

5 Kingston Court

2229

SFR

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER Lynn Carter
 CONTRACTOR Foundation General Cont
 LOT 3 BLOCK _____ SUB Kingston
 NO. Kingston Court St. or Ave.

NO. 2229 Date Issued 1/7/88

Call 287-2455 From 8:00 A.M. - 12:00 Noon and
 1:00 P.M. - 4:00 P.M. For Inspections of Items 1 thru 13.

TOWN OF SEWALL'S POINT BUILDING PERMIT

- * REQUESTS FOR INSPECTIONS REQUIRE AT LEAST 24 HOURS NOTICE.
- * ALL WORK MUST BE IN COMPLIANCE WITH THE TOWN OF SEWALL'S POINT ORDINANCES, THE SOUTH FLORIDA BUILDING CODE, THE STATE OF FLORIDA ENERGY EFFICIENCY BUILDING CODE AND ELEVATIONS BASED ON THE LATEST FLOOD INSURANCE RATE MAP.
- * WORKING HOURS ARE FROM 8:00 to 5:00 P.M. MONDAY THRU SATURDAY. PORTABLE TOILET FACILITIES MUST BE ON JOB SITE BEFORE INITIAL INSPECTION.

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION	OK 2-18-88	Bob Barber
3. FOOTING - SLAB	OK 2/22/88 DB	
4. ROUGH PLUMBING	OK 2/16/88 DB	
5. ROUGH ELECTRIC	OK 4/19/88 DB	
6. LINTEL	OK 3/14/88 DB	
7. ROOF	OK 4/19/88 DB	
8. FRAMING	OK 4/19/88 DB	
9. INSULATION	OK 4/22/88 DB	
10. A/C DUCTS	OK 4/19/88 DB	
11. FINAL ELECTRIC		
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION		

TO CONSTRUCT New Residence

REMARKS:

MARTIN COUNTY
PUBLIC HEALTH UNIT

Your septic system was inspected on 2-21-88
87-821
6/16/88

Approved and Cover
 Cover but hold for:
 Final Grade (see permit for specifications)
 Well Permit
 Other:
 Do not cover, disapproved for the following reasons:
 Well and well
 reinspection fee _____
 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 D. Pick at 287-2277.

2229

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING #

PERMIT NUMBER

DATE OF APPLICATION 12.08.81

To obtain a permit the following are required:

1. Florida certification of builder and sub-contractors.
2. Certification of insurance from contractor or owner/builder re: liability and workers' compensation.
3. Two sets of building plans which must include: a) 1/4" scale building drawings, b) plot plan, c) foundation plan, d) floor plans, e) wall and roof cross-sections, e) plumbing, electrical and air conditioning layouts, f) at least two elevations showing the height of building from finished floor.
4. Recorded warranty deed to the property.
5. Septic tank permit and one set of plans with Martin County Health Department seal.
6. Energy code calculations.
7. Notarized copy of attached affidavit re: removal of nuisance trees.
8. Tree removal permit (for trees other than #7 above).
9. Certification of elevation from licensed surveyor and determination of flood zone.
10. Amount of fill anticipated - rough sketch showing extent of fill on lot.
11. Manufacturer's schedule of windows.

Owner Carter Current Address 234 Edgewater No. 201, Stuart

Telephone 225 0101

General Contractor Foundation General Cont. Address 2144 SE Harlow St. PSL

Telephone 335 8192

Where Licensed <u>State license</u>	License Number <u>CQC 16983</u>
Plumbing Contractor <u>Not yet determined</u>	License Number <u>NA</u>
Electrical Contractor	License Number
Roofing Contractor	License Number
A/C Contractor	License Number

Describe the building or alterations Single family CBS residence

Name the street on which the building, its front building line and its front yard will face Kingston Ct.

Subdividing 5 Kingston Ct. Lot 3 Block NA

Building area (inside walls) 2540 SF Garage, porch, carport area 1121 SF

Contract price (excluding carpet, land, appliances, landscaping) \$ 108,000

Cost of permit \$ 9,600 Plans approved as submitted as marked 190

- 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 \$1,000. of the cost of the building, plus \$10. each for plumbing, electric, a.c. and roof. For example a \$100,000. building x \$5. = \$500. plus \$40. (a.c., pl., el., roof) = \$540. cost of permit + \$365. impact fee = \$905. total.
 3. If no contract is submitted as proof as cost, the permit will be based on \$60. 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 ordinances.
5. Building permits are issued for one year's duration.
6. Construction must be started within 180 days or 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 Friday. NO SUNDAY WORK

9. Portable toilets must be on all construction sites.
10. Inspections are made Monday through Friday, 8:AM to Noon, 1:PM to 4:PM. 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 final fee (based on 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" 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 OR CONTRACTOR FROM COMPLIANCE WITH TOWN ORDINANCES.

Contractor's Signature David Cabell Owner's Signature Lynn Carter
 Approval by Building Inspector Dale Brown Date 1/7/88
 Approval by Building Commissioner DB Date 1/8/88
 Certificate of Occupancy issued DB Date 4/30/88

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Foundation General Contr.
LEGAL DESCRIPTION: LOT 3 Kingston Ct.
SEPTIC TANK PERMIT NUMBER: H1057-924 (UPDATE FROM 87-48)

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.

- X 1. Building Permit Number: _____.
2. I certify that the elevation of the top of the lowest plumbing stubout is _____ inches above benchmark elevation as indicated on septic tank permit.
- X 3. I certify that the top of the lowest building plumbing stubout is _____ inches above crown of road elevation shown on septic tank permit.
- X 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.

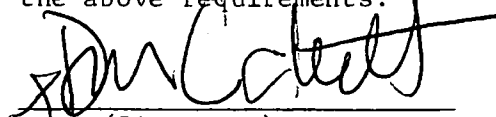
Date Observed: _____

- 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: _____

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

Date: _____ Job Number: _____



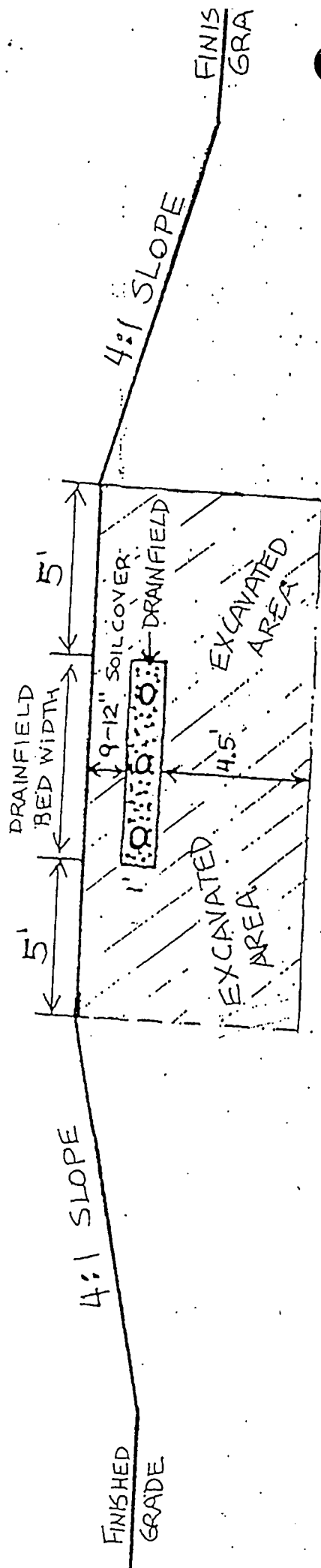
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

(Signature of Environmental Health Specialist)

(Date)

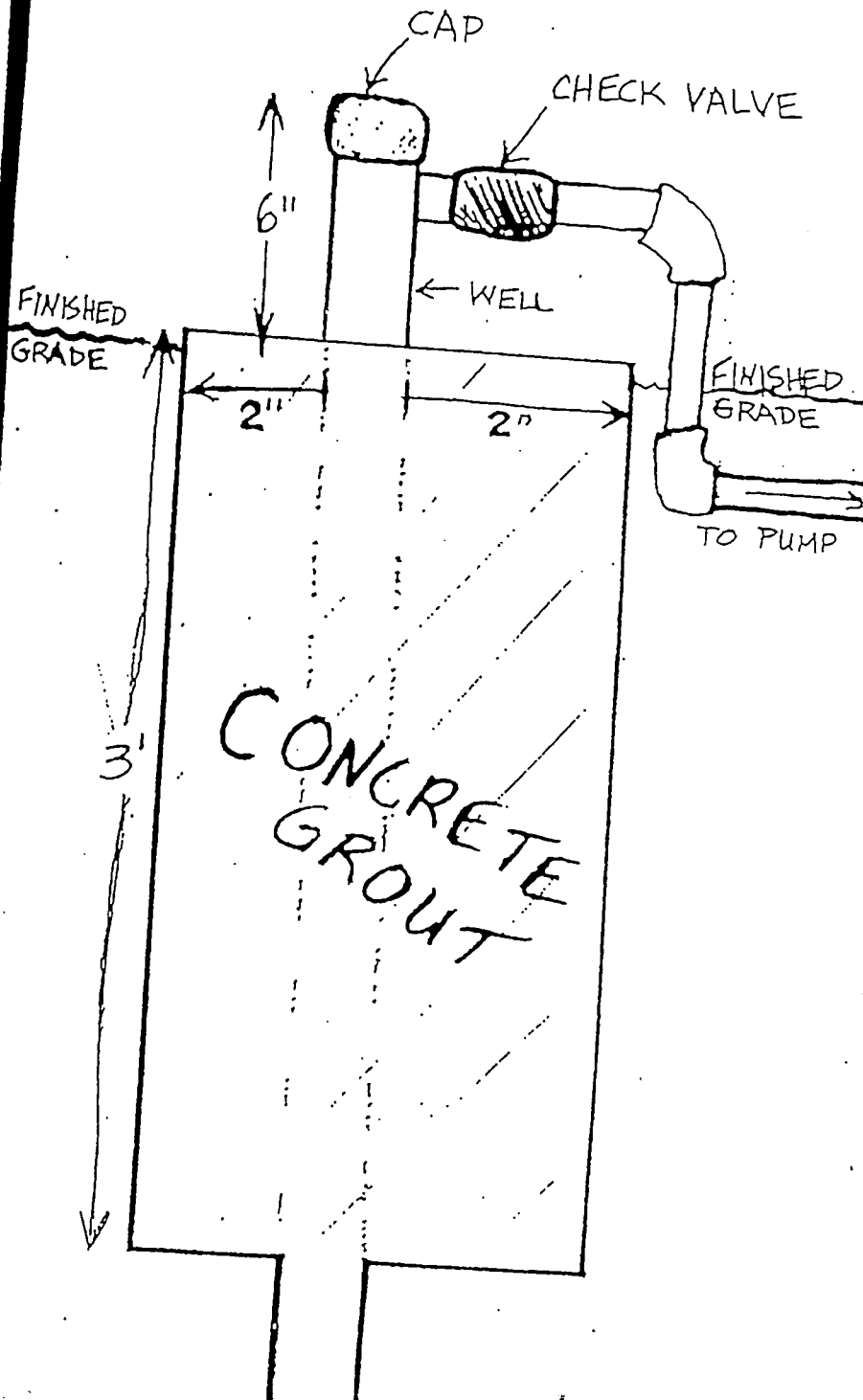
GROUND REQUIREMENTS



NOTES THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.

WELL REQUIREMENTS

NOTE: ALL WELLS MUST BE GROUTED AT LEAST 2" AROUND WELL CASING TO A DEPTH OF 3'. WELL CASING MUST EXTEND 6" ABOVE FINISHED GRADE AS SHOWN BELOW. NOTE LOCATION OF CHECK VALVE.

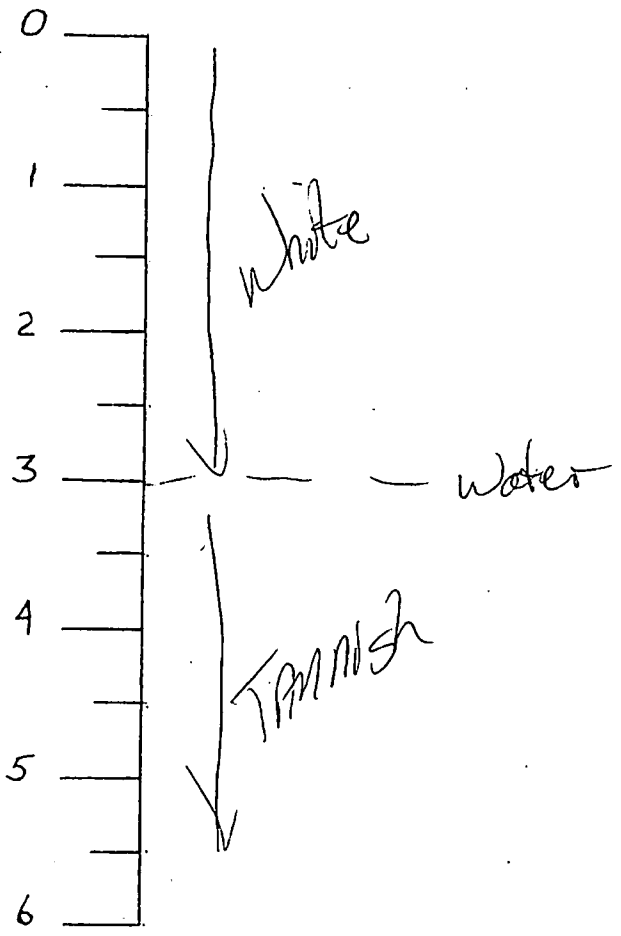


MARTIN COUNTY PUBLIC HEALTH DEPARTMENT
131 East 7th Street
Stuart, Florida 33497
287-2277
SITE EVALUATION

APPLICANT: BAY PORT BUILDERS

LEGAL DESCRIPTION: Lot 3 KINGSTON COURT

SOIL PROFILE



Jonathan
~~Hobbes~~
USDA SOIL TYPE ~~Hobbes~~
USDA SOIL NUMBER 6F

Impervious soils are present at
76 feet below natural
grade.

Present Water Depth Below Natural Grade 3' Feet.
Wet Season Range Per Soil Survey 40-60" Feet.
Estimated Wet Season Water Depth Below Natural Grade 2 Feet.
Indicator Vegetation Present Scrub Oak, Saw Palmetto Sand pine
Is Benchmark Located on Plot Plan and Present on Site? yes
Approximate Amount of Fill on Neighboring Lots N/A

Other Findings:

EVALUATION BY: Jacqueline D. Kelly
DATE: 6-17-87

Original

FOUNDATION GENERAL CONTRACTORS, INC.

***** CONSTRUCTION CONTRACT *****

This agreement made and entered into this 09 day of November 1987 by and between Lynn Carter of 234 Edgewater No. 201 Stuart, FL 34996 hereinafter referred to as "Owner" and FOUNDATION GENERAL CONTRACTORS INC, A Florida Corporation, organized and existing under the laws of the State of Florida and having its principal office located at 2144 SE Harlow Street, Port Saint Lucie, Florida 34952, telephone number (305) 335-8192, hereinafter referred to as "Contractor" agrees as follows:

1. Contractor agrees to construct for the Owner a residence on Lot 3 Kingston Ct. Sewells Point.
2. The owner warrants that the lot is free and clear of all encumbrances, and that the lot is zoned for the construction of the project as herein contemplated.
3. The contract document on which this agreement is based is as follows:
 - A. This agreement pages 1-3.
 - B. Attached drawings dated 11.07.87
 - C. Standard Specifications attached.
4. Owner agrees to pay Contractor in legal tender of the United States the sum of (\$ 125,778.00) One hundred twenty-five thousand seven-hundred seventy-eight dollars.
5. Payment of this amount is further subject to any additions or deductions in accordance with the provisions of this contract. Payment on the total contract shall be made in accordance with the lenders requirements.
6. Owner is solely responsible to see that all payments are made timely. If any payment is not in the possession of Contractor in accordance with above, Owner is delinquent and shall pay Contractor damages of 0.05% of the amount due compounded for each calendar day that all such payments are delinquent. If payment is more than 10 days late, the Owner is in default and the Contractor, without written notice, may cease all work and retain all payments as liquidated damages.
7. If Owner defaults Contractor may do any or all of the following:
 - A. Keep all funds paid.
 - B. Sell the property and keep all proceeds.
 - C. Collect all reasonable costs including attorneys fees to enforce this contract.
8. Contractor shall provide and pay for all labor, material and equipment necessary for the completion of work as specified under

HOOD.

31. TELEPHONE AND TELEVISION: PREWIRE ONLY FOR FIVE TELEPHONE AND FIVE TELEVISION OUTLETS, LOCATED AS PER THE PLANS.

32. DOOR HARDWARE: KWIKSET GRECIAN KNOB IN ANTIQUE BRASS.

33. EQUALS: THE CONTRACTOR RESERVES THE RIGHT TO CHANGE ANY SPECIFIED ITEM TO AN "EQUAL" IN ORDER TO FACILITATE CONSTRUCTION. IN THE EVENT THE EQUALS ARE, AS A TOTAL, LESS THAN THE SPECIFIED ITEMS, THE OWNER WILL RECEIVE AN ADJUSTING CREDIT AT CLOSING.

34. THE FOLLOWING ITEMS ARE ALSO INCLUDED:

STUB ONLY FOR PLUMBING AT FAMILY ROOM/KITCHEN FOR FUTURE WET BAR.

THREE ELECTRICAL FLOOR OUTLETS ARE INCLUDED TO BE LOCATED BY OWNER.

INCLUDE SHOE RACKS IN MASTER CLOSET AND ON ONE WALL OF BACK BEDROOM CLOSET.

INCLUDE RADIANT BARRIER IN ATTIC.

SEAL OR PAINT GARAGE FLOOR.

FINISH ALL GARAGE WALLS WITH DRYWALL.

35. THE FOLLOWING ALLOWANCES ARE INCLUDED:

CERAMIC TILE \$3000.00

FLOOR COVERING \$5100.00 ✓

APPLIANCES \$4000.00 ✓

LIGHTING FIXTURES \$2500.00

LANDSCAPING \$6600.00 ✓

LOT PREPARATION \$5800.00

IRRIGATION SYSTEM \$2000.00

18. Provided the house is completed, delivery or possession to Owner and payment to Contractor shall not be delayed because minor items of work on the house are subject to correction. After completion and before possession Owner shall make an inspection of the project with an authorized representative of Contractor and shall execute Contractors form of "Inspection Report", listing all items which the parties agree are then incomplete or subject to correction. Correction of all items shall be done between 8:00 AM and 5:00 PM weekdays unless other arrangements are made. It is Owners responsibility to arrange access to the house during this time and if access is not provided within 45 calendar days, Contractor is relieved from making such repairs.

19. All work is warrantied against defects in material and workmanship for one year. Owner is responsible for all cost of repairs requested by Owner that is not covered under the warranty. This warranty specifically does not include repair of any damages suffered by natural disasters. It is Owners responsibility to protect his property from hurricane force winds.

20. This contract is voidable by Contractor without further notice if a "Notice of Commencement" is not issued within 45 calendar days of the execution of this contract.

Subject to my attorney's approval by Nov. 28, 1987

Lynn Carter

Owner

11/23/87

Date

Donald Collett

Contractor

11.12.87

Date

Charles R. Badger

Witness

LOCIE

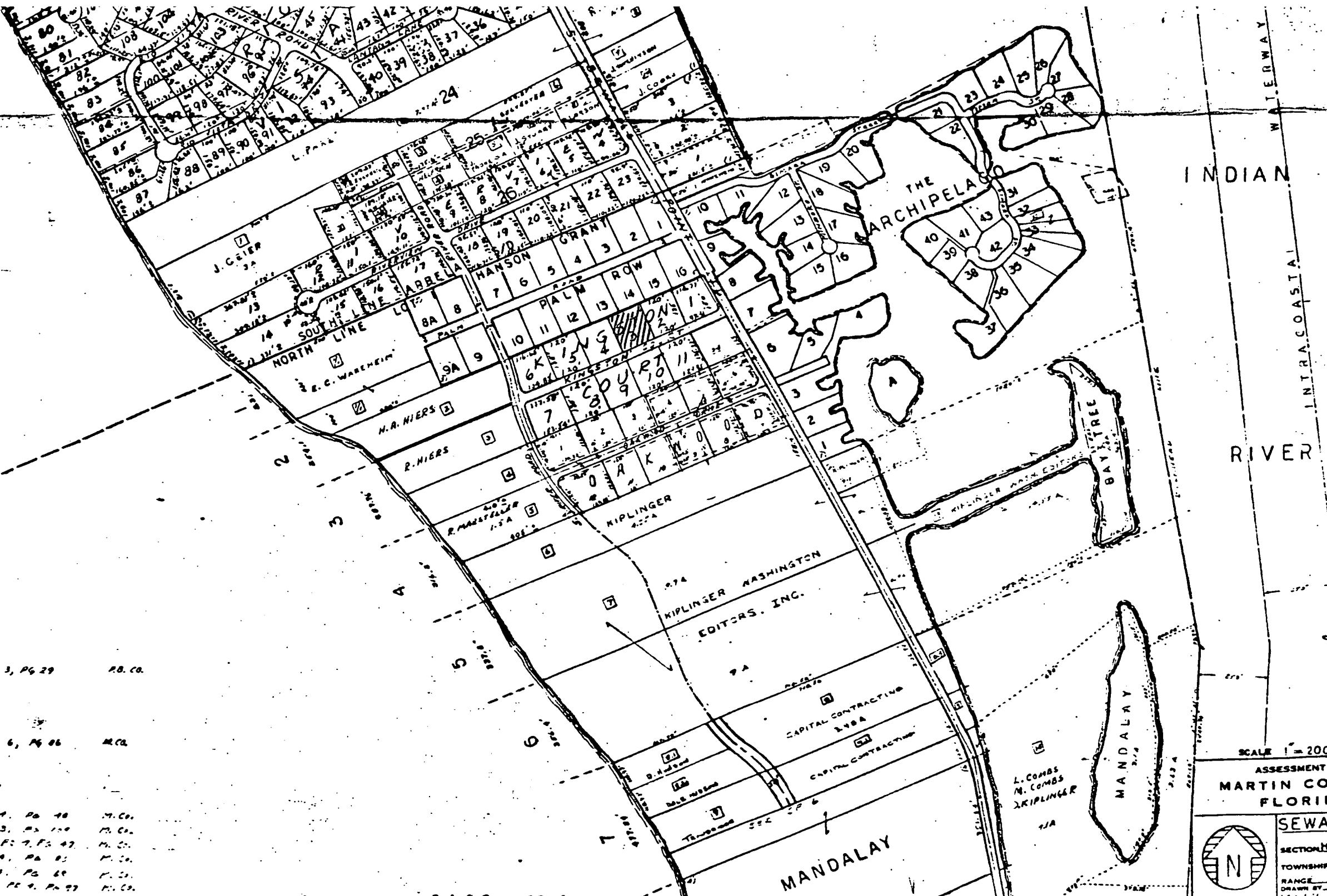
RIVER

N-1
 ABELA PB 3, Pg 29 AB. CO.

 N-12
 INTERVIEW PB 6, Pg 86 M.CO.

 GRANT - Lot 1

 SCOTT BLESS PB 4, Pg 48 M. Co.
 NEW POINT PB 3, Pg 100 M. Co.
 LOT 10-15 ACRES PG 7, Pg 47 M. Co.
 HIGHLAND PB 4, Pg 85 M. Co.
 BAY TREE PG 4, Pg 89 M. Co.
 JUNE 1912 ACRES PG 9, Pg 99 M. Co.



SCALE 1" = 200'

ASSESSMENT MAP
 MARTIN COUNTY
 FLORIDA

SEWALL
 SECTION MAN
 TOWNSHIP
 RANGE
 DRAWN BY J.C.

Name

Address:

INDIVID. TO INDIVID

Don Corbett

PREPARED BY 2 PUBLISHERS TO:

This Instrument Prepared by: *ASBESTOS ABATEMENT COMPANY*

Address: *OFFICE OF RECORDS
815 Columbia Avenue
Suite 310
Stuart, Florida 33497*

Property Appraisers Parcel Identification (Folio) Number(s):

13-38-41-010-000-000308

©Permalab Paper & Printing Co., Inc., 1987

SPACE ABOVE THIS LINE FOR RECORDING DATA

685045

This Warranty Deed Made the *23rd* day of November A. D. 1987 by
FREDERICK A. ALDERS, JR. and NOREEN ALDERS, his wife

hereinafter called the grantor, to
LYNN CARTER, a single woman

whose postoffice address is *234 Edgewater Dr #201 Stuart FL 34996*
hereinafter called the grantee:

(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 Martin County, Florida, viz:

LOT 3, KINGSTON COURT, according to the amended plat thereof recorded in Plat Book 8, Page 82, Public Records of Martin County, Florida.

