

4 Lantana Lane

4015

SFR

TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER _____
 OWNER Kilbride
 ADDRESS Strathmore
 CITY/ST/ZIP _____
 TELEPHONE _____

PERMIT NUMBER 4015
 DATE ISSUED 8/19/96
 CONTRACTOR OR OWNER/BLDR. Strathmore
 ADDRESS 901 Martin Downs
 CITY/ST/ZIP Palm
 TELEPHONE 281-1733

FLOOD ZONE A1-
 TO BE CONSTRUCTED HOUSE
 SITE ADDRESS 4 Cantana
 SUBDIVISION Rio Vista
 CONSTRUCTION VALUE 195,000

REMODELING/NEW CONSTRUCTION _____
 IMPACT 1508.00
 RADON 40.00
 SEPTIC _____
 WELL _____
 FENCE _____
 POOL _____
 DOCK _____

FEES

PLUMBING 100.00
 ELECTRICAL 100.00
 MECH./A.C. 100.00
 ROOF 100.00
 WALL _____
 POOL ENCLOSURE _____
 OWNER/BUILDER _____
 TOTAL 3508.00
 PAID BY CHECK _____

Spec walls 11/26/96 DB

BUILDING INSPECTION

(FOR OFFICIAL USE ONLY)

		(SIGN OFF)			
FORM BOARD SURVEY	<u>OK</u>	DATE	<u>6/19/96 DB</u>	NAILING	DATE _____
ROUGH PLUMBING	<u>OK</u>	DATE	<u>6/12/96 DB</u>	ROOF	<u>7-4/96</u> DATE <u>83</u>
TERMITE PROTECTION	_____	DATE	_____	INSULATION	<u>OK</u> DATE <u>11/23/96 DB</u>
FOOTING-SLAB	<u>OK</u>	DATE	<u>8/19/96 DB</u>	FINAL ELECTRIC	DATE <u>2/21/97 DB</u>
LINTEL	<u>OK</u>	DATE	<u>1/13/96 DB</u>	FINAL PLUMBING	DATE <u>2/21/97 DB</u>
ROUGH ELECTRIC	<u>OK</u>	DATE	<u>1/13/96 DB</u>	SEPTIC FINAL	DATE _____
FRAMING	<u>OK</u>	DATE	<u>1/13/96 DB</u>	DRIVEWAY	DATE _____
A/C DUCTS	<u>OK</u>	DATE	<u>1/13/96 DB</u>	FINAL C.O.	<u>DB</u> DATE <u>2/20/97</u>

PERMIT AUTHORIZED BY Dale Burn

- 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.

#4015

Tax Folio No. 12-38-41-002-000-00600-1

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name ROBERT AND LAUREL KILBRIDE

Owner's Address 752 NW 10TH TERRACE STUART, FL 34996

Owner's Telephone 407-692-1447

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

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

City _____ State _____ Zip _____

Contractor's Name STRATHMORE CONTRACTING OF FLORIDA, INC

Contractor's Address 901 MARTIN DOWNS BLVD SUITE 316

City PAUM CITY State FL Zip 34990

Contractor's Telephone 407-781-1733 License Number RR 0066894

Job Name ROBERT AND LAUREL KILBRIDE

Job Address ~~2005~~ ⁴ LANTANA LANE STUART

City Town of Sewall's Point State Florida Zip 34996

Legal Description LOT 60 RIO VISTA SUB DIVISION

Bonding Company N.A.

Bonding Company Address N.A.

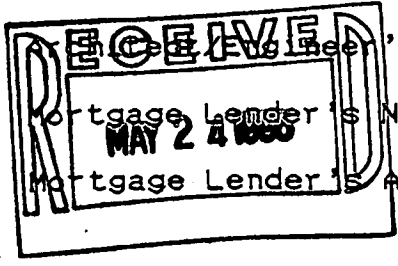
City _____ State _____

Architect/Engineer's Name AYTMAN ARCHITECTS, P.A. RODNEY AYTMAN

Architect/Engineer's Address 606 SW BAYSHORE BLVD PORT ST. LUCIE, FL.

Mortgage Lender's Name FIRST FEDERAL SAVINGS OF THE PALM BEACHES

Mortgage Lender's Address P.O. Box 3515 WEST PALM BEACH, FL 33402-3515



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 DEAN PLUMBING License No. _____
Electrical Contractor SCOTT CAMERON ELECTRIC License No. MEA 0511
Roofing Contractor STUART ROOFING License No. CCC 024411
A/C Contractor CUSTOM AIR SYSTEMS License No. CAC 051810
Description of Building or Alterations 4 BEDROOM, 3 BATH 2 STORY
FRAME CONSTRUCTION WITH HARDI PLANK SIDING, 2 CAR GARAGE
Name of Street Designated as Front Building Line and Front Yard
LANTANA LANE
subdivision RIO VISTA Lot 60 Block _____
Building Area (air conditioned) 2659 sq. ft.
Garage, Porch, Carport Area 1350 sq. ft.
Contract Price (excluding carpet, land, appliance, landscaping)
\$ 195,000⁰⁰

Dennis L. Kilbride
(Owner or Authorized Agent)

DATE 6-21-96

Sworn and Subscribed before me this

21 day of June 1996

Mary D. Knierim
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



(SEAL) MARY D. KNIERIM
MY COMMISSION # CC476490 EXPIRES
September 30, 1999
BONDED THRU TROY FAIN INSURANCE, INC.

Michael J. ...
(Contractor)

DATE 6-20-96

Sworn and Subscribed before me this

21 day of June 1996

Mary D. Knierim
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



(SEAL) MARY D. KNIERIM
MY COMMISSION # CC476490 EXPIRES
September 30, 1999
BONDED THRU TROY FAIN INSURANCE, INC.

Certificate of Competency Holder

Contractor's State Certification or Registration No. PR0066894

Contractor's Certificate of Competency No. MARTIN COUNTY NC00331

APPLICATION APPROVED BY Dale Brown Permit Officer

X W. W. ...

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked _____ Date _____

A/C Area 2659 sq. ft. x \$60. = \$ 159,540

Non A/C Area 1350 sq. ft. x \$25. = \$ 33,750

Total = \$ 193,290

Contract Price \$ 195,000 (fee will be charged on higher amount)

193,000 M. x \$8.00 = \$ 1,540 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 \$ 40.00
 County Impact Fee \$ 1,508.20
 TOTAL PERMIT FEE \$ ~~3,508.20~~
 PAYMENT RECEIVED \$ 3,508.20

Signature _____

Date _____

- Contractor's License _____ OK
- Sub-Contractors' Licenses _____ OK
- 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 _____
- Topographic survey _____ certified to the _____ OK
Town of S.P.
- Recorded warranty deed _____ X OK
- Septic tank permit _____ OK
- Energy Code calculations _____ OK
- Elevation certificate _____ X
- Recorded notice of commencement _____ X OK
- Application for c.o. _____ X

AC# 3888990

STATE OF FLORIDA
Department of Business and Professional Regulation
CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
03/29/1996	95022253	RR -0066894

The RESIDENTIAL CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489, FS.
Expiration date: AUG 31, 1997
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS
PRIOR TO CONTRACTING IN ANY AREA)

TRAPANI, MICHAEL
STRATHMORE CONTRACTING OF FLORIDA INC
1110 MITCHELL AVE
PT ST LUCIE FL 34952

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

DATE: 06-24-96

CERTIFICATE OF INSURANCE
 PRODUCER **S.M. Fines Insurance Agency**
 1250 SE Port St. Lucie Blvd.
 Port St. Lucie, Fl 34952

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.

(407)335-8804 Ext

INSURED
Strathmore Contracting Of Fl., Inc.
 and **Strathmore at St. Lucie, Inc.**
 P. O. Box 7900
 Port St. Lucie, Fl 34985

COMPANIES AFFORDING COVERAGE
 COMPANY LETTER A **PCA Property & Casualty**
 COMPANY LETTER B **Assurance Company of America**
 COMPANY LETTER C
 COMPANY LETTER D

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POL EFF DATE	POL EXP DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL G.L. <input checked="" type="checkbox"/> CLMS-MADE <input checked="" type="checkbox"/> OCCUR. <input checked="" type="checkbox"/> OWNER'S/COBP'S PROF. <input checked="" type="checkbox"/> Prod/ComOP	CPP0009430-0041	03-01-96	03-01-97	GENERAL AGGREGATE \$ 200000 PROD-COMP/OPERATIONS AGG. \$ 200000 PERSONAL/ADV. INJURY \$ 100000 EACH OCCURRENCE \$ 100000 FIRE DAMAGE (ANY 1 FIRE) \$ 50000 MED EXP (ANY 1 PERSON) \$ 5000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		- -	- -	COMBINED SINGLE LIMIT \$ BODILY INJURY \$ (PER PERSON) \$ BODILY INJURY \$ (PER ACCIDENT) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		- -	- -	AUTO ONLY EA ACC \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA		- -	- -	EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMP & EMPL LIAB THE PROPRIETOR/PARTNERS / EXECUTIVE <input type="checkbox"/> INC OFFICERS ARE: <input type="checkbox"/> EXCL	09041427096	03-01-96	03-01-97	<input checked="" type="checkbox"/> STAT LIM <input type="checkbox"/> OTHER \$ 100000 EACH ACCIDENT \$ 50000 DISEASE-POLICY LIMIT \$ 100000 DISEASE-EACH EMPLOYEE
B	OTHER Builders Risk	EC 83710518	03-01-94	- -	This policy is Continuous until cancelled.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS
 State of Florida
 Fax-781-1644

CERTIFICATE HOLDER
Tom of Sewalls Point
 Bldg. Dept.
 1 S. Sewalls Point Rd.
 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: *Kuan M. Fines*
 ACORD CORPORATION 1988

STATE OF FLORIDA

AC#

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

08/09/94

AUDIT CONTROL NO.

LICENSE NO.

BATCH NO.

AMOUNT PAID

CC C024411

94003387

4209.00

CONST INDUSTRY LICENSING BOARD
7960 ARLINGTON EXPRESSWAY
SUITE 300
JACKSONVILLE FL 32211-7467

DATE	LICENSE NO.	BATCH NO.
08/09/94	CC C024411	94003387

THE CERTIFIED ROOFING CONTRACTOR
NAMED BELOW IS CERTIFIED
UNDER THE PROVISIONS OF CHAPTER 489 F.S. FOR THE YEAR
EXPIRING AUG 31, 1996

TURNER, JOHN WESLEY
STUART ROOFING INC
4001 SE COMMERCE AVE
P O BOX 2556
STUART FL 34997-5909

LICENSEE SIGNATURE

SMILEY CARD - FOLD HERE

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

CERTIFIED ROOFING CONTRACTOR

TURNER, JOHN WESLEY
STUART ROOFING INC

HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S.
FOR THE YEAR EXPIRING AUG 31, 1996

Lawton Chiles
LAWTON CHILES
GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

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

Lawton Chiles
LAWTON CHILES
GOVERNOR

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

JUL 24 10 56 AM '94

CERTIFICATE OF INSURANCE: STUAR-6

CSR CM 06/24/96

PRODUCER
Hartman Tilton Insurance
 P.O. Box 3388
 Stuart FL 34995
 PHONE 407-286-9113

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

INSURED
Stuart Roofing Inc
 PO Box 2556
 Stuart FL 34995-

- COMPANY LETTER A Colony Insurance Co
- COMPANY LETTER B Capital Assurance Co
- COMPANY LETTER C Travelers Indemnity
- COMPANY LETTER D
- COMPANY LETTER E

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

CO/LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE 1,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC. <input type="checkbox"/> OWNERS'S & CONTRACTOR'S PROTECTIVE	MP1-372374	05/01/96	05/01/97	PROD-COMP/OP-AGG. 1,000,000 PERS. & ADV. INJURY 1,000,000 EACH OCCURRENCE 1,000,000 FIRE DAMAGE (ANY ONE FIRE) 500,000 MED. EXPENSE (ANY ONE PERSON) 5000
B	AUTOMOBILE LIAB <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	9BA0410288	05/01/96	05/01/97	COMB. SINGLE LIMIT 1,000,000 BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE EACH OCCURRENCE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				STATUTORY LIMITS EACH ACCIDENT 1,000,000 DISEASE-POL. LIMIT 1,000,000 DISEASE-EACH OP. 1,000,000
C	WORKERS' COMP AND EMPLOYERS' LIAB	6FR13UB76BK676	01/26/96	01/26/97	
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
ROOFING

CERTIFICATE HOLDER (=====)
Town of Sewalls Point
 1 S. Sewalls Point Road
 Stuart FL 34995

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
H. Richard Riqabar
H. Richard Riqabar 118-30-5736

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

SCOTT A CAMERON
PSI ELECTRIC INC
Box 2079

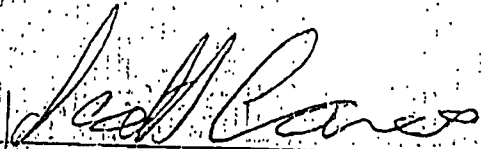
Palm Expires SEPTEMBER 30 1990 96

AUDIT CONTROL NUMBER	0021787	CERTIFICATE NUMBER MEA0511
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CERTIFIED
CONTRACTOR

MASTER ELECTRICIAN

SIGNATURE



ATTEST



LICENSING ADMINISTRATOR

3868

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

Insures the following policyholder for the coverages indicated below:

Name of policyholder PSL ELECTRIC INC

Address of policyholder PO BOX 2079
PALM CITY, FL 34990

Location of operations SAME

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY	
		Effective Date	Expiration Date		
98 CQ 5299-7F	<input checked="" type="checkbox"/> Comprehensive General Liability	3/14/96	3/14/97	<input type="checkbox"/> Dual Limits for: Each Occurrence \$ _____ Aggregate \$ _____ Each Occurrence \$ _____ Aggregate* \$ _____ <input checked="" type="checkbox"/> Combined Single Limit for: Each Occurrence <u>300,000</u> Aggregate <u>600,000</u>	
	<input type="checkbox"/> Manufacturers and Contractors Liability				BODILY INJURY
	<input type="checkbox"/> Owners, Landlords, and Tenants Liability				PROPERTY DAMAGE
This insurance includes: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Owners or Contractors Protective Liability <input checked="" type="checkbox"/> Contractual Liability <input type="checkbox"/> Professional Errors and Omissions <input checked="" type="checkbox"/> Broad Form Property Damage <input checked="" type="checkbox"/> Broad Form Comprehensive General Liability 				BODILY INJURY AND PROPERTY DAMAGE Each Occurrence \$ _____ Aggregate* \$ _____	
POLICY NUMBER	TYPE OF INSURANCE	Effective Date	Expiration Date	CONTRACTUAL LIABILITY LIMITS (if different from above)	
				BODILY INJURY	
				Each Occurrence _____	
				PROPERTY DAMAGE	
				Each Occurrence _____	
				Aggregate _____	
	EXCESS LIABILITY			BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
	<input type="checkbox"/> Umbrella			Each Occurrence \$ _____	
	<input type="checkbox"/> Other _____			Aggregate \$ _____	
98CQ 5315-3F	<input checked="" type="checkbox"/> Workers' Compensation and Employers Liability	3/14/96	3/14/97	Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ <u>100,000</u> Disease Each Employee \$ <u>100,000</u> Disease - Policy Limit \$ <u>500,000</u>	

*Aggregate not applicable if Owners, Landlords, and Tenants Liability insurance excludes structural alterations, new construction, or demolition.

THIS CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS, OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

STRATHMORE OF FLORIDA
 901 MARTIN DOWNS BLVD
 SUITE 316
 PALM CITY, FL 34990

Wayne...

Signature of Authorized Representative

AGENT

JUNE 21, 1996

Date

Agent's Code Stamp

ADP 2776874 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONST INDUSTRY LICENSING BOARD

DATE	LICENSE NO	BATCH NO
07/15/95	90-520-091	94900076

ISSUED BELOW AND VALIDATED BY RECEIPTING MACHINE
 UNDER THE PROVISIONS OF CHAPTER 489, F.S. FOR THE YEAR
 EXPIRING AUG 31, 1996

**SAMMONS, CURTIS A
 CUSTOM AIR SYSTEMS INC
 1615 SE VILLAGE GREEN DR
 FT PIERCE FL 34952-3450**

[Signature]
 GOVERNOR

[Signature]
 GEORGE STUART, JR.
 SECRETARY, D.B.P.R.

DISPLAY IN A CONSPICUOUS PLACE

NOTE - A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS LICENSE EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.

MARTIN COUNTY
 1995 COUNTY OCCUPATIONAL LICENSE 1996

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE SHOWING TRANSACTION NUMBER, DATE AND AMOUNT PAID.

PENALTY 10% FOR MONTH OF OCTOBER,
 5% ADDITIONAL EACH MONTH THEREAFTER
 AFTER UP TO 25% PLUS COLLECTION COSTS.

PREV YR. \$	_____	LIC. FEE \$	25.00
TRANSFER \$	_____	HAZ. WST. \$.00
DEL PEN \$	_____	COL. FEE \$.00
SUBTOTAL \$	_____	SUBTOTAL \$	25.00

TOTAL _____

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF **AIR CONDITIONING CONT**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1ST DAY OF OCTOBER 1995 AND ENDING FIRST DAY OF SEPTEMBER 1996

LICENSE 90-520-091 CERT. C008036
 PHONE 407-335-3232 SIC NO. 7623
 LOCATION: PT. ST. LUCIE

33 52009190 00002500 5

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (407) 289-6604

**CUSTOM AIR SYSTEMS INC
 1615 SE VILLAGE GREEN DR
 PORT ST LUCIE FL 34952**

000 132 00000081500L 00 1224 0000 09 083195

ACORD. CERTIFICATE OF INSURANCE

CSR TJ
CUSTA-1

DATE (MM/DD/YY)
06/18/96

PRODUCER
Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990

Joseph E. Coons, CPCU, CIC.
407-286-4334

INSURED

Custom Air Systems, Inc.
1615 SE Village Green Drive
Port St Lucia FL 34952

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 Travelers
- COMPANY B Auto Owners Insurance Co
- COMPANY C
- COMPANY D

COPY

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	I-680-667W6457	12/31/95	12/31/96	GENERAL AGGREGATE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 500,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY	20325660	12/31/95	12/31/96	COMBINED SINGLE LIMIT \$ 300,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS \$
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
	OTHER				DISEASE - EACH EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Heating & Air Conditioning Contractor - State of Florida

CERTIFICATE HOLDER

TOWNS-1
Town of Sewalls Point
Building Dept
1 S 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

Joseph E. Coons, CPCU, CIC.

ACORD CERTIFICATE OF LIABILITY INSURANCE

06/21/1996

PRODUCER
 Herndon & Associates Insurance
 91 Lake Morton Dr.
 Lakeland, FL 33802

FAX (941)688-4344

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

COMPANIES AFFORDING COVERAGE

Attn:
 INSURED
 Custom Air Systems Inc
 1615 S E Village Green Dr
 Port St Lucie, FL 34952

Ext:

- COMPANY A
- COMPANY B
- COMPANY C
- COMPANY D Pinnacle Assurance Corporation

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$
	CLAIMS MADE OCCUR				PERSONAL & ADV INJURY \$
	OWNER'S & CONTRACTOR'S PRO				EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				
	HIRED AUTOS				BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS				
					PROPERTY DAMAGE \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
D	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:	407-0010-01	01/01/1996	01/01/1997	EL EACH ACCIDENT \$ 100,000
	OTHER				EL DISEASE - POLICY LIMIT \$ 500,000
					EL DISEASE - EA EMPLOYE \$ 100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Town Of Servalls Pointe
 Building Department
 1 South Servalls Pt Rd
 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
 Dave Sheppard

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 96-0069-
DATE PAID 03/21/96
FEE PAID \$ 105.00
RECEIPT # 16805

CONSTRUCTION PERMIT FOR:

New System Existing System Holding Tank Temporary/Experimental System
 Repair Abandonment Other(Specify) _____

APPLICANT: ROBERT /LAURIE KILBRIDE AGENT: STEPHEN BROWN

PROPERTY STREET ADDRESS: RIO VISTA DRIVE SEWALLS POINT

LOT: 60 BLOCK: _____ SUBDIVISION: RIO VISTA

PROPERTY ID #: _____ [SECTION/TOWNSHIP/RANGE/PARCEL NO.]
[OR TAX ID NUMBER]

=====

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC
REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS
EXPIRE 18 MONTHS FROM THE DATE OF ISSUE. HRS APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY
PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A
BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH
MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID.

=====

SYSTEM DESIGN AND SPECIFICATIONS

I [1200] [GALLONS] SEPTIC TANK MULTI-CHAMBERED/IN SERIES: [Y]
A [0] [GALLONS / GPD] _____ CAPACITY MULTI-CHAMBERED/IN SERIES: [Y]
N [0] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [0] GALLONS PER DOSE DOSE RATE [0] PER 24 HRS NO. OF PUMPS: [0]

D [416] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [0] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: STANDARD FILLED MOUND 3 TRENCHES X 46.33'L
I CONFIGURATION: TRENCH BED _____
N

F LOCATION OF BENCHMARK: 4.68'NGVD
I ELEVATION OF PROPOSED SYSTEM SITE IS [3.8] INCHES ABOVE BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [26.2] INCHES BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES

O TOP OF BUILDING STUBOUT IS REQUIRED TO BE A MINIMUM ELV. OF 6" BELOW BM 4.68'
T TOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELV. OF 16" BELOW BM 4.68'
H TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELV. OF 2" BELOW BM 4.68'
E DRAINFIELD ROCK MUST BE 5 FT. FROM PROPERTY LINES. SEPTIC TANK OUTLET FILTER
R MUST BE INSTALLED. " SEE SPECIAL CONDITIONS LIST "

SPECIFICATIONS BY: EDGAR MORALES TITLE: ENV. SPL. II

APPROVED BY: RAY CROSS TITLE: ENV. SUPV. II MARTIN CPHU

DATE ISSUED: 04/09/96 EXPIRATION DATE: 10/09/97



SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

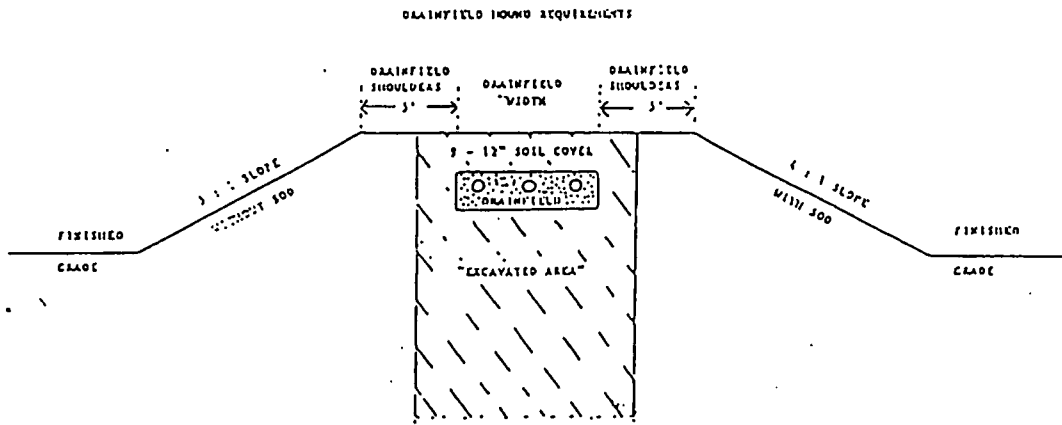
APPLICATION NAME: Kilbride PERMIT NO. (HD) 96-8069
SUBDIVISION: _____

N O T E Special Condition(s) marked "X" are in effect.

- 1. Drainfield must be maintained under grass; _____ and protected from vehicular traffic (traffic barriers).
- 2. Operational test of dosing pump(s) and high water alarm (audible and visual) required prior to final construction approval.
- 3. Driveway / sidewalk elevation must be 9" higher than drainfield pipe elevation.
- 4. Septic system must be 25' from surface water / wetlands / mean high water line.
- 5. Excavate one / three feet beyond drainfield area to a depth of _____
- ~~6. In addition to item #5, 33% of unsuitable soils at depths greater than _____ must be removed to a depth of slightly limited soils.~~
- 7. Existing well(s) must be properly abandoned by a certified well driller. The attached well abandonment form(s) must be completed by the well driller and submitted to this office prior to initial building construction or system installation.
- 8. Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval.
- 9. Mound area must be sodded or stabilized with seed and hay prior to final grade inspection (Sod or seed/hay must be applied within seven days of drainfield approval).
- 10. Any future ponds or surface water created onsite must be 75' from septic system(s).
- 11. Available area for septic installation must to be evenly filled and leveled.
- 12. \$70.00 reinspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.
- * SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3

13. Septic system must be a minimum of 15 feet from drainage culverts, storm water drains, dry retention areas, storm water drainage systems.
14. Occupational approval will not be given until all requirements for public water system/ foodservice/ institutional/ septic system are met.
15. Septic tank/ dosing chamber/ grease trap must have (traffic lids with) manhole cover(s) per tank extending to the surface.
16. gallon outside grease trap(s) is required. The grease trap should be connected with the outlet tee extending to within 8" of the bottom of the tank. The following must be connected to the grease trap.
- a) handwash sink(s).
 - b) three compartment sink(s).
 - c) floor drains.
 - d) can wash, janitor's sink(s).
 - e) dishwasher if present.
- All other greaseless flow should be connected directly to the septic tank.
17. to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible and visual signals is required. If two drainfields are used, each field must be connected to an individual pump and alternately dose.
18. Two pumps are required to alternately dose into at least two separate fields. Separate drainfields must be a minimum of 10 feet apart.
19. If rainwater from the building roof drains onto the drainfield, gutters will be required in area of drainfield. Down-spouts must be diverted from the drainfield area.
- X 20. No sprinkler heads are allowed on top of drainfield. Irrigation lines must be separated from the drainfield by two feet unless a backflow prevention device is installed.
- X 21. Potable water lines must be ten feet from drainfields or sealed with a water proof sealant within a sleeve of similar pipe to a distance of ten feet from the nearest portion of the drainfield. In no case can the sleeved line be located within 24 inches of the drainfield or at an elevation lower than the drainfield absorption surface.
- X 22. All wells installed onsite must be 25' from the building foundation and meet all other setback-installation requirements.
23. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.
- X 24. If building stubout is placed more than 20ft. from septic tank or drainfield, the stubout elevation must be higher than the permitted elevation to achieve gravity flow. This must have prior approval from the health unit.

- 25. If fill is required, contact Martin County Building Division.
- 26. Inspection results will be posted on the building permit. A copy of the construction approval is available upon request.
- 27. Septic tank outlet filters are required.
- 28. If any information on this permit changes, an amended application is required to be filed immediately.
- 29. Any alteration of the information or conditions of this permit found to be in non-compliance with 10D-6 FAC shall be sufficient cause for immediate revocation of this permit.
- 30. The engineer of record must certify that the installed system complies with the approved design and installation requirements.
- 31. Prior to final construction approval, the property owner must apply for an annual operating permit and pay the \$_____ annual permit fee (For ___Indust./Manuf. ___Aerobic system(s)).
- 32. If a mound drainfield is proposed, see following sketch of additional requirements (No retaining walls are allowed within drainfield shoulder or slope areas of a mound system).



NOTE: THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.
SEE EXCAVATION CERTIFICATION SHEET FOR EXCAVATION DETAILS.

33. Other: _____

N O T E - \$25.00 RE-INSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION.

Questions concerning special conditions can be answered by calling Edgar Morales, P.S. at (407) 221-4090.

STATE OF FLORIDA
 DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
 ONSITE SEWAGE DISPOSAL SYSTEM
 SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT # 96-0069-

APPLICANT: ROBERT /LAURIE KILBRIDE AGENT: STEPHEN BROWN

LOT: 60 BLOCK: _____ SUBDIVISION: RIO VISTA

PROPERTY ID #: _____ [SECTION/TOWNSHIP/RANGE/PARCEL NO: OR TAX ID NUMBER: _____]

TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEE OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NO. AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: [] YES [] NO NET USABLE AREA AVAILABLE: 0.34 ACRES
 TOTAL ESTIMATED SEWAGE FLOW: 500 GALLONS PER DAY [RESIDENCES-TABLE-1 / OTHER-TABLE-2]
 AUTHORIZED SEWAGE FLOW: 510 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
 UNOBSTRUCTED AREA AVAILABLE: 1,200 SQFT UNOBSTRUCTED AREA REQUIRED: 833 SQFT

BENCHMARK/REFERENCE POINT LOCATION: 4.68 NGVD CR. RD
 ELEVATION OF PROPOSED SYSTEM SITE IS 3.8 (INCHES) (ABOVE) / BELOW BENCHMARK/REFERENCE POINT.

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURE:
 SURFACE WATER: 1/4 FT DITCHES/SWALES: 15 FT NORMALLY WET? [] YES [] NO
 WELLS: PUBLIC: 1/4 FT LIMITED USE: 1/4 FT PRIVATE: 1/4 FT NON-POTABLE: 100 FT
 BUILDING FOUNDATIONS: 10 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 25 FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES [] NO 10 YEAR FLOODING? [] YES [] NO
 10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: 5.0 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE (1)

Munsell #/Color	Texture	Depth "
<u>10YR 7/1 LIGHT GRAY SAND</u>		<u>0 to 14</u>
<u>10YR 7/2 LIGHT GRAY SAND</u>		<u>14 to 29</u>
<u>10YR 7/3 V. PALE BROWN S.</u>		<u>29 to 44</u>
<u>10YR 6/4 BROWNISH YELLOW S.</u>		<u>44 to 72</u>
<u>10YR 5/4 YELLOWISH BROWN S.</u>		<u>72 to _____</u>
		<u>to _____</u>
		<u>to _____</u>
		<u>to _____</u>
		<u>to _____</u>
		<u>to _____</u>

SOIL PROFILE INFORMATION SITE (2)

Munsell #/Color	Texture	Depth "
<u>10YR 7/1 LT GRAY SAND</u>		<u>0 to 12</u>
<u>10YR 7/2 LT GRAY SAND</u>		<u>12 to 27</u>
<u>10YR 7/3 V. PALE BROWN S.</u>		<u>27 to 38</u>
<u>10YR 7/4 YELLOW SAND</u>		<u>38 to 72</u>
		<u>to _____</u>
		<u>to _____</u>
		<u>to _____</u>
		<u>to _____</u>
		<u>to _____</u>

USDA SOIL SERIES: (AC) PACIA SAND (0-22 SURF) USDA SOIL SERIES: (AC) PACIA SAND (0-22 SURF)

OBSERVED WATER TABLE: NOT OBSERVED INCHES [ABOVE / BELOW] EXISTING GRADE TYPE: [PERCHED / APPARENT]
 ESTIMATED WET SEASON WATER TABLE ELEVATION: 54 INCHES [ABOVE / BELOW] EXISTING GRADE
 HIGH WATER TABLE VEGETATION: [] YES [] NO MOTTLING: [] YES [] NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 1.20 DEPTH OF EXCAVATION: 0 INCHES
 DRAINFIELD CONFIGURATION: [] TRENCH [] BED [OTHER (SPECIFY) _____]

REMARKS/ADDITIONAL CRITERIA: SURVEY LOT 60 IS ON LANTANA LANE (INSET) NOT REQUESTED AS SHOWN ON SITE BLUEPRINT.

SITE EVALUATED BY: William J. Phillips DATE: 3-22-96

RECEIVED

MAR 21 1996



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC
PREPARED BY: STEPHEN J. BROWN, INC.

PERMIT # 96-069
DATE PAID 3-21-96
FEE PAID \$ 80.
RECEIPT # 16805
Well permit leveled 15

APPLICATION FOR:
[X] New System [] Existing System [] Holding Tank [] Temporary/Experimental
[] Repair [] Abandonment [] Other(Specify)

APPLICANT: ROBERT & LAURIE KILBRIDE TELEPHONE: 221-7601

AGENT: STEPHEN J. BROWN, INC.

MAILING ADDRESS: 290 FLORIDA ST., SUITE "C", STUART, FL. 34994

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: 600 BLOCK: N/A SUBDIVISION: RIO VISTA DATE OF SUBDIVISION: DECEMBER 11th 1975

PROPERTY ID #: [Section/Township/Range/Parcel No.] ZONING:

PROPERTY SIZE: .34 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: [X] PRIVATE [] PUBLIC

PROPERTY STREET ADDRESS: RIO VISTA DRIVE (SEWALL'S POINT)

DIRECTIONS TO PROPERTY: "SEE LOCATION MAP"

BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL

Table with 6 columns: Unit No, Type of Establishment, No. of Bedrooms, Building Area Sqft, # Persons Served, Business Activity For Commercial Only. Row 1: 1, SINGLE FAMILY, 4, 2447.

[Y] Garbage Grinders/Disposals [Y] Spas/Hot Tubs [N] Floor/Equipment Drains
[N] Ultra-low Volume Flush Toilets [N] Other (Specify)

APPLICANT'S SIGNATURE: STEPHEN J. BROWN DATE: 3/20/96



APPLICANT ROBERT & LAURIE KILBRIDE
LEGAL DESCRIPTION LOT 609, RIO VISTA

-----SITE INFORMATION-----

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

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION N/A NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 4.68 NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 5.0 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? N/A IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? N/A NGVD.

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

CERTIFIED BY: STEPHEN J. BROWN
FL. PROFESSIONAL NO. 9099
DATE: 3/20/96 JOB NO. 2423-01-01

PREPARED BY: STEPHEN J. BROWN, INC.
290 FLORIDA ST., SUITE C
STUART, FL 34996
(407) 288-7176

1	Name of Room	Entire House		ZONE 2	
2	Running Ft. Exposed Wall	327.0 Ft.		134.0 Ft.	
3	Room Dimensions, Ft.			0.0 x 0.0 Ft.	
4	Ceilings,Ft Condit. Option	9.0	d	9.0	p n

	TYPE OF EXPOSURE	ICSTI INO.	HTM		Area Length	Btuh		Area Length	Btuh	
			IClg	IClg		Htg	Clg		Htg	Clg
5	Gross Exposed Walls and Partitions	a 12C	2.2	1.8	2943	****	****	1206	****	****
		b 13C	1.8	1.0	0	****	****	0	****	****
		c 14B	3.6	1.8	0	****	****	0	****	****
		d	0.0	0.0	0	****	****	0	****	****
		e	0.0	0.0	0	****	****	0	****	****
		f	0.0	0.0	0	****	****	0	****	****
6	Windows & Glass Doors Htg.	a 1C	28.9	**	475	13716	****	147	4245	****
		b 8C	28.9	**	0	0	****	0	0	****
		c 9C	30.2	**	30	908	****	0	0	****
		d 7C	32.3	**	0	0	****	0	0	****
		e	0.0	**	0	0	****	0	0	****
		f	0.0	**	0	0	****	0	0	****
7	Windows & Glass Doors Clg.	North	27.0		403	****	10881	85	****	2295
		NE&NW	0.0		0	****	0	0	****	0
		E&W	85.0		102	****	8670	62	****	5270
		SE&SW	0.0		0	****	0	0	****	0
		South	0.0		0	****	0	0	****	0
		Horz	0.0		0	****	0	0	****	0
8	Othr doors	a 11E	4.8	3.7	22	104	82	0	0	0
		b 10D	0.8	0.0	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a 12C	2.2	1.8	2416	5436	4262	1059	2383	1868
		b 13C	1.8	1.0	0	0	0	0	0	0
		c 14B	3.6	1.8	0	0	0	0	0	0
		d	0.0	0.0	0	0	0	0	0	0
		e	0.0	0.0	0	0	0	0	0	0
		f	0.0	0.0	0	0	0	0	0	0
10	Ceilings	a 16D	1.3	2.1	0	0	0	0	0	0
		b	0.0	0.0	2960	0	0	1038	0	0
		c	0.0	0.0	0	0	0	0	0	0
11	Floors	a 22A	20.2	0.0	327	6622	0	134	2714	0
		b 20A	7.8	4.2	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0
12	Infiltration p	23.2	7.4		527	12234	3915	147	3413	1092
13	Subtot Btuh Loss=6+8.+11+12				****	39020	****	****	12754	****
14	Duct Btuh Loss				10%	3902	****	10%	1275	****
15	Total Btuh Loss = 13+14				****	42922	****	****	14029	****
16	Int. Gains: People @ Appl.	300 1200			8 5	**** 6000		6 0	**** 0	1800 0
17	Subtot RSH Gain=7+8.+12+16				****	****	36210	****	****	12325
18	Duct Btuh Gain				10%	****	3621	10%	****	1233
19	Total RSH Gain=(17+18)*PLF				1.00	****	39831	1.02	****	13893
20	CFM Air Required				****	1724	1724	****	564	601

KILBRIDE.BLD Job# Zone:Entire House 6/14/96

----- MANUAL J: 7th Ed. ----- RIGHT-J: V2.03 --- S/N 1258 --- Page 2 -----

1	Name of Room	ZONE 1					
2	Running Ft. Exposed Wall	193.0 Ft.				Ft.	
3	Room Dimensions, Ft.	0.0 x 0.0 Ft.				x	Ft.
4	Ceilings,Ft Condit. Option	9.0		p	n		

	TYPE OF EXPOSURE	ICST	HTM	Area	Btuh		Area	Btuh	
					INO.	Htg		Clg	Length

5	Gross	a	12C	2.2	1.8	1737	****	****		****	****
	Exposed	b	13C	1.8	1.0	0	****	****		****	****
	Walls and	c	14B	3.6	1.8	0	****	****		****	****
	Partitions	d		0.0	0.0	0	****	****		****	****
		e		0.0	0.0	0	****	****		****	****
		f		0.0	0.0	0	****	****		****	****

6	Windows	a	1C	28.9	**	328	9471	****			****
	& Glass	b	8C	28.9	**	0	0	****			****
	Doors Htg.	c	9C	30.2	**	30	908	****			****
		d	7C	32.3	**	0	0	****			****
		e		0.0	**	0	0	****			****
		f		0.0	**	0	0	****			****

7	Windows	North		127.0		318	8586	****			****
	& Glass	NE&NW		0.0		0	0	****			****
	Doors Clg.	E&W		185.0		40	3400	****			****
		SE&SW		0.0		0	0	****			****
		South		0.0		0	0	****			****
		Horz		0.0		0	0	****			****

8	Othr doors	a	11E	4.8	3.7	22	104	82			
		b	10D	0.8	0.0	0	0	0			

9	Net	a	12C	2.2	1.8	1357	3053	2394			
	Exposed	b	13C	1.8	1.0	0	0	0			
	Walls and	c	14B	3.6	1.8	0	0	0			
	Partitions	d		0.0	0.0	0	0	0			
		e		0.0	0.0	0	0	0			
		f		0.0	0.0	0	0	0			

10	Ceilings	a	16D	1.3	2.1	0	0	0			
		b		0.0	0.0	1922	0	0			
		c		0.0	0.0	0	0	0			

11	Floors	a	22A	20.2	0.0	193	3908	0			
		b	20A	7.8	4.2	0	0	0			
		c		0.0	0.0	0	0	0			

12	Infiltration	p	123.2	7.4		380	8822	2823			
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13	Subtot Btuh Loss=6+8.+11+12	****		26266	****	****		****
14	Duct Btuh Loss	10%		2627	****	%		****
15	Total Btuh Loss = 13+14	****		28893	****	****		****

16	Int. Gains: People @	300		2	****	600		****
	Appl. @	1200		5	****	6000		****

17	Subtot RSH Gain=7+8.+12+16	****		****	****	23885	****	****
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18	Duct Btuh Gain	10%		****	****	2388	%	****
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19	Total RSH Gain=(17+18)*PLF	1.18	****	****	****	31095		****
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120	CFM Air Required	****		1161	****	1346	****	
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KILBRIDE.BLD Job# Zone: ZONE 2 6/14/96

----- MANUAL J: 7th Ed. ----- RIGHT-J: V2.03 --- S/N 1258 --- Page 1 -----

1	Name of Room	ZONE 2		BED 2	
2	Running Ft. Exposed Wall	134.0 Ft.		30.0 Ft.	
3	Room Dimensions, Ft.			14.0 x 16.0 Ft.	
4	Ceilings, Ft Condit. Option	9.0		p n	9.0 heat/cool

	TYPE OF EXPOSURE	ICSTI	HTM	HTg	IClg	Area Length	Btuh		Area Length	Btuh	
							Htg	Clg		Htg	Clg
5	Gross Exposed Walls and Partitions	a 12C	2.2	1.8		1206	****	****	270	****	****
		b 13C	1.8	1.0		0	****	****	0	****	****
		c 14B	3.6	1.8		0	****	****	0	****	****
		d	0.0	0.0		0	****	****	0	****	****
		e	0.0	0.0		0	****	****	0	****	****
		f	0.0	0.0		0	****	****	0	****	****
6	Windows & Glass	a 1C	28.9	**		147	4245	****	35	1011	****
		b 8C	28.9	**		0	0	****	0	0	****
	Doors Htg.	c 9C	30.2	**		0	0	****	0	0	****
		d 7C	32.3	**		0	0	****	0	0	****
		e	0.0	**		0	0	****	0	0	****
		f	0.0	**		0	0	****	0	0	****
7	Windows & Glass	North	27.0			85	****	2295	0	****	0
		NE&NW	0.0			0	****	0	0	****	0
	Doors Clg.	E&W	85.0			62	****	5270	35	****	2975
		SE&SW	0.0			0	****	0	0	****	0
		South	0.0			0	****	0	0	****	0
		Horz	0.0			0	****	0	0	****	0
8	Othr doors	a 11E	4.8	3.7		0	0	0	0	0	0
		b 10D	11.5	9.0		0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a 12C	2.2	1.8		1059	2383	1868	235	529	415
		b 13C	1.8	1.0		0	0	0	0	0	0
		c 14B	3.6	1.8		0	0	0	0	0	0
		d	0.0	0.0		0	0	0	0	0	0
		e	0.0	0.0		0	0	0	0	0	0
		f	0.0	0.0		0	0	0	0	0	0
10	Ceilings	a 16D	1.3	2.1		0	0	0	0	0	0
		b	0.0	0.0		1038	0	0	224	0	0
		c	0.0	0.0		0	0	0	0	0	0
11	Floors	a 22A	20.2	0.0		134	2714	0	30	608	0
		b 20A	7.8	4.2		0	0	0	0	0	0
		c	0.0	0.0		0	0	0	0	0	0
12	Infiltration	p	23.2	7.4		147	3413	1092	35	813	260
13	Subtot Btuh Loss=6+8.+11+12					****	12754	****	****	2959	****
14	Duct Btuh Loss					10%	1275	****	10%	296	****
15	Total Btuh Loss = 13+14					****	14029	****	****	3255	****
16	Int. Gains: People @		300			6	****	1800	2	****	600
	Appl. @		1200			0	****	0	0	****	0
17	Subtot RSH Gain=7+8.+12+16					****	****	12325	****	****	4250
18	Duct Btuh Gain					10%	****	1233	10%	****	425
19	Total RSH Gain=(17+18)*PLF					1.02	****	13893	1.00	****	4675
20	CFM Air Required					****	564	601	****	131	202

KILBRIDE.BLD Job#

Zone: ZONE 2

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----- MANUAL J: 7th Ed. ----- RIGHT-J: V2.03 --- S/N 1258 --- Page 2 -----

11 Name of Room		BATH 3						BATH 2			
21 Running Ft. Exposed Wall		23.0 Ft.						15.0 Ft.			
31 Room Dimensions, Ft.		14.0 x 9.0 Ft.						6.0 x 12.0 Ft.			
41 Ceilings, Ft Condit. Option		9.0 heat/cool						9.0 heat/cool			
TYPE OF EXPOSURE		ICST	HTM	Area	Btuh		Area	Btuh			
		INO.	HTg	Length	HTg	Clg	Length	HTg	Clg		
51	Gross	a 12C	2.2	1.8	207	****	****	135	****	****	
	Exposed	b 13C	1.8	1.0	0	****	****	0	****	****	
	Walls and	c 14B	3.6	1.8	0	****	****	0	****	****	
	Partitions	d	0.0	0.0	0	****	****	0	****	****	
		e	0.0	0.0	0	****	****	0	****	****	
		f	0.0	0.0	0	****	****	0	****	****	
61	Windows	a 1C	28.9	**	7	202	****	4	116	****	
	& Glass	b 8C	28.9	**	0	0	****	0	0	****	
	Doors Htg.	c 9C	30.2	**	0	0	****	0	0	****	
		d 7C	32.3	**	0	0	****	0	0	****	
		e	0.0	**	0	0	****	0	0	****	
		f	0.0	**	0	0	****	0	0	****	
71	Windows	North		127.0	0	****	0	4	****	108	
	& Glass	NE&NW		0.0	0	****	0	0	****	0	
	Doors Clg.	E&W		185.0	7	****	595	0	****	0	
		SE&SW		0.0	0	****	0	0	****	0	
		South		0.0	0	****	0	0	****	0	
		Horz		0.0	0	****	0	0	****	0	
81	Othr doors	a 11E	4.8	3.7	0	0	0	0	0	0	
		b 10D	11.5	9.0	0	0	0	0	0	0	
91	Net	a 12C	2.2	1.8	200	450	353	131	295	231	
	Exposed	b 13C	1.8	1.0	0	0	0	0	0	0	
	Walls and	c 14B	3.6	1.8	0	0	0	0	0	0	
	Partitions	d	0.0	0.0	0	0	0	0	0	0	
		e	0.0	0.0	0	0	0	0	0	0	
		f	0.0	0.0	0	0	0	0	0	0	
101	Ceilings	a 16D	1.3	2.1	0	0	0	0	0	0	
		b	0.0	0.0	126	0	0	72	0	0	
		c	0.0	0.0	0	0	0	0	0	0	
111	Floors	a 22A	20.2	0.0	23	466	0	15	304	0	
		b 20A	7.8	4.2	0	0	0	0	0	0	
		c	0.0	0.0	0	0	0	0	0	0	
121	Infiltration p	123.2	7.4		7	163	52	4	93	30	
131	Subtot Btuh Loss=6+8.+11+12				****	1280	****	****	807	****	
141	Duct Btuh Loss				10%	128	****	10%	81	****	
151	Total Btuh Loss = 13+14				****	1408	****	****	888	****	
161	Int. Gains: People @	300			0	****	0	0	****	0	
	Appl. @	1200			0	****	0	0	****	0	
171	Subtot RSH Gain=7+8.+12+16				****	****	1000	****	****	369	
181	Duct Btuh Gain				10%	****	100	10%	****	37	
191	Total RSH Gain=(17+18)*PLF				1.25	****	1375	1.15	****	467	
1201	CFM Air Required				****	57	60	****	36	20	

KILBRIDE.BLD Job#

Zone: ZONE 2

6/14/96

----- MANUAL J: 7th Ed. ----- RIGHT-J: V2.03 ----- S/N 1258 ----- Page 3 -----

1 Name of Room		BED 3						BED 4			
2 Running Ft. Exposed Wall		24.0 Ft.						28.0 Ft.			
3 Room Dimensions, Ft.		12.0 x 14.0 Ft.						14.0 x 14.0 Ft.			
4 Ceilings, Ft Condit. Option		9.0 heat/cool						9.0 heat/cool			
TYPE OF EXPOSURE		ICST	HTM	Area	Btuh		Area	Btuh			
		INO.	HTg	Clg	Length	HTg	Clg	Length	HTg	Clg	
5	Gross	a 12C	2.2	1.8	216	****	****	252	****	****	
	Exposed	b 13C	1.8	1.0	0	****	****	0	****	****	
	Walls and	c 14B	3.6	1.8	0	****	****	0	****	****	
	Partitions	d	0.0	0.0	0	****	****	0	****	****	
		e	0.0	0.0	0	****	****	0	****	****	
		f	0.0	0.0	0	****	****	0	****	****	
6	Windows	a 1C	28.9	**	29	837	****	44	1270	****	
	& Glass	b 8C	28.9	**	0	0	****	0	0	****	
	Doors Htg.	c 9C	30.2	**	0	0	****	0	0	****	
		d 7C	32.3	**	0	0	****	0	0	****	
		e	0.0	**	0	0	****	0	0	****	
		f	0.0	**	0	0	****	0	0	****	
7	Windows	North		127.0	29	****	783	24	****	648	
	& Glass	NE&NW		0.0	0	****	0	0	****	0	
	Doors Clg.	E&W		185.0	0	****	0	20	****	1700	
		SE&SW		0.0	0	****	0	0	****	0	
		South		0.0	0	****	0	0	****	0	
		Horz		0.0	0	****	0	0	****	0	
8	Othr doors	a 11E	4.8	3.7	0	0	0	0	0	0	
		b 10D	11.5	9.0	0	0	0	0	0	0	
9	Net	a 12C	2.2	1.8	187	421	330	208	468	367	
	Exposed	b 13C	1.8	1.0	0	0	0	0	0	0	
	Walls and	c 14B	3.6	1.8	0	0	0	0	0	0	
	Partitions	d	0.0	0.0	0	0	0	0	0	0	
		e	0.0	0.0	0	0	0	0	0	0	
		f	0.0	0.0	0	0	0	0	0	0	
10	Ceilings	a 16D	1.3	2.1	0	0	0	0	0	0	
		b	0.0	0.0	168	0	0	196	0	0	
		c	0.0	0.0	0	0	0	0	0	0	
11	Floors	a 22A	20.2	0.0	24	486	0	28	567	0	
		b 20A	7.8	4.2	0	0	0	0	0	0	
		c	0.0	0.0	0	0	0	0	0	0	
12	Infiltration p	123.2	7.4		29	673	215	44	1021	327	
13	Subtot Btuh Loss=6+8.+11+12				****	2417	****	****	3327	****	
14	Duct Btuh Loss				10%	242	****	10%	333	****	
15	Total Btuh Loss = 13+14				****	2659	****	****	3660	****	
16	Int. Gains: People @	300			2	****	600	2	****	600	
	Appl. @	1200			0	****	0	0	****	0	
17	Subtot RSH Gain=7+8.+12+16				****	****	1928	****	****	3642	
18	Duct Btuh Gain				10%	****	193	10%	****	364	
19	Total RSH Gain=(17+18)*PLF				1.00	****	2121	1.00	****	4006	
20	CFM Air Required				****	107	92	****	147	173	

KILBRIDE.BLD Job# Zone: ZONE 2 6/14/96

----- MANUAL J: 7th Ed. ----- RIGHT-J: V2.03 --- S/N 1258 --- Page 4 -----

1	Name of Room	OPEN AREA					
2	Running Ft. Exposed Wall	14.0 Ft.				Ft.	
3	Room Dimensions, Ft.	14.0 x 18.0 Ft.				x	Ft.
4	Ceilings, Ft	Condit.	Option	9.0	heat/cool		

	TYPE OF EXPOSURE	ICST	IND.	HTM	IClg	Area		Btuh		Area		Btuh	
						Length	Htg	Length	Htg	Length	Htg	Length	Htg
5	Gross	a	12C	2.2	1.8	126	****	****			****	****	
	Exposed	b	13C	1.8	1.0	0	****	****			****	****	
	Walls and	c	14B	3.6	1.8	0	****	****			****	****	
	Partitions	d		0.0	0.0	0	****	****			****	****	
		e		0.0	0.0	0	****	****			****	****	
		f		0.0	0.0	0	****	****			****	****	
6	Windows	a	1C	28.9	**	28	808	****			****	****	
	& Glass	b	8C	28.9	**	0	0	****			****	****	
	Doors Htg.	c	9C	30.2	**	0	0	****			****	****	
		d	7C	32.3	**	0	0	****			****	****	
		e		0.0	**	0	0	****			****	****	
		f		0.0	**	0	0	****			****	****	
7	Windows		North			28	****	756			****	****	
	& Glass		NE&NW			0	****	0			****	****	
	Doors Clg.		E&W			0	****	0			****	****	
			SE&SW			0	****	0			****	****	
			South			0	****	0			****	****	
			Horz			0	****	0			****	****	
8	Othr doors	a	11E	4.8	3.7	0	0	0					
		b	10D	11.5	9.0	0	0	0					
9	Net	a	12C	2.2	1.8	98	220	173					
	Exposed	b	13C	1.8	1.0	0	0	0					
	Walls and	c	14B	3.6	1.8	0	0	0					
	Partitions	d		0.0	0.0	0	0	0					
		e		0.0	0.0	0	0	0					
		f		0.0	0.0	0	0	0					
10	Ceilings	a	16D	1.3	2.1	0	0	0					
		b		0.0	0.0	252	0	0					
		c		0.0	0.0	0	0	0					
11	Floors	a	22A	20.2	0.0	14	284	0					
		b	20A	7.8	4.2	0	0	0					
		c		0.0	0.0	0	0	0					
12	Infiltration	p		23.2	7.4	28	650	208					
13	Subtot Btuh Loss=6+8.+11+12					****	1963	****	****		****	****	
14	Duct Btuh Loss					10%	196	****	%		****	****	
15	Total Btuh Loss = 13+14					****	2159	****	****		****	****	
16	Int. Gains: People @			300		0	****	0			****	****	
	Appl. @			1200		0	****	0			****	****	
17	Subtot RSH Gain=7+8.+12+16					****	****	1137	****	****	****	****	
18	Duct Btuh Gain					10%	****	114	%		****	****	
19	Total RSH Gain=(17+18)*PLF					1.00	****	1251			****	****	
20	CFM Air Required					****	87	54	****		****	****	

KILBRIDE.BLD Job# Zone: ZONE 1 6/14/96

----- MANUAL J: 7th Ed. ----- RIGHT-J: V2.03 --- S/N 1258 --- Page 1 -----

1	Name of Room	ZONE 1	FOYER
2	Running Ft. Exposed Wall	193.0 Ft.	8.0 Ft.
3	Room Dimensions, Ft.		8.0 x 7.0 Ft.
4	Ceilings, Ft Condit. Option	9.0 p n	9.0 heat/cool

	TYPE OF EXPOSURE	ICSTI	HTM	Area Length	Btuh		Area Length	Btuh	
					Htg	Clg		Htg	Clg
5	Gross Exposed Walls and Partitions	a 12C	2.2 1.8	1737	****	****	72	****	****
		b 13C	1.8 1.0	0	****	****	0	****	****
		c 14B	3.6 1.8	0	****	****	0	****	****
		d	0.0 0.0	0	****	****	0	****	****
		e	0.0 0.0	0	****	****	0	****	****
		f	0.0 0.0	0	****	****	0	****	****
6	Windows & Glass	a 1C	28.9 **	328	9471	****	12	346	****
		b 8C	28.9 **	0	0	****	0	0	****
	Doors Htg.	c 9C	30.2 **	30	908	****	0	0	****
		d 7C	32.3 **	0	0	****	0	0	****
		e	0.0 **	0	0	****	0	0	****
		f	0.0 **	0	0	****	0	0	****
7	Windows & Glass	North	27.0	318	****	8586	12	****	324
		NE&NW	0.0	0	****	0	0	****	0
	Doors Clg.	E&W	85.0	40	****	3400	0	****	0
		SE&SW	0.0	0	****	0	0	****	0
		South	0.0	0	****	0	0	****	0
		Horz	0.0	0	****	0	0	****	0
8	Othr doors	a 11E	4.8 3.7	22	104	82	22	104	82
		b 10D	11.5 9.0	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a 12C	2.2 1.8	1357	3053	2394	38	86	67
		b 13C	1.8 1.0	0	0	0	0	0	0
		c 14B	3.6 1.8	0	0	0	0	0	0
		d	0.0 0.0	0	0	0	0	0	0
		e	0.0 0.0	0	0	0	0	0	0
		f	0.0 0.0	0	0	0	0	0	0
10	Ceilings	a 16D	1.3 2.1	0	0	0	0	0	0
		b	0.0 0.0	1922	0	0	56	0	0
		c	0.0 0.0	0	0	0	0	0	0
11	Floors	a 22A	20.2 0.0	193	3908	0	8	162	0
		b 20A	7.8 4.2	0	0	0	0	0	0
		c	0.0 0.0	0	0	0	0	0	0
12	Infiltration p	23.2	7.4	380	8822	2823	34	789	253
13	Subtot Btuh Loss=6+8.+11+12			****	26266	****	****	1488	****
14	Duct Btuh Loss			10%	2627	****	10%	149	****
15	Total Btuh Loss = 13+14			****	28893	****	****	1637	****
16	Int. Gains: People @	300		2	****	600	0	****	0
	Appl. @	1200		5	****	6000	0	****	0
17	Subtot RSH Gain=7+8.+12+16			****	****	23885	****	****	726
18	Duct Btuh Gain			10%	****	2388	10%	****	73
19	Total RSH Gain=(17+18)*PLF			1.18	****	31095	1.00	****	798
20	CFM Air Required			****	1161	1346	****	66	35

KILBRIDE.BLD Job# Zone: ZONE 1 6/14/96

----- MANUAL J: 7th Ed. ----- RIGHT-J: V2.03 --- S/N 1258 --- Page 2 -----

1	Name of Room	STUDY	GREAT ROOM
2	Running Ft. Exposed Wall	27.0 Ft.	40.0 Ft.
3	Room Dimensions, Ft.	12.0 x 14.0 Ft.	26.0 x 19.0 Ft.
4	Ceilings, Ft Condit. Option	9.0 heat/cool	9.0 heat/cool

	TYPE OF EXPOSURE	ICSTI	HTM	Area	Btuh		Area	Btuh	
					Length	Htg		Clg	Length
5	Gross	a 12C	2.2 1.8	243	****	****	360	****	****
	Exposed	b 13C	1.8 1.0	0	****	****	0	****	****
	Walls and	c 14B	3.6 1.8	0	****	****	0	****	****
	Partitions	d	0.0 0.0	0	****	****	0	****	****
		e	0.0 0.0	0	****	****	0	****	****
		f	0.0 0.0	0	****	****	0	****	****
6	Windows	a 1C	28.9 **	65	1877	****	60	1732	****
	& Glass	b 8C	28.9 **	0	0	****	0	0	****
	Doors Htg.	c 9C	30.2 **	0	0	****	0	0	****
		d 7C	32.3 **	0	0	****	0	0	****
		e	0.0 **	0	0	****	0	0	****
		f	0.0 **	0	0	****	0	0	****
7	Windows	North	27.0	45	****	1215	60	****	1620
	& Glass	NE&NW	0.0	0	****	0	0	****	0
	Doors Clg.	E&W	85.0	20	****	1700	0	****	0
		SE&SW	0.0	0	****	0	0	****	0
		South	0.0	0	****	0	0	****	0
		Horz	0.0	0	****	0	0	****	0
8	Othr doors	a 11E	4.8 3.7	0	0	0	0	0	0
		b 10D	11.5 9.0	0	0	0	0	0	0
9	Net	a 12C	2.2 1.8	178	400	314	300	675	529
	Exposed	b 13C	1.8 1.0	0	0	0	0	0	0
	Walls and	c 14B	3.6 1.8	0	0	0	0	0	0
	Partitions	d	0.0 0.0	0	0	0	0	0	0
		e	0.0 0.0	0	0	0	0	0	0
		f	0.0 0.0	0	0	0	0	0	0
10	Ceilings	a 16D	1.3 2.1	0	0	0	0	0	0
		b	0.0 0.0	168	0	0	494	0	0
		c	0.0 0.0	0	0	0	0	0	0
11	Floors	a 22A	20.2 0.0	27	547	0	40	810	0
		b 20A	7.8 4.2	0	0	0	0	0	0
		c	0.0 0.0	0	0	0	0	0	0
12	Infiltration p	23.2	7.4	65	1509	483	60	1393	446
13	Subtot Btuh Loss=6+8.+11+12			****	4333	****	****	4610	****
14	Duct Btuh Loss			10%	433	****	10%	461	****
15	Total Btuh Loss = 13+14			****	4766	****	****	5071	****
16	Int. Gains: People @		300	0	****	0	0	****	0
	Appl. @		1200	0	****	0	0	****	0
17	Subtot RSH Gain=7+A.+12+16			****	****	3712	****	****	2595
18	Duct Btuh Gain			10%	****	371	10%	****	259
19	Total RSH Gain=(17+18)*PLF			1.00	****	4083	1.20	****	3425
120	CFM Air Required			****	191	177	****	204	148

KILBRIDE.BLD Job#

Zone: ZONE 1

6/14/96

----- MANUAL J: 7th Ed. ----- RIGHT-J: V2.03 --- S/N 1258 --- Page 3 -----

1	Name of Room	KITCHEN			DINING		
2	Running Ft. Exposed Wall	10.0 Ft.			30.0 Ft.		
3	Room Dimensions, Ft.	20.0 x 14.0 Ft.			16.0 x 14.0 Ft.		
4	Ceilings, Ft Condit. Option	9.0 heat/cool			9.0 heat/cool		

	TYPE OF EXPOSURE	ICSTI	HTM	HTg	IClg	Area		Btuh		Area	Btuh	
						Length	Clg	Length	Clg		Length	Clg
5	Gross	a 12C	2.2	1.8		90	****	****		270	****	****
	Exposed	b 13C	1.8	1.0		0	****	****		0	****	****
	Walls and	c 14B	3.6	1.8		0	****	****		0	****	****
	Partitions	d	0.0	0.0		0	****	****		0	****	****
		e	0.0	0.0		0	****	****		0	****	****
		f	0.0	0.0		0	****	****		0	****	****
6	Windows	a 1C	28.9	**		0	0	****		100	2888	****
	& Glass	b 8C	28.9	**		0	0	****		0	0	****
	Doors Htg.	c 9C	30.2	**		30	908	****		0	0	****
		d 7C	32.3	**		0	0	****		0	0	****
		e	0.0	**		0	0	****		0	0	****
		f	0.0	**		0	0	****		0	0	****
7	Windows		North			30	****	810		80	****	2160
	& Glass		NE&NW			0	****	0		0	****	0
	Doors Clg.		E&W			0	****	0		20	****	1700
			SE&SW			0	****	0		0	****	0
			South			0	****	0		0	****	0
			Horz			0	****	0		0	****	0
8	Othr doors	a 11E	4.8	3.7		0	0	0		0	0	0
		b 10D	11.5	9.0		0	0	0		0	0	0
9	Net	a 12C	2.2	1.8		60	135	106		170	382	300
	Exposed	b 13C	1.8	1.0		0	0	0		0	0	0
	Walls and	c 14B	3.6	1.8		0	0	0		0	0	0
	Partitions	d	0.0	0.0		0	0	0		0	0	0
		e	0.0	0.0		0	0	0		0	0	0
		f	0.0	0.0		0	0	0		0	0	0
10	Ceilings	a 16D	1.3	2.1		0	0	0		0	0	0
		b	0.0	0.0		280	0	0		224	0	0
		c	0.0	0.0		0	0	0		0	0	0
11	Floors	a 22A	20.2	0.0		10	202	0		30	608	0
		b 20A	7.8	4.2		0	0	0		0	0	0
		c	0.0	0.0		0	0	0		0	0	0
12	Infiltration p		23.2	7.4		30	696	223		100	2322	743
13	Subtot Btuh Loss=6+8.+11+12					****	1941	****		****	6199	****
14	Duct Btuh Loss					10%	194	****		10%	620	****
15	Total Btuh Loss = 13+14					****	2136	****		****	6819	****
16	Int. Gains: People @		300			0	****	0		0	****	0
	Appl. @		1200			3	****	3600		0	****	0
17	Subtot RSH Gain=7+8.+12+16					****	****	4739		****	****	4903
18	Duct Btuh Gain					10%	****	474		10%	****	490
19	Total RSH Gain=(17+18)*PLF					1.35	****	7037		1.35	****	7281
20	CFM Air Required					****	86	305		****	274	315

KILBRIDE.BLD Job# Zone: ZONE 1 6/14/96

----- MANUAL J: 7th Ed. ----- RIGHT-J: V2.03 --- S/N 1258 --- Page 4 -----

1	Name of Room	LAUND PWDR	M BATH
2	Running Ft. Exposed Wall	28.0 Ft.	30.0 Ft.
3	Room Dimensions, Ft.	10.0 x 18.0 Ft.	10.0 x 20.0 Ft.
4	Ceilings, Ft Condit. Option	9.0 heat/cool	9.0 heat/cool

	TYPE OF EXPOSURE	ICSTI INO.	HTM HTg	HTM Clg	Area Length	Btuh		Area Length	Btuh	
						Htg	Clg		Htg	Clg
5	Gross	a 12C	2.2	1.8	252	****	****	270	****	****
	Exposed	b 13C	1.8	1.0	0	****	****	0	****	****
	Walls and	c 14B	3.6	1.8	0	****	****	0	****	****
	Partitions	d	0.0	0.0	0	****	****	0	****	****
		e	0.0	0.0	0	****	****	0	****	****
		f	0.0	0.0	0	****	****	0	****	****
6	Windows & Glass	a 1C	28.9	**	13	375	****	20	578	****
		b 8C	28.9	**	0	0	****	0	0	****
	Doors Htg.	c 9C	30.2	**	0	0	****	0	0	****
		d 7C	32.3	**	0	0	****	0	0	****
		e	0.0	**	0	0	****	0	0	****
		f	0.0	**	0	0	****	0	0	****
7	Windows & Glass	North	27.0		13	****	351	20	****	540
		NE&NW	0.0		0	****	0	0	****	0
	Doors Clg.	E&W	85.0		0	****	0	0	****	0
		SE&SW	0.0		0	****	0	0	****	0
		South	0.0		0	****	0	0	****	0
		Horz	0.0		0	****	0	0	****	0
8	Othr doors	a 11E	4.8	3.7	0	0	0	0	0	0
		b 10D	11.5	9.0	0	0	0	0	0	0
9	Net	a 12C	2.2	1.8	239	538	422	250	562	441
	Exposed	b 13C	1.8	1.0	0	0	0	0	0	0
	Walls and	c 14B	3.6	1.8	0	0	0	0	0	0
	Partitions	d	0.0	0.0	0	0	0	0	0	0
		e	0.0	0.0	0	0	0	0	0	0
		f	0.0	0.0	0	0	0	0	0	0
10	Ceilings	a 16D	1.3	2.1	0	0	0	0	0	0
		b	0.0	0.0	180	0	0	200	0	0
		c	0.0	0.0	0	0	0	0	0	0
11	Floors	a 22A	20.2	0.0	28	567	0	30	608	0
		b 20A	7.8	4.2	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0
12	Infiltration p	23.2	7.4		13	302	97	20	464	149
13	Subtot Btuh Loss=6+8.+11+12				****	1782	****	****	2212	****
14	Duct Btuh Loss				10%	178	****	10%	221	****
15	Total Btuh Loss = 13+14				****	1960	****	****	2433	****
16	Int. Gains: People @	300			0	****	0	0	****	0
	Appl. @	1200			2	****	2400	0	****	0
17	Subtot RSH Gain=7+8.+12+16				****	****	3269	****	****	1130
18	Duct Btuh Gain				10%	****	327	10%	****	113
19	Total RSH Gain=(17+18)*PLF				1.15	****	4136	1.00	****	1243
20	CFM Air Required				****	79	179	****	98	54

KILBRIDE.BLD Job#

Zone: ZONE 1

6/14/96

----- MANUAL J: 7th Ed. ----- RIGHT-J: V2.03 ----- S/N 1258 ----- Page 5 -----

1	Name of Room	MASTER BEDROOM						WIC			
2	Running Ft. Exposed Wall	20.0 Ft.						0.0 Ft.			
3	Room Dimensions, Ft.	16.0 x 14.0 Ft.						12.0 x 8.0 Ft.			
4	Ceilings, Ft Condit. Option	9.0 heat/cool						9.0 heat/cool			

	TYPE OF EXPOSURE	ICSTI	HTM	Area	Btuh		Area	Btuh			
		INO.	HTg	Length	HTg	Clg	Length	HTg	Clg		

5	Gross	a 12C	2.2	1.8	180	****	****	0	****	****	
	Exposed	b 13C	1.8	1.0	0	****	****	0	****	****	
	Walls and	c 14B	3.6	1.8	0	****	****	0	****	****	
	Partitions	d	0.0	0.0	0	****	****	0	****	****	
		e	0.0	0.0	0	****	****	0	****	****	
		f	0.0	0.0	0	****	****	0	****	****	

6	Windows	a 1C	28.9	**	58	1675	****	0	0	****	
	& Glass	b 8C	28.9	**	0	0	****	0	0	****	
	Doors Htg.	c 9C	30.2	**	0	0	****	0	0	****	
		d 7C	32.3	**	0	0	****	0	0	****	
		e	0.0	**	0	0	****	0	0	****	
		f	0.0	**	0	0	****	0	0	****	

7	Windows	North		127.0	58	****	1566	0	****	0	
	& Glass	NE&NW		0.0	0	****	0	0	****	0	
	Doors Clg.	E&W		185.0	0	****	0	0	****	0	
		SE&SW		0.0	0	****	0	0	****	0	
		South		0.0	0	****	0	0	****	0	
		Horz		0.0	0	****	0	0	****	0	

8	Othr doors	a 11E	4.8	3.7	0	0	0	0	0	0	
		b 10D	11.5	9.0	0	0	0	0	0	0	

9	Net	a 12C	2.2	1.8	122	274	215	0	0	0	
	Exposed	b 13C	1.8	1.0	0	0	0	0	0	0	
	Walls and	c 14B	3.6	1.8	0	0	0	0	0	0	
	Partitions	d	0.0	0.0	0	0	0	0	0	0	
		e	0.0	0.0	0	0	0	0	0	0	
		f	0.0	0.0	0	0	0	0	0	0	

10	Ceilings	a 16D	1.3	2.1	0	0	0	0	0	0	
		b	0.0	0.0	224	0	0	96	0	0	
		c	0.0	0.0	0	0	0	0	0	0	

11	Floors	a 22A	20.2	0.0	20	405	0	0	0	0	
		b 20A	7.8	4.2	0	0	0	0	0	0	
		c	0.0	0.0	0	0	0	0	0	0	

12	Infiltration p	23.2	7.4	58	1346	431	0	0	0	0	

13	Subtot Btuh Loss=6+8..+11+12	****				3701	****	****	0	****	****
14	Duct Btuh Loss	10%				370	****	10%	0	****	****
15	Total Btuh Loss = 13+14	****				4071	****	****	0	****	****

16	Int. Gains: People @	300			2	****	600	0	****	0	
	Appl. @	1200			0	****	0	0	****	0	

17	Subtot RSH Gain=7+8..+12+16	****				****	2812	****	****	0	****
18	Duct Btuh Gain	10%				****	281	10%	****	0	****
19	Total RSH Gain=(17+18)*PLF	1.00				****	3093	1.00	****	0	****
20	CFM Air Required	****				164	134	****	0	****	0

This instrument prepared by:

Lucy Holton



FIRST FEDERAL SAVINGS OF THE PALM BEACHES

P. O. Box 3515 West Palm Beach, FL 33402-3515

STATE OF FLORIDA MARTIN COUNTY

THIS IS TO CERTIFY THAT THE FOREGOING INSTRUMENT IS A TRUE AND CORRECT COPY OF THE ORIGINAL. BY: [Signature] DATE: 6/6/96



NOTICE OF COMMENCEMENT

Permit # _____ Tax Folio # 12-38-41-002-000-00600-100000

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with SECTION 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. The Notice shall be effective for a period of 12 months from the date of recording.

Description of Property: Lot 60, RIO VISTA SUBDIVISION, according to the Plat thereof recorded at Plat Book 6, Page 95, public records of Martin County, Florida.

Property Address: XXX SE LANTANA LANE STUART, FL 34996
General description of Improvement: TWO STORY, FRAME/HARDI, SINGLE FAMILY HOME WITH POOL
Owner: ROBERT L. KILBRIDE and LAURIE KILBRIDE

Address: 752 NW 10TH TERRACE STUART, FL 34994

Owner's interest in site of the Improvement: Fee Simple

Fee simple title owner (if other than owner) Name: _____

Address: _____

Contractor: STRATHMORE CONTRACTING OF FLORIDA

Address: P.O. BOX 7900 PORT ST. LUCIE, FL 34985-7900

Surety (if any) _____

Address: _____ Amount of bond \$ _____

Construction Lender: First Federal Savings & Loan Association of the Palm Beaches
Address: P. O. Box 3515, West Palm Beach, FL- 33402 Attention: Jennie Temple-Rodriguez

Name of 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 owner the following person shall receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

Name: _____

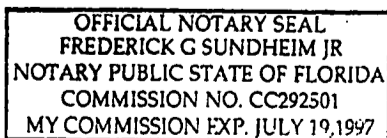
Address: _____

[Signature] 6/6/96 (Owner)
ROBERT L. KILBRIDE

[Signature] 6/6/96 (Owner)
LAURIE KILBRIDE

STATE OF Florida
COUNTY OF Martin

The foregoing instrument was acknowledged before me this 6 day of June, 1996 by ROBERT L. KILBRIDE and LAURIE KILBRIDE who is (are) personally known to me or who has (have) produced as identification and did not take an oath.



[Signature]
(printed name) FREDERICK G. SUNDHEIM JR.

Notary Public, State of _____

My commission expires: _____

Serial No.: _____

Department of Community Affairs
 FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SN: 5050

FORM 600A-93

Residential Whole Building Performance Method A

SOUTH

PROJECT NAME: ;BUILDER: STRATHMORE BLDRS
 AND ADDRESS: ;PERMITTING ;CLIMATE
 OWNER: SEWALLS POINT ;OFFICE: SEWALLS PT ;ZONE: 7;_1; 8;_1; 9;_1;
 KILBRIDGE ;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. 2447.00	----
6. Predominant eave overhang (ft.)	6. 2.00	----
7. Porch overhang length (ft.)	7. 12.00	----
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 0.0sqft 0.00sqft	----
b. Tint, film or solar screen	8b. 396.7sqft 0.00sqft	----
9. Floor type and insulation:		
a. Slab on grade (R-value, perimeter)	9a.R= 0.00 , 186.00 ft	----
10.Net Wall type area and insulation:		
a. Exterior: 2. Wood frame (Insulation R-value)	10a-2 R=11.00, 1577.00sqft	----
b. Adjacent: 2. Wood frame (Insulation R-value)	10b-2 R=11.00, 234.00sqft	----
11.Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a.R=30.00 , 2195.00sqft	----
12.Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 6.00 , uncond	----
13.Cooling system	13. Type: Central A/C	----
	SEER: 11.00	----
13.Cooling system	13. Type: Central A/C	----
	SEER: 11.00	----
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: Electric	----
	EF: 0.94	----
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. MZ	----
19.EPI (must not exceed 100 points)	19. 85.18	----
a. Total As-Built points	19a. 38576.10	----
b. Total Base points	19b. 45286.22	----

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

PREPARED BY: *R. Deluzal*
 DATE: *4/16/96*

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

OWNER/AGENT: *Michael Spj*
 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: _____

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600A-93 Residential Whole Building Performance Method A SOUTH
PROJECT NAME: ;BUILDER: STRATHMORE BLDRS
AND ADDRESS: ;PERMITTING ;CLIMATE
OWNER: SEWALLS POINT ;OFFICE: SEWALLS PT ;ZONE: 7; 8; 9;
KILBRIDGE ;PERMIT NO. ;JURISDICTION NO.531300
CK

Table with 3 columns: Description, Value, and Unit/Status. Rows include construction type (New Construction), floor area (2447.00), eave overhang (2.00), porch overhang (12.00), glass area, insulation R-values, and HVAC system details.

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

PREPARED BY: [Signature]
DATE: 4/16/96

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-----										
ORIEN	AREA	× BSPM =	POINTS	TYPE	SC	ORIEN	AREA	× SPM	× SOF	= POINTS
N	113.80	109.7	12483.9	SGL TINT		N	13.0	65.2	.81	686.0
				SGL TINT		N	36.0	65.2	.86	2012.6
				SGL TINT		N	60.0	65.2	.57	2246.5
				SGL TINT		N	4.8	65.2	.71	222.9
NE	18.00	109.7	1974.6	SGL TINT		NE	18.0	94.5	.84	1427.2
				SGL TINT		E	18.0	133.9	.84	2036.3
E	44.50	109.7	4881.6	SGL TINT		E	19.8	133.9	.70	1866.2
				SGL TINT		E	6.7	133.9	.61	545.9
				SGL TINT		S	16.2	132.5	.30	644.0
S	143.20	109.7	15709.0	SGL TINT		S	20.0	132.5	.35	928.8
				SGL TINT		S	14.0	132.5	.34	630.1
				SGL TINT		S	5.0	132.5	.30	198.8
				SGL TINT		S	20.0	132.5	.35	928.8
				SGL TINT		S	20.0	132.5	.30	795.0
				SGL TINT		S	16.0	132.5	.86	1825.0
				SGL TINT		S	16.0	132.5	.69	1459.8
				SGL TINT		S	16.0	132.5	.86	1825.0
				SGL TINT		W	11.6	133.9	.45	702.6
				SGL TINT		W	11.6	133.9	.45	702.6
W	39.20	109.7	4300.2	SGL TINT		W	16.0	133.9	.76	1636.7
				SGL TINT		NW	18.0	94.5	.84	1427.2
				SGL TINT		NW	20.0	94.5	.55	1038.3

.15 × COND.	FLOOR /	TOTAL GLASS	= ADJ.	×	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	AREA	FACTOR		POINTS		POINTS	POINTS
.15	2,447.00	396.70	.925		43,517.99		40,265.38	25,786.20

NON GLASS-----										
AREA	×	BSPM =	POINTS	TYPE	R-VALUE	AREA	×	SPM =	POINTS	
WALLS-----										
Ext	1577.0	1.6	2523.2	Ext Wood Frame	11.0	1577.0	2.70	4257.9		
Adj	234.0	1.0	234.0	Adj Wood Frame	11.0	234.0	1.00	234.0		
DOORS-----										
Ext	40.0	6.4	256.0	Ext Insulated		40.0	6.40	256.0		
Adj	18.0	2.6	46.8	Adj Wood		18.0	3.80	68.4		
CEILINGS-----										
UA	1611.0	.8	1288.8	Under Attic	30.0	2195.0	.80	1756.0		
FLOORS-----										
Slb	186.0	-20.0	-3720.0	Slab-on-Grade	.0	186.0	-20.00	-3720.0		
INFILTRATION-----										
	2447.0	14.7	35970.9	Practice #2		2447.0	14.70	35970.9		

TOTAL SUMMER POINTS | 76,865.08 | 64,609.40

TOTAL	×	SYSTEM	=	COOLING	TOTAL	×	CAP	×	DUCT	×	SYSTEM	×	CREDIT	=	COOLING
SUM PTS		MULT		POINTS	COMPON		RATIO		MULT		MULT		MULT		POINTS
76,865.08		.37		28,440.08	64,609.40		1.00		1.100		.310		.950		20,930.22

 WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIEN	AREA	x BWPM =	POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS
N	113.80	-.4	-45.5	SGL TINT		N	13.0	3.7	1.09	52.2
				SGL TINT		N	36.0	3.7	1.06	141.7
				SGL TINT		N	60.0	3.7	1.22	271.9
				SGL TINT		N	4.8	3.7	1.13	20.1
NE	18.00	-.4	-7.2	SGL TINT		NE	18.0	2.9	1.15	59.9
				SGL TINT		E	18.0	.2	4.31	15.5
E	44.50	-.4	-17.8	SGL TINT		E	19.8	.2	7.81	30.9
				SGL TINT		E	6.7	.2	10.54	14.1
				SGL TINT		S	16.2	-1.8	-1.92	56.0
S	143.20	-.4	-57.3	SGL TINT		S	20.0	-1.8	-1.49	53.5
				SGL TINT		S	14.0	-1.8	-1.59	40.0
				SGL TINT		S	5.0	-1.8	-1.92	17.3
				SGL TINT		S	20.0	-1.8	-1.49	53.5
				SGL TINT		S	20.0	-1.8	-1.92	69.1
				SGL TINT		S	16.0	-1.8	.84	-24.1
				SGL TINT		S	16.0	-1.8	.51	-14.7
				SGL TINT		S	16.0	-1.8	.84	-24.1
W	39.20	-.4	-15.7	SGL TINT		W	11.6	.2	14.99	34.8
				SGL TINT		W	11.6	.2	14.99	34.8
NW	38.00	-.4	-15.2	SGL TINT		W	16.0	.2	6.19	19.8
				SGL TINT		NW	18.0	2.9	1.15	59.9
				SGL TINT		NW	20.0	2.9	1.38	80.3

.15 x COND. FLOOR / TOTAL GLASS = ADJ. x GLASS = ADJ GLASS | GLASS
 AREA AREA FACTOR POINTS POINTS | POINTS

.15 2,447.00 396.70 .925 -158.68 -146.82 | 1,062.31

NON GLASS-----
 AREA x BWPM = POINTS | TYPE R-VALUE AREA x WPM = POINTS

WALLS-----										
Ext	1577.0	.3	473.1	Ext Wood Frame	11.0	1577.0	.60	946.2		
Adj	234.0	.5	117.0	Adj Wood Frame	11.0	234.0	.50	117.0		

DOORS-----										
Ext	40.0	1.8	72.0	Ext Insulated		40.0	1.80	72.0		
Adj	18.0	1.3	23.4	Adj Wood		18.0	1.90	34.2		

CEILINGS-----										
UA	1611.0	.1	161.1	Under Attic	30.0	2195.0	.10	219.5		

FLOORS-----										
Slb	186.0	-2.1	-390.6	Slab-on-Grade	.0	186.0	-2.10	-390.6		

INFILTRATION-----										
	2447.0	1.2	2936.4	Practice #2		2447.0	1.20	2936.4		

TOTAL WINTER POINTS | 3,245.58 | 4,997.01

TOTAL x SYSTEM = HEATING | TOTAL x CAP x DUCT x SYSTEM x CREDIT = HEATING
 WIN PTS MULT POINTS | COMPON RATIO MULT MULT MULT POINTS

3,245.58 1.10 3,570.14 | 4,997.01 1.00 1.100 1.000 .950 5,221.88

WATER HEATING

=== BASE ===

|

=== AS-BUILT ===

=====

NUM OF BEDRMS	×	MULT	=	TOTAL		TANK VOLUME	EF	TANK RATIO	×	MULT	×	CREDIT MULT	=	TOTAL
------------------	---	------	---	-------	--	-------------	----	---------------	---	------	---	----------------	---	-------

4		3319.0		13,276.00		40	.94	1.000		3106.0		1.00		12,424.00
---	--	--------	--	-----------	--	----	-----	-------	--	--------	--	------	--	-----------

=====

SUMMARY

=== BASE ===

|

=== AS-BUILT ===

=====

COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS		COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
-------------------	---	-------------------	---	---------------------	---	-----------------	--	-------------------	---	-------------------	---	---------------------	---	-----------------

28440.1		3570.1		13276.0		45,286.22		20930.2		5221.9		12424.0		38,576.10
---------	--	--------	--	---------	--	-----------	--	---------	--	--------	--	---------	--	-----------

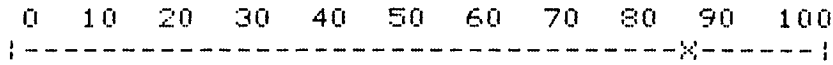
=====

 * EPI = 85.18 *

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= 85.2



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 Tint	-----X-----		
INSULATION.....				
Ceiling R-Value.....	30.0	R-10		R-30
Wall R-Value.....	11.0	R-0		R-7
Floor R-Value.....	0.0	R-0		R-19
AIR CONDITIONER.....				
SEER.....	11.0	10.0	SEER	17.0
HEATING SYSTEM.....				
Electric COP.....	1.0	2.50	COP	4.19
WATER HEATER.....				
Electric EF.....	0.94	0.88		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 _____

This Document Prepared By:
ROBERT A. BURSON, ESQ.
ROBERT A. BURSON, P.A.
P.O. BOX 1620
STUART, FL 34995-1620

MARTIN COUNTY
CLERK OF COUNTY COURT
MARTIN CO., FL

01092402

RECORDED & VERIFIED
BY [Signature] D.C.

94 NOV 29 AM 10:37

FILE-50

WT

Parcel ID Number: 12 38 41 002 000 00600 100000

Grantee #1 TIN:

Grantee #2 TIN:

Warranty Deed

This Indenture, Made this 23 day of November, 1994 A.D., Between
GARY SHEFFIELD and KATHLEEN SHEFFIELD, his wife,

of the County of _____, State of North Carolina, grantors, and
ROBERT L. KILBRIDE and LAURIE KILBRIDE, his wife,

whose address is: **2310 SE COUNTRY CLUB LA, STUART, Florida 34994**

of the County of MARTIN, State of Florida, grantees.

Witnesseth that the GRANTORS, for and in consideration of the sum of **SIXTY-NINE THOUSAND FIVE HUNDRED AND ----- XX/100** DOLLARS, and other good and valuable consideration to GRANTORS in hand paid by GRANTEES, the receipt whereof is hereby acknowledged, have granted, bargained and sold to the said GRANTEES and GRANTEES' heirs and assigns forever, the following described land, situate, lying and being in the County of **MARTIN** State of **Florida** to wit:

LOT 60, RIO VISTA SUBDIVISION, according to the plat thereof filed December 11, 1975, as recorded in Plat Book 6, page 95, public records of Martin County, Florida.

Subject to restrictions, reservations and easements of record, if any, and taxes subsequent to 1994.

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

In Witness Whereof, the grantors have hereunto set their hands and seals the day and year first above written.
Signed, sealed and delivered in our presence:

Beverley Ann Hall
Printed Name: Beverley Ann Hall
Witness as to Both

Joseph Das
Printed Name: Joseph Das
Witness as to Both

Gary Sheffield (Seal)
GARY SHEFFIELD

P.O. Address: 7512 WINGED FOOT DR, RALEIGH, NC 27615

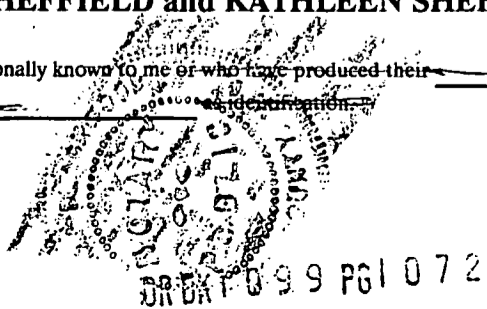
Kathleen Sheffield (Seal)
KATHLEEN SHEFFIELD

P.O. Address: 7512 WINGED FOOT DR, RALEIGH, NC 27615

**STATE OF North Carolina
COUNTY OF WAKE**

The foregoing instrument was acknowledged before me this 23 day of November, 1994 by
GARY SHEFFIELD and KATHLEEN SHEFFIELD, his wife,

who are personally known to me or who have produced their



Sharon Blackwood
Printed Name: Sharon Blackwood
NOTARY PUBLIC
My Commission Expires: 11-3-98



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 \$ 195,000.00 .

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.



MARY D. KNIERIM
MY COMMISSION # CC476490 EXPIRES
September 30, 1999
BONDED THRU TROY FAIN INSURANCE, INC.

Dannie Wilbude
Affiant
Property street address:
4 LANTANA LAKE
SEWALLS POINT, FL

Sworn to and subscribed
before me this 25 day of
Feb., 1997.

Mary D. Knierim
Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)

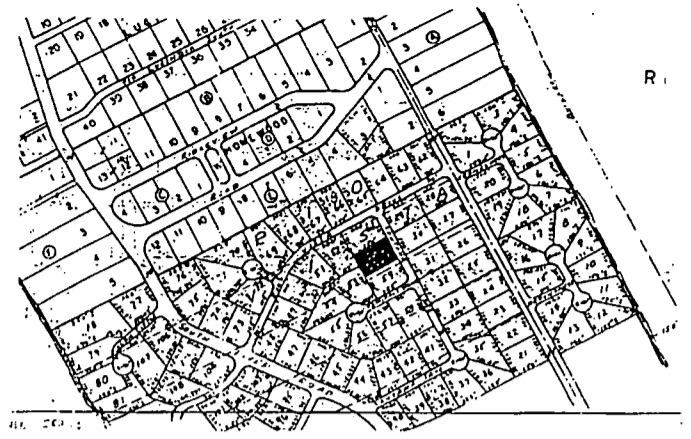
DESCRIPTION

LOT 60, RIO VISTA, AS RECORDED IN PLAT BOOK 6, PAGE 95, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

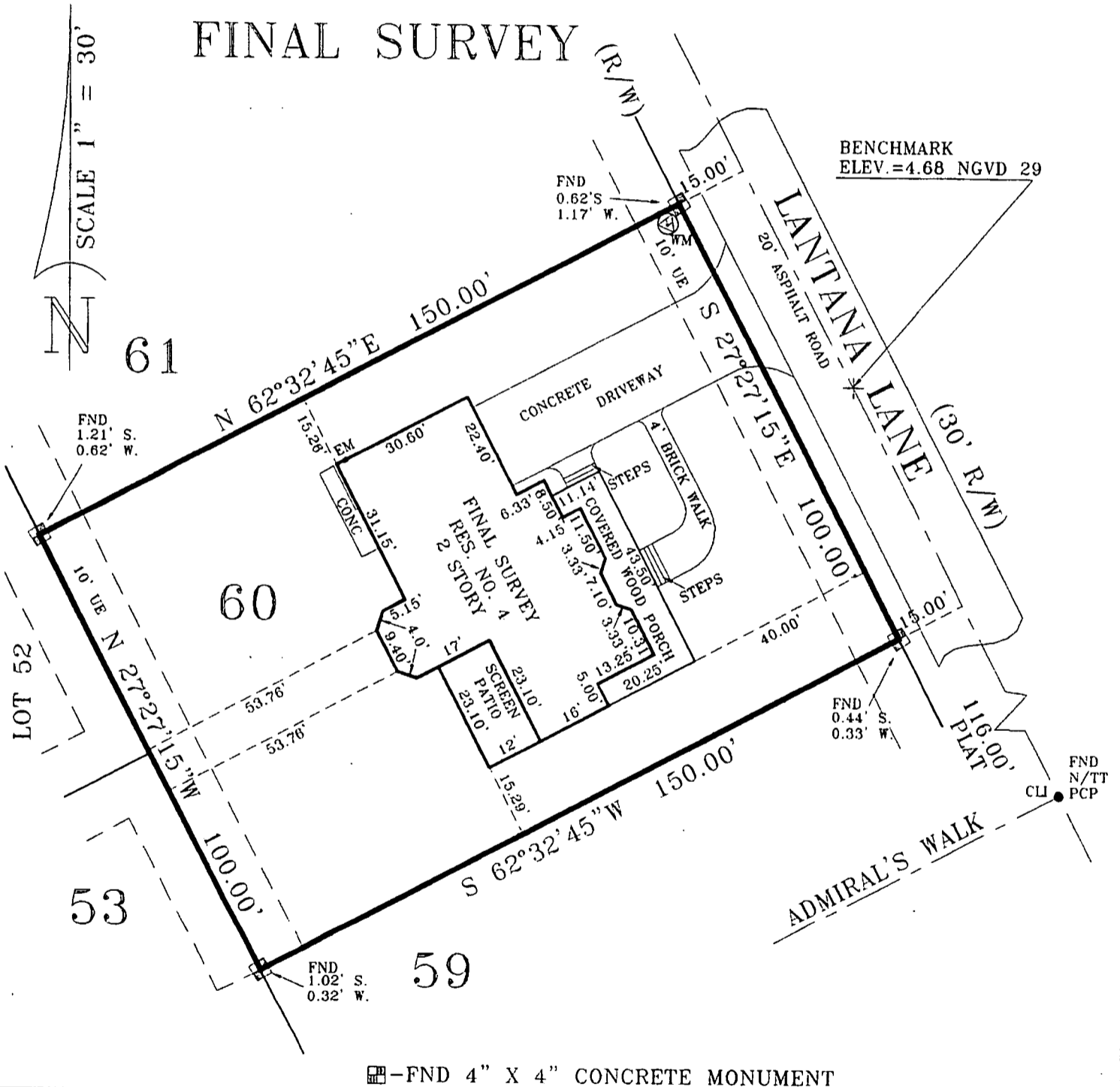
PROFESSIONAL SURVEYOR'S NOTES:

1. SUBJECT TO ANY APPLICABLE EASEMENTS, RIGHTS-OF-WAYS, OR OTHER RESTRICTIONS OF RECORD.
2. A SEARCH OF THE PUBLIC RECORDS HAS NOT BEEN MADE BY THIS OFFICE.
3. BEARINGS SHOWN HEREON ARE RELATED TO THE CENTERLINE OF LANTANA LANE, AS SHOWN ON THE PLAT OF RECORD.
4. ELEVATIONS SHOWN HEREON ARE RELATED TO N.G.V.D. OF 1929.
5. DESCRIPTION PROVIDED BY CLIENT OR CLIENT'S REPRESENTATIVE.
6. WELL & SEPTIC SYSTEM WILL BE REQUIRED.
7. PROPERTY LIES IN FLOOD ZONE "C", AS SHOWN ON FEMA / FIRM MAP NUMBER 120164 0002 D, PRINTED 6/16/1992.
8. CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL SITE PLAN INFORMATION PRIOR TO CONSTRUCTION.
9. THE GENERAL SLOPE OF THE PROPERTY, RECORDED EASEMENTS FROM THE PLAT, FILLED AREAS AND DRAINAGE FEATURES ARE AS SHOWN.
10. CERTIFIED TO: FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF THE PALM BEACHES; ROBERT L. AND LAURIE KILBRIDE; ATTORNEYS' TITLE INSURANCE FUND, INC.; OUGHTERSON, OUGHTERSON, PREWITT AND SUNDHEIM, P.A.; STRATHMORE CONTRACTING OF FLORIDA, INC.

VICINITY MAP



BOUNDARY SURVEY FINAL SURVEY



■ - FND 4" X 4" CONCRETE MONUMENT

SOUTH FLORIDA PROFESSIONAL LAND SURVEYORS

CERTIFICATE OF AUTHORIZATION No. 4875

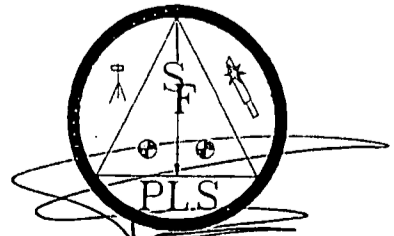
2434 N.E. MYRTLE STREET - SUITE 1000
JENSEN BEACH, FLORIDA 34957

VOICE (561) 334-1800 FAX (561) 334-2584
VOICE (561) 334-8772 VOICE (561) 334-2585

REVISIONS

DESCRIPTION	DATE	BY
FORMBOARD	8/14/96	MJD
SLAB TIE-IN	8/23/96	MJD
FINAL	2/24/97	AVA
DRAWN BY: MJD DATE DRAWN: 8/14/96		
FIELD BOOK: MC 26 PAGE: 2		
CHECKED BY: TLM DATE IN FIELD: 8/07/96		
JOB No. 96-335 SHEET 2 OF 2		

NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER



TERRY L. MACDEVITT
PROFESSIONAL SURVEYOR & MAPPER
FLORIDA LICENSE No. 4557



OFFICIAL RECEIPT
(FOR MONEY RECEIVED)

No. 536335

DATE 7-15, 1996

RECEIVED FROM Legal Svc. SCHOOL
Strathmore Contracting \$ 1,002.03
(NAME OR ORGANIZATION)
FOR Imp. fee - Lot 60, Rio Vista
FOR DEPOSIT IN _____ FUND(S)
D. Jales
PRINCIPAL OR RESPONSIBLE OFFICER

This instrument prepared by:

Lucy Holton



FIRST FEDERAL SAVINGS OF THE PALM BEACHES

P. O. Box 3515 West Palm Beach, FL 33402-3515

STATE OF FLORIDA MARTIN COUNTY

THIS INSTRUMENT IS FILED FOR RECORDING IN THE PUBLIC RECORDS OF THE ORIGINAL COUNTY OF MARTIN COUNTY, FLORIDA. DATE 6/6/96



NOTICE OF COMMENCEMENT

Permit # _____ Tax Folio # 12-38-41-002-000-00600-100000

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with SECTION 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. The Notice shall be effective for a period of 12 months from the date of recording.

Description of Property: Lot 60, RIO VISTA SUBDIVISION, according to the Plat thereof recorded at Plat Book 6, Page 95, public records of Martin County, Florida.

Property Address: XXX SE LANTANA LANE STUART, FL 34996
General description of improvement: TWO STORY, FRAME/HARDI, SINGLE FAMILY HOME WITH POOL
Owner: ROBERT L. KILBRIDE and LAURIE KILBRIDE

Address: 752 NW 10TH TERRACE STUART, FL 34994

Owner's interest in site of the improvement: Fee Simple

Fee simple title owner (if other than owner) Name: _____

Address: _____

Contractor: STRATHMORE CONTRACTING OF FLORIDA

Address: P.O. BOX 7900 PORT ST. LUCIE, FL 34985-7900

Surety (if any) _____

Address: _____ Amount of bond \$ _____

Construction Lender: First Federal Savings & Loan Association of the Palm Beaches
Address: P. O. Box 3515, West Palm Beach, FL- 33402 Attention: Jennie Temple-Rodriguez

Name of 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 owner the following person shall receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

Name: _____

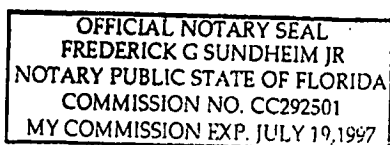
Address: _____

[Signature] 6/6/96
ROBERT L. KILBRIDE (Owner)

STATE OF Florida
COUNTY OF Martin

[Signature] 6/6/96
LAURIE KILBRIDE (Owner)

The foregoing instrument was acknowledged before me this 6 day of June, 1996 by ROBERT L. KILBRIDE and LAURIE KILBRIDE who is (are) personally known to me or who has (have) produced as identification and did not take an oath.



[Signature]
(printed name) FREDERICK G. SUNDHEIM JR.
Notary Public, State of _____
My commission expires: _____
Serial No.: _____

RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

This is to request that a Certificate of Approval for Occupancy be issued to _____.

For property at _____ built under Permit
(street address)
No. _____ Dated _____ when completed in conformance with the
Approved Plans.

Signed _____

ITEM	DATE	APPROVED BY (initials)
1. Form board tie in	_____	_____
2. Termite protection	_____	_____
3. Footing - slab	_____	_____
4. Rough plumbing - slab	_____	_____
5. Rough electric - slab	_____	_____
6. Lintel	_____	_____
7. Dry in (final)	_____	_____
8. Roof	_____	_____
9. Framing	_____	_____
10. Rough electric	_____	_____
11. Rough plumbing	_____	_____
12. A/C Ducts	_____	_____
13. Insulation	_____	_____
14. Final electric	_____	_____
15. Final plumbing	_____	_____
16. Final construction	_____	_____
17. As-built survey	_____	_____
18. Affidavit of cost	_____	_____

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector _____ date

Approved by Building Commissioner _____ date

Utilities notified _____ date

Original Copy sent to _____ date
(owner)

(Keep carbon copy for Town files)

PERMIT #4015

FEDERAL

ENGINEERING & TESTING

1798 AGORA CIRCLE S.E. SUITE 5
PALM BAY, FLORIDA 32909

1845 N.W. 33RD STREET
POMPANÓ BEACH, FLORIDA 33064

FIELD DENSITY TESTS OF COMPACTED SOILS AND PROCTOR COMPACTION TEST

DATE: AUGUST 7, 1996 ORDER NO. 96-1779 PERMIT NO. 4015

CLIENT: STRATHMORE ORGANIZATION

ADDRESS: 901 MARTIN DOWNS BLVD. #316, PALM CITY, FLORIDA 34990

PROJECT: PROPOSED RESIDENCE - BASE OF FOOTINGS - LOT 60

ADDRESS: 4 LANTANA ROAD, SEWEL POINT

LOCATION: NW CORNER OF FOOTINGS

LOCATION: SE CORNER OF FOOTINGS

LOCATION: SW CORNER OF FOOTINGS

FIELD DENSITY METHOD A.S.T.M. D-2922

DRY DENSITY P.C.F. IN THE FIELD	105.5	106.0	105.8
% MOISTURE	10.6	9.2	10.1
% COMPACTION IN THE FIELD	97.6	98.1	97.9
% COMPACTION REQUIREMENT BY SPECS	95%		
PROCTOR VALUE, P.C.F.	108.1		
LABORATORY NO.	1613		
DEPTH IN INCHES	12"		

OPTIMUM MOISTURE 13.2 %

MATERIAL: BROWN SILICA SAND

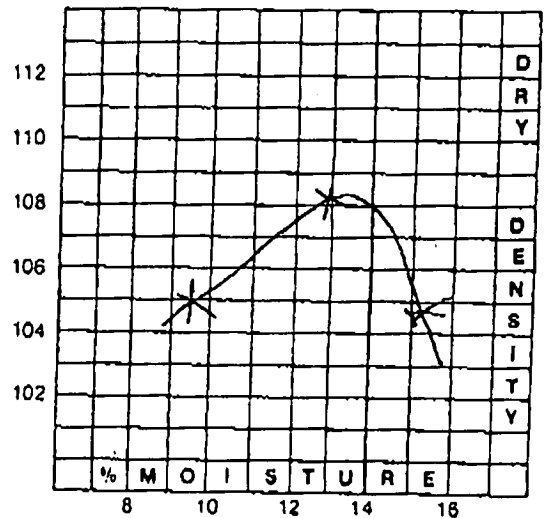
REMARKS: _____

ALL TESTS RESULTS COMPLY WITH SPECIFICATIONS
UNLESS OTHERWISE NOTED WITH AN ASTERISK(*).

PROCTOR T-180 A.A.S.H.T.O. METHOD C

% MOISTURE	DRY DENSITY
9.6	105.0
12.9	108.1
15.2	104.7

100% Maximum Dry Density
108.1 lbs./cu. ft.



GRADATION TEST

% Passing 3/4" Sieve 100 %

TESTED BY: JW
 WN
CHECKED BY: _____

As a mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of clients, and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved pending our written approval

Respectfully submitted,

WISSAM
WISSAM S. NAAMANI, P.E.

FEDERAL ENGINEERING & TESTING
FLORIDA REG. #39584

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

RECORD OF INSPECTIONS

Date 2-21-97

This is to request a Certificate of Approval for Occupancy to be issued to K. L. Bricks for a structure built under Permit # 4015
(Owner of Property)

Subdivision Rio Vista Lot 60 Street Address 4 LAOTANIA

when completed in conformance with the approved plans.

L. Killbride
Signed (Owner)

- 1. Lot Stakes/Set Backs 3-20-96
- 2. Termite Protection _____
- 3. Footing - Slab 8/19/96 DB
- 4. Rough Plumbing 11/3/96 DB
- 5. Rough Electric 11/5/96 DB
- 6. Lintel N/A
- 7. Roof 7-4/96 DB
- 8. Framing 11/15/96 DB
- 9. Insulation 11/15/96 DB
- 10. A/C Ducts 11/15/96 DB
- 11. Final Electric 2-21-97 DB
- 12. Final Plumbing 2-21-97 DB
- 13. Final Construction 2-21-97 DB

Final Inspection for Issuance of Certificate of Occupancy.

Approved by Building Inspector 2-21-97 date DB

Approved by Building Commissioner _____ date

Utilities notified FPL 2-21-97 date

5097

POOL AND DECK

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 9/25/00

BUILDING PERMIT NO. 5097

Building to be erected for ROBERT KILBRIDE Type of Permit POOL/DECK

Applied for by TWIN POOLS, INC. (Contractor) Building Fee \$240.00

Subdivision RIO VISTA Lot 60 Block _____ Radon Fee _____

Address 4 LAUTANA LANE Impact Fee _____

Type of structure S.F.R. A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

12-38-41-00200-00060-0100 Plumbing Fee _____

Amount Paid \$240.00 Check # 5390 Cash _____ Other Fees (_____)

Total Construction Cost \$ 15,851.50 TOTAL Fees \$240.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector [Signature]

POOL / SPA PERMIT

INSPECTIONS

SETBACKS DATE _____
 COMPACTION TESTS DATE _____
 GROUND ROUGH DATE _____
 STEEL & BOND DATE _____
 LIGHT NITCHE DATE _____

DECK DATE _____
 ENCLOSURE & LATCH DATE _____
 DOOR ALARM(S) DATE _____
 FINAL DATE 7/18/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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



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

RECEIVED
Bldg. Permit Number:
SEP 14 2000
BY: [Signature]

Owner or Titleholder's Name Mr. & Mrs Robert Kilbride Phone No. (561) 781-4144
Street: 4 Lantana Rd City Sewall's Point State: FL Zip _____

Legal Description of Property: _____
Lot 60 RioVista Parcel Number: 12384100200000600105

Location of Job Site: 4 Lantana Rd

TYPE OF WORK TO BE DONE: Swim Pool & Deck

CONTRACTOR/Company Name: Twin Pools, Inc. Phone No. (561) 692-4207

Street: 639 NE Buck Hendry way City Stuart State: FL Zip 34994

State Registration: RPO066872 State License: _____

ARCHITECT: _____ Phone No. () _____

Street: _____ City _____ State: _____ Zip _____

ENGINEER: Weyant Phone No. (561) 343-9225

Street: 201 SW P.S.L. Blvd Suite 104 City Port St Lucie State: FL Zip 34984

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____

Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____

Type Sewage: _____ Septic Tank Permit # from Health Dept. _____

New Electrical Service Size: 7 AMPS

FLOOD HAZARD INFORMATION

Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD

Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or Improvement: \$ 15,851.50

Estimated Fair Market Value (FMV) prior to improvement: \$ 222,410.00

If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO X

Method of determining Fair Market Value: Tax Assessment

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

Electrical: All Hours State: FL0001590 License # FL0001590

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)

Laure Kilbride
Owner

State of Florida, County of: Martin On this the 12th day of Sept., 2000, by Laure Kilbride who is personally known to me or produced _____ as identification.

Rose Heaton
Notary Public

My Commission Expires: 7/6/03

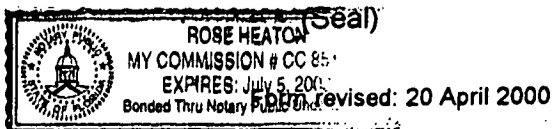
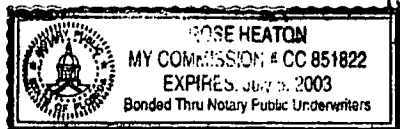
CONTRACTOR SIGNATURE (Required)

Holly Clatt
Contractor

State of Florida, County of: Martin On this the 12th day of Sept, 2000, by Holly Clatt who is personally known to me or produced _____ as identification.

Rose Heaton
Notary Public

My Commission Expires: 7/6/03



This Document Prepared By:
ROBERT A. BURSON, ESQ.
ROBERT A. BURSON, P.A.
P.O. BOX 1620
STUART, FL 34995-1620

CLERK OF DISTRICT COURT
MARTIN COUNTY, FL

94 NOV 28 AM 10:37

01092102

COPY RECEIVED
from TOWN FILE #
SEP 21 2000
PR 4015
ALC. SO
BT: 3

Parcel ID Number: 12 38 41 002 000 00600 100000
Grantee #1 TIN:
Grantee #2 TIN:

WT

Warranty Deed

This Indenture, Made this 23 day of November, 1994 A.D., Between
GARY SHEFFIELD and KATHLEEN SHEFFIELD, his wife,

of the County of _____, State of North Carolina, , grantors, and
ROBERT L. KILBRIDE and LAURIE KILBRIDE, his wife,

whose address is: 2310 SE COUNTRY CLUB LA, STUART, Florida 34994

of the County of MARTIN, State of Florida, , grantees.

Witnesseth that the GRANTORS, for and in consideration of the sum of **SIXTY-NINE THOUSAND FIVE HUNDRED AND ----- XX/100** DOLLARS,

and other good and valuable consideration to GRANTORS in hand paid by GRANTEES, the receipt whereof is hereby acknowledged, have granted, bargained and sold to the said GRANTEES and GRANTEES' heirs and assigns forever, the following described land, situate, lying and being in the County of **MARTIN** State of **Florida** to wit:

LOT 60, RIO VISTA SUBDIVISION, according to the plat thereof filed December 11, 1975, as recorded in Plat Book 6, page 95, public records of Martin County, Florida.

Subject to restrictions, reservations and easements of record, if any, and taxes subsequent to 1994.

and the grantors do hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.
In Witness Whereof, the grantors have hereunto set their hands and seals the day and year first above written.
Signed, sealed and delivered in our presence:

Beverley Ann Hall
Printed Name: Beverley Ann Hall
Witness as to Both

Joseph Das
Printed Name: Joseph Das
Witness as to Both

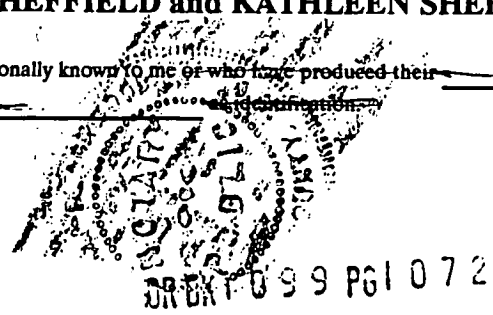
Gary Sheffield (Seal)
GARY SHEFFIELD
P.O. Address 7512 WINGED FOOT DR, RALEIGH, NC 27615

Kathleen Sheffield (Seal)
KATHLEEN SHEFFIELD
P.O. Address 7512 WINGED FOOT DR, RALEIGH, NC 27615

STATE OF North Carolina
COUNTY OF WAKE

The foregoing instrument was acknowledged before me this 23 day of November, 1994 by
GARY SHEFFIELD and KATHLEEN SHEFFIELD, his wife,

who are personally known to me or who have produced their _____



Sharon Blackwood
Printed Name: Sharon Blackwood
NOTARY PUBLIC
My Commission Expires: 11-3-98



A.M. ENGINEERING AND TESTING, INC.

3504 Industrial 33rd Street
FT. PIERCE, FLORIDA 34946
(561) 461-7508 OFFICE - (561) 461-8880 FAX

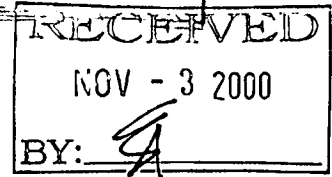
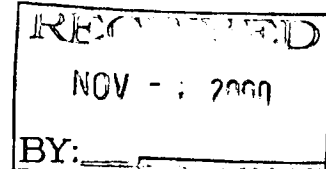
Client: Twin Pools

Project: ~~41 Lantana Lane~~, Sewall's Point

Date Tested: 10/31/00

Project No.: 1314

FILE



Backfill Between House and Pool / Pool Deck

~~Permit No. 5097~~

REPORT OF COMPACTION TESTS

As requested by the client, a representative of A.M. Engineering and Testing, Inc. performed compaction tests at the above referenced project. The tests were taken in order to determine if the soil below the pool deck and between the pool shell and the house has been compacted in accordance with the requirements of the Sewall's Point Building Department. A minimum of five (5) locations were tested using a combination of a nuclear density gauge and a hand-cone penetrometer. At four (4) of the locations, the upper one-foot of soil was tested. At the (5th) fifth location, at the closest point between the existing house and the pool, the fill was tested to a depth of four (4) feet. At the locations and depths tested, the test results indicated the soil has been compacted to a minimum of **90%** of the maximum dry density as determined by ASTM D-1557.

Respectfully submitted,

A.M. ENGINEERING AND TESTING, INC.

Richard Boyette, P.E.
Vice President

Copies: Client - 1
Sewall's Point Building Dept. - 1

**WARNER, FOX, WACKEEN, DUNGEY
SEELEY, SWEET, WRIGHT & BEARD, L.L.P.**

DEBORAH B. BEARD
RICHARD J. DUNGEY
M. LANNING FOX
GARY L. SWEET
W. THOMAS WACKEEN
THOMAS E. WARNER
TIM B. WRIGHT

1100 S. FEDERAL HIGHWAY
P.O. DRAWER 6
STUART, FLORIDA 34995-0006
(561) 287-4444
TELEFAX (561) 220-1488
JUFTER (561) 744-6499

FILE

ANTHONY L. CONTICELLO
FERRANDO M. GIACHINO
ROBERT A. GOLDMAN
LINDA HARRISON
LOUIS B. LOZEAU, JR.
MICHAEL J. McCLUSKEY
WILLIAM R. PONSOLDT, JR.
SUSANN B. WARD

* BOARD CERTIFIED REAL ESTATE LAWYER
** BOARD CERTIFIED CIVIL TRIAL LAWYER

AARON A. POOSANER
ROBERT L. SEELEY
OF COUNSEL

September 14, 2000

COPY
Making pool appl.

RECEIVED SEP 14 2000 BY: <i>[Signature]</i>
--

Mr. Edwin B. Arnold, Building Official
Town of Sewall's Point
1 South Sewall's Point Road
Sewall's Point, Florida 34996

*7/22 P:115 mtg w/ Kuldredo; provided cc:
- this letter
- statute*

Re: Town of Sewall's Point; Residential Swimming Pool Safety Act

Dear Mr. Arnold:

I have had the opportunity to review your memorandum dated September 1, 2000, regarding the Residential Swimming Pool Safety Act (the "Pool Safety Act") which will take effect on October 1, 2000. In addition to reviewing your memorandum, I have also reviewed a memorandum authored by Mr. Roger G. Orr, the City Attorney of Port St. Lucie, regarding his position on the application of the Pool Safety Act, as well as reviewing Senate Bill 86, House Bill 25, and the House Committee Reports on House Bill 25.

It is my understanding that you are concerned as to the application of Pool Safety Act on swimming pools that are currently under construction, with a valid permit, that are not completed when the new law takes effect on October 1, 2000. The issue is whether applying this new law to permitted pools still under construction on October 1, 2000, would be an invalid retroactive application of the law. This seems to be the opinion of Mr. Orr, counsel for Port St. Lucie. Mr. Orr opines that the City of Port St. Lucie should apply the Pool Safety Act only to permits applied for and issued after October 1, 2000.

It is your opinion that effective October 1, 2000, the Pool Safety Act applies to all new pools which have not passed final inspection and have not received a certificate of completion. Based on my research and my reading of the statute, I concur with your opinion as to the application of the Pool Safety Act. I believe that the legislature clearly intended to have the Pool Safety Act apply to all new pools which on October 1, 2000, have not yet passed final

Mr. Arnold
September 14, 2000
Page two

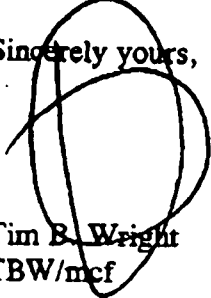
inspection and have not yet received a certificate of completion. In fact, the language of Section 515.27(1) reads as follows:

(1) In order to pass final inspection and receive a certificate of inspection, a residential swimming pool must meet at least one of the following requirements related to pool safety features:

Although Mr. Orr's memorandum correctly states the general law, as it relates to retroactive application of substantive statutes, I believe Mr. Orr incorrectly reads the statute as applying only to new permits. I believe the House of Representative Committee notes on the Pool Safety Act further supports your position. These notes state, in part, "In order to pass final inspection and receive a certificate of completion, pools must be in compliance with the provisions of this bill." If the legislature had intended to have the Pool Safety Act apply only to new permits, it would have drafted the statute accordingly. It did not.

To reiterate, I concur with the opinion set forth in your September 1, 2000, memorandum to Town Manager, Mr. Joseph C. Dorsky and Building Commissioner Thomas P. Bausch.

Sincerely yours,



Tim B. Wright
TBW/mcf

cc: Commissioner Thomas P. Bausch
Mr. Joseph C. Dorsky
Mrs. Joan H. Barrow

H:\TOSP\LETTERS\Arnold ltr 9.13

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/01/2000

PRODUCER (561)335-8804 (561)335-8847

S.M. FINES INSURANCE AGENCY
1250 S.E. PORT ST. LUCIE BLVD.
PORT ST LUCIE, FL 34952-5392

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

FILE

he/mas
FILE
Winnel

INSURED Twin Pools, Inc.
639 Buck Hendry Way
Stuart, FL 34994

INSURER A: Great American
INSURER B:
INSURER C:
INSURER D:
INSURER E:

RECEIVED
AUG - 4 2000
BY: *GA*

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	GENERAL LIABILITY	B00080100446	08/02/2000	08/02/2001	EACH OCCURRENCE	\$ 300,000
	<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)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 300,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 600,000
					PRODUCTS - COMP/OP AGG	\$ 600,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (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 AUTO ONLY: EA ACC	\$
					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				WC STATU-TORY LIMITS	OTR-ER
					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

CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER | CANCELLATION

Town of Sewalls Point
1 South Sewalls Point Rd.
Stuart, FL 34996

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

AUTHORIZED REPRESENTATIVE
Susan Fines/SMF *Susan M. Fines*

PRODUCER
TRUSSELL INSURANCE SERVICES, INC.
2402 AUTUMN OAKS TRAIL
ARLINGTON, TX 76006

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	HARTFORD CASUALTY INSURANCE COMPANY
COMPANY B	
COMPANY C	
COMPANY D	

FILE
luc/mub

RECEIVED
SEP 18 2000
BY: *[Signature]*

INSURED SUNSHINE COMPANIES, INC.
5825 US 27 NORTH
SEBRING, FL 33870
PH: 800-477-5606

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, EXCLUSION AND CONTITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAG(Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ 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	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	46WVNJ74901	06/01/2000	06/01/2001	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE-POLICY LIMIT \$ 1,000,000 EL DISEASE-EA EMPLOYEE \$ 1,000,000
	OTHER LOCATION COVERAGE		06/01/2000	06/01/2001	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
ONLY THOSE EMPLOYEES LEASED TO, IN FLORIDA, BUT NOT SUBCONTRACTORS OF:
3138 TWIN POOLS 1110 NE INDUSTRIAL BLVD., JENSEN BEACH, FL 34957

CERTIFICATE HOLDER

CANCELLATION

TOWN OF SEWALLS POINT
1 SEWALLS POINT BLVD
SEWALL POINT, FL 34996-
ATTN: 561-220-4765
FAX: 561 335-0071

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

Roy D. Cannon

[Signature]

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

PREV YR \$	0.00
LIC FEE \$	25.00
PENALTY \$	0.00
COL FEE \$	0.00
TRANSFER \$	0.00
TOTAL	25.00

MARTIN COUNTY ORIGINAL
 2000 COUNTY OCCUPATIONAL LICENSE 2001
 Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (561) 288-5604

LICENSE 2000 520 004 CERT SP02473
 PHONE 561 692 4201 LIC NO 1799
 LOCATION 639 NW BUCK HANDRY WAY

TWIN POOLS, INC
 HOLLY CLYATT
 639 NW BUCK HANDRY WAY
 STUART, FL 34994

RECEIPT OF PAYMENT
 L.C. O'STEEN, T.C.
 99 09/13/2000 DCC NORMAL
 2000520004
 02200009130054400K
 \$25.00

ACT 5600294

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

DATE	BATCH NUMBER	LICENSE NBR
08/03/2000	99002983	RP 0054872

The RESIDENTIAL POOL/SPA CONTRACTOR
 Named below HAS REGISTERED
 Under the provisions of Chapter 489, F.S.
 Expiration date: AUG 31, 2001
 (INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS
 PRIOR TO CONTRACTING IN ANY AREA)

CLYATT, HOLLY ANN
 TWIN POOLS INC
 1110 NE INDUSTRIAL
 JENSEN BEACH

FL 34957

JEB BUSH GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSO SECRETARY

RECEIVED
 SEP 14 2000
 BY: [Signature]

FILE lic/wy



MARTIN COUNTY, FLORIDA
 Construction Industry Lic Bd
 Certificate of Competency
 License: SP02473
 Expires September 30, 2001

CLYATT, HOLLY A
 TWIN POOLS
 1110 NE INDUSTRIAL BLVD
 JENSEN BCH, FL 34957
 COMMERCIAL POOL/SPA

Permit No. _____

Tax Folio No. 12384100200000600100

NOTICE OF COMMENCEMENT

State of Florida

County of Martin

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

LEGAL DESCRIPTION OF PROPERTY (include street address)

4 Lantana Rd
Lot 60 Bio Vista

GENERAL DESCRIPTION OF IMPROVEMENT Swimming Pool + Deck

OWNER NAME AND ADDRESS Mr. + Mrs. Kilguside
4 Lantana Rd Seawalls Point PC

Owner Interest in property owner

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER IF OTHER THAN OWNER

CONTRACTOR NAME AND ADDRESS Twin Pools, Inc.
639 NE Buck Henry Way
Stuart, FL

CONTRACTOR STATE CERTIFICATION NO. PP000872

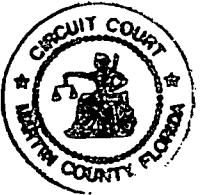
CONTRACTOR ~~OSI~~ COMP CARD NO. Exempt

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 \$ 10000 D.C.
DATE 9-11-00



SURETY IF ANY

address _____
amount of bond _____

LENDER NAME AND 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., FL. STATUTES. NAME AND ADDRESS _____

In addition to himself, the owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

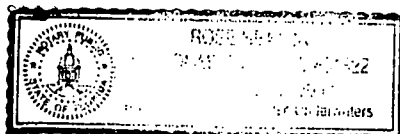
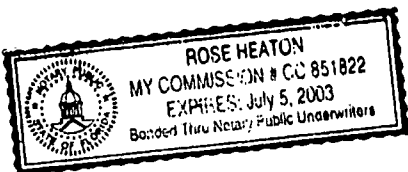
EXPIRATION DATE OF NOTICE OF COMMENCEMENT IS ONE (1) YEAR FROM DATE OF RECORDING UNLESS ANOTHER DATE IS SPECIFIED.

[Signature]
Signature of Owner

Sworn to and Subscribed before me this 9th day of Sept. 19 2000

Rose Heaton
Notary Public

MY COMMISSION EXPIRES 10/05



ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager


JOAN H. BARROW
Town Clerk

LARRY McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

NOTICE OF RESIDENTIAL POOL SAFETY REQUIREMENTS

To: All Pool/Spa Contractors
From: Edwin B. Arnold, Building Official 
Subj: Preston de Ibern/McKenzie Merriam
Residential Swimming Pool Safety Act
Date: Sept. 1, 2000

Section 515.27 of the subject law provides in part as follows:

(1) In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet at least one of the following requirements relating to pool safety features:

(a) The pool must be isolated from access to a home by an enclosure that meets the pool barrier requirements of s. 515.29;

(b) The pool must be equipped with an approved safety pool cover;

(c) All doors and windows providing direct access from the home to the pool must be equipped with an exit alarm that has a minimum sound pressure rating of 85 dB A at 10 feet; or

(d) All doors and windows providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism placed no lower than 54 inches from the floor.

The effective date of this statute is October 1, 2000. All pools completed on or after that date will be required to fully comply with the provisions of the statute. The statute also mandates specific information which must be furnished to buyers on entering into an agreement to build a residential swimming pool. Evidence of compliance with these requirements will be required as part of the building permit application submittal. Please contact me if you have any questions.



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5123	PICEU	IT & MTL (VTL)	Passed	
5 (1)	65 S. RIVER ROAD SEAGATE BLVD. (WOODY)	Flat roof		INSPECTOR: J 7/18
✓ 5352	CLEMENTS	SLAB	Passed	
5 (6)	11 W. HIGH POINT MOLTER (MIKE: 719-4633)	Porch		INSPECTOR: J 7/18
✓ 5091	KUBSIDE	POOL - FINAL	PASSED	EBA: SPEC. APP. 2:45
5 (12)	4 LANTANA WAY TWW POOLS, INC.	(0:691-6597; it: 781-4144)		INSPECTOR: J
✓ 5001	BERCAW	FINAL - REINSPE.	PASSED	EBA: SPEC. APP. 3:15 - EUBER. PANEL RELEASED
N (13)	11 RIVERCREST CT. RENAK DEVELOPMENT CO.			INSPECTOR: J
✓ 5450	BERCAW	IRRIGATION - FINAL	PASSED	EBA: SPEC. APP. 3:15
N (14)	11 RIVERCREST CT OSTRANDER SPRINKLER			INSPECTOR: J
✓ 5185	JONES	STL - 1st Floor	Passed	
5 (4)	14 HERON'S NEST O/B	1st Fl. front porch to be completed: by Oct to pour		INSPECTOR: J 7/18
✓ 5063	ROBINSON	FRAMING -	Passed	
5 (7)	173 S. RIVER RD. DRIETWOOD HOMES (ALAN: 529-2577)	ALL TRADES		INSPECTOR: J 7/18
OTHER (15)	PN 5172 ECKNA 107 HENRY SEWELL WAY JMC CONTRACTING	BUDG. FINAL (REINSPECT)	Passed	Called FPL 2:30 (records) INSPECTOR: J 7/18

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THURSDAY~~ ~~FRIDAY~~ , 2001; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5363	JOHNSON 2 OAK HILL WAY DRIFTWOOD HOMES (ALAN: 529-2577)	U/G PLUMBING	PASSED	"AS BUILT" PIPING DAG. REQ'D. INSPECTOR: <u>[Signature]</u>
✓ 5279	LIPPISCH 22 S. SEWALL'S POINT RD TROPIC MARINE (TRINA: 692-4154)	DOCK FRAMING	PASSED	PIILING & DOCK- INSPECTOR: <u>[Signature]</u>
T/R	FREUNDENBERG 115 N. SEWALL'S POINT RD. O/B	FIELD VERIFICATION	VERIFIED	INSPECTOR: <u>[Signature]</u>
✓ 5397	REIDY 24 N. RIVER RD R.L. SHALER	ELECT. W/ LGT. FRAMING (INSPE (WSP. W/VIDEO)	PASSED	INSPECTOR: <u>[Signature]</u>
✓ 5097	KILBRIDE 4 LANTANA LAKE TWIN POOLS, INC.	PROPOSED W/LSH/STK W/LSH/STK SYSTEM	APPROVED FINAL (WSP. XSGV)	- see file for etc. w/comp notes INSPECTOR: <u>[Signature]</u>
✓ 5347	ANDREWS 33 N. SEWALL'S POINT RD TROPIC MARINE	FINAL (3RD ATTEMPT)	PASSED	INSPECTOR: <u>[Signature]</u>
✓ T/R	WILBER 3 MIDDLE ROAD O/B	FIELD VERIFICATION	VERIFIED	OTR PN 0461 INSPECTOR: <u>[Signature]</u>

OTHER: S PALAMA WAY; JAMES CAMPO (286-0330) 2:30 APPT.

POSSIBLE CODE VIOLATION - STAIR CONST. PN 4775

✓ INSPECTION 10:45 AM; RAIL VERI. EXCEEDED 4" SPEC (5 1/4" - 5") MIN TRSH < 6" SEW LIT.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-11, 2000; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5161	Brennan 111 H. Sewall Way Hutchins	stem wall	PASSED	
5097	Kulbide	pool final		NO RECORD OF DECK INSP.
X	4 LANTANA LANE TWIN POOLS (SUN) - 692-4207 (HOLY CLIFT)	CONCRETE: (HOLY CLIFT)	CAN'T SEE	- NO FINAL SURVEY - NO VOA SAFETY NET SUBMITTED
4855	Laguna 23 S.S.P. Rd. owner	concrete dust cover	PASSED	NON-STRUCT. SOIL TREATMENT 12/8
5138	Pibellino 18 Island Rd. Wilson	rough pl.	PASSED	PLUMBING: PLUMBS RECD 12/8/00 FIELD COPY TO SITE @ INSP.
5143	Gifford 85 N.S.P. Rd. Holmes	stem wall	PASSED	VERIFIED TREE ROOT STRUCTURE FOR REU. PLBL (CONTR. LTR: INCK. TO 15.5')
T/R	BROWN 7 FIELDWAY DR. O/B	FIELD VERIF. PENDING POOL DECK REV. SUBM.	HOLD	(ROLL OVER FROM 12/8 - REQ. REVIEW W/ POOL SUB.) VERIFY STRUCT. TREAT
T/R	FLORIAN 19 FIELDWAY DR. MONTE'S TREE SERV.	FIELD VERIF.	HOLD	(VERIFY STRUCT. TREAT/PACKAGE)

OTHER: 7 KINGSTON CT - SITE (USP) re: POOL ENCL. APPL.

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5119	Kokoyanis	tt & metal	PASSED	paid re-inspect
3	(3) 80 S. River Pacific		FA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4813	Folweiler	meter	INCOMPLETE	TEMP. HOOK-UP AGMT. REQ.
✓ 5	(5) 11 Lofting Way Ark	final	FA	(FORM DELIVERED) TO CONTR REINSPECT 11/13 (NO FEE)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5097	Kilbride	electrical	PASSED	
3	(1) 4 Lantana TWIN POOLS	niche	FA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5091	O'Conner	roof final	PASSED	
✓ 6	(6) 16 Fieldway Pacific		FA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ T/R	DEMBIOSKI	FIELD VERIF.	PASSED	TREE ON P/L - CONFIRM
✓ 7	(7) 4 KNOWLES ROAD O/B	20" PIPE (?) DEW	FA	(FWD. TO TOWN MGR.) A 10' S OF HYDRANT
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ T/R	JOSEPH	FIELD VERIF.	PASSED	1:00 PM
3	(8) 12 N. VIA LUCINDA (VACANT) O/B 467-7142(W)		FA	BRAC. REPAIR & UNREGROWTH ONLY
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5075	Vasquez	double bond beam	PASSED	ARCH. V.H. REI. - FIELD POSIT.
3	(2) 82 S.S.P. Rd. Groza 446-7653	down cells + ROOF SHEATHING	FA	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/13, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5708	Nicklas	fence	PASSED	
10	21 Castle Hill Way United	final	☞	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5097	Kilbride	pool tie-	PASSED	W/1/16 FORM BOARD SOLING
4	4 Lorraine Lane Twin Pools	in ground pool steel & bond.	☞	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4963	Johnson	tin-tag & metal	PASSED	✓ SHEATHING INSUP 8/16; 8/18; 8/25 COMPLETE
11	9 Quail Run Pacific		☞	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5086	Karr	tin-tag & metal	PASSED	10/13 SHEATHING
8	1 Paloma Pacific 263-0116 (KOB)		☞	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4920	TOWN HALL	FINAL ROOF	PASSED	PRIOR (10/16) INSUP. REB. REPL. 6 ADD' CRACKED TILES
1	1 S. SPR TAYLOR		☞	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4799	Jones	fence final	PASSED	VERIFY COMPLIANCE W/ HGT. LIMITATIONS
6A	51 S. Sewall's United	NO PERMIT DOCUMENTS ON SITE - UNABLE TO VERIFY	☞	REINSUP. 10/20 FROM TOWN (NO PER) FILE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4043	Chardavoynne	fence	PASSED	REP/REPL 6' WOOD @ SPRD
12	22 Fieldway United	final (VERIFY FROM TOWN FILE)	☞	- WALKED PROP. W/ OWNER - CONTR. DID NOT LEAVE DOCS.

OTHER: M* - middle

INSPECTOR (Name/Signature): _____

RECEIVED
JUN 25 2001
BY: *[Signature]*

FILE

Mr. Ed Arnold
Building Inspector
Town of Sewall's Point

June 22, 2001

Re: ~~Kilbride pool at 4 Lantana Lane~~

5097

Dear Ed,

As a follow up to our conversation today, I have delivered to your office the enclosed Wireless Door Alarm by Intermatic for your inspection and approval. I would propose mounting one on each door with direct access to the pool at a minimum height of 54 inches. I would propose putting one on the screen door leading to the pool area as well as the back door leading from the garage to the back yard area. The only other door leading outside is the front entrance door. I would appreciate your consideration of excluding this door due to the frequent traffic in and out as well as its significant distance from the back yard area.

I have also enclosed a package of the window screen clips that I believe satisfies your requirement. I would propose placing a clip at the bottom of each window with direct access to the pool. It will be screw mounted at the bottom of the screen on the outside. The clip will provide more of an impediment to prevent the screen from being pushed out from inside the home. Currently, all screens require lifting from the outside and cannot be pushed out without damage to the screen itself.

I would appreciate your consideration of limiting placement to those window screens with direct and close proximity to the pool—in our case, on the backside of the home. Perhaps you could assist us by performing a pre-inspection of our home to see if you agree.

I can be reached at (561) 691-6597 and will be happy to make myself available to meet with you when your schedule permits. I look forward to speaking with you soon. Thanks you.

*MTG @ SITE
SCH'D. 6/29/01*

Sincerely,

Bob Kilbride

Bob Kilbride

- 6/29/01 met w/owner:*
- ① existing screens are removed from outside agree to inst. of two add'l latches (each side) @ top of screen to prevent pushing out.*
 - ② door alarm approved.*
 - ③ alternate @ rear screened porch; install screen door latch @ 54" ∴ no req. @ windows & doors.*
 - ④ owner will call for final insp.*

8719

PAVERS OVER POOL DECK



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:	8719	DATE ISSUED:	SEPTEMBER 24, 2007
SCOPE OF WORK:	PAVERS OVER POOL DECK		
CONDITIONS :			
CONTRACTOR:	NATIONAL BRICK PAVERS		
PARCEL CONTROL NUMBER:	123841002000006001	SUBDIVISION	RIO VISTA - LOT 60
CONSTRUCTION ADDRESS:	4 LANTANA LA		
OWNER NAME:	KILBRIDE		
QUALIFIER:	DAVID TRISTRAM	CONTACT PHONE NUMBER:	772-288-3232

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED
7-2-07

Town of Sewall's Point

Date: _____ BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: ROBERT KILBRIDE Phone (Day) 772-781-4144 (Fax) _____

Job Site Address: 4 LANTANA LANE City: SEWALL'S Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LOT 60 RIO VISTA Parcel Number: 123841002000006001

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

Scope of work: BRICK PAVER OVER EXISTING CONCRETE POOL DECK

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:

Estimated Value of Construction or Improvements: \$ \$ 5,300
(Notice of Commencement required over \$2500)

Estimated Fair Market Value prior to Improvement: \$ _____
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: NATIONAL BRICK PAVERS Phone: 772-288-3232 Fax: 772-288-2832

Street: 2850 SE IRIS ST City: SUWANEE State: FL Zip: 31797

State Registration Number: CGC 1509410 State Certification Number: _____ Municipality 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: _____

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 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)

Robert Kilbride

State of Florida, County of: Martin

This the 10th day of Sept, 2007

by Laurie Ann Kilbride who is personally

known to me or produced FLDL# K 416-521-6244

as identification. Valerie Meyer

My Commission Expires: _____

VALERIE MEYER
Notary Public
COMMISSION # DD552119
EXPIRES: May 14, 2010

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.

CONTRACTOR SIGNATURE (required)

David Tristram

On State of Florida, County of: Broward

This the 18th day of June, 2007

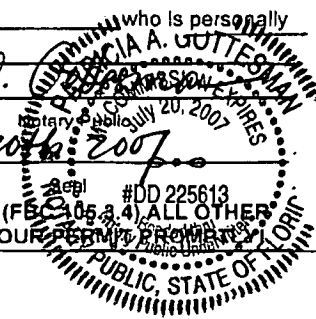
by David Tristram who is personally

known to me or produced _____

as identification. Patricia A. Guttesman

My Commission Expires: July 20th 2007

Patricia A. Guttesman
Notary Public
COMMISSION # DD 225613
EXPIRES: July 20, 2007



PERMIT # _____ TAX FOLIO # 12 38 41 002 000 006001

NOTICE OF COMMENCEMENT

STATE OF Florida COUNTY OF MARTIN

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

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

LOT 60, RIO VISTA, 4 LANTANA LANE Sawells Point FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Brick Paver Pool Deck.

OWNER: Laura L Kilbride

ADDRESS: 4 LANTANA LANE, Sawells Pt, FL 34996

PHONE #: 772-781-4144 **FAX #:** _____

CONTRACTOR: NATIONAL BRICK PAVERS

ADDRESS: 2850 SE IRIS ST., Stuart FL 34997

PHONE #: 772-288-3232 **FAX #:** 772-288-2532

SURETY COMPANY (IF ANY) _____

ADDRESS: _____ **STATE OF FLORIDA**
_____ **MARTIN COUNTY**

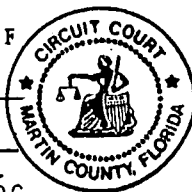
PHONE # _____


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

LENDER: _____ **MARSHA EWING, CLERK**

ADDRESS: _____ **BY:** [Signature] **D.C.**

PHONE #: _____ **DATE:** [Signature] **F**




INSTR # 2019209
OR BK 02255 PG 1874
Pg 1874 (1pg)
RECORDED 06/12/2007 02:37:09 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY L Garza

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

NAME: _____

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

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

PHONE #: _____ **FAX #:** _____

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 30 DAY OF May 2007
19 BY Laura Kilbride

[Signature]
NOTARY SIGNATURE



OR PERSONALLY KNOWN
OR PRODUCED ID
TYPE OF ID _____
Robert L. Kilbride
Commission #DD221265
Expires: Jul 22, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/25/2007

PRODUCER (954)724-7000 FAX (954)724-7024

Keyes Coverage, Inc.
5900 Hiatus Road
Tamarac, FL 33321
Kimberly Knapp

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

NAIC #

INSURED National Brick Pavers, Corp.
3450 N. Federal Highway
Lighthouse Point, FL 33064

Fax: 954-946-7384

INSURER A: **Wilshire Ins Co**
INSURER B:
INSURER C:
INSURER D:
INSURER E:

13234w

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 INDR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CP00080158	01/26/2007	01/26/2008	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER

CANCELLATION

TOWN OF SEWELL'S POINT
1 S. SEWELL'S POINT RD
SEWELL'S POINT, 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

01-29-07

PRODUCER

STANDARD LINES BROKERAGE
KEYES COVERAGE INSURANCE
5900 HIATUS RD
TAMARAC

FL 33321

27F9Y

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 FLORIDA W.C. JUA

COMPANY

B

COMPANY

C

COMPANY

D

INSURED

NATIONAL BRICK PAVERS CORP
3450 N. FEDERAL HWY
LIGHTHOUSE POINT FL 33064

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OP AGG.	\$
					PERSONAL & ADV. INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED. EXPENSE (Any one person)	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT	\$
					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	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	(UB-2820C20-5-07)	01-26-07	01-26-08	STATUTORY LIMITS	N/A
					EACH ACCIDENT	\$ 500,000
					DISEASE - POLICY LIMIT	\$ 500,000
					DISEASE - EACH EMPLOYEE	\$ 500,000
	OTHER					

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

THIS REPLACES ANY PRIOR CERTIFICATE ISSUED TO THE CERTIFICATE HOLDER AFFECTING WORKERS COMP COVERAGE.

CERTIFICATE HOLDER

TOWN OF SEWELL'S POINT
1 S SEWELL'S POINT RD
SEWELL'S POINT FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Charles J. Clarke

SEP-27-2006 10:37A FROM: NATIONAL BRICK PAVER 772 2882832

TO: 2204765

P.1

2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 8013, Stuart, FL 34985
(772) 288-3604

LICENSE 2004-650-0359 CERT 20-0770984
PHONE (772) 288-3232 SIC NO 421320

LOCATION:
4340 SE FEDERAL HWY STU

RECEIPT of PAYMENT
LARRY C. O'STEEN
09 08/14/2006 NORMA
20040006600036
002 2006 0010943.
NATIONAL BRICK PAVE

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>0.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>



MANUEL G (PSTD)
BRICK PAVERS STUART, INC.
IRIS STREET
STUART, FL 34997

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF RETAIL SALES /PAVERS OUTDOOR BRICK PAVERS
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

11 DAY OF AUGUST 06
AND ENDING SEPTEMBER 2007

DETACH HERE

AC# 2926202

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# 206103000393

DATE	BATCH NUMBER	LICENSE NBR
10/30/2006	000000000	CGC1509410

The GENERAL CONTRACTOR
Named below, IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

TRISTRAM, DAVID
NATIONAL BRICK PAVERS CORP
3450 NORTH FEDERAL HWY.
LIGHTHOUSE POINT FL 33064

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-3, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8145 7	Cressinger 8 Castle Hill OB	insulation	PASS	INSPECTOR: <i>[Signature]</i>
8691 1	Beligan Co. 142 S Sewall Pt Biggs & Son	partial deadman	PASS	INSPECTOR: <i>[Signature]</i>
8712 2	Sea 6 Mindow St Lensen Marine	Final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8559 3	Walcott 32 Riv Vista Lensen Marine	Final	FAIL	INSPECTOR: <i>[Signature]</i>
8919 4	Widowidge 4 Lantana La Nott's Brick Pavers	Final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8722 5	Watters 20 N Ridgeview Nott's Brick Pavers	Final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
7804 6	Cummings 83 S River Rd Elias Mgmt	House gas line	CANCEL	INSPECTOR:
OTHER: 8589	Hardin 275 River Rd Stratton	tie beam Guest House	PASS	<i>[Signature]</i>

8891

POOL 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:	8891	DATE ISSUED:	MAY 9, 2008
SCOPE OF WORK:	FENCE AROUND POOL		
CONDITIONS :			
CONTRACTOR:	O/B		
PARCEL CONTROL NUMBER:	123841002000006001	SUBDIVISION	RIO VISTA - LOT 60
CONSTRUCTION ADDRESS:	4 LANTANA LANE		
OWNER NAME:	KILBRIDE		
QUALIFIER:	O/B	CONTACT PHONE NUMBER:	204-4968

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE: 5-1-08
TOWN OF SEWALL'S POINT

Town of Sewall's Point

Date: 5/1/08 BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: Robert Kilbride Phone (Day) 204 4968 (Fax) 287-0422

Job Site Address: 4 Lantana Lane City: Stuart State: Fla. Zip: 34996

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

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

Scope of work: Install fence (wooden) around pool deck area. 4 foot high.

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 800.00
(Notice of Commencement required when over \$2500 prior to first inspection)

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

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

CONTRACTOR/Company: N/A Phone: _____ Fax: _____

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

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

PROJECT SUPERINTENDANT: _____ CONTACT NUMBER: _____

ARCHITECT: N/A Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: 2500 Garage: 300 Covered Patios: _____ Screened Porch: _____

Carpport: _____ Total Under Roof ≈ 2800 Wood Deck: _____ Accessory Building: _____

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

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

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER SIGNATURE (required): Robert L. Kilbride

CONTRACTOR SIGNATURE (required): Valerie Meyer

State of Florida, County of: Martin

On State of Florida, County of: _____

This the 24 day of April, 2008 by Robert L. Kilbride who is personally

This the _____ day of _____, 2008 _____ who is personally

known to me or produced as identification.

Notary Public State of Florida
Jeanine Melanie Typner
My Commission # DD441990
Expires 06/19/2009

VALERIE MEYER
MY COMMISSION # DD552419
EXPIRES: Mar 24, 2010
Notary Public

Notary Public

My Commission Expires: _____

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

Site Provided by...
 governmax.com T1.14

Summary

print Owner
 7 of 7

Parcel Info

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-002-000-00600-1	4 LANTANA LN SE	27573	Owner	0	1

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

Summary
Property Location 4 LANTANA LN SE
Tax District 2200 Sewall's Point
Account # 27573
Land Use 101 0100 Single Family
Neighborhood 120250
Acres 0.344

Legal Description
Property Information
 RIO VISTA S/D LOT 60

Search By

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

Owner Information
Owner Information
 KILBRIDE, ROBERT L
 KILBRIDE, LAURIE

Mail Information
 4 SE LANTANA LANE
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$275,000
Market Impr Value \$363,130
Market Total Value \$638,130

Site Functions

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

Recent Sale
Sale Amount \$69,500

Sale Date 11/29/1994
Book/Page 1099 1072

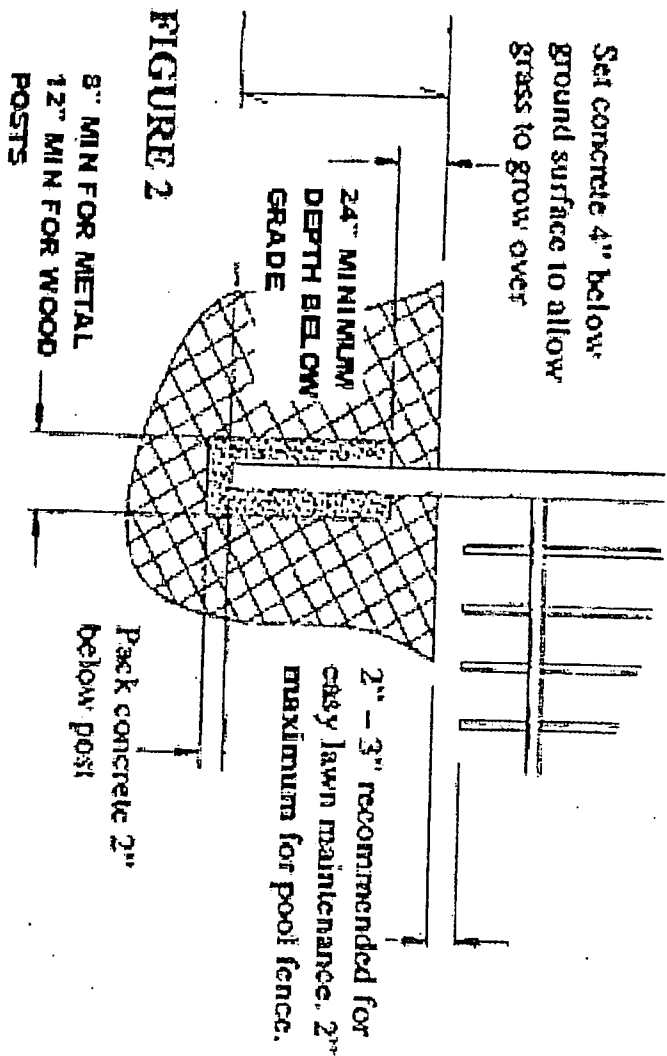
[Print](#) | [Back to List](#) | [<< First](#) < Previous Next > [Last >>](#)

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

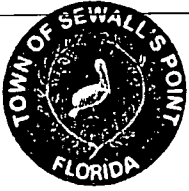
Data updated on 04/09/2008



Support Post Footers sketched - Kiltblade pool fence



TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



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

OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT
 MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE

APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES
 AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE

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.

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: Robert L. Kilbride + Laurie Ann Kilbride

Site address of the proposed building work: 4 Lantana Lane

Name of legal title owner of the address above: Robert L. + Laurie Ann Kilbride

Describe the scope of work for the proposed new construction: Erect 4' picket fence around pool deck.

Name of Architect of Record: None Structural Engineer of Record: None

Who will supervise the trade work to meet the applicable code? Owner + construction assistant.

What provisions have you made for Liability and Property Damage Insurance? Current home owners policy exists + covers.

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? No wages will be paid - all participants are family members.

What previous Owner/Builder improvements have you done in the State of Florida?

Location: N/A Scope of Work Done: N/A Year: N/A

Location: N/A Scope of Work Done: N/A Year: N/A

What code books do you have available for reference? Building: Sewalls Point Fence + Pool Checklist

Electric: N/A Plumbing: N/A HVAC: N/A

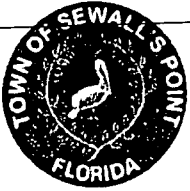
Other: Ordinance 82-276 and related building codes.

I have internet access and will view The Florida Building code at www.floridabuilding.org YES NO

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? Yes

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. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. RLK (initials).

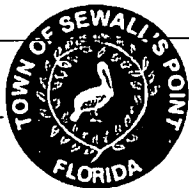


TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-220-4765

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 SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)



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

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 ARE 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. OWNER/BUILDER APPLICANTS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT APPLICATION.

PHOTO ID IS REQUIRED FOR PERSON SUBMITTING PERMIT APPLICATION.

PERSON'S NAME SUBMITTING APPLICATION Robert Kilbride

ON THIS 24 DAY OF April, 2008.

PROPERTY ADDRESS 4 Lantana Lane

CITY Sewall's Point STATE Fla. ZIP 34996

SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 24 DAY OF April 2008

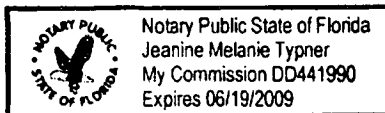
BY Robert L. Kilbride

PERSONALLY KNOWN

OR PRODUCED ID

TYPE OF ID

Jeanine M. Tynner
NOTARY SIGNATURE



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-4, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8912	Klose	Final	PASS	Close
2	2 Parker St Blue Water Marine			INSPECTOR: <i>AW</i>
8878	Bausch	Final	FAIL	
5	205 Sewalls Heaton Roof			INSPECTOR: <i>AW</i>
8891	Kilbride	Final	PASS	Close
3	4 Lantana Ln OB			INSPECTOR: <i>AW</i>
8867	Breen	UG Gas	FAIL	
4	10 Palmetto Ken Wendell	tank	PASS	INSPECTOR: <i>AW</i>
8889	Wendell			INSPECTOR:
8887	Marley	Final	FAIL	
1	39 W High Rd Thomas Kern Elec			INSPECTOR: <i>AW</i>
8848	Nobeyl	dry-in	PASS	
1A	26 W High Rd Vincent Montalto			INSPECTOR: <i>AW</i>
OTHER:				
8491	Stanton	Final	PASS	Close
	6 Sabal Ct	wood repairs		<i>AW</i>

9458

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:	9458	DATE ISSUED:	JUNE 1, 2010
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	ADAMS/ AC		
PARCEL CONTROL NUMBER:	123841-002-000-00600-1	SUBDIVISION	RIO VISTA -- LOT 60
CONSTRUCTION ADDRESS:	4 LANTANA LANE		
OWNER NAME:	KILBRIDE		
QUALIFIER:	ADAM EMANUEL	CONTACT PHONE NUMBER:	337-6559

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

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

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

REQUIRED INSPECTIONS

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

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

12-21 called - will schedule

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number:

9450

Date: 6-1-10

OWNER/TITLEHOLDER NAME: Lori Kilbridge

Phone (Day) 781-4144 (Fax)

Job Site Address: 4 LANTANA LN

City: SEWALL POINT State: FL Zip: 34996

Legal Description Parcel Control Number:

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

SCOPE OF WORK (PLEASE BE SPECIFIC): REPLACING (2) A/C SYSTEMS

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

COST AND VALUES (Required on ALL permit applications) Estimated Value of Improvements: \$ 9727 (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: ADAM'S AIR CONDITIONING Phone: 337-6559 Fax: 335-9920

Qualifiers name: ADAM EMANUEL Street: 15715 VILLAGE GREEN DR City: CUST D. LAKE State: FL Zip: 34952

State License Number: CAL1314146 OR: Municipality: License Number:

LOCAL CONTACT: ADAM EMANUEL Phone Number: 528-9326

DESIGN PROFESSIONAL: State: Zip: Phone Number:

Street: City: State: Zip: Phone Number:

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

Carport: Total under Roof Elevated Deck: Enclosed area below BFE:

* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement

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

NOTICES TO OWNERS AND CONTRACTORS:

- 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95. 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1. 105.4.1.1 -.5.

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

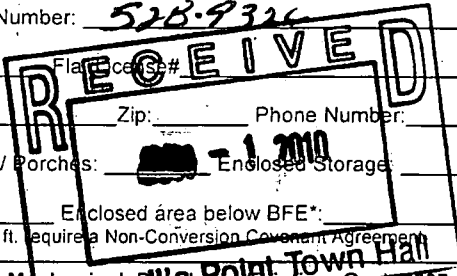
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER NOTORIZED SIGNATURE: (required per 435 F.S. OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)) Laurie Ann Kilbridge State of Florida, County of: Martin On This the 1st day of June by Laurie Ann Kilbridge who is personally known to me or produced FDL# K416-52162-64-0 As identification. Valerie Meyer Notary Public

CONTRACTOR NOTORIZED SIGNATURE (required per 435 F.S.) Adam Emanuel State of Florida, County of: Martin On This the 1st day of June by Adam Emanuel who is personally known to me or produced FDL# E554-002-60-003-0 As identification. Valerie Meyer Notary Public

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

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

Summary

print | | | | | Address
1 of 1

Parcel Info

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-002-000-00600-1	4 LANTANA LN	27573	Address	0	1

Summary

Property Location 4 LANTANA LN
Tax District 2200 Sewall's Point
Account # 27573
Land Use 101 0100 Single Family
Neighborhood 120250
Acres 0.344

Legal Description
Property Information
 RIO VISTA S/D LOT 60

Search By

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

Owner Information
Owner Information
 KILBRIDE, ROBERT L
 KILBRIDE, LAURIE

Mail Information
 4 SE LANTANA LN
 STUART FL 34996

Assessment Info
 Front Ft. 0.00

Market Land Value \$176,250
Market Impr Value \$269,130
Market Total Value \$445,380

Site Functions

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

Recent Sale
 Sale Amount \$69,500

Sale Date 11/29/1994
Book/Page 1099 1072

Print | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 4/29/2010



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 12-20-2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9458	Kalbridge	Final AC		
	42... Adams AC	old permit - no papers signed		INSPECTOR [Signature]
9641	Marsh 16 S Sewalls	Final AC		INSPECTOR [Signature] Will call
1st	Adams AC			INSPECTOR [Signature]
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR