

# **8 NE Lagoon Island Court**

**3461**

**SFR**

3461

Tax Folio No. \_\_\_\_\_

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name GARY GRIFFIS

Owner's Address 2571 NE OCEAN Blvd #102 STUART, 34996

Owner's Telephone 288-5890

Fee Simple Titleholder's Name (if other than owner) \_\_\_\_\_

Fee Simple Titleholder's Address (if other than owner) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor's Name RUTLEDGE M SCAMMELL

Contractor's Address 4668 SE BINWACLE WAY

City PORT SALERNO State FLA Zip 33492

Contractor's Telephone 407-287-6041 License Number 006876

Job Name GRIFFIS RESIDENCE

Job Address Lot 15 PLANTATION @ ISLAND LAGOON COURT

City Town of Sewall's Point State Florida Zip 34996

Legal Description Lot 15, PLANTATION AT SEWALL'S POINT AS RECORDED IN PLAT BOOK 12 PAGE 70 PUBLIC RECORDS MARTIN CO

Bonding Company \_\_\_\_\_

Bonding Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Architect/Engineer's Name KELLY & KELLY

Architect/Engineer's Address 118 WEST 6th ST STUART FLA

Mortgage Lender's Name 1ST UNITED BANK

Mortgage Lender's Address 1330 So Fed Way, STUART, FLA. 34994

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 OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, MARTIN COUNTY, STATE AGENCIES, OR FEDERAL AGENCIES.

Plumbing Contractor \_\_\_\_\_ License No. \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ License No. \_\_\_\_\_

Roofing Contractor \_\_\_\_\_ License No. \_\_\_\_\_

A/C Contractor \_\_\_\_\_ License No. \_\_\_\_\_

Description of Building or Alterations NEW CONSTRUCTION FOR  
RESIDENCE

Name of Street Designated as Front Building Line and Front Yard  
NE LAGOON ISLAND CT

Subdivision PLANTATION Lot 15 Block \_\_\_\_\_

Building Area (air conditioned) 3568 sq. ft.

Garage, Porch, Carport Area 1456 sq. ft.

Contract Price (excluding carpet, land, appliance, landscaping)  
\$265,000.00

DATE \_\_\_\_\_

(Owner or Authorized Agent)

Sworn and Subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 199\_\_\_\_\_

(SEAL)

NOTARY PUBLIC  
State of Florida at Large  
My Commission Expires:

*Richard M. Stummell*  
(Contractor)

DATE 9-10-93

Sworn and Subscribed before me this

10th day of Sept. 1993

(SEAL)

*Joan H. Bamour*

NOTARY PUBLIC  
State of Florida at Large  
My Commission Expires: Nov. 15, 1994  
Notary Public, State of Florida  
Benedict Thru Troy Fair - Insurance Inc.

Certificate of Competency Holder

Contractor's State Certification or Registration No. ~~CG~~CG006876

Contractor's Certificate of Competency No. CG006876

APPLICATION APPROVED BY *Dale Brown* Permit Officer

*[Signature]*

For Official Use Only

Plans approved as submitted ✓ Date 9/9/93

Plans approved as marked \_\_\_\_\_ Date \_\_\_\_\_

A/C Area 3568 sq. ft. x \$60. = \$ 214080

Non A/C Area 1456 sq. ft. x \$25. = \$ 36400

Total = \$ 5024<sup>00</sup>

Contract Price \$ 265,000 (fee will be charged on higher amount)

265000 M. x \$8.00 = \$ 2,120 Building Fee

25% Owner/Builder Fee \$ N/A (if applicable)

A/C Fee \$ 100.00

Electrical Fee \$ 100.00

Plumbing Fee \$ 100.00

Roofing Fee \$ 100.00

Radon Fee \$ 50.24

County Impact Fee \$ 1508.20

TOTAL PERMIT FEE \$ 4,078.44

PAYMENT RECEIVED Dale Brown 9/9/93  
Signature Date

# ELEVATION CERTIFICATE

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No 3067-0077  
Expires May 31, 1993

**ATTENTION:** Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR).  
**Instructions for completing this form can be found on the following pages.**

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME	POLICY NUMBER	
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER	COMPANY NAIC NUMBER	
OTHER DESCRIPTION (Lot and Block Numbers, etc.)		
CITY	STATE	ZIP CODE

### SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE):  NGVD '29  Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE:  feet NGVD (or other FIRM datum—see Section B, Item 7).

### SECTION C BUILDING ELEVATION INFORMATION

- Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level \_\_\_\_\_.
- FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of  feet NGVD (or other FIRM datum—see Section B, Item 7).
  - FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of  feet NGVD (or other FIRM datum—see Section B, Item 7).
  - FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is  feet above  or below  (check one) the highest grade adjacent to the building.
  - FIRM Zone AO. The floor used as the reference level from the selected diagram is  feet above  or below  (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown
- Indicate the elevation datum system used in determining the above reference level elevations:  NGVD '29  Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
- Elevation reference mark used appears on FIRM:  Yes  No (See Instructions on Page 4)
- The reference level elevation is based on:  actual construction  construction drawings  
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
- The elevation of the lowest grade immediately adjacent to the building is:  feet NGVD (or other FIRM datum—see Section B, Item 7).

### SECTION D COMMUNITY INFORMATION

- If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is:  feet NGVD (or other FIRM datum—see Section B, Item 7).
- Date of the start of construction or substantial improvement \_\_\_\_\_.

**SECTION E CERTIFICATION**

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1–A30, AE, AH, A (with BFE), V1–V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

Reference level diagrams 6, 7 and 8 - Distinguishing Features—If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

*I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*

CERTIFIER'S NAME	LICENSE NUMBER (or Affix Seal)		
TITLE	COMPANY NAME		
ADDRESS	CITY	STATE	ZIP
SIGNATURE	DATE	PHONE	

**Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.**

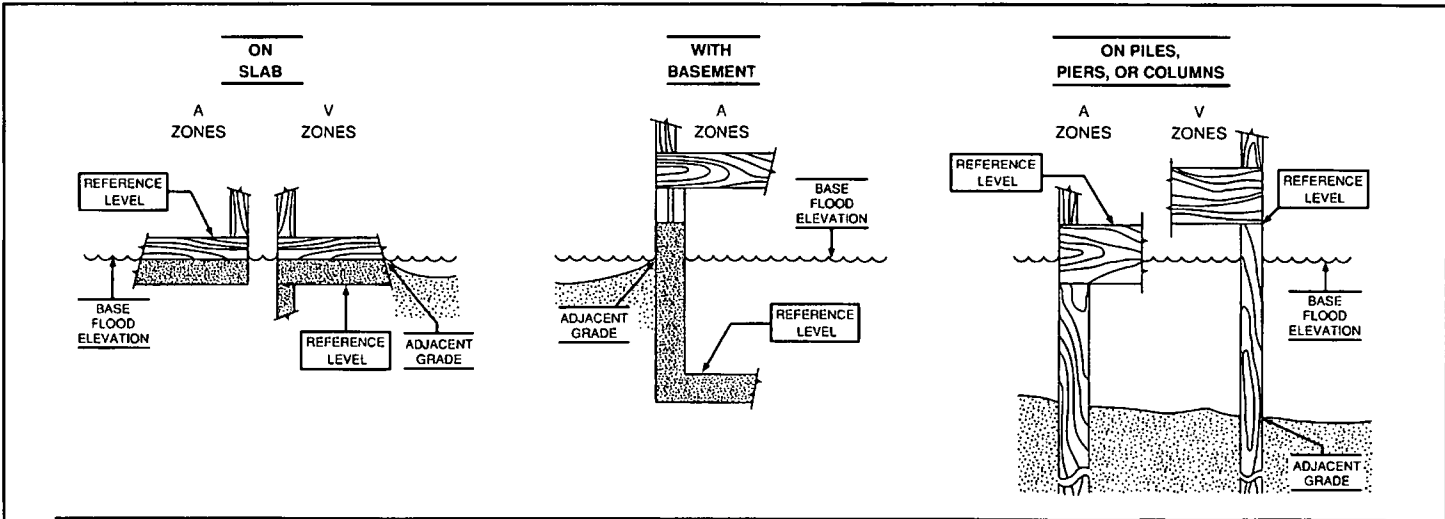
**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones.

Elevations for all A Zones should be measured at the top of the reference level floor.

Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.



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.

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 arcs, 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

July 20, 1993

SUMMARY OF NEW HURRICANE RELATED CHANGES TO  
THE SOUTH FLORIDA BUILDING CODE

THIS IS A SUMMARY OF RECENT CHANGES OR ADDITIONS TO THE SOUTH FLORIDA BUILDING CODE. IT DOES NOT INCLUDE ALL ASPECTS OF THE CODE. EACH APPLICANT FOR A DEVELOPMENT ORDER WITHIN THE TOWN IS SOLELY RESPONSIBLE FOR COMPLYING WITH ALL PROVISIONS OF THE TOWN OF SEWALL'S POINT CODE OF ORDINANCES, THE SOUTH FLORIDA BUILDING CODE AND ALL OTHER PROVISIONS OF LAW APPLICABLE WITHIN THE TOWN. THIS SUMMARY MAY NOT BE RELIED UPON AS A COMPLETE SUMMARY OF CHANGES TO THE SOUTH FLORIDA BUILDING CODE.

Effective immediately:

- °Precast concrete elements and their attachments to be designed by and bear the seal of a Florida registered engineer.
  - °Masonry vertical courses shall be vertical joints lapped in relation to adjacent unit above or below.
  - °Horizontal joint reinforcement in every other course of masonry construction is required and is to be developed into the columns or reinforced concrete columns.
  - °The maximum area of masonry wall framed by concrete members shall not exceed 240 sq. ft.
  - °Concrete tie columns shall be required in exterior walls of unit masonry. At all corners, at intervals not to exceed 20 ft. center to center of columns, adjacent to any corner opening exceeding 4 ft. in width and at the ends of free standing walls exceeding 2 ft. in length.
- Tie columns shall be provided on each side of all openings in excess of 8 ft.
- All gable and shed end corners shall have tie columns.
- °Openings between 3 and 8 ft. in width shall have one #5 vertical reinforcing bar at each side. These hook bars are to be continuous in concrete filled cells and extend into footings and tie bars, splices, where needed, shall be 30 inch minimum.
  - °All tie beams, as a minimum, will require four #3 ties (rings) at 12" c/c at corners and at each bend and at 48" c/c elsewhere.
-

- °A U-bond beam is permitted if calculations are submitted to show compliance with required loads and if it does not exceed an unsupported span of 7 ft.
- °Corner bars and hooks at all tie beam corners have been increased from 18" to 30" on each side of corner.
- °A tie beam can follow the rake of a gable or shed end wall provided the slope does not exceed 3 in 12 and all other horizontal thrust forces are taken into consideration and accounted for.
- °Tie beams shall be designed for all external acting forces, including uplift and lateral. Tie beams used over openings shall be designed accordingly.
- °GABLE END AND SHED END WALLS: A horizontal tie beam shall be provided in line with the lower ends of the gables and sheds except as permitted in Section 2704.2 (c) (6) and designed in accordance with 2704.2 (a) (2), (3) and load requirements as set forth in Chapter 23 of this Code. A concrete coping following the rake of the gable, not less than 64 square inches in area reinforced with 2-#5 shall be provided. Any intermediate tie columns required within the gable shall extend to the coping beam. Tie beams resting on masonry which are not subject to uplift and lateral wind forces shall be provided according to 2704.2 (c) (2).

All gable end and shed end walls of masonry structures shall comply with Section 2704.2 (d).

- °All masonry construction shall have its gable end and/or shed end all constructed of masonry.
- °Gables shall not be used as individual load carrying structural members. During review of the effects of Hurricane Andrew, it was found that gables did not perform well under lateral loading conditions as tension members.
- °All roofing material shall comply with applicable ASTM standards.
- °Minimum roof covering has been upgraded from number 55 to 90 ASTM tested granular surface wide salvage roll roofing.
- °Built up covering must consist of two layers of #15 ASTM tested felt and one layer of surfacing material.
- °Roofing inspections shall be required:

After installation of anchor sheet.

For mortar set tile during cap sheet installation, before cap sheet is completed and at time of tile installation.

For nail on tile at time of tile installation.

After all work has been completed.

- °Reroofing or roofing over existing shall comply with all the requirements of new construction.
- °All exterior wall components, including structural glazing, doors and windows shall be protected by engineered storm shutters.
- °Storm shutters shall be designed as a stand alone system and constructed to insure a minimum of 1 inch separation at maximum deflection with components they are designed to protect.
- °Storm shutter design calculations and detailed drawings, including attachments to the main structure, shall be prepared by and bear the seal of a Florida registered engineer.
- °Design information of the storm shutters shall be submitted with the permit.
- °There shall be a designated area identified for the storage of the shutters.

THIS IS A SUMMARY OF RECENT CHANGES OR ADDITIONS TO THE SOUTH FLORIDA BUILDING CODE. IT DOES NOT INCLUDE ALL ASPECTS OF THE CODE. EACH APPLICANT FOR A DEVELOPMENT ORDER WITHIN THE TOWN IS SOLELY RESPONSIBLE FOR COMPLYING WITH ALL PROVISIONS OF THE TOWN OF SEWALL'S POINT CODE OF ORDINANCES, THE SOUTH FLORIDA BUILDING CODE AND ALL OTHER PROVISIONS OF LAW APPLICABLE WITHIN THE TOWN. THIS SUMMARY MAY NOT BE RELIED UPON AS A COMPLETE SUMMARY OF CHANGES TO THE SOUTH FLORIDA BUILDING CODE.

# TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER \_\_\_\_\_

PERMIT NUMBER 3461

DATE ISSUED 9/9/93

OWNER Mr Gary GRIFFIS

CONTRACTOR OR

ADDRESS \_\_\_\_\_

OWNER/BLDR. RICK SCAMMELL

CITY/ST/ZIP SP

ADDRESS 4668 SE BINNACLE way

TELEPHONE \_\_\_\_\_

CITY/ST/ZIP PORT SEBASTIAN

TELEPHONE 287-6041

FLOOD ZONE B

TO BE CONSTRUCTED new house

SITE ADDRESS 8 Lagoon Island court

SUBDIVISION Plantation

CONSTRUCTION VALUE 265,000

### FEES

REMODELING/NEW CONSTRUCTION NOV

PLUMBING 100.00

IMPACT 1508.00

ELECTRICAL 100.00

RADON 50.24

MECH./A.C. 100.00

SEPTIC N/A

ROOF 100.00

WELL \_\_\_\_\_

WALL \_\_\_\_\_

FENCE \_\_\_\_\_

POOL ENCLOSURE \_\_\_\_\_

POOL Pool Deck

OWNER/BUILDER \_\_\_\_\_

DOCK \_\_\_\_\_

TOTAL 4,078.44

PAID BY CHECK  1290

### BUILDING INSPECTION

(FOR OFFICIAL USE ONLY)

(SIGN OFF)

FORM BOARD SURVEY \_\_\_\_\_ DATE \_\_\_\_\_

ROUGH PLUMBING OK DATE 10/20/93

TERMITE PROTECTION \_\_\_\_\_ DATE \_\_\_\_\_

FOOTING-SLAB OK DATE 10/19/93

LINTEL OK DATE 10/29/93

ROUGH ELECTRIC OK DATE 2/18/94

FRAMING OK DATE 2/19/94

A/C DUCTS OK DATE 2/16/94

NAILING OK DATE 12/4/93

ROOF OK DATE 2/27/94

INSULATION OK DATE 3/3/94

FINAL ELECTRIC \_\_\_\_\_ DATE \_\_\_\_\_

FINAL PLUMBING \_\_\_\_\_ DATE \_\_\_\_\_

SEPTIC FINAL \_\_\_\_\_ DATE \_\_\_\_\_

DRIVEWAY \_\_\_\_\_ DATE \_\_\_\_\_

FINAL C.O. \_\_\_\_\_ DATE \_\_\_\_\_

Pool Deck OK 4/6/94

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.



RECORD VERIFIED

This Instrument Prepared by and return  
DAVID B. NORRIS, ESQUIRE  
Law Offices of Cohen and Aranson  
712 U.S. Highway One, 4th Floor  
North Palm Beach, Florida 33408

DOC-DEED \$ 1190<sup>00</sup> MARSHA STILLER  
DOC-MTG \$ \_\_\_\_\_ MARTIN COUNTY  
DOC-ASM \$ \_\_\_\_\_ CLERK OF CIRCUIT COURT  
INT. TAX \$ \_\_\_\_\_ BY [Signature] D.C.

WARRANTY DEED

THIS INDENTURE, made this 8<sup>th</sup> day of February, 1993, by and between SEWALL'S POINT PLANTATION PARTNERSHIP, a Florida general partnership (hereinafter called "Grantor"), and GARY K. GRIFFIS, a single man, whose address is 2571 N.E. OCEAN BLVD #102 STUART, FLORIDA 34996, (hereinafter called "Grantee").

WITNESSETH, that said Grantor, for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration of said Grantor in hand paid by said Grantee, the receipt of which is hereby acknowledged, has granted, bargained, and sold to the said Grantee, and Grantee's heirs and assigns, forever, the following described property, situate, lying and being in Martin County, Florida, to wit:

Lot 15, The Plantation at Sewall's Point, according to the Plat thereof recorded in Plat Book 12, page 70, of the Public Records of Martin County, Florida.

THIS IS VACANT LAND.

THIS CONVEYANCE is subject to and by accepting this Deed, the Grantee herein agrees to assume and abide by the following:

1. All matters as shown on the plat of the Plantation at Sewall's Point recorded in Plat Book 12, page 70 of the Public Records of Martin County, Florida; and
2. The Declaration of Covenants and Restrictions for the Plantation at Sewall's Point recorded in Official Record Book 382, page 351 of the Public Records of Martin County, Florida and all exhibits and all amendments thereto; and
3. Memoranda, conditions, limitations, restrictions, reservations and easements of record, if any; and
4. The Articles of Incorporation and By-Laws of the SEWALL'S POINT PLANTATION HOMEOWNERS ASSOCIATION, INC., as now or hereafter promulgated and amended which shall be covenants running with the land and the lien provisions thereof; and
5. Real estate taxes for the year 1993 and all subsequent years.

AND SAID GRANTOR does hereby fully warrant the title to said property and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

[Signature]  
print DAVID B. NORRIS  
[Signature]  
print LORRAINE MILANO

SEWALL'S POINT PLANTATION PARTNER-  
SHIP, a Florida general partnership  
BY: Sewall's Point Plantation, Inc.,  
a Florida corporation as General  
Partner  
BY: [Signature]  
JOHN H. BOURASSA, President  
ORDER 955 FGI 172

-AND-

BY: Yendis Corporation, a Wisconsin corporation, as General Partner

Melissa S. Loesch  
print MELISSA S. LOESCHEN

BY: [Signature]  
SIDNEY KOHL, President

Lisa Sheen  
print LISA SHEEN

12,12/sew2

RECEIVED  
FEB 16 PM 4:15  
CLERK OF CIRCUIT COURT  
D.C.

20

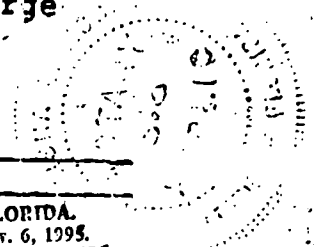
STATE OF FLORIDA )  
COUNTY OF Martin ) SS:

The foregoing instrument was acknowledged before me this 3 day of February, 1993, by JOHN H. BOURASSA as President of SEWALL'S POINT PLANTATION, INC., a Florida corporation, as General Partner of Sewall's Point Plantation Partnership, a Florida general partnership, on behalf of the same. He or she is personally known to me or has produced \_\_\_\_\_ as identification and did (did not) take an oath.

Sign: [Signature]  
Print: Melisha L McCoy  
Notary Public  
State of Florida at Large

(SEAL)

Serial Number: CC #158617  
My commission expires: \_\_\_\_\_



STATE OF ~~WISCONSIN~~ FLORIDA  
COUNTY OF Palm Beach ) SS:

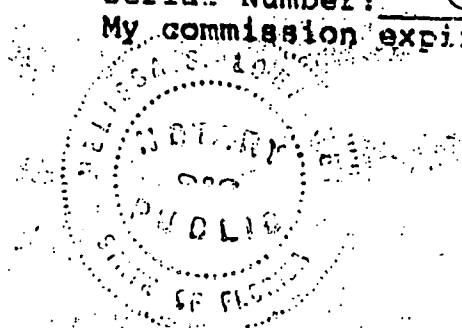
NOTARY PUBLIC, STATE OF FLORIDA.  
MY COMMISSION EXPIRES: Nov. 6, 1995.  
BONDED THRU NOTARY PUBLIC UNDERWRITERS

The foregoing instrument was acknowledged before me this 2<sup>nd</sup> day of February, 1993, by SIDNEY KOHL as President of YENDIS CORPORATION, a Wisconsin corporation, as General Partner of Sewall's Point Plantation Partnership, a Florida general partnership, on behalf of the same. He or she is personally known to me or has produced driver's license as identification and did (did not) take an oath.

Sign: [Signature]  
Print: MELISSA S. LOESCHEN  
Notary Public  
State of Florida at Large

(SEAL)

Serial Number: # CC 118091  
My commission expires: \_\_\_\_\_



NOTARY PUBLIC, STATE OF FLORIDA.  
MY COMMISSION EXPIRES: July 21, 1995.  
BONDED THRU NOTARY PUBLIC UNDERWRITERS

Department of Community Affairs  
 FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION  
 Residential Component Prescriptive Method A

SN: 5504

FORM 600A-93

SOUTH

PROJECT NAME: GRIFFIS RESIDENCE | BUILDER:  
 AND ADDRESS: LOT 15 PLANTATION S/ PERMITTING  
 SEWALL'S POINT, FLOR | OFFICE: TOWN OF SEWA | CLIMATE  
 OWNER: GARY GRIFFIS | PERMIT NO. | ZONE: 7 | 8 | 9 |  
 JURISDICTION NO. 531300

CK

1. New construction or addition	1. New Construction	_____
2. Single family detached or Multifamily attached	2. Single-Family	_____
3. If Multifamily-No. of units	3. 0	_____
4. If Multifamily, is this a worst case (yes/no)	4.	_____
5. Conditioned floor area (sq.ft.)	5. 3568.00	_____
6. Predominant eave overhang (ft.)	6. 2.50	_____
7. Porch overhang length (ft.)	7. 10.00	_____
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 874.4sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 0.0sqft 0.00sqft	_____
9. Floor type and insulation:		
a. Slab on grade (R-value, perimeter)	9a. R= 0.00 , 214.00 ft	_____
10. Net Wall type area and insulation:		
a. Exterior: 2. Wood frame (Insulation R-value)	10a-2 R=19.00, 4086.00sqft	_____
a. Adjacent: 2. Wood frame (Insulation R-value)	10a-2 R=19.00, 244.00sqft	_____
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a. R=19.00 , 3568.00sqft	_____
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 0.00 , cond	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 10.50	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 10.50	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
15. Hot water system:	15. Type: LP Gas	_____
	EF: 0.54	_____
15. Hot water system:	15. Type: LP Gas	_____
	EF: 0.54	_____
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	16.	_____
17. Infiltration practice: 1, 2 or 3	17. 2	_____
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	18. CF CV MZ	_____
19. EPI (must not exceed 100 points)	19. 82.63	_____
a. Total As_Built points	19a. 48724.04	_____
b. Total Base points	19b. 58963.96	_____

I Hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: Mary Horvath  
 DATE: 8.26.93

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

I hereby certify that this building is in compliance with the Florida Energy Code.

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*\*

SUMMER CALCULATIONS

\*\*\*\*\*

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIEN	AREA	x BSPM =	POINTS	TYPE	SC	ORIEN	AREA	x SPM	x SOF	= POINTS
N	148.00	109.7	16235.6	SGL CLR		N	12.0	64.5	.86	663.1
				SGL CLR		N	36.0	64.5	.84	1950.5
				SGL CLR		N	30.0	64.5	.82	1583.2
				SGL CLR		N	6.0	64.5	.57	219.3
				SGL CLR		N	16.0	64.5	.59	613.5
				SGL CLR		N	48.0	64.5	.70	2167.2
E	96.00	109.7	10531.2	SGL CLR		E	30.0	136.3	.78	3178.3
				SGL CLR		E	36.0	136.3	.70	3457.1
				SGL CLR		E	30.0	136.3	.81	3312.1
S	380.40	109.7	41729.9	SGL CLR		S	126.0	135.6	.48	8201.1
				SGL CLR		S	64.0	135.6	.48	4205.7
				SGL CLR		S	15.6	135.6	.31	649.7
				SGL CLR		S	9.0	135.6	.36	433.9
				SGL CLR		S	165.8	135.6	.71	15880.8
				SGL CLR		S	64.0	136.3	.74	6423.4
W	250.00	109.7	27425.0	SGL CLR		W	18.0	136.3	.59	1447.5
				SGL CLR		W	72.0	136.3	.81	7949.0
				SGL CLR		W	96.0	136.3	.59	7720.0
				SGL CLR		W	64.0	136.3	.74	6423.4

.15 x COND.	FLOOR /	TOTAL GLASS	= ADJ.	x	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	AREA	FACTOR		POINTS		POINTS	POINTS
.15	3,568.00	874.40	.612		95,921.68		58,711.44	70,055.30

NON GLASS-----										
AREA	x	BSPM =	POINTS	TYPE	R-VALUE	AREA	x	SPM =	POINTS	
WALLS-----										
Ext	4086.0	1.6	6537.6	Ext Wood Frame	19.0	4086.0	1.60	6537.6		
Adj	244.0	1.0	244.0	Adj Wood Frame	19.0	244.0	.60	146.4		
DOORS-----										
Adj	17.0	2.6	44.2	Adj Wood		17.0	3.80	64.6		
CEILINGS-----										
UA	3568.0	.8	2854.4	Under Attic	19.0	3568.0	1.50	5352.0		
FLOORS-----										
Slb	214.0	-20.0	-4280.0	Slab-on-Grade	.0	214.0	-20.00	-4280.0		
INFILTRATION-----										
	3568.0	14.7	52449.6	Practice #2		3568.0	14.70	52449.6		

TOTAL SUMMER POINTS	116,561.24								130,325.50
---------------------	------------	--	--	--	--	--	--	--	------------

TOTAL	x	SYSTEM	=	COOLING	TOTAL	x	CAP	x	DUCT	x	SYSTEM	x	CREDIT	=	COOLING
SUM PTS	MULT			POINTS	COMPON	RATIO	MULT	MULT	MULT	MULT	MULT	MULT			POINTS
116,561.24	.37			43,127.66	130,325.50	1.00	1.000	.320		.817					34,072.30

\*\*\*\*\*  
 WINTER CALCULATIONS  
 \*\*\*\*\*

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIEN	AREA	x BWPM	= POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS
N	148.00	-.4	-59.2	SGL CLR		N	12.0	3.7	1.06	47.3
				SGL CLR		N	36.0	3.7	1.07	142.5
				SGL CLR		N	30.0	3.7	1.08	120.0
				SGL CLR		N	6.0	3.7	1.23	27.3
				SGL CLR		N	16.0	3.7	1.21	71.7
E	96.00	-.4	-38.4	SGL CLR		N	48.0	3.7	1.14	202.5
				SGL CLR		E	30.0	.1	5.86	17.6
				SGL CLR		E	36.0	.1	7.79	28.1
S	380.40	-.4	-152.2	SGL CLR		E	30.0	.1	5.04	15.1
				SGL CLR		S	126.0	-2.0	-.34	85.7
				SGL CLR		S	64.0	-2.0	-.29	37.6
				SGL CLR		S	15.6	-2.0	-1.86	58.1
				SGL CLR		S	9.0	-2.0	-1.44	25.9
W	250.00	-.4	-100.0	SGL CLR		S	165.8	-2.0	.55	-183.0
				SGL CLR		W	64.0	.1	6.92	44.3
				SGL CLR		W	18.0	.1	11.04	19.9
				SGL CLR		W	72.0	.1	5.04	36.3
				SGL CLR		W	96.0	.1	11.04	106.0

.15 x COND.	FLOOR /	TOTAL GLASS	= ADJ.	x	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	AREA	FACTOR		POINTS		POINTS	POINTS
.15	3,568.00	874.40	.612		-349.76		-214.08	902.67

NON GLASS-----									
AREA	x	BWPM	= POINTS	TYPE	R-VALUE	AREA	x	WPM	= POINTS
WALLS-----									
Ext	4086.0	.3	1225.8	Ext Wood Frame	19.0	4086.0	.30		1225.8
Adj	244.0	.5	122.0	Adj Wood Frame	19.0	244.0	.30		73.2
DOORS-----									
Adj	17.0	1.3	22.1	Adj Wood		17.0	1.90		32.3
CEILINGS-----									
UA	3568.0	.1	356.8	Under Attic	19.0	3568.0	.30		1070.4
FLOORS-----									
Slb	214.0	-2.1	-449.4	Slab-on-Grade	.0	214.0	-2.10		-449.4
INFILTRATION-----									
	3568.0	1.2	4281.6	Practice #2		3568.0	1.20		4281.6

=====  
 TOTAL WINTER POINTS                      5,344.82    7,136.57  
 =====

TOTAL	x	SYSTEM	=	HEATING	TOTAL	x	CAP	x	DUCT	x	SYSTEM	x	CREDIT	=	HEATING
WIN PTS	MULT			POINTS	COMPON	RATIO	MULT	MULT	MULT	MULT	MULT	MULT		POINTS	
5,344.82	1.10			5,879.30	7,136.57	1.00	1.000	1.000		.950				6,779.74	

=====

\*\*\*\*\*

WATER HEATING

\*\*\*\*\*

=== BASE ===

=== AS-BUILT ===

NUM OF BEDRMS	x	MULT	=	TOTAL	TANK VOLUME	EF	TANK RATIO	x	MULT	x	CREDIT MULT	=	TOTAL
3		3319.0		9,957.00	50	.54	.500		2624.0		1.00		3,936.00
					50	.54	.500		2624.0		1.00		3,936.00
				9,957.00									7,872.00

\*\*\*\*\*

SUMMARY

\*\*\*\*\*

=== BASE ===

=== AS-BUILT ===

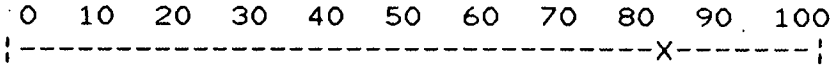
COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS	COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
43127.7		5879.3		9957.0		58,963.96	34072.3		6779.7		7872.0		48,724.04

\*\*\*\*\*  
 \* EPI = 82.63 \*  
 \*\*\*\*\*

ENERGY GUIDE

For detailed information of the EPI rating number or for any ITEM listed, ask your Builder for DCA Form 600A-93 or Form 600B-93

EPI= 82.6



The maximum allowable EPI is 100. The lower the EPI the more efficient the home

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency	
		SINGL CLR		DBL TINT	
WINDOWS.....	Single Clear	X-----		-----	
INSULATION.....					
Ceiling R-Value.....	19.0	R-10		R-30	
Wall R-Value.....	19.0	-----X-----		-----X-----	
Floor R-Value.....	0.0	R-0		R-7	
		-----X-----		-----X-----	
		R-0		R-19	
		X-----		-----	
AIR CONDITIONER.....					
SEER/EER.....	10.9	10.0	SEER	17.0	
		--X-----		-----	
		9.7	EER	16.0	
HEATING SYSTEM.....					
Electric COP/HSPF.....	1.0	2.50	COP	4.19	
		X-----		-----	
Gas AFUE.....	0.00	0.78	AFUE	0.90	
		-----		-----	
WATER HEATER.....					
Electric EF.....	0.00	0.88		0.96	
		-----		-----	
Gas EF.....	0.54	0.54		0.90	
		X-----		-----	
Solar EF.....		0.40		0.80	
		-----		-----	
OTHER FEATURES.....					
.....					

I certify that these energy saving features required for the Florida Energy Code have been installed in this house.

Address: \_\_\_\_\_ Builder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City/Zip \_\_\_\_\_

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA  
COUNTY OF MARTIN


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

1. That Affiant is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affiant's signature.

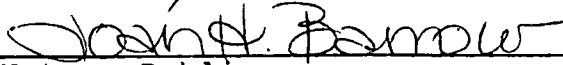
2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$315,000.<sup>00</sup>.

4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

  
\_\_\_\_\_  
Affiant  
Property/street address:  
Lot 15  
Plantation

Sworn to and subscribed  
before me this 22<sup>nd</sup> day of  
July, 1994.

  
\_\_\_\_\_  
Notary Public  
STATE OF FLORIDA AT LARGE  
My Commission Expires:

(NOTARY SEAL) Notary Public, State of Florida  
My Commission Expires Nov. 16, 1994  
Bonded thru Troy Fair - Insurance Inc.



# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 461-7500  
 VERO BEACH: (407) 567-616  
 STUART: (407) 283-771

## Report of DENSITY OF SOIL IN PLACE ASTM D2922

**Client** Rick Scammell Construction

**Date** October 18, 1993

**Contractor** Client

**Site** Lot 15, Plantation  
 8 Lagoon Island Dr.  
 Stemwall Foundation

**Permit** #3461

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
8125	N.E. Corner	0 - 1'	101.4	8125	102.3	99.1
	S.E. Corner	0 - 1'	100.6			98.3
	N.W. Corner	0 - 1'	101.3			99.0
	S.W. Corner	0 - 1'	102.0			99.7
All elevations below footing grade.						

**Copies** Client - 1  
 Sewall's Pt. Bldg. Dept. - 1

Respectfully submitted,

*Alexander H. Fraser*

ALEXANDER H. FRASER, P. E.

# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 481-754  
 VERO: (407) 567-614  
 STUART: (407) 283-774

Report  
 of  
**MOISTURE DENSITY RELATIONSHIP**  
 ASTM 1557-70

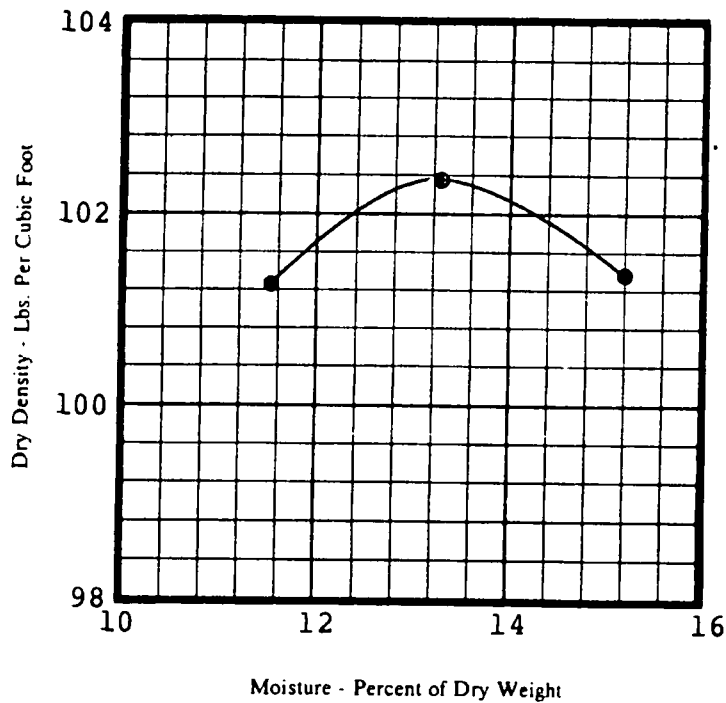
**Client** Rick Scammell Construction

**Date** October 18, 1993

**Contractor** Client

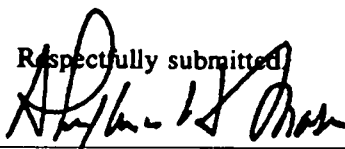
**Site** Lot 15, Plantation  
 8 Lagoon Island Dr.  
 Stemwall Foundation

**Permit #**3461



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
8125	B	Composite	13.3	102.3	White fine sand.

Copies

Respectfully submitted  


ALEXANDER H. FRASER, P. E.

Post Office Box 1500, Stuart, FL 34995-1500  
2440 S.E. Federal Highway - Stc. Z, Stuart, FL 34994  
Telephone [407] 288-4880 TeleFax [407] 288-0128

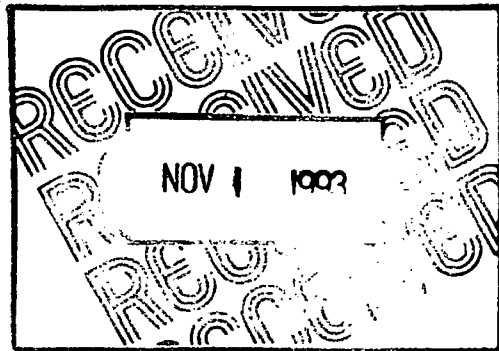
**LETTER OF TRANSMITTAL**

**TO:** TOWN OF SEWALL'S POINT  
**FROM:** ERIC B. HOLLY, P.L.S.  
**DATE:** November 1, 1993  
**SUBJECT:** Lot 15, Plantation of Sewall's Point

---

PLEASE FIND ATTACHED

- 2 FORM BOARD TIE-INS



Please sign & return duplicate to ASLAN, Inc.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Vinyl Tech, Inc.

ACCEPTANCE No.: 91-0703.7  
APPROVED : Oct. 21, 1991  
EXPIRES : May 22, 1995

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

DESCRIPTION OF UNIT

MODEL DESIGNATION

Series 6000 Aluminum  
Fixed Window F-C95

OVERALL SIZE:

10' - 1 7/8" by 5' - 1 7/8" high

No. & SIZE OF FIXED LIGHTS:

by 59 1/4" high.

GLAZING MATERIAL:

3/16" tempered glass

GLAZING METHOD:

Interior glazed using a silicone adhesive and extruded aluminum glazing bead; a foam glazing tape used at interior of glass; bead secured with three No. 6 by 1" Tek screws and three No. 12 by 2 1/2" flat head wood screws (installation screws) in each jamb; six No. 6 by 1" Tek screws and seven No. 12 by 2 1/2" flat head wood screws (installation screws) in frame head and sill.

WEEPHOLES: None

MUNTINS: None

REINFORCEMENT: None

ADDITIONAL DESCRIPTION:

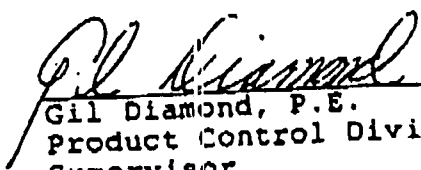
Flange type frame. All fasteners exposed to the exterior of the building shall be non-removable.

ASSIGNED ACCEPTANCE MARKINGS

AAMA 101-88 F-C95  
Dade County Approval #91-0703.7  
Expires: May 22, 1995  
Approved for installation up to 750 ft. above grade.

CAUTION: Elevation must be reduced in the coastal construction zone

One with an overall glass size of 119 1/4"

  
Gil Diamond, P.E.  
Product Control Division  
Supervisor

## METROPOLITAN DADE COUNTY, FLORIDA

METRO DADE

METRO-DADE CENTER

BUILDING & ZONING DEPARTMENT  
SUITE 1010  
111 N.W. 1st STREET  
MIAMI, FLORIDA 33128-1974

(305) 375-2612

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

1. Extension of Acceptance may be considered after a new application has been filed and the supporting data, test reports no older than ten (10) years, have been re-evaluated.

All reports of re-testing shall bear the seal, signature and date of an engineer registered in the State of Florida.

2. Any revision or change in the materials, use, or manufacture of the product or process shall automatically be cause for termination, unless prior approval is granted for revisions or change.
3. Any unsatisfactory performance of this product or process or a change in Code provisions shall be grounds for re-evaluation.
4. This acceptance shall not be used as an endorsement of any product for sales or advertising purposes.
5. The Notice of Acceptance number preceded by the words Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the Notice of Acceptance is displayed, then it shall be done in its entirety.
6. Product approval drawings, where required for permit applications, shall be provided to the applicant by the manufacturer or his distributors; unless otherwise noted in the Notice of Acceptance. The prints need not be re-sealed by an engineer.
7. Failure to comply with Standard Conditions shall be cause for termination of Approval.



Gil Diamond, P.E.  
Product Control Supervisor  
Metropolitan Dade County  
Building & Zoning Department

Vinyl Tech, Inc.

ACCEPTANCE No.: 91-0703.7

APPROVED : Oct. 21, 1991

EXPIRES : May 22, 1995

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

TESTS:

INTERIOR WINDLOAD: 147.0 p.s.f.

EXTERIOR WINDLOAD: 147.0 p.s.f.

WATER RESISTANCE : 15.0 p.s.f.

AIR INFILTRATION : 0.01 cfm/sf.

FORCED ENTRY : MTL-14861

SCREWS AND METHOD OF ATTACHMENT

SILL : 6 # 12 x 2 1/2" FH CP WS

HEADER: 6 # 12 x 2 1/2" FH CP WS

JAMBS : 3 # 12 x 2 1/2" FH CP WS

NOTE: Please see Note #11, Page 3

APPROVED FOR ELEVATIONS UP TO: 750. feet above existing grade

This product must be re-evaluated for structural adequacy when installed within the Coastal Construction Zone in accordance with Chapter 23 Sub-section 2309.2 (b) of the South Florida Building Code.



Gil Diamond, P.E.  
Product Control Division  
Supervisor

# METROPOLITAN DADE COUNTY FLORIDA

METRODADE

METRO-DADE CENTER

BOARD OF RULES AND APPEALS  
SUITE 1000  
1100 N.W. 131 STREET  
MIAMI, FLORIDA 33125-3774  
305-375-2599

Chairman

Vice Chairman

Members

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

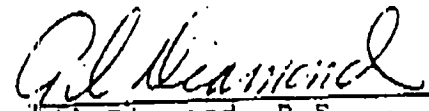
...

## PRODUCT CONTROL NOTICE OF ACCEPTANCE

Vinyl Tech, Inc.  
155 Center Court  
Venice, Fl. 34292.

Your application for Product Approval of Series 6000 Aluminum Fixed Window F-C95 under Sections 203 and 204 of the South Florida Building Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by Miami Testing Laboratory Report #MTL-14861 dated May 22, 1991 has been accepted by Product Control to be used in the Unincorporated areas of Dade County under the Specific Conditions set forth on pages 2-2a and the Standard Conditions on Page 3 for Glazed Products

ACCEPTANCE No. : 91-0703.7  
APPROVED : Oct. 21, 1991  
EXPIRES : May 22, 1995

  
Gil Diamond, P.E.  
Product Control Division  
Supervisor

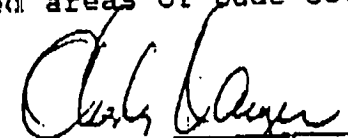
**\*\*PLEASE NOTE\*\***

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

## BOARD OF RULES AND APPEALS NOTICE OF ACCEPTANCE

This application for Product Approval has been accepted by the Metropolitan Dade County Board of Rules and Appeals to be used in the Incorporated and Unincorporated areas of Dade County under the conditions set forth above.

APPROVED: October 21, 1991

  
Charles Dangers, P.E.  
Deputy Secretary  
Metropolitan Dade County  
Board of Rules and Appeals

# MTL

*Expeditious service  
Conscientious testing*

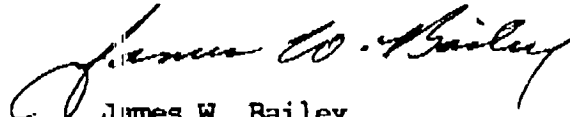
Lab. Number MTL-1445  
File Number 90-1036  
August 7, 1990  
Report Number 13  
Page 2 of 2  
Reissued: 1-6-92  
L-45516

Test Completed - August 2, 1990

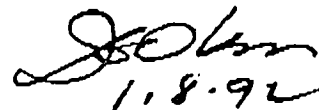
Remarks: This test report does not constitute certification of this product, but only that the above test results were obtained using the designated test methods and they indicate compliance with the performance requirements (paragraphs as listed) of the above referenced specifications.

- 2 - Vinyl Tech, Inc.
- 2 - ALI
- 1 - Vinyl Tech, Inc. (Metro Dade County)
- 1 - City of Sunrise
- 1 - City of Coral Springs

MIAMI TESTING LABORATORY, INC



James W. Bailey  
President





**MTL***Expeditious service  
Conscientious testing***MIAMI TESTING LABORATORY, INC.**  
1640 West 32 Place  
Hialeah, Florida 33012-4585  
Phone: 305-822-1141Lab. Number MTL-1445  
File Number 90-1036  
August 7, 1990  
Report Number 13  
Page 1 of 2  
Reissued: 1-6-92  
L-45516**SPECIFICATION CONFORMANCE TEST REPORT****MANUFACTURER:** Vinyl Tech, Incorporated  
**ADDRESS:** 155 Center Court  
Venice, Florida 34292**DESIGNATION:** DH-C35/F.E.R.  
**SPECIFICATIONS:** ANSI/AAMA 101-88  
AAMA 1302.5-1976**TEST SAMPLE SIZE:** 4' 5 1/8" by 6' 4" high**SERIES:** 4000; Aluminum Single Hung  
Window**DESCRIPTION OF SAMPLE TESTED****NO. & SIZE OF VENTS:** One; 50 1/8" by 38 1/16" high; eight fixed lights frame glazed at top with a clear opening of; two lights at each frame jamb, 10 7/8" by 16 7/8" high; four inside lights, 11 5/8" by 16 7/8" high.**WEATHERSTRIPPING:** Double pile in each vent jamb rail. Single pile at fixed meeting rail. Single vinyl bulb at frame sill and vent bottom rail.**OPERATORS & LOCATIONS:** Spring and pulley balances. One metallic cam lock 10 1/2" from each end of vent top rail.**GLAZING MATERIAL:** Double strength annealed glass.**GLAZING METHOD:** Exterior glazed using silicone adhesive bedding compound and rolled aluminum glazing bead.**WEEPHOLES:** 1 5/8" weep notch at each end of sill screen retainer.**MUNTINS:** One horizontal and two vertical muntins in vent and fixed light, (8 over 8).**REINFORCEMENT:** None**ADDITIONAL DESCRIPTION:** Flange type frame. 1 11/16" high overall interior sill flange.**PERFORMANCE TEST RESULTS**

Paragraph Number	Title of Test	Measured	Allowed
2.1.7	Forced Entry Resistance: AAMA 1302.5-1976, Paragraph 3.1.1 Test A through 3.1.5 Test G	No entry	None Allowed
3.3	Water Resistance Test: (ASTM E547/E331) With and without screens, no leakage at	8.30 pnf	3.75 minimum
Note:	With a 2 1/2" high overall interior sill flange, with and without screen (ASTM E547/E331), no leakage at	10.40 pnf	
3.4	Uniform Load Structural Test: Exterior Load Interior Load Permanent Deformation	54.0 pnf 54.0 pnf 0.138 inches	37.5 minimum 37.5 minimum 0.201 maximum

Section 2, Test Report Number 6, J-44326; 1990; MTL-14430

STATE OF FLORIDA  
DEPARTMENT OF PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY  
LICENSING BOARD

CERTIFIED GENERAL CONTRACTOR

SCAMMELL, RUTLEDGE M  
INDIVIDUAL

HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S.  
FOR THE YEAR EXPIRING AUG 31, 1994

*Lawton Chiles*  
LAWTON CHILES  
GOVERNOR

*George Stuart, Jr.*  
GEORGE STUART, JR.  
SECRETARY D.P.R.

Department of Community Affairs  
 FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SN: 5504

FORM 600A-93

Residential Component Prescriptive Method A

SOUTH

PROJECT NAME: GRIFFIS RESIDENCE | BUILDER:  
 AND ADDRESS: LOT 15 PLANTATION S/ | PERMITTING  
 SEWALL'S POINT, FLOR | OFFICE: TOWN OF SEWA | CLIMATE  
 OWNER: GARY GRIFFIS | PERMIT NO. | JURISDICTION NO.531300  
 CK

1. New construction or addition	1. New Construction	_____
2. Single family detached or Multifamily attached	2. Single-Family	_____
3. If Multifamily-No. of units	3. 0	_____
4. If Multifamily, is this a worst case (yes/no)	4. _____	_____
5. Conditioned floor area (sq.ft.)	5. 3568.00	_____
6. Predominant eave overhang (ft.)	6. 2.50	_____
7. Porch overhang length (ft.)	7. 10.00	_____
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 874.4sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 0.0sqft 0.00sqft	_____
9. Floor type and insulation:		
a. Slab on grade (R-value, perimeter)	9a. R= 0.00 , 214.00 ft	_____
10. Net Wall type area and insulation:		
a. Exterior: 2. Wood frame (Insulation R-value)	10a-2 R=19.00, 4086.00sqft	_____
a. Adjacent: 2. Wood frame (Insulation R-value)	10a-2 R=19.00, 244.00sqft	_____
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a. R=19.00 , 3568.00sqft	_____
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 0.00 , cond	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 10.50	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 10.50	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
15. Hot water system:	15. Type: LP Gas	_____
	EF: 0.54	_____
15. Hot water system:	15. Type: LP Gas	_____
	EF: 0.54	_____
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	16. _____	_____
17. Infiltration practice: 1, 2 or 3	17. 2	_____
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	18. CF CV MZ	_____
19. EPI (must not exceed 100 points)	19. 82.63	_____
a. Total As_Built points	19a. 48724.04	_____
b. Total Base points	19b. 58963.96	_____

I Hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: Mary Norratt  
 DATE: 8.26.93

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

~~I hereby certify that this building is in compliance with the Florida Energy Code.~~

OWNER/AGENT: \_\_\_\_\_  
 DATE: \_\_\_\_\_

BUILDING OFFICIAL: \_\_\_\_\_  
 DATE: \_\_\_\_\_

\*\*\*\*\*  
 SUMMER CALCULATIONS  
 \*\*\*\*\*

=== BASE ===				=== AS-BUILT ===						
GLASS										
ORIEN	AREA	x BSPM	= POINTS	TYPE	SC	ORIEN	AREA	x SPM	x SOF	= POINTS
N	148.00	109.7	16235.6	SGL CLR		N	12.0	64.5	.86	663.1
				SGL CLR		N	36.0	64.5	.84	1950.5
				SGL CLR		N	30.0	64.5	.82	1583.2
				SGL CLR		N	6.0	64.5	.57	219.3
				SGL CLR		N	16.0	64.5	.59	613.5
				SGL CLR		N	48.0	64.5	.70	2167.2
E	96.00	109.7	10531.2	SGL CLR		E	30.0	136.3	.78	3178.3
				SGL CLR		E	36.0	136.3	.70	3457.1
				SGL CLR		E	30.0	136.3	.81	3312.1
S	380.40	109.7	41729.9	SGL CLR		S	126.0	135.6	.48	8201.1
				SGL CLR		S	64.0	135.6	.48	4205.7
				SGL CLR		S	15.6	135.6	.31	649.7
				SGL CLR		S	9.0	135.6	.36	433.9
				SGL CLR		S	165.8	135.6	.71	15880.8
W	250.00	109.7	27425.0	SGL CLR		W	64.0	136.3	.74	6423.4
				SGL CLR		W	18.0	136.3	.59	1447.5
				SGL CLR		W	72.0	136.3	.81	7949.0
				SGL CLR		W	96.0	136.3	.59	7720.0

.15 x COND. FLOOR	TOTAL GLASS	= ADJ.	x GLASS	= ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	3,568.00	874.40	.612	95,921.68	58,711.44   70,055.30

NON GLASS									
AREA	x BSPM	= POINTS	TYPE	R-VALUE	AREA	x SPM	= POINTS		
WALLS-----									
Ext	4086.0	1.6	6537.6	Ext Wood Frame	19.0	4086.0	1.60	6537.6	
Adj	244.0	1.0	244.0	Adj Wood Frame	19.0	244.0	.60	146.4	
DOORS-----									
Adj	17.0	2.6	44.2	Adj Wood		17.0	3.80	64.6	
CEILINGS-----									
UA	3568.0	.8	2854.4	Under Attic	19.0	3568.0	1.50	5352.0	
FLOORS-----									
Slb	214.0	-20.0	-4280.0	Slab-on-Grade	.0	214.0	-20.00	-4280.0	
INFILTRATION-----									
	3568.0	14.7	52449.6	Practice #2		3568.0	14.70	52449.6	

=====  
 TOTAL SUMMER POINTS  
 116,561.24 | 130,325.50  
 =====

TOTAL	x SYSTEM	= COOLING	TOTAL	x CAP	x DUCT	x SYSTEM	x CREDIT	= COOLING
SUM PTS	MULT	POINTS	COMPON	RATIO	MULT	MULT	MULT	POINTS
116,561.24	.37	43,127.66	130,325.50	1.00	1.000	.320	.817	34,072.30

\*\*\*\*\*  
WINTER CALCULATIONS  
\*\*\*\*\*

=== BASE ===				=== AS-BUILT ===						
GLASS										
ORIEN	AREA	x BWPM	= POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS
N	148.00	-.4	-59.2	SGL CLR		N	12.0	3.7	1.06	47.3
				SGL CLR		N	36.0	3.7	1.07	142.5
				SGL CLR		N	30.0	3.7	1.08	120.0
				SGL CLR		N	6.0	3.7	1.23	27.3
				SGL CLR		N	16.0	3.7	1.21	71.7
				SGL CLR		N	48.0	3.7	1.14	202.5
E	96.00	-.4	-38.4	SGL CLR		E	30.0	.1	5.86	17.6
				SGL CLR		E	36.0	.1	7.79	28.1
				SGL CLR		E	30.0	.1	5.04	15.1
S	380.40	-.4	-152.2	SGL CLR		S	126.0	-2.0	-.34	85.7
				SGL CLR		S	64.0	-2.0	-.29	37.6
				SGL CLR		S	15.6	-2.0	-1.86	58.1
				SGL CLR		S	9.0	-2.0	-1.44	25.9
				SGL CLR		S	165.8	-2.0	.55	-183.0
W	250.00	-.4	-100.0	SGL CLR		W	64.0	.1	6.92	44.3
				SGL CLR		W	18.0	.1	11.04	19.9
				SGL CLR		W	72.0	.1	5.04	36.3
				SGL CLR		W	96.0	.1	11.04	106.0

.15 x COND. FLOOR	TOTAL GLASS	= ADJ.	x GLASS	= ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	3,568.00	.612	-349.76	-214.08	902.67

NON GLASS								
AREA	x BWPM	= POINTS	TYPE	R-VALUE	AREA	x WPM	= POINTS	
<b>WALLS</b>								
Ext	4086.0	.3	1225.8	Ext Wood Frame	19.0	4086.0	.30	1225.8
Adj	244.0	.5	122.0	Adj Wood Frame	19.0	244.0	.30	73.2
<b>DOORS</b>								
Adj	17.0	1.3	22.1	Adj Wood		17.0	1.90	32.3
<b>CEILINGS</b>								
UA	3568.0	.1	356.8	Under Attic	19.0	3568.0	.30	1070.4
<b>FLOORS</b>								
Slb	214.0	-2.1	-449.4	Slab-on-Grade	.0	214.0	-2.10	-449.4
<b>INFILTRATION</b>								
	3568.0	1.2	4281.6	Practice #2		3568.0	1.20	4281.6

=====  
TOTAL WINTER POINTS                      5,344.82                      7,136.57  
=====

TOTAL	x SYSTEM	= HEATING	TOTAL	x CAP	x DUCT	x SYSTEM	x CREDIT	= HEATING
WIN PTS	MULT	POINTS	COMPON	RATIO	MULT	MULT	MULT	POINTS
5,344.82	1.10	5,879.30	7,136.57	1.00	1.000	1.000	.950	6,779.74

\*\*\*\*\*  
WATER HEATING

=== BASE ===				=== AS-BUILT ===					
NUM OF BEDRMS	x	MULT	= TOTAL	TANK VOLUME	EF	TANK RATIO	x MULT	x CREDIT MULT	= TOTAL
3		3319.0	9,957.00	50	.54	.500	2624.0	1.00	3,936.00
				50	.54	.500	2624.0	1.00	3,936.00
			9,957.00						7,872.00

\*\*\*\*\*  
SUMMARY

=== BASE ===				=== AS-BUILT ===			
COOLING POINTS	HEATING POINTS	HOT WATER POINTS	TOTAL POINTS	COOLING POINTS	HEATING POINTS	HOT WATER POINTS	TOTAL POINTS
43127.7	5879.3	9957.0	58,963.96	34072.3	6779.7	7872.0	48,724.04

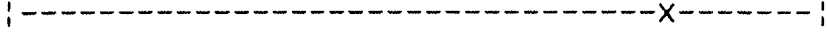
\*\*\*\*\*  
\* EPI = 82.63 \*  
\*\*\*\*\*

ENERGY GUIDE

For detailed information  
of the EPI rating number  
or for any ITEM listed,  
ask your Builder for  
DCA Form 600A-93  
or Form 600B-93

EPI= 82.6

0 10 20 30 40 50 60 70 80 90 100



The maximum allowable EPI is 100. The lower the EPI the more efficient the home

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency	
		SINGL CLR		DBL TINT	
WINDOWS.....	Single Clear	X-----		-----	
INSULATION.....					
Ceiling R-Value.....	19.0	R-10		R-30	
Wall R-Value.....	19.0	-----X-----		-----	
Floor R-Value.....	0.0	R-0		R-7	
		-----X-----		-----	
		R-0		R-19	
		X-----		-----	
AIR CONDITIONER.....					
SEER/EER.....	10.9	10.0	SEER	17.0	
		---X-----		-----	
		9.7	EER	16.0	
HEATING SYSTEM.....					
Electric COP/HSPF.....	1.0	2.50	COP	4.19	
		X-----		-----	
Gas AFUE.....	0.00	0.78	AFUE	0.90	
		-----		-----	
WATER HEATER.....					
Electric EF.....	0.00	0.88		0.96	
		-----		-----	
Gas EF.....	0.54	0.54		0.90	
		X-----		-----	
Solar EF.....		0.40		0.80	
		-----		-----	
OTHER FEATURES.....					
.....					

I certify that these energy saving features required for the Florida Energy Code have been installed in this house.

Address: \_\_\_\_\_ Builder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City/Zip \_\_\_\_\_

# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET      FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 461-7508  
 VERO BEACH: (407) 567-6167  
 STUART: (407) 283-7711

Report  
 of  
**DENSITY OF SOIL IN PLACE**  
 ASTM D2922

**Client** Rick Scammell Construction

**Date** October 18, 1993

**Contractor** Client

**Site** Lot 15, Plantation  
 8 Lagoon Island Dr.  
 Stemwall Foundation

**Permit #3461**

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
8125	N.E. Corner	0 - 1'	101.4	8125	102.3	99.1
	S.E. Corner	0 - 1'	100.6			98.3
	N.W. Corner	0 - 1'	101.3			99.0
	S.W. Corner	0 - 1'	102.0			99.7
All elevations below footing grade.						

**Copies** Client - 1  
 Sewall's Pt. Bldg. Dept. - 1

Respectfully submitted,

*Alexander H. Fraser*

ALEXANDER H. FRASER, P. E.



# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 481-7508

VERO: (407) 567-8167

STUART: (407) 283-7711

Report  
of  
**MOISTURE DENSITY RELATIONSHIP**  
ASTM 1557-70

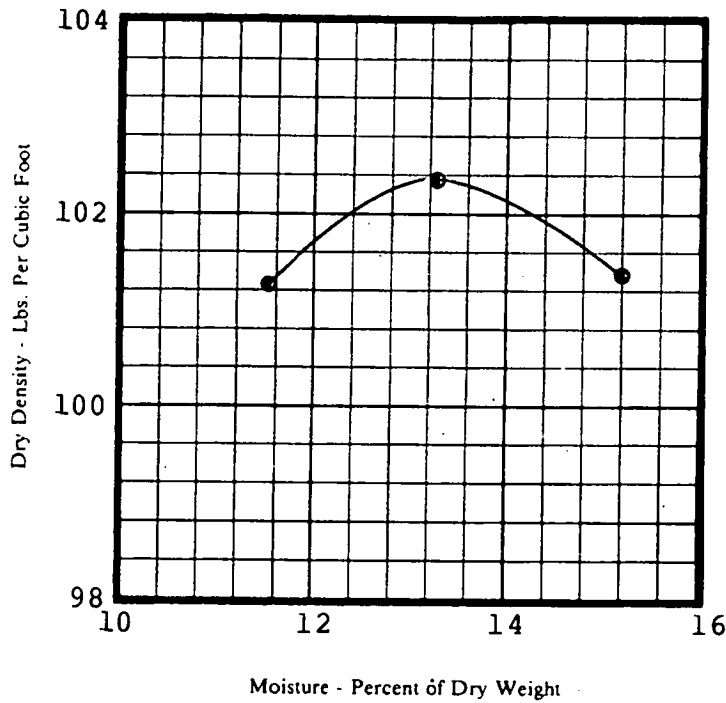
Client Rick Scammell Construction

Date October 18, 1993

Contractor Client

Site Lot 15, Plantation  
8 Lagoon Island Dr.  
Stemwall Foundation

Permit #3461



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
8125	B	Composite	13.3	102.3	White fine sand.

Copies

Respectfully submitted,

ALEXANDER H. FRASER, P. E.



**SCAMMELL CONSTRUCTORS, INC.**

PH. 407-287-6041  
P. O. BOX 750  
PORT SALERNO, FL 34992

# 3461 - #70 2985

July 27 19 94 63-13151  
670

PAY  
TO THE  
ORDER OF

Town of Scammell Point

\$ 550 <sup>00</sup>/<sub>100</sub>

Five Hundred Fifty and 00/100

DOLLARS



*Anthony J. Scammell* <sup>MP</sup>

FOR

⑈002985⑈ ⑆067063153⑆ 1022665⑈

# 3461

315,000  
265,000  

---

50,000

50 x 8 = 400 - add. fee  

---

150 - IPSE # 70  
550

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

#8 Island Lagoon Court

Date 7/22/94

This is to request that a Certificate of Approval for Occupancy be issued to Mr Gary Griffis  
 For property built under Permit No. 3461 Dated 9/9/93 when completed in  
 conformance with the Approved Plans.

[Signature]  
 Signed

Item	
1. LOT STAKES/SET BACKS	<u>10/10/93</u>
2. TERMITE PROTECTION	
3. FOOTING - SLAB	<u>10/19/93</u> <u>10/29/93</u>
4. ROUGH PLUMBING	<u>10/18/93</u>
5. ROUGH ELECTRIC	<u>2/18/94</u>
6. LINTEL	<u>NR</u>
7. ROOF	<u>2/27/94</u>
8. FRAMING	<u>2/18/94</u>
9. INSULATION	<u>3/3/94</u>
10. A/C DUCTS	<u>2/18/94</u>
11. FINAL ELECTRIC	<u>7/22/94</u>
12. FINAL PLUMBING	<u>7/22/94</u>
13. FINAL CONSTRUCTION	<u>7/22/94</u>

Approved by

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 7/22/94 date.

Approved by Building Commissioner [Signature] date.

Utilities notified EPL 7/22/94 date.

Original Copy sent to OWNER

(Keep carbon copy for Town files)

# Martin County Utilities

## *Sewer Service Connection Inspection*

Time: 1:00

Date: 2-8-94

Address: #8 Lagoon Island CT

LOT 15

PLANTATION

Passed By: AD Failed By: \_\_\_\_\_

Failed By Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3473**

**POOL**

---

3473

TAX FOLIO NO. \_\_\_\_\_

DATE 9-28-93

APPLICATION FOR A PERMIT TO BUILD A TRUCK, 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 GARY DRAGRIFFIS Present Address c/o Scammell Court  
Phone 287-6041 3050 SE DOMINICA TERN  
STUART 34997  
Contractor POOLS BY GREG Address 5886 S FED HWY PSC 34952

Phone 337-9713

Where licensed MARTIN License Number RP 0035370

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

24 NE LAGOON ISL CT SEW PT  
State the street address at which the proposed structure will be built:

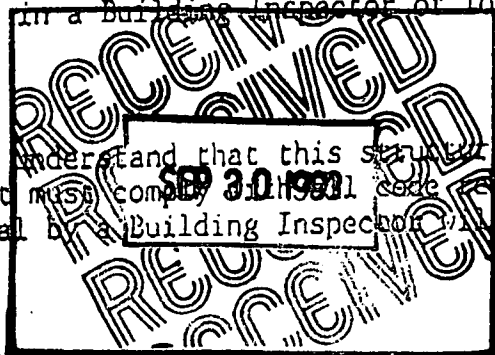
8 LAGOON ISL

Subdivision PLANTATION @ SEW PT Lot Number 15 Block Number \_\_\_\_\_

Contract Price \$ 15,400.00 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 of Town Commissioner "Red-Tagging" the construction project.



Contractor Greg Schneider

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 can be given.

Owner Gary Griffis

TOWN RECORD

Date submitted \_\_\_\_\_

Approved: Deh B... 9/30/93  
Building Inspector Date

Approved: [Signature] 9/30/93  
Commissioner Date

Final Approval given: \_\_\_\_\_  
Date

Certificate of Occupancy issued(if applicable) \_\_\_\_\_  
Date 7 3473  
Permit No. 7 3473

# Notice of Commencement

(PREPARE IN DUPLICATES)

## To Whom it may concern:

The undersigned hereby informs all concerned that improvements will be made to certain real property and in accordance with section 713.13 of the Florida Statutes, the following information is stated in the NOTICE OF COMMENCEMENT.

Legal Description of property (Include Street Address, if available)

# 24 NE LAGOON ISL CT  
SEWALLS POINT  
LOT-15 PLANTATION AT SEWALLS POINT

General description of improvements

SWIMMING POOL

Owner

DR GARY GRIFFIS

Address

C/O 3050 SE DOMINICA TERR STUART FL 34997

Owner's interest in site of the improvement

100%

Fee Simple Title holder (if other than owner)

Name

Address

Contractor

POOLS BY GREG INC

Address

8886 S FED HWY PSC FL 34952

Surety (if any)

Address

Amount of bond \$

Any person making a loan for the construction of the improvements:

Name

Address

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

Name

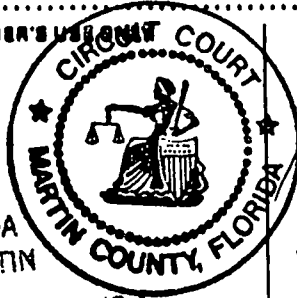
Address

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice provided in Section 713.13 (1) (h), Florida Statutes. (Fill in at Owner's option).

Name

Address

THIS SPACE FOR RECORDER'S USE ONLY



X. Gary Griffin  
Owner

Sworn to and subscribed before me this 29th

day of Sept 1993

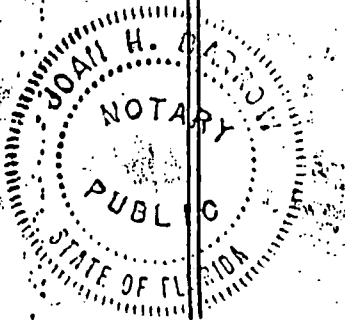
Joan H. Barrow  
Notary Public

Notary Public, State of Florida  
My Commission Expires Nov. 16, 1994  
Bonded thru Troy Felt - Insurance Inc.

STATE OF FLORIDA  
COUNTY OF MARTIN

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

MARSHA STILLER, CLERK  
BY [Signature] D.C.  
DATE 9/30/93



**3603**

**SCREEN ENCLOSURE**

---



Permit 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 SCAMMEL CONST Present Address P.O. Box 750

Phone 287-6041 PORT SELEWADO

Contractor L & K ALUMINUM Address 3110 SLATER ST

Phone \_\_\_\_\_ STUART FLA 34997

Where licensed M-C License number S.P.R. 0122

Electrical contractor N/A License number N/A

Plumbing contractor N/A License number N/A

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

8 Island Lagoon AT  
State the street address at which the proposed structure will be built:

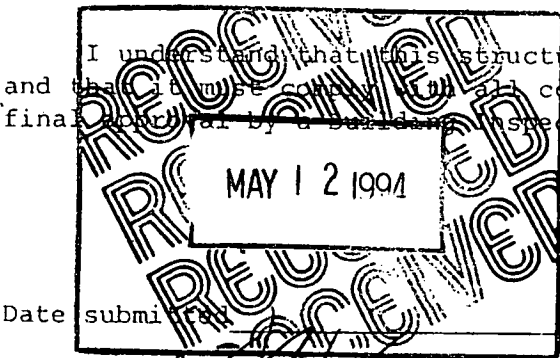
Subdivision SEWALLS POINT PLAT BOOK 12 PAGE 90  
Lot number 15 Block number \_\_\_\_\_

Contract price \$ 2495 Cost of permit \$ 100.00

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 Gene Kottell



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

Owner Paul Scammel

TOWN RECORD

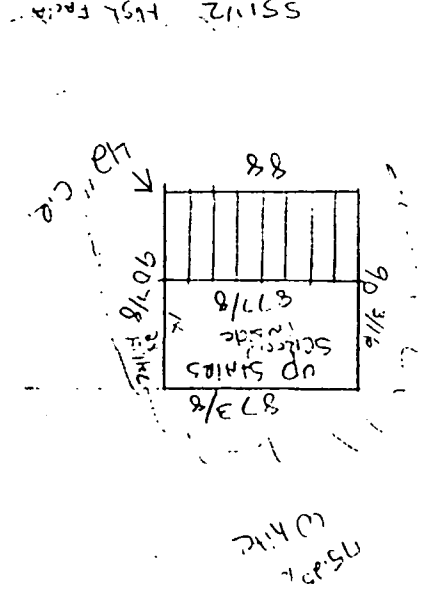
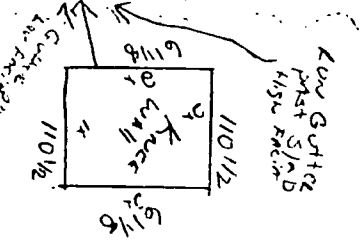
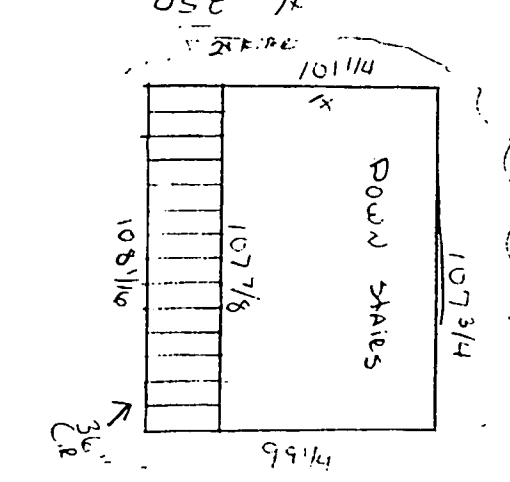
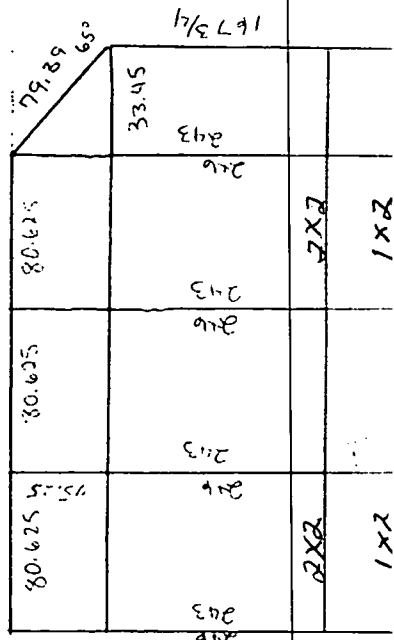
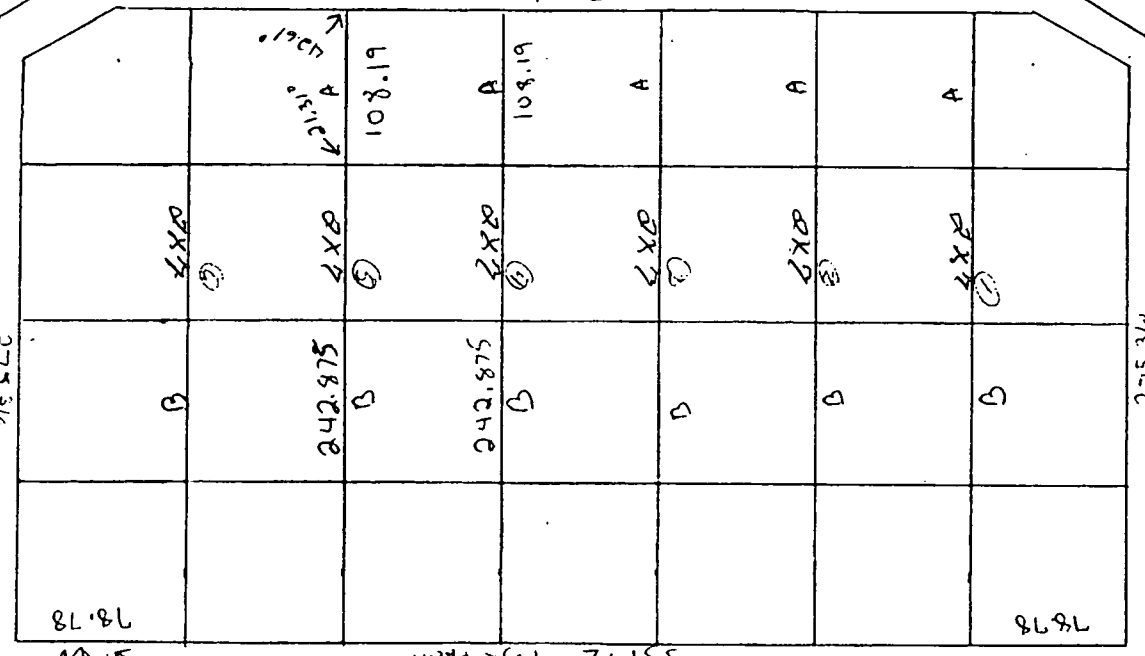
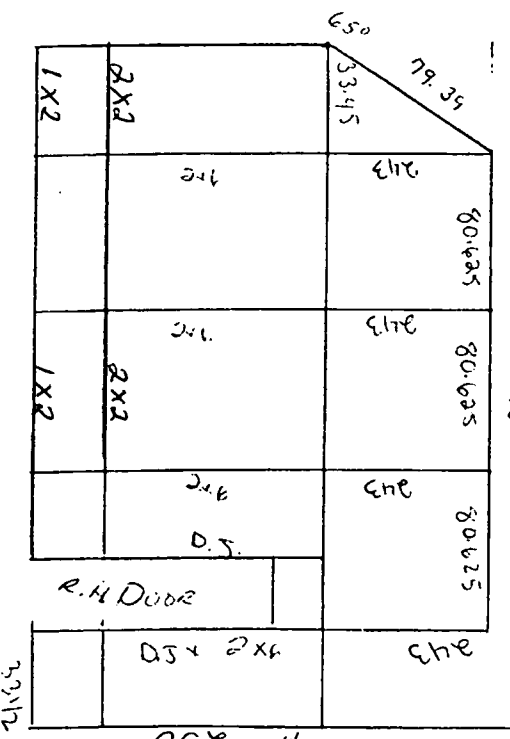
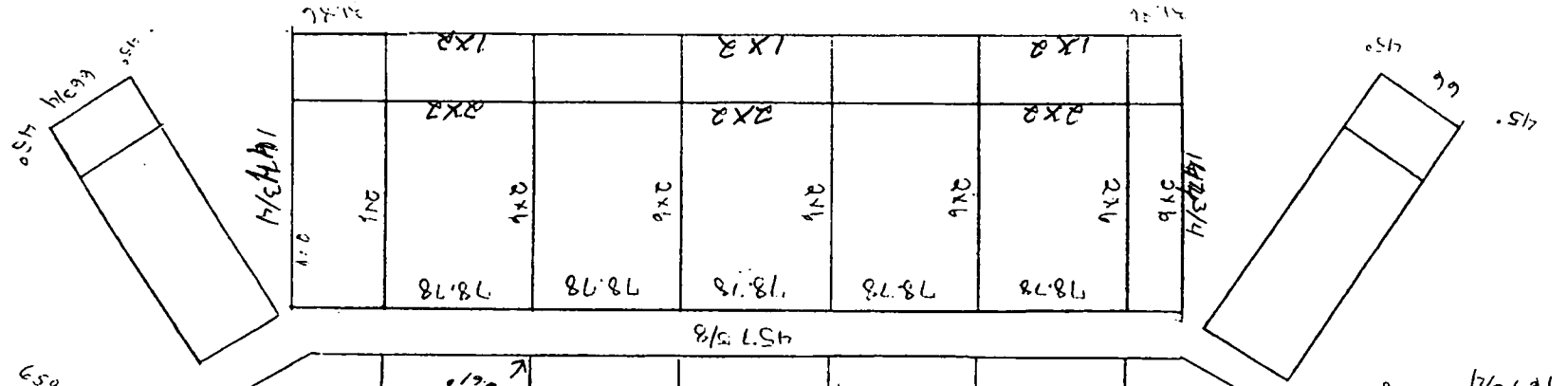
Approved: Dale Brown 5/12/94  
Building Inspector Date

Date submitted \_\_\_\_\_  
Approved: [Signature] 5/13/94 Commissioner Date  
Final Approval given: \_\_\_\_\_ Date

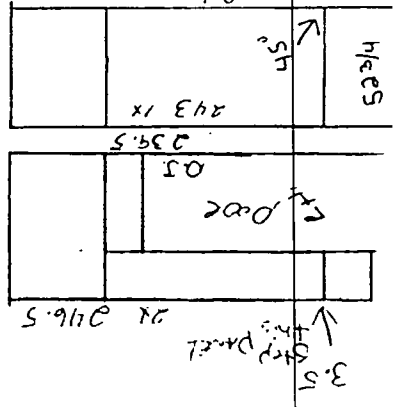
Certificate of Occupancy issued (if applicable) \_\_\_\_\_  
Date \_\_\_\_\_

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.

$\frac{331.16}{5.5}$   
 331.16  
 5.5  
 3x Retards  
 3x5.412

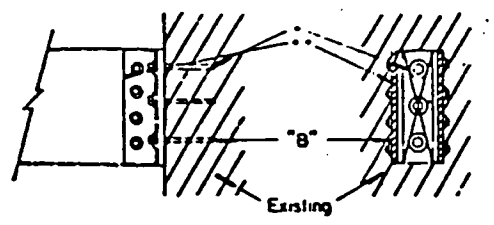


Run Gutter past Slab



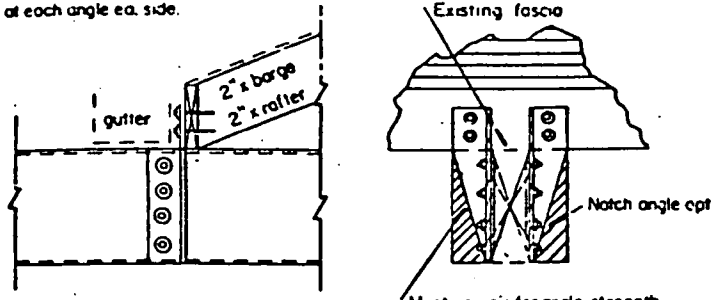
• 2"x2"x1/8"x6" Long U channel "B"  
Attaches to existing building with 4-3/8"  
logs of wood with 3-1/4" anchors  
of concrete.

\*\* 2"x2"x1/8"x6" Long U channel "B" attaches to  
2"x smb



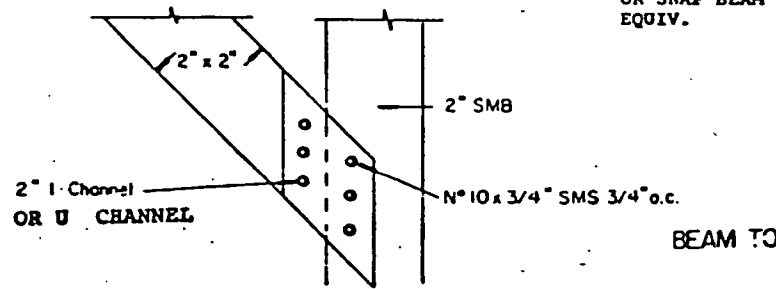
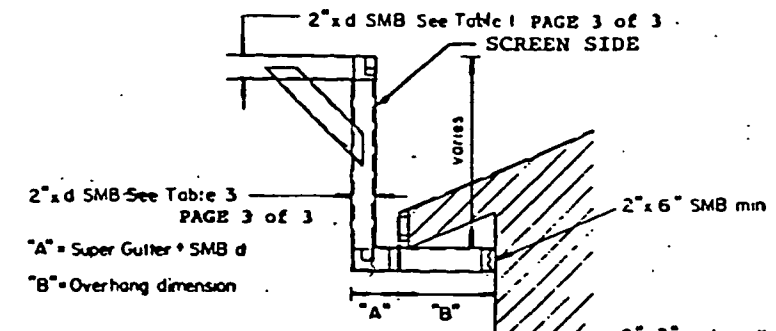
DOWN BEAM CONNECTION TO WALL

2"x2"x1/8"x8" long angles "A"  
Attach to fascia with 2-3/8"  
logs of each angle ea. side.



DOWN BEAM CONNECTION ENLARGED

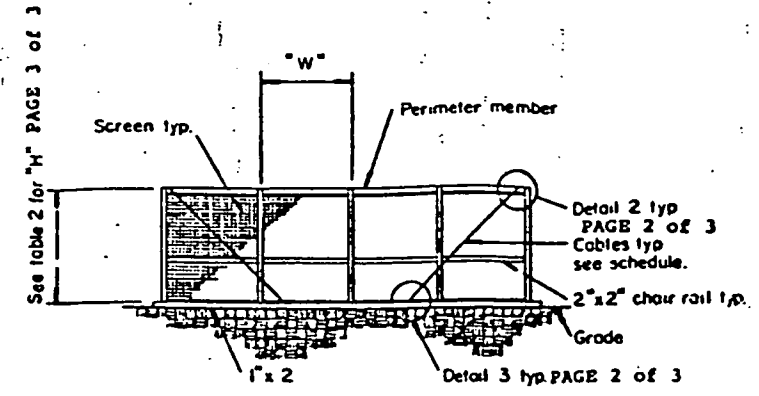
2"x2"x1/8"x8" long angles "A" attach to  
2"x6" smb with 4-n. 10 SMS of each angle  
each side.



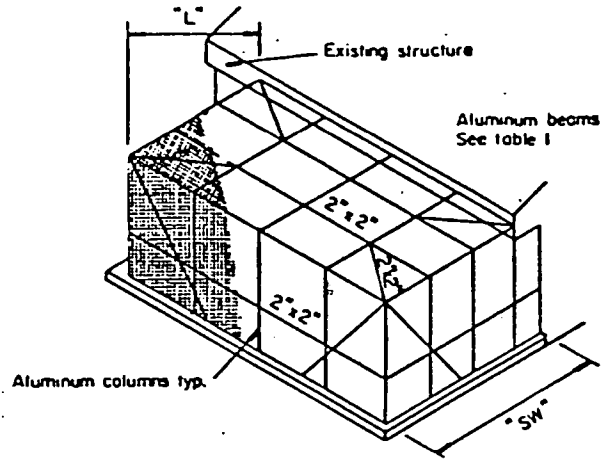
2"x2" AND 2"x3" KNEE BRACE CONNECTION DETAIL

TABLE 1: MINIMUM SIZES FOR POOL ENCLOSURE KNEE BRACES  
AND ANCHORING REQ'D ALUMINUM 6063 T-6 ALLOY

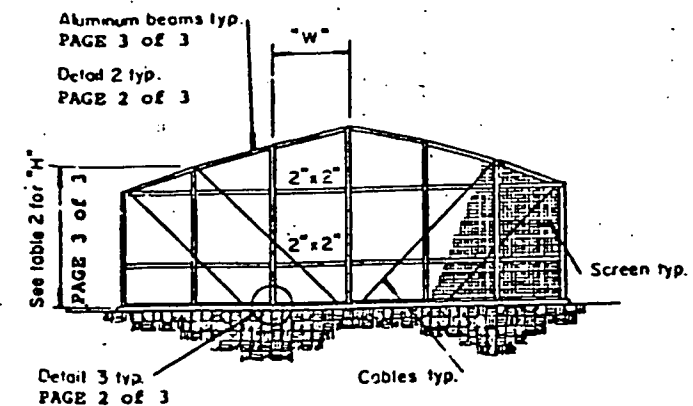
BRACE L.	EXTRUSION	ANCHOR SYSTEM
2'-6"	2"x 2"x 0.030"	2" H-CHANNEL w/ 3-9 10/ 1/2" EACH SIDE
TO 3'-6"	2"x 3"x 0.030"	2" H-CHANNEL w/ 3-9 10/ 1/2" EACH SIDE
TO 4'-6"	2"x 4"x 0.030"	NOTCH JMB OVER BEAM & UPRIGHT SEE TABLE 3 FOR # & SIZE OF SCREWS
TO 5'-6"	2"x 6"x 0.030"	SAME AS ABOVE NOTE



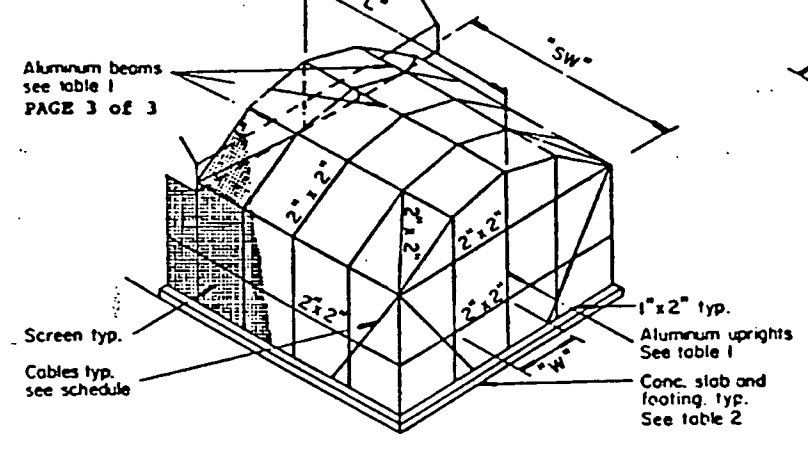
TYPICAL FLAT ROOF ELEVATION N.T.S.



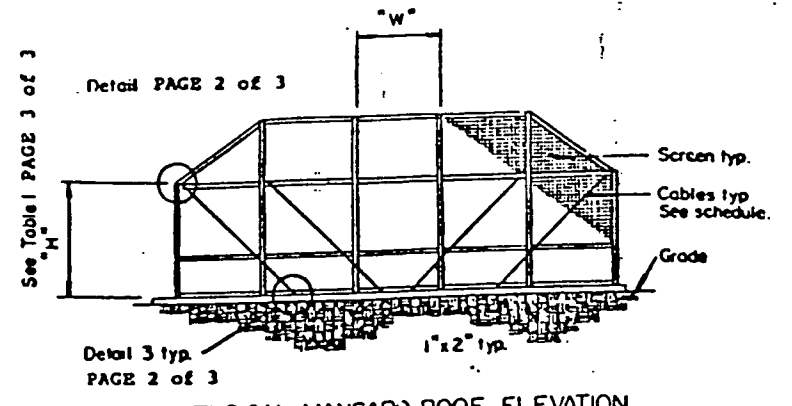
TYPICAL FLAT ROOF ISOMETRIC N.T.S.



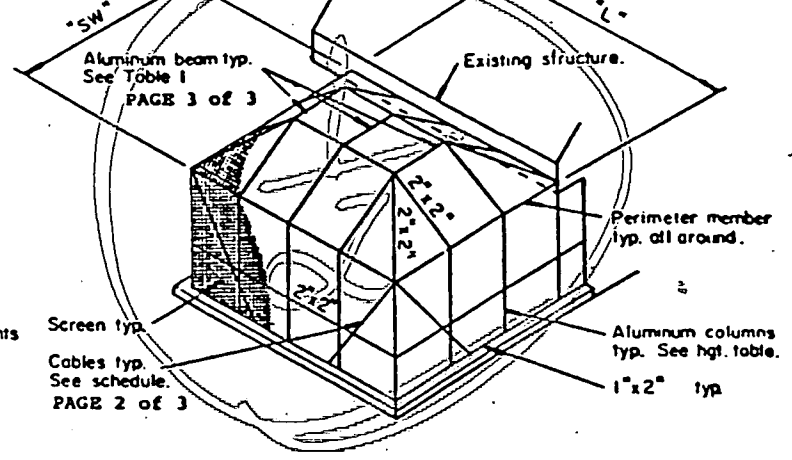
TYPICAL DOME ROOF ELEVATION N.T.S.



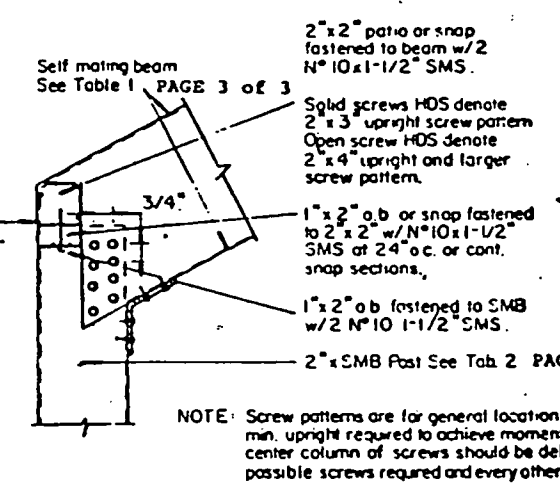
TYPICAL DOME ROOF ISOMETRIC N.T.S.



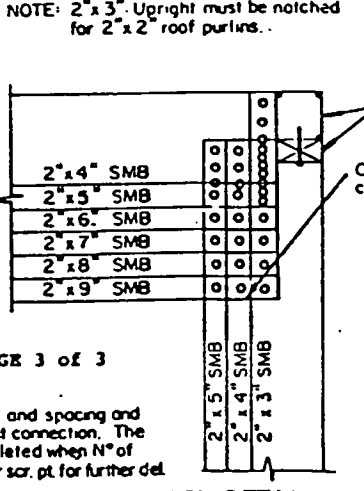
TYPICAL MANSARD ROOF ELEVATION N.T.S.



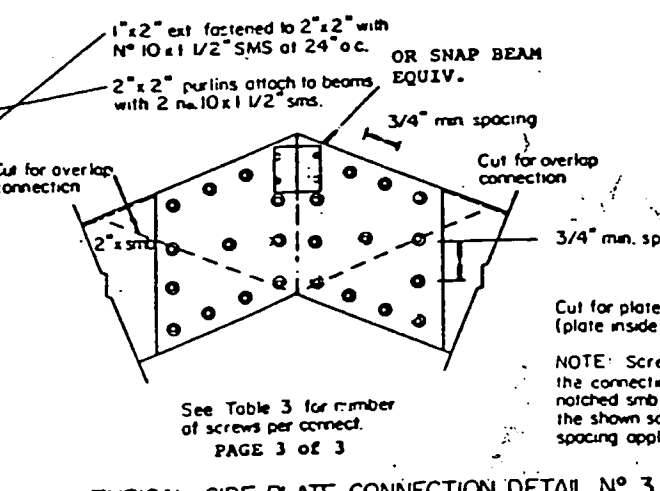
TYPICAL MANSARD ROOF ISOMETRIC N.T.S.



BEAM TO UPRIGHT CONNECTION DETAIL N° 1



BEAM TO UPRIGHT CONNECTION DETAIL N° 2



TYPICAL SIDE PLATE CONNECTION DETAIL N° 3

NOTES FOR RIGID CONNECTION OF DETAIL N° 1, 2, 3

1. 2"x3" Upright must be notched to reach top of beam to achieve rigid connection.
2. N° of screws must be as shown spacing 3/4"x 3/4" min. spacing and pattern may vary.
3. See Table 3 for N° of screws and minimum size of upright/ beam connection
4. Hex head self tapping screws are an acceptable substitute for SMS.
5. IF BEAM IS NOTCHED TO RECEIVE UPRIGHT ADDITIONAL SCREWS ARE NOT REQUIRED FOR 2"x 3" UPRIGHT.

NOTES: "W" = Screen panel spacing.  
"L" = Maximum beam span without knee brace add length of knee brace to span from span tables.  
"H" = Maximum upright heights  
"SW" = Side walls can be framed without top beam and can be smallest extrusions allowed in span tables (min 2"x2"x0.04")  
TABLE 1 PG 3 of 3

ALL INFORMATION AND DETAILS CONTAINED ON THIS DRAWING IS THE PROPERTY OF LAWRENCE E. BENNETT AND MAY NOT BE REPRODUCED/COPIED, OR USED IN ANY MANNER WITHOUT HIS WRITTEN PERMISSION. INFORMATION IS NOT VALID WITHOUT Mr. BENNETT'S SIGNATURE AND EMBOSSED SEAL ON A MASTER FILE COPY BELONGING TO THE PERSON USING A COPY OF THIS.

AAP- TREASURE COAST CHAPTER

LAWRENCE E BENNETT

CIVIL ENGINEER & DEVELOPMENT CONSULTANT  
P.O. Box 4368 South Daytona, Fl. 32121-4368  
Phone no.: (904) 253-9960

MAY 12 1991

SP SCREENED ENCLOSURES

DRAWN I.W.E. SHEET 1 OF 3

SEAL

TABLE 1: MAXIMUM SPANS FOR POOL ROOF MEMBERS ALUMINUM 6063 T-6 ALLOY

USING SCREEN PANEL WIDTH "W" FROM DRAWING SELECT SPAN "L" ON DRAWING

WIDTH "W" = EXTRUSIONS	MAXIMUM SPAN "L"							
	3'	4'	5'	6'	7'	8'	9'	
1"x2"x0.044"	9'-4"	8'-1"	7'-3"	6'-7"	6'-1"	5'-9"	5'-5"	
2"x2"x0.044"	12'-6"	10'-10"	9'-8"	8'-11"	8'-2"	7'-8"	7'-1"	
2"x2"x0.05"	13'-6"	11'-9"	10'-7"	9'-8"	9'-0"	8'-5"	7'-11"	
2"x2"x0.05" OR 2"x3"x0.093"								
SELF MATING BEAMS 2"x4"x0.044"x0.12"	16'-11"	14'-9"	13'-3"	12'-2"	11'-3"	10'-7"	10'-0"	
2"x4"x0.044"x0.12"	27'-4"	23'-10"	21'-4"	19'-7"	18'-2"	17'-0"	16'-0"	
2"x5"x0.05x0.12"	33'-6"	29'-9"	27'-11"	25'-1"	23'-7"	22'-5"	21'-5"	
2"x6"x0.05x0.12"	37'-6"	32'-6"	29'-9"	27'-0"	25'-1"	23'-6"	22'-2"	
2"x7"x0.05x0.12"	40'-9"	35'-11"	32'-3"	29'-7"	27'-5"	26'-1"	24'-3"	
2"x8"x0.07x0.22"	55'-3"	48'-0"	43'-3"	39'-9"	36'-1"	35'-4"	34'-8"	
2"x9"x0.07x0.22"	59'-10"	51'-10"	46'-9"	42'-11"	39'-11"	37'-6"	35'-5"	
2"x9"x0.07x0.31"	66'-5"	58'-2"	52'-4"	48'-0"	44'-7"	41'-10"	40'-1"	
SNAP EXTRUSIONS 2"x2"x0.044"	14'-0"	12'-3"	10'-11"	10'-0"	9'-2"	8'-8"	8'-2"	
2"x3"x0.045"	18'-5"	16'-1"	14'-5"	13'-2"	12'-3"	11'-5"	10'-10"	
2"x4"x0.045"	23'-2"	20'-0"	18'-1"	16'-6"	15'-3"	14'-4"	13'-6"	
2"x6"x0.064"	37'-2"	32'-10"	29'-6"	27'-0"	25'-1"	23'-6"	22'-2"	
2"x7"x0.078"	43'-2"	37'-9"	34'-0"	31'-2"	29'-0"	27'-2"	25'-8"	

DOES NOT INCLUDE LENGTH OF KNEE BRACE. ADD HORIZONTAL LENGTH OF KNEE BRACE TO ABOVE SPANS FOR TOTAL SPAN.

TABLE 1a: MAXIMUM HEIGHTS FOR POOL WALL MEMBERS ALUMINUM 6063 T-6 ALLOY FOR AREAS SUBJECT TO ICE AND WIND LOADS. SUGGESTED FOR AREAS NORTH OF THE LATITUDE OF JACKSONVILLE, FL.

USING SCREEN PANEL WIDTH "W" FROM DRAWING SELECT SPAN "L" ON DRAWING

WIDTH "W" = EXTRUSIONS	MAXIMUM SPAN "L"							
	3'	4'	5'	6'	7'	8'	9'	
1"x2"x0.044"	6'-2"	5'-3"	4'-10"	4'-5"	4'-1"	3'-7"	3'-4"	
2"x2"x0.044"	8'-3"	7'-3"	6'-5"	5'-11"	5'-6"	6'-1"	4'-10"	
2"x3"x0.05" OR 2"x2"x0.093"								
SELF MATING BEAMS 2"x4"x0.044"x0.12"	11'-7"	10'-1"	9'-0"	8'-3"	7'-8"	7'-2"	6'-9"	
2"x4"x0.044"x0.12"	18'-6"	16'-1"	14'-6"	13'-3"	12'-3"	11'-6"	10'-11"	
2"x5"x0.05x0.12"	22'-11"	19'-1"	17'-1"	15'-8"	14'-6"	13'-7"	12'-9"	
2"x6"x0.05x0.12"	25'-9"	22'-5"	20'-0"	18'-4"	17'-0"	15'-11"	15'-1"	
2"x7"x0.05x0.12"	28'-3"	24'-7"	22'-0"	20'-7"	18'-8"	17'-6"	16'-6"	
2"x8"x0.07x0.22"	38'-2"	33'-3"	29'-11"	27'-4"	25'-4"	23'-9"	22'-5"	
2"x9"x0.07x0.22"	41'-5"	36'-1"	32'-5"	29'-7"	27'-6"	25'-9"	24'-3"	
2"x9"x0.07x0.22"	45'-11"	40'-0"	35'-5"	32'-11"	30'-6"	28'-6"	26'-6"	
SNAP EXTRUSIONS 2"x2"x0.044"	9'-6"	8'-3"	7'-5"	6'-9"	6'-3"	5'-11"	5'-6"	
2"x3"x0.045"	12'-6"	10'-10"	9'-9"	8'-11"	8'-5"	7'-9"	7'-3"	
2"x4"x0.045"	17'-8"	15'-4"	13'-9"	12'-7"	11'-8"	10'-11"	10'-4"	
2"x6"x0.064"	25'-8"	22'-5"	20'-1"	18'-4"	17'-0"	15'-11"	15'-5"	
2"x7"x0.078"	29'-11"	26'-0"	23'-4"	21'-4"	19'-9"	18'-6"	17'-9"	

DOES NOT INCLUDE LENGTH OF KNEE BRACE. ADD HORIZONTAL LENGTH OF KNEE BRACE TO ABOVE HEIGHTS FOR TOTAL SPAN.

TABLE 2: MAXIMUM HEIGHTS FOR POOL WALL MEMBERS ALUMINUM 6063 T-6 ALLOY

USING SCREEN PANEL WIDTH "W" FROM DRAWING SELECT SPAN "L" ON DRAWING

WIDTH "W" = EXTRUSIONS	MAXIMUM SPAN "L"							
	3'	4'	5'	6'	7'	8'	9'	
1"x2"x0.044"	6'-10"	5'-11"	5'-4"	4'-10"	4'-6"	4'-2"	3'-11"	
2"x2"x0.044"	9'-2"	7'-11"	7'-1"	6'-6"	6'-0"	5'-7"	5'-3"	
2"x3"x0.05" OR 2"x2"x0.093"								
SELF MATING BEAMS 2"x4"x0.044"x0.12"	12'-10"	11'-1"	9'-11"	9'-1"	8'-5"	7'-10"	7'-5"	
2"x4"x0.044"x0.12"	20'-6"	17'-9"	15'-11"	14'-6"	13'-5"	12'-6"	11'-10"	
2"x5"x0.05x0.12"	25'-2"	20'-10"	18'-10"	17'-6"	16'-4"	14'-5"	13'-9"	
2"x6"x0.05x0.12"	28'-6"	24'-8"	22'-1"	20'-2"	18'-8"	17'-5"	16'-5"	
2"x7"x0.05x0.12"	31'-2"	27'-1"	24'-3"	22'-1"	20'-6"	19'-2"	18'-1"	
2"x8"x0.07x0.22"	42'-5"	36'-8"	32'-1"	30'-0"	27'-9"	25'-11"	24'-5"	
2"x9"x0.07x0.22"	45'-11"	39'-10"	35'-7"	32'-6"	30'-11"	28'-2"	26'-6"	
2"x9"x0.07x0.22"	51'-0"	44'-2"	39'-6"	36'-0"	33'-4"	31'-3"	29'-5"	
SNAP EXTRUSIONS 2"x2"x0.044"	10'-6"	9'-1"	8'-2"	7'-5"	6'-10"	6'-5"	6'-1"	
2"x3"x0.045"	13'-10"	12'-0"	10'-8"	9'-7"	9'-0"	8'-5"	8'-0"	
2"x4"x0.045"	17'-5"	15'-1"	13'-6"	12'-3"	11'-4"	10'-8"	10'-0"	
2"x6"x0.064"	28'-6"	24'-8"	22'-1"	20'-2"	18'-8"	17'-5"	16'-5"	
2"x7"x0.078"	33'-1"	28'-8"	25'-8"	23'-5"	21'-8"	20'-3"	19'-1"	

DOES NOT INCLUDE LENGTH OF KNEE BRACE. ADD VERTICAL LENGTH OF KNEE BRACE TO ABOVE HEIGHTS FOR TOTAL HEIGHT.

TABLE 3: MINIMUM # SCREWS FOR CONNECTING BEAMS TO UPRIGHTS ALUMINUM 6063 ALLOY T-6

BEAM SIZE	MIN. UPRIGHT SIZE	MIN. #	SIZE OF SCREWS REQ'D*
2"x 3"	2"x 3"	4	# 10 x 1/2" DOUBLE SHEAR
2"x 4"	2"x 3"	5	# 10 x 1/2" DOUBLE SHEAR
2"x 5"	2"x 3"	6	# 10 x 1/2" DOUBLE SHEAR
2"x 6"	2"x 4"	8	# 10 x 1/2" DOUBLE SHEAR
2"x 7"	2"x 4"	12	# 10 x 1/2" DOUBLE SHEAR
2"x 8"	2"x 4"	14	# 10 x 1/2" DOUBLE SHEAR
2"x 9"	2"x 5"	16	# 10 x 1/2" DOUBLE SHEAR

\* REFERS TO BOTH SIDES OF THE CONNECTION OF THE BEAM & UPRIGHT

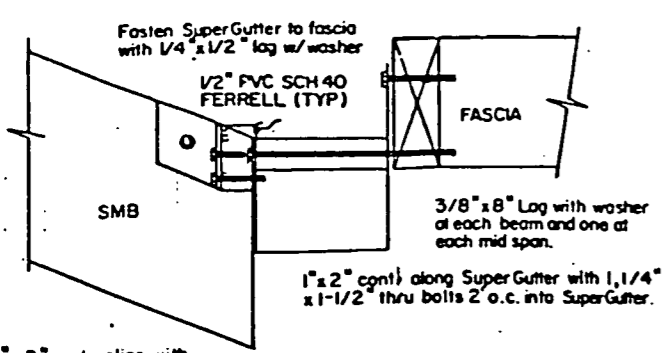
TABLE 4: MINIMUM SIZES FOR POOL ENCLOSURE KNEE BRACES AND ANCHORING REQ'D ALUMINUM 6063 T-6 ALLOY

BRACE L.	EXTENSION	ANCHOR SYSTEM
0'-2"-6"	2"x 2" X 0.044"	2" H-CHANNEL W/ 3# 10/ 1/2" EA. SIDE
TO- 3'-6"	2"x 3" X 0.050"	2" H-CHANNEL W/ 3# 10/ 1/2" EA. SIDE
TO- 4'-6"	2"x 4" X 0.044" x 0.12"	NOTCH SMB OVER BEAM & UPRIGHT. SEE TABLE 3 FOR #/4 SIZE OF SCREWS
TO- 5'-6"	2"x 6" X 0.044" x 0.12"	NOTCH SMB OVER BEAM & UPRIGHT. SEE TABLE 3 FOR #/4 SIZE OF SCREWS

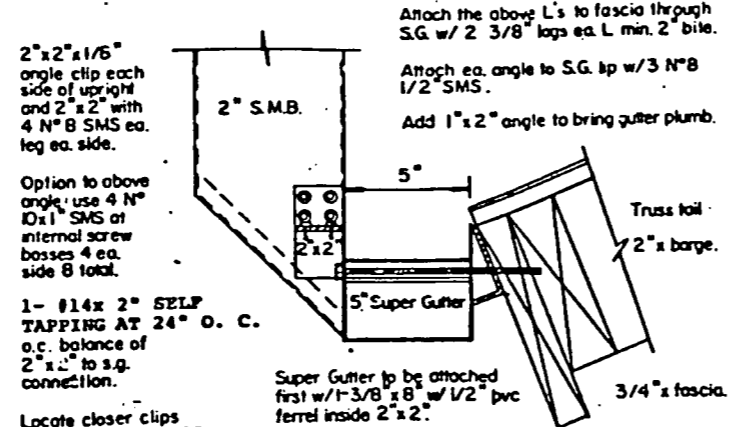
NOTE: All spans and capacities are based on worst case of uplift loads due to wind velocities.

ALL INFORMATION AND DETAILS CONTAINED ON THIS DRAWING IS THE PROPERTY OF LAWRENCE E. BENNETT AND MAY NOT BE REPRODUCED/COPIED, OR USED IN ANY MANNER WITHOUT HIS WRITTEN PERMISSION. INFORMATION IS NOT VALID WITHOUT MR. BENNETT'S SIGNATURE AND EMBOSSED SEAL ON A MASTER FILE COPY BELONGING TO THE PERSON USING A COPY OF THIS.

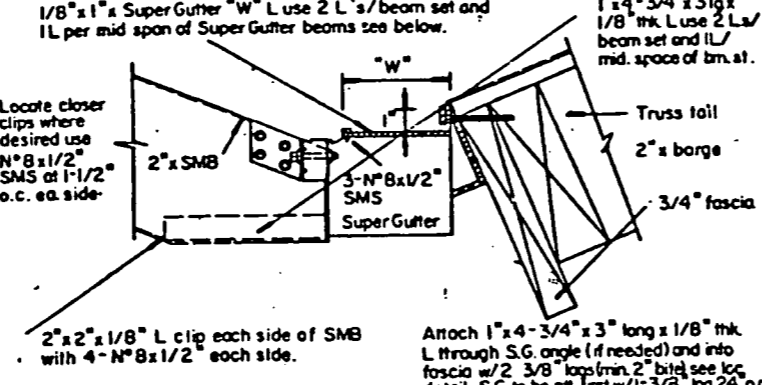
<p><b>LAWRENCE E BENNETT</b></p> <p>CIVIL ENGINEER &amp; DEVELOPMENT CONSULTANT P.O. Box 4368 South Daytona, FL 32121-4368 Phone no.: (904) 253-9960</p>		<p>MEETS THE REQUIREMENTS OF CHAPTER 1205 SSC 1991 ED</p>
<p>SP DRAWN LWB</p>	<p>SHEET <b>3</b> OF <b>3</b></p>	<p>SEAL</p>



1/8" x 2" x 2" angle clips with 1/4" thru bolts each side of beam.



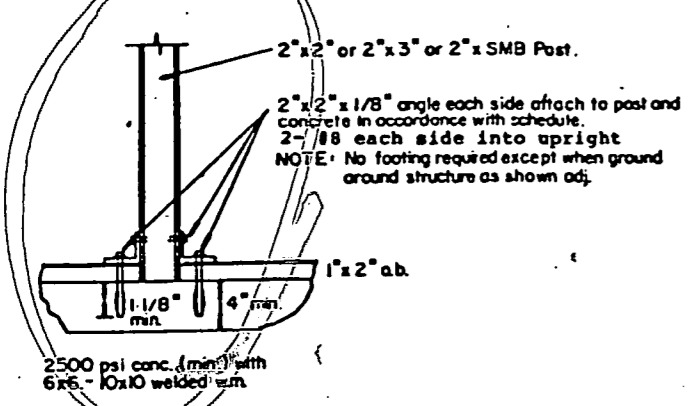
**ALTERNATIVE SUPER GUTTER TO FASCIA**



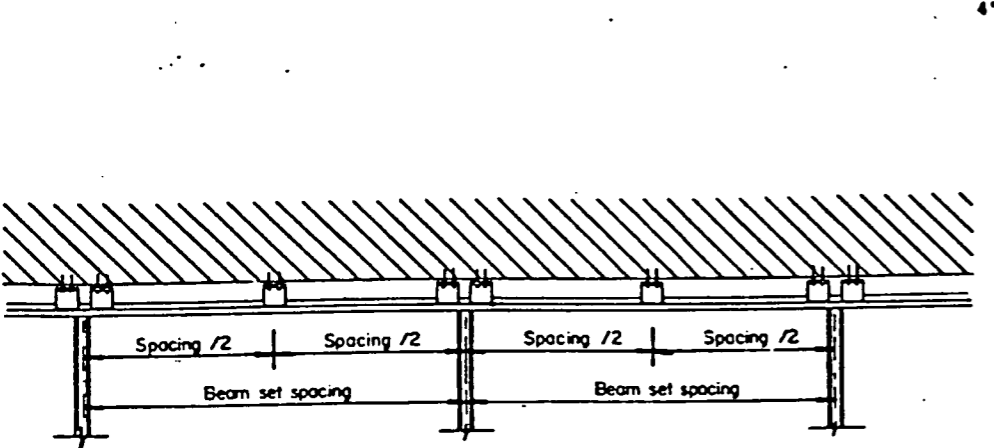
**SELF MATING BEAM CONNECTION TO SUPERGUTTER**

4" or 5" SUPER GUTTER

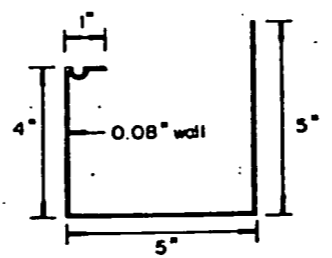
**SMB CONNECTION TO SUPERGUTTER**



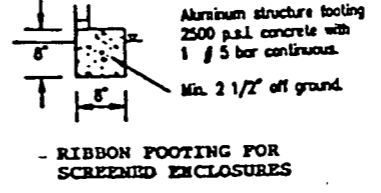
**POST TO CONCRETE DETAIL**



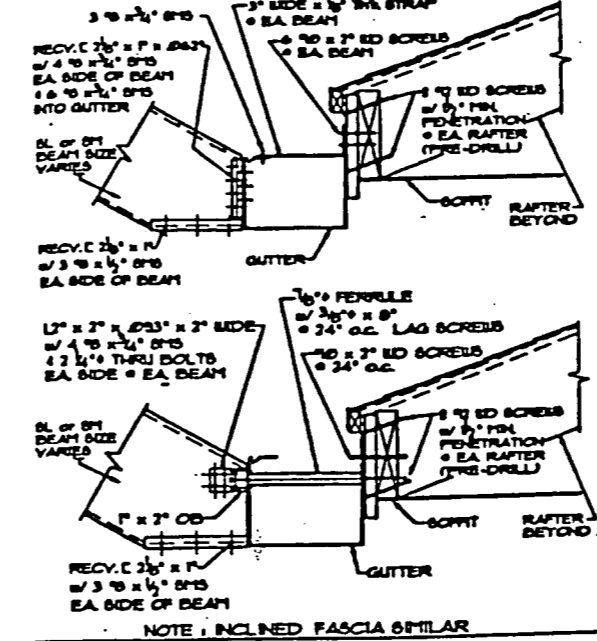
**ANGLE LOCATION FOR 5" SUPER GUTTER REINFORCEMENT**



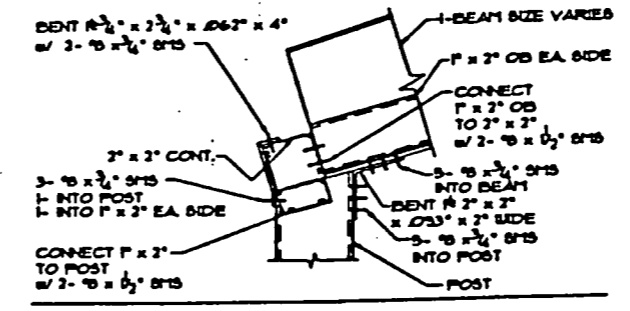
5" SUPER GUTTER



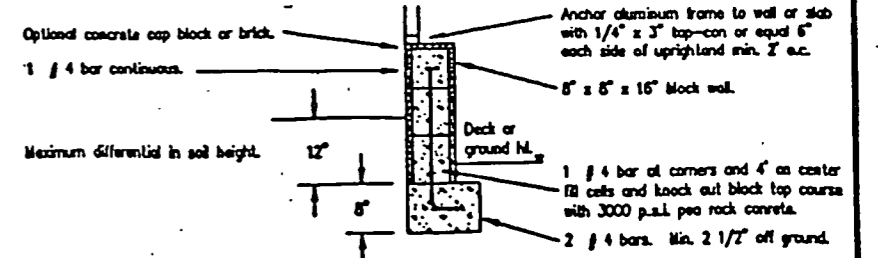
**RIBBON FOOTING FOR SCREENED ENCLOSURES**



**TYPICAL SL OR SM BEAM & GUTTER CONNECTION**

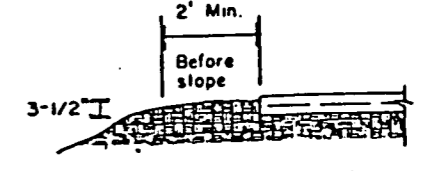


**TYPICAL BEAM & POST CONNECTIONS**

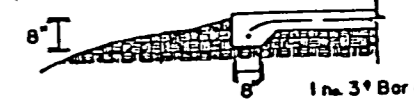


**KNEE WALL FOOTING FOR SCREENED ENCLOSURES**

**SLAB DETAILS ADDRESSING EROSION**

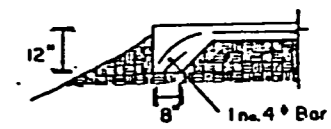


**FLAT SLOPE/NO FOOTING**



**MODERATE SLOPE FOOTING**

NOTE: Fiber mesh conc. does not require wire mesh.

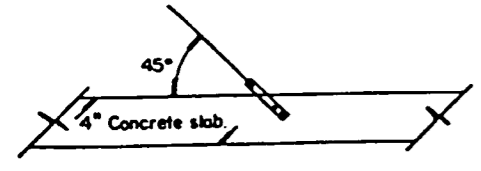


**STEEP SLOPE FOOTING**

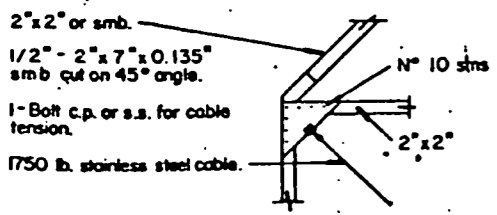
NOTE: All spans and capacities are based on worst case of uplift loads due to wind velocities.

ALL INFORMATION AND DETAILS CONTAINED ON THIS DRAWING IS THE PROPERTY OF LAWRENCE E. BENNETT AND MAY NOT BE REPRODUCED/COPIED, OR USED IN ANY MANNER WITHOUT HIS WRITTEN PERMISSION. INFORMATION IS NOT VALID WITHOUT Mr. BENNETT'S SIGNATURE AND EXPOSED SEAL ON A MASTER FILE COPY BELONGING TO THE PERSON USING A COPY OF THIS.

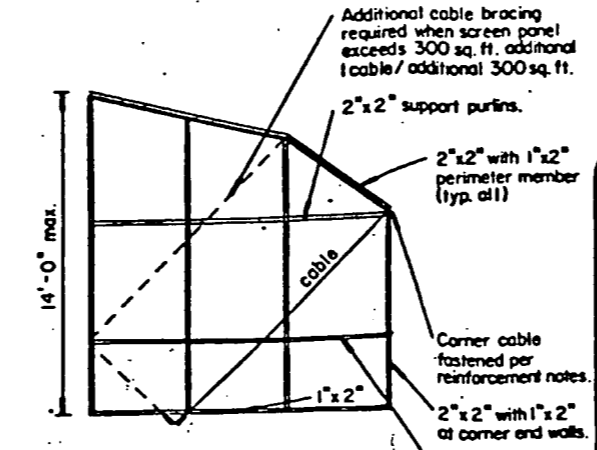
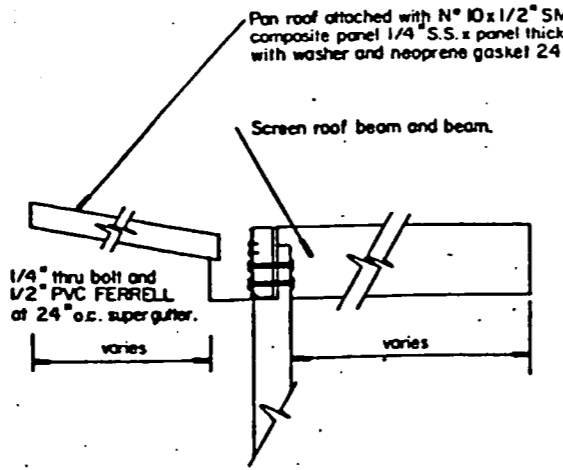
MEETS THE REQUIREMENTS OF CHAPTER 1205 GBC 1991 ED



**3 TYPICAL CABLE CONNECTION AT SLAB**



**2 TYPICAL CABLE CONNECTION AT CORNER**



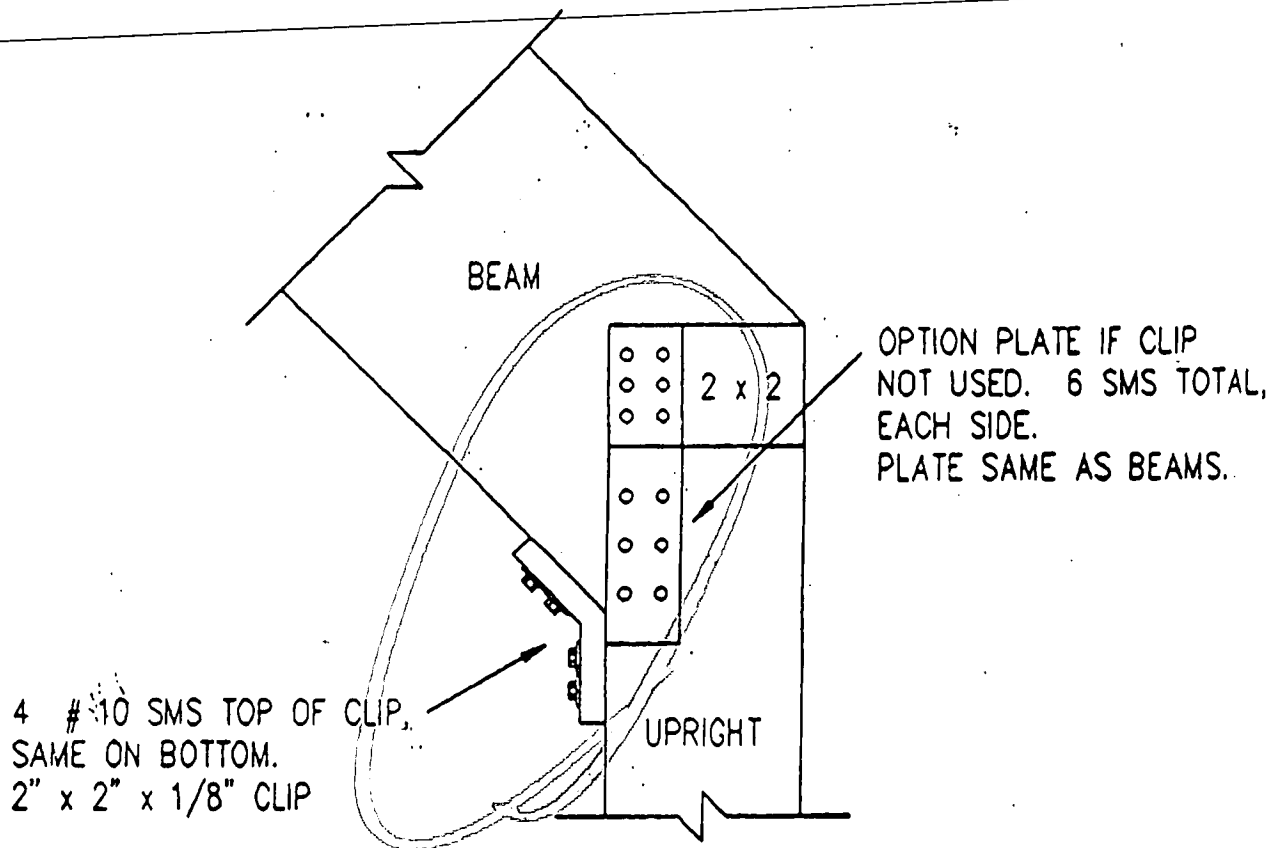
**FRONT WALL, DOME ROOF, SCREEN ENCLOSURE**

**LAWRENCE E BENNETT**  
 CIVIL ENGINEER & DEVELOPMENT CONSULTANT  
 P.O. Box 4368 South Daytona, FL 32121-4368  
 Phone no.: (904) 253-9960

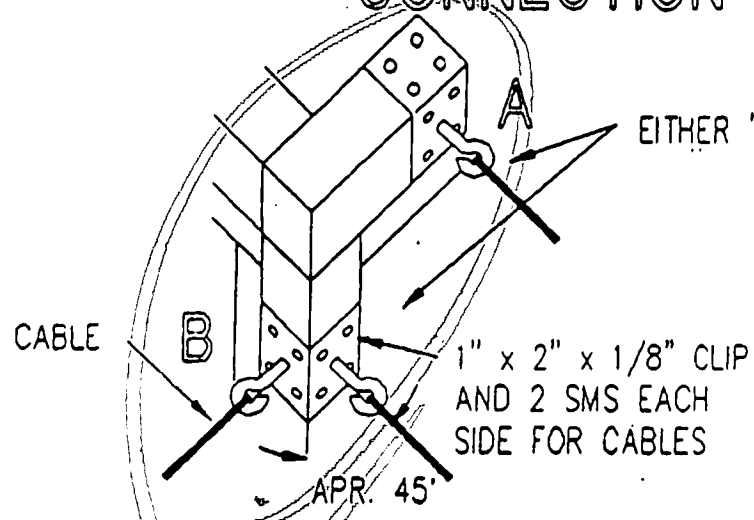
SP  
 DRAWN  
 LWB

SHEET 2 OF 3

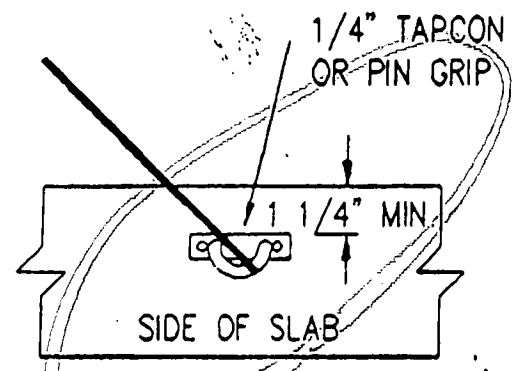
SEAL



### BEAM TO UPRIGHT CONNECTION DETAIL



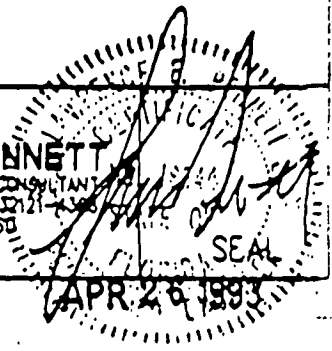
TOP CORNER OF CABLE

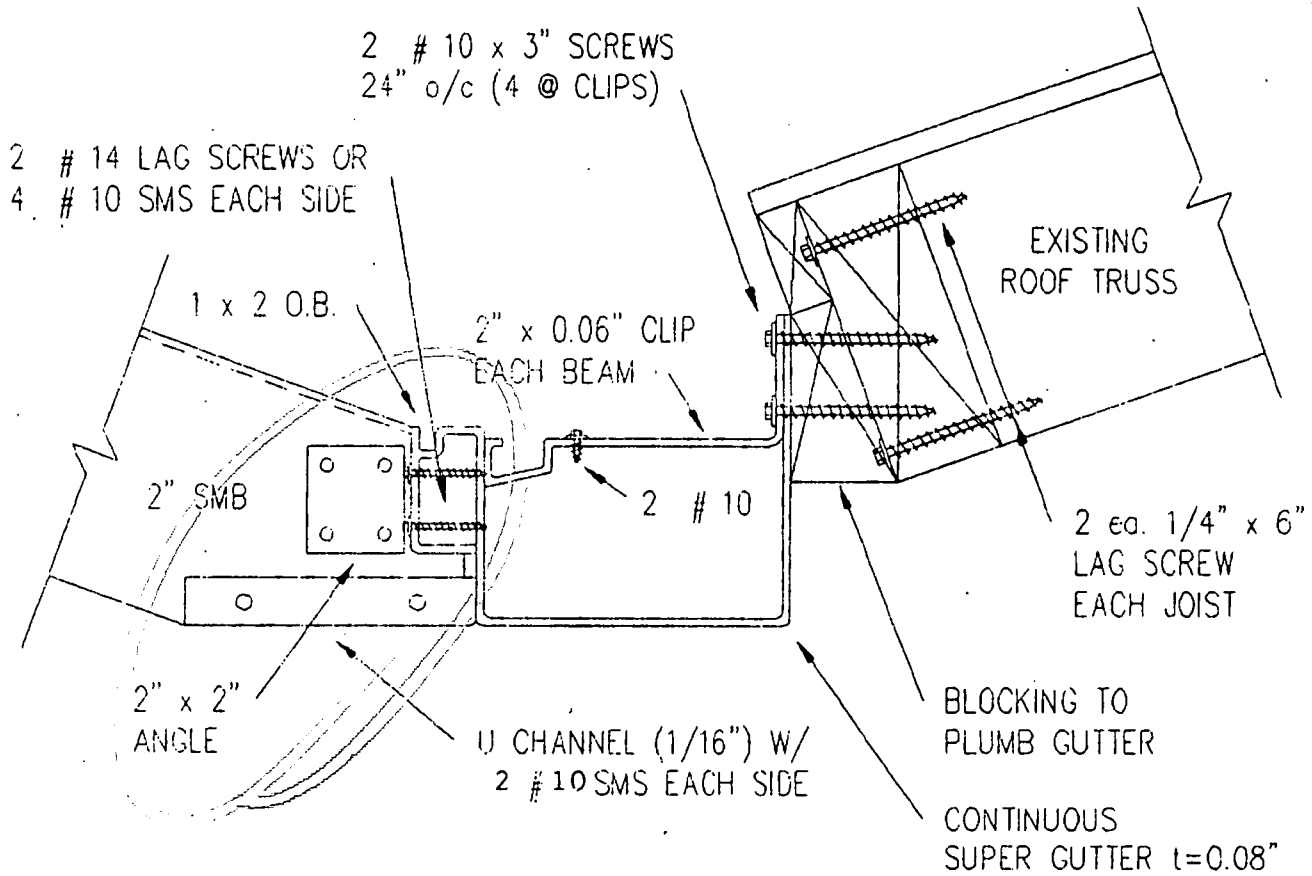


BOTTOM OF CABLE

**G & K Aluminum**  
 3110 S E SLATER ST.  
 STUART FL. 34997  
 (407) 283-1297 (407) 220-0306

**LAWRENCE E. BENNETT**  
 CIVIL ENGINEER & DEVELOPMENT CONSULTANT  
 P.O. BOX 4368 S. DAYTONA, FL 32121-4368  
 PHONE: (904) 253-9963





FLAT ROOFS DO NOT  
REQUIRE 1/16 U CHANNEL

## BEAM TO GUTTER CONNECTION DETAIL

JUN 15 1993

**G & K Aluminum**

3110 S E SLATER ST.  
STUART FL. 34997

(407) 283-1297 (407) 220-0306

**Lawrence E. Bennett**

CIVIL ENGINEER - DEVELOPMENT CONSULTANT  
P.O. BOX 4368 S. DAYTONA, FL. 32121-4368  
PHONE (904) 767-4774

SEAL

TABLE 3: MINIMUM # SCREWS FOR CONNECTING ROOF BEAMS TO WALL UPRIGHTS AND SPLICE CONNECTIONS; ALUMINUM ALLOY 6063 T-6

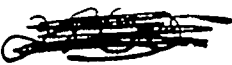
BEAM SIZE	UPRIT SIZE(MIN)	MIN. # & LGTH OF SCREWS REQUIRED*			ALL DBL SHEAR
		# 10	# 12	# 14	
2"x 3"	2"x 3"	4	4	4	
2"x 4"	2"x 3"	5	4	4	
2"x 5"	2"x 3"	6	5	4	
2"x 6"	2"x 4"	8	6	6	
2"x 7"	2"x 4"	12	9	8	
2"x 8"	2"x 5"	14	11	8	
2"x 9"	2"x 5"	16	12	10	

\* REFERS TO EACH SIDE OF THE CONNECTION OF THE BEAM AND UPRIGHT

TABLE 4: MINIMUM SIZES OF SCREEN ENCLOSURE KNEE BRACES AND ANCHORING REQUIRED; ALUMINUM ALLOY 6063 T-6

BRACE_LGTH	EXTRUSION	ANCHORING_SYSTEM
0'- 2'- 0"	2"x 2"x 0.044"	2" H-CHANNEL W/ 3# 10x 1/2" EA. SIDE
TO- 3'- 0"	2"x 3"x 0.050"	2" H-CHANNEL W/ 3# 10x 1/2" EA. SIDE
TO- 4'- 6"	2"x 4"x 0.044"x 0.12"	NOTCH SMB OVER BEAM & UPRIGHT. SEE TABLE 3 FOR # & SIZE OF SCREWS

NOTE: FOR REQUIRED KNEE BRACES GREATER THAN 4'- 6" CALL ENGINEER FOR SPECIFICATIONS AND DETAILS





**4192**

**ADDITION**

---

# TOWN OF SEWALL'S POINT BUILDING PERMIT

2637410130000015040000

PARCEL CONTROL NUMBER \_\_\_\_\_

PERMIT NUMBER 4192

DATE ISSUED 5/29/97

CONTRACTOR OR \_\_\_\_\_

OWNER NICHOLAS ELLIOT

OWNER/BLDR SCANNELL CONST, INC

ADDRESS B LAGOON ISLAND CT

ADDRESS P.O. Box 750

CITY/ST/ZIP \_\_\_\_\_

CITY/ST/ZIP PORT SALERNO

TELEPHONE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FLOOD ZONE C

TO BE CONSTRUCTED BEDROOMS/GARAGE ADD'N

SITE ADDRESS SAME AS ABOVE

SUBDIVISION PLANTATION

CONSTRUCTION VALUE 236,000

**FEES**

~~REMODELING/NEW CONSTRUCTION~~ 1000

IMPACT \_\_\_\_\_

~~RADON~~ 19

SEPTIC \_\_\_\_\_

WELL \_\_\_\_\_

FENCE \_\_\_\_\_

POOL \_\_\_\_\_

DOCK \_\_\_\_\_

PLUMBING

ELECTRICAL

MECH./A.C.

ROOF

WALL \_\_\_\_\_

POOL ENCLOSURE \_\_\_\_\_

OWNER/BUILDER \_\_\_\_\_

TOTAL \_\_\_\_\_

PAID BY CHECK \$2307.<sup>00</sup>

**BUILDING INSPECTION**

(FOR OFFICIAL USE ONLY)

(SIGN OFF)

FORM BOARD SURVEY \_\_\_\_\_ DATE \_\_\_\_\_

NAILING \_\_\_\_\_ DATE \_\_\_\_\_

ROUGH PLUMBING \_\_\_\_\_ DATE \_\_\_\_\_

ROOF \_\_\_\_\_ DATE \_\_\_\_\_

TERMITE PROTECTION \_\_\_\_\_ DATE \_\_\_\_\_

INSULATION \_\_\_\_\_ DATE \_\_\_\_\_

FOOTING-SLAB \_\_\_\_\_ DATE \_\_\_\_\_

FINAL ELECTRIC \_\_\_\_\_ DATE \_\_\_\_\_

LINTEL \_\_\_\_\_ DATE \_\_\_\_\_

FINAL PLUMBING \_\_\_\_\_ DATE \_\_\_\_\_

ROUGH ELECTRIC \_\_\_\_\_ DATE \_\_\_\_\_

SEPTIC FINAL \_\_\_\_\_ DATE \_\_\_\_\_

FRAMING \_\_\_\_\_ DATE \_\_\_\_\_

DRIVEWAY \_\_\_\_\_ DATE \_\_\_\_\_

A/C DUCTS \_\_\_\_\_ DATE \_\_\_\_\_

FINAL C.O. \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT AUTHORIZED BY \_\_\_\_\_

- 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.

Town of Sewall's Point



P.I.N. \_\_\_\_\_

Date May 9, 1997

BUILDING PERMIT APPLICATION

to construct:

RESIDENTIAL  NEW CONSTRUCTION  ADDITION  ALTERATION  
COMMERCIAL

SQ. FEET \_\_\_\_\_ 1424 LA \_\_\_\_\_

DEMOLITION \_\_\_\_\_ 300 PORCH \_\_\_\_\_

SQ. FEET \_\_\_\_\_

NET CHANGE \_\_\_\_\_

OTHER: \_\_\_\_\_ CONTRACT PRICE 236,000.00

Owner's Name Nicholas Elliott

Owner's Address 8 NE Lagoon Island Court, Sewall's Point Fl 34996

Fee Simple Titleholder's Name (If other than owner) \_\_\_\_\_

Fee Simple Titleholder's Address (If other than owner) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor's Name Scammell Constructors Inc.

Contractor's Address 3050 SE Dominica Terrace, Stuart FL 34997

City Stuart State Florida Zip 34997

Job Name Elliott Residence Additions

Job Address 8 NE Lagoon Island Court

City Sewall's Point County Martin

Legal Description Lot 15, The Plantation at Sewall's Point, Martin County Fl.

Bonding Company None.

Bonding Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Architect/Engineer's Name Kelly and Kelly Architects

Architect/Engineer's Address 119 West Sixth Street, Stuart FL 34994

Mortgage Lender's Name First National Bank and Trust Company

Mortgage Lender's Address US-1 and Colorado Avenue Stuart FL 34994

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.

RECEIVED  
MAY 14 1997  
F 4192  
F 4192

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.

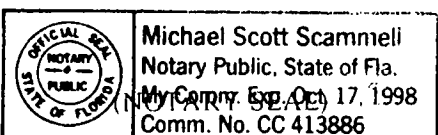
IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Nicholas Elliot, Nicholas Elliot 5/8/97  
Owner or Agent Date

Rutledge M Scammell, Rutledge Scammell May 8, 1997  
Contractor Date

STATE OF FLORIDA  
COUNTY OF MARTIN

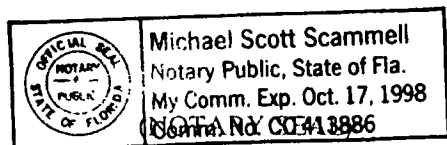
Sworn to and subscribed before me this 8 day of May, 1997, by Nicholas Elliot, who: [] is/are personally known to me, or [] has/have produced \_\_\_\_\_ as identification, and who did not take an oath.



Michael Scammell  
Name: Michael Scammell  
Typed, printed or stamped  
I am a Notary Public of the State of Florida having a commission number of 413886 and my commission expires: 10/17/98

STATE OF FLORIDA  
COUNTY OF MARTIN

Sworn to and subscribed before me this 8 day of May, 1997, by Rutledge Scammell, who: [] is/are personally known to me, or [] has/have produced \_\_\_\_\_ as identification, and who did not take an oath.



Michael Scammell  
Name: Michael Scammell  
Typed, printed or stamped  
I am a Notary Public of the State of Florida having a commission number of 413886 and my commission expires: 10/17/98

Certificate of Competency Holder

Contractor's State Certification or Registration No. CGC 006876

Contractor's Certificate of Competency No. \_\_\_\_\_

APPLICATION APPROVED BY [Signature] 5/29/97 Permit Officer

## PERMIT GENERAL CONDITIONS

Permit Applications must be accompanied by two (2) sets of the following:

(1) Plans, Sections, and Elevations with wind load and energy calculations signed and sealed by an architect or engineer and including plumbing, mechanical, and electrical drawings and calculations. **Plumbing, Mechanical, and Electrical** (also wells, pools, fences, etc.) require separate applications.

(2) Sketch or survey showing elevations and the locations of existing and proposed improvements, property lines, all setback lines, easements, rights-of-way, and any encroachments.

The permit is valid for twelve (12) months from date of issuance. Renewal of the permit may result in additional requirements and fees prevailing at the time of renewal.

All construction must conform to the Code of Ordinances of the Town of Sewall's Point ("Town Code") and the South Florida Building Code (Dade County 1994 edition, with revisions) ("Building Code"). An approval or permit issued based upon faulty documents or errors and/or omissions by the Building Official does not relieve the owner or the contractor of compliance with the Town Code or the Building Code, nor is it a license to circumvent the Town Code or the Building Code.

A temporary toilet is to be provided for workers or an existing toilet is provided and open to workers.

Debris must be contained in a dumpster-type metal container or must be immediately loaded in a truck (as reroofing may require). Debris will not be allowed to accumulate.

Inspections and permits may be suspended or revoked, work stoppage may be ordered, and other actions may be taken for failure to correct defects, concealing work without inspection, or for willful violations of any of the above conditions or the special conditions, attached, if any.

\*NOTE: NOTICE OF COMMENCEMENT required for work with a cumulative value of \$2,500.00 or more.

ATTACHMENTS: \_\_\_\_\_

ACCEPTED: \_\_\_\_\_  
Owner

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Building Official

# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33<sup>rd</sup> STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (561) 461-7508  
 VERO BEACH: (561) 567-6167  
 STUART: (561) 283-7711

## Report of DENSITY OF SOIL IN PLACE ASTM D2922

**Client** Scammell Constructors, Inc.

**Date** June 16, 1997

**Contractor** Client

**Site** 8 Lagoon Island Court  
 Footings, Addition

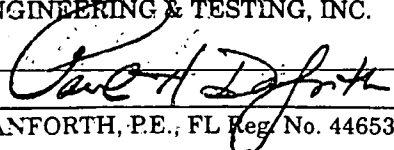
Permit # 4192

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
3362	N. Side of Addition	0 - 1'	102.5	3362	107.4	95.4
	E. Side of Addition	0 - 1'	102.8			95.7
	S. Side of Addition	0 - 1'	103.1			96.0
	W. Side of Addition	0 - 1'	102.2			95.2
All elevations below bottom of footing grade.						

Copies Client - 2

Respectfully submitted,

FRASER ENGINEERING & TESTING, INC.

  
 PAUL H. DANFORTH, P.E., FL Reg. No. 44653

# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33<sup>rd</sup> STREET

FORT PIERCE, FLORIDA 34948

FORT PIERCE: (561) 461-7508  
VERO BEACH: (561) 567-6167  
STUART: (561) 283-7711

## Report of MOISTURE DENSITY RELATIONSHIP ASTM 1557-70

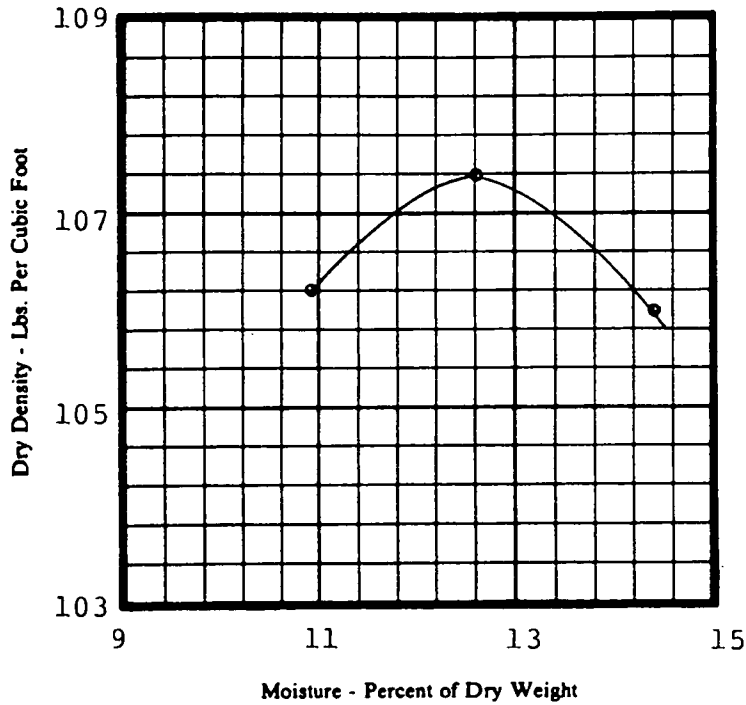
**Client** Scammell Constructors, Inc.

**Date** June 16, 1997

**Contractor** Client

**Site** 8 Lagoon Island Court  
Footings, Addition

Permit #



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
3362	B	Composite	12.6	107.4	Orange and gray fine sand.

Copies

Respectfully submitted,

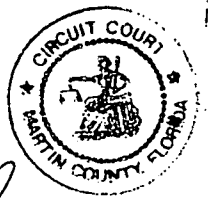
PAUL H. DANFORTH, P.E.

Name: SCAMMELL CONST INC.  
PO Box 1750  
Address: PORT SALERNO FL 34992

FS 713.13

STATE OF FLORIDA  
MARTIN COUNTY

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



BY [Signature]  
DATE 5/28/97

This Instrument Prepared by:

Address:

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

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

### NOTICE OF COMMENCEMENT

Permit No. \_\_\_\_\_

State of Florida }  
County of \_\_\_\_\_ }

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

Legal description of property (include Street Address, if available) \_\_\_\_\_  
Lot 15, The Plantation at Sewall's Point Martin County, Florida

General description of improvements Additions and Alterations

Owner Nicholas Elliott

Address 8 NE Lagoon Island Court, Sewall's Point, Florida 34996

Owner's interest in site of the improvement Fee Simple

Fee Simple Title holder (if other than owner) None

Name \_\_\_\_\_

Address \_\_\_\_\_

Contractor Scammell Constructors

Address 3050 S.E. Dominica Terrace, Stuart, Fl 34997

Surety None

Address \_\_\_\_\_ Amount of bond \$ \_\_\_\_\_

Any person making a loan for the construction of the improvements:

Name First National Bank and Trust Company of the Treasure Coast

Address US-1 and Colorado Ave. Stuart, Florida 34994

Person 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 Nicholas Elliott

Address 8 NE Lagoon Island Court, Sewall's Point, Fl 34996

In addition to himself, owner designates \_\_\_\_\_

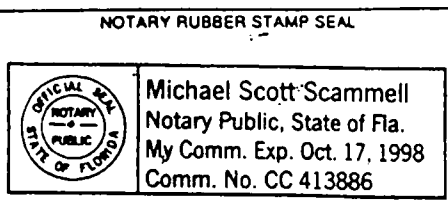
Of \_\_\_\_\_

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

Nicholas Elliott  
Printed Signature of Owner



I have relied upon the following identification of the Affiant  
PERSONALLY KNOWN

Sworn to and subscribed before me this 14 day of May  
1997

[Signature]  
Notary Signature

MICHAEL SCAMMELL  
Printed Notary Signature



RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: ELLIOTT.BLD  
 For: ELLIOTT RESIDENCE  
 8 N.E. LAGOON ISLAND CT  
 SEWALL'S POINT FL 34996

5/23/97

By:

ADDITION TO HOUSE  
 VERIFY ALL CALCULATIONS WITH  
 LICENSED AIR COND. CONTRACTOR

Job #: 97112  
 Wthr : West Palm Beach AP FL  
 Zone : Entire House

WINTER DESIGN CONDITIONS

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

SUMMER DESIGN CONDITIONS

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

HEATING SUMMARY

Bldg. Heat Loss 22464 Btuh  
 Ventilation Air 200 CFM  
 Vent Air Loss 5500 Btuh  
 Design Heat Load 27964 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 35519 Btuh  
 Ventilation 3520 Btuh  
 Design Temp. Swing 3.0 Deg F  
 Use Mfg. Data n  
 Rate/Swing Mult. 0.95  
 Total Sens Equip Load 37087 Btuh

INFILTRATION

Method	Simplified	
Construction Quality	Average	
Fireplaces	0	
	HEATING	COOLING
Area (sq.ft.)	1186	1186
Volume (cu.ft.)	10674	10674
Air Changes/Hour	1.0	0.5
Equivalent CFM	178	89

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 460 Btuh  
 Ventilation 8160 Btuh  
 Infiltration 3636 Btuh  
 Tot Latent Equip Load 12256 Btuh  
 Total Equip Load 49343 Btuh

HEATING EQUIPMENT SUMMARY

Make  
 Model  
 Type

Efficiency / HSPF 0.0  
 Heating Input 0 Btuh  
 Heating Output 0 Btuh  
 Heating Temp Rise 0 Deg F  
 Actual Heating Fan 1899 CFM  
 Htg Air Flow Factor 0.085 CFM/Btuh

Space Thermostat

COOLING EQUIPMENT SUMMARY

Make  
 Model  
 Type

COP/EER/SEER 11.0  
 Sensible Cooling 0 Btuh  
 Latent Cooling 0 Btuh  
 Total Cooling 0 Btuh  
 Actual Cooling Fan 1899 CFM  
 Clg Air Flow Factor 0.053 CFM/Btuh

Load Sens Heat Ratio 90

FIRST FLOOR ADDITION

Department of Community Affairs

SN: 2464

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600A-93

Residential Whole Building Performance Method A

SOUTH

PROJECT NAME: ELLIOTT RESIDENCE  
AND ADDRESS: 8 N.E. LAGOON ISLAND  
SEWALL'S POINT, FL

BUILDER:  
PERMITTING  
OFFICE:  
PERMIT NO.

CLIMATE  
ZONE: 7 | | 8 |  | 9 | |  
JURISDICTION NO.

OWNER:

CK

1. New construction or addition	1. New Construction	_____
2. Single family detached or Multifamily attached	2. Single-Family	_____
3. If Multifamily-No. of units	3. 0	_____
4. If Multifamily, is this a worst case (yes/no)	4.	_____
5. Conditioned floor area (sq.ft.)	5. 1186.00	_____
6. Predominant eave overhang (ft.)	6. 2.50	_____
7. Porch overhang length (ft.)	7. 19.00	_____
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 0.0sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 356.0sqft 0.00sqft	_____
9. Floor type and insulation:		
a. Slab on grade (R-value, perimeter)	9a. R= 0.00 , 142.00 ft	_____
10. Net Wall type area and insulation:		
a. Exterior: 2. Wood frame (Insulation R-value)	10a-2 R=19.00, 924.00sqft	_____
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a. R=19.00 , 1186.00sqft	_____
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 6.00 , uncond	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 12.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
15. Hot water system:	15. Type: Electric	_____
	EF: 0.97	_____
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	16.	_____
17. Infiltration practice: 1, 2 or 3	17. 2	_____
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	18. CF	_____
19. EPI (must not exceed 100 points)	19. 97.99	_____
a. Total As-Built points	19a. 21314.06	_____
b. Total Base points	19b. 21751.31	_____

I Hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: Diana M Dougall  
DATE: 4/7/97

I hereby certify that this building is in compliance with the Florida Energy Code.

OWNER/AGENT: \_\_\_\_\_  
DATE: \_\_\_\_\_

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

BUILDING OFFICIAL: \_\_\_\_\_  
DATE: \_\_\_\_\_

SUMMER CALCULATIONS

=== BASE ===				=== AS-BUILT ===						
GLASS-----										
ORIENT	AREA	x BSPM	= POINTS	TYPE	SC	ORIENT	AREA	x SPM	x SOF	= POINTS
N	101.00	109.7	11079.7	SGL TINT		N	13.4	65.2	.84	733.9
				SGL TINT		N	39.6	65.2	.84	2168.8
				SGL TINT		N	48.0	65.2	.56	1756.3
E	94.00	109.7	10311.8	SGL TINT		E	18.5	133.9	.81	2006.5
				SGL TINT		E	39.8	133.9	.81	4316.7
				SGL TINT		E	19.9	133.9	.81	2158.3
				SGL TINT		E	15.8	133.9	.59	1248.2
S	13.00	109.7	1426.1	SGL TINT		S	13.0	132.5	.75	1291.9
W	148.00	109.7	16235.6	SGL TINT		W	40.0	133.9	.81	4338.4
				SGL TINT		W	48.0	133.9	.44	2807.7
				SGL TINT		W	60.0	133.9	.81	6507.5
.15 x COND. FLOOR / TOTAL GLASS = ADJ. x GLASS = ADJ GLASS   GLASS										
AREA		AREA	FACTOR	POINTS		POINTS	POINTS			POINTS
.15	1,186.00	356.00	.500	39,053.20		19,515.63				29,334.21
NON GLASS-----										
AREA	x	BSPM	= POINTS	TYPE	R-VALUE	AREA	x	SPM	= POINTS	
WALLS-----										
Ext	924.0	1.6	1478.4	Ext Wood Frame	19.0	924.0	1.60		1478.4	
DOORS-----										
CEILINGS-----										
UA	1186.0	.8	948.8	Under Attic	19.0	1186.0	1.50		1779.0	
FLOORS-----										
Slb	142.0	-20.0	-2840.0	Slab-on-Grade	.0	142.0	-20.00		-2840.0	
INFILTRATION-----										
	1186.0	14.7	17434.2	Practice #2		1186.0	14.70		17434.2	
TOTAL SUMMER POINTS										
			36,537.03							47,185.81
TOTAL x SYSTEM = COOLING   TOTAL x CAP x DUCT x SYSTEM x CREDIT = COOLING										
SUM PTS	MULT	POINTS		COMPON	RATIO	MULT	MULT	MULT		POINTS
36,537.03	.37	13,518.70		47,185.81	1.00	1.100	.280	.860		12,498.58

\*\*\*\*\*  
WINTER CALCULATIONS  
\*\*\*\*\*

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIENT	AREA	x BWPM	= POINTS	TYPE	SC	ORIENT	AREA	x WPM	x WOF	= POINTS
N	101.00	-.4	-40.4	SGL TINT		N	13.4	3.7	1.07	53.1
				SGL TINT		N	39.6	3.7	1.07	156.8
				SGL TINT		N	48.0	3.7	1.24	219.3
E	94.00	-.4	-37.6	SGL TINT		E	18.5	.2	5.04	18.6
				SGL TINT		E	39.8	.2	5.04	40.1
				SGL TINT		E	19.9	.2	5.04	20.1
				SGL TINT		E	15.8	.2	11.04	34.9
S	13.00	-.4	-5.2	SGL TINT		S	13.0	-1.8	.65	-15.2
W	148.00	-.4	-59.2	SGL TINT		W	40.0	.2	5.04	40.3
				SGL TINT		W	48.0	.2	16.13	154.9
				SGL TINT		W	60.0	.2	5.04	60.5

.15 x COND. FLOOR /	TOTAL GLASS	= ADJ. x	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS		POINTS	POINTS
.15	1,186.00	.500	-142.40		-71.16	783.35

NON GLASS-----								
AREA	x BWPM	= POINTS	TYPE	R-VALUE	AREA	x WPM	= POINTS	
WALLS-----								
Ext	924.0	.3	277.2	Ext Wood Frame	19.0	924.0	.30	277.2
DOORS-----								
CEILINGS-----								
UA	1186.0	.1	118.6	Under Attic	19.0	1186.0	.30	355.8
FLOORS-----								
Slb	142.0	-2.1	-298.2	Slab-on-Grade	.0	142.0	-2.10	-298.2
INFILTRATION-----								
	1186.0	1.2	1423.2	Practice #2		1186.0	1.20	1423.2

TOTAL WINTER POINTS	1,449.64	2,541.35
---------------------	----------	----------

TOTAL	x SYSTEM	= HEATING	TOTAL	x CAP	x DUCT	x SYSTEM	x CREDIT	= HEATING
WIN PTS	MULT	POINTS	COMPON	RATIO	MULT	MULT	MULT	POINTS
1,449.64	1.10	1,594.60	2,541.35	1.00	1.100	1.000	1.000	2,795.49

\*\*\*\*\*

WATER HEATING

\*\*\*\*\*

=== BASE ===

=== AS-BUILT ===

NUM OF BEDRMS	x	MULT	=	TOTAL	TANK VOLUME	EF	TANK RATIO	x	MULT	x	CREDIT MULT	=	TOTAL
2		3319.0		6,638.00	40	.97	1.000		3010.0		1.00		6,020.00

\*\*\*\*\*

SUMMARY

\*\*\*\*\*

=== BASE ===

=== AS-BUILT ===

COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS	COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
13518.7		1594.6		6638.0		21,751.31	12498.6		2795.5		6020.0		21,314.06

\*\*\*\*\*  
 \* EPI = 97.99 \*  
 \*\*\*\*\*

**ENERGY GUIDE**

For detailed information  
of the EPI rating number  
or for any ITEM listed,  
ask your Builder for  
DCA Form 600A-93  
or Form 600B-93

EPI= 98.0

0 10 20 30 40 50 60 70 80 90 100  
|-----X-----|  
The maximum allowable EPI is 100. The lower the EPI the more efficient the home

**RESIDENTIAL ENERGY PERFORMANCE RATING SHEET**

ITEM	HOME VALUE	Low Efficiency	High Efficiency
WINDOWS.....	Single Tint	SINGL CLR  -----X-----	DBL TINT  -----
INSULATION.....			
Ceiling R-Value.....	19.0	R-10  -----X-----	R-30  -----
Wall R-Value.....	19.0	R-0  -----X-----	R-7  -----
Floor R-Value.....	0.0	R-0  X-----	R-19  -----
AIR CONDITIONER.....			
EER.....	12.0	9.7  -----X-----	EER 16.0  -----
HEATING SYSTEM.....			
Electric COP.....	1.0	2.50  X-----	COP 4.19  -----
WATER HEATER.....			
Electric EF.....	0.97	0.88  -----X-----	0.96  -----
Gas EF.....	0.00	0.54  -----	0.90  -----
Solar EF.....		0.40  -----	0.80  -----
OTHER FEATURES.....			
.....			

I certify that these energy saving features required for the Florida Energy Code have been installed in this house.

Address: \_\_\_\_\_ Builder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City/Zip \_\_\_\_\_  
Florida Energy Code for Building Construction - 1993  
Florida Department of Community Affairs

FL-EPL CARD93

**FLORIDA ENERGY EFFICIENCY CODE  
FOR BUILDING CONSTRUCTION**

FORM 1000-C-91 **SMALL ADDITIONS AND RENOVATIONS** **Section 10 — Residential Prescriptive Compliance Method** **Department of Community Affairs** **Climate Zones SOUTH 7(8)9**

Compliance with Section 10 of the Florida Energy Efficiency Code may be demonstrated by use of Form 1000C-91 for additions of 600 square feet or less, and renovations to single and multifamily residences. Alternative methods are provided for additions by use of Form 1000A-91 or 900A-91.

<b>PROJECT NAME:</b> <u>ELLIOTT RESIDENCE</u>		<b>BUILDER:</b>	
<b>AND ADDRESS:</b> <u>8 N.E. LAGOO ISLAND CT. SEWALL'S POINT, FL</u>		<b>PERMITTING OFFICE:</b>	<b>CLIMATE ZONE:</b> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/>
<b>OWNER:</b> <u>NICK ELLIOTT</u>		<b>PERMIT NO.:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>JURISDICTION NO.:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NEW CONSTRUCTION <input type="checkbox"/>	If Multifamily, number of units covered by this submittal: <input type="text"/>	CONDITIONED FLOOR AREA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SQ. FT. <u>240</u>	<b>NEW GLASS AREA AND TYPE</b>	
ADDITION <input checked="" type="checkbox"/>		PREDOMINANT EAVE OVERHANG LENGTH <input type="text"/> <input type="text"/> <input type="text"/> FT.	Single-pane <input type="text"/> <input type="text"/> <input type="text"/> SQ. FT.	Tint, Film, Solar Screen Single-pane <input type="text"/> <input type="text"/> <input type="text"/> SQ. FT. <u>45</u>
MULTIFAMILY ATTACHED <input type="checkbox"/>		PORCH OVERHANG LENGTH <input type="text"/> <input type="text"/> <input type="text"/> FT.	Double-pane <input type="text"/> <input type="text"/> <input type="text"/> SQ. FT.	Double-pane <input type="text"/> <input type="text"/> <input type="text"/> SQ. FT.
SINGLE-FAMILY DETACHED <input type="checkbox"/>				

<b>FOR ADDITIONS ONLY</b>	<b>WALL TYPE AND INSULATION</b>		<b>CEILING TYPE AND INSULATION</b>		<b>FLOOR TYPE AND INSULATION</b>	
	WOOD FRAME	MASONRY	UNDER ATTIC:	WOOD	MASONRY	RAISED:
PERCENTAGE OF GLASS TO FLOOR: <input type="text"/> <input type="text"/> % <u>19</u>	EXTERIOR: R= <input type="text"/> <input type="text"/> <input type="text"/> <u>19.0</u>	EXTERIOR: R= <input type="text"/> <input type="text"/> <input type="text"/>	R= <input type="text"/> <input type="text"/> <input type="text"/> <u>30.0</u>	RAISED: R= <input type="text"/> <input type="text"/> <input type="text"/> <u>19.0</u>	RAISED: R= <input type="text"/> <input type="text"/> <input type="text"/>	COMMON: R= <input type="text"/> <input type="text"/> <input type="text"/>
	ADJACENT: R= <input type="text"/> <input type="text"/> <input type="text"/>	ADJACENT: R= <input type="text"/> <input type="text"/> <input type="text"/>	SINGLE ASSEMBLY: R= <input type="text"/> <input type="text"/> <input type="text"/>	COMMON: R= <input type="text"/> <input type="text"/> <input type="text"/>	COMMON: R= <input type="text"/> <input type="text"/> <input type="text"/>	COMMON: R= <input type="text"/> <input type="text"/> <input type="text"/>
	COMMON: R= <input type="text"/> <input type="text"/> <input type="text"/>	COMMON: R= <input type="text"/> <input type="text"/> <input type="text"/>	COMMON: R= <input type="text"/> <input type="text"/> <input type="text"/>	SLAB-ON-GRADE: R= <input type="text"/> <input type="text"/> <input type="text"/>		

<b>DUCTS</b>	<b>COOLING SYSTEM</b>	<b>HEATING SYSTEM</b>	<b>HOT WATER SYSTEM</b>
In Unconditioned Space R= <input type="text"/> <input type="text"/> <input type="text"/> <u>6.0</u>	<input type="checkbox"/> Central <input type="checkbox"/> Room <input type="checkbox"/> PTAC <input checked="" type="checkbox"/> No New System <input type="checkbox"/> None	<input type="checkbox"/> Electric Strip <input type="checkbox"/> Natural Gas <input type="checkbox"/> Room Unit/PTHP <input checked="" type="checkbox"/> No New System	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other Fuels <input checked="" type="checkbox"/> No New System
In Conditioned Space R= <input type="text"/> <input type="text"/> <input type="text"/>	SEER/EER= <input type="text"/> <input type="text"/> <input type="text"/>	COP/HSPF/AFUE= <input type="text"/> <input type="text"/> <input type="text"/>	EF= <input type="text"/> <input type="text"/> SF/EF= <input type="text"/> <input type="text"/>
			NUMBER OF BEDROOMS= <input type="text"/> <input type="text"/>

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code. PREPARED BY: <u>Diana McDougall</u> DATE: <u>4/7/97</u> I hereby certify that this building is in compliance with the Florida Energy Code. OWNER AGENT: _____ DATE: _____	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 10A MINIMUM REQUIREMENTS FOR ALL PACKAGES			
COMPONENTS	SECTION	REQUIREMENTS	CHECK
Windows	904.1	Maximum of 0.34 CFM per linear foot of operable sash crack (includes sliding glass doors).	✓
Exterior & Adjacent Doors	904.1	Maximum of 0.5 CFM per sq. ft. of door area: solid core, wood panel, insulated or glass doors only.	NA
Exterior Joints & Cracks	904.1	To be caulked, gasketed, weatherstripped or otherwise sealed.	✓
Sole & Top Plates	903.2	Sole plates and penetrations through top plates of exterior walls must be sealed.	✓
Infiltration Barrier	903.2	Infiltration barrier must be installed in exterior walls & raised wood floors.	✓
Interior Joints & Cracks	903.2	All openings in interior surfaces of ceilings and exterior walls must be sealed.	✓
Fireplaces	903.2	Fireplaces must have flue dampers, glass doors and outside combustion air intakes.	NA
Exhaust Fans	903.2	Exhaust fans vented to unconditioned space shall have dampers, except for combustion devices with integral exhaust ductwork.	✓
Water Heaters	904.2	Comply with efficiency requirements in Table 9-7A. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	NA
Swimming Pools & Spas	904.3	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%.	NA
Hot Water Pipes	904.4	Insulation is required only for recirculating systems, including heat recovery units. In such cases, piping heat loss shall be limited to a maximum of 17.5 BTUH per linear foot of pipe.	✓
Shower Heads	904.5	Water flow must be restricted to no more than 3 gallons per minute at 80 PSIG.	✓
HVAC Duct Construction, Insulation & Installation	904.6	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section 904.6. Ducts in unconditioned space and air handlers located in attics must be insulated to a minimum R-4.2 (R-6 after 1/1/92).	✓
HVAC Controls	904.7	Separate readily accessible manual or automatic thermostat for each system.	NA
Renovations Only Glass	1003.0	Meets the requirements of sec. 1003.0. See step 3 of page 2 of this form.	NA

**TABLE 10B. Prescriptive Requirements for Small Additions (600 Sq.Ft. and Less) and for Renovations to Existing Buildings.**

COMPONENT		MINIMUM INSULATION	INSULATION INSTALLED	EQUIPMENT	MINIMUM EFFICIENCY		INSTALLED EFFICIENCY				
WALLS	Concrete	R-5	_____	COOL	Central A/C	1991	1992	SEER = _____			
	Wood frame, 2' x 4'	R-11	_____			SEER = 9.0	10.0				
	Wood frame, 2' x 6'	R-19	R-19			EER = 8.5	8.5				
	Common, Wood frame*	R-11	_____								
Common, Masonry*	R-3	_____									
CEILING	Under attic	R-30	R-30	SPACE HEATING	Electric Resistance	ANY		HSPF = _____			
	Single assembly	R-19	_____			Heat Pump	HSPF = 6.4		6.8	HSPF/ = _____	
	Common, Wood frame*	R-11	_____			Room unit or PTHP	COP = 2.6		2.7	COP = _____	
FLOORS	Slab-on-grade	No Minimum	0	HOT WATER	Gas, natural or propane	AFUE = .70	.78	AFUE = _____			
	Raised wood	R-11	_____						Electric Resistance	EF = .88	EF = _____
	Raised concrete	R-5	_____						Gas, natural or propane	EF = .54	EF = _____
	Common, Wood frame*	R-11	_____						Fuel Oil	EF = .54	EF = _____
DUCT	In unconditioned space	1991 R-4.2	1992 R-6								
	In conditioned space	No Minimum	R-6								

\*Common components are those which separate two conditioned living units in a multifamily building.

**TABLE 10C. Prescriptive Requirements for Glass Areas in ADDITIONS ONLY (Renovations see 3 below)**

Maximum percentage glass to floor area allowed is selected by type, overhang length, and shading coefficient. See below.					Maximum % = 4.0%	Installed % = 19%	
GLASS TYPE, OVERHANG, AND SHADING COEFFICIENT (TINTING) 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	2' - 1.0 1' - .86 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
Shading coefficients (SC) may be obtained from the manufacturer of the glass. Typical shading coefficients are: single-paned clear SC = 1.0, double-paned clear SC = .90, and single-paned tint SC = .86.							

Form 1000C may be used to comply the following types of construction:

**SMALL ADDITIONS TO EXISTING RESIDENCES.** Additions which have 600 square feet or less of conditioned area may comply with the Energy Code using this form. The prescriptive requirements in Tables 10A, 10B and 10C 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 must comply with the Energy Code using this form. The prescriptive requirements in Tables 10A and 10B apply only to the components and equipment being renovated or replaced.

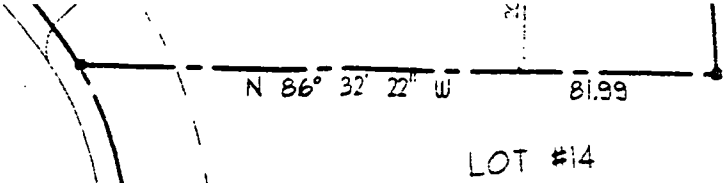
**GENERAL DIRECTIONS:**

- On the left side of Table 10B in the column titled "INSULATION INSTALLED", indicate the R-value of the insulation being added to each component. On the right side of Table 10B indicate the efficiency levels of the equipment being installed in the column titled "EFFICIENCY INSTALLED". All R-values and efficiencies installed must meet or exceed the minimum values prescribed in the preceding column for that component. 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 panels in doors which are more than 1/3 of the area of the door. 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 10C. For example, 29% glass would qualify for the "Up to 30%" column. Prescriptives are given by the type of glass (Single or Double pane) and the overhang (OH) paired with a shading coefficient (SC). Any pair within the selected "Up to \_\_\_\_\_" category is acceptable. For a given glass type and overhang, the maximum shading coefficient allowed is specified. Indicate the category into which the percentage falls in the box at the top titled "Maximum % = \_\_\_\_\_". In the next column titled "Installed", indicate the calculated percentage of glass in the addition. 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 10C. All new glass in the addition must meet the requirements 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.** Only glass areas which are being replaced as part of the renovations need 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.
- Complete the information requested on the top half of page 1.
- Read "Minimum Requirements for Small Additions and Renovations", Table 10A on page 1, and check to indicate your intention to comply with all applicable items.
- Read, sign and date the "Owner/Agent" certification statement on page 1.

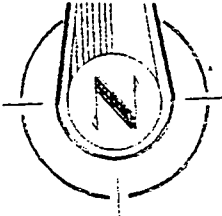


PLAN TRANSITIONAL PAGES

TO: Rick  
FROM: [signature]



LOT #14



41921

AN  
ELLIOT

# SITE PLAN

1" = 20'

- Contractor's License OK
- Sub-Contractors' Licenses \_\_\_\_\_
- Workers' Comp. Insurance OK
- General Liability Insurance OK
- Three sets of Plans OK
- Plans sealed by architect or engineer OK
- Plot Plan OK
- Boundary survey OK
- Topographic survey certified to the Town of S.P.
- Recorded warranty deed N/A
- Septic tank permit Required
- Energy Code calculations OK
- Elevation certificate Required
- Record notice of commencement \_\_\_\_\_
- Application for C.G. \_\_\_\_\_

**REQUIRED FOR PERMIT**

PROPERTY ADDRESS: 8 LAGOON ISLAND COURT  
SEWALL'S POINT, FLORIDA

LEGAL DESCRIPTION  
LOT 15, THE PLANTATION AT SEWALL'S POINT  
MARTIN COUNTY, FLORIDA

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

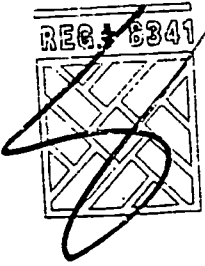
## TIE-IN SURVEY REQUIRED BEFORE POURING SLABS

1 APR 97

97112

OF NINE

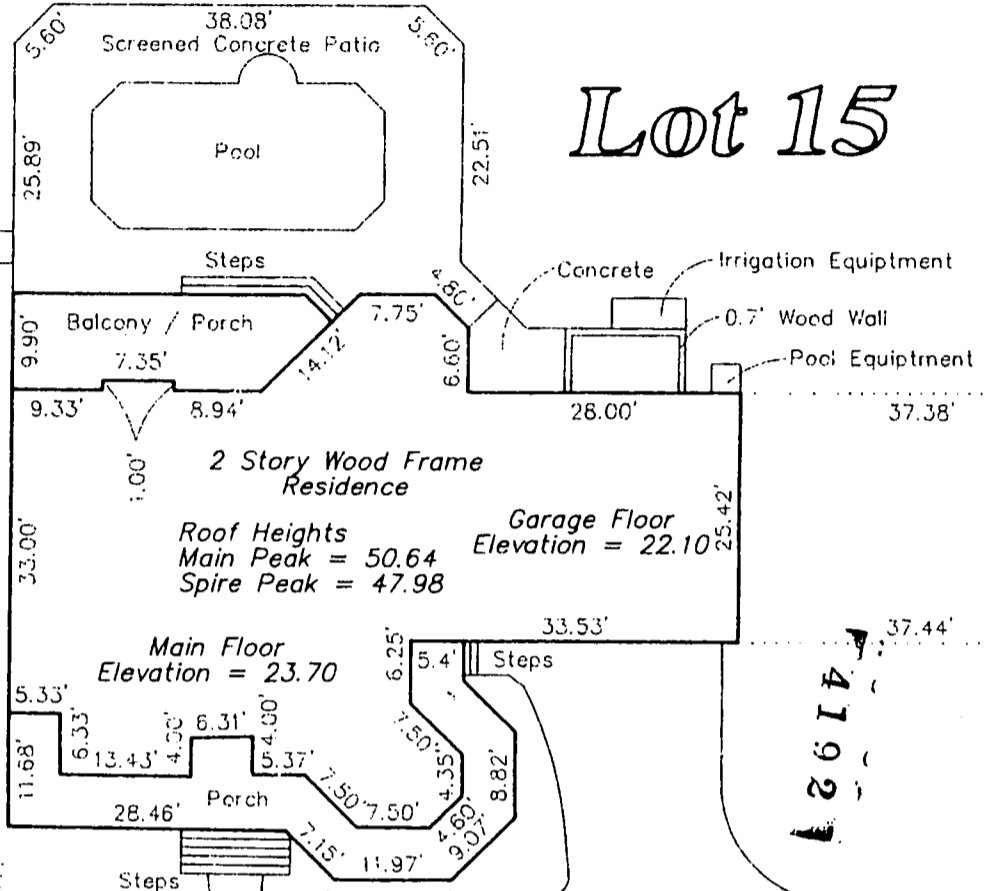
REG. 6341



N00°26'56" E 186.98'

1.6' Drainage Easement

Lot 15



222.72'

W. #3336

$\Delta = 115^{\circ}43'45''$   
 $R = 45.00'$   
 $L = 90.89'$

N 84°57'21" E  
45.00' (RADIAL)

FD. NAIL & DISK  
EL. 16.09'

N86°32'22" W 81.99'

FD. 5/8" IR&C  
LB #3152

Lot 14

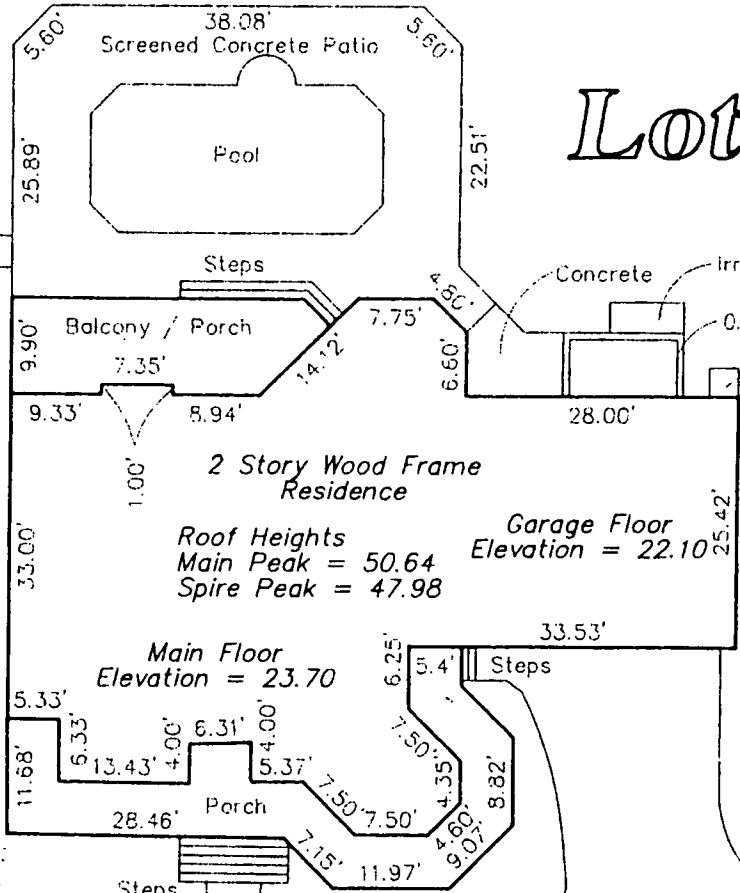
Lot 15

222.72'

186.98'

N00°26'56" E

16' Drainage Easement



$\Delta = 115'43'45''$   
 $R = 45.00'$   
 $L = 90.89'$

N 84°57'21" E  
 45.00' (RADIAL)

FD. NAIL & DISK  
 EL. 16.09'

N86°32'22" W 81.99'

FD. 5/8" IR&C  
 LB #3152

Lot 14

JD CT

**5084**

**PORCH ENCLOSURE**

---

MASTER PERMIT NO. N/A

# TOWN OF SEWALL'S POINT

Date 9/7/00

BUILDING PERMIT NO. 5084

Building to be erected for NICHOLAS ELLIOTT

Type of Permit BLDG ENCL. EXISTG PORCH

Applied for by O/B

(Contractor) Building Fee \$180.00

Subdivision PLANTATION Lot 15 Block \_\_\_\_\_

Radon Fee N/A

Address 8 N.E. LAGOON ISLAND CT.

Impact Fee N/A

Type of structure S.F.R.

A/C Fee N/A

WOODER/BLDR. 25% SURCHARGE

Electrical Fee 120.00

Parcel Control Number: 29-37-41-013-000-00150-4

Plumbing Fee N/A

Amount Paid \$318.00 Check # 2343 Cash \_\_\_\_\_ Other Fees ( PLAN REV. ) 18.00

Roofing Fee N/A

Total Construction Cost \$ 15,000.00 TOTAL Fees \$318.00

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 <u>1/17/01</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!**

MASTER PERMIT NO. 5084

**TOWN OF SEWALL'S POINT**

Date 10/24/00

BUILDING PERMIT NO. 5085

Building to be erected for NICHOLAS BULLOTT

Type of Permit ELECT-SUB

Applied for by KRAUSS & CRANE, INC (Contractor)

Building Fee \_\_\_\_\_

Subdivision PLANTATION Lot 15 Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 8 NE LAGOON ISLAND CT.

Impact Fee \_\_\_\_\_

Type of structure SPR

A/C Fee \_\_\_\_\_

QUALIFIER: BOB CROM  
EC-0001986

Electrical Fee SPR PN 5084

Parcel Control Number: \_\_\_\_\_

Plumbing Fee \_\_\_\_\_

Roofing Fee \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ \_\_\_\_\_

TOTAL Fees \_\_\_\_\_

Signed Robert E. Gray  
Applicant

Signed [Signature]  
Town Building Inspector [Signature]

**BUILDING PERMIT**

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

FLOOD ZONE \_\_\_\_\_

LOWEST HABITABLE FLOOR ELEV. \_\_\_\_\_

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

**MONDAY THROUGH SATURDAY**

New Construction    Remodel    Addition    Demolition

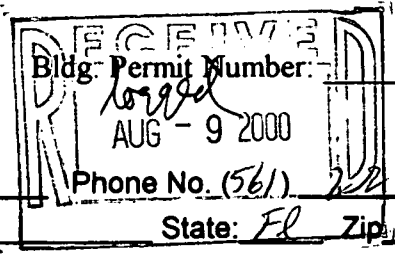
**This permit must be visible from the street, accessible to the inspector.**

**FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT, NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.**

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



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



Owner or Titleholder's Name Nicholas ELLIOTT  
 Street: 8 NE LAGOON Island Ct City Stuart State: FL Zip: 34996  
 Legal Description of Property: LOT 15 Plantation  
 Parcel Number: \_\_\_\_\_

Location of Job Site: SAME  
 TYPE OF WORK TO BE DONE: Permanently Enclose to Family Room open Porch

CONTRACTOR/Company Name: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
 Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 State Registration: \_\_\_\_\_ State License: \_\_\_\_\_

ARCHITECT: Kelly & Kelly Phone No. (561) 283 3492  
 Street: 119 West 6th St City Stuart State: FL Zip \_\_\_\_\_

ENGINEER: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
 Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:  
 Living Area: \_\_\_\_\_ Garage Area: \_\_\_\_\_ Carport: \_\_\_\_\_ Accessory Bldg: \_\_\_\_\_  
 Covered Patio: Approx 400 Scr. Porch: \_\_\_\_\_ Wood Deck: \_\_\_\_\_  
 Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_  
 New Electrical Service Size: N/A AMPS

FLOOD HAZARD INFORMATION  
 Flood zone: N/A 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: \$ 15,000  
 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)  
Nicholas Elliott  
 Owner  
 State of Florida, County of: Martin On this the 9th day of August, 2000, by N. Elliott who is personally known to me or produced Fl. d.l. as identification.

CONTRACTOR SIGNATURE (Required)  
 \_\_\_\_\_  
 Contractor  
 State of Florida, County of: \_\_\_\_\_ On this the \_\_\_\_\_ day of \_\_\_\_\_, 2000, by \_\_\_\_\_ who is personally known to me or produced \_\_\_\_\_ as identification.

Notary Public  
 My Commission Expires: Joan H. Barrow  
 MY COMMISSION # CC785645 EXPIRES November 30 (2001)  
 BONDING THRU TROY FAIR INSURANCE, INC.

Notary Public  
 My Commission Expires: \_\_\_\_\_  
 (Seal)





**EDWIN B. ARNOLD, AIA, CBO**  
**Building Official**

IN

**TOWN OF SEWALL'S POINT**

D.

Town Hall  
 One South Sewall's Point Road  
 Sewall's Point, Florida 34996

Phone (561) 287-2455  
 Fax (561) 220-4765

**Disclosure Statement**

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

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

Name Nicholas ELLIOTT Date 9-7-00  
 Signed *Nicholas Elliott*  
 Address 8 NE Lagoon Island Ct.  
 City & State Stuart FL 34996  
 Permit No. 5084 9/7/00

This form is for all permits except electrical.  
 Revised October 25, 1995



01221654

97 MAR 3 48

Parcel ID Number: 29-37-41-013-000-00150-4  
Grantor #1 TIM  
Grantor #2 TON

# Warranty Deed

This Indenture, Made this 3rd day of March, 1997 A.D. Between

of the County of MARTIN State of Florida, grantor, and  
NICHOLAS ELLIOTT and CHARLENE ELLIOTT,

whose address is: 7008 CHARLESTON OAKS DR. NORTH, MOBILE, Alabama 36695

of the County of \_\_\_\_\_ State of Alabama, grantees.

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 15, THE PLANTATION AT SEWALL'S POINT, according to the plat  
thereof, recorded in Plat Book 12, page 70 of the Public  
Records of Martin County, Florida.

Subject to restrictions, reservations and easements of record,  
if any, which are not reimposed hereby, and taxes subsequent to  
December 31, 1996.

Doc. DEED # 3745.012 MARGA STILES  
COUNTY # \_\_\_\_\_ MARTIN COUNTY  
NOTARY # \_\_\_\_\_ CLERK OF COUNTY CLERK  
IN TAX # \_\_\_\_\_ 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:

Ralph D. Young  
Printed Name: Ralph D. Young  
Witness  
Debra G. Duval  
Printed Name: Debra G. Duval  
Witness

Gary K. Griffis (Seal)  
GARY K. GRIFFIS  
P.O. Address 8 LAGOON ISLAND CT. N.E. SJUWART, FL 34996  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Seal)

## STATE OF Florida COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 3rd day of March, 1997 by  
GARY K. GRIFFIS, a single man,

who is personally known to me or who has produced his  
as identification.

This Document Prepared By:  
Teresa P. McCarthy, Esq.  
McCarthy, Summers, Hobbs McKey, Wood & Sawyer, PA  
281 S.W. Ocean Blvd. Suite 2A  
Suwanee, FL 34996



Debra G. Duval  
Printed Name: Debra G. Duval  
NOTARY PUBLIC  
My Commission Expires: June 14, 1999

© Lexipol System, Inc. 1999  
(R) 92-03 Form FL-90-2



**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.

<b>PROJECT NAME:</b> <u>ELLIOTT RESIDENCE</u>	<b>BUILDER:</b> _____	
<b>AND ADDRESS:</b> <u>8 LAGDON ISLAND CT</u> <u>SEVENS POINT</u>	<b>PERMITTING OFFICE:</b> <u>SEVENS PT</u>	<b>CLIMATE ZONE:</b> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/>
<b>OWNER:</b> <u>NICK &amp; CHARLENE ELLIOTT</u>	<b>PERMIT NO.:</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<b>JURISDICTION NO.:</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**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.	<u>ADDITION   PORCH ENCL.</u>						
2.							
3.							
4.	<u>174</u>						
5.	<u>"2-6"</u>						
	Single Pane	Double Pane					
6a.	_____ sq. ft.	_____ sq. ft.					
6b.	_____ sq. ft.	_____ sq. ft.					
7.	_____ %						
8a.	R= <u>0</u>	<u>27</u> 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= <u>19</u>	<u>243</u> sq. ft.					
9b-1	R= _____	_____ sq. ft.					
9b-2	R= _____	_____ sq. ft.					
9c	_____	_____					
10a.	R= <u>30</u>	<u>174</u> sq. ft.					
10b.	R= _____	_____ sq. ft.					
11.	Type: <u>NO NEW SYSTEM</u>						
	SEER/EER: _____						
12.	Type: <u>NO NEW SYSTEM</u>						
	HSPF/COP/AFUE: _____						
13a.	_____						
13b.	_____						
14.	Type: <u>N/A</u>						
	EF: _____						

\* Pertains to manufactured homes with site installed components.

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code. PREPARED BY: <u>[Signature]</u> DATE: <u>7/28/00</u> I hereby certify that this building is in compliance with the Florida Energy Code. OWNER AGENT: _____ DATE: _____	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 (600 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	_____	COOLING	Central A/C - Split -Single Pkg. Room unit or PTAC	SEER = 10.0	SEER = <u>10.0</u>
	Frame, 2' x 4'	R-11	_____			SEER = 9.7	SEER = _____
	Frame, 2' x 6'	R-19	_____			EER = 8.5*	EER = _____
	Common, Frame	R-11	_____				
Common, Masonry	R-3	_____					
CEILINGS	Under Attic	R-30	<u>R-30</u>	SPACE HEATING	Electric Resistance Heat pump - Split - Single Pkg. Room unit or PTHP	ANY	HSPF = <u>10.0</u>
	Single Assembly; Enclosed	R-19	_____			HSPF = 6.8	HSPF = _____
	Frame	R-13	_____			HSPF = 6.6	HSPF = _____
	Metal Pans	R-10	_____			COP = 2.7*	HSPF/ COP = _____
Single Assembly; Open	R-11	_____					
FLOORS	Slab-on-grade	No Minimum	<u>R-0</u>	HOT WATER	Gas, natural or propane Fuel Oil	AFUE = .78	AFUE = _____
	Raised Wood	R-11	_____			AFUE = .78	AFUE = _____
	Raised Concrete	R-5	_____				
	Common, Frame	R-11	_____				
DUCT	In unconditioned space	R-6	<u>R-10</u>		Electric Resistance	EF = .88	EF = _____
	In conditioned space	No minimum	_____			Gas; Natural or L.P.	EF = .54
					Fuel Oil	EF = .54	EF = _____

\* 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% = 40% Installed % = 11%

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' - .90	2' - 1.0	1' - .90	3' - 1.0	2' - .90	4' - 1.0	3' - .90
0' - .86		1' - .86	0' - .70	2' - .86	1' - .70	3' - .86	2' - .70
		0' - .65		1' - .65	0' - .50	2' - .65	1' - .50
				0' - .45		1' - .45	0' - .40
						0' - .35	

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

TABLE 6C-3 MINIMUM REQUIREMENTS FOR ALL PACKAGES

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.	N/A
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.	✓
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.	✓

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. Prescriptive values 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.

**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.

<b>PROJECT NAME:</b> <u>ELLIOTT RESIDENCE</u>	<b>BUILDER:</b> _____	
<b>AND ADDRESS:</b> <u>8 LAGDON ISLAND CT</u> <u>SEWALLS POINT</u>	<b>PERMITTING OFFICE:</b> <u>SEWALLS PT</u>	<b>CLIMATE ZONE:</b> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/>
<b>OWNER:</b> <u>NICK &amp; CHARLENE ELLIOTT</u>	<b>PERMIT NO.:</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<b>JURISDICTION NO.:</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**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.	<u>ADDITION</u>	<u>PORCH EXCL.</u>					
2.							
3.							
4.	<u>174</u>						
5.	<u>"2'-6"</u>						
	Single Pane		Double Pane				
6a.	_____	sq. ft.	_____	sq. ft.			
6b.	_____	sq. ft.	_____	sq. ft.			
7.	_____	%					
8a.	R= <u>0</u>		<u>27</u>	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= <u>19</u>		<u>243</u>	sq. ft.			
9b-1	R= _____			sq. ft.			
9b-2	R= _____			sq. ft.			
9c							
10a.	R= <u>30</u>		<u>174</u>	sq. ft.			
10b.	R= _____			sq. ft.			
11.	Type: <u>NO NEW SYSTEM</u>						
	SEER/EER: _____						
12.	Type: <u>NO NEW SYSTEM</u>						
	HSPF/COP/AFUE: _____						
13a.							
13b.							
14.	Type: <u>N/A</u>						
	EF: _____						

\* Pertains to manufactured homes with site installed components.

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code. PREPARED BY: <u>[Signature]</u> DATE: <u>7/28/00</u> I hereby certify that this building is in compliance with the Florida Energy Code. OWNER AGENT: _____ DATE: _____	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	_____	COOLING	Central A/C - Split -Single Pkg. Room unit or PTAC	SEER = 10.0 SEER = 9.7 EER = 8.5*	SEER = <u>10.0</u> SEER = _____ EER = _____
	Frame, 2' x 4'	R-11	_____				
	Frame, 2' x 6'	R-19	_____				
	Common, Frame	R-11	_____				
CEILING	Common, Masonry	R-3	_____	SPACE HEATING	Electric Resistance Heat pump - Split - Single Pkg. Room unit or PTHP	ANY HSPF = 6.8 HSPF = 6.6 COP = 2.7*	HSPF = <u>10.0</u> HSPF = _____ HSPF/ = _____ COP = _____
	Under Attic	R-30	<u>R-30</u>				
	Single Assembly; Enclosed Frame	R-19	_____				
	Single Assembly; Open Metal Pans	R-13	_____				
FLOORS	Single Assembly; Open Common, Frame	R-10	_____	HOT WATER	Gas, natural or propane Fuel Oil	AFUE = .78 AFUE = .78	AFUE = _____ AFUE = _____
	Slab-on-grade	No Minimum	<u>R-0</u>				
	Raised Wood	R-11	_____				
	Raised Concrete	R-5	_____				
DUCT	Common, Frame	R-11	_____	Electric Resistance Gas; Natural or L.P. Fuel Oil	EF = .88 EF = .54 EF = .54	EF = _____ EF = _____ EF = _____	
	In unconditioned space	R-6	<u>R-10</u>				
	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>40%</u> Installed % = <u>11%</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	2' - 1.0 1' - .86 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.	N/A
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.	✓
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.	✓

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.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

SP ID SB  
KRAUC-1

DATE (MM/DD/YY)  
05/26/00

PRODUCER

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

FILE

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

INSURERS AFFORDING COVERAGE

INSURED

Krauss & Crane, Inc.  
John Crane  
P.O. Box 1259  
Stuart FL 34995

INSURER A: Owners Insurance Company

INSURER B: Auto Owners Insurance Co

INSURER C: FCCI Insurance Co

INSURER D:

INSURER E:

RECEIVED  
MAY 31 2000  
BY: [Signature]

COVERAGES

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

Table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE (MM/DD/YY), POLICY EXPIRATION DATE (MM/DD/YY), LIMITS. Rows include General Liability, Automobile Liability, Garage Liability, Excess Liability, Workers Compensation and Employers' Liability, and Other.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
STATE OF FLORIDA - Air Conditioning & Electrical

CERTIFICATE HOLDER

N | ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Towns - 1  
Town of Sewalls Point  
1 S Sewalls Point Road  
Stuart FL 34996

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

Joseph E. Coons, CPCU. CIC.



Name:

Address:

This Instrument Prepared by:

Address:

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

RECEIVED  
OCT 10 2000  
BY: *[Signature]*

US Genuine Paper & Printing Co., Inc. 1987

NOTICE OF COMMENCEMENT  
FS 713.13

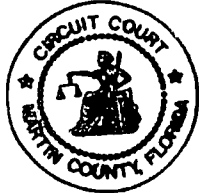
STATE OF FLORIDA  
MARTIN COUNTY

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

MARSHA STILLER, CLERK

BY *[Signature]* D.C.

DATE 10-10-00



SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

Permit No. \_\_\_\_\_

State of Florida  
County of Martin

# FILE NOTICE OF COMMENCEMENT

*8 NE LAGOON CT } PN 5084*

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

Legal description of property (Include Street Address, if available) \_\_\_\_\_  
Lot 15, Plantation at Sewall's Point

General description of Improvements Porch Enclosure

Owner Mr. and Mrs. Nick Elliot

Address 8 NE Lagoon Island Court, Sewall's Point Florida 34996

Owner's Interest in site of the improvement \_\_\_\_\_

Fee Simple Title holder (if other than owner) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contractor Scammell Constructors Inc.

Address 3050 SE Dominica Terrace, Stuart FL 34997

Surety None

Address \_\_\_\_\_ Amount of bond \$ \_\_\_\_\_

Any person making a loan for the construction of the Improvements:

Name \_\_\_\_\_

Address \_\_\_\_\_

Person 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 \_\_\_\_\_

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

NICK ELIOT  
Printed Signature of Owner

NOTARY RUBBER STAMP SEAL

MICHAEL SCOTT SCAMMELL  
Notary Public - State of Florida  
My Commission Expires Apr 11, 2003  
Commission # C.C. 825003

I have relied upon the following identification of the Affiant \_\_\_\_\_

Sworn to and subscribed before me this 9 day of OCTOBER 2000

*[Signature]*  
Notary Signature

MICHAEL SCAMMELL  
Printed Notary Signature



# CERTIFICATE OF LIABILITY INSURANCE

CSR AM  
SCAC001

DATE (MM/DD/YY)  
09/25/00

**PRODUCER**  
Huckleberry, Sibley & Harvey  
Insurance & Bonds, Inc.  
1020 N Orlando Ave, Suite 200  
Maitland FL 32751  
Phone: 407-647-1616

**FILE**  
*Handwritten signature*  
**FILE**  
*Handwritten signature*

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**  
  
Scammell Constructors, Inc.  
P.O. Box 750  
Port Salerno FL 34992

INSURER A: **AUTO OWNERS INSURANCE CO**  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**RECEIVED**  
SEP 27 2000  
BY: *[Signature]*

**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
A	<b>GENERAL LIABILITY</b>	972312-20570435-99	01/07/00	01/07/01	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Contractual				PERSONAL & ADV INJURY \$ 500,000
	<input checked="" type="checkbox"/> XCU included				GENERAL AGGREGATE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	<b>AUTOMOBILE LIABILITY</b>	96-851-698-00	01/07/00	01/07/01	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	<b>EXCESS LIABILITY</b>	972112-2054455373	01/07/00	01/07/01	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				Includes \$
	RETENTION \$				CGL & \$
					Auto \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS OTHER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Fax 1-561-220-4765

**CERTIFICATE HOLDER**

**N** ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_

**CANCELLATION**

**TOWN OF SEWALLS POINT**  
BUILDING DEPARTMENT  
1 SOUTH SEWALLS POINT ROAD  
STUART FL 34996

**TOWNSEW**

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.

*[Handwritten signature]*

# AD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
9/25/00

561-220-2933

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.

THE DICKMEYER AGENCY  
607 St. Lucie Crescent  
Stuart, FL 34994

### COMPANIES AFFORDING COVERAGE

COMPANY A Zenith Insurance Company  
COMPANY B  
COMPANY C  
COMPANY D

**FILE**  
*Refuses*

**RECEIVED**  
SEP 25 2000  
BY: *[Signature]*

INSURED  
SCAMMELL CONSTRUCTORS, INC.  
P.O. Box 750  
Port Salerno, FL 34992

### 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
	<b>GENERAL LIABILITY</b> COMMERCIAL GENERAL LIABILITY CLAIMS MADE (Occur) OWNERS & CONTRACTORS POLL				GENERAL AGGREGATE \$ PRODUCTS COMPOUND ACC \$ PERSONAL & AUTO INJURY \$ EACH OCCURRENCE \$ PROP. DAMAGE (Any one loc) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	<b>BOILER LIABILITY</b> UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER	7050300309	01/01/00	01/01/01	WC STATUTE LIMITS (OTH FL) EI EACH ACCIDENT \$1,000,000 EI DISEASE - POLICY LIMIT \$1,000,000 EI DISEASE - EA EMPLOYEE \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATION(S)/VEHICLE(S) SPECIAL ITEMS

**CERTIFICATE HOLDER**  
Town of Sewalls Point  
Building Dept.  
1 South Sewalls Point Road  
Stuart, FL 34996

**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  
*James E. Dickmeyer*  
© ASSHO CORPORATION 199

DATE

BATCH NUMBER

07/10

The Name of the Licensee  
Under the provisions of Chapter 488, F.S.  
Expiration Date: 07/10/2002



SCANNED BY: JEFFREY N.  
SCANNED BY: SCANNERS INC.  
3050 SE BURNING WOOD TERRACE  
PO BOX 750  
PORT SAFFORD FL 34994

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON  
SECRETARY

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  ~~Wed~~  Fri 11/17/17

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4895	SEELY	D/W INSP. (PTL.)		EARLY AS POSSIBLE
(8)	37 N.E. ROFTING WAY GRIBBEN	(PHASE III) IIR	Passed	5/17 (Partial)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5772	Eckna	rough pl.	Passal	5/17
(4)	107 H. Sewall Way JMC	V/G.		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5197	MYKIETYN	FINAL -	Passed	5/17
(2)	4 MIRIMAR D. PACIFIC	ROOF		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5219	AMSLER	SHEATHING	Passed	5/17
(2)	3 SIMARA ST. PACIFIC			9:55
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5220	PARMALEE	TIN TAG +	Passed	EARLY AS
(1)	21 S. RIDGEVIEW RD. CAPPES + HUFF	METAL	5/17	POSSIBLE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4992	BAUER	FENCE - FINAL	Passed	5/17
(6)	49 S. SPR OIB		(front out, no drg ?)	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5284	Elliot	final e.o.	Passed	5/17
(7)	8 Lagoon Island court	(addition) Porch enclosure		

OTHER: \_\_\_\_\_

INSPECTOR (Name/Signature): \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Thu 11-3, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 5111 (5)	Schell 8 Perriwinkle Circle Tropic	deadmen	PASSED ✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 4625 4973 (6)	Coverdale 51 N. River Rd. Sandy	tintsg metal on boat house roof	PASSED ✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5135 (4)	Smith 11 Simara St. Oak Hammock	pre-pour driveway	PASSED ✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 5084 (7)	Elliot Lagoon Island Scammel	nail off on sheet rock	PASSED ✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5094 (10)	NOBLE-JL 18 S. VIA LUCINDA STEIN #00 RAG	T/T & ATC (required 11/3; 9:00 AM (FRAME))	FAILED ✗	NOT READY; NO VACUUM OR EDGE MTC. INSTALLED. RESCHEDULE - NO FEE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: \_\_\_\_\_

INSPECTOR (Name/Signature): \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  ~~Wed~~  Fri 11/17, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 5095	Thorne (9/25/00)	fence final	PASSED	
(9)	22 Perriwinkle La. Just Wood Fence		☞	
✓ S 5094	Nohejl	sheathing	PASSED	10:00 NOT READY
(4)	18 N. Via Lucindia Stein	90% TO COMPLETE TR & KRL 11/3 AM	☞	11:05 REINS/REF
✓ S 4702	Perry	insulation	PASSED	NOTE: VERIFIED COLLAR BM
(3)	18 N. Ridgeview owner/builder		☞	SPCG. PER ARCH. LTR.
✓ N 4659	Conway	C.O.	PASSED	PN 4853 (100%) } OPEN PN 5110 (REDO) } PLUMB
(7)	17 Lofting Way Conway		☞	INS.P. SCAM 11/5/00
✓ N 4775	Campo	pre-pour	PASSED	CONTR. TO THICKEN EDGE
(8)	5 Palama Way Seagate	driveway	☞	@ STREET
✓ N 4774	Elliot	insulation	PASSED	
(6)	6 Lagoon Island Scammel		☞	
✓ N 5059	Whalen	roof final	PASSED	documents by
(10)	9 Knowles Cardinal	(REINS/REF) - PTL. RE-ROOF ONLY	☞	fronc door ✓

OTHER: 288 2000 260-5133 Wilson BUDS

INSPECTOR (Name/Signature): \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection ~~Mon~~  Wed  Fri  ~~10-27~~, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5113	JAMESON	Work in Progress	PASSED	FIELD COPY OF PERMIT TO SITE
④	132 S. RIVER RD. Commercial Const.	FINAL INSP. REQ.	3	- APPROVED TO COMPLETE SHEATHING & DRY-IN.
<del>5084</del>	<del>ELLIOT</del>	<del>ELDER &amp; SONS</del>	<del>PASSED</del>	<del>REVISOR TO FULL PERMIT (NO PER)</del>
①	<del>1 N. Medical Dr</del> SCARMELL		3	
4943	E. BOTWINIAK 201-2373 ✓	Concrete Pad.	PASSED	SEE INSP. LOG 10/20
③	27 EDWARDS LANE FST. FLORIAN JONES	(REINSPECTION) 9:40 AM. (BURST STREET)	3	REV. DRUG'S TO BE SUBMITTED W/ PAD & STOOD
T/R	CHARDAVOYNE	FIELD VERIFICATION	PASSED	
APPL.	22 FIELDWAY DR		3	
②	O/B			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: ⑤ STIMOR; INSP. POSSIBLE STRUCT. DAMAGE (MINOR STRUCTURE FIRE 10/21/00 0140)  
 ✓ VERIFIED NO APPARENT (POLICE INCIDENT/ACTIVITY RPT REC'D 10/22)  
 STRUCTURAL DAMAGE - NO PERMIT REQUIRED FOR REPAIRS (OWNER: JIM KURKO)

INSPECTOR (Name/Signature): \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 10-11-10, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4943	Botwinick 27 Emorita	roof dry- in	Passed BG.	
<del>5084</del>	<del>5/1/00</del>	<del>slab (995)</del>	<del>Passed</del>	<del>12" Topping over Existing Slab.</del>
	8 Lagoon Island Scarmel	Fibermesh	BG.	
5068	Winer 19 Ridgeland Lear	wine cellar footing	OK BG.	FILED COPY SH 8 ATTACHED (CEWIK DEF.) Gave to Bulder.
4972	Rimer / Bird 29 So. River Rd. Lear	ret. well ON SMALL House -	Passed BG.	
5058	Geller 10 Palmetto Quality	fence	Passed BG	will call to arrange time - (has dogs)
4904	Miranda 34 Castle Hill owner	rough oil PIB-OK Elec-R-OK	Reject BG. NO REC	1. need Revised plan FOR Fireplace & Close 2. Tie up A/C Duct P 3. Seal Holes in Top pl 4. Gas Lines not installed at pressure TEST
5103	DUVALL 6 Rio Vista Dr. PACIFIC RFG	roof sheathing (MAKE LAST INSPECTION Per Rob.)	OK BG.	Replacing Rotted wood.

OTHER:

USED B.G. CAR - 10 Miles  
ED in Miami.

INSPECTOR (Name/Signature):



---

**6961**

**CONCRETE PATIO AND STEPS**

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 10/19/04

BUILDING PERMIT NO. 6961

Building to be erected for EMITT

Type of Permit CONG PATIO + STEPS

Applied for by O/B

(Contractor) <sup>\$5875</sup> Building Fee 56.40

Subdivision DIANARON Lot 15 Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 8 NE LAGOON ISLAND CT

Impact Fee \_\_\_\_\_

Type of structure PATIO

A/C Fee \_\_\_\_\_

Parcel Control Number:

2637410130000015040000

Plumbing Fee \_\_\_\_\_

Amount Paid 70.50 Check # \_\_\_\_\_ Cash

Other Fees 10% PLAN REVIEW 14.10

Total Construction Cost \$ 5875.00

TOTAL Fees 70.50

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

### PERMIT

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

### INSPECTIONS

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

RECEIVED

OCT 15 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Date: BY: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Nicholas ELLIOTT Phone (Day) 530 5000 (Fax) 223 8486

Job Site Address: 8 NE Lagoon Island Ct City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 15 Parcel Number: \_\_\_\_\_

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Work To Be Done: Replace brick walk with patio extension

WILL OWNER BE THE CONTRACTOR?:

YES (circled) NO (crossed out)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 5875.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_

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

Method of Determining Fair Market Value: \_\_\_\_\_

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

CONTRACTOR/Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER \_\_\_\_\_ Lic.# \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Carport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required)

CONTRACTOR SIGNATURE (required)

State of Florida, County of: MARTIN

On State of Florida, County of: \_\_\_\_\_

This the 15th day of October, 2004

This the \_\_\_\_\_ day of \_\_\_\_\_, 2004

by NICHOLAS ELLIOTT who is personally

by \_\_\_\_\_ who is personally

known to me or produced FDL E430143-2290

known to me or produced \_\_\_\_\_

as identification [Signature] x6/29/10

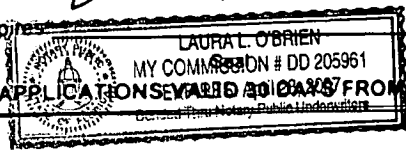
As identification. \_\_\_\_\_

Notary Public

Notary Public

My Commission Expires: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



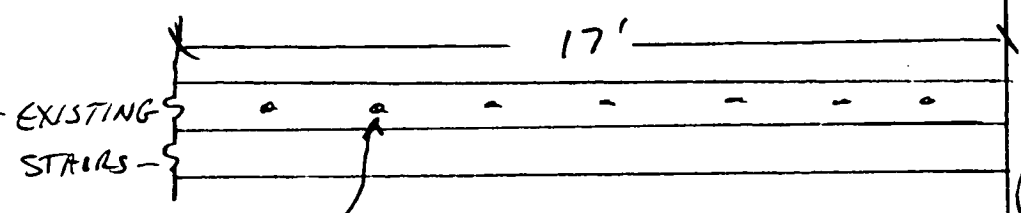
Seal

PERMIT APPLICATION SEWALL'S POINT FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

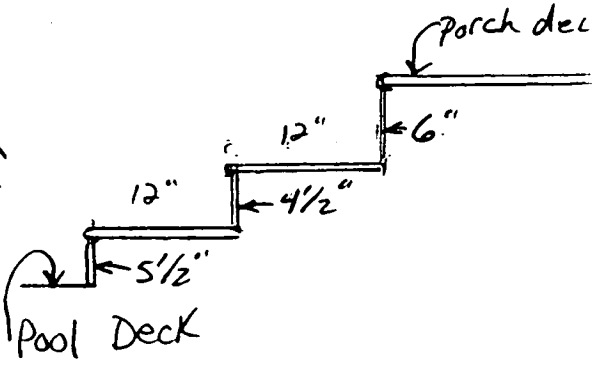


N. ELLIOTT  
8 NE Lagoon Island Ct.  
Street Flr 34996  
530 5000

← Rear Porch →

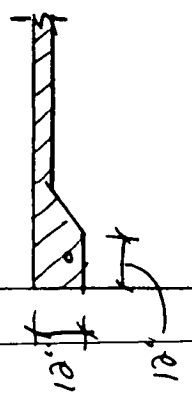


#5 @ 4'-0" o.c.



New Conk. Deck

8'-5"



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

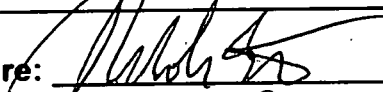
**TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT**  
**(To be submitted if permit is to be pulled by Owner/Builder)**

**DISCLOSURE STATEMENT**

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

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

Name: Nicholas ELLIOTT Date: 10/15/04

Signature: 

Address: 8 NE Lagoon Island Ct.

City & State: Stuart FL 34996

Permit No. \_\_\_\_\_

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 4/5/05

BUILDING PERMIT NO. 7.461

Building to be erected for EMOTT

Type of Permit GENERATOR ELECTRICAL

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision PLANTATION Lot 15 Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 8 LAGOON ISLAND COURT

Impact Fee \_\_\_\_\_

Type of structure SFR

A/C Fee \_\_\_\_\_

Parcel Control Number:

Electrical Fee \_\_\_\_\_

2637410130000015040000

Plumbing Fee \_\_\_\_\_

Amount Paid 35.00 Check # \_\_\_\_\_ Cash

Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 1500.00

Roofing Fee \_\_\_\_\_

TOTAL Fees 35.00

Signed [Signature]  
Applicant

Signed Gene Simmons (Pub)  
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 \_\_\_\_\_

MAR 9 1 2005

BY: \_\_\_\_\_

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Date: 3/30/05

OWNER/TITLEHOLDER NAME: Nicholas ELLIOTT Phone (Day) 5305000 (Fax) \_\_\_\_\_

Job Site Address: 8 NE Lagoon Blvd ct City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LOT 15 PLANNATION Parcel Number: 26374101300001504

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Work To Be Done: Install Elect for Generator

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1500  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_

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

Method of Determining Fair Market Value: \_\_\_\_\_

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER \_\_\_\_\_ Lic.# \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

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

OWNER OR AGENT SIGNATURE (required)  
Nicholas Elliott

State of Florida, County of: MARTIN

This the 31st day of MARCH, 2005

by Nicholas Elliott who is personally known to me or produced as identification.

My Commission Expires: \_\_\_\_\_

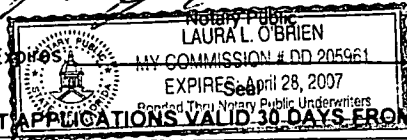
CONTRACTOR SIGNATURE (required)  
\_\_\_\_\_

On State of Florida, County of: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_\_

by \_\_\_\_\_ who is personally known to me or produced as identification.

My Commission Expires: \_\_\_\_\_



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



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

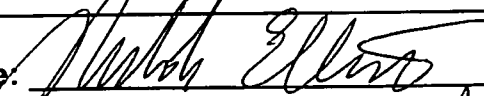
**TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT**  
(To be submitted if permit is to be pulled by Owner/Builder)

**DISCLOSURE STATEMENT**

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

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

Name: Nicholas ELLIOTT Date: 3/30/05

Signature: 

Address: 8 NE Lagoon Island Ct.

City & State: Stuart FL 34996

Permit No. \_\_\_\_\_

## CRITIQUE

Owner: Nicholas Elliot

Date: April 1, 2005

Contractor: Owner/Builder

Contractor's Phone Number: 530-5000

Plan Reviewer: Gene Simmons

### PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITALS FOR GENERATOR WITH ELECTRIC LOCATED AT 8 N.E. LAGOON ISLAND COURT

#### Submittals (2 copies)

1. Current survey (**within one year**) containing the following information:
    - a. Location of proposed generator and pad with dimensions to property lines
    - b. If gas generator where tank is to be located.
    - c. Certification to the Town Of Sewall's Point
  2. Is this a gas generator or propane generator? If it is gas then what size tank and is it above or below ground? If propane then propane contractor must pull permit for such.
  3. Who is going to build slab for generator? How large and how thick?
-

# Lot 15

S88°30'18" E

150.06'

FD. 4" P.R.M.

64.89'

222.72'

N00°27'26" E

Structures Cannot Encroach Into Setback Areas

FILE COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 4/5/05  
*Gene Simmons*  
 BUILDING OFFICIAL  
 Gene Simmons

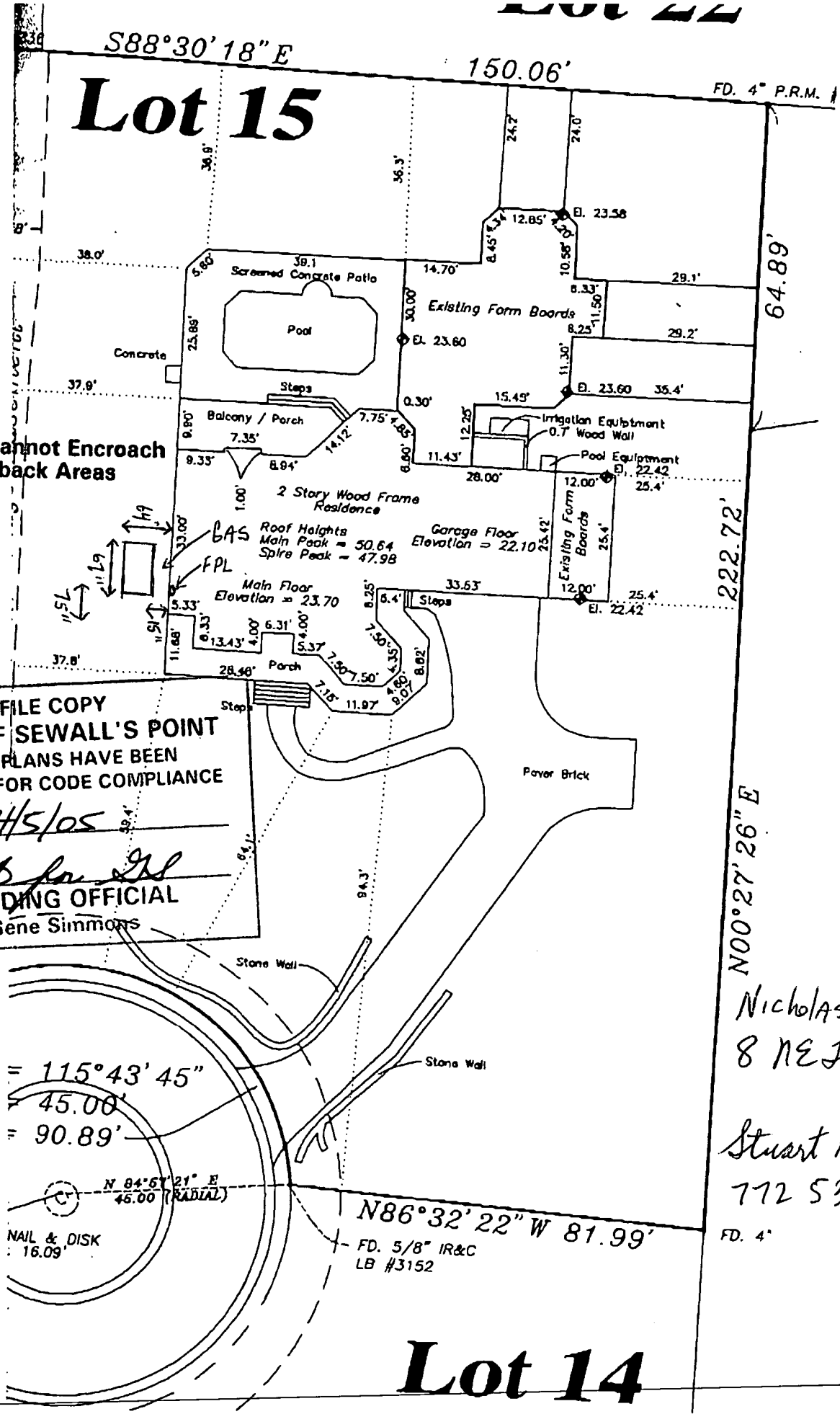
= 115°43'45"  
 = 45.00'  
 = 90.89'

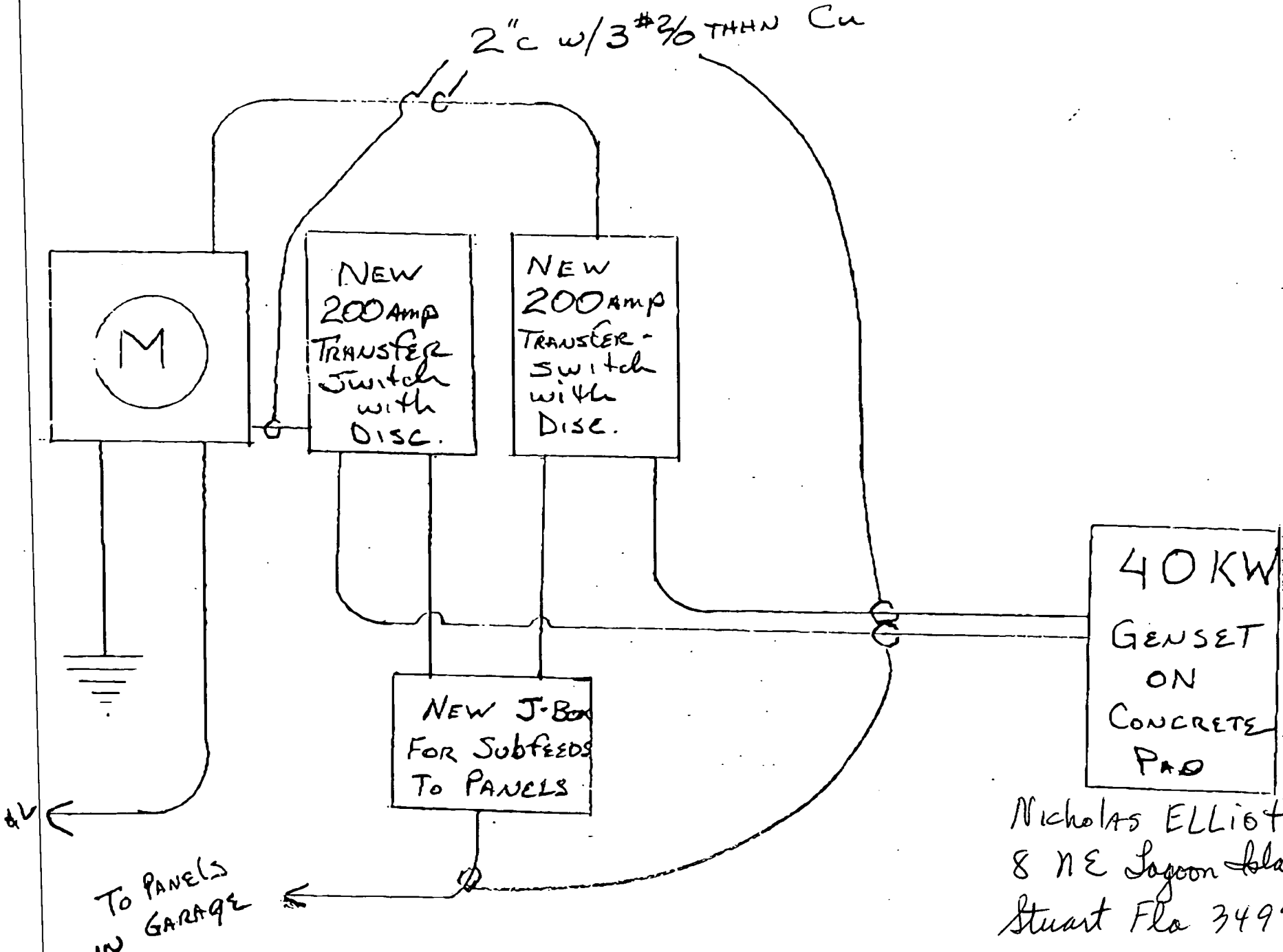
N 84°57'21" E  
 45.00' (RADIAL)  
 NAIL & DISK  
 16.09'

N86°32'22" W 81.99'  
 FD. 5/8" IR&C  
 LB #3152

Nicholas ELLIOTT  
 8 NE Lagoon Island  
 COURT  
 Stuart FL 34996  
 772 530 5000

# Lot 14





Nicholas ELLIOTT  
 8 NE Lagoon Island Ct.  
 Stuart Fla 34996  
 772 5305000

NEW ELECTRICAL RISER DIAGRAM  
 NOT TO SCALE.

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri May 9<sup>th</sup>, 2022 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	Wolcott	Final roof	FAIL	
4	7 Island Road Pacific Roofing			INSPECTOR:
7355	Reib	Final reroof	PASS	CLOSE
7	4 Baku Street All Americ Roofing			INSPECTOR:
<del>7461</del>	<del>Elliott</del>	<del>Generator Hookup</del>	<del>PASS</del>	<del>CLOSE</del>
15	8 NE Lagoon Island Kraws + Crane Electric	Final		INSPECTOR:
7353	Chontos	Final - Spa	PASS	CLOSE
9	83 S. Sewall's Pt Advantage Pool			INSPECTOR:
7537	Benihana	Final Electrical	PASS	please put location Schedule
16	3602 SE Ocean AE Electric			INSPECTOR:
7490	Wilcox	Tin cap	PASS	
10	11 Riverview Dr. Southern Coast			INSPECTOR:
7525	Morales	Final Fence	PASS	CLOSE
11	10 N Ridgeway Treasure Coast Fencing			INSPECTOR:
OTHER: _____				

**7796**

**REPLACE WINDOWS & DOORS**

---

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 9-23-05

BUILDING PERMIT NO. 7796  
REPLACE WINDOWS  
+ DOOR

Building to be erected for ELLIOTT Type of Permit 70K x \$9.60/1000 = 672.00

Applied for by GULFSTREAM ALUM + SHUTTER (Contractor) Building Fee 672.00

Subdivision PANTARON Lot 15 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 8 LAGOON ISLAND COURT Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_ Electrical Fee \_\_\_\_\_

2637410130000015040000 Roofing Fee \_\_\_\_\_

Amount Paid 672.00 Check # 148 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 70,000. TOTAL Fees 672.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

## PERMIT

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

## INSPECTIONS

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

9/19/05

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 9/19/05 Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Nick Elliott Phone (Day) 223-0566 (Fax) \_\_\_\_\_

Job Site Address: 8 Lagoon Island Ct City: Stuart State: FL Zip: 34990

Legal Desc. Property (Subd/Lot/Block) Plantation At Sewalls Pt Lot 15 Parcel Number: \_\_\_\_\_

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Work To Be Done: Replace windows w/PGT Impact Windows

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 70,000 -

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_

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

Method of Determining Fair Market Value: \_\_\_\_\_

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Gulfstream Alum + Shutter Phone: 287-6476 Fax: 287-9740

Street: 3001 SE GRAN PARK WAY City: Stuart State: FL Zip: 34997

State Registration Number: C10058017 State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_
Mechanical: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_
Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_
Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER \_\_\_\_\_ Lic# \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

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

OWNER OR AGENT SIGNATURE (required) John L. O'Brien

State of Florida, County of: Martin

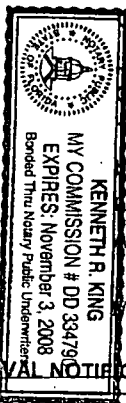
This the 19th day of Sept, 2005

by John L. O'Brien who is personally

known to me or produced as identification: Kenneth R King

Notary Public My Commission Expires: 11/3/08

Seal



CONTRACTOR SIGNATURE (required) John L. O'Brien

On State of Florida, County of: Martin

This the 19th day of Sept, 2005

by John L. O'Brien who is personally

known to me or produced as identification: Kenneth R King

Notary Public My Commission Expires: 11/3/08

Seal



AC#1553709

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L04091902325

DATE	BATCH NUMBER	LICENSE NBR
08/19/2004	040164182	CRC058017

The RESIDENTIAL CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS

Expiration date: AUG 31, 2006

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

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR  
SECRETARY

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID LE DATE (MM/DD/YYYY)  
GULFS-5 08/05/05

<b>PRODUCER</b> R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4255	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.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Gulfstream Aluminum & Shutter Corp dba Gulfstream Alum. Prod 3001 SE Gran Parkway Stuart FL 34997	INSURER A: Southern Owners Insurance	10190
	INSURER B: Auto-Owners Insurance Co	18988
	INSURER C: Bridgefield Casualty Ins Co	
	INSURER D:	
	INSURER E:	

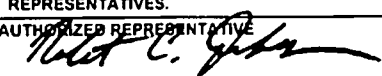
**COVERAGES**

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

INSR/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	2065424704	07/08/05	07/08/06	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMPI/OP AGG	\$ 2,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B		AUTOMOBILE LIABILITY	4514445400	07/08/05	07/08/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
B'		EXCESS/UMBRELLA LIABILITY	4515545401	07/08/05	07/08/06	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$10,000					\$
							\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	196-03957	12/12/04	12/12/05	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 500000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 500000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500000

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

30 days notice of cancellation for workers compensation coverage.  
Companies have the option to cancel 10 days for non-payment.

<b>CERTIFICATE HOLDER</b> TOWN024 Town of Sewalls Point 1 S. Sewalls Point Road Stuart FL 34996	<b>CANCELLATION</b> 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 
---	--

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

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34905  
(772) 289-5604

LICENSE# 1300-518-362 CRAFT  
PHONE# (561)287-6476 SIC NO 00111

LOCATION:  
3001 SE GRAN PARK WAY

125.08

**CHARACTER COUNTS IN MARTIN COUNTY**

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

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

AT LOCATION LISTED FOR THE PERSON BEGINNING ON THE

27 DAY OF AUGUST 03  
AND ENDING SEPTEMBER 30 2004

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

RECEIPT OF PAYMENT

LARRY C. O'STEEN  
TAX COLLECTOR  
15655189636099  
15655189636099

AC# 0516721

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0208050084

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


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

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

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER  
SECRETARY



**MARTIN COUNTY, FLORIDA**  
Construction Industry Licensing Board  
Certificate of Competency

**ALUMINUM/CONCRETE CONTRACTOR**  
License Number SP00107 Expires: 30-SEP-05  
O'BRIEN, JOHN L  
GULFSTREAM ALUMINUM PROD INC  
3001 SE GRAN PARKWY  
STUART, FL 34997



# Martin County, Florida

## Laurel Kelly, C.F.A

Site Provided by...  
governmax.com T1.1

### Summary

print Owner 27 of 40

#### Parcel Info

##### Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
26-37-41-013-000-00150-4	8 NE LAGOON ISLAND CT	4098	Owner	0	1

##### Summary

**Property Location** 8 NE LAGOON ISLAND CT  
**Tax District** 2200 Sewall's Point  
**Account #** 4098  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120800  
**Acres**

##### Legal Description

**Property Information**  
 PLANTATION AT SEWALL'S POINT  
 LOT 15  
 PI# 26-37-41-013-000-00150-40000

##### Owner Information

**Owner Information**  
 ELLIOTT, NICHOLAS & CHARLENE

##### Mail Information

8 LAGOON ISLAND CT  
 STUART FL 34996

223-0566

##### Assessment Info

Front Ft. 0.00

**Market Land Value** \$280,500  
**Market Impr Value** \$633,680  
**Market Total Value** \$914,180

#### Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

#### Site Functions

- Property Search
- Feedback
- On-Line Help
- County Home
- Site Home
- County Login

##### Recent Sale

**Sale Amount** \$535,000

**Sale Date** 3/3/1997  
**Book/Page** 1223 0633

Legal disclaimer / Privacy Statement

Data updated on 09/11/2005





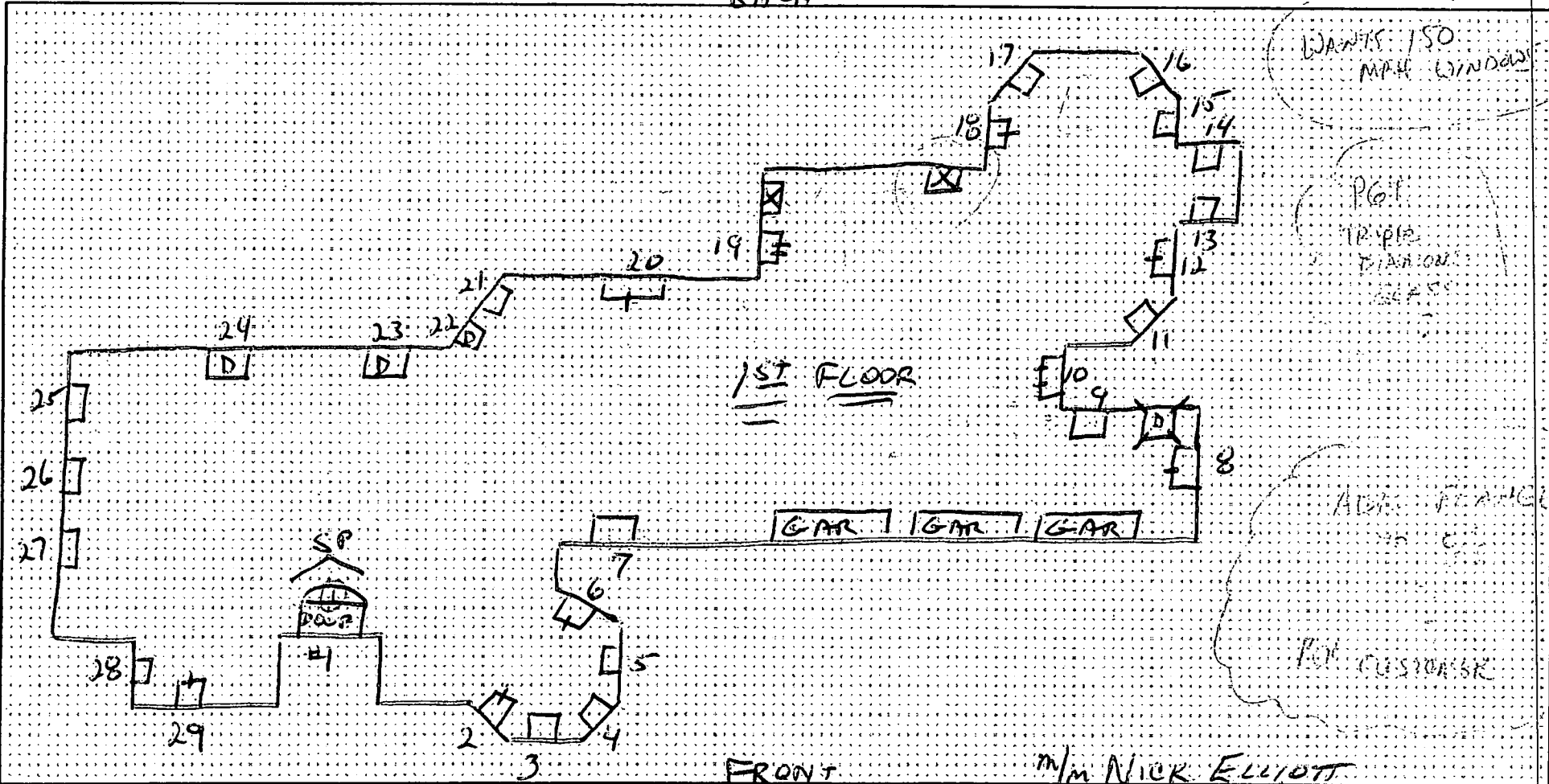
Do It Once. Do It Right.  
Since 1979

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

Key	
Storm Panels - SP	Rollups - RU
Accordions - AC	Lexan - LX
Bahamas - BA	Garage Brace - GB
Colonial - CO	

LAYOUT SHEET

Back



Special Instructions:

(37) WINDOWS → (1) ARCHED TRANOM + (33) S/H + (3) PROJECTED WINDOWS  
(3) SETS OF DBL DOOR!

Signature \_\_\_\_\_

Date \_\_\_\_\_

Salesperson

KENNY KING

Gulfstream Aluminum and Shutter Corp.

Date

10-7-04

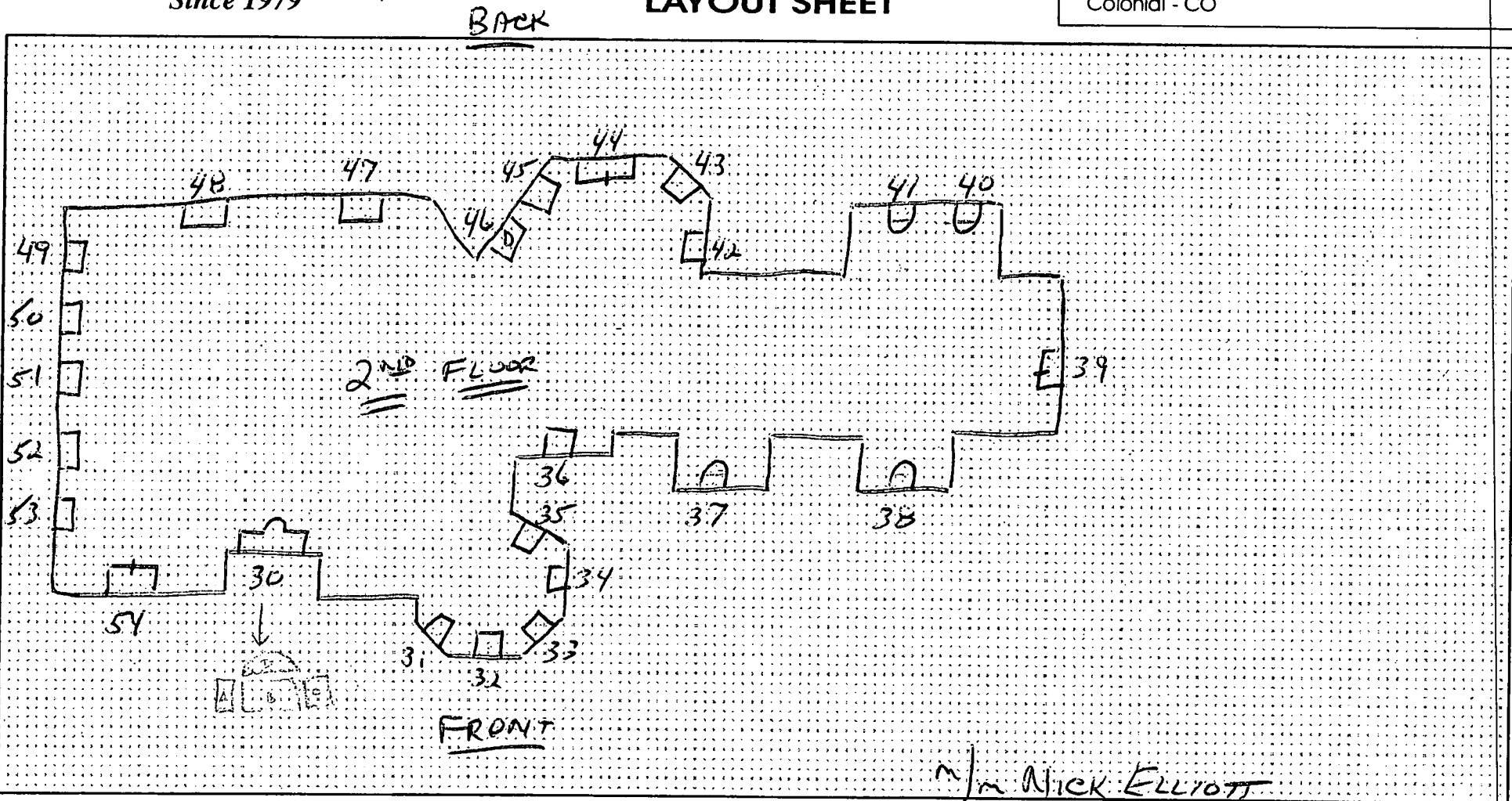


Do It Once. Do It Right.  
Since 1979

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

Key	
Storm Panels - SP	Rollups - RU
Accordions - AC	Lexan - LX
Bahamas - BA	Garage Brace - GB
Colonial - CO	

### LAYOUT SHEET



Special Instructions:

(34) WINDOWS → (26) S/H + (3) FIXED + (5) ARCHED WINDOWS  
 (1) SET DOUBLE DOOR

Signature \_\_\_\_\_

Date \_\_\_\_\_

Salesperson

KENNY KING

Gulfstream Aluminum and Shutter Corp.

Date

10-9-04



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

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

**NOTICE OF ACCEPTANCE (NOA)**

**PGT Industries  
P.O. Box 1529  
Nokomis, FL 34274**

**SCOPE:**

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

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

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

**DESCRIPTION: Series SWD-101 Outswing Aluminum French Door-Impact**

**APPROVAL DOCUMENT:** Drawing No. 971, titled "French Door-X, XX", sheets 1 through 4 of 4, prepared, signed and sealed by Robert L. Clark, P.E., dated 4/13/01, bearing the Miami-Dade County Product Control Revision Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

**MISSILE IMPACT RATING: Large and Small Missile Impact**

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

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

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

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

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

This NOA revises NOA #01-0417.04 and consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berman, P.E.



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

**DATE:** 9/19/05

**BUILDING OFFICIAL  
Gene Simmons**

NOA No 02-0701.12  
Expiration Date: November 22, 2006  
Approval Date: July 12, 2002  
Page 1



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

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

**NOTICE OF ACCEPTANCE (NOA)**

**PGT Industries  
1070 Technology Drive  
Nokomis, FL 34275**

**SCOPE:**

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

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

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

**DESCRIPTION: Series "740" Aluminum Projected Window**

**APPROVAL DOCUMENT:** Drawing No. 7052-7, titled "Alum. Projected Window, impact", sheets 1 through 11 of 11, prepared by manufacturer, dated 2/24/03, with revision date 8/26/03, signed and sealed by Lucas Turner, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

**MISSILE IMPACT RATING: Large and Small Missile Impact**

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

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

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

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

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

This NOA consists of this page 1 as well as approval document mentioned above.

The submitted documentation was reviewed by **Theodore Berman, P.E.**

*Handwritten signature*  
10/16/2003  


NOA No 03-0514.10  
Expiration Date: November 06, 2008  
Approval Date: November 06, 2003  
Page 1



## **NOTICE OF ACCEPTANCE (NOA)**

---

**PGT Industries**  
**1070 Technology Drive**  
**Nokomis, FL 34275**

### **SCOPE:**

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

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

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

### **DESCRIPTION: Series "PW-701" Aluminum Picture Window-LMI**

**APPROVAL DOCUMENT:** Drawing No. 4259-4, titled "Aluminum Picture Window, Impact", sheets 1 through 10 of 10, prepared by manufacturer, dated 7/14/03, with revision "A", dated 12/15/03, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

### **MISSILE IMPACT RATING: Large and Small Missile Impact**

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

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

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

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

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

This NOA consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by **Theodore Berman, P.E.**



**NOA No 03-1105.01**  
**Expiration Date: February 19, 2009**  
**Approval Date: February 19, 2004**  
**Page 1**



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

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

**NOTICE OF ACCEPTANCE (NOA)**

**PGT Industries  
P.O. Box 1529  
Nokomis, FL 34274**

**SCOPE:**

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

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

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

**DESCRIPTION: Series "SH-701" Aluminum Single Hung Window**

**APPROVAL DOCUMENT:** Drawing No.4040, titled "Aluminum Single Hung Window", sheets 1 through 5 of 5, prepared by manufacturer, dated 2/9/98 with revision on 6/3/03, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

**MISSILE IMPACT RATING: Large and Small Missile Impact**

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

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

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

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

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

This NOA revises NOA # 02-0702.04 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by **Theodore Berman, P.E.**

*TJB*  
10/6/2003  


**NOA No 03-0514.01  
Expiration Date: November 01, 2006  
Approval Date: November 06, 2003  
Page 1**

INSTR # 1873202 OR BK 02061 PG 1601 RECD 09/19/2005 10:48:44 AM  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T Copus (asst mgr)

**NOTICE OF COMMENCEMENT**

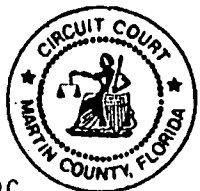
Property Appraisers Parcel ID No. 26-37-41-013-000-00150-4

State of Florida MARTIN  
County of \_\_\_\_\_

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


- 1.) Description of property: Plantation at Sewalls Pt Lot 15  
Address: 8 NE Lagoon Island Ct  
Stuart Florida 34996
- 2.) General description of improvement: Replace windows and doors after the Hurricane
- 3.) Owner information:  
Name: NICHOLAS ELLIOTT  
Address: 8 NE Lagoon Island Ct Stuart FL 34996  
Interest in property: \_\_\_\_\_  
Name & address of fee simple title holder: \_\_\_\_\_
- 4.) Contractor information:  
Name: Gulfstream Aluminium & Shutter Corp.  
Address: 3001 SE Gray Park Way, Stuart, FL 34997  
(772) 287-6476  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- 5.) Surety: N/A  
Name: N/A  
Address: \_\_\_\_\_
- 6.) Lender Information: N/A  
Name: N/A  
Address: \_\_\_\_\_
- 7.) Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by section 713.13(1)(a)(7), Florida Statute, Name & Address: \_\_\_\_\_
- 8.) In addition to himself, Owner designates None to receive a copy of the Lienor as provided in Section 713.13(1)(b), Florida Statute.
- 9.) Expiration date of Notice of Commencement (the expiration date is One (1) year from the date of recording unless a different date is specified).

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



Sworn to and subscribed before me by Nicholas Elliott who is personally known to me or produced \_\_\_\_\_ as identification, and who did not take an oath this 23<sup>RD</sup> day of February, 2005.

Signature of Notary: Jodi L. Dudency Signature of Owner: Nicholas Elliott  
 Printed Name of Notary: Jodi L. Dudency Printed Name of Owner: NICHOLAS ELLIOTT  
 Commission Number: \_\_\_\_\_ Owner's Address: \_\_\_\_\_  
 Expiration Date: DD343020 Expires: Aug 02, 2008  
Bonded Thru  
Atlantic Bonding Co., Inc.

SEAL:  8 NE Lagoon Island Ct.  
Stuart Florida 34996

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4/24, 2006

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8161	RIMER	FOOTING RET WALL	PASS	
<del>7</del> 1	29 S RIVER RD BEAR DEV.	FIRST PLEASE		INSPECTOR: <i>OM</i>
<del>1796</del>	<del>FOSTER</del>	<del>Final work</del>	<del>PASS</del>	<del>CLOSE</del>
5	8 Lagoon Is. Ct Gulfstream Al			INSPECTOR: <i>OM</i>
6833	FOSTER	SEAWALL CAP	FAIL	
3	7 TIMOR ST. CUSTOM BUILT.			INSPECTOR: <i>OM</i>
7386	McCormick	Footing Steel Ins.		
6	59 N. River Rd Pine Orchard Bldg			INSPECTOR:
7016	McCormick	Demol HOUSE	PASS	CLOSE
6	59 N River Pine Orchard			INSPECTOR: <i>OM</i>
1584	Schecodnic	Plumb + Framing	FAIL	
2	12 S Sewalls Pt Driftwood Homes	ELEC. ROUGH 21st Place	PASS	INSPECTOR: <i>OM</i>
7764	Ruck	AC Rough Framing	FAIL FAIL	
4	20 N Sewalls Pt Masterpiece	GAS ROUGH ELEC. ROUGH	FAIL PASS	INSPECTOR: <i>OM</i>
OTHER: _____				

**8642**

**INTERIOR RENONVATIONS**

---

RECEIVED  
6-7-07

Town of Sewall's Point

Date: May 30, 2007 BUILDING PERMIT APPLICATION Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Bart Doedens, Marjolein van't Bosch Phone (Day) 781-4131 (Fax) -  
Cell: 403-3140

Job Site Address: 8 NE Lagoon Island Court City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Plantation, lot 15 Parcel Number: 26-37-41-013-000-00150.4

Owner Address (if different): 8 St. Lucie City: Stuart State: FL Zip: 34996

Scope of work: including bedroom to family room by taking out non-load bearing wall, taking out powder room and closet, changing bathroom into powder room

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

COST AND VALUES:  
Estimated Value of Construction or Improvements: \$ 2200.00  
(Notice of Commencement required over \$2500)  
Estimated Fair Market Value prior to improvement: \$ 1,555,000  
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)

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

Method of Determining Fair Market Value: \_\_\_\_\_

CONTRACTOR/Company: self Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Municipality License Number: \_\_\_\_\_

ARCHITECT Kelly & Kelly Architects, Heather Few Lic.#: \_\_\_\_\_ Phone Number: 283-3492  
Street: 118 W Sixth Street City: Stuart State: FL Zip: 34994

ENGINEER Allen Wieder PE SECB Lic# 43444 Phone Number: 772-6183437  
Street: PO box 8172 City: Hobe Sound State: FL Zip: 33475

AREA SQUARE FOOTAGE (SEWER & ELECTRIC): Living: 5400 Garage: ? Covered Patios: ? Screened Porch:   
Carpport:  Total Under Roof: 5616 Wood Deck: - Accessory Building: -

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)  
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

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

OWNER OR AUTHORIZED AGENT SIGNATURE (required)  
[Signature]

State of Florida, County of: Martin  
This the 7 day of June, 2007

by Marjolein van't Bosch who is personally known to me or produced as identification.  
Notary Public, State of Florida  
Commission# DD526440  
My commission expires March 07, 2010

My Commission Expires: [Signature]  
Seal

CONTRACTOR SIGNATURE (required)  
\_\_\_\_\_

On State of Florida, County of: \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_, 200  

by \_\_\_\_\_ who is personally known to me or produced as identification.  
Notary Public

My Commission Expires: \_\_\_\_\_  
Seal

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

\* changing bedroom to office by taking out powder room and closet space.  
changing door opening in wall to double french doors as per drawings, calculations structural engineer.



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

Renewal: \$105-

going away for 1mo. will call in July

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

Form with fields: PERMIT NUMBER: 8642, DATE ISSUED: JULY 3, 2007, SCOPE OF WORK: INTERIOR RENOVATIONS (FAMILY ROOM & POWDER ROOM), CONTRACTOR: O/B, PARCEL CONTROL NUMBER: 263741013000001504, SUBDIVISION: PLANTATION - LOT 15, CONSTRUCTION ADDRESS: 8 NE LAGOON ISLAND CT, OWNER NAME: DOEDENS/VANT BOSCH, QUALIFIER: ||, CONTACT PHONE NUMBER: 772-781-4131

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

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

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

INSPECTIONS

Table with two columns of inspection items and horizontal lines for marking completion. Items include: UNDERGROUND PLUMBING, UNDERGROUND MECHANICAL, STEM-WALL FOOTING, SLAB, ROOF SHEATHING, TIE DOWN /TRUSS ENG, WINDOW/DOOR BUCKS, ROOF DRY-IN/METAL, PLUMBING ROUGH-IN, MECHANICAL ROUGH-IN, FRAMING, FINAL PLUMBING, FINAL MECHANICAL, FINAL ROOF, UNDERGROUND GAS, UNDERGROUND ELECTRICAL, FOOTING, TIE BEAM/COLUMNS, WALL SHEATHING, INSULATION, LATH, ROOF TILE IN-PROGRESS, ELECTRICAL ROUGH-IN, GAS ROUGH-IN, METER FINAL, FINAL ELECTRICAL, FINAL GAS, BUILDING FINAL.

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



Prepared by  
Michelle Leacock, an employee of  
First American Title Insurance Company  
729 South Federal Highway, Suite 103  
Stuart, Florida 34994  
(772)286-0850

Return to: Grantee

File No.: 1071-1596630

## **WARRANTY DEED**

This indenture made on **May 11, 2007** A.D., by

**Nicholas Elliott and Charlene Elliott, husband and wife**

whose address is: **P.O. Box 746, Stuart, FL 34995**  
hereinafter called the "grantor", to

**Bareld J. Doedens and Marjolein Van't Bosch, husband and wife**

whose address is: **8 Northeast Lagoon Island Court, Stuart, FL 34996**  
hereinafter called the "grantee":

(Which terms "Grantor" and "Grantee" shall include singular or plural, corporation or individual, and either sex, and shall include heirs, legal representatives, successors and assigns of the same)

**Witnesseth**, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in **Martin County, Florida**, to-wit:

Lot 15, THE PLANTATION AT SEWALL'S POINT, according to the plat thereof, recorded in Plat Book 12, Page 70 of the Public Records of Martin County, Florida.

Parcel Identification Number: **26-37-41-013-000-00150.40000**

**Subject to** all reservations, covenants, conditions, restrictions and easements of record and to all applicable zoning ordinances and/or restrictions imposed by governmental authorities, if any.

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

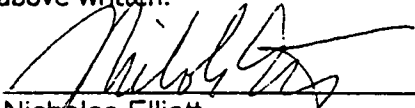
**To Have and to Hold**, the same in fee simple forever.



IM Design, LLC  
36 South River Road  
Stuart, FL 34996  
U.S.A.  
772.223.5815  
Fax: 772.286.1558  
[www.imdesigninternational.com](http://www.imdesigninternational.com)  
[marjolein@imdesigninternational.com](mailto:marjolein@imdesigninternational.com)

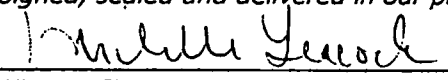
And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31st of 2006.

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

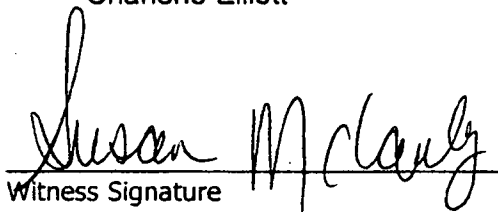
  
\_\_\_\_\_  
Nicholas Elliott

  
\_\_\_\_\_  
Charlene Elliott

Signed, sealed and delivered in our presence:

  
\_\_\_\_\_  
Witness Signature

Print Name: Michelle Leacock

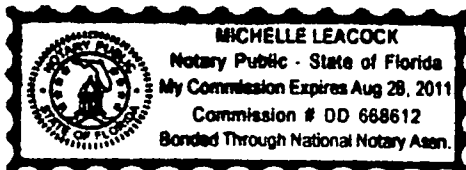
  
\_\_\_\_\_  
Witness Signature

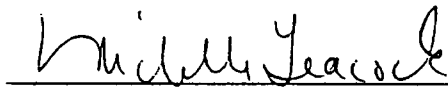
Print Name: Susan McCauley

State of FL

County of Martin

The Foregoing Instrument Was Acknowledged before me on **May 11, 2007**, by **Nicholas Elliott and Charlene Elliott, husband and wife** who is/are personally known to me or who has/have produced a valid driver's license as identification.



  
\_\_\_\_\_  
NOTARY PUBLIC

Michelle Leacock  
\_\_\_\_\_  
Notary Print Name  
My Commission Expires: \_\_\_\_\_



IM Design, LLC  
36 South River Road  
Stuart, FL 34996  
U.S.A.  
772.223.5815  
Fax: 772.286.1558  
[www.imdesigninternational.com](http://www.imdesigninternational.com)  
[marjolein@imdesigninternational.com](mailto:marjolein@imdesigninternational.com)

# TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

## OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT MUST BE COMPLETED PRIOR TO PERMIT ISSUANCE

APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES AND COMMERCIAL IMPROVEMENTS < \$25,000

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

Owner/Builder Applicant Name: Bart Doedens & Marjolein van't Bosch

Site address of the proposed building work: 8 NE Lagoon Island Court

Name of legal title owner of the address above: \_\_\_\_\_

Describe the scope of work for the proposed new construction: remodel bedroom to become part of family room, change another bedroom into study/office

Name of Architect of Record: Kelly & Kelly Structural Engineer of Record: Allen Wieder

Who will supervise the trade work to meet the applicable code? we will, building inspector of Sewall's Point

What provisions have you made for Liability and Property Damage Insurance? 2 umbrella policies

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? none, we will not hire unlicensed personnel

What previous Owner/Builder improvements have you done in the State of Florida?

Location: none Scope of Work Done: \_\_\_\_\_ Year: \_\_\_\_\_

Location: \_\_\_\_\_ Scope of Work Done: \_\_\_\_\_ Year: \_\_\_\_\_

What code books do you have available for reference? Building: none

Electric: \_\_\_\_\_ Plumbing: \_\_\_\_\_ HVAC: \_\_\_\_\_

Other: \_\_\_\_\_

The Florida Building code is available for viewing @ [www.floridabuilding.org](http://www.floridabuilding.org)

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? yes (yes/no)

Have you consulted with your Homeowner's Insurance Agent? yes Lender? yes Attorney? —

In order to assure your success in this project, please signify your awareness that the function of the Building Department is to issue you a building permit and verify code compliance through plan review and the inspection process and that staff is not obligated to offer supervision, design or instructional advice. JWD (initials).

## OWNER/BUILDER DISCLOSURE STATEMENT

### NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION:

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS

REGARDING ZONING REGULATIONS OR CODE SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)

12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.

13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.

14. AS AN OWNER/BUILDER YOU MAY BECOME LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

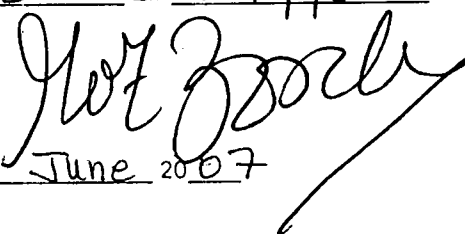
15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT.

ON THIS ~~Thurs~~ 7 DAY OF June, 2007.

PROPERTY ADDRESS 8 NE Lagoon Island Court  
CITY Stuart STATE FL ZIP 34996

SIGNATURE OF OWNER/BUILDER



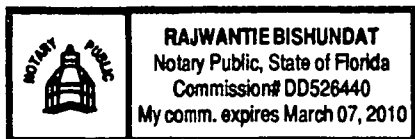
SWORN TO AND SUBSCRIBED BEFORE ME THIS 7 DAY OF June 2007

BY Marjolein van't Bosch

PERSONALLY KNOWN \_\_\_\_\_  
OR PRODUCED ID \_\_\_\_\_

TYPE OF ID \_\_\_\_\_  
Rajwanti Bishundat

NOTARY SIGNATURE





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

Site Provided by...  
governmentmax.com T1.13

**Summary**

print Address 6 of 6

**Parcel Info**

**Summary**

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address	SerialIndex ID	Order	Commercial	Residential
26-37-41-013-000-00150-4	8 NE LAGOON ISLAND CT	4098	Address	0	1

**Summary**

**Property Location** 8 NE LAGOON ISLAND CT  
**Tax District** 2200 Sewall's Point  
**Account #** 4098  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120800  
**Acres** 0.680

**Legal Description**

**Property Information**  
 PLANTATION AT SEWALL'S POINT  
 LOT 15  
 PI# 26-37-41-013-000-00150-40000

**Owner Information**

**Owner Information**  
 DOEDENS, BARELD J  
 BOSCH, MARJOLEIN VAN'T

**Mail Information**

8 NE LAGOON ISLAND CT  
 STUART FL 34996

**Assessment Info**

**Front Ft.** 0.00

**Market Land Value** \$280,500  
**Market Impr Value** \$633,680  
**Market Total Value** \$914,180

**Site Functions**

**Property Search**

- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

**Recent Sale**

**Sale Amount** \$1,555,000

**Sale Date** 5/21/2007  
**Book/Page** 2249 1552

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 06/04/2007





**NOTICE OF COMMENCEMENT**  
 TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: 8642 TAX FOLIO #: \_\_\_\_\_  
 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 (AND STREET ADDRESS IF AVAILABLE):  
plantation lot 15

GENERAL DESCRIPTION OF IMPROVEMENT: interior renovations to kitchen and family room

OWNER NAME: Bart Doedens and Marjolein van't Bosch  
 ADDRESS: 8 NE Lagoon Island Court  
 PHONE NUMBER: 772-781-4131 FAX NUMBER: \_\_\_\_\_

INTEREST IN PROPERTY: lives in home

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

CONTRACTOR: self  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SURETY COMPANY (IF ANY): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 BOND AMOUNT: \_\_\_\_\_

LENDER/MORTGAGE COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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 NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES \_\_\_\_\_ OF \_\_\_\_\_ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B).

FLORIDA STATUTES: PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

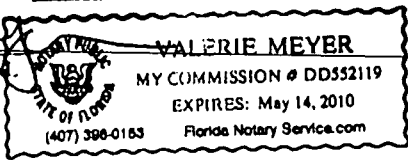
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED AGENT: [Signature] OWNER SIGNATORY'S TITLE/OFFICE: OWNER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 18 DAY OF Sept, 2007

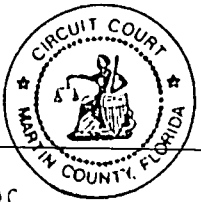
BY: MARJOLEIN VAN T BOSCH AS AS TYPE OF AUTHORITY FOR NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN 1 OR PRODUCED IDENTIFICATION \_\_\_\_\_

TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

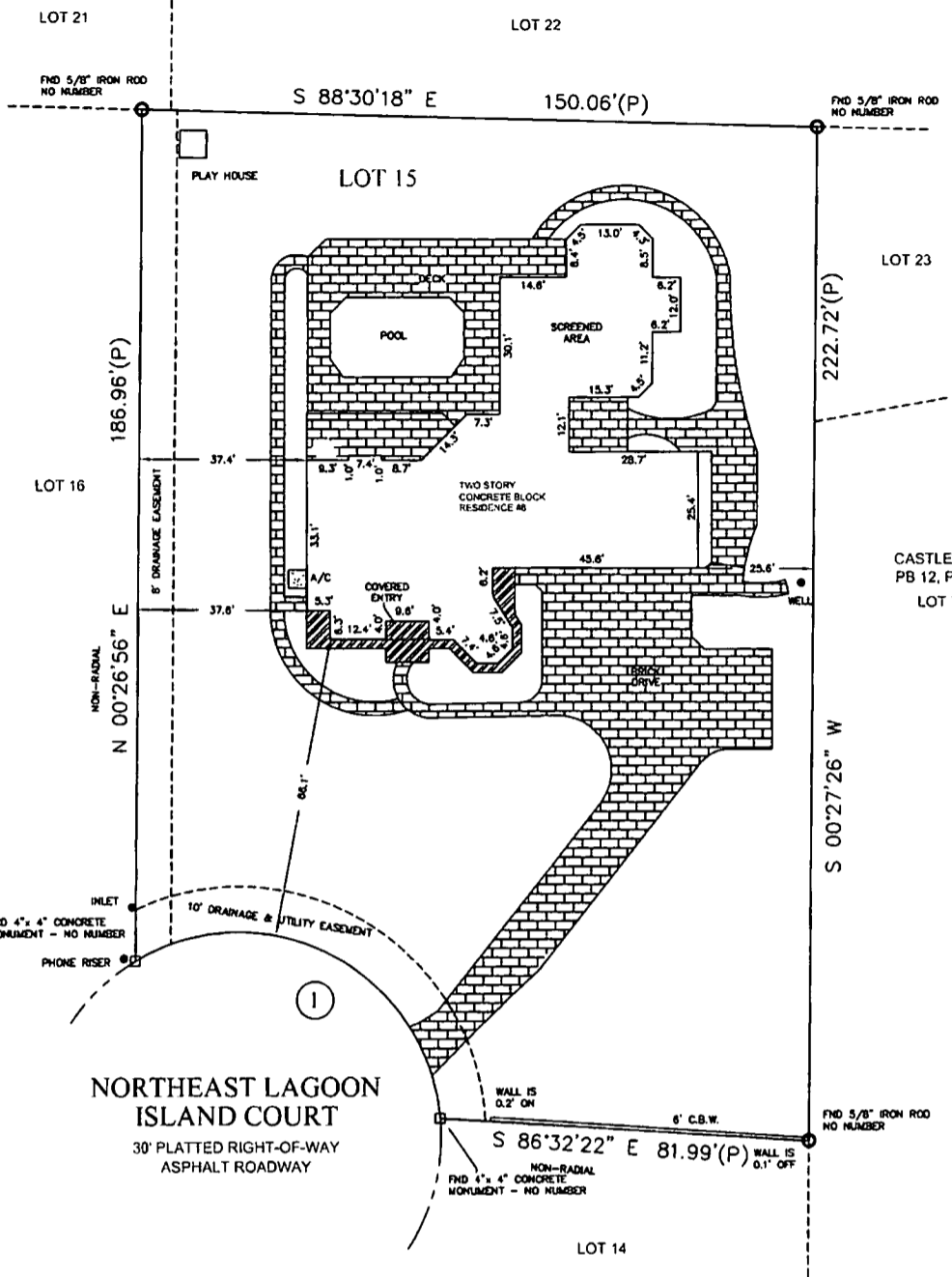
NOTARY SIGNATURE: [Signature] NOTARY SEAL: 

STATE OF FLORIDA  
 MARTIN COUNTY  
 THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.  
 BY: [Signature] MARSIA EWING CLERK  
 DATE: 9.18.07 D.C.



INSTR # 20039394 OR BK 022279 PG 0529 RECD 09/18/2007 11:33:44 AM  
 Pg 0529 (1 of 9)  
 MARSIA EWING MARTIN COUNTY DEPUTY CLERK L Wood

**Boundary Survey**



$R = 45.00'$   
 $\Delta = 115'43.45''$   
 $L = 90.89'$   
 $CB = N62'54'31''W$

RLS #: 07-04-2919
CLIENT #: 1071-1596630
FIELD DATE: 5/1/07
DRAFTER: RTH
APPROVED: MAC
SCALE: 1" = 40'

ADDRESS  
**8 NORTHEAST LAGOON ISLAND COURT**  
 SEWALLS POINT, FLORIDA 34996  
 LEGAL DESCRIPTION: (AS FURNISHED)  
 LOT 15, THE PLANTATION AT SEWALL'S POINT, ACCORDING TO THE PLAT THEREOF,  
 AS RECORDED IN PLAT BOOK 12, PAGE 70, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA  
 BASIS OF BEARINGS: BEARINGS SHOWN HEREON ARE BASED UPON THE EASTERLY LINE OF LOT 15, BEING S 00°27'26" W PER PLAT.

**LIST OF POSSIBLE ENCROACHMENTS:**

**SURVEYOR INFORMATION:**



**S.M.S.**  
 SURVEYING & MAPPING SERVICES  
 2906 Lakewood Dr. Suite # 123-132, Casselberry, Florida 32723  
 Phone: (407) 234-1200 Fax: (407) 234-7833



**First American**  
 Title Insurance Company



**Patrick Stracuzzi**  
 REAL ESTATE TEAM  
 (772) 283-9991  
 www.stracuzzi.com

**Bank of America**



SURVEYOR FILE NUMBER: 07-04-2919

The Certified Registered Professional Land Surveyor signing this survey alone certifies the accuracy and sufficiency of the survey provided hereon.

**CERTIFIED TO: (AS FURNISHED)**

BARELD J. DOEDENS  
 MARJOLEIN VAN'T BOSCH  
 FIRST AMERICAN TITLE INSURANCE COMPANY  
 BANK OF AMERICA, N.A.

**NOTES**

- THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A COMMITMENT FOR TITLE INSURANCE.
  - UNDERGROUND UTILITY INSTALLATIONS, UNDERGROUND IMPROVEMENTS, FOUNDATIONS AND/OR OTHER UNDERGROUND STRUCTURES WERE NOT LOCATED BY THIS SURVEY.
  - UNLESS NOTED OR DEPICTED OTHERWISE, ALL PROPERTY CORNERS SHOWN HAVE NO I.S. OR L.B. IDENTIFICATION.
  - THE PURPOSE OF THIS SURVEY IS FOR USE IN OBTAINING TITLE INSURANCE AND FINANCING AND SHOULD NOT BE USED FOR CONSTRUCTION PURPOSES.
- THIS SURVEY IS PREPARED FOR THE EXCLUSIVE USE AND BENEFIT OF THE PARTIES LISTED HEREON. LIABILITY TO THIRD PARTIES MAY NOT BE TRANSFERRED OR ASSIGNED.

**LEGEND**

- |                               |                                      |
|-------------------------------|--------------------------------------|
| A.C.: AIR CONDITIONER         | OH.U.: OVERHEAD UTILITY LINE         |
| B.L.D.G.: BUILDING            | (P.): PLATTED                        |
| (C.): CALCULATED              | P.C.: POINT OF CURVATURE             |
| C.B.: CHORD BEARING           | P.O.B.: POINT OF BEGINNING           |
| CBW: CONCRETE BLOCK WALL      | P.O.C.: POINT OF COMMENCEMENT        |
| CL: CENTERLINE                | P.P.: POWER POLE                     |
| C.N.A.: CORNER NOT ACCESSIBLE | P.R.C.: POINT OF REVERSE CURVATURE   |
| CONG.: CONCRETE               | P.R.M.: PERMANENT REFERENCE MONUMENT |
| COV: COVERED                  | R/W: RIGHT OF WAY                    |
| C/S: CONCRETE SLAB            | S/W: SIDEWALK                        |
| (D.): DESCRIPTION             | CLF: CHAIN LINK FENCE                |
| DAY: DRIVEWAY                 | WF: WOOD FENCE                       |
| (M.): MEASURED                | FND: FOUND                           |
| MAS: MASONRY                  |                                      |
| N&D: NAIL & DISK              |                                      |

**FLOOD ZONE**

(FOR INFORMATIONAL PURPOSES ONLY)  
 SUBJECT PROPERTY SHOWN HEREON APPEARS TO BE LOCATED IN FLOOD ZONE X, AREA OF MINIMAL FLOODING, PER F.I.R.M. PANEL NUMBER 120184 0152 F, LAST REVISION DATE 10/4/02. THIS SURVEYOR MAKES NO GUARANTEES AS TO THE ACCURACY OF THE ABOVE INFORMATION. THE LOCAL F.E.M.A. AGENT SHOULD BE CONTACTED FOR VERIFICATION.

**SURVEYOR'S CERTIFICATE**

I hereby certify that the survey represented hereon meets the minimum technical standards for land surveys in Florida. As set forth in Chapter 61G 17-6, Florida administrative code, Pursuant to Chapter 472.027, Florida statutes.

MIGUEL A. CORTES  
 CERTIFICATE  
 No. 5820  
 STATE OF FLORIDA  
 DATED: 05/03/07  
 REGISTERED SURVEYOR

SURVEYOR'S NAME: MIGUEL A. CORTES PSM LS# 5820 LB# 7439

NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL

DATE	REVISION	DATE	REVISION

**RESIDENTIAL LAND SERVICES, INC.**  
 FOR ALL INQUIRIES CONTACT:  
 RLS, INC.  
 info@rlsnow.com  
 (405) 701-1100 Form 6.7FL

Reviewed & Accepted by: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

Allen Wieder, PE, SECB

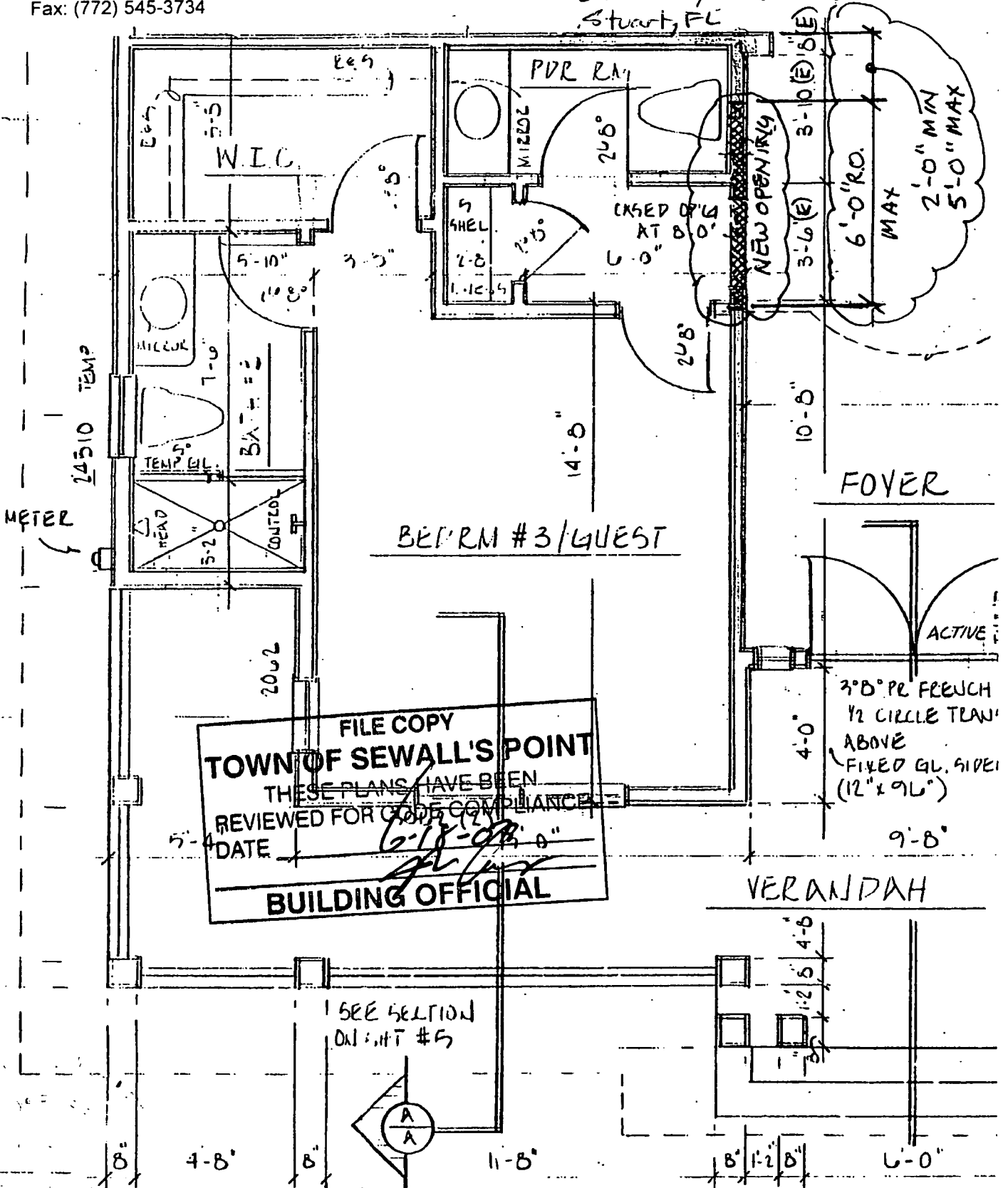
P.O. Box 8172  
Hobe Sound, FL 33475  
(772) 618-3437  
Fax: (772) 545-3734

Vant Bosch / Doedeus Res

5/15/07

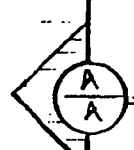
Page 1

8 NE Lagoon Island Ct.  
Stuart, FL



FILE COPY  
**TOWN OF SEWALL'S POINT**  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE 6-18-08  
**BUILDING OFFICIAL**

SEE SECTION  
 ON SHEET #5



PLAN VIEW-NEW  
 DOOR OPENING  
 (EXISTING FLOOR PLAN)



*Allen Wieder*  
 ALLEN WIEDER  
 PE# 43444

SEE  
 SHEET #5

Allen Wieder, PE, SECB

P.O. Box 8172  
Hobe Sound, FL 33475  
(772) 618-3437  
Fax: (772) 545-3734

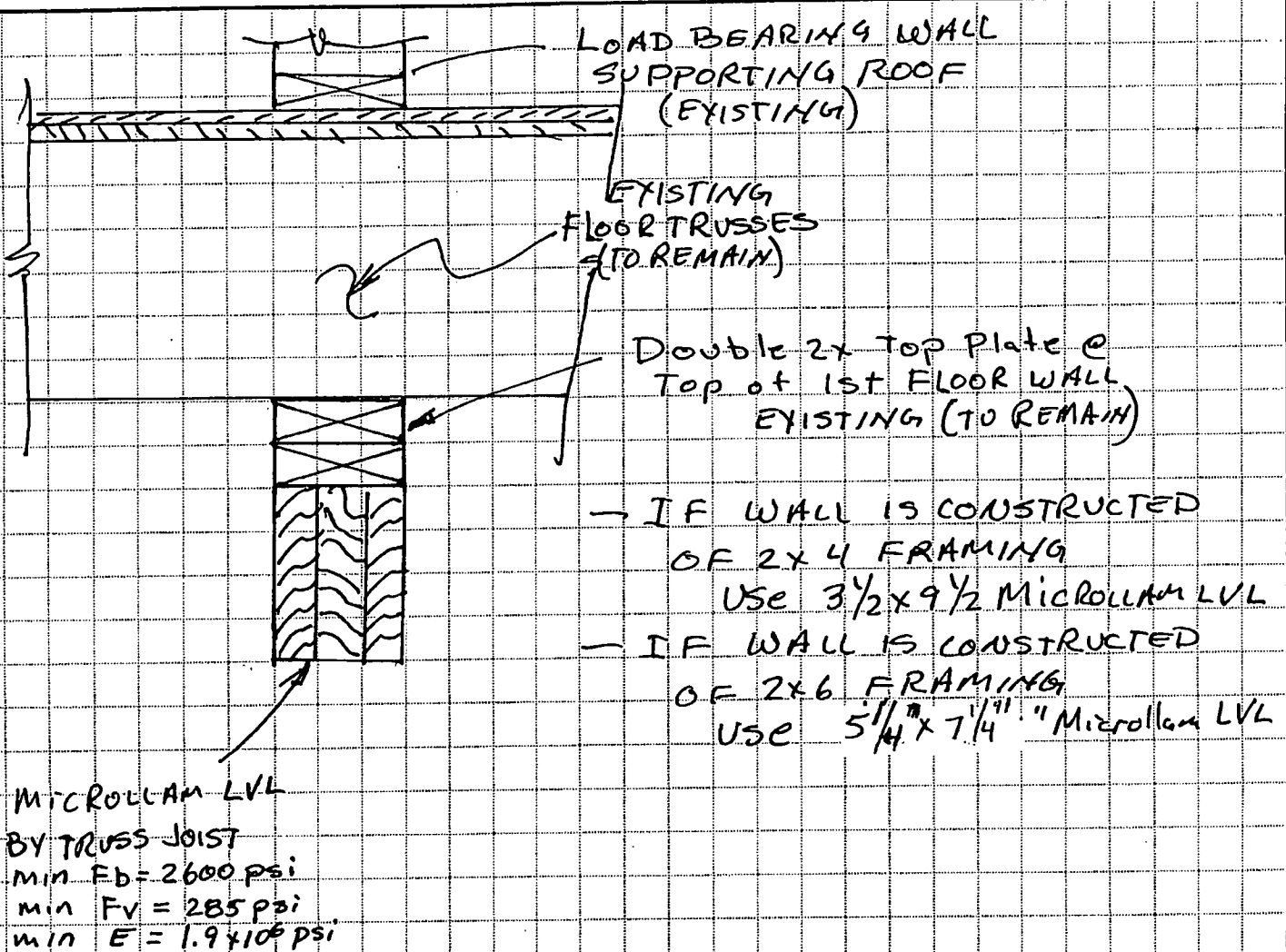
JOB Vant Bosch / Doedeas Res

SHEET NO. 2 OF 3

CALCULATED BY \_\_\_\_\_ DATE 5/15/07

CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_

SCALE 8 NELAYAN Island Ct, Stuart, FL



- IF WALL IS CONSTRUCTED OF 2x4 FRAMING  
USE 3 1/2 x 9 1/2 Microllam LVL
- IF WALL IS CONSTRUCTED OF 2x6 FRAMING  
USE 5 1/4 x 7 1/4 Microllam LVL

MICROLLAM LVL  
BY TRUSS JOIST  
MIN Fb = 2600 psi  
MIN Fv = 285 psi  
MIN E = 1.9 x 10<sup>6</sup> psi

NEW HEADER SECTION

- 1) FLOOR TRUSSES EA. SIDE OF EXISTING LOAD BEARING WALL MUST BE SHORED TO CARRY FLOOR & ROOF LOADING UNTIL NEW HEADER HAS BEEN INSTALLED.

**FILE**

*Allen Wieder*  
ALLEN WIEDER  
PE# 43444

Allen Wieder, PE, SECB

P.O. Box 8172  
Hobe Sound, FL 33475  
(772) 618-3437  
Fax: (772) 545-3734

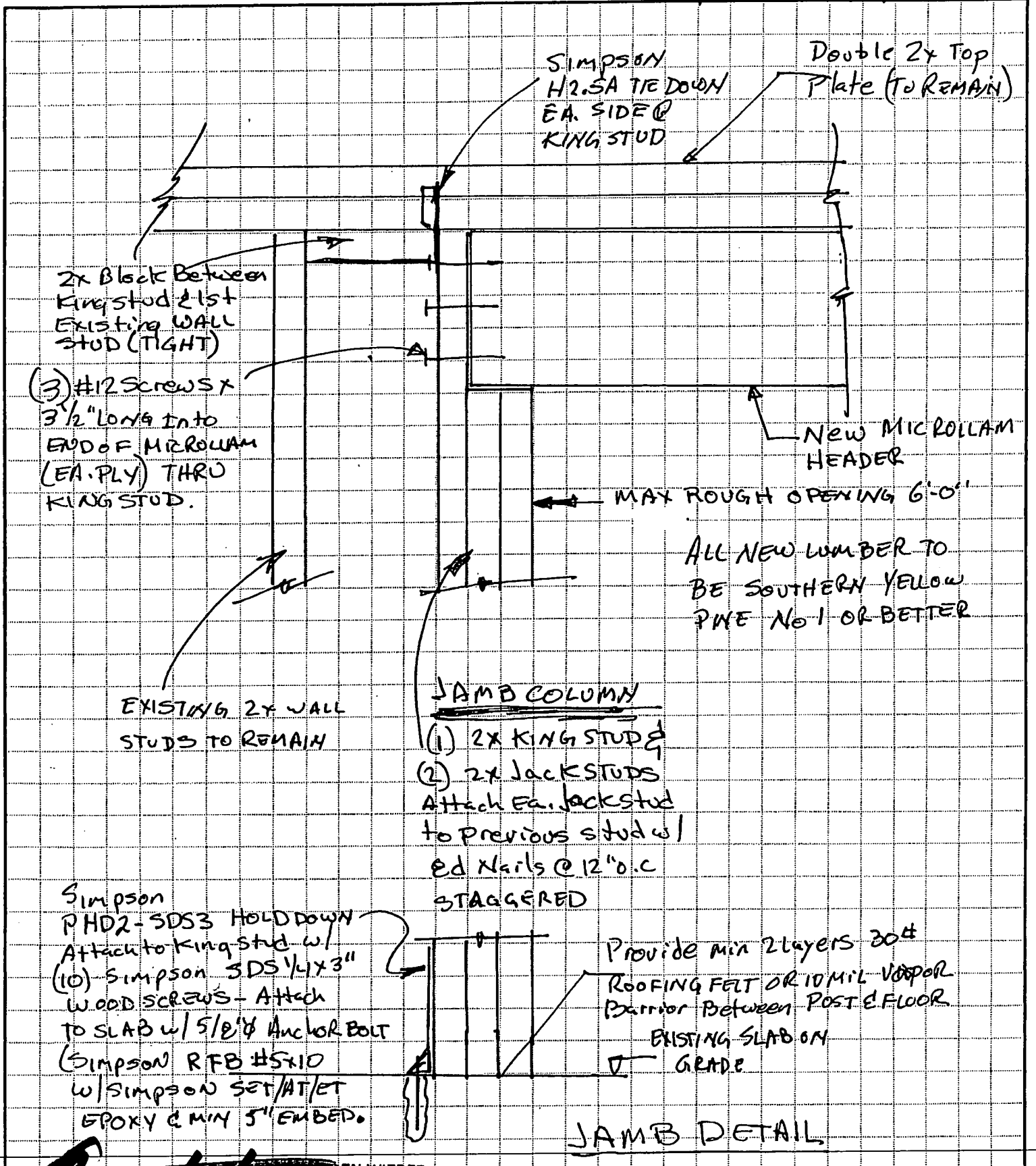
JOB Van + Bosch / Doedens Res

SHEET NO. 3 OF 3

CALCULATED BY \_\_\_\_\_ DATE 5/15/07

CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_

SCALE 1/8" = 1'-0" NE Lagoon Island Ct, Stuart, FL



SIMPSON  
H2.5A TIE DOWN  
EA. SIDE @  
KING STUD

Double 2x Top  
Plate (TO REMAIN)

2x Black Between  
King Stud & 1st  
EXISTING WALL  
STUD (TIGHT)

(3) #12 SCREWS X  
3 1/2" LONG INTO  
END OF MICROLAM  
(EA. PLY) THRU  
KING STUD.

NEW MICROLAM  
HEADER

MAX ROUGH OPENING 6'-0"

ALL NEW LUMBER TO  
BE SOUTHERN YELLOW  
PINE No 1 OR BETTER

EXISTING 2x WALL  
STUDS TO REMAIN

JAMB COLUMN

- (1) 2x KING STUDS
- (2) 2x JACKSTUDS  
Attach Ea. Jackstud  
to previous stud w/  
Ed Nails @ 12" O.C  
STAGGERED

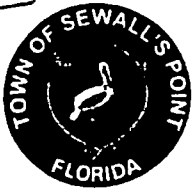
Simpson  
PHD2-SDS3 HOLD DOWN  
Attach to King Stud w/  
(10) Simpson SDS 1/4 x 3"  
WOOD SCREWS - Attach  
TO SLAB w/ 5/8" Anchor Bolt  
(Simpson RFB #5 x 10  
w/ Simpson SET/AT/ET  
EPOXY & MIN 5" EMBED.

Provide min 2 layers 30#  
ROOFING FELT OR 10 MIL VAPOR  
BARRIER BETWEEN POST & FLOOR.  
EXISTING SLAB ON  
GRADE

JAMB DETAIL

*Allen Wieder*

ALLEN WIEDER  
PE# 43444



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

RECEIVED  
 DATE: 9/18/07  
 TOWN OF SEWALL'S POINT

**SUBCONTRACTORS LIST**  
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME Marjolein van't Bosch BLDG. PERMIT # 8642  
 MAILING ADDRESS 8 NE Lagoon Island Court

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. **WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION.** USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. *(NOT OCCUPATIONAL LICENSE NUMBERS)*

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMNS & BEAMS		
CA	CARPENTRY ROUGH		
GD	GARAGE DOOR		
DH	DRYWALL - HANG		
DF	- FINISH		
IN	INSULATION		
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINING		
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS		
PLU	* PLUMBING	Dave's Plumbing	CFC 051625
AC	* HARV		
EL	* ELECTRICAL <sup>MC</sup> <sub>00059</sub>	Alfred Bressaw Electr. Contractors Inc.	



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

AL	* LOW VOLTAGE BURGLAR ALARM		
VS	VACUUM SOUND		
IR	* IRRIGATION		
SH	SHUTTERS		

\* REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

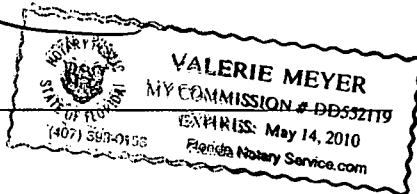
[Signature]  
 SIGNATURE OF CONTRACTOR  
 (OR OWNER BUILDER IF APPLICABLE)

STATE OF Florida  
 COUNTY OF Marion

SWORN TO AND SUBSCRIBED before me this 18th day  
 of Sept, 2007

[Signature]  
 NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



OK



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

VERIFICATION OF CONTRACTOR PERMIT

BUILDING PERMIT NUMBER: 8642

OWNERS NAME: Marjolein van't Bosch

CONSTRUCTION ADDRESS: 8 NE Lagoon Island Court

PERMIT TYPE: X RESIDENTIAL COMMERCIAL

- X ELECTRIC ROOFING
PLUMBING CONCRETE FORM AND PLACE
HVAC MASONRY
IRRIGATION CARPENTRY
FUEL GAS OTHER (SPECIFY)

FOR GAS OR ELECTRIC: TYPE OF SERVICE: NEW SERVICE X EXISTING SERVICE OTHER

SCOPE OF WORK:

VALUE OF CONSTRUCTION \$ 2000 + a -

LOW VOLTAGE
TYPE OF EQUIPMENT: SECURITY VACUUM SOUND SYSTEM LANDSCAPE OTHER
SCOPE OF WORK: per plan & spec VALUE

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

SIGNATURE OF LICENSED CONTRACTOR [Signature] ADDRESS OF CONTRACTOR 654 NE Dixie Hwy, Jensen Beach FL 34957

COMPANY OR QUALIFIER'S NAME: Alfred Bressaw

TELEPHONE NO: 334-4014 FAX NO: 334-8776

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: MC-00059

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED:

PARCEL CONTROL #:

SUBDIVISION: LOT: BLK: PHASE:

SITE ADDRESS:

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



# ACORD - CERTIFICATE OF LIABILITY INSURANCE

OP ID LP  
ALFRE-2

DATE (MM/DD/YYYY)  
07/30/07

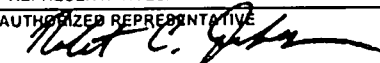
<b>PRODUCER</b>  R.V. Johnson Agency, Inc. (JOK) 2041 E Ocean Blvd. Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4439	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Alfred Bressaw Elec Contr Inc. P.O. Box 1726 Jensen Beach FL 34958	INSURER A: American States Ins Co	19704
	INSURER B: Auto-Owners Insurance Co	18988
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	01CH5297141	07/22/07	07/22/08	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COM/OP AGG	\$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B	AUTOMOBILE LIABILITY	9556805400	07/22/07	07/22/08	COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ 100,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$ 300,000
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$ 50,000
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY	NOT COVERED W/THIS AGENCY			AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO		OTHER THAN EA ACC AUTO ONLY: AGG	\$		
	EXCESS/UMBRELLA LIABILITY	NOT COVERED W/THIS AGENCY			EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		AGGREGATE	\$		
	<input type="checkbox"/> DEDUCTIBLE			\$		
	<input type="checkbox"/> RETENTION \$			\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NOT COVERED W/THIS AGENCY			WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		E.L. EACH ACCIDENT	\$		
	If yes, describe under SPECIAL PROVISIONS below		E.L. DISEASE - EA EMPLOYEE	\$		
	OTHER				E.L. DISEASE - POLICY LIMIT	\$

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

<b>CERTIFICATE HOLDER</b>  TOWN024  Town of Sewalls Point Building Department 1 S. Sewalls Point Road Stuart FL 34996	<b>CANCELLATION</b>  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 
--	--

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

AH30SSZG

DATE (MM/DD/YYYY)  
12/29/2006

**PRODUCER**  
Risk Transfer Holdings  
301 E. Pine Street  
Suite 350  
Orlando, FL 32801

**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**  
Advantage HR  
4425 SW Martin Hwy.  
Palm City, FL 34990

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: First Commercial Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OR 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 APID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		<b>GENERAL LIABILITY</b> <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	\$
		<b>AUTOMOBILE LIABILITY</b> <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 UNIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
<b>A</b>		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	18431-3	1/1/2007	1/1/2008	<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
		<b>OTHER</b>					

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

Coverage is extended to the leased employees of alternate employer (Florida Operations Only): Alfred Bressaw Electrical Contractors, Inc # 385 (Effective 08-17-05)  
**DISCLAIMER:** The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

### CERTIFICATE HOLDER

0769\*\*\*\*\*3-DIGIT SCH 334  
 Town of Sewalls Point  
 1 S Sewalls Point Rd  
 Stuart, FL 34996-6736



### 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 OF LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



STATE OF FLORIDA AC# 2667752  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

EC0000915 07/20/06 050806398

CERTIFIED ELECTRICAL CONTRACTOR  
FITZPATRICK, FRANK  
ALFRED BRESSAW ELECTRICAL CONTRAC

IS CERTIFIED under the provisions of Ch.489 FS.  
Expiration date: AUG 31, 2008 L06072003205



**MARTIN COUNTY, FLORIDA**  
**Construction Industry Licensing Board**  
**Certificate of Competency**

**MASTER ELECTRICIAN**

License Number ME00059 Expires: 30-SEP-2009

BRESSAW, ALFRED  
 ALFRED BRESSAW ELECTRIC ENT  
 626 NE SILVER OAK DR  
 JENSEN BEACH, FL 34957

**ALFRED BRESSAW ELEC CONTR INC**  
**PO BOX 1726**  
**JENSEN BEACH, FL 34958**

007-2008

**MARTIN COUNTY ORIGINAL**  
**BUSINESS TAX RECEIPT**

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

LICENSE 1993-508-0006 CERT ME00059  
 PHONE (772) 334-4014 SIC NO 235310

LOCATION: 626 NE SILVER OAK TER JB

**CHARACTER COUNTS IN MARTIN COUNTY**

PREV YR. \$	<u>-00</u>	LIC. FEE \$	<u>26.25</u>
\$	<u>-00</u>	PENALTY \$	<u>-00</u>
\$	<u>-00</u>	COL. FEE \$	<u>-00</u>
\$	<u>-00</u>	TRANSFER \$	<u>-00</u>
TOTAL			<u>26.25</u>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
 OF **MASTER ELECTRICIAN**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

26 DAY OF JULY 07  
 AND ENDING SEPTEMBER 30, 2008

11 2006 48265.0001 26.25

**BRESSAW, ALFRED QUALIFIER**  
**ALFRED BRESSAW ELECTRICAL**  
**CONTRACTOR INC**  
**PO BOX 1726**  
**JENSEN BEACH FL 34958**

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID OCCUPATIONAL LICENSE IS  
 SUBJECT OF A \$250 FINE. PENALTY 10% FOR MONTH OF OCTOBER,  
 5% ADDITIONAL EACH MONTH THEREAFTER UP TO 25% PLUS COLLECTION COSTS.

NOTE — A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS LICENSE EXHIBITED  
 CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.



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

VERIFICATION OF CONTRACTOR PERMIT

BUILDING PERMIT NUMBER: 8642
OWNERS NAME: Marjolein van't Bosch
CONSTRUCTION ADDRESS: 8 NE Lagoon Island Court
PERMIT TYPE: X RESIDENTIAL COMMERCIAL
ELECTRIC ROOFING
X PLUMBING CONCRETE FORM AND PLACE
HVAC MASONRY
IRRIGATION CARPENTRY
FUEL GAS OTHER (SPECIFY)

FOR GAS OR ELECTRIC: TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER
SCOPE OF WORK:
VALUE OF CONSTRUCTION \$ 1000.00.

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

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

SIGNATURE OF LICENSED CONTRACTOR [Signature] ADDRESS OF CONTRACTOR 499 SE Sewille St. Stuart, FL
COMPANY OR QUALIFIER'S NAME: Dave's Plumbing, Inc PLEASE PRINT
TELEPHONE NO: 772-287-8128 FAX NO: 772-288-7127
MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFC0511625

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED:

PARCEL CONTROL #:

SUBDIVISION: LOT: BLK: PHASE:

SITE ADDRESS:

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
01/30/07

PRODUCER

**FEDERATED MUTUAL INSURANCE COMPANY**  
20 Perimeter Summit Blvd  
Atlanta, GA 30319  
Phone: 1-888-333-4949  
Home Office: Owatonna, MN 55060

**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 FEDERATED MUTUAL INSURANCE COMPANY OR  
FEDERATED SERVICE INSURANCE COMPANY

INSURED 141-263-4  
**DAVES PLUMBING INC**  
499 SE SEVILLE STREET  
STUART FL 34994

COMPANY B  
COMPANY C  
COMPANY D

**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 <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	9040854	04/01/07	04/01/08	GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS - COMP/OP AGG \$ 2,000,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	EACH OCCURRENCE \$ 1,000,000				
	FIRE DAMAGE (Any one fire) \$ 100,000				
	MED EXP (Any one person) \$				
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	9040854	04/01/07	04/01/08	COMBINED SINGLE LIMIT \$ 1,000,000
	BODILY INJURY (Per person) \$				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE \$				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
	OTHER THAN AUTO ONLY:				
	EACH ACCIDENT \$				
	AGGREGATE \$				
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
	AGGREGATE \$				
	\$				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	9041337	04/01/07	04/01/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	EL EACH ACCIDENT \$ 500,000				
	EL DISEASE - POLICY LIMIT \$ 500,000				
	EL DISEASE - EA EMPLOYEE \$ 500,000				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

1412634  
**TOWN OF SEWALLS POINT** 310  
ONE SOUTH SEWALLS POINT DR  
STUART 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



PRESIDENT © ACORD CORPORATION 1988

2006-2007 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995 (772) 288-5804

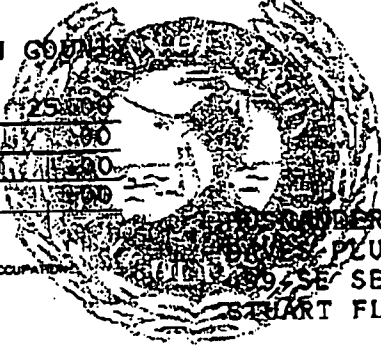
LICENSE 1900-524-0007 CERT

PHONE (561)287-8128 IC NO 023511

LOCATION: 499 SE SEVILLE ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	LIC. FEE \$	25.00
\$	.00	PENALTY \$	0.00
\$	.00	COL. FEE \$	0.00
\$	.00	TRANSFER \$	0.00
TOTAL			25.00



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

13 DAY OF SEPTEMBER 2006 AND ENDING SEPTEMBER 30, 2007

HUSNANDER, DAVID E DAVE'S PLUMBING INC 499 SE SEVILLE ST STUART FL 34997

11 2005 43602.0001

AC# 2769218

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06083101882

DATE	BATCH NUMBER	LICENSE NBR
08/31/2006	050831094	ICFC051625

The PLUMBING CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489, F.S. Expiration date: AUG 31, 2008

HUSNANDER, DAVID E JR DAVE'S PLUMBING INC 499 SE SEVILLE ST STUART

FL 34994-4449

JEB BUSH GOVERNOR

SIMONE MARSTILLER SECRETARY

DISPLAY AS REQUIRED BY LAW



MARTIN COUNTY, FLORIDA Construction Industry Licensing Board Certificate of Competency

MASTER PLUMBER

License Number MP00030 Expires: 30-SEP-07

HUSNANDER, DAVE DAVE'S PLUMBING INC 499 SE SEVILLE ST STUART, FL 34994

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

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

**DISCLOSURE STATEMENT**

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





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

**SUBCONTRACTORS LIST**  
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME Bart Doedens, Marjolein van't Bosch BLDG. PERMIT # \_\_\_\_\_

MAILING ADDRESS 8 NE LAGOON ISLAND CT

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION. USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. (NOT OCCUPATIONAL LICENSE NUMBERS)

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMNS & BEAMS	} mauri Huttala ✓	# MC 00167
CA	CARPENTRY ROUGH		
GD	GARAGE DOOR		
DH	DRYWALL - HANG	PDC Drywalls Contractors	# SP 02731
DF	- FINISH		
IN	INSULATION		
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING		
PL	PLASTER & STUCCO	PDC	# SP 02731
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS		
PLU	* PLUMBING	✓ John Heidinger Plumbing	# MP - 00024
AC	* HVAC		
EL	* ELECTRICAL	✓ Albert Burkey	# ME - 00066

STUART Elec.



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

AL	* LOW VOLTAGE BURGLAR ALARM		
VS	VACUUM SOUND		
IR	* IRRIGATION		
SH	SHUTTERS		

\* REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

*[Handwritten Signature]*

SIGNATURE OF CONTRACTOR  
 (OR OWNER BUILDER IF APPLICABLE)

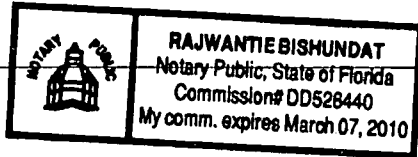
STATE OF Florida  
 COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this 7 day  
 of June, 2007

*[Handwritten Signature]*

NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



ok



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: \_\_\_\_\_

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

OWNERS NAME: M. B. Vaint Bosch

CONSTRUCTION ADDRESS: 8 Lagoon Isl. Ct

PERMIT TYPE: [X] RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- \_\_\_\_\_ ELECTRIC
[X] PLUMBING
\_\_\_\_\_ HVAC
\_\_\_\_\_ IRRIGATION
\_\_\_\_\_ FUEL GAS

TYPE OF SERVICE: \_\_\_\_\_ NEW SERVICE [X] EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: Remodel

VALUE OF CONSTRUCTION \$ 1500'

LOW VOLTAGE
TYPE OF EQUIPMENT: \_\_\_\_\_ SECURITY \_\_\_\_\_ VACUUM \_\_\_\_\_ SOUND SYSTEM \_\_\_\_\_ LANDSCAPE \_\_\_\_\_ OTHER
SCOPE OF WORK: Remodel VALUE 1500'

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

SIGNATURE OF LICENSED CONTRACTOR: [Signature] ADDRESS OF CONTRACTOR: 1364 NW Fork Rd Stuart

COMPANY OR QUALIFIER'S NAME: J. Heidinger

TELEPHONE NO: 263-8133 PLEASE PRINT FAX NO: 232-9282

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: \_\_\_\_\_

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: 8 Lagoon Island

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

# ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER (772)546-5600 FAX (772)546-1008  
Campbell-Wilson Ins. Agency  
12892 SE Suzanne Drive  
Hobe Sound, FL 33455 9747

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 John Heidinger Plumbing, Inc.  
1369 NW Fork Road  
Stuart, FL 34994 7610

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

#59 1750425 CFC1426453

**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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	942312 20523019 06	11/07/2006	11/07/2007	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Liability plus				PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 1,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 1,000,000
B	AUTOMOBILE LIABILITY	95 423 134 00	04/29/2007	04/29/2008	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS						
<input type="checkbox"/> NON-OWNED AUTOS						
GARAGE LIABILITY		NONE			AUTO ONLY - EA ACCIDENT	\$
<input type="checkbox"/> ANY AUTO					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
EXCESS LIABILITY					EACH OCCURRENCE	\$
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					AGGREGATE	\$
<input type="checkbox"/> DEDUCTIBLE						\$
<input type="checkbox"/> RETENTION \$						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		NONE			WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
OTHER						

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

**CERTIFICATE HOLDER**

**ADDITIONAL INSURED; INSURER LETTER:**

**CANCELLATION**

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

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

AUTHORIZED REPRESENTATIVE

Joanne Wilson/JO

©ACORD CORPORATION 1988

ACORD 25-S (7/97)

FAX: (772)222-4000

32-2092  
9282



03-02-2007

ALEX SINK  
CHIEF FINANCIAL OFFICER

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

\* \* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \* \*

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 03/02/2007      EXPIRATION DATE: 03/01/2009

PERSON: HEIDINGER      JOHN

FEIN: 591750425

BUSINESS NAME AND ADDRESS:

JOHN HEIDINGER PLUMBING INC  
1369 NW FORK RD  
STUART FL 34994

SCOPES OF BUSINESS OR TRADE:

1- CERTIFIED PLUMBING CONTRACTOR

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

QUESTIONS? (850) 413-1609

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 09-06

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION  
CONSTRUCTION INDUSTRY  
CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA  
WORKERS' COMPENSATION LAW



EFFECTIVE: 03/02/2007      EXPIRATION DATE: 03/01/2009

PERSON: JOHN HEIDINGER

FEIN: 591750425

BUSINESS NAME AND ADDRESS:

JOHN HEIDINGER PLUMBING INC  
1369 NW FORK RD  
STUART, FL 34994

SCOPE OF BUSINESS OR TRADE:

1- CERTIFIED PLUMBING CONTRACTOR

IMPORTANT

**F** Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

**H** Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt.

**E** Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

QUESTIONS? (850) 413-1609

CUT HERE

\* Carry bottom portion on the job, keep upper portion for your records.

Marjolin Van't Bosh

8 Lagoon Isl. Ct.

AC# 2769211

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06083101875

DATE	BATCH NUMBER	LICENSE NBR
08/31/2006	050813395	CFC1426453

The PLUMBING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2008

HEIDINGER, JOHN  
JOHN HEIDINGER PLUMBING INC  
1912 SE FALLON DR  
PORT SAINT LUCIE FL 34983

JEB BUSH  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

DISPLAY AS REQUIRED BY LAW

2006-2007 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 974-524-0018 CERT \_\_\_\_\_  
PHONE (561) 340-7331 SIC NO 235110

LOCATION:  
1912 SE FALLON DRY MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. S	.00	LIC. FEE S	25.00
S	.00	PENALTY S	.00
S	.00	COL. FEE S	.00
S	.00	TRANSFER S	.00
TOTAL			25.00

RECEIPT OF PAYMENT  
LARRY C. O'STEEN  
99 08/25/2006 NORMA  
19740005240001  
002 2005 0012672  
JOHN HEIDINGER PLUM

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

HEIDINGER, JOHN  
JOHN HEIDINGER PLUMBING INC,  
1912 SE FALLON DR  
PORT ST. LUCIE, FL 34983

24 DAY OF AUGUST 06  
AND ENDING SEPTEMBER 31, 2007

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/14/2007

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

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

INSURED Stuart Electric, Inc.  
P.O. Box 474  
Palm City, FL 34991-0474

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Old Dominion Insurance Company	40231
INSURER B: American Economy Ins Co	19690
INSURER C:	
INSURER D:	
INSURER E:	

## VERAGES

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 ANY 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.

ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	MPG54215	06/06/2007	06/06/2008	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	02CE00204350	03/29/2007	03/29/2008	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

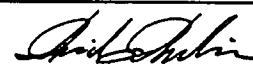
## CERTIFICATE HOLDER

Sewall's Point, Town of  
1 South Sewall's Point Road  
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 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
David Deakins/MJG



AC# 2647999

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L06070801607

DATE	BATCH NUMBER	LICENSE NBR
07/08/2006	060012377	ER0004332

The ELECTRICAL CONTRACTOR  
Named below HAS REGISTERED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2008  
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING  
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

BURKEY, ALBERT R JR  
STUART ELECTRIC INC  
PO BOX 474  
PALM CITY

FL 34990-0474

JEB BUSH  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

DISPLAY AS REQUIRED BY LAW



03-07-2006

TOM GALLAGHER  
CHIEF FINANCIAL OFFICER

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

\*\* CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW \*\*

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 04/06/2006 \*\* EXPIRATION DATE: 04/05/2008

PERSON: BURKEY ALBERT R JR

FEIN: 591835836

BUSINESS NAME AND ADDRESS: STUART-ELECTRIC INC  
PO BOX 474  
PALM CITY FL 33490

SCOPE OF BUSINESS OR TRADE: 1- ELECTRICAL CONTRACTOR

REISSUANCE REQUIREMENTS

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects  
exemption from this chapter by filing a certificate of election under this section may not recover  
benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609



2006-2007

# MARTIN COUNTY ORIGINAL BUSINESS TAX RECEIPT

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

LICENSE 1972-508-0096 CERT 001731  
PHONE (561) 283-0927 SIC NO 001731

LOCATION: 3055 SW EDWARDS AVE MAR

## CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>125.00</u>	LIC. FEE \$	<u>25.00</u>
\$	_____	PENALTY \$	_____
\$	_____	COL. FEE \$	_____
\$	_____	TRANSFER \$	<u>.00</u>
TOTAL _____		<u>EXEMPT</u>	



BURKEY, ALBERT R JR  
STUART ELECTRIC INC

PO BOX 474

PALM CITY, FL 34991-0474

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

07 DAY OF JUNE 07  
AND ENDING SEPTEMBER 30, 2007

MARTIN COUNTY, FLORIDA  
Construction Industry Licensing Board  
Certificate of Competency  
MASTER ELECTRICIAN  
License Number ME0066 Expires: 30-SEP-07  
BURKEY, ALBERT R  
STUART ELECTRIC INC  
BOX 474  
PALM CITY, FL 34991

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 8642

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

OWNERS NAME: Marjolein van't Bosch

CONSTRUCTION ADDRESS: 8 NE Lagoon Island Court

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE:  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK: changing outlets, light switches, ~~lights~~ bathn lights

VALUE OF CONSTRUCTION \$ 250.00

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK: _____ VALUE _____

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

Clifford R. Burkhardt Po Box 474 PALM CITY FL 34981  
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: STUART ELEC INC

TELEPHONE NO: 772 281 2353 PLEASE PRINT FAX NO: \_\_\_\_\_

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EA0004332

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

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



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

**REVISIONS & CORRECTIONS REQUEST FORM**  
 MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: 9/18/07 PERMIT NUMBER: 8642

JOB ADDRESS: B NE Lagoon Island Court ph. 781-4131  
cell 284-5275

**PLEASE CHECK ONE OF THE FOLLOWING:**

CONDITION OF INSPECTION APPROVAL (Needed for an inspection)

CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)

REVISIONS (Changes to an issued permit)

\*\*\*\*ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING\*\*\*\*

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): remodel of kitchen, reposition of island  
reposition of sink and cooktop, adjusting electric and plumbing  
accordingly, see plans

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES  NO  VALUE \$ 3000.00

\*\*\*INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL\*\*\*

CONTACT NAME: marjolein van't Bosch SIGNATURE: [Signature]

PHONE NUMBER: 781-4131 FAX NUMBER: \_\_\_\_\_

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 9-19-07 Approve  Deny

Additional conditioned space \_\_\_\_\_ sq. ft. @ \$104.65 per sq. ft. \_\_\_\_\_ x 2% = \_\_\_\_\_

Additional non-conditioned space \_\_\_\_\_ sq. ft. @ \$ 48.90 per sq. ft. \_\_\_\_\_ x 2% = \_\_\_\_\_

Other declared value increase (must be based on value not cost) 3000.00  $\times \frac{2}{100} =$  28.80

Other additional fees: \_\_\_\_\_ Revision review fee: 2 Pages @ \$25.00/Page 50.00

Radon Fee \_\_\_\_\_ Professional Regulation Fee \_\_\_\_\_ Road impact assessment

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 78.80

Applicant notified by: Valerie Date: 9-19-07

pd 9-19-07 ck # 2883

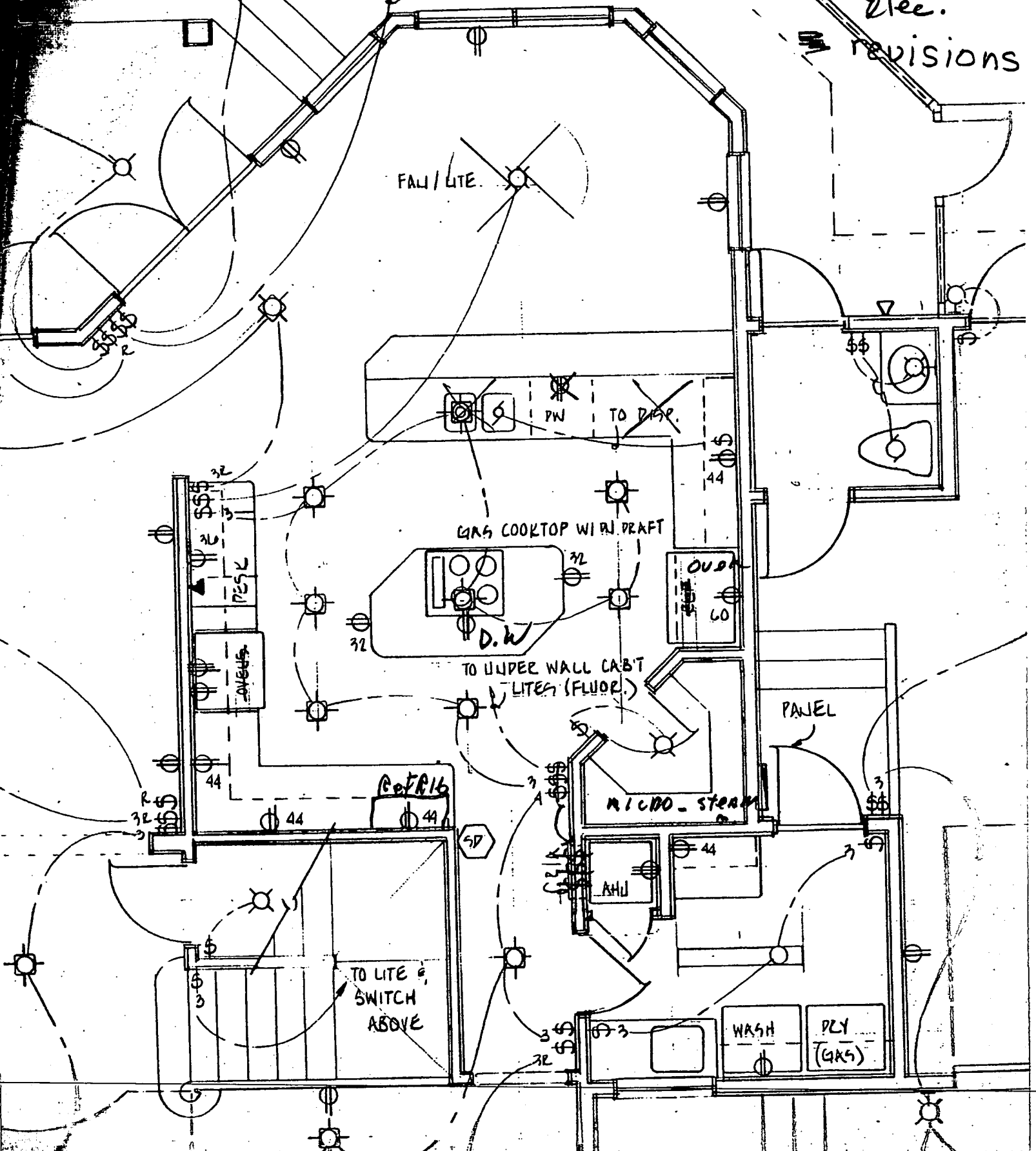




8 Lagoon Island Court

9-18  
Existing  
Elec.  
revisions

Alfred Bressaw Elec.  
Contractors Inc.  
P.O. Box 1726  
Jensen Beach, FL 34958  
(772) 334-4014  
LITES



FALL LITE

GAS COOKTOP W/ RA. DRAFT

TO LOWER WALL CABT LITES (FLUOR.)

MICRO-STEAM

WASH

PLY (GAS)

TO LITE & SWITCH ABOVE

COVERS  
PESK

AHU

OVEN

REFRIG

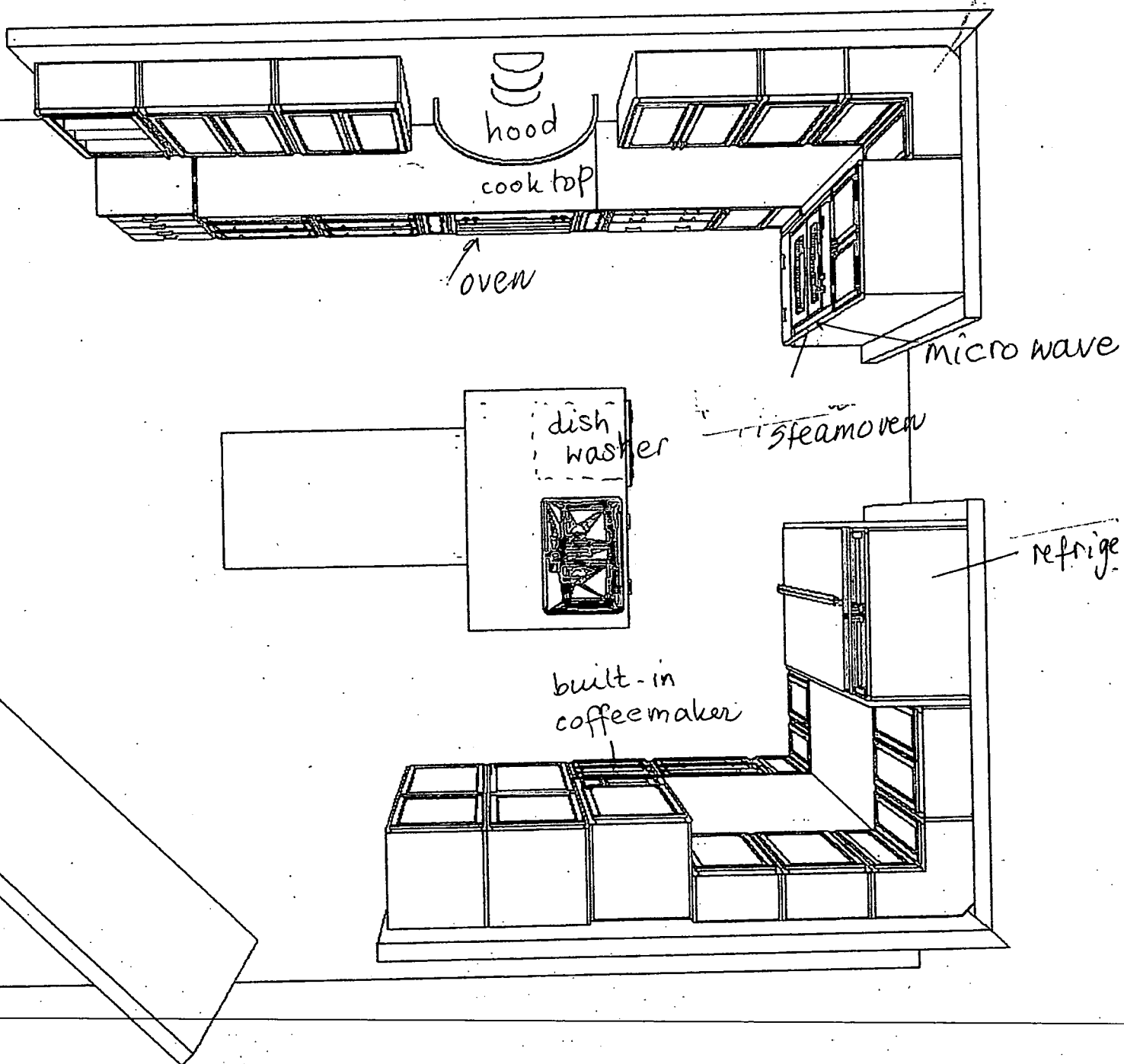
PW TO DISP.

PANEL

8 Lagoon Island Court  
new setup

Alfred Bressaw Elec.  
Contractors Inc.  
P.O. Box 1726  
Jensen Beach, FL 34958  
(772) 334-4014

Alfred Bressaw Elec.  
Contractors Inc.  
P.O. Box 1726  
Jensen Beach, FL 34958  
(772) 334-4014



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 7-6, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
3643	Baker 1st 88 N. Sewall Pt O/B	slab	PASS	INSPECTOR: <i>[Signature]</i>
3642	<del>Durden/Vant Pouch</del> 8 NE Lagoon Isl. O/B	<del>Electrical</del>	<del>PASS</del>	<del>INSPECTOR: [Signature]</del> INSPECTOR: <i>[Signature]</i>
872	Mariano 23 Middle Dodd A/C	Partial outside Condensing UNITS DAN 370-4295	<del>X</del>	CANNOT DO PARTIAL O/B WILL CALL FOR FINAL WHEN ALL WORK IS DONE INSPECTOR:
<del>6975</del>	<del>Conway</del> 3 Oak Hill Way Conway	Rep chimney		INSPECTOR:
<del>6978</del>	<del>Slater</del> 31 Mc Lofting Way Conway	Repair soffit ?		INSPECTOR:
8512	VALDES 5 107 N.S.P.R. VALDES	FOOTER	FAIL	INSPECTOR: <i>[Signature]</i>
				INSPECTOR:

OTHER: \_\_\_\_\_



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 7-11, 2007

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
2638	McKinley 48 Riv Vista Monterey Glass	window <sup>BUCK</sup>	FAIL	INSPECTOR: <i>OM</i>
7748	Steck 32 Fieldway Dr Advantage AC	Final	PASS	CLOSE INSPECTOR: <i>OM</i>
862	Vand Poesch 8 Dragon Isl. Ct OB	Plumbing	PASS	SEWERED PIPES UNDER SLAB - OK. INSPECTOR: <i>OM</i>
<del>8144</del>	<del>Lingamfelter 17 Main St OB</del>	<del>Final check</del>	<del>NO WORK DONE</del>	<del>INSPECTOR: <i>OM</i></del>
1		Do you want copy of permit? <del>Renew permit</del>		
2	Van Vanno 15 S Ridgeway	Pool equipment pad	FAIL	NEW PAD IS 10 SET BACK INVESTIGATE? See <i>OM</i>
8440	Tidikis 12 Cranes Nest AG Pool	Final	FAIL	INSPECTOR: <i>OM</i>
7113	DeBerard 37 N River Rd Blue Water Marine	Final check repair		NO WORK DONE ABANDONED INSPECTOR: <i>OM</i>

OTHER

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9-28, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8642</del>	<del>WANT BOSCH</del> <del>MARLEY/DOEDEN</del>	<del>Plumb &amp; Elec</del>	<del>PASS</del>	
4	Owner/Builder 8-NE Lagoon Jct	781-4131	PASS	INSPECTOR: <i>QW</i>
8222	MARLEY	Plumbing	FAIL	\$40 FEE
1	WARRIEL LOWSP 39 W High Pt	ELEC } FINAL A/C }		INSPECTOR: <i>QW</i>
8142	Bunsey	Final	<del>PASS</del>	
3	Palmetto Dr Americas		FAIL	INSPECTOR: <i>QW</i>
8720	Arch	Sheathing	FAIL	NO READY
A 5	18 Palm Rd Latitude 27	any Kin-tag PM-	FAIL	INSPECTOR: <i>A</i>
8441	Dressler	steel beam	FAIL	
2	12 Island Rd Harbor Course	truss	PASS	INSPECTOR: <i>QW</i>
8716	Werp 2 St Lucie Ct	footers	PASS	INSPECTOR: <i>QW</i>
	TC Fence			
A CE	3 St Lucie Ct	street drain		CLEANED BY JOSE INSPECTOR:
A 8642	DOEDENS/WANT BOSCH 8-NE Lagoon Jct. O/B	termita COMPACTION plumb	PASS	<i>A</i>

after 2:30

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9-28, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8642	VAN BOSCH & MARK/DOEDEN	PLUMB & ELEC.	PASS	
4	OWNER/BUILDER 8 NE Lagoon Isl Ct	ROUGH	PASS	INSPECTOR: <i>QW</i>
8222	MARLEY	Plumbing	FAIL	\$40 FEE
1	WARRICK CONSD 39 W High Pt	ELEC } FINAL A/C }		INSPECTOR: <i>QW</i>
8142	Bunsey	Final	<del>PASS</del>	
3	1 Palmetto Dr Americas		FAIL	INSPECTOR: <i>QW</i>
8720	Arch	Sheathing	FAIL	
A 5	18 Palm Rd Latitude 27	any <sup>in</sup> tag PM-	FAIL	NOT READY INSPECTOR: <i>A</i>
8441	Dressler	steel beam	FAIL	
2	12 Island Rd Harbor Course	truss	PASS	INSPECTOR: <i>QW</i>
8716	Werp	footers	PASS	
	2 St Lucie Ct TC Fence			INSPECTOR: <i>QW</i>
		street drain		
A CE	3 St Lucie Ct			CLEANED BY Jose INSPECTOR:
A 8642	8 NE Lagoon Isl O/B	plumbing		

after 2:30



**TOWN OF SEWALL'S POINT**

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

**CORRECTION NOTICE**

ADDRESS: 8 N.E. BABOON IS.

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

FINAL

NO GFCI @ KIT. ISLAND

MISSING COVER @  
POUNDER LIGHT FIXTURE -

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

DATE: 7/7/08

INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 7-7, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8911	Willis	slab	FAIL	
2	3 Worth Ct Eric Johnson	frame	PASS	INSPECTOR: <i>[Signature]</i>
<del>8642</del>	<del>Deedens/Noel Pasch</del>	<del>knob</del>	<del>FAIL</del>	
3	8 NE Lagoon Isl OB			INSPECTOR: <i>[Signature]</i>
8930	Richardson	framing	PASS	
1	15 Middle Rd OB	(deck) 561-222-3116 <small>SCOTT</small>		INSPECTOR: <i>[Signature]</i>
8911	<del>Willis</del>	A/C ROUGH	PASS	
2	3 WORTH CT. E. JOHNSON	PLB. " ELEC. "	FAIL PASS	INSPECTOR: <i>[Signature]</i>
		DOORS/WINDOW	FAIL	
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 7/9, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8820	Seachane	W/DN/DOOR BUCKS	PASS	
3	64 N. RIVER	partial lath	PASS	NORTH/EAST SIDE
	JMC CONST.			INSPECTOR: <i>[Signature]</i>
8941	Christie	Final	PASS	Close
11AM	103 S Sewalls			
	Nisleri	bringing ladder		INSPECTOR: <i>[Signature]</i>
8919	Mayewski	rough plumbing	PASS	
1	24 E High Pt	light niche	PASS	
	At G Boals	pressure test	PASS	INSPECTOR: <i>[Signature]</i>
8848	Nakeyl	partial window	PASS	
2	26 W High Pt	bucket installation		
	Vincent Montalto			INSPECTOR: <i>[Signature]</i>
8589	HARDIN	FENCE		
11:30	27 S. RIVER	POST FTG.	PASS	
	STRATICON			INSPECTOR: <i>[Signature]</i>
<del>8642</del>	<del>Wooden/Vant Pass</del>	<del>Final</del>	<del>PASS</del>	<del>Close</del>
4	8 NE Lagoon Isl			
	OB			INSPECTOR: <i>[Signature]</i>
8911	Wells	PLG. ROUGH	PASS	
	3 WORTH CT.	INSULATION	PASS	
	Eric Johnson	TRUSS EXPL.	PASS	INSPECTOR: <i>[Signature]</i>
OTHER:				

**10230**

**A/C CHANGEOUT**

---



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

## BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK**

**A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	10230	DATE ISSUED:	SEPTEMBER 25, 2012
SCOPE OF WORK:	AC CHANGEOUT		
CONTRACTOR:	COASTAL HTG & AC		
PARCEL CONTROL NUMBER:	263741013-000-001504	SUBDIVISION	PLANTATION - LOT 15
CONSTRUCTION ADDRESS:	8 LAGOON ISLAND CT		
OWNER NAME:	VANT BOSCH/DOEDENS		
QUALIFIER:	RICHARD WHITEHEAD	CONTACT PHONE NUMBER:	288-4829

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

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

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

### INSPECTIONS

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

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



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

Date: 9/17/12 Permit Number: 10230

OWNER/LESSEE NAME: Marijolein Van't Bosch Phone (Day) 781-4131 (Fax) \_\_\_\_\_

Job Site Address: 8 NE Lagoon Island Ct. City: STUART State: FL Zip: 34990

Legal Description \_\_\_\_\_ Parcel Control Number: \_\_\_\_\_

Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):** A/C Replacement Like for Like

**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: \$ 6,000.00  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10 \_\_\_ AE9 \_\_\_ AE8 \_\_\_ X \_\_\_  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only. Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

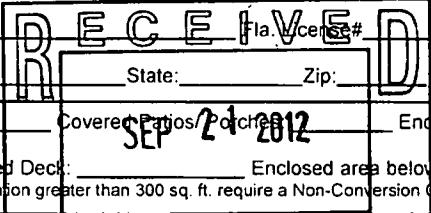
Construction Company: Coastal Htg. + A/C Phone: 288-4829 Fax: 220-4997

Qualifiers name: Richard Whitehead Street: 7984 SW JACK JAMES DR. City: STUART State: FL Zip: 34997

State License Number: CAC058137 OR: Municipality: \_\_\_\_\_ License Number: CAC058137

LOCAL CONTACT: Mary Whitehead Phone Number: 288-4829

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



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

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

**WARNINGS TO OWNERS AND CONTRACTORS:**

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

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

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

**OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:**

X \_\_\_\_\_  
State of Florida, County of: \_\_\_\_\_  
On This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who is personally  
known to me or produced \_\_\_\_\_  
As identification: \_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:**

X Richard Whitehead  
State of Florida, County of: MARTIN  
On This the 18 day of Sept 2012  
by Richard Whitehead who is personally  
known to me or produced \_\_\_\_\_  
As identification: Mary A. Marguis  
Notary Public  
My Commission Expires: 11/12/12

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

RECEIPT

DATE 9/21/12 No. 925000

RECEIVED FROM Coastal Htg & A/C \$ 84 —

Eighty four & 00/100 — DOLLARS

FOR RENT Permit - @ Lagoon, Id.

FOR

CASH

MONEY ORDER

CHECK

CREDIT CARD

ACCOUNT		
PAYMENT	<u>84.00</u>	
BAL. DUE.		

FROM Valerie Lambert TO

BY

2701

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

*generated on 9/21/2012 9:00:40 AM EDT*

**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-013-000-00150-4	4098	8 NE LAGOON ISLAND CT, SEWALL'S POINT	\$875,860	9/15/2012

**Owner Information**

<b>Owner(Current)</b>	DOEDENS BARELD J BOSCH MARJOLEIN VAN'T
<b>Owner/Mail Address</b>	8 NE LAGOON ISLAND CT STUART FL 34996
<b>Sale Date</b>	5/21/2007
<b>Document Book/Page</b>	2249 1552
<b>Document No.</b>	2014381
<b>Sale Price</b>	1555000

**Location/Description**

<b>Account #</b>	4098	<b>Map Page No.</b>	SP-01
<b>Tax District</b>	2200	<b>Legal Description</b>	PLANTATION AT SEWALL'S POINT LOT 15 PI# 26-37-41-013-000-00150-40000
<b>Parcel Address</b>	8 NE LAGOON ISLAND CT, SEWALL'S POINT		
<b>Acres</b>	.6800		

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120800 Plantation @ SP

**Assessment Information**

<b>Market Land Value</b>	\$312,500
<b>Market Improvement Value</b>	\$563,360
<b>Market Total Value</b>	\$875,860

**PROPOSAL AND  
ACCEPTANCE**

**COASTAL**  
HEATING & AIR CONDITIONING, INC.  
7984 S.W. Jack James Dr.  
Stuart, Florida 34997

Office 772-288- 4829  
Fax 772-220-4997

PROPOSAL SUBMITTED TO: <u>MARJOLEW VAN BOSCH</u>		PHONE	DATE <u>9/20/12</u>
STREET <u>8 WE HAWOOD CT</u>		JOB NAME	
CITY, STATE, ZIP CODE <u>STUART 34996</u>		JOB LOCATION	
ARCHITECT	DATE OF PLANS	JOB PHONE	

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

INSTALLATION OF ONE TRANE 5 TON 16 SEER SYSTEM COMPLETE w/ HOOKUP TO EXISTING COPPER, ELECTRIC + DUCTWORK (SEAL) PER CODE) WITH NEW THERMOSTAT, FLOAT SWITCH, HURRICANE CLIPS + PERMIT.

EQUIPMENT SCHED TRANE

M# 4TTB40621000

SYSTEM COST \$ 7102<sup>00</sup>

M# TAN7AOC60H515BA

FPLH REBATE \$ 1005<sup>00</sup>

M# 10 KW HEAT STRIP

CUSTOMER COST \$ 6097<sup>00</sup>

WARRANTY

ONE YEAR LABOR

TWO YEAR LIMITED PARTS

TWO YEAR LIMITED COMPRESSOR

WE Propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of:

SIX THOUSAND NINETY SEVEN + 00/100 dollars (\$ 6097<sup>00</sup>)

UPON COMPLETION

Payment to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a workman-like manner according to standard practices. If it becomes necessary to collect the herein described sums, or any part thereof, the purchaser agrees to pay all the cost thereof, including attorney's fees. 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.

Authorized Signature

[Signature]

Note: This proposal may be withdrawn by us if not accepted within \_\_\_\_\_ days.

**Acceptance of Proposal** - 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.

Signature:

[Signature]

Date of Acceptance: \_\_\_\_\_

Signature: \_\_\_\_\_



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: Trane Model# TAM7A0C60  
 Volts 230 CFM's 2000 Heat Strip 10 Kw  
 Min. Circuit Amps \_\_\_\_\_ Wire gauge #6  
 Max. Breaker size 60 Min. Breaker size \_\_\_\_\_  
 Ref. line size: Liquid 3/8 Suction 1/8  
 Refrigerant type 410a  
 Location: Existing  New \_\_\_\_\_  
 Attic/Garage/Closet (specify) VERTICAL 2ND FLO  
 Access: STAIRS

**Condenser:** Mfg Trane Model# 4TTB4061E1000C  
 Volts 230 SEER/EER 16 BTU's 60,000  
 Min. Circuit Amps 39 Wire gauge #6  
 Max. Breaker size 60 Min. Breaker size \_\_\_\_\_  
 Ref. line size: Liquid 3/8 Suction 1/8  
 Refrigerant type 410a  
 Location: Existing  New \_\_\_\_\_  
 Left/Right/Rear/Front/Roof RIGHT SIDE  
 Condensate Location SAME

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

**EXISTING SYSTEM COMPONENTS**

**Air handler:** Mfg: RHECM Model# \_\_\_\_\_  
 Volts \_\_\_\_\_ CFM's \_\_\_\_\_ Heat Strip 10 Kw  
 Min. Circuit Amps \_\_\_\_\_ Wire gauge #6  
 Max. Breaker size 60 Min. Breaker size \_\_\_\_\_  
 Ref. line size: Liquid 3/8 Suction 1/8  
 Refrigerant type R-22  
 Location: Ext.  New \_\_\_\_\_  
 Attic/Garage/Closet (specify) VERT. 2ND FLOOR  
 Access: STAIRS

**Condenser:** Mfg RHECM Model# \_\_\_\_\_  
 Volts \_\_\_\_\_ SEER/EER \_\_\_\_\_ BTU's 60,000  
 Min. Circuit Amps \_\_\_\_\_ Wire gauge #6  
 Max. Breaker size 60 Min. Breaker size \_\_\_\_\_  
 Ref. line size: Liquid 3/8 Suction 1/8  
 Refrigerant type R-22  
 Location: Ext.  New \_\_\_\_\_  
 Left/Right/Rear/Front/Roof RIGHT SIDE  
 Condensate Location RIGHT SIDE

**Certification:**

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

[Signature]  
 Signature

9/18  
 Date



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

### FLORIDA ENERGY CONSERVATION CODE

#### Mandatory Duct Inspection Certification for HVAC change-out

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

Owner: Van't Bosch Contractor name: Richard Whitehead

Street address: 8 NE Lagoon Island Ct Jurisdiction: \_\_\_\_\_

City: Stuart Permit No.: \_\_\_\_\_

Zip: FL Final inspection date: \_\_\_\_\_

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

Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.

Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)

The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)

System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: Richard Whitehead Date: 9/17/12

Printed Name: Richard Whitehead

Contractor License #: CAC058137

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



# General Data

## Product Specifications

Model No. ①	4TTB4042E1	4TTB4048E1	4TTB4049E1	4TTB4060E1	4TTB4061E1
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60	230/1/60
Min Cir Ampacity	23	26	26	34	45
Max Fuse Size (Amps)	40	45	45	60	60
Compressors	CLIMATUFF® · SCROLL	CLIMATUFF® · SCROLL	CLIMATUFF® · SCROLL	CLIMATUFF® · SCROLL	CLIMATUFF® · SCROLL
No. Used - No. Stages	1-1	1-1	1-1	1-1	1-2
RL AMPS - LR AMPS	17.9 - 112	19.9 - 109	19.9 - 109	26.4 - 134	32.1 - 152.9
Outdoor Fan FL Amps	0.93	0.93	1.0	0.93	2.80
Fan HP	1/5	1/5	1/5	1/5	1/3
Fan Dia (inches)	27.6	27.6	27.6	27.6	27.6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	8/4-LB/OZ	8/5-LB/OZ	11/9-LB/OZ	8/8-LB/OZ	12/9-LB/OZ
Line Size - (in.) O.D. Gas ③	7/8	7/8	7/8	7/8	1-1/8
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	46.4 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7
Weight - Shipping	272	282	304	285	312
Weight - Net	235	245	267	248	275
Start Components	NO	NO	NO	NO	NO
Sound Enclosure	NO	NO	NO	NO	NO
Compressor Sump Heat	NO	NO	NO	NO	NO
<b>Optional Accessories: ④</b>					
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control A/C	AY28X079	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Crank Case Heater Kit	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301
Hard Start Kit Scroll	BAYKSKT260	BAYKSKT260	BAYKSKT260	BAYKSKT260	BAYKSKT260
Extreme Condition Mounting Kit	BAYECMT004	BAYECMT004	BAYECMT004	BAYECMT004	BAYECMT004
Snow Leg - Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg - 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Refrigerant Lineset ⑤	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*	TAYREFLN*4

① Certified in accordance with the Air-Source Unitary Heat Pump Equipment certification program which is based on AHRI Standard 210/240.

② Calculated in accordance with N.E.C. Only use HACR circuit breakers or fuses.

③ Standard line lengths - 60'. Standard lift - 60' Suction and Liquid line. For 061 units, Max. linear length 60 ft.; Max. lift - Suction 25 ft.; Max lift - Liquid 25 ft. For Greater lengths and lifts refer to refrigerant piping software Pub# 32-3312-0'. (\*denotes latest revision)

④ For accessory description and usage, see pages 5 and 6.

⑤ \* = 15, 20, 25, 30, 40 and 50 foot lineset available.



**TRANE**<sup>®</sup>

# General Data

## PRODUCT SPECIFICATIONS

MODEL	TAM7A0A24H21SB	TAM7A0B30H21SB	TAM7A0C36H31SB
RATED VOLTS/PH/HZ.	200-230/1/60	200-230/1/60	200-230/1/60
RATINGS <sup>Ⓢ</sup>	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	3 - 14	3 - 14
Face Area (sq. ft.)	3.67	5.04	5.50
Tube Size (in.)	3/8	3/8	3/8
Refrigerant Control	EEV	EEV	EEV
Drain Conn. Size (in.) <sup>Ⓢ</sup>	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 8	11 X 10	11 X 10
No. Used	1	1	1
Drive - No. Speeds	Direct - Variable	Direct - Variable	Direct - Variable
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/2	1 - 1/2	1 - 1/2
Motor Speed R.P.M.	Variable ECM	Variable ECM	Variable ECM
Volts/Ph/Hz	208-230/1/60	208-230/1/60	208-230/1/60
F.L. Amps	3.0	3.0	3.0
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No.-Size-Thickness	1 - 16 X 20 - 1 in.	1 - 20 X 20 - 1 in.	1 - 22 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed	Brazed
Coupling or Conn. Size — in. Gas	3/4	3/4	7/8
Coupling or Conn. Size — in. Liq.	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	51-1/2 x 19 x 23-1/2	56-1/2 x 23 x 23-1/2	57-1/4 x 25-1/4 x 23-1/2
Uncrated	49-7/8 x 17-1/2 x 21-3/4	55-11/16 x 21-5/16 x 21-3/4	56-15/16 x 23-1/2 x 21-3/4
WEIGHT			
Shipping (Lbs.)/Net (Lbs.)	127/116	150/138	157/146

## PRODUCT SPECIFICATIONS

MODEL	TAM7A0C42H31SB	TAM7A0C48H41SB	TAM7A0C60H51SB, TAM7B0C60H51SA
RATED VOLTS/PH/HZ.	200-230/1/60	200-230/1/60	200-230/1/60
RATINGS <sup>Ⓢ</sup>	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — F.P.I.	4 - 14	4 - 14	4 - 14
Face Area (sq. ft.)	5.04	5.96	5.96
Tube (in.)	3/8	3/8	3/8
Refrigerant Control	EEV	EEV	EEV
Drain Conn. Size (in.) <sup>Ⓢ</sup>	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 10	11 X 10	11 X 10
No. Used	1	1	1
Drive - No. Speeds	Direct - Variable	Direct - Variable	Direct - Variable
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/2	1 - 3/4	1 - 1
Motor Speed R.P.M.	Variable ECM	Variable ECM	Variable ECM
Volts/Ph/Hz	208-230/1/60	208-230/1/60	208-230/1/60
F.L. Amps	3.0	4.2	5.5
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No.-Size-Thickness	1 - 22 X 20 - 1 in.	1 - 22 X 20 - 1 in.	1 - 22 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed	Brazed
Coupling or Conn. Size — in. Gas	7/8	7/8	7/8
Coupling or Conn. Size — in. Liq.	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	57-1/4 x 25-1/4 x 23-1/2	62-3/4 x 25-1/4 x 23-1/2	62-3/4 x 25-1/4 x 23-1/2
Uncrated	56-15/16 x 23-1/2 x 21-3/4	61-3/4 x 23-1/2 x 21-3/4	61-11/16 x 23-1/2 x 21-3/4
WEIGHT			
Shipping (Lbs.)/Net (Lbs.)	162/151	175/163	175/163

<sup>Ⓢ</sup> These Air Handlers are AHRI, certified with various Split System Air Conditioners and Heat Pumps (AHRI STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

<sup>Ⓢ</sup> 3/4" Male Plastic Pipe (Ref.: ASTM 1785-76)





**TRANE®**

# Electrical Data

Heater Attribute Data											
TAM7A0C60H51SB, TAM7B0C60H51SA											
Heater Model No.	No. of Circuits	240 Volt					208 Volt				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	0	-	-	5.5**	7	15	-	-	5.5**	7	15
BAYEVAC05++1	1	4.80	16400	20.0	32	35	3.60	12300	17.3	29	30
BAYEVAC08++1	1	7.68	26200	32.0	47	50	5.76	19700	27.7	41	45
BAYEVAC10++1	1	9.60	32800	40.0	57	60	7.20	24600	34.6	50	50
BAYEVAC10LG3	1-3 PH	9.60	32800	23.1	35	35	7.20	24600	20.0	31	35
BAYEVBC15LG3	1-3 PH	14.40	42000	34.6	49	50	10.80	36900	30.0	44	45
BAYEVBC15BK1 - Circuit 1 Ⓢ BAYEVBC15BK1 - Circuit 2	2	9.60	32800	40.0	57	60	7.20	24600	34.6	50	50
BAYEVBC20BK1 - Circuit 1 Ⓢ BAYEVBC20BK1 - Circuit 2	2	4.80	16400	20.0	25	25	3.60	12300	17.3	22	25
BAYEVBC20BK1 - Circuit 1 Ⓢ BAYEVBC20BK1 - Circuit 2	2	9.60	32800	40.0	57	60	7.20	24600	34.6	50	50
BAYEVBC20BK1 - Circuit 1 Ⓢ BAYEVBC20BK1 - Circuit 2	2	9.60	32800	40.0	50	50	7.20	24600	34.6	43	45
BAYEVCC25BK1 Ⓢ - Circuit 1 Ⓢ BAYEVCC25BK1 - Circuit 2 BAYEVCC25BK1 - Circuit 3	3	9.60	32800	40.0	57	60	7.20	24600	34.6	50	50
BAYEVCC25BK1 Ⓢ - Circuit 1 Ⓢ BAYEVCC25BK1 - Circuit 2 BAYEVCC25BK1 - Circuit 3	3	9.60	32800	40.0	50	50	7.20	24600	34.6	43	45
BAYEVCC25BK1 Ⓢ - Circuit 1 Ⓢ BAYEVCC25BK1 - Circuit 2 BAYEVCC25BK1 - Circuit 3	3	4.80	16400	20.0	25	25	3.60	12300	17.3	22	25

Note: \*\* Motor Amps  
 Ⓢ MCA and MOP for circuit 1 contains the motor amps  
 Ⓢ Heater not qualified for 208V when installed in horizontal left position without Heat Pump.

**Notes:**

1. See Air Handler nameplate for approved combinations of Air Handlers and Heaters
2. Heater model numbers may have additional suffix digits.



# Certificate of Product Ratings

AHRI Certified Reference Number: 4385332

Date: 9/17/2012

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

Outdoor Unit Model Number: 4TTB4061E1

Indoor Unit Model Number: \*AM7A0C60H51

Manufacturer: TRANE

Trade/Brand name: XB14

Manufacturer responsible for the rating of this system combination is TRANE

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

Cooling Capacity (Btuh):	57500
EER Rating (Cooling):	12.50
SEER Rating (Cooling):	16.00

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

#### 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.ahrirectory.org](http://www.ahrirectory.org).

#### TERMS AND CONDITIONS

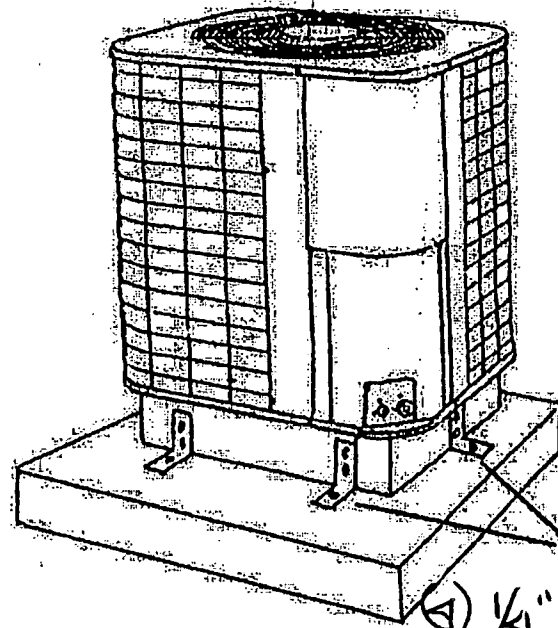
This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or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

#### CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at [www.ahrirectory.org](http://www.ahrirectory.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.



COASTAL HEATING &  
AIR CONDITIONING, INC  
7984 SW JACK JAMES DRIVE,  
STUART, FL 34997



ANCHOR CLIPS

- (4)  $\frac{1}{4}$ " x  $1\frac{3}{4}$ " TAPSCREWS TO CONCRETE.
- (8)  $\frac{5}{16}$ " x 1" SCREWS TO CONDENSER.

**Project Information**

For: Marjolein Van't Bosch  
 8 NE Lagoon Island Court, Sewalls Point, FL 34996

Notes: Second Floor

**Design Information**

Weather: W Palm Beach, FL, US

**Winter Design Conditions**

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

**Summer Design Conditions**

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

**Heating Summary**

Structure 21188 Btuh  
 Ducts 6227 Btuh  
 Central vent (0 cfm) 0 Btuh  
 Humidification 0 Btuh  
 Piping 0 Btuh  
 Equipment load 27415 Btuh

**Sensible Cooling Equipment Load Sizing**

Structure 35137 Btuh  
 Ducts 10135 Btuh  
 Central vent (0 cfm) 0 Btuh  
 Blower 0 Btuh  
 Use manufacturer's data n  
 Rate/swing multiplier 0.95  
 Equipment sensible load 43099 Btuh

**Infiltration**

Method Simplified  
 Construction quality Average  
 Fireplaces 0

	Heating	Cooling
Area (ft²)	2300	2300
Volume (ft³)	27600	27600
Air changes/hour	0.32	0.16
Equiv. AVF (cfm)	147	74

**Latent Cooling Equipment Load Sizing**

Structure 3726 Btuh  
 Ducts 3294 Btuh  
 Central vent (0 cfm) 0 Btuh  
 Equipment latent load 7020 Btuh  
 Equipment total load 50119 Btuh  
 Req. total capacity at 0.70 SHR 5.1 ton

**Heating Equipment Summary**

Make  
 Trade  
 Model  
 AHRI ref non/a

Efficiency 100 EFF  
 Heating input 0 Btuh  
 Heating output 27415 Btuh  
 Temperature rise 13 °F  
 Actual air flow 1917 cfm  
 Air flow factor 0.070 cfm/Btuh  
 Static pressure 0 in H2O  
 Space thermostat

**Cooling Equipment Summary**

Make Trane  
 Trade XB14  
 Cond 4TTB4061E1  
 Coil \*AM7A0C60H51  
 AHRI ref no4385332  
 Efficiency 12.5 EER, 16 SEER  
 Sensible cooling 40250 Btuh  
 Latent cooling 17250 Btuh  
 Total cooling 57500 Btuh  
 Actual air flow 1917 cfm  
 Air flow factor 0.042 cfm/Btuh  
 Static pressure 0 in H2O  
 Load sensible heat ratio 0.87

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



# Certificate of Product Ratings

AHRI Certified Reference Number: 4385332

Date: 9/17/2012

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

Outdoor Unit Model Number: 4TTB4061E1

Indoor Unit Model Number: \*AM7A0C60H51

Manufacturer: TRANE

Trade/Brand name: XB14

Manufacturer responsible for the rating of this system combination is TRANE

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

Cooling Capacity (Btuh):	57500
EER Rating (Cooling):	12.50
SEER Rating (Cooling):	16.00

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

#### 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](http://www.ahridirectory.org).

#### TERMS AND CONDITIONS

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

#### CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at [www.ahridirectory.org](http://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

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 9-28-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10208	BOLAND			PENDING PICTURES
AM	97 N SPT RD AMTEK A/C	FINAL A/C	PASS	<i>[Signature]</i> INSPECTOR <i>[Signature]</i>
<del>10230</del>	<del>Worship</del>	<del>Final A/C</del>	<del>PASS</del>	<del>INSPECTOR</del>
AM	Seagons Rd Coastal Htg	A/C	PASS	<i>[Signature]</i> INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS

**10429**

**IMPACT WINDOWS AND**  
**DOORS**

---

Town of Sewall's Point

10429

Date: 02-27-13
OWNER/LESSEE NAME: Marijolein Van't Bosch
Job Site Address: 8 NE Lagoon Island Ct
Legal Description: 8 NE Lagoon Island Ct
Fee Simple Holder Name: N/A
City: Sewall's Point

\*SCOPE OF WORK (PLEASE BE SPECIFIC): 13 Impact Windows + 3 Impact Swing Doors

WILL OWNER BE THE CONTRACTOR?
Has a Zoning Variance ever been granted on this property?

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 23567
Is subject property located in flood hazard area? VE10 AE9 AE8 X

Construction Company: Florida Window and Door
Qualifiers name: Scott Berman
State License Number: CGC1509450

LOCAL CONTACT: Cindy
DESIGN PROFESSIONAL:
Street:
City:
State:
Phone Number:

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/Porches: Enclosed Storage:
Carport: Total under Roof: Elevated Deck: Enclosed area below BFE:

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

WARNINGS TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED.

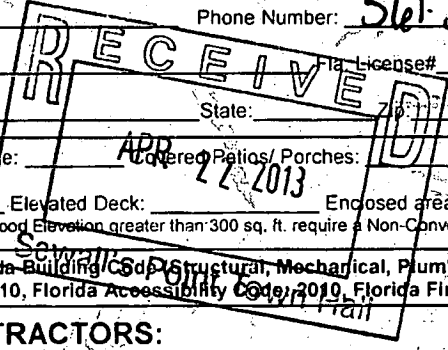
\*\*\*\*\* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS \*\*\*\*\*

AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE:
X
State of Florida, County of: Martin
On This the 5th day of March, 2013
by Marijolein Van't Bosch who is personally known to me or produced
As identification, NOTARY PUBLIC STATE OF FLORIDA Lisa Parkheimer Commission # EE085889 My Commission Expires APR 20, 2015

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:
X
State of Florida, County of: Palm Beach
On This the 17 day of April, 2013
by Scott Berman who is personally known to me or produced
As identification, HOWARD SIMKOFF MY COMMISSION # EE 830795 EXPIRES August 27, 2016 Bonded Thru Public Notary Services
My Commission Expires:

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





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

generated on 4/22/2013 3:25:31 PM EDT

**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-013-000-00150-4	4098	8 NE LAGOON ISLAND CT, SEWALL'S POINT	\$875,860	4/20/2013

**Owner Information**

<b>Owner(Current)</b>	DOEDENS BARELD J BOSCH MARJOLEIN VAN'T
<b>Owner/Mail Address</b>	8 NE LAGOON ISLAND CT STUART FL 34996
<b>Sale Date</b>	5/21/2007
<b>Document Book/Page</b>	2249 1552
<b>Document No.</b>	2014381
<b>Sale Price</b>	1555000

**Location/Description**

<b>Account #</b>	4098	<b>Map Page No.</b>	SP-01
<b>Tax District</b>	2200	<b>Legal Description</b>	PLANTATION AT SEWALL'S POINT LOT 15 PI# 26-37-41-013-000-00150-40000
<b>Parcel Address</b>	8 NE LAGOON ISLAND CT, SEWALL'S POINT		
<b>Acres</b>	.6800		

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120800 Plantation @ SP

**Assessment Information**

<b>Market Land Value</b>	\$312,500
<b>Market Improvement Value</b>	\$563,360
<b>Market Total Value</b>	\$875,860



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:	10429	DATE ISSUED:	APRIL 23, 2013
SCOPE OF WORK:	13 IMPACT WINDOWS & 3 IMPACT DOORS		
CONTRACTOR:	FLORIDA WINDOW & DOOR		
PARCEL CONTROL NUMBER:	263741013-000-001504	SUBDIVISION	PLANTATION - LOT 15
CONSTRUCTION ADDRESS:	8 LAGOON ISLAND CT		
OWNER NAME:	VANT BOSCH/DOEDENS		
QUALIFIER:	SCOTT BERMAN	CONTACT PHONE NUMBER:	561-340-4300

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

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

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

### INSPECTIONS

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

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

INSTR # 2390207  
OR BK 2645 PG 1355  
(1 Pgs)  
RECORDED 04/22/2013 03:27:23 PM  
CAROLYN TIMMANN  
MARTIN COUNTY CLERK

**NOTICE OF COMMENCEMENT**  
To be completed when construction value exceeds \$250,000

PERMIT #: \_\_\_\_\_ TAX FOLIO # 2637410130000015040000

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 (AND STREET ADDRESS, IF AVAILABLE):  
8 NE Lagoon Island Ct Sewalls Point, Fl. 34996 PLANTATION AT SEWALL'S POINT LOT 15

GENERAL DESCRIPTION OF IMPROVEMENT: Install impact windows and doors

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:  
Name: MARJOLEIN VAN T BOSCH Marjolein van t Bosch  
Address: 8 NE Lagoon Island Ct Stuart, Fl. 34996  
Interest in property: Owner  
Name and address of fee simple title holder (if different from Owner listed above):  
N/A

CONTRACTOR'S NAME: Scott Berman - Florida Window & Door Phone No.: (561) 340-4300  
Address: 11360 Jog Rd. Suite 102 Palm Beach Gardens, FL. 33418

SURETY COMPANY (if applicable, a copy of the payment bond is attached):  
Name and address: N/A  
Phone No.: \_\_\_\_\_ Bond amount: \_\_\_\_\_

LENDER'S NAME: N/A Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_

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: N/A THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGE(S) IS/ARE TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.



In addition to himself or herself, owner designates N/A to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), CAROLYN TIMMANN/CLERK  
Phone number of person or entity designated by Owner: \_\_\_\_\_ BY: \_\_\_\_\_ D.C.

Expiration date of Notice of Commencement: 04/22/13  
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): \_\_\_\_\_

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

Under penalty of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

Signatory's Title/Office

The foregoing instrument was acknowledged before me this 5th day of March, 2013

By: Marjolein van t Bosch as \_\_\_\_\_ for \_\_\_\_\_  
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Lisa Barkheimer  
Notary's Signature

Personally known  or produced identification   
Type of identification produced \_\_\_\_\_

(Print, Type, or Stamp Commissioned Name of Notary)



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

**WINDOW/DOOR REPLACEMENT CHECKLIST AND SCHEDULE  
2010 FLORIDA BUILDING CODE**

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

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

1 Copy Completed Permit Application

2 Copies Window/Door Schedule

2 Copies Manufacturer's Florida Product Approval and Specifications

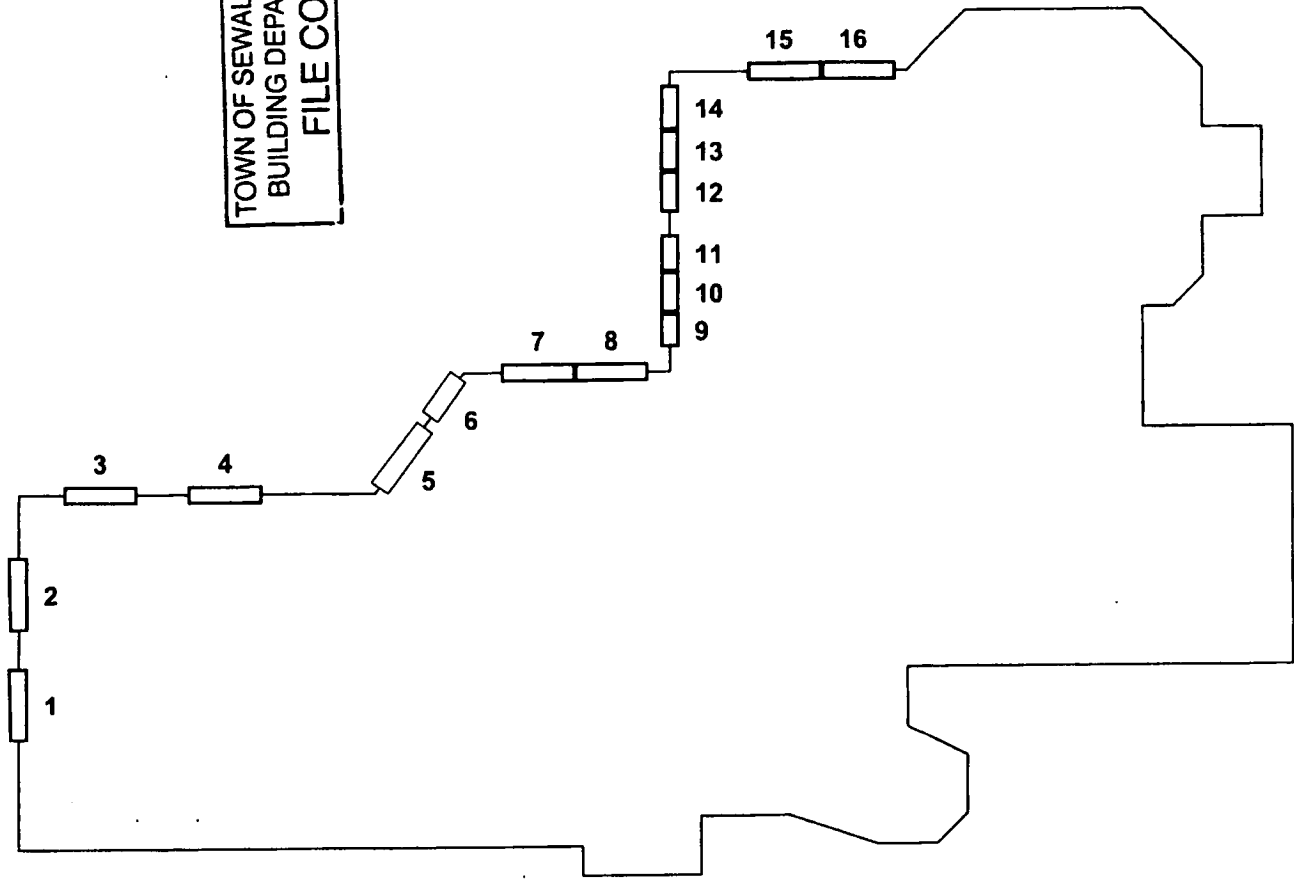
2 Copies Floor Plan Sketch – Show location & ID number of each window/door.  
**Must match window/door schedule.**

**PLEASE NOTE: WINDOWS AND DOOR REPLACEMENT MUST COMPLY WITH  
2010 FBC – EXISTING BUILDING 604.1**

**ALL NEW WINDOWS AND/OR DOORS WITH GLAZING MUST HAVE IMPACT PROTECTION (SHUTTERS OR IMPACT GLASS). IF SHUTTERS ARE USED, A SEPARATE SHUTTER PERMIT MUST BE ISSUED PRIOR TO FINAL INSPECTION OF THE WINDOW/DOOR REPLACEMENT PERMIT.**

**PARTIAL WINDOW OR GLAZED DOOR REPLACEMENT THAT REPRESENTS LESS THAN 25% OF THE TOTAL GLAZED AREA OVER A 12 MONTH PERIOD IS EXEMPT FROM IMPACT PROTECTION REQUIREMENTS.**

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY



Opening	Size (W x H)
1. Single Hung Window (Series 605) NOA 12-0213.05	32 x 76
2. Single Hung Window (Series 605) NOA 12-0213.05	32 x 76
3. XX Outswing Door (Series 230) NOA 12-0308.35	71 x 96
4. XX Outswing Door (Series 230) NOA 12-0308.35	71 x 96
5. XX Outswing Door (Series 230) NOA 12-0308.35	71 x 96
6. Single Hung Window (Series 605) NOA 12-0213.05	35 x 75
7. Single Hung Window Mullied (Series 605) NOA 12-0213.05	37 x 76
8. Single Hung Window Mullied (Series 605) NOA 12-0213.05	37 x 76
9. Single Hung Window Mullied (Series 605) NOA 12-0213.05	36 x 75
10. Single Hung Window Mullied (Series 605) NOA 12-0213.05	36 x 75
11. Single Hung Window Mullied (Series 605) NOA 12-0213.05	36 x 75
12. Single Hung Window Mullied (Series 605) NOA 12-0213.05	37 x 76
13. Single Hung Window Mullied (Series 605) NOA 12-0213.05	37 x 76
14. Single Hung Window Mullied (Series 605) NOA 12-0213.05	37 x 76
15. Single Hung Window Mullied (Series 605) NOA 12-0213.05	37 x 76
16. Single Hung Window Mullied (Series 605) NOA 12-0213.05	37 x 76

**MARJOLEIN VAN'T BOSCH**

8 NE Lagoon Island Court  
 Stuart, FL 34996

**Florida Window and Door Co.**

11366 NW Jog Rd, #102  
 Palm Beach Gardens, FL 33418  
 Tel. (561) 848-4900  
 floridawindowanddoor.com

SCALE: NOT TO SCALE  
 DATE: Apr 18, 2013  
 PAGE DESCRIPTION: Site Plan  
 PAGE: 1 OF 1

# Florida Window and Door Co.

11360 NW Jog Rd, #102  
Palm Beach Gardens, FL 33418

Tel. (561) 848-4900  
floridawindowanddoor.com

Property Information	Building Information
<b>Owner:</b> MARJOLEIN VAN'T BOSCH <b>Address:</b> 8 NE Lagoon Island Court Stuart, FL 34996	<b>Wind Zone:</b> 160 MPH. <b>Exposure Category:</b> D <b>Minimum Building Dimension:</b> 65 ft. <b>Mean Roof Height:</b> 25 ft. <b>Risk Category:</b> II

Design Pressure Calculations						
Opening Number	Location Zone	Device Width (in)	Device Height (in)	Device Elevation (ft)	Max Positive Pressure (psf)	Max Negative Pressure (psf)
1	End	32	76	7	42.9	-56.4
2	End	32	76	7	42.9	-56.4
3	End	71	96	7	39.9	-50.5
4	End	71	96	7	39.9	-50.5
5	End	71	96	7	39.9	-50.5
6	End	35	75	7	42.7	-56.0
7	End	37	76	7	42.5	-55.6
8	End	37	76	7	42.5	-55.6
9	End	36	75	7	42.6	-55.8
10	End	36	75	7	42.6	-55.8
11	End	36	75	7	42.6	-55.8
12	End	37	76	7	42.5	-55.6
13	End	37	76	7	42.5	-55.6
14	End	37	76	7	42.5	-55.6
15	End	37	76	7	42.5	-55.6
16	End	37	76	7	42.5	-55.6

## WINDOW/DOOR SCHEDULE

ID NO	APPOX OPENING SIZE (WXH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	32 X 76		SH	X		
2	32 X 76		SH	X		
3	71 X 96		DOOR	X		XX Outswing Door
4	71 X 96		DOOR	X		XX Outswing Door
5	71 X 96		DOOR	X		XX Outswing Door
6	35 X 75		SH	X		
7	37 X 76		SH	X		
8	37 X 76		SH	X		
9	36 X 75		SH	X		
10	36 X 75		SH	X		
11	36 X 75		SH	X		
12	37 X 76		SH	X		
13	37 X 76		SH	X		
14	37 X 76		SH	X		
15	37 X 76		SH	X		
16	37 X 76		SH	X		
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

TOTAL GLAZED OPENING AREA FOR STRUCTURE: \_\_\_\_\_ S.F.

\*PERCENTAGE OF NEW GLAZED AREA: \_\_\_\_\_ %  
 (TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2004 FBC/ EXISTING BUILDING 507.3.

\* TYPE WINDOWS

SH - SINGLE HUNG  
 DH - DOUBLE HUNG

AWN - AWNING  
 CAS - CASEMENT

SL - SLIDING  
 FIX - FIXED



**DEPARTMENT OF PERMITTING, ENVIRONMENT, AND REGULATORY AFFAIRS (PERA)  
BOARD AND CODE ADMINISTRATION DIVISION  
NOTICE OF ACCEPTANCE (NOA)**

**MIAMI-DADE COUNTY  
PRODUCT CONTROL SECTION**  
11805 SW 26 Street, Room 208  
Miami, Florida 33175-2474  
T (786) 315-2590 F (786) 315-2599  
[www.miamidade.gov/pera/](http://www.miamidade.gov/pera/)

**T. M. Windows, LLC.  
601 N.W. 12<sup>th</sup> Ave.  
Pompano Beach, FL 33069**

**SCOPE:**

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

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

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

**DESCRIPTION: Series "605" Single Hung Aluminum Window (reinforced)**

**APPROVAL DOCUMENT:** Drawing No. W06-34 Rev E., titled "Series 605 Aluminum Single Hung WDW.(LMI)", sheets 1 through 7 of 7, prepared by Al-Farooq Corp., dated 04-24-06 and last revised on APR 25, 2012, signed and sealed by Javad Ahmad, P.E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Section.

**MISSILE IMPACT RATING: Large and Small Missile Impact Resistant**

**Limitation:**

1. Exception: Glass type I (sheet 4) is not approved for Small Missile Impact Rating & shall not be installed above 30' above the grade.
2. See Design Pressure Ratings size VS glass type and reinforcement type in sheet 2. All United installed with optional Fin-mount are limited to max Dp = +/- 61.0 psf.

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

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

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

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

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

This NOA revises & renews NOA # 09-0604.24 and consists of this page 1 and evidence pages E-1, as well as approval document mentioned above.

The submitted documentation was reviewed by Ishaq I. Chanda, P.E.



4/12/12

**NOA No 12-0213.05  
Expiration Date: July 05, 2017  
Approval Date: May 03, 2012  
Page 1**





DEPARTMENT OF PERMITTING, ENVIRONMENT, AND REGULATORY  
AFFAIRS (PERA)  
BOARD AND CODE ADMINISTRATION DIVISION

MIAMI-DADE COUNTY  
PRODUCT CONTROL SECTION  
11805 SW 26 Street, Room 208  
Miami, Florida 33175-2474  
T (786) 315-2590 F (786) 315-2599

[www.miamidade.gov/pera](http://www.miamidade.gov/pera)

**NOTICE OF ACCEPTANCE (NOA)**

SIW Impact Windows, LLC  
975 S. Congress Avenue, # 102  
Delray Beach, FL 33445

**SCOPE:**

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

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

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

**DESCRIPTION:** Clipped, Extruded Aluminum Tube Mullion - L.M.I.

**APPROVAL DOCUMENT:** Drawing No. M07-04, titled "Aluminum Tube Mullions", sheets 1 through 7 of 7, dated 10/01/07, with revision C dated 12/06/11, prepared by Al-Farooq Corporation, signed and sealed by Javad Ahmad, P.E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Section.

**MISSILE IMPACT RATING:** Large and Small Missile Impact Resistant.

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

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

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

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

**INSPECTION:** A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA revises and renews NOA # 10-1004.01 and consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by Manuel Perez, P.E.



*Handwritten signature and date: MP 7/11/12*

NOA No. 12-0221.09  
Expiration Date: November 21, 2017  
Approval Date: April 26, 2012  
Page 1



**DEPARTMENT OF PERMITTING, ENVIRONMENT, AND REGULATORY AFFAIRS (PERA)  
BOARD AND CODE ADMINISTRATION DIVISION  
NOTICE OF ACCEPTANCE (NOA)**

**MIAMI-DADE COUNTY  
PRODUCT CONTROL SECTION**  
11805 SW 26 Street, Room 208  
Miami, Florida 33175-2474  
T (786) 315-2590 F (786) 315-2599  
[www.miamidade.gov/pera/](http://www.miamidade.gov/pera/)

**F.M. Windows, L.L.C.  
601 N.W. 12<sup>th</sup> Ave.  
Pompano Beach, FL 33069**

**SCOPE:**

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

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

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

**DESCRIPTION:** Series "230 " Outswing Aluminum Door w / wo sidelites

**APPROVAL DOCUMENT:** Drawing No. W02-77 Rev C., titled "230 Alum Outswing Door w/sidelites. ", sheets 1 through 7 of 7, prepared by Al-Farooq Corporation, dated 08-28-02 and last revised on APR 18, 2012, signed and sealed by Javad Ahmad, P.E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Section.

**MISSILE IMPACT RATING:** Large and Small Missile Impact Resistant

**Limitations:**

1. Exterior (positive) design loads to be limited per threshold height per sheet 2 of the Dwgs.
2. Max door panel not to exceed 34-1/2" and the max sidelite width not to exceed 37-5/8". See lock options detail in sheet 7 of the Dwgs.
3. Min 3" OC spacing cluster anchors applies both at head & sill at meeting stiles & sidelite mullion end.

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

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

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

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

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

This NOA revises & renews NOA # 06-0327.02 and consists of this page 1 and evidence pages E-1, as well as approval document mentioned above.

The submitted documentation was reviewed by Ishaq I. Chanda, P.E.



6/14/12

**NOA No 12-0308.35**  
**Expiration Date: December 26, 2017**  
**Approval Date: June 21, 2012**  
Page 1



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 6-4-13 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10459	Rowe	Final		
11AM	5 Skiver	AC	Pass	Close
12	NISQin			INSPECTOR <i>AT</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10435	Brown	Final		
	123 S Sewalls	Fence	Pass	Close
	Daniels Fence			INSPECTOR <i>AT</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10456	Novins	Pool steel		PENDING TIE-IN
AM	1115 Sewalls	Pool Steel Bond	Pass	SURVEY need
	Flamingo Pool	MAIN DRAIN		6-14-13
				INSPECTOR <i>AT</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10399	Bills	Final		
	3 Via Judinda	Over driveway	Pass	Close
	Chitwood			INSPECTOR <i>AT</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10421</del>	<del>Vonhorsch</del>	<del>Final</del>		
<del>PM</del>	<del>8 Lago Vista</del>	<del>Windows</del>	<del>Pass</del>	<del>Close</del>
<del>1</del>	<del>Fla Window Don</del>			INSPECTOR <i>AT</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	115 Ridgview Rd	Tree		
8M	Kramer		OK	
2				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10464	Boniface	Footer		
PM	63 S River		Pass	
	Winchip			INSPECTOR <i>AT</i>

**11099**

**FENCE**

---



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:	11099	DATE ISSUED:	November 26, 2014
SCOPE OF WORK:	Fence		
CONTRACTOR:	Stuart Fence		
PARCEL CONTROL NUMBER:	26-37-41-013-000-00150-4	SUBDIVISION:	Plantation Lot 15
CONSTRUCTION ADDRESS:	8 NE Lagoon Island Court		
OWNER NAME:	Bosch		
QUALIFIER:	Chester Richmond	CONTACT PHONE NUMBER:	288-1151

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

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

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

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

### INSPECTIONS

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

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



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

**BUILDING PERMIT RECEIPT**

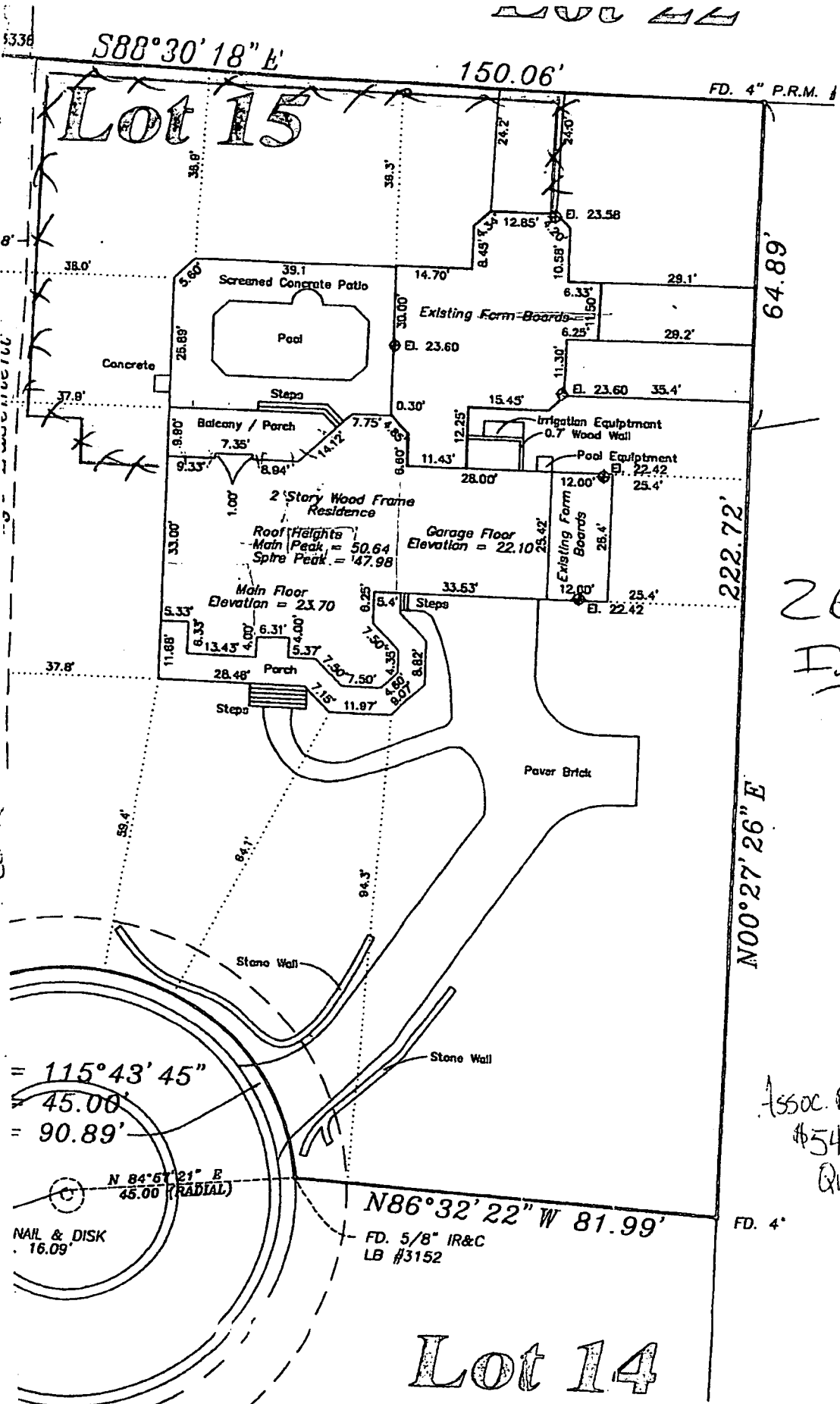
<b>PERMIT NUMBER:</b>	11099		
<b>ADDRESS:</b>	8 NE Lagoon Island Court		
<b>DATE ISSUED:</b>	11/26/2014	<b>SCOPE OF WORK:</b>	Fence

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>		Declared Value	\$	
---	--	----------------	----	--

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

<b>ACCESSORY PERMIT</b>	Declared Value:	\$	\$ 5,380.00
Total number of inspections: @ \$ 100.00 per insp. # insp.		1	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00

<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	109.00
------------------------------------	--	----	--------



260 LF  
Installed

Assoc. Fee  
\$541.00  
Quarterly

**Lot 14**





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

### BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11099		
ADDRESS:	8 NE Lagoon Island Court		
DATE ISSUED:	11/26/2014	SCOPE OF WORK:	Fence

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

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

ACCESSORY PERMIT	Declared Value:	\$	\$ 5,380.00
Total number of inspections: @ \$ 100.00 per insp. # insp.	1	\$	100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00

<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	109.00
------------------------------------	--	----	--------

# STUART FENCE COMPANY, INC.

# CFE3584  
 LICENSED & INSURED  
 BONDED

(772) 288-1151  
 Fax (772) 288-3035

## PROPOSAL - CONTRACT

P.O. Box 2636  
 Stuart, FL 34995

CUSTOMER'S NAME: MARJOLEIN VANTBOSCH  
 STREET: 8 NE LAGOON ISLAND CT.  
 HOME PHONE: \_\_\_\_\_ CITY: STUART STATE: FL DATE: 11/4/14  
 BUSINESS PHONE: \_\_\_\_\_ FAX #: \_\_\_\_\_ ZIP: 34996  
 FENCE LINE CLEARED:  Y  N SURVEY: MVANTBOSCH@COMCAST.NET MOBIL/BEEPER#: 284-5275  
 TOTAL FOOTAGE: 279 LF ~~260~~

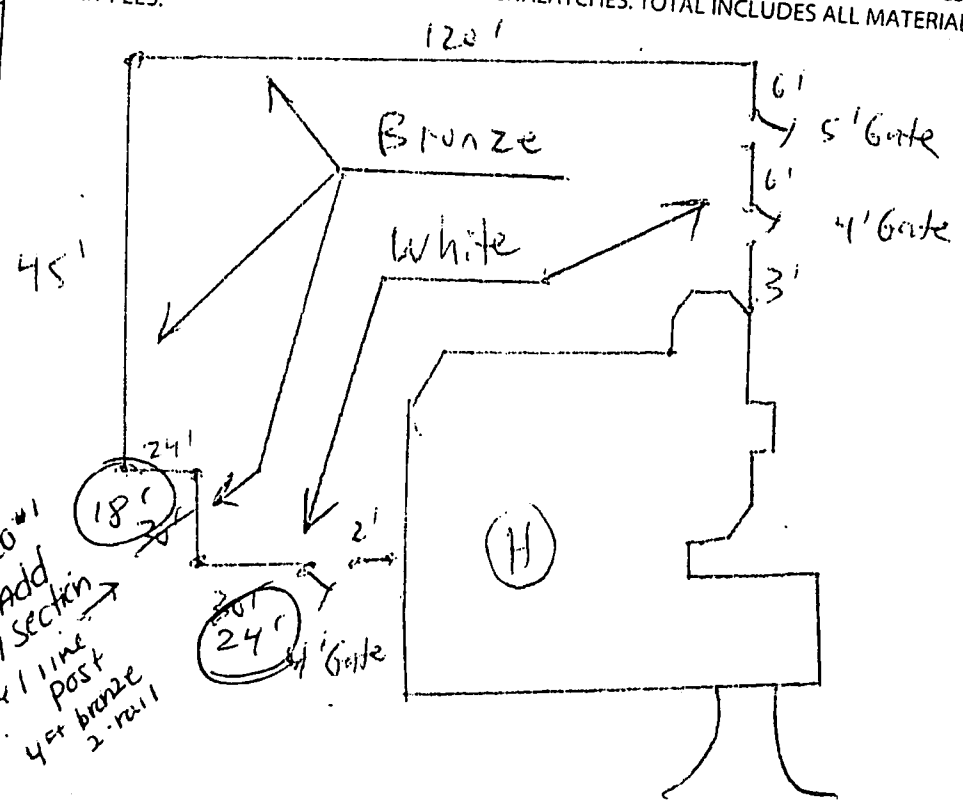
**CHAIN LINK**

FENCE TYPE \_\_\_\_\_  
 TOP RAIL \_\_\_\_\_  
 LINE POST \_\_\_\_\_  
 CORNER POST \_\_\_\_\_  
 GATE POST \_\_\_\_\_  
 WALK GATE \_\_\_\_\_  
 D.D. GATE \_\_\_\_\_  
 WIRE GAUGE \_\_\_\_\_  
 TENSION WIRE \_\_\_\_\_

**WOOD**

FENCE STYLE \_\_\_\_\_  
 HEIGHT \_\_\_\_\_  
 GOOD SIDE \_\_\_\_\_  
 WALK GATES \_\_\_\_\_  
 D.D. GATES \_\_\_\_\_  
 LINE POSTS \_\_\_\_\_  
 GATE POSTS \_\_\_\_\_

FURNISH AND INSTALL 219 LF OF 4' HIGH BRONZE POWDER COATED TWO RAIL ALUMINUM FENCE.  
 FURNISH AND INSTALL 60 LF OF 4' HIGH WHITE POWDER COATED TWO RAIL ALUMINUM FENCE WITH TWO  
 4' WIDE SINGLE GATES AND ONE 5' WIDE SINGLE GATE. ALL POSTS SET IN CONCRETE. GATES WITH SELF  
 CLOSING HINGES AND POOL COMPLIANT MAGNALATCHES. TOTAL INCLUDES ALL MATERIAL, LABOR &  
 PERMIT FEES.



CO #1  
 Add  
 1 section  
 w/ 1 line  
 post  
 4 ft bronze  
 2-rail

**SPECIAL INSTRUCTIONS**

Bronze on rear + left side  
 White on front left + front right

PVC/ALUMINUM		OPTION "B"	PROPOSAL/CONTRACT SALE PRICE	OPTION "A"
FENCE STYLE	2 RAIL		CONTRACT PRICE	5380 -
WALK GATES	2@4', 1@5'		PERMIT	Included
D.D. GATES	0		TOTAL	5380 -
POOL FENCE	Y / <input checked="" type="checkbox"/> N		LESS DEPOSIT	2690.00
			BALANCE DUE UPON COMPLETION	2690.00

ACCEPTANCE OF PROPOSAL - CONTRACT: The above prices, specifications and Terms/Conditions on reverse side are satisfactory and are hereby accepted. Stuart Fence Corp. is authorized to do the work specified. Payment will be made as outlined above. Upon signing by Purchaser this becomes a binding contract.

CUSTOMER'S SIGNATURE: *[Signature]*  
 SEE REVERSE SIDE FOR WARRANTY INFORMATION



MARTIN COUNTY, FLORIDA  
Contractor's Licensing  
Certificate of Competency

FENCE ERECTION - MC

License #: MCFE3584 Expires: 09/30/2016

RICHMOND, CHESTER J III  
STUART FENCE COMPANY INC  
P.O. BOX 2636  
STUART, FL 34995

---

STUART, FL 34995

---

# CERTIFICATE OF LIABILITY INSURANCE

Date  
6/27/2014

**Producer:** Lion Insurance Company  
2739 U.S. Highway 19 N.  
Holiday, FL 34691  
(727) 938-5562

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:** South East Personnel Leasing, Inc. & Subsidiaries  
2739 U.S. Highway 19 N.  
Holiday, FL 34691

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

## Coverages

The policies of insurance listed below have been issued to the Insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																				
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur  General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$ Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$																				
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Each Occurrence \$ Aggregate \$																				
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence \$ Aggregate \$																				
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2014	01/01/2015	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 15%;">WC Statutory Limits</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">OTHER</td> <td style="width: 60%;"></td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	<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 Limits			\$1,000,000
<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 Limits			\$1,000,000																						

**Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616**

**Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:**  
 Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":  
 Client ID: 34-65-485  
**Stuart Fence Company, Inc.**  
 Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.  
 Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.  
 A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.  
 Project Name:  
 FAX: (772) 220-4765 / ISSUE 12-23-13 (ND) / REISSUE 01-03-14 (TLD) / REISSUE 06-27-14 (TLD)

**CERTIFICATE HOLDER**  
 TOWN OF SEAWALLS POINT  
 1 S SEAWALLS POINT ROAD  
 STUART, FL 34996

**CANCELLATION**  
 Begin Date 5/10/2004

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.

*J. L. ...*

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/11/2014

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

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

**PRODUCER**  
RICK CARROLL INSURANCE AGENCY  
2160 NE Dixie Highway  
PO Box 877  
Jensen Beach FL 34958-0877

**INSURED**  
Stuart Fence Company Inc. and Stuart Retail  
PO Box 2636  
Stuart FL 34995

**CONTACT NAME:** Carla Green  
**PHONE (A/C No. Exd):** (772) 334-3181  
**E-MAIL ADDRESS:** carla@rickcarroll.com  
**FAX (A/C No.):** (772) 334-7742

**INSURER(S) AFFORDING COVERAGE**

<b>INSURER A:</b> First National Ins Co of Amer	<b>NAIC #</b>
<b>INSURER B:</b> American States Ins Co	
<b>INSURER C:</b> American States Insurance	19704
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**COVERAGES** CERTIFICATE NUMBER: CL1481106514

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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			25CC1663018	8/18/2014	8/18/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			01CH3769389	8/18/2014	8/18/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 100,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE			01SU41496660	8/18/2014	8/18/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY. THE GENERAL LIABILITY POLICY CONTAINS ADDITIONAL INSURED  
 PRIMARY NON-CONTRIBUTORY ENDT CG7680 10/02, ADDITIONAL INSURED-COMplete OPERATIONS CG8672 10/01, WAIVER  
 OF TRANSFER OF RIGHTS CG2404 05/09, DESIGNATED PROJECTS GENERAL AGGREGATE CG2503 5/09

CERTIFICATE HOLDER

Town of Sewalls 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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Melissa D'Andola/CDG

ACORD 25 (2010/05)  
S025 (201005).01



INSTR # 2485398 OR BK 2751 PG 1066 RECD 11/13/2014 08:49:37 AM (1 Pgs)

CARDLYN TIMMANN MARTIN COUNTY CLERK DEED DDC \$0.00, MTG DDC \$0.00, INTANGIBLE \$0.00

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00

PERMIT #: \_\_\_\_\_ TAX FOLIO # 26 37 41 013 000 00150-4

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.

Plantation at Seurall's Point Lot 15 Pt #

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS, IF AVAILABLE):

E of Lagoon Island Ct. Seurall's Point

26 3741013 000 00150-40000

GENERAL DESCRIPTION OF IMPROVEMENT: Fence installation

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name: marjolein vant bosch

Address: E of Lagoon Island Ct.

Interest in property: OWNER

Name and address of fee simple title holder (If different from Owner listed above): \_\_\_\_\_

CONTRACTOR'S NAME: Stuart Fence Company Phone No.: 772-288-1151

Address: PO BOX 2636 Stuart FL

SURETY COMPANY (If applicable, a copy of the payment bond is attached):

Name and address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Bond amount: \_\_\_\_\_

LENDER'S NAME: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Sections 713.13(1) and 713.13(2), Florida Statutes:

(1) (a) 7, Florida Statutes:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

In addition to himself or herself, owner designates \_\_\_\_\_ of \_\_\_\_\_

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

Phone number of person or entity designated by Owner: \_\_\_\_\_

Expiration date of Notice of Commencement:

(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): \_\_\_\_\_

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

Under penalty of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief.

X [Signature]  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

X home owner  
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of November 2014

By: marjolein Vant Bosch as \_\_\_\_\_ for \_\_\_\_\_

Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

[Signature]  
Notary's Signature

Personally known  or produced identification   
Type of identification produced

8200558559420

(Print, Type, or Stamp Commissioned Name of Notary)



TINA MARIE BOJT  
MY COMMISSION # FF 127164  
EXPIRES: June 29, 2018  
Bonded Thru Budget Notary Services

Rev. 9/15/11

STATE OF FLORIDA  
MARTIN COUNTY  
THIS IS TO CERTIFY THAT THE  
FOREGOING \_\_\_\_\_ PAGE(S) IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL  
DOCUMENT AS FILED IN THIS OFFICE.





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

### BUILDING PERMIT RECEIPT

<b>PERMIT NUMBER:</b>	11099		
<b>ADDRESS:</b>	8 NE Lagoon Island Court		
<b>DATE ISSUED:</b>	11/26/2014	<b>SCOPE OF WORK:</b>	Fence

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>		<b>Declared Value</b>	\$	
---	--	-----------------------	----	--

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

<b>ACCESSORY PERMIT</b>	<b>Declared Value:</b>	\$	\$ 5,330.00
Total number of inspections: @ \$ 100.00 per insp. # insp.		\$ 1	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			
		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			
		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)			
		\$	\$ 5.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>			
		\$	\$ 109.00

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 12/18/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11099	Vantbosch			
	<del>8 Lagoon Island Court</del>	Fence Final	FAIL	NOT PER PLANS DIMENSIONS
	Stuart Fence			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10989	Farrow	Door/Window		
AM Requested	47 N River Rd	Final	PASS	CLOSE
	MV Custom Homes			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
	Winslow	Courtesy		
	10 S Sewalls Pt Rd	Visit	OK	
	Green Building			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11083	Cutsaimanis	Final		
	12 <del>Ridgeland Dr</del> S. RIVERVIEW	Driveway Gate	PASS	CLOSE
	Accent Welding			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10887	PONA			
	49 W High Pt. Rd.	Final Pool	FAIL	BOND ONE POOL HEATED
	Van Kirk + Sons			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS

INSPECTOR



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 11/2/15 Page 1 of 1

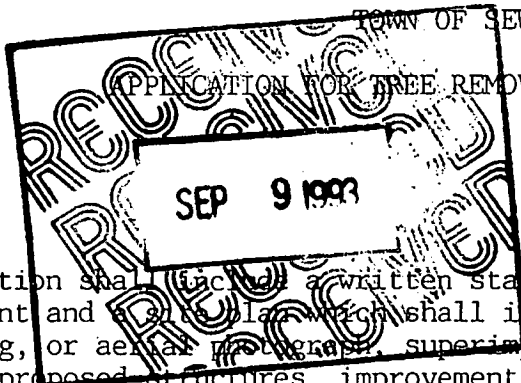
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>11099</del>	vant Bosch <del>8 NE Lagoonsland Ct</del> Stuart fence	Fence Final	<del>Pass</del>	<del>Close</del> INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11091 Am Request	Schmidt 15 Heritage way Glenmark	All Trade Plumbing + Electric Roph	Pass	INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10924	Rena's Fudge 6 Heritage way Sharkey Air	A/C Final	CANCEL	INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11005	Blanchard 20 N SPR Stuart Fence	Fence Final	FAIL	STABILIZE DISTURBED SOIL INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10945	Carter 51 N. River Rd MASTERPIECE	R. A/C MAKE-UP AIR	Pass	INSPECTOR <del>B</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11071	Resnick 14 Middle Rd Celentano Dev	Stem Wall	Pass	INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10999	Antonucci 9 Simara St Wilco	rebar steel on seawall cap	Pass	INSPECTOR <del>A</del>

**TREE PERMITS**  
**REMOVAL, REPLACEMENT,**  
**RELOCATION**

---

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT



Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_

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

Owner GARY GRIFFIS Address \_\_\_\_\_ Phone \_\_\_\_\_

Contractor SCAMMELL Address 3050 DOMINICA TERR Phone 297-6041

Number of trees to be removed (list kinds of trees) OAK & Hickory #20.

NONE

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

NONE

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

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

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

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

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

Signature of applicant Arthur M. Scammell Date submitted 9/9/93

Approved by Building Inspector Dale Brown Date 9/9/93

Approved by Building Commissioner [Signature] Date 9/9/93

Completed \_\_\_\_\_ Date \_\_\_\_\_ Checked by \_\_\_\_\_

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

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



APPLICATION MATERIAL CHECK LIST:

- ✓ Plan showing shape and dimension of lot or parcel, together with existing and proposed location of structure and improvements.
- N/A Plan showing all proposed re-plants of trees or other vegetation, by species and size, along with the type of ground cover to be installed, including the proposed new location for the trees.
- ✓ Statement regarding how trees are to be protected during land clearing and construction.
- N/A Statement and drawing showing how vegetation not proposed for removal or relocation will be protected during land clearing and construction (a diagram and notation of a protective barrier).
- ✓ Plan showing location and dimensions of all setbacks and easements.
- ✓ Topographical survey sealed by an appropriate professional registered in the state of Florida indicating grade changes proposed for the site (not necessary when the grade changes are limited to beneath the floor area of the dwelling unit).
- ✓ Plan showing location of all trees, specimen trees, specimen tree stands, wet lands, native vegetative communities or buffers, which are on or within ten feet of the site being developed. Vegetation proposed to remain, to be transplanted or to be removed, shall be identified.

APPLICABLE PERMIT CONDITIONS

Required

- N/A 1. Applicant must relocate trees being removed or replace the trees inch for inch.
- ✓ 2. Applicant shall provide special construction techniques and designs to increase oxygen exchange and water and nutrient availability to trees (tree wells, turf or paving block, aeration systems, or stem walls).

APR

3. Applicant shall install silt barriers, hay bales, or similar erosion control barriers in any area where erosion or siltation may cause protective vegetation to be damaged.

4. Other: \_\_\_\_\_  
\_\_\_\_\_

APPROVED:

Dale Brown  
Building Inspector

Date:

9/9/93

DENIED:

\_\_\_\_\_  
Building Inspector

Date: \_\_\_\_\_

\_\_\_\_\_  
Building Commissioner

Date: \_\_\_\_\_

REASON FOR DENIAL, IF APPLICABLE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permit Fee:**

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

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

**Application procedures:**

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

---

Owner NICHOLAS ELLIOTT Address 8 NE Lagoon Island Ct Phone 530 5000  
Stuart FL

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 3 Type: Fox tails

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: too many on property

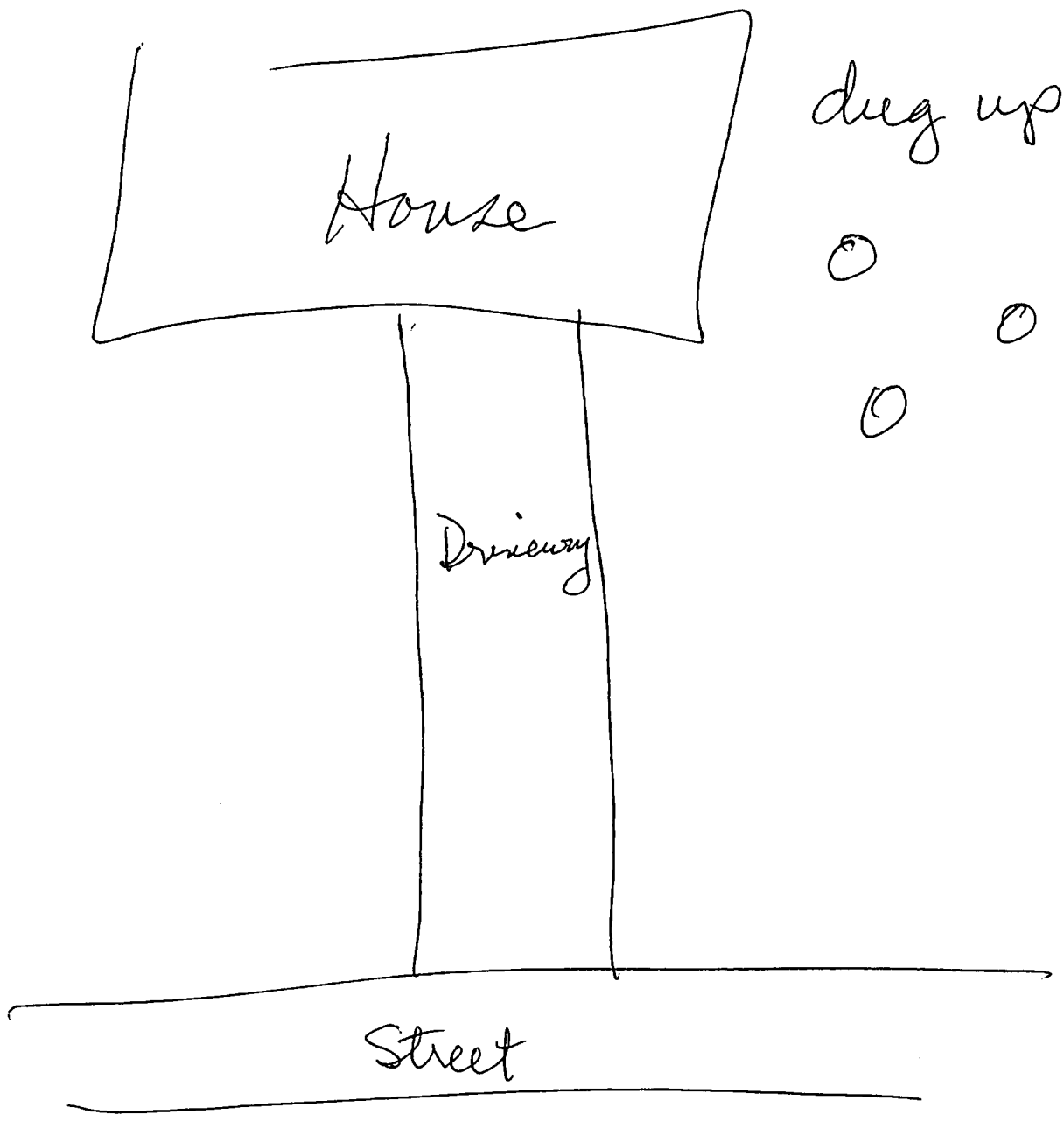
Signature of Property Owner [Signature] Date 2/22/07

---

Approved by Building Inspector: \_\_\_\_\_ Date \_\_\_\_\_ Fee: \_\_\_\_\_

Plans approved as submitted Permit not necessary Plans approved as revised/modified: [Signature]

---



House

dug up

Driveway

Street





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

**TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

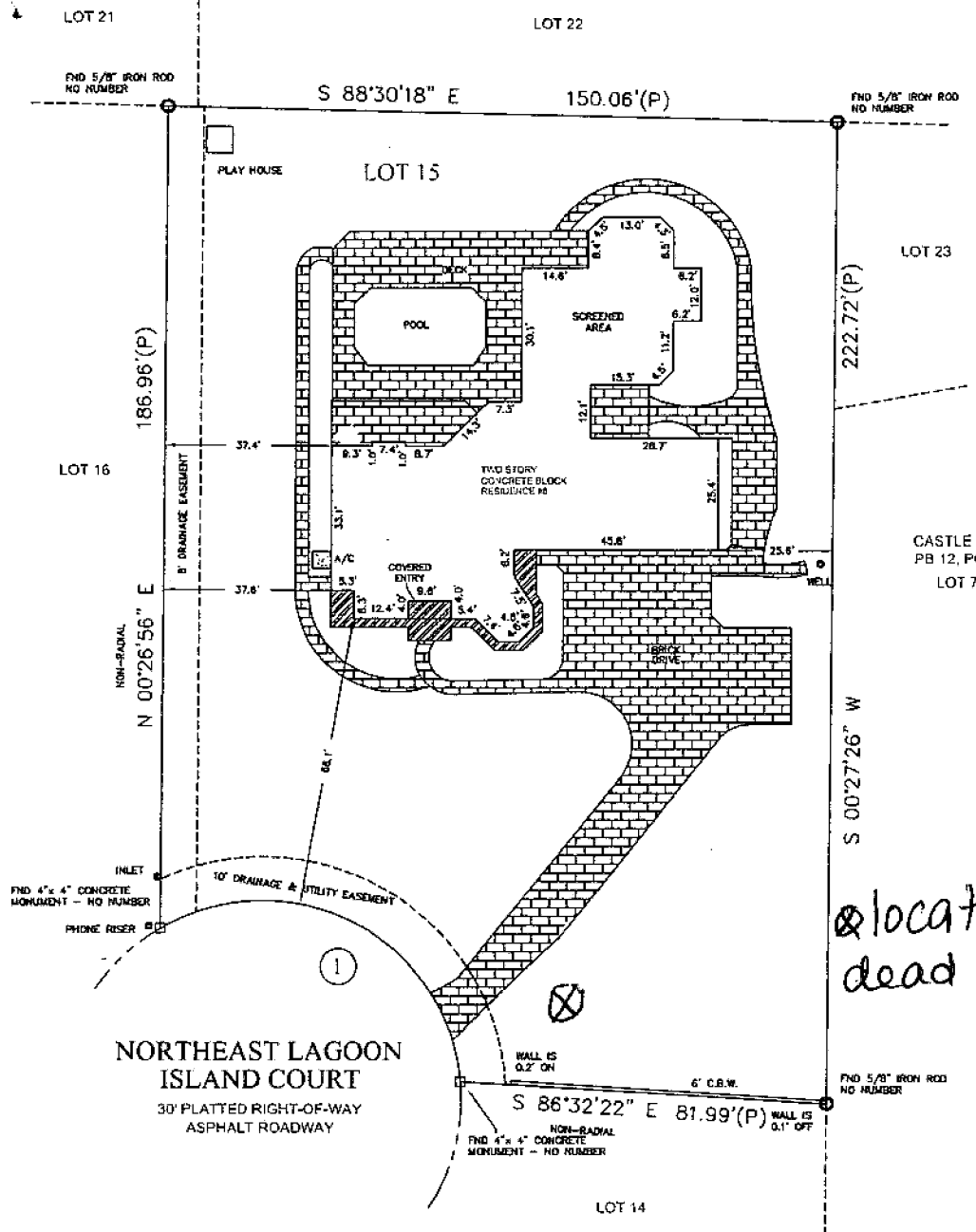
CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Marjolein & Bosch Address 8 Lagoon Island Crk Phone 781-4131  
 Contractor José Pérez Address PS Lucie Phone 336-3227/521-6230  
 No. of Trees: REMOVE 1 Type: Hickory  
 No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_  
 No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_  
 Reason for tree removal /relocation dead

Signature of Property Owner [Signature] Date July 26, 2007  
 Approved by Building Inspector: [Signature] Date 7/27 Fee: 0

NOTES: \_\_\_\_\_

SKETCH:  
see attached copy



location of dead hickory tree

R=45.00'  
 Δ=115°43'45"  
 L=90.89'  
 CB=N62°54'31"W

NORTHEAST LAGOON ISLAND COURT  
 30' PLATTED RIGHT-OF-WAY ASPHALT ROADWAY

ADDRESS  
 8 NORTHEAST LAGOON ISLAND COURT  
 SEWALLS POINT, FLORIDA 34996  
 LEGAL DESCRIPTION: (AS FURNISHED)

LOT 15, THE PLANTATION AT SEWALL'S POINT, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 12, PAGE 70, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA

BASIS OF BEARINGS: BEARINGS SHOWN HEREON ARE BASED UPON THE EASTERLY LINE OF LOT 15, BEING S 00°27'26" W PER PLAT.

RLS #: 07-04-2919
CLIENT #: 1071-1596630
FIELD DATE: 5/1/07
DRAFTER: RTH
APPROVED: MAC
SCALE: 1" = 40'

LIST OF POSSIBLE ENCROACHMENTS:

SURVEYOR INFORMATION:



**S.M.S.**  
 SURVEYING & MAPPING SERVICES  
 2901 Lorraine Dr. Suite # 123-112, Clearwater, Florida 34625  
 Phone: (407) 341-1266 Fax: (407) 341-1233



**First American Title Insurance Company**



**(772) 283-9991**  
 www.stracuzzi.com

**Bank of America**



SURVEYOR FILE NUMBER: 07-04-2919  
 The Certified Registered Professional Land Surveyor signing this survey alone certifies the accuracy and sufficiency of the survey provided hereon.

CERTIFIED TO: (AS FURNISHED)

BARELD J. DOEDENS  
 MARJOLEIN VAN'T BOSCH  
 FIRST AMERICAN TITLE INSURANCE COMPANY  
 BANK OF AMERICA, N.A.

AC: AIR CONDITIONER	OHU: OVERHEAD UTILITY LINE
BLDG.: BUILDING	(P): PLATTED
(C): CALCULATED	P.C.: POINT OF CURVATURE
C.B.: CHORD BEARING	P.O.B.: POINT OF BEGINNING
CBW: CONCRETE BLOCK WALL	P.O.C.: POINT OF COMMENCEMENT
CL: CENTERLINE	P.P.: POWER POLE
C.N.A.: CORNER NOT ACCESSIBLE	P.R.C.: POINT OF REVERSE CURVATURE
CONC.: CONCRETE	P.R.M.: PERMANENT REFERENCE MONUMENT
COV: COVERED	RAW: RIGHT OF WAY
C/S: CONCRETE SLAB	SAW: SIDEWALK
(D): DESCRIPTION	
RAW: RIGHT OF WAY	

SURVEYOR'S CERTIFICATE

I hereby certify that the survey represented hereon meets the minimum technical standards for land surveys in Florida. As set forth in Chapter 61G 17-6, Florida administrative code, pursuant to Chapter 472.027, Florida Statutes.





IM Design, LLC  
36 South River Road  
Stuart, FL 34996  
U.S.A.  
772.223.5815  
Fax: 772.286.1558  
[www.imdesigninternational.com](http://www.imdesigninternational.com)  
[marjolein@imdesigninternational.com](mailto:marjolein@imdesigninternational.com)

OK



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

**TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

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

Owner Bart Doedens / Marjolein van't Bosch. Court  
ADDRESS 8 NE Lagoon Island Phone 781-4131

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 1 Species: oak

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) has been dead for 4 months

Signature of Property Owner [Signature] Date May 3, 2011

Approved by Building Inspector: [Signature] Date 5-4-11 Fee: N/C

NOTES: Oak is located at SW corner of property, next to house.