MARTIN COUNTY
204031

STATE OF FLORIDA
DOCUMENTARY STAMP TAX
DEPT. OF REVENUE
NOV 25 '87
313.50

FILED FOR RECORD
87 NOV 25 PM 1:24
CLERK OF CIRCUIT COURT
MARTIN COUNTY
FLORIDA

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, 1987.

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:

Mary Casley
Margaret E. Marmann

Fredrick A. Alders, Jr.
FREDERICK A. ALDERS, JR.
Noreen Alders
NOREEN ALDERS

STATE OF FLORIDA
COUNTY OF MARTIN

BOOK 743 PAGE 2594

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 FREDERICK A. ALDERS, JR. and NOREEN ALDERS, his wife to me, known to be the persons described in and who executed the foregoing instrument and they acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this *23rd* day of November A. D. 1987.

MY COMM Exp. 5-9-89

Josephine Kim
NOTARY PUBLIC

DATA SHEET

Location:

LOT 3
Kingston Court

Applicant:

Foundation General Contractors Inc

County:

Martin

IRRIGATION WELL

75'

58'

30'

40'

120'

5' Drainage & utility easement

IRRIGATION WELL

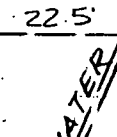
50'

SCREEN PORCH

PROPOSED 3 BEDROOM

PORCH

CITY WATER



4.87 N6VD
1200' ±
38 FT

22.5'

22.5'

15'

15'

11.5'

10' Drainage & utility easement

120'

15'

KINGSTON COURT

20' pavement

VACANT LOT 4

LOT 2
WELLS + SEPTICS
80' ±

4.63 N6VD

So. Bell
Box
315

WELLS & SEPTICS
75' ±

Plan Scale 1" = 20'

Certified By: William
Florida Professional No.: 1272
Date: 12-9-87
Field Book: 22P Page: 51
Work Order No.:
Sheet 3 of 3

MARTIN COUNTY PUBLIC HEALTH UNIT

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

LOT 3 Kingston Court

Foundation General Contractors Inc

W.O.# 1272

SITE INFORMATION

F.B. 22 PG. 51

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? No
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? Yes
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 1200 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA.

ELEVATIONS

1. CROWN OF ROAD ELEVATION 4.63 ^{NOVD} SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION _____ SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 4.87 ^{NOVD} SHOW LOCATION ON PLOT PLAN.
3. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? No A-B IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? 9 NGVD 1929 (ELEVATION OPTIONAL)

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

CERTIFIED BY: [Signature]
FL. PROFESSIONAL NO: 1272
DATE: 12-9-87 JOB NO: _____

SITE DIRECTIONS

ATTACH SITE LOCATION MAP OR EXPLAIN DIRECTION TO SITE BELOW

See Attached

MARTIN COUNTY PUBLIC HEALTH UNIT

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

UPDATE H087-408

PERMIT NUMBER: H087-820

NAME OF APPLICANT: Foundation General Contractors HOME PHONE: 878-8697
 F.B. 22P PG. 51 W.O.# 1272 TRC. WORK PHONE: _____
 MAILING ADDRESS OF APPLICANT: 2144 SE Harlow St. PSL. FL. 34953
 LOT 3 BLOCK _____ SUBDIVISION KINGSTON COURT
 PLAT BOOK 2 PAGE 82 DATE SUBDIVIDED 10/81
 RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 3
 HEATED OR COOLED AREA OF HOME 2540 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.

\$60

WELL FEE IF WELL NOT INSTALLED AT TIME OF SEPTIC SYSTEM INSPECTION

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

[Handwritten Signature]

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 1050 GALLONS

DRAINFIELD SIZE 500 SQUARE FEET

MINIMUM SETBACK REQUIRED FROM PROPERTY LINES TO DRAINFIELD ROCK IS 16'

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

23" ABOVE CROWN OF ROAD EL. (4.63) NGVD

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

27" ABOVE CROWN OF ROAD EL. (4.63) NGVD

ISSUED BY:

[Handwritten Signature]
ENVIRONMENTAL HEALTH SPECIALIST

DATE: 12/14/87

PLEASE NOTE:

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

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

CONSTRUCTION APPROVED BY:

ENVIRONMENTAL HEALTH SPECIALIST

DATE:

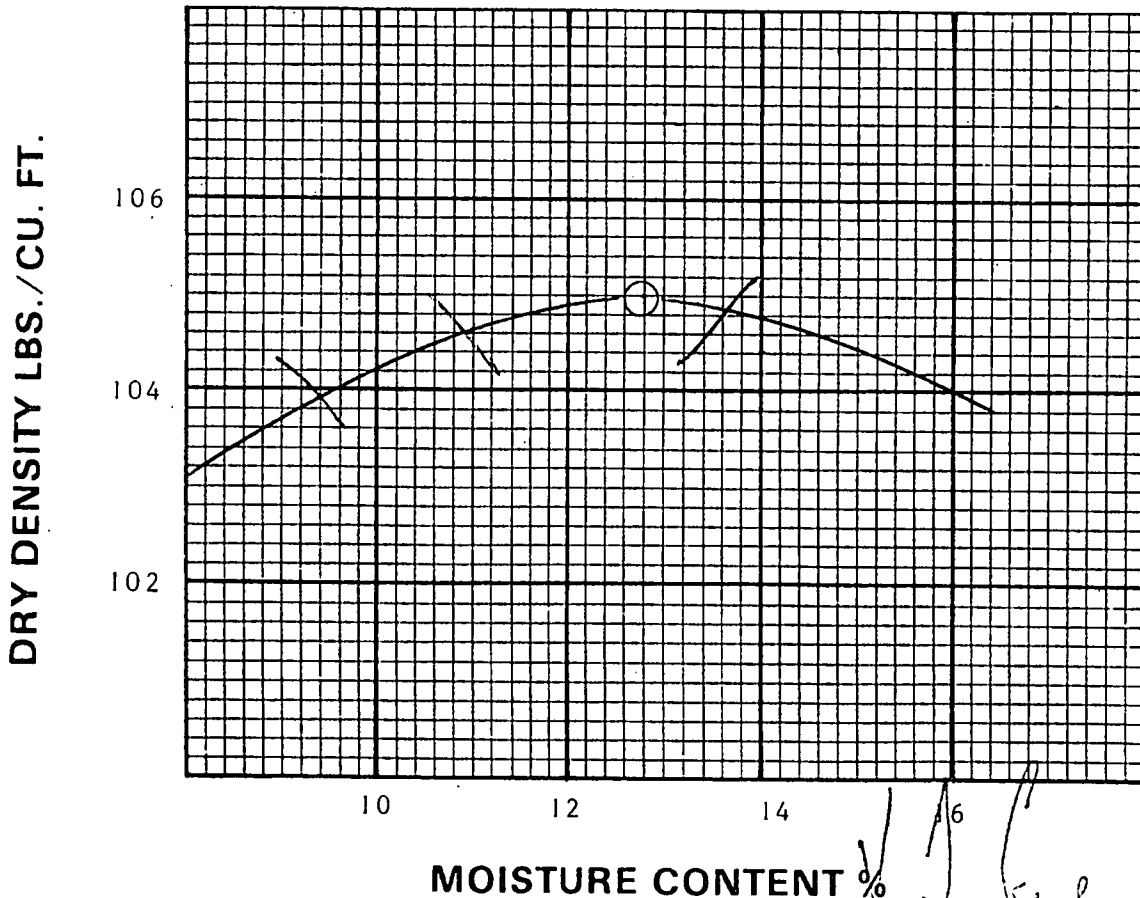
CTS CONSTRUCTION TESTING & ENGINEERING SERVICES, INC.

1666 S.E. Village Green Drive - Unit 1 • Port St. Lucie, Florida 34952
 MATERIALS TESTING & INSPECTIONS
 SOILS • CONCRETE • ENGINEERING SERVICES
 (305) 335-0724 • (305) 878-7772

REPORT OF B.P.# 2229 MOISTURE - DENSITY RELATIONSHIP OF SOIL

PROJECT LOT 3 RESIDENCE REPORT NO. 192-102-2
 LOCATION KINGSTON COURT DATE 2-1-88
 CLIENT FOUNDATION GENERAL CONTRACTORS TYPE PROCTOR T-180
 TO BE USED FOR HOUSE PAD
 SOIL DESCRIPTION COARSE GREY SAND
 MAXIMUM DENSITY OF MATERIAL 105.0 P.C.F. OPTIMUM MOISTURE 12.8%

MOISTURE - DENSITY RELATIONSHIP CURVE



LAB TECHNICIAN T.C.
 PLOTTED BY T.C.
 CHECKED BY L.V.E.
da

APPROVED [Signature]
 VICTOR J. GERLEY, P.E.

[Signature]
 LARRY V. EARDLEY, PRESIDENT



CTS CONSTRUCTION TESTING & ENGINEERING SERVICES, INC.

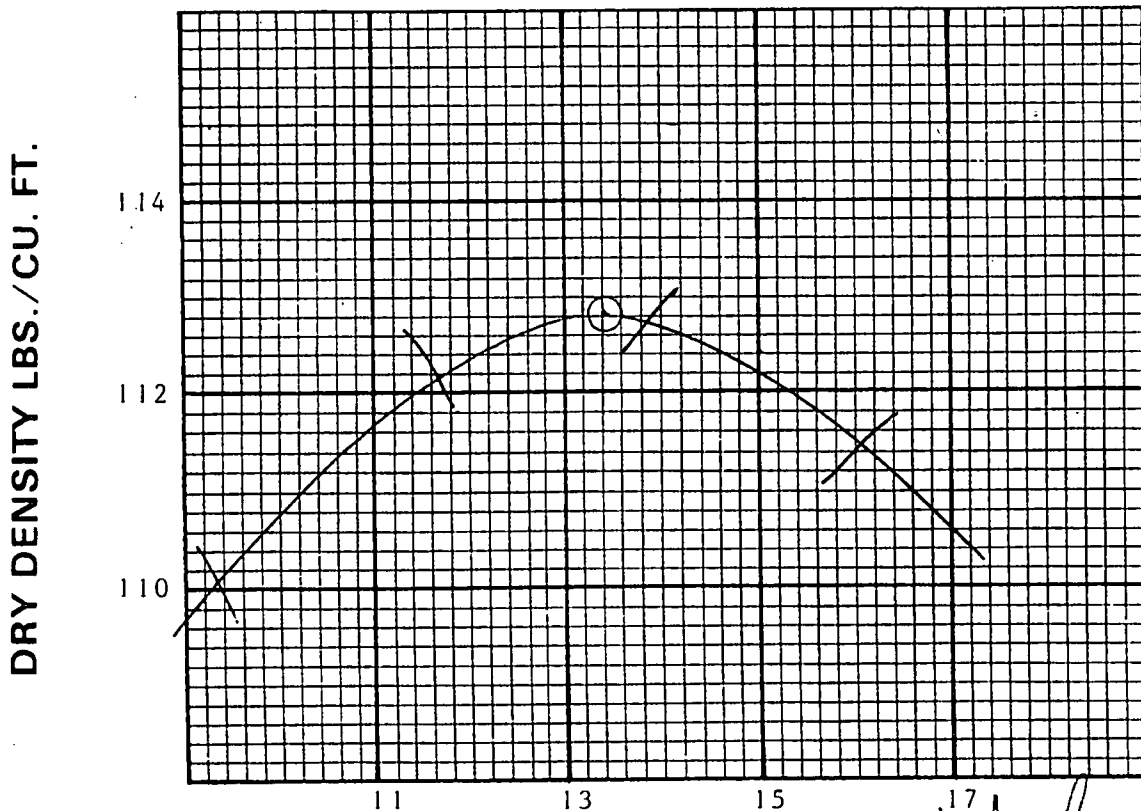
1666 S.E. Village Green Drive - Unit 1 • Port St. Lucie, Florida 34952
 MATERIALS TESTING & INSPECTIONS
 SOILS • CONCRETE • ENGINEERING SERVICES
 (305) 335-0724 • (305) 878-7772

REPORT OF MOISTURE - DENSITY RELATIONSHIP OF SOIL

B. P. # 2229

PROJECT	<u>LOT 3 RESIDENCE</u>	REPORT NO.	<u>192-102-1</u>
LOCATION	<u>KINGSTON COURT</u>	DATE	<u>2-1-88</u>
CLIENT	<u>FOUNDATION GENERAL CONTRACTORS</u>	TYPE PROCTOR	<u>T-180</u>
TO BE USED FOR	<u>HOUSE PAD</u>		
SOIL DESCRIPTION	<u>BROWN SAND W/SOME SILT</u>		
MAXIMUM DENSITY OF MATERIAL	<u>112.8</u>	P.C.F.	OPTIMUM MOISTURE <u>13.4</u> %

MOISTURE - DENSITY RELATIONSHIP CURVE



LAB TECHNICIAN T.C.
 PLOTTED BY T.C.
 CHECKED BY L.V.E.
da

MOISTURE CONTENT %

APPROVED V. J. Gerley
 VICTOR J. GERLEY, P.E.

Larry V. Eardley
 LARRY V. EARDLEY, PRESIDENT



CONSTRUCTION TESTING & ENGINEERING SERVICES, INC.

1666 S.E. Village Green Drive - Unit 1 • Port St. Lucie, Florida 34952
 MATERIALS TESTING & INSPECTIONS
 SOILS • CONCRETE • ENGINEERING SERVICES
 (305) 335-0724 • (305) 878-7772

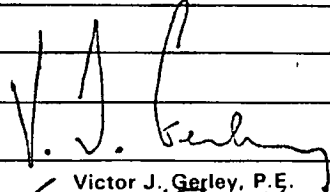
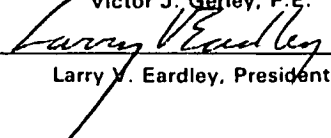
DAILY SOILS INSPECTION B.P.#2229

PROJECT LOT 3 RESIDENCE REPORT NO. 192-102-3
 LOCATION KINGSTON COURT DATE 2-1-88
 CLIENT FOUNDATION GENERAL CONTRACTORS TYPE PROCTOR T-180
 METHOD OF COMPACTION VIBRATORY ROLLER DENSITY REQUIRED 95.0 %
 SOIL DESCRIPTION A. BROWN SAND W/SOME SILT B. COARSE GREY SAND
 MAXIMUM DENSITY OF MATERIAL A. 112.8 P.C.F. OPTIMUM MOISTURE 13.4%
B. 105.0 12.8

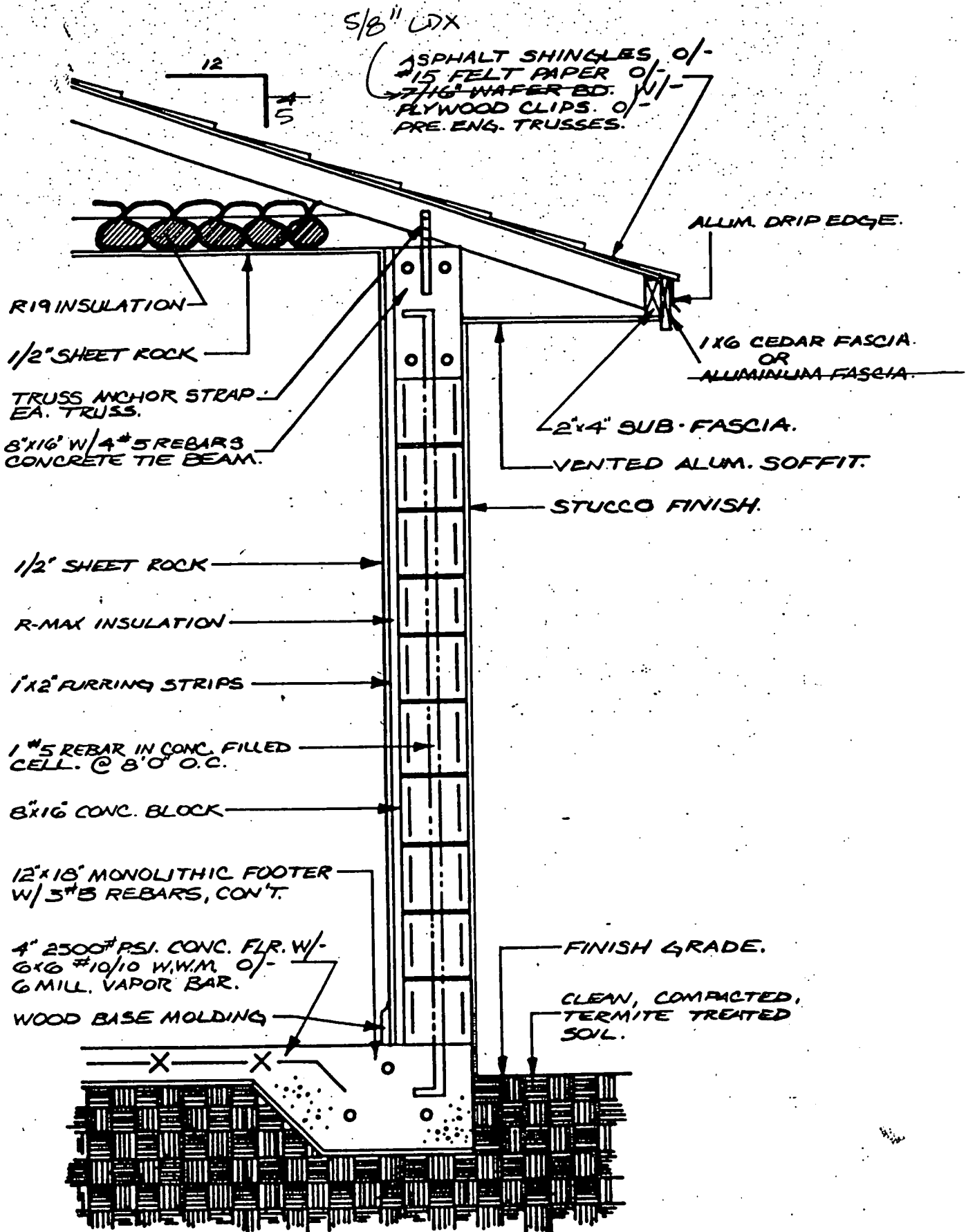
LOCATIONS AND TEST RESULTS				
TEST NUMBER	TEST LOCATION	DEPTH BELOW FINISHED GRADE	PERCENT MOISTURE	PERCENT COMPACTION
1	CENTER OF BUILDING PAD	0-1'	7.9	98.8
2	CENTER OF BUILDING PAD	1-2'	10.4	97.3
3	CENTER OF BUILDING PAD	2-3'	10.5	97.0
4	CENTER OF BUILDING PAD	3-4'	10.6	96.4
5	CENTER OF BUILDING PAD	4-5'	10.4	96.9
6	CENTER OF E. WALL-NEAR WALL	0-1'	9.1	98.9
7	CENTER OF W. WALL-NEAR WALL	0-1'	8.6	99.4

REMARKS: _____

FIELD TECHNICIAN T.C.

APPROVED 
 Victor J. Gerley, P.E.

 Larry Y. Eardley, President

SHEET 1 OF 1
da



TYPICAL WALL SECTION C.B.S.
 scale-1ft=3/4"

CARTER RESIDENCE 12.14.87

STATE OF FLORIDA Department of Professional Regulation
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE: 06/17/87 LICENSE NO. CG C016983 BATCH NO. 08691
THE CERTIFIED GENERAL CONTRACTOR
NAMED BELOW IS CERTIFIED
UNDER THE PROVISIONS OF CHAPTER 489 FOR
THE YEAR EXPIRING JUNE 30, 1989

CORBETT, DONALD L JR
FOUNDATION GENERAL CONTR. INC.
2144 SE HARLOW STREET
PORT ST LUCIE FL 33452

Boyd
GOVERNOR
DISPLAY IN A CONSPICUOUS PLACE



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12/10/87

PRODUCER
Deakins-Carroll Insurance Agency
P.O. Drawer A-G
Pt. Salerno, Fl. 34992

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.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Michigan Millers Ins. Co.

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED
Foundation General Contractors
2144 S.E. Harlow Street
Pt. St. Lucie, Fl. 34952

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY	CLP 5500 36 44	8/22/87	8/22/88	GENERAL AGGREGATE	\$ 300
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE				PERSONAL & ADVERTISING INJURY	\$ 300
	OWNER'S & CONTRACTORS PROTECTIVE				EACH OCCURRENCE	\$ 300
					FIRE DAMAGE (ANY ONE FIRE)	\$ 50
					MEDICAL EXPENSE (ANY ONE PERSON)	\$ 5
	AUTOMOBILE LIABILITY				CSL	\$
	ANY AUTO				BODILY INJURY (PER PERSON)	\$
	ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	\$
	SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	HIRED AUTOS					
	NON-OWNED AUTOS					
	GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	OTHER THAN UMBRELLA FORM				AGGREGATE	\$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY	
					\$	(EACH ACCIDENT)
					\$	(DISEASE-POLICY LIMIT)
					\$	(DISEASE-EACH EMPLOYEE)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

State of Florida - General Contractor

CERTIFICATE HOLDER

Town of Sewalls Point
1 S. Sewalls Pt. Road
Sewalls Pt., Fl. 34994

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 CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 6/30/88

This is to request that a Certificate of Approval for Occupancy be issued to Lynn Carter
For property built under Permit No. 2229 Dated 1/7/88 when completed in
conformance with the Approved Plans.

[Signature]

Signed

Approved by

Item	
1. LOT STAKES/SET BACKS	
2. TERMITE PROTECTION	<u>2/18/88</u>
3. FOOTING - SLAB	<u>2/22/88</u>
4. ROUGH PLUMBING	<u>2/16/88</u>
5. ROUGH ELECTRIC	<u>4/19/88</u>
6. LINTEL	<u>3/4/88</u>
7. ROOF	<u>4/19/88</u>
8. FRAMING	<u>4/19/88</u>
9. INSULATION	<u>4/22/88</u>
10. A/C DUCTS	<u>4/19/88</u>
11. FINAL ELECTRIC	<u>6/30/88</u>
12. FINAL PLUMBING	<u>6/30/88</u>
13. FINAL CONSTRUCTION	<u>6/30/88</u>

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 6/30/88 date

Approved by Building Commissioner _____ date

Utilities notified F.P.L. 6/30/88 date

Original Copy sent to Lynn Carter

(Keep carbon copy for Town files)

6326

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 7/15/03

BUILDING PERMIT NO. 6326

Building to be erected for WEGMAN

Type of Permit RE-ROOF

Applied for by SWART ROOFING (Contractor)

Building Fee 120.00

Subdivision KINGSTON COURT Lot 3 Block _____

Radon Fee _____

Address 5 KINGSTON COURT

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

1338410100000003090000

Roofing Fee _____

Amount Paid 120.00 Check # 5497 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 12,500.

TOTAL Fees 120.00

Signed [Signature]
Applicant

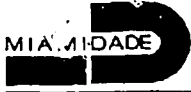
Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

J.M. Metals
1505 Cox Road
Cocoa, FL 32926

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

Your application for Notice of Acceptance (NOA) of:
JM "SV" Crimp Architectural Metal Roof System
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.

Raul Rodriguez
Chief Product Control Division

ACCEPTANCE NO.: 01-0622.02
EXPIRES: 08/16/2006

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.

WARNING

THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION OWNED BY J.M. METALS. IT IS INTENDED FOR SPECIFIC USE BY J.M. METALS, AND ITS AUTHORIZED DEALERS ONLY, WHEN PROVIDING J.M. METALS PRODUCTS, CALCULATIONS, AND ADVISORY SERVICES CONTAINED HEREIN. AND IS ONLY VALID WHEN USED IN CONJUNCTION WITH CERTIFIED J.M. METALS MATERIAL. OTHER PRODUCTS MAY NOT PERFORM THE SAME, AND ARE SPECIFICALLY OMITTED FROM COVERAGE FROM THIS DOCUMENT AND WARRANTIES AVAILABLE THRU J.M. METALS.

APPROVED: 08/16/2006

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

DATE: 7/9/03

ONLY TRUE CERTIFIED COPIES OF THIS DOCUMENT BEAR THE RAISED SEAL OF J. MILA ENTERPRISES, INC. (THE PARENT COMPANY OF J.M. METALS)

BUILDING OFFICIAL
Gene Simmons



ACORD. CERTIFICATE OF LIABILITY INSURANCE		CERTIFICATE NO. / DATE AC03-1500703-36507 4/14/2003 1:12:21 PM
PRODUCER Monument Agency 1310 Utica Street Oriskany, NY 13424 Fax:	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 STUART ROOFING, INC. 140 N.E. DIXIE HWY. STUART, FL 34994 (772) 692-9854 Fax: (772) 692-9856	INSURER A: Insurance Company of the Americas 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.

TYPE	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"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any One Fire) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COM/PROP AGG \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ DEDUCTIBLE \$ _____ RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC02120103	3/31/2003	12/1/2003	X <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
	OTHER _____				LIMITS \$ _____ LIMITS \$ _____

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 1. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Town of Sewalls Point Bldg Dept 1 S. Sewalls 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

JEB BUSH
GOVERNOR

TURNER, JOHN WESLEY
STUART ROOFING INC
140 NE DIXIE HWY
STUART

FL 04994

STUART ROOFING
DISPLAY AS REQUIRED BY LAW

7726929856
01/07/2003 09:51
KIM BINKLEY-SAYER

The ROOFING CONTRACTOR
Named below is CERTIFIED
Under the provisions of
Expiration date: AUG 31, 2004

09/03/2002	14254795	CC024411
DATE		
LICENSING NUMBER		

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD
SEC# L02090300969

STATE OF FLORIDA

AC# 056988

RECEIVED
JAN 07 2003
BY: _____
RECEIVED
JAN 07 2003

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 13-38-41-010-003-0-9

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 3

GENERAL DESCRIPTION OF IMPROVEMENT: Resurf

OWNER: Richard J. Wegman

ADDRESS: 5 Kingston Ct, STUART, FL 34996

PHONE #: 463-5030 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 #: 692-9854 FAX #: 692-9856

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

IN ADDITION TO HIMSELF 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.

SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 7 DAY OF July 2003
BY Richard W. Wegman

PERSONALLY KNOWN ✓
OR PRODUCED ID _____
TYPE OF ID _____

Joan E. Locigno
NOTARY SIGNATURE

data/bldg_forms/Curren_forms/noc.nv

02/06/03



Joan E. Locigno
MY COMMISSION # CC912884 EXPIRES
February 25, 2004
BONDED THRU TROY FAIN INSURANCE, INC

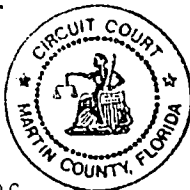
STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA EWING, CLERK

BY 1 COPIES DC

DATE 7-8-03



Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: RICHARD J. WEGMAN City: Sewall's Pt State: 71 Zip: 34996
Legal Description of Property: KINGSTON COURT LOT 3 Parcel Number: 13-38-41-010-000-0003.0-9
Location of Job Site: 5 KINGSTON CT Type of Work To Be Done: Reroof

CONTRACTOR/Company Name: STUART ROOFING Phone Number: 692-9854
Street: 140 NE Dixie Hwy City: STUART State: 71 Zip: 34994
State Registration Number: CCC024411 State Certification Number: _____ Martin County License Number: 1984-518-782

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ ScreenedPorch: _____
Carpport: _____ 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: 12,500 Estimated Fair Market Value (FMV) Prior
To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

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.

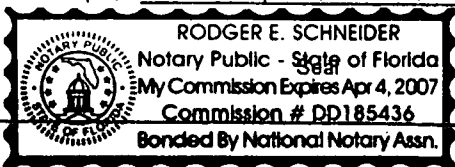
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
National Electrical Code _____ Florida Energy Code _____
Florida Accessibility Code _____

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

OWNER OR AGENT SIGNATURE (Required)
State of Florida, County of: Martin
This the 3rd day of July, 2003
by Richard Wegman who is personally known to me or produced as identification.
Notary Public
My Commission Expires: 4-4-07

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of: Martin
This the 9th day of July, 2003
by [Signature] who is personally known to me or produced as identification.
Notary Public
My Commission Expires: [Signature]



TOWN OF SEWALL'S POINT

Building Department - Inspection Log



Date of Inspection: Mon Wed Fri 7/18, 20023 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6147	ALEXANDER	DRIVEWAY PRE	Passed	
(3)	86 S. SEWALLS PRD JOHANSON HOMES	POUR		INSPECTOR: <i>[Signature]</i>
5636	FRANCIS	ELEC FINAL	Passed	
(8)	5 S. RIVER WILBERDING			INSPECTOR: <i>[Signature]</i>
6324	BALLARD	TIN TAG+METAL	Passed	
(4)	2 PALM COURT PACIFIC ROOFING			INSPECTOR: <i>[Signature]</i>
TREE	STUKEL	TREE	Passed	
(7)	7 LANTANA LA			INSPECTOR: <i>[Signature]</i>
5946	ALLMAN	POOL DECK FINAL	Passed	Affidavit: <input checked="" type="checkbox"/>
(5)	3 SUMMER LANE BRIAN'S QUALITY POOL			close INSPECTOR: <i>[Signature]</i>
6054	ALLMAN	MASONRY WALL FINAL	Passed	Final Survey:
(6)	3 SUMMER LANE O/B			done INSPECTOR: <i>[Signature]</i>
6326	WEGMAN	DRYING SHEATHING	Passed	
(1)	5 KINGSTON CT STUART ROOFING			INSPECTOR: <i>[Signature]</i>
OTHER:	SEYMOUR			
(2)	73 S. SEWALLS PRD dumpster? (Tree debris = O.K.)			

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/21, 2008 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5903	KRAMSER	FINAL		wrong address??
	23 RIDGE CANYON DR	CONC BALCONY		
	STRUCTURE CON			INSPECTOR:
5960	LEWIS	POWER	AC circuits of main	
	41 RIO VISTA	RELEASE	None	only
	DRIFWOOD			INSPECTOR: 
6324	WEGMAN	DRY/WET	10/9/08	
	5 KINGSTON CT	SHEATHING		
	STUART ROOFING			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/30, 20013 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6346	MOORE	STEEL	Failed Passed	
(1)	5 OAK HILL WAY CRYSTALLACON	UNDERGR PLUMB		INSPECTOR: <i>[Signature]</i>
6326	WEGMAN	ROOF FINAL	Passed	Close
(5)	5 KINGSTON COURT STUART ROOFING			INSPECTOR: <i>[Signature]</i>
6345	THOMPSON	IN PROGRESS	Passed	
(4)	179 S. RIVER RD CHALFOUX			INSPECTOR: <i>[Signature]</i>
6320	LOPIATO	FINAL ROOF	Passed	Close
(2)	4 ST. LUCIE CT ALL AMERICAN	(Hillcroft)		INSPECTOR: <i>[Signature]</i>
5919	BURR	ELECTRICAL ROUGH		
(3)	21 RIVERVIEW O/B	FRAMING	Passed	(ex. gar doors) INSPECTOR: <i>[Signature]</i>
6325	Winer	Storm Shutters	Passed	Close
(6)	19 Ridgedale			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/2, 2004 Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6544	LANCASTER	SLAB	PASS	
1A	8 PINEAPPLE WAY MASTERPIECE BLDG (FIRST THING PLEASE)			INSPECTOR:
6616	REILLY	FINAL ROOF	PASS	CLOSE
5	785 SEWALLS PT PACIFIC ROOFING	SEE OWNER		INSPECTOR:
6640	SEILER	FENCE	PASS	CLOSE
6	5 KINGSTON G STUART FENCE			INSPECTOR:
6849	LUBINA	FINAL SCREEN	—	WILL SCHEDULE FOR MONDAY
7	10N VIA LUCINDIA PIONEER SCREEN			INSPECTOR:
6520	HINES	STRAPPING	FAIL	
9	113 HENRY SEWALLS WINCHIP			INSPECTOR:
6413	POWERS	PRE POUR	PASS	
4	70 S. SEWALLS FLORIDA'S FINEST	STAIRS FOOTERS (Early phase)		INSPECTOR:
6391	WHITWELL	TINTAG+MEAL	PASS	
14	1 MARGUERITA HENNINGWAY HOUSE	ROUGH ELEC ROUGH PLUMB	— FAIL	INSPECTOR:
OTHER:		ROUGH ALC	FAIL	

6640
FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3/18/04

BUILDING PERMIT NO. 6640

Building to be erected for SEILER Type of Permit FENCE

Applied for by STUART FENCES (Contractor) Building Fee 30.00

Subdivision KINGSTON COURT Lot 3 Block _____ Radon Fee _____

Address 5 KINGSTON COURT Impact Fee _____

Type of structure FENCE A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

1338410100000003090000 Plumbing Fee _____

Amount Paid 30.00 Check # 1312 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2222.00 TOTAL Fees 30.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED
MAR 17 2004
BY: OWNER/TITLEHOLDER NAME: Kimberly Seiler

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Job Site Address: 5 KINGSTON COURT Phone (Day) 781-5377 (Fax) _____
City: Sewalls Point State: FL Zip: 34996
Legal Description of Property: LOT 3, KINGSTON CT Parcel Number: 1338410100000003090000
Owner Address (if different): _____ City: _____ State: _____ Zip: _____
Description of Work To Be Done: INSTALL 118' of 7' HIGH BOARD ON BOARD FENCE

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

CONTRACTOR/Company: STUART FENCE CO Phone: 288 1151 Fax: 288-3035
Street: 2826 SE IRIS ST City: STUART State: FL Zip: 34995
State Registration Number: _____ State Certification Number: _____ Martin County License Number: CFE3584

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 2,222.00 (Notice of Commencement needed over \$2500)

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

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patio: _____ Screened Porch: _____
Carport: _____ Total Under Roof: _____ Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required)
[Signature]
State of Florida, County of: MARTIN
This the 5 day of MARCH, 2004
by KIMBERLY SEILER who is personally known to me or produced FL DV as identification.
[Signature] Janis L. Loudin
Commission # DD119654
Expires May 21, 2006
Bonded Thru Atlantic Bonding Co., Inc.

CONTRACTOR SIGNATURE (required)
[Signature]
On State of Florida, County of: MARTIN
This the 11 day of MARCH, 2004
by CHRISTOPHER RICHMOND who is personally known to me or produced _____ as identification.
[Signature] Janis L. Loudin
Commission # DD119654
Expires May 21, 2006
Bonded Thru Atlantic Bonding Co., Inc.

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/21/03

PRODUCER

MARIE HOWELL INSURANCE SERVICES
3215 S US 1 SUITE B-201
FORT PIERCE FL 34982
772-461-4733

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

INSURER A: **NATIONAL INSURANCE CO**
INSURER B:
INSURER C:
INSURER D:
INSURER E:

RECEIVED
NAIC
AUG 21 2003
BY:

INSURED

STUART FENCE COMPANY, INC.
STEPHEN J. RICHMOND & JOHN JAMASON
P O B 2636
STUART, FL 34995

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.

FORM LTR	PROD. NO.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BINDER 03GL014	08/18/03	08/18/04	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ INC GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ INC
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

TOWN OF SEWELLS POINT
1 SOUTH SEWELLS POINT RD.
SEWELLS POINT, FL 34996

FAX# 772-220-4765

CANCELLATION

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

Marie E. Howell

RECEIVED
 AUG 21 2003
 BY: _____



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

FENCE ERECTION

License Number CFE3584 Expires: 30-SEP-04
 RICHMOND, CHESTER J III
 STUART FENCE & WIRE
 4604 SE MANATEE LN
 STUART, FL 34997

**2003-2004 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34905
 (772) 288-5604

CHARACTER COUNTS IN MARTIN COUNTY

PROPERTY TAX	.00	UNEMPLOYMENT	25.00
SALES TAX	.00	INDEMNITY	.00
INCOME TAX	.00	STATE TAX	.00
OTHER TAXES	.00	MANUALS	.00
TOTAL	25.00		

FENCE ERECTION

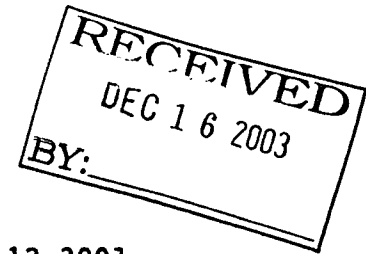
19 AUGUST 03
 ENDING SEPTEMBER 2004

2004-518-003 CFE3584
 (772) 519-6263 44400
 LOCATION 4604 SE MANATEE LANE MA

RICHMOND, CHESTER/QUALI
 STUART FENCE COMPANY INC
 4604 SE MANATEE LANE
 STUART FL 34997

RECEIPT OF PAYMENT
 LARRY C. O'STEEN
 39 88/19/2883 DEPT HUNGRAL
 288451888833888
 83288388198866/1CK

\$25.00



09-12-2003

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

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE	08/21/2003	EXPIRATION DATE	08/20/2005
PERSON	JAMASON	JOHN	
SSN	585-44-3384		
FEIN	861077639		
BUSINESS	STUART FENCE COMPANY, INC. P O BOX 2636 STUART	FL	34995

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

This Instrument prepared by:
Steven L. Daniels, Esquire
ARNSTEIN & LEHR
515 North Flagler Drive, Sixth Floor
West Palm Beach, Florida 33401
File No.: 21870001

INSTR # 1703628
OR BK 01831 PG 2855
RECORDED 10/27/2003 11:32:21 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
DEED DOC TAX 3,080.00
RECORDED BY J Greisen

_____ [Space Above This Line for Recording Data] _____

WARRANTY DEED

②

THIS INDENTURE, made this **24th** day of **October, 2003**, between **Richard J. Wegman and April Wegman, husband and wife** ("Grantor"), to **Karl E. Seller and Kimberly H. Seller, husband and wife**, whose post office address is **5 Kingston Court, Stuart, Florida 34996**, ("Grantee").

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

Lot 3, KINGSTON COURT, TOWN OF SEWALL'S POINT, according to the Plat thereof, recorded in Plat Book 8, Page 82 of the Public Records of Martin County, Florida.

Follo No.: #1338410100000003090000

and said Grantor does hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever.

SUBJECT, however, to taxes for the year 2003 and subsequent years; to all governmental regulations; to restrictions, reservations and easements of record.

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

TO HAVE AND TO HOLD, the same in fee simple forever.

AND, the Grantor hereby covenants with said Grantee that he/she is lawfully seized of said lands in fee simple; that he/she has good right and lawful authority to sell and convey said land; that he/she 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 whatsoever.

"Grantor" and "Grantee" are used for singular or plural, as context requires.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/31, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5617	ABBOTT	REROOF FINAL	PASS	CLOSE
10	108 N. SEWALL'S Pt WILSON			INSPECTOR:
6581	LASKY	SLAB	PASS	
1	27 W. HIGH POINT SEAGATE BLDGS	Power Lines		INSPECTOR:
6640	SEILER	FENCE	PASS	NO PERMIT
9	5 KINGSTON CT STUART FENCE			NO ONE HOME INSPECTOR:
6429	ROBERTS	FINAL ADDITION	FAIL	
12	12 N. RIDGEVIEW GLENMARK			INSPECTOR:
5898	CAPLAN	FENCE FINAL	PASS	CLOSE
2	10 E. HIGH POINT UNITED			INSPECTOR:
573	BARRETT	FENCE FINAL	PASS	OWNER NOT HOME
7	23 N. VIA LUCINDIA UNITED			CLOSE INSPECTOR:
TREE	DELLS	TREE	PASS	
8	21 LANTANA			INSPECTOR:
OTHER:	7 SIMARA - TREE CUT W/O PERMIT			

6725

STORM SHUTTERS

TOWN OF SEWALL'S POINT

Date 4/26/04

BUILDING PERMIT NO. 6725
~~\$4050 x \$9.60/1000 =~~
Type of Permit STORM PANELS

Building to be erected for SEWER

Building Fee 38.88

Applied for by GULFSTREAM ALUMINUM (Contractor)

Radon Fee _____

Subdivision KINGSTON Lot 3 Block _____

Impact Fee _____

Address 5 KINGSTON COURT

A/C Fee _____

Type of structure SFR

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Parcel Control Number:

133841010 000 000 3090000

Amount Paid 38.88 Check # 6322 Cash _____ Other Fees (_____)

Total Construction Cost \$ 4050.00

TOTAL Fees 38.88

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 checked="" type="checkbox"/> HURRICANE SHUTTERS | <input type="checkbox"/> RENOVATION |
| <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> STEMWALL | <input type="checkbox"/> ADDITION |

INSPECTIONS

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

RECEIVED

APR 21 2004

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

BY: _____

OWNER/TITLEHOLDER NAME: Karl Seiler Phone (Day) 791-5377 (Fax) _____

Job Site Address: 5 Kingston Ct City: Stuart State: FL Zip: 34997

Legal Description of Property: Kingston Court Lot 3 Parcel Number: 13-38-41-010-000-00030-9

Owner Address (if different): SAME AS ABOVE City: _____ State: _____ Zip: _____

Description of Work To Be Done: Storm Panels

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

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

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

State Registration Number: CC058017 State Certification Number: _____ Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 4,050 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

[Signature]

State of Florida, County of: Martin

This the 16th day of April, 2004

by Kim Seiler who is personally known to me or produced

as identification. [Signature]

Notary Public

My Commission Expires: 11/3/04

Seal

CONTRACTOR SIGNATURE (required)

[Signature]

On State of Florida, County of: Martin

This the 12th day of April, 2004

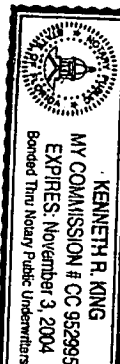
by John L O'Brien who is personally known to me or produced

as identification. [Signature]

Notary Public

My Commission Expires: 11/3/04

Seal



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/25/2003

PRODUCER (772)287-2030 FAX (772)288-2481
 eakins-Carroll Insurance Agency
 www.deakinscarroll.com
 P.O. Box 1597
 Ft. Salerno, FL 34992

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

RECEIVED

INSURED
 Gulfstream Aluminum & Shutter Corp.
 3001 Gran Parkway
 Stuart, FL 34997

INSURER A: Continental Casualty Co.
 INSURER B: Transcontinental Ins. Co.
 INSURER C: Transportation Ins. Co. BY:
 INSURER D: Bridgefield Casualty Ins Co
 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.

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	B2050184897	07/08/2003	07/08/2004	EACH OCCURRENCE	\$ 1,000,000
				FIRE DAMAGE (Any one fire)	\$ 50,000
				MED EXP (Any one person)	\$ 5,000
				PERSONAL & ADV INJURY	\$ 1,000,000
				GENERAL AGGREGATE	\$ 1,000,000
				PRODUCTS - COMP/OP AGG	\$ 1,000,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	B1055831462	07/08/2003	07/08/2004	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
				OTHER THAN AUTO ONLY: EA ACC	\$
				AGG	\$
EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	B2064026589	07/08/2003	07/08/2004	EACH OCCURRENCE	\$ 1,000,000
				AGGREGATE	\$ 1,000,000
					\$
					\$
					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	19603957	12/12/2003	12/12/2004	WC STATUTORY LIMITS	
				OTHER	
				E.L. EACH ACCIDENT	\$ 100,000
				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
				E.L. DISEASE - POLICY LIMIT	\$ 500,000
OTHER					

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE

David Deakins/BW



2003-2004 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 0013, Stuart, FL 34985 (772) 288-5604

LICENR 1900-518-362 CERT 001011
PHONE (561)287-6476 SIC NO
LOCATION: 3001 SE GRAN PARK WAY 34919

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	LIC. FEE \$	25.00
\$	.00	PENALTY \$	.00
\$	.00	COL. FEE \$	.00
\$	.00	TRANSFER \$	.00
TOTAL			25.00

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF ALUMINUM CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

27 DAY OF AUGUST 03 AND ENDING SEPTEMBER 30 004

O'BRIEN, JOHN L
GULFSTREAM ALUMINUM & SHUTTER
JOHN L O'BRIEN
3001 SE GRAN PARK WAY
STUART FL 34997

RECEIPT OF PAYMENT
LARRY C. O'STEEN
99-00/27/2003 UCCI INDRM
196651066362000
402-00-30527-007-306CK
\$25.00

AC# 0516721

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L0208050084

DATE	BATCH NUMBER	LICENSE NBR
08/06/2002	967439068	CRC058017


The RESIDENTIAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

O'BRIEN, JOHN L
GULFSTREAM ALUMINUM & SHUTTER CORP
3001 SE GRAN PARK WAY
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency
ALUMINUM/CONCRETE CONTRACTOR
License Number SP00107 Expires: 30-SEP-05
O'BRIEN, JOHN L
GULFSTREAM ALUMINUM PROD INC
3001 SE GRAN PARKWY
STUART, FL 34997

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 13-39-41-010-000-00030-9

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

Kingston Court Lot 3

GENERAL DESCRIPTION OF IMPROVEMENT: Storm Panels

OWNER: Karl Seiler

ADDRESS: 5 Kingston Ct

PHONE #: 781-5377

FAX #: _____

CONTRACTOR: Gulfstream aluminum & Shutter Corp.

ADDRESS: 3001 SE Gran Park Way, Stuart, FL 34997

PHONE #: 772-287-6476

FAX #: 772-287-9740

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

PHONE #: _____

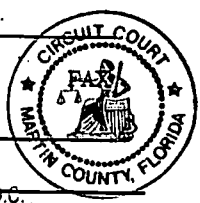
BOND AMOUNT: _____

LENDER: BY T Copus

ADDRESS: DATE 4-13-04

PHONE #: _____

FAX #: _____



INSTR # 1742715
OR BK 01886 PG 0001
RECORDED 04/13/2004 10:54:19 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY T Copus (asst mgr)

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 #: _____

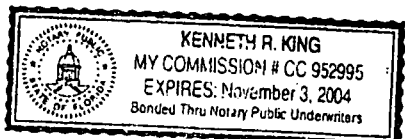
IN ADDITION TO HIMSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

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.

Kimberly H. Seiler
SIGNATURE OF OWNER



SWORN TO AND SUBSCRIBED BEFORE ME THIS 12th DAY OF April
20 04 BY KIMBERLY H. SEILER

Kenneth R. King
NOTARY SIGNATURE

PERSONALLY KNOWN _____
OR
PRODUCED ID _____
TYPE OF ID FL. DL. LIC
5460-508-55-837-0



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 5 KINGTON

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

STORM PANELS

NO PERMIT POSTED
ONE PANEL MUST BE INSTALLED
FOR INSPECTION

\$40 FEE

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

DATE: 6/10

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/16, 2008 4 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6789	BAUMGARTNER	BREATHERS	PASS	
9	20 BANYAN	DRY IN MECH		INSPECTOR:
	ALL AMERICAN			
6501	BEAN	ELECTRICAL	PASS	CHECK BACK
1	112 S. SEWALL'S PT			LATE MORN.
	HERITAGE ELEC			INSPECTOR:
6725	SPICER	STORM PANELS	FAIL	
6	5-KINGSTON CT			\$40
	GULF STREAM			INSPECTOR:
6355	PARADISE	FINAL MECH	PASS	
7	11 RIDGELAND	FINAL PLUMBING	PASS	INSPECTOR:
	TODD CUSTOM HOMES			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	LANIER	PLUMBING U.S.		
	26 LOFTING WAY			
	F.F.D.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/30/04, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
2	GREENE	REROOF	PASS	CLOSE
	26 ISLAND DR. WILFRAM			INSPECTOR:
6725	SEILER	SOON SWIMMING	PASS	CLOSE
	5 KINGSTON G GULFSTREAM			INSPECTOR:
TREE 9	HOGAN	TREE	PASS	
	100 S. RIVER RD			INSPECTOR:
6643 10	SCHECODNIC	FINAL DOCK + BOARD	PASS	CLOSE
	12 S. SEWALL'S PT TCBI			INSPECTOR:
6739 11	SCHECODNIC	FINAL RET. WALL	PASS	CLOSE
	12 S. SEWALL'S PT RD TCBI			INSPECTOR:
6476 12	CIVIELLO	FRAMING - MSTR	FAIL	
	31 FIELDWAY OIB	CURIA - STRAPPING BATH		INSPECTOR:
6809 14	RADER	POOL STEEL + DRAIN	PASS	
	SHERITAGEWAY FLAMINGO POOLS	(PRE-POUR) (BET 11AM-12 PLEASE)		INSPECTOR:
OTHER: _____				

7469

POOL/SPA

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/8/05

BUILDING PERMIT NO. 7469

Building to be erected for NORDAZEN

Type of Permit POOL/SPA

Applied for by OLYMPIC POOLS (Contractor)

Building Fee 240.00

Subdivision KINGSTON COURT Lot 3 Block _____

Radon Fee _____

Address 5 KINGSTON COURT

Impact Fee _____

Type of structure SFR POOL/SPA

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

133841010000003090000

Roofing Fee _____

Amount Paid 264.00 Check # 4000 Cash _____

Other Fees 10% PLAN REVIEW 24.00

Total Construction Cost \$ 25,000.

TOTAL Fees 264.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

Date: MAR 28 2005
BY: _____

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Gus Nordqvist Phone (Day) 885 4707 (Fax) 223 5933

Job Site Address: 5 Kingston Court City: Stuart State: FL Zip: 34996

Legal Description of Property: Lot 3 Plat 8 Pgs 2 Parcel Number: _____

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

Description of Work To Be Done: Pool / SPA

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

CONTRACTOR/Company: Olympic Pools Phone: 772 286 6070 Fax: 772 288 6962

Street: 3331-B S.W. 42nd Ave City: Palm City State: FL Zip: 34990

State Registration Number: _____ State Certification Number: CPC039888 Martin County License Number: 1982-530-026

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 25,000.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: Bob Pajok State: _____ License Number: ER0012840

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT Curtis Sinclair Inc Phone Number: 561 630 8534

Street: 8259 N. Military Trail Suite 3 City: Palm Beach Gardens State: FL Zip: 33418

ENGINEER Stephen Sinclair Phone Number: _____

Street: 8259 N. Military Trail City: _____ State: FL Zip: _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

[Signature]

State of Florida, County of: Martin

This the 23 day of March, 2005

by _____ who is personally

known to me or produced _____

as identification.

CONTRACTOR SIGNATURE (required)

[Signature]

On State of Florida, County of: Martin

This the 23 day of March, 2005

by Kim Smith who is personally

known to me or produced _____

As identification.

Notary Public

My Commission Expires: PAMELA SMITH

Commission # DD0186901
Expires 2/23/2007



Notary Public

My Commission Expires: PAMELA SMITH

Commission # DD0186901
Expires 2/23/2007



PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!
(800-432-4254) Florida Notary Assn., Inc. Bonded through (800-432-4254) Florida Notary Assn., Inc.



PERMIT # 7469 TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida COUNTY OF Martin

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

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

Kingston Court Lot 3

GENERAL DESCRIPTION OF IMPROVEMENT: Swimming Pool + Decking

OWNER: Gus + Ruthann Nordgren

ADDRESS: _____

PHONE #: 772-285-4707 FAX #: 772-223-5933

CONTRACTOR: Olympic Pools of Stuart Corporation

ADDRESS: 3331 B SW. 72nd Ave Palm City, FL 34990

PHONE #: (772) 286-6070 FAX #: (772) 288-6962

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

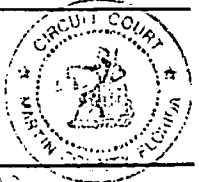
BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

STATE OF FLORIDA
THIS IS TO CERTIFY THAT THE
FOREGOING IS A TRUE AND CORRECT
COPY OF THE ORIGINAL AS FILED
MARSHA EWING CLERK
BY Jamela Smith D.C.
418705



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.

Ruthann Nordgren
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 23 DAY OF March
BY Ruth Ann Nordgren
2005

PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

NOTARY SIGNATURE Jamela Smith
PAMELA SMITH
Commission # DD0186901
Expires 2/23/2007
Bonded through
(800-432-4254) Florida Notary Assn., Inc.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JK
OLYMP-7

DATE (MM/DD/YYYY)
01/18/05

PRODUCER Insurance By Ken Brown, Inc. P.O. Box 540569 1339 Arlington Street Orlando FL 32805 Phone: 407-849-0490 Fax: 407-648-0197	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Olympic Pools of Stuart Corp/ 3331-B S W 42 Ave Palm City FL 34990	<table border="1" style="width: 100%;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Amerisure Mutual Ins. Co</td> <td>23396</td> </tr> <tr> <td>INSURER B: Amerisure Ins Company</td> <td>19488</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Amerisure Mutual Ins. Co	23396	INSURER B: Amerisure Ins Company	19488	INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Amerisure Mutual Ins. Co	23396												
INSURER B: Amerisure Ins Company	19488												
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

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

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PP BAI	CPP1385418/B	02/01/05	02/01/06	EACH OCCURRENCE \$ 1,000,000								
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000												
		MED EXP (Any one person) \$ 5,000												
		PERSONAL & ADV INJURY \$ 1,000,000												
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	CU2012899/B	02/01/05	02/01/06	EACH OCCURRENCE \$ \$3,000,000								
		AGGREGATE \$												
		\$												
		\$												
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC201793700/B	02/01/05	02/01/06	<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">WC STATU-TORY LIMITS</th> <th style="width: 50%;">OTH-ER</th> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1000000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1000000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1000000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 1000000	E.L. DISEASE - EA EMPLOYEE	\$ 1000000	E.L. DISEASE - POLICY LIMIT	\$ 1000000
	WC STATU-TORY LIMITS	OTH-ER												
	E.L. EACH ACCIDENT	\$ 1000000												
E.L. DISEASE - EA EMPLOYEE	\$ 1000000													
E.L. DISEASE - POLICY LIMIT	\$ 1000000													
	OTHER													

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

CERTIFICATE HOLDER <div style="text-align: right;">SEWALLS</div> City of Sewalls Point 1 South Sewalls Point Rd. Sewalls Point FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
---	--



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
3331-B SW 42ND AVENUE
PALM CITY FL 34990

STATE OF FLORIDA AC# 1446890
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CPC039888 06/11/04 030706675

CERT COMMERCIAL POOL/SPA CONTR
SMITH, KIM S
OLYMPIC POOLS OF STUART CORP

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2006 L04061102066

DETACH HERE

AC# 1446890

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L040611020

DATE	BATCH NUMBER	LICENSE NBR
06/11/2004	030706675	CPC039888

The COMMERCIAL POOL/SPA CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006

SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
3331-B SW 42ND AVENUE
PALM CITY FL 34990

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

**2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 1982-530-026 CERT CPC039888
PHONE (772)286-6070 SIC NO 235990

LOCATION:
3331 SW 42ND AVE AV-B PC

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL			<u>25.00</u>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **CERTIFIED POOL SPA CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

15 DAY OF SEPTEMBER 20 04
AND ENDING SEPTEMBER 30 2005

12 04091402 002744

**SMITH KIM S
OLYMPIC POOLS OF STUART CORP.
3331 SW 42ND AVENUE B
PALM CITY FL 34990**

TOWN OF SEWALL'S POINT


RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT

AFFIDAVIT OF REQUIREMENT COMPLINACE

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at Lot #3 Kingston Court, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statues.

- The pool is isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statue 515.29
- The pool is equipped with an approved safety pool cover that complies with ASTM F1346-91 (Stand Performance Specification for Safety Covers for Swimming Pool, Spas, and Hot Tubs)
- All doors and windows providing direct access from the home to the pool are equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet
- All doors providing direct access from the home to the pool are equipped with self-closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable by fines up to \$500 and/or up to 60 days in jail as established in Chapter 775, F.S.


CONTRACTOR'S SIGNATURE & DATE


OWNER'S SIGNATURE & DATE


NOTARY PUBLIC, STATE OF FLORIDA


NOTARY PUBLIC, STATE OF FLORIDA

AS TO CONTRACTOR PERSONALTY KNOWN
OR PROVIDED ID PAMELA SMITH
TYPE Commission Expires 2/23/2007
Bonded through _____
(800-432-4254) Florida Notary Assn., Inc.

AS TO OWNER PERSONALTY KNOWN
OR PROVIDED ID PAMELA SMITH
TYPE Commission Expires 2/23/2007
Bonded through _____
(800-432-4254) Florida Notary Assn., Inc.

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO FINAL INSPECTION

CRITIQUE

Owner: Gus Nordgren

Date: March 23, 2005

Contractor: Olympic Pools

Contractor's Phone Number: 285-4707

Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITALS FOR POOL AND SPA LOCATED AT 5 KINGSTON COURT

Submittals (2 copies)

1. Current survey (**within one year**) containing the following information:
 - a. Location of proposed pool, spa and pool equipment pad with dimensions to property lines.
 - b. Setback requirements
 - c. Easements
 - d. Computation of pervious and impervious areas
 - e. Certification to the Town Of Sewall's Point

LET'S ELIMINATE AGGRESSIVE DRIVING
LEAD

RESUBMITTAL

NORDGREN

OLYMPIC POOLS

285-4707

Funding provided by the Florida Department of Transportation.

Florida Energy Code – Section 612.1.ABC.2.3

On-off switch required

Cover designed to minimize heat loss

Time clocks – run during off-peak electric demand periods

Provide Pool Barrier

Ladders and Steps

Water depth more than 24 inches must have ladder or steps (ma. step rise 12 inches)

More than 5 foot depth must have ladders, stairs or underwater benches/swimouts in deep end

If diving equipment is used swimouts must be recessed or located in the corner

Show ladder detail. Detail electric bonding and compliance to NEC

Skimmers must contain the following:

Surface skimmers are required

One (1) per 1000 square feet of surface area

Minimum Flow rate of 25 GPM per skimmer

Main outlet must be installed at the deepest point

Inlet Fitting must contain the following:

One per 150000 gallons

Where more than one (1) is required must be a minimum of 10 feet separation

Show side detail with electric bonding and compliance to manufacturer specifications

Show handhold locations when required

Provide Electric diagram

Provide GFI outlet located per NEC

Equipment Foundation and Enclosures

Must be on one (1) concrete base or slab

All heating and electrical equipment must be protected from the weather

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



(SIGNATURE OF APPLICANT)

DATE SUBMITTED: _____

KSM

KELLER, SCHLEICHER & MacWILLIAM ENGINEERING AND TESTING, INC.

MARTIN (772) 337-7755
PALM BEACH (561) 845-7445
FAX (561) 845-8876

P.O. BOX 78-1377, SEBASTIAN, FL 32978-1377
C.A.: 5693 P.E.: 37293 S.I.: 860

SEBASTIAN (772) 589-0712
MELBOURNE (321) 768-8488
ST. LUCIE (772) 229-9093
FAX (772) 589-6469

SOIL COMPACTION REPORT ASTM D 1557 and ASTM D 2922

DATE TESTED : May 11, 2005

JOB # : 504416-1pd/BJ/clm

PERMIT # : 7469 *FILE*

P.O. #: Nordgren

CONTRACTOR : Olympic Pools

JOB LOCATION : 5 Kingston Court
Sewalls Point, Florida

ITEM TESTED : Pool Deck Backfill

TEST LOCATION OF SAMPLE	DEPTH	* PEN READ	DRY DENSITY	MAX. DRY PROCTOR VALUE	PERCENT COMPACTION
1 East	0' - 1'	41	109.1	111.7	97.7
2	1' - 2'	62			95.0+
3	2' - 3'	73			95.0+
4	3' - 4'	90+			95.0+
5 North	0' - 1'	42	109.5	111.7	98.0
6	1' - 2'	64			95.0+
7	2' - 3'	75			95.0+
8	3' - 4'	90+			95.0+
9 West	0' - 1'	40	108.8	111.7	97.4
10	1' - 2'	59			95.0+
11	2' - 3'	71			95.0+
12	3' - 4'	90+			95.0+

Soil Description:
Grayish Brown Sand

In Place Moisture:
6.5 Percent

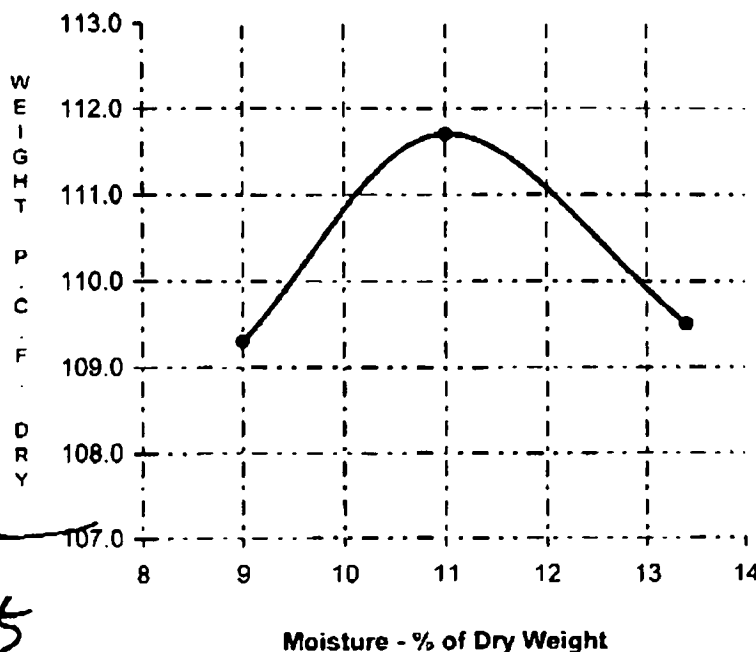
Optimum Moisture:
11.0 Percent

Max. Dry Density:
111.7 P.C.F.

@ Test Locations the Density & Penetrometer Readings Indicate the Degree of Compaction Meets Minimum Required.

* Pen. Readings Taken to Natural Grade.

Respectfully Submitted:



Ronald G. Keller, P.E.

Fax To: Sewalls Point Bldg Dep

5/12/05



7469

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 5 KINGSTON CT.

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

POOL STEEL

SPA WALL SHOULD HAVE
(2) #3 AT TOP PER
SPA WALL DETAIL

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

DATE: 4/27

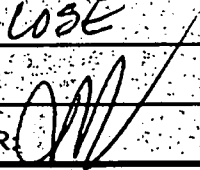
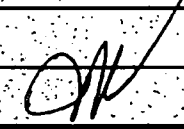
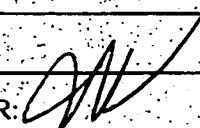
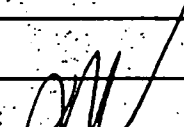
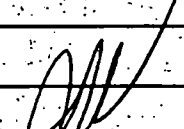
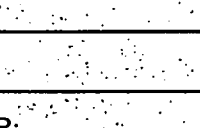
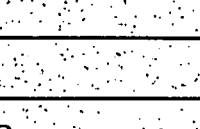
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/27, 2005 Page 2 of



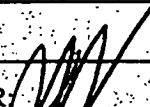

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7318	HOLLENBECK	FENCE FINAL	PASS	CLOSE
1	10 MIDDLE RD O/B			INSPECTOR: 
7401	NORGREEN	POOL STEEL DRAIN	FAIL	
4	5 KINGSTON CT OLYMPIC POOLS			INSPECTOR: 
6812	MADER	SCAB		
2	106 ABBIE COURT FLORIDA ELEGANT DURUCKEL HOMES	V6 ELEC.	PASS	INSPECTOR: 
7485	ENGLE	FINAL ROOF		
5	14 PALM ROAD PHOENIX COMETA	DRY-IN	PASS	INSPECTOR: 
7427	HOLLY	DRY IN	PASS	
8	41 S. RIVER RD DENNIS CONST.			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/27, 2008 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6741	OSTEEN	FINAL STR		CXL
	1 RIDGEVIEW			
	ANGUS EMP.			INSPECTOR:
6651	OSTEEN	FINAL FILL		CXL
	1 RIDGEVIEW			
				INSPECTOR:
7190	OSTEEN	GAS TANK LINES		CXL
	1 RIDGEVIEW	FINAL		
	MARTIN CITY PROPANE			INSPECTOR:
7550	DALEY	FINAL ROOF	PASS	CLOSE
7	129 S. Sewallis			
	SPECIAL FORCES			INSPECTOR: 
TREE	VIENER	TREE	PASS	
6	10 PINEAPPLE LA			INSPECTOR: 
7469	NORDBREN	POOL PUMPING	PASS	
4	5 KINGSTON CT			
	OLYMPIC POOLS			INSPECTOR: 
TREE	BEVAN	TREE	FAIL	
5	7 MARGUERITE RD			INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/15, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6945	JOYNER	FINAL WINDOWS + GARAGE DOOR	PASS	CLOSE
6	85 S. SEWALLS O/B	772-286-5647 125th (XL)		INSPECTOR: <i>OM</i>
6924	BUSHA	POOL	FAIL	
21	10 PALM CT.			INSPECTOR: <i>OM</i>
7615	VITALE	FINAL PEREOP	FAIL	
7	13 KNOWLES RD FLA CUSTOM CONST			INSPECTOR: <i>OM</i>
7566	NEARING	FINAL HURRICANE	PASS	
8	5 LANTANA LA O/B	SHUTTERS 284-9690 call 283-9788 (After 10 please)		INSPECTOR: <i>OM</i>
7565	KUHNS.	METAL LATH	PASS	
4	94 S. RIVER RD. O/B			INSPECTOR: <i>OM</i>
7469	NORGREN	POOL DECK	PASS	
3	5 KINGSTON CT OLYMPIC POOLS			INSPECTOR: <i>OM</i>
7390	GOLDMAN	TIE BEAMS + COLUMNS		C&L
	5 SUMMER LANE O/B	*LAST PLEASE		INSPECTOR:

OTHER:

SANDRA PALTER
91 S RIVER RD.



7469

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 5 KINGSTON CT

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

POOL DECK

NEED FORM BOARD SURVEY
RAISE #5 TO ALLOW
3" CONCRETE COVERAGE.

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

DATE: 6/29

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/29, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7520	MAREK	IN PROG ROOF	—	CANCEL - RAINY
16	1 FIELDWAY			WEATHER
	FEAZEL ROOFING			INSPECTOR: <i>[Signature]</i>
6771	ALLMAN	FINAL ADD'N + WINDOWS	FAIL	
10	106 S. RIVER RD			INSPECTOR: <i>[Signature]</i>
7563	ALLMAN	PAVER DRIVE/WALK	PASS	CLOSE
10	106 S. RIVER RD			INSPECTOR: <i>[Signature]</i>
	O/B			
7469	NORDGREN	POOL DECK	FAIL	
9	SKING STONE			INSPECTOR: <i>[Signature]</i>
	OLYMPIC POOLS			
TREE	DUNN	TREE	PASS	
18	LOT 12 INDIA WUCIE			INSPECTOR: <i>[Signature]</i>
	31 N. RIVER RD			
7163	HAYNES	UG MECHAN	PASS	
8	6 PALM ROAD			INSPECTOR: <i>[Signature]</i>
	O/B			
7054	TAPPER	BEAM	PASS	
6	22 ISLAND			INSPECTOR: <i>[Signature]</i>
	WINCHIP CONST			
OTHER:	ANDREWS 33 N. RIVER RD tree removal permit (end of N. River rd at 39 N. River)			

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri MAY 2, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7486	TEUITT	A/C CHANGEOUT		CXL
	39 S. RIVER RD			
	FLYNN'S AC			INSPECTOR:
7516	FERRARO	ROUGH GAS	FAIL	
3	4 KINGSTON G			ADD FEE
	FERRER GAS			INSPECTOR: <i>[Signature]</i>
7242	KIPUNGER	AC PUMING	PASS	STILL NEEDS
2	143 S. RIVER RD	Free FINAL	PASS	ROOF FINAL FORCE
	CONSTRUCTURE			INSPECTOR: <i>[Signature]</i>
6812	MADER	UG PUMING	PASS	
1	106 ABBIE COURT			
	PURUCKER HOMES (First Phase)			INSPECTOR: <i>[Signature]</i>
7121	WILCOX	FENCE FINAL	PASS	CLOSE
5	11 RIVERVIEW			
	O/B			INSPECTOR:
7449	FERRARO	ROUGH A/C	FAIL	
3	4 KINGSTON			
	CLASSIC COOLING			INSPECTOR: <i>[Signature]</i>
7469	NOODGREEN	POOL STEEL	PASS	
4	5 KINGSTON			
	OLYMPIC POOLS			INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Oct 7, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7808	MERRILL	DRY-IN	PASS	
7	24 FIELDWAY O/B			INSPECTOR: <i>OM</i>
6772	ELDER	ELEC ROUGH	FAIL	
1	4 MARGUERITA O/B	ALC " " " " " "	PASS	
		PUMB " " " " " "	FAIL	INSPECTOR: <i>OM</i>
7776	ELDER	ROUGH GAS	FAIL	
1	4 MARGUERITA PROPANE DLS	INGR TANKLINE		INSPECTOR: <i>OM</i>
7469	NORDGREEN	POOL TINAL	PASS	CLOSE
2	5 KINGSTON CT OLYMPIC POOLS	4 SPA		INSPECTOR: <i>OM</i>
7576	SILAS	RGH ALC - LOWEST FLOOR	PASS	
11	10 CASTLE HILL WY STATEWIDE	ELEC " " " " " "	PASS	
		PUMBING FRAMING " " " " " "	FAIL	INSPECTOR: <i>OM</i>
7777	SLATER	1st FL FLOOR SHEATHING	PASS	
10	4 LAGOON LSG CONWAY			INSPECTOR: <i>OM</i>
				INSPECTOR: <i>OM</i>

OTHER: _____

7548

GAS TANK

W/LINE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date MAY 10, 2005

BUILDING PERMIT NO. 7548

Building to be erected for NORDDREN

Type of Permit GAS TANK + LINES

Applied for by PROPANE DISCOUNTERS (Contractor)

Building Fee 35.00

Subdivision KINGSTON CT Lot 3 Block _____

Radon Fee _____

Address 5 KINGSTON COURT

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

1338410100000003090000

Roofing Fee _____

Amount Paid 35.00 Check # 1585 Cash _____ Other Fees (_____)

Total Construction Cost \$ 1600.00

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

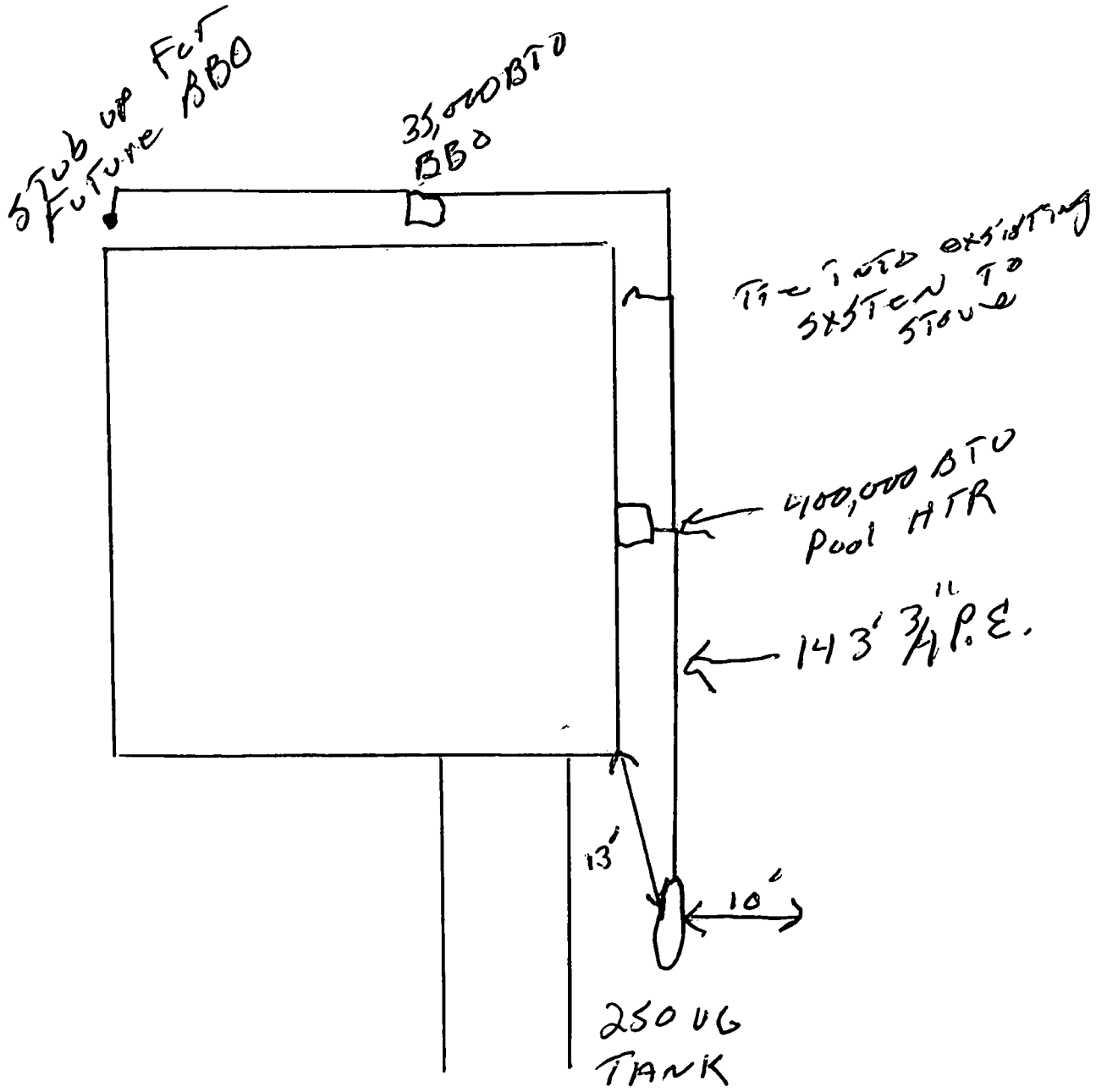
PERMIT

- | | | |
|---|--|---|
| <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 checked="" 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 _____ |

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 5/10/05
h
BUILDING OFFICIAL
Gene Simmons



RECEIVED
3/10/05

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 5-

OWNER/TITLEHOLDER NAME: Gus Nordgren Phone (Day) 221-2271 (Fax) _____

Job Site Address: 5 Kingston Ct City: _____ State: _____ Zip: _____

Legal Desc. Property (Subd/Lot/Block) KINGSTON CT LOT 3 Parcel Number: 133841010000000309000

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

Description of Work To Be Done: INSTALL 250' LINE TO BBQ POOL HTR

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1400.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company PROPANA DISCOUNT Phone: 225-7980 Fax: 225-7340

Street: 1108 NE Industrial Blvd City: Jensen Bld State: FL Zip: 34957

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

SUBCONTRACTOR INFORMATION:

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

ARCHITECT _____ Lic.# _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER _____ Lic.# _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Ruth Ann Nordgren
State of Florida, County of: MARTIN
This the 10th day of MAY, 2005
by RUTH ANN NORDGREN who is personally known to me or produced as identification. FEOL N637-7452-510-P X1/20/09

CONTRACTOR SIGNATURE (required)
JAYCE SMITH
On State of Florida, County of: MARTIN
This the 9th day of MAY, 2005
by JAYCE SMITH who is personally known to me or produced as identification. _____

My Commission Expires: _____
Notary Public
LAURA L. O'BRIEN
MY COMMISSION # DD 2059F
EXPIRES: April 28, 2007
Seal
Bonded Thru Notary Public Underwriters

My Commission Expires: _____
Notary Public
Seal

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR B2
PROPAND

DATE (MM/DD/YYYY)
11/16/04

PRODL ER MORRIS & REYNOLDS INSURANCE 14821 South Dixie Highway MIAMI FL 33176-7928 Phone: 305-238-1000 Fax: 305-255-9643	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Propane Discounters, L.C. Mr. Jayce Smith 1108 NE Industrial Blvd Jensen Beach FL 34957	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: St. Paul Fire and Marine InsCo</td> <td>24767</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: St. Paul Fire and Marine InsCo	24767	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: St. Paul Fire and Marine InsCo	24767												
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 ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CK00217230	11/14/04	11/14/05	EACH OCCURRENCE \$ 1,000,000								
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000												
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CK00217230	11/14/04	11/14/05	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000								
	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	EXCESSUMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
A	OTHER Property Section Special Form	CK00217230 REPLACEMENT COST	11/14/04	11/14/05	Contents 10,000 Backhoe 5,000								

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

CERTIFICATE HOLDER

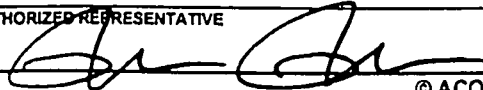
TOWNSEW

Town of Sewall's Pointe
 Laura
 1 S Sewall's Pointe Road
 S Sewall's Pointe FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

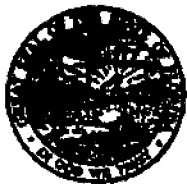




Employer Detail Page

PROPANE DISCOUNTERS L C				
739 NE DIXIE HWY				
JENSEN BEACH				
FL		34957-4957		Martin
LIMITED LIABILITY CO.				

