

19 Lantana Lane

7713

DEMO SFR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8/5/05

BUILDING PERMIT NO. 7713

Building to be erected for WISE

Type of Permit Demol Resident

Applied for by O/B

(Contractor) Building Fee \$9,600 x 20/1000 = 192.00

Subdivision RIO VISTA Lot 36 Block _____

Radon Fee _____

Address 19 LANTANA LANE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

123841002 00000036010000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 240.00 Check # _____ Cash _____

Roofing Fee _____

Total Construction Cost \$ 20,000

Other Fees 25% of 20,000 = 48,000

TOTAL Fees 240.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 7/27/05 Permit Number: _____

OWNER/TITLEHOLDER NAME: JOHN WISE Phone (Day) 772-260-2536 (Fax) _____

Job Site Address: 19 LANTANA LANE City: SEWALLS POINT State: FL Zip: 34996

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

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

Description of Work To Be Done: HAVE KNOCKED DOWN TO BUILD NEW HOUSE

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 20,000.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: _____

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: _____

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

John R. Wise
State of Florida, County of: Martin

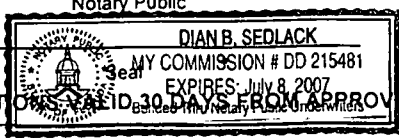
This the 27th day of July, 2005

by John R. Wise who is personally

known to me or produced
as identification. Dian B. Sedlack

Notary Public

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 200

by _____ who is personally

known to me or produced _____
As identification. _____

Notary Public

My Commission Expires: _____

Seal

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

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 12384/0020000036010000

NOTICE OF COMMENCEMENT

STATE OF _____

COUNTY OF _____

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):

RIO VISTA Lot 36

GENERAL DESCRIPTION OF IMPROVEMENT: Knock House Down - 1

OWNER: JOHN WISE

ADDRESS: 19 LANTANE LANE STUART FL 34996

PHONE #: _____ FAX #: _____

CONTRACTOR: OWNER BUILDING

ADDRESS: _____

PHONE #: _____ FAX #: _____

SURETY COMPANY (IF ANY) _____ STATE OF FLORIDA

ADDRESS: _____ MARTIN COUNTY

PHONE # _____

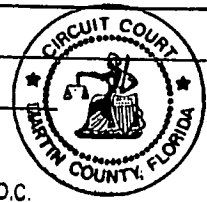
BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL. MARSHA EWING, CLERK BY [Signature] DATE 7/27/05 D.C.



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: John R. Wise

ADDRESS: 19 LANTANE LANE STUART FL 34996

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

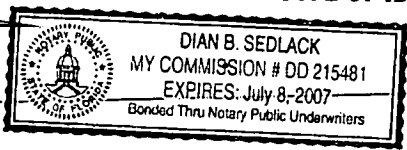
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27th DAY OF July 2005 BY JOHN R. WISE

[Signature]
NOTARY SIGNATURE

OR PERSONALLY KNOWN PRODUCED ID TYPE OF ID _____



INSTR 4 1858834 DR BK 02041 PG 1027 RECD 07/27/2005 02:36:18 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L Wood

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: JOHN R WISE Date: 7/27/05

Signature: John R Wise

Address: 019 LANTANA CANE

City & State: STUART FL

Permit No. _____



INSTR # 1480257
 OR BK 01531 PG 1558
 RECORDED 02/09/2001 01:17 PM
 MARSHA EWING
 MARTIN COUNTY Florida
 DOC TAX 0.70
 DEPUTY CLERK S Johnson

QUIT CLAIM DEED

This indenture made this day 6th of February, 2001, between John R. Wise and Hazel K. Wise, Individually, as GRANTORS, and John R. Wise and Stacy B. Wise, Husband and Wife, as GRANTEES.

WITNESSETH: That the GRANTORS, each on behalf of themself, their heirs, executors, administrators, successors, representatives and assigns, for and in consideration of the sum of ONE DOLLAR, cash in hand paid at or before delivery of this document, the receipt of which is hereby acknowledged, has bargained and sold and by this document and does grant, bargain, sell, convey, remise, release and forever QUIT CLAIMS unto said GRANTEES, each on behalf of themself, their heirs, executors, administrators, successors, representatives and assigns, all the right, title, interest, claim or demand which the GRANTORS may have had in and to the following described property:

ADDRESS: 19 LANTANA LANE
 SEWALLS POINT, FL 34996

LEGAL DESCRIPTION: LOT 36 OF RIO VISTA SUBDIVISION,
 AS RECORDED IN PLAT BOOK 6,
 PAGE 95 PUBLIC RECORDS OF
 MARTIN COUNTY, FLORIDA.

SUBJECT TO ANY EASEMENTS,
 RIGHTS OF WAY OR OTHER
 RESTRICTIONS OF RECORD.

TO HAVE AND TO HOLD the said tract of land, with all singular the rights, members and appurtenances thereof, so that neither GRANTORS nor any other person claiming under them shall at any time claim or demand any right, title or interest to the said tract of land or its appurtenances.

IN WITNESS THEREOF, the said GRANTORS have herewith set their hand and seal, the effective date of the indenture being the date first above written.

Hazel K. Wise
 HAZEL K. WISE, GRANTOR

STATE OF Virginia

COUNTY OF Accomack

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

WISE to me known to be the person described in and who executed the foregoing instrument and they acknowledged before me that they executed the same, and an oath was not taken. (Check one):

Said person is personally known to me.
 Said person provided the following type of identification: _____

WITNESS my hand and seal in the County and State as aforesaid this 6th day of February 2001.

[Signature]
STEPHEN H. BRANDON

[Signature]
BRIAN J. NORTON

STATE OF FLORIDA
COUNTY OF MARTIN

[Signature]
NOTARY SIGNATURE
State of Virginia
Comm. No. _____
Comm. Expires: 7/31/01

[Signature]
JOHN R. WISE, GRANTOR



I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the county aforesaid to take acknowledgments, personally appeared JOHN R. WISE to me known to be the person described in and who executed the foregoing instrument and they acknowledged before me that they executed the same, and an oath was not taken. (Check one):

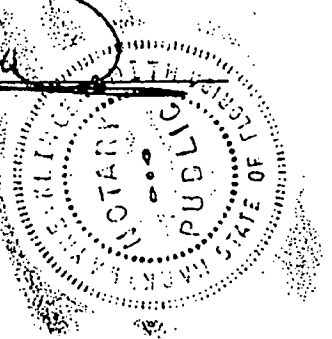
Said person is personally known to me.
 Said person provided the following type of identification: _____

WITNESS my hand and seal in the County and State as aforesaid this 8th day of February 2001.

Witnesses:
[Signature]
Mark W. Klingensmith

[Signature]
Wendy H. Werb

[Signature]
NOTARY SIGNATURE
State of Florida
Comm. No. CC840434
Comm. Expires: 5/26/03



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-11, 2007

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7015A	Wise	Fence repair		FENCE REMOVED CLOSE
4	19 Lantana Ln O/B			W/ HOUSE DEMO. INSPECTOR: <i>[Signature]</i>
7015B	Wise	Demo house	PASS	CLOSE
4	19 Lantana Ln O/B			INSPECTOR: <i>[Signature]</i>
7819	Tidikis	sewer hook-up	PASS	CLOSE
	12 Cranes Nest Advanced			INSPECTOR: <i>[Signature]</i>
6811	Debenain	Final AC	PASS	
	3727 E Ocean TC Elect			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER:



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 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

SUBCONTRACTORS LIST
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME Couch Property Holdings BLDG. PERMIT # _____

MAILING ADDRESS P.O. Box 217 Port Salerno, FL 34996

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION. USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. (NOT OCCUPATIONAL LICENSE NUMBERS)

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM	Couch P H	CGC 037411
CFI	- FINISH		
BM	BLOCK MASON	Couch P H	
CB	COLUMNS & BEAMS	Couch P H	
CA	CARPENTRY ROUGH	Couch P H	
GD	GARAGE DOOR	Couch P H	
DH	DRYWALL - HANG	C P H	
DF	- FINISH		
IN	INSULATION	C P H	
LA	LATHING	C P H	
FI	FIREPLACE		
PAV	PAVERS	C P H	
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING	C P H	
PL	PLASTER & STUCCO	C P H	
ST	STAIRS & RAILS		
RO	ROOFING	C P H	
TM	TILE & MARBLE	C P H	
WD	WINDOWS & DOORS	C P H	
PLU	* PLUMBING		
AC	* HARV		
EL	* ELECTRICAL		

10973

SFR



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:	10973	DATE ISSUED:	8/11/2014
SCOPE OF WORK:	Rebuild SFR		
CONTRACTOR:	Conch Property Holdings		
PARCEL CONTROL NUMBER:	12-38-41-002-000-00360-1	SUBDIVISION:	Rio Vista Lot 36
CONSTRUCTION ADDRESS:	19 Lantana Lane		
OWNER NAME:	Conch Property Holdings		
QUALIFIER:	Walter McBride	CONTACT PHONE NUMBER:	777-0648

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10973		
ADDRESS:	19 Lantana Lane		
DATE ISSUED:	8/11/2014	SCOPE OF WORK:	Rebuild SFR

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	\$ 401,683.83
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Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	\$ 350.00
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.	2,784.0		\$ 338,952.00
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.	1,043		\$ 62,381.83
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.			\$ -
Total Construction Value:		\$	\$ 401,683.83
Building fee: (2% of construction value SFR or >\$200K)		\$	\$ 8,033.68
Building fee: (1% of construction value < \$200K + \$100 per insp.)			n/a
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp.			\$ -
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 120.51
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 120.51
Road impact assessment: (.04% of construction value - \$5 min.)			\$ 160.67
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ 8,785.36

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections: @ \$ 100.00 per insp. # insp.			\$ -
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
TOTAL ACCESSORY PERMIT FEE:		\$	-

Town of Sewall's Point

Date: 7/31/14 BUILDING PERMIT APPLICATION Permit Number: 10973

OWNER/LESSEE NAME: Couch Property Holdings Phone (Day) 772-777-0648 (Fax) _____

Job Site Address: 19 Lantana Lane City: Sewalls Point State: FL Zip: 34996

Legal Description: Lot 36 Rio Vista Parcel Control Number: 12-38-41-002-000-00360-1

Fee Simple Holder Name: Couch Property Holdings LLC Address: 19 Via Lucinda Dr N

City: Stuart State: FL Zip: 34996 Telephone: 772-777-0648

***SCOPE OF WORK (PLEASE BE SPECIFIC):**

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ ~~250,000~~ 426,079.164
(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: Couch Property Holdings Phone: 772-777-0648 Fax: _____

Qualifiers name: WALTER MCBRIDE Street: 19 Via Lucinda Dr N City: Stuart State: FL Zip: 34996

State License Number: CGC037411 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: WALTER MCBRIDE Phone Number: 772-777-0648

DESIGN PROFESSIONAL: Donald Nuelle Fla. License# 52046

Street: 815 University Blvd City: Jupiter State: FL Zip: 33458 Phone Number: 5616296975

AREAS SQUARE FOOTAGE: Living: 2780 Garage: 440 Covered Patios/ Porches: 607 Enclosed Storage: _____

Carpport: _____ Total under Roof: 3827 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 _____, 20____

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: _____

On This the _____ day of _____, 20____

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

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

2014-2015

**MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT**

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604

ACCOUNT 2015-513-0118 CERT CGC037411

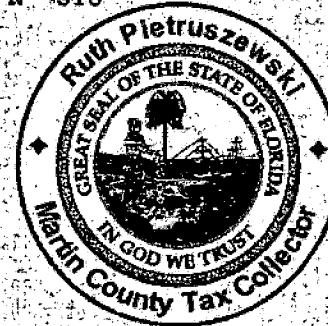
PHONE (772) 777-0648 SIC NO 236115

LOCATION:
19 VIA LUCINDA DR N STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR.	\$.00	LIC. FEE	\$ 26.25
	\$.00	PENALTY	\$.00
	\$.00	COL. FEE	\$.00
	\$.00	TRANSFER	\$.00
TOTAL		26.25	

MC BRIDE, WALTER
CONCH PROPERTY HOLDINGS
PO BOX 217
PORT SALERNO, FL 34992



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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

06 DAY OF AUGUST 2014

AND ENDING SEPTEMBER 30, 2015

801 2013 06791.0001 PAID

NOTICE OF ELECTION TO BE EXEMPT

If this application contains incomplete or inaccurate information, it may cause a delay in the issuance of your exemption. An officer electing an exemption under Chapter 440, Florida Statutes, is not entitled to benefits under this chapter.

Section 1:

APPLICANT INFORMATION

First & Last Name: Walter K McBride
State Driver's License Number: M216911583370
State ID Number: 9/17/1958
State: FL
Date of Birth: 9/17/1958
Social Security Number (last four digits): 8788
Email Address:

Section 2:

CONSTRUCTION INDUSTRY APPLICANT (\$50 FEE REQUIRED)

Member of a Limited Liability Company LLC
(Construction)
Corporate Title: Member

Section 3:

This section should be completed with information specific to your corporation or to the limited liability company in which you are a member. The name of the corporation or limited liability company listed on this application **MUST** match the name of the corporation or limited liability company as registered with the Florida Division of Corporations.

Name of Corporation or LLC: Conch Property Holdings LLC **FEIN:** 45-5274611
IF YOU NEED TO APPLY FOR A FEIN, CLICK HERE
Business Name (DBA): **Phone:** (772)777-0648
Applicant's Address of Record: 19 Via Lucindia Dr N
City: Stuart **State:** FL **Zip:** 34996 **County:** Martin

Click on the arrow(s) next to the text box(s) to view a list of available Scope classifications/trades for the form type chosen in Section 2. Click on the appropriate scope to select. If you are unsure as to which classification/trade to choose, please contact your workers' compensation insurance carrier. If you do not have a workers' compensation insurance policy, contact the National Council on Compensation Insurance (NCCI) at 1-800-622-4123 option 5 to obtain a classification code.

Scope 1: 00001 LICENSED GENERAL CONTRACTOR
Scope 2: **Scope 3:** **Scope 4:**

Section 4:

The corporation of which you are an officer or limited liability company of which you are a member must be registered and in ACTIVE status with the Florida Division of Corporations. Applicants applying as an officer of a corporation must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number on file with the Florida Division of Corporations.

L12000062125

Section 5:

Pursuant to Chapter 489, F.S. (contractor licensing law), list certified or registered licenses related to the scope of business or trade listed in Section 3 held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or limited liability company listed on this application. The business name listed on the license **MUST** match the name of the corporation or limited liability company as registered with the Florida Division of Corporations and on this Notice of Election to be Exempt.

CGC037411

Section 6:

If you have submitted an electronic payment for this application, the transaction confirmation number is listed in the following space:

Confirmation Number: 206696344

Application Number: E00242931

Section 7: N/A

Are you affiliated with any corporation or limited liability company other than the corporation or limited liability company to which this application applies?

Name: FEIN

Name: FEIN

Name: FEIN

Section 8: CONSTRUCTION INDUSTRY AND NON-CONSTRUCTION INDUSTRY LLC MEMBERS ONLY

To be eligible for a construction industry exemption or a non-construction limited liability company exemption, an applicant must have the required ownership of the corporation or limited liability company.

I am a member who owns at least ten percent(10%) of the limited liability company listed on this application.

Section 9:

I certify that any employees of the corporation or members of the limited liability company listed in Section 3 are covered by workers' compensation insurance. Please identify the workers' compensation insurance carrier that covers any non-exempt employees.

Carrier Name: My business does not have any non-exempt employees

Section 10:

FRAUD NOTICE

- A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree.
- B. Attestation of applicant – By providing my name below, I attest that I have read, understand and acknowledge the foregoing notice.
- C. Acknowledge that this Notice of Election to be Exempt does not exceed limits for corporate officers, including any affiliated corporations as provided in Section 440.02, Florida Statutes.

First Name: Walter

Last Name: McBride

Note: The Division has 30 days to review your application to determine if it meets the eligibility requirements for the issuance of an exemption. The Division will either issue a Certificate of Election to be Exempt or notify you that your application is incomplete. The Division reviews and processes exemption applications in the order they are received.

Exemption information is reflected on the Proof of Coverage database the day following the issuance of the exemption. Visit the Division's website at <http://www.myfloridacfo.com/wc> to print your certificate.



CERTIFICATE OF LIABILITY INSURANCE

CONCH-1

OP ID: VH

DATE (MM/DD/YYYY)
07/30/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Vicki Hill, CIC	Phone: 772-286-4334 Fax: 772-286-9389	CONTACT NAME: VICKI HILL PHONE (A/C No, Ext): 772-286-4334 FAX (A/C, No): 772-286-9389 E-MAIL ADDRESS: VHILL@STUARTINSURANCE.NET																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Southern Owners</td> <td>10190</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Southern Owners	10190	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURED Conch Property Holdings, LLC PO Box 217 Port Salerno, FL 34992																						

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A.	GENERAL LIABILITY			72947076	08/04/14	08/04/15	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<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
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RESIDENTIAL CONTRACTOR - STATE OF FLORIDA

CERTIFICATE HOLDER**CANCELLATION**

SEWAP-1 Sewalls Point Building Dept. 1 S Sewalls Point Road Stuart, FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Vicki L. Hill</i>
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CONCH-1

OP ID: VH

DATE (MM/DD/YYYY)

07/30/14

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	EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
		<input type="checkbox"/> CLAIMS-MADE					\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
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SEWAP-1 Sewalls Point Building Dept. 1 S Sewalls Point Road Stuart, FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Vicki L. Hill</i>
---	---

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NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: _____ TAX FOLIO #: 12-38-41-002-000-00360-1

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): 19 Leaning Lane Lot 3C Rio Vista Sub

GENERAL DESCRIPTION OF IMPROVEMENT: New S.F. Residence

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT NAME: Couch Property Holdings ADDRESS: 19 Via Lucindale Dr N Stuart FL 34996 PHONE NUMBER: 772-777-0648 FAX NUMBER: _____ INTEREST IN PROPERTY: OWNER

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

CONTRACTOR: Same as Above / OWNER ADDRESS: _____ PHONE NUMBER: _____ FAX NUMBER: _____

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED) ADDRESS: _____ PHONE NUMBER: _____ FAX NUMBER: _____ BOND AMOUNT: _____

MORTGAGE COMPANY: _____ ADDRESS: _____ PHONE NUMBER: _____ FAX NUMBER: _____

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

NAME: _____ DATE: _____ ADDRESS: _____ PHONE NUMBER: _____ FAX NUMBER: _____

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

PHONE NUMBER: _____ FAX NUMBER: _____ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

Signature of Owner: [Signature] SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

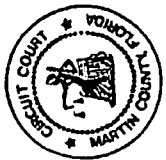
SIGNATORY'S TITLE/OFFICE: Managing Member

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 31st DAY OF July 2014 BY: Walter Keith McBride AS owner Managing Member FOR Couch Property Holdings PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION X TYPE OF IDENTIFICATION PRODUCED: FDL Mail 911-58-337-0 EXP. 09.17.2018

NOTARY SIGNATURE/ SEAL: [Signature]


Krystal Quimby Notary Public - State of Florida My Comm. Expires Jan-18, 2016 Commission # EE 161100



STATE OF FLORIDA MARTIN COUNTY THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE

CLERK: GABRYN TIMMANN, CLERK DATE: 7/31/14

INSR # 2468738 DR BK 2732 PG 1253 RECD 07/31/2014 10:10:11 AM (1 Page) CAROLYN TIMMANN MARTIN COUNTY CLERK DEED DOC \$0.00, HTG DOC \$0.00, INTANGIBLE \$0.00

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
	
Detail by Entity Name	
<u>Florida Limited Liability Company</u>	
CONCH PROPERTY HOLDINGS LLC	
<u>Filing Information</u>	
Document Number	L12000062125
FEI/EIN Number	455274611
Date Filed	05/08/2012
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	11/12/2013
Event Effective Date	NONE
<u>Principal Address</u>	
19 Via Lucindia Dr N Stuart, FL 34996	
Changed: 04/23/2014	
<u>Mailing Address</u>	
PO BOX 7516 PORT SAINT LUCIE, FL 34985	
Changed: 11/12/2013	
<u>Registered Agent Name & Address</u>	
MCBRIDE, WALTER 19 Via Lucindia Dr N Stuart, FL 34996	
Address Changed: 04/23/2014	
<u>Authorized Person(s) Detail</u>	
Name & Address	
Title MGRM	
MCBRIDE, WALTER P.O. BOX 7516 PORT SAINT LUCIE, FL 34985	
<u>Annual Reports</u>	
Report Year	Filed Date
2014	04/23/2014
<u>Document Images</u>	
04/23/2014 -- ANNUAL REPORT	View image in PDF format
05/08/2012 -- Florida Limited Liability	View image in PDF format



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

FWP

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 10973

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: CONCH PROPERTY HOLDINGS

CONSTRUCTION ADDRESS: 19 Lavanya Lane Stuart Fl.

PERMIT TYPE: [X] RESIDENTIAL [] COMMERCIAL

- [X] ELECTRIC
[] PLUMBING
[] HVAC
[] IRRIGATION
[] FUEL GAS

TYPE OF SERVICE: [X] NEW SERVICE [X] EXISTING SERVICE [] OTHER

SCOPE OF WORK: 200 AMP 240 VOLT SINGLE PHASE

VALUE OF CONSTRUCTION \$ 4500.00

[X] LOW VOLTAGE
TYPE OF EQUIPMENT: [] SECURITY [] VACUUM [] SOUND SYSTEM [] LANDSCAPE [] OTHER
SCOPE OF WORK: phone / cable / security
VALUE 800.00

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

SIGNATURE OF LICENSED CONTRACTOR

892 TAMiami TRAIL PT CHARLOTTE FL.

ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: MIKE KOZENIESKI

TELEPHONE NO: 941-255-5968 PLEASE PRINT FAX NO: 941-764-1784

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC0001782

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED:

PARCEL CONTROL #:

SUBDIVISION: LOT: BLK: PHASE:

SITE ADDRESS:

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

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



LICENSE NUMBER	
EC0001782	

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

KOZENIESKI, MICHAEL LLOYD
SEABREEZE ELECTRIC, INC.
892 TAMIAMI TRAIL UNIT #1
PORT CHARLOTTE FL 33953



ISSUED: 06/08/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408080001747

2014 / 2015 CHARLOTTE COUNTY
LOCAL BUSINESS TAX RECEIPT

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

TYPE OF BUSINESS 618 CONTRACTOR ELECTRICAL (CONTRACTOR ELECTRICAL)

BUSINESS ADDRESS 892 TAMIAMI TR SUITE UNIT 1
PORT CHARLOTTE, FL 33954

BUSINESS NAME SEABREEZE ELECTRIC, INC.

OWNER MIKE & JODI KOZENIESKI

MAILING ADDRESS 892 TAMIAMI TRAIL UNIT 1
PORT CHARLOTTE, FL 33954

ACCOUNT 1848
EXPIRES SEPTEMBER 30, 2015
RENEWAL

AMOUNT 35.00
PENALTY 0.00
TOTAL 35.00

Vickie L. Potts
Charlotte County Tax Collector

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED

Paid 07/03/2014 Receipt # 996-00004694 35.00

This receipt does not constitute a franchise, an agreement, or permission or authority to perform the services or operate the business described herein when a franchise, agreement, or other county commission, state or federal permission or authority is required by county, state or federal law.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
10/01/2014

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PRODUCER Aon Risk Services, Inc. of Florida 13901 Sutton Park Drive South Suite 360 - Building C Jacksonville FL 32224 USA	CONTACT NAME: PHONE (A/C. No. Ext): (904) 724-2001		FAX (A/C. No.): (904) 223-1155
	E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Seabreeze Electric, Inc. 892 Tamiami Trail #1 Port Charlotte FL 33953 USA	INSURER A: National Trust Ins Company		20141
	INSURER B: FCCI Commercial Insurance Company		33472
	INSURER C: FCCI Insurance Company		10178
	INSURER D:		
	INSURER E:		
		INSURER F:	

Holder Identifier : B

COVERAGES **CERTIFICATE NUMBER:** 570055412904 **REVISION NUMBER:**

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

LINE LTR	TYPE OF INSURANCE	ADDL SUBS INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		GL0016212 13-14 General Liability	12/10/2013	12/10/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CA0025799	12/10/2013	12/10/2014	COMBINED SINGLE LIMIT (EA accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION		UMB0017987 13-14 Umbrella	12/10/2013	12/10/2014	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	001WC13A71556	12/10/2013	12/10/2014	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

Certificate No : 570055412904

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Town of Seawall One S. Seawall Point Road Seawall Point FL 34996 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Inc of Florida</i>
---	---



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 10973

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Conch Properties Holdings LLC

CONSTRUCTION ADDRESS: 19 Lantana Lane

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Roofing Install

VALUE OF CONSTRUCTION \$ 20,000⁰⁰

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK: _____ VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

Ricardo Lara Reza 2160 SW Poma Dr, Palm City, FL
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Ricardo Lara Reza

TELEPHONE NO: 772-872-8030 FAX NO: 772-872-8033
PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CCC 1330109

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/29/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HUB International Florida 1560 Orange Ave Ste 750 Winter Park FL 32789	CONTACT NAME: Sandra Craig PHONE (A/C No. Ext.): (407) 894-5431 E-MAIL ADDRESS: Sandra.Craig@hubinternational.com	FAX (A/C No.): (407) 629-6378
	INSURER(S) AFFORDING COVERAGE	
INSURED Total Roofing Systems Specialist Inc. 2160 SW Poma Dr. Palm City FL 34990	INSURER A: Western World Ins Co	NAIC # 13196
	INSURER B: Progressive Express Ins Co	NAIC # 10193
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER** Master 14-15 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PGP0789535	03/04/2015	7/31/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY			03523841-0	2/21/2015	2/21/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							Hired/borrowed \$ 1,000,000
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Conch Property Holdings 2781 SE Eagle Dr. Port St Lucie, FL 34984	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Robert Fritz/DS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/29/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bouchard Insurance for WBS P.O.Box 6090 Clearwater, FL 33758-6090	CONTACT NAME: PHONE (A/C, No, Ext): (866) 293-3600 ext. 623 FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Workforce Business Services, Inc Alt. Emp: Total Roofing Systems Specialist Inc 1401 Manatee Ave. West Ste 600 Bradenton, FL 34205-6708	INSURER A : American Zurich Insurance Company NAIC # 40142	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 14FL079848638 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WC 90-00-818-04	12/31/2014	12/31/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
	Location Coverage Period:			12/31/2014	12/31/2015	Client# 054032	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is provided for only those co-employees of, but not subcontractors to:
Total Roofing Systems Specialist Inc
2160 SW Poma Dr
Palm City, FL 34990

CERTIFICATE HOLDER

Conch Property Holdings LLC
2781 SE Eagle Drive
Pt St Lucie, FL 34984

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

\$ 50.00

PERMIT #: 43-SS-1542646
APPLICATION #: AP1149351
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR945001

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: (Conch Property Holdings)
PROPERTY ADDRESS: 19 Lantana Stuart, FL 34994
LOT: 36 BLOCK: _____ SUBDIVISION: RIO VISTA
PROPERTY ID #: 12-38-41-002-000-00360-1

[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [1,050] GALLONS / GPD Septic Tank CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []
D [500] SQUARE FEET Installed in trenches SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: NORTH RIM OF THE MANHOLE COVER IN THE ROAD, ELV. 6.04FT NGVD
I ELEVATION OF PROPOSED SYSTEM SITE [5.50] [INCHES] FT [ABOVE] BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [11.50] [INCHES] FT [ABOVE] BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [24.00] INCHES EXCAVATION REQUIRED: [] INCHES

NOTE: The contractor has an option of installing a 667 sqft or larger d.f. bed.
The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd. The licensed contractor installing the system is responsible for installing the minimum category of tank and drainfield in accordance with s. 64E-6, FAC.
See attached general and special conditions lists.

SPECIFICATIONS BY: Nicholas L Clifton TITLE: Environmental Specialist II
APPROVED BY: R Cross, Jr TITLE: Environmental Specialist Martin CHD
DATE ISSUED: 07/14/2014 EXPIRATION DATE: 01/14/2016
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

SEPTIC SYSTEM GENERAL CONDITIONS LIST

PERMIT 43-SS- 154 2646

- If the minimum finished floor foundation elevation (F.F.F.E.) is below the drainfield filled elevation of 24 inches (above original grade 6.5M), please contact this office to determine possible setback changes from the drainfield (setback is calculated by adding 4:1 slope, 4-foot shoulder and possible berm). Additionally, if the driveway or sidewalk is proposed to be lower than the drainfield filled elevation, please contact the department to determine possible setback changes. **Note: Local building authority determines minimum F.F.F.E. and stub out requirements. Health Department recommendations are used for drainfield fill and setback requirements only.**
- For single-family homes, if the roof drip line is within 5 feet of the drainfield, shoulder or slope and the roof drains toward the septic system, gutters are required.
- Septic system must be installed in unobstructed area as shown on the approved site plan. Alteration of the information or conditions of this permit found to be in non-compliance will be sufficient cause for revocation of this permit. If any information on a permit changes, an amended application and \$50 review fee must be submitted to our office immediately.
- Future ponds or surface water created onsite must be greater than 75' from septic system.
- The mound area must be sodded prior to a request for final grade inspection.
- Non-potable irrigation lines must be separated from the drainfield by two feet unless an approved backflow prevention device is properly installed.
- A \$75.00 re-inspection fee is required if violations are found during the septic system inspection.
- If an inspector does not witness the work conducted during a septic abandonment, the contractor must submit a statement that the work was completed.
- If a professional engineer designs the septic system, the engineer must certify that the installed system complies with the design and installation requirements.
- For commercial operations, occupational approval will not be given until all requirements for an onsite public water system, food operation or institutional establishment are met.

ADDITIONAL CONDITIONS LIST Special conditions marked "X" are in effect

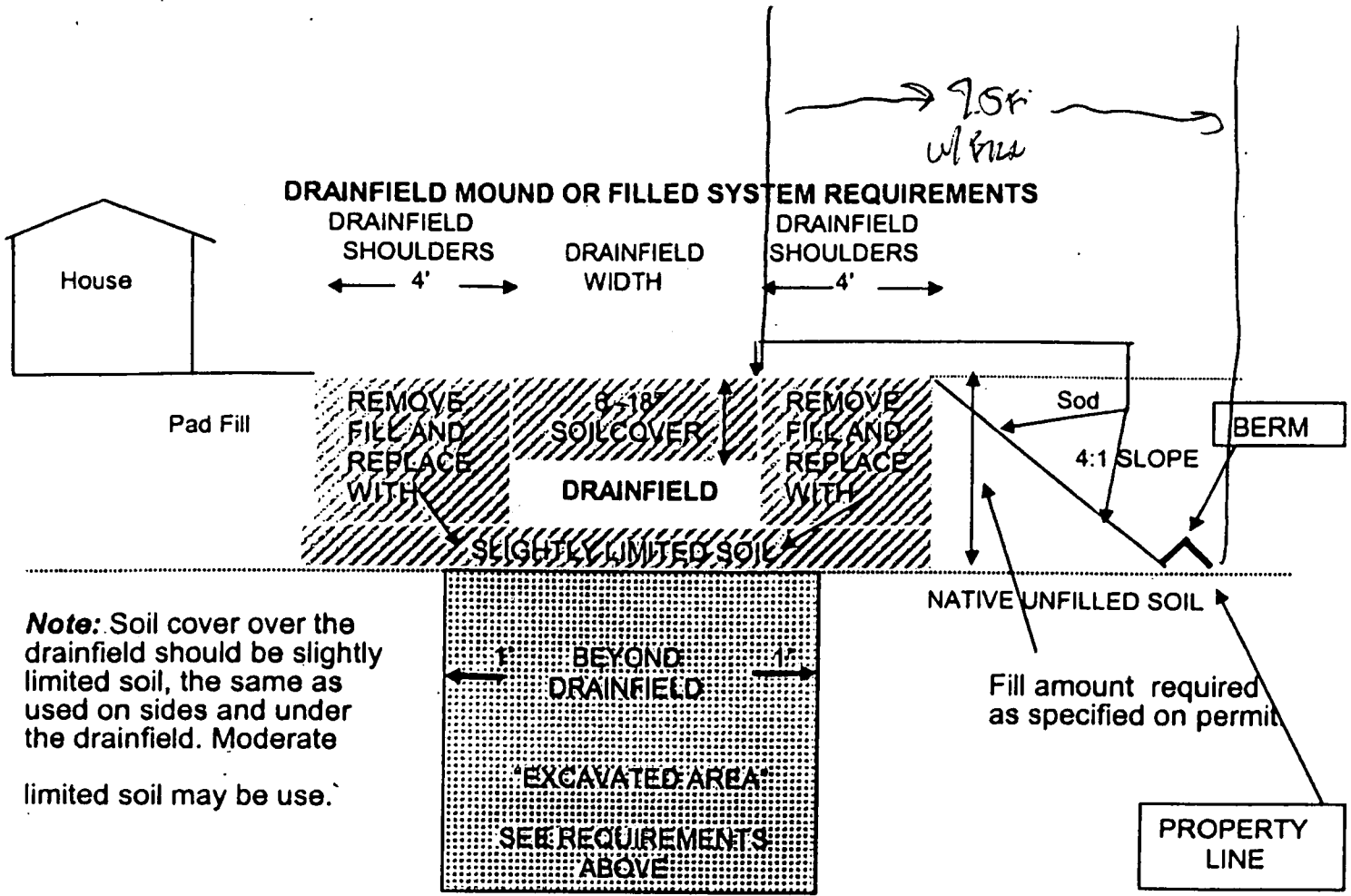
1. Driveway and sidewalk elevation must be at least 6" higher than the top of the drainfield elevation. The driveway cannot be constructed within 4 feet of the system's available area.
2. Prior to final construction approval, the property owner must apply for an operating permit and pay the \$_____ Annual Permit Fee (For ___ Indust./Manuf. ___ Aerobic System ___ Commercial System ___ Performance-Based).

Excavation requirements: (Note: Excavation refers to removal of natural or existing soils, not pad fill)

1. Excavate one foot beyond drainfield area to a depth of _____ inches below natural/ existing grade elevation of _____ feet N.G.V.D. / Assumed. In addition to item #1, 33% of unsuitable soils at depths greater than _____ inches below #1 elevation must be removed to a depth of slightly limited soils.
2. If the proposed drainfield is to be installed within 10 feet of a building foundation or swimming pool structure, the four-foot drainfield shoulder must be filled with suitable soils prior to building construction.
3. If a mound or filled drainfield is proposed, see following sketch. An engineer's design is required if a retaining wall is proposed within the drainfield slope areas of a mound system. No boulders or trees are allowed within the drainfield or drainfield shoulder area. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.

Ryan Cross 7/24/2017
Completed By **Date**

See Reverse Side for Mound or Filled Drainfield Requirements



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACD
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

SEPTIC SYSTEM SPECIAL CONDITIONS FOR PERMIT 43-SS- 154 2646

The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-8.013(3)(f), FAC.

CONDUCT SOIL BORINGS DURING INSPECTION TO VERIFY SOIL TYPE AND WATER TABLE FROM OTHERS.

FILL REQUIRED NOTED ABOVE MUST BE OF SLIGHTLY LIMITED QUALITY IN THE INSTALLATION AREA WITH A MINIMUM OF 4 FOOT SHOULDER BEYOND THE DRAINFIELD SIDE WALL (ANY UNSUITABLE PAD FILL IN THE SHOULDER AND UNDER THE DRAINFIELD MUST BE REMOVED AND REPLACED WITH SUITABLE SOIL).

DRAINFIELD MUST BE A MINIMUM OF TEN FEET FROM BUILDING FOUNDATION.

MAINTENANCE SERVICE AGREEMENT REQUIRED.

ANNUAL OPERATING PERMIT FROM MARTIN CO. HEALTH DEPARTMENT IS REQUIRED.

MAINTAIN A MINIMUM OF FEET FROM SURFACE WATER.

THE DRAINFIELD MUST BE AT LEAST FEET FROM ^{7.5 FT} PROPERTY LINES ^{5 FT} BUILDING FOUNDATION OTHER . (NOTE: For Mounded Drainfields Setback, Use four foot shoulder and 4:1 slope plus 1.5 foot Swale/ Berm Unless Applies to Repairs Using Shoulder Setback Reductions From Table V.)

INSTALL AN APPROVED OUTLET FILTER DEVICE IN THE SEPTIC TANK.

A MINIMUM OF 6 INCHES AND MAXIMUM OF 18 INCHES OF MODERATELY OR SLIGHTLY LIMITED SOIL CAP IS ALLOWED OVER DRAINFIELD.

STATE CODE REQUIRES A MINIMUM DRAINFIELD SIZE OF SQUARE FEET.

THE DRAINFIELD MUST BE PROPERLY GRADED AND STABILIZED PRIOR TO FINAL APPROVAL.

POTABLE WATER LINES WITHIN 10 FEET OF THE SYSTEM MUST BE SLEEVED AND SEALED UNLESS THE WATER LINES THEMSELVES CONSIST OF SCHEDULE 40 PVC OR STRONGER MATERIAL AND NEVER LESS THAN 24 INCHES FROM THE SYSTEM.

POTABLE WATER LINES WITHIN 5 FEET OF A DRAINFIELD SHALL NOT BE LOWER THAN THE DRAINFIELD ELVEVATION.

POTABLE WATER LINES MUST BE INSTALLED AND EXPOSED AT THE TIME OF THE INITIAL INSTALLATION INSPECTION.

REPAIRED MOUND AND FILLED DRAINFIELDS MUST BE PROPERLY GRADED AND SODDED/ STABILIZED WITHIN 14 DAYS OF SYSTEM CONSTRUCTION APPROVAL.

___ RECOMMEND DRAINAGE FEATURE PREVENT RUNOFF INTO FOUNDATIONS.

___ P. E. SYSTEM DESIGN REQUIRED.

___ MAXIMUM DOSE CYCLE = 6 TIMES PER DAY. ___ PUMP(S) REQUIRED. DOSE ENTIRE DRAINFIELD EACH CYCLE. PUMP(S) MUST BE CERTIFIED AS SUITABLE FOR DISTRIBUTION OF SEWAGE EFFLUENT.

___ AN OPERATIONAL TEST OF THE PUMPS AND HIGH WATER ALARM (AUDIBLE AND VISUAL) IS REQUIRED PRIOR TO FINAL CONSTRUCTION APPROVAL.

___ EFFLUENT TRANSMISSION LINES MUST BE 5 FEET AWAY FROM POTABLE WATER LINES UNLESS THE TRANSMISSION IS SCHEDULE 40 PVC OR STRONGER AND IT IS AT LEAST 12 INCHES LOWER THAN THE POTABLE WATER LINE.

___ SEPTIC TANK MUST BE PUMPED PRIOR TO INSTALLION OF THE DRAINFIELD.

___ AGGREGATE, SOIL, AND OTHER COMPONENTS OF SPOIL MATERIALS FROM DRAINFIELD REPAIRS CANNOT BE USED IN SYSTEM REPAIR IN ANY MANNER. CONTRACTORS MUST PROPERLY DISPOSE OF SPOILS MATERIAL BEFORE FINAL INSPECTION AND NEVER CREATE A SANITARY NUISANCE WITH STORAGE OF SPOILS (SEE HSES MEMO 08-010).

___ SYSTEM REPAIRS MUST INSTALLATION MUST BE COMPLETED WITHIN 30 DAYS OF SYSTEM PERMITTING OR CONTRACT DATE UNLESS OTHERWISE EXTENDED BY THE APPLICANT.

✓ ___ LANDSCAPE FEATURES SUCH AS BOULDERS OR TREES ARE NOT ALLOWED ON FILLED OR MOUNDED DRAINFIELDS OR SHOULDERS.

___ VEGETATION COVER ON DRAINFIELDS OTHER THAN SOD MUST BE APPROVED BY THE STATE HEALTH OFFICE.

___ PUMP SEPTIC TANK (DONE BY CERTIFIED COMPANY), CRUSH OR RUPTURE TANK BOTTOM, SUBMIT TANK PUMPOUT RECEIPT, CONTACT DEPARTMENT FOR INSPECTION.

✓ ___ ADDITIONAL FEES MAY APPLY. ~~X~~ \$ 50 2ND INSPECTION FEE.

✓ ___ ALL ATTACHED GENERAL AND SPECIAL CONDITIONS MUST BE COMPLETED PRIOR TO FINAL INSPECTION AND APPROVAL.

___ OTHER:

NAME: Roxy Cross, PE DATE: 7/24/2009

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN # A02, Tallahassee, Florida 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

156407711

6-10-14

43-SS-1542646



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

PERMIT #. _____

APPLICANT: Conch Property AGENT: Walter McBride
LOT: 36 BLOCK: _____ SUBDIVISION: Rio Vista

PROPERTY ID #: 13-38-41-002-000-00360-1 [Section/Township/Parcel No. or Tax ID Number]

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

PROPERTY SIZE CONFORMS TO SITE PLAN: YES [] NO NET USABLE AREA AVAILABLE: 3.45 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE 2]
AUTHORIZED SEWAGE FLOW: 862 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1450 SQFT UNOBSTRUCTED AREA REQUIRED: 1000 SQFT

BENCHMARK/REFERENCE POINT LOCATION: North Rim of Muckde Cret @ Co. A NGVD = 59'4"
ELEVATION OF PROPOSED SYSTEM SITE IS 11.5 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
58" Above Bm w/o Bm

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

SITE SUBJECT TO FREQUENT FLOODING: [] YES NO 10 YEAR FLOODING? [] YES NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: 7.0 FT MSL/NGVD
6.5 w/o P/W

SOIL PROFILE INFORMATION SITE 1 = 15" Above Bm

MUNSELL #/COLOR	TEXTURE	DEPTH
10R 3/1 Wk Dk Gr	FS Fill	0 TO 6
5/2 Gray Blk	FS Fill	6 TO 12
6/1 Gray	FS F"	12 TO 18
6/3 Brn Yell	FS	18 TO 28
8/1 white	FS	28 TO 36
6/1 Gray	FS 7/1 slope @ 40'	36 TO 42
8/1 white	Ss. H ₂ O @ 60"	42 TO 66
7/2 Lt Gray	FS	66 TO 72
		TO

USDA SOIL SERIES: #41 Jordan

SOIL PROFILE INFORMATION SITE 2 = 11.5" Above Bm

MUNSELL #/COLOR	TEXTURE	DEPTH
10R 4/1 Dk Gr	FS Fill	0 TO 18
5/1 Gray	FS	18 TO 24
6/3 Brn Yell	FS	24 TO 30
6/1 Gray	FS	30 TO 36
7/1 Lt Gray	FS 2/1 slope @ 36"	36 TO 42
8/1 white	Ss. H ₂ O @ 60"	42 TO 66
7/2 Lt Gray	FS	66 TO 72
		TO
		TO

USDA SOIL SERIES: #41 Jordan

OBSERVED WATER TABLE: 60 INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 36 INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: [] YES NO MOTTLING: [] YES NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 0.6/0.8 FS DEPTH OF EXCAVATION: _____ INCHES
DRAINFIELD CONFIGURATION: TRENCH ON 1st BED [] OTHER (SPECIFY)

REMARKS/ADDITIONAL CRITERIA: B.M. = 59'4", site 1 = 41'1/2", site 2 = 48" SHWT estimated @ Site 2 due to faint 8/1 str. in a 7/1 material @ 36" below grade. ml
Transitional soil w/ Paola

SITE EVALUATED BY: Nick Clifton 13-1800 Rm 2000 res 130M DATE: 6/13/14



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

RECEIVED
JUN 03 2014
MARTIN COUNTY HEALTH DEPT.

43-55-1542646

PERMIT NO. _____
DATE PAID: 6-5-14
FEE PAID: 450.00
RECEIPT #: 2415-372
~~1149351~~

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: Conch Property Holdings

AGENT: WALTER McBRIDE TELEPHONE: 772-777-0648

MAILING ADDRESS: P.O. Box 7516 Port Saint Lucie FL 34985

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) 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: 36 BLOCK: _____ SUBDIVISION: Rio Vista PLATTED: 12/1/75

PROPERTY ID #: 12384100200000360 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .35 ACRES WATER SUPPLY: [] PRIVATE PUBLIC <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 19 Lantana Lane Sewall's Point

DIRECTIONS TO PROPERTY: South on Sewalls Point Road to Rio Vista Left on Lantana Property on Left.

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	<u>SFR</u>	<u>4</u>	<u>2784</u>	<u>4000gpd</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: W. McBride DATE: 6-4-14

APPLICANT'S NAME: Couch Property HOLDINGS
LEGAL DESCRIPTION: Lot 36 Rio Vista


PROPOSED SEPTIC SYSTEM SITE INFORMATION

I certify that there are no potable private wells within 75 feet of the available area for the proposed septic system, that there are no non-potable wells within 50 feet of the available area for the proposed septic system, that there are no wells within 25 feet of a pesticide-treated building foundation, that there are no public wells that serve less than 25 people or less than 15 homes or businesses within 100 feet of the proposed septic system, that there are no public wells that serve more than 25 people or more than 15 homes or businesses within 200 feet of the proposed septic system, that the water line from the water meter or well to the structure is at least 10 feet from the available area for the proposed septic system unless the plans show the line to be double sleeved, that there is not a gravity sewer line, low pressure sewer line or vacuum sewage line in a public easement or right-of-way that abuts the property, that there are no lakes, streams, wetlands, or surface water within 75 feet of the available area for the proposed septic system unless the property was created prior to 1972, that the septic system is proposed on the side of the lot farthest from surface water, that all private wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicant's lot are shown on the site plan, that all public wells within 200 feet of the applicant's lot are shown on the site plan, and that the location of building or residences, swimming pools, recorded easements, paved areas or driveways, sidewalks, the general slope of the property, filled areas, drainage features, and surface waters such as lakes, ponds, streams, canals, or wetlands are shown on the applicants lot.

The natural grade elevation in the area of the proposed septic system and the benchmark must be shown on the site plan. Please locate the benchmark within 200 feet of the proposed septic system.

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

docs/forms/septics/SepticAppPage207

CERTIFIED BY: 
FLORIDA PROFESSIONAL NO.: 15m3543
DATE: 6/5/14 JOB NO.: _____

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

generated on 6/5/2014 9:12:04 AM EDT

Land

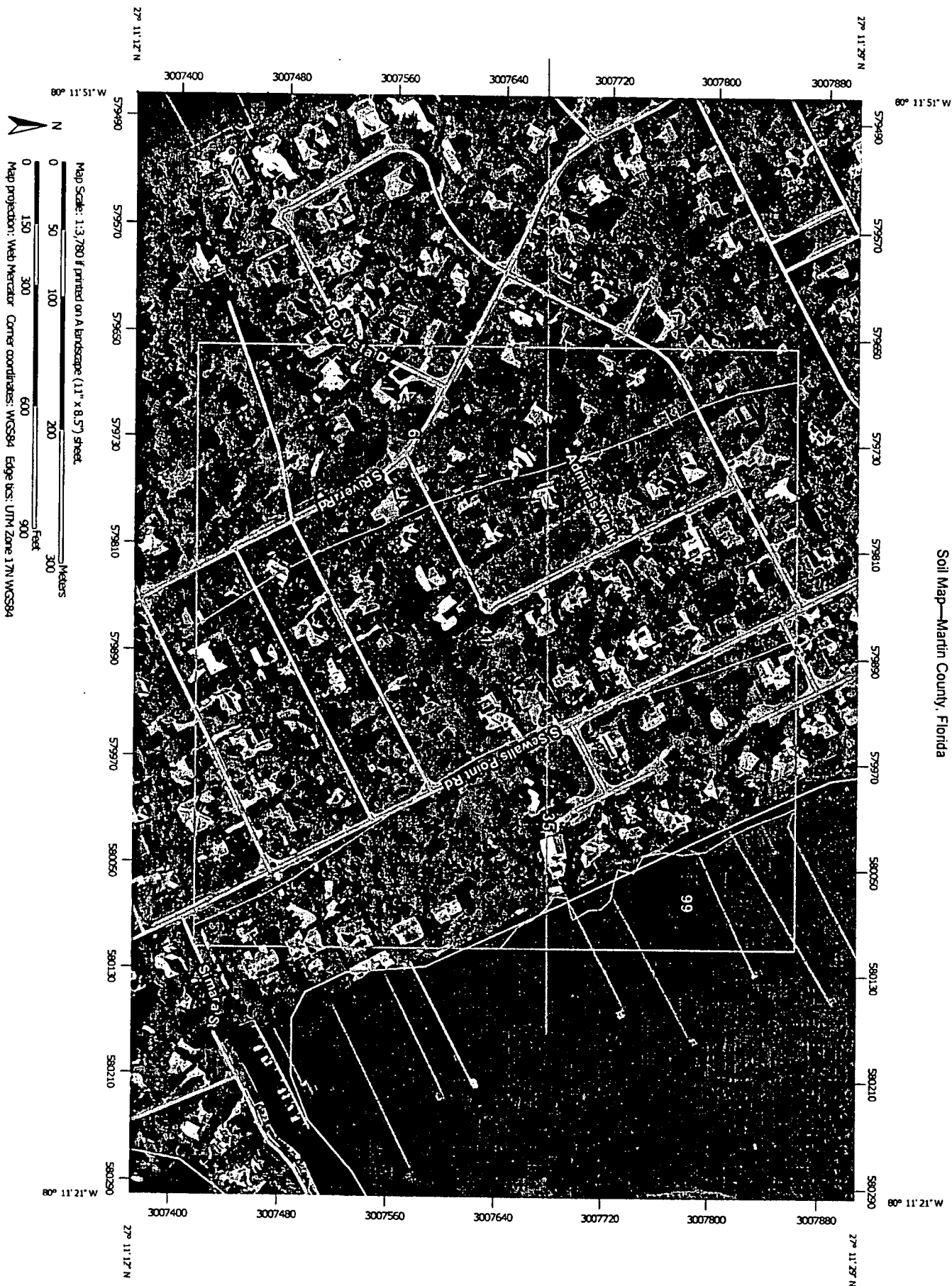
Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-002-000-00360-1	27549	19 LANTANA LN, SEWALL'S POINT	\$160,000	5/31/2014

Description		Topography		Services	
Acres	.3450	Level	N	Land	N
Legal Description	RIO VISTA S/D LOT 36	High	N	Sewer	N
		Low	N	Gas	N
		Rolling	N	Electricity	N
		Swampy	N	Sidewalk	N
		Flood Haz.		Alley	N
		Water Front Type			

Land Type - 48 Lot site - Normal 2

		Dimension	
Front	.0	Actual Frontage	.0
Depth	.0	Depth Factor	1.00
Acreage	.00	Acreage Factor	1.00
Sq. Ft.	.00		
Soil ID.		Soil Prod. Factor	10.0

Soil Map—Martin County, Florida



Map Unit Legend

Martin County, Florida (FL085)			
Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
6	Paola and St. Lucie sands, 0 to 8 percent slopes	11.8	23.5%
35	Salemo sand	11.9	23.7%
41	Jonathan sand, 0 to 5 percent slopes	23.3	46.4%
99	Water	3.2	6.4%
Totals for Area of Interest		50.2	100.0%

BOUNDARY SURVEY

LEGAL DESCRIPTION:

Lot 36 of
RIO VISTA SUBDIVISION

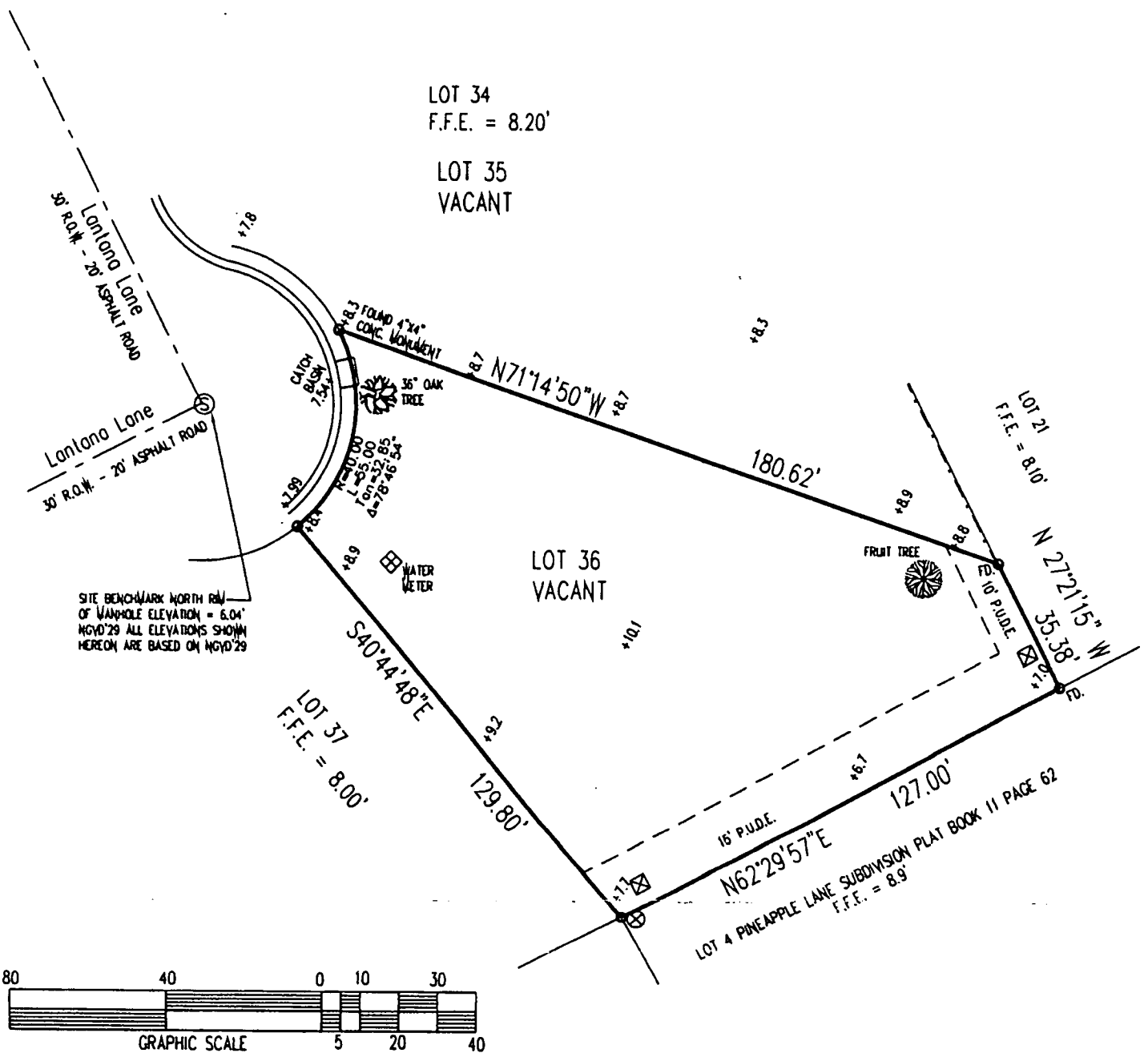
according to the plat thereof
as recorded in Plat Book 6
page(s) 95
of the Public Records of
Martin County, Florida.

ABBREVIATIONS:

SET = Set 5/8" iron rebar with
yellow cap marked "PSM 5543"
FD=Found 5/8" Iron Rebar
F.F.E.=Finished Floor Elevation
OH—OH—OH= Over Head Wires
X—X—X= Chain Link Fence
R.O.W. = Right of Way
O—O—O= Wood Fence
☒ = FPL Transformer Pad
PL=Value as platted
R = Radius of curve
L = Length of curve
Δ = Delta of Curve
MEAS. = Measured
CONC. = Concrete
C.P. = Concrete Pad
☒ = Water Meter
☒ = Power Pole
☒ = Utility Box
⊙ = Well

SURVEYORS NOTES:

1. Unless otherwise noted only platted easements are shown hereon.
2. No underground utilities or improvements were located unless otherwise shown.
3. This site lies within Flood Insurance Rate Map Zone AE 8.0 Map# 12085C0154 F Dated 10-4-02
4. Flood Zone shown hereon is an interpretation by the surveyor and is provided as a courtesy. The flood zone should be verified by a determination agency.
5. Bearings shown hereon are based on the East line of Lots 35 & 36 as being N 27°21'15" W according to the Plat described hereon.
6. P.U.D.E. denotes Public Utilities and Drainage Easement.
7. All Lot dimensions shown are per plat unless otherwise shown.



19 Lantana Lane	
SCALE: 1"=40'	Atlantic Land Designs
DATE: 1/23/14	of the Treasure Coast, LB7468
DRAWN: MC\JC	754 NE Jensen Beach Blvd. Jensen Beach, FL 34957
2014-0034S	Mailing Address:
DATE:	P.O. Box 1421 Jensen Beach, FL 34958
REVISIONS	ALD5543@gmail.com (772) 398-4290
LAST FIELD DATE: 1/23/14	

Certified to: Walter McBride

I hereby certify that the survey shown hereon is true and correct and is based on actual measurements taken in the field. This survey meets the Minimum Technical Standards of Chapter 5J-17 Florida administrative code.

James A. Cesiro Jr.

Digitally signed by James A. Cesiro Jr.
DN: cn=James A. Cesiro Jr., o=Atlantic Land Design, ou, email=ALD5543@gmail.com, c=US
Date: 2014.02.13 10:27:00 -05'00'

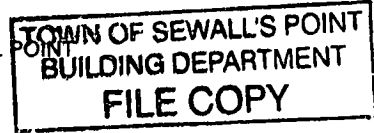
NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: WALTER MCBRIDE
 Street: 19 LANTANA LANE
 City, State, Zip: SEWALLS POINT, FL, 34985-
 Owner: SAME
 Design Location: FL, Fort Pierce

Builder Name: SAME
 Permit Office: SEWALLS POINT
 Permit Number:
 Jurisdiction: 531300



1. New construction or existing	New (From Plans)		9. Wall Types (2789.2 sqft.)	Insulation	Area
2. Single family or multiple family	Single-family		a. Concrete Block - Int Insul, Exterior	R=4.0	2392.50 ft ²
3. Number of units, if multiple family	1		b. Frame - Wood, Adjacent	R=11.0	305.00 ft ²
4. Number of Bedrooms	4		c. Concrete Block - Int Insul, Adjacent	R=4.0	91.67 ft ²
5. Is this a worst case?	No		d. N/A	R=	ft ²
6. Conditioned floor area above grade (ft ²)	2784		10. Ceiling Types (2784.0 sqft.)	Insulation	Area
Conditioned floor area below grade (ft ²)	0		a. Roof Deck (Unvented)	R=0.0	2784.00 ft ²
7. Windows(615.4 sqft.)	Description	Area	b. N/A	R=	ft ²
a. U-Factor:	Sgl, U=0.56	615.38 ft ²	c. N/A	R=	ft ²
SHGC:	SHGC=0.50		11. Ducts		R ft ²
b. U-Factor:	N/A	ft ²	a. Sup: Attic, Ret: Attic, AH: Main		6 164
SHGC:					
c. U-Factor:	N/A	ft ²	12. Cooling systems	kBtu/hr	Efficiency
SHGC:			a. Central Unit	37.6	SEER:15.00
d. U-Factor:	N/A	ft ²	13. Heating systems	kBtu/hr	Efficiency
SHGC:			a. Electric Strip Heat	28.0	COP:1.00
Area Weighted Average Overhang Depth:		8.350 ft.	14. Hot water systems		
Area Weighted Average SHGC:		0.500	a. Electric		Cap: 66 gallons
8. Floor Types (2784.0 sqft.)	Insulation	Area	b. Conservation features		EF: 0.900
a. Slab-On-Grade Edge Insulation	R=5.0	2784.00 ft ²	Add-on Dedicated HeatPump:COP=2.3		
b. N/A	R=	ft ²	15. Credits		CF, WHF, Pstat
c. N/A	R=	ft ²			

Glass/Floor Area: 0.221

Total Proposed Modified Loads: 41.88
 Total Standard Reference Loads: 54.30

PASS

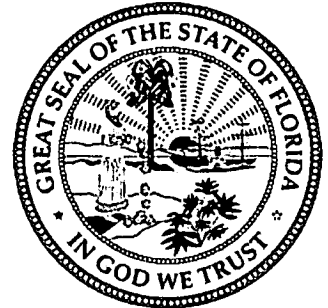
I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: _____
 DATE: _____

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: _____

- Compliance requires certification by the air handler unit manufacturer that the air handler enclosure qualifies as certified factory-sealed in accordance with 403.2.2.1.1.
- Compliance requires completion of a Florida Air Barrier and Insulation Inspection Checklist
- Compliance requires a roof absorptance test in accordance with 405.6.2
- Compliance requires an air distribution system test report, by a Florida Class 1 Rater, confirming system leakage to outdoors tested at 25 pascals pressure difference in accordance with 403.2.2.1. is not greater than (84 cfm:Duct#1)

PROJECT

Title:	WALTER MCBRIDE	Bedrooms:	4	Address Type:	Street Address
Building Type:	User	Conditioned Area:	2784	Lot #	10
Owner:	SAME	Total Stories:	1	Block/SubDivision:	
# of Units:	1	Worst Case:	No	PlatBook:	
Builder Name:	SAME	Rotate Angle:	0	Street:	19 LANTANA LANE
Permit Office:	SEWALL POINT	Cross Ventilation:	No	County:	Martin
Jurisdiction:	531300	Whole House Fan:	Yes	City, State, Zip:	SEWALLS POINT , FL , 34985-
Family Type:	Single-family				
New/Existing:	New (From Plans)				
Comment:					

CLIMATE

✓	Design Location	TMY Site	IECC Zone	Design Temp		Int Design Temp		Heating Degree Days	Design Moisture	Daily Temp Range
				97.5 %	2.5 %	Winter	Summer			
_____	FL, Fort Pierce	FL_ST_LUCIE_CO_INTL	2	39	90	70	75	722	62	Low

BLOCKS

Number	Name	Area	Volume
1	Block1	2784	27840

SPACES

Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Infil ID	Finished	Cooled	Heated
1	Main	2784	27840	Yes	4	4	1	Yes	Yes	Yes

FLOORS

✓	#	Floor Type	Space	Perimeter	R-Value	Area		Tile	Wood	Carpet
_____	1	Slab-On-Grade Edge Insulatio	Main	282 ft	5	2784 ft²	---	0.5	0.5	0

ROOF

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	SA Tested	Emitt	Emitt Tested	Deck Insul.	Pitch (deg)
_____	1	Hip	Metal	3114 ft²	0 ft²	Unfinishe	0.96	Yes	0.7	No	0	26.6

ATTIC

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Unvented	0	2784 ft²	N	N

CEILING

✓	#	Ceiling Type	Space	R-Value	Area	Framing Frac	Truss Type
_____	1	Under Attic (Unvented)	Main	20	2784 ft²	0.11	Wood

WALLS

✓ #	Ornt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft	In	Height Ft	In	Area	Sheathing R-Value	Framing Fraction	Solar Absor.	Below Grade%
1	N	Exterior	Concrete Block - Int Insul	Main	4	55	3	10	0	552.5 ft²	4	0	0.75	0
2	E	Exterior	Concrete Block - Int Insul	Main	4	10	4	10	0	103.3 ft²	0	0	0.75	0
3	S	Garage	Concrete Block - Int Insul	Main	4	9	2	10	0	91.7 ft²	0	0	0.75	0
4	S	Exterior	Concrete Block - Int Insul	Main	4	4	2	10	0	41.7 ft²	0	0	0.75	0
5	E	Exterior	Concrete Block - Int Insul	Main	4	8	10	10	0	88.3 ft²	0	0	0.75	0
6	S	Exterior	Concrete Block - Int Insul	Main	4	4	2	10	0	41.7 ft²	0	0	0.75	0
7	S	Exterior	Concrete Block - Int Insul	Main	4	5	4	10	0	53.3 ft²	0	0	0.75	0
8	E	Exterior	Concrete Block - Int Insul	Main	4	24	7	10	0	245.8 ft²	0	0	0.75	0
9	S	Exterior	Concrete Block - Int Insul	Main	4	4	4	10	0	43.3 ft²	0	0	0.75	0
10	E	Exterior	Concrete Block - Int Insul	Main	4	11	3	10	0	112.5 ft²	0	0	0.75	0
11	S	Exterior	Concrete Block - Int Insul	Main	4	11	2	10	0	111.7 ft²	0	0	0.75	0
12	S	Exterior	Concrete Block - Int Insul	Main	4	19	2	10	0	191.7 ft²	0	0	0.75	0
13	W	Exterior	Concrete Block - Int Insul	Main	4	7	2	10	0	71.7 ft²	0	0	0.75	0
14	S	Exterior	Concrete Block - Int Insul	Main	4	12	10	10	0	128.3 ft²	0	0	0.75	0
15	W	Exterior	Concrete Block - Int Insul	Main	4	3	4	10	0	33.3 ft²	0	0	0.75	0
16	S	Exterior	Concrete Block - Int Insul	Main	4	4	0	10	0	40.0 ft²	0	0	0.75	0
17	W	Exterior	Concrete Block - Int Insul	Main	4	7	3	10	0	72.5 ft²	0	0	0.75	0
18	N	Exterior	Concrete Block - Int Insul	Main	4	4	0	10	0	40.0 ft²	0	0	0.75	0
19	W	Exterior	Concrete Block - Int Insul	Main	4	3	4	10	0	33.3 ft²	0	0	0.75	0
20	N	Exterior	Concrete Block - Int Insul	Main	4	12	7	10	0	125.8 ft²	0	0	0.75	0
21	W	Exterior	Concrete Block - Int Insul	Main	4	9	0	10	0	90.0 ft²	0	0	0.75	0
22	S	Exterior	Concrete Block - Int Insul	Main	4	5	1	10	0	50.8 ft²	0	0	0.75	0
23	W	Exterior	Concrete Block - Int Insul	Main	4	12	1	10	0	120.8 ft²	0	0	0.75	0
24	W	Garage	Frame - Wood	Main	11	3	5	10	0	34.2 ft²	0	0	0.75	0
25	N	Garage	Frame - Wood	Main	11	4	0	10	0	40.0 ft²	0	0	0.75	0
26	W	Garage	Frame - Wood	Main	11	5	6	10	0	55.0 ft²	0	0	0.75	0
27	N	Garage	Frame - Wood	Main	11	2	1	10	0	20.8 ft²	0	0	0.75	0
28	W	Garage	Frame - Wood	Main	11	15	6	10	0	155.0 ft²	0	0	0.75	0

DOORS

✓ #	Ornt	Door Type	Space	Storms	U-Value	Width Ft	In	Height Ft	In	Area
1	W	Wood	Main	Wood	.46	6		8		48 ft²
2	S	Wood	Main	Wood	.46	3		8		24 ft²

WINDOWS

Orientation shown is the entered, Proposed orientation.

✓ #	Ornt	Wall ID	Frame	Panes	NFRC	U-Factor	SHGC	Area	Overhang Depth	Separation	Int Shade	Screening
1	N	1	Metal	Single (Tinted)	Yes	0.56	0.5	23.2 ft²	2 ft 0 in	2 ft 0 in	Drapes/blinds	None
2	N	1	Metal	Single (Tinted)	Yes	0.56	0.5	13.7 ft²	2 ft 0 in	2 ft 0 in	Drapes/blinds	None
3	N	1	Metal	Single (Tinted)	Yes	0.56	0.5	18.1 ft²	2 ft 0 in	2 ft 0 in	Drapes/blinds	None
4	S	4	Metal	Single (Tinted)	Yes	0.56	0.5	32.4 ft²	8 ft 0 in	2 ft 0 in	Drapes/blinds	None
5	E	5	Metal	Single (Tinted)	Yes	0.56	0.5	43.1 ft²	5 ft 2 in	2 ft 0 in	Drapes/blinds	None

WINDOWS

Orientation shown is the entered, Proposed orientation.

✓	#	Wall				NFRC	U-Factor	SHGC	Area	Overhang		Int Shade	Screening
		Omt	ID	Frame	Panes					Depth	Separation		
✓	6	S	6	Metal	Single (Tinted)	Yes	0.56	0.5	25.7 ft²	8 ft 6 in	2 ft 0 in	Drapes/blinds	None
✓	7	S	7	Metal	Single (Tinted)	Yes	0.56	0.5	25.7 ft²	27 ft 0 in	2 ft 0 in	Drapes/blinds	None
✓	8	E	8	Metal	Single (Tinted)	Yes	0.56	0.5	192.0 ft²	13 ft 5 in	2 ft 0 in	Drapes/blinds	None
✓	9	E	10	Metal	Single (Tinted)	Yes	0.56	0.5	96.0 ft²	8 ft 0 in	2 ft 0 in	Drapes/blinds	None
✓	10	S	11	Metal	Single (Tinted)	Yes	0.56	0.5	36.8 ft²	2 ft 0 in	2 ft 0 in	Drapes/blinds	None
✓	11	S	12	Metal	Single (Tinted)	Yes	0.56	0.5	18.1 ft²	2 ft 0 in	2 ft 0 in	Drapes/blinds	None
✓	12	W	13	Metal	Single (Tinted)	Yes	0.56	0.5	13.7 ft²	2 ft 0 in	2 ft 0 in	Drapes/blinds	None
✓	13	W	15	Metal	Single (Tinted)	Yes	0.56	0.5	8.7 ft²	2 ft 0 in	2 ft 0 in	Drapes/blinds	None
✓	14	W	17	Metal	Single (Tinted)	Yes	0.56	0.5	28.0 ft²	2 ft 0 in	2 ft 0 in	Drapes/blinds	None
✓	15	W	19	Metal	Single (Tinted)	Yes	0.56	0.5	8.0 ft²	2 ft 0 in	2 ft 0 in	Drapes/blinds	None
✓	16	W	23	Metal	Single (Tinted)	Yes	0.56	0.5	32.4 ft²	2 ft 0 in	2 ft 0 in	Drapes/blinds	None

GARAGE

✓	#	Floor Area	Ceiling Area	Exposed Wall Perimeter	Avg. Wall Height	Exposed Wall Insulation
✓	1	497.96 ft²	496 ft²	64.8 ft	10 ft	4

INFILTRATION

#	Scope	Method	SLA	CFM 50	ELA	EqLA	ACH	ACH 50
1	Wholehouse	Best Guess	.0003	2190.7	120.27	226.18	.219	4.7214

HEATING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Block	Ducts
✓	1	Electric Strip Heat	None	COP: 1	28 kBtu/hr	1	sys#1

COOLING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Block	Ducts
✓	1	Central Unit	Split	SEER: 15	37.6 kBtu/hr	1128 cfm	0.7	1	sys#1

HOT WATER SYSTEM

✓	#	System Type	SubType	Location	EF	Cap	Use	SetPnt	Conservation
✓	1	Electric	None	Garage	0.9	66 gal	40 gal	120 deg	Add-on HeatPump:COP=2.3

SOLAR HOT WATER SYSTEM

✓	FSEC	Company Name	System Model #	Collector Model #	Collector Area	Storage Volume	FEF
✓	Cert #	None	None		ft²		

DUCTS

✓ #	--- Supply ---		--- Return ---		Leakage Type	Air Handler	CFM 25 TOT	CFM25 OUT	QN	RLF	HVAC #		
	Location	R-Value	Area	Location							Area	Heat	Cool
1	Attic	6	164 ft ²	Attic	41 ft ²	Prop. Leak Free	Main	— cfm	83.5 cfm	0.03	0.60	1	1

TEMPERATURES

Programable Thermostat: Y				Ceiling Fans:											
Cooling	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec			
Heating	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec			
Venting	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec			
Thermostat Schedule: HERS 2006 Reference															
Schedule Type		Hours													
		1	2	3	4	5	6	7	8	9	10	11	12		
Cooling (WD)	AM	78	78	78	78	78	78	78	78	80	80	80	80		
	PM	80	80	78	78	78	78	78	78	78	78	78	78		
Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	78	78	78		
	PM	78	78	78	78	78	78	78	78	78	78	78	78		
Heating (WD)	AM	66	66	66	66	66	68	68	68	68	68	68	68		
	PM	68	68	68	68	68	68	68	68	68	68	66	66		
Heating (WEH)	AM	66	66	66	66	66	68	68	68	68	68	68	68		
	PM	68	68	68	68	68	68	68	68	68	68	66	66		

MECHANICAL VENTILATION

Type	Supply CFM	Exhaust CFM	Fan Watts	HRV	Heating System	Run Time	Cooling System
Fans/ERV	50	0	22.5	0	-	0%	1 - Central Unit

Florida Code Compliance Checklist
 Florida Department of Business and Professional Regulations
 Residential Whole Building Performance Method

ADDRESS: 19 LANTANA LANE
 SEWALLS POINT, FL, 34985-

PERMIT #:

MANDATORY REQUIREMENTS SUMMARY - See individual code sections for full details.

COMPONENT	SECTION	SUMMARY OF REQUIREMENT(S)	CHECK
Air leakage	402.4	To be caulked, gasketed, weatherstripped or otherwise sealed. Recessed lighting IC-rated as meeting ASTM E 283. Windows and doors = 0.30 cfm/sq.ft. Testing or visual inspection required. Fireplaces: gasketed doors & outdoor combustion air. Must complete envelope leakage report or visually verify Table 402.4.2.	
Thermostat & controls	403.1	At least one thermostat shall be provided for each separate heating and cooling system. Where forced-air furnace is primary system, programmable thermostat is required. Heat pumps with supplemental electric heat must prevent supplemental heat when compressor can meet the load.	
Ducts	403.2.2	All ducts, air handlers, filter boxes and building cavities which form the primary air containment passageways for air distribution systems shall be considered ducts or plenum chambers, shall be constructed and sealed in accordance with Section 503.2.7.2 of this code.	
	403.3.3	Building framing cavities shall not be used as supply ducts.	
Water heaters	403.4	Heat trap required for vertical pipe risers. Comply with efficiencies in Table 403.4.3.2. Provide switch or clearly marked circuit breaker (electric) or shutoff (gas). Circulating system pipes insulated to = R-2 + accessible manual OFF switch.	
Mechanical ventilation	403.5	Homes designed to operate at positive pressure or with mechanical ventilation systems shall not exceed the minimum ASHRAE 62 level. No make-up air from attics, crawlspaces, garages or outdoors adjacent to pools or spas.	
Swimming Pools & Spas	403.9	Pool pumps and pool pump motors with a total horsepower (HP) of = 1 HP shall have the capability of operating at two or more speeds. Spas and heated pools must have vapor-retardant covers or a liquid cover or other means proven to reduce heat loss except if 70% of heat from site-recovered energy. Off/timer switch required. Gas heaters minimum thermal efficiency=78% (82% after 4/16/13). Heat pump pool heaters minimum COP= 4.0.	
Cooling/heating equipment	403.6	Sizing calculation performed & attached. Minimum efficiencies per Tables 503.2.3. Equipment efficiency verification required. Special occasion cooling or heating capacity requires separate system or variable capacity system. Electric heat >10kW must be divided into two or more stages.	
Ceilings/knee walls	405.2.1	R-19 space permitting.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 77

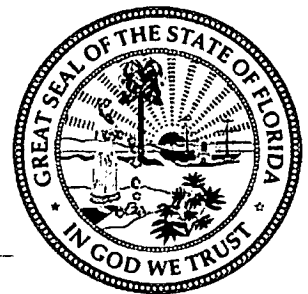
The lower the EnergyPerformance Index, the more efficient the home.

19 LANTANA LANE, SEWALLS POINT, FL, 34985-

<p>1. New construction or existing 2. Single family or multiple family 3. Number of units, if multiple family 4. Number of Bedrooms 5. Is this a worst case? 6. Conditioned floor area (ft²)</p>	<p>New (From Plans) Single-family 1 4 No 2784</p>	<p>9. Wall Types a. Concrete Block - Int Insul, Exterior b. Frame - Wood, Adjacent c. Concrete Block - Int Insul, Adjacent d. N/A</p>	<p>Insulation Area R=4.0 2392.50 ft² R=11.0 305.00 ft² R=4.0 91.67 ft² R= ft²</p>																								
<p>7. Windows**</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">a. U-Factor:</td> <td style="width: 45%;">Sgl. U=0.56</td> <td style="width: 40%;">Area</td> </tr> <tr> <td>SHGC:</td> <td>SHGC=0.50</td> <td>615.38 ft²</td> </tr> <tr> <td>b. U-Factor:</td> <td>N/A</td> <td>ft²</td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> </tr> <tr> <td>c. U-Factor:</td> <td>N/A</td> <td>ft²</td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> </tr> <tr> <td>d. U-Factor:</td> <td>N/A</td> <td>ft²</td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> </tr> </table> <p>Area Weighted Average Overhang Depth: 8.350 ft. Area Weighted Average SHGC: 0.500</p>	a. U-Factor:	Sgl. U=0.56	Area	SHGC:	SHGC=0.50	615.38 ft ²	b. U-Factor:	N/A	ft ²	SHGC:			c. U-Factor:	N/A	ft ²	SHGC:			d. U-Factor:	N/A	ft ²	SHGC:			<p>10. Ceiling Types a. Roof Deck (Unvented) b. N/A c. N/A</p>	<p>Insulation Area R=0.0 2784.00 ft² R= ft² R= ft²</p>	<p>11. Ducts a. Sup: Attic, Ret: Attic, AH: Main R ft² 6 164</p>
a. U-Factor:	Sgl. U=0.56	Area																									
SHGC:	SHGC=0.50	615.38 ft ²																									
b. U-Factor:	N/A	ft ²																									
SHGC:																											
c. U-Factor:	N/A	ft ²																									
SHGC:																											
d. U-Factor:	N/A	ft ²																									
SHGC:																											
<p>8. Floor Types</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">a. Slab-On-Grade Edge Insulation</td> <td style="width: 45%;">Insulation</td> <td style="width: 40%;">Area</td> </tr> <tr> <td>b. N/A</td> <td>R=5.0</td> <td>2784.00 ft²</td> </tr> <tr> <td>c. N/A</td> <td>R=</td> <td>ft²</td> </tr> <tr> <td></td> <td>R=</td> <td>ft²</td> </tr> </table>	a. Slab-On-Grade Edge Insulation	Insulation	Area	b. N/A	R=5.0	2784.00 ft ²	c. N/A	R=	ft ²		R=	ft ²	<p>12. Cooling systems a. Central Unit kBtu/hr Efficiency 37.6 SEER:15.00</p>	<p>13. Heating systems a. Electric Strip Heat kBtu/hr Efficiency 28.0 COP:1.00</p>	<p>14. Hot water systems a. Electric Cap: 66 gallons EF: 0.9</p> <p>b. Conservation features Add-on Dedicated HeatPump:COP=2.3</p>												
a. Slab-On-Grade Edge Insulation	Insulation	Area																									
b. N/A	R=5.0	2784.00 ft ²																									
c. N/A	R=	ft ²																									
	R=	ft ²																									
			<p>15. Credits CF, WHF, Pstat</p>																								

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: This is not a Building Energy Rating. If your Index is below 70, your home may qualify for energy efficient mortgage (EEM) incentives if you obtain a Florida EnergyGauge Rating. Contact the EnergyGauge Hotline at (321) 638-1492 or see the EnergyGauge web site at energygauge.com for information and a list of certified Raters. For information about the Florida Building Code, Energy Conservation, contact the Florida Building Commission's support staff.

**Label required by Section 303.1.3 of the Florida Building Code, Energy Conservation, if not DEFAULT.

BOUNDARY SURVEY

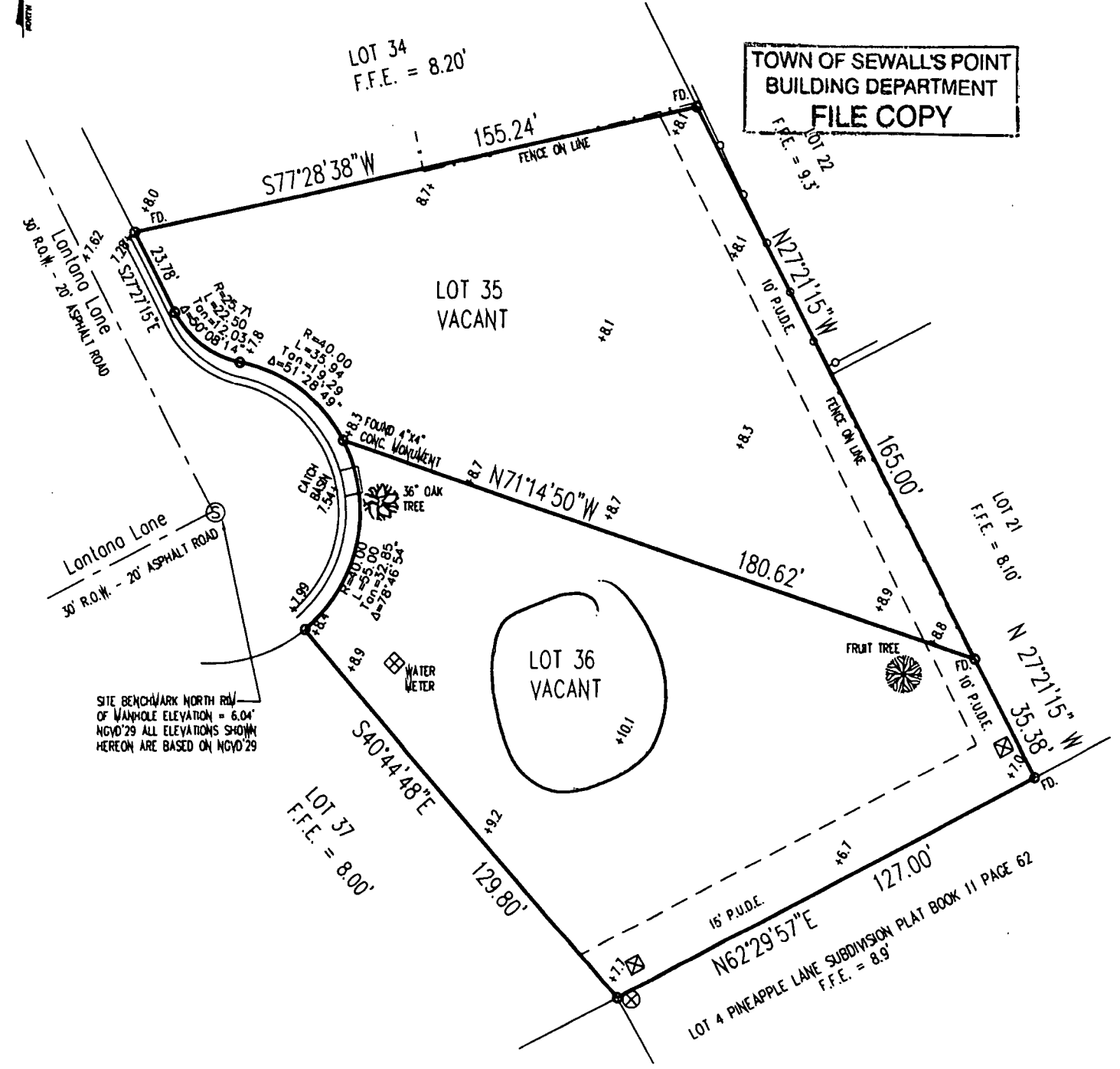
LEGAL DESCRIPTION:
 Lots 35 and 36 of
 RIO VISTA SUBDIVISION

according to the plat thereof
 as recorded in Plat Book 6
 page(s) 95
 of the Public Records of
 Martin County, Florida.

ABBREVIATIONS:
 SET = Set 5/8" iron rebar with
 yellow cap marked "PSM 5543"
 FD=Found 5/8" Iron Rebar
 F.F.E.=Finished Floor Elevation
 OH--OH--OH== Over Head Wires
 X--X--X== Chain Link Fence
 R.O.W. = Right of Way
 O--O--O= Wood Fence
 ☒ = FPL Transformer Pad
 PL=Value as platted
 R = Radius of curve
 L = Length of curve
 Δ = Delta of Curve
 MEAS. = Measured
 CONC. = Concrete
 C.P.= Concrete Pad
 ☒ = Water Meter
 ☒ = Power Pole
 ☒ = Utility Box
 ⊙ = Well

SURVEYORS NOTES:

1. Unless otherwise noted only platted easements are shown hereon.
2. No underground utilities or improvements were located unless otherwise shown.
3. This site lies within Flood Insurance Rate Map Zone AE 8.0 Map# 12085C0154 F Dated 10-4-02
4. Flood Zone shown hereon is an interpretation by the surveyor and is provided as a courtesy. The flood zone should be verified by a determination agency.
5. Bearings shown hereon are based on the East line of Lots 35 & 36 as being N 27°21'15" W according to the Plat described hereon.
6. P.U.D.E. denotes Public Utilities and Drainage Easement.
7. All Lot dimensions shown are per plat unless otherwise shown.



19 Lantana Lane	
SCALE: 1"=30'	Atlantic Land Designs of the Treasure Coast, LB7468 754 NE Jensen Beach Blvd. Jensen Beach, FL 34957
DATE: 1/23/14	Mailing Address: P.O. Box 1421 Jensen Beach, FL 34958 ALD5543@gmail.com (772) 398-4290
DRAWN: MC\JC	
2014-0034	
DATE:	REVISIONS
LAST FIELD DATE: 1/23/14	

Certified to: Walter McBride

I hereby certify that the survey shown hereon is true and correct and is based on actual measurements taken in the field. This survey meets the Minimum Technical Standards of Chapter 5J-17 Florida administrative code.

James A. Cesiro Jr.

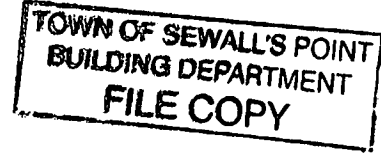
Digitally signed by James A. Cesiro Jr.
 DN: cn=James A. Cesiro Jr., o=Atlantic Land Design, ou, email=ALD5543@gmail.com, c=US
 Date: 2014.01.24 12:42:11 -05'00'

NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL

Project Information

For: WALT MC BRIDE, NA
19 LANTANA LANE, SEWALLS POINT, FL 34985

Notes:



Design Information

Weather: Fort Pierce, FL, US

Winter Design Conditions

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

Summer Design Conditions

Outside db 90 °F
Inside db 75 °F
Design TD 15 °F
Daily range L
Relative humidity 55 %
Moisture difference 55 gr/lb

Heating Summary

Structure 13918 Btuh
Ducts 49 Btuh
Central vent (335 cfm) 0 Btuh
Humidification 0 Btuh
Piping 0 Btuh
Equipment load 13967 Btuh

Sensible Cooling Equipment Load Sizing

Structure 23257 Btuh
Ducts 181 Btuh
Central vent (335 cfm) 0 Btuh
Blower 0 Btuh
Use manufacturer's data y
Rate/swing multiplier 1.00
Equipment sensible load 23438 Btuh

Infiltration

Method	Simplified	
Construction quality	Average	
Fireplaces	0	
	Heating	Cooling
Area (ft²)	1343	1343
Volume (ft³)	13431	13431
Air changes/hour	0.31	0.15
Equiv. AVF (cfm)	68	34

Latent Cooling Equipment Load Sizing

Structure 5676 Btuh
Ducts 172 Btuh
Central vent (335 cfm) 0 Btuh
Equipment latent load 5847 Btuh
Equipment total load 29286 Btuh
Req. total capacity at 0.70 SHR 2.8 ton

Heating Equipment Summary

Make	n/a	
Trade	n/a	
Model	n/a	
AHRI ref	n/a	
Efficiency		n/a
Heating input		
Heating output	0 Btuh	
Low output baseboard	500 Btuh/ft	
Total low baseboard	0 ft	
High output baseboard	700 Btuh/ft	
Total high baseboard	0 ft	
Space thermostat	n/a	

Cooling Equipment Summary

Make	n/a	
Trade	n/a	
Cond	n/a	
Coil	n/a	
AHRI ref	n/a	
Efficiency		n/a
Sensible cooling	0 Btuh	
Latent cooling	0 Btuh	
Total cooling	0 Btuh	
Actual air flow	0 cfm	
Air flow factor	0 cfm/Btuh	
Static pressure	0 in H2O	
Load sensible heat ratio	0	

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

Project Information

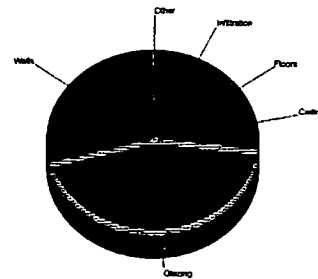
For: WALT MC BRIDE, NA
 19 LANTANA LANE, SEWALLS POINT, FL 34985

Design Conditions

Location: Fort Pierce, FL, US Elevation: 25 ft Latitude: 27°N		Indoor: Indoor temperature (°F) 70 Design TD (°F) 25 Relative humidity (%) 55 Moisture difference (gr/lb) 24.9	Heating	Cooling
Outdoor: Dry bulb (°F) 45 Daily range (°F) - Wet bulb (°F) - Wind speed (mph) 15.0	Heating	Cooling		
		90 15 (L) 78 7.5		75 15 55 54.9
				Infiltration: Method Simplified Construction quality Average Fireplaces 0

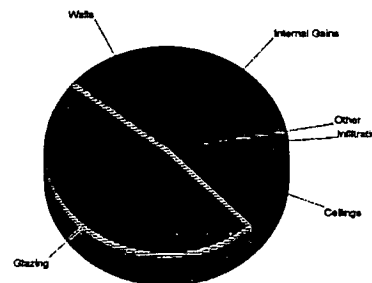
Heating

Component	Btuh/ft²	Btuh	% of load
Walls	4.6	4085	29.3
Glazing	21.8	6112	43.8
Doors	0	0	0
Ceilings	1.1	1475	10.6
Floors	0.3	366	2.6
Infiltration	1.6	1880	13.5
Ducts		49	0.4
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
Total		13967	100.0



Cooling

Component	Btuh/ft²	Btuh	% of load
Walls	3.6	3252	13.9
Glazing	40.2	11283	48.1
Doors	0	0	0
Ceilings	2.3	3098	13.2
Floors	0	0	0
Infiltration	0.5	564	2.4
Ducts		181	0.8
Ventilation		0	0
Internal gains		5060	21.6
Blower		0	0
Adjustments		0	0
Total		23438	100.0



Latent Cooling Load = 5847 Btuh
 Overall U-value = 0.125 Btuh/ft²·°F

ERROR: negative wall area in breakfast - check windows.

Bold/italic values have been manually overridden

Project Information

For: WALT MC BRIDE, NA
19 LANTANA LANE, SEWALLS POINT, FL 34985

Design Conditions

Location:		Indoor:		Heating	Cooling
Fort Pierce, FL, US		Indoor temperature (°F)		70	75
Elevation:	25 ft	Design TD (°F)		25	15
Latitude:	27°N	Relative humidity (%)		55	55
Outdoor:		Heating	Cooling	Moisture difference (gr/lb)	
Dry bulb (°F)		45	90	24.9	54.9
Daily range (°F)		-	15 (L)		
Wet bulb (°F)		-	78		
Wind speed (mph)		15.0	7.5		
		Infiltration:		Method	Simplified
				Construction quality	Average
				Fireplaces	0

Construction descriptions

Walls

13AB-0fcs: Blk wall, stucco ext, 2"x4" wood int frm, 8" thk, solid core, 5/8" gypsum board int fnsh

Or	Area ft²	U-value Btu/h/ft²·°F	Insul R ft²·°F/Btu	Htg HTM Btu/h/ft²	Loss Btu/h	Ctg HTM Btu/h/ft²	Gain Btu/h
n	248	0.183	17.8	4.57	1135	3.64	903
e	214	0.183	17.8	4.57	979	3.64	779
s	197	0.183	17.8	4.57	901	3.64	717
w	234	0.183	17.8	4.57	1071	3.64	852
all	893	0.183	17.8	4.57	4085	3.64	3252

Partitions
(none)

Windows

1C-c1oms: 1 glazing, clr glz, mtl no brk frm mat, 1/8" thk, clr strm; 50% blinds 45°, dark; 100% outdoor insect screen; 2 ft overhang (38 ft window ht, 1.7 ft sep.)

n	14	0.870	0	21.8	305	24.1	337
e	25	0.870	0	21.8	544	38.3	957
e	96	0.870	0	21.8	2088	18.3	1760
s	96	0.870	0	21.8	2088	24.1	2312
s	13	0.870	0	21.8	283	24.1	313
w	37	0.870	0	21.8	805	61.8	2285

Doors
(none)

Ceilings

16B-21md: Attic ceiling, mtl roof mat, r-20 roof ins, r-21 ceil ins, 5/8" gypsum board int fnsh

1341 0.044 21.0 1.10 1475 2.31 3098

Floors

22A-wpl: Bg floor, light dry soil, on grade depth, hrd wd flr fnsh

15 0.989 0 24.7 366 0 0



1 Room name				(Rest of House)				breakfast						
2 Exposed wall				10.0 ft				18.3 ft						
3 Room height				118.7 ft				10.0 ft						
4 Room dimensions				1343.1 ft²				9.6 x 13.0 ft						
5 Room area				124.8 ft²				heat/cool						
Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)		
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13AB-0fcs	0.183	n	4.57	3.64	262	248	1135	903	128	128	586	466
	G	1C-c1oms	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	n	21.75	24.08	14	0	305	337	0	0	0	0
11	W	13AB-0fcs	0.183	e	4.57	3.64	335	214	979	779	0	-25	-114	-91
	G	1C-c1oms	0.870	e	21.75	38.29	25	182	544	957	25	16	544	957
	G	1D-c2omd	0.870	e	21.75	18.34	96	384	2088	1760	0	96	0	0
	W	13AB-0fcs	0.183	s	4.57	3.64	306	197	901	717	53	-56	-256	-204
	G	1C-c1oms	0.870	s	21.75	24.08	96	192	2088	2312	96	96	2088	2312
	G	1C-c1oms	0.870	s	21.75	24.08	13	26	283	313	13	13	283	313
	W	13AB-0fcs	0.183	w	4.57	3.64	271	234	1071	852	0	0	0	0
	G	1C-c1oms	0.870	w	21.75	61.76	37	0	805	2285	0	0	0	0
	G	1C-c1oms	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0
	C	16B-21md	0.408	-	1.10	2.31	1341	1341	1475	3098	125	125	137	288
	F	22A-wpl	0.989	-	24.73	0.00	1341	15	366	0	125	0	0	0
6	c) AED excursion									3319				940
	Envelope loss/gain								12038	17633			3267	4981
12	a) Infiltration								1880	564			280	87
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			22			5060	2			460
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								13918	23257			3557	5528
14	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
	Subtotal								13918	23257			3557	5528
15	Duct loads						0%	1%	49	181	-0%	0%	0	0
	Total room load								13967	23438			3557	5528
	Low/High Baseboard / Cool Air								20	573			5	135

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



1 Room name				dining room				entry						
2 Exposed wall				17.1 ft				8.5 ft						
3 Room height				10.0 ft				10.0 ft						
4 Room dimensions				12.0 x 15.6 ft				8.5 x 4.0 ft						
5 Room area				187.2 ft²				34.0 ft²						
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13AB-0fcs	0.183	n	4.57	3.64	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	n	21.75	24.08	0	0	0	0	0	0	0	0
11	W	13AB-0fcs	0.183	e	4.57	3.64	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	e	21.75	38.29	0	0	0	0	0	0	0	0
	G	1D-c2omd	0.870	e	21.75	18.34	0	0	0	0	0	0	0	0
	W	13AB-0fcs	0.183	s	4.57	3.64	50	50	229	182	0	0	0	0
	G	1C-c1oms	0.870	s	21.75	24.08	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	s	21.75	24.08	0	0	0	0	0	0	0	0
	W	13AB-0fcs	0.183	w	4.57	3.64	120	93	425	339	80	77	352	280
	G	1C-c1oms	0.870	w	21.75	61.76	27	0	587	1667	3	0	65	185
	G	1C-c1oms	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0
	C	16B-21md	0.408	-	1.10	2.31	187	187	206	432	34	34	37	79
	F	22A-wpl	0.989	-	24.73	0.00	187	0	0	0	34	0	0	0
6	c) AED excursion									1174				129
	Envelope loss/gain								1447	3795			455	673
12	a) Infiltration								272	82			128	38
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			8			1840	0			0
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								1720	5717			583	711
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								1720	5717			583	711
15	Duct loads							-0%	0%	0	0	-0%	0%	0
	Total room load								1720	5717			583	711
	Low/High Baseboard / Cool Air								3	2			1	17

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

1 Room name				greATROOM				hall bath						
2 Exposed wall				29.0 ft				5.2 ft						
3 Room height				10.0 ft				10.0 ft						
4 Room dimensions				24.5 x 20.5 ft				5.2 x 10.7 ft						
5 Room area				502.3 ft ²				55.6 ft ²						
	Ty	Construction number	U-value (Btu/h/ft ² ·°F)	Or	HTM (Btu/h/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btu/h)		Area (ft ²) or perimeter (ft)		Load (Btu/h)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13AB-0fcs	0.183	n	4.57	3.64	0	0	0	0	50	43	197	157
	G	1C-c1oms	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	n	21.75	24.08	0	0	0	0	7	0	152	169
11	W	13AB-0fcs	0.183	e	4.57	3.64	245	149	682	543	0	0	0	0
	G	1C-c1oms	0.870	e	21.75	38.29	0	60	0	0	0	0	0	0
	G	1D-c2omd	0.870	e	21.75	18.34	96	96	2088	1760	0	0	0	0
	W	13AB-0fcs	0.183	s	4.57	3.64	43	43	197	157	0	0	0	0
	G	1C-c1oms	0.870	s	21.75	24.08	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	s	21.75	24.08	0	0	0	0	0	0	0	0
	W	13AB-0fcs	0.183	w	4.57	3.64	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	w	21.75	61.76	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0
	C	16B-21md	0.408	-	1.10	2.31	502	502	552	1160	55	55	61	127
	F	22A-wpl	0.989	-	24.73	0.00	502	0	0	0	55	0	0	0
6	c) AED excursion									753				46
	Envelope loss/gain								3519	4372			409	499
12	a) Infiltration								461	138			80	24
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @		230		2			460	2			460
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								3980	4970			490	983
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								3980	4970			490	983
15	Duct loads								-0%	0%			0	0
	Total room load								3980	4970			490	983
	Low/High Baseboard / Cool Air								6	121			1	24

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



				kitchen 0 ft 10.0 ft 13.5 x 14.0 ft 189.0 ft²				pool bath 25.8 ft 10.0 ft 8.4 x 9.0 ft 75.6 ft²													
1	2	3	4	5	Room name	Exposed wall	Room height	Room dimensions	Room area	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
												Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13AB-Ofcs	0.183	n	4.57	3.64	0	0	0	0	84	77	352	280							
	G	1C-c1oms	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0							
	G	1C-c1oms	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0							
	G	1C-c1oms	0.870	n	21.75	24.08	0	0	0	0	7	0	152	169							
11	W	13AB-Ofcs	0.183	e	4.57	3.64	0	0	0	0	90	90	412	328							
	G	1C-c1oms	0.870	e	21.75	38.29	0	0	0	0	0	16	0	0							
	G	1D-c2omd	0.870	e	21.75	18.34	0	0	0	0	0	0	0	0							
	W	13AB-Ofcs	0.183	s	4.57	3.64	0	0	0	0	84	84	384	306							
	G	1C-c1oms	0.870	s	21.75	24.08	0	0	0	0	0	0	0	0							
	G	1C-c1oms	0.870	s	21.75	24.08	0	0	0	0	0	0	0	0							
	W	13AB-Ofcs	0.183	w	4.57	3.64	0	0	0	0	0	0	0	0							
	G	1C-c1oms	0.870	w	21.75	61.76	0	0	0	0	0	0	0	0							
	G	1C-c1oms	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0							
	C	16B-21md	0.408	-	1.10	2.31	189	189	208	437	75	75	83	173							
	F	22A-wpl	0.989	-	24.73	0.00	189	0	0	0	75	0	0	0							
6	c) AED excursion									-22				24							
	Envelope loss/gain								208	414			1383	1280							
12	a) Infiltration								0	0			413	124							
	b) Room ventilation								0	0			0	0							
13	Internal gains:		Occupants @	230			2			460	2			460							
			Appliances/other							0				0							
	Subtotal (lines 6 to 13)								208	874			1796	1884							
14	Less external load								0	0			0	0							
	Less transfer								0	0			0	0							
	Redistribution								0	0			0	0							
	Subtotal								208	874			1796	1884							
15	Duct loads						18%	12%	37	108	-0%	0%	0	0							
	Total room load								245	983			1796	1884							
	Low/High Baseboard / Cool Air								0	24		4	3	46							

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



1 Room name				utility		w.i.closet								
2 Exposed wall				0 ft		14.8 ft								
3 Room height				10.0 ft		10.0 ft								
4 Room dimensions				9.0 x 7.0 ft		14.5 x 7.7 ft								
5 Room area				63.0 ft²		111.6 ft²								
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13AB-Ofcs	0.183	n	4.57	3.64	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	n	21.75	24.08	0	0	0	0	0	0	0	0
11	W	13AB-Ofcs	0.183	e	4.57	3.64	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	e	21.75	38.29	0	0	0	0	0	0	0	0
	G	1D-c2omd	0.870	e	21.75	18.34	0	0	0	0	0	0	0	0
	W	13AB-Ofcs	0.183	s	4.57	3.64	0	0	0	0	76	76	348	277
	G	1C-c1oms	0.870	s	21.75	24.08	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	s	21.75	24.08	0	0	0	0	0	0	0	0
	W	13AB-Ofcs	0.183	w	4.57	3.64	0	0	0	0	71	64	293	233
	G	1C-c1oms	0.870	w	21.75	61.76	0	0	0	0	7	0	152	432
	G	1C-c1oms	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0
	C	16B-21md	0.408	-	1.10	2.31	63	63	69	146	111	111	122	256
	F	22A-wpl	0.989	-	24.73	0.00	63	0	0	0	111	15	366	0
6	c) AED excursion									-15				291
	Envelope loss/gain								69	130			1281	1489
12	a) Infiltration								0	0			235	71
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			2			460	2			460
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								69	590			1516	2020
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								69	590			1516	2020
15	Duct loads						18%	12%	12	73	-0%	0%	0	0
	Total room load								82	664			1516	2020
	Low/High Baseboard / Cool Air								0	16		3	2	49

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.





This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 3805937 Date: 7/9/2014

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

Outdoor Unit Model Number: 14AJM30

Indoor Unit Model Number: RHLL-HM3821+RCSL-H*3821

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM, RUUD, WEATHERKING

Series name:

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, 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):	29600
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	

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

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CERTIFICATE VERIFICATION

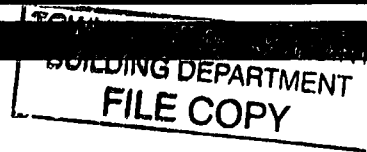
The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom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



we make life better™

Project Information

For: WALT MC BRIDE, NA
 19 LANTANA LANE, SEWALLS POINT, FL 34985



Notes:

Design Information

Weather: Fort Pierce, FL, US

Winter Design Conditions

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

Summer Design Conditions

Outside db 90 °F
 Inside db 75 °F
 Design TD 15 °F
 Daily range L
 Relative humidity 55 %
 Moisture difference 55 gr/lb

Heating Summary

Structure 9954 Btuh
 Ducts 0 Btuh
 Central vent (243 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 9954 Btuh

Sensible Cooling Equipment Load Sizing

Structure 14291 Btuh
 Ducts 0 Btuh
 Central vent (243 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data y
 Rate/swing multiplier 1.00
 Equipment sensible load 14291 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	975	975
Volume (ft ³)	9753	9753
Air changes/hour	0.34	0.17
Equiv. AVF (cfm)	55	28

Latent Cooling Equipment Load Sizing

Structure 3030 Btuh
 Ducts 0 Btuh
 Central vent (243 cfm) 0 Btuh
 Equipment latent load 3030 Btuh
 Equipment total load 17321 Btuh
 Req. total capacity at 0.70 SHR 1.7 ton

Heating Equipment Summary

Make n/a
 Trade n/a
 Model n/a
 AHRI ref n/a
 Efficiency n/a
 Heating input
 Heating output 0 Btuh
 Low output baseboard 500 Btuh/ft
 Total low baseboard 0 ft
 High output baseboard 700 Btuh/ft
 Total high baseboard 0 ft
 Space thermostat n/a

Cooling Equipment Summary

Make n/a
 Trade n/a
 Cond n/a
 Coil n/a
 AHRI ref n/a
 Efficiency n/a
 Sensible cooling 0 Btuh
 Latent cooling 0 Btuh
 Total cooling 0 Btuh
 Actual air flow 0 cfm
 Air flow factor 0 cfm/Btuh
 Static pressure 0 in H2O
 Load sensible heat ratio 0

Bold/Italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

Project Information

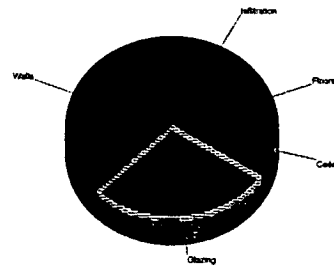
For: WALT MC BRIDE, NA
19 LANTANA LANE, SEWALLS POINT, FL 34985

Design Conditions

Location:	Fort Pierce, FL, US	Indoor:	Indoor temperature (°F)	70	Heating	75
Elevation:	25 ft	Design TD (°F)	25	15	Cooling	15
Latitude:	27°N	Relative humidity (%)	55	55		55
Outdoor:		Moisture difference (gr/lb)	24.9	54.9		
Dry bulb (°F)	45	Heating				
Daily range (°F)	-	Cooling				
Wet bulb (°F)	-	15 (L)				
Wind speed (mph)	15.0	78				
		7.5				
			Infiltration:			
			Method	Simplified		
			Construction quality	Average		
			Fireplaces	0		

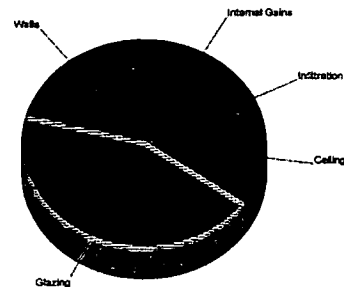
Heating

Component	Btuh/ft²	Btuh	% of load
Walls	4.6	3749	37.7
Glazing	21.8	2784	28.0
Doors	0	0	0
Ceilings	1.1	1070	10.8
Floors	0.9	833	8.4
Infiltration	1.6	1517	15.2
Ducts		0	0
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
Total		9954	100.0



Cooling

Component	Btuh/ft²	Btuh	% of load
Walls	3.6	2984	20.9
Glazing	49.2	6304	44.1
Doors	0	0	0
Ceilings	2.3	2248	15.7
Floors	0	0	0
Infiltration	0.5	455	3.2
Ducts		0	0
Ventilation		0	0
Internal gains		2300	16.1
Blower		0	0
Adjustments		0	0
Total		14291	100.0



Latent Cooling Load = 3030 Btuh
Overall U-value = 0.117 Btuh/ft²-°F

Data entries checked.

Bold/italic values have been manually overridden

Project Information

For: WALT MC BRIDE, NA
 19 LANTANA LANE, SEWALLS POINT, FL 34985

Design Conditions

Location:		Indoor:		Heating	Cooling
Fort Pierce, FL, US		Indoor temperature (°F)		70	75
Elevation: 25 ft		Design TD (°F)		25	15
Latitude: 27°N		Relative humidity (%)		55	55
Outdoor:		Moisture difference (gr/lb)		24.9	54.9
	Heating	Cooling	Infiltration:		
Dry bulb (°F)	45	90	Method		
Daily range (°F)	-	15 (L)	Construction quality		
Wet bulb (°F)	-	78	Fireplaces		
Wind speed (mph)	15.0	7.5	Simplified		
			Average		
			0		

Construction descriptions

	Or	Area ft²	U-value Btu/h/ft²-F	Insul R ft²-F/Btu/h	Htg HTM Btu/h/ft²	Loss Btu/h	Clg HTM Btu/h/ft²	Gain Btu/h
Walls								
13AB-0fcs: Blk wall, stucco ext, 2"x4" wood int frm, 8" thk, solid core, 5/8" gypsum board int fnsh								
	n	306	0.183	17.8	4.57	1400	3.64	1114
	e	207	0.183	17.8	4.57	947	3.64	754
	s	263	0.183	17.8	4.57	1203	3.64	958
	w	44	0.183	17.8	4.57	199	3.64	158
	all	820	0.183	17.8	4.57	3749	3.64	2984
Partitions								
(none)								
Windows								
1C-c1oms: 1 glazing, clr glz, mtl no brk frm mat, 1/8" thk, clr strm; 50% blinds 45°, dark; 100% outdoor insect screen; 2 ft overhang (5.3 ft window ht, 1.7 ft sep.)								
	n	64	0.870	0	21.8	1392	24.1	1541
1C-c1oms: 1 glazing, clr glz, mtl no brk frm mat, 1/4" thk, clr strm; 50% blinds 45°, dark; 100% outdoor insect screen; 5.2 ft overhang (4.2 ft window ht, 1.7 ft sep.)								
	e	18	0.870	0	21.8	392	38.3	689
1C-c1oms: 1 glazing, clr glz, mtl no brk frm mat, 1/8" thk, clr strm; 50% blinds 45°, dark; 100% outdoor insect screen; 29 ft overhang (4.2 ft window ht, 1.7 ft sep.)								
	s	18	0.870	0	21.8	392	24.1	433
1C-c1oms: 1 glazing, clr glz, mtl no brk frm mat, 1/8" thk, clr strm; 50% blinds 45°, dark; 100% outdoor insect screen; 2 ft overhang (2 ft window ht, 1.9 ft sep.)								
	w	14	0.870	0	21.8	305	61.8	865
1C-c1oms: 1 glazing, clr glz, mtl no brk frm mat, 1/8" thk, clr strm; 50% blinds 45°, dark; 100% outdoor insect screen; 2 ft overhang (3.2 ft window ht, 1.7 ft sep.)								
	w	14	0.870	0	21.8	305	61.8	865
Doors								
(none)								
Ceilings								
16B-21md: Attic ceiling, mtl roof mat, r-20 roof ins, r-21 ceil ins, 5/8" gypsum board int fnsh								
		973	0.044	21.0	1.10	1070	2.31	2248

1 Room name				ZONE 1				bedroom # 1						
2 Exposed wall				122.5 ft				11.5 ft						
3 Room height				10.0 ft				10.0 ft						
4 Room dimensions				975.3 ft²				11.5 x 12.2 ft						
5 Room area				975.3 ft²				140.3 ft²						
Ty	Construction number	U-value (Btu/h/ft²·°F)	Or	HTM (Btu/h/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)		
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13AB-Ofcs	n	4.57	3.64	370	306	1400	1114	115	92	421	335	
	G	1C-c1oms	n	0.870	0.00	0	0	0	0	0	0	0	0	
	G	1C-c1oms	n	0.870	21.75	24.08	64	0	1392	1541	23	0	500	554
	G	1C-c1oms	n	0.870	0.00	0.00	0	0	0	0	0	0	0	
11	W	13AB-Ofcs	e	4.57	3.64	225	207	947	754	0	0	0	0	
	G	1C-c1oms	e	0.870	21.75	38.29	18	22	392	689	0	0	0	
	G	1D-c2omd	e	0.870	0.00	0.00	0	0	0	0	0	0	0	
	W	13AB-Ofcs	s	4.57	3.64	281	263	1203	958	0	0	0	0	
	G	1C-c1oms	s	0.870	0.00	0.00	0	0	0	0	0	0	0	
	G	1C-c1oms	s	0.870	21.75	24.08	18	36	392	433	0	0	0	
	W	13AB-Ofcs	w	4.57	3.64	72	44	199	158	0	0	0	0	
	G	1C-c1oms	w	0.870	21.75	61.76	14	0	305	865	0	0	0	
	G	1C-c1oms	w	0.870	21.75	61.76	14	0	305	865	0	0	0	
	C	16B-21md	-	1.10	2.31	973	973	1070	2248	140	140	154	323	
	F	22A-wpl	-	24.73	0.00	973	34	833	0	140	0	0	0	
6	c) AED excursion								1911				198	
	Envelope loss/gain							8437	11536			1075	1410	
12	a) Infiltration							1517	455			184	55	
	b) Room ventilation							0	0			0	0	
13	Internal gains:		Occupants @	230		10			2300	2			480	
			Appliances/other						0				0	
	Subtotal (lines 6 to 13)							9954	14291			1259	1925	
	Less external load							0	0			0	0	
	Less transfer							0	0			0	0	
	Redistribution							0	0			0	0	
14	Subtotal							9954	14291			1259	1925	
15	Duct loads						0%	0%	0	0	-0%	0%	0	
	Total room load							9954	14291			1259	1925	
	Low/High Baseboard / Cool Air						20	14	349		3	2	47	

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



1 2 3 4 5	Room name				bedroom #2				bedroom #3					
	Exposed wall				11.6 ft				18.1 ft					
	Room height				10.0 ft				10.0 ft					
Room dimensions				11.6 x 12.1 ft				14.0 x 12.3 ft						
Room area				140.4 ft ²				172.2 ft ²						
	Ty	Construction number	U-value (Btu/h/ft ² ·°F)	Or	HTM (Btu/h/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btu/h)		Area (ft ²) or perimeter (ft)		Load (Btu/h)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13AB-0fcs	0.183	n	4.57	3.64	115	92	421	335	140	122	558	444
	G	1C-c1oms	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	n	21.75	24.08	23	0	500	554	18	0	392	433
	G	1C-c1oms	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0
11	W	13AB-0fcs	0.183	e	4.57	3.64	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	e	21.75	38.29	0	0	0	0	0	0	0	0
	G	1D-c2omd	0.870	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13AB-0fcs	0.183	s	4.57	3.64	0	0	0	0	40	40	183	146
	G	1C-c1oms	0.870	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	s	21.75	24.08	0	0	0	0	0	0	0	0
	W	13AB-0fcs	0.183	w	4.57	3.64	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	w	21.75	61.76	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	w	21.75	61.76	0	0	0	0	0	0	0	0
	C	16B-21md	0.408	-	1.10	2.31	140	140	154	323	172	172	189	397
	F	22A-wpl	0.989	-	24.73	0.00	140	0	0	0	172	0	0	0
6	c) AED excursion									198				143
	Envelope loss/gain								1075	1410			1322	1584
12	a) Infiltration								184	55			288	86
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @ Appliances/other		230		2			460	2			460
	Subtotal (lines 6 to 13)								1259	1925			1610	2111
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								1259	1925			1610	2111
15	Duct loads						-0%	0%	0	0	-0%	0%	0	0
	Total room load								1259	1925			1610	2111
	Low/High Baseboard / Cool Air							3	2	47		3	2	52

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Right-J® Worksheet
ZONE 1
SAME

Job: MCBRIDE
 Date: JUNE 24 2014
 By:

		MASTER BATH						master bedroom							
		47.6 ft						33.7 ft							
		10.0 ft heat/cool						10.0 ft heat/cool							
		12.8 x 13.8 ft						19.0 x 18.2 ft							
		176.6 ft ²						345.8 ft ²							
1	Room name	Exposed wall	Room height	Room dimensions	Room area	HTM (Btu/h/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btu/h)		Area (ft ²) or perimeter (ft)		Load (Btu/h)	
						Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13AB-0fcs	0.183	n	4.57	3.64	0	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	n	21.75	24.08	0	0	0	0	0	0	0	0	0
	G	1C-c1oms	0.870	n	0.00	0.00	0	0	0	0	0	0	0	0	0
11	W	13AB-0fcs	0.183	e	4.57	3.64	0	0	0	0	225	207	947	754	
	G	1C-c1oms	0.870	e	21.75	38.29	0	0	0	0	18	11	392	689	
	G	1D-c2omd	0.870	e	0.00	0.00	0	0	0	0	0	0	0	0	
	W	13AB-0fcs	0.183	s	4.57	3.64	128	128	588	468	113	95	435	346	
	G	1C-c1oms	0.870	s	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1C-c1oms	0.870	s	21.75	24.08	0	0	0	0	18	18	392	433	
	W	13AB-0fcs	0.183	w	4.57	3.64	72	44	199	158	0	0	0	0	
	G	1C-c1oms	0.870	w	21.75	61.76	14	0	305	865	0	0	0	0	
	G	1C-c1oms	0.870	w	21.75	61.76	14	0	305	865	0	0	0	0	
	C	16B-21md	0.408	-	1.10	2.31	176	176	194	407	345	345	380	797	
	F	22A-wpl	0.989	-	24.73	0.00	176	0	0	0	345	34	833	0	
6	c) AED excursion									1281				90	
	Envelope loss/gain								1587	4042			3377	3110	
12	a) Infiltration								319	96			541	162	
	b) Room ventilation								0	0			0	0	
13	Internal gains:		Occupants @	230			2			460	2			460	
			Appliances/other							0				0	
	Subtotal (lines 6 to 13)								1907	4598			3919	3732	
	Less external load								0	0			0	0	
	Less transfer								0	0			0	0	
	Redistribution								0	0			0	0	
14	Subtotal								1907	4598			3919	3732	
15	Duct loads						-0%	0%	0	0	-0%	0%	0	0	
	Total room load								1907	4598			3919	3732	
	Low/High Baseboard / Cool Air							4	3	112		8	6	91	

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.





This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 5550186 Date: 7/9/2014

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

Outdoor Unit Model Number: 14AJM19

Indoor Unit Model Number: RHLL-HM2417+RCSL-H*2417

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM, RUUD, WEATHERKING

Series name:

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, 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):	18700
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	

* 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 at bottom right.

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we make life better™

CERTIFICATE NO.: 130493867043226972



FWP

P/N 10973

GENERAL INSPECTION REPORT

GFA PROJECT # 14-1936.00
 PROJECT Proposed One-Story Residence
 LOCATION 19 Lantana Lane, Stuart, FL
 PERMIT NO. _____
 OWNER _____
 CONTRACTOR Conch Property Holdings
 ARCHITECT _____
 ENGINEER _____

DATE Wednesday, September 17, 2014

DAY	S	M	T	W	TH	F	S
-----	---	---	---	---	----	---	---

WEATHER	BRIGHT SUN	CLEAR	OVERCAST	RAIN
TEMPERATURE	BELOW 60	60-75	75-90	ABOVE 90
WIND	LOW	MODERATE	HIGH	Report No
HUMIDITY	LOW	MODERATE	HIGH	

TYPE OF INSPECTION: Auger borings at area where debris was removed per contractor.

MEMBERS/AREA INSPECTED: _____

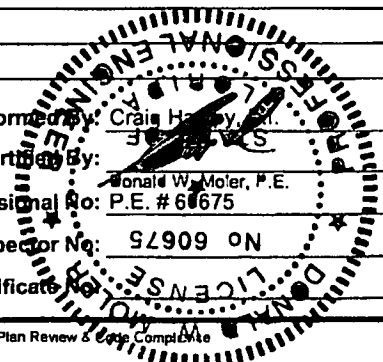
REMARKS: GFA was informed that contractor had removed buried debris and backfilled prior to our arrival. Craig Hampy, E.I. performed six (6) 4-foot deep hand auger borings in the area that the debris was removed and backfilled per the contractor. Brown and gray fine sand was found in all auger borings and debris was not encountered. Hand cone penetrometers were performed in each auger borings and the readings showed loose compaction of the sand. Borings was performed near the NW corner, NE corner, SW corner, and SE corner of the residence in the footing bottom as well as in the west slab area and east slab area.

Disposition of Inspection

- | | |
|--|---|
| <input type="checkbox"/> Section / Area Approved | <input type="checkbox"/> Re-Inspection |
| <input type="checkbox"/> Work In Progress | <input type="checkbox"/> Re-Inspection Required |

COMMENTS/ACTION REQUIRED: _____

Inspection Performed By: Craig Hampy, E.I.
 Inspection Certified By: Donald W. Moler, P.E.
 Registered Professional No: P.E. # 60675
 Certified Special Inspector No: 57909 ON
 FBPE Certificate No: _____





IN-PLACE DENSITY AND WATER CONTENT OF SOIL AND SOIL AGGREGATE BY NUCLEAR METHODS (SHALLOW DEPTH) - ASTM 6938

Project: 19 Lantana Lane **Project ID:** 14-1936.00
Address: Sewall's Point, Martin County, Florida **Report ID:** D-0001
Client: Conch Property Holdings **Date:** 8/25/2014
Permit No: 10973 **Field Tech:** Daniel Decaro **Test Mode:** Direct Transmission
Area Tested: Foundation Pad
Soil Description: Brown fine sand, rock fragments
Proctor / LBR ID: P-1 **Max Density (PCF):** 108.0 **Opt Moisture (%):** 10.5% **Test Standard:** D 1557
Compaction Required (%): 95.0%

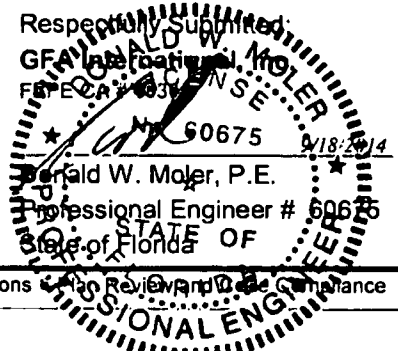
Location	No. of Tests	Depth (ft)	Moisture (%)	Density (pcf)	Moisture (%)	Density (pcf)	Moisture (%)	Density (pcf)
1	12	0-1	10.5%	108.0	10.5%	108.0	10.5%	108.0
2	12	0-1	10.5%	108.0	10.5%	108.0	10.5%	108.0
3	12	0-1	10.5%	108.0	10.5%	108.0	10.5%	108.0
4	12	0-1	10.5%	108.0	10.5%	108.0	10.5%	108.0
5	12	0-1	10.5%	108.0	10.5%	108.0	10.5%	108.0
6	12	0-1	10.5%	108.0	10.5%	108.0	10.5%	108.0
7	12	2-3	10.5%	108.0	10.5%	108.0	10.5%	108.0
8 Center Area	12	2-3	10.5%	108.0	10.5%	108.0	10.5%	108.0
9	12	2-3	10.5%	108.0	10.5%	108.0	10.5%	108.0
10								
11								
12								

Testing Gauge Information: **Manufacturer:** Troxler **Model:** 3430 **S/N:** 34784
Density Standard (DS): 2173 **Moisture Standard (MS):** 609

Remarks: Testing Completed Below Slab Grade

Legend for Elevation:

PR = Proofroll	1, 2, 3 = 1st, 2nd, 3rd Lift
SL = Springline	FL = Final Lift
SG = Subgrade	BG = Below Grade
BC = Basecourse	BOF = Bottom of Footing
TOP = Top of Pipe	FG = Finished Grade



Test report shall not be reproduced, except in full, without the written approval of GFA International



IN-PLACE DENSITY AND WATER CONTENT OF SOIL AND SOIL AGGREGATE BY NUCLEAR METHODS (SHALLOW DEPTH) - ASTM 6938

Project: 19 Lantana Lane Project ID: 14-1936.00
 Address: Sewall's Point, Martin County, Florida Report ID: D-0002
 Client: Conch Property Holdings Date: 9/15/2014
 Permit No: 10973 Field Tech: Daniel Decaro Test Mode: Direct Transmission

Area Tested: Footings

Soil Description: Brown fine sand, rock fragments

Proctor / LBR ID: P-1 Max Density (PCF): 108.0 Opt Moisture (%): 10.5% Test Standard: D 1557

Compaction Required (%): 98.0%

Station	Moisture (%)	Density (PCF)	Moisture (%)	Density (PCF)	Moisture (%)	Density (PCF)	Moisture (%)	Density (PCF)
1 Northwest	12	131.1	137.2	11.1%	99.8%	Pass		
2 Northwest	12	133.5	139.8	11.3%	99.0%	Pass		
3 Southwest	12	135.3	141.4	11.3%	99.7%	Pass		
4 Southeast	12	133.3	140.7	11.9%	99.1%	Pass		
5								
6								
7								
8								
9								
10								
11								
12								

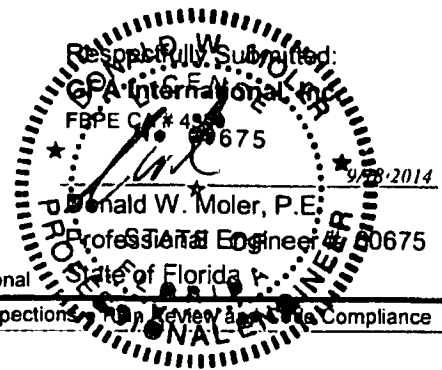
Testing Gauge Information: Manufacturer: Troxler Model: 3430 S/N: 34784
 Density Standard (DS): 2173 Moisture Standard (MS): 609

Remarks: Testing Completed Below Slab Grade

Legend for Elevation:

- PR = Proofroll 1, 2, 3 = 1st, 2nd, 3rd Lift
- SL = Springline FL = Final Lift
- SG = Subgrade BG = Below Grade
- BC = Basecourse BOF = Bottom of Footing
- TOP = Top of Pipe FG = Finished Grade

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IN-PLACE DENSITY AND WATER CONTENT OF SOIL AND SOIL AGGREGATE BY NUCLEAR METHODS (SHALLOW DEPTH) - ASTM 6938

Project: 19 Lantana Lane Project ID: 14-1936.00
 Address: Sewall's Point, Martin County, Florida Report ID: D-0003
 Client: Conch Property Holdings Date: 9/18/2014
 Permit No: 10973 Field Tech: Mark Barkley Test Mode: Direct Transmission
 Area Tested: Stemwall Footings (Testing Completed Below Slab Grade)
 Soil Description: Tan Fine Sand
 Proctor / LBR ID: HCP-1 Max Density (PCF): 0.0 Opt Moisture (%): 0.0% Test Standard: D 1557
 Compaction Required (%): 95.0%

Location	Elevation	Depth	Density (PCF)	Moisture (%)	Relative Density (%)	Notes
1	12	0-1				
2	12	1-2				
3	12	2-3				
4	12	3-4				
5	12	4-5				
6	12	5-6				
7	12	6-7				
8	12	7-8				
9	12	8-9				
10	12	9-10				
11	12	10-11				
12	12	11-12				

Testing Gauge Information: Manufacturer: Troxler Model: 3430 S/N: 36304
 Density Standard (DS): 2357 Moisture Standard (MS): 608

Remarks: *HCP tests are empirically correlated to the relative density of the soil.

Legend for Elevation:

PR = Proofroll	1, 2, 3 = 1st, 2nd, 3rd Lift
SL = Springline	FL = Final Lift
SG = Subgrade	BG = Below Grade
BC = Basecourse	BOF = Bottom of Footing
TOP = Top of Pipe	FG = Finished Grade

Respectfully Submitted

 Donald W. Moler, P.E.
 Professional Engineer # 80675
 State of Florida
 9/19/2014

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TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel: 972-287-3433 Fax: 972-258-3763

PRODUCT APPROVAL CHECKLIST

Permit Type: _____ Permit Number: _____ Date: 8.8.14

Owner's Name: OUCH FROM PERL Job Site Location: 79 LANTANA LANE

Design Professional Name A/E: DONALD J. BISHOP, P.E.
 Rule 9B-22 requires the following information as presented by the Florida Building Commission. In the event that information required for product approval has been incorporated in to the plans, specifications or general notes, simply indicate page number on the affidavit.

Product	Model Number	Manufacturer	Evaluation Agency	Expiration Date	Code #
Windows	APPROVAL OF 700 IMPACT	WGL INDUSTRIES	DADE COUNTY	MARCH 26 2006	8-2093-04
Exit Doors	EXCORTA 1 CAR IMPACT	THE FIBER FIBER	FLORIDA	SEP 11 2004	87L 7347.04
Garage Doors					
Ridge Vents	RV				
Roofs	RV				
Skylights	RV				
Shutters	IMPACT GLASS				
Roofing Materials	LOWE'S 5/8 (TEMP W/2) EXPOSURE	EXHART WIRE CO	DADE COUNTY	1-4-11 3/4 2006	12-11-11
Roof Wall					
Structural Components and Cladding					
New/Alternative Materials					
1-1/2" x 4" x 8"	1-1/2" x 4" x 8"	WGL INDUSTRIES	DADE COUNTY	MARCH 26 2006	12-11-11

In accordance with the Florida Architect and Engineer's product approval system, this affidavit certifies that I have performed the building envelope evaluation as required by the Florida Building Code.

Architect/Engineer Signature & Seal

PL Certification/Registration Number

Page 1 of 1

AREA SQ. FTG.

FLOOR AREA = 9,784 SF
 TOTAL GROUND COVER = 3,217 SF

SITE REQUIREMENTS

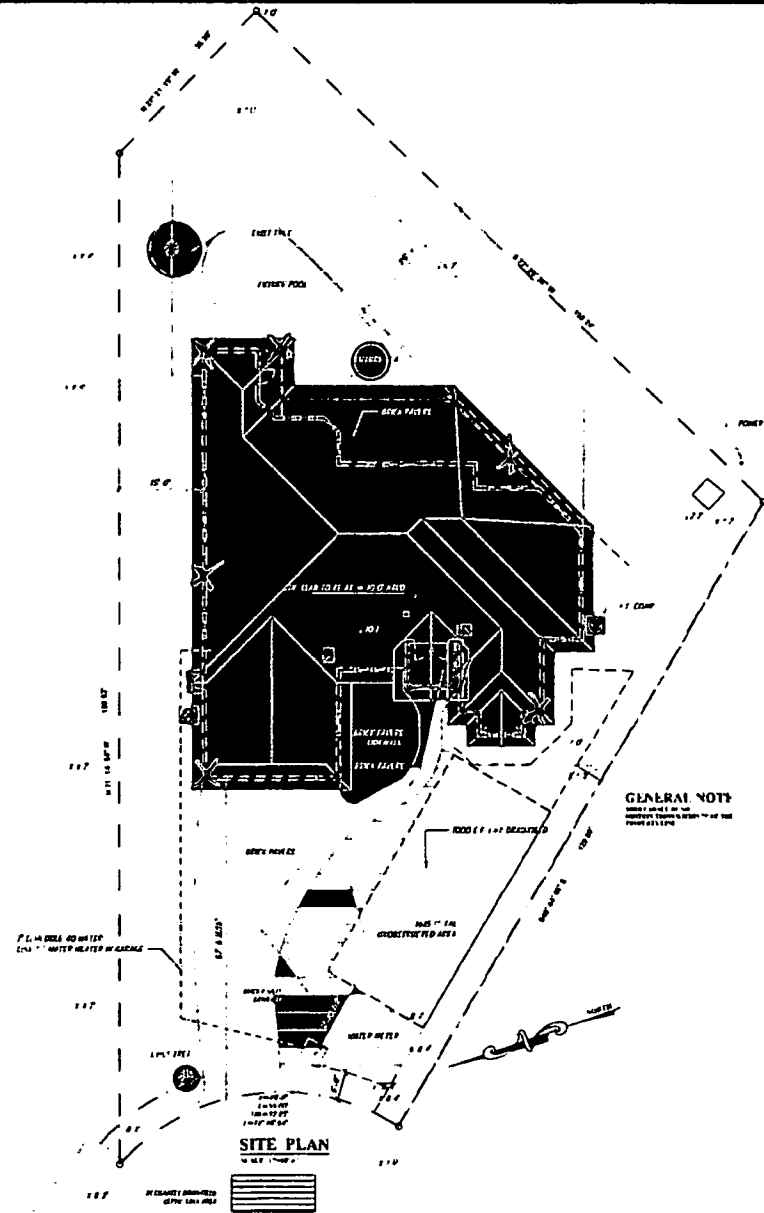
LOT CO. FOOTAGE = 15,034 SF
 LOT COVERABLE PER AM 201 = 4,340 SF
 LOT COVERABLE NET P = 3,820 SF = 25%

IMPERVIOUS AREA = 6,784 SF
 ALLOWED = 45% OF LOT AREA

NON-IMPERVIOUS AREA = 2,932 SF = 25% OF TOTAL LOT
 FLOOR COVERABLE PER AM 201 AND CODES ARE TO BE USED PER PERMITS MATERIALS

LEGAL DESCRIPTION

1" x 35 AND 26 OF 700 LANTA EMERSON
 ACCORDING TO THE PLAT FILED IN THE RECORDS
 IN PLAT BOOK 6 OF THE PUBLIC RECORDS OF DADE COUNTY, FLORIDA



DONALD J. BISHOP, P.E.
 UNIVERSITY MICROFILMS
 JEFFERSONVILLE, INDIANA 47601
 P.O. BOX 2018
 PULASKI, MISSISSIPPI 38956-0201
 A NEW RESIDENCE FOR
 150' 0" x 100' 0" x 100' 0" x 100' 0"
 MARTIN COUNTY
 FLORIDA
 DATE: 8/8/14
 SCALE: AS SHOWN
 SHEET: 1 OF 1



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

REVISIONS – CORRECTIONS REQUEST FORM
MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: 9/15/14 PERMIT NUMBER: 10973

JOB ADDRESS: 19 Lantana Lane

PLEASE CHECK ONE OF THE FOLLOWING:

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

******ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING******

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): Change from Monolithic Slab to Stemwall

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ _____
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: Walter McBride SIGNATURE: [Signature]

PHONE NUMBER: 772-777-0648 FAX NUMBER: _____

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 9-16-14 Approve Deny

Additional conditioned space _____ sq. ft. @ \$104.65 per sq. ft. _____ x 2% = _____

Additional non-conditioned space _____ sq. ft. @ \$ 48.90 per sq. ft. _____ x 2% = _____

Other declared value increase (must be based on value not cost) _____ x 2% = _____

Other additional fees: _____ Revision review fee: _____ Pages @ \$25.00/Page _____

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ N/c

Applicant notified by: _____ Date: _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **9-22-14** Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS	
10972	Seacoast Bank	Framing, Rough-in	Pass	PENDING NVAL	
A.M. Inspection	3727 SE Ocean Blvd DBSI	electrical + HVAC Insulation		SMOKE / INTERLOCK	
				INSPECTOR <i>[Signature]</i>	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS	
10989	Farrow	Shims on	Pass		
	47 N River Rd	sliders			
	Mitch Hawn Custom Homes	APPROXIMATE			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS	
10694	Wescott	Partial Roof	Pass		
	53 W River Rd	Sheathing			
	Sam George Const.				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS	
11004	Beecher	Final	Pass		
	12 Ridgeland	Mechanical			CRACK
	Classic Cooling				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS	
Tree	Cumdsamanis	Tree Removal	OK		
	12 S Ridgeway Rd	0			
					INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS	
Tree	Town	Tree Removal	PENDING		
	Ridgeway Park				
					INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS	
10973	Conch Property Holdings	Footings	Pass		
	19 Lantana Lane				
					INSPECTOR <i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 9/30/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10962	Greenspan 3 Oakhill Way Agler Tile	Final Bath Remodel	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10992	Currier 107 Hillcrest Ct Durham Bros	Final Roof	FAIL	NO EDGE METAL (DRIP) INSPECTOR <i>[Signature]</i>
10987	Kudson 13 S Via Lucindia Treasure Coast A/c	Final Mechanical	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10942	Vallecillo 18 S Via Lucindia Joseph Lina Svs	Underground electrical	PASS	INSPECTOR <i>[Signature]</i>
10973	Conch Property 7/9 Lantana Conch Property	filled cells + knee wall	PASS	INSPECTOR <i>[Signature]</i>
10983	Escobar 22 E High Pt. Rd Onshore Roofing	Metal + Dry-in	PASS	INSPECTOR <i>[Signature]</i>
Tree	Miser 21 Island Rd	Tree Removal	OK	INSPECTOR <i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 10/1/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10509	Szymanski	Mechanical		
10 am	118 N. SPR Flynn A/C ²⁸⁴ / ₂₇₆₀	Final (Expired)	PASS	CLOSE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10892	Dambinski	Windows/ Door	PASS	CLOSE
	4 Knowles Rd Home Depot	Final		INSPECTOR COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10942	Vallecillo	Meter Final SERVICE	PASS	READY FOR FPL CLOSE
	18 S Via Lucindia Joseph Lina Svcs	CHANGE		INSPECTOR COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11033	1000220 Cummings	Final		
Am Requested	83 S River N is AIR	Mechanical	PASS	CLOSE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10973	Conch Property 19 Santana Lane Conch Property	Electrical TEMPORARY POLE	PASS	READY FOR FPL
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10024	Bruner	Doors/windows		
	19 Riverview Pr Kamrell	Final Expired	PASS	CLOSE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11007	Preissman	Underground		
	30 Simara St Winchip Const	Plumbing	PASS	INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 10/9/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10953	Greene 26 Island Rd Azti	Mechanical Final		
Am Attic AC			Pass	WED 10/8
INSPECTOR				
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10913	Conch Properties 19 Cantana Conch Properties	Plumbing underground rough	FAIL	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10966	Vallecillo 18 S Via Lucindia Elite Gas	Final Gas Piping	FAIL	ACCESS TO VALVE N.G
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10827	De Rosa 16 NSPR Wm B Ianiero	Framing Rough plumbing Rough electrical	Pass	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11013	Hynemann 4 Michael Rd Gribben Const.	Frame wall	RESET FOR FRIDAY	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 10/15/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10781	Schepis	Garage		
Am Inspection	18 Castle Hill Way	Door	Pass	CLOSE
	Amer. Palm Beach Garage	Final		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11012	Schmidt	Final		
Am Inspection	8 Oakhill Way	Mechanical	CANCEL	
	DS A/C			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10838	Weston	Pool Final		
	30 S SPR	Temp Electrical	Pass	CLOSE
	Hamilton Custom Pools	Pole has been removed		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10849	Gould	Final		
	48 S SPR	Outdoor kitchen	Pass	CLOSE
	Kareem Haddad			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10973	Conch Property	Slab		
	19 Lantana Lane			
	Conch Property			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10674	Moran	Pre Pour		FEMA Protect
	2 Palm Rd	Driveway	Pass	
	Brownie Comp			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS

INSPECTOR _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 11/3/14 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10693	117 N SPR Baley Morse	Electrical METEN FINIR	PASS	E-MAIL FPL
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11016	Serls 4 River Oak Electrical Connection	Generator Final	PASS	CLOSE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11030	Hilschlers 22 Banyan Rd Florida Screen Blders	Footer	FAIL	LEFT @ SITE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10945	Carter 51 N River Masterpiece Blders	Slab + Roof Dry-in	PASS	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10973	19 Conch Property 19 Conch Property Conch Property	Tic Beam		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11025	Chapman 11 Palm Rd Apex Pavers	Final	PASS	CLOSE
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11038	Reich 22 Middle Rd TV Trim Package	Window In-Progress	CANCEL	

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 11/14/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11068	Truitt	Final Mechanical		
AM Requested	39 S River Rd	Call Joe 772-284-2760	Pass	close
	Flynn's A/C	to meet you with ladder		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11043	Allen			
AM Requested	6 St. Lucie Ct		Pass	close
	Flynn's A/C			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11059	Cavalcanti	In Progress		
	11 S. Via Lucinda	Windows	Pass	
	Vero Glass + Mirror			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10973	Conch Property Holdings	Roof	Pass	A+ underlay Check blocking @ valleys
	19 Lantana Lane	Sheathing		issue @ Front entry told contractor to have engineer address
	Conch Property Holdings			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 12/4/16 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11104	Lydon	In progress	CANCEL	
	108 N SPR	Gazebo	FAIL	ATF Permit
	O/B			- NO FINE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10973	Conch	Roof		GRANTED
	19 Lantana Lane	framing	FAIL	WILL NOT USE
	Conch			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11100	Janson	Concrete		
	132 S River Rd	Pre-Pour.	Pass	
	Lynn Innovations			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	LAUER	TREE		
	4 RIDGEHAM DR		OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	BARNES			
	7 MARGARITA		OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 3/31/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11127	Armstrong 82 S Sewalls Pt Rd Seagate Bldrs	Roof Sheathing	<i>Pass</i>	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11071	Resnick 14 Middle Rd Celentano Dev. Group	window Door Buck	<i>Pass</i>	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	<i>ELDEN</i> 110 S. 3rd Rd O/B	<i>PARTIAL</i> <i>FRAMING</i> <i>R. ELECTRIC</i>	<i>Pass</i>	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11127	CONCHA PROPERTIES LANTANA LANE	P. POOR Door Recess	<i>Pass</i>	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 4/10/15 Page 2 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
16973	Conch Property 19 Lantana Lane Conch Property	Plumbing Top off Rough	Pass	INSPECTOR <i>[Signature]</i>
11185	Milici 14 E High Pt Rd Scott Holmes	Stemwall Footing 2-COLUMNS PDS & RETAINING WALL FRP	Pass	INSPECTOR <i>[Signature]</i>
Tree	Clements 6 Middle Rd	Tree Removal Permit		INSPECTOR
11200	Layton 43 W High Pt Rd Grimes Heating + Air	Final A/c		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS

INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 4/16/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11191	Whalen 9 Knowles Road The Z Group	Window Buck, Rough, Framing, Plumbing + Electric	PASS Fair	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11238	Rao 16 Rio Vista Drive Treasure Coast Roofing	Roof Pry-in + Metal	NOT READY	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10973	Conch Property Holdings 19 Lantana Lane Conch Property Holdings	Rough Electrical	<i>[Stamp]</i>	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11062	Chapman 11 Palm Road Karam Haddad	Window/Door Final	PASS	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS

INSPECTOR _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 4/2/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Schwartz	Tree		
	70 Al Sewalls Pt Rd	Removal	OK	
		Permit		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11215	Winslow	Final		
	105 Sewalls Pt Rd	Gas Lines	Pass	
	O/B			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11238	Rao	Roof		
	16 Rio Vista	Final	Pass	CLOSE
	Treasure Coast Roofing			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10973	Conch Properties	Rough		
	19 Lantana Lane	A/C	Pass	
	Conch Properties			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11007	Preissman	Final		
	30 Simara St	Remodel	Pass	CLOSE
	Winchip Construction			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Carelli	Tree Removal		
	4 Middle Road	Permit	OK	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

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PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10913	Conch Property	Roof Dry-in+		
	79 Lantana Lane	Metal, Framing,		
	Conch Property	wire Lath		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Williams	Tree Removal		
	110 Henry Sewall Way	Permit		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS

INSPECTOR

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

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PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11258	Crane			
AM Requested	2 Timor St Flynn's Alc	Alc Final	PASS	close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11248	Straka			
AM Requested	7 Fieldway Drive Harry Blue Bldrs, Inc	Column	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11232	Warren	Shutters +		
	1 River Crest Ct Jupiter Aluminum	Door final	PASS	close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11162	Pryce	Temp		E-MAIL
*	22 Fieldway Drive Modern Movers	Power Pole	PASS	FDL INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11179	Alteslaben	Dry-in +		
	7 N River Road Independent Contractors	metal	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
709713	Conch Properties	Roof Dry-in +		
	19 Lantana Lane Conch Properties	metal, Framing wire lath	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11229	Lelo			
	27 Simara St Advantage Air	Alc Final	RESERVED	FOR THURSDAY AM INSPECTOR <i>[Signature]</i>

SERVICE CHANGE

51 N. River Rd

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11185	Milici	Partial		
AM Requested	14E High Pt Rd	Wattfitt	PASS	
	Scott Holmes Bldrs	JEM WALK		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10973	Conch Properties			
	19 Lantana Lane	Insulation	PASS	
	Insulation			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11127	Armstrong	Dry-in		
	82 S Sewalls Pt Rd	Metal	PASS	
	Seagate			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10672	Duke		FAIL	GARAGE DOOR
	25 Island Road	Meter Final	NET READY	#'s - CLEAN UP STREET
	CDR Builders			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11239	Melosh			
	132 S Sewalls Pt Rd	Framing	PASS	
	Richard A. Hagger			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11110	Gaydos	BLDG. FINAL Final Electric		
	15 W High Point Rd	Plumbing +	PASS	CLOSE
	TC Floors	Windows/Doors		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11218	Kiplinger	Flat Roof		
	143 S River Road	Final	PASS	CLOSE
	Heaton Roofing			

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

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PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11274	Star buck	In Progress		
B15-000028	179 S River Rd On Shore Roofing	Roof	Pass	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10973	CONCH PROP	Roof IN PROGRESS	Pass	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11071	Resnick	Electrical		
AM Requested	614 Middle Rd	Rough Front	PASS	
	Cdentano Dev.	+ Rear Porch		INSPECTOR <i>GA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11176	Batson	Drywall		NOT
	3 Palmetto Dr Dr	Screws	CANCEL	REQUIRED
	O/B			INSPECTOR <i>GA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11282	Pierson	Fence		
B15-000030	8 Palmetto Dr	Final	PASS	CLOSE
	Treasure Coast Fence			INSPECTOR <i>GA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
110973	Conch Property Holdings			
	19 Lantana	Roof Final	PASS	
	Conch Property Holdings			INSPECTOR <i>GA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11283	Massey			
B15-000031	1 Mindoro St	Roof Final	PASS	CLOSE
	All American Roof	REPAIR		INSPECTOR <i>GA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11284	Schepleng	Fence		
B15-000036	110 Abbie Court	Final	PASS	CLOSE
	Stuart Fence			INSPECTOR <i>GA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11208	Milici	Niche		
	14 E High Pt Rd	UG Electric	PASS	
	A+G Concrete Pools	Equipotential Bond		INSPECTOR <i>GA</i>



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



CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: CONCH PROPERTY HOLDINGS PROPERTY ADDRESS: 19 LANTANA LANE

LEGAL DESCRIPTION:

PARCEL CONTROL NUMBER 12-38-41-002-000-00360-1 SUBDIVISION RIO VISTA S/D

GENERAL CONTRACTOR: CONCH PROPERTY HOLDINGS LIC/CERT NO: CGC0374111

ARCHITECT OR ENGINEER: DONALD NUELLE LIC/CERT NO: 52046

PERMIT NO: 10973 DATE OF ISSUE: 08/12/2014


CODE EDITION: 2010 CONST. TYPE: CBS USE: SFR OCCUPANCY: N/A

OCCUPANT LOAD: N/A SPRINKLERS REQUIRED: N/A SPRINKLERS USED: N/A

The described portion of the structure has been inspected for compliance with the requirements of this Code for occupancy and division of occupancy and the use for which the proposed occupancy is classified.

In accordance with the requirements of the Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 15 day of OCTOBER, 2015.



 John R. Adams, CBO
 Building Official, Town of Sewall's Point

TREE
PERMITS



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 GREENVICZ WOOD Address [REDACTED] Phone 772-283-1780

Contractor Rodriguez Address P. SALFANO Phone 530-2289

No. of Trees: REMOVE 5 Species: VARIOUS

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) Rotten Diseased

Signature of Property Owner [Signature] Date 06/15/2012

Approved by Building Inspector: [Signature] Date 6-15-12 Fee: N/C

NOTES: * TREES DEAD - GROWN INTO CHAIN LINK FENCE

