1 Kingston Court

5312 SFR

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT Date 3/27/0 BUILDING PERMIT NO. 5312 Building to be erected for GLENN C. FRAKBARAF, ENPLAUEZ 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 | Block _____ Radon Fee _______ 28.78 4,024.92 Address I KINGSTON COURT 120,00 _____ A/C Fee ____ 120.00 Electrical Fee Parcel Control Number: Plumbing Fee |3-38-4|-0|0-000-000|0-30000 828730 #09536 Check #09408 Cash Other Fe Roofing Fee __ Total Construction Cost \$ 391,000.00 Signed _ Signed __ Town Building Inspector PHCIM Applicant **BUILDING PERMIT** FORM BOARD SURVEY SHEATHING DATE DATE COMPACTION TESTS **FRAMING** DATE DATE GROUND ROUGH DATE INSULATION DATE ROOF DRY-IN SOIL POISONING DATE DATE FOOTINGS / PIERS ROOF FINAL DATE DATE SLAB ON GRADE DATE METER FINAL DATE TIE-BEAMS & COLUMNS DATE AS BUILT SURVEY DATE

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. **CALL 287-2455**

STRAPS AND ANCHORS DATE

DATE

DRIVEWAY

AS-BUILT SURVEY

FLOOD ZONE

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

STORM PANELS

LANDCAPE & GRADE

FINAL INSPECTION

DATE

DATE

LOWEST HABITABLE FLOOR ELEV.

DATE 11/30/01

MONDAY TROUGH SATURDAY

□ New Construction □ Remodel □ Addition

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!

1	A	CERT CERT	IFICATE OF LIAI	BILITY I	NSURA	NCE		DATE (MM	_
PRO	iluc	ER (561)334-3181	FAX (561)334-7742		IIFICATE IS ISSU		ATTED AE	03/27/	2001
		Carroll Insurance A		ONLY AND) CONFERS NO F	LIGHTS UPO	ON THE CER	TIFICATE	
ı		N.E. Dixie Highway	Tancy (Fig. 1)	HOLDER.	THIS CERTIFICAT	re does m	OT AMEND.	EXTEND OR	1
1		<u>-</u> •		ALTER TH	E COVERAGE AF	FORDED B	Y THE POL	CIES BELO	N
		Box 877 en Beach, FL 34958-0	877 N. W.		INSURERS	AFFORDIN	G COVERAG	GE	······································
INS	irec	Alan B. Horris	142	INSURER A:	Maryland Cas				····
ł		Driftwood Homes & I	entropy of 2 granuffs	INSURER B:	FCCI Mutual	Insuran	434	WIT	7
l		2163 Pine Ridge Str	eet just	INSURER C:				~~~~~ <u>~</u>	~~
ł		Jensen Beach, FL_34	957	INSURER D:			MAR	2 7 200	17
			O DVIII	INSURER E:			,,,,,,,	~ 1 200	''
		AGES 💛					BY:		
		POLICIES OF INSURANCE LISTED	BELOW HAVE BEEN ISSUED TO THE INS	SURED NAMED ABO	OVE FOR THE POLICE	Y PERIOD IN	F RESIDENCE OF SHARES	THE TAKE	200
1 17	74 T	TERTAIN, THE INSULVANCE AFFL	ITION OF ANY CONTRACT OR OTHER DO ORDED BY THE POLICIES DESCRIBED HE IN MAY HAVE BEEN REDUCED BY PAID O	DEIN IS SHEET T	SPECT TO WHICH TI O ALL THE TERMS,	HIS CERTIFIC EXCLUSION	S AND CONDI	ISSUED OR TIONS OF SUC	СН
INSER LTR		TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	, 	LIMI	TS	
1	GE	NERAL LIABILITY	RGM19308718	06/12/2000	06/12/2001	EACH OCCU		1-	000.000
	X	COMMERCIAL GENERAL LIABILITY	1				E (Any one fire)	\$	
1	Γ	CLAIMS MADE X OCCUR	,				y one person)	5	50,000
	\vdash		1	1]			ļ <u> </u>	10,000
["	┝				!		ADV INJURY	3 1,0	000,000
ı	<u></u>	1 1000500175111751077				GENERAL AC	GREGATE	5 2.0	000,000
1	L GE	NL AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC	1			PRODUCTS -	COMP/OP AGG	\$ 2,0	000,000
⊢	ALF	TOMOBILE LIABILITY		 				<u> </u>	
		ANY AUTO				(Ea accident)	INGLE LIMIT	\$	
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJU (Per person)	RY	5	
		HIRED AUTOS	·			BODILY INJU		s	
		NON-OWNED AUTOS				(Per accident)			
	GA	RÅGE LIABILITY				(Per accident)		5	
	Η.	ANY AUTO				AUTO UNLY	EA ACCIDENT	\$	
						OTHER THAN AUTO ONLY:	EA ACC		
l	ğ	ESS LIABILITY				EACH OCCUP	RENCE	\$	
Ì		OCCUR CLAIMS MADE			l	AGGREGATE		\$	
[\$	-
1		DEDUCTIBLE		'				5	
		RETENTION \$		ı				s	
		RKERS COMPENSATION AND	D01WC01A36634	03/01/2001	03/01/2002	TORYLI	IU- UTH-	'	
	EMI	PLOYERS' LIABILITY			,,,	E.L. EACH AC			
В		•			ļ			\$	100000
			j				- EA EMPLOYEE	3	100000
	ÓΤΙ	IER				E.L. DISEASE	- POLICY LIMIT	<u> </u>	500000
									1
									1
DES	RIPT	TION OF OPERATIONS/LOCATIONS/VI	EHICLES/EXCLUSIONS ADDED BY ENDORSEME	NT/SPECIAL PROVISIO	ONS				
T L 4									
		ercificate is for pr	oof of insurance only.						l
									Ì
									1
									ŀ
CEF	TIF	ICATE HOLDER ADD	DITIONAL INSURED; INSURER LETTER	CANCELLATI	ON	· ·			
				SHOULD ANY	OF THE ABOVE DESC	RIBED POLICIE	S BE CANCELL	ED BEFORE THE	
					DATE THEREOF, THE IS				j
					WRITTEN NOTICE TO				
					TO MAIL SUCH NOTIC				TY
		Ed Arnold		AUTHORIZED REI	UPON THE COMPANY, PRESENTATIVE	ITS AGENTS C	REPRESENTA	TIVES.	
		,	•			J.	net 1.	90	l l
ACC	RD	25-8 (1/91)		Keith Carr	OTI/CAW		CACORD	ORPORATI	ON TOPP
								- SIM ORM II	OIA 1200



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 EXPRESSUAY SUITE 300 JACKSONVILLE FL 32211-7467

(904) 727-6530

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

AUG 2 5 2000

STATE OF FLORIDA AC# 5LD64 DEPARTMENT OF BUSINESS AN PROFESSIONAL REQULATION

RR -0056789\08/10/1999\99900

REGISTERED RESIDENTIAL CONTR MORRIS, ALAN BELLENTEN DRIFTWOOD HOMES & IMPROVEMENT (INDIVIDUAL MUST MEET ALE 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

RR_-0056789 08/40/1999-99900203 The BRESIDENTIAL CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489 F8.
Expiration date: AUG 31 2001
LINDIVIDUAL MUST MEET ALL LOCAL LICENSING REGUIREMENTS
PRIOR TO CONTRACTING IN ANY AREA

BATCH NUMBER LICENSE NBR

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

MASTER PERMIT NO. 5312

TOWN OF SEWALL'S POINT BUILDING PERMIT NO. 5314 Building to be erected for GLENN/BARDARA EURIQUEZ Type of Permit ELECT. — SUB TAGE KELLINIC (Contractor) Applied for by HER Building Fee _____ _____ Block _____ Radon Fee _____ Impact Fee _____ Type of structure ___ A/C Fee Electrical Fee SEE PUSSIZ LIC/CERT, M.C. ME 0004 Parcel Control Number: Plumbing Fee _____ Roofing Fee _____ Amount Paid Check # Cash Total Construction Cost \$ JOTAL Fees Signed Town Building Inspector OPHCLEC_ **Applicant BUILDING PERMIT** SHEATHING DATE FORM BOARD SURVEY DATE DATE FRAMING COMPACTION TESTS DATE DATE **GROUND ROUGH** INSULATION DATE ROOF DRY-IN DATE **SOIL POISONING** DATE **ROOF FINAL** DATE FOOTINGS / PIERS DATE DATE SLAB ON GRADE **METER FINAL** DATE DATE AS BUILT SURVEY TIE-BEAMS & COLUMNS DATE STRAPS AND ANCHORS DATE DATE STORM PANELS LANDCAPE & GRADE DATE DRIVEWAY DATE FINAL INSPECTION DATE **AS-BUILT SURVEY** DATE LOWEST HABITABLE FLOOR ELEV. FLOOD ZONE 24 HOURS NOTICE REQUIRED FOR INSPECTIONS. **CALL 287-2455** WORK HOURS - 8:00 AM UNTIL 5:00 PM

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!

MONDAY TROUGH SATURDAY

□ Remodel

□ New Construction

□ Addition

## #	4 <i>C</i>	ORD.	CE	RT	FICATE OF LI	ABIL	ITY INS	URANC	E	OPID LP HERIT-4	03/05/01
R. V 204 St	ll S Lart	ohnson F E Ocean FL 3499	Blvd 6	,	:. Mruil x: 561-287-4439		ONLY AND C	ONFERS NO RIGH IS CERTIFICATE D COVERAGE AFFO	TS UF DOES RDED	MATTER OF INFORM PON THE CERTIFICA NOT AMEND, EXTEN BY THE POLICIES I DING COVERAGE	TE ID OR
MSU	RED					RAG	INSURER A:	Auto-Owners	Ins	urance Co	
		Harri t	E	lastr	io The	5 5 Jan	INSURER C:			RECE	VEL
Heritage Electric Inc PO Box 1003 Jensen Beach FL 34958-1003 Liu w. NSURER D: NSURER											
COVERAGES NSURER E:											
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MONTH AND THE THROUGHT AND 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.											
LTR	ļ	TYPE OF INS	URANCE		POLICY NUMBER		OLICY EFFECTIVE ATE (MM/DD/YY)	POLICY EXPIRATION DATE (MIMIODITY)	<u> </u>	LDUT	
	GENE	FRAL LIABILITY				}			EACH	OCCURRENCE	s 300,000
A	I	COMMERCIAL GE	NERAL LIA	aury —	2050838101		02/01/01	02/01/02	FIRE	DAMAGE (Any one fire)	s 50,000
	\vdash	CLAIMS MAD	χε <u>Σ</u>	CCUR					MED E	CIP (Any one person)	s 5,000
	$\vdash \vdash$			· · · · · · · · · · · · · · · · · · ·					-	ONAL & ADV INJURY	\$ 300,000
	\vdash									RAL AGGREGATE	\$ 300,000
	GENT		PPO- JECT	LOC					PROD	UCTS - COMP/OP AGG	s 300,000
A	AUTO	MOBILE LIABILIT	Υ		9543470400		02/01/01	02/01/02	(Ea ac	IFIEO SINGLE LIMIT cident)	s 300,000
	X	ALL OWNED AUTO SCHEDULED AUT							800iL (Per pi	Y INJURY erson)	s
	Н	HIPED AUTOS NON-OWNED AUT	ros							A brifileA	s
										ERTY DAMAGE (cident)	s
	GAR	GE LIABILITY							AUTO	OHLY - EA ACCIDENT	S
		ANY AUTO		<u></u>	NOT COVERED					P THAN EA ACC	5
	EXC	SS LIABILITY	_						EACH	OCCURRENCE	s
	\vdash	9U220	CL24	MS MADE	NOT COVERED				AGGP	EGATE	5
		DEDUCTIBLE									s
		RETENTION	s								s
		KERS COMPENS		D						WC STATUL OTH-	
	EMP	OYERS' LIABILIT	٧		NOT COVERED				Ft F	ACH ACCIDENT	s
									ELD	ISEASE - EA EMPLOYEE	s
	ОТН	ER		<u> </u>					ELD	ISEASE - POLICY LIMIT	<u> 5</u>
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS											
CE	RTIFIC	ATE HOLDE	R	N A	IDITIONAL INSURED; INSURER LETTER:		CANCELLATIO	ON			
TOWN 024 Town of Sewalls/Point 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 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.					
Scharc In 34550						Rest C. Site					

CERTIFICATE OF LIABILITY INSURANCE FID F4

DATE (MWDD/YY) 07/21/00

ss Insurance Solutions ision of Brown & Brown box 5888 Lt Lauderdale FL 33310-5888

hone: 954-776-6675

3310-5888 Fax: 954-776-4327 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 Blectric, Inc. Wayne Garber P.O. Box 1003 Jensen Beach FL 34958

INSURER A:	Michigan Wytyal Insurance CO
INSURER B:	RECEIVED
INSURER C:	AUG = 4 2000
INSURER D:	7100 1 2000
INSURER E:	₽v. Ø
	E-41

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITH STANDING 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)	LIMIT	s
	SENERAL LIABILITY				EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$
	CLAIMS MADE OCCUR				MED EXP (Any one person)	S
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	S
(SEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$
	POLICY PRO- JECT LOC					
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	s
					PROPERTY DAMAGE (Per accident)	s
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	OCCUR CLAIMS MADE				AGGREGATE	\$
	<u> </u>					\$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND	,			WC STATU- TORY LIMITS ER	
A	EMPLOYERS' LIABILITY	WC131950601	07/23/00	07/23/01	E.L. EACH ACCIDENT	\$ 100000
1					E.L. DISEASE - EA EMPLOYEE	\$ 100000
					E.L. DISEASE - POLICY LIMIT	\$ 500000
	OTHER	CHECK FOR THE ONE ADDED BY ENDODES AND				

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

CERTIFICATE	HOLDER
--------------------	--------

N ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

TOWNSHI

The Township of Sewalls Point 1 S Seawall's Point Rd Stuart FL 36996 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.

Thomas Ekiley



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECT CONTRACTORS LICENSING BD 1940 N MONROE ST FL 32399-0771 (850) 488-3109

GARBER, MAYNE E HERITAGE ELECTRIC INC P.O. BOX 1003 JENSEN BEACH

FL 34958

RECEIVED APR - 5 2001

BY:

MARRIN COUNTY, FLORIDA Construction Industry Lie Bd Certificate of Competency

License: ME00094

Expires September 30, 2001

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

STATE OF FLORIDA ACP 5967778

PROFESSIONAL RECULATION

ER -0011355 08 100 1200 0090069

REGISTERED ERFE TR PCAP CONTRACTOR
GAGGER, MANUSE E
HELSTAGE EFFECT TO THE LOCAL
CONFETENCY REOFFERENTS PRIOR TO
CONTRACTING IN ART, AREA)

HAS REGISTERED under the provisions of Ch. 489

Expresion Date: AUG 31. 2002

DETACH HERE

BATCH NUMBER

08/30/2000 00900699

THE ELECTRICAL COMPRACTOR

LANDING HAR MIC 31. 2002

(INDIVIDUAL MUST REET AND LIKELEM
PRICE TO COMPARETING IN MY WEAL

CARBER WAYNE E HERITAGE ELECTRIC INC P O BOX 1003 JENSEN BEACH

JEB BUSH GOVERNOR

SECRETARY

MASTER PERMIT NO. 5312

TOWN OF SEWALL'S POINT

Date4/4/0\	BUILDING PERMIT,	
Building to be erected for GLENN/BARBARA	TENKI QUEZ Type of Permit A	-5UB
Applied for by ATOC MIR OF PORT	The Will (Contractor) Building	Fee
141114 4	Block Radon	
Address KINGSTON COVET		Fee
Type of structure 5, F, R.	A/O.	Fee SEE PUSSIZ
QUALIFIER!	TEPLICY KRAVELE	Fee
Parcel Control Number:	A-CO2643Z Plumbing	Fee
	•	Fee
Amount Paid Check #	Cash Qther Fees (
Total Construction Cost \$	2 FOTAL F	
Signed Signed Level	Signed	
Applicant	Town Building	PHCAL
0 3 444	R	
	A	10 SI)
BUILDI	NG PERMIT A	10501
BUILDI FORM BOARD SURVEY DATE	SHEATHING DATE	1C501
FORM BOARD SURVEY DATE COMPACTION TESTS DATE		C50 =
FORM BOARD SURVEY DATE COMPACTION TESTS DATE GROUND ROUGH DATE SOIL POISONING DATE	SHEATHING DATE FRAMING DATE INSULATION DATE ROOF DRY-IN DATE	C 50 =
FORM BOARD SURVEY DATE COMPACTION TESTS DATE GROUND ROUGH DATE SOIL POISONING DATE FOOTINGS / PIERS DATE	SHEATHING DATE FRAMING DATE INSULATION DATE ROOF DRY-IN DATE ROOF FINAL DATE	
FORM BOARD SURVEY DATE COMPACTION TESTS DATE GROUND ROUGH DATE SOIL POISONING DATE FOOTINGS / PIERS DATE SLAB ON GRADE DATE TIE-REAMS & COLUMNS DATE	SHEATHING DATE FRAMING DATE INSULATION DATE ROOF DRY-IN DATE ROOF FINAL DATE METER FINAL DATE AS BUILT SURVEY DATE	
FORM BOARD SURVEY DATE COMPACTION TESTS DATE GROUND ROUGH DATE SOIL POISONING DATE FOOTINGS / PIERS DATE SLAB ON GRADE DATE TIF-REAMS & COLUMNS DATE	SHEATHING DATE FRAMING DATE INSULATION DATE ROOF DRY-IN DATE ROOF FINAL DATE METER FINAL DATE AS BUILT SURVEY DATE STORM PANELS DATE	
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	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	
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	
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	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	
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	
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 FLOOD ZONE	SHEATHING DATE	R ELEV
FORM BOARD SURVEY DATE COMPACTION TESTS DATE GROUND ROUGH DATE SOIL POISONING DATE SOIL POISONING DATE FOOTINGS / PIERS DATE SLAB ON GRADE DATE SLAB ON GRADE DATE TIE-BEAMS & COLUMNS DATE STRAPS AND ANCHORS DATE DRIVEWAY DATE AS-BUILT SURVEY DATE FLOOD ZONE 24 HOURS NOTICE REQUIRED FOR IN WORK HOURS —	SHEATHING DATE	R ELEV

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!

F ACOURT	FIGATE OF		· · · · · · · · · · · · · · · · · · ·		·		
ACORD CERTI	FICATE OF	LIABI	LITY IN	1SU	RANCE	PID SB	DATE (MM/DD/Y)
PRODUCER		reedle	THIS CERTI	FICATE I	S ISSUED AS A	MATTER OF I	VEORMATION
Stuart Insurance, Inc 3070 S W Mapp Palm City FL 34990	FILE	1.	HOLDER, TH	CONFER:	S NO RIGHTS U TIFICATE DOES AGE AFFORDED	PON THE CER	TIFICATE
1	x:561-286-9389	1W1	-	INSU	IRERS AFFOR	ING COVERAC	GE
INSURED		-(INSURER A C	Dwners	Insurance	Company	The second secon
Associated Air St Lucie, Inc. 1538 Niemeyer C	ircle		INSURER C		<u> </u>		E. C.
Port St Lucie F	L 34952	-	INSURER E		RECE	IVED	1
COVERAGES					ΔPD 5	4.000	
THE POLICIES OF INSURANCE LISTED ANY REQUIREMENT TERM OR CONDITION THE INSURANCE AFFORM THE RETAIN THE INSURANCE AFFORM THE RESERVENCE AFFORM THE RESERVENCE AFFORM THE RESERVENCE AFFORM THE POLICIES AGGREGATE LIMITS SHOW	RDED BY THE POLICIES DESCR	NAER DOCUM	IENT WITH RESP	25 6 7 7 7 10 1	ひいてい ていに ここつ	PIN GRA TED NO THE MAY BOOND ONS AND COND	E ISSUED OR
THE TYPE OF INSURANCE	POLICY NUMBER	PO DA	LICY EFFECTIVE TO	POLICY EX	PIRATION 1	L.M	uts
OENERAL CIABILITY A X COMMENCIAL CENERAL CIABILITY CLAMBINAGE X OCCUR	20519379		07/10/00	07/1	0/01 FIRE DA MED EX PERSON	COURRETICE MAGE (An, one like Pian, one person Alia ACC (1), Unit	1,000,000
SENT FOR THE DATE OF THE BRIDGE BRIDGE						a no angong The same was	1,000 000 11000 000
90. D 750 D.		ı					
ANY SULT ABOUT A					COMBIN E • • • • • • • • • • • • • • • • • • •		:
ASULUMNED AUTOS SCHADU ED AUTOS					900it +	(7., j. m.)	ŧ
-RED4 118							•
NCA DANGO FUTOS		,			BODIL 1		•
		1			PROPER (Per seco	TY DAMAGE	
SARAGE CAB C 1+					AUTO OF	AL EA PUT DENT	. 1
44.4 - 1					OTHER :	HAY. 84 -123	
EACESS LAB					BACH CO	ie#Enrit	1
DCC F CLHMS MADE					AGGRES	31 A	. :
peduchake					1	-	
RETENTAL S					;		· '
WORKERS COMPENSATION AND EMPLOYERS LIABIL TH						12 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
						-58 84 8 VP	1.
O'ner			· · · · · · · · · · · · · · · · · · ·		e . Dise	43E PO. 0+.++	•
					,		
DESCRIPTION OF OFERAL ONSILOGATIONS.VE	DICLEMENCLUSIONS SOMED BY EV	DORSENEUTY	SECIAL DECLARA	15			
Air Conditioning Contra	ctor - Florida Em	ployees	Pediat Provision Only	4.2			
			-				
							•
CERTIFICATE HOLDER N 400				·			
CERTIFICATE ROLDER N 400	HIONA_ INSURED, INSURER LETTE	R (CANCELLATIO				
City of Sewall's Point 1 Sewall's Point Rd Sewall's Point, Fl. Should any of the above description of the certificate hold impose no obligation of Liabil.						OEAVOR 10 MAIL O THE LEFT BUT F	1 <u>0</u> 5475 WE MEN FAILURE 10 00 50 544 .
			HEPRESENTATIVE	··			
		1 .	7 - 1 m	_			

Certificate of Insurance

fairs lemmate is issued as a matter or a formation only and conters no rights upon you the Certificate holder. This cereficate is not an insurance prove, and discount are a sater 0. Or after the coverage anorded by the policies listed below.

Named Insured(s):

Staff Leasing, 14, By Staff Acquisition, Inc., The Ceneral Partner, And The Attiliated Emitted Partnerships Of Which Staff Acquisition Inc. is The Central Pagner And Staff Leasing, Inc. is The Limited Partner meta ang Staff Leasing of Texas, aP, Staff Leasing of Texas II, LP, Start Leasing 17 LP

600 301 Boulevard West, Suite 202 Bradianion Florida 34205



Insurer Affording Coverage

Continental Casualty Company

Coverages:

The volacy-lest expressince instead below have been issued to the insured number above for the policy period indicated. The insurance attorded by the policy, expressing the volacy-less residuals. here has surject to at the terms, exclasions and conditions of such policytess.

Type of Insura	nce	Certificate Exp. Date ommons dended *X volvy lemi	Policy Number	Limits			
Workers'	1	1-1-2002	WC 189165165	Employer's Liability			
Compensation			800 ty ingury 8y Accident \$1,000,000				
		ı	WC 24784888	8000 mpay 8, Discuse \$1,000 000			
		İ		Bodily Injury By Disease \$1,000,000 care we.			
Other:							

Employees Leased To:

15279 Associated Air of Port St Lucie Inc

Effective Date: 1/1/01

The the Certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced the sound errificate expiration date. However, jou will not be notified annually of the continuation of coverage

The above reformed 2 workers, compensation pulicinest providess statatory benefits only to the employees of the Named Institutes in such palaciates, but to the employees of the Named Institutes on such palaciates, but to the employees of

Notice of Cancellation: (Not applicable unless a number of days are entered below) Beicre the stated expiration date the company will not cancel or reduce the insurance afforded under the above policities of the state. 30 days notice or such cancellation has been mailed to

Certificate Holder:

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

> Martin Costerbana Authorized Representative

Office St Louis MC Phone (877) 427-5767 Date No. 91 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

Expiration Date: AUG 31, 2002

STATE LIZ

FILE

MASTER PERMIT NO. 5312

TOWN OF SEWALL'S POINT

Date 3/30/01	BUILDING	PERMIT NO. 5315
Building to be erected for GUEUN /BARBARA E	ENRIQUEZ Type of Pe	rmit PUMBG-SUB
Applied for by SOUTH PARK PWMB()	94, 100 (Contractor)	Building Fee
1442 6 65342 0 5	Block	
Address LKINGSTON COURT		Impact Fee
- SEP		A/C Fee
Type of structure	-coz9690	
LIC/CERT CF	-c079690	Electrical Fee
Parcel Control Number:	00 (0 10	Plumbing Fee SEE PU 5312
		Roofing Fee
Amount Paid Check #	Cash Other Fe	ees ()
Total Construction Cost \$		TQTAL Fees
Total Construction Costs		
() 16-1-1-1 () - () -		79/
Signed What W Futh	Signed	PRICIAL
Applicant	Town I	Building Inspector Of ECUT.
BUILDI	NG PERMI	T
FORM BOARD SURVEY DATE	SHEATHING	DATE
COMPACTION TESTS DATE	FRAMING	DATE
GROUND ROUGH DATE	INSULATION ROOF DRY-IN	DATE DATE
SOIL POISONING DATE FOOTINGS / PIERS DATE	ROOF FINAL	DATE
SLAB ON GRADE DATE	METER FINAL	DATE
TIE-BEAMS & COLUMNS DATE	AS BUILT SURVEY	
STRAPS AND ANCHORS DATE	STORM PANELS	
DRIVEWAY DATE AS-BUILT SURVEY DATE	LANDCAPE & GRADE FINAL INSPECTION	
FLOOD ZONE		BLE FLOOR ELEV.
FLOOD ZONE	LOWESTIMESTA	
24 HOURS NOTICE REQUIRED FOR I	NSPECTIONS.	CALL 287-2455
WORK HOURS - 8		
MAINWIIMAIN -		
MUNUA		
New Construction □ Re	TROUGH SATURDAY	

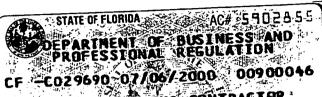
This permit must be visible from the street, accessible to the inspector.

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!

	4CORD	CE	RTI	FICATE	OF LIAE	31	LITY I	NSURAI	NC Ē	OPID SB	DATE (MM/DD/YY) 03/20/01
St:	DUCER lart Insura 70 S W Mapp	nce,	IG(0/2/10	Mru	7	THIS CERT ONLY AND HOLDER. T	IFICATE IS ISSUE CONFERS NO RI HIS CERTIFICAT COVERAGE AF	D AS A GHTS U E DOES	MATTER OF IN PON THE CERT NOT AMEND, E	FORMATION IFICATE XTEND OR
	lm City FL one:561-286			c: 561-286-93	189		च र	INSURERS A	AFFORD	ING COVERAGI	E
INSU	RED							Assurance C			ca
	South	Park	Plum	bing, Inc. 🛭			INSURER B:]	Bridgefield	Insu	rance Co	
	of Mar P. O.	rtin (County 768				INSURER D:		**	RECE	CIVED
<u> </u>		Saler	no FL	34992	lielius.		INSURER E:			MAR 2	6 2001
TI	VERAGES	RANCE LIST	TED BELOV	W HAVE BEEN ISSUED T	TO THE INSURED NAME	D AE	OVE FOR THE PO	LICY PERIOD INDICATI	ED. NOTWI	HSTANDING "	2.001
AN M	IY REQUIREMENT, TEI AY PERTAIN, THE INSU	RM OR CO	NDITION O	F ANY CONTRACT OR (OTHER DOCUMENT WIT CRIBED HEREIN IS SUBJ	TH RI	ESPECT TO WHICH	THIS CERTIFICATE M	AY BE ISS	BW· w	(
INSR LTR	TYPE OF IN	SURANCE		POLICY	NUMBER	PC D/	OLICY EFFECTIVE ATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		LIMIT	S
_	GENERAL LIABILITY				_					CURRENCE	\$1,000,000
A	X COMMERCIAL C		1 1	SCP3290859	3		03/20/01	03/20/02	 	IAGE (Any one fire)	\$ 300,000
	CLAIMS WA	ADE X	OCCUR							(Any one person)	s 10,000 s 1,000,000
			-				į			AGGREGATE	\$2,000,000
	GEN'L AGGREGATE		IES PER:					!	PRODUC	S - COMP/OP AGG	\$2,000,000
	POLICY	PRO- JECT	LOC			<u> </u>		· —			
	AUTOMOBILE LIABII	LITY	1						COMBINE (Ea accide	D SINGLE LIMIT	s
	ALL OWNED AU								BODILY II		s
	HIRED AUTOS	utos						, 1	BODILY II (Per accid		s
									PROPERT (Per accid	TY DAMAGE ent)	\$
	GARAGE LIABILITY		!				•	•	AUTO ON	LY - EA ACCIDENT	s
	ANY AUTO								OTHER T	IV.	\$
	EXCESS LIABILITY					 		i i	1	CURRENCE AGG	s
	OCCUR	CLAIN	IS MADE					;	AGGREG		\$
	<u></u>	 '							i		\$
	DEDUCTIBLE		1			İ		•	L		s
	RETENTION	<u> </u>				<u> </u>		!	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STATU- 1 OTH-	s
_	WORKERS COMPEN		ND				00/15/00	00/17/01	X TOR		<u> </u>
В				830-22064			08/17/00	08/17/01		ACCIDENT ASE - EA EMPLOYEE	\$ 100,000
										ASE - POLICY LIMIT	
	OTHER		-								·
4	CRIPTION OF OPERAT umbing / St				ADDED BY ENDORSEM	ENT	SPECIAL PROVISI	ONS	•		
L_ CE	RTIFICATE HOLD	DER	N AD	DITIONAL INSURED: INS	SURER LETTER:		CANCELLAT	ION			
SEWAP-1 Sewalls Point Building Dept.						-1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRAT DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTE NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE DEFT, BUT FAILURE TO DO SO SHA IMPOSE NO OBLIGATION OR LIABILITY OF ANY AND YOU THE SURER ATS AGENTS OR				
1 S Sewalls Point Road Stuart FL 34996						REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Rick Halcomb, CIC, ARM					



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 7 2002

561-334-5877

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One South Sewall's Point Road

Sewall's Point, Florida 34996 Tel: (561) 287-2455 Fax: (561) 229-4765

TEMPORARY ELECTRIC HOOK-UP AGREEMENT: PN 53/2/							
OWNER: CTLENIUS BAKEARY KURIOUEZ / KINGSTON CT							
PROJECT ADDRESS: SAME; LEGAL: LOT _ BLK SUB KINGSTON G							
GENERAL CONTRACTOR: DRIFTWOOD TOUTES: LICICERT NO. RROOSG 785							
ADDRESS: 2163 PINERINGE ST JEWSEN BY TEL 33/2177 FAX 334-187							
ELECTRICAL CONTRACTOR: HEATTAGE ELECTRIC LIC/CERT NO ME 00094							
ADDRESS: PO BOX 1008 JONSEN BOOCH : TEL 33/- 467; FAX							
WHEREAS, pursuant to the provisions of, and governed by, Sections 0307.6 and							
4304.6 of the South Florida Building Code as adopted in Section 4-16 of the Codes and							
Ordinances of the rown 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 tomostory please in the state of the							
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; The parties to this agreement are Edwin B. Amald Building Official T.							
The person of the agreement are cowing without Patricial Town							
of Sewall's Point, and the above named responsible persons, firms or corporations.							
4. 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 great							
a temporary nook-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 furnitum							
or occupants will be moved into the building until a Certificate of Occupancy is issued.							
IN VVI NESS VVHEREOF the parties have caused this agreement to be executed							
this Orday of 104 EMBER 200 !							
At Mill							
SIGNATURE OF GENERAL CONTRACTOR SIGNATURE OF ELECTRICAL CONTRACTOR							
Brilean + Enider							
SIGNATURE OF OWNER EDWIN B. ARNOLD, BUILDING OFFICIAL							
ANNOLD, BUILDING OFFICIAL							
PREDICTABILITY + ACCOUNTABILITY - COMPLIANCE							



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

TO:	BUILDING DEPARTMENT:	MARTIN	JUPITER ISL.	SEWALLS PT	STUART
	M. Meldau 11/29/01	error .		:	
SUBJE	CT: FINAL APPROVAL FOR	SEPTIC SY	STEMS	· · · · · · · · · · · · · · · · · · ·	
HEALT	H DEPT. PERMIT		SOEPT. PERMI		CATION
• 43-	ss- <u>308)</u>	1512	53/3	Kingo	ton Court
• 43-5	SS				
• 43-5	SS				
• 43-5	SS	·			
• 43-9	SS				
• 43-	SS		·		
• 43-	SS				
• 43-5	SS		·	•	
J:\\EH\D	OCS\FORMS\OSTDS APPROVALS.DOC 03:	01			•

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

74

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY	OWNER INFORMATION	For Insurance Company Use:
BUILDING OWNER'S NAME MR. 1 MRS. ENRIQUEZ		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.)	OR P.O. ROUTE AND BOX NO.	Company NAIC Number
ar SEWALL'S POINT	STATE	ZIP CODE: 34996
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Leg	pal Description, etc.)	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. U	se Comments section if necessary.)	
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM:	SOURCE: LIGPS (Type):	- 1 10h
(##*-##-##.##* or ##.#####*)	3 USGS Quad Ma	p Outer
SECTION B - FLOOD INSURANCE	RATE MAP (FIRM) INFORMATION	N
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 82 COUNTY SEWALL'S POINT 120164	ARTIM	B3. STATE
NUMBER DATE EFFECTIV	FIRM PANEL B8. FLOOD PEREVISED DATE ZONE(S)	89. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base	flood depth entered in B9.	
☐ FIS Profile ☐ FIRM ☐ Community Determined B11. Indicate the elevation datum used for the BFE in B9: ☐ NGVD 19		accepto):
B12. Is the building located in a Coastal Barrier Resources System (CBF Designation Date:		
SECTION C - BUILDING ELEVATION II	NFORMATION (SURVEY REQUIRE	ED)
*A new Elevation Certificate will be required when construction of the C2. Building Diagram Number (Select the building diagram most s pages 6 and 7. If no diagram accurately represents the building, pro C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (w Complete Items C3e-I below according to the building diagram specification datum used for the BFE in Section B, convert the datum to that used calculation. Use the space provided or the Comments area of Section Datum Conversion/Comments	Imilar to the building for which this ovide a sketch or photograph.) ith BFE), AR, AR/A, AR/AE, AR/A1-led'in Item C2. State the datum use sed for the BFE. Show field measure in D or Section G, as appropriate, to	A30, AR/AH, AR/AO d. If the datum is different from ements and datum conversion document the datum conversion.
	vation reference mark used appear	on the FIRM? Yes 10
a) Top of bottom floor (including basement or enclosure) b) Top of next higher floor	O ft.(m) v v v v v v v v v v v v v v v v v v v	1
C) Bottom of lowest horizontal structural member (V zones only)	N/A ft.(m) \$ =	. "
Cl d) Attached garage (top of slab)	(b) . 丁 ft (m) 皇皇	
e) Lowest elevation of machinery and/or equipment		
servicing the building	7 . 6 ft.(m) 2 ft.	
Ci g) Highest adjacent grade (HAG)	Y . 6 & (m) }	
D h) No. of permanent openings (flood vents) within 1 ft. above adjace	ent grade ra/A	
	14	4459 11/28/01
SECTION D - SURVEYOR, ENGINEER,	OR ARCHITECT CERTIFICATION	TO THE COLUMN TO
This certification is to be signed and sealed by a land surveyor, engineer, I certify that the information in Sections A, B, and C on this certificate reprint	or architect authorized by law to ceresents my best efforts to interpret th	tify elevation information.
I understand that any false statement may be punishable by fine or impriso	onment under 18 U.S. Code, Section	n 1001.
CERTIFIER'S NAME EARLE R. STARKEY	LICENSE NUMBER #4459	
PROFESSIONAL SURVEYOR AND MAPPER AC	any name CURIGHT LAND SURVEY	ZING, INC.
1501 DECKER AVE. SUITE 119 D STO	STATE IART FI.	ZIP CODE 32994
SIGNATURE DATE,	TELEPHONE	
FFMA FORM 81-31 ALIG 99 SEE REVERSE SIDE FOR		286-7694 ES ALL PREVIOUS EDITIONS

	•		For Insurance Company Use:
IMPORTANT: In these spaces, cop	y the corresponding information	from Section A.	Policy Number
IMPORTANT: In these spaces, cop SUILDING STREET ADDRESS (Including	Apt., Unit, Suite, and/or Bidg. No.) OR I	P.O. ROUTE AND BOX NO.	
KINGSTON GURL	STATE	zip code . 7499 (e	Company NAIC Number
Sewalls Point	FC	79779	
C C W C C C C C C C C C C C C C C C C C		CUITECT CERTIFICATION (CO	VTINUED)
SECTION D	SURVEYOR, ENGINEER, OR AR	CHIEC CERTICOMPANY and (3) building owner.
SECTION D Copy both sides of this Elevation Cert	dificate for (1) community official, (2)	insurance agent company, and (
COMMENTS (3 (e) A	16	•	
<u>C.3 (C.1, 1</u>			
			1.2
			Check here if attachments
·	TION INFORMATION (SURVEY NO	T RECUIRED) FOR ZONE AO	ind ZONE A (WITHOUT BFE)
For Zone AO and Zone A (without BFE information for a LOMA or LOMR-F, St E1. Building Diagram Number() see pages 6 and 7. If no diagram	c), complete items E1 through E5. Insection C must be completed. Select the building diagram most single accurately represents the building, ingle basement or enclosure) of the building.	milar to the building for which this provide a sketch or photograph.) uilding is ft.(m) i	certificate is being completed – n.(cm) _ above or _ below dance with the community's
E3. For Zone AO only: If no flood dept	Suilding Diagram Number (Select the building date of the building, provide a sketch or photograph.) see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) The top of the bottom floor (including basement or enclosure) of the building is ft_(m) in.(cm) above or below the top of the bottom floor elevated in accordance with the community's 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 floor Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floor Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floor Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floor Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floor Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floor Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floor elevated in accordance with the community's floor elevated in accordance with the community's floor elevated in accordance with the community's floor elevated in accordance with the community's floor elevated in accordance with the community's floor elevated in accordance with the community's floor elevated in accordance with the community's floor elevated in accordance with the community's floor elevated in accordance with the community's floor elevated in accordance with the community's floor elevated in accordance with the community's floor elevated in accordance with the community's floor elevated in accordance with the community's floor elevated in accordance with the		
floodplain management ordinance	THE STATE OF CHAPE	DIS DEPRESENTATIVE) CERTI	FICATION
SECTION F	PROPERTY OWNER (OR OWNE	Sections A. B. and E for Zone A	without a FEMA-issued or
community-issued BFE) or Zone AU I	must sign fiere.		
	THORIZED REPRESENTATIVE'S NAM	AE .	
PROPERTY OWNER'S OR OTHER OF	CIT		ZIP CODE
ADDRESS	DAT	TEI EDI	IONE
SIGNATURE			
COMMENTS			L_ Check here if attachments
		- LANGOTTONAL \	
	SECTION G - COMMUNITY IN	ORMATION (OPTIONAL)	et ordinance can complete
elevation data in the Commen G2. [] A community official completed	ras taken from other documentation authorized by state or local law to ce	that has been signed and embos rtify elevation information. (Indica	sed by a licensed surveyor, ite the source and date of the
Zone AO. G3. The following information (Item	s G4-G9) is provided for community	floodplain management purpose	S.
G4. PERMIT NUMBER G	5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF ISSUED	COMPLIANCE/OCCUPANCY
G7. This pennit has been issued for:		tantial Improvement	fL(m) Datum:
no Etampion of particit lowest floor (in	cluding basement) of the building is	:	ft.(m) Datum:
39. BFE or (in Zone AO) depth of flood	ing at the building site is:		IC(III) Datum:
LOCAL OFFICIAL'S NAME		TITLE	<u> </u>
		TELEPHONE	
COMMUNITY NAME:		DATE	
SIGNATURE			
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 swom, under penalty of perjury, deposes and says:

- 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.
- 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 \$ 391000
- 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 Bignature:

Property Address:

I MAG S TON COME.

Seward font in

this A day of NO and	subscribed before me
Enviguez, who	is personally known to as identification.
Chanleto Bu	As desidireador.
Notery Public My commission expires:	TO COMMISSION EL TO
(Notary Seal)	#CC046214

STATEMENT OF INSPECTION

FROM: Architect or Engineer of Record
RE: Subject structure described as follows:
OWNER: GLENN + BARTIMERA ENRIQUEZ LA KINGSTON CT
PROJECT ADDRESS: SALE; LEGAL DESCRIPTION: LOT BLK SUB KINGSTON C
GENERAL CONTRACTOR: ARN MORRIS ; LIC/CERT NO. RROOSTATES
ADDRESS: 2163 PINERDGEST JONSON BUT : TEL 354-257 FAX 334-587
ARCHITECT OR ENGINEER: KELLY & KISULY ARCHITECTS, LIC/REG NO. 8341
ADDRESS: 119 W 67H ST STUART, FL. 2833492 2207310
PERMIT NO:; DATE OF ISSUE:; DATE OF THIS STATEMENT: 29/10/01
In accordance with the requirements of Section 0307.2 of the South Florida Building Code, I hereby attest as follows:
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 1/9 W 5/ XTH 57-, this 29 day of NOV, 0/.
NAME: CARRY KULLY; SIGNATURE: ; LIC. No: 8341
STATE OF FLORIDA (1)
Swom to and subscribed before me this 27th day of 100, 2001, by Carry Selfy, who is
personally known to me or who has produced as identification and who did not take an oath.
(NOTARY SEAL) Helen R. Morris Commission #CC 967169 Expires Sep. 18, 2004 am a Notary Public of the State of Florida and Allantic Bonding Co., Inc., my commission expires:

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

Treatment Address 1 KINGSTON CT	STUART, FL.	34996	(ENRIQUEZ)
	0/01		Annual Renewal Commences on 5/9/02
Annual Renewal Fee (not to be increased within	irst 5 years)	\$155	
Contract # 703956		Area Tre	eated Under This Contract 2878 SQ FT
			_
		TED GUARANTE	==
			for Subterranean Termites, we guarantee to inspect annually
			ST, if Subterranean Termite infestation is found therein during
•	ce. UNDER NO CIRCUMS	IANCES, UNLES	SS PROVIDED IN WRITING, will damage repair be covered un
this limited guarantee.			
	TERMS A	ND CONDITIONS	•
Initial nayment under this Limited Guarantee fo			, mount stated above under "Initial Treatment," receipt of whic
			ommencing on the date of the initial treatment. In addition to in
			ONE additional years by making the above annual rene
			ayments are made without lapse during said additional period,
Limited Guarantee shall be for FIVE			annual renewal payment is NOT made on or before said rene
			ate on which said payment is due. Southcoast Pest Control,
reserves the right to adjust the annual renewal	ate, if necessary, to offset	ever increasing of	perating costs.
			,
			vent the premises are structurally modified, altered, or othen
			rior written agreement shall have been entered into by the ov
			adjust the annual renewal payment/ Southcoast Pest Control,
will not be held responsible for termite damage v	hich enter structures from	outside treated ar	eas or that occur as a result of wood in direct contact with the
BY OWNER OR AGENT		•	OUTHCOAST PEST-CONTROL, INC.
BT OWNER OR AGENT		•	OUTHOUST PEST CONTROL, INC.
			Maria Jana
		=	(FOL) OSS OSSO
			(561)-225-0999
			·



SAVING THE WORLD'S WATER, ONE TAP AT ATTIME. 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,

Tim Lennon

JL/pg

Nov 28 01 01:13p Jensen Beach 561-466-2666

12/05/100

For:

ENRIQUEZ RESIDENCE
LOT #1, KINGSTON COURT s/d
SEWALL'S POINT FI

By:

VERIFY ALL CALCULATIONS WITH LICENSED AIR COND. CONTRACTOR WINTER DESIGN CONDITIONS	Job #: 00178 Wthr: West_Palm_Beach_AP FL Zone: Entire House SUMMER DESIGN CONDITIONS
WINTER DESIGN CONDITIONS	
Outside db: 45 Deg F Inside db: 70 Deg F Design TD: 25 Deg F	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	SENSIBLE COOLING EQUIP LOAD SIZING
Bldg. Heat Loss 52579 Btuh Ventilation Air 0 CFM Vent Air Loss 0 Btuh Design Heat Load 52579 Btuh	Structure 60073 Btuh Ventilation 0 Btuh Design Temp. Swing 3.0 Deg F Use Mfg. Data n Rate/Swing Mult. 0.95
INFILTRATION	Total Sens Equip Load 57069 Btuh
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
Air Changes/Hour 0.9 0.4 Equivalent CFM 426 189	Total Equip Load 65708 Btuh
	COOLING EQUIPMENT SUMMARY
Make Model Type	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	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
Space Thermostat	Load Sens Heat Ratio 87

MANUAL J: 7th Ed. RIGHT-J: V2.04 S/N 3076
Printout certified by ACCA to meet all requirements of Manual Form J

12/05/100

RIGHT-J LOAD AND EQUIPMENT SUMMARY
File name: ENRIQUEZ.BLD
For: ENRIQUEZ RESIDENCE
LOT #1, KINGSTON COURT s/d
SEWALL'S POINT FL

By:

	•
VERIFY ALL CALCULATIONS WITH LICENSED AIR COND. CONTRACTOR	Job #: 00178 Wthr : West_Palm_Beach_AP FL Zone : ZONE 1
WINTER DESIGN CONDITIONS	SUMMER DESIGN CONDITIONS
Outside db: 45 Deg F Inside db: 70 Deg F Design TD: 25 Deg F	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	SENSIBLE COOLING EQUIP LOAD SIZING
Bldg. Heat Loss 41883 Btuh Ventilation Air 0 CFM Vent Air Loss 0 Btuh Design Heat Load 41883 Btuh INFILTRATION	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
Method Simplified Construction Quality Average Fireplaces 1	LATENT COOLING EQUIP LOAD SIZING
HEATING COOLING Area (sq.ft.) 2340 2340 Volume (cu.ft.) 21762 21762 Air Changes/Hour 1.1 0.5 Equivalent CFM 390 173	Internal Gains 460 Btuh Ventilation 0 Btuh Infiltration 7074 Btuh Tot Latent Equip Load 7534 Btuh Total Equip Load 67974 Btuh
HEATING EQUIPMENT SUMMARY	COOLING EQUIPMENT SUMMARY
Make Model Type	Make Model Type
Heating Input 0 Btuh	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
Space Thermostat	Load Sens Heat Ratio 89
MANUAL J: 7th Ed. RIGHT-J: Printout certified by ACCA to meet a	V2.04 S/N 3076 all requirements of Manual Form J

12/05/100

RIGHT-J LOAD AND EQUIPMENT SUMMARY
File name: ENRIQUEZ.BLD
For: ENRIQUEZ RESIDENCE
LOT #1, KINGSTON COURT s/d
SEWALL'S POINT FL

By:

VERIFY ALL CALCULATIONS WITH LICENSED AIR COND. CONTRACTOR	Job #: 00178 Wthr: West_Palm_Beach_AP FL Zone: ZONE 2
WINTER DESIGN CONDITIONS	SUMMER DESIGN CONDITIONS
Outside db: 45 Deg F Inside db: 70 Deg F Design TD: 25 Deg F	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	SENSIBLE COOLING EQUIP LOAD SIZING
Bldg. Heat Loss 10696 Btuh Ventilation Air 2 CFM Vent Air Loss 55 Btuh Design Heat Load 10751 Btuh INFILTRATION	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
Method Simplified Construction Quality Average Fireplaces 1 HEATING COOLING Area (sq.ft.) 820 820 Volume (cu.ft.) 6560 6560	Internal Gains 460 Btuh Ventilation 2040 Btuh Infiltration 645 Btuh Tot Latent Equip Load 3145 Btuh
Air Changes/Hour 0.3 0.1 Equivalent CFM 36 16	Total Equip Load 12698 Btuh
HEATING EQUIPMENT SUMMARY	COOLING EQUIPMENT SUMMARY
Make Model Type	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	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

MANUAL J: 7th Ed. RIGHT-J: V2.04 S/N 3076 Printout certified by ACCA to meet all requirements of Manual Form J

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: Address: City, State: Owner: Climate Zone:	Enriquez Res Lot #1, Kings Sewall's Poin Glenn & Barb South	ton Court s/d nt, FL	Builder: Permitting Office: Permit Number: Jurisdiction Number:	
Cilitate Zorie.				
1. New construction	or existing	New	12. Cooling systems	
2. Single family or m	ulti-family	Single family	a. Central Unit	Cap: 60.0 kBtu/hr
3. Number of units, i	if multi-family	i 📃		SEER: 12.00
4. Number of Bedroo	oms	4 _	b. Central Unit	Cap: 24.0 kBtu/hr
5. Is this a worst case	e?	No _		SEER: 12.00
6. Conditioned floor	area (ft²)	3160 ft²	c. N/A	
7. Glass area & type		_		_
a. Clear - single pane	2	737.0 ft²	13. Heating systems	_
b. Clear - double pan	ne	0.0 ft²	a. Electric Strip	Cap: 60.0 kBtu/hr
c. Tint/other SC/SHC	GC - single pane	O.0 ft²		COP: 1.00
d. Tint/other SC/SHC	GC - double pane	0.0 ft ²	b. Electric Strip	Cap: 24.0 kBtu/hr
8. Floor types				COP: 1.00
a. Slab-On-Grade Ed	ige Insulation	R=0.0, 267.0(p) ft	c. N/A	_
b. N/A				_
c. N/A			14. Hot water systems	
9. Wall types		_	a. Electric Resistance	Cap: 80.0 gallons
a. Concrete, Int Insul	• • • • • • • • • • • • • • • • • • • •	R=6.0, 1508.0 ft ²		EF: 0.90
b. Frame, Wood, Ext		R=11.0, 1511.0 ft ²	b. N/A	_
c. Frame, Wood, Adj	jacent	R=11.0, 265.0 ft ²		
d. N/A			c. Conservation credits	
e. N/A			(HR-Heat recovery, Solar	
10. Ceiling types			DHP-Dedicated heat pump)	
a. Under Attic		R=30.0, 2340.0 ft ²	15. HVAC credits	MZ-C, CF, MZ-H
b. N/A		_	(CF-Ceiling fan, CV-Cross ventilation,	
c. N/A			HF-Whole house fan,	
11. Ducts			PT-Programmable Thermostat,	
a. Sup: Unc. Ret: Ur		Sup. R=6.0, 180.0 ft	RB-Attic radiant barrier,	
b. Sup: Unc. Ret: Ur	nc. AH: Attic	Sup. R=6.0, 90.0 ft	MZ-C-Multizone cooling,	
			MZ-H-Multizone heating)	
Glas	ss/Floor Area: (1 23	points: 37988.00 PASS	

DATE:

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

BUILDING OFFICIAL:

DATE:

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 Condition Floor A		BSPM =	Points	Type/SC	Ornt	Over Len	hang Hgt	Area	× s	SPM	×	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	Ε	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 Single, Clear	W N	28.0 15.0	9.0 7.0	40.0 28.0		65.53 33.94		0.40 0.63		1060.1 598.4
				Single, Clear	W	14.0	7.0	17.0		65.53		0.63		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	Ε	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	вѕрм	= Points	Туре			F	₹-Value	Α	rea	X	SPM	=	Points
Adajcent	265.0	1.0	265.0	Concrete, Int Insu	I, Exterio	or		6.0	1	508.0		1.80		2714.4
Exterior	3019.0	2.70	8151.3	Frame, Wood, Ex	terior			11.0	1	511.0		2.70		4079.7
				Frame, Wood, Ad	jacent			11.0		265.0		1.00		265.0
Base Total:	3284.0		8416.3	As-Built Total:					3	3284.0				7059.1
DOOR TYPES	Area X	BSPM	= Points	Туре					Α	rea	X	SPM	=	Points
Adjacent	21.0	2.60	54.6	Exterior Wood		· <u>-</u>				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	Туре			F	R-Value	Α	rea	X	SPM	=	Points
Under Attic	2340.0	0.80	1872.0	Under Attic				30.0	2	2340.0		0.80		1872.0
Base Total:	2340.0		1872.0	As-Built Total:					2	340.0				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 BSI	PM = Points	Туре	•	R-Val	ue Area	X SPM	= Po	ints	
Slab Raised	,	20.0 -5340.0 0.00 0.0	Slab-On-Grade Ed	dge Insulation	0.0	267.0(p)	-20.00	-53	40.0	
Base Total:		-5340.0	As-Built Total:					-53	40.0	
INFILTRATION	Area X BSI	PM = Points				Area 2	X SPM	= Po	ints	
	3160.0 18	3.79 59376.4				3160.0	18.79	593	76.4	
Summer Bas	e Points:	94769.0	Summer As	s-Built P	oints:			9082	6.7	
Total Summer Points	X System Multiplier	= Cooling Points	Total X Component	Cap X	C Duct X Multiplier	System X Multiplier	Credit Multiplie		oling ints	
94769.0	0.3560	33737.8	90826.7 90826.7 90826.7	0.714 0.286 1.00	1.012 1.012 1.012	0.284 0.284 0.284	0.902 0.902 0.902	16833 6733 2356	.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 Condit	ioned X	BWPM =	: Points	Type/SC	Ornt	Over Len		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	Ε	10.5	6.0	9.0	3.76	1.20		40.7
				Single, Clear	Ε	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	Туре				R-Value	Area X	WPM	=	Points
Adajcent	265.0	0.5	132.5	Concrete, Int Insu	ıl, Exterio	or .		6.0	1508.0	0.80		1206.4
Exterior	3019.0	0.60	1811.4	Frame, Wood, Ex	terior			11.0	1511.0	0.60		906.6
				Frame, Wood, Ad	ijacent			11.0	265.0	0.50		132.5
Base Total:	3284.0		1943.9	As-Built Total:			_		3284.0			2245.5
DOOR TYPES	Area X	BWPM	= Points	Туре		•		•	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:	41.0		63.3	As-Built Total:					41.0			95.9
CEILING TYPE	SArea X	BWPM	= Points	Туре				R-Value	Area X	WPM	=	Points
Under Attic	2340.0	0.10	234.0	Under Attic		<u> </u>		30.0	2340.0	0.10		234.0
Base Total:	2340.0		234.0	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-BI	JILT		
FLOOR TYPES	Area X BWPI	M = Points	Туре		R-Valu	ıe Area X	WPM	= Points
Slab Raised	267.0(p) -2. 0.0 0.0		Slab-On-Grade Ed	ge Insulation	0.0	267.0(p)	-2.10	-560.7
Base Total:		-560.7	As-Built Total:					-560.7
INFILTRATION	Area X BWPI	M = Points				Area X	WPM	= Points
	3160.0 -0.0	6 -189.6				3160.0	-0.06	-189.6
Winter Base	Points:	2642.4	Winter As-E	Built Poi	nts:			5133.5
Total Winter 2 Points	X System = Multiplier	Heating Points	Total X Component	Cap X Ratio	Duct X Multiplier	System X Multiplier	Credit Multiplier	= Heating Points
2642.4	1.0900	2880.2	5133.5 5133.5 5133.5	0.714 0.286 1.00	1.057 1.057 1.057	1.000 1.000 1.000	0.950 0.950 0.950	3683.1 1473.2 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 #:

BASE					AS-BUILT							
WATER HEA Number of Bedrooms	TING X	Multiplier	=	Total	Tank Volume	EF	Number of Bedrooms	×	Tank X Ratio	Multiplier X	Credit Multipl	
4		2370.00		9480.0	80.0	0.90	4		1.00	2316.36	1.00	9265.4
					As-Built To	otal:	•					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 gradient to the transport of the telephysic trace the extension of the entering to the first and a constitution of

The higher the score, the more efficient the home.

to the world the same of the same tables of the same o

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

l.	New construction or existing	New _	_	12. Cooling systems	
2.	Single family or multi-family	Single family	_	a. Central Unit	Cap: 60.0 kBtu/hr _
3.	Number of units, if multi-family	1 _			SEER: 12.00
4.	Number of Bedrooms	4 _	_	b. Central Unit	Cap: 24.0 kBtu/hr
5.	Is this a worst case?	No _	_		SEER: 12.00
6.	Conditioned floor area (ft²)	3160 ft ²		c. N/A	
7 .	Glass area & type	_	_		_
a.	Clear - single pane	737.0 ft² _	_	13. Heating systems	
b.	Clear - double pane	0.0 ft ²		a. Electric Strip	Cap: 60.0 kBtu/hr
c.	Tint/other SC/SHGC - single pane	0.0 ft ²	_		COP: 1.00
d.	Tint/other SC/SHGC - double pane	0.0 ft ²		b. Electric Strip	Cap: 24.0 kBtu/hr
8.	Floor types	_	_		COP: 1.00
8.	Slab-On-Grade Edge Insulation	R=0.0, 267.0(p) ft _	_	c. N/A	
ь	N/A		_		
C.	N/A			14. Hot water systems	
9.	Wall types	_	_	a. Electric Resistance	Cap: 80.0 gallons
а.	Concrete, Int Insul, Exterior	R=6.0, 1508.0 ft ²	_		EF: 0.90
b	Frame, Wood, Exterior	R=11.0, 1511.0 ft ²	_	b. N/A	
Ç.	Frame, Wood, Adjacent	R=11.0, 265.0 ft ²			
d	N/A	_	_	c. Conservation credits	
e.	N/A			(HR-Heat recovery, Solar	
10.	Ceiling types	_	_	DHP-Dedicated heat pump)	
	Under Attic	R=30.0, 2340.0 ft ²	_	15. HVAC credits	MZ-C, CF, MZ-H
ь	. N/A		_	(CF-Ceiling fan, CV-Cross ventilation,	_
С	N/A	_		HF-Whole house fan,	
11.	Ducts	•		PT-Programmable Thermostat.	
а	Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 180.0 ft	_	RB-Attic radiant barrier,	
	Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 90.0 ft	_	MZ-C-Multizone cooling,	
	•	•		MZ-H-Multizone heating)	•
Γ	rtify that this home has complied	oolde also Pleadas P	Fœ	or and Code For Politica	

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 <u>not</u> a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStd^M 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.

EnergyGauge® (Version: FLRCNA-200)

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,

1.	New construction or existing	New	12.	Cooling systems	
2.	Single family or multi-family	Single family	а	. Central Unit	Cap: 60.0 kBtu/hr
3.	Number of units, if multi-family	1			SEER: 12.00
4.	Number of Bedrooms	4 _	ь	. Central Unit	Cap: 24.0 kBtu/hr _
5 .	Is this a worst case?	No			SEER: 12.00
6.	Conditioned floor area (ft²)	3160 ft²	С	. N/A	
7.	Glass area & type				
a.	Clear - single pane	737.0 ft²	13.	Heating systems	
Ъ.	Clear - double pane	0.0 ft²	а	. Electric Strip	Cap: 60.0 kBtu/hr
c.	Tint/other SC/SHGC - single pane	0.0 ft ²		-	COP: 1.00
d.	Tint/other SC/SHGC - double pane	0.0 ft²	ь	. Electric Strip	Cap: 24.0 kBtu/hr
8.	Floor types			•	COP: 1.00
a.	Slab-On-Grade Edge Insulation	R=0.0, 267.0(p) ft	С	. N/A	_
ъ.	N/A				
C.	N/A		14.	Hot water systems	
9.	Wall types		a	. Electric Resistance	Cap: 80.0 gallons
a.	Concrete, Int Insul, Exterior	R=6.0, 1508.0 ft ²			EF: 0.90
Ъ.	Frame, Wood, Exterior	R=11.0, 1511.0 ft ²	b	. N/A	
c.	Frame, Wood, Adjacent	R=11.0, 265.0 ft ²			
d	. N/A		С	. Conservation credits	_
e.	N/A			(HR-Heat recovery, Solar	
10.	Ceiling types			DHP-Dedicated heat pump)	
a.	Under Attic	R=30.0, 2340.0 ft ²	15.	HVAC credits	MZ-C, CF, MZ-H
Ь	. N/A	_		(CF-Ceiling fan, CV-Cross ventilation,	
c.	N/A	_		HF-Whole house fan,	
11.	Ducts		•	PT-Programmable Thermostat,	
a.	Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 180.0 ft		RB-Attic radiant barrier,	
	Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 90.0 ft		MZ-C-Multizone cooling,	
	•	•		MZ-H-Multizone heating)	

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:

Address of New Home: ______

Date: 1707

City/FL Zip: OEVACUS PT

CHEAT COLUMN TO THE STATE OF TH

*NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is <u>not</u> a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStaTM 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.

EnergyGauge® (Version: FLRCNA-200)

Street: 6356 Grand Cypress Cr	aclo an lakalala	11- 0-1 1 :=: 7711
Legal Description of Property: 20T 1	Parcel Number	
Location of Job Site: SAME		"- FEB 1 3 2001
TYPE OF WORK TO BE DONE:	U SINGLE PAMIL	y RESPECE
CONTRACTOR/Company Name: Aran	B. HORRY	Phone No. (<7:) 334-2 (7)
Street: 2/63 PINERIDGEST	City Jerser B	ench State: 7 Zip 3795
State Registration: L20054785	State Licens	
ARCHITECT: GARY KELY-		Phone No. (5741) 283-345;
Street 119W GTH ST	City STUTET	State: Z Zip
ENGINEER:		Phone No. ()
T.	City	State:Zip
AREA SQUARE FOOTAGE - SEWER - ELEC		
Living Area: 3/60 Garage Area:	53% Campet	Annanan Dida
Covered Patio: 968 Scr. Porch:	Wood Dock:	Accessory Bidg:
Type Sewage: SEPTIC STSTER	Sentic Tank Permit # fa	
New Electrical Service Size: 300	_ Copuc rain remit # 110	on realti Dept./300 back
FLOOD HAZARD INFORMATION		
Flood zone:	Minimum Rase Flood Flee	vation (REE):
Proposed first abitable floor finished elevation	_ ''mminani bass i loca Elet	NCVD (minimum 4.4 a.A.a.b.a.a. BE
COSTS AND VALUES		MGAD (unumum 1-1001 above BFI
SUBCONTRACTOR INFORMATION: (Notification)	_	
Electrical: HELITAGE ELECTRIC		
Mechanical: ASSOCIATED AIR- Plumbing: SOUTH PARK PLUMBING		License # <u>CACA 26 4 3 7</u>
Roofing: PACIFIC ROOFING		License # <u>CFC 029 (e9)</u>
the property of the second	State: <i>FL</i>	License # <u>CCC 056793</u>
Application is hereby made to obtain a permit to dinstallation has commenced prior to the issuance of all laws regulating construction in this jurisdiction. For ELECTRICAL, PLUMBING, SIGNS, WELLS CONDITIONERS, DOCKS, SEA WALLS, ACCESSIFIEE REMOVAL. HEREBY CERTIFY: THAT THE INFORMATION CORRECT TO THE BEST OF MY KNOWLEDGE AWS AND ORDERNANCES DURING THE BUILDIN	I a permit and that all work will inderstand that a separate p. B. POOLS, FURNACES, B. ORY BUILDINGS, SAND OR F. I. HAVE FURNISHED ON T. AND I AGREE TO COMPLY	If be performed to meet the standard emit from the Town may be required DILERS, HEATERS, TANKS, AIR FILL ADDITION OR REMOVAL, AND THIS APPLICATION IS TRUE AND WITH ALL APPLICABLE CODES
WNER or AGENT SIGNATURE (Required)		MATURE (Required)
Ballaca F. Enegices	— <i>#</i>	
ate of Florida, County of: NANKIN	On State of Florida, Cou	Contractor Unity of: Morth On
s the 3th day of February, 20	00\$ this the 13th	day of Fabruary, 200/
Exclusiona F. Eneiguen who is person	nally, by Alan Mo	,
own to me or produced	known to me or prod	
identification.	as identification.	
Moleu Empris	- Doant	K BONOW.
Notan Publication & Moris Vo		lotary Public
Commission Expires Commission # CC 967169 Expires Sep. 18, 2004	My Commission Expir	PSJOAN H. BARTOW
Atlanta Dining Co., Inc.		MMISSION & CC743645 EXPIRES Novembar 2002 DED THRU TROY FAIN INSURANCE, INC.

i	REE REMOVAL (Attach sealed survey)	
. 1	lumber of trees to be removed: 17 Number of trees to be retained: 7	Number of trees to b
. •	lanted:Number of Specimen trees removed:	
F	se: \$ Authorized/Date:	97.43.
DI	EVELOPMENT 'ORDER #	
1.	ALL . PLICATIONS REQUIRE	• • • •
	a. Property Appraisers Parcel Number.	
	b. Legal Description of your property. (Can be found on your deed survey of	or Tax Bill.)
	c. Contractors name, address, phone number & license numbers.	
	d. Name all sub-contractors (properly licensed).	•
•	e. Current Survey	.•
2	Taka aanalatat	
2.	Take completed application to the Permits and Inspections Office for approve	al. Provide construction
	details and a plot plan(s) showing setbacks, yard coverage, parking and position	n 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 Departmen
	for septic tank. Attach the pink copy to the building application.	
4.	Return all forms to the Permits and Inspection Office. All planned construction n	Bauires: two (2) sets o
	plans, drawn to scale with engineer's or architects seal and the following items:	- 4 eer wie (2) eeu e
	a. 'F.oor 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 bu	uilding plue location of
	driveway).	maing, plus location of
	e. Truss layout	
	f. Vertical Wall Sections (one detail for each wall that is different)	
	g. Fireplace drawing: If prefabricated submit manufacturers data	
ADDII	TONAL Required Documents are:	,
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FILE MADINA DOCUMENTS SIE:	
1.	Use permit (for driveway connection to public Diaba state a page 1	
	Use permit (for driveway connection to public Right of Way). Return form with plot picture (State Road A-1-A East Ocean Boulevard only).	an showing driveway
	Well Permit or information on existing well & pump.	
3.	Flood Hazard Elevation (if applicable).	
	Energy Code Compliance Certification plus any Approved Forms and/or Energy Code	• " -:
j.	Statement of Fact (for Homeowner Builder), and proof of ownership (Deed or Tax r	Compliance Sheets.
3.	imigation Sprinkler System layout showing location of heads, valves, etc.	eceipt).
• (A Cartified Capy of the Notice of Commercement must be find in this area.	
1	A certified copy of the Notice of Commencement must be filed in this office and poste to the first inspection.	d at the job site prior
	Replat required upon completion of slab or footing inspection And Prior to any furth	
	the completion of each of tooling mapecian And Anor to any fund	er insp ections.
OTICE	In, addition to the requirements of this permit, there may be additional restriction	ne applicable to this
	property that may be found in the public records of COUNTY OF MARTIN,	and them may be
	additional permits required' from other governmental entities such as water ma	nnanamant dieteide
•	state and federal agencies.	ावभ्रमाखार वाश्वादाड,
•		260/00
prove	d by Building Official: Date:	≤ 116151
	Date.	
proved	by Town Engineer Date:	
/18 =	equired) satisfication of the second of the	

RECEIVE MAR 2 3 2001

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

McCarthy, Summers. Bobko, 9 Perry, P.A 2081 E. Ocean Boulevard Second Floor Stuart Florida 34996

561-286-1700 File Number: 284200 Will Call No.:

INSTR # 1457337 OR BK 01507 PG 1365 RECURDED 09/26/2000 08:30 AM Marsha Eving MARTIN COUNTYFlorida DOC TAX 483.00 DEPUTY CLERK L Wood

[Space Above This Line For Recording Deset.

Warranty Deed

This Warranty Deed made this day of September, 2000 between Vernon S. Brown and Lols C. Brown, his wife, Individually and each as Co-Trustees of The Vernon S. Brown Trust and The Lois C. Drown Trust, both dated 19th day of Docember, 1995 whose post office address is Wirglain \$1884, grentor, and Glenn C Enriquez and Barbara F. Enriquez whose post office address is 6336 Grand Cyprosa Circle, Lake Worth, Florida 33463, grantee:

4475 S. In dean River Deive

6475 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive

6476 S. In dean River Deive Deiv

Witnesseth, that said granter, for and in consideration of the sum of TEN AND NO 100 DOLLARS (\$10.00) and other good and valuable considerations to said granter in hand paid by said granter, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee'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. Floride.

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

Together with all the tenements, hereditainents and oppurtenances thereto belonging or in anywise appertaining.

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

And the grantor hereby, covernants with said grantoe that the grantor is lawfully seized of said land in fee simple; that the greator has good right and lawful authority to sell and convey said land; that the granter bereby fully warrents the title to said land and will defend the same against the tawful claims of all parsons whomsoever; and that said land is five of all encumbrances, except taxes account subsequent to December 31, 1999.

In Witness Whereof, granter has become tel granter's hand and seal the day and year first above written

Signed, sealed and delivered in our presence: FL 8600877313640 ress Name: dogs Version S. Brown, Individually and as Co-Trustee of The Vernon B. Brown Trust and The Lois C. Brown Trust both dated 19th day of December, 1995 Pocus رک ~ PLB65053334100 Witness Name: Ldis C. Brown, Individually and as Oc-Trustee of The Vernon S. Brown Trust and The Lois C. Brown Trust both dated 19th day of December, 1595 Witters Neim:

Dozetta Times

OR BK 01507 PG 1366

State of Virginia County of Pulaski

State of Virginga
County of Pulaski

The foregoing instrument was acknowledged before me this day of Saprember, 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 Athave produced Flonda D.L. as identification.

| South Co. | Williams | Notary Public | Sand Co. | Williams | Notary Public | Sand Co. | Williams | Notary Public | Sand Co. | Williams | Notary Public | Sand Co. | Williams | Notary Public | Sand Co. | Williams | Notary Public | Sand Co. | Williams | Notary Public | Sand Co. | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Williams | Wi

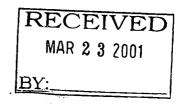
Printed Name: Sandra Q. Williams

My Commission Expires:

Warranty Deed - Fage 1

DoubleTimes

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



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
 - 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

- 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 STATE OF FLORIDA MARTIN COUNTY

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

DATE 3.13.01

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.

Glean C. Enriquez

Barbara F. Enriquez

STATE OF FLORIDA COUNTY OF MARTIN

Subscribed and acknowledged before me on, Marc

Barbara F. Enriquez, his wife.

(Official Notary Seal or Stamp)

March 13, 2001, by Glean J. Enriquez and

JUZEPHINE L. BURSON

Priot, type of stamp commissioned name of Notary

Personally known ____or produced identification

Type of identification produced PUDRIVE

HICKSS





OFFICIAL RECEIPT (FOR MONEY RECEIVED)

No.	٠	7.	3	•
			٠.,	

	Λ	DATE	3.23	, ` ' \Q <u>O</u> L
	Legal Svs.	SCHO	OOL	
RECEIVED FROM	Driftwal Honor ORG	MU/O	s 100L	03
FOR Soll	Kingston Count	Schoolingo	ict fees	
FOR DEPOSIT IN _	Surallo Pt.	•	<i></i>	_FUND(S)
		Palls		
	, , , , , , , , , , , , , , , , , , ,	PRINCIPAL OR RESPONSIBLE OFFIC	/EN	

SEWALL'S POINT BUILDING DEPARTMENT PLAN REVIEW FEE

FILE

RECEIVED FEB 1 5 2001

NAME: DRUPTU	und Hon	16.0	CK#09408
ADDRESS: 2163	1x Pine Ru	xeSt.	2/16/01 FWD TO TOWN
PHONE NUMBER	: <u>334-25</u>	11.	CLEVAX FOR THE F
ESTIMATED COS	COVET - EI	BEING REVIEWED RIGUEZ PERMI,	\$391,800.
	PROJECT CO	ST \$391,000	
	X \$9.60/m =	\$3,753,60 EST	
	X 10% =	ロープラニーライ	OG.PERMIT FEE N REVIEW FEE
	·		
The information pro accurate. Signature Date 2/1	-P/- 1	est of my knowledge	truthful and -
DRIFTWOOD HOMES		STATE STREET BAN	
ALAN B. MORRIS (561) 334-2577 2163 N.E. PINE RIDGE ST. JENSEN BEACH, FL 34957		& TRUST COMPAN BOSTON, MA 02110 5-2/110	
PAY TO THE DRIVER OF Sewalls Point	**************************************		\$**375.36
Three Hundred Seventy-Five and 36/	100*******	******	**************************************
Town Of Sewalls Point			2 Details on bac
ЛЕМО	· · · · · · · · · · · · · · · · · · ·	10%	len (Morris

SEWALL'S POINT BUILDING DEPARTMENT PLAN REVIEW FEE

DATE: 15,2001
NAME: Druftund Homes
ADDRESS: 2163 NX Pine Roye St.
PHONE NUMBER: 334-2597
ESTIMATED COST OF PROJECT BEING REVIEW KINGSTON CONT - EORIGIEZ PE

FEB 1 5 2001	
BY:	
CK#09408 \$375.36	
41601 FWD TO TOWN CLEAR FOR MER.	- - 1

RECEIVED

ESTIMATED COST OF PROJECT BEING REVIEWED \$391,800.

| KINGSTON COVET - En Riguez 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/COMMENT hoeverest: ENLIQUEZ 3/15/01 1 KIDGSTOD CT. TERMOICAL: MITHIT- DADE COY PROD. APPROVACE 1. WIPDOWS A. noors 3. GAPAGE DOORS 1 SET PLANS/SUKU TO CONTR. W/ 4. HAPPI- PLANK 5. RFG. CORPREDION NOT ADMIDISTRATIVE; SCHOOL IMPHET FEE KCPT. RECEIVED LECO'D. N.O.C. MAR 2 3 2001 GONRRADIY DEED (XCV'A) COUTP. MC. \$ 1095 TREE REMOVER PERMIT APPL. PERMIT FEE CALC. = 3,753.6 BUB 391,000 @9-60/1,000. RADON 2878 S.F. W. OL/SF 28. IMPACT FEE 3, 160 S.F. 4,024,6 (20.FLECT 120 . 1 PUMEG 120 .6 RFG. SUB-TOTAL PLAD REDURW (10%) - PAD 446/01 CK-1046 375.3 - 8,662.1

TOWN OF SEWALLS POINT IMPACT FEE ALLOCATION

RECEIVED AUG 3 0 2000 BY:

SINGLE FAMILY 2300sf & OVER

SINGLE PAIVILY 2300SI & OVER	
FACILITY	NEW FEES FOR ORDINANCE 562
FACILITY	302
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

SUSUPERIOR S.F.

4.024.92

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**

TOTAL FEE FOR SINGLE FAMILY HOME 2,300 sf & OVER

- ** 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

SHALL I AMILI HOML - 1101 to 200031	NEW FEES FOR ORDINANCE
FACILITY	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

MIAMIDADE

SHANE SHORT

(912)924-0138

p. 1

RECEIVED
MAR 2 3 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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

James Hardie Building Products, Inc. 10901 Elm Avc.

Fontana

CA 92337

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: 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.

rancisco J. Quintana,

Director

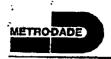
Miami-Dade County

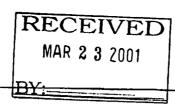
Building Code Compliance Office

1 of 3

Approved: 05/20/1999

Ü





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 (905) 375-2808

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Vinyl Tech/Progressive Glass Technology 1070 Technology Drive

Nokomie

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 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.

Director

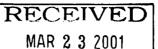
Building Code Compliance Dept.

Metropolitan Dade County

Approved: 08/20/1998

1 of 3





BY:

MIMMI-DADE COUNTY, FLORIDA METRO-DADE FLAGLER BUILDING

BUILD聯G CODE COMPLIANCE OFFICE ETRO-DADE FLAGLER BUILDING ET FLAGLER STREET. SUITE 1603 MIAMI, FLORIDA 33130-1563 (305) 375-2901 FAX (305) 375-2908

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Therma-Tru Corporation 108 Mutzfeld Road

Butler

IN 46721

CONTRACTOR LICENSING SECTION

305) 375-2527 FAX (305) 375-2558

CONTRACTOR ENFORCEMENT SECTION 30\$) 375-2966 FAX (30\$) 375-2908

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

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 Allernate Materials and Types of Construction, and completely described herein, has been recommended for appendance 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 hevoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building

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

Acceptance No.: 99-0223.03

Expires: 03/31/2000

aul Rodriguez

Thief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMUTTEE

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.

FIBERGLASS DOOP

TUBE MULLIONS

single hung window

Approved: 04/08/1999

lirector

Iiami-Dade County

uilding Code Compliance Office

Building Department - Inspection Log

Date of Inspection:

Mon
Wed
Fri

Move 39 , 2001; Page
of ____

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5363	LOHUSON.	FIME ROSF	berod	
	2 OAK NILL WAY.	TT+Poclal		
2	DRAFFWOOD PACIFIC			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	NOTHEL	0.0.	POSTON	(Shaffelera?)
(3)	6 RICOEVIEW RD.	ALL PEACES	FAUED.	<u> </u>
(2)	RAYMAND CONST.		·	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6352	CLEMENTS	TRUSS + BUCK	Parloce	(un roady)
	11. W. HUGHPOWT RD.	·		Concelled by Contr.
The state of the s	MOULTER			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
\$213	ENCIONEZ	C.O. BINM	1600 ed	
100	I KM6SPON CT			Ω
(6)	moure(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:
OTUED:				



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

CORRECTION NOTICE

ADDRESS: 1 L'INGSTON CJ.
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.
Sogl axh. pipes in UR
Segl oxh. pipes in UR heed range hooke up (gai) handrail juronplete 2 Drywell for gutte 3'x4'
2 Orywell for gutte J'X4'
Dy popework
You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made call for an inspection.
DATE: 1 28/01 PNSPECTOR
DO NOT REMOVE THIS TAG

Building Department - Inspection Log

Date of Inspection:

Mon Wed | Fri MONEMES | 2001; Page 2 of

		·		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	NOHETL	DRIVEWAY -	Pecial	
(i)	6 RIDGEVIEW DR.	PRE POUR		
\cup	RON RAYMOND			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5022	SMITH	COLUMN +	Palled	
	133 S. RIVER RD.	TIE BEAM		
	MACARI			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5068	WINER	CATH	PAGE	7
	19 RIDGELAND	REINSPECTION	1	
	LEAR			INSPECTOR: 4
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5138	RIBALINO.	0.0	Parsal	,
	18 ISLAND RD.			
•	Wilson			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
2160		Roof Rings	lassal	
	32 W Hishpoint	•		\bigcap
	Pacific			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0827		Da ragg	Parsod	·
-	4-Mandelay,			
	Host Mumba /D	utord		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR/	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
ENZ	and the second	CO	Parled	Walter 7
« В. Р [†]	1 Kingston Ct			
	Driftwood	215 0074		INSPECTOR:
OTHER: _				

Building Department - Inspection Log

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	NOHEJL	TEMP POWER	FANGED	
	6 RINGE VIEW PR.			
3	RAYMOND COAST.			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5254.	WEKAM	PLUMBING	PARDED	
	101 N. SENAUS PT RD.	Framince.	PASSED	
	BU TORD			INSPECTOR: A
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5352	CLEMENTS	STRAP +	RE.SCILEU	SED /
	11 W. HIGHPOINT	ANCHOR	/ANCÉ	£)
4	MOLTER			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5588	GOODE	SHEATHING		
0	9 EMARUTA WAY	TIN TAG		
2	JIM'S ROOFING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE .	RESULTS	NOTES/COMMENTS:
52/13	ENZIOUSZ	DOME WATER	PREDM	KIO.
0	I KMGSTON CT.	TREMP. 18682	PARED	<u>.</u>
3	DELETIMODO BLOR'S			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5515	WALKER	SLAB	PREED	
	6 CRANES NEST.			
	I AN IEFO.			INSPECTOR: W
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
[INSPECTOR:

OTHER: _



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

CORRECTION NOTICE

ADDRESS: / 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. On worman - New Swale page 657 ARUSHED
MIM. Z'" 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: 1/7/01 GENE
INSPECTOR
DO NOT REMOVE THIS TAG

Building Department - Inspection Log

Date of Inspection:	□ Mon W Wed	TE FIER AND THE	2001.	Page	$_$ of 2 .
Date of inspection.	- mon p wear	- FILENSAL III		rage <u>I</u>	$\underline{\hspace{1cm}}$ Of $\underline{\hspace{1cm}}$.

PERMIT	OWNED A DOBESSICONTE	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
	OWNER/ADDRESS/CONTR.			NOTES/COMMENTS:
5302	NOHEJL	POOL DECK	Passel	
3	6 N. RIDGELIEW RD.			
	HARBOL BAY POOLS			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5254	INGRAM	TIN TRAG		CANCELED
	101 N. SPR			
	BUFORD			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5448	VORASSO	FRAMING +	FAIL	
-	21 & PERRIWINICLE CRES.	ELET.	PASSED	
2	RLM CONST.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5352	CLEMENTS	SHEATHING	PASSED	
	11 W. HIGHPOINT			
6	MOLTER			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5213	Euliquez.	DAWANIA .	PALED	
157	1 KM6STON CT.		ما الما الما الما الما الما الما الما ا	
	DELFTWOOD BLOWS			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5 3 52	CLEMENTS.	STRAP + ANCHOR	\	FOR FRIDAY
	11 W. HIGHPOINT	CANEL.		
6	marer			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5572	D055 -	SHOPPHING.	PASSED	
	85 S. GUBRRO.	11'.50 - 12:00-		/
5	CAROLIAL			INSPECTOR: /

Building Department - Inspection Log ction:

Mon Wed
Fri Mark 1 , 2001; Page 2-of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5022	SMITH	PLM NG-GRO. KGH.	Cessed	11:00
	133 5. RIVER RD			
	MACARIBUR.			INSPECTOR: A Par
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5410	WITTMAN	SHEATH1V4	Pessed	
	13 RIVERVIEW DR.			O Company
(4)	A & W RFG			INSPECTOR \$ 22
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5312		HORINA ETIMO	(0,949e)	
(i)	I KINGSTON CT.			0.
	DRIFTWOOD HOMES			INSPECTOR 8/22
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RÉSULTS	NOTES/COMMENTS:
5494	ROBMER ORIGINALS	RGH PLMB'G.	VASSKO	
	3752 SE OCEHU (HAPPER)	1	414 27 472	
(10)	THE ROOSTH CO.	BILLY HAMMER: 260-599	}	INSPECTOR: S
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
			·.	
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		and the same of th		
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
OTHER:				

Building Department - Inspection Log

Date of Inspection:

Mon Wall Friend Walls 18 2901; Page Z of Z.

				INSPECTOR:
PERMI	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMI	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
رحي](LEAR MEINEL. CORP.	TRUSS	Pers od	INSPECTOR: 8/1
6	19 RIDGELAUD DR.	(LAST-LOW RUOPS @12 FL)	•	0
5068	3 WINER (285-4600)	PTL. SHEATHING	Resod	
PERMI		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	TRIPLE M BRICK PAUSES	(MIKE: 561-239-1726)		INSPECTOR: Q 8/10
	14 PERRIWINKLE CIRCLE	FINAL		
542	5 POTTER	DRIVEWAY REPL.	Possed	
PERMI		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
(8)	WILSON BLINS (NAVER:	288-2000)		INSPECTOR & S
126	45 W. HIGHPOINT	11910		
C72	+ MCCAPINEY	TITAMIL	(Pessod	(up metal partial)
PERMI		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
(7)	The state of the s	188)		INSPECTOR:
5302	- NOHEJL 6 RINGEVIEW ROAD	STEW WALL FIG.	Tessal	LATE AT POSSIBLE
PERMI		INSPECTION TYPE	RESULTS	NOTES/COMMENTS
See No. 26	DELETWOOD HOMES			INSPECTOR: XX & / 1
				Ω
351/	A BURNOURZ	WEE WEELS	Yeingo).	
PERMI		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:

Building Department - Inspection Log

Date of Inspection: Mon Walle Friend Company, 2001; Page / of Z

PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS FIGURE WATER TOWNS FIGURE HUL (IM. ALL SITE TO AN INSPECTOR IN		10000000000000000000000000000000000000	文學 医多二氏病 经多类价值		
FIRST OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS FORTER FOR NOTES/COMMENTS FORTER FOR NOTES/COMMENTS FORTER FOR NOTES/COMMENTS FOR RESULTS NOTES/COMMENTS FORTER FOR NOTES/COMMENTS FOR RESULTS NOTES/COMMENTS FORMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS SUBBLE PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS FORMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS SHEATHIUG PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS SHEATHIUG THERE SYDSSIBLY OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS SHEATHIUG PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS SHEATHIUG PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS SHEATHIUG THERE OTHER	PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
INSPECTOR REMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. STANDAN DECK (PRE) PSIND WARN DECK (PRE) PSIND WARN DECK (PRE) PSIND WARN DECK (PRE) PSIND INSPECTOR DECK (PRE) PSIN	5468	MCMAHON	FRANKY ALL		CAPERL BY COUTP (O(B)
INSPECTOR PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS. DECK (PRE) 1858 d INSPECTOR SOLD FERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS. 5013 DENNIS FOOTER FOR NOTES/COMMENTS. 16 RIDGELAND SITE WALL FL FINEST PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5448 VORASSO SUAB 1858 COMPER WARNOW AS POSSIBLE OF PRINKIPPINGUENEY BILLE OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5448 VORASSO SUAB 1858 COMPER WARNOW AS POSSIBLE OF PRINKIPPINGUENEY BILLE OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5427 FOGUA STRIP OWNER STEMBALL PASSOD SINCE OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5499 MOTELY SHEATHLUG LATE AS POSSIBLE PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5499 MOTELY SHEATHLUG LATE AS POSSIBLE PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5499 MOTELY SHEATHLUG LATE AS POSSIBLE PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5490 MOTELY DACKTORY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5490 MOTELY DACKTORY OF THE PROPERTY OF THE PROPERTY OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. SHEATHLUG LATE AS POSSIBLE CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. SHEATHLUG LATE AS POSSIBLE CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. SHEATHLUG LATE AS POSSIBLE CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. SHEATHLUG LATE AS POSSIBLE CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. SHEATHLUG LATE AS POSSIBLE CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. SHEATHLUG LATE AS POSSIBLE CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. SHEATHLUG LATE AS POSSIBLE CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. SHEATHLUG LATE AS POSSIBLE CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. SHEATHLUG LATE AS POSSIBLE CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. SHEATHLUG LATE AS POSSIBLE CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. SHEATHLUG LATE AS POSSIBLE C		SHELOOY HILL	(IN ACIEKATIONS)	X	8/15 7:20 AM
DECK (PRE) PSSS OF SUMBLY SUMB					INSPECTOR:
PERMIT OWNERIADDRESSICONTR INSPECTION TYPE RESULTS NOTESICOMMENTS 5013 DEWNIS FOOTER FOR NOTERION TYPE RESULTS NOTESICOMMENTS 16 RIDGELAND SITE WALL INSPECTOR: PERMIT OWNERIADDRESSICONTR INSPECTION TYPE RESULTS NOTESICOMMENTS. 5448 VORASSO SLAB OSSIC **EARLY AS POSSICLE** RUM + BURNING SLACE** PERMIT OWNERIADDRESSICONTR INSPECTION TYPE RESULTS NOTESICOMMENTS. 5427 FOLLA STEMBALL RESSON NOTESICOMMENTS. 5427 FOLLA STEMBALL RESSON - SURPER KUD. O SASSIE CONST. (INSPECTION TYPE RESULTS NOTESICOMMENTS. 5427 OWNERIADDRESSICONTR INSPECTION TYPE RESULTS NOTESICOMMENTS. 5429 MOTLEY SHEATHLY LATE AS YOSSIBLE 10 SALVE TO SHEATHLY LATE AS YOSSIBLE 11 PACIFIC REG. (DAVE: 265-0171) INSPECTOR. & M. PERMIT OWNERIADDRESSICONTR INSPECTION TYPE RESULTS NOTESICOMMENTS. 5499 MOTLEY SHEATHLY RESULTS NOTESICOMMENTS. 5490 MOTLEY SHEATHLY RESULTS NOTESICOMMENTS. 5490 MOTLEY SHEATHLY RESULTS NOTESICOMMENTS. 540 CALLEGORY MOTHERS.	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS 5013 DENNIS FOOTER FOR NOT PRODUCTION FOR NOT PRODUCTION TYPE RESULTS NOTES/COMMENTS 16 RIDGELAND SITE WALL INSPECTOR: PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5448 VORASSO SLAB FORM/KIMMINICE CRES COMPECTOR WALLOW HORSELY AS POSSIBLE ROPEN/KIMMINICE CRES COMPECTOR WALLOW HORSELY BITE RESULTS NOTES/COMMENTS. 5427 OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5427 FORUM CONST. TOWN: 954-444-6160 INSPECTOR: TO 8/10 PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5499 MOTELY SHIPT RU-PACIFIC REGULTS NOTES/COMMENTS. 5499 MOTELY SHIPT RU-PACIFIC REGULTS NOTES/COMMENTS. 5499 MOTELY SHIPT RU-PACIFIC REGULTS NOTES/COMMENTS. 5490 MOTELY SHIPT RU-PACIFIC REGULTS NOTES/COMMENTS. 5490 MOTELY SHIPT RU-PACIFIC REGULTS NOTES/COMMENTS. 100 PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 101 PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 102 PACIFIC REG. DAVE: 203-0171) INSPECTOR: CAN CONCEPTS. 103 PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 103 PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 104 PORT OF THE PROPERTY RESULTS NOTES/COMMENTS. 105 PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 107 PACIFIC REG. DAVE: 203-0171) INSPECTOR: CAN CONCEPTS. 108 PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 109 PACIFIC REG. DAVE: 203-0171 INSPECTION TYPE RESULTS NOTES/COMMENTS. 109 PACIFIC REG. DAVE: 203-0171 INSPECTION TYPE RESULTS NOTES/COMMENTS. 109 PACIFIC REG. DAVE: 203-0171 INSPECTION TYPE RESULTS NOTES/COMMENTS. 109 PACIFIC REG. DAVE: 203-0171 INSPECTION TYPE RESULTS NOTES/COMMENTS. 109 PACIFIC REG. DAVE: 203-0171 INSPECTION TYPE RESULTS NOTES/COMMENTS. 109 PACIFIC REG. DAVE: 203-0171 INSPECTION TYPE RESULTS NOTES/COMMENTS.	5437	MAN	DECK (PRE)	fessed	
PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS 5013 DENNIS FOOTER FOR NOT POOLY 16 RIDGELAND SITE WALL FL FINEST INSPECTION TYPE RESULTS NOTES/COMMENTS 5448 VORASSO SLAB GSSOL **EARLY AS POSS/BLE FORMINKLE CRES COMMENTS 21 PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS 7427 FOGUA STEMWALL PASSOD SIMBERTS 5427 MOTES' SIMIL SIMIL SPECTION TYPE RESULTS NOTES/COMMENTS 5499 MOTES' SIMIL SIMIL SIMIL SHEATHING LATE AS POSSIBLE PACIFIC REGULTS NOTES/COMMENTS 5499 MOTES' SIMIL SIMIL SIMIL SIMIL SHEATHING LATE AS POSSIBLE PACIFIC REGULTS NOTES/COMMENTS 5499 MOTES' SIMIL SIMIL SIMIL SIMIL SHEATHING RESULTS NOTES/COMMENTS 5490 MOTES/COMMENTS 5490 MOTES/	P	13 Mary Sewalt Way			
DENNIS FOOTER FOR Not ready 16 RIDGELAND SITE WALL FL FINEST PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5448 VORASSO SLAB FORM/SPECTOR SINCE 21 PERRIWINKLE CRES CORRECT WACKAULT FORM/SPECTOR SILLE RUM + DURING SLEE (INSPECTOR SILLE PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5427 FOGUA STEMWALL PASSOD - SINCE KUDD. O LOS AKKIE COVER FORM/SPECTION TYPE RESULTS NOTES/COMMENTS. 5499 MATLEY SHEATHING LATE AS POSSIBLE PACIFIC REG. DANK: 203-0171 INSPECTION TYPE RESULTS NOTES/COMMENTS. SHEATHING WATER AS POSSIBLE WALLS WALLS PINT LO GAGAC (WOW COMMENTS) PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. SHEATHING RESULTS NOTES/COMMENTS. SHEATHING RESULTS NOTES/COMMENTS. SHEATHING RESULTS NOTES/COMMENTS. SHEATHING RESULTS NOTES/COMMENTS. SHEATHING RESULTS NOTES/COMMENTS. SHEATHING RESULTS NOTES/COMMENTS. SHEATHING RESULTS NOTES/COMMENTS. SHEATHING RESULTS NOTES/COMMENTS.		AMINGO POOLS			INSPECTOR &
PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5448 VORASSO SLAB (SSOC) *EARLY AS POSSIBLE RUM + burning slee(INSPECTOR & /10) PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5427 FOGUA STEMWALL RESOLD NOTES/COMMENTS. 5427 FOGUA CONST. (TON) 954-444-6120 INSPECTOR & 8/10 PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5499 MATLEY SHEATHLUG LATE AS POSSIBLE RESULTS NOTES/COMMENTS. 5499 MATLEY SHEATHLUG LATE AS POSSIBLE RESULTS NOTES/COMMENTS. 5499 MATLEY SHEATHLUG LATE AS POSSIBLE RESULTS NOTES/COMMENTS. 5490 MATLEY SHEATHLUG LATE AS POSSIBLE RESULTS NOTES/COMMENTS. 5490 MATLEY RESULTS NOTES/COMMENTS.	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS. 5448 VORASSO SLAB (1500) **EARLY AS POSSIBLE FORMINITY OF RESULTS NOTES/COMMENTS. 21 PERRIUMINKLE CRES. CORRECT WARROW FORMINITY OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS. 5427 FOGUA STEMWALL PROSECULAR INSPECTION TYPE RESULTS NOTES/COMMENTS. 105 ABBIE COURT POPULA COUNT. (1700) 1978-444-6166 INSPECTION TYPE RESULTS NOTES/COMMENTS. 5499 MOTLEY SHEATHLY LATE AS POSSIBLE OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS. 5499 MOTLEY SHEATHLY LATE AS POSSIBLE OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS. 9490 MOTLEY SHEATHLY RESULTS NOTES/COMMENTS. 5490 MOTLEY SHEATHLY RESULTS NOTES/COMMENTS. 1000 PACIFIC REFG. (1000) 1000 PACIFIC RESULTS NOTES/COMMENTS.	5013	DENNIS	FOOTER FOR		not ready
PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS. 5448 VORASSO SUAB (SISSON *EARLY AS POSSIBLE *ORIGINAL AS POSSIBLE *ORIGINAL AS POSSIBLE *ORIGINAL AS POSSIBLE *ORIGINAL AS POSSIBLE *ORIGINAL AS POSSIBLE *ORIGINAL AS POSSIBLE *ORIGINAL **OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS. 5427 FOGUA STEMWALL POSSON -SINCULT *CUD. 105 AKKIE COUL *ONST. (1000. '954-444-6126) INSPECTOR *OR *INSPECTOR *INSPECTOR *OR *INSPECTOR *INSPECTOR *INSPECTOR *INSPEC		16 RIDGELAND	SITE WALL		
5448 VORASSO SLAB PERRIUMNKLE CRES COTRED WORKSON FORMKINDRYNKY B/14 RUM + burning slee INSPECTOR B/15 PERMIT OWNERADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: 5427 FOGUA CONST. (TONY: 954-444-6126) PERMIT OWNERADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: 5499 MOTLEY SHEATHUY CATE AS POSSIBLE PACIFIC REG. (DAVE: 203-0177) PERMIT OWNERADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: 5499 MOTLEY TO PACIFIC REG. (DAVE: 203-0177) PERMIT OWNERADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: SIZ WELLES DICHTUROO HIMES OTHER		FL FINEST		·	INSPECTOR:
PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS 5427 FOGUA STEMWALL PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE FOGUS COUST. (TONN: 957-444-6126) PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE SHEATHLUG PACIFIC REG. DAME: 263-0171) PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STEMMAN OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STEMMAN OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STEMMAN OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STEMMAN OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STEMMAN OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STEMMAN OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STEMMAN OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STEMMAN OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STEMMAN OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STEMMAN OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STEMMAN OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STEMMAN OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STEMMAN OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STEMMAN OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR OWNER/ADDRESS/CONTR INSPECTION TYPE	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: 5427 FOGUA STEMWALL RESULTS NOTES/COMMENTS: FOGUA CONST. (TOVI) 954-444-6126) INSPECTOR OS / II PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: 5499 MATLEY SHEATHING LATE AS YOSSIBLY PACIFIC REG. (DAVE: 263-0177) INSPECTOR: SECONMENTS: PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: SIZ DIFFUSION HIMES OTHER	5448	VORASSO	SLAB	Possed	*EARLY AS POSSIBLE
PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: 5427 FOGUA O SABBLE COVER FOGUA CONST. (TON): 954-444-6126 PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: 5499 MOTLLY SHEATHLUG PACIFIC REG. (DAVE: 263-0177) PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: NOTES/COMMENTS: INSPECTOR: 10 PACIFIC REG. (DAVE: 263-0177) PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: OTHER		21 PERRIWINKLE CRES	cared wethout		FORM KOMENGURURY 8/14
FOGUA CONST. (TOVO: 954-44-6126) PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: 5499 MOTLEY SHEATHLUG PACIFIC REFG. (DAVE: 203-0177) PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: 10 PACIFIC REFG. (DAVE: 203-0177) PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: 312 WEALTH OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: 314 DEPENDENCE OF THE PROPERTY OF THE PROPERT		Rum	+ burning steel		INSPECTOR 16
PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: 5499 MOTLLY 5410. SEWALL'S POLIT W. Packed Control of the packed of the p	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 5499 MOTULY 340. SEUMUS POUNT RU PACIFIC REG. DAVE: 263-0177) PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS:	5427	FOGUA	STEMWALL	Pessod	-SURVEY KCOD.
PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 5499 MOTLEY \$40.5 EWALL'S POINT W PACIFIC REFG. DAVE: 263-0177) PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: \$172 EWALLS DAVE: 263-0177 PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: \$172 EWALLS DAVE: 263-0177 PRINT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: \$172 EWALLS DAVE: 263-0177 PRINT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: \$174 EWALLS DAVE: 263-0177 PRINT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: \$174 EWALLS DAVE: 263-0177 PRINT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: \$175 EWALLS DAVE: 263-0177 PRINT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: \$175 EWALLS DAVE: 263-0177 PRINT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: \$175 EWALLS DAVE: 263-0177 PRINT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: \$175 EWALLS DAVE: 263-0177 PRINT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: \$175 EWALLS DAVE: 263-0177 PRINT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: \$175 EWALLS DAVE: 263-0177 PRINT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS:	(0)	105 AKBIE COVET		•	0
SHEATHUY 340. SEUMU'S POINT RU PACIFIC REG. (DAVE: 263-0177) PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: STE DIFFERENCE AND ACTION OF COMMENTS DRIFTWOOD HOMES OTHER	(1)	FOGUA CONST. Grove: 95	7-444-6126)		INSPECTOR: \$ 8/1
PACIFIC REG. DAVE: 263-0177) PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: PROJECTOR ACTION ACTION AND ACTION	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
PACIFIC REG. (DAUE: 203-0177) PERMIT OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS NOTES/COMMENTS: PROJECTOR: CONTRECTOR ACTION OF CONTRECTOR	5499	MOTLEY	SHEATHLUG		LATE AS POSSIBLY
PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: STORY OF THE RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS: RESULTS NOTES/COMMENTS:		34 D. SEWKL'S POINT RU		Parsia!	(non dock - g !!)
DILLETTON BUNDES INSPECTOR & TOTHER		PACIFIC RFG. DAVE: 21	3-0177)		INSPECTOR:
DRUFTWOOD HIMES INSPECTOR	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	<u> </u>	NOTES/COMMENTS:
DRUFTWOOD HOMES INSPECTOR	SAI	PUP RUEZ-	AFRANUC	TESS DO	Ruero Acdiscoel
OTHER:	(2)	I KINGSTON LOOKS	AULTUDE:		dacoe!)
OTHER:		DRIFTWOOD HOMES			INSPECTOR & IN
	OTHER:	The state of the s			

Building Department - Inspection Log

Date of Inspection: □ Mon □ Wed X Fri - Walk / 1 , 2001; Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5262	MUSSO	DRYWAL SCREW.		
\$100 AND	185. RIVER RU.			0
3	HAKRY BLUE (336-3024)			INSPECTOR 7/25
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5441	BARON	STUCCO-LATH	Possed	
	25 FIELDWAY DR.	Soura arossi	be nail	rd again)
U	GRAHAM & SOUS	(chock 7/23)		INSPECTOR: 7/25
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5312	EVEN EN TESHZETIYA:	Pariso		
6	I kingstop court			
رف	DRIFTILLOOD HOMES			INSPECTOR 1/26
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	TAVORY	FIELD VEHUR.	Assad	TOWN "CLEAN UP"
\bigcirc	17 KIDGELAND (VACANT)			LOT UB RIPGELAND-PROME SPEC
9	MODUTE'S TIZER SERVICE		40.000	INSPECTOR 7/20
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TR	DE CARMO	FIELD VERIF.	(cssod)	LOT 30 HIGH POINT
(7)	24 W. HIGH POINT (VALLY)			- PROHIB. SACC.D
$\binom{3}{2}$	PINE OKCHAKU KUDKŠ			INSPECTOR 17/2
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
			國家等	
				INSPECTOR:

Building Department - Inspection Log

Date of Inspection:

Mon
Walking Manual Control (1988)

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	NOHETL	U/G PLMBG.	(4) 250 cd	(KESCHEN. FROM 5/2)
(a)	6 D. RIDGEVIEW			6
	ron raymond coust			INSPECTOR TO
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
2013	Dennis	Tap Con Windows	POSSON	
(A)	16 Ridgeland	ly progress		() 6
	Pl Pinost (Rou)	0		INSPECTOR TO THE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5349	Schultz .	SERVICE CHANGE	bassed	Late as possible
	64 S. SPR	(FINAL) "BEBBIE"	METER	1130 Incompl. : Roinspot
(9)	FORWARD ELECT.	PPL 337 7057	RELEASE	INSPECTOR: \$ 2'00 PM
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5063	ROBINSON	TIN TAG+	Persad	
(E)	173 S. RIVER RD.	METAL		0 %
0	PACIFICI DRIFTWOOD			INSPECTOR: 5/4
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5336	SACHS	FOOTER V + ALSO	rossed	
6	78 N. SPR	THE DOWN + V) 3
9	MASTERPIECE BLUKS.	STRAPPING ON		INSPECTOR X 5/4
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5312	DENKIQUE 2	KOVEH PLUMB.	(beser)	
A	I KINGSTON CT.			7 9
U	DRIPTWOOD			INSPECTOR TAV
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
PERIVIT		Cura	Presed -	- excl shutter/pa
5209	TRANTER	FINAL	11300-	1.2. Q - 3402 - 1/ V
	TRANTER 9 MIDDLE RD.	(2 12 FL . HDI) N)		n.discourage?

Building Department - Inspection Log

Date of Inspection:

Mog West Frankling Department - Inspection Log

, 2001; , 2001; Page

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5172	ECKNA	ROOF TILE -	PASSED	3" LAP; SCREENED
(2)	107 HEADRY SEWALL WAY	IN PROGRESS		
	TMC CONTRACTING	(STURRET REFG)	·	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
593	ENRIQUEZ .	FOUNDATION	DISSEA	ALM STEERING TO LA
	KINGSTON GT.	(Kriny) •	PASSUA.	COLONIA STESONIUS)
	DRIFTWOOD			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5152	MUSSO	TIEBM. & COL.	PASSED	FOR UPBONED SURVEY TO SITE
5262	185. RIVER RD		·	(FIEW COPY 3/2361)
NO	HARRY ISCUE 2019111	·		INSPECTOR:
PERM	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
4855	HUNIVERSAL GRY	STAIR FORM	PASSED	UNGANO 219-9040
6	235. SEWALL'S POINT RD	GAR/IST PLA	PARCH. TO GIVE	renger 1:30 pm
(ソ	HES GROUP (LAGANA)	1842 M	DEMISTE	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5294	LEHMAN	+ FG GARAGE	PASSED	COMP. TEST RCUD 4/6/01
(7)	6 RIDGELAND DR.	MONOUTHIC SLAB		
	GRIKKILLY COUT.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5323	NATGLE	RIVRAP- FINAL	PASSED	
VI.	82 W, SEWALLS MOINT KD			
(1)	LUDLAM CONST.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: ____

Building Department - Inspection Log

Date of Inspection:

Mon
Wed

File MARCH 50 2001; Page

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5299	O'BRIEN	SHEATHING	/4//	CANCRUED
	36 E. HIGHPOINT		X	/
	A&W RFG.			INSPECTOR:
PERMIT.	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5274	UBITSKY	FENCE - FINAL	gessel	
(3)	3 RID VISTA DRIVE	• .		0/4
0	WHATY FRACE 879			INSPECTOR: 3 3
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5172	ECKNA	FRAMING	bessed	(resched. from 3/20)
P	107 HENRY SEWALL WHY	+DII Trados 14	RICKA	2870390 1 /4
<u>U</u>	SELECT HOMES (3 Straps Draft shape	શ 2	INSPECTOR: 53/20
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5192	RAD	TIN TAG+	B=30d	7
	30 CASTLE HILL	METAL	,	0/9
	A+W			INSPECTOR: 33
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5286	SCHULT 2	GROUND +	-> 1011	one (no formpord In
·	64 5 SPR	STEEL		
	ADVANTAGE POOLS	781-3033		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5210	UBITSKY	ROOF - FLUAL	Persod	
5260	3 RUO VISTA DR.			01/3
(3)	AXW RFG.	()		INSPECTOR: 3/30
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
537	ienklauez		Passoci	mempheresternst? (CALL COM
*	I KINKENDON	· STOPORT O		Callad PPLJ 930 /g
	ACHP MOKING - DRUFTWOOD HOME		1	INSPECTOR
OTHER:				<u> </u>
			-	



PROFESSIONAL ENGINEERING and INSPECTION COMPANY, Inc.

RECEIVED

MAY - 9 2001

Order #. 2106029.00

Permit #: 5321

Date: 05-03-01 Day Sampled: Thursday

Project: #1 Kingslen Count Client Datweed Hemes Contractor: Driftwood Homes

Sampled by: J. Heckkel

Proctor 1: 2106029.0 Proctor 2:

Max. Dry Density: 107.1 Max. Dry Density:

Opt. Moist Cont.: _ Opt. Moist Cont.: ____

Soil Description: Tan brown sand with trace of clay

FIELD DENSITY

Location:

Test	1 7 7 7		Proctor	%	Density	%	%	
#	Date	Test Location	#	Moist	Dry (pcf)	Compact	Req.	Status
		STEMWALL BACKFILL						
1		SE corner, 0-1	1	9.8	105.9	98.9	95	PASS
2	05/03/01	SE corner, 1-2	N/A	N/A	*60+	**>95	95	PASS
		SE corner, 2-3	N/A	N/A	760+	**>95	95	PASS
		Center, 0-1	1	7.6	106.5	99.4	95	PASS
		Center, 1-2	N/A	N/A	*60+	**>95	95	PASS
		Center, 2-3	N/A	N/A	*60+	**>95	95	PASS
7	05/03/01	NW corner, 0-1	1	9.4	107.7	100.6	95	PASS
8	05/03/01	NW corner, 1-2	N/A	N/A	*60+	**>95	95	PASS
9	05/03/01	NW corner, 2-3	N/A	N/A	*60+	**>95	95	PASS

_								
{								
-	 - · -							
					ľ	1		

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

Respectfully submitted;...

Professional Engineering & Inspection Company, Inc.

Distribution Copies

(3) Client

Paul H. Dandorth R.E.

VP of Reggnal Operations

State of Bloomer Reg. Professional Engineer Number: 44653 State of Florida: They Special Prispector Number: 1103

^{**} Percent compaction estimate based on correlation with penetration resistance.

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 くらいは、Simmons EDWIN B. ARNOLD Building Official

JOSE TORRES, JR. Maintenance

CERTIFICATE OF OCCUPANCY

Ø Single Family Residence □ Other
OWNER: GEN + BARBARA ENRIQUEZ; PROPERTY ADDRESS: L KINGSTON COURT.
LEGAL DESCRIPTION: LOT BLOCK SUBDIVISION SEWALLS POINT
GENERAL CONTRACTOR: ALAN MORRIS ; LIC/CERT NO RR0056789
ADDRESS: 2163 PINE RIDGE ST. JENSEN BEACH, FL. ; TEL 334-25T7; FAX 334-5877
ARCHITECT OR ENGINEER: KELLY + KELLY ALCHITECTS. ; LIC/REG. No. 8341
ADDRESS: 119 W 6th. ST. STUART FL. ; TEL 283-3492 FAX 720-7310
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, day of, 2001.
lon
GENE SIM MONS
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

planted:	the application showing Zoning approval (complete with plans & plot plan) of the plan. Attach the pink copy to the building application. In all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout	oval. Provide construction tion of all buildings on the realth Department of the Health Department requires: two (2) sets of the the transfer two (2) sets of the transfer two (2) sets of the transfer two (2) sets of the transfer two (2) sets of the transfer two (2) sets of the transfer two (2) sets of the transfer two (2) sets of the transfer two (2) sets of the transfer two (2) sets of the transfer two (2) sets of the transfer two (2) sets of the transfer two (2) sets of the transfer two (2) sets of the transfer two (2) sets of the transfer transfer two (2) sets of the transfer transfer transfer two (2) sets of the transfer
DEVELOPI 1. ALL a. b. c. d. e. 2. Take detail prope at this 3. Take for se 4. Retun plans, a. b. c. d. e. f. g. ADDITIONAL I	Authorized/Date:	oval. Provide construction tion of all buildings on the his can also be determined to the Health Department requires: two (2) sets of the high construction is the construction of the high construction in the high construction is the high construction of the high construction is the high construction of the high construction is the high construction of thigh construction of the high construction of the high constructio
DEVELOPI 1. ALL a. b. c. d. e. 2. Take detail prope at this 3. Take for se 4. Retun plans, a. b. c. d. e. f. g. ADDITIONAL I	APPILICATIONS REQUIRE Property Appraisers Parcel Number. Legal Description of your property. (Can be found on your deed surve Contractors name, address, phone number & license numbers. Name all sub-contractors (properly licensed). Current Survey completed application to the Permits and Inspections Office for appross and a plot plan(s) showing setbacks, yard coverage, parking and posity, stormwater retention plan, etc. Compliance with subdivision regulation time. The application showing Zoning approval (complete with plans & plot plan) potic tank. Attach the pink copy to the building application. The all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout	oval. Provide construction tion of all buildings on the his can also be determined to the Health Department requires: two (2) sets of the high construction is the construction of the high construction in the high construction is the high construction of the high construction is the high construction of the high construction is the high construction of thigh construction of the high construction of the high constructio
1. ALL a. b. c. d. e. 2. Take detail prope at this 3. Take for se 4. Retun plans, a. b. c. d. d. Use per location	Property Appraisers Parcel Number. Legal Description of your property. (Can be found on your deed surve Contractors name, address, phone number & license numbers. Name all sub-contractors (properly licensed). Current Survey. completed application to the Permits and Inspections Office for approsistance and a plot plan(s) showing setbacks, yard coverage, parking and positry, stormwater retention plan, etc. Compliance with subdivision regulation time. The application showing Zoning approval (complete with plans & plot plan) bitc tank. Attach the pink copy to the building application. The all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout	tion of all buildings on the has can also be determined to the Health Department requires: two (2) sets of the has can be can also be determined to the Health Department requires:
1. ALL a. b. c. d. e. 2. Take detail prope at this 3. Take for se 4. Retun plans, a. b. c. d. d. Use per location	Property Appraisers Parcel Number. Legal Description of your property. (Can be found on your deed surve Contractors name, address, phone number & license numbers. Name all sub-contractors (properly licensed). Current Survey. completed application to the Permits and Inspections Office for approsistance and a plot plan(s) showing setbacks, yard coverage, parking and positry, stormwater retention plan, etc. Compliance with subdivision regulation time. The application showing Zoning approval (complete with plans & plot plan) bitc tank. Attach the pink copy to the building application. The all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout	tion of all buildings on the has can also be determined to the Health Department requires: two (2) sets of the has can be can also be determined to the Health Department requires:
a. b. c. d. e. 2. Take detail prope at this 3. Take for se 4. Retun plans, a. b. c. d. d. e. f. g. ADDITIONAL i	Property Appraisers Parcel Number. Legal Description of your property. (Can be found on your deed surve Contractors name, address, phone number & license numbers. Name all sub-contractors (properly licensed). Current Survey. completed application to the Permits and Inspections Office for approsand a plot plan(s) showing setbacks, yard coverage, parking and positive, stormwater retention plan, etc. Compliance with subdivision regulation time. The application showing Zoning approval (complete with plans & plot plan) potic tank. Attach the pink copy to the building application. The all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Thuss layout	tion of all buildings on the has can also be determined to the Health Department requires: two (2) sets of
b. c. d. e. 2. Take detail prope at this 3. Take for se 4. Retun plans, a. b. c. d. d. ADDITIONAL for se location	Legal Description of your property. (Can be found on your deed surve Contractors name, address, phone number & license numbers. Name all sub-contractors (properly licensed). Current Survey. completed application to the Permits and Inspections Office for approsing and a plot plan(s) showing setbacks, yard coverage, parking and positive, stormwater retention plan, etc. Compliance with subdivision regulation time. The application showing Zoning approval (complete with plans & plot plan) obtained the pink copy to the building application. The all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout	tion of all buildings on the his can also be determined to the Health Department requires: two (2) sets of
c. d. e. 2. Take detail proper at this 3. Take for se 4. Return plans, a. b. c. d. g. ADDITIONAL I	Contractors name, address, phone number & license numbers. Name all sub-contractors (properly licensed). Current Survey completed application to the Permits and Inspections Office for appross and a plot plan(s) showing setbacks, yard coverage, parking and posinty, stormwater retention plan, etc. Compliance with subdivision regulation time. The application showing Zoning approval (complete with plans & plot plan) obtic tank. Attach the pink copy to the building application. In all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout	tion of all buildings on the his can also be determined to the Health Department requires: two (2) sets of
d. e. 2. Take detail proper at this 3. Take for se 4. Return plans, a. b. c. d. d. Use per location	Contractors name, address, phone number & license numbers. Name all sub-contractors (properly licensed). Current Survey completed application to the Permits and Inspections Office for appross and a plot plan(s) showing setbacks, yard coverage, parking and posinty, stormwater retention plan, etc. Compliance with subdivision regulation time. The application showing Zoning approval (complete with plans & plot plan) obtic tank. Attach the pink copy to the building application. In all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout	tion of all buildings on the his can also be determined to the Health Department requires: two (2) sets of
e. 2. Take detail proper at this 3. Take for se 4. Return plans, a. b. c. d. 4. G. d. 4. Use per location	Name all sub-contractors (properly licensed). Current Survey completed application to the Permits and Inspections Office for approsand a plot plan(s) showing setbacks, yard coverage, parking and positry, stormwater retention plan, etc. Compliance with subdivision regulation time. the application showing Zoning approval (complete with plans & plot plan) office tank. Attach the pink copy to the building application. In all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout	tion of all buildings on the ns can also be determined to the Health Departmen n requires: two (2) sets of :
2. Take detail proper at this 3. Take for se 4. Return plans, a. b. c. d. g. f. g. ADDITIONAL in location	completed application to the Permits and Inspections Office for approsand a plot plan(s) showing setbacks, yard coverage, parking and positry, stormwater retention plan, etc. Compliance with subdivision regulation time. The application showing Zoning approval (complete with plans & plot plan) obtic tank. Attach the pink copy to the building application. The all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items believe to seal with engineer's plan. Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout	tion of all buildings on the ns can also be determined to the Health Departmen n requires: two (2) sets of :
proper at this 3. Take for se 4. Return plans, a. b. c. d. e. f. g. ADDITIONAL in location	rty, stormwater retention plan, etc. Compliance with subdivision regulation time. The application showing Zoning approval (complete with plans & plot plan) obtic tank. Attach the pink copy to the building application. The all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Thus layout	tion of all buildings on the ns can also be determined to the Health Department requires: two (2) sets of :
proper at this 3. Take for se 4. Return plans, a. b. c. d. C. d. C. d. DDITIONAL in location	rty, stormwater retention plan, etc. Compliance with subdivision regulation time. The application showing Zoning approval (complete with plans & plot plan) obtic tank. Attach the pink copy to the building application. The all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Thus layout	tion of all buildings on the ns can also be determined to the Health Departmen n requires: two (2) sets of :
proper at this 3. Take for se 4. Return plans, a. b. c. d. C. d. Per formula de la contraction de la c	rty, stormwater retention plan, etc. Compliance with subdivision regulation time. The application showing Zoning approval (complete with plans & plot plan) obtic tank. Attach the pink copy to the building application. The all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Thus layout	tion of all buildings on the ns can also be determined to the Health Department requires: two (2) sets of :
at this 3. Take for se 4. Retun plans, a. b. c. d. Q. ADDITIONAL I Use per location	time. the application showing Zoning approval (complete with plans & plot plan) of the application showing Zoning approval (complete with plans & plot plan) of the tank. Attach the pink copy to the building application. In all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items in 'Floor Plan'. Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout Ortical Wall Sections (one detail for each wall that is different)	ns can also be determined to the Health Department requires: two (2) sets of
3. Take for se 4. Return plans, a. b. c. d. ADDITIONAL I	the application showing Zoning approval (complete with plans & plot plan) office tank. Attach the pink copy to the building application. In all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout Ortical Wall Sections (one detail for each wall that is different)	to the Health Department requires: two (2) sets of
4. Retun plans, a. b. c. d. e. f. g	all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout Ortical Wall Sections (one detail for each wall that is different)	n requires: two (2) sets of :
4. Retun plans, a. b. c. d. e. f. g	all forms to the Permits and Inspection Office. All planned construction drawn to scale with engineer's or architects seal and the following items 'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout Ortical Wall Sections (one detail for each wall that is different)	n requires: two (2) sets of :
a. b. c. d. g. ADDITIONAL I	'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout ortical Wall Sections (one detail for each wall that is different)	:
a. b. c. d. P. S. ADDITIONAL I	'Floor Plan Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout ortical Wall Sections (one detail for each wall that is different)	:
b. c. d. e. f. g. ADDITIONAL I	Foundation Details Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout Ortical Wall Sections (one detail for each wall that is different)	building, plus location of
c. d. e. f. g. ADDITIONAL i Use per location	Elevation Views - Elevation Certificate due after slab inspection, Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout Prical Wall Sections (one detail for each wall that is different)	building, plus location of
d. e. f. g. ADDITIONAL i Use per location	Plot Plan (show desired floor elevation relative to Sea Level in front of driveway). Truss layout Ortical Wall Sections (one detail for each wall that is different)	building, plus location of
e. f. g. ADDITIONAL I 1. Use per location	Truss layout ortical Wall Sections (one detail for each wall that is different)	building, plus location of
f. g. ADDITIONAL I Use per location	Truss layout ortical Wall Sections (one detail for each wall that is different)	•
f. g. ADDITIONAL I Use per location	ertical Wall Sections (one detail for each wall that is different)	
g. ADDITIONAL I Use per location	Pirantage decisions (one detail for each wall that is different)	
ADDITIONAL I Use per location	FIREUIDUM DICAWIND' II DICIADACAICA ALIBANIA AND AND AND AND AND AND AND AND AND AN	•
l Use per location	Fireplace drawing: If prefabricated submit manufacturers data	
Use per location	Required Documents are:	·
	e qui de desamanta are.	
	init (for driveway connection to public Right of Way). Return form with plot (State Road A.1. A. Fast Occas Road and May).	•
. Well Pe	(State Road A-1-A East Ocean Boulevard only).	l plan showing driveway
	mit or information on existing well & pump.	
Flood H	azard Elevation (if applicable).	
. Energy (Code Compliance Certification plus any Approved Forms and/or Energy Co	do Compliance Observe
. Stateme	nt of Fact (for Homeowner Builder), and proof of ownership (Deed or Tax	de Compliance Sheets.
. Imigation	Sprinkler System layout showing location of heads, valves, etc.	x receipt).
. A certifie	d copy of the Notice of Commencement must be filed in this office and post	riad at the lab attaches
to the fir:	it inspection.	sten at the job site phor
Replat re	quired upon completion of slab or footing inspection And Prior to any fur	ther inspections.
n:	addition to the requirements of this permit, there may be additional restric	tions applicable to this
بر خ	perty that may be found in the public records of COUNTY OF MARTI	N, and there may be
sta	jonal permits required from other governmental entities such as water in the and federal agencies.	management districts,
,	ding Official: Dat	'e'



1		ı	1	1	0	1		
	1)	ı	1	ſ	U	ı	C	

DATE 9/19/2001 **CONDO**

BILLING INFORMATION

Enriquiz, Mr. 1 Kingston Ct. Sewalls Pt., Fl. 34996

INSTALLATION ADDRESS

Enriquiz, Mr. 1 Kingston Ct. Sewalls Pt., Fl. 34996

INVOICE # PHONE 1		PHONE 2	TERMS	DUE DATE	
7241	<u> </u>	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 All Tracks To Be White.	144.00
i	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.	
•		
1	·	
		i

SPECIAL INSTRUCTION:

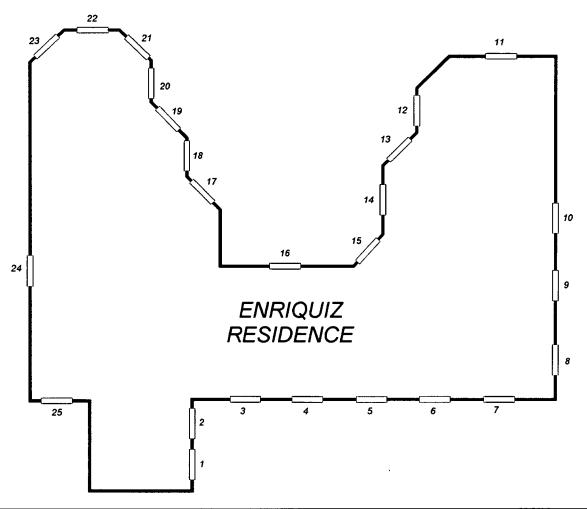
SALES REPRESENTATIVE	DATE	PURCHASER	TOTAL	\$4,565.00
TT	9/19/2001		DEPOSIT	
			BALANCE	\$4565.00

BUYERS RIGHT TO CANCEL

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.





	PANEL	PANEL	UPPER	LOWER		PANEL	PANEL	UPPER	LOWER
#	QUANITY	HEIGHT	TRACK	TRACK	#	QUANITY	HEIGHT	TRACK	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 PLAGLER BUILDING 140 WEST FLAGLER STREET, SUITE 1603 MIAMI, FLORIDA 33130-1563 (305) 375-2901 PAX (305) 375-2908

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Enstern Metal Supply, Inc. 3600 23rd Ave., South

Lake Worth

FL 33#61

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 Ranel Shutter

under Chapter 8 of the Code of Midmi-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

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.

Director

Miami-Dade County

Building Code Compliance Offic

1 of 3

Approved: 08/17/2000



Certificate of Insurance

This certifies a dissued as a matter of the mation only and contextend, or allowing coverage afforded E_{ν} , $e^{-\nu}$ policies listed below.

rights upon you the cert and holder. This certificate is not an insurance policy and does not amend,

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 Souff Leasing of Texas, staff Leasing of Texas Staff Leasing IV LP 600 301 Boulevard West, Suite 202 Bradenton, Florida 34205



Insurer Affording Coverage

Coverages:

Continental Casualty Company

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

Type of Insurance	Certificate Exp. Date E anunuous E Extended X Policy Term	Policy Number	Limi	ts
Workers'	1-1-2002		Employer's Liability	
Companisation	- 2 - 3 - 3	WC 189165165 WC 189165182 WC 247848874	bodily Injury By Accident \$1,000,000	Each Accident
		WC 247848888	Bodily Injury By Disease \$1 000,000	Policy Limit
			Bodily Injury By Disease \$1,000,000	Each Person

Other

Employees Leased To:

Effective Date: 1/1/01

12334 Expert Shutter Services

The above referenced workers' compensation policyties) 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 commuous or extended term, you will be not need if coverage is terminated or reduced before the certificate expiration date. However, you will not be notined annually of the continuation of coverage.

Notice of Cancellation: (No applicable unless a member 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 Condominion: 2910 SE Dune Dr Stuart, FL 34996-1992

Martin Oosterbaan Authorized Representative

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

Date Issued

	96	CORD	C	ER		FICATE OF LIAB	ILITY	NSURAI	VCE	DATE (MM/DD/YY)
PROI	DUCE	R (561)3	24-21	1 9 1		FAX (561)334-7742	THIS CERT	IFICATE IS ISSUI	ED AS A MATTER OF	11/07/2001 NEORMATION
		Carroll	-		e Δα		ONLY AND	CONFERS NO R	IGHTS UPON THE CER	TIFICATE
		N.E. Dix				circy	ALTER TH	HIS CERTIFICAT F COVERAGE AF	E DOES NOT AMEND, FORDED BY THE POLI	EXTEND OR
O.		Box 877		.9	u ,			- COVERNOE A	TORDED BY THE POE	oica secojy.
Jе	nse	en Beach,						INSURERS	AFFORDING COVERAG)Ė
INSU	RED	Expert S	hutt	er S	ervi	ices Inc.	INSURER A:	CNA	•	A2
		1626 SW	/Bilt	morė	Str	reet	INSURER B:			
		Port St.	Luc	ie,	FL 3	34984	INSURER C:			
							INSURER D:	*,		
							INSURER E:			
منت		AGES		•						Little in
Al M	NY R NY P	EQUIREMENT PERTAIN, THE	T, TERM INSUR	U OR C LANCE	AFFO	BELOW HAVE BEEN ISSUED TO THE INSU TION OF ANY CONTRACT OR OTHER DOCU RDED BY THE POLICIES DESCRIBED HERE N MAY HAVE BEEN REDUCED BY PAID CLA	IMENT WITH RES IN IS SUBJECT T	PECT TO WHICH TH	IIS CERTIFICATE MAY BE	ISSUED OR
INSR LTR		TYPE OF I	NSURAI	NCE	2	POLICY NUMBÉR	DATE (MM/DD/XXX	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	TS
	GE	NERAL LIABILIT					06/05/2001	06/05/2002	EACH OCCURRENCE	\$ 1,000,000
	X	1		AL LIAE			.,,		FIRE DAMAGE (Any one fire)	2,000,000
		CLAIMS	-		CCUR				MED EXP (Any one person)	200,000
A				^ ئ	,				PERSONAL & ADV INJURY	10,000
A		{ `								1,000,000
	-	J	C 1 14477 1	A D.P. 17	pen:				GENERAL AGGREGATE	\$ 2,000,000
	GE	N'L AGGREGATI							PRODUCTS - COMP/OP AGG	\$ 2,000,000
		POLICY	PRO- JECT		roc					
:	ΑU	TOMOBILE LIAE	BILITY						COMBINED SINGLE LIMIT (Ea socident)	s
	-	ALL OWNED A	•						BODILY INJURY (Per person)	s
		HIRED AUTOS							BODILY INJURY " (Per accident)	s
		NON-OWNED	AUIUS						<u> </u>	+
. • 								:	PROPERTY DAMAGE (Per accident)	\$
	GA	RAGE LIABILITY	1						AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO							OTHER THAN EA ACC	
									AGO	
	EXC	CESS LIABILITY							EACH OCCURRENCE	\$
,		OCCUR	L. C	LAIMS N	MADE				AGGREGATE ,	S
٠.										· S
		DEDUCTIBLE								S
		RETENTION	\$						TWI STATE A WITH	S
		RKERS COMPE PLOYERS' LIAB		N AND				•	TORY LIMITS ER	
	CMI	LUICKS LIAB							E.L. EACH ACCIDENT	\$
,									E.L. DISEASE - EA EMPLOYE	≡ \$
•	L								E.L. DISEASE - POLICY LIMIT	\$
	OTI	HER								
	L					\		<u></u>		
DES	CRIP	TION OF OPERA	ATIONS/I	LOCATI	ONS/VI	EHICLES/EXCLUSIONS ADDED BY ENDORSEMEN	T/SPECIAL PROVISI	ONS		
	. ,			c		£ .£ :				
101	5 1	nsurance	15	for	proo	f of insurance only				
							-			
CEI	RTIF	ICATE HOL	DER		ADI	DITIONAL INSURED; INSURER LETTER	CANCELLAT	ION		
	-						SHOULD ANY	OF THE ABOVE DESC	RIBED POLICIES BE CANCEL	ED BEFORE THE
					EXPIRATION	DATE THEREOF, THE	SSUING COMPANY WILL END	EAVOR TO MAIL		
					_10_DAY	S WRITTEN NOTICE TO	THE CERTIFICATE HOLDER	NAMED TO THE LEFT.		
		Gullick			•				CE SHALL IMPOSE NO OBLIGA	
:		3725 SE		ın Bi	va.				, ITS AGENTS OR REPRESENT	· -
		Suite 20 Stuart,		4996	;	•	AUTHORIZED RE		/	
		Jeagre			•		Keith Car	roll/CAW	Kuth Can	ee_
AC	ORL	25-S (7/97)	E A	X ·	222	-7160	INCICII CAL	· VIII/CAT .	©ACORD	CORPORATION 1988
			F #							

CITY OF FORT PIERCE, FLORIDA

ALUMINUM W CONCRETE CONTRACTOR

CONTROL # 00105220 UCENSE # 02-11749

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

AMOUNT PAID EXPIRES

25.00 9/30/02DATE

11/05/01

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 #
<i>.</i>	NOTICE OF COMMENCEMENT
TATE OF	COUNTY OF
N ACCORDANCE WITH CHAPTER 71 ICE OF COMMENCEMENT.	NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND 13, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTY (INCLUDE STREET ADDRESS IF AVAILABLE):
AND AND AND AND AND AND AND AND AND AND	OVEMENT: INSTALLATION OF SHUTTERS
OWNER: ENRIQUIZ	OVENIENT: // O J TYCE
WNKH: LINGSTO	ON COURT, SEWALLS POINT, FL. 34996
PHONE #: 215-0074	FAX #:
	SHUTTER SERVICES INC
CONTRACTOR: CARCOLINATION	BUTMORE STREET, PORT ST. LUCIE, F134989
DDRESS: 16 26 300-	FAX #: 8 7/MARCIPAGA
/	MARTIN COUNTY
SURETY COMPANY(IF ANY)	THIS IS TO CERTIFY THAT THE FOREGOING PAGES IS A TRUE
ADDRESS:	AND CORRECT COPY OF THE ORIGINAL.
PHONE #	COUNTY
BOND AMOUNT:	BY D.C. D.C.
LENDER:	
ADDRESS:	
PHONE #:	FAX#:
PERSONS WITHIN THE STATE OF MAY BE SERVED AS PROVIDED BY	FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENT SECTION 713.13(1)(A)7., FLORIDA STATUTES:
NAME:	· · · · · · · · · · · · · · · · · · ·
ADDRESS:	
PHONE #:	FAX #:
IN ADDITION TO HIMSELF, OWNER	DESIGNATES TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION
OF	
PHONE #:	FAX #:
EXPIRATION DATE OF NOTICE OF C THE EXPIRATION DATE IS ONE Q ABOVE.	COMMENCEMENT:) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIC
11 M:	
///www.	
SIGNATURE OF OWNER	
SWORN TO AND SUBSCRIBED BEF	ORE ME THIS 15 DAY OF November
	PERSONALLY KNOWN
SWORN TO AND SUBSCRIBED BEFORE BY Alan Mecans	OR PRODUCED ID
SWORN TO AND SUBSCRIBED BEF	OR PRODUCED ID

TOWN OR SEWALL'S POINT

Building Department - Inspection Log

Date of In	spection: Mon Wed	Pri 10/15	, 20063	Page of
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6455	JOHANSEN	DRIVEWAY	possod	
	17 PERRIVINKE CE			
	KOEHICE COXCER			INSPECTOR: O
PERMIT		INSPECTION TYPE		NOTES/COMMENTS:
6330	Bussey	AT Day as st	Recross	1100
	1 PALMETTO De	KNECMALL		A
(4)	Worken	Clate am please		INSPECTOR: 70
PERMIT "		INSPECTION TYPE		NOTES/COMMENTS:
TEE	FABINSKY	TREE	tessod	
(12)	10 MANDALAY RD			^
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6025	CONROY	DEMOCITION FINAL	Arsod	7
	12 Painsto DR			
	0/3			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6034	CONROY	ELEY FIXT FINAL	150201	
(q)	12 PALMETTO DR			0
	0/3			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5607	en'elouez.	SHAFFER S FUNAL	Raced -	
	1 KINGSTONG			
	EXPERT SHUTTERS			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
57/2	JOHNSON	SHUTTERS-FINAL	Pacied.	
(4)	4 OAK HILL LANE			n
	EXPERT SHUTTER			INSPECTOR
OTHER:				

5623 FENCE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date	BUILDING PERMIT NO. 5623
Building to be erected for GLEN ENRIQUEZ	Type of Permit FEMICE
Applied for by QUALITY FENCE	(Contractor) Building Fee 3000
Subdivision KINGSTON Lot I Block	Badon Fee
Address KINGSTON CT.	Impact Fee
Type of structure _SFR	A/C Fee
	Electrical Fee
Parcel Control Number:	
133841010000001030000	Plumbing Fee
Amount Paid 300 Check # 4139 Cash Check	Other Food (
Total Construction Cost \$ _2,300,00	TOTAL Fees 3000
Signed Signed Signed	Town Building Inspector OFFICIAL
BUILDING PI	ERMIT
STRAPS AND ANCHORS DATE STORM DRIVEWAY DATE LANDCA	G DATE ION DATE RY-IN DATE INAL DATE
FLOOD ZONE LOWES	ST HABITABLE FLOOR ELEV.
24 HOURS NOTICE REQUIRED FOR INSPECTION WORK HOURS – 8:00 A MONDAY TROUGH S	M UNTIL 5:00 PM
□ New Construction □ Remodel	

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
Date , 2001;

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5603	JORDAN	PATIO	Passed	SEE ATTACHED
(i)	110 N. SPR			CHANGES (BARLY
	SCHILLER			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5628	ZNISI QUEZ	veencerien	AL TIMESCOOL	
	1 KINGSTON CT.			
(6)	QUALITY			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5611	HOGAN.	UNUBL CHOUND	Failed	nopomit or sife
(A)	I W. HICHPOINT WAY	Parial		
4	ZANGER	746.7669		INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/CÓMMENTS:
	·			·
	·			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: _

	vasto ~ ct city se	Phone No. (FCA Zin
Legal Description of Property: <a>C	of 1 Kingston	ct	7 211 UP
Location of Job Site: / K	F	arcel Number: 13-38 - 41	-010-000-00
TYPE OF WORK TO BE DONE	Frice 4'	_	
TYPE OF WORK TO BE DONE	C) WAY PUC	PICKET FENCE TI	BB(180 Sty
Street: 498 Voc +	Die tes Vois	Phone No. (\$	11879 912
State Registration: 500 2		State:	<u> PCA</u> Zip <u>3498</u>
ARCHITECT:		State License: Same	
Street	City	Phone No. ()
ENGINEER:	· · · · · · · · · · · · · · · · · · ·	State:	
Street:	City	Phone No. (
AREA SQUARE FOOTAGE - SE	WER - ELECTRIC:	State:_	Zip
Living Area: Gara	<u> </u>	mad:	
Covered Patio: Scr.	Porch: Wo	port: Acces	sory Bldg:
Туре Ѕемеде:	Septic Tank	Permit # from Health Dept	
New Electrical Service Size:	AMPS	· John w Hom Health Dept_	
FLOOD HAZARD INFORMATION			
Flood zone:	Minimum Base	Flood Elevation (BFE):	NGVD
Proposed first habitable floor finish	ed elevation:	NGVD (minimum	1.foot above REE
COSTS AND VALUES			THOOL ADOVE DEC)
Estimated cost of construction or In	nprovement: \$230 d		
Estimated Fair Market Value (FMV) If Improvement, is cost greater than Method of determining Fairness	prior to improvement: \$		
SUBCONTRACTOR INFORMATION Electrical:	State	or subcontractor change is ma	andatory.)
		· license #	
Mechanical:		License #	
Plumbing:	State:	License #	
Plumbing: Roofing: Application is hereby made to obtain a	State:	License #License #License #License #	
Plumbing: Roofing: Application is hereby made to obtain a installation has commenced prior to the of all laws regulating construction in this if or ELECTRICAL, PLUMBING, SIGN CONDITIONERS, DOCKS, SEA WALLS TREE REMOVAL.	State: State: State: State: State: permit to do the work and insissuance of a permit and that jurisdiction. I understand that a S, WELLS, POOLS, FURN S, ACCESSORY BUILDINGS, S	License # License #	that no work or neet the standard may be required 5, TANKS, AIR REMOVAL, AND
Plumbing: Roofing: Roofing: Application is hereby made to obtain a installation has commenced prior to the of all laws regulating construction in this if or ELECTRICAL, PLUMBING, SIGNICONDITIONERS, DOCKS, SEA WALLS TREE REMOVAL. HEREBY CERTIFY: THAT THE INFOCORRECT TO THE BEST OF MY KNOWN AND OF DURING THE	State: St	License #License	that no work or seet the standard may be required and the standard may be required and the standard standard standard may be required and the standard stand
Plumbing: Roofing: Roofing: Application is hereby made to obtain a installation has commenced prior to the of all laws regulating construction in this for ELECTRICAL, PLUMBING, SIGN. CONDITIONERS, DOCKS, SEA WALLS TREE REMOVAL. HEREBY CERTIFY: THAT THE INFO. CORRECT TO THE BEST OF MY KNOWN AWS AND OF: NANCES DURING THE DWNER OF AGENT SIGNATURE (Required)	State: St	License #License	that no work or neet the standard may be required and the standard may be required and the standard standard may be required and the standard stand
Plumbing: Roofing: Roofing: Application is hereby made to obtain a installation has commenced prior to the of all laws regulating construction in this if or ELECTRICAL, PLUMBING, SIGNICONDITIONERS, DOCKS, SEA WALLS TREE REMOVAL. HEREBY CERTIFY: THAT THE INFOCORRECT TO THE 'BEST OF MY KNOWN AWS AND OF: DINANCES DURING THE OWNER OF AGENT SIGNATURE (Required of Florida, County of:	State: St	License #License #	that no work or seet the standard may be required and the standard may be required and the standard standard may be required and the standard stand
Plumbing: Roofing: Roofing: Application is hereby made to obtain a installation has commenced prior to the of all laws regulating construction in this if or ELECTRICAL, PLUMBING, SIGNICONDITIONERS, DOCKS, SEA WALLS TREE REMOVAL. HEREBY CERTIFY: THAT THE INFOCORRECT TO THE BEST OF MY KNOWN AND OF CHANCES DURING THE OWNER OF AGENT SIGNATURE (Required by the control of the control	State: St	License #License #	that no work or reet the standard may be required s, TANKS, AIR REMOVAL, AND IS TRUE AND ABLE CODES, ERGY CODES.
Plumbing: Roofing: Roofing: Application is hereby made to obtain a installation has commenced prior to the of all laws regulating construction in this if for ELECTRICAL, PLUMBING, SIGN. CONDITIONERS, DOCKS, SEA WALLS TREE REMOVAL. HEREBY CERTIFY: THAT THE INFO. CORRECT TO THE BEST OF MY KNOWN AND OF: CINANCES DURING THE OWNER OF AGENT SIGNATURE (Required by the control of the county of the control of the county of the	State: St	License #License #	that no work or reet the standard may be required s, TANKS, AIR REMOVAL, AND IS TRUE AND SABLE CODES, ERGY CODES.
Plumbing: Roofing: Roofing: Application is hereby made to obtain a installation has commenced prior to the of all laws regulating construction in this if for ELECTRICAL, PLUMBING, SIGN CONDITIONERS, DOCKS, SEA WALLS TREE REMOVAL. HEREBY CERTIFY: THAT THE INFOCORRECT TO THE BEST OF MY KNOWAWS AND OPENANCES DURING THE DWNER OF AGENT SIGNATURE (Required by the control of the county of the coun	State: State:	License #License #	that no work or reet the standard may be required s, TANKS, AIR REMOVAL, AND IS TRUE AND SABLE CODES, ERGY CODES.
Plumbing: Roofing: Roofing: Roofing: Application is hereby made to obtain a installation has commenced prior to the of all laws regulating construction in this if for ELECTRICAL, PLUMBING, SIGNICONDITIONERS, DOCKS, SEA WALLS TREE REMOVAL HEREBY CERTIFY: THAT THE INFOCORRECT TO THE BEST OF MY KNOWN AWS AND OF: DINANCES DURING THE DWINER OF AGENT SIGNATURE (Required by the day of	State: State: State: State: State: State: State: State: Permit to do the work and insissuance of a permit and that a permit and that a state of a permit and that a state of File and that a state of File and the s	License #License #	that no work or leet the standard may be required s, TANKS, AIR REMOVAL, AND IS TRUE AND SABLE CODES, ERGY CODES. On, 200 p, is personally
Plumbing: Roofing: Roofing: Roofing: Application is hereby made to obtain a installation has commenced prior to the of all laws regulating construction in this if for ELECTRICAL, PLUMBING, SIGNICONDITIONERS, DOCKS, SEA WALLS TREE REMOVAL HEREBY CERTIFY: THAT THE INFOCORRECT TO THE BEST OF MY KNOWN AWS AND OF: DINANCES DURING THE DWINER OF AGENT SIGNATURE (Required by the day of	State: State: State: State: State: State: State: State: Permit to do the work and insissuance of a permit and that a permit and that a state of a permit and that a state of File and that a state of File and the s	License #License #	that no work or leet the standard may be required s, TANKS, AIR REMOVAL, AND IS TRUE AND SABLE CODES, ERGY CODES. On, 200 p, is personally
Plumbing: Roofing: Roofing: Application is hereby made to obtain a installation has commenced prior to the of all laws regulating construction in this if for ELECTRICAL, PLUMBING, SIGN CONDITIONERS, DOCKS, SEA WALLS TREE REMOVAL. HEREBY CERTIFY: THAT THE INFOCORRECT TO THE 'BEST OF MY KNOWN AWS AND OF: DINANCES DURING THE DWNER OF AGENT SIGNATURE (Requires the day of	State: State:	License #License #	that no work or lest the standard may be required 6, TANKS, AIR REMOVAL, AND IS TRUE AND ABLE CODES, ERGY CODES. OnOnOnOn, 200 \(\beta_0 \), is personally
Plumbing: Roofing: Roofing: Roofing: Application is hereby made to obtain a installation has commenced prior to the of all laws regulating construction in this if for ELECTRICAL, PLUMBING, SIGNICONDITIONERS, DOCKS, SEA WALLS TREE REMOVAL. HEREBY CERTIFY: THAT THE INFORMANCE OF MY KNOWN AWS AND OF: DINANCES DURING THE OWNER OF AGENT SIGNATURE (Required by of	State: State:	License #License #	that no work or leet the standard may be required 5, TANKS, AIR REMOVAL, AND IS TRUE AND ABLE CODES, ERGY CODES. On, 2000, is personally

		<u> </u>		AYS	EMC		
		IFICATE OF LIAE	ILITY I	NSURA	NCE	06/14/01	
Br	own & Brown, Inc. Ol Forum Way ite 600	•	HOLDER,	ND CONFERS N THIS CERTIFIC	UED AS A MATTER OF TO RIGHTS UPON THE TATE DOES NOT AME AFFORDED BY THE PO	É CERTIFICATE	
We.	st Palm Beach, FI	33401			AFFORDING COVERAG		
AY	S Group, Inc. DBA	AYS Employee Leasing	INSURER A: C	ontinenta	l Casualty Co	mpany	
	45 14th Avenue #6 ro Beach, FL 329		INSURER C:		· · · · · · · · · · · · · · · · · · ·		
1,00	to beach, in 323	760	INSURER D:				
CON	ERAGES		INSURER E:				
HT VA VAM	POLICIES OF INSUFANCE LISTE(PREQUIREMENT, TERM OR CO PERTAIN, THE INSURANCE AFF LCIES. AGGREGATE LIMITS SHOW	D BELOW HAVE BEEN ISSUED TO THE INDITION OF ANY CONTRACT OR CTHE ORDER BY THE POLICIES DESCRIBED IN MAY HAVE BEEN REDUCED BY PAID CLA	ierein is subje Ima.	ECT TO ALL THE T	which this certificate Erms, exclusions and c		
LTR	TYPE OF INSURANCE	POLICY NUMBER	DATE (MAYDDYY)	DATE (MANDONY)	CONOT	2	
1 }	GENERAL UABILITY	İ		1	EACH OCCUPRENCE	s	
}	CLAIMS MADE OCCUR	•		1	FIRE DAMAGE (Any one fire)	5	
1 1	CLAIMS MADE (OCCUR				MED EXP (Any one person)	5	
1 1				1	PERSONAL & ADV INJURY	8	
!	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	5	
j	POUCY PRO-				TROUBLES TOURING AGG		
	ANY ALITO		,		COMBINED SINGLE LIMIT	s	
	ALL OWNED AUTOS SCHEDULED AUTOS				(Ser bersou) BODITA WITHEN	S	
	HIRED AUTOS	·.			BODILY INJURY The eccidents	s	
<u> </u>					PROPERTY DAMAGE (Per accident)	5	
1 }	GARAGE WABILITY				AUTO ONLY - E4 ACCIDENT	5	
1 1	ANY AUTO				OTHER THAN EA ACC		
	EXCESS LIABILITY			1	AGG	<u>-</u>	
1 1	OCCUR CLAIMS MADE			ļ	AGGREGATE	s	
1 (AGGREGATE	S	
[DEDUCTIBLE	į į)	<u> </u>	s	
	RETENTION \$					\$	
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WC138199238	06/15/01	06/15/02	TORY LIMITS ER		
	CHIEGIAND EMOLLIT]	E.L. EACH ACCIDENT	s500,000	
		}			E.L DISEASE - EA EMPLOYEE		
 	OTHER			 	EL DISEASE - POLICY LIMIT	s500,000	
Co	verage is provide	ENCLESEXCLUSIONS ADDED BY ENDORSEMENTS	T/SPECIAL PROVISA 10yees 1	ons eased to	but not subco	ntractors	
		any 2513 SE Richmond	St Ft Pi	erce Fl 3	4952 Client #	1200	
CER	TIFICATE HOLDER AD	DITIONAL INSURED INSURER LETTER:	CANCELLAT	ION			
 	- Marm			D POLICIES BE CANCELLED BE			
	e Town of Sewells	Point	1		AILMOT ROVABORS ELIM RE		
	tn Ed Arnold South Sewell Poin	x+ [*] : □ :-7	t .	NOTICE TO THE CERTIFICATE HOLDERNAMED TO THE LEFT, BUT FABLURE TO DO SO SHALL			
	dart, FL 34996	IL KU	MEPRESENTATA		Y OF ANY KIND LIPON THE INS	RO STHEDA ETLRERU	
	24250 TT 14230		AUTHORIZED RE				

ACORD 25-8 (7/97) 1 of 2 #S210589/M210436

KAA 9 ACORD CORPORATION 1988

	40	CORD	CF	RTII	FICATE OF LIAB	II ITY INS	HIRANC	<i>-</i>	DATE (MM/DD/YY)
	DUCE				TOATE OF EIAD			SUED AS A MATTER	9/6/01
Kearns Agency of Florida, Inc. P O Box 1849					lda, Inc.	ONLY AN HOLDER.	D CONFERS N THIS CERTIFIC	IO RIGHTS UPON T ATE DOES NOT AME AFFORDED BY THE F	HE CERTIFICATE
		sen Beacl	h, Fl.	. 349	958		INSURERS	AFFORDING COVERA	GE
INSL						INSURER A:	Auto Owners	Insurance Com	pany
		lity Fend		tract	ors Inc.		Auto Owners	Insurance Comp	any
		es Kierst 3 SE Ricl		C+		INSURER D:			
		t St. Lu			34952	INSURER E:			
_		RAGES							
AI M	NY F AY P	REQUIREMENT PERTAIN, THE	T, TERM: INSURAI	OR CONI	D BELOW HAVE BEEN ISSUED TO THE DITION OF ANY CONTRACT OR OTHE DROED BY THE POLICIES DESCRIBED VN MAY HAVE BEEN REDUCED BY PA	ER DOCUMENT WIT HEREIN IS SUBJEC ID CLAIMS.	H RESPECT TO W T TO ALL THE TER	HICH THIS CERTIFICATE RMS, EXCLUSIONS AND C	MAY BE ISSUED OR
LIR		TYPE OF IN			POLICY NUMBER	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIM	
		COMMERCIAL		I IABII ITV				EACH OCCURRENCE	s 1,000,000
A	_	\vdash	ADE X	ו ר	20533955	5/22/01	5/22/02	FIRE DAMAGE (Any one fire) MED EXP (Any one person)	s 50,000 s 5,000
					20333733	3,22,01	3,22,02	PERSONAL & ADV INJURY	s 1,000,000
			· -					GENERAL AGGREGATE	\$ 2,000,000
		N'L AGGREGATE		<u> </u>				PRODUCTS - COMP/OP AGG	s 1,000,000
	AUT	POLICY	PRO- JECT LITY	LOC				COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000
В	X	ALL OWNED AL			42-519-238-00	10/12/01	10/12/02	BODILY INJURY (Per person)	\$
		HIRED AUTOS						BODILY INJURY (Per accident)	s
								PROPERTY DAMAGE (Per accident)	s
	GAF	RAGE LIABILITY						AUTO ONLY - EA ACCIDENT	s
		ANY AUTO						OTHER THAN EA ACC	\$
		ESS LIABILITY				•	·	AUTO ONLY: AGG	
	EAC	OCCUR	CLAIN	AS MADE				AGGREGATE	S
		,			•				s
		DEDUCTIBLE		1					\$
	***	RETENTION	<u> </u>			- 		WC STATU- OTH	\$
		RKERS COMPEN PLOYERS' LIABIL		10				WC STATU- OTH TORY LIMITS ER	s
								E.L. DISEASE - EA EMPLOYE	
								E.L. DISEASE - POLICY LIMIT	\$
	ОТЬ	1ER							
DES	RIPT	TION OF OPERAT	IONS/LOC/	ATIONS/VEI	HICLES/EXCLUSIONS ADDED BY ENDORSEM	ENT/SPECIAL PROVISION	IS	<u></u>	
		Sales a	nd Ins	stalla	ntion of Fences - State	e of Florida			
CF	TIF	ICATE HOL	DER	1 400	ITIONAL INSURED; INSURER LETTER:	CANCELLAT	ION	<u> </u>	
<u> </u>		-VALL HOL		I I ADD	ITTONAL INSURED; INSURER LETTER:	7		BED POLICIES BE CANCELLED	BEFORE THE EXPIRATION
								ER WILL ENDEAVOR TO MAIL	
	•	Town of	Sewal.	ls Poi	int			R NAMED TO THE LEFT, BUT F	
		1 South					/ / ~	TY OF ANY KIND UPON THE I	ISURER, ITS AGENTS OR
		Sewalls fax #220			34996	AUTHORIZED REI	PRESENTATIVE		
AC	ORE) 25-S (7/97)	· · · · · · · ·		· ·	, Lawrence	ASSETTE	@ ACORD C	ORPORATION 1988



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

		TO TO TO TO TO TO TO TO TO TO TO TO TO T	TOI ECTION I	S KEQUIKED FO	OR ALL PERMI	TS
PERMIT NUMBE	R:	9972	<u> </u>	DATE ISSUED:	JANUARY 16, 20	12
SCOPE OF WOR	K:	PAVERS		l		
CONTRACTOR:		CASONICON	NSTRUCTIOM			
			STRUCTION			
PARCEL CONTR	OL I	NUMBER:	133841-010-000	0-000103	SUBDIVISION	KINGSTON CT – LOT 1
CONSTRUCTION	AD	DRESS:	1 KINGSTON CT			<u> </u>
OWNER NAME:	ENI	RIQUEZ		· · · · · · · · · · · · · · · · · · ·		
QUALIFIER:	ТНО	OMAS CASON		CONTACT PHO	NE NUMBER:	407-440-2866
WARNING TO OWN	LER:	YOUR FAIL	IRE TO RECORD	A NOTICE OF COL	MRAENCERAENT NA	AY RESULT IN YOUR
PAYING TWICE FO	R IM	PROVEMEN	TS TO YOUR PR	OPERTY IF YOUR	MIMENCEMENT IVI	AT RESULT IN YOUR IN FINANCING, CONSUL
WITH YOUR LEND	ER O	R AN ATTO	NEY REFORE D	ECOPDING VOUR	NOTICE OF CORE	MENOCINE, CONSU
CERTIFIED COPY)F TI	HE RECORD	ED NOTICE OF C	CONDING TOOK	MUST DE CUDA	WENCEWENT. A ITED TO THE BUILDING
DEPARTMENT PRI	OD T	O THE EIDS	T DECLIERTED !	NORECTION	MOST BE SORIMIT	LED TO THE BUILDING
NOTICE: IN ADDITI	ONT	OTHE PEOU	I REQUESTED!	NOPECTION.	MANDEADDITION	
APPLICABLE TO THE	IS DRA	OTHEREQU	TMAVRE FOUND	HSPERMIT, THERE	MAY BE ADDITION	Y, AND THERE MAY BE
ADDITIONAL PERMI	ITS R	EOURED FR	OM OTHER COVE	ERNMENTAL ENTIT	JS OF THIS COUNT	Y, AND THERE MAY BE
DISTRICTS, STATE A	GEN	CIES, OR FED	ERAL AGENCIES.	MANUELLINE ELLIT	IESSUCHAS WATE	RMANAGEMENT
24 HOUR NOTICE R	EQUI	RED FOR INS				BE AVAILABLE ON SITE
CALL 287-2455 - 1	B:00.	AM TO 4:00	PM INSPECTI	ONS: 9:00AM TO 3:00	OPM – MONDAY THE	ROUGH FRIDAY
			<u>IN</u>	ISPECTIONS		
UNDERGROUND PLUMB				UNDERGRO	UND GAS	
UNDERGROUND MECHA	NICA			UNDERGRO	UND ELECTRICAL	
STEM-WALL FOOTING				FOOTING		
SLAB				TIE BEAM/C	OLUMNS ´	
ROOF SHEATHING				WALL SHEAT	THING	
TIE DOWN /TRUSS ENG				INSULATION	V	
WINDOW/DOOR BUCKS				LATH		
ROOF DRY-IN/METAL			<u>.</u>	ROOF TILE IN	N-PROGRESS	
LUMBING ROUGH-IN				ELECTRICAL		
MECHANICAL ROUGH-IN				GAS ROUGH		
RAMING				METER FINA		
INAL PLUMBING				FINAL ELECT		
INAL MECHANICAL			`	FINAL GAS		
FINAL ROOF				BUILDING FI	NAL	
				201251110111	ž	
ALL DE INCRECTION	CCC	TITLE CIAN 2	TONAL INCRECE	ON DECLIPETE WITE	DE CHARCES TO	THE DEDIMENT
THE COMPRISON OF THE	ים מו	AMEN AUULI	TOWAL INSPECT!	ON REQUESTS WILL	DE CHAKGED IU	THE PERMIT HOLDER.
THE CONTRACTOR (N U	MAINEK \ ROIT	nek most schft	JULE A FINAL INSPE	SCITION, FAILURE T	TO RECEIVE A SUCCESSFU

FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS

TO THE CONTRACTOR OR OWNER /BUILDER.

	T	_
Date: /2/16/11	Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number:	7
OWNER/TITLEHOLDER NAME: Glen	Enrique2 Phone (Day) 772 78/- 7750 act	
Job Sile Address King Stan	Ct. Cay Start State PC Zic 34996	
Legal Description Lot 1, "Kingg	ton Court " Parcel Control Number: 13-38-41-010-000-0	0010
Owner Address (if different):	City. State Zip	_
SCOPE OF WORK (PLEASE BE S	SPECIFIC): PAVENO	
WILL OWNER BE THE CONTRACTOR (If yes, Owner Builder questionnaire must accompa YESNO	any application) Estimates Value of Improvements: 5 500, 00	
Has a Zoning Variance ever been granted on	this property? Is subject property located in flood hazard area? VE10AESAESX	
YES (YEAR) NO (Must include a copy of all variance approvals with	PRIVATE AFFRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION	-
Construction Company: Casaa C	- onstruction Co Fhone (407)440-2866 Fax (407)412-5960	_
Qualifiers name. Thomas V. Caso.	Street 2300 Rutledgo Arc City Orlando State F1 Zip 328/7	2
State License Number CBC 034370	OR: Municipality	_
LOCAL CONTACT: Prign Mos	sley Phone Number 772-2/6-3398	_
DESIGN PROFESSIONAL:	Fla. License#	
Street:	CityState:ZtoPhone National	_
	Garage Covered Patios/ Porches; Enclosed Storage	.
Carpon Total under Roof Shoeses non-habitable areas below	Elevated Deck Enclosed area below 1995 withe Base Flood Elevation greater than 300 sq. ft, reduce a Non-Conversion Clysten Agreement	-
CODE EDITIONS IN EFFECT THIS APPLICATION National Electrical Code 2005(2008 after 6/1/0	ION: Florida Building Code (Structural, Mechanical, Plumbing, External Gas) 2007 09)Florida Energy Code:2007, Florida Accessibility Code:2007, Florida Fre Prevention Code 200	$\sqrt{}$
NOTICES TO OWNERS AND C		
1. YOUR FAILURE TO RECORD A NOTICE OF PROPERTY. WHEN FINANCING, CONSULT WITH	COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVENTS TO YOUR HYOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.	
2. THERE ARE SOME PROPERTIES THAT MAY PROHIBIT THE WORK APPLIED FOR IN YOUR B	H YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. Y HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR BUILDING PERMIT, IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS	Lan /
ENCUMBERED BY ANY RESTRICTIONS, SOME	RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE AUDIT RECORDS OF SPOINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL	到
ENTITIES SUCH AS WATER MANAGEMENT DIS	STRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR	7
A PERIOD OF 24 MONTHS, RENEWAL FEES WIL	ILL BE ASSESSED AFTER 24 MONTHS PER-TOWN ORDINANCE 50-95.	1
WORK IS SUSPENDED OR ABANDONED FOR A	A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL ES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1. 105.4.1.15.	
*****A FINAL INSPEC	CTION IS REQUIRED ON ALL BUILDING PERMITS*****	
AFFIDAVIT: APPLICATION IS HEREBY MADE THAT NO WORK OR INSTALLATION HAS AN	TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY	_
FURNISHED ON THIS APPLICATION IS THE	MINEROPERIOR TO THE ISSUANCE OF A PERMIT ARD THAT THE IN COMMISSION THAT	
OWNER NOTORIZED SIGNATURE FROM BOTH	au 14 2 5	169 1 2015
OF CONTROL HORIZED AGENT HAT DE RECO	Wer 7 fb 336 s. CONTRACTOR NOTORIZED STGNATURE? (required per 713,135 f. S.	\$ \$ 5
X h l los	DD 978748	養出 毫
State of Forida, County of:	State of Florida' County of Old Old Old Old Old Old Old Old Old Old	ublic, Statistics expires
by CALL AND CONTROL OF THE CONTROL O	On This the 10 pay of OCCA DOWN who is personal.	Oceanic e
known to me or propused [ZD] 2560	2-283-48-084-Chown to me or produced Florida Prince Lie	\$ 6 §
As identification Notary Public	As identification bygeline Communication Notary Pubnic	WA IC
My Commission Expires:	My Commission Exerces: 05/15 /2015	
SINGLE FAMILY PERMIT APPLICATIONS A	MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER	40N

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

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

Summary

Parcel ID

Account #

27851

Unit Address

Market Total Website Value Updated

13-38-41-010-000-

00010-3

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

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	CASON CONSTRUCTION COMPANY OF CENTRAL F	DBA	CBC034370 Cert Building	Current, Active 08/31/2012			
Main Address*: 2300 RUTLEDGE AVE ORLANDO, FL 32817							
Certified Building Contractor	CASON, THOMAS W	Primary	CBC034370 Cert Building	Current, Active 08/31/2012			

Main Address*: 2300 RUTLEDGE AVE ORLANDO, FL 32817



* 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

The State of Florida is an AA/EEO employer. Copyright 2007-2010 State of Florida. Privacy Statement

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.

Acres serving			A CALL AND AND AND AND AND AND AND AND AND AND				MOSTAL TO		
				表示 医乳腺管 医胃肠炎	walls:	F 18 18 18 18 18 18 18 18 18 18 18 18 18			
Date of I	nspection	Mon	Tue	Wed *	NT - INSPE		i-17	-12 Page	1 of /
FIRST OF THE PARTY							gergyreniker:		
PERMIT	OWNER/A	DDRESS/CO	NIRACTOR	INSPECTION	NYPE COLUMN	RESULTIS		COMMENTS	A Local
	MACAL A		万学学生	JUNA.					
7.				237	MC CAST				
					· · · · · · · · · · · · · · · · · · ·	1 7 8 700			2
PERMIT	(OWNER/A	ON U	VITRACTOR A	NSPECTION	TTYPE	(DECHING)		INSPECTOR COMMENTS	
					**************************************	S INTEGER		eciminienis sa	新疆。
Myd	Hill	emar	<u> </u>	TUNA	dows 4		2		
130	411	chail	Rd	l wyr	you s	T (YAS	5	CLOKE	
1000	Julk	stan	alum	(Brian)			·	NSPECTOR	
PERMIT	ØWNER/A	DDRESS/COI	NTRACTOR	INSPECTION	TYPE	RESULTS		OMMENTS	
			٠.		n *				
		·			<u> </u>				
					<u>.</u>				
	an in which the second district	in the second section						NSPECTOR	
PERMINE	OWNER/AI	DDRESS/COL	NTRACTOR	NSPECTION	TYPE	RESULTS	(4)	OMMENTS	
		·	·						
1.		-							
									
PERMIT#	OWNER/AF	DRESS/@0N	hiracijor.	INSPECTION	TVDE	RESULTS		NSPECTOR OMMENTS	
e (Nema Parent) - in 1800 and				INDEES NON-		NESOTIES :		SOMINIANIS	Nederica de Arra
	 		-						
								NSPECTOR	
PERMIT #	OWNER/AD	DRESS/CON	TRACTOR	INSPECTION	TYPE	RESULTS &		OMMENTS	
									*
		<u></u>	·					· · · · · · · · · · · · · · · · · · ·	
								······································	
							II.	ISPECTOR	
PERMIT #	OWNER/AD	DRESS/CON	TRACTOR	INSPECTION	TYPES	RESULTS	Ç.	OMMENTS :	
					•	1			
								··	
			İ				IN	ISPECTOR	

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

PERMIT NUMBER:		10204		DATE ISSUED:	August 30, 2012	2
SCOPE OF WORK:		AC CHANGE	EOUT			
CONTRACTOR:		SERVICE AN	MERICA			
PARCEL CONTROL NUMBER:		NUMBER:	133841010-000	0-000103	SUBDIVISION	KINGSTON CT – L 1
CONSTRUCTION ADDRESS:		DRESS:	1 KINGSTON CT	r	<u> </u>	
OWNER NAME:	ENI	RIQUEZ	<u>.</u>			
QUALIFIER:	RIC	CHARD LEVIN	NSON	CONTACT PHO	NE NUMBER:	954-979-1100
PAYING TWICE FO	RIN	IPROVEMEN	NTS TO YOUR PI	ROPERTY. IF YOU I	INTEND TO OBTA	IN FINANCING, CONSUL [*]
DEPARTMENT PRINOTICE: IN ADDITIONAL PERMIT DISTRICTS, STATE A 24 HOUR NOTICE R	OF TON TON TON TON TON TON TON TON TON TON	HE RECORD TO THE FIRS TO THE REQU OPERTY THA EQUIRED FR ICIES, OR FEI	DED NOTICE OF ST REQUESTED JIREMENTS OF TAT MAY BE FOUN OM OTHER GOV DERAL AGENCIES SPECTIONS - AL	COMMENCEMENT INSPECTION. HIS PERMIT, THERE D IN PUBLIC RECORE ERNMENTAL ENTITES. L CONSTRUCTION D	MUST BE SUBMIT MAY BE ADDITION DS OF THIS COUNT TES SUCH AS WATE	TED TO THE BUILDING IAL RESTRICTIONS Y, AND THERE MAY BE R MANAGEMENT BE AVAILABLE ON SITE
CERTIFIED COPY OF DEPARTMENT PRINCIPLE IN ADDITIONAL PERMINDISTRICTS, STATE A	OF TON TON TON TON TON TON TON TON TON TON	HE RECORD TO THE FIRS TO THE REQU OPERTY THA EQUIRED FR ICIES, OR FEI	DED NOTICE OF ST REQUESTED JIREMENTS OF TAT MAY BE FOUND OF THE ROY DERAL AGENCIES SPECTIONS - ALLOPM INSPECTIONS	COMMENCEMENT INSPECTION. HIS PERMIT, THERE D IN PUBLIC RECORENMENTAL ENTITIES.	MUST BE SUBMIT MAY BE ADDITION DS OF THIS COUNT TES SUCH AS WATE	TED TO THE BUILDING IAL RESTRICTIONS Y, AND THERE MAY BE R MANAGEMENT BE AVAILABLE ON SITE

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.

٠.		Sewall's Point
	Date: 8/2/13 BUILDING PE	RMIT APPLICATION Permit Number: 1000
		Phone (Day) 773-781- 1750(Fax)
	Job Site Address: 1 Wingston Of	City: Schull Pornt State: F1 Zip: 349916
	Legal Description Whoston Of Lot Pal	rcel Control Number: 13-31-41-010-000-0010-3
	Fee Simple Holder Name.	
	City: State: Zip: Telep	
	*SCOPE OF WORK (PLEASE BE SPECIFIC): A	chage out
	WILL OWNER BE THE CONTRACTOR?	COST AND VALUES: (Required on ALL permit applications)
		timated Value of Improvements: \$ 50.000 on HVAC change out)
	Has a Zoning Variance ever been granted on this property? Is s	ubject property located in flood hazard area? VE10AE9AE8X
	YES (YEAR) NO Est	R ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: timated Fair Market Value prior to improvement: \$
<i>1</i> /2	(Must include a copy of all variance approvals with application)	(Fair Market Value of the Primary Structure only, Minus the land value)
V	Construction Company: Senice America	Phone 904-979-1100-ax 951-477-35
"		5 MN 63 Ct City: FT: Walled State: F1 Zip: 33309
	Qualifiers name: 101 50 50 50 WGVGGT Street: 3575	
	State License Number: OHOUY OR: Municipality: _	
	LOCAL CONTACT:	E PONNUEER X VO
	DESIGN PROFESSIONAL:	Fla Ligense#
	Street:City:	
	A	115 23 2012
	AREAS SQUARE FOOTAGE: Living: Garage:	Covered Patios/ Porches: Encloséd Storage:
	Carport: Total under Roof Elevated De	ck:Enclosed area below BFE :
		Conversion Covenant Agreement.
	CODE EDITIONS IN EFFECT THIS APPLICATION: Flo Hear Building C National Electrical Code: 2008, Florida Energy Code: 2010, Florida Ad	ode (Structural, Mechanical, Plumbing, Existing, Gas): 2010 ccessibility Code: 2010, Florida Fire Prevention Code: 2010
	WARNINGS TO OWNERS AND CONTRACTO	
	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 NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON	ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A
	2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY.	S ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS
	APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC REC MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMEN	ORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE ITAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE
	AGENCIES, OR FEDERAL AGENCIES.	
	A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER	
	4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHO	RIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF
	BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF	
	***** FINAL INSPECTION IS REQU	IRED ON ALL BUILDING PERMITS******
	AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO 7	TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE
	FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO TH APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF	E BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL
	OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:	CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
	X	(X)
	State of Florida, County of:	State of floorida, County of:
	On This the	On The day of 10 20
	bywho is personally	by YTCHAICI (1) (1) who is personally
	known to me or producted	As identification. As identification.
	As identification.	TOTARY PUBLIC
	Notary Public	My Commission Expires: Commit Dibasches
	My Commission Expires: SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITH	IN 30 DAYS OF APPROVAL NOTIFICATION RESCAUGE 1992 1991 OTHER
	APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 18	0 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



SERVICE Corporate Office 2755 NW 63rd Court • Ft. Lauderdale, FL 33309

AIR CONDITIONING www.serviceamerica.com		
SALES	AGREEMENT	8/15/12
GLEN ENVIQUEZ Customer Name:	337/75.9 S Account/Contract #: Date:	8/21/12
Sewe 1/5 Pt Home phone: _ Email Address: Other phone: _	772 78/ 1750 s.o.#:	Admin. Fee:
I KINGSTON PL . Installation Address: Bld	g: Apt: STUORT	34996 ZIP:
System Type: KSplit D Package D Water Sou	rce Kstraight Cool 🗀 Heat Pump	
Condenser Location: Ground GRoof GCrane Needed	# of Stories Air Handler Location: 🗅 Gara	ge Attic Closet
	SPECIFICATIONS	
CONTROLS & ELECTRIC	DRAIN LINE & REFRIGERANT	
Thermostat Type: Digital Programmable Wiring: Thermostat Disconnect Box Smoke Detector Replaco Circuit Breaker: Air Handler: SizeType Condenser: SizeType Heater: SizeType Type Type	Condensate Drain Hook-up: A Primary New Condensate Pump	K Secondary 5 451 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Installation Information: Lower Return All work performed in accordance with existing codes. Includes all regressistant vibration/isolation pads, hurricane strapping and removal of	uired permits for work performed by us. Mounting hardware for in	
	144	<u> </u>
System 1	System 2 Syste	m 3
Make Rheem Make RI	neem Make	•
Tons 5 SEER 16 Tons 2	SEER Tons \$	SEER
BTU 54000 KWH 10 BTU 23	'. 4 kwh 5 BTU)	сwн
Model A/H RHKLHM6024J Model A/H	RBHP17JO6SHI Model A/H	
	WATH BUNDI	
Pride ARI) 3799470 Pride ARI	341229b Price	
	REGISTER Rhe	EM / COM
System Investment 5333 35		
Install Kit	SAE Parts & Labor Warranty A/H	
Crane	SAE Parts & Labor Warranty Cond	d. / Yrs.
Rebates/Credits	11 ' 2	
Utility 8-95. 36	<u> </u>	
Service America 40	 ' ', ' '	-
Other SO SO Replacement Credit 1500	Mfg.'s Warranty on Indoor Coil _	
	——— Mfg.'s Warranty Parts	Yrs.
Recommendations:	PAYMENT INFORMA	TION
Duct Cleaning	FATIVIENT INFORMA	IION
UV Light	Method of Payment: □ Cash □ Credit Card □ Check #]Financing .
Other	I I	
Administrative Fee (MCL.	CC Type Usa MC Dis	
Total Investment 2938 25	Credit Card #	
Down Payment	Expiration Date: CS	
Balance Due 2738	M i	
5/2//2	Signature:	;
Installation Date: 8/21/12	Financing Company:	
Terms: I accept this Sales Agreement and the specifications and conditions abother all equipment which is sold pursuant hereto shall not become factures or pecancel. You the Buyer may cancel this transaction without penalty or obligation notification. Payment due to installers in full upon completion of installation.	art of the real estate where they are placed until payment in full is receiv at any time prior to midnight of the third business day after the date of n.	ved. Buyers right to fithis transaction by proper
My signature acknowledges acceptance of the to	erms above. I have read and understand all	information on:
Customer Signature:	, Date: 8.15.12	· .
2/ // ~	/	No. Siene
Comfort Consultant: Service America LICe's CACO14619, EXCOVERIZ, CPC057126 White Copy - Office - Yello	Ladder required for inspection: Yes Copy - Customer - Pink Copy - Finance - Gold Copy - Ric	No Size:

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

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

Parcel ID

00010-3

Account #

Unit Address

Market Total Website Value Updated

13-38-41-010-000-

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. Sale Price

JMB 69000

Location/Description

Account #

27851

Map Page No.

SP-05

Tax District

2200

Legal Description KINGSTON COURT LOT

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





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: 1020
***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.
OWNERS NAME: Envigor2
CONSTRUCTION ADDRESS: King Sten Ct
PERMIT TYPE:RESIDENTIALCOMMERCIAL
ELECTRIC PLUMBING HVAC IRRIGATION FUEL GAS
TYPE OF SERVICE:NEW SERVICEEXISTING SERVICEOTHER
SCOPE OF WORK: Re-consect ALC + DISCOE)
VALUE OF CONSTRUCTION'S 180
LOW VOLTAGE
TYPE OF EQUIPMENT:SECURITYVACUUMSOUND SYSTEMLANDSCAPEOTHER
SCOPE OF WORK:
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 ADDRESS OF CONTRACTOR ADDRESS OF CONTRACTOR
COMPANY OR QUALIFIER'S NAME: SWELL COMPANY OR QUALIFIER'S NAME:
TELEPHONE NO: 954. 979-1100 15573 FAX NO: 454-977-3541
MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: ECOOJ 522
** 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: Enrycz Clan + Banbara
PARCEL CONTROL #: 13-38-41-000-0000-3
SUBDIVISION: Kires Court LOT: BLK: PHASE:
SITE ADDRESS: 1 Circoto Cont
SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
Page 1



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



Air Conditioning Change out Affidavit

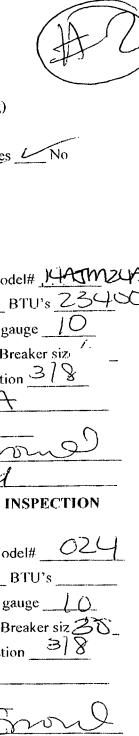
7 III Condition	FAMILIA SE PRIMALIO PODITI
Residential Commercial	TÓWN OF SEWALL'S POINT BUILDING DEPARTMENT
Package Unit Yes Yes (Vise Condenser side	of form below for equipment listing COPY
Duct Replacement Yes No - Refrigerant line	e replacement Yes Z No
Flushing Existing Refrigerant lines Yes No -	Adding Refrigerant DrierYes No
Rooftop A/C Stand Installation Yes 1 No - Co	ırb İnstallation Yes No
Smoke Detector in Supply (over 2000 CFM) Yes _i	∠ No
One form required for each A/C system installed	
REPLACEMENT SYST	TEM COMPONENTS
Air handler: Mfg: Phllm Model# Lotte Huge	Condenser: Mfg WWW Model# j 44 WS 670
Volts CFM's Heat Strip 10 Kw	Volts SEER/EERBTU'sBTU's
Min. Circuit Amps Wire gauge	Min. Circuit Amps <u>(10</u> Wire gauge <u>10</u>
Max. Breaker size 100 Min. Breaker size 100	Max. Breaker size <u>(O)</u> Min. Breaker size <u>(U)</u>
Ref. line size: Liquid 7/8 Suction 3/8	Ref. line size: Liquid 7/8 Suction 5/8
Refrigerant type	Refrigerant type 40A
Location: Existing New	Location: Existing New
Attic/Garage/Closet (specify) CIOSCT	Left/Right/Rear/Front/Roof Grown
Access:	Condensate Location GWYA
NOTE: CONTRACTOR MUST SUPPLY A PROPER	
EXISTING SYSTEM	M COMPONENTS
Air handler: Mfg: Phll Model# Oe O	
Volts CFM's Heat Strip 10 Kw	
	Min. Circuit Amps <u>(10</u> Wire gauge <u>10</u>
	Max. Breaker size WO Min. Breaker size WO
Ref. line size: Liquid 78 Suction 318	Ref. line size: Liquid 18 Suction 318
Refrigerant type	Refrigerant type
Location: Ext. New	Location: Ext. New
Attic/Garage/Closet (specify) C10 8 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5	Left/Right/Rear/Front/Roof
Access:	Condensate Location <u>Gwowd</u>
Certification /	
I herby certify that the information entered on this form a	accurately represents the equipment installed and
further that this equipment is considered matched as requ	



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

Air Conditioning Change out Affidavit



Residential Commercial					
Package Unit Yes (V. vo) 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 1 No - C	urb Installation Yes // No				
Smoke Detector in Supply (over 2000 CFM)Yes	No				
One form required for each A/C system installed					
REPLACEMENT SYS'	TEM COMPONENTS				
Air handler: Mfg: Cheer Model#Pette TUC	Statenser: Mfg Phlem Model# NAMZY				
Volts CFM's Heat Strip <u>5</u> Kw	Volts SEER/EER 15 BTU's 23400				
Min. Circuit Amps <u>30</u> Wire gauge <u>10</u>	Min. Circuit Amps 30 Wire gauge 10				
Max. Breaker size 30 Min. Breaker size	Max. Breaker size 30 Min. Breaker size				
Ref. line size: Liquid 7 8 Suction 3/8	Ref. line size: Liquid 7/8 Suction 3/8				
Refrigerant type 410A	Refrigerant type				
Location: Existing New	Location: Existing New				
Attic/Garage/Closet (specify) ATT \C	Left/Right/Rear/Front/Roof				
Access:	Condensate Location GNUMA				
NOTE: CONTRACTOR MUST SUPPLY A PROPE					
EXISTING SYSTE	M COMPONENTS				
Air handler: Mfg: Whele Model# 644	1				
Volts CFM's Heat Strip <u>/ // </u>	Volts SEER/EER / BTU's				
Min. Circuit Amps 30 Wire gauge 10	Min. Circuit Amps S Wire gauge 10				
Max. Breaker size 30 Min. Breaker size 30	Max. Breaker size 30 Min. Breaker siz 30				
Ref. line size: Liquid 7/8 Suction 3/8	Ref. line size: Liquid $\frac{7(8)}{200}$ Suction $\frac{3(8)}{200}$				
Refrigerant type	Refrigerant type				
Location: Ext. New	Location: Ext. New				
Attic/Garage/Closet (specify) +) C	Left/Right/Rear/Front/Roof ()				
Access:	Condensate Location <u>Gwound</u>				
Certification /					
I herby certify that the information entered on this form	accurately represents the equipment installed and				
further that this equipment is considered matched as requ	\$\frac{\mathcal{M}}{2} \\ \frac{\mathcal{M}}{2}				
Signal	Date				

wrightsoft Project Summary Entire House

Service America Air Conditioning

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

2755 NW 63rd Ct, Fort Lauderdate, 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 Inside db Design TD	47 °F 70 °F 23 °F	Outside db Inside db Design TD Daily range Relative humidity	90 °F 75 °F 15 °F L 50 %
		Relative fiumidity	50 %
		Moisture difference	59 gr/lb

Heating Summary

Sensible Cooling Equipment Load Sizing

Summer Design Conditions

Structure Ducts Central vent (0 cfm) Humidification	0	Btuh Btuh Btuh	Structure Ducts Central vent (0 cfm) Blower	44386 0 0 0	Btuh Btuh Btuh Btuh
Piping Equipment load Infiltration	23366	Btuh Btuh	Use manufacturer's data Rate/swing multiplier Equipment sensible load	0.95 42255	n Btuh

Infiltration

Method Construction quality		Simplified Average	. Late
Fireplaces	•	0	Structi
•	Heating	Cooling	Ducts Centra

Area (ft²) Volume (ft³) Air changes/hour Equiv. AVF (cfm)	Heating - 2500 22500 0.32 120	Cooling 2500 22500 0.16 60
_40000000000000000000000000000000000000	120	00

tent Cooling Equipment Load Sizing

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

rreating	Edmbmeur	Summary
Make Trade		

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	

Cooling Equipment Summary

Make Trade	Rheem		
Cond	14AJM56A01		
Coil	RHKLHM6024JA		
AHRI ref	3799470		
Efficiency	13.0 EER,	16 SEER	
Sensible co	oling	37800	Btuh
Latent cooli	ing	16200	Btuh
Total cooling	g	54000	Btuh
Actual air fl	ow	2019	cfm
Air flow fac	tor	0.045	cfm/Btuh
Static press	sure	0	in H2O
Load sensib	ole heat ratio	0.93	

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

Model AHRI ref

wrightsoft Project Summary Entire House

Service America Air Conditioning

Job: 3371759-A Date: Aug 16, 2012

By: David Cenat

2755 NW 63rd CI, Fort Lauderdale, Ft. 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

Winter Design	Conditions	Summer Design	Conditions
Outside db Inside db Design TD	47 °F 70 °F 23 °F	Outside db Inside db Design TD Daily range Relative humidity Moisture difference	90 °F 75 °F 15 °F L 50 % 59 gr/lb
Heating St	ummary	Sensible Cooling Equip	oment Load Sizing
Structure Ducts Central vent (0 cfm) Humidification Piping	11400 Btuh O Btuh O Btuh O Btuh O Btuh	Structure Ducts Central vent (0 cfm) Blower	17686 Btuh 0 Btuh 0 Btuh 0 Btuh
Equipment load	11400 Btuh	Use manufacturer's data Rate/swing multiplier Equipment sensible load	n 0.95 16837 Btuh
Method Construction quality Firenlanes	Simplified Average	Latent Cooling Equipm	nent Load Sizing

· min	tration		Equipment sensible load	10037	blun
Method Construction quality		Simplified Average	Latent Cooling Equipme	nt Loac	l Sizing
Fireplaces		0	Structure Ducts	2517 0	Btuh Btuh
	Heating	Cooling	Central vent (0 cfm)	0	Btuh
Area (ft²) Volume (ft³)	960 8640	960 8640	Equipment latent loád	2517	Btuh
Air changes/hour	0.45	0.23	Equipment total load	19354	Btuh
Equiv. AVF (cfm)	65	33	Reg. total capacity at 0.70 SHR	2.0	ton

Heating Equipment Summary

Make Trade		Make Rheem Trade	
Model		Cond 14AJM24A01	
AHRI ref		Coil RBHP17J06SH1	
		AHRI ref 3412296	
Efficiency	80 AFUE	Efficiency 12.5 EER,	15 SEER
Heating input	0 Btuh	Sensible cooling	16380 Btuh
Heating output	0 Btuh	Latent cooling	7020 Btuh
lemperature rise	0 °F	Total cooling	23400 Btuh
Actual air flow	805 cfm	Actual air flow	805 cfm
Air flow factor	0.071 cfm/Btuh	Air flow factor	0.045 cfm/Btuh
Static pressure	0 in H2O	Static pressure	0 in H2O
Space thermostat		Load sensible heat ratio	0.88

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



wrightsoft* Right-Suite® Universal 2012 12.0.08 RSU15991

2012-Aug-16 10:28:25

Cooling Equipment Summary

Page 1





Certificate of Product Ratings

AHRI Certified Reference Number: 3412296

Date: 8/16/2012

Product: Split System: Air-Cooled Condensing Unit, Coll 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): EER Rating (Cooling):

SEER Rating (Cooling):

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

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for Individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

©2012 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.:

129896062277753619



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):

EER Rating (Cooling):

SEER Rating (Cooling):

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

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

©2012 Air-Conditioning, Heating, and Refrigeration Institute

129896082079777267



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel: 772-287-2455Fax772-220-4765

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: Euriquez	Contractor name: Septial America
Street address: 1 Kingston Ct	Jurisdiction:
City: Sewell's Point	Permit No.:
Zip: <u>3499U</u>	_ Final inspection date:
listed above and found it complies with the requ	ciated with the HVAC unit referenced by the permit irements of Section 101.4.7.1.1 as indicated below:
equivalent. Ducts are located within conditioned space	e. (Section 101.4.7.1.1 exception 1)
	h fabric and mastic (Section 101.4.7.1.1 exception 2)
System was lested (see below) and repairs exception 3) Signature:	s were made as necessary – (Section 101.4.7.1.1 Date: 8/U/12
Printed Name: <u>Pillaral</u> Leunson	
· · · · · · · · · · · · · · · · · · ·	
I certified I have tested the replaced air distributi a pressure differential of 25 Pascals (0.10 in. w.c.	ion system(s) referenced by the permit listed above at
Signature:	Date:
Printed Name:	•

_	own of sewalls		CONTROL OF THE PROPERTY OF THE
BUIL! Date of Inspection Mon Tu	DING DEPARTMENT - INS ie Wed Thür		11-12 Page / of 2
RERMITUR OWNER/ADDRESS/CONTRAC	and the state of t	ed arabita managa abbatana karing karing managa	S. IE. W. DOLUMENT TARREST AND ALL DE THE MATERIAL DE SANDE AND AND AND AND AND AND AND AND AND AND
10185 folso	Final	_	
15 N River Rd	AC	()ASS	Class
TC AIC		V	INSPECTOR
RERMITS# OWNER/ADDRESS/CONTRAC	WENT 20 3-44 T	RESULTS	COMMEN/S
16204" Charge Edges -			A TOP LATE CONTROLLED
1 Kingston Ct	7.	FAIL	STATE OF VENETRAN
Service am			INSPECTOR OF ORC
GERMIN A TOWNER LADDINESS/COMBRACT		RESULTS	TE COMMENTS SEED TO
10171 10000	insulation	0.0	
Herrinkli		JA88	
Mr Hustle PERMIT# OWNER/ADDRESS/CON: RAST	O(2) INSPECTION: TYPE	PRESUITS SECTION	INSPECTOR A
10192 Vasko			
11 EMMITA	R, PLIMBING	Dreh	
0/3	The property of the property o	Upro	INSPECTOR
ERMIT # OWNER/ADDRESS/CONTRACT	OR INSPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10202 Lippinch			
18 Rivenview	FINA PAVEN	(ASS	CLOOE
Coterwood			INSPECTOR 4
LENVIT # LOWNER/ADDRESS/CONTRACT	OR INSPECTION TYPE	RESULTS	COMMENTS
10213 RESNICIL		<i>f</i>	No Profes
27 LANTANA	FINAL A/C	Frit	No Profes
Myanda.	•		INSPECTOR —
TEPMIT HE OWNER/ADDRESS/CONTRACT	OR INSPECTION TYPE (1995)	The Colon of the C	A SECTION OF THE PROPERTY OF T
51 SSPTDD Der	oris		INSPECTOR

-:

e e e e e e e e e e e e e e e e e e e		v of sewalls i		
Date of In		DEPARTMENT INSPE		
PERIVIT #	OWNER/ADDRESS/GONTRACTION		RESULTISE	COMMENTS
li o jost	Care que y	Mary	CANADA CA	·
The state of the s		Mark Bar A To To Bar	THE WASSING	Congress of
	Servece am			INSPECTOR A
,	OWNER/ADDRESS/CONTRACTOR	_	RESULIS	COMMENTS
10801	Jawelt.	FINA	<u> </u>	
10.00	20 PARM RO	Romoger	(VASS	CLOSE
	KUSTOM US			INSPECTOR 4
EEPSON	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS CO.	COMMENTS AND TO SEE
10217	Lyons	A/C FINAL		
2:00	34 FIELDWAY		(YASS	CLOSE
	JENSON BRACH A.C.			INSPECTOR A
1-0-	OWNER/ADDRESS/CONTRACTOR ()	INSPECTION TYPE	RESULTS	COMMENTS
1000	2 Handman	Linal		NOT you
Pan	12 averview DR	Ourage	FAIL	PLANS.
770	J. Howen Inc			INSPECTOR A
	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS V
10192	Vasko	rough electric	WALLS	
ONA	11 Emarita	Ö	Nrs.	
	08		0,100	INSPECTOR #
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 V	WALKWA	Y		
CONTRACTOR:	FELICE GIU	J LIANI H A	ARDSCAPE		
PARCEL CONTROL NU	MBER:	133841	010000000103	SUBDIVISION	KINGSTON CT LOT 1
CONSTRUCTION ADDI	RESS:	1 KINGS	TON COURT		
OWNER NAME:	ENRIQUEZ	-			
QUALIFIER:	RENEE DEI	AHUNTY	CONTACT PHO	ONE 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 - <u>ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE</u>
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:	108	357						
ADDRESS:	1 KINGSTO	N COURT						
DATE ISSUED:	5/8/2014	SCOPE OF	WORK:	PAVER				
		<u> </u>		WALKWAY				
			· · · · · · · · · · · · · · · · · · ·					
SINGLE FAMILY OR	ADDITION /	REMODEL		Declared Value	\$	l		
Plan Submittal Fee (\$3				OK)	\$			
(No plan submittal fee								
Total square feet air-co	nditioned spa	<u>(a)</u>	\$ 121.75	per sq. ft. s.f.			<u>\$</u>	<u>-</u>
m . 1	11.1							
Total square feet non-c	onditioned sp	•						
T . 1	1.1. *.1.		\$ 59.81			_	\$	-
Total square feet remod	del with new t	trusses:	\$ 90.78	per sq. ft. s.f.			\$	-
T + 10 + +: 17.1								
Total Construction Val	ue:				\$		<u>\$</u>	-
Duilding foot (20/ of as		los CED>	#200IZ)					
Building fee: (2% of co				- : \	\$		<u> </u>	n/a
Building fee: (1% of co Total number of inspec			_		<u> </u>		\$	-
Total number of inspec	tions (value	< \$200K)	\$ 100.00	per insp. # insp			 -	_n/a
Dont of Comm Affair	g Foot (1 50/	of mammit for	£2.00		Ф.	+		
Dept. of Comm. Affair				n)	<u>\$</u>	-		n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)								n/a
Road impact assessmen	at: (0/1% of c	onstruction	alue \$5 n	nin)				n/a
Martin County Impact		onsu action v	alue - \$5 II	1111.)	\$			11/a
Triartin County Impact	1 00.	<u> </u>			Φ	 -		-
TOTAL BUILDING	PERMIT FE	E.			\$		<u> </u>	
							<u>, </u>	
ACCESSORY PERMIT			Declared V		\$			0.00
Total number of inspec	tions:	(a)	\$ 100.00	per insp. # insp	<u>\$ 1</u>	.00 \$	3 100	0.00
D . CC CC .	D (1.50)		** **	<u>.</u>				
Dept. of Comm. Affair				n)	\$			2.00
DBPR Licensing Fee: (1.5% of perm	nt tee - \$2.00	J min.)		\$_		<u>\$</u> 2	2.00
Dardings			1 0.7				<u> </u>	
Road impact assessmer	it: (.04% of co	onstruction v	ratue - \$5 n	nin.)			<u>\$5</u>	5.00
TOTAL ACCESSOR	V DEDMIT						101	0.00
TOTAL ACCESSOR	i PERMIII I	rde:				9	, 105	9.00

Pa 5/13/14 C1 = 2799

2107100	Sewall's Point RMIT APPLICATION Permit Number: 10857				
	Phone (Day) 781-7750 (Fax)				
Job Site Address: 1 Kingston Court	Phone (Day) FOT TO (Fax) City: SCULL SPT State: FL Zip:				
Job Site Address: 1771 (A STOPE COUNTY)	ricel Control Number: 13.38-4-010-000-00010-3				
Legal Description Pa					
City: State: Zip: Telep					
Olate	Mone.				
	verwalkway rear of house 30'x3'/21				
WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application)	COST AND VALUES: (Required on ALL permit applications) timated Value of Improvements: \$				
	timated value of improvements. Services of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)				
FO	subject property located in flood hazard area? VE10AE9AE8X R ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:				
YES(YEAR)NOEs (Must include a copy of all variance approvals with application)	timated Fair Market Value prior to improvement: \$				
	PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION				
/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>				
Qualifiers name: Kenee Delahum herreet: 3919	1 NESkyline Dr city: Teveen Borstate: FL zip: 34957				
State License Number:OR: Municipality:	Martin County License Number: MCPP 6348				
	Phone Number:				
DESIGN PROFESSIONAL:					
Street:City:	State:Zip:Phone Number:				
AREAS SQUARE FOOTAGE: Living: Garage:	Covered Patios/ Porches: Enclosed Storage:				
Carport:Total under RoofElevated De	eck:Enclosed area below BFE*:				
CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building C National Electrical Code: 2008, Florida Energy Code: 2010, Florida A	code (Structural, Mechanical, Plumbing, Existing, Gas): 2010 ccessibility 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, 105.4.1.15.					
*****A FINAL INSPECTION IS REQU	IRED ON ALL BUILDING PERMITS******				
OWNER AGENTRESSEE - NOTARIZED SIGNATURE:	CONTRACTOR/LICENSEE NOTARIZED SIGNATURES				
State of Florida, County of: Max+10,	State of Florida, County of: Martin				
On This the 31 day of 771070h ,2014	On This the 31 day of March 2014				
known to me or produced who is personally	by JETY) (Ct.) PECTIFF, who is personally known to me or produced				
As identification.	As identification.				
Notary Public	As identification. Notary Public				
My Commission Expires:	My Commission Expires:				
	IN 30 DAYS OF APPROVAL NOTIS 104 FIG. 105 2.4) ALL OTHER				
MY COMMISSION # DD GROOM	MY COMMISSION # DD 980225 IR				
EXPIRES: August 8, 2014 Bonded Thru Notary Public Underwriters	EXPIRES: August 8, 2014 Bonded Thru Notary Public Underwriters				



Martin County Building Department

900 SE Ruhnke Street Stuart, FI 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYY/) 1/29/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND. EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	ertificate holder in lieu of such endo	rsem	ent(s)				me destinate does not	COINEI	ngins to tile
1	DDUCER				CONT	Cathy	Moss			
	thy Moss				DUCHE		934-6688	FAX	. (772) 9	34-6684
10	46 NE Jensen Beach Blvd	l			E-MAIL ADDRE	ss: (772		IJAR., NO		
	_						SURER(S) AFFO	RDING COVERAGE		NAIC #
	nsen Beach FL 3	4957	7		INSURI		lic Vang			IVALC #
	URED			ł				s business and	Ind	
Fe	lice Giuliani Hardscape	Lar	ndso	TOWN TIME		Rc:Progr				
39	19 NE Skyline Drive				INSUR					
				Į.	INSURE					
		4957		Г	INSURE					
	VERAGES CE	RTIFIC	CAT	E NUMBER:CL14129000	33			REVISION NUMBER:		
E INSR	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN. CIES	THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE E	O DY	THE POLICIE REDUCED BY	S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	HE POL CT TO O ALL	ICY PERIO.) WHICH THIS THE TERMS:
LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR	WVD	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMO	rs	
a				PGL001309-12		04292013	04292014	EACH OCCURRENCE	s	1000000
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrance)	\$	1.00000
	CLAIMS-MADE X OCCUR	1						MED EXP (Any one person)	\$	5000
		-	Ì					PERSONAL & ADV INJURY	s	1000000
	CENT ACCOSCATE LINE ASSUED							CENERAL AGGREGATE	\$	1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:	1 :						PRODUCTS - COMP/OP AGG	\$	1000(100
С	X POLICY JECT LOC	+							5	
C			i	08370868-1				COMBINED SINGLE LIMIT (Ea accident)	s	10000 00
	ANY AUTO ALL OWNED X SCHEDULED			P0370000-1	Ì	12/27/2013	12/27/2014	BODILY INJURY (Per person)	s	
	AUTOS NON-OWNED]			ŀ			BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS					ı		PROPERTY DAMAGE (Per accident)	S	
	UMBRELLA LIAB OCCUP	┼─┤	-						5	
	EXCESS LIAB CLAIMS-MADE	.]]			- 1		•	EACH OCCURRENCE	s	
	DED RETENTIONS	4 1			į			AGGREGATE	\$	
В	WORKERS COMPENSATION			10651822		3/21/2013	22 /21 /2014	LANC STATE L. LOTE	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Y / N		l		ſ	,5, 41, 2013	372172014	WC STATU OTH- TORY UMITS FR		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NIA			i		,	E.L. EACH ACCIDENT	\$	100000
	If yes, describe under DESCRIPTION OF OPERATIONS below		-		-		-	E.L. DISEASE - EA EMPLOYEE	\$	100000
		\Box						EL DISEASE - POLICY LIMIT	\$	500000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach /	ACORD 101, Additional Remarks Sc	hedule,	if more space is	required)			
										ĺ
										•
										1
										ļ
CEF	TIFICATE HOLDER			C	ANCI	ELLATION				
				T			···	· · · · · · · · · · · · · · · · · · ·		 -
					INE	EXPIRATION	DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL B PROVISIONS.	NCELLE E DELI	D BEFORE VERED IN
				A	итнокі	ZED REPRESEN	IATIVE			

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

generated on 5/8/2014 10:21:42 AM EDT

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 Date9/26/2000Document Book/Page1507 1365Document No.JMBSale Price69000

Location/Description

Account # 27851 Map Page No. SP-05

Tax District 2200 Legal Description KINGSTON COURT

Parcel Address 1 KINGSTON CT, SEWALL'S POINT LOT 1

Acres .3670

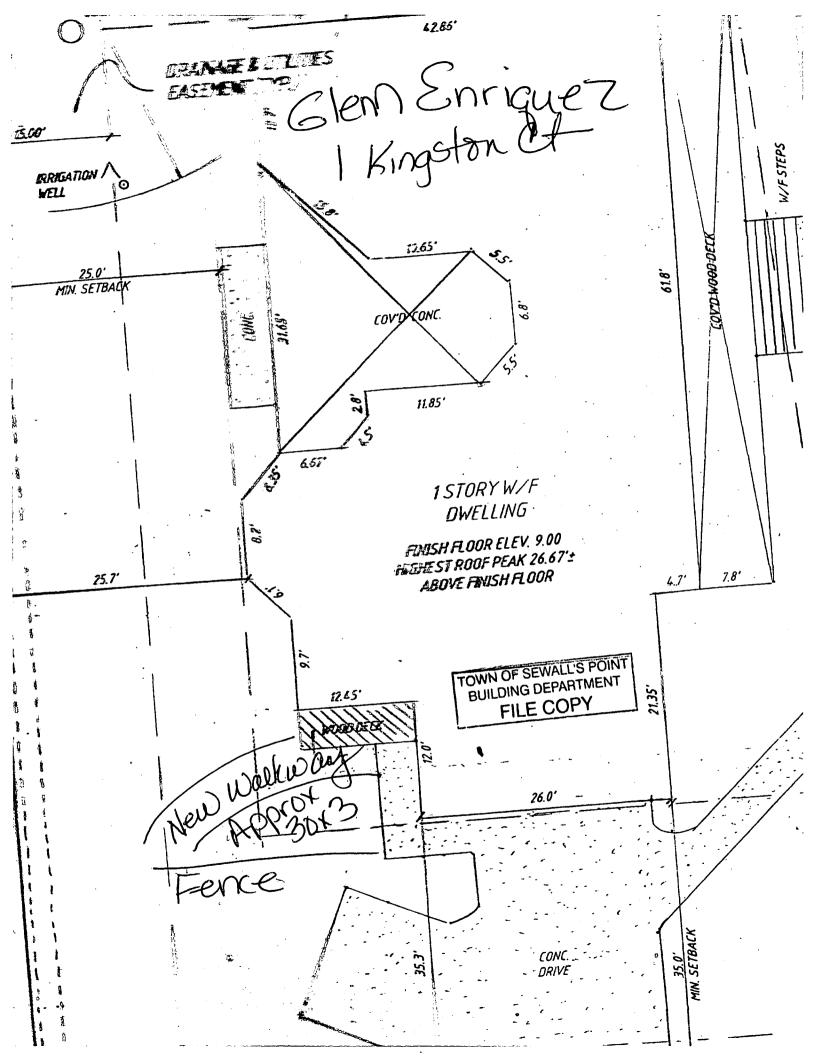
Parcel Type

Use Code 0100 Single Family

Neighborhood 120400 Hmwd, Palm Ro, Kngstn, Okwd, Pine

Assessment Information

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



	• *	WN OF SEWALL		
Date o	f Inspection Mon Tue	NG DEPARTMENT - IN:	SPECTION LOG/	
PENN	OWNER/ADDRESS/CONTRACTI	PRAZINSPECITIONTINE	Market Committee to the State of the State o	The state of the s
A 447 MINES CONT.	7 Wiguer	Jung		
	I JEKOREAN GOOD CAL	(Men)	ANS	en lost
	Felice Quelini Hard	Scaper		INSPECTOR A
1054	## OWNER/ADDRESS/CONTRACTO		RESUETS	COMMENTS
1004		Final - Charles	A	Keven Starkey 220-2487
	Sharkey 33 Rich	W was inspected	4 /1185	220-2487
PERMIT	2 OWNER/ADDRESS/GONDRAGEO	MATALLANDA		INSPECTOR
1083		ROOF SHEATHING	A Delivery I re- resolution and the state of	Len Polansky
	112 Henry Sewalls	lay Down	NASS	Wen rolandy
	Len-Sea gate Blaro	When you	J/1800	INSPECTOR
PERMIT	E CWN R/ADDRESS/CONTRACTOR		PARISIVES VALVE	(GOIVIVIENTS
	1000 C	Stam Wall		288-9489
	48 Stevall's Pork	k foring		Boh
ZERIMIES)	CWNER/ADDRESS/SONERACTION			INSPECTOR
10849			RESULTS -	COMMENTS 200
<u>-</u>		Stem Wall Footing	FAIL	288-9489
	485 Sewelli Fr. Ro Karem Hudsab	7		BOND STEED/COMPACATO
ERMIJ #	OWNER/ADDRESS/GONINAGIOR	INSPECTION TYPE DE	RESOUTS FINE	INSPECTOR A GOMMENTS
				N
٠	19 S. Riven	TREE	485-768	3 90-
			,	NSPECTOR
ACAS	OWNER/ADDRESS/GONTRACTION	ZINSPECTION TYPE	RESULTS	COMMENTS
273	33 Prayer D	ATTINA	2 10 11	
ŀ	CALANDO AIR		we and	
	July 11116		[,,	NSPECTOR

TREE

TOWN OF SEWALL'S POINT, FLORIDA

FILE Roy Raymond (Contractor or Owner)

N. Ridgeview

Sub-division -

Kind of Trees See list on Surve Field venfied

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

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.

REE REMOVAL P

RE: ORDI	NANCE 103
	PROJECT DESCRIPTION AMENING PRIMIT 3/28/0 AND 14 PINE (#3) FOR REMOVED PEPL HEEMENT RESCIED PRIOR TO C.O. (14 CACIPER INCRES- NATA SPECIE 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

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

I KIDGITOD CT.

MYN 5312

FILE

RECEIVED
MAR 2 8 2001

March 28, 2001.

Sewalls Point Building Dept.

ATT: Ed Arnold

Building Official

RE: Enriquez Property

Pine Tree

Dear Mr. Amold:

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.

Thank you for your help in this matter.

Sincerely,

Helen R. Morris

Driftwood Homes

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

3/26/0 WP. RECEIVED
SCITO MAR 2 3 2001 Permit 1
By: Date Issued 3/26/6
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, existing or proposed structures, improvements and with lot lines to scale, of all
identified with an estimated size and number, etc.
Owner SIN BARBARA ENRIQUEZ Address KINGSTON CT. Phone 3et-9/cla-6442
Contractor HAUB MOURIS Address 2163 PWER DOE ST Phone 334-2577
Number of trees to be removed(list kinds of trees) 9-#4,178,9,10,11,12,13;16 (PINE-1
Number of trees to be relocated within 30 days(no fee)(list kinds of trees):
Sumber of trees to be replaced (list kinds of trees):
Permit Fee \$ 5.00 (327.00 first tree plus \$10.00 - each additional tree - not to exceed \$200.06.8 5.00
(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 reneval of expired permit is \$5.00
Signature of applicant Date submitted 3/23/6/
Approved by Building Inspector Date 3/26/0
Approved by Building Commissioner Date
Completed
Date Checked by
THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OPENITY. 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 THE VE (12) TREE

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER,

HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?

Building Department - Inspection Log

Date of Inspection: Mon - Wed - Fri Market - , 2001; Page 7

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	ENRIQUEZ	FIRLY VERIS.	Get.	BP VENDING- WELL-COVI
(2)	THE SPECIAL PROPERTY OF THE PR	(VACANT LOT)	Permit	
<u> </u>	DRIFTWOOD HOMES			INSPECTOR 3/26
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	MANNION	FIELD VERIF.	9k t	
Ġ\	9 INDIALUCIE YKWY		Permit	\cap
9	MONTE'S TREE SERV.			INSPECTOR: 3/2c
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
•			,	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	·			
	·			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
• ;				
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
			•	INSPECTOR:

OTHER:

Building Department - Inspection Log

Date of Inspection:

Mon
Weil (Fig. 1) (2001; Page

•				"好人是不是你没有的 经产品的证据
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TR	ATEN	FIELD. VERIF.	coord	INCLUDENT TO CONSTR.
(A)	103 ABBIE CT			BPN 545A (7/26/01)
	GRIBBEN CONST.			INSPECTOR: V 7/27
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5286	SCHULTZ	review-proposed	APPROVED	SPEC. APPT. 2:30 - EBA
(7)	645. SEWALL'S POINT RD	POOL SAFETY ACT	(1002 KUBA)	(roppy frowd 781-3033)
	ADVANTAGE POOL BLINES	COMPLANCE.		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5318	KOENKE	REVIEW- PRUPORD	APPKOVED	SPEC. APPT. 2:45 - EBA
(8)	665. SEWALL'S POINT RD.	POOR SAMETY ACT	HOOK ALABA	
9)	MOVANTAGE POUR RUKS	CIMPUMUCE:		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	NOHETL	T/T & MTL.	Geral	117
	6 N. RIDGENEW 3	will subuit wind/0	ooi/Noof	spocs (Le 845 7/27)
	RON RAYMON CONT. 3	will oblain all sub per	and s	INSPECTOR: \$\frac{7}{27}
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5387	INGRAM	POOLSTL/MANN DIR.	Pessod	(MPP STS8-BUFURD COMT.)
	101 W. SEWAL'S POLAT KD			formboaked someth incub.
	OLYMPIC MOUS (FRANK: 286	6070)	(, , ,	INSPECTOR 37/27
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5442	GELLER	REROOF - FINAL	Passod	
2	10 PALMETTO DR.			
	BERINCIFIC REG.			INSPECTOR 7/27
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
15358	INGRAM	TIERM & COL.	not roa	dy, will call
	101 D. SEWAL'S POLINT RD			
	Buford coust.			INSPECTOR:
OTHER	-i-knysdyecii(deneiwog)	NRPNOSZ6 I AL	a province	y la film la land.
THE PERSON NAMED IN	30/00	J	V -	/

	MASTER	R PERMIT NO
TOWN OF SEW	ALL'S POINT	
Date		S PERMIT NO. 5607
Building to be erected for ENRIQUI2		
Applied for by EXPERT SHUTTER SET		
Subdivision KINGSTON COURTLOT 1		
Address KINGSTON COURT		Impact Fee
Type of structure SFR		A/C Fee
		Electrical Fee
Parcel Control Number:		Plumbing Fee
1338410100000001030000		Roofing Fee
Amount Paid #44.00 Check # 1310 (Cash Other F	TOTAL Fees#44.00
Total Construction Cost \$ #4, 565.00		TOTAL Fees 49.00
Signed Market	_ Signed 	Simmons/rle
Applicant		Building Inspector OFFICIAL
BUILDIN	G PERMI	Γ
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 FRAMING INSULATION ROOF DRY-IN ROOF FINAL METER FINAL AS BUILT SURVEY STORM PANELS LANDCAPE & GRADE FINAL INSPECTION	DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

FLOOD ZONE

CALL 287-2455

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

LOWEST HABITABLE FLOOR ELEV. _

MONDAY TROUGH 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, FLORIDA

Date4/10	× 2003 tree R	emoval permit Nº 125	9
APPLIED FOR BY		(Contractor or O	vner)
Owner	1 KINGSTON	(OUDT	
Sub-division	, Lot	, Block	
Kind of Trees	slash p.	ne-dead	'
No. Of Trees: REMOVE			
No. Of Trees: RELOCATE	WITHIN 30 DAYS (NO FEE)	
No. Of Trees: REPLACE	WITHIN 30 DAYS		
REMARKS		FEE \$	
Signed,App	Signed, Signed,	Henre Sterrers Town Clerk	(gens)
	WALL'S POINT REI ORDINA		P.M.—NO SUNDAY WORK
		PROJECT DESCRIPTION	
		· · · · · · · · · · · · · · · · · · ·	
			<u> </u>
		REMARKS	

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 Pobox 2801 Study Phone 334-7010
Number of trees to be removed (list kinds of trees) 1 Slashpine
(pine has bones a 15 dyune) = dod # 4/8 Number of trees to be relocated within 30 days (no fee) (list kinds of trees):
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 \$
(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 Lead 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

Enriquez NSC. Privadon

ANDWAY OR STRUCTURE

Building Department - Inspection Log

بهمدانيها والمرابطين والمهد	spection: Mon > Wed	politically, and the fitting free for the property of the top of the field of the f	:;200 <u>X</u> ≥	Page / of
2000	的对本的作为的表现在是是国际的特别的的特别。2016年12日的中心的特别的	A STATE OF THE STA	Y-100 11 12 1 11	NOTES/COMMENTS
the second second second	「大学などできるなど、Artificial Palace Artificial Ar	Fesce/Perwal	failed	
(10)	GHIDDLE ROAD			77.78
	0 B			INSPECTOR:
Production and	OWNER/ADDRESS/CONTR	INSPECTION TYPE		NOTES/COMMENTS
	<u>Enpiqueza ::</u>	126	Cossal	
(8)	1 KINGSTON 67			
				INSPECTOR 1
	OWNER/ADDRESS/CONTR		RESULTS	NOTES/COMMENTS:
1265	Benzina	TREE .	firsal	
\mathcal{G}	1375. RIVER		\$2.5 kg	0
$\mathcal{L}_{\mathcal{L}}$				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE		NOTES/COMMENTS
ese	BRUCIA	TREE	respect	
(7)	2 LINGSTON (T			0
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6127	Ciper	TINTAG	Fessal	
(0)	33 FIELDWAY			
	PAR ONE			INSPECTOR
	OWNER/ADDRESS/CONTR.	INSPECTION TYPE		NOTES/COMMENTS:
046	MCMAHON	NAIL UTT/	failed	
	5 ME OOYHILL	SIDING		\wedge
	O/B	建筑是对于美洲		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5929	TAUGH	FENCE	Verson	close protates
	BINDIALUCIE			n
Ų.	OB			INSPECTOR, 77
OTHER:				

TOWN OF SEWALL'S POINT, FLORIDA

APPLIED FOR BY	ongste	gul	Table 1	(Contractor or O	wner)
Owner		•	brid			
Sub-division		\		, Block		
Kind of Trees	700	<u></u>	<u> </u>			
No. Of Trees: F	REMOVE					
No. Of Trees: RE	LOCATE	WITHIN	30 DAYS (NO	FEE)		
No. Of Trees: F	REPLACE	WITHIN	30 DAYS			
REMARKS		Sad				
				FEE	\$	
				DUICAC	to roun	\mathbb{Z}
Signed,	Applicant	(h)	Signed, The	picto	Clark	
			COST ALC:	7000 -		
		, 0	9	1		
		, 0				
						loop for !
NN UE C	FWAI1'S			287-2455 – 8:04) A.M12:00 N	loon for !
NN OF S	EWALL'S) A.M12:00 N	loon for ! 10 SUNFAY
		S POINT	Call W	287-2455 – 8:00 ORK HOULS 8:00 A) A.M12:00 N .M 5:00 P.M>	loon for ! HO SUNDAY
		S POINT	Call W	287-2455 – 8:00 ORK HOULS 8:00 A) A.M12:00 N .M 5:00 P.M>	loon for 1 10 SUNDAY
	EWALL'S ERE	S POINT	call W	287-2455 – 8:00 ORK HOULS 8:00 A) A.M12:00 N .M 5:00 P.M>	loon for 1 10 SUNDAY
		S POINT	Call W VAI	287-2455 – 8:00 YORK HOURS 8:00 A	A.M12:00 N M 5:00 P.M	loon for !
		S POINT	Call W VAI	287-2455 – 8:00 ORK HOULS 8:00 A	A.M12:00 N M 5:00 P.M	loon for !
		S POINT	Call W VAI	287-2455 – 8:00 YORK HOURS 8:00 A	A.M12:00 N M 5:00 P.M	loon for to sunbay
	E RE	S POINT	Call W VAI	287-2455 – 8:00 YORK HOURS 8:00 A	A.M12:00 N M 5:00 P.M	loon for !
		S POINT	Call W VAI	287-2455 – 8:00 YORK HOURS 8:00 A	A.M12:00 N M 5:00 P.M	loon for !
	E RE	S POINT	Call W VAI	287-2455 – 8:00 YORK HOURS 8:00 A	A.M12:00 N M 5:00 P.M	loon for !
TRE	E RE	S POINT	Call W VAI	287-2455 – 8:00 YORK HOURS 8:00 A	A.M12:00 N M 5:00 P.M	loon for !
TRE	E RE	S POINT	Call W VAI	287-2455 - 8:00 PE	A.M12:00 N M 5:00 P.M	loon for !
TRE	E RE	S POINT	Call WALL	287-2455 - 8:00 PE	A.M12:00 N M 5:00 P.M	loon for !

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.

OwnerAddress_/K,NS.	170V Phone 781-7750
Sentractor Address	Phone
Contractor Address	Type: Parm
No. of Trees: RELOCATE WITHIN 30 DAYS	Type:
No. of Trees: REPLACE WITHIN 30 DAYS	Туре:
Written statement giving reasons:	,
Signature of Property Owner	Date_ 3/6/07
Approved by Building Inspector:	Date Fee:
Plans approved as submitted Plans ap	proved as revised/marked:



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

CITE 6.00 AIVI = 12.00 NOON FOR INSPECTION - WORK HOOK.	
Owner CEAN ENRIQUEST Address	Phone 772 - 781 - 7750
Owner GEAN ENRIQUEN Address REL	Phone
/ Ann. 1.C	
No. of Trees: RELOCATE Species:	
No. of Trees: REPLACE Species:	
ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 3	0 DAYS AND REQUIRES A FINAL INSPECTION
Reason fortree removal /relocation (See notice above)	
Signature of Property Owner	Date
Approved by Building Inspector:	
NOTES:	•
DRIVEWAY HOU	SŁ