

**18 Indialucie Parkway**

**622**

**POOL ENCLOSURE**

# TOWN OF SEWALL'S POINT, FLORIDA

## APPLICATION FOR BUILDING PERMIT

#18 Indivuer Pkwy

Permit No. #622  
Date 8/24/76

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

Owner CHARLES BENRINGER Present Address 8818 AUBREY AVE., (212) GLENDALE, NEW YORK Ph 897-3417

General Contractor HANDCRAFTED HOMES INC. Address 3411 S.E. DIXIE HWY STUART, FLA. Ph 283-7128

Where licensed STATE OF FLA License No. CR-

Plumbing Contractor John Heidinger License No. #24

Electrical Contractor ALCO ELECTRIC License No. #38 49

D.J. HARMAN INC. 116 NE DIXIE HWY RIO

Street building will front on INDIALUCIE PARKWAY

Subdivision INDIALUCIE Lot No. 2 Area BLOCK 6

Building area, inside walls (excluding garage, carport, porches) Sq ft 2947.53

Other Construction (Pools, additions, etc.) RESIDENCE, POOL & SCREEN ENCLOSURE

Contract Price (excluding land, rugs, appliances, landscaping) \$ 71,990.00

Total cost of permit \$ 380.00

Plans approved as submitted \_\_\_\_\_ Plans approved as marked 380.

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 HOMES INC.

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.

Charles Benringer  
Signed by Owner

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

### TOWN RECORD

AUG 20 1976

Date submitted 8/23/76

Date approved 8/23/76

Certificate of Occupancy issued 4/7/77

Date

#622

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 \_\_\_\_\_

\*\*\*\*\*

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	9/30/76	Charles Duryea
Rough plumbing	10/15/76	"
Perimeter beam	11/5/76	pool 12/20/76
Rough electric	1/26/77	"
Close in	1/26/77	"
Final plumbing	4/7/77	"
Final electric	4/7/77	"

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector John C. Blong 4/7/77 date

Approved by Town Commission John Stark 4/7/77 date

Utilities notified April 7, 1977 date

Original Copy sent to Mr. & Mrs. Behringer

(Keep carbon copy for Town files)

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date Aug 24

This is to request that a Certificate of Approval for  
Occupancy be issued to Handrafted Indialux  
For property built under Permit No. 622 Dated \_\_\_\_\_  
when completed in conformance with the Approved Plans.

\_\_\_\_\_  
Signed

\*\*\*\*\*

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	9/30/76	✓
Rough plumbing	10/15/76	✓
Perimeter beam	12/29/76	11/18/76 ✓ 12/20/76 pool
Rough electric	2/1/77	
Close in		
Final plumbing	4/7/77	✓
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles Pope 4/7/77 date

Approved by Town Commission \_\_\_\_\_ date

Utilities notified 4/7/77 date

Original Copy sent to \_\_\_\_\_

(Keep carbon copy for Town files)

Application/Permit  
No. \_\_\_\_\_

County Health Department

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 sewer 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.

Section II - Information:

1. Property Address (Street & House No.) \_\_\_\_\_  
Lot 2 Block 6 Subdivision INDIALUCIE  
Date Recorded 1969 Directions to Job \_\_\_\_\_
2. Owner or Builder Handcrafted Homes INC.  
P.O. Address 5411 SE DIXIE HWY City STUART FLA.
3. Specifications

Tank	Drainfield
_____ Gals.	_____ ft. of 6" clay tile or 5" perforated plastic drain in a 3' trench or
_____ Gals.	_____ ft. of 4" clay drain or 4" perforated plastic drain in an 18" trench

Scale 1" = 50'

(Rear)

4. House to be constructed:  
Check one: \_\_\_\_\_ FHA  
\_\_\_\_\_ VA \_\_\_\_\_ Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: HANDCRAFTED HOMES INC.  
Please Print

(Front)  
(Name of Street or State Road)

Signature: Willie L. Crouch Date: 6-4-76

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: \_\_\_\_\_

The above signed application has been found to be in compliance with Chapter 17-13, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: \_\_\_\_\_ County Health Dept. \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Section IV - Final Construction Approval

Construction of installation approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

FHA No. \_\_\_\_\_ VA No. \_\_\_\_\_

\*\*\*\*\*

TEMPORARY  
SAN 428  
REV. 7/1/73

#622

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

Location: LOT 2, BLOCK G, INDIALOGUE Applicant: HANDCRAFTED HOMES INC.  
County: MARTIN

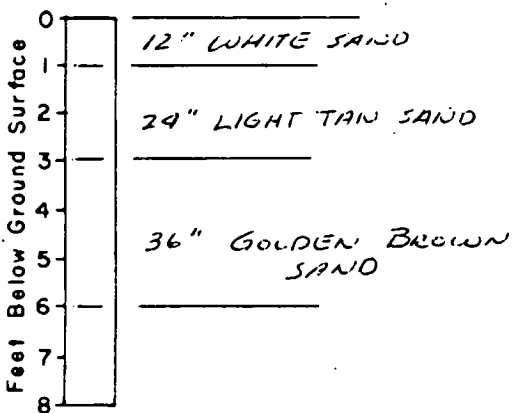
**NOTE:** This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.

← Plot plan must show all data required in 10D-6.03 2(a) and all other pertinent data.

ALL DISTANCE BETWEEN SEPTIC TANKS AND WELLS MUST BE CHECKED AND VERIFIED IN THE FIELD BY THE CONTRACTOR

PLAN  
Scale: 1" = \_\_\_\_

SOIL DATA



SOIL BORING LOG

Soil Identification: CLASS IF GROUP SP  
Soil Characteristics \_\_\_\_\_

LEGEND

- Drainage Pattern
- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well
- Soil Boring and Percolation Test Location

#622

Percolation Rate 0.35 min/inch

Water Table Depth ≈ 6'

Water Table Depth During Wet Season ≈ 6'

Compacted Fill Of \_\_\_\_\_ Req'd

Compacted Fill Checked By: \_\_\_\_\_

Date \_\_\_\_\_

CERTIFIED BY: Will L. C...

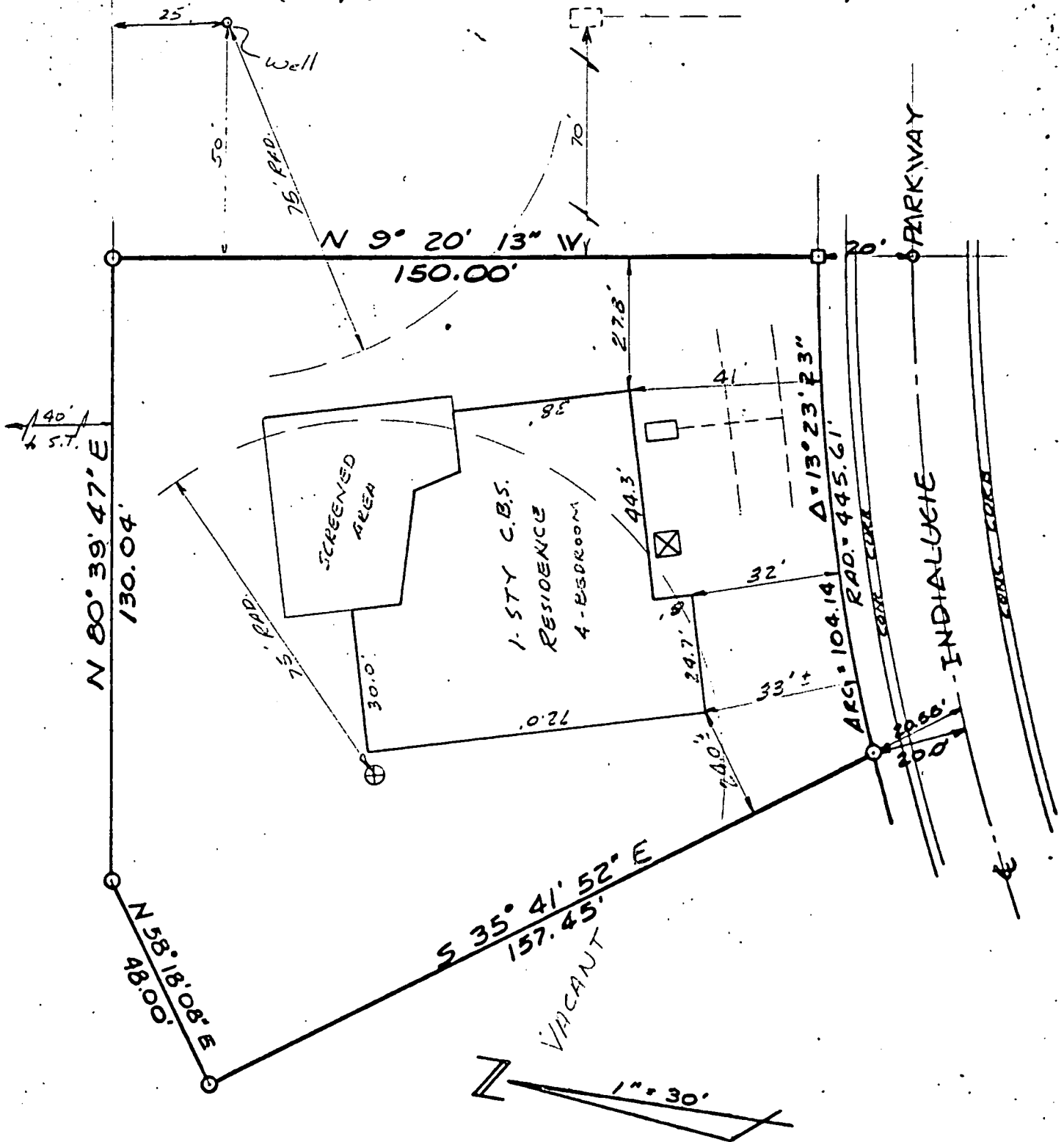
FLORIDA PROFESSIONAL No. 2370

Date 6-4-76 Job No. 76-103

Sheet 2 of 2

# PLOT PLAN

BEING A SURVEY OF LOT 2, BLOCK 6, PLAT OF INDIALUCIE AS RECORDED IN PLAT BOOK 4, 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 belief and that, unless otherwise shown, there are no encroachments.

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

*Will L. Creech*  
 PROFESSIONAL LAND SURVEYOR  
 FLORIDA CERTIFICATE NO. 2370

PLAT BK. 4 PG. 77

FIELD BK:

DATE: 6-4-76

DRAWN BY: RD

SCALE: 1" = 30'

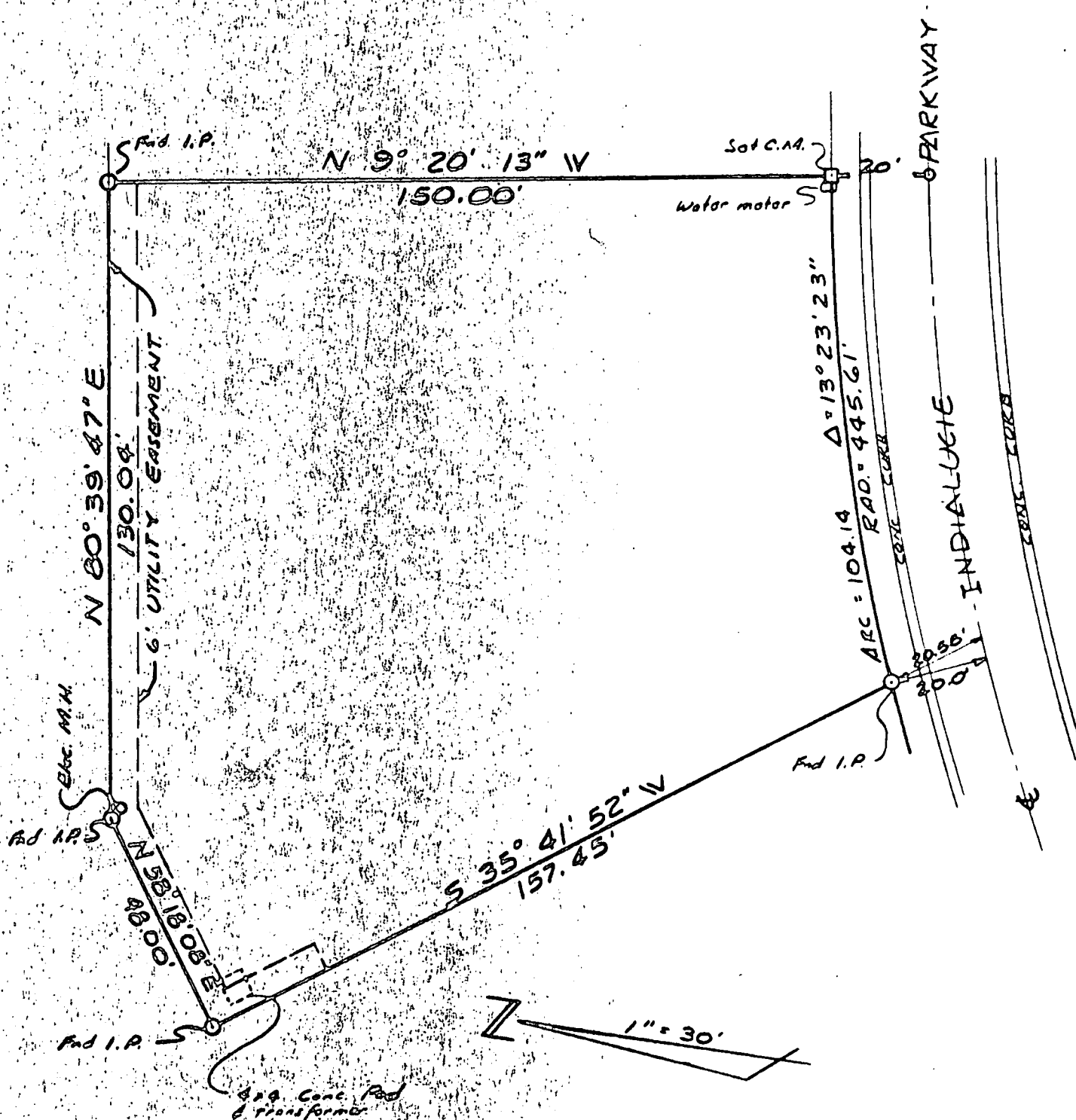
ORDER # 76-103

#622



# BOUNDARY SURVEY

BEING A SURVEY OF LOT 2, BLOCK 6, PLAT  
OF INDIALUCIE AS RECORDED IN PLAT BOOK 4,  
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 belief and that, unless otherwise shown, there are no encroachments.

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

*William L. Creech*  
PROFESSIONAL LAND SURVEYOR  
FLORIDA CERTIFICATE NO. 2370

DATE: 6-4-76

DRAWN BY: RD

PLAT BK. 4 PG. 77

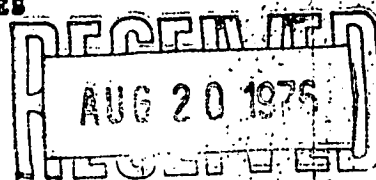
FIELD BK:

SCALE: 1" = 30'

ORDER # 76-103

#622

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 sewer 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.

Section II - Information:

1. Property Address (Street & House No.)  
Lot 2 Block 6 Subdivision INDIALUCIE  
Date Recorded 1969 Directions to Job \_\_\_\_\_
2. Owner or Builder Handcrafted Homes INC.  
P.O. Address 3411 SE DIXIE HWY City STUART FLA.
3. Specifications

Tank                      Drainfield  
Gals.                      ft. of 6" clay tile  
                                 or 5" perforated  
                                 plastic drain in a  
                                 3' trench or  
Gals.                      ft. of 4" clay drain  
                                 or 4" perforated  
                                 plastic drain in an  
                                 18" trench

4. House to be constructed:  
Check one:                      FHA  
                                 VA                      Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: HANDCRAFTED HOMES INC.  
Please Print

Signature: Will L. Cressly

Date: 6-4-76

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: \_\_\_\_\_

The above signed application has been found to be in compliance with Chapter 17-13, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: \_\_\_\_\_ County Health Dept. \_\_\_\_\_ Date \_\_\_\_\_

Section IV - Final Construction Approval

Construction of installation approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

FHA No. \_\_\_\_\_ VA No. \_\_\_\_\_

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

Location: LOT 2, BLOCK G, INDIALOGUE Applicant: HANDCRAFTED HOMES INC.  
County: MARTIN

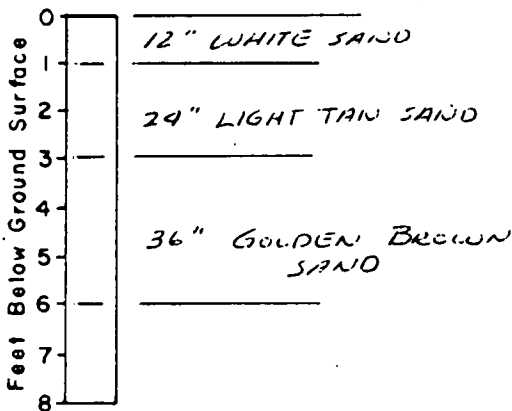
**NOTE:** This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.

← Plot plan must show  
all data required in  
10D-6.03 2(a) and  
all other pertinent  
data.

ALL DISTANCE BETWEEN SEPTIC TANKS  
AND WELLS MUST BE CHECKED AND VERI-  
FIED IN THE FIELD BY THE CONTRACTOR

PLAN  
Scale: 1" = \_\_\_\_

SOIL DATA



SOIL BORING  
LOG

Soil Identification: CLASS I GROUP SP  
Soil Characteristics \_\_\_\_\_

Percolation Rate 0.35 min/inch

Water Table Depth ≈ 6'

Water Table Depth  
During Wet Season ≈ 6'

Compacted Fill Of \_\_\_\_\_ Req'd

Compacted Fill Checked By: \_\_\_\_\_

Date \_\_\_\_\_

LEGEND

- ~~~~~ Drainage Pattern
- Proposed Septic Tank and Drainfield
- ⊕ Proposed Water Supply Well
- Existing Water Supply Well
- ⊗ Soil Boring and Percolation Test Location

CERTIFIED BY: Will L. Coady

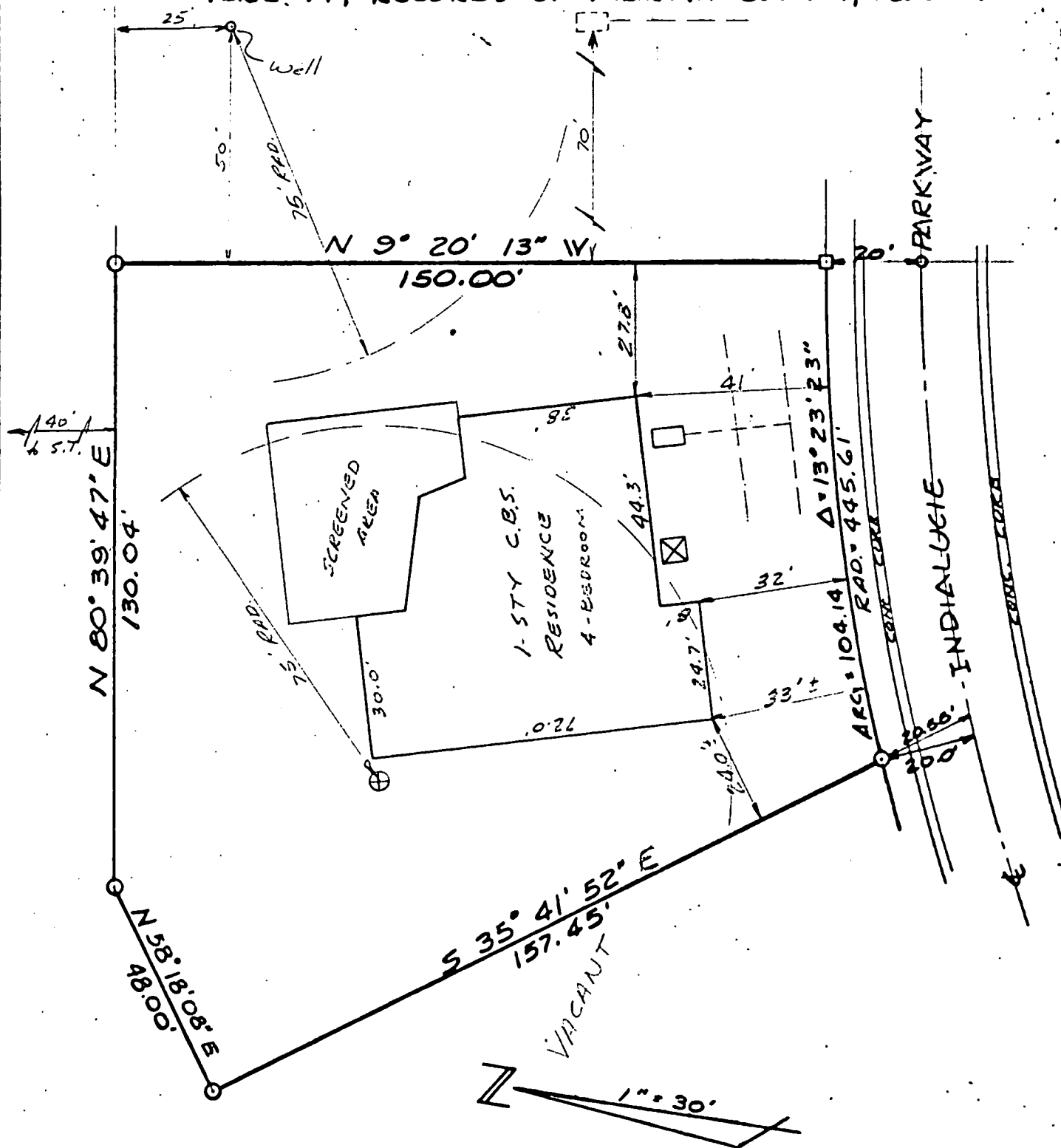
FLORIDA PROFESSIONAL No. 2370

Date 6-4-76 Job No. 76-103

Sheet 2 of 2

# PLOT PLAN

BEING A SURVEY OF LOT 2, BLOCK 6, PLAT  
OF INDIALUCIE AS RECORDED IN PLAT BOOK 4,  
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 belief and that, unless otherwise shown, there are no encroachments.

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

*Will L. Creech*  
PROFESSIONAL LAND SURVEYOR  
FLORIDA CERTIFICATE NO. 2370

PLAT BK. 4 PG. 77

FIELD-BK:

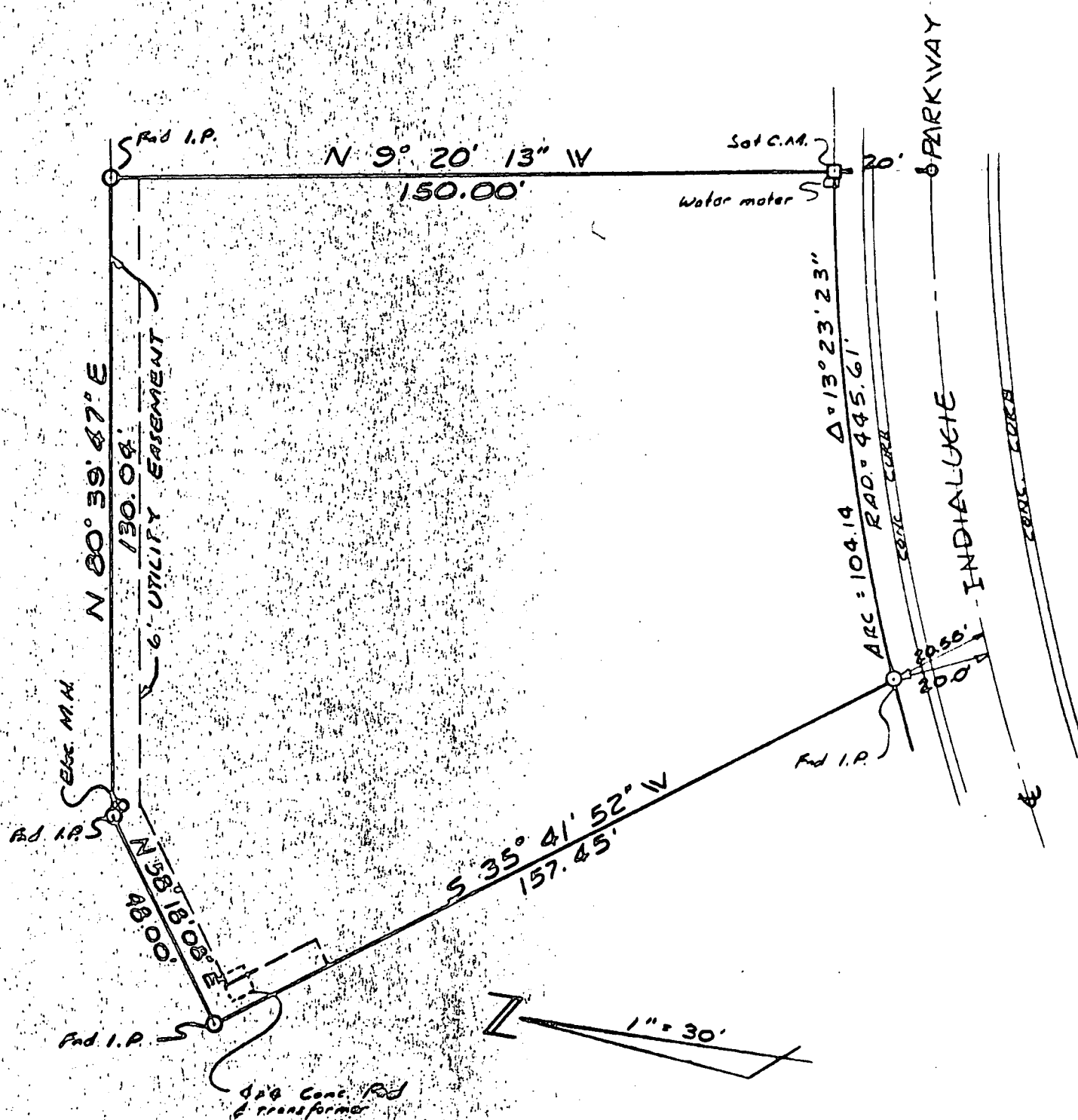
DATE: 6-4-76

DRAWN BY: RD

SCALE: 1" = 30'

ORDER # 76-103

BEING A SURVEY OF LOT 2, BLOCK 6, PLAT  
OF INDIALUGIE AS RECORDED IN PLAT BOOK 4,  
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 belief and that, unless otherwise shown, there are no encroachments.

CREECH & ASSOCIATES  
LAND SURVEYORS  
STUART, FLORIDA

*Will L. Cady*  
PROFESSIONAL LAND SURVEYOR  
FLORIDA CERTIFICATE NO. 2370

DATE: 6-4-76

DRAWN BY: *ED*

PLAT BK. 4 PG. 77

FIELD- BK:

SCALE: 1" = 30'

ORDER # 76-103

**693**

**FENCE**

# APPLICATION FOR BUILDING PERMIT

Date APRIL 27 1977

Date \_\_\_\_\_

#693

TOWN OF  
SEWALL'S POINT  
FLORIDA

Permit No. 864  
Date \_\_\_\_\_

APPLICATION FOR BUILDING PERMIT

This application must be accompanied by three sets of complete plans, to scale ( $\frac{1}{4}$ " 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.

- 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 INDIALUCIE Lot No. 2 Area \_\_\_\_\_
- Building area, inside walls  
(excluding garage, carport, porches, etc.)..square feet \_\_\_\_\_
- Other construction (pools, additions, etc.) Storage Shed
- Contract price  
(excluding land, carpeting, appliances, landscaping, etc) \$855.00
- Total cost of permit \$ \_\_\_\_\_
- Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

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

\_\_\_\_\_  
General Contractor

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

Dr. Charles Behringer  
Owner

Note: speculation builders will be required to sign both of the above statements.

TOWN RECORD

Date submitted \_\_\_\_\_

Approved: Chas. C. Dungea  
Building Inspector

8/16/78  
Date

Approved: John O. Guendler  
Commissioner

16 Aug '78  
Date

Certificate of Occupancy issued

Final Inspection OK  
Don

8/17/79  
Date



**1706**  
**ROOF**  
**ENCLOSURE**

Permit No. 1706RECEIVED Date APR 11 1984APPLICATION FOR A PERMIT TO BUILD A DOCK, FENCE, POOL, SPRINKLING HEATING DEVICE, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT A HOUSE OR A COMMERCIAL BUILDING

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

Owner DR. & MRS. CHARLES BEHRINGER Present Address #18 INDIA LUCIAPhone 283-1321Contractor PIONEER SCREEN Address 3122 DOMINICA TERR. STUARTPhone 283-9197Where licensed M/Co License number \_\_\_\_\_

Electrical contractor \_\_\_\_\_ License number \_\_\_\_\_

Plumbing contractor \_\_\_\_\_ License number \_\_\_\_\_

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: REMOVE OLD ENCLOSURE & CONSTRUCT MANSARD ROOF ENCLOSURE. NO CHANGE IN SETBACKS.

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

#18 INDIA LUCIASubdivision INDIA LUCIE Lot number 2 Block number 6Contract price \$ 4000<sup>00</sup> Cost of permit \$ 30<sup>00</sup>

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

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

Contractor Craig Rice

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

Owner Charles Behringer

TOWN RECORD

Date submitted 4/10/84Approved: J. Mazzucca 4/10/84  
Building Inspector DateApproved: 4/17/84 LS  
Commissioner DateFinal Approval given: /  
DateCertificate of Occupancy issued (if applicable) \_\_\_\_\_  
Date

SP1282

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

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

*Final check 8/10/84 JAM*  
*not completed as of 4/10/84*

*012 (PQ)*

**3482**

**RE-ROOF**

AC# 1750264 STATE OF FLORIDA  
DEPARTMENT OF PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	LICENSE NO.	BATCH NO.
05/06/92	CC C055580	07180

THE CERTIFIED ROOFING CONTRACTOR  
NAMED BELOW IS CERTIFIED  
UNDER THE PROVISIONS OF CHAPTER 489 F.S., FOR THE YEAR  
EXPIRING AUG 31, 1994

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

  
LAWTON CHILES  
GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

  
GEORGE STUART, JR.  
SECRETARY D.P.R.

TAX FOLIO NO. 35-37-41-002-006 00020-30000 DATE 10/10/93

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

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

Owner Antoinette Behringer Present Address 18 India Luce Pkwy

Phone 407-283-1321

Contractor Darryl S. Saibic Address 821 SW Dwyer ST PSL. FL

Phone 283-2111

Where licensed Florida License Number CCC055580

Electrical Contractor \_\_\_\_\_ License Number \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ License Number \_\_\_\_\_

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Re Roof Flat Deck w/ Modified Granular Surface

Root Membrane, Tie in Wall Flashing, Fishscale Tiles on Pitch Roof  
State the street address at which the proposed structure will be built:

SAME

Subdivision India Luce Lot Number 2 Block Number 6

Contract Price \$ 5000 Cost of Permit \$ 40.00

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

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

Contractor [Signature]

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

Owner X Antoinette Behringer

TOWN RECORD

Date submitted \_\_\_\_\_

Approved: Dale Brown 10/13/93  
Building Inspector Date

Approved: [Signature] SRC  
Bldg. Commissioner Date

Final Approval given: \_\_\_\_\_ Date

Certificate of Occupancy issued(if applicable) \_\_\_\_\_ Date

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

**4600**

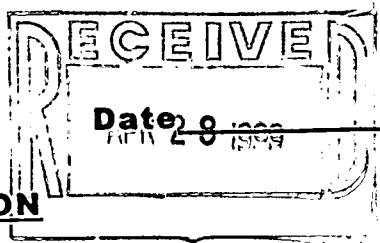
**RE-ROOF**

Bldg. Pmt#

4600

# Town of Sewall's Point

## BUILDING PERMIT APPLICATION



Owner's Name: Antoinette Behringer Phone No. 561/283-1321  
Owner's Present Address: \_\_\_\_\_  
Fee Simple Titleholder's Name & Address if other than owner: \_\_\_\_\_

Location of Job Site: 18 INDIA LUCIE PARKWAY  
TYPE OF WORK TO BE DONE: ROOF - Remove tile, install GUCAMP METAL  
CONTRACTOR INFORMATION  
Contractor/Company Name: SAMUEL E. CHASS Phone No. 336-2192  
COMPLETE MAILING ADDRESS \_\_\_\_\_  
State Registration RC 0061026 State License SP 00320  
Legal Description of Property LOT 2 Block 6 INDIA LUCIE  
Parcel Number \_\_\_\_\_

### ARCHITECT/ENGINEER INFORMATION

Architect NONE Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Engineer NONE Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Area Square Footage: Living Area \_\_\_\_\_ Garage Area \_\_\_\_\_ Carport \_\_\_\_\_  
Accessory Bldg. \_\_\_\_\_ Covered Patio \_\_\_\_\_ Scr. Porch \_\_\_\_\_ Wood Deck \_\_\_\_\_  
Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_  
NEW electrical SERVICE SIZE \_\_\_\_\_ AMPS

### FLOOD HAZARD INFORMATION

flood zone \_\_\_\_\_ minimum Base Flood Elevation (BFE) \_\_\_\_\_ NGVD  
proposed finish floor elevation \_\_\_\_\_ NGVD (minimum 1 foot above BFE)  
Cost of construction or Improvement \$14,600  
Fair Market Value (FMV) prior to improvement \_\_\_\_\_  
Substantial Improvement 50% of FMV yes \_\_\_\_\_ No \_\_\_\_\_  
Method of determining FMV \_\_\_\_\_

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

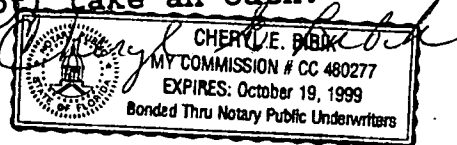
Electrical \_\_\_\_\_ State License \_\_\_\_\_  
Mechanical \_\_\_\_\_ State License# \_\_\_\_\_  
Plumbing \_\_\_\_\_ State License# \_\_\_\_\_  
Roofing SAMUEL E. CHASS State License# RC 0061026

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

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

### OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE Antoinette Behringer 1999  
Sworn to and subscribed before me this 20th day of APRIL, 1999 by  
→ ANTIONETTE BEHRINGER who is personally known to me or has produced or has  
produced \_\_\_\_\_ and who did (did not) take an oath.  
CONTRACTOR SIGNATURE \_\_\_\_\_ 1999  
Sworn to and subscribed before me this 28th day of April, 1999  
by SAMUEL E. CHASS who is personally known to me or has produced \_\_\_\_\_  
and who did (did not) take an oath.



TREE REMOVAL (Attach sealed survey)

No. of trees to be removed \_\_\_\_\_ No. to be retained \_\_\_\_\_ No. to be planted \_\_\_\_\_  
Specimen tree removed \_\_\_\_\_ Fee \_\_\_\_\_ Authorized/Date \_\_\_\_\_  
DEVELOPMENT ORDER # \_\_\_\_\_

**1. ALL APPLICATIONS REQUIRE :**

- A. Property Appraiser's Parcel Number.
- B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- C. Contractor's name, address, phone number & license numbers.
- D. Name all sub-contractors (properly licensed).
- E. Current Survey
- F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:
  1. Floor Plan
  2. Foundation Details
  3. Elevation Views - Elevation Certificate due after slab inspection.
  4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
  5. Truss layout
  6. Vertical Wall Sections (one detail for each wall that is different)
  7. Fireplace drawing: If prefabricated submit manufacturers data.

**ADDITIONAL Required Documents are:**

1. Use Permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (Atlantic Ave. only).
2. Well Permit or information on existing well & pump.
3. Flood Hazard Elevation (if applicable).
4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
5. Statement of Fact (for Homeowner Builder), and proof of ownership - (Deed or Tax receipt).
6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.
9. 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 COUNTY OF MARTIN, and there may be additional permits required from other governmental entities such as water management districts, state and federal agencies.

Approved by Building Official \_\_\_\_\_

Approved by Town Engineer \_\_\_\_\_



PERMIT # \_\_\_\_\_

TAX FOLIO # \_\_\_\_\_

## NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF MARTIN

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

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

Lot 2 Block 6 India Lucie ; 18 India Lucie Parkway

GENERAL DESCRIPTION OF IMPROVEMENT: \_\_\_\_\_

X OWNER: Antoinette Behringer

X ADDRESS: 18 India Lucie Parkway

X PHONE #: 561/283-1321 FAX #: \_\_\_\_\_

CONTRACTOR: Samuel E. Cress

ADDRESS: 1218 SW. Mancuso Ave Ft. St. Lucie, FL 34953

PHONE #: 336-2192 FAX #: 336-9289

SURETY COMPANY (IF ANY) N/A

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX #: \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_

LENDER: None

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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

NAME: N/A

ADDRESS: \_\_\_\_\_

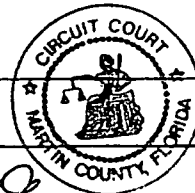
PHONE #: \_\_\_\_\_

STATE OF FLORIDA  
MARTIN COUNTY

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

MARSHALLER CLERK

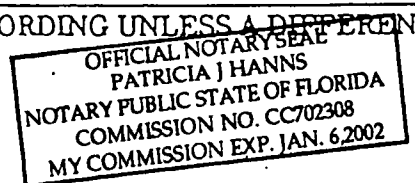
BY [Signature] D.C.  
DATE 4.08.99 FAX #: \_\_\_\_\_



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

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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



X Antoinette Behringer  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 20<sup>th</sup> DAY OF April  
19 99 BY ANTOINETTE BEHRINGER

X [Signature]  
NOTARY SIGNATURE

OR PERSONALLY KNOWN ✓  
PRODUCED ID \_\_\_\_\_  
TYPE OF ID \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri 7/16, 20013 Page      of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5951	KAPLAN	ROOF FINAL	Failed	9am
	10 E. HIGH POINT			now specs, w/af
	PACIFIC ROOFING			INSPECTOR: <i>[Signature]</i>
5875	MAXSON	SITE COMPLIANCE	Passed	
	9 S. RIVER			
	KNEPPER			INSPECTOR: <i>[Signature]</i>
6301	SMITH	SEWALL CAP	Passed	(Partial)
	7 SIMARA ST.			
	WILCO CONST.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	SLATER	TREE	Passed	
	4 NE LAGOON SLT			
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>6307</del>	<del>BETHINGER</del>	<del>FENCE FINAL</del>	<del>Passed</del>	close
	18 INDIALUCIE			
	AMERICAN FENCE			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6315	RUSSELL	DRIVEWAY	Passed	close
	47 S. SEWALL'S PK	FINAL		
	BOWALDA			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>

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

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

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

OWNER/TITLEHOLDER NAME: Mrs Behringer Phone (Day) 2831321 (Fax) \_\_\_\_\_  
Job Site Address: 18 India Lucy City: Sewalls Point State: FL Zip: \_\_\_\_\_  
Legal Description of Property: LOT 2 Block 6 P Parcel Number: \_\_\_\_\_  
Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Description of Work To Be Done: 6' PVC Fence

**WILL OWNER BE THE CONTRACTOR?:** Yes ☐ No ☐ (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: American Fence Creations Inc Phone: (72) 8781650 Fax: 72 3402805  
Street: 551 NW Sherbrooke Ave City: PSL State: FL Zip: 34983  
State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: SP03352

**COST AND VALUES:** Estimated Cost of Construction or Improvements: \$ 8600.00 (Notice of Commencement needed over \$2500)

**SUBCONTRACTOR INFORMATION:**

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

**ARCHITECT** \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ENGINEER** \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

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

**OWNER OR AGENT SIGNATURE (required)**

State of Florida, County of: \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_  
by \_\_\_\_\_ who is personally  
known to me or produced \_\_\_\_\_  
as identification. \_\_\_\_\_

Notary Public

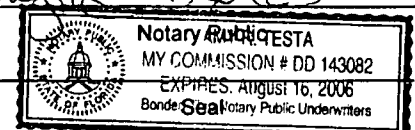
My Commission Expires: \_\_\_\_\_

Seal

**CONTRACTOR SIGNATURE (required)**

On State of Florida, County of: \_\_\_\_\_  
This the 2nd day of June, 2003  
by \_\_\_\_\_ who is personally  
known to me or produced DL  
As identification. Amber R. [Signature]

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



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

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

## TOWN OF SEWALL'S POINT

Date 6/23/03

BUILDING PERMIT NO. 6307

Building to be erected for BEHRINGER

Type of Permit FENCE

Applied for by AMERICAN FENCE CREATIONS (Contractor)

Building Fee 30.00

Subdivision INDIALUCIE Lot 2 Block 6

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

Address 18 INDIALUCIE PKWY

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

Type of structure FENCE

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

Parcel Control Number:

35374100 200600 02030000

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

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

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

Amount Paid 30.00 Check # 640 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 8,600.00

TOTAL Fees 30.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

## PERMIT

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

## INSPECTIONS

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

# CERTIFICATE OF INSURANCE



This certifies that

- ☐ STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois  
☐ STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

insures the following policyholder for the coverages indicated below:

Name of policyholder Shannon Baldwin DBA/ American Fence Creations, Inc

Address of policyholder 557 NW Sherbrooke Avenue

Pt. St. Lucie, Florida 34983

Location of operations Various

Description of operations Fencing contractor

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
98-PF-9931-3	Comprehensive Business Liability	01/14/03	01/14/04	BODILY INJURY AND PROPERTY DAMAGE
	This insurance includes: <input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> General Aggregate Limit applies to each project <input type="checkbox"/> <input type="checkbox"/>			Each Occurrence \$ 300,000  General Aggregate \$ 600,000 Products - Completed Operations Aggregate \$ 600,000
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)
	Workers' Compensation and Employers Liability			Each Occurrence \$ Aggregate \$  Part 1 STATUTORY Part 2 BODILY INJURY  Each Accident \$ Disease Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder \_\_\_\_\_ days before cancellation. If, however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Name and Address of Certificate Holder  
 Sewalls point  
 One So. Sewalls Pt. Rd.  
 Sewalls Point, Fl. 34996

Larry Masley  
 Signature of Authorized Representative

Title

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	AMERICAN FENCE CREATIONS INC 557 NW SHERBROOKE AVE PORT SAINT LUCIE FL 34983		

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



CONSTRUCTION INDUSTRY

CERTIFICATE OF EXEMPTION FROM FLORIDA  
WORKERS' COMPENSATION LAW

EFFECTIVE: 01/28/2003

EXPIRATION: 01/27/2005

PERSON: BALDWIN SHANNON

SSN: 594-26-9018

FEIN: 721544680

BUSINESS: AMERICAN FENCE CREATIONS INC  
557 NW SHERBROOKE AVE  
PORT SAINT LUCIE FL 34983

FOLD HERE

NOTE: Pursuant to chapter 440.10(1)(g), 2, F.S., 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

\* 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



CONSTRUCTION INDUSTRY

CERTIFICATE OF EXEMPTION FROM FLORIDA  
WORKERS' COMPENSATION LAW

EFFECTIVE: 01/28/2003

EXPIRATION: 01/27/2005

PERSON: SMITH MELVIN

SSN: 553-11-6886

FEIN: 721544680

BUSINESS: AMERICAN FENCE CREATIONS INC  
557 NW SHERBROOKE AVE  
PORT SAINT LUCIE FL 34983

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NOTE: Pursuant to chapter 440.10(1)(g), 2, F.S.,  
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

\* 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: **BALDWIN, SHANNON C**  
FIRM: **AMERICAN FENCE CREATIONS INC**  
**557 NW SHERBROOKE AVENUE**  
**PORT ST. LUCIE FL 34983**  
TYPE: **FENCE INSTALLATION**  
STATE: CITY: **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 FL 34983-**

*Wayne W. Russ*  
Signed



**MARTIN COUNTY, FLORIDA**  
**Construction Industry Lic Bd**  
**Certificate of Competency**  
**License: SP03352**  
**Expires September 30 2004**

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.**

**VALID AT THIS BUSINESS ADDRESS ONLY**

Business Address: 557 NW SHERBROOKE AVE  
Classification: CONT CONTRACTOR  
Issued to: AMERICAN FENCE CREATIONS, INC  
557 NW SHERBROOKE AVE

PORT ST LUCIE FL 34983

Fees: 120.75 Late Fees:

0.00 Total this payment : 120.75

Business/Lic. 117291/03-1021957

Fee: 110.25  
Discount: 0.00

*Mary B. Martin*  
BUSINESS LICENSE COORDINATOR

781/007 KB BUSINESS COPY

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # \_\_\_\_\_

TAX FOLIO # \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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

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

GENERAL DESCRIPTION OF IMPROVEMENT: 6' PVC Privacy Fence

OWNER: Toni Behringer

ADDRESS: 18 India Lcy Sewalls Point

PHONE #: 283-1321 FAX #: \_\_\_\_\_

CONTRACTOR: American Fence Creations Inc

ADDRESS: 557 NW Sherbrooke Ave PSL FL 34983

PHONE #: 772-878-1650 FAX #: 772-340-2508

SURETY COMPANY (IF ANY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_

LENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

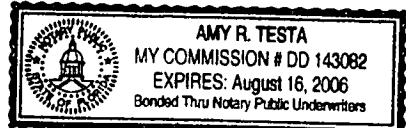
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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

Antoinette Behringer  
SIGNATURE OF OWNER



SWORN TO AND SUBSCRIBED BEFORE ME THIS 2nd DAY OF June 2003 BY \_\_\_\_\_

Amy R. Testa  
NOTARY SIGNATURE

OR PERSONALLY KNOWN  
PRODUCED ID DL  
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 discontinue.

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. You 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 JULY 1, 2005

BUILDING PERMIT NO. 7666

Building to be erected for BEHRINGER Type of Permit REDOOR

Applied for by FEARZ ROOFING (Contractor) Building Fee \_\_\_\_\_

Subdivision INDIAWICIE Lot 2 Block 6 Radon Fee \_\_\_\_\_

Address 18 INDIAWICIE PLWY Impact Fee \_\_\_\_\_

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

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

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

Parcel Control Number:

3537410020060002030000 Roofing Fee 120.00

Amount Paid 120.00 Check # 3193 Cash \_\_\_\_\_ Other Fees (\_\_\_\_\_) \_\_\_\_\_

Total Construction Cost \$ 5800.00 TOTAL Fees 120.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

## PERMIT

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

## INSPECTIONS

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



Town of Sewall's Point  
BUILDING PERMIT APPLICATION

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

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

OWNER/TITLEHOLDER NAME: Antoinette Behringer Phone (Day) 772-283-1321 (Fax) \_\_\_\_\_

Job Site Address: 18 Indialucie Pkwy City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 2 BLK 6 Indialucie Parcel Number: 353741-002-006-00020-3

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

Description of Work To Be Done: Remove & Replace

WILL OWNER BE THE CONTRACTOR?:

YES

☒ NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 5800.00  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to Improvement: \$ \_\_\_\_\_

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

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

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Feazel Roofing Phone: 772-461-6336 Fax: 772-461-6822

Street: 4000 S US Hwy 1 City: FT. Pierce State: FL Zip: 34982

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

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: Feazel Roofing State: FL License Number: CCC1326287

ARCHITECT \_\_\_\_\_ Lic.# \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER \_\_\_\_\_ Lic.# \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 13 Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ Screened Porch: \_\_\_\_\_

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Antoinette Behringer

State of Florida, County of: Martin

This the 28th day of June, 2005

by Antoinette Behringer who is personally

known to me or produced

as identification: Sheryl Elton Kopf

My Commission Expires: May 20, 2007

My Commission Expires: May 20, 2007

My Commission Expires: May 20, 2007

My Commission Expires: May 20, 2007

CONTRACTOR SIGNATURE (required)

Todd Feazel

On State of Florida, County of: Indian River

This the 27th day of June, 2005

by Todd Feazel who is personally

known to me or produced

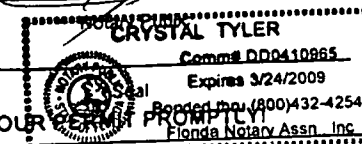
As identification: [Signature]

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

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

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

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



PERMIT APPLICATIONS MUST BE SUBMITTED TO THE TOWN ENGINEER FOR APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY

## PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR RE-ROOFING

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

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

1. Property Appraisers Parcel Number or Property Control Number
2. Legal Description of property (Can be found on your deed survey or Tax Bill)
3. Contractors name, address, phone number and license numbers.
4. Name all sub-contractors (properly licensed)
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**



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

DATE SUBMITTED: \_\_\_\_\_

# NOTICE OF COMMENCEMENT

Permit No. \_\_\_\_\_  
State Of Florida

Tax Id No. \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

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

Legal Description of property and street address, if available India Lucie, lot 2 BLK 6 or 363/184

General description of improvements Re-Roof - Flat Roof

Owner Antoinette Behringer

Address 18 Indilucie Pkwy Plant 7/ 34996

Owners interest in site of improvement \_\_\_\_\_

Fee Simple Title holder (if other than owner) \_\_\_\_\_

Address \_\_\_\_\_

Contractor: FEAZEL ROOFING

Address: 4000 S US 1, Ft Pierce Fl. 34982

Surety \_\_\_\_\_

Address \_\_\_\_\_

Amount of Bond (\$ \_\_\_\_\_)

Lender \_\_\_\_\_

Address \_\_\_\_\_

PHONE # 772-461-6336

FAX # 772-461-6822

Phone \_\_\_\_\_

FAX # \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

STATE OF FLORIDA  
MARTIN COUNTY  
THIS IS TO CERTIFY THAT THE  
FOREGOING \_\_\_\_\_ PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.



Persons within the state of Florida designated by the Owner upon whose notice of other documents may be served as provided by Section 713.13(i) (a) 7., Florida Statutes:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

In Addition to himself, owner designates \_\_\_\_\_ of \_\_\_\_\_  
(Phone # \_\_\_\_\_ Fax # \_\_\_\_\_) to receive a copy of the Lienor's

Notice as provided in section 713.13 (I)(b), Florida Statutes.

Expiration date of notice of commencement is one year from the date of recording unless a different date is specified.

Antoinette Behringer  
OWNERS SIGNATURE

State of Florida, County of MARTIN

The foregoing instrument was acknowledge before me this 18 day of MAY,  
20 05, by Antoinette Behringer, who is personally know to me or who has  
produced \_\_\_\_\_ as identification.

(Seal)

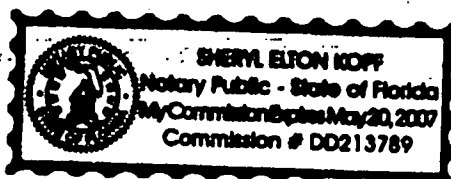
Sheryl Elton Kopf  
Signature of Notary

SHERYL ELTON KOPF

Type or Print name of Notary

DD213789

COMMISSION NUMBER



INSR # 1849777 OR BK 02028 PG 0717 RECD 06/23/2005 11:17:32 AM  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C M15h



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

TO ROOF \_\_\_\_\_ ENLARGE \_\_\_\_\_ REPAIR X RE-ROOF \_\_\_\_\_

PARCEL NUMBER: 33410221000010001050010090

OWNER'S NAME: Ralph & Lois Huggett ADDRESS: 836 Live Oak Ln

BUILDING PERMIT NUMBER (IF APPLICABLE): \_\_\_\_\_

JOB VALUE: 5,207\*  
(Labor/Material/Overhead/Profit)

SQUARE FEET: \_\_\_\_\_ ROOF TYPE: \_\_\_\_\_ ROOF MATERIAL: \_\_\_\_\_ Roof Slope: 4/12

IF RE-ROOF, PREVIOUS ROOF MATERIAL: \_\_\_\_\_  
(ENGINEERS CERTIFICATION WILL BE REQUIRED FOR CEMENT TILE RE-ROOF IF PREVIOUS ROOF MATERIAL WAS NOT CEMENT TILE OR IF SKYLIGHTS REINSTALLED)

DOES PREVIOUS ROOF MATERIAL CONTAIN ASBESTOS? YES \_\_\_\_\_ NO X

MINIMUM PERMIT FEE: \$30.00

**PLEASE COMPLETE SECTION I, II, OR III BELOW AS APPLICABLE**

I. LICENSED ROOFING CONTRACTOR: DBA Todd Feazel Comp Card #: 14195

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

BY: Todd Feazel  
Signature of Roofing Contractor

License Number: CCC1326287

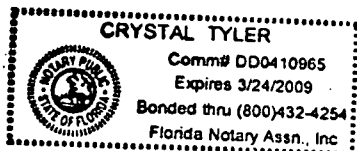
State of FL  
County of St. Lucie

The foregoing instrument was acknowledged before me this 27<sup>th</sup> day of June, 2005 by Todd Feazel who is X personally known or who has \_\_\_\_\_ produced identification. Type identification produced: N/A

Official Signature of Notary Public

Notary's Name, Typed, Printed or Stamped

Notary Seal:



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/28/2005

**PRODUCER** Premier Risk Insurance Agency, Inc.  
dba Schneider Insurance Agency  
P.O. Box 538  
Westerville, Oh. 43086-0538  
(614) 891-2858  
34-608

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

**INSURED** Feazel Roofing Company  
  
5855 Chandler Court  
Westerville, OH 43082

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Grange Mutual

INSURER B:

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

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

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Add'l Insured  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	CPP 2284539  Form CG 2026 (11/85)	1/20/2005	1/20/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CPP 2284539	1/20/2005	1/20/2006	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$0	CUP 2284540	1/20/2005	1/20/2006	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	CPP 2284539	1/20/2005	1/20/2006	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A		<b>OTHER Property</b>	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

## CERTIFICATE HOLDER

THE TOWN OF SEWALL'S POINT  
1 S. 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 ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Dee McCloud*

ACORD CORPORATION 1988

EXPIRES SEP 30, 2005

2004-2005

## ST. LUCIE COUNTY OCCUPATIONAL LICENSE

BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR

EMPLOYEES 1-10

## ROOMS

## SEATS

**FACILITIES  
OR  
MACHINES**

**TYPE OF BUSINESS**

1761 ROOFING/SHEET METAL CONTRACTOR

**BUSINESS  
LOCATION**

4000 S US #1  
City of Fort Pierce

NAME  
MAILING  
ADDRESS

Todd D. Feazel  
Feazel Roofing Company Inc  
Feazel, Todd D  
5855 Chandler Court  
Westerville, OH 43082

CCC1326287

RENEWAL  
XNEW LICENSE  
TRANSFER-  
ORIGINAL TAX

11.25

AMOUNT  
PENALTY  
COLLECTION COST  
TOTAL

11.25

2434-801-0005-000/3

F05:00000258

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

2004 1761-20040033

0600 \$11.25

0000001125 000000000000 \$11.25  
CHANGE \$0.60 9

602004 000000000000 0000176120040033 0000 000000001125 000000000000 000009 \$11.25  
CHANGE

AC#1839862

## STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L05012500080

DATE	BATCH NUMBER	LICENSE NBR
01/25/2005	040608725	QB37749

The BUSINESS ORGANIZATION  
Named below IS QUALIFIED  
Under the provisions of Chapter 499, F.S.  
Expiration date: AUG 31, 2005  
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS  
COMPANY TO DO BUSINESS ONLY IF IT HAS A CONTRACT.)

FEAZEL ROOFING COMPANY  
4000 SOUTH US 1  
FT. PIERCE FL 34982

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR  
SECRETARY

AC#1839816

## STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L05012500034

DATE	BATCH NUMBER	LICENSE NBR
01/25/2005	040608709	CCC1326287

The ROOFING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 499, F.S.  
Expiration date: AUG 31, 2006

FEAZEL, TODD DEAN  
FEAZEL ROOFING COMPANY  
316 SW MCKAY WAY  
PORT ST. LUCIE FL 34986

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR  
SECRETARY

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☒ Mon ☐ Wed ☐ Fri 4/4, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6705	ANDERSON	ROOF METAL	PASS	
8	9 PALMETTO PALM BEACH CR.	(DRY-IN)		INSPECTOR: <i>[Signature]</i>
6705	ANDERSON	FRAMING	PASS	
8	9 PALMETTO PALM BEACH CR.			INSPECTOR: <i>[Signature]</i>
7380	BONIFACE	Gr. ROUGH	PASS	
4	63 S. RIVER RD WILSON BLDGS			INSPECTOR:
7320	BEATTIE	DRY IN + METAL	FAIL	NOT READY #10
5	4 ADMIRAL'S WALK SWART ROOFING			INSPECTOR: <i>[Signature]</i>
6857	PREISSMAN	SUC CHG	PASS	
6	28 RIO VISTA FORWARD H & A			INSPECTOR: <i>[Signature]</i>
7415	SMITH	FENCE FINAL	PASS	
3	211 S. SEAWALK O/B			INSPECTOR:
		SLAB	PASS	
10A	18 <del>SEAWALK</del> INDIA WALK DETHOMAS CONL.			INSPECTOR:
OTHER:	LA BIT SKI	FINAL FILL	PASS	CLOSE
7199	3 RIO VISTA O. B.			<i>[Signature]</i>



BUILDING CODE COMPLIANCE OFFICE (BCCO)  
PRODUCT CONTROL DIVISION

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

DATE: 4/29/05

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)

GAF Materials Corporation  
1361 Alps Road  
Wayne, NJ 07470

BUILDING OFFICIAL  
Gene Simmons

### 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 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

**8208**

**RE-ROOF**

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

## TOWN OF SEWALL'S POINT

Date 4-24-06 BUILDING PERMIT NO. 8208

Building to be erected for Behringer Type of Permit Reroof

Applied for by JR. Taylor Roofing (Contractor) Building Fee \$

Subdivision Indialucie Lot 2 Block 6 Radon Fee \_\_\_\_\_

Address 18 Indialucie Pkwy Impact Fee \_\_\_\_\_

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

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

Parcel Control Number: 3537 41 002 006 000 20 3000 Plumbing Fee \_\_\_\_\_

Amount Paid \$120- Check # 37838 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 6650 TOTAL Fees 120-

Signed Lisa Taylor Applicant Signed Gene Simmons Town Building Official

## PERMIT

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

## INSPECTIONS

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



RECEIVED

Town of Sewall's Point

Date: 4-21-06

BUILDING PERMIT APPLICATION

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

OWNER/TITLEHOLDER NAME: ANTOINETTE BEHRINGER Phone (Day) 283-1321 (Fax) \_\_\_\_\_

Site Address: 18 INDIALUCIE PARKWAY City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) INDIALUCIE Lot 2 BK 6 Parcel Number 35-37-41-002-006-00020-3000

Owner Address (if different): SAME City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Work To Be Done: TEAR-OFF REROOF (FLAT SECTIONS (2) ONLY)

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 6650.00  
(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: 406-4040 Fax: 408-8397

Street: 302 MELTON DRIVE City: Ft. Pierce State: FL Zip: 34982

State Registration Number: \_\_\_\_\_ State Certification Number: CC-C1325720 Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER \_\_\_\_\_ Lic.# \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Carport: \_\_\_\_\_ Total Under Roof 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 Fire Code 2004

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

OWNER OR AGENT SIGNATURE (required)

Antoinette Behringer  
State of Florida, County of: St. Lucie  
This the 20 day of April, 2006  
by ANTOINETTE BEHRINGER who is personally  
known to me or produces Drivers License  
as identification. Karen S. Nielsen

Notary Public

CONTRACTOR SIGNATURE (required)

Chad Taylor  
On State of Florida, County of: St. Lucie  
This the 20 day of April, 2006  
by CHAD TAYLOR who is personally  
known to me or produces  
As identification. Karen S. Nielsen

Notary Public

My Commission Expires: 6-12-06 Karen S. Nielsen

Commission #DD344438

My Commission Expires: Jun 12, 2006

Bonded Thru

Seal

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

Atlantic Bonding Co., Inc.

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT# \_\_\_\_\_ TAX FOLIO # 35-37-41-002-006-00020-3**NOTICE OF COMMENCEMENT**STATE OF FLORIDA COUNTY OF Town of Seawall's Point

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

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

INDIALUCIE, LOT 2 BIK. 12GENERAL DESCRIPTION OF IMPROVEMENT: TEAR-OFF REROOF FLATS onlyOWNER: ANTOINETTE BEHRINGERADDRESS: 18 INDIALUCIE PARKWAY STUART FL. 34996PHONE#: 283-1321

FAX#: \_\_\_\_\_

CONTRACTOR: JA TAYLOR ROOFINGADDRESS: 302 MELTON DRIVE FT. PIERCE FL. 34982PHONE#: 404-4040FAX#: 468-8397

SURETY COMPANY (IF ANY):

ADDRESS: FOREGOING 1 PAGES IS A TRUEPHONE#: AND CORRECT COPY OF THE ORIGINALBOND AMOUNT: MARSHA EWING CLERKLENDER: BY [Signature] D.C.ADDRESS: DATE 4-21-06

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_

FAX#: \_\_\_\_\_

IN ADDITION TO HIMSELF, OWNER DESIGNATES

OF \_\_\_\_\_ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

PHONE#: \_\_\_\_\_

FAX#: \_\_\_\_\_

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

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

SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 14 DAY OF AprilB652-000-30-688-12005, BY Antoinette BEHRINGEROR PERSONALLY KNOWN  
PRODUCED ID B652-000-30-688-1  
TYPE OF ID Driver License

NOTARY SIGNATURE

Karen S. Nielsen  
Commission #DD344438  
Expires: Jun 12, 2006  
Bonded Thru  
Atlantic Bonding Co., Inc.

**Martin County, Florida***generated on 4/14/2006 12:43:41 PM EDT***Summary**

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
35-37-41-002-006-00020-3	18 INDIALUCIE PW	9458	Address	0	1

---

**Summary****Property Location** 18 INDIALUCIE PW**Tax District** 2200 Sewall's Point**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**

BEHRINGER, ANTOINETTE

**Mail Information**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*

INSURER E:

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04061400554

DATE	BATCH NUMBER	LICENSE NBR
14/2004	030719245	CCC1325895

ROOFING CONTRACTOR  
listed below IS CERTIFIED  
under the provisions of Chapter 489 FS.  
expiration date: AUG 31, 2006

WHITE, KYLE L  
J.A. TAYLOR ROOFING, INC.  
302 MELTON DRIVE  
FT PIERCE FL 34982

JEB BUSH  
GOVERNOR

DIANE CARR  
SECRETARY

DISPLAY AS REQUIRED BY LAW

448348

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04061400551

DATE	BATCH NUMBER	LICENSE NBR
1/2004	030719236	CCC1325720

ROOFING CONTRACTOR  
listed below IS CERTIFIED  
under the provisions of Chapter 489 FS.  
expiration date: AUG 31, 2006

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

JEB BUSH  
GOVERNOR

DIANE CARR  
SECRETARY

DISPLAY AS REQUIRED BY LAW

2003-2004

ST. LUCIE COUNTY OCCUPATIONAL LICENSE  
STATE OF FLORIDA

ACCOUNT 1761-00930004

EXPIRES SEP 30, 2004

ROOMS SEATS EMPLOYEES 21+

1761 ROOFING CONSTRUCTOR

X RENEWAL  
NEW LICENSE  
TRANSFER-  
ORIGINAL TAX 25.00

302 Melton Drive  
C - St Lucie County

CC C057019

Terrence Mager Affl/w  
J A Taylor Roofing Inc  
Mager, Terrence  
302 Melton Drive  
Ft Pierce, Fl 34982

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  
ACCORDANCE WITH ORDINANCES OF ST. LUCIE COUNTY.  
BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR  
MARCH 010 9/26/03 12:51PM 00005832  
302 MELTON DRIVE FT PIERCE FL 34982 1761-00930004

2005-2006

ST. LUCIE COUNTY OCCUPATIONAL LICENSE

BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR

ACCOUNT 1761-00930004

EXPIRES SEP 30, 2006

FACILITIES

OR

MACHINES

ROOMS

SEATS

EMPLOYEES 21+

TYPE OF

BUSINESS

1761-ROOFING CONSTRCTOR

BUSINESS

LOCATION

302 Melton Drive

St Lucie County

NAME

MAILING

ADDRESS

Terrence Mager Affl/w

J A Taylor Roofing Inc

Mager, Terrence

302 Melton Drive

Fort Pierce FL 34982

CC C057019

X RENEWAL  
NEW LICENSE  
TRANSFER  
ORIGINAL TAX

25.00

AMOUNT  
PENALTY  
COLLECTION COST  
TOTAL

25.00

Please see back for additional information

PAID 08/03/2005

99-20050203-161676

25.00

01/04/2006

14:52

17724688397

JA TAYLOR KLUFF INC

PAGE 02/02



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 17<sup>th</sup> 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 Zuloaga, RRC



<b>FILE COPY</b>
<b>TOWN OF SEWALL'S POINT</b>
<b>THESE PLANS HAVE BEEN</b>
<b>REVIEWED FOR CODE COMPLIANCE</b>
DATE: <u>4/24/06</u>

<b>BUILDING OFFICIAL</b>
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

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri 6-16, 2006

Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1338	McCormick	Window buck	FAIL	
9	59 N.R.R Pine Orchard			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1827	McKinney	Final pool deck repair	PASS	
2	24 Simara St OB			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8231</del>	Clyde	Plumbing	PASS	
MC 03	7 Ridgeland Dr OB			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8205</del>	<del>Kohring</del>	<del>FLAT ROOF IN PROGRESS</del>	<del>PASS</del>	
13	18 Indialucie Pkwy JA Taylor	and Last		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8162</del>	<del>McCormick</del>	<del>Form steel main drain</del>	<del>Cancel</del>	
	<del>59 N.R.R</del>			INSPECTOR:
	<del>Advantage Pool</del>			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8117	Stamford	Elec <sup>FINAL</sup> on dock	PASS	CLOSE
10	73 N River Rd OB			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>6812</del>	<del>Mader</del>	<del>Power on to set meter</del>		
	<del>106 Abbie Ct</del>			INSPECTOR:
	<del>Byford</del>			

OTHER:





8208

## TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

### CORRECTION NOTICE

ADDRESS: 18 INDIAN LUCIE PKWY

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

FINAL ROOF

PERMIT MUST BE POSTED FOR  
INSPECTION

\$40 FEE.

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

DATE: 6/21

[Signature]

INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri 6-21, 2006

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8208</del>	<del>Sebring</del>	<del>Final roof</del>	<del>FAIL</del>	<del>\$40 FEE</del>
7	18 Indolucie Hwy JA Taylor Roof.			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7944	Rivera	Final fence	FAIL	\$40 FEE
6	3 Emarita OB			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1851	Moran	Final addition	PASS	
5	2 Palm Rd Draftwood			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Kiplinger	Tree	PASS	
3	143 S River OB			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Winnick	Tree	PASS	
2	11 Middle Rd OB			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8012	Tranter	Final-CO	FAIL	\$40 FEE
14	9 Middle Rd Parko Co			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Civello	Tree	PASS	
8	31 Fieldway Dr OB			INSPECTOR: <i>QW</i>

OTHER:

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☒ Mon ☐ Wed ☐ Fri 6-26, 2006

Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8208	Buhringer	Final roof	PASS	CLOSE
7	18 Indialucui JA Taylor			INSPECTOR: <i>OM</i>
MC	HADID	rough Electric for Drywall	PASS	
0032	78 NS Pld			INSPECTOR: <i>OM</i>
6	OB			
1819	ADIKIS	elevated slab	FAIL	
9	12 Cranes Nest Advanced Crest	LATE		INSPECTOR: <i>OM</i>
8072	Schweder	Folkrogers tile	PASS	
8	4 Ridgeland Dr Cardinal Roof	1st Phase		INSPECTOR: <i>OM</i>
1998	Goldman	boldeck	PASS	
3	4 Summer La Advantage Pool			INSPECTOR: <i>OM</i>
6812	Mader	Power release	FAIL	
1	106 Albion Ct Buford			INSPECTOR: <i>OM</i>
1223	RAOS	FINAL	PASS	Must PAY \$1325 PRIOR TO INSP.
5	116 Castle Hill way Schiller	WAIT FOR CALL FROM VAL.		INSPECTOR: <i>OM</i>
OTHER:				
	#1	HHV	60	20
	#2		30	20
	#3		60	20

**8380**

**SCREEN ENCLOSURE**

Martin County #SP01  
MASTER PERMIT NO. 50060126

TOWN OF SEWALL'S POINT

Receipt

Date 9-18-06

BUILDING PERMIT NO. 8380

Building to be erected for Behinger

Type of Permit Screen Enclosure

Applied for by Ocean Breeze Alum.

(Contractor)

Building Fee 120-

Subdivision Indialucie Lot 2 Block

Radon Fee

Address 18 Indialucie Pkwy

Impact Fee

Type of structure SFR

A/C Fee

Electrical Fee

Parcel Control Number:

Plumbing Fee

35-37-41-002-006-0002-0-30000

Roofing Fee

Amount Paid \$120- Check # 2149 Cash

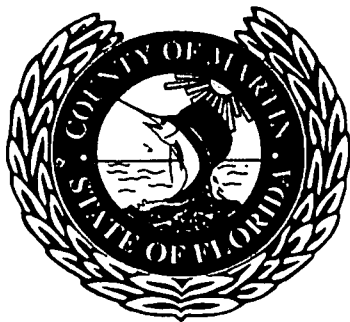
Other Fees ( )

Total Construction Cost \$ 13000-

TOTAL Fees 120-

Signed Tay C. Alcock  
Applicant

Signed Valerie May  
Town Building Official / Dept Clerk



# MARTIN COUNTY BUILDING PERMIT

**CARD MUST BE PLACED ON THE FRONT OF THE PERMIT. NEW OR RE-STARTED WORK IS A VIOLATION.**

Permit Number: SP01 - 20060126  
Permit Type: SEWALLS POINT  
Date Issued: 15-SEP-2006  
Project:  
Scope of Work: Pool Enclosure/Hurricane Damage

Applicant/Contact:	BUTTON, RAYMOND A /	
Parcel Control Number:	35-37-41-002-006-0002.0-30000	
Subdivision:	INDIALUCIE	
Construction Address:	18 INDIALUCIE	
Location Description:		
Owner Name:	BEHRINGER, ANTOINETTE	
Prime Contractor:	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 REINSPCTIONS 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 \_\_\_\_\_

9/12/06  
Date: 9/12/06 **RECEIVED** **9-13-06** Town of Sewall's Point  
BUILDING PERMIT APPLICATION Permit Number: \_\_\_\_\_  
OWNER/TITLEHOLDER NAME: ANTOINETTE BEHRINGER Phone (Day) 283-1321 (Fax) \_\_\_\_\_  
Job Site Address: 18 INDIA LUCIE PARKWAY City: STUART State: FL Zip: 34996  
Legal Desc. Property (Subd/Lot/Block) INDIA LUCIE LOT 2 Block 6 Parcel Number: 35-37-41-002-006-00020, 30000  
Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Description of Work To Be Done: POOL ENCLOSURE / HURRICANE DAMAGE

WILL OWNER BE THE CONTRACTOR?:

YES

☒ NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 13,000.00  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 8,000.00

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

Method of Determining Fair Market Value: INFLATION, DEPRECIATION

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: OCEAN BREEZE ALUM. INC. Phone: 223-5094 Fax: 287-8115  
Street: 3201 SE. SLATER ST. City: STUART State: FL Zip: 34997  
State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: SPO 2390

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Mechanical: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT N/A Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER N/A Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ Screened Porch: 1428  
Carport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required)

Antoinette Behringer  
State of Florida, County of: MARTIN  
This the 11 day of September, 2006  
by Antoinette Behringer who is personally  
known to me SHERA ELTON KOPPEL  
as identification Notary Public - State of Florida  
My Commission Expires Nov 20, 2007  
Commission # 00213745  
Notary Public

My Commission Expires: 5/20/17

CONTRACTOR SIGNATURE (required)

Raymond A. Butts  
On State of Florida, County of: MARTIN  
This the 12 day of Sept, 2006  
by Raymond Butts who is personally  
known to me or produced MARGIE L. WOLZ  
As identification Notary Public - State of Florida  
My Commission Expires Nov 16, 2008  
Commission # DD 372124  
Banded By National Notary Assn.  
My Commission Expires: Nov 16, 2008

Seal

Seal

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

INSTR # 1874254 OR BK 02063 PG 0133 RECD 09/22/2005  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Walsh

09:49:12 AM

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # \_\_\_\_\_

TAX FOLIO # 35-37-41-002-006-00020

30000

**NOTICE OF COMMENCEMENT**

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

18 INDIA LUCIE PARKWAY STUART, FL 34996

LOT 2 BILBO

363/184

GENERAL DESCRIPTION OF IMPROVEMENT: POOL ENCLOSURE, HURRICANE DAMAGE

OWNER: ~~ANTOINETTE~~ ANTOINETTE BEHLINGER

ADDRESS: 18 INDIA LUCIE PARKWAY STUART, FL 34996

PHONE #: 283-1321 FAX #: \_\_\_\_\_

INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: OCEAN BUZZ ALUMINUM, INC.

ADDRESS: 3201 SE SLATER ST. STUART, FL 34997

PHONE #: 223-5094 FAX #: 287-8115

SURETY COMPANY (IF ANY): \_\_\_\_\_

ADDRESS: N/A

PHONE #: \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_

LENDER/MORTGAGE COMPANY: \_\_\_\_\_

ADDRESS: N/A

PHONE #: \_\_\_\_\_

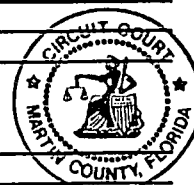
STATE OF FLORIDA

MARTIN COUNTY

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

MARSHA EWING CLERK

FAX #: 912-2105 D.C.  
DATE: 9/22/05



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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES \_\_\_\_\_  
OF \_\_\_\_\_ TO RECEIVE A COPY OF THE LIENOR'S

NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

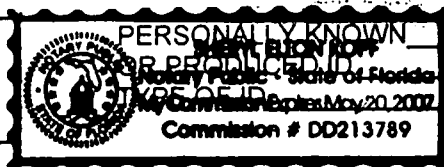
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

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

Antoinette Behlinger  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 320 DAY OF JUNE 2005  
BY \_\_\_\_\_

Sheryl E. Kopl  
NOTARY SIGNATURE





## **SCREEN ENCLOSURE (Revised 12/28/05)**

### **PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS 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
2. 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
6. 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
2. 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**



(SIGNATURE OF APPLICANT)

DATE SUBMITTED: \_\_\_\_\_

9/13/06

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

1/12/06

PRODUCER

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

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

INSURERS AFFORDING COVERAGE

INSURED

Ocean Breeze Aluminum, Inc.  
3201 SE Slater Street, Bay #1  
Stuart FL 34997

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

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	20664302	1-28-06	1-28-07	EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$100,000
					MED EXP (Any one person) \$10,000
					PERSONAL & ADV INJURY \$1,000,000
					GENERAL AGGREGATE \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMPROP AGG \$1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	20664302	1-28-06	1-28-07	COMBINED SINGLE LIMIT (Ea accident) \$300,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
					AUTO ONLY - EA ACCIDENT \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

Aluminum Screen Installation - State of Florida

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Lawrence E. Kearns

© ACORD CORPORATION 1988

**ACORD****CERTIFICATE OF LIABILITY INSURANCE**Date  
12/8/2005**Producer:** Lion Insurance Company  
2739 U.S. Highway 19 N.  
Holiday, FL 34691  
Phone: 727-938-5562 Fax: 727-937-2138

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

**Insured:** South East Personnel Leasing, Inc.  
2739 U.S. Highway 19 N.  
Holiday, FL 34691  
Phone : (727)938-5562

## Insurers Affording Coverage

NAIC #

Insurer A: Lion Insurance Company

11075

Insurer B:

Insurer C:

Insurer D:

Insurer E:

**Coverages**

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur  General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> Any Auto				Auto Only - Ea Accident	\$
						Other Than EA Acc	\$
						Autos Only: AGG.	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence	
						Aggregate	
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2006	01/01/2007	X WC Statutory Limits	OTH-ER
						E.L. Each Accident	\$1000000
						E.L. Disease - Ea Employee	\$1000000
						E.L. Disease - Policy Limits	\$1000000
		<b>Other</b> 0866653 Ocean Breeze Aluminum, Inc.	COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.				

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:  
COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Ocean Breeze Aluminum, Inc. \*  
FAX: 772-287-8115 & 772-220-4765 / ISSUE 08-30-05 (TD)**Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616**

## CERTIFICATE HOLDER

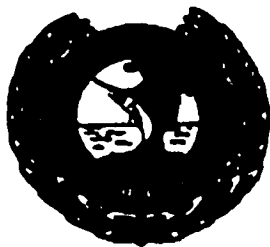
## CANCELLATION

TOWN OF SEWAL'S POINT

1 SOUTH SEWALL'S POINT ROAD  
SEWALL'S POINT

FL 34996

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

**Martin County Building Department****2401 SE Monterey Road****Stuart, FL 34998****(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 fails to display the contractor license number of the contractor.

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



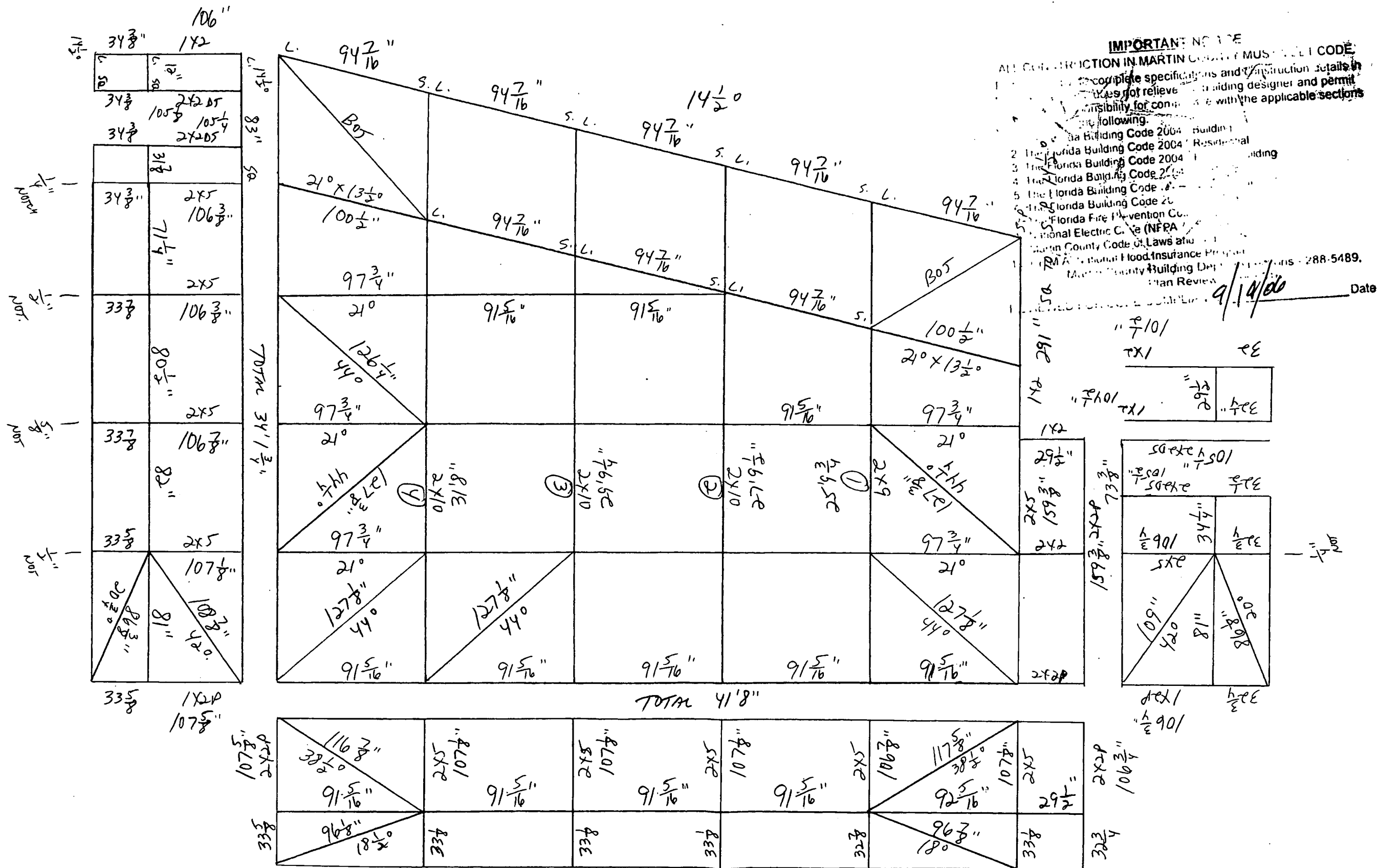
**MARTIN COUNTY, FLORIDA  
Construction Industry Licensing Board  
Certificate of Competency**

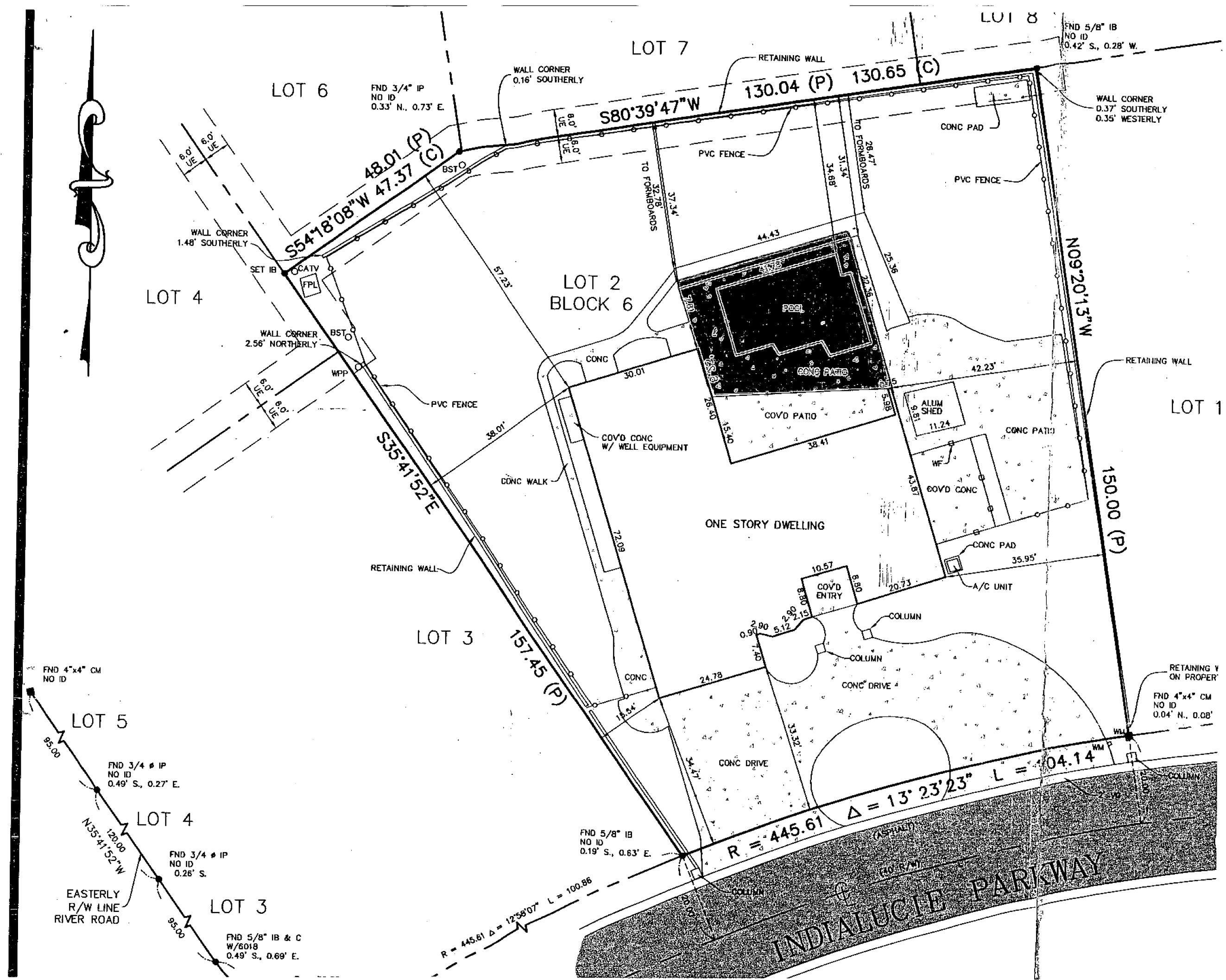
**ALUMINUM/CONCRETE CONTRACTOR**

**License Number SP02390 Expires: 30-SEP-2007**

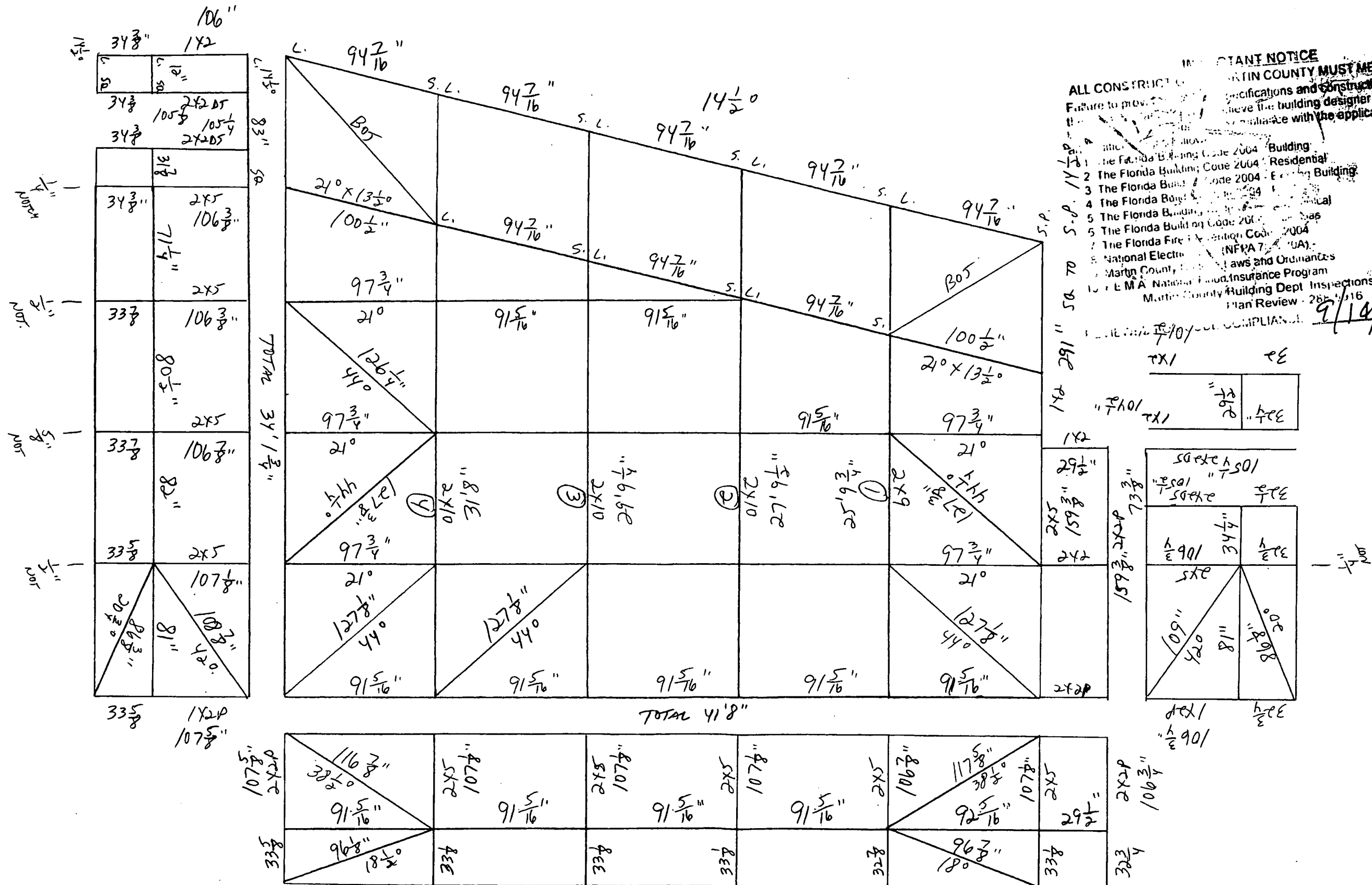
**BUTTON, RAYMOND A  
OCEAN BREEZE ALUMINUM INC  
3201 SE SLATER ST BAY 1 & 2  
STUART, FL 34997**

WHITE METAL  
18-14





WHITE METAL  
18-14



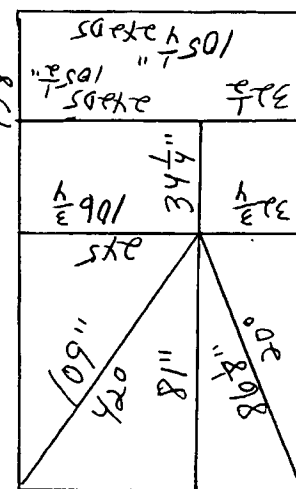
IN STANT NOTICE

**ALL CONSTRUCTION**  
Failure to provide details in accordance with the applicable sections of the building code.

- 1 The Florida Building Code 2004 Building  
2 The Florida Building Code 2004 Residential  
3 The Florida Building Code 2004 Existing Building  
4 The Florida Building Code 2004 Mechanical  
5 The Florida Building Code 2004 Electrical  
6 The Florida Building Code 2004  
7 The Florida Fire & Alarm Code 2004  
8 National Electrical Code (NECA 700) (UA)  
9 Martin County Laws and Ordinances  
10 E M A National Flood Insurance Program  
11 Martin County Building Dept Inspector  
12 Plan Review - 265/116

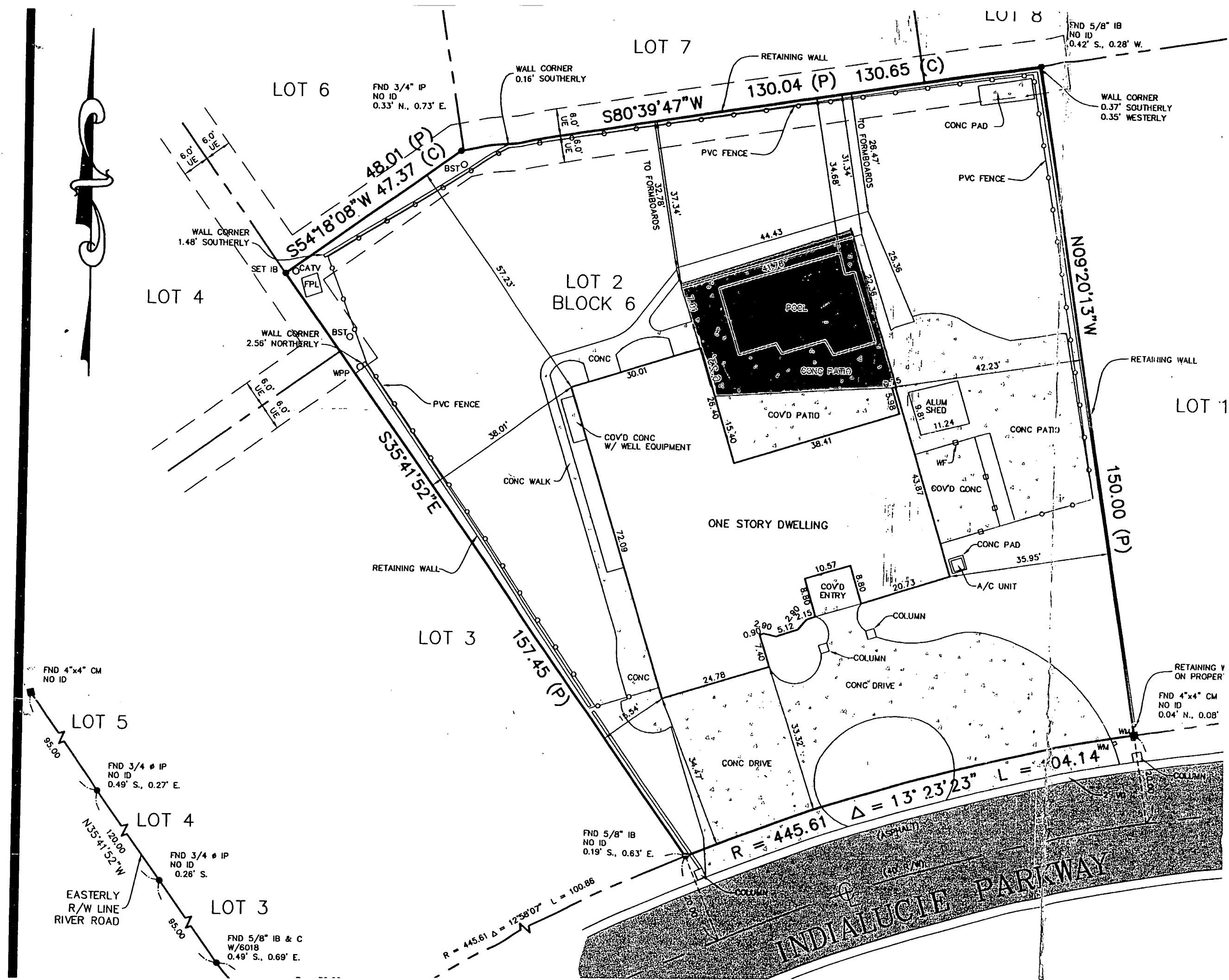
Final Review Date: 9/14/06 Date

32	32 1/2	32 1/2	32
TX1	TX1	TX1	TX1



$\frac{4}{3} \times 10^3$





# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri 9/29, 2006

Page 3 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0123		FENCE FINAL	PASS	
11	18 CASTLE HILL			INSPECTOR: <i>[Signature]</i>
0126		ENCLOSURE	PASS	CLOSE
8	18 INDIALUCIE			INSPECTOR: <i>[Signature]</i>
0130		REPLACE ENCLOSURE	FAIL	\$40 FEE
5	46 RIO VISTA			INSPECTOR: <i>[Signature]</i>
0118		GAS LINE	PASS	
10	97 N.S.P.R.			INSPECTOR: <i>[Signature]</i>
0088		V.G. PLUMBING	PASS	
9	94 N.S.P.R.			INSPECTOR: <i>[Signature]</i>
0040		V.G. TANK & LINE	PASS	
4	26 SIMARA ST.			INSPECTOR: <i>[Signature]</i>
				INSPECTOR:

OTHER:

MARTIN COUNTY, FL  
Report: bldg14

Martin County Reports  
Permit List by Parcel

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

Permit	Permit Type	Permit Description	Status	Issue Date	Parcel	Value
20060092	SP01	SEWALLS POINT Subdivision ID: 353741002 Subdivision Name: INDIALUCIE	OPEN	27-JUL-2006	35-37-41-002-000-0001.0-80000 Address: 3766 SE OCEAN BLVD	\$25,000.00
20060077	SP01	SEWALLS POINT Subdivision ID: 353741002 Subdivision Name: INDIALUCIE	OPEN	11-JUL-2006	35-37-41-002-004-0008.0-50000 Address: 18 BANYAN RD	\$19,800.00
20060126	SP01	SEWALLS POINT Subdivision ID: 353741002 Subdivision Name: INDIALUCIE	OPEN	15-SEP-2006	35-37-41-002-006-0002.0-30000 Address: 18 INDIALUCIE	\$13,000.00
20060121	SP01	SEWALLS POINT <i>Incomp. Insp.</i> Subdivision ID: 353741002 Subdivision Name: INDIALUCIE	OPEN	08-SEP-2006	35-37-41-002-006-0003.0-10000 Address: 20 NORTH RIVER RD	\$20,000.00
20060122	SP01	SEWALLS POINT <i>No Insp.</i> Subdivision ID: 353741002 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	SEWALLS POINT <i>No Insp. / open C.O.A</i> Subdivision ID: 353741002 Subdivision Name: INDIALUCIE	OPEN	25-SEP-2006	35-37-41-002-008-0006.0-00000 Address: 19 N RIVER ROAD	
20060102	SP01	SEWALLS POINT <i>Incomp. Insp.</i> Subdivision ID: 353741002 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	SEWALLS POINT Subdivision ID: 353741003 Subdivision Name: INDIALUCIE EAST	OPEN	21-SEP-2006	35-37-41-003-000-0002.0-50000 Address: 8 N SEWALLS POINT RD	\$4,150.00
20060081	SP01	SEWALLS POINT <i>Incomp. Insp.</i> Subdivision ID: 353741007 Subdivision Name: TWIN RIVERS	OPEN	13-JUL-2006	35-37-41-007-000-0001.0-30000 Address: 118 SEWALLS POINT PT	\$22,000.00
20060125	SP01	SEWALLS POINT <i>Incomp. Insp.</i> Subdivision ID: 353741007 Subdivision Name: TWIN RIVERS	OPEN	14-SEP-2006	35-37-41-007-000-0010.1-30000 Address: 11 N WENDY LN	\$2,400.00
20060094	SP01	SEWALLS POINT Subdivision ID: 353741008 Subdivision Name: KNOWLES	OPEN	28-JUL-2006	35-37-41-008-000-0011.0-10000 Address: 8 KNOWLES RD	\$6,000.00
20060104	SP01	SEWALLS POINT Subdivision ID: 353741008 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**

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

## TOWN OF SEWALL'S POINT

Date 2/2/05 BUILDING PERMIT NO. 7258  
Building to be erected for BEHRINGER Type of Permit PATIO DECK  
Applied for by DeTHOMAS CONCRETE (Contractor) Building Fee 35.00  
Subdivision INDIALUCIE Lot 2 Block 6 Radon Fee \_\_\_\_\_  
Address 18 INDIALUCIE PARKWAY Impact Fee \_\_\_\_\_  
Type of structure DECK A/C Fee \_\_\_\_\_  
Electrical Fee \_\_\_\_\_  
Parcel Control Number: Plumbing Fee \_\_\_\_\_  
Roofing Fee \_\_\_\_\_  
3537410020060002030000  
Amount Paid 35.00 Check # 0793 Cash \_\_\_\_\_ Other Fees ( ) \_\_\_\_\_  
Total Construction Cost \$ 2400.00 TOTAL Fees 35.00

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

11-27-07 called  
web

## PERMIT

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

## INSPECTIONS

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

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

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

Date: 1/18/05

OWNER/TITLEHOLDER NAME: Antoinette (Toni) Behringer Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_

Job Site Address: 15 INDIAN LUCIE PARKWAY City: STUART State: FL Zip: 349

Legal Desc. Property (Subd/Lot/Block) INDIAN LUCIE Parcel Number: LOT 2 BLOCK 6 PLAT 4

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

Description of Work To Be Done: ADD on to PATIO DECK

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2400.00  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_

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

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

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: DETHOMAS CONCRETE INC Phone: 370-4113 Fax: 220-9172

Street: PO BOX 52 City: STUART State: FL Zip: 34995

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: SP03221

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.# \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER \_\_\_\_\_ Lic.# \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Antoinette Behringer

State of Florida, County of: MARTIN

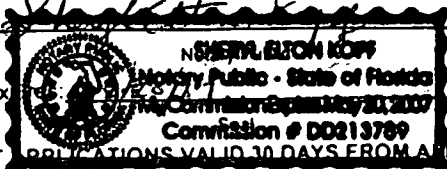
This the 20th day of JANUARY, 2004

by \_\_\_\_\_ who is personally

known to me or produced

as identification.

My Commission Expires



CONTRACTOR SIGNATURE (required)

Frank J. DeThomas Jr.

On State of Florida, County of: MARTIN

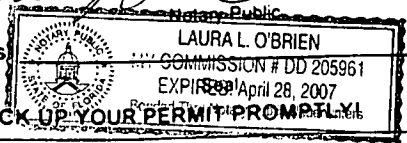
This the 18th day of JANUARY, 2005

by FRANK J. DETHOMAS JR. who is personally

known to me or produced

As identification

My Commission Expires



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



Home Office:  
One Nationwide Plaza  
Columbus, OH 43215-2220

## 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

TYPE OF INSURANCE LIABILITY	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
<input checked="" type="checkbox"/> Liability and Medical Expense	77-AC-770261-3001 NATIONWIDE MUTUAL FIRE INSURANCE CO.	11-18-04	11-18-05	Any One Occurrence..... \$ 300,000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org ..... \$ 300,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON ..... \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 100,000
				General Aggregate* ..... \$ 600,000
				Prod/Comp Ops Aggregate* . \$ 600,000
<input type="checkbox"/> Other Liability				
AUTOMOBILE LIABILITY				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) ..... \$
<input type="checkbox"/> Owned				(Each Accident) ..... \$
<input type="checkbox"/> Hired				Property Damage (Each Accident) ..... \$
<input type="checkbox"/> Non-Owned				Combined Single Limit .... \$
EXCESS LIABILITY				Each Occurrence ..... \$
<input type="checkbox"/> Umbrella Form				Prod/Comp Ops/Disease Aggregate* ..... \$
<input type="checkbox"/> Workers' Compensation and <input type="checkbox"/> Employers' Liability				STATUTORY LIMITS BODILY INJURY/ACCIDENT ... \$ Bodily Injury by Disease EACH EMPLOYEE ..... \$ Bodily Injury by Disease POLICY LIMIT ..... \$

DESCRIPTION OF OPERATIONS/LOCATIONS  
VEHICLES/RESTRICTIONS/SPECIAL ITEMS

*Arthur W. Hill*

Effective Date of Certificate: 11-18-2004  
Date Certificate Issued: 01-19-2005

Authorized Representative: ARTHUR HILL  
Countersigned at: 2159 SE OCEAN BOULEVARD  
STUART, FL 34996



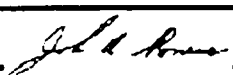
**MARTIN COUNTY, FLORIDA**  
**Construction Industry Licensing Board**  
**Certificate of Competency**

***CONCRETE FORMING & FINISHING***

License Number SP03221 Expires: 30-SEP-05

DETHOMAS, FRANK  
DETHOMAS CONCRETE INC  
4234 SE FAIRWAY EAST  
STUART, FL 34997



<b>ACORD</b> <small>TM</small> <b>CERTIFICATE OF LIABILITY INSURANCE</b>						Date 1/18/2005	
<b>Producer:</b> Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34681 Phone: 727-938-6662 Fax: 727-937-2138				This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.			
<b>Insured:</b> South East Personnel Leasing 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone (727)938-5562				<b>Insurers Affording Coverage</b>		<b>NAIC #</b>	
<b>Insured:</b> South East Personnel Leasing 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone (727)938-5562				<b>Insurer A:</b> Lion Insurance Company			
				<b>Insurer B:</b>			
				<b>Insurer C:</b>			
				<b>Insurer D:</b>			
				<b>Insurer E:</b>			
<b>Coverages</b> <small>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, in part, be the insurance afforded by the policies described herein, is subject to all the terms, conditions, and coverages of such policies. Aggregate limits shown may have been reduced by payments.</small>							
W/C	ACC.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <input type="checkbox"/> _____ General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LCL				Each Occurrence	\$
						Damage to rented premises (EA Occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> Any Auto				Auto Dam - EA Accident	\$
						Other Than EA Acc	\$
						Auto Dam	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence	\$
						Aggregate	\$
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71549	01/01/2005	01/01/2006	<input checked="" type="checkbox"/> W/C Statutory Limits <input type="checkbox"/> OTH-ER	
						E.L. Each Accident	\$100,000
						E.L. Disease - Ea Employee	\$100,000
						E.L. Disease - Policy Limits	\$100,000
		<b>Other</b> 0858103 DeThomas Concrete Services Inc c/o	<b>COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.</b>				
Descriptions of Operators/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: <b>COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASE TO BUT NOT SUBCONTRACTORS OF DeThomas Concrete Services, Inc c/o Shear Venty - fax 772-220-9172 &amp; 772-220-4765 /ISSUE 1-18-05 (JOM)</b>							
<b>CERTIFICATE HOLDER</b>  TOWN OF SEWALL'S POINT  1 SOUTH SEWALLS POINT RD SEWALLS POINT FL 34596				<b>CANCELLATION</b> Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will notify the insured in writing within 30 days of the date of cancellation. The insured shall be notified by registered mail or by first class mail or by any other means of communication. The insured shall be notified by registered mail or by first class mail or by any other means of communication.			
							

# CREECH

ENGINEERS INC.  
CIVILIZATION ENGINEERED

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**

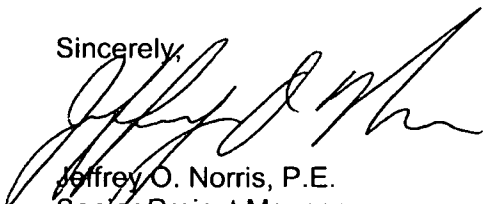
Dear Mr. DeThomas.:

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,



Jeffrey O. Norris, P.E.  
Senior Project Manager  
**Creech Engineers, Inc.**  
[jnorris@creechinc.com](mailto:jnorris@creechinc.com)

JON/

25013-00-01-DeThomas-Lot2Indialucie-012805

Jupiter Office • (561) 745-4495 • Fax (561) 741-1791  
Melbourne Office • (321) 255-5434 • Fax (321) 255-7751  
Tallahassee Office • (850) 841-1705 • Fax (850) 841-1706

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri FEB 4, 2005 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7166	JANORSKY	FINAL ROOF	PASS	CLOSE
8	4 PINEAPPLE LA			
	O/B	(*LATE*)		INSPECTOR:
<del>7156</del>	<del>BEHNINGER</del>	<del>PATIO SLAB</del>	<del>FAIL</del>	
13	18 INDIA LUCIE PKY			
	DETHOMAS CONCRETE			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7111	PALM ROW	DOCK	PASS	CLOSE
4	120 S. SEWALL'S			
	J & B BOATLIFT			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>7108</del>	<del>WINSLOW</del>	<del>TINTAG METAL</del>		<del>Reschedule Mon</del>
	10 S. SEWALL'S PT			
	PACIFIC ROOFING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7202	BABBITT	DOCK FINAL	PASS	CLOSE
6	76 S. SEWALL'S PT			
	O/B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>Tree</del>	<del>SCHNABEL</del>	<del>TREE</del>	<del>PASS</del>	
3	122 S. SEWALL'S			
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7043	SWEENEY	TINTAG + METAL	PASS	
9	4 S. VIA LUCINDA	SKYLIGHT + SCREENS		
	O/B			INSPECTOR:
OTHER:	TREE RIGHT TO 8 PALM COURT			PASS



7258

## TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

### CORRECTION NOTICE

ADDRESS: 18 INDIALOCIA PKWY

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

PATIO EXTENSION

8 X 8 SLAB EDGE W/ 1#5  
CONT. MUST BE AT ALL  
EDGES 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

[Signature]


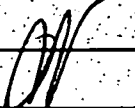
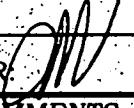

INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri 4/1, 2004 5 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7251	BORGEN	FINAL SCR. ENCL.	PASS	CLOSE
12	21 EMARITA WAY PIONEER SCREEN			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6705	ANDERSON	ROOF METAL		WILL RESCHEDULE
11	9 PALMETTO PALM BEACH CREAT	FRAMING		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>7306</del>	<del>RIVER</del>	<del>FOOTER RE. WALK</del>		<del>Resch Mon</del>
	29 S. RIVER RD LEAF DEVELOPMENT (FIRST PLEASE)			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>7321</del>	<del>KRINGER</del>	<del>DOY IN</del>		<del>RESC</del>
	143 S. RIVER RD STUART ROOF	TT & METAL		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>7253</del>	<del>BEHRENGER</del>	<del>FORMBOLED</del>	<del>FAIL</del>	
14	16 INDIAN W/CE DETHOMAS	PATIO		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	LIPSHULTZ	DOWNDRAFTS	PASS	
1	53 S. RIVER RD	PIPELINE (EARLY PLEASE)		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7120	TROILD	FINAL ROOF	PASS	CLOSE
4	3 PALM ROAD PACIFIC ROOFING			INSPECTOR: 

OTHER:

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ ~~Thurs~~ 11-29, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8745	Nelson	plumbing	PASS	
1	3 Marquerita Nelson Homes			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0088	foole	Final	FAIL	
5 3PM	94 N Sewalls Pt Walter White	485.0700 WALTER		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8492	Vaspo	windows & doors	FAIL	
4	98 S River Rd GIC	10:30		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7801	Cumming	Main house 2nd fl	PASS	
5	835 River Elias Mgmt	electric 11:00		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8769	Behringer	door	FAIL	
3	18 Indialucie Handyman			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7858	Behringer	Final	PASS	
3	18 Indialucie DeHomas	(old)		INSPECTOR: <i>[Signature]</i>
PERMIT	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**

PERMIT NUMBER:	8769	DATE ISSUED:	NOVEMBER 27, 2007
SCOPE OF WORK:	REPLACE WINDOWS & DOORS		
CONDITIONS :			
CONTRACTOR:	HANDYMAN MATTERS		
PARCEL CONTROL NUMBER:	353741002006000203	SUBDIVISION	INDIALUCIE LOT2,BL6
CONSTRUCTION ADDRESS:	18 INDIALUCIE PKWY		
OWNER NAME:	BEHRINGER		
QUALIFIER:	STEVE FENTON	CONTACT PHONE NUMBER:	781-4291

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE  
CALL 287-2455 - 8:00AM TO 4:00PM      INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

### REQUIRED INSPECTIONS

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

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



09-16-07:12:52

4098089

# 4/ 4

## NOTICE OF COMMENCEMENT

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

PERMIT #: \_\_\_\_\_ TAX FOLIO #: \_\_\_\_\_  
 STATE OF Florida COUNTY OF Martin

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

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

indialucic, lot 2, blk 6 or 363/184

GENERAL DESCRIPTION OF IMPROVEMENT: Replace windows/doors (exterior)

OWNER NAME: Antoinette Behringer  
 ADDRESS: 18 indialucic, PW Stuart, FL 34996  
 PHONE NUMBER: 283-1321 FAX NUMBER: \_\_\_\_\_

INTEREST IN PROPERTY: \_\_\_\_\_

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

CONTRACTOR: Handyman Matters of the Treasure Coast  
 ADDRESS: 593 Central Parkway Stuart, FL 34996  
 PHONE NUMBER: 781-4291 FAX NUMBER: 408-8089

SURETY COMPANY (IF ANY): \_\_\_\_\_ THIS IS TO CERTIFY THAT THE  
 ADDRESS: \_\_\_\_\_ PAGES: 3A TRUE  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 BOND AMOUNT: \_\_\_\_\_ AND CORRECT COPY OF THE ORIGINAL.  
 \_\_\_\_\_ MARSHA EWING, CLERK

LENDER/MORTGAGE COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: 11-22-07

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

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES \_\_\_\_\_ OF  
 TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B).

FLORIDA STATUTES: PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

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

Antoinette Behringer  
 SIGNATURE OF OWNER OR OWNER'S AUTHORIZED AGENT

SIGNATORY'S TITLE/OFFICE

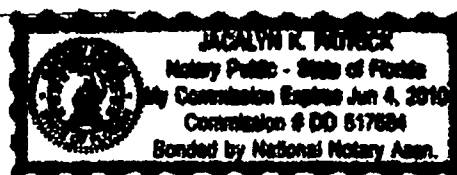
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 24 DAY OF Sept, 2007.

BY: Antoinette Behringer AS NA FOR NA  
 NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN X OR PRODUCED IDENTIFICATION \_\_\_\_\_

TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

Jacalyn R. Patuck  
 NOTARY SIGNATURE NOTARY SEAL



INSTR # 2052029 OR BK 02293 PG 0939 RECD 11/27/2007 04:19:10 PM  
 Pg 0939 (199)  
 MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix



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

FILE COPY  
**TOWN OF SEWALL'S POINT**  
THESE PLANS HAVE BEEN  
REVIEWED FOR CODE COMPLIANCE  
DATE 10-12-07  
49  
**BUILDING OFFICIAL**

**WINDOW/DOOR SCHEDULE**

ID NO	APPOX OPENING SIZE (WXH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	19 X 63		SH	X		MULLED TOGETHER
2	19 X 63		SH	X		MULLED TOGETHER
3	59 X 63		FIX	X		FIXED/MULLED TOGETHER
4	74 X 38		SH	X		W/# 1 + #2
5	74 X 38		SH	X		
6	74 X 38		SH	X		
7	74 X 38		SH	X		
8	6-0 X 6-8		DOOR			FRENCH DOOR
9	3-0 X 6-8					SIDE LIGHT FOR #8
10	3-0 X 6-8					SIDE LIGHT FOR #8
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

TOTAL GLAZED OPENING AREA FOR STRUCTURE: \_\_\_\_\_ S.F.

\*PERCENTAGE OF NEW GLAZED AREA: \_\_\_\_\_ %  
(TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2004 FBC/ EXISTING BUILDING 507.3.

**\* TYPE WINDOWS**

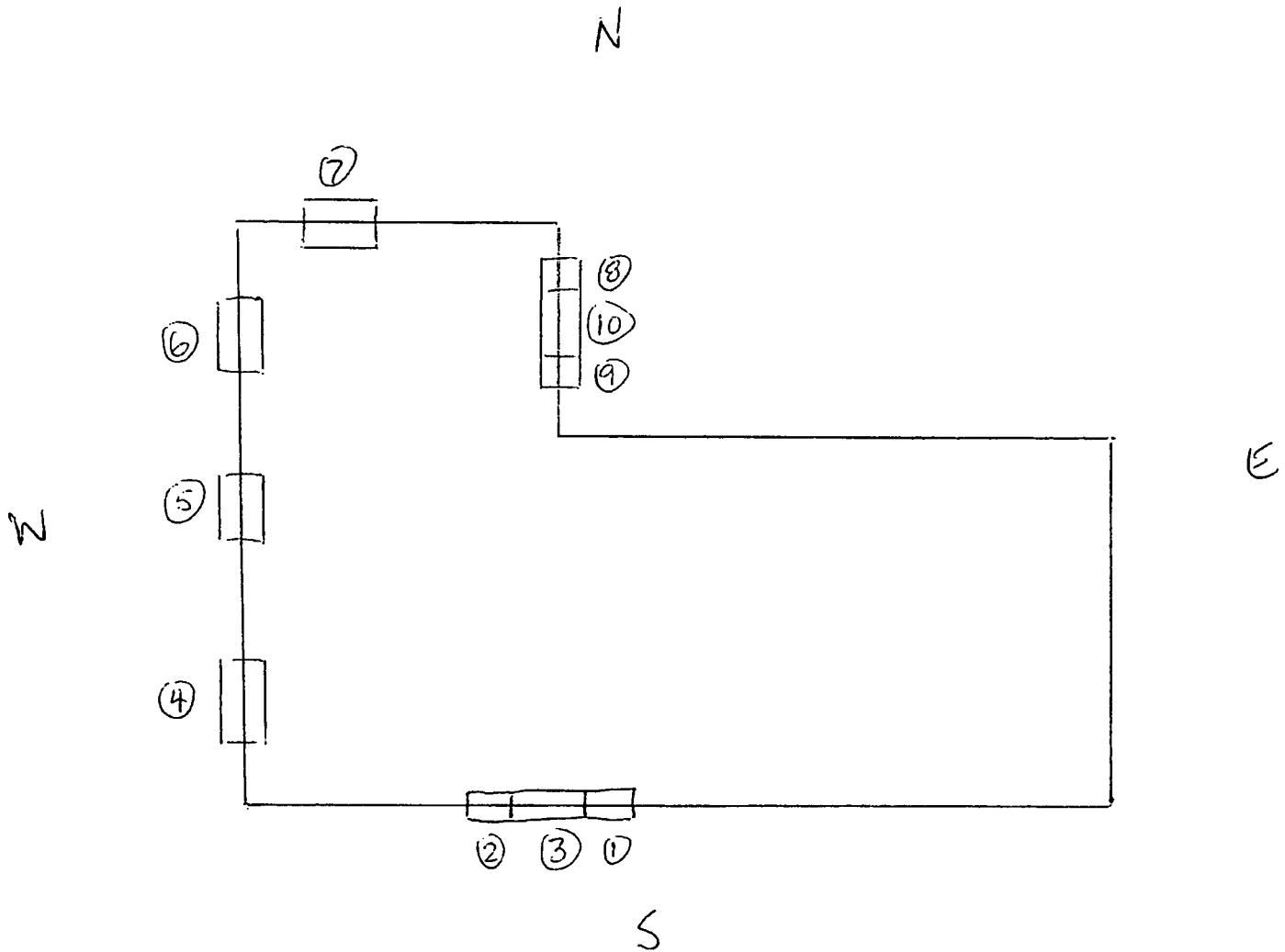
SH - SINGLE HUNG  
DH - DOUBLE HUNG

AWN - AWNING  
CAS - CASEMENT

SL - SLIDING  
FIX - FIXED

BEHRINGER  
18 INDIALUCIE PKWY  
SENAU'S POINT

---



---

HANDYMAN 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

## **NOTICE OF ACCEPTANCE (NOA)**

[www.buldingcodeonline.com](http://www.buldingcodeonline.com)

**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.**



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

## NOTICE OF ACCEPTANCE (NOA)

[www.buldingcodeonline.com](http://www.buldingcodeonline.com)

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.



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](http://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. Gascon  
6/28/06

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

**RECEIVED**  
DATE: 10-10-07  
TOWN OF SEWALL'S POINT

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

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

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

OWNER/TITLEHOLDER NAME: Antoinette Behringer Phone (Day): 283-1321 (Fax): \_\_\_\_\_Job Site Address: 18 Indialucie Pk City: Stuart State: FL Zip: 34996Legal Desc. Property (Subd/Lot/Block): Indialucie lot 2 Blk Parcel Number: 35-37-41-002-006-00 203

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

Scope of work: Replace windows and doors (exterior)**WILL OWNER BE THE CONTRACTOR?**

(If yes, Owner Builder questionnaire must accompany application)

YES \_\_\_\_\_ NO XHas a Zoning Variance ever been granted on this property?  
YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO N/A

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

**COST AND VALUES:** (Required on ALL permit applications)Estimated Value of Improvements: \$12,000

(Notice of Commencement required when over \$2500 prior to first inspection)

Is subject property located in flood hazard area? V \_\_\_\_\_ A9 \_\_\_\_\_ A8 X**FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS ONLY:**

Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_

(Fair Market Value of the Primary Structure only, Minus the land value)

PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Handyman Matters of the Treasure Coast Phone: 772-781-4291 Fax: 772-408-8089Street: 593 Central Parkway City: Stuart State: FL Zip: 34994State Registration Number: \_\_\_\_\_ State Certification Number: 660511707 Municipality License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

AREA SQ. FOOTAGE (W/SEWER &amp; ELECTRIC): Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ Screened Porch: \_\_\_\_\_

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 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. 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 ENCOMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.

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

\*\*\*\*\*A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS\*\*\*\*\*  
OWNER OR AUTHORIZED AGENT SIGNATURE (required) \_\_\_\_\_ CONTRACTOR SIGNATURE (required) \_\_\_\_\_

State of Florida, County of: MartinThis the 24 day of September, 2007by Antoinette Behringer who is personally

known to me or produced as identification. \_\_\_\_\_

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

On State of Florida, County of: MartinThis the 5th day of October, 2007by Steve Fenton who is personally

known to me or produced as identification. \_\_\_\_\_

My Commission Expires: March 2, 2010

SINGLE FAMILY PERMIT APPLICATIONS MUST BE FILED WITHIN 180 DAYS OF APPROVAL. NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.3). PLEASE PICK UP PERMIT PROMPTLY!

Notary Public - State of Florida  
My Commission Expires Mar 2, 2010  
Commission # DD 524712  
Bonded By National Notary Assn.

**ACORD CERTIFICATE OF LIABILITY INSURANCE**OP ID SE  
HANDM-1DATE (MM/DD/YYYY)  
08/28/07

## PRODUCER

Stuart Insurance, Inc.  
3070 S W Mapp  
Palm City FL 34990  
Phone: 772-286-4334 Fax: 772-286-9389

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

## INSURED

Fenton Management Services LLC  
d/b/a Handyman Matters of the  
Treasure Coast  
PO Box 1786  
Stuart FL 34995-1786

## INSURERS AFFORDING COVERAGE

## NAIC #

INSURER A: Auto Owners Insurance Co

18988

INSURER B: Old Republic Surety

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	BINDER090907	09/01/07	09/01/08	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 30000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 2000000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	4509402300	07/28/07	07/28/08	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$
B	BUS. SERVICE BOND	088544115 OLD REPUBLIC	07/05/07	07/05/08	BOND 10000

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

Buildings - Carpentry - State of Florida

## CERTIFICATE HOLDER

TOWSC-1

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

## CANCELLATION

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

7/16/2007

<b>PRODUCER</b>  CONDON MEEK 1211 COURT STREET CLEARWATER, FL 33756	Serial # 121107	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
<b>INSURED</b>  FrankCrum 100 S MISSOURI AVENUE CLEARWATER FL 33756		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC#</th> </tr> <tr> <td>INSURER A: FRANK WINSTON CRUM INSURANCE, INC.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: FRANK WINSTON CRUM INSURANCE, INC.		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC#													
INSURER A: FRANK WINSTON CRUM INSURANCE, INC.														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														

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 OF OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR    GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE		\$	
						FIRE DAMAGE (Any one fire)		\$	
						MED EXP (Any one person)		\$	
						PERSONAL & ADV INJURY		\$	
						GENERAL AGGREGATE		\$	
						PRODUCTS - COMP/OP AGG		\$	
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS    				COMBINED SINGLE LIMIT (Ea accident)		\$	
						BODILY INJURY (Per person)		\$	
						BODILY INJURY (Per accident)		\$	
						PROPERTY DAMAGE (Per accident)		\$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO  				AUTO ONLY - EA ACCIDENT		\$	
						OTHER THAN EA ACC		\$	
						AUTO ONLY: AGG		\$	
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE    <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE		\$	
						AGGREGATE		\$	
								\$	
								\$	
								\$	
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 7 0000 0000	1/1/2007	1/1/2008	X	WC STATUTORY LIMITS		OTHER
							E.L. EACH ACCIDENT	\$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		OTHER							

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

THIS CERTIFICATE REMAINS IN EFFECT PROVIDED THE CLIENT'S ACCOUNT IS IN GOOD STANDING WITH FrankCrum. COVERAGE IS NOT PROVIDED FOR ANY EMPLOYEE FOR WHICH THE CLIENT IS NOT REPORTING HOURS TO FrankCrum. COVERAGE IS NOT PROVIDED FOR STATUTORY EMPLOYEES OF THE CLIENT. EFFECTIVE 06/21/2004, APPLIES TO 100% OF THE EMPLOYEES OF FrankCrum LEASED TO FENTON MANAGEMENT SERVICES, LLC DBA HANDYMAN MATTERS OF THE TREASURY. 772-219-0856

CERTIFICATE HOLDER

CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE

*John H. Bluff Jr*



STATE OF FLORIDA

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# 269155  
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 F.S.  
Expiration date: AUG 31, 2008 L06080200058

DETACH HERE

AC# 2691554

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0608020005

DATE	BATCH NUMBER	LICENSE NBR
08/02/2006	050671765	CGC1511707

The GENERAL CONTRACTOR  
Named below is CERTIFIED  
Under the provisions of Chapter 489 F.S.  
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  
TALLAHASSEE FL 32399-0783

(850) 487-1395

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



STATE OF FLORIDA AC# 2694194  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

QB38969

08/02/06 050671761

QUALIFIED BUSINESS ORGANIZATION  
FENTON 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 FS  
Expiration date: AUG 31, 2007 L06080202696

DETACH HERE

AC# 2694194

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
08/02/2006	050671761	QB38969

The BUSINESS ORGANIZATION  
Named below IS QUALIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2007  
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS  
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

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

JEB BUSH  
GOVERNOR

SIRONE MARSTILLER  
SECRETARY

**CITY OF STUART  
OCCUPATIONAL LICENSE  
2006-2007**

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

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

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

This occupational license does not permit 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

BUSINESS NAME AND MAILING ADDRESS	HANDYMAN MATTERS FENTON, STEVE 593 SE CENTRAL PKWY STUART FL 34994
---	---

DATE
09/19/2006

**CHERYL WHITE**  
CITY CLERK



## TOWN OF SEWALL'S POINT

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.

DOORS

ADD FASTENERS @ SILL & HEAD OF  
SIDELIGHTS PER 9 OF 11 OF  
PRODUCT APPROVAL

AND TAP CON TO PLATE SOUTH  
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: 11/29

INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ ~~Thurs~~ 11-29, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8745	Nelson	plumbing	PASS	
1	3 Marquerita Nelson Homes			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0088	foole	Final	FAIL	
5 3 PM	94 N Sewalls Pt Walter White	485 0700 WALTER		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8492	Vaspo	windows & doors	FAIL	
4	98 S River Rd GIC	10:30		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7801	Cumming	Maintenance	PASS	
5	835 River Elias Mgmt	electric 11:00		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8769	Behringer	door	FAIL	
3	18 Indialucie Handyman			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1258	Behringer	Final	PASS	CLOSE
3	18 Indialucie DeHomas	(old)		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ ~~Wed~~ <sup>Tues</sup> ☐ Fri 12-4, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8535	Stark	roof nailing	Pass	
	875 River Rd	steel stair	Pass	
	Emil LaViola			INSPECTOR: <i>[Signature]</i>
<del>312</del>	<del>Belinger</del>	<del>bucks</del>	<del>Pass</del>	<del>1 BUCK</del>
LATE?	18 Indialucii		Pass	
	Handyman Matters			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	8 NORTH RIVER			
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☐ Wed ☒ Fri 12-7, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8123	Luloh	Water final	PASS	
1st	20 E High Pt			INSPECTOR: <i>QW</i>
	Seagate			
8019		Final	PASS	CLOSE
2B	6 Pineapple La			RECEIVED EX-161 REPORT. 9/25/07
	Florida Forest			INSPECTOR: <i>QW</i>
		Roof structure		SPOKE w/ OWNER
2A	37 W High Pt	investigate		NEED PERMIT FOR REPAIR
				INSPECTOR: <i>QW</i>
8516	Cummings	Final seawall only	FAIL	
4	83 S River Rd			INSPECTOR: <i>QW</i>
	Wilco			
7837	Krapil	Garage door	FAIL	
3	4 Rio Vista			INSPECTOR: <i>QW</i>
	Advanced Concepts			
8636	Villar	electric-	PASS	CONTACT
5 10AM	92 N Sewalls Pt	service charge		FPL. INSTAL METER
	O/B			INSPECTOR: <i>QW</i>
8769	Behringer	locks		
6	18 Indialucie	WINDOWS	PASS	
	Handyman Matter			INSPECTOR: <i>QW</i>
OTHER:				



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☒ Mon ☐ Wed ☐ Fri 12-17, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8486	VanVonne	Final	PASS	CLOSE
3	15 S Ridgview Pool People			INSPECTOR: <i>[Signature]</i>
8755	Durante	tie beam	PASS	
1st	48 S Sewalls OB	Columns		INSPECTOR: <i>[Signature]</i>
7801	Cummings	insulation	PASS	
4	83 S River Rd Elias Mgmt	1st fl.		INSPECTOR: <i>[Signature]</i>
8748	McGOVERN	SLAB REINSPECT.	PASS	STILL NEED
2	2 TUSCAN DRIPTWOOD			COMP. TEST. INSPECTOR: <i>[Signature]</i>
8765	KURLANDER	FENCE	PASS	RECEIVED CLOSE
	176 S. RIVER STUART FENCE			REUSED FENCE. PERMITS INSPECTOR: <i>[Signature]</i>
8750	HB Assoc of TC	Final	PASS	CLOSE
John	3724-26 SE Ocean RLM			INSPECTOR: <i>[Signature]</i>
<del>8769</del>	<del>Belvinger</del>	<del>Final</del>	<del>PASS</del>	<del>CLOSE</del>
11:30	18 Indialucie Handyman Matters			INSPECTOR: <i>[Signature]</i>
OTHER:				
8654	Bruener	strapping	PASS	
	19 Riverview	reinspect		
	Parks			

107 N.S.P.A.  
75 N.S.P.A.

SIGN VIOLATION

**TREE**

**REMOVE/RELOCATE/REPLACE**



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



**TREE CITY USA**

Since 1990,  
Sewall's Point  
has proudly been  
designated a  
"Tree City USA"

## TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Katherine Chryssidi Address [REDACTED] Phone 772 834 8418  
Contractor Rodriguez Address 4688 SE Isabella Phone 772 530 2289  
No. of Trees REMOVE 1 Species: magnolia Caliper @ 4' above soil 34 (inches) Height 25 (ft.)  
No. of Trees RELOCATE      Species:      Caliper @ 4' above soil      (inches) Height      (ft.)  
No. of Trees REPLACE      Species:      Caliper @ 4' above soil      (inches) Height      (ft.)

REPLACED OR RELOCATED TREES MUST BE INSPECTED WITHIN 30 DAYS OF PERMIT ISSUANCE

### ALL PROHIBITED SPECIES AND VEGETATIVE WASTE MUST BE REMOVED FROM PROPERTY

Reason for tree removal /relocation Diseased, termites

Signature of Property Owner K Chryssidi Date 3/15/16

This space for Official Use only:

Approved by Building Official: [Signature] Date 3-31-16 Fee: N/C

BUILDING INSPECTOR NOTES:     

☐ Minimum Tree Requirements Met On Property

☐ Prohibited Species Identified for Removal

SKETCH (Show location of tree(s) to be removed/relocated; dimensions of lot; location of structures):