JAYCE SMITH	ME	Jan 14 2004	Aug 18 2005	Construction
JAYCE SMITH	ME	Aug 19 2003	Dec 31 2003	Construction
JOHN C MICHEL	VP	Aug 19 2003	Dec 31 2003	Construction
JAMES D GEISLER	ME	Jan 14 2004	Aug 18 2005	Construction
JAMES D GEISLER	ME	Aug 19 2003	Dec 31 2003	Construction



POST LICENSE
CONSPICUOUSLY

State of Florida
Department of Agriculture and Consumer Services

Division of Standards
Bureau of Liquefied Petroleum Gas
(850) 921-8001
Tallahassee, Florida

License Number: 15540
Expiration Date: August 31, 2005
Date of Issue: September 1, 2004
License Fee: \$425.00
Type and Class: 0601

Liquefied Petroleum Gas License
CATEGORY I LP GAS DEALER

GOOD FOR ONE LOCATION

This license is issued under authority of Section 527.02, Florida Statutes, to:

PROPANE DISCOUNTERS, L.C.
739 NE DIXIE HWY
JENSEN BEACH, FL 34957-6105

CHARLES H. BRONSON
COMMISSIONER OF AGRICULTURE



State of Florida
Department of Agriculture and Consumer Services

Division of Standards
Bureau of Liquefied Petroleum Gas
(850) 921-8001
Tallahassee, Florida

Certificate No: 13389
Exam Date: September 24, 1989
Issue Date: August 4, 2003
Expiration Date: August 4, 2006
Exam: 0601

MASTER QUALIFIER CERTIFICATE

This Certificate is issued under authority of Section 527.02, Florida Statutes, to:

JAYCE SMITH

Valid For
License Number: 15540
PROPANE DISCOUNTERS, L.C.
739 NE DIXIE HWY
JENSEN BEACH, FL 34957-6105

CHARLES H. BRONSON
COMMISSIONER OF AGRICULTURE

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34998
(772) 288-5604

LICENSE 2004-320-006 CERT _____
PHONE (772)225-7980 SIC NO 422710
LOCATION: 739 NE DIXIE HWY STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	_____
\$	<u>.00</u>	PENALTY \$	_____
\$	<u>.00</u>	COL. FEE \$	_____
\$	<u>.00</u>	TRANSFER \$	<u>32.50</u>
TOTAL			_____



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION

OF **WHOLESALE DISTRIBUTION OF PROPANE** BY **LARRY C. O'STEEN, J.D.**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE
22 DAY OF **OCTOBER**, 20**04**
AND ENDING SEPTEMBER 30, **2005**

RECEIPT OF PAYMENT

6018 1
LARRY C. O'STEEN
99 18/22/2004 OCCI NORMAL
2884328888888888
\$32.50
#220041822001281CK

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/25, 20025 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7548	NORDGREN	NGR TANK + LINES	PASS	
9	5 KINGSTON CT PROPANE DISC.			INSPECTOR: <i>[Signature]</i>
7412	BROOME	NGR TANK + LINES	FAIL	
5	163 S. SEWALL ST PROPANE DISCOVERERS			\$40 FEE INSPECTOR: <i>[Signature]</i>
7443	KIPLINGER - ST LUCE	IN PROGRESS ROOF	PASS	
8	143 S. RIVER RD SWART ROOFING			INSPECTOR: <i>[Signature]</i>
7554	KIPLINGER - S GROVE	IN PROGRESS ROOF	PASS	
8	143 S. RIVER RD SWART ROOFING			INSPECTOR: <i>[Signature]</i>
7289	KLOSE	DRY-IN (SEE GENE)	—	TALKED W/ OWNER
11	2 BAWU PACIFIC ROOFING	CRICKET		INSPECTOR: <i>[Signature]</i>
7031	LASKY	FINAL GAS	FAIL	
3	27 W. HIGH POINT FERREN GAS			INSPECTOR: <i>[Signature]</i>
TREE	AKERS	TREE	PASS	
4	38 W. HIGH POINT			INSPECTOR: <i>[Signature]</i>
OTHER:	16 8 CASTLE HILL WAY	DUMPSTER 3 MONTHS - No permit		NOTIFIED OWNER OF NEED FOR DUMPSTER PERMIT

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-24, 2007 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8606	Lassen	Rough plumbing Rough Electric	PASS	
4A	11 Lantana La ARP	Final tag Rough mech insulation	PASS PASS	INSPECTOR: <i>[Signature]</i>
8696	Taylor	footing	PASS	
1	22 E High Pt Seagate			INSPECTOR: <i>[Signature]</i>
7224	Johnston	Final	FAIL	
2	34 W High Pt Scheller			INSPECTOR: <i>[Signature]</i>
6609	Minnet	Final - gas	PASS	CLOSE
11	8 Periwinkle Prop Disc			INSPECTOR: <i>[Signature]</i>
7540	Novogren	Final - gas	PASS	CLOSE
3	5 Kingston Ct Prop Disc			INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>

OTHER: _____

8043

SCREEN ENCLOSURE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/6/06

BUILDING PERMIT NO. 8043

Building to be erected for NORDBREN

Type of Permit POOL ENCLOSURE

Applied for by PIONEER SCREEN (Contractor)

Building Fee 120.00

Subdivision KINGSTON COURT Lot 3 Block _____

Radon Fee _____

Address 5 KINGSTON COURT

Impact Fee _____

Type of structure POOL ENCLOSURE

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

133841010000003020000

Roofing Fee _____

Amount Paid 120.00 Check # 34598 Cash _____

Other Fees (_____) _____

Total Construction Cost \$9053.00

TOTAL Fees 120.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

UNDERGROUND PLUMBING _____

UNDERGROUND MECHANICAL _____

STEMWALL FOOTING _____

SLAB _____

ROOF SHEATHING _____

TRUSS ENG/WINDOW/DOOR BUCKS _____

ROOF TIN TAG/METAL _____

PLUMBING ROUGH-IN _____

MECHANICAL ROUGH-IN _____

FRAMING _____

FINAL PLUMBING _____

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 _____

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: GUS NORDGREN Phone (Day) 221-2271 (Fax) _____

Job Site Address: #5 KINGSTON CT. City: STUART State: FL Zip: 34996

Legal Description of Property: KINGSTON COURT-LOT 3 Parcel Number: 13-38-41-010-000-00030-9

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

Description of Work To Be Done: SCREEN POOL ENCLOSURE

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

CONTRACTOR/Company: CRAIG RICE - PIONEER SCREEN CO. Phone: 283-9197 Fax: 283-3028

Street: 9011 S.W. OLD KANSAS AVE. City: STUART State: FL Zip: 34997

State Registration Number: SCC046064 State Certification Number: _____ Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 9053.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER D.A. DOWDY Phone Number: 561-965-6613

Street: P.O. BOX 20207 City: W.P.B State: FL Zip: 33416

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: 925

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Ruth Ann Nordgren

State of Florida, County of: MARTIN

This the 27th day of JANUARY, 2006

by RUTH ANN NORDGREN who is personally

known to me or produced

as identification. JoAnne I. Granese

Notary Public
JoAnne I. Granese

My Commission Expires: _____

My Commission DD285501

Expires November 24, 2007



CONTRACTOR SIGNATURE (required)

Craig Rice

On State of Florida, County of: MARTIN

This the 24TH day of JAN., 2006

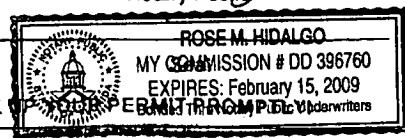
by CRAIG RICE who is personally

known to me or produced

As identification. Jose M. Hidalgo

Notary Public

My Commission Expires: _____



CERTIFICATE OF INSURANCE

(MM/DD/YY)
/05
FORMATION
RTIFICATE
TEND OR
S BELOW

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.

INSURANCE MANAGEMENT, INC.
CORPORATE CENTER, SUITE 140
MILL, SOUTH CAROLINA 29715
925-2990
Progressive Employer Services
7560 Commerce Ct
Sarasota, FL 34243
name Employer: PIONEER SCREEN CO., INC
PIONEER SCREEN COMPANY, INC

Stuart

INSURERS AFFORDING COVERAGE		AMB#
INSURER A:	GUARANTEE INSURANCE CO.	2300
INSURER B:	ESSEX INSURANCE COMPANY	2732
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.

R	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(M/M/DD/YYYY)	POLICY EXPIRATION DATE(M/M/DD/YYYY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	-
						DAMAGE TO RENTED PREM	-
						MED EXP (Any one person)	-
						PERSONAL & ADV INJURY	-
						GENERAL AGGREGATE	-
						PRODUCTS-COM P/OP AGG	-
							300,000
							100,000
							10,000
							300,000
							300,000
							300,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Each Accident)	-
						BODILY INJURY (Each Person)	-
							500,000
						BODILY INJURY (Per Accident)	-
							500,000
						PROPERTY DAMAGE (Per Accident)	-
							500,000
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	-
						OTHER THAN EA ACC	-
						AUTO ONLY AGG	-
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION: \$				EACH OCCURRENCE	-
						AGGREGATE	-
							-
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? <input checked="" type="checkbox"/> No If, yes, describe under SPECIAL PROVISIONS below <input checked="" type="checkbox"/> Yes	GPEO-070002418-106	01/01/2006	12/31/2006	X WC STATUTORY LIMITS	-
B						EL EACH ACCIDENT	\$500,000
						EL DISEASE-EA EMPLOYEE	\$500,000
						EL DISEASE-POLICY LIMIT	\$500,000
		OTHER					-

NOTWITHSTANDING
ISSUED OR
LIMITS OF SUCH

300,000
100,000
10,000
300,000
300,000
300,000
500,000
500,000
500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Coverage is extended to the ASSIGNED EMPLOYEES of ALTERNATE EMPLOYER: **PIONEER SCREEN COMPANY, INC**
 Effective Date: 1/1/2008

CERTIFICATE HOLDER
 TOWN OF SEWALL POINT
 1 SOUTH SEWALL POINT ROAD
 STUART, FL 34996

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

Town of Sewall's Point
 1 South Sewall's Point Rd.
 Sewall's Point, FL 34996
 attn: Laura

DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 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 ISSUER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
Lawrence E. Kearns

AC# 1457228

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L04062100905

DATE	BATCH NUMBER	LICENSE NBR
06/21/2004	030731995	SCC046064

The SPECIALTY STRUCTURE CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006

RICE, CRAIG DAVIS
PIONEER SCREEN INC
9011 S W OLD KANSAS AVE
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 1987-520-086 CERT SCC046064
PHONE (561)283-9197 SIC NO 001799

LOCATION:
9011 SW KANSAS AVE MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL			<u>25.00</u>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF SPECIALTY STRUCTURE CONTRACTOR

RICE, CRAIG D
PIONEER SCREEN INC
CRAIG D RICE
9011 SW OLD KANSAS AVENUE
STUART FL 34997

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

26 DAY OF AUGUST 04
AND ENDING SEPTEMBER 30, 2005

12 04082501 000421

MARTIN COUNTY LICENSE
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 8013, Stuart, FL 34995
(772) 288-5804

PHONE (561) 283-9197 SIC NO 001799

LOCATION: 9011 SW KANSAS AVE MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR :	<u>00</u>	LIC. FEE :	<u>25.00</u>
:	<u>00</u>	PENALTY :	<u>00</u>
:	<u>00</u>	COL. FEE :	<u>00</u>
:	<u>00</u>	TRANSFER :	<u>00</u>
TOTAL			<u>00</u>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF
SPECIALITY STRUCTURE CONTRACTOR
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

02 DAY OF FEBRUARY TO 06
AND ENDING SEPTEMBER 30, 2006

RICE, CRAIG D
PIONEER SCREEN INC
CRAIG D RICE
9011 SW OLD KANSAS AVENUE
STUART FL 34997

12 0509 05692.0001 PAID

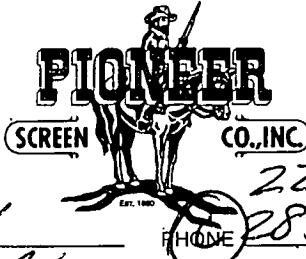
2/2/06

Laura —

HERE IS OUR MARTIN CO.
LICENSE COPY. TXS,
ROSIE

301286

- Aluminum Roofs
- Pool Enclosures
- Railings
- Screened Lanais
- Re-Screens
- Service Work
- Hurricane Protection
- Plastic Screen Inserts
- Screen Enclosures w/ Aluminum Roofs
- Patio Enclosures

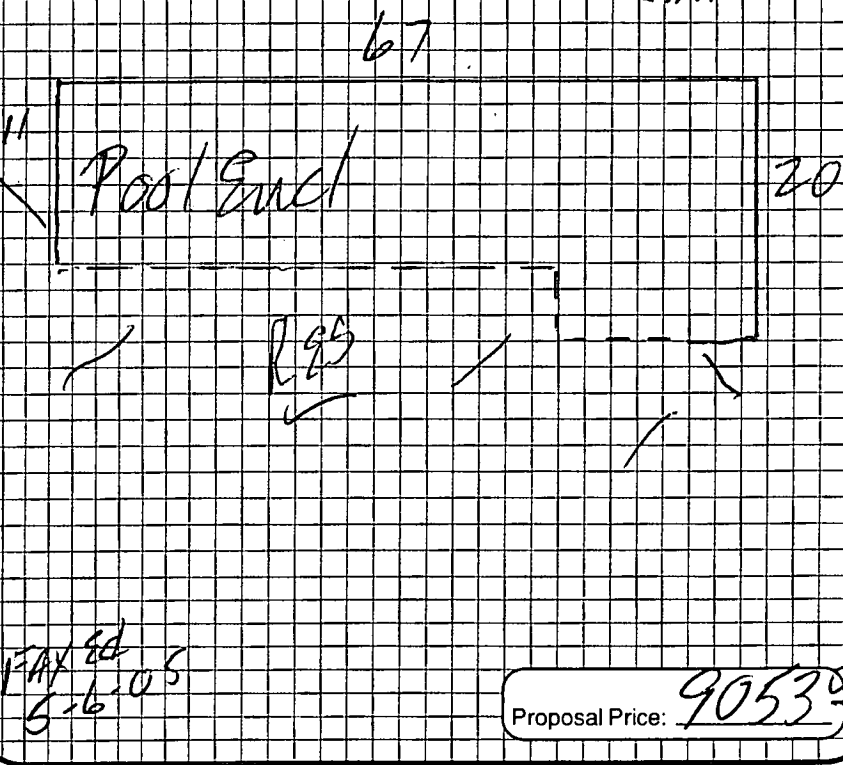


9011 SW Old Kansas Ave., Stuart, FL 34997
 Construction License # SCC046064
 Stuart 772-283-9197
 West Palm Beach 561-575-0033
 FAX 772-283-3028
 www.pioneerscreen.com

SOLD TO Gus Nordgren PHONE 221-2271 DATE 5-6-05
285-4706
 MAILING ADDRESS #5 Kingston Ct INSTALLATION ADDRESS FAX 561-8420809
Stuart Fl
 CITY, STATE, ZIP SEWANS Pt PROPERTY OWNER ADDRESS _____
1 YEAR +
 APPROXIMATE FINISH DATE (AFTER PERMIT AND ASSOCIATION APPROVAL IF NEEDED) WEATHER CONDITIONS MAY DELAY START AND FINISH DATE.

Screen Color: Charcoal
 Mesh Type: 18x14 20x20 20x30
 Flat Gable
 Hip Mansard A-Frame Porch
 Beam(s) Type: Code
 Uprights Code
 Aluminum Roof: Insulated Non Insulated
 Doors: 2
 Chair Rail: 32
 Florida Glass: 18" 24" 36"
 Kickplate:
 Gutters: 5"
 Frame Color: White
 Permit #: YES
 Lot: Block:
 Subdivision: SEWANS Pt
 Concrete: Yes No

INITIAL DESIGN LAYOUT
 Tear-Out? Yes No Ready to Measure? Yes No
CALL



Proposal Price: 9053.00

THIS PROPOSAL MAY BE WITHDRAWN BY US IF NOT ACCEPTED WITHIN 30 DAYS

A survey sheet or a plot plan and complete legal description is required on all pool patio enclosures and aluminum roofs.

CONDITIONS

1. It is understood that there are no verbal agreements and all items are covered by this written contract - this is a proposal until signed by an officer of the corporation at which time it becomes an executed contract.
2. A full one year unconditional guarantee against defects in purchased assemblies, materials and workmanship issued and takes effect at completion. Any warranty work necessary, however, shall not be done until such time as final payment. Owner's failure to make full payments to contractor according to the contract and work orders shall void the guarantee.

3. Any changes after final measurements will be charged accordingly.
4. Payment will be made as outlined. Owner agrees to pay all attorney fees if this contract should go to court for collection for any reason, and pay 1 1/2% interest per month on any unpaid balance.
5. Any cracks greater than 1/8 inch in width will be repaired by surface patching or painting. Builder is not responsible for color variations. Any cracks greater than 1/4 inch in width or 1/8 inch in vertical displacement will be repaired by surface patching or other remedies. Cracks exceeding 1/4 inch in width or 1/4 inch in vertical displacement will be repaired by patching or other remedies. The problem will be corrected so that the defect is not readily noticeable.

Section 501.025, Florida Statutes, (Consumer Protection) provides that "...the buyer has the right to cancel a home solicitation sale until midnight of the third business day after the day on which the buyer signs an agreement..."

The undersigned acknowledges receipt of a true copy of this contract and acknowledges that he has read and understands the contents thereof and accepts the same on terms and conditions stated herein. 35% Deposit required, 2/3 on delivery of material, balance on completion. Credit Card Fees apply at 2.37% per transaction.



We Do Not Send Invoices, Balance Due On Completion.

Purchaser: Gus Nordgren Date: 5-20-05

Pioneer Screen Co., Inc.: Bob Hamilton

PAYMENT TOTALS WITH CREDIT CARD FEES 2.37%	
Contract Price	<u>9053</u>
35% Deposit	<u>1810</u>
	<u>7243</u>
Concrete Draw	
2/3 Screen Draw	<u>4780</u>
Balance Due	<u>2463</u>



INSTR # 1858863
 OR BK 02041 PG 1073
 RECORDED 07/27/2005 02:51:43 PM
 MARSHA EWING
 CLERK OF MARTIN COUNTY FLORIDA
 RECORDED BY T Copus (asst mgr)

SPACE ABOVE THIS LINE FOR RECORDING DATA

NOTICE OF COMMENCEMENT

Permit No. _____

Tax Folio No. _____

State of Florida

County Of MARTIN

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with chapter 713 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

Legal description of property (include street address, if available) Lot 3 Kingston Ct
Map Book 8 page 82 Martin Co. Pl

General description of improvements # 5 Kingston Ct Stuart Fl - Sewer/Pool Point
REMOVE INSTALL POOL ENCL

Owner's Name GUS NORDGREN

Address SAME 5 KINGSTON CT., STUART, FL 34996

Contractor: **Pioneer Screen Company**

Address: 9011 S.W. Old Kansas Avenue, Stuart, Florida 34997 Phone: 772-283-9197 Fax: 772-283-3028

Persons within the State of Florida designed 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 _____ Phone: _____ Fax: _____

to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified)

G.O. Nordgren
 Signature of Owner

G.O. NORDGREN
 Printed Name of Owner

N632-294-41205-0
 Driver's License No. of Owner

Notary Rubber Stamp Seal



I have relied upon the following identification of the Affiant

D.H.

Sworn to and subscribed before me this 20th day of MAY 2005

Rose M. Hidalgo
 Notary Signature

Rose M. Hidalgo

Printed Name



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

Site Provided by...
governmentmax.com T1.12

Summary

print | | -/ -/ Address
1 of 1

- Parcel Info**
- Summary
- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Taxes =>
- Assessments =>
- Parcel Map =>
- Full Legal =>

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
13-38-41-010-000-00030-9	5 KINGSTON CT	27853	Address	0	1

Summary
Property Location 5 KINGSTON CT
Tax District 2200 Sewall's Point
Account # 27853
Land Use 101 0100 Single Family
Neighborhood 120400
Acres

Legal Description
Property Information
 KINGSTON COURT LOT 3

- Search By**
- Parcel ID
- Owner
- Address**
- Account #
- Use Code
- Legal Description
- Sales
- Neighborhood
- Map =>

Owner Information
Owner Information
 NORDGREN, GUSTAF O & RUTH ANN

Mail Information
 5 KINGSTON CT
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$220,000
Market Impr Value \$226,870
Market Total Value \$446,870

- Site Functions**
- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Recent Sale
Sale Amount \$560,000

Sale Date 2/3/2005
Book/Page 1979 0143

[Print](#) | << [First](#) < [Previous](#) [Next](#) > [Last](#) >>

[Legal disclaimer](#) / [Privacy Statement](#)

Data updated on 01/29/2006



CRITIQUE

Owner: Gus Nordgren

Date: February 1, 2006

Contractor: Pioneer Screen

Contractor's Phone Number: 283-9197

Plan Reviewer: Gene Simmons

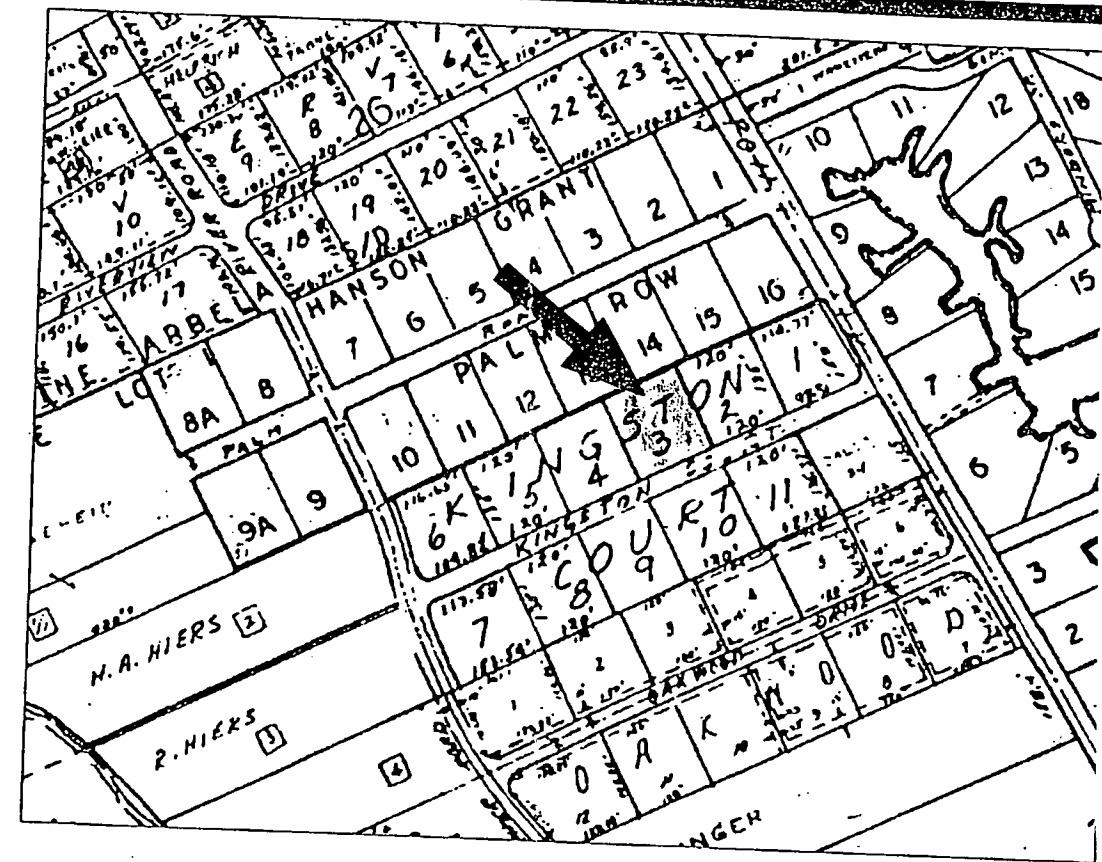
PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITALS FOR SCREEN POOL ENCLOSURE LOCATED AT 5 KINGSTON COURT

Submittals (2 copies)

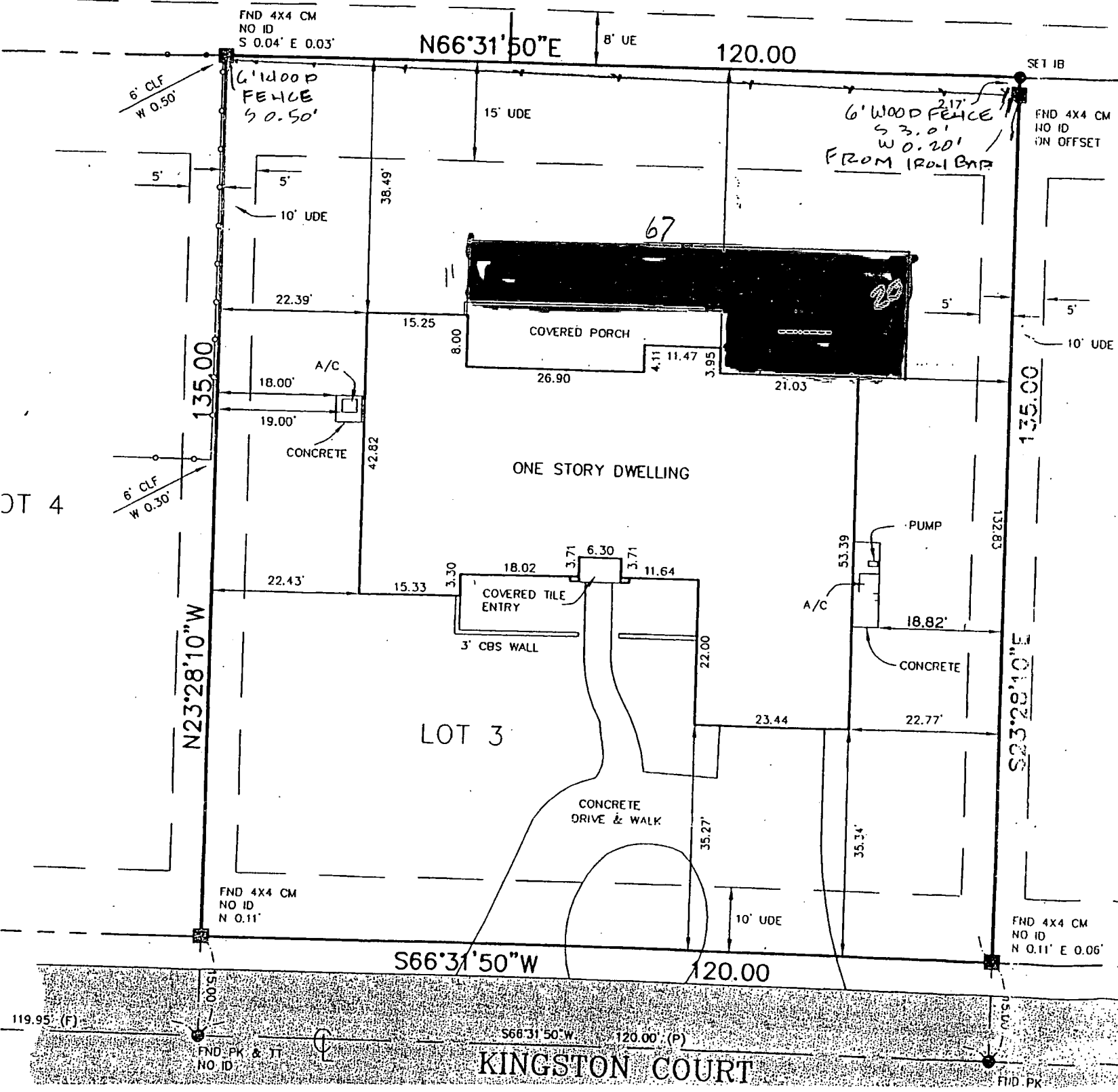
1. Current survey (**within one year**) containing the following information:
 - a. Location of proposed screen enclosure with dimensions to side and rear property lines.
 - b. Certification to the Town Of Sewall's Point
2. Proof of Ownership
3. Copy of State, Martin County Licenses
4. Copy of Liability Insurance
5. Copy of Workmen's Compensation

LOT 13
 PALM ROW SUBDIVISION
 PLAT BOOK 4, PAGE 68
 MARTIN COUNTY, FLORIDA

LOT 14
 PALM ROW SUBDIVISION
 PLAT BOOK 4, PAGE 68
 MARTIN COUNTY, FLORIDA



LOCATION MAP



LEGAL DESCRIPTION

LOT 3, KINGSTON COURT, AS RECORDED IN
 PLAT BOOK 8, PAGE 82, PUBLIC RECORDS
 OF MARTIN COUNTY, FLORIDA.

GENERAL NOTES AND DESIGN PARAMETERS:

THIS OVERALL DESIGN COMPLIES WITH THE GUIDELINES DEFINED IN CHAPTER 16 AND CHAPTER 20, FLA. BLDG. CODE AND IS BASED ON THE FOLLOWING PARAMETERS:

- A. WIND SPEED: 140 M.P.H., 3-SECOND GUST
 - B. EXPOSURE CATEGORY: 'B'
 - C. DESIGN PRESSURES: SIMULTANEOUS LOADING WITH ROOF @ 6 P.S.F., WALLS @ 18 P.S.F. (PER TABLE 2002.4, F.B.C. 2004)
 - D. MAXIMUM HEIGHT: 30' 0" (LARGER JOBS REQUIRE SITE-SPECIFIC DESIGN BY THE ENGINEER OF RECORD, AND MAY BE SUBJECT TO MORE STRENGENT DESIGN PARAMETERS)
 - E. ALLOWABLE DEFLECTION: 'L' / 60 (AS SPECIFIED IN TABLE 1610), FOR NON-HIGH VELOCITY HURRICANE ZONES)
 - F. CONTINUOUS LOAD PATH IS PROVIDED
2. MATERIALS (UNLESS OTHERWISE SPECIFIED BY THE ENGINEER OF RECORD)
- A. ALL EXTRUSIONS: ALUMINUM ALLOY 6063-T6 (NOTE: SPLICE PLATE MATERIAL MAY BE EXTRUDED FROM ALUMINUM ALLOY 6061-T6, IF THIS ALLOY IS MORE READILY AVAILABLE TO THE CONTRACTOR).
 - B. FASTNERS: ALUMINUM ALLOYS 2024-T4 & 7075-T6, DOUBLE CAD-PLATED STEEL, HOT-DIPPED GALVANIZED STEEL, OR 300-SERIES STAINLESS STEEL. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO PROVIDE FOR SEPARATION OF DISSIMILAR MATERIALS AS THEY ARE DEFINED IN SECTION 2003.8.4. HE / SHE MAY IMPLEMENT ANY OF THE MEANS LISTED IN THESE SECTIONS. ANY ALTERNATE MEANS MUST BE REVIEWED AND APPROVED IN WRITING, BY THE ENGINEER OF RECORD, PRIOR TO ANY INSTALLATIONS UTILIZING THE SUBJECT METHOD.
 - C. SCREEN CLOTH: SHALL BE VINYL-COATED, WOVEN FIBERGLASS, MAXIMUM DENSITY OF 18 x 14 (50% OPEN, MINIMUM).
3. ALL FASTENERS THAT PASS THROUGH ANY EXTRUSION INTO CONCRETE, MASONRY, WOOD, OR OTHER ALUMINUM EXTRUDED FRAME MEMBER, MUST HAVE A 5/8-INCH DIAMETER WASHER (MINIMUM), AND BE NO MORE THAN 24 INCHES CENTER-TO-CENTER SPACING (UNLESS OTHERWISE SPECIFIED BY THE ENGINEER OF RECORD).
4. ALL FASTENERS ADJACENT TO COLUMNS THAT DO NOT REQUIRE REINFORCING ANGLE CLIPS, MUST BE PLACED WITHIN 4 INCHES OF THE UPRIGHT (ON BOTH SIDES). (REFER TO GENERAL NOTE #3 FOR SPACING SPECIFICATIONS)
5. ANY SCREEN ROOF ENCLOSURE THAT MEETS ANY OF THE FOLLOWING PARAMETERS SHALL REQUIRE THAT THE SITE-SPECIFIC / LAYOUT DRAWING BE REVIEWED AND SEALED BY THE ENGINEER OF RECORD (THIS SHALL SERVE THE PURPOSE OF ENSURING THAT THERE ARE NO EXTREME PARAMETERS THAT MAY EXCEED THE LIMITATIONS OF THE GENERAL DESIGN SPECIFICATIONS CONTAINED WITHIN THIS DESIGN DOCUMENT).
- A. ANY SCREEN ROOF ENCLOSURE THAT CONTAINS ANY ROOF BEAMS THAT EXCEED A SPAN OF 40 FEET.
 - B. ANY SCREEN ROOF ENCLOSURE THAT CONTAINS WALL COLUMNS THAT EXCEED 12 FEET IN HEIGHT (AT ANY POINT ON THE ENCLOSURE)
 - C. ANY SCREEN ROOF ENCLOSURE THAT CONTAINS ANY ROOF BEAMS THAT ARE NOT SUPPORTED ON ONE END BY THE HOST STRUCTURE (ANY 'FREESTANDING' BEAMS).
 - D. ANY SCREEN ROOF ENCLOSURE THAT UTILIZES ANY CARRIER BEAMS (BEAMS THAT SUPPORT THE ENDS OF ANY OF THE OTHER ROOF BEAMS).
 - E. ANY SCREEN ROOF ENCLOSURE THAT IS BEING INSTALLED ONTO AN EXISTING SOLID ALUMINUM ROOF STRUCTURE OR IN COMBINATION WITH A PROPOSED SOLID ALUMINUM ROOF STRUCTURE (IN WHICH THE EXISTING OR PROPOSED ALUMINUM ROOF STRUCTURE EITHER PARTIALLY OR WHOLLY SUPPORTS ANY PART OF THE SCREEN ROOF ENCLOSURE).
6. IF A PROPOSED SCREEN ROOF ENCLOSURE IS FULLY SUPPORTED (TO ITS FULL HEIGHT) ON TWO SIDES, BY THE HOST STRUCTURE, THERE WILL BE NO LATERAL WIND BRACING (ROOF OR WALLS) REQUIRED. (PLEASE NOTE THAT ALL OF THE CRITERIA SPECIFIED IN GENERAL NOTE #5 ABOVE, STILL APPLY, EVEN WHEN THE PROPOSED ENCLOSURE IS FULLY SUPPORTED TO ITS FULL HEIGHT ON TWO SIDES)
7. SCREEN DOOR(S) MAY BE LOADED INTO ANY SCREEN WALL PANEL, EXCEPT FOR THOSE THAT CONTAIN DIAGONAL 'K' BRACING (AS PER OWNER SELECTION). ALL SCREEN DOORS SHALL BE SELF-CLOSING AND SELF-LATCHING.
8. COPIES OF THIS ENGINEERING DESIGN DETAIL SPECIFICATION DRAWING (ALL SHEETS) ARE ONLY TO BE VALID FOR PERMITTING PURPOSES OR FOR DESIGN CERTIFICATION PURPOSES WHEN ALL SHEETS OF ANY SUBMITTED SET BEAR THE ENGINEER'S ORIGINAL SIGNATURE (IN BLUE INK) UNDER HIS EMBOSSED SEAL. NO SETS OF THESE SPECIFICATION DRAWINGS SHOULD BE ACCEPTED, OR CONSIDERED VALID IF THE DATE UNDER THE EMBOSSED SEAL IS MORE THAN 90 DAYS OLD.
9. ANY ORIGINAL SIGNED (IN BLUE INK) AND SEALED SITE-SPECIFIC DESIGN DRAWINGS, ALONG WITH ITS SITE-SPECIFIC SPECIFICATIONS, SHALL ONLY SUPERCEDE THESE DESIGN SPECIFICATION DRAWINGS, WHEN IT IS SPECIFICALLY STATED ON THE SITE DRAWING AND THAT SITE DRAWING IS DEFINED AS A 'SITE-SPECIFIC' DESIGN.

INTERNAL CONNECTION SPECIFICATION (UTILIZING SCREW BOSSES)

ALL INTERNAL CONNECTIONS UTILIZING THE EXTRUDED SCREW BOSSES SHALL HAVE A MINIMUM OF TWO (2) #10 SMS SCREWS, WITH A MINIMUM EMBEDMENT INTO THE SCREW BOSS OF 1 3/4" (UNLESS OTHERWISE SPECIFIED ON THE CONNECTION DETAILS THAT ARE SPECIFIED ON ANY PAGE OF THIS DESIGN DOCUMENT).

SCREEN PANEL INSTALLATION SPECIFICATION:

PLEASE NOTE THAT ALL SCREEN PANEL OPENINGS (BOTH ROOF AND WALLS) SHALL BE INSTALLED ON ALL FOUR SIDES WITH SPLINE (INDEPENDANT OF ALL SURROUNDING PANELS). THE ONLY FRAMING COMPONENTS THAT ARE NOT REQUIRED TO HAVE SPLINE INSTALLED IN THEM ARE ALL OF THE DIAGONAL WALL AND ROOF BRACING.

CONCRETE ANCHOR SPECIFICATIONS:

ALL CONCRETE ANCHORS SPECIFIED ON THIS DETAIL SHEET ARE MANUFACTURED BY 'RED HEAD' ANCHORING SYSTEMS, AS ALL LOAD CAPABILITIES ARE BASED ON TEST DATA FURNISHED BY RED HEAD IN THEIR PRODUCT AND RESOURCE BOOK. NO SUBSTITUTIONS OF ANY OTHER MANUFACTURER'S CONCRETE ANCHORS IS PERMITTED WITHOUT SUBMITTAL OF THE COMPANY'S TEST DATA (TO VERIFY EQUIVALENT LOAD CAPACITIES) AND A WRITTEN, SIGNED AND SEALED LETTER OF AUTHORIZATION FROM THE ENGINEER OF RECORD. ANY UNAUTHORIZED ANCHOR SUBSTITUTION SHALL BE DEEMED NON-COMPLIANT WITH THIS DESIGN. THE ANCHORS TO BE USED FOR APPLICATIONS SPECIFIED IN THIS ENGINEERING DESIGN PLAN ARE AS FOLLOWS:

- 1/4" DIA FASTNERS: RED HEAD ITW TAPCON (SEE INDIVIDUAL DETAILS FOR MINIMUM EMBEDMENT DEPTH INTO CONCRETE)
- 3/8" DIA. FASTENERS: (OPTIONS)
- 3/8" TRU BOLT WEDGE ANCHOR (SEE INDIVIDUAL DETAILS FOR QUANTITY OF FASTENERS NEEDED) (MINIMUM EMBEDMENT SHALL BE 3' INTO CONCRETE UNLESS OTHERWISE SPECIFIED IN ANY DETAIL)
 - 3/8" LARGE DIAMETER TAPCON (LDT) (SEE INDIVIDUAL DETAILS FOR QUANTITY OF FASTENERS NEEDED) (MINIMUM EMBEDMENT SHALL BE 2 1/2' INTO CONCRETE UNLESS OTHERWISE SPECIFIED IN ANY DETAIL)

PLEASE REFER TO RED HEAD RESOURCE MANUAL FOR ACTUAL LOAD CAPABILITIES AND MINIMUM EDGE AND CENTER-TO-CENTER DISTANCES, AS THESE VALUES ARE THE BASIS FOR ALL DESIGN SPECIFICATIONS SHOWN ON THIS DESIGN DETAIL.

FOR BRICK PAVER INSTALLATION:

FOR INSTALLATION ON A BRICK PAVER DECK, THE ONLY FASTNERS THAT WILL MEET THE DESIGN CRITERIA INDICATED WITHIN THESE DESIGN SPEC'S ARE THE RED HEAD TRU BOLT WEDGE ANCHOR (3/8" x 1"), WHICH BASED ON 1/8" ANGLE, 1 x 2 O.B., 2 1/8" THICK BRICK PAVER AND A MAXIMUM MORTAR BED THICKNESS OF 3/4". THIS SCENARIO WILL STILL MEET THE MINIMUM FASTENER EMBEDMENT. IF ANY OF THESE CONTRIBUTING FACTORS EXCEED THE DIMENSIONAL BREAKDOWN INDICATED, THE JOB MUST BE PRESENTED TO THE ENGINEER OF RECORD FOR SITE-SPECIFIC ANCHORING DESIGN.

SCREW SPACING AND EDGE DISTANCE SPEC'S

THIS TABLE IS BASED ON THE PROPERTIES OF C-1022 LOW CARBON STEEL SMS AND SELF-DRILLING (TEK) SCREWS, WHICH ARE AN INDUSTRY STANDARD SCREW.

SCREW SIZE	NOMINAL SCREW DIAMETER (IN.)	MIN. EDGE DISTANCE	MIN. CENTER-TO-CENTER DISTANCE
#8	0.156	5/16"	7/16"
#10	0.188	3/8"	1/2"
#12	0.219	1/2"	5/8"
#14	0.250	5/8"	3/4"

MINIMUM FOOTER TABLES

MONO FOOTER	MAX. BM. SPAN	ISOLATED FOOTER (*)	MAX. BM. SPAN
8' x 8' WITH (1) #5 CONT.	UP TO 38'	12' x 12' WITH (2) #5 CONT.	UP TO 30'
8' x 12' WITH (1) #5 CONT.	UP TO 41'	12' x 16' WITH (2) #5 CONT.	31' TO 39'
10' x 12' WITH (1) #5 CONT.	UP TO 48'	14' x 16' WITH (2) #5 CONT.	40' TO 44'
12' x 12' WITH (2) #5 CONT.	UP TO 55'	16' x 16' WITH (2) #5 CONT.	44' TO 52'

IF A JOB EXCEEDS THESE PARAMETERS, THE FOUNDATION MUST BE SITE-SPECIFICALLY DESIGNED BY THE ENGINEER

MONOLITHIC FTG. LOAD CAPACITIES ARE BASED ON A MIN. OF 3 FEET OF CONT. CONCRETE, 2500 P.S.I. MINIMUM, W/ WIRE OR FIBER MESH REINFORCEMENT

(*) ISOLATED FOOTERS MAY BE USED ON EDGE OF EXIST. CONC. SLAB OR UNDERNEATH THE PERIMETER OF BRICK PAVER DECK (ALL SIDES)

SNAP / LAP JOINT CONNECTION NOTE:

ALL FRAMING MEMBERS ON ANY ENCLOSURE THAT UTILIZE SNAP OR LAP JOINT IN THEM SHALL HAVE #12 TEKs INSTALLED THRU THE SNAP OR LAP CONNECTION AT 18 INCHES ON CNTR. (TYP). THESE TEK SCREWS ARE TO BE PLACED ON BOTH EDGES OF THE UPRIGHT (BOTH THE INNER AND THE OUTER EDGE) IN ALL CASES. THIS SPECIFICATION APPLIES TO UPRIGHTS AND BEAMS BOTH.

GIRT (CHAIR RAIL) AND PURLIN SPACING SPECIFICATION NOTE:

ALL 2 x 2 H GIRTS (CHAIR RAILS) LOCATED IN THE SCREEN WALLS AND ALL PURLINS LOCATED IN THE SCREEN ROOF SHALL NOT EXCEED 8' 0" CENTER-TO-CENTER SPACING

EXIST. HOUSE FASCIA NOTES:

1. THE EXISTING HOUSE FASCIA OVERHANG SHALL NOT EXCEED 2' 0" (24 INCHES) FOR THIS INSTALLATION. IF THE HOUSE OVERHANG EXCEEDS THIS DIMENSION, THE JOB MUST BE PRESENTED TO THE ENGINEER OF RECORD FOR SITE-SPECIFIC FASCIA REINFORCEMENT DESIGN.
2. IT SHALL BE THE RESPONSIBILITY OF THE INSTALLING CONTRACTOR TO INSPECT AND INSURE THE CONDITION OF THE EXISTING FASCIA, TO DETERMINE IF IT IS IN GOOD ENOUGH CONDITION TO SUPPORT THE PROPOSED SCREEN ENCLOSURE (PRIOR TO ITS INSTALLATION)

DWN: E. DOWDY
DATE: 01/28/05
APPROVED:
D. A. DOWDY, P.E.
DWG. NO. 04-140-08
LAST REV. 08/30/05

NOTE TO BUILDING OFFICIALS:
THIS ENGINEERING IS ONLY VALID FOR BUILDING PERMIT PURPOSES WHEN IT BEARS THE ORIGINAL SIGNATURE AND RAISED / EMBOSSED SEAL FROM THE ENGINEER OF RECORD (PHOTOCOPIES ARE NOT TO BE ACCEPTED OR CONSIDERED AS VALID FOR PERMITTING) (RE: GEN. NOTE #8)

POOL / PATIO ENCLOS.
WITH SCREEN ROOF
140 MPH, EXP "B"
(SHEET 1 OF 4)

[Signature]

B.D.Q., INC.
P. O. BOX 20207
WEST PALM BEACH, FL 33416
D. A. DOWDY, P.E.
FL REG. NO. 22763
FLA. ENG. CERT. OF AUTH. NO. 8238

BEAM SPANS AND COLUMN SIZES ON THIS SHEET ARE BASED ON SIMULTANEOUS LOADING, AS DEFINED IN TABLE 202.4, F.B.C. 2004, FOR 140 MPH WINDS, FOR EXPOSURE CATEGORY 'B' (18 P.S.F. WALLS, 6 P.S.F. ROOF, 10 P.S.F. LIVE LOAD)

FLAT (SIMPLE) ROOF BEAM SCHEDULE FOR FLAT BEAMS, L80 MAX. (140 MPH, EXP. 'B')											
SIZE	DIMENSION		ROOF PANEL WIDTH vs BEAM SPAN (FOR MAX. WALL HEIGHT OF 18' 0")								
	Tf	Tw	8' 0"	7' 6"	7' 0"	6' 6"	6' 0"	5' 6"	5' 0"	4' 6"	4' 0"
2x2 SN	.044	.044	4' 10"	5' 0"	5' 3"	5' 5"	5' 8"	5' 10"	6' 2"	6' 6"	6' 11"
2x3 SN	.055	.055	7' 1"	7' 4"	7' 7"	7' 11"	8' 3"	8' 6"	9' 0"	9' 6"	10' 0"
2x4 SN	.045	.045	7' 11"	8' 2"	8' 6"	8' 9"	9' 2"	9' 6"	10' 0"	10' 6"	11' 2"
2x4 L	.100	.045	10' 9"	11' 2"	11' 6"	12' 0"	12' 5"	13' 0"	13' 7"	14' 4"	15' 3"
2x5 L	.118	.050	13' 1"	13' 6"	14' 0"	14' 6"	15' 1"	15' 9"	16' 6"	17' 5"	18' 5"
2x6 L	.120	.050	13' 7"	14' 0"	14' 6"	15' 0"	15' 8"	16' 4"	17' 1"	18' 0"	19' 1"
2x7 L	.120	.057	14' 9"	15' 2"	15' 9"	16' 4"	17' 0"	17' 9"	18' 7"	19' 7"	20' 9"
2x8 L	.224	.072	18' 0"	18' 7"	19' 2"	19' 11"	20' 8"	21' 7"	22' 7"	23' 9"	25' 2"
2x9 L (L)	.209	.072	21' 9"	22' 5"	23' 2"	24' 0"	25' 0"	26' 1"	27' 3"	28' 8"	30' 4"
2x9 L (H)	.308	.082	26' 9"	27' 8"	28' 7"	29' 8"	30' 9"	32' 1"	33' 7"	35' 3"	37' 3"
2x10 L	.389	.092	31' 7"	32' 7"	33' 8"	34' 9"	36' 2"	37' 8"	39' 5"	41' 5"	43' 8"

BEAM SPAN CALCULATION NOTE:
THE SPANS IN THESE TABLES ARE BASED ON BOTH THE HOST STRUCTURE MOUNTING POINT AND WALL HEIGHT BEING THE SAME MEASUREMENT

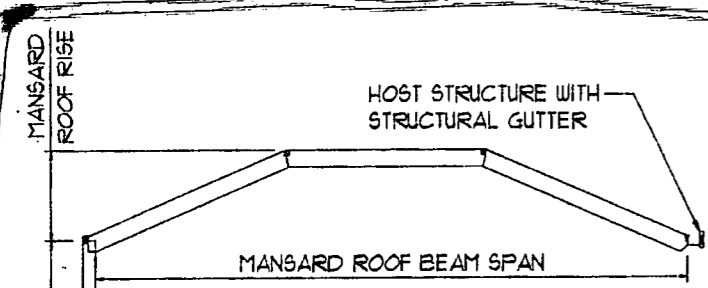
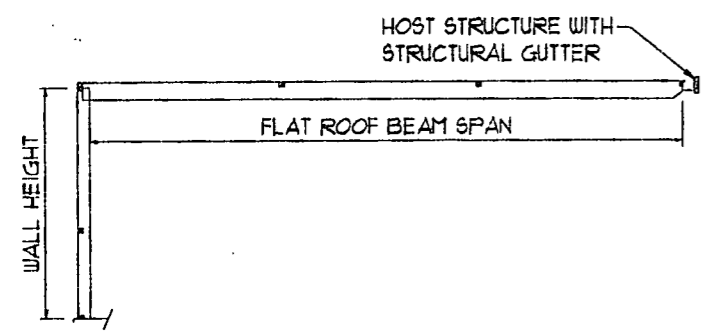
MANSARD / CENTER PEAK (GABLE) ROOF BEAM SCHEDULE L80 MAX. (140 MPH, EXP. 'B')											
THIS SPAN TABLE IS LIMITED TO A MAXIMUM VERTICAL RISE OF 3' 0" (36")											
SIZE	DIMENSION		ROOF PANEL WIDTH vs BEAM SPAN (FOR MAX. WALL HEIGHT OF 8' 0")								
	Tf	Tw	8' 0"	7' 6"	7' 0"	6' 6"	6' 0"	5' 6"	5' 0"	4' 6"	4' 0"
2x4 SN	.045	.045									
2x4 L	.100	.045									
2x5 L	.118	.050									
2x6 L	.120	.050									
2x7 L	.120	.057									
2x8 L	.224	.072									
2x9 L (L)	.209	.072									
2x9 L (H)	.308	.082									
2x10 L	.389	.092									

MANSARD / CENTER PEAK (GABLE) ROOF BEAM SCHEDULE L80 MAX. (140 MPH, EXP. 'B')											
THIS SPAN TABLE IS LIMITED TO A MAXIMUM VERTICAL RISE OF 3' 0" (36")											
SIZE	DIMENSION		ROOF PANEL WIDTH vs BEAM SPAN (FOR MAX. WALL HEIGHT OF 12' 0")								
	Tf	Tw	8' 0"	7' 6"	7' 0"	6' 6"	6' 0"	5' 6"	5' 0"	4' 6"	4' 0"
2x4 SN	.045	.045									
2x4 L	.100	.045									
2x5 L	.118	.050									
2x6 L	.120	.050									
2x7 L	.120	.057									
2x8 L	.224	.072									
2x9 L (L)	.209	.072									
2x9 L (H)	.308	.082									
2x10 L	.389	.092									

MANSARD / CENTER PEAK (GABLE) ROOF BEAM SCHEDULE L80 MAX. (140 MPH, EXP. 'B')											
THIS SPAN TABLE IS LIMITED TO A MAXIMUM VERTICAL RISE OF 3' 0" (36")											
SIZE	DIMENSION		ROOF PANEL WIDTH vs BEAM SPAN (FOR MAX. WALL HEIGHT OF 16' 0")								
	Tf	Tw	8' 0"	7' 6"	7' 0"	6' 6"	6' 0"	5' 6"	5' 0"	4' 6"	4' 0"
2x4 SN	.045	.045									
2x4 L	.100	.045									
2x5 L	.118	.050									
2x6 L	.120	.050									
2x7 L	.120	.057									
2x8 L	.224	.072									
2x9 L (L)	.209	.072									
2x9 L (H)	.308	.082									
2x10 L	.389	.092									

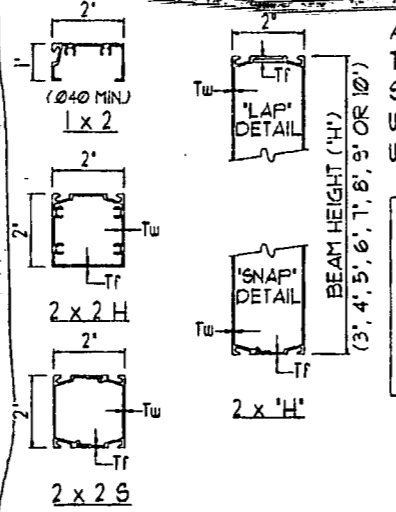
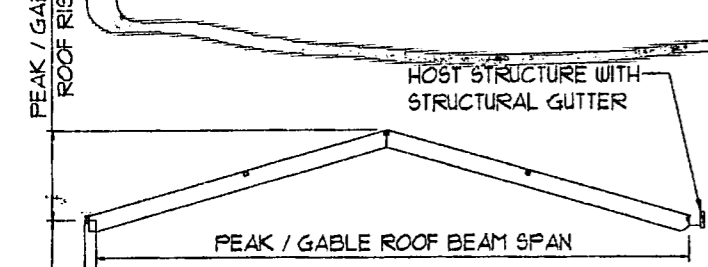
MANSARD BEAM SPANS OF LESS THAN 8' 0" ARE OMITTED FROM THIS TABLE

WALL COLUMN SCHEDULE (COLUMN SIZES VS. WALL PANEL WIDTH)											
L/60 MAX. ALLOWABLE DEFLECTION (140 MPH, EXP. 'B', 18 P.S.F. DESIGN LOAD)											
SIZE	DIMENSION		WALL PANEL WIDTH vs COLUMN HEIGHT (DESIGN PRESSURE = 18 PSF)								
	Tf	Tw	8' 0"	7' 6"	7' 0"	6' 6"	6' 0"	5' 6"	5' 0"	4' 6"	4' 0"
2x3 SN	.055	.055	5' 9"	5' 11"	6' 1"	6' 4"	6' 7"	6' 11"	7' 3"	7' 8"	8' 1"
2x3 L	.055	.055	5' 9"	5' 11"	6' 1"	6' 4"	6' 7"	6' 11"	7' 3"	7' 8"	8' 1"
2x4 SN	.045	.045	6' 4"	6' 7"	6' 10"	7' 1"	7' 4"	7' 8"	8' 1"	8' 6"	9' 0"
2x4 L	.100	.045	8' 2"	8' 5"	8' 9"	9' 1"	9' 5"	9' 10"	10' 4"	10' 11"	11' 7"
2x5 L	.118	.050	10' 2"	10' 6"	10' 10"	11' 3"	11' 7"	12' 3"	12' 10"	13' 6"	14' 4"
2x6 L	.120	.050	11' 7"	12' 0"	12' 5"	12' 10"	13' 5"	14' 0"	14' 8"	15' 6"	16' 5"
2x7 L	.120	.057	13' 2"	13' 7"	14' 1"	14' 7"	15' 2"	15' 10"	16' 8"	17' 7"	18' 7"
2x8 L	.224	.072	14' 11"	15' 5"	15' 11"	16' 6"	17' 2"	18' 0"	18' 10"	19' 10"	21' 0"
2x9 L (L)	.209	.072	16' 10"	17' 4"	17' 11"	18' 8"	19' 5"	20' 3"	21' 3"	22' 5"	23' 9"
2x9 L (H)	.308	.082	22' 1"	22' 9"	23' 7"	24' 6"	25' 6"	26' 8"	27' 10"	29' 5"	31' 3"
2x10 L	.389	.092	26' 0"	26' 10"	27' 9"	28' 10"	30' 0"	31' 4"	32' 10"	34' 8"	36' 9"



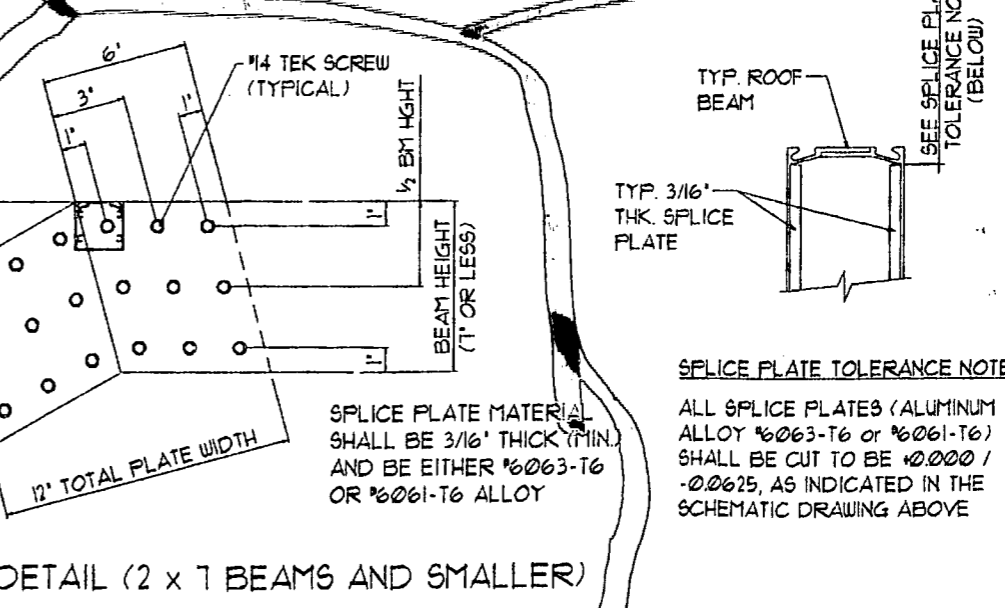
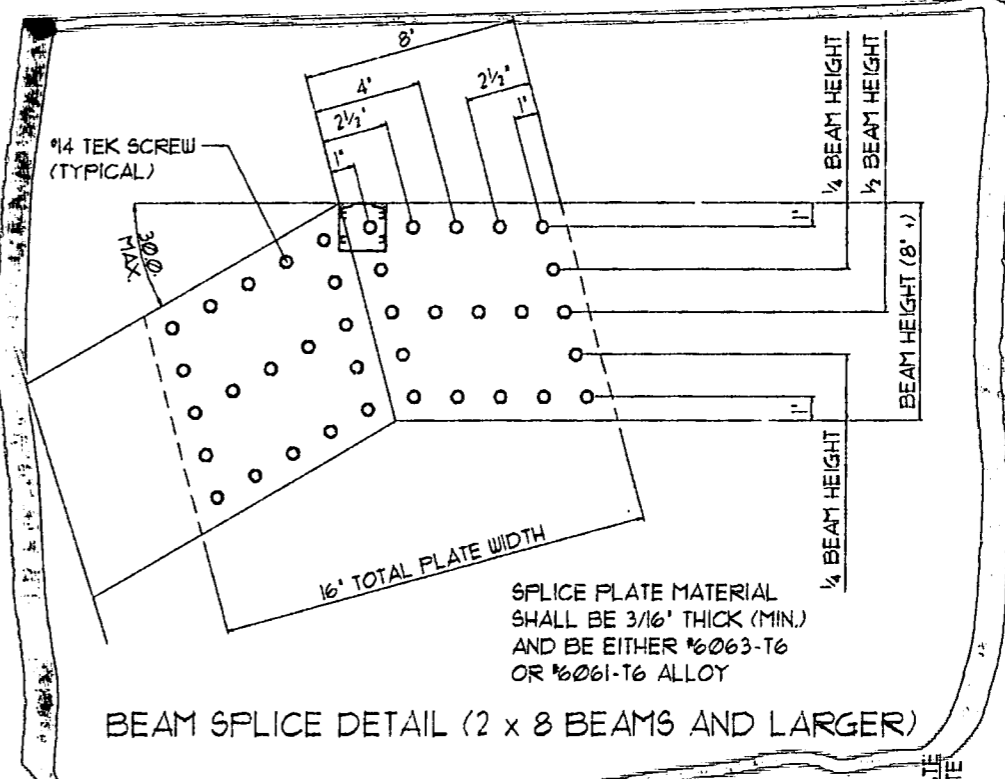
MANSARD BEAM SPANS ARE BASED ON A MAXIMUM SPLICE ANGLE OF 30°

FOR HALF-MANSARD BEAM SPANS, USE VALUES SHOWN IN "MANSARD BEAM SPAN TABLE (SAME MAX. SPLICE ANGLE (30°) APPLIES TO HALF-MANSARD BEAMS)



ALL 'TUBE' SHAPES SPECIFIED ON THE DETAILS WITHIN THESE DETAIL SHEETS SHALL HAVE THE SPECIFIED WALL THICKNESSES ON ALL FOUR WALLS

SECONDARY FRAMING MEMBER WALL THICKNESS
 1 x 2 O.B. @ .044
 2 x 2 H @ .044
 2 x 2 SNAP @ .044



SPLICE PLATE TOLERANCE NOTE:
ALL SPLICE PLATES (ALUMINUM ALLOY 6063-T6 or 6061-T6) SHALL BE CUT TO BE +0.000 / -0.0025, AS INDICATED IN THE SCHEMATIC DRAWING ABOVE

D.W. E. DOWDY
DATE: 01/28/05
APPROVED:
D. A. DOWDY, P.E.
DWG. NO. 04-140-XB
LAST REV. 08/30/05

NOTE TO BUILDING OFFICIALS:
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POOL / PATIO ENCLOS.
WITH SCREEN ROOF
140 MPH, EXP 'B'
(SHEET 2 OF 4)

EVAL

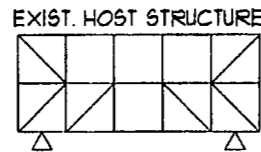
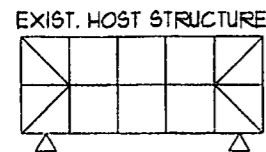
B.D.Q., INC.
P. O. BOX 20207
WEST PALM BEACH, FL 33416
D. A. DOWDY, P.E.
FL REG. NO. 22763
FLA. ENG. CERT. OF AUTH. NO. 8238

 - INDICATES WALL PANEL THAT SHALL HAVE DIAGONAL "K"-BRACING IN IT

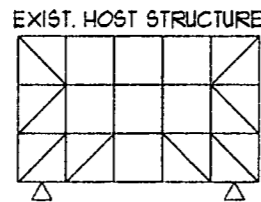
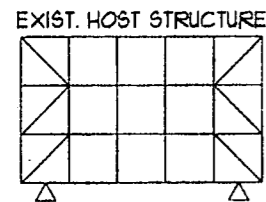
UP TO 8' WALL HGT

8' TO 12' WALL HGT

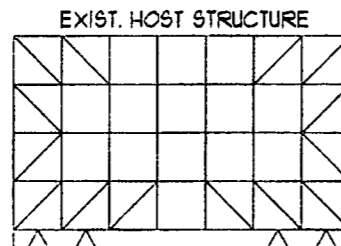
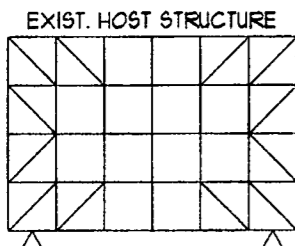
UP TO 16' BEAM SPAN



16' TO 24' BEAM SPAN

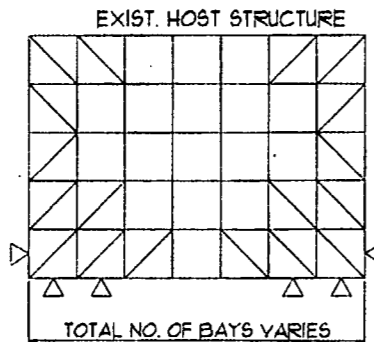
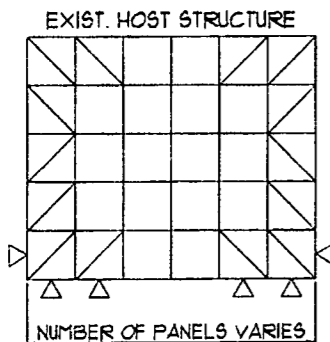


24' TO 32' BEAM SPAN



TOTAL NO. OF BAYS VARIES
THREE (3) BAYS ON EACH
END OF OUTER-MOST WALL
SHALL HAVE DIAG. BRACING

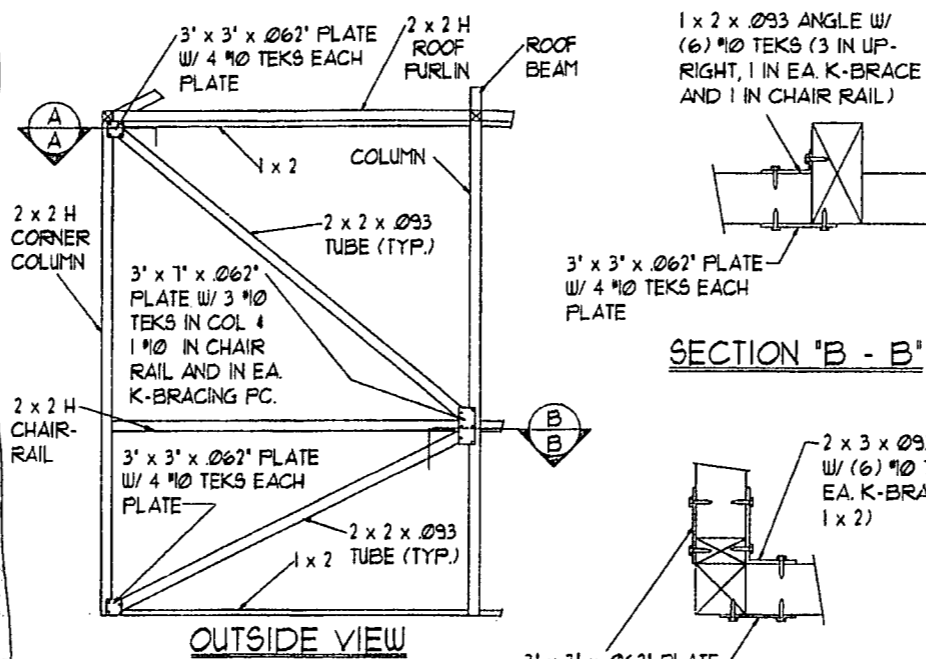
32' TO 40' BEAM SPAN



TOTAL NO. OF BAYS VARIES
THREE (3) BAYS ON EACH END OF
OUTER-MOST PANELS AND TWO (2)
PANELS IN SECOND OUTER-MOST
ROW OF PANELS SHALL HAVE THE
DIAGONAL BRACING (AS SHOWN)

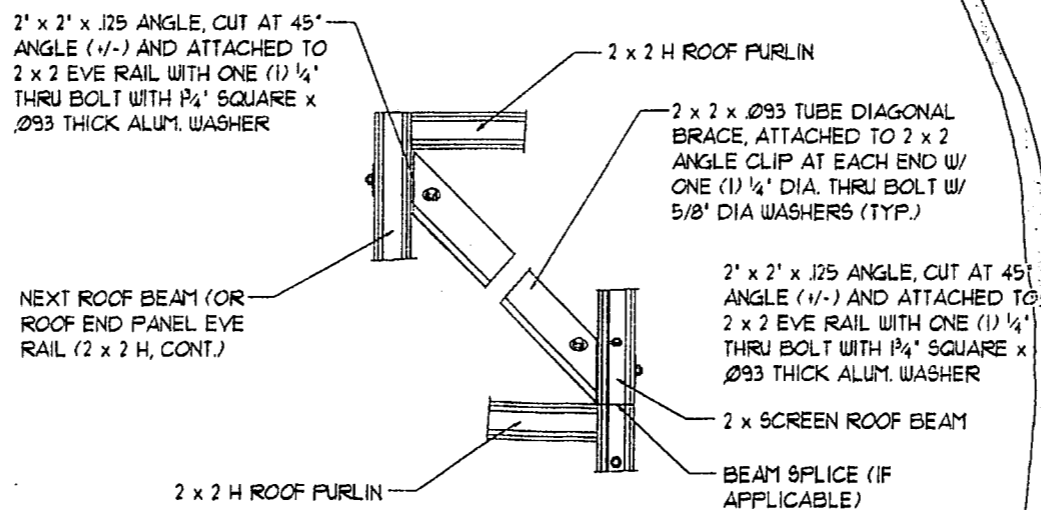
DESIGN NOTES:

ALL DIAGONAL BRACING, USED EITHER IN THE ROOF OR AS "K"-BRACING IN THE WALLS SHALL BE 2' x 2' x .093 WALL THICKNESS TUBE, AND SHALL BE CUT TO FIT SNUG, WITH NO PLAY OR SHIFT IN THE BRACING. SEE DETAILS AT RIGHT FOR CONNECTION SPECIFICATIONS. THE BRACING SCHEMATICS SHOWN ABOVE ARE THE SAME BRACING CONFIGURATION, REGARDLESS OF ROOF TYPE (MANSARD, PEAK, DOME, FLAT, ETC.)

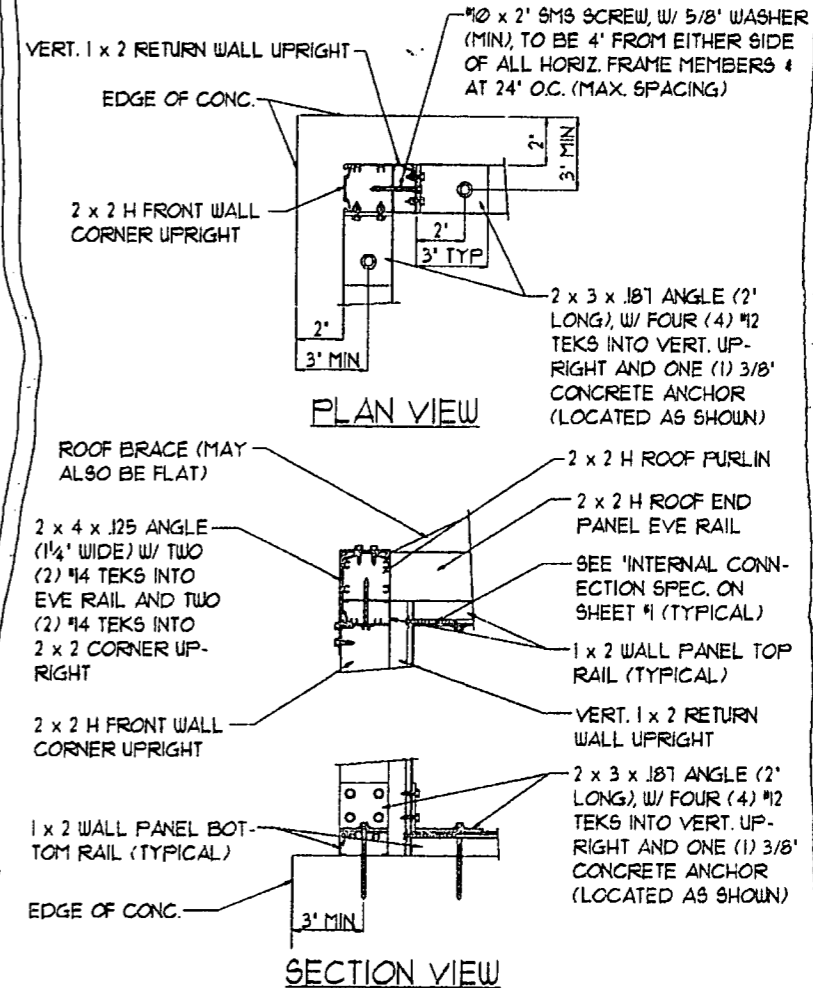


DIAGONAL "K" BRACING DETAIL

DESIGN NOTE: ALL THRU-BOLTS PASSING THROUGH ANY ALUMINUM MATL. WITH A WALL THICKNESS LESS THAN .090, SHALL HAVE EITHER A 1/8"-INCH (OUTSIDE DIA.) FENDER WASHER (SEE GEN. NOTE #2 ON SHT 1 REGARDING SEPARATION OF DISSIMILAR METALS) OR A 1/4" SQUARE x .090 THICK ALUMINUM WASHER (#6063-T6) INSTALLED ON EITHER OR BOTH ENDS, AS DETERMINED BY THE MATERIAL THICKNESS. THE EXCEPTION IS THRU-BOLTS USED TO INSTALL THE BRACE CUPS (SEE DETAIL AT RIGHT) (#3003-H14, .063 THK.) MAY BE INSTALLED (ON THE CUP SIDE OF THE BOLT ONLY) WITH A STANDARD 3/8"-INCH (OUTSIDE DIA.) WASHER, WHICH IS STRUCTURALLY ADEQUATE.

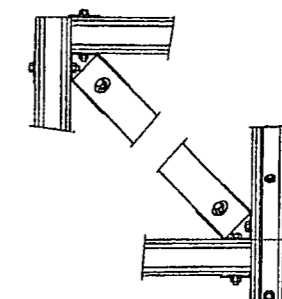


DIAGONAL ROOF BRACING DETAIL



SCREEN WALL CORNER ANCHOR DETAILS

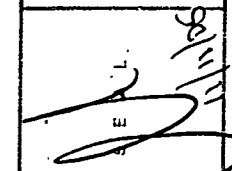
ALTERNATE ROOF BRACING CONNECTION DETAIL (APPLICABLE ONLY FOR CORNER BRACES IN A MANSARD-STYLE ROOF), UTILIZING A STAMPED DIAGONAL BRACE ATTACHMENT CUP, WHICH IS STAMPED FROM ALUMINUM ALLOY #3003 H-14 (.063 THICKNESS). THESE CUPS SHALL BE ATTACHED WITH TWO (2) 1/4" DIA. THRU BOLTS PER CUP (AS INDICATED BELOW). NOTE THAT THE SAME DESIGN NOTE FOR APPLICATION OF MINIMUM WASHER SIZE REQUIREMENTS SHALL ALSO APPLY TO THESE CUPS, AS THEY ARE LESS THAN .090 THICK. THE 2 x 2 x .093 DIAG. BRACE SHALL BE ATTACHED TO THE CUP AT EACH END WITH ONE (1) 1/4" DIA. THRU BOLT, W/ THE APPROPRIATE WASHERS



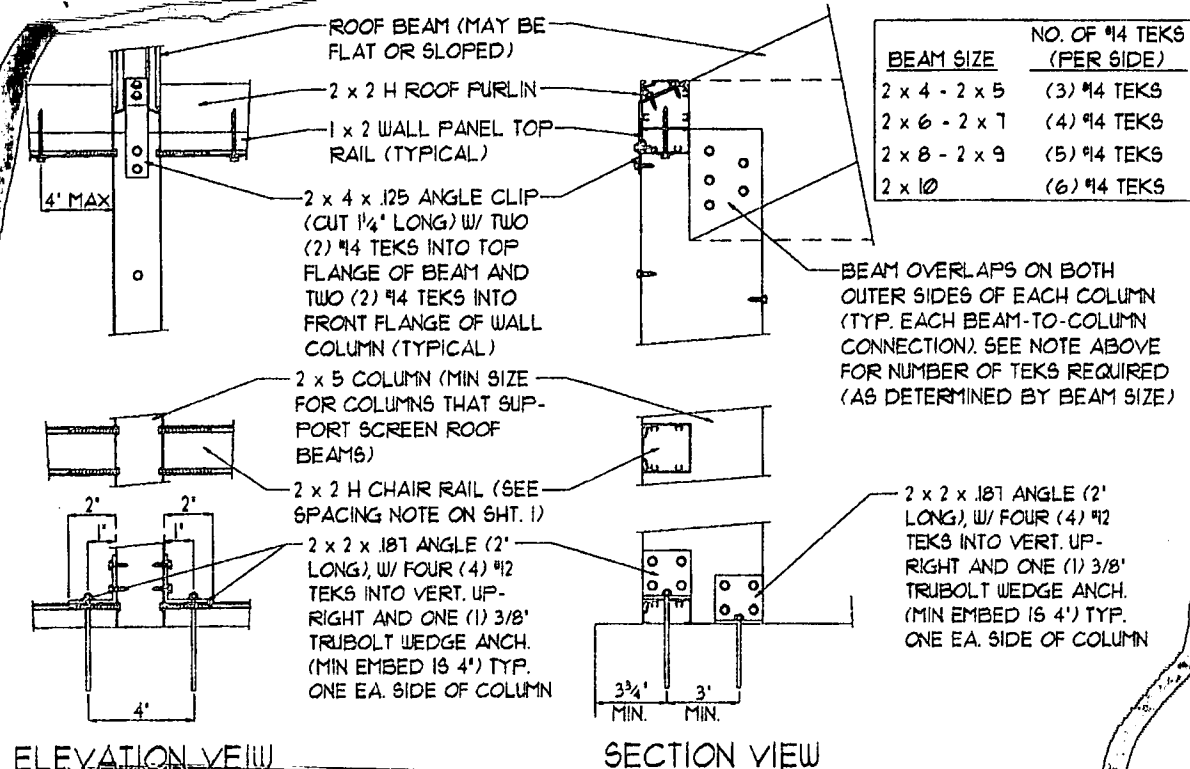
DATE: 01/28/05
APPROVED: D. A. DOWDY, P.E.
DWG. NO. 04-140-XB
LAST REV. 08/30/05

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POOL / PATIO ENCLOS.
WITH SCREEN ROOF
140 MPH, EXP "B"
(SHEET 3 OF 4)



B.D.Q., INC.
P. O. BOX 20207
WEST PALM BEACH, FL 33416
D. A. DOWDY, P.E.
FL REG. NO. 22763
FLA. ENG. CERT. OF AUTH. NO. 8238

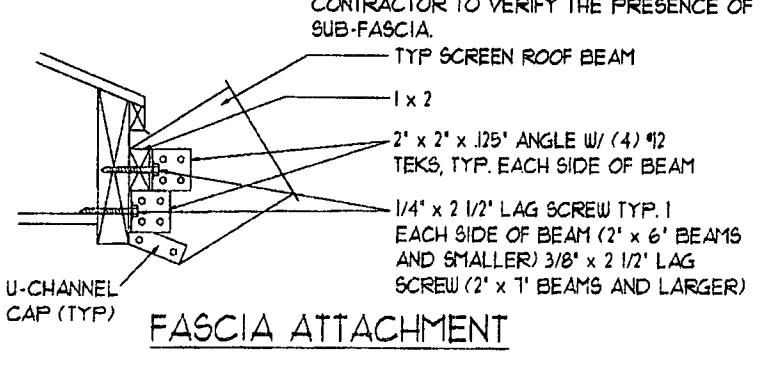
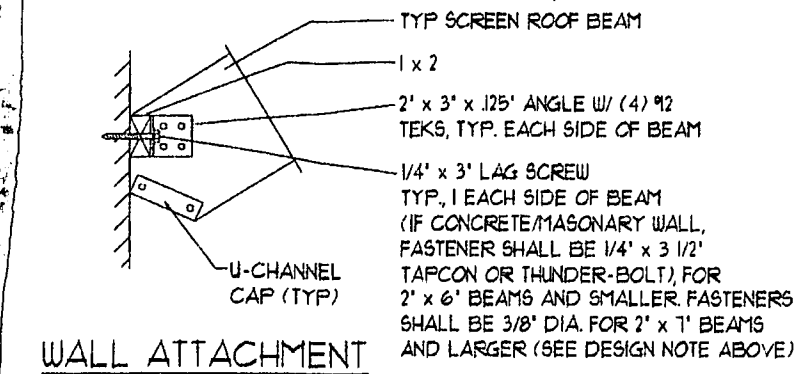


BEAM SIZE	NO. OF #14 TEKS (PER SIDE)
2 x 4 - 2 x 5	(3) #14 TEKS
2 x 6 - 2 x 7	(4) #14 TEKS
2 x 8 - 2 x 9	(5) #14 TEKS
2 x 10	(6) #14 TEKS

DESIGN NOTE: THE 3-INCH LEG OF THE ANGLE SHALL BE PLACED AGAINST THE 1 x 2. THIS ALLOWS A MIN. EDGE DISTANCE FOR THE FASTENERS (FROM THE EDGE OF THE ANGLE) OF ONE-INCH, AND MAINTAINS A SIX-INCH MIN. CENTER-TO-CENTER DISTANCE FOR THE MAX. SIZED CONCRETE ANCHORS (3/8" x 3 1/2")

NOTE: FOR WOOD FRAMING, AT LEAST ONE OF THE LAG SCREWS MUST ANCHOR INTO A STUD IN THE WALL FRAMING.

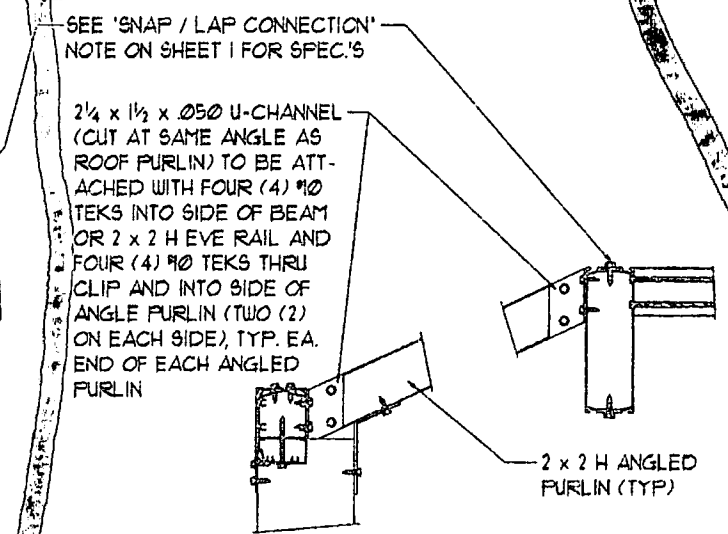
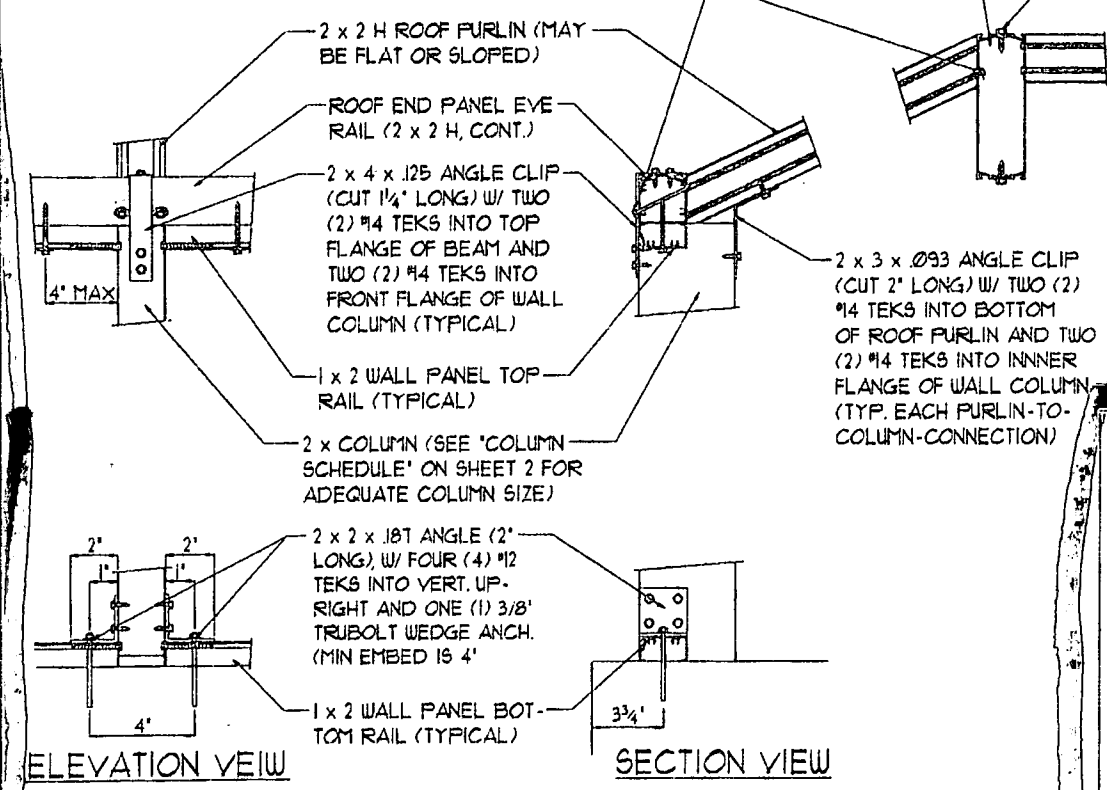
NOTE: FASCIA ATTACHMENT REQUIRES A 2 x FASCIA BOARD (MINIMUM). A 1 x FASCIA IS ONLY ADEQUATE FOR THIS INSTALLATION WHEN THERE IS A 2 x SUB-FASCIA BEHIND IT. IN THIS CASE, THE LAGS MUST PENETRATE THE SUB-FASCIA 1/2" (MIN. EMBEDMENT). IT SHALL BE THE RESPONSIBILITY OF THE SCREEN CONTRACTOR TO VERIFY THE PRESENCE OF THIS SUB-FASCIA.



SCREEN ROOF ENCLOSURE-TO-HOST STRUCTURE ATTCHMENT DETAIL (WITH NO STRUCTURAL GUTTER)

TYPICAL MAIN BEAM-TO-COLUMN -TO-FOUNDATION DETAIL

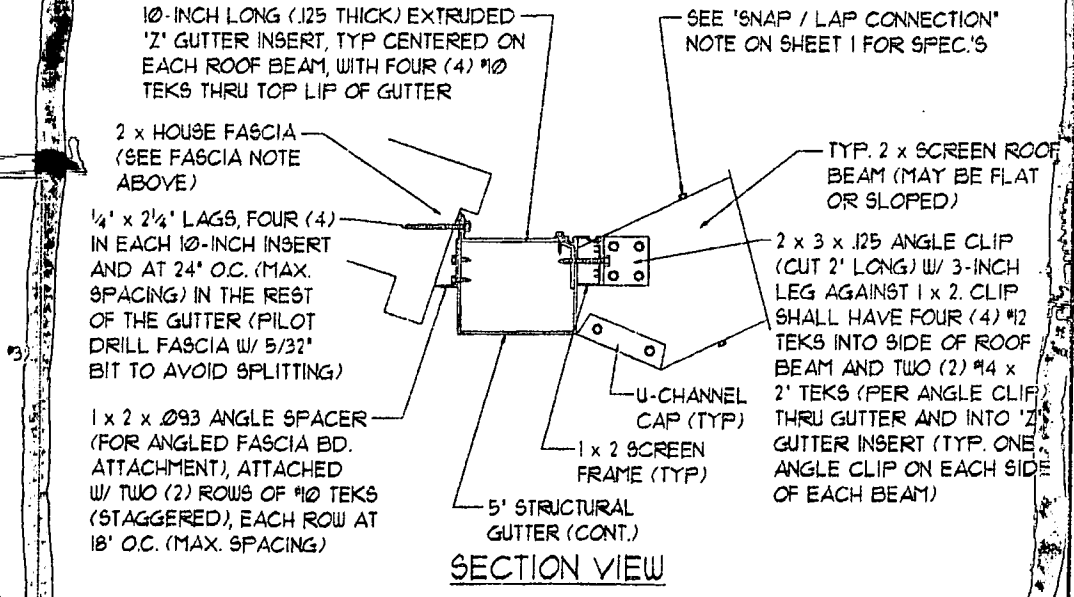
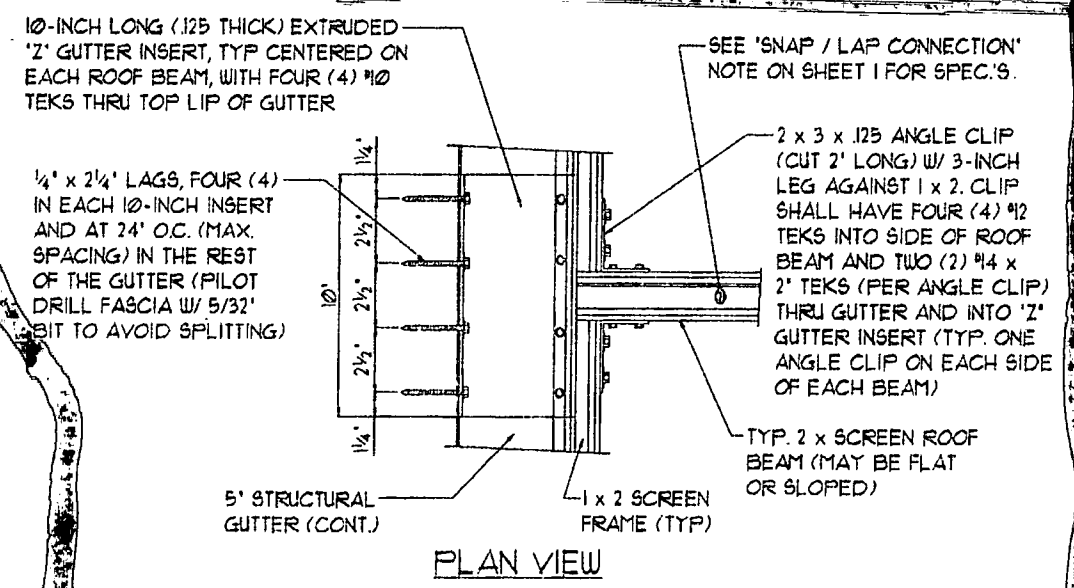
ANY #10 S.M.S. SCREWS USED TO INTERNALLY ATTACH AN 'ANGLED' ROOF FURLIN (AS SHOWN) MUST HAVE A 5/8" (MIN.) WASHER INSTALLED ON THE SCREW PRIOR TO INSTALLATION INTO THE SCREW BOSS (SEE 'INTERNAL CONNECTION SPEC.' ON SHEET 1 FOR EMBEDMENT REQUIREMENTS)



NOTE: THIS ATTACHMENT DETAIL ALSO APPLIES TO A 2 x 2 SCREEN FRAME, W/ THE FASTENER BEING 4" IN LENGTH, TO MAINTAIN A 2" MIN. EMBED.

MIN. EMBEDMENT FOR ALL TAPCONS SHALL BE 2" INTO CONCRETE.

NOTE: ALL FASTENERS SPECIFIED IN 'COLUMN-TO-FOUNDATION' DETAILS PERTAIN ONLY TO THE FASTENERS TO BE PLACED ON EITHER SIDE OF COLUMNS. THIS DETAIL IS FOR ALL INTERMEDIATE FASTENERS FOR 1 x 2 SCREEN FRAME TO EITHER CONC. DECK OR C.B.S. MASONRY WALL. THIS SAME DETAIL ALSO APPLIES TO WOOD FRAME WALLS, COLUMNS OR BEAMS WITH THE SUBSTITUTION OF 1/4" x 2 1/2" LAG SCREWS INSTEAD OF THE ABOVE SPECIFIED TAPCONS.



STRUCTURAL GUTTER CONNECTION DETAIL

DWG. NO. 04-14043B
 DATE: 01/28/06
 APPROVED: D. A. DOWDY, P.E.
 LAST REV. 09/20/06

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POOL / PATIO ENCLOS.
 WITH SCREEN ROOF
 140 MPH, EXP "B"
 (SHEET 4 OF 4)

B.D.Q., INC.
 P. O. BOX 20207
 WEST PALM BEACH, FL 33416
 D. A. DOWDY, P.E.
 FL REG. NO. 22763
 FLA. ENG. CERT. OF AUTH. NO. B238

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/1, 2006 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8043	NORDBLUM	FINAL SCREEN	PASS	CLOSE
4	5 KINGSTON CT. PIONEER			INSPECTOR: <i>[Signature]</i>
7809	O'ALESSANDRO. 4 EMANITA WY.	ELEC. ROUGH	FAIL	INSPECTOR: <i>[Signature]</i>
8	O/B.			
7900	HART 61 S. RIVER RD.	LATH	PASS	INSPECTOR: <i>[Signature]</i>
7	WINCHIP			
7851	MORAN 2 PALM ROAD	ROUGH A/C	FAIL	INSPECTOR: <i>[Signature]</i>
	DELFWOOD ^{HERITAGE} A/C	ROUGH ELEC.	PASS	
		TRUSS ENDR.	FAIL	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TREE

REMOVAL REPLACEMENT

RELOCATION



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 GUS NORDGREN Address 5 Railroad Ct Phone 221-2271

Contractor QUETZAL/FRANCISCO Address PO Box 1604 Phone 263-8276

No. of Trees: REMOVE 1 Species: SUZANBLE Egg Cassia

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) TREE IS FALLING OVER - HELD UP WITH ROPE & 2"x4"x8'

Signature of Property Owner [Signature] Date 10-1-13

Approved by Building Inspector: [Signature] Date 10.1.13 Fee: N/C

NOTES: _____

SKETCH:
 SEE ATTACHED PHOTOS.
 I'VE HAD TREE TRIMMED SEVERAL TIMES. I WANT TO REMOVE SO THAT MY SCREEN ENCLOSURES WILL NOT BE DAMAGED WHEN THE TREE FALLS.

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 one inch.

Permit Fee:

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

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeeye, 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 Kim Seiler Address 5 Kingston Ct. Phone 781-537224

Contractor Tristan Tree Address 2303 Pines Rd. Phone 335-927742
PSL

No. of Trees: REMOVE 1 Type: Live Oak

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

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

Written statement giving reasons: Oak tree roots are affecting
Septic field & septic tank

Signature of Applicant [Signature] Date 11/14/03

Approved by Building Inspector: [Signature] Date 11/21/03 Fee: 15.00








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

→ Please identify the drain field area

TOWN OF SEWALL'S POINT

Building Department - Inspection Log



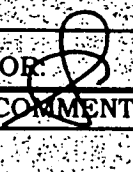
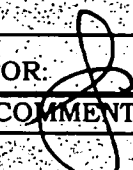
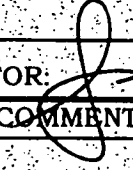


Date of Inspection: Mon Wed Fri 1/19, 2003 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6321	FRANCIS	Deck DECK	Passed	
①	5 S. RIVER ROAD	Pool		
	WILBEEDING	(EARLY PLEASE)		INSPECTOR: 
6489	McKINNEY	FINAL DOCK	Permit	Package wet
④	24 SIMARA ST	+ PILING	no drag	failed
	J & B BOATLIFT			INSPECTOR: 
6321	SEWALL	TREE	Failed	
⑥	5 KINGSTON CT			INSPECTOR: 
6335	TWOHEY	SHEDDING	Passed	
②	119 HILLCREST	NAILING	accept	thread connections
	SEAGATE	ROOF TRUSS ENG	Passed	INSPECTOR: 
6111	GREENE	TIN TAG	Passed	
⑤	216 ISLAND RD			INSPECTOR: 
	O/B			
6413	POWERS	FOUNDATION	Passed	
③	70 S. SEWALL'S PT	Stairs + columns		
	FLORIDA'S FINEST			INSPECTOR: 
TREE	SCHROEDER	TREE	Passed	
⑧	4 RIDGELAND DR			INSPECTOR: 
OTHER: <u>4 Via Lucidiana, Hall → tree near pool</u>				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/21, 2008 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	GIFFORD	TREE	Passed	
(6)	85 N. SEWALL'S RD			INSPECTOR: 
TREE	REICH	TREE	Failed	
(11)	22 MIDDLE RD			INSPECTOR: 
TREE	REILLY	TREE	Passed	
(14)	78 S. SEWALL'S PT			INSPECTOR: 
6370	ROMAN	FINAL INT.	Passed	
(3)	14 COPAIRE RD WOODWARD	ALT. WIN/DRY 260-0239		INSPECTOR: 
6419	MENDOZA	SHEATHING	Passed	11.00
(13)	144 S. SEWALL'S PT MASTER PLAY/PACIFIC			INSPECTOR: 
6497	LIZARS	FINAL ROOF	Passed	
(12)	4 ISLAND ROAD ARTELA			INSPECTOR: 
TREE		TREE	Passed	17" Oak replace
	D. Kingston Ct.			INSPECTOR: 
OTHER:	Sheets			
	7 Knowles Rd	Tell	Passed	



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



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner John & Randall Gerbin Address 5 Kingston Court Phone 772-221-2292

Contractor _____ Address _____ Phone _____

No. of Trees REMOVE 2 Species: Mango, Coconut Caliper @ 4' above soil 24 (inches) Height COCONUT 25', MANGO 10' (ft.)

No. of Trees RELOCATE _____ Species: _____ Caliper @ 4' above soil _____ (inches) Height _____ (ft.)

No. of Trees REPLACE _____ Species: _____ Caliper @ 4' above soil _____ (inches) Height _____ (ft.)

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

ALL PROHIBITED SPECIES AND VEGETATIVE WASTE MUST BE REMOVED FROM PROPERTY

Reason for tree removal/relocation Mango: ① owner is highly allergic to mango pollen, leaves, fruit ② recent storm blew over 2/3 of tree Coconut: want to re-landscape

Signature of Property Owner Randall Gerbin Date 5/4/2015

This space for Official Use only:
Approved by Building Official: [Signature] Date 5-5-15 Fee: 15⁰⁰

BUILDING INSPECTOR NOTES: _____

water creek

Minimum Tree Requirements Met On Property Prohibited Species Identified for Removal

