

1 Kingston Court

5312

SFR

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 3/27/01

BUILDING PERMIT NO. 5312

Building to be erected for GLENN C. & BARBARA F. ENRIQUEZ Type of Permit BLDG - S.F.R.

Applied for by ALAN B. MORRIS - DRIFTWOOD HOMES (Contractor) Building Fee 3,753.60

Subdivision KINGSTON CT. Lot 1 Block _____ Radon Fee 28.78

Address 1 KINGSTON COURT Impact Fee 4,024.92

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

Parcel Control Number: _____ Electrical Fee 120.00

13-38-41-010-000-00010-30000

Amount Paid 8,287.30 Check # 09536 Cash _____ Other Fees (PLAN REVIEW) 375.36

Total Construction Cost \$ 391,000.00 TOTAL Fees \$8,662.66

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>11/30/01</u>

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

ACCORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
03/27/2001

PRODUCER (561)334-3181 FAX (561)334-7742
Rick Carroll Insurance Agency
2160 N.E. Dixie Highway
P.O. Box 877
Jensen Beach, FL 34958-0877

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 Alan B. Morris
Driftwood Homes & Improvements
2163 Pine Ridge Street
Jensen Beach, FL 34957

INSURER A: Maryland Casualty

INSURER B: FCCI Mutual Insurance

INSURER C:

INSURER D:

INSURER E:

RECEIVED

MAR 27 2001

COVERAGES

COPY

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. IN THE EVENT OF 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.

INSUR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	RCM19308718	06/12/2000	06/12/2001	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY	\$ 1,000,000
				GENERAL AGGREGATE	\$ 2,000,000	
				PRODUCTS - COM/POP AGG	\$ 2,000,000	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
	EXCESS LIABILITY				AGG	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$
	<input type="checkbox"/> DEDUCTIBLE				AGGREGATE	\$
	<input type="checkbox"/> RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001WC01A36634	03/01/2001	03/01/2002	WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$ 100000
					E.L. DISEASE - EA EMPLOYEE	\$ 100000
					E.L. DISEASE - POLICY LIMIT	\$ 500000
	OTHER					

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

This certificate is for proof of insurance only.

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER

CANCELLATION

Ed Arnold

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

AUTHORIZED REPRESENTATIVE

Keith Carroll/CAW

Keith Carroll



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: MC00089
Expires September 30, 2001

MORRIS, ALAN B
DRIFTWOOD HOMES
2163 NE PINERIDGE ST
JENSEN BEACH, FL 34957
RESIDENTIAL CONTRACTOR MC



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(904) 727-6530

FILE

Refus

RECEIVED
AUG 23 2000
BY: *[Signature]*

MORRIS, ALAN B
DRIFTWOOD HOMES & IMPROVEMENTS
2163 NE PINE RIDGE STREET
JENSEN BEACH FL 34957

STATE OF FLORIDA AC# 56064
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
RR -0056789 08/10/1999 99900
REGISTERED RESIDENTIAL CONTR
MORRIS, ALAN B
DRIFTWOOD HOMES & IMPROVEMENT
(INDIVIDUAL MUST MEET ALL LOC
LICENSING REQUIREMENTS PRIOR
CONTRACTING IN ANY AREA)
HAS REGISTERED under the provisions of Ch. 489
Expiration Date: AUG 31, 2001

DETACH HERE

AC# 5606406

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

DATE	BATCH NUMBER	LICENSE NBR
08/10/1999	99900203	RR -0056789

The **RESIDENTIAL CONTRACTOR**
Named below **HAS REGISTERED**
Under the provisions of Chapter 489 FS.
Expiration date: **AUG 31, 2001**
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS
PRIOR TO CONTRACTING IN ANY AREA)

MORRIS, ALAN B
DRIFTWOOD HOMES & IMPROVEMENTS
2163 NE PINE RIDGE STREET
JENSEN BEACH FL 34957

FILE

MASTER PERMIT NO. 5312

TOWN OF SEWALL'S POINT

Date 4/6/01

BUILDING PERMIT NO. 5314

Building to be erected for GLENN/BARBARA ENRIQUEZ

Type of Permit ELECT. - SUB

Applied for by HERITAGE ELECTRIC

(Contractor)

Building Fee

Subdivision KINGSTON CT. Lot 1

Block

Radon Fee

Address 1 KINGSTON COURT

Impact Fee

Type of structure S.F.R.

A/C Fee

QUALIFIER: WAYNE GARDNER
LIC/CERT: M.C. ME 0009A

Electrical Fee SEE PN 5312

Parcel Control Number:

Plumbing Fee

Amount Paid _____ Check # _____ Cash _____ Other Fees () _____
Total Construction Cost \$ _____ TOTAL Fees _____

Signed Wayne Enriquez
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY DATE _____
COMPACTION TESTS DATE _____
GROUND ROUGH DATE _____
SOIL POISONING DATE _____
FOOTINGS / PIERS DATE _____
SLAB ON GRADE DATE _____
TIE-BEAMS & COLUMNS DATE _____
STRAPS AND ANCHORS DATE _____
DRIVEWAY DATE _____
AS-BUILT SURVEY DATE _____

SHEATHING DATE _____
FRAMING DATE _____
INSULATION DATE _____
ROOF DRY-IN DATE _____
ROOF FINAL DATE _____
METER FINAL DATE _____
AS BUILT SURVEY DATE _____
STORM PANELS DATE _____
LANDCAPE & GRADE DATE _____
FINAL INSPECTION DATE _____

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

CERTIFICATE OF LIABILITY INSURANCE

FP ID F4
HERIT-1

DATE (MM/DD/YY)
07/21/00

Insurance Solutions
Division of Brown & Brown
P.O. Box 5888
Lauderdale FL 33310-5888
Phone: 954-776-6675 Fax: 954-776-4327

FILE

Heritas

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

Heritage Electric, Inc.
Wayne Garber
P.O. Box 1003
Jensen Beach FL 34958

INSURER A:	Michigan Mutual Insurance CO
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

RECEIVED

AUG - 4 2000

BY: *[Signature]*

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								
	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 - COMPI/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 AUTO ONLY: EA ACC \$ AGG \$								
	EXCESS 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	WC131950601	07/23/00	07/23/01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATU-TORY LIMITS</td> <td style="width: 50%;">OTR-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$ 100000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$ 100000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$ 500000</td> </tr> </table>	WC STATU-TORY LIMITS	OTR-ER	E.L. EACH ACCIDENT	\$ 100000	E.L. DISEASE - EA EMPLOYEE	\$ 100000	E.L. DISEASE - POLICY LIMIT	\$ 500000
WC STATU-TORY LIMITS	OTR-ER												
E.L. EACH ACCIDENT	\$ 100000												
E.L. DISEASE - EA EMPLOYEE	\$ 100000												
E.L. DISEASE - POLICY LIMIT	\$ 500000												
	OTHER												

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

CERTIFICATE HOLDER The Township of Sewalls Point 1 S Seawall's Point Rd Stuart FL 36996	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. <i>Thomas E Riley</i>
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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECT CONTRACTORS LICENSING BD
1940 N MONROE ST
TALLAHASSEE FL 32399-0771

(850) 488-3109

GARBER, WAYNE E
HERITAGE ELECTRIC INC
P O BOX 1003
JENSEN BEACH FL 34958

RECEIVED
APR - 5 2001
BY: _____

See file



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: ME00094
Expires September 30, 2001

GARBER, WAYNE E
HERITAGE ELECTRIC
PO BOX 1003
JENSEN BEACH, FL 34958
MASTER ELECTRICIAN

STATE OF FLORIDA AC# 5967778
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ER-0011355 08/30/2000 00900699
REGISTERED ELECTRICAL CONTRACTOR
GARBER, WAYNE E
HERITAGE ELECTRIC INC
(INDIVIDUAL MUST MEET ALL LOCAL COMPETENCY REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)
HAS REGISTERED under the provisions of Ch. 489
Expiration Date: AUG 31, 2002

DETACH HERE

DATE	BATCH NUMBER	EXPIRES
08/30/2000	00900699	08/31/2002

THE ELECTRICAL CONTRACTOR
HAS REGISTERED
EXPIRES: AUG 31, 2002
(INDIVIDUAL MUST MEET ALL LOCAL COMPETENCY REQUIREMENTS
PRIOR TO CONTRACTING IN ANY AREA)

GARBER, WAYNE E
HERITAGE ELECTRIC INC
P O BOX 1003
JENSEN BEACH FL 34958

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

MASTER PERMIT NO. 5312

TOWN OF SEWALL'S POINT

Date 4/4/01

BUILDING PERMIT NO. 5313

Building to be erected for GLENN/BARBARA ENRIQUEZ Type of Permit A/C - SUB

Applied for by ASSOC. AIR OF PORT ST. LOUIS (Contractor) Building Fee _____

Subdivision KINGSTON CT. Lot 1 Block _____ Radon Fee _____

Address 1 KINGSTON COURT Impact Fee _____

Type of structure S.F.R. A/C Fee SEE PD 5312

QUALIFIER: JERRY KRENK
LIC/CRPT: CA-C026432

Parcel Control Number: _____ Electrical Fee _____

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

Total Construction Cost \$ _____ Plumbing Fee _____

_____ Roofing Fee _____

_____ TOTAL Fees _____

Signed Jerry A. Krenk
Applicant

Signed _____
Town Building Inspector PHICAL

BUILDING PERMIT A/C SUB

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

- New Construction
- Remodel
- Addition
- Demolition

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

EP ID SB
R SSOA-1

DATE (MM/DD/YY)
07/05/00

PRODUCER

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

FILE *RECALL*
McFinn

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

Associated Air of Port
St. Lucie, Inc.
1538 Niemeyer Circle
Port St Lucie FL 34952

INSURER A Owners Insurance Company
INSURER B
INSURER C
INSURER D
INSURER E

RECEIVED

APP - 4 2001

BY: *[Signature]*

COVERAGES

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INSURER LETTER	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"/> CLAIM MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER POLICY	20519379	07/10/00	07/10/01	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & AD. LIABILITY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS \$1,000,000
	AUTOMOBILE LIABILITY ALL OWNED AUTOS SCHEDULED AUTOS NON OWNED AUTOS				COMBINED SINGLE LIMIT \$ E&A accident BODILY INJURY Per person \$ BODILY INJURY Per accident \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ALL				AUTO ONLY - EACH ACCIDENT \$ OTHER THAN AUTO ONLY \$
	EXCESS LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				EACH ACCIDENT \$ DISEASE - EACH EMPLOYEE \$ DISEASE - POLICY LIMIT \$
	OTHER				

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

Air Conditioning Contractor - Florida Employees Only

CERTIFICATE HOLDER N ADDITIONAL INSURED, INSURER LETTER

City of Sewall's Point
1 Sewall's Point Rd
Sewall's Point, Fl.

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.

Joseph E. Coons CPCU CIC

Certificate of Insurance

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

Named Insured(s):

Staff Leasing, L.P. By Staff Acquisition, Inc. The General Partner And The Affiliated Limited Partnerships Of Which Staff Acquisition, Inc. Is The General Partner And Staff Leasing, Inc. Is The Limited Partner including Staff Leasing of Texas, LP, Staff Leasing of Texas II, LP, Staff Leasing IV, LP
 600 301 Boulevard West, Suite 202
 Bradenton, Florida 34205



Insurer Affording Coverage

Continental Casualty Company

Coverages:

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

Type of Insurance	Certificate Exp. Date <small>continuous extended</small> * X Policy Term	Policy Number	Limits	
Workers' Compensation	1-1-2002	WC 189165165 WC 189165182 WC 247848874 WC 247848888	Employer's Liability	
			Bodily Injury By Accident	\$1,000,000
			Bodily Injury By Disease	\$1,000,000
			Bodily Injury By Disease	\$1,000,000

Other:

Employees Listed To:

Effective Date: 1/1/01

15279 Associated Air of Port St Lucie Inc

This coverage under the Workers' Compensation policies provides statutory benefits only to the employees of the Named Insured(s) on such policy(ies) and to the employees of the Named Insured(s) who are not employees of the Named Insured(s).

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

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

Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policy(ies) without 30 days notice of such cancellation has been mailed to

Certificate Holder:

City of Sewall's Point
 1 Sewall's Point Rd
 Sewall's Point, Fl.

Martin Oosterbaan
 Authorized Representative

Office: St. Louis, MO
 Phone: (877) 427-5767



STATE OF FLORIDA

AC# 5880966

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CA -C026432 06/14/2000 99902184

CLASS B CERTIFIED AIR COND CONTR
KRENCIK, JERRY ANTHONY
ASSOCIATED AIR OF PT ST LUC IN

IS CERTIFIED under the provisions of Ch. 489 FS.

Expiration Date: AUG 31, 2002 STATE LIC

FILE

MASTER PERMIT NO. 5312

TOWN OF SEWALL'S POINT

Date 3/30/01

BUILDING PERMIT NO. 5315

Building to be erected for GLENN/BARBARA ENRIQUEZ Type of Permit PLUMBING - SUBS

Applied for by SOUTH PARK PLUMBING, INC (Contractor) Building Fee

Subdivision KINGSTON CT. Lot 1 Block Radon Fee

Address 1 KINGSTON COURT Impact Fee

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

QUALIFIER: DELBERT KEITER
LIC/CERT: CF-C029690

Electrical Fee

Parcel Control Number: Plumbing Fee SEE PN 5312

Roofing Fee

Amount Paid Check # Cash Other Fees ()

Total Construction Cost \$ TOTAL Fees

Signed [Signature] Applicant

Signed [Signature] Town Building Inspector

BUILDING PERMIT

FORM BOARD SURVEY DATE
COMPACTION TESTS DATE
GROUND ROUGH DATE
SOIL POISONING DATE
FOOTINGS / PIERS DATE
SLAB ON GRADE DATE
TIE-BEAMS & COLUMNS DATE
STRAPS AND ANCHORS DATE
DRIVEWAY DATE
AS-BUILT SURVEY DATE

SHEATHING DATE
FRAMING DATE
INSULATION DATE
ROOF DRY-IN DATE
ROOF FINAL DATE
METER FINAL DATE
AS BUILT SURVEY DATE
STORM PANELS DATE
LANDCAPE & GRADE DATE
FINAL INSPECTION DATE

FLOOD ZONE LOWEST HABITABLE FLOOR ELEV.

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

☐ New Construction ☐ Remodel ☐ Addition ☐ Demolition

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

OP ID SB
SOUTP-1

DATE (MM/DD/YY)
03/20/01

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

COPY **ARMY FILE**

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
 South Park Plumbing, Inc.
 of Martin County
 P. O. Box 768
 Port Salerno FL 34992

FILE
lic/ins.

INSURER A: Assurance Company of America
 INSURER B: Bridgefield Insurance Co
 INSURER C:
 INSURER D:
 INSURER E:

RECEIVED
 MAR 26 2001

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, 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	SCP32908593	03/20/01	03/20/02	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	830-22064	08/17/00	08/17/01	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$ 100,000
					E.L. DISEASE - EA EMPLOYEE \$ 100,000
					E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Plumbing / State of Florida

CERTIFICATE HOLDER | N | ADDITIONAL INSURED; INSURER LETTER: SEWAP-1 | CANCELLATION

Sewalls Point Building Dept.
 1 S Sewalls Point Road
 Stuart FL 34996

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITE 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
 Rick Halcomb, CIC, ARM

STATE OF FLORIDA AC# 5902855
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CF - C029690 07/06/2000 00900046
CERTIFIED PLUMBING CONTRACTOR
KEITER, DELBERT W JR
SOUTH PARK PLBG / ST. LUCIE CNY I
IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration Date: AUG 31, 2002

**TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
One South Sewall's Point Road
Sewall's Point, Florida 34986
Tel: (561) 287-2455
Fax: (561) 220-4765**

TEMPORARY ELECTRIC HOOK-UP AGREEMENT: PN 5312

OWNER: GLENNE BARBARA ENRIQUEZ ADDRESS: 1 KINGSTON CT

PROJECT ADDRESS: SAME ; LEGAL: LOT 1 BLK SUB KINGSTON CT

GENERAL CONTRACTOR: DRIFTWOOD HOMES ; LIC/CERT No. RR0056789

ADDRESS: 2163 PINE RIDGE ST Jensen Bch. TEL 334-2177 FAX 334-5817

ELECTRICAL CONTRACTOR: HERITAGE ELECTRIC LIC/CERT No. ME00094

ADDRESS: PO Box 1028 Jensen Beach ; TEL 334-4671 ; FAX

WHEREAS, pursuant to the provisions of, and governed by, Sections 0307.6 and 4504.6 of the South Florida Building Code as adopted in Section 4-16 of the Codes and Ordinances of the Town of Sewall's Point, temporary electrical service for use during building operations and for testing purposes under a valid building permit is authorized under prescribed terms and conditions; and,

WHEREAS, the above named responsible persons, firms or corporations have requested a temporary electrical hook-up of _____ for the purpose of _____

at the above designated construction now in progress under a valid building permit; and

WHEREAS, it is necessary to have a temporary electric hook-up for testing of equipment and completion of building operations as herein above described.

NOW THEREFORE IT IS AGREED BY AND BETWEEN THE PARTIES THAT;

1. The parties to this agreement are Edwin B. Arnold, Building Official, Town of Sewall's Point, and the above named responsible persons, firms or corporations.
2. In order to allow electrical service to be provided to certain equipment being placed at the referenced construction address the Building Official hereby agrees to grant a temporary hook-up permit.
3. This temporary hook-up permit shall be effective for 30 calendar days from the date of this agreement, after which time the temporary hook-up will be revoked or a Certificate of Occupancy will be issued to verify completion.
4. This temporary electric hook-up is solely for the purposes stated. No furniture or occupants will be moved into the building until a Certificate of Occupancy is issued.

IN WITNESS WHEREOF the parties have caused this agreement to be executed this 08 day of NOVEMBER, 2001.

[Signature]
SIGNATURE OF GENERAL CONTRACTOR
Barbara Enriquez
SIGNATURE OF OWNER

[Signature]
SIGNATURE OF ELECTRICAL CONTRACTOR
EDWIN B. ARNOLD, BUILDING OFFICIAL



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

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

FROM: M. Meldau

DATE: 11/29/01

SUBJECT: FINAL APPROVAL FOR SEPTIC SYSTEMS

HEALTH DEPT. PERMIT

BUILDING DEPT. PERMIT

LOCATION

• 43-SS- 3087

TSP 5313

Kingston Court

• 43-SS- _____

• 43-SS- _____

• 43-SS- _____

• 43-SS- _____

• 43-SS- _____

• 43-SS- _____

• 43-SS- _____

**FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE**

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME <u>MR. & MRS. ENRIQUEZ</u>		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>1 KINGSTON COURT</u>		Company NAIC Number	
CITY <u>SEWALL'S POINT</u>	STATE <u>FL.</u>	ZIP CODE <u>34996</u>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 1, KINGSTON COURT</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>RESIDENTIAL</u>			
LATITUDE/LONGITUDE (OPTIONAL) (#° - #° - ##.## or ##.####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>SEWALL'S POINT / 120164</u>		B2. COUNTY NAME <u>MARTIN</u>	B3. STATE <u>FL.</u>
B4. MAP AND PANEL NUMBER <u>120164 0002</u>	B5. SUFFIX <u>D</u>	B6. FIRM INDEX DATE <u>10/16/96</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>06/16/92</u>
		B8. FLOOD ZONE(S) <u>AB</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>9.00</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete items C3e-l below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>9.0</u> ft(m)
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</u> ft(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>6.7</u> ft(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>9.0</u> ft(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>2.6</u> ft(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>4.6</u> ft(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>N/A</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>N/A</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

#4459 11/28/01

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME <u>EARLE R. STARKEY</u>	LICENSE NUMBER <u>#4459</u>
TITLE <u>PROFESSIONAL SURVEYOR AND MAPPER</u>	COMPANY NAME <u>ACCURIGHT LAND SURVEYING, INC.</u>
ADDRESS <u>1501 DECKER AVE., SUITE 419 D</u>	CITY STATE ZIP CODE <u>STUART FL. 34994</u>
SIGNATURE 	DATE TELEPHONE <u>06/07/2001 (561) 286-7694</u>

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number	
CITY KINGSTON QUART Sewalls Point	STATE FL	ZIP CODE 34996	Company NAIC Number	

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

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

COMMENTS C3 (e) A/C

Check here if attachments

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

For Zone AO and Zone A (without BFE), complete items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

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

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

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

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME			
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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

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

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

- G7. This permit has been issued for: New Construction Substantial Improvement _____ ft.(m) Datum: _____
- G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
- G9. BFE or (in Zone AO) depth of flooding at the building site is: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

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

1. That Affiant is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affiant's signature.
2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.
3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 391,000.
4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

FURTHER Affiant sayeth not.

Affiant's Signature:

Property Address:

1 KINGSTON COURT

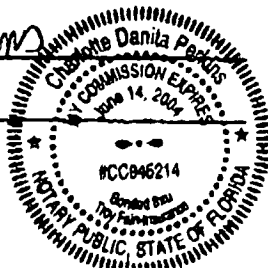
SEWALLS POINT FL

SWORN TO and subscribed before me
this 29th day of November, 2001, by GLENN
ENRIQUEZ, who is personally known to
me or produced _____ as identification.

Charlotta Perkins
Notary Public

My commission expires: _____

(Notary Seal)



STATEMENT OF INSPECTION

To: Building Official, Town of Sewall's Point
FROM: Architect or Engineer of Record
RE: Subject structure described as follows:

OWNER: GLENN + BARBARA ENRIQUEZ; ADDRESS: 1 KINGSTON CT

PROJECT ADDRESS: SAME; LEGAL DESCRIPTION: LOT 1 BLK SUB KINGSTON CT

GENERAL CONTRACTOR: ALAN MORRIS; LIC/CERT No. PR0056789

ADDRESS: 2163 PINE RIDGE ST JOHNSON BLVD; TEL 334-2777 FAX 334-5817

ARCHITECT OR ENGINEER: KELLY & KELLY ARCHITECTS, LIC/REG No. 8341

ADDRESS: 119 W 6TH ST STUART, FL. 2833492 2207310
; TEL ; FAX

PERMIT No: ; DATE OF ISSUE: ; DATE OF THIS STATEMENT: 29/NOV/01

In accordance with the requirements of Section 0307.2 of the South Florida Building Code, I hereby attest as follows:

1. I am the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the substitute Architect or Engineer, having been accepted by the Building Official, for the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the threshold or special inspector used in accordance with this Code.
2. To the best of my knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents.
3. To the best of my knowledge, belief and professional judgment, the approved permit plans represent the as-built condition of the structural and envelope components of the structure.

Executed at 119 W SIXTH ST., this 29 day of NOV, 01.

NAME: CARY KELLY; SIGNATURE: [Signature]; Lic. No: 8341

STATE OF FLORIDA
COUNTY OF Martin

Sworn to and subscribed before me this 29th day of Nov, 2001, by Cary Kelly, who is personally known to me or who has produced [Signature] as identification and who did not take an oath.

(NOTARY SEAL)



Helen R. Morris Name HELEN R. MORRIS
Commission # CC 967169
Expires Sep. 18, 2004
Bonded Thru Atlantic Bonding Co., Inc. I am a Notary Public of the State of Florida and my commission expires:

SOUTHCOAST PEST CONTROL, INC
SUBTERRANEAN TERMITE CONTROL LIMITED GUARANTEE.
(EXCLUDES FORMOSAN TERMITES)

Treatment Address 1 KINGSTON CT. STUART, FL. 34996 (ENRIQUEZ)
Original Treatment Date 5/9/01 Annual Renewal Commences on 5/9/02
Annual Renewal Fee (not to be increased within first 5 years) \$155.00
Contract # 703956 Area Treated Under This Contract 2878 SQ. FT.

YOUR LIMITED GUARANTEE

IN consideration of sums received and to be received by us for treating the above premises for Subterranean Termites, we guarantee to inspect annually the above premises and to apply any necessary treatment to said premises, AT NO EXTRA COST, if Subterranean Termite infestation is found therein during the period that this Limited Guarantee remains in force. UNDER NO CIRCUMSTANCES, UNLESS PROVIDED IN WRITING, will damage repair be covered under this limited guarantee.

TERMS AND CONDITIONS

Initial payment under this Limited Guarantee for termite treatment performed by us is the amount stated above under "Initial Treatment," receipt of which is hereby acknowledged. Initial period of the Limited Guarantee shall be ONE year(s), commencing on the date of the initial treatment. In addition to initial period you may, at your option, renew this Limited Guarantee annually for a period of ONE additional years by making the above annual renewal payments on or before said renewal date of each subsequent year. If such annual renewal payments are made without lapse during said additional period, this Limited Guarantee shall be for FIVE year(s) from the date of initial treatment. If annual renewal payment is NOT made on or before said renewal date, this Limited Guarantee shall terminate and become null and void as of the renewal date on which said payment is due. Southcoast Pest Control, Inc. reserves the right to adjust the annual renewal rate, if necessary, to offset ever increasing operating costs.

THIS limited Guarantee covers the premises as of the date of initial treatment and in the event the premises are structurally modified, altered, or otherwise changed after the date of initial treatment, this Limited Guarantee shall terminate, unless a prior written agreement shall have been entered into by the owner for the Company to re-inspect the premises, provide additional treatment if necessary and/or adjust the annual renewal payment/ Southcoast Pest Control, Inc. will not be held responsible for termite damage which enter structures from outside treated areas or that occur as a result of wood in direct contact with the soil.

BY OWNER OR AGENT

SOUTHCOAST PEST CONTROL, INC.



(561)-225-0999

ECOWATER
SYSTEMS



SAVING THE WORLD'S WATER. ONE TAP AT A TIME.
SINCE 1925.

1490 NW. FEDERAL HWY.
STUART, FL. 34994
(561) 692-1037
(561) 692-3721

November 28, 2001

Town of Sewall's Point
1 Sewall's Point Road
Sewall's Point, FL 34996

RE: Enriquez 1 Kingston Court Sewall's Point

To Whom It May Concern:

That irrigation system installed at the above residence was installed with a rain gauge and the irrigation heads that were installed are low volume heads.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jim Lennon'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Jim Lennon

JL/pg

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: ENRIQUEZ.BLD
 For: ENRIQUEZ RESIDENCE
 LOT #1, KINGSTON COURT s/d
 SEWALL'S POINT FL

12/05/100

By:

Job #: 00178
 Wthr : West Palm Beach AP FL
 Zone : Entire House

VERIFY ALL CALCULATIONS WITH
 LICENSED AIR COND. CONTRACTOR

WINTER DESIGN CONDITIONS

Outside db: 45 Deg F
 Inside db: 70 Deg F
 Design TD: 25 Deg F

SUMMER DESIGN CONDITIONS

Outside db: 91 Deg F
 Inside db: 75 Deg F
 Design TD: 16 Deg F
 Daily Range M
 Rel. Hum. : 50 %
 Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 52579 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 52579 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 60073 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 Deg F
 Use Mfg. Data n
 Rate/Swing Mult. 0.95
 Total Sens Equip Load 57069 Btuh

INFILTRATION

Method	Simplified	
Construction Quality	Average	
Fireplaces	1	
	HEATING	COOLING
Area (sq.ft.)	3160	3160
Volume (cu.ft.)	28322	28322
Air Changes/Hour	0.9	0.4
Equivalent CFM	426	189

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 920 Btuh
 Ventilation 0 Btuh
 Infiltration 7719 Btuh
 Tot Latent Equip Load 8639 Btuh
 Total Equip Load 65708 Btuh

HEATING EQUIPMENT SUMMARY

Make
 Model
 Type

Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 3212 CFM
 Htg Air Flow Factor 0.061 CFM/Btuh

Space Thermostat

COOLING EQUIPMENT SUMMARY

Make
 Model
 Type

COP/EER/SEER 12.0
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 3212 CFM
 Clg Air Flow Factor 0.053 CFM/Btuh

Load Sens Heat Ratio 87

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: ENRIQUEZ.BLD
 For: ENRIQUEZ RESIDENCE
 LOT #1, KINGSTON COURT s/d
 SEWALL'S POINT FL

12/05/100

By:

Job #: 00178
 Wthr : West_Palm_Beach_AP FL
 Zone : ZONE 1

VERIFY ALL CALCULATIONS WITH
 LICENSED AIR COND. CONTRACTOR

WINTER DESIGN CONDITIONS

Outside db: 45 Deg F
 Inside db: 70 Deg F
 Design TD: 25 Deg F

SUMMER DESIGN CONDITIONS

Outside db: 91 Deg F
 Inside db: 75 Deg F
 Design TD: 16 Deg F
 Daily Range M
 Rel. Hum. : 50 %
 Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 41883 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 41883 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 63621 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 Deg F
 Use Mfg. Data n
 Rate/Swing Mult. 0.95
 Total Sens Equip Load 60440 Btuh

INFILTRATION

Method	Simplified	
Construction Quality	Average	
Fireplaces	1	
	HEATING	COOLING
Area (sq.ft.)	2340	2340
Volume (cu.ft.)	21762	21762
Air Changes/Hour	1.1	0.5
Equivalent CFM	390	173

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 460 Btuh
 Ventilation 0 Btuh
 Infiltration 7074 Btuh
 Tot Latent Equip Load 7534 Btuh
 Total Equip Load 67974 Btuh

HEATING EQUIPMENT SUMMARY

Make
 Model
 Type

Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 3402 CFM
 Htg Air Flow Factor 0.061 CFM/Btuh

Space Thermostat

COOLING EQUIPMENT SUMMARY

Make
 Model
 Type

COP/EER/SEER 0.0
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 3402 CFM
 Clg Air Flow Factor 0.053 CFM/Btuh

Load Sens Heat Ratio 89

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: ENRIQUEZ.BLD
 For: ENRIQUEZ RESIDENCE
 LOT #1, KINGSTON COURT s/d
 SEWALL'S POINT FL

12/05/100

By:

Job #: 00178
 Wthr : West Palm_Beach_AP FL
 Zone : ZONE 2

VERIFY ALL CALCULATIONS WITH
 LICENSED AIR COND. CONTRACTOR

WINTER DESIGN CONDITIONS

Outside db: 45 Deg F
 Inside db: 70 Deg F
 Design TD: 25 Deg F

SUMMER DESIGN CONDITIONS

Outside db: 91 Deg F
 Inside db: 75 Deg F
 Design TD: 16 Deg F
 Daily Range M
 Rel. Hum. : 50 %
 Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 10696 Btuh
 Ventilation Air 2 CFM
 Vent Air Loss 55 Btuh
 Design Heat Load 10751 Btuh

INFILTRATION

Method Simplified
 Construction Quality Average
 Fireplaces 1

	HEATING	COOLING
Area (sq.ft.)	820	820
Volume (cu.ft.)	6560	6560
Air Changes/Hour	0.3	0.1
Equivalent CFM	36	16

HEATING EQUIPMENT SUMMARY

Make
 Model
 Type

Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 491 CFM
 Htg Air Flow Factor 0.061 CFM/Btuh

Space Thermostat

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 9176 Btuh
 Ventilation 880 Btuh
 Design Temp. Swing 3.0 Deg F
 Use Mfg. Data n
 Rate/Swing Mult. 0.95
 Total Sens Equip Load 9553 Btuh

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 460 Btuh
 Ventilation 2040 Btuh
 Infiltration 645 Btuh
 Tot Latent Equip Load 3145 Btuh
 Total Equip Load 12698 Btuh

COOLING EQUIPMENT SUMMARY

Make
 Model
 Type

COP/EER/SEER 0.0
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 491 CFM
 Clg Air Flow Factor 0.053 CFM/Btuh

Load Sens Heat Ratio 89

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot #1, Kingston Court s/d, Sewall's Point, FL, PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Ornt	Overhang Len Hgt		Area X SPM X SOF =	Points		
.18	3160.0	53.20	30261.7	Single, Clear	E	10.5	9.0	160.0	73.03	0.49	5724.4
				Single, Clear	E	10.5	6.0	9.0	73.03	0.41	271.8
				Single, Clear	E	10.5	2.0	7.0	73.03	0.36	184.9
				Single, Clear	N	2.5	4.0	10.0	33.94	0.80	270.6
				Single, Clear	N	2.5	7.0	24.0	33.94	0.89	727.1
				Single, Clear	N	2.5	7.0	14.0	33.94	0.89	424.2
				Single, Clear	N	2.5	7.0	34.0	33.94	0.89	1030.1
				Single, Clear	W	2.5	7.0	34.0	65.53	0.84	1875.9
				Single, Clear	W	7.0	9.0	40.0	65.53	0.62	1628.8
				Single, Clear	W	14.0	5.0	11.0	65.53	0.40	291.5
				Single, Clear	S	15.0	7.0	28.0	62.19	0.44	773.0
				Single, Clear	W	25.0	7.0	56.0	65.53	0.40	1484.1
				Single, Clear	W	28.0	9.0	40.0	65.53	0.40	1060.1
				Single, Clear	N	15.0	7.0	28.0	33.94	0.63	598.4
				Single, Clear	W	14.0	7.0	17.0	65.53	0.44	491.5
				Single, Clear	N	25.0	9.0	40.0	33.94	0.61	822.8
				Single, Clear	W	2.5	7.0	56.0	65.53	0.84	3089.8
				Single, Clear	W	2.5	7.0	39.0	65.53	0.84	2151.8
				Single, Clear	S	2.5	7.0	14.0	62.19	0.77	672.6
				Single, Clear	S	2.5	5.0	11.0	62.19	0.67	460.4
				Single, Clear	E	2.5	6.5	39.0	73.03	0.82	2334.0
				Single, Clear	W	2.5	4.5	26.0	65.53	0.72	1223.6
				As-Built Total:				737.0			27591.4
WALL TYPES Area X BSPM = Points				Type		R-Value		Area X SPM = Points			
Adjacent	265.0	1.0	265.0	Concrete, Int Insul, Exterior		6.0		1508.0	1.80	2714.4	
Exterior	3019.0	2.70	8151.3	Frame, Wood, Exterior		11.0		1511.0	2.70	4079.7	
				Frame, Wood, Adjacent		11.0		265.0	1.00	265.0	
Base Total:	3284.0		8416.3	As-Built Total:				3284.0		7059.1	
DOOR TYPES Area X BSPM = Points				Type				Area X SPM = Points			
Adjacent	21.0	2.60	54.6	Exterior Wood				20.0	9.40	188.0	
Exterior	20.0	6.40	128.0	Adjacent Wood				21.0	3.80	79.8	
Base Total:	41.0		182.6	As-Built Total:				41.0		267.8	
CEILING TYPES Area X BSPM = Points				Type		R-Value		Area X SPM = Points			
Under Attic	2340.0	0.80	1872.0	Under Attic		30.0		2340.0	0.80	1872.0	
Base Total:	2340.0		1872.0	As-Built Total:				2340.0		1872.0	

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot #1, Kingston Court s/d, Sewall's Point, FL,

PERMIT #:

BASE				AS-BUILT											
FLOOR TYPES	Area	X	BSPM = Points	Type	R-Value	Area	X	SPM = Points							
Slab	267.0(p)		-20.0	-5340.0	Slab-On-Grade Edge Insulation	0.0	267.0(p)	-20.00	-5340.0						
Raised	0.0		0.00	0.0											
Base Total:				-5340.0	As-Built Total:				-5340.0						
INFILTRATION	Area	X	BSPM = Points			Area	X	SPM = Points							
	3160.0		18.79	59376.4		3160.0		18.79	59376.4						
Summer Base Points:				94769.0	Summer As-Built Points:				90826.7						
Total Summer Points	X	System Multiplier	=	Cooling Points	Total Component	X	Cap Ratio	X	Duct Multiplier	X	System Multiplier	X	Credit Multiplier	=	Cooling Points
					90826.7		0.714		1.012		0.284		0.902		16833.0
					90826.7		0.286		1.012		0.284		0.902		6733.2
94769.0		0.3560		33737.8	90826.7		1.00		1.012		0.284		0.902		23566.2

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot #1, Kingston Court s/d, Sewall's Point, FL,

PERMIT #:

BASE				AS-BUILT						
GLASS TYPES										
.18 X Conditioned X BWPM = Points Floor Area				Type/SC	Ormt	Overhang Len Hgt	Area X	WPM X	WOF =	Points
.18	3160.0	2.02	1151.5	Single, Clear	E	10.5 9.0	160.0	3.76	1.13	680.8
				Single, Clear	E	10.5 6.0	9.0	3.76	1.20	40.7
				Single, Clear	E	10.5 2.0	7.0	3.76	1.29	33.9
				Single, Clear	N	2.5 4.0	10.0	4.91	0.98	47.9
				Single, Clear	N	2.5 7.0	24.0	4.91	0.99	116.3
				Single, Clear	N	2.5 7.0	14.0	4.91	0.99	67.9
				Single, Clear	N	2.5 7.0	34.0	4.91	0.99	164.8
				Single, Clear	W	2.5 7.0	34.0	4.47	1.00	152.0
				Single, Clear	W	7.0 9.0	40.0	4.47	1.02	182.4
				Single, Clear	W	14.0 5.0	11.0	4.47	1.03	50.7
				Single, Clear	S	15.0 7.0	28.0	3.55	1.43	142.3
				Single, Clear	W	25.0 7.0	56.0	4.47	1.03	258.1
				Single, Clear	W	28.0 9.0	40.0	4.47	1.03	184.4
				Single, Clear	N	15.0 7.0	28.0	4.91	0.95	131.0
				Single, Clear	W	14.0 7.0	17.0	4.47	1.03	78.4
				Single, Clear	N	25.0 9.0	40.0	4.91	0.95	186.3
				Single, Clear	W	2.5 7.0	56.0	4.47	1.00	250.4
				Single, Clear	W	2.5 7.0	39.0	4.47	1.00	174.4
				Single, Clear	S	2.5 7.0	14.0	3.55	1.06	52.6
				Single, Clear	S	2.5 5.0	11.0	3.55	1.13	44.1
				Single, Clear	E	2.5 6.5	39.0	3.76	1.03	151.6
				Single, Clear	W	2.5 4.5	26.0	4.47	1.01	117.3
				As-Built Total:		737.0				3308.4
WALL TYPES Area X BWPM = Points				Type		R-Value		Area X WPM =		Points
Adjacent	265.0	0.5	132.5	Concrete, Int Insul, Exterior		6.0		1508.0		0.80 1206.4
Exterior	3019.0	0.60	1811.4	Frame, Wood, Exterior		11.0		1511.0		0.60 906.6
				Frame, Wood, Adjacent		11.0		265.0		0.50 132.5
Base Total:				As-Built Total:		3284.0				2245.5
DOOR TYPES Area X BWPM = Points				Type		R-Value		Area X WPM =		Points
Adjacent	21.0	1.30	27.3	Exterior Wood				20.0		2.80 56.0
Exterior	20.0	1.80	36.0	Adjacent Wood				21.0		1.90 39.9
Base Total:				As-Built Total:		41.0				95.9
CEILING TYPES Area X BWPM = Points				Type		R-Value		Area X WPM =		Points
Under Attic	2340.0	0.10	234.0	Under Attic		30.0		2340.0		0.10 234.0
Base Total:				As-Built Total:		2340.0				234.0

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot #1, Kingston Court s/d, Sewall's Point, FL,

PERMIT #:

BASE				AS-BUILT				
FLOOR TYPES Area X BWPM = Points				Type	R-Value	Area X WPM = Points		
Slab	267.0(p)	-2.1	-560.7	Slab-On-Grade Edge Insulation	0.0	267.0(p)	-2.10	-560.7
Raised	0.0	0.00	0.0					
Base Total:			-560.7	As-Built Total:			-560.7	
INFILTRATION Area X BWPM = Points				Area X WPM = Points				
	3160.0	-0.06	-189.6			3160.0	-0.06	-189.6
Winter Base Points:			2642.4	Winter As-Built Points:			5133.5	
Total Winter Points	X System Multiplier	=	Heating Points	Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier	X Credit Multiplier = Heating Points
				5133.5	0.714	1.057	1.000	0.950 3683.1
				5133.5	0.286	1.057	1.000	0.950 1473.2
2642.4	1.0900		2880.2	5133.5	1.00	1.057	1.000	0.950 5156.3

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot #1, Kingston Court s/d, Sewall's Point, FL,	PERMIT #:
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BASE				AS-BUILT								
WATER HEATING												
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	X Multiplier	X Credit Multiplier	= Total	
4		2370.00	9480.0	80.0	0.90	4		1.00	2316.36	1.00	9265.4	
											As-Built Total:	9265.4

CODE COMPLIANCE STATUS											
BASE				AS-BUILT							
Cooling Points	+	Heating Points	+	Hot Water Points	= Total Points	Cooling Points	+	Heating Points	+	Hot Water Points	= Total Points
33737.8		2880.2		9480.0	46098.0	23566.2		5156.3		9265.4	37987.9

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: Lot #1, Kingston Court s/d, Sewall's Point, FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

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

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

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

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 85.3

The higher the score, the more efficient the home.

Glenn & Barbara Enriquez, Lot #1, Kingston Court s/d, Sewall's Point, FL,

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 4 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 3160 ft² <input type="checkbox"/></p> <p>7. Glass area & type <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Clear - single pane 737.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Clear - double pane 0.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Tint/other SC/SHGC - single pane 0.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">d. Tint/other SC/SHGC - double pane 0.0 ft² <input type="checkbox"/></p> <p>8. Floor types <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Slab-On-Grade Edge Insulation R=0.0, 267.0(p) ft <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Concrete, Int Insul, Exterior R=6.0, 1508.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Frame, Wood, Exterior R=11.0, 1511.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Frame, Wood, Adjacent R=11.0, 265.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Under Attic R=30.0, 2340.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Interior Sup. R=6.0, 180.0 ft <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Sup: Unc. Ret: Unc. AH: Attic Sup. R=6.0, 90.0 ft <input type="checkbox"/></p>	<p>12. Cooling systems <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Central Unit Cap: 60.0 kBtu/hr <input type="checkbox"/> SEER: 12.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Central Unit Cap: 24.0 kBtu/hr <input type="checkbox"/> SEER: 12.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>13. Heating systems <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Electric Strip Cap: 60.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Electric Strip Cap: 24.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>14. Hot water systems <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Electric Resistance Cap: 80.0 gallons <input type="checkbox"/> EF: 0.90 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Conservation credits <input type="checkbox"/> (HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits MZ-C, CF, MZ-H <input type="checkbox"/> (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
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I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____

Date: _____

Address of New Home: _____

City/FL Zip: _____



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

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 85.3

The higher the score, the more efficient the home.

Glenn & Barbara Enriquez, Lot #1, Kingston Court s/d, Sewall's Point, FL,

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 4 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 3160 ft² <input type="checkbox"/></p> <p>7. Glass area & type</p> <p style="padding-left: 20px;">a. Clear - single pane 737.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Clear - double pane 0.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Tint/other SC/SHGC - single pane 0.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">d. Tint/other SC/SHGC - double pane 0.0 ft² <input type="checkbox"/></p> <p>8. Floor types</p> <p style="padding-left: 20px;">a. Slab-On-Grade Edge Insulation R=0.0, 267.0(p) ft <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types</p> <p style="padding-left: 20px;">a. Concrete, Int Insul, Exterior R=6.0, 1508.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Frame, Wood, Exterior R=11.0, 1511.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Frame, Wood, Adjacent R=11.0, 265.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types</p> <p style="padding-left: 20px;">a. Under Attic R=30.0, 2340.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts</p> <p style="padding-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Interior Sup. R=6.0, 180.0 ft <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Sup: Unc. Ret: Unc. AH: Attic Sup. R=6.0, 90.0 ft <input type="checkbox"/></p>	<p>12. Cooling systems</p> <p style="padding-left: 20px;">a. Central Unit Cap: 60.0 kBtu/hr <input type="checkbox"/> SEER: 12.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Central Unit Cap: 24.0 kBtu/hr <input type="checkbox"/> SEER: 12.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>13. Heating systems</p> <p style="padding-left: 20px;">a. Electric Strip Cap: 60.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Electric Strip Cap: 24.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>14. Hot water systems</p> <p style="padding-left: 20px;">a. Electric Resistance Cap: 80.0 gallons <input type="checkbox"/> EF: 0.90 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump) <input type="checkbox"/></p> <p>15. HVAC credits MZ-C, CF, MZ-H <input type="checkbox"/></p> <p style="padding-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
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I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: *[Signature]*

Date: 11/30/01

Address of New Home: 1 KINGSTON CT

City/FL Zip: SEWALLS PT



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

Owner or Titleholder's Name: GLENN C. and BARBARA F. ENRIQUEZ Phone No. (561) 966-6442
Street: 6356 Grand Cypress Circle City: Lake Worth State: FL Zip: 33463
Legal Description of Property: LOT 1 KINGSTON CT, SEWALLS

RECEIVED
FEB 18 2001

Parcel Number: _____
Location of Job Site: SAME
TYPE OF WORK TO BE DONE: NEW SINGLE FAMILY RESIDENCE

CONTRACTOR/Company Name: ALAN B. MORRIS Phone No. (561) 334-2577
Street: 2163 PINE RIDGE ST City: JENSEN BEACH State: FL Zip: 33457
State Registration: RR0056705 State License: _____

ARCHITECT: GARY KELLY Phone No. (561) 283-3452
Street: 119 W 6TH ST City: STUART State: FL Zip: _____

ENGINEER: _____ Phone No. () _____
Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
Living Area: 3160 Garage Area: 530 Carport: _____ Accessory Bldg: _____
Covered Patio: 968 Scr. Porch: _____ Wood Deck: _____
Type Sewage: SEPTIC SYSTEM Septic Tank Permit # from Health Dept. 43-SS-03087
New Electrical Service Size: 300 AMPS

FLOOD HAZARD INFORMATION
Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed first habitable floor finished elevation: 9.0 NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
Estimated cost of construction or improvement: \$ 391,000.00
Estimated Fair Market Value (FMV) prior to improvement: \$ _____
If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
Electrical: HERITAGE ELECTRIC State: FL License # HED00094
Mechanical: ASSOCIATED AIR State: FL License # CAC026432
Plumbing: SOUTH PARK PLUMBING State: FL License # CPC 029690
Roofing: PACIFIC ROOFING State: FL License # CCC 056793

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, AIR CONDITIONERS, COCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND 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 or AGENT SIGNATURE (Required)
Barbara F. Enriquez
Owner
State of Florida, County of: Martin On this the 13th day of February, 2001
by Barbara F. Enriquez who is personally known to me or produced as identification.

CONTRACTOR SIGNATURE (Required)
Alan Morris
Contractor
State of Florida, County of: Martin On this the 13th day of February, 2001
by Alan Morris who is personally known to me or produced as identification.

Notary Public Helen R. Morris
My Commission Expires 10/18/2004
Commission # CC 967169
Expires Sep. 18, 2004
Served Thru
Atlantic Bonding Co., Inc.

Notary Public Joan H. Barrow
My Commission Expires 11/08/2002
MY COMMISSION # CC743645 EXPIRES
November 8, 2002
BONDED THRU TROY FAIR INSURANCE, INC.

TREE REMOVAL (Attach sealed survey)

Number of trees to be removed: 12 Number of trees to be retained: 7 Number of trees to be planted: _____ Number of Specimen trees removed: 0

Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

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

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

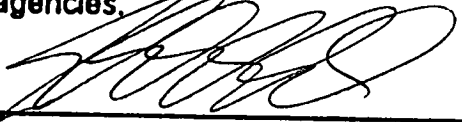
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

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

NOTICE: 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:  Date: 3/26/07

Approved by Town Engineer: _____ Date: _____
(If required)

RECEIVED
MAR 23 2001
BY:

INSTR # 1457337
OR BK 01507 PG 1365
RECORDED 09/26/2000 08:30 AM
MARSHA EWING
MARTIN COUNTY Florida
DOC TAX 483.00
DEPUTY CLERK L Wood

Prepared by and returned to:
Terence P. McCarthy, Esq.

McCarthy, Summers, Bobko, Wood, Sawyer & Perry, P.A.
2081 E. Ocean Boulevard Second Floor
Stuart, Florida 34996
561-286-1700
File Number: 294200
Will Call No.:

(Space Above This Line For Recording Date)

Warranty Deed

This Warranty Deed made this ____ day of September, 2000 between Vernon S. Brown and Lois C. Brown, his wife, individually and each as Co-Trustees of The Vernon S. Brown Trust and The Lois C. Brown Trust, both dated 19th day of December, 1995 whose post office address is ~~1900 Ocean Breeze Road, Daytona Beach, Florida 32114~~, grantor, and Glenn C. Enriquez and Barbara P. Enriquez whose post office address is 6356 Grand Cypress Circle, Lake Worth, Florida 33463, grantees:

*9475 S. Indian River Drive
Ft. Pierce, FL 34982*

(Wherever used herein the terms "grantor" and "grantee" include all the heirs to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantees, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantees, and grantees's heirs and assigns forever, the following described land, situate, lying and being in Martin County, Florida to-wit:

Lot 1, KINGSTON COURT, TOWN OF SEWALL'S POINT AMENDED PLAT, according to the map or plat thereof, as recorded in Plat Book 8, Page 82, of the Public Records of Martin County, Florida.

Parcel Identification Number: 13-38-41-010-000-00010-30000

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby, covenants with said grantees that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1999.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

*2S
to
both*

Jim M. Edwards
Witness Name: *Jim M. Edwards*

Terence P. McCarthy
Witness Name: *Terence P. McCarthy*

Witness Name: _____

Witness Name: _____

Vernon S. Brown
Vernon S. Brown, Individually and as
Co-Trustee of The Vernon S. Brown Trust and The Lois C.
Brown Trust both dated 19th day of December, 1995

FL BK 01507 PG 1365

Lois C. Brown
Lois C. Brown, Individually and as
Co-Trustee of The Vernon S. Brown Trust and The Lois C.
Brown Trust both dated 19th day of December, 1995

PL BK 08033 PG 100

OR BK 01507 PG 1366

State of Virginia
County of Pulaski

The foregoing instrument was acknowledged before me this 13th day of September, 2000 by Vernon S. Brown and Lois C. Brown, individually and each as Co-Trustees of The Vernon S. Brown Trust and The Lois C. Brown Trust both dated 19th day of December, 1995, who are personally known or have produced Florida D.L. as identification.

[Notary Seal]

Sandra Q. Williams
Notary Public

Printed Name: Sandra Q. Williams

My Commission Expires: 11-30-03

This document has been prepared by and is to be returned to: Shirley Nichols Community Savings, F.A. Return to: Robert A. Burson, P.A. 310 W. First Street Stuart, FL 34997 Parcel #13-38-41-010-000-00010

RECEIVED MAR 23 2001 BY: _____

NOTICE OF COMMENCEMENT

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

1. Description of property (legal description and, if available, the street address): LOT 1, KINGSTON COURT, TOWN OF SEWALL'S POINT AMENDED PLAT, ACCORDING TO THE MAP OR PLAT THEREOF, AS RECORDED IN PLAT BOOK 8, PAGE 82, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

2. General description of improvement: Single Family Residence

3. Owner information:

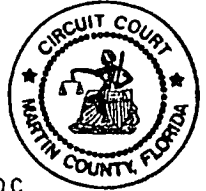
- a. Glenn C. Enriquez and Barbara F. Enriquez 6356 Grand Cypress Circle Lake Worth, FL 33463
b. Interest in property: Fee Simple
c. Name and address of fee simple titleholder, if other than Owner: N/A

4. Contractor name and address:

Alan B. Morris d/b/a Driftwood Homes 2163 NE River Ridge Street Jensen Beach, FL 34957

STATE OF FLORIDA MARTIN COUNTY

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



5. Surety (Note: Attach copy of bond if applicable): N/A

6. Lender name and address:

Community Savings, F.A. 660 US Highway One North Palm Beach, FL 33408

BY [Signature] D.C. DATE 3.13.01

7. Name and addresses of 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: N/A

8. In addition to itself, Owner designates the Lender set forth in paragraph six (6) above and the following to each receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes: N/A

9. The expiration date of this notice of commencement is 1 year from the date of recording unless a different date is hereinafter specified:

[Signature] Glenn C. Enriquez

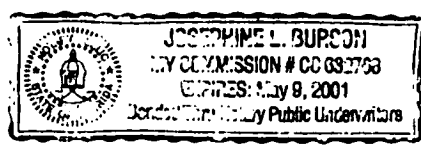
[Signature] Barbara F. Enriquez

STATE OF FLORIDA COUNTY OF MARTIN

Subscribed and acknowledged before me on, March 13, 2001, by Glenn C. Enriquez and Barbara F. Enriquez, his wife.

(Official Notary Seal or Stamp)

[Signature] JOSEPHINE L. BURSON (Print, type or stamp commissioned name of Notary Public) Personally known or produced identification Type of identification produced FLORIDIANESS h1c188





OFFICIAL RECEIPT
(FOR MONEY RECEIVED)

No. 1937

DATE 3.23, 2001

Legal Svcs. SCHOOL

RECEIVED FROM Driftwood Homes (NAME OR ORGANIZATION) \$ 1006.03

FOR Lot 1, Kingston Court School impact fees

FOR DEPOSIT IN Sewall's Pt. FUND(S)

A. Falls

PRINCIPAL OR RESPONSIBLE OFFICER

RECEIVED
MAR 23 2001
BY:

SEWALL'S POINT
BUILDING DEPARTMENT
PLAN REVIEW FEE

RECEIVED
FEB 15 2001
BY: *[Signature]*

DATE: Feb 15, 2001

FILE

NAME: Driftwood Homes

CK # 09408
\$ 375.36

ADDRESS: 2163 N.E. Pine Ridge St.

2/16/01 PAID TO TOWN
CLERK FOR DEP.

PHONE NUMBER: 334-2577

ESTIMATED COST OF PROJECT BEING REVIEWED \$391,000

1 KINGSTON COURT - ENRIQUEZ Permit

PROJECT COST \$391,000

X \$9.60/m = \$3,753.60 ESTIMATED
X 10% = \$ 375.36 BLDG. PERMIT FEE
PLAN REVIEW FEE

The information provided is to the best of my knowledge truthful and accurate.

Signature Alan B. Morris
Date 2/15/01



DRIFTWOOD HOMES
ALAN B. MORRIS
(561) 334-2577
2163 N.E. PINE RIDGE ST.
JENSEN BEACH, FL 34957

STATE STREET BANK
& TRUST COMPANY
BOSTON, MA 02110
5-2/110

09408

2/13/2001

PAY TO THE ORDER OF Town Of Sewalls Point

\$**375.36

Three Hundred Seventy-Five and 36/100*****

Town Of Sewalls Point

DOLLAR
Security feature
included.
Details on back

MEMO _____


Alan B. Morris

009408


01000028

221110050131

SEWALL'S POINT
BUILDING DEPARTMENT
PLAN REVIEW FEE

RECEIVED
FEB 15 2001
BY: 

DATE: Feb 15, 2001
NAME: Draftwood Homes
ADDRESS: 2163 NE Pine Ridge St.
PHONE NUMBER: 334-2597

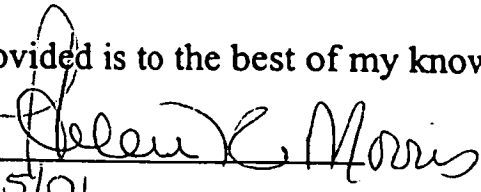
CK # 09408
\$ 375.36
2/16/01 PAID TO TOWN
CLERK FOR DEP.


