permit applications)	
(Notice of Commencement required when over \$2500 prior to first inspection)	
FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS ONLY:	
Has a Zoning validance ever been growed on all 1 1/2	
YES (YEAR) NO NO NO NO NO NO NO NO NO NO NO NO NO	
Handyman Matters of contractor/company: the Treasure Coast Phone: 7727814291 Fax: 772408 8689	
CONTRACTOR/Company: The Ireasvic Coast Phone: 12 13 140 1 Fax: 17240 303	į.
Street: 593 Central Parkway city: Strart state: FL zip: 34994	I
Street: 1) 15 CFTH CCT CATE WOOD State Registration Number: CGC S11707 Municipality License Number:	
ARCHITECT Lic.#: Phone Number:	
City:State:Zip:	
Street:	
City: State: ZIp:	
AREA SQ. FOOTAGE (W /SEWER & ELECTRIC): 'Living: Garage: Covered Paties: Screened Perch:	
Carport:Total Under RoofWood Deck:Accessory Building:	
Carport:Total Under Roct	
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (Wi2006 Rev.) National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004	
NOTICES TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PROVIDED OF COMMENCEMENT. 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 PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND ON THER RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER 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 130 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, 105.4.1.15. 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) OWNER OR AUTHORIZED AGENT SIGNATURE (required)	ĺ
artoinette Behringer	
On State of Florida, Country of: [1] UTCL	
This the day of the correspondity	
by Antoinette Deninger who is personally	İ
known to me or produced As Identification.	Ī
as identification. Notary Public Notary Public	İ
My Commission Expires: My Commission Expires:]
THE TANK A STATE ON BRIDES IN MESSE MANY ASSOCIATED AYS OF APPROVAL MOTELICATION FEC 105.3.4) ALL OTHER	
APPLICATIONS WILL BE CONSIDERED ABANDONED APTER 180 DAYS (FBC 105.3.2 - NUMBER OF PROBABLY PR	
Commission # DD 524712 Bonded By National Notary Assn. 2 d 6808 80 + ことと	•

							<u> </u>	DATE MUMPAGAS
	<u> 1C(</u>	<u> DR</u>	<u>D.</u> CERTIFIC	ATE OF LIABILI			OP ID SE HANDM-1	08/28/07
	UCER				ONLY AND	CONFERS NO RIC	AS A MATTER OF INFO	RMATION FICATE
307	0 8	W	Mapp		ALTER THE	COVERAGE AFF	DOES NOT AMEND, EX ORDED BY THE POLICE	KTEND OR IES BELOW.
			y FL 34990 2-286-4334 Fax:77	12-286-9389	INSURERS A	FFORDING COVE	RAGE	NAIC#
NSU	RED				INSURER A:	Auto Owners	Insurance Co	18988
		1	enton Management 1/b/a Handyman Mat	Services LLC ters of the		Old Republic	Surety	
		1	Creasure Coast PO Box 1786		INSURER C:			
		5	Stuart FL 34995-17	86	INSURER E:			
CO	/ERA	GES	<u></u>					
AN M/	Y REQ Y PER	UIREI TAIN,	MENT, TERM OR CONDITION OF ANY	E BEEN ISSUED TO THE INSURED NAMED CONTRACT OR OTHER DOCUMENT WITH E POLICIES DESCRIBED HEREIN IS SUBJE BEEN REDUCED BY PAID CLAIMS.	RESPECT TO WHICH	H THIS CERTIFICATE MA	AY BE ISSUED OR	·
NSR LTR	ADD'U INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	3
		GEN	ERAL LIABILITY				EACH OCCURRENCE	\$ 1000000
A		X	COMMERCIAL GENERAL LIABILITY	BINDER090907	09/01/07	09/01/08	PREMISES (Ea occurence)	\$ 30000
			CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 10000
	}	-					PERSONAL & ADV INJURY	\$ 1000000
		GEN	L'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	s 2000000 s 2000000
		x	POLICY PRO- JECT LOC				TROCOTO COMMISSI FROM	
A		X X	OMOBILE LIABILITY ANY AUTO	4509402300	07/28/07	07/28/08	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
		x	ALL OWNED AUTOS SCHEDULED AUTOS		•		BODILY INJURY (Per person)	s
		X X	HIRED AUTOS	,			BODILY INJURY (Per accident)	\$
					•		PROPERTY DAMAGE (Per accident)	s .
		GAF	RAGE LIABILITY				AUTO ONLY - EA ACCIDENT	s
			ANY AUTO				OTHER THAN EA ACC	\$
						-	AUTO ONLY: AGG	\$
		EXC	CESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE				AGGREGATE	\$
			COOK COMS MADE				AGGREGATE	s
	1		DEDUCTIBLE					s
			RETENTION \$					s
			S COMPENSATION AND ERS' LIABILITY				TORY LIMITS ER	
	ANY	PRO	PRIETOR/PARTNER/EXECUTIVE	į			E.L. EACH ACCIDENT	S
	If yes	, des	cribe under				E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	s
	OTH		PROVISIONS below				E.C. DISEASE - POLICY LIMIT	
В	BU	s.	SERVICE BOND	OBS544115 OLD REPUBLIC	07/05/07	07/05/08	BOND	10000
		-		CLES / EXCLUSIONS ADDED BY ENDORSE	MENT / SPECIAL PR	OVISIONS		
Вι	ıild	ing	gs - Carpentry ~ S	tate of Florida				
l								
1								
CF	RTIF	CA.	TE HOLDER		CANCELLA	TION		
ت				TOWSC-	0110111 0 4104		BED POLICIES BE CANCELLED	BEFORE THE EXPIRATION
				201100-		F, THE ISSUING INSURI	ER WILL ENDEAVOR TO MAIL	10 DAYS WRITTEN
1					NOTICE TO TH	E CERTIFICATE HOLDE	R NAMED TO THE LEFT, BUT F	AILURE TO DO SO SHALL
			Town of Sewalls Po				Y OF ANY KIND UPON THE INS	URER, ITS AGENTS OR
			1 South Sewalls Po		REPRESENTA	TIVES	77	<u> </u>
			Sewalls Point FL 3	3433b	I Lamovicia	マーケーケー・ナー	/ /	

	CERTIFIC	CATE OF LIAE	BILITY INS	SURANG	CE	7/16/2007
PRODUCER		Serial # 1211	07 THIS CERTIFICA	TE IS ISSUED AS	A MATTER OF INFORMATION	
					UPON THE CERTIFICATE	
CONDO			HOLDER. THIS	CERTIFICATE DO	ES NOT AMEND, EXTEND OR	
	OURT STREET		ALTER THE COV	ERAGE AFFORD	ED BY THE POLICIES BELOW	·
CLEARV	VATER, FL 33756		INSURERS AFFO	RDING COVERA	GE	NAIC#
INSURED			INSURER A:	FRANK WINSTO	N CRUM INSURANCE, INC.	
		_	INSURER B:			
FrankCri)	INSURER C:			
	ISSOURI AVENUE VATER FL 33756		INSURER D:			
CLEARV	VATER FL 33756		INSURER E:			<u> </u>
ANY MAY	POLICIES OF INSURANCE LISTED BELO' REQUIREMENT, TERM OR CONDITION O PERTAIN, THE INSURANCE AFFORDED CIES. AGGREGATE LIMITS SHOWN MAY	F ANY CONTRACT OF OTHER DO BY THE POLICIES DESCRIBED H	OCUMENT WITH RESP BEREIN IS SUBJECT TO	ECT TO WHICH TH	IS CERTIFICATE MAY BE ISSUED	OR
INSR ADD	TYPE OF INSURANCE	POLICY NUMBER		POLICY EXPIRATION	ON LIMITS	
LTR INSR		POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY	LIMITS	
	GENERAL LIABILITY			1	EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$
	CLAIMS MADE OCCUR				MED EXP (Any one person)	\$
					PERSONAL & ADVINJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	s
	POLICY PROJECT LOC				PRODUCTS - COMPTOP AGG	3
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	s
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s
	HIRED AUTOS				BODILY INJURY (Per accident)	s
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	OCCUR CLAIMS MADE				AGGREGATE	\$
	DEDUCTIBLE					s
	RETENTION \$					s
	ERS COMPENSATION AND DYERS' LIABILITY	WC 7 0000 0000	1/1/2007	1/1/2008	X WC STATU- TORY LIMITS OTHER	
	ROPRIETOR / PARTNER / EXECUTIVE					-
1	ER / MEMBER EXCLUDED?	•			E.L. EACH ACCIDENT	\$ 1,000,000
	describe under AL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
ОТНЕ	R .				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	OF OPERATIONS / LOCATIONS / VEHICLES / EXC			0 111 0 0 0 0 0 0 0 0 0	ANDINO METALS	00/55455
IS NOT F PROVID	RTIFICATE REMAINS IN EFFEC PROVIDED FOR ANY EMPLOYE ED FOR STATUTORY EMPLOY IM LEASED TO FENTON MANA 0856	EE FOR WHICH THE CLIE EES OF THE CLIENT. EF	ENT IS NOT REPO FECTI <u>VE 06/21/2</u>	ORTING HOUR	S TO FrankCrum. COVER TO 100% OF THE EMPEG	AGE IS NOT
CERTIFICA	TE HOLDER		CANCELLATION			
	TOWN OF SEWALL'S POINT		DATE THEREOF, THE	E ISSUING INSURER E HOLDER NAMED 1	D POLICIES BE CANCELLED BEFOR WILL ENDEAVOR TO MAIL 30 DAYS TO THE LEFT, BUT FAILURE TO DO S KIND UPON THE INSURER, ITS AGEN	WRITTEN NOTICE SHALL IMPOSE
	1 SOUTH SEWALL'S POINT F	RD	AUTHORIZED REPRE	SENTATIVE		

SEWALL'S POINT, FL 34996

John H. Beng.

STATE OF FLORIDA DEPARTMENT OF BU

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

FENTON, STEPHEN
HANDYMAN MATTERS OF THE TREASURE COAST
1700 SW BELGRAVE TER
STUART FL 34997-7044



STATE OF FLORIDA AC# 249155
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1511707

08/02/06 050671765

CERTIFIED GENERAL CONTRACTOR FENTON, STEPHEN HANDYMAN MATTERS OF THE TREASURE

IS CERTIFIED under the provisions of ch.489 FE Expiration date: AUG 31, 2008 L06080200058

DETACH HERE

c# 2691554

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION SECRETORS OF CONSTRUCTION INDUSTRY LICENSING BOARD SECRETORS

DATE BATCH NUMBER

LICENSE NBR

08/02/2006 050671765 CGC1511707

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 F8
Expiration date: AUG 31, 2008

FENTON, STEPHEN
HANDYMAN MATTERS OF THE TREASURE COAST
593 SE CENTRAL PARKWAY
STUART
FL 34994

JEB BUSH

SIMONE MARSTILLER

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

FENTON MANAGEMENT SERVICES LLC HANDYMAN MATTERS OF THE TREASURE COAST 593 SE CENTRAL PARKWAY STUART FL 34994



STATE OF FLORIDA

AC# 269419:

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

QB38969

08/02/06 050671761

QUALIFIED BUSINESS ORGANIZATION PENTON MANAGEMENT SERVICES LLC HANDYMAN MATTERS OF THE TREASURE (NOT A LICENSE TO PERFORM WORK. ALLOWS COMPANY TO DO BUSINESS IF IT HAS A LICENSED QUALIFIER.)

IS QUALIFIED under the provisions of Ch.489 F6 Expiration date: AUG 31. 2007 ... 106080202696

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSION SECULATION CONSTRUCTION INDUSTRIES TO SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECURITY OF SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECULATION OF SECURITY OF SECULATION OF SECULATION OF SECURITY OF SECU

BATCH HUMBER LICENSE NERS TO A STREET THE STREET STREET

08/02/2006 050671761 OB38969

The BUBLESS ORGANIZATION
Named 5810w IS CUALIFIED
Under the provisions of Chapter 489 FES
Expiration date AUG 31, 2007
(THIS IS NOT A LICENSE TO PERFORM WORK: THIS ALLOWS
COMPANY TO DO BUSTNESS ONG IF IT HAS A QUALIFIER.)

PENTON MANAGEMENT SERVICES LLC HANDYMAN MATTERS OF THE TREASURE COAST 1700 SW BELGRAVE TERRACE STUART FL 34997

MARSTILLER SECRETARY

CITY OF STUART OCCUPATIONAL LICENSE

2006-2007

BUSINESS TYPE	CONTRACTOR - NON-STRUCTURAL HOM
OWNER AND LOCATION	FENTON, STEVE 593 SE CENTRAL PKWY
ST/CTY 'LICENSE	QB38969/CNS3892
DESCRIPT	

I	LICENSE NO.	ACCOUNT NO.	CATEGORY NO. 1
	6472	22911	171040

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30. PAYMENT AFTER OCTOBER 1 CONSTITUTES VIOLATION OF CITY CODE OF ORDINANCES

This accupational license does not parmit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This License does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Occupational Licensing 772-288-5319

FEE	.: PENALTY .	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

RUSINESS NAME AND	593 SE CENTR	/E	
MAILING ADDRESS	STUART	FL 34994	

7724088089

DATE 09/19/2006

CHERYL WHITE
CITY CLERK

Handyman Matters

+ · q



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

CORRECTION NOTICE

ADDRESS: 18 INDIALUCIE
I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same. **Dooks**
ADD FASTENERS @ SILL & HEAD OF
SIDELIEHTS PER 90F/1 OF
PRODUT APPROVAL
AND TAP CON TO PLATE DOUTH
FRAME WALL.
You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made,
call for an inspection.
DATE: 1/29
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT Building Department - Inspection Log Date of Inspection: Mon Wed 2007 OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: PERMIT 3200 485.0700 WALTER INSPECTOR: INSPECTION TYPE OWNER/ADDRESS/CONTR. RESULTS NOTES/COMMENTS: wasterwalner 10:30 INSPECTOR OWNER/ADDRESS/CONTR. PERMIT INSPECTION TYPE RESULTS NOTES/COMMENTS: 1:00 INSPECTOR: INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR INSPECTION TYPE RESULTS NOTES/COMMENTS PERMIT INSPECTOR OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR: OTHER:

ate of In	spection: Mon Wood	□Fri 12-4	_, 200 7	Page of
ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
535	Stark	wood nailing	JY 888	A
	275 knier Rd	stock stain	(1820)	- -
	Emil Lewirla			INSPECTOR:
ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	(Belevenola)	Eucko	-0	- Buok
SE	18 Indialucie		1993	
7.7	Handyman Matter	b		INSPECTOD.
ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	& NORTH RIVET			
				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:
		<u> </u>		
				INSPECTOR:
OTHER:				
			·	

Date of In	spection:	Mon	Wed	Fri_	12-7	, 200 7	Page_	of	
PERMIT (OWNER/A	DDRESS/	CONTR.	INSPECTI	ON TYPE	RESULTS	NOTES/CO	MMENTS:	
8123	2.1	NA .		Noti	wtin	D PASS			/
- V	208	Hiah	Pt						
55	Seco	300					INSPECTOR	. OAT	
ERMIT	OWNER/A	DORESS/	CONTR.	INSPECTI	ON TYPE	RESULTS	NOTES/CO		
3019			to:	Linal)	PASS	CLOSE		,
	affman	مامص	$\mathcal{L}_{\mathbf{A}}$	<u> </u>		142	4.	9/25	107
23	1000	TA J	مناسك			•	INSPECTOR	/ 11/	zpoet.
ERMIT	OWNER/A	ADDRESS/	CONTR.	INSPECT	ION TYPE	RESULTS	NOTES/CO		
	· · · · · · · · · · · · · · · · · · ·	· .			struc		6DM	/.	UNER
	21 1	11	Q1		a'		11400	Dear -	LEN
20	2 1 W	High	117	vivie	stight		wees,	- BUTHI	MAN
PERMIT	OWNER/A	DDBESS	CONTR	INSPECT	ION TYPE	RESULTS	INSPECTOR NOTES/CO		
Dr.	OWNER/A	· ·		4 4		1-1	/	DIVPIVIENTS:	
2216		meng	- 4	HWAY N	eawall	orly 7/11			/
1		Rever	red					$-\mathcal{M}$	1/
7	رينالا				· ·		INSPECTO		
PERMIT	OWNER/	. //	CONTR.	INSPECT	ION TYPE	RESULTS	NOTES/CO	MMENTS:	
<u> 1837 </u>	Kvop		· · · · · · · · · · · · · · · · · · ·	Gara	gedub	N-FHIL			
7	4 Ri	ovist	a-	·	<u> </u>		alt till	0.4/	
\supset	B duro	inced	Conce	Dt A			INSPECTO		
PERMIT	OWNER/	ADDRESS	/CONTR. /		ION TYPE	RESULTS	NOTES/CO	OMMENTS:	
3636	Villa			electr	ic-	MA	3 00	WAR	77
٨٨٨	92119	Seur	oon ex		icha	nge	TD1	-114	2/10
10AM	610	3-00W					INSPECTO	R/A/	1-1
PERMIT	OWNER/	ADDRESS	/CONTR.	INSPECT	TION TYPE	RESULTS	NOTES/CO		
@169 2	Behu			tuat					
	10/			THE PERKIN	J'DOW	2 PAC			<u> </u>
6	100	<u>IOLOLU</u>	MALL		בייטיטיעייב	2 PHZ		- MAA	
0000000	Hand	yman	Matt				INSPECTO	R: U	-
OTHER:		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·				
				 					

Date of In	spection: Mon Wed	-FH 12-17	, 200.7	Page of	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:	
8486	Vanvouro	Final	PAGS	Close	
	155 Ridgeriew				1
5	toolteaple			INSPECTOR:	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:	
8755	burante	Hie beam	PAGO		
155	485 Sewalls	Columns			Ź
	OB			INSPECTOR:	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:	\Box
1801	Cummings	insulation	PASS		_}
1	835 River Rd	1sty.			
4	Flias Mand	V		INSPECTOR:	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:	\Box
8748	MCGOVERN	SLAB NEINSPECT.	PAS	STILL NEED	
2	2 TOSCAN			Cont. 1851,	
	DRIFT WOOD			INSPECTOR:	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:	
8765	LURLANDER	FENCE	PAS	RECEIVED ((()	<u>`</u>
	176 S. RIVER			DEVISED PHO. PETA	yi
	STUART FENCE			INSPECTOR:	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:	
8150	HBASSOC OFTC	tinal	1	Close	
1. fly	. 3724-26 SE Ocea	<u></u>	(1/1/20		
	RUM			INSPECTOR.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:	
896	MUNIMONIA			· COSE.	<u> </u>
11.26	18 Indialucie			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>,</u>
11.50	Handyman Matt	tars		INSPECTOR:	
OTHER:	10011	Manne	17A61		
8654	1 19 Kiverview	Newson	- 7 179	\sim \sim \sim	
	Anko		,	411/	
	107 N.SP.A.	SIBN VIOL	ATION	INSPECTION LOG.	xls
	75 11.501				

TREE REMOVE/RELOCATE/REPLACE





TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

WORK PERMITTED FROM 8:00 AM TO 5:00 PM - NO SUNDAYS

No. of Trees No. of Trees R ALL PROH	REMOVE Species: _ RELOCATE Species: _ REPLACE Species: _ EPLACED OR RELOCATED T	Address 4488 SE Mad No 114 TREES MUST BE INSPECTED VEGETATIVE WASTE	Phone 772 8348418 Sh blin	(ft.)
Signature of (Property Owner	Chyss.O.	Date 3/15//>	_
This space for Official Use only: Approved by Building Official: BUILDING INSPECTOR NOTES: Date 3.351 Fee: N/C				
Minimum Tree Requirements Met On Property Prohibited Species Identified for Removal				
SKETCH (Sho	w location of tree(s) to be	removed/relocated; dimen	Road Road	a less