

3 Kingston Court

2055

SFR

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

OWNER TERENCE Mccorty
CONTRACTOR Price Const Co
LOT 2 BLOCK _____ SUB Kingston
NO. Kingston Court St. or Ave.

DO NOT REMOVE UNTIL JOB IS COMPLETED

NO. 2055 Date Issued 7/9/87

TOWN OF SEWALL'S POINT BUILDING PERMIT

Call 287-2455 From 8:00 A.M. - 12:00 Noon and 1:00 P.M. For Inspections of Items 1 thru 13.

LEAST 24 HOURS NOTICE.

WITH THE TOWN OF SEWALL'S A BUILDING CODE, THE STATE BUILDING CODE AND ELEVATIONS AND THE CE RATE MAP.

P.M. MONDAY THRU SATURDAY, ON JOB SITE BEFORE INITIAL

acc

TRAVIS EXTERMINATING COMPANY

MARTIN COUNTY PUBLIC HEALTH UNIT
 Your septic system was inspected on 10-27-87
 HD 87-425

Approved and Cover
 Cover but hold for:
 Final Grade (see permit for specifications)
 Well Permit
 Other: Waterline

Do not cover, disapproved for the following reasons:
 Well and well
 Well and well
 Well and well
 Well and well
 Well and well
 Well and well
 Other:
 Final approval will not be given until both septic and water systems are completed.
 Please allow this office two working days to schedule a reinspection. If you have any questions, contact Sally Kelly at 287-2277.

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION		
3. FOOTING - SLAB		<u>OK 9/3/87 DB</u>
4. ROUGH PLUMBING	<u>OK 9/24/87 DB</u>	
5. ROUGH ELECTRIC	<u>OK 9/24/87 DB</u>	
6. LINTEL		
7. ROOF		
8. FRAMING	<u>OK 9/24/87 DB</u>	
9. INSULATION	<u>OK 9/25/87 DB</u>	
10. A/C DUCTS	<u>OK 9/24/87 DB</u>	
11. FINAL ELECTRIC		
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION		

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

PERMIT NUMBER: 2055 DATE OF APPLICATION _____

To obtain this permit, the following are required:

1. Florida certification of builder and sub-contractors
2. Certificate of insurance from contractor or owner/builder re: liability + workers' comp.
3. Two sets of building plans which must include:
1/4" scale building drawings; plot plan; foundation plan; floor plans; wall and roof cross-sections; plumbing, electrical + air conditioning layouts; and at least two elevations
4. Recorded warranty deed to the property
5. Septic tank permit and 1 set of plans with Martin Co. Health Dept. seal
6. Energy code calculations
7. Notarized copy of attached affidavit re: removal of nuisance trees
8. Tree removal permit (for trees other than in #7 above)
9. Certificate of elevation from licensed surveyor and determination of flood zone
10. Manufacturer's schedule of windows

Owner TERENCE P. MCCARTHY Current Address 931 RIVERSIDE DR

Telephone 288-1463 STUART FLA.

General Contractor PAIGE CONSTRUCTION Address 2081 E OCEAN BLVD SUITE 2-C

Telephone 283-6642

Where Licensed FLA. License Number CRC 024232

Plumbing Contractor SOUTH PARK PLUMBING License Number 49

Electrical Contractor RIVERSIDE ELECTRIC License Number ME 00243

Roofing Contractor PANACHE License Number _____

A/C Contractor SUNCOAST AIR License Number CACO 29391

Describe the building or alteration to existing building NEW CONSTRUCTION

Name the street on which the building, its front building line and its front yard will face
3 KINGSTON COURT Subdivision KINGSTON COURT Lot #12

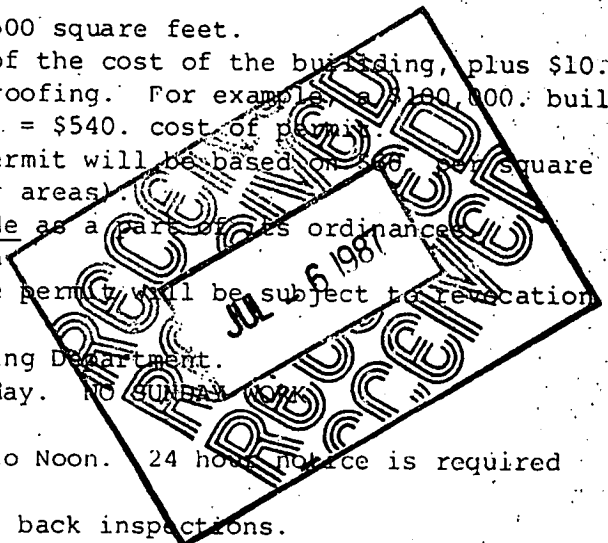
Building area (inside walls) 2700 Garage, carport, porch area 576

Contract price (excluding land, carpet, appliances, landscaping) \$ 155,000.00

Cost of permit \$285.00 Plans approved as submitted _____ or, 126.00 marked _____

In addition, the following are understood by owner and contractor:

1. Building area inside walls must be a minimum of 1,500 square feet.
2. Building permit fees are \$5. per thousand dollars of the cost of the building, plus \$10. each for plumbing, electric, air conditioning and roofing. For example, a \$100,000. building x \$5. = \$500. plus \$40. (a.c., pl., el. and roof). = \$540. cost of permit.
3. If no contract is submitted as proof of cost, the permit will be based on \$16. per square foot (inside walls) and \$25. per square foot (other areas).
4. The Town has adopted the South Florida Building Code as a part of its ordinance.
5. Building permits are issued for one year's duration.
6. Construction must be started within 180 days or the permit will be subject to revocation and forfeiture of fee.
7. ALL changes in plans must be approved by the Building Department.
8. Work hours are 8: AM to 5: PM Monday through Saturday. NO SUNDAY WORK
9. Portable toilets must be on all construction sites.
10. Inspections are made Monday through Friday, 8: AM to Noon. 24 hour notice is required prior to all inspections.
11. String lines along property lines to facilitate set back inspections.
12. Before a certificate of occupancy is issued, the following are required:
 - a. An owner's affidavit of building cost (form available) - any discrepancy between the original fee and the final fee (based on the affidavit) will be adjusted.
 - b. Approval of septic tank installation by Martin Co. Health Dept.
 - c. Rough grading and clean-up of grounds.
 - d. Affidavit from licensed surveyor showing slab elevation (if in "A" flood zone). Affidavit from licensed surveyor showing elevation of piers or pilings (if in "V" zone).
 - e. Certification by a qualified engineer or architect of the structural adequacy of the building.
13. THIS SUMMARY, IS NOT A SUBSTITUTE FOR TOWN ORDINANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OF CONTRACTOR FROM COMPLIANCE WITH TOWN ORDINANCES.



Contractor's Signature [Signature] Owner's Signature [Signature]

Approved by Building Inspector _____ Date _____
 Approved by Commissioner _____ Date _____
 Certificate of Occupancy Issued _____ Date _____

This Warranty Deed Made the 29th day of September A. D. 19 86 by

DAVID C. LAKE, a married man, and FRANCES L. HELSEL, a married woman,

hereinafter called the grantor, to

TERENCE P. McCARTHY and SALLY J. McCARTHY, his wife,

whose postoffice address is c/o DeSANTIS, COOK & GASKILL, P.A.

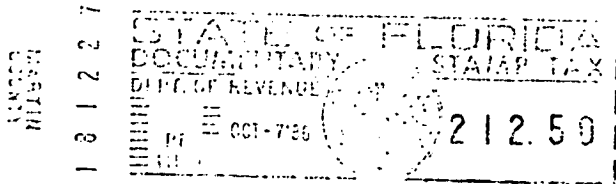
hereinafter called the grantee: 2081 S.E. Ocean Boulevard, Stuart, Florida 33494

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

Witnesseth: That the grantor, for and in consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in County, Florida, viz:

Lot 2, KINGSTON COURT, according to the Amended Plat thereof recorded in Plat Book 8, page 82, Martin County, Florida, Public Records.

THE PROPERTY DESCRIBED IN THIS DEED IS NOT NOW AND HAS NEVER BEEN THE HOMESTEAD PROPERTY OF THE GRANTORS. GRANTORS RESIDE IN FORT LAUDERDALE, FLORIDA AND ORLANDO, FLORIDA, RESPECTIVELY.



Together with all the tenements, hereditaments and appurtenances thereto belonging or in any-wise appertaining.

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

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 19 85.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Bette B. Heydrick
Lucie C. Engdonic
Stephen E. H. S.
Catherine M. Helsel

David C. Lake L.S.
Frances L. Helsel L.S.
David C. Lake
Frances L. Helsel

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared DAVID C. LAKE, a married man, and FRANCES L. HELSEL, a married woman,

to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State first aforesaid this 25th day of September, A. D. 1986.

Bette B. Heydrick
Notary Public My Commission expires:
This Instrument prepared by: Terence P. McCarthy
Address: 2081 S.E. Ocean Boulevard
Stuart, FL 33494

SPACE BELOW FOR RECORDERS USE

BOOK 691 PAGE 1266

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. AUG 18, 1990
BONDED UNDER GENERAL INS. UND.

SET TAB STOPS AT ARROWS

Certificate of Insurance



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 LISTED BELOW.

NAME AND ADDRESS OF AGENCY
 RICK CARROLL INS. AGY.
 P.O. BOX 877
 JENSEN BEACH, FL 33457

COMPANIES AFFORDING COVERAGES	
COMPANY LETTER A	THE TRAVELERS INS. CO.
COMPANY LETTER B	SCOTTSDALE INS. CO.
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

NAME AND ADDRESS OF INSURED
 PAIGE CONSTRUCTION CO., INC.
 PATRICK M. SCHUERMAN
 3725 SE OCEAN BLVD.
 SUITE 206A
 STUART, FL 34994

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
B	GENERAL LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY	GLS113323	1/5/88	BODILY INJURY	\$	\$
				PROPERTY DAMAGE	\$	\$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$100,	\$100,
				PERSONAL INJURY		\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH PERSON)	\$	
				BODILY INJURY (EACH OCCURRENCE)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
A	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	6UB112J506186	8/29/87	STATUTORY	\$ 100,	(EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
 CONTRACTOR
 STATE OF FLORIDA

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:
 TOWN OF SEWALLS POINT
 TOWN HALL/SEWALLS POINT ROAD
 STUART, FL 34994

DATE ISSUED: 7/1/87

 RICHARD K. CARROLL/KY
 AUTHORIZED REPRESENTATIVE

STATE OF FLORIDA

COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared

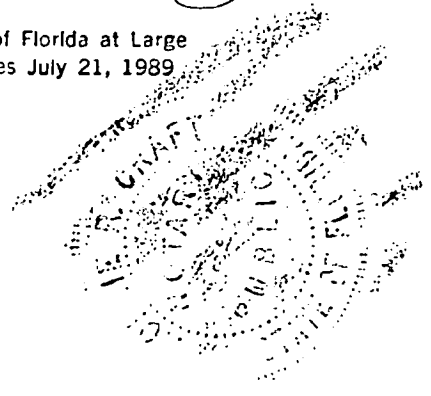
FRANCES L. HELSEL, a married woman,

to me known to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 29th day of September, 1986.

Bobbie R. Craft
Notary Public
My Commission expires:

Notary Public State of Florida at Large
My Commission expires July 21, 1989



LS

OCT 7 P 2:50

1522500
173,500

STUBOUT ELEVATION AND FILL CERTIFICATION

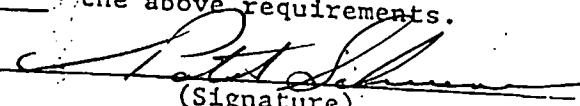
APPLICANT: TERRANCE MC HATHY
LEGAL DESCRIPTION: Lot 2 KINGSTON COURT
SEPTIC TANK PERMIT NUMBER: HD87-423

The items noted below must be certified by a surveyor or engineer and returned to the Health Department prior to the first plumbing inspection by the Building Department.

- 1. Building Permit Number: _____
- 2. I certify that the elevation of the top of the lowest plumbing stubout is at or above the approved elevation as shown on septic tank permit application.
Date elevation checked: _____
- 3. I certify that the top of the lowest building plumbing stubout is _____ feet above the crown of road.
- 4. I certify that all severe limited soil has been removed from an area of _____ feet by _____ feet to a minimum depth of six (6) feet below top of required stubout elevation. Submit plot plan to scale of excavated area.
Date observed: _____

- NOTE:
- a. Severe limited soil includes but is not limited to hardpan, clay, silt, marl or muck.
 - b. Drainfield must be centered in the excavated area. Please set stakes to identify the excavated area boundaries. Drainfield will not be approved if severe limited soils are not removed.

CERTIFIED BY: _____
 Florida Professional Number: _____
 Date: _____ Job Number: _____

As applicant or applicant's representative, I understand the above requirements.

 (Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

 (Signature of Environmental Health Specialist) _____

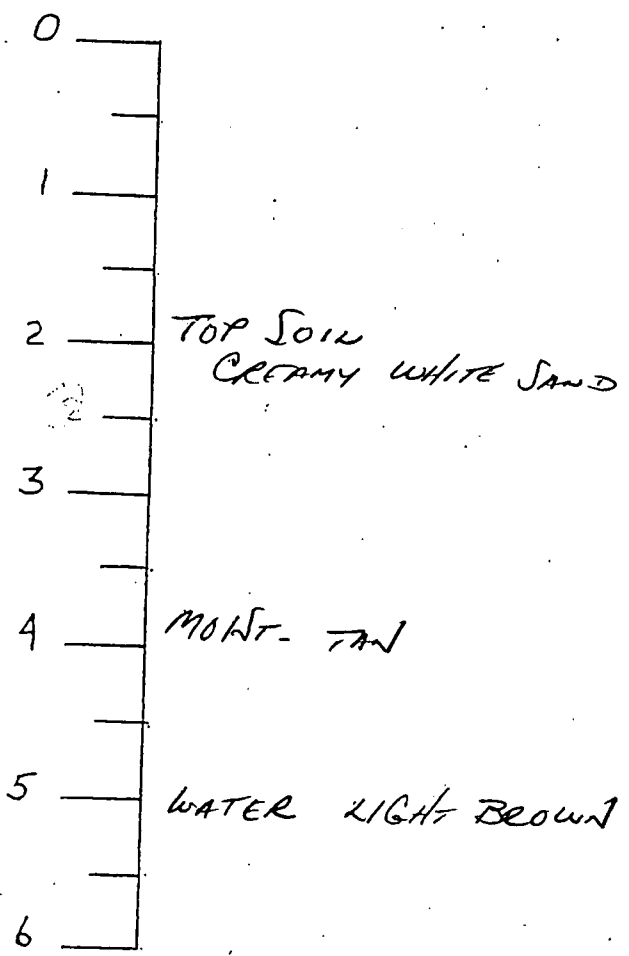
 (Date)

SITE EVALUATION

APPLICANT: TERRANCE P. MCCARTHY

LEGAL DESCRIPTION: Lot 2 KINGSTON COURT

SOIL PROFILE



USDA SOIL TYPE JONATHAN
USDA SOIL NUMBER 91

Impervious soils are present
not encountered feet below natural
grade.

Present Water Depth Below Natural Grade 5 Feet.
 Wet Season Range Per Soil Survey 40" - 60" Feet.
 Estimated Wet Season Water Depth Below Natural Grade 2' Feet.
 Indicator Vegetation Present SANDPINE / SEAB OAK / SAW PALMETTO
 Is Benchmark Located on Plot Plan and Present on Site? YES
 Approximate Amount of Fill on Neighboring Lots NONE
 Other Findings: ACROSS THE STREET 3-4' ABOVE NATURAL GRADE

EVALUATION BY: Jeff Aiello
DATE: 9/23/81

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER: HD87-923

NAME OF APPLICANT: TERRANCE P. MCCARTHY HOME PHONE: _____

MAILING ADDRESS OF APPLICANT: 46 Pat Schuermans
Page Court WORK PHONE: 283-6642

LOT 2 BLOCK - SUBDIVISION Kingston Court

PLAT BOOK 8 PAGE 82 DATE SUBDIVIDED Oct 23 1981

RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 2

HEATED OR COOLED AREA OF HOME 2,699 SQUARE FEET

COMMERCIAL: TYPE OF BUSINESS PROPOSED _____ NUMBER PEOPLE _____

AFFIDAVIT

I HAVE REVIEWED THIS PERMIT AND I CERTIFY THAT ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS PERMIT AND ANY APPLICABLE STATE OR COUNTY REGULATIONS.

SIGNATURE OF PROPERTY OWNER OR OWNER'S LEGALLY AUTHORIZED REPRESENTATIVE:

[Signature]

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 900 GALLONS
DRAINFIELD SIZE 300 SQUARE FEET

MINIMUM SETBACK REQUIRED FROM PROPERTY LINES TO DRAINFIELD ROCK IS 14'

TOP OF BUILDING STUB OUT IS REQUIRED TO BE A MINIMUM ELEVATION OF

27" ABOVE CROWN OF ROAD ELL (3.98) NGVD

TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELEVATION OF

31" ABOVE CROWN OF ROAD ELL (3.98) NGVD

THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE

ISSUED BY: [Signature] ENVIRONMENTAL HEALTH SPECIALIST

DATE: 6/25/87

PLEASE NOTE:

Permit VOID if well or septic system is installed in a location other than area permitted. PRIOR HEALTH DEPARTMENT APPROVAL REQUIRED

1. THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE.
2. IF BUILDING STUBOUT IS MORE THAN 20 FEET FROM SEPTIC TANK AND DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
3. IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
4. IF ANY INFORMATION ON THIS PERMIT CHANGES, PLEASE SUBMIT AN UPDATED APPLICATION TO THIS OFFICE.
5. IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS.

Inspection Results Will be Posted on Building Permit or on Electrical Box.

FINAL INSPECTION

CONSTRUCTION APPROVED BY: _____ ENVIRONMENTAL HEALTH SPECIALIST

DATE: _____

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

SITE INFORMATION

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE A LIMITED USE NON-COMMUNITY OR OTHER PUBLIC WELL WITHIN 100 FEET OF PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC SEWER WITHIN 100 FEET OF THE PROPOSED LOT? NO
6. IS THERE A LAKE, STREAM, WETLAND, OR OTHER BODY OF WATER WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
7. IS THERE A PROPOSED OR EXISTING PUBLIC WATER LINE WITHIN TEN FEET OF THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? Y
9. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
10. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? NO
11. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDINGS OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
13. THERE IS 860 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA.

ELEVATIONS

1. CROWN OF ROAD ELEVATION 3.98. SHOW LOCATION ON PLOT PLAN.
IF ROAD IS NOT PAVED, BENCHMARK ELEVATION NA. SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 5.1
SHOW LOCATION ON PLOT PLAN.
3. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? YES. IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? 9.0 NGVD 1929 (ELEVATION OPTIONAL)

NOTE: MUST BE CERTIFIED BY REGISTERED SURVEYOR OR ENGINEER IN THE STATE OF FLORIDA.

CERTIFIED BY: Alfred C. [Signature]
FL. PROFESSIONAL NO: 4130
DATE: 6/13/87 JOB NO: 86-1163

SITE DIRECTIONS

ATTACH SITE LOCATION MAP OR EXPLAIN DIRECTION TO SITE BELOW

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 10/30/87

This is to request that a Certificate of Approval for Occupancy be issued to McCarthy
 For property built under Permit No. 2055 Dated 7/9/87 when completed in
 conformance with the Approved Plans.

[Signature]
 Signed

Item	
1. LOT STAKES/SET BACKS	
2. TERMITE PROTECTION	
3. FOOTING - SLAB	<u>7/14/87</u> <u>8/3/87</u>
4. ROUGH PLUMBING	<u>9/24/87</u>
5. ROUGH ELECTRIC	<u>9/24/87</u>
6. LINTEL	
7. ROOF	
8. FRAMING	<u>9/24/87</u>
9. INSULATION	<u>9/25/87</u>
10. A/C DUCTS	<u>9/24/87</u>
11. FINAL ELECTRIC	<u>10/30/87</u>
12. FINAL PLUMBING	<u>10/30/87</u>
13. FINAL CONSTRUCTION	<u>10/30/87</u>

Approved by

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 10/30/87 date

Approved by Building Commissioner [Signature] date

Utilities notified FPL 10/30/87 date

Original Copy sent to _____

(Keep carbon copy for Town files)

5673

FENCE

TOWN OF SEWALL'S POINT

Date 2/6/02

BUILDING PERMIT NO. 5673

Building to be erected for TERENCE McCARTHY

Type of Permit FENCE

Applied for by Quality Fence

(Contractor)

Building Fee 30⁰⁰

Subdivision _____ Lot 2 Block _____

Radon Fee _____

Address 3 Kingston Pt.

Impact Fee _____

Type of structure SFL

A/C Fee _____

Parcel Control Number:

13 3841010 000 000 201 000 *

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid \$ 30

Check # 4477

Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 5000

TOTAL Fees 30⁰⁰

Signed [Signature]

Applicant

Signed [Signature]

Town Building Inspector

OFFICIAL

PERMIT

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

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

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

INSPECTIONS

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

- UNDERGROUND GAS _____
- UNDERGROUND ELECTRICAL _____
- FOOTING _____
- TIE BEAM/COLUMNS _____
- WALL SHEATHING _____
- LATH _____
- ROOF-IN-PROGRESS _____
- ELECTRICAL ROUGH-IN _____
- GAS ROUGH-IN _____
- EARLY POWER RELEASE _____
- FINAL ELECTRICAL _____
- FINAL GAS _____
- BUILDING FINAL 4/3/02

Client#: 13204

AYSEMC

ACORD. CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 06/14/01
PRODUCER Brown & Brown, Inc. 1401 Forum Way Suite 600 West Palm Beach, FL 33401	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURERS AFFORDING COVERAGE		
INSURED AYS Group, Inc. DBA AYS Employee Leasing 2145 14th Avenue #6 Vero Beach, FL 32960	INSURER A: Continental Casualty Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	


COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - LIABILITY AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	CARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC138199238	06/15/01	06/15/02	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
	OTHER				

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

Coverage is provided for only those employees leased to but not subcontractors of:
 Quality Fence Company 2513 SE Richmond St Ft Pierce Fl 34952 Client #1200

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
The Town of Sewells Point Attn Ed Arnold 1 South Sewell Point Rd Stuart, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 13-38-41-010-000 00020

NOTICE OF COMMENCEMENT

10000

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

LDTZ KINGSTON COURT - 3 KINGSTON COURT STUART FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: FENCE

OWNER: TERENCE P. MCCARTHY

ADDRESS: 3 KINGSTON COURT STUART FL 34996

PHONE #: 561-288-1463

FAX #: 561-283-1823

CONTRACTOR: QUALITY FENCE

ADDRESS: 498 S.W. VOLTAIN TERRACE PT. ST. LUCIE, FL

PHONE #: 879-9162

FAX #: _____

SURETY COMPANY (IF ANY) N/A

STATE OF FLORIDA
MARTIN COUNTY

ADDRESS: _____

PHONE # _____

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

BOND AMOUNT: _____

MARSHA EWING, CLERK

LENDER: N/A

BY M. Mac D.C.

ADDRESS: _____

DATE 2/9/02

PHONE #: _____

FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____

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

PHONE #: _____

FAX #: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

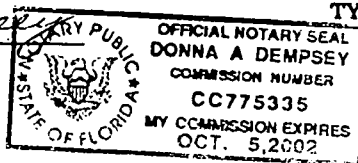
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Terence P. McCarthy
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 2nd DAY OF January
19, 2002 BY Terence P. McCarthy

OR
PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

Donna A. Dempsey
NOTARY SIGNATURE



McCarthy, Summers, Bobko, Wood, Sawyer & Perry, P.A.

Attorneys at Law
Monterey Triangle
2400 S.E. Federal Highway
Fourth Floor
Stuart, Florida 34994

Tel 561 286-1700
Fax 561 283-1803

John D. McKey, Jr.
Of Counsel

E-Mail: info@mcsumm.com
<http://www.mcsumm.com>
Personal Email: tpm@mcsumm.com

*Board Certified Elder Law Lawyer
**Board Certified Real Estate Lawyer
***Board Certified Wills, Trusts &
Estates Lawyer

Kathryn C. Bass
Noel A. Bobko
Nicola Jaye Boone*
Terence P. McCarthy**
Steven L. Perry
James M. Powers
Thomas R. Sawyer**
Robert P. Summers**
Steven J. Wood***

FAX TRANSMISSION COVER SHEET

Date: February 1, 2002
To: Kurt: Quality Fence
Fax: 878-6103
Re: Notice of Valorem Taxes & Non-Ad Valorem Assessments
Sender: Terence P McCarthy
Pages: _2_ (includes cover sheet)

FAXFORM.FAX.wpd

The information contained in this transmission is attorney-client privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, collect, and return the original message to us at the above address via the U.S. Postal Service. We will reimburse you for postage. Thank you.

ORIGINAL		FOR MARTIN COUNTY		REAL ESTATE	
AD VALOREM TAXES					
I.D. NUMBER: 13-38-41-010-000-00020.10000		2001 TAX DISTRICT: 2200			
ASSESSED VALUE: 216,469		EXEMPTIONS: 25,000		TAXABLE VALUE: 191,469	
TAXING AUTHORITY			MILLAGE RATE		TAX AMOUNT
COUNTY	COUNTY-GENERAL FUND-OP		5.4910		1,051.36
	CNTY-F.I.T. BOND		.0620		11.87
	CNTY-GOVT BONDS 1986		.2920		55.91
	CNTY-BONDS LANDS FOR YOU		.1570		30.06
SCHOOL	SCHOOL-GENERAL FUND		8.4150		1,611.21
CHLD SVC	CHILDRENS SERVICES ORDNCs		.3143		60.18
F.I.N.D.	FL-INLAND NAVIGATION DIST		.0385		7.37
CITY	SEWALLS POINT		1.8890		361.68
S.F.W.M.	SOUTH FLA WATER MANAGEMNT		.6970		133.46

TOTAL MILLAGE 17.35580 AD VALOREM TAXES 3,323.10

NON-VALOREM ASSESSMENTS			
LEVING AUTHORITY	PURPOSE	RATE/BASIS	AMOUNT
COMBINED TAXES & ASSESSMENTS TOTAL:			3,323.10

EXEMPTION:HX-JTRS 25,000 13 38 41 KINGSTON COURT LOT 2
 PROPERTY ADDR:3 KINGSTON CT SP

13-38-41-010-000-00020.10000 2001
 MCCARTHY, TERENCE P & SALLY J
 3 KINGSTON CT
 STUART FL 34996-6332

NOV 1-NOV 30 3,190.18 DEC 1-DEC 31 3,223.41 JAN 1-JAN31 3,256.64 FEB 1-FEB28 3,289.87 MAR 1-MAR 31 3,323.10 DELINQUENT ON APRIL 1, 2002
 ORIGINAL BILL SENT TO MORTGAGE COMPANY SEE REVERSE SIDE FOR INSTRUCTIONS

NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS

ORIGINAL		FOR MARTIN COUNTY		REAL ESTATE	
TOTAL TAXES IF PAID					
NOV 1-NOV 30	3,190.18	DEC 1-DEC 31	3,223.41	JAN 1-JAN31	3,256.64
				FEB 1-FEB28	3,289.87
				MAR 1-MAR 31	3,323.10
				DELINQUENT ON	APRIL 1, 2002
EA-TYPE	ESCROW CODE	MILLAGE CODE	TAXES LEVIED	MAKE CHECK PAYABLE IN U.S. FUNDS TO:	
	0043	2200	TAXES	3,323.10	HON. LARRY C. O'STEEN
ASSESSED		216,469	TOTAL	3,323.10	P.O. BOX 9013
HX-JTRS		25,000			STUART, FL 34995
TAXABLE		191,469			

13 38 41 KINGSTON COURT LOT 2

13-38-41-010-000-00020.10000 2001
 MCCARTHY, TERENCE P & SALLY J
 3 KINGSTON COURT
 STUART, FL 34996-6332

012001 000000133841 0100000002010000 0000 00000332310 00000000000 0000 5

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: TERENCE P. MCCARTHY Building Permit Number: _____
City: SEWALL'S POINT State: FL Zip: 34976
Legal Description of Property: LOT 2 KINGSTON CT. Parcel Number: 13-38-44-D16-000-00020-10000
Location of Job Site: 3 KINGSTON CT. Type of Work To Be Done: FENCE

CONTRACTOR/Company Name: DUALITY FENCE Phone Number: 877-9162
Street: 4718 S.W. VOLTAIN TERRACE City: PSL State: FL Zip: 34983
State Registration Number: SP02470 State Certification Number: _____ Martin County License Number: SP02470

ARCHITECT: N/A Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER: N/A Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ ScreenedPorch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____
Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: 5,000.00 Estimated Fair Market Value (FMV) Prior
To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO X

SUBCONTRACTOR INFORMATION
Electrical: _____ State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

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

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

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

OWNER OR AGENT SIGNATURE (Required) Terence P. McCarthy
State of Florida, County of: Martin
This the 22nd day of January, 2002
by TERENCE P. MCCARTHY who is personally
known to me or produced
as identification. Donna A. Dempsey

CONTRACTOR SIGNATURE (Required) [Signature]
On State of Florida, County of: Martin
This the 30th day of January, 2002
by _____ who is personally
known to me or produced
As identification. _____

My Commission Expires: _____
Notary Public OFFICIAL NOTARY SEAL
DONNA A DEMPSEY
COMMISSION NUMBER
CC775335
MY COMMISSION EXPIRES
OCT. 5, 2002

My Commission Expires: _____
Notary Public STAR M. GARDNER
MY COMMISSION # CC 996402
EXPIRES: April 13, 2005
Bonded thru Notary Public Underwriters

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR A FENCE

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

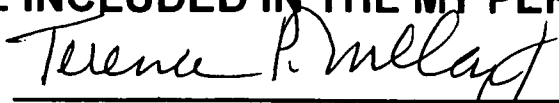
Application form must contain the following information:

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

Submittals (2 copies)

1. Current survey (boundary & topographic) containing the following information:
 - a. Legal Description of Lot
 - b. Lot dimensions and bearings
 - c. Street and Waterway names
 - d. Easements
 - e. ROW's
 - f. Canals, Ponds, or Riverfront locations
 - g. Location of existing and proposed fences
 - h. Description of type and height of fence at all locations
2. Statement of Fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. Letter from Home Owners or Subdivision Associations stating design is per their deed restriction or covenants
5. Application for tree removal or relocation (attach tree survey and removal or relocation plan)
6. A certified copy of the Notice of Commencement for any work over \$2500.00
7. Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
8. Copy of Workmen's Compensation
9. Copy of Liability Insurance

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



(SIGNATURE OF APPLICANT)

DATE SUBMITTED: January 22, 2002

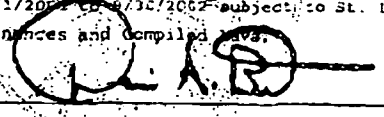
287 6221

MARTIN COUNTY, FLORIDA
 Construction Industry Lic Bd
 Certificate of Competency
 License: SP02470
 Expires September 30, 2003
 KIRSTEAD, JAMES J
 QUALITY FENCE CO
 2513 SE RICHMOND ST
 PSL, FL 34952



This Certificate is subject to St. Lucie County revocation and suspension by Contractor Certification St. Lucie County Examining Board.
 Comp#: 16639
 Status: ACTV

DBA: QUALITY FENCE CO
 THIS IS TO CERTIFY THAT JAMES J KIRSTEAD has qualified as a certified FENCE contractor for period from 10/1/2001 to 9/30/2003 subject to St. Lucie County Code of Ordinances and Compiled Laws

Date: 03/17/01

 Contractor Licensing Official

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

NAME: KIRSTEAD, JAMES J
 FIRM: QUALITY FENCE CONTRACTORS INC
 2513 SE RICHMOND STREET
 PORT ST LUCIE FL 34952

TYPE: FENCE INSTALLATION

STATE: CITY: PSL01-4971

CITY OF FORT PIERCE, FLORIDA
 CERTIFICATE OF COMPETENCY

CONTROL # LICENSE #

TO:

AMOUNT PAID DATE
 EXPIRES 005620

7
 CITY OF FORT PIERCE
 Florida



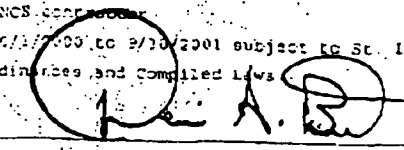
CITY HALL, 100 NORTH U.S. 1
 P.O. BOX 1480
 FORT PIERCE, FLORIDA 34954-1480
 TEL. (561) 460-2200

CERTIFICATE OF COMPETENCY CARD

QUALITY FENCE COMPANY
 KIRSTEAD, JAMES J.
 2513 SE RICHMOND STREET

This Certificate is subject to St. Lucie County revocation and suspension by Contractor Certification St. Lucie County Examining Board.
 Comp#: 16639
 Status: ACTV

DBA: QUALITY FENCE CO
 THIS IS TO CERTIFY THAT JAMES J KIRSTEAD has qualified as a certified FENCE contractor for period from 10/1/2001 to 9/30/2003 subject to St. Lucie County Code of Ordinances and Compiled Laws

Date: 10/03/03

 Contractor Licensing Official

ong perforation

220 4765

ACORD. CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 9/6/01
PRODUCER Reming Agency of Florida, Inc. P O Box 1849 Jensen Beach, FL 34958		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UNDER THE CERTIFICATE UNTIL THE INSURANCE POLICIES DESCRIBED HEREIN ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. ACCURATE LIMITS SHOWN MAY HAVE BEEN DERIVED BY DATA SERVICE.
INSURED Quality Fence Contractors Inc. James Kierstead 2513 SE Richmond St. Port St. Lucie, FL 34952		
INSURERS AFFORDING COVERAGE		
INSURER A: Auto Owners Insurance Company		
INSURER B: Auto Owners Insurance Company		
INSURER C:		
INSURER D:		
INSURER E:		

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR ULN L AGGREGATE LIMIT <input type="checkbox"/> PER ACCIDENT <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	20533955	5/22/01	5/22/02	EACH OCCURRENCE \$ 1,000,000 PER PERSON (Any one person) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 INTRODUCED LUMP SUM \$ 1,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> MIXED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	42-519-278-00	10/12/01	10/12/02	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEFENSIVE <input type="checkbox"/> RETENTION \$				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AUTO ONLY AGG \$ EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY				EL DISEASE EA EMPLOYEE \$ EL DISEASE POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLE/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

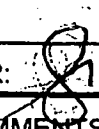
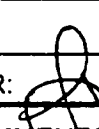
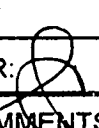
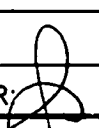
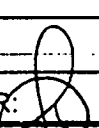
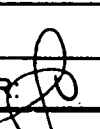
Sales and Installation of Fences - State of Florida

CERTIFICATE HOLDER	ADDITIONAL INSURED: INSURER LETTER:	CANCELLATION
Town of Sewalls Point 1 South Sewalls Point Rd. Sewalls Point, FL 34996 Tel 8220-4765		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL FORFEIT TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY UPON ANY OF THE INSURERS, ITS SUCCESSORS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Lawrence

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri APRIL 3, 2004 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5627	SADLER	FINAL -	Passed	
(9)	9 RIVERVIEW DR OIB	ALL PLUMBING & ELECTRICAL		INSPECTOR: 
4978	RIMER	FINAL FOR		
(12)	29 S. RIVER RD. LEAR	CO		INSPECTOR:
56713	MAG CANNON	FENCE - FINAL	Passed	
(11)	3 KINGSTON RD. QUALITY FENCE			INSPECTOR: 
5721	JOHNSON	FENCE -	Passed	
(1)	2 OAK HILL WAY QUALITY	FINAL		INSPECTOR: 
5722	KRAMER	FENCE -	Passed	
(8)	11 S. RIDGEVIEW QUALITY	FINAL		INSPECTOR: 
5688	WHALEN	DECK INSP.	Failed	
(3)	9 KNOWLES RD. TWIN POOLS	(POOL)		INSPECTOR: 
5739	GASIOREK	PRE-POUR - SLAB	Passed	
(2)	67 N. RIVER RD. CONWAY			INSPECTOR: 

OTHER: FPL 3x / will be using form board

7348

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/28/05

BUILDING PERMIT NO. 7348

Building to be erected for MCCARTHY

Type of Permit REEROOF

Applied for by STUART ROOFING (Contractor)

Building Fee _____

Subdivision KINGSTON COURT Lot 2 Block _____

Radon Fee _____

Address 3 KINGSTON COURT

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1338410100000002010000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee 120.00

Amount Paid 120.00 Check # 8007 Cash _____

Other Fees (_____) 1

Total Construction Cost \$ 28,820.

TOTAL Fees 120.00

Signed P. Swick
Applicant

Signed Gene Simmons (P.O.)
Town Building Official

PERMIT

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

INSPECTIONS

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

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 13-32-41-010-000-00020-1

NOTICE OF COMMENCEMENT

STATE OF FL

COUNTY OF Martin

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

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

Kingston Court Lot 2 3 Kingston Ct.

GENERAL DESCRIPTION OF IMPROVEMENT: re-roof

OWNER: Terence + Sally McCarthy

ADDRESS: 3 Kingston Ct. Stuart, FL 34996

PHONE #: _____ FAX #: _____

INTEREST IN PROPERTY: _____

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

CONTRACTOR: Stuart Roofing

ADDRESS: 140 NE Dixie Hwy. Stuart, FL 34994

PHONE #: 892-9854 FAX #: 892-9856

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: _____

ADDRESS: _____

PHONE #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ OF _____

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

PHONE #: _____ FAX #: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

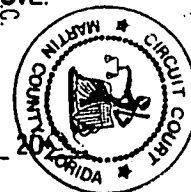
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Sally McCarthy
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 22 DAY OF Feb
BY Sally McCarthy

PERSONALLY KNOWN X
OR PRODUCED ID _____
TYPE OF ID _____

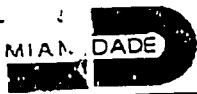
Linda Marlow
NOTARY SIGNATURE



INSTR # 1816938
QR BK 01985 PG 0388
RECORDED 02/24/2005 08:58:58 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY M. Feschke

STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
BY: [Signature]
MARSHA EWING, CLERK



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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Green River Log Sales Ltd.
33610 East Broadway Avenue
Mission Viejo ,BC V2V 4M4

Your application for Notice of Acceptance (NOA) of:

"Green River" Cedar, Shakes & Shingles

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

This NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at any time 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 by BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

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

ACCEPTANCE NO.: 00-1023.02
EXPIRES: 11/30/2005

Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

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

APPROVED: 11/30/2000

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 2/25/05

BUILDING OFFICIAL
Gene Simmons

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/23, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	SEWALL'S MEADOWS	TREE	PASS	
3A	RETENTION POND			INSPECTOR: <i>[Signature]</i>
6831	COBRELLA	FINAL ON	FAIL	
9	8 N. SEWALL'S HEATON	CABANA REEROOF		INSPECTOR: <i>[Signature]</i>
TREE	UTRATA	TREE	PASS	
10	117 N. SEWALL'S			INSPECTOR: <i>[Signature]</i>
7392	ALLMAN	FOOTER-FENCE	PASS	
5	106 S. RIVER OIB			INSPECTOR: <i>[Signature]</i>
7346	McCARTHY	IN PROG ROOF	PASS	APPEARS NO DRIP EDGE WAS ON EXIST. ROOF & NONE ARE INSTALLED ON NEW
4	3 KINGSTON CT STUART ROOFING			INSPECTOR: <i>[Signature]</i>
TREE	JOYNER	TREE	PASS	
	85 S. SEWALL'S			INSPECTOR: <i>[Signature]</i>
TREE	KELLY	TREE	PASS	
	1 OAKWOOD			INSPECTOR: <i>[Signature]</i>

OTHER:

177 SSPA - GARY EXPED. ELEC. FOR AVE/PAV. DOWN - PASS
[Signature]

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/25, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7195	THOMPSON	INSULATION	PASS	
2	179 S. RIVER RD FLORIDA'S FINEST			INSPECTOR: <i>[Signature]</i>
7335	VAN T BOSCH	INSULATION	PASS	
8	36 S. RIVER ROAD FLORIDA'S FINEST			INSPECTOR: <i>[Signature]</i>
6749	NAUDIN	FORMBOARD	PASS	
7	19 N. RIDGEVIEW O/B			INSPECTOR: <i>[Signature]</i>
7126	Hammers	DRY-IN	FAIL	
9	4 PALMETTO DR O/B			INSPECTOR: <i>[Signature]</i>
7453	SAUL	FINAL FENCE	PASS	CLOSE
4	107 S. RIVER RD O/B			INSPECTOR: <i>[Signature]</i>
7348	MCCAZAY	FINAL POOL	PASS	CLOSE
3	3 KINGSTON CT SUNSET POOL FINA			INSPECTOR: <i>[Signature]</i>
6863	Johnston	final SFR Bldg	PASS	CLOSE (see attached for other members)
1	34 W High Point Masterpiece Bldrs			INSPECTOR: <i>[Signature]</i>
OTHER: 3 RIVERVIEW FENCE TOO TIGHT? 6' MAX. (OK)				

8054

GARAGE DOOR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/14/06

BUILDING PERMIT NO. 8054

Building to be erected for MCCARTHY

Type of Permit GARAGE DOOR

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision KINGSTON COURT Lot 2 Block _____

Radon Fee _____

Address 3 KINGSTON COURT

Impact Fee _____

Type of structure GARAGE

A/C Fee _____

Parcel Control Number:

1338410100000002010000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 7518 Cash _____ Other Fees (_____)

Total Construction Cost \$ 2300.

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED 2/13/06

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 2/13/06 Permit Number: _____

OWNER/TITLEHOLDER NAME: FENOVILE A. MCCARTHY Phone (Day) 288-1463 (Fax) 283-1803

Job Site Address: 3 KILBURN CT City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) 3 Parcel Number: _____

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

Description of Work To Be Done: GARAGE DOOR

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2,300.- (Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: COST

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SPO 1904

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: AMERICAN - Palm Beach Garage Door State: FL License Number: SPO 1904

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

CONTRACTOR SIGNATURE (required)

State of Florida, County of: MARTIN

On State of Florida, County of: _____

This the 13 day of FEBRUARY, 2006

This the _____ day of _____, 2006

by FENOVILE A. MCCARTHY who is personally

by _____ who is personally

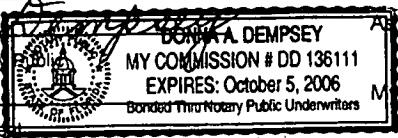
known to me or produced

known to me or produced

as identification. Donna A. Dempsey

as identification: _____

Notary



Notary Public

My Commission Expires: _____

My Commission Expires: _____

Seal

TOWN OF SEWALL'S POINT
ONE SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FLORIDA 34996

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT
(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statutes 489.103(7).

I have read the above and agree to comply with the provisions as stated.

Name: Ferrante R McCarty Date: 2/13/06

Signature: Ferrante R McCarty

Address: 3 KILBURN CT

City & State: STUART FL

Permit No. _____

18x8 Clopay
mdl 94

DCC



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Clopay Building Products Co.
8585 Duke Boulevard
Mason, OH 45040

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

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

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

DESCRIPTION: Sectional Garage Door 18' Wide.

APPROVAL DOCUMENT: Drawing No. 102621, titled "Clopay M/N 84A, 94 & H94, Ideal M/N 4RST & H4ST, Holmes M/N 48", dated 06/17/02 with last revision on 01/13/03, sheets 1 of 1, prepared by Clopay Building Products Company, signed and sealed by M. W. Westerfield, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

LIMITATION: This approval requires the manufacturer to do testing of all coils used to fabricate door panels under this Notice of Acceptance. A minimum of 2 specimens shall be cut from each coil and tensile tested according to ASTM E-8 by a Dade County approved laboratory selected and paid by the manufacturer. Every 3 months, four times a year, the manufacturer shall mail to this office: a copy of the tested reports with confirmation that the specimen were selected from coils at the manufacturer production facilities. And a notarized statement from the manufacturer that only coils with yield strength of 34,300 psi or more shall be used to make door panels for Dade County under this Notice of Acceptance

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

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

This NOA consists of this page and as well as the approval document mentioned above. The submitted documentation was reviewed by Candido K. Font PE.

REVIEWED FOR CODE COMPLIANCE

DATE: 2/14/05

BUILDING OFFICIAL
Gene Simmons



NOA No 02-1115.05
Expiration Date: February 13, 2008
Approval Date: February 13, 2003
Page 1

EVALUATION ENTITY
Gary Pfuehler, P. E.
5665 Green Oak Court
Fairfield, OH 45014

Product Evaluation Report for Florida DCA

Evaluation Report # 94W7-18

MANUFACTURER
Clopay Building Products Company
8585 Duke Blvd.
Mason, OH 45040
513.770.4800

Statement of Compliance:

The Clopay Building Products Company sectional doors as described on the drawings listed below meet the design and test pressures shown. Based on the testing and rational analysis detailed below, this product is evaluated to be in compliance with the following provisions of the Florida Building Code:

- 1601.1 Wind Loads 1625 Cyclic Tests for HVHZ 1626 Impact Tests for HVHZ
 Other:

Description of Product: Steel Pan (min. 24 ga.) 16'4" to 18'-2" wide WindCode® W7 Garage Door
Design Pressures: +42/-46 Test Pressures: +63/-69

Specific Models and Technical Documentation:

Model	Test Report	Drawing No.	Comments
84AW7, 94W7	ATL 0924.02-02	102621	
48W7	ATL 0924.02-02	102621	
4RSTW7	ATL 0924.02-02	102621	
H73, H94W7, H4STW7	ATL 0924.02-02	102621	

Installation requirements: Installation must be in accordance with manufacturer's installation instructions.

Limitations and conditions of use: Jambs, lintels, sills or other structural elements required to prepare openings are not covered. The design of the supporting structural elements shall be the responsibility of the professional of record for the building or structure and in accordance with current building codes for the loads listed on the drawing referenced above.

Certification of Independence of Evaluation Entity: I hereby certify that (1) I have no financial interest in Clopay Building Products Company; (2) I am an independent licensed Professional Engineer in the State of Florida; and (3) I comply with the criteria of independence as stated in 9B-72.110 F.A.C.

Signature:

Gary Pfuehler, P. E.
Florida P. E. No. 49850

Date:

10/3/03

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/24, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7557	LUTZ	FINAL SCR ENCL	PASS	CLOSE
2	6 RIVERVIEW	ELEC. RECP. T.	FAIL	INSPECTOR: <i>AM</i>
	PIONEER SCR			
7979	HAYNES	DRIVEWAY FINAL	PASS	CLOSE
4	6 PALM ROAD			INSPECTOR: <i>AM</i>
	O/B			
7871	HODDER	FINAL DOOR REPAIR	PASS	CLOSE
10	63 N. RIVER RD			INSPECTOR: <i>AM</i>
	O/B			
8122	WILCOX	FINAL SCR. ENCL	FAIL	
3	11 RIVERVIEW			INSPECTOR: <i>AM</i>
	ALUMINIUM PRODUCTS			
TREE	ROBERT SHAW	TREE	PASS	
1	15 ISLAND RD			INSPECTOR: <i>AM</i>
805	MCCARTHY	FINAL GARAGE	PASS	CLOSE
	3 KINGSTON CT	DOOR		INSPECTOR: <i>AM</i>
	O/B			
7833	BRISCOE	POWER RELEASE	PASS	CALL FPL
6	5 GUMBO LIMBO WY			FOR METER INSPECTOR: <i>AM</i>
	O/B			

OTHER: _____

9079

HURRICANE SHUTTERS



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

BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	9079	DATE ISSUED:	JANUARY 8, 2009
SCOPE OF WORK:	HURRICANE SHUTTERS		
CONDITIONS :			
CONTRACTOR:	GULFSTREAM ALUMINUM		
PARCEL CONTROL NUMBER:	133841-010-000-000201	SUBDIVISION	KINGSTON CT - LOT 2
CONSTRUCTION ADDRESS:	3 KINGSTON CT		
OWNER NAME:	MC CARTHY		
QUALIFIER:	JOHN O'BRIEN	CONTACT PHONE NUMBER:	287-6476

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE: 1-7-09
TOWN OF SEWALL'S POINT

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME: Terence & Sally McCarthy Phone (Day) 288-1463 (Fax) 283-1803

Job Site Address: 3 Kingston Court City: Sewall's Point State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Kingston Court Lot 2 Parcel Number: 13-38-41-010-000-00020-1

Owner Address (if different): n/a City: _____ State: _____ Zip: _____

Scope of work: Hurricane Shutter

WILL OWNER BE THE CONTRACTOR?

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

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 5,700.00
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V A9 A8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
Fair Market Value of the Primary Structure only (Minus the land value)
*** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION ***

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

CONTRACTOR/Company: Gulfstream Aluminum & Shutter Corp Phone: 287-6476 Fax: 287-9740

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

State Registration Number: _____ State Certification Number: CRC05807 Municipality License Number: _____

PROJECT SUPERINTENDANT: _____ CONTACT NUMBER: _____

ARCHITECT n/a Lic.#: _____ Phone Number: _____

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

ENGINEER N/A Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

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

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas: 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

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

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

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

OWNER SIGNATURE (required)
Terence McCarthy
State of Florida, County of: MARTIN
This the 15 day of MAY, 2008
by Terence McCarthy & Sally McCarthy who is personally known to me or produced as identification. Pam Heiges
Notary Public PAM HEIGES MY COMMISSION # DD 769303
EXPIRES: July 16, 2012
My Commission Expires: _____

CONTRACTOR SIGNATURE (required)
John L O'Brien
On State of Florida, County of: MARTIN
This the 19TH day of DECEMBER, 2008
by John L O'Brien who is personally known to me or produced as identification. W B...
My Commission Expires: _____

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

AFTER RECORDING - RETURN TO:

Gulfstream Aluminum & Shutter Corp.

3001 SE Gran Park Way

Stuart, FL 34997

772-287-6476

PERMIT NUMBER:

9079

INSTR # 2124670
OR BK 02368 PG 1008
Pg 1008; (1pg)
RECORDED 01/12/2009 12:58:55 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY C Hunter

NOTICE OF COMMENCEMENT

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

1. DESCRIPTION OF PROPERTY (Legal description and street address, if available) TAX FOLIO NUMBER: 13-38-41-010-000-00020-1

SUBDIVISION BLOCK TRACT LOT 2 BLDG UNIT

Kingston Court lot 2 - 3 Kingston Court

2. GENERAL DESCRIPTION OF IMPROVEMENT:

INSTALL 3 HURRICANE ROLLUP SHUTTERS

3. OWNER INFORMATION:

a. Name TERENCE & SALLY MCCARTHY

b. Address

3 Kingston Court Stuart FL 34996

c. Interest in property OWNER

d. Name and address of fee simple titleholder (if other than Owner)

N/A

4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:

Gulfstream Aluminum + Shutter Corp.

3001 SE GRAN PARK WAY STUART FL 34997 (772) 287-6476

5. SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT:

N/A

6. LENDER'S NAME, ADDRESS AND PHONE NUMBER:

N/A

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

NAME, ADDRESS AND PHONE NUMBER:

N/A

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

NAME, ADDRESS AND PHONE NUMBER:

N/A

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified):

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

X [Signature]
Signature of Owner or
Owner's Authorized Officer/Director/Partner/Manager

X Sally J. McCarthy
Print Name and Provide Signatory's Title/Office

State of Florida
County of Palm Beach

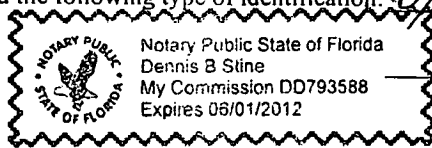
The foregoing instrument was acknowledged before me this 8 day of SEPT., 2008

X By Sally J. McCarthy, as OWNER
Print (name of person) (type of authority, ...e.g. officer, trustee, attorney in fact)

For (name of party on behalf of whom instrument was executed)

Personally known or produced the following type of identification: D/K/C # M263-791-51-621-0

Notary



[Signature]
(Signature of Notary Public)

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

X By [Signature]
Signature(s) of Owner(s) or Owner(s)' Authorized Officer/ Director / Partner/Manager who signed above:
STATE OF FLORIDA
MARTIN COUNTY

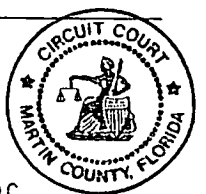
Rev. 08-09-07 (S.Recording)

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

MARSHA EWING, CLERK

BY: [Signature] D.C.

DATE: 1/12/09



Martin County, Florida

generated on 5/17/2008 11:35:04 AM EDT

Summary

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
13-38-41-010-000-00020-1	3 KINGSTON CT	27852	Owner	0	1

Summary

Property Location 3 KINGSTON CT
Tax District 2200 Sewall's Point
Account # 27852
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.372

Legal Description

Property Information
 KINGSTON COURT LOT 2

Owner Information

Owner Information
 MCCARTHY, TERENCE P & SALLY J

Mail Information

3 KINGSTON COURT
 STUART FL 34996-6332

Assessment Info

Front Ft. 0.00

Market Land Value \$275,000
Market Impr Value \$268,050
Market Total Value \$543,050

Recent Sale

Sale Amount \$42,500

Sale Date 10/1/1986
Book/Page 0691 1266

Data updated on 05/01/2008



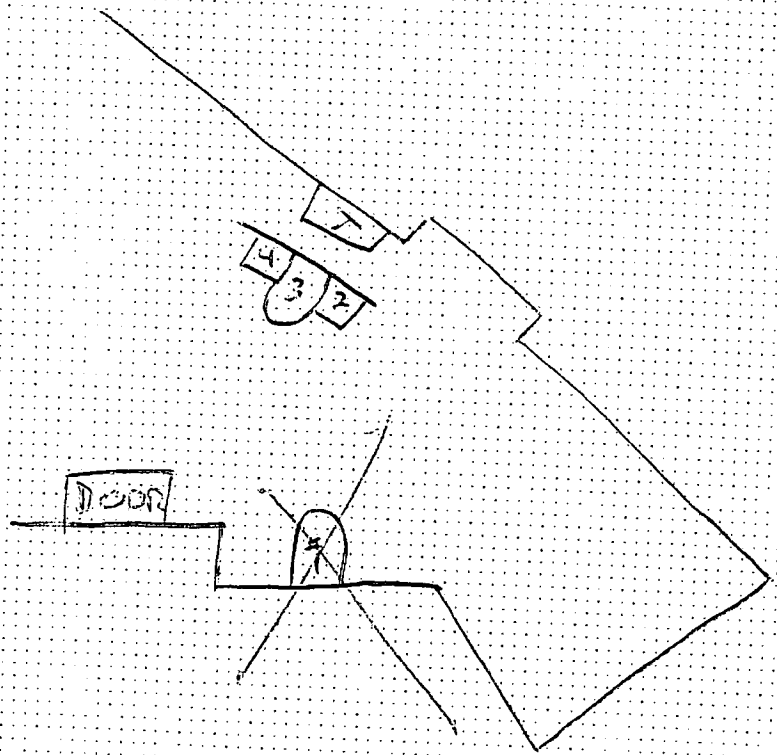
Do It Once. Do It Right.
Since 1979

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

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

LAYOUT SHEET

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



m/m McCreary

Special Instructions: _____

Signature _____ Date _____ Salesperson Kenny King Date 4/30/08
Gulfstream Aluminum and Shutter Corp.



**BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION**

TOWN OF SEWALL'S POINT MIAMI-DADE COUNTY, FLORIDA
BUILDING DEPARTMENT METRO-DADE FLAGLER BUILDING
FILE COPY 140 WEST FLAGLER STREET, SUITE 1603
 MIAMI, FLORIDA 33130-1563
 (305) 375-2901 FAX (305) 375-2908

NOTICE OF ACCEPTANCE (NOA)

**Roller Star Corporation
1460 S W 6th Ct. Building #1400
Pompano Beach, Fl. 33069**

SCOPE:

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

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

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

DESCRIPTION: ~~RE 1500 Extruded Aluminum Roll Shutter~~

APPROVAL DOCUMENT: Drawing No. 05-185R1, titled "RE 1500 Extruded Aluminum Roll Shutters", prepared by EngCo, Inc. dated 02/26/07 sheets 1 through 15 of 15 with no revisions, signed and sealed on 02/27/07 by Pedro De Figueiredo P.E., bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and Expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA renews NOA # 05-0804.01 and consists of this page, evidence page E1 and approval document mentioned above.

The submitted documentation was reviewed by **Mohammed Iqbal Shaikh, P.E.**



MIX
04/12/08

**NOA No. 08-0408.02
Expiration Date: April 10, 2013
Approval Date: May 08, 2008
Page 1**



Bid Proposal

Bid Date: 5/3/2008

Gulfstream Aluminum and Shutter Corp 3001
 SE Gran Park Way * Stuart, FL 34997
 Phone: 772.287.6476 Fax: 772.287.9740
 www.gulfshutters.com

Prepared For:		Bid Information	
Name	MR. & MRS. TERRY & SALLY MCCARTHY	Bid Type	HOME OWNER
Subdivision	SEWALL'S POINT	Job Name	MCCARTHY RES.
Job Address	3 KINGSTON CT	Installed	<input checked="" type="checkbox"/>
City-State-Zip	STUART, FL 34996	Phones	Home (772) 288-1463
Sales Person	KENNY KING		Work (772) 288-2122
			Cellular (772) 486-6047

OPG #	Type	Style	Opening		Finish		Bid Item Description
			Width	Height	Width	Height	
2	RU	1,500 Dade	36	48	44	60	Mtr: Small; Univ: Yes; Hdr: ; StrmBr: ; Crank: 0
3	RU	1,500 Dade	72	96	80	108	Mtr: Large; Univ: Yes; Hdr: ; StrmBr: ; Crank: 0
4	RU	1,500 Dade	36	48	44	60	Mtr: Small; Univ: Yes; Hdr: ; StrmBr: ; Crank: 0

Custom Features

Qty	Description
1	Permit (Residential)
3	2nd Floor Opening
3	Universal
1	Motor & Switch only (>100lbs)
2	Motor w/Override (>100lbs)
1	Crank Handle

Total Bid Amount \$7,550.00

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

1-19-2009

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9079	McGoughy	Final	PASS	CLOSE
15E	3 Kingston Gulfstream	SHUTTERS		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9080	Testabo	Final	PASS	CLOSE
2	104 N Swalls Sanco	(Code 1234)		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Ormel 3 Simara St	Tree	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

9842

AC CHANGE OUT



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

BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	9842	DATE ISSUED:	JULY 28, 2011
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	ACCU-TEMP AIR CONDITIONING & HTG		
PARCEL CONTROL NUMBER:	133841010-000-000201	SUBDIVISION	KINGSTON CT - LOT 2
CONSTRUCTION ADDRESS:	3 KINGSTON CT		
OWNER NAME:	MC CARTHY		
QUALIFIER:	TIMOTHY TETREALT	CONTACT PHONE NUMBER:	288-6658

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

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

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

REQUIRED INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number:

9842

Date: 7-26-11

OWNER/TITLEHOLDER NAME: Terence McCarthy

Phone (Day)

(Fax)

Job Site Address: 3 Kingston Ct

City: Stuart

State: FL

Zip: 34996

Legal Description: Kingston Court Lot 2

Parcel Control Number: 13-38-41-010-000-0020-1

Owner Address (if different):

City:

State:

Zip:

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

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

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 3081.00 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Accu-Temp Air Conditioning & Heating, Inc. Phone 772-288-6658 Fax: 772-288-6679

Qualifiers name: Timothy A. Tetreault Street: 5479 SE Horse Shoe Bend City: Stuart State: FL Zip: 34997

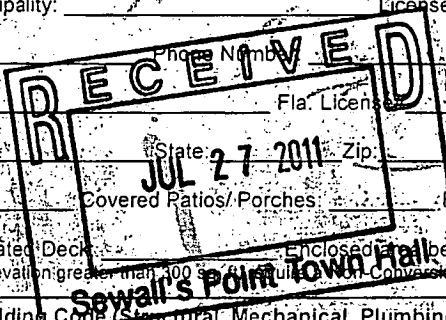
State License Number: CAC1813952 OR: Municipality: License Number:

LOCAL CONTACT: Phone Number: Fla. License:

DESIGN PROFESSIONAL: Street: City: State: Zip: Phone Number:

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

Carport: Total, under Roof: Elevated Deck: Enclosed area below BFE: * Enclosed non-habitable areas below the Base Flood Elevation greater than 400 sq ft must comply with Flood Damage Prevention Covenant Agreement.



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

NOTICES TO OWNERS AND CONTRACTORS:

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

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

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

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

X Terence McCarthy

State of Florida, County of: MARTIN

On This the 26 day of JULY, 2011

by TERENCE P. McCarthy is personally known to me or produced

As identification: [Signature]

My Commission Expires: 8/20/14

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)

[Signature]

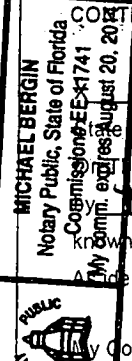
State of Florida, County of: MARTIN

is the 26 day of JULY, 2011

by Timothy Tetreault who is personally known to me or produced

As identification: [Signature]

My Commission Expires: 8/20/14



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

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

generated on 7/27/2011 9:35:48 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
13-38-41-010-000-00020-1	27852	3 KINGSTON CT, SEWALL'S POINT	\$390,450	7/23/2011

Owner Information

Owner(Current)	MCCARTHY TERENCE P & SALLY J
Owner/Mail Address	3 KINGSTON CT STUART FL 34996-6332
Sale Date	10/1/1986
Document Book/Page	0691 1266
Document No.	
Sale Price	42500

Location/Description

Account #	27852	Map Page No.	SP-05
Tax District	2200	Legal Description	KINGSTON COURT LOT 2
Parcel Address	3 KINGSTON CT, SEWALL'S POINT		
Acres	.3720		

Parcel Type

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

Assessment Information

Market Land Value	\$178,000
Market Improvement Value	\$212,450
Market Total Value	\$390,450



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Residential Commercial _____

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

Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No

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

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

Smoke Detector in Supply (over 2000 CFM) ___ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: <u>RHeem</u> Model# <u>RHLLHM36175</u>	<u>Condenser:</u> Mfg: <u>RHeem</u> Model# <u>14A5m30A01</u>
Volts <u>230</u> CFM's <u>1700</u> Heat Strip <u>7</u> Kw	Volts <u>230</u> SEER/EER <u>16</u> BTU's <u>29,200</u>
Min. Circuit Amps <u>30</u> Wire gauge <u>8</u>	Min. Circuit Amps <u>18</u> Wire gauge <u>10</u>
Max. Breaker size <u>45</u> Min. Breaker size <u>40</u>	Max. Breaker size <u>30</u> Min. Breaker size <u>25</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>410A</u>	Refrigerant type <u>410-A</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>ATTIC</u>	Left/Right/Rear/Front/Roof <u>LEFT</u>
Access: <u>Garage</u>	Condensate Location <u>next to condenser</u>

(Contractor must provide ladder if required)

EXISTING SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: <u>Grundfos</u> Model# <u>GMB030</u>	<u>Condenser:</u> Mfg: <u>N/A</u> Model# <u>N/A</u>
Volts <u>230</u> CFM's <u>1300</u> Heat Strip <u>7</u> Kw	Volts <u>230</u> SEER/EER _____ BTU's <u>30,600</u>
Min. Circuit Amps <u>8</u> Wire gauge <u>8</u>	Min. Circuit Amps _____ Wire gauge <u>10</u>
Max. Breaker size <u>50</u> Min. Breaker size _____	Max. Breaker size <u>30</u> Min. Breaker size _____
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>R-22</u>	Refrigerant type <u>R-22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>ATTIC</u>	Left/Right/Rear/Front/Roof <u>Left</u>
Access: <u>Garage</u>	Condensate Location <u>next to condenser</u>

Certification:

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

Tim
 Signature

7-26-11
 Date

Tim 370-7852

February 16, 2010

Work Prepared For:

Miami Tech, Inc.
3611 NW 74th Street
Miami, FL 33147

Certification valid for one (1) project site only. Valid with raised seal only.

Regarding: Aluminum A/C Unit Tiedown to Concrete

Attention: Building Official

This office has reviewed the design requirements for the installation of air conditioning units onto concrete slabs using Miami Tech Condensing Unit Aluminum Tiedowns (CUTDA-1). The tiedown or clip used for the installation shall be fabricated using aluminum alloy 5052-H32, measuring 4"-18" tall x 1" wide x 0.080" minimum, with layout as described below, and a maximum height of 60" per unit. The lower leg of each clip shall be anchored to the concrete host structure with (1) 1/4" diameter ITW Buildex (or equivalent) carbon steel Tapcon embedded 1-3/4" minimum into 3,000 psi concrete with 2-1/2" minimum edge distance. The upper leg of each clip shall utilize a minimum of (2) #10 Galvanized sheet metal screws (SAE Grade 2) anchored through the clip into the minimum 22-gauge (0.028" minimum) steel housing (ASTM A653, Grade 33 minimum). Maximum wind pressures for use with this installation are as noted below; additional anchors may be utilized to achieve higher pressures, as shown:

Table 1: (1) clip required at each corner of unit or (2) each opposite face for a total of (4) per unit

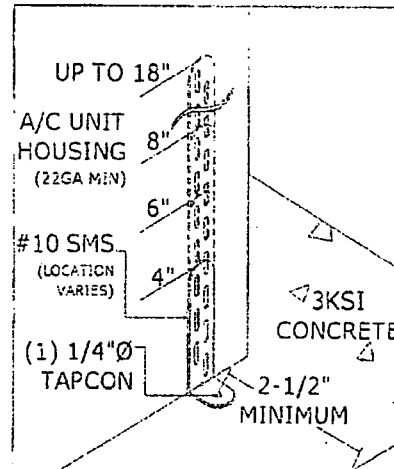
Maximum Unit Face, Area (ft ²)	(2) SMS	(3) SMS	(4) SMS
4	+/- 114 PSF	+/- 150 PSF	+/- 150 PSF
7	+/- 65 PSF	+/- 98 PSF	+/- 127 PSF
9	+/- 50 PSF	+/- 76 PSF	+/- 98 PSF
12	+/- 38 PSF	+/- 57 PSF	+/- 74 PSF
15	+/- 30 PSF	+/- 45 PSF	+/- 59 PSF

Note: (1) Tapcon acceptable for both one- and two-anchor hole versions of the CUTD.

Table 2: (2) clips required at each corner of unit or (4) each opposite face for a total of (8) per unit

Maximum Unit Face, Area (ft ²)	(2) SMS	(3) SMS	(4) SMS
20	+/- 45 PSF	+/- 68 PSF	+/- 91 PSF
25	+/- 36 PSF	+/- 54 PSF	+/- 73 PSF
30	+/- 33 PSF	+/- 50 PSF	+/- 66 PSF
35	+/- 30 PSF	+/- 46 PSF	+/- 61 PSF

Note: (1) Tapcon acceptable for both one- and two-anchor hole versions of the CUTD.



The contractor shall be responsible for insulation of dissimilar metals to prevent electrolysis. All other installation work shall follow the minimum requirements of the 2007 Florida Building Code with 2009 supplements. Thank you for your attention to this matter.

Respectfully,

FEB 17 2010

Frank L. Bennardo, P.E.
ENGINEERING EXPRESS³
#PE0046549 | Cert. Auth. 9885
09-MTI-0001-03

STANDARD CONSTRUCTION

MATERIAL:
14 GAUGE/G-90 ASTM A-653 COLD-ROLLED GALVANIZED STEEL

STANDARD SIZES:

TYPE	BASE DEPTH	WIDTH	HEIGHT	PACK QTY.
CUTD4	1.25"	1"	4"	4 PKG.
CUTD4-B	1.25"	1"	4"	BULK
CUTD6	1.25"	1"	6"	4 PKG.
CUTD6-B	1.25"	1"	6"	BULK
CUTD8-B	1.25"	1"	8"	BULK
CUTD11-B	1.25"	1"	11"	BULK
CUTD14-B	1.25"	1"	14"	BULK
CUTD18-B	1.25"	1"	18"	BULK

FEATURES

GALVANIZED STEEL PROVIDES EXCELLENT CORROSION RESISTANCE AND LONGEVITY.

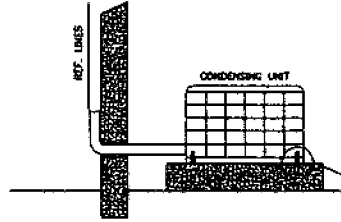
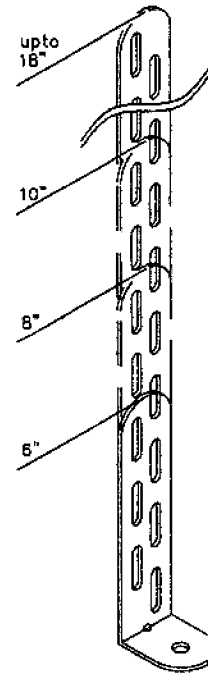
SLATTED DESIGN PROVIDES A UNIVERSAL MOUNT.

AVAILABLE IN PEG BOARD DISPLAY PACKAGES (4 PER PACKAGE) UPTO 6".

BULK PACKAGING AVAILABLE FOR ALL SIZES.

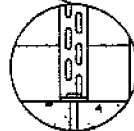
AVAILABLE IN ALUMINUM FOR EVEN GREATER CORROSION RESISTANCE (MODEL CUTDAX)

SINGLE HOLE DESIGN



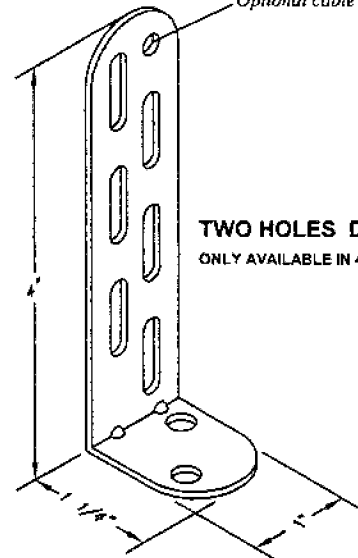
NOTE: ENGINEERING DATA AND CALCULATIONS AVAILABLE UPON REQUEST.

JOB NAME:
LOCATION:
ARCHITECT:
ENGINEER:
CONTRACTOR:
CONTACT MIAMI TECH INC. FOR ADDITIONAL INFORMATION OR WITH SPECIAL REQUIREMENTS. 3611 NW 74TH ST MIAMI, FL 33147 PHONE: 305-693-7054 FAX: 305-693-6152 WEB: WWW.MIAMITECH.COM EMAIL: SALES@MIAMITECH.COM



anchor with (1) 1/4" diameter ITW Buildex (or equivalent) carbon steel Tapcon embedded 1-3/4" minimum into 3,000 psi concrete with 2-1/2" minimum edge distance.

Optional cable hole



TWO HOLES DESIGN
ONLY AVAILABLE IN 4" HEIGHT

CUTD

CONDENSING UNIT TIE DOWN
PRODUCT SPECIFICATIONS

NOTE: ALL DRAWINGS SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.

DESIGN BY: AF	DATE: 06-01-2009	SCALE: NOT TO SCALE	DRAWING NO: CUTD
CHECKED BY: IV	DATE: 06-30-2010	REVISION: IG	

Electrical and Physical Data

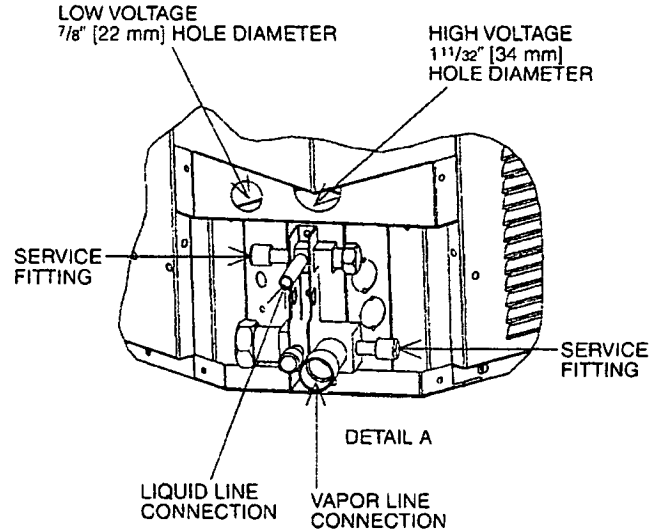
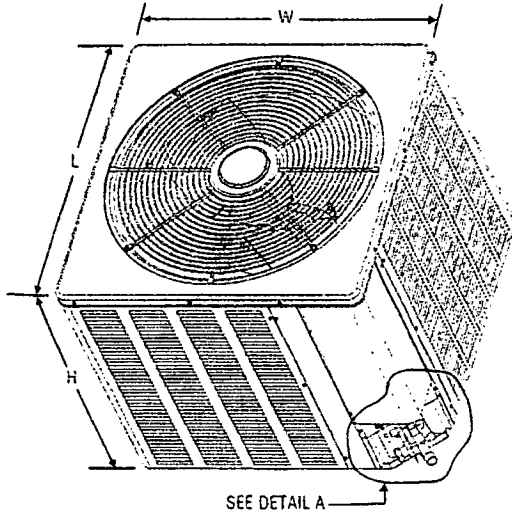
Model No. 14AJM	ELECTRICAL							PHYSICAL					
	Phase Frequency (HZ) Voltage (Volts)	Compressor		Fan Motor Full Load Amperes (FLA)	Minimum Circuit Ampacity Amperes	Fuse or HACR Circuit Breaker		Outdoor Coil			Refrigerant Per Circuit Oz. (g)	Weight	
		Rated Load Amperes (RLA)	Locked Rotor Amperes (LRA)			Minimum Amperes	Maximum Amperes	Face Area Sq. Ft. [m²]	No. Rows	CFM (L/s)		Net Lbs. (kg)	Shipping Lbs. (kg)
Rev. 3/11/2010													
18	1-60-208/230	9/9	48	0.8	12/12	15/15	20/20	16.39 [1.52]	1	2805 [1324]	112 [3175]	154 [69.9]	171 [77.6]
24	1-60-208/230	13.5/13.5	58.3	0.8	18/18	25/25	30/30	16.39 [1.52]	1	2805 [1324]	105.6 [2994]	154 [69.9]	171 [77.6]
30	1-60-208/230	12.8/12.8	64	1.4	18/18	25/25	30/30	16.39 [1.52]	1	2915 [1376]	112 [3175]	157 [71.2]	175 [79.4]
36	1-60-208/230	16.7/16.7	79	1.9	23/23	30/30	35/35	21.85 [2.03]	1	3435 [1621]	130.4 [3697]	181 [82.1]	201 [91.2]
42	1-60-208/230	17.9/17.9	112	2.8	26/26	30/30	40/40	21.85 [2.03]	1	3550 [1675]	145.12 [4114]	205 [93]	225 [102.1]
48	1-60-208/230	21.8/21.8	117	2.8	31/31	40/40	50/50	21.85 [2.03]	2	4310 [2034]	216 [6124]	249 [112.9]	269 [122]
49	1-60-208/230	19.9/19.9	109	1.9	27/27	35/35	45/45	21.85 [2.03]	2	3615 [1706]	213 [6039]	249 [112.9]	269 [122]
56	1-60-208/230	21.4/21.4	135	1.9	29/29	35/35	50/50	21.85 [2.03]	2	3615 [1706]	241 [6832]	254 [115.2]	274 [124.3]
60	1-60-208/230	26.4/26.4	134	2.8	36/36	45/45	60/60	21.85 [2.03]	2	4310 [2034]	240 [6804]	254 [115.2]	274 [124.3]

NOTE: Factory Refrigerant Charge includes refrigerant for 15 feet of standard line set.

Unit Dimensions

Model No. 14AJM	Unit Dimensions		
	Width "W" Inches [mm]	Length "L" Inches [mm]	Height "H" Inches [mm]
18, 24, 30	31 ⁵ / ₈ [803]	31 ⁵ / ₈ [803]	27 ³ / ₈ [695]
36, 42, 48, 49, 56, 60	31 ⁵ / ₈ [803]	31 ⁵ / ₈ [803]	35 ³ / ₈ [899]

[] Designates Metric Conversions



Condensing Unit Refrigerant Line Size Information

Liquid Line Sizing (R-410A)														
System Capacity	Liquid Line Connection Size (Inch I.D.)	Line Size (Inch O.D.) (mm)	Liquid Line Size - Outdoor Unit Above Indoor Coil (Cooling Only—Does not apply to Heat Pumps)						Liquid Line Size - Outdoor Unit Below Indoor Coil					
			Total Equivalent Length—Feet (m)						Total Equivalent Length—Feet (m)					
			25 (7.62)	50 (15.24)	75 (22.86)	100 (30.48)	125 (38.10)	150 (45.72)	25 (7.62)	50 (15.24)	75 (22.86)	100 (30.48)	125 (38.10)	150 (45.72)
			Minimum Vertical Separation—Feet (m)						Maximum Vertical Separation—Feet (m)					
1 1/2 Ton	3/8" [9.53]	1/4 [6.35]	0	0	0	0	8 [2.44]	24 [7.32]	25 [7.62]	40 [12.19]	25 [7.62]	9 [2.74]	N/A	N/A
		5/16 [7.94]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	62 [18.90]	58 [17.68]	53 [16.15]	49 [14.94]
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	75 [22.86]	72 [21.95]	70 [21.34]	68 [20.73]
2 Ton	3/8" [9.53]	1/4 [6.35]	0	3 [0.91]	29 [8.84]	55 [16.76]	81 [24.69]	108 [32.92]	23 [7.01]	N/A	N/A	N/A	N/A	N/A
		5/16 [7.94]	0	0	0	0	0	0	25 [7.62]	36 [10.97]	29 [8.84]	23 [7.01]	16 [4.88]	9 [2.74]
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	72 [21.95]	70 [21.34]	68 [20.73]	65 [19.81]
2 1/2 Ton	3/8" [9.53]	1/4 [6.35]	0	14 [4.27]	56 [17.07]	98 [29.87]	N/A	N/A	25 [7.62]	N/A	N/A	N/A	N/A	N/A
		5/16 [7.94]	0	0	0	0	0	0	25 [7.62]	49 [14.94]	38 [11.58]	27 [8.23]	17 [5.18]	6 [1.83]
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	68 [20.73]	65 [19.81]	62 [18.90]	58 [17.68]
3 Ton	3/8" [9.53]	5/16 [7.94]	0	0	0	0	0	9 [2.74]	25 [7.62]	50 [15.24]	37 [11.28]	22 [6.71]	7 [2.13]	N/A
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	68 [20.73]	63 [19.20]	58 [17.68]	53 [16.15]
3 1/2 Ton	3/8" [9.53]	5/16 [7.94]	0	0	0	16 [4.88]	35 [10.67]	54 [16.46]	25 [7.62]	23 [7.01]	4 [1.22]	N/A	N/A	N/A
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	43 [13.11]	36 [10.97]	30 [9.14]	24 [7.32]
4 Ton	3/8" [9.53]	3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	46 [14.02]	38 [11.58]	30 [9.14]	22 [6.71]	15 [4.57]
		1/2 [12.57]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	56 [17.07]	55 [16.76]	53 [16.15]	52 [15.85]
5 Ton	3/8" [9.53]	3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	56 [17.07]	44 [13.41]	32 [9.75]	20 [6.10]
		1/2 [12.57]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	75 [22.86]	81 [24.69]	79 [24.08]	76 [23.16]

NOTES: *Standard line size
N/A = Application not recommended.

Suction Line Length/Size versus Capacity Multiplier (R-410A)											
Unit Size	1 1/2 Ton	2 Ton	2 1/2 Ton	3 Ton	3 1/2 Ton	4 Ton	5 Ton				
Suction Line Connection Size	3/4" [19.05] I.D.			7/8" [22.23] I.D.							
Suction Line Run—Feet (m)	5/8" [15.88 mm] O.D. Optional 3/4" [19.05 mm] O.D. Standard*		5/8" [15.88 mm] O.D. Optional 3/4" [19.05 mm] O.D. Standard* 7/8" [22.23 mm] O.D. Optional		3/4" [19.05 mm] O.D. Optional 7/8" [22.23 mm] O.D. Standard*		7/8" [22.23 mm] O.D. Optional 1 1/8" [28.58 mm] O.D. Standard*				
25' [7.62]	Optional Standard Optional	1.00 1.00 —	1.00 1.00 —	1.00 1.00 1.00	1.00 1.00 —	1.00 1.00 —	1.00 1.00 —	1.00 1.00 —	1.00 1.00 —		
50' [15.24]	Optional Standard Optional	.98 .99 —	.98 .99 —	.96 .98 .99	.98 .99 —	.99 .99 —	.99 .99 —	.99 .99 —	.99 .99 —		
100' [30.48]	Optional Standard Optional	.95 .96 —	.95 .96 —	.94 .96 .97	.96 .97 —	.96 .98 —	.96 .98 —	.96 .98 —	.97 .98 —		
150' [45.72]	Optional Standard Optional	.92 .93 —	.92 .94 —	.91 .93 .95	.94 .95 —	.94 .96 —	.95 .96 —	.95 .96 —	.94 .97 —		

NOTES: *Standard line size
Using suction line larger than shown in chart will result in poor oil return and is not recommended.

[] Designates Metric Conversions

RHLA/RHLL Electrical Data – with Electric Heat

Installation of the U.L. Listed original equipment manufacturer provided heater kits listed in the table below is recommended for all auxiliary heating requirements.

Nominal Cooling Capacity Tons/ Cabinet Size	Rheem Model No.	Heater KW 208/240V	PH/HZ	No. Elements - KW Per	Type Supply Circuit Single Circuit Multiple Circuit	Circuit Amps.	Motor Ampacity	Minimum Circuit Ampacity	Maximum Circuit Protection	
1 1/2 & 2/17	RXBH-1724B03J/RXBH-17A03J	2.25/3.0	1/60	1 - 3.0	SINGLE	10.8/12.5	1.6	16/18	20/20	
	RXBH-1724B05J/RXBH-17A05J	3.6/4.8	1/60	1 - 4.8	SINGLE	17.3/20.0	1.6	24/27	25/30	
	RXBH-1724B07J/RXBH-17A07J	5.4/7.2	1/60	2 - 3.6	SINGLE	26.0/30.0	1.6	35/40	35/40	
	RXBH-1724B10J/RXBH-17A10J	7.2/9.6	1/60	2 - 4.8	SINGLE	34.6/40.0	1.6	46/52	50/60	
	RXBH-17A13J	9.4/12.5	1/60	3-4.17	SINGLE	45.1/52.1	1.6	59/68	60/70	
	RXBH-17A13J	3.1/4.2	1/60	1-4.17	MULTIPLE CKT 1	15.0/17.4	1.6	21/24	25/25	
		6.3/8.3	1/60	2-4.17	MULTIPLE CKT 2	30.1/34.7	0	38/44	40/45	
	RXBH-17A07C	5.4/7.2	3/60	3 - 2.4	SINGLE	15.0/17.3	1.6	21/24	25/25	
RXBH-17A10C	7.2/9.6	3/60	3 - 3.2	SINGLE	20.0/23.1	1.6	27/31	30/35		
RXBH-17A13C	9.4/12.5	3/60	3 - 4.17	SINGLE	26.1/30.1	1.6	35/40	35/40		
2 1/2 & 3/17	RXBH-17A03J	2.25/3.0	1/60	1 - 3.0	SINGLE	10.8/12.5	2.7	17/19	20/20	
	RXBH-17A05J	3.6/4.8	1/60	1 - 4.8	SINGLE	17.3/20.0	2.7	25/29	25/30	
	RXBH-17A07J	5.4/7.2	1/60	2 - 3.6	SINGLE	26.0/30.0	2.7	36/41	40/45	
	RXBH-17A10J	7.2/9.6	1/60	2 - 4.8	SINGLE	34.6/40.0	2.7	47/54	50/60	
	RXBH-17A13J	9.4/12.5	1/60	3-4.17	SINGLE	45.1/52.1	2.7	60/69	60/70	
	RXBH-17A13J	3.1/4.2	1/60	1-4.17	MULTIPLE CKT 1	15.0/17.4	2.7	23/26	25/30	
		6.3/8.3	1/60	2-4.17	MULTIPLE CKT 2	30.1/34.7	0	38/44	40/45	
	RXBH-17A15J	10.8/14.4	1/60	3-4.8	SINGLE	51.9/60.0	2.7	69/79	70/80	
	RXBH-17A15J	3.6/4.8	1/60	1 - 4.8	MULTIPLE CKT 1	17.3/20.0	2.7	25/29	25/30	
		7.2/9.6	1/60	2 - 4.8	MULTIPLE CKT 2	34.6/40.0	0	44/50	45/50	
	RXBH-17A18J	12.8/17.0	1/60	3-5.68	SINGLE	61.6/70.8	2.7	81/92	90/100	
	RXBH-17A18J	4.3/5.7	1/60	1-5.68	MULTIPLE CKT 1	20.5/23.6	2.7	29/33	30/35	
		8.5/11.3	1/60	2 - 5.68	MULTIPLE CKT 2	41.1/47.2	0	52/59	60/60	
	RXBH-17A07C	5.4/7.2	3/60	3 - 2.4	SINGLE	15.0/17.3	2.7	23/25	25/25	
	RXBH-17A10C	7.2/9.6	3/60	3 - 3.2	SINGLE	20.0/23.1	2.7	29/33	30/35	
	RXBH-17A13C	9.4/12.5	3/60	3 - 4.17	SINGLE	26.1/30.1	2.7	36/41	40/45	
	RXBH-17A15C	10.8/14.4	3/60	3 - 4.8	SINGLE	30.0/34.6	2.7	41/47	45/50	
	RXBH-17A18C	12.8/17.0	3/60	3-5.68	SINGLE	35.5/41.0	2.7	48/55	50/60	
	3 1/2 & 4/21	RXBH-1724B05J/RXBH-24A05J	3.6/4.8	1/60	1 - 4.8	SINGLE	17.3/20.0	3.8	27/30	30/30
		RXBH-1724B07J/RXBH-24A07J	5.4/7.2	1/60	2 - 3.6	SINGLE	26.0/30.0	3.8	38/43	40/45
RXBH-1724B10J/RXBH-24A10J		7.2/9.6	1/60	2 - 4.8	SINGLE	34.6/40.0	3.8	48/55	50/60	
RXBH-24A15J		10.8/14.4	1/60	3-4.8	SINGLE	51.9/60.0	3.8	70/80	70/80	
RXBH-24A15J		3.6/4.8	1/60	1 - 4.8	MULTIPLE CKT 1	17.3/20.0	3.8	27/30	30/30	
		7.2/9.6	1/60	2 - 4.8	MULTIPLE CKT 2	34.6/40.0	0.0	44/50	45/50	
RXBH-24A18J		12.8/17.0	1/60	4-4.26	SINGLE	61.6/70.8	3.8	82/94	90/100	
RXBH-24A18J		6.4/8.5	1/60	2 - 4.26	MULTIPLE CKT 1	30.8/35.4	3.8	44/49	45/50	
		6.4/8.5	1/60	2 - 4.26	MULTIPLE CKT 2	30.8/35.4	0.0	39/45	40/45	
RXBH-24A20J		14.4/19.2	1/60	4-4.8	SINGLE	69.2/80	3.8	92/105	100/110	
RXBH-24A20J		7.2/9.6	1/60	2 - 4.8	MULTIPLE CKT 1	34.6/40.0	3.8	48/55	50/60	
		7.2/9.6	1/60	2 - 4.8	MULTIPLE CKT 2	34.6/40.0	0.0	44/50	45/50	
RXBH-24A25J		18.0/24.0	1/60	6-4.0	SINGLE	86.4/99.9	3.8	113/130	125/150	
RXBH-24A25J (4-ton only)		6.0/8.0	1/60	2 - 4.0	MULTIPLE CKT 1	28.8/33.3	3.8	41/47	45/50	
		6.0/8.0	1/60	2 - 4.0	MULTIPLE CKT 2	28.8/33.3	0.0	36/42	40/45	
RXBH-24A20C		6.0/8.0	1/60	2 - 4.0	MULTIPLE CKT 3	28.8/33.3	0.0	36/42	40/45	
		5.4/7.2	3/60	3 - 2.4	SINGLE	15.0/17.3	3.8	24/27	25/30	
RXBH-24A10C		7.2/9.6	3/60	3 - 3.2	SINGLE	20.0/23.1	3.8	30/34	30/35	
RXBH-24A15C		10.8/14.4	3/60	3 - 4.8	SINGLE	30.0/34.6	3.8	43/48	45/50	
RXBH-24A18C		12.8/17.0	3/60	3-2.84	SINGLE	35.6/41.0	3.8	50/56	50/60	
RXBH-24A20C*		14.4/19.2	3/60	3-3.2	SINGLE	40.0/46.2	3.8	55/63	60/70	
RXBH-24A20C		7.2/9.6	3/60	3 - 3.2	MULTIPLE CKT 1	20.0/23.1	3.8	30/34	30/35	
		7.2/9.6	3/60	3 - 3.2	MULTIPLE CKT 2	20.0/23.1	0.0	25/29	25/30	
RXBH-24A25C*		18.0/24.0	3/60	6-4.0	SINGLE	50.0/57.8	3.8	68/77	70/80	
RXBH-24A25C (4-ton only)		9.0/12.0	3/60	3 - 4.0	MULTIPLE CKT 1	25.0/28.9	3.8	36/41	40/45	
		9.0/12.0	3/60	3 - 4.0	MULTIPLE CKT 2	25.0/28.9	0.0	32/37	35/40	

* Values only. No single point kit available.

• Supply circuit protective devices may be fused or "HACR" type circuit breakers.

• If non-standard fuse size is specified, use next size larger standard fuse size.

• If the kit is listed under both single and multiple circuits, the kit is shipped from factory as multiple circuits. For single phase application, Jumper bar kit RXBJ-A21 and RXBJ-A31 can be used to convert multiple circuits to a single supply circuit. Refer to Accessory Section for details.

• Largest motor load is included in single circuit or circuit 1 of multiple circuit.

• Heater loads are balanced on 3 PH. models with 3 or 6 heaters only.

• Electric heater BTUH - (heater watts + motor watts) x 3.414 (see airflow table for motor watts).

• No electrical heating elements are permitted to be used with "A" voltage (115V) air handler.

• J voltage (208/240V) single phase air handler is designed to be used with single or three phase 208/240V volt electric heaters. In the case of connecting 3 phase power to air handler terminal block without the heater, bring only two leads to terminal block. Cap, insulate and fully secure the third lead.

• Do not use 480V electrical heaters on 208/240V air handlers.

• Do not use 208/240V electrical heaters on 480V air handlers.

Unit Dimensions

ELECTRICAL CONNECTIONS
MAY EXIT TOP OR EITHER SIDE

HIGH VOLTAGE CONNECTION 1/2" (22.2 mm),
1 1/2" (27.8 mm), 1 7/8" (50 mm) DIA. KNOCKOUTS.

LOW VOLTAGE CONNECTION
1/2" (12.7 mm) AND 3/4" (22.2 mm) KNOCKOUT

AUXILIARY DRAIN CONNECTION
1/2" (12.7 mm) FEMALE PIPE THREAD (NPT)
HORIZONTAL APPLICATION ONLY

PRIMARY DRAIN CONNECTION
1/2" (12.7 mm) FEMALE PIPE THREAD (NPT)

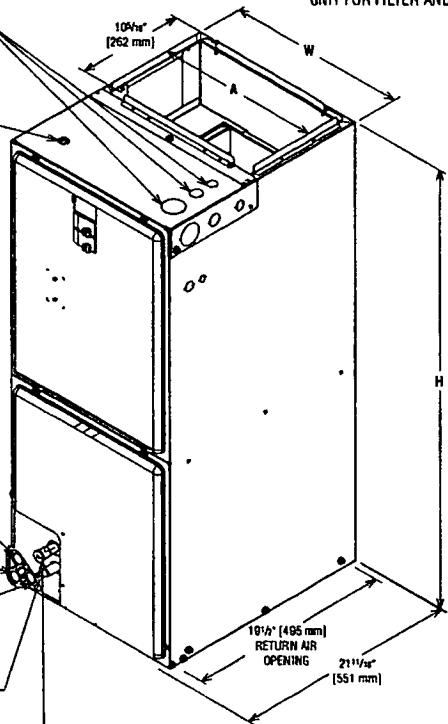
AUXILIARY DRAIN CONNECTION
1/2" (12.7 mm) FEMALE PIPE THREAD (NPT)
UPFLOW/DOWNFLOW APPLICATION ONLY

LIQUID LINE CONNECTION
COPPER (SWEAT)

VAPOR LINE CONNECTION
COPPER (SWEAT)

SUPPLY AIR ↑

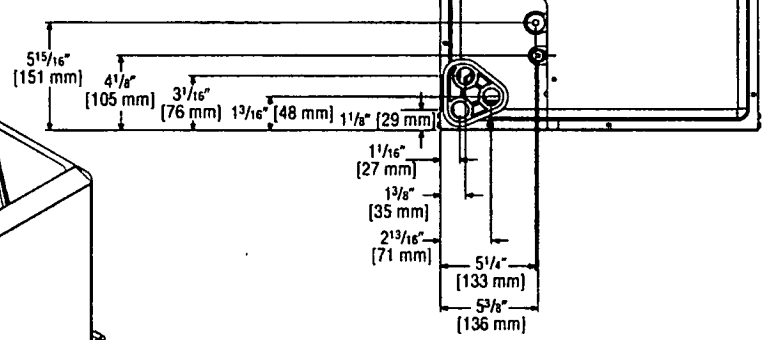
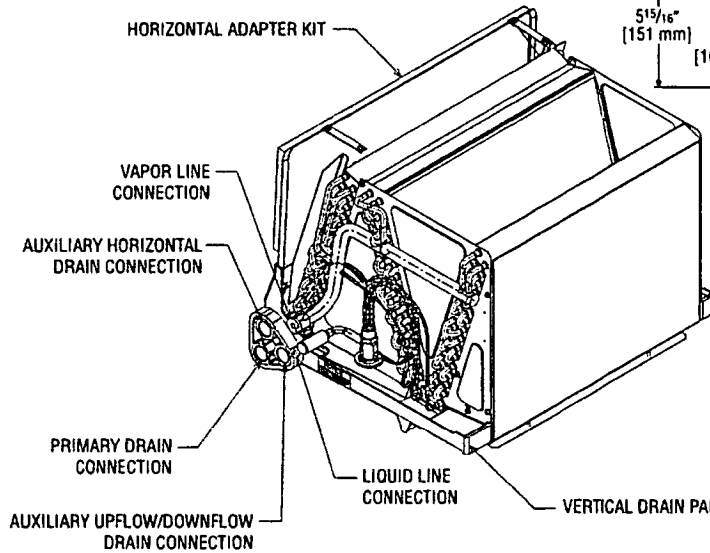
NOTE: 24" CLEARANCE REQUIRED IN FRONT OF
UNIT FOR FILTER AND COIL MAINTENANCE.



UPFLOW UNIT SHOWN:
UNIT MAY BE INSTALLED UPFLOW, DOWNFLOW,
HORIZONTAL RIGHT OR LEFT AIR SUPPLY.

Return Air Opening Dimensions

Model Cabinet Size	Return Air Opening Width (inches)	Return Air Opening Depth/Length (inches)
17	15 7/8	19 3/4
21	19 3/8	19 3/4
24	22 7/8	19 3/4



[] Designates Metric Conversions
() Designates Unit with Double Coil Cabinet

Unit Dimensions & Weights

Model Size	Unit Width "W" In. [mm]	Unit Height "H" In. [mm]	Supply Duct "A" In. [mm]	Air Flow CFM (Nom.) [L/s]		Unit Weight/Shipping Weight (Lbs.) [kg]
				Lo	Hi	Unit With Coil (Max. KW)
1817/2417	17 1/2 [445]	42 1/2 [1080]	16 [406]	600 [283]	800 [378]	82/96 [37/44]
3017/3617	17 1/2 [445]	42 1/2 [1080]	16 [406]	1000 [472]	1200 [566]	92/106 [37/48]
3621	21 [533]	42 1/2 [1080]	19 1/2 [495]	1200 [566]	—	97/112 [44/51]
4221/4821	21 [533]	50 1/2 [1282]	19 1/2 [495]	1400 [661]	1600 [755]	150/166 [68/75]
4824	24 1/2 [622]	55 1/2 [1410]	23 [584]	1600 [755]	—	162/180 [73/81]
6024	24 1/2 [622]	55 1/2 [1410]	23 [584]	—	1800 [850]	181/198 [82/90]



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

A/C PERMIT APPLICATION

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

Please make sure you have ALL required copies before submitting permit application

_____ 1 Copy Completed permit application

_____ 2 Copies of the following:

- a. Manufacturer's data sheet to include make, model, seer/eer, tonnage, electrical requirements, refrigerant piping size, and AHRI listing page.
- b. Replacing ductwork requires Manual D layout plan with grille sizes
- c. Replacing entire system including ductwork requires Manual J and Energy calculations.
- d. Condenser tie down and Air Handler mounting details
- e. A/C change out affidavit

COMMERCIAL APPLICATIONS ADDITIONALLY REQUIRE

_____ 2 Copies A/C Stand NOA or Engineers letter to retrofit to existing mounts.

_____ Smoke Detectors in supply duct for units over 2000 CFM

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **8-2-11** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9805	Fearons 101 N Sewalls Louden Pools	electric	Fail	LAND SCAPING WIRING INCOMPLETE IN POOL TRUCK INSPECTOR <i>[Signature]</i>
9808	Berubana 3602 SE Ocean ADT	Final alarm	Reset for	WED INSPECTOR <i>[Signature]</i>
9779	Schroeder 4 Ridgeland Greg Maeder	plumbing & electric	PASS	INSPECTOR <i>[Signature]</i>
9828 125	Pane 61 N River Rd Peck	plumbing rough mechanical rough framing rough electrical rough	PASS u u	INSPECTOR <i>[Signature]</i>
9807	Lawless 12 Mandalay OB	Plumbing	cancel	see Wed. INSPECTOR
9815	115 Currier	Final A/C	PASS	INSPECTOR
9-915	Accutemp Ac		PASS	INSPECTOR <i>[Signature]</i>
	6 St. Lucie Ct			
	Pool Deck Demo - No Permit			287-0070
	Big T ERST COAST CONCRETE CUTTING			INSPECTOR

TREE

REMOVAL, REPLACEMENT,
RELOCATION

TOWN OF SEWALL'S POINT, FLORIDA

Date November 19, 2004 TREE REMOVAL PERMIT No 2358

APPLIED FOR BY McCarthy (Contractor or Owner)

Owner 3 KINGSTON COURT

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 STRANGLER PALM

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed [Signature] Town Clerk

Building Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for notes or drawings]

PROJECT DESCRIPTION _____

[Lined area for project description]

REMARKS _____

[Lined area for remarks]

TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than two inches.

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, Marlberrry, 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 Oxeve, 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 S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.



Owner Terry McCarthy + Sally Address 3 Kingston Ct Phone 288-1463

Contractor Mc Trees Address _____ Phone _____

No. of Trees: REMOVE 1 Type: STRangular Palm

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

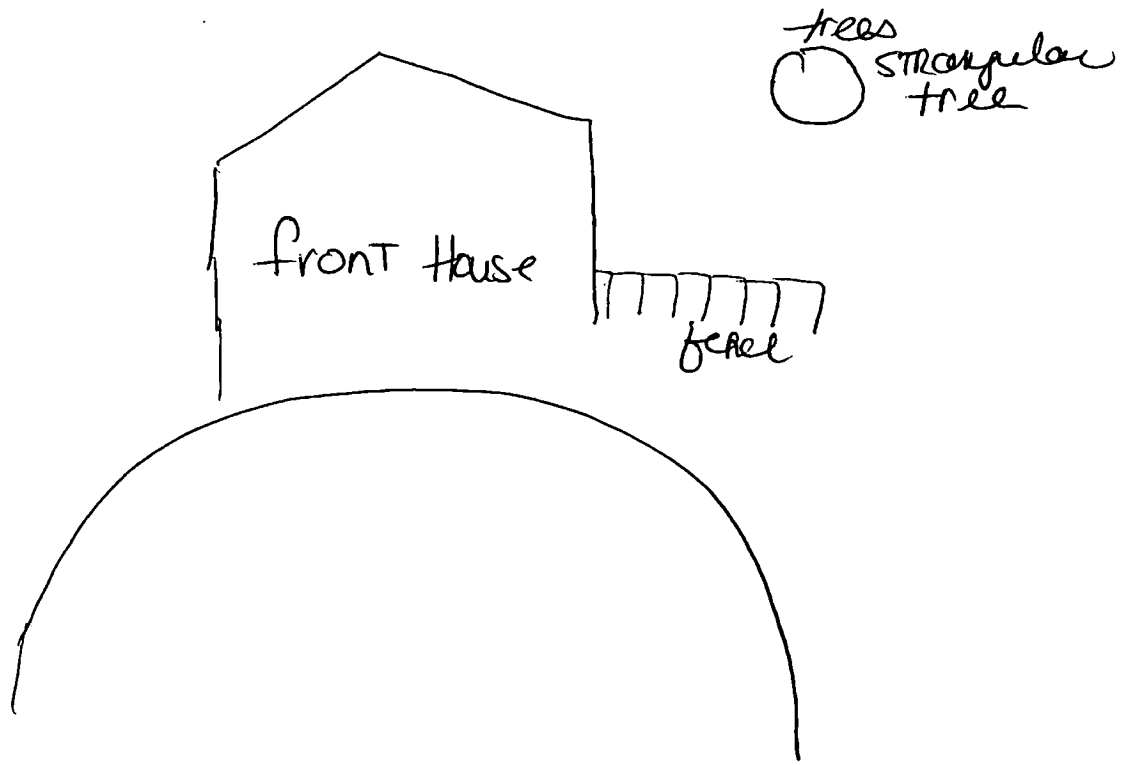
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: DESTROYING Septic tank

Signature of Property Owner [Signature] Date 11/19/04

Approved by Building Inspector: [Signature] Date 11/19 Fee: 0

Plans approved as submitted [checkmark] Plans approved as revised/marked: _____



3 KINGSTON.



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner: Sally McLaughlin Address: 3 Kingswood Phone: 288-1463
 Contractor: Beckwith Tree Care Address: _____ Phone: _____
 No. of Trees: REMOVE 2 Species: Palm Trees QUEEN
 No. of Trees: RELOCATE _____ Species: _____
 No. of Trees: REPLACE _____ Species: _____

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) Dead

Signature of Property Owner: Sally McLaughlin Date: 6/2/12

Approved by Building Inspector: [Signature] Date: 6-5-12 Fee: N/C

NOTES: TREES ARE DISEASED