ESTIMATED COST OF PROJECT BEING REVIEWED \$391,000.
1 KINGSTON COURT - ENRIQUEZ Permit

PROJECT COST \$391,000

X \$9.60/m = \$3,753.60 ESTIMATED
BLDG. PERMIT FEE
X 10% = \$ 375.36 PLAN REVIEW FEE

The information provided is to the best of my knowledge truthful and -
accurate.

Signature 
Date 2/15/01

PLAN REVIEW NOTES/COMMENTS

3/15/01

DOCUMENTS : ENRIQUEZ
1 KINGSTON CT.

TECHNICAL:

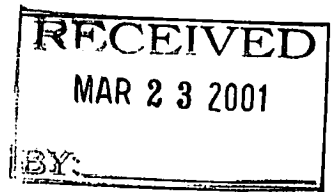
MIAMI-DADE CITY PROD. APPROVALS

- 1. WINDOWS
- 2. DOORS
- 3. GARAGE DOORS
- 4. HARDI-PLANK
- 5. RFG.

NOTE:
1 SET PLANS/SUB
TO CONTR. W/
CORRECTION NOT

ADMINISTRATIVE:

- SCHOOL IMPACT FEE RPT.
- REC'D. N.O.C.
- WARRANTY DEED (XCD)
- CONTR. LIC. & IDS.



TREE REMOVAL PERMIT APPL.

PERMIT FEE CALC.

BLOG 391,000 @ 9.60/1,000.	=	3,753.6
RADON 2878 S.F. @ .01/SF	=	28.0
IMPACT FEE 3,160 S.F.		4,024.0
A/C		120.0
ELECT		120.0
PLUMB		120.0
RFG.		120.0
SUB-TOTAL		8,287.6
PLAN REVIEW (10%) - PHD 2/16/01		375.0
		<u>8,662.6</u>

SEP. CHECK
15
TREE PERMIT

TOWN OF SEWALLS POINT
IMPACT FEE ALLOCATION

RECEIVED
AUG 30 2000
BY: _____

SINGLE FAMILY 2300sf & OVER

FACILITY	NEW FEES FOR ORDINANCE 562
PUBLIC BUILDINGS *	205.18
FIRE & EMS AKA EMERGENCY SERVICES	106.77
LAW ENFORCEMENT/CORRECTIONS	140.37
LIBRARY BUILDINGS	289.40
BOAT RAMPS ***	11.39
COMMUNITY PARKS **	180.91
BEACH FACILITIES	80.40
RESOURCE-BASED PARKS AKA REGIONAL PARKS	348.40
CONSERVATION LAND	321.60
TRANSPORTATION/ROADS	2,223.27
TOTAL IMPACT FEES	3,907.69
ADMINISTRATIVE FEE ****	117.23
TOTAL FEE FOR SINGLE FAMILY HOME 2,300 sf & OVER	4,024.92

3/15/01
BARLOVEZ
1 KINGSTON CT,
LIVING AREA
3,160 S.F.

THE FOLLOWING REFLECTS THE EXCEPTIONS IN THE 1991 INTERLOCAL AGREEMENT

* The Town of Sewalls Point agreed to pay 72.5% of the Public Building impact Fees

** The Town of Sewalls Point agreed to pay 50% of the Community Parks Impact Fee.

*** The Town of Sewalls Point agreed to pay 5% of the Boat Ramp Impact Fees

**** PRIOR TO ORDINANCE #562 THE ADMINISTRATIVE FEES WERE DEDUCTED FROM THE TOTAL AND RETAINED BY THE TOWN. UNDER THE NEW ORDINANCE A 3% FEE IS ADDED AND WILL ALSO BE RETAINED BY THE TOWN..

TOWN OF SEWALLS POINT
IMPACT FEE ALLOCATION

SINGLE FAMILY HOME - 1101 to 2300sf

FACILITY	NEW FEES FOR ORDINANCE 562
PUBLIC BUILDINGS *	198.45
FIRE & EMS AKA EMERGENCY SERVICES	103.27
LAW ENFORCEMENT/CORRECTIONS	135.76
LIBRARY BUILDINGS	279.91
BOAT RAMPS ***	11.02
COMMUNITY PARKS **	174.97
BEACH FACILITIES	77.76
RESOURCE-BASED PARKS AKA REGIONAL PARKS	336.98
CONSERVATION LAND	311.06
TRANSPORTATION/ROADS	2,150.38
TOTAL IMPACT FEES	3,779.56
ADMINISTRATIVE FEE ****	113.39
TOTAL FEE FOR SINGLE FAMILY HOME - 1,101 to 2,300 sf	3,892.95

Mar '20 01 04:56p

SHANE SHORT

(912)924-0138

p. 1



RECEIVED
MAR 23 2001
BY: _____

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

James Hardie Building Products, Inc.
10901 Elm Ave.
Fontana CA 92337

Your application for Product Approval of:
Hardiplank, Hardipanel and Hardisoffit

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

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

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

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

Acceptance No.: 99-0223.07

Expires: 05/01/2002

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

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

Approved: 05/20/1999



RECEIVED
MAR 23 2001
BY: _____

METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE DEPARTMENT
SUITE 1603
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET
MIAMI, FLORIDA 33130-1583
(305) 375-2901
FAX (305) 375-2808

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Vinyl Tech/Progressive Glass Technology
1070 Technology Drive
Nokomis FL 34275

Your application for Product Approval of:

Series 4000 Aluminum Single Hung Window (3/16" annealed glass)

under Chapter 8 of the Metropolitan Miami-Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by:

Applicant, along with drawings prepared by Mr. Robert L. Clark, P.E., and test reports prepared by Fenestration Testing Laboratory, Inc.

has been recommended for acceptance by the Building Code Compliance office to be used in Miami-Dade County, Florida under the conditions set forth herein. This approval contains 3 pages.

This approval shall not be valid after the expiration date stated below. The Office of Building Code Compliance reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Building Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any ammendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the South Florida Building Code. The expense of such testing will be incurred by the manufacturer.

Acceptance No.: 98-0218.02

Expires: 08/20/2001

Raul Rodriguez
Product Control Supervisor

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

BUILDING CODE COMMITTEE

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

Charles Danger, P.E.
Director
Building Code Compliance Dept.
Metropolitan Dade County

Approved: 08/20/1998



RECEIVED
MAR 23 2001
BY: *[Signature]*

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908
CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2558
CONTRACTOR ENFORCEMENT SECTION
(305) 375-2966 FAX (305) 375-2908
PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 375-6339

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Therma-Tru Corporation
108 Mutzfeld Road
Butler IN 46721

Your application for Product Approval of:

Fiber Classic Outswing Residential Insulated Fiberglass Door

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

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

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

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

Acceptance No.: 99-0223.03

Expires: 03/31/2000

[Signature]
Paul Rodriguez

Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

- 1. FIBERGLASS DOOR
- 2. TUBE MULLIONS
- 3. SINGLE HUNG WINDOW
- 4. CASEMENT WINDOW
- 5. HARDIPLANK SIDING

Approved: 04/08/1999

3/26/01 TOWN OF SEWALL'S POINT
REVIEW: *[Signature]*
BLDG OFFICIAL

FILE TOWN COPY
KINGSTON CT

[Signature]
Francisco J. Quintana, R.A.

Director
Miami-Dade County
Building Code Compliance Office

PN 5312



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Nov 30, 2001; Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
S363	JOHNSON.	Final Roof	Passed	
②	2 OAK HILL WAY. DRIFWOOD PACIFIC.	TT + Final		INSPECTOR: <i>[Signature]</i>
S302	NOJHEL	O.O.	Passed	(Shaffelera?)
⑤	6 RIDGEVIEW RD. RAYMOND CONST.	ALL TRADES	FAILED.	INSPECTOR: <i>[Signature]</i>
S352	CLEMENTS	TRUSS + BRICK	Failed	(not ready) Cancelled by Contr.
⑦	11. W. HUGHPOINT RD. MOULTER			INSPECTOR: <i>[Signature]</i>
S213	ENRIQUETA	C.O. FINAL	Passed	
⑥	1 KINGSTON CT MORLES.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS: 1 Kingston Ct.

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.

Seal exh. pipes in UR
hood range hook up (gas)
handrail incomplete
2 Drywell for gutter 3'x4'
All paperwork

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: 11/28/01

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~NOV 9~~ _____, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	NOHEJL	TEMP. POWER	FAILED	
3	6 RIDGE VIEW DR. RAYMOND CONST.			INSPECTOR: <u> </u>
5254	UNGKAM	PLUMBING	PASSED	
1	101 N. SEWALLS PT RD. BULLFORD	FRAMING	PASSED	INSPECTOR: <u> </u>
5352	CLEMENTS	STRAP + ANCHOR	RE-SCISSORED	
4	11 W. HIGHPOINT MOLTER		CANCELLED	INSPECTOR: <u> </u>
5588	GOODE	SHEATHING		
2	9 EMARITA WAY JIM'S ROOFING	TIN TAG		INSPECTOR: <u> </u>
5213	ENRIQUETA	ADWINE	PASSED	
3	1 KINGSTON CT. DRIETWOOD BLDG'S	TEMP. FUZZ	PASSED	INSPECTOR: <u> </u>
5515	WALKER	SLAB	PASSED	
	6 CRANE'S NEST. IANIERO.			INSPECTOR: <u> </u>
				INSPECTOR: <u> </u>

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS: 1 KINGSTON Ct.

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.

DRIVEWAY - NEED SWALE AREA ESTABLISHED
MIN. 2 1/2" OFF LEVEL

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: 11/7/01

GENE

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~Nov 7~~, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	NOHELL	POOL DECK	Passed	
3	6 N. RIDGEVIEW RD. HARBOR BAY POOLS			INSPECTOR: <u>h</u>
5254	INGRAM 101 N. SPR BUFORD	TIN TAG		CANCELLED
5448	VORASSO	FRAMING + ELECT.	FAIL PASSED	
2	21 S PERRIWINKLE CRES. RLM CONST.			INSPECTOR: <u>h</u>
5352	CLEMENTS	SHEATHING	PASSED	
6	11 W. HIGHPOINT MOLTER			INSPECTOR: <u>h</u>
5213	ENRIQUEZ	DOUBT	FAILED	
1 ST	1 KINGSTON CT. DRIFTWOOD BLDGS			INSPECTOR: <u>h</u>
5352	CLEMENTS	STRAP + ANCHOR		FOR FRIDAY
6	11 W. HIGHPOINT MOLTER	CANCEL		INSPECTOR:
5572	DOSS	SHEATHING	PASSED	
5	85 S. RIVER RD. CARDINAL	11:00 - 12:00		INSPECTOR: <u>h</u>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~August 27, 2001~~, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5022	SMITH	PLUMB'G - GRD. RGH.	Passed	11:00
S (11)	133 S. RIVER RD MACARI BLDG.			INSPECTOR: J 8/22
✓ 5410	WITTMAN	SHEATHING	Passed	
S (4)	13 RIVERVIEW DR. A & W RFG.			INSPECTOR: J 8/22
✓ 5312	ENRIQUEZ	INSULATION	Passed	INSPECTOR: J 8/22
S (5)	1 KINGSTON CT. DRETFWOOD HOMES			INSPECTOR: J 8/22
✓ 5494	ROEMER ORIGINALS	RGH PLUMB'G.	PASSED	
N (10)	3752 SE OCEAN (HARBOR BAY) THE ROOSTH CO.	(BILLY HAMMER: 260-5994)		INSPECTOR: EA
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 ~~August 15, 2001~~ Sat Sun Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5312	BIRNQUIER	T/T & MTL.	Passed	
S (1)	LEWISTON CT. DRIFTWOOD HOMES			INSPECTOR: <u>J 8/15</u>
✓ 5302	NOHE JL 6 RIDGEVIEW ROAD RON RAYMOND (216-1188)	STEM WALL FTG.	Passed	LATE AS POSSIBLE (lift steel from O.K.) INSPECTOR: <u>J 8/15</u>
S (7)				
✓ 5234	MCCARTNEY 45 W. HIGHPOINT WILSON BLDGS (Number: 288-2000)	T/T & MTL.	Passed	(no metal, partial). INSPECTOR: <u>J 8/15</u>
S (8)				
✓ 5435	POTTER 4 PERRIWINKLE CIRCLE TRIPLE M BRICK PAVERS (MIKE: 561-239-1726)	DRIVEWAY REPL. - FINAL	Passed	INSPECTOR: <u>J 8/15</u>
N (5)				
✓ 5068	WINTER (285-4600) 19 RIDGELAND DR. LEAR DEVEL. CORP.	PTL. SHEATHING (LAST-LOW ROOF @ 1 1/2 ft) TRUSS	Passed Passed	INSPECTOR: <u>J 8/15</u>
S (3)				
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 Sat Sun, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5468	McMAHON	FRAMING - ALL	X	COVERED BY CONTR (O/B)
	5 MELODY HILL	(INT. ALTERATIONS)		8/15 7:20 AM
	(O/B) BURO: 340-1178			INSPECTOR:
✓	5434	ANNAN	DECK (PRE)	Passed
S	111 Mary Sewall Way			
	FLAMINGO POOLS			INSPECTOR: J 8/15
✓	5013	DENNIS	FOOTER FOR	Not ready
S	16 RIDGELAND	SITE WALL		
	FL FINEST			INSPECTOR:
✓	5448	VORASSO	SLAB	Passed
N	21 PERRIWINKLE CRES.	cored wackout		FOR LKSDMPD/SURVEY 8/14
	RLM	+burning steel		INSPECTOR: J 8/15
✓	5427	FOGLIA	STEM WALL	Passed
S	105 ASBIE COURT			
	FOGLIA CONST. (PHONE: 954-444-6126)			INSPECTOR: J 8/15
✓	5499	MOTLEY	SHEATHING	LATE AS POSSIBLE
N	34 N. SEWALL'S POINT RD		Partial	(new deck - !!)
	PACIFIC REG. (PHONE: 263-0177)			INSPECTOR: J 8/15
✓	5312	BURRUEZ	FRAMING	Passed
S	1 KINGSTON COURT	ALL TRADES		(Need AC discovel)
	DRIFTWOOD HOMES			(Edy discovel)
				INSPECTOR: J 8/15

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri July 20, 2001, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5262	MUSSO	DRYWALL SCREW.	Passed	
S (3)	18 S. RIVER RD. HARRY BLUE (336-3024)			INSPECTOR: <u>R 7/20</u>
✓ 5441	BARON	STUCCO-LATH	Passed	
N (1)	25 FIELDWAY DR. GRAHAM & SONS	(Some areas to be nailed again) (clock 7/23)		INSPECTOR: <u>R 7/20</u>
✓ 5312	5312 BIRCHWOOD	RESHEATHING	Passed	
S (2)	1 KINGSTON COURT DRIFTWOOD HOMES			INSPECTOR: <u>R 7/20</u>
T/R (4)	TAVORY 17 RIDGELAND (VACANT) MONTE'S TREE SERVICE	FIELD VERIF.	Passed	TOWN "CLEAN UP" LOT 18 RIDGELAND - PROHIB SPEC. INSPECTOR: <u>R 7/20</u>
T/R (5)	DE CARMO 24 W. HIGH POINT (VACANT) PINE ORCHARD BLDGS	FIELD VERIF.	Passed	LOT 30 HIGH POINT - PROHIB. SPEC. INSPECTOR: <u>R 7/20</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: 20 Riverside Dr. Eng. Homes red wall?

(6)
21 " "

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ May 4, 2001; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5302	NOHE JL	V/G PLUMBING	Passed	(RESCHED. FROM 5/2)
S (2)	6 N. RIDGEVIEW RON RAYMOND CONST.			INSPECTOR: J.S./4
✓ 5013	Dennis	Tap Con Window	Passed	
S (3)	16 Ridgeland PL RINOST (Ron)	in progress		INSPECTOR: J.S./4
✓ 5349	Schultz	SERVICE CHANGE	PASSED	Late as possible
S (10)	64 S. SPR FORWARD ELECT.	(FINAL) "REBID" PRL 337 7057	METER RELEASE	11 ³⁰ in compl.: Rain spot INSPECTOR: J.S. 2:00 PM
✓ 5063	ROBINSON	TIN TAG +	Passed	
S (5)	173 S. RIVER RD. PACIFIC/DRIFTWOOD	METAL		INSPECTOR: J.S./4
✓ 5336	SACHS	FOOTER ✓ + ALSO	Passed	
N (2)	78 N. SPR MASTERPIECE BLKS.	TIE DOWN + ✓ STRAPPING ON ✓ PATIO		INSPECTOR: J.S./4
✓ 5312	ENRIQUEZ	ROUGH PLUMB.	Passed	
S (7)	1 KINGSTON CT. DRIFTWOOD			INSPECTOR: J.S./4
✓ 5209	TRANTER	FINAL	Passed	→ excl. shutter/paint
S (6)	9 MIDDLE RD. Emmick	(2 ND FL. ADDN)	DOCUMENTS RBB. FOR	discouno? ? INSPECTOR: J.S./4

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Wed~~ ~~Fri~~ ~~Sat~~ ~~Sun~~ APR 11, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5172	ECKNA	ROOF TILE -	PASSED	3" CAP; SCREWED
S (3)	107 HENRY SEWALL WAY JMC CONTRACTING	IN PROGRESS (STUART REG)		INSPECTOR: EA
5313	ENRIQUEZ	FOUNDATION	PASSED	PLY. WITH STAIN PROV
S (4)	1 KINGSTON CT. DRIFTWOOD	(REUSE)	PASSED	COL. PARTS (11.15) INSPECTOR: EA
✓ 5152	MUSSO	TIE BM. & COL.	PASSED	FORWARDED SURVEY TO SITE
S (10)	18 S. RIVER RD HARRY BLUE 201-9111			(FIELD COPY 4/26/01) INSPECTOR: EA
✓ 4855	UNIVERSAL GRP	STAIR FORM	PASSED	LACANA 219-9040
S (9)	235 SEWALL'S POINT RD HES GROUP (LACANA)	(GAR/ISS FLX) 1ST FLOOR	(ARCH. TO GIVE) (OR W/STL. DETAILING)	REWORK 1:30 PM INSPECTOR: EA
✓ 5294	LEHMAN	FFG GARAGE	PASSED	COMP. TEST RCVD 4/10/01
S (7)	6 RIDGELAND DR. GRIBBEN CONST.	MONOLITHIC SLAB		INSPECTOR: EA
5323	NAREGLE	RIP RAP - FINAL	PASSED	
(12)	82 N. SEWALL'S POINT RD LUDLAM CONST.			INSPECTOR: EA
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 - MARCH 30, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5299	O'BRIEN 36 E. HIGH POINT A&W RFG.	SHEATHING	NO	CANCELLED
				INSPECTOR:
✓ 5274	LIBITSKY 3 RIO VISTA DRIVE QUALITY FENCE 879	FENCE - FINAL	Passed	
				INSPECTOR: <u>3/30</u>
✓ 5172	ECKNA 107 HENRY SEWALL WAY SELECT HOMES	FRAMING + All Trades / KBLV (3 Straps / Draft slopes)	Passed	(RESCHED. FROM 3/20) 257-390 ✓ INSPECTOR: <u>3/30</u>
✓ 5192	RAO 30 CASTLE HILL A+W	TIN TAG + METAL	Passed	INSPECTOR: <u>3/30</u>
✓ 5286	SCHULTZ 64 S. SPR ADVANTAGE POOLS	GROUND + STEEL 781-3033	→ Roll over	(No forward sur)
✓ 5260	LIBITSKY 3 RIO VISTA DR. A&W RFG.	ROOF - FINAL	Passed	INSPECTOR: <u>3/30</u>
✓ 5312	HENRIQUEZ KINGSTON CT ACH MOHRS - DRIFTWOOD HOME	Support pole !!	Passed	TEMPORARY CONST. (CALL CODE TO VERIFY) Called PPL 9:30 ✓ INSPECTOR: <u>3/30</u>

OTHER: _____



PROFESSIONAL ENGINEERING and INSPECTION COMPANY, Inc.

FILE

FIELD DENSITY TEST REPORT

RECEIVED MAY - 9 2001 BY: [Signature]

Project: ~~61 Kingston Court~~

Client: ~~Driftwood Homes~~

Contractor: ~~Driftwood Homes~~

Sampled by: J. Heckel

PN 5312

Order #: 2106029.00

Permit #: 5321

Date: 05-03-01

Day Sampled: Thursday

Proctor 1: 2106029.0

Max. Dry Density: 107.1

Opt. Moist Cont.: 13.2

Proctor 2:

Max. Dry Density:

Opt. Moist Cont.:

Soil Description: Tan brown sand with trace of clay

Location:

Table with 9 columns: Test #, Test Date, Test Location, Proctor #, % Moist, Density Dry (pcf), % Compact, % Req., Status. Rows include data for SE and NW corners and center points.

* Value noted is penetration resistance measured in tons per square foot.

** Percent compaction estimate based on correlation with penetration resistance.

Respectfully submitted, Professional Engineering & Inspection Company, Inc.

Distribution Copies (3) Client

Paul H. Dandorth, P.E. VP of Regional Operations State of Florida Reg. Professional Engineer Number: 44653 State of Florida Reg. Special Inspector Number: 1103

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

GENE SIMMONS
EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: GEN + BARBARA ENRIQUEZ ; PROPERTY ADDRESS: 1 KINGSTON COURT

LEGAL DESCRIPTION: LOT 1 BLOCK _____ SUBDIVISION SEWALLS POINT

GENERAL CONTRACTOR: ALAN MORRIS ; LIC/CERT NO. RR0056789

ADDRESS: 2163 PINE RIDGE ST. JENSEN BEACH, FL. ; TEL 334-2577; FAX 334-5877

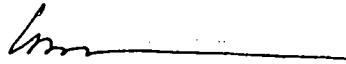
ARCHITECT OR ENGINEER: KELLY + KELLY ARCHITECTS. ; LIC/REG. NO. 8341

ADDRESS: 119 W 6th ST. STUART FL. ; TEL 283-3492; FAX 220-7310

PERMIT NO: 5312 ; DATE OF ISSUE: 3/27/01 ; RENEWAL PERMIT NO: N/A ; DATE OF ISSUE: N/A

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

Entered at Sewall's Point, Florida, this 4 day of DEC., 2001.


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

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



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

5607

SHUTTERS

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Bldg. Permit Number: _____

Owner or Titleholder's Name ENRIQUIZ Phone No. () 215-0074
Street: 1 KINGSTON COURT City SEWALLS POINT State: FL Zip 34926
Legal Description of Property: KINGSTON COURT LOT 1
Parcel Number: 13384101000000103000

Location of Job Site: _____
TYPE OF WORK TO BE DONE: INSTALLATION OF HURRICANE SHUTTERS

CONTRACTOR/Company Name: EXPERT SHUTTER SERV. Phone No. () 871-1915
Street: 1626 S.W. BILTMORE ST. City PORT ST. LUCIE State: FL Zip 34984
State Registration: PSL 01 3386 State License: MC SP 01515

ARCHITECT: TILTECO Phone No. (305) 871-1530
Street: 8585 N.W. 36th ST. #217 City VIRGINA GARDENS State: FL Zip 33188

ENGINEER: _____ Phone No. () _____
Street: _____ City _____ State: _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
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 first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
Estimated cost of construction or improvement: \$ 4,565.00
Estimated Fair Market Value (FMV) prior to improvement: \$ _____
If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
Electrical: _____ State: _____ License # _____
Mechanical: _____ State: _____ License # _____
Plumbing: _____ State: _____ License # _____
Roofing: _____ State: _____ License # _____

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

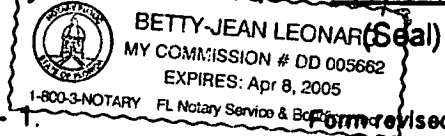
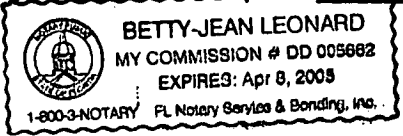
I HEREBY CERTIFY: THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS, INCLUDING FLORIDA MODEL ENERGY CODES.

OWNER or AGENT SIGNATURE (Required)
Alan B. Morris
Owner
State of Florida, County of: St Lucie On this the 16 day of November, 2000, by ALAN B. MORRIS who is personally known to me or produced Florida Drivers License as identification. M620-002-57-142-D
Betty Jean Leonard
Notary Public

CONTRACTOR SIGNATURE (Required)
Michael P. Heissenberg
Contractor
State of Florida, County of: St Lucie On this the 15 day of November, 2000, by Michael P. Heissenberg who is personally known to me or produced _____ as identification.
Betty Jean Leonard
Notary Public

My Commission Expires: April 8th 2005

My Commission Expires: April 8th 2005



TREE REMOVAL (Attach sealed survey)

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

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

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

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

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

NOTICE: 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: _____ Date: _____

Approved by Town Engineer _____ Date: _____
(If required)



EXPERT

SHUTTER SERVICES INC.

"We're Taking The Shutter Industry By Storm"

INVOICE

DATE	9/19/2001
CONDO	

BILLING INFORMATION
<p align="center">Enriquez, Mr. 1 Kingston Ct. Sewalls Pt., Fl. 34996</p>

INSTALLATION ADDRESS
<p align="center">Enriquez, Mr. 1 Kingston Ct. Sewalls Pt., Fl. 34996</p>

INVOICE #	PHONE 1	PHONE 2	TERMS	DUE DATE
7241	561-829-2577	215-0074	Due on receipt	9/19/2001

QUANTITY	DESCRIPTION	AMOUNT
2	Dade County Code Approved Aluminum Storm Mill Panels 36 x 81 Window	235.00
5	Dade County Code Approved Aluminum Storm Mill Panels 60 x 100 French Door	1,201.00
1	Dade County Code Approved Aluminum Storm Mill Panels 54 x 76 Window	164.00
1	Dade County Code Approved Aluminum Storm Mill Panels 30 x 81 Window	98.00
1	Dade County Code Approved Aluminum Storm Mill Panels 66 x 81 Window	214.00
1	Dade County Code Approved Aluminum Storm Mill Panels 66 x 81 Window	214.00
1	Dade County Code Approved Aluminum Storm Mill Panels 60 x 100 French Doors	240.00
1	Dade County Code Approved Aluminum Storm Mill Panels 36 x 57 Window	84.00
2	Dade County Code Approved Aluminum Storm Mill Panels 54 x 81 Window	350.00
1	Dade County Code Approved Aluminum Storm Mill Panels 60 x 100 French Doors	240.00
1	Dade County Code Approved Aluminum Storm Mill Panels 54 x 81 Window	175.00
1	Dade County Code Approved Aluminum Storm Mill Panels 54 x 66 Window	147.00
1	Dade County Code Approved Aluminum Storm Mill Panels 36 x 81 Window	118.00
1	Dade County Code Approved Aluminum Storm Mill Panels 60 x 100 French Doors	240.00
2	Dade County Code Approved Aluminum Storm Mill Panels 54 x 81 Window	350.00
1	Dade County Code Approved Aluminum Storm Mill Panels 78 x 81 Window	253.00
1	Dade County Code Approved Aluminum Storm Mill Panels 30 x 81 Window	98.00
1	Dade County Code Approved Aluminum Storm Mill Panels 36 x 100 Entry	144.00

All Tracks To Be White.
Shutters Are Dade County Approved. Delivery Time Is 4 To 6 Weeks.
There Is A 5 Year Warranty On Parts And Labor. Shutters Must Be Maintained Properly.

SPECIAL INSTRUCTION:

SALES REPRESENTATIVE	DATE	PURCHASER	TOTAL	\$4,565.00
TT	9/19/2001		DEPOSIT	
			BALANCE	\$4565.00

BUYERS RIGHT TO CANCEL

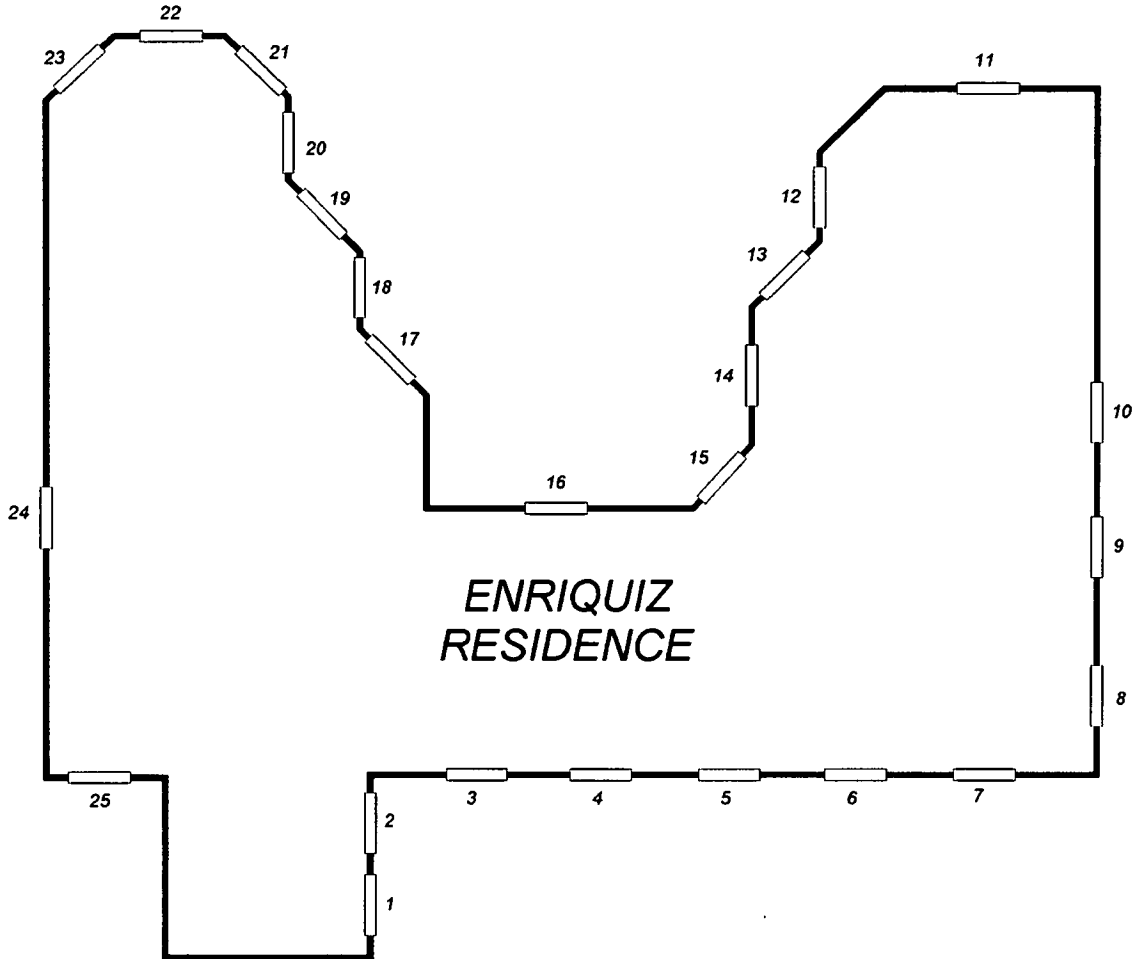
THIS IS A HOME SOLICITATION SALE, AND IF YOU DO NOT WANT THE GOODS OR SERVICE, YOU MAY CANCEL THIS AGREEMENT BY PROVIDING WRITTEN NOTICE TO THE SELLER IN PERSON, BY TELEGRAM, OR BY MAIL. THIS NOTICE MUST INDICATE THAT YOU DO NOT WANT THE GOODS OR SERVICES AND MUST BE DELIVERED OR POST MARKED BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER YOU SIGN THIS AGREEMENT. IF YOU CANCEL THIS AGREEMENT, THE SELLER MAY NOT KEEP ALL OR PART OF ANY CASH DOWN PAYMENT. BALANCE DUE UPON COMPLETION. ALL CHECKS PAYABLE TO EXPERT SHUTTER SERVICES INC. WE RESERVE THE RIGHT TO ADD ON 1.5% PER MONTH ON ANY OVERDUE INVOICES.



EXPERT

SHUTTER SERVICES INC.

"We're Taking The Shutter Industry By Storm"



#	PANEL QUANTITY	PANEL HEIGHT	UPPER TRACK	LOWER TRACK	#	PANEL QUANTITY	PANEL HEIGHT	UPPER TRACK	LOWER TRACK
1	3.00	80.25	'H" TRACK	'F" TRACK	14	4.50	30.00	'H" TRACK	'F" TRACK
2	3.00	80.25	'H" TRACK	'F" TRACK	15	4.50	74.00	'H" TRACK	'F" TRACK
3	5.00	103.00	'H" TRACK	STUD ANG	16	5.00	51.00	'H" TRACK	STUD ANG
4	5.00	103.00	'H" TRACK	STUD ANG	17	4.50	62.00	'H" TRACK	'F" TRACK
5	6.00	103.00	'H" TRACK	STUD ANG	18	4.50	62.00	'H" TRACK	'F" TRACK
6	5.00	103.00	'H" TRACK	STUD ANG	19	3.00	56.00	'H" TRACK	'F" TRACK
7	5.00	103.00	'H" TRACK	STUD ANG	20	5.00	62.00	'H" TRACK	STUD ANG
8	4.50	76.00	'H" TRACK	'F" TRACK	21	4.50	62.00	'H" TRACK	'F" TRACK
9	2.50	80.50	'H" TRACK	'F" TRACK	22	6.50	62.00	'H" TRACK	'F" TRACK
10	5.50	80.50	'H" TRACK	'F" TRACK	23	4.50	80.00	'H" TRACK	'F" TRACK
11	5.50	80.50	'H" TRACK	'F" TRACK	24	2.50	30.00	'H" TRACK	'F" TRACK
12	5.00	101.75	'H" TRACK	STUD ANG	25	3.00	80.00	'H" TRACK	STUD ANG
13	3.00	55.50	'H" TRACK	'F" TRACK					



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Enstern Metal Supply, Inc.
3600 23rd Ave., South
Lake Worth FL 33461

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

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

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

Your application for Product Approval of:
0.050" Bertha Aluminum Storm Panel Shutter
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

Acceptance No.: 00-0602.04

Expires: 08/07/2003

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

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

Approved: 08/17/2000

1 of 3



Certificate of Insurance

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

Named Insured(s):

Staff Leasing, LP, By Staff Acquisition, Inc., The General Partner, And The Affiliated Limited Partnerships Of Which Staff Acquisition, Inc. Is The General Partner And Staff Leasing, Inc. Is The Limited Partner including Staff Leasing of Texas, Staff Leasing of Texas LP, Staff Leasing IV LP
600 301 Boulevard West, Suite 202
Bradenton, Florida 34205



Insurer Affording Coverage

Continental Casualty Company

Coverages:

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

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits	
Workers' Compensation	1-1-2002	WC 189165165 WC 189165182 WC 247848874 WC 247848888	Employer's Liability	
			Bodily Injury By Accident \$1,000,000	Each Accident
			Bodily Injury By Disease \$1,000,000	Policy Limit
			Bodily Injury By Disease \$1,000,000	Each Person
Other				

Employees Leased To:

12334 Expert Shutter Services

Effective Date: 1/1/01

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

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

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

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

Certificate Holder:

Ocean Isle Condominium
2910 SE Dune Dr
Stuart, FL 34996-1992

Martin Oosterbaan
Authorized Representative

Office: St. Louis, MO 12/15/00
Phone: (877) 427-5567 Date Issued

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/07/2001

PRODUCER (561)334-3181 FAX (561)334-7742
Rick Carroll Insurance Agency
2160 N.E. Dixie Highway
P.O. Box 877
Jensen Beach, FL 34958-0877

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 Expert Shutter Services Inc.
1626 SW Biltmore Street
Port St. Lucie, FL 34984

INSURER A: CNA
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	2050034885	06/05/2001	06/05/2002	EACH OCCURRENCE,	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

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

This insurance is for proof of insurance only

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
Gullick & McCauley 3725 SE Ocean Blvd. Suite 202 Stuart, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE
		Keith Carroll/CAW 

CITY OF FORT PIERCE, FLORIDA
CERTIFICATE OF COMPETENCY
ALUMINUM W/CONCRETE CONTRACTOR
CONTROL # 0010522 LICENSE # 02-11749

TO: EXPERT SHUTTER SERVICES, INC.
HEISSENBERG, MICHAEL
1626 SW BILTMORE STREET
PORT ST LUCIE FL 34984

AMOUNT PAID 25.00 DATE 11/05/01
EXPIRES 9/30/02

005994



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP01515
Expires September 30, 2003

HEISSENBERG, MICHAEL P
EXPERT SHUTTER SERVICES
1626 SW BILTMORE ST
PSL, FL 34984
ALUMINUM/CONCRETE CONTRACTOR

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: INSTALLATION OF SHUTTERS

OWNER: ENRIQUIZ

ADDRESS: 1 KINGSTON COURT, SEWALLS POINT, FL. 34996

PHONE #: 215-0074 FAX #: _____

CONTRACTOR: EXPERT SHUTTER SERVICES INC

ADDRESS: 1626 SW. BILTMORE STREET, PORT ST. LUCIE, FL 34984

PHONE #: (561) 871-1915 FAX #: 871-0990

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 #: _____

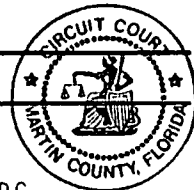
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Alan Meccas
SIGNATURE OF OWNER

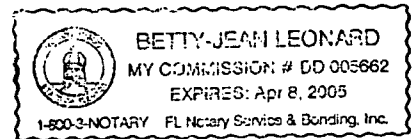
SWORN TO AND SUBSCRIBED BEFORE ME THIS 15 DAY OF November 192001 BY Alan Meccas

Betty Jean Leonard
NOTARY SIGNATURE

OR PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____



THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
BY [Signature] MARSHA EWING CLERK
DATE 11-15-01 D.C.



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/15, 2008 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6455	JOHANSEN	DRIVEWAY	Passed	
⑥	17 PERRWINKLE CR KOELLER CONCRETE			INSPECTOR:
6330	BUSSEY	LATHING ^{DECK} ROOF KNEE WALL	Passed	11:00
⑭	1 PALMETTO DR WARREN	(Gate am please)		INSPECTOR:
TREE	FABINSKY	TREE	Passed	
⑫	10 MANDALAY RD			INSPECTOR:
6025	CONROY	DEMOLITION-FINAL	Passed	
①	12 PALMETTO DR O/B			INSPECTOR:
6034	CONROY	ELEC/FIXT-FINAL	Passed	
②	12 PALMETTO DR O/B			INSPECTOR:
5097	ENRIQUEZ	SHUTTERS-FINAL	Passed	
③	1 KINGSTON CT EXPERT SHUTTERS			INSPECTOR:
5712	JOHNSON	SHUTTERS-FINAL	Passed	
④	4 OAK HILL LANE EXPERT SHUTTER			INSPECTOR:
OTHER: _____				

5623
FENCE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 12/10/01

BUILDING PERMIT NO. 5623

Building to be erected for GLEN ENRIQUEZ Type of Permit FENCE

Applied for by QUALITY FENCE (Contractor) Building Fee 3000

Subdivision KINGSTON Lot 1 Block _____ Radon Fee _____

Address 1 KINGSTON CT. Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

1338410100000001030000 Plumbing Fee _____

Amount Paid \$3000 Check # 4139 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2,300.00 TOTAL Fees 3000

Signed Joe S. [Signature]
Applicant

Signed [Signature]
Town Building Inspector
OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY DATE _____
 COMPACTION TESTS DATE _____
 GROUND ROUGH DATE _____
 SOIL POISONING DATE _____
 FOOTINGS / PIERS DATE _____
 SLAB ON GRADE DATE _____
 TIE-BEAMS & COLUMNS DATE _____
 STRAPS AND ANCHORS DATE _____
 DRIVEWAY DATE _____
 AS-BUILT SURVEY DATE _____

SHEATHING DATE _____
 FRAMING DATE _____
 INSULATION DATE _____
 ROOF DRY-IN DATE _____
 ROOF FINAL DATE _____
 METER FINAL DATE _____
 AS BUILT SURVEY DATE _____
 STORM PANELS DATE _____
 LANDCAPE & GRADE DATE _____
 FINAL INSPECTION DATE 12/14/01

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

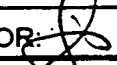
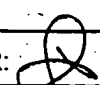
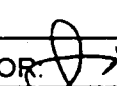
New Construction Remodel Addition Demolition

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri DECEMBER 15, 2001; Page ___ of ___.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5603	JORDAN	PATIO	Passed	SEE ATTACHED
①	110 N. SPR			CHANGES (EARLY AS POSSIBLE)
	SCHILLER			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5623	ENRIQUEZ	WINDSCREEN	Failed	
⑤	1 KINGSTON CT.			
	QUALITY			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5611	HOGAN.	UNDERGROUND	Failed	no permit or sif e
④	1 W. HIGH POINT WAY	Partial		
	ZANBER	746-7669		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

Owner or Titleholder's Name Glen Enriquez Phone No. (561) 781-7750
Street: 1 Kingston Ct City Sewalls Point State: FLA Zip _____

Legal Description of Property: Lot 1 Kingston Ct

Parcel Number: 13-38-41-010-000-000
10-30000

Location of Job Site: 1 Kingston Ct

TYPE OF WORK TO BE DONE: Fence 4' PVC Picket fence Malibu style

CONTRACTOR/Company Name: Quality Fence Phone No. (561) 879 9126

Street: 498 Voltaire Ter City PSL State: FLA Zip 34984

State Registration: SP02470 State License: Same

ARCHITECT: _____ Phone No. () _____

Street: _____ City _____ State: _____ Zip _____

ENGINEER: _____ Phone No. () _____

Street: _____ City _____ State: _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

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 first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or improvement: \$ 2300

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

If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____

Method of determining Fair Market Value: _____

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

Electrical: _____ State: _____ License # _____

Mechanical: _____ State: _____ License # _____

Plumbing: _____ State: _____ License # _____

Roofing: _____ State: _____ License # _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND 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 or AGENT SIGNATURE (Required)

Owner
State of Florida, County of: _____ On
this the _____ day of _____, 2000,
by _____ who is personally
known to me or produced _____
as identification.

Notary Public

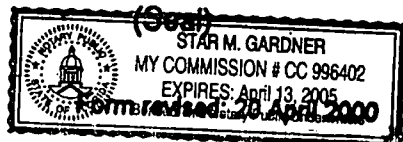
My Commission Expires: _____
(Seal)

CONTRACTOR SIGNATURE (Required)

James J. Kierstead
Contractor
State of Florida, County of: macl- On
this the 30 day of Oct, 2000,
by JAMES Kierstead who is personally
known to me or produced _____
as identification.

Notary Public

My Commission Expires: 4-13-05



Client#: 13204

AYSEMC

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/14/01

PRODUCER
Brown & Brown, Inc.
1401 Forum Way
Suite 600
West Palm Beach, FL 33401

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
AYS Group, Inc. DBA AYS Employee Leasing
2145 14th Avenue #6
Vero Beach, FL 32960

INSURER A: Continental Casualty Company

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								
	<input type="checkbox"/> 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"/> PROJ-JECT <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 \$								
	<input type="checkbox"/> 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) \$								
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
	<input type="checkbox"/> EXCESS 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	WC138199238	06/15/01	06/15/02	<table border="1"> <tr> <td>W/C STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$500,000</td> </tr> </table>	W/C STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$500,000	E.L. DISEASE - EA EMPLOYEE	\$500,000	E.L. DISEASE - POLICY LIMIT	\$500,000
W/C STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$500,000												
E.L. DISEASE - EA EMPLOYEE	\$500,000												
E.L. DISEASE - POLICY LIMIT	\$500,000												
	OTHER												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Coverage is provided for only those employees leased to but not subcontractors of:
 Quality Fence Company 2513 SE Richmond St Ft Pierce Fl 34952 Client #1200

CERTIFICATE HOLDER

ADDITIONAL INSURED:INSURER LETTER:

CANCELLATION

The Town of Sewells Point
 Attn Ed Arnold
 1 South Sewell Point Rd
 Stuart, FL 34996

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



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
9/6/01

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 Quality Fence Contractors Inc. James Kierstead 2513 SE Richmond St. Port St. Lucie, Fl. 34952	INSURER A: Auto Owners Insurance Company INSURER B: Auto Owners Insurance Company 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	20533955	5/22/01	5/22/02	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 1,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY	42-519-238-00	10/12/01	10/12/02	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OT-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

Sales and Installation of Fences - State of Florida

CERTIFICATE HOLDER Town of Sewalls Point 1 South Sewalls Point Rd. Sewalls Point, Fl. 34996 fax #220-4765	ADDITIONAL INSURED; INSURER LETTER: _____
CANCELLATION	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.	
AUTHORIZED REPRESENTATIVE Lawrence J. Kearns	



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP02470
Expires September 30, 2003

KIERSTEAD, JAMES J
QUALITY FENCE CO
2513 SE RICHMOND ST
PSL, FL 34952
FENCE ERECTION

9972

PAVERS



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:	9972	DATE ISSUED:	JANUARY 16, 2012
SCOPE OF WORK:	PAVERS		
CONTRACTOR:	CASON CONSTRUCTION		
PARCEL CONTROL NUMBER:	133841-010-000-000103	SUBDIVISION	KINGSTON CT - LOT 1
CONSTRUCTION ADDRESS:	1 KINGSTON CT		
OWNER NAME:	ENRIQUEZ		
QUALIFIER:	THOMAS CASON	CONTACT PHONE NUMBER:	407-440-2866

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION Permit Number: 9972

Date: 12/16/11
 OWNER/TITLEHOLDER NAME: Glen Enriquez Phone (Day): 772 781-7750 ext. _____
 Job Site Address: 1 Kingston Ct. City: Stuart State: FL Zip: 34996
 Legal Description: Lot 1, "Kingston Court" Parcel Control Number: 13-38-41-010-000-00010-3
 Owner Address (if different): _____ City: _____ State: _____ Zip: _____

SCOPE OF WORK (PLEASE BE SPECIFIC): Ravens
WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner/Builder questionnaire must accompany application)
 YES _____ NO _____
Has a Zoning Variance ever been granted on this property?
 YES _____ (YEAR) _____ NO _____
 (Must include a copy of all variance approvals with application)
COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 500.00
 (Notice of Commencement required when over \$2500 over the first inspection, \$7,500 on HVAC change out)
 Is subject property located in Flood hazard area? VE10 AEG AEB X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Cason Construction Co. Phone: (407) 440-2866 Fax: (407) 412-5960
 Qualifiers name: Thomas V. Cason Street: 2300 Rutledge Ave City: Orlando State: FL Zip: 32817
 State License Number: CBC 034370 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Brian Mosley Phone Number: 772-216-3398

DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living _____ Garage _____ Covered Patios/Porches: _____ Enclosed Storage _____
 Carport: _____ Total under Roof _____ Elevated Deck _____ Enclosed area below _____
 *Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Certificate Agreement

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

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

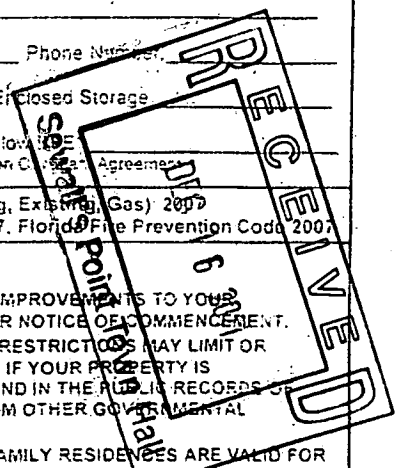
*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*****

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

OWNER NOTORIZED SIGNATURE (required per 713.135 F.S.)
 OF _____ AUTHORIZED AGENT (if required)
 X Glen Enriquez
 State of Florida, County of: Manatee
 On This the 20th day of December 2011
 by Glen Enriquez who is personally known to me or produced FDLR 2562-283-48-084
 As identification Valerie May
 Notary Public
 My Commission Expires: _____

CONTRACTOR NOTORIZED SIGNATURE (required per 713.135 F.S.)
Thomas V. Cason
 State of Florida, County of: Orange
 On This the 13 day of December 2011
 by Thomas Cason who is personally known to me or produced Florida Diner Inc
 As identification Magelene Barrero
 Notary Public
 My Commission Expires: 05/15/2015

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



MAGELANE BARRERO
 Notary Public - State of Florida
 Commission# EE 94046
 My comm. expires May 15, 2015

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

generated on 12/19/2011 11:23:50 AM EST

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-010-000-00010-3	27851	1 KINGSTON CT, SEWALL'S POINT	\$445,510	12/17/2011

Owner Information

Owner(Current)	ENRIQUEZ GLENN C & BARBARA F
Owner/Mail Address	1 KINGSTON CT SEWALL'S POINT STUART FL 34996
Sale Date	9/26/2000
Document Book/Page	1507 1365
Document No.	JMB
Sale Price	69000

Location/Description

Account #	27851	Map Page No.	SP-05
Tax District	2200	Legal Description	KINGSTON COURT LOT 1
Parcel Address	1 KINGSTON CT, SEWALL'S POINT		
Acres	.3670		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120400 Hmwd, Palm Ro, Kngstn, Okwd, Pine

Assessment Information

Market Land Value	\$157,500
Market Improvement Value	\$288,010
Market Total Value	\$445,510

11:32:00 AM 12/19/2011

Data Contained In Search Results Is Current As Of 12/19/2011 11:31 AM.

Search Results

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/ Rank	Status/Expires
Certified Building Contractor	<u>CASON CONSTRUCTION COMPANY OF CENTRAL F</u>	DBA	CBC034370 Cert Building	Current, Active 08/31/2012
Main Address*: 2300 RUTLEDGE AVE ORLANDO, FL 32817				
Certified Building Contractor	<u>CASON, THOMAS W</u>	Primary	CBC034370 Cert Building	Current, Active 08/31/2012
Main Address*: 2300 RUTLEDGE AVE ORLANDO, FL 32817				

[Back](#) [New Search](#)

* denotes

- Main Address - This address is the Primary Address on file.
- Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).
- License Location Address - This is the address where the place of business is physically located.

.....
Contact Us :: [1940 North Monroe Street, Tallahassee FL 32399](#) :: Call.Center@dbpr.state.fl.us :: Customer Contact Center: 850.487.1395

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Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions regarding DBPR's ADA web accessibility, please contact our Web Master at webmaster@dbpr.state.fl.us.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **1-17-12** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9928	Kingston	Final	Pass	Close
9929	Kingston	Final	Pass	Close
	Cason Const			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9929	Hyneman	Final		
1:30	4 Michail Rd	windows & door	PASS	Close
	Gulfstream Alum (Brian)			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

10204

A/C CHANGEOUT



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:	10204	DATE ISSUED:	AUGUST 30, 2012
SCOPE OF WORK:	AC CHANGEOUT		
CONTRACTOR:	SERVICE AMERICA		
PARCEL CONTROL NUMBER:	133841010-000-000103	SUBDIVISION	KINGSTON CT - L 1
CONSTRUCTION ADDRESS:	1 KINGSTON CT		
OWNER NAME:	ENRIQUEZ		
QUALIFIER:	RICHARD LEVINSON	CONTACT PHONE NUMBER:	954-979-1100

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

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

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

INSPECTIONS

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

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3371759

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: 10204

Date: 8/21/12

OWNER/LESSEE NAME: Enniquiez Phone (Day) 787-781-7760 (Fax)
Job Site Address: 1 Kingston Ct City: Sewall Point State: FL Zip: 33496
Legal Description: Kingston Ct Lot Parcel Control Number: 13-31-41-010-000-0010-3
Fee Simple Holder Name: Address:
City: State: Zip: Telephone:

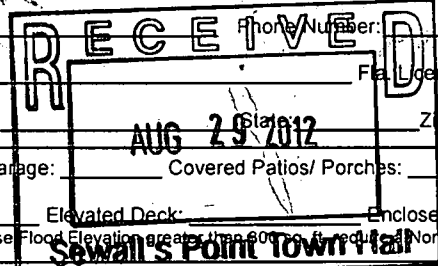
*SCOPE OF WORK (PLEASE BE SPECIFIC): A/C change out

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 6213
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 _____ X _____
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Service America Phone: 904-479-1100 Fax: 954-477-3800
Qualifiers name: Richard Wilson Street: 2705 Maple Ct City: Ft. Lauderdale State: FL Zip: 33309
State License Number: C14014619 OR: Municipality: License Number:

LOCAL CONTACT: Phone Number: 1X5673
DESIGN PROFESSIONAL: Fla. License#
Street: City: State: Zip: Phone Number:



AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage:
Carport: Total under Roof: Elevated Deck: Enclosed area below BFE:
* Enclosed non-habitable areas below the Base Flood Elevation greater than 600 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010
National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
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***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *****

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X _____
State of Florida, County of: _____
On This the _____ day of _____, 2012
by _____ who is personally
known to me or produced _____
As identification _____
Notary Public
My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X _____
State of Florida, County of: Broward
On This the 23 day of August 2012
by Richard Wilson who is personally
known to me or produced _____
As identification _____
BRANDI R. McLOUGHLIN
NOTARY PUBLIC
STATE OF FLORIDA
Comm. # DD935688
My Commission Expires: _____

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



Corporate Office
2755 NW 63rd Court • Ft. Lauderdale, FL 33309
www.serviceamerica.com

1-888-201-5759

SALES AGREEMENT

8/15/12

Customer Name: Glen Enriquez Account/Contract #: 3371759 Date: 8/21/12 (INSTALL)

Email Address: sewells pt Home phone: 772 781 7750 S.O.#: _____
Other phone: _____ S.O.# Admin. Fee: _____

Installation Address: 1 KINGSTON PL. Bldg: _____ Apt: _____ City: STUART ZIP: 34996

System Type: Split Package Water Source Straight Cool Heat Pump

Condenser Location: Ground Roof Crane Needed _____ # of Stories _____ Air Handler Location: Garage Attic Closet

JOB SPECIFICATIONS

CONTROLS & ELECTRIC

Thermostat Type: Digital Programmable
Wiring: Thermostat Disconnect Box Smoke Detector

Replaco Circuit Breaker: Air Handler: _____ Size _____ Type _____
 Condenser: _____ Size _____ Type _____
 Heater: _____ Size _____

DRAIN LINE & REFRIGERANT PIPING

Condensate Drain Hook-up: Primary Secondary SYST 2
 New Condensate Pump Slab
 Auxiliary drain pan (2) Horizontal drain pan SYST 2
 Auxiliary float safety switch
 Refrigerant copper liquid line size: _____
 Refrigerant copper suction line size: _____
 Gas pipe from _____
 Refrigerant line cover 410A Flush

Installation Information: LOWER RETURN BOX IN GARAGE 8"

All work performed in accordance with existing codes. Includes all required permits for work performed by us. Mounting hardware for installation, weather resistant vibration/isolation pads, hurricane strapping and removal of old equipment.

System 1	System 2	System 3
Make <u>Rheem</u>	Make <u>Rheem</u>	Make _____
Tons <u>5</u> SEER <u>16</u>	Tons <u>2</u> SEER <u>15</u>	Tons _____ SEER _____
BTU <u>54000</u> KWH <u>10</u>	BTU <u>23.4</u> KWH <u>5</u>	BTU _____ KWH _____
Model A/H <u>RHKLHM6024JA</u>	Model A/H <u>RBHP17J06SH1</u>	Model A/H _____
Model Cond <u>14AJM56A01</u>	Model Cond <u>14AJM24A01</u>	Model Cond _____
Price <u>(ARI) 3799470</u>	Price <u>(ARI) 3412296</u>	Price _____

System Investment	<u>5333</u>	<u>3500</u>
Install Kit	_____	_____
Crane	_____	_____
Rebates/Credits	_____	_____
Utility	<u>895.</u>	<u>265</u>
Service America	_____	<u>400</u>
Other	_____	<u>300</u>
Replacement Credit	<u>1500</u>	_____
Recommendations:	_____	_____
Insulation	_____	_____
Duct Cleaning	_____	_____
UV Light	_____	_____
Other	_____	_____
Administrative Fee (non-refundable)	<u>INCL.</u>	_____
Total Investment	<u>2938</u>	<u>2535</u>
Down Payment	<u>200</u>	_____
Balance Due	<u>2738</u>	_____

REGISTER RHEEM.COM

WARRANTIES

SAE Parts & Labor Warranty A/H 1 Yrs.
 SAE Parts & Labor Warranty Cond. 1 Yrs.
 Mfg.'s Warranty on Compressor 10 Yrs.
 Mfg.'s Warranty on Outdoor Coil 10 Yrs.
 Mfg.'s Warranty on Indoor Coil 10 Yrs.
 Mfg.'s Warranty Parts 10 Yrs.

PAYMENT INFORMATION

Method of Payment: Cash Financing
 Credit Card Check # _____

CC Type Visa MC Discover

Credit Card # _____

Expiration Date: _____ CSV# _____

Signature: _____

Financing Company: _____

Installation Date: 8/21/12

Terms: I accept this Sales Agreement and the specifications and conditions above. You are authorized to perform work as specified. It is agreed and understood by the parties that all equipment which is sold pursuant hereto shall not become fixtures or part of the real estate where they are placed until payment in full is received. Buyers right to cancel: You the Buyer may cancel this transaction without penalty or obligation at any time prior to midnight of the third business day after the date of this transaction by proper notification. Payment due to installers in full upon completion of installation.

My signature acknowledges acceptance of the terms above. I have read and understand all information on the front and back of this Sales Agreement.

Customer Signature: _____ Date: 8.15.12

Comfort Consultant: _____ Ladder required for inspection: Yes No Size: _____

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

generated on 8/16/2012 11:42:27 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-010-000-00010-3	27851	1 KINGSTON CT, SEWALL'S POINT	\$442,380	8/11/2012

Owner Information

Owner(Current)	ENRIQUEZ GLENN C & BARBARA F
Owner/Mail Address	1 KINGSTON CT SEWALL'S POINT STUART FL 34996
Sale Date	9/26/2000
Document Book/Page	1507 1365
Document No.	JMB
Sale Price	69000

Location/Description

Account #	27851	Map Page No.	SP-05
Tax District	2200	Legal Description	KINGSTON COURT LOT 1
Parcel Address	1 KINGSTON CT, SEWALL'S POINT		
Acres	.3670		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

Assessment Information

Market Land Value	\$157,500
Market Improvement Value	\$284,880
Market Total Value	\$442,380

3371759

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 10204

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

OWNERS NAME: Enriquez

CONSTRUCTION ADDRESS: 1 Kingston Ct

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
PLUMBING
HVAC
IRRIGATION
FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Re-connect A/C + Disc(s)

VALUE OF CONSTRUCTION \$ 180

LOW VOLTAGE
TYPE OF EQUIPMENT: SECURITY VACUUM SOUND SYSTEM LANDSCAPE OTHER
SCOPE OF WORK: VALUE

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

Signature of licensed contractor: Todd Permitter
Address of contractor: 2758 New 63 Ct 1st Level
Company or Qualifier's Name: Service America
Telephone No: 954-979-1100 x5523 Fax No: 954-977-3541
Municipality or State of Florida Contractor's License Number: EC0002522

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: Enriquez Glenn + Barbara
Parcel Control #: 13-38-41-000-00010-3
Subdivision: Kings Court Lot: 1 Blk: Phase:
Site Address: 1 Kingston Court

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



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

#1

Air Conditioning Change out Affidavit

Residential Commercial

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Package Unit Yes No (Use Condenser side of form below for equipment listing)

Duct Replacement Yes No - Refrigerant line replacement Yes No

Flushing Existing Refrigerant lines Yes No - Adding Refrigerant Drier Yes No

Rooftop A/C Stand Installation Yes No - Curb Installation Yes No

Smoke Detector in Supply (over 2000 CFM) Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: <u>Rheem</u> Model# <u>14ATMS001</u>	Condenser: Mfg: <u>Rheem</u> Model# <u>14ATMS001</u>
Volts <u> </u> CFM's <u> </u> Heat Strip <u>10</u> Kw <u> </u>	Volts <u> </u> SEER/EER <u>14</u> BTU's <u>51000</u>
Min. Circuit Amps <u>100</u> Wire gauge <u>10</u>	Min. Circuit Amps <u>100</u> Wire gauge <u>10</u>
Max. Breaker size <u>100</u> Min. Breaker size <u>100</u>	Max. Breaker size <u>100</u> Min. Breaker size <u>100</u>
Ref. line size: Liquid <u>7/8</u> Suction <u>3/8</u>	Ref. line size: Liquid <u>7/8</u> Suction <u>3/8</u>
Refrigerant type <u>410A</u>	Refrigerant type <u>410A</u>
Location: Existing <input checked="" type="checkbox"/> New <input type="checkbox"/>	Location: Existing <input checked="" type="checkbox"/> New <input type="checkbox"/>
Attic/Garage/Closet (specify) <u>closet</u>	Left/Right/Rear/Front/Roof <u>Ground</u>
Access: <u> </u>	Condensate Location <u>Ground</u>

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

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: <u>Rheem</u> Model# <u>060</u>	Condenser: Mfg: <u>Rheem</u> Model# <u>060</u>
Volts <u> </u> CFM's <u> </u> Heat Strip <u>10</u> Kw <u> </u>	Volts <u> </u> SEER/EER <u> </u> BTU's <u> </u>
Min. Circuit Amps <u>100</u> Wire gauge <u>10</u>	Min. Circuit Amps <u>100</u> Wire gauge <u>10</u>
Max. Breaker size <u>100</u> Min. Breaker size <u>100</u>	Max. Breaker size <u>100</u> Min. Breaker size <u>100</u>
Ref. line size: Liquid <u>7/8</u> Suction <u>3/8</u>	Ref. line size: Liquid <u>7/8</u> Suction <u>3/8</u>
Refrigerant type <u>R22</u>	Refrigerant type <u>R22</u>
Location: Ext. <input checked="" type="checkbox"/> New <input type="checkbox"/>	Location: Ext. <input checked="" type="checkbox"/> New <input type="checkbox"/>
Attic/Garage/Closet (specify) <u>closet</u>	Left/Right/Rear/Front/Roof <u>Ground</u>
Access: <u> </u>	Condensate Location <u>Ground</u>

Certification

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

Signature [Signature]

Date 8/21/12



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

#2

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: <u>Rheem</u> Model# <u>REH1700S#1</u> Volts _____ CFM's _____ Heat Strip <u>5</u> Kw _____ Min. Circuit Amps <u>30</u> Wire gauge <u>10</u> Max. Breaker size <u>30</u> Min. Breaker size _____ Ref. line size: Liquid <u>7/8</u> Suction <u>3/8</u> Refrigerant type <u>410A</u> Location: Existing <input checked="" type="checkbox"/> New _____ Attic/Garage/Closet (specify) <u>ATTIC</u> Access: _____	Condenser: Mfg: <u>Rheem</u> Model# <u>K41M24A01</u> Volts _____ SEER/EER <u>15</u> BTU's <u>23400</u> Min. Circuit Amps <u>30</u> Wire gauge <u>10</u> Max. Breaker size <u>30</u> Min. Breaker size _____ Ref. line size: Liquid <u>7/8</u> Suction <u>3/8</u> Refrigerant type <u>410A</u> Location: Existing <input checked="" type="checkbox"/> New _____ Left/Right/Rear/Front/Roof <u>Ground</u> Condensate Location <u>Ground</u>
--	--

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

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: <u>Rheem</u> Model# <u>024</u> Volts _____ CFM's _____ Heat Strip <u>10</u> Kw _____ Min. Circuit Amps <u>30</u> Wire gauge <u>10</u> Max. Breaker size <u>30</u> Min. Breaker size <u>30</u> Ref. line size: Liquid <u>7/8</u> Suction <u>3/8</u> Refrigerant type <u>R22</u> Location: Ext. <input checked="" type="checkbox"/> New _____ Attic/Garage/Closet (specify) <u>ATTICE</u> Access: _____	Condenser: Mfg: <u>Rheem</u> Model# <u>024</u> Volts _____ SEER/EER <u>15</u> BTU's _____ Min. Circuit Amps <u>30</u> Wire gauge <u>10</u> Max. Breaker size <u>30</u> Min. Breaker size <u>30</u> Ref. line size: Liquid <u>7/8</u> Suction <u>3/8</u> Refrigerant type <u>R22</u> Location: Ext. <input checked="" type="checkbox"/> New _____ Left/Right/Rear/Front/Roof <u>Ground</u> Condensate Location <u>Ground</u>
--	--

Certification

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

Signature _____

Date 8/21/12



Project Summary
Entire House
Service America Air Conditioning

Job: 3371759-B
 Date: Aug 16, 2012
 By: David Cenat

2755 NW 63rd Ct, Fort Lauderdale, FL 33309 Phone: 954-979-1100 Fax: 954-977-3591 Web: www.serviceamerica.com

Project Information

For: Barbara Enriquez
 1 Kingston Ct, Stuart, FL 34996
 Phone: 772-781-7750

Notes:

Design Information

Weather: W Palm Beach, FL, US

Winter Design Conditions

Outside db 47 °F
 Inside db 70 °F
 Design TD 23 °F

Summer Design Conditions

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

Heating Summary

Structure 23366 Btuh
 Ducts 0 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 23366 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	2500	2500
Volume (ft ³)	22500	22500
Air changes/hour	0.32	0.16
Equiv. AVF (cfm)	120	60

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref
 Efficiency 80 AFUE
 Heating input 0 Btuh
 Heating output 0 Btuh
 Temperature rise 0 °F
 Actual air flow 2019 cfm
 Air flow factor 0.086 cfm/Btuh
 Static pressure 0 in H2O
 Space thermostat

Sensible Cooling Equipment Load Sizing

Structure 44386 Btuh
 Ducts 0 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.95
 Equipment sensible load 42255 Btuh

Latent Cooling Equipment Load Sizing

Structure 3585 Btuh
 Ducts 0 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 3585 Btuh
 Equipment total load 45841 Btuh
 Req. total capacity at 0.70 SHR 5.0 ton

Cooling Equipment Summary

Make Rheem
 Trade
 Cond 14AJM56A01
 Coil RHKLHM6024JA
 AHRI ref 3799470
 Efficiency 13.0 EER, 16 SEER
 Sensible cooling 37800 Btuh
 Latent cooling 16200 Btuh
 Total cooling 54000 Btuh
 Actual air flow 2019 cfm
 Air flow factor 0.045 cfm/Btuh
 Static pressure 0 in H2O
 Load sensible heat ratio 0.93

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-Suite® Universal 2012 12.0.08 RSU15991

W:\Wright Soft FPL Heat Loads - Cindy\Stuart 3371759-B.rup Calc = MJ8 Front Door faces: N

2012-Aug-16 10:26:22

Page 1



Project Summary
Entire House
Service America Air Conditioning

Job: 3371759-A
 Date: Aug 16, 2012
 By: David Cenat

2755 NW 63rd Ct, Fort Lauderdale, FL 33309 Phone: 954-979-1100 Fax: 954-977-3591 Web: www.serviceamerica.com

Project Information

For: Barbara Enriquez
 1 Kingston Ct, Stuart, FL 34996
 Phone: 772-781-7750

Notes:

Design Information

Weather: W Palm Beach, FL, US

Winter Design Conditions

Outside db 47 °F
 Inside db 70 °F
 Design TD 23 °F

Summer Design Conditions

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

Heating Summary

Structure 11400 Btuh
 Ducts 0 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 11400 Btuh

Sensible Cooling Equipment Load Sizing

Structure 17686 Btuh
 Ducts 0 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.95
 Equipment sensible load 16837 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	960	960
Volume (ft ³)	8640	8640
Air changes/hour	0.45	0.23
Equiv. AVF (cfm)	65	33

Latent Cooling Equipment Load Sizing

Structure 2517 Btuh
 Ducts 0 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 2517 Btuh
 Equipment total load 19354 Btuh
 Req. total capacity at 0.70 SHR 2.0 ton

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref

Efficiency 80 AFUE
 Heating input 0 Btuh
 Heating output 0 Btuh
 Temperature rise 0 °F
 Actual air flow 805 cfm
 Air flow factor 0.071 cfm/Btuh
 Static pressure 0 in H₂O
 Space thermostat

Cooling Equipment Summary

Make Rheem
 Trade
 Cond 14AJM24A01
 Coil RBHP17J06SH1
 AHRI ref 3412296
 Efficiency 12.5 EER, 15 SEER
 Sensible cooling 16380 Btuh
 Latent cooling 7020 Btuh
 Total cooling 23400 Btuh
 Actual air flow 805 cfm
 Air flow factor 0.045 cfm/Btuh
 Static pressure 0 in H₂O
 Load sensible heat ratio 0.88

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

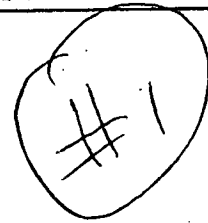


Right-Suite® Universal 2012 12.0.08 RSU15991

W:\Wright Soft FPL Heat Loads - Cindy\Stuart 3371759-A.rup Calc = MJ8 Front Door faces: N

2012-Aug-16 10:28:25

Page 1



Certificate of Product Ratings

AHRI Certified Reference Number: 3412296

Date: 8/16/2012

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 14AJM24

Indoor Unit Model Number: RBHP-17+RCHL-24A2

Manufacturer: RHEEM MANUFACTURING COMPANY

Trade/Brand name: RHEEM 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	23400
EER Rating (Cooling):	12.50
SEER Rating (Cooling):	15.00

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

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CERTIFICATE VERIFICATION

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Air-Conditioning, Heating, and Refrigeration Institute

©2012 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 12989606227753619

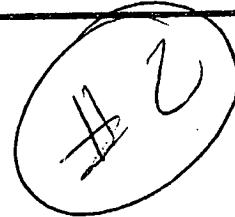


This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011.

Certificate of Product Ratings

AHRI Certified Reference Number: 3799470

Date: 8/16/2012



Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 14AJM56

Indoor Unit Model Number: RHKL-HM6024+RCSL-H*6024

Manufacturer: RHEEM MANUFACTURING COMPANY

Trade/Brand name: RHEEM 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	54000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the data on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

©2012 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.:

12989608207977267



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: Enriquez Contractor name: Senice America
 Street address: 1 Kingston Ct Jurisdiction: _____
 City: Sewall's Point Permit No.: _____
 Zip: 34996 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: [Signature] Date: 8/21/12

Printed Name: Richard Leckman

Contractor License #: C-12014609

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____

Printed Name: _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

9-11-12 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10185	Falco 15 N River Rd TC A/C	Final A/C	Pass	Close INSPECTOR <i>[Signature]</i>
10204	Emergency 1 Kingstons Ct Service Am	Final A/C	FAIL	INSULATE ROOF INSULATE PROVIDE ELEC VERIFICATION INSPECTOR <i>[Signature]</i>
10171	Potter 4 Ferrisville Mr Hustle	insulation	Pass	INSPECTOR <i>[Signature]</i>
10192	Vasko 11 EMARITA O/B	R. PLUMBING	Pass	INSPECTOR <i>[Signature]</i>
10202	Lippich 18 Riverview Cittwood	FINAL A/C	Pass	Close INSPECTOR <i>[Signature]</i>
10213	RESNICK 27 LANTANA Miranda	FINAL A/C	Fail	NO PROPER LADDER INSPECTOR <i>[Signature]</i>
	51 SPTRD DEBRIS			INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-20-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
1020	Kingston	Final	Pass	Close
	Service Am			INSPECTOR GA
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10201	Lawlett	FINAL		
10:00	20 PALM RD KUSTOM US	Remodel	PASS	CLOSE INSPECTOR GA
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10217	LYONS	A/C FINAL		
2:00	34 FIELDWAY JENSEN BEACH A.C.		PASS	CLOSE INSPECTOR GA
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10222	Handman	Final		NOT PER
PM	12 Riverside Dr J. Howen Inc	Garage Door	FAIL	PLANS INSPECTOR GA
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10192	Vasko	rough electric	WALLS	
PM	11 Emarita OB		PASS	INSPECTOR GA
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

10857

PAVER WALKWAY



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:	10857	DATE ISSUED:	5/8/2014
SCOPE OF WORK:	PAVER WALKWAY		
CONTRACTOR:	FELICE GIULIANI HARDSCAPE		
PARCEL CONTROL NUMBER:	133841010000000103	SUBDIVISION	KINGSTON CT LOT 1
CONSTRUCTION ADDRESS:	1 KINGSTON COURT		
OWNER NAME:	ENRIQUEZ		
QUALIFIER:	RENEE DELAHUNTY	CONTACT PHONE NUMBER:	772 225-3837

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10857		
ADDRESS:	1 KINGSTON COURT		
DATE ISSUED:	5/8/2014	SCOPE OF WORK:	PAVER WALKWAY

SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	
---	--	----------------	----	--

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 780.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00

TOTAL ACCESSORY PERMIT FEE:		\$	109.00
------------------------------------	--	----	--------

*Pd 5/13/14
 C1 = 2799*

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

Permit Number: 10857

Date: 3/27/2014

OWNER/LESSEE NAME: Glen Enriquez Phone (Day) 781-7750 (Fax) _____

Job Site Address: 1 Kingston Court D City: Sewalls Pt State: FL Zip: _____

Legal Description _____ Parcel Control Number: 13-38-4-010-00010-3

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Paver Walkway rear of house 30' x 3 1/2'

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO _____

Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO _____
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 780.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 _____ X _____

FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Felice Giuliani Hardscape Phone: 225-3837 Fax: _____

Qualifiers name: Renee Delahunty Street: 3919 NESkyline Dr City: Jensen Beach State: FL Zip: 34957

State License Number: _____ OR: Municipality: Martin County License Number: MLPP6348

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

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

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

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010
National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

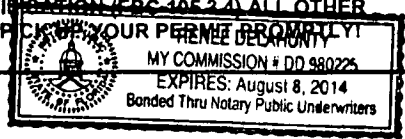
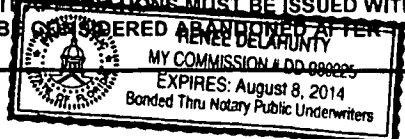
OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE: _____
State of Florida, County of: Martin
On This the 31 day of March, 2014
by Glenn Enriquez who is personally
known to me or produced _____
As identification. Renee Delahunty
Notary Public

My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: _____
X D. Pearce
State of Florida, County of: Martin
On This the 31 day of March, 2014
by Debrah Pearce who is personally
known to me or produced _____
As identification. Renee Delahunty
Notary Public

My Commission Expires: _____

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





Martin County Building Department

900 SE Ruhnke Street

Stuart, FL 34994

(772) 288-5482

Fax (772) 419-6935

DELAHUNTY, RENEE L
FELICE GIULIANI HARDSCAPE LANDSCAPE LL
3919 NE SKYLINE DR
JENSEN BEACH, FL 349*57

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 Contractor's Licensing Certificate of Competency

PAVER BLOCK - MC

License #: MCPB6348 Expires: 09/30/2015

DELAHUNTY, RENEE L
FELICE GIULIANI HARDSCAPE LANDSCAPE LL
3919 NE SKYLINE DR
JENSEN BEACH, FL 349*57

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 5/8/2014 10:21:42 AM EDT
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-010-000-00010-3	27851	1 KINGSTON CT, SEWALL'S POINT	\$424,780	5/5/2014

Owner Information

Owner(Current)	ENRIQUEZ GLENN C & BARBARA F
Owner/Mail Address	1 KINGSTON CT SEWALL'S POINT STUART FL 34996
Sale Date	9/26/2000
Document Book/Page	1507 1365
Document No.	JMB
Sale Price	69000

Location/Description

Account #	27851	Map Page No.	SP-05
Tax District	2200	Legal Description	KINGSTON COURT LOT 1
Parcel Address	1 KINGSTON CT, SEWALL'S POINT		
Acres	.3670		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

Assessment Information

Market Land Value	\$148,500
Market Improvement Value	\$276,280
Market Total Value	\$424,780

42.85'

DRINKING WATER
BASIN

Glen Enriquez
1 Kingston Ct

15.00'

IRRIGATION WELL

25.0'
MIN. SETBACK

CONC.
ROYLE

COVD CONC.

1 STORY W/F
DWELLING

FINISH FLOOR ELEV. 9.00
HIGHEST ROOF PEAK 26.67'
ABOVE FINISH FLOOR

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

New Walkway
Approx 30x3

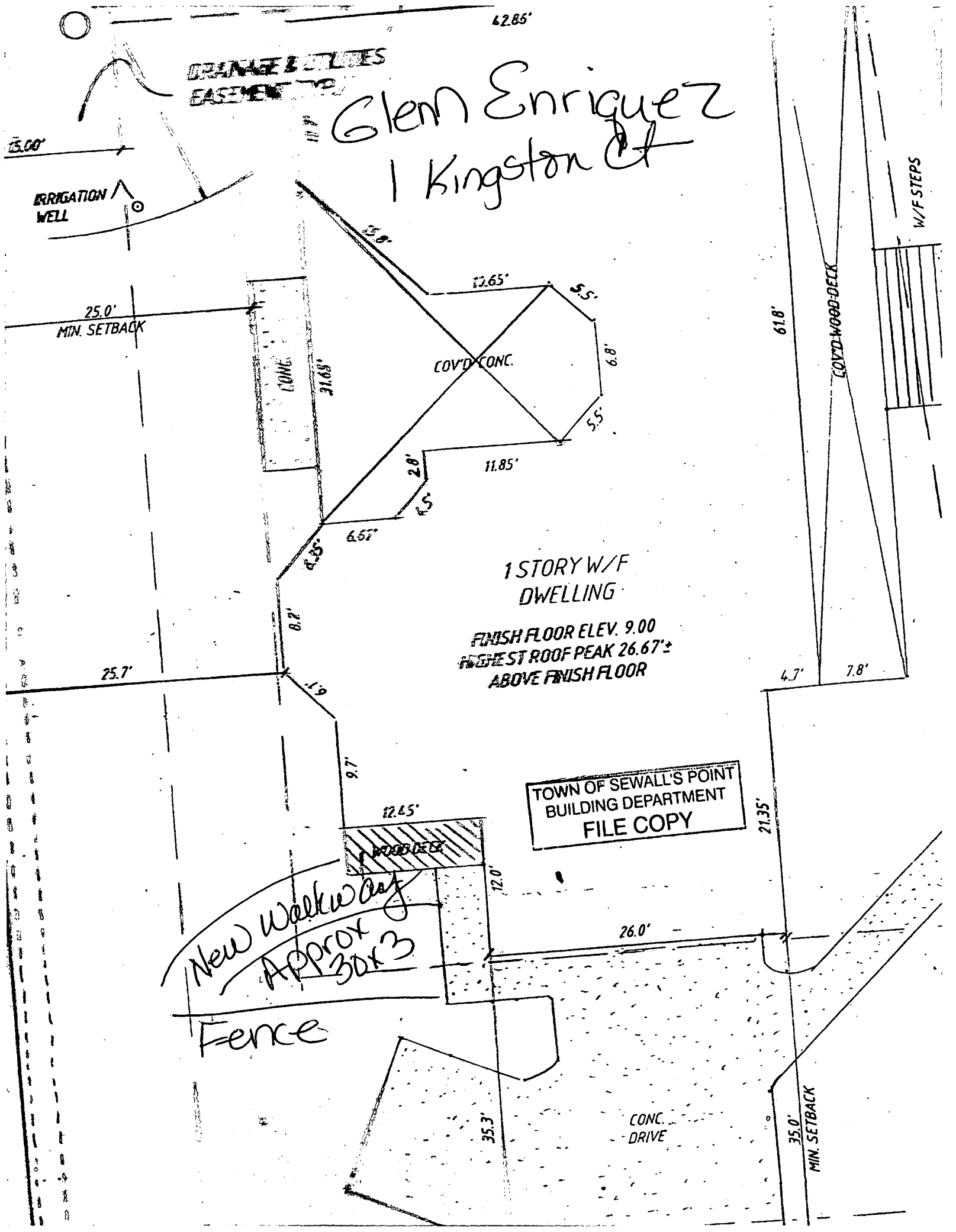
Fence

CONC.
DRIVE

35.0'
MIN. SETBACK

COVD WOOD DECK

W/F STEPS



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 5/19 - 14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10857	Emerques 11 Kensington Ct Felice Giuliani Hardscapes	Final Open	Pass	Close INSPECTOR A
10543	Gray Sharkey 33 RIO VISTA as of 5/16/14 NO RENEW PERMIT	Final - Kevin Sharkey says that it was inspected not sure if Prof	Pass	Kevin Sharkey 220-2487 Close INSPECTOR A
10834	Twokey 112 Henry Sewalls Way Len - Sea Gate Bldrs	ROOF SHEATHING Stapdown/Tie Down (+ Elec. if done) when you get there	Pass	Len Polansky INSPECTOR A
 	 48 S Sewall's Pt Rd	Stem Wall footing	 	288-9489 Bob INSPECTOR
10849	COULD 48 S. Sewall's Pt. Rd Karem Haddad	Stem Wall Footing	Fail	288-9489 Bond steel/compression INSPECTOR A
	29 S. River	TREE	485-7683	OK INSPECTOR
0543	 33 HOVISTA DR SHARKEY A/R	Not Final	 SEE ABOVE	 INSPECTOR

TREE

TOWN OF SEWALL'S POINT, FLORIDA

FILE

Date 3/26/01 ~~18~~ TREE REMOVAL PERMIT No 0427

APPLIED FOR BY Ron Raymond (Contractor or Owner)

Owner M. Nohelj, 6 N. Ridgeview

Sub-division _____, Lot _____, Block _____

Kind of Trees See list on survey *

No. Of Trees: REMOVE *

No. Of Trees: RELOCATE * WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE * WITHIN 30 DAYS

REMARKS trees to be removed/replaced to prop. lot
payment received, check # 2896 FEE \$ 15.-

Signed, Sign on file
Applicant

Signed, [Signature]
Town Clerk
Blag. Insp.

Field verified
3/26

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty lined box for notes or drawings]

PROJECT DESCRIPTION
AMENDED PERMIT 3/28/01
ADD 14" PINE (#3) FOR REMOVAL
REPLACEMENT REQUIRED PRIOR
TO C.O. (14 CALIFORNIA INCHES - NATURAL SPECIES)

REMARKS _____

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT

JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

file copy

March 29, 2001

Alan B. Morris - Driftwood Homes
2163 Pine Ridge St.
Jensen Beach, FL 34957

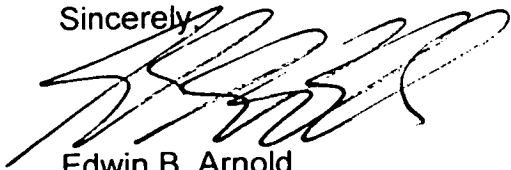
Re: 6 N. Ridgeview Rd.
Tree Removal Permit #0427

Dear Mr. Morris:

Enclosed please find a copy of the amended permit on the referenced property together with the copy of your letter request for additional tree removal as approved. As you note, it will be necessary to replace the removed tree with equivalent caliper inches of native species prior to issuance of the certificate of occupancy.

If you have any questions, please feel free to contact me at your convenience.

Sincerely,



Edwin B. Arnold
Building Official

EBA/nlc

enclosure



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



ALAN B. MORRIS
 2163 PINE RIDGE ST.
 JENSEN BEACH, FL 34957
 TEL: 561-334-2577

RECEIVED
 MAR 28 2001
 BY: *[Signature]*

March 28, 2001.

Sewalls Point Building Dept.
 ATT: Ed Arnold
 Building Official

RE: Enriquez Property
 Pine Tree

FILE

*1 KINGSTON CT.
 MN 5312*

T/R PN 0427 S/B 0426

Dear Mr. Arnold:

As per your discussion this morning with Alan, Mr. Enriquez, the property owner of 1 Kingston Ct. would like to remove the 14" pine tree designated as #3 on the tree survey.

We understand that this tree is not in the foot print of the house and will have be replaced with a like-size native tree before we can obtain a certificate of occupancy.

*OK.
 [Signature]*

Thank you for your help in this matter.

Sincerely,
Helen R Morris
 Helen R. Morris
 Driftwood Homes

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

3/26/01 WSP. SCS

RECEIVED
MAR 23 2001
BY: [Signature]

Permit # 0426
Date Issued 3/26/01

This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner CLAY BARBERA ENRIQUEZ Address 1 KINGSTON CT. Phone 361-966-6442

Contractor ANAL B. MOYER Address 2163 PINELIDGE ST. J.B. Phone 334-2577

Number of trees to be removed (list kinds of trees) 9 - # 4, 7, 8, 9, 10, 11, 12, 13, 16 (PINE=1 PALM=8)

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

Number of trees to be replaced (list kinds of trees):

Permit Fee \$ 15.00 (~~\$25.00~~ first tree plus \$10.00 - each additional tree - not to exceed \$100.00. \$15.00)

(No permit fee for trees which are relocated on property or lie within a utility easement & are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted Plans approved, as marked

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant [Signature] Date submitted 3/23/01

Approved by Building Inspector [Signature] Date 3/26/01

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~OBTAINING A PERMIT~~ **FEE**. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri MARCH 26, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	ENRIQUEZ	FIELD VERIF.	OK	BT VENDING - NEW COST
(5)	WINDSOR CT DRIFTWOOD HOMES	(VACANT LOT)	Permit	INSPECTOR: <i>[Signature]</i> 3/26
T/R	MANNION	FIELD VERIF.	OK	
(9)	9 INDIALUCIE PKWY MONTE'S TREE SERV.		Permit	INSPECTOR: <i>[Signature]</i> 3/26
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ ~~Friday~~ ~~Saturday~~ ~~Sunday~~, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ T/R	ATEA 103 ABBIE CT GRIBBEN CONST.	FIELD VERIF.	Passed	INCIDENT TO CONSTR. BPN 5455 (7/26/01) INSPECTOR: JD 7/27
✓ 5286	SCHULTZ 64 S. SEWALL'S POINT RD ADVANTAGE POOL BLURS	REVIEW-PROPOSED POOL SAFETY ACT COMPLIANCE.	APPROVED (BOOK ACUR)	SPEC. APPT. 2:30 - EBA (RODDY BROWN 781-3053) INSPECTOR: SA
✓ 5318	KOENKE 66 S. SEWALL'S POINT RD. ADVANTAGE POOL BLURS	REVIEW-PROPOSED POOL SAFETY ACT COMPLIANCE.	APPROVED (BOOK ACUR)	SPEC. APPT. 2:45 - EBA INSPECTOR: SA
✓ 5302	NOHETL 6 N. RIDGEVIEW RON RAYMOND CONST.	T/T & MTL.	Passed	1115 1) Will submit Wind/Door/Roof specs. (see 845 7/27) 2) Will obtain all sub. permits INSPECTOR: JD 7/27
✓ 5387	INGRAM 101 N. SEWALL'S POINT RD OLYMPIC POOLS (FRANK: 286-6070)	POOL STL/MAIN DR.	Passed	(MPO STSB - BUFORD CONST.) FORM BOARD SURVEY RCVD. INSPECTOR: JD 7/27
✓ 5442	GELLER 10 PALMETTO DR. PACIFIC PFG.	REEROOF - FINAL	Passed	INSPECTOR: JD 7/27
✓ 5358	INGRAM 101 N. SEWALL'S POINT RD BUFORD CONST.	TIE RM & COL.	not ready, will call	INSPECTOR:

OTHER: 1 Kingsway Ct (Driftwood) T/R BPN 04216 - new pool on 1st floor for deck.
7/27

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 11/27/01

BUILDING PERMIT NO. 5607

Building to be erected for ENRIQUIZ

Type of Permit SHUTTERS

Applied for by EXPERT SHUTTER SERV. (Contractor)

Building Fee \$40.00

Subdivision KINGSTON COURT Lot 1 Block _____

Radon Fee _____

Address 1 KINGSTON COURT

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

1338410100000001030000

Plumbing Fee _____

Amount Paid \$44.00 Check # 1310 Cash _____

Roofing Fee _____

Other Fees (PLAN REV) \$4.00

Total Construction Cost \$ \$4,565.00

TOTAL Fees \$44.00

Signed [Signature]
Applicant

Signed Gene Simmons / etc
Town Building Inspector
OFFICIAL

BUILDING PERMIT

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

This permit must be visible from the street, accessible to the inspector.

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.

DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued: _____

This application shall include a written statement giving reasons for removal, relocation, or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner Glenn Enriquez Address 1 Kingston Ct. Phone 772-475-9392

Contractor Shade Tree Address P.O. Box 2801 Stuart Phone 334-7010

Number of trees to be removed (list kinds of trees) 1 slash pine

(pine has holes & is dying) = dead 4/8

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): _____

Number of trees to be replaced: _____ (list kinds of trees): _____

Permit Fee \$ 0

\$15.00

(No permit fee for trees which are relocated on property or lie within a utility easement and are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted _____ Plans approved as marked _____

Permit good for one year. Fee for renewal of expired permit is \$5.00.

Signature of applicant _____ Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: 4/2/2

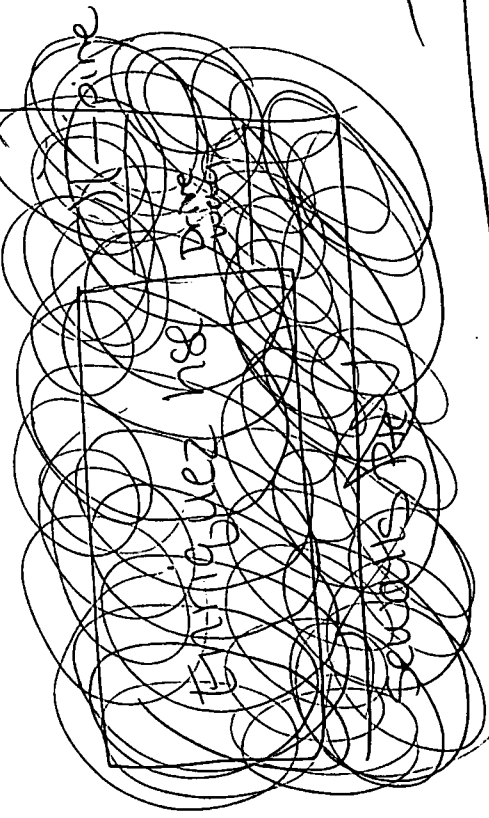
Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA

See attached Tree Species List

~~Kingston Ct.~~



S. Pte. Rd.

pine

Priveway

ENRIQUEZ NSL.

← Kingston Ct.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5767	CLEMENTS	FENCE/RET WALL	Failed	
(6)	6 MIDDLE ROAD O/B			INSPECTOR: <i>[Signature]</i>
6000	ENRIQUEZ	TREE	Passed	
(8)	1 KINGSTON CT			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	BENZING	TREE	Passed	
(9)	137 S. RIVER			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	BRUCIA	TREE	Passed	
(7)	2 KINGSTON CT			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6027	CLARK	TINTAG	Passed	
(2)	33 FIELDWAY PAR ONE			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6096	MCMANON	NAIL OFF/ SIDING	Failed	
(3)	5 MELODY HILL O/B			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5929	FLAUGH	FENCE	Passed	close pool fence
(1)	8 INDIALUCIE O/B			INSPECTOR: <i>[Signature]</i>
OTHER:				

TOWN OF SEWALL'S POINT, FLORIDA

Date 3-7-07 TREE REMOVAL PERMIT No 0585

APPLIED FOR BY Enriquez (Contractor or Owner)

Owner Kingston

Sub-division _____, Lot _____, Block _____

Kind of Trees Palm

No. Of Trees: REMOVE 1

No. Of Trees: RELOCATE _____ WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS Dead

FEE \$ 0

Signed, _____ Applicant

Signed, Phil Wintercorn ~~Town Clerk~~
Blug Inspector

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner GLENN ENRIQUEZ Address 1 KINGSTON Phone 781-7750

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: PALM

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

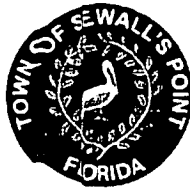
Written statement giving reasons: DEAD TREE

Signature of Property Owner [Signature] Date 3/6/07

Approved by Building Inspector: [Signature] Date 3/7 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked: _____

OK



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner GLENN ENRIQUEZ Address [REDACTED] Phone 772-781-7750

Contractor BUDGET TREE REMOVAL Address P&L Phone _____

No. of Trees: REMOVE 1 Species: FIGS

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal/relocation (See notice above) _____
KNOCKED DOWN DURING STORM

Signature of Property Owner [Signature] Date _____

Approved by Building Inspector: [Signature] Date 8/21 Fee: -

NOTES: _____

