

7 Kingston Court

3205

SFR

Your septic system was inspected on
HD 9-1-326

Approved and Cover
Cover but hold for:
 Final Grade (see Permit for specific
Other:

Do not cover, disapproved for the following reasons:
 Well and well
reinspection fee
 Other:

System Reinspection Not Approved
 Reason(s):

Final Grade Pass-System Approved
Please allow this office two-working day
schedule a reinspection. If you have
questions, contact

at 221-40
REV. 4/

JOINT PERMIT

3205
4/22/92

OWNER Mr Richard Wegman
ADDRESS 4 Middle Road
CITY/ST/ZIP SP
TELEPHONE _____

OWNER/BLDR. Richard Wegman
ADDRESS 4 Middle Road
CITY/ST/ZIP SP
TELEPHONE _____

FLOOD ZONE NO
TO BE CONSTRUCTED Finish house
SITE ADDRESS 8 Kingston Court
SUBDIVISION Kingston Court
CONSTRUCTION VALUE \$31,000.00

FEES

REMODELING/NEW CONSTRUCTION
IMPACT paid PERMIT # 3077
RADON paid 11 11
SEPTIC N/A
WELL _____
FENCE _____
POOL _____
DOCK _____

PLUMBING done
ELECTRICAL done
MECH./A.C. done
ROOF done
WALL _____
POOL ENCLOSURE _____
OWNER/BUILDER Wegman

Fee based on cost to
Finish House DB
4/22/92

TOTAL \$310.00
PAID BY CHECK # 193.

BUILDING INSPECTION

(FOR OFFICIAL USE ONLY)

(SIGN OFF)

FORM BOARD SURVEY 10/30/90 DATE DB
ROUGH PLUMBING 10/31/91 DATE DB
TERMITE PROTECTION 11-4-91 DATE DB
FOOTING-SLAB 11/1/91 DATE DB
LINTEL N/A DATE _____
ROUGH ELECTRIC 11/15/91 DATE DB
FRAMING 12/1/91 DATE DB
A/C DUCTS 1/30/92 DATE DB

NAILING OK DATE DB
ROOF 11/13/92 DATE DB
INSULATION _____ DATE DB
FINAL ELECTRIC _____ DATE _____
FINAL PLUMBING _____ DATE _____
SEPTIC FINAL _____ DATE _____
DRIVEWAY _____ DATE _____
FINAL C.O. _____ DATE _____

PERMIT AUTHORIZED BY

Dale Brown

- Call 287-2455 from 8:00 a.m. to 4:00 p.m. for inspections.
- Requests for inspections require 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.
- Portable toilet facilities and haul-off trash container must be in job site before initial inspection.
- Working hours are from 8:00 a.m. to 5:00 p.m. Monday through Saturday.
- No trucks, trailers or other commercial vehicles may be left on job site overnight unless totally concealed. Violators will be cited. Questions regarding such equipment should be directed to the Building or Police Departments.

3205 old permit # 3077

Tax Folio No. _____

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name RICHARD & CELESTE WEGMAN

Owner's Address 4 MIDDLE RD STUART FLA.

Owner's Telephone 283-9352

Fee Simple Titleholder's Name (if other than owner) N/A

Fee Simple Titleholder's Address (if other than owner) N/A

City STUART State FLA Zip 34986

Contractor's Name OWNER

Contractor's Address 4 MIDDLE RD

City STUART State FLA Zip 34986

Contractor's Telephone N/A License Number N/A

Job Name N/A

Job Address 7 KINGSTON CT.

City Town of Sewall's Point State Florida Zip 34996

Legal Description LOT # KINGSTON COURT.

BOOK 8 PAGE 82

Bonding Company N/A

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name WILLIAM FLINT.

Architect/Engineer's Address STUART FLA

Mortgage Lender's Name N/A

Mortgage Lender's Address N/A

310.00

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

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

Plumbing Contractor SOUTH PARK PLUMBING License No. #49-MARTIN

Electrical Contractor BLOSSER ELECTRIC License No. ME00250-MARTIN

Roofing Contractor - COMPLETE - License No. N/A

A/C Contractor SUN COAST License No. CA C029397

Description of Building or Alterations TO COMPLETE HOUSE - KITCHEN \$12,000

FLOORS - WOOD + TILE \$10,000 - DRIVEWAY \$4,000 - SEPTIC 1,350 - HARBOR \$1,000
POOL SEPERATE PERMIT - FENCE SEPERATE PERMIT

Name of Street the Front Building Line and Front Yard Will Face KINGSTON CT.

Subdivision KINGSTON Lot 4 Block PAGE 82 PCK 8

Building Area (inside walls) 2708 LIVING Garage, Porch, Carport

Area _____

Contract Price (excluding carpet, land, appliance, landscaping)

\$ ~~32,350~~
31,000

KITCHEN \$12,000
FLOORS WOOD + TILE 10,000
DRIVEWAY 4,000
SEPTIC 1,350
MISC. 5000

Rob [Signature] DATE 6/22/92
(Owner or Authorized Agent)

Sworn and Subscribed before me this
22nd day of June 1992 (SEAL)

Theresa M. Murphy
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES: NOV. 15, 1992.
BONDED THRU NOTARY PUBLIC UNDERWRITERS.

DATE June 22, 1992

(Contractor) N/A
Sworn and Subscribed before me this
_____ day of _____ 199__ (SEAL)

NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

Certificate of Competency Holder

Contractor's State Certification or Registration No. N/A

Contractor's Certificate of Competency No. N/A

APPLICATION APPROVED BY Dale Brown 6/22/92 Permit Officer

[Signature] 6/22/92

For Official Use Only

Plans approved as submitted Date 6/22/92

Plans approved as marked _____ Date _____

Permit Fee \$ 310.00

Payment Received ~~6/22/92~~ 310.00 Date 6/22/92

County Impact Fee \$ N/A

Plumbing Fee \$ N/A

Radon Fee \$ N/A

Roofing Fee \$ N/A

A/C Fee \$ N/A

Building Fee \$ 310.00

Electrical Fee \$ N/A

TOTAL \$ 310.00

3077 New permit # 3205

- 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. Plans must be sealed by a Florida registered architect or engineer.
- 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. Tree removal permit (for trees other than nuisance trees)
- 8. Certification of elevation from licensed surveyor and determination of flood zone.
- 9. Amount of fill anticipated - rough sketch showing location of fill
- 10. Manufacturer's schedule of windows.

X Owner FRANCES GWYER X Current Address OCEAN PALMS
 X Telephone 287-2590 2859 S EAST OCEAN STUART, FLA
 General Contractor (SAME) Address _____
 Telephone _____
 Where Licensed N/A License Number _____
 Plumbing Contractor _____ License Number _____
 Electrical Contractor _____ License Number _____
 Roofing Contractor _____ License Number _____
 A/C Contractor _____ License Number _____

Describe the building or alterations SINGLE FAMILY RESIDENCE
 Name the street on which the building, its front building line and its front yard will face 8 KINGSTON CT
 Subdivision KINGSTON Lot 4 Block _____

Building area (inside walls) 2708 Garage, porch, carport area 1004
 Contract price (excluding carpet, land, appliances, landscaping) \$142,000
 Cost of permit 2832.00 Plans approved as submitted as marked 187,480

- 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 \$50. each for plumbing, electric, a.c. and roof. For example a \$100,000. building x \$5. = \$500. plus \$200. (a.c., pl., el., roof) = \$700. cost of permit + \$365. impact fee = \$1,065. total. Also there is a charge of 1 cent per square foot for radon gas trust fund.
 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). Owner-builder cost is 25% higher than the regular fee.
 4. The Town has adopted the South Florida Building Code.
 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. An interim proprietary and general service fee will be charged to defray costs to the Town on newly improved property prior to imposition of ad valorem taxes on such property. Building Department will compute charge at time of c.o..

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.

14. In addition to the requirements of this permit there may be additional restrictions applicable to this property that may be found in the public records of this county.

Contractor's Signature _____ Owner's Signature Frances M. Gwyer
 X Approval by Building Inspector Dale [Signature] Date 10/25/91
 Approval by Building Commissioner _____ Date 11/26/91
 Certificate of Occupancy issued _____ Date _____



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

pin

APPLICANT: Richard Negron SEPTIC TANK PERMIT NO. #091-326

LEGAL DESCRIPTION: lot 4 Kingston

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department.

- 1. Building Permit Number: #3077 .(Certification not required for this item).
- 2. I certify that the elevation of the top of the lowest plumbing stubout is 26" inches above benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building plumbing stubout is _____ inches above crown of road elevation shown on septic tank permit.
- 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: _____

5. I certify that the top of the drainfield pipe elevation is _____.

- 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. Drainfield will not be approved if severe limited soils are not removed.

CERTIFIED BY: STEPHEN J. BROWN

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

Date: 10/30/91 Job Number: 712-22-01

Sharon Meeker
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

B. Lopez
Martin County Health Unit Approval Signature

10-30-91
(Date)



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Authority: Chapter 381, FS
 Chapter 10D-6, FAC

Date of Application 9-30-91 Permit Application Number 4091-326

----- PART I - APPLICATION -----

Name of Owner FRANCIS GUTER Telephone Number 288-7176

Mailing Address of Owner 4 MIDDLE ROAD, STUART, FL 34996

Owner's Agent STEPHEN J. BROWN INC. Builder _____

Agent's Mailing Address 290 FLORIDA ST. Telephone No. 288-7176

Property Street Address KINGSTON COURT

Lot No. 4 Block No. _____ Subdivision KINGSTON Date Subdivided July 1984

NOTE: IF NOT IN A SUBDIVISION ATTACH A METES AND BOUNDS DESCRIPTION

This Application is for: New System Repair _____ Existing System _____

Type of Establishment	Sewage Flow (Gallons per day)	Sewage Flow Based On

TOTAL FLOW = _____

Type of Residential	No. Bedrooms (each dwelling unit)	Heated or Cooled Area (each dwelling unit)	No. Dwelling Units	Sewage Flow (Gallons per day)
<u>Single Family</u>	<u>3</u>	<u>2708</u> ft ²	<u>1</u>	<u>600</u>

Exact Directions to Property _____

AUDIT CONTROL NO. 75017 134802 Applicant's Signature 

TOWN OF SEWALL'S POINT, FLORIDA

Before a certificate of occupancy is issued, development permit holders shall provide an "as built" survey meeting the requirements prescribed below. This shall apply to all new building construction and any improvements to existing buildings which alter the dimension or height of the building. The survey shall:

- (a) Be prepared by a licensed surveyor registered in Florida, signed, dated and sealed, and shall bear the name, firm or residence address, city, certificate number of the surveyor and date of the field survey;
- (b) Be dated not more than 30 days prior to the certificate of occupancy;
- (c) Contain a complete legal description;
- (d) Reference the source of information used in making the survey;
- (e) Contain the address of the property, including street name and number, and show the proximity of all boundary streets;
- (f) Indicate the flood zone(s) in which any portion of the building is located, even though the property may not be in a flood hazard area;
- (g) Show the exact lot dimensions, including boundary lines and areas, which must match the Plat, with any variations being noted;
- (h) The scale of the map shown on the survey shall be at least 1" = 10'.
- (i) Show the location, dimensions, and accurate identity of all easements as required under Rule 21 HH-6.03(15) of the Minimum Technical Standards;
- (j) Show all setback requirements;
- (k) Show the location and identification of all encroachments, including the type of improvement comprising the encroachment;
- (l) Show the location and dimension of all structures, driveways, sidewalks, irrigation wells, septic tanks, drain fields and drainage improvements (including swales, berms and pipe invert elevation);
- (m) Contain a certification to the Town of Sewall's Point;
- (n) State for whom the survey is done;
- (o) Show the location, dimensions and square footage of the native habitat preservation area required by Section 11-60 of this Code.

(p) Indicate the lowest habitable floor, average natural grade, and average crown of road elevations in accordance with applicable Code provisions.

(q) Contain a tabulation of the impermeable and permeable areas;

(r) In coastal high hazard areas (V-Zones), indicate the elevation of the top of pier, pile or column.

(s) Contain any other information the building department may require to confirm the construction or improvements comply with applicable Code provisions. *(BUILDING HEIGHT FROM F.F.E.)*

Ordinance # 215, 3/11/92

ADDITIONAL MATERIALS REQUIRED
WITH
BUILDING PERMIT APPLICATION

THIS LIST IS FOR THE APPLICANT'S CONVENIENCE ONLY. THE APPLICANT MAY BE REQUIRED TO SUBMIT MATERIALS TO THE TOWN IN CONNECTION WITH THE BUILDING PERMIT APPLICATION WHICH ARE NOT LISTED HERE. COMPLETE INFORMATION REGARDING BUILDING PERMIT APPLICATION MATERIALS AND LAND DEVELOPMENT REGULATIONS ARE FOUND IN CHAPTERS 2, 2.5, 4, 6.1, 11, 13, APPENDIX A AND APPENDIX B OF THE TOWN CODE OF ORDINANCES, THE SOUTH FLORIDA BUILDING CODE, AND THE TOWN OF SEWALL'S POINT COMPREHENSIVE PLAN.

1. Florida Certification of Contractor and Sub-Contractor.
2. Certification of Liability and Workers' Compensation Insurance.
3. Three sets of Building Plans which must include:
 - a. 1/4" scale building drawings.
 - b. Plot plan at a minimum scale of 1" = 10' certifying proposed coverage by impermeable materials; show existing trees 4 or more inches in diameter at chest height; show all completed structures (C.O. issued), existing or proposed wells, all structures under construction (Building Permit issued), and all proposed structures (Building Permit Application filed or being filed); detailed surface water management practices shall be shown through use of swales, berms, retaining walls, etc. designed to meet the water quality requirements of South Florida Water Management District retain, on site, water from a 3-day 25-year storm event, and to prevent normal run-off onto adjoining parcels. Common swales on property lines are encouraged.
 - c. A topographic survey, sealed by an appropriate professional, indicating existing natural grade and grade changes proposed on the site, except when grade changes are limited to the area beneath the floor of dwelling units.

Each sheet of plans, and the cover sheet of specifications, for buildings and structures; alterations; repairs and improvements; replacements and additions; costing \$15,000.00 or more, shall bear the date, impress seal and signature of a licensed Architect or registered Professional Engineer. Plans for work which is predominately of Architectural nature shall be prepared by and bear the impress seal of a licensed Architect, and work which involves extensive computation based on structural stresses shall, in addition, bear the impress seal of a Professional Engineer.

- c. Foundation Plan.
- d. Floor Plan.

- e. Wall and Roof cross-sections.
 - f. Plumbing, electrical and A/C layouts.
 - g. At least two elevations showing height of building from finished floor.
4. Landscaping and Habitat Management Permit if the removal, relocation, or replacement of any vegetation or habitat is necessitated by the land development
 5. Recorded warranty deed to the property.
 6. Septic tank permit and one set of plans with Martin County Health Department seal.
 7. Energy code calculations.
 8. Certification of elevation from licensed surveyor and determination of flood zone.
 9. Amount of fill anticipated - rough sketch showing location and height of fill.
 10. Manufacturers' schedule of windows.
 11. Except for an improvement which is exempt pursuant to Florida Statutes, an owner or authorized agent before actually commencing to improve any real property, or re-commencing completion of any improvement after default or abandonment, whether or not a project has a payment bond complying with Florida Statutes, shall record a Notice of Commencement in the clerk's office and immediately post either a certified copy of the notice or a notarized statement that the Notice of Commencement has been filed for recording along with a copy of the unrecorded notice.
 12. In special flood hazard areas, a certificate of an appropriately licensed professional stating fully enclosed areas below lowest floor are designed to automatically equalize hydrostatic flood forces on exterior walls by allowing for the entry and exit of flood waters.
 13. In coastal high hazard areas (V Zones), a certificate of an appropriately licensed professional stating breakaway wall collapse shall result from a water load less than that which would occur during the base flood; and the elevated portion of the building and supporting foundation shall not be subject to collapse, displacement or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (structural and non-structural).

THE TOWN'S APPROVAL OF A BUILDING PERMIT APPLICATION DOES NOT RELIEVE OWNER OR CONTRACTOR FROM COMPLIANCE WITH THE TOWN CODE OF ORDINANCES OR OTHER REGULATIONS.

THE TOWN OFFICE HOURS ARE 8:00 A.M. TO 4:00 P.M. MONDAY THROUGH FRIDAY. INSPECTIONS ARE MADE FROM 8:00 A.M. TO 12:00 P.M. NOON ONLY. TWENTY-FOUR HOURS PRIOR NOTICE IS REQUIRED FOR INSPECTIONS.



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION AND INSTALLATION PERMIT

Authority: Chapter 381, FS
 Chapter 10D-6, FAC

FRANCIS GWYER

Applicant ~~XXXXXXXXXX~~

Permit Number 4091-326

----- **PART I - SYSTEM CONSTRUCTION SPECIFICATIONS AND CONSTRUCTION APPROVAL** -----

Treatment Tank		Minimum Draintrench Size	OR	Minimum Absorption Bed Size
Septic tank or aerobic unit <u>1050</u> gallons	Grease interceptor <u>NA</u> gallons	<u>NA</u> Square Feet		<u>400</u> Square Feet
Septic tank or aerobic unit <u>NA</u> gallons	Dosing tank <u>NA</u> gallons	<u>NA</u> Square Feet		<u>NA</u> Square Feet
Graywater tank <u>NA</u> gallons		<u>A</u> Square Feet		<u>A</u> Square Feet
Laundry waste tank <u>A</u> gallons		<u>A</u> Square Feet		<u>A</u> Square Feet

Other Requirements:

- (a) Installation must be in accord with requirements of chapter 10D-6, FAC.
- (b) A system construction permit is valid for a period of one calendar year from date of issue.
- (c) Final installation inspection and approval is required before the system is covered.
- (d) Invert of stub-out for House to be 24" Above (4.61 NAD) benchmark.
- Invert of stub-out for _____ to be _____ benchmark.
- Invert of stub-out for NA to be NA benchmark.
- Invert of stub-out for A to be _____ benchmark.

(e) Fill quality and quantity: State May fill used must meet 100% FAC standards.

(f) Other: NA

System design and specifications by: NA Title NA
 Construction authorized by: Francis Gwyer Date 10/6/11
MARTIN County Public Health Unit

Note: Completed copies of this form will be provided to the applicant, installer and the building department.

AUDIT CONTROL NO. 134802



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

FRANCIS GWYER

APPLICANT: [REDACTED] SEPTIC TANK PERMIT NO. 4091326

LEGAL DESCRIPTION: lot 4 Kings road

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department.

- 1. Building Permit Number: _____ (Certification not required for this item).
- 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.
- ___ 3. I certify that the top of the lowest building plumbing stubout is _____ inches above crown of road elevation shown on septic tank permit.
- ___ 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: _____

___ 5. I certify that the top of the drainfield pipe elevation is _____.

- 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. 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]
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

Martin County Health Unit Approval Signature

(Date)



**STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES**

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Applicant FRANCIS GWYER Permit Application Number HD 91-326

-----PART III - SITE EVALUATION INFORMATION-----

- Lot size appears to be as indicated on site plan: Yes No
- Anticipated sewage flow from Part I 450 GPD Authorized sewage flow 930 GPD
- Benchmark location Crown of Road
(A) APPROX. AMOUNT OF FILL ON NEIGHBOR LOTS: 3 1/2 ft (B) IN SOIL PROFILE:
- Existing elevation (at time of site evaluation) of the proposed system site in relation to the benchmark is 22 inches above below the benchmark.
- Proposed system distance to: Surface water N/A feet ___ feet ___ feet; Private potable wells 170 feet ___ feet ___ feet; Community public wells N/A feet ___ feet; Other public wells N/A feet ___ feet; Non-potable wells N/A feet ___ feet;
- Unobstructed area available for system installation 1200 ft² ___ ft² ___ ft²
- Is lot subject to frequent flooding? Yes ___ No , 10 year flood? Yes ___ No
If subject to a 10 year flood indicate: (a) the 10 year flood elevation in the area N/A feet MSL
(b) property elevation at proposed system location 641 feet MSL.

SOIL PROFILE - SAMPLE SITE 1

	COLOR	TEXTURE	DEPTH
10YR 3-1	Dark Gray	SAND	0" to 6"
10YR 4-1	Light Gray	SAND	6" to 12"
10YR 6-1	Gray	SAND	12" to 24"
10YR 7-1	White	SAND	24" to 60"
10YR 3-6	Dark Yellow Brown	SAND	60" to 72"
			" to "

wet at 54"

SOIL PROFILE - SAMPLE SITE 2

	COLOR	TEXTURE	DEPTH
10YR 3-1	Dark Gray	SAND	0" to 12"
10YR 4-1	Light Gray	SAND	12" to 24"
10YR 6-1	Gray	SAND	24" to 42"
10YR 7-1	White	SAND	42" to 54"
10YR 3-6	Dark Yellow Brown	SAND	54" to 60"
			60" to 72"

USDA Soil Series Name (if Known) Paola sand ⁶ USDA Soil Series Name (if Known) Paola sand

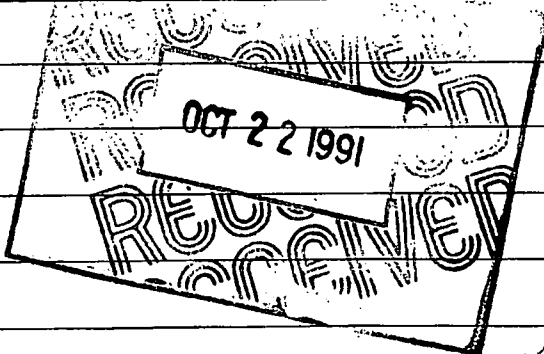
USDA Soil texture classification on which drainfield size should be based None

Water table at time of evaluation 48 inches below above existing grade Estimated wet season water table 42 inches below/above existing grade

Type water table: Perched ___ Apparent Is mottling found in the soil? Yes ___ No
At what depth? ___ Inches ___ Inches

Are vegetative species indicative of high water table? Yes ___ No
VEG. TYPE: Shad Bluff Staw Palmintos
For property with contiguous ditches: Depth of ditches N/A inches ___ inches
Depth of water in ditches ___ inches ___ inches

Other findings: _____



Date of Site Evaluation 10-4-91 Evaluator's Signature Louisa Jger
(Include seal if performed by P.E.)

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 461-7506
 VERO BEACH: (407) 567-6167
 STUART: (407) 283-7711

Report of DENSITY OF SOIL IN PLACE ASTM D2922

Client Mr. Bill Flint

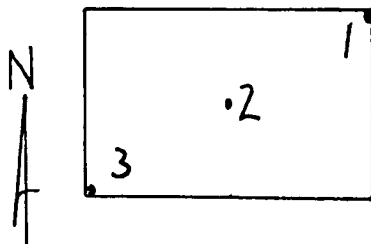
Date October 24, 1991

Contractor Client

Site Lot 4, Kingston Court
 Sewalls Point

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
6269	Map Location #1	0 - 1'	106.7	6269	110.8	96.3
	Map Location #1	1 - 2'	105.9			95.6
	Map Location #1	2 - 3'	106.3			95.9
	Map Location #2	0 - 1'	107.7			97.2
	Map Location #2	1 - 2'	108.1			97.6
	Map Location #2	2 - 3'	107.9			97.4
	Map Location #2	3 - 3 ½'	107.7			97.2
	Map Location #3	0 - 1'	107.5			97.0
All elevations below slab grade.						

Copies Client - 2



Respectfully submitted

(Handwritten Signature)
 ALEXANDER H. FRASER, P. E.

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

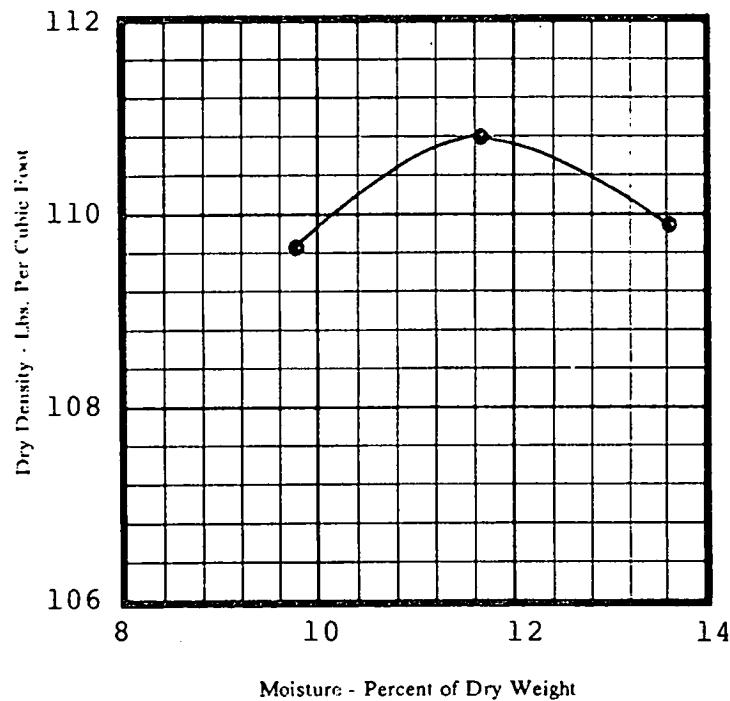
Report
of
MOISTURE DENSITY RELATIONSHIP
ASTM 1557-70

Client Mr. Bill Flint

Date October 24, 1991

Contractor Client

Site Lot 4, Kingston Court
Sewalls Point



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
6269	A	Composite	11.7	110.8	Brown, slightly silty, fine sand.

Copies

Respectfully submitted

ALEXANDER H. FRASER, P. E.

STEPHEN J. BROWN, INC.

290 FLORIDA STREET, SUITE C, STUART, FLORIDA 34994

(407) 288-7176



CERTIFICATION

DATE: 10/31/91

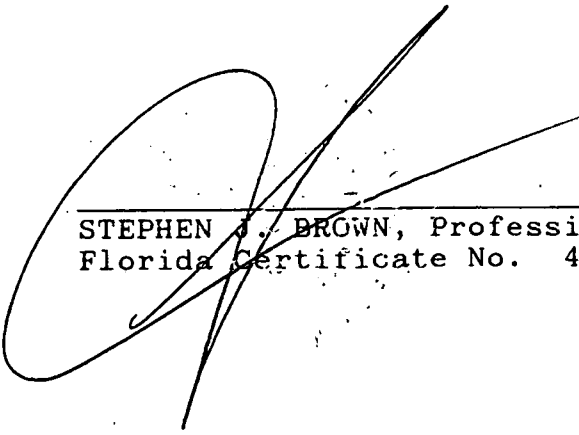
TO: SEWALL'S POINT BUILDING DEPARTMENT
1 SOUTH SEWALL'S POINT ROAD
STUART, FLORIDA 34996

RE: Lot 4, Kingston Cr.
Bldg. Permit # 3077

I HEREBY CERTIFY that the lowest elevation of the form boards
(excluding garage) at the above referenced site is:

8.08

feet U.S.C. & G.S. datum, 1929


STEPHEN J. BROWN, Professional LAND Surveyor
Florida Certificate No. 4049

Name: CELESTE WEGMAN

Address: 4 MIDDLE ROAD 92354i
STUART, FL 34996

This Instrument Prepared by:

Address:

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

Grantee(s) S.S. #(s): 377-44-8370

WARRANTY DEED
INDIVID. TO INDIVID.
RECORD VERIFIED
DOC-DEED \$ 60 MARSHA STILLER
DOC-MTG \$ MARTIN COUNTY
DOC-ASM \$ CLERK OF CIRCUIT COURT
INT. TAX \$ BY [Signature] D.C.

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Warranty Deed Made the 27th day of January A.D. 19 92 by
Frances M. Gwyer, a single woman

hereinafter called the grantor, to
Richard A. Wegman and Celeste M. Wegman, his wife
whose post office address is
4 Middle Road, Stuart, Florida
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 County, State of Florida, viz:

LOT 4, KINGSTON COURT, according to the amended plat thereof, recorded in Plat Book 8, Page 82, Martin County, Florida, Public Records.

Subject to restrictions, reservations and easements of record, if any, which are not reimposed hereby.

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 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, and hereby 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, 1991.

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

Signed, sealed and delivered in the presence of:

[Signature] Signature

Printed Signature

[Signature] Signature

Printed Signature

Signature

Printed Signature

Signature

Printed Signature

STATE OF
COUNTY OF

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

Frances M. Gwyer to me known to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed the same. WITNESS my hand and official seal in the County and State last aforesaid this 27 day of January, A.D. 19 92

SEAL

[Signature] Signature
FRANCES M. GWYER
4 Middle Rd. Stuart 34996
Post Office Address

Signature
Printed Signature
Post Office Address

FILED FOR RECORD
MARTIN CO., FLA.
12 JAN 28 PM 2:19
MARSHA STILLER
CLERK OF CIRCUIT COURT
BY [Signature] D.C.

[Signature] Notary Signature
Nancy E. Crump
Printed Notary Signature
My Commission Expires: 12/31/1995



STATE OF FLORIDA

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICE

PREPARED BY: STEPHEN J. BROWN, INC. PROF. LAND S
290 Florida Street, Stuart, Fla. 34
407-288-7176

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER 91326 FRANCIS GWYER HOME PHONE _____

NAME OF APPLICANT ~~XXXXXXXXXX~~ WORK PHONE 288-7176

MAILING ADDRESS OF APPLICANT 4 MIDDLE ROAD
STUART, FL. ZIP CODE 34996

LOT 4 BLOCK _____ SUBDIVISION KINGSTON

IF NOT SUBDIVIDED, ATTACH A COMPLETE LEGAL DESCRIPTION
PLAT BOOK 8 PAGE 82 DATE SUBDIVIDED JULY, 1984

RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 3

LOT SIZE 16,200 FT² HEATED OR COOLED AREA OF HOME 2708 FT²

COMMERCIAL: TYPE OF BUSINESS PROPOSED _____
BUILDING SIZE _____ FT²

JOB NO. 712-22-01

-----AFFIDAVIT-----

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

SIGNATURE OF PROPERTY OWNER OR OWNER'S LEGALLY AUTHORIZED REPRESENTATIVE

STEPHEN J. BROWN

-----INSTALLATION SPECIFICATIONS-----

SEPTIC TANK CAPACITY 1050 GALLONS

DRAINFIELD SIZE 400 SQUARE FEET 9' x 44'

DRAINFIELD ROCK MUST BE 15 FEET FROM FRONT OR REAR PROPERTY LINES AND 7 FEET FROM SIDE PROPERTY LINES. EXCAVATION CAN NOT EXTEND MORE THAN FIVE FEET FROM APPROVED INSTALLATION AREA.

TOP OF BUILDING STUB OUT IS REQUIRED TO BE A MINIMUM ELEVATION OF _____ TOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELEVATION OF _____ TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELEVATION OF _____

24" Above BM (el: 4.61640) 14" Above BM 28" Above BM

ISSUED BY: [Signature] DATE 10/6/91
MARTIN COUNTY PUBLIC HEALTH UNIT

PLEASE NOTE:

- (1) IF BUILDING CONSTRUCTION DOES NOT START WITHIN ONE YEAR FROM DATE OF ISSUANCE, THIS PERMIT EXPIRES. IF BUILDING CONSTRUCTION STARTS WITHIN 1 YEAR FROM DATE OF ISSUANCE, THE DATE OF EXPIRATION WILL BE EXTENDED AN ADDITIONAL 90 DAYS.
- (2) APPLICANT IS RESPONSIBLE FOR REPLACING EXCAVATED SOILS WITH A GOOD GRADE OF SAND.
- (3) N/A REINSPECTION FEE IF WELL NOT INSTALLED AT TIME OF ONSITE SEWAGE DISPOSAL SYSTEM INSPECTION.
- (4) INSPECTION RESULTS WILL BE POSTED ON BUILDING PERMIT OR ON ELECTRICAL BOX.
- (5) IF BUILDING STUBOUT IS PLACED MORE THAN 20 FEET FROM SEPTIC TANK OR DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
- (6) IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
- (7) IF ANY INFORMATION ON THIS PERMIT CHANGES, AN UPDATED APPLICATION IS REQUIRED.
- (8) IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS.

-----FINAL INSPECTION-----

CONSTRUCTION APPROVED BY: _____ DATE _____
MARTIN COUNTY PUBLIC HEALTH UNIT

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

9000 RECEIVED

SEP 30 1991

HRS-Martin County Public Health Unit

MARTIN COUNTY PUBLIC HEALTH UNIT
131 EAST SEVENTH STREET • STUART, FLORIDA 34994

Rob Martiney, Governor • Gregory J. Colby, Secretary



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Prepared By: Stephen J. Brown, Inc. Prof. Land Surveyor
290 Florida Street, Stuart, FL. 34994
407-288-7176

FRANK'S GUYER

APPLICANT ~~FRANK'S GUYER~~
LEGAL DESCRIPTION LOT 4, KINGSTON

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? NO
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
11. 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
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING 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
14. THERE IS 1200 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

ELEVATIONS

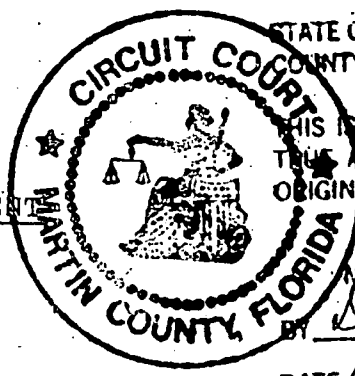
1. CROWN OF ROAD ELEVATION _____ NCVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 4.61 NCVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 6.41 NCVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? NO IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? _____ NCVD.

NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OF ENGINEER.

CERTIFIED BY: STEPHEN J. BROWN
FL. PROFESSIONAL NO. 4749
DATE: 9-16-91 JOB NO. 012-22-01

909942

NOTICE OF COMMENCEMENT



STATE OF FLORIDA
COUNTY OF MARTIN

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

MARSHA STULLER, CLERK

DATE 10/24/91

STATE OF FL
COUNTY OF MARTIN

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. This notice shall be void and of no force and effect if construction is not commenced within 30 days of recordation.

DESCRIPTION OF PROPERTY:

General description of improvements: CONSTRUCT SINGLE FAMILY RESIDENCE

Owner: FRANCIS M. GUYER
Address: 2750 SE OCEAN BLVD, STUART, FLA 34984

Owner's interest in site of the improvement: FEE SIMPLE

Contractor: (SAME)
Address: _____

Surety (if any): N/A
Address: _____

Amount of Bond: _____

Lender: N/A
Address: _____

Name of person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name: _____
Address: _____

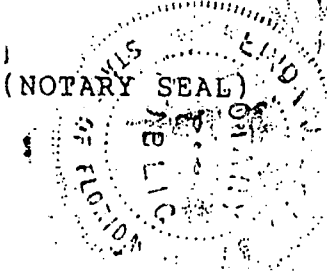
In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06(2)(b), Florida Statutes:

Name: - BILL FLINT -
Address: 513 CAMDEN ST STUART 34994

X Francis M. Guyer
X 2750 SE Ocean Blvd - N-309
Stuart, Fl. 34996

Sworn to and subscribed before me this 23rd day
of October, 1991.

Linda J. Schubert



I am a Notary Public of the
STATE OF Florida AT LARGE, and
My Commission Expires:
July 12, 1992

820621

FLA. DOC. PAID
\$ 522.50
Marsha Stiller
Clerk of Circuit Court
Martin Co., Fla.
By _____ D.C.

RECORD VERIFIED

Parcel ID Number: 13-38-41-010-000-00040-70000
Grantor #1 TIN: 363-01-1256

[Space Above This Line For Recording Data]

Warranty Deed

This Indenture, Made this 30th day of March, 1990 A.D., Between MOREY & SABIN CONSTRUCTION, a Florida general partnership

of the County of Martin, State of Florida, grantor, and FRANCES M. GWYER, a single woman,

whose address is: 2750 S.E. Ocean Blvd., Apartment N-309, Stuart, Fl. 34996

of the County of Martin, State of Florida, grantee.

Witnesseth that the GRANTOR, for and in consideration of the sum of ----- TEN & NO/100 (\$10.00) ----- DOLLARS, and other good and valuable consideration to GRANTOR in hand paid by GRANTEE, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said GRANTEE and GRANTEE'S heirs and assigns forever, the following described land, situate, lying and being in the county of MARTIN, State of Florida to wit:

Lot 4, KINGSTON COURT, according to the amended plat thereof, recorded in Plat Book 8, Page 82, Martin County, Florida, Public Records.

Subject to restrictions, reservations and easements of record if any, which are not reimposed hereby, and taxes subsequent December 31st, 1989.

FILED FOR RECORD
MARTIN CO., FLA.
90 APR 22 PM 3:23
MARSHA STILLER
CLERK OF CIRCUIT COURT
D.C.

and the grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever. In Witness Whereof, the grantor has hereunto set his hand and seal the day and year first above written. Signed, sealed and delivered in our presence:

MOREY & SABIN CONSTRUCTION, a Florida general partnership
By: CHARLES SABIN CONSTRUCTION COMPANY, INC., GENERAL PARTNER

By: Charles H. Sabin, IV, President

(Seal)
(Seal)
(Seal)

Samuel A. Norman
Alice J. Sison

STATE OF Florida
COUNTY OF Martin

I HEREBY CERTIFY that on this day, before me, an officer duly qualified to take acknowledgements, personally appeared CHARLES H. SABIN, IV, President of CHARLES SABIN CONSTRUCTION COMPANY, INC., a Florida corporation and a general partner of MOREY & SABIN CONSTRUCTION, a Florida general partnership, on behalf of the corporation and the partnership, to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 30th day of March, 1990.
This Document Prepared By:

KENNETH A. NORMAN, ESQ.
KOHL, BOBKO, MCKEY & MCMANUS, P.A.
P.O. Box 869
Stuart, Florida 34995-0869

Samuel A. Norman
NOTARY PUBLIC, STATE OF Florida
My Commission Expires



KENNETH A. NORMAN
MY COMMISSION EXPIRES
May 16, 1993
BONDED THRU NOTARY PUBLIC UNDERWRITERS

IR BK 0853 PGO 479

Received 1:30 P.M.

P. 51 P. 1

RECEIVED NOV 21 1991 10:40AM SEWALL'S

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

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

Owner Francis Geyer Present Address 2750 E. Ocean Blvd

3rd Fl. 33496

Contractor James J. Bender Address _____

Phone _____

Where licensed _____ License number _____

Electrical contractor Biosync Electric License number _____
License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: New, three

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

Lot 5 Sewall's Point 2 Kingston Ct

Subdivision _____ Lot number 4 Block number _____

Contract value 6,700.00 Cost of permit \$ _____

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

Contractor [Signature]

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

Owner _____

TOWN RECORD

Date submitted _____ Approved _____
Building Inspector Date

Approved: _____ Commissioner Date Final Approval given: _____ Date

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

x Lot 4, Kingston Court (#7)

GENERAL DESCRIPTION OF IMPROVEMENT: Porch additions

OWNER: William E. Carlson and Carroll A. Brennan

ADDRESS: 7 Kingston Ct, Stuart, FL 34996

PHONE #: 561-283-2111

FAX #: _____

CONTRACTOR: Glen Hutchins

ADDRESS: PO Box 654 Stuart FL 34995

PHONE #: 225-7010

FAX #: _____

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

PHONE #: _____

FAX #: _____

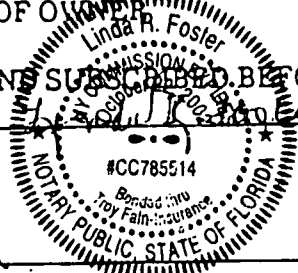
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: STATE OF FLORIDA
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

x [Signature]

Carroll A. Brennan

SIGNATURE OF OWNER _____

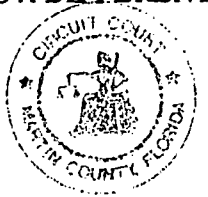
SWORN TO AND SUBSCRIBED BEFORE ME THIS 22 DAY OF November 1999 BY _____

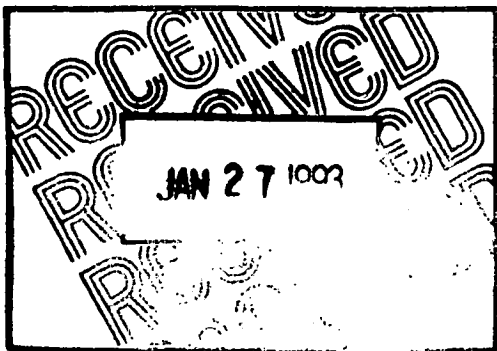


[Signature]
NOTARY SIGNATURE

PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE OF ID _____

THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL
MADE AS FILED CLERK
DATE 3-1-00





RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 1/27/93

This is to request that a Certificate of Approval for Occupancy be issued to Mr Wegman
For property built under Permit No. 3205 Dated 6/22/92 when completed in
conformance with the Approved Plans.

[Signature]
Signed

Approved by

Item	
1. LOT STAKES/SET BACKS	<u>9/30/92</u>
2. TERMITE PROTECTION	<u>11/4/91</u>
3. FOOTING - SLAB	<u>11/1/91</u>
4. ROUGH PLUMBING	<u>10/31/91</u>
5. ROUGH ELECTRIC	<u>1/21/92</u>
6. LINTEL	<u>NH</u>
7. ROOF	<u>3/20/92</u>
8. FRAMING	<u>1/21/92</u>
9. INSULATION	<u>2/14/92</u>
10. A/C DUCTS	<u>1/21/92</u>
11. FINAL ELECTRIC	<u>1/27/93</u>
12. FINAL PLUMBING	<u>1/27/93</u>
13. FINAL CONSTRUCTION	<u>1/27/93</u>

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 1/27/93 date.

Approved by Building Commissioner [Signature] 1/27/93 date.

Utilities notified F.P.L. 1/27/93 date.

Original Copy sent to OWNER

(Keep carbon copy for Town files)

3300

POOL \ SPA

Permit No. _____

Date 12/4/92

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

3300

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

Owner Dick Wegman Present Address 4 Middle Rd. Stuart, Fla 34996

Phone 288-4984
Contractor Olympic Pools of Stuart Address 1565 S.W. Martin Hwy Palm City, Fla 34990
Phone 286-6070

Where licensed State Certified License number CPC039885

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Swimming Pool w/ Spa

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

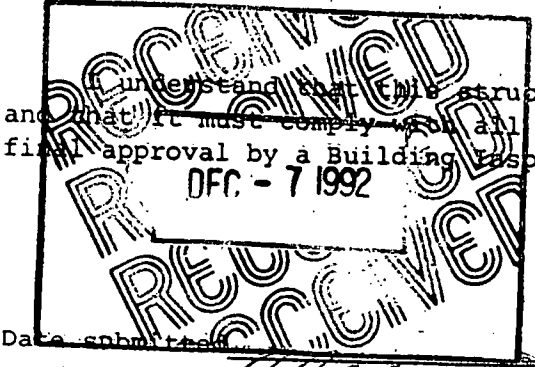
Subdivision Kingston Lot number 4 Block number _____

Contract price \$ 12,000 Cost of permit \$ 200.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]



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

Owner [Signature]

TOWN RECORD Approved: Dale Brown 12/7/92

Building Inspector _____ Date _____

Approved: [Signature] 12/7/92
Commissioner _____ Date _____

Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

Permit No. _____

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

Permit No. _____

Tax Folio No. _____

NOTICE OF COMMENCEMENT

State of Florida
County of Martin

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

Legal Description of Property (include street address, if available)

Lot 4 Sewalls Pt.

7 Kingston Court

General Description of Improvements: Swimming Pool w/ Spa

Owner: Dick Wegman

Address: 4 Middle Rd Stuart, Fla 34996

Owner's interest in property: _____

Fee Simple Title Holder (if other than owner): _____

Address: _____

Contractor: Olympic Pools of Stuart, Corp.

Address: 1565 S.W. Martin Hwy, Palm City, Fla 34990

Surety Co. (if any) _____

Address: _____ Amt. of Bond \$ _____

Lender's Name: _____

Address: _____

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

Name: _____

Address: _____

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.

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

[Signature]
Signature of Owner

Sworn to and subscribed before me this 11 day of November 1992

[Signature]
Notary Public

My Commission Expires:

ROTARY PUBLIC, STATE OF FLORIDA AT LARC
MY COMMISSION EXPIRES MAY 07, 1995
BONDED THRU AGENT'S NOTARY BROKERAGE

3300
973746

Permit No. _____

Tax Folio No. _____

NOTICE OF COMMENCEMENT

State of Florida
County of Martin

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

Legal Description of Property (include street address, if available)

Lot 4 Sewalls Pt.

7 Kingston Court

General Description of Improvements: _____

Swimming Pool w/ Spa

Owner: Dick Wegman

Address: 4 Middle Rd Stuart, Fla 34996

Owner's interest in property: _____

Fee Simple Title Holder (if other than owner): _____

Address: _____

Contractor: Olympic Pools of Stuart, Corp.

Address: 1565 S.W. Martin Hwy, Palm City, Fla 34990

Surety Co. (if any) _____

Address: _____

Lender's Name: _____

Address: _____

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

Name: _____

Address: _____

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.

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

Signature of Owner

[Handwritten Signature]

Sworn to and subscribed before me this _____ day of _____ 1992

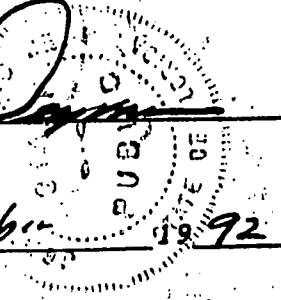
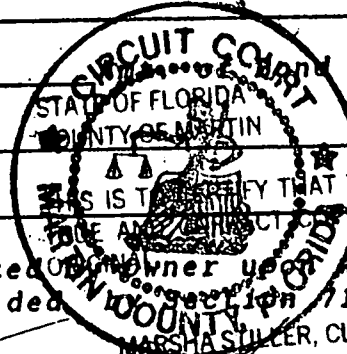
11 day of November 1992

Notary Public

[Handwritten Signature]
Notary Public

My Commission Expires:

NOTARY PUBLIC, STATE OF FLORIDA AT LARC
MY COMMISSION EXPIRES MAY 07, 1993
BONDED THRU AGENT'S NOTARY BROKERAGE



TAX FOLIO NO. _____

DATE _____

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

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

Owner R WEGMAN Present Address 7 KINGSTON CT.

Phone 283-9352

Contractor ALL-AMERICAN Address P.S.C.

Phone 878-1650

Where licensed P.S.C. License Number _____

Electrical Contractor _____ License Number _____

Plumbing Contractor _____ License Number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: _____

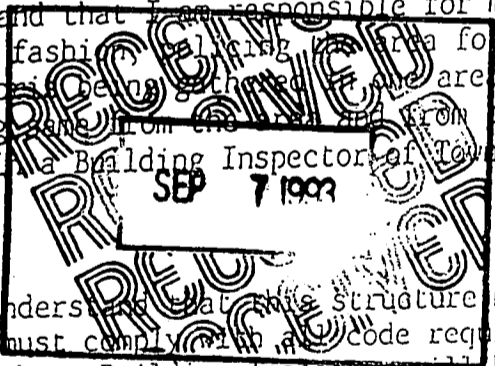
State the street address at which the proposed structure will be built: _____

Subdivision KINGSTON Lot Number 4 Block Number _____

Contract Price \$ 1425.00 Cost of Permit \$ 25.00

Plans approved as submitted _____ Plans approved as marked _____

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



Contractor ALL-AMERICAN PA

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

Owner [Signature]

TOWN RECORD

Date submitted _____

Approved: Dale Brown
Building Inspector Date

Approved: [Signature] 9/7/93 Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued(if applicable) _____
Date



FAF 468-8732
u

All American Fence Contractors Inc.

P.O. Box 13269, Fort Pierce, FL 34979-3269
(407) 340-4139 878-1650

LICENSES
St. Lucie County #2151
Indian River County #1060
Martin County #00872
State of Florida #RX0054663

3457

Date 8/31/93

Name <u>Dick Wegman</u>	Job Name <u>SCMR</u>
Address <u>Kingston Ct.</u>	Job Address <u>SCMR</u>
City <u>Sewall's Point</u>	
Phones <u>283-9352</u>	Job Phone
	Installation Date Week of:

LEGAL DESCRIPTION

Lot	Block	Section	Plat	Subdivision
-----	-------	---------	------	-------------

SPECIFICATIONS

Top Rail Straight Follow Contour Split Knuckle Up Barb Up Lines Clear of Obstruction

CHAIN LINK

Total Footage	<u>265'</u>
Height	<u>5' Green S</u>
Gauge Wire	<u>999" U</u>
Dia. Top Rail	<u>1 3/8" S</u>
Dia. Line Post	<u>1 5/8" T</u>
Dia. Terminal Post	<u>2 1/2" E</u>
Dia. Gate Post	<u>2 1/2" M</u>
Gates	<u>(ONE)</u>
Sizes	<u>1eq. 4x4 walk bck</u>
Tension Wire	<u>NONE</u>
Specialty Items	

WOOD

15 year warranty against rusting

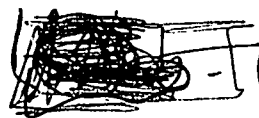
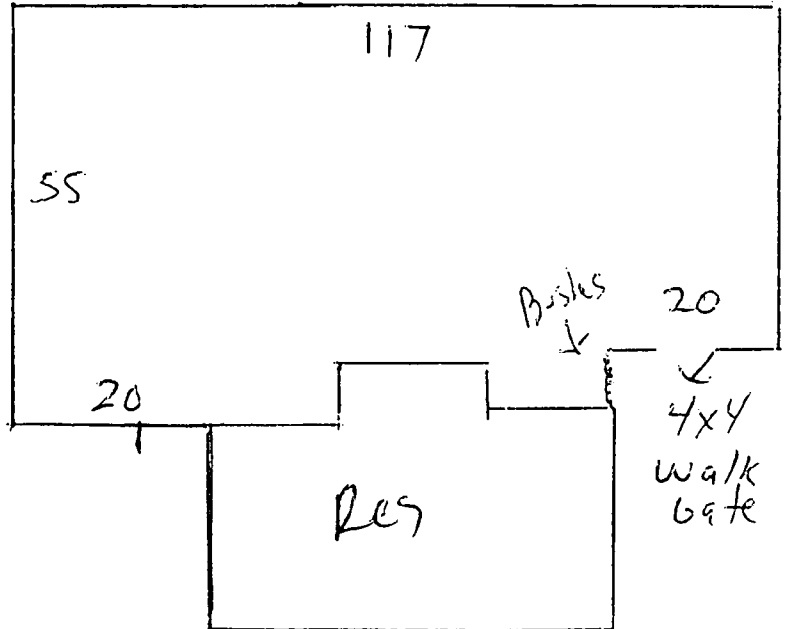
Style _____

Height _____

Stain _____

Sections _____ In Out

STOCKADE -



\$ 1425.00

Permit included

Diagram 1" = _____ Ft.

All material is guaranteed to be as specified. All work is to be completed in a workmanlike manner according to standard practice. Any alteration or deviation from specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry Fire, Tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

THE FENCE REMAINS THE PROPERTY OF ALL AMERICAN FENCE CONTRACTORS INC. UNTIL CHARGES ARE COMPLETELY PAID.

ALL AMERICAN FENCE CONTRACTORS INC. IS NOT RESPONSIBLE FOR PROPERTY LINES OR UNDERGROUND UTILITIES, INCLUDING SPRINKLER SYSTEMS.

Total Price _____

Deposit _____

Balance Due on Completion _____

Authorized Signature Michael J. Dempsey JR

ACCEPTED: The above prices, specifications and conditions are satisfactory and are hereby accepted, you are authorized to do the work as specified. Payment will be made as outlined above.

Date _____

Signature _____

4861

PORCH/GAZEBO

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 03/08/00
Building to be erected for WILLIAM CARLSON
Applied for by ALEX HUTCHINS (Contractor)
Subdivision KINGSTON CT. Lot 4 Block _____
Address 7 KINGSTON CT.
Type of structure S.F.R.

BUILDING PERMIT NO. 4861
Type of Permit COVERED PORCH/GAZEBO
Building Fee \$ 564.48
Radon Fee N/A
Impact Fee N/A
A/C Fee N/A
Electrical Fee 120.00
Plumbing Fee 120.00
Roofing Fee 120.00
Other Fees (PCAD REVIEW) 56.95
TOTAL Fees \$ 980.93

Parcel Control Number: _____

Amount Paid \$ 860.93 Check # 2792 Cash \$ 120.00

Total Construction Cost \$ 58,800.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector

BUILDING PERMIT

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

- New Construction
- Remodel
- Addition
- Demolition

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
03/02/2000

PRODUCER (561)546-5600 FAX (561)546-1008
Campbell-Wilson Ins. Agency
8882 SE Bridge Road
Hobe Sound, FL 33455

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 A Owners Insurance Company
COMPANY B
COMPANY C
COMPANY D

Attn: Ext:

INSURED
Glen Kenneth Hutchins
Glenmark Homes
P.O. Box 654
Stuart, FL 34995
CBC 056057

FILE
LIC/INS

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	PENDING	03/03/2000	03/03/2001	GENERAL AGGREGATE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 500,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> Liability plus				FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY	PENDING			COMBINED SINGLE LIMIT \$
<input type="checkbox"/> ANY AUTO	BODILY INJURY (Per person) \$				
<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident) \$				
<input type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE \$				
<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY	PENDING			AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO	OTHER THAN AUTO ONLY:				
	EACH ACCIDENT: \$				
					AGGREGATE: \$
	EXCESS LIABILITY	PENDING			EACH OCCURRENCE \$
<input type="checkbox"/> UMBRELLA FORM	AGGREGATE \$				
<input type="checkbox"/> OTHER THAN UMBRELLA FORM	\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	PENDING			WC STATUTORY LIMITS OTHER
<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	EL EACH ACCIDENT \$				
<input type="checkbox"/> INCL	EL DISEASE - POLICY LIMIT \$				
<input type="checkbox"/> EXCL	EL DISEASE - EA EMPLOYEE \$				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
State of Florida - Builder

CERTIFICATE HOLDER

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

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

Joanne Wilson/JO

Joanne Wilson/JO

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

MARCH 25, 1996

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

EFFECTIVE DATE OF EXEMPTION 08/31/95

EXEMPTED INDIVIDUAL NAME HUTCHINS GLEN KENNETH S.S. 575-15-3849

BUSINESS NAME GLENMARK HOMES FEIN 575153849

BUSINESS ADDRESS 1298 N W FED HWY
STUART, FL 34994

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.



AUTHORIZED SIGNATURE

AC# 5428758

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST. INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
12/08/1998	98015434	CB -C056057

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489
Expiration date: AUG 31, 2000

FS.

HUTCHINS, GLEN KENNETH
INDIVIDUAL
P. O. BOX 654
STUART

FL 34995

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

3349
MARSHA STILLER
MARTIN COUNTY
CLERK OF CIRCUIT COURT
BY [Signature] D.C.

WARRANTY DEED
(F.S. 689.02)

THIS INDENTURE,

(Wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Made this 17TH day of APRIL, A.D. 1995, Between Leonard Fite, an unmarried widower, whose post office address is 1121 Crandon Boulevard, #1204D, Key Biscayne, Florida 33149, party of the first part, and William E. Carlson and Carroll A. Brennan, husband and wife; whose post office address is 7 Kingston Court, Stuart, Florida 34996, party of the second part.

WITNESSETH, That the said party of the first part, for and in consideration of the sum of Ten and 00/100 Dollars (\$10.00), and other good and valuable consideration to it in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said party of the second part, its heirs and assigns forever, the following described land, situate, lying and being in the County of Martin, State of Florida, to wit:

Lot 4, KINGSTON COURT, according to the Amended Plat thereof recorded at Plat Book 8, page 82, public records of Martin County, Florida.

SUBJECT TO: 1) reservations, restrictions, and easements of record; and 2) taxes accruing subsequent to December 31, 1994.

And the said party of the first part does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, the party of the first part hereunto sets

its hand and seal the day and year first above written.

Signed, sealed and delivered
in the presence of:

M. Olenick
MICHAEL OLENICK
(Print Name Beneath Signature)


Leonard Fite
Leonard Fite

Anne Fredley
Anne Fredley
(Print Name Beneath Signature)

STATE OF FLORIDA
COUNTY OF Martin

The foregoing instrument was acknowledged before me, by
Leonard Fite, an unremarried widower. He is personally known to me
and has executed the foregoing instrument as his voluntary act and
deed.

Witness my hand and official seal in the County and State last
aforesaid this 17th day of April, 1995.

 OFFICIAL SEAL
ANNE FREDLEY
My Commission Expires
Jan. 31, 1995
Comm. No. CC 173831
(NOTARIAL SEAL)

Anne Fredley
ANNE FREDLEY
(Print Name Beneath Signature)
Notary Public
My Commission Expires:

This Deed prepared by:

Michael H. Olenick, Esquire
Olenick & Sawyer, P.A.
900 E. Ocean Boulevard, Suite 120
Stuart, Florida 34994
(407) 286-1600

(fitedeed)



PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

x Lot 4, Kingston Court (#7)

GENERAL DESCRIPTION OF IMPROVEMENT: Porch additions

OWNER: William E. Carlson and Carroll A. Brennan

ADDRESS: 7 Kingston Ct, Stuart, FL 34996

PHONE #: 561-283-2111 FAX #: _____

CONTRACTOR: Glen Hutchins

ADDRESS: PO Box 654 Stuart FL 34995

PHONE #: 225-7010 FAX #: _____

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

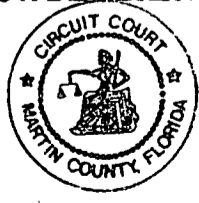
IN ADDITION TO HIMSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

PHONE #: _____ FAX #: _____

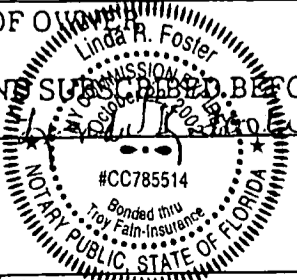
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: STATE OF FLORIDA

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

SIGNATURE OF OWNER: [Signature] Carroll A. Brennan MARSHA STILLER, CLERK D.C. DATE 3-1-00



SWORN TO AND SUBSCRIBED BEFORE ME THIS 22 DAY OF November 1999 BY [Signature]



[Signature]
NOTARY SIGNATURE

PERSONALLY KNOWN OR PRODUCED ID _____ TYPE OF ID _____

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600C-97

Residential Limited Applications Prescriptive Method C

SOUTH 7 8 9

Small Additions, Renovations & Building Systems

Department of Community Affairs

Compliance with Method C of Chapter 6 of the Florida Energy Efficiency Code may be demonstrated by the use of Form 600C-97 for additions of 600 square feet or less, site-installed components of manufactured homes, and renovations to single and multifamily residences. Alternative methods are provided for additions by use of Form 600B-97 or 600A-97.

PROJECT NAME: AND ADDRESS:	CARLSON/BRENNAN ADD. 7 KINGSTON CT.	BUILDER: PERMITTING OFFICE:	SEWALLS FT.	CLIMATE ZONE:	7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/>
OWNER:	CARLSON/BRENNAN	PERMIT NO.:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	JURISDICTION NO.:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SMALL ADDITIONS TO EXISTING RESIDENCES (600 Square feet or less of conditioned area). Prescriptive requirements in Tables 6C-1, 6C-2 and 6C-3 apply only to the components of the addition, not to the existing building. Space heating, cooling, and water heating equipment efficiency levels must be met only when equipment is installed specifically to serve the addition or is being installed in conjunction with the addition construction. Components separating unconditioned spaces from conditioned spaces must meet the prescribed minimum insulation levels. RENOVATIONS (Residential buildings undergoing renovations costing more than 30% of the assessed value of the building). Prescriptive requirements in Tables 6C-1 and 6C-2 apply only to the components and equipment being renovated or replaced. MANUFACTURED HOMES AND BUILDINGS. Only site-installed components and features are covered by this form. BUILDING SYSTEMS Comply when complete new system is installed. Please Print CK

1. Renovation, Addition, New System or Manufactured Home
2. Single family detached or Multifamily attached
3. If Multifamily—No. of units covered by this submission
4. Conditioned floor area (sq. ft.)
5. Predominant eave overhang (ft.)
6. Glass area and type:
 - a. Clear glass
 - b. Tint, film or solar screen
7. Percentage of glass to floor area
8. Floor type and insulation:
 - a. Slab-on-grade (R-value)
 - b. Wood, raised (R-value)
 - c. Wood, common (R-value)
 - d. Concrete, raised (R-value)
 - e. Concrete, common (R-value)
9. Wall type and insulation:
 - a. Exterior:
 1. Masonry (Insulation R-value)
 2. Wood frame (Insulation R-value)
 - b. Adjacent:
 1. Masonry (Insulation R-value)
 2. Wood frame (Insulation R-value)
 - c. Marriage Walls of Multiple Units* (Yes/No)
10. Ceiling type and insulation:
 - a. Under attic (Insulation R-value)
 - b. Single assembly (Insulation R-value)
11. Cooling system*
(Types: central, room unit, package terminal A.C., gas, existing, none)
12. Heating system*: (Types: heat pump, elec. strip, natural gas, L.P. gas, gas h.p., room or PTAC, existing, none)
13. Air Distribution System*:
 - a. Backflow damper or single package systems* (Yes/No)
 - b. Ducts on marriage walls adequately sealed* (Yes/No)
14. Hot water system:
(Types: elec., natural gas, other, existing, none)

1.	ADDITION		
2.	—		
3.	—		
4.	112		
5.	1.5		
	Single Pane	Double Pane	
6a.	—	—	sq. ft.
6b.	19	—	sq. ft.
7.	17	—	%
8a.	R= 0	18	lin. ft.
8b.	R= —	—	sq. ft.
8c.	R= —	—	sq. ft.
8d.	R= —	—	sq. ft.
8e.	R= —	—	sq. ft.
9a-1	R= —	—	sq. ft.
9a-2	R= 11	162	sq. ft.
9b-1	R= —	—	sq. ft.
9b-2	R= —	—	sq. ft.
9c	—	—	—
10a.	R= 30	112	sq. ft.
10b.	R= —	—	sq. ft.
11.	Type: CENTRAL		
	SEER/EER: (EXISTING)		
12.	Type: ELEC. STRIP		
	HSPF/COPIAFUE: (EXISTING)		
13a.	—		
13b.	—		
14:	Type: H.W. EXISTING		
	EF: —		

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code.
 PREPARED BY: [Signature] DATE: 11/4/99
 I hereby certify that this building is in compliance with the Florida Energy Code.
 OWNER AGENT: [Signature] DATE: 11/6/99

Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F. S.
 BUILDING OFFICIAL: _____
 DATE: _____

TABLE 6C-1: PRESCRIPTIVE REQUIREMENTS FOR SMALL ADDITIONS (500 Sq. Ft. and Less), RENOVATIONS TO EXISTING BUILDINGS AND SITE-INSTALLED COMPONENTS OF MANUFACTURED HOMES.

COMPONENT		MINIMUM INSULATION	INSULATION INSTALLED	EQUIPMENT	MINIMUM EFFICIENCY	INSTALLED EFFICIENCY
WALLS	Concrete Block	R-5	<u>R-11</u>	COOLING	Central A/C - Split -Single Pkg. Room unit or PTAC	SEER = 10.0
	Frame, 2' x 4'	R-11				SEER = 9.7
	Frame, 2' x 6'	R-19				EER = 8.5*
	Common, Frame	R-11				EER = _____
Common, Masonry	R-3		EER = _____			
CEILING	Under Attic	R-30	<u>R-30</u>	SPACE HEATING	Electric Resistance Heat pump - Split - Single Pkg. Room unit or PTHP	ANY
	Single Assembly; Enclosed	R-19				HSPF = 6.8
	Frame	R-13				HSPF = 6.6
	Metal Pans	R-10				COP = 2.7*
Single Assembly; Open	R-11		HSPF/			
Common, Frame			COP			
FLOORS	Slab-on-grade	No Minimum	<u>0</u>	HOT WATER	Gas, natural or propane Fuel Oil	AFUE = .78
	Raised Wood	R-11				AFUE = .78
	Raised Concrete	R-5				EF = .88
	Common, Frame	R-11				EF = .54
DUCT	In unconditioned space	R-6	<u>6</u>		Electric Resistance	EF = .54
	In conditioned space	No minimum				

* See Table 6-3, 6-7

TABLE 6C-2: PRESCRIPTIVE REQUIREMENTS FOR GLASS AREAS IN ADDITIONS ONLY

Maximum percentage glass to floor area allowed is selected by type, overhang length, and shading coefficient. Maximum% = <u>30</u> Installed % = <u>17</u>							
GLASS TYPE, OVERHANG, AND SHADING COEFFICIENT REQUIRED FOR GLASS PERCENTAGE ALLOWED							
UP TO 20%		UP TO 30%		UP TO 40%		UP TO 50%	
Single	Double	Single	Double	Single	Double	Single	Double
OH - SC	OH - SC	OH - SC	OH - SC	OH - SC	OH - SC	OH - SC	OH - SC
1' - 1.0 0' - .86	0' - .90	<u>2' - 1.0</u> <u>1' - .86</u> 0' - .65	1' - .90 0' - .70	3' - 1.0 2' - .86 1' - .65 0' - .45	2' - .90 1' - .70 0' - .50	4' - 1.0 3' - .86 2' - .65 1' - .45 0' - .35	3' - .90 2' - .70 1' - .50 0' - .40
SHGC or SC may be obtained from the manufacturer. Single clear SC = 1.0, double clear SC = .90, and single tint SC = .86. SHGC + .87=SC							

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Exterior Joints & Cracks	606.1	To be caulked, gasketed, weather-stripped or otherwise sealed.	✓
Exterior Windows & Doors	606.1	Max. 0.3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	✓
Sole & Top Plates	606.1	Sole plates and penetrations through top plates of exterior walls must be sealed.	✓
Recessed Lighting	606.1	Type IC rated with no penetrations (two alternatives allowed).	✓
Multi-story Houses	606.1	Air barrier on perimeter of floor cavity between floors.	✓
Exhaust Fans	606.1	Exhaust fans vented to unconditioned space shall have dampers, except for combustion devices with integral exhaust ductwork.	N/A
Combustion Heating	606.1	Combustion space and water heating systems must be provided with outside combustion air, except for direct vent appliances.	N/A
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	N/A
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have minimum thermal efficiency of 78%.	N/A
Hot Water Pipes	612.1	Insulation is required for hot water circulating systems (including heat recovery units).	N/A
Shower Heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	N/A
HVAC Duct Construction, Insulation & Installation	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section 610.1. Ducts in attics must be insulated to a minimum of R-6.	✓
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	N/A

GENERAL DIRECTIONS:

- On Table 6C-1 indicate the R-value of the insulation being added to each component and the efficiency levels of the equipment being installed. All R-values and efficiencies installed must meet or exceed the minimum values listed. Components and equipment neither being added nor renovated may be left blank.
- ADDITIONS ONLY. Determine the percentage of new glass to conditioned floor area in the addition as follows. Total the areas of all glass windows, sliding glass doors and glass door panels. Double the area of all non-vertical roof glass and add it to the previous total. When glass in existing exterior walls is being removed or enclosed by the addition, an amount equal to the total area of this glass may be subtracted from the total glass area. Divide the adjusted glass area total by the conditioned floor area of the addition. Multiply by 100 to get the percent. Find the largest glass percentage under which your calculated percentage falls on Table 6C-2. Prescriptives are given by the type of glass (Single or Double pane) and the overhang (OH) paired with a shading coefficient (SC). For a given glass type and overhang, the minimum shading coefficient allowed is specified. Actual glass windows and doors previously in the exterior walls of the house and being reinstalled in the addition do not have to comply with the overhang and shading coefficient requirements on Table 6C-2. All new glass in the addition must meet the requirement for one of the options in the glass percentage category you indicated. The overhang (OH) distance is measured perpendicularly from the face of the glass to a point directly under the outermost edge of the overhang.
- RENOVATIONS ONLY. Replacement glass needs to meet the following requirements. Any glass type and shading coefficient may be used for glass areas which are under at least a two foot overhang and whose lowest edge does not extend further than 8 feet from the overhang. Glass areas being renovated that do not meet this criteria must be either single-pane tinted, double-pane clear or double-pane tinted.
- BUILDING SYSTEMS. Comply when new system is installed for system installed.
- Complete the information requested on the top half of page 1.
- Read "Minimum Requirements for Small Additions and Renovations", Table 6C-3, and check all applicable items.
- Read, sign and date the "Owner/Agent" certification statement on page 1.

M.A. CORSON & ASSOCIATES, Inc.

ARCHITECTURE STRUCURAL DESIGN
7374 S. E. Fiddlewood Lane Hobe Sound, Fl. 33455
(561) 223-8227 * Lic.# AA2971

To: Sewall's Point Building Department

Date: 11/4/99

Re: Carlson / Brennan Addition
#7 Kingston Court.

This office approves of the following:

1. I here by certify that all areas of the structure, for the above mentioned residence, shall meet all of the structural load requirements for the 140 mile per hour wind loading as required for the area. The new structure is designed to meet all gravity, lateral, and uplift loads which will be created by a 140 wind force.

Thank you for your time and consideration. If you have any questions please call.

Sincerely,



Mark A. Corson A.I.A.

cc: file
bldgsp

TREE REMOVAL (Attach sealed survey)

No. of trees to be removed NONE No. to be retained ALL No. to be planted NONE

Specimen tree removed NONE Fee _____ Authorized/Date _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE:

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

ADDITIONAL Required Documents are:

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

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

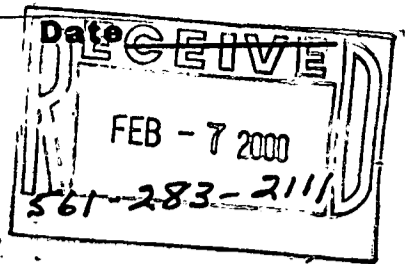
Approved by Building Official _____

Approved by Town Engineer _____

Bldg. Pmt# _____

Town of Sewall's Point

BUILDING PERMIT APPLICATION



Owner's Name: MR, MRS WILLIAM CARLSON Phone No. 561-283-2111
 Owner's Present Address: 7 KINGSTON CT STUART FL.
 Fee Simple Titleholder's Name & Address if other than owner _____

Location of Job Site: ADD'D.
 TYPE OF WORK TO BE DONE: _____
 CONTRACTOR INFORMATION
 Contractor/Company Name: GLEN HUTCHINS Phone No. 561-225-7010
 COMPLETE MAILING ADDRESS PO Box 654 STUART FL 34995
 State Registration FLORIDA State License CBC056057
 Legal Description of Property Lot 4 Kingston Ct. Plat Book 8 Page 82
 Parcel Number _____

ARCHITECT/ENGINEER INFORMATION

Architect MARK A CORSON Phone No. 223-8227
 Address 7188 S.E. SEAGATE LN STUART FL 34997
 Engineer _____ Phone No. _____
 Address _____

Area Square Footage: Living Area 11250 sq ft Garage Area _____ Carport _____
 Accessory Bldg. _____ Covered Patio + 500 sq ft Porch 703 sq ft Wood Deck _____
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD
 proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
 Cost of construction or Improvement \$58,800.00
 Fair Market Value (FMV) prior to improvement \$575,000.00
 Substantial Improvement 50% of FMV yes _____ NO
 Method of determining FMV _____

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

Electrical Hurley Electric State License ER0006243
 Mechanical _____ State License# _____
 Plumbing _____ State License# _____
 Roofing Pacific State License# CCC 056793

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

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

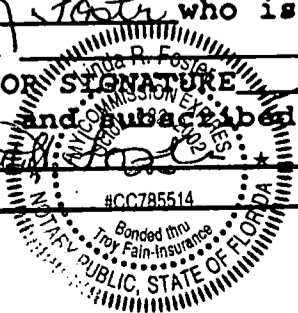
OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE William Carlson

Sworn to and subscribed before me this 22 day of November, 1998 by Glen Hutchins who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.

CONTRACTOR SIGNATURE _____

Sworn to and subscribed before me this 22 day of November, 1998 by Glen Hutchins who is personally known to me or has produced _____ and who did (did not) take an oath.





Ardaman & Associates, Inc.
 1017 SE Holbrook Court
 Port St. Lucie, Florida 34952
 (561) 337-1200

RECEIVED
 MAR 17 2000
 BY: _____

FIELD DENSITY TEST REPORT
 page 1 of 2

DATE OF TEST: 3/14/00

DATE REPORTED: 3/16/00

FILE NO. 00-5540

PROJECT: ~~Lot #7 Kingsley Court Addition City of Sewalls Point Permit No. 4861~~ ^{ton}

SUBMITTED TO: Glenmark Homes

FILE

MAXIMUM DENSITY DETERMINED IN ACCORDANCE WITH ASTM D-1557/AASHTO T-180

FIELD DENSITY DETERMINED IN ACCORDANCE WITH ASTM D-2937/AASHTO T-204

Test No.	Location of Test: <u>Open porch pad</u>	OMC %	Max. Den. (lb./cu.ft.)	Moisture at Time of Test %	Field Density (lb./cu.ft.) Dry	% of Max. Den.	Job Spec.	Elevation
1	Center of north footing	11.1	111.9	12.5	100.3	90*	95	0' to -1' F
2	Center of west footing	11.1	111.9	10.2	106.2	95	95	0' to -1' F
3	Center of east footing	11.1	111.9	10.0	105.8	95	95	0' to -1' F
4	Center of east half of pad	11.1	111.9	10.2	106.3	95	95	0' to -1' FS
5	Center of west half of pad	11.1	111.9	10.0	106.2	95	95	0' to -1' FS

- * Indicates density test does not meet minimum density requirement
- ** Indicates retest - density meets or exceeds minimum density requirement

F-soil directly below footing; FS-soil under floor slab; GA-soil in general compacted area; PAV-soil below stabilized section; PSSG-stabilized subgrade; PB-pavement base; NSSG-non stabilized subgrade; RS-roadway subgrade; TOP-top of pipe; BOP-bottom of pipe

R. E. Balbis

Roberto E. Balbis, P.E.



Ardaman & Associates, Inc.
 1017 SE Holbrook Court
 Port St. Lucie, Florida 34952
 (561) 337-1200

FIELD DENSITY TEST REPORT

page 2 of 2

DATE OF TEST: 3/14/00

DATE REPORTED: 3/16/00

FILE NO. 00-5540

PROJECT: Lot #7 Kingsley Court Addition City of Sewalls Point Permit No. 4861

SUBMITTED TO: Glenmark Homes

MAXIMUM DENSITY DETERMINED IN ACCORDANCE WITH ASTM D-1557/AASHTO T-180

FIELD DENSITY DETERMINED IN ACCORDANCE WITH ASTM D-2937/AASHTO T-204

Test No.	Location of Test: <u>New Gazebo Pad</u>	OMC %	Max. Den. (lb/cu.ft.)	Moisture at Time of Test %	Field Density (lb/cu.ft.) Dry	% of Max. Den.	Job Spec.	Elevation
6	North end of east footing	11.1	111.9	9.6	106.3	95	95	0' to -1' F
7	Center of west footing	12.5	105.0	7.9	96.4	92*	95	0' to -1' F
8	Center of north half of pad	11.1	111.9	8.9	106.5	95	95	0' to -1' FS
9	Center of south half of pad	12.5	105.0	5.1	103.8	99	95	0' to -1' FS
10	Center of footing between Gazebo and dressing room	12.5	105.0	5.1	104.5	100	95	0' to -1' F
11	Center of dressing room	11.1	111.9	8.2	106.9	96	95	0' to -1' FS

- * Indicates density test does not meet minimum density requirement
- ** Indicates retest - density meets or exceeds minimum density requirement

F-soil directly below footing; FS-soil under floor slab; GA-soil in general compacted area; PAV-soil below stabilized section; PSSG-stabilized subgrade; PB-pavement base; NSSG-non stabilized subgrade; RS-roadway subgrade; TOP-top of pipe; BOP-bottom of pipe

Roberto E. Balbis, P.E.



Ardaman & Associates, Inc.

1017 SE Holbrook Court
Port St. Lucie, Florida 34952
(561) 337-1200

FIELD DENSITY TEST REPORT

DATE OF TEST: 3/14/00

DATE REPORTED: 3/16/00

FILE NO. 00-5540

PROJECT: Lot #7 Kingsley Court Addition City of Sewalls Point Permit No. 4861

SUBMITTED TO: Glenmark Homes

MAXIMUM DENSITY DETERMINED IN ACCORDANCE WITH ASTM D-1557/AASHTO T-180

FIELD DENSITY DETERMINED IN ACCORDANCE WITH ASTM D-2937/AASHTO T-204

Test No.	Location of Test: <u>Open Porch and New Gazebo Pads</u>	OMC %	Max. Den. (lb./cu.ft.)	Moisture at Time of Test %	Field Density (lb./cu.ft.) Dry	% of Max. Den.	Job Spec.	Elevation
1	Open porch pad center of north footing	11.1	111.9	9.9	107.4	96**	95	0' to -1' F
2	Open porch pad 5' west of center of north footing	11.1	111.9	7.9	107.4	96	95	0' to -1' F
3	New Gazebo pad center of west footing	12.5	105.0	5.9	100.1	95**	95	0' to -1' F
4	New Gazebo pad 5' north of center of west footing	12.5	105.0	6.0	100.2	95	95	0' to -1' F

* Indicates density test does not meet minimum density requirement

** Indicates retest - density meets or exceeds minimum density requirement

F-soil directly below footing; FS-soil under floor slab; GA-soil in general compacted area; PAV-soil below stabilized section; PSSG-stabilized subgrade; PB-pavement base; NSSG-non stabilized subgrade; RS-roadway subgrade; TOP-top of pipe; BOP-bottom of pipe

Roberto E. Balbis, P.E.



Ardaman & Associates, Inc.

1017 SE Holbrook Court
Port St. Lucie, Florida 34952
(561) 337-1200

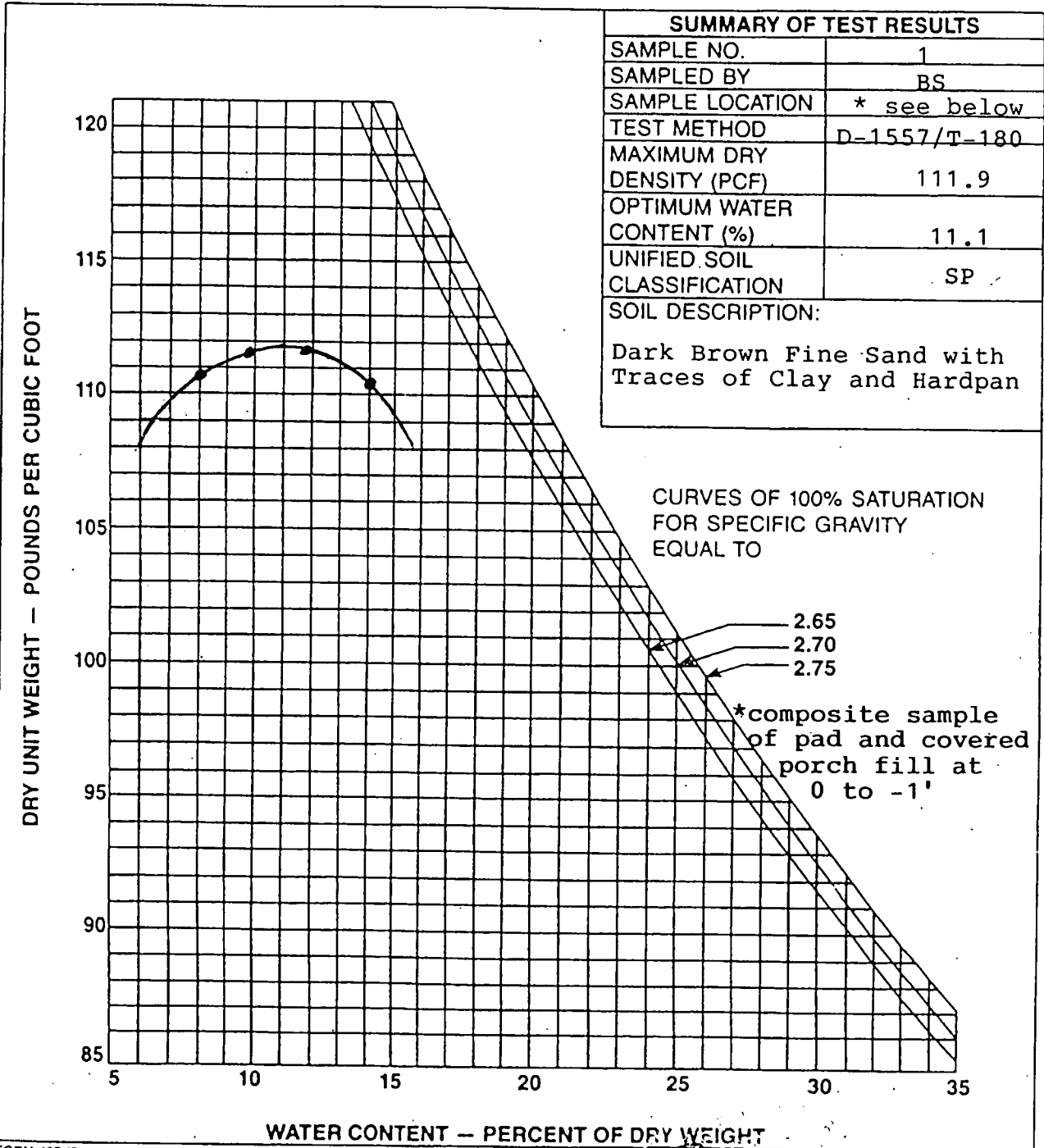


MOISTURE - DENSITY RELATIONSHIP

PROJECT: Addition to Residence at
#7 Kingston Court
REPORTED TO: Glenmark Homes

FILE NO.: 00-5540

DATE: 3/14/00



FORM 407 (Rev. 4/86)

By

AS A MUTUAL PROTECTION TO CLIENTS, THE PUBLIC AND OURSELVES, ALL REPORTS ARE SUBMITTED AS THE CONFIDENTIAL PROPERTY OF CLIENTS AND AUTHORIZATION FOR PUBLICATION OF STATEMENTS, CONCLUSIONS OR EXTRACTS FROM OR REGARDING OUR REPORTS IS RESERVED PENDING OUR WRITTEN APPROVAL

DATE 10"



Ardaman & Associates, Inc.

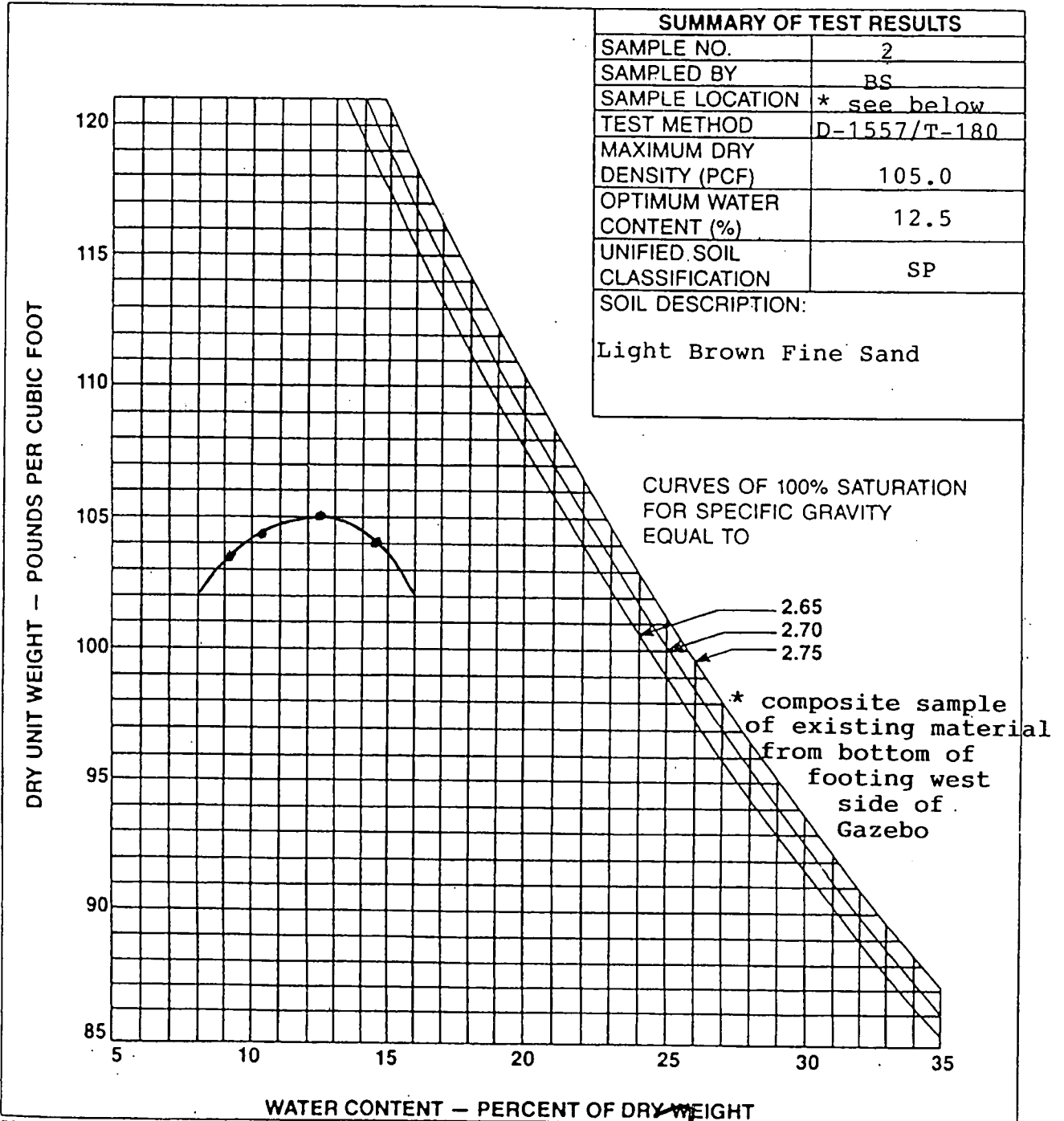
1017 SE Holbrook Court
 Port St. Lucie, Florida 34952
 (561) 337-1200



MOISTURE - DENSITY RELATIONSHIP

PROJECT: Addition to Residence at
 #7 Kingston Court
 REPORTED TO: Glenmark Homes

FILE NO.: 00-5540
 DATE: 3/14/00



FORM 407 (Rev. 4/96)

By *[Signature]*

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 03/08/00 BUILDING PERMIT NO. 4861
 Building to be erected for WILLIAM CARLSON Type of Permit COVERED PORCH/GAZEBO
 Applied for by GLENN HUTCHINS (Contractor) Building Fee \$564.48
 Subdivision KINGSTON CT. Lot 4 Block _____ Radon Fee N/A
 Address 7 KINGSTON CT. Impact Fee N/A
 Type of structure S.F.R. A/C Fee N/A

Parcel Control Number: _____

Amount Paid \$860.93 Check # 2792 Cash \$120.00 Other Fees (PLAD REVIEW) 56.95
 Total Construction Cost \$ 58,800.00 TOTAL Fees \$980.93

Signed [Signature] Applicant Signed [Signature] Town Building Inspector

BUILDING PERMIT

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455
WORK HOURS - 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

03/02/2000

PRODUCER (561)546-5600 FAX (561)546-1008
 Campbell-Wilson Ins. Agency
 8882 SE Bridge Road
 Hobe Sound, FL 33455

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

Attn: Ext:

INSURED
 Glen Kenneth Hutchins
 Glenmark Homes
 P.O. Box 654
 Stuart, FL 34995
 CBC 056057

COMPANY A Owners Insurance Company
 COMPANY B
 COMPANY C
 COMPANY D

FILE
 LIC/INS

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> Liability plus	PENDING	03/03/2000	03/03/2001	GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000 PERSONAL & ADV INJURY \$ 500,000 EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	PENDING			COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	PENDING			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	PENDING			EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	PENDING			WC STATUTORY LIMITS: OTH-ER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 State of Florida - Builder

CERTIFICATE HOLDER

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

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

Joanne Wilson/JO

Joanne Wilson

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

MARCH 25, 1996

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

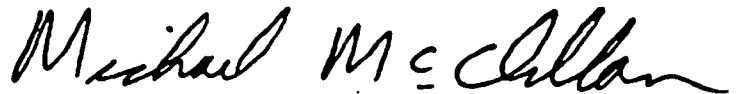
EFFECTIVE DATE OF EXEMPTION 08/31/95

EXEMPTED INDIVIDUAL NAME HUTCHINS GLEN KENNETH S.S. 575-15-3849

BUSINESS NAME GLENMARK HOMES FEIN 575153849

BUSINESS ADDRESS 1298 N W FED HWY
STUART, FL 34994

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.



AUTHORIZED SIGNATURE

AC# 5428758

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

DATE	BATCH NUMBER	LICENSE NBR
12/08/1998	98015434	CB -C056057

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2000

HUTCHINS, GLEN KENNETH
INDIVIDUAL
P. O. BOX 654
STUART FL 34995

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/31, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4865	Dolan 17 Middle Rd. Folding Shutter	final shutters	PASSED A	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4516 RENEW	Lino 6 Island Rd.	final - c.o.	NOT READY	REINSPECT 4/3 - NO FEE RECD AS BUILT SURVEY
4863	Holmes			MCHD APPROVAL REQUIRED
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4861	Carlson 7 Kingston Ct. Hutchins	steel tr columns	PASSED A	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4870	Stevens 62 N. River Rd. Pacific	sheathing	PASSED A	11:45 - 12:00
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4872 4875	Glover 16 Riverview Cooper	final roof	PASSED A	NO ONE HOME NO ACCESS NO PERMIT DOCUMENTS POSI
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
	GUARDED		PASSED	FENCE LIST OUTSTANDING
4587	104 Abbie CT Strathmore	C O	A	SHUTTER PERMIT REQUIRED REINSPECT 4/3 - NO FEE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4723 71	Koch 471 No. River Rd. Brown 284-0685	strapping	PASSED A	NOTE: REQUIRED PERMITTING POOL PERMIT APPL. - WILL REVISIT 4/14/00

OTHER: WESTON; 6 PALM COURT (w/CHUCK MCCARTHY); MET w/OWNER, VERIFIED HIS AGM w/UNSAFE STRUCTURE DETERMINATION; HE WILL VERIFY THIS WEEKEND; BLDG DEP. WILL SHUT OFF POWER APRIL 14, 2000.

INSPECTOR (Name/Signature): DEANIS 78-2000 701-9151

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-27, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4832	Cocorullo	porch fr.	Passed	
5	20 Island Wilson	drywall nailing	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4867	VORRESO	mop	Passed	
3	21 Periwinkle Pacific	inspection	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4861	CAISIN	column	PARTIAL	2 - Columns
4	7 KIRASTON GLENN HUTCHINS	steel porch	BG.	Primer WALL CAP.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4771	ENGINEERED HOMES, INC.	ROOF NAILING	Passed	Sheathing
2	3 PALAMA WAY (OWNER - VAN WARDER)		BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4740	GRIFFIS 140 S. SEWALLS P. RD.	PORCH FTG.	Passed	8 - Pads
6	140 S. S. P. Rd. Master Plan		BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4717	ZARRO	tie-beam	PARTIAL	2nd FL.
1	124 N. S. P. Rd. Butford		BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4749	Allman	sheathing	Passed	as late as
7	166 S. S. P. Rd. A & W Roofing	check permit	BG.	possible

OTHER: W.G. FOGGIA; LOS HENRY SEWALL WAY; DELIVER ELECT. HOOK-UP AGMT. (CONTRACTORS EXECUTED COPY) ✓

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-17- , 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4813	Follweiler	steel & slab	Passed	
④	11 W. E. LOTTING WAY (Plantation) NPK HOMES 284-5991 (ROW)	footers	BG.	
4832	Cocorullo	rough-in electric	Passed	Elec only
⑦	20 Island Rd. WILSON HARKS	(SUB-SHOPLINE.)	BG.	
4628	HELLRIEGEL 11 CASTLE HILL WAY SEWALLS PT	GC & STEEL		re-schedule for 3-20-00
4860	Demarkarian	pool form & steel	Passed	
②	19 Castle Hill HARBOR BAY POOLS		BG.	
4691	Wadler	Framing	PARTIAL	Need Revised Plan
⑤	20 N. Ridgeway DRIFTWOOD - ALAN MORRIS	cell sub	BG.	HALF RIGHT ON BOTH PINS Need Finestops Fill ALL TUBS WITH OR TO INSULATE.
4851	McKenney	Framing		2 DOGS IN REAR YARD
⑧	24 Simons St O/B			RING - DOOR BELL NO ANSWER.
4861	Cochran	Concrete	Passed	REWORK FINISH CONCRETE
⑥	11 Kinastor St GLENN HUTCHINS	Concrete Form Board Inspection	BG	OF PRAISED SURVEY TO SITE - SOLICITING K&R

OTHER: * R+P Pest Control 3-14-00 For slab - (7 Kinastor St)
3/17 12:00 PBA field rep PN 4796 99 N. Sewall's Pt. Rd (TROYIC MARINE) pelagia N.L.C. - OK 49/1 miles

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/17, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4665	Nicklas	C.O.	Reject	Need wire nuts
9	21 CASTLE HILL WAY A.R. MARTIN CORP.	WALK-THRU	B.G. No Fee.	in Bedrooms Ceiling Lights
4866	Carlson Z. K. PROS. CORP.	framing & rough electric	Partial B.G.	Porch AREA only Moving Vents thru Roof. OK FOR T+G Ceiling
4658	FOGUA 103 HENRY/SEWALL FOGUA CONST	TEMP. ELECT. (IRRIGATION)	Reject B.G. No Fee *	LTR. AGMT RCD 4/14/00 ① Panel not wired. ② Cold WATER BOND NOT HOOKED ③ Looks NOT INSTALLED ON PANEL COVERS.
4657	FOGUA 105 HENRY/SEWALL FOGUA CONST	FINALS C.O. WALK THROUGH	Passed B.G.	PAPER WORK FOR BAHAMA Shutter.
4613	SUBIN 8 PALM CT	TEMPORARY ELECT (A/C)	Reject No Fee *	AC 1000 SS possible LTR. AGMT. RCD 4/14/00
4510	Allman 66 S.E.P. Rd. A;W	tir tag / metal	Passed B.G.	EARLY A.M.
4901	Hogan 1 W.H. Pt. Rd. Cerainal	checking - plywood	Passed B.G.	

OTHER: * #3. Air Handlers (2) IN GARAGE ATTIC. Ceiling 27" High
* #8. Cold water Bond concealed. Elec. wire locate under floor

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-7-00, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
* S ✓ ⑥ 4930	Keller 14 Crane's Nest PACIFIC REG.	tin-tag & metal 11:15	* Rejected BG. \$30 ⁰⁰ Fee	PERMIT ISSUED 5/17/00 NO RECORD OF SWEATING INSPECTION. T/T CONTR
S ✓ ④ 4936	Carlson WALTON GLEN HUTCHINS	rough el. fr. pl. Did NOT SIGN	Passed BG. OFF FILL	*SUBS MUST OBTAIN PERMITS PRIOR TO WSP. Sub Correction
N ✓ ② 4955	Rica 5 Banyan BUWALDA'S CONC.	driveway Partial	Passed BG.	Rear Section
S ✓ ③ 4937	Oakley 99 S. S. P. Fd. JUSTWOOD FENCE	inspect FENCE concrete FENCE in holes	Passed BG.	Danny says "don't shake too hard - look but don't touch."
N ✓ ① 4904	Miranda 34 Castle Hill o/B way	stem wall Partial - main house only.	Passed BG.	FORMBOARD SURVEY TO SITE. NO GARAGE OR PORCH AREAS.
S ✓ ⑦ 4907	Fredrick 32 S. S. P. Rd. TREAS. CONST GAR. DOORS	final garage door		
S ✓ ⑤ 4882	Woods 116 So. River Rd. EMMICK CONST.	Partial straps & anchors 2nd Fl. Only	Passed BG.	ELECT/REG SUBS MUST OBTAIN PERMITS

OTHER: * 4930 Removed felt in several areas. Metal not
nailed properly. Reject.

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-7-00 2000; Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4984	Winer	re-inspect	OK	
✓ ③	3 Middle Rd. Pacific	roof IT&MTL (FEE PAID)	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4843	Tidikis ?	insulation	Cancel	Did not call
✓ ⑤A	7 Kingston Court 6 D.S. GEN'L CONTR			FDR Inspection
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4673	Foglia	final	OK	
✓ ④	110 A Sewall	c.o.	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4861	CARLSON	INSULATION ?	OK	
✓ ⑤B	7 KINGSTON COURT GLENN HUTCHINS		BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4802	WOODS	WALL SHEATHING	OK	(ADD-ON 7/7 8:05 AM)
✓ ③A	118 S. RUBY RD. EMMICK CONST. 981-5691	WALL WSP	BG.	2nd Fl.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4936	PRICE	SHEATHING	OK	LITE.
✓ ⑧A	6 D. VIA LUCINDIA PACIFIC REG.		BG.	(ADD-ON 7/7 8:15 AM)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

5205

SCREEN ENCLOSURE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 12-18-00

BUILDING PERMIT NO. 5205

Building to be erected for WILLIAM CARLSON

Type of Permit POOL ENCL.

Applied for by PIONEER SCREEN CO. INC. (Contractor)

Building Fee \$120.00

Subdivision _____ Lot _____ Block _____

Radon Fee _____

Address 7 KINGSTON CT.

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Electrical Fee _____

Parcel Control Number:
13-38-41-010-000-00040-20000

Plumbing Fee _____

Roofing Fee _____

Amount Paid 120^{XX} Check # 52737 Cash _____ Other Fees (_____)

Total Construction Cost \$ 9,000.00

TOTAL Fees \$120.00

Signed Tom Branchman
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>3/2/01</u>

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

- New Construction
- Remodel
- Addition
- Demolition

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

NOTICE OF COMMENCEMENT

Permit No. 5205

Tax Folio No. _____

State of Florida 5

County of Martin } 2001

13-38-41-01-000000 - 40-2000

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 # 4 Sewalls Point # 7 Kingstau Ten -

General description of improvements Pool Enclosure

Owner's Name William Carlson

Address # 7 Kingstau Ten -

Owner's Interest in site of the improvement _____

Fee Simple Title holder (if other than owner) _____

Address _____ Phone: _____ Fax: _____

Contractor Pioneer Screen Co. Inc.

Address 9011 SW Old Kansas Ave. ^{Stuart} 34997 Phone: 561 283-1197 Fax: 561 781-7221

Surety _____ Phone: _____ Fax: _____

Address _____ Amount of bond \$ _____

Lender's Name _____

Address: _____ Phone: _____ Fax: _____

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

Name _____

Address _____ Phone: _____ Fax: _____

In addition to himself, owner designates _____

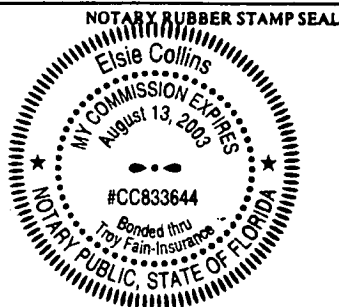
Of _____ Phone: _____ Fax: _____

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)

[Signature]
Signature of Owner

William Carlson
Printed Name of Owner

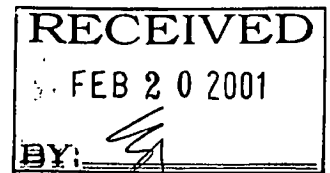


I have relied upon the following identification of the Affiant _____

Sworn to and subscribed before me this December day of 4 2000

Elsie Collins
Notary Signature

ELSIE Collins
Printed Name



FILE PW 5205
7 KINGSTON

DEPUTY CLERK S Johnson
MARTIN COUNTY Florida
MARSHA EWING
RECORDED 12/04/2000 08:55 AM
OR BK 01519 PG 1852
INSTR # 1468935

1994 O Form Design, Seminole Paper & Printing Co., Inc.

10
01
96

NOTICE OF COMMENCEMENT

Permit No. _____

Tax Folio No. _____

State of Florida

County of MARTIN }

13-38-41-01-000000-40-7000

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 # 4 Sewalls Point # 7 Kingstons Ten.

General description of improvements Pool Enclosure

Owner's Name William Carlsson

Address # 7 Kingstons Ten.

Owner's Interest in site of the improvement _____

Fee Simple Title holder (if other than owner) _____

Address _____ Phone: _____ Fax: _____

Contractor Pioneer Screen Co. Inc.

Address 9011 SW Old Kansas Ave ^{Street} 34977 Phone: 501 2839197 Fax: 501 781-7221

Surety _____ Phone: _____ Fax: _____

Address _____ Amount of bond \$ _____

Lender's Name _____

Address: _____ Phone: _____ Fax: _____

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

Name _____

Address _____ Phone: _____ Fax: _____

In addition to himself, owner designates _____

Of _____ 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)

[Signature]
Signature of Owner

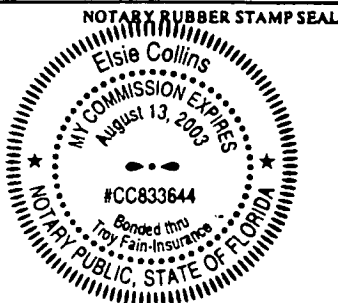
William Carlsson
Printed Name of Owner

I have relied upon the following identification of the Affiant _____

Sworn to and subscribed before me this December day of 4 2000

Elsie Collins
Notary Signature

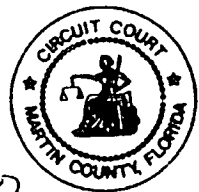
ELSIE COLLINS
Printed Name



STATE OF FLORIDA
MARTIN COUNTY

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

MARSH STILLER, CLERK
BY [Signature] D.C.
DATE 12-4-00



ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
1/7/99

PRODUCER

KEARNS AGENCY OF FLORIDA, INC.
N.P.O. Box 1849
Jensen Beach, FL 34958

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Auto Owners Insurance Company

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

PIONEER SCREEN, INC.
9011 Old Kansas Avenue
Stuart, FL 34997

Mount
FILE

COPY

FILE
he/wh

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY/ EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 1,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.	20509791	1/1/99	1/1/2000	PERSONAL & ADV. INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				
	ALL OWNED AUTOS				
	<input checked="" type="checkbox"/> SCHEDULED AUTOS	9688106800	1/1/99	1/1/2000	BODILY INJURY (Per person) \$ 100,000
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident) \$ 300,000
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				PROPERTY DAMAGE \$ 50,000
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$

CERTIFIED

COPY

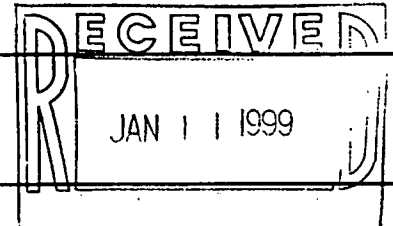
KEARNS AGENCY OF FLA., INC.

OTHER

By: Lek
Date: 1-7-99

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SCREENING - State of Florida -



CERTIFICATE HOLDER

TOWN OF SEWELL'S POINT
TOWNHALL
SOUTH SEWELL'S PT. RD.
SEWELL' POINT, FL. 34996

fax# 220-4765

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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

Lawrence E. Kearns

Certificate of Insurance

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

Named Insured(s):

Staff Leasing, LP, by Staff Acquisition, Inc., The General Partner, and The Affiliated Limited Partnerships of Which Staff Acquisition, Inc. is The General Partner and their Successor Corporations
600 301 Boulevard West, Suite 202
Bradenton, Florida 34205



Insurer Affording Coverage

Continental Casualty Company

Coverages:

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

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits	
Workers' Compensation	1-1-2001	WC 189165165 WC 189165182	Employer's Liability	
			Bodily Injury By Accident \$1,000,000	Each Accident
			Bodily Injury By Disease \$1,000,000	Policy Limit
			Bodily Injury By Disease \$1,000,000	Each Person

Other:

Employees Leased To:

Effective Date: 1/1/00

**11403
Pioneer Screen Inc**

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

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

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

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

Certificate Holder:

TOWN OF SEWALL'S POINT
1 S SEWALLS POINT RD
STUART, FL 34996-6736



Martin Oosterbaan
Authorized Representative

Office: St. Louis, MO 12/15/99
Phone: (877) 427-5567 Date Issued

AC# 5208489

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
07/11/1998	98900136	SC.-C046064

The SPECIALTY STRUCTURE CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2000

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

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

TAX FOLIO NO. 13-38-41-01-0000000-4-0-70000

DATE 11-28-00

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

RECEIVED
NOV 30 2000
to Scale, if applicable,
BY:

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

Owner Bill Carlson Present address # 7 Kingston Ct.

Phone _____ Sewalls Point Fl.

Contractor Pioneer Screen Address 9011 SW Old Kansas Ave

Phone 561-283-9197 Stuart Fl. 34997

Where licensed Martin County License number SCC-046064

Electrical Contractor _____ License number _____

Plumbing Contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Alum Pool Enclosure

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

7 Kingston Ct

Subdivision Sewalls Point Lot Number 4 Block Number _____

Contract price \$ 9,000⁰⁰ Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Craig Puelhas

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

Owner _____

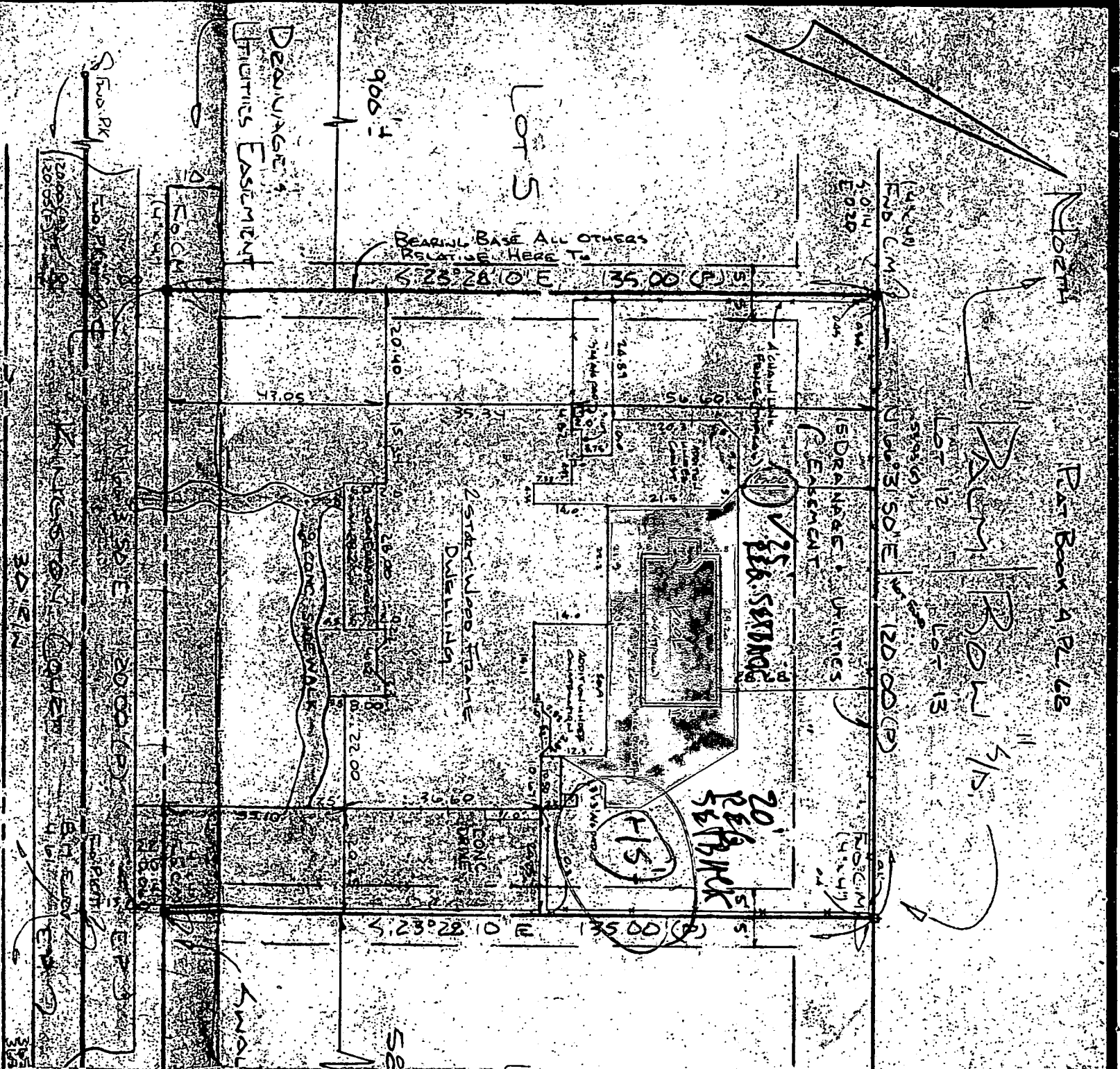
TOWN RECORD

Date submitted _____ Approved: _____
Building Inspector Date

Approved: _____ Final approval given: _____
Commissioner Date Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____



PAT BOOK 4 PL 68

RAVEN ROW S/S

LOT 12

LOT 13

DR 0°35'0\"/>

FOSSIL (4.14)

SDRA NAAS' UTILITIES EASEMENT

25' x 55' STORAGE

20' x 10' BRK

(15)

2\"/>

BEARING BASE ALL OTHERS RELATIVE HERE TO

S 25°28'10\"/>

S 23°28'10\"/>

DRAINAGE UTILITIES EASEMENT

FOSSIL (4.14)

FOSSIL (4.14)

FOSSIL (4.14)

KINGSTON COURT

20' x 20' (B)

21' x 22' (B)

12/15/00 TOWN OF SEABOARD'S PERM REVIEW

[Handwritten signature]

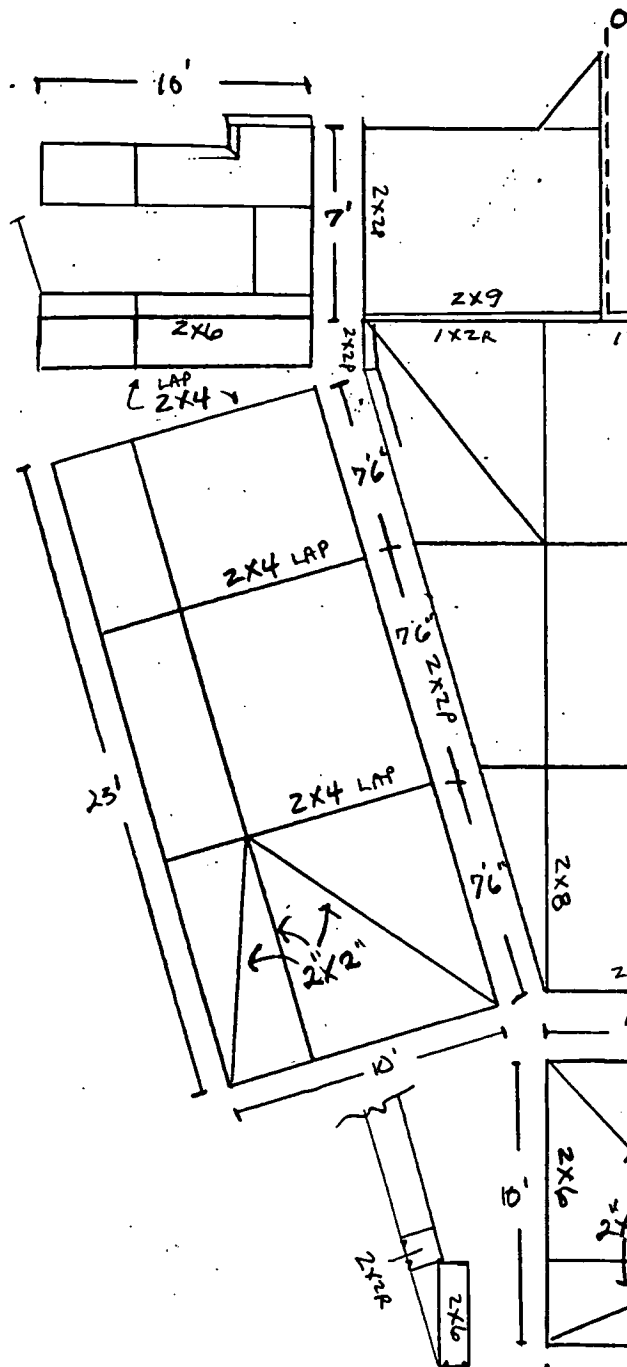
FILE TOWN COPY KINGSTON COURT

1. PROPERTY LOCATED WITHIN FLOOD ZONE A 8/B
2. PROPERTY ADDRESS 7 KINGSTON COURT
3. CERTIFIED TO LEONARD FITE SEABOARD SAVINGS BANK F. S. B. ITS SUCCESSORS &/OR ASSIGNS OUGHTERSON, OUGHTERSON, PREWITT & SUNDHEIM ATTORNEYS TITLE INSURANCE FUND, INC.

1. Survey of description as furnished by
2. Lands shown hereon were not abstract and/or rights-of-way of record.
- (P) Denotes distance or bearing by description.
- (F) Denotes measured distance or bearing.
- (C) Denotes calculated distance or bearing.
3. All bearings are referenced to the last as shown hereon, unless otherwise noted.
4. Elevations shown hereon are relative to Vertical Datum of 1929, and are based on

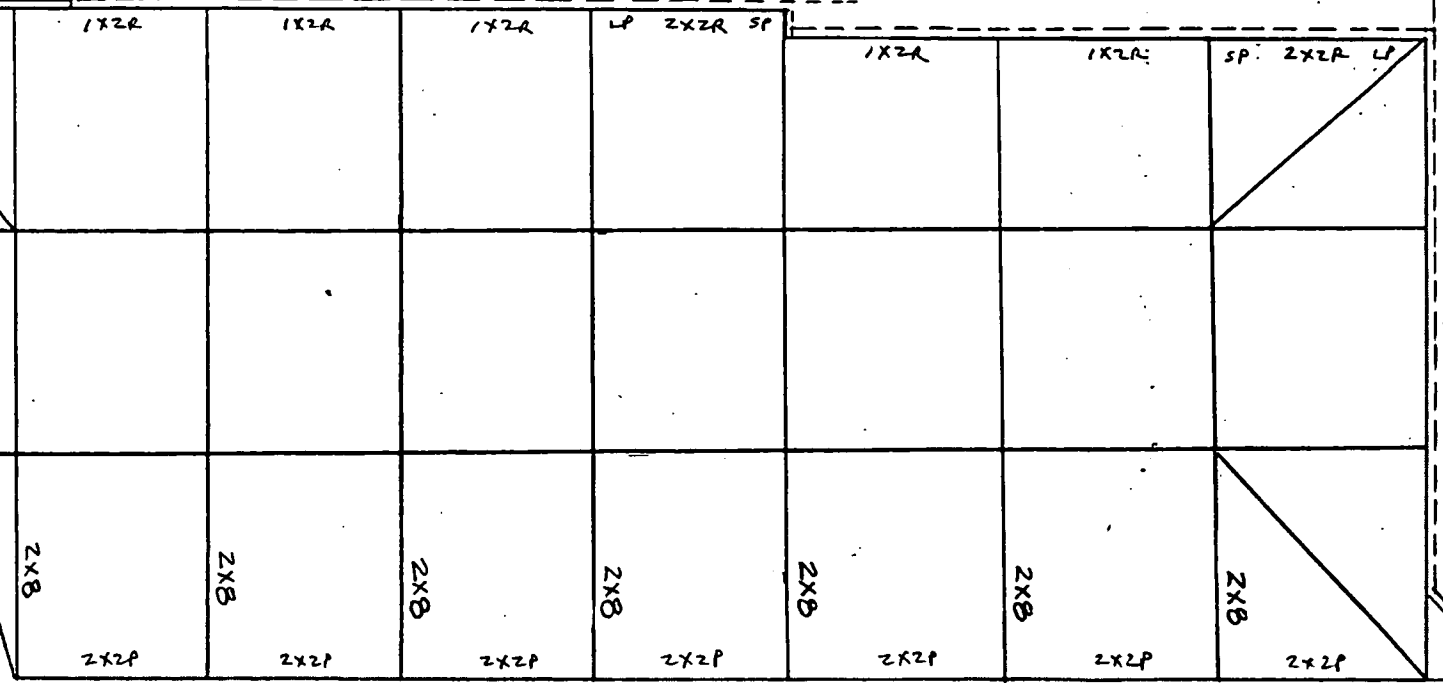
P 105205

SET 1 B	SET 5/6	IRON BAR	CAP 60/9
FOUND	OBJECT		
1 P	IRON PIPE		
C M	CONCRETE MONUMENT		
I B	IRON BAR		
R K S	R K WALK		
R R S	RAILROAD SPIKE		
N A M	MAIL WASHER		
N A T	MAIL TITM TAB		

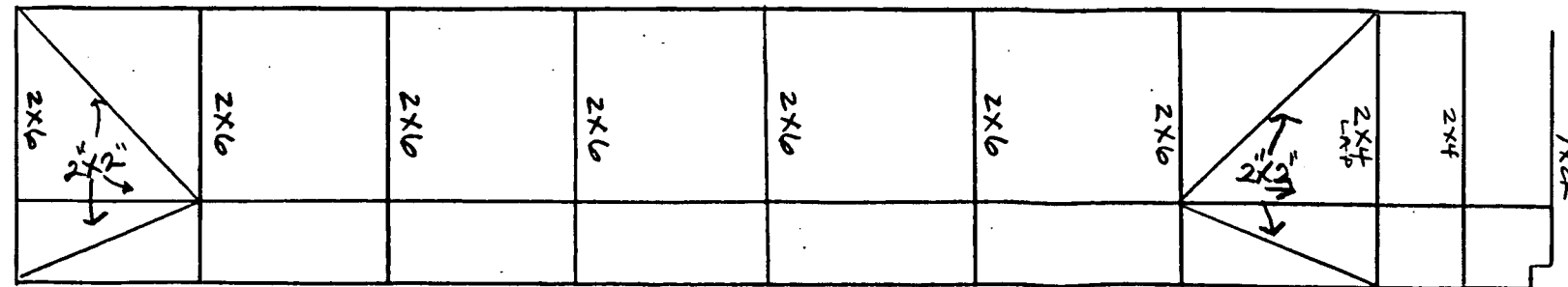


STRUCTURAL Gutter

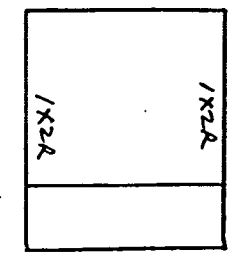
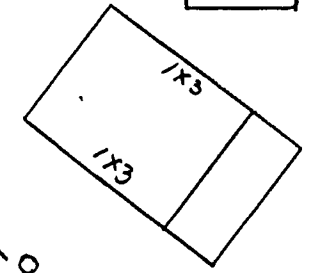
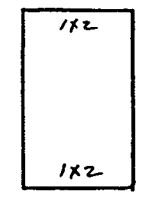
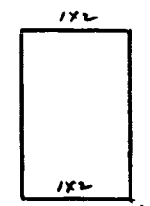
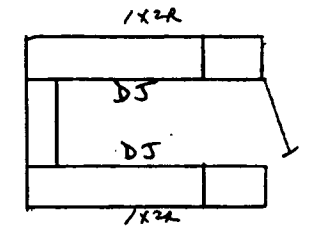
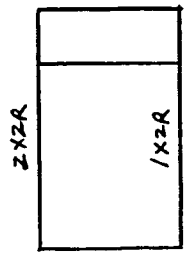
D.S. LOW GUTTER



7'1" x 7'1" x 7'1" x 7'1" x 7'1" x 7'1" x 7'1"

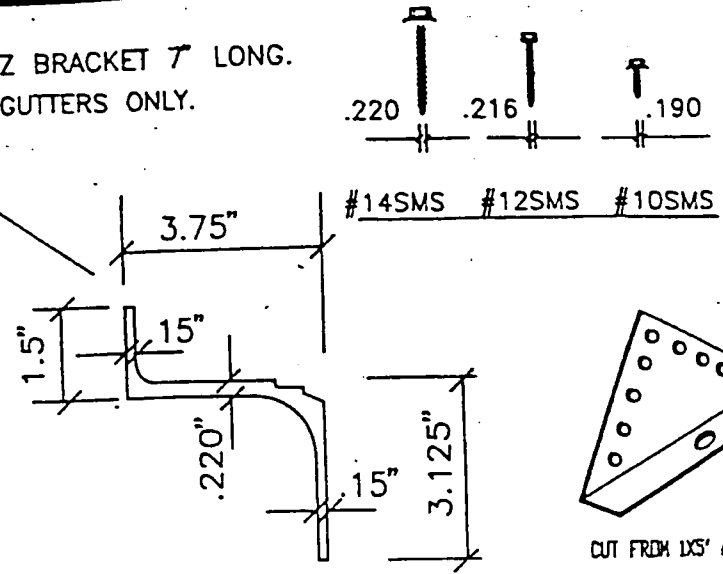


49'6" 6'6"



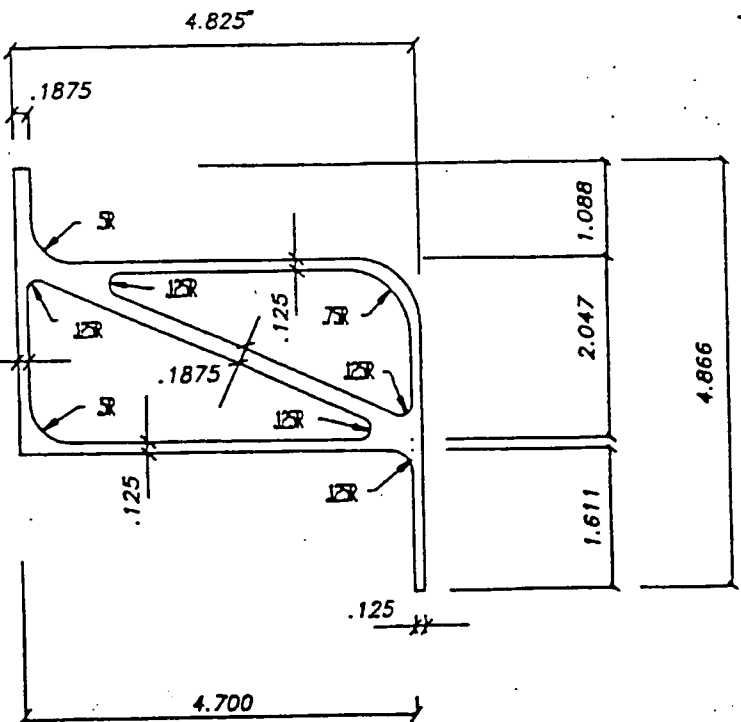
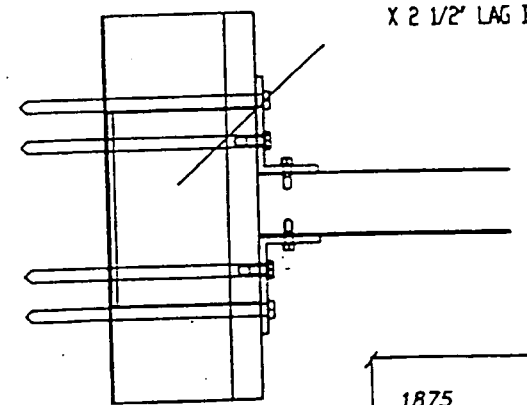
SCALE 3/16" = 1'

SPECIAL Z BRACKET 7" LONG.
4" WIDE GUTTERS ONLY.



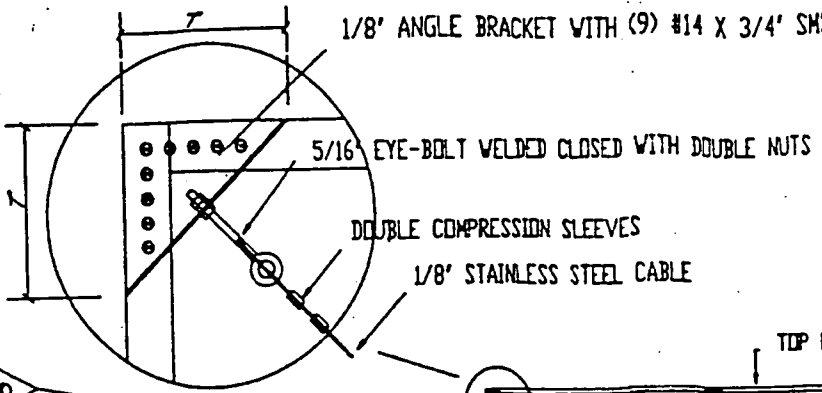
4" Z-BRACKET

6" SUPER BRACKET WITH (4) 3/8" X 2 1/2" LAG BOLTS TO FASCIA



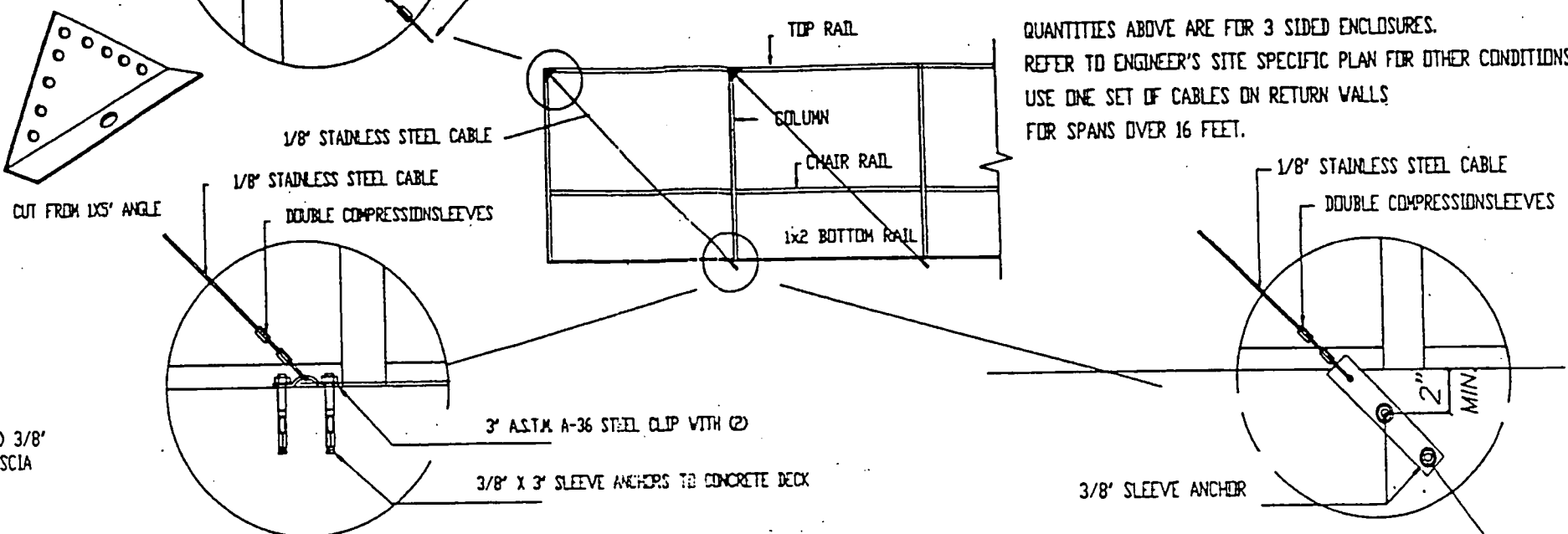
ALTERNATE GUTTER SIZE

1/8" ANGLE BRACKET WITH (9) #14 X 3/4" SMS TO WALL MEMBERS



END NON LOAD BEARING WALL SQUARE FOOTAGE				
1-145	146-273	274-363	364-416	417-443
TOTAL NUMBER OF CABLES ON THE FRONT LOAD BEARING WALL				
2	4	6	8	10
1 EA. END	2 EA. END	3 EA. END	4 EA. END	5 EA. END

QUANTITIES ABOVE ARE FOR 3 SIDED ENCLOSURES.
REFER TO ENGINEER'S SITE SPECIFIC PLAN FOR OTHER CONDITIONS.
USE ONE SET OF CABLES ON RETURN WALLS
FOR SPANS OVER 16 FEET.



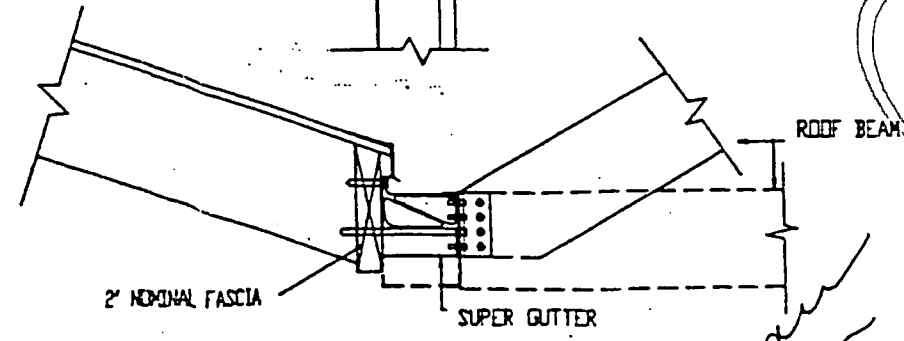
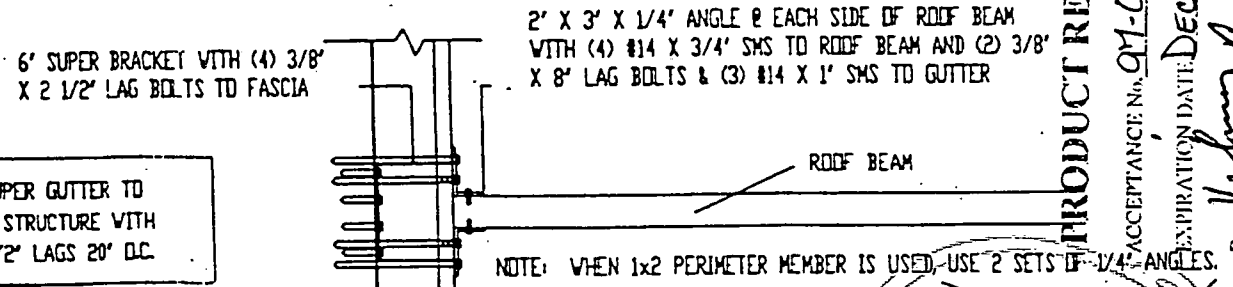
THIS CLIP MAY ALSO BE USED ON SIDE OF CONCRETE SLAB. MAINTAIN 2" MIN. EDGE DISTANCE.

ALTERNATE

CABLE BRACING DETAIL

6" SUPER BRACKET WITH (4) 3/8" X 2 1/2" LAG BOLTS TO FASCIA

FASTEN SUPER GUTTER TO THE HOST STRUCTURE WITH 1/4" X 2 1/2" LAGS 20" O.C.



5" GUTTER BRACKET DETAILS

1 1/4" X 5 5/8" X 1/8" FLAT BAR

PRODUCT RENEWED
ACCEPTANCE NO. 95-0731.16
EXPIRATION DATE: DECEMBER 11, 2000
By *Henry H. Mabe*
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
DATE July 27, 1995
BY *[Signature]*
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 95-0615.02

REVISIONS	BY

RAMMS ENGINEERING, INC.
Structural Design
2100 W. 78th STREET, SUITE 311
HALEAH, FLORIDA 33016
EB 0006024

Climatrol South
9615 NW 80th Avenue
Hialeah Gardens, Fla.

MONSOUR
RSW
JUNE 6, 1995
SHOWN
1021
3
3

REVISIONS	BY
9/22/94	RM
9/25/94	RM
10/10/94	RM
10/17/95	RM

RAMMS ENGINEERING, INC.
Structural Design
 2100 W. 76th STREET, SUITE 311
 MIAMI, FLORIDA 33116
 BR 070024

Climatkol South
 9615 NW 80th Avenue
 Hialeah Gardens, Fla.

DATE	7/27/95
BY	[Signature]
PRODUCT CONTROL DIVISION	
BUILDING CODE COMPLIANCE OFFICE	
ACCEPTANCE NO.	95-0615.02
	2
	3

(2X3, 2X4, 2X5 AND 2X6 BOX BEAMS)

USE 1/8" X 2" X 8" STRAPS WITH 6 #14 SMS TOTAL (3 EACH SIDE OF SPLICE) 3" AND 4" BEAMS!

(2X7, 2X8, 2X9 AND 2X10 BOX BEAMS)

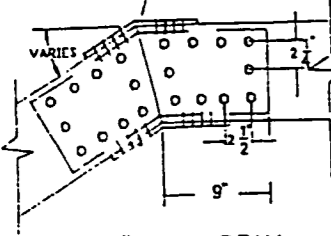
USE 1/8" X 2" X 12" STRAPS WITH 14 #14 SMS TOTAL

3/16" X 1 1/4" STRAPS MAY BE USED IN PLACE OF 2" STRAPS.

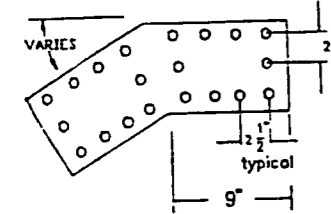
ALL PLATES

3/16" PLATES WITH #14 SMS AS SHOWN CUT PLATES TO FIT INSIDE OF BOX BEAMS AS SHOWN IN DETAIL

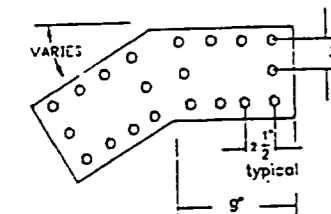
72"



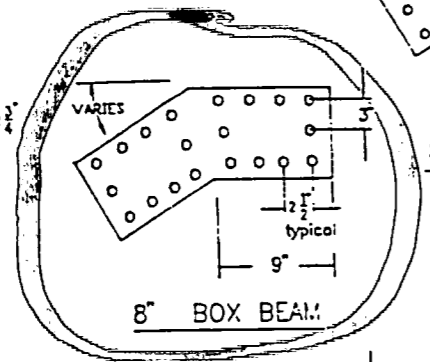
6" BOX BEAM



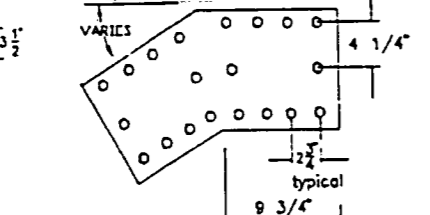
7" BOX BEAM



9" BOX BEAM

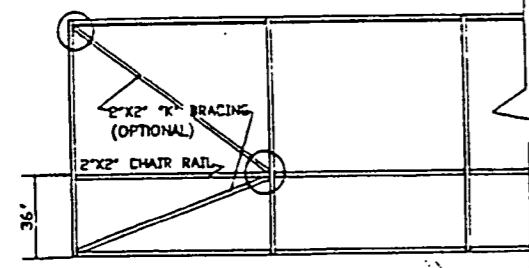


8" BOX BEAM

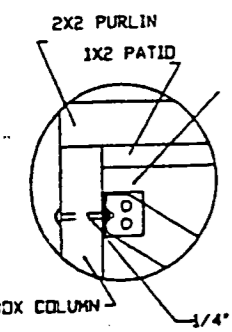


10" BOX BEAM

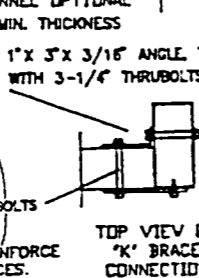
MANSARD BOX BEAM SPLICE DETAIL



TYPICAL ELEVATION

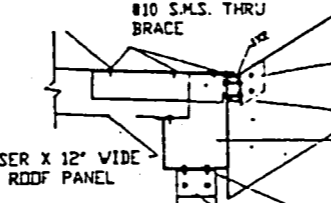
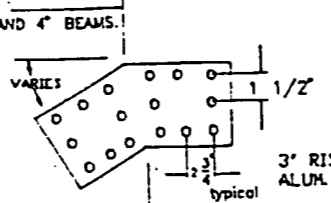


K - BRACE DETAILS



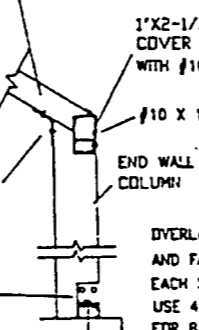
ALTERNATE BRACE DETAILS

1X2X3/16" ANGLE 10" LONG AT EACH SCREEN ROOF BEAM



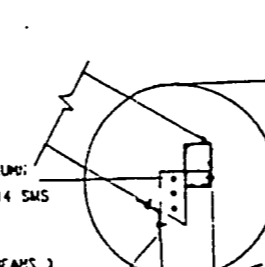
STRUCTURAL GUTTER DETAIL

2X2 ROOF MEMBERS.



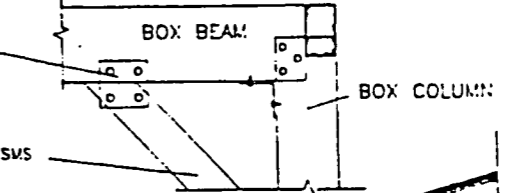
END WALL POST DETAIL

CORNER DETAIL



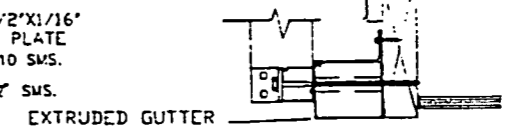
BEAM TO COLUMN CONNECTION

5" X 4" X 1/8" PLATES WITH 4 #14 SMS AS SHOWN.

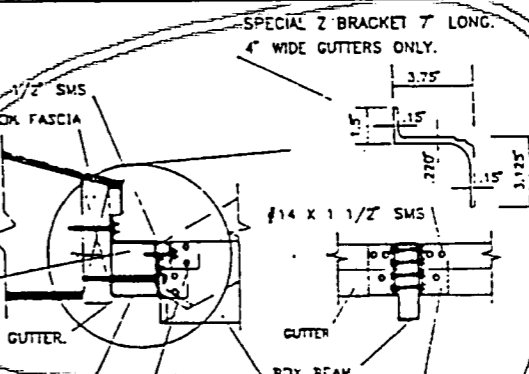


BOX BEAM TO BOX COLUMN

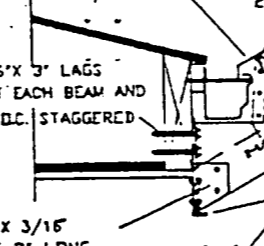
DOUBLE 202 WITH 3/8" X 6" LAGS, 2 AT EA. COL. AND AT 24" O.C.



FASCIA CONNECTION FOR DOMES

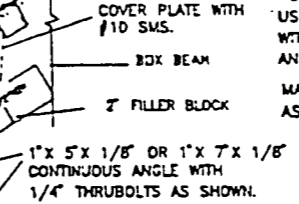


CONTINUOUS DIVERTER (optional)



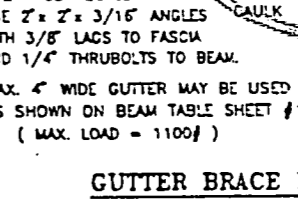
CONTINUOUS DIVERTER

INDICATES 3/8" X 6" LAGS AT EACH BEAM



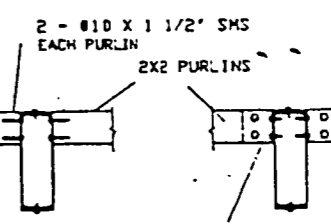
BEAM CONNECTION

INDICATES 3/8" X 6" LAGS AT EACH BEAM LOCATION



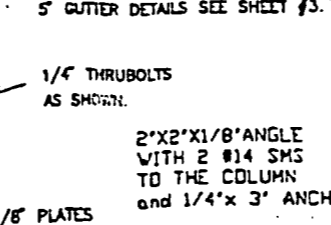
BEAM CONNECTION

GUTTER BRACE DETAIL



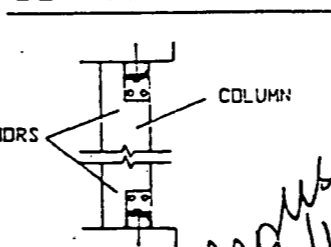
GUTTER BRACE DETAIL

2X2X3/16" ANGLE W/ 1/4" X 3" ANCHORS AND #14 SMS. USE 3/8" ANCHORS FOR 2X7 AND GREATER BEAMS.



BOX BEAM DETAILS

BOX BEAM DETAILS



BOX BEAM DETAILS

PRODUCT RENEWED

ACCEPTANCE NO. 95-0731.16

EXPIRATION DATE DECEMBER 11, 2000

PRODUCT CONTROL DIVISION

BUILDING CODE COMPLIANCE OFFICE

REPRODUCTION AND APPROVAL OF THIS PLAN OR ANY PART THEREOF FOR CONSTRUCTION OR ANY OTHER USE SHALL ONLY BE DONE BY RAMMS ENGINEERING, INC.

THIS PLAN IS INVALID UNLESS SIGNED AND SEALED BY ROBERT S. MONSOUR FOR EACH SUBMITTAL.

PORCH DETAILS.

Monsour
 6/12/95

NON-COASTAL ZONE (ASCE 7-88)

BEAM AND COLUMN SCHEDULE

MARK	SIZE	T1	T2	TYPE	MAX. BEAM SPANS AT GIVEN SPACINGS							
					5'-0"	5'-6"	6'-0"	6'-6"	7'-0"	7'-6"	8'-0"	
Box Bm.	2 x 2	.055	.055	HOLLOW	6'-11"	6'-9"	6'-7"	6'-4"	6'-3"	6'-1"	5'-11"	
Box Bm.	2 x 3	.055	.055	SNAP	9'-7"	9'-3"	9'-0"	8'-9"	8'-7"	8'-4"	8'-2"	
Box Bm.	2 x 4	.062	.062	SNAP	12'-6"	12'-2"	11'-9"	11'-5"	11'-2"	10'-11"	10'-8"	
Box Bm.	2 x 4	.120	.055	LAP	14'-3"	13'-9"	13'-4"	13'-0"	12'-8"	12'-5"	12'-2"	
Box Bm.	2 x 5	.062	.062	SNAP	15'-1"	14'-7"	14'-2"	13'-9"	13'-5"	13'-2"	12'-10"	
Box Bm.	2 x 6	.130	.055	LAP	19'-10"	19'-5"	18'-8"	18'-2"	17'-9"	17'-4"	16'-9"	
Box Bm.	2 x 6	.120	.062	SNAP	19'-11"	19'-4"	18'-9"	18'-3"	17'-10"	17'-5"	17'-1"	
Box Bm.	2 x 7	.130	.068	SNAP	22'-11"	22'-5"	21'-7"	21'-0"	20'-6"	20'-1"	19'-7"	
Box Bm.	2 x 7	.130	.055	LAP	21'-7"	20'-7"	19'-9"	18'-11"	18'-3"	17'-8"	17'-1"	
Box Bm.	2 x 7	.280	.070	LAP	27'-1"	26'-3"	25'-5"	24'-9"	24'-2"	23'-7"	23'-2"	
Box Bm.	2 x 8	.224	.072	LAP	28'-8"	27'-9"	26'-11"	26'-3"	25'-7"	25'-2"	24'-6"	
Box Bm.	2 x 8	.224	.082	LAP	29'-0"	28'-2"	27'-3"	26'-7"	25'-11"	25'-4"	24'-10"	
Box Bm.	2 x 9	.224	.072	LAP	31'-5"	30'-5"	29'-3"	28'-1"	27'-1"	26'-2"	25'-4"	
Box Bm.	2 x 9	.320	.082	LAP	34'-3"	33'-3"	32'-3"	31'-5"	30'-8"	30'-0"	29'-4"	
Box Bm.	2 x 10	.360	.092	LAP	38'-7"	37'-4"	36'-4"	35'-4"	34'-6"	33'-8"	33'-0"	

PURLIN TABLE HEAVY LINE INDICATES MAXIMUM SPAN FOR 4" GUTTER "Z" BRACKET. NO LIMIT TO 5" GUTTER BRACKET.

MARK	SIZE	T1	T2	TYPE	MAXIMUM SPAN
2 x 2	.055	.055	HOLLOW	MAXIMUM SPAN = 7'-0" AS PURLIN AND CHAIRRAIL	
2 x 3	.055	.055	HOLLOW	MAXIMUM SPAN = 8'-0" AS PURLIN AND CHAIRRAIL	

NOTE: MAXIMUM SPACING OF PURLINS = 84". MAXIMUM AREA IN ANY PANEL = 56 SQ. FT.
 MAXIMUM SPACING OF 2X2 CHAIRRAILS = 60" AVG.
 MAXIMUM SPACING OF 3X2 CHAIRRAILS = 72" AVG. SPANS SHOWN ABOVE ARE CLEAR SPANS. 4" MAY BE ADDED TO EACH SPAN SHOWN.

MARK	SIZE	T1	T2	TYPE	MAX. COLUMN HEIGHTS AT GIVEN SPACINGS							
					5'-0"	5'-6"	6'-0"	6'-6"	7'-0"	7'-6"	8'-0"	
Box Col.	2 x 3	.055	.055	SNAP	6'-8"	6'-6"	6'-2"	5'-11"	5'-9"	5'-7"	5'-4"	
Box Col.	2 x 4	.062	.062	SNAP	9'-2"	8'-8"	8'-4"	8'-0"	7'-9"	7'-5"	7'-3"	
Box Col.	2 x 4	.120	.055	LAP	11'-1"	10'-7"	10'-3"	9'-8"	9'-4"	9'-0"	8'-9"	
Box Col.	2 x 5	.062	.062	LAP	13'-4"	12'-9"	12'-2"	11'-9"	11'-4"	10'-11"	10'-7"	
Box Col.	2 x 6	.130	.055	LAP	15'-10"	15'-1"	14'-5"	13'-10"	13'-4"	12'-11"	12'-6"	
Box Col.	2 x 7	.130	.055	SNAP	16'-6"	15'-9"	15'-1"	14'-5"	13'-11"	13'-6"	13'-0"	
Box Col.	2 x 7	.280	.070	LAP	22'-0"	21'-4"	20'-9"	20'-1"	19'-4"	18'-8"	18'-1"	
Box Col.	2 x 8	.224	.082	LAP	23'-10"	23'-1"	22'-3"	21'-3"	20'-5"	19'-9"	19'-2"	

NOTE: MAX SPACING OF CHAIRRAILS IS 78" SPANS SHOWN ABOVE ARE CLEAR SPANS. 4" MAY BE ADDED TO EACH SPAN SHOWN.
 2X3 AND 2X4 NON-LOAD BEARING BOX COLUMNS MAY BE INCREASED AN ADDITIONAL 10 X TO THE HEIGHTS SHOWN ABOVE.
 ALL OTHER COLUMNS TO REMAIN THE SAME.

DESIGN CRITERIA: SOUTH FLORIDA BUILDING CODE
 ASCE 7-88

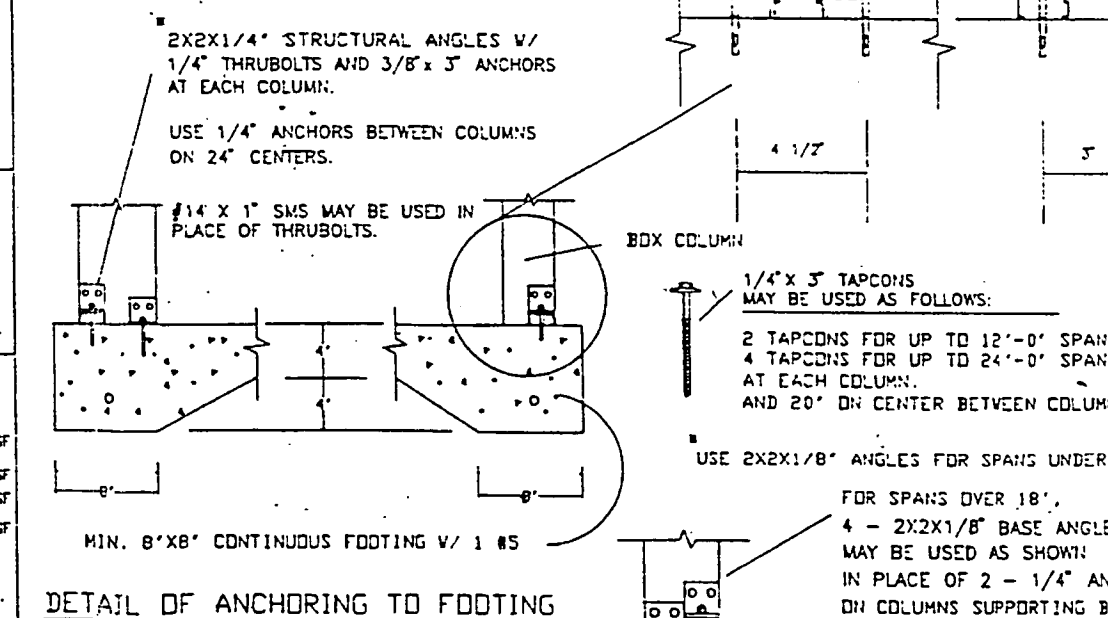
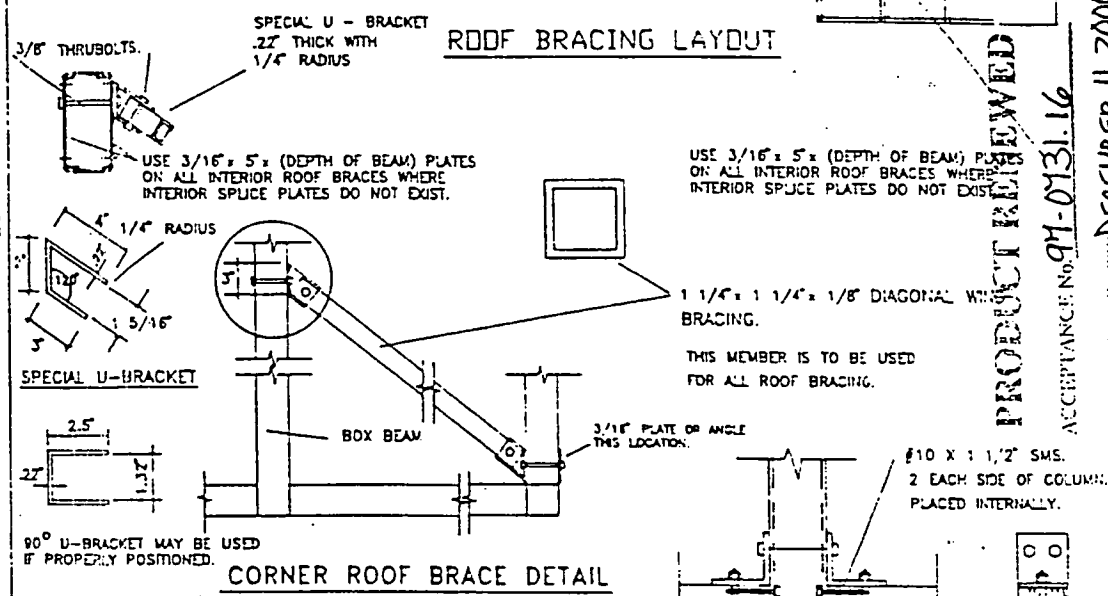
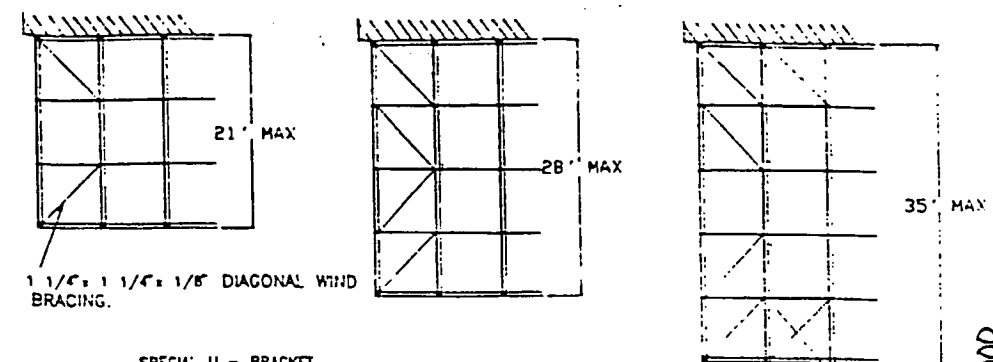
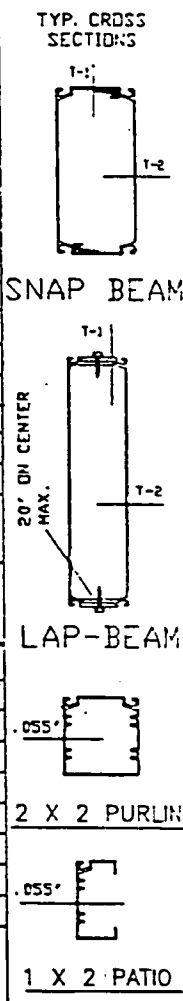
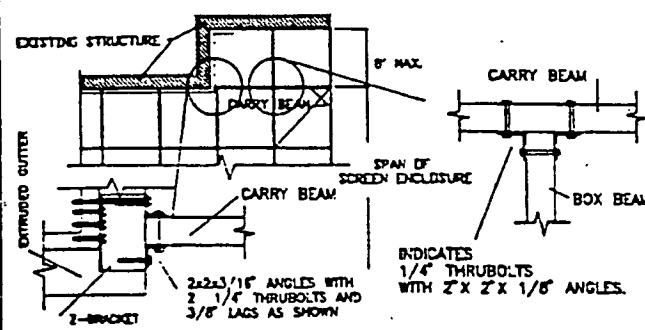
WALLS DESIGN WIND LOAD IN & OUT _____ 19.6 PSF
 TEST LOAD WIND IN & OUT _____ 29.4 PSF
 ROOF LIVE LOAD UP & DOWN _____ 10.6 PSF
 TEST LOAD UP & DOWN _____ 15.9 PSF

DEFLECTION LIMITATION: _____ L/80
 ALUMINUM ALLOY 6063-T6 UNLESS OTHERWISE SPECIFIED.

CARRY BEAM TABLE

CLEAR SPAN OF 2 X 6 CARRY BEAM	MAX SPAN OF SCREEN ENCLOSURE	CLEAR SPAN OF 2 X 7 CARRY BEAM	MAX SPAN OF SCREEN ENCLOSURE
10'-0"	MAXIMUM	14'-0"	MAXIMUM
12'-0"	MAXIMUM	16'-0"	27'-7"
14'-0"	MAXIMUM	18'-0"	20'-1"
16'-0"	23'-4"	20'-0"	14'-9"
18'-0"	14'-0"	22'-0"	10'-1"

MAXIMUM SPAN SHOWN IN BEAM TABLE ABOVE.



ANCHOR BOLTS TO EXTEND 1 1/4" BEYOND CHATT. OR BRICK PAVEMENT SURFACES

NOTE: COLUMNS ALONG END WALLS REQUIRE ONE PAIR OF 2X2X1/8" ANGLES UNLESS COLUMNS ARE 2XS OR GREATER. THEN TWO PAIR OF ANGLES ARE REQUIRED.

REPRODUCTION AND APPROVAL OF THIS PLAN OR ANY PART THEREOF FOR CONSTRUCTION OR ANY OTHER USE SHALL ONLY BE DONE BY RAMMS ENGINEERING, INC.

THIS PLAN IS INVALID UNLESS SIGNED AND SEALED BY ROBERT S. MONSOUR FOR EACH SUBMITTAL.

PRODUCT REVIEWED
 ACCEPTANCE NO. 95-065.02
 EXPIRATION DATE: DECEMBER 11, 2000
 BY: *Robert S. Monsour*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE

REVISION	BY
9/12/94	CM
9/29/94	RM
10/6/94	RM
10/12/95	RM

RAMMS ENGINEERING, INC.
Structural Design
 2100 W. 76th STREET, SUITE 311
 HIALEAH, FLORIDA 33016

Climatrol South
 9615 NW 80th Avenue
 Hialeah Gardens, Fla.

APPROVED	7/27/95
DATE	7/27/95
BY	<i>[Signature]</i>
1097	
31	

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THU~~ ~~FRI~~ ~~SAT~~ ~~SUN~~, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5205	CARLSON	FINAL	Passed	
8	7 KINGSTON ST. PIONEER	SCREEN ENCL.		INSPECTOR: [Signature] 2/7/2
✓ 5270	O'Keefe	TT + Mold	TT Passed	Hold Incomplete 263 0116
9	29 Fieldway Dr. Pacific			INSPECTOR: [Signature] 2/3/2
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

5520

FENCE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 8/30/01

BUILDING PERMIT NO. 5520

Building to be erected for WILLIAM CARLSON

Type of Permit FENCE (PVC/CHAIN)

Applied for by UNITED FENCE & STEEL CO.

(Contractor)

Building Fee \$ 30.00

Subdivision KINGSTON CT. Lot 4 Block _____

Radon Fee _____

Address 7 KINGSTON COURT

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

13-38-41-010-000-00040-70000

Plumbing Fee _____

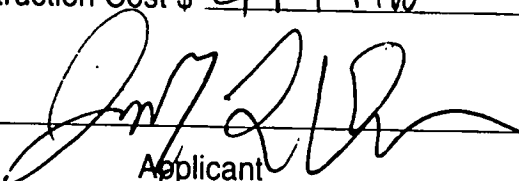
Amount Paid \$ 30.00 Check # 1257 Cash _____

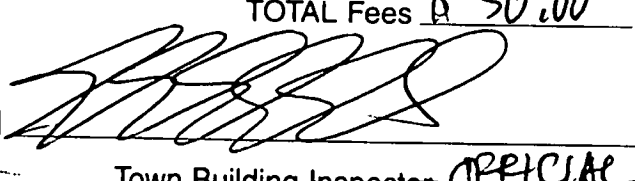
Other Fees (_____) _____

Total Construction Cost \$ 2,444.00

Roofing Fee _____

TOTAL Fees \$ 30.00

Signed  Applicant

Signed  Town Building Inspector OFFICIAL

FENCE PERMIT

INSPECTIONS

SETBACKS
FOOTINGS

DATE _____
DATE _____

HEIGHT
FINAL

DATE _____
DATE 9/21/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction **Remodel** **Addition** **Demolition**

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

**FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**



Town of Sewall's Point
BUILDING PERMIT APPLICATION RECEIVED

Bldg. Permit Number: 5520

Owner or Titleholder's Name: William Carlson Phone No. () 283 2111
 Street: 7 Kingston Ct City: Sewall Pt. State: FL Zip: _____
 Legal Description of Property: Lot 4 "Kingston Court"
 Parcel Number: 13-3841-00-000-00040-70000

Location of Job Site: 7 Kingston Ct Sewall's Point FL
 TYPE OF WORK TO BE DONE: Install 42' of 5' closed Picket P.V.C. + 35' of 5' c.o.l.

CONTRACTOR/Company Name: United Fence & Steel Phone No. (561) 335 2627
 Street: 367 Notlem Dr City: Ft Pierce State: FL Zip: 34982
 State Registration: Martin County Comp # SP-00541 State License: _____

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
 Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
 Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size: _____ AMPS

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

COSTS AND VALUES
 Estimated cost of construction or Improvement: \$ \$2444.00
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
 Method of determining Fair Market Value: _____

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

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

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

OWNER or AGENT SIGNATURE (Required)

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

CONTRACTOR SIGNATURE (Required)
George Quinn
 Contractor
 State of Florida, County of: St Lucie On this the 16th day of August, 2000,
 by GEORGE QUINN who is personally known to me or produced _____ as identification.

Notary Public
 My Commission Expires: _____ (Seal)

Notary Public
 My Commission Expires: June 28 2003





TREE REMOVAL (Attach sealed survey)

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

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

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

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

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

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

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

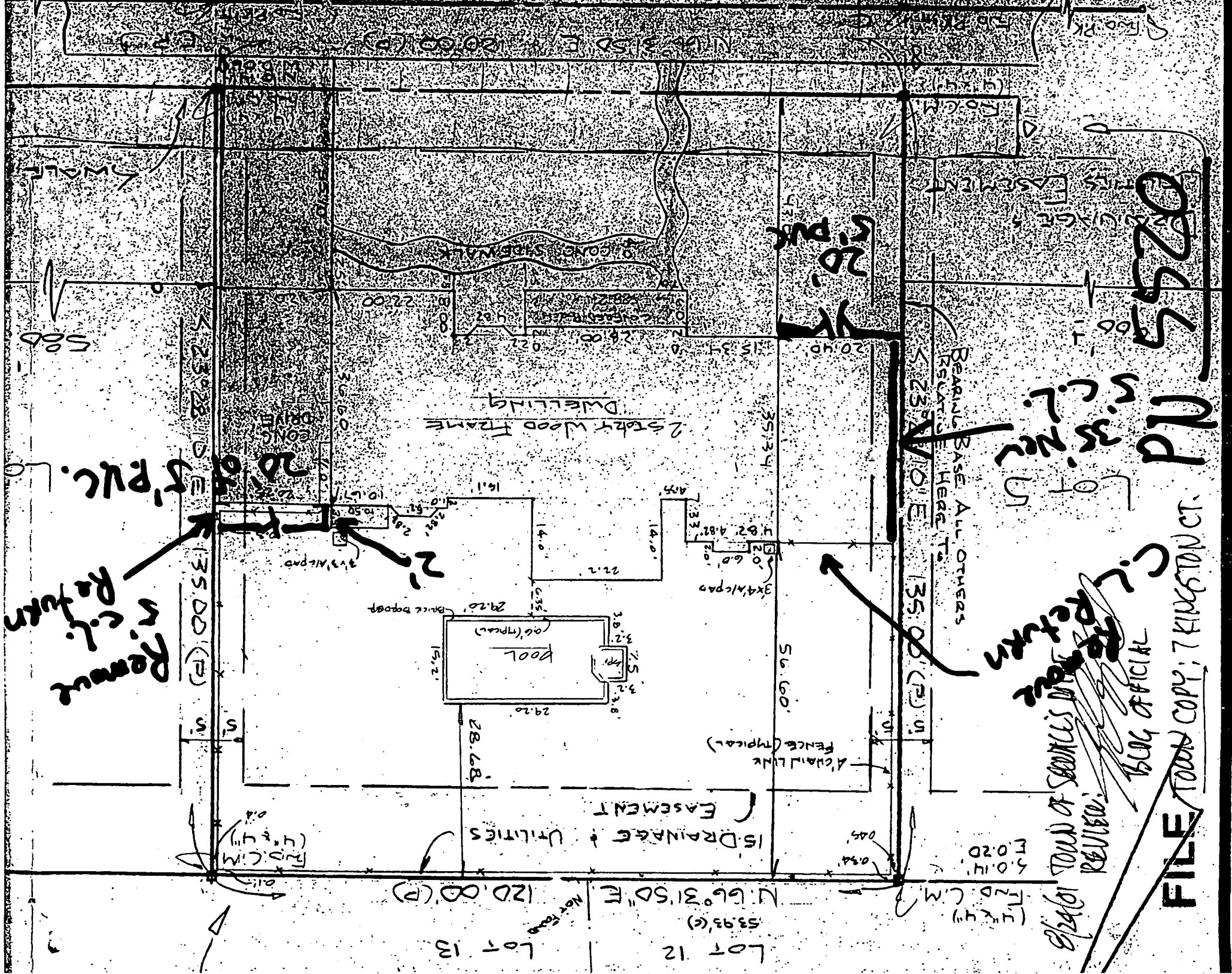
ADDITIONAL Required Documents are:

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

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

Approved by Building Official:  Date: 8/24/07

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



20' of 5" PVC
 u.c. returns
 u.c. returns

5.20' x 5.20'

8/24/01 TOWN OF SEABOARD'S REVIEW
 REVIEWED: [Signature]
 TOWN OFFICIAL
 [Signature]

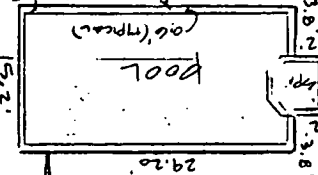
PU 5520
 5520

FILE TOWN COPY; 7 KINGSTON CT.

BEARING BASE ALL OTHERS
 RESURVEY HERE TO
 135.00 (P) IN

15' DRAINAGE + UTILITIES
 EASEMENT

2 Story Wood Frame
 Dwelling



4' Chain Link
 Fence (Typical)

14' x 4'
 720 C.M.
 5.014
 5.020

Lot 12
 53.93 (G)
 N. 66° 31' 50" E
 120.00 (P)

35.00 (P) IN

23.02 (P) IN

S.D.

5.20' x 5.20'
 5.20' x 5.20'

22.50' x 5.20' EASEMENT

100' IN

5.20' x 5.20'

100' IN

4' x 4"
 FUD. C.M.

Lot 13
 120.00 (P)

Bill Carlson 7 Kingston Ct Jewall's Pt

MATERIAL LIST

5' Closed Picket (Flat top) P.V.C.

1 1/2" x 1/2" upright Pickets

2" x 4" Top + Bottom Rails

5" x 5" Poles Maximum Space 6'

5' Green Vinyl Chainlink

2 1/2" End Poles

1 5/8" Line poles

1 3/8" Top Rail

All Green Vinyl coated

9ga. Vinyl wire

Maximum Pole spacing 8'

United Fence

Joe Duncan

2014241

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
05/01/01

PRODUCER
Admiral Insurance Assocs. Inc. *PERMIT*
2213 South Kanner Highway
Stuart, FL 34994
561 781-1099

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
George Quinn
dba ~~XXXXXXXXXX~~
367 Nottem Dr
Ft. Pierce, FL 34982 *lic/ins.*

INSURERS AFFORDING COVERAGE
INSURER A: ESSEX INSURANCE CO.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

RECEIVED
MAY - 2 2001

COPY

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	2295256	04-30-01	04-30-02	EACH OCCURRENCE \$100,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$100,000 GENERAL AGGREGATE \$200,000 PRODUCTS - COMP/OP AGG \$200,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER | **ADDITIONAL INSURED; INSURER LETTER:** | **CANCELLATION**

~~City of Sewells Point~~
1 S Sewells Point Road
Sewells Point, FL 34996

220-4765

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 *[Signature]*

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the written instructions prepared by the **PAID** Division of Workers' Compensation before completing this form.

STATE USE ONLY

Effective/Issue Date: _____

Expiration Date: _____

Control Number: _____

Postmark Date: NPD

Received Date: _____

1799-00980018

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application - refer to the instruction sheet for more details.

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY Sole Proprietor Partner Corporate Officer (your corp. title: _____)

NON-CONSTRUCTION INDUSTRY Corporate Officer (your corp. title: _____)

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"):

N/A

RECEIVED
JAN 10 2000

Are you a sole proprietor, partner, or corporate officer in any business entity other than WEST PALM BEACH business to which this application applies?

NO YES list the name of all other businesses in which you have an ownership interest: _____

BUREAU OF W-C COMPLIANCE
WEST PALM BEACH

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: UNITED FENCE & STEEL Trade Name; d/b/a; or a/k/a: _____

Business Mailing Address: 367 NOTLEM DR City: FT. PIERCE State: FLA Zip: 34982

County: ST. LUCIE Phone No.: (888) 3352627 Nature of Business: FENCE INSTALLATION FEIN: _____

Unemployment Compensation Tax No: _____ Date Business Established: 5.18.78 No. of Employees: NONE

Do you have a certified or registered license issued to you pursuant to Chapter 489, Florida Statutes? YES - identify the license and list the license no. of all licenses issued to you: SP. 541, SP. 204, 16723, 62 NO

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §44 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

GEORGE QUINN
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

054,34,6262 6,4,14
SOCIAL SECURITY NO. mo. day y

1.10.00
DATE OF BIRTH

George Quinn
APPLICANT'S SIGNATURE

NOTARY STATE OF FLORIDA, COUNTY OF St. Lucie

DATE SIGNED

Sworn to and subscribed before me this 10th day of January, 2000, by GEORGE QUINN

Personally Known OR Produced Identification _____ Type of Identification Produced _____

NOTARY SIGNATURE Nancy Barnes Monaghan
LES FORM BCM-250-T
Revised 12/17/98

My Commission Expires: Jul 28, 2003

NANCY BARNES MONAGHAN
NOTARY PUBLIC
STATE OF FLORIDA
EXPIRES: Jul 28, 2003
Nancy Barnes Monaghan Service & Bonding Co.

(SEE REVERSE FOR ADDITIONAL INFORMATION)

FILE
he/rus

RECEIVED
OCT 12 2000
BY: *[Signature]*

MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: **SP04541**
 Expires **September 30, 2001**

CUMMINS, GEORGE S
UNITED FENCE CO

367 NOTLEM DR
 FT PIERCE, FL 34982
 FENCE ERECTION

[Faint illegible text]

[Small mark]

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Thu Fri Sat Sun, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5526 N (9)	PERE 61 N. RIVER RD. O/B	ROUGH PLUMBING	PASSED	INSPECTOR: SA
✓ 5520 S (3)	CARLSON UNION ST. UNITED FENCE (JOB: 335-2627)	FINISH FENCE	PASSED	INSPECTOR: ED. SA
✓ 5434 S (4)	LARSEN 11 LAUTANA LAVE UNITED FENCE	FENCE - FINAL	FAILED (PERMIT NOT AVAILABLE TO SIGN)	FENCE/GATE EXCEED 7'-0" MAX. ALLOW. HGT. INSPECTOR: SA
✓ 5455 S (2)	ATEW 103 ABBIE COURT GRIBBED COURT.	TIE BM. (NEED ENGR LTR)	FAILED	FIELD CC FORMS ON (11) SURVEY TO SITE. OPEN SUBS: H/C & R/G INSPECTOR: ED. SA
✓ 5363 N (8)	JOHNSON 2 OAK HILL WAY DRIFTWOOD	ROOF SHEATHING (PARTIAL)	PASSED	(2 W/ FL RE # 151 FL-100110) INSPECTOR: SA
✓ TIR N (7)	YETTI (VACANT) 122 N. SPR ALL CLEAR INC	FIELD VERIF. (REINSPECTION)		TREE LOCATION VERIFIED W/OWNER INSPECTOR:
4874	SMITH 133 S. RIVER RD. DREDGE & MARINE	DOCK FINAL PAKE-284-2645	PASSED	SEE PAGE 2 INSPECTOR:

OTHER:

6724

HURRICANE SHUTTERS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/23/04

BUILDING PERMIT NO. 6724

Building to be erected for CARLSON

Type of Permit HURRICANE SHUTTE

Applied for by STORM DEPOT

(Contractor)

Building Fee 90.95

Subdivision KINGSTON

Lot 9

Block _____

Radon Fee _____

Address 7 KINGSTON COURT

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

133841010000000407000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 90.95 Check # 888 Cash _____

Other Fees (_____)

Total Construction Cost \$ 9474.00

TOTAL Fees 90.95

Signed Ellis Hyers
Applicant

Signed Gene Simmons
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 _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/01/2004

PRODUCER
A BETTER DEAL AUTO INSURANCE
1026 SW BAYSHORE BLVD.
PT. ST. LUCIE
772-871-5455

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
STORM DEPOT HURRICAN SHUTTER, INC
ELLIS HYERS
740 BUCK HENDRY WAY
STUART FL 34994

INSURER A: **NATIONAL INSURANCE CO**
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.

HR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OSPL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	2025-04-0612	3-31-04	3-31-05	EACH OCCURRENCE: \$ 500,000
	FIRE DAMAGE (Any one fire): \$ 100,000 MED EXP (Any one person): \$ 5,000 PERSONAL & ADV INJURY: \$ 500,000 GENERAL AGGREGATE: \$ 500,000 PRODUCTS - COMP/DP AGG: \$ 500,000				
	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 (E & auto): \$ BODILY INJURY (Per person): \$ BODILY INJURY (Per person): \$ PROPERTY DAMAGE (Per accident): \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - SA ACCIDENT: \$ OTHER THAN AUTO ONLY: EAACC \$, AAD \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE: \$ AGGREGATE: \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				<input type="checkbox"/> MC STAT. <input type="checkbox"/> DTH TORY LIMITS <input type="checkbox"/> & D E.L. EACH ACCIDENT: \$ E.L. DISEASE - EA EMPLOYEE: \$ E.L. DISEASE - POLICY LIMIT: \$
	OTHER				

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

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
TOWN OF SEWALLS POINT CONTRACTORS LICENSING 15 SEWALLS POINT SEWALLS POINT FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED IN 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 <i>J. Miracapelli</i>

STORM
DEPOT
ELLIS
260-7714

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/06/04

PRODUCER
Providence Property & Casualty Insurance Company
2995 L.R.J. Freeway, Ste. 121
Dallas, TX 75234

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
SkillStaff, Inc./The AYS Group, Inc. dba AYS Employee Leasing
2145 14th Avenue, Ste. 6
Vero Beach, FL 32960
L/C/F

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Providence Property & Casualty Insurance Company	28711
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 ADPT LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/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"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL If yes, describe under SPECIAL PROVISIONS below	WC0100064	01/01/04	01/01/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

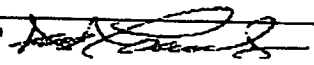
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Workers' compensation coverage is provided by contract to all employees of SkillStaff, Inc. & The AYS Group, Inc. dba AYS Employee Leasing. Employees are provided by contract to Storm Depot by The AYS Group, Inc. dba AYS Employee Leasing and any employees working under the directive of the mentioned companies are covered by the referenced policy effective 01/01/04.

772-692-8501

CERTIFICATE HOLDER

 Town of Sewalls Point
 Contractors Licensing
 15 Sewalls Point

 Stuart, FL 34996

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



MARTIN COUNTY, FLORIDA

Construction Industry Lic Bd

Certificate of Competency

License: SP02740

Expires September 30, 2004

Name: ELLIS C HYERS

Company: STORM DEPOT

Address: 740 NW Buck Hendry Way

City, ST: Stuart FL 34994

License Type: ALUMINUM W/CONC

RECEIVED

DEC 18 2003

Town of Sewall's Point

BUILDING PERMIT APPLICATION

BY: Owner or Titleholder Name: William Carlson City: Sewalls Pt State: FL Zip: 34994
Legal Description of Property: Lot 4 Kingston Ct. Parcel Number: 133841010000000407 0000
Location of Job Site: 7 Kingston Ct Type of Work To Be Done: Shutters

CONTRACTOR/Company Name: Ellis Hyers / Storm Dept Phone Number: 692-3300
Street: 740 NW Buck Hendry Way City: Stuart State: FL Zip: 34994
State Registration Number: State Certification Number: Martin County License Number: SP02740

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

ENGINEER: Tillet Testing and Eng Phone Number: 305-871-1530
Street: 6595 NW 38th St Virginia Gardens City: FL State: Zip:

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: ScreenedPorch:
Carport: Total Under Roof Wood Deck: Accessory Building:
Type Sewage: Septic Tank Permit Number From Health Dept. 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: 9474.00 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

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) Ellis Hyers
State of Florida, County of: Manatee
This the 18 day of Dec, 2003
by Ellis Hyers who is personally
known to me or produced IDL 41020203533200
as identification. [Signature]

My Commission Expires: 1/5/06
Laurie Liguori
Notary Public
My Commission DD077944
Expires January 05, 2006

CONTRACTOR SIGNATURE (Required) Ellis Hyers
On State of Florida, County of: Manatee
This the 18 day of Dec, 2003
by Ellis Hyers who is personally
known to me or produced IDL
as identification. [Signature]

My Commission Expires: 1/5/06
Laurie Liguori
Notary Public
My Commission DD077944
Expires January 05, 2006



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____ TAX FOLIO # 13-38-41-01-000000/407

NOTICE OF COMMENCEMENT

STATE OF Florida COUNTY OF Martin

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

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

Lot 7 7 Kingston Ct Sewalls Point FL 34994

GENERAL DESCRIPTION OF IMPROVEMENT:

OWNER: William Carlson

ADDRESS: 7 Kingston Ct Sewalls Point FL

PHONE #: 283-2111 FAX #: _____

CONTRACTOR: Ellis Hyers / Storm Depot

ADDRESS: 740 N.W Buck Hendry Way Stuart FL 34994

PHONE #: 692-3300 FAX #: 692-8501

SURETY COMPANY(IF ANY) _____

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: Storm Depot

ADDRESS: 740 NW Buck Hendry Way Stuart FL 34994

PHONE #: 692-3300 FAX #: 692-8501

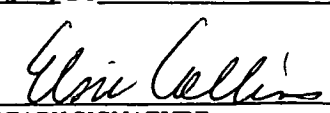
IN ADDITION TO HIMSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

PHONE #: _____ FAX #: _____

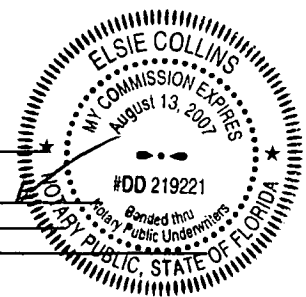
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

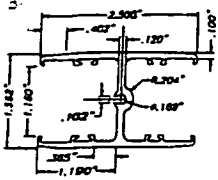

SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 22 DAY OF December 19 2003 BY _____

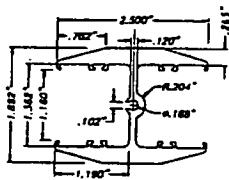

NOTARY SIGNATURE

OR PERSONALLY KNOWN PRODUCED ID TYPE OF ID _____

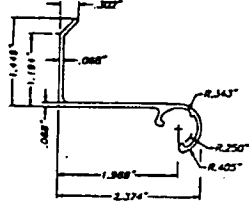




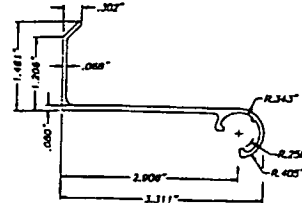
A1 REGULAR INTERIOR MULLION
6005-73 Alum. ALLOY
SCALE: 1/2" = 1"



A2 HEAVY INTERIOR MULLION
6005-73 Alum. ALLOY
SCALE: 1/2" = 1"

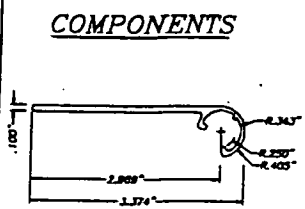


B FEMALE HINGE
SCALE: 1/2" = 1"

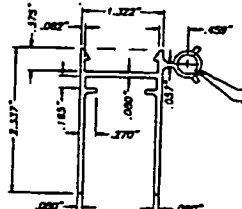


C 1" B.^o. FEMALE HINGE
SCALE: 1/2" = 1"

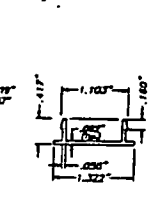
COMPONENTS



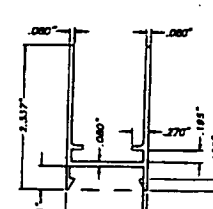
D FLAT FEMALE HINGE
SCALE: 1/2" = 1"



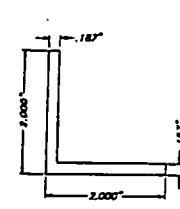
E BAHAMA MALE FRAME
SCALE: 1/2" = 1"



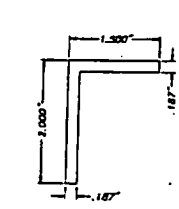
F SNAP CAP
SCALE: 1/2" = 1"



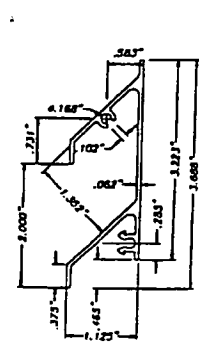
G BAHAMA FRAME
SCALE: 1/2" = 1"



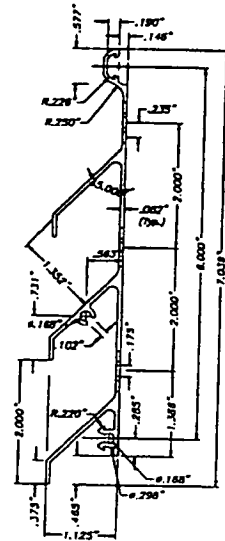
H CORNER KEY
1" LONG
SCALE: 1/2" = 1"



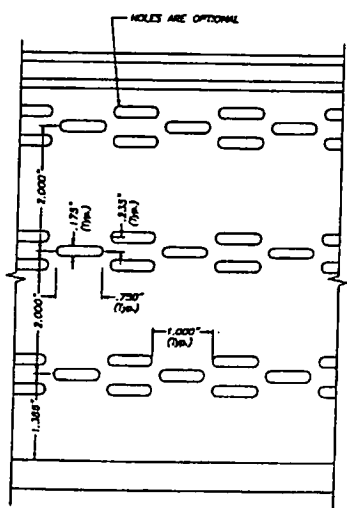
N WALL MOUNT
Alum. BRACKET
4" LONG
SCALE: 1/2" = 1"



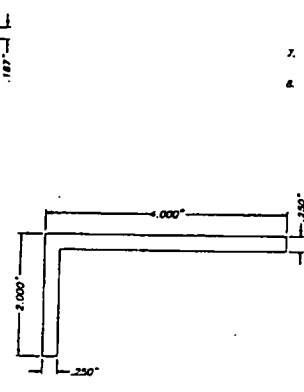
I HALF SHUTTER
BLADE
SCALE: 1/2" = 1"



J SHUTTER BLADE
SCALE: 1/2" = 1"



O BUILD-OUT
Alum. BRACKET
4" LONG
SCALE: 1/2" = 1"



P BUILD-OUT
SIDE BRACKET
4" LONG
SCALE: 1/2" = 1"

GENERAL NOTES:

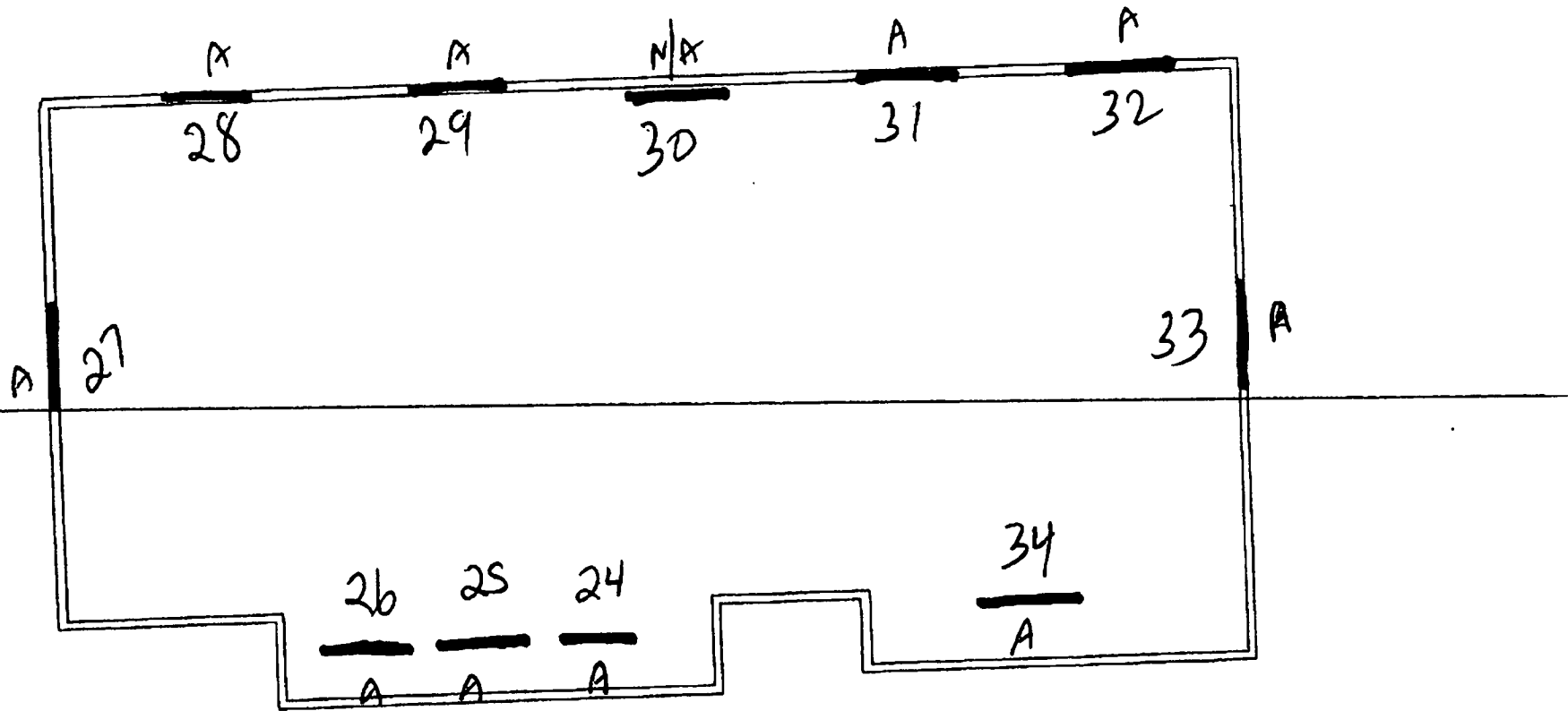
- BAHAMA SHUTTER SHOWN ON THIS PRODUCT EVALUATION DOCUMENT (P.E.D.) HAS BEEN DESIGNED IN ACCORDANCE WITH THE 2001 EDITION OF THE FLORIDA BUILDING CODE. THIS BAHAMA SHUTTER SHALL NOT BE INSTALLED AT HIGH VELOCITY HURRICANE ZONES (DAZE/ BROWARD COUNTIES). DESIGN WIND LOADS SHALL BE DETERMINED AS PER SECTION 1809 OF THE ABOVE MENTIONED CODE FOR A BASIC WIND SPEED AS REQUIRED BY THE JURISDICTION WHERE THE SHUTTER WILL BE INSTALLED, AND FOR A DIRECTIONALITY FACTOR $K_d=0.65$, IN ACCORDANCE W/ ASCE 7-98 SEAWINDS. BAHAMA SHUTTER'S ADEQUACY FOR IMPACT AND FATIGUE RESISTANCE HAS BEEN VERIFIED IN ACCORDANCE WITH SECTION 1808.1.4 OF THE ABOVE MENTIONED CODE AS PER AIL REPORT # 0022.01-97.
- ALL ALUMINUM EXTRUSIONS SHALL BE 6063-T5 ALLOY (UNLESS OTHERWISE NOTED).
- ALL SCREWS TO BE STAINLESS STEEL 304 OR 316 SERIES W/ 30 OR 50 KSI YIELD POINT AND 50 KSI TENSILE STRENGTH.
- ALL ALUMINUM POP RIVETS TO BE 5052 ALUMINUM ALLOY WITH ALUMINUM IMPREG.
- BOLES TO BE 2024-T4 ALUMINUM ALLOY GALVANNEZED OR STAINLESS STEEL WITH 33 KSI MINIMUM MINIMUM YIELD POINT.
- ANCHORS TO WALL SHALL BE AS FOLLOWS: (UNLESS OTHERWISE NOTED)
 - (A) TO EXISTING POURED CONCRETE:
 - 1/4" Ø DAPCON ANCHORS AS MANUFACTURED BY L.T.R. BUILDEX, INC.
 - 1/4" Ø x 7/8" CALK-IN ANCHORS AS MANUFACTURED BY POWERS FASTENINGS, INC.
 - NOTES:
 - A.1) MINIMUM EMBEDMENT OF DAPCON ANCHORS INTO POURED CONCRETE IS 1 1/2".
 - A.2) CALK-IN ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE POURED CONCRETE. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" Ø-20 SCREWS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST AND 1" MINIMUM FOR WALLS WITH NO STUCCO.
 - A.3) IN CASE THAT PRECAST STONE, PRECAST CONCRETE PANELS, OR PAVERS BE FOUND ON THE EXISTING WALL OR FLOOR, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. ANCHORAGE SHALL BE AS INDICATED ON NOTES A.1) & A.2) ABOVE.
 - (B) TO EXISTING CONCRETE BLOCK WALL:
 - 1/4" Ø DAPCON ANCHORS AS MANUFACTURED BY L.T.R. BUILDEX, INC.
 - 1/4" Ø x 7/8" CALK-IN ANCHORS AS MANUFACTURED BY POWERS FASTENINGS, INC.
 - NOTES:
 - B.1) MINIMUM EMBEDMENT OF DAPCON ANCHORS INTO THE CONCRETE BLOCK UNIT SHALL BE 1 1/4".
 - B.2) CALK-IN ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE CONCRETE BLOCK UNIT. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" Ø-20 SCREWS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST AND 1" MINIMUM FOR WALLS WITH NO STUCCO.
 - B.3) IN CASE THAT PRECAST STONE OR PRECAST CONCRETE PANELS BE FOUND ON THE EXISTING WALL, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. ANCHORAGE SHALL BE AS INDICATED ON NOTES B.1) & B.2) ABOVE.
- ANCHORS SHALL BE INSTALLED FOLLOWING ALL OF THE RECOMMENDATIONS AND SPECIFICATIONS OF THE ANCHOR'S MANUFACTURER.
- EACH SHUTTER SHALL HAVE A LEGIBLE AND READILY VISIBLE MARKING INSTRUCTING OWNER OR TENANT TO SECURE SHUTTER WITH SIDE & SILL BRACKETS DURING PERIODS OF HURRICANE WINDINGS.
- IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SOUNDNESS OF THE STRUCTURE WHERE SHUTTER IS TO BE ATTACHED TO INSURE PROPER ANCHORAGE.
 - (a) THIS P. E. D. PREPARED BY THIS ENGINEER IS GENERIC AND DOES NOT PROVIDE INFORMATION FOR A SITE SPECIFIC PROJECT, I.e. WHERE THE CONDITIONS DEVIATE FROM THE P. E. D.
 - (b) CONTRACTOR TO BE RESPONSIBLE FOR THE SELECTION, PURCHASE AND INSTALLATION OF THIS PRODUCT BASED ON THIS P. E. D. PROVIDED HE/SHE DOES NOT DEVIATE FROM THE CONDITIONS DETAILED ON THIS DOCUMENT.
 - (c) THIS P. E. D. WILL BE CONSIDERED INVALID IF ALTERED BY ANY MEANS.
 - (d) SITE SPECIFIC PROJECTS SHALL BE THE PREPARED BY A FLORIDA REGISTERED ENGINEER OR ARCHITECT WHICH WILL BECOME THE ENGINEER OF RECORD (E.O.R.) FOR THE PROJECT AND WHO WILL BE RESPONSIBLE FOR THE PROPER USE OF THE P.E.D. ENGINEER OF RECORD, ACTING AS A DELEGATED ENGINEER TO THE P.E.D. ENGINEER, SHALL SUBMIT TO THIS LATTER THE SITE SPECIFIC DRAWINGS FOR REVIEW.
 - (e) THIS P.E.D. SHALL BEAR THE DATE AND ORIGINAL SEAL AND SIGNATURE OF THE PROFESSIONAL ENGINEER OF RECORD THAT PREPARED IT.

F.B.C.

COMBINATION DRAWING:			
ASSA / EXTRUDED BERTHA BAHAMA SHUTTER (SHEETS 1 THRU 8 OF 19)			
ASSA / BERTHA COLORED SHUTTER (SHEETS 9 THRU 19 OF 19)			
ASSA / EXTRUDED BERTHA BAHAMA SHUTTER		AS SHOWN SCALE	
AMERICAN SHUTTER SYSTEMS ASSOC., INC.		3/18/02 DATE	
4268 WESTROADS DRIVE		02-133 DRAWING No	
RIVERIA BEACH, FLORIDA 33407			
REV. No	DESCRIPTION	DATE	BY

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 12/19/03
 BUILDING OFFICIAL
 Gene Simmons





2nd floor
 W. Carlson - 7 Kingston Ct.



MANUFACTURER'S IDENTIFICATION

- 1.0 **NAME OF APPLICANT:** STORMDEPOT USA, LLC.
740 Buck Hendry Way,
Stuart, FL 34994
- 2.0 **CONTACT PERSON:** Ellis Hyers
- 3.0 **HTL NOTIFICATION #:** Non-notified
- 4.0 **HTL LAB CERTIFICATION #:** ~~SECCI (TL9704)~~
Texas Department of Insurance (TDI)
AAMA
Keystone Certifications

PRODUCT IDENTIFICATION

- 5.0 **Product Type:** HDPE Extruded Plastic Storm Panel System
- 6.0 **Model Number:** STORMDEPOT "E" Panel
- 7.0 **Performance Class:** See Section 13.0 of this report.
- 8.0 **Overall Sample Size:** Varies
- 9.0 **Configuration:** Removable Storm Panel without Storm Bars
- 10.0 **No./Size of Panels:** There were four (4) different sample sizes tested as part of this test program – each comprised of three removable storm panels (12-1/2" coverage per panel):
 - Sample Size #1 – 40" (w) x 103" (h)
 - Sample Size #2 – 40" (w) x 88" (h)
 - Sample Size #3 – 40" (w) x 70" (h)
 - Sample Size #4 – 40" (w) x 36" (h)
- 11.0 **Drawing:** StormDepot Drawing #01001 and all accompanying sheets are incorporated into this test report by reference.

PRODUCT DESCRIPTION

12.0 DETAILED DESCRIPTION:

12.1 **"E" Panel:** Each sample tested as part of this test program consisted of three (3) "E" Panels that were interlocked together. Each "E" Panel was fabricated from an extruded HDPE Plastic sheet having overall cross sectional properties as listed in the following table:

Description	Die #	Overall Cross Section
"E" Panel	N/A	2.000" (h) x 14.000" (w) x 0.125" (t)

The following procedures (typical) were utilized when assembling the shutter sample:
"E" Panel Attachment: Each "E" Panel was either direct mounted to the opening as listed in the installation section of this test report or was in-directly mounted to the opening using some or all of the accessories listed in Section 12.2 of this report.

ENGINEER OF RECORD
Vinu J. Abraham
5/20/03
Vinu J. Abraham, P.E.
FL Reg. # 53820

HARVEY E. KOEHNEN, P.E.
7205 Elyse Circle
Port St. Lucie FL 34952

EVALUATION REPORT

Harvey E. Koehnen, P.E. has reviewed the data submitted for compliance with the Florida Building Code 2001 – Building, and submits to the building official or other authority having jurisdiction the following report.

CATEGORY: Storm Panel System

SUBMITTED BY:

StormDepot USA, LLC
740 Buck Hendry Way
Stuart, Florida 34994
772-692-3300

1. PRODUCT TRADE NAME

"E" High Density Polyethylene Storm Panels

2. SCOPE OF EVALUATION

- 2.1 Impact Resistance in accordance with ASTM E1886/E1996 (Level D)
- 2.2 Structural – Transverse Wind Loads

3. USES

"E" High Density Polyethylene Storm Panels to protect glazed openings and doors from windborne debris.

4. DESCRIPTION

4.1 General

"E" High Density Polyethylene Storm Panels are corrugated .125 inch thick high density r polyethylene extrusions. Panels are supplied in a 15" overall, 14" net width, with a depth of 2 inches with corrugations. The panel lengths vary. The panels are overlapped to provide unlimited width openings. Panels may be direct mounted to structure, or mounted using the following aluminum extrusions of 6063-T6 alloy:

"F-Track", "F-Track Left", "F-Track Right", "Build-Out F-Track", "Studded Angle". See Tables 1 and 2 for allowable loads.

4.2 Large Missile Impact Resistance

The "E" High Density Polyethylene Storm Panels were tested for large missile impact resistance followed by cyclic loading testing in accordance with the requirements of ASTM E1886/E1996 (Level D). The tested panels passed the large missile impact and cyclic load test requirements for use with a Florida Building Code 2001 – Building equivalent 3 second gust wind speed up to and including 140 MPH. The panels used in this report may be used to protect glazed windows, curtainwall and doors from windborne debris, both large and small missiles.

4.3 Wind Loads

The "E" High Density Polyethylene Storm Panels were tested for transverse wind pressures under ASTM E330. Allowable transverse wind loads are shown in Table 1.

5. INSTALLATION

5.1 General

"E" High Density Polyethylene Storm Panels are installed in accordance with the manufacturer's engineering drawings attached to this report.

The manufacturer's published installation instructions, engineering drawings, and a copy of this report shall be strictly adhered to, and a copy of these instructions shall be available at all times on the job site during installation.

The instructions within this report govern if there are any conflicts between the manufacturer's instructions and this report.

5.2 Allowable Transverse Wind Loads

The design wind loads on the panels shall be determined in accordance with Section 1606 of the Florida Building Code 2001 - Building as applicable, and shall not exceed the allowable transverse wind loads shown in Tables 1 & 2.

5.3 Special Inspection - Powers Calkin, ITW Tapcon, Elco Textron PanelMates

Special inspection is required for these anchor systems by a registered design professional, an SBCCI certified building inspector, an employee of an SBCCI PST & ESI or NES listed quality assurance or inspection agency, or other third party qualified person who demonstrates competence to the satisfaction of the building official.

Such inspection shall be of a nature as to determine that the construction and quality of work are in accordance with the contract drawings and specifications and the manufacturers installation instructions.

Items to be verified by the special inspector include tightening torque, screw type, hole diameter, screw diameter, screw embedment, screw spacing, edge distances, concrete type, concrete compressive strength, slab thickness, grade of steel, and other requirements specified in this report.

TABLE 1
"E" HIGH DENSITY POLYETHYLENE
STORM PANELS
DIRECT MOUNT & FACE MOUNT TO
WOOD USING "F-TRACK" or STUDDED
ANGLE

PANEL LENGTH	ALLOWABLE DESIGN LOADS (PSF)
36	+96.0 -96.0
39	+88.7 -88.2
42	+83.2 -82.6
45	+78.5 -77.8
48	+74.2 -73.5
51	+70.3 -69.6
54	+66.8 -66.1
57	+63.5 -63.0
60	+60.5 -60.1
63	+57.7 -57.4
66	+55.1 -54.9
70	+52.0 -52.0
72	+50.5 -50.6
75	+48.4 -48.6
78	+46.4 -46.9
81	+44.6 -45.2
84	+43.0 -43.7
87	+41.4 -42.4
90	+40.0 -41.1
93	+38.6 -40.0
96	+37.4 -38.9
99	+36.3 -38.0
103	+35.0 -37.0

TABLE 2
"E" HIGH DENSITY POLYETHYLENE
STORM PANELS
FACE MOUNT TO WOOD USING "F-
TRACK" or STUDDED ANGLE

PANEL LENGTH	ALLOWABLE DESIGN LOADS (PSF)
36	+96.0 -96.0
39	+88.4 -88.4
42	+80.2 -80.2
45	+75.2 -75.2
48	+70.9 -70.9
51	+67.3 -67.3
54	+64.1 -64.1
57	+61.2 -61.2
60	+58.7 -58.7
63	+56.4 -56.4
66	+54.3 -54.3
70	+52.0 -52.0
72	+50.9 -50.9
75	+49.4 -49.4
78	+48.1 -48.1
81	+47.0 -47.0
84	+46.0 -46.0
88	+45.0 -45.0

NOTES for Tables 1 & 2

1. The reference engineering drawing for Tables 1 & 2 is: "E" Panel HDPE PLASTIC STORM PANELS Product Description & Installation prepared for Storm Depot by Harvey E. Koehnen, P.E., filestormdepot/epanel.dwg, dated 6/09/03, sheets 1-6 of 6.
2. Panel width perpendicular to panel length and corrugations is unlimited. The opening is less than the panel length and is determined based on the type of mounting. See referenced engineering drawings.
3. Refer to the referenced engineering drawings for Anchor Schedules, Maximum Panel Length Schedules and Installation Details.
4. Anchors per engineering drawing:
 - 4.1 Concrete & CMU:

Panels are anchored into concrete or CMU using Elco Textron PanelMates, Elco Tapcons, Elco Crete-Flex and Powers Calk-In. All anchors are installed under special inspection as noted under section 5.3 of this report.
All noted anchors shall be installed in concrete with a minimum compressive strength of 2500 psi and hollow concrete masonry units with a minimum f' of 1900 psi.
 - 4.2 Wood:

Panels are anchored into wood using 1/4" (#14g) Wood Screws, Elco Textron PanelMates & Elco Tapcons. Wood used for anchorage shall be a minimum of #2 Spruce-Pine-Fir.
5. An increase in allowable stress has not been included in the allowable design loads shown in the tables above.
6. The panels have not been evaluated for use in Broward & Dade Counties as covered in the Florida Building Code 2001 - Building.
7. The panels have been designed as non-porous impact protective systems as defined in SSTD 12-99.

6.0 SUBSTANTIATING DATA

- 6.1 Manufacturer's specifications and Installation drawings
 - 6.1.1 Engineering drawings: "E" Panel HDPE PLASTIC STORM PANELS Product Description & Installation prepared for StormDepot USA, LLC by Harvey E. Koehnen, P.E., dated 6/09/03, sheets 1-6 of 6.
 - 6.1.2 Certificate of Compliance, aluminum alloy 6063-T5, Eastern Metal Supply, October 30, 2002.
 - 6.1.3 Test Reports on HDPE Extruded Plastic Storm Panel System under ASTM E1886 and ASTM E330 by Hurricane Test Laboratory, Inc., 6/9/03, job #0295-0103-02 & 02095-0917-02, signed and sealed by Vinu Abraham, P.E.

7.0 CODE REFERENCES

- Florida Building Code 2001 - Building
Section 103.7 Alternate Materials & Methods
Section 1606 Windloads
Chapter 17 Structural Tests and Inspections
Section 1707.4 Exterior Window & Door Assemblies

8.0 FINDINGS

In view of the data submitted, it is my opinion that the "E" High Density Polyethylene Storm Panels as described in this report conform with or are suitable alternatives to that specified in the Standard Building Code©, the SBCCI Standard for Hurricane Resistant Residential Construction© SSTD10-99, the International One and Two Family Dwelling Code, and the Florida Building Code 2001 - Building, or supplements thereto.

9.0 LIMITATIONS

- 9.1 This Evaluation Report and the Installation Instructions, when required by the Code Official, shall be submitted at the time of permit application.
- 9.2 The "E" Panel HDPE PLASTIC STORM PANELS shall be installed in accordance with the Installation Instructions in this Report and the manufacturer's Engineering Drawings.
- 9.3 The structural elements supporting the panels shall be designed for the wind loads shown on the drawings. The calculations shall be submitted to the Code Official when applying for a permit. The calculations shall be signed, sealed, and dated by a registered professional engineer when required by the code.
- 9.4 The panels shall not be installed in areas where the transverse wind loads exceed the allowable loads shown in Tables 1 & 2.
- 9.5 Fire performance of the panels is outside the scope of this Evaluation Report.
- 9.6 For Powers Fastening, Inc. & Elco Textron, Inc. anchors into concrete or masonry that require special inspection for tension loads, see Section 5.3 above.
- 9.7 Powers Fastening, Inc. and Elco Textron, Inc. anchors shall be installed in concrete with a minimum compressive strength of 2500 psi and hollow concrete masonry units (CMU) with a minimum f' pf 1900 psi.

- 9.8 Wood framing shall be a minimum of #2 SPF when fastening into wood.

- 9.9 The panels have not been evaluated for use in High Velocity Hurricane Zones (Broward and Dade Counties) as covered in the Florida Building Code 2001 - Building.

10.0 IDENTIFICATION

Where required, Each "E" Panel HDPE PLASTIC STORM PANEL covered by this report shall be labeled with the Manufacturer's name and/or trademark followed by "SSTD 12-99 LARGE MISSLE IMPACT RESISTANT"

5.2 Allowable Transverse Wind Loads

The design wind loads on the panels shall be determined in accordance with Section 1606 of the Florida Building Code 2001 - Building as applicable, and shall not exceed the allowable transverse wind loads shown in Tables 1 & 2.

5.3 Special Inspection - Powers Calkin, ITW Tapcon, Elco Textron PanelMates

Special inspection is required for these anchor systems by a registered design professional, an SBCCI certified building inspector, an employee of an SBCCI PST & ESI or NES listed quality assurance or inspection agency, or other third party qualified person who demonstrates competence to the satisfaction of the building official.

Such inspection shall be of a nature as to determine that the construction and quality of work are in accordance with the contract drawings and specifications and the manufacturers installation instructions.

Items to be verified by the special inspector include tightening torque, screw type, hole diameter, screw diameter, screw embedment, screw spacing, edge distances, concrete type, concrete compressive strength, slab thickness, grade of steel, and other requirements specified in this report.

TABLE 1
"E" HIGH DENSITY POLYETHYLENE
STORM PANELS
DIRECT MOUNT & FACE MOUNT TO
WOOD USING "F-TRACK" or STUDDED
ANGLE

PANEL LENGTH	ALLOWABLE DESIGN LOADS (PSF)
36	+96.0 -96.0
39	+88.7 -88.2
42	+83.2 -82.6
45	+78.5 -77.8
48	+74.2 -73.5
51	+70.3 -69.6
54	+66.8 -66.1
57	+63.5 -63.0
60	+60.5 -60.1
63	+57.7 -57.4
66	+55.1 -54.9
70	+52.0 -52.0
72	+50.5 -50.6
75	+48.4 -48.6
78	+46.4 -46.9
81	+44.6 -45.2
84	+43.0 -43.7
87	+41.4 -42.4
90	+40.0 -41.1
93	+38.6 -40.0
96	+37.4 -38.9
99	+36.3 -38.0
103	+35.0 -37.0

TABLE 2
"E" HIGH DENSITY POLYETHYLENE
STORM PANELS
FACE MOUNT TO WOOD USING "F-
TRACK" or STUDDED ANGLE

PANEL LENGTH	ALLOWABLE DESIGN LOADS (PSF)
36	+96.0 -96.0
39	+88.4 -88.4
42	+80.2 -80.2
45	+75.2 -75.2
48	+70.9 -70.9
51	+67.3 -67.3
54	+64.1 -64.1
57	+61.2 -61.2
60	+58.7 -58.7
63	+56.4 -56.4
66	+54.3 -54.3
70	+52.0 -52.0
72	+50.9 -50.9
75	+49.4 -49.4
78	+48.1 -48.1
81	+47.0 -47.0
84	+46.0 -46.0
88	+45.0 -45.0

INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE
7561	Smith	7 Simara St	Backflow for irrigation	[Signature] 10/19/07
7002	Bruce	2 Cranes Nest	Fill for uprooted trees	[Signature] 8/27 ✓
6992	Bruce	2 Cranes Nest	Repair fence	[Signature] 8/27 ✓
6974	Malone	14 S. Via Lucinda	Fence repair	[Signature] 8/27 ✓
6586	King	3 Island Rd	Repl seawall Repair dock	[Signature] 8/27 ✓
6188	Lino	6 Island Rd	Repair stucco	[Signature] 8/27 ✓
6761	Henderson	24 Island Rd	Dock electric for lift	[Signature] 8/27 ✓
7986	Snyder	16 Heron's Nest	Fill	[Signature] 8/27 ✓
7230	Hoover	175 S. Sewalls Pt	Fill	[Signature] 8/27 ✓
6595	Richardson	15 Ridgeland Dr	Repair power driveway	[Signature] 10/19/07
6637	Mayette	50 S Sewalls Pt	Fill	[Signature] 8/27 ✓
6329	Mayette	50 S Sewalls Pt	Reroof	[Signature] 8/27 ✓
7530	Mayette	50 S Sewalls Pt	Demo house	[Signature] 8/27 ✓
6436	Lizars	4 Island Rd	Fascia + soffit repair	[Signature] 8/27 ✓
6639	Bracken	4 Deland La	Fence	
6651	Ostern	1 Ridgerview Dr	Fill	[Signature] 10/19/07
6724	Carlson	7 Kingston Ct	Hurricane Shutters	[Signature] 10/19/07
7385	Morris	24 Ridgeland Dr	Roof repair	[Signature] 10/19/07
7036	Morris	24 Ridgeland Dr	Dock repair	[Signature] <small>LOFT LIFT & HOORING FILLING NOT ON</small>

9598

AC CHANGE OUT



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9598	DATE ISSUED:	OCTOBER 8, 2010
SCOPE OF WORK:	AC CHANGEOUT (2) UNITS		
CONDITIONS :			
CONTRACTOR:	NIS AIR		
PARCEL CONTROL NUMBER:	133841-010-000-000407	SUBDIVISION	KINGSTON CT-LOT 4
CONSTRUCTION ADDRESS:	7 KINGSTON CT		
OWNER NAME:	CARLSON/BRENNAN		
QUALIFIER:	PHIL NISA	CONTACT PHONE NUMBER:	466-8115

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

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

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

REQUIRED INSPECTIONS

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

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

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: 9598

Date: 10.7.10

OWNER/TITLEHOLDER NAME: William CARLSON Phone (Day) 214-9444 (Fax) _____
 Job Site Address: 7 Kingstop Ct. City: Sewallspt State: FL Zip: 34996

Legal Description _____ Parcel Control Number: _____
 Owner Address (if different): 3 SE Tuscan LN City: Stuart State: FL Zip: 34996

Scope of work (please be specific): AC changeout - (2)

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 7435.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

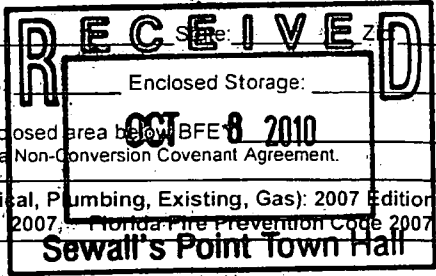
CONTRACTOR/Company: NISAIR Air Conditioning Phone: 772-466-8115 Fax: 772-468-9745
 Street: 3700 S. US Hwy 1 City: A. PIERCE State: FLA Zip: 34982

State License Number: CACO 41199 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Philip Nisa JR Phone Number: 772-466-8115

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____
 Street: _____ City: _____ State: _____ Zip: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE: 8 2010
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.



CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007 Edition
 National Electrical Code: 2005 Florida Energy Code: 2007 Florida Accessibility Code: 2007 Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

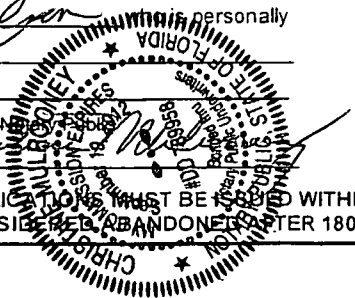
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - 5.

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

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

OWNER SIGNATURE: (required)
 OR OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
 x. [Signature]
 State of Florida, County of: Martin
 This the 8 day of October, 2010
 by William Carlson personally
 known to me or produced _____
 as identification. [Signature]
 My Commission Expires: [Signature]

CONTRACTOR SIGNATURE: (required)
[Signature]
 On State of Florida, County of: St. Lucie
 This the 7 day of October, 2010
 by Philip Nisa JR who is personally
 known to me or produced _____
 As identification. [Signature]
 My Commission Expires: [Signature]



Commission # DD0721513
 Expires 10/2/2011

SINGLE FAMILY PERMIT APPLICATIONS MUST BE RECORDED WITHIN 30 DAYS OF APPROVAL. NO INFORMATION FROM THIS APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

TitleBar

generated on 10/7/2010 1:55:00 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
13-38-41-010-000-00040-7	27854	7 KINGSTON CT, SEWALL'S POINT	\$615,190	10/2/2010

Owner Information

Owner(Current)	CARLSON WILLIAM E BRENNAN CARROLL A
Owner/Mail Address	3 SE TUSCAN LN STUART FL 34996
Sale Date	04/17/1995
Document Number	
Document Reference No.	1118 1821
Sale Price	477500

Location/Description

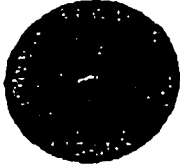
Account #	27854	Map Page No.	SP-05
Tax District	2200	Legal Description	KINGSTON COURT LOT 4
Parcel Address	7 KINGSTON CT, SEWALL'S POINT		
Acres	.3720		

Parcel Type

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

Assessment Information

Market Land Value	\$178,000
Market Improvement Value	\$437,190
Market Total Value	\$615,190



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

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: lennox Model# CBY274H
Volts 208/230 CFM's _____ Heat Strip 5 Kw 36-290
Min. Circuit Amps 25 Wire gauge 8
Max. Breaker size 20 Min. Breaker size 30
Ref. line size: Liquid 3/4 Suction 3/8
Refrigerant type R410A
Location: Existing New
Attic/Garage/Closet (specify) _____
Access: _____

Condenser: Mfg lennox Model# 13ACK-036-230
Volts 208/230 SEER/EER 14 BTU's 35200
Min. Circuit Amps 24.1 Wire gauge 10
Max. Breaker size 40 Min. Breaker size _____
Ref. line size: Liquid 3/4 Suction 3/8
Refrigerant type R410A
Location: Existing New
Left/Right/Rear/Front/Roof _____
Condensate Location _____

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: lennox Model# CB30M-41
Volts 208/230 CFM's _____ Heat Strip 5 Kw _____
Min. Circuit Amps 25 Wire gauge 8
Max. Breaker size 20 Min. Breaker size 30
Ref. line size: Liquid 3/4 Suction 3/8
Refrigerant type R22
Location: Ext. New
Attic/Garage/Closet (specify) _____
Access: scuttle in gang.

Condenser: Mfg lennox Model# 12ACB42.4P
Volts 208/230 SEER/EER 9 BTU's _____
Min. Circuit Amps 24.4 Wire gauge 10
Max. Breaker size 24.4 Min. Breaker size 40
Ref. line size: Liquid 3/4 Suction 3/8
Refrigerant type R-22
Location: Ext. New
Left/Right/Rear/Front/Roof Back
Condensate Location Back

Certification:

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

n. Simmon
Signature

10-7-10
Date


AHRI CERTIFIED
AIR-CONDITIONING, HEATING, AND REFRIGERATION INSTITUTE

Certificate of Product Ratings

AHRI Certified Reference Number: 1492241
Date: 10/7/2010
Product: Split System: Air-Cooled Condensing Unit, Coil with Blower
Outdoor Unit Model Number: 13ACX-038-230-02
Indoor Unit Model Number: CBX27UH-038-230*+TDR
Manufacturer: LENNOX INDUSTRIES, INC.
Trade/Brand name: 13ACX SERIES
Manufacturer responsible for the rating of this system combination is LENNOX INDUSTRIES, INC.
Rated as follows in accordance with AHRI Standard 210/240-2006 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btu/h):	35200
EER Rating (Cooling):	11.60
SEER Rating (Cooling):	14.00

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

DISCLAIMER

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

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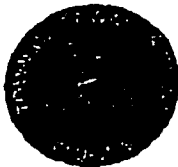
CERTIFICATE VERIFICATION

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


**Air-Conditioning, Heating,
and Refrigeration Institute**

©2010 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 129309467915129508



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

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

<u>Air handler: Mfg: lennox Model# CB37UH-042</u>	<u>Condenser: Mfg lennox Model# BACX-042</u>
<u>Volts 208/230 CFM's _____ Heat Strip 5 Kw</u>	<u>Volts 208/230 SEER/EER 14 BTU's 41500</u>
<u>Min. Circuit Amps 20 Wire gauge 8</u>	<u>Min. Circuit Amps 24.9 Wire gauge 10</u>
<u>Max. Breaker size 30 Min. Breaker size 20</u>	<u>Max. Breaker size 35 Min. Breaker size _____</u>
<u>Ref. line size: Liquid 3/4 Suction 3/8</u>	<u>Ref. line size: Liquid 3/4 Suction 3/8</u>
<u>Refrigerant type R410A</u>	<u>Refrigerant type R410A</u>
<u>Location: Existing <input checked="" type="checkbox"/> New _____</u>	<u>Location: Existing <input checked="" type="checkbox"/> New _____</u>
<u>(Attic/Garage/Closet (specify) _____</u>	<u>Left/Right/Rear/Front/Roof Back</u>
<u>Access: Scuttle in gang.</u>	<u>Condensate Location Back</u>

EXISTING SYSTEM COMPONENTS

<u>Air handler: Mfg: lennox Model# CB30M411A</u>	<u>Condenser: Mfg lennox Model# L2ACB36-4P</u>
<u>Volts 208/230 CFM's _____ Heat Strip _____ Kw</u>	<u>Volts 208/230 SEER/EER 10 BTU's _____</u>
<u>Min. Circuit Amps 20 Wire gauge 8</u>	<u>Min. Circuit Amps 20.4 Wire gauge 10</u>
<u>Max. Breaker size 20 Min. Breaker size 30</u>	<u>Max. Breaker size 35 Min. Breaker size 20.4</u>
<u>Ref. line size: Liquid 3/4 Suction 3/8</u>	<u>Ref. line size: Liquid 3/4 Suction 3/8</u>
<u>Refrigerant type R-22</u>	<u>Refrigerant type R-22</u>
<u>Location: Ext. <input checked="" type="checkbox"/> New _____</u>	<u>Location: Ext. <input checked="" type="checkbox"/> New _____</u>
<u>(Attic/Garage/Closet (specify) _____</u>	<u>Left/Right/Rear/Front/Roof _____</u>
<u>Access: Scuttle in gang.</u>	<u>Condensate Location _____</u>

Certification:

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

N. Simon
Signature

10.7.10
Date



Certificate of Product Ratings

AHRI Certified Reference Number: 3117565

Date: 10/7/2010

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

Outdoor Unit Model Number: 13ACX-042-230-02

Indoor Unit Model Number: CBX27UH-042-230-TDR

Manufacturer: LENNOX INDUSTRIES, INC.

Trade/Brand name: 13ACX SERIES

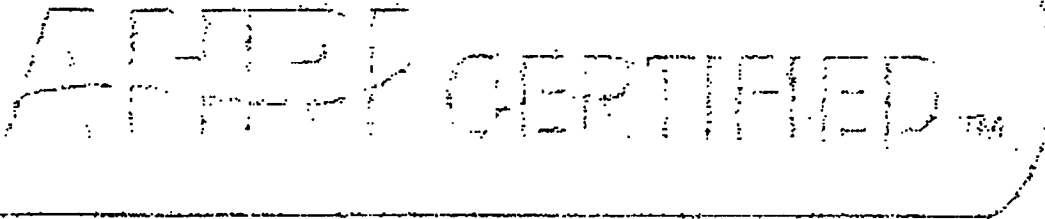
Manufacturer responsible for the rating of this system combination is LENNOX INDUSTRIES, INC.

Rated as follows in accordance with AHRI Standard 210/240-2006 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh): 41500

EER Rating (Cooling): 11.50

SEER Rating (Cooling): 14.00



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

DISCLAIMER

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

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CERTIFICATE VERIFICATION

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

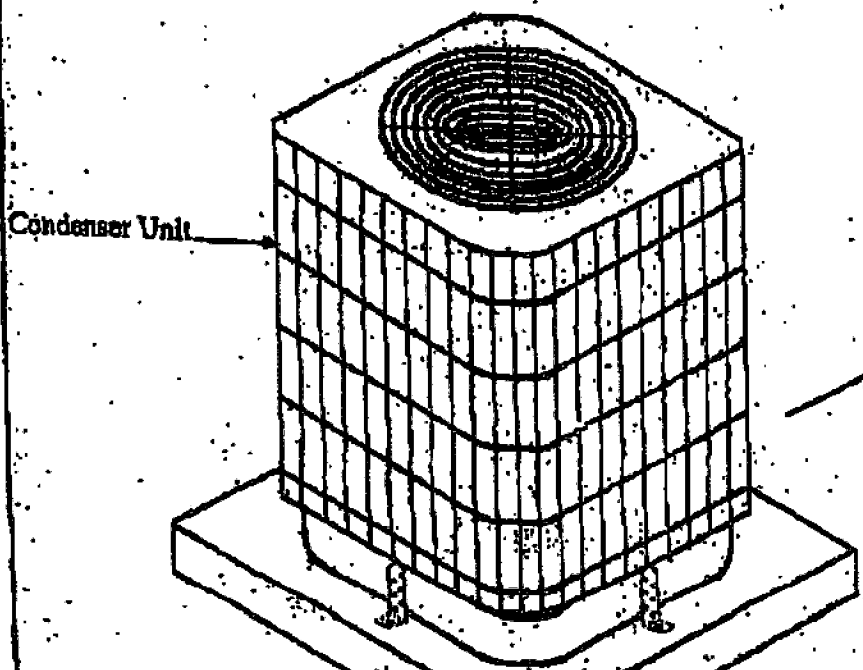


Air-Conditioning, Heating, and Refrigeration Institute

©2010 Air-Conditioning, Heating, and Refrigeration Institute

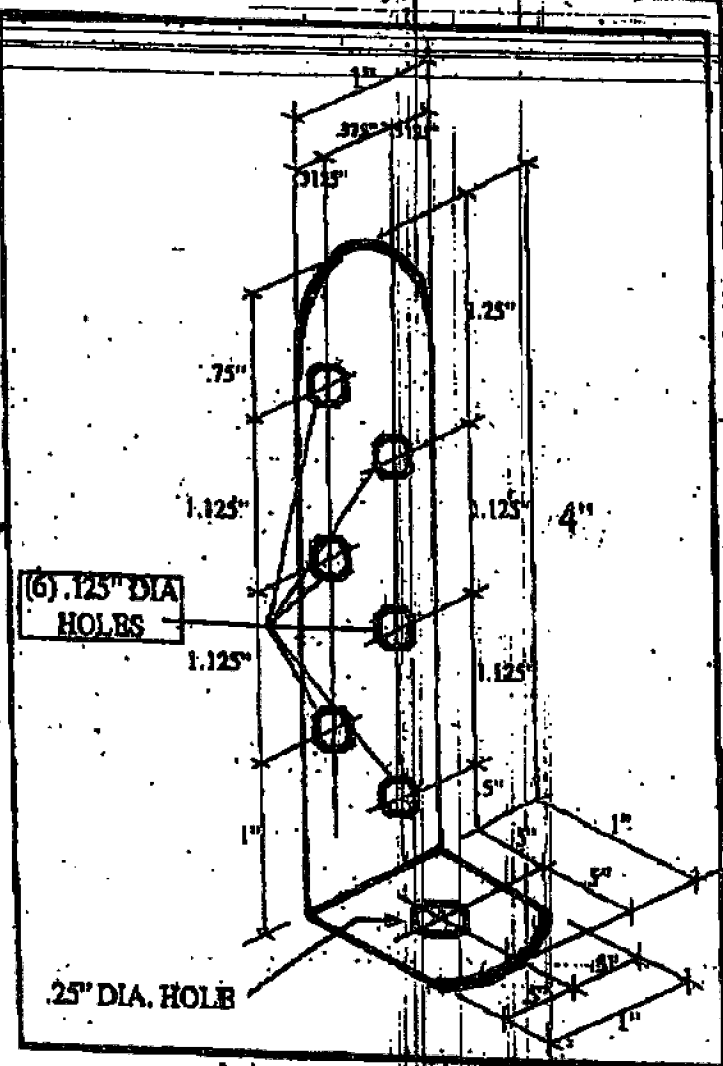
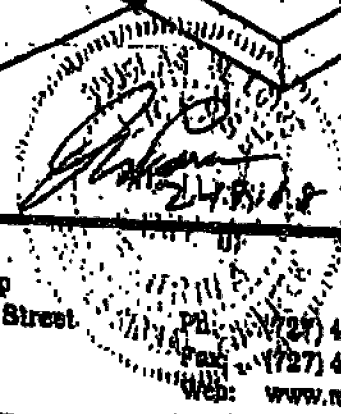
CERTIFICATE NO.: 129389468675461472

7771 (A) 1/17/2008 AIR COND CHD



Condenser Unit

Concrete Pad



(6) .125" DIA HOLES

25" DIA. HOLE

Metal thickness - 16 gauge

The Metal Shop
 1139 Eldridge Street
 Clearwater
 FL 33765
 PH: (727) 441-2492
 Fax: (727) 442-8483
 Web: www.metalsshop.org

Consulting Engineer:
 Douglas W. Lowe, P.E.
 FLA # 13365
 1208 Millennium Parkway
 Brandon, FL 33511

Revision Date:
 2/14/08

Drawn by:
 K.P.R.

Page:
 1 of 1

Scale - Not to scale

THE METAL SHOP

Custom Metal Manufacturer

Contracting Engineer:

Douglas W. Lowe, P.E.
FLA# 19365
1206 Millennium Parkway
Brandon, FL 33511

ANCHOR CLIPS Installer's Guide

~~WARNING: HAZARDOUS VOLTAGE - HIGH VOLTAGE POWER BEFORE SERVICE~~

PART NUMBER

- #72 (4 pk)
- #73 (100 pk)
- #77 (4 pk including hardware)

CONSTRUCTION

18 gauge galvanized steel, G-90 rated for corrosion coastal applications.

PACKAGING DETAILS

All anchor clips are supplied in per package quantities described above.

INSTALLATION

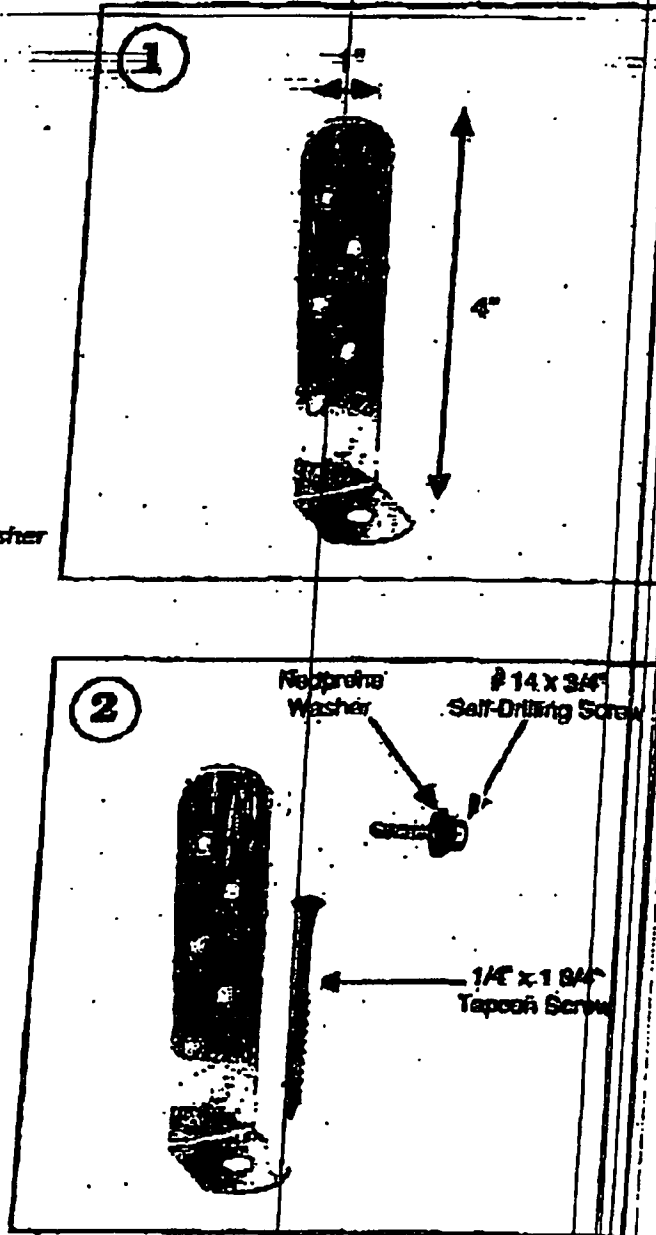
Minimum of 4 clips required per condenser unit.
Minimum of 2 #14 x 3/4" screws with neoprene washer required to fasten clip to condenser unit.
1 1/4" x 1 3/4" Tapcon screws required to fasten clip to condenser pad.
Locate the anchor clips to fit comfortably between condenser unit and pad.
Adjust clip accordingly to fit on condenser unit and screw together, at the same time ensuring that the base of the clip is still in contact with the pad.
All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit.
Suitable for gradual installed units.
Anchor clip design meets requirements of The Florida Building Code 2007 (Building) Chapter 901.12 for wind resistance up to 140 MPH.

FEATURES

The use of "slotted fit" screw holes compared to slots means that security is deeper compacted. A tight secure fit between pad and condenser ensures security for the condenser and offers great assurance during extreme weather conditions.

NOTE

Above installation instruction suitable for up to 5 ton units.



General Data	Model No. Nominal Tonnage	13ACX-018 1.5	13ACX-024 2	13ACX-030 2.5	13ACX-036 3	13ACX-042 3.5	13ACX-048 4	13ACX-060 5
¹ Sound Rating Number (dB)		76	76	76	76	80	80	80
Connections (sweat)	Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
	Suction line o.d. - in.	3/4	3/4	3/4	7/8	7/8	7/8	1-1/8
² Refrigerant (R-410A) furnished		4 lbs. 7 oz.	4 lbs. 14 oz.	6 lbs. 3 oz.	6 lbs. 7 oz.	8 lbs. 14 oz.	8 lbs. 4 oz.	11 lbs. 2 oz.
Outdoor Fan	Diameter - in.	18	18	18	18	18	22	22
	Number of blades	3	3	4	4	4	4	4
	Motor hp	1/5	1/5	1/5	1/5	1/3	1/4	1/4
Shipping Data - lbs. 1 package		122	129	150	150	177	233	236
Line voltage data - 60 hz - 1ph		208/230V	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V
³ Maximum overcurrent protection (amps)		20	30	30	35	40	50	60
⁴ Minimum circuit ampacity		12.3	17.9	18.7	21.9	24.1	28.9	34.5
Compressor Rated load amps		9.0	13.4	14.1	16.6	17.9	21.8	26.2
Condenser Fan Motor Full load amps		1.0	1.0	1.0	1.0	1.9	1.7	1.7

NOTE — Extremes of operating range are plus 10% and minus 5% of line voltage.

¹ Sound Rating Number in accordance with test conditions included in ARI Standard 270.

² Refrigerant charge sufficient for 15 ft. length of refrigerant lines.

³ HACR type circuit breaker or fuse.

⁴ Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.



R-410A
SEER - Up to 14.0
1.5 to 5 Tons
 Page 15
 April 2007
 Supersedes November 2006

FEATURES

Refrigerant System

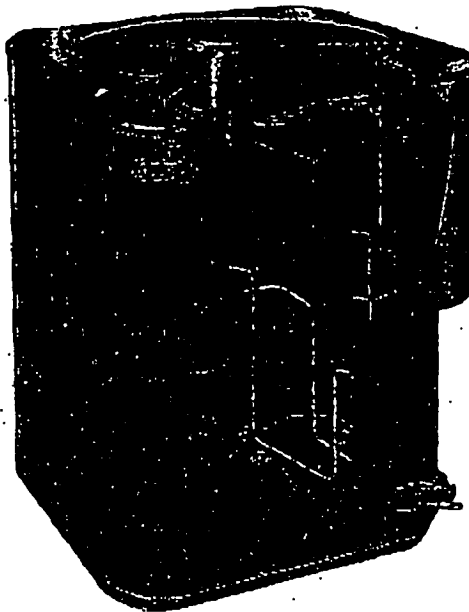
- Scroll Compressor
- Non-chlorine, ozone friendly, R-410A refrigerant.
- Copper tube construction with enhanced ripple-edged aluminum fins.
- PVC coated, steel-wire outdoor coil guard furnished.
- Fully serviceable brass service valves.
- Liquid line drier shipped with unit
- High Pressure Switch
- Totally enclosed, direct drive outdoor fan motor with sleeve bearings.
- Louvered steel top fan guard.

Cabinet

- Heavy-gauge galvanized steel cabinet with powder paint finish.
- Corner patch plate allows access to compressor.

Limited Warranty

- Compressor - five years
- All covered components - five years
- Refer to Lennox Equipment Limited Warranty certificate included with equipment for details



OPTIONS

See Page 134 - Page 149

OPTIONAL ACCESSORIES

See Page 20

Cabinet

- Hail Guards
- Mounting Base
- Unit Stand-Off Kit

Compressor

- Compressor Crankcase Heater
- Compressor Hard Start Kit
- Compressor Low Ambient Cut-Off
- Compressor Sound Cover
- Compressor Time-Off Control

Controls

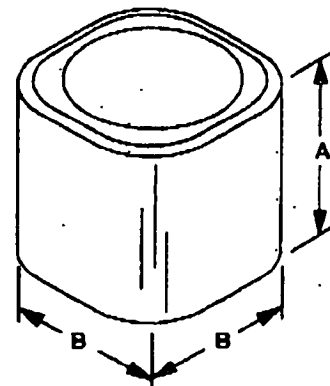
- Freezestat
- Indoor Blower Off Delay Relay
- Low Ambient Kit
- Loss of Charge Switch Kit
- Thermostat

Refrigerant System

- Expansion Valve Kits
- Refrigerant Line Kits

DIMENSIONS - in. (mm)

Model No.	A	B
13ACX-018	29-1/4	24-1/4
13ACX-030	(743)	(616)
13ACX-036		
13ACX-024	33-1/4	24-1/4
13ACX-042	(845)	(616)
13ACX-048	29-1/4	28-1/4
	(743)	(718)
13ACX-060	37-1/4	28-1/4
	(946)	(718)

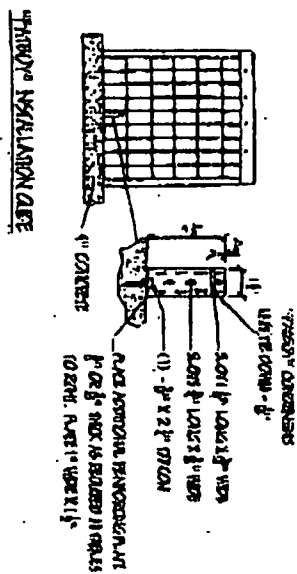
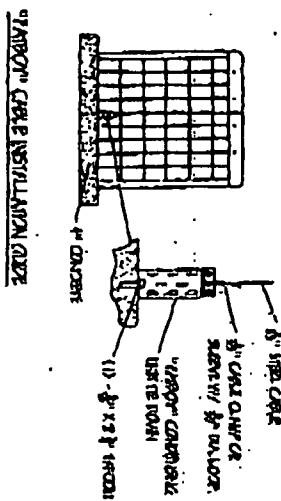
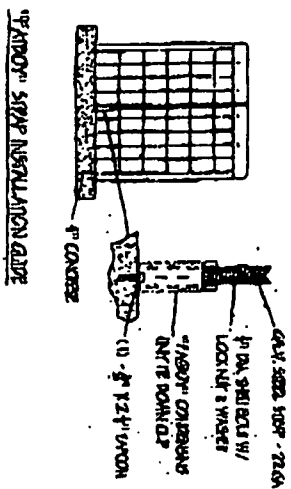


ARI Standard
210/240 UAC



NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.

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NOTE: SEE PANBOY™ MECHANICAL ANCHORAGE AND MECHANICAL ANCHORAGE DETAIL FOR MORE INFORMATION. ALSO SEE PANBOY™ MECHANICAL ANCHORAGE WITH ATTACHED TO A RIGID CLIP DETAIL.

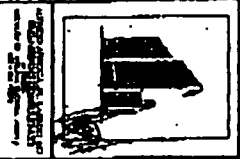
3/8" DIA. STEEL STRAP		1/2" DIA. STEEL STRAP		3/4" DIA. STEEL STRAP		1" DIA. STEEL STRAP	
CLIP	SPACING	CLIP	SPACING	CLIP	SPACING	CLIP	SPACING
6-1/8"	4"	1"	3"	1"	3"	1"	3"
6-1/8"	4"	1"	3"	1"	3"	1"	3"
6-1/8"	4"	1"	3"	1"	3"	1"	3"
6-1/8"	4"	1"	3"	1"	3"	1"	3"
6-1/8"	4"	1"	3"	1"	3"	1"	3"
6-1/8"	4"	1"	3"	1"	3"	1"	3"

3/8" DIA. STEEL STRAP		1/2" DIA. STEEL STRAP		3/4" DIA. STEEL STRAP		1" DIA. STEEL STRAP	
CLIP	SPACING	CLIP	SPACING	CLIP	SPACING	CLIP	SPACING
6-1/8"	4"	1"	3"	1"	3"	1"	3"
6-1/8"	4"	1"	3"	1"	3"	1"	3"
6-1/8"	4"	1"	3"	1"	3"	1"	3"
6-1/8"	4"	1"	3"	1"	3"	1"	3"
6-1/8"	4"	1"	3"	1"	3"	1"	3"
6-1/8"	4"	1"	3"	1"	3"	1"	3"

GENERAL NOTES:

1. ATTACHMENT TO CONCRETE SHALL BE BY MEANS OF CLIP, PANBOY™ MECHANICAL ANCHORAGE OR PANBOY™ MECHANICAL ANCHORAGE WITH ATTACHED TO A RIGID CLIP DETAIL.
2. CONCRETE TO BE USED AT ALL TIMES.
3. PANBOY™ MECHANICAL ANCHORAGE SHALL BE USED IN ALL CONCRETE AND SHALL BE USED IN ALL CONCRETE.
4. THE STEEL STRAP SHALL BE 1/2" WIDE AND BE CONNECTED WITH A 3/8" DIA. STEEL STRAP TO BE USED IN ALL CONCRETE.
5. THE STEEL STRAP SHALL BE 1/2" WIDE AND BE CONNECTED WITH A 3/8" DIA. STEEL STRAP TO BE USED IN ALL CONCRETE.
6. THE STEEL STRAP SHALL BE 1/2" WIDE AND BE CONNECTED WITH A 3/8" DIA. STEEL STRAP TO BE USED IN ALL CONCRETE.
7. THE STEEL STRAP SHALL BE 1/2" WIDE AND BE CONNECTED WITH A 3/8" DIA. STEEL STRAP TO BE USED IN ALL CONCRETE.
8. THE STEEL STRAP SHALL BE 1/2" WIDE AND BE CONNECTED WITH A 3/8" DIA. STEEL STRAP TO BE USED IN ALL CONCRETE.
9. THE STEEL STRAP SHALL BE 1/2" WIDE AND BE CONNECTED WITH A 3/8" DIA. STEEL STRAP TO BE USED IN ALL CONCRETE.
10. THE STEEL STRAP SHALL BE 1/2" WIDE AND BE CONNECTED WITH A 3/8" DIA. STEEL STRAP TO BE USED IN ALL CONCRETE.
11. ATTACHED TO CONCRETE BY THE MEANS OF CLIP, PANBOY™ MECHANICAL ANCHORAGE OR PANBOY™ MECHANICAL ANCHORAGE WITH ATTACHED TO A RIGID CLIP DETAIL.

AVC UNIT ANCHORING DETAILS
 FATBOY CLIPS AS
 MANUFACTURED BY: THE
 ORIGINAL PAN CO. FOR USE
 UNDER FLORIDA BUILDING CODE



NO.	REVISION	DATE

SCALE AS NOTED

DATE

DESIGNER

CHECKED

BY

S-1



PRODUCT CATALOG

LENNOX INDUSTRIES
 CB27UH/CB27UH
 AIR SERIES

Up-Flow / Horizontal
1.5 to 5 Tons
Optional Electric Heat - 2.5 to 30 kW

Page 9
 April 2007
 Supersedes November 2006

FEATURES

Refrigerant System

Copper tube construction with enhanced ripple-edged aluminum fins.

Twin coil construction in an "A" configuration.

Factory installed R-410A or R-22 Check/Expansion Valve.

Controls

- 24 Volt Transformer
- Blower Cooling Relay
- Terminal Strip

Programmable Multi-speed Blower

High efficiency, multi-speed ECM (Electronically Commutated Motor) with electronic braking.

Cabinet

Up-Flow / Horizontal Configuration
 Shipped in one piece but can be separated for ease of installation.
 Pre-painted cabinet finish.
 Fully insulated cabinet with thick fiberglass insulation.
 Tool-less access to disposable, frame-type filter

Limited Warranty

All covered components - five years
 Refer to Lennox Equipment Limited Warranty certificate included with equipment for details



OPTIONAL ACCESSORIES

See Page 16

Cabinet

- Down-Flow Combustible Base
- Down-Flow Conversion Kit
- Horizontal Support Frame Kit
- Side Return Unit Stand (Up-Flow)
- Side Return Filter Adaptor (CB30U)
- Wall Hanging Bracket Kit (Up-Flow)

Controls

- Thermostat

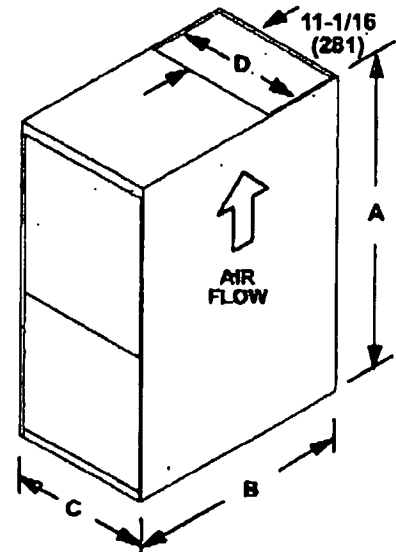
ACCESSORIES

See Page 15

- Electric Heat
- Circuit Breaker Cover Kit
- Single-Point Power Source Control Box

DIMENSIONS - in. (mm)

	-018 -024	-030 -036	-042 -048	-060
A	49-1/4 (1251)	51 (1295)	58-1/2 (1486)	52-1/2 (1330)
B	20-5/8 (524)	22-5/8 (575)	24-5/8 (625)	24-5/8 (625)
C	21-1/4 (540)	21-1/4 (540)	21-1/4 (540)	21-1/4 (540)
D	19-3/4 (502)	19-3/4 (502)	19-3/4 (502)	19-3/4 (502)
Return Air	Width	20 (508)	20 (508)	20 (508)
	Depth	19 (483)	21 (533)	23 (584)



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TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **10-15** 2010 Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9586	Hooker 6 Morgan Cir OB	AC electric framing	PASS PASS PASS	INSPECTOR <i>JF</i>
9471	Akrawi 535 Sewalls James Thomas	electric	PASS	INSPECTOR <i>JF</i>
9478	Akrawi 535 Sewalls James Thomas	insulation	PASS	INSPECTOR <i>JF</i>
9598	Owner/Address/Contractor 1st 1st Nislin	Insulation	Pass	No Access to Environment INSPECTOR <i>JF</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **10.28.2010** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9599	Cowan/B...	Final AC		No AC
195	Kingston Ct NisQu			

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9399	Balford	meter final		
2 PM - 3 PM	103 Hillcrest Ct Balford Cont		Passed	FOR MONDAY

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9600	Coates	Final Roof	Pass	Close
	116 S River Rd Stuart Roofing			

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9051	Benihana	Rough Finish Plumber Bathroom rough elec	Pass	
AM	3002 E. Ocean Comm Cont			

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
			MATT 260 - 2450	
	(PAIL 260 60)			INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 12-22-2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9613 1PM	Alberto 107 S River All that Cools	Final AC	Pass	Close INSPECTOR <i>A</i>
9633	Gayle Wendy La Louden Pools	ducts bond cancel		INSPECTOR
9644	Boniface 635 River Rd Cooled Roofers	Final Roof	Pass	Close INSPECTOR <i>A</i>
9659 AM	Pare 109 S River Hayden Air	Final AC	Pass	Close INSPECTOR <i>A</i>
9518	Green	Final AC		
1821	JK Nislin			INSPECTOR <i>A</i>
9639	Baker 2 W Sewalls Pt Rd Hynnis AC	Final AC & ducts	FAIL	Contractor to Provide Access INSPECTOR <i>A</i>
9602	Martin City Behind ISSPR Worrell Bldg	Final Demo	Pass	Close INSPECTOR <i>A</i>

TREE

REMOVAL REPLACEMENT

RELOCATION

TOWN OF SEWALL'S POINT, FLORIDA

Date April 23 16 2004 TREE REMOVAL PERMIT No 2243

APPLIED FOR BY CARLSON/BRENNAN (Contractor or Owner)

Owner 7 KINGSTON COURT

Sub-division _____, Lot _____, Block _____

Kind of Trees Hibiscus + Camotwood

No. Of Trees: REMOVE 2

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed, Gene Simmons (GAS) Town Clerk Building Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for drawing or site plan.

PROJECT DESCRIPTION _____

REMARKS _____

**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, Marlberrry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new 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.

call 485-2005

Owner William Carlson/Parall Foreman **Address** 7 Kingston Ct **Phone** 283-2111

Contractor Frank Sales Law: Tree **Address** Port Salerno Box 1357 **Phone** _____

No. of Trees: REMOVE 2 front yard to left of sidewalk **Type:** Hibiscus - dead? "Carrotwood"? with vine growing in it

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

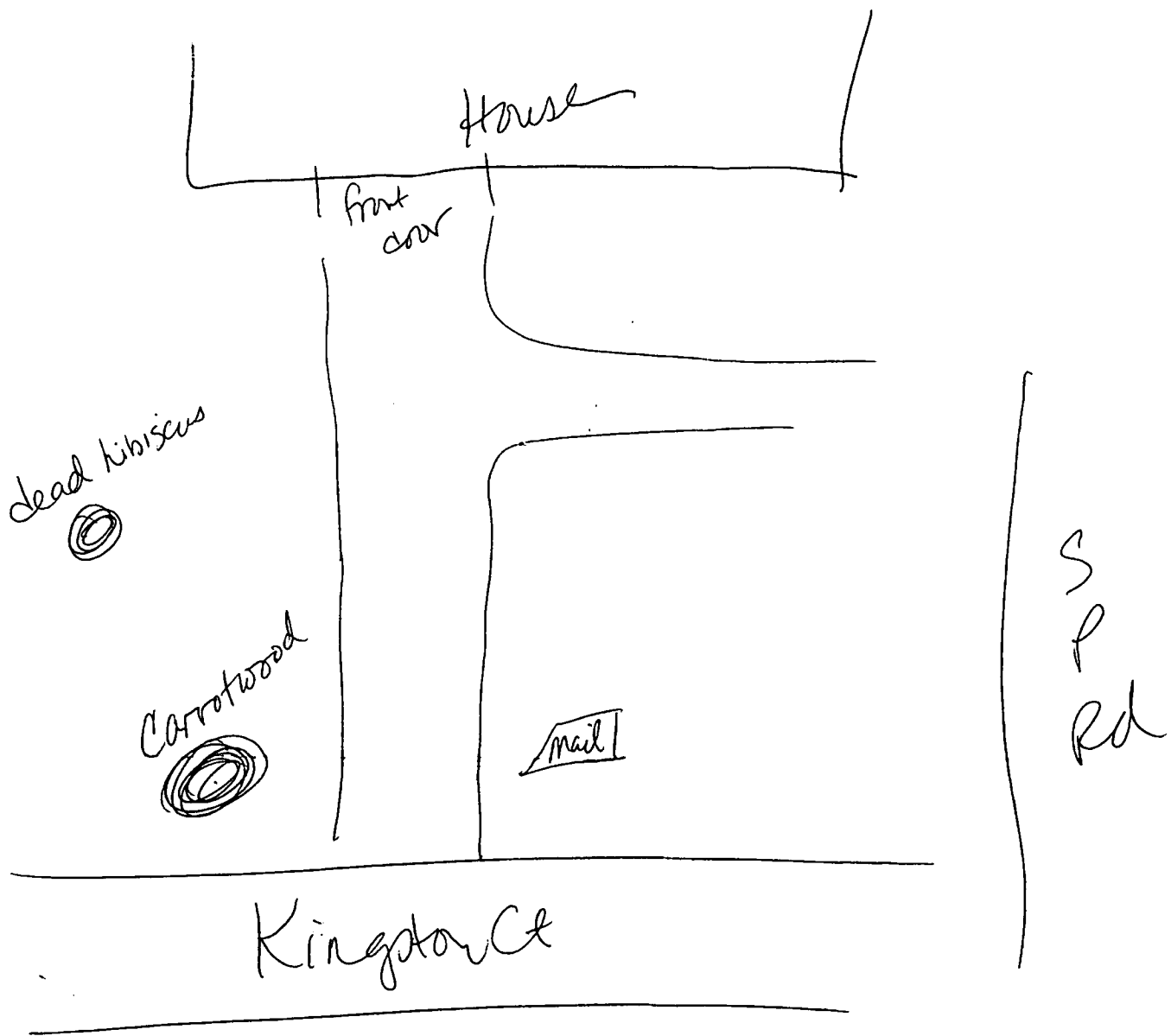
No. of Trees: REPLACE _____ **WITHIN 30 DAYS** **Type:** _____

Written statement giving reasons: re-landscaping of front yard in next few months

Signature of Applicant *W. Carlson* **Date** 3/30/04

Approved by Building Inspector: *[Signature]* **Date** 4/23 **Fee:** -0-

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



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/23, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6501	BEAN	ELECTRIC RGH	FAIL	
9	112 S. SEWALL'S PT DRIFTWOOD HOMES	FRAMING	FAIL	INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
— TREE	CARLSON	TREE	PASS	
3	7 KINGSTON CT			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
— 6391	WHITWELL	INSULATION	PASS	
2	1 MARQUERITA HEMINGWAY HOMES			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
— 6682	MILORD.	TEMP POWER	PASS	
7	10 N. SEWALL'S PT. RD. MILORD.	POLE		INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6648	FENDER	FENCE FINAL		
	3 OAKWOOD DR PIONEER SCREEN	SCREEN ENCL.	PASS	CLOSE INSPECTOR: <i>OM</i>
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
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-220-4765

OK

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 Dr. Carrol Brennan
DR. WILLIAM CARLSON Address 7 KINGSTON CT Phone _____

Contractor WOLF'S LANDSCAPE Address 990 SW 34TH ST PALM Phone 772-631-7643

No. of Trees: REMOVE 1 Species: SILVER BISMARK

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

Reason for tree removal /relocation: (See notice above) SILVER BISMARK IS DEAD

Signature of Property Owner Carrol A. Brennan Date 10/12/10

Approved by Building Inspector: [Signature] Date 10-12-10 Fee: N/C

NOTES: _____

SKETCH:

