

7 Lantana Lane

1004

SFR

1004

RECEIVED JUN 1 1979

TOWN OF SEWALL'S POINT FLORIDA

Permit No. _____

Date MAY 31, 1979

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

This application must be accompanied by three sets of complete plans, to scale, (1/4" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections; plumbing, electrical and air-conditioning layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house or commercial building construction.

Owner ROBERT HERRICK Present address 10017 EAST STREET FORT PIERCE, FLA. 33450

Phone 465-1317 General contractor ROBERT HERRICK D/B/A PEPPER TREE PROPERTIES Address 10017 EAST STREET FORT PIERCE, FLA. 33450

Phone 465-1317 Where licensed ST. LUCIE COUNTY License No. RR00127601

Plumbing contractor HUBER PLUMBING License No. RM 0026707

Electrical contractor ALPINE ELECTRIC License No. No. 62

Air-conditioning contractor BAKER HEAT & AIR COND. License No. STUART COMPARTMENTAL INC. 305-8 MARTIN COUNTY, FLA. 565

Describe the building, or alteration to existing building NEW RESIDENCE 3 BR. RM. - 2 BATH w/ 2 CAR ATTACHED GARAGE

Name the street on which the building, its front building line and its front yard will face 7 LANTANA LANE

Subdivision RIO VISTA Lot No. 31 Area 17,250 SQ. FT.

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 1622 SQ. FT.

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 50,000.00

Cost of permit \$ 270.00 Plans approved as submitted or, as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the building for which this permit is issued must be completed within that time and in accordance with the approved plans. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. I agree that the building site will be clean and rough-graded before a Certificate of Occupancy is sought, and, moreover, that I shall be responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply with the above requirements may result in a Building Inspector or a Town Commissioner "Red-tagging" the building project.

Contractor [Signature]

I understand that this building must be in accordance with the approved plans and that it must comply with all code requirements before a Certificate of Occupancy will be issued and the property approved for all utility services. I agree that within 90 days after the building has been approved for occupancy, the property will be landscaped so as to be compatible with its neighborhood, as required by the Town's zoning ordinance.

Owner [Signature]

Note: Speculation builders will be required to sign both of the above statements.

TOWN RECORD

Date submitted _____

Approved by Building Inspector (date) June 4, 1979 Inspector's initials [Signature]

Approved by Town Commissioner (date) June 17, 1979 Commissioner's initials [Signature]

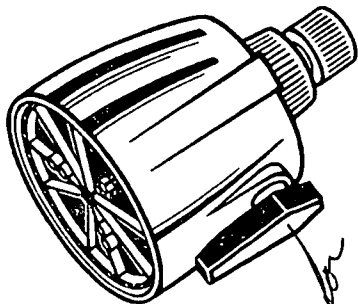
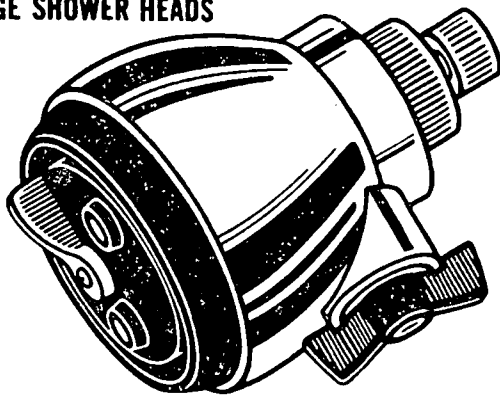
Certificate of Occupancy issued (date) Sept 14, 1979

1004

MELARD

1004

MESSAGE SHOWER HEADS
Pat. Pend.



Shower Heads for Fontana Lane

All items carded unless otherwise indicated

| Model No. | Description | Pack | Pack Weight in lbs. | Master |
|-----------|---|------|---------------------|--------|
| 368 | <p>SUPER MESSAGE SHOWER HEAD PULSATING ACTION: RELAXES . . . STIMULATES . . . INVIGORATES Distinctive contemporary shape . . . a huge 4 1/2" diameter sphere. A unique appearance for a unique "Super Massage Shower" head.</p> <p>A choice of adjustable pulsating spray, adjustable conventional spray, or a combination of pulsating and conventional spray patterns.</p> <p>Classic chrome outer casing with vividly contrasting dark earthtone handle and spray plate. Internal parts made of non-liming CELCON, for years of service. Brass swivel ball joint, 1/2" I.P.S. Attractive full color, big picture card.</p> <p>MESSAGE ADJUSTMENT: Choice of 3 pulsating modes by positioning massage lever.</p> <p>CONVENTIONAL SPRAY ADJUSTMENT: Side handle changes conventional spray from a fine 56 double-cone tingling needle shower to a soft flood spray . . . or to a pulsating mode.</p> | 4 | 8 | 4 |
| 368 X | <p>SUPER MESSAGE SHOWER HEAD Same as 368, individually boxed.</p> | 4 | 8 | 4 |
| 373 | <p>NEW! MESSAGE SHOWER HEAD PULSATING ACTION: RELAXES . . . STIMULATES . . . INVIGORATES Conserves water. Uses only 3 GPM at 30 PSI.</p> <p>An economy pulsating shower head with features of much more expensive heads. Choice of pulsating or conventional spray.</p> <p>Pulsating spray delivers six stimulating pulsating jets.</p> <p>Conventional double cone spray delivers 39 streams for complete coverage.</p> <p>Big 2 7/8" diameter. Patents pending.</p> <p>Classic chrome outer casing with vividly contrasting dark earthtone handle and spray plate. Internal parts made of non-liming CELCON, for years of service. Brass swivel ball joint, 1/2" I.P.S.</p> | 4 | 2 1/2 | 48 |

5403 S.E. Miles Grant Road
Stuart, Florida 33494

Phone: 283-7117

Robert C. McMillan
CONSULTANT
Energy & Insulation

5/1/79

Robert Herrick
Fort Pierce, Fl.

Lot 31 Rio Vista

Building Information

Conditioned/heated floor space 1600 sq.ft.

Wall Areas

| | | |
|------------------|--------|---------|
| Opaque wall area | | 1324.38 |
| Window area | 140.00 | |
| Glass door area | 266.88 | |
| Door area | 36.74 | |
| Gross wall area | | 1768.00 |
| Percentage glass | 21% | |

U -Value Calculations

| | | |
|--------------------------|------|----------|
| U - windows | 1.10 | |
| U - glass doors | 1.10 | |
| U - garage wall cavity | .07 | |
| U - doors | .49 | |
| U - frame cavity | .068 | |
| Overall U -value of wall | | Uw - .30 |
| U - ceiling | -.05 | |

RECEIVED JUN 1 1979

Robert C. McMillan

R. C. McMillan

OK Jan 6/1/79

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

MODEL: Robert Herrick

DATE: 5/3/79

CODE

$$U_{ho} = \frac{(U_{ce} A_{ce}) + (U_w A_w)}{A_{ce} + A_w}$$

$$U_{ho} = \frac{(0.05 \times \underline{1600}) + (0.30 \times \underline{1944})}{\underline{1600} + \underline{1944}}$$

$$U_{ho} = \frac{\overset{80}{\cancel{1600}} + \overset{3544}{583.20}}{\overset{3544}{3544}} = \frac{\overset{3544}{663.20}}{\overset{3544}{3544}}$$

$$U_{ho} = \underline{.187} : \text{CODE REQUIREMENT}$$

CALCULATED: Frame
 SINGLE FURRED:
 DOUBLE FURRED:

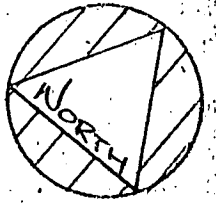
$$U_{ho} = \underline{.186}$$

House meets code as designed

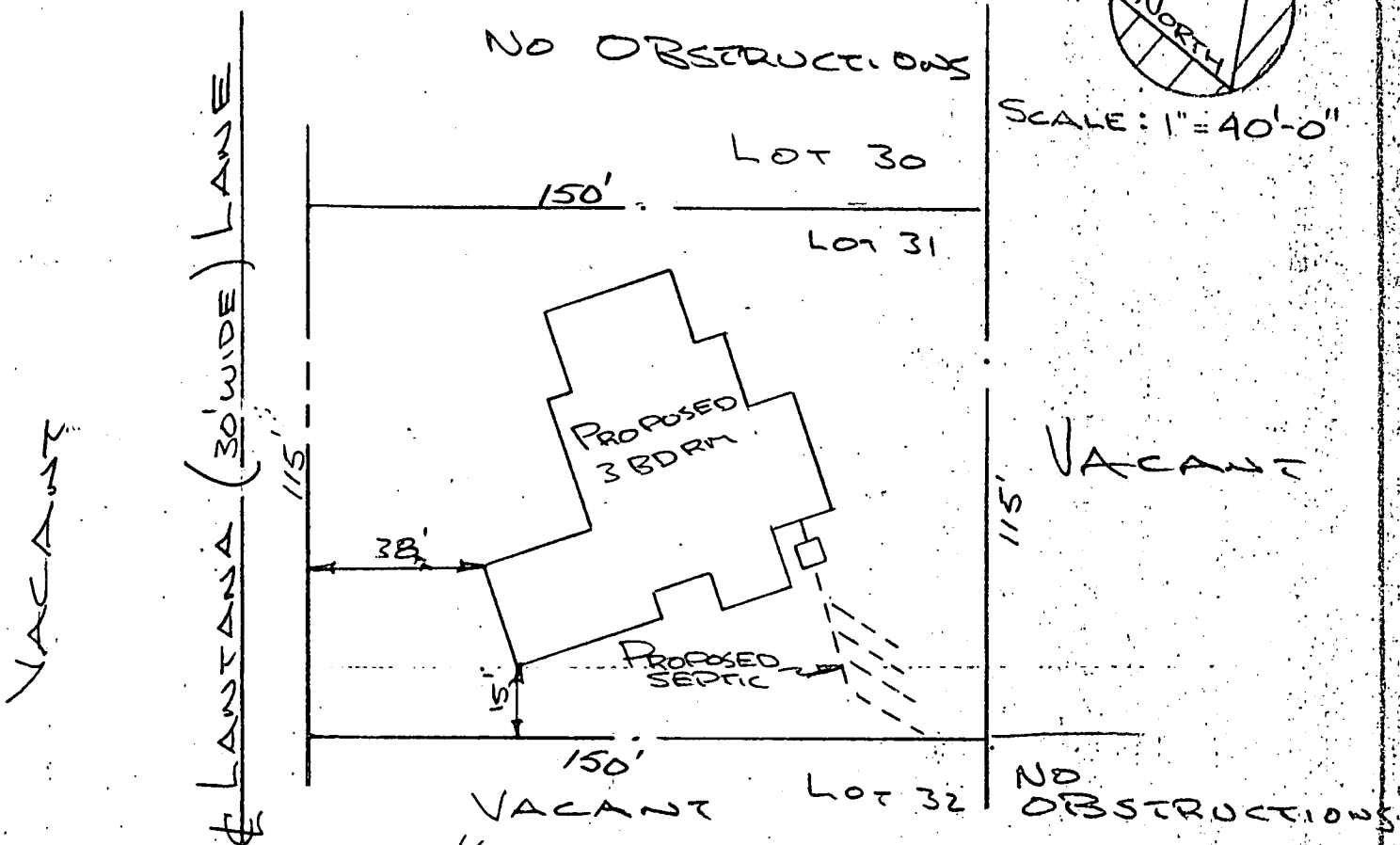
RECEIVED JUN 1 1979

OK Jan 6/1/79

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



SCALE: 1"=40'-0"



* NOTE: CITY WATER ALL LOTS

PREPARED BY:
PRICE ENGINEERING CO.
STUART, FLORIDA

PREPARED FOR:
ROBERT HERRICK
FT. PIERCE, FLA.

- PLOT PLAN -

- DESCRIPTION -

" RIO VISTA S/D "
BEING KNOWN AS LOT 31, BLOCK A
AS RECORDED IN PLAT BOOK 6,
PAGE 95, PUBLIC RECORDS OF
MARTIN COUNTY, FLORIDA.

Application/Permit No. HD 79-455

RECEIVED JUN 1 1979

MARTIN County Health Dept.

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

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Application and Permit of
Individual Sewage Disposal Facilities

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

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.

5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
6. Complete the following information section.

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call 287-2277 and give this office a 24-hour notice when ready for inspection

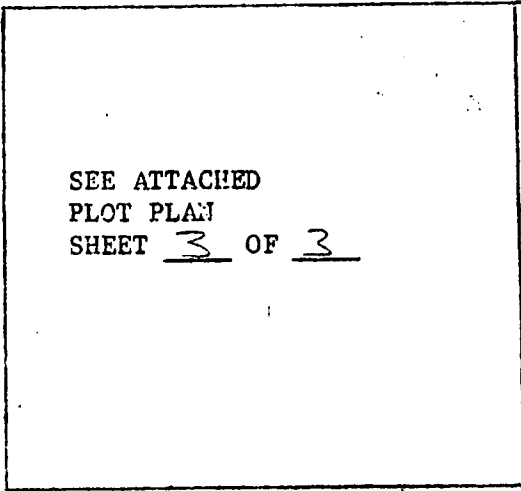
Section II - Information:

1. Property Address (Street & House No.) LANTANA (LANE)
Lot 31 Block A Subdivision RIO VISTA S/D
Date Recorded _____ Directions to Job SOUTH SEWALLS POINT ROAD, WEST ON RIO VISTA DRIVE S-S. RIVER ROAD, EAST LANTANA
2. Owner or Builder ROBERT HERRICK
P.O. Address 1007 EASY ST. City FORT PIERCE
3. Specifications 465-1317
3 BDRM

Tank _____ Gals. _____
Drainfield _____ ft. of 6" Clay tile or 5" perforated plastic drain in a 3' trench or _____ ft. of 4" clay drain or 4" perforated plastic drain in an 18" trench

Scale 1" = 50'

(Rear)



4. House to be constructed:
Check one: FHA
 VA Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

PRICE ENGINEERING CO. FOR APPLICANT: ROBERT HERRICK
Please Print

Signature: [Signature]

(Front)
(Name of Street or State Road)

Date: 5/28/79

*****DO NOT WRITE BELOW THIS LINE*****

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: _____

The above signed application has been found to be in compliance with Chapter 17-1 Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: R B Washburn County Health Dept. MARTIN Date 5-29-79

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No

Date: _____ By: _____

FHA No. _____ VA No. _____

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

DIVISION OF HEALTH

INDIVIDUAL SEWAGE DISPOSAL FACILITIES DATA SHEET

LOT # 31

PRICE ENGINEERING CO. FOR

Location: "RIG VISTA S/D"

Applicant: ROBERT HERRICK

LANTANA LAKE

County: MARTIN

NOTE: This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.

Plot plan must show all data required in 10D-60.2(a) and all other pertinent data.

SEE ATTACHED
PLOT PLAN
(SHEET 3 OF 3)

NOTE: Contractor is responsible for verifying all dimensions shown in the above note prior to installation of septic tank system.

PLAN
Scale: 1" = _____

SOIL DATA

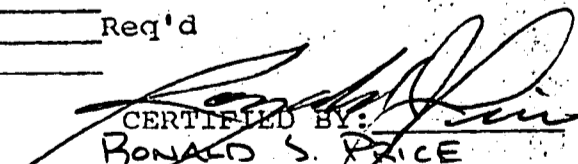
| | |
|---|-------------|
| 0 | |
| 1 | |
| 2 | WHITE SAND |
| 3 | |
| 4 | _____ 4'-6" |
| 5 | WATER TABLE |
| 6 | |
| 7 | |
| 8 | |

LEGEND

- Drainage Pattern
- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well
- Soil Boring & Percolation Test Location:

Soil Boring Log:

As SHOWN ABOVE
 Soil Identification: CLASS _____ GROUP _____
 Soil Characteristics: SANDY
 Percolation Rate: 1/2 min/inch
 Water Table Depth: 4'-6"
 Water Table Depth During Wet Season: 4'-0"
 Compacted Fill of: - 0 - Req'd
 Compacted Fill Checked By: _____
 Date: _____

CERTIFIED BY: 
 RONALD S. PRICE
 Florida Professional Number 17788
 Date 5/28/79 Job # 79-152
 Sheet 2 Of 3

RESIDENTIAL - COMMERCIAL - INDUSTRIAL - CONTRACTING & ENGINEERING



903 SOUTH MARKET AVENUE · FT. PIERCE, FLORIDA · 33450 · PHONE: 464-7945 ·

Permit #7004

August 28, 1979

To Whom It May Concern:

The EER ratings for the Air Conditioning equipment installed at 7 Lantana Lane, Sewells Point, Florida, meet and/or exceed the state Energy Conservation Code requirement of 6.8.

Else Van Hoek

Else Van Hoek
Office Manager
Baker Heating & A/C

RECEIVED
AUG 28 1979

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date Sept. 9, 1979

This is to request that a Certificate of Approval for Occupancy be issued to R. Herrick
For property built under Permit No. 1004 - Dated _____ when completed in
conformance with the Approved Plans.

[Signature]
Signed

RECORD OF INSPECTIONS

| Item | Date | Approved by |
|---|---------|--------------|
| Set-backs and footings | 6/12/79 | } <u>Jam</u> |
| Rough plumbing | 6/12/79 | |
| Slab | 6/18/79 | |
| Perimeter beam | — | |
| Close-in, roof and rough electric | 8/9/79 | |
| Final Plumbing | 9/13/79 | |
| Final Electric | 9/13/79 | |
| <u>Insulation</u> | 8/24/79 | |
| Final Inspection for Issuance of Certificate for Occupancy. | | |

Approved by Building Inspector [Signature] date 9/13/79

Approved by Building Commissioner [Signature] date 14 Sep 79

Utilities notified [Signature] 1979 date

Original Copy sent to _____

(Keep carbon copy for Town files)

1012

POOL AND PATIO

TOWN OF SEWALL'S POINT FLORIDA

1012

Permit No. _____

RECEIVED JUN 13 1979

Date _____

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

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

Owner Robert Herrick Present address 1007 Easy St. Ft. Pierce

Phone 465 1317

Contractor Louden Pools Address 4306 So. US #1 Ft. Pierce

Phone 283 4040

Where licensed Martin Co. Sewall's Pt License number CPC010400

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Swimming Pool & Patio

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

Lot 31 LANTANA Lane Sewall's Pt.

Subdivision Rio Vista Lot No. 31

Contract prices \$6560.00 Cost of Permit \$ 35.00

Plans approved as submitted Plans approved as marked

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

Contractor Thomas H. Decker

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

Owner Robert Herrick

TOWN RECORD Date submitted _____

Approved: M. Maggiora Building Inspector Date June 11, 1979

Approved: J. R. Rumble Commissioner Date 14 June 1979

Final Approval given: 9/26/79 Date

Certificate of Occupancy issued _____ Date

Steel & Grounding checked 6/26/79

SP/1-79

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

1012

2095

FENCE

Permit No.

2095

Date

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

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

Owner MR HURLOCK Present Address 7 S.E. LANTANA LN

Phone 287-8542

Contractor ALL AMERICAN FENCE Address 1801 RAINIER RD. P.S.L

Phone 335-0928

Where licensed MARTIN COUNTY License number SP00872

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

A HIGH CHAIN LINK FENCE

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

Subdivision RIO VISTA Lot number 31 Block number _____

Contract price \$ 1195.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor *Michael J. Dempsey*

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

Owner *Mr Hurlach*

TOWN RECORD

Date submitted _____ Approved: *Dale Brown* Building Inspector Date _____

Approved: _____ Commissioner Date _____ Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

Permit No. _____

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

2901

ADDITION

Permit No. 2901

Date 12/19/90

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

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

Owner WILLIAM C. HURLOCK Present Address 7 S.E. LANTANA LN.

Phone (407) 287-8542 STUART 34996

Contractor SELF Address _____

Phone _____

Where licensed _____ License number _____

Electrical contractor NOT REQUIRED License number _____

Plumbing contractor NOT REQUIRED License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: EXTENDING KITCHEN OUT UNDER ROOF OVER EXISTING LANTANA
SAME AS ABOVE

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

Subdivision BIO VISTA Lot number 37 Block number _____

Contract price \$ 1000.00 Cost of permit \$ 15.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor *W.C. Hurlock*

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

Owner *W.C. Hurlock*

TOWN RECORD

Date submitted _____ Approved: _____ Building Inspector _____ Date _____

Approved: _____ Commissioner _____ Date _____ Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

Permit No. 2901

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

4369

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/6/98

BUILDING PERMIT NO: 4369

Building to be erected for T.W. STIKEL Type of Permit RE-ROOF

Applied for by COLLINS ROOFING INC. (Contractor) Building Fee _____

Subdivision RIO VISTA Lot 31 Block _____ Radon Fee _____

Address 7 LANTANA LANE Impact Fee _____

Type of structure RE-ROOF SF RES. A/C Fee _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee 100

Parcel Control Number:

1238410020000031020000

Amount Paid 100 Check # 3990 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2495- TOTAL Fees 100

Signed _____

Applicant

Signed [Signature]

Town Building Inspector

RE-ROOFING PERMIT

INSPECTIONS

DRY IN
PROGRESS

DATE _____
DATE _____

PROGRESS
FINAL

DATE _____
DATE _____

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!

4369

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.

Owner or Agent

Date

Christopher Collins
Contractor

4/2/98
Date

COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 2 day of April, 1998 by Christopher Collins

F.I.D.I. who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

Name: Joan H Barrow

Typed, printed or stamped

(NOTARY SEAL) OFFICIAL NOTARY SEAL
JOAN H BARROW
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC423705
MY COMMISSION EXP. NOV. 30, 1998

I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this ___ day of _____, 199_, by

_____ who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

Name: _____

Typed, printed or stamped

(NOTARY SEAL)

I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY _____ Permit Officer

_____ Building Commissioner

Town of Sewall's Point

P.I.N. _____

Date 4-2-98

BUILDING PERMIT APPLICATION

NEW CONSTRUCTION ADDITION ALTERATION DEMOLITION
to construct

RESIDENTIAL COMMERCIAL 2400 SF _____ CF

OTHER: _____ CONTRACT PRICE 2495

Owner's Name THOMAS WILLIAM STUKEL

Owner's Address #7 SE LANTANA LN.

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

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

City _____ State _____ Zip _____

Contractor's Name COLLINS ROOFING INC. (Donny)

Contractor's Address 5412 BIRCH DR

City F.P. State FL Zip 34982

Job Name STUKEL

Job Address #7 LANTANA LN

City STUART State FL Zip 34990

Legal Description RIO VISTA 3/D. LOT 31 TAX ID # 1238410020000310200

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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.

4951

ADDITION

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 5/26/00
 Building to be erected for TOM STUKEL
 Applied for by MASTERPIECE BLDRS. (Contractor)
 Subdivision RIO VISTA Lot 31 Block _____
 Address 7 LAUTANA ROAD
 Type of structure SFR (EXST'G.)

BUILDING PERMIT NO. 4951
 Type of Permit ADDN (DEN)
 Building Fee \$ 96.00
 Radon Fee 2.14
 Impact Fee N/A
 A/C Fee 120.00
 Electrical Fee 120.00
 Plumbing Fee N/A
 Roofing Fee 120.00
 Other Fees (PLAT REV.) 9.60
 TOTAL Fees \$ 467.74

Parcel Control Number: 00200-
12-38-41-~~00020~~ 00031-0200
 Amount Paid \$ 467.74 Check # 14856 Cash _____
 Total Construction Cost \$ 10,000.00

Signed Janifer Puerto Applicant
 Signed [Signature] Town Building Inspector OFFICIAL

BUILDING PERMIT

| | | | |
|---------------------|------------|------------------|---------------------|
| FORM BOARD SURVEY | DATE _____ | SHEATHING | DATE _____ |
| COMPACTION TESTS | DATE _____ | FRAMING | DATE _____ |
| GROUND ROUGH | DATE _____ | INSULATION | DATE _____ |
| SOIL POISONING | DATE _____ | ROOF DRY-IN | DATE _____ |
| FOOTINGS / PIERS | DATE _____ | ROOF FINAL | DATE _____ |
| SLAB ON GRADE | DATE _____ | METER FINAL | DATE _____ |
| TIE-BEAMS & COLUMNS | DATE _____ | AS BUILT SURVEY | DATE _____ |
| STRAPS AND ANCHORS | DATE _____ | STORM PANELS | DATE _____ |
| DRIVEWAY | DATE _____ | LANDCAPE & GRADE | DATE _____ |
| AS-BUILT SURVEY | DATE _____ | FINAL INSPECTION | DATE <u>10/9/00</u> |

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

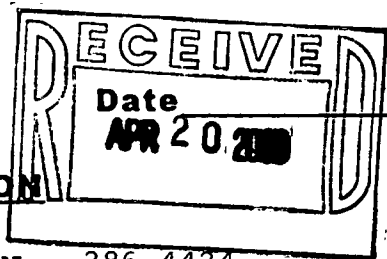
MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

Bldg. Pmt# _____

Town of Sewall's Point
BUILDING PERMIT APPLICATION



Owner's Name: Mr. & Mrs. Tom Stukel Phone No. 286-4424
Owner's Present Address: 7 Lantana Rd.
Fee Simple Titleholder's Name & Address if other than owner _____

Location of Job Site: 7 Lantana Rd.
TYPE OF WORK TO BE DONE: Bedroom extention

CONTRACTOR INFORMATION

Contractor/Company Name: Masterpiece Builders Phone No. 283-2096
COMPLETE MAILING ADDRESS 408 Colorado Ave. Stuart, FL. 34994
State Registration _____ State License CGC048543
Legal Description of Property Lot 31 Rio Vista
Parcel Number 12384100200000310200

ARCHITECT/ENGINEER INFORMATION

Architect Steve LiCausi Design Group Phone No. 785-6465
Address 265 Port St. Lucie Blvd. Port St. Lucie, FL. 34984
Engineer _____ Phone No. _____
Address _____

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

FLOOD HAZARD INFORMATION

flood zone A-10 minimum Base Flood Elevation (BFE) _____ NGVD
proposed finish floor elevation same as NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement \$10,000.00
Fair Market Value (FMV) prior to improvement _____
Substantial Improvement 50% of FMV yes _____ No X
Method of determining FMV _____

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

Electrical Jensen Electric State License EC-0001800
Mechanical C&R Airconditioning State License# CAC049289
Plumbing G.T. Plumbing State License# MP00133
Roofing A&W Roofing Co. State License# CCC57686

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

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE _____
Sworn to and subscribed before me this 4 day of April, 2000, ~~1998~~ by Jeffery A. Bowers who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.
CONTRACTOR SIGNATURE Jeffery A. Bowers
Sworn to and subscribed before me this 4 day of April, 2000, ~~1998~~ by Jeffery A. Bowers who is personally known to me or has produced _____ and who did (did not) take an oath.

Jennifer L. Puerto
Page 1



TREE REMOVAL (Attach sealed survey)
No. of trees to be removed _____ No. to be retained _____ No. to be planted _____
Specimen tree removed _____ Fee _____ Authorized/Date _____
DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
- B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- C. Contractor's name, address, phone number & license numbers.
- D. Name all sub-contractors (properly licensed).
- E. Current Survey
- F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:

1. Floor Plan
2. Foundation Details
3. Elevation Views - Elevation Certificate due after slab inspection.
4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
5. Truss layout
6. Vertical Wall Sections (one detail for each wall that is different)
7. Fireplace drawing: If prefabricated submit manufacturers data.

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____
Approved by Town Engineer _____

FILE

MASTER PERMIT NO. 4951

TOWN OF SEWALL'S POINT

Date 8/3/00

BUILDING PERMIT NO. 4953

Building to be erected for TOM STUKEL

Type of Permit ELECT. SUB

Applied for by JENSEN ELECTRIC, INC. (Contractor)

Building Fee _____

Subdivision RIO VISTA Lot 31 Block _____

Radon Fee _____

Address 7 LANTANA ROAD Lane _____

Impact Fee _____

Type of structure SFR (EXISTG)

A/C Fee _____

QUALIFIER: WILLIAM LEE JENSEN
EC-0001800

~~Electrical Fee~~ SEE PAGES

Parcel Control Number: _____

Plumbing Fee _____

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

Roofing Fee _____

Total Construction Cost \$ _____

TOTAL Fees _____

Signed William Jensen
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT ELECT-SUB

| | |
|---------------------|------------|
| FORM BOARD SURVEY | DATE _____ |
| COMPACTION TESTS | DATE _____ |
| GROUND ROUGH | DATE _____ |
| SOIL POISONING | DATE _____ |
| FOOTINGS / PIERS | DATE _____ |
| SLAB ON GRADE | DATE _____ |
| TIE-BEAMS & COLUMNS | DATE _____ |
| STRAPS AND ANCHORS | DATE _____ |
| DRIVEWAY | DATE _____ |
| AS-BUILT SURVEY | DATE _____ |

| | |
|------------------|------------|
| SHEATHING | DATE _____ |
| FRAMING | DATE _____ |
| INSULATION | DATE _____ |
| ROOF DRY-IN | DATE _____ |
| ROOF FINAL | DATE _____ |
| METER FINAL | DATE _____ |
| AS BUILT SURVEY | DATE _____ |
| STORM PANELS | DATE _____ |
| LANDCAPE & GRADE | DATE _____ |
| FINAL INSPECTION | DATE _____ |

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

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MONDAY THROUGH SATURDAY

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

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PRODUCER

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

COPY

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

INSURERS AFFORDING COVERAGE

INSURED

Jensen Electric, Inc.
3331-B SW 42nd Avenue
Palm City FL 34990

FILE

INSURER A: Massachusetts Bay Ins. Co.
INSURER B: Hanover American Insurance
INSURER C: ZC Insurance Company
INSURER D:
INSURER E:

RECEIVED
JUN 30 2000
BY: [Signature]

COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|--|-----------------|----------------------------------|-----------------------------------|--|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY | VDJ594549900 | 05/04/00 | 05/04/01 | EACH OCCURRENCE \$ 1000000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) \$ 50000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) \$ 5000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | PERSONAL & ADV INJURY \$ 1000000 |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY | AZJ5172075 | 05/04/00 | 04/04/01 | COMBINED SINGLE LIMIT (Ea accident) \$ 300000 |
| | <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 | | | | AUTO ONLY - EA ACCIDENT \$ |
| | <input type="checkbox"/> Non-Owned Autos | | | | OTHER THAN EA ACC AGG \$ |
| | <input type="checkbox"/> Garage Liability | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> ANY AUTO | | | | AGGREGATE \$ |
| | <input type="checkbox"/> Excess Liability | | | | \$ |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | \$ |
| | <input type="checkbox"/> Deductible | | | | \$ |
| | <input type="checkbox"/> Retention \$ | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 197000060086100 | 01/01/00 | 01/01/01 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | | | | | E.L. EACH ACCIDENT \$ 100,000 |
| | | | | | E.L. DISEASE - EA EMPLOYEE \$ 100,000 |
| | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| | OTHER | | | | |

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

Electrical Wiring within Buildings / State of Florida

CERTIFICATE HOLDER

N

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

TOWSP-1

Town of Sewalls Point
fax 220-4765
1 South Sewalls Point Road
Sewalls Point FL 34996

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

Cabot W. Lord, CIC.

337285

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECT CONTRACTORS LICENSING BD

| DATE | BATCH NUMBER | LICENSE NBR |
|-----------|--------------|-------------|
| 7/22/1998 | 98010165 | EC -0001800 |

ELECTRICAL CONTRACTOR
and below is CERTIFIED
for the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2000

RECEIVED
JUL - 1 2000
BY: *(Signature)*

ENSEN, WILLIAM LEE
ENSEN ELECTRIC, INC.
331 D SW 42ND AVE
ALM CITY FL 34990

ANTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

FILE

lec/wis

FAX 220 4765

RIGHT-J CALCULATION PROCEDURES A, B, C, D

Job #:
 Zone: Entire House
 Procedure A - Winter Infiltration ITM Calculation*
 File name: 4/3/00 MASTER-1.RTR

| | | | | | |
|----|--------------------------|-------------------|----------------|-----|------|
| 1. | Winter Infiltration CFM | | | | |
| | 1.4 AC/HR x | 0 Cu.Ft. | x 0.0167 = | 0 | CFM |
| 2. | Winter Infiltration Btuh | | | | |
| | 1.1 x | 0 CFM x | 25 Winter TD = | 0 | Btuh |
| 3. | Winter Infiltration ITM | | | | |
| | 0 Btuh / | 58 Total Window = | | 0.0 | ITM |
| | | and Door Area | | | |

Procedure B - Summer Infiltration ITM Calculation*

| | | | | | |
|----|--------------------------|-------------------|----------------|-----|------|
| 1. | Summer Infiltration CFM | | | | |
| | 0.5 AC/HR x | 0 Cu.Ft. | x 0.0167 = | 0 | CFM |
| 2. | Summer Infiltration Btuh | | | | |
| | 1.1 x | 0 CFM x | 20 Summer TD = | 0 | Btuh |
| 3. | Summer Infiltration ITM | | | | |
| | 0 Btuh / | 58 Total Window = | | 0.0 | ITM |
| | | and Door Area | | | |

Procedure C - Latent Infiltration Gain

| | | | | | |
|--------|-------------|---|---------|---|------|
| 0.68 x | 60 gr.diff. | x | 0 CFM = | 0 | Btuh |
|--------|-------------|---|---------|---|------|

Procedure D - Equipment Sizing Loads

| | | | | | |
|----|---|--------------|--------------|---|-----------|
| 1. | Sensible Sizing Load | | | | |
| | Sensible Ventilation Load | | | | |
| | 1.1 x | 0 Vent.CFM x | 20 Summer TD | = | 0 Btuh |
| | Sensible Load for Structure (Line 19) | | | + | 6495 Btuh |
| | Sum of Ventilation and Structure Loads | | | = | 6495 Btuh |
| | Rating and Temperature Swing Multiplier | | | x | 0.96 RSM |
| | Equipment Sizing Load - Sensible | | | + | 6235 Btuh |
| 2. | Latent Sizing Load | | | | |
| | Latent Ventilation Load | | | | |
| | 0.68 x | 0 Vent.CFM x | 60 gr.diff. | = | 0 Btuh |
| | Internal Loads = | 230 x | 2 No. People | + | 460 Btuh |
| | Infiltration Load From Procedure C | | | + | 0 Btuh |
| | Equipment Sizing Load - Latent | | | = | 460 Btuh |

*Construction Quality is: a No. of Fireplaces is: 1

MANUAL J: 7th Ed. Right-Suite: Ver 4.1.27 S/N RSR23565

Printout certified by ACCA to meet all requirements of Manual Form J

MASTER-1.RTR Job#

4/3/00

| MANUAL J 7th Ed. | | Right-Suite | | 4.1.27 | | S/N | | R5R29565 | | Ft. | | | Ft. | | | |
|--------------------------------------|--------------------------|----------------|------|-----------------|------|---------------|-------------|----------------|------|-------------|------|------|-------------|------|------|------|
| 1 | Name of Room | Entire House | | | | | | DEN ADDITION | | | | | | | | |
| 2 | Running Ft. Exposed Wall | 47.0 Ft | | | | | | 47.0 Ft | | | | | | | | |
| 3 | Room Dimensions, Ft | | | | | | | 221.0 x 0.0 Ft | | | | | | | | |
| 4 | Ceilings, Ft | Condit. Option | | 8.0 heat/cool d | | 9.0 heat/cool | | | | | | | | | | |
| TYPE OF EXPOSURE | CST NO. | HTM | | Area Length | Brnh | | Area Length | Brnh | | Area Length | Brnh | | Area Length | Brnh | | |
| | | Htg | Ctg | | Htg | Ctg | | Htg | Ctg | | Htg | Ctg | | | | |
| 5 Gross Exposed Walls and Partitions | a | 12F | 1.8 | 1.7 | 376 | **** | **** | 376 | **** | **** | | **** | **** | | **** | **** |
| | b | | 0.0 | 0.0 | 0 | **** | **** | 0 | **** | **** | | **** | **** | | **** | **** |
| | c | | 0.0 | 0.0 | 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 and Glass Doors Heating | a | 1C | 28.9 | ** | 16 | 462 | **** | 16 | 462 | **** | | **** | **** | | **** | **** |
| | b | 2C | 28.9 | ** | 42 | 1213 | **** | 42 | 1213 | **** | | **** | **** | | **** | **** |
| | c | | 0.0 | ** | 0 | 0 | **** | 0 | 0 | **** | | **** | **** | | **** | **** |
| | d | | 0.0 | ** | 0 | 0 | **** | 0 | 0 | **** | | **** | **** | | **** | **** |
| | e | | 0.0 | ** | 0 | 0 | **** | 0 | 0 | **** | | **** | **** | | **** | **** |
| | f | | 0.0 | ** | 0 | 0 | **** | 0 | 0 | **** | | **** | **** | | **** | **** |
| 7 Windows and Glass Doors Cooling | North | | 31.0 | 0 | **** | 265 | 7 | **** | 265 | | **** | **** | | **** | **** | |
| | NE/NW | | 0.0 | 0 | **** | 0 | 0 | **** | 0 | | **** | **** | | **** | **** | |
| | EW | | 59.0 | 51 | **** | 4575 | 51 | **** | 4575 | | **** | **** | | **** | **** | |
| | SE/SW | | 0.0 | 0 | **** | 0 | 0 | **** | 0 | | **** | **** | | **** | **** | |
| | South | | 0.0 | 0 | **** | 0 | 0 | **** | 0 | | **** | **** | | **** | **** | |
| | horiz | | 0.0 | 0 | **** | 0 | 0 | **** | 0 | | **** | **** | | **** | **** | |
| 8 Other doors | a | 10D | 11.5 | 10.9 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | |
| | b | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | |
| 9 Net Exposed Walls and Partitions | a | 12F | 1.8 | 1.7 | 318 | 557 | 525 | 318 | 557 | 525 | | | | | | |
| | b | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | |
| | c | | 0.0 | 0.0 | 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 | 2.3 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | |
| | b | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | |
| | c | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | |
| 11 Floors | a | 22A | 20.3 | 0.0 | 47 | 952 | 0 | 47 | 952 | 0 | | | | | | |
| | b | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | |
| | c | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | |
| 12 Infiltration | a | | 0.0 | 0.0 | 58 | 0 | 0 | 58 | 0 | 0 | | | | | | |
| 13 Subtot Brnh Loss - 6-8, -11-13 | | | | | **** | 3183 | **** | **** | 3183 | **** | **** | **** | **** | **** | **** | **** |
| 14 Duct Brnh Loss | | | | | 10% | 318 | **** | 10% | 318 | **** | 1/2 | **** | **** | 1/2 | **** | **** |
| 15 Total Brnh Loss - 13-14 | | | | | **** | 3501 | **** | **** | 3501 | **** | **** | **** | **** | **** | **** | **** |
| 16 Int. Gains | People @ | 300 | 2 | **** | 600 | 2 | **** | 600 | 2 | **** | **** | **** | **** | **** | **** | **** |
| | Appl. @ | 1200 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | **** | **** | **** | **** | **** | **** |
| 17 Subtot RSH Gain - 7-8, -12-16 | | | | | **** | 5905 | **** | **** | 5905 | **** | **** | **** | **** | **** | **** | **** |
| 18 Duct Rsh Gain | | | | | 10% | 590 | 10% | **** | 590 | 1/2 | **** | **** | 1/2 | **** | **** | **** |
| 19 Total RSH Gain - (17-18)*PLF | | | | | 1.00 | **** | 1.00 | **** | 5905 | **** | **** | **** | **** | **** | **** | **** |
| 20 CFM Air Required | | | | | **** | 347 | **** | **** | 347 | **** | **** | **** | **** | **** | **** | **** |

RIGHT-J WINDOW DATA

Job # File name MASTER-1.RTR 4/3/00

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| W | S | D | W | G | L | S | S | O | N | A | S | O | O | W | C | W | S |
| N | K | J | A | L | O | T | H | V | G | N | H | V | V | H | H | N | H |
| D | Y | R | L | A | W | R | A | H | L | G | C | R | R | G | T | A | A |
| W | | | L | Z | E | M | D | G | Z | L | O | X | Y | T | M | R | R |

DEN ADDITION

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|-----|-----|-----|-----|------|------|-----|
| a | n | e | a | c | n | n | n | y | 1 | 90 | 1.0 | 2.0 | 1.0 | 4.0 | 89.0 | 16.0 | 2.6 |
| b | n | w | a | c | n | n | n | y | 1 | 90 | 1.0 | 2.0 | 1.0 | 7.0 | 89.0 | 42.0 | 4.0 |

RIGHT-LOAD AND EQUIPMENT SUMMARY

4/3/00

File name: MASTER-1.RTR Zone: Entire House
 For: MASTERPIECE STUKEE RESIDENCE
 SAILFISH POINT
 MARTIN COUNTY FL
 Phone: Fax:
 By: C&R AIR CONDITIONING
 3102 SE JAY ST FL 34997
 STUART FL 34997
 Phone: 1-561-283-0550 Fax: 1-561-283-0098
 Job #: West Palm Beach AP FL
 Wthr:
 Notes:

WINTER DESIGN CONDITIONS

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

SUMMER DESIGN CONDITIONS

Outside db: 91 °F
 Inside db: 71 °F
 Design TD: 20 °F
 Daily Range: M
 Rel. Hum.: 50 %
 Grains Water: 60 gr

HEATING SUMMARY

Bldg. Heat Loss 3501 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 3501 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 6495 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 °F
 Use Mfg. Data r
 Rate/Swing Mult. 0.96
 Total Sens Equip Load 6235 Btuh

INFILTRATION

Method Simplified
 Construction Quality Average
 Fireplaces 1

| | HEATING | COOLING |
|------------------|---------|---------|
| Area (sq.ft.) | 0 | 0 |
| Volume (cu.ft.) | 0 | 0 |
| Air Changes/Hour | 1.4 | 0.5 |
| Equivalent CFM | 0 | 0 |

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 460 Btuh
 Ventilation 0 Btuh
 Infiltration 0 Btuh
 Tot Latent Equip Load 460 Btuh
 Total Equip Load 6695 Btuh

HEATING EQUIPMENT SUMMARY

Make n/a
 Trade
 n/a

Efficiency 100.0 EFF
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 °F
 Actual Heating Fan 347 CFM
 Htg Air Flow Factor 0.099 CFM/Btuh

COOLING EQUIPMENT SUMMARY

Make
 Trade

Efficiency 0.0 EER
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 347 CFM
 Clg Air Flow Factor 0.053 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio

93

MANUAL J: 7th Ed.

Right-Suite:

Ver 4.1.27

S/N

RSR23565

AIR CONDITIONING

STATE CERTIFIED • LICENSE • CACC 49289 • INSURED • SALES • SERVICE • INSTALLATION

3102 S.E. JAY STREET • STUART, FLORIDA 34997 • (561) 283-0550

----- FAX COVER SHEET -----

DATE: 4/3/00

TO:

ATTENTION: BARTS

ADDRESS:

MASTERTPIECE

PHONE:

FAX:

FROM: C & R AIR CONDITIONING

CONTACT: JONAL

ADDRESS: 3102 SE JAY STREET
STUART, FL 34997

MORRISM

PHONE: 561-283-0550

FAX: 561-283-0098

SUBJECT:

STUKEL RESIDENCE

MANUAL "J" ROOM WILL REQUIRE

A (1) TON SYSTEM RR - MINI-SPLIT

\$1450⁰⁰



TOTAL NUMBER OF PAGES INCLUDING COVER SHEET:

5

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

Lot 31, Rio Vista- Plat Book 6, page 95

GENERAL DESCRIPTION OF IMPROVEMENT: Bedroom extention

OWNER: Mr. & Mrs. Tom Stukel

ADDRESS: 7 Lantana Rd. Stuart, FL. 34996

PHONE #: 561-286-4424 FAX #: _____

CONTRACTOR: Masterpiece Builders

ADDRESS: 408 Colorado Ave. Stuart, FL. 34994

PHONE #: 561-283-2096 FAX #: 561-283-2770

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

Thomas W. Stukel
SIGNATURE OF OWNER


NOTARY PUBLIC
STATE OF FLORIDA
Jennifer L. Puerto
Commission # CC 774503
Expires SEP. 13, 2002
BONDED THRU
ATLANTIC BONDING CO., INC.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 4 DAY OF April, 2000
BY Thomas W. Stukel

OR PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

Jennifer L. Puerto
NOTARY SIGNATURE

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600C-97

Residential Limited Applications Prescriptive Method C
 Small Additions, Renovations & Building Systems

SOUTH 7 8 9

Small Additions, Renovations & Building Systems

Department of Community Affairs

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

| | | | | |
|----------------------|-----------------------|---------------------------|---|--|
| PROJECT NAME: | Stukel Residence | BUILDER: | masterpiece Builders | |
| AND ADDRESS: | 7 Lantana Rd | PERMITTING OFFICE: | CLIMATE ZONE: 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> | |
| | Stuart, FL 34996 | | | |
| OWNER: | Mr. + Mrs. Tom Stukel | PERMIT NO.: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| | | JURISDICTION NO.: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |

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

Please Print CK

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

| | | | | | | | |
|------|-----------------------|-------------|-------------|---------|-------|-------|-------|
| 1. | <u>Addition</u> | | | | | | |
| 2. | _____ | | | | | | |
| 3. | _____ | | | | | | |
| 4. | <u>2188</u> | | | | | | |
| 5. | <u>2</u> | | | | | | |
| | | Single Pane | Double Pane | | | | |
| 6a. | <u>58</u> sq. ft. | _____ | _____ | sq. ft. | _____ | _____ | _____ |
| 6b. | _____ | _____ | _____ | sq. ft. | _____ | _____ | _____ |
| 7. | <u>26</u> % | | | | | | |
| 8a. | R= <u>0</u> | <u>46.7</u> | lin. ft. | _____ | _____ | _____ | _____ |
| 8b. | R= _____ | _____ | sq. ft. | _____ | _____ | _____ | _____ |
| 8c. | R= _____ | _____ | sq. ft. | _____ | _____ | _____ | _____ |
| 8d. | R= _____ | _____ | sq. ft. | _____ | _____ | _____ | _____ |
| 8e. | R= _____ | _____ | sq. ft. | _____ | _____ | _____ | _____ |
| 9a-1 | R= _____ | _____ | sq. ft. | _____ | _____ | _____ | _____ |
| 9a-2 | R= <u>11</u> | <u>315</u> | sq. ft. | _____ | _____ | _____ | _____ |
| 9b-1 | R= _____ | _____ | sq. ft. | _____ | _____ | _____ | _____ |
| 9b-2 | R= _____ | _____ | sq. ft. | _____ | _____ | _____ | _____ |
| 9c | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 10a. | R= <u>30</u> | <u>218</u> | sq. ft. | _____ | _____ | _____ | _____ |
| 10b. | R= _____ | _____ | sq. ft. | _____ | _____ | _____ | _____ |
| 11. | Type: <u>Existing</u> | | | | | | |
| | SEER/EER: _____ | | | | | | |
| 12. | Type: <u>Existing</u> | | | | | | |
| | HSPF/COP/AFUE: _____ | | | | | | |
| 13a. | _____ | | | | | | |
| 13b. | _____ | | | | | | |
| 14. | Type: <u>Existing</u> | | | | | | |
| | EF: _____ | | | | | | |

* Pertains to manufactured homes with site installed components.

| | |
|--|--|
| I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code. PREPARED BY: <u>Rudy DEFRANZA</u> DATE: <u>4/5/00</u> I hereby certify that this building is in compliance with the Florida Energy Code. OWNER AGENT: _____ DATE: _____ | Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S. BUILDING OFFICIAL: _____ DATE: _____ |
|--|--|

TABLE 6C-1: PRESCRIPTIVE REQUIREMENTS FOR SMALL ADDITIONS (600 Sq. Ft. and Less), RENOVATIONS TO EXISTING BUILDINGS AND SITE-INSTALLED COMPONENTS OF MANUFACTURED HOMES.

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

* See Table 6-3, 6-7

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

| GLASS TYPE, OVERHANG, AND SHADING COEFFICIENT REQUIRED FOR GLASS PERCENTAGE ALLOWED | | | | | | | |
|---|----------|-----------|----------|-----------|----------|-----------|----------|
| UP TO 20% | | UP TO 30% | | UP TO 40% | | UP TO 50% | |
| Single | Double | Single | Double | Single | Double | Single | Double |
| OH - SC | OH - SC | OH - SC | OH - SC | OH - SC | OH - SC | OH - SC | OH - SC |
| 1' - 1.0 | 0' - .90 | 2' - 1.0 | 1' - .90 | 3' - 1.0 | 2' - .90 | 4' - 1.0 | 3' - .90 |
| 0' - .86 | | 1' - .86 | 0' - .70 | 2' - .86 | 1' - .70 | 3' - .86 | 2' - .70 |
| | | 0' - .65 | | 1' - .65 | 0' - .50 | 2' - .65 | 1' - .50 |
| | | | | 0' - .45 | | 1' - .45 | 0' - .40 |
| | | | | | | 0' - .35 | |

SHGC or SC may be obtained from the manufacturer. Single clear SC = 1.0, double clear SC = .90, and single tint SC = .86. SHGC ÷ .87=SC

TABLE 6C-3 MINIMUM REQUIREMENTS FOR ALL PACKAGES

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

GENERAL DIRECTIONS:

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

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

Lot 31, Rio Vista- Plat Book 6, page 95

GENERAL DESCRIPTION OF IMPROVEMENT: Bedroom extention

OWNER: Mr. & Mrs. Tom Stukel

ADDRESS: 7 Lantana Rd. Stuart, FL. 34996

PHONE #: 561-286-4424 FAX #: _____

CONTRACTOR: Masterpiece Builders

ADDRESS: 408 Colorado Ave. Stuart, FL. 34994

PHONE #: 561-283-2096 FAX #: 561-283-2770

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

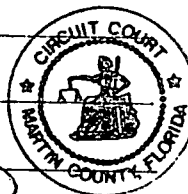
STATE OF FLORIDA
MARTIN COUNTY

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

MAKSHA STILLER, CLERK

FAX # BY [Signature] D.C.

DATE 5.23.00



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.

Thomas W. Stukel
SIGNATURE OF OWNER

NOTARY PUBLIC
STATE OF FLORIDA
Jennifer L. Puerto
Commission # CC 774503
Expires SEP. 13, 2002
BONDED THRU
ATLANTIC BONDING CO., INC.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 4 DAY OF April, 2000
BY Thomas W. Stukel

OR PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

Jennifer L. Puerto
NOTARY SIGNATURE

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID: LP
MASTE-4

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

PRODUCER

R.V. Johnson Agency, Inc.
2041 SE Ocean Blvd
Stuart FL 34996

H. R. "Dick" Rigabar
Phone No. 561-287-3366 Fax No. 561-287-4439

INSURED

Masterpiece Systems, Inc dba
Masterpiece Builders
408 Colorado Avenue
Stuart FL 34994

FILE
McNeil

FILE
permy

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

COMPANIES AFFORDING COVERAGE

COMPANY A Owners Insurance Company

COMPANY B Bridgefield Employers Insuranc

COMPANY C

COMPANY D

RECEIVED
MAY 26 2000
BY: *E. Jax*

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 | BINDER | 05/05/00 | 05/05/01 | GENERAL AGGREGATE \$ 500,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS - COM/PROP AGG \$ 500,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | PERSONAL & ADV INJURY \$ 500,000 |
| | <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT | | | | EACH OCCURRENCE \$ 500,000 |
| | | | | | FIRE DAMAGE (Any one fire) \$ 100,000 |
| | | | | | MED EXP (Any one person) \$ 10,000 |
| | AUTOMOBILE LIABILITY | | | | CARRIED SINGLE LIMIT \$ |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | |
| | 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 | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 083020848 | 05/01/00 | 03/01/01 | WC STATUTORY LIMITS OTHER \$ |
| | <input type="checkbox"/> THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE | | | | EL EACH ACCIDENT \$ 100000 |
| | <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | EL-DISEASE - POLICY LIMIT \$ 500000 |
| | | | | | EL-DISEASE - EA EMPLOYEE \$ 100000 |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

NOTE: 30 DAYS NOTICE OF CANCELLATION FOR WORKERS COMPENSATION POLICY

CERTIFICATE HOLDER

TOWN024

Town of Sewalls Point
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 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.

Robert C. Jahn

AD 5286853 STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST. INDUSTRY LICENSING BOARD

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 05 22 1998 | 98900814 | CG 0048543 |

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



BOWERS, JEFFERY ALLAN
MASTERPIECE BUILDERS
408 COLORADO AVENUE
STUART FL 34994

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARREI
SECRETARY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/9/00, 2000; Page 1 of 1.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|---------------------|---|----------------------------|-------------------|--|
| ✓ 4909 | MIKE MIRANDA | Roof-TIN | PASSED | |
| N (1) | 34 Castle Hill MIKE MIRANDA (O/B) | | ☞ | |
| ✓ 4803 | Foalia | Temp. elect | PASSED | LTR. APPL. RCVD 10/6/00 |
| S (2) | 101 Henry Douglas way Foalia Construction | | ☞ | 10/9/00 FPL METER RELEASED 223-4208 "WARNING" 11:30 AM |
| ✓ 4965 | Danielson | 2 nd floor slab | PASSED | REQUEST P.M. WSP (10/9 8.00) |
| S (3) | 161 S. River Miller | | ☞ | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| PERM. NO. T/R (4) | VASQUEZ 82 S. SEWALL'S POINT RD. KIMBER SMITH | SITE VERIFICATION | PASSED | PD 0366 ISSUED 10/9/00 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| T/R 0354 (5) | ARCE 18 PALM ROAD MONTE'S TREE SERVICE | SUPL. T/R | PASSED | EMERGENCY TREE REMOVAL (SUPPLEMENT TO PERMIT) - BLEW DOWN ON POWERLINE |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 4951 (7) | STUCK 7 LAUREN RD MASTERPIECE | ADD. FINISH | PASSED | - CONTRACTOR TO MONIFY WOOD DECK TO CURE SINE SAPROCK PROTECTION |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |

OTHER: (6) T/R PN 0350 SITE INSPECTION - VERIFIED WORK W/ I SCOPE OF PERMIT ☞

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-11, 2000; Page 1 of 1

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|----------|---|---|---------------|---|
| ✓ N 5037 | Dunker 19 Periwinkle Crescent | final fence | PASSED | |
| ② | Quality Fence | | ☑ | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| ✓ S ④ | LYDOW 167 S. SEWALL'S POINT RD O/B 285-1849 | "AFTER FACT" PERMIT APPLICATION - STATUS VERIFICATION | OK FOR PERMIT | 11:00 IF WAIVE "AFTER FACT" PERM. (CORRECTIVE ONLY TO DATE) |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| ✓ S 4882 | Woods 116 S. River Rd. Pacific 263-0116 | sheathing (REINSPECT) (GARAGE FLOOR DECK) | PASSED | 10:15 - 10:30 |
| ③ | | | ☑ | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| ✓ N 4717 | Zorro 124 N. S.P. Rd. Buford | frame all NOT READY - NEED TRUSS BRACK. | INCOMPLETE | WILL CALL FOR REINS MONDAY - NO PER |
| ① | | | ☑ | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| ✓ S 4965 | Danielson 161 S. River Rd. Miller | slab | PASSED | COMP. TEST / FORM BOARD REC - FILED COPY TO SITE |
| ⑤ | | | ☑ | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| ✓ S 4971 | Stukel Stukel Masterpiece | screw-off | PASSED | as late as possible |
| ⑥ | | | ☑ | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |
| | | | | |

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-9, 2000; Page 1 of 0

W. 1448 P.M.
BOCK BUCKER

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|-----------------|---|---|---------------------|--|
| 4797 | Kennedy | final pool | | NO FINAL SURVEY |
| X | 111 N. S. P. Rd. 878- A & G Pools 7752 | Contractor advised will re-schedule. | CAV | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 4978 | Fimer/Bird | foot er | PASSED | COMP. TEST/SURVEY RECD. |
| 9 | 29 S. River Leor | (STUDIO) | EA | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 7957 | Scukel | insulation | PASSED | REQ. LATE INSP. |
| 7 | 7 Lantana Lane Masterpiece | | EA | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 5313 | Dennis | temp. | PASSED | PPL 223-4208 ^{SHRUB} _{EDGEMAN} |
| 8 | 16 Ridgeland Florida's Finest | pole | EA | called 12:55 PM 8/ |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 4723 | Koch | truss | PASSED | |
| 5 | 71 N. River Rd. Brown | engineering FRAME-ALL | EA | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 4857 | Conway | plumbing | CANCEL (P. 5/10) | PLUMBING SUB-PERMIT REQ. - RESCHED. w/ ALL REG. INSP (M/P) |
| 3 | 4 Oak Hill Way owner | rough work w/c. | | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 5031 | Daughters on | metal | PASSED | SHEATHING INSP. 8/2 OK |
| 4 | 70 N. River Stuart Roofing | | EA | |

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-7, 2000; Page 1 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|--------|---|---|------------------------|--|
| 4755 | Clements (EXP. PN 462) | a. c. REINSP. | | as early as possible |
| ④ | 6 Middle Rd Jim Campbell | | CANCEL 8/7 9:30 | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 4951 | Stukel | framing | PASSED | FORM ALL TOY PLATE |
| ① | Latona Masterpiece | BUILD (ELECT/ATC) | EA | PENETRATIONS (ELECT.) |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 5001 | BERCAW | TEMP. ELECT. | PASSED | FPL RELEASE 8/1/00 EA |
| ⑥ | 11 RIVER CREST CT. REINAR DEVEL. | - REINSPECT (VERIFY WATER ON SITE) | EA | AGAIN 8/7 9:50 LO ADNR |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 4882 | Woods | sheathing (ROOF) | FAILED | DRYED IN W/O INSP. |
| ② | 116 S. River Rd. Emrick | (PACIFIC) (EXISTG) PTL. | EA | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 4650 | SWISS AM 4 Banyan Rd. same | meter final? CANCEL Helmut to replace meter - then renewed final | X | call 8/7 7:30 Helmut 288-64 284-770 for access COMP. ADVISED; APPT. 8/8 9:00 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 4895 | Seely | framing | PASSED | REINSPECT - GABLE END, FLD |
| ⑤ | 37 Lofting Way Gribben | EDGING - MAIN BLVD ONLY | (PTL) | BE B F END WALL (ENGR. CTN) APPT. 8/9 10:00. BLK'G C8' |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 4965 | Danielson | rough | PASSED | |
| ③ | 161 S. River Miller | plumbing (SUB IN 4968 - MASTER) | EA | |

OTHER: FPL - ADDRESS 223-4208 (her name/Ne Greg)
287-5410

INSP - T/R PERMIT APPL - 14 VIA LUCINDA; GIGANTE, TRISTAN ENTER.

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-2-00, 2000; Page 1 of 1

SEE ATTACHED SHEETS

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|--------|--|---|---------|---|
| 4882 | Woods (EMMICK CONSTRUCTION) | rough el. | Partial | REINSP. FEE REB. PAID? — |
| 5 | 116 S. River Rd. AC Electric (SUB IN 4882) | 3 RD INSP. REQUEST. 335-7954 TIM ADD3 | BG | (WILL DELIVER PRIOR TO (INSP.) INSP. BETWEEN 10:00-11:00 |
| 4751 | Stukel | wall sheathing | OK BG | |
| 6 | 2 Lantana Ln Masterpiece | roof sheathing | OK BG | OFF RIO VISTA |
| 4813 | Folweiler | screw for | OK | |
| 1 | 11 Lofting Way ARK | drywall | BG | |
| 5031 | Oughterson | sheathing | OK | (Perrinwinkle |
| 3 | 110 N. River Rd. Stuart Roofing | | BG | Subdivision) |
| 5038 | WATTLES | STORM SHUTTER— | PASSED | INSP. 12:30 |
| 7 | 20 N. RIDGEVIEW View EXPERT SHUTTER SERVICE | FINAL | 21 | |
| 4043 | Herrman | final roof | OK | PERMIT EXPIRED 7/7/00 |
| 4 | 109 Hillcrest A & P Roofing 220-7505 (COSTA APOSTOLOPOULOS) | | BG | 1 MO. RENEWAL REQUIRED 100% = \$12.00. |
| 4771 | Van Wagner | driveway | OK | |
| 2 | 3 Paloma Diaz | pre-pour | BG | |

OTHER: 5001 BERCAW (REAR DEVEL.) TEMP. RELECT, Reject No Fee
2A 11 RIVERCREST CT. BG WATER meter
 INSPECTOR (Name/Signature): Need Hose Bib.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-19-00, 2000; Page 2 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|------------------|--|---|----------------------|---|
| S ✓ 4882 (5) | WOODS - BEMICK CONST. 116 S. River Rd. Pacific (SUB PN 4886) | tinted & metal Partial - Main House | OK Bg. | Partial main house only. Garage later |
| ✓ 5028 | DEMOREST 92 S. River Pacific | tinted & metal | OK Bg. | |
| S ✓ 4892 (6) | Mattaway 141 S. River ADRON FENCE | final fence | OK Bg. | |
| ✓ 4951 (4) | Stukel 7 Lantana Lane MASTERPIECE BLDGS | form board Rio Vista | OK Bg. | SURVEY WAIVED - FINAL SURVEY REQUIRED! Footed Slab. |
| N ✓ 4926 (12) | Murray 27 Fieldway Dr. A & W RFG | roof sheathing (Called John To set up for FRI) | Cancel Rained out | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |
| | | | | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |
| | | | | |

OTHER: _____

INSPECTOR (Name/Signature): _____

5868

ADDITION

TOWN OF SEWALL'S POINT

Date 7-25-02

BUILDING PERMIT NO. 5868

Building to be erected for THOMAS W. STUKEL

Type of Permit Room Addition

Applied for by MASTIERPIECE Bldrs (Contractor)

Building Fee 528.00

Subdivision RIO VISTA Lot 31 Block _____

Radon Fee _____

Address 7 LANTANA LANE

Impact Fee _____

Type of structure SFR

A/C Fee 120.00

Parcel Control Number:
1238410020000031020000

Electrical Fee 120.00

Plumbing Fee _____

Amount Paid 940.00 Check # 20531 Cash .80

Roofing Fee 120.00

Other Fees (Plan Rev) 52.80

Total Construction Cost \$ 55,000.00

TOTAL Fees 940.80

Signed Jennifer Puerto
Applicant

Signed Lee Simmons (RN)
Town Building Official

PERMIT

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

- ELECTRICAL + A/C
- ROOFING
- DEMOLITION
- TEMPORARY STRUCTURE
- HURRICANE SHUTTERS
- STEMWALL

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

INSPECTIONS

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

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

PRODUCER
R.V. Johnson Agency, Inc.
2041 SE Ocean Blvd
Stuart FL 34996
Phone: 561-287-3366 Fax: 561-287-4255

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

INSURERS AFFORDING COVERAGE

INSURED
Masterpiece Builders
Masterpiece Systems, Inc dba
408 Colorado Avenue
Stuart FL 34994

INSURER A: Owners Insurance Company
INSURER B: Auto-Owners Insurance Co
INSURER C: Bridgefield Employers Insuranc
INSURER D:
INSURER E:


COVERAGES

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

| INSR TR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|--|--|---------------|----------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY | 20587760 | 05/05/02 | 05/05/03 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) \$ 10,000 |
| | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | |
| B | AUTOMOBILE LIABILITY | 4232990400 | 05/05/02 | 05/05/03 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| <input type="checkbox"/> HIRED AUTOS | | | | | |
| <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC \$ |
| | | | | | AUTO ONLY: AGG \$ |
| B | EXCESS LIABILITY | 20593649 | 05/05/02 | 05/05/03 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE \$ 1,000,000 |
| | <input type="checkbox"/> DEDUCTIBLE | | | | \$ |
| | <input checked="" type="checkbox"/> RETENTION \$ 5000 | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 083020848 | 03/01/02 | 03/01/03 | WC STATU-TORY LIMITS OTH-ER |
| | | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | OTHER Equipment Floater for rental equipme | 02587761 | 05/05/02 | 05/05/03 | \$20,000 |

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

30 days notice of cancellation for workers compensation coverage.

| | | |
|--|-------------------------------------|--|
| CERTIFICATE HOLDER <input checked="" type="checkbox"/> TOWN024 Town of Sewalls Point S. Sewalls Point Road Stuart FL 34996 | ADDITIONAL INSURED; INSURER LETTER: | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. |
| | | AUTHORIZED REPRESENTATIVE  |

5342252

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

| DATE | BATCH NUMBER | LICENSE NBR |
|-----------|--------------|-------------|
| 8/09/2000 | 00900448 | CG -C048543 |

The GENERAL CONTRACTOR
 Named Below IS CERTIFIED
 Under the provisions of Chapter 489
 Expiration date: AUG 31, 2002

FS.

BOWERS, JEFFERY ALLAN
 MASTERPIECE BUILDERS
 408 COLORADO AVENUE
 STUART

FL 34994

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

FILE
He/ins

RECEIVED
 OCT 09 2000
 BY: *[Signature]*

TOWN OF SEWALL'S POINT

Date 7/23/02

BUILDING PERMIT NO. 5009

Building to be erected for THOMAS STUKEL

Type of Permit A/C Sub

Applied for by Advantage Air

(Contractor)

Building Fee

Subdivision RIO VISTA

Lot 31

Block

Radon Fee

Address TLENTON AVE

Impact Fee

Type of structure SFR

AC Fee

See PN 5868

Parcel Control Number: Oual 544 T. DISTRICT

Electrical Fee

lic/perm PAC 0039664

Plumbing Fee

Roofing Fee

Amount Paid

Check #

Cash

Other Fees

Total Construction Cost \$

TOTAL Fees

Signed

[Signature]

Applicant

Signed

[Signature]

Town Building Official

PERMIT

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

- ELECTRICAL - A/C
- ROOFING
- DEMOLITION
- TEMPORARY STRUCTURE
- HURRICANE SHUTTERS
- STEMWALL

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

INSPECTIONS

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

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

| | | | |
|--|--|---|---|
| ACORD CERTIFICATE OF LIABILITY INSURANCE | | OP ID LP ADVA-11 | DATE (MM/DD/YY) 07/22/02 |
| PRODUCER R.V. Johnson Agency, Inc. (JK) 2041 S.E. Ocean Blvd. Stuart FL 34996 Phone: 561-287-3366 Fax: 561-287-4439 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| INSURED Advantage A/C & Heating, Inc. and Advantage A/C of the Treasure Coast Inc. 601 S Market Av Ft. Pierce FL 33482 | | INSURERS AFFORDING COVERAGE | |
| | | INSURER A: Southern Owners Insurance | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 23 2002 BY: _____ </div> |
| | | INSURER B: Everst National Insurance Co | |
| | | INSURER C: Auto-Owners Insurance Co | |
| | | INSURER D: | |
| | | INSURER E: | |

COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|---|---------------|----------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 2061370202 | 03/15/02 | 03/15/03 | EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMPROP AGG \$ 500,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | 4234360001 | 03/15/02 | 03/15/03 | COMBINED SINGLE LIMIT (EA accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AUTO ONLY AGG \$ |
| C | EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000 | 9543501202 | 03/15/02 | 03/15/03 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 2700007473011 | 03/04/02 | 03/04/03 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER |
| | | | | | E L EACH ACCIDENT \$ 100,000 E L DISEASE - EA EMPLOYEE \$ 100,000 E L DISEASE - POLICY LIMIT \$ 500,000 |
| | OTHER | | | | |

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

30 days notice of cancellation for Workers' Compensation coverage.

| | | |
|--|---|--|
| CERTIFICATE HOLDER TOWN OF SEWALLS POINT 1 SOUTH SEWALLS PT RD STUART FL 34996 | N ADDITIONAL INSURED; INSURER LETTER: SEWAL01 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>[Signature]</i> |
|--|---|--|

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: Thomas W. Stukel City: Stuart State: FL Zip: 34996

Legal Description of Property: RIO VISTA S/D LOT 31 Parcel Number: 123841002000031020000

Location of Job Site: 7 LANTANA LANE Type of Work To Be Done: MEDIA ROOM ADDITION

CONTRACTOR/Company Name: MASTERPIECE BUILDERS Phone Number: 283-2096

Street: 408 COLORADO AVE City: STUART State: FL Zip: 34994

State Registration Number: C4C 04854.3 State Certification Number: _____ Martin County License Number: _____

ARCHITECT: BRADEN & BRADEN Phone Number: 287-8258

Street: 417 COCONUT AVE City: STUART State: FL Zip: 34996

ENGINEER: _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 2399 Garage: 523 Covered Patios: _____ Screened Porch: _____

Carport: _____ Total Under Roof: 2922 Wood Deck: _____ Accessory Building: _____

Type Sewage: SEPTIC SYSTEM Septic Tank Permit Number From Health Dept. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: A10 Minimum Base Flood Elevation (BFE): 8' NGVD

Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$ 55,000.- Estimated Fair Market Value (FMV) Prior

To Improvements: \$185,000.- If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO

SUBCONTRACTOR INFORMATION

Electrical: JENSEN ELECTRIC State FL License Number: EC0001800

Mechanical: ADVANTAGE AIR State FL License Number: CAC 0039664

Plumbing: N/A State: _____ License Number: _____

Roofing: ALL AMERICAN ROOFING State: FL License Number: CCC058118

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____

National Electrical Code _____ Florida Energy Code _____

Florida Accessibility Code _____

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

OWNER OR AGENT SIGNATURE (Required)

State of Florida, County of: MARTIN

This the 6 day of JUNE, 2002

by JEFFERY A. BOWERS who is personally

known to me or produced

as identification. Jennifer L. Puerto

Notary Public

My Commission Expires: 9/13/02

CONTRACTOR SIGNATURE (Required)

On State of Florida, County of: MARTIN

This the 6 day of JUNE, 2002

by JEFFERY A. BOWERS who is personally

known to me or produced

as identification. Jennifer L. Puerto

Notary Public

My Commission Expires: 9/13/02

NOTARY PUBLIC
STATE OF FLORIDA
Jennifer L. Puerto
Commission # CC 774503
Expires SEP. 13, 2002
BONDED THRU
ATLANTIC BONDING CO., INC.

NOTARY PUBLIC
STATE OF FLORIDA
Jennifer L. Puerto
Commission # CC 774503
Expires SEP. 13, 2002
BONDED THRU
ATLANTIC BONDING CO., INC.



Town of Sewall's Point 283.2770
BUILDING PERMIT APPLICATION

Bldg. Permit Number: _____

Owner or Titleholder's Name Thomas W. Stukel Phone No. () _____
 Street: 7 Lantana Lane City Stuart State: FL Zip 34996
 Legal Description of Property: BIO VISTA S/D LOT 31

Parcel Number: 18-38-41-000-000-0031.0-2

Location of Job Site: 7 Lantana Lane

TYPE OF WORK TO BE DONE: MEDIA ROOM ADDITION

CONTRACTOR/Company Name: Masterpiece Builders Phone No. (772) 283-2096
 Street: 408 Colorado Ave City Stuart State: FL Zip 34994
 State Registration: CGC 048543 State License: _____

ARCHITECT: Braden & Braden Phone No. (772) 287-8258
 Street: 47 Coconut Ave City STUART State: FL Zip 34996

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

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

FLOOD HAZARD INFORMATION

Flood zone: A10 Minimum Base Flood Elevation (BFE): 8' NGVD
 Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or Improvement: \$ 55,000.⁰⁰
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If Improvement, is cost greater than 50% of Fair Market Value? YES ___ NO ___
 Method of determining Fair Market Value: _____

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

Electrical: JENSEN ELECTRIC State: FL License # EC0001800
 Mechanical: ADVANTAGE AIR State: FL License # CAC0039664
 Plumbing: N/A State: _____ License # _____
 Roofing: All American Roofing State: FL License # CCC058118

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)
Thomas W. Stukel

Owner
 State of Florida, County of: MARTIN On this the 20 day of MAY, 2008, by Thomas W. Stukel who is personally known to me or produced _____ as identification.

Jennifer L. Puerto
 Notary Public

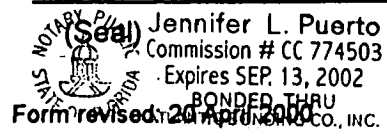
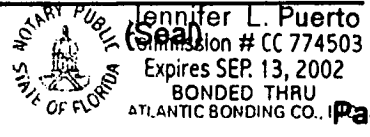
My Commission Expires: _____

CONTRACTOR SIGNATURE (Required)
Jeffery A. Bowers

Contractor
 State of Florida, County of: MARTIN On this the 20 day of MAY, 2008, by Jeffery A. Bowers who is personally known to me or produced _____ as identification.

Jennifer L. Puerto
 Notary Public

My Commission Expires: _____





Town of Sewall's Point 723-2770
BUILDING PERMIT APPLICATION

Bldg. Permit Number: _____

Owner or Titleholder's Name Thomas W Stukel Phone No. () _____
 Street: 7 Lantana Lane City Stuart State: FL Zip 34996
 Legal Description of Property: BIO VISTA S/D LOT 31

Parcel Number: 18-38-41-003-000-0031.0-2

Location of Job Site: 7 Lantana Lane

TYPE OF WORK TO BE DONE: MEDIA ROOM ADDITION

CONTRACTOR/Company Name: Masterpiece Builders Phone No. (772) 283-2096
 Street: 408 Colorado Ave City Stuart State: FL Zip 34994
 State Registration: CGC 048543 State License: _____

ARCHITECT: Braden & Braden Phone No. (772) 287-8258
 Street: 417 Coconut Ave City STUART State FL Zip 34996

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

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

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

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

New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION

Flood zone: A10 Minimum Base Flood Elevation (BFE): 8' NGVD

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

COSTS AND VALUES

Estimated cost of construction or Improvement: \$ 55,000.⁰⁰

Estimated Fair Market Value (FMV) prior to improvement: \$ _____

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

Form revised: 20 April 2000

Page - 2.

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

Approved by Building Official: _____
 Date: _____

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

8. Replat required upon completion of slab or footing inspection And Prior to any further inspections.

CRITIQUE

Owner: Thomas Stukel
Contractor: Masterpiece Builders
Contractor's Phone Number: 283-2096

Date: May 28, 2002
Contact Person:
Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR ADDITION FOR 7 LANTANA LANE

Submittals (2 copies)

New application must be filled out. The one used hasn't been used for four months

1. Current survey containing the following information: FLOOR PLAN ON SURVEY DOES NOT MATCH FLOOR PLAN OF DRAWINGS. NEED CURRENT SURVEY WITH THE FOLLOWING INFORMATION (need 2 copies)
 - ✓ a. Legal Description of Lot
 - ✓ b. Lot dimensions and bearings
 - ✓ c. Street and Waterway names
 - ✓ d. Location of proposed addition
 - ✓ e. Impervious and pervious calculation
 - ✓ f. Certification to the Town of Sewall's Point
 - ✓ g. Flood Zone
 - h. All encroachments including a/c pads, decks, etc. If there are encroachments they will have to be abated or variances received prior to issuance of this building permit
2. ✓ Health Department Approval for septic system or information on existing system.
3. ✓ Product approvals from Miami/Dade or other testing agency approved by the Florida Building Code for the following items:
 - ✓ a. Windows
 - ✓ b. Exterior Doors
 - ✓ c. Roof System
 - ✓ d. Hurricane Shutters
4. ✓ Letter from Home Owners or Subdivision Associations stating design is per their deed restriction or covenants or letter from owner that there is no association
5. ✓ Application for tree removal or relocation (if applicable) attach tree survey and removal or relocation plan

The following documents must be signed and sealed by a registered Architect or Engineer. (2 copies)

1. ✓ Foundation Plan
 - a. New 6"x6" post located in the wall to be removed may need footer or annotation that existing footing is capable of carrying concentrated load

AC# 5878735

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST. INDUSTRY LICENSING BOARD

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|--------------|
| 06/13/2000 | 99902153 | CA - C039654 |

The CLASS A AIR CONDITIONING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2002

DURHAM, SAMUEL T.
ADVANTAGE A/C OF THE TREASURE COAST INC
601 S MARKET AVE
FORT PIERCE FL 34982

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

TOWN OF SEWALL'S POINT

Date 7-24-02

BUILDING PERMIT NO. 5870

Building to be erected for THOMAS STUKEL

Type of Permit ELECTRIC SUB

Applied for by JENSEN ELECTRIC (Contractor)

Building Fee _____

Subdivision RIO VISTA Lot 31 Block _____

Radon Fee _____

Address 7 LANTANA LANE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Qual. William Jensen

Electrical Fee See PN 5868

Parcel Control Number: Lic/Per E00001800

Plumbing Fee _____

Roofing Fee _____

Amount Paid ~~_____~~ Check # ~~_____~~ Cash ~~_____~~ Other Fees (_____) _____

Total Construction Cost \$ _____ TOTAL Fees _____

Signed William Jensen

Signed Gene Summers (Rgn)

Applicant

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JT
JENSE-1
DATE (MM/DD/YY)
04/30/02

PRODUCER

SLATON INSURANCE
 P.O. Box 3857
 West Palm Beach FL 33402
 Phone: 561-683-8383 Fax: 561-684-5995

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

INSURED

Jensen Electric Inc.
 Bill Jensen
 3331-E SW 42nd Ave.
 Palm City FL 34990

INSURERS AFFORDING COVERAGE

| | | |
|------------|--------------|-----------------|
| INSURER A: | Old Dominion | RECEIVED |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |

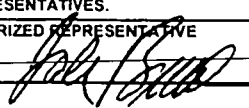
COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------|--|---------------|----------------------------------|-----------------------------------|--|------------|
| A | GENERAL LIABILITY | MPG37631 | 05/04/02 | 05/04/03 | EACH OCCURRENCE | \$ 1000000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) | \$ 500000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ 10000 |
| | | | | | PERSONAL & ADV INJURY | \$ 1000000 |
| | | | | | GENERAL AGGREGATE | \$ 2000000 |
| | | | | | PRODUCTS - COMP/OP AGG | \$ 2000000 |
| | | | | | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | |
| A | AUTOMOBILE LIABILITY | B1G36737 | 05/04/02 | 05/04/03 | COMBINED SINGLE LIMIT (Ea accident) | \$ 500,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | GARAGE LIABILITY | | | | | |
| | <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | OTHER THAN EA ACC | \$ |
| | | | | | AUTO ONLY: AGG | \$ |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATU-TORY LIMITS | OTH-ER |
| | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | OTHER | | | | | |
| A | Property Section | MPG37631 | 05/04/02 | 05/04/03 | Contents | 100000 |
| A | Equipment Floater | MPG37631 | 05/04/02 | 05/04/03 | Blnt 1/E | 7500 |

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

CERTIFICATE HOLDER **TOWNSEW**
 Town of Sewalls Point
 1 South Sewalls Pt. Rd.
 Sewalls Point FL 34996

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


ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

12-28-2001

PRODUCER
 WALLACE WELCH & WILLINGHAM, INC.
 3810 16TH STREET NORTH
 PO BOX 33020
 ST PETERSBURG
 FL 33733-
 (727)522-7777 Ext 246

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

INSURERS AFFORDING COVERAGE

INSURED
 033454002
 NATIONAL EMPLOYEE LEASING COMPANY
 339 6TH AVENUE WEST
 BRADENTON FL 34205
 941-745-1836 ext. 333 800-741-3092 ext. 333

INSURER A: NATIONAL FIRE INS CO OF HARTFORD
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

RECEIVED

COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|--|---------------|----------------------------------|-----------------------------------|---|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | - - | - - | EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | - - | - - | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | - - | - - | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ | | - - | - - | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | WC247840306 | 12-31-2001 | 12-31-2002 | X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |
| | OTHER | | - - | - - | |

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

ONLY EMPLOYEES LEASED TO AND NOT SUBCONTRACTORS OF:
 JENSEN ELECTRIC INC
 EFFECTIVE DATE: 07/22/01

| | | |
|---|--|--|
| CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER: | CANCELLATION |
| TOWN OF SEWALLS POINT 1 SOUTH SEWALLS POINT ROAD SEWALLS POINT FL 34996 | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>R. A. Park</i> |

5901458

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 07/06/2000 | 00000374 | EC -0001800 |

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2002

JENSEN, WILLIAM LEE
JENSEN ELECTRIC, INC.
3331-B SW 42ND AVE
PALM CITY FL 34990

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

TOWN OF SEWALL'S POINT

Date 7-19-02

BUILDING PERMIT NO. 5871

Building to be erected for Thomas Stukel Type of Permit Roof Sub

Applied for by ALL AMERICAN ROOFING (Contractor) Building Fee _____

Subdivision RIO VISTA Lot 31 Block _____ Radon Fee _____

Address 7 LANTANA LANE Impact Fee _____

Type of structure SFR A/C Fee _____

Deal Paul D Wilkins RB

Parcel Control Number: LIC# CCC058118 Electrical Fee _____

Plumbing Fee _____

Roofing Fee See PN 5868

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed Kendra S. Bruble Applicant Signed Gene Simmons (RB) Town Building Official

PERMIT

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

INSPECTIONS

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/27/2001

PRODUCER (561)287-2030 FAX (561)288-2481
Deakins-Carroll Insurance Agency
www.deakinscarroll.com
P.O. Box 1597
Pt. Salerno, FL 34992

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

INSURERS AFFORDING COVERAGE

INSURED All American Roofing of The Treasure Coast, Inc
3091 SE Waaler Street
Stuart, FL 34997

INSURER A: Burlington Ins. Co.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

RECEIVED

NOV 27 2001

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 | B0019Q514315 | 10/16/2001 | 10/16/2002 | EACH OCCURRENCE | \$ 300,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) | \$ Excluded |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ Excluded |
| | | | | | PERSONAL & ADV INJURY | \$ Excluded |
| | | | | | GENERAL AGGREGATE | \$ 300,000 |
| | | | | | PRODUCTS - COMP/OP AGG | \$ 300,000 |
| | | | | | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | |
| | AUTOMOBILE LIABILITY | | | | | |
| | <input type="checkbox"/> ANY AUTO | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC | \$ |
| | | | | | AUTO ONLY: AGG | \$ |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | RETENTION \$ | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY LIMITS | OTHER |
| | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | OTHER | | | | | |

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE

David Deakins/BW



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/21/2002

PRODUCER

(727) 446-5051

CONDON-MEEK, INC.
1211 COURT STREET
CLEARWATER, FL 34616-5897

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

INSURERS AFFORDING COVERAGE

INSURED

GREAT AMERICAN EMPLOYEE SERVICES, INC.
3040 GULF TO BAY BLVD., SUITE #200
CLEARWATER, FL 33759

INSURER A: CONTINENTAL CASUALTY COMPANY
INSURER B:
INSURER C:
INSURER D:
INSURER E:

RECEIVED

JUN 24 2002

COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|--|---------------|----------------------------------|-----------------------------------|---|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | WC138201697 | 07/01/01 | 12/31/02 | WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
This certificate remains in effect provided the client's account is in good standing with Great American Employee Services Inc.(GAES). Coverage is not provided for any employee for which the client is not reporting hours to GAES. Applies to 100% of the employees of Great American Employee Services, Inc. leased to **ALL AMERICAN ROOFING OF THE TREASURE COAST, INC.**

| | | |
|---|--|--|
| CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER: | CANCELLATION |
| TOWN OF SEWALLS POINT 1 S. SEWALLS POINT RD SEWALLS POINT, FL 34996 | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>John H. [Signature]</i> |

AC# 0265462

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

SEQ# 01111500090

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 11/15/2001 | 01012332 | QB -0020109 |

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2003
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS THE
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER,)

RECEIVED
JUL 19 2002
BY: _____

ALL AMERICAN ROOFING OF THE TREASURE COAST IN
3091 WAALER STREET
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

AC# 0475369

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L02070500775

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 07/05/2002 | 200003598 | CCC058118 |

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

WILKINS, PAUL D
ALL AMER ROOF OF THE TREASURE COAST INC
3091 SE WAALER ST
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

2001-2002 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(561) 288-5604

LICENSE 2002-513-008 CERT CC-C058118

PHONE (561)463-8055 SIC NO 23561

LOCATION:
3091 SE WAALER ST STU

CHARACTER COUNTS IN MARTIN COUNTY

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

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

WILKINS, PAUL D (QUALIFIER)
ALL AMERICAN ROOFING OF THE
TREASURE COAST, INC.
3091 SE WAALER ST
STUART, FL 34997

08 DAY OF NOVEMBER 2001

AND EXPIRES SEPTEMBER 30, 2002

02 20011108 001553 PAID

2. Floor Plan containing the following information:
 - a. Square footage calculations showing existing structure footage for living and non-living areas
3. Elevation Plan containing the following information:
 - a. Building heights from finish floor to top of roof (maximum 27 feet)
4. Electrical Plan containing the following information:
 - a. Annotation that existing electrical panel is sized for carry additional loads
5. Heating/Air Conditioning Plan containing the following information:
 - a. Duct layout showing sizes of duct and size of diffusers
 - b. CFM per outlet
 - c. Distribution box locations
 - d. Equipment callouts with name of equipment, model numbers and sizes
 - e. Energy calculations for new air conditioning system as well as new addition
6. Second Floor Framing Plan
 - a. Need signed and sealed drawing from truss engineer showing cutting of existing trusses and authorizing sistering of floor joists to bottom chord of existing trusses.
7. Section/Detail Drawings and Schedules showing the following information:
 - a. Wall section for two story shows flat roof instead of pitched
 - b. Anchor bolt callout for bottom plate does not specify distance between bolts
 - c. Metal stair details showing riser height and tread width also handrail with baluster and newel post design showing distance between balusters and height of handrail from leading edge of tread plus other code requirements for tread with off of inner post
 - d. Is this the primary means of egress for second floor?

NOTE: Depending on existing square footage, entire building may need to come up to current building codes.

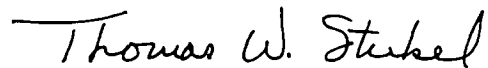
June 4, 2002

Mr. Gene Simmons
Building Official
Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, FL 34996

Dear Mr. Simmons:

With reference to my permit application for the remodeling of my home at 7 Lantana Lane, I wish to hereby confirm that there is no Home Owners or Subdivision Association in the area of 7 Lantana Lane.

Respectfully,

A handwritten signature in black ink that reads "Thomas W. Stukel". The signature is written in a cursive style with a horizontal line under the first name.

Thomas W. Stukel
7 Lantana Lane
Stuart, FL 34996

Weyant Engineering, Inc.

Civil & Structural Engineers
201 SW Port St. Lucie Blvd., Suite #104
Port St. Lucie, FL 34984

Phone 772-335-0772 WPB 561-832-9094
Fax 772-335-0866

July 16, 2002

Job No. 01 1500

Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, FL 34996

Attention: Gene Simmons, CBO
Building Official

Subject: STUKEL RESIDENCE
7 SE LANTANA LANE
LOT 31 RIO VISTA

Dear Gene:

I have reviewed the structural details as prepared by Braden & Braden, AIA, dated May 17, 2002 for the remodel and second floor addition to the above referenced single family residence.

This letter is to address the modification to the existing mono-trusses that will become the floor joists for the second floor media room. The top chord and webs of the trusses are to be removed with only the bottom chord remaining. At this point, the trusses will no longer exist. The bottom chord is being left only to support the drywall ceiling below.

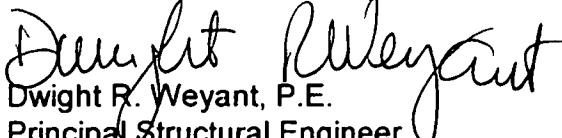
To create the structural second floor, 2x12 joists will be nailed to the existing bottom chords at 24-inches on center. The nails are to be 12d galvanized spaced at 12-inches on center. In addition, 2x12 joists will be placed in between each of the truss bottom chords creating a floor joist system of 2x12's at 12-inches on center.

This procedure is not a "truss modification", but is a truss removal utilizing the existing bottom chord only as a drywall nailer.

If you have any question on this matter, please contact me at your convenience.

CERTIFIED THIS 16TH DAY OF JULY 2002.

WEYANT ENGINEERING, INC.


Dwight R. Weyant, P.E.
Principal Structural Engineer

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

| | |
|---|--|
| Project Name: STUKEL ADDITION Address: City, State: Owner: ADVANTAGE Climate Zone: South | Builder: Permitting Office: Permit Number: Jurisdiction Number: |
|---|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------|----------|-----|----------------------------------|---------------|-----|-------------------------------------|---|-----|-----------------------|---|-----|--------------------------|----|-----|--|---------------------|-----|----------------------|--|-----|------------------------|---------------------|-----|------------------------|---------------------|-----|----------------------------------|-----------------------|-----|----------------------------------|---------------------|-----|----------------|--|-----|----------------------------------|-------------------|-----|--------|--|-----|--------|--|-----|---------------|--|-----|--------------------------|-------------------------------|-----|--------------------------|-------------------------------|-----|--------------------------|-------------------------------|-----|--------|--|-----|--------|--|-----|-------------------|--|-----|--------------------|-------------------------------|-----|--------|--|-----|--------|--|-----|-----------|--|-----|-----------------------------------|----------------------|-----|--------|--|-----|--|---------------------|--|-----|-----------------|-------------------|-----|--|-------------|-----|--------|--|-----|--------|--|-----|---------------------|--|-----|-------------------|-------------------|-----|--|-----------|-----|--------|--|-----|--------|--|-----|-----------------------|--|-----|--------|--|-----|--------|--|-----|-------------------------|--|-----|--------------------------|--|-----|--------------------------|--|-----|------------------|---------|-----|--|--|-----|---------------------|--|-----|-----------------------------|--|-----|-------------------------|--|-----|-------------------------|--|-----|
| <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">Existing</td><td style="text-align: center;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: center;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: center;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">1</td><td style="text-align: center;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">No</td><td style="text-align: center;">___</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">727 ft²</td><td style="text-align: center;">___</td></tr> <tr><td>7. Glass area & type</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Clear - single pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. Clear - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> c. Tint/other SHGC - single pane</td><td style="text-align: right;">120.5 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> d. Tint/other SHGC - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td>8. Floor types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Slab-On-Grade Edge Insulation</td><td style="text-align: right;">R=0.0, 23.0(p) ft</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>9. Wall types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Frame, Wood, Exterior</td><td style="text-align: right;">R=19.0, 222.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. Frame, Wood, Exterior</td><td style="text-align: right;">R=11.0, 190.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> c. Frame, Wood, Adjacent</td><td style="text-align: right;">R=11.0, 351.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> d. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> e. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>10. Ceiling types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Single Assembly</td><td style="text-align: right;">R=30.0, 536.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>11. Ducts</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Sup: Unc. Ret: Unc. Att: Attic</td><td style="text-align: right;">Sup. R=6.0, 150.0 ft</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> </table> | 1. New construction or existing | Existing | ___ | 2. Single family or multi-family | Single family | ___ | 3. Number of units, if multi-family | 1 | ___ | 4. Number of Bedrooms | 1 | ___ | 5. Is this a worst case? | No | ___ | 6. Conditioned floor area (ft ²) | 727 ft ² | ___ | 7. Glass area & type | | ___ | a. Clear - single pane | 0.0 ft ² | ___ | b. Clear - double pane | 0.0 ft ² | ___ | c. Tint/other SHGC - single pane | 120.5 ft ² | ___ | d. Tint/other SHGC - double pane | 0.0 ft ² | ___ | 8. Floor types | | ___ | a. Slab-On-Grade Edge Insulation | R=0.0, 23.0(p) ft | ___ | b. N/A | | ___ | c. N/A | | ___ | 9. Wall types | | ___ | a. Frame, Wood, Exterior | R=19.0, 222.0 ft ² | ___ | b. Frame, Wood, Exterior | R=11.0, 190.0 ft ² | ___ | c. Frame, Wood, Adjacent | R=11.0, 351.0 ft ² | ___ | d. N/A | | ___ | e. N/A | | ___ | 10. Ceiling types | | ___ | a. Single Assembly | R=30.0, 536.0 ft ² | ___ | b. N/A | | ___ | c. N/A | | ___ | 11. Ducts | | ___ | a. Sup: Unc. Ret: Unc. Att: Attic | Sup. R=6.0, 150.0 ft | ___ | b. N/A | | ___ | <table style="width: 100%; border-collapse: collapse;"> <tr><td>12. Cooling systems</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Central Unit</td><td style="text-align: right;">Cap: 16.0 kBtu/hr</td><td style="text-align: center;">___</td></tr> <tr><td></td><td style="text-align: right;">SEER: 12.50</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>13. Heating systems</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Electric Strip</td><td style="text-align: right;">Cap: 16.0 kBtu/hr</td><td style="text-align: center;">___</td></tr> <tr><td></td><td style="text-align: right;">COP: 1.00</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>14. Hot water systems</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. Conservation credits</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> (HR-Heat recovery, Solar</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> DHP-Dedicated heat pump)</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>15. HVAC credits</td><td style="text-align: right;">PT, CF,</td><td style="text-align: center;">___</td></tr> <tr><td> (CF-Ceiling fan, CV-Cross ventilation,</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> HF-Whole house fan,</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> PT-Programmable Thermostat,</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> MZ-C-Multizone cooling,</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> MZ-H-Multizone heating)</td><td></td><td style="text-align: center;">___</td></tr> </table> | 12. Cooling systems | | ___ | a. Central Unit | Cap: 16.0 kBtu/hr | ___ | | SEER: 12.50 | ___ | b. N/A | | ___ | c. N/A | | ___ | 13. Heating systems | | ___ | a. Electric Strip | Cap: 16.0 kBtu/hr | ___ | | COP: 1.00 | ___ | b. N/A | | ___ | c. N/A | | ___ | 14. Hot water systems | | ___ | a. N/A | | ___ | b. N/A | | ___ | c. Conservation credits | | ___ | (HR-Heat recovery, Solar | | ___ | DHP-Dedicated heat pump) | | ___ | 15. HVAC credits | PT, CF, | ___ | (CF-Ceiling fan, CV-Cross ventilation, | | ___ | HF-Whole house fan, | | ___ | PT-Programmable Thermostat, | | ___ | MZ-C-Multizone cooling, | | ___ | MZ-H-Multizone heating) | | ___ |
| 1. New construction or existing | Existing | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Single family or multi-family | Single family | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Number of units, if multi-family | 1 | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Number of Bedrooms | 1 | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Is this a worst case? | No | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Conditioned floor area (ft ²) | 727 ft ² | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Glass area & type | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Clear - single pane | 0.0 ft ² | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Clear - double pane | 0.0 ft ² | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Tint/other SHGC - single pane | 120.5 ft ² | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Tint/other SHGC - double pane | 0.0 ft ² | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Floor types | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Slab-On-Grade Edge Insulation | R=0.0, 23.0(p) ft | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. N/A | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. N/A | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Wall types | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Frame, Wood, Exterior | R=19.0, 222.0 ft ² | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Frame, Wood, Exterior | R=11.0, 190.0 ft ² | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Frame, Wood, Adjacent | R=11.0, 351.0 ft ² | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. N/A | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. N/A | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Ceiling types | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Single Assembly | R=30.0, 536.0 ft ² | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. N/A | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. N/A | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Ducts | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Sup: Unc. Ret: Unc. Att: Attic | Sup. R=6.0, 150.0 ft | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. N/A | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Cooling systems | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Central Unit | Cap: 16.0 kBtu/hr | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SEER: 12.50 | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. N/A | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. N/A | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Heating systems | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Electric Strip | Cap: 16.0 kBtu/hr | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | COP: 1.00 | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. N/A | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. N/A | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Hot water systems | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. N/A | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. N/A | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Conservation credits | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (HR-Heat recovery, Solar | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DHP-Dedicated heat pump) | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. HVAC credits | PT, CF, | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CF-Ceiling fan, CV-Cross ventilation, | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HF-Whole house fan, | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PT-Programmable Thermostat, | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MZ-C-Multizone cooling, | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MZ-H-Multizone heating) | | ___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|------------------------|------------------------------|------|
| Glass/Floor Area: 0.17 | Total as-built points: 11415 | PASS |
| | Total base points: 11630 | |

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

PREPARED BY: *[Signature]*

DATE: 7/10/2002

I hereby certify that this building, as designed, 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 with Section 553.908 Florida Statutes.

BUILDING OFFICIAL: _____

DATE: _____



SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

| | |
|----------------|-----------|
| ADDRESS: , , , | PERMIT #: |
|----------------|-----------|

| BASE | AS-BUILT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------------|-------------------|----------------------------|-------------------|----------------------------|----------------|------------------------|---------|------------------------|--------|----------|--------------|--------------------|-------------|--------------|-------------------------------|--------------------|---------------|------------------------|--------------|------------------------|------|-------------|---------------|---------------|-----------------------|--------|--------------|------|-------|------------------------|------|--------------|------|---------------|------------------------|--|--|--|--------------|--|--|---------------|
| GLASS TYPES .18 X Conditioned X BSPM = Points Floor Area | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Type/SC</th> <th colspan="3" style="text-align: center;">Overhang</th> <th rowspan="2" style="width: 10%;">Area X</th> <th rowspan="2" style="width: 10%;">SPM X</th> <th rowspan="2" style="width: 10%;">SOF =</th> <th rowspan="2" style="width: 10%;">Points</th> </tr> <tr> <th style="width: 5%;">Ornt</th> <th style="width: 5%;">Len</th> <th style="width: 5%;">Hgt</th> </tr> </thead> <tbody> <tr> <td>Single, Tint</td> <td>E</td> <td>4.0</td> <td>6.0</td> <td>48.0</td> <td>61.31</td> <td>0.65</td> <td>1904.4</td> </tr> <tr> <td>Single, Tint</td> <td>E</td> <td>2.0</td> <td>5.0</td> <td>52.1</td> <td>61.31</td> <td>0.81</td> <td>2581.6</td> </tr> <tr> <td>Single, Tint</td> <td>S</td> <td>2.0</td> <td>3.0</td> <td>20.5</td> <td>52.00</td> <td>0.60</td> <td>635.5</td> </tr> <tr> <td colspan="4">As-Built Total:</td> <td style="text-align: right;">120.5</td> <td></td> <td></td> <td style="text-align: right;">5121.5</td> </tr> </tbody> </table> | Type/SC | Overhang | | | Area X | SPM X | SOF = | Points | Ornt | Len | Hgt | Single, Tint | E | 4.0 | 6.0 | 48.0 | 61.31 | 0.65 | 1904.4 | Single, Tint | E | 2.0 | 5.0 | 52.1 | 61.31 | 0.81 | 2581.6 | Single, Tint | S | 2.0 | 3.0 | 20.5 | 52.00 | 0.60 | 635.5 | As-Built Total: | | | | 120.5 | | | 5121.5 |
| Type/SC | Overhang | | | Area X | SPM X | | | | | SOF = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ornt | Len | Hgt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Tint | E | 4.0 | 6.0 | 48.0 | 61.31 | 0.65 | 1904.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Tint | E | 2.0 | 5.0 | 52.1 | 61.31 | 0.81 | 2581.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single, Tint | S | 2.0 | 3.0 | 20.5 | 52.00 | 0.60 | 635.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | | | | 120.5 | | | 5121.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WALL TYPES Area X BSPM = Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type</th> <th style="width: 10%;">R-Value</th> <th style="width: 10%;">Area X</th> <th style="width: 10%;">SPM =</th> <th style="width: 10%;">Points</th> </tr> </thead> <tbody> <tr> <td>Adjacent</td> <td></td> <td>351.0</td> <td>1.00</td> <td>351.0</td> </tr> <tr> <td>Exterior</td> <td></td> <td>412.0</td> <td>2.70</td> <td>1112.4</td> </tr> <tr> <td>Frame, Wood, Exterior</td> <td>19.0</td> <td>222.0</td> <td>1.60</td> <td>355.2</td> </tr> <tr> <td>Frame, Wood, Exterior</td> <td>11.0</td> <td>190.0</td> <td>2.70</td> <td>513.0</td> </tr> <tr> <td>Frame, Wood, Adjacent</td> <td>11.0</td> <td>351.0</td> <td>1.00</td> <td>351.0</td> </tr> <tr> <td colspan="2">As-Built Total:</td> <td style="text-align: right;">763.0</td> <td></td> <td style="text-align: right;">1219.2</td> </tr> </tbody> </table> | Type | R-Value | Area X | SPM = | Points | Adjacent | | 351.0 | 1.00 | 351.0 | Exterior | | 412.0 | 2.70 | 1112.4 | Frame, Wood, Exterior | 19.0 | 222.0 | 1.60 | 355.2 | Frame, Wood, Exterior | 11.0 | 190.0 | 2.70 | 513.0 | Frame, Wood, Adjacent | 11.0 | 351.0 | 1.00 | 351.0 | As-Built Total: | | 763.0 | | 1219.2 | | | | | | | | |
| Type | R-Value | Area X | SPM = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjacent | | 351.0 | 1.00 | 351.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exterior | | 412.0 | 2.70 | 1112.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frame, Wood, Exterior | 19.0 | 222.0 | 1.60 | 355.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frame, Wood, Exterior | 11.0 | 190.0 | 2.70 | 513.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frame, Wood, Adjacent | 11.0 | 351.0 | 1.00 | 351.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | | 763.0 | | 1219.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOOR TYPES Area X BSPM = Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type</th> <th style="width: 10%;">Area X</th> <th style="width: 10%;">SPM =</th> <th style="width: 10%;">Points</th> </tr> </thead> <tbody> <tr> <td>Adjacent</td> <td>20.0</td> <td>2.60</td> <td>52.0</td> </tr> <tr> <td>Exterior</td> <td>20.0</td> <td>6.40</td> <td>128.0</td> </tr> <tr> <td>Exterior Insulated</td> <td>20.0</td> <td>6.40</td> <td>128.0</td> </tr> <tr> <td>Adjacent Insulated</td> <td>20.0</td> <td>2.60</td> <td>52.0</td> </tr> <tr> <td colspan="2">As-Built Total:</td> <td style="text-align: right;">40.0</td> <td style="text-align: right;">180.0</td> </tr> </tbody> </table> | Type | Area X | SPM = | Points | Adjacent | 20.0 | 2.60 | 52.0 | Exterior | 20.0 | 6.40 | 128.0 | Exterior Insulated | 20.0 | 6.40 | 128.0 | Adjacent Insulated | 20.0 | 2.60 | 52.0 | As-Built Total: | | 40.0 | 180.0 | | | | | | | | | | | | | | | | | | | |
| Type | Area X | SPM = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjacent | 20.0 | 2.60 | 52.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exterior | 20.0 | 6.40 | 128.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exterior Insulated | 20.0 | 6.40 | 128.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjacent Insulated | 20.0 | 2.60 | 52.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | | 40.0 | 180.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CEILING TYPES Area X BSPM = Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type</th> <th style="width: 10%;">R-Value</th> <th style="width: 10%;">Area X</th> <th style="width: 10%;">SPM X</th> <th style="width: 10%;">SCM =</th> <th style="width: 10%;">Points</th> </tr> </thead> <tbody> <tr> <td>Under Attic</td> <td></td> <td>536.0</td> <td>2.80</td> <td>1500.8</td> <td></td> </tr> <tr> <td>Single Assembly</td> <td>30.0</td> <td>536.0</td> <td>7.27 X 1.00</td> <td></td> <td>3896.7</td> </tr> <tr> <td colspan="2">As-Built Total:</td> <td style="text-align: right;">536.0</td> <td></td> <td></td> <td style="text-align: right;">3896.7</td> </tr> </tbody> </table> | Type | R-Value | Area X | SPM X | SCM = | Points | Under Attic | | 536.0 | 2.80 | 1500.8 | | Single Assembly | 30.0 | 536.0 | 7.27 X 1.00 | | 3896.7 | As-Built Total: | | 536.0 | | | 3896.7 | | | | | | | | | | | | | | | | | | | |
| Type | R-Value | Area X | SPM X | SCM = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under Attic | | 536.0 | 2.80 | 1500.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single Assembly | 30.0 | 536.0 | 7.27 X 1.00 | | 3896.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | | 536.0 | | | 3896.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLOOR TYPES Area X BSPM = Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type</th> <th style="width: 10%;">R-Value</th> <th style="width: 10%;">Area X</th> <th style="width: 10%;">SPM =</th> <th style="width: 10%;">Points</th> </tr> </thead> <tbody> <tr> <td>Slab</td> <td></td> <td>23.0(p)</td> <td>-20.0</td> <td>-460.0</td> </tr> <tr> <td>Raised</td> <td></td> <td>0.0</td> <td>0.00</td> <td>0.0</td> </tr> <tr> <td>Slab-On-Grade Edge Insulation</td> <td>0.0</td> <td>23.0(p)</td> <td>-20.00</td> <td>-460.0</td> </tr> <tr> <td colspan="2">As-Built Total:</td> <td style="text-align: right;">23.0</td> <td></td> <td style="text-align: right;">-460.0</td> </tr> </tbody> </table> | Type | R-Value | Area X | SPM = | Points | Slab | | 23.0(p) | -20.0 | -460.0 | Raised | | 0.0 | 0.00 | 0.0 | Slab-On-Grade Edge Insulation | 0.0 | 23.0(p) | -20.00 | -460.0 | As-Built Total: | | 23.0 | | -460.0 | | | | | | | | | | | | | | | | | | |
| Type | R-Value | Area X | SPM = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Slab | | 23.0(p) | -20.0 | -460.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Raised | | 0.0 | 0.00 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Slab-On-Grade Edge Insulation | 0.0 | 23.0(p) | -20.00 | -460.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | | 23.0 | | -460.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFILTRATION Area X BSPM = Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Area X</th> <th style="width: 10%;">SPM =</th> <th style="width: 10%;">Points</th> </tr> </thead> <tbody> <tr> <td>727.0</td> <td>18.79</td> <td>13660.3</td> </tr> <tr> <td colspan="2">As-Built Total:</td> <td style="text-align: right;">13660.3</td> </tr> </tbody> </table> | Area X | SPM = | Points | 727.0 | 18.79 | 13660.3 | As-Built Total: | | 13660.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Area X | SPM = | Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 727.0 | 18.79 | 13660.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As-Built Total: | | 13660.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Summer Base Points: 20597.5 | Summer As-Built Points: 23617.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Summer X System = Cooling Points Multiplier Points | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Total X Component</th> <th style="width: 10%;">Cap Ratio</th> <th style="width: 10%;">Duct Multiplier</th> <th style="width: 10%;">System Multiplier</th> <th style="width: 10%;">System X Credit Multiplier</th> <th style="width: 10%;">Cooling Points</th> </tr> </thead> <tbody> <tr> <td>23617.8</td> <td>1.000</td> <td>(1.073 x 1.165 x 1.08)</td> <td>0.273</td> <td>0.902</td> <td>7850.2</td> </tr> <tr> <td>23617.8</td> <td>1.00</td> <td>1.350</td> <td>0.273</td> <td>0.902</td> <td>7850.2</td> </tr> </tbody> </table> | Total X Component | Cap Ratio | Duct Multiplier | System Multiplier | System X Credit Multiplier | Cooling Points | 23617.8 | 1.000 | (1.073 x 1.165 x 1.08) | 0.273 | 0.902 | 7850.2 | 23617.8 | 1.00 | 1.350 | 0.273 | 0.902 | 7850.2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total X Component | Cap Ratio | Duct Multiplier | System Multiplier | System X Credit Multiplier | Cooling Points | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23617.8 | 1.000 | (1.073 x 1.165 x 1.08) | 0.273 | 0.902 | 7850.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23617.8 | 1.00 | 1.350 | 0.273 | 0.902 | 7850.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20597.5 0.4266 8786.9 | 23617.8 1.00 1.350 0.273 0.902 7850.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

| | |
|----------------|-----------|
| ADDRESS: , , , | PERMIT #: |
|----------------|-----------|

| BASE | AS-BUILT |
|--|--|
| WATER HEATING | |
| Number of Bedrooms X Multiplier = Total | Tank Volume EF Number of Bedrooms X Tank X Multiplier X Credit = Total Multiplier |
| 1 2369.00 2369.0 | 1 1.00 2369.00 1.00 2369.0 |
| | As-Built Total: 2369.0 |

| CODE COMPLIANCE STATUS | | | | | | | |
|------------------------|---|----------------|---|------------------|---|--------------|--|
| BASE | | | | AS-BUILT | | | |
| Cooling Points | + | Heating Points | + | Hot Water Points | = | Total Points | |
| 8787 | | 474 | | 2369 | | 11630 | |
| 7850 | | 1196 | | 2369 | | 11415 | |

PASS



ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 83.5

The higher the score, the more efficient the home.

ADVANTAGE, . . .

| | | | | |
|--|-------------------------------|-----|--|-------------------|
| 1. New construction or existing | Existing | ___ | 12. Cooling systems | |
| 2. Single family or multi-family | Single family | ___ | a. Central Unit | Cap: 16.0 kBtu/hr |
| 3. Number of units, if multi-family | 1 | ___ | | SEER: 12.50 |
| 4. Number of Bedrooms | 1 | ___ | b. N/A | ___ |
| 5. Is this a worst case? | No | ___ | c. N/A | ___ |
| 6. Conditioned floor area (ft ²) | 727 ft ² | ___ | | ___ |
| 7. Glass area & type | | ___ | 13. Heating systems | ___ |
| a. Clear - single pane | 0.0 ft ² | ___ | a. Electric Strip | Cap: 16.0 kBtu/hr |
| b. Clear - double pane | 0.0 ft ² | ___ | | COP: 1.00 |
| c. Tint/other SHGC - single pane | 120.5 ft ² | ___ | b. N/A | ___ |
| d. Tint/other SHGC - double pane | 0.0 ft ² | ___ | c. N/A | ___ |
| 8. Floor types | | ___ | 14. Hot water systems | ___ |
| a. Slab-On-Grade Edge Insulation | R=0.0, 23.0(p) ft | ___ | a. N/A | ___ |
| b. N/A | ___ | ___ | b. N/A | ___ |
| c. N/A | ___ | ___ | c. Conservation credits | ___ |
| 9. Wall types | | ___ | (HR-Heat recovery, Solar | ___ |
| a. Frame, Wood, Exterior | R=19.0, 222.0 ft ² | ___ | DHP-Dedicated heat pump) | ___ |
| b. Frame, Wood, Exterior | R=11.0, 190.0 ft ² | ___ | 15. HVAC credits | PT, CF, ___ |
| c. Frame, Wood, Adjacent | R=11.0, 351.0 ft ² | ___ | (CF-Ceiling fan, CV-Cross ventilation, | ___ |
| d. N/A | ___ | ___ | HF-Whole house fan, | ___ |
| e. N/A | ___ | ___ | PT-Programmable Thermostat, | ___ |
| 10. Ceiling types | | ___ | MZ-C-Multizone cooling, | ___ |
| a. Single Assembly | R=30.0, 536.0 ft ² | ___ | MZ-H-Multizone heating) | ___ |
| b. N/A | ___ | ___ | | ___ |
| c. N/A | ___ | ___ | | ___ |
| 11. Ducts | | ___ | | ___ |
| a. Sup: Unc. Ret: Unc. AH: Attic | Sup. R=6.0, 150.0 ft | ___ | | ___ |
| b. N/A | ___ | ___ | | ___ |

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStarTM designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

| COMPONENTS | SECTION | REQUIREMENTS FOR EACH PRACTICE | CHECK |
|-------------------------------|-----------------|---|-------|
| Exterior Windows & Doors | 606.1.ABC.1.1 | Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area. | |
| Exterior & Adjacent Walls | 606.1.ABC.1.2.1 | Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate. | |
| Floors | 606.1.ABC.1.2.2 | Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams. | |
| Ceilings | 606.1.ABC.1.2.3 | Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams. | |
| Recessed Lighting Fixtures | 606.1.ABC.1.2.4 | Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested. | |
| Multi-story Houses | 606.1.ABC.1.2.5 | Air barrier on perimeter of floor cavity between floors. | |
| Additional Infiltration reqts | 606.1.ABC.1.3 | Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air. | |

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

| COMPONENTS | SECTION | REQUIREMENTS | CHECK |
|--------------------------|--------------|--|-------|
| Water Heaters | 612.1 | Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required. | |
| Swimming Pools & Spas | 612.1 | Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%. | |
| Shower heads | 612.1 | Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG. | |
| Air Distribution Systems | 610.1 | All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation. | |
| HVAC Controls | 607.1 | Separate readily accessible manual or automatic thermostat for each system. | |
| Insulation | 604.1, 602.1 | Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11. | |

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

| | |
|----------------|-----------|
| ADDRESS: , , , | PERMIT #: |
|----------------|-----------|

| BASE | AS-BUILT |
|---|---|
| GLASS TYPES Area X BWPM = Points | GLASS TYPES Type/SC Overhang Ornt Len Hgt Area X WPM X WOF = Points |
| .18 727.0 2.36 308.8 | Single, Tint E 4.0 6.0 48.0 3.99 1.07 204.7 Single, Tint E 2.0 5.0 52.1 3.99 1.04 215.6 Single, Tint S 2.0 3.0 20.5 3.80 1.22 94.7 |
| | As-Built Total: 120.5 514.9 |
| WALL TYPES Area X BWPM = Points | WALL TYPES Type R-Value Area X WPM = Points |
| Adjacent 351.0 0.50 175.5 | Frame, Wood, Exterior 19.0 222.0 0.30 66.6 |
| Exterior 412.0 0.60 247.2 | Frame, Wood, Exterior 11.0 190.0 0.60 114.0 |
| | Frame, Wood, Adjacent 11.0 351.0 0.50 175.5 |
| Base Total: 763.0 422.7 | As-Built Total: 763.0 356.1 |
| DOOR TYPES Area X BWPM = Points | DOOR TYPES Type Area X WPM = Points |
| Adjacent 20.0 1.30 26.0 | Exterior Insulated 20.0 1.80 36.0 |
| Exterior 20.0 1.80 36.0 | Adjacent Insulated 20.0 1.30 26.0 |
| Base Total: 40.0 62.0 | As-Built Total: 40.0 62.0 |
| CEILING TYPES Area X BWPM = Points | CEILING TYPES Type R-Value Area X WPM X WCM = Points |
| Under Attic 536.0 0.10 53.6 | Single Assembly 30.0 536.0 0.08 X 1.00 42.9 |
| Base Total: 536.0 53.6 | As-Built Total: 536.0 42.9 |
| FLOOR TYPES Area X BWPM = Points | FLOOR TYPES Type R-Value Area X WPM = Points |
| Slab 23.0(p) -2.1 -48.3 | Slab-On-Grade Edge Insulation 0.0 23.0(p) -2.10 -48.3 |
| Raised 0.0 0.00 0.0 | |
| Base Total: -48.3 | As-Built Total: 23.0 -48.3 |
| INFILTRATION Area X BWPM = Points | INFILTRATION Area X WPM = Points |
| 727.0 -0.06 -43.6 | 727.0 -0.06 -43.6 |
| Winter Base Points: 755.2 | Winter As-Built Points: 883.9 |
| Total Winter X System = Heating Points Multiplier Points | Total X Cap X Duct X System X Credit = Heating Component Ratio Multiplier Multiplier Multiplier Points (DM x DSM x AHU) |
| 755.2 0.6274 473.8 | 883.9 1.000 (1.099 x 1.137 x 1.14) 1.000 0.950 1196.2 883.9 1.00 1.425 1.000 0.950 1196.2 |



RIGHT-J LOAD AND EQUIPMENT SUMMARY

Entire House

STUKEL ADDITION

Job: ADVANTAGE AIR
CONDITIONING 7/11/2002

WWW ENTERPRISES & SON, FT. PIERCE, FL 34945 Phone: 561-465-9373 Fax: 561-465-7732

Project Information

For: STUKEL ADDITION
STUART, FL

Notes:

Design Information

Weather: West Palm Beach, FL , US

Winter Design Conditions

| | |
|------------|-------|
| Outside db | 45 °F |
| Inside db | 70 °F |
| Design TD | 25 °F |

Summer Design Conditions

| | |
|---------------------|----------|
| Outside db | 91 °F |
| Inside db | 75 °F |
| Design TD | 16 °F |
| Daily range | M |
| Relative humidity | 50 % |
| Moisture difference | 60 gr/lb |

Heating Summary

| | |
|----------------------|------------|
| Building heat loss | 13017 Btuh |
| Ventilation air | 0 cfm |
| Ventilation air loss | 0 Btuh |
| Design heat load | 13017 Btuh |

Sensible Cooling Equipment Load Sizing

| | |
|--------------------------|------------|
| Structure | 11701 Btuh |
| Ventilation | 880 Btuh |
| Design temperature swing | 3.0 °F |
| Use mfg. data | n |
| Rate/swing multiplier | 0.96 |
| Total sens. equip. load | 12078 Btuh |

Infiltration

| | | |
|----------------------|----------------|----------------|
| Method | Simplified | |
| Construction quality | Average | |
| Fireplaces | 0 | |
| | Heating | Cooling |
| Area (ft²) | 726 | 726 |
| Volume (ft³) | 5809 | 5809 |
| Air changes/hour | 1.20 | 0.50 |
| Equiv. AVF (cfm) | 116 | 49 |

Latent Cooling Equipment Load Sizing

| | |
|--------------------------|------------|
| Internal gains | 0 Btuh |
| Ventilation | 2032 Btuh |
| Infiltration | 1971 Btuh |
| Total latent equip. load | 4004 Btuh |
| Total equipment load | 16082 Btuh |

Heating Equipment Summary

| | |
|-------------------------|----------------|
| Make | n/a |
| Trade | n/a |
| Efficiency | 100.0 EFF |
| Heating input | 0 Btuh |
| Heating output | 0 Btuh |
| Heating temp rise | 0 °F |
| Actual heating fan | 626 cfm |
| Heating air flow factor | 0.048 cfm/Btuh |
| Space thermostat | |

Cooling Equipment Summary

| | |
|--------------------------|----------------|
| Make | |
| Trade | |
| Efficiency | 0.0 EER |
| Sensible cooling | 0 Btuh |
| Latent cooling | 0 Btuh |
| Total cooling | 0 Btuh |
| Actual cooling fan | 626 cfm |
| Cooling air flow factor | 0.053 cfm/Btuh |
| Load sensible heat ratio | 76 % |

Bold/italic values have been manually overridden

Printout certified by ACCA to meet all requirements of Manual J 7th Ed.



RIGHT-J CALCULATION PROCEDURES A, B, C, D Entire House

STUKEL ADDITION

Job: ADVANTAGE AIR
CONDITIONING 7/11/2002

WWW ENTERPRISES & SON, FT. PIERCE, FL 34945 Phone: 561-465-9373 Fax: 561-465-7732

Procedure A - Winter Infiltration HTM Calculation*

| | | | | | | | |
|-----------------------------|-----------|---|----------------------|----------------------------|-----------------|---------------------------|-----------|
| 1. Winter infiltration AVF | 1.20 ach | x | 5809 ft ³ | x | 0.0167 | = | 116 cfm |
| 2. Winter infiltration load | 1.1 | x | 116 cfm | x | 25 °F Winter TD | = | 3202 Btuh |
| 3. Winter infiltration HTM | 3202 Btuh | / | 160 ft ² | Total window and door area | = | 20.0 Btuh/ft ² | |

Procedure B - Summer Infiltration HTM Calculation

| | | | | | | | |
|-----------------------------|----------|---|----------------------|----------------------------|-----------------|--------------------------|----------|
| 1. Summer infiltration AVF | 0.50 ach | x | 5809 ft ³ | x | 0.0167 | = | 49 cfm |
| 2. Summer infiltration load | 1.1 | x | 49 cfm | x | 16 °F Summer TD | = | 854 Btuh |
| 3. Summer infiltration HTM | 854 Btuh | / | 160 ft ² | Total window and door area | = | 5.3 Btuh/ft ² | |

Procedure C - Latent Infiltration Gain

| | | | | | | |
|------|---|----------------------|---|--------|---|-----------|
| 0.68 | x | 60 gr/lb moist.diff. | x | 49 cfm | = | 1971 Btuh |
|------|---|----------------------|---|--------|---|-----------|

Procedure D - Equipment Sizing Loads

| | | | | | | | |
|---|------|----------|--------------|----------|----------------------|---|------------|
| 1. Sensible sizing load | | | | | | | |
| Sensible ventilation load | 1.1 | x | 50 cfm vent. | x | 16 °F Summer TD | = | 880 Btuh |
| Sensible load for structure (Line 19) | | | | | | + | 11701 Btuh |
| Sum of ventilation and structure loads | | | | | | = | 12581 Btuh |
| Rating and temperature swing multiplier | | | | | | x | 0.96 |
| Equipment sizing load - sensible | | | | | | = | 12078 Btuh |
| 2. Latent sizing load | | | | | | | |
| Latent ventilation load | 0.68 | x | 50 cfm vent. | x | 60 gr/lb moist.diff. | = | 2032 Btuh |
| Internal loads | = | 230 Btuh | x | 0 people | | + | 0 Btuh |
| Infiltration load from Procedure C | | | | | | + | 1971 Btuh |
| Equipment sizing load - latent | | | | | | = | 4004 Btuh |

*Construction Quality is: a

No. of Fireplaces is: 0

Bold/italic values have been manually overridden

Printout certified by ACCA to meet all requirements of Manual J 7th Ed.



RIGHT-J WORKSHEET

Entire House

STUKEL ADDITION

Job: ADVANTAGE AIR CONDITIONING
7/11/2002

WWW ENTERPRISES & SON, FT. PIERCE, FL 34945 Phone: 561-465-9373 Fax: 561-465-7732

| MANUAL J: 7th Ed. | | Entire House 115.6 ft | | | | | ENTRY/DINING 22.6 ft | | | MEDIA RM 93.0 ft | | | | | | | | |
|--------------------------|---|--------------------------|---------|---------|---------|------------|-------------------------|-------|------------|---------------------|------|------------|-------------|------|------|------|------|------|
| 1 Name of room | | | | | | | 22.7 x 8.4 ft | | | 22.5 x 23.8 ft | | | | | | | | |
| 2 Length of exposed wall | | | | | | | 8.0 ft heat/cool | | | 8.0 ft heat/cool | | | | | | | | |
| 3 Room dimensions | | | | | | | | | | | | | | | | | | |
| 4 Ceilings | | Condit. Option | | | | | | | | | | | | | | | | |
| 5 | TYPE OF EXPOSURE | a | CST NO. | HTM Htg | HTM Clg | Area (ft²) | Load (Btuh) | | Area (ft²) | Load (Btuh) | | Area (ft²) | Load (Btuh) | | Area | Htg | Clg | |
| | | | | | | | Htg | Clg | | Htg | Clg | | Htg | Clg | | | | |
| 5 | Gross Exposed walls and partitions | a | 12H | 1.5 | 1.2 | 363 | **** | **** | 181 | **** | **** | 182 | **** | **** | | **** | **** | |
| | | b | 13C | 2.7 | 1.0 | 371 | **** | **** | 0 | **** | **** | 371 | **** | **** | | **** | **** | |
| | | c | 12C | 2.3 | 1.8 | 190 | **** | **** | 0 | **** | **** | 190 | **** | **** | | **** | **** | |
| | | d | | 0.0 | 0.0 | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | | **** | **** | |
| | | e | | 0.0 | 0.0 | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | | **** | **** | |
| | | f | | 0.0 | 0.0 | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | | **** | **** | |
| 6 | Windows and glass doors Heating | a | 1C | 28.9 | ** | 120 | 3477 | **** | 48 | 1388 | **** | 72 | 2091 | **** | | | **** | |
| | | b | 8C | 28.9 | ** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | | | **** | |
| | | c | 9C | 30.3 | ** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | | | **** | |
| | | d | | 0.0 | ** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | | | **** | |
| | | e | | 0.0 | ** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | | | **** | |
| | | f | | 0.0 | ** | 0 | 0 | **** | 0 | 0 | **** | 0 | 0 | **** | | | **** | |
| 7 | Windows and glass doors Cooling | North | | 27.8 | | 50 | **** | 1378 | 21 | **** | 584 | 29 | **** | 794 | | | **** | |
| | | NE/NW | | 0.0 | | 0 | **** | 0 | 0 | 0 | **** | 0 | 0 | **** | 0 | | | **** |
| | | E/W | | 85.8 | | 71 | **** | 6076 | 27 | **** | 2318 | 44 | **** | 3760 | | | | **** |
| | | SE/SW | | 0.0 | | 0 | **** | 0 | 0 | 0 | **** | 0 | 0 | **** | 0 | | | **** |
| | | South | | 0.0 | | 0 | **** | 0 | 0 | 0 | **** | 0 | 0 | **** | 0 | | | **** |
| | | Horz | | 0.0 | | 0 | **** | 0 | 0 | 0 | **** | 0 | 0 | **** | 0 | | | **** |
| 8 | Other doors | a | 11C | 11.8 | 9.2 | 40 | 470 | 388 | 20 | 235 | 184 | 20 | 235 | 184 | | | | |
| | | b | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| | | c | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 9 | Net exposed walls and partitions | a | 12H | 1.5 | 1.2 | 222 | 334 | 282 | 113 | 169 | 133 | 110 | 164 | 129 | | | | |
| | | b | 13C | 2.7 | 1.0 | 351 | 948 | 347 | 0 | 0 | 0 | 351 | 948 | 347 | | | | |
| | | c | 12C | 2.3 | 1.8 | 190 | 428 | 335 | 0 | 0 | 0 | 190 | 428 | 335 | | | | |
| | | d | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| | | e | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| | | f | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 10 | Ceilings | a | 18F | 0.9 | 1.4 | 728 | 635 | 1017 | 191 | 187 | 267 | 536 | 469 | 750 | | | | |
| | | b | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| | | c | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| | | d | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| | | e | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| | | f | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 11 | Floors (Note: room perimeter is displ. for slab floors) | a | 22A | 20.3 | 0.0 | 116 | 2341 | 0 | 23 | 458 | 0 | 93 | 1883 | 0 | | | | |
| | | b | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| | | c | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| | | d | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| | | e | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| | | f | | 0.0 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 12 | Infiltration | a | 20.0 | 5.3 | 160 | 3202 | 854 | 68 | 1357 | 362 | 92 | 1844 | 492 | | | | | |
| 13 | Subtotal loss=6+8.+11+12 | | | | | **** | 11833 | **** | **** | 3772 | **** | **** | 8061 | **** | **** | **** | | |
| 14 | Less external heating | | | | | **** | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | **** | | |
| 14 | Less transfer | | | | | **** | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | **** | | |
| 14 | Duct loss | | | | | 10% | 1183 | **** | 10% | 377 | **** | 10% | 806 | **** | **** | **** | | |
| 15 | Total loss = 13+14 | | | | | **** | 13017 | **** | **** | 4149 | **** | **** | 8867 | **** | **** | **** | | |
| 16 | Int. gains: | People @ | 300 | 0 | **** | 0 | 0 | 0 | **** | 0 | 0 | **** | 0 | **** | **** | **** | | |
| 16 | | Appl. @ | 1200 | 0 | **** | 0 | 0 | 0 | **** | 0 | 0 | **** | 0 | **** | **** | **** | | |
| 17 | Subtot RSH gain=7+8.+12+16 | | | | | **** | **** | 10638 | **** | **** | 3848 | **** | **** | 6792 | **** | **** | **** | |
| 17 | Less external cooling | | | | | **** | **** | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | **** | |
| 17 | Less transfer | | | | | **** | **** | 0 | **** | **** | 0 | **** | **** | 0 | **** | **** | **** | |
| 18 | Duct gain | | | | | 10% | **** | 1064 | 10% | **** | 385 | 10% | **** | 679 | **** | **** | | |
| 19 | Total RSH gain=(17+18)*PLF | | | | | 1.00 | **** | 11701 | 1.00 | **** | 4230 | 1.00 | **** | 7471 | **** | **** | **** | |
| 20 | Air required (cfm) | | | | | **** | 628 | 826 | **** | 199 | 226 | **** | 426 | 400 | **** | **** | **** | |

Printout certified by ACCA to meet all requirements of Manual J 7th Ed.



RIGHT-J WINDOW DATA

STUKEL ADDITION

Job: ADVANTAGE AIR
CONDITIONING 7/11/2002

WWW ENTERPRISES & SON, FT. PIERCE, FL 34945 Phone: 561-465-9373 Fax: 561-465-7732

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| W | S | D | W | G | L | S | S | O | N | A | S | O | O | W | C | W | S |
| N | K | I | A | L | O | T | H | V | G | N | H | V | V | H | H | N | H |
| D | Y | R | L | A | W | R | A | H | L | G | C | R | R | G | T | A | A |
| W | | | L | Z | E | M | D | G | Z | L | O | X | Y | T | M | R | R |

ENTRY/DINING

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|-----|-----|-----|-----|------|------|------|
| a | n | E | a | c | n | 0 | n | 1 | 1 | 90 | 1.0 | 4.0 | 1.0 | 5.3 | 85.8 | 48.0 | 21.0 |
|---|---|---|---|---|---|---|---|---|---|----|-----|-----|-----|-----|------|------|------|

MEDIA RM

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|-----|-----|-----|-----|------|------|------|
| a | n | E | a | c | n | 0 | n | 1 | 1 | 90 | 1.0 | 2.0 | 1.0 | 4.2 | 85.8 | 52.0 | 8.2 |
| a | n | S | a | c | n | 0 | n | 1 | 1 | 90 | 1.0 | 2.0 | 1.0 | 3.1 | 44.8 | 20.4 | 20.4 |



STATE OF FLORIDA
DEPARTMENT OF HEALTH
MARTIN COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

CENTRAX #: 43-99-04582
OSTDSNBR: 02-0563-R

CONSTRUCTION PERMIT FOR:

New System Existing System Holding Tank Innovative Other
 Repair Abandonment Temporary

APPLICANT: STUCEL, THOMAS AGENT: 96-1380, NELSON JEFFREY

PROPERTY STREET ADDRESS: 7 LANTANA Ln SEWALL'S POINT FL 33494

LOT: 31 BLOCK: _____ SUBDIVISION: RIO VISTA

PROPERTY ID #: 1238410020000031 [Section/Township/Range/Parcel No.]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 64E-6, FAC DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC TIME PERIOD. 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. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE OR LOCAL PERMITTING REQUIRED FOR PROPERTY DEVELOPMENT.

SYSTEM DESIGN AND SPECIFICATIONS

EXISTING TANK
T 900 Gallons SEPTIC TANK MULTI-CHAMBERED/IN SERIES: (Y)
A 0 Gallons MULTI-CHAMBERED/IN SERIES: ()
N 0 GALLONS GREASE INTERCEPTOR CAPACITY
K 0 GALLONS DOSING TANK CAPACITY [0] GALLONS @ (0) DOSES PER 24 HRS # PUMPS (0)
D 625 SQUARE FEET PRIMARY DRAINFIELD SYSTEM Bed
R 0 SQUARE FEET SYSTEM
A TYPE SYSTEM: (Y) STANDARD (W) FILLED (M) MOUND (B) _____
I CONFIGURATION: (M) TRENCH (Y) BED (W) _____
N LOCATION TO BENCHMARK: Top of Tank
I ELEVATION OF PROPOSED SYSTEM SITE (6.0) (INCHES) (ABOVE) BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE (22.0) (INCHES) (BELOW) BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: (0.0) INCHES NATURAL/ EXISTING SOIL EXCAVATION REQUIRED: (0.0) INCHES
OTHER REMARKS:

The drainfield must be at least 5 feet from the property line(s). Install an approved outlet filter device in the septic tank. State Code requires a minimum drainfield size of 300 square feet. Outlet filter must be accessible during inspection. Septic tank must be pumped prior to installation of the drainfield. Potable water lines within 10' of system must be sleeved and sealed.

SPECIFICATIONS BY: Fredette, Michelle TITLE: EN Specialist II

APPROVED BY: Cross, Ray TITLE: Environmental Supv Martin CHD

DATE ISSUED: 6/14/02 EXPIRATION DATE: 9/12/02

EM 4016, 03/97 (Obsolescence review) (Title) (Date) (Not to be used)
(Stock Number: 3744-07-140) (Order) (Date)

SEPTIC SYSTEM
INSTALLER COPY

RECEIVED
JUN 18 2002
BY: _____

6-21-02

RECEIVED

JUN 13 2002



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

MARTIN COUNTY
HEALTH DEPARTMENT

PERMIT NO. 49-SS-4582
DATE PAID: 6/13/02
FEE PAID: 175
RECEIPT #: 53566

02-0563-R

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: STUKEL, THOMAS

AGENT: COOKES SEPTIC SERVICES

TELEPHONE: 287-0631

MAILING ADDRESS: 3100 SEWALLER ST. STUART

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(b) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 31 BLOCK: _____ SUBDIVISION: RIO VISTA PLATTED: _____

PROPERTY ID #: 123841002000003102 ZONING: _____ I/M OR EQUIVALENT: Y N

PROPERTY SIZE: 5 ACRES WATER SUPPLY: PRIVATE PUBLIC <2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? Y N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 7 LANTANA LANE SEWALL'S POINT

DIRECTIONS TO PROPERTY: SEWALL'S POINT

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

| UNIT No | Type of Establishment | No. of Bedrooms | Building Area Sqft | Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC |
|---------|-----------------------|-----------------|--------------------|--|
| 1 | S/F | 2 | 2084 | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Floor/Equipment Drains Other: (Specify) _____

SIGNATURE: [Signature]

DATE: 6/13/02



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: Thomas Stukel
CONTRACTOR / AGENT: Cookes Septic
LOT: _____ BLOCK: _____ SUBDIV: _____ ID# _____

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEM. COMPLETE TANK CERTIFICATION BELOW OR ATTACH LETTER FROM A PERMITTED SEPTAGE DISPOSAL SERVICE.

EXISTING TANK INFORMATION

| | | | |
|-------------------------------------|--------------------|-----------------------|-----------------|
| (900) GALLONS SEPTIC TANK/GPD ATU | LEGEND: <u>W/F</u> | MATERIAL: <u>CONC</u> | SAPPLIED: () / |
| () GALLONS SEPTIC TANK/GPD ATU | LEGEND: _____ | MATERIAL: _____ | SAPPLIED: () / |
| () GALLONS GREASE INTERCEPTOR | LEGEND: _____ | MATERIAL: _____ | SAPPLIED: () / |
| () GALLONS DOSING TANK | LEGEND: _____ | MATERIAL: _____ | SAPPLIED: () / |

I CERTIFY THAT THE ABOVE NOTED TANKS WERE PUMPED ON 6/10/02 I HAVE THE VOLUMES SPECIFIED, A STRUCTURALLY SOUND, AND HAVE A (SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICES) INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR [Signature] BUSINESS NAME Cookes Septic DATE 6/5/02

EXISTING DRAINFIELD INFORMATION

(500) SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES () DIMENSIONS: 15 x 15
 () SQUARE FEET SYSTEM NO. OF TRENCHES () DIMENSIONS: X
 TYPE OF SYSTEM: (X) STANDARD () FILLED () MOULD ()
 CONFIGURATION: () TRENCH (X) BED ()
 DESIGN: () HEADER () D-BOX (X) GRAVITY SYSTEM () DOSED SYSTEM
 ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE 2.4 INCHES (ABOVE / BELOW)

SYSTEM FAILURE AND REPAIR INFORMATION

() SYSTEM INSTALLATION DATE
 (300) GPD ESTIMATED SEWAGE FLOW BASED ON TYPE OF WASTE (X) DOMESTIC () COMMERCIAL
 () METEORIC WATER (X) TABLE 1, 648-6, PAC
 SITE () DRAINAGE STRUCTURES () POOL () PATIO / DECK () PARKING
 CONDITIONS: () FLOODING PROPERTY ()
 NATURE OF FAILURE: () HYDRAULIC OVERLOAD () SOILS () MAINTENANCE () SYSTEM DAMAGE
 () DRAINAGE / RUN OFF () ROOTS () WATER TARGE ()
 FAILURE SYMPTOM: () SEWAGE ON GROUND () TANK () D BOX/HEADER () DRAINFIELD
 () FLOODING BACKUP ()

REMARKS/ADDITIONAL CRITERIA Dig out Backfill install outlet filter and gas line



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

PERMIT # _____

APPLICANT: THOMAS STUKEL AGENT: Cookes Septic
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: _____ [Section, Township, Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYED, OR OTHER QUALIFIED PERSON. ENGINEERS
MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: YES NO NET USABLE AREA AVAILABLE: _____ ACRES
TOTAL ESTIMATED SEWAGE FLOW: 300 GALLONS PER DAY (RESIDENCES-TABLE 1/OTHER-TABLE 2)
AUTHORIZED SEWAGE FLOW: _____ GALLONS PER DAY (1500 GPD/ACRE OR 2500 GPD/ACRE)
UNOBSTRUCTED AREA AVAILABLE: 600 SQFT UNOBSTRUCTED AREA REQUIRED: 600 SQFT

BENCHMARK/REFERENCE POINT LOCATION: TOP OF Tank
ELEVATION OF PROPOSED SYSTEM SITE IS 6 (INCHES/FT) (ABOVE/BELOW) BENCHMARK/REFERENCE POINT

MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: N/A FT DITCHES/DRAINS: N/A FT NORMALLY WET? YES NO
WELLS: PUBLIC: N/A FT LIMITED USE: N/A FT PRIVATE: N/A FT NON-POTABLE: N/A FT
BUILDING FOUNDATIONS: 0 FT PROPERTY LINES: 25 FT POTABLE WATER LINES: 10 FT

SITE SUBJECT TO FREQUENT FLOODING: YES NO 10 YEAR FLOODING? YES NO
1 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NOVD 500M ELEVATION: _____ FT MSL/NOVD

SOIL PROFILE INFORMATION SITE 1

| MUNSELL #/COLOR | TEXTURE | DEPTH |
|-----------------|---------|---------|
| 10YR 5/1 | Sand | 0 TO 5 |
| 7/1 | " | 5 TO 72 |
| | | TO |
| | | TO |
| | | TO |
| | | TO |
| | | TO |
| | | TO |
| | | TO |

USDA SOIL SERIES: 41 JONATHAN

SOIL PROFILE INFORMATION SITE 2

| MUNSELL #/COLOR | TEXTURE | DEPTH |
|-----------------|---------|---------|
| 10YR 5/1 | Sand | 0 TO 5 |
| 7/1 | " | 5 TO 72 |
| | | TO |
| | | TO |
| | | TO |
| | | TO |
| | | TO |
| | | TO |
| | | TO |

USDA SOIL SERIES: 41 JONATHAN

SERVED WATER TABLE: N/A INCHES (ABOVE / BELOW) EXISTING GRADE. TYPE: (PERCHED / APPARENT)
ESTIMATED WET SEASON WATER TABLE ELEVATION: 72 INCHES (ABOVE / BELOW) EXISTING GRADE
SHADE WATER TABLE VEGETATION: YES NO MOTTLING: YES NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: _____ DEPTH OF EXCAVATION: _____ INCHES
LAYOUT CONFIGURATION: TRENCH BED OTHER (SPECIFY) _____
SPECIAL ADDITIONAL CRITERIA: _____

EVALUATED BY: [Signature] DATE: 6/13/02

STATE OF FLORIDA
DEPARTMENT OF HEALTH - MARTIN COUNTY HEALTH DEPARTMENT

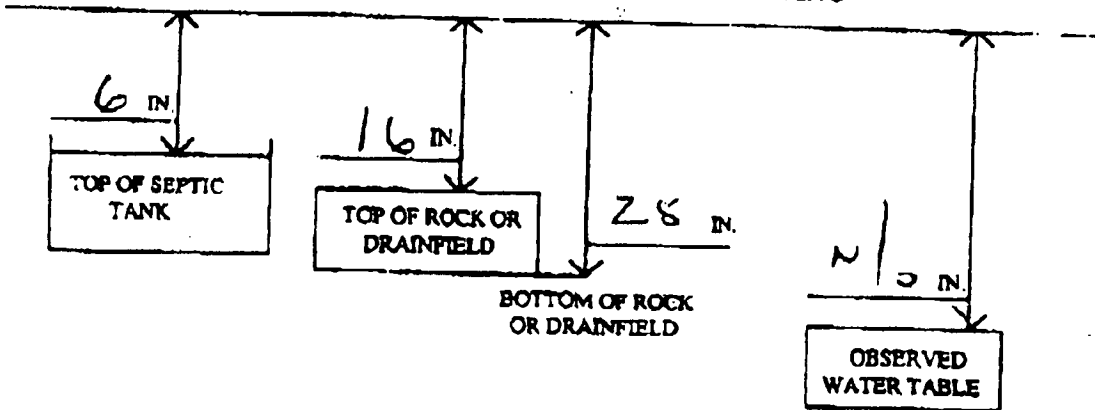
APPLICANT: S FUEL REPAIR PERMIT # - R

EXISTING SYSTEM DATA

• IF USING A WATER METER FOR DRINKING WATER, PROVIDE THE PREVIOUS 12 MONTHS OF METER READINGS. THE HIGHEST MONTHLY READING SHOULD BE USED TO ESTIMATE DAILY FLOW. IF METER READINGS ARE NOT AVAILABLE, FLOW ESTIMATES MUST BE DETERMINED USING TABLE I IN 10D-6. WHAT IS THE ESTIMATED FLOW FOR THE SYSTEM USING G.P.D.: 200

• IS THERE AN EXISTING LAWN IRRIGATION LINE WITHIN 10 FEET OF THE PROPOSED DRAINFIELD REPAIR THAT IS ATTACHED TO THE DRINKING WATER SYSTEM? YES NO IF YES, WHO WILL BE INSTALLING THE APPROVED BACK-FLOW PREVENTION DEVICE?

** EXISTING SYSTEM ELEVATION DRAWING **



SITE CONDITIONS EFFECTING THE SYSTEM DESIGN / FUNCTION

• IS THIS REPAIR ON AN EXISTING MOUND SYSTEM? YES NO WHAT DO YOU PROPOSE FOR THE ELEVATION OF THE TOP OF THE NEW DRAINFIELD IN REFERENCE TO THE TOP OF THE SEPTIC TANK? 70 IN. BELOW / ABOVE THE SEPTIC TANK

• IS THE DRAINFIELD FALLING? YES NO, IF YES, FOR HOW LONG? 5/06

• WILL THE SLOPE OF THE PROPERTY AFFECT THE DEPTH OF COVER, BENCH MARK, ELEVATION OF SYSTEM, ETC.? IF SO, EXPLAIN:

• PROPOSED TYPE OF CORRECTION / MODIFICATION TO THE SYSTEM:

• THIS FORM WAS COMPLETED BY: *[Signature]* DATE: 6/13/06

TEFF NELSON
1" = 20'
6/15/02

Martin County Health Department
THIS PLAN IS APPROVED FOR:

Septic System: Approval # 43-55552

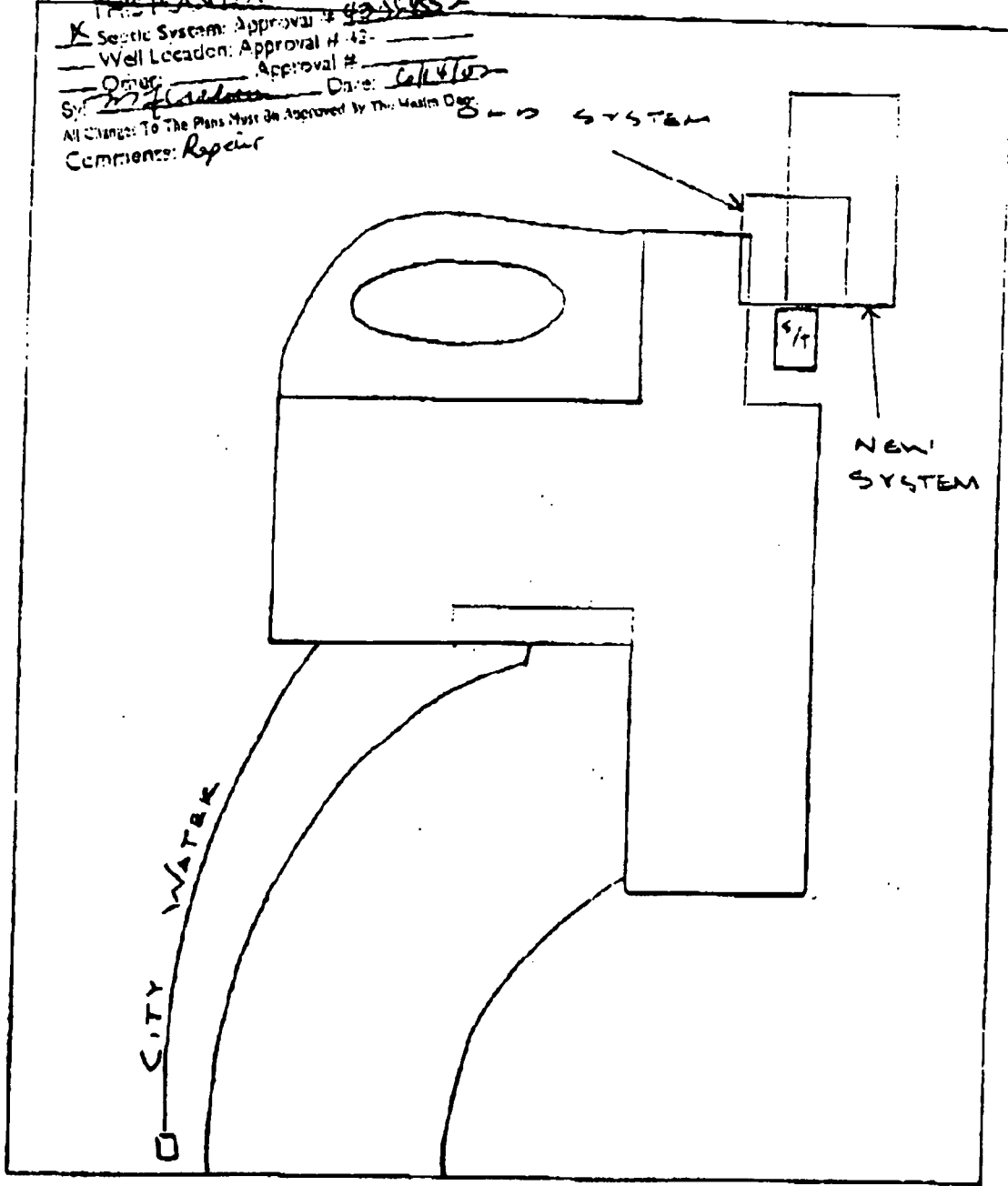
Well Location: Approval # _____

Other: Approval # _____

Sy: M. Stukel Date: 6/14/02

All Changes To The Plans Must Be Approved By The Health Dept.

Comments: Repair



THOMAS STUKEL
7 LANTANA LANE



AAMA/NWDA 101/LS-2-97 TEST REPORT

Rendered to:

SILVER LINE BUILDING PRODUCTS CORPORATION
One Silver Line Drive
North Brunswick, New Jersey 08902

Report No: 01-40430.01
Test Date: 11/15/01
Report Date: 11/29/01
Expiration Date: 11/15/05

Project Summary: Architectural Testing, Inc. (ATI) was contracted by Silver Line Building Products Corporation to witness tests on two Series/Model 2700, PVC single hung windows at Silver Line's in-plant test facility located in North Brunswick, New Jersey. The samples tested successfully met the performance requirements for the following ratings: Test Specimen #1 H-C40 54 x 90; Test Specimen #2 H-C60* 52 x 73.

General Note: An asterisk (*) next to the performance grade indicates that the size tested for optional performance was smaller than the Gateway test size for the product type and class.

Test Specification: The test specimen was evaluated in accordance with AAMA/NWDA 101/LS-2-97, *Voluntary Specifications for Aluminum, Vinyl (PVC) and Wood Windows and Glass Doors*.

Test Specimen Description:

Series/Model: 2700

Type: PVC Single Hung Window



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

CONTRACTOR LICENSING SECTION
(305) 375-2327 FAX (305) 375-2518

CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2906 FAX (305) 375-2908

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

CertainTeed Corporation (PA)
1400 Union Meeting Road P.O. Box 1100
Blue Bell, PA 19422-0761

Your application for Notice of Acceptance (NOA) of:
CT-20; CT-20 AR & XT-25; XT-25AR & XT-30; XT-30AR Shingles
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at any time from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined by BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

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

ACCEPTANCE NO.: 01-0503.01
EXPIRES: 06/14/2006

Raul Rodriguez
Chief Product Control Division

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

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

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

APPROVED: 06/14/2001



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1363
(305) 375-2901 FAX (305) 375-2908

CONTRACTOR LICENSING SECTION
(305) 375-2327 FAX (305) 375-2338

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

PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 375-4329

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Owens Corning
One Owens Corning Parkway
Toledo, OH 43659

Your application for Notice of Acceptance (NOA) of
Oakridge 30 AR
under Chapter 3 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of
Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade
County Building Code Compliance Office (BCCO) under the conditions specified herein.

This NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure this
product or material at any time from a jobsite or manufacturer's plant for quality control testing. If this
product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the
use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is
determined by BCCO that this product or material fails to meet the requirements of the South Florida
Building Code.

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

ACCEPTANCE NO.: 01-0522-03
EXPIRES: 07/19/2006

Raul Rodriguez
Chief Product Control Division

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

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

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

APPROVED: 07/19/2006

NOTICE OF ACCEPTANCE (NOA)

~~Albermarle Tru Corporation~~
1687 Woodlands Drive
Maumee, OH 43537

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by the BCCO and accepted by the Building Code and Product Review Committee (BCPRC) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

This product is approved as described herein, and has been designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County or Florida Building Code.

DESCRIPTION: ~~Series "Premium and Construction" Outswing Glazed Steel Door~~

APPROVAL DOCUMENT: Drawing No. B0091, titled "6/0 x 8/0 Steel Outswing Double Door", sheets 1 through 3, prepared by manufacturer, dated 3/16/99, bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: None

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

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

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

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

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

This NOA renews NOA # 01-0209.02 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Raul Rodriguez.



NOA No 02-0129.01
Expiration Date: February 28, 2007
Approval Date: February 28, 2002
Page 1



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2538

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

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

Your application for Notice of Acceptance (NOA) of:

~~Series C-700 Outswing Aluminum Casement Window - Non-Impact & Impact Resistant~~
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at any time from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined by BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

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

ACCEPTANCE NO.: 01-0329.03
EXPIRES: 04/16/2006

Raul Rodriguez
Chief Product Control Division

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

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

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

APPROVED: 11/01/2001

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Ocean Shutters Manufacturing, Inc.
4900-B N.E. 11th Avenue
Fort Lauderdale, FL 33334

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

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

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

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

Your application for Notice of Acceptance (NOA) of:

0.063" Aluminum Storm Panel

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

This NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at any time from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined by BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

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

ACCEPTANCE NO.: 00-0726.04
EXPIRES: 08/07/2003



Raul Rodriguez
Chief Product Control Division

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

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



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

APPROVED: 08/24/2000

Weyant Engineering, Inc.

Civil & Structural Engineers
201 SW Port St. Lucie Blvd., Suite #104
Port St. Lucie, FL 34984

Phone 772-335-0772 WPB 561-832-9094
Fax 772-335-0866

July 16, 2002

Job No. 01 1500

Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, FL 34996

Attention: Gene Simmons, CBO
Building Official

Subject: STUKEL RESIDENCE
7 SE LANTANA LANE
LOT 31 RIO VISTA

Dear Gene:

I have reviewed the structural details as prepared by Braden & Braden, AIA, dated May 17, 2002 for the remodel and second floor addition to the above referenced single family residence.

This letter is to address the modification to the existing mono-trusses that will become the floor joists for the second floor media room. The top chord and webs of the trusses are to be removed with only the bottom chord remaining. At this point, the trusses will no longer exist. The bottom chord is being left only to support the drywall ceiling below.

To create the structural second floor, 2x12 joists will be nailed to the existing bottom chords at 24-inches on center. The nails are to be 12d galvanized spaced at 12-inches on center. In addition, 2x12 joists will be placed in between each of the truss bottom chords creating a floor joist system of 2x12's at 12-inches on center.

This procedure is not a "truss modification", but is a truss removal utilizing the existing bottom chord only as a drywall nailer.

If you have any question on this matter, please contact me at your convenience.

CERTIFIED THIS 16TH DAY OF JULY 2002.

WEYANT ENGINEERING, INC.


Dwight R. Weyant, P.E.
Principal Structural Engineer



408 COLORADO AVENUE STUKEL
STUART, FLORIDA 34994 7 LANTAN LN.
772-283-2096 #5868
FAX 772-283-2770

FACSIMILE TRANSMITTAL SHEET

TO: Mr. Gene Simmons FROM: Mike Bramble
COMPANY: Sewells Point Build'g Dep't DATE: AUGUST 19, 2002
FAX NUMBER: 220-4765 TOTAL NO. OF PAGES INCLUDING COVER: 6
PHONE NUMBER: 287-2455 SENDER'S REFERENCE NUMBER:
RE: Stukel Combo Stair Drawings YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

Dear Mr. Simmons, Would you take a look at these drawings? The left side oak stringer shall be lag bolted to the wall and the right side oak stringer shall be lag bolted to the box end of the joists at the top and to the oak column at the bottom. Geometrically, the stairwell height clearance works as the spirals wind (1.007.8.2-more than 6'-6" clearance for the head height). The risers of the straight stairs are at the max of 7 3/4" in height with 9 1/2" deep treads, without the nosing (1007.3.1- two rises and one tread =25"). The spiral risers are 7 7/8" in height, (1007.8.2-less than the max code requirement of less than 9 1/2"), with a 7 3/4" deep tread 12" out from the narrowest edge, (1007.8.2-7 1/2" minimum clear tread 12" out from the narrow edge) and the difference between the two riser heights is less than 3/16" (1007.3.4- no variation exceeding 3/16" in the depth of adjacent risers). I believe this design accommodates all code requirements with the minimum run and the smallest, yet functional well opening in the 2nd floor joist framing. Please look this over and let me know if this is compliant with the code as I see it.

Thank you for your time, Mike Bramble

FAXED
AUG 19 2002
BY: MKB 12:40 PM

CERTIFIED GENERAL CONTRACTOR
CGC048543
"INVEST IN A MASTERPIECE"

CUSTOM HOMES
RENOVATIONS
NEW CONSTRUCTION
COMMERCIAL



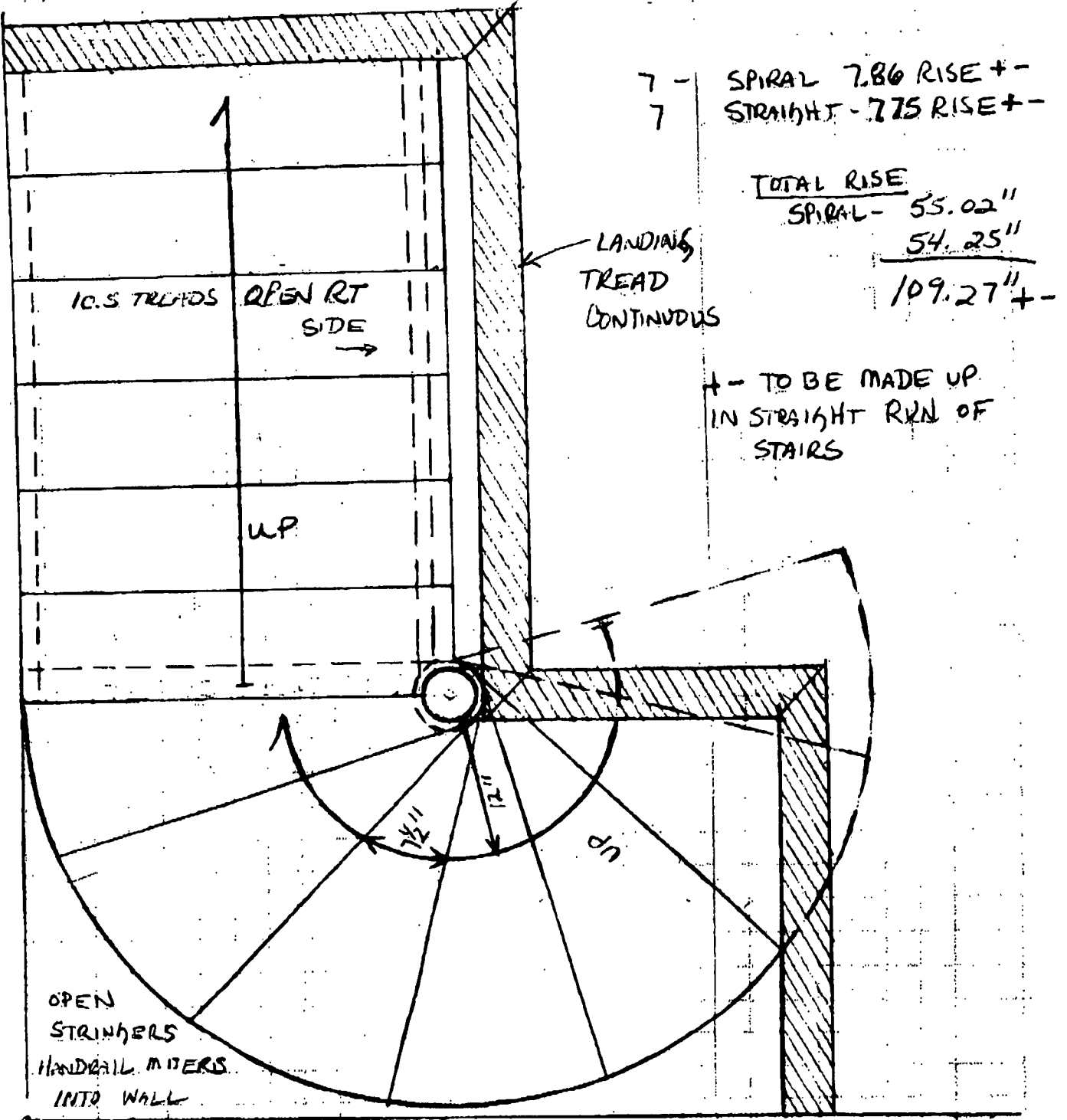
CERTIFIED GENERAL CONTRACTORS
408 COLORADO AVENUE • STUART, FLORIDA 34994
(561) 283-2096 • FAX (561) 283-2770 • info@masterpiecebuilders.com

Invest In A Masterpiece

P61

109 1/4 HEIGHT

1" = 1'

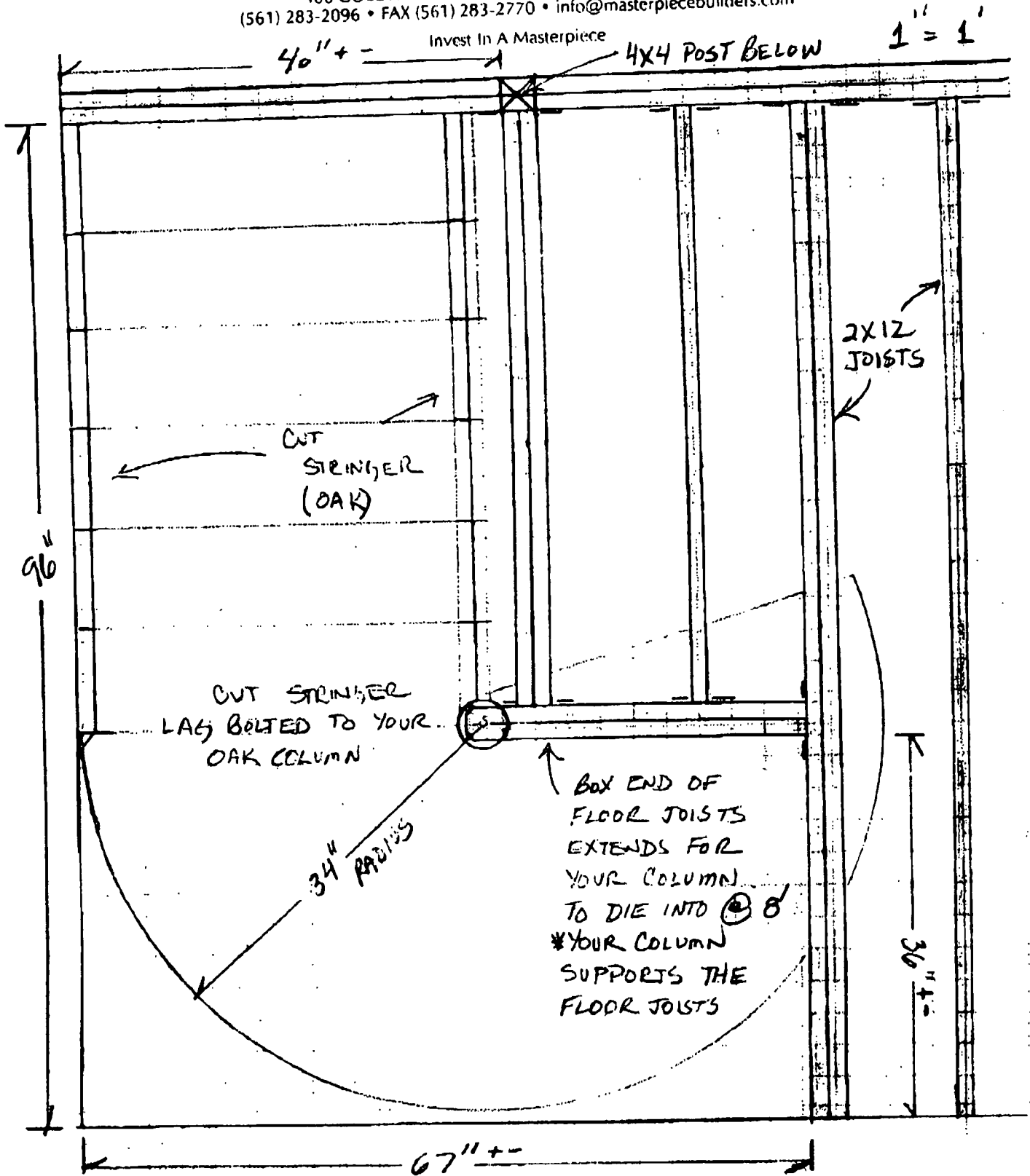


CUSTOM HOMES
RENOVATIONS
NEW CONSTRUCTION
COMMERCIAL

MASTERPIECE BUILDERS

CERTIFIED GENERAL CONTRACTORS
408 COLORADO AVENUE • STUART, FLORIDA 34994
(561) 283-2096 • FAX (561) 283-2770 • info@masterpiecebuilders.com

PG 2



CUSTOM HOMES
RENOVATIONS
NEW CONSTRUCTION
COMMERCIAL

MASTERPIECE BUILDERS

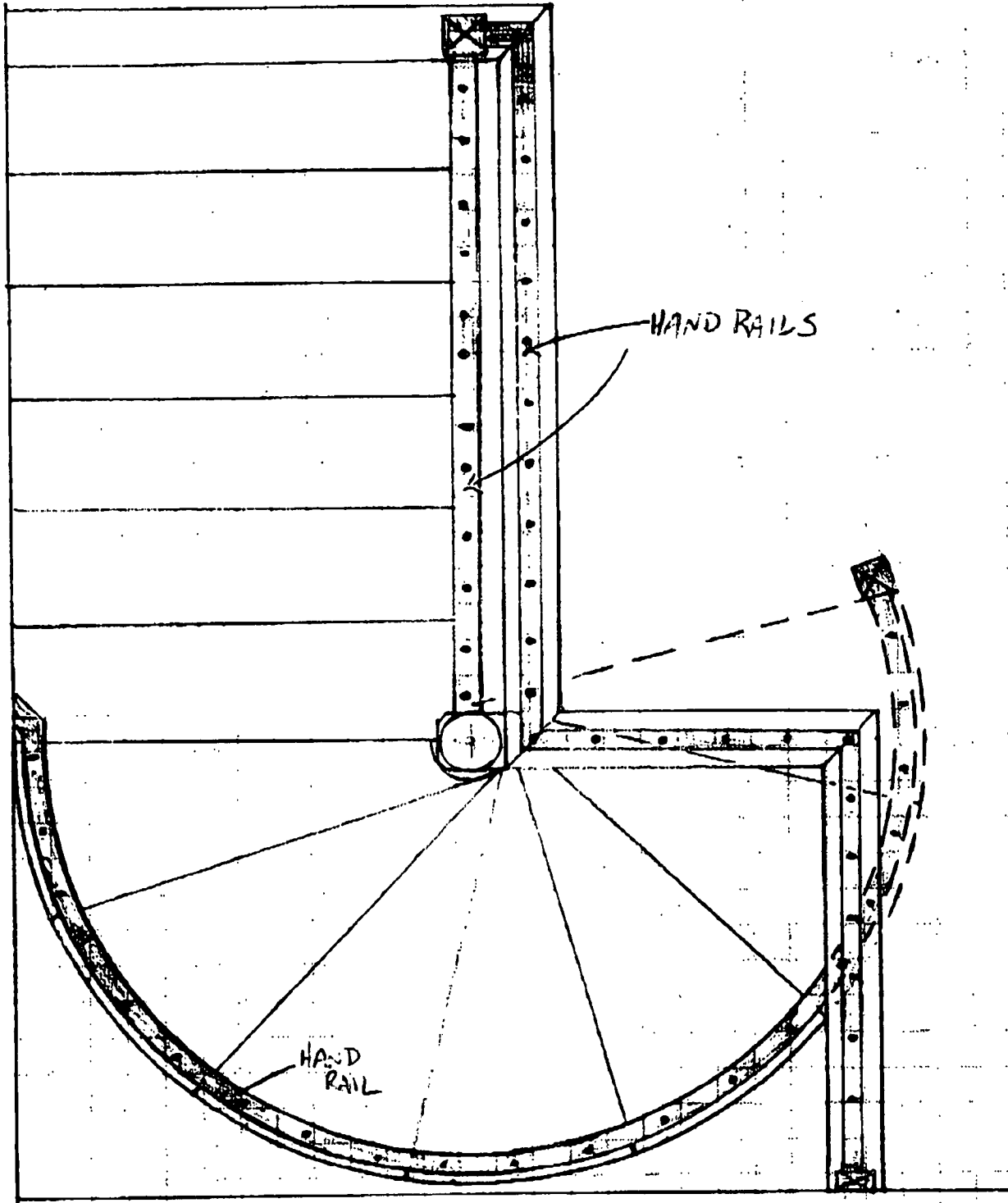
STATE CERTIFIED
Lic. No. CGC 048543

CERTIFIED GENERAL CONTRACTORS
408 COLORADO AVENUE • STUART, FLORIDA 34994
(561) 283-2096 • FAX (561) 283-2770 • info@masterpiecebuilders.com

Invest In A Masterpiece

P63

1" = 1'



CUSTOM HOMES
RENOVATIONS
NEW CONSTRUCTION
COMMERCIAL



STATE CERTIFIED
Lic. No. CGC 048543

CERTIFIED GENERAL CONTRACTORS
408 COLORADO AVENUE • STUART, FLORIDA 34994
(561) 283-2096 • FAX (561) 283-2770 • info@masterpiecebuilders.com

Invest In A Masterpiece

P64

MISC. NOTES - ALL OAK

TRADITIONAL BALUSTERS W/ SQ. TOP (# 5141)

TRADITIONAL 3" NEWELS W/ SQ. TOP (# 4040)

COLONIAL TOP RAIL - (POST-TO-POST RAIL SYSTEM)

TREADS (THICKNESS OF SPIRAL: STRAIGHT TO MATCH)

STRAIGHT RUN STRINGERS

COLUMN (PLAIN)

NO RISERS IN SPIRAL OR STRAIGHT RUN

OAK LANDING TREAD (001-1124)

1 X 8 OAK TO LINE UNDER OAK LANDING TREAD
(INCL. BALCONY)

SPIRAL HAND RAIL - LFT SIDE: DIES INTO WALL ON 45° ANGLE
(CUT. BY US)

STRAIGHT RAIL - ON RT SIDE - STARTS ON YOUR COLUMN
GOES UP TO NEWEL AT OP LANDING TREAD
THEN HAND RAIL MITER CUT THE REST OF THE WAY
OVER THE LANDING TREAD & DIES INTO 1/2 NEWEL
AT FRONT WALL

2-PLY 2X12 JOIST EXTENSION FOR TOP OF COLUMN SUPPORT
SHALL BE WRAPPED WITH OAK ON ALL 5 SIDES

TOTAL SPIRAL RADIUS IS 34" TO OUTSIDE OF TREAD

CUSTOM HOMES
RENOVATIONS
NEW CONSTRUCTION
COMMERCIAL

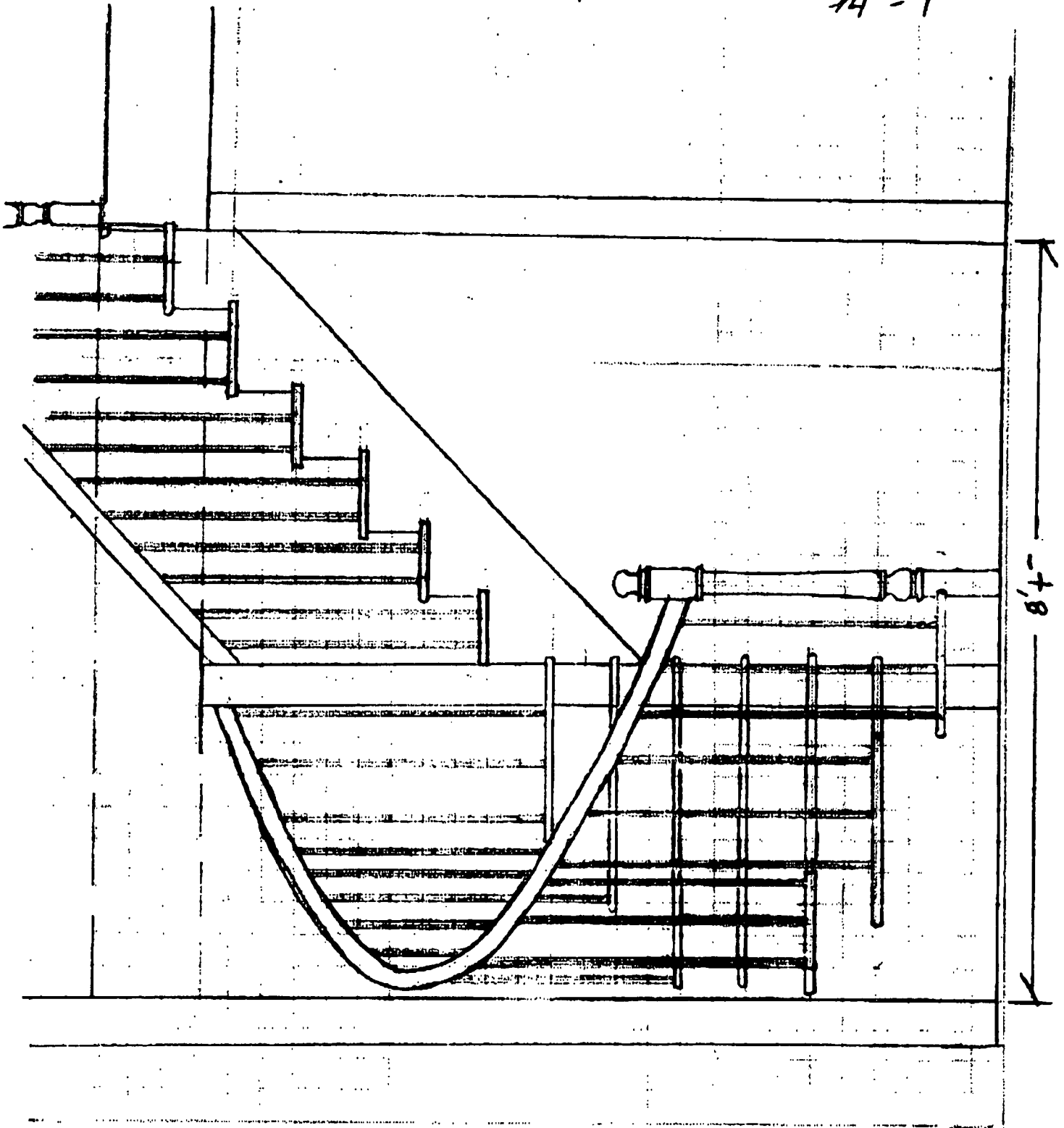


STATE CERTIFIED
Lic. No. CCC 048543

CERTIFIED GENERAL CONTRACTORS
408 COLORADO AVENUE • STUART, FLORIDA 34994
(561) 283-2096 • FAX (561) 283-2770 • info@masterpiecebuilders.com

Invest In A Masterpiece

PG 5
3/4" = 1'



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-31-2002, 2001; Page 1 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|-------------------------------------|---|-------------------|--|
| 5792 | Campo | Paving | Failed | need for survey |
| (9) | 5 Palma Way PAVERS by Zipsic | Phoebe Julie B4 going Cell# 342-0997 | | INSPECTOR: <i>[Signature]</i> |
| 5636 | Francis | STRAPPING - E/C OF TRUSSER | Failed | → need low net at cut sheets + layout |
| (1) | S S. River F-D | | | INSPECTOR: <i>[Signature]</i> |
| 5821 | GRANFIELD | Concrete Block INSPECTION | Passed | |
| (5) | 15 W. High Point Rd O/B | | | INSPECTOR: <i>[Signature]</i> |
| 5859 | GRANFIELD | Framing + Sheeting | Passed | |
| (6) | 15 W. High Point Rd O/B | | | INSPECTOR: <i>[Signature]</i> |
| 5862 | KARDOS | FINAL | Passed | |
| (2) | 10 CRANE NEST Pacific | | | INSPECTOR: <i>[Signature]</i> |
| 5868 | Stura | Slab | Passed | comp. test OK |
| (3) | 7 LANNANA LANE MASTERPIECE BUSH. | # 283-2096 | | INSPECTOR: <i>[Signature]</i> |
| 5631 | STARK WINGWING HERT | LATH | Passed | |
| (4) | 61 S. RIVER RD. WINCHIP CONAT | | | INSPECTOR: <i>[Signature]</i> |

OTHER: _____



A. M. ENGINEERING AND TESTING, INC.

450 SOUTH OLD DIXIE HIGHWAY, SUITE 2

JUPITER, FLORIDA 33458

LOCAL OFFICE: (561) 745-1060 FAX: (561) 745-0981

RECEIVED
 JUL 30 2002
 BY: _____

REPORT OF FOUNDATION PAD COMPACTION

**Client: Masterpiece Builders
 408 Colorado Avenue
 Stuart, Florida 34994**

Report Date: July 30, 2002

Project No: 1000

Report No: 9

**Site: 7 Southeast Lantana Lane, Sewall's Point,
 Martin County, Florida
 Foundation Pad for Attached Addition**

Permit No: 5863

Density tests and Hand Cone Penetrometer (HCP) readings were made below slab grade to a depth of one foot at a minimum of three locations in the building pad. At the time of our testing no information was available regarding the foundation pad setbacks. The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

| Density Test No. | Date Tested | Location | Elevation (feet) | Dry Density (pcf) | | Percent Compaction |
|------------------|-------------|----------------------|------------------|-------------------|---------|--------------------|
| | | | | In Place | Proctor | |
| 1 | 7/29/01 | Center Area | 0-1 | 104.8 | 108.0 | 97.0 |
| 2 | | North Column Pad | 1-2 | 107.6 | 108.0 | 99.6 |
| 3 | | Southwest Column Pad | 1-2 | 107.8 | 108.0 | 99.8 |
| | | | | | | |
| | | | | | | |

* All elevations are below slab grade.

In the locations and depths that were tested, the soil has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

Distribution:
 Client (3)
 Sewall's Point Building Department (1)

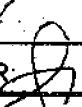

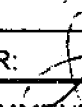
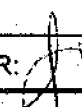
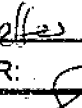
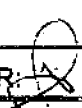
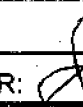
Submitted by:
 A. M. ENGINEERING AND TESTING, INC.

Rebecca Grant Ascoli, P.E.
 Florida Registration No. 51863

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Aug 28, 2004, Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|--------------------------------------|--------------------|-------------------|---|
| 5845 | LUCAS | RE-INSPECT | Passad | Pool fee & locks & |
| (5) | 1 Mandalay Quality | Final FENCE | | locks & |
| | | Final Rd - 8/26/02 | | INSPECTOR:  |
| 5828 | WALKER | INSULATION | Passad | |
| (4) | 21 W. High Pt Rd Holmes | | | INSPECTOR:  |
| 5746 | Milord | Elevator | Passad | |
| (7) | 144 V-Sewall St Rd Signature lift | | | INSPECTOR:  |
| 5863 | Newman | INSULATION | Passad | |
| (8) | 15 Periwinkle Crescent Emmick | | | INSPECTOR:  |
| 5625 | HENRY | FINAL POOL | Partial ? | Dec. 5th 15/05/04 |
| (3) | 8 E. High Pt. Rd Schiller | | → | Safety tables INSPECTOR:  |
| 5868 | Stuckler | ROOF | Passad | |
| (2) | 7 Lantana Lane Masterpiece | Sheeting | | INSPECTOR:  |
| 5935 | Madden | Electrical | Passad | |
| (1) | 160 S. River Rd J/R Electric | (Patch area) | | INSPECTOR:  |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-4-2002, 2004; Page of .


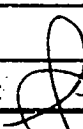
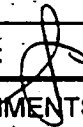
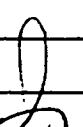
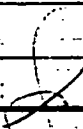
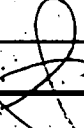
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|---|-------------------------|-----------------|-------------------------------|
| 5875 | MAXSON 9 S. River Rd Knepper | Stem Wall Ftr | Pass | |
| (2) | | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| TREE | O'Donnell 17 Perriwinle Court J.M. Seeger cut | TREE | Pass | 12" healthy oak |
| (1) | | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 5868 | Stutts | Stairing | Pass | |
| (3) | 7 Lantana Lane Masterpiece | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 5944 | JONES 18 Emerald Way ALL American | Sheating (Roof) | Pass Flat deck | |
| (4) | | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| T/R | Knudson 13 Via Lucinda S O/R | Tree (Pod applicat.) | OK | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | INSPECTOR: |

OTHER: 133 S. River Drop of Digs. ✓

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri September 6, 2001; Page 1 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|---|--|-------------------|---|
| TREE | STRAIT 17 Rio Vista Dr. | TREE | Passed | INSPECTOR:  |
| TREE | Graham 100 N. Sewall's Pt Rd | TREE | | INSPECTOR: |
| 5714 | RAMANO SIMARA WOODWARD | INSULATION | Passed | INSPECTOR:  |
| 5810 | STUCKE 7 LANTANA LN. MAX | WALL SHEATHING | Passed | INSPECTOR:  |
| 5734 | Abesada-Tenk 8 Morgan Circle CONWAY | Roof Nailing Tie Down + Fig. (GARAGE ONLY) | Passed Passed | INSPECTOR:  |
| 5916 | Rice 5 BANYAN Drive A+G | Patio | Failed | Wood F-Board Surv. INSPECTOR:  |
| 5796 | Haugh 6 Indalucia Pkwy SF Custom Pools | Pool Deck | Failed | Wood F-Board Survey INSPECTOR:  |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-25-02, 2001; Page 1 of 3.



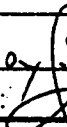

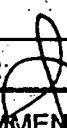
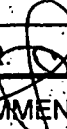
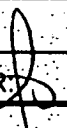
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|---------------------------------|--------------------------|-----------------|-------------------------------|
| 5900 | Lipschutz | Roof in Progress | Passed | |
| (16) | 53 S. River Rd Palmieri | | | INSPECTOR: [Signature] |
| 5824 | Bathu | Pool Final | GTD | T. Survey Rec. |
| (2) | 8 S. River Way A+G | Safety ? | None to discuss | INSPECTOR: [Signature] |
| 5955 | Knudson | Pool Steel | Passed | |
| (17) | 13 Via Lucinda ALMAR Jackson | | | INSPECTOR: [Signature] |
| 5788 | HART | Pool Deck | Passed | Tie in! |
| (15) | 61 S. River Rd ALMAR JACKSON | Hand Rail Bonding | Passed | INSPECTOR: [Signature] |
| TREE | Smith | TREE | Passed | |
| (5) | 111 S. S. Pt. Rd | | | INSPECTOR: [Signature] |
| 5860 | HENDERSON | SVC Change | | 1st thing in the |
| (10) | 24 Island Dr. TEC CO | cell # 901-8934 STEVE | | Morn - (P.L.S.) INSPECTOR: |
| 5808 | Stalzel | Strapping + | Passed | |
| (8) | 7 Lantana Ln Master piece | Sheating Nail off | Passed | INSPECTOR: [Signature] |

OTHER: (9) Ater AC elevation both below PFE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-27-02, 2001; Page 1 of 2.


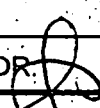
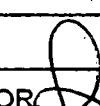
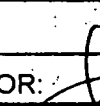
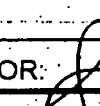
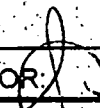
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|-------------------------------------|---|-------------------|--|
| 5930 | STEVENSON | AC - Electrical | Passal | |
| (1) | 1 NE Lagoon Island Ct OLIVERI | Plumbing | | INSPECTOR:  |
| 5640 | FRANCIS | TIN TAB + METAL | Passal | |
| (2) | S S. NEWELL RD PACIFIC | | | INSPECTOR:  |
| 5837 | Madden | Pool Final | | Late: |
| | 160 S. RIVER Rd OLYMPIC | wood deck survey Pool OK - wood deck | Gene: | Pin Survey?  |
| 5900 | Lipschutz | IN PROGRESS | | Late -> Monday |
| | 53 S. River Rd Palmieri | (ROOF) | | INSPECTOR:  |
| 5868 | Struck 1/2 | Dry IN Metal | Passed | Late |
| | 7 LANTANA LN ALL AMER | ROOF | | INSPECTOR:  |
| 5960 | Lewis | STEM Wall | Passal | |
| | 41 Rio Vista Dr DRIFTWOOD | FOOTING | | INSPECTOR:  |
| 5887 | Madden | Final | Passed | |
| | 160 S. River Rd RPO Construction | Wood deck | | INSPECTOR:  |

OTHER: 173 S. Seward Pl.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-11-02, 2001; Page 1 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------|---|--|-------------------|--|
| N 5755 | De Graff 9 Castle Hill Way O/B | TRUSS | Passed | Form Board Survey is in file - |
| (5) | | | | INSPECTOR:  |
| 5868 | Shubel | ALL TRADES | Passed | |
| (2) | 7 Lantana Ln Masterpiece | | | INSPECTOR:  |
| 5999 | Thorne 22 Periwinkle Ln TC Garage | FINAL GARAGE DOOR | | INSPECTOR: |
| (7) | | | | |
| 5755 | De Graff 9 Castle Hill Way Pacific | TIN TAG + Metal | Passed | INSPECTOR:  |
| (6) | | | | |
| 5886 | SRNTON 33 N. River Rd SANDY | Final Boat LIFT | Passed | INSPECTOR:  |
| (9) | | | | |
| 6000 | NEWMAN 15 PERIWINKLE - PERCENT NOPE SOUND ALUMINUM. | BOSS FINAL STORM SHUTTERS. | Passed | INSPECTOR:  |
| (8) | | | | |
| 5955 | KNUPSON 13 VIA LUCINDA DR S. ALMA JACKSON | Pool PLUMBING | Passed | INSPECTOR:  |
| (3) | | | | |

OTHER:

41 Rio Vista : w/ silt screen
287 8911 Joe

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/14/02, 2001; ² Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-------------------|--------------------------------------|-----------------------------|--------------------|----------------------------|
| 5906 | WILBORD INC | Plumbing Ground | Passed | |
| 5911 (5) | 2 PALAMA Way WHITE | ROUGH | | INSPECTOR: [Signature] |
| 5949 | Hoffler | Sheathing | Failed | |
| (1) | 173 S. Sewall's Pt. O/B | Pl/El/Flood Roof/Trusses | | INSPECTOR: [Signature] |
| 5847 | Bauer | Truss Eng | FAILED | FA |
| (2) | 10 Copaire Rd. Seagate | Tie Down | | INSPECTOR: [Signature] |
| 5860 | Stalder | ROOF FINAL | PASSED | |
| (3) | 7 LANTANA LN MASTERPIECE BLDG'S | | | INSPECTOR: [Signature] |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | LOWELL | TIE BEAM | | Wed - |
| | 7 WEST HAN POINT LANE | | | INSPECTOR: |
| 6003 | Pros | FINAL DOOR | Passed | |
| (4) | 8 PALMETTO DR Pawnee | INSTALLATION | | INSPECTOR: [Signature] |
| 5847 | Bauer | Engineering + | Duplicate | |
| (2) | 10 Copaire Rd Seagate | Tie down | | INSPECTOR: |

OTHER:

5826 / 5833 ? AC + EL

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-16-02, 2001; Page 7 of .

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|---|----------------------------|-------------------|---|
| 5631 | HART 61 S. River Rd Winchip | Meter Final | Passed | Agreement ?? INSPECTOR: <i>[Signature]</i> |
| 5848 | STUCKE | INSULATION | PASSED | |
| ③ | 7 LANTANA MASTERPIECE | | | INSPECTOR: <i>[Signature]</i> |
| 5863 | Newman 15 Periwinkle Cr. Emmick | Final | Passed | INSPECTOR: <i>[Signature]</i> |
| ④ | Hochstetter 72 S. River Rd | TREE | Passed | INSPECTOR: <i>[Signature]</i> |
| E960. | LEWIS 41 RIO VISTA MORUS (MULBERRY) | UNDERGROUND PLUMB. | Passed | INSPECTOR: <i>[Signature]</i> |
| 5847 | BOWEN 10 COPAIDE SEAGATE | TRUSS END | Passed | (excl. w. bucks) INSPECTOR: <i>[Signature]</i> |
| 5985 | Lowell 7 West High Pt Rd JANARO | Tie Beam (561-971-2164) | FAILED | INSPECTOR: <i>[Signature]</i> |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/21/02, 2001; Page of .

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|--|---|---------|---|
| 6004 | Mildenberger 8 E. High Pt Rd Tropic Marine | FINAL (Replace Pilings) | | 6' → 7' above dock INSPECTOR: <i>[Signature]</i> |
| 5969 | H.A. Assoc. 3766 SE Ocean Blvd Kirchman | TIE BEAM on Site Walls SIGN WAWS | Passed | INSPECTOR: <i>[Signature]</i> |
| 5875 | Mayon 9 S. River Rd Knapp | TIE BEAM (re-inspect) | → | Early PHS Monday INSPECTOR: <i>[Signature]</i> |
| 5868 | Stake 7 Lantana Ln Masterpiece | Final Bid (addition) + Sluices | Passed | INSPECTOR: <i>[Signature]</i> |
| 5960 | Louis 4100 USTA. DRIFTWOOD | SCAN | Passed | (See letter) heads to form up + sign ties INSPECTOR: <i>[Signature]</i> |
| | Rio Vista | | | INSPECTOR: |
| | | | | INSPECTOR: |

OTHER: 21 Simera check dogs re sternal wall
6 Hous Net: See driveway sternal wall

6081

GARAGE DOOR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12-31-02

BUILDING PERMIT NO. 6081

Building to be erected for STUKEL Type of Permit REPLACE GARAGE DOOR

Applied for by AMERICAN PALM BEACH GARAGE (Contractor) Building Fee 35.00

Subdivision RIO VISTA Lot _____ Block _____ Radon Fee _____

Address 7 LANTANA LANE Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Plumbing Fee _____

1238410020000031020000 Roofing Fee _____

Amount Paid \$35.00 Check # 232 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ \$1005.00 TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

BUILDING PERMIT APPLICATION

Owner or Titleholder Name Thomas Estukel 296-4424 Building Permit Number: _____
Legal Description of Property: RIO VISTA City: Stuart State: FL Zip: 34996
Location of Job Site: # 7 LANTANA LANE Parcel Number: 123841002000003102000
Type of Work To Be Done: Replace Garage Door

CONTRACTOR/Company Name: AMERICAN Palm Beach Garage Door Phone Number: 772-283-4566
Street: 2201 SE Indian St Unit #2 City: Stuart State: FL Zip: 24997
State Registration Number: _____ State Certification Number: _____ Martin County License Number: 5001904

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

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

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

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

COST AND VALUES Estimated Cost of Construction or Improvements: \$1005.00 Estimated Fair Market Value (FMV) Prior
To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

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

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

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

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

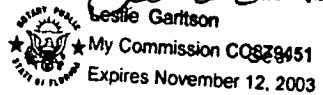
OWNER OR AGENT SIGNATURE (Required)
State of Florida, County of: MARTIN
This the 27 day of DECEMBER, 2002
by THOMAS STUKEL who is personally
known to me or produced Thomas Stukel
as identification.

Notary Public
My Commission Expires _____

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of: Martin
This the 27 day of December, 2002
by FRED MATERA who is personally
known to me or produced _____
as identification Leslie Garlison

Notary Public
My Commission Expires _____
Leslie Garlison
My Commission C0829451
Expires November 12, 2003

Seal



American-Palm Beach Garage Door Corporation

2201 S.E. INDIAN STREET, UNIT H-2 • STUART, FLORIDA 34997
TELEPHONE 561-283-4566 • 561-283-0419

WORK ORDER NO.

296-
4424

DATE 12/27 19 02

PURCHASER # Stukel, Thomas

ADDRESS # 7 LAUREA LN PHONE _____

JOB LOCATION _____ CITY _____

| QJAN. | MATERIAL | UNIT PRICE | TOTAL PRICE |
|--|--|------------|--------------------|
| | 16x7 DAB white | | |
| | Remove & Replace* | | |
| | | \$ | 1005 ⁰⁰ |
| | + permit cost | | |
| | + Anchor Bolts 4 ⁰⁰ Each | | |
| | On frame Construction House | | |
| <small>THERE WILL BE A 1 1/2% PER MONTH OR AN EFFECTIVE RATE OF 18% PER YEAR CARRYING CHARGE ON ALL PAST DUE INVOICES. THIS CARRYING CHARGE WILL BE COMPUTED MONTHLY AND ADDED TO YOUR STATEMENT. IF SELLER SUBMITS THIS INVOICE TO AN ATTORNEY FOR COLLECTION, THE CUSTOMER AGREES TO PAY ALL COLLECTION EXPENSES, INCLUDING REASONABLE ATTORNEY FEE AND COURT COSTS.</small> | | | |

ACORD

CERTIFICATE OF LIABILITY INSURANCE

OP ID MN
AMEPA01

DATE (MM/DD/YY)
08/12/02

PRODUCER

Gateway Insurance Agency
2430 W. Oakland Park Blvd.
Fort Lauderdale FL 33311
Phone: 954-735-5500 Fax: 954-735-2852

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

INSURERS AFFORDING COVERAGE

INSURED

American Palm Beach Garage
Door Corporation
2201 SE Indian Street
Stuart FL 34997

INSURER A: National Trust Insurance Co.
INSURER B: AmCOMP Preferred Insurance Co.
INSURER C:
INSURER D:
INSURER E:

RECEIVED
AUG 16 2002
BY: _____

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 | CP0000109 | 08/01/02 | 08/01/03 | EACH OCCURRENCE \$ 1000000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | FIRE DAMAGE (Any one fire) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 1000000 |
| A | AUTOMOBILE LIABILITY | CA0000151 | 08/01/02 | 08/01/03 | COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 |
| | | | | | BODILY INJURY (Per person) \$ |
| | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | | | | OTHER THAN AUTO ONLY: EA ACC \$ |
| A | EXCESS LIABILITY | UMB0000109 | 08/01/02 | 08/01/03 | EACH OCCURRENCE \$ 1000000 |
| | | | | | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | WC7009931 | 08/01/02 | 08/01/03 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | | | | | E.L. EACH ACCIDENT \$ 500000 |
| | | | | | E.L. DISEASE - EA EMPLOYEE \$ 500000 |
| | OTHER | | | | E.L. DISEASE - POLICY LIMIT \$ 500000 |

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

| | | | |
|--|----------|--|--|
| CERTIFICATE HOLDER | N | ADDITIONAL INSURED; INSURER LETTER: | CANCELLATION |
| TOWN OF SEWALL'S POINT 1 SOUTH SEWALL'S POINT RD STUART FL 34996 | | SEWPO01 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>[Signature]</i> |

2001-2002 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE

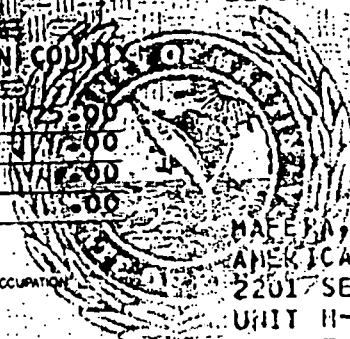
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(888) 289-5804

LICENSE 1978-518-026 CERT. SP01904
PHONE (561) 283-4566 SIC NO. 23551

LOCATION: 2201 SE INDIAN ST HC

CHARACTER COUNTS IN MARTIN COUNTY

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



MAFERA, WARREN F
AMERICAN-PALM BEACH GARAGE DOOR CORP
2201 SE INDIAN AVE
UNIT H-2
STUART FL 34997

HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **MISC. CONTR.**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

14 DAY OF **AUGUST** 20 **01**
AND ENDING SEPTEMBER 30, 2002

12 01081301 000965

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

NAME: MAFERA, FRED
FIRM: AMERICAN-PALM BEACH GARAGE DOOR CORP
2201 SE INDIAN STREET H-2
STUART FL 34997

GARAGE DOOR INSTALLATION

TYPE: STATE: CITY: PSLOA-4197

This Certificate is subject to St. Lucie County revocation and suspension by Contractor Certification St. Lucie County Examining Board.

DBA: AMERICAN-PALM BEACH GARAGE DOOR CORP
THIS IS TO CERTIFY THAT FRED MAFERA has qualified as a certified GARAGE DOOR contractor for period from 10/1/2001 to 10/30/2002 subject to St. Lucie County Code of Ordinances and Comp. Ord. 1997-10

Date: 08/21/01

[Signature]
Contractor Licensing Official

**MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency**

License: SP01904
Expires September 30, 2003

MAFERA, FRED III
AMER-PALM BCH GARAGE DOOR CORP
2201 SE INDIAN ST H-2
STUART, FL 34997
GARAGE DOOR

**City of Stuart
Contractor Licensing**

EXPIRES: 09/30/02

AP01080021 TYPE: GD

CONTRACTOR: AMERICAN PALM BEACH GARAGE
QUALIFIER: MAFERA, FRED
ADDRESS: 2201 SE INDIAN STREET H-2
STUART FL, 34997

*ATTN: Dee
The Quinn job is listed as:
Judith Burgess*



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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

DAB Door Company, Inc.
12195 NW 98 Avenue
Hialeah Gardens, FL 33018

Your application for Notice of Acceptance (NOA) of:
Sectional Residential Garage Door

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

This NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at any time from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined by BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

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

ACCEPTANCE NO.: 01-0626.01
EXPIRES: 10/04/2006

Raul Rodriguez
Chief Product Control Division

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

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

APPROVED: 10/04/2001

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 12/30/02

BUILDING OFFICIAL
Gene Simmons

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/5, 2004 Page 1 of 3

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|--|-------------------------|-----------------|------------------|
| 6627 | PREMIER REALTY | CORNICE TRIM FINAL | PASS | CLOSE |
| 7 | 2 N. SEWALLS PT RD PAUL CHIOTTO | | | INSPECTOR: |
| 6081 | STUZZEL | FINAL GARAGE | PASS | CLOSE |
| 3 | 7 LANTANA LA AMER PB GARAGE | | | INSPECTOR: |
| 6698 | LICKER | CBS FENCE FOOTER | PASS | |
| 7A | 8 N. RIVER RD. O/B | | | INSPECTOR: |
| 6501 | BEAN | INSULATION | PASS | |
| 2 | 112 S. SEWALLS PT DRIFTWOOD HOMES | | | INSPECTOR: |
| TREE | FREUDENBURG | TREE | PASS | |
| 10 | 115 N. SEWALLS PT | | | INSPECTOR: |
| TREE | WERB | TREE | PASS | |
| 4 | 2 ST. LUCIE COURT | | | INSPECTOR: |
| 6068 | LINGAMFELTER | REDECK DOCK | PASS | CLOSE |
| 1 | 17 MANDALAY MAKING CONST. | | | INSPECTOR: |
| OTHER: | DRIVEWAY (where rocks were put in road - right of way) N. SEWALLS PT RD | | | |

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3/21/05

BUILDING PERMIT NO. 7411

Building to be erected for STUKEL

Type of Permit FENCE

Applied for by O/B

(Contractor) Building Fee 30.00

Subdivision RIO VISTA Lot 31 Block _____

Radon Fee _____

Address 7 LANTANA LANE

Impact Fee _____

Type of structure FENCE

A/C Fee _____

Parcel Control Number:

123841002000031020000

Plumbing Fee _____

Amount Paid 30.00 Check # 2731 Cash _____ Other Fees (_____)

Roofing Fee _____

Total Construction Cost \$ 2000.00

TOTAL Fees 30.00

Signed Thomas Stukel
Applicant

Signed Gene Summers (A/B)
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

MAR 18 2005

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 3/18/05

OWNER/TITLEHOLDER NAME: THOMAS STUKEL Phone (Day) 772-286-4424 (Fax) _____

Job Site Address: 7 LANTANA LANE City: STUART State: FL Zip: 34996

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

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

Description of Work To Be Done: 6' SHADOW BOX FENCE - WOOD

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2,000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Thomas W. Stukel

State of Florida, County of: MARTIN
This the 18th day of MARCH, 2005

by _____ who is personally known to me or produced as identification

My Commission Expires _____

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____
This the _____ day of _____, 2005

by _____ who is personally known to me or produced as identification

As identification: _____
Notary Public

My Commission Expires: _____
Seal

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

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

DISCLOSURE STATEMENT

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

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

Name: THOMAS STUKEL **Date:** 3/18/05

Signature: Thomas Stukel

Address: 7 LANTANA LANE

City & State: STUART, FL 34996

Permit No. _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/30, 2005 Page 2 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|----------------------|-------------------------|-----------------|-------------------------------|
| 7370 | HB ASSOC - MAETZ | FINAL FIRE + | PASS | CLOSE |
| 16 | 3746 E OCEAN DR | SPRINKLER LEADS | | |
| | POLMEHUS | REPLACEMENT | | INSPECTOR: <i>[Signature]</i> |
| 7411 | STUZZEL | FENCE FINAL | PASS | CLOSE |
| 12 | 7 LANTANA LA | | | |
| | O/B | | | INSPECTOR: <i>[Signature]</i> |
| 7409 | NEARING | FENCE FINAL | PASS | CLOSE |
| 11 | S LANTANA LA | | | |
| | O/B | | | INSPECTOR: <i>[Signature]</i> |
| 7304 | MENDEZ | FINAL FILL | PASS | CLOSE |
| 10 | 20 CRANE'S NEST | | | |
| | O/B | | | INSPECTOR: <i>[Signature]</i> |
| 7133 | CIFELLI | FINAL PAVEMENT DRIVEWAY | PASS | CLOSE |
| 15 | 8 HERITAGE WAY | | | |
| | CLITWOOD + CO. | | | INSPECTOR: <i>[Signature]</i> |
| 7334 | WEST | FENCE FINAL | FAIL | |
| 2 | 5 MIDDLE ROAD | | | \$40 FEE |
| | JIM CAMPBELL | | | INSPECTOR: <i>[Signature]</i> |
| TREE | HALL | TREE | PASS | AS REVISED |
| 14 | 4 N. VIA LUCINDIA | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |

OTHER: _____

9794

HURRICANE SHUTTERS



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

BUILDING PERMIT CARD

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

| | | | |
|------------------------|----------------------|-----------------------|------------------|
| PERMIT NUMBER: | 9794 | DATE ISSUED: | MAY 20, 2011 |
| SCOPE OF WORK: | HURRICANE SHUTTERS | | |
| CONDITIONS : | | | |
| CONTRACTOR: | GULFSTREAM ALUMINUM | | |
| PARCEL CONTROL NUMBER: | 123841002-000-003102 | SUBDIVISION | RIO VISTA-LOT 31 |
| CONSTRUCTION ADDRESS: | 7 LANTANA LANE | | |
| OWNER NAME: | PROCTOR | | |
| QUALIFIER: | JOHN O'BRIEN | CONTACT PHONE NUMBER: | 287-6476 |

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

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

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

REQUIRED INSPECTIONS

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

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

Town of Sewall's Point BUILDING PERMIT APPLICATION

9794

Date: _____ Permit Number: 9794

OWNER/TITLEHOLDER NAME: Douglas Proctor Phone (Day) 616-648-6264 (Fax) _____

Job Site Address: 7 Lantana Lane City: Stuart State: FL Zip: 34996

Legal Description: Rio Vista S/D Lot 31 Parcel Control Number: 12-38-41-002-000-00310-2

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

Scope of work (please be specific): Install 21 storm Panels

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: \$4131.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only. Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Gulfstream Aluminum & Shutter Phone: 772-287-6496 Fax: 772-287-9710

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

State License Number: CEC 058017 OR: Municipality _____ License Number: _____

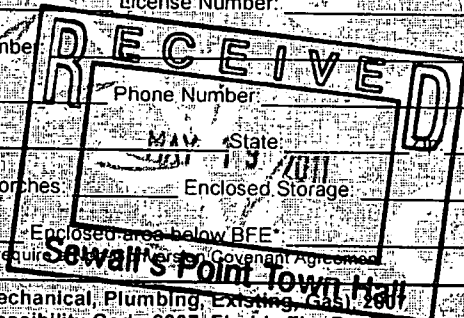
LOCAL CONTACT: John L. O'Brien Phone Number _____

DESIGN PROFESSIONAL: N/A Lic# _____ Phone Number _____

Street: _____ City: _____ State: _____

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

Carport: _____ Total under Roof: _____ Elevated Deck: _____
Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require _____



CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing Gas, 2011)
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:

- 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.
- 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 ENCOMBERED 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.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF: FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1, 5.

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

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

OWNER SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Douglas B. Proctor

State of Florida, County of: Martin
This the 16th day of May, 2011
by Douglas B Proctor who is personally

known to me or produced as identification: Kenneth R. King
Kenneth R. King
Notary Public
MY COMMISSION # DD 803187
EXPIRES: November 3, 2012
Renewed thru Notary Public Underwriters

My Commission Expires: _____

CONTRACTOR SIGNATURE: (required)
John L. O'Brien

On State of Florida, County of: Martin
This the 16th day of May, 2011
by John L. O'Brien who is personally

known to me or produced as identification: John L. O'Brien
John L. O'Brien
Notary Public
MY COMMISSION # DD 803187
EXPIRES: November 3, 2012
Renewed thru Notary Public Underwriters

My Commission Expires: _____

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

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

generated on 5/6/2011 4:39:18 PM EDT

Summary

| Parcel ID | Account # | Unit Address | Market Total Value | Data as of |
|--------------------------|------------------|------------------------------|---------------------------|-------------------|
| 12-38-41-002-000-00310-2 | 27544 | 7 LANTANA LN, SEWALL'S POINT | \$296,430 | 4/30/2011 |

Owner Information

| | |
|-------------------------------|---|
| Owner(Current) | PROCTOR DOUGLAS B |
| Owner/Mail Address | 2228 LANCO DR NW GRAND RAPIDS MI 49504 |
| Sale Date | 01/07/2011 |
| Document Number | 2253451 |
| Document Reference No. | 2496 0575 |
| Sale Price | 330000 |

Location/Description

| | | | |
|-----------------------|------------------------------|--------------------------|----------------------|
| Account # | 27544 | Map Page No. | SP-04 |
| Tax District | 2200 | Legal Description | RIO VISTA S/D LOT 31 |
| Parcel Address | 7 LANTANA LN, SEWALL'S POINT | | |
| Acres | .3960 | | |

Parcel Type

| | |
|---------------------|----------------------|
| Use Code | 0100 Single Family |
| Neighborhood | 120250 RIO VISTA DRY |

Assessment Information

| | |
|---------------------------------|-----------|
| Market Land Value | \$127,000 |
| Market Improvement Value | \$169,430 |
| Market Total Value | \$296,430 |

TOWN OF BEAULTS POINT
BUILDING DEPARTMENT
FILE COPY

SHUTTER SCHEDULE

| I.D. NO. | APPROX OPENING SIZE (WxH) | APPROX SHUTTER WIDTH | APPROX HEIGHT | # OF STORM BARS REQ'D | Top / Bsm ANCHOR SPACING | # OF WINDOW BARS EACH SIDE | HEADER REINF. REQ'D YES/NO | REMARKS | |
|----------|---------------------------|----------------------|---------------|-----------------------|--------------------------|----------------------------|----------------------------|------------|----|
| 4 | 72 x 24 | 6 | 32 | N/A | 6" | N/A | NO | SP .050 | |
| 5 | 72 x 24 | 6 | 32 | ↓ | ↓ | ↓ | ↓ | SP | |
| 6 | 28 x 26 | 2.5 | 36 | | | | | SP | |
| 7 | 18 x 52 | 1.5 | 60 | | | | | SP | |
| 8 | 43 x 52 | 4.5 | 51 | | | | | SP | |
| 9 | 43 x 52 | 4.5 | 51 | | | | | SP | |
| 10 | 43 x 52 | 4.5 | 51 | | | | | SP | |
| 11 | 40 x 52 | 4.5 | 48 | | | | | SP | |
| 12 | 72 x 80 | 7 | 80 | | | | | SP | |
| 13 | 32 x 51 | 3 | 59 | | | | | SP | |
| 14 | 32 x 51 | 3 | 59 | | | | | SP | |
| 15 | 32 x 51 | 3 | 59 | | | | | SP | |
| 16 | 96 x 78 | 8 | 86 | | | | | 6" / 10.5" | SP |
| 17 | 42 x 59 | 3.5 | 67 | | | | | 6" | SP |
| 18 | 95 x 80 | 7 | 103 | | | | | ↓ | SP |
| 19 | 42 x 59 | 3.5 | 67 | | | | | 6" / 10.5" | SP |
| 20 | 96 x 76 | 8 | 84 | | | | | 6" | SP |
| 21 | 48 x 24 | 4 | 32 | | | | | 6" | SP |
| 22 | 48 x 24 | 4 | 32 | | | | | ↓ | SP |
| 23 | 48 x 24 | 4 | 32 | | | | | ↓ | SP |
| 24 | 48 x 24 | 4 | 32 | | | | | ↓ | SP |

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 www.gulfshutters.com
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 Bahamas - BA
 Colonial - CO
 Rollups - RU
 Lexan - LX
 Garage Brace - GB

Application Key
 Wood - W
 Block - B
 Stucco Over - SO

Name DOUG PROCTOR Date 4/13/11
 Address 7 LANTANA LN Subdivision SENAUS POINT
 City STUART State FL Zip 34986
 Phone (Home) 678-6901 ^{cell} 616-648-6264 Approximate Installation 4-6 WKR

| OPG # | TYPE | OPENING WIDTH | OPENING HEIGHT | TRACK COLOR | COLOR PANEL/SLAT | GAUGE | STACK R/L | LOCK I/O | REMOVABLE TRACKS | BUILD OUT | MOTOR/CRANK | STORM BARS | APPLICATION | FLOOR |
|-------|-------|-----------------------|----------------|-------------|------------------|-------|-----------|----------|------------------|-----------|-------------|------------|-------------|-------|
| 1 | SA | 50 | | WHITE | | | | | Bottom | | | | W | |
| 4+5 | SIP | 72 | 24 | | mill | 0.00 | Alum | | | | | | | |
| 6 | | 28 | 26 | | | | DSA | | | 2" LTR | | | | |
| 7 | | 18 | 52 | | | | | | | 1" T/B | | | | |
| 8-11 | | 43 | " | | | | DSA | | | 1" LTR | | | | |
| 12 | | 72 | 80 | | | | " | | | 1" LT | | | | |
| 13-15 | | 32 | 57 | | | | | | | 1" T/B | | | | |
| 16+20 | | 96 | 82 | | | | | | Bottom | | | | | |
| 17+19 | | 42 | 59 | | | | | | | | | | | |
| 18 | | 95 | 80 | | | | DSA | | | | | | | |
| 21-24 | W | 48 | 24 | ↓ | ↓ | ↓ | | | | | | | ↓ | ↓ |
| ① | DRILL | CHECK WITH OUT DRIVER | | | | | | | | | | | | |
| | | PRICE INCLUDES PERMIT | | | | | | | | | | | | |

\$ 4131 -
 DEPOSIT 50% \$ 2065
 BALANCE ON COMPLETION \$ 2131

It is understood that there are no verbal agreements and all items discussed are covered by this written contract. This is a proposal until signed by an officer of the corporation at which time it becomes an executed contract. Acceptance by owner must be within 30 days of proposal date. Buyer may cancel this contract within 3 working days after signing. No changes in measurements will be allowed except at prices mutually agreed upon, at the time these changes are made. Any physical or verbal changes after signing must be approved in writing by both parties. All agreements are contingent upon strikes, lockouts, accidents, acts of God, weather, fire, carrier delays, delay or failure to receive raw material deliveries, or by other causes, whether of like or different nature beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance. All material is property of Gulfstream until final payment and can be removed if not paid.

Electric: Buyer agrees that any necessary electrical connections will be made at the closest source of power. Any changes or variations will be an additional charge.
DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE READ ALL CONDITIONS OF THIS AGREEMENT

Interest - Buyer agrees to pay a 1 1/2 % per month interest charge on any unpaid balances. **Costs of Collection** - Buyer agrees to be responsible for seller's attorney's fees (both trial and appeal) and all other costs of collection in the event full payment as outlined herein is not made within 10 days of the completion of the work outlined herein. **Acceptance of Proposal** - The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to do the work as specified. Cancellation Fee 20% of contract. Payment will be made as outlined above.

Signature _____ Date _____ Salesperson Kenny King Date 4/13/11
 Gulfstream Aluminum and Shutter Corp.

5 YEAR GUARANTEE

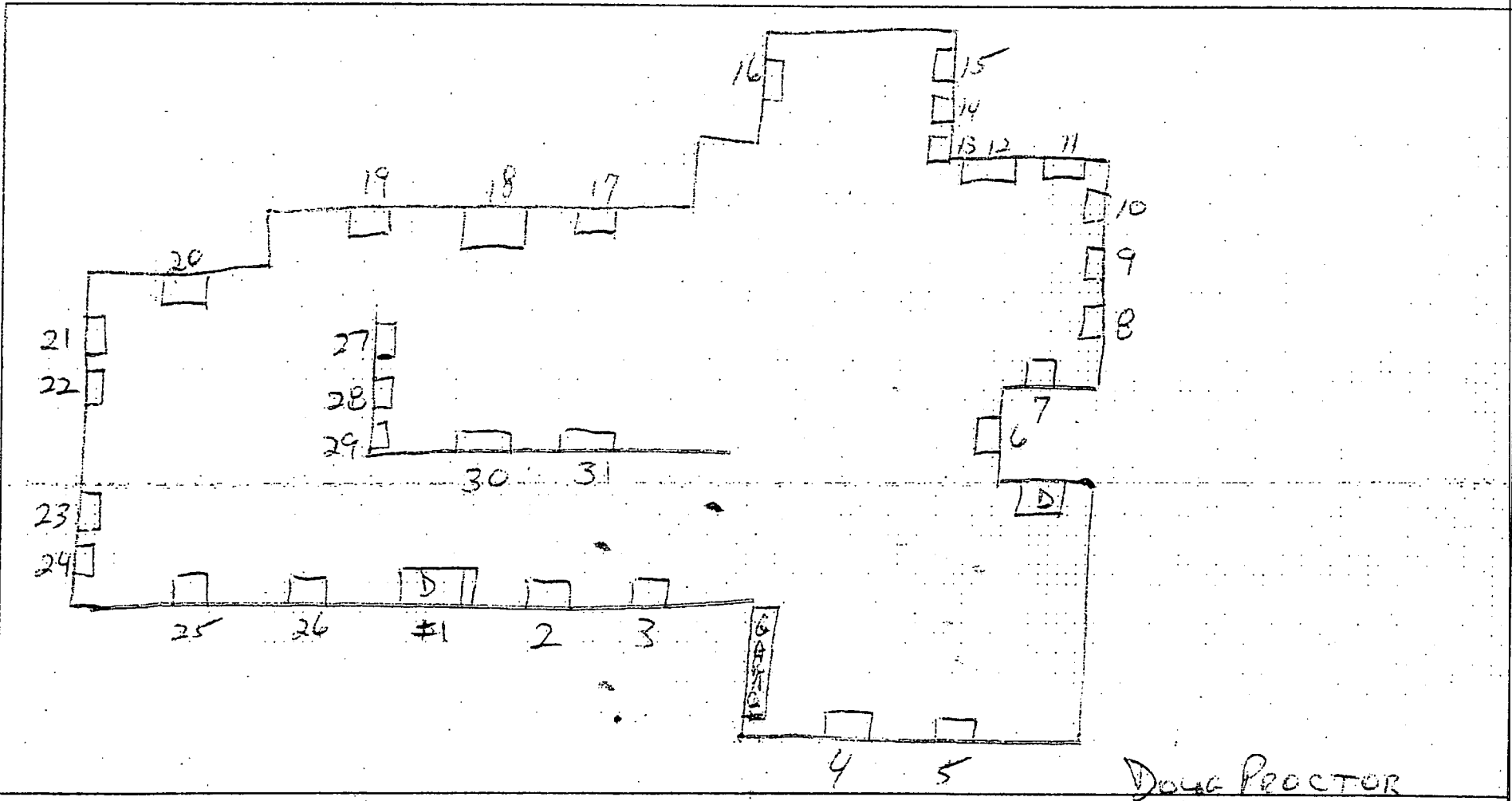


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| Key | |
|-------------------|--------------------------|
| Storm Panels - SP | Rollups - RU |
| Accordions - AC | Windows/Doors - WD |
| Bahamas - BA | Retractable Awnings - RA |
| Colonials - CO | Ultra Lattice - UL |

LAYOUT SHEET



Special Instructions: RE-NUMBER ALL EXISTING PANELS TO MATCH NEW MAP.
CUT DOWN FL FRONT DOOR PANELS TO FIT NEW S/A
ADD WHITE PLASTIC CAPS TO ALL STUDS ALL H-S/A

Signature _____ Date _____ Salesperson Kenny King Date 4/13/11
Gulfstream Aluminum and Shutter Corp.



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

www.buildingcodeonline.com

NOTICE OF ACCEPTANCE (NOA)

Eastern Metal Supply, Inc.
4268 Westroads Dr.
West Palm Beach, Florida 33407

SCOPE:

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

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

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

DESCRIPTION: 0.050" Solid Bertha Aluminum Storm Panels Shutter

APPROVAL DOCUMENT: Drawing No. 05-078, titled "0.050" Bertha Aluminum Storm Panel", sheets 1 through 15 of 15, and 1A of 15, prepared by Tilteco, Inc., dated 04/28/2005, last revision #1 dated 04/28/2005, signed and sealed by Walter A. Tillit Jr., P.E. on 09/15/2005, bearing Miami-Dade County Product Control renewal stamp with the Notice of Acceptance number and expiration date by Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA renews NOA # 05-0926.03 and consists of this page 1, evidence submitted pages E-1, E-2, E-3, & E-4 as well as approval document mentioned above.

The submitted documentation was reviewed by Helmy A. Makar, P.E., M.S.



Helmy A. Makar
07/31/2008

NOA No. 05-0926.03

Expiration Date: 03/07/2013

Approval Date: 07/31/2008

Page 1

Eastern Metal Supply, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

1. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL #96-1203.08

A. DRAWINGS

1. *Drawing Number 96-331, Eastern Metal Supply, Inc., 0.050" Bertha Storm Panel, sheets 1 through 8 of 8, prepared by Tilteco, Inc., revision 2, dated 07/15/97 signed and sealed by Walter A. Tillit Jr., P.E.*

B. TESTS

1. *Test report on Large Missile Impact Test, Cyclic Wind Pressure Test and Uniform Static Air Pressure Test on 0.050" aluminum storm panels, prepared by American Test Lab of South Florida, Test Report No. ATL #1022.01-96 dated 11/08/96, signed and sealed by William R. Mehner, P.E.*

C. CALCULATIONS

1. *Comparative Analysis and Anchor Analysis, dated 10/21/96, pages 1 through 15, prepared by Tilteco, Inc., signed and sealed by Walter A. Tillit Jr., P.E.*
2. *Calculations for revised anchor schedule, dated 05/02/97, pages 1 through 33, prepared by Tilteco, Inc., signed and sealed by Walter A. Tillit Jr., P.E.*

D. MATERIAL CERTIFICATIONS

1. *Mill Certified Inspection Report of coils, dated 01/23/96, for Aluminum Alloy 5052-H32 by Barmet Aluminum Corporation with chemical composition and physical properties.*
2. *Certified Tensile Test Report by Certified Testing Laboratories Report No. CTL #846B dated 10/31/96, for Aluminum Alloy, signed and sealed by Ramesh Patel, P.E.*

2. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL #98-0817.16

A. DRAWINGS

1. *Drawing No. 98-172, titled "0.050" Bertha Storm Panel", prepared by Tilteco, Inc., dated July 7, 1998, last revision #1 dated July 7, 1998, sheets 1 through 8 of 8, signed and sealed by Walter A. Tillit Jr., P.E.*

B. TESTS

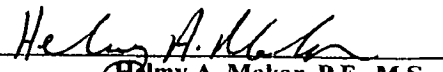
1. *None.*

C. CALCULATIONS

1. *None.*

D. MATERIAL CERTIFICATIONS

1. *Mill Certified Test Report issued by Nichols Aluminum dated 05/28/98, with chemical composition and mechanical properties of the 3004-H34 Aluminum Alloy panel.*


Helmy A. Makar, P.E., M.S.
Product Control Examiner
NOA No. 08-0623.06
Expiration Date: 08/07/2013
Approval Date: 07/31/2008

Eastern Metal Supply, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

3. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL #00-0602.04

A. DRAWINGS

1. *None.*

B. TESTS

1. *None.*

C. CALCULATIONS

1. *None.*

D. MATERIAL CERTIFICATIONS

1. *None.*

4. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL #01-0516.06

A. DRAWINGS

1. *Drawing No. 01-058, titled "0.050" Solid Bertha Aluminum Storm Panel", sheets 1 through 15 of 15, prepared by Tilteco, Inc., dated August 27, 2001, signed and sealed by Walter A. Tillit Jr., P.E.*

B. TESTS

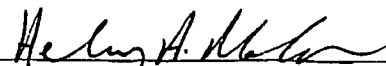
1. *Test reports on 1) Uniform Static Air Pressure Test, per SFBC PA 202-94
2) Large Missile Impact Test per SFBC, PA 201-94
3) Cyclic Wind Pressure Loading per SFBC, PA 203-94
along with marked-up drawings and installation diagram of 0.050" Solid Aluminum Storm Panels Shutter, prepared by ATL of South Florida, Test Report No. 0221.01-01, dated 05/02/01, signed and sealed by Henry Hattem, P.E.*
2. *Addendum to ATL of South Florida, Test Report No. 0221.01-01, dated 10/12/01, signed and sealed by Henry Hattem, P.E.*
3. *Addendum to ATL of South Florida, Test Report No. 0221.01-01, dated 02/04/02, signed and sealed by Henry Hattem, P.E.*

C. CALCULATIONS

1. *Anchor Analysis, dated 09/10/01, pages 1 through 53, prepared by Tilteco, Inc., signed and sealed by Walter A. Tillit Jr., P.E.*

D. MATERIAL CERTIFICATIONS

1. *Mill Certified Inspection Report of coils, dated 04/24/01, for Aluminum Alloy 3004 -H34 by NA Nichols Aluminum with chemical composition and physical properties.*
2. *Certified Tensile Test Report by QC Metallurgical, Inc., Report No. 1CM-384, dated 03/26/01, signed and sealed by frank Grate, P.E.*



Henry A. Makar, P.E., M.S.
Product Control Examiner
NOA No. 08-0623.06
Expiration Date: 08/07/2013
Approval Date: 07/31/2008

Eastern Metal Supply, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

5. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL # 03-0707.02

A. DRAWINGS

1. *Drawing No. 03-141, titled " 0.050" Solid Bertha Aluminum Storm Panel", sheets 1 through 15 of 15, prepared by Tilteco, Inc., dated July 02, 2003, last revision #1 dated July 02, 2003, signed and sealed by Walter A. Tillit Jr., P.E.*

B. TESTS

1. *None.*

C. CALCULATIONS

1. *None.*

D. MATERIAL CERTIFICATIONS

1. *None.*

E. OTHERS

1. *Letter from Tilteco, Inc., dated July 03, 2003, signed and sealed by Walter A. Tillit Jr., P.E., stating that the only change from the previous approved drawing # 01-058 are the general notes #1 & #11 to reference the Florida Building Code and the ASCE 7-98*

6. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL # 05-0926.03

A. DRAWINGS

1. *Drawing No. 05-073, titled " 0.030" Thick Galvanized Bertha Steel Storm Panel", sheets 1 through 9 of 9, and 1A of 9, prepared by Tilteco, Inc., dated 04/25/2005, last revision #1 dated 04/25/2005 signed and sealed by Walter A. Tillit Jr., P.E. on 09/15/2005*

B. TESTS

1. *Test report on Large Missile Impact Test and Cyclic Wind Pressure Test of Galvanized Steel Storm Panels, prepared by American Test Lab of South Florida, Report No. ATLSF 0616.01-05, dated September 15, 2005, signed and sealed by William R. Mehner, P.E.*

C. CALCULATIONS

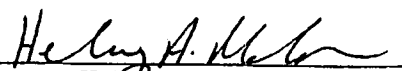
1. *Storm panel shutter Calculations, sheets 1 through 91 by Tilteco, Inc., signed and sealed by Walter A. Tillit Jr., P.E. on 09/13/2005.*

D. QUALITY ASSURANCE

1. *By Miami-Dade County Building Code Compliance Office.*

E. MATERIAL CERTIFICATIONS

1. *Tensile Test Report from QC Metallurgical, Inc., Job No. 51M-926, dated September 20, 2005, tested per ASTM E8-93, signed and sealed by Frank Grate, P.E.*



Henry A. Makar, P.E., M.S.

Product Control Examiner

NOA No. 08-0623.06

Expiration Date: 08/07/2013

Approval Date: 07/31/2008

GENERAL NOTES:

1. STORM PANEL SHOWN ON THIS PRODUCT APPROVAL DOCUMENT (P.A.D.) HAS BEEN VERIFIED FOR COMPLIANCE IN ACCORDANCE WITH THE 2004 EDITION OF THE FLORIDA BUILDING CODE. DESIGN WIND LOADS SHALL BE DETERMINED AS PER SECTION 1620 OF THE ABOVE MENTIONED CODE, FOR A BASIC WIND SPEED AS REQUIRED BY THE JURISDICTION WHERE STORM PANEL WILL BE INSTALLED, AND FOR A DIRECTIONALITY FACTOR $K_d=0.85$, IN ACCORDANCE WITH ASCE 7-98 STANDARD. IN ORDER TO VERIFY THAT COMPONENTS AND ANCHORS ON THIS P.A.D. AS TESTED WERE NOT OVER STRESSED, A 33% INCREASE IN ALLOWABLE STRESS FOR WIND LOADS WAS NOT USED IN THEIR ANALYSIS. A DURATION FACTOR $CD=1.60$ WAS USED FOR VERIFICATION OF FASTENERS IN WOOD.

STORM PANEL'S ADEQUACY FOR IMPACT AND FATIGUE RESISTANCE HAS BEEN VERIFIED IN ACCORDANCE WITH SECTION 1609.1.4 OF THE ABOVE MENTIONED CODE AS PER ATL REPORTS # 1022.01-01, # 0221.01 AND # 0516.02-05, AS PROTOCOLS TAS-201, TAS-202 AND TAS-203.

- 2. ALL ALUMINUM SHEET METAL PANELS SHALL HAVE 5052-H32 OR 3004-H34 ALLOY.
- 3. ALL ALUMINUM EXTRUSIONS SHALL BE ALUMINUM ASSOCIATION 6063-T6 ALLOY & TEMPER UNLESS OTHERWISE NOTED.
- 4. ALL SCREWS TO BE STAINLESS STEEL 304 OR 316 AISI SERIES OR CORROSION RESISTANT COATED CARBON STEEL AS PER DIN 50018 W/ 50 KSI YIELD STRENGTH AND 90 KSI TENSILE STRENGTH.
- 5. BOLTS TO BE ASTM A-307 GALVANIZED STEEL OR AISI 304 SERIES STAINLESS STEEL, WITH 35 KSI MINIMUM YIELD STRENGTH.
- 6. ANCHORS TO WALL SHALL BE AS FOLLOWS: (UNLESS OTHERWISE NOTED)

- (A) TO EXISTING POURED CONCRETE:
 - 1/4" Ø TAPCON ANCHORS AS MANUFACTURED BY I.T.W. BUILDEX (REGULAR OR 410 S.S.)
 - 1/4" Ø CRETE-FLEX SS4 ANCHORS AS MANUFACTURED BY ELCO TEXTRON.
 - 1/4" Ø CF TAP-GRIP ANCHORS (BERTHA STUD-CON), AS MANUFACTURED BY TRU-FAST CORPORATION.
 - 1/4" Ø ZAMAC NAILIN ANCHORS AS MANUFACTURED BY POWER FASTENERS, INC.
 - 1/4" Ø x 7/8" CALK-IN ANCHORS OR ELCO male & female "PANELMATE" AS MANUFACTURED BY POWER FASTENERS, INC. AND ELCO TEXTRON, RESPECTIVELY.
 - 1/4" Ø x 3/4" ALL POINTS SOLID-SET ANCHORS AS DISTRIBUTED BY ALL POINTS SCREW, BOLT & SPECIALTY COMPANY.

NOTES:

- A.1) MINIMUM EMBEDMENT INTO POURED CONCRETE OF TAPCON ANCHORS OR CRETE-FLEX SS4 IS 1 3/4"; FOR ZAMAC NAILIN ANCHORS IS 1 3/8"; FOR ELCO PANELMATE ANCHORS IS 1 3/4"; AND FOR CF TAP-GRIP ANCHORS IS 1 1/4".
- A.2) 7/8" CALK-IN ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE POURED CONCRETE. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" Ø-20 SCREWS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.
- A.3) MINIMUM EMBEDMENT OF 1/4" Ø x 3/4" ALL POINTS SOLID-SET ANCHORS SHALL BE 7/8" INTO THE POURED CONCRETE. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" Ø-20 S.S. MACHINE SCREW USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.
- A.4) IN CASE THAT PRECAST STONE, PRECAST-CONCRETE PANELS, OR PAVERS BE FOUND ON THE EXISTING WALL OR FLOOR, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. ANCHORAGE SHALL BE AS INDICATED ON NOTES A.1) & A.2) ABOVE.

- (B) TO EXISTING CONCRETE BLOCK WALL:
 - 1/4" Ø TAPCON ANCHORS AS MANUFACTURED BY I.T.W. BUILDEX (REGULAR OR 410 S.S.)
 - 1/4" Ø CRETE-FLEX SS4 ANCHORS AS MANUFACTURED BY ELCO TEXTRON.
 - 1/4" Ø CF TAP-GRIP ANCHORS (BERTHA STUD-CON), AS MANUFACTURED BY TRU-FAST CORPORATION.
 - 1/4" Ø ZAMAC NAILIN ANCHORS AS MANUFACTURED BY POWER FASTENERS, INC.
 - 1/4" Ø x 7/8" CALK-IN ANCHORS OR ELCO male & female "PANELMATE" AS MANUFACTURED BY POWER FASTENERS, INC. AND ELCO TEXTRON, RESPECTIVELY.
 - 1/4" Ø x 3/4" ALL POINTS SOLID-SET ANCHORS AS DISTRIBUTED BY ALL POINTS SCREW, BOLT & SPECIALTY COMPANY.

NOTES:

- B.1) MINIMUM EMBEDMENT OF TAPCON, ELCO PANELMATE, CF TAP-GRIP AND CRETE-FLEX SS4 ANCHORS INTO CONCRETE BLOCK UNIT SHALL BE 1 1/4"; 1 3/8" FOR ZAMAC NAILIN ANCHORS.
- B.2) 7/8" CALK-IN ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE CONCRETE BLOCK UNIT. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" Ø-20 SCREWS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.
- B.3) MINIMUM EMBEDMENT OF 1/4" Ø x 3/4" ALL POINTS SOLID-SET ANCHORS SHALL BE 7/8" INTO THE CONCRETE BLOCK. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" Ø-20 S.S. MACHINE SCREW USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.
- B.4) IN CASE THAT PRECAST STONE OR PRECAST CONCRETE PANELS BE FOUND ON THE EXISTING WALL, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. ANCHORAGE SHALL BE AS INDICATED ON NOTES IN B.1) AND B.2) ABOVE.

(C) ANCHORS SHALL BE INSTALLED FOLLOWING ALL OF THE RECOMMENDATIONS AND SPECIFICATIONS OF THE ANCHOR'S MANUFACTURER.

7. PANELS MAY ALSO BE INSTALLED HORIZONTALLY FOLLOWING INSTALLATION DETAILS SHOWN ON SECTIONS 1 THRU 16 (SHEET 3 & 7 OF 15) EXCEPT THAT HEADERS 2, 3 & 4 SHALL NOT BE USED.

- 8. IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SOUNDNESS OF THE STRUCTURE WHERE SHUTTER IS TO BE ATTACHED TO INSURE PROPER ANCHORAGE. THIS SHUTTER SHALL ONLY BE ATTACHED TO CONCRETE, BLOCK OR WOOD FRAME BUILDINGS.
- 9. THE INSTALLATION CONTRACTOR IS TO SEAL/CAULK ALL SHUTTER COMPONENT EDGES WHICH REMAIN IN CONTINUOUS CONTACT WITH THE BUILDING TO PREVENT WIND/RAIN INTRUSION. CAULK AND SEAL SHUTTER TRACKS ALL AROUND FULL LENGTH.
- 10. STORM PANEL INSTALLATION SHALL COMPLY WITH SPECS INDICATED IN THIS DRAWING PLUS ANY BUILDING AND ZONING REGULATIONS PROVIDED BY THE JURISDICTION WHERE PERMIT IS APPLIED TO.

- 11. (a) THIS PRODUCT APPROVAL DOCUMENT (P.A.D.) PREPARED BY THIS ENGINEER IS GENERIC AND DOES NOT PROVIDE INFORMATION FOR A SITE SPECIFIC PROJECT; I.E. WHERE THE SITE CONDITIONS DEVIATE FROM THE P.A.D.
- (b) CONTRACTOR TO BE RESPONSIBLE FOR THE SELECTION, PURCHASE AND INSTALLATION INCLUDING LIFE SAFETY OF THIS PRODUCT BASED ON THIS P.A.D. PROVIDED HE/SHE DOES NOT DEVIATE FROM THE CONDITIONS DETAILED ON THIS DOCUMENT. CONSTRUCTION SAFETY AT SITE IS THE CONTRACTOR'S RESPONSIBILITY.
- (c) THIS PRODUCT APPROVAL DOCUMENT WILL BE CONSIDERED INVALID IF MODIFIED.
- (d) SITE SPECIFIC PROJECTS SHALL BE PREPARED BY A FLORIDA REGISTERED ENGINEER OR ARCHITECT WHICH WILL BECOME THE ENGINEER OF RECORD (E.O.R.) FOR THE PROJECT AND WHO WILL BE RESPONSIBLE FOR THE PROPER USE OF THE P.A.D. ENGINEER OF RECORD, ACTING AS A DELEGATED ENGINEER TO THE P.A.D. ENGINEER, SHALL SUBMIT TO THIS LETTER THE SITE SPECIFIC DRAWINGS FOR REVIEW.
- (e) THIS P.A.D. SHALL BEAR THE DATE AND ORIGINAL SEAL AND SIGNATURE OF THE PROFESSIONAL ENGINEER OF RECORD THAT PREPARED IT.


12. SHUTTER MANUFACTURER'S LABEL SHALL BE PLACED ON A READILY AND VISIBLE LOCATION AT PANEL. ONE LABEL SHALL BE PLACED FOR EVERY OPENING. LABEL SHALL READ AS FOLLOWS:
 EASTERN METAL SUPPLY, INC.
 WEST PALM BEACH, FL.
 MIAMI-DADE COUNTY PRODUCT CONTROL APPROVED.

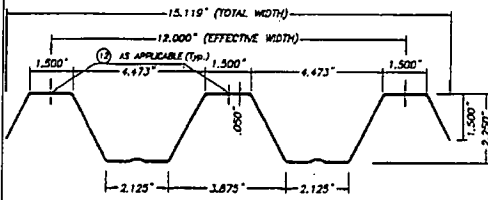
PRODUCT RENEWED
 as complying with the Florida
 Building Code
 Acceptance No. 08-0625.06
 Expiration Date 08/07/2013
 By [Signature]
 Miami Dade Product Control
 Division

PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No. 05-9926.03
 Expiration Date 08/07/2008
 By [Signature]
 Miami Dade Product Control
 Division

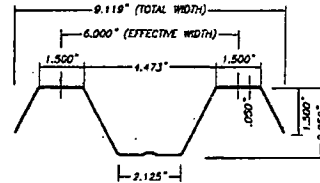
F.B.C.(High Velocity Hurricane Zone)

SEP 15 2005

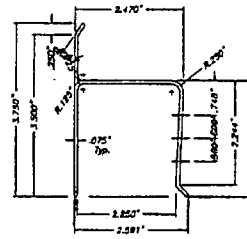
| | | | | | |
|---|-------------|---|----------|-------------------|------|
|  TILLOT TESTING & ENGINEERING COMPANY 6335 N.W. 36th St., Ste. 306, Miramar, FL 33184 Phone: (305) 871-1500 Fax: (305) 871-1501 EP-0000719 | | 0.050" BERTHA ALUMINUM STORM PANEL | | L.C. DRAWN BY: | |
| | | EASTERN METAL SUPPLY, INC. 4258 WESTROADS DR. WEST PALM BEACH, FL 33407 | | 4/28/05 DATE | |
| WALTER A. TILLOT, Jr., P. E. FLORIDA LIC. # 44167 | | 05-078 DRAWING No. | | SHEET 1 OF 15 | |
| REV. NO. | DESCRIPTION | DATE | REV. NO. | DESCRIPTION | DATE |
| 1 | OLD 03-141 | 4/28/05 | 1 | | |



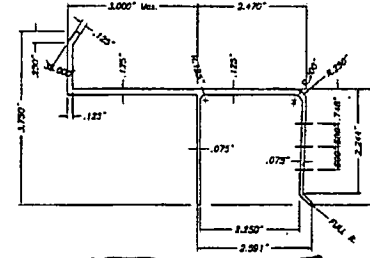
① ALUMINUM PANEL
SCALE: 1/4" = 1'



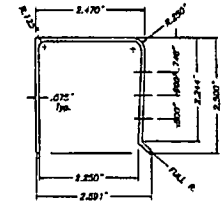
①A ALUMINUM HALF PANEL
SCALE: 1/4" = 1'



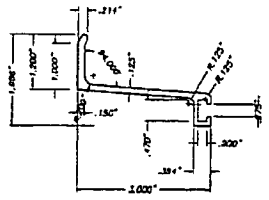
② F-TRACK HEADER
SCALE: 3/8" = 1'



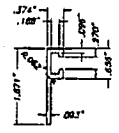
③ F-TRACK WITH 3/8\"/>



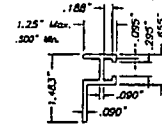
④ U-TRACK HEADER
SCALE: 3/8" = 1'



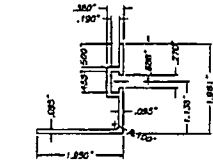
⑤ 3\"/>



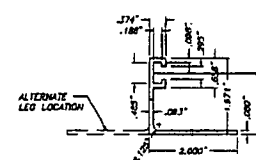
⑥ F-TRACK
SCALE: 3/8" = 1'



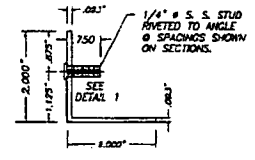
⑥A 1 1/4\"/>



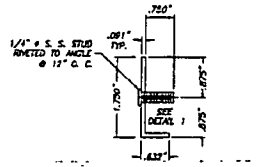
⑦ REVERSED F-TRACK
SCALE: 3/8" = 1'



⑧ F-TRACK ANGLE
SCALE: 3/8" = 1'

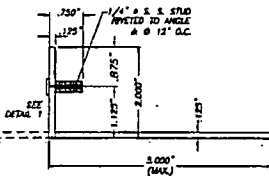


⑨ STUDED ANGLE
SCALE: 3/8" = 1'

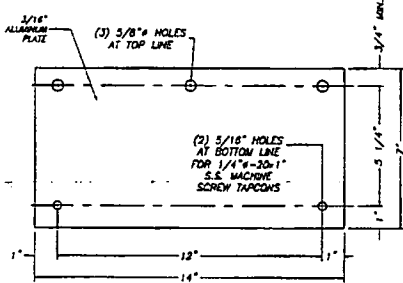


⑨A MINI WALL 1.75\"/>

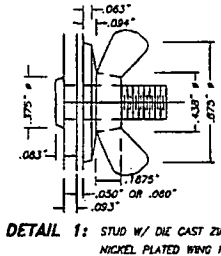
ALTERNATE LEG LOCATION



⑩ 2 1/2\"/>



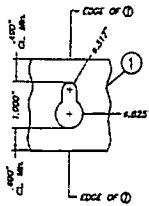
⑪ 3/16\"/>



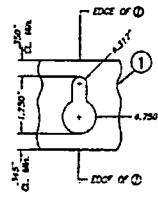
DETAIL 1: STUD W/ DIE CAST ZINC NICKEL PLATED WING NUT

PRODUCT REVIEWED as complying with the Florida Building Code
Acceptance No 08-0623-06
Expiration Date 08/07/2013
By *Walter A. Tilit*
District Design/Review Control Division

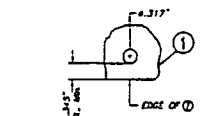
PRODUCT REVIEWED as complying with the Florida Building Code
Acceptance No 05-0926-03
Expiration Date 08/07/2008
By *Walter A. Tilit*
District Design/Review Control Division



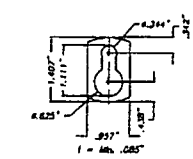
OPTION 1



OPTION 2



⑫A ROUND HOLE AT PANEL (OPTION TO 12)



⑫B KEY HOLE WASHER
3105-T154 ALUM. ALLOY
SCALE: 3/8" = 1'

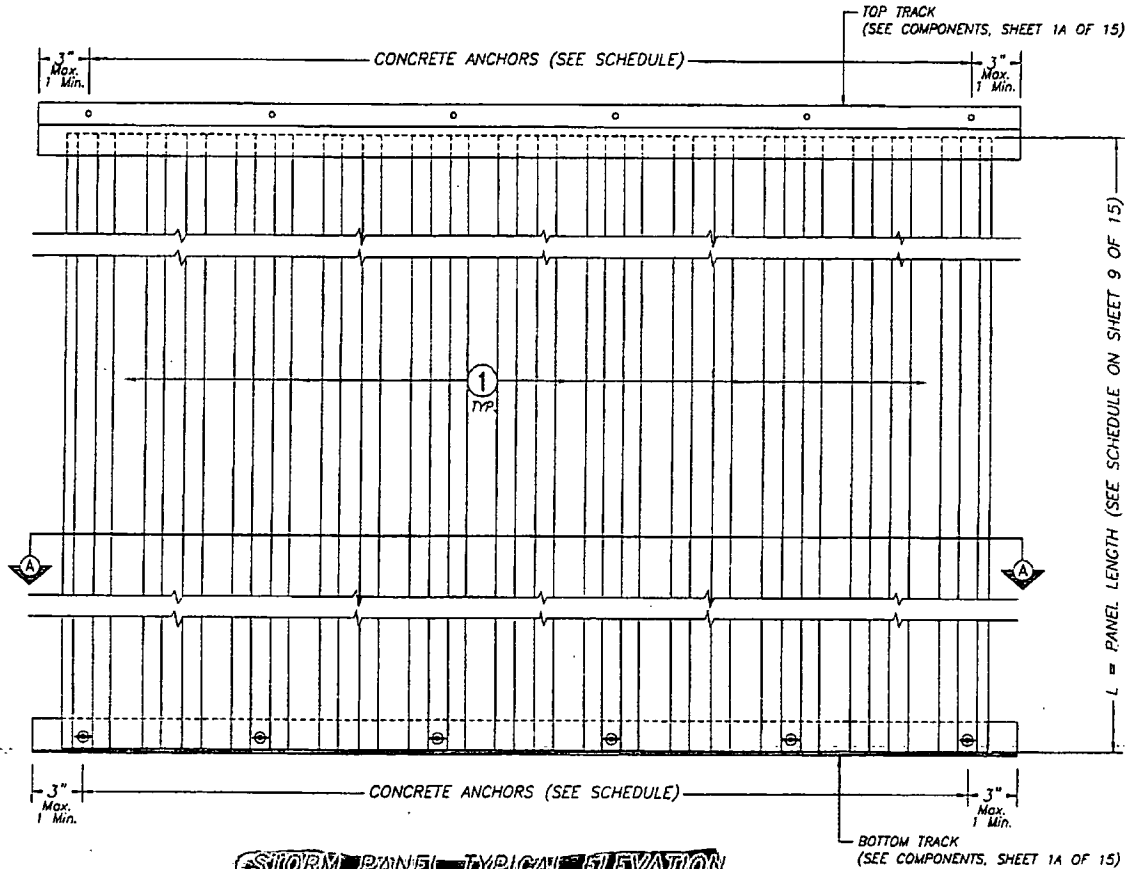
⑫ KEY HOLE AT PANEL

COMPONENTS

SEP 15 2005

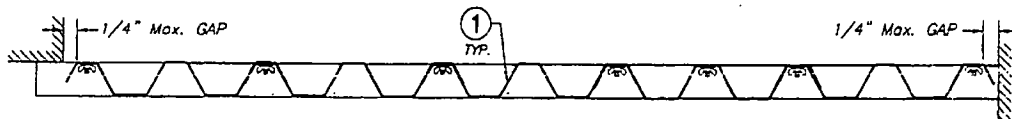
F.B.C.(High Velocity Hurricane Zone)

| | | | |
|---|-------------|------------------------------------|----------------------|
| TILECO INC. TILIT TESTING & ENGINEERING COMPANY 4333 N.W. 36TH ST., SUITE 200, MIAMI GARDENS, FL 33169 Phone: (305)871-1830 Fax: (305)871-1831 EB-0006719 WALTER A. TILIT, P. E. FLORIDA LIC. # 44167 | | 0.050" BERTHA ALUMINUM STORM PANEL | L.C. DRAWN BY: |
| EASTERN METAL SUPPLY, INC. 4268 WESTROADS DR. WEST PALM BEACH, FL 33407 | | 1/28/05 DATE | 05-078 DRAWING No |
| REV. NO | DESCRIPTION | DATE | REV. NO |
| 1 | OLD 03-141 | 1/28/05 | 1 |
| 2 | | | 2 |



STORM PANEL TYPICAL ELEVATION

SCALE : 1/8" = 1"



SECTION A-A

SCALE : 1/8" = 1"

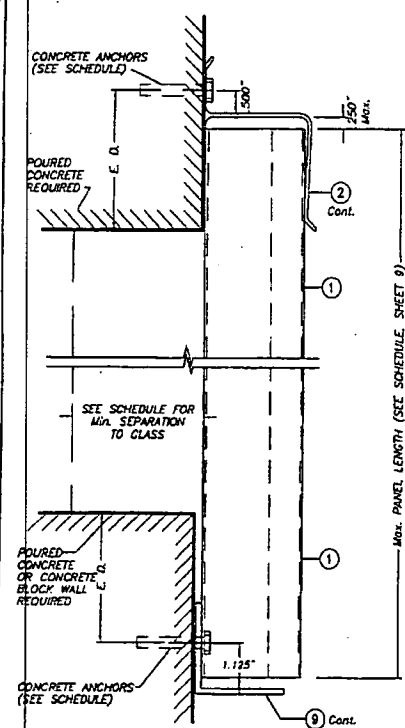
PRODUCT REWEVED
 as complying with the Florida
 Building Code
 Acceptance No 08-0623-06
 Expiration Date 08/07/2013
 By *Walter A. Tillit*
 Miami Dade Product Control
 Division

PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No 05-0926-03
 Expiration Date 08/07/2008
 By *Walter A. Tillit*
 Miami Dade Product Control
 Division

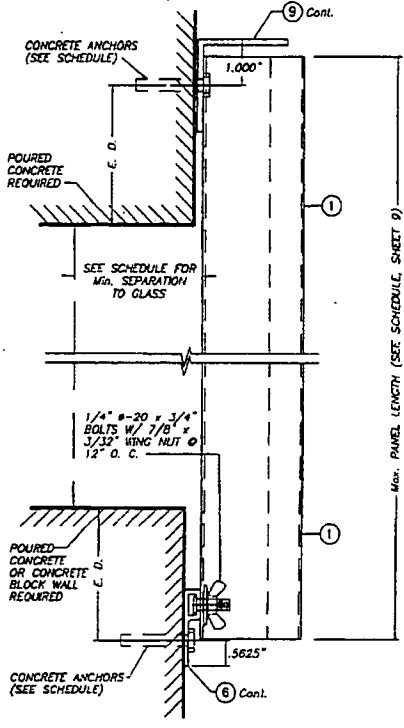
F.B.C.(High Velocity Hurricane Zone)

| | | | |
|---|--|--|-------------------|
| TILECO INC. <small>TILIT TESTING & ENGINEERING COMPANY 4255 N.W. 36th St., 3rd. Fl., Miramar, Florida, FL 33182 Phone: (305) 477-1120, Fax: (305) 877-1211 EB-0004712 WALTER A. TILIT & P. E. FLORIDA LIC. # 44167</small> | | 0.050" BERTHA ALUMINUM STORM PANEL | L.C. DRAWN BY: |
| | | EASTERN METAL SUPPLY, INC. <small>4269 WESTROADS DR. WEST PALM BEACH, FL 33407</small> | 4/28/05 DATE |
| <small>REV. NO. DESCRIPTION DATE REV. NO. DESCRIPTION DATE</small> 1 OLD 03-141 4/28/05 1 - - - 2 - - 2 - - - | | 05-078 DRAWING No | SHEET 2 OF 15 |

SEP-1-5-2005

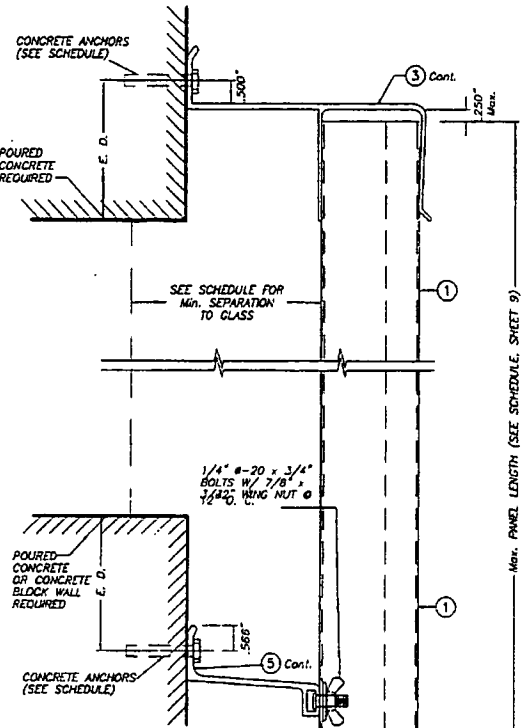


SECTION 1 ANCHOR



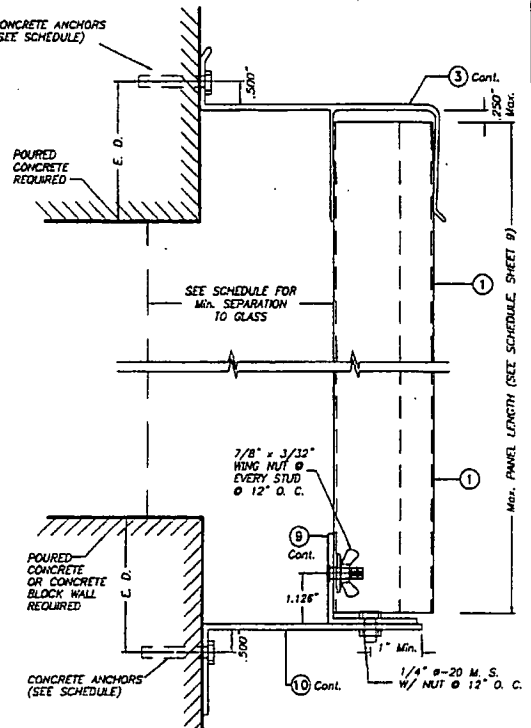
WALL MOUNTING INSTALLATION SECTION 2

SCALE: 3/8" = 1"



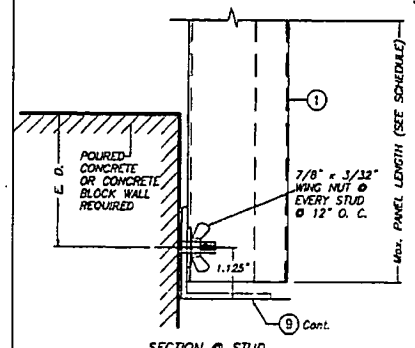
BUILD OUT INSTALLATION SECTION 3

SCALE: 3/8" = 1"



BUILD OUT INSTALLATION SECTION 4

SCALE: 3/8" = 1"



SECTION 1 STUD

WALL MOUNTING INSTALLATION SECTION 1

SCALE: 3/8" = 1"

NOTE: DETAIL OF SECTION 1 STUD VALID ALSO FOR WALL MOUNTING INSTALLATION - SECTION 2 (TOP)

E. D. = EDGE DISTANCE (SEE SCHEDULE ON SHEETS 10 & 11 OF 15)

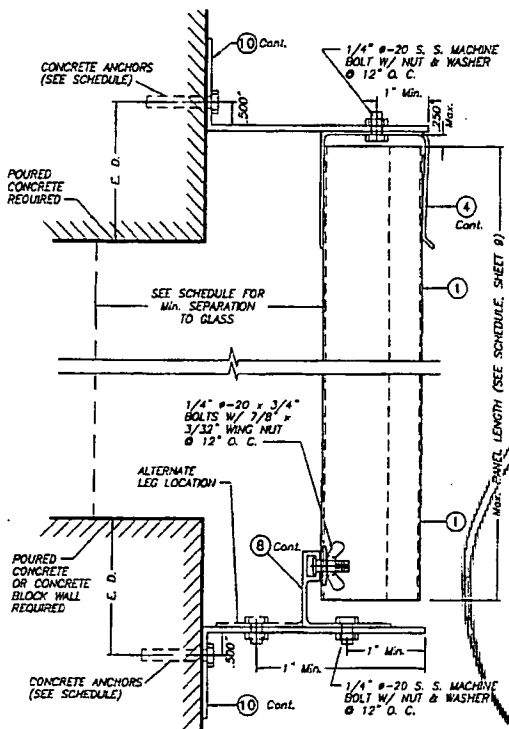
NOTE FOR COMBINATION OF SECTIONS: WALL MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

PRODUCT REVISED as complying with the Florida Building Code
 as complying with the Florida Building Code
 Acceptance No. 05-0926.03
 Expiration Date 08/07/2008
 Building Code
 Acceptance No. 08-0623.06
 Expiration Date 08/07/2013
 By: *Walter A. Tillit, Jr.*
 Miami District Product Control Division

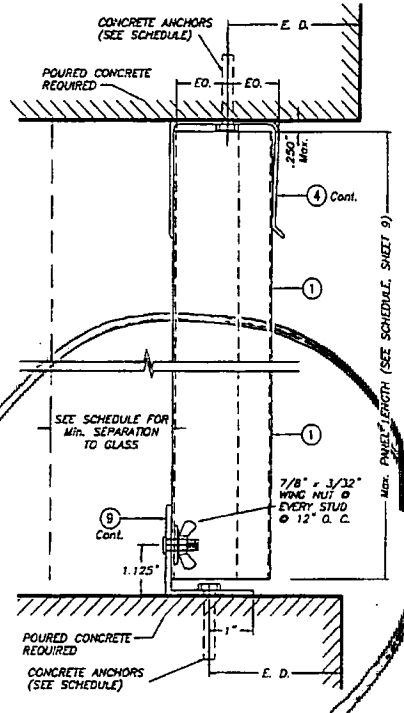
F.B.C. (High Velocity Hurricane Zone)

| | | | | | |
|--|-------------|------------------------------------|----------|----------------|------|
| <p>TILTECO INC. TILIT TESTING & ENGINEERING COMPANY 4335 N.W. 36th St., Ste. 200, WICHITA, OKLAHOMA, OK 73162 Phone 1 (800) 871-1330 Fax 1 (502) 871-1311 ED-0006719 WALTER A. TILLIT, JR., P. E. FLORIDA Lic. # 44187</p> | | 0.050" BERTHA ALUMINUM STORM PANEL | | L.G. DRAWN BY: | |
| | | EASTERN METAL SUPPLY, INC. | | 4/28/05 DATE | |
| 4188 WESTROADS DR. WEST PALM BEACH, FL 33407 | | 05-078 DRAWING No | | | |
| REV. NO. | DESCRIPTION | DATE | REV. NO. | DESCRIPTION | DATE |
| 1 | OLD 03-141 | 4/28/05 | 2 | | |
| 2 | | | | | |

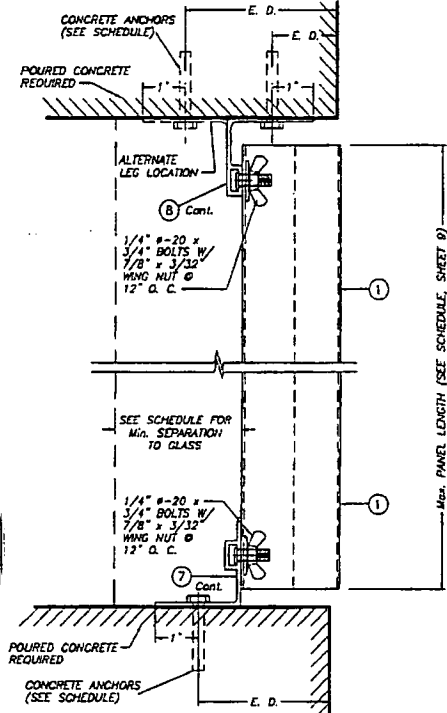
SEP 16 2005



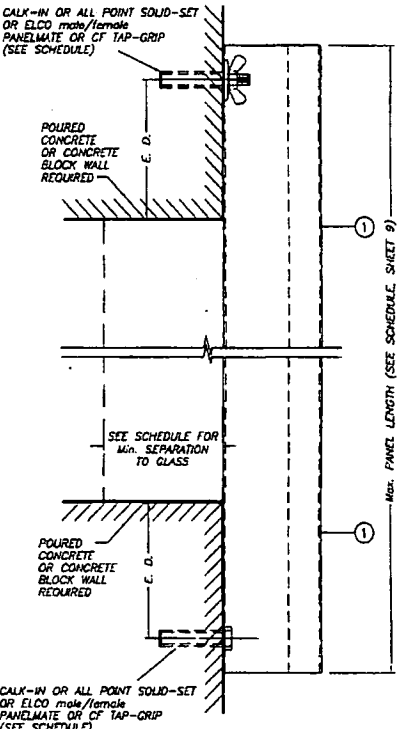
BUILD OUT INSTALLATION
- SECTION 5 SCALE : 3/8" = 1"



CEILING & FLOOR MOUNTING
INSTALLATION - SECTION 6
 SCALE : 3/8" = 1"



CEILING & FLOOR MOUNTING
INSTALLATION - SECTION 7
 SCALE : 3/8" = 1"



WALL MOUNTING INSTALLATION (D.M.)
- SECTION 8 SCALE : 3/8" = 1"

E. D. = EDGE DISTANCE
 (SEE SCHEDULE ON
 SHEETS 10 & 11 OF 15)

NOTE FOR COMBINATION OF SECTIONS :
 WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE
 COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

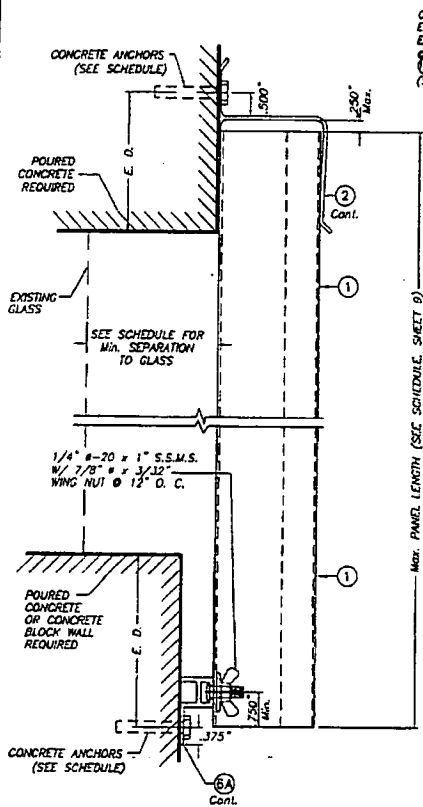
PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No. 08-0623.06
 Expiration Date 08/07/2013
 By: *Walter A. Tillit*
 Michael D. Product Control
 Division

PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No. 05-0926.03
 Expiration Date 08/07/2008
 By: *Walter A. Tillit*
 Michael D. Product Control
 Division

F.B.C.(High Velocity Hurricane Zone)

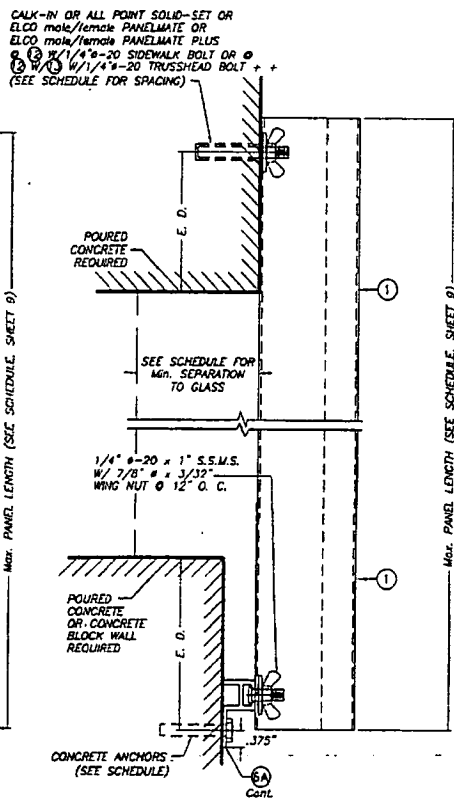
SEP 15 2005

| | | | | | | |
|--|-----------|---|------|-------------------|-------------|------|
| TILIT TESTING & ENGINEERING COMPANY 4325 N.W. 38th St., Ste. 303, VERO BEACH, FL 32908 Phone 1 (888) 871-1130 Fax 1 (888) 871-1131 EB-0008719 WALTER A. TILIT JR., P. E. FLORIDA LIC. # 44107 | | 0.050" BERTHA ALUMINUM STORM PANEL | | L.C. DRAWN BY: | | |
| | | EASTERN METAL SUPPLY, INC. 4268 WESTROADS DR. WEST PALM BEACH, FL 33407 | | 4/28/05 DATE | | |
| REV. NO. | | DESCRIPTION | DATE | REV. NO. | DESCRIPTION | DATE |
| 1 | 08-03-141 | 4/28/05 | 1 | | | |
| 05-078 DRAWING No | | | | | | |
| SHEET 4 OF 15 | | | | | | |



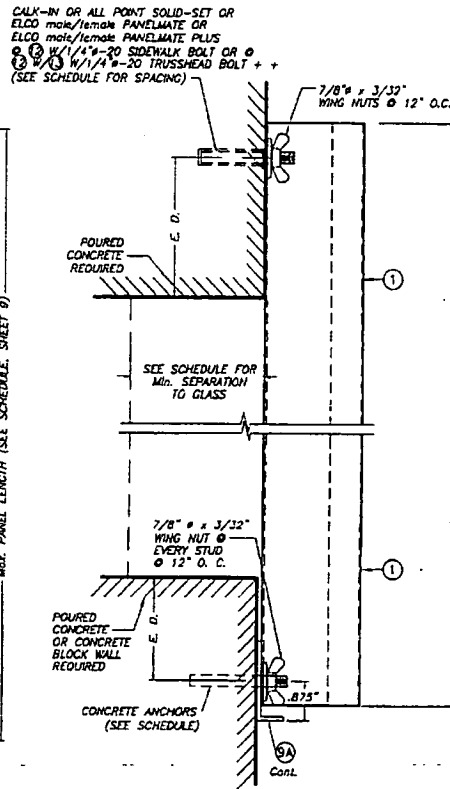
WALL MOUNTING INSTALLATION
SECTION 9

SCALE: 3/8" = 1"



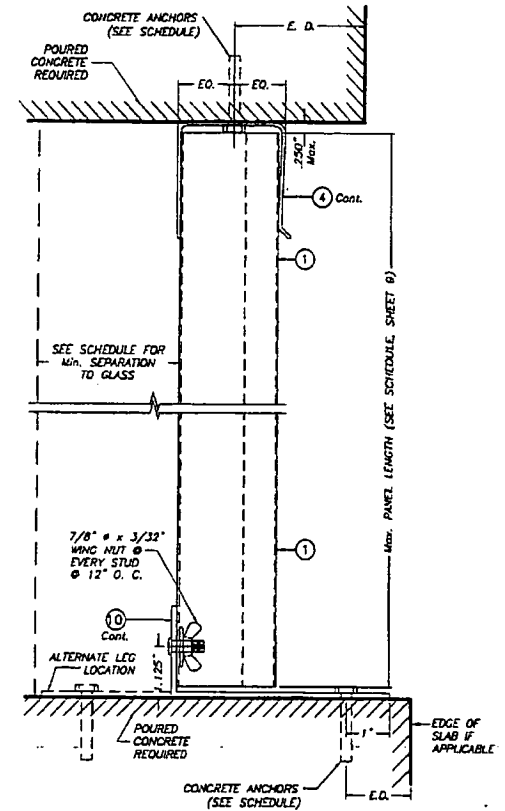
WALL MOUNTING INSTALLATION
SECTION 10

SCALE: 3/8" = 1"



WALL MOUNTING INSTALLATION
SECTION 11

SCALE: 3/8" = 1"



CEILING & FLOOR MOUNTING
INSTALLATION SECTION 12

SCALE: 3/8" = 1"

E. D. = EDGE DISTANCE
(SEE SCHEDULE ON
SHEETS 10 & 11 OF 15)

NOTE FOR COMBINATION OF SECTIONS:
WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE
COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

* * SIDE WALK BOLTS ARE 3/4" x 3/32" THICK
HEAD MACHINE SCREW W/LENGTH
AS PER NOTES A.2 & B.2 (SHEET 1)

* * TRUSS HEAD BOLTS ARE 1/2" x 1/8" THICK
HEAD MACHINE SCREW W/LENGTH
AS PER NOTES A.2 & B.2 (SHEET 1)

PRODUCT REVISED
as complying with the Florida
Building Code
Acceptance No. 05-0926-03
Expiration Date 08/07/2008

Acceptance No. 08-0623-06
Expiration Date 08/07/2013

By: *Walter A. Tillit*
Principal Inspector
Division

PRODUCT REVISED
as complying with the Florida
Building Code
Acceptance No. 05-0926-03
Expiration Date 08/07/2008

By: *Walter A. Tillit*
Principal Inspector
Division

F.B.C. (High Velocity Hurricane Zone)

TILECO INC.
TILLIT TESTING & ENGINEERING COMPANY
6333 N.W. 36th St., Ste. 301, MIAMI GARDENS, FL 33166
Phone: (305) 771-1830 • Fax: (305) 771-1831
EID-0008719

WALTER A. TILLIT, JR., P. E.
FLORIDA LIC. # 44187

0.050" BERTHA ALUMINUM STORM PANEL

EASTERN METAL SUPPLY, INC.

4268 WESTROADS DR.
WEST PALM BEACH, FL 33407

L.G.
DRAWN BY:

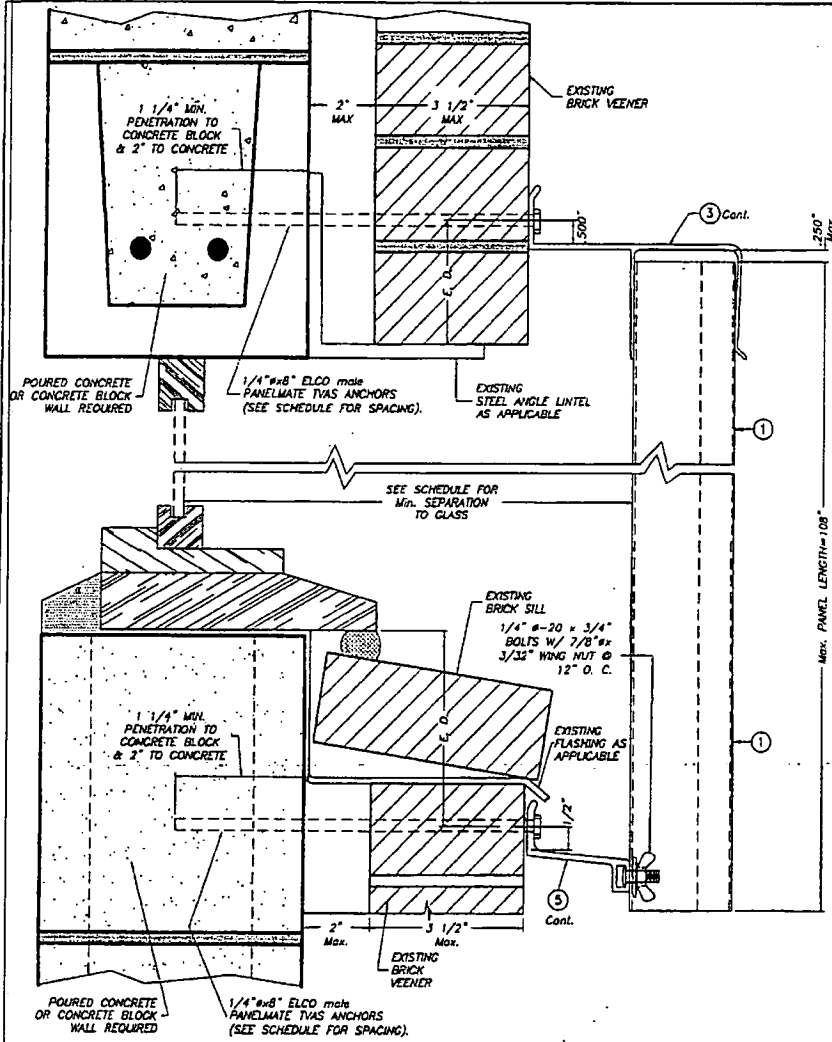
4/28/05
DATE

05-078
DRAWING No

| REV. NO. | DESCRIPTION | DATE | BY | DESCRIPTION | DATE |
|----------|-------------|---------|----|-------------|------|
| 1 | OLD 05-141 | 4/28/05 | | | |
| 2 | | | | | |

SHEET 5 OF 15

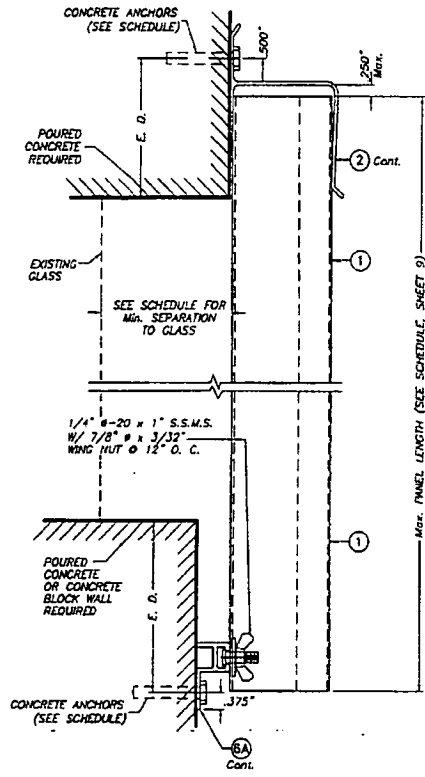
SEP 15 2005



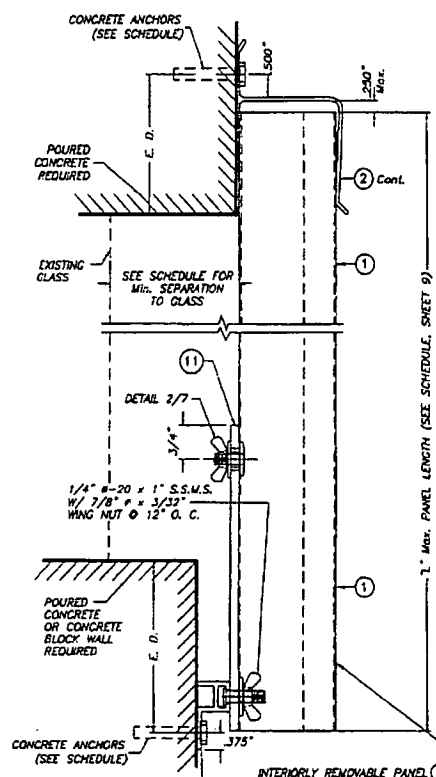
BUILD OUT INSTALLATION
SECTION 13
 SCALE: 3/8" = 1"

E. D. = EDGE DISTANCE
 (SEE SCHEDULE ON
 SHEETS 10 & 11 OF 13)

NOTE FOR COMBINATION OF SECTIONS :
 WALL MOUNTING SECTIONS CAN BE
 COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.



SECTION 14A



SECTION 14B

INTERIORLY REMOVABLE PANEL (1) W/
 SIDEWALK BOLTS (SEE DETAIL 2)
 CONNECTED TO (1) THRU 5/8" BOLT
 HOLES AT (1) 6" O.C. & FASTENED
 AT REAR W/ 7/8" x 3/32" WING NUT
 @ EVERY SIDEWALK BOLT.

WALL MOUNTING INSTALLATIONS
SECTIONS 14
 SCALE: 3/8" = 1"

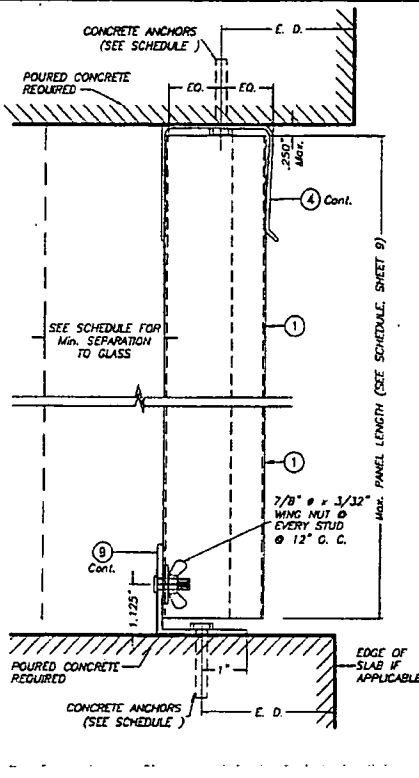
INSTALLATIONS VALID FOR PANELS (1) USED JOINTLY WITH INTERIORLY REMOVABLE PANELS (1)

PRODUCT REVIEWED as complying with the Florida Building Code
 Acceptance No. 08-0623.0
 Expiration Date: 08/07/2013
PRODUCT REVISED as complying with the Florida Building Code
 Acceptance No. 05-0926.03
 Expiration Date: 08/07/2008
 By: *Walter A. Trull*
 Division: *Product Control*

F.B.C. (High Velocity Hurricane Zone)

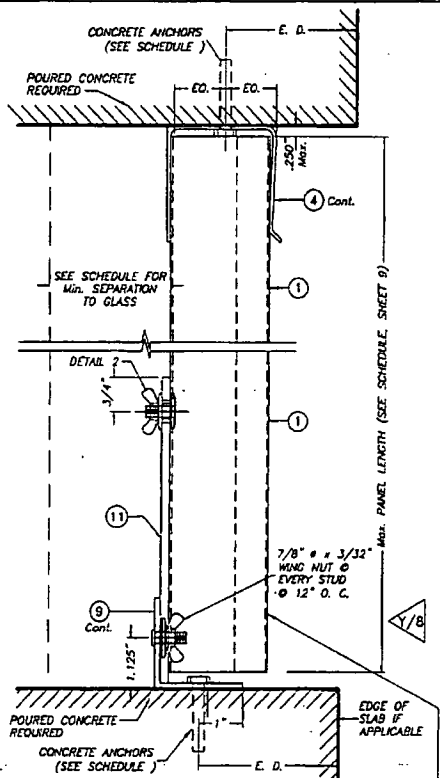
SEP 16 2005

| | | | | | | | |
|---|-------------|---------|---|-------------|------|---|--|
| TILLIT TESTING & ENGINEERING COMPANY 4225 N.W. 34th St., Box 3015, Miramar, Florida, FL 33189 Phone: (305) 871-1520 Fax: (305) 871-1521 E-mail: 00000719 WALTER A. TRULL, P. E. FLORIDA Lic. # 44167 | | | 0.050" BERTHA ALUMINUM STORM PANEL EASTERN METAL SUPPLY, INC. 4268 WESTROADS DR. WEST PALM BEACH, FL 33407 | | | L.C. DRAWN BY: 1/22/05 DATE 05-078 DRAWING No. SHEET 6 OF 15 | |
| REV. NO. | DESCRIPTION | DATE | REV. NO. | DESCRIPTION | DATE | | |
| 1 | OLD 03-141 | 1/25/05 | 1 | | | | |



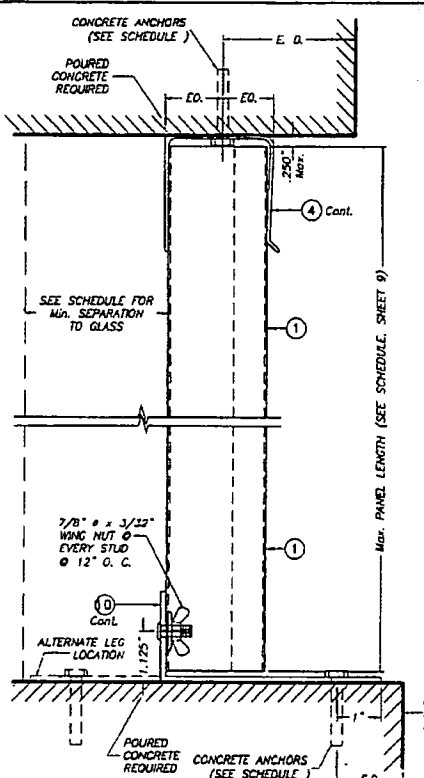
SECTION 15A
CEILING & FLOOR MOUNTING INSTALLATIONS

SECTIONS 15
SCALE: 3/8" = 1"



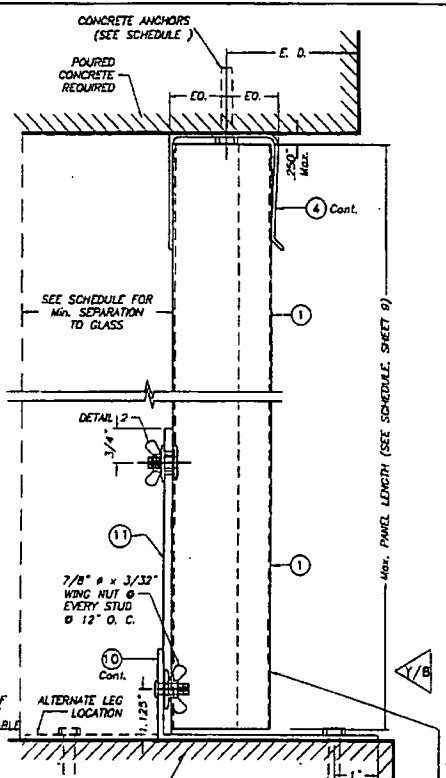
SECTION 15B
CEILING & FLOOR MOUNTING INSTALLATIONS

INTERIORLY REMOVABLE PANEL (1) W/
SIDEWALK BOLTS (SEE DETAIL 2)
CONNECTED TO (1) THRU 5/8\"/>



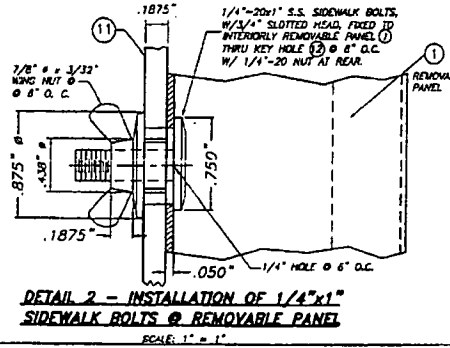
SECTION 16A
CEILING & FLOOR MOUNTING INSTALLATIONS

SECTIONS 16
SCALE: 3/8" = 1"



SECTION 16B
CEILING & FLOOR MOUNTING INSTALLATIONS

INTERIORLY REMOVABLE PANEL (1) W/
SIDEWALK BOLTS (SEE DETAIL 2)
CONNECTED TO (1) THRU 5/8\"/>



DETAIL 2 - INSTALLATION OF 1/4\"/>

**INSTALLATIONS VALID FOR PANELS (1) USED JOINTLY
WITH INTERIORLY REMOVABLE PANELS (1)**

E. D. = EDGE DISTANCE
(SEE SCHEDULE ON
SHEET 10 & 11 OF 15)

NOTE FOR COMBINATION OF SECTIONS :
FLOOR/CEILING MOUNTING SECTIONS CAN BE
COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

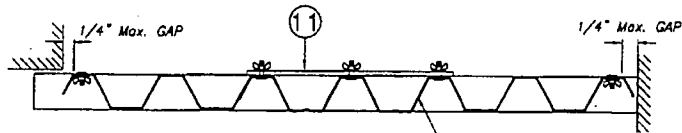
PRODUCT RENEWED
as complying with the Florida
Building Code
Acceptance No 08-0623-06
Expiration Date 08/07/2018
By *Walter A. Tillit Jr.*
Miami District Product Control
Division

PRODUCT REVISED
as complying with the Florida
Building Code
Acceptance No 05-0926-03
Expiration Date 08/07/2008
By *Walter A. Tillit Jr.*
Miami District Product Control
Division

F.B.C. (High Velocity Hurricane Zone)

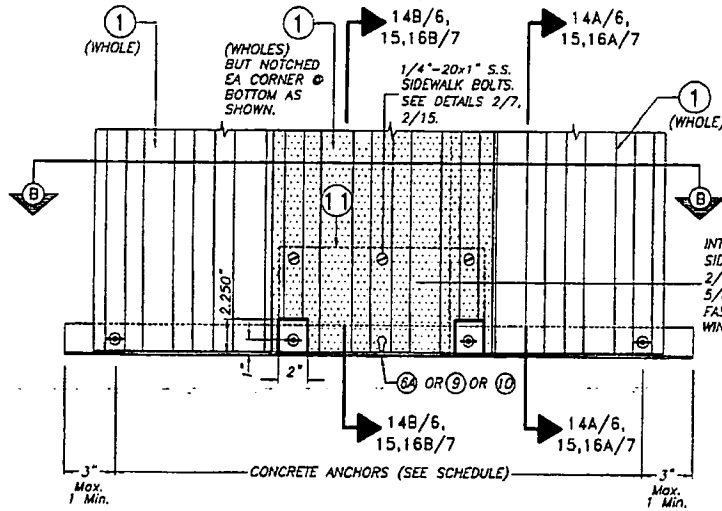
| | | | | | |
|---|-------------|--|-------------|---|---------------|
| | | 0.050" BERTHA ALUMINUM STORM PANEL | | L.C. DRAWN BY: | |
| TILLIT TESTING & ENGINEERING COMPANY 6323 N.W. 36th St., 3rd. Fl., West Palm Beach, FL 33418 Phone: (407)971-1830 Fax: (407)971-1831 E-mail: ETI@tillit.com EPC-0004719 WALTER A. TILLIT JR., P. E. FLORIDA LIC. # 44167 | | EASTERN METAL SUPPLY, INC. 4288 WESTROADS DR. WEST PALM BEACH, FL 33407 | | 1/28/05 DATE 05-078 DRAWING No | |
| REV. NO. | DESCRIPTION | REV. NO. | DESCRIPTION | DATE | SHEET 7 OF 15 |
| 1 | OLD 03-141 | 4/28/03 | | | |
| 2 | | | | | |

SEP 16 2005



SECTION B-B

SCALE : 1/8" = 1"



INTERIORLY REMOVABLE PANEL ① W/
SIDEWALK BOLTS (SEE DETAILS
2/7, 2/14) CONNECTED TO ① THRU
5/8" HOLES AT ① @ 6" O.C. &
FASTENED AT REAR W/7/8" Bx3/32"
WING NUT @ EVERY SIDEWALK BOLT.

**INTERIORLY REMOVABLE STORM PANEL
PARTIAL ELEVATION Y**

SCALE : 1/8" = 1"

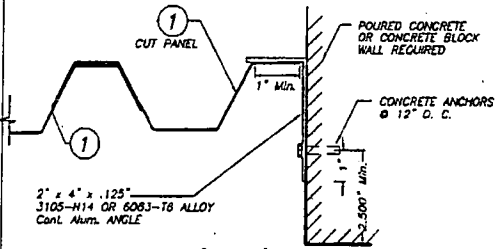
PRODUCT REVISED
to comply with the Florida
Building Code
Acceptance No. 08-0623.06
Expiration Date: 08/07/2013
By: *[Signature]*
National Deck Product Control
Division

PRODUCT REVISED
to comply with the Florida
Building Code
Acceptance No. 05-0926.03
Expiration Date: 08/07/2008
By: *[Signature]*
National Deck Product Control
Division

F.B.C.(High Velocity Hurricane Zone)

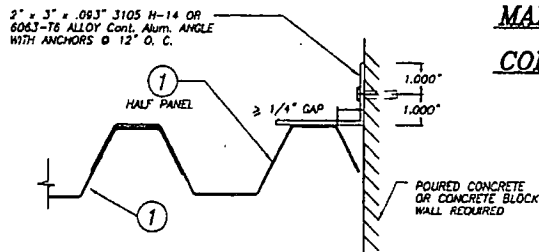
| | | | | | |
|--|-------------|---|----------|-----------------------|------|
| | | 0.050" BERTHA ALUMINUM STORM PANEL | | L.C. DRAWN BY: | |
| | | EASTERN METAL SUPPLY, INC. 4268 WESTROADS DR. WEST PALM BEACH, FL 33407 | | 4/25/05 DATE | |
| TILLOT TESTING & ENGINEERING COMPANY 4355 N.W. 36th St., Ste. 201, MERRITT PARKWAY, FL 33158 Phone: (305) 871-1530 Fax: (305) 871-1531 EOE - 0008719 WALTER A. TILLOT JR., P. E. FLORIDA Lic. # 44167 | | EASTERN METAL SUPPLY, INC. 4268 WESTROADS DR. WEST PALM BEACH, FL 33407 | | 05-078 DRAWING NO. | |
| REV. NO. | DESCRIPTION | DATE | REV. NO. | DESCRIPTION | DATE |
| 1 | OLD 03-141 | 4/25/05 | 2 | - | - |
| 2 | - | - | 3 | - | - |
| | | | | SHEET 8 OF 15 | |

SEP 16 2005



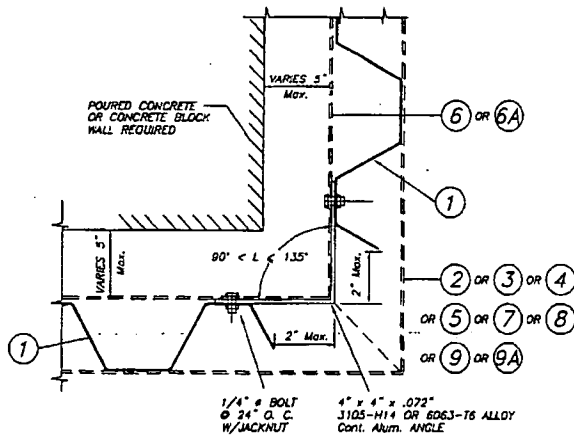
CASE A (Plan)

SCALE: 1/4" = 1"



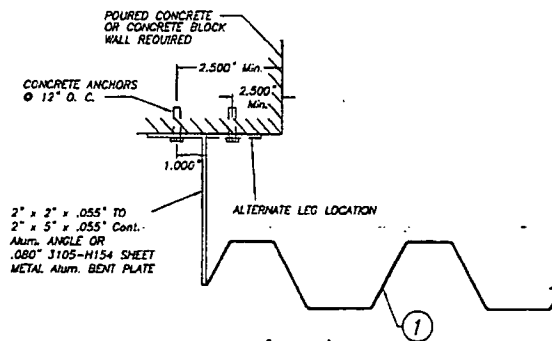
CASE D (Plan)

SCALE: 1/4" = 1"



CASE B (Plan)

SCALE: 1/4" = 1"



CASE C (Plan)

SCALE: 1/4" = 1"

**MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND
CORRESPONDING MAXIMUM PANEL LENGTH "L" SCHEDULE**

| MAXIMUM DESIGN PRESSURE RATING W (p.s.f.) | Max. PANEL LENGTH L (Ft.) (SEE SECTIONS) | MINIMUM SEPARATION TO GLASS | APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM |
|---|--|-----------------------------|--|
| +65.0, -77.0 | 8'-0" OR LESS | 2 1/4" | 1 THRU 8 |
| +65.0, -77.0 | 9'-0" OR LESS | 3 11/16" | 1 THRU 8 |
| +65.0, -72.0 | 9'-0" OR LESS | 3 1/2" | 11 |
| +62.0, -73.3 | 10'-0" OR LESS | 3 7/8" | 2, 6, 7 & 8 |
| +63.5, -63.5 | 9'-0" OR LESS | 3 1/2" | 9, 14, 10 |
| +65.0, -65.0 | 9'-0" OR LESS | 3 1/2" | 12, 15, 16 |
| +63.5, -63.5 | 9'-0" OR LESS | 3 3/4" | 13 |

END CLOSURES DETAILS

PRODUCT RENEWED
as complying with the Florida
Building Code
Acceptance No. 08-0623-06
Expiration Date: 08/07/2013
By: *Heather A. Miller*
Miami District Product Control
Division

PRODUCT REVISED
as complying with the Florida
Building Code
Acceptance No. 05-0926-03
Expiration Date: 08/07/2008
By: *Heather A. Miller*
Miami District Product Control
Division

F.B.C. (High Velocity Hurricane Zone)

| | | | | | |
|--|--|---|--|-----------------------|--|
| | | 0.050" BERTHA ALUMINUM STORM PANEL | | L.C. DRAWN BY: | |
| TILIT TESTING & ENGINEERING COMPANY 4325 N.W. 36th St., Ste. 303, West Palm Beach, FL 33409 Phone: 1 (561) 971-1130 Fax: 1 (561) 971-1131 EB-0008719 WALTER A. TILIT, Jr., P. E. FLORIDA LIC. # 44167 | | EASTERN METAL SUPPLY, INC. 4268 WESTROADS DR. WEST PALM BEACH, FL 33407 | | 4/28/05 DATE | |
| REV. NO. 1 DESCRIPTION OLD 03-141 DATE 4/28/05 | | REV. NO. 2 DESCRIPTION DATE | | 05-078 DRAWING No. | |
| | | | | SHEET 9 OF 15 | |

SEP 16 2005

MAXIMUM DESIGN PRESSURE RATING "W" (P.S.F.) AND CORRESPONDING MAXIMUM ANCHOR SPACING SCHEDULE FOR INSTALLATIONS IN CONCRETE AND CONCRETE BLOCK STRUCTURES

| MAXIMUM DESIGN LEAD W (P.S.F.) | MINIMUM ANCHOR SPACING FOR E. D. = 3 1/2" | | | | | | | | | | | | | | | APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM | MAXIMUM PANEL LENGTH "L" (ft) | | | | | |
|--------------------------------|---|------------|----------------|------------|---------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|----------------|--|-------------------------------|-----------------|--------------|----------------|-----------------|--|
| | REGULAR TAPCON | | CRETE-FLEX SS4 | | ZAMAC NAILING | | CALK-IN | | SOLID-SET | | CF TAP-GRP | | PANELMATE | | PANELMATE PLUS | | | 410 S.S. TAPCON | | | | |
| | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | | | TO MASONRY | TO CONCRETE | TO MASONRY | | |
| 8" | N/A | N/A | N/A | N/A | 4" | N/A | 8" | N/A | N/A | N/A | N/A | 5" | N/A | 3 1/2" | N/A | N/A | N/A | N/A | 1 (TOP) | | | |
| 12" | 6" | N/A | N/A | N/A | 10" | 7 1/2" | 12" | 8" | N/A | N/A | N/A | 12" | 7" | 11" | 11" | 12" | 7 1/2" | N/A | N/A | 1 (BOTTOM) | | |
| 12" | N/A | N/A | N/A | N/A | 10" | N/A | 12" | N/A | N/A | N/A | N/A | 12" | N/A | 11" | N/A | N/A | N/A | N/A | N/A | 2 (TOP) | | |
| 12" | 6" | N/A | N/A | N/A | 10" | 7 1/2" | 12" | 8" | N/A | N/A | N/A | 12" | 8" | 11" | 11" | 12" | 7 1/2" | N/A | N/A | 2 (BOTTOM) | | |
| 12" | N/A | N/A | N/A | N/A | 10" | N/A | 12" | N/A | N/A | N/A | N/A | 12" | N/A | 11" | N/A | N/A | N/A | N/A | N/A | 3 (TOP) | | |
| 12" | 6" | N/A | N/A | N/A | 10" | 7 1/2" | 12" | 8" | N/A | N/A | N/A | 12" | 8" | 11" | 11" | 12" | 7 1/2" | N/A | N/A | 3 (BOTTOM) | | |
| 12" | N/A | N/A | N/A | N/A | 10" | N/A | 12" | N/A | N/A | N/A | N/A | 12" | N/A | 11" | N/A | N/A | N/A | N/A | N/A | 4 (TOP) | | |
| 12" | 6" | N/A | N/A | N/A | 10" | 7 1/2" | 12" | 8" | N/A | N/A | N/A | 12" | 8" | 11" | 11" | 12" | 7 1/2" | N/A | N/A | 4 (BOTTOM) | | |
| 12" | N/A | N/A | N/A | N/A | 10" | N/A | 12" | N/A | N/A | N/A | N/A | 12" | N/A | 11" | N/A | N/A | N/A | N/A | N/A | 5 (TOP) | | |
| 12" | 6" | N/A | N/A | N/A | 10" | 7 1/2" | 12" | 8" | N/A | N/A | N/A | 12" | 8" | 11" | 11" | 12" | 7 1/2" | N/A | N/A | 5 (BOTTOM) | | |
| 8 1/2" | N/A | N/A | N/A | N/A | 5 1/2" | N/A | 7 1/2" | N/A | N/A | N/A | N/A | 8 1/2" | N/A | 11 1/2" | N/A | 11" | N/A | 9 1/2" | N/A | 6 (TOP) | | |
| 8 1/2" | N/A | N/A | N/A | N/A | 5 1/2" | N/A | 7 1/2" | N/A | N/A | N/A | N/A | 8 1/2" | N/A | 11 1/2" | N/A | 11" | N/A | 9 1/2" | N/A | 6 (BOTTOM) | | |
| 7 1/2" | N/A | N/A | N/A | N/A | 5" | N/A | 7" | N/A | N/A | N/A | N/A | 10 1/2" | N/A | 7" | N/A | 10 1/2" | N/A | 8 1/2" | N/A | 7 (TOP/BOTTOM) | 8 1/2" OR LESS | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | 12" | 6" | 12" | 12" | 6" | 8" | 8" | 8" | 8" | 12" | N/A | N/A | N/A | 8 (TOP/BOTTOM) | | |
| 12" | N/A | N/A | N/A | N/A | N/A | N/A | 12" | N/A | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 9 (TOP) | | |
| 12" | 6" | 12" | 12" | N/A | N/A | 12" | 8" | N/A | N/A | N/A | N/A | 12" | 11" | 12" | 12" | 7 1/2" | 12" | 7 1/2" | 9 (BOTTOM) | | | |
| N/A | N/A | N/A | N/A | N/A | N/A | 12" | 6" | 12" | 12" | N/A | N/A | 12" | 6" | 12" | 6" | N/A | N/A | N/A | N/A | 10 (TOP) | | |
| 12" | 6" | 12" | 12" | N/A | N/A | 12" | 8" | N/A | N/A | N/A | N/A | 12" | 10" | 12" | 12" | 7 1/2" | 12" | 7 1/2" | 10 (BOTTOM) | | | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 12" | 11" | N/A | N/A | N/A | N/A | N/A | N/A | 13 (TOP) | | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 12" | 6" | N/A | N/A | N/A | N/A | N/A | N/A | 13 (BOTTOM) | | |
| 12" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | N/A | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 14 (TOP) | | |
| 12" | 6" | 12" | 12" | N/A | N/A | 12" | 8" | N/A | N/A | N/A | N/A | 12" | 11" | 12" | 12" | 7 1/2" | 12" | 7 1/2" | 14A (BOTTOM) | | | |
| 12" | 4 1/2" | 12" | 8" | N/A | N/A | 12" | 6 1/2" | N/A | N/A | N/A | N/A | 12" | 8" | 12" | 5 1/2" | 12" | 5 1/2" | 12" | 5 1/2" | 14B (BOTTOM) | | |
| 11 1/2" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | N/A | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 15 (TOP) | | |
| 8 1/2" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | N/A | N/A | N/A | N/A | 11 1/2" | N/A | 11" | N/A | 11" | N/A | 9 1/2" | N/A | 12 (BOTTOM) | | |
| 11 1/2" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | N/A | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 15 (TOP) | | |
| 8 1/2" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | N/A | N/A | N/A | N/A | 11 1/2" | N/A | 11" | N/A | 11" | N/A | 9 1/2" | N/A | 15A (BOTTOM) | | |
| N/A | N/A | 3 1/2" | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 3" | N/A | 3" | N/A | 3" | N/A | 3" | N/A | 15B (BOTTOM) | | |
| 11 1/2" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | N/A | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 16 (TOP) | | |
| 8 1/2" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | N/A | N/A | N/A | N/A | 11 1/2" | N/A | 11" | N/A | 11" | N/A | 9 1/2" | N/A | 16A (BOTTOM) | | |
| 3" | N/A | 4 1/2" | N/A | N/A | N/A | 3" | N/A | N/A | N/A | N/A | N/A | 4" | N/A | 4" | N/A | 4" | N/A | 4" | N/A | 16B (BOTTOM) | | |
| 6" | N/A | N/A | N/A | N/A | 6" | N/A | 6" | N/A | N/A | N/A | N/A | 6" | N/A | 6" | N/A | 6" | N/A | 6" | N/A | 2 (TOP) | | |
| 6" | 5 1/2" | N/A | N/A | N/A | 6" | 6" | 6" | 6" | N/A | N/A | N/A | 6" | 6" | 6" | 6" | N/A | N/A | N/A | N/A | 2 (BOTTOM) | | |
| 6" | N/A | N/A | N/A | 4 1/2" | N/A | 6" | N/A | N/A | N/A | N/A | N/A | 6" | N/A | 5 1/2" | N/A | N/A | N/A | N/A | N/A | 6 (TOP) | 9'-0" TO 10'-0" | |
| 6" | N/A | N/A | N/A | 4 1/2" | N/A | 6" | N/A | 9 1/2" | N/A | 6" | N/A | 5 1/2" | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 6 (BOTTOM) | | |
| 6" | N/A | N/A | N/A | 6" | N/A | 6" | N/A | 9 1/2" | N/A | 6" | N/A | 4 1/2" | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 7 (TOP/BOTTOM) | | |
| N/A | N/A | N/A | N/A | N/A | N/A | 6" | 6" | 12" | 12" | 6" | 6" | 6" | 6" | 6" | 6" | N/A | N/A | N/A | N/A | 8 (TOP/BOTTOM) | | |

E. D. = EDGE DISTANCE

ANCHORS LEGEND

| ANCHOR TYPE | MIN. ANCHOR SPACING |
|---|---------------------|
| REGULAR TAPCON, 410 S.S. TAPCON, CRETE-FLEX SS4, ZAMAC NAILING, CF TAP-GRP, PANELMATE OR PANELMATE PLUS | 3.0" |
| CALK-IN | 2.5" |
| SOLID-SET | 3.5" |

PRODUCT RENEWED
 as complying with the Florida Building Code
 Acceptance No. 08-0623.06
 Expiration Date 08/27/2013
 By Heather A. Miller
 Miami Dade Product Control Division

PRODUCT REVISED
 as complying with the Florida Building Code
 Acceptance No. 05-0926.03
 Expiration Date 08/27/2008
 By Heather A. Miller
 Miami Dade Product Control Division

* MAXIMUM ANCHOR SPACINGS ARE VALID FOR 3 1/2" EDGE DISTANCE. FOR E. D. LESS THAN 3 1/2", REDUCE ANCHOR SPACING BY MULTIPLYING SPACING SHOWN ON SCHEDULE BY THE FOLLOWING FACTORS. (NOTE: MIN. E. D. FOR CALK-IN ANCHORS IS 2 1/2")
 FOR THIS OPERATION TO BE POSSIBLE, REDUCED SPACING OBTAINED USING FACTOR SHALL NOT BE LESS THAN MINIMUM SPACING INDICATED FOR EACH ANCHOR TYPE AT ANCHORS LEGEND.

| ACTUAL E. D. | FACTOR | | | |
|--------------|---|---------|-----------|------------|
| | REGULAR TAPCON, 410 S.S. TAPCON, CRETE-FLEX SS4, ZAMAC NAILING, PANELMATE OR PANELMATE PLUS | CALK-IN | SOLID-SET | CF TAP-GRP |
| 3" | .85 | .75 | .78 | 1.00 |
| 2 1/2" | .71 | .50 | - | .80 |
| 2" | .50 | - | - | - |

SEP 15 2005

TILECO INC.

TILT TESTING & ENGINEERING COMPANY
 4333 N.W. 36th St., Ste. 205, MIAMI GARDENS, FL 33169
 Phone: (305) 711-1137, Fax: (305) 471-1531

EB-0006710
 WALTER A. TILLI JR., P. E.
 FLORIDA Lic. # 44187

0.050" BERTHA ALUMINUM STORM PANEL

EASTERN METAL SUPPLY, INC.

4168 WESTROADS DR.
 WEST PALM BEACH, FL 33407

REV. NO. DESCRIPTION DATE BY N. ACCEPTED DATE

1 OLD 03-141 1/23/03

2

3

4

5

L.C.
DRAWN BY:

4/28/05
DATE

05-078
DRAWING No

SHEET 10 OF 15

MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND CORRESPONDING MAXIMUM ANCHOR SPACING SCHEDULE FOR INSTALLATIONS INTO CONCRETE AND CONCRETE BLOCK STRUCTURES

| MAXIMUM DESIGN LOAD W (p.s.f.) | MAXIMUM ANCHORS SPACING FOR E. D. = 3 1/2" * | | | | | | | | | | | | | | | | | | APPLICABLE TO SECTIONS 1 & ANY COMBINATION OF THEM | MAXIMUM PANEL LENGTH L' (PL) |
|--------------------------------|--|------------|----------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|----------------|------------|-----------------|---|--|------------------------------|
| | REGULAR TAPCONS | | CRETE-FLEX SS4 | | ZAMAC NALIN | | CALK-IN | | SOLID-SET | | CF TAP-GRIP | | PANELMATES | | PANELMATE PLUS | | 410 S.S. TAPCON | | | |
| | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | | |
| +55.0, -77.0 | 6" | N/A | N/A | N/A | 3" | N/A | 6" | N/A | N/A | N/A | 3 1/2" | N/A | 2 1/2" | N/A | N/A | N/A | N/A | N/A | 1 (TOP) | 9'-0" OR LESS |
| | 12" | 5" | N/A | N/A | 10" | 8" | 12" | 7 1/2" | N/A | N/A | 12" | 6" | 9 1/2" | 9 1/2" | N/A | N/A | N/A | N/A | 1 (BOTTOM) | |
| | 12" | N/A | N/A | N/A | 10" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | 9 1/2" | N/A | N/A | N/A | N/A | N/A | 2 (TOP) | |
| | 12" | 5" | N/A | N/A | 10" | 8" | 12" | 7 1/2" | N/A | N/A | 12" | 6 1/2" | 9 1/2" | 9" | N/A | N/A | N/A | N/A | 2 (BOTTOM) | |
| | 12" | N/A | N/A | N/A | 10" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | 9 1/2" | N/A | N/A | N/A | N/A | N/A | 3 (TOP) | |
| | 12" | 5" | N/A | N/A | 8" | 8" | 12" | 7 1/2" | N/A | N/A | 12" | 6 1/2" | 9 1/2" | 9" | N/A | N/A | N/A | N/A | 3 (BOTTOM) | |
| | 12" | N/A | N/A | N/A | 10" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | 9 1/2" | N/A | N/A | N/A | N/A | N/A | 4 (TOP) | |
| | 12" | 5" | N/A | N/A | 8" | 8" | 12" | 7 1/2" | N/A | N/A | 12" | 6 1/2" | 9 1/2" | 9" | N/A | N/A | N/A | N/A | 4 (BOTTOM) | |
| | 12" | N/A | N/A | N/A | 8" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | 9 1/2" | N/A | N/A | N/A | N/A | N/A | 5 (TOP) | |
| | 12" | 4 1/2" | N/A | N/A | 7" | 5" | 12" | 6" | N/A | N/A | 10" | 5" | 7 1/2" | 7 1/2" | N/A | N/A | N/A | N/A | 5 (BOTTOM) | |
| | 7" | N/A | N/A | N/A | 4 1/2" | N/A | 6" | N/A | N/A | N/A | 7" | N/A | 5" | N/A | N/A | N/A | N/A | N/A | 6 (TOP) | |
| | 7" | N/A | N/A | N/A | 4 1/2" | N/A | 6" | N/A | 9" | N/A | 7" | N/A | 5" | N/A | N/A | N/A | N/A | N/A | 6 (BOTTOM) | |
| 8" | N/A | N/A | N/A | 4" | N/A | 5 1/2" | N/A | 9" | N/A | 6" | N/A | 4 1/2" | N/A | N/A | N/A | N/A | N/A | 7 (TOP/BOTTOM) | | |
| N/A | N/A | N/A | N/A | N/A | N/A | 12" | 8" | 12" | 12" | 6" | N/A | 6" | N/A | N/A | N/A | N/A | N/A | 8 (TOP/BOTTOM) | | |
| +65.0, -72.0 | 6 1/2" | N/A | 12" | N/A | N/A | N/A | 6" | N/A | 9 1/2" | N/A | N/A | N/A | 9" | 6" | 9" | N/A | 7 1/2" | N/A | 7 (TOP/BOTTOM) | 8'-0" OR LESS |
| | N/A | N/A | N/A | N/A | N/A | N/A | 12" | 6" | 12" | 12" | N/A | N/A | 12" | 6" | 12" | 6" | N/A | N/A | 11 (TOP) | |
| | 12" | 5 1/2" | 12" | 10 1/2" | N/A | N/A | 12" | 8" | 12" | 12" | N/A | N/A | 12" | 9 1/2" | 12" | 6 1/2" | 12" | 7" | 11 (BOTTOM) | |
| +62.0, -73.3 | 6" | N/A | N/A | N/A | 6" | N/A | 6" | N/A | 12" | 12" | 6" | N/A | 6" | N/A | N/A | N/A | N/A | N/A | 2 (TOP) | 8'-0" TO 10'-0" |
| | 6" | 5" | N/A | N/A | 6" | 5 1/2" | 6" | 6" | N/A | N/A | 6" | 6" | 6" | 6" | N/A | N/A | N/A | N/A | 2 (BOTTOM) | |
| | 6" | N/A | N/A | N/A | 4" | N/A | 6" | N/A | N/A | N/A | 6" | N/A | 5" | N/A | N/A | N/A | N/A | N/A | 6 (TOP) | |
| | 6" | N/A | N/A | N/A | 4" | N/A | 6" | N/A | 8" | N/A | 6" | N/A | 5" | N/A | N/A | N/A | N/A | N/A | 6 (BOTTOM) | |
| | N/A | N/A | N/A | N/A | 5" | N/A | 6" | N/A | 8" | N/A | 5 1/2" | N/A | 4" | N/A | N/A | N/A | N/A | N/A | 7 (TOP/BOTTOM) | |
| | N/A | N/A | N/A | N/A | N/A | N/A | 6" | 6" | 12" | 12" | 6" | 6" | 6" | 6" | N/A | N/A | N/A | N/A | 8 (TOP/BOTTOM) | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 12" | 12" | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 1 (BOTTOM) 10 (TOP) 11 (TOP/BOTTOM) | | |

E. D. = EDGE DISTANCE

PRODUCT RENEWED
 as complying with the Florida
 Building Code
 Acceptance No. 08-062.06
 Expiration Date 08/07/2013
 By: *Walter A. Tellez*
 Miami Dade Product Control
 Division

PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No. 05-0926.03
 Expiration Date 08/07/2008
 By: *Walter A. Tellez*
 Miami Dade Product Control
 Division

* MAXIMUM ANCHOR SPACINGS ARE VALID FOR 3 1/2" EDGE DISTANCE. FOR E. D. LESS THAN 3 1/2", REDUCE ANCHOR SPACING BY MULTIPLYING SPACING SHOWN ON SCHEDULE BY THE FOLLOWING FACTORS. (NOTE: MIN. E. D. FOR CALK-IN ANCHORS IS 2 1/2")
 FOR THIS OPERATION TO BE POSSIBLE, REDUCED SPACING OBTAINED USING FACTOR SHALL NOT BE LESS THAN MINIMUM SPACING INDICATED FOR EACH ANCHOR TYPE AT ANCHORS LEGEND.

| ACTUAL E. D. | FACTOR | | | |
|--------------|---|---------|-----------|-------------|
| | REGULAR TAPCON, 410 S.S. TAPCON, CRETE-FLEX SS4, ZAMAC NALIN, PANELMATE OR PANELMATE PLUS | CALK-IN | SOLID-SET | CF TAP-GRIP |
| 3" | .86 | .75 | .78 | 1.00 |
| 2 1/2" | .71 | .50 | -- | .60 |
| 2" | .50 | -- | -- | -- |

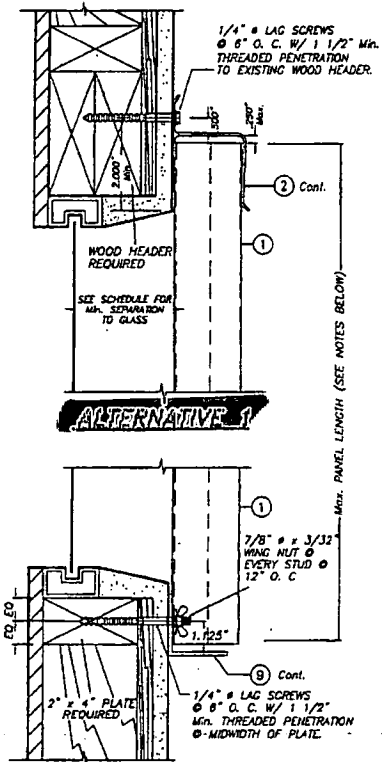
ANCHORS LEGEND

| ANCHOR TYPE | Min. ANCHOR SPACING |
|--|---------------------|
| REGULAR TAPCON, 410 S.S. TAPCON, CRETE-FLEX SS4, ZAMAC NALIN, CF TAP-GRIP, PANELMATE OR PANELMATE PLUS | 3.0" |
| CALK-IN | 2.5" |
| SOLID-SET | 3.5" |

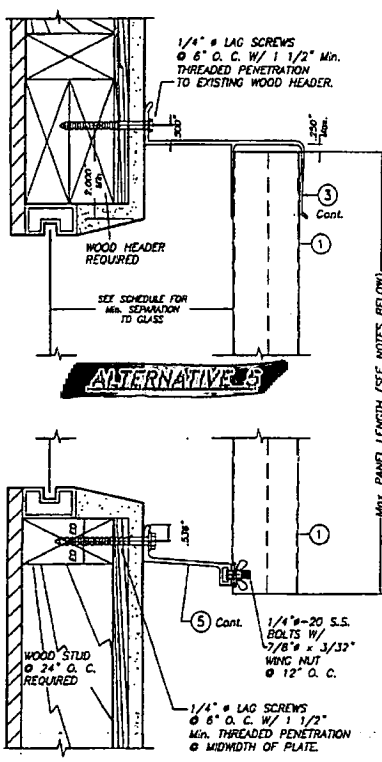
Walter A. Tellez
 SEP 15 2005

F.B.C.(High Velocity Hurricane Zone)

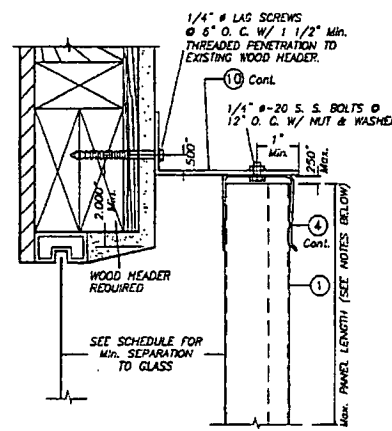
| TILTECO INC. TILIT TESTING & ENGINEERING COMPANY 4355 N.W. 36th St., Ste. 303, Miramar, FL 33146 Phone: (305) 471-1330 / Fax: (305) 471-1321 ED-0006719 WALTER A. TELLEZ, P. E. FLORIDA Lic. # 44187 | 0.050" BERTHA ALUMINUM STORM PANEL | L.C. DRAWN BY: | | | | | | | | | | | | | | | | | | |
|--|---|-------------------|----------------------|----------|----------|------|---|------------|---------|---|--|--|---|--|--|---|--|--|--|----------------|
| | EASTERN METAL SUPPLY, INC. 1208 WESTROADS DR. WEST PALM BEACH, FL 33407 | 1/28/03 DATE | 05-078 DRAWING No | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>REV. NO.</th> <th>DESCRIPTION</th> <th>DATE</th> <th>BY</th> <th>APPROVED</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>OLD 03-141</td> <td>1/28/03</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td>2</td> <td></td> <td></td> </tr> </tbody> </table> | REV. NO. | DESCRIPTION | DATE | BY | APPROVED | DATE | 1 | OLD 03-141 | 1/28/03 | 2 | | | 2 | | | 2 | | | | SHEET 11 OF 15 |
| REV. NO. | DESCRIPTION | DATE | BY | APPROVED | DATE | | | | | | | | | | | | | | | |
| 1 | OLD 03-141 | 1/28/03 | 2 | | | | | | | | | | | | | | | | | |
| 2 | | | 2 | | | | | | | | | | | | | | | | | |



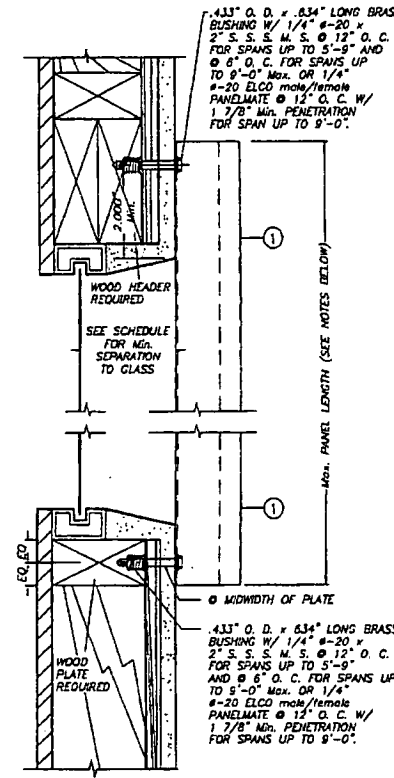
ALTERNATIVE 1



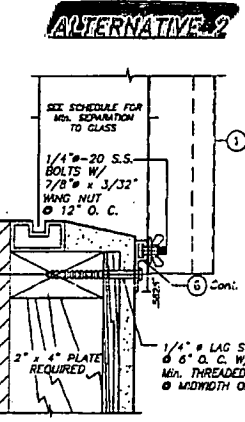
ALTERNATIVE 5



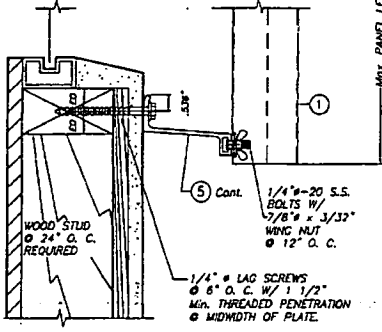
ALTERNATIVE 7



ALTERNATIVE 8



ALTERNATIVE 2



ALTERNATIVE 6

NOTE FOR COMBINATION OF SECTIONS:
WALL MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

- NOTES:**
- INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +65.0, -72.0 psf AND PANEL'S LENGTHS UP TO 9'-0", EXCEPT AS NOTED.
 - NEW 2" x 6" P. T. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 15 X M. M. C. W/ SPECIFIC DENSITY OF 0.55.
 - FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

**WALL MOUNTING INSTALLATIONS
SECTIONS A**

SCALE: 1/4" = 1"

INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS

PRODUCT REVIEWED as compliant with the Florida Building Code
Acceptance No **08-0623.06**
Expiration Date **08/07/2018**
By *Walter A. Tilt*
Miami District Product Control Division

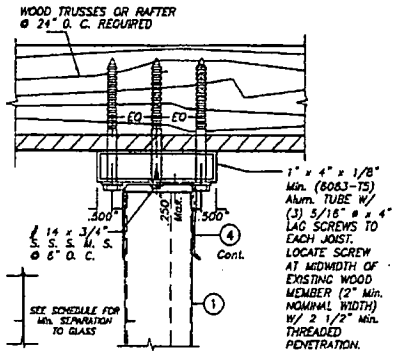
PRODUCT REVIEWED as compliant with the Florida Building Code
Acceptance No **05-0926.03**
Expiration Date **08/07/2008**
By *Walter A. Tilt*
Miami District Product Control Division

F.B.C.(High Velocity Hurricane Zone)

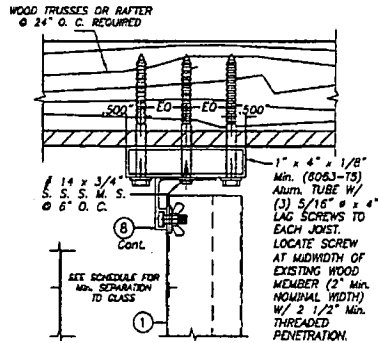
ALTERNATIVE 3

| | | | |
|--|--|---|-------------------|
| <p>TILECO INC. TILIT TESTING & ENGINEERING COMPANY 4533 N.W. 36th St., Ste. 303, VIRGINIA GARDENS, FL 32189 Phone: 1 (800) 971-1130 Fax: (407) 971-1131 EB-0006719 WALTER A. TILIT JR., P. E. FLORIDA Lic. # 44167</p> | | 0.050" BERTHA ALUMINUM STORM PANEL | L.G. DRAWN BY: |
| | | EASTERN METAL SUPPLY, INC. 4268 WESTROADS DR. WEST PALM BEACH, FL 33407 | 4/28/05 DATE |
| <p>REV. NO. DESCRIPTION DATE REV. NO. DESCRIPTION DATE</p> <p>1 OLD 03-141 4/25/05</p> <p>2</p> | | 05-078 DRAWING No | SHEET 12 OF 15 |

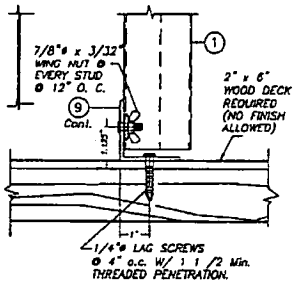
SEP 15 2005



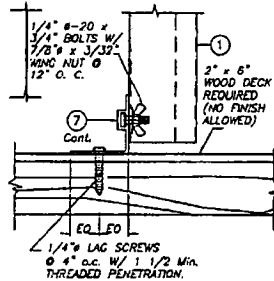
ALTERNATIVE 9A



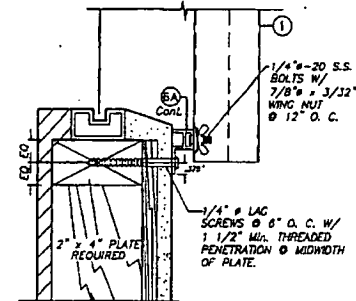
ALTERNATIVE 10



ALTERNATIVE 9

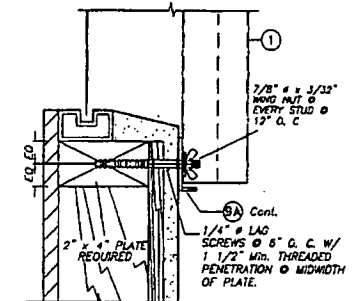


ALTERNATIVE 11



ALTERNATIVE -12*

* VALID FOR Max. +63.5, -63.5 psf.



ALTERNATIVE 14

CEILING & FLOOR MOUNTING INSTALLATIONS

SCALE : 1/4" = 1"

NOTE FOR COMBINATION OF SECTIONS:

WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

NOTES:

1. INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +65.0, -72.0 psf AND PANEL'S LENGTHS UP TO 9'-0", EXCEPT AS NOTED.
2. NEW 2" x 6" P. I. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 15 # M. M. C. W/ SPECIFIC DENSITY OF 0.55.
3. FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS

WALL MOUNTING INSTALLATION

SCALE : 1/4" = 1"

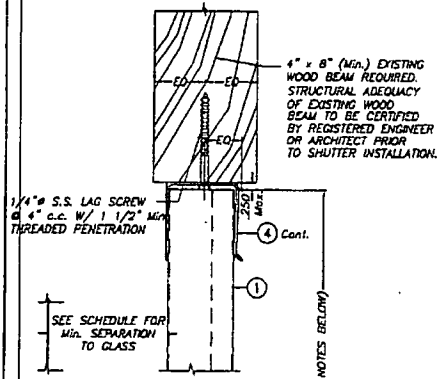
PRODUCT RENEWED
as complying with the Florida Building Code
Acceptance No. 05-0926-03
Expiration Date 08/07/2008
By: *Helmut A. Hahn*
Miami Design Control Division

PRODUCT REVISED
as complying with the Florida Building Code
Acceptance No. 05-0926-03
Expiration Date 08/07/2008
By: *Helmut A. Hahn*
Miami Design Control Division

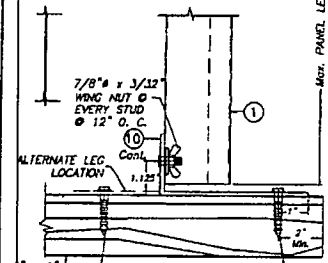
F.B.C.(High Velocity Hurricane Zone)

SEP 16 2005

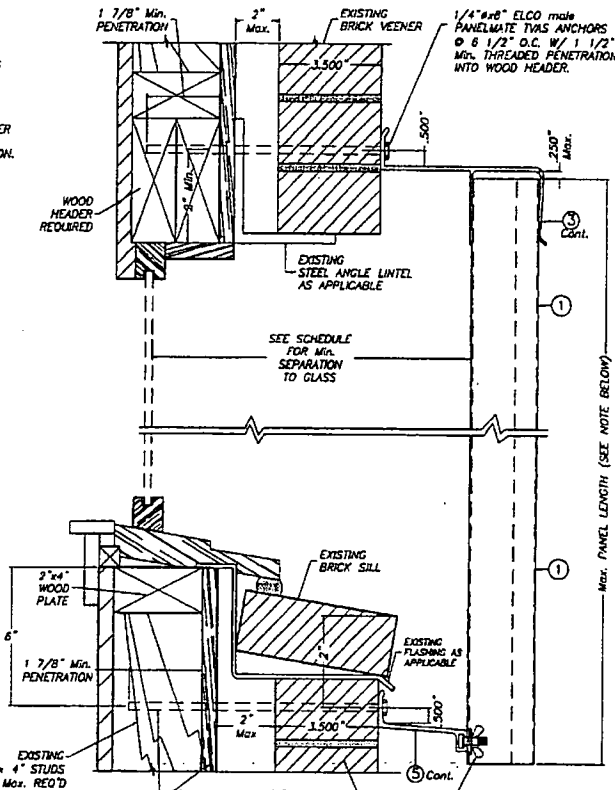
| | | | | | |
|--|-------------|---|----------|---|------|
| <p>TILECO INC. TILIT TESTING & ENGINEERING COMPANY 4355 W. 30th St. Ste. 302, Miramar, FL 33146 Phone: (305) 871-1520 Fax: (305) 871-1521 EB-0006719 WALTER A. TILIT, P. E. FLORIDA Lic. # 44167</p> | | <p>0.050" BERTHA ALUMINUM STORM PANEL</p> <p>EASTERN METAL SUPPLY, INC. 4368 WESTROADS DR. WEST PALM BEACH, FL 33407</p> | | <p>L.C. DRAWN BY: 4/28/03 DATE 05-078 DRAWING No SHEET 13 OF 15</p> | |
| REV. NO. | DESCRIPTION | DATE | REV. NO. | DESCRIPTION | DATE |
| 1 | OLD 03-141 | 4/28/03 | 3 | - | - |
| 2 | - | - | 4 | - | - |



ALTERNATIVE 15



ALTERNATIVE 16 *

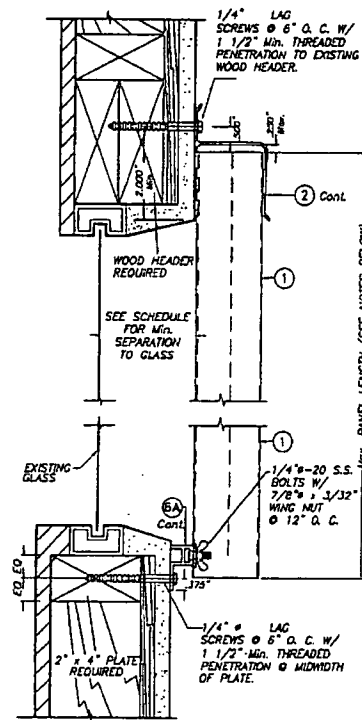


ALTERNATIVE 17 *

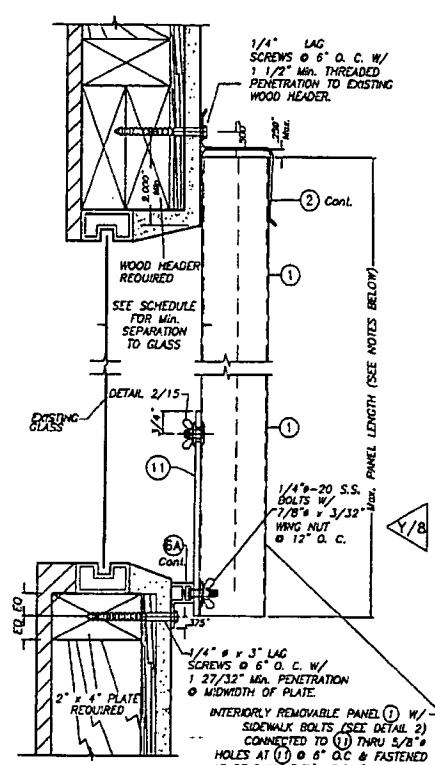
* VALID FOR Max. +63.5, -63.5 psf.

BUILD-OUT INSTALLATION

SCALE: 1/4" = 1"



ALTERNATIVE 18A *



ALTERNATIVE 18B *

CEILING & FLOOR MOUNTING INSTALLATIONS

SCALE: 1/4" = 1"

NOTE FOR COMBINATION OF SECTIONS:

WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

NOTES:

- INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +65.0, -65.0 psf AND PANEL'S LENGTHS UP TO 9'-0", EXCEPT AS NOTED.
- NEW 2" x 6" P. T. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19 % M. M. C. W/ SPECIFIC DENSITY OF 0.55.
- FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

PRODUCT RENEWED
 as complying with the Florida
 Building Code
 Acceptance No. 02-0623-06
 Expiration Date 08/07/2013
 By Walter A. Tilly, Jr.
 Miami District Product Control
 Division

PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No. 05-0926-03
 Expiration Date 08/07/2008
 By Walter A. Tilly, Jr.
 Miami District Product Control
 Division

WALL MOUNTING INSTALLATIONS

SECTIONS 1B

SCALE: 1/4" = 1"

* VALID FOR Max. +63.5, -63.5 psf.

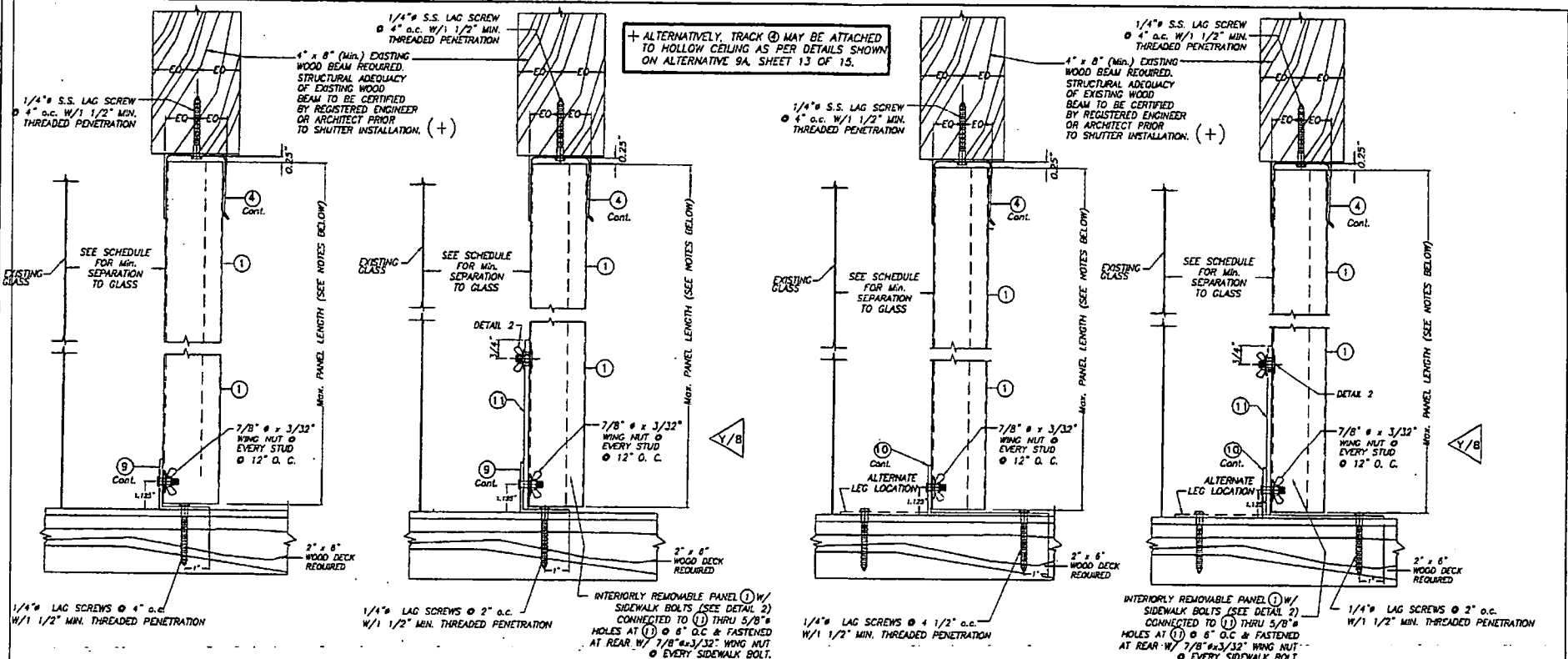
INSTALLATIONS VALID FOR PANELS 1 USED JOINTLY WITH INTERIORLY REMOVABLE PANELS 1

INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS

F.B.C.(High Velocity Hurricane Zone)

| | | | |
|---|-------------|------------------------------------|----------------|
| | | 0.050" BERTHA ALUMINUM STORM PANEL | L.G. DRAWN BY: |
| | | EASTERN METAL SUPPLY, INC. | 4/28/05 DATE |
| 4208 WESTROADS DR. WEST PALM BEACH, FL 33407 | | 05-078 DRAWING No | |
| REV. NO | DESCRIPTION | DATE | REV. NO |
| 1 | OLD 03-141 | 1/23/03 | 2 |
| 2 | | | |

SEP 15 2005



ALTERNATIVE 19A
CEILING & FLOOR MOUNTING INSTALLATIONS

ALTERNATIVE 19B
CEILING & FLOOR MOUNTING INSTALLATIONS

ALTERNATIVE 20A
CEILING & FLOOR MOUNTING INSTALLATIONS

ALTERNATIVE 20B
CEILING & FLOOR MOUNTING INSTALLATIONS

SECTIONS 19

SCALE: 1/4" = 1"

SECTIONS 20

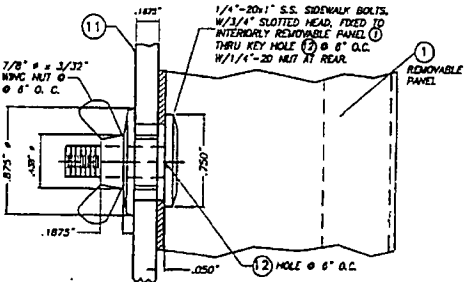
SCALE: 1/4" = 1"

PRODUCT RENEWED
 as complying with the Florida
 Building Code
 Acceptance No. 08-0623-06
 Expiration Date 08/07/2013
 By: *Walter A. Tillit, Jr.*
 District Product Control
 Division

PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No. 05-0926-03
 Expiration Date 08/07/2008
 By: *Walter A. Tillit, Jr.*
 District Product Control
 Division

NOTE FOR COMBINATION OF SECTIONS:
 FLOOR/CEILING MOUNTING SECTIONS CAN BE
 COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS



DETAIL 2 - INSTALLATION OF 1/4"x1" SIDEWALK BOLTS @ REMOVABLE PANEL

SCALE: 1" = 1"

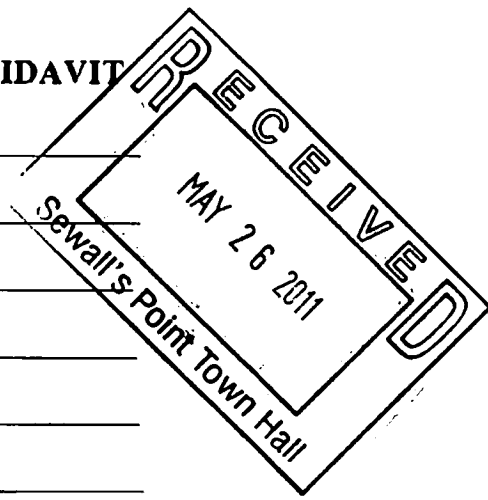
- NOTES:**
- INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +65.0, -65.0 psf AND PANEL'S LENGTHS UP TO 9'-0".
 - NEW 2" x 6" P. I. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19 % M. M. C. W/ SPECIFIC DENSITY OF 0.55.
 - FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

F.B.C.(High Velocity Hurricane Zone)

| | | | | | |
|--|-------------|---|----------|-------------------|------|
| <p>TILECO INC. TILLIT TESTING & ENGINEERING COMPANY 4359 N.W. 20th, Bldg. 303, WICHITA, KANSAS, FL 33148 Phone: (303) 971-1530, Fax: (303) 971-1511 EG-0008716 WALTER A. TILLIT, JR., P. E. FLORIDA Lic. # 44167</p> | | 0.050" BERTHA ALUMINUM STORM PANEL | | L.C. DRAWN BY: | |
| | | EASTERN METAL SUPPLY, INC. | | 4/28/05 DATE | |
| | | 4268 WESTROADS DR. WEST PALM BEACH, FL 33407 | | 05-078 DRAWING No | |
| REV. NO. | DESCRIPTION | DATE | REV. NO. | DESCRIPTION | DATE |
| 1 | OLD 03-141 | 4/28/05 | 2 | | |
| 2 | | | 3 | | |
| 3 | | | 4 | | |

SEP 16 2005

IMPACT PROTECTION INSTALLATION AFFIDAVIT



BLDG. PERMIT NUMBER: 9794
JOB SITE ADDRESS: 7 LANTANA LN
CONTRACTOR/OWNER: Gulfstream Aluminum
PHONE NUMBER: 287-6476
QUALIFIER NAME: John L. O'Brien
LICENSE NUMBER: CRC 058017

I John L. O'Brien, do hereby affirm:
Owner or Contractor - Please print name

The following impact protection was used as per the 2004 FBC 1609.1.4 for all exterior glazed openings at the above referenced job site.

- Impact Resistant Glass
X Approved Shutters

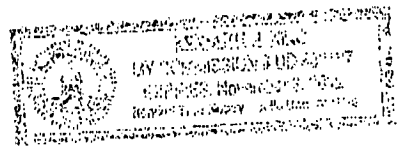
That I personally observed the complete installation of all hurricane panel/shutters on the above referenced project and further affirm that they are fitted properly for the openings they are intended to protect.

Signature of Owner or Contractor: [Signature] Date: 5-26-11

Sworn to and subscribed before me this 26th Day of MAY 20 11

By John L. O'Brien

Notary Public, State of Florida Notary Seal/Stamp



Personally known to me X

Produced ID

Type

Sewall' Point Building Department will inspect the structural attachment of the panel rails and/or the shutter assembly attachment to the building, per the manufacturer's product approvals, ASCE 7-02 and the 2004 Florida Building code at final inspection.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection: Mon Tue Wed **Thu** Fri **6-9-11** Page **1** of **1**

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|----------|--------------------------|-----------------|----------------------|------------------------------|
| 9703 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| | 78 [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| | gulfstream elem | | | INSPECTOR [Signature] |
| 9703 | SIVARFI | FINAL SITE | | |
| | 73 N. SPY RD | & LANDSCAPE | PASS | CROVE |
| | CAN AM ELECT | LIGHTING | | INSPECTOR [Signature] |
| 9757 | Breene | Final | | No Permit Pass |
| | 101 S Sewalls | Solar Heater | FAIL | POOL PUMP NOT |
| | Clematis Solar | | 45 ⁰⁰ FEE | BONDED INSPECTOR [Signature] |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | INSPECTOR |

10091

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: | 10091 | DATE ISSUED: | MAY 11, 2012 |
| SCOPE OF WORK: | AC CHANGEOUT | | |
| CONTRACTOR: | COOL BREEZE AC | | |
| PARCEL CONTROL NUMBER: | 123841-002-000-003102 | SUBDIVISION | RIO VISTA - L 31 |
| CONSTRUCTION ADDRESS: | 7 LANTANA LANE | | |
| OWNER NAME: | PROCTOR | | |
| QUALIFIER: | ROGER HAYNES | CONTACT PHONE NUMBER: | 287-9696 |

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

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

24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: 10091

Date: 5/8/12

OWNER/LESSEE NAME: Douglas Proctor/John Schaefer Phone (Day) 661-540-9494 (Fax)

Job Site Address: 7 Lantana Lane City: Sewalls Point State: FL Zip: 34996

Legal Description: BioVista S/D Lot 31 Parcel Control Number: 12-38-41-002-000-00310-2

Fee Simple Holder Name: Douglas Proctor/John Schaefer Address: 2228 Lanco Dr NW

City: Grand Rapids State: MI Zip: 49504 Telephone:

~~SCOPE OF WORK (PLEASE BE SPECIFIC)~~ A/C Change out

WILL OWNER BE THE CONTRACTOR?

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

Has a Zoning Variance ever been granted on this property?

YES (YEAR) NO
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 7200.00

(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

Is subject property located in flood hazard area? VE10 AE9 AE8 X

FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$
(Fair Market Value of the Primary Structure only. Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Cool Breeze Air Cond. Specialist Phone: 772-287-9696 Fax: 772-287-9606

Qualifiers name: Roger Haynes Street: 1696 SW Ranch Trl City: Stuart State: FL Zip: 34997

State License Number: CAC1815210 OR: Municipality: License Number: CAC1815210

LOCAL CONTACT: Phone Number:

DESIGN PROFESSIONAL: RECEIVED 215-8237

Street: City: State: Zip: Phone Number:

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

Carpport: Total under Roof 2950 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): 2010
National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
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 /AGENT/LESSEE - NOTARIZED SIGNATURE:

X _____

State of Florida, County of: _____

On This the _____ day of _____, 2012

by _____ who is personally known to me or produced _____

As identification, _____

Notary Public

My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X _____

State of Florida, County of: Martin

On This the 7th day of May, 2012

by Roger Haynes who is personally known to me or produced _____

As identification, Deborah Russell

Notary Public

My Commission Expires: 11/5/14

Notary Public State of Florida
Deborah Russell

My Commission Expires: 11/5/2014

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

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 5/9/2012 8:51:41 AM EDT
Summary

| Parcel ID | Account # | Unit Address | Market Total Value | Website Updated |
|--------------------------|-----------|------------------------------|--------------------|-----------------|
| 12-38-41-002-000-00310-2 | 27544 | 7 LANTANA LN, SEWALL'S POINT | \$312,700 | 5/5/2012 |

Owner Information

| | |
|---------------------------|---|
| Owner(Current) | PROCTOR DOUGLAS B |
| Owner/Mail Address | 2228 LANCO DR NW GRAND RAPIDS MI 49504 |
| Sale Date | 1/7/2011 |
| Document Book/Page | 2496 0575 |
| Document No. | 2253451 |
| Sale Price | 330000 |

Location/Description

| | | | |
|-----------------------|------------------------------|--------------------------|----------------------|
| Account # | 27544 | Map Page No. | SP-04 |
| Tax District | 2200 | Legal Description | RIO VISTA S/D LOT 31 |
| Parcel Address | 7 LANTANA LN, SEWALL'S POINT | | |
| Acres | .3960 | | |

Parcel Type

| | |
|---------------------|----------------------|
| Use Code | 0100 Single Family |
| Neighborhood | 120250 RIO VISTA DRY |

Assessment Information

| | |
|---------------------------------|-----------|
| Market Land Value | \$127,000 |
| Market Improvement Value | \$185,700 |
| Market Total Value | \$312,700 |

Cool Breeze

Air Conditioning Specialist, Inc.

1696 S.W. Ranch Trl.
Stuart, FL 34987-7117

CAC1815210

Phone (772) 287-9696
Fax (772) 287-9606
Cell (772) 215-8237

Proposal and Agreement

Customer Name Doug Proctor Phone 215-542-7419 Date 5-30-12

Address 7 [unclear] Job Address _____

City, State, Zip Stuart FL 34914 Work Phone(s) _____

We will furnish, install and service the equipment listed below at the price, terms and conditions outlined on both sides of this proposal.

EQUIPMENT SPECIFICATIONS

Make Carrier Model Number(s) 487-200001 - 487-200002 H51SA

18 SEER Dual Compressor w/ iCR Heat

Installation shall include: 1- digital thermostat, emergency switch, condensate pump & drain,

duct for cond., (duct install & insulation) aluminum coils, condenser coils,

insulation, fan blades & motor - install & repair, condenser coils & condenser fan,

compressor, gas, EPA limited quantities for condenser

X in boxes = Yes

- | | | |
|---|--|---|
| <input type="checkbox"/> New _____ Amp disconnect | <input checked="" type="checkbox"/> Remove existing equipment from premises | <input type="checkbox"/> New condensate drain system |
| <input checked="" type="checkbox"/> Reclaim refrigerant | <input type="checkbox"/> Install energy saving setback thermostat | <input type="checkbox"/> New condensate pump |
| <input type="checkbox"/> New low voltage wiring | <input type="checkbox"/> New copper wire from _____ to _____ | <input checked="" type="checkbox"/> Install aux. condensate drain pan |
| <input checked="" type="checkbox"/> New fungus & mold strip | <input checked="" type="checkbox"/> Make air tight plenum transition | <input checked="" type="checkbox"/> New high efficiency air filter <u>pleated</u> |
| <input checked="" type="checkbox"/> New reinforced equipment pad | <input type="checkbox"/> _____ new supply diffuser(s) | <input type="checkbox"/> New washable filter |
| <input type="checkbox"/> New vibration isolation pads | <input type="checkbox"/> New duct run from _____ to _____ | <input type="checkbox"/> New return air filter grill |
| <input checked="" type="checkbox"/> New properly sized refrigerant lines | <input type="checkbox"/> Noise reducing flexible duct connector | <input checked="" type="checkbox"/> Meet all code requirements |
| <input checked="" type="checkbox"/> New clean, dry ACR copper tubing | <input type="checkbox"/> Balance for uniform supply air distribution | <input type="checkbox"/> Complete system start up |
| <input checked="" type="checkbox"/> Insulate refrigerant suction line(s) | <input type="checkbox"/> New humidistat | <input checked="" type="checkbox"/> _____ year parts warranty |
| <input checked="" type="checkbox"/> Install refrigerant drier(s) <u>2</u> | <input type="checkbox"/> New time delay relay | <input checked="" type="checkbox"/> _____ year labor warranty |
| <input checked="" type="checkbox"/> Charge to manufacturer's specs | <input type="checkbox"/> New standard thermostat | <input checked="" type="checkbox"/> _____ year compressor warranty |
| <input checked="" type="checkbox"/> Evacuate refrigerant system | <input checked="" type="checkbox"/> Clean work area to customer's satisfaction | <input type="checkbox"/> _____ year service agreement |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Option (below) Alternative (below) Is (Is Not) included in price

Installed price \$ 7,200.00
 Rebate \$ -1,330
Discount -500
 Taxes \$ 600
 Total Amount \$ 5,370.00
 Down Payment \$ 3,100
 BALANCE DUE \$ 2,270.00

Terms: 50% down + 50% by 10 days completion

Acceptance (Customer) By [Signature] Date 5/31/12

Approval (Company) By [Signature] Date _____



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

A/C PERMIT APPLICATION 2010 FLORIDA BUILDING CODE

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

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

_____ 1 Copy Completed permit application

_____ 2 Copies of the following:

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

*****NOTE: LOCKING ACCESS PORT CAPS ARE REQUIRED FOR REFRIGERANT LINES
LOCATED OUT DOORS PER FBC/R – M1411.6**

COMMERCIAL APPLICATIONS ADDITIONALLY REQUIRE

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

_____ Smoke Detectors in supply duct for units over 2000 CFM



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Amer. Stand Model# FAM7AOC
 Volts 240 CFM's 2,000 Heat Strip 10 Kw
 Min. Circuit Amps 60 Wire gauge #6
 Max. Breaker size 60 Min. Breaker size 60
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type 410A
 Location: Existing New _____
 Attic/Garage/Closet (specify) Attic
 Access: Easy - 2nd fl bedroom
 (Contractor must provide ladder if required)

Condenser: Mfg: Amer. Stand Model# 4A720060A1
 Volts 240 SEER/EER 18 BTU's 58,000
 Min. Circuit Amps 31 Wire gauge #6
 Max. Breaker size 50 Min. Breaker size 50
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type R-410A
 Location: Existing New _____
 Left/Right/Rear/Front/Roof Right
 Condensate Location GROUND / Right

NO LADDER needed EXISTING SYSTEM COMPONENTS

Air handler: Mfg: TRANE Model# TTR060C
 Volts 208/230 CFM's 2,000 Heat Strip 10 Kw
 Min. Circuit Amps — Wire gauge 6
 Max. Breaker size 60 Min. Breaker size 60
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type R-22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) Attic
 Access: Easy

Condenser: Mfg: TRANE Model# TTR060
 Volts 208/230 SEER/EER 10 BTU's 60,000
 Min. Circuit Amps — Wire gauge 6
 Max. Breaker size 50 Min. Breaker size 50
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type R-22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof Right
 Condensate Location GROUND / Right

Certification:

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

Signature

John Wilkey

Date

5/7/2012



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: Douglas Proctor / John Schaefer Contractor name: Cool Breeze AC Specialist Inc

Street address: 7 Lantana Lane Jurisdiction: _____

City: Stuart Permit No.: _____

Zip: 34996 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: Roger W. Haynes Date: 5-7-12

Printed Name: Roger W. Haynes

Contractor License #: _____

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____

Printed Name: _____

AIR HANDLER

PRODUCT SPECIFICATIONS

| PRODUCT SPECIFICATIONS | |
|-----------------------------------|----------------------------------|
| MODEL | TAM7A0C60H51SB TAM7B0C60H51SA |
| RATED VOLTS/PH/Hz. | 200-230/1/60 |
| RATINGS ① | See O.D. Specifications |
| INDOOR COIL — Type | Plate Fin |
| Rows — F.P.I. | 4 - 14 |
| Face Area (sq. ft.) | 5.96 |
| Tube Size (in.) | 3/8 |
| Refrigerant Control | EEV |
| Drain Conn. Size (in.) ② | 3/4 NPT |
| DUCT CONNECTIONS | See Outline Drawing |
| INDOOR FAN — Type | Centrifugal |
| Diameter-Width (In.) | 11 X 10 |
| No. Used | 1 |
| Drive - No. Speeds | Direct - Variable |
| CFM vs. in. w.g. | See Fan Performance Table |
| No. Motors — H.P. | 1 - 1 |
| Motor Speed R.P.M. | Variable ECM |
| Volts/Ph/Hz | 208-230/1/60 |
| F.L. Amps | 5.5 |
| FILTER | |
| Filter Furnished? | No |
| Type Recommended | Throwaway |
| No.-Size-Thickness | 1 - 22 X 20 - 1 in. |
| REFRIGERANT | R-410A |
| Ref. Line Connections | Brazed |
| Coupling or Conn. Size — in. Gas | 7/8 |
| Coupling or Conn. Size — in. Liq. | 3/8 |
| DIMENSIONS | H x W x D |
| Crated (In.) | 62-3/4 x 25-1/4 x 23-1/2 |
| Uncrated | 61-11/16 x 23-1/2 x 21-3/4 |
| WEIGHT | |
| Shipping (Lbs.)/Net (Lbs.) | 175/163 |

① These Air Handlers are A.H.R.I. certified with various Split System Air Conditioners and Heat Pumps (AHRI STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

② 3/4" Male Plastic Pipe (Ref.: ASTM 1785-76)



| Heater Attribute Data | | | | | | | | | | | |
|--|-----------------|----------|-------|-------------------------|--------------------------|-----------------------------|----------|-------|-------------------------|--------------------------|-----------------------------|
| TAM7A0C60H51SB, TAM7B0C60H51SA | | | | | | | | | | | |
| Heater Model No. | No. of Circuits | 240 Volt | | | | | 208 Volt | | | | |
| | | Capacity | | Heater Amps per Circuit | Minimum Circuit Ampacity | Maximum Overload Protection | Capacity | | Heater Amps per Circuit | Minimum Circuit Ampacity | Maximum Overload Protection |
| | | kW | BTUH | | | | kW | BTUH | | | |
| No Heater | 0 | - | - | 5.5** | 7 | 15 | - | - | 5.5** | 7 | 15 |
| BAYEVAC05++1 | 1 | 4.80 | 16400 | 20.0 | 30 | 30 | 3.60 | 12300 | 17.3 | 27 | 30 |
| BAYEVAC08++1 | 1 | 7.68 | 26200 | 32.0 | 45 | 45 | 5.76 | 19700 | 27.7 | 40 | 40 |
| BAYEVAC10++1 | 1 | 9.60 | 32800 | 40.0 | 55 | 60 | 7.20 | 24600 | 34.6 | 49 | 50 |
| BAYEVAC10LG3 | 1-3 PH | 9.60 | 32800 | 23.1 | 34 | 35 | 7.20 | 24600 | 20.0 | 30 | 30 |
| BAYEVBC15LG3 | 1-3 PH | 14.40 | 42000 | 34.6 | 48 | 50 | 10.80 | 36900 | 30.0 | 42 | 45 |
| BAYEVBC15BK1 - Circuit 1 ① BAYEVBC15BK1 - Circuit 2 | 2 | 9.60 | 32800 | 40.0 | 55 | 60 | 7.20 | 24600 | 34.6 | 49 | 50 |
| | | 4.80 | 16400 | 20.0 | 25 | 25 | 3.60 | 12300 | 17.3 | 22 | 25 |
| BAYEVBC20BK1 - Circuit 1 ① BAYEVBC20BK1 - Circuit 2 | 2 | 9.60 | 32800 | 40.0 | 55 | 60 | 7.20 | 24600 | 34.6 | 49 | 50 |
| | | 9.60 | 32800 | 40.0 | 50 | 50 | 7.20 | 24600 | 34.6 | 43 | 45 |
| BAYEVCC25BK1 ② - Circuit 1 ① BAYEVCC25BK1 - Circuit 2 BAYEVCC25BK1 - Circuit 3 | 3 | 9.60 | 32800 | 40.0 | 55 | 60 | 7.20 | 24600 | 34.6 | 49 | 50 |
| | | 9.60 | 32800 | 40.0 | 50 | 50 | 7.20 | 24600 | 34.6 | 43 | 45 |
| | | 4.80 | 16400 | 20.0 | 25 | 25 | 3.60 | 12300 | 17.3 | 22 | 25 |

Note: ** Motor Amps
 ① MCA and MOP for circuit 1 contains the motor amps
 ② Heater not qualified for 208V when installed in horizontal left position without Heat Pump.

Notes:

1. See Air Handler nameplate for additional information.
2. Heater model numbers may have additional suffix digits.

COND

American Standard

HEATING & AIR CONDITIONING

4A7Z0060-SF-1D

Service Facts

AccuLink™ System Cooling 4A7Z0060A1000C

CAUTION

UNIT CONTAINS R-410A REFRIGERANT!
R-410A OPERATING PRESSURE EXCEEDS THE LIMIT OF R-22. PROPER SERVICE EQUIPMENT IS REQUIRED. FAILURE TO USE PROPER SERVICE TOOLS MAY RESULT IN EQUIPMENT DAMAGE OR PERSONAL INJURY.

SERVICE
USE ONLY R-410A REFRIGERANT AND APPROVED POE/AB COMPRESSOR OIL.

IMPORTANT — This document contains a wiring diagram, a parts list, and service information. This is customer property and is to remain with this unit. Please return to service information pack upon completion of work.

WARNING: HAZARDOUS VOLTAGE - DISCONNECT POWER and DISCHARGE CAPACITORS BEFORE SERVICING

| PRODUCT SPECIFICATIONS | |
|--|-----------------------------|
| OUTDOOR UNIT ①② | 4A7Z0060A1000C |
| POWER CONNS. — V/PH/HZ ③ | 200/230/1/60 |
| MIN. BRCH. CIR. AMPACITY | 31 |
| BR. CIR. PROT. RTG. — MAX. (AMPS) | 50 |
| COMPRESSOR | DURATION™ |
| NO. USED - NO. SPEEDS | 2 - 2 |
| VOLTS/PH/HZ | 200/230/1/60 |
| R.L. AMPS ④ - L.R. AMPS | 22.8 - 128.7 |
| FACTORY INSTALLED | |
| START COMPONENTS ⑤ | YES |
| INSULATION/SOUND BLANKET | YES |
| COMPRESSOR HEAT | YES |
| OUTDOOR FAN | PROPELLER |
| DIA. (IN.) - NO. USED | 27.6 - 1 |
| TYPE DRIVE - NO. SPEEDS | DIRECT - 2 |
| CFM @ 0.0 IN. W.G. ⑥ | 4630/3330 |
| NO. MOTORS - HP | 1 - 1/3 |
| MOTOR SPEED R.P.M. | 813/547 |
| VOLTS/PH/HZ | 200/230/1/60 |
| FL. AMPS | 2.80 |
| OUTDOOR COIL — TYPE | SPINE FIN™ |
| ROWS - F.P.I. | 2 - 24 |
| FACE AREA (SQ. FT.) | 29.15 |
| TUBE SIZE (IN.) | 3/8 |
| REFRIGERANT | R-410A |
| LBS. — R-410A (O.D. UNIT) ⑦ | 13 LBS. - 15 OZ. |
| FACTORY SUPPLIED | YES |
| LINE SIZE - IN. O.D. GAS ⑧ | 7/8 |
| LINE SIZE - IN. O.D. LIQ. ⑧ | 3/8 |
| CHARGING SPECIFICATION | |
| SUBCOOLING | See Charging Chart (page 3) |
| DIMENSIONS | H X W X D |
| CRATED (IN.) | 51 X 35.1 X 38.7 |
| WEIGHT | |
| SHIPPING (LBS.) | 460 |
| NET (LBS.) | 410 |

| TUBING INFORMATION | | | |
|--------------------|--------|---------------|------------------------|
| Tubing Sizes | | Tubing Length | Additional Refrigerant |
| Suction | Liquid | | |
| 7/8" | 3/8" | 20' | 3 oz. |
| 7/8" | 3/8" | 30' | 9 oz. |
| 7/8" | 3/8" | 40' | 15 oz. |
| 7/8" | 3/8" | 50' | 21 oz. |
| 7/8" | 3/8" | 60' | 27 oz. |
| 7/8" | 3/8" | 70' | 32 oz. |
| 7/8" | 3/8" | 80' | 38 oz. |

Tubing lengths in excess of eighty (80) feet see application software.

- ① Certified in accordance with the Air-Source Unitary Air-conditioner Equipment certification program, which is based on AHRI standard 210/240. In order to achieve AHRI standard rating, the Indoor fan time delay on the comfort control must be enabled.
- ② Rated in accordance with AHRI standard 270.
- ③ Calculated in accordance with Natl. Elec. Codes. Use only HACR circuit breakers or fuses.
- ④ Standard Air — Dry Coil — Outdoor
- ⑤ This value approximate. For more precise value see unit nameplate.
- ⑥ Max. linear length 80 ft.; Max. lift - Suction 25 ft.; Max. lift - Liquid 25 ft. For greater length consult refrigerant piping software Pub. No. 32-3312-0* (* denotes latest revision).
- ⑦ This value shown for compressor RLA on the unit nameplate and on this specification sheet is used to compute minimum branch circuit ampacity and max. fuse size. The value shown is the branch circuit selection current.
- ⑧ NO means no start components. YES means quick start kit components. PTC means positive temperature coefficient starter.

WARNING

THIS INFORMATION IS INTENDED FOR USE BY INDIVIDUALS POSSESSING ADEQUATE BACKGROUNDS OF ELECTRICAL AND MECHANICAL EXPERIENCE. ANY ATTEMPT TO REPAIR A CENTRAL AIR CONDITIONING PRODUCT MAY RESULT IN PERSONAL INJURY AND OR PROPERTY DAMAGE. THE MANUFACTURER OR SELLER CANNOT BE RESPONSIBLE FOR THE INTERPRETATION OF THIS INFORMATION, NOR CAN IT ASSUME ANY LIABILITY IN CONNECTION WITH ITS USE.

CAUTION

CONTAINS REFRIGERANT!
SYSTEM CONTAINS OIL AND REFRIGERANT UNDER HIGH PRESSURE. RECOVER REFRIGERANT TO RELIEVE PRESSURE BEFORE OPENING SYSTEM.
Failure to follow proper procedures can result in personal illness or injury or severe equipment damage.

CAUTION

RECONNECT ALL GROUNDING DEVICES. ALL PARTS OF THIS PRODUCT CAPABLE OF CONDUCTING ELECTRICAL CURRENT ARE GROUNDED. IF GROUNDING WIRES, SCREWS, STRAPS, CLIPS, NUTS OR WASHERS USED TO COMPLETE A PATH TO GROUND ARE REMOVED FOR SERVICE, THEY MUST BE RETURNED TO THEIR ORIGINAL POSITION AND PROPERLY FASTENED.

NOTICE: The manufacturer has a policy of continuous product and product data improvement and reserves the right to change design and specifications without notice.

Section 5. Refrigerant Line Considerations

5.1 Refrigerant Line and Service Valve Connection Sizes

Table 5.1

| Model | Line Sizes | | Service Valve Connection Sizes | |
|-------------|------------|-------------|--------------------------------|------------------------|
| | Vapor Line | Liquid Line | Vapor Line Connection | Liquid Line Connection |
| 4A7Z0024A | 3/4 | 3/8 | 5/8 | 3/8 |
| 4A7Z0036B | 3/4 | 3/8 | 3/4 | 3/8 |
| 4A7Z0048A/B | 7/8 | 3/8 | 7/8 | 3/8 |
| 4A7Z0060A | 7/8 | 3/8 | 7/8 | 3/8 |
| 4A6Z0024A | 5/8 | 3/8 | 5/8 | 3/8 |
| 4A6Z0036B | 3/4 | 3/8 | 3/4 | 3/8 |
| 4A6Z0048A/B | 3/4 | 3/8 | 3/4 | 3/8 |
| 4A6Z0060A | 3/4 | 3/8 | 3/4 | 3/8 |

5.2 Factory Charge

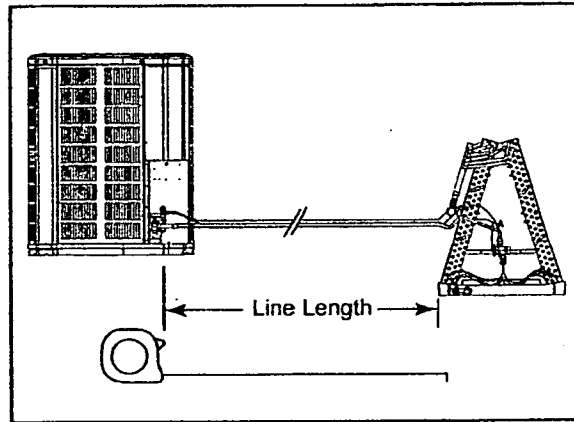
American Standard Heating & Air Conditioning outdoor condensing units are factory charged with the system charge required for the outdoor condensing unit, fifteen (15) feet of tested connecting line, and the smallest indoor evaporative coil match. See unit nameplate. **If connecting line length exceeds fifteen (15) feet and/ or a larger indoor evaporative coil is installed, then final refrigerant charge adjustment is necessary.** Use Charge Assist™ or the Manual Charging procedure found in the outdoor unit Service Facts. Charge level can always be verified with the Refrigerant Charging Chart found in the Service Facts.

5.3 Required Refrigerant Line Length

Determine required line length and lift. You will need this later in STEP 2 of Section 14.

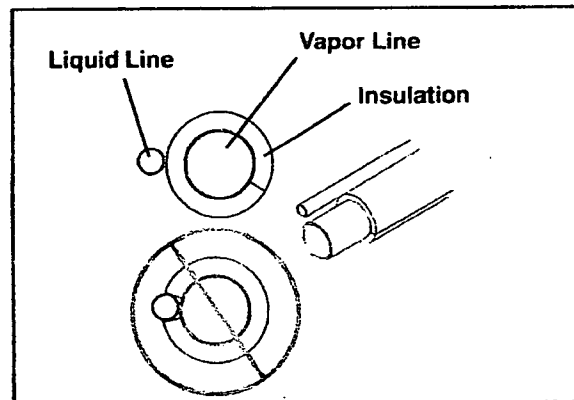
Total Line Length = _____ Ft.

Total Vertical Change (lift) = _____ Ft.



5.4 Refrigerant Line Insulation

Important: The Vapor Line must always be insulated. DO NOT allow the Liquid Line and Vapor Line to come in direct (metal to metal) contact.



FL Email: 2shawnrussell@bellsouth.net

Project Information

For: Douglas Proctor & John Schaefer, Cool Breeze Air Cond
7 Lantana Lane, Stuart, FL 34996
Phone: 610-540-8419
Email: 2shawnrussell@bellsouth.net

Notes:

Design Information

Weather: W Palm Beach, FL, US

Winter Design Conditions

Outside db 47 °F
Inside db 70 °F
Design TD 23 °F

Summer Design Conditions

Outside db 90 °F
Inside db 75 °F
Design TD 15 °F
Daily range L
Relative humidity 50 %
Moisture difference 59 gr/lb

Heating Summary

Structure 21576 Btuh
Ducts 8044 Btuh
Central vent (0 cfm) 0 Btuh
Humidification 0 Btuh
Piping 0 Btuh
Equipment load 29620 Btuh

Sensible Cooling Equipment Load Sizing

Structure 28103 Btuh
Ducts 18911 Btuh
Central vent (0 cfm) 0 Btuh
Blower 0 Btuh

Infiltration

Method Simplified
Construction quality Average
Fireplaces 0

| | Heating | Cooling |
|---------------------------|---------|---------|
| Area (ft ²) | 2450 | 2450 |
| Volume (ft ³) | 22050 | 22050 |
| Air changes/hour | 0.32 | 0.16 |
| Equiv. AVF (cfm) | 118 | 59 |

Use manufacturer's data n
Rate/swing multiplier 0.95
Equipment sensible load 44758 Btuh

Latent Cooling Equipment Load Sizing

Structure 2338 Btuh
Ducts 3977 Btuh
Central vent (0 cfm) 0 Btuh
Equipment latent load 6314 Btuh

Equipment total load 51072 Btuh
Req. total capacity at 0.70 SHR 5.3 ton

Heating Equipment Summary

Make
Trade
Model
AHRI ref no. n/a

Efficiency 100 EFF
Heating input 0 Btuh
Heating output 29515 Btuh
Temperature rise 14 °F
Actual air flow 1933 cfm
Air flow factor 0.065 cfm/Btuh
Static pressure 0 in H₂O
Space thermostat

Cooling Equipment Summary

Make American Standard
Trade ALLEGIANCE 20
Cond 4A7Z0060A1
Coil *AM7A0C60H51
AHRI ref no. 4385274
Efficiency 12.0 EER, 18 SEER
Sensible cooling 40600 Btuh
Latent cooling 17400 Btuh
Total cooling 58000 Btuh
Actual air flow 1933 cfm
Air flow factor 0.041 cfm/Btuh
Static pressure 0 in H₂O
Load sensible heat ratio 0.88

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.





Certificate of Product Ratings

AHRI Certified Reference Number: 4385274

Date: 5/7/2012

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

Outdoor Unit Model Number: 4A7Z0060A1

Indoor Unit Model Number: *AM7A0C60H51

Manufacturer: AMERICAN STANDARD, INC.

Trade/Brand name: ALLEGIANCE 20

Manufacturer responsible for the rating of this system combination is AMERICAN STANDARD, INC.

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

| | |
|--------------------------|-------|
| Cooling Capacity (Btuh): | 58000 |
| EER Rating (Cooling): | 12.00 |
| SEER Rating (Cooling): | 18.00 |

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

DISCLAIMER

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

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CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

A/C UNIT HOUSING AND MOUNTING CERTIFICATION

NOTED: DO NOT UNIT INTEGRITY AND ANCHORAGE TO HOST STRUCTURE

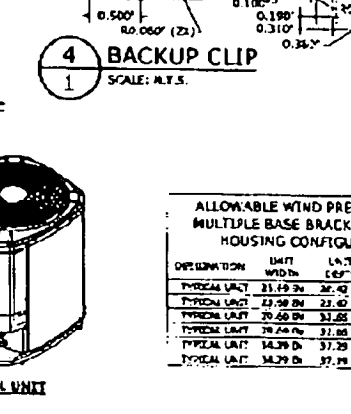
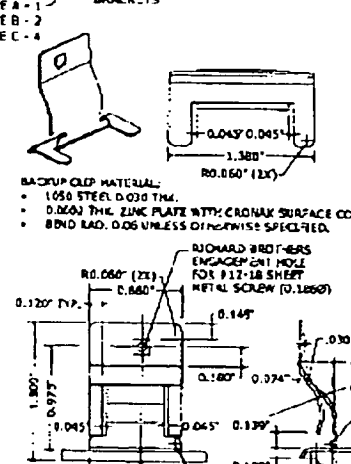
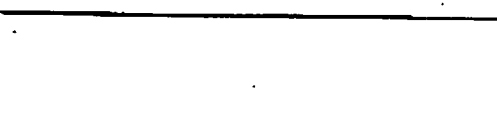
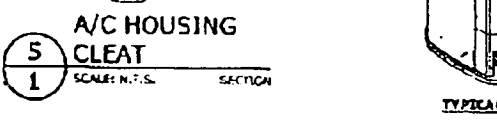
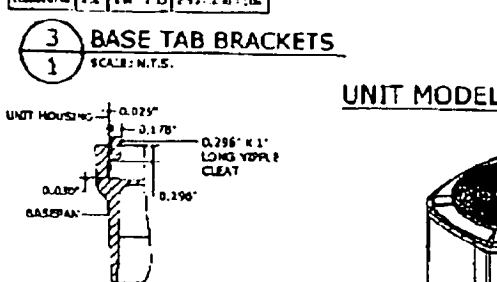
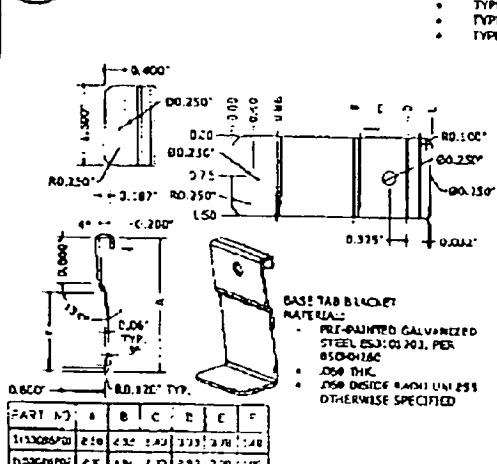
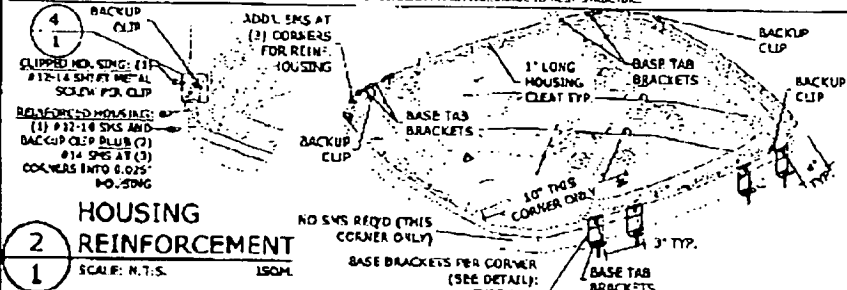


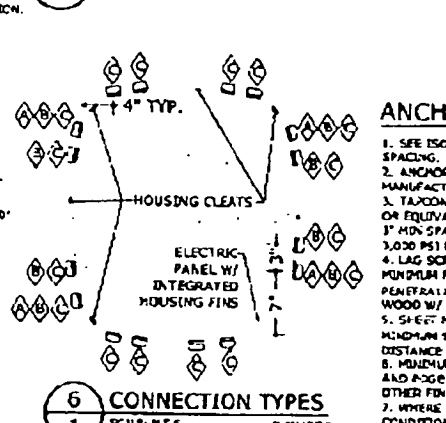
TABLE DIRECTIONS:

1. SPLIT CORNER UNIT SIZE.
2. SELECT DESIRED HOUSING. "STANDARD" HOUSING IS THE TYPICAL HOUSING AS SHIPPED BY MANUFACTURER. "CLIPPED" HOUSING IS THE TYPICAL HOUSING WITH THE ADDITION OF BACKUP CLIPS AS SHOWN, AND "REINFORCED" HOUSING IS THE TYPICAL HOUSING WITH THE ADDITION OF BACKUP CLIPS AS WELL AS (2) #14 SPS AND (3) CORNERS OF THE HOUSING AS SHOWN.
3. SELECT DESIRED CLIP CONFIGURATION: A, B, OR C EITHER OF THE (2) BASE CLIPS MAY BE USED WITH THIS DOCUMENT.
4. SELECT HOST STRUCTURE UNDER CONSIDERATION AS VERIFIED BY OTHERS. MATCH UNIT SIZE, HOUSING, AND CLIP CONFIGURATION WITH THE INTENDED HOST STRUCTURE TO DETERMINE MAXIMUM ALLOWABLE WIND PRESSURE FOR THE SYSTEM. SITE SPECIFIC REQUIRED WIND PRESSURES PER VERRAFC CERTIFICATION OF OTHERS.

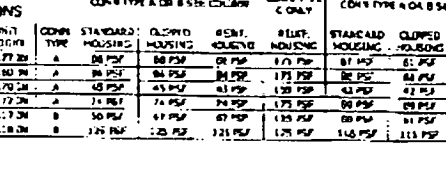
GENERAL NOTES:

1. THE SYSTEM DESCRIBED HEREIN HAS BEEN DESIGNED IN ACCORDANCE WITH THE 2010 FLORIDA BUILDING CODE, FOR USE WITHIN AND OUTSIDE THE HIGH VELOCITY HURRICANE ZONE.
2. NO 33-87% INCREASE IN ALL DRAINABLE STRESS HAS BEEN USED IN THE DESIGN OF THIS SYSTEM. WIND LOAD DURATION FACTOR ($C_e = 1.6$) HAS BEEN USED FOR WOOD ANCHOR DESIGN.
3. POSITIVE AND NEGATIVE DESIGN PRESSURES CALCULATED FOR USE WITH THIS SYSTEM SHALL BE DETERMINED BY OTHERS ON A JOB-SPECIFIC BASIS IN ACCORDANCE WITH THE GOVERNING CODE.
4. DESIGN OF THIS SYSTEM IS BASED ON PROPRIETARY INTERNAL DOCUMENTS FOR THE CLIENT LISTED AND SOME DETAILS HAVE BEEN OMITTED FOR CLARITY. REFERENCE TRANS-AMERICAN STANDARD INSTALLATION KITS (BAYCMT02) OR BAYCMT03A FOR MORE INFORMATION.
5. THE SYSTEM DETAILED HEREIN IS GENERIC AND DOES NOT PROVIDE INFORMATION FOR A SPECIFIC SITE. FOR SITE CONDITIONS DIFFERENT FROM THE CONDITIONS DETAILED HEREIN, A LICENSED ENGINEER OR REGISTERED ARCHITECT SHALL PREPARE SITE SPECIFIC DOCUMENTS FOR USE IN CONJUNCTION WITH THIS DOCUMENT.
6. THE ADEQUACY OF ANY EXISTING STRUCTURE TO WITHSTAND SUPERIMPOSED LOADS SHALL BE VERIFIED BY THE ON-SITE DESIGN PROFESSIONAL AND IS NOT INCLUDED IN THIS CERTIFICATION.
7. ALL BASE TAB BRACKETS SHALL BE GRADE 30 GALVANIZED CSO STEEL W/ $F_y = 50$ KSI AND SHALL CONFORM TO ASTM A443.
8. ALL BOLTS & WASHERS SHALL BE ZINC COATED STEEL, GALVANIZED STEEL, OR STAINLESS STEEL WITH A MINIMUM TENSILE YIELD STRENGTH OF 80 KSI.
9. BASEPAN MATERIAL CHOPPED FIBER LAMINATE W/ $F_y = 15$ KSI. PLASTIC COMPONENTS USED WITHIN THE WIND MUST MEET ALL APPLICABLE PERFORMANCE REQUIREMENTS AS SET FORTH IN THE ABOVE-NOTED BUILDING CODE.
10. ALL STEEL IN CONTACT WITH ALUMINUM SHALL BE PRUNED OR PLATED AS PRESCRIBED IN THE ABOVE-NOTED BUILDING CODE.

1 BASEPAN CONNECTION



6 CONNECTION TYPES



ALLOWABLE WIND PRESSURES FOR MULTIPLE BASE BRACKET AND UNIT HOUSING CONFIGURATIONS

| DESCRIPTION | UNIT WIDTH | UNIT DEPTH | UNIT HEIGHT | CORNER TYPE | 3000 CONCRETE HOST | | METAL STRUCTURES | | | | 43 997 WOOD HOST | |
|--------------|------------|------------|-------------|-------------|---------------------------|--------|------------------|--------|--------|--------|------------------|--------|
| | | | | | CONV. TYPE A OR B 5/8\"/> | | | | | | | |
| TYPICAL UNIT | 21.19 IN | 20.42 IN | 23.77 IN | A | 88 PSF | 98 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF |
| TYPICAL UNIT | 21.19 IN | 23.42 IN | 23.77 IN | A | 88 PSF | 98 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF |
| TYPICAL UNIT | 20.60 IN | 21.88 IN | 23.77 IN | A | 88 PSF | 98 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF |
| TYPICAL UNIT | 20.60 IN | 21.88 IN | 23.77 IN | B | 88 PSF | 98 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF |
| TYPICAL UNIT | 20.60 IN | 21.88 IN | 23.77 IN | B | 88 PSF | 98 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF | 81 PSF |

FRANK L. BERNARDO, P.E.
#00002848

03/20/2012

ENGINEERING EXPRESS
160 SW 32ND AVENUE, #108
DEERFIELD BEACH, FL 33442
PH: (561) 344-0660 FAX: (561) 344-0643
WWW.ENGINEEXP.COM
OFFICE: 9:00 AM - 5:00 PM
A MEMBER OF BURNETT & SPENCER, INC.

INGERSOLL RAND
6200 TRUDUP HWY
TYLER, TX 75707

AIR CONDITIONING UNITS: ALLOWABLE HOUSING AND BASE CLIP CONFIGURATIONS FOR VARIOUS WIND PRESSURES
MASTER PLAN ENTRY

REVISIONS

| NO. | DATE | DESCRIPTION |
|-----|------|-------------|
| 1 | | |

10-ISR-0002
SCALE: AS SHOWN
PAGE DESCRIBED TITLE
AMERICAN STANDARD

1



March 20, 2012

RE: 2010 Florida Building Code Compliance of American Standard BAYECM1023 and BAYECMT004
Mounting Clips and Unit Housing Certification for Wind Loading (Ground-Mounted Units Only)

Engineering Express has reviewed the design requirements per the 2010 Florida Building Code for the installation of an American Standard outdoor condensing unit onto an existing host structure using the mounting kits referenced above, along with drawing number 10-ISR-0002 signed and sealed by this office. The unit and mounting kit have been designed for wind resistance as specified in the aforementioned drawing for various wind pressures as required by the governing code and calculated by others. Our analysis requires that a permanent at-grade attachment is provided to a concrete, metal, or wood host structure as certified/verified by others. Additionally, the unit shall not be installed in a location susceptible to channeling effects from upwind obstacles. It shall be the installer's responsibility to ensure that the mounting method meets or exceeds the requirements of the local Code and is approved by the appropriate local authority before installation.

Directions for use (reference drawing 10-ISR-0002):

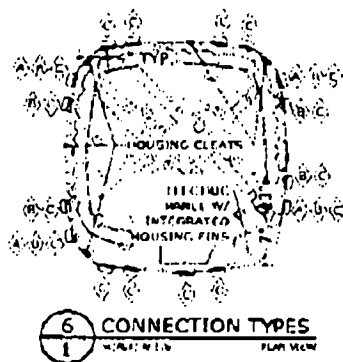


Figure 1: Allowable Connection Configurations (reference drawing by this office)

1. Select desired unit size.
2. Select desired housing. "Standard" housing is the typical housing as shipped by manufacturer, "clipped" housing is the typical housing with the addition of backup clips as shown, and "reinforced" housing is the typical housing with the addition of backup clips as well as (2) self-drilling UNC coarse thread screws into (3) corners of the basepan as shown in the drawing.
3. Select desired clip configuration: A, B, or C configuration. Either of the (2) base clip options may be used with this document.
4. Select host structure under consideration as verified by others.
5. Match unit size, housing, and clip configuration with the intended host structure to determine maximum allowable wind pressure for the system. Site-specific required wind pressures per separate certification or by others.

All other installation work shall follow the minimum requirements of the 2010 Florida Building Code. Except as expressly provided herein, no additional affirmations or certifications are intended. Thank you for your attention to this matter.

Respectfully,

Frank L. Bennardo, P.E.

ENGINEERING EXPRESS®

#PE0046549 | Cert. Auth. 9885

Certification only valid with engineer's original signature and raised seal
10-ISR-0001-03-AS

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

5-15-12

Page 1 of

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|------------------|----------------------------------|------------------------------|--------------------|---|
| 10027 | Goudis | Footer | | |
| 10:30 | 25 Skene Rd Team Parks | | Pass | INSPECTOR <i>[Signature]</i> |
| 10017 | Hugler | | | |
| 9:00 | 129 S. Spr Rd Fennan Services | SERVICE CHANGE | CANCEL | VOID PERMIT INSPECTOR <i>[Signature]</i> |
| 10091 | PROCTOR | ... | ... | ... |
| | COOL BREEZE | | | INSPECTOR <i>[Signature]</i> |
| 9904 | Howley | | | |
| 1-15 PM | 14 CRANES WEST SHERLOCK HOMES | FINAL A/C | Pass | INSPECTOR <i>[Signature]</i> |
| 10094 | SAPP | | | |
| | 6 MIRAMON Karnell | WINDOW ROUGH | PARTIAL PASS | INSPECTOR <i>[Signature]</i> |
| 9979 | Longmaid | | | |
| | 66 S Sewalls Scott Hulmes | Final boatlift pt dock | Pass | CLOSE INSPECTOR <i>[Signature]</i> |
| Free | Wilson | Free | | |
| | | | <i>[Signature]</i> | INSPECTOR |

TREE
PERMITS

TOWN OF SEWALL'S POINT, FLORIDA

Date OCT 5, 1999 TREE REMOVAL PERMIT No 272

APPLIED FOR BY THOMAS W. STUKEL (Contractor or Owner)

Owner 7 LANTANA LAKE

Sub-division _____, Lot _____, Block _____

Kind of Trees "SILK OAK"

No. Of Trees: REMOVE ONE (1) "PROHIBITED SPECIES"

No. Of Trees: RELOCATE N/A WITHIN 30 DAYS (NO FEE) "TOO CLOSE TO EXISTING STRUCTURE"

No. Of Trees: REPLACE N/A WITHIN 30 DAYS

REMARKS FIELD INSPECTION 9/29/99; PHOTOS OF TREE PROVIDED BY APPLICANT.

Signed, Thomas Stukel
Applicant

Signed, [Signature] FEE \$ WAIVED
BLDG. Town Clerk - OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

PROJECT DESCRIPTION _____

REMARKS _____



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
NEA 9-29-99

PAGE 1 OF 2

| PERMIT | OWNER/ ADDRESS | INSPECTION TYPE | RESULTS | REMARKS |
|--------|---|--|--|---|
| 4684 | Laraway 15 Middle Rd (Hi Pt.) | steel (pool) | CANCEL | REV. EDGE'G NOT RCVD (OWNER ADVISED 9/28/99) |
| 4542 | Wulflaet 9 Simaro St. (Archipelago) | roof final (REINSPEC PER OWNER REQUEST) FINAL 3/10/99 | VERIFIED RIDAC INSP. | - SEVERAL AREAS OF POOR WORKMANSHIP - EXPOSED EAST. (INSUFFICIENT TILE LAP) |
| 4535 | Gulick 7 S Sewall's Pt. Rd. | wall sheathing | PASSED | |
| 4534 | Glimes 15 Gullible Hill Way | sheathing (WALL) | PASSED | RECEIVED 2 SETS PROF ETY WINDOW/DOOR PROD. APPL. FOR REVIEW |
| 4676 | Zatta E. Castle Inn Way | deck (pool) | FAILED - NO ONE ON SITE (TO CORRECT) | FORWARDED SURVEY RCVD 9/28 CC: TO JOB SITE & INSP. WORK APPL. STC. CL. & PBL. & STEP |
| 4676 | Kimmelman 19 Abbie (Sew. Meadow) | pool deck | PASSED | - DECK EXCHANGED; REV. EDGE WOG (SEALED) REQUIRED PROX TO FINAL |
| 4657 | Faglia 105 H. Sewall Way | underground electric | PASSED | |
| 4653 | 103 " " (Sew. Meadow) | " " | PASSED | |

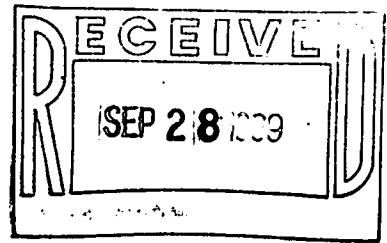
OTHER: 1. BERNHANA-3602 SE OCEAN: DELIVER 3 SETS (ALL) OF FIRE ALARM PERMIT APPL. DRAWINGS TO LARRY MASSING@STUART F.D. 288-5363 800 N.L. KING DRIVE
 11:30 AM

OK ✓ 2. STUBBINS-74 HAVEN LN. TRUSS (OFF RIO VISTA)

3. ARMSTRONG-41 W. HIGH POINT (INSP RE: PENDING POOL REPAIR APPL.) 220-0670

INSPECTOR: _____ **DATE:** _____

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION



OWNER NAME: THOMAS W. STUKEL
ADDRESS: 7 LANTANA LANE
NUMBER & TYPE TREES TO BE REMOVED: ONE (1) "SILK OAK" (GREVILLEA ROBUSTA)

CONTRACTOR: _____
ADDRESS: _____

LICENSE NUMBER: _____

PHONE: 286-4424
Owner Contractor

CONTRACT PRICE: \$ _____

PERMIT FEE: * \$ 15.00

PAID: 10/5/99 FEE WAIVED
(PROHIBITED SPECIES)
Date

~~* \$25.00 FEE, 10.00 EX. AMT., MIN. \$10.00.~~

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:

- 1. TOO CLOSE TO EXISTING STRUCTURE
- 2. PROHIBITED SPECIES

SEE REVERSE
FOR LOCATION
PLAN.

APPLICANT SIGNATURE: Thomas W. Stukel DATE: 9/28/99

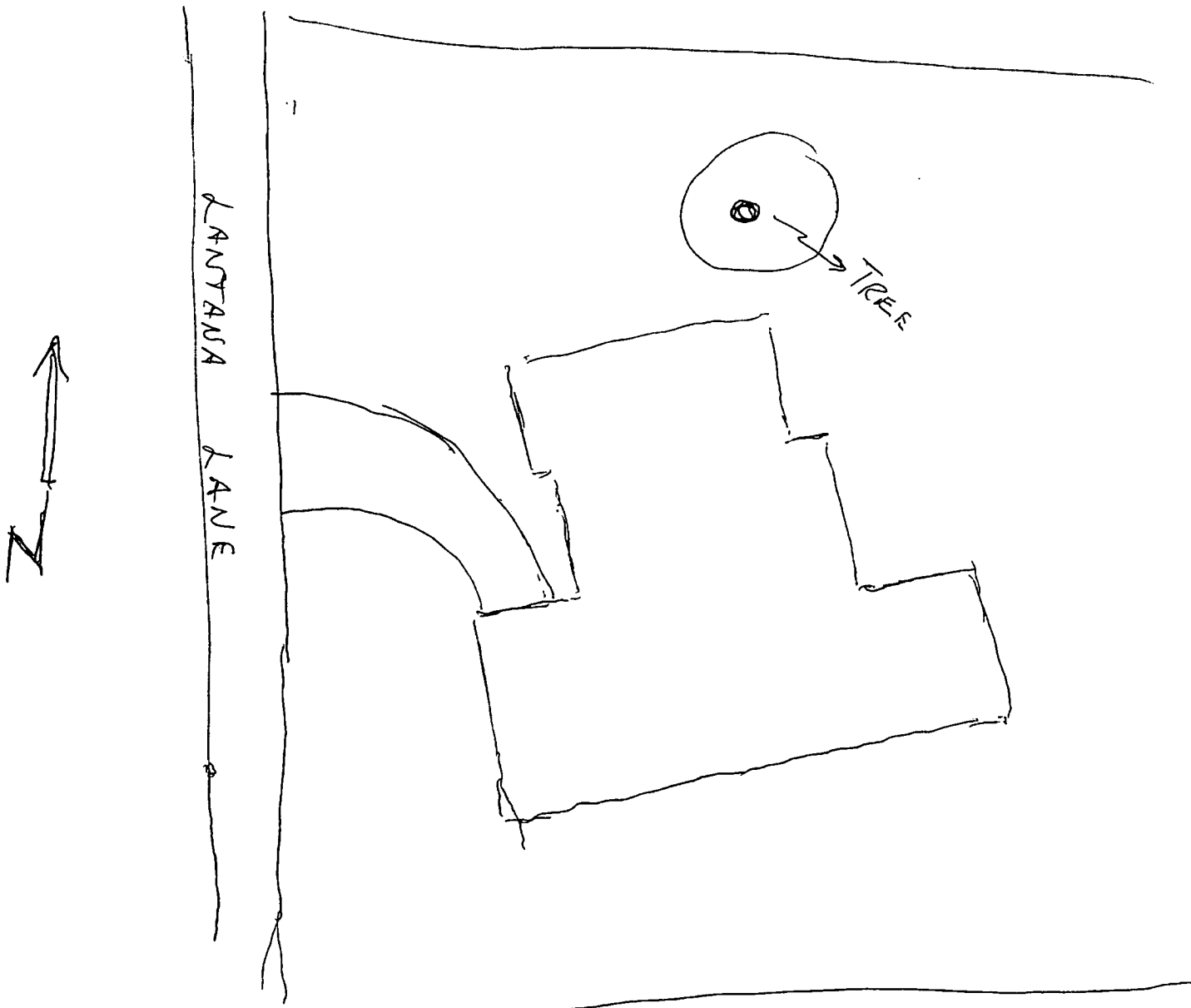
APPROVED: [Signature] Date: 10/5/99
Building _____ OFFICIAL

DENIED: _____ Date: _____
Building _____ OFFICIAL

COMMENTS: ① FIELD INSPECTION 9/29/99
② REVIEW CH. 14 HAB. MGMT & VERIFY "PROHIBITED SPECIES"/NO FEE

REASON FOR DENIAL, IF APPLICABLE:

23



9/29/99 FIELD VERIFICATION

[Signature]
PLANT OFFICER



Virtual
Garden

TIME
LIFE Plant Encyclopedia

- [toothed plant encyclopedia](#)
- [dig the net](#)
- [join our garden club](#)
- [locate your zone](#)
- [find a source](#)
- [search this site](#)
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- [what's new](#)

- [how-to resources](#)

- [regional gardener](#)

- [gardener's world](#)

- [let's talk dirt](#)

- [about VG](#)



Grevillea

- "Silk Oak"
- *Grevillea robusta*

Want to shop? Search for [Silk Oak](#) at [garden.com](#)

G. robusta (silk oak)

Seedlings of the silk oak tree perform a special service indoors: their 6- to 18-inch-long leaves provide a lacy fernlike effect in sunny places where ferns--and many other foliage house plants--cannot thrive. However, silk oaks grow rapidly--often a foot or more in their first year.

HOW TO GROW. Silk oaks do best where they get four or more hours of direct sunlight, or where they get artificial and natural light averaging 800 foot-candles over 12 hours a day, but they will grow fairly well in bright indirect light, such as that reflected from light walls. Night temperatures of 50° to

55° and day temperatures of 68° to 72° are ideal. Let the soil become moderately dry between thorough waterings. Fertilize established plants at two- to three-month intervals, but wait three to four months before fertilizing newly purchased or newly potted plants. Repot silk oaks at any season except when light-colored new growth appears. For best results use a mixture of 1 part loam, 1 part peat moss or leaf mold and 1 part sharp sand; to each gallon pailful of this mixture add 1 1/2 teaspoons of 20 per cent superphosphate, 1 tablespoon of ground limestone and 2 teaspoons of 5-10-5 fertilizer. Otherwise, use a packaged general-purpose potting soil. Plants can have as much as half the length of their branches pruned in early spring; fresh new growth will appear quickly. After two or three years plants lose their shape and should be replaced by new plants, which can be easily grown from seeds at any season. Watch for spider mites.

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[look up a plant](#) | [locate your zone](#) | [dig the net](#) | [talk dirt](#) | [link to partners](#) | [find a source](#) | [feedback](#)

TOWN OF SEWALL'S POINT, FLORIDA

Date 12/19/02 19____ TREE REMOVAL PERMIT No 1250

APPLIED FOR BY Stukel (Contractor or Owner)

Owner 7 Lantana Lane

Sub-division _____, Lot _____, Block _____

Kind of Trees 1 dead pine

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed, Gene Sumner (Att) Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Empty lined box for notes or drawings.

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 1250

Date Issued: 12/19/02

This application shall include a written statement giving reasons for removal, relocation, or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner THOMAS STUKEL Address FLANTANA LANE Phone 772-286-4424

Contractor TBD Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 1 Dead Pine

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): _____

Number of trees to be replaced: _____ (list kinds of trees): _____

Permit Fee \$ 0

\$15.00

(No permit fee for trees which are relocated on property or lie within a utility easement and are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted _____ Plans approved as marked _____

Permit good for one year. Fee for renewal of expired permit is \$5.00.

Signature of applicant _____ Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: 12/12/02

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA

See attached Tree Species List

TREE SPECIES

The Following list will assist you in determining which trees are required to be removed and which trees are required to stay or be relocated. A permit is required for all tree removal, replacement, or relocation. The cost of the permit is \$15.00. No permit fees for trees which are relocated on property or lie within a utility easement and are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured, or hazardous to life or property.

PROHIBITED SPECIES:

The first three-(3) species below *must* be removed before construction begins.

- | | |
|----------------------|-------------------------|
| 1. Brazilian Peppers | 9. Schefflera |
| 2. Australian Pines | 10. Non-Native Ficus |
| 3. Melaleuca | 11. Chinaberry |
| 4. Strangler Fig | 12. Woman's Tongue |
| 5. Java Plum | 13. Norfolk Island Pine |
| 6. Bischofia | 14. Eucalyptus |
| 7. Silk Oak | 15. Chinese Tallow Tree |
| 8. Earleaf Acacia | 16. Ear Tree |



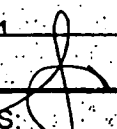
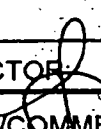
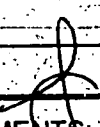

NATIVE SPECIES:

- | | |
|-------------------------|---------------------------------------|
| 1. Black Ironwood | 25. Pigeon Plum |
| 2. Black Mangrove | 26. Pond Apple |
| 3. Blolly | 27. Prickly Pear |
| 4. Buttonwood | 28. Red Mangrove |
| 5. Cabbage Palm | 29. Red Maple |
| 6. Cocoplum (red tip) | 30. Redbay |
| 7. Cocoplum (green tip) | 31. Saffron Plum |
| 8. Coral Bean | 32. Sand Pine |
| 9. Deer Moss | 33. Scrub Pine |
| 10. Gray Twig | 34. Satinleaf |
| 11. Gopher Apple | 35. Saw Palmetto |
| 12. Gumbo Limbo | 36. Scrub Hickory |
| 13. Inkwood | 37. Sea Grape |
| 14. Jamaica Dogwood | 38. Sea Oxeye |
| 15. Lancewood | 39. Slash Pine |
| 16. Laurel Oak | 40. Stoppers |
| 17. Leather Fern | 41. Wild Lime |
| 18. Live Oak | 42. Sumac (southern) |
| 19. Mahogany | 43. Sugar Berry (Hackberry) |
| 20. Marlberry | 44. Torchwood |
| 21. Mastic | 45. Wild Coffee |
| 22. Mulberry | 46. Varnish Leaf |
| 23. Myrtle Oak | 47. Water Oak |
| 24. Paradies Tree | 48. Wax Myrtle |
| | 49. West Indian Cherry White Mangrove |
-

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-18-02, 2001; Page of .

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|---|--|------------------|---|
| 6047 | STORCK 27. N. RIVER RD. COLLIC | ROUGH PLUMBING AIR, HVAC, FRAMING Fail Fail Fail | Passed | Pls - EARLY - THY INSPECTOR:  |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| TREE | Whiting 5 MARGUERITA | TREE | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 1362 | T. STARKEL | TREE | Passed | |
| | 7 Lantana Ln | | | INSPECTOR:  |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 5986 | Schoppe 8 Palm Rd Coastal | Final Pool Enclosure | nobody | home: need safety door from porch INSPECTOR:  |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 6059 | Knudson 13 S. VIA Lucinda Coastal | Final Screen Pool Enclosure | Passed | INSPECTOR:  |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 5919 | BURR. 21 RIVER VIEW O/B. | UNDERGROUND PLUMBING Slab | Passed Passed | INSPECTOR:  |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 5977 | DOSS 85 S. RIVER RD. CARDINAL | FINAL ROOF | Passed | INSPECTOR:  |

OTHER: TREE
TREE - 17 S. VIA Lucinda Large Banyan ??

TOWN OF SEWALL'S POINT, FLORIDA

Date 7/18 ~~2008~~ TREE REMOVAL PERMIT No 2057

APPLIED FOR BY STUKEL (Contractor or Owner)

Owner 7 LANTANA LANE

Sub-division _____, Lot _____, Block _____

Kind of Trees Sheffleras

No. Of Trees: REMOVE 12

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed, Gene Simmons Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for drawing or site plan.

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red-Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

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

Owner THOMAS STUKEL Address 7 LANTANA LANE Phone 286-4424

Contractor SHADE TREE Address JENSEN BEACH Phone _____

No. of Trees: REMOVE 12 Type: SHEFFLERAS

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

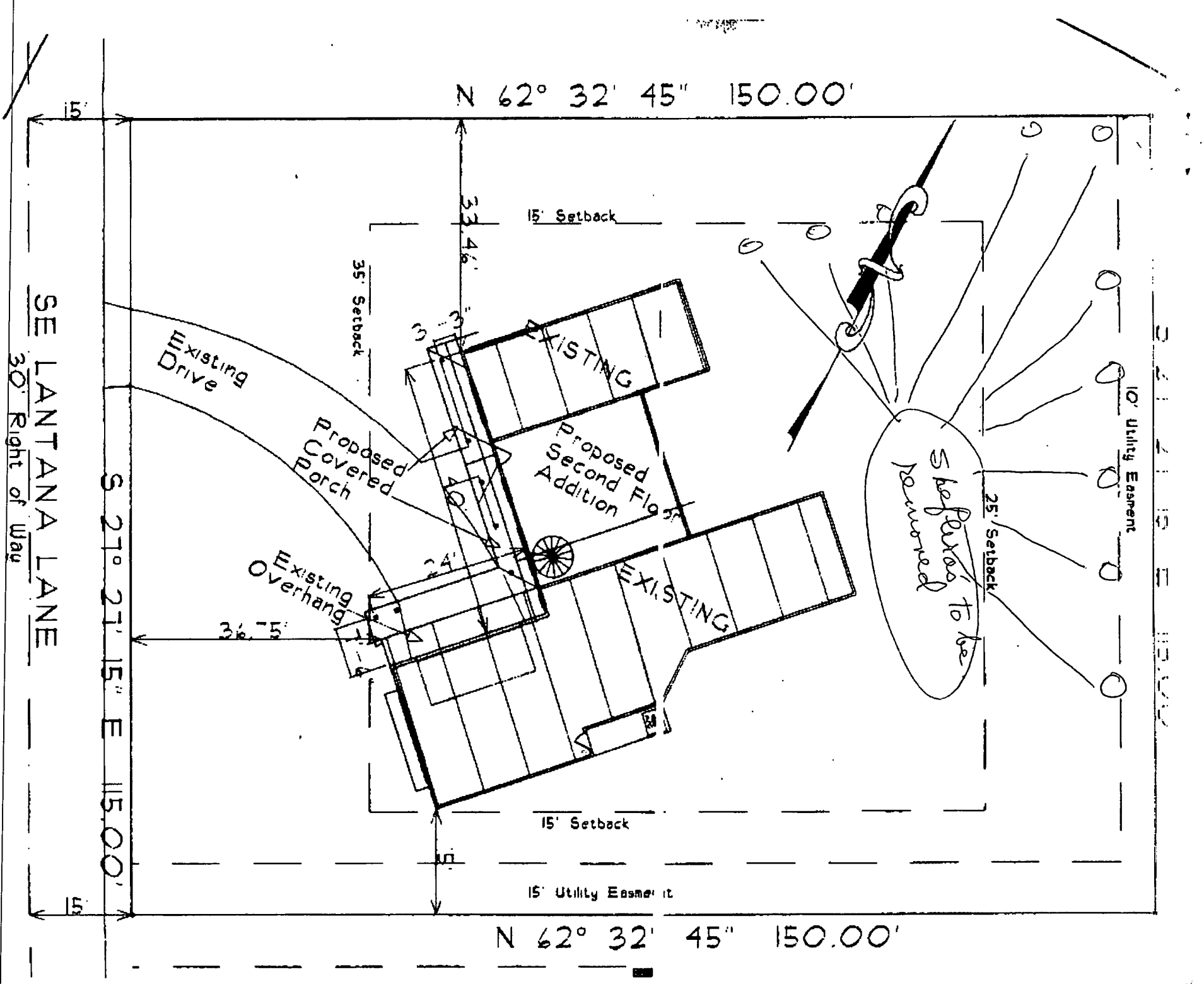
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: DIRTY, NASTY TREE'S IMPOSSIBLE TO KEEP GROOMED & MAINTAINED - SEE ATTACHED SITE MAP

Signature of Applicant Thomas W. Stukel Date 7/16/03

Approved by Building Inspector: [Signature] Date 7/16/03 Fee: 7

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



$N 62^\circ 32' 45'' 150.00'$

SE LANTANA LANE
30' Right of Way

$S 27^\circ 21' 15'' E 115.00'$

15' Setback

35' Setback

Existing Drive

Proposed Covered Porch

Proposed Second Floor Addition

Existing Overhang

15' Setback

15' Utility Easement

10' Utility Easement

25' Setback

See Photos To be Returned

$N 62^\circ 32' 45'' 150.00'$

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/18, 2003 Page of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|---------------------------------------|--------------------|----------------------|--|
| 6147 | ALEXANDER | DRIVENWAY PEE- | Passed | |
| (3) | 86 S. SEWALLS RD JONANSON HOMES | POUR | | INSPECTOR: <i>[Signature]</i> |
| 5636 | FRANCIS | ELEC FINAL | Passed | |
| (8) | 5 S. RIVER WILBERDING | | | INSPECTOR: <i>[Signature]</i> |
| 6324 | BALLARD | TIN TAG+METAL | Passed | |
| (4) | 2 PALM COURT PACIFIC ROOFING | | | INSPECTOR: <i>[Signature]</i> |
| 6123 | STUKEL | WIRE | Passed | 7 |
| (7) | 7 LANTANA LA | | | INSPECTOR: <i>[Signature]</i> |
| 5946 | ALLMAN | POOL DECK FINAL | Passed | Affidavit: ✓ |
| (5) | 3 SUMMER LANE BRIAN'S QUALITY POOL | | | close INSPECTOR: <i>[Signature]</i> |
| 6054 | ALLMAN | MASONRY WALL FINAL | Passed | Final Survey: |
| (6) | 3 SUMMER LANE O/B | | | done INSPECTOR: <i>[Signature]</i> |
| 6326 | WEGMAN | DRY IN & SHEATHING | Passed | |
| (1) | 5 KINGSTON CT STUART ROOFING | | | INSPECTOR: <i>[Signature]</i> |
| OTHER: | SEUMOUR | | | |
| (2) | 73 S. SEWALLS RD | dumpster? | (Tree debris = O.K.) | <i>[Signature]</i> |

TOWN OF SEWALL'S POINT, FLORIDA

Date 4-13-07 19 _____ TREE REMOVAL PERMIT No 0595

APPLIED FOR BY Page (Contractor or Owner)

Owner ~~Landana Lee~~

Sub-division _____, Lot _____, Block _____

Kind of Trees palm

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS Dead

FEE \$ 0

Signed, _____ Applicant

Signed, Phil Wintercorn
Blg Inspector

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box with horizontal lines for drawing or notes.

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

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

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Carla Page Address 6 Lantana Ln Phone 285-4747
Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: Palm

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

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

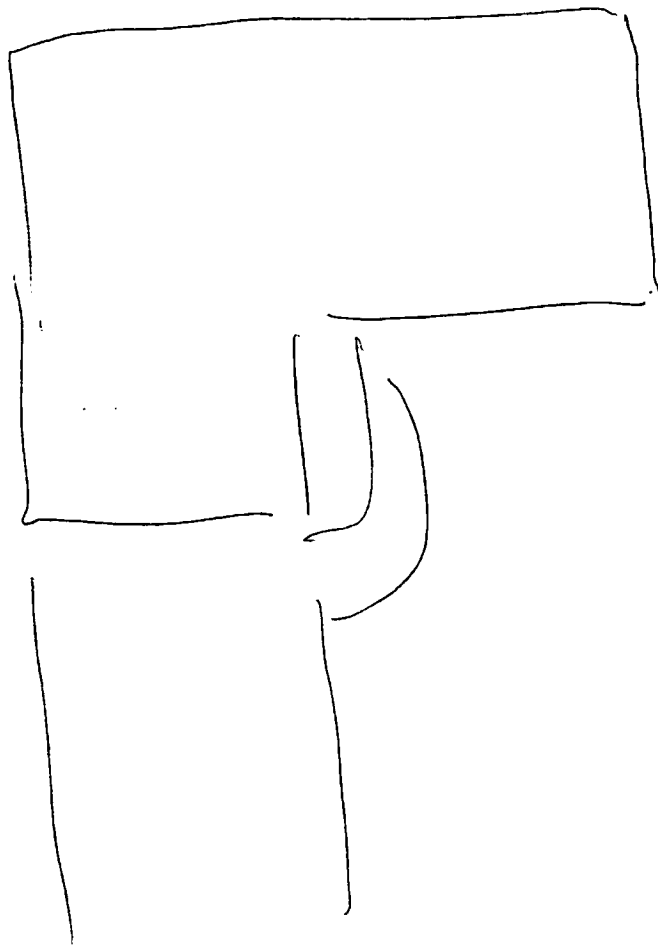
Written statement giving reasons: it's dead!!

Signature of Property Owner Carla Page Date 4/12/07

Approved by Building Inspector: [Signature] Date 4/13 Fee: 0

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

dead one!



OK



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Douglas Proctor Address 7 Lantana Lane Phone (616) 648-6264
Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Species: Fig
No. of Trees: RELOCATE _____ Species: _____
No. of Trees: REPLACE _____ Species: _____

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

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

Signature of Property Owner Douglas B. Proctor Date 4/5/11

Approved by Building Inspector: [Signature] Date 4-6-11 Fee: N/C

NOTES: TREE IS A FALSE DANYON NATIVE TREE - MUST BE MITIGATED WITH ANOTHER NATIVE SPECIES I.E. SADDLE PALM, OAK ETC.

SKETCH:



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

2

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Carla Page Address 6 LANTANA LN Phone 285-4747

Contractor Rodriguez Lawn Care Address _____ Phone _____

No. of Trees: REMOVE 1 Species: Palm

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

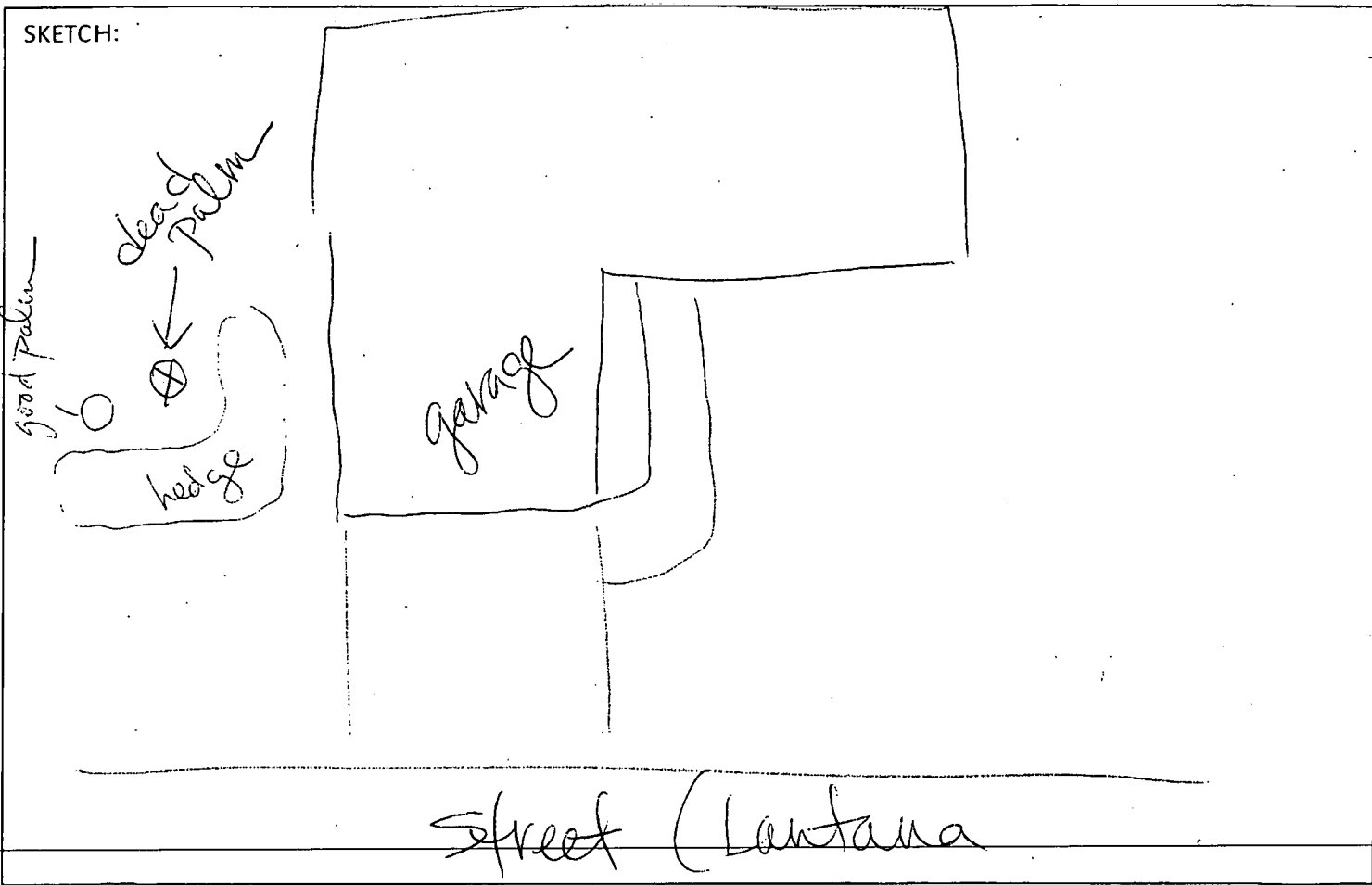
ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal/relocation (See notice above) it's dead

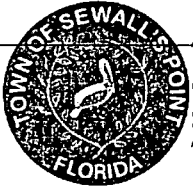
Signature of Property Owner Carla Page Date 8/25/09

Approved by Building Inspector: [Signature] Date 8-25-09 Fee: [Signature]

NOTES:



OK



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Wright

Owner Doug Proctor Address [redacted] Phone 46-648-6244

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Species: unknown

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

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

unsightly - in the way for future gardening -

Signature of Property Owner Douglas Proctor Date 2/14/12

Approved by Building Inspector: [Signature] Date 2-15-12 Fee: N/C

NOTES:

